

05-354285

PERMIT

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

P _____

A 38199-W

ISSUE DATE _____

APPROVAL DATE _____

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 12815 Hall Shop Road

PROPERTY OWNER Robert & Grace Howes PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

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

LOCATION: _____

~~OLD PERMIT SIGNED~~

AND RETURNED 6/14/2000

B00124821 Addition--

Kitchen, office, full bath, crawl space

PLANS APPROVED _____ DATE _____

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

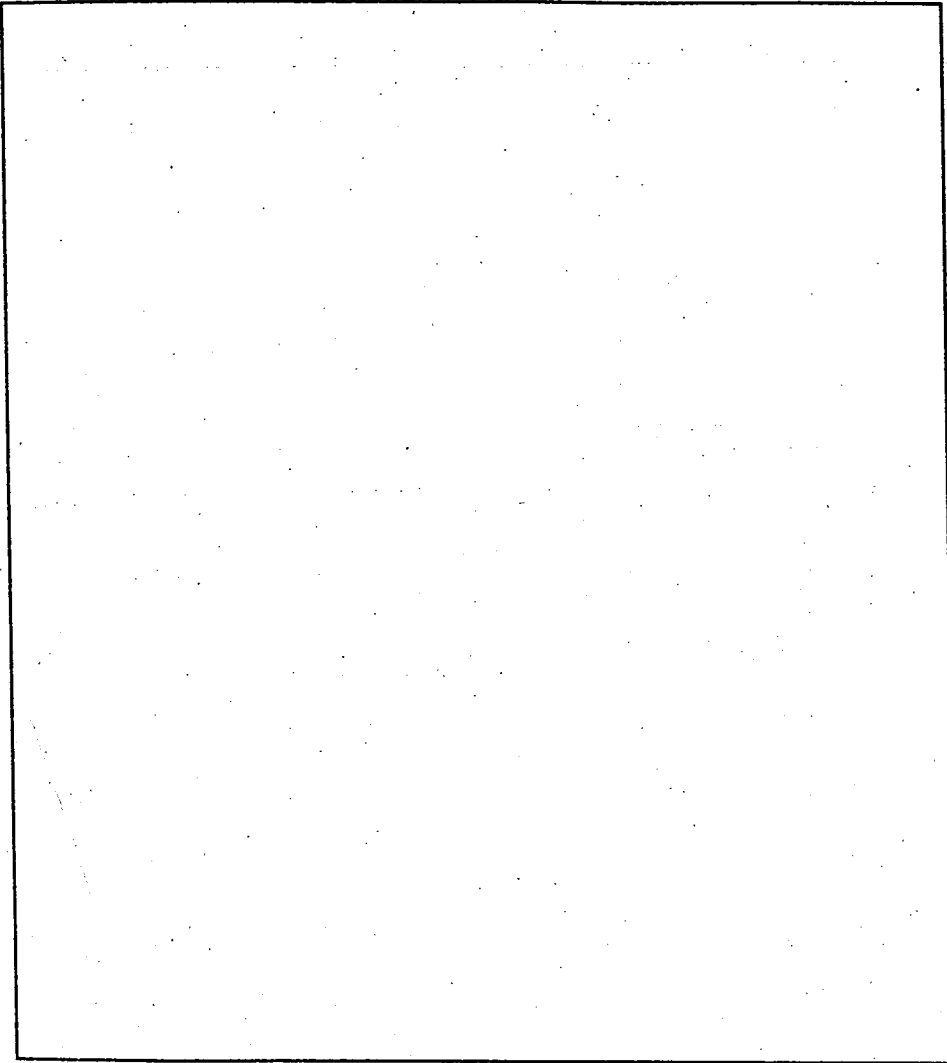
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

38199-W

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

Water Sample Request

On per 11/28 9-12

PROPERTY OWNER ROBERT HOWES DATE OF REQUEST / /
TELEPHONE 854-3725 (SON) NEW WELL NUMBER HO-81-1797
DIRECTIONS OR INSTRUCTIONS Rob-JR will be there

NAME ROBERT HOWES
ADDRESS 12815 HALL SHOP RD.
HIGHLAND

SAMPLE TYPE

INDEXED

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE / /

CONDITION:

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: #38199-u

FIRST SAMPLE COLLECTOR J. MENUSTIK TIME 10:12 AM DATE 04 / 25 / 89

BACTERIA QQ-362, pH 6.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, VOC

CHEMICAL HH-128, LEAD & COPPER , NITRATES , PESTICIDE

ACTION: 5/8/89 Lead II.C.O.P. (Replacement Well)
10/25/89 Follow up letter C.B.D.

RESAMPLE COLLECTOR MENUSTIK DATE 11 / 27 / 89

BACTERIA NP-272, pH 6.64, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 10:46

CHEMICAL , Other

ACTION: 12/04/89 Lead F.C.O.P. C.B.D.

RESAMPLE COLLECTOR DATE / /

BACTERIA , pH , Free Cl⁻ , Res. Cl⁻ , TIME

ACTION:

RESAMPLE COLLECTOR DATE / /

BACTERIA , pH , Free Cl⁻ , Res. Cl⁻ , TIME

ACTION:

38199-u

C1 3737

SEQUENCE NO. (OEP 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-32199-W

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1737

OWNER: HOWES ROBERT STREET OR RFD: 1205 HALL SHOP RD TOWN: HIGHLANDS SUBDIVISION: MAP 400.11 P 176 SECTION: LOT: 1

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Clay, Shaley, Sand Stone, Mica, Sandstone, Mica, Flint, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 9, NO. OF POUNDS: 900, GALLONS OF WATER: 45, DEPTH OF GROUT SEAL: from 0 to 24 ft.

CASING RECORD: MAIN CASING TYPE: ST, Nominal diameter: 3, Total depth of main casing: 297 ft.

OTHER CASING (if used): diameter, depth (feet) from to.

SCREEN RECORD: screen type: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with rows 1-3 and columns 8-51. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH).

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

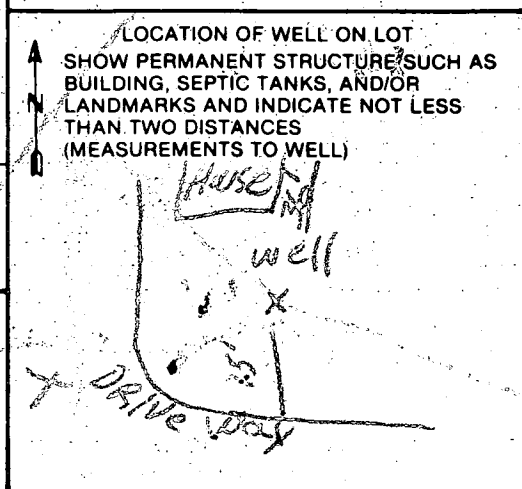
PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 2, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 50, WHEN PUMPING 300, TYPE OF PUMP USED (for test): A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), 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) above/below LAND SURFACE (nearest foot).

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

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).



REGION _____

AREA _____ RATING _____

| ACKNOWLEDGMENT AND CONTROLS | DATE |
|-----------------------------|------|
| | |
| | |
| | |
| | |

Howard County Department of Health
 BUREAU OF ENVIRONMENTAL HEALTH
RECORD OF INVESTIGATION

| DISPOSITION | DATE |
|-------------|------|
| | |
| | |
| | |
| | |

LOCATION _____ ZIP _____

OWNER OCCUPANT ROBERT HOWES ADDRESS 12815 HALL SHOP RD PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

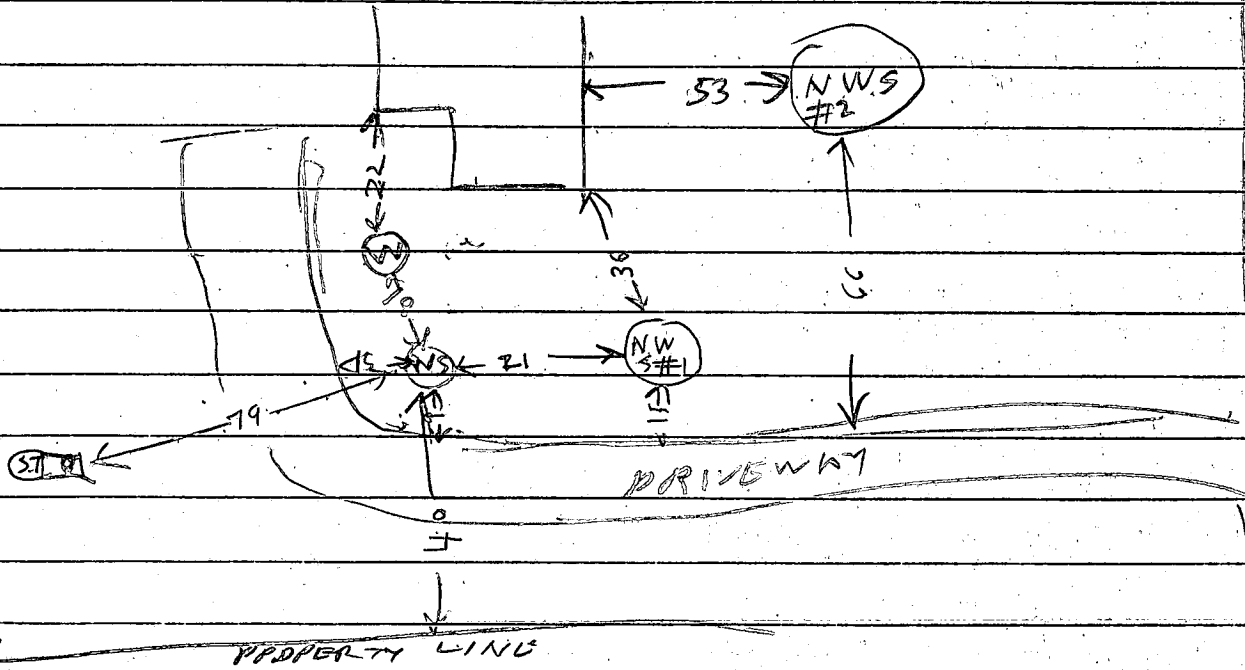
REASON FOR INVESTIGATION REPLACEMENT WELL SITE

CODES _____

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT _____



HALL SHOP RD

DW = DRYWELL

STAKES PUT OUT

ST = SEPTIC TANK

2 NEW WELL SITES

WS = WELL SITE NOT APPROVED

NWS #1 = APPROVED NEW WELL SITE #1

NWS #2 = APPROVED NEW WELL SITE #2

DATE SUBMITTED 11/20/86 SANITARIAN Raymond Dodge

Building Address 12815 Hall Shop Rd
Highland MD 20777

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 18B1 Lot size _____

Property Owner's Name Grace Howard

Address 12815 Hall Shop Rd

City Highland State MD Zip Code 20777

Home Phone 201-854-3725 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFO

Proposed Use SFO

Estimated Construction Cost \$ 30,000.00

Description of Work Demolish existing 9'x20' addition
Add an addition 15'x20' addition with
kitchen office full bath on crawl space

Contractor Company KPK Construction

Contact Person Kevin Kennedy

Address 4713 Patched Stone Lane

City Columbia State MD Zip Code 21046

License No. M41C 18614

Phone 410-290-9963 Fax 410-290-9067

Occupant or Tenant _____

Contact Name Shane

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

| Building Characteristics | Utilities |
|--|---|
| Height: _____ | Water Supply: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| State Certified Modular _____ | Natural Gas <input type="checkbox"/> |
| | Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> |
| | Full _____ |
| | Partial _____ |
| | Other Suppression _____ |
| | # of Heads _____ |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public _____ Private _____ |
| Depth _____ Width _____ | Sewage Disposal: _____ Public _____ Private _____ |
| 1st floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2nd floor: _____ | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | Natural Gas <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Propane Gas <input type="checkbox"/> |
| No. of Bedrooms: _____ | Sprinkler system: N/A <input checked="" type="checkbox"/> |
| Multi-family dwellings: _____ | NFPA #13D _____ |
| No. of efficiency units: _____ | NFPA #13R _____ |
| No. of 1 BR units: _____ | Other: _____ |
| No. of 2 BR units: _____ | |
| No. of 3 BR units: _____ | |
| Other Structure: _____ | |
| Dimensions: <u>5 x 16</u> | |
| Footings: _____ | |
| Roof: <u>Shed</u> | |
| State Certified Modular _____ | |
| Manufactured Home _____ | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS 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 Kevin Kennedy

Title/Company KPK Const.

Print Name Kevin Kennedy

Date 6/11/00

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL |
|----------------------|----------------|--------------------|
| Land Development DPZ | | |
| State Highways | | |
| Building Official | <u>6/14/00</u> | <u>Mark Ripken</u> |
| Dev. Engineering DPZ | | |
| Health | | |
| Fire Protection | | |

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

PROPERTY ID# 46703

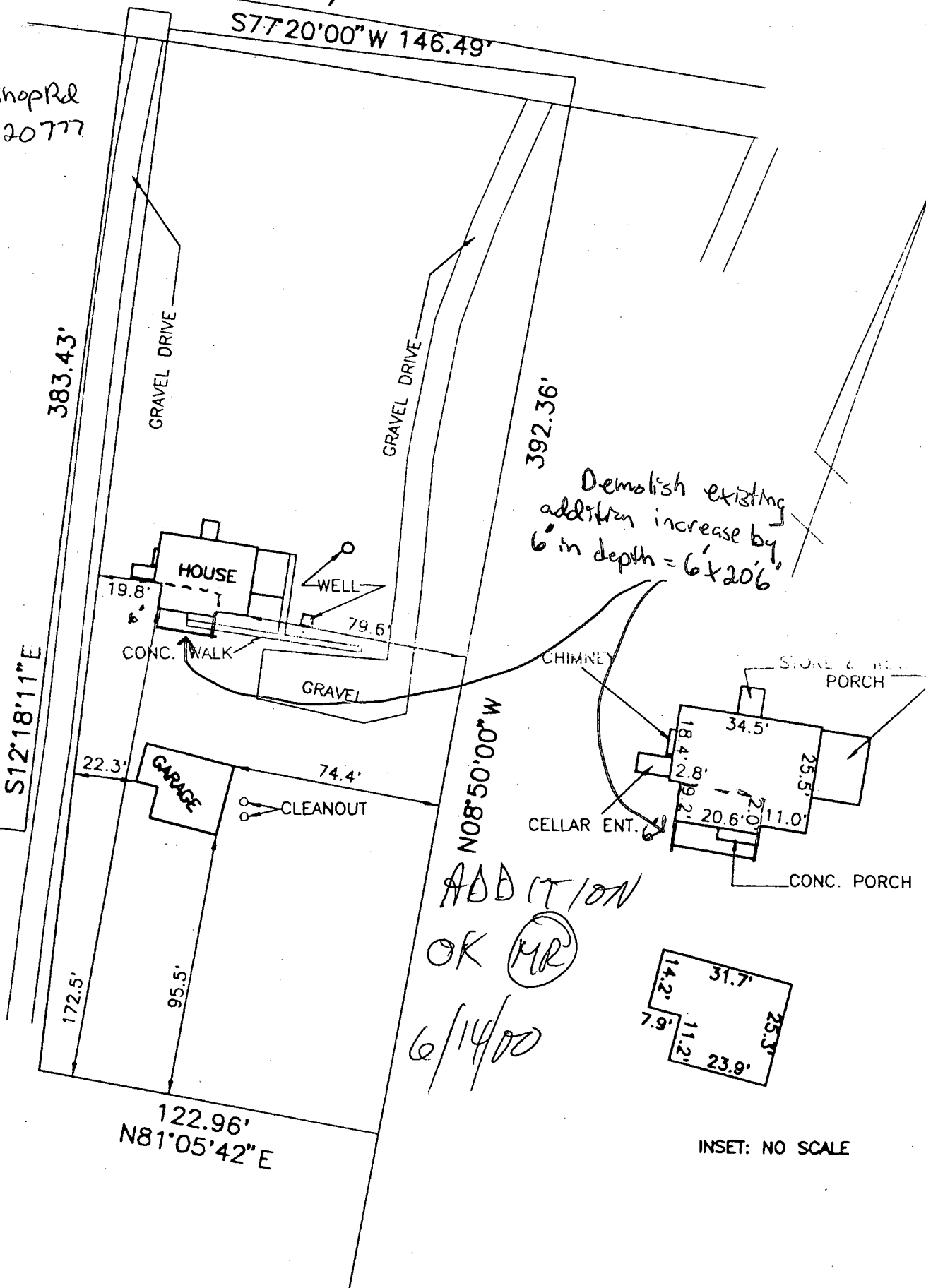
| DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|--------------------------------|
| Front: _____ | Filing fee \$ <u>2</u> |
| Rear: _____ | Permit fee \$ <u>30</u> |
| Side: _____ | Excise tax \$ <u>210</u> |
| Side St.: _____ | Sub-total paid \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l permit fee \$ <u>295</u> |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for New Town Zone _____ | Check # <u>11447</u> |
| SDP/Red-line approval date _____ | Validation # <u>22219</u> |

Accepted by [Signature]

~~OWINGS ROAD~~ Hall Shop Rd

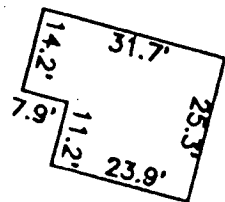
Howe's Res.
12815 Hall Shop Rd
Highland MD 20777

1" = 50'



Demolish existing addition increase by 6' in depth = 6' x 20.6'

ADDITION
OK MR
6/14/00



B 1 3362 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

40-81-1797
fill in this form completely

Date Received
OWNER INFORMATION
HOWES ROBERT
12815 HALL SHOP RD
HIGHLAND MD

B 3 LOCATION OF WELL
HOWARD
MAP 40 811 176
SECTION 44 46 LOT 48 50
HIGHLAND
MILES FROM TOWN 2 MI

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Br. Ch. Rd., Mt. Airy, Md. 28778
Signature: George F. Easterday Date: 12/16/86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
HALL SHOP RD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 108 FT

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)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
A 38199-W
DATE ISSUED 12/11/86
CO SIGNATURE B. Nilon EXP. DATE 06/11/87
NORTH GRID 487000 EAST GRID 0812000

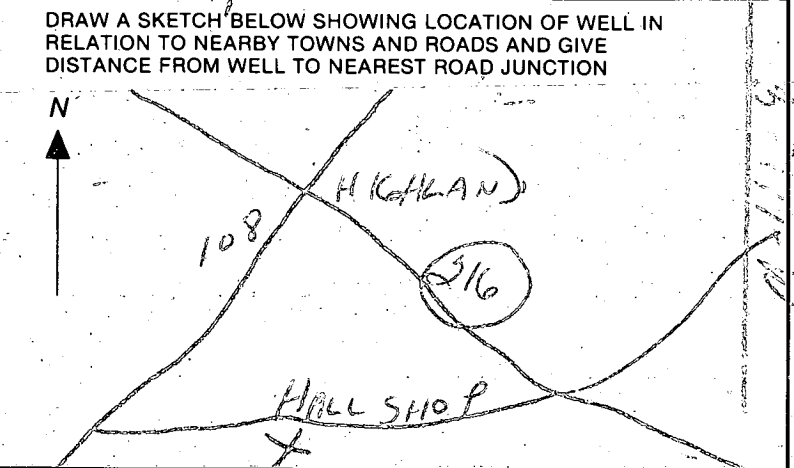
APPROXIMATE DEPTH OF WELL 200 FEET

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
818 2
480 7

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM 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 INITIALS IN BOX PERMIT No. 40-81-1797

SPECIAL CONDITIONS TAG RETURNED & ISSUED TO DIFFERENT DRILLER (SAME PROPERTY)
HEALTH

B 1 5531

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HC-81-1797

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

please print or type

fill in this form completely

Date Received

11/25/86

OWNER INFORMATION

ALLEN, ALLEN

13815 Hall Shop rd

Highland

B 3

LOCATION OF WELL

HOWARD

MAP 40

SECTION 44 46 LOT 48 50

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Bernard Ferzer 5700

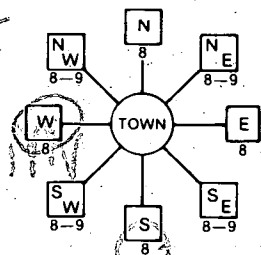
Tri County

16009 Frederick rd. Lisbon

Signature Date 2/1/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hall Shop rd.

NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT or MI 277

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

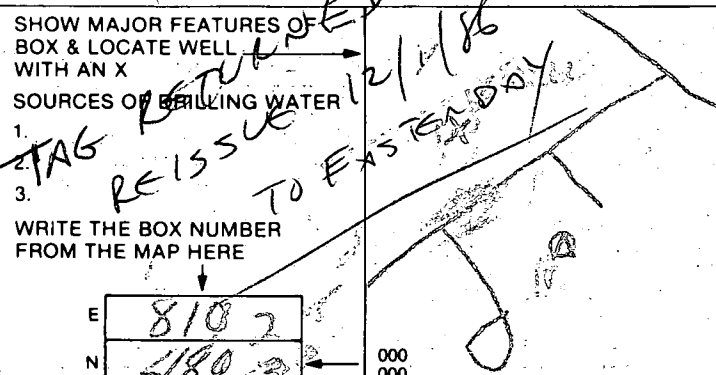
COUNTY NAME HOWARD COUNTY NO. A-32199-6
OEP SIGNATURE DATE ISSUED 120586
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 154 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
other



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

- REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM 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 2A WRITE INITIALS IN BOX PERMIT No. HC-81-1797

SPECIAL CONDITIONS