

11/10/98
L.O. ~~11/12/98~~
11/12/98 10am
1/2/99
WPI - A.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

P 511098

A 49644-D

DISTRICT _____

DATE 11/10/98

DATE SYSTEM APPROVED 11/12/98

INSPECTOR KM

04-359194

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5670

SUBDIVISION Cattail Woods, Sec. II LOT 17 ROAD 1732 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation ~~L. J. Pulte~~

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 240

TRENCHES - Trench to be ³⁰2 feet wide. Inlet ^{5.5'}3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning at the intersection of the 61.33' and 285.10' lot lines, place the distribution box 85 feet down the 285.10' lot line and 40 feet off this same lot line as seen from Cattail Meadows Drive. Run trenches along contour towards the 285.10' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/4/98 OK All

PLANS APPROVED BY Donna K. Soe DATE 10-16-98

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 **BECAUSE PERMIT SKIPPED AND RETURNED**

PERMIT VOID AFTER TWO YEARS

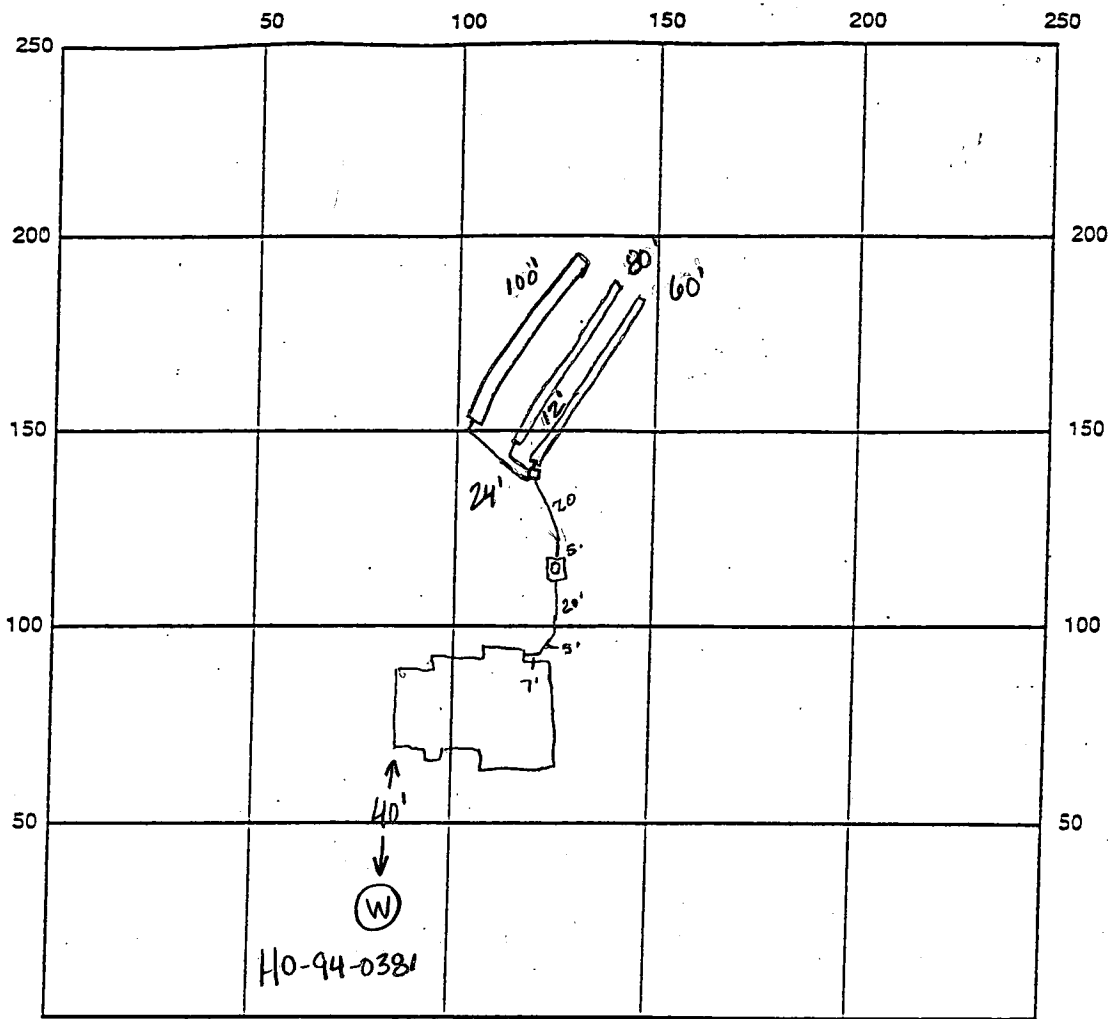
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BECAUSE PERMIT SKIPPED AND RETURNED
Signature

49644-D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS manhole

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH

1	2	3
6'	7.5'	5'

 FT.

EFFECTIVE GRAVEL DEPTH 1.5'-2.0' FT. TOTAL LENGTH $\frac{1 \times 60}{1 \times 80} \times 100$ FT. $\rightarrow 240$

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: 11/10/98 House 2-3' too low - specs changed - see front of permit All

11/12/98 OK to finish stoning last trench and cover all work KM

DATE SYSTEM APPROVED 11/12/98

INSPECTOR Kimberly Maiste

APPLICATION

PERCOLATION TESTING

A 49644D

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4th

DATE 9/30/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Parcel 137, Inc. Pulte Home Corp.

ADDRESS 15298 Union Chapel Road Woodbine, MD 21797 PHONE (410) 442-2101

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.

ADDRESS 8480 Baltimore National Pike, Ste. 418 Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 17

ROAD AND DESCRIPTION End of Brittle Branch Way (1732 Cattail Meadows Drive)

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4Bm
(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. Parcel 137, Inc. Bruce B. Bandal President
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 496421D

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-27-93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cattail Woods Sec II LOT NO. 17

ROAD AND DESCRIPTION Rt 97 sid

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE TYPE BLDG. SFD
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49644.D

COUNTY #

SOIL PROFILE

0' 124
orange
brn

3' red/brn
SSiL

14' 125

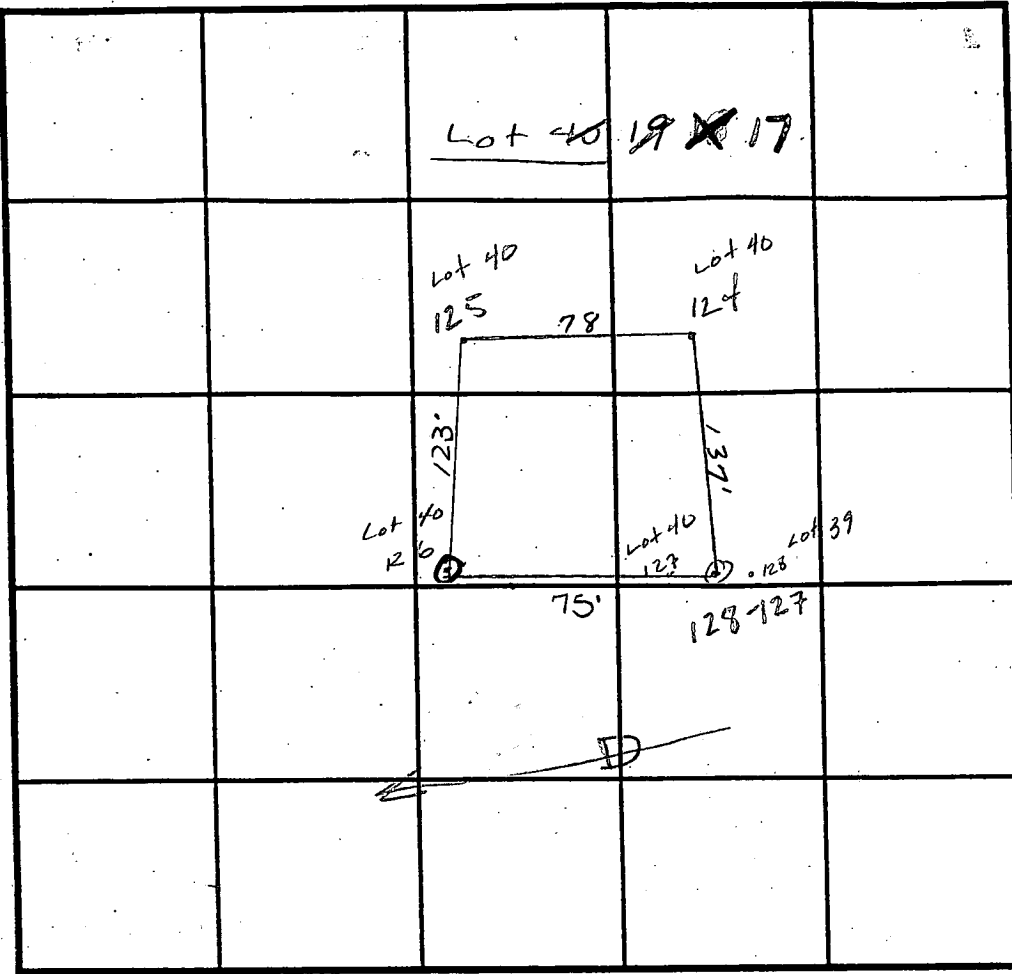
red/brn
C

4' red/brn
SSiL

12' 127-128
orange
brn
CL

3' brn
SSiL
w/ some
yellow

1 1/2'



SOIL PROFILE

0' 126
brn
C w/
red streaks

3' brn
SSiL
rock
content
approaching
50%
in some
patches

11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/13/98	124	3' V14°	10:15 ³⁰	10:17	10:17	10:19 ³⁰	2 1/2 min
	125	4' V12°	10:28 ³⁰	10:34 ³⁰	10:34 ³⁰	10:41	6 1/2 min
	128/127	3' V11 1/2°	10:46	10:47	10:47	10:49	2 min
	126	3' VII°	10:55 ³⁰	10:58 ³⁰	10:58 ³⁰	11:02	3 1/2 min F

REMARKS _____

TYPE OF SOIL Glenelg Loam

TESTED BY A.M. MILLER/C. WILLIAMS ALSO PRESENT B. SANDERS

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 120

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 180 ft²

Total linear feet of trench
required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

Depth of stone required below
distribution pipe 4 feet

Approved Septic System Plan
Howard County Health Department

Douglas J. Lee
Signature

12/16/98
Date

Inv. at house 572.8
Inv. into septic tank 572.4
Inv. at of " " 572.1
Inv. into dist. box 572.0
Ex. elev. at " " 575.5

FF= 582.6
BF= 573.7

NOTE:

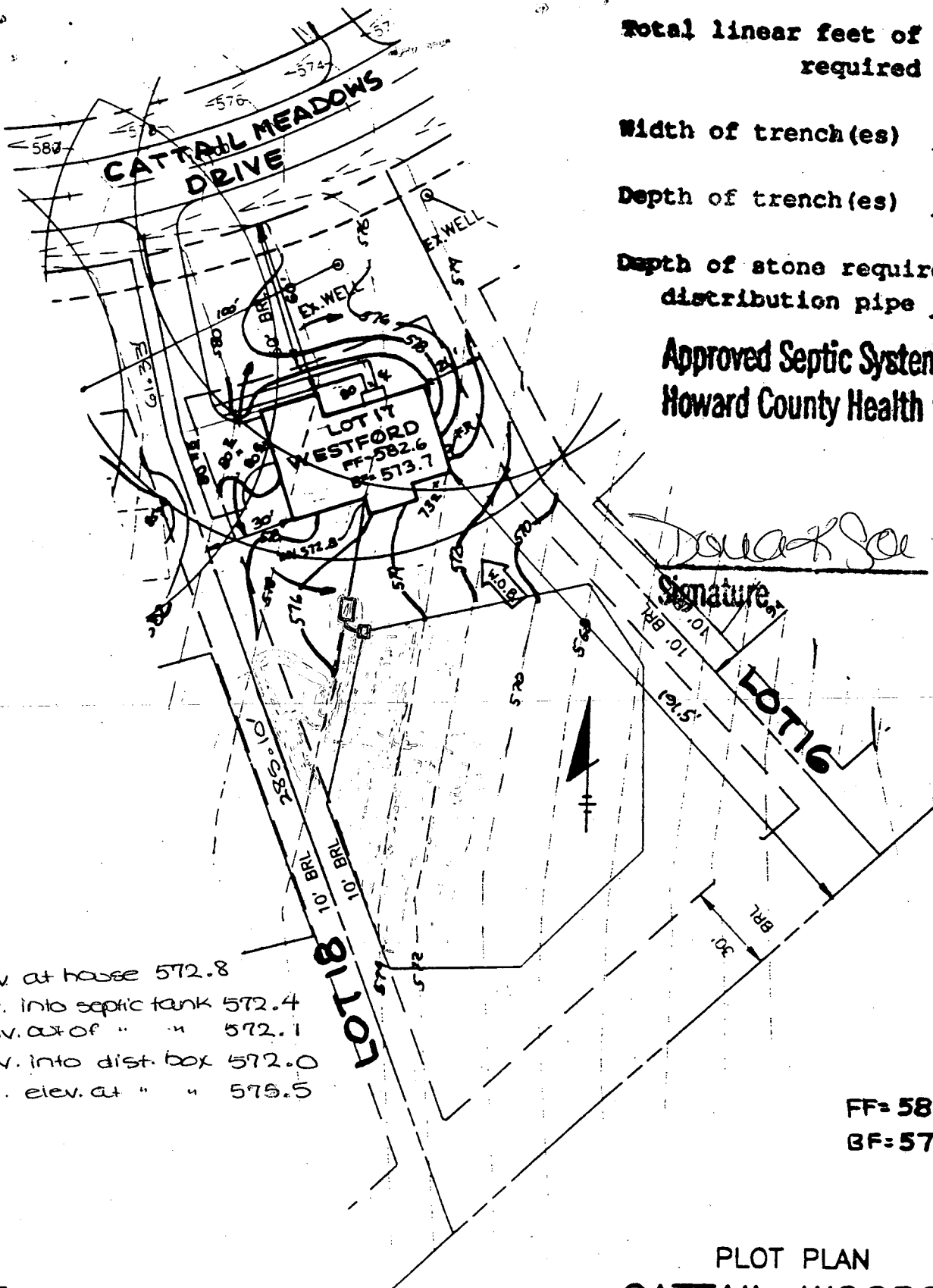
FOR SEDIMENT CONTROL FEATURES SEE APPROVED
GRADING PLAN GP-97-130.

T S A GROUP INC.
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLCOTT CITY, MARYLAND 21043
(410) 465 - 6105

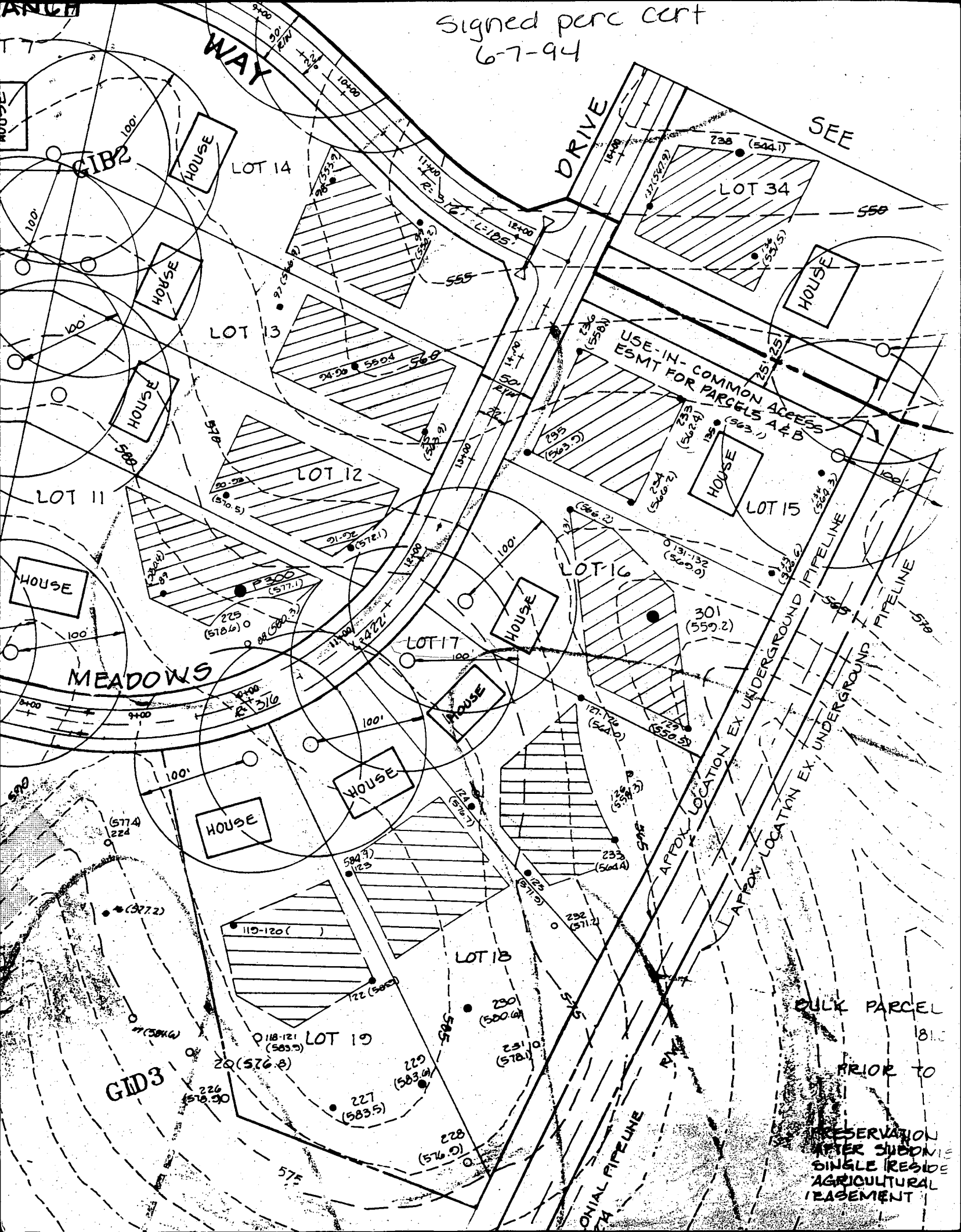
PLOT PLAN
CATTAIL WOODS

LOT 17.
SECTION TWO, PARCEL 5

TAX MAP NO.7 PARCEL 137
PLAT NOS. 12500-12502
4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: SEPT. 16, 1998



Signed perc cert
6-7-94



MEADOWS WAY

DRIVE

SEE

LOT 14

LOT 34

LOT 13

LOT 12

LOT 11

LOT 15

LOT 16

LOT 17

MEADOWS

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

HOUSE

P 300 (577.1)

225 (578.6)

HOUSE

HOUSE

LOT 18

LOT 19

GID3

USE-IN-COMMON ACCESS
ESMT FOR PARCELS A & B

APPROX LOCATION EX UNDERGROUND PIPELINE

APPROX LOCATION EX UNDERGROUND PIPELINE

BULK PARCEL

PRIOR TO

RESERVATION
AFTER SUBDIVISION
SINGLE RESIDENCE
AGRICULTURAL
EASEMENT

SEWERIAL PIPELINE

(577.4)

(377.2)

(394.6)

(576.9)

(583.5)

(583.5)

(576.0)

(580.6)

(578.1)

(571.2)

(564.4)

(559.3)

(550.5)

(559.2)

(562.9)

(563.2)

(563.5)

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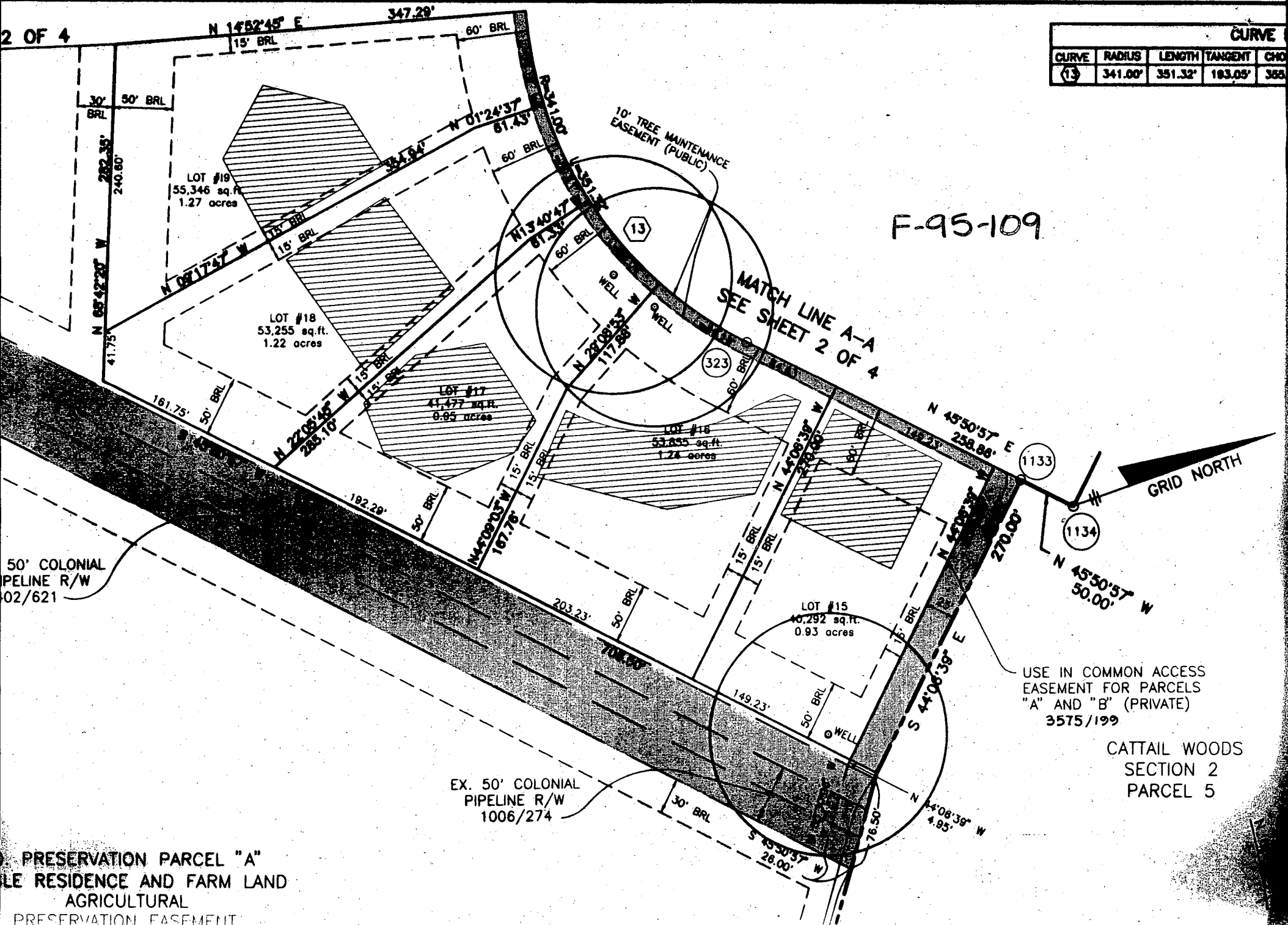
(555)

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(555)

CURVE				
CURVE	RADIUS	LENGTH	TANGENT	CHD
(13)	341.00'	351.32'	183.05'	368



PRESERVATION PARCEL "A"
 SINGLE RESIDENCE AND FARM LAND
 AGRICULTURAL
 PRESERVATION EASEMENT

USE IN COMMON ACCESS
 EASEMENT FOR PARCELS
 "A" AND "B" (PRIVATE)
 3575/199

CATTAIL WOODS
 SECTION 2
 PARCEL 5

12
 1-21-99
 WPE - OK to cover
 P.A. 4' below grade casing 8" above grade
 has 2pc cap (KM)

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 # _____ Date _____
 Name of Installer RWR. PUBG INC Telephone 531-2980
 License Number 4605
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner PULTE HOMES Telephone 644-5603
 Subdivision CATAIL WOODS Lot # 17 Well Tag # 110-94-0381
 Site Address 1732 CATAIL MEADOWS DR.

Pump Motor Pitless Adapter
 1. Type 1. Horsepower 3/4 1. Make CAMPBELL 300X
 a. Deep well jet _____ 2. RPM 3450 2. Model # _____
 b. Shallow well jet _____ 3. Voltage 230 3. Depth 48"
 c. Submersible YES a. 110 _____
 2. Make JACOZZI b. 220 _____
 3. Model # T754712B-52
 4. Capacity 7 GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors YES Cable guards YES Other

Tank WY 203 32 GAL Piping Well data
 1. Capacity EQUIVALENT TO 1. Type WELL TUBING 1. Depth 220 ft.
 2. Pressure relief valve? YES 60 GAL 2. Size 1" 2. Yield 8.5 GPM
 3. NSF and/or BOCA Code approved YES 3. Static water level 55 ft.
 4. Depth of supply line 45 4. Will water supply be disinfected by installer? NO

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: [Signature]

Date: 1-21-99

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

C1 3556

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A# 49644-D

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

020195

032295

220

H0-99-0381

OWNER 206 JOINT VENTURE last name CATTAIL MEADOW DRIVE first name TOWN LISBON SUBDIVISION CATTAIL WOODS SECTION 2 LOT 12

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check of water bearing. Rows include Dirt, Soft Br. Shale, Clay, Soft Br. Shale, Clay, Soft Br. Shale, Blue (hard) & Br. Shale, Br. Shale, Blue Schist, Fracture, Blue Schist.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 30, NO. OF POUNDS 2820, GALLONS OF WATER 180, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 85 ft.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 86.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 8.5, METHOD USED TO MEASURE PUMPING RATE submersible, WATER LEVEL (distance from land surface) BEFORE PUMPING 55, WHEN PUMPING 82, TYPE OF PUMP USED (for test) 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: S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest foot).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED yes Y no N.

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL.

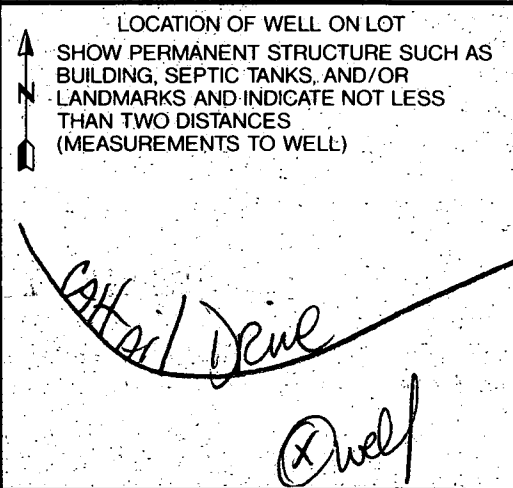
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 256, DANA KYKER JR II, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) table with columns 1-9 and rows 1-3. Row 1: HO, 220, 86. Row 2: empty. Row 3: empty.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 **7827** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H0-94-0381
fill in this form completely

OWNER INFORMATION

Date Received (APA) **020195**

306 JOINT VENTURE
Last Name Owner First Name

15555 UNION CHAPEL
Street or RFD

WOODBINE MD 21797
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

CATAHAIL WOODS SUBDIVISION

SECTION **2** LOT **17**

LISBON NEAREST TOWN

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

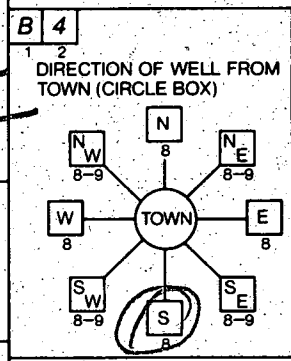
DRILLER INFORMATION MSD/MGD/MWD

DANA Keyler Driller's Name License No. **256**

Westminster Rotary Well Drilling Firm Name

P.O. Box 861, Westminster, Md 21158 Address

DANA Keyler Signature Date **1-31-95**



CATAHAIL Meadow Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

20 DISTANCE FROM ROAD ENTER FT. OR MI **FT**

TAX MAP: **7** BLK: _____ PARCEL **B7**

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

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# **49644-D** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____ INSERT S

030695 DATE ISSUED **3/6/96** EXP. DATE

542000 NORTH GRID **0781000** EAST GRID

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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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)

APPROX. PERMIT NUMBER **GAP**

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **H0-94-0381**

