

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 514695

A 49888-M

ISSUE DATE 12/7/2000

APPROVAL DATE 2/8/01

INDEXED 04-357418

1/3/01
layout
2:00
1-17-01
ASAP
2/8/01
2pm
pump Test
1/16/01
Co Follow up
(2100 > repair @ Kandy's)

Jack Fyock Septic Service

IS PERMITTED TO INSTALL x ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737

PHONE 410-988-9270

SUBDIVISION Harless Manor

LOT NUMBER 8

ADDRESS 14053 Monticello Drive

PROPERTY OWNER Cornerstone Homes Inc

PROPERTY OWNER'S ADDRESS 9691 Norfolk Avenue

SEPTIC TANK CAPACITY 1250 GALLONS

Laurel, MD 20723

PUMP CHAMBER CAPACITY 1250 GALLONS *** TOP SEAMED SEPTIC TANK REQUIRED ***

NUMBER OF BEDROOMS 4 *** TOP SEAMED PUMP CHAMBER REQUIRED ***

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth

5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 10 feet from left (348.36') lot line and 190 feet from front lot line as viewed from Monticello Drive. Install trenches on contour in both directions. 11/17/00 OK (BB)

SPECS REVISED TO SHALLOW SYSTEM @ INSTALLER'S REQUEST MR 12/19/00

PLANS APPROVED Amy McMillen

DATE 11/3/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

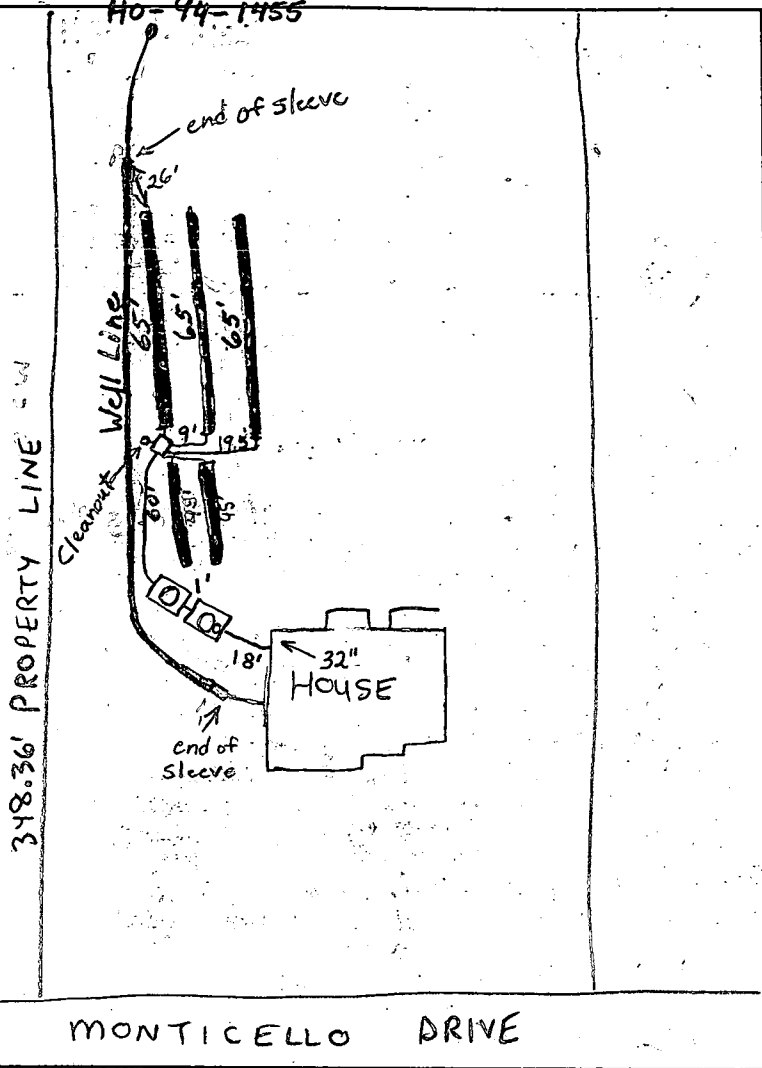
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

49888-M

NOT TO SCALE
HO-94-1455



TRENCH DATA	
TRENCH WIDTH	<u>3.0'</u>
TRENCH INLET DEPTH	<u>3.0'</u>
TRENCH BOTTOM DEPTH	<u>5.0'</u>
DEPTH OF STONE	<u>2.0'</u>
NUMBER OF TRENCHES	<u>5</u>
TOTAL TRENCH LENGTH	<u>238'</u>
ABSORBENT AREA	<u>849 ft²</u>
DISTRIBUTION BOX LEVEL	<u>Yes</u>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1250 TS</u> GALLONS
MANHOLE RISER	<u>Yes</u>
6 INCH INSPECTION PORT	<u>Yes</u>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	<u>1250 TS</u>
MANHOLE RISER	<u>Yes</u>
ALARM	_____
PUMP PERFORMANCE TEST	_____

MET INSTALLER-

PRE-CONSTRUCTION INSPECTION: 1/3/01-INSTALL TANKS & BOX PER PLAN, IF CONTOUR IN FIELD RUNS

MORE PARALLEL TO 348.46 LOT LINE, RUN TRENCHES IN BOTH DIRECTIONS TOWARDS THE FRONT & BACK LOT LINES (STAKES A & B) OTHERWISE KEEP PER PLAN, WELL LINE MUST BE SLEEVED AS
INSPECTION COMMENTS: IT PASSES BY SEPTIC EASEMENT, OK TO BEGIN; EASEMENT STAKED (SRW)

1/16/01 Tanks set. First 4 trenches done. WPD O.K. (BB)

1/17/01- OK TO COVER ALL WORK, SYSTEM COMPLETE PENDING PUMP &

ALARM TEST (SRW) 2/8/01 Pump and alarm working. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 2/8/01

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: FEAGA Plumbing Co Telephone #: 410-465-1401
Address: 3205 HERRMANN RD
WOODSTOCK, MD 21663

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): KEVIN FEAGA License# 6318
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Cornerstone Homes Telephone #: _____
Subdivision: HARLESS MANOR Lot #: 8 Well Tag #: HO 94-1435
Site Address: 19053 Monticello Drive

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: _____	Two piece watertight cap: <u>✓</u>
Model #: <u>7GS05V12</u>	Model#: _____	Screened, vented well cap: <u>✓</u>
Pump Capacity: <u>2</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: _____ GPM	NSF approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>182</u> (feet)		Conduit secured to well cap: <u>✓</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

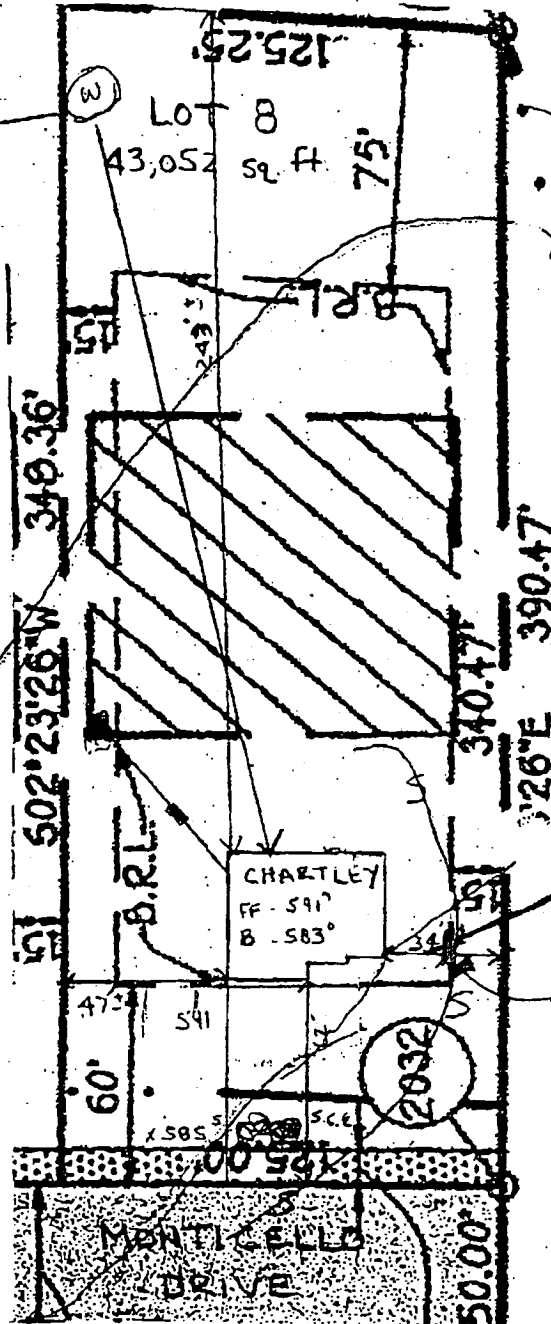
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6ft</u>
Depth of supply line: <u>40</u> (36" min)	Sleeve caulked and sealed properly: <u>✓</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 2/5/01

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/16/01 Date Insp. Approved: 1/16/01 (BB) SRU
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tug attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



300109178-
 2/5/01
 Propane tank
 location is OK
 as shown
 A McMill

PROpane
 TANK

Septic ELEVATIONS

- HOUSE OUT - 586²
- ANK IN - 585⁷
- ANK OUT - 585⁴
- BOX IN - 584⁶
- BOX OUT - 584⁵
- EXISTING
 PIT BOX - 588⁵

CORNERSTONE
 Homes

D14008

HARLESS MANOR

Lot 8

A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', HARLESS MANOR, PHASE I
 PLAT No. 12025 AND 12026)

ZONING: 'RC-DED'

TAX MAP No. 9 Part of PARCEL No. 9, GRID 19
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: MARCH 16, 1996

Scale: 1" = 100'

SHEET 2 of 2

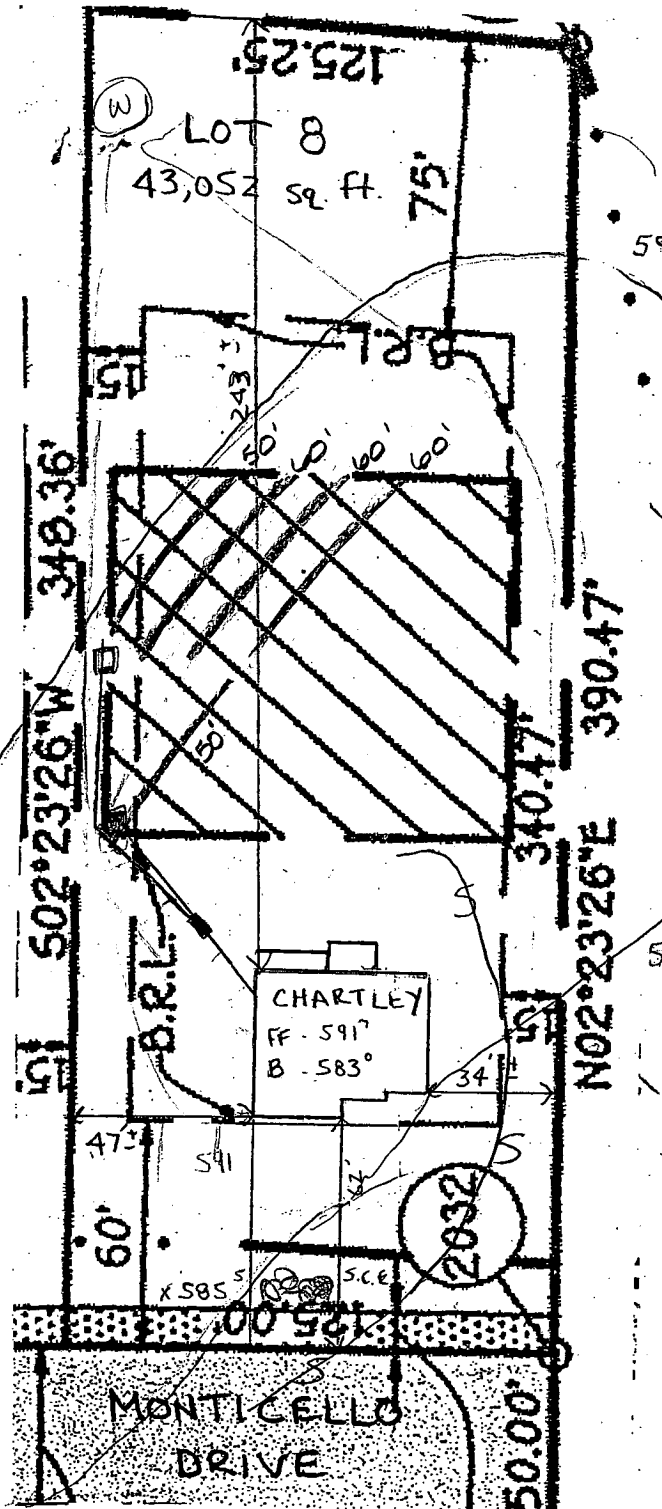
594-19 P94-20 F95-153

Septic ELEVATIONS

HOUSE OUT - ~~586~~ 588.4
 TANK IN - ~~585~~ 588.0
 TANK OUT - ~~585~~ 587.7
 BOX IN - ~~584~~ 586.5
 BOX OUT - ~~584~~

EXISTING AT BOX - 584.5
~~588.5~~

Per John Cadners of
 Cornerstone Homes -
 elevation changes
 are OK. ✓



Total linear feet of trench required 280 feet

Width of trench(es) 20 feet

Depth of trench(es) 6.0 feet

Depth of stone required below distribution pipe 30 feet

Sanitary Sewer System Plan

Howard County Health Department

John M. McCall 11/3/00
 Signature Date

HARLESS MANOR

Lot 8

(A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', HARLESS MANOR, PHASE 1
 PLAT Nos. 12025 AND 12026)

ZONING: 'RC-DEO'

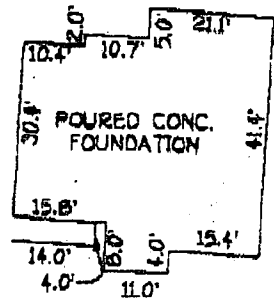
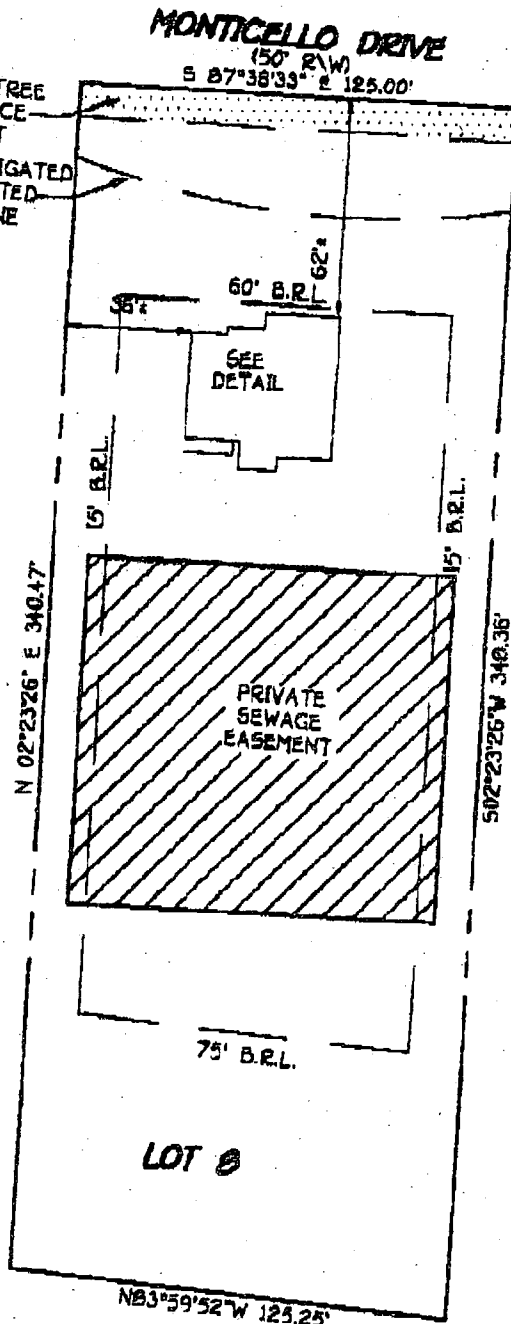
TAX MAP No. 9 Part of PARCEL No. 9, GRID 19
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: MARCH 16, 1996

Scale: 1" = 100'

SHEET 2 of 2

594-19 P94-20 F95-153

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).
 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



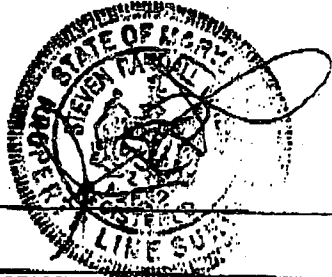
DETAIL
1"=30'

11/28/00 -
House
Location
consistent
w/ approved
BP plan

LOT 8
HARLESS MANOR
PHASE 1
LOTS 1 THRU 20,
PRESERVATION PARCEL 'A'
AND NON-BUILDABLE BULK PARCEL 'B'
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 12025

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 592.7±

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - 10222 BULTEME NATIONAL PKWY.
BELLEVILLE CITY, MARYLAND 21038
410 681 - 2255



PROFESSIONAL LAND SURVEYOR DATE 11/27/00
REG. # 982

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 11/28/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 11/27/00
DRAWN BY: T.E.F.
CHECKED BY: C.C.
PROJECT No. 51527

APPLICATION

PERCOLATION TESTING

A 49888M

P _____

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

DISTRICT FOURTH

DATE DECEMBER 8, 1993

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 LEROY H. HEWITT

ADDRESS 13900 MONTICELLO DRIVE, COOKESVILLE, MD. 21723 PHONE 442-2753

AGENT ~~OR PROSPECTIVE BUYER~~ FISHER COLLINS & CARTER INC.

ADDRESS 9171 Balto. National Pke suite 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:
SUBDIVISION HARLESS MAJOR LOT NO. Final 9 New 8

ROAD AND DESCRIPTION MONTICELLO DRIVE

TAX MAP 1008 B AND 9 PARCEL # 9,252 and 32A

SIZE OF LOT 1 Ac.± TYPE BLDG. SINGLE FAMILY DETACHED
(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. Richard J. Fisher (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

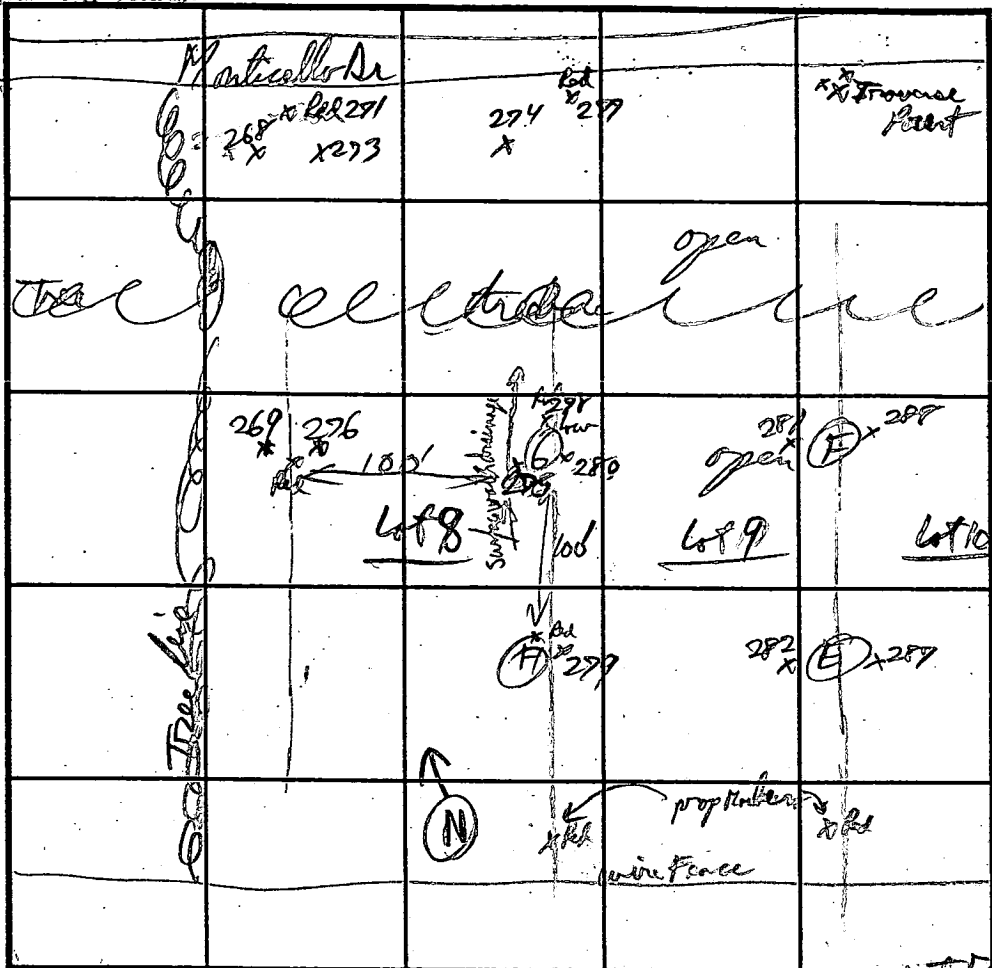
REASONS FOR REJECTION OR HOLDING _____

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' 275/280 G
 Str Brown
 - yel Brn
 CL
 3 1/2'
 Mid yellow
 mica
 Loose
 Saprolite
 5 1/2'
 pale
 Red Brn
 to Tan
 SL
 mica
 Loose
 12'

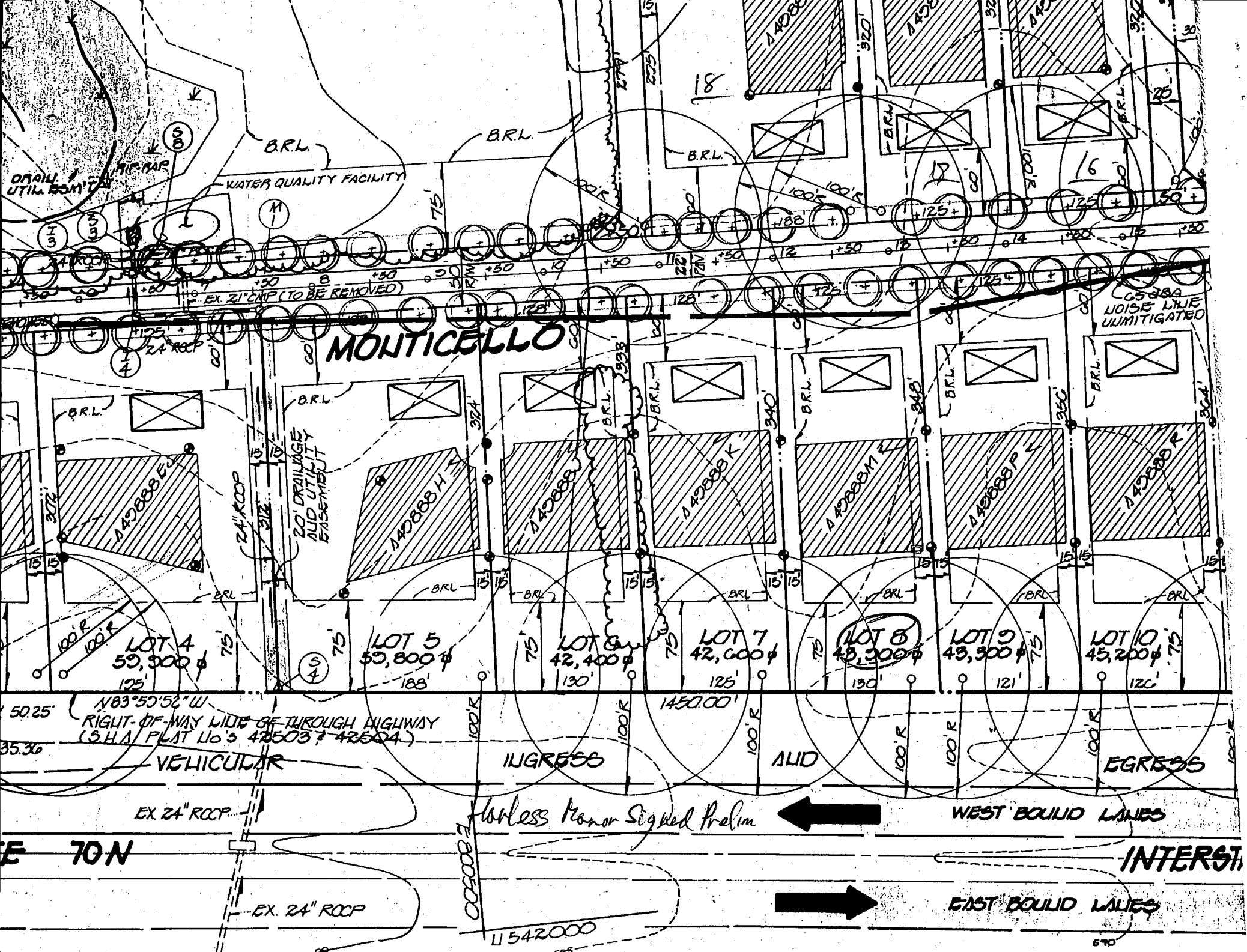
279 H
 Red SCL
 2 1/2'
 yellow
 yellow
 to brown
 SL
 Saprolite
 4 1/2'
 Mix
 Red Brn yellow
 SL (mica)
 11 1/2'
 12' grey Brn SL

SOIL PROFILE
 0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/22/94	287/82 E	4 1/2'	OK	down 3'			11 min
		v 11'					3 min
	288/81 F	v 12'	OK	down 3'			12 min
	open 4 1/2' 275/286 (Red 275)	4 1/2'	12:10:00	12:17:40	12:18:00	12:30:00	12 min
	279 H	v 12'		Visual Only			

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY R. P. Kibler ALSO PRESENT D. Kellman, Provo
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 min TRENCH WIDTH 3
 INLET DEPTH 3 1/2 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210



PI 111

C1 05186 SEQUENCE NO. (MDE 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 A-49888M

ST/CO USE ONLY DATE RECEIVED 7-10-98 DATE WELL COMPLETED 04-15-98 Depth of Well 180 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1455

OWNER HEWITT LEROY STREET OR RFD MONTICELLO DR TOWN COOKSVILLE SUBDIVISION HARLESS MANOR SECTION LOT 8

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. Top Soil 0 2, Brown Shale 2 40, Brown Slate 40 45, Blue Slate 45 80, Brown Slate 80 85, Blue Slate 85 185.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N). TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 19 NO. OF POUNDS 190. GALLONS OF WATER 114. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 58.

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

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

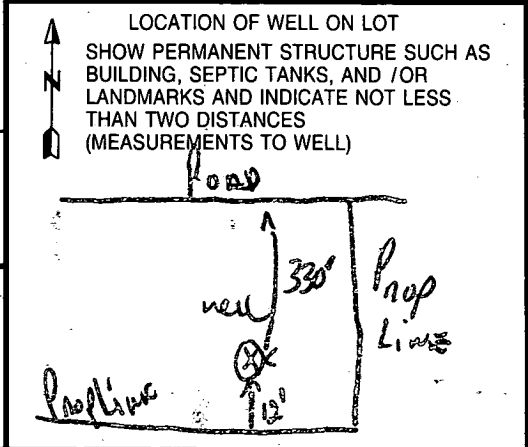
DEPTH (nearest ft.) HO 56 185. SLOT SIZE 1 2 3. DIAMETER OF SCREEN 56 60 (NEAREST INCH) from to.

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.

PUMPING TEST HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 38 ft. TYPE OF PUMP USED (for test) air (A) piston (P) turbine (T) centrifugal (C) rotary (R) other (O) jet (J) submersible (S).

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO). IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35. PUMP HORSE POWER 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below (nearest foot) 2.



NUMBER OF UNSUCCESSFUL WELLS: 0. 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 116. DRILLERS SIGNATURE. LIC. NO. 1 M SD 117. DRILLERS SIGNATURE.

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

B 1	872	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-1955 <small>70 fill in this form completely 79</small>
------------	------------	--------------------------------	---	---

Date Received (APA)
012398

OWNER INFORMATION

HEWITT LEROY
15 Last Name 13 Owner 34 First Name

14070 MONTICELLO DR
36 Street or RFD 55

COOKSVILLE MD 21723
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD
8 COUNTY

HARLESS MANOR
23 SUBDIVISION 42

SECTION **1** LOT **8**
44 46 48 50

COOKSVILLE
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** **M** **I**
73 76 77 78

DRILLER INFORMATION CIRCLE: **MSD**/MGD/MWD

Ralph MAYNE
Driller's Name 77 License No. **0116**

Ralph Mayne (Well Drilling)
Firm Name

9120 Brown Church Rd Mt Airy
Address

Ralph Mayne 1-23-98
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Monticello Dr.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH

34 **330** 37
DISTANCE FROM ROAD

ENTER FT OR MI **FT**
38 39

TAX MAP: **9** **19** PARCEL **128**
BLK

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **590**
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD **A-99888M**

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED **3/5/98** INSERT S **41**

Alab Sangre CO SIGNATURE EXP. DATE

NORTH GRID **590000** EAST GRID **890000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
24 28

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

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jettied & DRIVEN**

AIR-ROTARY **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)

CABLE **REVerse-ROTary** **DRive-POINT**

other _____

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

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ **G A P** _____

FORCE **GJ** WRITE INITIALS IN BOX PERMIT No. **40-94-1955**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

800
540

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY

