

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512 785

A 31039

05-391431

DISTRICT _____

DATE 10/28/1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 1/24/00

INSPECTOR S.P.K.

INDEXED

11-19-99 a.m.
11-24-99 am 2 pm
1/24/00 Pump Check
11:00

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5670

SUBDIVISION Beacraft Property LOT _____ ROAD 7360 Mink Hollow Road

PROPERTY OWNER Mark Bos

ADDRESS _____

TOP SEAMED SEPTIC TANK REQUIRED
SEPTIC TANK CAPACITY 1500 GALLONS

PUMPED SEPTIC SYSTEM REQUIRED

NUMBER OF BEDROOMS 5

INSTALL: 1-1500 GALLON TOP SEAMED PUMP CHAMBER

180 SQUARE FEET PER BEDROOM

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

LINEAR FEET OF TRENCH REQUIRED 225

- Pump performance test is necessary prior to Health Approval of septic.

TRENCHES - Trench to be 2 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 131.79' and 399.99' lot lines, place distribution box 130 feet up the 399.99' lot line and 10 feet off that same lot line.

NOTE - Run two 114 foot trenches towards the 286' lot line.
- Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK/MR

10/7/99 Install septic pressure line EXACTLY AS SHOWN ON SEPTIC PLAN A

PLANS APPROVED BY Amy McMillen DATE 5-13-1999

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

ORIG. PERMIT SIGNED

PERMIT VOID AFTER TWO YEARS

AND RETURNED 11-4-99

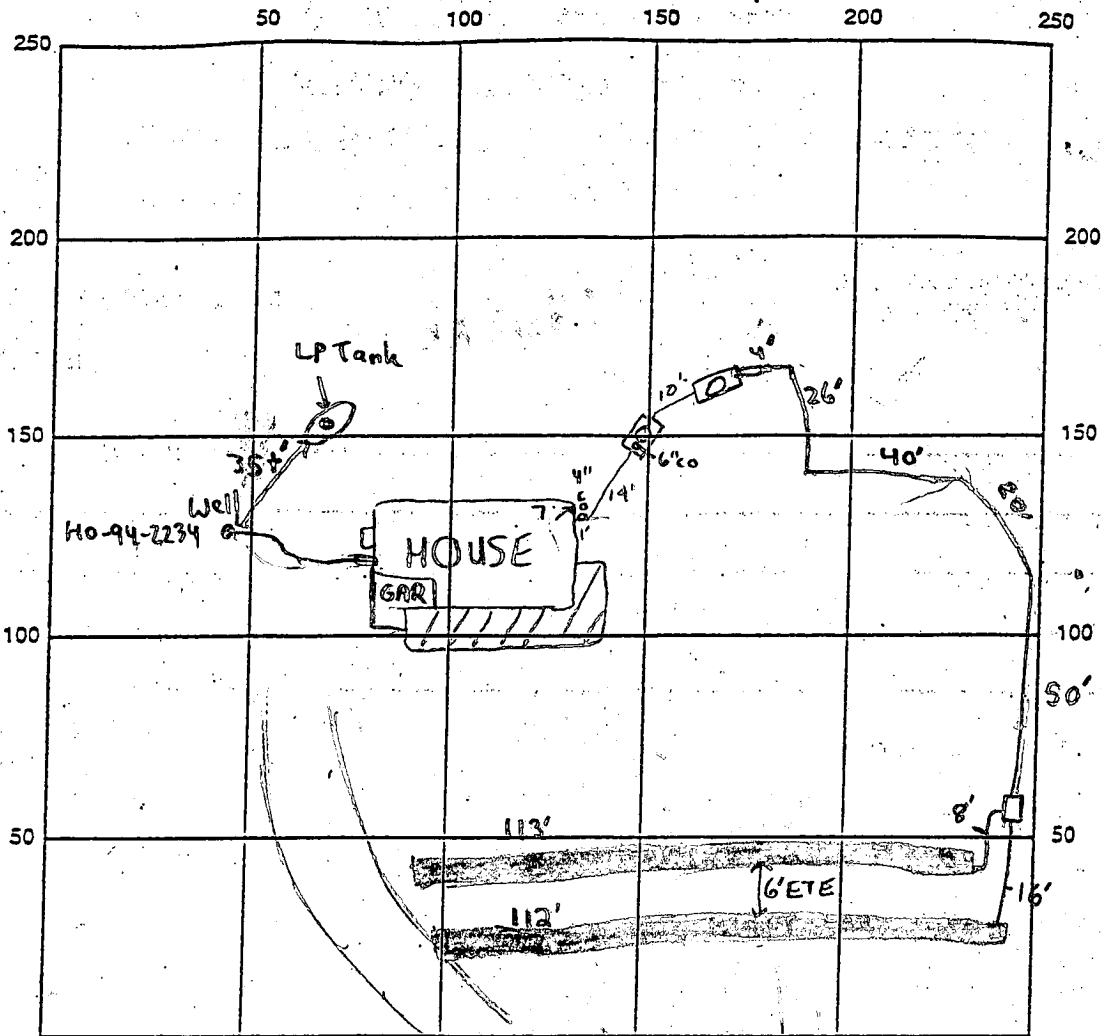
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

And to 1300/12/1/93
propose work

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MINK HOLLOW ROAD

SEPTIC TANK LEVEL 1500 gal ST 1500 gal pump CLEANOUTS 4" @ House, 6" on S.T., Manholes on both Tanks

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 225 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 11/19/99 OK to move tanks to rear of house - putting them to side would result in tanks being 7.0' below grade @ top OK to cover tanks 11/23/99 OK to install 2 114' trenches 11/24/99 - OK TO CONTINUE WORK (SRK)

11/29/99 - OK TO COVER ALL WORK, PUMP TEST REQUIRED FOR FINAL APPROVAL (SRK)

1/24/00 - PUMP TEST OK, HIGH WATER ALARM OK (SRK)

DATE SYSTEM APPROVED 1/24/00 INSPECTOR Steven R. King

APPROX. LIMITS OF
100 YR FLOOD BOUNDARY
PER F.E.M.A. MAP
NO. 240044 0037 B
DATED DEC. 4, 1986

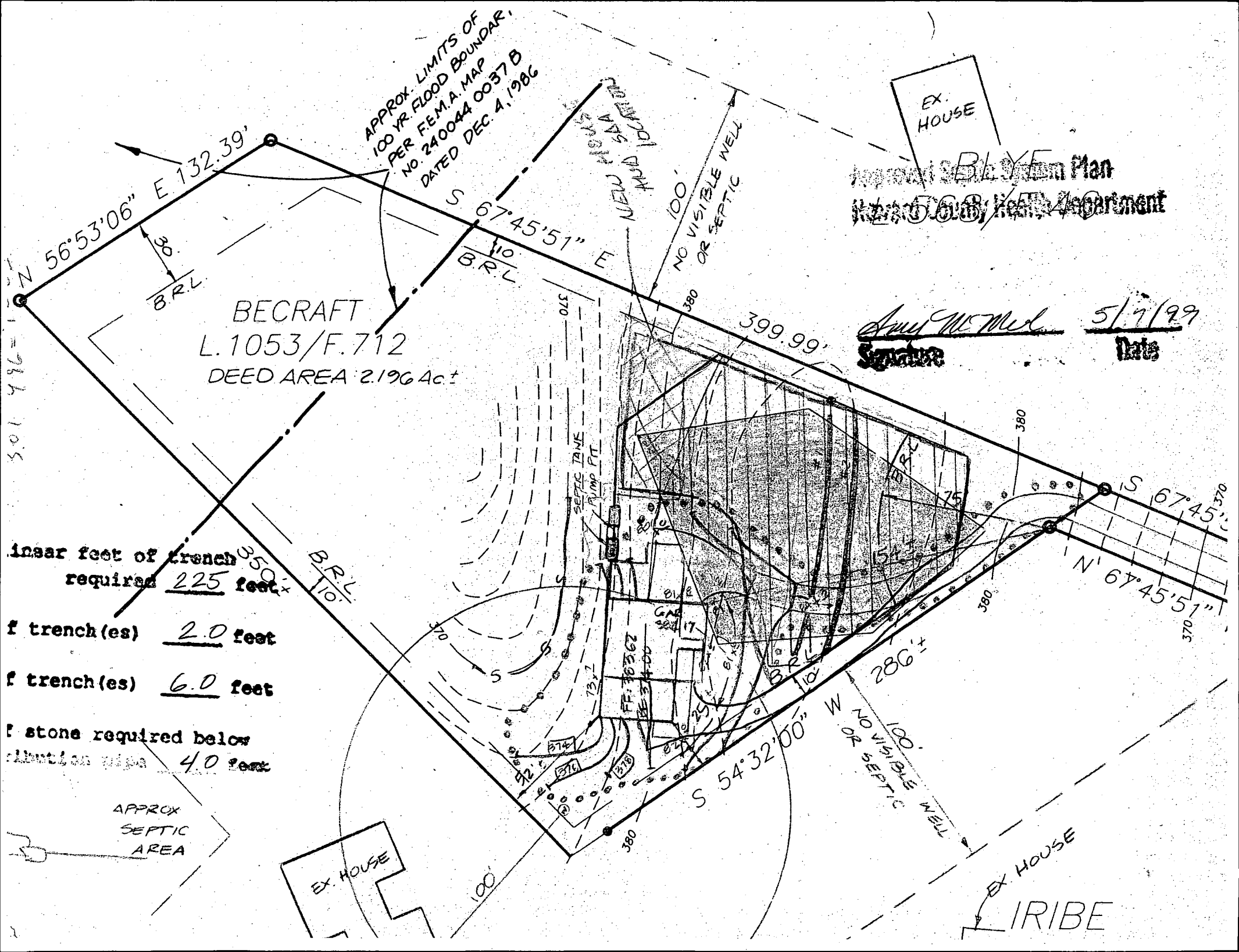
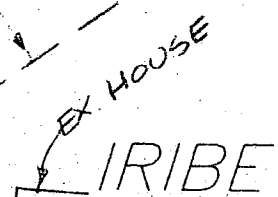
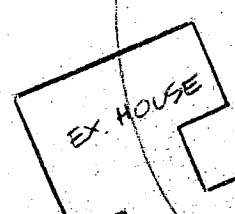
Approved by BL/VE System Plan
Health Department

Amos W. Med 5/7/99
Signature Date

BECRAFT
L. 1053/F. 712
DEED AREA 2.196 Act

- linear feet of trench required 225 feet
- of trench(es) 2.0 feet
- of trench(es) 6.0 feet
- stone required below distribution pipe 40 feet

APPROX
SEPTIC
AREA



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement _____

Receipt # _____
Date 11-16-99

Name of Installer MARK BREW P&H Inc.

Telephone 301-854-0609

License Number 16761

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner MARK BOS

Telephone 301-438-3209

Subdivision _____ Lot # _____

Well Tag # HO-94-2234

Site Address 7360 Mink Hollow Rd., Highland

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make _____
- Model # _____
- Capacity _____ GPM

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth 4'

- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type PE
- Size 1
- NSF and/or BOCA Code approved
- Depth of supply line 4'

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

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.

11/29/99 - WPI OK (SRW)
Signature of Applicant: Mark Brew

Date: 11-16-99

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

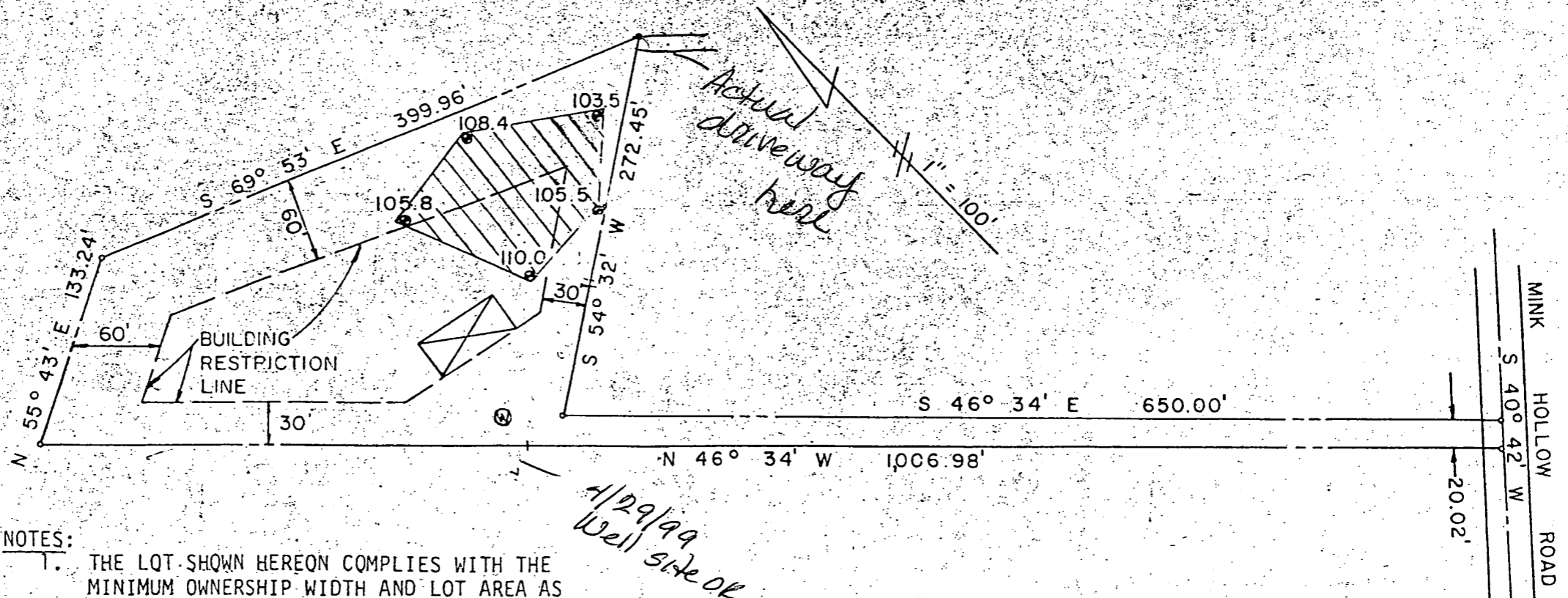
APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

Joseph Boyles 12-11-80
 COUNTY HEALTH OFFICER DATE

LEGEND

- ☒ DENOTES LOCATION OF DWELLING
- ⊙ DENOTES EXISTING WELLS
- DENOTES FIELD LOCATION OF PERC HOLES

Parcel 21



NOTES:

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
2. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS

*4/29/99
 Well site ok as stated
 A*

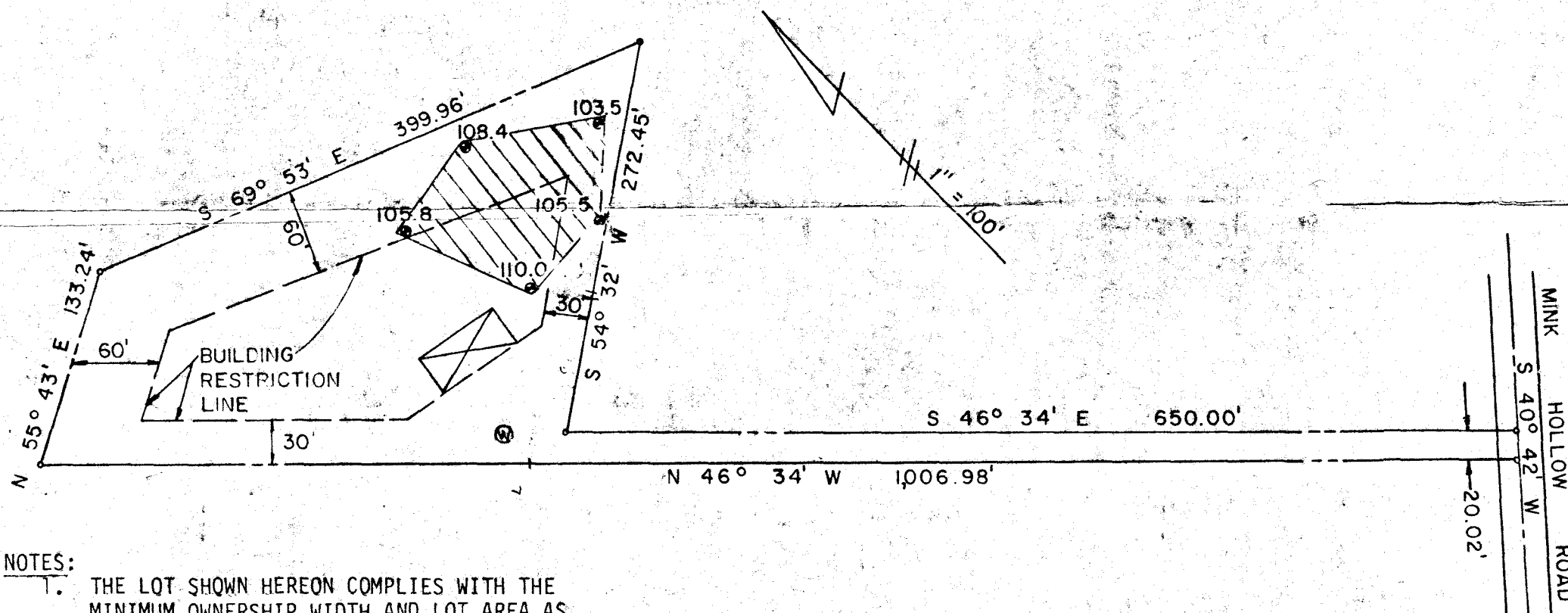
APPROVED FOR PRIVATE WATER AND PRIVATE
SEWERAGE SYSTEMS HOWARD COUNTY HEALTH
DEPARTMENT

Jayman Boydles 12-7-80
COUNTY HEALTH OFFICER DATE

LEGEND

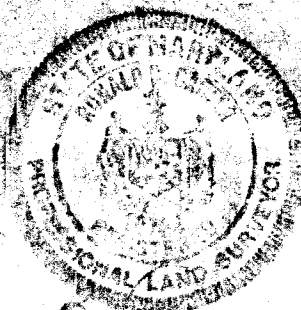
- ☒ DENOTES LOCATION OF DWELLING
- ⊙ DENOTES EXISTING WELLS
- ⊕ DENOTES FIELD LOCATION OF PERC HOLES

Parcel 21



NOTES:

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2. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND 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.
3. DENOTES FIELD LOCATION OF PERC TEST HOLE.
4. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.



FISHER, COLLINS & CARTER, INC.
Consulting Engineers and
Land Surveyors
8388 Court Avenue
Baltimore City, Maryland 21043

Ronald D. Carter 12/9/80

PERC TEST CERTIFICATION
PROPERTY OF
ANITA M. IRIBE

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE 1"=100' DECEMBER 9, 1980

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31039

P _____

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

DISTRICT 5th.

DATE 11/18/80

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 Anita M. Iribe

ADDRESS 7378 Mink Hollow Road, Highland, Md. PHONE 286-2903

PROPERTY LOCATION:

SUBDIVISION Anita M. Iribe Property LOT NO. _____

ROAD AND DESCRIPTION Off of Mink Hollow Road

SIZE OF LOT 2.149 acres m/1 TYPE BLDG. 3 or 4 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:

SIGNATURE OF APPLICANT Anita M. Iribe

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

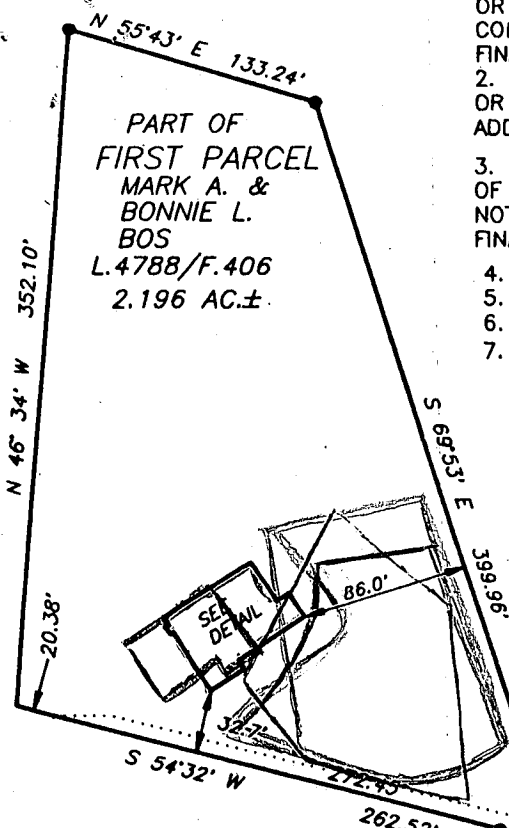
REASONS FOR REJECTION OR HOLDING 12/1/80 FOR CERTIFIED HOLES; HOUSE SITE, AND WATER WELL SITE. MEMO'S SENT 12/1/80 VIA SECRETARIES C.B.C. C.B.C.

THIS IS NOT A PERMIT

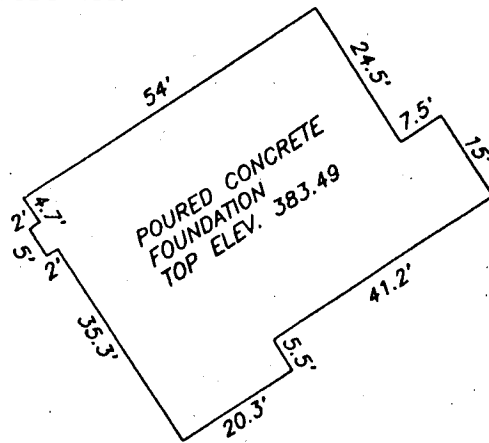
THE IMPROVEMENTS SHOWN HEREON LIE IN FLOOD HAZARD ZONE 'C' AS SHOWN ON FLOOD INSURANCE RATE MAP NO. 240044 0037B DATED: DECEMBER 4, 1986

NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 0.3'
6. ACCURACY OF ELEVATIONS: 0.2
7. BEARINGS & DISTANCES SHOWN HEREON ARE FROM LIBER 4788, FOLIO 406.



BLYE
L.568/F.46



DETAIL
SCALE: 1"=30'

IRIBE
L.255/F.439

THIRD PARCEL
L.4788, F. 406

- originally recorded SDA

N 60°05' W 17.52'

N 08°16' W 31.81'

10/4/99 Sequence of events leading to this final adjustment to the recorded SDA:

① 4/23/99 - Building permit came in requesting adjustment & house location ~~to go~~ shown in red. Approved 5/7/99 (BP also) by ALM

SECOND PARCEL
L.4788, F. 406

② 6/23/99 Revision to house site & SDA again requested after BP issued - request approved by MR. Revision in blue

③ 10-4-99 Wall check came in for septic permit - bump out added which encroached even further on SDA - FINAL SDA location shown in purple (and house)

A. McMill

IRIBE
L.1038/F.771

N 60°05' W 442.68'

S 60°05' E 467.10'

NEW TELEPHONE POLE (ON LINE)

ROAD

S 40°42' W 25.45'

MINK HOLLOW ROAD

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Shanabarger & Lane

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

FOUNDATION LOCATION DRAWING
SECOND PARCEL, THIRD PARCEL,
& PART OF FIRST PARCEL

BOS PROPERTY

L.4788, F. 406

FIFTH ELEC. DIST. HOWARD CO., MD.
SCALE: 1"=100' AUGUST 3, 1999

DATE OF LATEST FIELD WORK: AUGUST 3, 1999

C1 06731

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A31039

ST/CO USE ONLY DATE Receiver

DATE WELL COMPLETED MM DD YY 05 26 99

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2234

OWNER Beacraft last name Mink Hollow Rd first name TOWN Clarksville SUBDIVISION Beacraft Prop 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, FEET (FROM, TO), check if water bearing. Rows: Overburden (0-15), Soft Shale (15-55), Gray Rock (55-250).

water at 200'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 15 NO. OF POUNDS 1380

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 58 ft.

CASING RECORD

Casing types insert appropriate code below. [ST] STEEL, [CO] CONCRETE, [PL] PLASTIC, [OT] OTHER.

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 58

OTHER CASING (if used)

Table for other casing with columns: diameter (inch), depth (feet) from, to.

SCREEN RECORD

screen type or open hole. (insert appropriate code below) [ST] STEEL, [BR] BRASS, [HO] OPEN HOLE, [PL] PLASTIC, [OT] OTHER.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

- CIRCLE APPROPRIATE LETTER: 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...

DRILLERS LIC. NO. M D 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D 25048

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.)

HO 58 250

Table with columns: E, A, C, H, S, R, E, N and depth intervals.

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.57

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 ft.

WHEN PUMPING 132 ft.

TYPE OF PUMP USED (for test) [A] air, [P] piston, [T] turbine, [C] centrifugal, [R] rotary, [O] other, [J] jet, [S] submersible.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES [NO]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

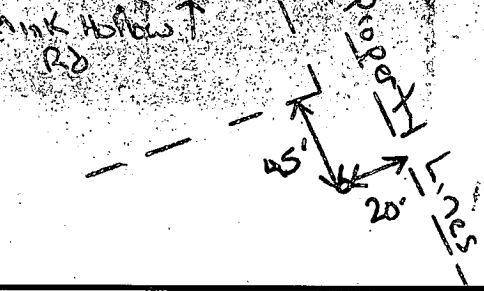
PUMP HORSEPOWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [+] above, [-] below. LAND SURFACE 1 (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)



B 1 7519 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

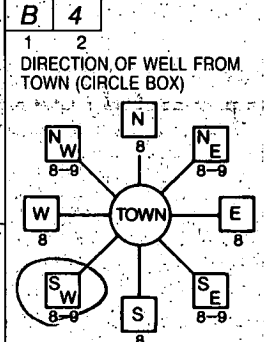
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2234
 70 fill in this form completely 79

Date Received (APA) 04/16/99
 8 MM DD YY 13
OWNER INFORMATION
 15 Beecraft Last Name 34 Rob Owner First Name
 36 14005 Highland Road Street or RFD 55
 57 Clarksville Town 70 MD State 72 21029 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY 21
Beecraft Property
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
Clarksville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 M 73 76 77 78

DRILLER INFORMATION
Paul M. Fabiszak Driller's Name 76 M. W. D 399 License No. 81
G. Edgar Harr Sons' Corp Firm Name
12047 Falls Rd Cockeyville 21030 Address
Paul M. Fabiszak Signature 3/31/99 Date



Mink Hollow Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 800 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT. OR MI
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 **WELL INFORMATION**
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

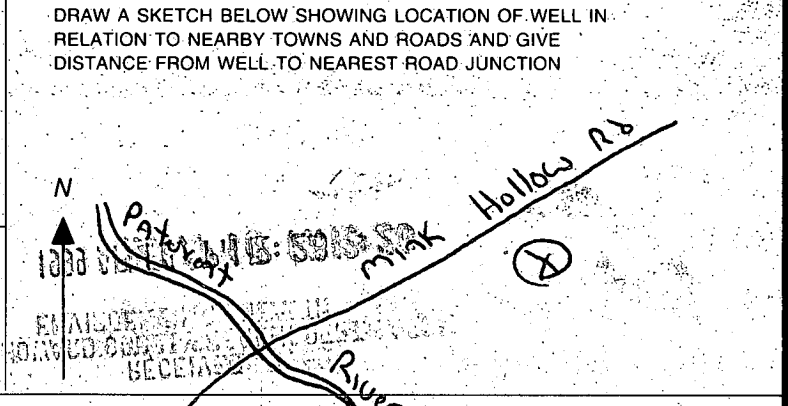
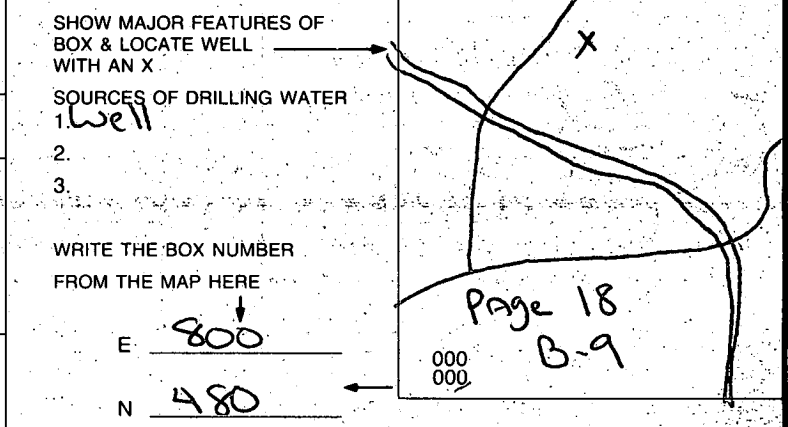
NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME A31039 COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 04/29/99 A McMillen 4/29/99
 43 MM DD YY 48 CO SIGNATURE EXP. DATE 41
 NORTH GRID 480 000 EAST GRID 800 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

REPLACEMENT OR DEEPEMED 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
 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 _____ 63
 PERMIT No. HO-94-2234
 70 71 72 73 74 75 76 77 78 79



APPROX. LIMITS OF
100 YR. FLOOD BOUNDARY
PER F.E.M.A. MAP
NO. 240044 0037 B
DATED DEC. 4, 1986

EX. HOUSE
BLYE
L.568/F.46

N 56°53'06" E 132.39'
8'
B.R.L.

S 67°45'51" E
10'
B.R.L.

100'
NO VISIBLE WELL
OR SEPTIC

BE CRAFT
L.1053/F.712
DEED AREA 2.196 Ac±

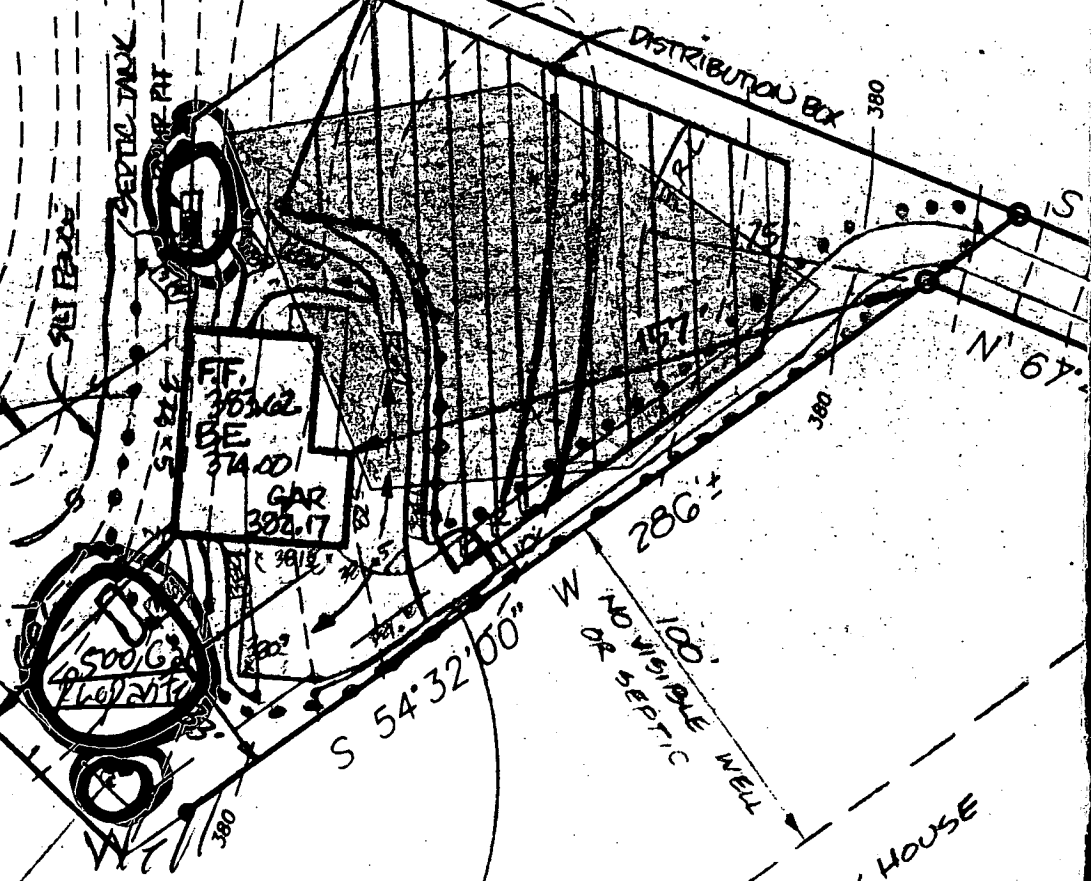
399.99'

DISTRIBUTION EX

*When proposed
storm location will
impact to well
check location of septic
11/21/89*

350'±
10'
B.R.L.

100'±



S 54°32'00" W
286'±

100'
NO VISIBLE WELL
OR SEPTIC

EX. HOUSE

IRIBE
L.255/F.4

APPROX
SEPTIC
AREA