

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> <span style="font-size: 2em;">3492</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <span style="font-size: 1.5em;">(13) A513271</span>

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 5 21 04	Depth of Well 22 400 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" OK Md 6/21/04 HO-94-3948 28 29 30 31 32 33 34 35 36 37
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OWNER Avery Audrey + John  
 STREET OR RFD Frederick Road TOWN Cooksville  
 SUBDIVISION Avery Property SECTION \_\_\_\_\_ LOT Parcel A

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	
Brown Shale	0	38	
Gray Granite	38	400	

GROUTING RECORD		yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC		
NO. OF BAGS <u>10</u> NO. OF POUNDS <u>940</u>		
GALLONS OF WATER <u>60</u>		
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>38</u> ft. (enter 0 if from surface)		

CASING RECORD		
casing types insert appropriate code below 	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
	MAIN CASING TYPE <u>ST</u>	
	Nominal diameter top (main) casing (nearest inch) <u>6</u>	Total depth of main casing (nearest foot) <u>42</u>

E A C H C A S I N G	OTHER CASING (if used)	
	diameter inch	depth (feet) from to
	_____	_____
	_____	_____

SCREEN RECORD			
screen type or open hole (insert appropriate code below)	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

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 M SD 024  
 DRILLERS SIGNATURE Joseph L. Mayna  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for work if different from permitter)

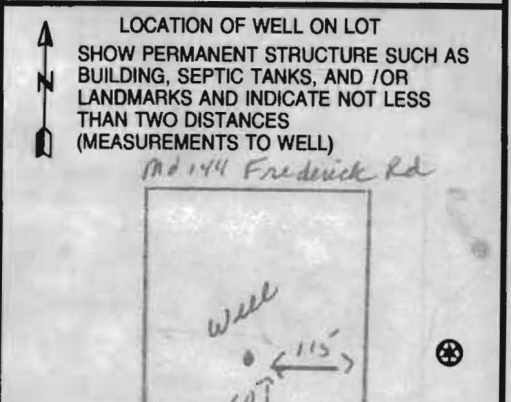
DEPTH (nearest ft.)	
1 <u>HO</u>	2 <u>40</u>
3 <u>400</u>	
E 8 9 11 15 17 21	
A 23 24 26 30 32 36	
C 38 39 41 45 47 51	
S	
R	
E	
E	
N	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH) from _____ to _____	

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 \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>3</u>	
PUMPING RATE (gal. per min.)	<u>4</u>	
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>31</u> ft.	
WHEN PUMPING	<u>256</u> ft.	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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	<u>29</u>
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)	<input checked="" type="checkbox"/> + above
LAND SURFACE	<input type="checkbox"/> - below <u>2</u> (nearest foot)



B 1 9814

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 5 20359 please type

STATE PERMIT NUMBER

HO-94-3948

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Avery Audrey + John Last Name Owner First Name 14331 Frederick Rd Street or RFD Cooksville Md 21723 Town State Zip

B 3 LOCATION OF WELL

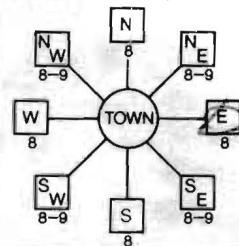
Howard COUNTY 21 Avery Property SUBDIVISION Parcel A SECTION 44 46 LOT 48 50 Cooksville NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 1/10 M I

DRILLER INFORMATION

Joseph E. Mayne MS D 024 Driller's Name License No. Joseph E. Mayne well Drilling Firm Name 5572 Ridge Rd (not living) rd 21771 Address Signature Date 5/13/04

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Md 144 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH DISTANCE FROM ROAD 750 FT ENTER FT OR MI TAX MAP: 9 BLK: 23 PARCEL 97

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)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 13 A513271 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/13/2004 Brian Baker 5/13/2005 NORTH GRID 541 000 EAST GRID 796 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

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 HO-94-3922

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No. HO-94-3948

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 7996 N 5401

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

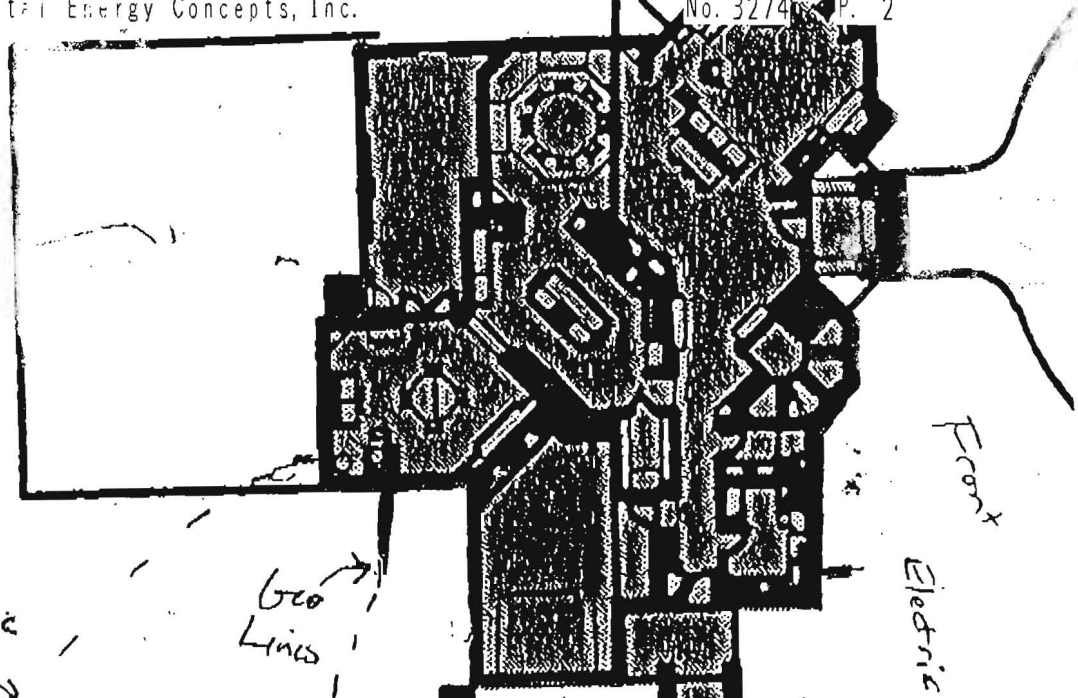


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



J Paul - Jenkins  
14301 Frederick Rd  
Cookeville, MD 21723



From Electric

Domestic Well Line

Geo Lines

Drive Way

HO 94-3948

Domestic Well

J Paul Bidwell - Jenkins Residence



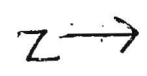
203'-0"

Geo Base  
Locational Appraisal  
(Venn)

5'-19"

1/4" = 5'

Geo PORTS



**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3948  
Site Address: 14301 Frederick Rd.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

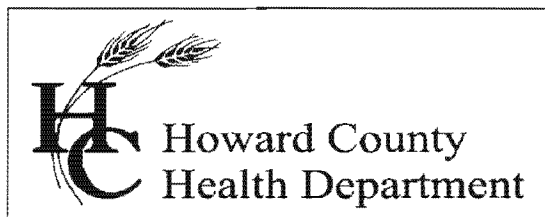
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 4/3/12      Date Insp. Approved: 4/3/12 OK (KW)  
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



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 22, 2013

March 22, 2013

Homeowner  
14301 Frederick Rd.  
Cooksville, MD 21723

**RE: Avery Property, Parcel A  
14301 Frederick Rd.  
Building Permit: B12000055  
Well Permit: HO-94-3948**

Dear Homeowner:

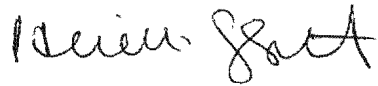
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **4/13/2012**. Final approval of the well line connection to the dwelling was granted on **4/3/2012**. The well construction was completed on **5/21/2004**. Water samples were collected on **3/18/2013 & 3/4/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-3948. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script, appearing to read "Heidi Scott".

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

J. Paul Builders  
 P.O. Box 169  
 Stevenson, Maryland 21153

**S/O Number:** 88496

**Report Date:** March 19, 2013

*Retest #1*

**Property Sampled:** 14301 Frederick Road, 21723  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12000055  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 8

**Subdivision:** Avery Prop Incl Rs Lt 3  
**Parcel:** 97

**Lot #:** Par A

**Date/Time Collected in Field:** March 18, 2013 @ 10:25 am  
**Date/Time Received in Lab:** March 18, 2013 @ 12:26 pm

**Well Tag #:** HO-94-3948  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Bacteria -  
 OK 3/21/13 HS*

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager - Drinking Water Testing



TRACE LABORATORIES, INC  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

Requester:

S/O Number: 88365

J. Paul Builders  
 P.O. Box 169  
 Stevenson, Maryland 21153

Report Date: March 5, 2013

Property Sampled: 14301 Frederick Road, 21723  
 Sample Location: Pressure Tank Tap  
 Residual Chlorine: <0.1 mg/L

Building Permit #: B12000055  
 Sampler ID #: 7483AM  
 Samples Iced: Yes

County: Howard  
 Map: 8

Subdivision: Avery Prop Incl Rs Lt 3  
 Parcel: 97 Lot #: Par A

Date/Time Collected in Field: March 4, 2013 @ 11:47 am  
 Date/Time Received in Lab: March 4, 2013 @ 2:14 pm

*Not OK*  
*DB 3-6-13 - Bacteria*

Well Tag #: HO-94-3948  
 Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	5.5 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	4.8 NTU	Pass
pH	EPA 150.1	6.5-8.5 Units	5.8 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

**MICHAEL BARLOW WELL DRILLING  
522 UNDERWOOD LANE  
BEL AIR, MD 21014  
410-838-6910**

Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, MD 21046  
Fax: 410-313-2648

April 24, 2012

Re: 14301 Frederick Road, Cooksville

Dear Department of Environment:

Please note unless otherwise specified all geothermal bores installed by our company will be installed as follows:

Grout: Bentonite Grout 20% solids minimum  
Manufacture(s): Baroid or Wyo-Ben  
Will be grouted from the bottom to the top with grout material

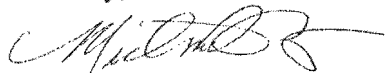
Piping: Polyethylene SDR 11 160 PSI as recommended per IGSHPA  
Manufacture: EnDot or Charter Plastics or equal, Size 1" or 1 1/4"  
IGSHPA Certification Number 12687

*611*

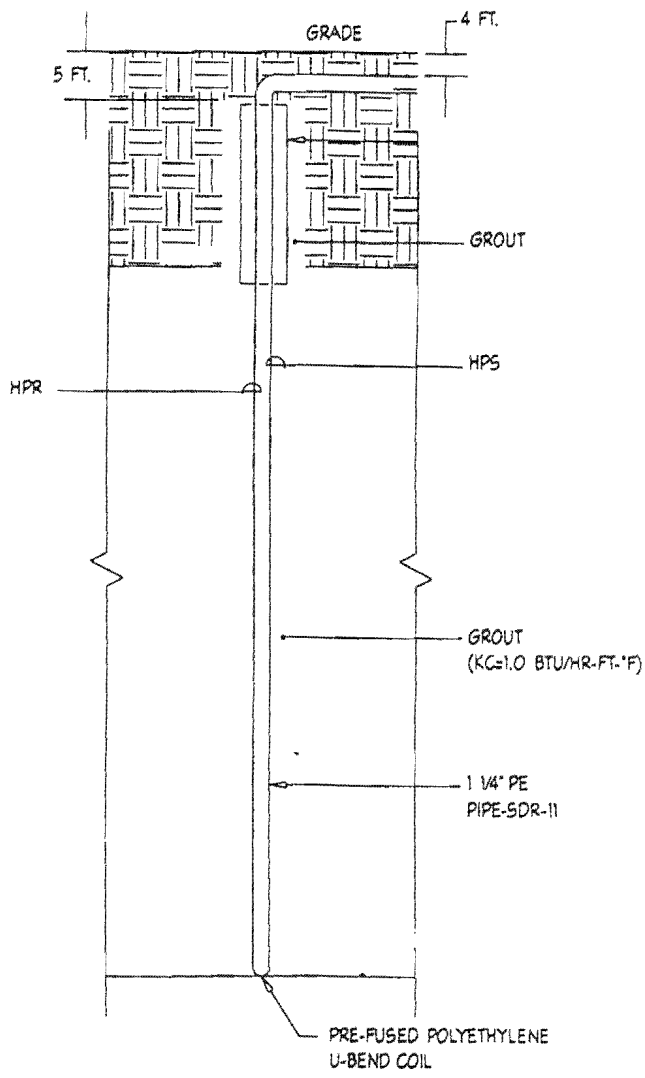
Also attached is a cross section diagram of the bore hole.

We would appreciate your help in getting this permit released as soon as possible so that we can expedite this project. If you have any questions, please do not hesitate to contact me.

Sincerely,



Michael Barlow



4 TYPICAL BORE HOLE DETAIL  
 M1.00 NOT TO SCALE

B 1 **6091**  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

**HO-94-3922**  
70 fill in this form completely 79

please type

Date Received (APA)  
**3/23/04**  
8 MM DD YY 13

OWNER INFORMATION

15 Last Name **Avery** Owner First Name **John** 34  
36 **14331** Street or RFD **Fredrick Rd** 55  
57 **Cooksville** Town **MD** State **21723** Zip 76

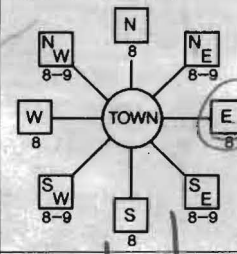
B 3 LOCATION OF WELL

8 COUNTY **Howard** 21  
23 SUBDIVISION **Avery P.O.** 42  
SECTION **44** 46 LOT **48** 50 **Parcel A**  
52 NEAREST TOWN **Cooksville** 71  
MILES FROM TOWN (enter 0 if in town) **1** 73 M 76 77 78

DRILLER INFORMATION

Driller's Name **Allen Compton** M **S D 009** License No. 81  
Firm Name **Fogles Well Drilling**  
Address **580 obrecht rd**  
Signature **Allen Compton** Date **10-31-03**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD **Fredrick Rd.** 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  WEST  EAST  SOUTH   
34 **750** 37 DISTANCE FROM ROAD **FT**  
ENTER FT OR MI 38 39  
TAX MAP: **8** BLK: **23** PARCEL **97-99**

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

*5/14/04*  
**Permit Cancelled**  
**New Permit Issued to J. May**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard** COUNTY NO. **13**  
STATE SIGNATURE **Brian Baker** INSERT S →  
DATE ISSUED **3/24/04** EXP. DATE **3/24/05**  
NORTH GRID **541** 0 0 0 EAST GRID **796** 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)  JETTED  Jetted & DRIVEN  
30 AIR-ROTary  AIR-PERcussion  ROTARY (Hydraulic Rotary)  
37 CABLE  RReverse-ROTary  DRive-POINT  
other \_\_\_\_\_

REPLACEMENT OR DEEPEMED 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
  - 39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - D THIS WELL WILL DEEPEM 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 \_\_\_\_\_ **G** \_\_\_\_\_  
PERMIT No. **HO-94-3922**  
70 71 72 73 74 75 76 77 78 79

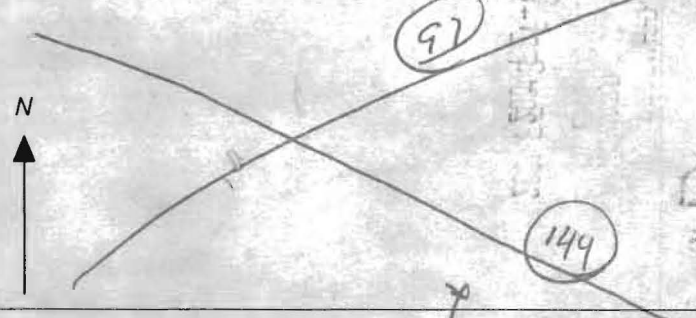
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1.
  - 2.
  - 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7956**  
N **5401**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED