

PERMIT NUMBER: B **23003492**

DATE ACCEPTED:

**RESIDENTIAL BUILDING PERMIT APPLICATION**  
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS  
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4  
 www.howardcountymd.gov

**BUILDING SITE ADDRESS REQUIRED**

Street Address: <b>3582 Conchita Drive</b>		Unit: <b>N/A</b>
City: <b>Ellicott City</b>	State: <b>MD</b>	Zip Code: <b>21042</b>
Subdivision/Village/Complex Name: <b>N/A</b>		SDP/WP/BA #:
Lot: <b>5</b>	Tax Map: <b>0022</b>	Parcel: <b>0198</b>
Grading Permit #:		

**DESCRIPTION OF WORK REQUIRED**

Existing Use: <b>None SFD</b>	Proposed Use: <b>Install swim spa ABOVE GROUND</b>	Estimated Cost: <b>\$ 3,000.00</b>
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

**Construction of 16 ft by 9 ft by 4 inch thick reinforced concrete slab to support a swim spa. No plumbing connections to swim spa will be required. Slab constructed by homeowner. Installation of electric power for swim spa to be provided by licensed contractor. Contractor still being selected. SPA IS 15' x 8' x 6', ABOVE GRADE.**

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) (As it appears on tax records): <b>Christopher D. Cassino</b>	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <b>3582 Conchita Drive</b>	
City: <b>Ellicott City</b>	State: <b>MD</b>
Phone: <b>(412) 610-3398</b>	Email: <b>cassinochristopher@gmail.com</b>

**APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION**

Business Name: <b>N/A</b>	Contact Name: <b>Christopher D. Cassino</b>
Street Address: <b>3582 Conchita Drive</b>	
City: <b>Ellicott City</b>	State: <b>MD</b>
Phone: <b>(412) 610-3398</b>	Email: <b>cassinochristopher@gmail.com</b>

**CONTRACTOR INFORMATION REQUIRED**

Business Name: <del>Electrical Contractor TBD, they will obtain their own permit for the scope of work</del> <b>Home owner to act as contractor.</b>	License #: <b></b>
Licensee's Name:	License #:
Street Address:	
City:	State:
Phone:	Email:

**ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE**

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:

**BUILDING CHARACTERISTICS REQUIRED**

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

**ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)**

Model Name & Options: <b>N/A</b>				
# of Bedrooms (SF): <b>0</b>	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: <b>0</b>	# Full Baths: <b>0</b>	# Half Baths:	# Fireplaces: <b>1</b>	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial				
1 <sup>st</sup> Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupiable Area: <b>0</b> sq ft	

**AGREEMENT/ DISCALIMER REQUIRED**

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.

*Chris Cassino* 8/22/2023  
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

**FOR OFFICE USE ONLY** CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>RAC</i>	<input type="checkbox"/> SHA
SUBMITTAL FEES: <b>\$110<sup>00</sup></b>			PAYMENT:	ACCEPTED BY: <i>NO</i>

*Above Ground Pool*

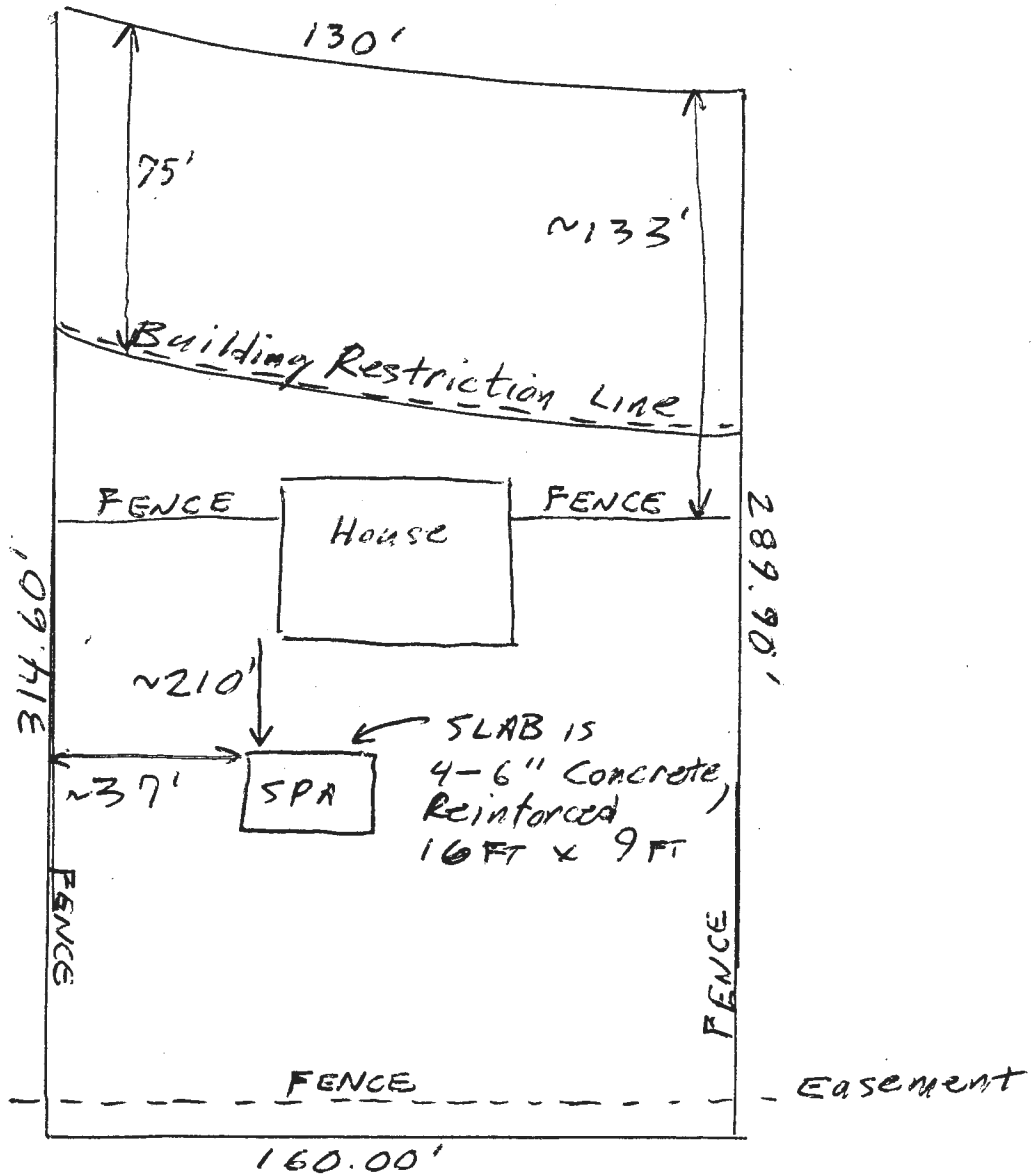
C. Gasino

3582 Conchita Dr.

8/25/2023

PROPERTY MEASUREMENTS TAKEN FROM APPROVED COUNTY DRAWINGS (6/11/1971), PLAT OF SECTION TWO, KINGSTON SUBDIVISION. PROPERTY IS LOT #5.

SLAB LOCATION OBTAINED FROM SITE MEASUREMENTS.



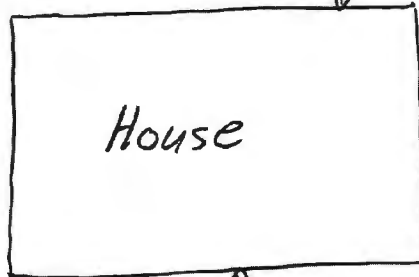
ALL DISTANCES IN FEET.

Approved  
~~1323003492~~  
1323003492  
2/12 9/18/2023

GRADE IS DOWN HILL  
TO REAR OF HOUSE.

Well

40' (APPROX.)



13' (APPROX.)

8' (APPROX.)

1250 Gal. SEPTIC TANK  
(BURIED)

10' (APPROX.)

DRYWELL (BURIED)

30' (APPROX.)

20' (APPROX.)



Real Property Data Search ( )  
 Search Result for HOWARD COUNTY

[View Map](#)      [View GroundRent Redemption](#)      [View GroundRent Registration](#)

Special Tax Recapture: N

Account Identifier: District - 03 Account Number - 288900

**Owner Information**

Owner Name: CASSINO CHRISTOPHER      Use: RESIDENTIAL  
 CASSINO THERESA      Principal Residence: YES  
 Mailing Address: 3582 CONCHITA DR      Deed Reference: /16352/ 00412  
 ELLICOTT CITY MD 21042-1102

**Location & Structure Information**

Premises Address: 3582 CONCHITA DR      Legal Description: LOT 5 BL B 42906 SQ'  
 ELLICOTT CITY 21043-0000      3582 CONCHITA DR  
 KINGSTON

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:  
 0022 0010 0198 3020203.14 2003 5 2022 Plat Ref:

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1976	1,220 SF	650 SF	42,906 SF	

Stories	BasementType	ExteriorQuality	Full/Half Bath	Garage	Last Notice of Major Improvements
Split Foyer	YES	SPLIT FOYERFRAME/4	2 full	1 Attached	

**Value Information**

	Base Value	Value		
		As of 01/01/2022	As of 07/01/2023	As of 07/01/2024
Land:	238,900	275,900		
Improvements	225,500	223,700		
<b>Total:</b>	<b>464,400</b>	<b>499,600</b>	<b>487,867</b>	<b>499,600</b>
Preferential Land:	0	0		

**Transfer Information**

Seller: AMATO JOSEPH E      Date: 07/29/2015      Price: \$500,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /16352/ 00412      Deed2:  
 Seller: AMATO JOSEPH E      Date: 08/21/1995      Price: \$106,000  
 Type: ARMS LENGTH IMPROVED      Deed1: /03544/ 00606      Deed2:  
 Seller: AMATO JOSEPH EMANUEL      Date: 06/29/1993      Price: \$0  
 Type: NON-ARMS LENGTH OTHER      Deed1: /02905/ 00552      Deed2:

**Exemption Information**

Partial Exempt Assessments:	Class	07/01/2023	07/01/2024
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: N

**Homestead Application Information**

Homestead Application Status: Denied 03/30/2015

**Homeowners' Tax Credit Application Information**

Homeowners' Tax Credit Application Status: No Application      Date:

3/5/76 - final approval J.S.

# PERMIT

P. 22828

A. 13388

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

**INDEXED**

DISTRICT 3rd

DATE 2/18/76

Jim Brittingham IS PERMITTED TO INSTALL X ALTER

ADDRESS 3004 N. Rogers Avenue, Ellicott City, Md. PHONE 461-1870

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Kingston ROAD Triadelphia Road LOT 5, Blk. B, Sec. 2

PROPERTY OWNER James W. King, Sr.

ADDRESS 304 Freetown Road, Simpsonville, Md.

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 360 sq. ft. absorbent sidewall area below the first <sup>3 1/2</sup> ft. of non absorbent ground. Maximum depth permitted for dry well is 11 1/2 ft. below original grade. Place dry well 16 1/2 ft. from front lot line and 24 ft. from <sup>sketch</sup> right side line as seen when facing lot from Conchita Drive. Place dry well 30 ft behind house and 60 ft from right property line as seen when facing lot from Conchita Drive.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

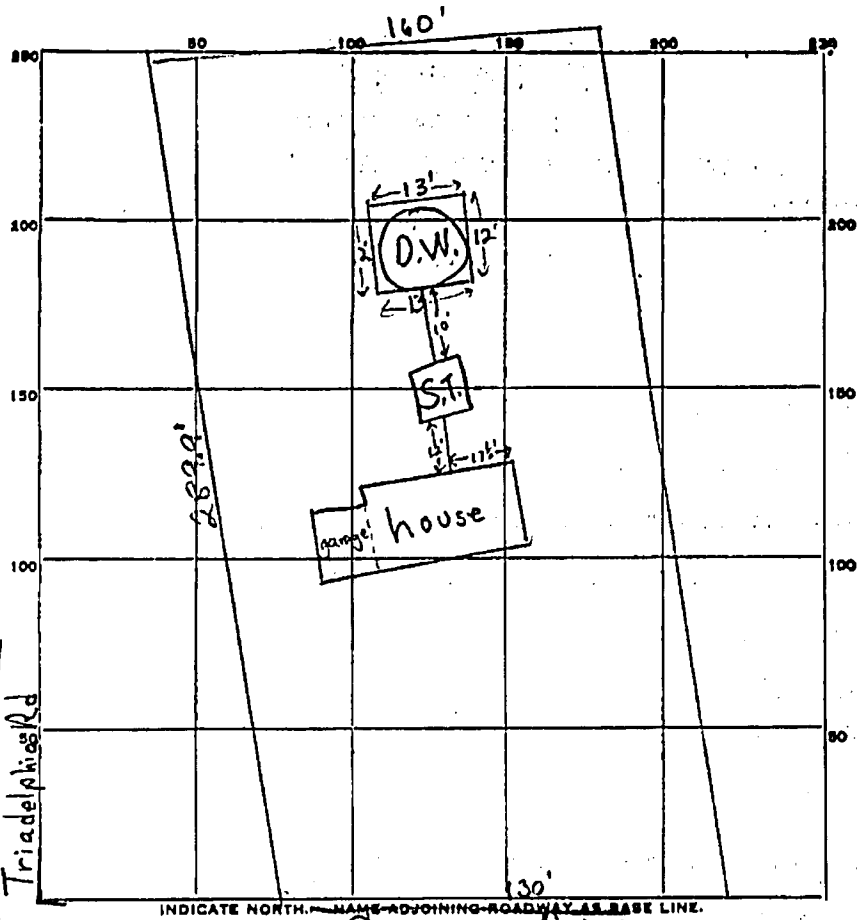
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Donald W. Monaghan DATE 12/21/72

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A/3388



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD  Signal final, cover all work S. T. | D.W.

SEPTIC TANK, LEVEL  CLEANOUTS O.K. | O.K.

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, <sup>OUTSIDE PERIMETER</sup> 50 FT. <sub>INSIDE DIAMETER</sub> DEPTH BELOW INLET 8 FT.

ABSORBENT AREA ±400 SQ. FT.

REMARKS 3/5/76 Drywell placed in areas specified F.P.S.

DATE SYSTEM APPROVED 3/5/76 INSPECTOR Frank Skinner

# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 12-8-67

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER James W. King, Sr.

ADDRESS 304 Freetown Road PHONE 286-2757

PROPERTY LOCATION:

SUBDIVISION Kingston LOT NO. 5 Block 2

ROAD AND DESCRIPTION Triadelphia Road

Glenelg, Maryland

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 1 Acre (280' x 160') TYPE BLDG. 3 NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT James W. King, Sr. /s/

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

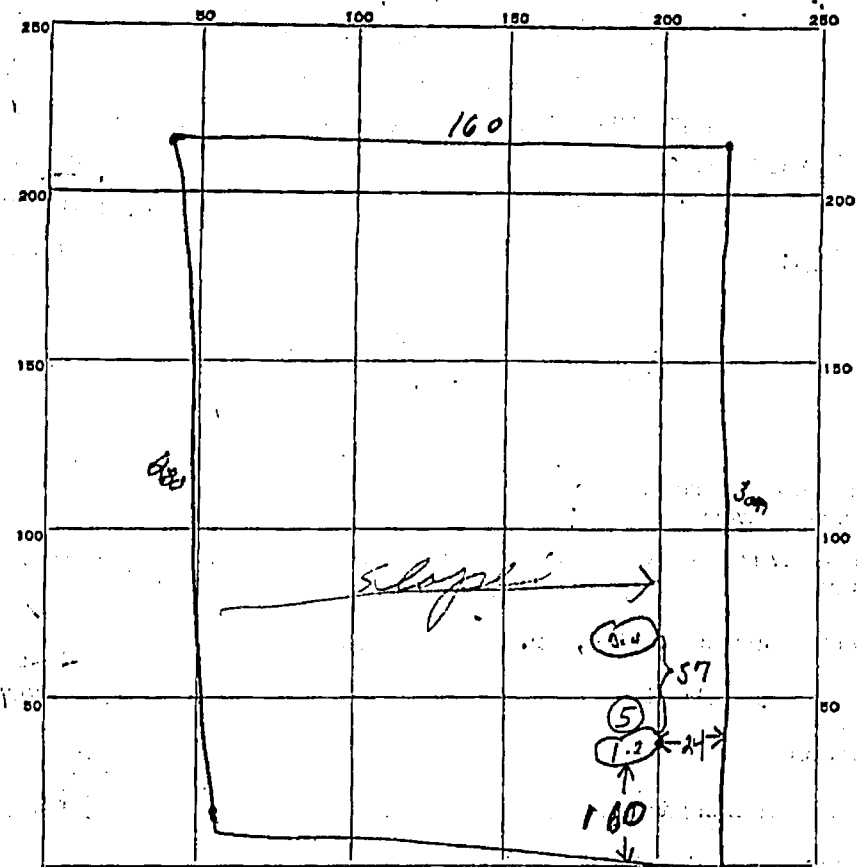
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

81  
11  
102



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Road.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/4/8	1	5 ft	3 02	3 04	3 04	3 09	5 min
	2	11 ft	3 04	3 08	3 06	3 11	5 min
	3	5 ft	3 21	3 24	3 24	3 30	6 min
	4	11 ft	3 21	3 23	3 23	3 27	4 min
12/16/73	5	13	TOP DRY	3 FT LAYERS SANDY			

5 min  
5 min  
6 min  
4 min

SOIL AUGER FINDING

TESTED BY DWM R178H2 12/16/73 Vernon Wallace

REMARKS

Lot 5

*Re-test*  
*3/4/76*  
*9:30*

# APPLICATION

*A13388*

A 22897

P \_\_\_\_\_

## 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

DISTRICT 3

DATE 3/3/76

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 James W. King, Sr.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### PROPERTY LOCATION:

SUBDIVISION Kingston LOT NO. 5, Blk. B

Sec. 2

ROAD AND DESCRIPTION Triadelphia Road

SIZE OF LOT 1 acre TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_ (Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ Floyd Grayson

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

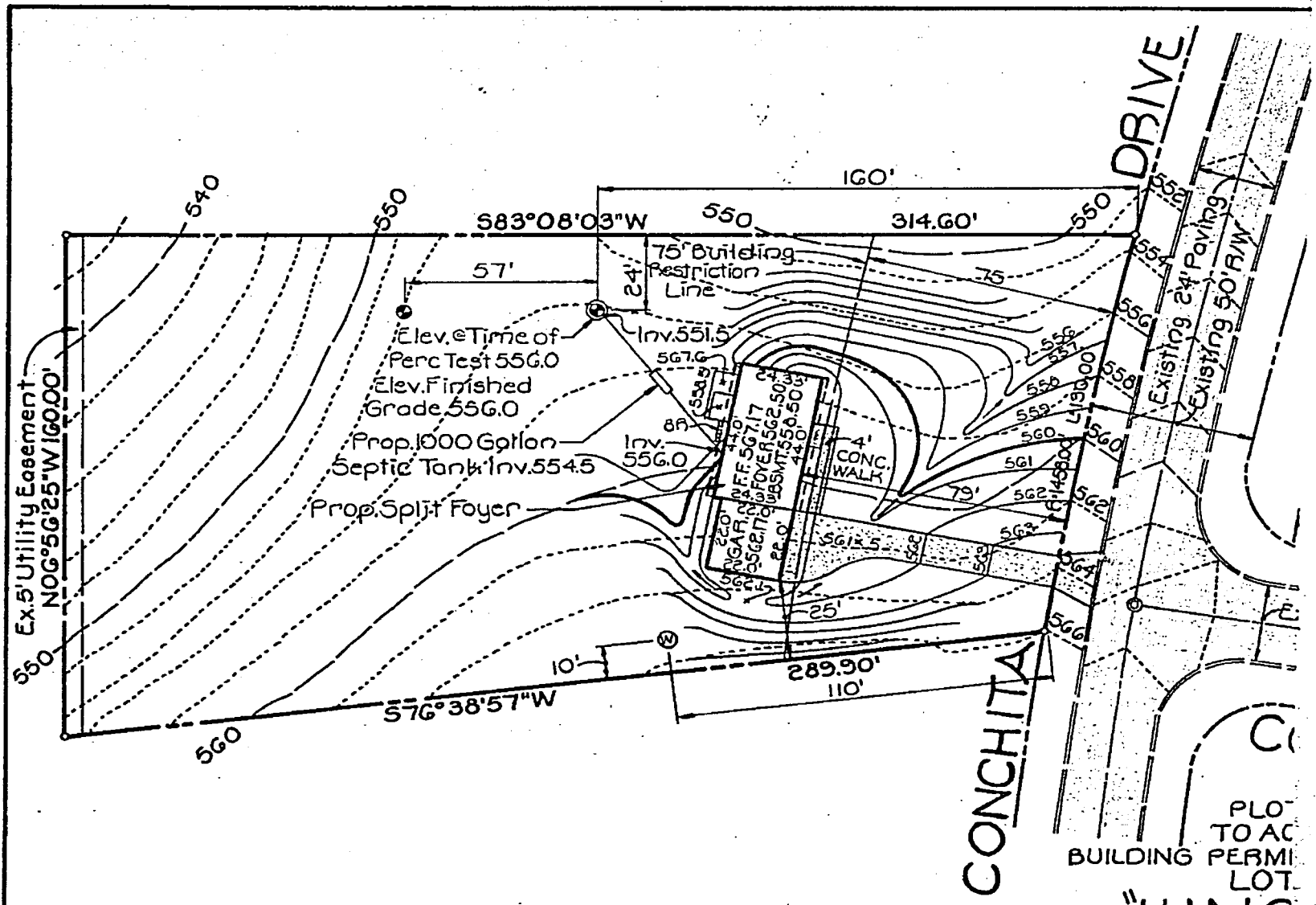
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



A13388



BUILDER  
**GRAYSON HOMES**

⊙ Denotes location of Field Percolation Tests

PLAT TO AC  
BUILDING PERMIT  
LOT  
"KING"  
SECTION  
3RD ELECTION DISTRICT  
DECEMBER 22, 1975

SEQUENCE NO. (WRA USE ONLY)  
**0345**

1 2 3 (SEQ. NO.) 0  
 (THIS NUMBER IS TO BE PUNCHED IN CTS. 3-8 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 **A13386**

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED **3/11/76**

DEPTH OF WELL **300**

PERMIT NO. FROM "PERMIT TO DRILL WELL" **P-11-13-11-13**

DRILLERS IDENTIFICATION NO. **209**

OWNER **GRAVSON** **Floyd**

STREET OR RFD. **9561 Longlook Lane** POST OFFICE **Columbia, Maryland 21043**

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	
Mica Sand	0	10	
Mica Rock	10	300	X

**GROUTING RECORD** YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  C M BENTONITE CLAY  B C

NO. OF BAGS **17** NO. OF POUNDS **1620**

GALLONS OF WATER **170**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **0** FT. TO **11** FT.

**CASING RECORD**

(INSERT APPROPRIATE CODE BELOW)

STEEL  S T CONCRETE  C O  
 PLASTIC  P L OTHER  O T

MAIN CASING TYPE  S  T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **11**

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

(INSERT APPROPRIATE CODE BELOW)

STEEL  S T BRASS OR BRONZE  B R OPEN HOLE  H O  
 PLASTIC  P L OTHER  O T

**SCREEN**

DEPTH (NEAREST WHOLE FOOT) FROM **11** TO **300**

DIAMETER OF SCREEN **50** (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL 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) **?**

METHOD USED TO MEASURE PUMPING RATE **T.M.P.**

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **50** (NEAREST FOOT)

WHEN PUMPING **290** (NEAREST FOOT)

TYPE OF PUMPED 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) \_\_\_\_\_

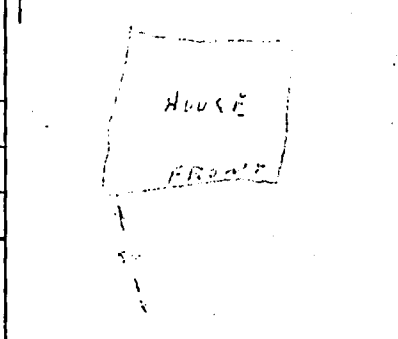
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**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

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 **Howard Dillon**

(PLEASE PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_