



HOWARD COUNTY HEALTH DEPARTMENT

70239

DATE 11/18/21

Received From

Hatfields

PHONE #

301 490-4259

CASH

CHECK

NO.

4474

For

Repair 13125 Huntsman
Rear

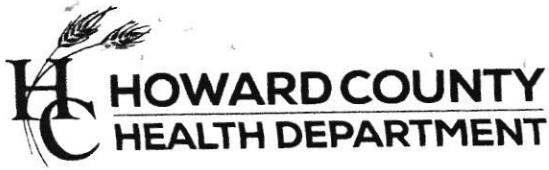
One hundred sixty five Dollars

\$

165.00

Received By

Kings



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION A570239

PROPERTY LOCATION ↳ REPAIR NO PERC
 SUBDIVISION/PROPERTY NAME Eagles Loft REQ
 PROPERTY ADDRESS _____

TAX ACCOUNT # 03 303012 TAX MAP 0022 GRID 0003 PARCEL 0491 LOT NO. 15 PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Alexander Greenland
 DAYTIME PHONE _____ CELL 443-791-3885 EMAIL _____
 MAILING ADDRESS 3425 Huntsman Run Ellicott City MD 21042

APPLICANT Hatfields Equipment Inc RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 490 4289 CELL 410 984 4880 EMAIL Khatfield@hatfieldsequipment.com
 MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701

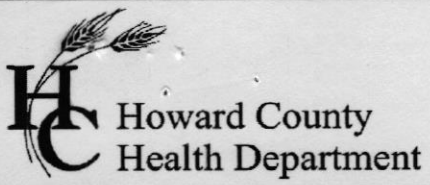
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY: work to be set up December 6th 7th
 SUBDIVISION: _____ NUMBER OF LOTS INCLUDING RESIDUE: _____
 SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
 CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 REPAIR OR REPLACE FAILING OSDS
 UPGRADE EXISTING OSDS
 BUILDING:
 RESIDENTIAL WITH _____ EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
 COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
 IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?
 YES
 NO

- AS APPLICANT, I UNDERSTAND THE FOLLOWING:
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
 - THE APPLICATION FEE IS NON-REFUNDABLE
 - THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
 - THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.
 By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Km Hatfield 11/04/21
 SIGNATURE OF APPLICANT DATE



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 11/08/2021 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 570239

INSTALLATION APPROVAL DATE: 12/07/2021

PERMIT
MINOR REPAIR

A _____

PROPERTY ADDRESS: 3425 Huntsman Run, Ellicott City, MD 21042

SUBDIVISION: Eagles Loft LOT: 15 TAX ID: 03-303012

CONTRACTOR: Hatfield's Equipment and Services, INC EMAIL: _____

CONTRACTOR ADDRESS: PO Box 519 Annapolis Junction, MD 20701 PHONE: (301) 490-4289

PROPERTY OWNER: Greenland, Alexander M EMAIL: _____

OWNER ADDRESS: 3425 Huntsman Run, Ellicott City, MD 21042 PHONE: _____

NUMBER OF BEDROOMS: _____ SEPTIC TANK SIZE: Existing DRAINFIELD SIZE/TYPE: Existing Drywell

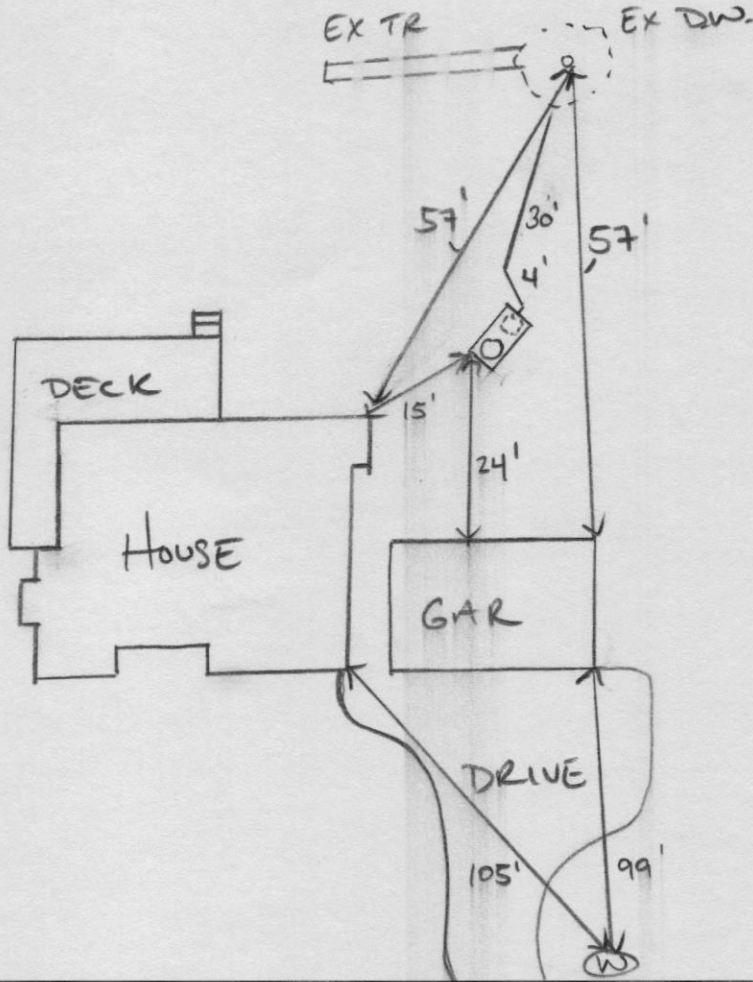
LOCATION:	Located in back yard on side of house with the driveway.
NOTES:	<p><i>EX DW HAD ~ 4' TO OUTLET INV. NO PERC REQ</i></p> <p>Existing cast iron effluent line from tank to existing drywell was corroded and infiltrated with tree roots. Line was replaced by solvent welded SCH 40 PVC.</p>

ISSUED BY: Kevin Wolf ISSUE DATE: 12/07/2021 EXPIRATION DATE: 12/07/2022

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



ROAD NAME
HUNTSMAN RUN

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

EXISTING 1978

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PRE-CONSTRUCTION:

N/A

INSTALLATION: 12/07/2021 INSTALLED NEW EFF LINE w/ SCH 40 PVC,
SOLVENT WELD. Φ

FINAL INSPECTOR

DATE OF APPROVAL

12/07/2021

APPLICATION

A. 25969

P. _____

Retest
EXTENSION of APPLICATION #18304

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3RD

DATE 31 MAY 1977

*2/2/77
1:30p.m.*

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

OK to move back 40' fr. orig. specs

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 GARY R. KNAPP

ADDRESS 8816 BESTHOLD CARTH, COLUMBIA, MD 21045 PHONE 997-2656

PROPERTY LOCATION:

SUBDIVISION EAGLE'S LOFT LOT NO. 15

ROAD AND DESCRIPTION HUNTSMAN'S RUN

SIZE OF LOT 75,000 ft² TYPE BLDG. 3 OF 4
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 *Gary Knapp*

APPROVED BY *William H. Zipp / CBS* FOR *Dywell's Transit* DATE 6/6/77
(KIND OF SYSTEM)

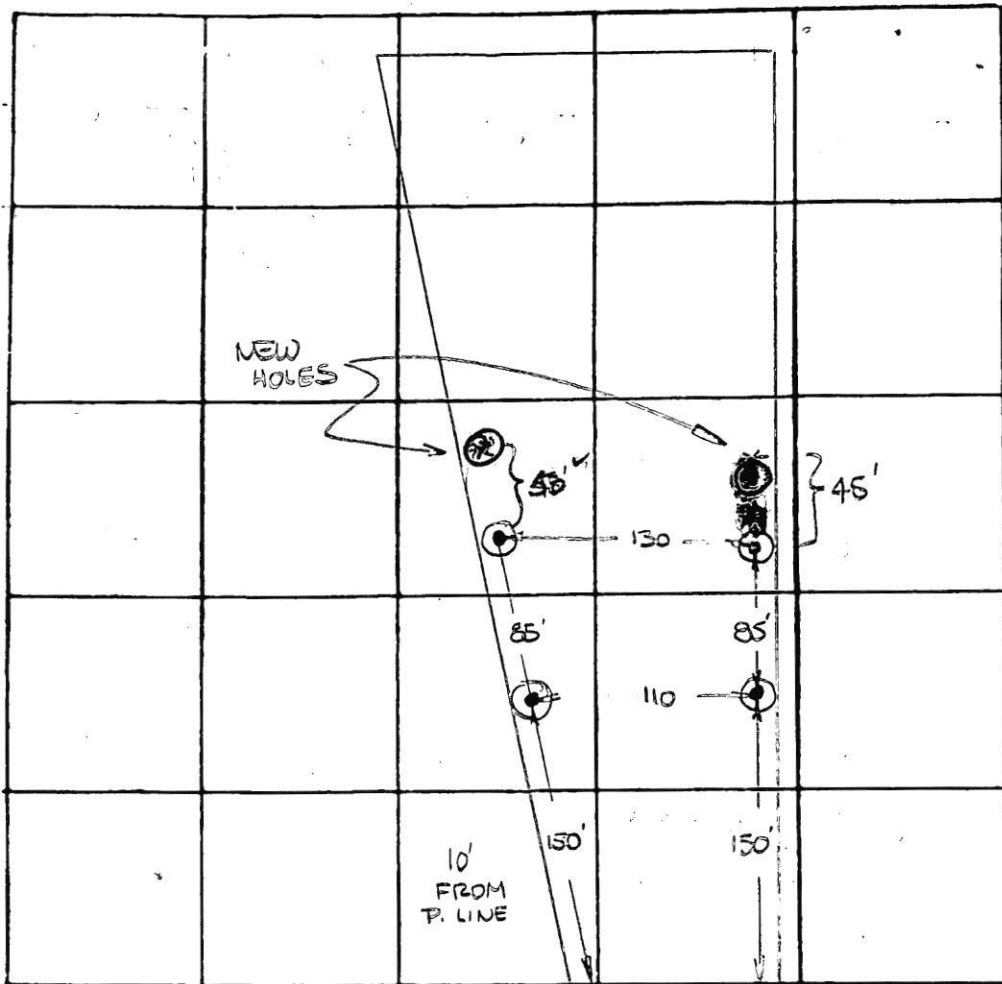
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 3/29/78
serial # 34898

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
HUNTSMAN'S RUN

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/2/77	7	4 1/2	2:15	2:16	2:16	2:18	2
	7-A	12	2:18	2:25	2:25	2:35	10
	8	3 1/2	2:38	2:42	2:42	2:55	13
	8-A	11	2:43	2:47	2:47	3:00	13

REMARKS 8 very hard in bottom; sandy + stony fr. top

TYPE OF SOIL Sandy mss.

TESTED BY WWT

ALSO PRESENT: owner, Butterbaugh

Real Property Data Search (w2)

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration
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Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 303012

Owner Information

Owner Name:	GREENLAND ALEXANDER M GREENLAND ALEXANDER MCALLISTER	Use:	RESIDENTIAL
Mailing Address:	3425 HUNTSMANS RUN ELLCOTT CITY MD 21042-1104	Principal Residence:	YES
		Deed Reference:	/20940/ 00077

Location & Structure Information

Premises Address:	3425 HUNTSMANS RUN ELLCOTT CITY 21042-0000	Legal Description:	LOT 15 1.721 AR 3425 HUNTSMANS RUN EAGLES LOFT
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Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0022	0003	0491	3020203.14	2003			15	2022	
									Plat Ref: •

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1978	2,634 SF	888 SF	1.7200 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
2	YES	STANDARD*UNIT	FRAME/	5	2 full/ 1 half	1 Attached	

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2019	07/01/2021	07/01/2022
Land:	247,200	247,200		
Improvements	329,100	329,100		
Total:	576,300	576,300	576,300	
Preferential Land:	0			

Transfer Information

Seller: BAUM MATTHEW ADAM	Date: 09/23/2021	Price: \$725,000
Type: ARMS LENGTH IMPROVED	Deed1: /20940/ 00077	Deed2:
Seller: REIER JOHN M	Date: 08/09/2016	Price: \$596,000
Type: ARMS LENGTH IMPROVED	Deed1: /17031/ 00098	Deed2:
Seller: SPINGARN STUART L	Date: 01/04/1994	Price: \$286,500
Type: ARMS LENGTH IMPROVED	Deed1: /03121/ 00663	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2021	07/01/2022
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

1. This screen allows you to search the Real Property database and display property records.
2. Click **here** for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.

10/11/78
JS

P 28995'
A 25969

10/13/78
10/17/78
Resty around 10:00 A.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-303012

ELLICOTT CITY

DISTRICT 3rd

10/8/78

INDEXED

DATE 10/10/78

Mr. Fulton - Fulton, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Eagles Loft ROAD Huntsman's Run LOT 15

PROPERTY OWNER Gary Knapp

ADDRESS _____

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 300 SQ. FT. total absorbent area in dry well.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 190 FT. FROM front LOT LINE AND 60 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM road.

TRENCH-to be 45 ft. long with a total absorbent area of 260 sq. ft. Inlet to be 3 1/4 and maximum depth of 9 ft. Come off right side of dry well, run trench toward right lot line. Follow contour to keep trench level.

PLANS APPROVED BY William Zepp DATE 6/6/77

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.

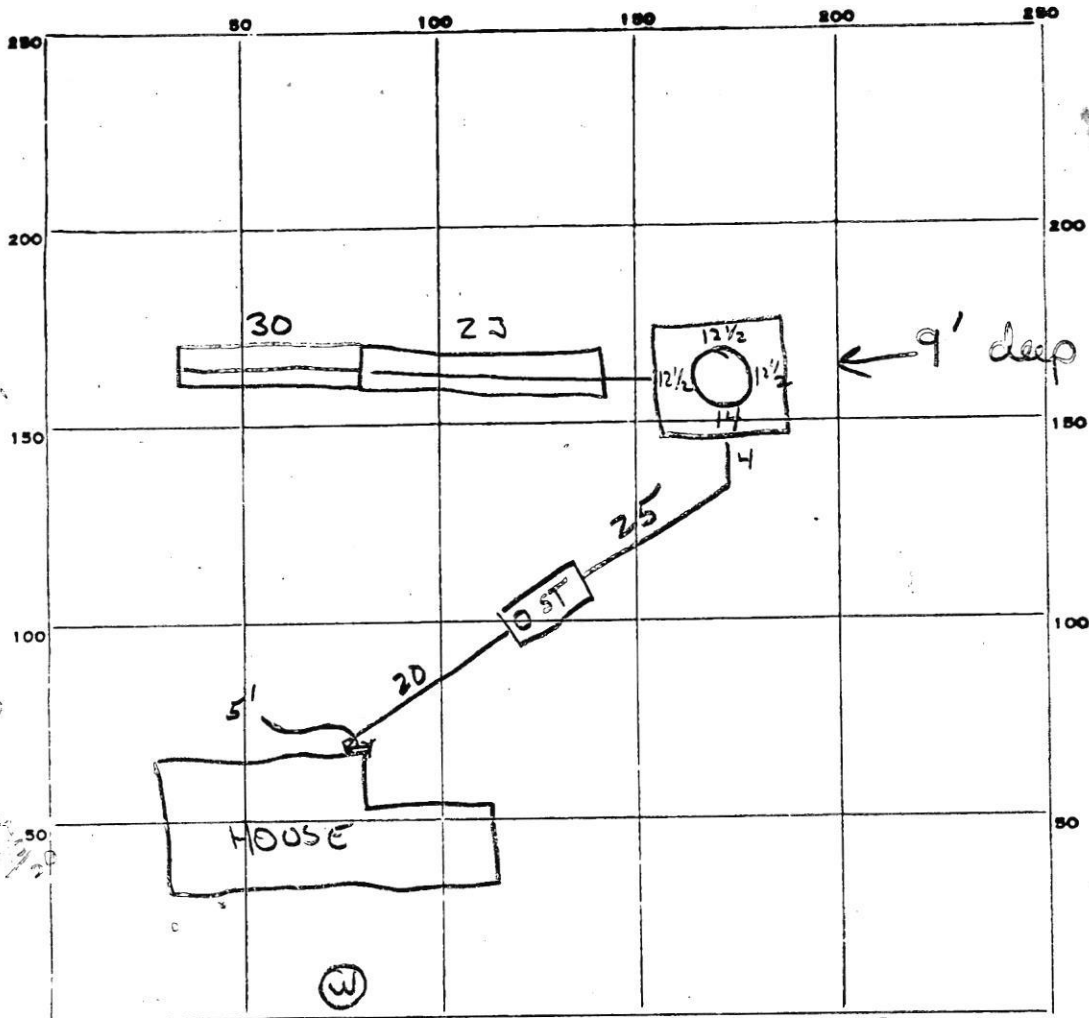
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

A 25969



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

HAWTHORNE ROAD

PERMIT CARD

SEPTIC TANK, LEVEL 1250

CLEANOUTS ST / DW
MANHOLE

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 53' FT.

318

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, ^{PERIMETER} INSIDE DIAMETER 51.5 FT. DEPTH BELOW INLET 5 FT.

ABSORBENT AREA 576 SQ. FT.

576

REMARKS 180d73 - (1) manhole type cleanout for septic tank (2) continue work on drywell 3' up to add gravel to 23' section of trench (3) shorten and add 30' trench - call before add gravel. (5) OK to install house sewer, portion of septic tank, & drywell inlet. (GLK)
170d73 - call for final when gravel is added to trench & drywell. OK
-> install septic tank (GLK) 10/18/78 OK TO COVER WORK. JS

DATE SYSTEM APPROVED 10/18/78 INSPECTOR J. Stamer

4-5
53
375 20
315
15
25 1/5

37
5/1/78

318
258

APPLICATION

A 18304

SEWAGE DISPOSAL TESTING

P _____

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: 465-3000, EXT. 356

DISTRICT 3rd

DATE 4/18/73

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 Adelphia Developers
ADDRESS 6931 Donachie Road, Balto., Md. 21239 PHONE Purdum & Jeschke 465-1635

PROPERTY LOCATION:

SUBDIVISION Adelphia LOT NO. 15

ROAD AND DESCRIPTION Unnamed road

SIZE OF LOT 72,000 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/ Purdum & Jeschke

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

C 1 4515
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COCS 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 COMPLETE
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) Mar 28 DEPTH OF WELL 365 PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-23-21500
 DATE WELL COMPLETED 15 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 238

OWNER Theroburn LAST NAME FIRST NAME James
 STREET OR RFD 218 Towson Road POST OFFICE Columbia

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	
<u>Sand</u>	<u>0</u>	<u>64</u>	
<u>Black Rock</u>	<u>64</u>	<u>365</u>	

WELL DESCRIPTION
 GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M B C
 BENTONITE CLAY
 NO. OF BAGS 25 NO. OF POUNDS 2350
 GALLONS OF WATER 150
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 30 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL S T C O
 CONCRETE
 PLASTIC P L O T
 OTHER
 MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 64

OTHER CASING (IF USED)
 DIAMETER (INCH) FROM TO
 EACH CASING

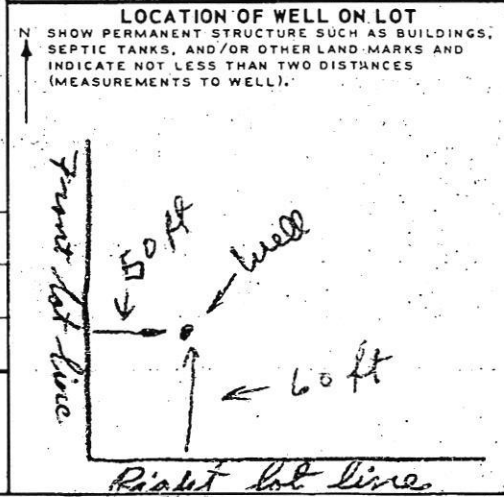
SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL S T B R H O
 BRASS OR BRONZE
 PLASTIC P L O T
 OTHER

DEPTH (NEAREST WHOLE FOOT)
 FROM TO
 1 110 8 9 11 15 17 21
 2 65 23 24 26 30 32 36
 3 365 38 39 41 45 47 51
 SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 50 TO 60
 GRAVEL PACK 50
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F
 WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 3
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4
 METHOD USED TO MEASURE PUMPING RATE 111
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 65 (NEAREST FOOT) 17 20
 WHEN PUMPING 5 (NEAREST FOOT) 22 25
 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) 29
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y 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) 2
 - BELOW } 49 50 51



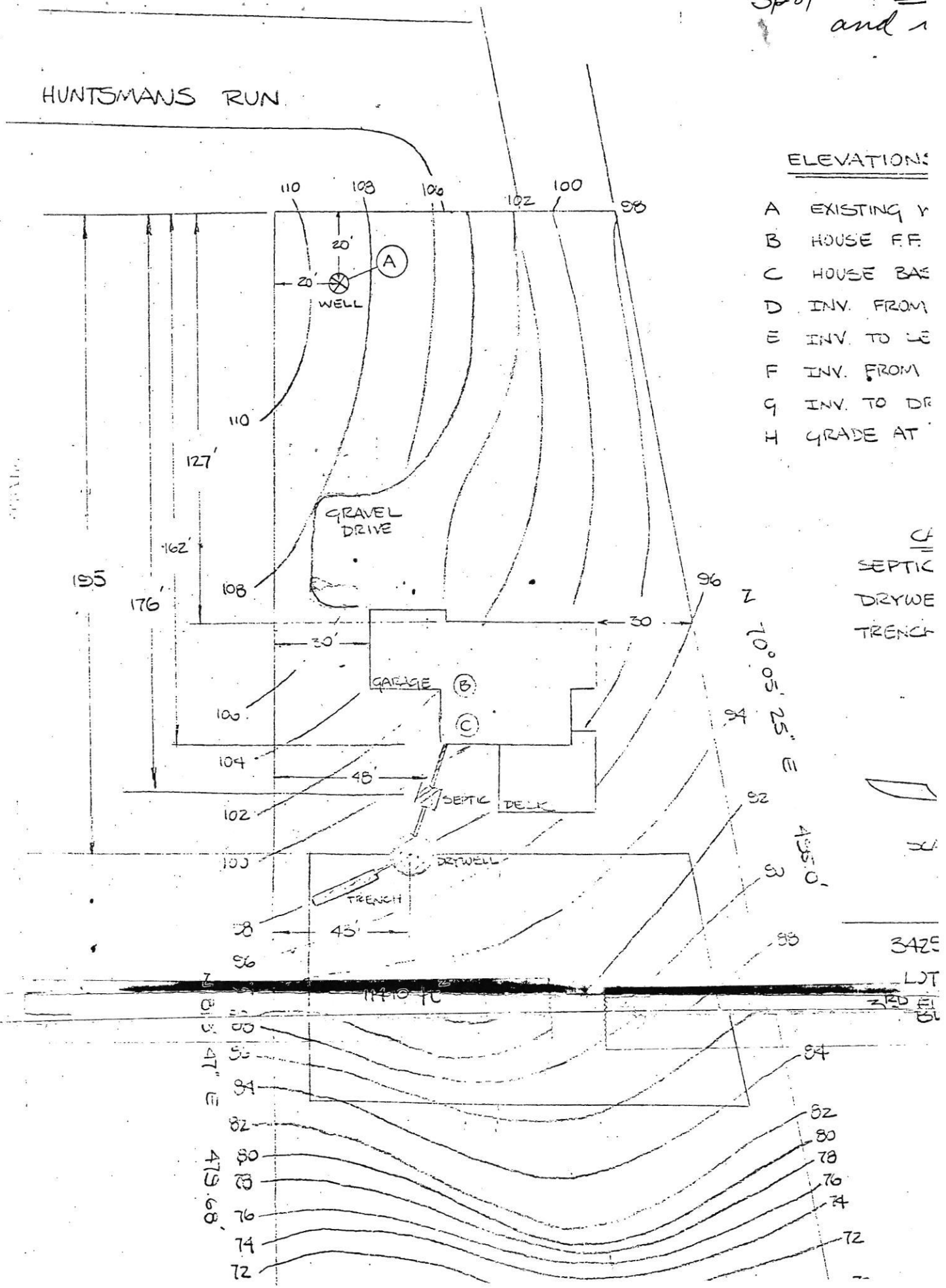
CIRCLE APPROPRIATE BOXES
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLERS NAME
 (PLEASE PRINT) Joseph J. Williams
 SIGNATURE Joseph J. Williams

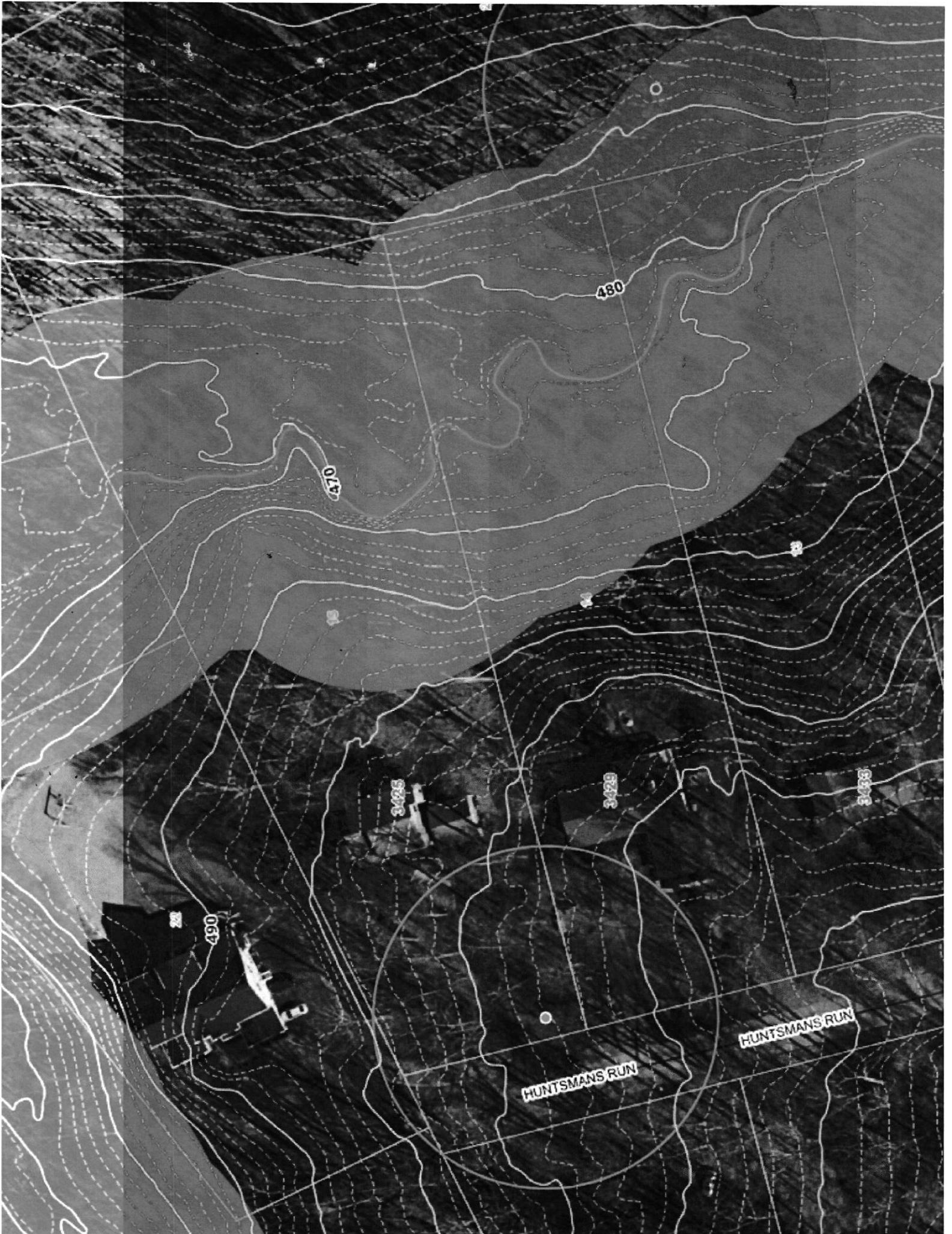
3/28/78 Rev
and 1

HUNTSMANS RUN

ELEVATIONS:

- A EXISTING Y
- B HOUSE FF.
- C HOUSE BASE
- D INV. FROM
- E INV. TO LE
- F INV. FROM
- G INV. TO DR
- H GRADE AT





480

470

490

3425

3435

3433

HUNSMANS RUN

HUNSMANS RUN