

4/12/96 \$100  
11/11/96 EARLY  
11/19/96  
12/27/96 WPI P.M.

03 - 314 871  
**PERMIT**  
SEWAGE DISPOSAL SYSTEM  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
INDEXED

P 57389  
A 39050  
DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 313-2640

DATE 11-7-96  
DATE SYSTEM APPROVED 11-19-96  
INSPECTOR ES

J. Joseph Gartland IS PERMITTED TO INSTALL X ALTER

ADDRESS 1835 West Liberty Road, Westminster, Maryland 21157 PHONE 875-2400

SUBDIVISION Amberwoods LOT 17 ROAD 12822 Forestview Court

PROPERTY OWNER Grayson Homes, Inc. SYSTEM TO BE INSTALLED

ADDRESS Christopher Gaydon SYSTEM TO BUILDING CONSTRUCTION

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED SEPTIC TANK  
WELL LOCATION AND CONTOURS REPRESENTED

NUMBER OF BEDROOMS 4 \*\*\*MANHOLE CLEANOUT REQUIRED\*\*\* INCORRECTLY,

180 SQUARE FEET PER BEDROOM  
INSTALL TRENCHES AS HIGH IN SEPTIC AREA AS PRACTICAL, THEN

LINEAR FEET OF TRENCH REQUIRED 240  
CONSIDER RECONFIGURATION OF SEPTIC TANK & SEPTIC EASEMENT.

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 50.00' and 156.67' lot lines, place distribution box 65 feet up the 156.67' lot line and 120 feet off that same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/2/95 DKS

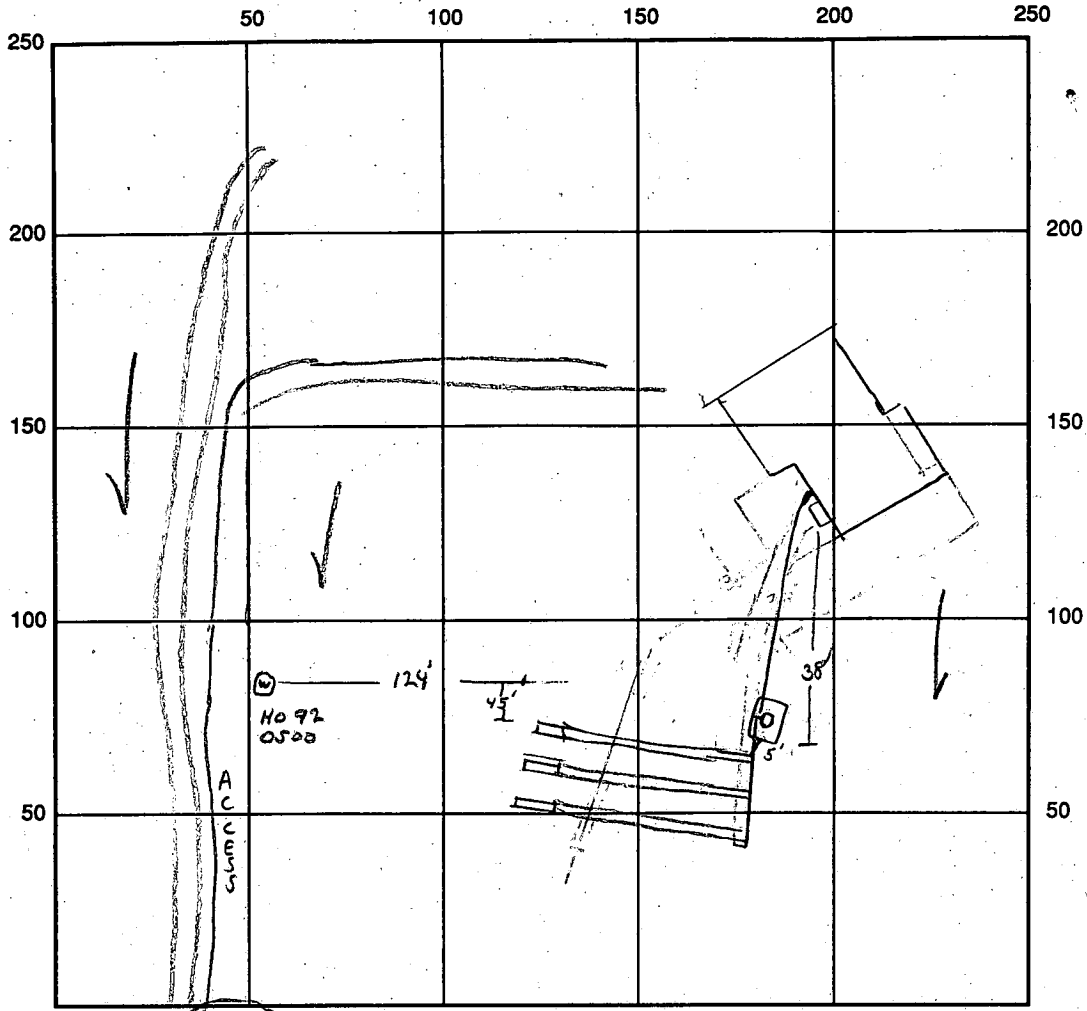
PLANS APPROVED BY Amy McMillen DATE 05/19/95

- 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

**OLD PERMIT SIGNED AND RETURNED 5-4-98**  
Serial # 21011533-dub

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

A 39050



SEPTIC TANK LEVEL OK, IN WHOLE, 2 COMPARTMENT 15006, CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK, BAFLE IN

DRAIN FIELD/TITLE DEPTH 6 FT.      TRENCH WIDTH 3 FT.      INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.      TOTAL LENGTH  $\frac{1213}{80/80/80}$  FT.      240

NUMBER OF TRENCHES 3      ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.      EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11-18-96 OK TO COVER TRENCHES & TRENCHES ALL SANDY LOAM &  
11/19/96 TANK SET OK, BAFLES BEING INSTALLED, HOUSE  
CONNECTION OK OK TO COVER SYSTEM &

12-27-96 WPI - Not complete upon inspection ALL

DATE SYSTEM APPROVED 11-19-96      INSPECTOR [Signature]

4/13/87

# APPLICATION

PERCOLATION TESTING

A 39050

P \_\_\_\_\_

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

DISTRICT 3

DATE 3/4/87

*NO FEE  
RETEST TO  
MODIFY ORIGINAL  
SEWAGE DISPOSAL  
EASEMENT.*

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 George Arrington Grayson Homes Inc

ADDRESS 1650 Sykesville Rd West Friendship MD PHONE 301-776-7454

PROSPECTIVE BUYER Amberwoods Limited Partnership

ADDRESS 1480 Fenwick Lane Silver Spring MD PHONE 301-587-5455

PROPERTY LOCATION:

SUBDIVISION Amberwoods (S-87-42) LOT NO. 1817

ROAD AND DESCRIPTION Rt 32 north of Rt 99  
(12822 Forestview Court)

BLDG. PERMIT SIGNET  
~~AND~~ RETURNED Spiller

TAX MAP 9 PARCEL # 144

*Serial # BM102021  
SFD-4 Bm*

SIZE OF LOT 4.69 AC 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. Sam Negable  
(SIGNATURE OF APPLICANT)

APPROVED BY C. Wilton FOR \_\_\_\_\_ DATE 4/19/89

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

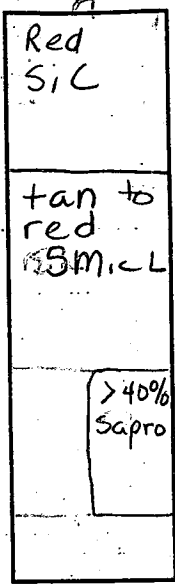
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING MIXED RESULTS - N660 PLAT TO CONFIRM POTENTIAL FOR  
SEWAGE AREA ADJUSTMENT, SEE LETTER OF 10/15/93

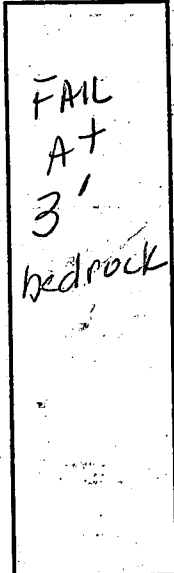
# THIS IS NOT A PERMIT

A 39050  
COUNTY #

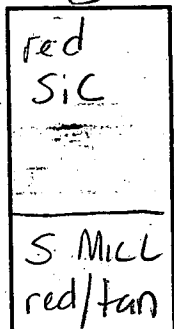
SOIL PROFILE A



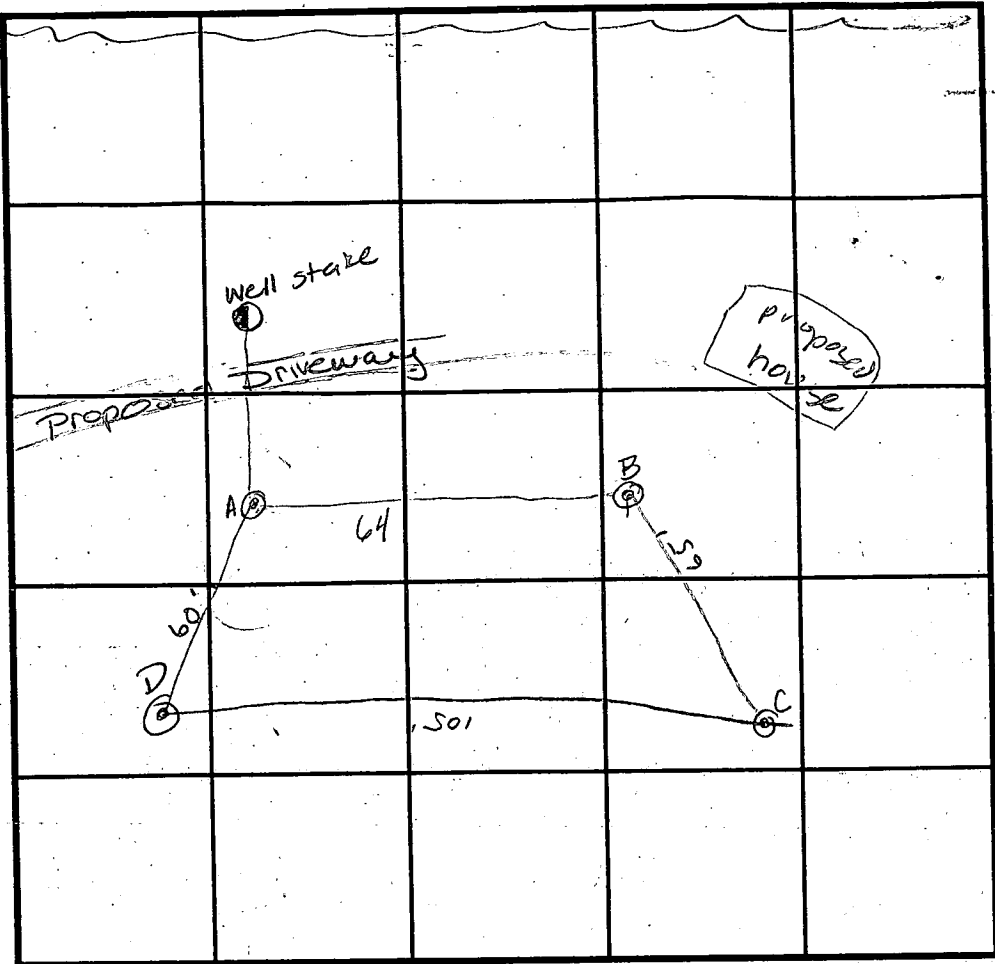
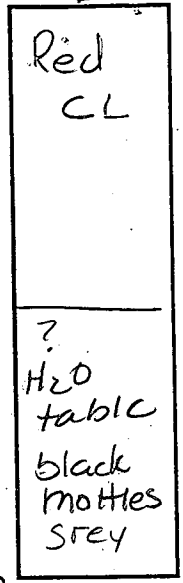
B



C



SOIL PROFILE D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/13/93	A	Visual to 13'	Passing				OK	
10/13/93	B	Visual Refusal at 3' bedrock					FAIL	
10/13/93	C	Visual to 11 1/2'	Passing				OK	
10/13/93	D	4' / V12	4:40 <sup>30</sup>	4:49 <sup>30</sup>	4:44 <sup>30</sup>	4:48 <sup>15</sup>	4min	
			concern about profile					

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillen ALSO PRESENT Sis  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4min TRENCH WIDTH 3'  
 INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 180

4/13/87

# APPLICATION

PERCOLATION TESTING

A 39050

P \_\_\_\_\_

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

DISTRICT 3

DATE 3/4/87

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 George Arrington Grayson Homes, Inc

ADDRESS 1050 Sykesville Rd West Friendship MD PHONE 301-776-7454  
461-5911

PROSPECTIVE BUYER Amberwoods Limited Partnership

ADDRESS 1480 Fenwick Lane Silver Spring MD PHONE 301-587-5455

PROPERTY LOCATION:

SUBDIVISION Amberwoods (S-87-42) LOT NO. 1817

ROAD AND DESCRIPTION Rt 32 north of Rt 99  
(12822 Forestview Court)

TAX MAP 9 PARCEL # 144

SIZE OF LOT 4.69 AC TYPE BLDG. Single Family  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED AND RETURNED** 5/25/85  
Serial # 59667-SFP-46m

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.

Sam Negalle  
(SIGNATURE OF APPLICANT)

APPROVED BY C. Wilton FOR \_\_\_\_\_ DATE 4/19/89

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

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

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

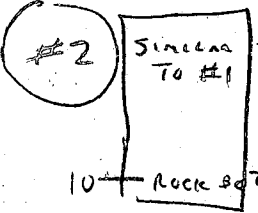
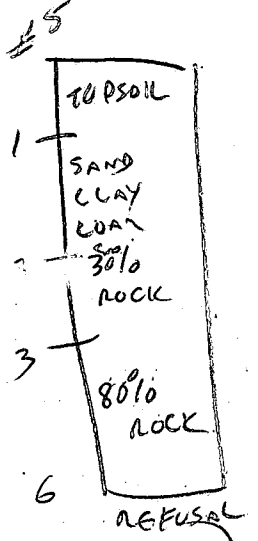
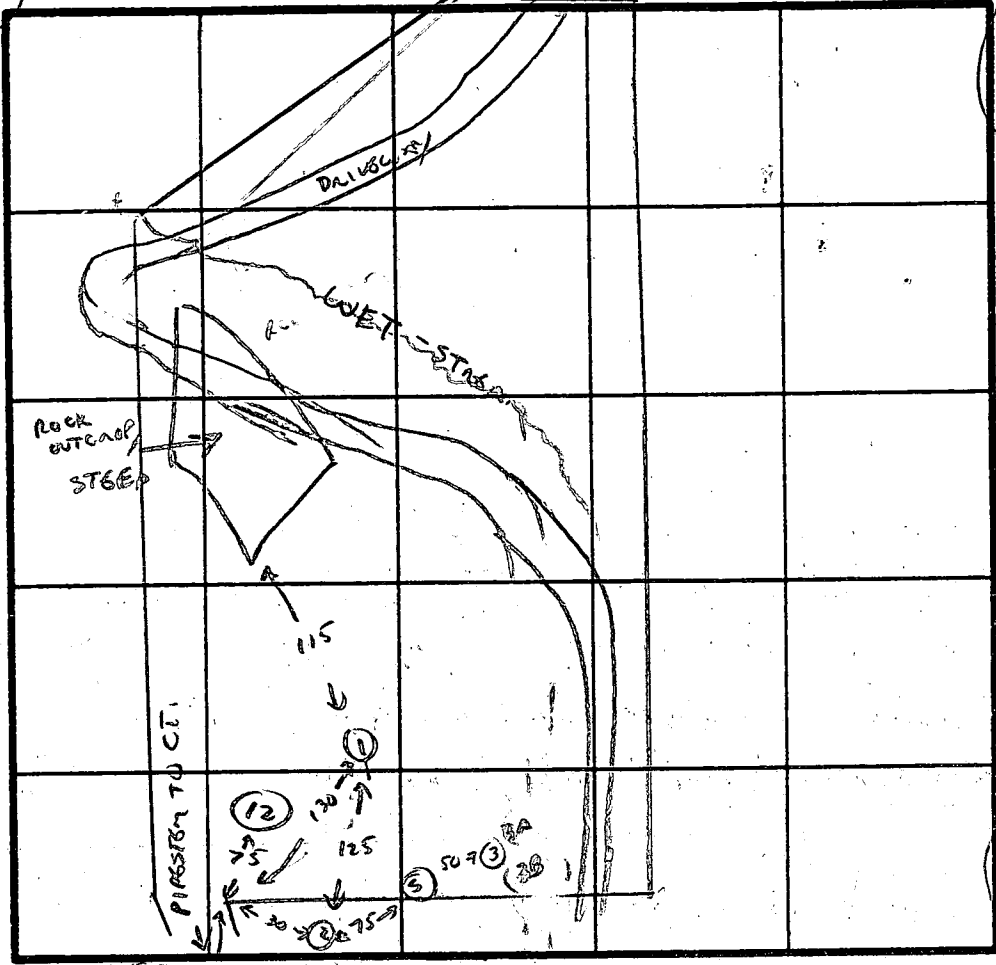
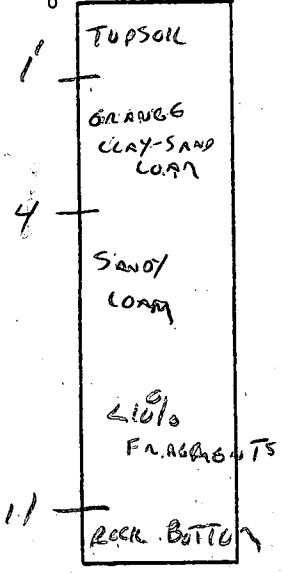
# THIS IS NOT A PERMIT

BACK ENTRANCE TO ERM

18

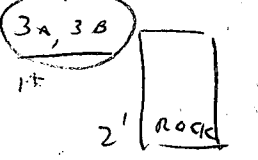
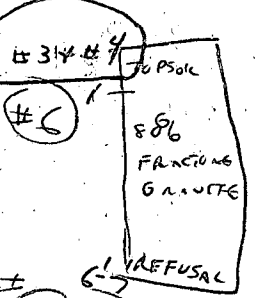
#5 QUESTION FOR MOUND  
4 MIN AT 1'  
ROCK AT 3'

#1 SOIL PROFILE

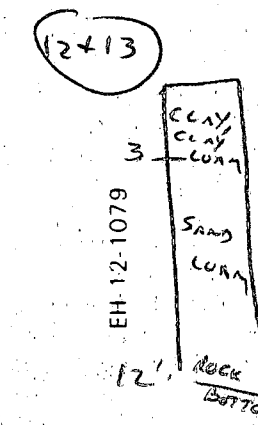


$\bar{x} = 5 \text{ MIN}$   
180 INLET 2' BOTTOM 7'

13 ← 6' INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/87	1 ✓	2	11:24	11:27			4 MIN
		11	VISUAL	OK			
4/13/87	2 ✓	4	11:27	11:27	11:27	11:31	4 MIN
		8	REFUSAL - ROCK				
		10	REFUSAL - ROCK				
4/13/87	3 ✗	1	80% FRACTURED GRANITE				X
		6	REFUSAL				
	3A ✗	ROCK	0-2'				X
	3B ✗	ROCK	0-2'				X
	4	1'	50-80% FRACTURED GRANITE				X
		11	REFUSAL				
	5	3'	50% FRACTURED GRANITE				X
		8'	REFUSAL				
	6	1'	11:18	11:22	11:22	11:26	4 MIN
		ROCK	4' / IN SWALS				
4/15/87	12	3'	VIS	OK			BEST 3-5 MIN IF TESTED
		13					
4/15/87	13	3'	VIS	OK			
		13					



REMARKS: HOLES 1, 2, 12, 13 (OK) 2-10' OR DEEPER LOT LINE CHANGES REQ'D

TYPE OF SOIL: SAND LOAM OFF HIGH SLOES OF LOT - REMAINDER ROCK, CLAY, W/KA

TESTED BY: CWILL ALSO PRESENT: SKIP, NAGABANN

C1 8787

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 A39050

ST/CO-USE ONLY

DATE Received

120293

DATE WELL COMPLETED

010596

Depth of Well

22 400 26

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

110-92-0500

28 29 30 31 32 33 34 35 36 37

OWNER: THOMAS AMBERWOODS last name FOREST VIEW CT first name TOWN SYKESVILLE SUBDIVISION AMBERWOODS SECTION LOT 17

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

Table with 3 columns: Description, Feet From, Feet To, Check if water bearing. Includes entries for Overburden, Gray Rock, and three dry wells (300' each) that are backfilled.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 25 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 25

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

DEPTH (nearest ft.) 1 A D 25 400 2 23 24 26 30 32 36 3 38 39 41 45 47 51

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. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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) T (E.R.O.S.) W Q 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 1 2

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 46 WHEN PUMPING 127

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 YES 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) + above - below LAND SURFACE (nearest foot)

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)

NO Map Available

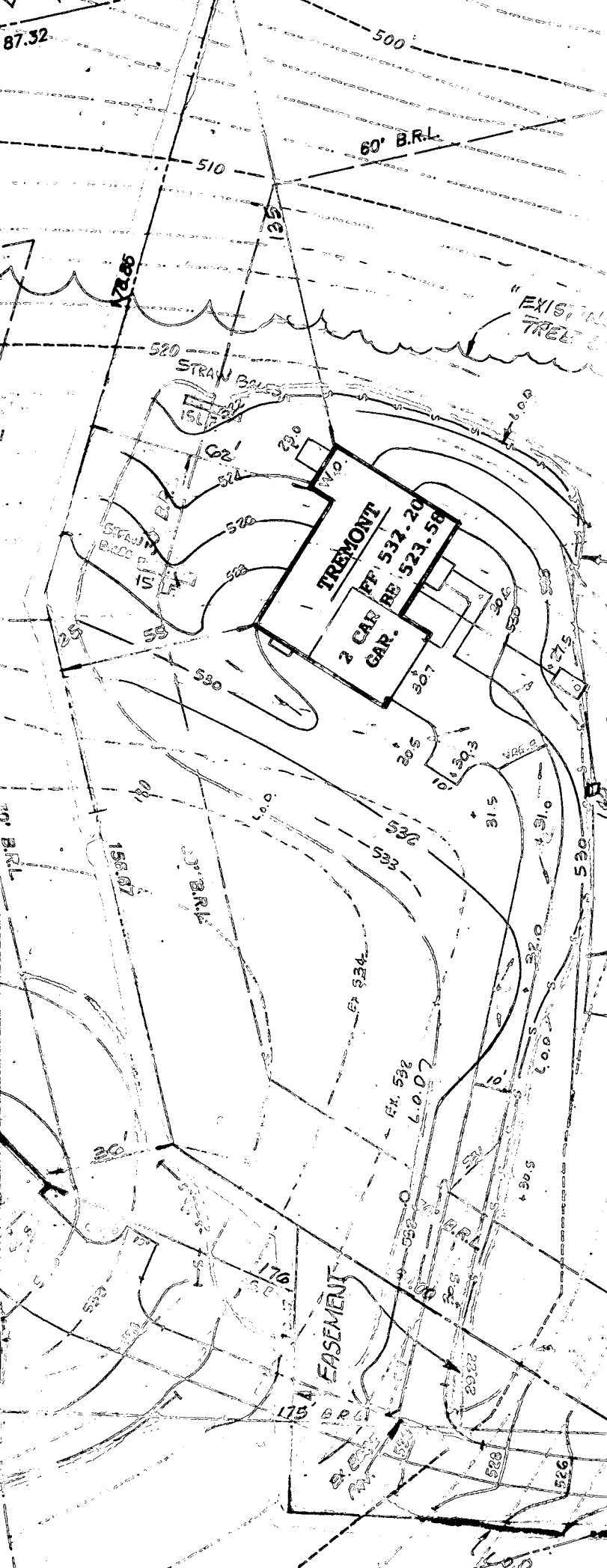


87.32

229.53

ELEVATIONS REQUIRED

17	LOT NUMBER
58	BASEMENT ELEVATION (if applicable)
20	FIRST FLOOR ELEVATION
00	INVERT OUT OF HOUSE
20	INVERT INTO SEPTIC TANK
00	INVERT OUT OF SEPTIC TANK
8	INVERT INTO DISTRIBUTION BOX
40	INVERT INTO TRENCH(S)
0	EXISTING GRADE AT SEPTIC TANK
0	EXISTING GRADE AT DISTRIBUTION BOX
00	EXISTING GRADE AT TRENCH(S)
0	ELEVATION OF WALL AT GRADE



LIMIT OF DISTURBANCE 19,840 S.F.

LOT 17  
 3.4116 AC.  
 BASEMENT ELEVATION  
 NOT SEWERABLE BY GR

Approved Septic System Plan  
 Howard County Health Department

*Ann McMill*  
 Signature

8/30/96  
 Date

10' WIDE STONE  
 INTERLOCKED  
 50' STAIR 6'-10"

100' MIN.  
 EX. MEAS. EL. 520

50' B.R.L.

EASEMENT

EX. 532 L.O.D.7

EX. 534

10' B.R.L.

156.07

30' B.R.L.

172.85

510

60' B.R.L.

500

135

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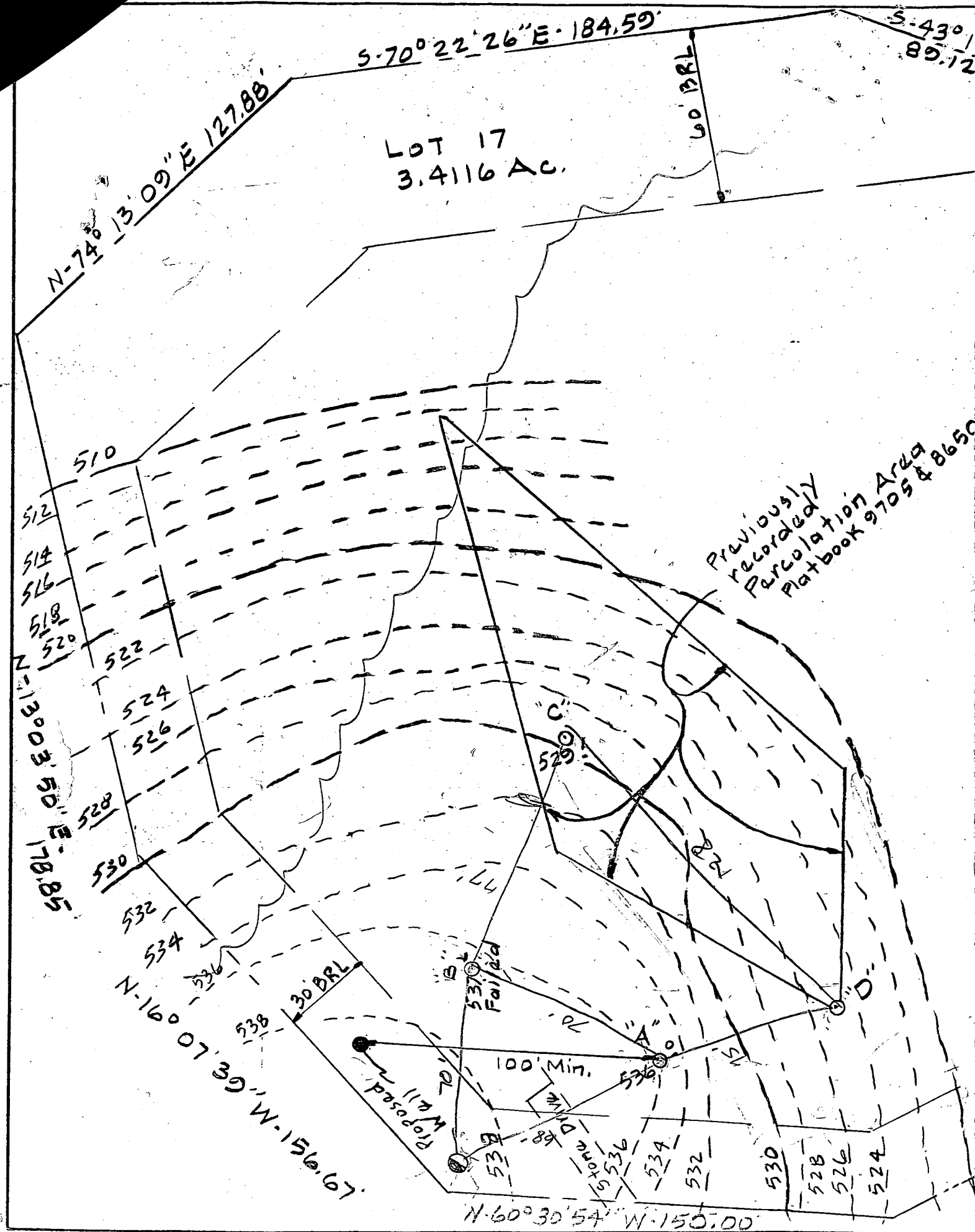
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NOTE: Percolation Test Holes shown hereon (O) have been field located.

APPROVED: For Private Water and Private Sewage Systems.  
 Department of Health and Mental Hygiene

Howard County Health Officer \_\_\_\_\_ Date \_\_\_\_\_

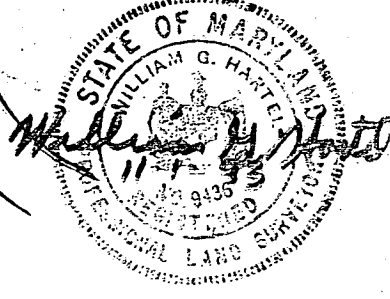
The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.

 This area indicates a private sewage easement with a minimum of 10,000 sq. ft. as required by the Maryland State Department of the Environment for individual disposal. Improvements of any nature in this area are restricted until public sewage is available and servicing any residential structures constructed on these building sites. This easement shall become null and void upon connection to a public sewage system.

NOTE: There are no wells or septic areas lying within 100 feet of the existing well or septic area on Lot 14 except as shown hereon.

FOREST VIEW COURT

R=50.00 L=26.18



TITLE: SEWAGE DISPOSAL				
REVISION TO RECORDED EASEMENT				
PROJECT: LOT 17-AMBERWOODS SECTION ONE				
LOCATION: 3RD ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=40'	DESIGNED BY: [Signature]	DRAWN BY: BTH	CHECKED BY: WGH	DATE: 11-1-93
FIELD BOOK: 143	PAGE NO.: [Blank]	JOB NO.: 91009	DRAWING NO.: 10F1	

**Boender Associates**  
 INCORPORATED  
 ENGINEERS · PLANNERS · SURVEYORS

3230 BETHANY LANE  
 ELLICOTT CITY, MD. 21043  
 (301) 465-7777 FAX: (301) 465-7966

BASEMENT ELEVATION AS SHOWN  
NOT SEWERABLE BY GRAVITY

LOT 17  
3.4116 AC.

SEWAGE DISPOSAL  
EASEMENT

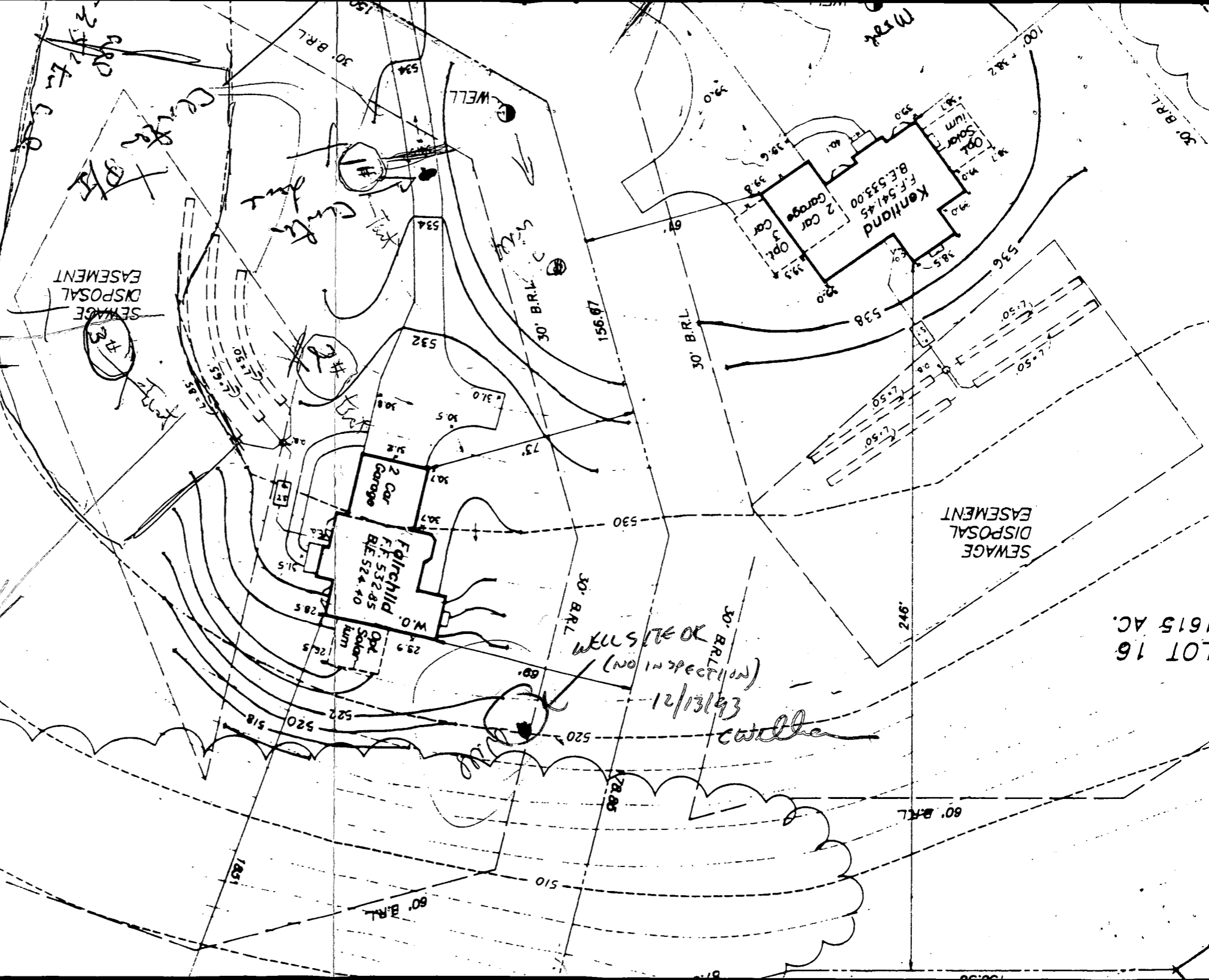
SEWAGE DISPOSAL  
EASEMENT

LOT 16  
1.615 AC.

Falchid  
F.F. 532.85  
R.E. 524.40

Kentland  
F.F. 541.45  
R.E. 533.00

WELLSITE OR  
(NO INSPECTION)  
12/13/93  
Cattella



<b>B 1</b>	<b>09228</b>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>40-92-0500</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) **1/20/93**

**Grayson Amberwoods**  
Last Name Owner First Name

**9025 Chevrolet Drive**  
Street or RFD

**Ellicott City, MD 21042**  
Town State Zip

**LOCATION OF WELL**

**Howard** COUNTY

**Amberwoods** SUBDIVISION

SECTION **44** LOT **171**

**Sykesville** NEAREST TOWN

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

**DRILLER INFORMATION**

Driller's Name **Paul M. Fabiszak** License No. **399**

Firm Name **G. Edgar Harr Sons' Corp.**

Address **12047 Falls Rd Cockeysville 21030**

Signature *[Signature]* Date **10-5-93**

**B 4**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**12822 Forestview Ct** NEAR WHAT ROAD

DISTANCE FROM ROAD **1000** FT

**WELL INFORMATION**

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

**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

COUNTY NAME **HOWARD CO** COUNTY NO. **A39050**

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **12/2/93**

CO SIGNATURE *[Signature]* EXP. DATE **12/2/94**

NORTH GRID **549000** EAST GRID **000000**

APPROXIMATE DEPTH OF WELL **200** FEET

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

- 
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810**  
N **540**

**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 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 **G A P**

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-92-0500**

SPECIAL CONDITIONS

