

10/19/98 AM
7:00
10/20/98 AM
11/23/98
12:00

10/19/98 needs pump test (KM)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-317250

P 58131

A 38139

DISTRICT 3rd

DATE 5/5/97

DATE SYSTEM APPROVED 11/23/98

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

INDEXED

Will Hopkins

IS PERMITTED TO INSTALL X ALTER

ADDRESS C/O Barnard Const. 1612 Brittle Branch Way PHONE 301-831-5788
21797

SUBDIVISION Meadowood, Section II LOT 56 ROAD 1331 Crows Foot

PROPERTY OWNER Joe & Stephanie Tauber

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK
NUMBER OF BEDROOMS 4
180 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM REQUIRED
INSTALL: 1000 Gallon Top Seamed Pump Chamber
NOTES:- Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump Performance test is necessary prior to Health department approval of pump septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 65.00' and the 668.39' lot lines, place the distribution box 85 feet down the 668.39' lot line and 10 feet off this same lot line. Run trenches along contour towards Crows Foot Road.

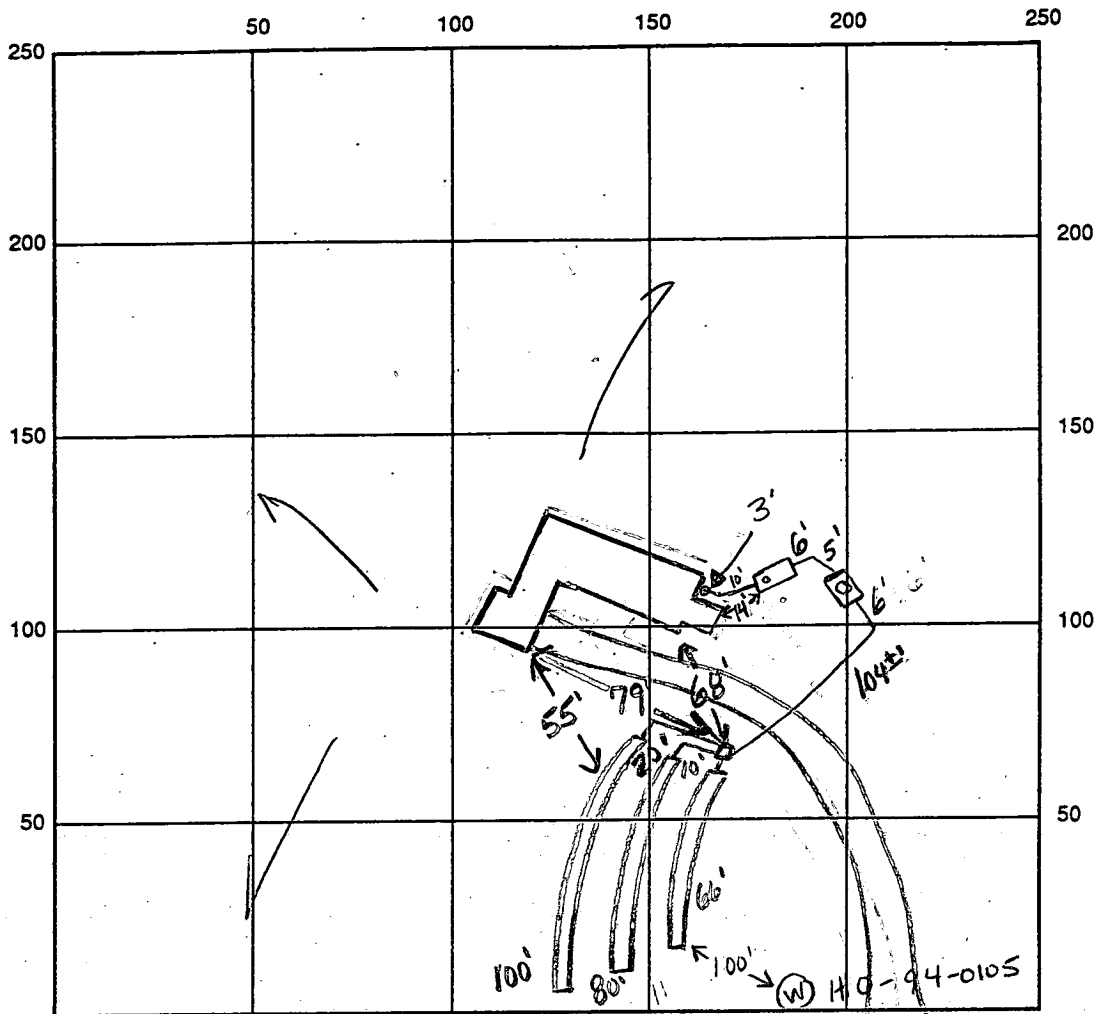
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/18/98 OK AM

PLANS APPROVED BY Donna K. Soe DATE 5/07/98

- 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
38139



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Crows Foot Rd

SEPTIC TANK LEVEL 1000 gallons top seamed pump chamber
1500 gallons top seamed CLEANOUTS at house, 1 on tank, manhole on pump tank

DISTRIBUTION BOX LEVEL ok, baffle in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 246 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/19/98 WPI ok to cover, P.A. 3.5' below grade, casing 6" above grade, has 2 piece cap casing needs to be raised by final grading, well line steered along septic easement and into house (KM)

10/19/98 (am) ok to cover trenches and continue (KM)

10/19/98 (pm) ok to cover all work, needs pump test (KM)

11/23/98 FINAL INSP - pump check OK. DCS

DATE SYSTEM APPROVED 11/23/98

INSPECTOR [Signature]

APPLICATION

5/3/97
10:00

PERCOLATION TESTING

16% TEST
CANCELED
FEE CREDITED AS
SEPTIC PERMIT
CANCELL
A 58131
P _____

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

PREVIEW OK
- INTENT TO ADJUST SEPTIC AND
DOWNSLOPE AS MUCH AS POSSIBLE
TO ENHANCE HOUSE SITE
OPTIONS.
- FOLLOWUP FROM RAY DAY, (5/29)
ENGINEER, UPSLOPE ADJUSTMENT
CONTEMPLATED - SAME PURPOSE

DISTRICT _____
DATE 3/5/97

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 Joseph & Stefanie Tauber

ADDRESS 1712 Rollingwood Rd, Catonsville, MD 21228 PHONE 410-744-6880

AGENT OR PROSPECTIVE BUYER RAY DAY - ENG.

ADDRESS _____ PHONE 301-829-2296

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 56

ROAD AND DESCRIPTION 1331 Crows Foot Rd

TAX MAP _____ PARCEL # _____

BLDG PERMIT SIGNED
AND RETURNED 5-7-98
Serial # B19110837

SIZE OF LOT 5 acres TYPE BLDG. SFD - 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. Joseph Ph
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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'

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 38139

P _____

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

DISTRICT _____

DATE 11/28/86

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 LOT NO. 32 56

ROAD AND DESCRIPTION 1429 Rt. 32
~~Henlylon Road~~ - approximately 4000' north of Tunnel Road

Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3⁺ Acres TYPE BLDG. Single Family
(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 Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

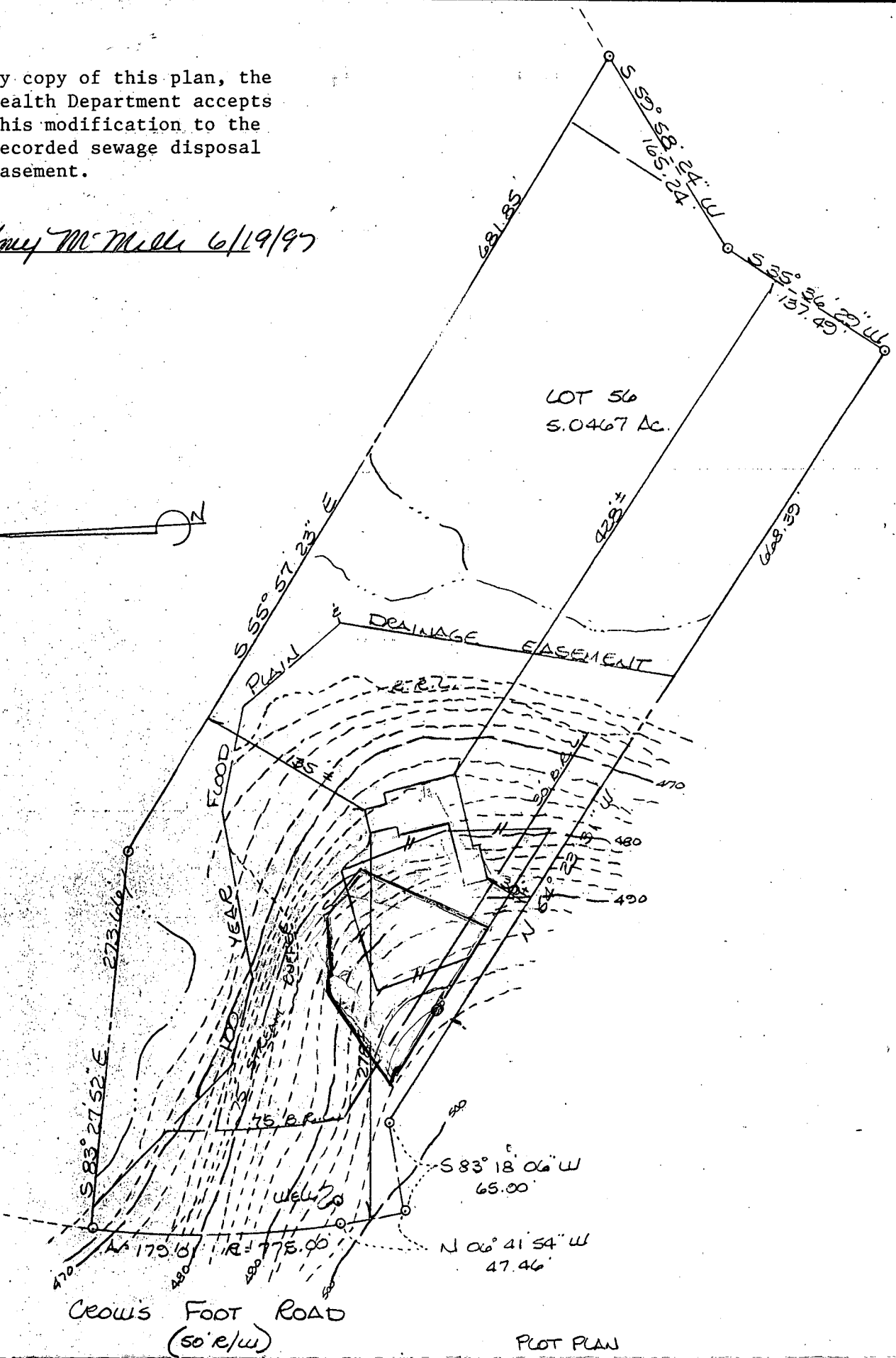
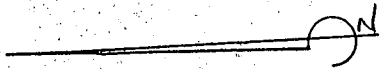
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-16-87 Perc Satisfactory; Hold for Subdivision Plat. S. Plat

THIS IS NOT A PERMIT

By copy of this plan, the Health Department accepts this modification to the recorded sewage disposal easement.

Amy McMillan 6/19/97



PLOT PLAN
 LOT 56, SECTION TWO, AREA THREE
 MEADOWOOD
 SITUATED ON Crows FOOT ROAD
 ELECTION DISTRICT No 3
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' MAY 1997

— H — = EXISTING SEPTIC AREA
 — S — = PROPOSED SEPTIC AREA



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NH NASSAUX - HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND

301-829-2296

21771

N77725

REFERENCE	JOB NO.
PLAT # 10210	97SY 0701

Joseph Tauber
Attorney at Law
207 E. Redwood Street
Suite 700
Baltimore, Maryland 21202

410-685-2216
FAX 410-332-4511

Admitted in: MD, DC, & W.VA

July 1, 1997

Amy L. McMillen
Howard County Health Department
Water and Sewage Program
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

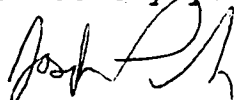
Re: Meadowood Subdivision - Lot 56 Crow's Foot Road

Dear Ms. McMillen:

Thank you very much for your help in relocating our septic area. It has lifted our spirits. Because of your fine work we will not have to do a Percolation Retest. Therefore, I would appreciate it if you would refund our payment in the amount of \$225.00 for the Percolation Retest.

Once again, thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

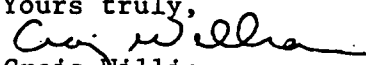
Sincerely yours,


Joseph Tauber

JT/mlw

Dear Mr Tauber: As discussed by telephone, the refund request is difficult to honor, but we would be happy to credit the fee paid toward the upcoming septic permit fee for this property. Please present a copy of this letter and/or the attached receipt for proper credit at time of application for septic system installation permit.

8/1/97

Yours truly,

Craig Williams
Water and Sewerage Program Director

HOW CO HEALTH DEPT
RECEIPT
#58131

enc.



HOWARD COUNTY HEALTH DEPARTMENT

AS-8131

DATE 5/13/97

Received From: Josephine Stefanie Tauber
1912 KRAMER ROAD BALTIMORE MD 21228

For: Percolation Application - SEPTIC PERMIT PER OWNERS REQUEST, ACCEPTED AS PAYMENT IN FULL
Meadowood - Lot 56 (Retest)
Crows Foot Road
Two hundred twenty five and 00/100 (CW) Dollars

CASH
 CHECK
NO. 3683

\$ 225.00

Received By: W. Gene Clum

SCHEDULE OF EVENTS - EXACT DATES ARE UNCERTAIN

May 6, 1997 Mr. & Mrs. Tauber present a proposed sewage easement adjustment which would move the easement farther back on the lot. Craig Williams schedules a percolation test date for Tuesday, June 3, 1997.

Prior to test date, Mr. Tauber request a meeting to discuss an adjustment to the sewage easement other than what had previously been proposed.

A meeting was held with Mr. Tauber and Amy Mc Millen. Mr. Tauber decided he wanted to place his house at the back of the lot and move the septic easement toward to front of the house. Because there were previously approved test holes at the front of the lot, I told Mr. Tauber I may be able to adjust the septic easement without percolation testing. I told him to make a proposal.

A proposal was submitted. Because of the uncertainty with respect to greater than 25% slopes, a site inspection was scheduled. Mr. Tauber was to meet me on-site. At 3:00 I arrived at the site and waited for 1/2 an hour, Mr. Tauber never showed.

June 4, 1997 Another site inspection was scheduled for this date where I was to meet Mrs. Tauber. A site inspection was conducted and the final approved adjustment was resolved on this date.

June 16, 1997 A revised septic easement plat was received and approved by ALM.

JULY 1 - REQUEST FOR REFUND OF PERC FEES FROM TAUBER

JULY 7 - ALM MEMO - MINOR ADDITIONAL REVISION TO TO ADJUSTED EASEMENT - WAS TOO CLOSE TO STREAM.

AUG 1, 1997 CW ATTACHMENT
ADDENDUM TO
TAUBER REFUND REQUEST,
AGREEING TO CREDIT TOWN'S
SEPTIC PERMIT FEE.

7/14/97
A. McMillen



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 7, 1996

MEMORANDUM

TO: Joseph Tauber
207 E. Redwood Street
Suite 700
Baltimore, Maryland 21202

FROM: Amy Mc Millen, R.S.
Howard County Water & Sewerage Program *AM*

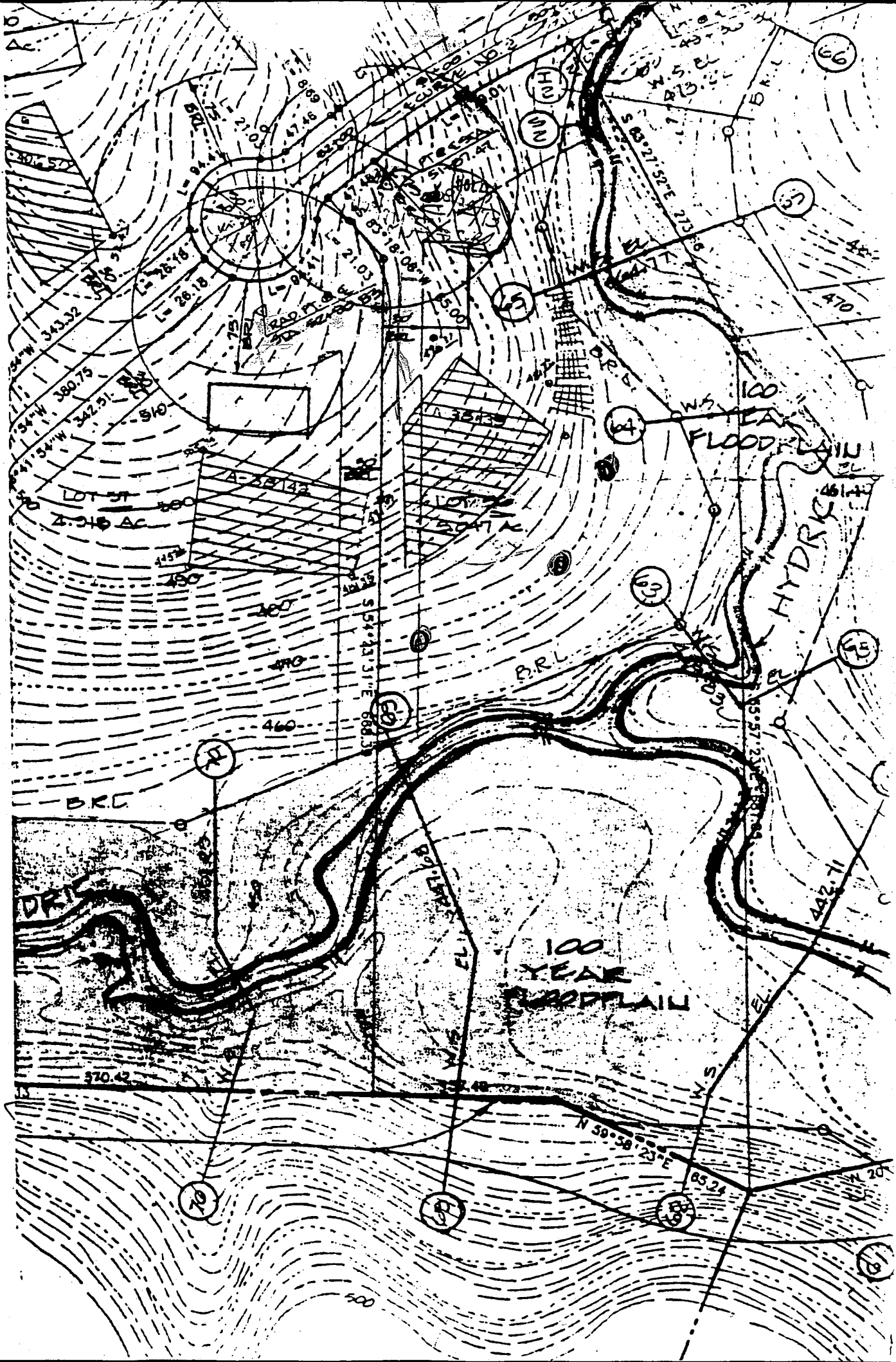
RE: Meadowood Subdivision - Lot 56, Sec. 3
Revision to recorded septic easement

On or about July 7, 1997, it was noticed that I had approved the relocation of your septic easement too close to a stream. COMAR 26.04.02.04 requires a minimum horizontal separation of 100 feet from sewage reserve easements to water bodies not serving as potable water supplies. For this reason, I have slightly adjusted your septic easement to meet these requirements.

In the several conversation I have had with both you and your wife, it appears that the sewage disposal easement adjustment will not alter or impact your intended use of the property. In addition, your desired house site was not affected. I trust you are not inconvenienced by this correction. If no further response is received from you on this matter, our records will reflect that the adjustment has been accepted.

AM:am
Enclosure

PROPOSED PERC PLAN - A58131



C1 0523

SEQUENCE NO. (DENY 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

38157

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26 (TO NEAREST FOOT)

28 37

OWNER STREET OR RFD last name first name TOWN SUBDIVISION SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy Clay, Sand Stone, Mica, Sand Stone, and Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

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 BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) H 0 2 3 4 0 0

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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

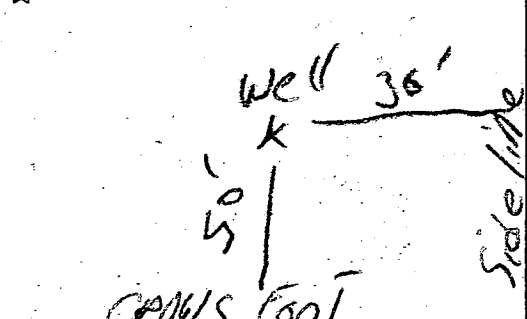
PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

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)



10/19/98
WPT - (see information on
septic permit sheet)
KMS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number 8300
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Joe Tauber
Subdivision Meadowoods Lot # 56
Site Address 1331 Crowsfoot Rd.

Telephone _____
Well Tag # _____

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes _____ No
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make yes
- 2. Model # _____
- 3. Depth _____

Tank

- 1. Capacity 52
- 2. Pressure relief valve? yes

Piping

- 1. Type 160psi
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 42'

Well data

- 1. Depth 400 ft.
- 2. Yield 12 GPM
- 3. Static water level 31 ft.
- 4. Will water supply be disinfected by installer? no

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Karl Hinkel

Date: 9-23-98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

B 1 054

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type.

STATE PERMIT NUMBER

NA-94-0105
fill in this form completely

Date Received (APA)

062493

OWNER INFORMATION

SPRINGHILL ARSO

1432 RF 32

SYKESVILLE MD 21784

B 3

LOCATION OF WELL

HOWARD

MEADOWOOD

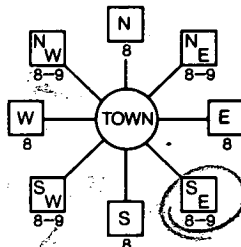
SECTION 2 LOT 56

SYKESVILLE

MILES FROM TOWN (enter 0 if in town) 3 MI

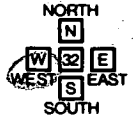
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CROWN POINT RD.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 30 FT

DRILLER INFORMATION

George F. Easterday 40

L. Franklin Easterday, Inc. 77 License No. 80

9265 Brown Church Rd., Mt. Airy, Md. 21771

Signature: George F. Easterday

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 A-38139

STATE SIGNATURE DATE ISSUED

062094 Charles B. Easterday 6/20/95

NORTH GRID 547000 EAST GRID 0818000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- Drive-POINT

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)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE PERMIT No. NA-94-0105

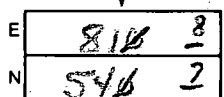
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

