

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR F.L.O.P.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

COMPLIANCE

5/7/93 C. Williams
INDEXED C.B.O.

DATE SYSTEM APPROVED

INSPECTOR

P 49261

A 31033

DISTRICT 4th

DATE 5/26/93

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Lisbon Farms LOT 22A ROAD 16371 Paulownia Court

PROPERTY OWNER John Thomas and Patty Raab

ADDRESS 4111 Hamilton Street, Hyattsville, MD 20781 Phone: 927-2217

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 sq. ft. per bedroom

TRENCHES - Trench to be 2 ft. wide. Inlet 3 ft. below original grade. Bottom maximum depth 7 ft. below original grade. Effective area begins at 3 ft. below original grade. 4 feet of stone below distribution pipe. Place the distribution box 75 ft. from the side line on the south side of the lot and 250 ft. from the entrance of the pipe stem right-of-way. Run the trenches along contour toward driveway.

NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. TRENCHES TO BE INSTALLED ON LEVEL GROUND. CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED. ~~IF A GARBAGE DISPOSAL IS USED, INCREASE SEPTIC TANK CAPACITY BY 50% AND INCREASE ABSORBENT SIDEWALL AREA BY 25%.~~

PLANS APPROVED BY Mark Rifkin DATE 10/18/91

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

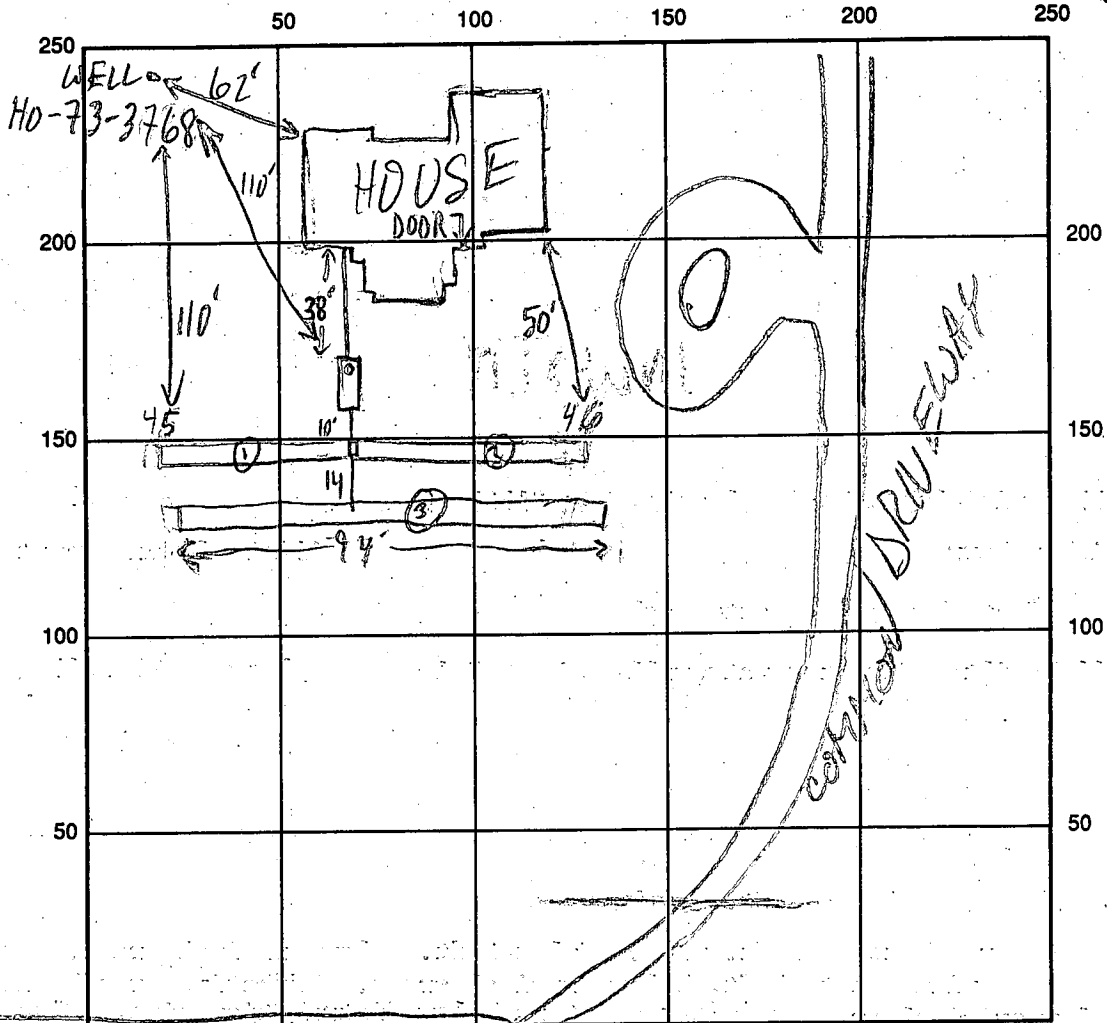
PERMIT VOID AFTER TWO YEARS

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**

A 31033



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
PAULOWNIA HILL CT

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{11213}{71717}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{11213}{31313}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{11213}{41414}$ FT. TOTAL LENGTH $\frac{11213}{45146194}$ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①180 ②184 ③376 SQ. FT.

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

ABSORBENT AREA 740 SQ. FT.

REMARKS: 4/27/92 OK TO COVER ALL MR

DATE SYSTEM APPROVED 4/27/92 INSPECTOR M. Rifkin

SUBDIVISION: Lisbon Farms
Paulownia Ct

A 31033

LOT NUMBER: 22A

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

<u>Minimum Total Square Feet</u>

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

4780
130 180 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3 feet below original grade.
 Bottom maximum depth 7 feet below original grade.
 Effective area begins at 3 feet below original grade.
4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: LOC. TO BE DETERMINED MR PLACE
THE DISTRIBUTION BOX 175 FT FROM THE SIDE LINE
ON THE SOUTH SIDE OF THE LOT AND 250 FT
FROM THE ENTRANCE OF THE PIPE-STEM RIGHT
OF WAY. ~~RUN THE TRENCHES~~ RUN THE TRENCHES
D ALONG A CONTOUR A 100 FT TOWARDS DRIVEWAY.

7/03/91 SPECS WRITTEN RMH REVISED
10/11/91 RMH 10/18/91 REVISED MR

PRELIMINARY

APPLICATION

A 31033

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 11/17/80

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 ~~Howard Associates~~ John Thomas

ADDRESS Appt. Dr. Muszczewski PHONE _____

PROPERTY LOCATION: 14008 Triadelphia Rd

SUBDIVISION Lisbon Farms LOT NO. 22

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 5 acres m/l TYPE BLDG. 3 or 4 bedrooms

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.

SIGNATURE OF APPLICANT [Signature]

APPROVED BY Stoner FOR trench DATE 12/1/80

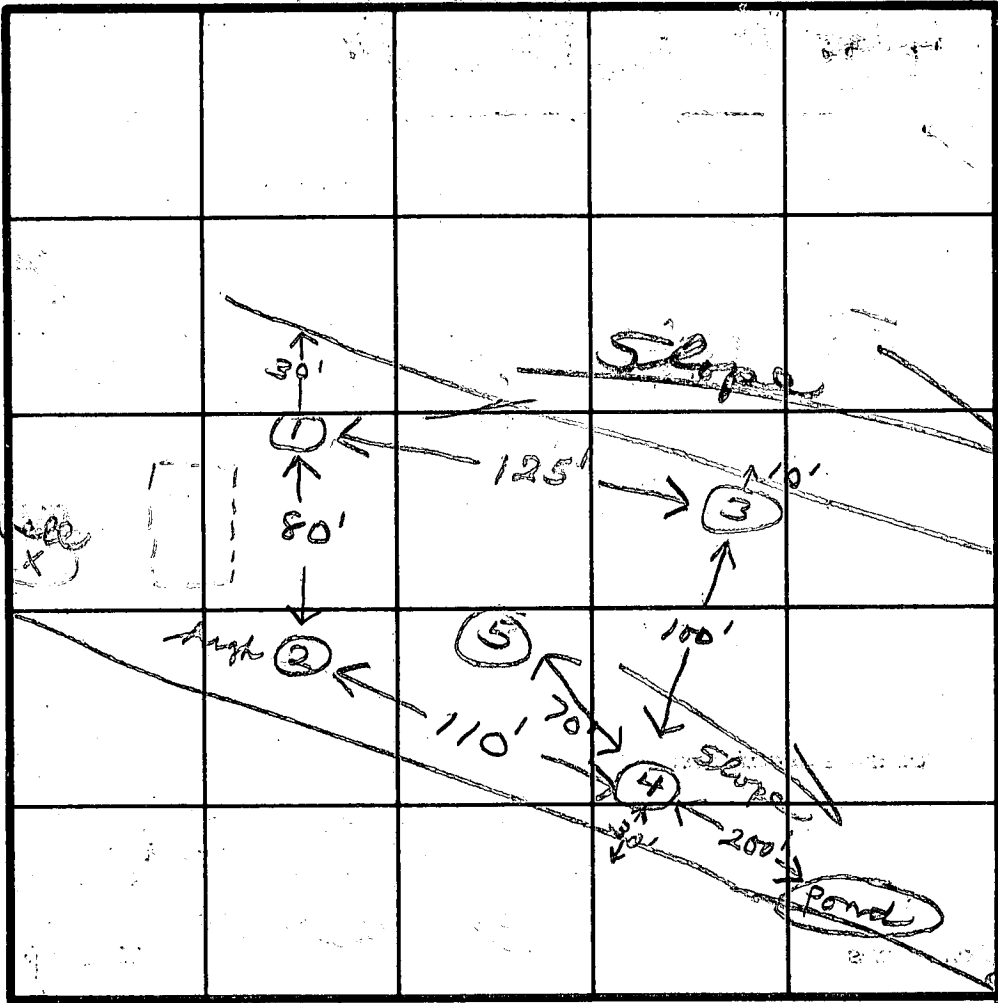
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



LOT 22

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/26/80	1 S	3	1:44	1:46	1:46	1:48	2
	1 M	8	1:44	1:45	1:45	1:46	1
(Right)	2 S	3 1/2	1:51	1:53	1:53	1:57	4
	2 M	7 1/2	1:51	1:56	1:56	2:00	4
	3 S	3 1/2	2:05	2:08	2:08	2:16	8
	3 M	7 1/2	2:05	2:08	2:08	2:16	8
	4 S	4	2:19	2:23	2:23	2:28	5
	4 M	9	2:19	2:22	2:22	2:27	5
	5 V	12					
	2 V	12					

② ⑤
0-12
sand, clay,
small shale
fragments from
9ft down

REMARKS No plat

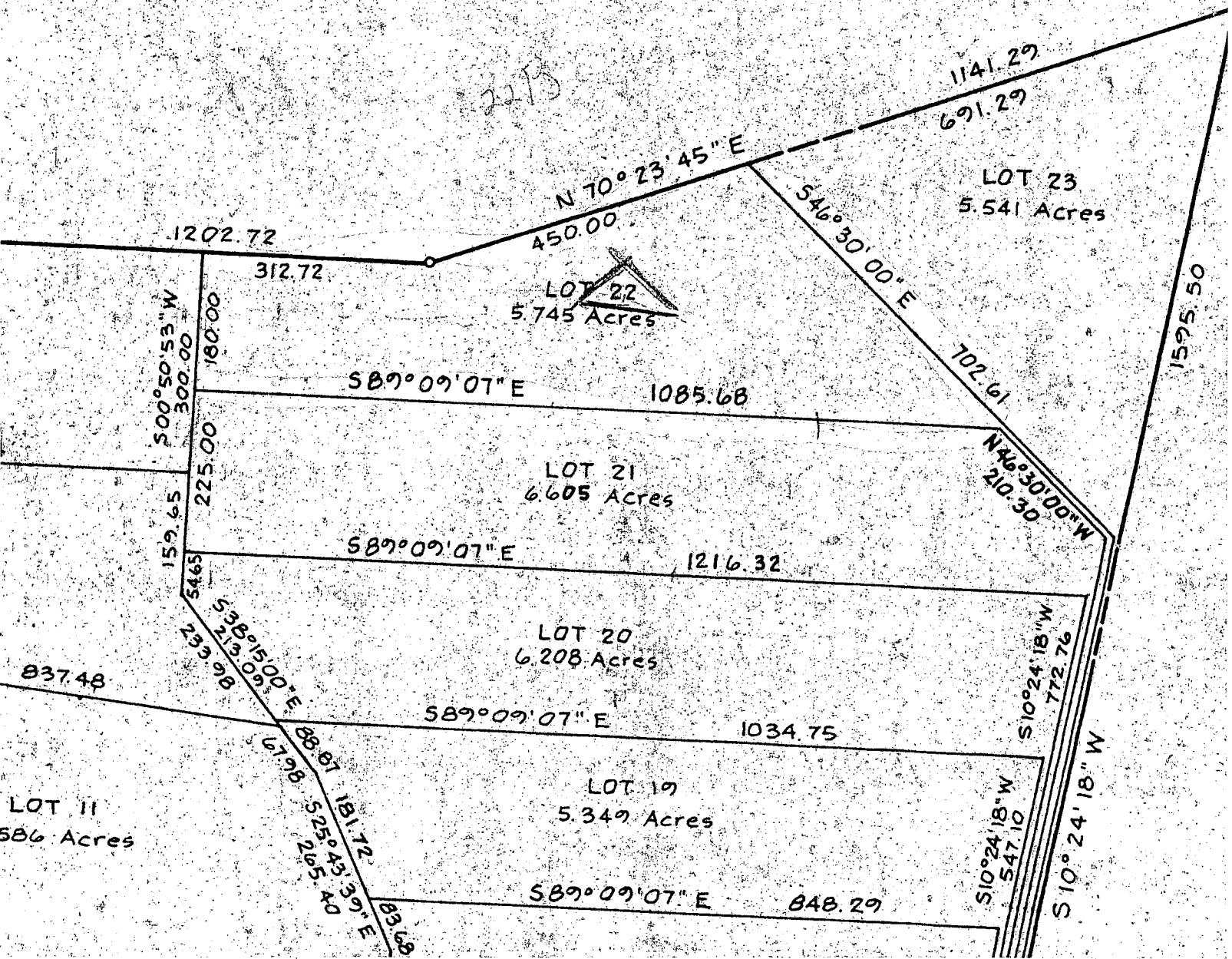
TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT Kellerman

4110
120
3.6

Leonard Justice
165/401

2275



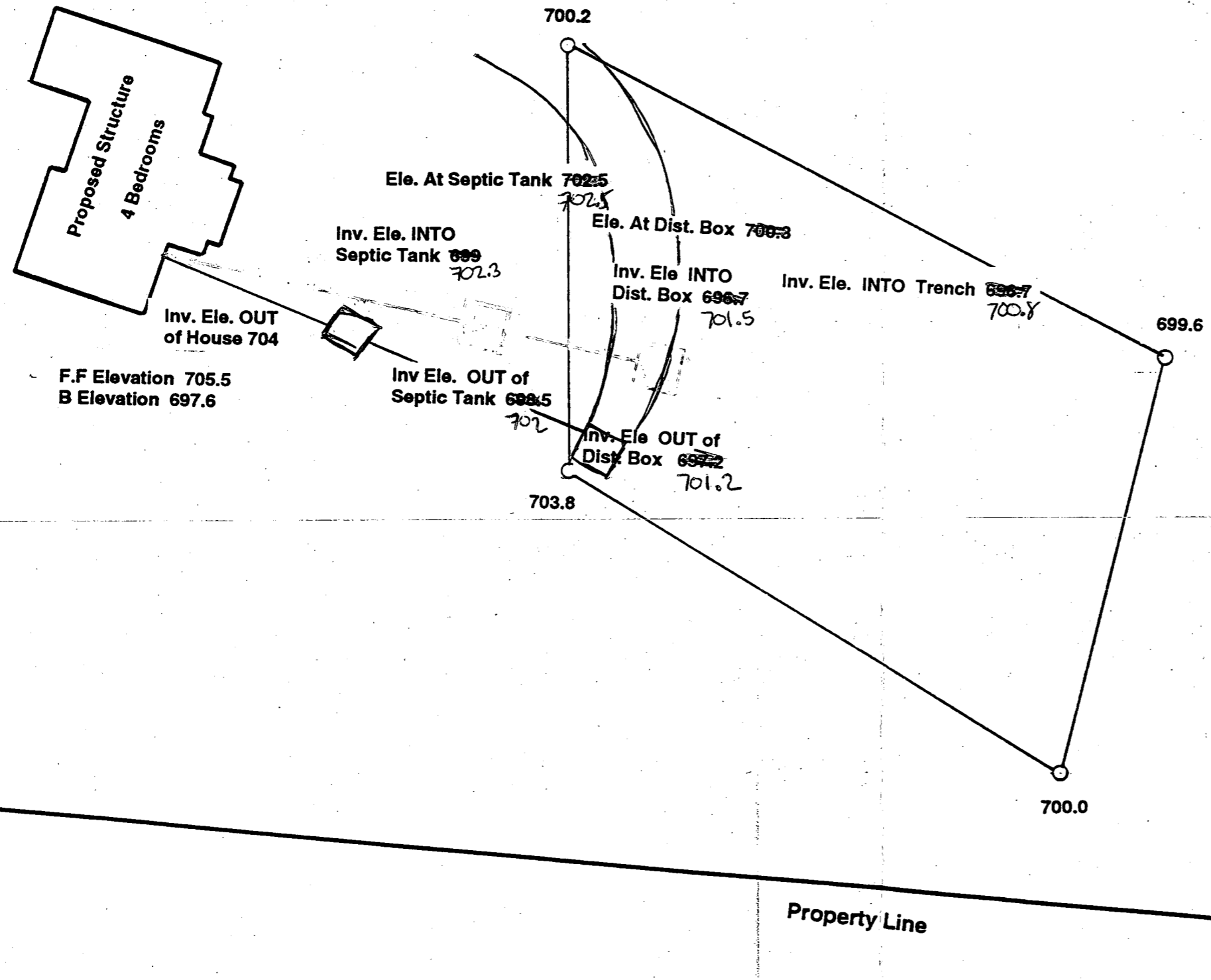
SEPTIC SYSTEM PLAN
for
John Thomas & Patty Raab
LISBON FARMS

Lot #22 A, Paulownia Court
Mount Airy, Md. 21774
4th Election District, Howard County Md.
Tax Map #2; Par. #98 & 1.47; I. #2292 & 2200, F 69 & 230; Grid 16
W.O. 60573 - Paulownia Court - Carman
File: 60573 Disc.: T-62, F.B. # 448

Prepared By: J.R. Moszczienski
14008 Triadelphia Road
Glenelg, Md., 21737
(301) 489-5411 or 854-5028

elevations OK 10/18/91 MR

SCALE 1" = 25'



Well
Elevation 707.8

Property Line

HOWARD COUNTY

APPLICATION

PERMIT APPLICATION

SERIAL NUMBER

39331

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

39331

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
16371 PAULOWNIA HILL CT.
MT. AIRY, MD. 21774

GRADING/SEDIMENT CONTROL YES NO SDP's

DESCRIPTION OF WORK AUTHORIZED
TWO STORY SINGLE FAMILY DWELLING WITH FULL BASEMENT
4 BEDROOM, 2 1/2 BATHS
Sun Room, Kitchen, Dining Room, Living Room

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
22A						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
LISBON FARMS				

OWNER'S NAME AND ADDRESS
JOHN BRADY THOMAS
PATRICIA LOUISE RAMB
4111 HAMILTON ST
HYATTSVILLE, MD. 20781
PHONE NO. 927-2217

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
SAME

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 4			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
J. P. MOSESKI (Joseph)
128 TOWNEVILLE RD
MT. AIRY, MD. 21774
PHONE NO. 489-5411

FOOTINGS	FOUNDATION	WALLS

CONTRACTOR'S NAME AND ADDRESS
SAME AS ARCHITECT
PHONE NO. 489-5411

UTILITIES
WATER WELL SEWER SEPTIC GAS ELECTRICITY TYPE OF HEAT RADIANT

EXISTING USE
VACANT LOT

PROPOSED USE
SINGLE FAMILY DWELLING

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.
John B. Thomas
SIGNATURE
HOMEOWNER
TITLE
DATE

EST. CONSTRUCTION COST
90,000.00

LICENSE NUMBER

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

CONDITIONS (IF ANY)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	10/18/91	Mark E. Ripkin
FIRE PROTECTION		
STORM WATER MGMT.		

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69 Revised

APPROVED

Distribution of Copies
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.

DATE

B 1 **5055** 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
 No. 73-3768 ✓
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 12/16/80
 9:30 A.M.

OWNER Rosario Goioia
 COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD 718 Brookwood Rd.
 COL 36 COL. 55
POST OFFICE Baltimore Md. 21227
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
DATE Dec 9 1980 **LICENSE NUMBER** 273
 COL 77 COL. 80
FIRST NAME Ralph **DRILLER** **LAST NAME** Wynn
SIGNATURE Ralph Wynn

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
COUNTY Harford (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION Lisbon 42
SECTION None **LOT** 25 50
NEAREST TOWN Lisbon 52
MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 71
 73 76 77 78

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 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
 P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 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 OLD FREDERICK RD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N** **S** **E** **W**
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

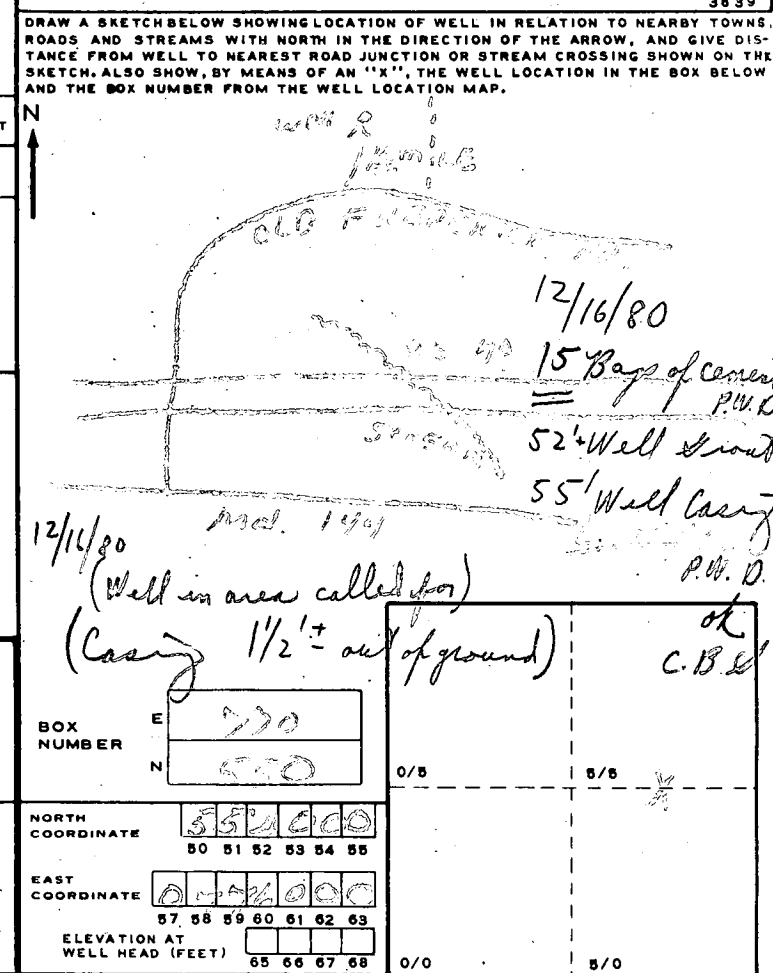
APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) **JETTED** **DRIVEN**
 AIR-ROTARY **AIR-PERCUSSION** **ROTARY** (HYDRAULIC ROTARY)
 CABLE **REVERSE-ROTARY** **DRIVE-POINT**
OTHER (DESCRIBE)

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
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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** **CONDITIONS** UU

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX) S **COUNTY-NAME** Harford **COUNTY NO.** A31033
DATE 12/1/80 **APPROVED BY** [Signature]



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

CERTIFICATION OF WATER QUALITY

University Micro Reference Laboratory, Inc.
 611 P. Harwood Terry Road
 Baltimore, MD 21070
 (301) 709 3836
 Certification #177

ANALYST NAME: 5/27/70

16371

FIELD DATA

SOURCE: 16371 PENNSYLVANIA HALL COURT, MT AIRY, MD. 21271
 COUNTY: HOWARD Date: 10/23/92
 ZIP CODE: 21271 Time: 09:30:00
 CONTACT: THOMAS NORINE PHONE: (410) 740-7100

Sampler: HR Free Cl: 0
 Sampler #: 402408 Total Cl: 0
 Well #: NOT VISIBL pH: 7.6

SAMPLE DATA

TEMPERATURE (TEMP)		TURBIDITY	TURBIDITY	SAND	IRON	LEAD
TEMP	TEMP	2.459	10.01	0		
()	()	mg/l	(NTU)	mg/l	mg/l	mg/l

MPN PRESUMPTIVE										MPN CONFIRMED										Total Coliform									
# of Sample										# of Sample										# of Sample									
605 24 hr	N	N	N	N	N	N	N	N	N	605 24 hr																			
605 48 hr	N	N	N	N	N	N	N	N	N	605 48 hr																			

	Call	Time	
Received	10/23/92	10:00:00	CAROLYN D. WAT
Tested	10/23/92	10:40:00	(Microbiologist)
Reported	10/23/92	10:50:00	

OK C.R.S. 10/23

Microbiological analysis of sample tested indicates that it is **SAFE** for human consumption.

Sample Analysis	100.00
Septic Testing	
Other Chemistry	
Consultation	
PRID 10/15/92	50.00
TOTAL	150.00

Call to
 AMERICAN PROPERTIES
 10805 BRIDGEST ROAD
 COLUMBIA, MD 21044

Date Received (WRA use only) **Dec 16 1980** DATE WELL COMPLETED **7** Depth of Well **205** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-3768**

OWNER **Cojia** last name **Rosario** first name
 STREET OR RFD **718 Brook Wood Rd.** TOWN **Baltimore Md.**
 SUBDIVISION **Lisbon Farms** SECTION **none** LOT **25**

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	
Top Soil	0	2	
Brown Shale	2	45	
Brown Slate	45	50	
Blue Slate	50	70	
Brown Slate	70	75	✓
Blue Slate	75	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **15** NO. OF POUNDS **1500**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **52** ft.
48 TOP (enter 0 if from surface) 52 54 BOTTOM 58

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE S T Nominal diameter top(main)casing (nearest inch) **6** Total depth of main casing (nearest foot) **55**

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

SCREEN RECORD
 screen type or openhole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

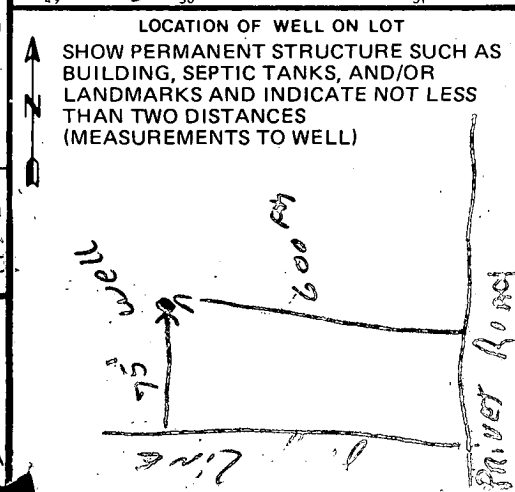
C2 (seq. no.)
 DEPTH (nearest ft.) **40** **52** **205**
 E A C H S C R E E N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 (seq no)
PUMPING TEST
 HOURS PUMPED (nearest hour) **4**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **20**
 WHEN PUMPING **205**
 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 YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height) above LAND SURFACE below **2** (nearest foot)



CIRCLE APPROPRIATE BOX
 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 IDENT. NO. **253**
Rosario
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Rosario
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)