

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03. 310035

(INDEXED)

P 44926

A 43649

DATE 09/01/89

DATE SYSTEM APPROVED 10/4/89

INSPECTOR M. R. F. Kin

R. B. Stine

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 845-6265

SUBDIVISION Chanceland Farm ROAD 1975 McKendree Road LOT 3

PROPERTY OWNER Robert T. Manfuso

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 235 feet from the left (1865+/-) lot line and 975+/- from the rear lot line as seen when facing the lot from McKendree Road. Run trenches on contour toward the left line.

O.K. to install system according to Building Permit

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OKICW*

PLANS APPROVED BY Sid Abel DATE 6/08/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES!

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

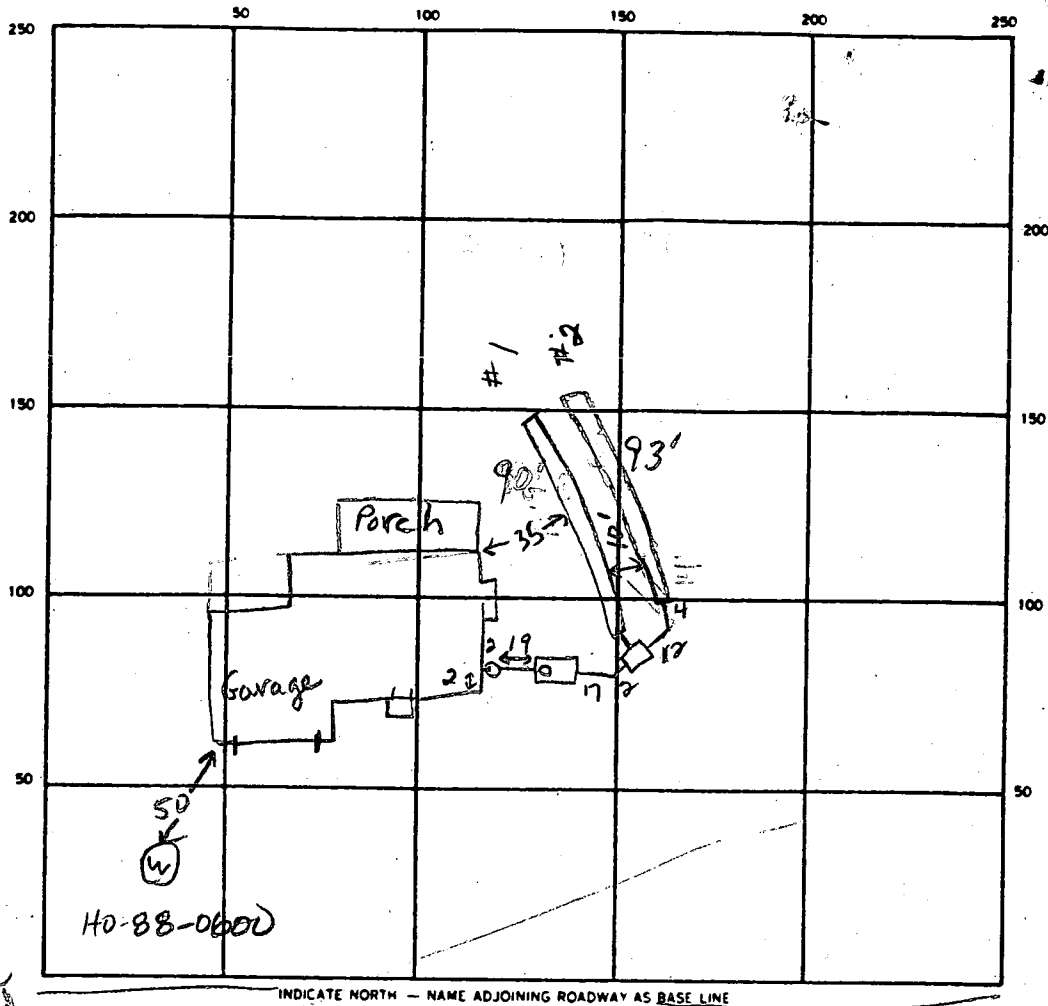
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
43649



← TO
McKendree
Road

Driveway

Barn

SEPTIC TANK. LEVEL OK 1750 gal CLEANOUTS 1 in line, 1 on s. tank OK

DISTRIBUTION BOX. LEVEL OK - BAFFLE IN

DRAIN FIELD TILE FIELD. DEPTH 8.5 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 4 FT.

EFFECTIVE GRAVEL DEPTH 5 4 FT. TOTAL LENGTH 90 93 183 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 450 372 } 822 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 822 SQ. FT.

REMARKS 10-3-89 OK to add stone to trench #1 & 2 once excavated leaving tail end open to bottom of trench #2. Drop sewer line from house to 1/4 in fall /ft. -ok iden
10/4/89 RAISE LINE AT END OF TRENCH #2 FROM 5' TO 4'
OK TO FINISH STONE & COVER MR

DATE SYSTEM APPROVED 10/4/89

INSPECTOR M. Rifkin

11/14/89

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 # 45224
Date 11/14/89

Name of Installer George E. Pittner

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Chanceland Farm

Telephone 410-2699

Subdivision _____ Lot # 3

Well Tag # HA-88-1600

Site Address 1975 Mc Kendrick Rd

Tenant House _____

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make Gould
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth 4

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

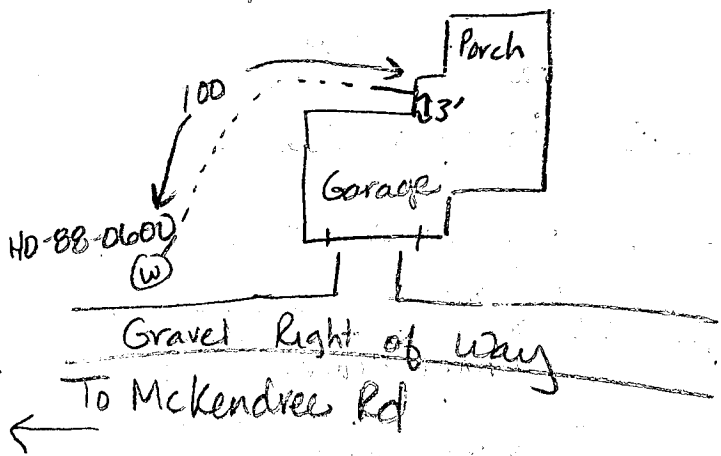
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: _____

Date: 11-14-89

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



11-14-89

Pitless adaptor at 62 inches below grade. Well line covered. No ground line connected. House connection OK. Pump tank installed w/ relief valve. JENadeau

APPLICATION

PERCOLATION TESTING

A 43649

P _____

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

DISTRICT 47E

DATE 2-17-89

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 Robert T. Profuso, Katherine M. Voss

ADDRESS 1975 McKendree Rd. West Friendship Md. 21154 PHONE (301) 442-9918

Farm Mgr.
PROSPECTIVE BUYER William S. Reichter, Jr.

ADDRESS 4969 Jolly Doves Rd. Whitehall, Md. 21161 PHONE (301) 692-2647
442-9918

PROPERTY LOCATION:

SUBDIVISION CHANCE LAND FARM 1975 LOT NO. 3

ROAD AND DESCRIPTION N.E. Corner of Rte #144 & MCKENDREE Rd.

TAX MAP 15#9 PARCEL # 10

SIZE OF LOT 79.9 Ac. TYPE BLDG. (Farm Mgr. House) Sin. Fam. Dwelling
(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.

W. S. Reichter, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY Ed Allen FOR Deputy DATE 6-8-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) 2-23-89 Pending perc hole locations and plat approval JEN

BLDG. PERMIT SIGNED
AND RETURNED 6-8-89
BP26902 SK

THIS IS NOT A PERMIT

HD-216

A 43649

③

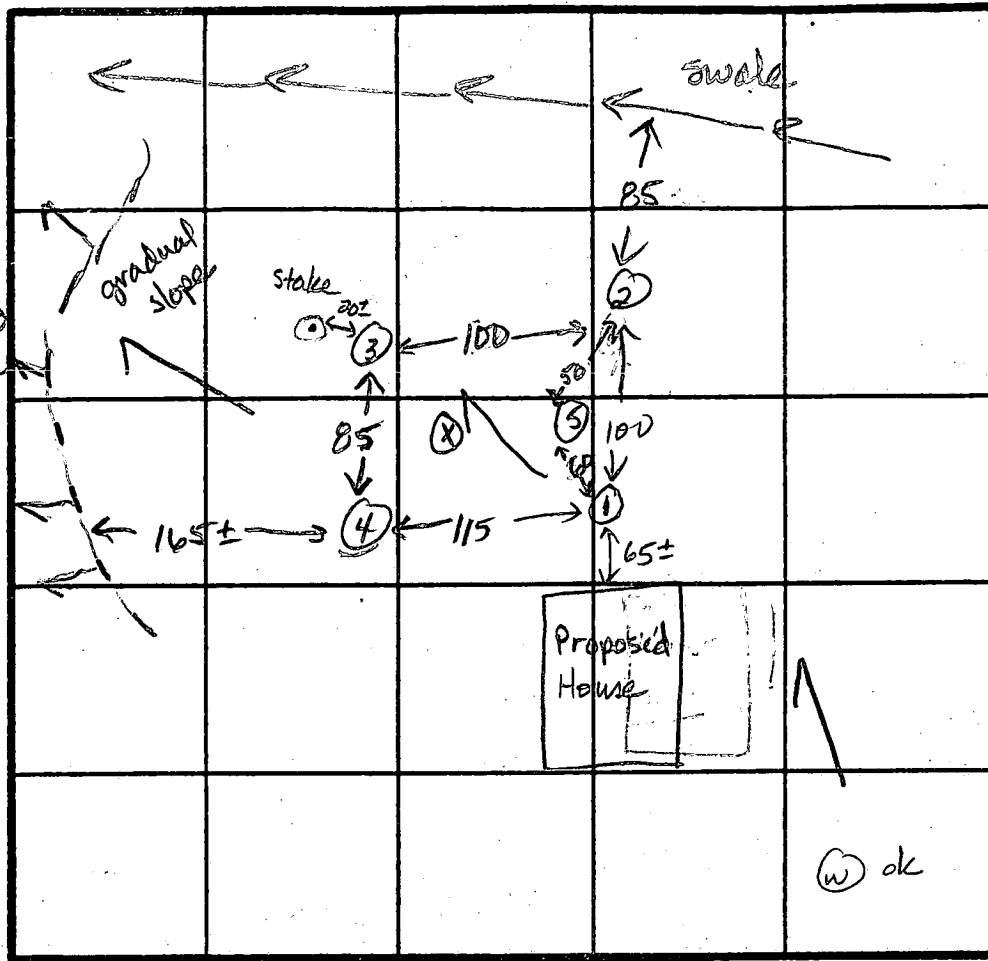
SOIL PROFILE

0-4.5 Br cl sa
si lm

4.5-14.0 Br si sa
lm, trc of
decomposed
rock, <5%

14.0 Bottom

Flood
Plain



Highest 1-4
3
Lowest 2

$\bar{x} = 4$ min
Inlet = 4.0 ft
Bottom = 8.0 ft
180 sqft/bdrm

④ ①

0-3.0 Dk br cl
si lm

3-13.0 Br sa si
lm, little
broken
rx frags
at 12.0 ft,
<20%

13.0 Bottom

② ③

0-4.0 Rd-br s cl
lm

4.0-13.5 tan si sa
lm, trc
broken rx
frags, <10%

13.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ To McKenzie Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-23-89	3	5.5 S	12:09	12:10	12:10	12:12	2min
		9.0 M	12:12	12:15	12:15	12:19	4min
		14.0 D	Bottom (see profile)				ok
	4	5.0 S	12:21	12:23	12:23	12:25	2min
		13.0 D	Bottom (slight structure at 12.0')				ok
	①	5.5 S	12:30	12:35	12:35	12:45	10min
		9.0 M	12:27:44	12:29:04	12:29:04	12:32:28	3min
		13.5 D	Bottom (No structure <15% decomposed)				ok
	2	5.5 S	12:38	12:39	12:39	12:41	2min
		8.5 M	12:38	12:40	12:40	12:44	4min
		13.5 D	Bottom (see profile)				ok
	5	13.5 V	(see profile)				ok

REMARKS Well & house site ok. Holes as shown on plat. Hole (X) covered up.

TYPE OF SOIL 0-4.0 Rd-br cl si lm, 4-14.0 Br-tan sa si lm, <20% rx frags

TESTED BY Jane E. Nadeau ALSO PRESENT Ron, R.B. Stine & Son

contractor
W. Reightler

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Taves Office Building
Annapolis, Maryland 21401

Surface Water Groundwater New Application Change in Existing

House HO-88-0600
Permit
Barn HO-88-0701

LA 3 HOUSE + BARN

Number _____

APPLICATION	<u>Robert T. Matuso, Katherine Voss</u> <small>(Owner's Name)</small>		<u>(301) 442-9918</u> <small>(Telephone Number)</small>	
	<u>1945 McKendree Rd.</u> <small>(Owner's Address)</small>	<u>West Friendship</u> <small>(Street)</small>	<u>MD</u> <small>(State)</small>	<u>21794</u> <small>(Zip Code)</small>

<p>WITHDRAWAL</p> <p style="text-align: center;">GROUNDWATER</p> <p>Appropriate and use a yearly average of</p> <p><u>600</u> gallons per day, <small>[total annual use ÷ 365 days]</small></p> <p>and <u>1000</u> gallons <small>[highest total monthly use ÷ days in month]</small></p> <p>for the average day of the maximum month, from</p> <p><u>1</u> well(s) having a diameter of <small>[number]</small></p> <p><u>6"</u> inches, and a depth of <small>[estimate]</small></p> <p><u>200 - 300</u> ft. <small>[estimate]</small></p>	<p style="text-align: center;">SURFACE WATER</p> <p>Appropriate and use a yearly average of</p> <p>_____ gallons per <small>[total annual use ÷ 365 days]</small></p> <p>day, and a maximum use of _____ gallons in any one day, from:</p> <p>_____ <small>[name of stream]</small></p> <p>_____ <small>[exact location of withdrawal]</small></p>
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PROJECT LOCATION

MCKENDREE RD WEST FRIENDSHIP
[Location - be specific]

County HOWARD Subdivision or town CHANCELAND FARM Phone number _____

Name and type of business RESIDENTIAL LOT/HOUSE FARM

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

<p>PURPOSE</p> <p>The water will be used for:</p> <p><input type="checkbox"/> Community Water Supply</p> <p><input type="checkbox"/> Non-Potable supply (sanitary uses, not for drinking water)</p> <p><input checked="" type="checkbox"/> Potable Supply (drinking water, etc.)</p> <p><input type="checkbox"/> Cooling Water</p> <p><input checked="" type="checkbox"/> Irrigation</p> <p><input type="checkbox"/> Process Water</p> <p><input type="checkbox"/> Other _____ <small>[explain]</small></p>	<p>WASTEWATER TREATMENT AND DISPOSAL</p> <p><input type="checkbox"/> Public Sewer _____ <small>[name of system]</small></p> <p><input type="checkbox"/> Groundwater</p> <p><input type="checkbox"/> Subsurface (tilefield, seepage pit, etc.)</p> <p><input type="checkbox"/> Spray Irrigation</p> <p><input type="checkbox"/> Other, explain _____</p> <p><input type="checkbox"/> Surface Water _____ <small>[name of stream]</small></p> <p>Discharge Permit # _____ or applied for _____</p>
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<p>SIGNATURE</p> <p>Please sign here <u>[Signature]</u> <small>(signature)</small></p> <p><u>U.S. Reichter, Jr.</u> <small>(please print name, title, and date here)</small></p>	<p>THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP</p>
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REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?

YES NO, explain _____

Signature of county representative Craig Wilton SANITARIAN 4/13/89
(signature) (title) (date)

MAILED TO WRA 4/13/89

1865.87

MOG. PERMIT SIGNED AND RETURNED 6-8-87
BFL6402

LOADING SHED
4800'

LOADING SHED
4800'

1250 Gal. Septic Tank
Ex. Grd. 560.5

SEPTIC EASEMENT
A 48649
P 44786

Distribution Box
Ex. Grd. 548.50
Inv. 552.50

NOTE: Provide Ho. Co. Std. S.D. 3/16" Metal End Sections each end of culvert.

12" CMP 1640.0
30 L.F. @ 1.00%

MARE BARN
Elev. 563.0

SEPTIC EASEMENT
A 43650
P 44783

1000 Gal. Septic Tank
Ex. Grd. 559.5
Inv. 559.5

4800' LOADING SHED

4800' LOADING SHED

NOTE: Provide Ho. Co. Std. S.D. 3/16" Metal End Sections each end of culvert.

⊙ Indicates Approved Percolation Test Hole
⊙ Failed Percolation Test Hole

CERTIFICATION
Percolation test holes have been accurately located by transit and tape survey.

Donald B. Sackett
Donald B. Sackett
Registered Land Surveyor, Md. 8053



FIELD LOCATION OF PERCOLATION TEST HOLES

CLARK, FINEPROCK & SACKETT, INC.
7155 Minnetonka Way, Suite 201
Columbia, Md. 21045
381-7500

SITE DEVELOPMENT PLAN
LOT 3
CHANCE LAND FARM
Scale 1" = 40'

JOB No. 88-137 X

C1 **2428** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 43649

DATE RECEIVED [] [] [] [] [] [] **DATE WELL COMPLETED** 060689 **DEPTH OF WELL** 400 (TO NEAREST FOOT) **PERMIT NO.** FROM "PERMIT TO DRILL WELL" HL-88-0600

OWNER Wrighter, Bill **STREET OR RFD** McKendree Road **TOWN** W. Friendship
SUBDIVISION Charceland Farm **SECTION** [] **LOT** 3 - House

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		Check if water bearing
	FROM	TO	
Brown sandstone	0	65	X
Blue rock	65	70	
Brown rock	70	73	X
Blue rock	73	110	
Brown rock	110	115	
Blue rock	115	160	
Brown rock	160	165	X
Blue rock	165	400	

WATER @ 40-70-160

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 12 NO. OF POUNDS 1128
 GALLONS OF WATER 12
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 68 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** **G** **70**
 Nominal diameter top (main) casing (nearest inch) 6 70
 Total depth of main casing (nearest foot) 70

OTHER CASING (if used)
 diameter inch [] [] depth (feet) from [] to []

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** 68 400
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN 6 (NEAREST INCH)

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 303
DRILLERS SIGNATURE W. Wrighter
 (MUST MATCH SIGNATURE ON APPLICATION)

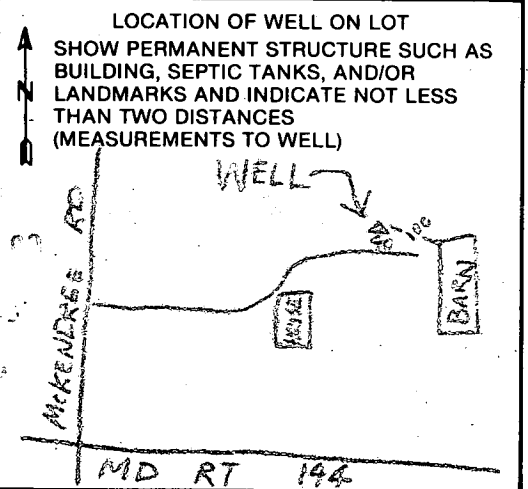
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) **WQ**
70 [] **72** [] **74** [] **75** [] **76** []
TELESCOPE CASING **LOG INDICATOR** **OTHER DATA**

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface) BEFORE PUMPING 13
 WHEN PUMPING 191
 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: **29**
 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** 2 (nearest foot)



COUNTY

LOT 7
55.751 Ac. ±

Lot-3
Chanceland Farm

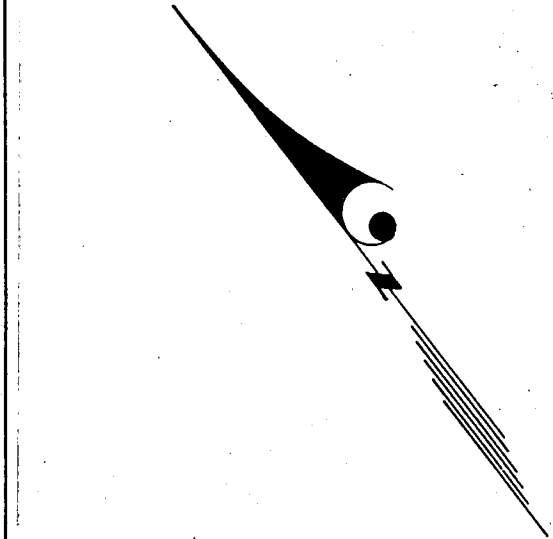
P 44926
A 43049
Prop. Septic
Estim. ±

4-21-99
wey side alk
JEN

H0-88-0600

100' R
Approx
Well
Location

More
Born
Elev.
6630



75' BRL
N 26° 25' 34"
P

575

570

550

550

545

540

535

520

715' ±

1.256

E 803000

N 500000

N 500000
E 802500

212' ±

310' ±

18658

B 1 **4672** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

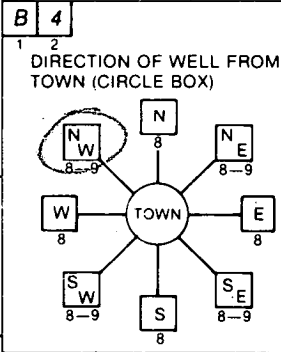
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-98-0600
 fill in this form completely

Date Received (APA) **041187**
OWNER INFORMATION
WRIGHTNER Last Name
BILL First Name
1975 MCKENDREE ROAD Street or RFD
W FRIENDSHIP MD 21794 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
CHANCELAND FARM SUBDIVISION
 SECTION **3** LOT **3**
WEST FRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
William B. Quynn Driller's Name
303 License No.
Quynn-Cromwell Well Drilling Firm Name
6030 Keyser Ln., Frederick, MD 21701 Address
W B Quynn Signature
3/30/89 Date



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

1260 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

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

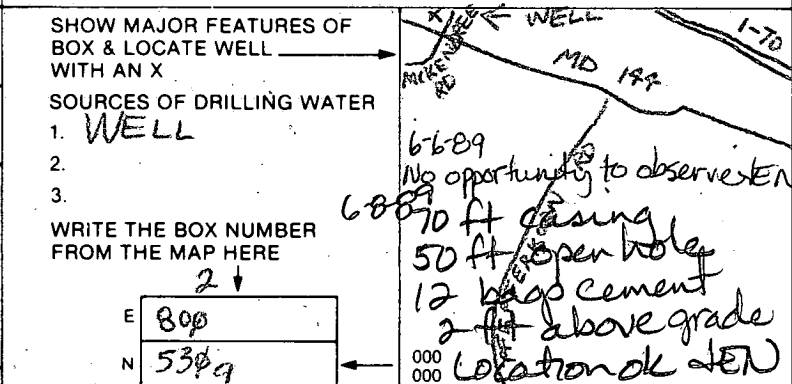
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 43649 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **051089**
Quinn Madson 11-10-89 CO SIGNATURE
 NORTH GRID **539000** EAST GRID **0802000**

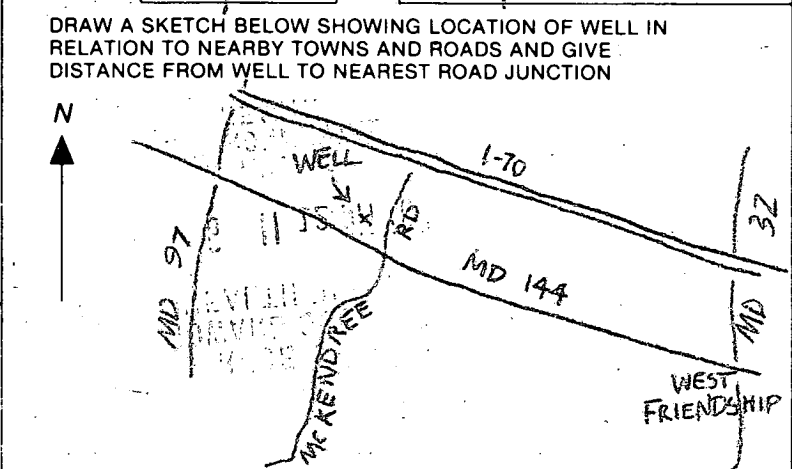
APPROXIMATE DEPTH OF WELL **300** FEET

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 _____



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 _____ GAP _____
 FORCE **JN** WRITE INITIALS IN BOX PERMIT No. **HO-98-0600**

SPECIAL CONDITIONS