

8/10/00
WPT + Septic
anytime
8/16/00
WPT + Septic
10:00
12/8/00
Pump
Test

03-317315

PERMIT

P 514175

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

A 38134

ISSUE DATE 8/7/00

APPROVAL DATE 12/11/00

INDEXED

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Meadowood II LOT NUMBER 62 ADDRESS 1328 Crows Foot Road

PROPERTY OWNER Mark Roper PROPERTY OWNER'S ADDRESS 7820 Old Farm Lane

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD

PUMP CHAMBER CAPACITY 1250 GALLONS

***** PUMP SYSTEM ONLY *****
***** TOP SEAMED SEPTIC TANK AND PUMP CHAMBER REQUIRED *****

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting at the intersection of the 257.03' lot line and the 400.67' lot line,
place the distribution box 25 feet down the 400.67' lot line and 30 feet off the same lot
line as seen when facing the lot from Crows Foot Road. Run trenches along contour in
both directions. 6/19/00 OR RL

PLANS APPROVED Amy McMillen -DATE 5/10/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

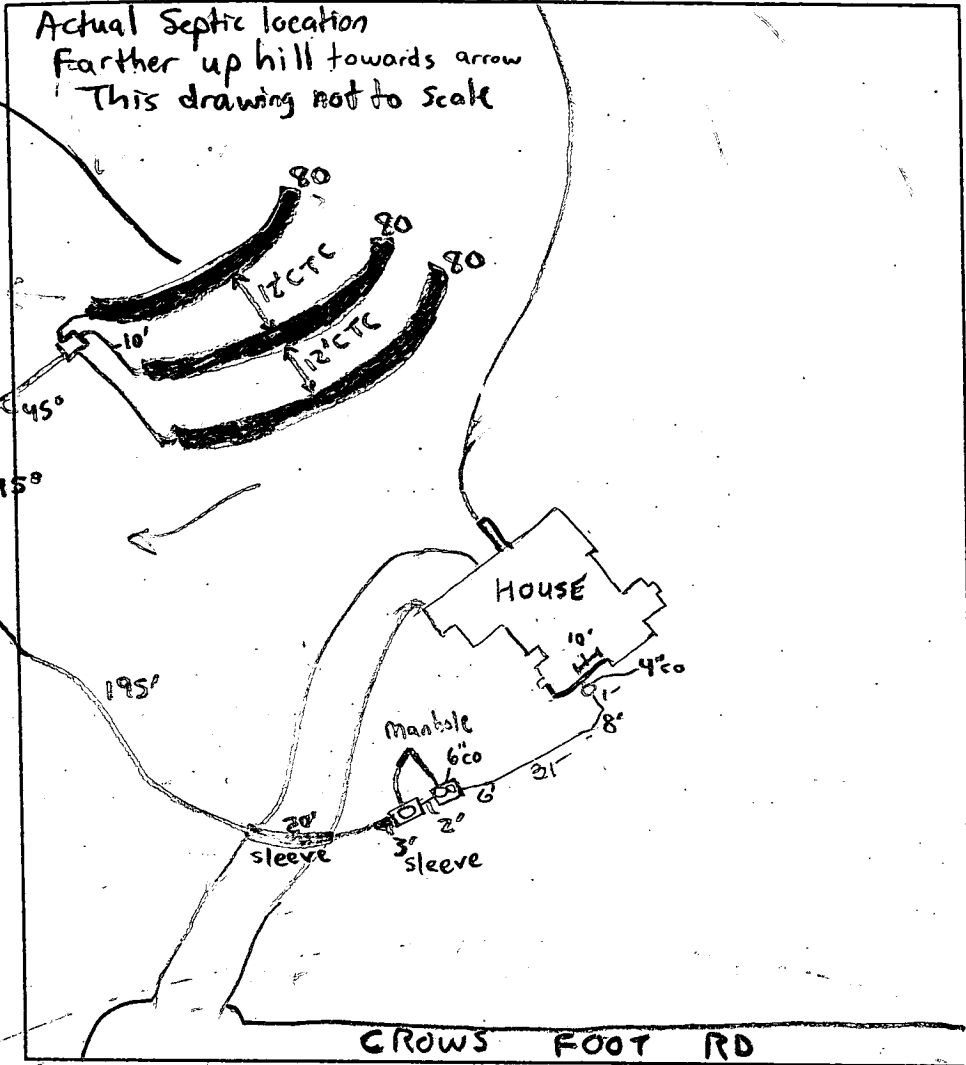
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

PERMITS DIVISION
AND RETURNED 11/9/00
Deck B00127368
COUNCIL PERMIT SIGNER
AND RETURNED 10/24/00
B00126986 Proprietary Tank

A 38134

NOT TO SCALE

Actual Septic location
Farther up hill towards arrow
This drawing not to scale



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 ^{TOPSEAM} GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT
 4 INCH AT HOUSE

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 ^{TOPSEAM}
 MANHOLE RISER
 ALARM
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: N/A

INSPECTION COMMENTS: 8/10/00 OK to cover from house to pump chamber. OK to continue work. SDA corners are staked. Installer to sleeve pump line under drive @ 8/16/00 - OK TO COVER ALL WORK, PUMP TEST NEEDED (SRK)

12/9/00 Pump test OK All

INSPECTOR Amy McMill

DATE SYSTEM APPROVED 12/11/00

**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: J. Jos. Gartland, Inc. Telephone #: 410-875-2400
Address: 1835 W. Old Liberty Rd.
Westminster, Md. 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Eric J. Gartland, Sr. License# 9549

*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: Mark Raper Telephone #: 301-937-0580
Subdivision: Meadowood Lot #: 62 Well Tag #: HO-92-0447
Site Address: 1328 Crows Foot Rd.
Marriottsville, Md. 21104

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Harvard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7SB07422</u>	Model #: <u>PT800</u>	Screened, vented well cap: <input type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>280</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6 FT</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

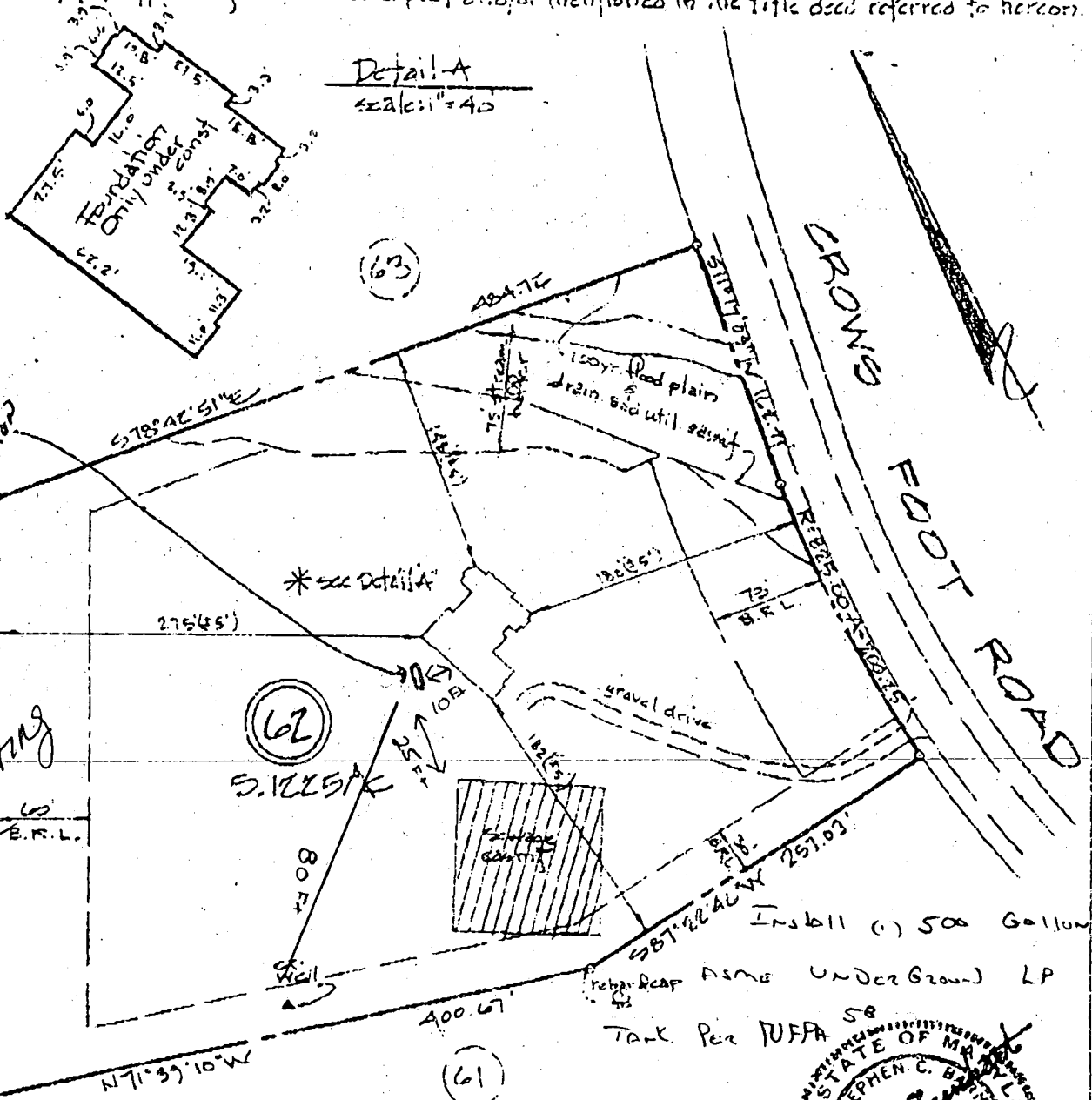
[Signature] 11/17/00
Signature of company representative responsible for installation date

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

Date Insp. Requested: 8/16/00 Date Insp. Approved: 8/16/00 *per SRK*

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

The purpose of this plat is to show the locations of the improvements on the property. We assume no responsibility or liability for any rights-of-way or easements, recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

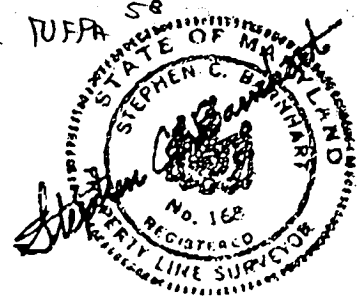


10/24/00
Shown propose
drain location
will have no
impact on septi-
well or septi-
tank
AK

Detail A
scale: 1" = 40'

(62)
S. 122.5' x 80' F.

Location Drawing of
LOT 62 Sect. Two Area Three
Lot 51-65 Sheet 2 of 3
MEADOWOOD Plat # 10210
3rd election district Howard Co. Md



Prepared by:
STEPHEN C. BARNHART P.E. S. #162
Surveying & land planning
P.O. Box 244
Finksburg, Maryland 21048
(410) 861-8730

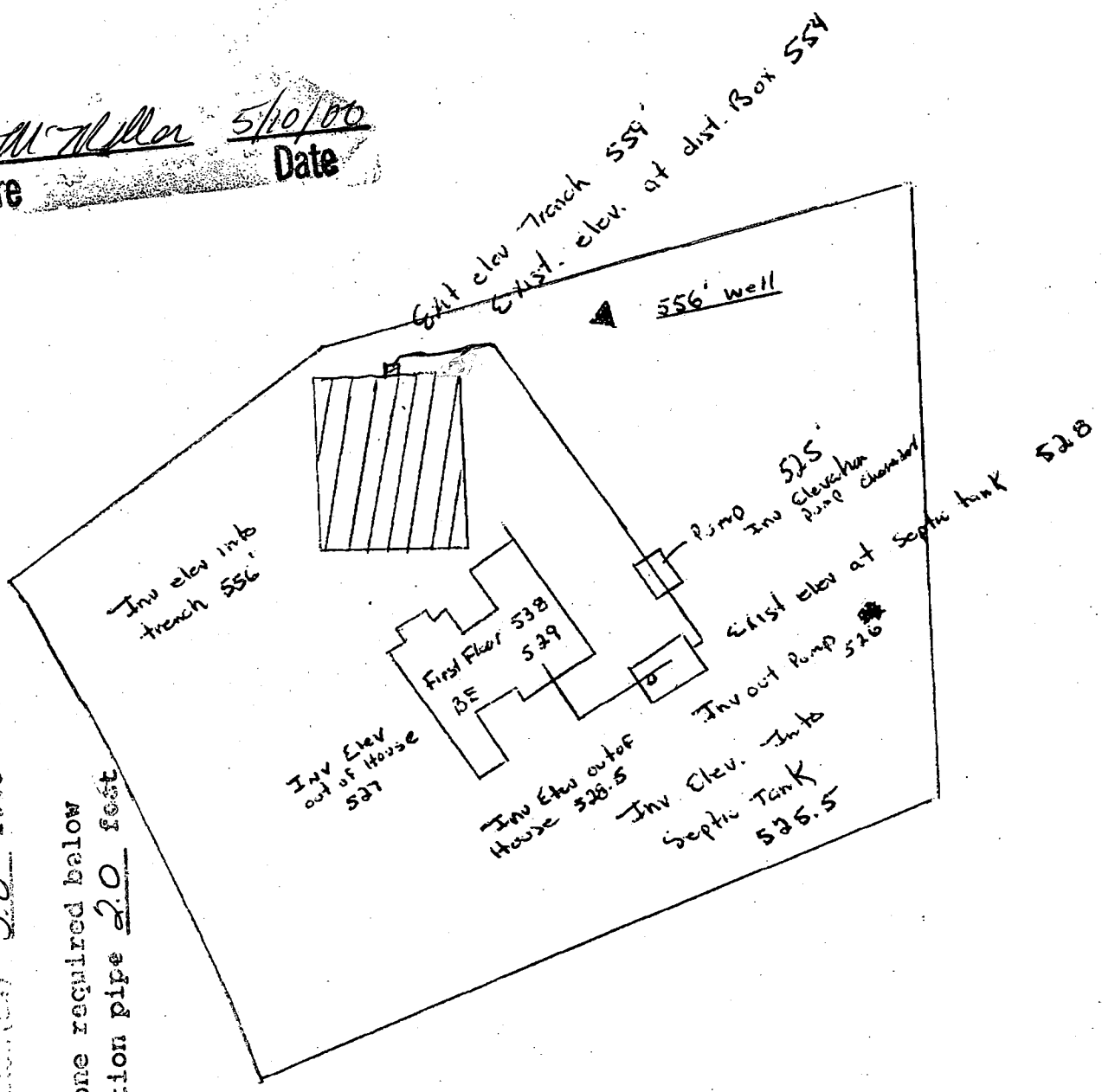
A statement of minimum advice and/or flood hazard zone certification is an integral part of the plat and is to be found on the affixed page 2.

To: Amy

Approved Septic System Plan Howard County Health Department

Amy M Miller 5/10/00
Signature Date

Total linear feet of trench required 270 feet
Width of trench (in) 30 feet
Depth of trench (in) 5.0 feet
Depth of stone required below distribution pipe 2.0 feet



I certify that the above measurements are actual and correct for this property

Chris Nelson

APPLICATION

PERCOLATION TESTING

A 38134
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 11/28/84

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 Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood Sec. 2 AREA 3 LOT NO. 27 LOT 62

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
1328 CROWS FOOT RD. (Howard County, Maryland)

**BLDG. PERMIT DENIED
AND RETURNED 5/10/2008**

TAX MAP 10 PARCEL # 139 B00123630

SIZE OF LOT 3+ Acres TYPE BLDG. Single Family - 4 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mike Sedg
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

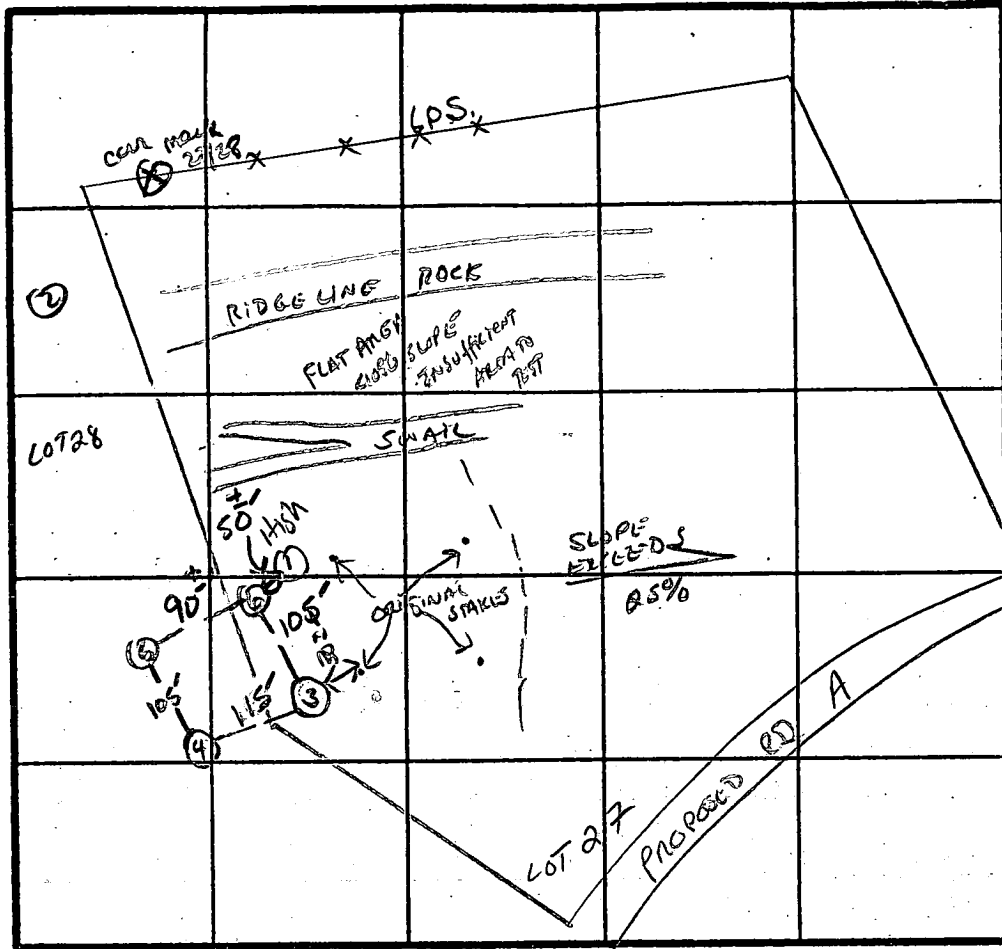
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC. SATISFACTORY; PERC holes on lot 27028 hold for Subdivision
PLAT. 5/10/84

THIS IS NOT A PERMIT

27/62



SOIL PROFILE
 4" A1-3
 yellow bk. w/ variegated red silty loam <9% clay
 2.5' yellow bk. w/ variegated silt loam 20-35% fragments
 9-9.5'

2 PERC
 2 min
 180φ/BK
 INLET 3'
 BOTTOM 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/14/87	1V	8'7"	SOLID BOTTOM - STRUCTURED AT 7'					
	2V	7.5'	SOLID BOTTOM - HOLE ON LOWER END OF LOT 28					
	3V	3'	2:09	2:10	2:10	2:12	2 min	
	3V	9'8"	SOLID BOTTOM					
	4V	9'	UNIFORM SOIL Below 2.5'					
	5V	4.5'	TESTED IN BUFFER ZONE					
	5V	10'	UNIFORM SOIL Below 2.5'					
	6V	3'	2:40	2:41	2:41	2:42	1 min	
	6V	9'	UNIFORM SOIL below 3.0'					

REMARKS Perc Holes 3-6 on BOTH LOT 27+28 will require LOT LINE changes; Shallow Syst. only
 TYPE OF SOIL Glenelg / Chester
 TESTED BY S. Abel
 ALSO PRESENT Ron, Miller, Rocky

EH-12-1079

10/21/94

APPLICATION

PERCOLATION TESTING

A 50322

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*Percolation OK
RELOCATION OF
SEPTIC TANK*

DISTRICT _____

DATE 10/7/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MARK R + JULIE A. RADEK
Spring Hill Assoc (Ed Weston)

ADDRESS 1423 Rt. 32 Sykesville 21784 PHONE 442-5552

AGENT OR PROSPECTIVE BUYER ERIC & BO Samuelson

ADDRESS 2556 Ashbrook Dr. Ellicott City 21042 PHONE 410-250-1115

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. # 62

ROAD AND DESCRIPTION 1328 Crows Foot Rd.

**BLDG. PERMIT SIGNED
AND RETURNED 12/98**
*Serial # B10115794
SFD-4Bm*

TAX MAP 10 PARCEL # 312

SIZE OF LOT 5.12 acres TYPE BLDG. Home SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Bo Samuelson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING RE-PERC ATTEMPT FAILS FOR ROCK & CLAY MR
10/21/94

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

br
sac l
1m

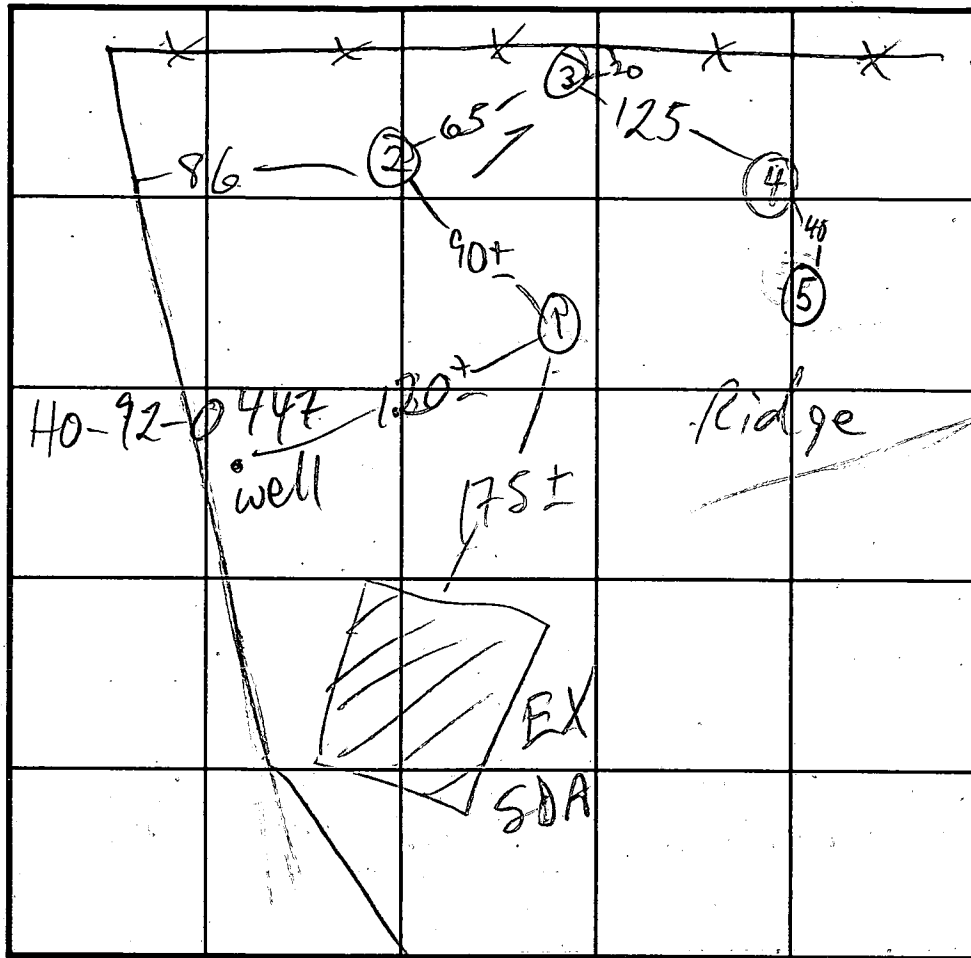
4'

tan
sa l
1m
15%
Frags

10'

tan sa l
1m
25% Frags

11'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/21/94	1 V	6	ALL	CLAY			1
	2 V	11 1/2	OK	NOT	TESTED		
	3 V	7	ALL	CLAY			
	4 V	5'9"	ROCK	REFUSAL			
	5 V	3	ROCK	REFUSAL			

REMARKS RE-PERC ATTEMPT FAILS, EX. SDA STANDS

TYPE OF SOIL

TESTED BY M. Ripkin ALSO PRESENT buyer, Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

N 31°35'39"E 910.99

398.27

153.33

359.40

100 YEAR FLOODPLAIN

LOT 61
4.100 Ac.

LOT 62
3.223 Ac.

LOT 60
3.223 Ac.

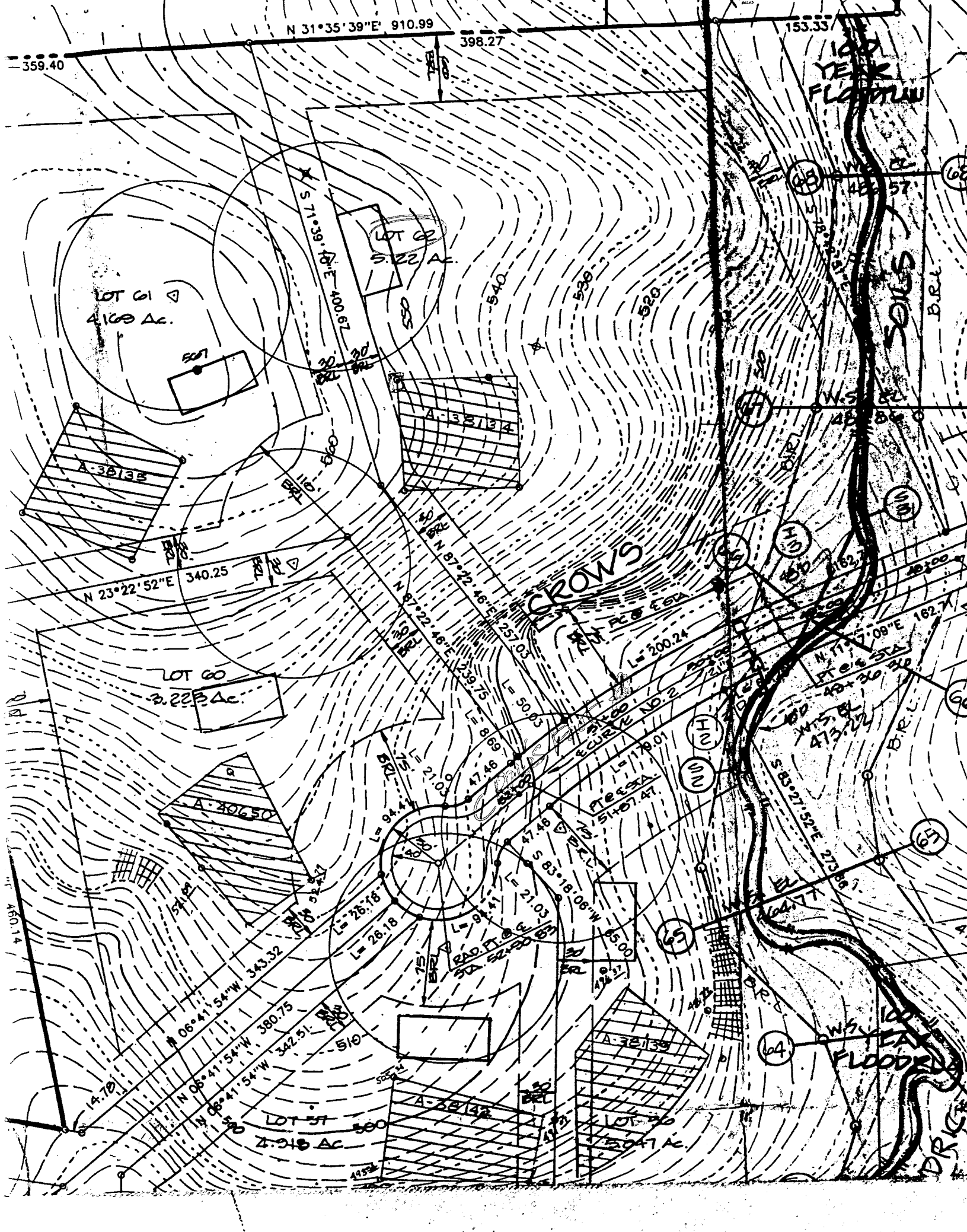
LOT 57
2.918 Ac.

LOT 56
3.504 Ac.

CROWS

100 YEAR FLOODPLAIN

DRIVE



C1 0528

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

A# 38134

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

06 27 94

Depth of Well

22 000 26 (TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HA-92-0447

OWNER: SPRING HILL ASSOC last name: CRAWFORD first name: TOWN: CYRUSVILLE SUBDIVISION: MEADOWS SECTION: 3 LOT: 62

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, brown shale, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft. (enter 0 if from surface)

CASING RECORD

circle types insert appropriate code below: ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

ST 6 42

Table for OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below: ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

Table for SCREEN RECORD with columns for depth (nearest ft.) and screen type.

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

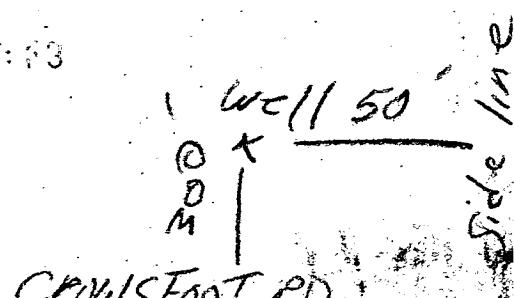
PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED, etc.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, etc.

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 **05488** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

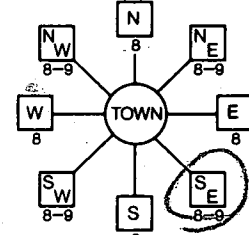

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-92-0447
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) [] [] [] [] [] []
 15 Last Name **SPRINGHILL** 34 Owner **ASKOC** First Name
 36 Street or RFD **1432 RT 32** 65
 57 Town **SYKESVILLE** 70 State **MD** 72 Zip **21784** 76

B 3 LOCATION OF WELL
 1 2 **HOWARD** [] [] [] [] [] []
 8 COUNTY
 23 SUBDIVISION **1432 RT 32** 42
 SECTION **2** 44 46 LOT **62** 48 50
SYKESVILLE 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **3** 73 [] [] [] [] M I 76 77 78

DRILLER INFORMATION
 George F. Easterday 40 [] [] [] []
 Driller's Name 77 License No. 80
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 George F. Easterday
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **CROWS FOOT RD** 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **300** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** [] [] [] [] [] []
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** [] [] [] [] [] [] [] [] [] []
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **H 38134**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S [] 41
 DATE ISSUED **083193** *Charles R. ...* 8/31/94
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **540000** EAST GRID **0018000**
 50 55 57 63

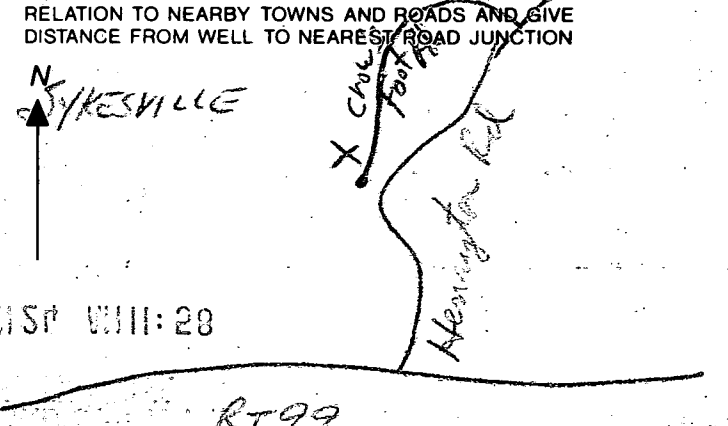
APPROXIMATE DEPTH OF WELL **200** [] [] [] [] FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well 115
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **810** 8
 N **540** 9
 000 000
 20/27/94 10:30 grove
 No insp.
 8/6/94
 8:00 grove
 42' casing
 40' open hole
 10 bags cement
 location OK
 tag checked
 DRS

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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] [] [] 52

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

 RT99

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER [] [] [] [] GAP [] [] [] [] 54 63
 FORCE WRITE INITIALS IN BOX PERMIT No. **H0-92-0447**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

DOWLEY
L. 1242 / V. 270

LIMIT OF SUBMISSION

N 31°35'39"E 910.99

S 51°59'05"E 24.48

359.40

398.27

153.33

100 YEAR
FLOODPLAIN

LOT G1
4.100 Ac.

LOT G2
5.22 Ac.

ALIAH
L. 1002 / V. 1004

S 88°14'56"E 489.48

S 71°39'40"E 400.67

N 23°22'52"E 340.25

LOT G0
2.223 Ac.

N 87°22'46"E 239.72

CROWS

L 200.24

N 11°05'E 18

SOILS

B.R.L.

N 51°59'05"E 24.48

450

462.77

481.60

485

485

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