

5/10/91
11/00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-316665

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 47000

A14807
A REPAIR

DISTRICT 4th

DATE 4/10/91

DATE SYSTEM APPROVED 5/10/91

INSPECTOR M. Rifkin

Fogle's Septic Clean IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Mt. Airy, Maryland 21771 PHONE 795-5670

SUBDIVISION Warfield Estates LOT 25A ROAD 3309 Stapleton Drive

PROPERTY OWNER Michael E. Hunt

ADDRESS 3309 Stapleton Drive
Glenwood, Maryland

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4 PURPOSE - REPAIR EXISTING FAILING SEPTIC SYSTEM.

125 SQUARE FEET PER BEDROOM ~500 TOTAL

LINEAR FEET OF TRENCH REQUIRED 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

INLET 5 1/2 BOT 11', 5 1/2' STONE 90' TRENCH

PLANS APPROVED BY Mark Rifkin/C. Williams DATE 4/09/91

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

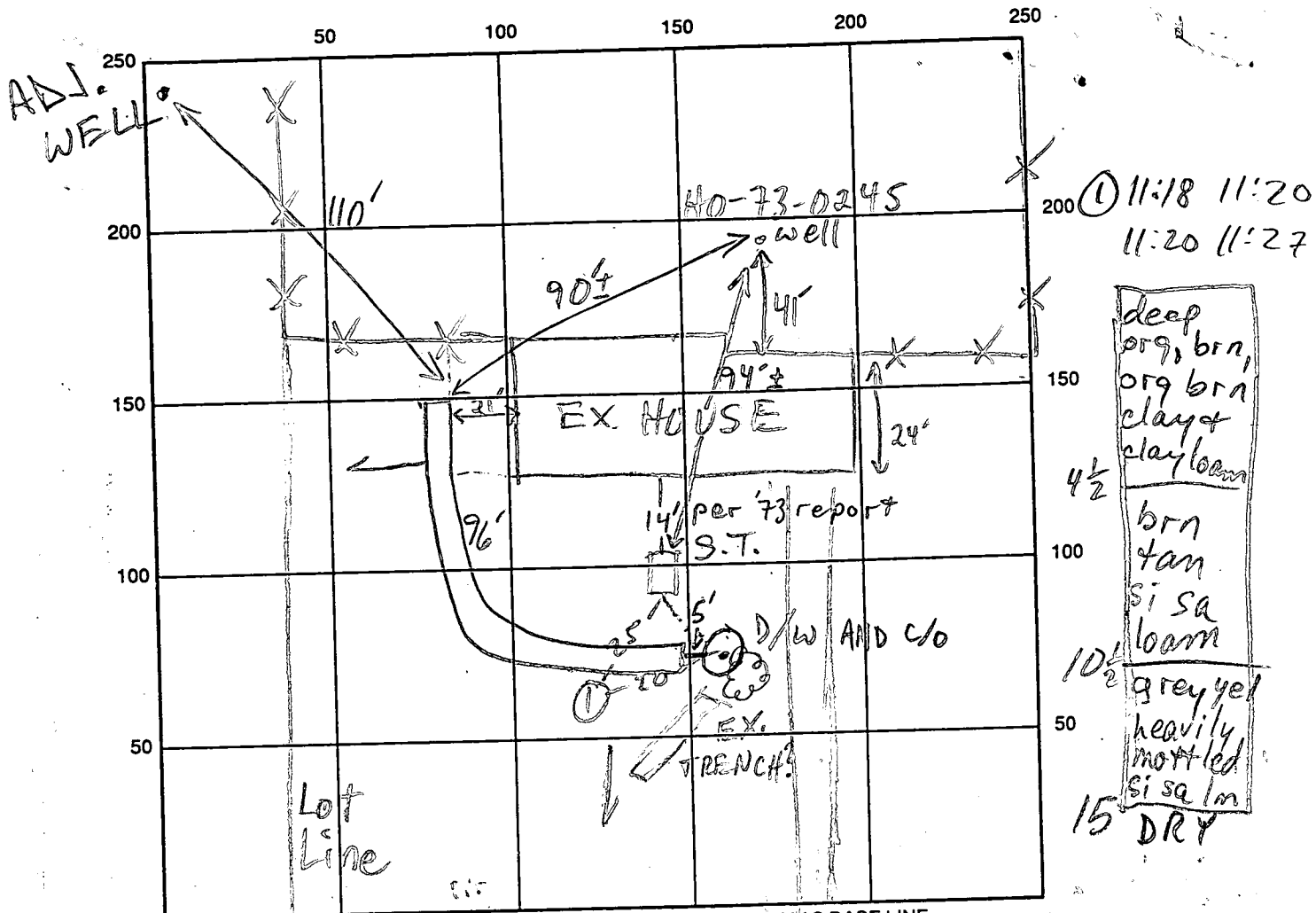
PERMIT VOID AFTER TWO YEARS

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**

47000



STAPLETON DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 1/2 - 6 FT.

EFFECTIVE GRAVEL DEPTH 5 - 5 1/2 FT. TOTAL LENGTH 96 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 500 ± SQ. FT.

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

ABSORBENT AREA 570 ± SQ. FT.

REMARKS: 5/10/91 #1 OK TO START EXCAVATION; REPAIR AREA TIGHT, MOTTLES HEAVY, SO REPAIR TRENCH AS HIGH AS POSS.;

<100' TO WELL TO GET >100' TO DOWNHILL ADJ. WELL

(APPROX SAME AS EX. 94' TO EX. S.T.) MR

5/10/91 #2 OK TO STONE & COVER MR

DATE SYSTEM APPROVED 5/10/91 INSPECTOR M. Rifkin

7/8/73 after 12 noon
6/29/73 trench inspection OK

File Final CBX
P 18509
A 14807

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 5/22/73

Howard Pickett

IS PERMITTED TO INSTALL ALTER

ADDRESS Watersville Road, Mt. Airy, Maryland

PHONE 829-0543

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION Warfield Estates

ROAD Stapleton Drive

LOT 25A

PROPERTY OWNER Maple Hill Farm Associates

ADDRESS 9300 Fontana Avenue, Seabrook, Md. 20801

SPECIFICATIONS 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 130 sq. ft. of absorbent sidewall area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for dry well is 12 ft. below original grade. Locate dry well 38 ft. from front lot line and 125 ft. from left side line as seen from Stapleton Drive.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

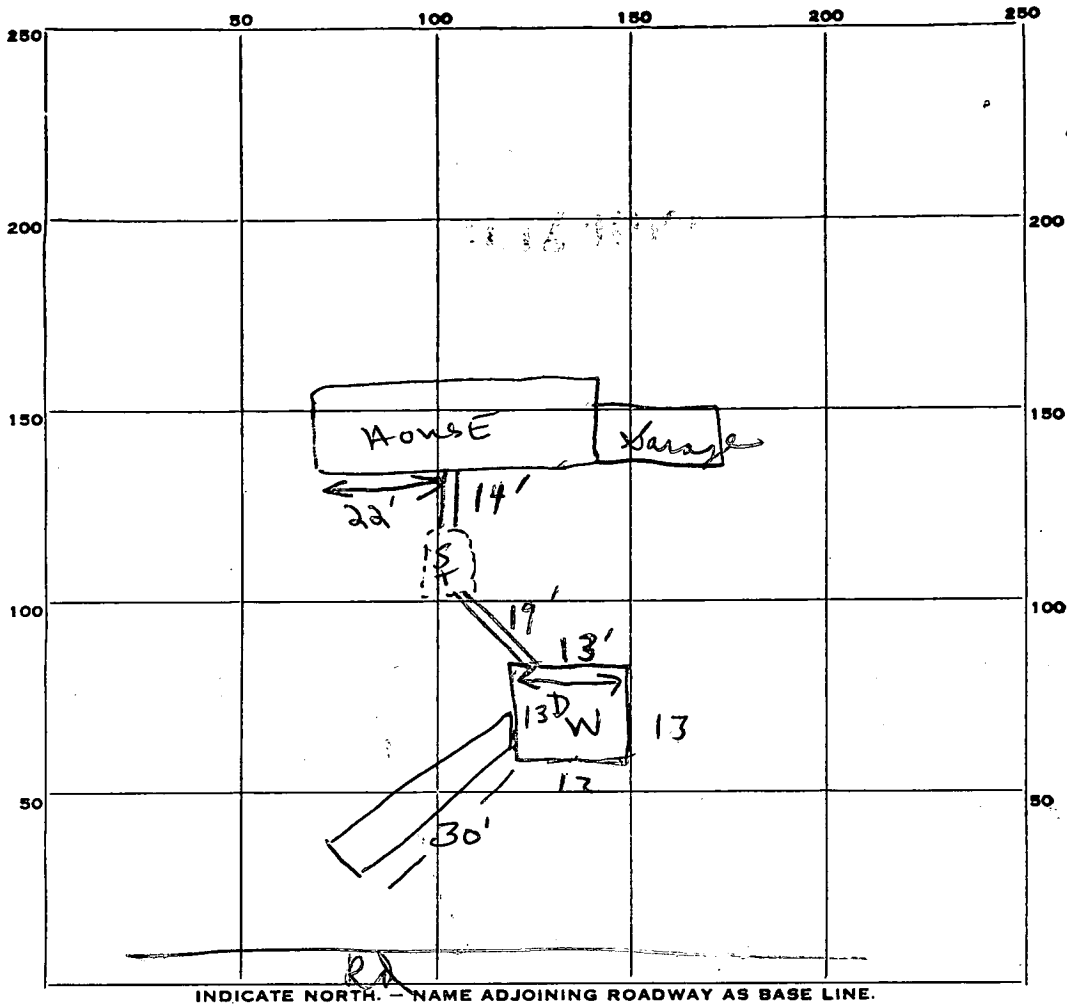
PLANS APPROVED BY J. T. Wright and Robert Torre DATE 10/23/69 and 3/28/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*300 sq' DW below the first 4' of grade come off the
5' begin trench to be 50' long - 12' deep
with 8' gravel under pipe
Roll for insp of trench before
gravel is inst*

A 14807



130
4
520

PERMIT CARD 7/5/73

SEPTIC TANK, LEVEL OK CLEANOUTS OK / OK S.T. / D.W.

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH 9' IN. TOTAL LENGTH 32' FT. $\frac{288}{408}$ $\frac{12}{4}$

1 side of trench outside NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 696 $\frac{12}{4}$

SEEPAGE PITS, INSIDE DIAMETER 51 FT. DEPTH BELOW INLET 8 FT. 408

ABSORBENT AREA 696 SQ. FT.

REMARKS 6/29/73
Trench 32' long, 12' deep off left side of DW hole was
7/5/73 Gravel in trench to 3' from top,
septic Tank in; Dry Well installed;

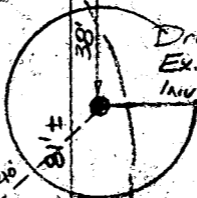
DATE SYSTEM APPROVED 7/5/73 INSPECTOR C. J. Theaker pers spec
Dry Well in general area called for!!

ARLETON DRIVE

50'

N 06° 23' 03" E

171.00'



Dry well
Ex. E15670
Inv. E15630

70' 1/25

75 BRL

Inv. 63.0
Inv. 63.2

FF 70.5
ENT. 74 5/8
BAS. 70

Well
Ex. E15710

Approved
2/23/73
R.T.

25 56
40,772

171.45'

5' UTILITY ESMT.

244 260

W 30' 36' 37" W

2/20/73 - 13 ft. ~~vertical~~ ~~level~~ ~~needed~~

Preliminary

APPLICATION

A 14807

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank - 3 bedrooms - 1000 gal.
" " " " - 1250 gal.

ELLICOTT CITY

3/28/73

Dry Well - 130 sq. ft. of absorbent sidewall area

DISTRICT 4

DATE 9/16/69

per bedroom to begin below the final
4 ft. of non porous soil. Maximum depth permitted
for dry well is ¹²10 ft. below original grade.
Locate dry well 38 ft from front lot line and
¹²⁵73 ft from left side line as seen from Stapleton Dr.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

3/28/73 water at 13 1/2 ft. Good soil to that point.

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Maple Hill Farms Associates

ADDRESS 9300 Fontana Ave., Seabrook, Md. 20801

Any questions call:
Mr. Silbermann
243-2584

PROPERTY LOCATION:

SUBDIVISION Wanfield Estates

LOT NO. 6, Sec. 1

ROAD AND DESCRIPTION Shady Lane Circle 4 Stapleton Dr

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 174' x 232' x 180' x 248'
160' x 270' x 253' x 268' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ MacClintock & Huster

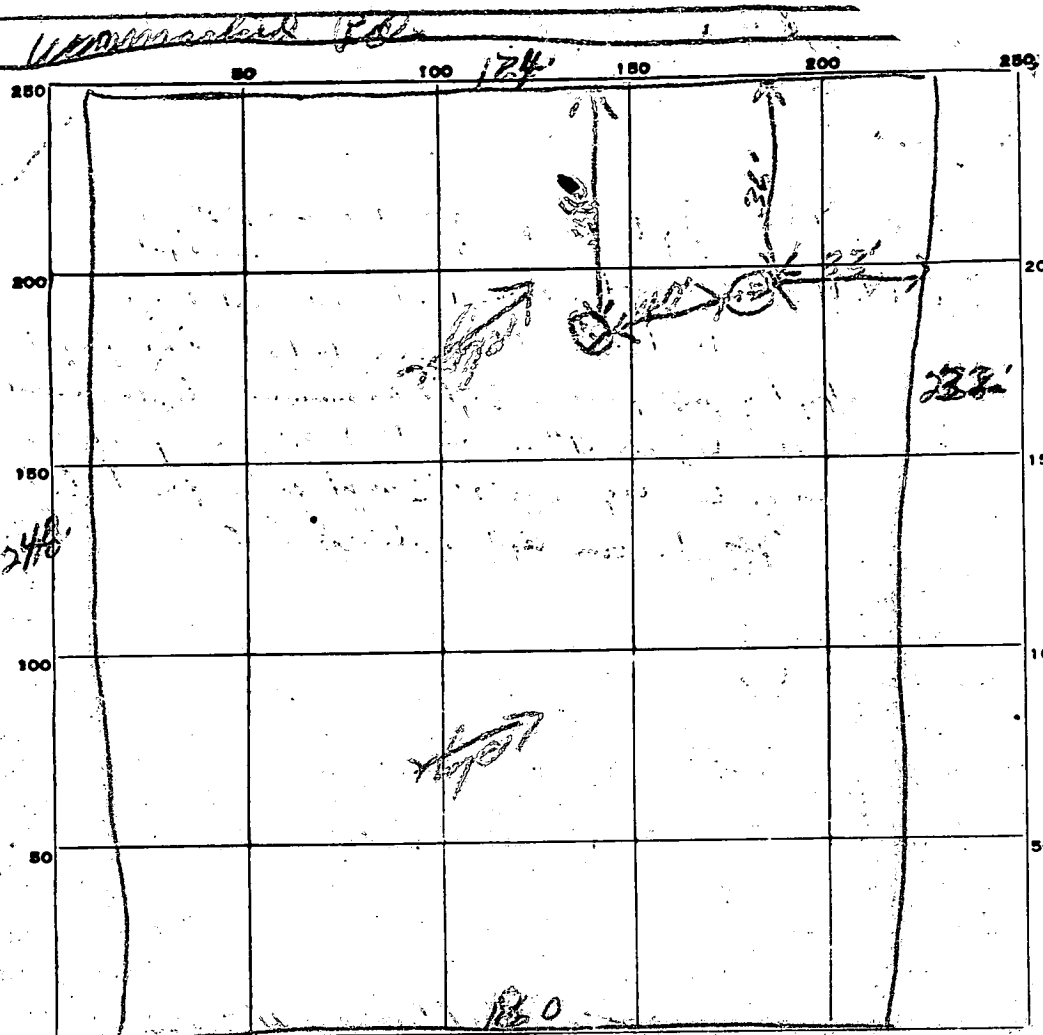
APPROVED BY Tested by J. T. Wright FOR Dry Well DATE 10/23/69
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Shady Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
<i>10/22/69</i>	<i>1</i>	<i>10'</i>	<i>5:22</i>	<i>7:24</i>	<i>2:24</i>	<i>2:12</i>	<i>13 min</i>
	<i>2</i>	<i>4'</i>	<i>5:22</i>	<i>5:04</i>	<i>2:24</i>	<i>2:15</i>	<i>11 min</i>
	<i>3</i>	<i>10'</i>	<i>2:32</i>	<i>4:15</i>	<i>2:15</i>	<i>2:28</i>	<i>12 min</i>
	<i>4</i>	<i>4'</i>	<i>2:12</i>	<i>2:12</i>	<i>2:14</i>	<i>2:28</i>	<i>14 min</i>

lot 6 see 1

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

APPLICATION

A 14807

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank - 3 bedrooms - 1000 gal.*
4 " - 1250 gal

ELLICOTT CITY

DISTRICT 4

DATE 9/16/69

*Dry Well - 130 sq. ft. of absorbent sidewalk area
per bedroom to begin below the first
4 ft of non porous soil. Maximum depth permitted
for dry well is 10 ft below original grade.
Locate dry well 38 ft from front lot line and
73 ft from left side line as seen from Stapleton Dr.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Maple Hill Farms Associates

ADDRESS 9300 Fontana Ave., Seabrook, Md. 20801

Any questions call:
Mr. Silbermann
243-2584

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. 59 Sec. 1

ROAD AND DESCRIPTION Shady Lane Circle 4

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 174' x 232' x 180' x 248'
160' x 270' x 163' x 268'

TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ MacClintock & Huster

APPROVED BY Tested by J. T. Wright FOR Dry Well
(KIND OF SYSTEM)

DATE 12/3/69

REJECTED BY _____ FOR _____
(KIND OF SYSTEM)

DATE _____

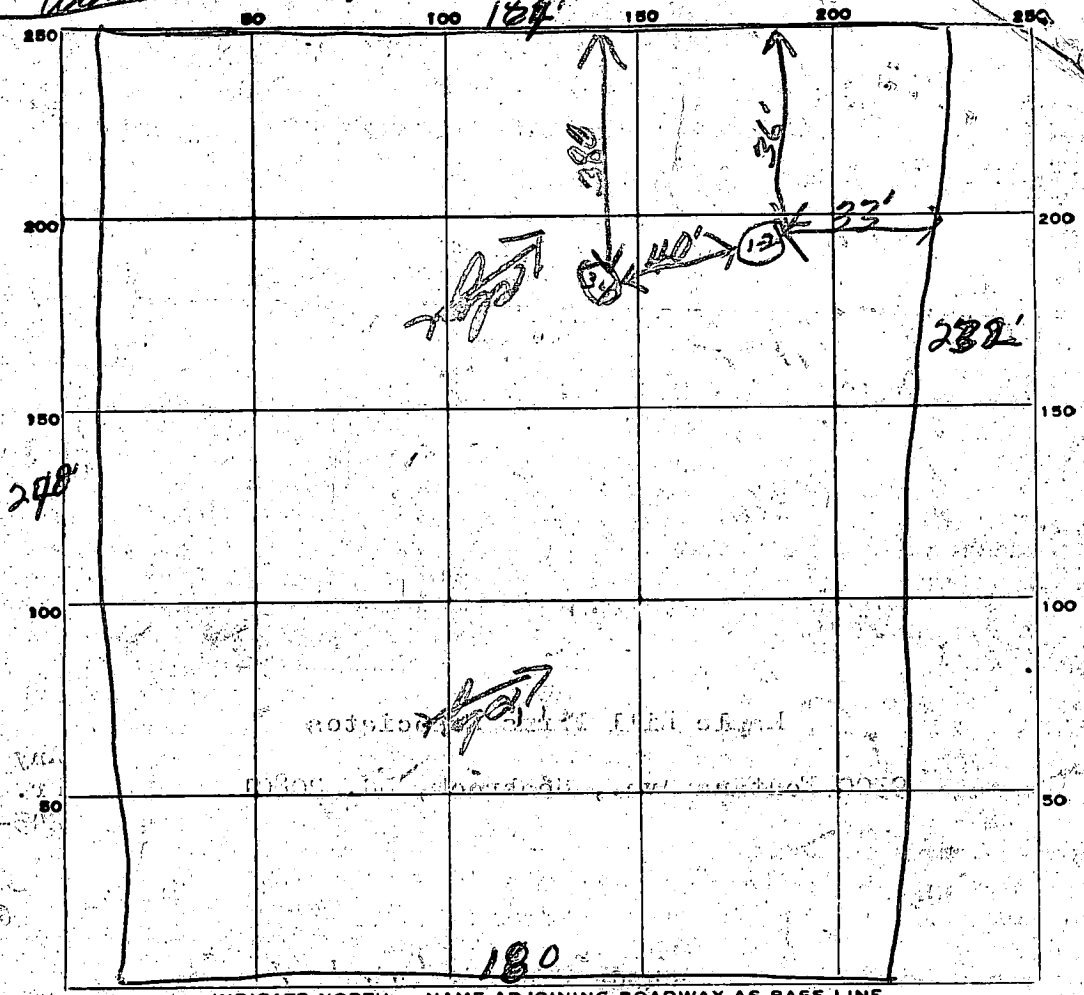
HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Unmarked Plot



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Shatt Lane Circle 4

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/23/69	1	10'	200	204	204	216	12 min
	2	4'	200	204	204	215	11 min
	3	10'	202	215	215	228	13 min
	4	4'	209	214	214	228	14 min

lot
to 59
Sec 1
13 min
area
10/23/69

SOIL AUGER FINDING _____
 TESTED BY [Signature]
 REMARKS _____

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER
H-13-0345
FILL IN THIS FORM COMPLETELY

DNR-131
B 1 3922
SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 OF ALL CARDS)

DATE RECEIVED (DWR USE ONLY) *A14801*
OWNER *Hallie Enterprises*
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD *9332 Annapolis Rd*
COL 36 COL. 55
POST OFFICE *Lanham MD*
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE *4-7-72* LICENSE NUMBER *92*
77 80
L. Franklin Esteder
FIRST NAME DRILLER LAST NAME
SIGNATURE *L. Franklin Esteder*

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY *Howard*
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION *Warfield Estates*
23 42
SECTION *A* LOT *25*
44 46 48 50
NEAREST TOWN *Cooksville*
52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) *4* M I

B 12 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) *5*
8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) *150*
14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD *Burnwoods*
11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) *300* M I

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY }
 T TEST

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

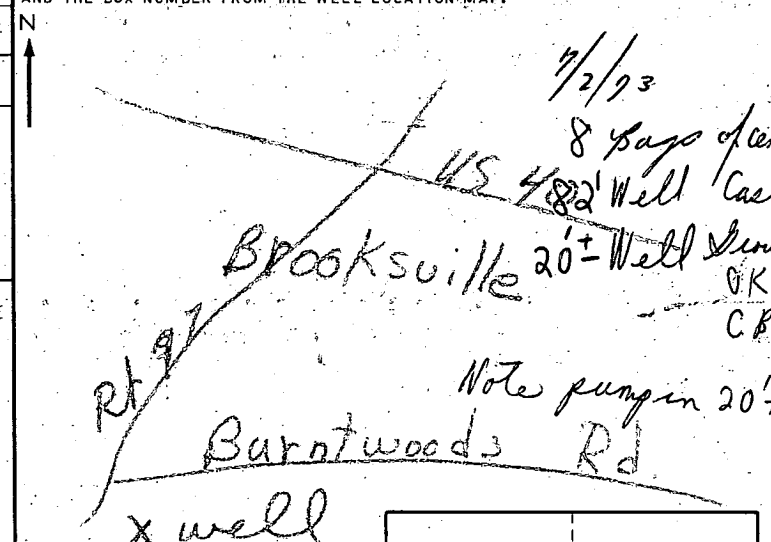
APPROXIMATE DEPTH OF WELL *150* FEET
24 28

APPROXIMATE DIAMETER OF WELL *6"* (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY).
APPROPRIATION PERMIT NUMBER *54* ENGINEER REVIEW DISTRICT NO. *63*
FORCE *54* WRITE INITIALS IN BOX *W* CONDITIONS *W*
67 68 70 71 72 73 74 75 76 77 78 79



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME *Howard* COUNTY NO. *3194*
MO. DAY YR. *04 10 73*
DATE APPROVED BY *Palmer F. Wine*
43 48 *Palmer F. Wine, Director*

BOX NUMBER *790* *527*
NORTH COORDINATE *525000*
50 51 52 53 54 55
EAST COORDINATE *0790000*
57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) *0/0* *5/0*
65 66 67 68

B 5 SPECIAL CONDITIONS 8-63. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6

C 1 **2460**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 OF ALL CARDS)
 DATE RECEIVED (DWR USE ONLY) **6-19-75**
 DATE WELL COMPLETED

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DEPTH OF WELL **300**
 (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-72-0345**
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. **412**

OWNER **Halls Enterprises**
 LAST NAME FIRST NAME
 STREET OR RFD POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>Top soil</i>	0	2	
<i>Sandy</i>	2	76	
<i>Granite</i>	76	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 44 44
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M BENTONITE CLAY B C
 45-46 45-46
 NO. OF BAGS **8** NO. OF POUNDS **800**
 GALLONS OF WATER **50**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **35** FT.
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S T C O
 STEEL CONCRETE
 P L O T
 PLASTIC OTHER

MAIN CASING TYPE S T 6 83
 60 61 63 64 66 70
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1				
2				

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 S T B R H O
 STEEL BRASS OR BRONZE
 P L O T
 PLASTIC OTHER

C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM TO
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN **56** (NEAREST INCH)
 FROM 56 TO 60

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

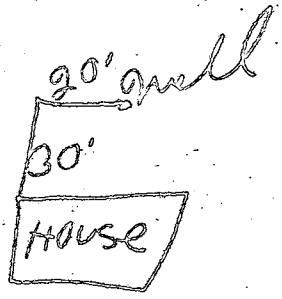
DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 T W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6
PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) **2**
 8 9
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **2**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **40** (NEAREST FOOT)
 17 20
 WHEN PUMPING **300** (NEAREST FOOT)
 22 25
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 27 27 27
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 27 27 27
 J JET S SUBMERSIBLE
 27 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE
 - BELOW } **2** (NEAREST FOOT)
 49 50 51

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **[Signature]**
 (PLEASE PRINT) **[Signature]**
 SIGNATURE