

3/2/89
11:20 AM

DS-40339

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 43029

A 36497

DATE 11/18/88

DATE SYSTEM APPROVED 3/2/89

INSPECTOR RH

INDEXED

Paul Schissler, South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Oakwood Overlook ROAD 4412 Oakwood Overlook Ct 24

PROPERTY OWNER Kliasas

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet up the right (470.56') lot line and 150 feet from the right (270.56') lot line as seen when facing the lot from Oakwood Overlook Court. Run trenches on contour toward the front lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY Sid Abel DATE Updated 8/19/88

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

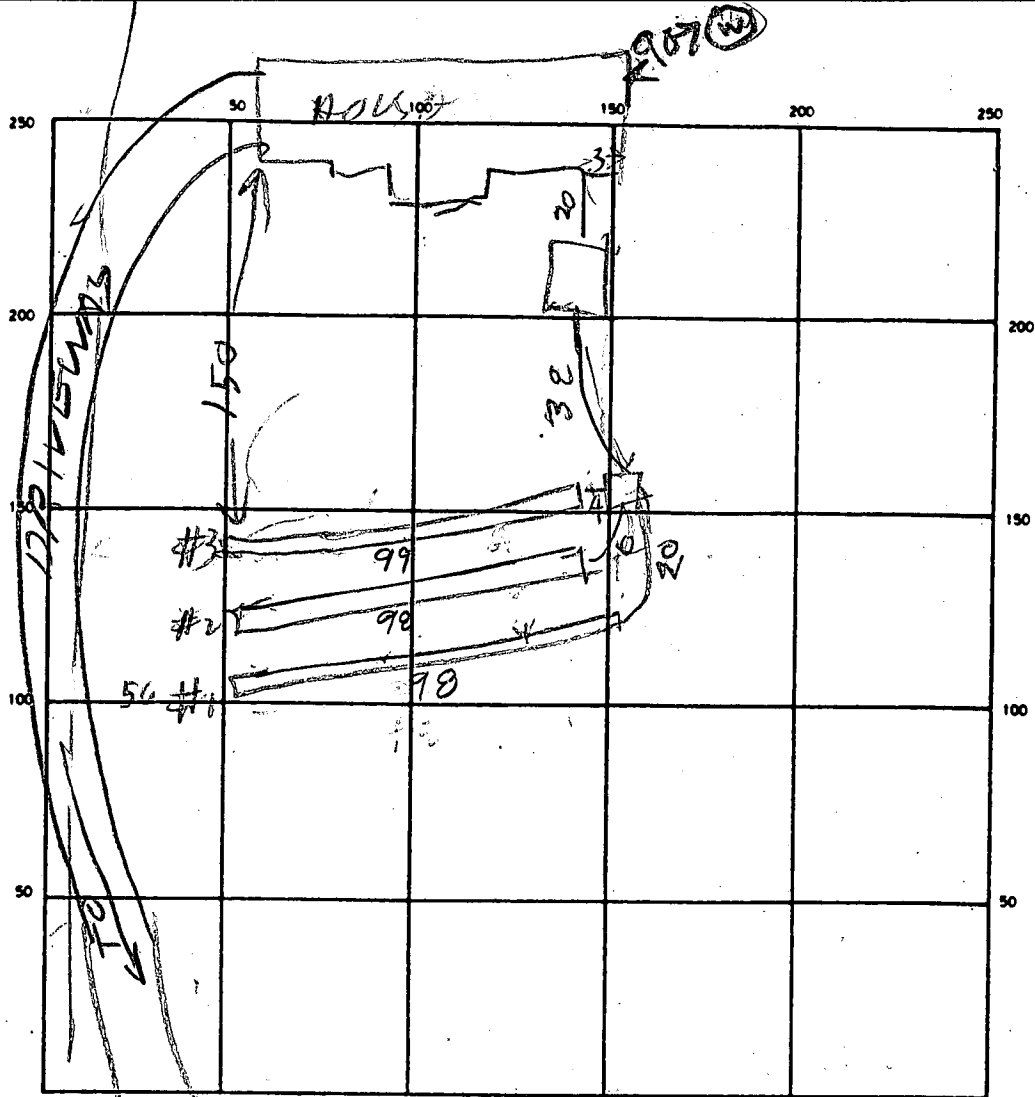
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)
- 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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUDG. PERMIT SIGNED
AND RETURNED 8/28/90
Serial # 34491 - PTD.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 36497



SEPTIC TANK LEVEL OK 2000 CLEANOUTS ST / OK

DISTRIBUTION BOX LEVEL _____

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 98 98 99 FT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 985 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 2 MAR 89 LOCATION OK. TRENCHES OK COVER WORK

DATE SYSTEM APPROVED 2/2/89 INSPECTOR B. Hodge

APPLICATION

PERCOLATION TESTING

A 36497

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE 1-24-86

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 Kennard Warfield, Jr. KI-ASMS

ADDRESS 14663 Philadelphia Rd. Co Howard Co. Land Serv. 405-5855 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

OAKWOOD OVERLOOK

PROPERTY LOCATION: _____

SUBDIVISION Resub. Lots 1 & 2 Warfield Property LOT NO. 12²⁴

ROAD AND DESCRIPTION See Oaks Rd. - 1/2 mile South of See Oaks & Philadelphia intersection 4412 OAKWOOD OVERLOOK Ct.

TAX MAP 22 & 28 PARCEL # 2

SIZE OF LOT 3.3 acres TYPE BLDG. _____
(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.

George L. Resch for K. Warfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

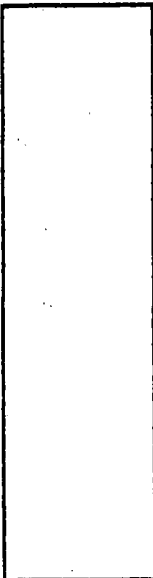
HOLD PENDING FURTHER TESTS _____ DATE _____

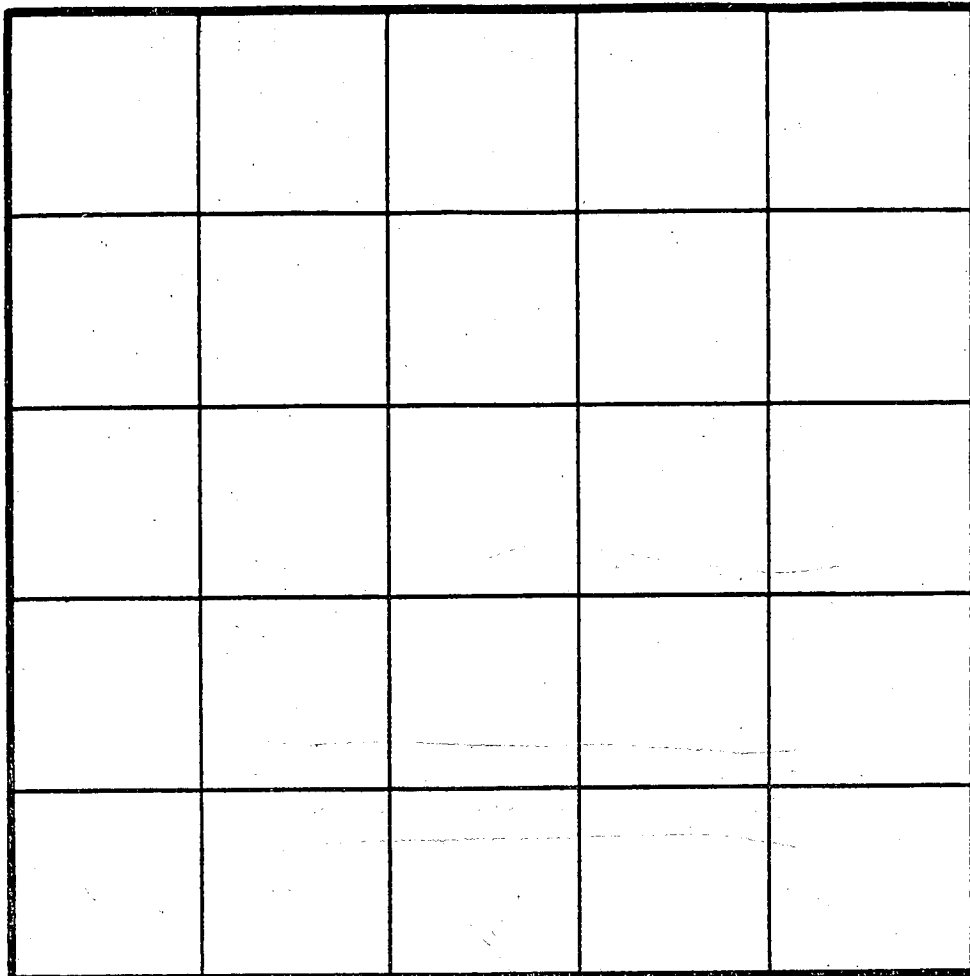
REASONS FOR REJECTION OR HOLDING 2/13/86 Perc OK Hold for Certifier Hold Plat RH

BLDG. PERMIT SIGNED
AND RETURNED 9-8-88
BS 20518

THIS IS NOT A PERMIT

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 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36497

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE 1-24-86

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 Russell Warfield, Jr.

ADDRESS 14663 Philadelphia Rd. Co Howard Co. Land Services PHONE 465-5855

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Resub. Lots 1 & 2 Warfield Property LOT NO. 12 ²⁴

ROAD AND DESCRIPTION Jen Oaks Rd - 1/2 mile South of Jen Oaks & Philadelphia intersection

TAX MAP 22 & 28 PARCEL # 2

SIZE OF LOT 3.3 acres TYPE BLDG. _____
(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

Georgia L. Geschke R. Warfield
(SIGNATURE OF APPLICANT)

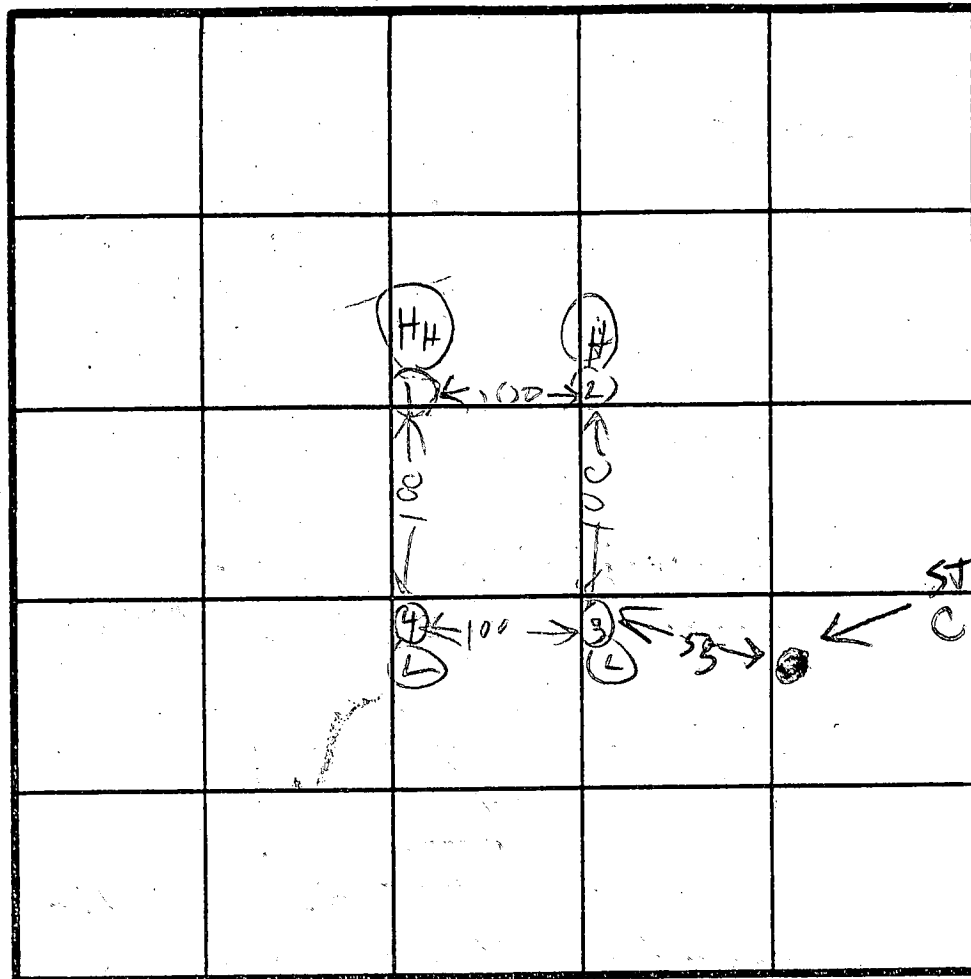
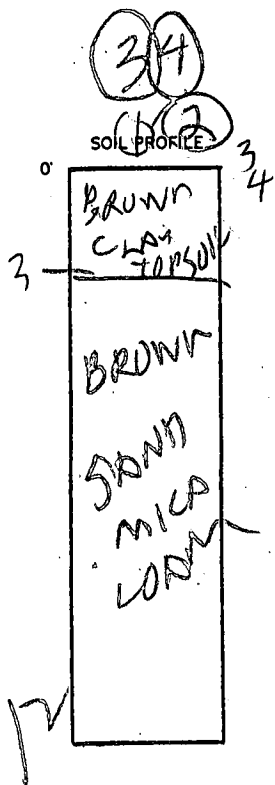
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FEN OAK RD

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 2/13/81 | 13 | 4.5 | 1207 | 1212 | 1212 | 1220 | 8 |
| | 1P | B.5 | 1207 | 1212 | 1212 | 1220 | 8 |
| | 1V | 12 | L001 | S0K | | | |
| | 2S | 4.5 | 1208 | 1212 | 1212 | 1221 | 9 |
| | 2T | 11.5 | L00K | S0K | | | |
| | 3S | 3.5 | 1227 | 1228 | 1228 | 1240 | 12 |
| | 3V | 11 | | | | | |
| | 4S | 5.5 | 1230 | 1232 | 1232 | 1234 | 2 |
| | 4V | 11 | L00K | S1L | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

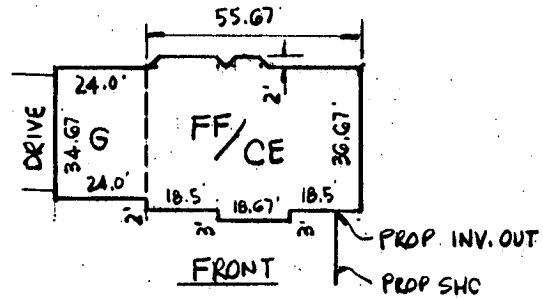
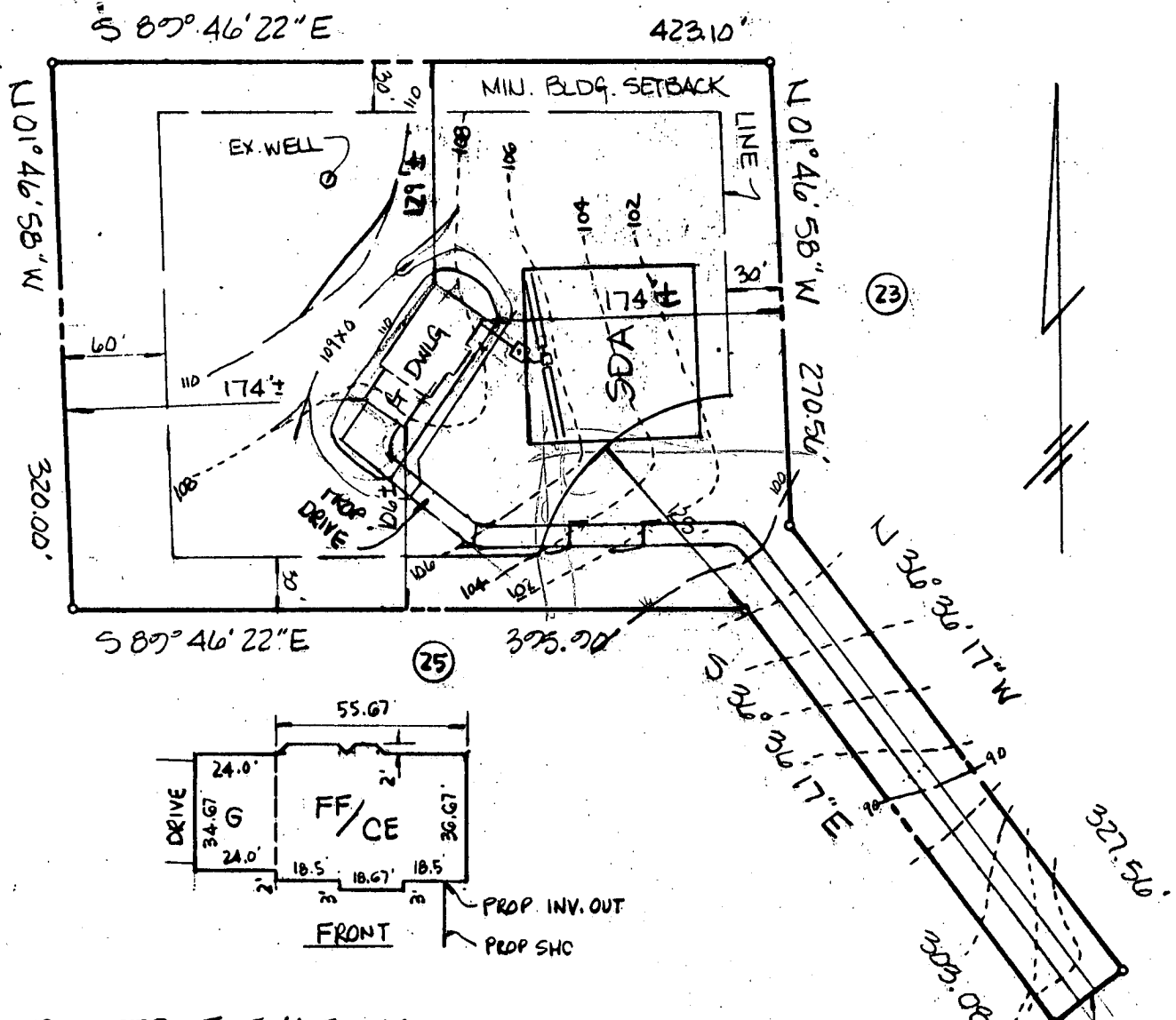
X Perc
8 min
INLET
3.5
BOTTOM
5'
158#
BR

REMARKS: Holer Rug Per Survey on Plot

TYPE OF SOIL: _____

TESTED BY: R HONOR

ALSO PRESENT: DOE, KETTERMAN



PROPOSED ELEVATIONS

- FF - 113.0 ± ✓
- GAR - 111.7 ± ✓
- CE - 104.0 ± ✓
- INV. OUT OF DWLG - 105.0 ± ✓ - BSMI
- INV. IN - SEPTIC TANK - 104.2 ± ✓
- INV. OUT - SEPTIC TANK - 103.9 ± ✓
- INV. IN - DIST. BOX - 103.0 ✓
- INV. OUT - DIST. BOX - 102.7 ✓
- INV. IN - TRENCHES - 102.5 ✓
- EX. ELEV. AT TRENCHES - 106.00 ✓
- EX. ELEV. AT DIST. BOX - 106.0 ✓
- EX. ELEV. AT SEPTIC TANK - 107.0 ✓

NOTES:

1. CONTRACTOR SHALL PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.
2. DISTURBED AREA = 16,700 sq. ft ±

BLDG. PERMIT SIGNED
AND RETURNED 9-8-88
BP 20818
Sable

LOT 24
OAKWOOD OVERLOOK
A7087

5TH ELECT. DIST. HOWARD CO., MD.
REVISED 8/28/88 AS PER HO. CO. HEALTH DEPT
REVISED 8/22/88 TO SHOW NEW DWLG LOC.
REVISED 8/12/88 TO SHOW NEW DWLG LOC.

J.W.M.K.
James W. McKee, MD Reg. 9012 Date 8/4/88



drawn: KB designed: JK

SITE PLAN
LOT 24 - OAKWOOD OVERLOOK

McKEE & ASSOCIATES, INC.
CIVIL ENGINEERS - LAND SURVEYORS
SHAWAN PLACE
5 SHAWAN ROAD HUNT VALLEY, MD 21030
301-252-5820

scale:
1" = 100'

date:
REV 8/12/88
REV 8/22/88
REV 8/15/88
REV 8/22/88

job no.:
P-112

C1 **3706** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-36497**

DATE Received
 DATE WELL COMPLETED **12 09 86**

Depth of Well **400**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-1772

OWNER **KLISHS PETER**
 STREET OR RFD **OAKWOOD GISELOOK CT.** TOWN **GLENWELL**
 SUBDIVISION **OAKWOOD ESTATES** SECTION **17** LOT **final lot 24**

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 | |
| Topsoil | 0 | 2 | |
| Br. Mica | 2 | 30 | |
| Gray Mica | 30 | 56 | |
| Tan Mica | 56 | 60 | |
| Gray Mica | 60 | 163 | |
| Flint | 163 | 165 | ✓ |
| Gray Mica | 165 | 382 | |
| Flint | 382 | 385 | ✓ |
| Gray Mica | 385 | 400 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **600**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** 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 (nearest inch) **6** Total depth of main casing (nearest foot) **42**

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
 DEPTH (nearest ft.)
 EACH SCREEN **H0** **40** **40**

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.

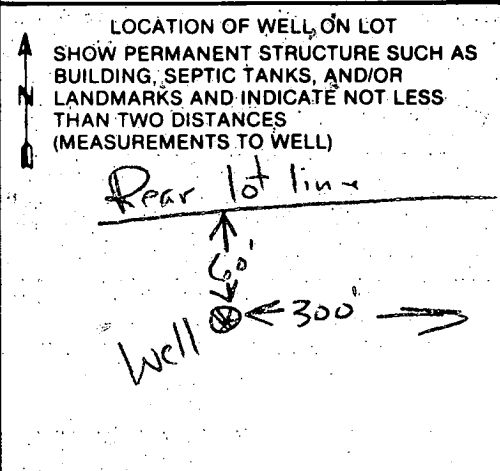
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE **Wesley B. Blaylock**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK 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.) 70 72
 WQ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **3**
 METHOD USED TO MEASURE PUMPING RATE **Burbat**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **36** WHEN PUMPING **143**
 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: **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 **2** (nearest foot)
- below }



ge _____ of _____
 Date _____ *June 12 - 9-86*
8:10

Review *OK'd* *EW* *2/23/87*

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1772
 Location of property (road) OAKWOOD OVERLOOK CT.
 Subdivision OAKWOOD ESTATES Lot 12 Block _____ Plat _____ Sec. _____
 Well Driller GEORGE EASTRDAY Owner KLISAS, PETER

Depth of well 400 5' up
 Distance of measuring point (M.P.) above ground _____ 2'
 Static water level (S.W.L.) below M.P. _____ 36'

I. High rate pumping -- reservoir drawdown
 Time pump started 9:50 Pumping rate 12 gpm
 Total time 10:05 to reach pumping water level 140 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill 5 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 10:20 | 141 | 90 SEC | | 3.3 gpm |
| 10:35 | 141 | 90 | | 3.3 gpm |
| 10:50 | 141 | 90 | | 3.3 |
| 11:05 | 141 | 90 | | 3.3 |
| 11:20 | 141 | 90 | | 3.3 |
| 11:35 | 142 | 100 | | 3.0 |
| 11:50 | 142 | 100 | | 3.0 |
| 12:05 | 142 | 100 | | 3.0 |
| 12:20 | 143 | 110 | | 2.7 |
| 12:35 | 143 | 110 | | 2.7 |
| 12:50 | 143 | 110 | | 2.7 |
| 1:05 | 143 | 110 | | 2.7 |
| 1:20 | 143 | 110 | | 2.7 |
| 1:35 | 143 | 110 | | 2.7 |
| 1:50 | 143 | 110 | | 2.7 |
| 2:05 | 143 | 110 | | 2.7 |
| 2:20 | 143 | 110 | | 2.7 |
| 2:35 | 143 | 110 | | 2.7 |
| 2:50 | 143 | 110 | | 2.7 |
| 3:05 | 143 | 110 | | 2.7 |
| 3:20 | 143 | 110 | | 2.7 |
| 3:35 | 143 | 110 | | 2.7 |
| 3:50 | 143 | 110 | | 2.7 |
| 4:05 | 143 | 110 | | 2.7 |
| 4:20 | 143 | 110 | | 2.7 |

Pump set 390 RSP

B 1 **8913** 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

UC-81-1732

fill in this form completely

Date Received

12 22 86

OWNER INFORMATION

KLINGAS PETER (Last Name, Owner, First Name)

255 TADON SWIAE SOUTH (Street or RFD)

LAWREN (Town)

MD 20707 (State, Zip)

B 3 **LOCATION OF WELL**

HOWARD (COUNTY)

CLAMMOR ESTATES (SUBDIVISION)

SECTION **44** LOT **24**

CLENELE (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town) **2** MI

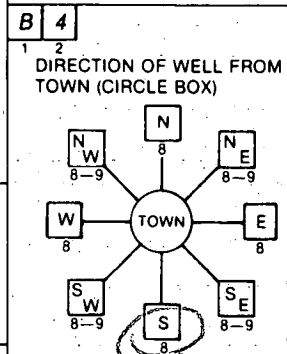
DRILLER INFORMATION

George P. Easterday (Driller's Name) License No. **40**

L. Franklin Easterday, Inc. (Firm Name)

9265 Brown Ch. R.C. Mt. Airy, Md. 21771 (Address)

George P. Easterday (Signature) **10/22/86** (Date)



CLAMMOR ESTATES CT (NEAR WHAT ROAD)

CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W (Circled)

34 600 37 (DISTANCE FROM ROAD)

ENTER FT or MI **ET**

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) **A 36497** (COUNTY NO.)

OEP SIGNATURE **B. N. N...** (CO SIGNATURE) STATE HEALTH INSERT S

DATE ISSUED **112186** (EXP. DATE) **5/21/87**

NORTH GRID **510000** EAST GRID **0803000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6 1/2** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8003

N 5106

000 000

12/9/86

WELL OK OTHER SIDE SEE X WELL

RH

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

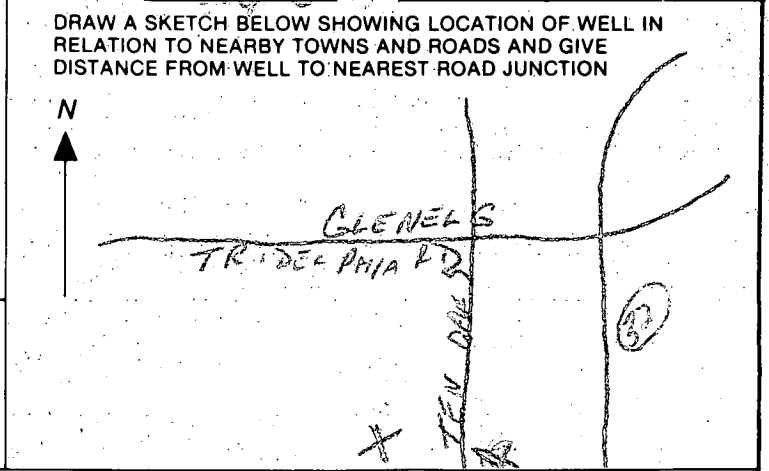
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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 **G A P**

FORCE **00** WRITE INITIALS IN BOX **UC-81-1732** PERMIT NO.

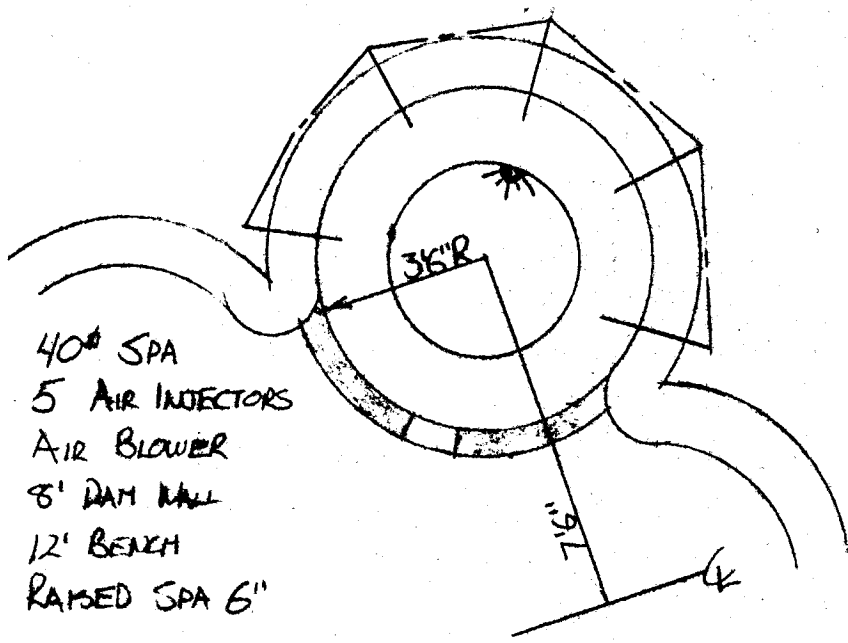
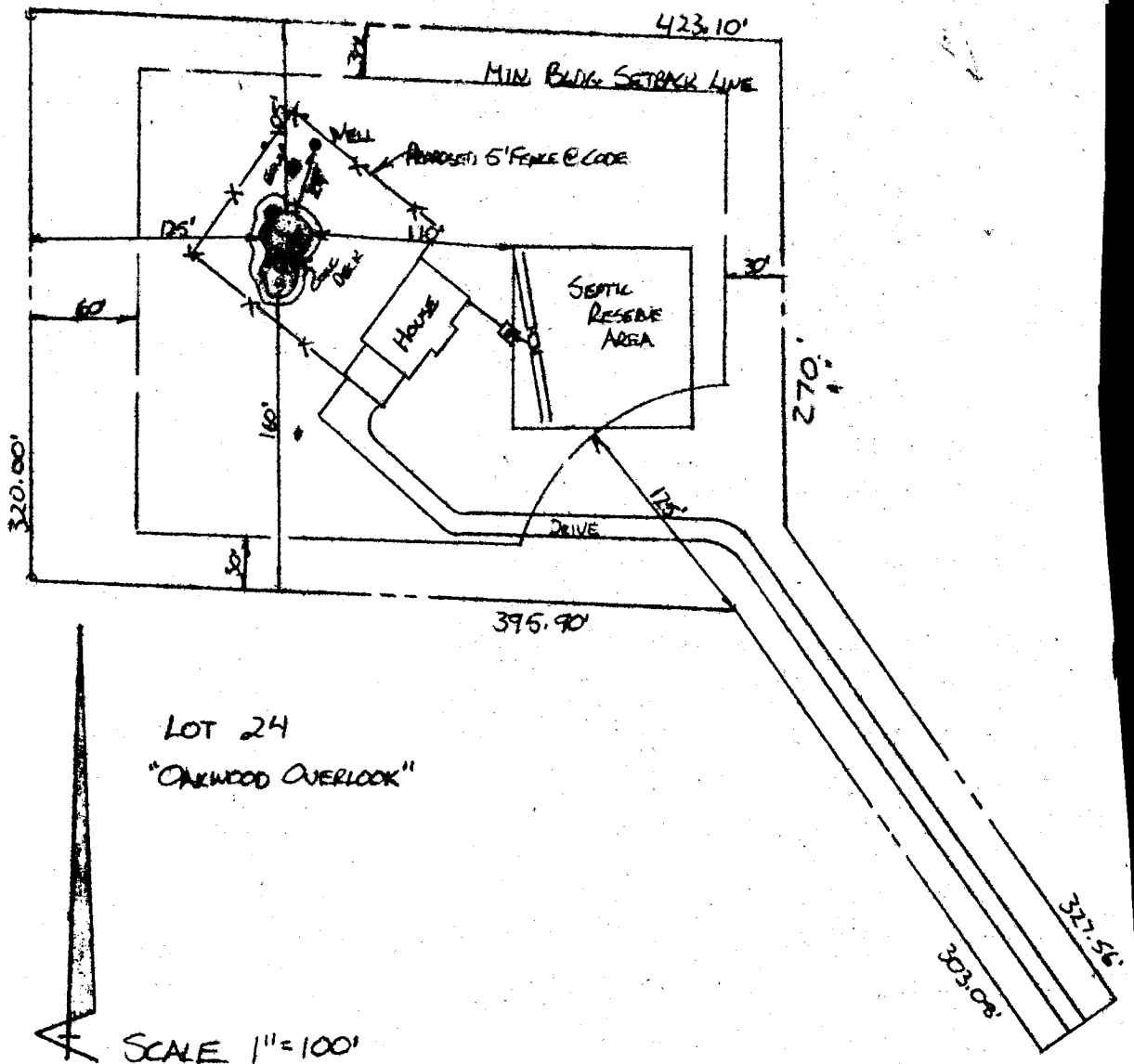
SPECIAL CONDITIONS

Rec'd - 10/31/86
J. J. [unclear]

40?

- ① 46 FT CASING
- ② 35 FT OPEN HOLE
- ③ 12 BAGS
- ④ WELL already Grouted Arrived Late
because of prior commitments
- ⑤ Well OK
- ⑥ Got information from Joe

12/9/86
BH



ACCESS
 OFF GRAVE
 DRIVE

SPA DETAIL 1/4" = 1'-0"

Signed 8/29/90
 By R. Hodges
 aua

