

INSPECTION OF
CONCRETE OVER
S.T. - 10/29/99 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-280446

P 512730

A REPAIR

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

DATE 9-27-1999
INSPECTED
DATE SYSTEM APPROVED 10/29/99

INSPECTOR M. Ripkin

Arnolds Backhoe & Septic Service IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 7110 Woodbine Road, Woodbine, MD 21797 PHONE 410-795-7873

SUBDIVISION Driver LOT 5 Block B ROAD 1265 Sugar Maple Drive

PROPERTY OWNER Jane Weymouth

ADDRESS 1265 Sugar Maple Drive

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 158

REPAIR - In support of proposed garage BP 00120863
Call for inspection when ground is opened so sanitarian can recommend repair. 9/27/99

INV 4' BOT 8' 4' STONE 3 (53') TRENCHES

PLANS APPROVED BY Amy McMill / Marc Ripkin DATE 9/29/99

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

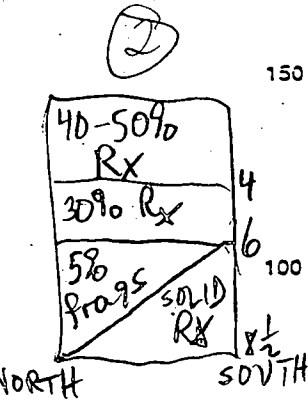
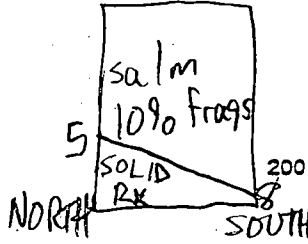
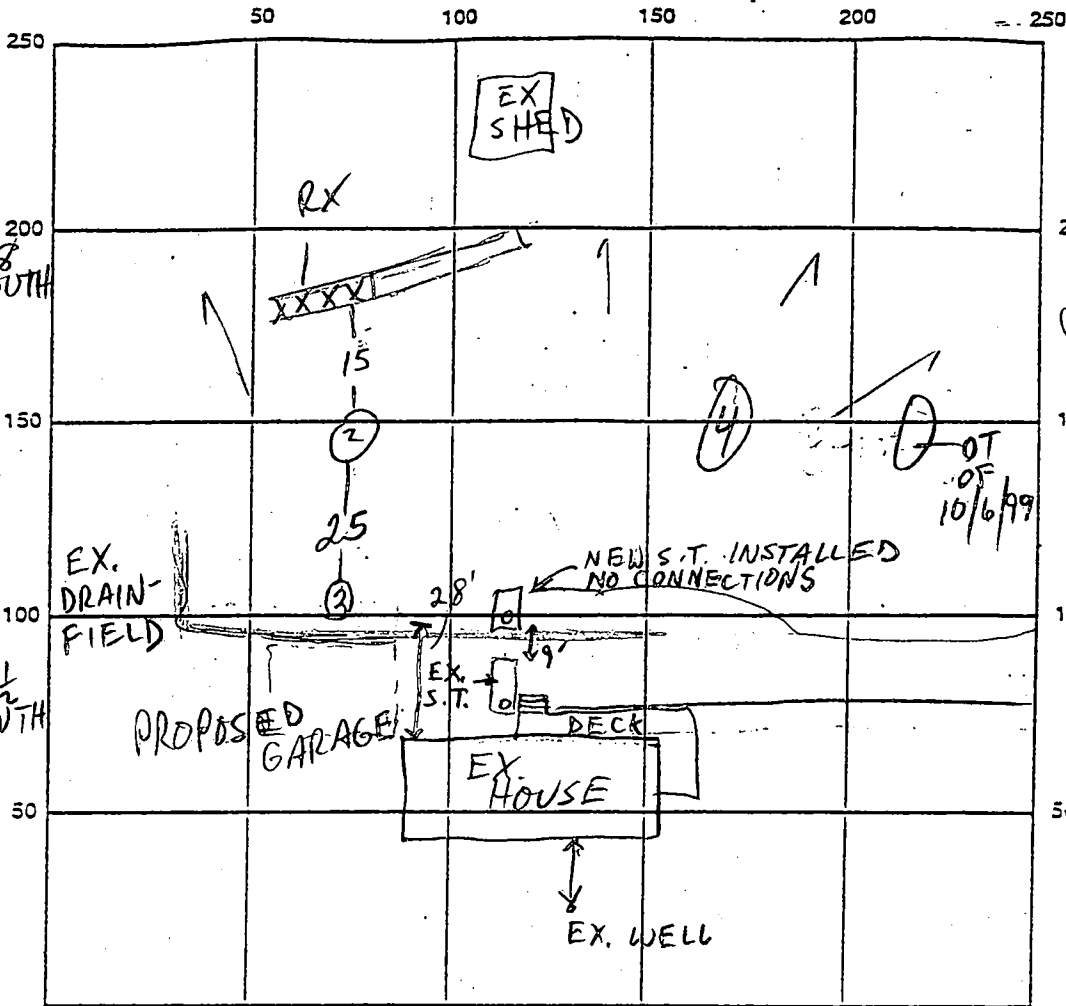
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

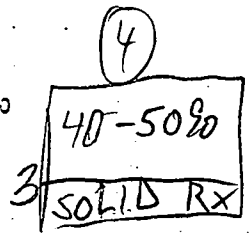
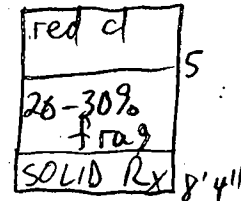
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

P 512730

TRENCH



CORNELIUS COURT



SUGAR MAPLE DR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

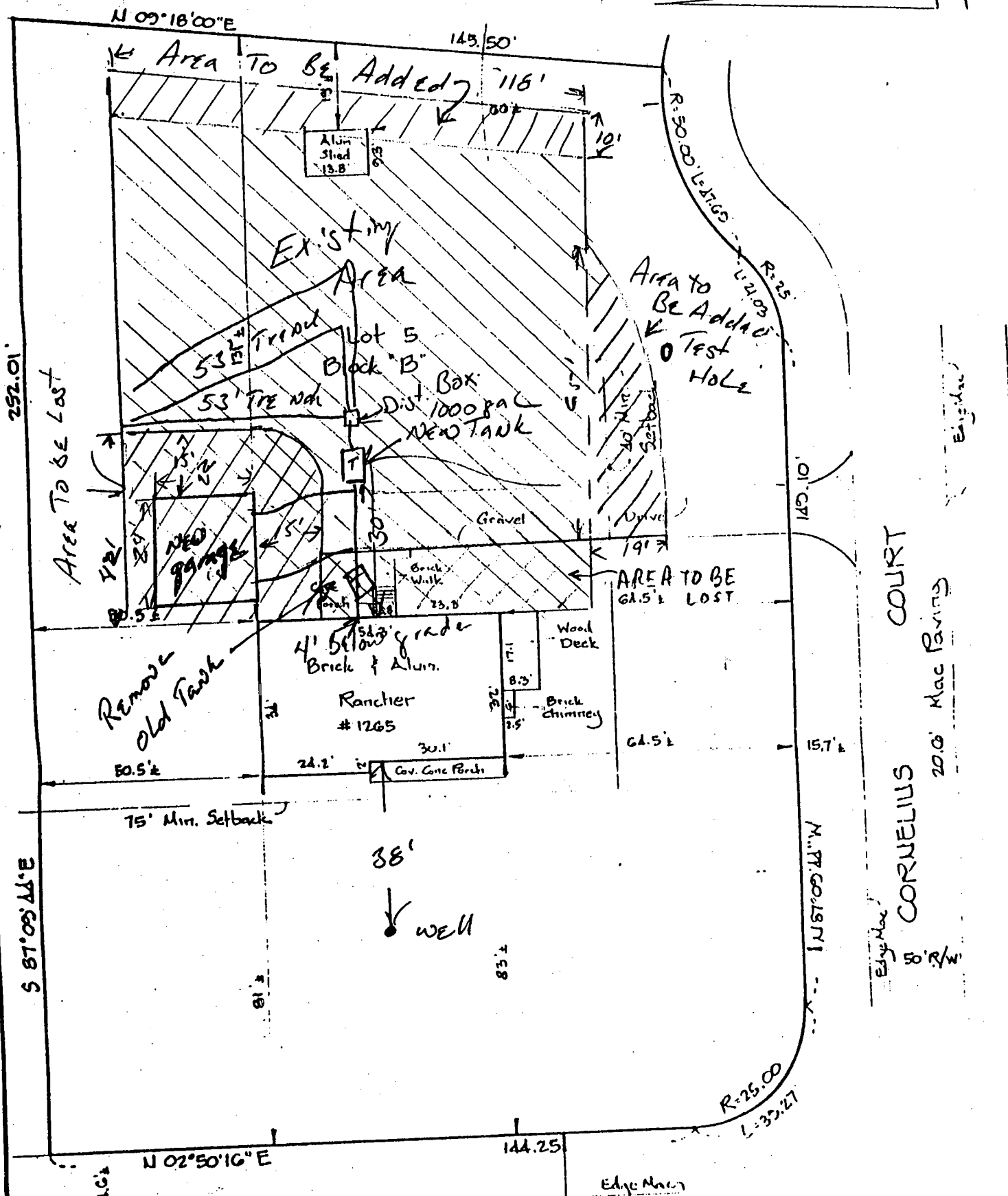
ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/15/99 SEVERE ROCK ENCOUNTERED THRUOUT MUCH OF RECORDED SEPTIC AREA; DECISION MADE TO ALLOW EX. SYSTEM TO REMAIN INTACT W/NO ADDITIONS OR DELETIONS; NEW S.T. TO REMAIN AS IS; DISCONNECTED; NEW S.T. COULD FUNCTION AS PUMP CHAMBER FOR SAND MOUND OR NON-CONVENTIONAL (DRIP DISPOSAL?) SYSTEM AS DETERMINED UPON SYSTEM FAILURE; GARAGE FOOTER

DATE SYSTEM APPROVED 10/29/99 INSPECTOR M. KIPKIN

TO BE ADJUSTED FORWARD 2'± TO AVOID EX. TRENCH; 6" CONCRETE PAD TO BE POURED OVER EX. S.T. (MR) 10/20/99 CONCRETE PAD @ S.T. BK GARAGE 3' OFF TRENCH (MR)

Survey of property known as #1265 Sugar Maple Drive, also known as Lot #5 Block "B" as shown on Plat of "DRIVER PROPERTY" and recorded among the Land Records of Howard County in Plat Book 26 Folio 74.



SUGAR MAPLE DRIVE
20.8' Mac Paving
Edge Mac

Dine M... of
 Approval Howard Co. Health Office Date 10/13/97
 For Private Water and Sewer (MR)
 1265 Sugar Maple Dr.
 Driver Sub Division Lot 5

Building Address 1265 Sugar Maple Dr.
 Suite/Apt. #: _____ SDP/WP/Petition #: ~~B00120863~~
 Census Tract _____ Subdivision Driver
 Section _____ Area _____ Lot 5
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JANE WEGMONT
 Address 1265 Sugar Maple Dr.
 City Marriottsville State MD Zip Code 21104
 Home Phone 410 442 1164 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD + Garage
 Estimated Construction Cost \$ _____
 Description of Work 24'x22' Garage with
a 5/12" Pitch Roof TO MATCH HOUSE

Contractor Company _____
 Contact Person Ron Ricks
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____ 2ND #: _____
 Phone 854-0565 ~~301-270-4242~~

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular Manufactured Home <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Title/Company _____
 Print Name _____ Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u>
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>10/18/99</u>	<u>Mark E. Affler</u>	Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

ans. service
410-627-5038

10-6-99
1:00

APPLICATION

PERCOLATION TESTING

A _____

P 5/2730

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

DISTRICT _____

DATE 9/27/99

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 Jane Weymouth

ADDRESS 1265 Sugar Maple Drive PHONE 410-442-1164

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Driver Property LOT NO. # 5 Block B

ROAD AND DESCRIPTION 70 E - (1) Marriottville Rd - (2) Driver Road -
(1) Sugar Maple Drive

TAX MAP 26 PARCEL # _____ 7010 74

SIZE OF LOT 1 1/2 TYPE BLDG. Single Family
(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.

Anna Catherine Miller
(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 _____

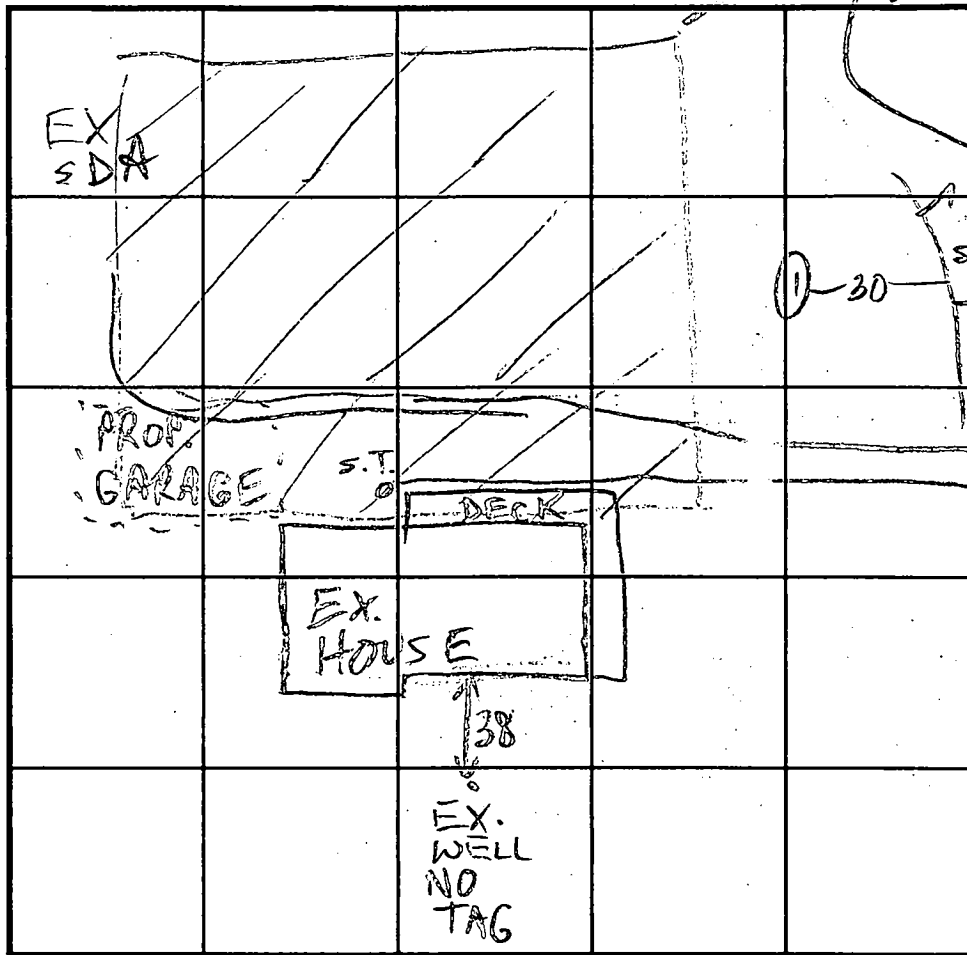
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' ①
 heavy
 brown red
 cl
 grey
 tan mica
 sand
 10%
 frags



SOIL PROFILE

CORNELIUS CT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SUGAR MAPLE DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/6/99	1V	11 1/2	OK	see profile			

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT owner, Arnold's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 210

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 3

DATE 6/23/76

INDEXED

6/29/76

6/22/76

William Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS Jennings Chapel Road, Sunshine, Maryland

PHONE 499-4711

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION DRIVER

ROAD SUGAR MAPLE DR.

LOT 5 Bk. B Sec. 4

PROPERTY OWNER DAVID W. SILONKI

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

BEEPAGE PITS _____ ABSORBENT SIDEWALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER Dry well to have 135 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for dry well is 12 ft.

below original grade. Place the dry well 115 ft. from the front lot line and 70 ft. from the

left side line as seen when facing the property from Sugar Maple Drive. Trench 35 ft. long

location starting at dry well, 11 ft. deep max; 6" dia. inlet with 7 ft. of stone. Trench to run a constant elevation. NOTE: CALL FOR INSPECTION OF TRENCH BEFORE ANY GRAVEL IS INSTALLED.

PLANS APPROVED BY Frank Skinner

DATE 2/4/76

F. Frommelt

6/23/76

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

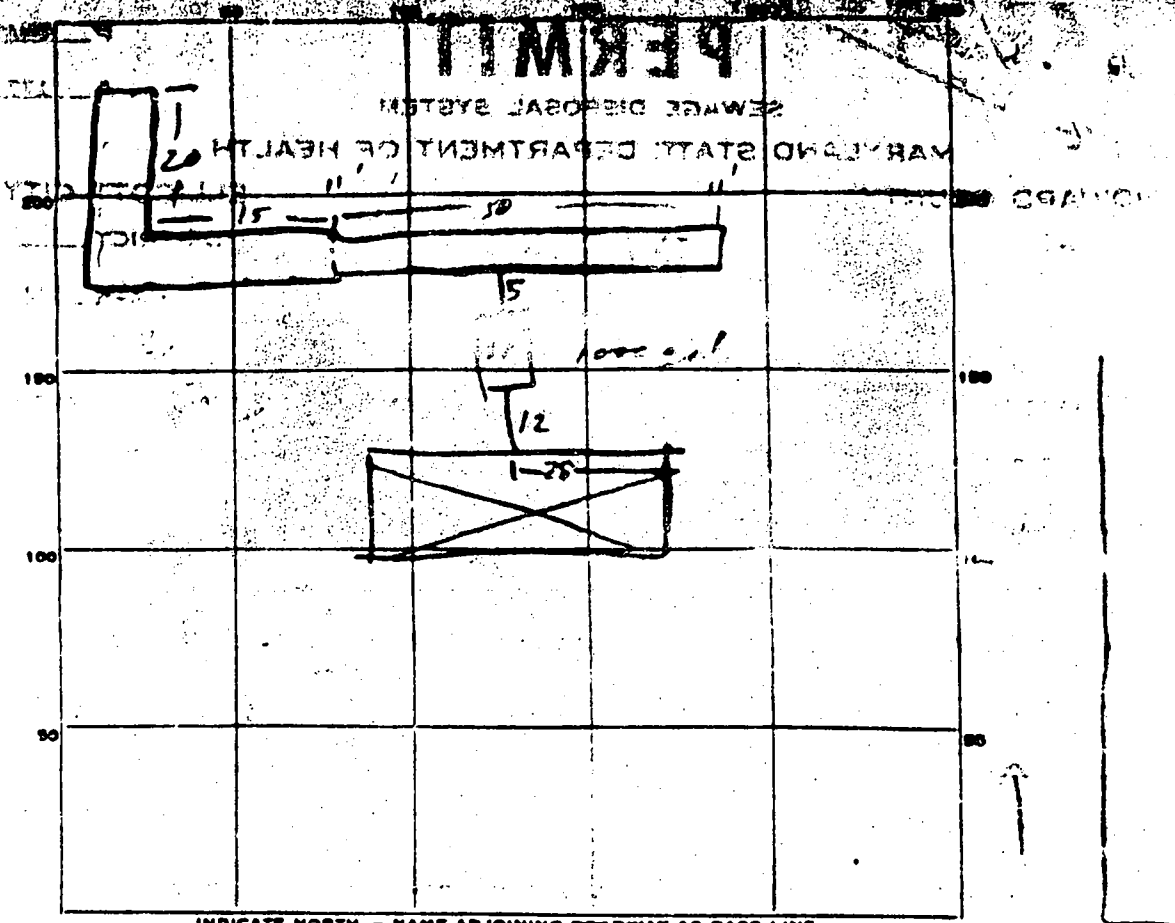
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPE MUST BE 6" IN DIA., CONCRETE, CAST IRON OR TERRA COTTA ACCEPTED.

17740



PERMIT CARD _____

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT. TOTAL LENGTH 50 + 35 FT.

NUMBER OF TRENCHES 1 TOTAL ~~AREA~~ 595 ^{SIDEWALK}

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 595 SQ. FT.

REMARKS 6/25/76 OK for installation of 1 trench P.P.

DATE SYSTEM APPROVED 6/30/76 INSPECTOR [Signature]

APPLICATION

A 17740

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 12/1/72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Allan C. Driver and Wife

ADDRESS 1340 Driver Rd., Marriottsville, Md.

PHONE 328-2329

PROPERTY LOCATION:

SUBDIVISION Driver Subdivision

LOT NO. 8 Blk. X Sect. 4

ROAD AND DESCRIPTION Road "A"

new 5 on final

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 42,000 sq. ft.

TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Allan C. Driver

APPROVED BY _____

FOR _____

DATE _____

(KIND OF SYSTEM)

REJECTED BY _____

FOR _____

DATE _____

(KIND OF SYSTEM)

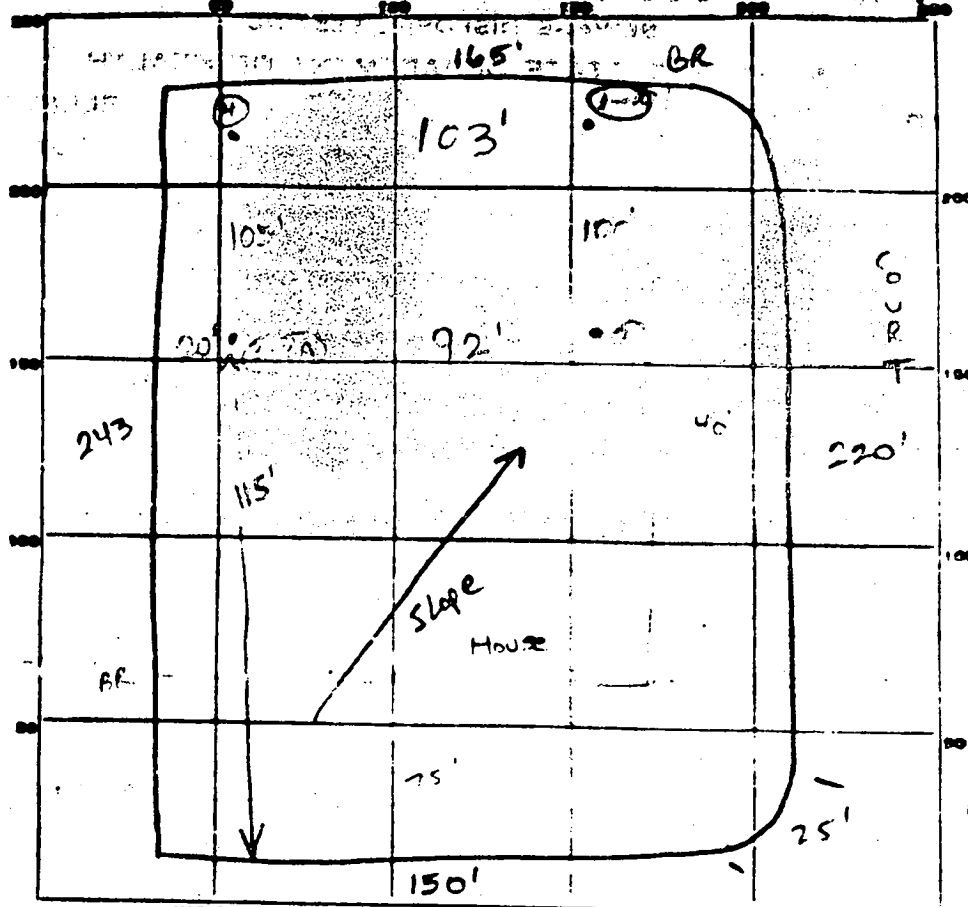
HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Road A

DATE	TEST NO.	DEPTH	PERCENT		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/5	1	13'	11 53	11 55	11 58	12 07	9
	1A	4'	11 39	12 12	12 13	12 25	12
	2	12'	12 07	12 13	12 13	12 20	7
	3	12'	137	145	145	2:00	5
	3A	4'	140	155	155	2:00	8
	4	15'					

along property →

Avg Time
 10
 MIN

SOIL AUGER FINDING

TESTED BY

REMARKS

Dry Well at (E-10)
 Min Inlet 4'
 Max Depth 13'

DATE WELL COMPLETED 10-2-68
DEPTH OF WELL 150
OWNER BILSKY
DRILLER'S NAME David
STREET OR RFD 727.5 Woodington Road
CITY NAME Baltimore, Md. 21229

WELL LOG

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

DESCRIPTION (USE 17/18/19 SHEETS IF NECESSARY)	FEET		WELL MARKED
	FROM	TO	
Mica Sand	0	33	
Mica Rock	33	100	
Granite Rock	100	150	X

25' gravel

GRouting RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE 2 BOX)

CEMENT CM DC

NO. OF BAGS 12 NO. OF POUNDS 1080

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 7 FT.

CASING RECORD

CASING TYPE (INSERT APPROPRIATE CODE BELOW)

STEEL ST CO PL OY

PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 28

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL ST BR HO PL OY

PLASTIC OTHER

PUMPING TEST

WELL NO. _____

WELL DEPTH (TO NEAREST FOOT) 150

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (INCHES FROM LAND SURFACE)

BEFORE PUMPING 35

WHILE PUMPING 90

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

AIR AIR 27

PISTON PISTON 27

TURBINE TURBINE 27

CENTRIFUGAL CENTRIFUGAL 27

ROTARY ROTARY 27

OTHER (DESCRIBE BELOW) _____

JET JET 27

SUBMERSIBLE SUBMERSIBLE 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, U)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE ABOVE

BELOW BELOW

LAND SURFACE (NEAREST FOOT) 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME _____

PLEASE PRINT: Howard Wilson

SIGNATURE: _____

DEPTHS

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 4 0 15 150 21

2 22 24 28 30 32 36

3 38 39 41 46 47 51

SLOT SIZE 1. _____ 2. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) YES NO

OWNER USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CANNON TELESCOPE CANNON TELESCOPE CANNON

LOG INDICATOR LOG INDICATOR LOG INDICATOR

OTHER DATA AVAILABLE OTHER DATA AVAILABLE OTHER DATA AVAILABLE