

PUB. SEWER STATUS VERIFIED BY _____

04-337778

ISSUE DATE: _____

P 27751

APPROVAL DATE: 4/14/1978

A REPAIR

PERMIT

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: 3

ADDRESS: 2225 Daisy Road PROPERTY OWNER: Bob McKaig

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

| | |
|-----------|---|
| TRENCHES: | Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe. |
| LOCATION: | _____ |
| PURPOSE: | _____ |

PLANS APPROVED: _____ DATE: 3/31/1978

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

P 27751

4/13/78 P.C.O. c. 10

4/13/78
4/14/78

PERMIT

D. 27751
A. 23741

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY
DISTRICT 4th

DATE 5/31/78

INDEXED

Liberty Backhoe Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 211044 PHONE 795-2642

SUBDIVISION ROAD 2225 Daisy Road LOT #3

PROPERTY OWNER ~~Mark S. ...~~ McKain

ADDRESS Daisy Road, Woodbine, Md.

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS BEEN WHEN FACING LOT FROM

DRAINFIELD SYSTEM - 3 bedroom - 2 trenches, each 4 1/2 ft. deep, 90 ft. long, 2 ft. wide with 1 ft. of stone under distribution pipe. Trenches to be spaced 10 ft. apart center to center. Locate first trench beginning 15 ft. from right lot line, 175 ft. from rear lot line and run trench toward left lot line. Run second trench parallel to first and 10 ft. down slope from first. 4 bedroom - same as for 3 bedroom, but add 3rd trench, same as previous but only 60 ft. long. Distribution box is required. Inspection of trenches before installing stone. #1 + #2 stone #3 dug out stone depth

PLANS APPROVED BY William H. Zapp DATE 10/3/77

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.

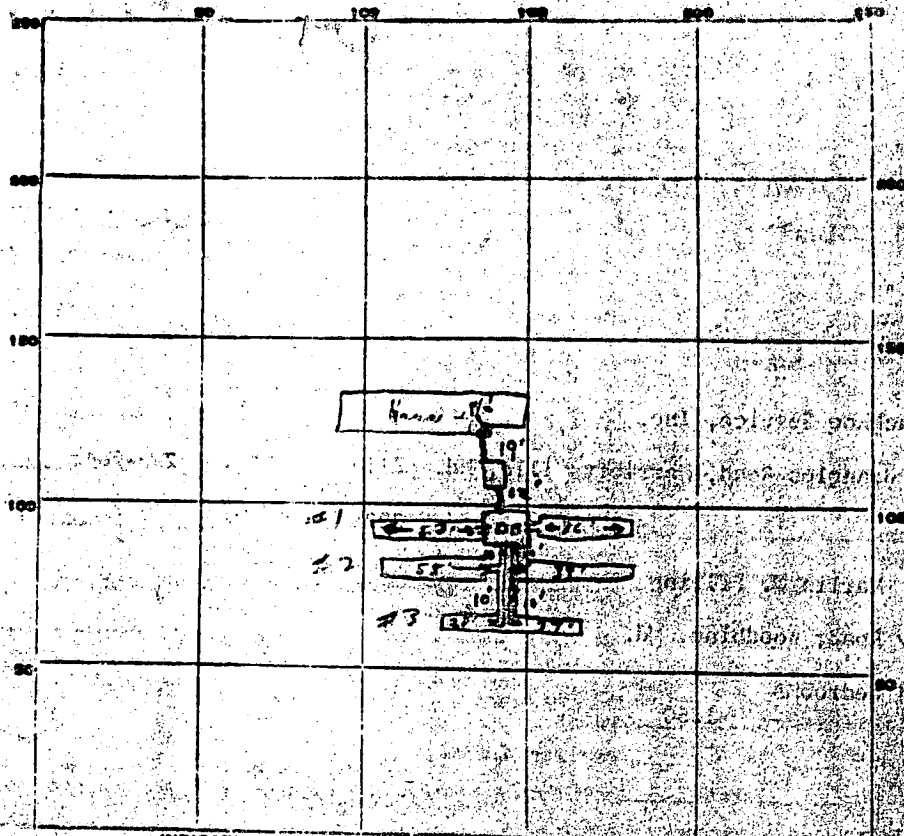
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRAZO ACCEPTED.

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

23241



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASH LINE.

PERMIT CARD City of Danbury for installation of septic tank S.T. / D.W.

SEPTIC TANK, LEVEL ok CLEANOUTS to tank 1/8"

DISTRIBUTION BOX, LEVEL 4/13/98 ok - leaves top of pipe in at least 18"

TILE FIELD, DEPTH 4 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 2 FT. TOTAL LENGTH 270 @ 400

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 2 (270) 540

DEBRIS PITS, INSIDE DIAMETER N/A FT. DEPTH BELOW INLET N/A FT.

ABSORBENT AREA 00 SQ. FT.

REMARKS: 4/13/98 ① Need to leave all center pipes & pipes for
house to tank, & from tank down open for check
Partial ok for gravel in trenches. The pipes in trench
 ② 4/14/98 checked - all pipes in & assembled at tank & 28"
Put top on R.B. & cover all work - Customer OK

DATE SYSTEM APPROVED 4/14/98 INSPECTOR C. B. [Signature]

*4-13' tested
in
10,000 ft*

APPLICATION

A 2324
P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 BR - 1000 gal ST DISTRICT 4
ENVIRONMENTAL HEALTH SERVICES P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043 4 BR - 1250 gal ST DATE 5/10/76
TELEPHONE: 468-5000, EXT. 356

5/11/76
9:30

Drainfield system

90 ft long, and

3 BR - 2 trenches, each 4' deep, 2 ft wide, w/ 1" of stone under dish. pipe. Trenches to be spaced 10' apart center to center. Location first trench beginning 15' fr right lot line, 175' fr rear lot line and run trench toward left lot line. Run 2nd trench parallel to 1st and 10' down slope from first.

4 BR - same as for 3BR, but add 3rd trench, same as previous but only 60' long.
DISTR. BOX 15 RECD. INSPT TRENCHES BEING INSTALLED

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 H. G. Pilling
ADDRESS Daisy Road, Woodbine, Md. PHONE John Gary 788-2618
Any questions call:

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION Daisy Road - approx. 3 miles from Route 144 on Daisy Road - left side between Busby Park Road

SIZE OF LOT 40,000 sq. ft. TYPE ELDG. 1 or 2
NUMBER OF BEDROOMS (Single Fmly. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS FOR PRIVATE USE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT John H. Laskalotta Serial No. 33839
AND RETURNED 10/31/77

APPROVED BY William H. Goff FOR drainfield DATE 10/31/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS will DATE 5/11/76

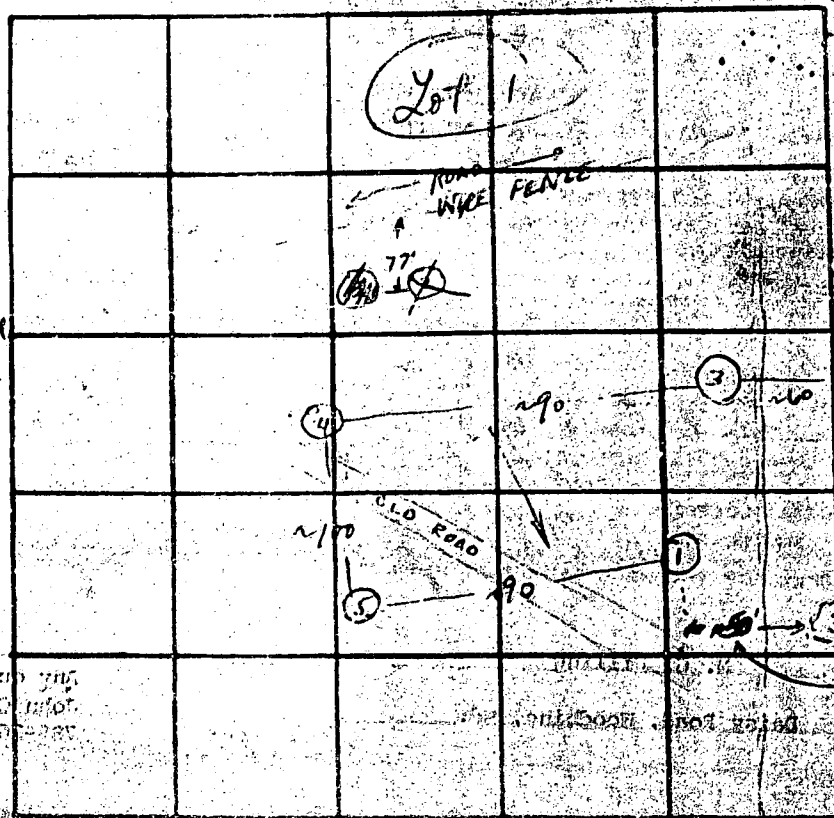
REASONS FOR REJECTION OR HOLDING certified field located test holes

THIS IS NOT A PERMIT

① 0
 3 1/2 clay
 silty
 loam
 5 1/2 loam
 &
 cherty
 of
 shale
 9 solid rock

② Void

③



INCREASING NORTH - NAME ADJOINING ROADS AS BASE LINE
 N ← DAISY RD →

④ 0 T
 3 clay
 silty
 loam
 7 1/2 Cherty
 shale
 9 1/2 hard

⑤ 0

3 clay
 silty
 loam
 11 Cherty
 shale
 12 5 soil

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST | | CROP | TIME |
|---------|----------|-------|---------|------|--------|------|------|-------------|
| | | | START | STOP | START | STOP | | |
| 5/14/76 | 1 | 3 1/4 | 1:36 | | | | | |
| | 1-A | 8 | 1:36 | BOTH | INCHES | 1:36 | | NOT IN PDEK |
| | 2 | | | | | | | |
| | 3 | 3 1/2 | 1:14 | 1:18 | 1:18 | 1:22 | 4 | |
| | 3-A | 9 | 1:14 | 1:16 | 1:16 | 1:19 | 3 | |
| | 4 | 3 1/2 | 1:17 | 1:21 | 1:21 | 1:23 | 7 | |
| | 4-A | 9 1/2 | 1:22 | 1:23 | 1:23 | 1:25 | 2 | |
| | 5 | 3 | 1:27 | 1:31 | 1:31 | 1:36 | 5 | |
| | 5-A | 12 | 1:27 | 1:34 | 1:34 | 1:50 | 16 | |
| | 1-B | 8 | 1:38 | 1:41 | 1:41 | 1:44 | 3 | |

REMARKS: this is near the second lot
 3, 4 & 5 same dev; test for drainage!

TYPE OF SOIL: Silty loam

TESTED BY: W. S. Z.

ALSO PRESENT: Frock's crew, filling

9342
STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAVES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER W26512

DATE RECEIVED (WRA USE ONLY)
October 13, 1977
DATE WELL COMPLETED
P.L. 377

DEPTH OF WELL
127
22 (TO NEAREST FOOT) 20

PERMIT NO. FROM "PERMIT TO DRILL WELL"
10-70-2055
DRILLER'S IDENTIFICATION NO. 256

OWNER: Barranger, George H.
STREET OR RFD: 4106 Cross Country Drive
POST OFFICE: Ellicott City, Md. 21043

| WELL LOG | | WELL DESCRIPTION | |
|---------------------------------------|----------------|------------------|--------------|
| DESCRIPTION (USE FOOTNOTES NECESSARY) | FEET (FROM TO) | WELL DESCRIPTION | WELL BEARING |
| Soft Red Shale | 7 - 13 | | |
| Brown Sand | 13 - 18 | X | |
| Brown & Red Shale | 18 - 34 | | |
| Blue Shale | 34 - 37 | | |
| Soft Red Shale | 37 - 40 | | |
| Blue Schist | 40 - 46 | | |
| Brown Schist | 46 - 48 | | |
| Black Schist | 48 - 65 | | |
| Brown Schist | 65 - 67 | X | |
| Black Schist | 67 - 89 | X | |
| Black Sykesville Granite | 89 - 123 | | |
| Black Schist | 123 - 127 | | |

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 16 NO. OF POUNDS 1,504

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 TO 47

CASING RECORD

CASING TYPE (INSERT APPROPRIATE CODE BELOW) D.T. (STEEL) CO. (CONCRETE) PL. (PLASTIC) OT. (OTHER)

MAIN CASING TYPE S 7

NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 49

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN RECORD

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

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

TRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX (F)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE: Slowmeter

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 67

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A. CENTRIFUGAL B. ROTARY C. OTHER (SPECIFY BELOW)

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

CAPACITY (GALLONS PER MINUTE TO NEAREST GALLON) 51

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX) (+) ABOVE (-) BELOW

LOCATION OF WELL ON LOT (SHOW PERMANENT STRUCTURES, 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

ELECTRIC LOG OBTAINED

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.

DRILLER'S NAME: Ronald L. Kyker

SIGNATURE: [Signature]

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

TELESCOPE CASING (Y/N)

LOG INDICATOR (Y/N)

OTHER DATA AVAILABLE (Y/N)

RT 144

2005/10/27

X 2004

4/5/02
1:30

SITE INSPECTION SHEET

3401
Ho94

OWNER: McKaig 246 314 3522

DATE REQUESTED: _____

PHONE #: _____

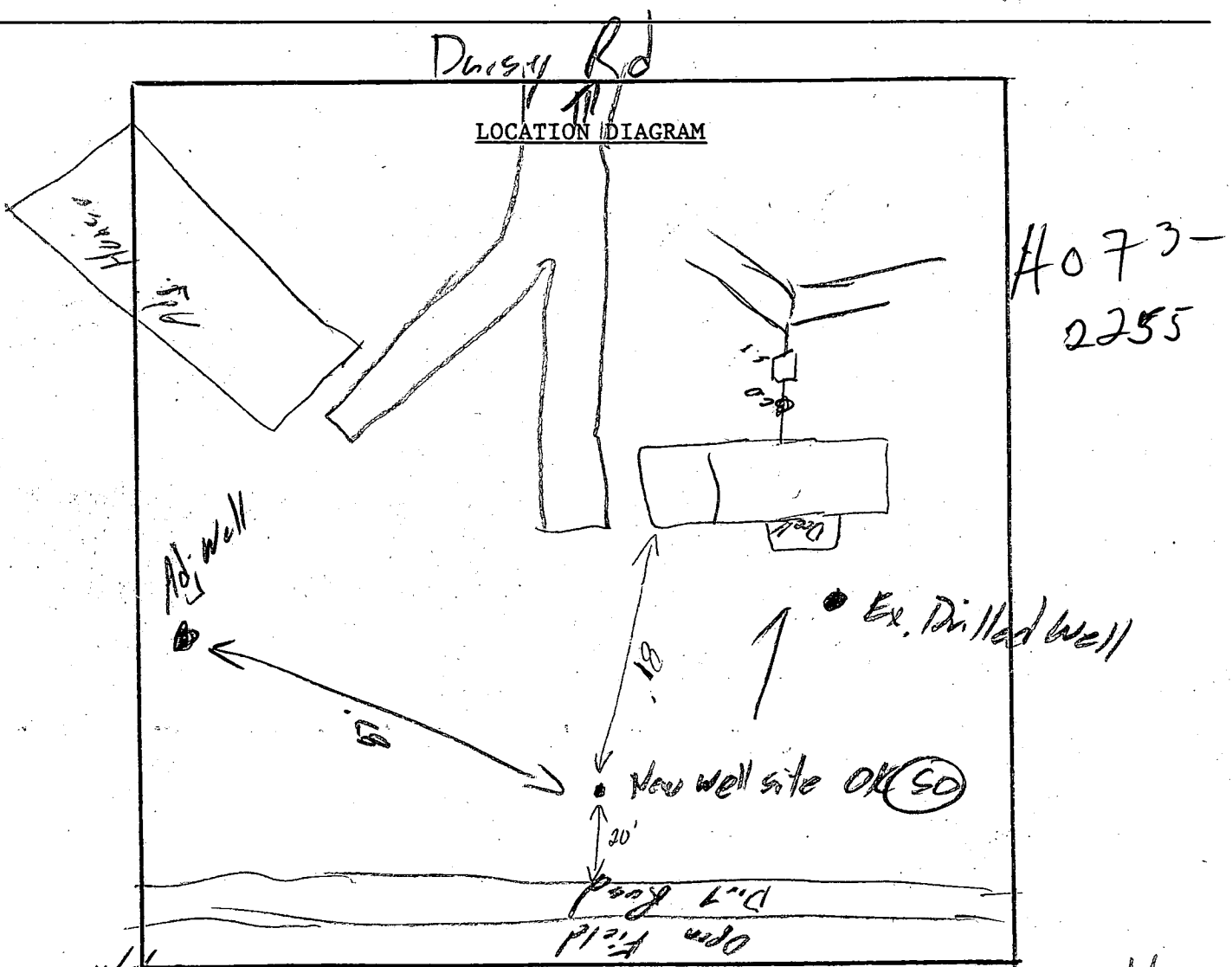
CONTRACTOR: _____

ADDRESS: 2225 Daisy Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: repl. well requested, reason ~~uncertain~~ low flow



COMMENTS: 4/5/02 Neighbors well near (50) East side, want to yield test ex well &/or deepen prior to drilling new well (50)

DATE: _____

INSPECTOR: _____

C1 14482 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A23241

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED 5/30/02 Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO 94-3400

OWNER MCRATIG, BOB STREET OR RFD 2225 DRAISY TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown slate, Gray slate, etc.

GROUTING RECORD YES NO (Y) (N) 44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) 55

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 58

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

SCREEN RECORD screen type or open hole insert appropriate code below

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO (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.

DRILLERS LIC. NO. 1 MW D 040 George F. Easton DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JS D 038 Bruce Thompson

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

C 2 DEPTH (nearest ft.)

1 110 56 400 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 53 54 56 60 64 66 70 72 74 75 76

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.9 PUMPING RATE (gal. per min.) 5.9 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 150 ft. WHEN PUMPING 400 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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 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) LAND SURFACE 2 (nearest foot)

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 plot drilled as approved

| | | | | |
|-----|------|-----------------------------|--|--|
| B 1 | 2534 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND PERMIT TO DRILL WELL W51730 please print or type | STATE PERMIT NUMBER 3401 HO-94-3401 fill in this form completely |
|-----|------|-----------------------------|--|--|

Date Received (APA) 04 30 02
 OWNER INFORMATION 8976
 MCKAIG BOB
 2225 DAISY ROAD
 WOODBINE, MD 21797

LOCATION OF WELL
 Howard
 COUNTY 8
 SUBDIVISION 23
 SECTION 44 46
 LOT 3
 NEAREST TOWN 52
 MILES FROM TOWN (enter 0 if in town) 1 M 1
 73 76 77 78

DRILLER INFORMATION
 George F. Easterday MW D 040
 Driller's Name 76 License No. 81
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 Signature Date 4/26/2002

2225 Daisy Road
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 200 Ft.
 TAX MAP 14 BLK 1 PARCEL 215

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

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 123241
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED 07/03/02
 CO SIGNATURE Mark E. Rife 07/03/03
 EXP DATE
 NORTH GRID 538 000
 EAST GRID 0783 000

APPROXIMATE DEPTH OF WELL 300 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST TOWN LISBON

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 7803
 N 538

METHOD OF DRILLING (circle one)
 BORED (or Augered) AIR-ROTARY
 JETTED AIR-PERCussion
 Jetted & DRIVEN ROTARY (Hydraulic Rotary)
 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
 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) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 LISBON
 DASHY ROAD
 3 G 13
 144

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER G
 PERMIT No. HO-94-3401

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED