



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: _____

Permit No.: B19000517

Building Address: 11886 SIMPSON RD
 City: Croftsville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: 7 Tax Map: _____ Parcel: _____

Existing Use: SFD
 Proposed Use: Handicap
 Estimated Construction Cost: \$ 3370.00
 Description of Work: Install water ground for tank for heating purposes 500 Gal. (propane)

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Larryl Thompson
 Address: 11886 Simpson Road
 City: Croftsville State: MD Zip Code: 21029
 Phone: _____ Fax: _____
 Email: Thompson@a2utilities.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Thompson Gas
 Contact Person: S. Roydall Thompson
 Address: 6732 old National Pike
 City: Louisburg State: MD Zip Code: 21713
 License No.: 60003
 Phone: 301 432 6617 Fax: _____
 Email: roystor@thompsongas.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____
 Email Address: roystor@thompsongas.com
 Title/Company: _____

Print Name: Scott Marshall
 Date: March 1, 2019
mail

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/1/19</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>10.00</u>
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>00950</u>

16110722
LOCATION DRAWING
LOT 8
SIMPSON WOODS,
HOWARD COUNTY, MARYLAND
11-09-2016 SCALE 1"=50'



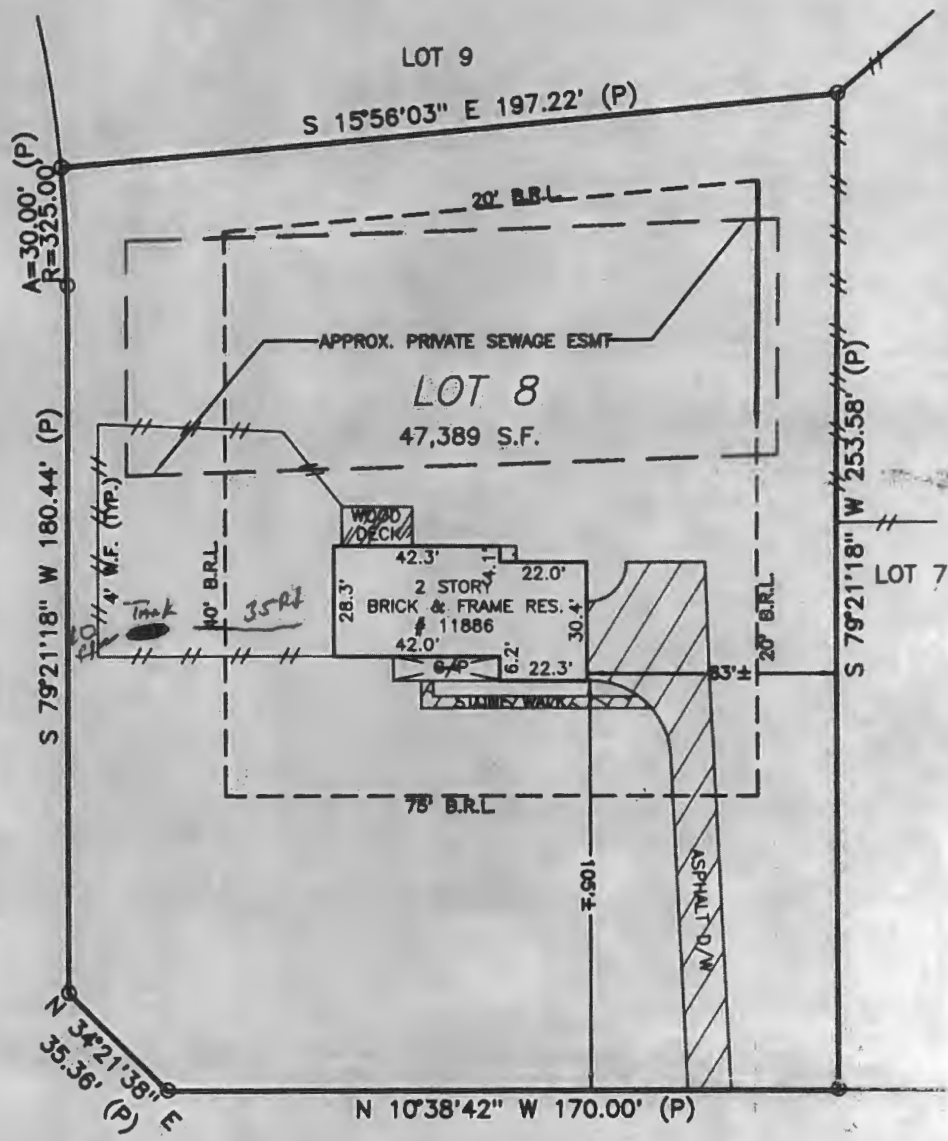
Approved for
UPT
B19000547
3/11/19

MEADOW WOOD WAY
(50' R/W)

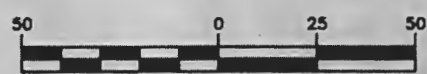
PLEASE NOTE
This House Location Drawing is for informational purposes only. Per Maryland State Code it may not be relied upon to determine property boundaries and may not be used for building permits or construction.



William R. Hebert
EXPIRES 1-15-2017



SIMPSON ROAD



GRAPHIC SCALE (In Feet)
1 inch = 50' ft.
ACCURACY=3±

POINTS OF INTEREST:
NONE VISIBLE

CLIENT NUMBER: 16-6772SAB

DATE: 11/9/2016

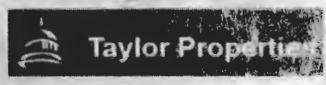
BUYER: Darryl R. Thompson and Darlene Sue Schoonover Thompson

SELLER: THOMAS K. SWISHER

Deborah A. Messenger



c: 301.602.4355
o: 800.590.0925



Handwritten notes:
Habitat
before permit
please
6/13/78
a.m. please

Handwritten: app. 2-28-78
D
P 28022
A 25306

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 5/8/78

INDEXED
Handwritten: 05-384133

R. L. Orndorff IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 725-4969

SUBDIVISION Simpson Woods ROAD 11886 Simpson Road LOT 8, Sec. 1

PROPERTY OWNER Mu-Homes, Inc.

ADDRESS 6655H Dobbin Road, Columbia, Md. 21044

SPECIFICATIONS 5 bedrooms

SEPTIC TANK CAPACITY 1500 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 140 SQ. FT. sidewall area per bedroom below inlet.

INLET PIPE 2 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 15 FT. FROM right LOT LINE AND 90 FT. FROM rear LOT LINE AS SEEN WHEN
FACING LOT FROM Simpson Road (perc hole 5 & 6).

PLANS APPROVED BY Charles B. Streaker DATE 9/27/77

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.

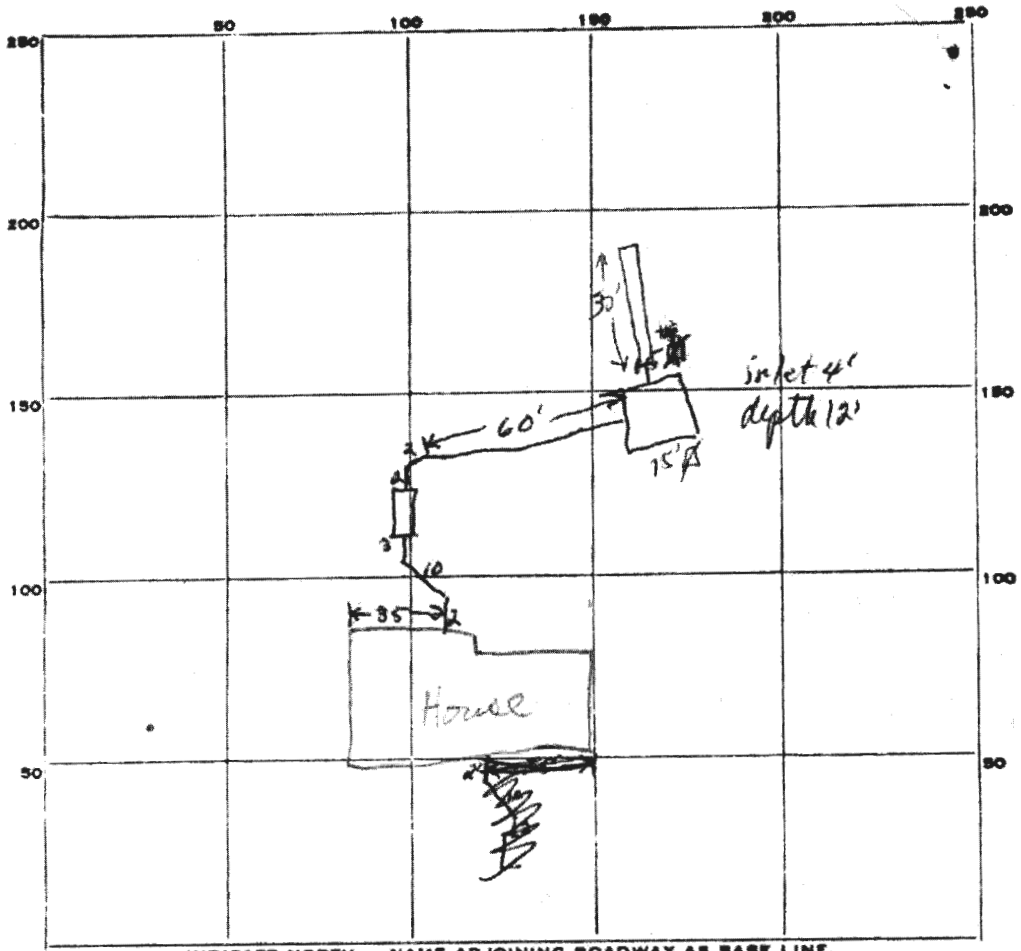
PERMIT VOID AFTER THREE YEARS.

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

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

Handwritten: A 25306

140
5
700



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
Simpson Rd.

PERMIT CARD

SEPTIC TANK, LEVEL 1500500

CLEANOUTS ST / DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS 6/13/58 TSD: Add stone to Dtd. Add 30' trench 4' inlet, 12' deep
Call for trench insp. before adding stone. Ok to connect
system up to Dtd.
6/23/58 TSD: Ok to gravel trench

DATE SYSTEM APPROVED 7/20/78

INSPECTOR dlw Monaghan

APPLICATION

A 25306

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 475, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 443-5000, EXT. 356

P _____
1000 gallons
DISTRICT 5th
DATE 3/1/79 1250 gallons

Septic Tank { 1-3 Bedrooms
4 Bedrooms

⊙ Dry well to have = 140 yd. effective
absorbant sidewall area per bedroom below inlet.
Inlet to be 2 1/2' below original grade and maximum
depth 12'. location per plat: 15' off right property
line and 90' from rear property line when facing
lot from Simpson Road. Rnd hole (5+6)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

⊙ If dry well and trench used - need:
⊙ 5' earth buffer
between dry well & trench.

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

PROPERTY OWNER LANDBORG, INC. SUITE 128 ⊙ 2 inspections of
7.5' x 10' - before &
after install

ADDRESS 1000 CENTURY PLAZA COL. MD. 21044 PHONE 730-0500

PROPERTY LOCATION:

SUBDIVISION SIMPSON WOODS, SECTION ONE LOT NO. 3

ROAD AND DESCRIPTION SIMPSON ROAD; COR. OF ROAD A Block B

SIZE OF LOT 43,700 TYPE BLDG. 302A
NUMBER OF BEDROOMS 5

NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OR APPLICANT Alan C. Burg, Pres., Phase II, Ltd.

APPROVED BY C. B. Stueck FOR ⊙ Dry well; 4/10 dry well & trench DATE 9/27/79
(KIND OF SYSTEM)

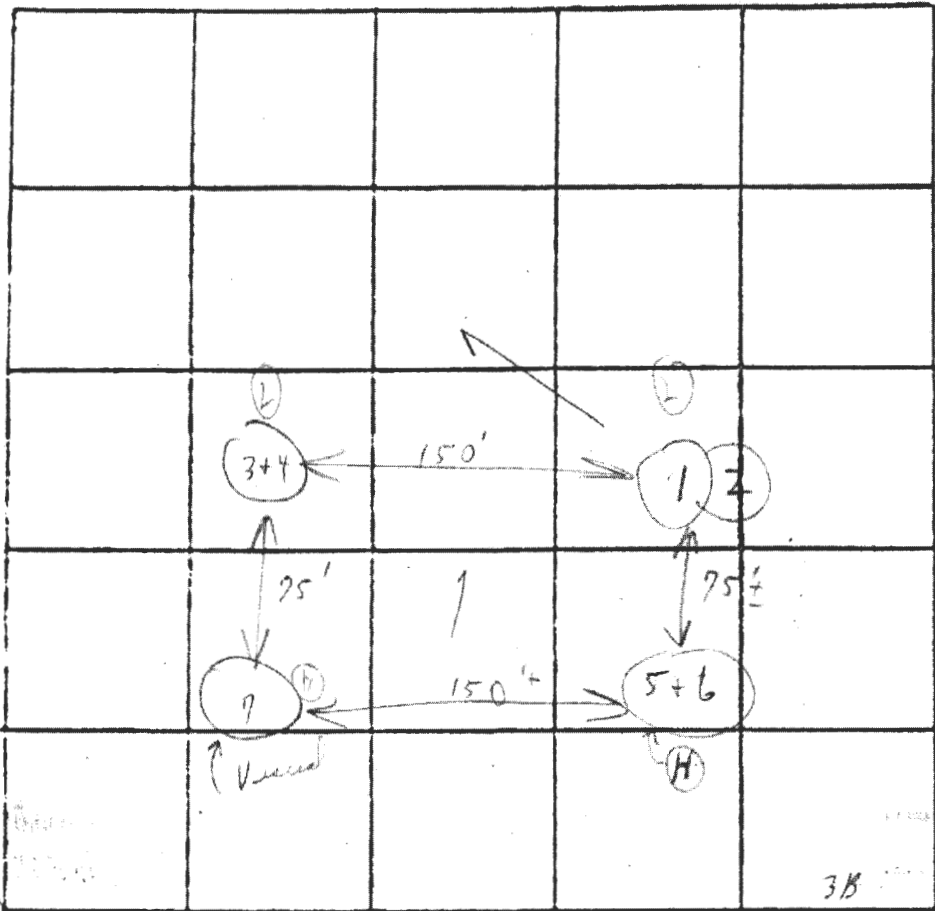
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

DEPT. PERMIT SIGNED
AND RETURNED 3/15/78
serial # 34814

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/10/97	1	2 1/2'	9:40	9:46	9:46	10:02	16m
	(H) 2	12 1/2'	9:40	9:44	9:44	9:57	13
	3	4 1/2' ^S	9:21	9:24	9:24	9:34	10m
	(E) 4	12' P	9:55	10:00	10:00	10:10	10m
	5	4'	9:35	9:37	9:37	9:41	4m
	(H) 6	12 1/2'	9:35	9:38	9:38	9:45	7m
	(H) 7	12 1/2'	Visual	similar to others			
						6	60

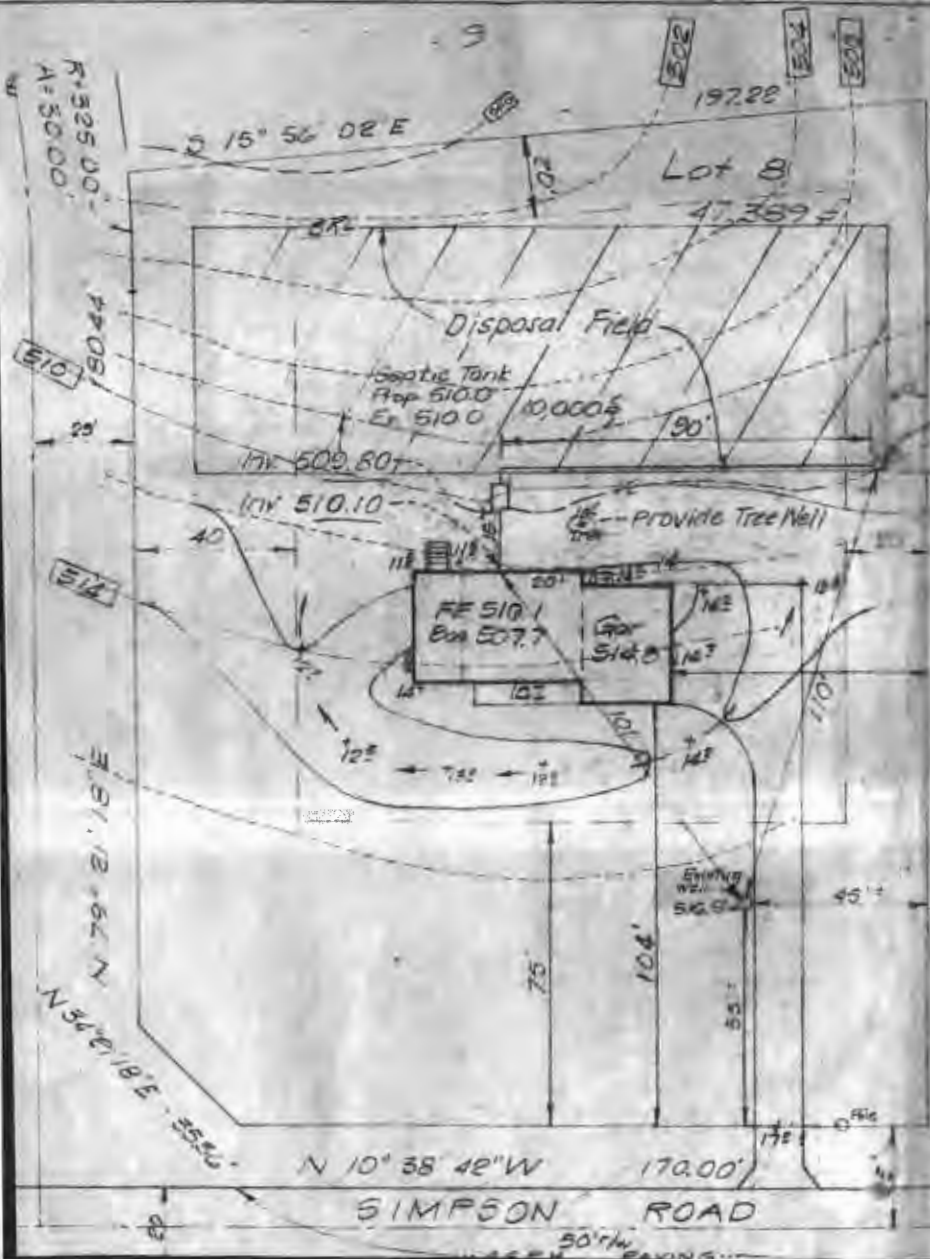
REMARKS Crack on hole

TYPE OF SOIL (Sandy loam below clay)

TESTED BY C. K. H. ALSO PRESENT: Kettlemans

Soil profile
 Sandy loam
 below clay

140
 4'
 10m



SITE DEVELOPMENT PLAN
 LOT 8
 SECTION 1 AREA 1
 SHEET 1 of 1
 SIMPSON WOODS
 5th ELECTION DISTRICT
 HOWARD CO. MD.

Scale: 1" = 30'

Date: 1-31-77

Record Reference: Plat # 3855

I hereby certify the above measurements and elevations are actual and correct for this property.

James M. Kays

Note
 Provide min. 2.5' cover over
 Sanitary Waste line, and pro-
 vide Brick Masonry Well
 around specific tree.



2/17/77 J.C.D.

BAZIS, CARLIN & ASSOCIATES INC.
 Engineers - Surveyors - Planners
 2602 Crain Highway
 Bowie, MD. 20716

B 1 6481

SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER

HO-73-2418
FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 4
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 2-4 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 3/13/78

OWNER Nu Homes, Inc. COL 18 LAST NAME FIRST NAME COL 34

STREET OR RFD 6655 H. Dobbin Road COL 38 COL 58

CITY OR POST OFFICE Columbia, Maryland, 21044 COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 4

DATE October 26, 1977 LICENSE NUMBER 296

DRILLER NAME: Ronald L. Kyker

SIGNATURE

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 4
MAXIMUM PUMPING RATE (BALLONS PER MINUTE) 6

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - FARMING, AGRICULTURE, IRRIGATION
 - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 - MUNICIPAL WATER SUPPLY
 - PRIVATE WATER COMPANY
 - TEST
- MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL 130' 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)

- 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
- THIS WELL WILL DEEPEN 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 [] ENGINEER REVIEW DISTRICT NO. []
FORCE [] WRITE INITIALS IN BOX [] CONDITIONS []

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 4
COUNTY NAME Howard COUNTY NO. W27128
DATE 10/26/77
APPROVED BY Fred Fromolt, Sanitarian

B 5 SPECIAL CONDITIONS 8-82 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 4
COUNTY Howard

SUBDIVISION Simpson Woods

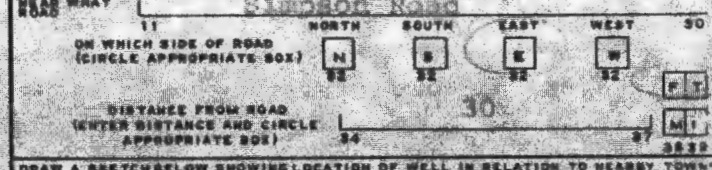
SECTION 1 LOT 8

NEAREST TOWN Clarksville

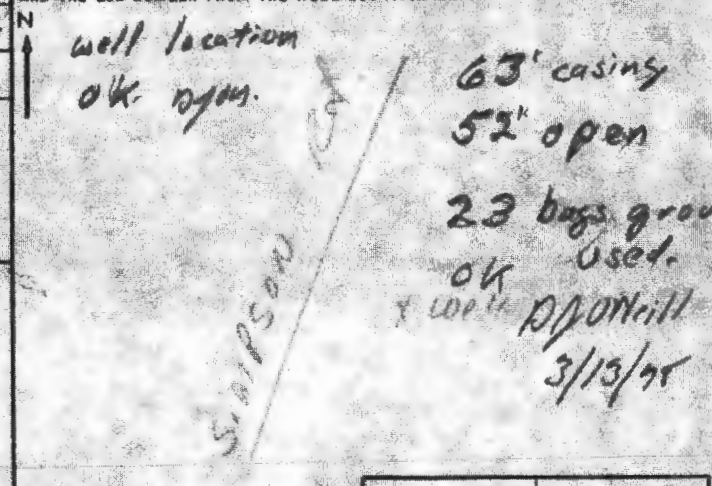
MILES FROM TOWN (ENTER 0 IF IN TOWN) 3

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

- NORTH
- EAST
- NE NORTHEAST
- SE SOUTHEAST
- SOUTH
- WEST
- NW NORTHWEST
- SW SOUTHWEST



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, 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 SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 810 N 820

NORTH COORDINATE 48 49 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 5 SPECIAL CONDITIONS 8-82 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4

C 1 8324
SEQUENCE NO. (PMA USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

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

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER 27126

DATE RECEIVED (PMA USE ONLY)
MAY 13, 1978
DATE WELL COMPLETED
031378

DEPTH OF WELL
277
22 (TO NEAREST FOOT) 28

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HD-173-2412
27 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 086

OWNER J. J. Burns, Inc.

LAST NAME 8655 N. Dobbin Road

FIRST NAME Columbia, MD. 21044

STREET OR RFD POST OFFICE

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
	FROM	TO	
0-3	0	3	
Light brown mica	3	37	
red clay	33	36	
drain sand	36	47	
brown mica	47	57	
brown & blue mica	57	61	
blue mica	61	70	
drain sand	70	74	
blue mica	74	113	
drain sand	113	114	
blue mica	114	170	
drain sand	170	179	
blue mica	179	231	
drain sand	230	231	
blue mica	231	277	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)
 CEMENT MORTARITE CLAY
 NO. OF BAGS 25 NO. OF POUNDS 425
 GALLONS OF WATER 235
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 61 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE
 NOMINAL DIAMETER TOP (MAIN) CASING OR MAIN CASING (NEAREST INCH)
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
 60 61 62 63 64 65 66 67 68 69 70

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET)
 FROM TO

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL BRASS OR BRONZE OTHER (MATERIAL)
 PLASTIC OTHER
 SCREEN TYPE OR SCREEN HOLES
 DIAMETER OF SCREEN 60 (NEAREST INCH)
 FROM 60 TO 63

SCREEN DEPTH (NEAREST WHOLE FOOT)
 61 62 63 64 65 66 67 68 69 70
 60 61 62 63 64 65 66 67 68 69 70
 60 61 62 63 64 65 66 67 68 69 70
 60 61 62 63 64 65 66 67 68 69 70
 60 61 62 63 64 65 66 67 68 69 70

DIAMETER OF SCREEN 60 (NEAREST INCH)

BRASS PADS

IF WELL DRILLED AND A FLOWING WELL CIRCLE BOX

TELESCOPE CASING

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6
 PUMPING RATE
 GALLONS PER MINUTE TO NEAREST GALLON 31 1/4
 METHOD USED TO MEASURE PUMPING RATE Flowmeter
 WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 74 (NEAREST FOOT)
 WHILE PUMPING 22 (NEAREST FOOT)

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

A AIR B FISHBONE T TUBING
 C CENTRIFUGAL R ROTARY D OTHER (DESCRIBE BELOW)
 J Jet S SUBMERSIBLE

PUMP INSTALLED

TRADE OF PUMP (WRITE APPROPRIATE LETTERS IN BOX - SEE ABOVE - A, C, J, P, R, S, T, O)
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 37
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE BELOW (NEAREST FOOT)

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 WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 B ELECTRIC LOG OBTAINED
 C TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED IN 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
 PLEASE PRINT: THOMAS D. SYLVEZ
 SIGNATURE: [Signature]

50' from 10'