

8/31/00
any time
before line
a-1-00
10:00 meet installer
9/8/00 C.O. AM

03-325180

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514212
A 50560M

ISSUE DATE 8/29/00

APPROVAL DATE 9/8/00

INDEXED

J. Joseph Gartland IS PERMITTED TO INSTALL X ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Lyndonbrooke LOT NUMBER 14 ADDRESS 2095 St. James Road

PROPERTY OWNER Dorsey Family Homes PROPERTY OWNER'S ADDRESS 9926 Cypressmede Drive

SEPTIC TANK CAPACITY 1250 GALLONS DONALD + LINDA STULL Ellicott City, MD 21042

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 230 feet down the right lot line and 10 feet off that same lot line as seen when facing the lot from St. James Road. Run trenches on contour in both directions. 7/27/00 OK ALL

PLANS APPROVED Amy Mc Millen DATE 7/21/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

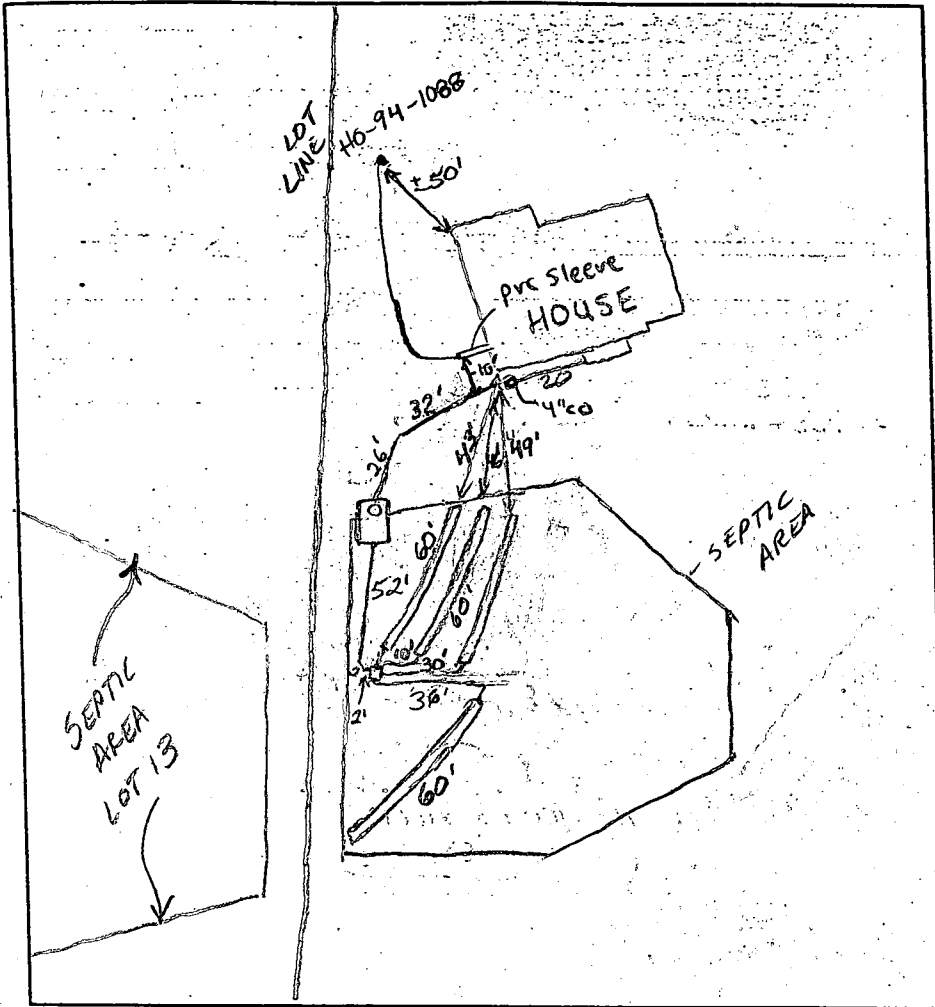
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

~~OLD SEWER~~
~~AND RETURN~~ 5/11/01
300135210 - bi-level deck

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

4
50560-M

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>3.0'</u>
TRENCH INLET DEPTH	<u>3.0'</u>
TRENCH BOTTOM DEPTH	<u>5.0'</u>
DEPTH OF STONE	<u>2.0'</u>
NUMBER OF TRENCHES	<u>4</u>
TOTAL TRENCH LENGTH	<u>240'</u>
ABSORBENT AREA	<u>720 sq. ft.</u>
DISTRIBUTION BOX LEVEL	<u>Level 1 xrs</u>
BAFFLE IN DISTRIBUTION BOX	<u>OK</u>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1250 TS</u> GALLONS
MANHOLE RISER	<u>No</u>
6 INCH INSPECTION PORT	<u>Yes</u>
PUMP CHAMBER DATA	N/A
PUMP CHAMBER GALLONS	_____
MANHOLE RISER	_____
ALARM	_____
PUMP PERFORMANCE TEST	_____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 8/31/00 septic tank installed on lot 13-
contractor to move tank. 9/8/00 Everything satisfactory. O.K. to cover. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 9/8/00

11/17/00

AM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Michael P. Gartland I Telephone #: (410) 549-1755
Address: 6984 Buckles Rd
Mt. Airy MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Michael Gartland License# 6353

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Dorsey F Telephone #: _____
Subdivision: Lynden Brook Lot #: 14 Well Tag #: HO-94-1088
Site Address: 2095 St James Rd
Ellicott City MD 21042

Submersible Pump Data

Make: JURZUCI
Model #: T 754517B52
Pump Capacity 5 GPM
Well Yield: ? GPM
Depth of well encountered at time of pump installation 280 (feet)

Pitless Adapter

Make: Amco Grunby
Model #: PT 800
Depth: 42' (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: polyethylene
PSI: 160 (160 psi min)
Depth of supply line: OK (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 42"
Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Michael Gartland
Signature of company representative responsible for installation

Nov 17, 2000
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/17/00 Date Insp. Approved: 11/17/00
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

OKSRW

APPLICATION

PERCOLATION TESTING

A 57560 M

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/3/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Annelore Stiegler

ADDRESS 2151 Route 32
Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.

ADDRESS P.O. Box 417
Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 13, 14

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

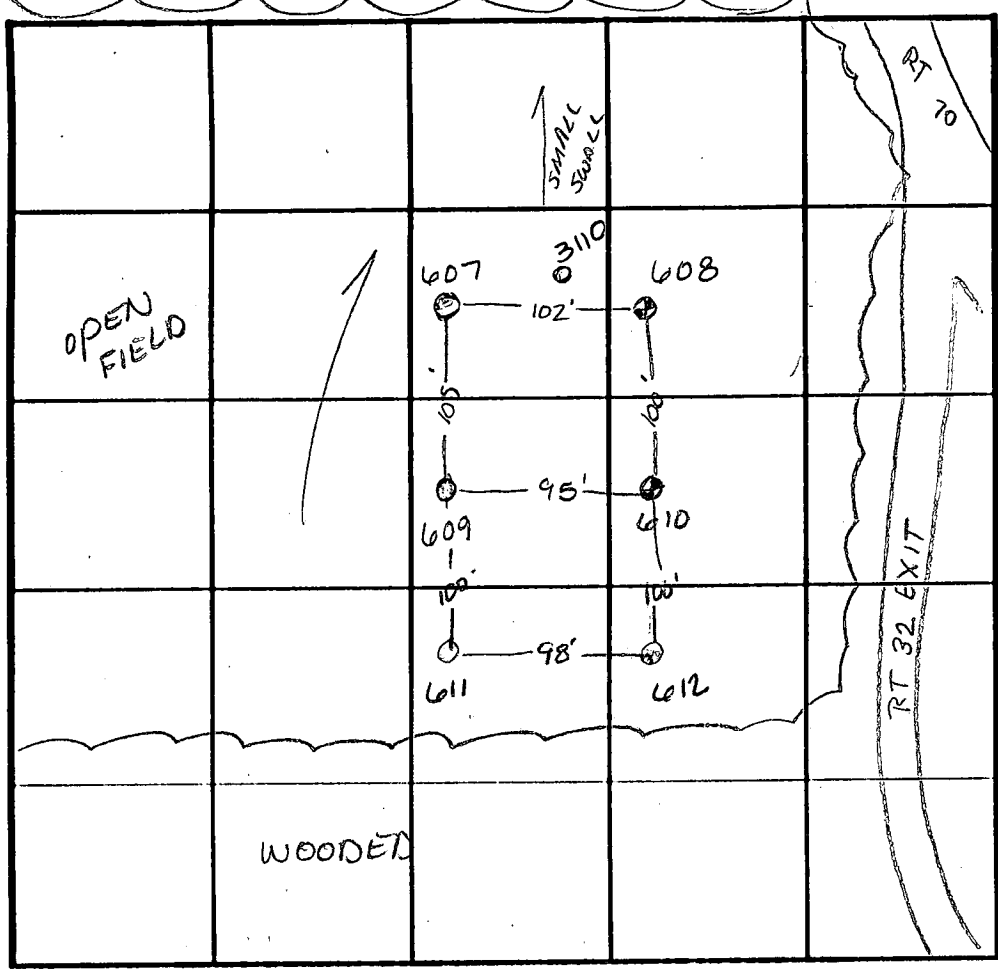
THIS IS NOT A PERMIT

50560-M
COUNTY #

SOIL PROFILE
610
0' rocky orange red CL
4' orange brn SAL horizontal 6" zones of 25% grey shale
11.5'

608
4' bright red gravelly CL
1 1/2' yellow tan SIL 45% small stones blocky structure
12.5'

607
4' medium brn CL
1 1/2' light brn SIL saprolite & rock mix approaching 50%
10' hard bottom



SOIL PROFILE
3110
0' brown orange SILM
3.0' orange red SILM micaceous
12.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-95	609	Hard bottom @ 6'					F
	610	4.5' / 11.5'	11:33 ⁴⁵	11:34 ³⁰	11:34 ³⁰	11:37 ³⁰	2 1/2 min
	608	4' / 12.5'	11:43	11:45	11:45	11:48 ³⁰	3 1/2 min
	607	4' / 10'	11:50 ⁴⁵	11:52	11:52	11:54 ³⁰	2 1/2 min
	611	Hard bottom @ 8' > 50% rock @ 5'					F
	612	4' / 9'	11:21	11:21 ⁴⁵	11:21 ⁴⁵	11:22 ³⁰	45 sec
	612	repour	11:24 ³⁰	11:25 ³⁵	11:25 ⁴⁵	11:27 ³⁰	13/4 min
11-6-96	3110	Visual to 12.0 - see profile -					OK

REMARKS shallow only
 TYPE OF SOIL _____
 TESTED BY Amey McMillen ALSO PRESENT Harry
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 505600

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/3/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Annelore Stiegler

2151 Route 32
ADDRESS Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.

P.O. Box 417
ADDRESS Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 1514

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

50560-0

LOT 15

COUNTY #

SOIL PROFILE

600

bright red
CSiL
mica

4' lgt tan grey
Si Sa Lm

decayed mica
Shale
30%

596

orange red
black clay
mica

4' lgt tan grey
Si Sa Lm

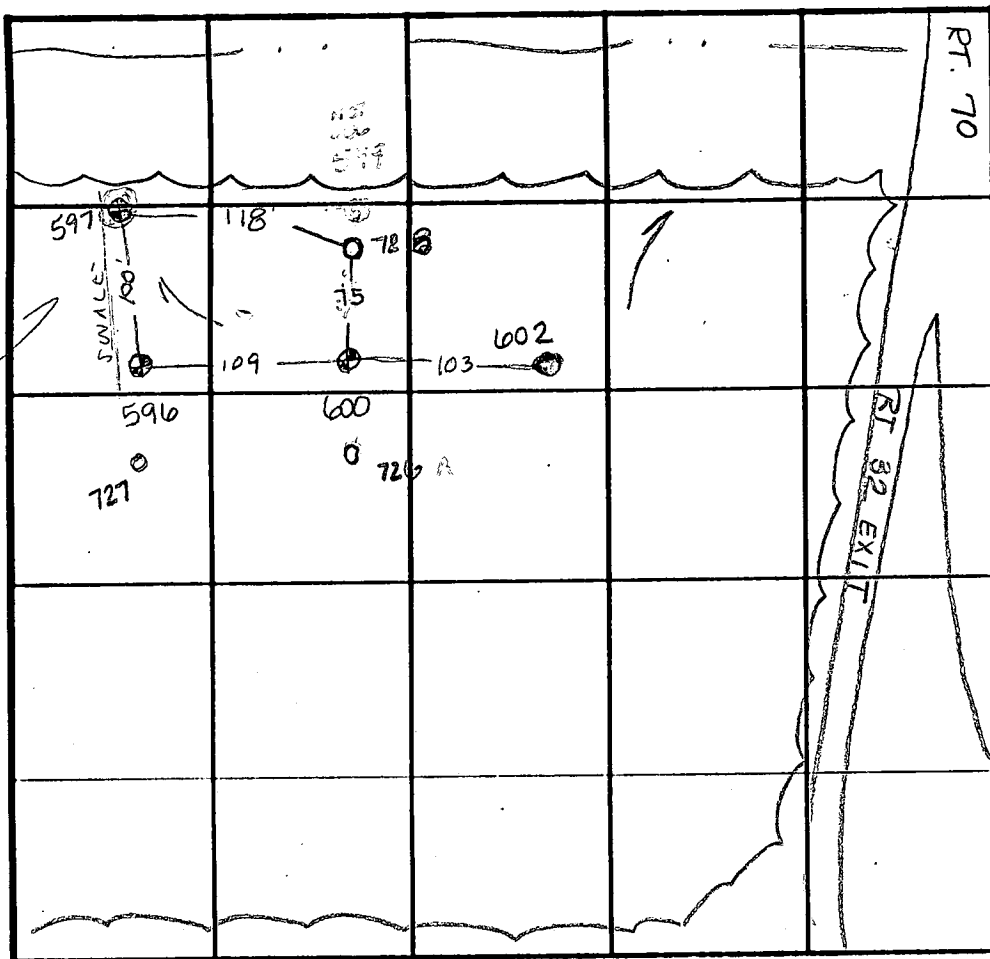
10% mica
Shale
(grey film mica)

597

yellow brn
C

4' orange brn
C

7' dark grey brn
10% mica
decayed shale
water coming in at 14'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

728

0' dark red
SiCLM

5.0' lgt beige tan

100% saprolite
SiLM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-20-95	602	Hard bottom @ 5'					F	
	→ 600	4.5' / 12.5'	12:52	12:54	12:54	12:56	2 min	
	→ 596	4.5' / 12'	1:01 ³⁰	1:15	1:15	1:45	30 min	
	597	See profile					F	
2-21-96	728	Visual to 12.0	- see profile - OK					

REMARKS 597 & 596 unusable test notes - located in a swale

TYPE OF SOIL _____

TESTED BY Amy McMullen ALSO PRESENT Larry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Total linear feet of trench required 240 feet

Approved Septic System Plan

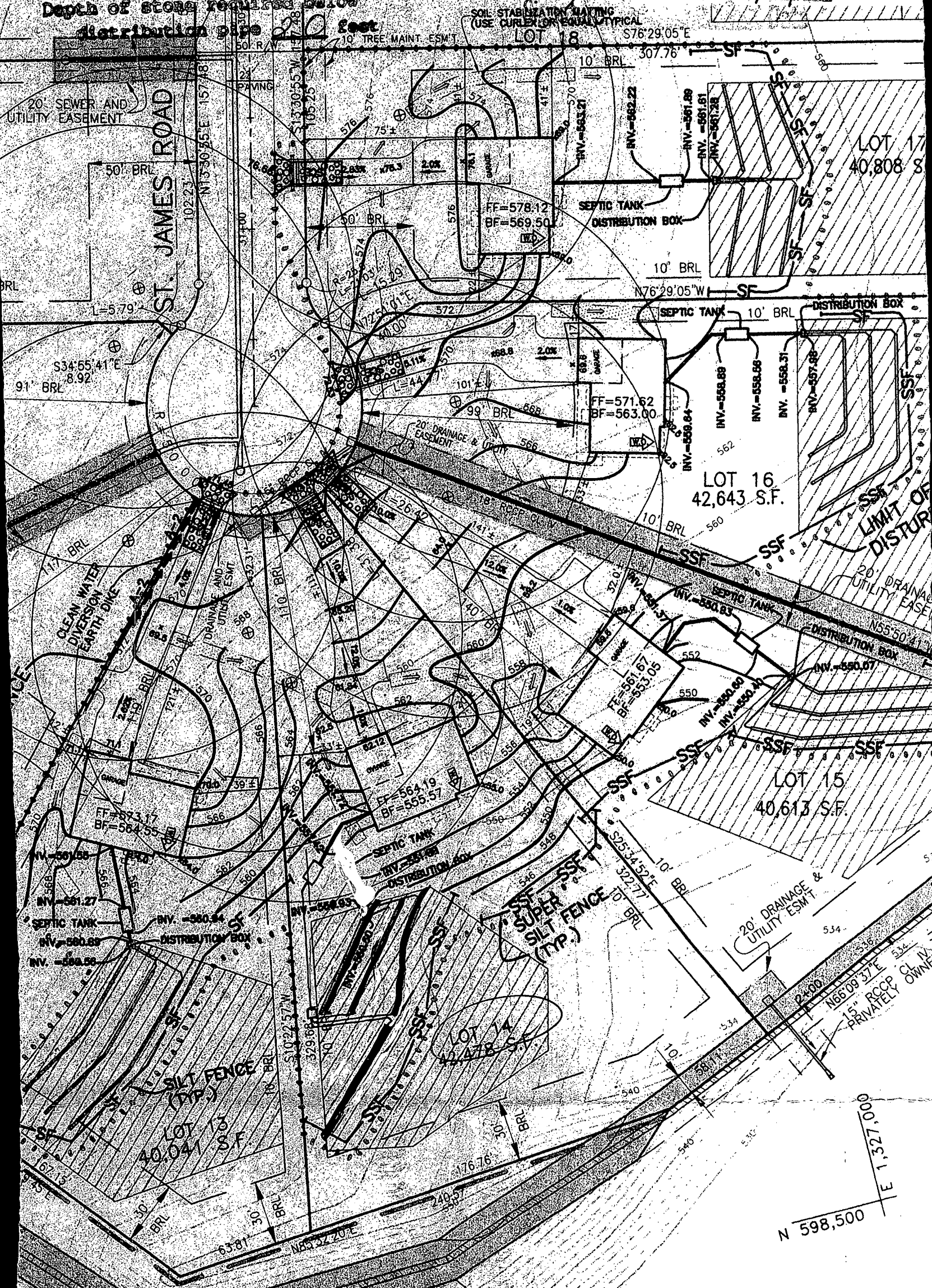
Howell County Health Department

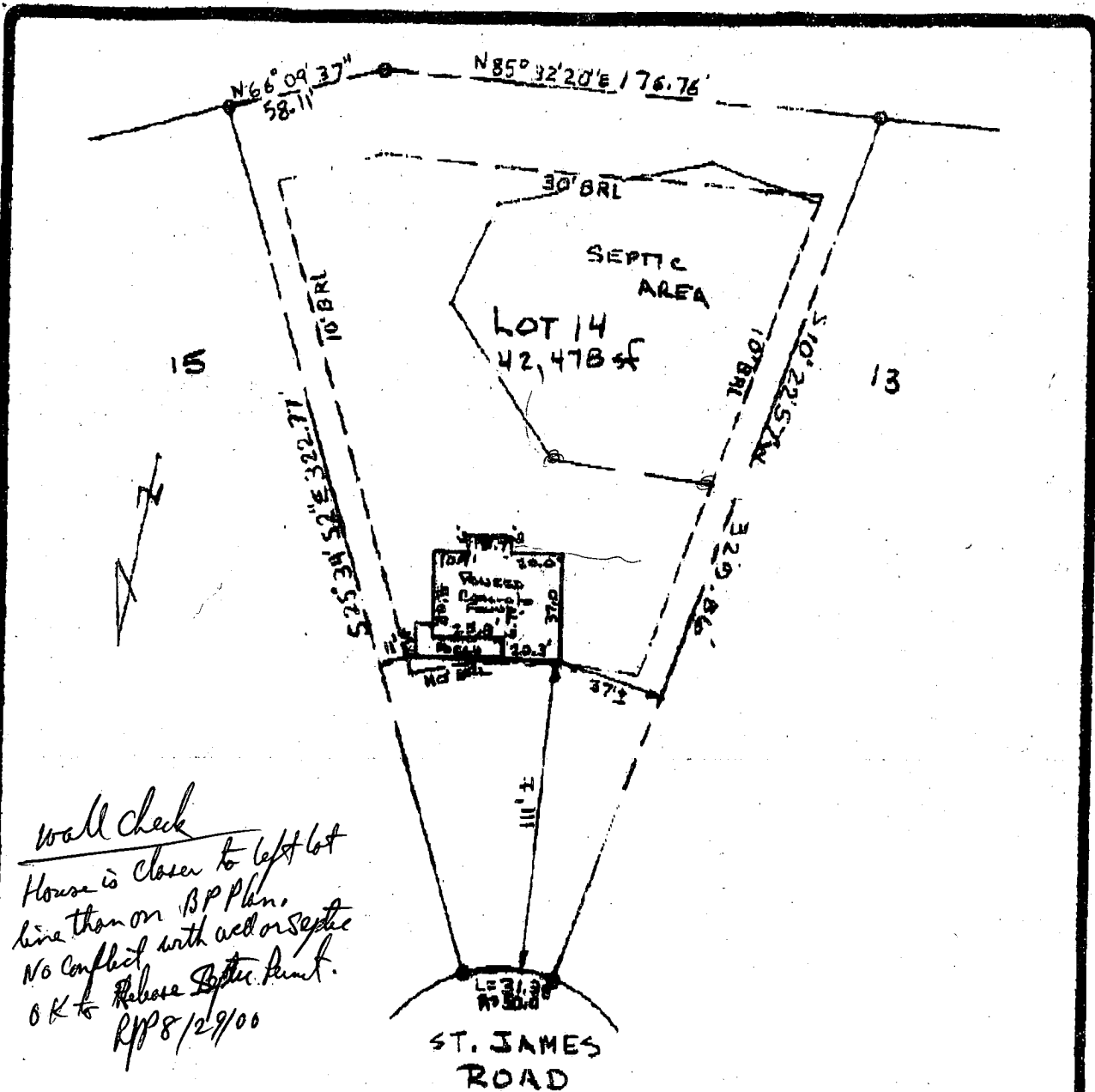
Width of trench (ea) 3.0 feet

Depth of trench (ea) 5.0 feet

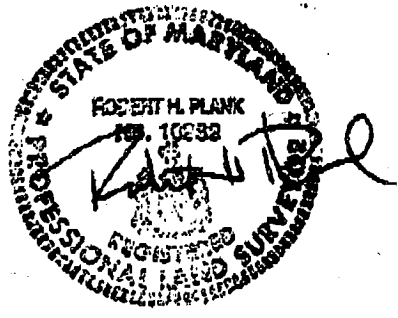
Depth of stone required below distribution pipe 2.0 feet

Amey McMill 7/21/00





Wall Check
 House is closer to left lot
 line than on B.P. Plan.
 No conflict with well or septic
 OK to Release Septic Permit.
 RPP 8/29/00



WALL CHECK
 LOT 14
 LYNDON BROOK
 SITUATED ON
 ST. JAMES ROAD
 3RD ELECTION DISTRICT
 HOWARD COUNTY
 MARYLAND
 SCALE: 1=50 AUG 22 2000

OB-16-00
 Howard Co # B0012547 | NOTE: FOOTINGS & FOUNDATION ARE IN PLACE

C1 1742

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 505 60 M

DATE RECEIVED

DATE WELL COMPLETED 040997

DEPTH OF WELL 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1088

OWNER S DC last name ST. JAMES RO first name TOWN West Friendship SUBDIVISION Stiegler Property SECTION LOT 14

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand Stone, Gray mica Rock, 2 dry wells, 400', 420' filled in with cement + drilling materials.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 8, NO. OF POUNDS 752, GALLONS OF WATER 48, DEPTH OF GROUT SEAL 23 ft.

CASING RECORD: casing types ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE SF, Nominal diameter 6, Total depth 26.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (HO), slot size 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (N).

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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 IDENT. NO. 024, DRILLERS SIGNATURE Joseph L. Mays

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

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and GRAVEL PACK sections.

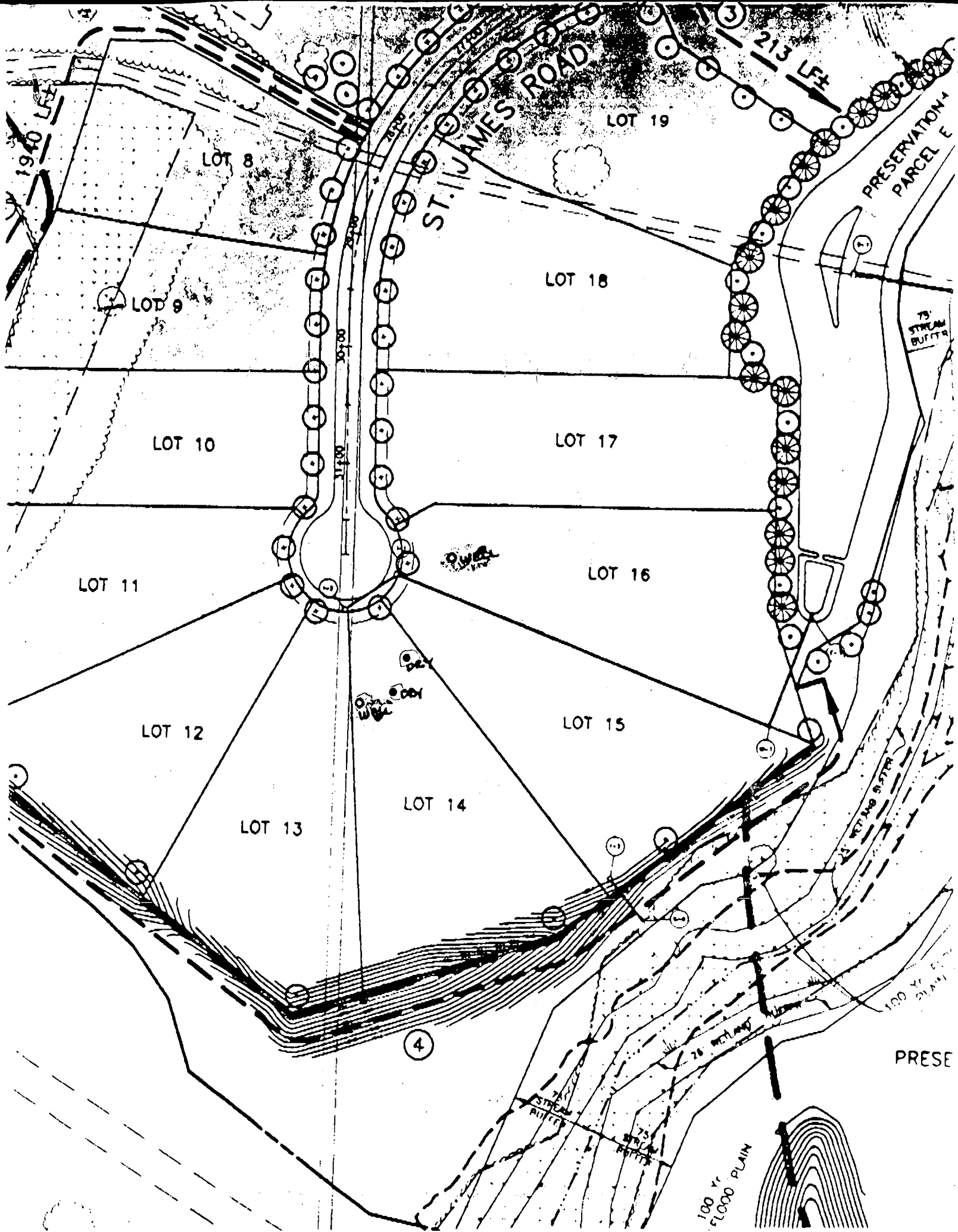
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 20 gal. per min. to nearest gal., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 55 BEFORE PUMPING, 56 WHEN PUMPING, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE.

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). See attached well locations.



B 1	7433	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				HO-94-1088 <small>fill in this form completely</small>

Date Received (APA)
03/29/97

OWNER INFORMATION

SDC

15 Last Name: **SO** Owner First Name: **C** 34

36 **P.O. BOX 417** Street or RFD 55

57 **ELLICOTT CITY MD 21047** Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Driller's Name: **Joseph R. Mayne** 034

Firm Name: **Joseph R. Mayne Well Drilling** 77 License No. 80

Address: **5512 Ridge RD. Mt. Airy Md. 21771**

Signature: **Joseph R. Mayne** Date: **3/12/97**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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)

APPROXIMATE DEPTH OF WELL **300** 24 28 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ **G A P** _____

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1088**

B 3 LOCATION OF WELL

HOWARD 8 COUNTY

STIEGLER PROPERTY 21

23 SUBDIVISION _____ 42

SECTION _____ LOT **14** 44 46 48 50

WEST FRIENDSHIP 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **St. James RD** 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **50** 34 37

ENTER FT OR MI **FT** 38 39

TAX MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD CO. **A50560M**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **032197** **A M Miller** **3/20/98**

43 48 CO SIGNATURE EXP. DATE 41

NORTH GRID **536000** EAST GRID **0814000**

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

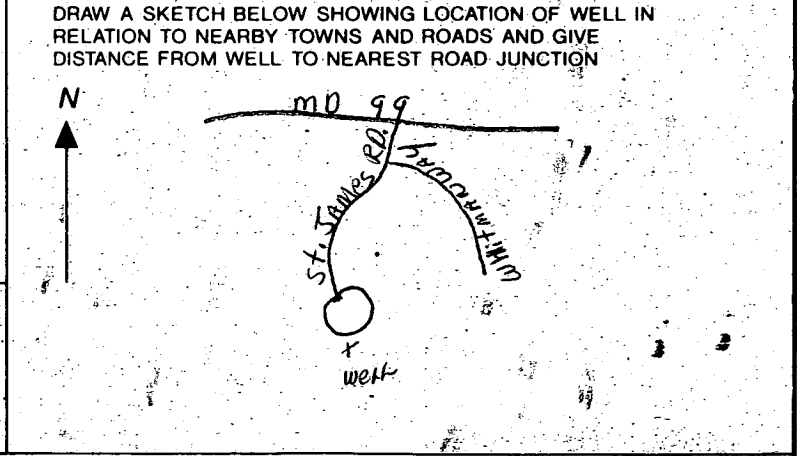
SOURCES OF DRILLING WATER

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8014 **54036**

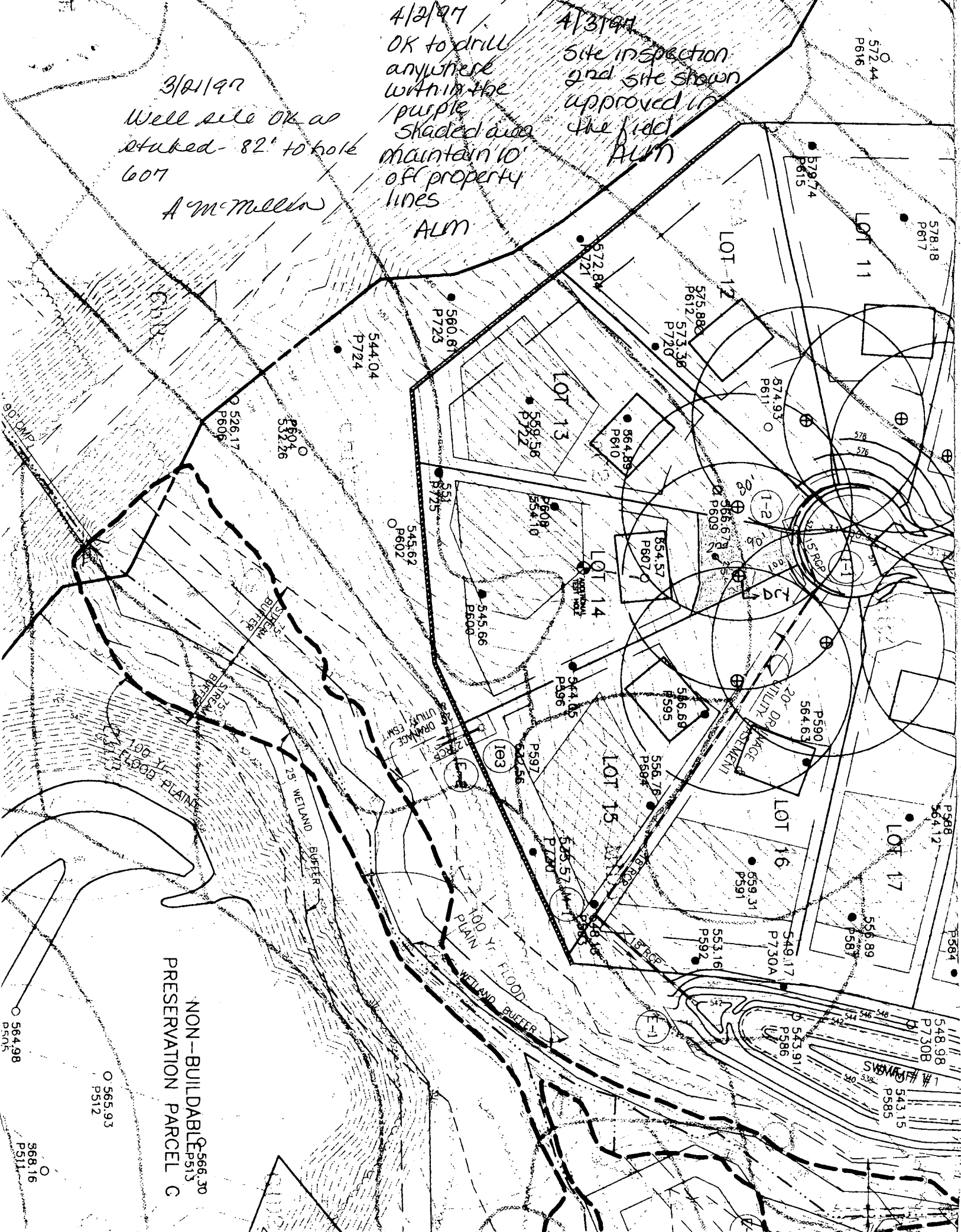
4/9/97 AM
4/9/97
26 casing
23' open
8 bags Portland Type II
ground ok
location ok KM



3/21/97
Well site OK as
staked - 82' to hole
607
A McMullen

4/2/97
OK to drill
anywhere
within the
purple
shaded area
maintain 10'
off property
lines
ALM

4/3/97
Site inspection
2nd site shown
approved in
the field
ALM



NON-BUILDABLE PRESERVATION PARCEL C