

1/5/01
AM
1/31/01
Final?
Anytime

RPS# 333035

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P514731-B
A 510569-E

ISSUE DATE 1/4/2001

APPROVAL DATE 1/31/01

INDEXED

K & K Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 15882 Frederick Road, Lisbon, MD 21765 PHONE 410-442-1336

SUBDIVISION Eagle Ridge LOT NUMBER 5 ADDRESS 12314 Fawn River Way

PROPERTY OWNER Selfridge Builders PROPERTY OWNER'S ADDRESS 14045 Gared Drive

SEPTIC TANK CAPACITY 1250 GALLONS Glenwood, MD 21738

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240 180

TRENCHES: Trenches to be β 2' feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7' β feet below original grade. 4'2" feet of stone below distribution box.

LOCATION: Beginning from the intersection of the 107.40' lot line and the 283.17' lot line, begin trenches 150 feet down the 283.17' lot line and 70 feet off that same lot line. Run trenches on contour in both directions.

NOTE: PLACE SEPTIC TANK AND DISTRIBUTION BOX EXACTLY AS SHOWN ON THE APPROVED BUILDING PERMIT PLAN. CALL FOR INSPECTION IF SITE CONDITIONS PREVENT INSTALLATION AS SHOWN.

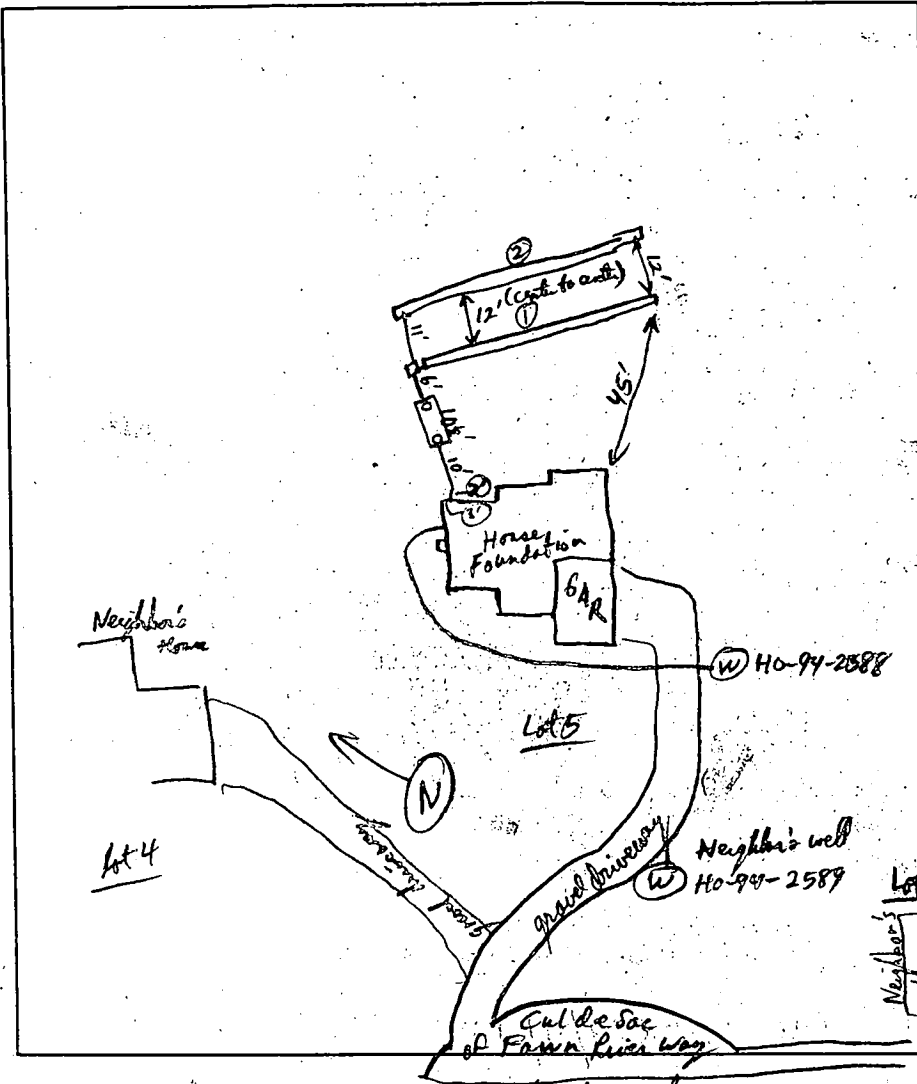
PLANS APPROVED Amy Mc Millen OK SRU 1/4/01 DATE 8/15/00

- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514731

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>2'</u>
TRENCH INLET DEPTH	<u>3'</u>
TRENCH BOTTOM DEPTH	<u>7'</u>
DEPTH OF STONE	<u>4'</u>
NUMBER OF TRENCHES	<u>2</u>
TOTAL TRENCH LENGTH	<u>180 LF</u> ① 89' ② 91'
ABSORBENT AREA	<u>720 sqft</u>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1500 TS GALLONS</u>
MANHOLE RISER	_____
6 INCH INSPECTION PORT	_____
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	_____
MANHOLE RISER	_____
ALARM	_____
PUMP PERFORMANCE TEST	_____

PRE-CONSTRUCTION INSPECTION: 1/05/01 Layout cancelled, but have permission

to install 2' wide trenches with stone from 3'-7' (BB)

INSPECTION COMMENTS: Septic tank set, 1st Baffles ("T") installed, House Connection OK, 1st Trench OK to cover.

Dist Box level, OK to cover when Baffle Block set + outlet ports connected. 2nd Trench open - good sandy

(a few rocks) from 2'-3ft + layers gravel being placed + drain pipe set etc. OK to cover all work when finished 1/31/01

INSPECTOR Ronald P. Pinsky

DATE SYSTEM APPROVED 1/31/01

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Pipe-Rite Plumbing Telephone #: 410-788-3080
Address: 405 Lafayette Avenue
Baltimore, MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: _____ License# 2214
Name (Print): George Baker

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: William Telephone #: _____
Subdivision: Eagles Ridge Lot #: 5 Well Tag #: HO-94-2588
Site Address: 12314 Fawn River Way
Edlcoff City 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Meyers Make: martins Two piece watertight cap:
Model #: ST 22-5 Model#: BAK Screened, vented well cap:
Pump Capacity 9 GPM Depth: 48 (36" min) Cap secured to casing:
Well Yield: 4 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 225 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestor or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 60"
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

George Baker 5-17-01
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/2/01 Date Insp. Approved: 5/25/01
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

MR
BB

No sleeve under driveway.

Total linear feet of trench required 240 feet

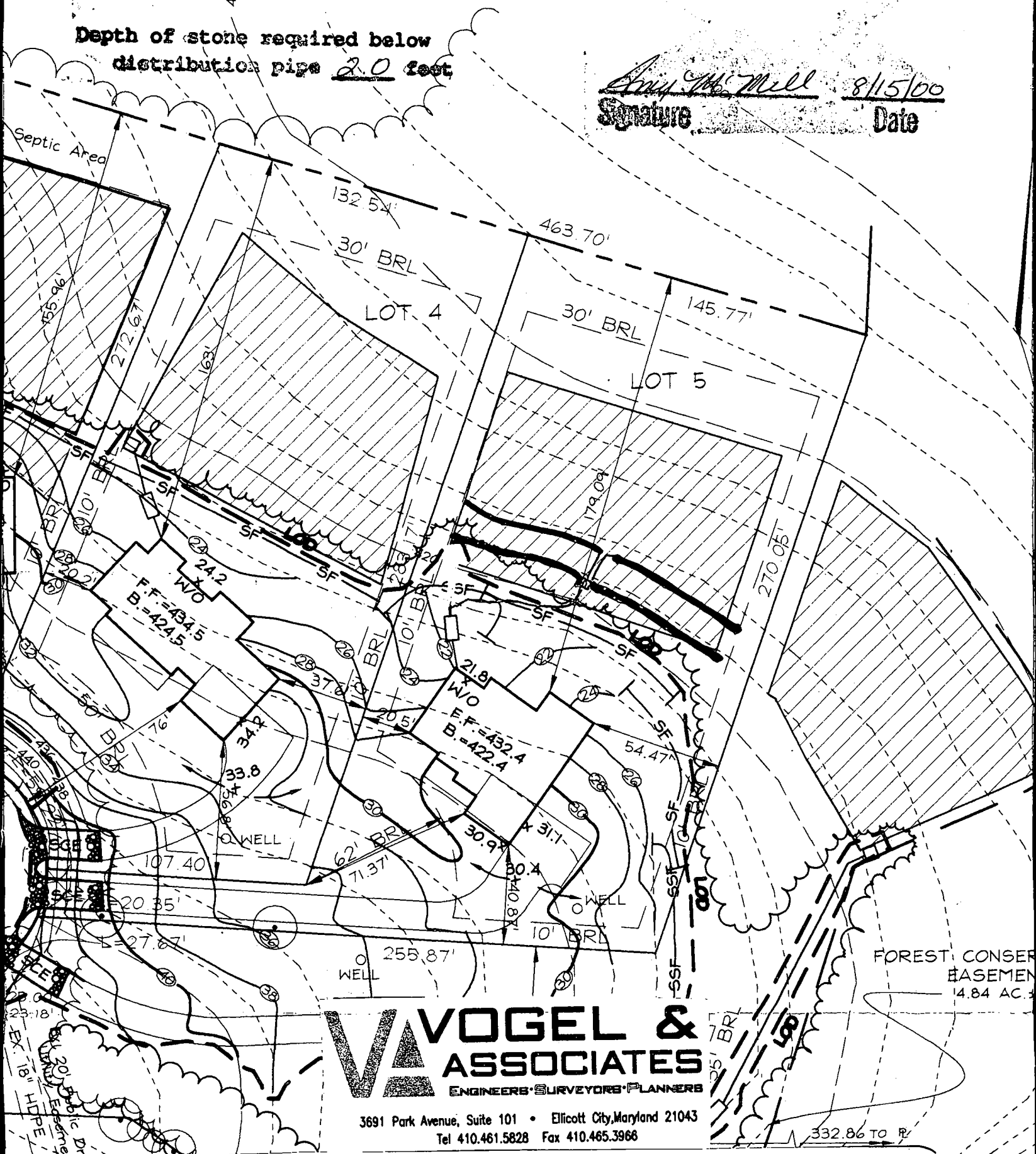
Width of trench (es) 3.0 feet

Depth of trench (es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Amy McMill 8/15/00
Signature Date



VOGEL & ASSOCIATES
ENGINEERS SURVEYORS PLANNERS

3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3966

SEPTIC CHART

LOT NO.	DISTRIBUTION BOX		SEPTIC TANK			HOUSE INV. OUT
	EX. GRADE	INV. OUT	EX. GRADE	INV.		
				IN	OUT	
1	454.2	451.2	455.0	451.9	451.6	452.3
2	443.9	440.2	443.8	441.4	441.1	442.0 *
3	428.0	425.0	430.8	426.5	426.2	426.9
4	422.0	419.0	424.2	419.8	419.5	420.0
5	420.0 419.0	417.0 416.0	421.8	417.7	417.4	417.9
PERSERVATION PARCEL A	418.0	415.0	426.0	417.9	417.6	418.3

* BASEMENT WILL NOT SEWER BY GRAVITY.

ABLE
ON PAR

APPLICATION

PERCOLATION TESTING

A. 510569-E

P. _____

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

DISTRICT _____

DATE 7-17-98

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 Michele & John Fish

ADDRESS 12286 Carroll Mill Road PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER Northridge Development LLC

ADDRESS 14045 Gared Drive Glenwood 21738 PHONE 410-730-1074

PROPERTY LOCATION:

SUBDIVISION Carroll Mill Road Sec ~~Two~~ One LOT NO. A 5

ROAD AND DESCRIPTION last side of Carroll Mill Road between, Triadelphia and Etchinson Roads

TAX MAP 22/23 PARCEL # 553

SIZE OF LOT 1Ac 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.

Cindy DeToppo, Northridge Development LLC
(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

510569

COUNTY #

SOIL PROFILE

40

orange cl 1m
 3' brown/tan sclm
 8' redox features
 ↓
 12.5' WATER

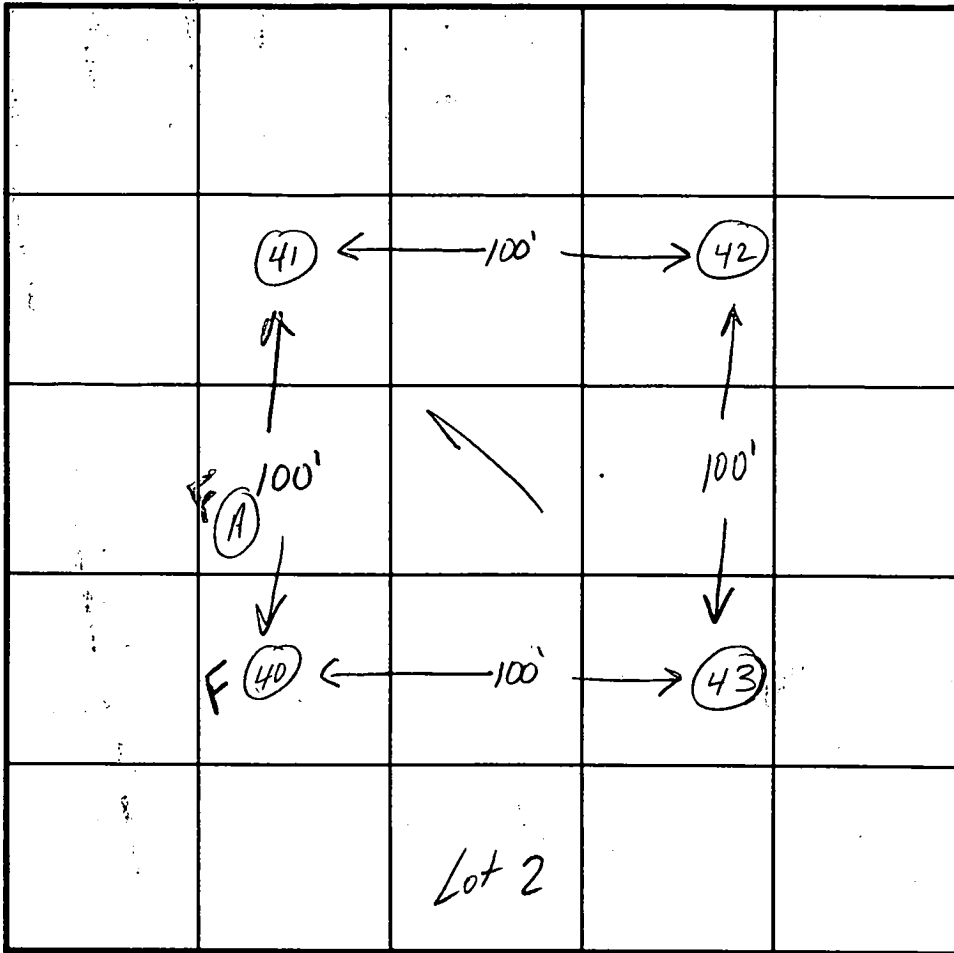
41

orange cl 1m
 3' tan/brown sclm
 12' possible water indicators at 9.0'

42

orange clay 1m
 3' tan/orange sclm
 ↓

12'



SOIL PROFILE

43

top soil
 1' orange cl 1m
 3.5' tan/beige sclm
 fine powder
 10% shale frags

A

orange cl 1m
 3' tan/brown sclm
 8' redox features
 10' WATER

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Carroll Mill Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-12-98	40	12.5'D	visual	only	-see profile			
			FAILED DUE TO WATER				F	
	41	3.0'S	1:50	1:53:50	1:53:50	2:03:30	9:40	
		12.0'D	visual	-see profile				
	42	3.5'S	1:44:30	1:45:20	1:45:20	1:46:40	1:20	
		12.0'D	visual	ok - see profile				
	43	3.0'S	1:33:10	1:37:10	1:37:10	1:45:10	8min	
		11.0'D	visual	ok - see profile				
	A	11.0'D	FAILED DUE TO WATER				F	

REMARKS test holes staked by surveyor, site heavily wooded

TYPE OF SOIL

TESTED BY Lim Maiste

ALSO PRESENT Chuck Zopp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6-7 minutes TRENCH WIDTH 13

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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

510569
COUNTY #

SOIL PROFILE
45

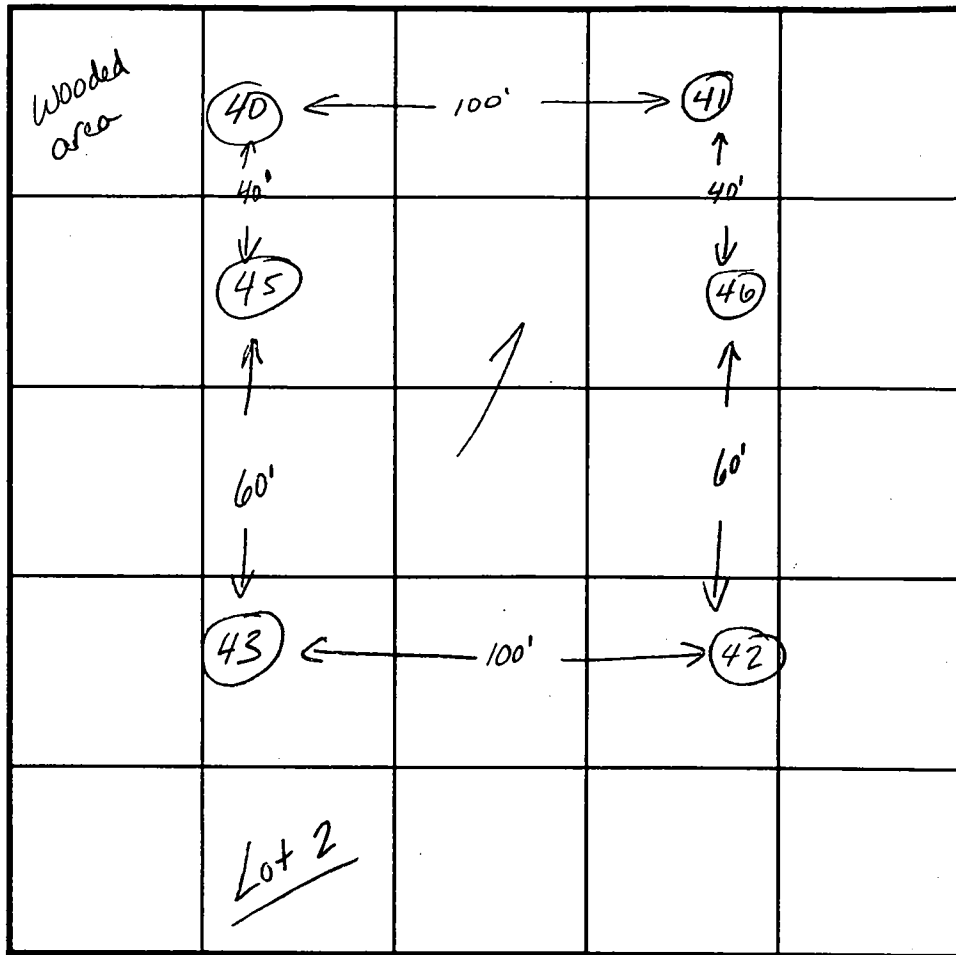
orange
cl fm

beige/
orange
schm
10%
shale
frags

46

orange
cl fm

beige/
tan
schm
10%
shale
frags



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9.25.98	45	5.0'S	10:36 ³⁰	10:37	10:37	FAST	T	
		(repair)	10:37 ²⁰	10:38 ²⁰	10:38 ²⁰	10:40 ²⁰	2min	
		13.5'0	visual ok - see profile					
	46	4.0'S	10:44	10:44 ³⁰	10:44 ³⁰	FAST		
		(repair)	10:46 ¹⁵	10:47 ¹⁵	10:47 ¹⁵	10:48 ¹⁵	1min	
		(repair)	10:48 ⁵⁰	10:49 ⁵⁰	10:49 ⁵⁰	10:50 ⁴⁹	1min	
		12.0'0	visual ok - see profile					

REMARKS test holes Staked, site heavily wooded

TYPE OF SOIL

TESTED BY Kim Maiste

ALSO PRESENT Cindy Delzoppo

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1 1/2 min

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

180

F.00.84
7.17.00

PROPERTY OF
JOHN E. FISH
L.4520 / F.115
ZONED RR-DEO

MARYLAND STATE
MERIDIAN (NAD)

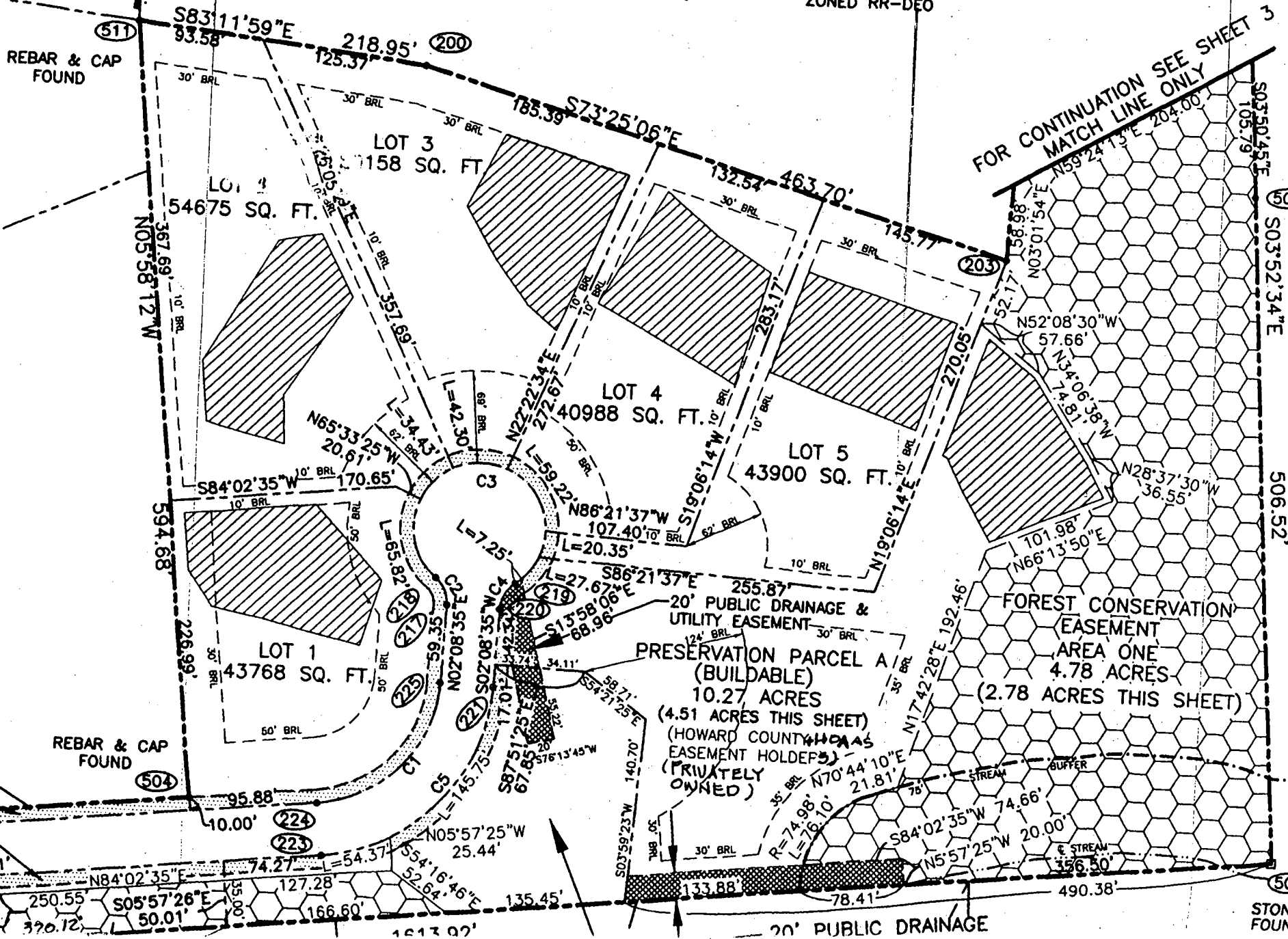
REBAR & CAP
FOUND

FOR CONTINUATION SEE SHEET 3
MATCH LINE ONLY

587250
1" PIPE
FOUND

KLAUSMEYER
AND LOT 38,
WOOD
PLAT
ZONED

586750



S83°11'59"E
93.58'

218.95' (200)
125.37'

S73°25'06"E
185.39'

132.54' 463.70'

LOT 3
1158 SQ. FT.

LOT 4
54675 SQ. FT.

LOT 4
40988 SQ. FT.

LOT 5
43900 SQ. FT.

LOT 1
43768 SQ. FT.

PRESERVATION PARCEL A
(BUILDABLE)
10.27 ACRES
(4.51 ACRES THIS SHEET)
(HOWARD COUNTY HOA AS
EASEMENT HOLDEES)
(PRIVATELY
OWNED)

FOREST CONSERVATION
EASEMENT
AREA ONE
4.78 ACRES
(2.78 ACRES THIS SHEET)

REBAR & CAP
FOUND

STONE
FOUND

20' PUBLIC DRAINAGE

N84°02'35"E
250.55'

S05°57'26"E
50.01'

N05°57'25"W
25.44'

S87°51'25"E
67.85'

S03°59'23"W
140.70'

R=74.98'
L=76.10'

N70°44'10"E
21.81'

S84°02'35"W
74.66'

N5°57'25"W
20.00'

356.50'

490.38'

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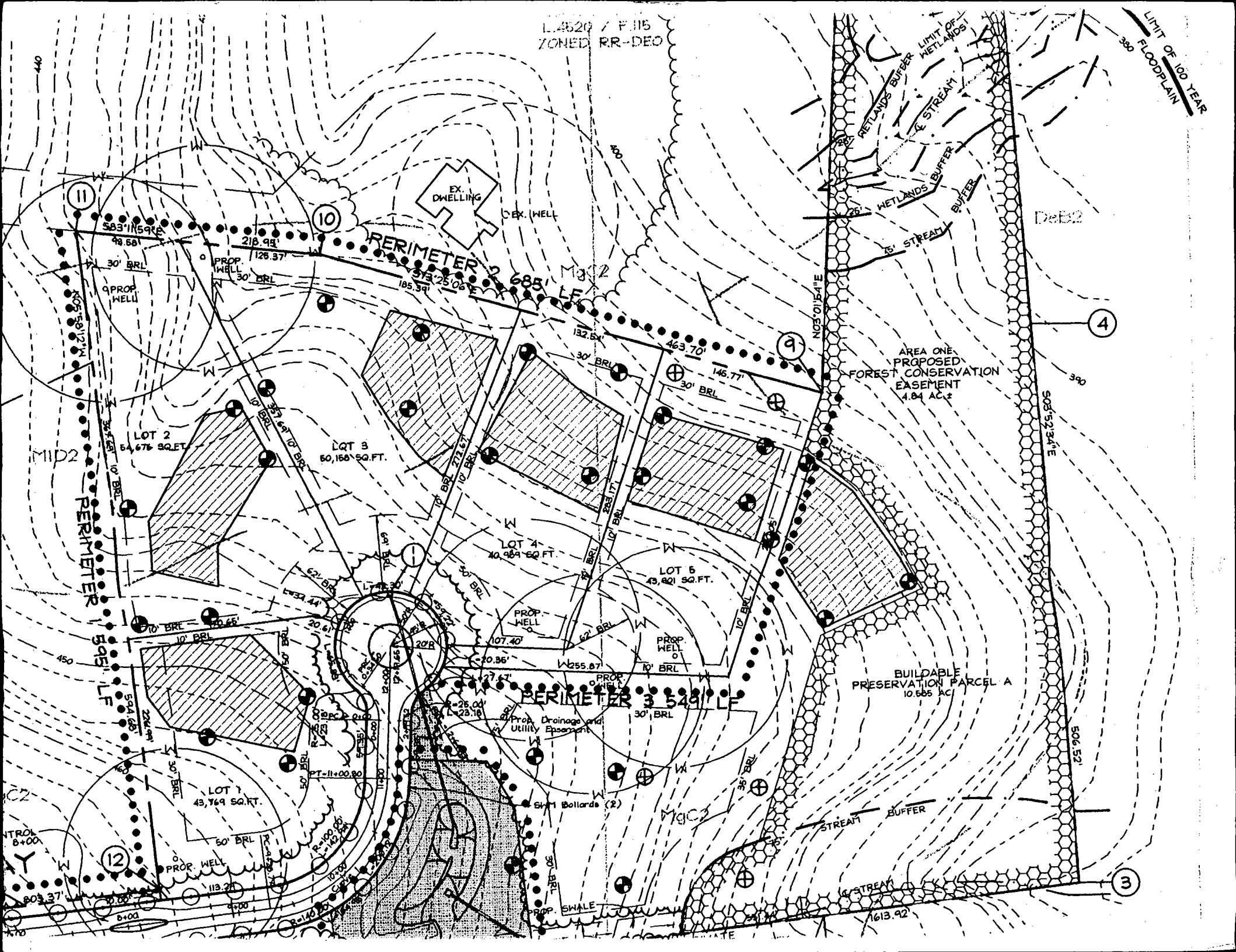
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L4520 / F115
ZONED RR-DEO

LIMIT OF 100 YEAR
FLOODPLAIN



EX. DWELLING

EX. WELL

AREA ONE
PROPOSED
FOREST CONSERVATION
EASEMENT
4.84 AC ±

BUILDABLE
PRESERVATION PARCEL A
10.665 AC ±

PERIMETER 2
685 LF

PERIMETER 3
548 LF

LOT 2
54,676 SQ.FT.

LOT 3
60,166 SQ.FT.

LOT 4
40,989 SQ.FT.

LOT 5
43,821 SQ.FT.

LOT 1
43,769 SQ.FT.

CONTROL
8+00

PROP. SWALE

PROP. DRAINAGE AND
UTILITY EASEMENT

PROP. WELLS (2)

PROP. SWALE

PROP. SWALE

PROP. SWALE

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FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2588
 Location of property (road) Fawn River Way
 Subdivision EAGLE RIDGE Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller R. Mayne Owner Northridge Dev'tment
 Depth of well 285'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 32'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 95 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	95 <u>ft</u>	15 Sec		4 <u>GPM</u>
8:30	95 <u>ft</u>	15 Sec		4 <u>GPM</u>
8:45	95 <u>ft</u>	15 Sec		4 <u>GPM</u>
9:00	95 "	15 "		4 "
9:15	95 "	15 "		4 "
9:30	95 "	15 "		4 "
9:45	95 <u>ft</u>	15 Sec		4 <u>GPM</u>
10:00	95 <u>ft</u>	15 Sec		4 <u>GPM</u>
10:15	95 <u>ft</u>	15 Sec		4 <u>GPM</u>
10:30	95 "	15 "		4 "
10:45	95 "	15 "		4 "
11:00	95 <u>ft</u>	15 Sec		4 <u>GPM</u>
11:15	95 <u>ft</u>	15 Sec		4 <u>GPM</u>

Casing 4 1/2" 30' open 14345

B 1 **1907** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

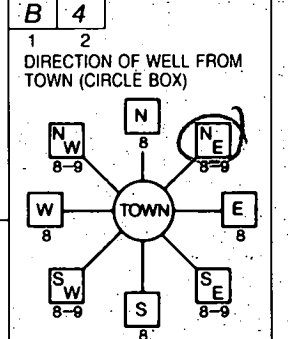
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2588
 70 fill in this form completely 79

Date Received (APA) **01 12 00**
 8 MM DD YY 13
OWNER INFORMATION
 north RIOS Development LLC
 15 Last Name Owner First Name 34
 17045 GARDEN DR.
 36 Street or RFD 55
 GLENWOOD MD. 21738
 57 Town 70 State 72 Zip 76

B 3 **HOWARD** LOCATION OF WELL
 8 COUNTY 21
EDGE RIDGE
 23 SUBDIVISION 42
 SECTION **-** LOT **5**
 44 46 48 50
GLENWELLS FIVE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **3** M. I.
 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE MS D 116
 76 Driller's Name 81 License No.
Ralph MAYNE well Drilling
 Firm Name
9120 Brown Church rd Mt Airy
 Address
Ralph Mayne 1-10-00
 Signature Date



Fawn River way
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
200
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: **22** BLK: **6** PARCEL **553**

B 2 **WELL INFORMATION**
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

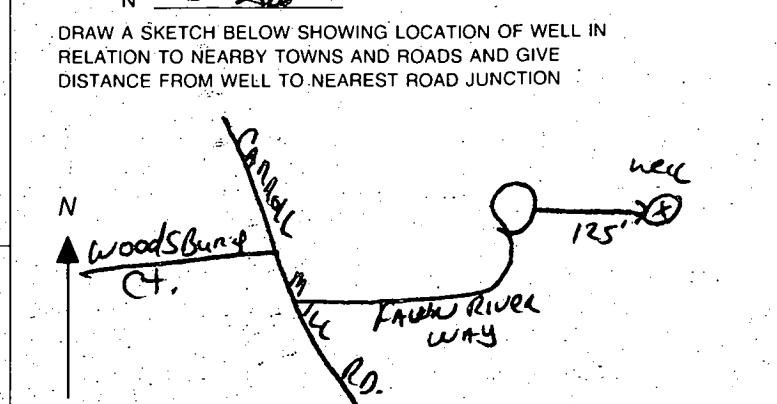
NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 510568-E COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **02 03 00** Mark E. Diffin 2/3/01
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **526** 000 EAST GRID **0818** 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **64** INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **52218**
 N **52216**
 000
 000
 411100 - Grout Ram
 No NUSP
 MRo
 (F)

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 38 **AIR-ROTARY** AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

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
 39 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 DEEPMEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 G A P 63
 PERMIT No. **HO-94-2588**
 70 71 72 73 74 75 76 77 78 79