

10/31/97
LATE
10/15/97
WPE
ready a.m.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

64-359534

P 58973-E

A 49646-S

DISTRICT _____

DATE 9-15-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~

410-313-2640

DATE SYSTEM APPROVED 10/31/97

INSPECTOR [Signature]

INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 558 Obrecht Road Sykesville, Maryland 21784

PHONE (410) 795-5674

SUBDIVISION Cattail Woods, Sec. II LOT 45

ROAD 1741 Cattail Woods Lane

PROPERTY OWNER Pulte Home Corp.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 45.76' and 371.54' lot lines, place the distribution box 115 feet up the 371.54' lot line and 55 feet off that same lot line. Run trenches on contour toward the 371.54' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK YM 8/29/97

PLANS APPROVED BY Glen Savage

REVISED _____

DATE 08/28/97

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

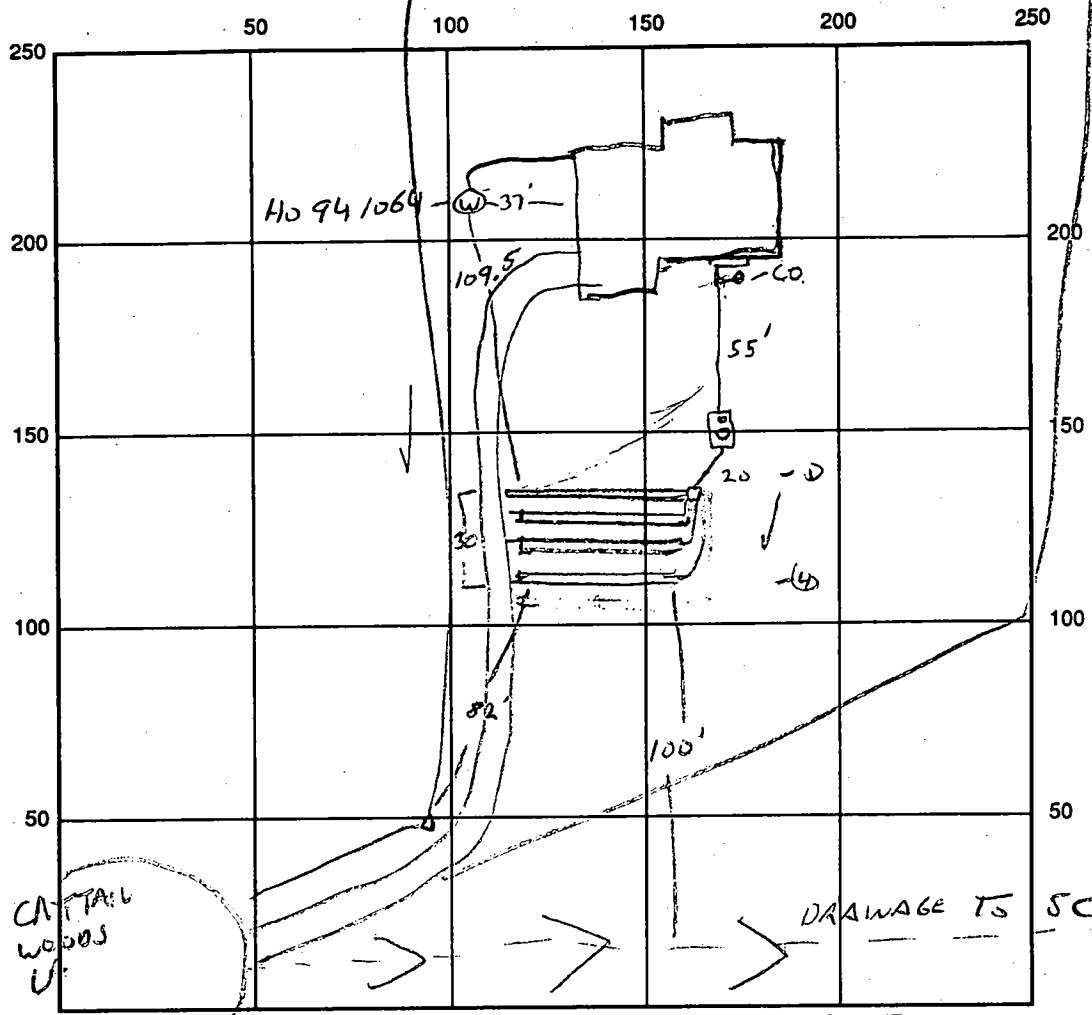
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 58973-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 12.50 CAL 3' RISER 3' MANHOLE CLEANOUTS 1 TO R OF FRONT DOOR, LOW TANK

DISTRIBUTION BOX LEVEL OK SPEED LEVELERS IN + JET.

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH $\frac{1121314}{7272891}$ FT. ≈ 283

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 849 SQ. FT.

DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA - SQ. FT.

REMARKS: 10/31/97 ALL WORK OK COVER

12/15/97 WPT OK TO COVER WELL CASE (NO SEPARATE GROUND WIRE TO STEEL CASING)

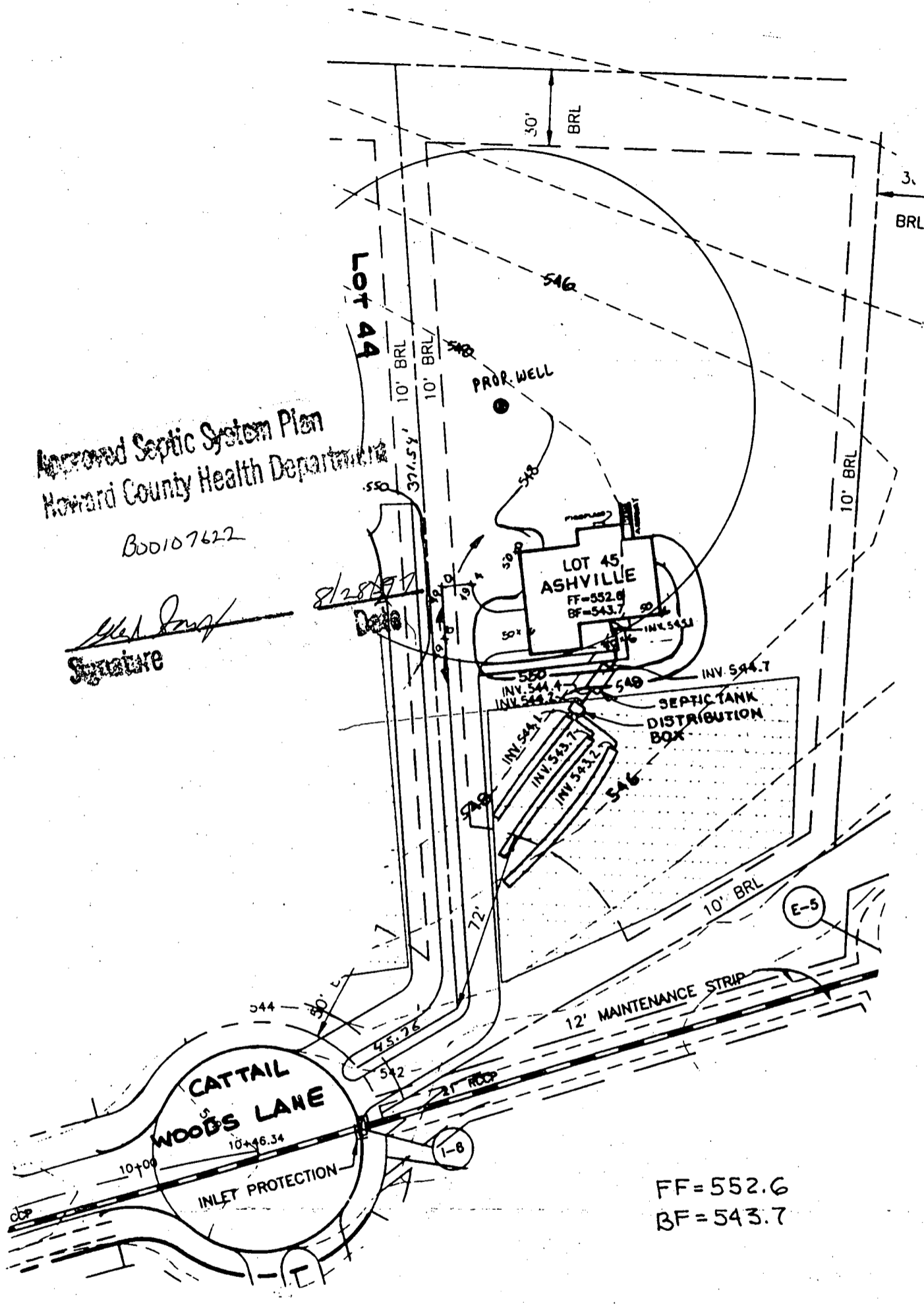
DATE SYSTEM APPROVED 10/31/97 INSPECTOR [Signature]

Approved Septic System Plan
 Howard County Health Department

B00107622

[Signature]
 Signature

8/28/97
 Date



FF=552.6
 BF=543.7

NOTE:
 FOR SEDIMENT CONTROL FEATURES SEE APPROVED
 GRADING PLAN GP-97-130.

PLOT PLAN
CATTAIL WOODS

LOT 45
 SECTION TWO, PARCEL 5

T S A GROUP INC.
 8480 BALTIMORE NATIONAL PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465 - 6105

TAX MAP NO.7 PARCEL 137
 PLAT NOS. 12500-12502
 4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: JULY 21, 1997

APPLICATION

PERCOLATION TESTING

A 496465

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525 H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4th

DATE 9/30/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Parcel 137, Inc. Pulte Home Corp

ADDRESS 15298 Union Chapel Road Woodbine, MD 21797 PHONE (410) 442-2101

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.

ADDRESS 8480 Baltimore National Pike, Ste. 418 Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 45

ROAD AND DESCRIPTION End of Brittle Branch Way (1741 Cattail Woods Lane)

TAX MAP 7 PARCEL # 137

REG. PERMIT SIGNED

AND RETURNED 8-28-97
Serial # B00107622

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4 Bdr
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Parcel 137, Inc. Bruce B. Benda President
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 496465

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-27-93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cattail Woods Sec II LOT NO. 45

ROAD AND DESCRIPTION Rt 97 sld

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

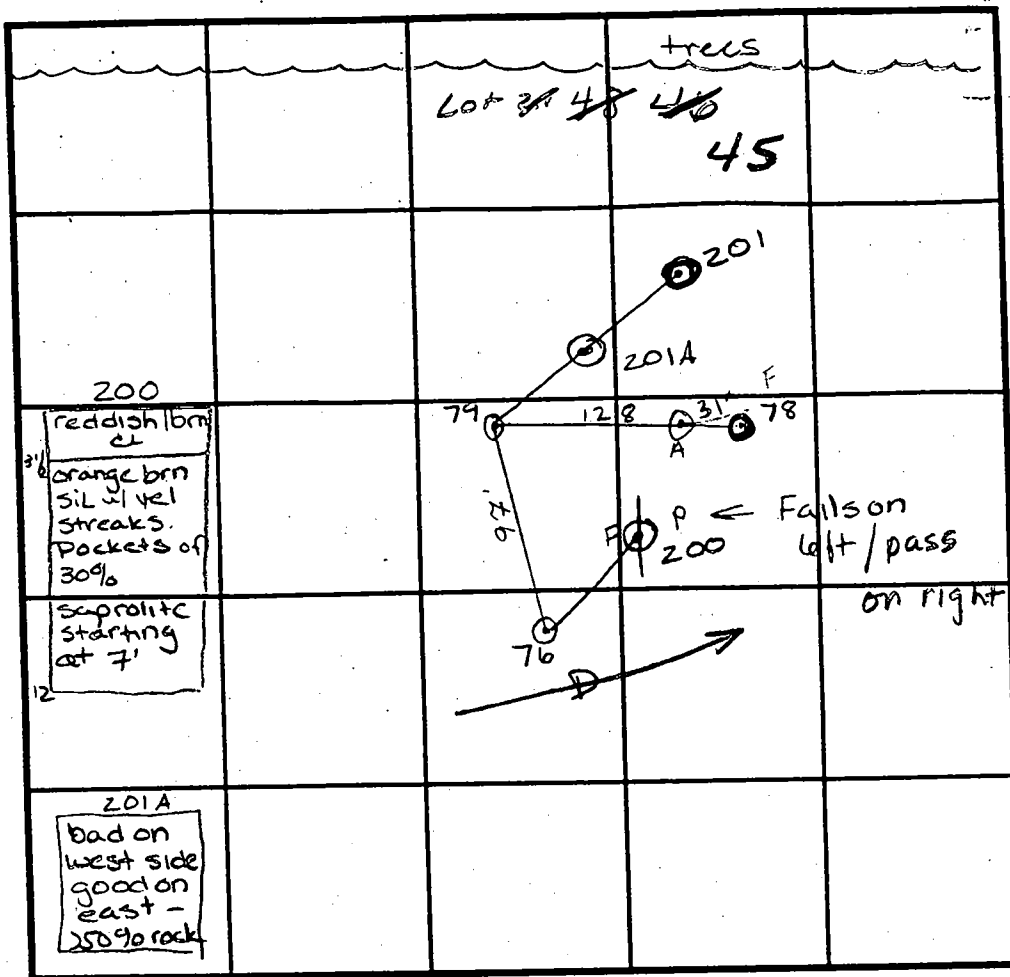
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49646S
COUNTY#



SOIL PROFILE
A
0' dk brn / red C
2 1/2' dk brn / red SIL
10 1/2' rock
201 orange / brn SIL
3 1/2' reddish SIL
7' large chunks of rock approaching 50%
11 1/2'

SOIL PROFILE
79
1' red / brn CL
3' brn SIL w/ saprolite at 9' very decayed
12' 78 greenish tan C
4' red brn SIL
8' saprolite and 75% rock mix got here
12' 76 orange brn C
3 1/2' darker orange brn SIL some saprolite

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/30/93	79	3' VII 1/2'	9:16 ³⁰	9:24 ³⁰	9:24 ³⁰	9:39	14 1/2 min
	78	4' VII 1/2'	9:37	9:37 ¹⁵	9:37 ¹⁵	9:37 ³⁵	20 sec F
	76	4' VII	2:10 ²⁰	2:12	2:12	2:15	3 min
		6' VII	2:11	2:18	2:18	2:40	22 min
	A	Visual	to 10 1/2'				OK
3/15/94	(wet 200)	3' VII 1/2'	10:37 ³⁰	10:43 ³⁰	10:43 ³⁰	10:50	6 1/2 min
3/15/94	(wet 201)	Visual	to 11 1/2'				F
3/15/94	(wet 201A)	Visual	to 12'				F/P

REMARKS wet season perc
 TYPE OF SOIL Clayey Loam
 TESTED BY Amy McMillen / CRAIG WILLIAMS ALSO PRESENT B. SANDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 min TRENCH WIDTH 3'
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 2-10

Shall be SVS only



540

Copy of Signed
Prelim. Plan

STORMWATER MANAGEMENT
FACILITY No. 2 DETENTION
HAZARD CLASS 'A'
WATER QUALITY BY
EXTENDED DETENTION
(PUBLIC)

DRAINAGE UTILITY &
FOREBAY
540

MAINTENANCE ACCESS

EX. EVERGREENS

LOT 3

PROPERTY OF LISBON ESTATES
PLAT NO. 9447-9449
ZONED RC

LOT 2

N 19°40'20" E
233.30'

212.03'

1587.07'

LOT #38
51,351 sq.ft.
1.18 acres

LOT #39
58,508 sq.ft.
1.34 acres

LOT #40
59,928 sq.ft.
1.38 acres

LOT #41
54,108 sq.ft.
1.24 acres

LOT #42
55,081 sq.ft.
1.26 acres

LOT #43
58,137 sq.ft.
1.29 acres

LOT #44
50,298 sq.ft.
1.15 acres

LOT #47
40,042 sq.ft.
0.92 acres

LOT #48
40,033 sq.ft.
0.92 acres

LOT #45
59,747 sq.ft.
1.37 acres

P.O. PRESERVATION
SINGLE RESIDENTIAL
AGRICULTURAL
PRESERVATION
TOTAL AREA THIS
AREA THIS

10' TREE MAINTENANCE
EASEMENT (PUBLIC)

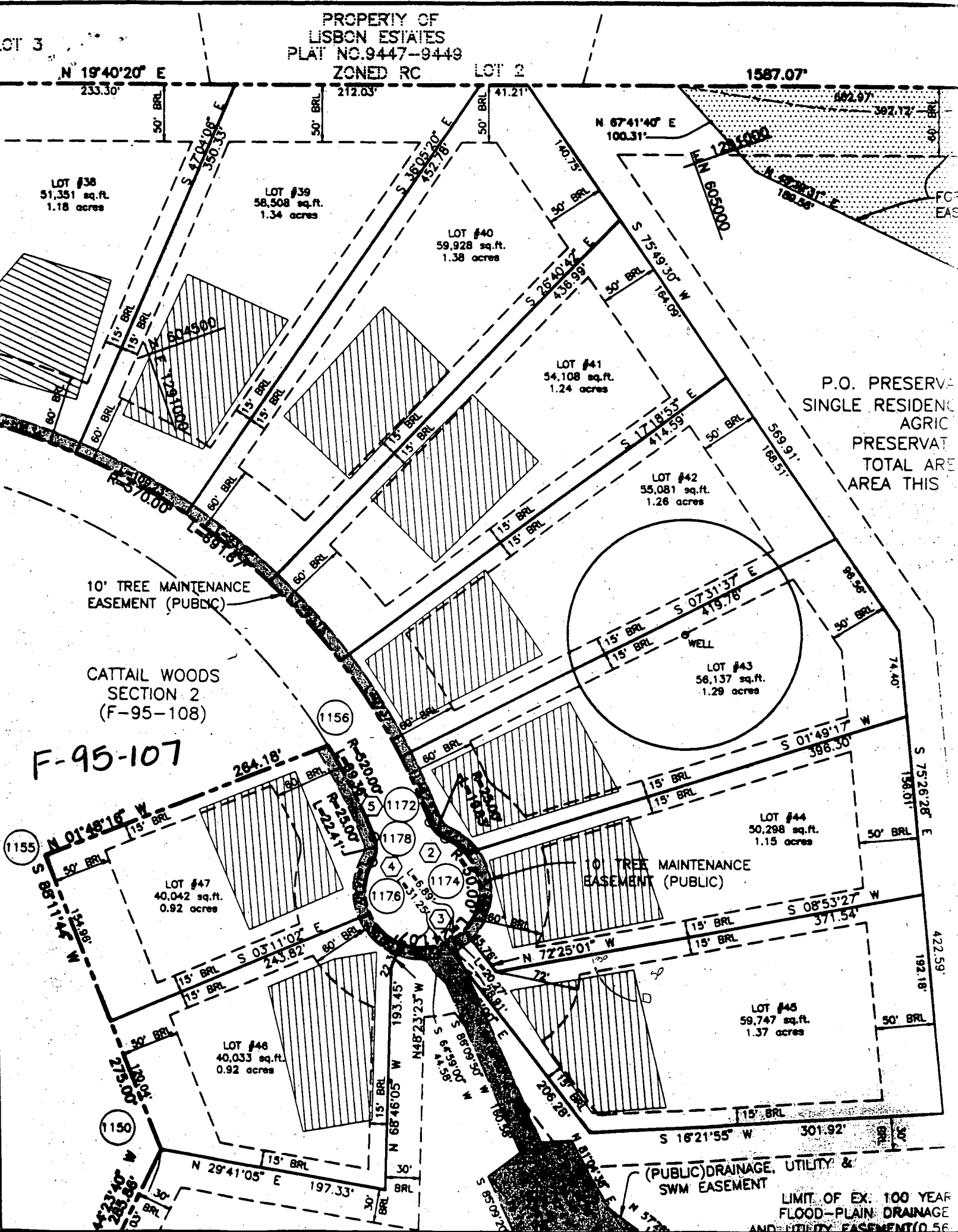
CATTAIL WOODS
SECTION 2
(F-95-108)

F-95-107

10' TREE MAINTENANCE
EASEMENT (PUBLIC)

(PUBLIC) DRAINAGE, UTILITY &
SWM EASEMENT

LIMIT OF EX: 100 YEAR
FLOOD-PLAIN DRAINAGE
AND UTILITY EASEMENT (0.56



C 1 **6575** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **A 49646 S**

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
B 13

DATE WELL COMPLETED
MM DD YY
02/26/97
15 20

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1064
28 29 30 31 32 33 34 35 36 37

OWNER **200 Joint Venture**
STREET OR RFD **Cattail Woods Lane** TOWN **Woodbine**
SUBDIVISION **Cattail Woods** SECTION _____ LOT **45**

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Dirt	0	1	
Soft Blue Shale	1	3	
Soft Br. Shale	3	44	X
Soft Br. Shale	44	85	
Soft Blue Shale	85	89	
Hard Blue Shale	89	95	
Fracture	95	96	X
Hard Blue Schist	96	178	

GROUTING RECORD (yes) (no)

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **28** NO. OF POUNDS **2833**

GALLONS OF WATER **168**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **92** ft.
(enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **S T** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **94**

60 61 63 64 66 70

OTHER CASING (if used)
diameter inch _____ depth (feet) from _____ to _____

E A C H I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **1**

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

C 2 DEPTH (nearest ft.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E																					
A																					
C																					
H																					
S																					
R																					
E																					
E																					
N																					

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) _____

56 60

from _____ to _____

DRILLERS LIC. NO. **M W D 256**

Dana Kyker Jr II
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **M W D 334**

Dana Kyker Jr II
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**
8 9

PUMPING RATE (gal. per min.) **12**
11 15

METHOD USED TO MEASURE PUMPING RATE **submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **27** ft.
17 20

WHEN PUMPING **45** ft.
22 25

TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35

PUMP HORSE POWER _____ 37 _____ 41

PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above **LAND SURFACE**
49

- below **(nearest foot)**
49 **2** 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See well log
Good well
Cattail Woods Lane

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: February 26, 1997 (month/day/year)

H	O		9	4		1	0	6	4
---	---	--	---	---	--	---	---	---	---

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

--	--	--	--	--	--	--	--	--	--

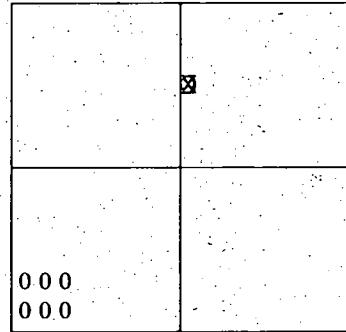
* PERSON ABANDONING WELL: Dana Kyker Jr II

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE MWD/MSD/MGD

* OWNER'S NAME: 206 Joint Venture

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Lisbon
 TAX MAP 7 BLOCK _____ PARCEL 137
 SUBDIVISION: Cattail Woods
 SECTION: 2 LOT: 45
Dry Well



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 781
 BOX NUMBER 542
 N _____

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____
- NONE

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 275 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (940 lbs)	0	33
Well Cuttings	33	275

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Dana Kyker Jr II LICENSE #: MWD256 CIRCLE ONE: MWD/MSD/MGD DATE: 2/28/97

B 1 4645 SEQUENCE NO (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

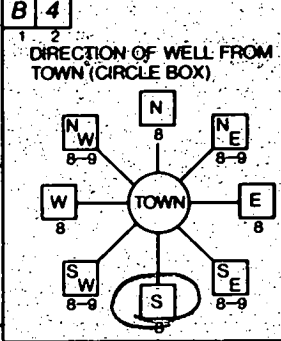
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1064
 fill in this form completely

Date Received (APA) 02/1/97 OWNER INFORMATION
206 JOINT VENTURE
 15 Last Name 34 Owner First Name
15555 UNION CHAPEL RD
 38 Street or RFD 55
WOODBINE MD 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
CATTAIL WOODS SUBDIVISION
 SECTION 2 LOT 45
WISBON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
DANA KYLER JR 256
 Driller's Name 77 License No. 80
Westminster Rotary Well Drill
 Firm Name
PO BOX 861 Westminster MD
 Address
Dana Kyler Jr Feb 8 97
 Signature Date



CATTAIL WOODS LANE NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST SOUTH NORTH
300 DISTANCE FROM ROAD
 ENTER FT OR MI FT
 TAX MAP: 7 BLK: _____ PARCEL 137

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 490465 COUNTY NO
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED 02/20/97 Donna K. See 2/19/98
 43 48 60 SIGNATURE EXP DATE
 NORTH GRID 542000 EAST GRID 0781000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET

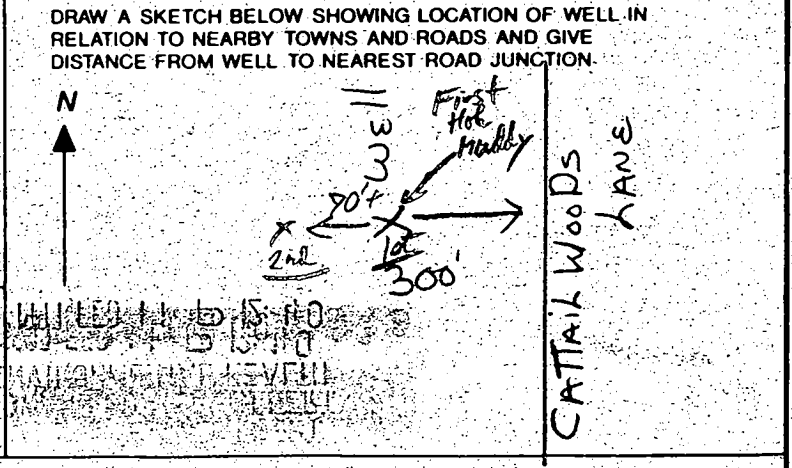
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. CITY
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 781
 N 542

2-26-97 1KM
grout ok
26 bags Portland Type II
used so far not
finished grout
at 2:00

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER GAP
 FORCE DS WRITE INITIALS IN BOX PERMIT No. HO-94-1064
 67 68 70 71 72 73 74 75 76 77 78 79

ADMINISTRATIVE RECORDS
 CANADIAN WOODS LOT # 445 44 42

RE: HD-94-1064
 Post-it® Fax Note 7671

Date 2/24/97	# of pages 1
To DANA KYKER	From G. SAUSAGE
Co./Dept.	Co. HEALTH
Phone #	Phone # 313-2640
Fax #	Fax #

