

For
H.M.
1/4/93

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48969

A REPAIR

DISTRICT 3rd

DATE 1/25/93

DATE SYSTEM APPROVED 1/4/93

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Wakefield Property LOT 4 ROAD 12156 Mt. Albert Court

PROPERTY OWNER Dr. Rifat Abousy

ADDRESS 12156 Mt. Albert Court, Ellicott City, MD 21042

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 200

TO REPAIR FAILING SYSTEM - Contractor's assessment of cause of failure:
Excessive water use aggravated by effects of water softener backflush.

INSTALL: 1000 square feet of system total. 2 trenches, each to be 5 ft. wide, inlet 3 ft., bottom 5 ft., 2 feet of stone below distribution box. Greater than standard trench width specified to preserve future repair area.

PLANS APPROVED BY Craig D. Williams DATE 12/23/92

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

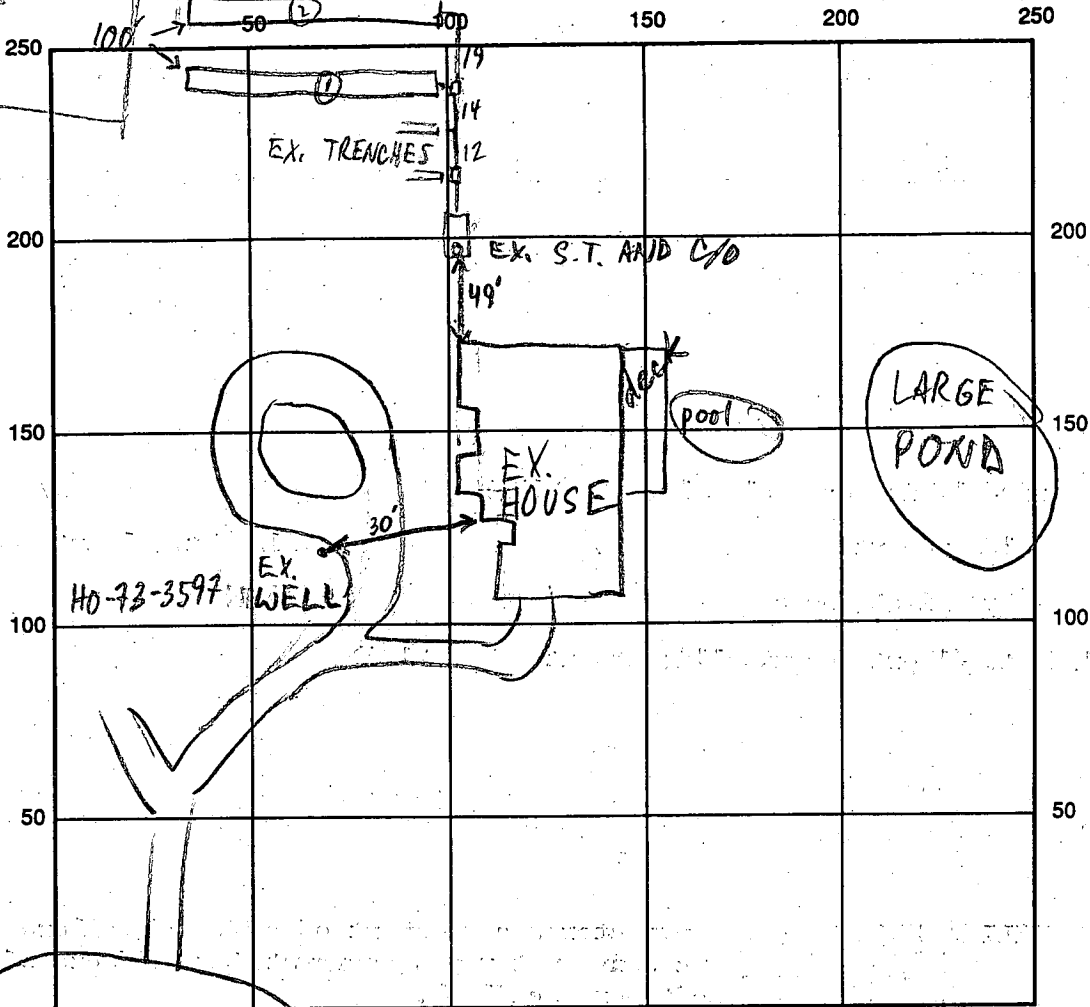
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 48969

SEPTIC EASEMENT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

MT. ALBERT CT

SEPTIC TANK LEVEL 1500 GAL-EX. CLEANOUTS S.T. C/O

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 5 1/2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 0550 @ 600 SQ. FT.

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

ABSORBENT AREA 1150 SQ. FT.

REMARKS: 1/4/93 EX. TRENCH CONNECTIONS MAINTAINED; OK TO COVER ALL MR.

DATE SYSTEM APPROVED 1/4/93 INSPECTOR M. Ripkin

approved 6/7/85
Slayer

6/7/85
Note: Callide bit
after lunch

P 35621

A 22697

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 3 rd

DATE 6/07/85

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Wakefield Property ROAD 12156 Mt. Albert Ct. LOT 4

PROPERTY OWNER Dr. Rifat Abousy

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

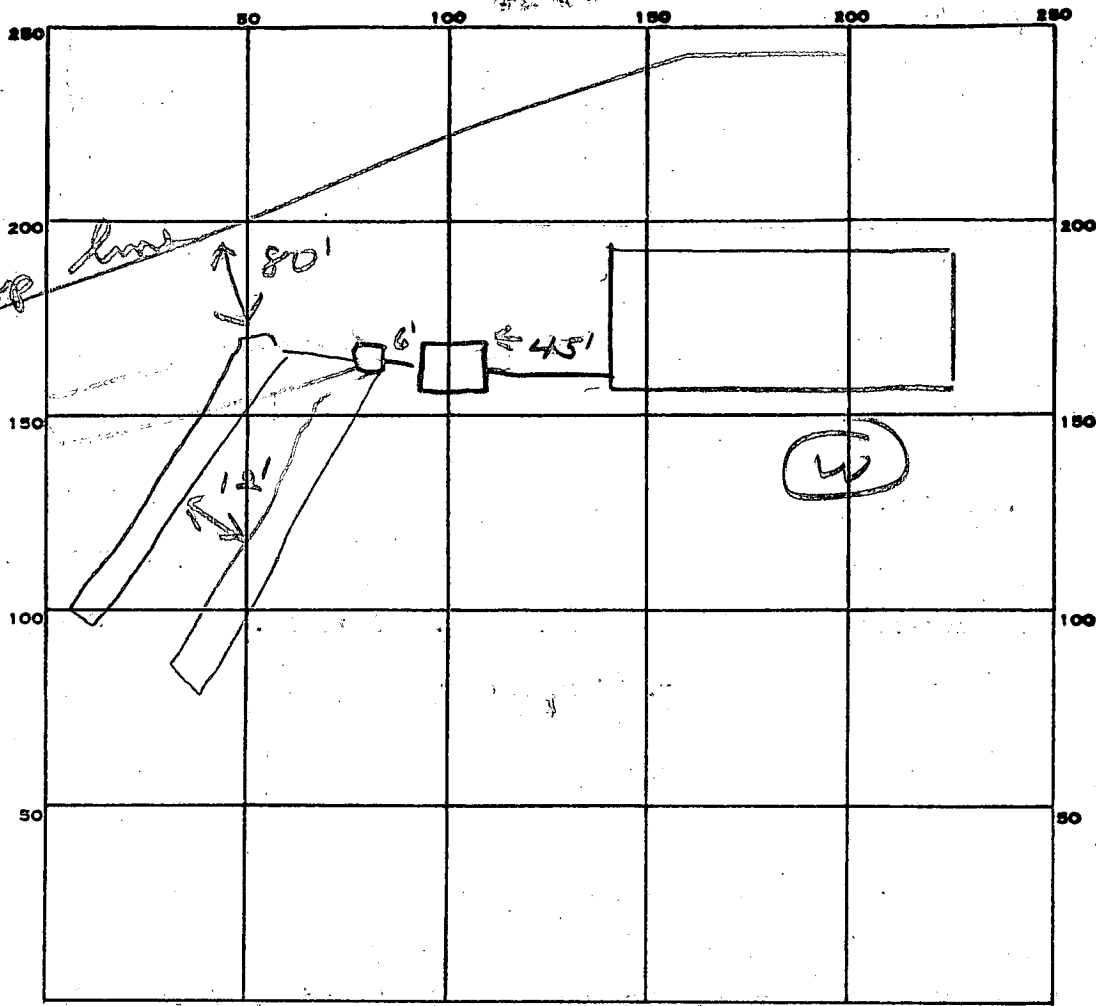
TRENCHES - 174 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 1 1/2 feet of stone below distribution pipe. LOCATION: Start the first trench 90 feet from the left (468.39') lot line and 130 feet from the rear (718.03') lot line. Run trenches along level ground toward left lot line. ALT. LOCATION: 130 feet from left and 115' from rear, along 473.5 contour. NOTE: BE CERTAIN SEPTIC TANK IS 50 FEET FROM WELL. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Craig Williams DATE 1/18/84

- 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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
- 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 THREE 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.

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

A 22697



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1500

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 4 1/2 FT.

GRAVEL DEPTH 1 1/2 IN. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 900

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS 6/7/85 OH to cover all work of

DATE SYSTEM APPROVED _____

INSPECTOR _____

PRELIMINARY

APPLICATION

A 22697

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 1/12/76

*2/25/76
9:30 a.m. - 1:00*

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.

Dr. Ri&f Abousy

PROPERTY OWNER Mark A. Wakefield, Jr.

ADDRESS 12150 Mt. Albert Court, Ellicott City, Md. PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION (Wakefield property) LOT NO. 4

12156
ROAD AND DESCRIPTION Mt. Albert Court

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OR APPLICANT /s/ Mark A. Wakefield, Jr. *B.P. #60715
62715*

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

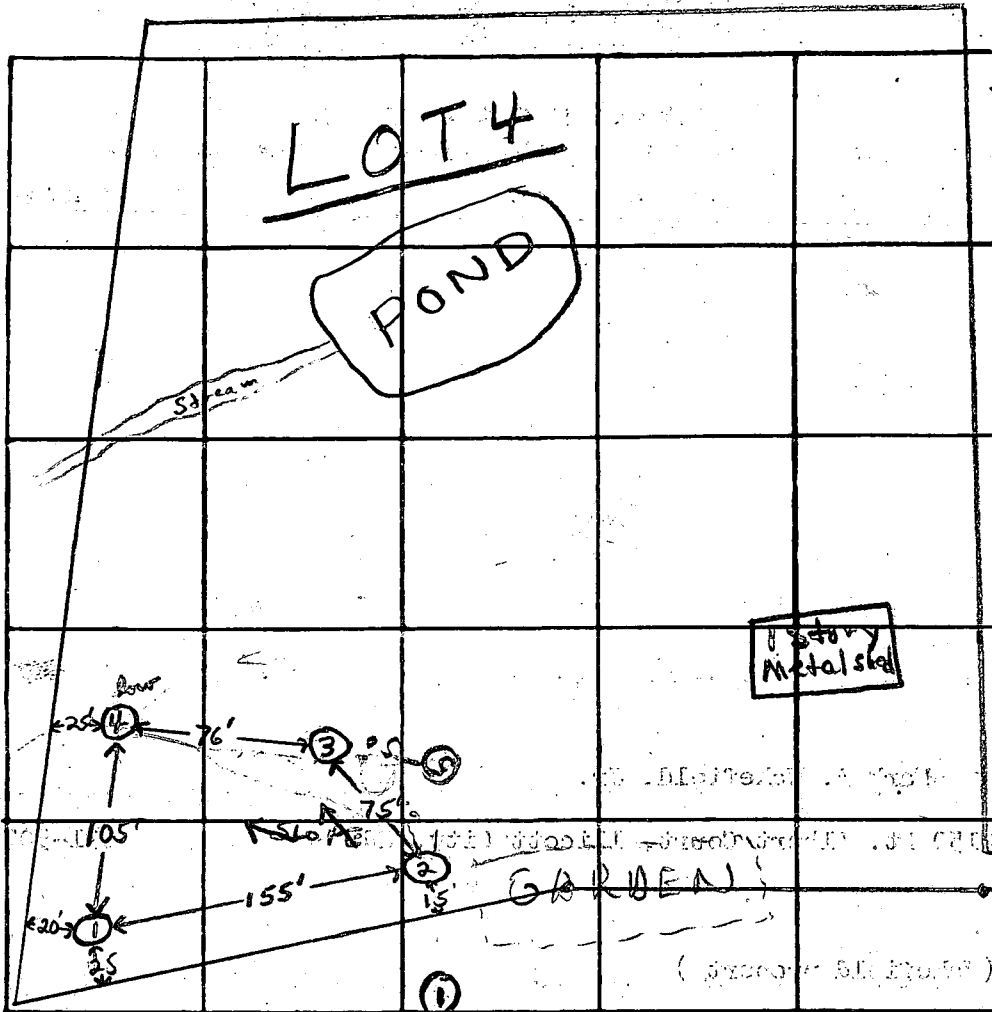
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS F. Skinner DATE 2/18/76

REASONS FOR REJECTION OR HOLDING Underground water - insufficient disposal area

BLDG. PERMIT SIGNED
AND RETURNED 2-19-85

THIS IS NOT A PERMIT



| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------------|--|-------|----------------|-------|---------|
| | | | START | STOP | START | STOP | |
| 2/18/76 | 1 | 4 1/2' | 11:06 | 11:08 | 11:08 | 11:13 | 5 min |
| | 1A | 12 1/2' | 11:06 | 11:10 | 11:10 | 11:18 | 8 min |
| | 2 high | 4' | 11:25 | 11:26 | 11:26 | 11:28 | 2 min |
| | 2A | 12 1/2' | 11:25 | 11:29 | 11:29 | 11:38 | 9 min |
| | 3 | 11 1/2' | Water at 11' Clayey to 3' sandy loam below | | | | |
| | 4 low | 11' | Clay to 3' sandy loam below | | | | |
| 2/25/76 | 5 | 11' | Rock 3-11' - Not acceptable | | | | |
| | 1 | 5' #1 | | | | | 3/8 min |
| | 4 | 2 1/4' / 11' | | | | | |

REMARKS (3) ~ 4' high bed (4)

TYPE OF SOIL sandy loam below top ~ 3' clayey soil

TESTED BY F.S. Mon B.H. ALSO PRESENT: Wakefields crew

0 clay loam
- 3 Leds.
- 1
Loose sand
Rocky stones
- 11'

PRELIMINARY

APPLICATION

A 22697

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 1/12/76

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.

DR. RIFAT ABOUSY

PROPERTY OWNER Mark A. Wakefield, Jr.

ADDRESS 12150 Mt. Albert Court, Ellicott City, Md. PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION (Wakefield property) LOT NO. 4

12156
ROAD AND DESCRIPTION Mt. Albert Court

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OR APPLICANT /s/ Mark A. Wakefield, Jr. BP #60715

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

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

HOLD PENDING FURTHER TESTS Frank Skinner DATE 2/18/76

REASONS FOR REJECTION OR HOLDING Underground water - insufficient disposal area

THIS IS NOT A PERMIT

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

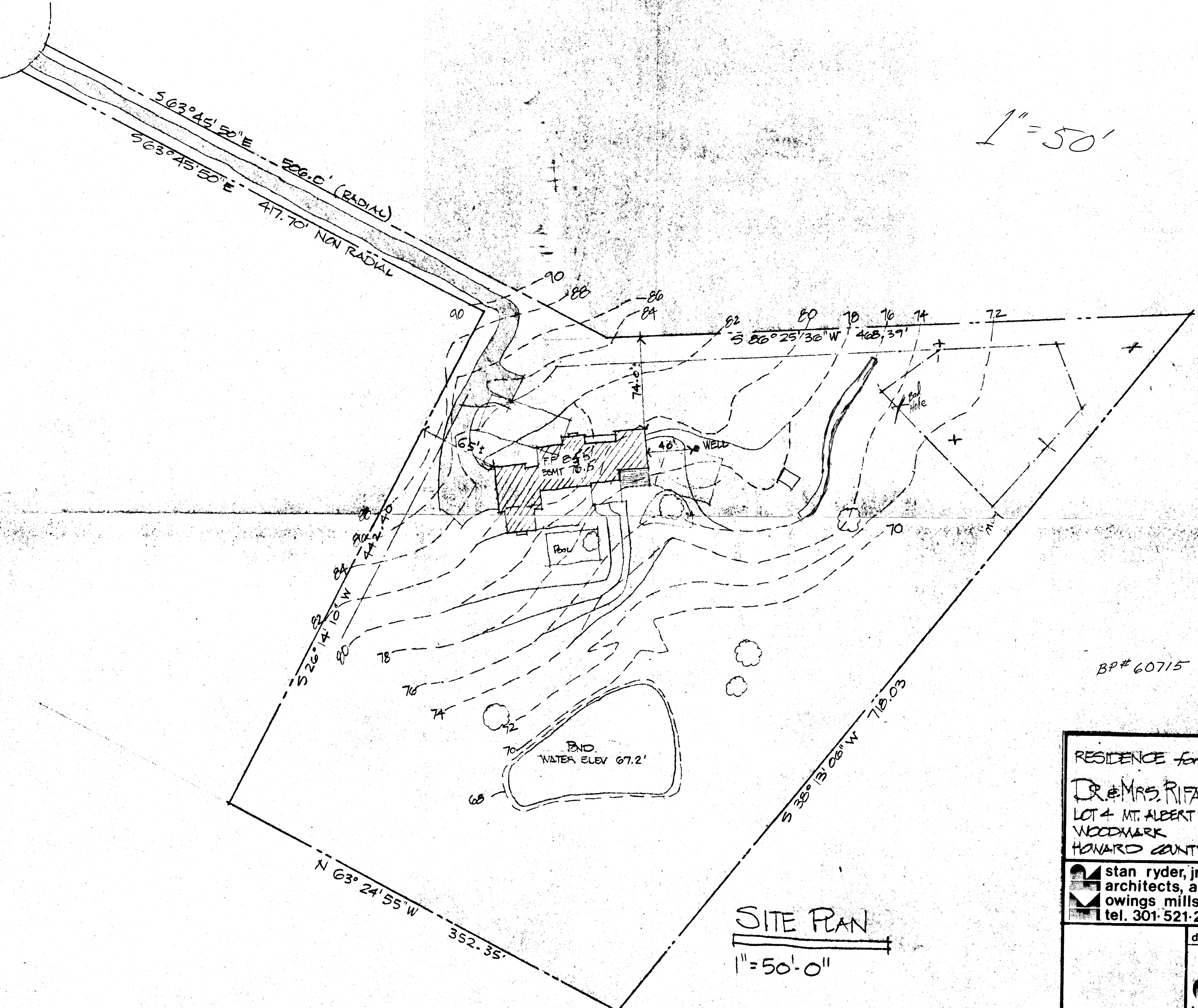
| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

1" = 50'



BP# 60715

RESIDENCE for
 DR. & MRS. RIFAT ABOUSY
 LOT 4 MT. ALBERT COURT
 WOODMARK
 HOWARD COUNTY, MARYLAND

stan ryder, jr. & associates
 architects, a.i.a. box 258
 owings mills, maryland
 tel. 301-521-2367 21117

date MAY 29, 1984

SITE PLAN
 1" = 50'-0"

SPI

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

SEQUENCE NO. (WRA USE ONLY) **4331** WRA PERMIT NUMBER **4.79-5577**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) **5/6/80 9:30 A.M. Scott**

OWNER **5/6/80 Woodmark Inc.**
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD **430th 12150 Mt. Albert Ct.**
 COL 36 COL. 55

POST OFFICE **Ellicott City, Md 21043**
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

DATE **4/19/80** LICENSE NUMBER **308**
 77 80

FIRST NAME **Stanley W. Bollinger Jr.** DRILLER LAST NAME

SIGNATURE *Stanley W. Bollinger Jr.*

B 3 LOCATION OF WELL

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION **Wakefield Prop** 23 42

SECTION **4** 44 46 48 50

NEAREST TOWN **Glencroft** 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) **5** M I 76 77 78

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD **Mt. Albert Ct.** 8 9 8 9

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) **700'** 34 37 38 39

APPROXIMATE DEPTH OF WELL **140** FEET 24 26

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

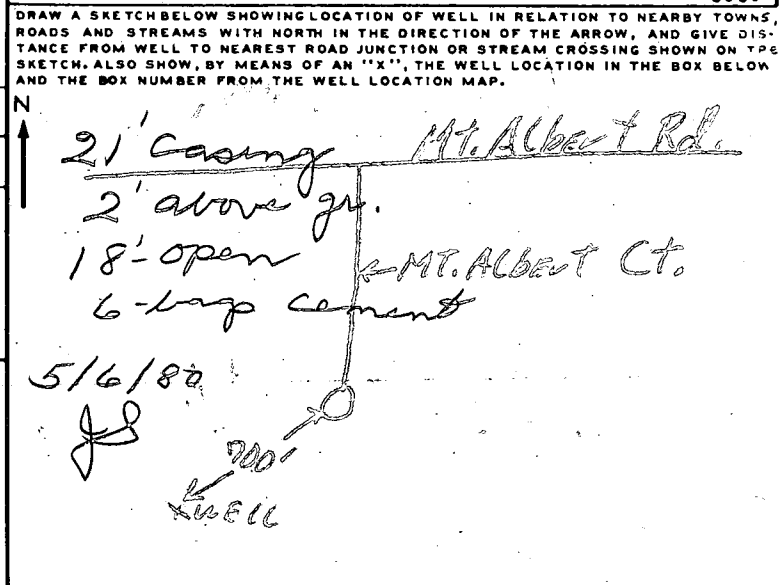
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **65**

FORCE **67 68** WRITE INITIALS IN BOX CONDITIONS **70 71 72 73 74 75 76 77 78 79**

BOX NUMBER **810** **520**

NORTH COORDINATE **521911** 50 51 52 53 54 55

EAST COORDINATE **0915000** 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) **0/0** 65 66 67 68 **0/0** 8/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL #22697

STATE HEALTH (CIRCLE BOX) **Howard** COUNTY NAME **022696** COUNTY NO.

DATE **042880** MO. DAY YR. **43 48**

APPROVED BY **Donald W. Monaghan, Sanitarian**

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 **5570** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 5/6/80

DATE WELL COMPLETED

8-13 15 20

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 105

PERMIT NO. FROM "PERMIT TO DRILL WELL" AD-33-3577

DRILLER'S IDENTIFICATION NO. 908

OWNER Woodmark Inc. LAST NAME

STREET OR RFD 12150 Mt. Albert Ct. POST OFFICE Ellicott City, Md. FIRST NAME

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 | |
| Top Soil | 0 | 2 | |
| Brown Shale | 2 | 7 | |
| Brown Sandstone | 7 | 59 | |
| Brown Sandstone | 59 | 61 | 120 |
| Brown Sandstone | 61 | 70 | |
| Blue Slate | 70 | 75 | |
| Brown Slate | 75 | 105 | |

12156

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 540

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 19 FT. TO 19 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE 57 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 10 (NEAREST FOOT)

WHEN PUMPING 105 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

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 2 (NEAREST FOOT)

BELOW 50 51

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (NEAREST WHOLE FOOT)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

SLOT SIZE: 1. 2 2. 2 3. 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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 Stanley W. Bollinger Jr.

(PLEASE PRINT) Stanley W. Bollinger Jr.

SIGNATURE Stanley W. Bollinger Jr.

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

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).

30' 160'

HOUSE