

PERMIT

03-304035

XXX 24844
XXXX

SEWAGE DISPOSAL SYSTEM

A 24003

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3rd

DATE 11/29/76

Jim Brittingham

IS PERMITTED TO INSTALL ALTER

ADDRESS 3004 N. Rogers Avenue, Ellicott City, Md.

PHONE 461-1870

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD ⁴⁹⁷⁵ Old Frederick Road and LOT
1945 Mt. View Road

PROPERTY OWNER Mrs. Wheeler

ADDRESS Mt. View Road, Marriottsville, Md.

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL AND TRENCH - Locate dry well as high as possible, consistant with house invert, located approximately 50 to 100 feet from Mount View Road and 30 to 50 ft. from house. Dry well invert at 4½ ft. and maximum depth 12½ ft. for a total sidewall area of 400 sq. ft. Trench to run with contour, parallel with Mount View Road, 40 ft. long.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

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

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES

PLANS APPROVED BY David J. O'Neill

DATE 11/17/76

IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

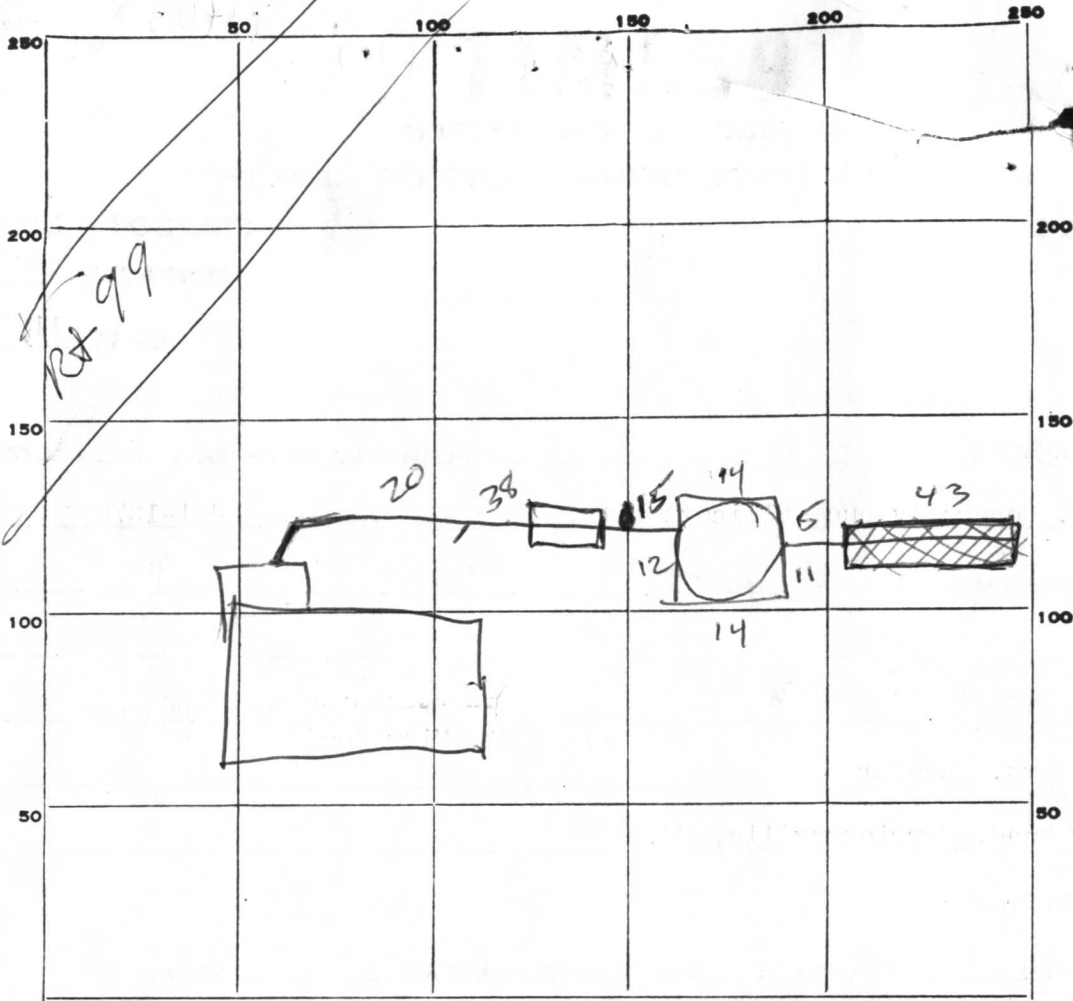
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BEDG. PERMIT SIGNED
AND RETURNED 10/31/82
Serial # 15213
Work Sheet

A 24003

A234003



51
~~2.8~~
 408
 357
 3825
 344
 2726
 43
 8
 344

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rdwy Mt View

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

ST. DW

DISTRIBUTION BOX, LEVEL

NA

TILE FIELD, DEPTH

12

FT.

TRENCH WIDTH

2

FT.

GRAVEL DEPTH

8

IN.

TOTAL LENGTH

43

FT.

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

344

side wall

SEEPAGE PITS, INSIDE DIAMETER

51

FT.

DEPTH BELOW INLET

8

FT.

ABSORBENT AREA

408

SQ. FT.

REMARKS

Connect ~~the~~ the remaining soil pipe and cover system 13 Dec 76

DATE SYSTEM APPROVED

5 Dec 76

INSPECTOR

Robbie

PERMIT

SEWAGE DISPOSAL SYSTEM

P _____

A 24003

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 11/29/76

*11/25/76
P. M. please
12/2/76
12/3/76
AAA
NO A.P.
HOLD FOR CALL*

12/6/76

Jim Brittingham IS PERMITTED TO INSTALL ALTER _____

ADDRESS 3004 N. Rogers Avenue, Ellicott City, Md. PHONE 461-1870

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Old Frederick Road and Mt. View Road LOT _____

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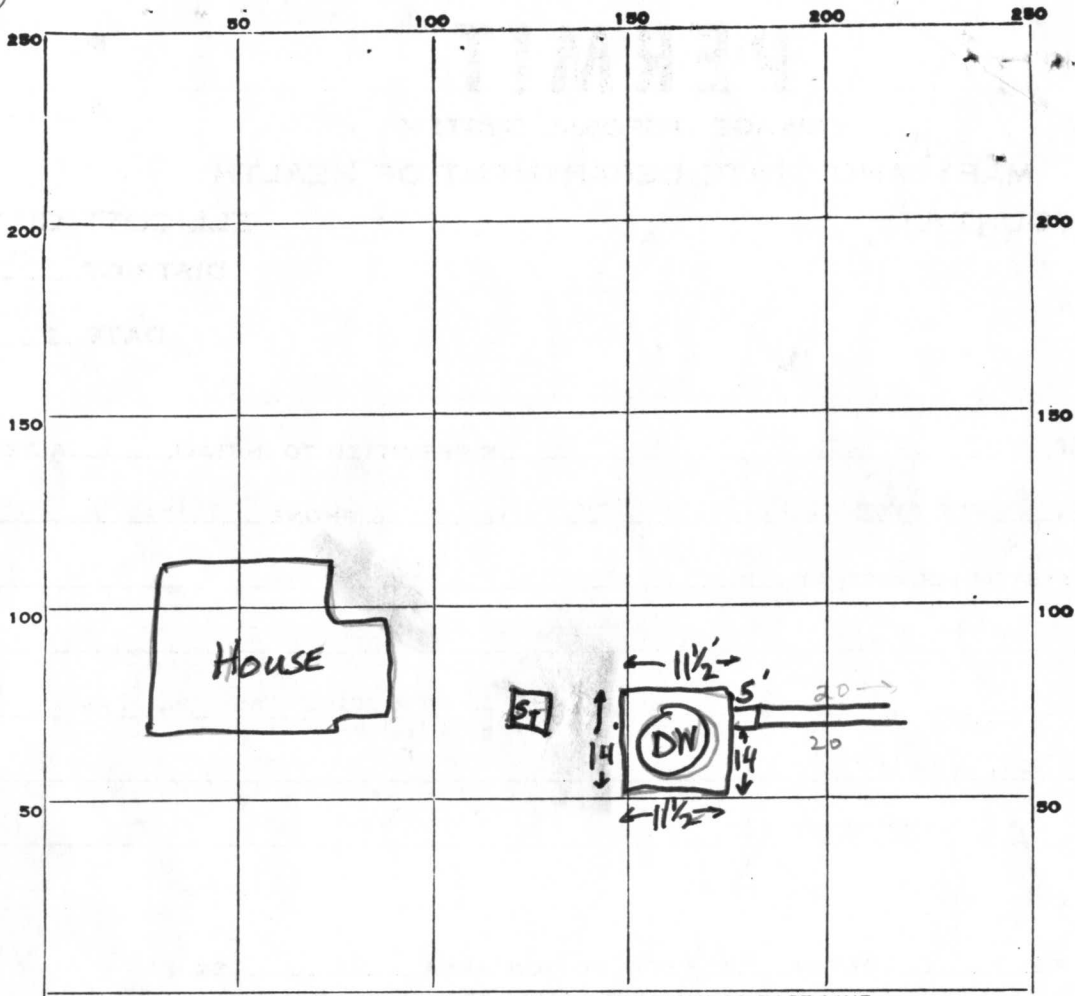
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PLANS APPROVED BY David J. O'Neill DATE 11/17/76
IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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A24003



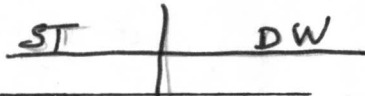
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MT. VIEW RD

PERMIT CARD

SEPTIC TANK, LEVEL _____

CLEANOUTS _____



DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 1/4 FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER outside perimeter 51 FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/2/76 Partial C.O. ; holes dug for ST + DW. 20' of 40'
trench dug 11 1/2' - 12 1/2' WWZ

12/3/76 Essentially no change - machine broke down. WWZ

23	
28	7 1/2
51	40
7 1/2	280
357	
26	
383	

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

A 24003

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT # 3

DATE 9/24/76

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

PRELIMINARY
2-13' deep from
50 ft. system
holes existing

11/17/76
9:30 A.M.

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 Wheeler-Phelps tract

Any questions call Mr. Spellman
823-3535

ADDRESS Estate of Ruth Thompson

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION Old Frederick Road and Mt. View Road

SIZE OF LOT 1.009 acres TYPE BLDG. Existing House
4 or 5 (?)
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/ Robert E. Spellman

APPROVED BY *[Signature]* FOR *Ray Well+Trent* DATE *11/17/76*
(KIND OF SYSTEM)

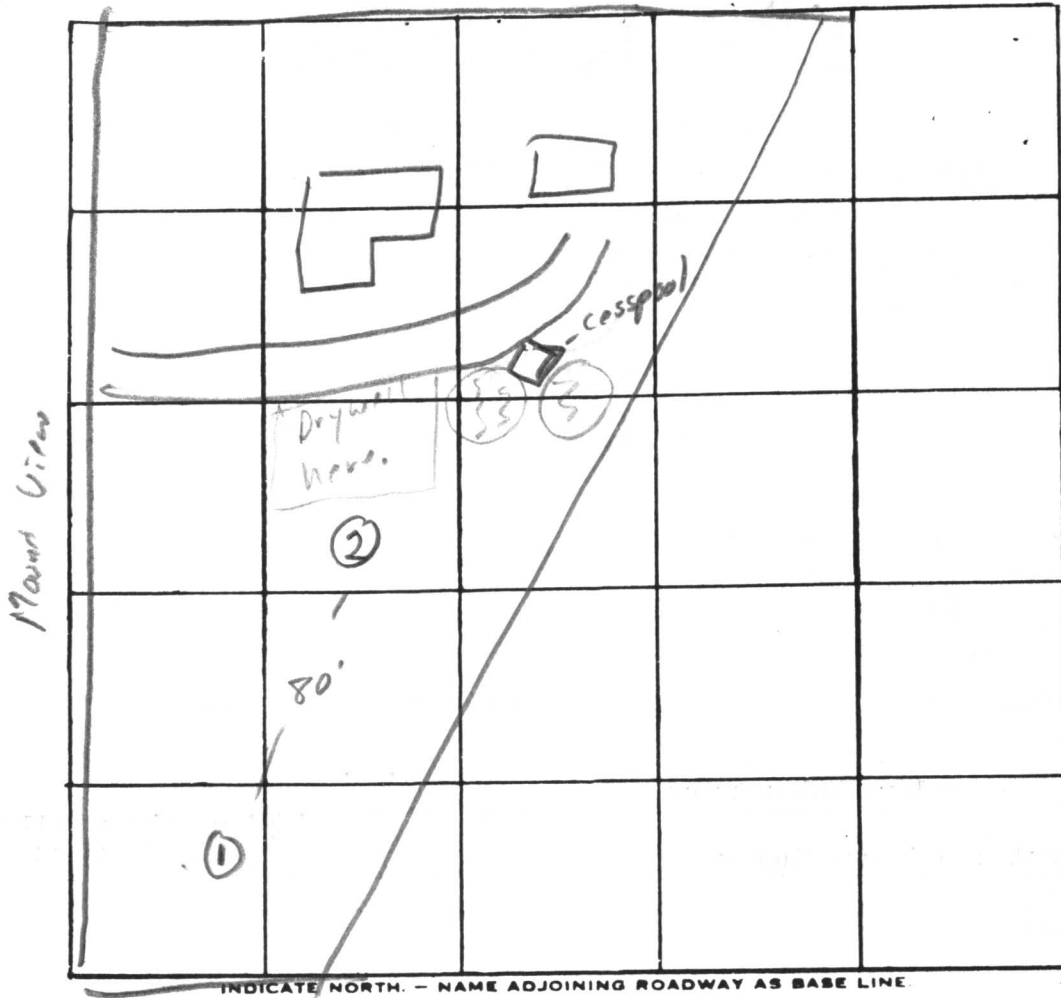
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A24003



939

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/19/92	1s	4'	10 ¹⁴	10 ²⁶	10 ²⁶	10 ³¹	5
	d	13'	10 ²⁹	10 ³⁵		10 ⁴⁰	5
	2s	3'	10 ³¹	10 ³²	-	10 ⁴⁰	7
	d	12'	10 ³²	10 ⁴⁰		10 ⁵⁷	17

9 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY 11/20/92 ALSO PRESENT: Spillman Briting

A24003

Wallace Dann

ATTORNEY AND COUNSELLOR AT LAW

SUITE 517

CHESAPEAKE BUILDING

305 WEST CHESAPEAKE AVENUE

TOWSON, MARYLAND 21204

(301) 321-0840

ASSOCIATES

ROGER L. ELLIOTT
RAYMOND V. RANGLE

February 29, 1980

Mr. Michael M. Broumberg
Sanitarian
Community Hygiene Program
Howard County Health Department
P. O. Box 476
Ellicott City, Maryland 21043

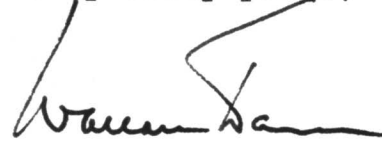
Re: Clark, et ux., v. Mitchell, et al., Case: 04813
12301 Mount View Road, Marriottsville, Md. 21104

Dear Mr. Broumberg:

The above captioned case is coming up for trial in the District Court of Maryland for Howard County on June 4th 1980. We are going to issue a Subpoena Duces Tecum for you to attend the trial, together with your records pertaining to the property known as 12301 Mount View Road. This Subpoena is necessary under court rules.

The reason that we want to advise you of the trial before the trial date is that we want you to testify on behalf of the Plaintiffs and would like to talk with you regarding the case at least one week before the trial date. Won't you please call me at the above number upon receipt of this letter.

Very truly yours,



Wallace Dann

WD:ww

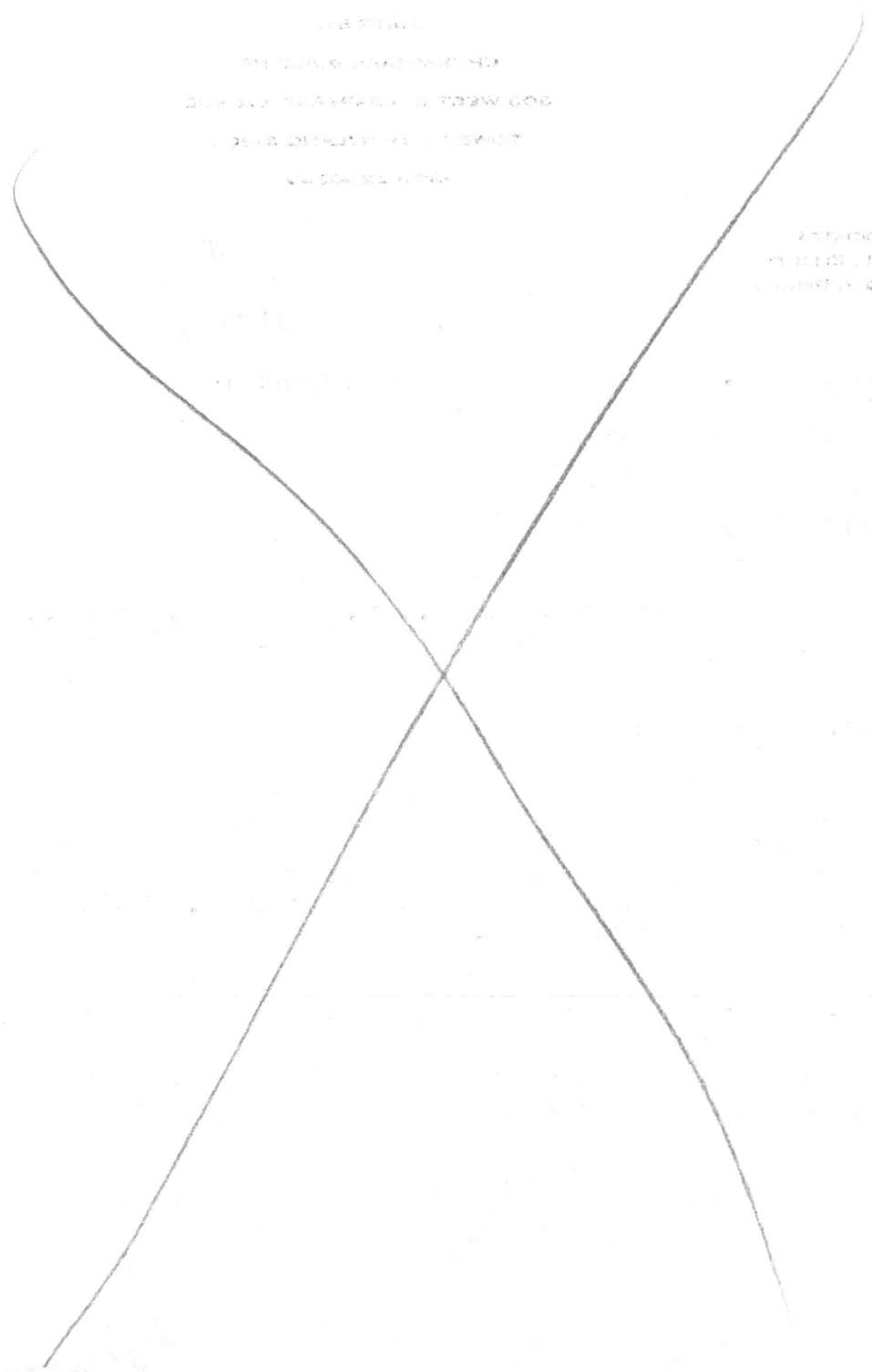
RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

MAR 4 10 17 AM '80

Handwritten signature

WALTER J. BROWN, JR.
DIRECTOR
HEALTH DEPARTMENT
ELLCOTT CITY, MARYLAND
21113

STATIONER
1001 E. 17th St.
Cleveland, Ohio 44115



B 1 8389

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-88-0024

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received

06 27 88

OWNER INFORMATION

RESCOTT, Barbara

13301 Mt. View Rd

79510 + Sullivan Md 21771

INDEXED

B 3

LOCATION OF WELL

Howard

MAP 9 Q24 P297

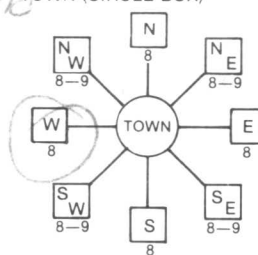
SECTION 44 46 LOT 48 50

ALPHA

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13301 Mt. View Rd



50 DISTANCE FROM ROAD

ENTER FT or MI 1/4

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME

A 42084-W COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED

12/27/88 EXP. DATE

062788 BNifan CO SIGNATURE

NORTH GRID 540000 EAST GRID 0817000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

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
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)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE 2 WRITE INITIALS IN BOX PERMIT No. 40-88-0024

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

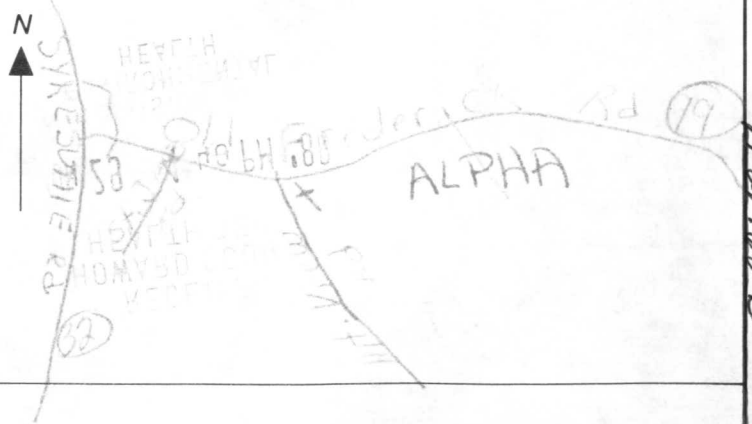
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
JUN 29 9 21 AM '88

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 29 4 40 PM '88
DIVISION OF
ENVIRONMENTAL
HEALTH

C1 08839

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 420084-W

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 063088

22 26 900 (TO NEAREST FOOT)

28 37 88-88-0024

OWNER Rescott BARBARA last name first name TOWN ALPHA STREET OR RFD 12301 MT. VIEW 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. Rows include Top Soil, BR. mica, GRAY mica, BR. mica, GRAY mica, BR. mica, GRAY mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1300 GALLONS OF WATER 65 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 53 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter 6 inch Total depth 56 feet

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

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

DEPTH (nearest ft.) 1 110 56 400 2 3 4

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.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 8 9 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 80 WHEN PUMPING 400 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) (YES or NO) 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) MT. VIEW Rd.

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 10.17.13 "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)

RECEIVED
HOWARD COUNTY
HEALTH DEPT
ELICOTT CITY, MO.

Jul 29 9 05 AM '88

Jul 29 4 38 PM '88

RECEIVED
HOWARD COUNTY
HEALTH DEPT

ENVIRONMENTAL
HEALTH

[The following text is mirrored bleed-through from the reverse side of the page and is oriented upside down. It includes a checklist for well construction and completion.]

1. WELL IDENTIFICATION

2. WELL LOCATION

3. WELL CONSTRUCTION

4. WELL COMPLETION

5. WELL PROTECTION

6. WELL RECORDS

7. WELL MAINTENANCE

8. WELL ABANDONMENT

9. WELL RESTORATION

10. WELL REPAIR

11. WELL INSPECTION

12. WELL TESTING

13. WELL RECORDS

14. WELL MAINTENANCE

15. WELL ABANDONMENT

16. WELL RESTORATION

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94. WELL REPAIR

95. WELL INSPECTION

96. WELL TESTING

97. WELL RECORDS

98. WELL MAINTENANCE

99. WELL ABANDONMENT

100. WELL RESTORATION

6/27/79
9:30 A.M.

A24003

FILE Emergency Well DATE REPORTED 6/18/79
PROPERTY OWNER William Mitchell
P.O. ADDRESS 12301 Mt. View Rd. TELEPHONE 328-2787
DIRECTIONS TO PROPERTY Mariettaville

INFORMANT Easterday - HO-79-E9

Brounberg confirmed.

CONDITION FOUND 6/27/79 Well drilled by Easterday (6/26/79?)
dry hole app. 100 ft from present well. Dry hole
filled w/ - unable to determine if properly filled.
Septic system located opposite side of house;
200 ft from well. Septic appears to be functioning
properly at this time. JS

ACTION TAKEN Well grouted 6/27/79 - JS
67' - casing
2' - above ground
60' - open hole
15 - bags cement

FINAL DISPOSITION _____

A24003

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 7, 1989

Mr. Lyle Rescott
12301 Old Frederick Road
Marriottsville, Maryland 21104

Re: 12301 Old Frederick Road
Well Permit #HO-88-0024

Dear Mr. Rescott:

This is to advise you that the septic system was installed, inspected and approved on December 5, 1976.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0024.

May 31, 1989
Date of Final Sampling

June 8, 1989
Date of Acceptance

Charles B. Streaker
Sanitarian
Water and Sewage Program

Water Sample Dates:
July 12, 1988
May 31, 1989

CBS/cm

REGION _____

6/21/88
10:00 AM
Meet
G.E.

W 42084

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

24083
21762

LOCATION _____ ZIP _____

OWNER OCCUPANT BARBARA RESCOTT ADDRESS 12301 MT VIEW ROAD PHONE _____

COMPLAINANT _____ ADDRESS SAME PHONE _____

REASON FOR INVESTIGATION EMERGENCY WELL REPLACEMENT SITE

PREVIOUS DRY HOLES ON PROP.

CODES _____

RECEIVED BY _____ DATE 6/20/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 6/21/88 TIME 10:00 am WEATHER Sunny, 90°F, Humid

6-21-88
REPORT Two wells on site without tags. Currently used well is probably HO-73-3362 and yields 1/2 gpm according to Easterday. G. Easterday is not sure of other well, suspects it is turbid but may be saved if deepened or gravel packed. If neither well is acceptable a new one will be drilled to combine with HO-73-3362. George E. will notify HD of any information he may uncover. Owner ran out of water. + Madean (See back for drawing) 6-21-88 No information available on well HO-73-3362 JEN

NEW WELL HO-88-0024

DATE SUBMITTED _____ SANITARIAN _____

REGION _____

AREA _____ RATING _____

6/21/88
10:00 AM
Mzed
G.E.

W 42084

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION _____ ^{correct} ZIP _____

OWNER OCCUPANT BARBARA RESCOTT ADDRESS 12307 MT VIEW ROAD ¹⁹⁴⁵ PHONE _____

COMPLAINANT _____ ADDRESS SAME PHONE _____

REASON FOR INVESTIGATION EMERGENCY WELL REPLACEMENT SITE
PREVIOUS DRY HOLES ON PROP.

CODES _____

RECEIVED BY _____ DATE 6/20/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 6/21/88 TIME 10:00 am WEATHER Sunny, 90°F, Humid

6-21-88
REPORT Two wells on-site without tags. Currently used well is probably HO-73-3362 and yields 1/2 gpm according to Easterday. G. Easterday is not sure of other well, suspects it is turbid but may be saved if deepened or gravel packed. If neither well is acceptable a new one will be drilled to combine with HO-73-3362. George E. will notify HD of any information he may uncover. Owner ran out of water. 4 Bureau (See back for drawing) 6-21-88 No information available on well HO-73-3362 JED

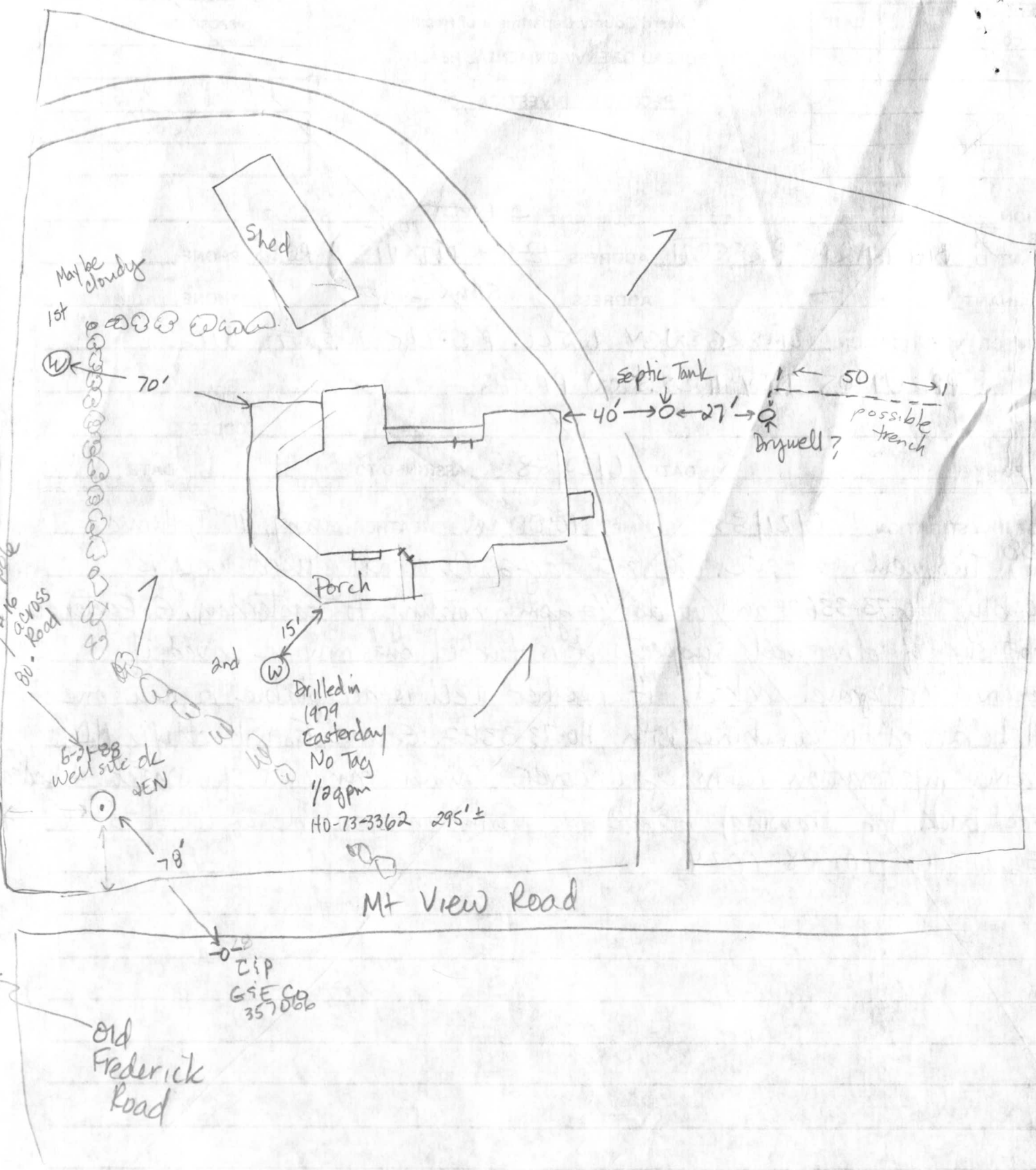
NEW WELL HO-88-0024

85
915
622
321

DATE SUBMITTED _____ SANITARIAN _____

21763

6/21/88



Maybe cloudy

1st

Shed

Septic Tank

possible trench

Drywell?

Porch

6.5' x 8.5' well site dk JEN

Drilled in 1979
Easterday
No Tag
1/2 gpm
HO-73-3362 295' ±

Mt View Road

Old Frederick Road

zip 69E CD 357066

22
2/2
480