

PERMIT

Approved 12/21/81
Stayed P 31759
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-362245

ELLICOTT CITY

DISTRICT 5th

DATE 12/18/81

INDEX

12/14/81
12/17/81 1:30 P.M.
12/21/81

Mike Kastner IS PERMITTED TO INSTALL ALTER X

ADDRESS 12556 Argo Drive, Dayton, Maryland 21036 PHONE 725-5000

SUBDIVISION Linden Chapel Hills ROAD 4975 Morningstar Dr. LOT 5, Blk B, Sec 2.

PROPERTY OWNER Mr. Joseph Frank Orlando

ADDRESS 4975 Morningstar Dr.

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH 46 DEPTH 10 1/2 FEET, BOTTOM AREA 480 SQ. FT.

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

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 1/2 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 50 FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

BACK OF HOUSE

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

DEEP DITCH 480 SQ FT BELOW TOP 4 1/2 FT CLAY 10 1/2 FT DEEP ABOUT 80 FT LONG

PLANS APPROVED BY Palmer F. Wine DATE 12/14/81

COVER NO WORK UNTIL INSPECTED AND APPROVED WITH 6 FT OF STONE

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 PLACING GRAVEL IN TRENCH. OK TO HAVE 77

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. 77 FT LONG DITCH

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

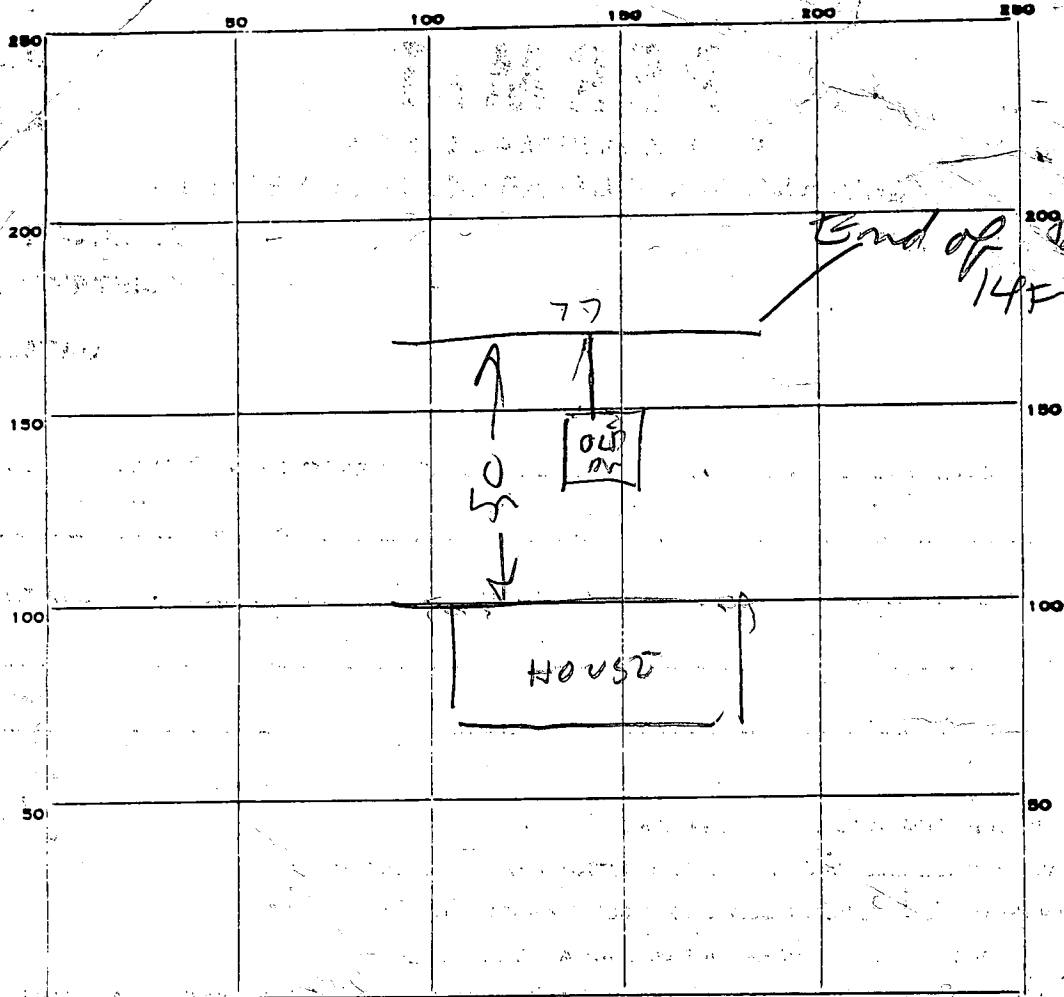
PERMIT VOID AFTER THREE YEARS. IS 14 FT DEEP

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.

P 31759



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 ← TO TENORIS RD MORNING STAR DR

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 480

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

ABSORBENT AREA 480 SQ. FT.

REMARKS 12/14/81 DITCH DUG 77 FT LONG 10 1/2 FT DEEP
4 1/2 FT OF CLAY BOT SANDY VISUAL HOLE
DUG 14 FT DEEP DRY & SANDY R/H
12/21/81 - OK to cover all work. JS

DATE SYSTEM APPROVED 12/21/81

INSPECTOR Stayer

Files Final
P 19011 CBS

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 9/25/73

11/5/73

Liberty Backhoe Service

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 23A, Brangles Road, Marriottsville, Md.

PHONE 795-2642

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Linden Chapel Hills

ROAD Morningstar Drive

LOT 5, Blk. B, Sec. 2

PROPERTY OWNER Mr. & Mrs. Joseph Frank Orlando

ADDRESS 7507 New Bury Lane, Lanham, Md.

Phone: 552-3632

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1200 GALLONS

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

OTHER DRY WELL - To be 100 sq. ft. of absorbent sidewall area below the inlet pipe per bedroom. Inlet pipe to be 3 ft. below original grade. Maximum depth of dry well to be 12 ft. below original grade. Locate dry well 115 ft. from rear lot line and 95 ft. from right sideline as seen when facing from front lot line. If visual hole done, recommend 50 ft. closer to house site - visual hole needed to update permit.

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 James T. Wright & Fred Frommelt DATE 4/22/71 & 8/1/73

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.

BLDG. PERMIT SIGNED
AND RETURNED 7/24/80

Serial # 43824
Addition

A 15749

APPLICATION

A 15749

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic tank to be 1200 Gall ELLICOTT CITY

DISTRICT 5

8/1/73 Dry Well to be 100 sq ft of apartment sidewalk area below the inlet pipe per bedroom inlet pipe

DATE 3/9/71

to be 3 ft below original grade. Max depth of dry well to be 12 ft below original grade. Locate dry well 115' from rear lot line and 95' from right side line as seen when facing from front lot line

if visual hole done, recommend to 50 ft closer to house etc - visual hole needed to update permit.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. *Updated per 8/1/73 inspections.*

PROPERTY OWNER Frank E. & Linda Willson, et. al.

ADDRESS Ashton, Maryland 20702 PHONE Mr. Johnsen 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills LOT NO. 5, Blk. B, Sec. 2

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,250 sq. ft. TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Robert Johnsen

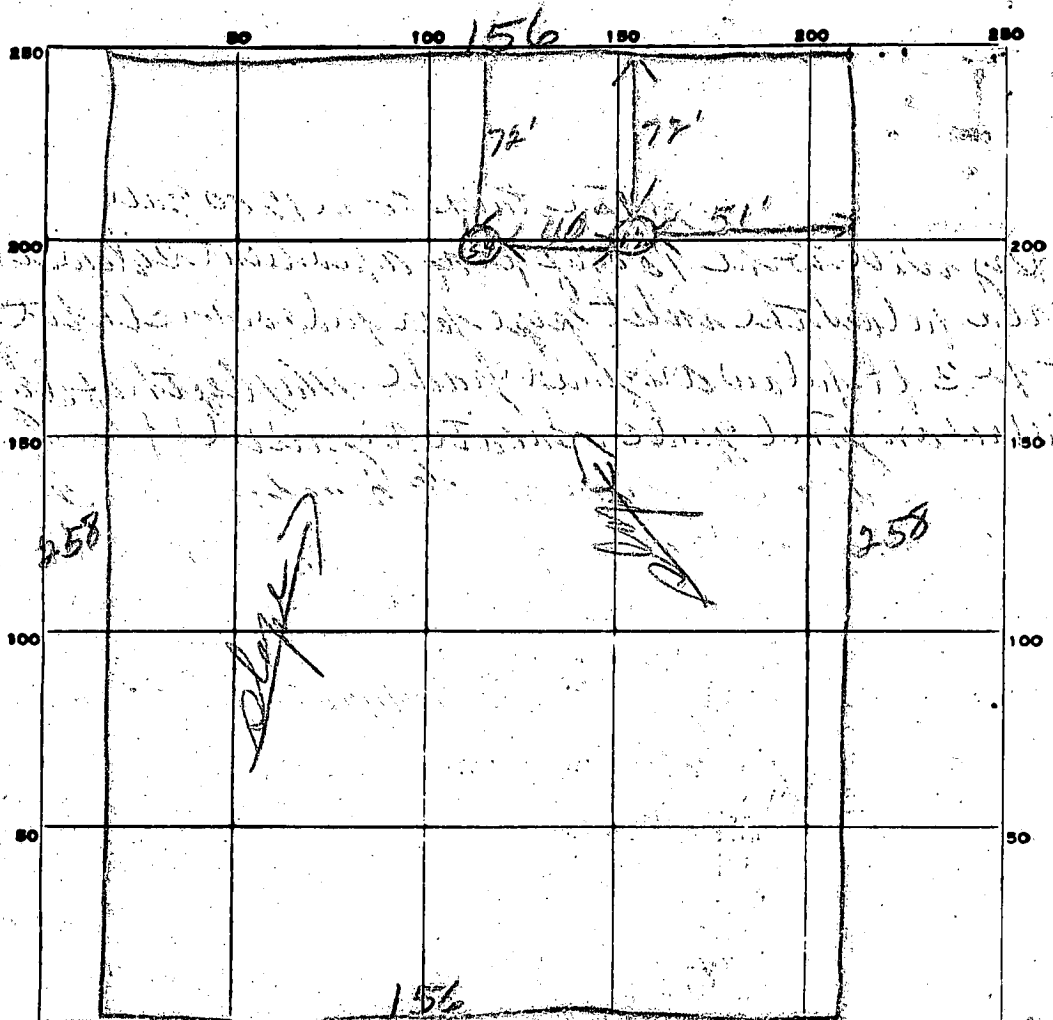
APPROVED BY James T. Wright FOR Dry well DATE 4/22/71

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/1/73 Visual hole as marked 95' from right property lines + 115' from back property line C.B.S. (Note no water at 12' depth light loose soil)

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Van Manned Rd

lot 5 B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/18/71	1	12'	152	153	153	154	1 min
	2	4'	152	153	153	155	3 min
	3	10'	152	200	200	206	6 min
	4	4'	158	159	159	201	2 min

SOIL AUGER FINDING _____

TESTED BY JW

REMARKS _____

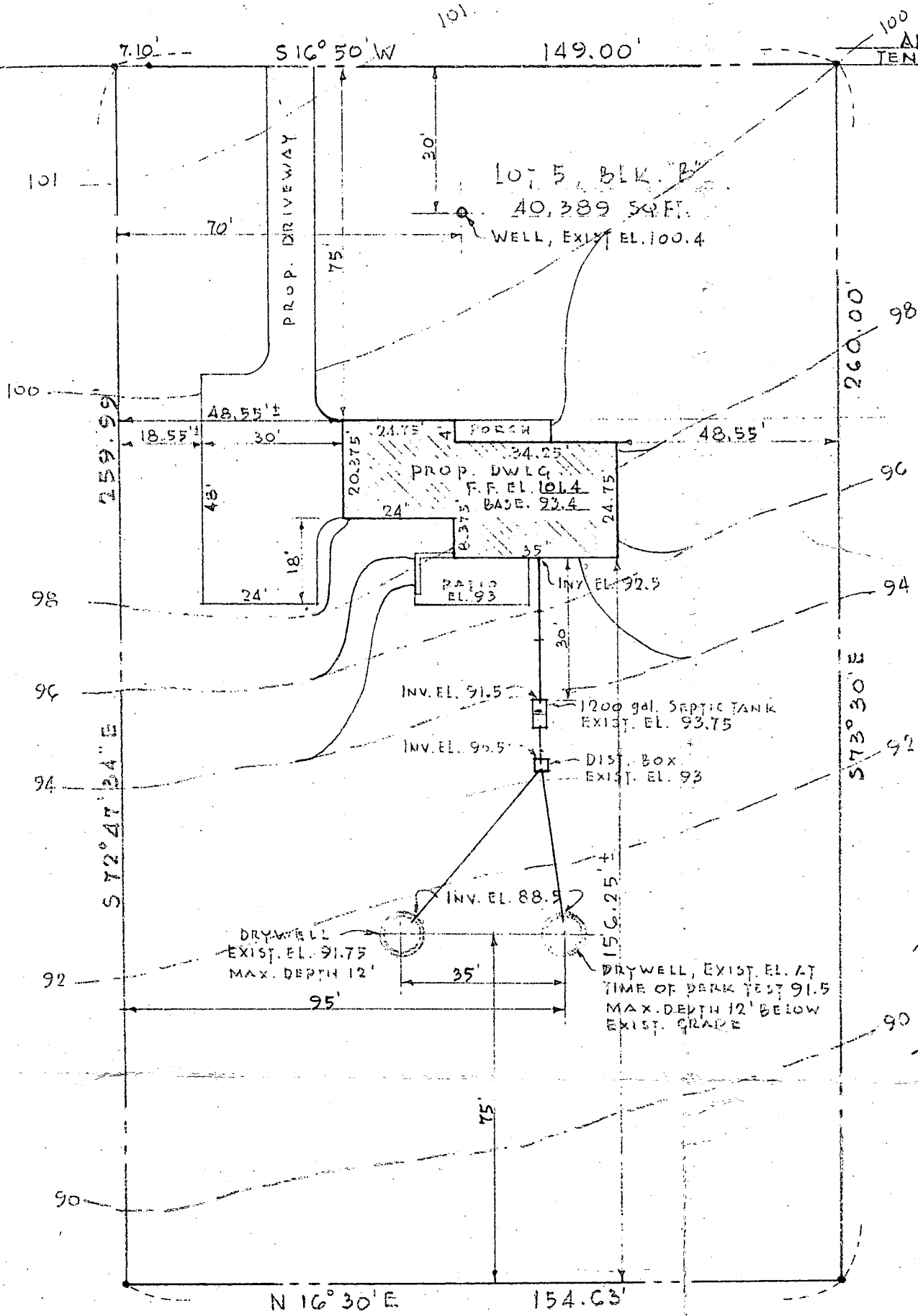
MORNING STAR DRIVE (60' W)

LOT 6

LOT 5, BLK. B
40,389 SQ. FT.
WELL, EXIST. EL. 100.4

LOT 4

APPROX. 800' TO
TEN OAKS ROAD



7/23/73
hole to be
95ft. from
right side
& 115ft. from
lock lot line
J.F.

7/13/73
OJZ
JRM

Plot Plan
SCALE: 1" = 30'



PROPERTY OF
MR. & MRS. JOSEPH FRANK ORLANDO
"LINDEN CHAPEL HILLS"
5th ELECT. DIST., HOWARD CO., MD.

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

DWR PERMIT NUMBER HO-73-0475 FILL IN THIS FORM COMPLETELY

B 1 9239 SEQUENCE NO. (DWR USE ONLY) 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) 11/9/73 2 PM

OWNER: Orlando Frank COL 15 LAST NAME COL 34 FIRST NAME COL 36 STREET OR RFD: 2507 Newbury Lane COL 55 COL 57 POST OFFICE: Lanham, Maryland COL 76

B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE: Sept 15, 1973 LICENSE NUMBER: 256 77 80 DRILLER: DANIEL KYKER JR II FIRST NAME LAST NAME SIGNATURE: Daniel Kyker Jr II

B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY: Howard 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION: Linden Chapel Hills 23 42 SECTION: B 44 46 LOT: 5 48 50 NEAREST TOWN: Drayton 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN): 3 73 76 77 78 MI

B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 7 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 470 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD: Main St 8 9 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 45 34 37 38 39 FT MI

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

APPROXIMATE DEPTH OF WELL: 135 FEET 24 28 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) 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 65 FORCE: WRITE INITIALS IN BOX CONDITIONS: A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH-DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 41 S STATE HEALTH COUNTY NAME: HOWARD COUNTY NO.: 2413 DATE: 09 20 73 APPROVED BY: [Signature] Director, Environmental Health

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP. 11/9/73 logs cement grout 5/2 casing 2511' open space around casing 13 bags cement grout. Mary OK well W.W.2 in casing

BOX NUMBER: E 800 N 500 NORTH COORDINATE: 500000 50 51 52 53 54 55 EAST COORDINATE: 080000 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET): 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY) 1 2 3 (SEQ. NO.) 6

1 2 3 4 5 6
 9358 (SEQ. NO.)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DWR USE ONLY)

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 **3412**

DATE RECEIVED (DWR USE ONLY)
 8-13 15 20

DEPTH OF WELL
 DATE WELL COMPLETED **11 07 73**
355
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-73-0473
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. **256**

OWNER **Orlando** LAST NAME
Frank FIRST NAME
 STREET OR RFD **7507 Newbury Lane** POST OFFICE **Lanham, 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	8	
Brown Mica	8	47	
Blue Mica	47	75	x
Brown Mica			
Blue Mica	75	312	
Quartz			
Blue Mica	312	355	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS **13** NO. OF POUNDS **1274**

GALLONS OF WATER **78**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** TO **50** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O
 PLASTIC P L OTHER O T

MAIN CASING TYPE S T
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **52**

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS B R OPEN HOLE H O
 OR BRONZE
 PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM	TO
1	8	9
2	23	24
3	38	39

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING T 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **7**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **2**

METHOD USED TO MEASURE PUMPING RATE **flow meter**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **75** (NEAREST FOOT)
 WHEN PUMPING **312** (NEAREST FOOT)

TYPE OF PUMP 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

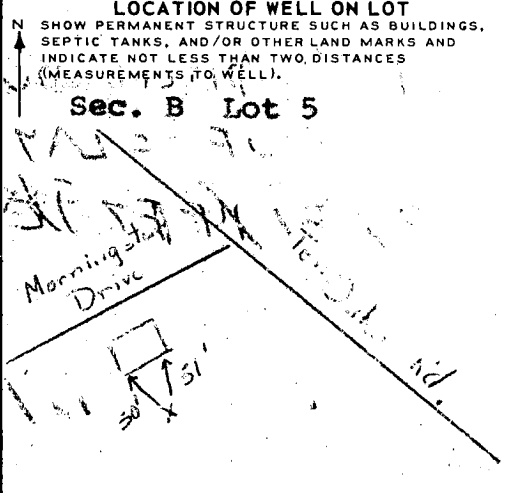
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) 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 BELOW
 LAND SURFACE **2** (NEAREST FOOT)
 49 50 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, Jr.**
 SIGNATURE *Dana Kyker, Jr.*

B 1	5939	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL Please print or type W.514695	STATE PERMIT NUMBER HO-94-2887 <small>fill in this form completely</small>
Date Received (APA) 12 05 00 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name Montgomery		Owner Alan		First Name Alan
Street or RFD 4975 Morning Star Dr.		City Dayton		State MD
Zip 21036				
DRILLER INFORMATION				
Driller's Name Joseph L. Mayne		License No. MSD 24		
Firm Name Joseph L. Mayne Well Drilling				
Address 5512 Ridge Rd. Mt. Airy Md. 21771				
Signature Joseph L. Mayne		Date 12/5/2000		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		APPROX. PUMPING RATE 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		AVERAGE DAILY QUANTITY NEEDED 500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard Co		COUNTY NO. A31759		
STATE SIGNATURE _____ INSERT S _____				
DATE ISSUED 12/5/00 BY A. McMillan DATE 12/5/01				
NORTH GRID 510 000		EAST GRID 800 000		
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 800		N 510		
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-73-0475				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER G				
PERMIT No. HO-94-2887				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

12/5/00
11:00

SITE INSPECTION SHEET

OWNER: Montgomery

DATE REQUESTED: 12/5/2000

ADDRESS: 4975 Morningstar Dr.

DRILLER/CONTRACTOR: J. Mayne

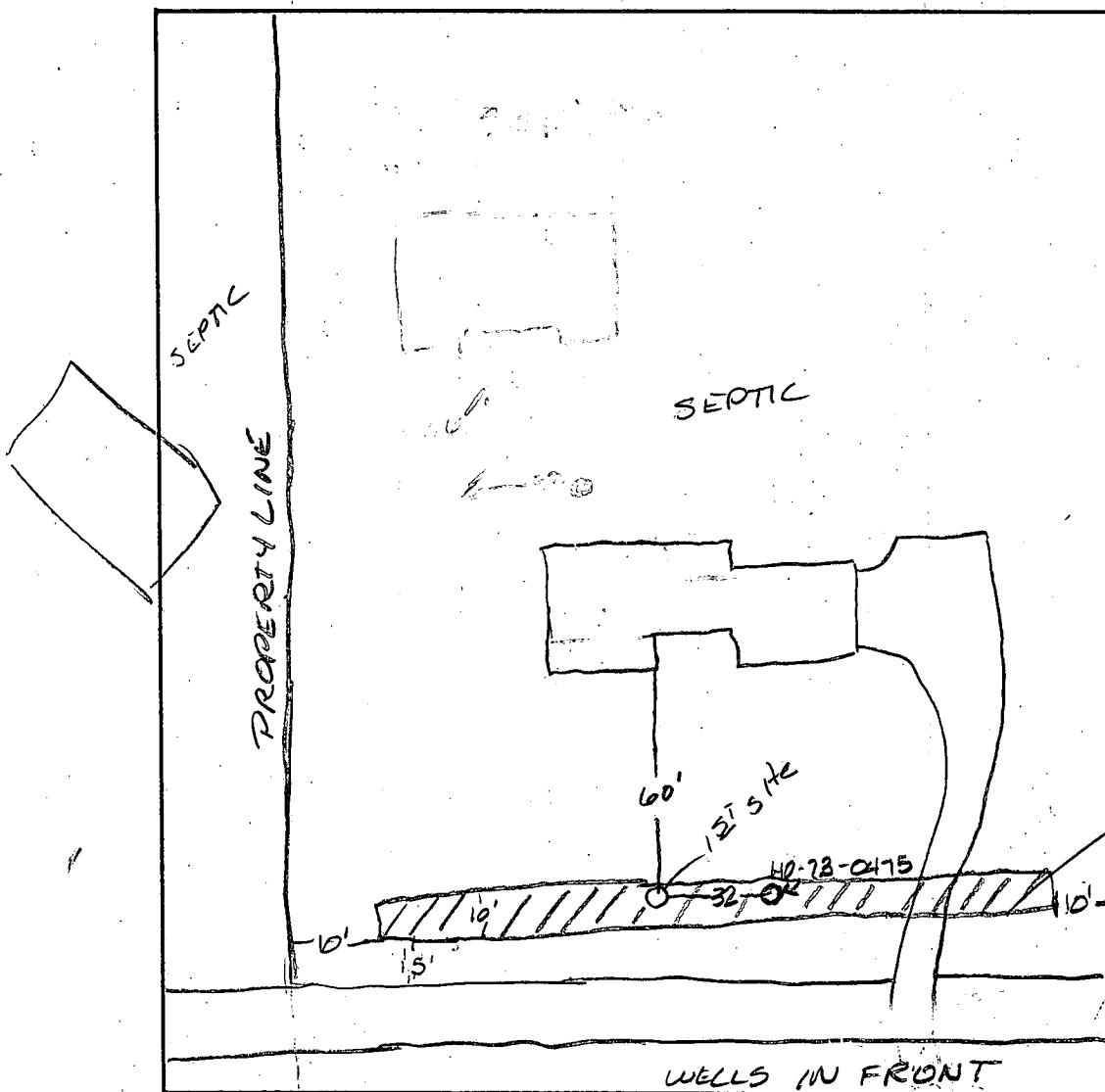
WELL TAG NUMBER: _____

TAX & PARCEL: _____

COUNTY: _____

PROPOSAL: Replacement well

LOCATION DIAGRAM



COMMENTS: Owner plans to use ex well (1/4 gpm) and new well

DATE: 12/5/00

INSPECTOR: A. M. Miller