

B4494
anytime ✓

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-309502

P 50180

A 36058

DISTRICT 4th

DATE 7/29/94

DATE SYSTEM APPROVED 8/4/94

INSPECTOR CBJ

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

Will Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 17540 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-5788

SUBDIVISION Larue Beacraft LOT ROAD 3165 Florence Road

PROPERTY OWNER Keith Bennett

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from right rear lot corner place distribution box 138 feet down the rear (396') lot line and 120 feet off the same lot line as seen when facing property from Florence Road. Run trenches along contour towards the front (396') and rear (297') lot lines.

(357.35') JEN (396') JEN 7-29-94 JEN

PLANS APPROVED BY Amy L. McMillen DATE 7/22/94

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

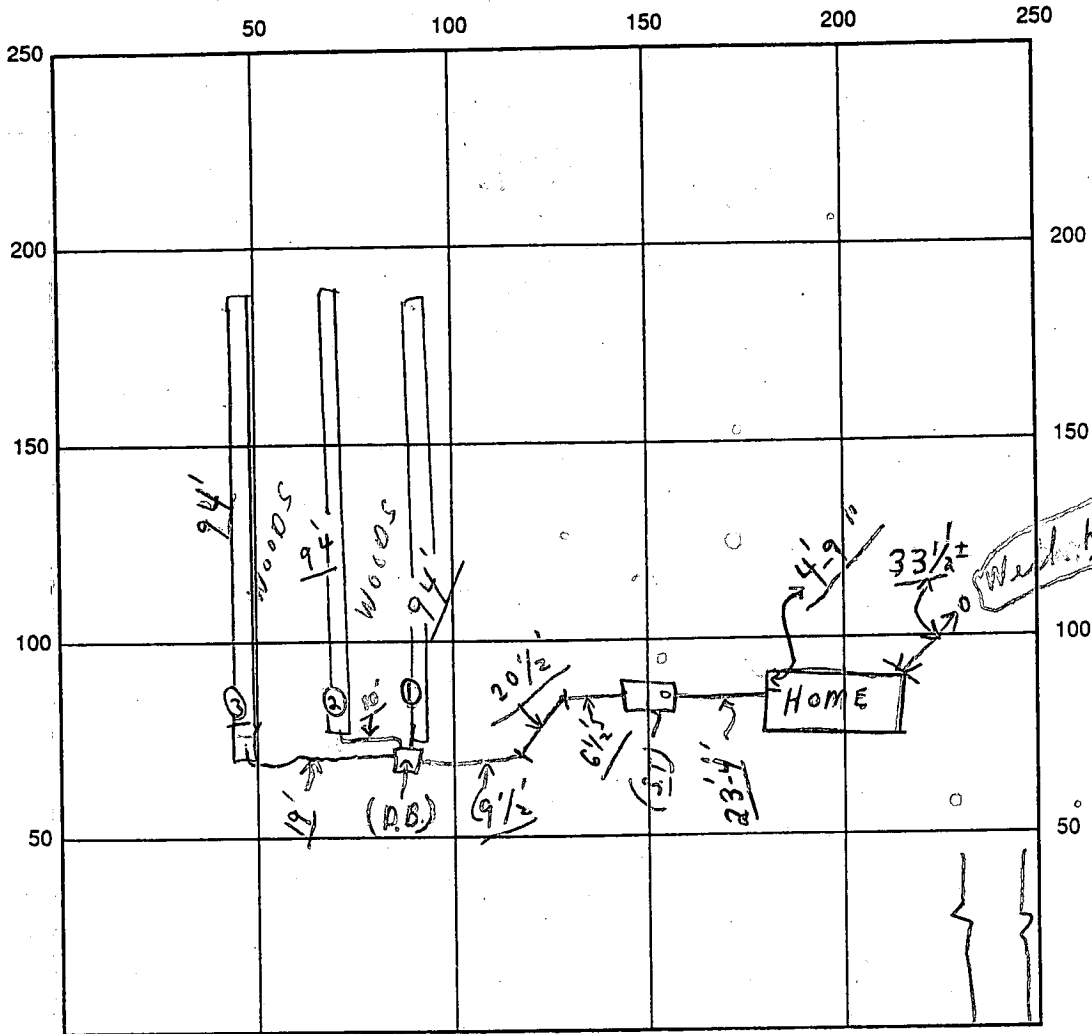
PERMIT VOID AFTER TWO YEARS

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**

A 36058



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Florence Road

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 282 FT. } 282

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 846 SQ. FT.

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

ABSORBENT AREA 846 SQ. FT.

REMARKS: 8/4 P.M. - (1:30 Woods on deck); 8/4/94 (P.M.) Final - 1 stop-ok. TCKD

8/4 - W.P.I. ok C&D

DATE SYSTEM APPROVED 8/4/94 INSPECTOR Charles B. Shook

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 K.H. Plumbing

Telephone 857-0255

License Number 8300

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Keith Bennett

Telephone _____
Well Tag # HD-81-2137

Subdivision Lanue Beacraft Lot # _____
Site Address 3165 Florence Rd.

- | Pump | Motor | Pitless Adapter |
|---|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____ | | |

- | Tank | Piping | Well data |
|--------------------------------------|--|---|
| 1. Capacity _____ | 1. Type <u>160"</u> | 1. Depth _____ ft. |
| 2. Pressure relief valve? <u>yes</u> | 2. Size <u>1"</u> | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>42"</u> | 4. 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: [Signature]
Date: 7-19-94

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

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER
54716

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3165 Florence Road
Woodburn, MD 21787

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

Construct S.F.O. with
attached storm water and
waterproof wall basement
4-bathrooms + 2 1/2 baths

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

Sub Division ZONE ZONE MAP ELEC. DIST. CENSUS TR.

OWNER NAME AND ADDRESS PHONE NO.

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

EXISTING USE PROPOSED USE

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS ROOMS BATHS FIREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES WATERWELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE DATE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT. 6/21/94 A. McAllen

FIRE PROTECTION

STORM WATER MGM.

CAUTION

IMPORTANT! PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

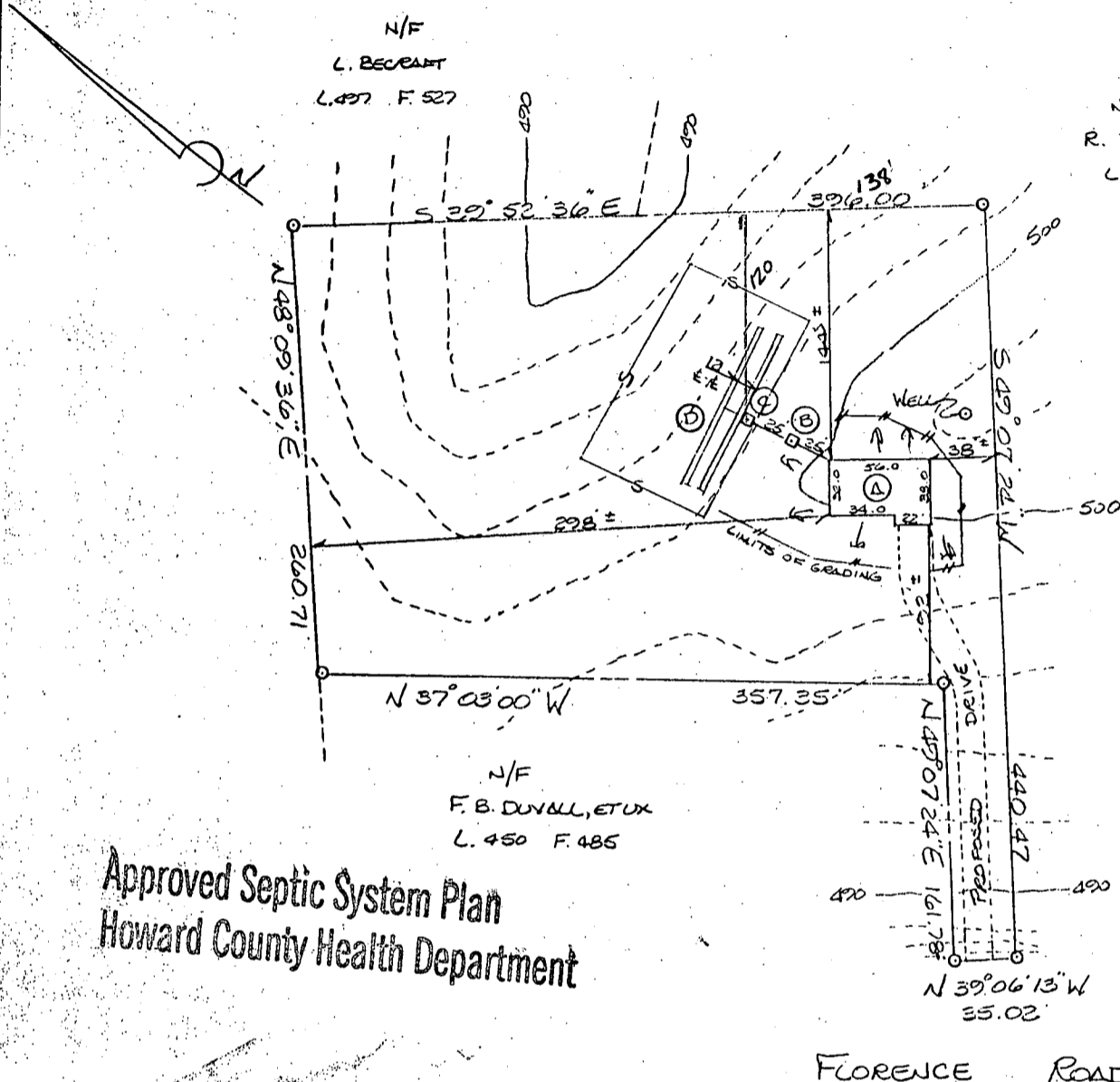
LP 60-50

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

- Ⓐ = PROP. 4 BED. HOUSE
F.F. ELEV. = 505.0
BSMT. ELEV. = 496.5
INV. ELEV. = 495.3
- Ⓑ = PROP. SEPTIC TANK
EX. ELEV. = 499.2
INV. IN = 495.0
INV. OUT = 494.7
- Ⓒ = PROP. DIST. BOX
EX. ELEV. = 497.7
INV. ELEV. = 494.45
- Ⓓ = PROP. TRENCHES
INV. ELEV. = 494.2
2" STONE, 5.5' ROT. MAX, LENGTH TO
BE DETERMINED AT TIME OF SEPTIC
PERMIT ISSUANCE.

NOTE:
Manhole cleanout
required on septic
tank.



Approved Septic System Plan
Howard County Health Department

Amy McMullen 6/21/94
Signature Date

PLOT PLAN
OF THE LANDS CONVEYED TO
KEITH WILLIAM BENNETT
SITUATED ON FLORENCE ROAD
ELECTION DISTRICT N= 4
HOWARD COUNTY, MARYLAND
SCALE: 1"=100' JUNE 1994



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NH NASSAUX-HEMSLEY, INC.

4140 RIDGE ROAD
TAYLORSVILLE, MARYLAND

410-875-0722

21157

REFERENCE

JOB NO.

LIBER 1699 FOLIO 79

APPLICATION

10/27/85
1:57 PM

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36058
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: ~~938-2399~~ 461-9933

DISTRICT 4
DATE 10/3/85

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 Lalene Beecraft Keith BENNETT
ADDRESS 2689 Florence Rd. Woodhrie Md. PHONE 829-1007
(Box 23) 489-4409

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 75
ROAD AND DESCRIPTION 3165 Florence Rd.

SIZE OF LOT 2 or more acres (known as Ann's Lot) TYPE BLDG. 3
(NUMBER OF BEDROOMS)

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 Robert B Beecraft Sr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 4/21/94
Serial #58716
SFD-4Bms

THIS IS NOT A PERMIT

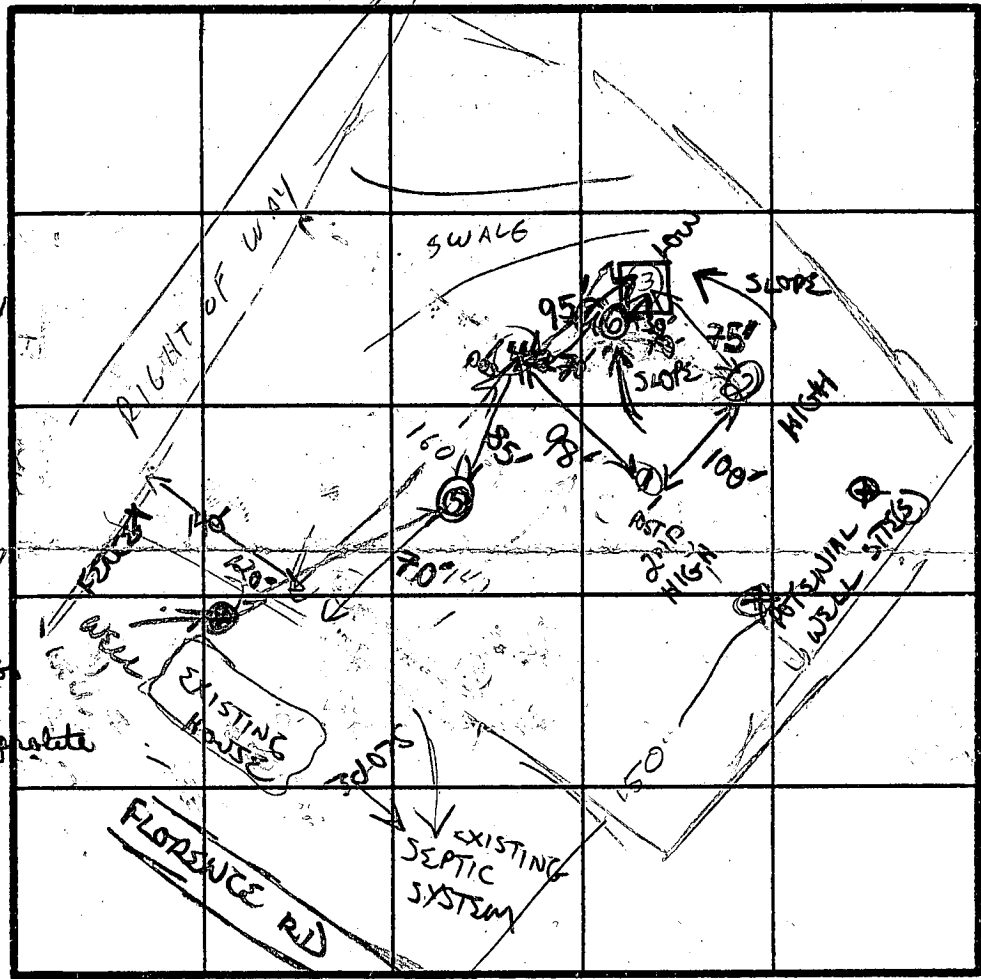
① SOIL PROFILE

4" A F 3 ORGANIC
MOSTLY SAND/
LIG-HT RED CLAY
LOAM

2 1/2" RED, YELLOW
SANDY CLAY
LOAM
BEGINNING
OF WEATHERED

6" POWDERY
WHITE/RED
LOAM
INCREASING
AMTS OF
WEATHERED
SOIL (10%)
FRAG

11-12" 20%
weathered
13 ft



④
3" A 1-3 ORGANIC
SOIL
RED/BROWN
SANDY/SOME CLAY
LOAM

≈ 3" DR WHITE POWDERY
SILTY LOAM
WITH SMALL
CLAY

≈ 7" MOSTLY WEATHERED
MATERIAL
13 ft trench

③
14" A (orange)
Powdery/silty
sand clay
loam

5' 30-40%
large frag.
material
mixed w/
silt/sandy loam
13' deep

②
1/4" A (orange)
dryer
YELLOW/WHITE
POWDERY
LOAM

3' TRANSITION
BETWEEN POWDERY
& WEATHERED

4 1/2" ≈ 30%
WEATHERED/
FRAGMENTED
SOIL
WITH COARSE
POWDERY LOAM
14' deep

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
10/7/85	1 S	4 1/2 FT	1117	1119	1114	1120	2 MIN	
	M	10	1117	1123	1123	1134	11 MIN	
	2 S	5	1135	1137	1137	1139	2 MIN	
	M	9	1135	1143	1143	1157	14 MIN	
	3 S	5	1155	1157	1157	1200	3 MIN	
	M	10	1155	1202	1202	1212	10 MIN	
	4 S	5 1/2	1050	1052	1052	1056	4 MIN	
	M	10	1050	1053	1053	1058	5 MIN	
	5	VISUAL INSPECTION - APPEARS SIMILAR TO HOLE 4						
	6	(30' from hole 3 - hole 6) (from 6 to hole 4 is 70') soil purple (as #3); at base (12' deeper) hitting rock like (saprolite) material NO VISIBLE VEINS OR COARSE FRAGMENTED SOIL. OK TO USE						

USE HOLES
1-2-4-5-6

REMARKS: Per hole #3 contains large vein with large chunks (>4") fractured material at ≈ 5' to 7' depth. also soil purple color esp. deeper 75' from hole 2 to middle hole 3 where vein occurs rejected hole #3

TYPE OF SOIL: (Bad Arnold)

TESTED BY: B. Nijm / C.W. ALSO PRESENT: Rick / Roland Belcraft.

C1 **1111**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP 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 36058**

DATE Received
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
062487

Depth of Well
 22 **200** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H10-81-2137

OWNER **Bennett Keith** last name first name
 STREET OR RFD **Florence rd**
 TOWN **Woodbine**
 SUBDIVISION **Larve Becroft** SECTION **P. 75** LOT **P. 75**

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	
Light Brown soil	0	15	
Red soil	15	20	
Light Brown soil	20	25	
Red soil	25	30	
Shell & Brown soil	30	63	
Shell	63	80	
gray + white	80	125	
Brown rock			
White + gray	125	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 Y N
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **24** NO. OF POUNDS **2256**
 GALLONS OF WATER **199**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] [] [] ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER

MAIN CASING TYPE **ST**
 Nominal diameter top (main) casing (nearest inch) **06**
 Total depth of main casing (nearest foot) **84**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	40	83
2		
3		

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)

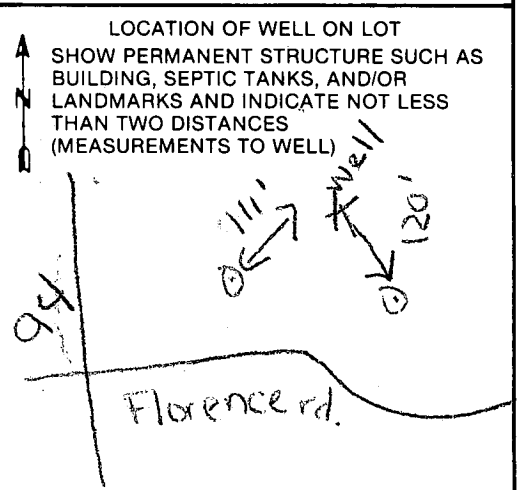
GRAVEL PACK [] from [] to []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **03**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **1 gal**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **50**
 WHEN PUMPING **88**
 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:
 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 } LAND SURFACE (nearest foot)
 - below } **07**



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 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. **270**
 DRILLERS SIGNATURE **Allen Conner**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **1787** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

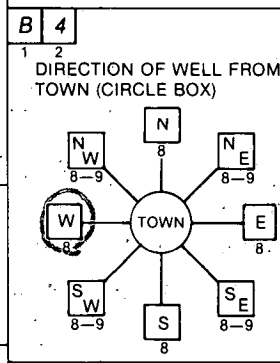
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2137
 fill in this form completely

Date Received* **489-4934**
042987 OWNER INFORMATION
Bennett **Keith**
2672 **Jennings** **Chapel**
Woodbine **MD21797**

B 3 LOCATION OF WELL
Howard COUNTY
Larue **Becraft** SUBDIVISION
 SECTION **1** LOT **75** Parcel 75
WOODBINE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Bernard Fezzer License No. **270**
Trig County
1609 Frederick rd **Lisbon**
Bernard Fezzer **21765**



Florence rd. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH, WEST, SOUTH, EAST
930 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
A36058 COUNTY NO.
 OEP SIGNATURE: **R. Nuten** STATE HEALTH INSERT S
 DATE ISSUED **12/22/87**
062287 CO SIGNATURE
 NORTH GRID **534000** EAST GRID **0773000**

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 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **2A** WRITE INITIALS IN BOX PERMIT No. **40-81-2137**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 Left site water plant finished
 Write the box number from the map here
776 3
536 4
6/24/87

