

12/21/83
9:30 A.M.
NO SHOW
12/23/83 10:30 A.M.
R.H.
P.M.

12/21/83
9:30 A.M.

12/23/83 App'd J.S.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 33384

A Repair

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 4th

INDEX

DATE 12/12/83

Hatfield Backhoe IS PERMITTED TO INSTALL ALTER INSTALL
ADDRESS Route 97, Glenwood, Maryland PHONE Kevin O'Neill
489-7305
SUBDIVISION _____ ROAD 846 Hoods Mill Road LOT _____

PROPERTY OWNER State of Maryland - Juvenile Services
ADDRESS 846 Hoods Mill Road, Cooksville, Maryland

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 _____

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend the repair system. FIND OUT # OF PEOPLE

10 people TO USE BUILDING (probably 12 people but need written document. Check grades for slope from old tank to new tank

INSTALL ADDITIONAL 1000g TANK AND ONE TRENCH 75' LONG 11" DIA, 7' GRAVEL.

PLANS APPROVED BY Frank A. Skinner DATE 12/12/83

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.

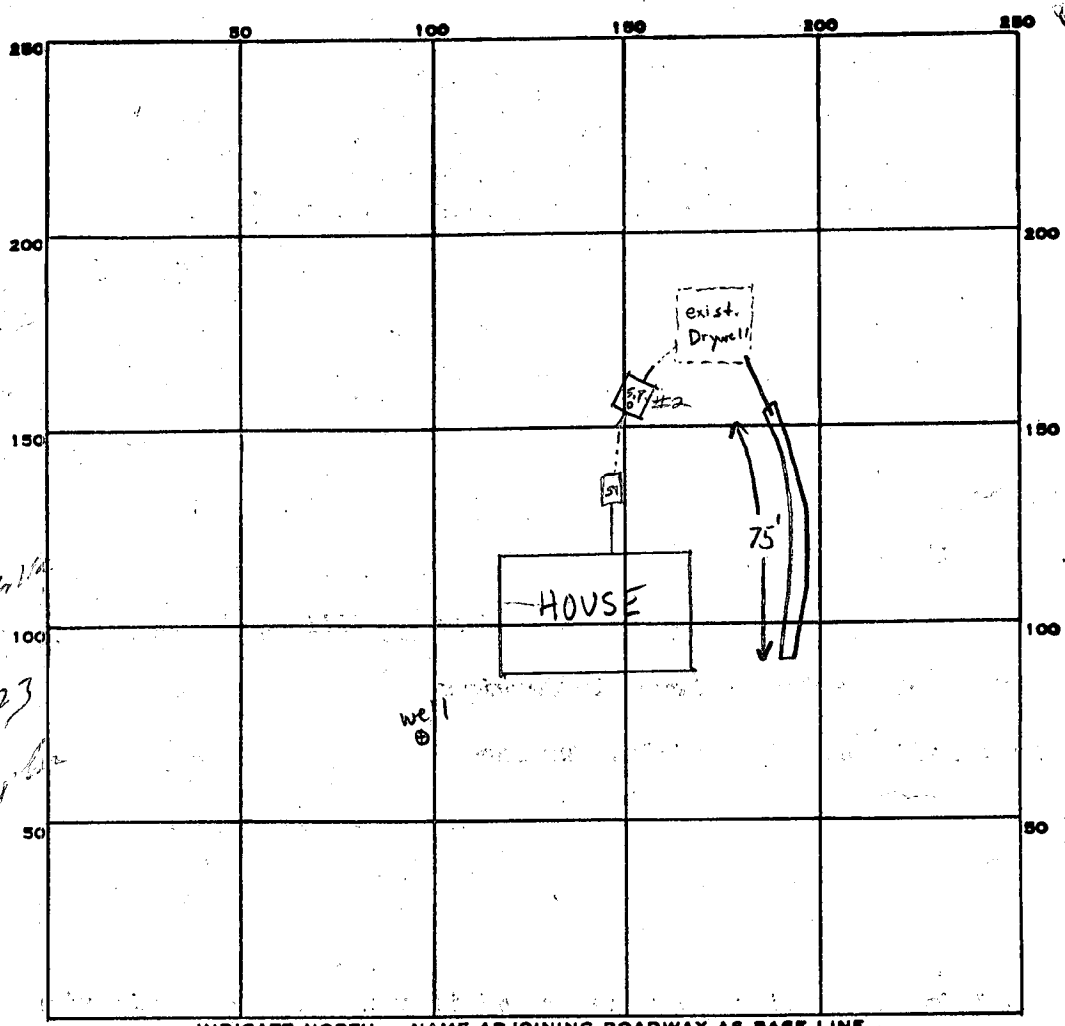
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

R 33384

K. O'Neill
 Neely Letter
 858 Hood's Road
 21723
 W. Simpson



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD signed final OK.

SEPTIC TANK, LEVEL CLEANOUTS S.T. #2 | D.W. existing O.A.

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 17 1/2 FT. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL TOTAL BOTTOM AREA ±525

EXIST. SEEPAGE PITS, ~~OUTSIDE PERIMETER~~ 468 FT. DEPTH BELOW INLET _____ FT.

75
 2
 525
 468
 993

Total ABSORBENT AREA ±993 SQ. FT. (existing drywell plus new trench)

REMARKS 12/13/83 BACK HOE NO SHOW CALL BUD KUNELL LEFT MESSAGE BKH
12/23/83 New 1,000 gallon septic tank added just before drywell, but tank outlet pipe is sloped toward tank. Raise tank outlet by at least 1" O.K. to add gravel & perforated pipe in trench F.S.
12/23/83 OK, to cover all work F.S.

DATE SYSTEM APPROVED 12/23/83 INSPECTOR F. Schmitt

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 4

INDEXED

DATE 5/23/73

Final Recall Packed CO. 6/13/73 C.B.A.
6/19/73 {Water called for final}

6/13/73
6/19/73

John Deane, Registrar

P 18913
A 17836

Costello Builders IS PERMITTED TO INSTALL ALTER

ADDRESS 2800 Belmont Ave., Baltimore, Md. PHONE 945-2800

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION (Hood's Mill Farms) ROAD Route 97 - *see LOT P. 2 P 2 map 8
application for better directions

PROPERTY OWNER Howard J. Kline

ADDRESS William Kline, 846 Route 97, Cookville, Md. 21723

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well is to have 125 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4 ft. below original grade and maximum depth 12 1/2 ft. Location of dry well to be 15 ft. from back property line and 55 ft. in from right side property line when facing lot from Route 97. (See sketch).

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY C. Streaker INSPECTED _____ DATE 1/12/73

NOTE: DRY WELL NEEDS TO BE ~~INSPECTED~~ WHEN EXCAVATION IS MADE.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 17836

APPLICATION

A 17836

P _____

SEWAGE DISPOSAL TESTING
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 4th
DATE 12/29/72

Note
location of D. Well on Building
plans must be attached

Septic Tank { 3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
effective about sidewalk area }
Dry Well is to have 125 sq. ft. per bedroom
below inlet. Inlet to be 4' below original grade
and maximum depth 12 1/2'. Location Drywell
to be 15' from back property line & 55' in from
right property line when facing lot from route
99 (See sketch)

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 Howard J. Kline

Any questions call Mr. Wm. L. Swann,
PHONE 286-2608

ADDRESS Route 97, Woodbine, Md. 21797

PROPERTY LOCATION:

SUBDIVISION (Hood's Mill Farms) LOT NO. _____

ROAD AND DESCRIPTION Route 97 - 1 1/2 miles north of intersection of Route 40 and Route 97 - west side of road. Builder's sign on lot (Dorsey).

SIZE OF LOT 1.248 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ William L. Swann

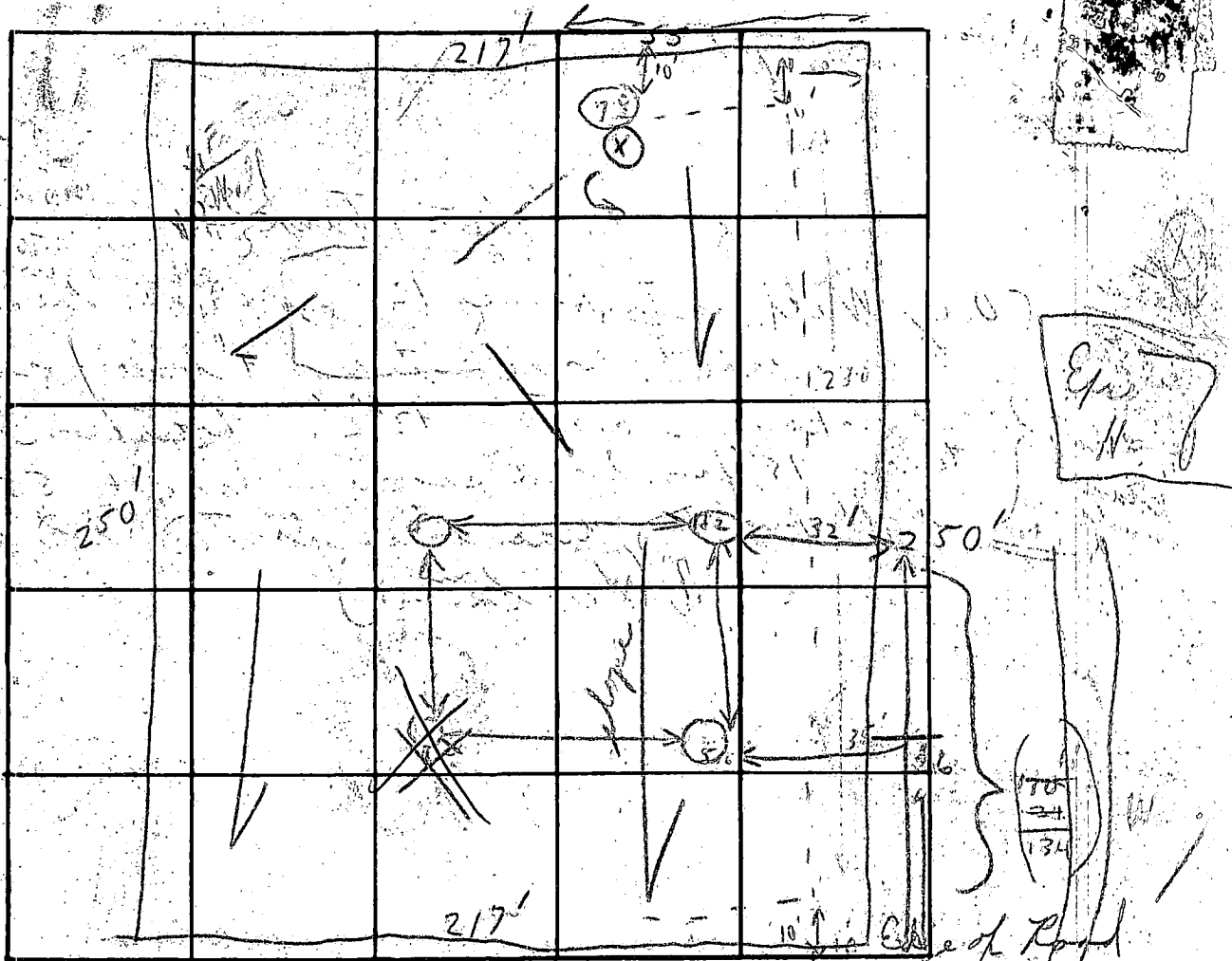
APPROVED BY C. A. Sheaker FOR Dry Well DATE 1/12/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Marland Rd. 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/11/72	1	5'	10:25	10:27	10:27	10:50	3 min	
1/11/72	2	10 1/2'	10:27	10:40	10:40	11:05	25 min (brown soil)	
	3	(No water)	→					
	4		Water at 9'					
1/11/72	5	10 1/2'	11:07	11:10	11:10	11:14	4 min	
1/11/72	6	11'	11:04	11:05	11:08	11:15	5 min	
	7	12 1/4'	11:52	11:55	11:55	11:42	7 min	
1/11/72	8	12'	11:58	11:59	11:59	11:54	10 min	
			12			6:58	10	

12 min
 drilled
 4'

(No trace found)

REMARKS Cold + Clear

TYPE OF SOIL (Samples + loose) (Class 1 + 2) 2 feet below

TESTED BY C. Wheeler ALSO PRESENT: _____

APPLICATION

A 17836

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 12/29/72

Note
Location of D. Well on Building Plans must be as directed

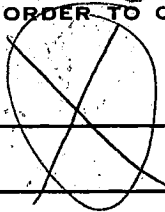
Septic Tank
Dry Well is to have 125 sq. ft. per bedroom area below inlet. Inlet to be 4' below original grade and maximum depth 12 1/2'. Location Dry well to be 15' from back property line & 55' in from right property line when facing lot from route 97 (See sketch)

3 Bedrooms 10' ^{effective} ^{1250 gallons} ^{above} ^{side} ^{area}
4 Bedrooms

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 Howard J. Kline



Any questions call Mr. Wm. L. Swann, PHONE 286-2608

ADDRESS Route 97, Woodbine, Md. 21797

PROPERTY LOCATION:

SUBDIVISION (Hood's Mill Farms) LOT NO. _____

ROAD AND DESCRIPTION Route 97 - 1 1/2 miles north of intersection of Route 40 and Route 97 - west side of road. Builder's sign on lot (Dorsey).

SIZE OF LOT 1.248 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ William L. Swann

APPROVED BY C. Stankis FOR Dry Well DATE 1/12/73
(KIND OF SYSTEM)

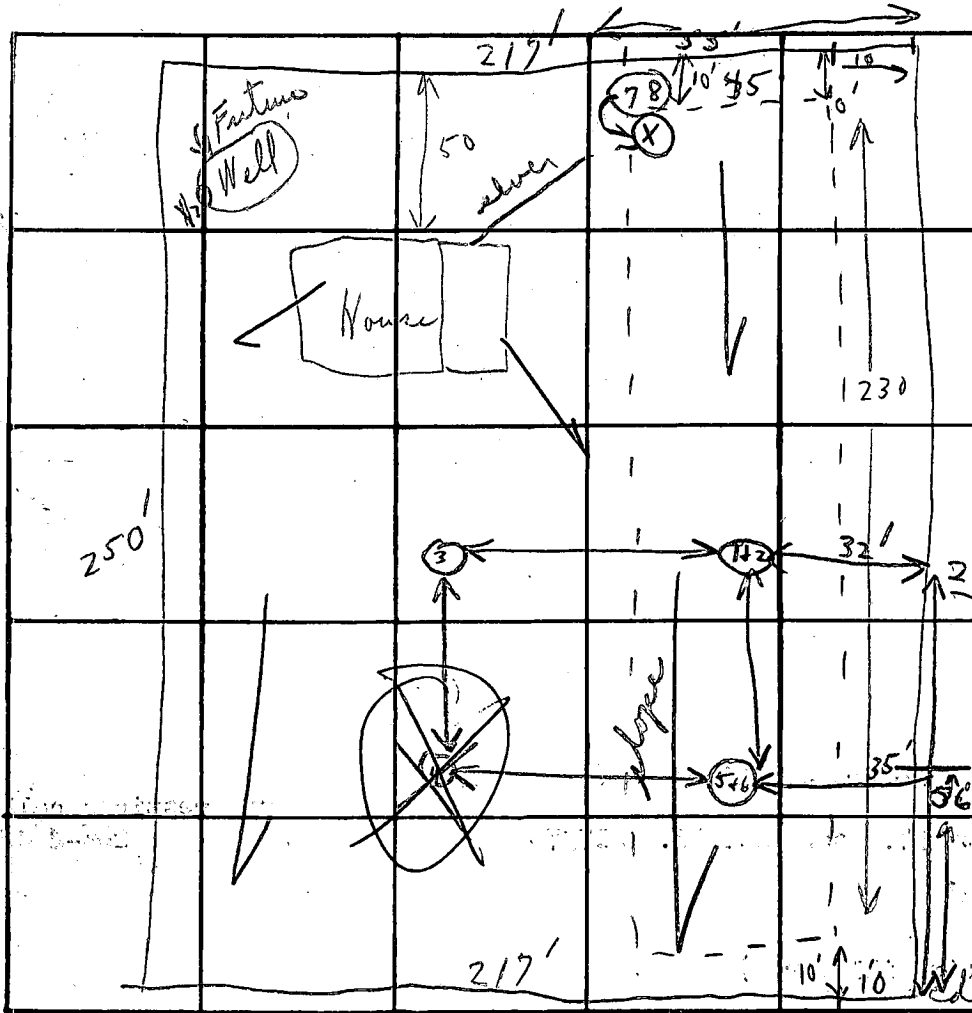
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

father
son



Epitry
House

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Maryland RD. 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/11/22	1	3'	10:25	10:27	10:27	10:30	3 min
	2	10 1/2'	10:27	10:40	10:40	11:05	25 min (Base rock)
	3	(No water - 11')					
	4	Water at 9'					
	5	3'	11:07	11:10	11:10	11:14	4 min
	6	11'	11:04	11:08	11:08	11:13	5 min
	7	4'	11:32	11:35	11:35	11:42	7 min
	8	12 1/2'	11:28	11:39	11:39	11:54	15 min
							6/48/10

REMARKS

Cold + Clear

TYPE OF SOIL

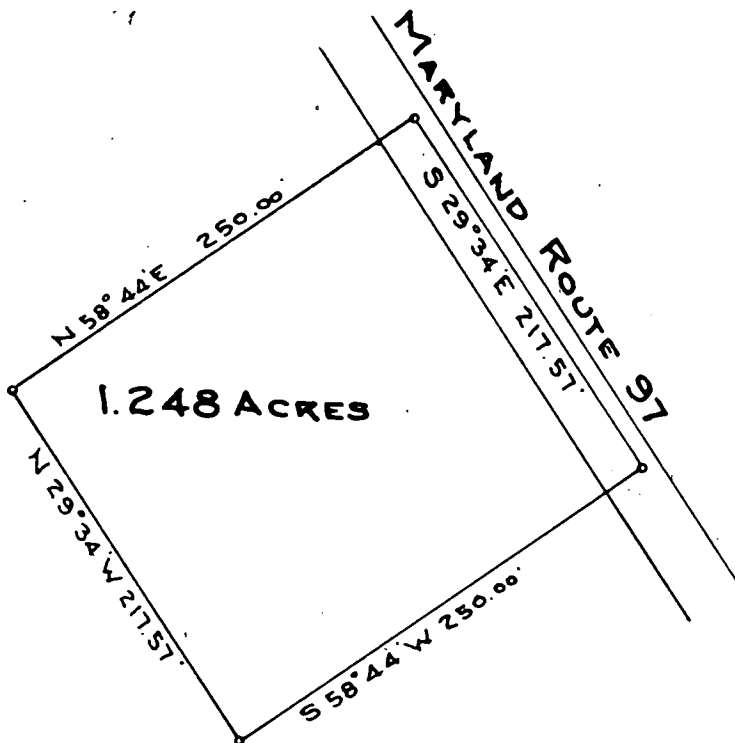
(Sandy + loose (Use 7+8) at test holes)

TESTED BY

C. Steaker

ALSO PRESENT:

Carroll
12 min
4' (Base rock)
55' +
10' off back
(No basement
found)



PLAT OF SURVEY
FOR
HOWARD J. KLINE
FOURTH ELECTION DISTRICT - HOWARD COUNTY,
WOODBINE, MARYLAND.

SCALE: 1 IN. = 100 FT. DECEMBER 7, 1972

Approved: Private Water & Private Sewer

J. Blazey MD
County Health Officer

1/12/73
Date

James M. Skinner

217'

102

EXIST ELEV
INV ELEV

~~99~~ 101
~~98~~ 97

← 45 →
← 55' →
DRY WELL

EXIST ELEVATION
INVERT ELEVATION

~~99~~
~~98~~

1250 GALLON
CONC. SEPTIC TANK

Reserve
Disposal
Sewage
Tank

25' RIGHT OF WAY

← 250 →

x 99

INV. ELEV. ~~98~~ 98.5

x 99.5

26'

x 99.5

Drive

F.F.

F.F. 100
Base ment
92

38'-6"

250'

x 98

70'

52'

105'

x 99

x 99

WATER
Well

x EXIST ELEVATION 98

100' of existing block
measurements and elevations
are correct and correct for this
property
James D. [Signature]

OK
G.B. [Signature]
3/15/73

WILLIAM H. KIRNE 96 x
LIBER 0622 Folio 10503
96

x 96

← 217 →

MD ROUTE 97

90

EMERGENCY NO. (If any) -

DWR PERMIT NUMBER

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

FILL IN THIS FORM COMPLETELY

SEQUENCE NO. (DWR USE ONLY)
2 3 (SEQ. NO.) 6
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

DATE RECEIVED (DWR USE ONLY)
8/28/73
2:00 P.M.

OWNER: KING, William
STREET OR RFD: 16911 BIRD RIVER RD
POST OFFICE: BALTIMORE
FIRST NAME: William
LAST NAME: KING
COUNTY: HOWARD

DRILLER INFORMATION
DATE: Aug 7, 1973
SIGNATURE: Dan
LICENSE NUMBER: 30
TYPE: HYDR

LOCATION OF WELL
COUNTY: HOWARD
SECTION: C. ASVILLE
MILES FROM TOWN: 2

WELL INFORMATION
MAXIMUM PUMPING RATE: 5
AVERAGE DAILY QUANTITY NEEDED: 400
USE FOR WATER: DOMESTIC, HOME
APPROXIMATE DEPTH OF WELL: 16.0 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

DIRECTION FROM TOWN
NE NEAR EAST, SE SOUTHEAST, SW SOUTHWEST, NW NORTHWEST, W WEST, S SOUTH, N NORTH
NEAR WHAT ROAD: RT 97
ON WHICH SIDE OF ROAD: W
DISTANCE FROM ROAD: 80

METHOD OF DRILLING USED
BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT

8/28/73
30ft casing
55' open hole
WELL 18
197
OK
3' over ground
ports cement
DWR

REPLACEMENT OR DEEPEINED WELLS
THIS WELL WILL NOT REPLACE AN EXISTING WELL

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER: 54
ENGINEER REVIEW DISTRICT NO.: 3362
HEALTH DEPARTMENT APPROVAL: Palmer F. Wine, Director

BOX NUMBER: 790
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

HEALTH DEPARTMENT APPROVAL
DATE: 081373
APPROVED BY: Palmer F. Wine, Director

SPECIAL CONDITIONS 8-63

(DWR USE ONLY)

60 ft. 90 gal.
480
570 gal.

C 1 **8897** SEQUENCE NO. (DWR USE ONLY)

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

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

DATE RECEIVED (DWR USE ONLY) _____ DATE WELL COMPLETED 082773

DEPTH OF WELL 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-0423

DRILLERS IDENTIFICATION NO. 30

OWNER Kline LAST NAME William H. FIRST NAME

STREET OR RFD 18911 Bird River Road POST OFFICE Baltimore, Maryland

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	
Dirt	0	3	
Sand	3	15	
Hard Blue Rock	15	70	✓
Blue Rock	70	85	✓
Blue Rock	85	113	✓
Brown Shale	85	113	✓
Blue Rock	113	145	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT M BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1728

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 28 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW):
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 30

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW):
 ST STEEL BR BRASS OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)

FACTS SCREEN	FROM		TO	
	8	9	15	17
1				
2				
3				

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 72 74 75 76

LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE flow meter

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 70 (NEAREST FOOT)
 WHEN PUMPING 130 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):
 A 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

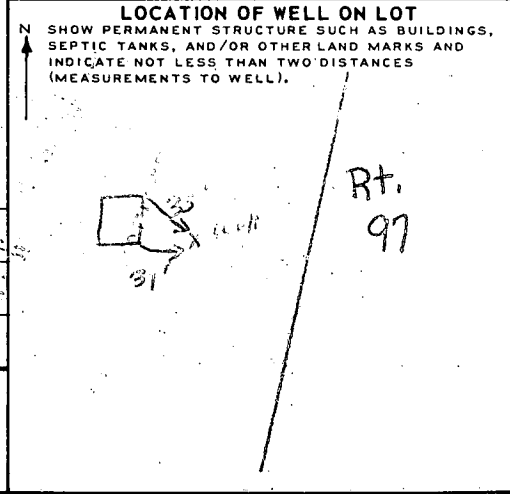
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

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 _____ (NEAREST FOOT)
 - BELOW _____ 49 _____ 51



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 (PLEASE PRINT) Dana Kyker

SIGNATURE Dana Kyker (M)

DNR-131 EMERGENCY NO. (If any) -

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

DWR PERMIT NUMBER
HO-73-0A23
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 9-21-74

OWNER: KLINE William H
COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: 18911 BIRD RIVER RD
COL 36 COL. 55

POST OFFICE: BALTIMORE MD
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: AUG 7, 1973 LICENSE NUMBER: 30
77 80

FIRST NAME: DANA DRILLER: KYKER LAST NAME: KYKER

SIGNATURE: Dana Kyker

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: 23 42

SECTION: 44 46 48 50

NEAREST TOWN: COOKSVILLE 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 MI 73 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): 400 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY

P PRIVATE WATER COMPANY

T TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: RT 97

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 80 34 37 38 39

APPROXIMATE DEPTH OF WELL: 160 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):

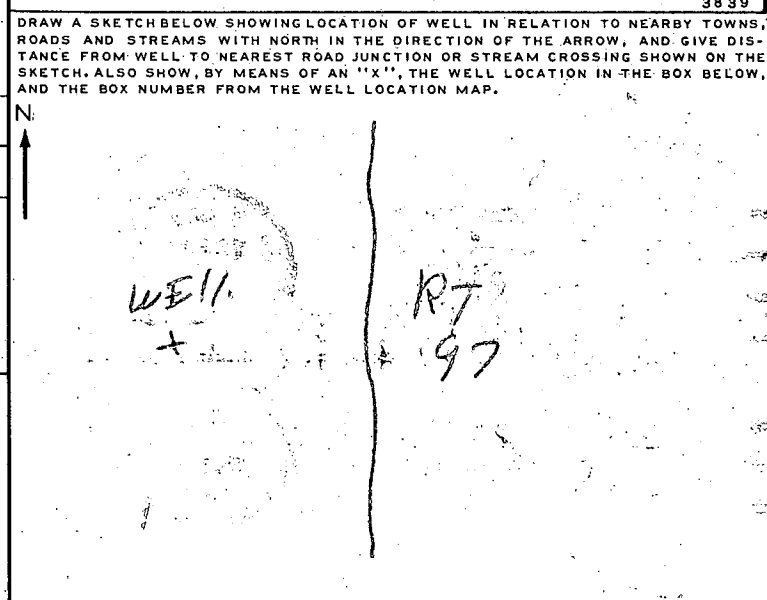
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D 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 (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.:

FORCE: WRITE INITIALS IN BOX CONDITIONS: A E N S G W Q C L U

BOX NUMBER: E 790 N 540

NORTH COORDINATE: 545000 50 51 52 53 54 55

EAST COORDINATE: 0115000 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET): 0/0 65 66 67 68 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX)

DATE: 08/13/73

APPROVED BY: Palmer F. Wine, Director

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

1 2 3 (SEQ. NO.) 6

