

11/16/99 11/17/99
12-1
130

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 51312-1

A 33132

DISTRICT _____

DATE 11-12-99

DATE SYSTEM APPROVED 11-17-99

INSPECTOR AW

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

05-34650

INDEX

John Goodman IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13750 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-489-7235

SUBDIVISION Dillman Property LOT _____ ROAD 6822 Mink Hollow Road

PROPERTY OWNER Bradley Alan Meyer

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 ✓

OK TO ADJUST TANK & DB LOCATION
IN ACCOMMODATION TO AS-BUILT
HOUSE SEWER EXIT, 11/1/99 (CW)

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade * Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start trench 170 feet from front lot line and 160 feet from the right lot line as seen when facing the lot property from the driveway which runs along the lowest side of the lot. Run trenches along level ground toward the RIGHT 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.

PLANS APPROVED BY C. Williams/Amy McMillen DATE 09-07-1999

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

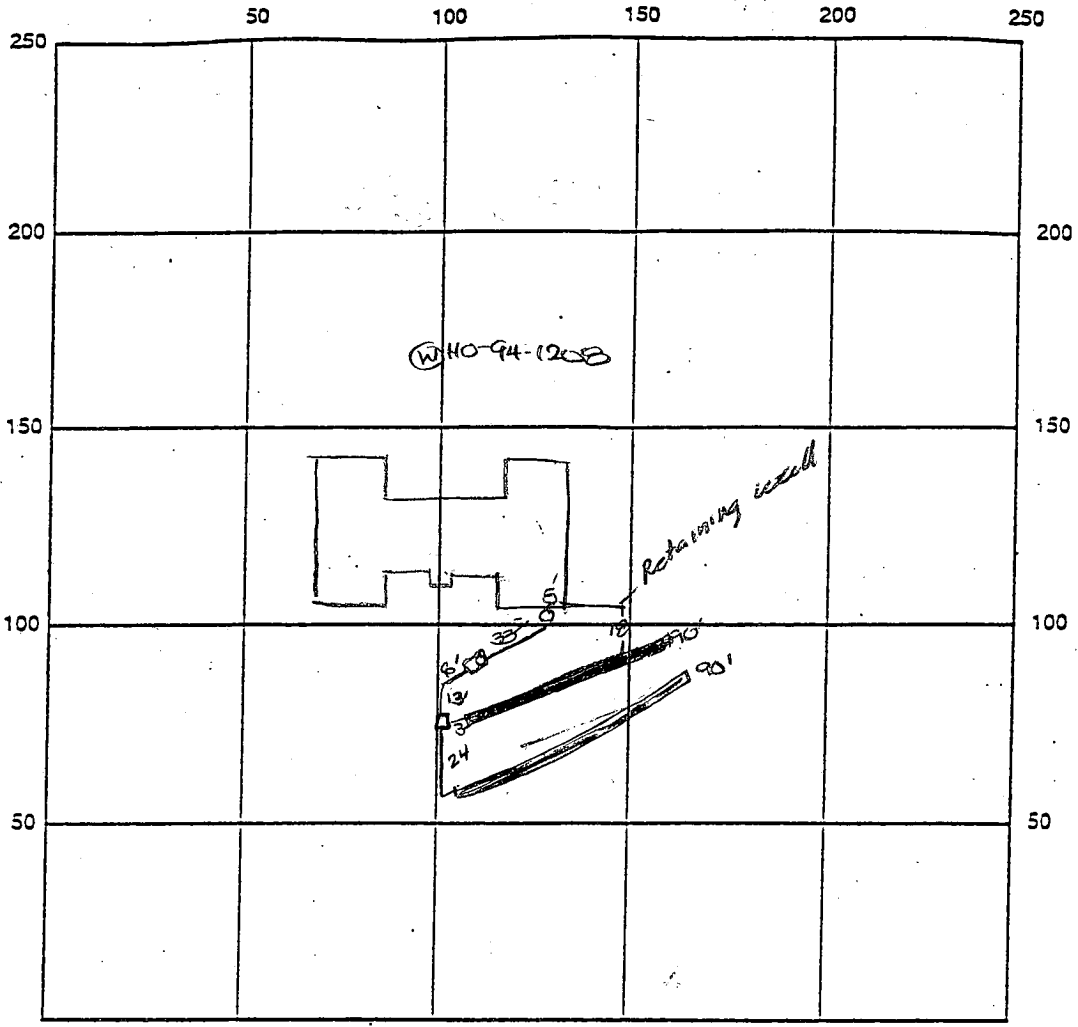
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE Baffles

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

33132

12-1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Dillman Lane → to Mink Hollow Road

SEPTIC TANK LEVEL OK - 1500 gal top scummed CLEANOUTS one at house one on st

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 2 x 90 FT. → 180

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 11/16/99 OK to stone trenches. OK to cover from house to dist. box. DKS 11/17/99 OK to cover all work &

DATE SYSTEM APPROVED 11/17/99 INSPECTOR A. Mc Miller

11/19/99
10-11

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer MARK BREW

Telephone 301-854-0609

License number 16761

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Bradley Alan Meyer Telephone 301-421-9295

Subdivision _____ Lot # _____ Well tag # _____

Site Address 1820 Monk Hollow Rd
Highland MD 20777

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower 1
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth 4'

2. Make JACOZZI

3. Model # _____

4. Capacity 5 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 Cable guards Other _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve?

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 42"

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? YES

11/19/99
WPI OR 4.0'
below grade - 2 piece
cup and PVC conduit
OR

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: Mark Brew

Date: 10-14-99

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

~~Not~~ Recorded

APPLICATION

9/29/83
9:30 A.M.

SEWAGE DISPOSAL TESTING

A 33/32

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 9/16/83

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 DENZEL C DILLMAN BRADLEY ALAN MEYER
ADDRESS 6828 Mink Hollow RD. Highland PHONE 831-7011

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 6822 Mink Hollow RD To Deer Valley RD ON LEFT FIRST PRIVATE DRIVE PAST Deer Valley RD ON RIGHT 4.1 taxmap 40, parcel 425
SIZE OF LOT 4.1 TYPE BLDG. 3 OR 4
(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. Denzel C Dillman
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR TRENCHES DATE 9-30-83

REJECTED BY _____ FOR _____ DATE _____

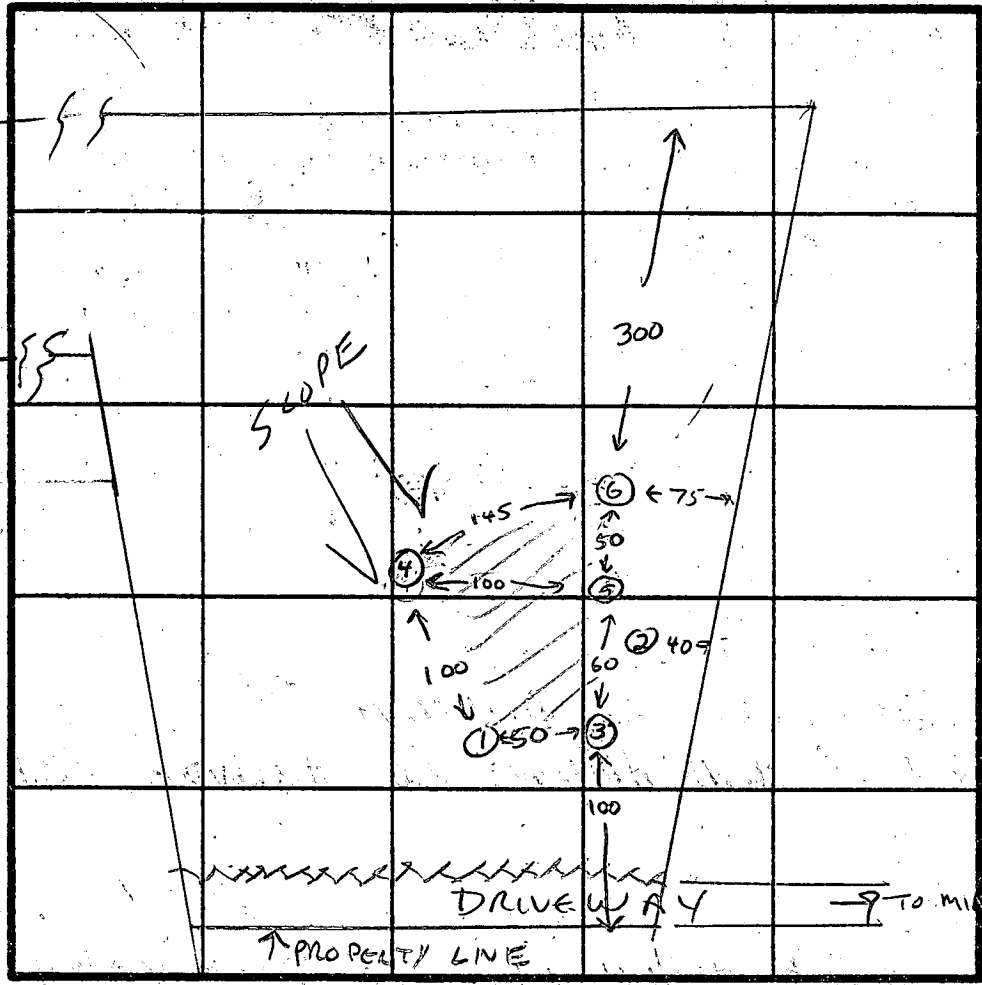
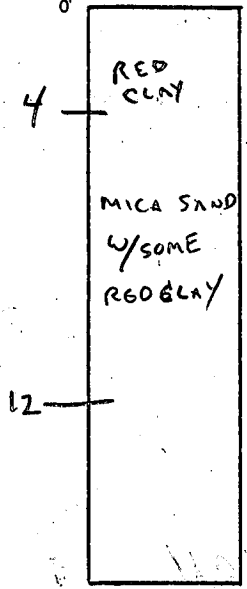
HOLD PENDING FURTHER TESTS HOLD PENDING RECEIPT OF PLAT DATE 9-29-83

REASONS FOR REJECTION OR HOLDING
LOG. PERMIT SIGNED AND RETURNED 9-7-83 Smith 670/12059 detached garage
LOG. PERMIT SIGNED AND RETURNED 9-7-83 Smith 670/12059 SFD - 4Bm

THIS IS NOT A PERMIT

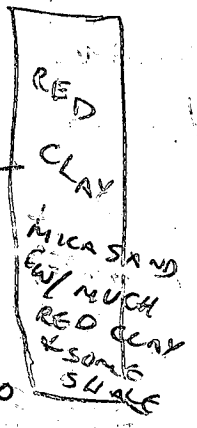
#14 - 4, 5, 6

SOIL PROFILE

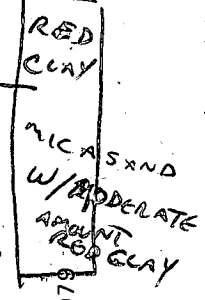


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#2



#3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-29-83	1	4	9:50	9:55	9:55	10:01	6 MIN
		8	9:50	10:00	10:00	10:10	10 MIN
		12	SAND				
11	2	10	CLAY & ROCK		NOT TESTED		X
11	3 LOW	4'	10:05	10:17	10:17	10:17	1/2 INCH IN 20 MIN
		9	10:04	10:10	10:10	10:17	7 MIN
11	4 HIGH	6	10:53	10:59	10:59		
		14	MICA SAND				
11	5	4	10:14	10:15	10:15	10:20	5 MIN
		8	10:11	10:14	10:14	10:18	4 MIN
11	6 HIGH	12	SAND				
		4	10:34	10:42	10:42	11:05	13 MIN
11	6 HIGH	8	10:35	10:38	10:38	10:42	4 MIN
		12	SAND				
11	6 HIGH	4	10:47	10:50	10:50	10:56	6 MIN
		8	10:46	10:50	10:50	10:56	6 MIN
		12	SAND				

REMARKS START SYSTEM HOLE 6 TOWARD HOLE 4;



TYPE OF SOIL RED CLAY TO 4' THEN MIXED WITH MICA-SAND

TESTED BY C. Wilton ALSO PRESENT CLAUDE CRESSLER DILLMAN

10 MW AVG

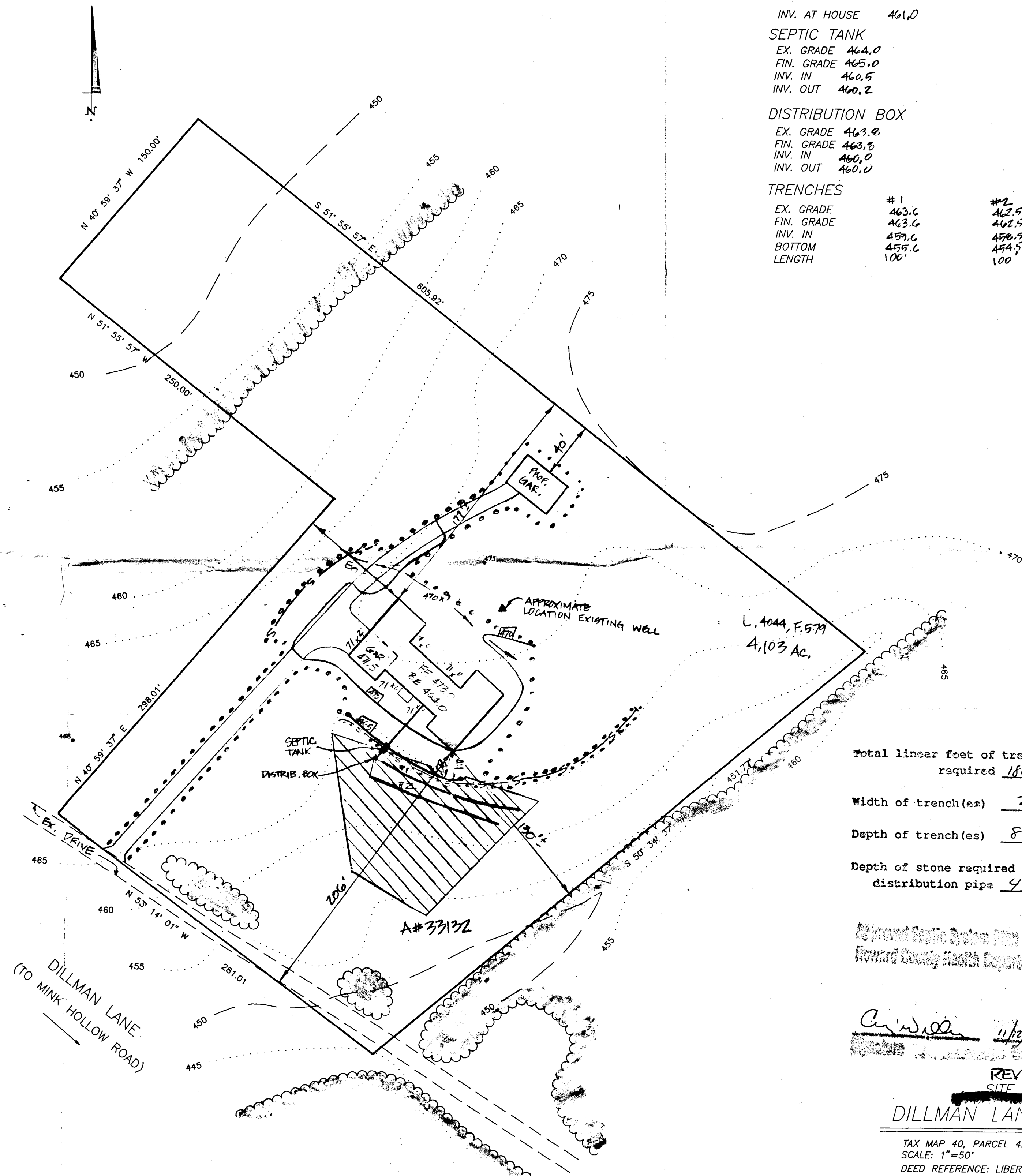
EH-12-1079

NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY AND SHOULD BE FIELD VERIFIED PRIOR TO EXCAVATION.
2.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. THERE IS A 10,000 S.F. MINIMUM RESTRICTION ON THE SEWAGE EASEMENT.
3. DESIGNATES LIMIT OF DISTURBANCE.
 DESIGNATES SILT FENCE
4. TOTAL AREA DISTURBED: 26,600

SEPTIC SYSTEM DATA

INV. AT HOUSE	461.0	
SEPTIC TANK		
EX. GRADE	464.0	
FIN. GRADE	465.0	
INV. IN	460.5	
INV. OUT	460.2	
DISTRIBUTION BOX		
EX. GRADE	463.8	
FIN. GRADE	463.8	
INV. IN	460.0	
INV. OUT	460.0	
TRENCHES		
EX. GRADE	#1	#2
FIN. GRADE	463.6	462.5
INV. IN	459.6	458.5
BOTTOM	455.6	454.5
LENGTH	100'	100'



Total linear feet of trench required 180 feet
 Width of trench (ex) 2 feet
 Depth of trench (es) 8 feet
 Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan
 Howard County Health Department

Chris Wilson 11/12/99

REVISED SITE PLAN

DILLMAN LANE PROPERTY

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 (410) 461-9563

TAX MAP 40, PARCEL 425, HOWARD COUNTY, MD
 SCALE: 1"=50' AUGUST 17, 1999
 DEED REFERENCE: LIBER 4044, FOLIO 579
 REVISED: 9/7/1999, 11/8/99

C1 6072 SEQUENCE NO. (MDE 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 A30132

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07 15 97

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1208

OWNER mayer BROAD STREET OR RFD Mink Hollow Rd. TOWN Highland

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED: THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, B. mica, Tan mica, Gray mica, and Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 15 NO. OF POUNDS 1500

CASING RECORD (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter 6 Total depth of main casing 90

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

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) 40 88 400

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MWD 040 DRILLERS SIGNATURE

LIC. NO. M D SITE SUPERVISOR (sign. of driller or journeyman responsible for stewart if different from permittee)

GRAVEL-PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

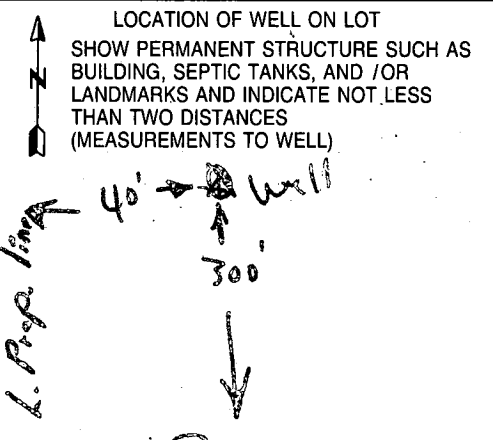
TELESCOPE CASING LOG INDICATOR OTHER DATA


PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29



HO-94-1208
well approval
contingent upon
submission of
PerC Cert (see
letter 7-17-97) 

1997 JUL 28 A 11: 03

ROBERT D. HARRIS DEPT.
ENVIRONMENTAL HEALTH

Page _____ of _____
 Date _____

1-15-97 8:15

NOT APPROVABLE
 Review ~~_____~~ AT _____ THIS
 TIME
 (288)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1308
 Location of property (road) Mink Hollow Road
 Subdivision Dillman Property Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Mayer

Depth of well 400 29pm
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 10'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15 G.P.M
 Total time 30 min to reach pumping water level 179' ft. below M.P.

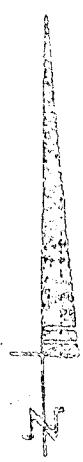
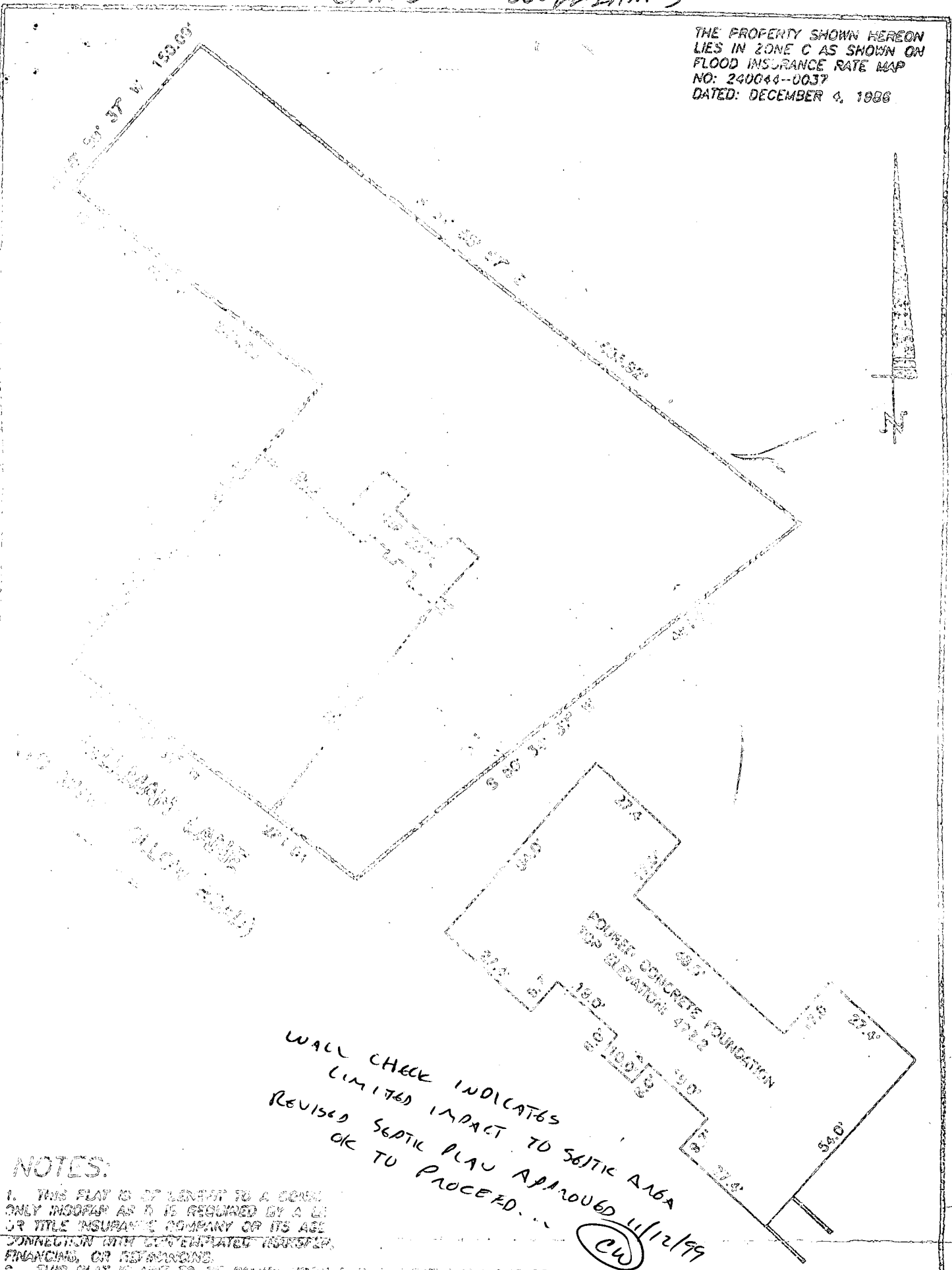
II. Recovery pump test data - observations to be recorded every 15 minutes

Pump 380'

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)
9:00	179'	25 sec		2 1/2 G.P.M
9:15	179'	25 sec		2 1/2 G.P.M
9:30	179'	25 sec		2 1/2 G.P.M
9:45	179'	25 sec		2 1/2 G.P.M
10:00	179'	25 sec		2 1/2 G.P.M
10:15	179'	25 sec		2 1/2 G.P.M
10:30	179'	25 sec		2 1/2 G.P.M
10:45	179'	25 sec		2 1/2 G.P.M
11:00	179'	25 sec		2 1/2 G.P.M
11:15	179'	25 sec		2 1/2 G.P.M
11:30	179'	25 sec		2 1/2 G.P.M
11:45	179'	25 sec		2 1/2 G.P.M
12:00	180'	25 sec		2 1/2 G.P.M
12:15	180'	25 sec		2 1/2 G.P.M
12:30	180'	25 sec		2 1/2 G.P.M
12:45	180'	25 sec		2 1/2 G.P.M
1:00	180'	25 sec		2 1/2 G.P.M
1:15	180'	25 sec		2 1/2 G.P.M
1:30	180'	25 sec		2 1/2 G.P.M
1:45	180'	25 sec		2 1/2 G.P.M
2:00	180'	25 sec		2 1/2 G.P.M
2:15	180'	25 sec		2 1/2 G.P.M
2:30	180'	25 sec		2 1/2 G.P.M
2:45	180'	25 sec		2 1/2 G.P.M
HD-224 3d 00	180'	25 sec		2 1/2 G.P.M

TO CRAIG WILLIAMS

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044-0037 DATED: DECEMBER 4, 1986



WALL CHECK INDICATES LIMITED IMPACT TO SEPTIC AREA
 REVISED SEPTIC PLAN APPROVED 11/12/99
 OK TO PROCEED. CW

NOTES:

1. THIS PLAN IS OF USEFUL TO A HOME ONLY INsofar AS IT IS REQUIRED BY A LEASOR OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCIAL, OR REFINANCING.
2. THIS PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF LINES, CURVES, POINTS, OR OTHER ADJUSTMENTS OR OTHER EXISTING OR PROPOSED IMPROVEMENTS.
3. THIS PLAN DOES NOT PROVIDE FOR THE ADJUSTMENT OR LOCATION OF EXISTING OR PROPOSED IMPROVEMENTS, BUT DOES PROVIDE FOR THE LOCATION OF THE PROPOSED IMPROVEMENTS.
4. ACCURACY OF SURVEY MEASUREMENTS.
5. ACCURACY OF SURVEY INSTRUMENTS.
6. ACCURACY OF SURVEY TECHNIQUES.
7. ACCURACY OF RECORDS.

DETAIL SCALE: 1"=30'

MANAGERSEY & LANE
 6829 WOOD AND COUNTRY BLVD
 SUITE 201
 BETHESDA, MD 20814
 301-291-1000

FOUNDATION LOCATION DRAWING
MEYER PROPERTY
 STATE MAP 40, PARCEL 425, HOWARD COUNTY, MD
 SCALE: 1"=100'
 SOUNDED REFERENCE LIBER 4044 FOLIO 879
 DATE OF LATEST FIELD WORK: OCTOBER 14, 1999

EMERGENCY/TEMP. NO. IF ANY

B 1 **8902** SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
HO-94-1208
fill in this form completely

Date Received (APA) **061797** OWNER INFORMATION

Mayer, Brad
Last Name Owner First Name

1930 Hornell Dr
Street or RFD

Silver Spring Md 20905
Town State Zip

B 3 LOCATION OF WELL

Howard
COUNTY

Highland
NEAREST TOWN

ZMI
MILES FROM TOWN (enter 0 if in town)

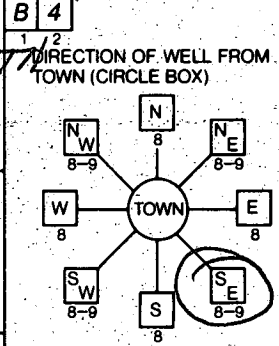
DRILLER INFORMATION

George F Eastday
Driller's Name License No. **40**

L Hanklin Eastday INC
Firm Name

9265 Brown Church Rd Mt. Airy Md 21771
Address

George F Eastday 6-17-97
Signature Date



300
NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD

300
ENTER FT OR MI

TAX MAP: **40** BLK: _____ PARCEL **425**

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 33132** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **062597** SIGNATURE **Donna K See** EXP. DATE **6/24/98**

NORTH GRID **491000** EAST GRID **0803000**

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

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 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)

APPROP. PERMIT NUMBER **GAP**

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-1208**

