

11-21-95
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-345359

P 50982

A 33458

DISTRICT 5th

DATE 11-17-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-3333 313-2640

INDEXED

DATE SYSTEM APPROVED 11-21-95

INSPECTOR AKK

Lem Reed IS PERMITTED TO INSTALL ALTER

ADDRESS 13255 Highland Road, Highland, MD 20777 PHONE 301-854-3689

SUBDIVISION Reed Property Tax Map 34
LOT Parcel 346 ROAD 13255 Highland Road

PROPERTY OWNER Lem Reed

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 108

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 40' from the front lot line and 25' from the left lot line as seen when facing the property from Highland Road. Run trenches along contour toward right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/14/95 DKS

PLANS APPROVED BY Craig Williams/Amy McMillen REVISED _____ DATE 6/8/92, 7/28/95

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

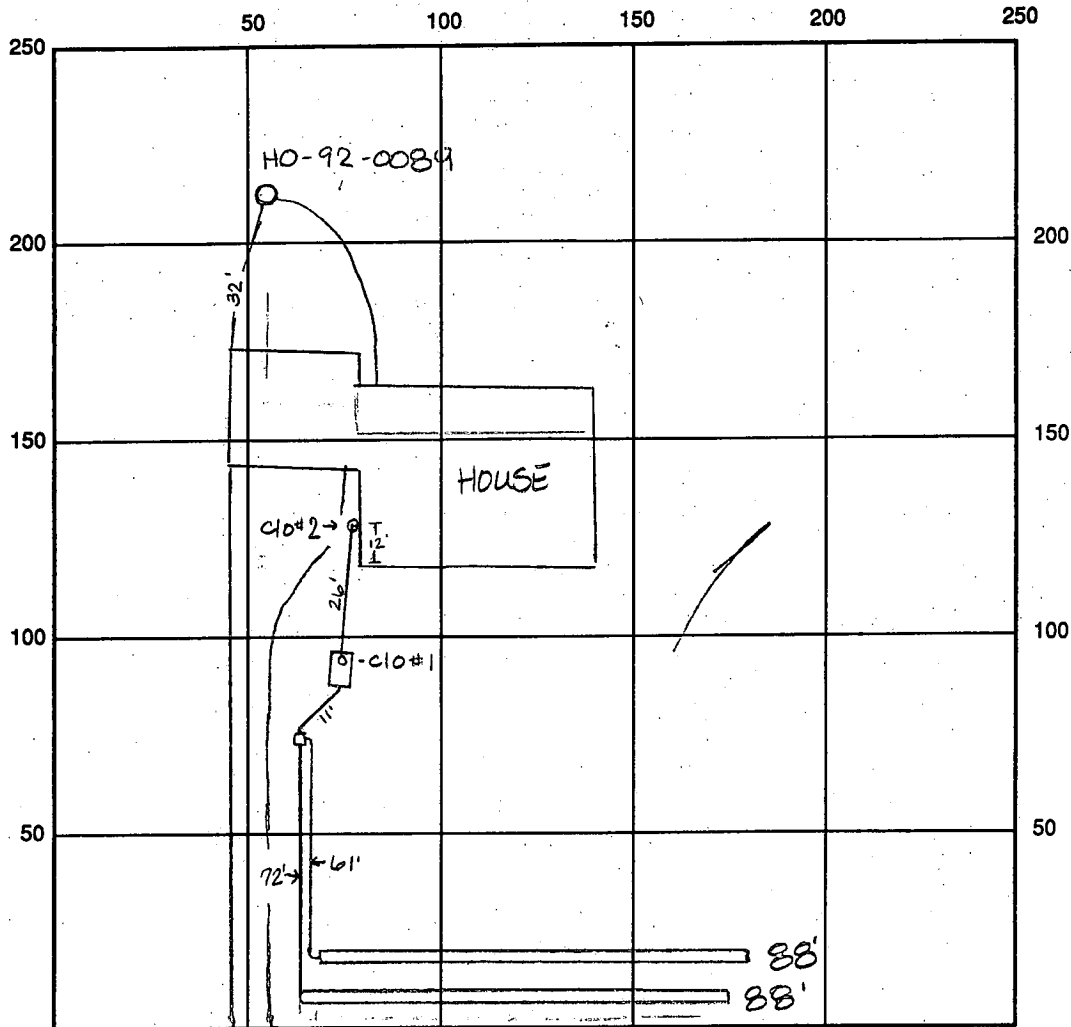
PERMIT VOID AFTER TWO YEARS

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 33458



Highland Rd INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1000 gal CLEANOUTS #1 & 2 OK
 DISTRIBUTION BOX LEVEL OK baffle built into box
 DRAIN FIELD/TITLE DEPTH 9.0' per owner FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 4.0-2.0 FT.
 EFFECTIVE GRAVEL DEPTH 5.0 FT. TOTAL LENGTH 088 FT. 176 total linear ft
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 880 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 11-21-95 No bottom of trench insp made. Per owner, trench bottom at 9' near driveway, comes up to appx 7' at trench end because trenches not on contour. Ok because trench is level; system not going deeper in ground than intended = 68 additional linear ft of trench has been added. All

11-21-95 WPI OK to cover Au

DATE SYSTEM APPROVED 11/21/95 INSPECTOR Amy McMillan

6/27/84
1:30 PM
Prel.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33458

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 17 JAN. 84

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 LEMUEL W. REED JR. & CATHERINE K. REED

ADDRESS 13255 HIGHLAND RD., HIGHLAND MD. 20771 PHONE 301-837-3689
~~576-9144~~

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. 1B

ROAD AND DESCRIPTION OFF HIGHLAND RD. - 2 HOMES FROM MINK HOLLOW - BETWEEN
LOTS 1A & 1C (13265 Highland Road)

SIZE OF LOT 1.0574 AC. ± TYPE BLDG. N/A
(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. Samuel W. Reed Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR TRENCHES DATE 6/25/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

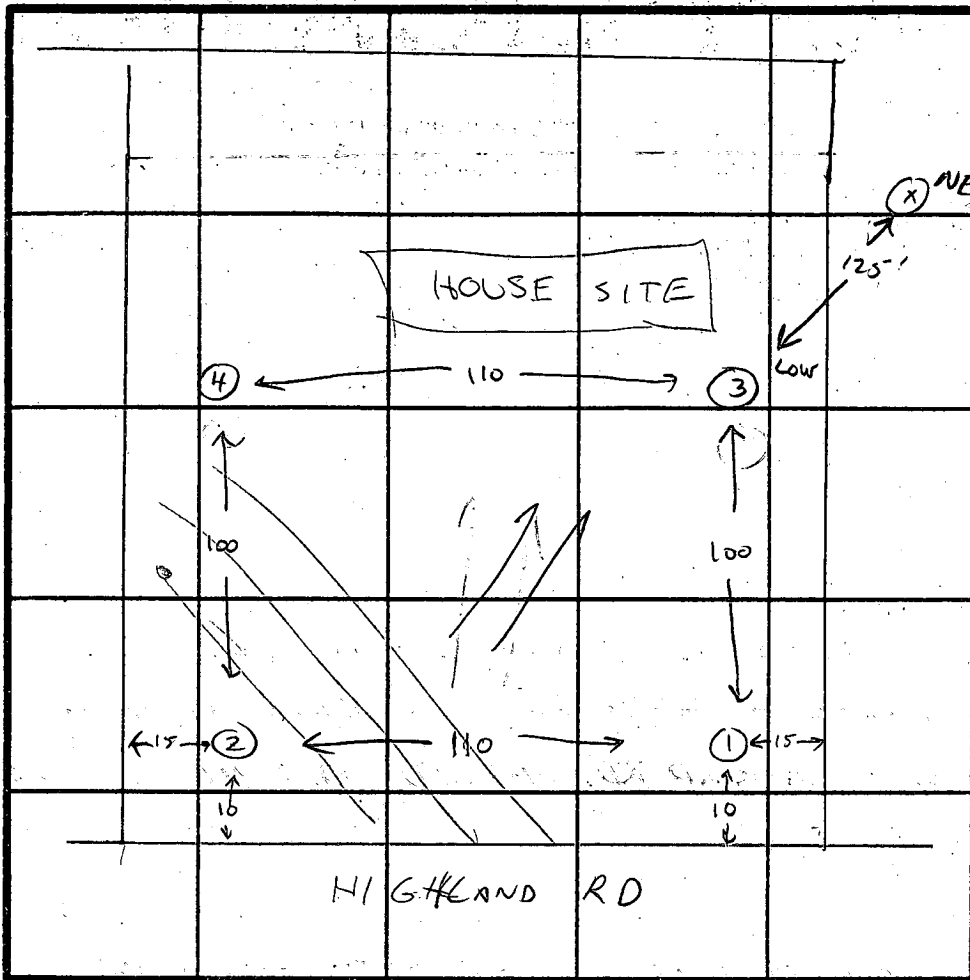
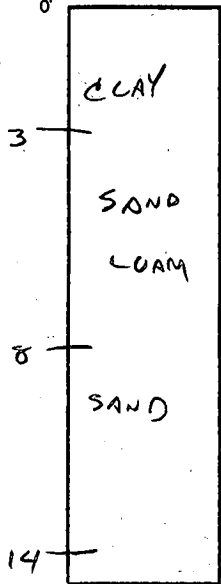
REASONS FOR REJECTION OR HOLDING SEPTIC AREA HIGHER THAN HOUSE SITE,
ELECTRIC HOUSE OR PUMPED SEPTIC MAY BE REQUIRED. CW

BLDG. PERMIT SIGNED
AND RETURNED 7/20/85
Serial # 61036-SFD-3Bme

THIS IS NOT A PERMIT

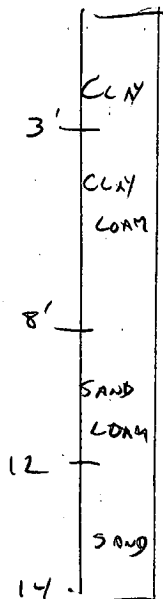
HOLES #
1-2-4

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE # 3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-25-84	1	4	12:40	12:43	12:43	12:46	3 MIN
		9	12:40	12:43	12:43	12:48	5 MIN
		12					
6-25-84	2	4	12:42	12:48	12:48	12:58	10
		9	12:42	12:44	12:44	12:46	2 MIN
		12					
6-25-84	3	4	12:38	12:48	12:48	BLOWY BUT GOOD AT 6'	
		9	12:38	12:47	12:45	12:56	11 MIN
		12					
6-25-84	4	4	12:32	12:35	12:35	12:40	5 MIN
		9	12:32	12:33	12:33	12:35	2 MIN
		12					

REMARKS HOUSE SITE 2' LOWER THAN HIGH HOLE; MUST BE SET UP THIS WAY BECAUSE OF DISTANCE TO NEIGHBORING WELLS.

TYPE OF SOIL SAND, SAND LOAM

TESTED BY C. Williams

ALSO PRESENT REED

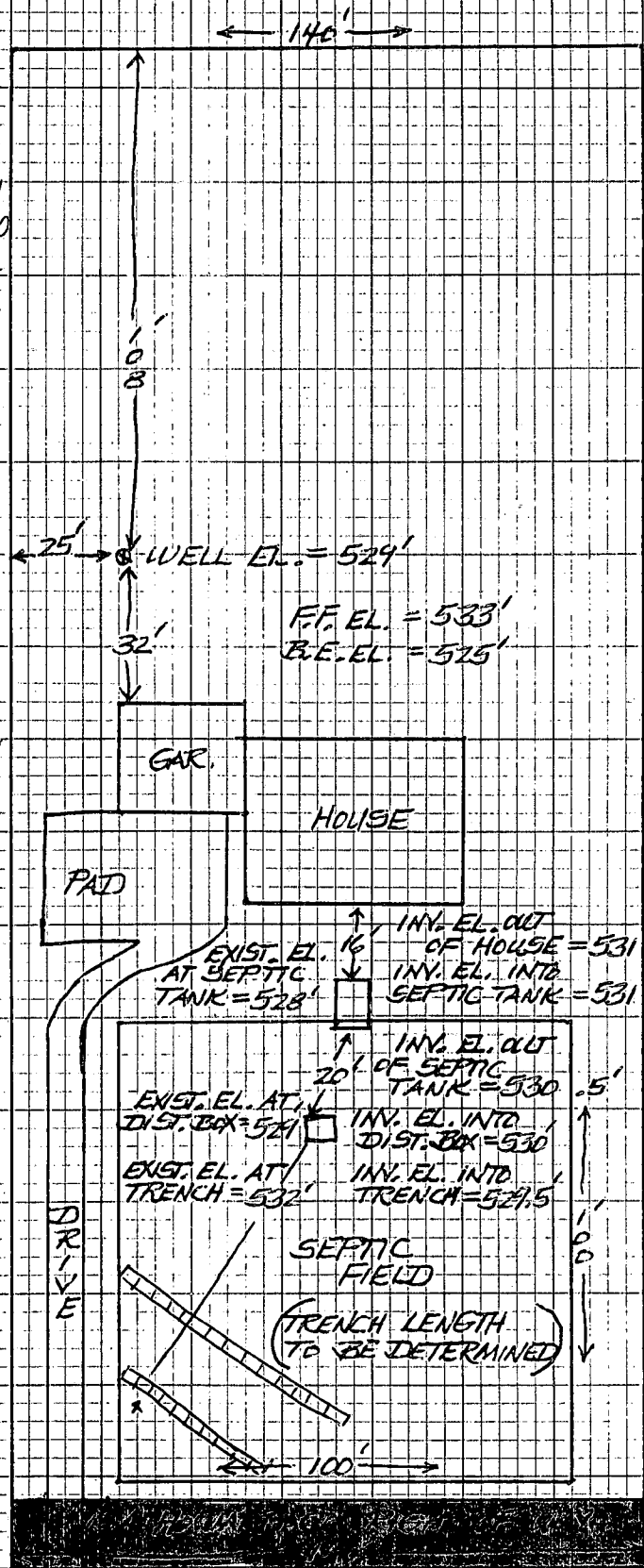
EH-12-1079

I CERTIFY THAT THE BELOW MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY. *Lem Reed*

LOT 18
DIS 5
MAP 34
GRID 21
PARCEL 346
USE R
LIBER 1223
FOLIO 27

LEM REED
13255 HIGHLAND RD.
HIGHLAND, MD. 20777
PH. = 301-854-3689

LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.



Approved Septic System Plan
Howard County Health Department

Lem Reed
7-28-95

Signature _____ Date _____

DIS 5
 MAP 34
 GRID Z1
 PARCEL 346
 USE R
 LIBER 1223 FOLIO Z7

HEALTH DEPT. ~~WELL~~ # A 33458

NOTE TO INSPECTOR
 MET WELL PERMIT APPLICANT 6/8/92
 DISCUSSED WELL SITE ISSUES,
 NO STAKE PLACED.

HIGHEST PORTION OF PROPERTY
 WAS "PEACED" BECAUSE OF
 CONCERNS ABOUT WELL LOCATIONS
 SURROUNDING LOTS

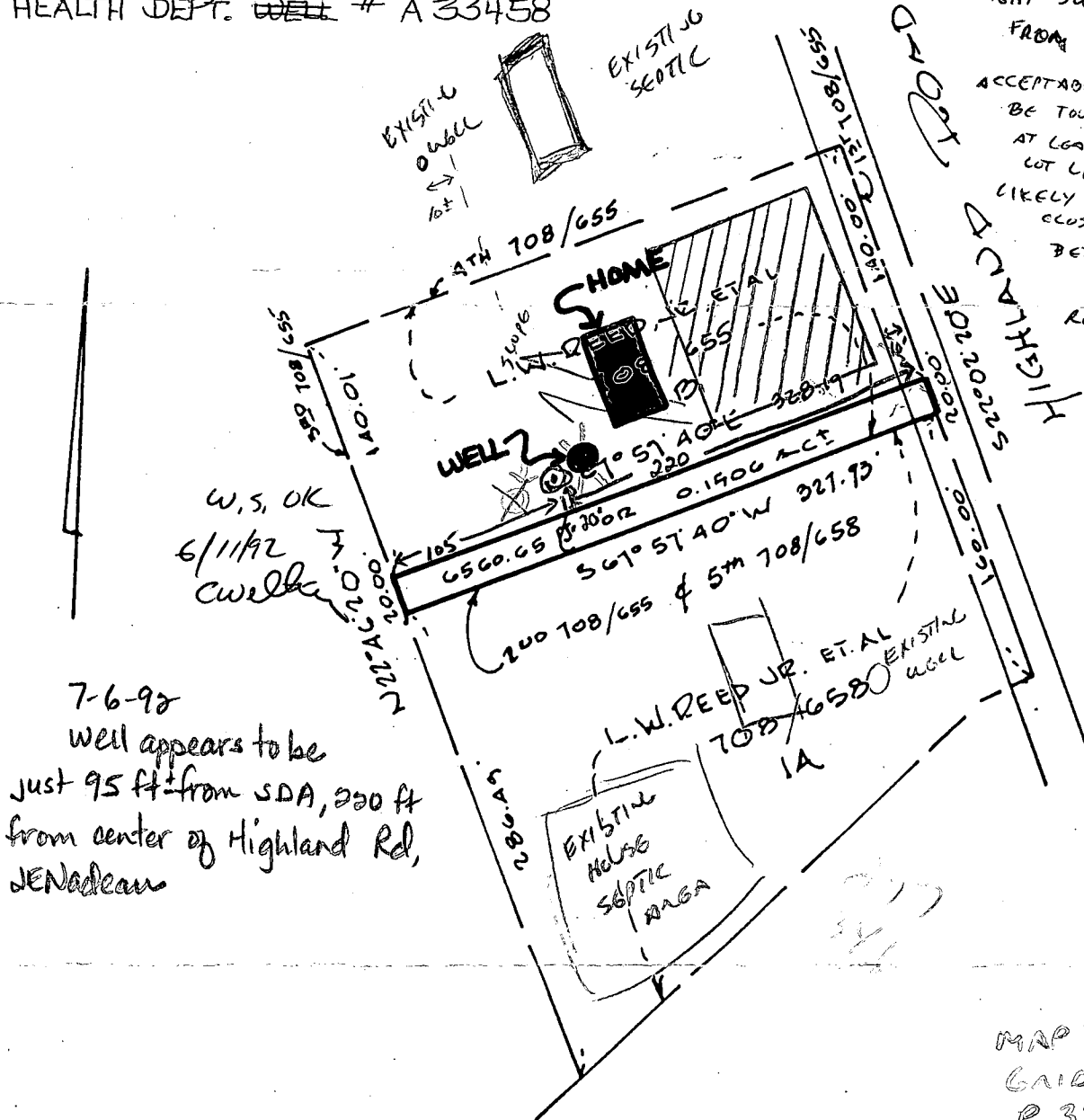
SLIGHT SWALE SEPARATE SEPTIC AREA
 FROM POTENTIAL WELL AREA

ACCEPTABLE WELL SIDE WILL
 BE TOWARD LEFT SIDE OF PROPERTY
 AT LEAST 225' FROM FRONT
 LOT LINE.

LIKELY AREA WILL BE
 CLOSE TO LEFT LOT LINE,
 BETWEEN BLUE SPRUCE &
 GARDEN AREA.

RE-INSPECT AT FIRST
 AVAIL. OPPORTUNITY,

(Willet)



7-6-92
 Well appears to be
 just 95 ft± from SDA, 200 ft
 from center of Highland Rd,
 JENadeau

MAP 34
 GRID Z1
 P 346



0.1506 AC± CONVEYANCE PARCEL 1B TO 1A.
 PARCEL 1B NOW 1.0514 AC±
 PARCE 1A NOW 1.7826 AC±
 5th ELECTION DISTRICT HOWARD CO. MD
 SCALE 1" = 100' APRIL 28, 1983

L. W. REED, JR.
 13255 HIGHLAND ROAD
 HIGHLAND, MD 20777
 301 854 3689

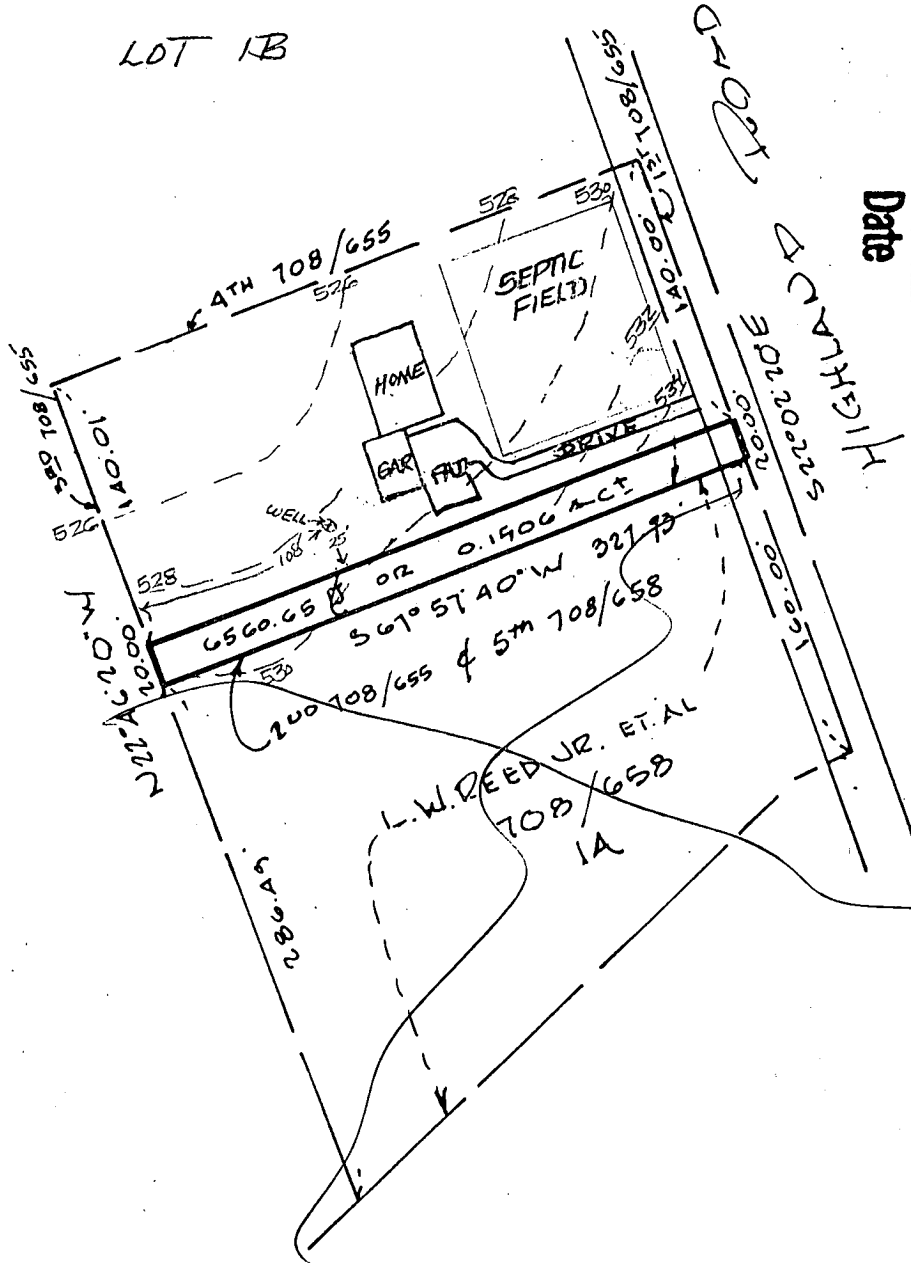
HUCKINS ASSOCIATES INC
 ENGINEERS - SURVEYORS
 291 JOSEPH SQUARE
 COLUMBIA, MD 21044

Approved Septic System Plan
 Howard County Health Department

Signature Jeff McMiller Date 7-28-95

Lem Reed
 13255 Highland Road
 Highland, MD 20777-9722

LOT 1B



0.1506 AC± CONVEYANCE PARCEL 1B TO 1A
 PARCEL 1B NOW 1.0514 AC±
 PARCE 1A NOW 1.7826 AC±
 5th ELECTION DISTRICT HOWARD CO. MD
 SCALE 1" = 100' APRIL 28, 1983



HUCKINS ASSOCIATES INC
 EDGIVERS - SURVEYORS
 271 JOSEPH SQUARE
 COLUMBIA, MD 21044

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

61034

\$22.00

16

25.00 grading

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
13265 HIGHLAND RD.
HIGHLAND MD. 20777

GRADING/SEDIMENT CONTROL YES NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
BASEMENT HOME GARAGE, SEPTIC,
DRIVE, 3 BED RMS.

LOT NO. N/A	PARCEL NO. 346	SEC. -	AREA -	BLOCK NO. 21	LIBER 1223	FOLIO 27
SUB DIVISION HIGHLAND		ZONE RR	ZONE MAP 34	ELEC. DIST. 5	CENSUS TR. 6051.01	

OWNER NAME AND ADDRESS
LEM REED
13255 HIGHLAND RD.
HIGHLAND MD. 20777
PHONE NO. 301 854 3689

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
HOME	48'	35'4"	16'5"
GARAGE	28'	24'	15'

OCCUPANT'S NAME AND ADDRESS
MARGARET A. REED
6312 62ND PLACE, EAST JENSEN AVE. MD.
PHONE NO. 301 727 3034

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
FOREMOST IND.
GREENCASTLE, PENN
PHONE NO. N/A

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
AUSTIN WOOD
8863 HAW BOTTOM RD.
MIDDLETON, MD. 21789
PHONE NO. 301 473 5440

UTILITIES			
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TYPE OF HEAT			AC
ELEC.			NO

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 complied with.

EXISTING USE
VACANT
PROPOSED USE
SINGLE FAMILY DWELLING

EST. CONSTRUCTION COST
100K
LICENSE NUMBER
PERMIT FEE

SIGNATURE
DATE 21 July 95

FOR OFFICE USE ONLY

W/S CODE
DISTANCE 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 #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7-28-95	Andy McMiller
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

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

LP-69-591

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

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

APPROVED DATE

C1 1475

SEQUENCE NO. (DENV 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 A 33958

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" #0-92-0089

OWNER RLED last name first name TOWN HIGHLAND SUBDIVISION SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries like 'top soil', 'down to CP', '125 300'.

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

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

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

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

DEPTH (nearest ft.) E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bright WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) 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) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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 IDENT. NO. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

7-6-92
 8:00

Review OK MR 8/14/92

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0089
 Location of property (road) HIGHLAND RD
 Subdivision MAP BY PARC. 346 Lot 1B Block _____ Plat _____ Sec. _____
 Well Driller EASTON Owner CENUEL REED

Depth of well 300 10 GPM
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 41'

I. High rate pumping -- reservoir drawdown
 Time pump started 8:30 AM Pumping rate 12 gpm
 Total time 30 min. p.s. to reach pumping water level 146 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	146	30 SEC		2
9:30	145	30 SEC		2
9:45	145	30 SEC		2
10:00	143	30 SEC		2
10:15	142	30 SEC		2
10:30	142	30 SEC		2
10:45	143	30 SEC		2
11:00	143	35 SEC		1.7
11:15	142	35 SEC		1.7
11:30	141	35 SEC		1.7
11:45	140	35		1.7
12:00	139	35		1.7
12:15	138	35		1.7
12:30	138	35		1.7
12:45	138	35		1.7
1:00	137	35		1.7
1:15	137	35		1.7
1:30	137	35		1.7
1:45	136	35		1.7
2:00	136	35		1.7
2:15	136	35		1.7
2:30	135	35		1.7
2:45	135	35		1.7
3:00	135	35		1.7

B 1 **01755** SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-92-0089
70 fill in this form completely 79

Date Received (APA) [] [] [] [] [] []
OWNER INFORMATION
8 13
KEED LEAUEL 15 Last Name 34 Owner First Name
1355 HIGHLAND Rd 36 Street or RFD 55
HIGHLAND 57 town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
1 2
HOWARD 8 COUNTY 21
MAP 34 PARCEL 346 23 SUBDIVISION 42
SECTION 44 46 LOT **1B** 48 50
CLARKSVILLE 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **4** 73 MI 76 77 78

DRILLER INFORMATION
George F. Easterday 40 77 License No. 80
Driller's Name
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
George F. Easterday 5/29/92
Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
1 2
Highland Rd 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 **200** 37 DISTANCE FROM ROAD
ENTER FT or MI **FT** 38 39

B 2 **WELL INFORMATION**
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 12 20

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 **A33458**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED **06/11/92** **Cia. Well** **11/11/92**
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **494000** 50 55 EAST GRID **0806000** 57 63

APPROXIMATE DEPTH OF WELL **200** 24 FEET 28
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY 30 AIR-PERCussion 37 ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary DRIVE-POINT
other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **8086**
N **5506494**
000 000
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
10:00 7/6/92
58 ft open hole
70 ft casing
15 bags Cement
2 ft above grade
well just 95 ft from septic
deNadeau

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
39 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) 41 [] [] [] [] [] [] [] [] [] [] 52

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER [] [] [] [] [] [] [] [] [] [] 54 63
FORCE **CO** 67 68 WRITE INITIALS IN BOX PERMIT No. **40-92-0089** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **854-3689** 67 68

