

SEPTIC SYSTEM IS TO BE INSTALLED FIRST

3/18/81 FILE APPROVED C. B. S.

PERMIT

P 30833

A 26261

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-377684

ELLICOTT CITY

DISTRICT 5th.

3/18/81

INDEXED

DATE 3/11/80

Souder Builders IS PERMITTED TO INSTALL X ALTER

ADDRESS 9335 Old Scaggsville Road, Laurel, Md. 20810 PHONE 725-5772'

SUBDIVISION Linden Chapel Hills ROAD 13585 Argo Drive LOT 15, Blk D,

Sec. 4

PROPERTY OWNER Souder Builders

ADDRESS 9335 Old Scaggsville Road, Laurel, Md. 20810 ^{near} 10 miles Greenbridge (Dayton)

SPECIFICATIONS 4 Bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

Dry Well SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 130 SQ. FT. per bedroom

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH 10 1/2 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN

FACING LOT FROM

DRY WELL LOCATION- 139 feet from edge of existing road and in from right line 163 feet when facing lot from Argo Drive. Perc hole (1&2). NOTE: OKAY TO USE TRENCH OFF DRY WELL TO MAKE UP ABSORBENT SIDEWALL AREA IN SYSTEM. LEAVE 5 FT. EARTH BUFFER BETWEEN TRENCH AND DRY WELL. TRENCH TO FOLLOW CONTOUR OF THE LAND.

PLANS APPROVED BY C. B. Streaker DATE 10/24/75

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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

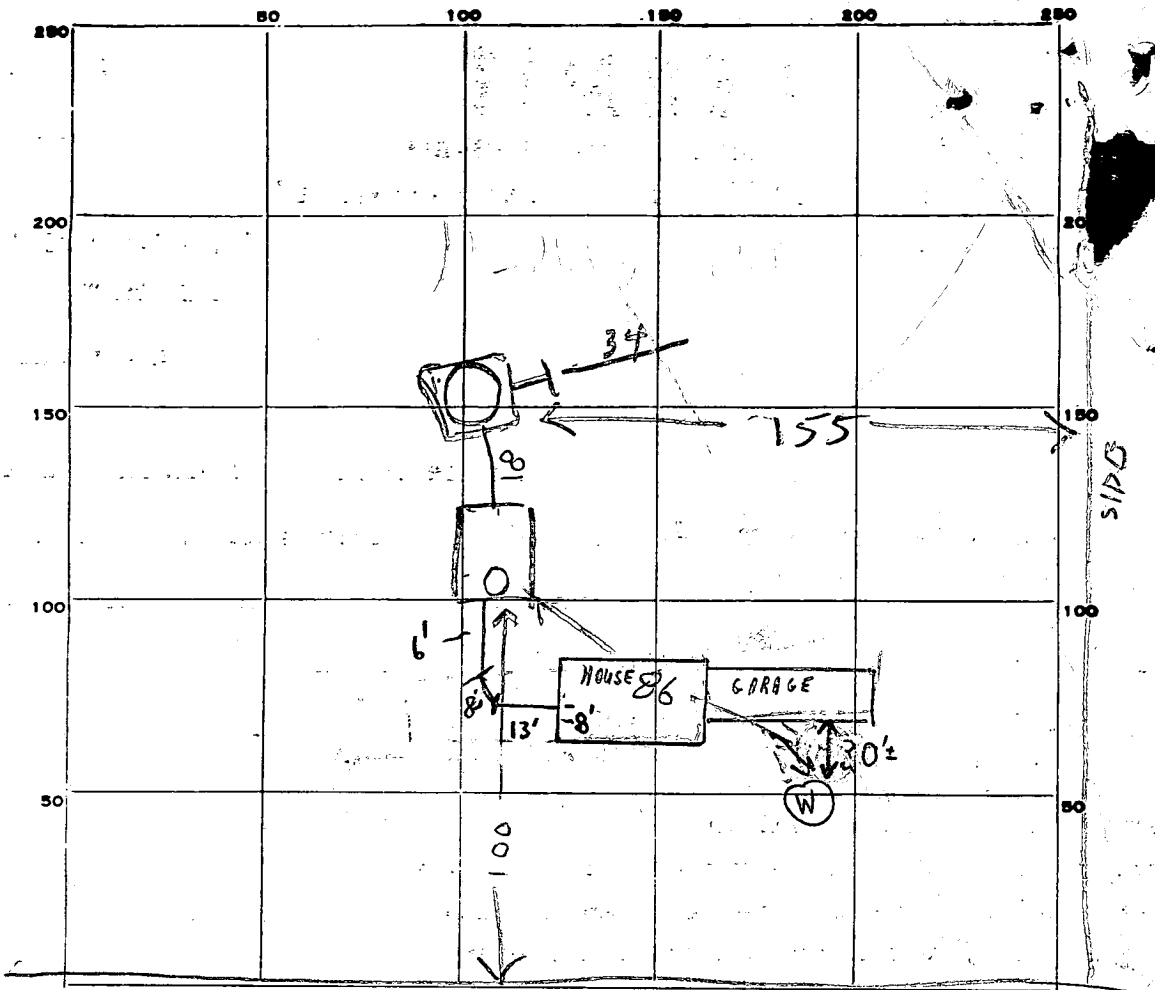
PERMIT VOID AFTER THREE YEARS.

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

BLDG. PERMIT SIGNED AND RETURNED 3/17/81 Serial # 95354

A 26261

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ARGO DRIVE

PERMIT CARD YES

SEPTIC TANK, LEVEL OK 1500
 TOP 2 1/2 FT BELOW GRADE

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH 90 IN. TOTAL LENGTH 34 FT.

NUMBER OF TRENCHES 1 SIDEWALL TOTAL BOTTOM AREA 238 sq ft

SEEPAGE PITS, INSIDE DIAMETER 40 FT. DEPTH BELOW INLET 1 1/2 FT.

ABSORBENT AREA 300 SQ. FT. 538 Total sq ft

REMARKS 8/14/80 DW IS 7 1/2 FT DEEP BELOW BOTTOM OF TOP
INLET NOT INSTALLED R.H. ADD STONE & PIPES TO DITCH/
SEWER LINES, CLEANOUTS & CALL TALKED TO N. SOUDER R.H.
8/22/80 OK TO POUR ST, DW, & TRENCH, mixed sewer line
& House Connection 3/18/81 T.C. E. Don Souder re. his calling for
inpt of how sewer to fork connection when ready F.S. 3/18/81 CHECKED - SYSTEM
NEEDS PIPE CEMENTED AT SEPTIC TANK. C.B.P. CORRECTED AT SITE INSPECTION
 DATE SYSTEM APPROVED 3/18/81 as per above INSPECTOR C. B. Shrecker

APPLICATION

A26267

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th
DATE 6/29/77
1-3 Bedrooms 1000 sqft
4 Bedrooms 1250 gal

Septic Tank

System
before bldg
perm signed
from right line
F.F.

Dry Well to have 130 sqft. effective absorption
sidewall area per bedroom below inlet. Inlet to be
3 1/2' below original grade and maximum depth 10 1/2'
Location: 139' from edge of existing road and in
163' when facing lot from Argo Drive. Per
hole (1+2).

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

PROPERTY OWNER Souder Builders phone: 714/
ADDRESS 9335 Old Scaggville Rd. PHONE 725-5772
Laurel, Md. 20810
PROPERTY LOCATION:
SUBDIVISION Linden Chapel Hills LOT NO. 15, Blk. D.
ROAD AND DESCRIPTION Argo Drive

SIZE OF LOT 50,784 sq. ft. TYPE BLDG. 3 of 4
IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER

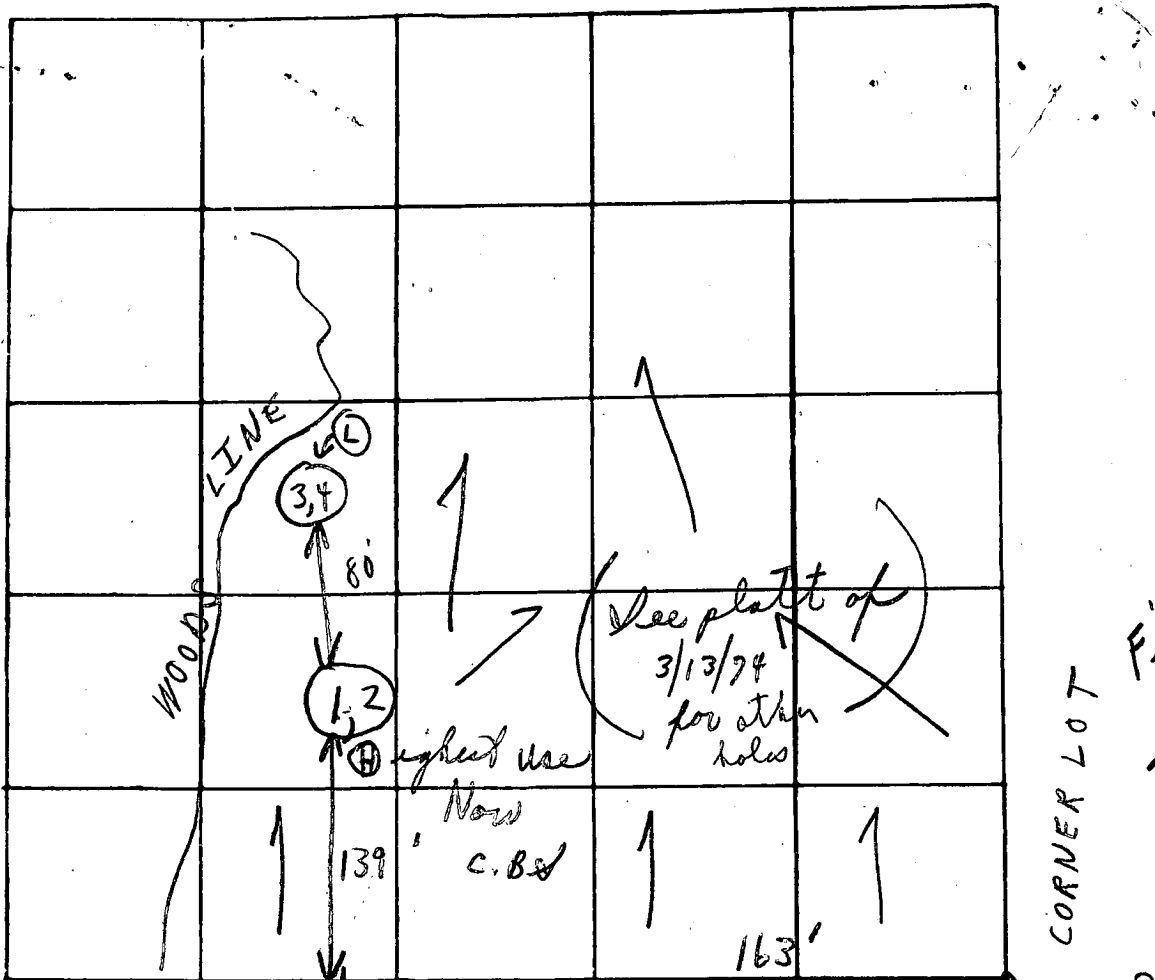
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONCE ALL NECESSARY FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Mr. Souder
APPROVED BY Tentative C. B. Straker FOR Dry Well + 107 DATE _____
(Confirmed 3/14/80 F.F. + C.B.S.) (KIND OF SYSTEM)
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____
REASONS FOR REJECTION OR HOLDING For for certified hole by
3/14/80 Hold + discuss with supervisor. P.
3/14/80 ok if system in first per Mr. Frommel C.B.S.
of 3/10/80. C.B.S. + F.F. C.B.S.

THIS IS NOT A PERMIT

#15D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ARGO RD

CORNER LOT
Field sheet
Tests not per stakes
RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/80	1 SA	3'	10:00	10:04	10:04	10:17		
	Use 2 D	13 1/2'	10:04	10:06	10:06	10:17	11m	
	3 A	3 1/2'	10:18	10:20	10:20	10:24	4m	
	4	12'	10:	10:	10:	10:	Water @ 12'	
	5	'						
	6	'	2 holes dug only to use new					} + 8 min
	7	'	holes & other area also to					
	8	'	have over 10,000 sq. ft.					
	1 B	3 1/2'	10:26	10:36	10:36	10:48	13m	
	3 B	7 1/2'	10:32	10:36	10:36	10:41	5m	

REMARKS TESTS IN HIGH GRASS (CERTIFYING HOLES) HOLD FOR

TYPE OF SOIL COPY GIVEN MR SOUDER

TESTED BY C.B.S. ALSO PRESENT: { Mr. Souder & asst. ONLY

Preliminary

APPLICATION

A 19547

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

*Septic Tank - 3 bedroom - 1000 gal
4 " 135 gal.*

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 2/11/74

*Dry Well - 120 sq. ft absorbent
sidewall area per bedroom To begin at 3 ft. below
original grade. Max. depth permitted is 10 1/2 ft. Locate
dry well 135' from front lot line and 33 ft. from
right side line as seen from Rd.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Frank F. Willson and Wife, Et Al

Any questions call Mr. Johnson

ADDRESS c/o Ashton Realty Company, Ashton, Md. 20702

PHONE 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills

LOT NO. 15, Blk. D, Sec. 4

ROAD AND DESCRIPTION Argo Drive

SIZE OF LOT 50,784 sq. Ft. ±

TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Robert Johnson

APPROVED BY Robert V. Tow

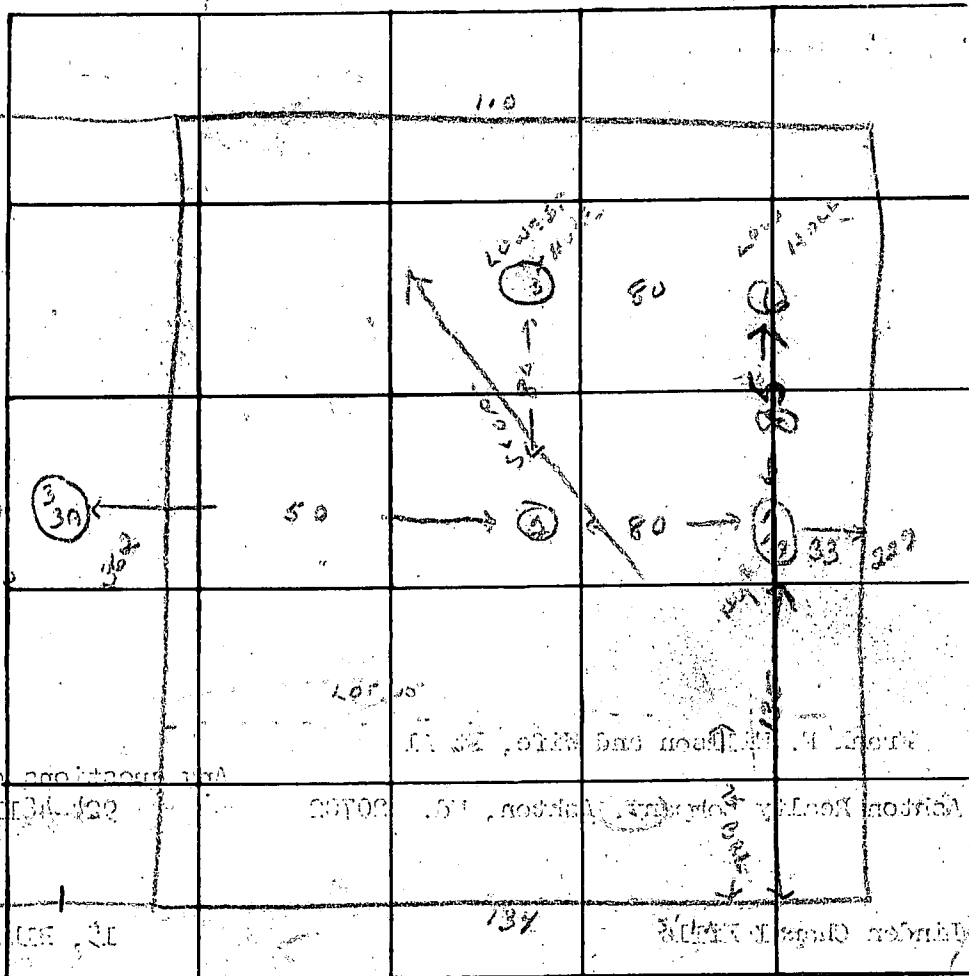
FOR Dry well + Tank DATE 10/24/75
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/13/34	1	11 1/2 ft	10 ⁴⁴	10 ⁴²	10 ⁴⁸	10 ^{51:00}	4 min
	1A	3 1/2 ft	10 ⁴⁴	Shor	Shale at 4 1/2 ft		
	2	11 ft	Shor	Shale			
	3	3 ft	10 ⁵⁰			10 ⁵⁹	3 min
	3A	11 ft	10 ⁵⁰	11 ⁰¹	11 ⁰¹	11 ⁰⁷	6 min
	4	11 ft					
	5	10 ft					4 ft
	6	11 ft	11 ⁰⁵	11 ¹⁴	11 ¹⁴	11 ³⁰	16 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. Tom ALSO PRESENT: _____

APPLICATION

A 19547

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 2/11/74

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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SIGNATURE OF APPLICANT /s/ Robert Johnson

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

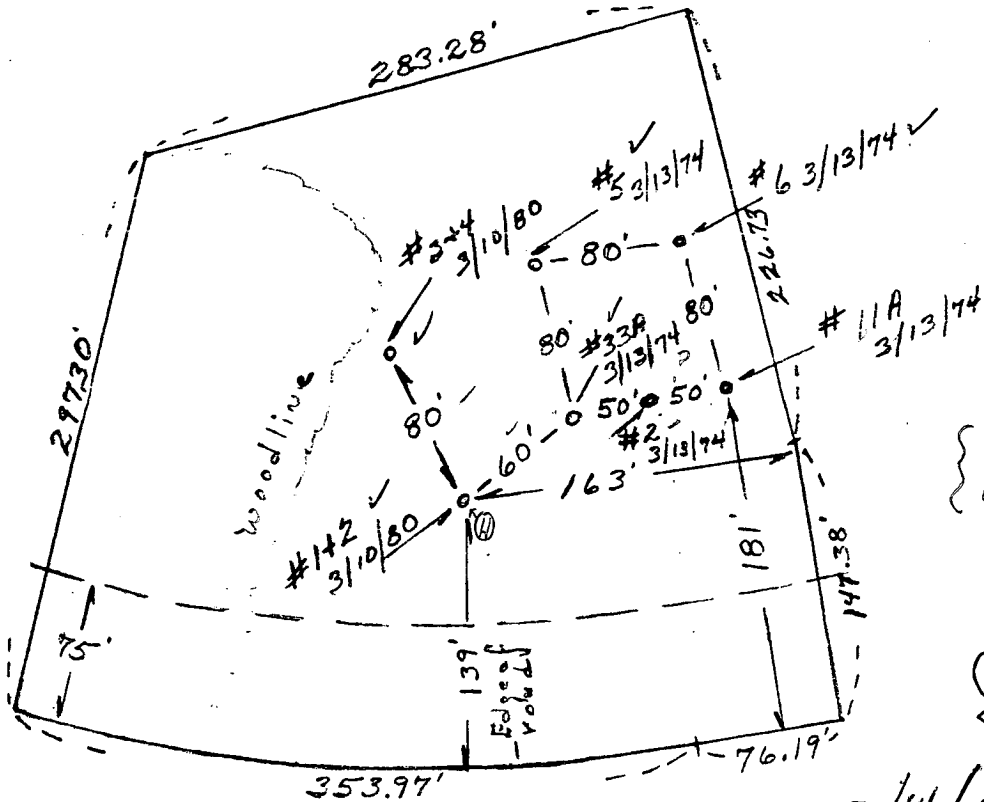
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Linden Chapel Hills
 Lot 15 B1K.D
 Sec. 4
 123,891 #±



Argo Drive

{ Hold 3/14/80.
 P.M. + C.B.D.
 discuss with
 Mr. Frommelt }

{ Discussed
 with
 Mr. F. Frommelt
 3/14/80 ok if system
 first
 C.B.D. & F.F. }

This is to certify that these test locations are true and correct as field located or tested with Field Sanitarian, C. B. Streaker on March 10, 1980.

Donald E. Souder 3/12/80
 Donald E. Souder, Sec.-Treasurer / Date
 Souder Builders, Inc.

B 1 5576 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
40 73 3565
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
4/17/80
1:30 P.M.

OWNER Shoulders Builders
 COL 15 LAST NAME FIRST NAME COL 34

STREET OR RFD 2219 TRINITY RD Mill Rd
 COL 36 COL 55

POST OFFICE DAYTON Md. 21036
 COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE 4/17/80 LICENSE NUMBER 273
 77 80

FIRST NAME Ralph DRILLER LAST NAME Mane

SIGNATURE Ralph Mane

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION INGOLD CHAPEL HILLS 23 42

SECTION 4 LOT 15
 44 46 48 50

NEAREST TOWN Dayton 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 0 75 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD ARRO DR

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 24 26

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

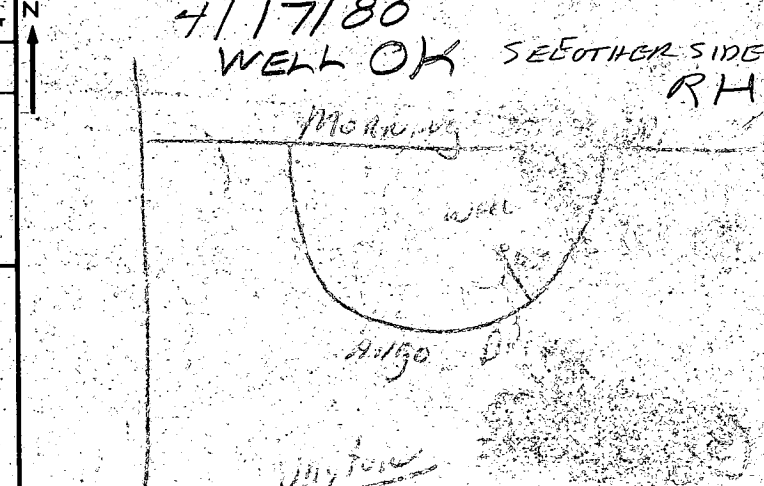
BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM-CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65

FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 800 500

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 212647

MO. DAY YR. 4 17 80

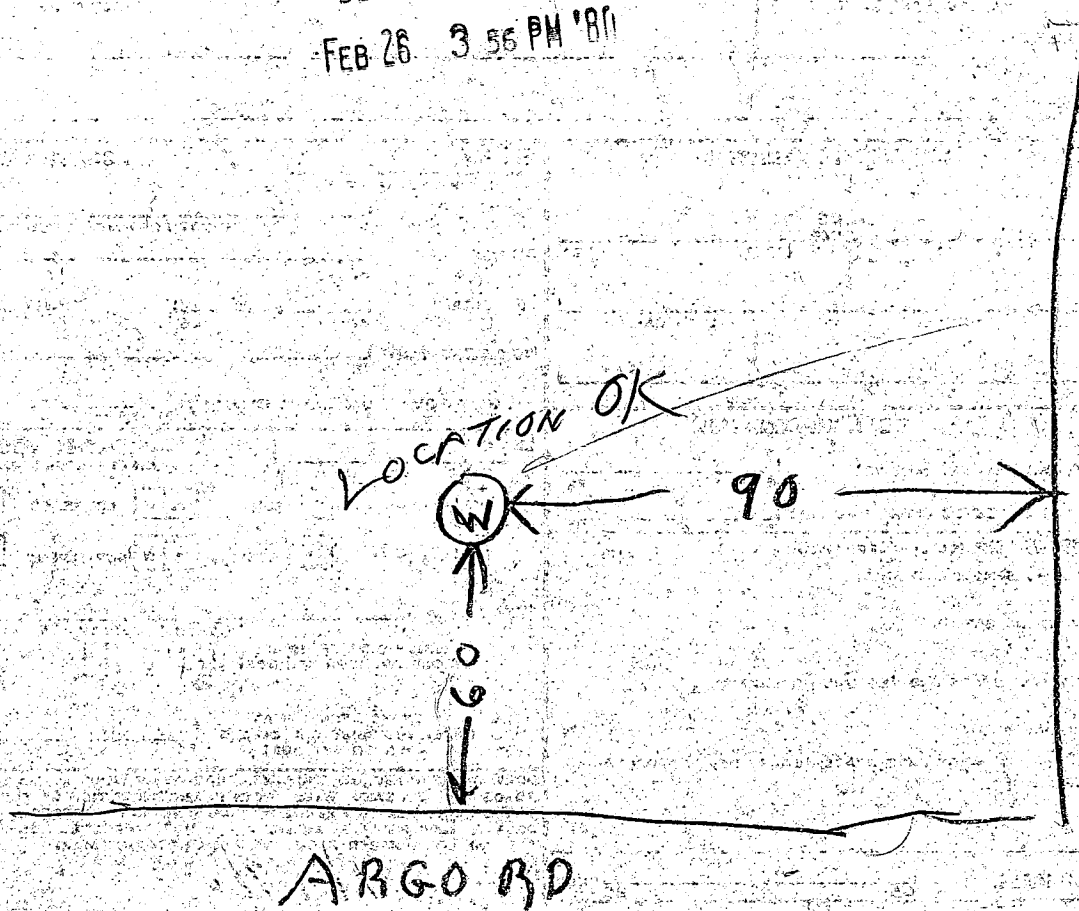
DATE 4 17 80 APPROVED BY [Signature]

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

2 3 (SEQ. NO.) 6

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

FEB 26 3 56 PM '80



4/17/80

- ① 44 FT CASING WITH 2 FT OUT OF GROUND
- ② 36 1/2 FT DEPTH OPEN HOLE
- ③ 32 FT PIPE JAMMED DOWN HOLE TO GET UNDER OBSTRUCTION (WEIGHT LOST WHEN STRING DROPPED DOWN WELL)
- ④ 15 BAGS USED

B. Hodge

Stuck

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

2 3 4 (GEO. NO.) 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A-19547

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED APRIL 13, 1980

DEPTH OF WELL 145

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H6-73-3565

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 273

OWNER Soulden Builders Inc

LAST NAME

FIRST NAME

STREET OR RFD 14267 Tridelphia Mill Rd.

POST OFFICE DAYTON MD.

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET CHECK IF WATER BEARING

Top Soil 0 2
Sandy 2 25
Sand Stone 25 40
Micka 40 45
Sand Stone 45 50
Micka 50 145

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 34 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES INSERT APPROPRIATE CODE BELOW STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE (ST) NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 45

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW STEEL (ST) BRASS OR BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

DEPTH (NEAREST WHOLE FOOT) FROM 39 TO 145

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 30

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT)

WHEN PUMPING 145 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

(A) AIR (P) PISTON (T) TURBINE (C) CENTRIFUGAL (R) ROTARY (O) OTHER (DESCRIBE BELOW) (J) JET (S) SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

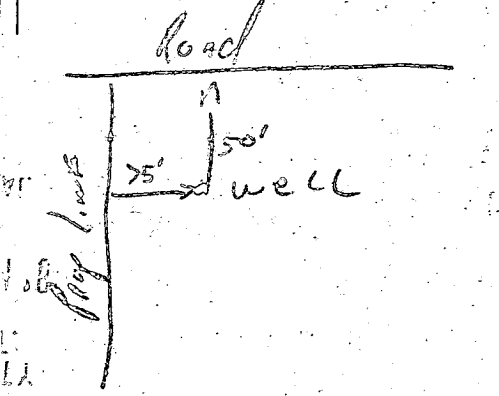
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE LAND SURFACE (NEAREST FOOT) 8 (-) BELOW

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 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 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.

DRILLERS NAME Ralph Mayone SIGNATURE Ralph Mayone

Linden Chapel Hills

Lot 15 BIK.D

Sec. 4

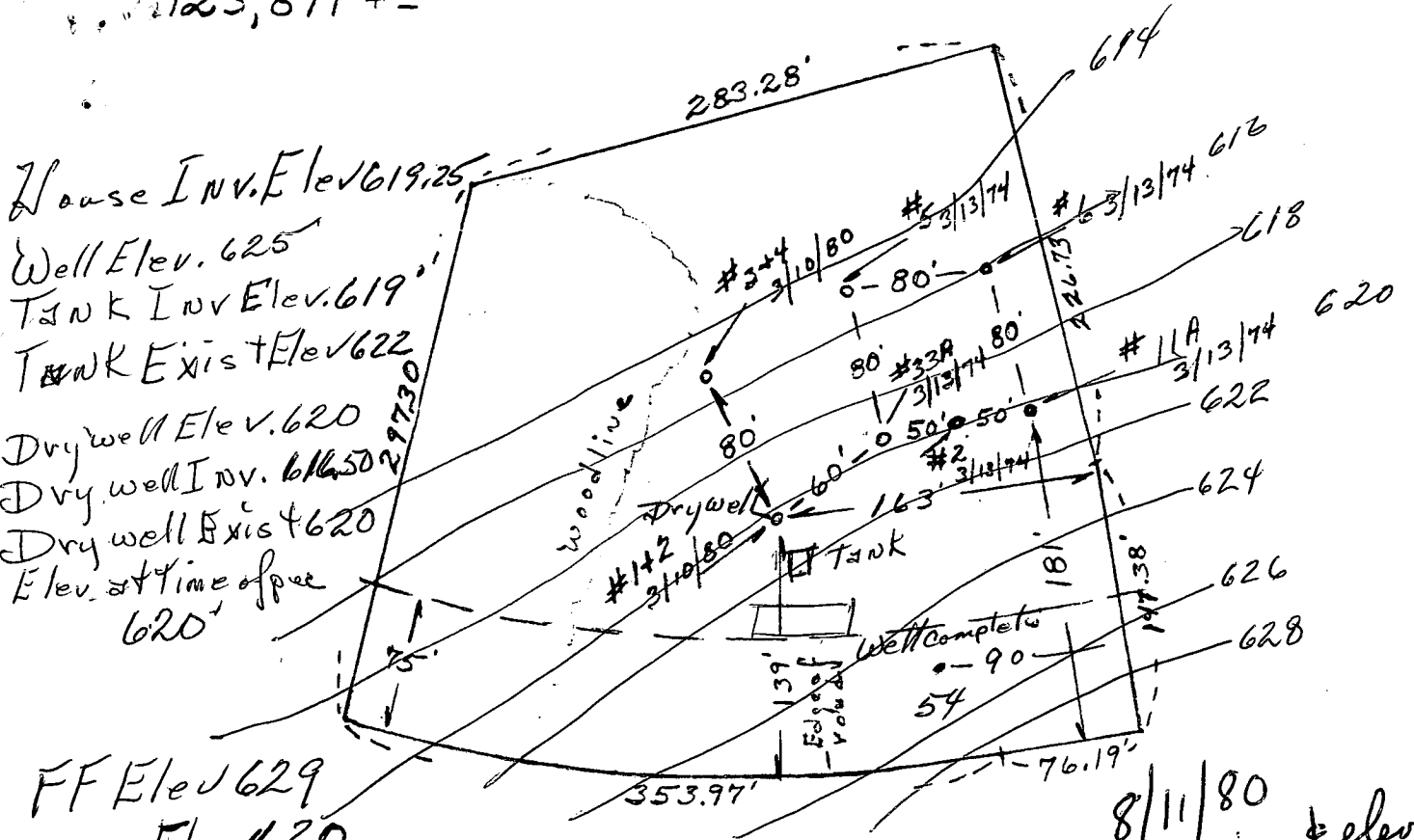
123,891 #±

House Inv. Elev 619.25
 Well Elev. 625
 Tank Inv Elev. 619
 Tank Exist Elev 622
 Dry well Elev. 620
 Dry well Inv. 616.50
 Dry well Exist 620
 Elev. at time of spec 620

FF Elev 629
 Base Elev 620

Argo Drive

8/11/80
 Drawing & elevations
 O.K. F.S.



This is to certify that these test locations are true and correct as field located or tested with Field Sanitarian, C. B. Streaker on March 10, 1980.

Donald E. Souder 3/12/80
 Donald E. Souder, Sec.-Treasurer Date
 Souder Builders, Inc.