

5/16/85

9:30 A.M.

APPROVED
7/10/85
RH P-35506

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

02-235046

ELLICOTT CITY
DISTRICT _____

INDEXED

DATE 5/14/85

Reid Oliver IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 465-5571

SUBDIVISION _____ ROAD 2365 Daniels Road LOT _____

PROPERTY OWNER Reid Oliver

2365 Daniels Road

ADDRESS Ellicott City, Maryland 21043

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

5/16/85 Recommend 80 ft. long trench, inlet at 4', bottom @ 10', 6' gravel or
60 ft. long trench, inlet @ 4', bottom @ 12', with 8 feet of gravel T-S.

600
400 5 400

PLANS APPROVED BY Craig Williams DATE 5/14/85

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.

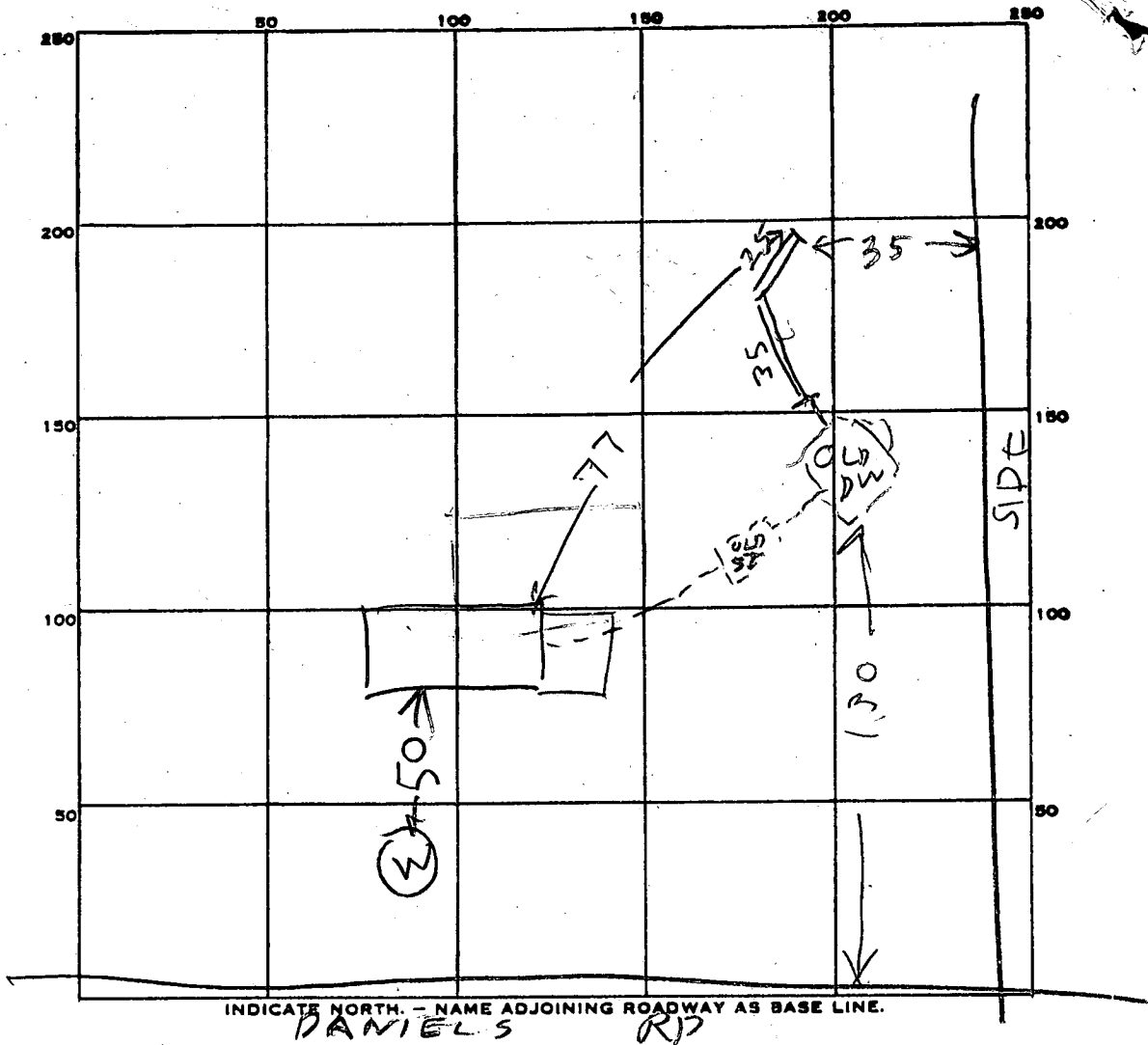
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

400

P-35506



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 DANIELS RD

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 490

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/10/85⁹³⁰ TRENCH OK FOR 3BR HOUSE
SOIL LOOKS OK ADD STONE & CALL BIT

DATE-SYSTEM APPROVED 7/11/85 INSPECTOR Raymond Hodger

Approved
1/3/78
7.50

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2nd

DATE 12/27/77

INDEXED

P 27345

A 19650

Liberty Backhoe Service, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE _____

SUBDIVISION _____ ROAD 2365 Daniels Road LOT 1

PROPERTY OWNER Oliver, Reid 465-5571

ADDRESS 2365 Daniels Road

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 360 SQ. FT.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 117 FT. FROM front LOT LINE AND 22 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM Daniels Road.

PLANS APPROVED BY Raymond Hodges DATE 3/22/74

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.

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NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

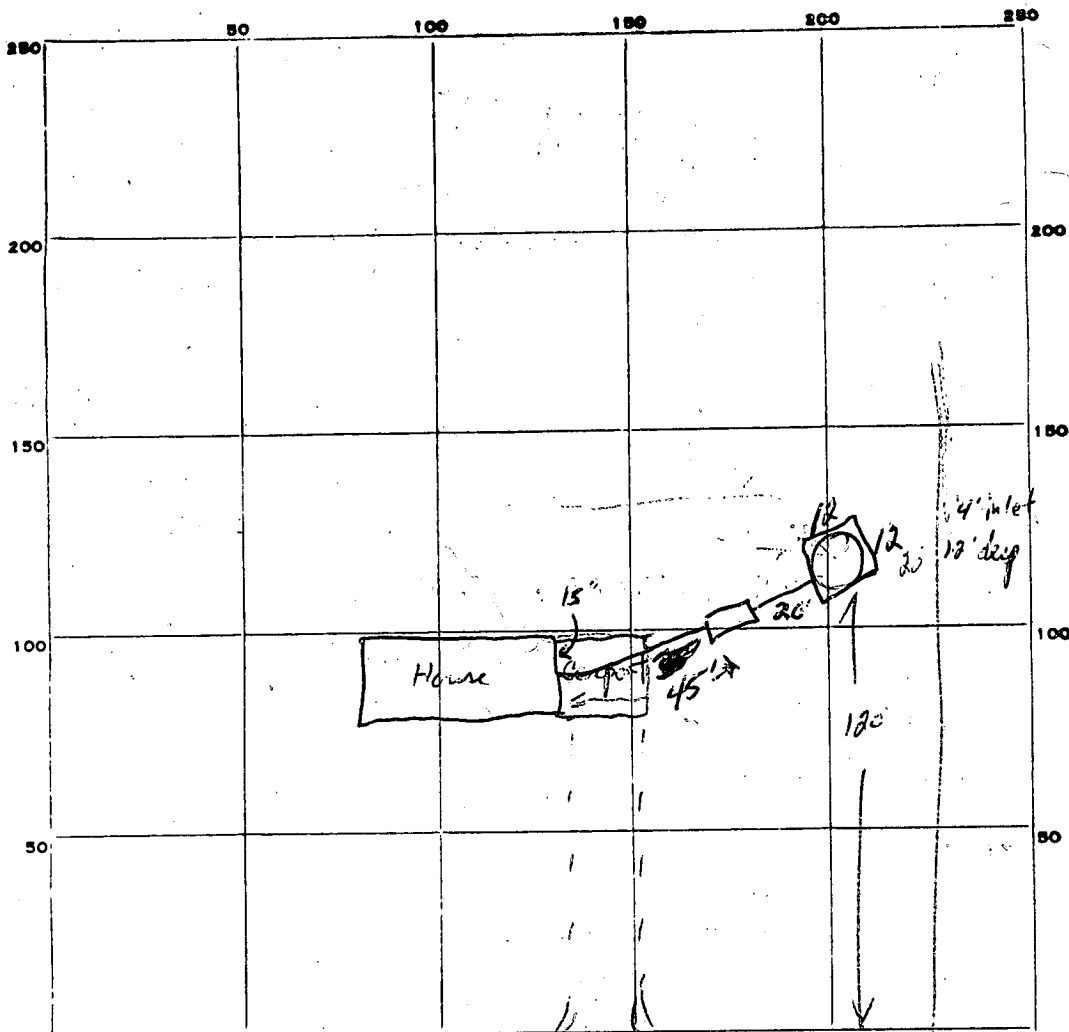
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

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

Englar
7
A 19650



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Daniel's Road

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST / PW
✓ / ✓

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 384 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 1/3/78

INSPECTOR T.S. Oyle

4-12' Loes
ON 10,000 ft.

Preliminary

APPLICATION

A 19650

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3/15/74 HOWARD COUNTY HEALTH DEPARTMENT 1000 Cal Topk DISTRICT 2
9:30 ENVIRONMENTAL HEALTH SERVICES DATE 3/13/74
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

*Dry well 360 soft red wall creer
below inlet with inlet 4F7 below
grade & Bottom of Drywell 12F7
below grade
Place the drywell 117 feet from the front
lot line and 225 feet from the right side
of the lot as seen when facing*

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. *the lot from Daniels Rd*

PROPERTY OWNER John C. Kuhn, Jr. Oliverheid

ADDRESS 2339 Daniels Road, Ellicott City, Md. PHONE 465-5312 *WRONG NUMBER*

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION Daniels Road - approx. 318 ft. from Old Frederick Rd.

SIZE OF LOT 1.001 acres TYPE BLDG. 3

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ John C. Kuhn, Jr.

**BLDG. PERMIT SIGNED
AND RETURNED 6/16/77**

APPROVED BY Raymond Hodge FOR Drywell DATE 3/22/74
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/15/74 Perc OK Hold for Final R/H
3/22/74 - Final Plat 2015 R/H

THIS IS NOT A PERMIT

APPLICATION

A 19650

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 2

DATE 3/13/74

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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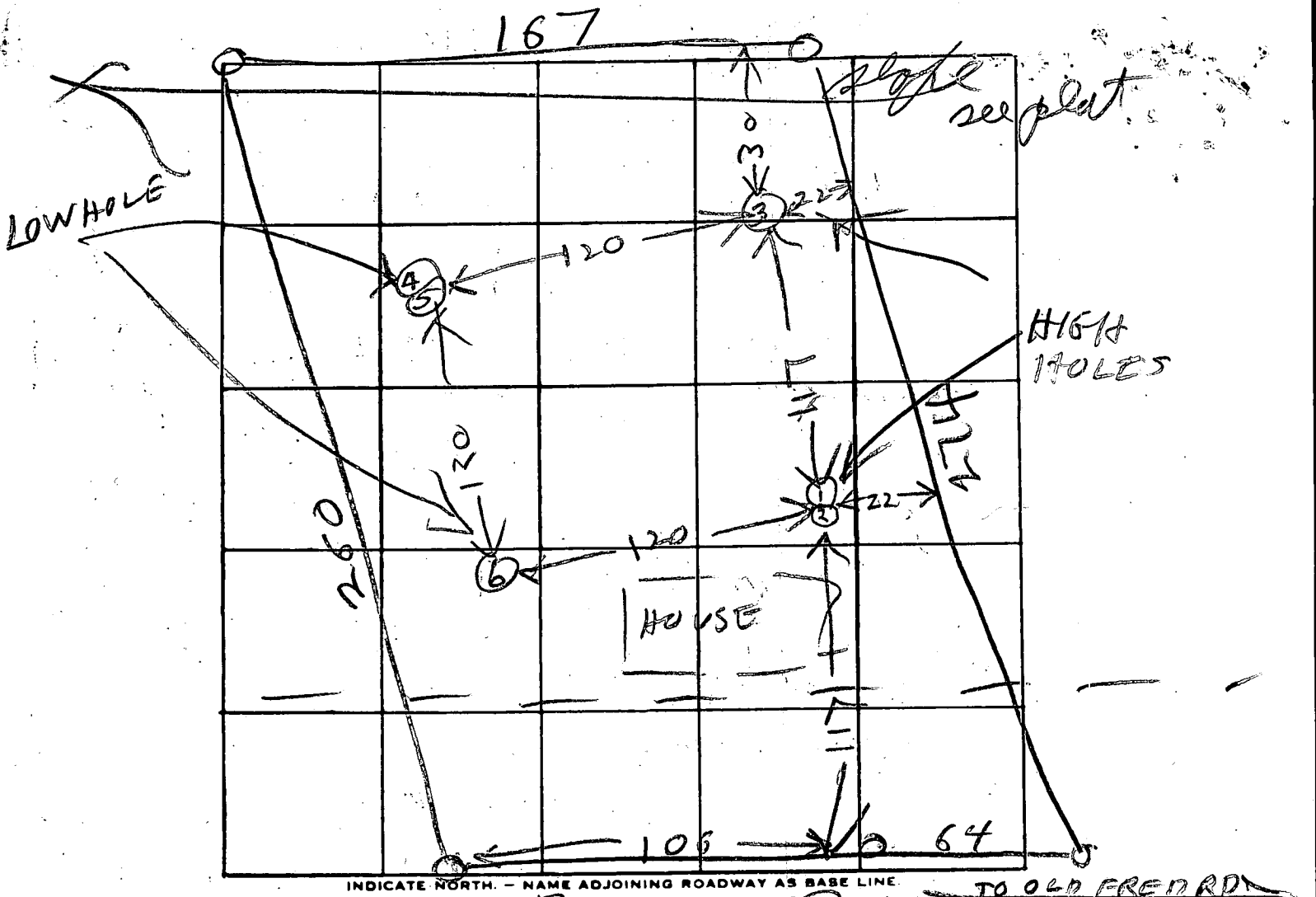
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

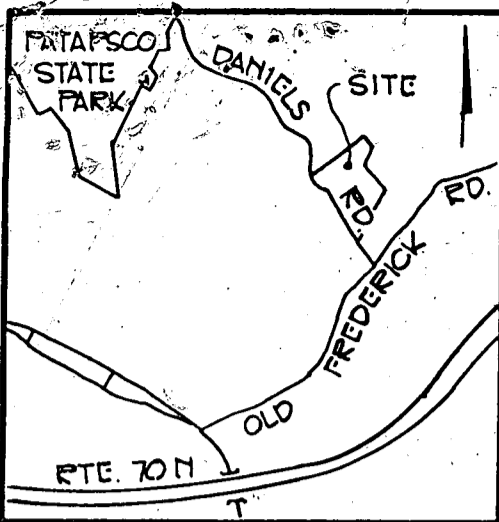


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/15/74	1	4	942	947	947	952	5
	2	12	946	947	947	950	3
	3	12	TOP	3 FT	MICA & CLAY		DRY
	4	3	959	1000	1000	1001	
	5	12	1001	1003	1003	1006	3
3/15/74	6	11	ALL SAND		DRY		

REMARKS _____

TYPE OF SOIL _____

TESTED BY BH ALSO PRESENT: SERGEANT Barth



VICINITY MAP
1" = 1200'

"OWNERS STATEMENT"

WE THE UNDERSIGNED OWNERS OF THE PROPERTY SHOWN HEREON OUR HEIRS OR ASSIGNS ADOPT THIS PLAN OF SUBDIVISION AND DO HEREBY ESTABLISH THE BUILDING SETBACK RESTRICTION LINE SHOWN HEREON IN ORDER TO COMPLY WITH THE GENERAL PLAN OF HIGHWAYS OF HOWARD COUNTY, MARYLAND AND INCLUDING THE LAND DEDICATED HEREON FOR THE WIDENING OF DANIELS ROAD.

John C. Kuhn, Jr.
JOHN C. KUHN, JR.
DATE: 2/19/74

PROPERTY OF
JOHN C. KUHN, JR.
2339 DANIELS ROAD
ELLCOTT CITY, MD, 21043

2ND ELECTION DISTRICT, HOWARD CO. MD
SCALE: 1" = 100' DATE: 2/13/74

GENERAL NOTES

1. PROPERTY SHOWN HEREON LOCATED ON TAX MAP 18 PARCEL 309 & PARCEL B
2. TITLE REFERENCE : 520/149 & 229/524
3. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH REGULATIONS.
4. TOTAL NUMBER OF LOTS : 3
5. AREA OF LOTS : 3.387 AC.
6. AREA OF RIGHT OF WAYS : 0.373 AC.
7. TOTAL AREA : 3.760 AC.
8. ZONING OF PROPERTY : R-20

LEGEND

- PIPE
- P.K. NAIL

APPROVED : HOWARD COUNTY OFFICE OF PLANNING & ZONING

PLANNING DIRECTOR

DATE

APPROVED : FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

COUNTY HEALTH OFFICER

DATE

Philip P. Pezella
LAND SURVEYOR NO. 6923

DATE: 2/19/74



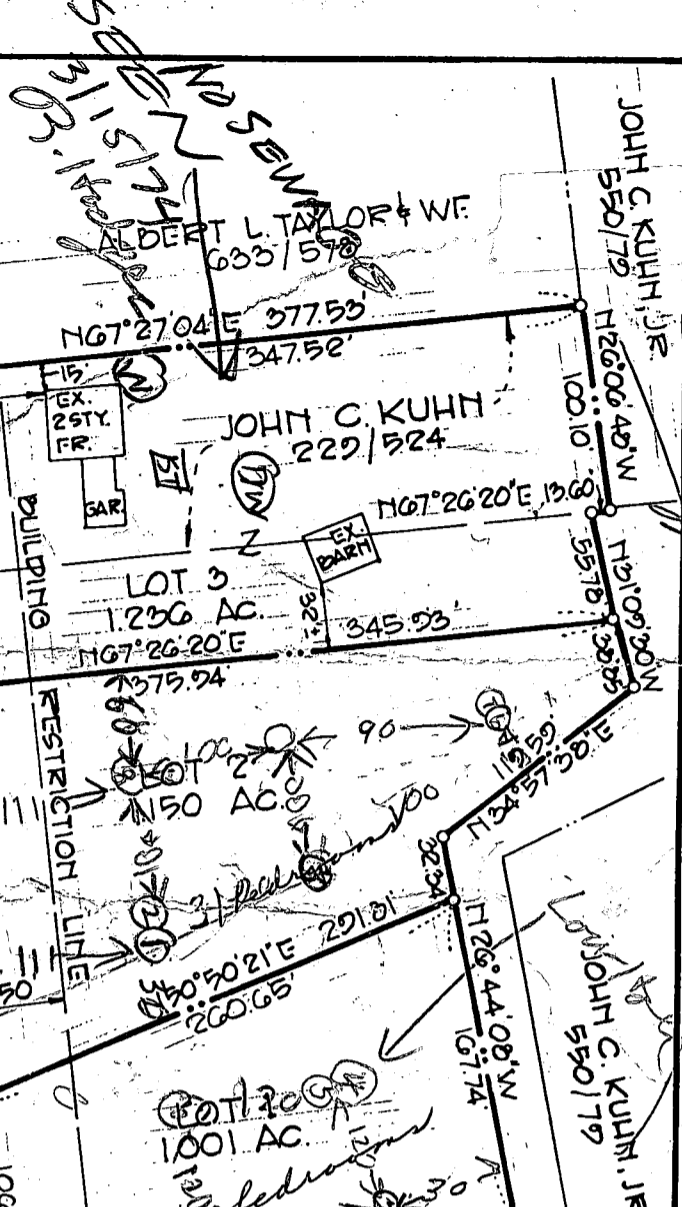
ENGINEERING
PLANNING
SURVEYING
BY :
DOENDER
ASSOCIATES, INC.

ELLCOTT CITY, MD. 21043
SALISBURY, MD. 21801
301-465-7777

OLD FREDERICK RD.

DANIELS ROAD

Land Dedicated to Howard County for Public Roads



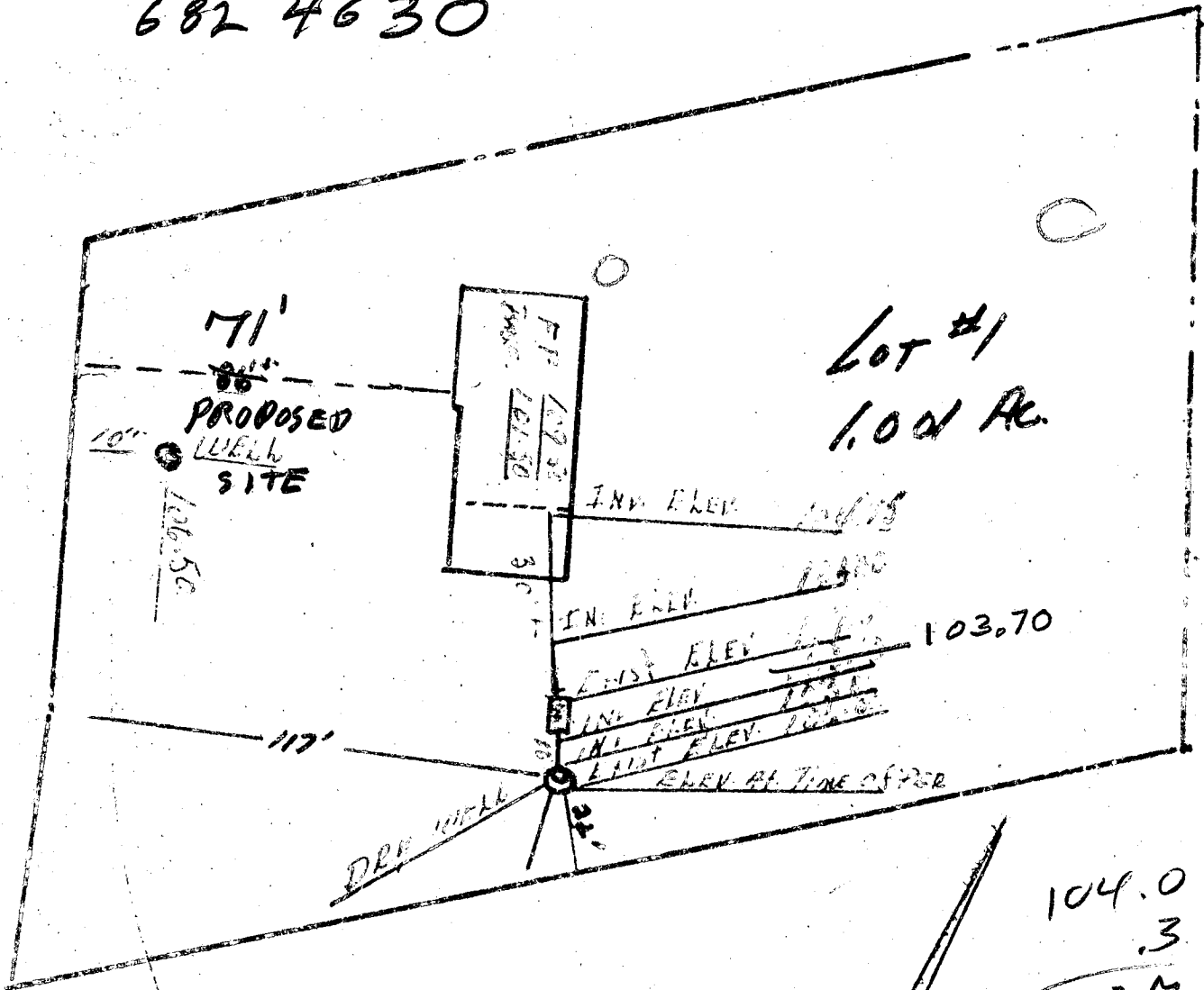
I certify the below measurements and elevations are actual & correct for this property

ART # 2

Signed H. Bowles

429 EASTERN AVE
 ESSEX 21221 MD
 682 4630

SMELLS ROAD



4/4/77 TALKED TO H. BOWLES & CHANGED PLANS SLIGHTLY PLANS OK NOW
 RH
 1/5

B 1 9631 SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER **76**
40-73-1979
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) **5/23/77 10:30**

OWNER: **OLIVER** COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: **4223 TOTTER ST** COL 36 COL. 55

POST OFFICE: **BALTO MD 21229** COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE: **3/22/77** LICENSE NUMBER: **209**

FIRST NAME: **HOWARD** DRILLER LAST NAME: **DILLON**

SIGNATURE: *Howard Dillon*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: **HOWARD** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: **23** 42

SECTION: **44** LOT: **1** 48 50

NEAREST TOWN: **DANIELS** 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): **2** M I 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

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

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): **300** 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)

1 2 3 (SEQ. NO.) 6

NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR ROAD: **DANIELS**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **150** 34 37 38 39

APPROXIMATE DEPTH OF WELL: **260** FEET

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 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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER: **54** ENGINEER REVIEW DISTRICT NO. **63**

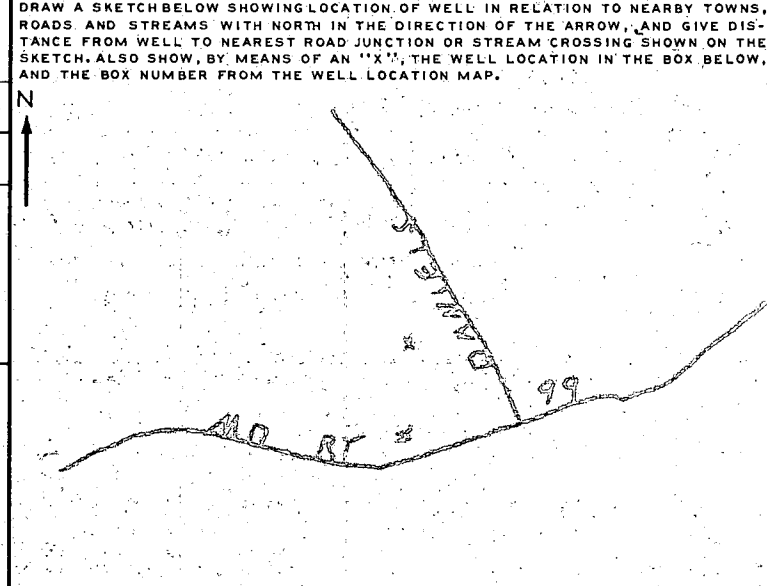
FORCE: **67** WRITE INITIALS IN BOX: **68** CONDITIONS: **70 71 72 73 74 75 76 77 78 79**

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH COUNTY NAME: **Howard** COUNTY NO.: **125504**

DATE: **033077** APPROVED BY: *Donald W. Monaghan* Sanitarian



BOX NUMBER: **850** **530**

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

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

ELEVATION AT WELL HEAD (FEET): **65 66 67 68**

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

1 2 3 (SEQ. NO.) 6

RECEIVED

APR 12 4 57 PM '77

HOWARD COUNTY
HEALTH DEPT.
EMLICOTT CITY, MD.

17050
SITE

53
3
9
DV
SITE



DANIELS RD TO RT 94.

- ① 28 ft casing
- ② 26 ft open depth to be grouted
- ③ 9 bags used
- ④ Well OK

5/23/77
B. Hodger

C i **4026** SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 (SEQ. NO.) 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 5/24/77

DEPTH OF WELL 115

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-75-1477

DRILLERS IDENTIFICATION NO. 209

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 _____

OWNER OLIVER LAST NAME Reid FIRST NAME Baltimore, Md. 21 229

STREET OR RFD 4223 Totter Street POST OFFICE _____

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	
Mica Soil	0	28	
Granite Rock	28	115	X

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT CM BC

BENTONITE CLAY BC BC

NO. OF BAGS 9 NO. OF POUNDS 855

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 28 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CO CONCRETE

PLASTIC PL OT OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 28

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BR BRASS OR BRONZE HO OPEN HOLE

PLASTIC PL OT OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)

FROM 28 TO 115

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH)

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING 70 72

LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 80 (NEAREST FOOT)

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

AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

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

BELOW } 2 (NEAREST FOOT)

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).

CIRCLE APPROPRIATE BOXES

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 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 Howard Dillon

(PLEASE PRINT) _____

SIGNATURE _____