#### PERMIT

SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

**ISSUE DATE** 

APPROVAL DATE

Fogles Septic Clean, Inc.	IS PERMITTED TO INSTALL _X_ ALTER
ADDRESS 580 Obrecht Road, Sykesville, MD 21784	PHONE 410-795-5670
SUBDIVISION Chase II LOT NUMBER_	3 ADDRESS 11647 Vixens Path
PROPERTY OWNER Brad Norman PROPE	RTY OWNER'S ADDRESS 13 Atwood Court
SEPTIC TANK CAPACITY 1250 GALLONS	Silver Spring, MD 20906
PUMP CHAMBER CAPACITY GALLONS	
NUMBER OF BEDROOMS 4 (System large paragraph of Blue) + LA	YOUT INSPECTION REQUIRED BEFORE INITIAL INSPECTION ***
LINEAR FEET OF TRENCH REQUIRED 240 ( extra gravel fill	give equistratof a 5 bedress house) AP 11/17/00
RENCHES: Trenches to be 2 feet wide. Inlet 5.5 feet	below original grade. Bottom maximum depth
9.5 feet below original grade. 4 feet of stone	
OCATION: Starting at the intersection of the 3 distribution box 180 feet down the 456.98' lot Run trenches on contour toward house.	103.23' and 456.98' lot lines, place the line and 10 feet off this same lot line.
	vell. Trench layout to be determined at wale. 1/18/00 OK AUG
PLANS APPROVED Mark E. Rifkin	DATE 5/26/2000
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

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

121 188	F31
32'	P
SDAX	HOUSE
781	
" WELL !	
	VIXENX

TRENCH DATA
TRENCH WIDTH2'
TRENCH INLET DEPTH 4/2
TRENCH BOTTOM DEPTH 95
DEPTH OF STONE
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 4260'es = 240
ABSORBENT AREA 1200 PART
DISTRIBUTION BOX LEVEL
BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA	
SEPTIC TANK 1250 T.S. GALLONS	
MANHOLE RISER	
6 INCH INSPECTION PORT	
PUMP CHAMBER DATA	ga r
PUMP CHAMBER GALLONS	
MANHOLE RISER	
ALARM	
PUMP PERFORMANCE TEST	
,	

PRE-CONSTRUCTION INSPECTION: 11/16/00 TRENCH LAYOUT CONFIRMED, D.B. TO
BE @ HOUSE END OF SPA: ADVISED CONTRACTOR TO TRY TO LEAVE ENDS.
INSPECTION COMMENTS: OPEN TO BOT, NO PROB IF SOME ALOT VISIBLE (MR)
House Convertion Not Make - Line rite on stones on top of backfilled hat Not conspected Soil - Contrator says plumbe
will put straps on 4's ch 40 puc to hong on exterior Concrete wall for pine support?! S.T. Ralle Ot.
Translar of to himsh gravel filling and a page + come, Otto Cover allered - it turn outs
with orter store fill exerteen is large enough for a 5 belacon hours I good this low roils MIP 11/17/00
Horse correction ox Pf 7/12/01
a/6/00 WPI ON to cover , the
INSPECTOR DATE SYSTEM APPROVED

### APPLICATION

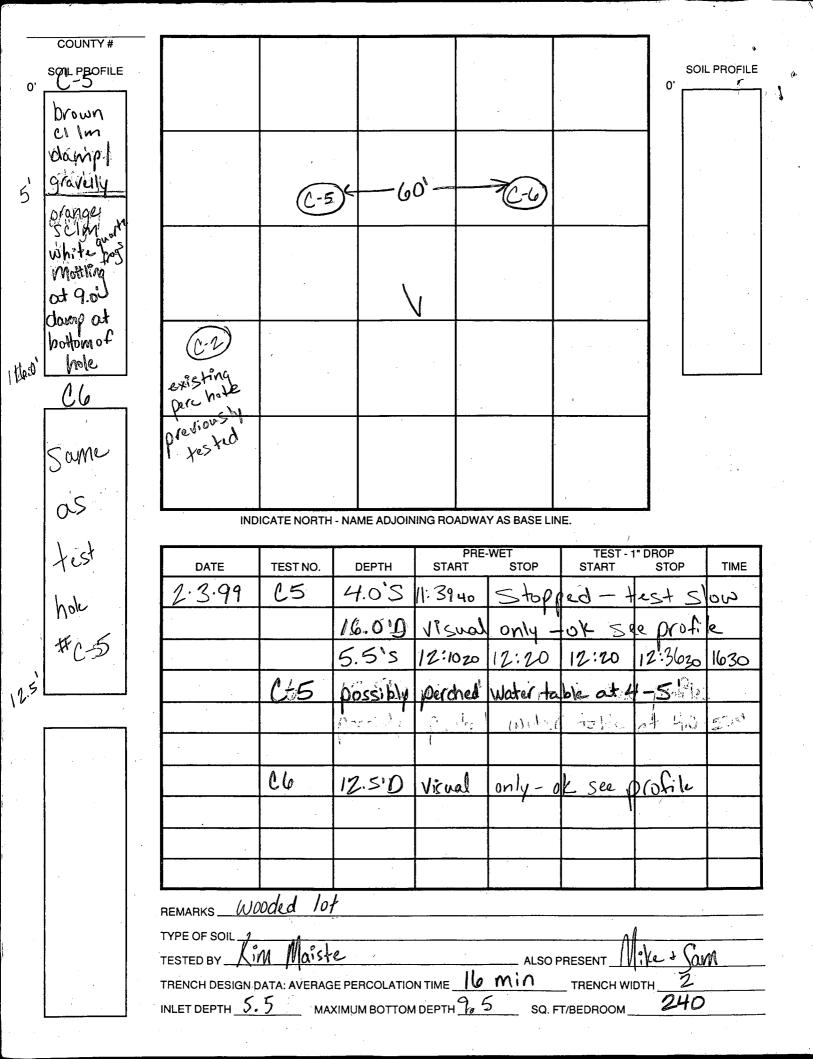
A 511073 PERCOLATION TESTING DISTRICT\_\_\_\_\_ HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH Followup TEITIN 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE **TELEPHONE: 313-2640** TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER. PHONE\_ ADDRESS AGENT OR PROSPECTIVE BUYER PHONE\_ ADDRESS\_ PROPERTY LOCATION: BENEDICT FARM LOTNO. 3 VIXENS PATH EXTENDED ROAD AND DESCRIPTION \_\_\_ TAX MAP \_\_\_\_\_\_PARCEL# \_\_\_\_\_ SIZE OF LOT (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 INTESTING THIS LOT. \_ (SIGNATURE OF APPLICANT) APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_ \_\_\_\_\_\_FOR\_\_\_\_\_ DISAPPROVED BY \_\_\_\_\_ HOLD PENDING FURTHER TESTS \_ REASONS FOR REJECTION OR HOLDING....

# THIS IS NOT A PERMIT

HD-216 (3/92)

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_



# APPLICATION

PERCOLATION TESTING

A 5 11073
P\_\_\_\_\_

DISTRICT\_\_\_\_\_

DATE /0/29/98

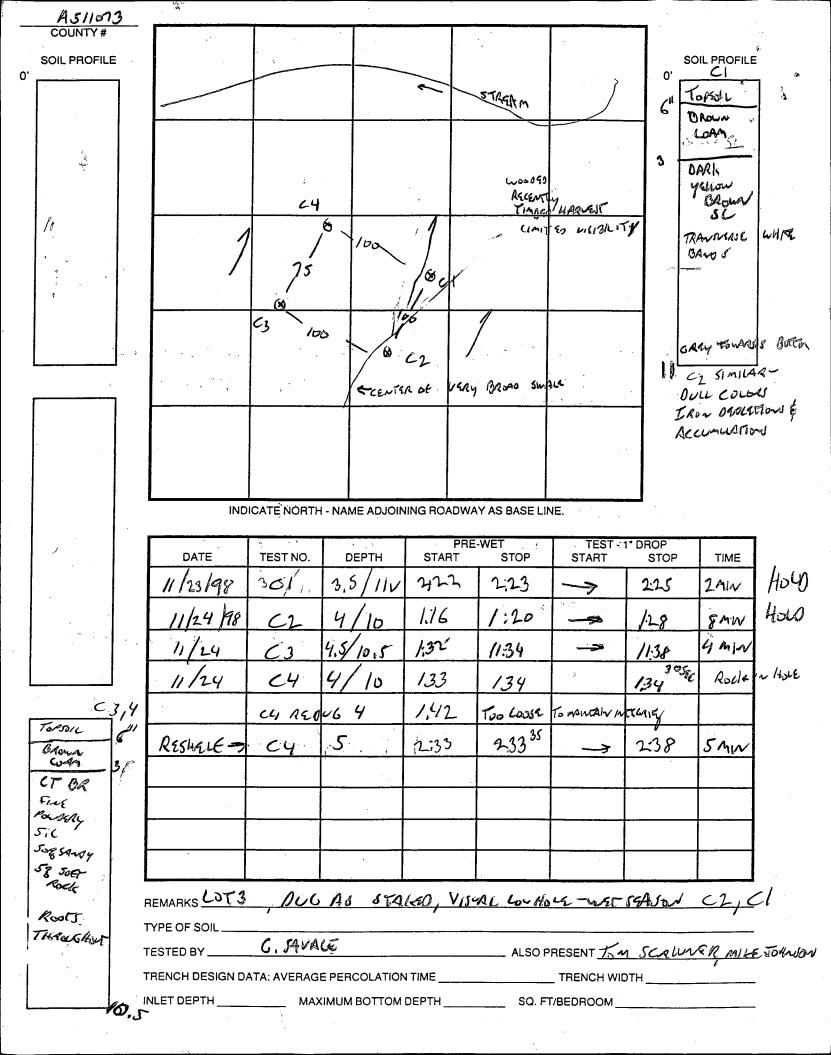
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

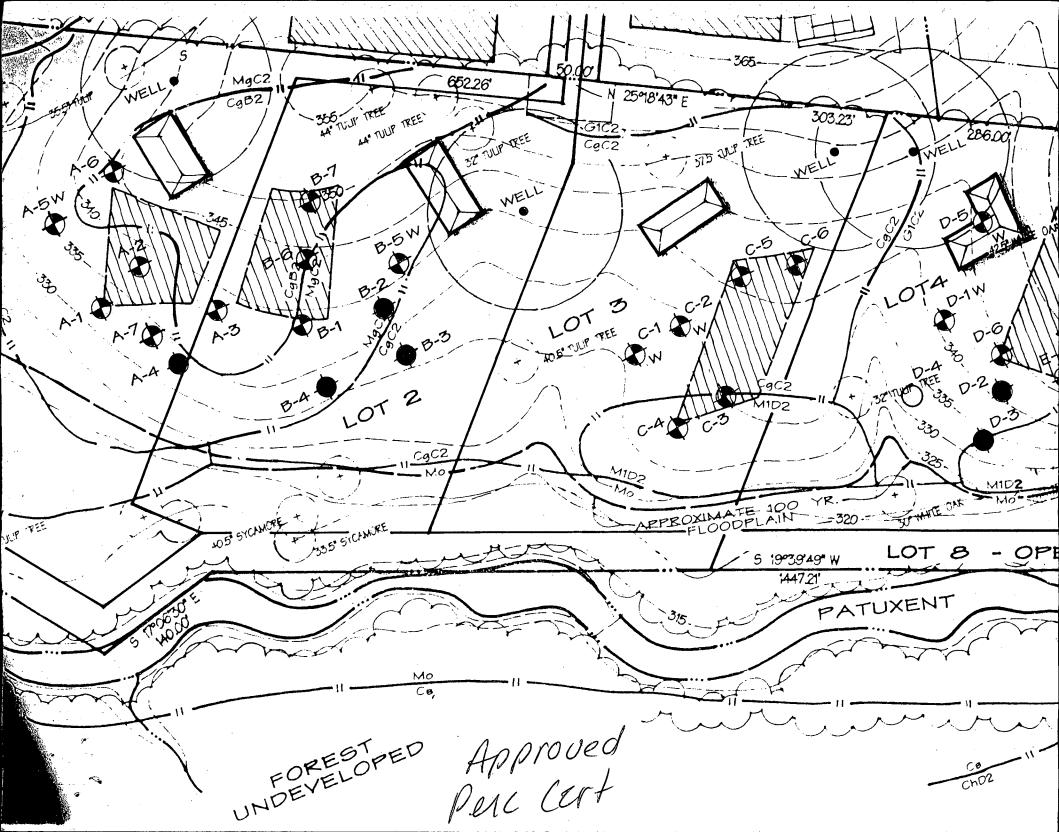
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

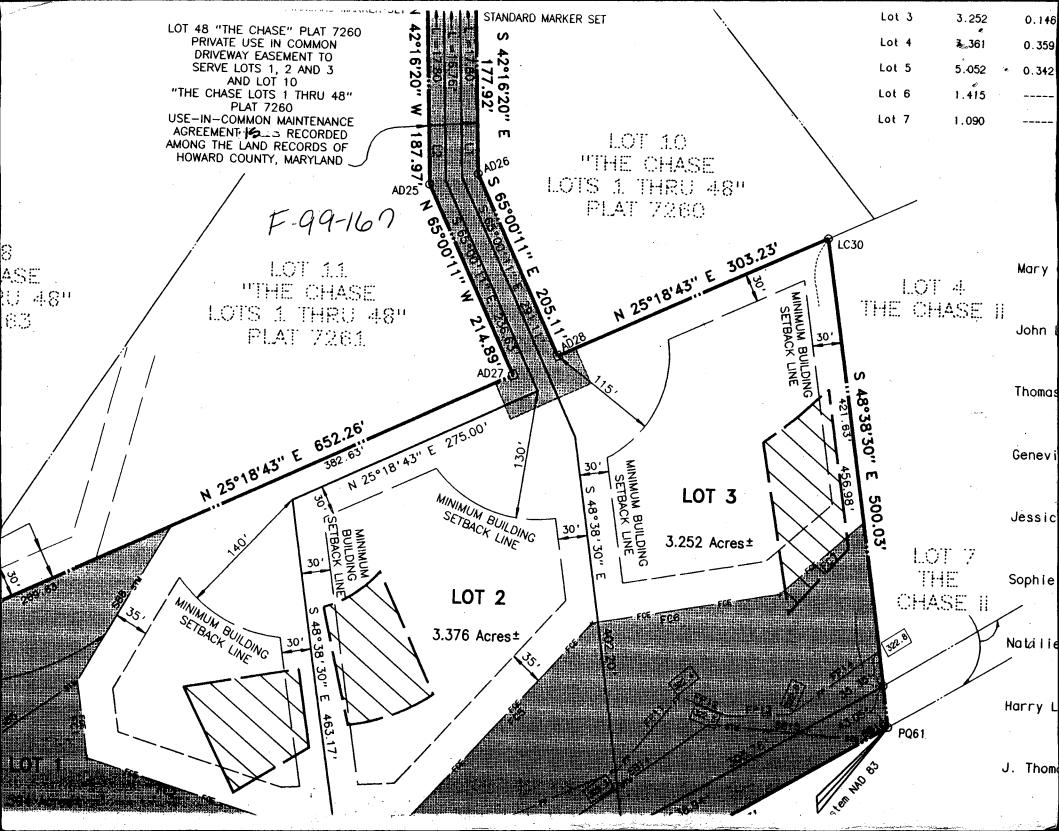
I HEREBY APPLY FOR THE NECESSARY TES	ST PRIOR TO APPLICATION FOR PERMIT TO CONST	TRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER NATALE C. Z	IEGLER, ETALA, 0/0	J. THOMAS GURNENER
ADDRESS PROP LENTRE P	PARKOR #109	
AGENT OR PROSPECTIVE BUYER	21045	
ADDRESS	PHO	NE
PROPERTY LOCATION:		
SUBDIVISION PENEDICT FAF	LOT	#3
ROAD AND DESCRIPTION VIXENG P	ATH. HANARD COUNTY	CU-DE-GAC
TAX MAP 99 PARCEL#	-28	
SIZE OF LOT #3.0 ACRES.	TYPE BLDG. <b>G</b>	(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLIC	ATION IS ACCEPTABLE ONLY UNTIL PUBLIC FA	ACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THE	S PERC TEST APPLICATION IS NON-REFUNDA	ABLE 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	<u> </u>	
REASONS FOR REJECTION OR HOLDING		,
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TI	TLE OR I.D. #	DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR	I.D. #	DATE

# THIS IS NOT A PERMIT

HD-216 (3/92)







#### 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 Pining

inspection. No work is to be covered until approved by the Health	There etwent All installations west comply
with the National Standard Plumbing Code (NSPC, as amended	Department. An instantinum most comply
Construction Regulations). Submission of a complete form is requ	REALLY MILL CONTACT 20,04,04 (VID WEEK
Construction Regulations). Supmission of a complete form is redu	53 03
Company Name: Garthand Clark ne ne Telephone	# 6110 935 4 4 10
Company Name: Control 100 100 100 100 100 100 100 100 100 10	#. <u>                                     </u>
Address: 1620 W. CIAL. he-t- Rd	
Sylles wille MD 21784	
(Must circle one) (Licensed Plumber) Licensed Well Driller	Licensed Well Pump Installer
	Picerzed Astr & mith mersuck
License # and name of individual responsible for the field installation:	time to the second
Name (Print): 5 Joseph Gatter	License# 4352
*A licensed individual must perform the actual installation. Appr	enisces must be under the direct
supervision of a licensed journeyman or master plumber, pump in	statier or well druier. Licenses may be
subjected to field verification.	
Name of Property Owner: Accuse Brown Telepho	one #: 410-281-6282
	3 Well Tag #: HO -94 - 2360
Site Address: 11647 UIXCHS Path	
Ellie H Coty, mp 21042	
Submersible Pump Data Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds Make: BIL	Two piece watertight cap:
Model #: >6507 Model #: P 10017	Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min)	Cap secured to casing:
Well Yield: GPM NSF approved: Yes	Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 1572 (feet)	Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is requ	ired 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	<u>Y</u> \$\$
Piping to house House Connection	
	ed soil at wall penetration:
PSI: 160 psi min) Approximate length of ske	eve: funder foo
Depth of supply line: 48"(36" min) Sleeve caulked and sealed	properly: ) Sice out to
The water supply line is required to be at least ten fect from the se	ptic tank, pump chamber, sewage piping,
distribution box, drainfields, and sewage reserve area. If this can	not be accomplished, contact this office for
approval prior to installation.	
	12-2-00
Signature of company representative responsible for installation	date
For Health Department Use Only - Not to be	completed by Installer
2/.1	alita (SVC)
Date Insp. Requested: 9/6/60 Date Insp. Ap	
Inspection Data: Pitless adapter and water supply line at least 36" bel	
Two piece cap installed and attached to casing secur	ELY
Elec. conduit extends at least 18" below grade/attach	hed to cap properly
Safety rope installed inside of well casing	
Correct well tag attached properly and casing 8" abo	
Water supply line sleeved adequately at house conn	ection
Adequate grout observed below pitless adapter	

HD-215(Rev. 8/00)

	C 1 06699 SEQUENCE NO. (MDE USE ONLY)		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
	1 2 3 6 (THIS NOMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A511673 C
	ST/CO USE ONLY DATE Received  MG 13 99		PERMIT NO. FROM "PERMIT TO DRILL WELL"
	8 13 15 2	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
	STREET OR RFD last name	DS I CALOUP first name TOWN	CIANKSUILIE
	SUBDIVISION BENEATOF FO	SECTION	LOT 3
	WELL LOG  Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
	STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
	DESCRIPTION (Use additional sheets if needed)  FEET check if water bearing	NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min.)
	Brown Soil 0 34	GALLONS OF WATER 60001	METHOD USED TO WATCH & 15
4	Gray Mica 34 200	DEPTH OF GROUT SEAL (to nearest 1004)  from	MEASURE PUMPING RATE
	ROCK	(enter 0 if from surface)	BEFORE PUMPINGft.
	175	types insert ST CO	when pumping
		appropriate code below P L O T	TYPE OF PUMP USED (for test)
		MAIN Nominal diameter Total depth	A air P piston T turbine
		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe
		<u>S7</u> <u>06</u> <u>63 64</u> <u>66 70</u>	J jet S submersible
<b>j</b> .		E OTHER CASING (if used) A diameter depth (feet)	27
		inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP YES NO
		S	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED
		or open hole ST BRASS OPEN	PLACE (A,C,J,P,Ř,Š,T,O) 29 IN BOX 29.
		appropriate BRONZE HOLE Code	CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31  35
		below PLASTIC OTHER	PUMP HORSË POWER
1	NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	WELL HYDROFRACTURED Yes RO	E 1 90 1 70 200 A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
uwin. Maja North	CIRCLE APPROPRIATE LETTER	C 2 3 24 26 30 32 36	1+ above LAND SURFACE
	A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED	S C 3 R 38 39 41 45 47 51	below (nearest) foot)
	P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT
	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	DIAMÉTER (NEAREST OF SCREEN	BUILDING, SEPTIC TANKS, AND /OR
	CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	DRILLERS LIC NO. M 555	GRAVEL PACK IF WELL DRILLED	29
- 1	DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68	lab.
	LIC. NO. 1 M WD 549	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.)- W Q	
,	max & Soula	70 72	351
	SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA	45
ı		COLINTY	FRONT Prop. Line &

Page of Of Date 9-11-			Review	
•				
	•	FIELD DATA S HOWARD COUNTY WELL		
Well Permit No	. но - 94 2			
Location of pr	operty (road)	VIVEDS DUTO		the state of the s
Subdivision	Benefict E	ann Lot	3 Block Plat	
Well Driller	Michael C	Owne	Er Howard Esta	ates Dev. GI
Depth o	f well200F	EET		
Distance	e of measuring p	oint (M.P.) above gr	ound <u>J.O</u> <u>J</u> 4	
Static	water level (S.W	.L.) below M.P.	24	
I. High rate	pumping rese	rvoir drawdown		
Time pum	p started	9:00	Pumping rate logo	
Total tir	ne 30 min to	reach pumping water	Pumping rate <u>(09.0</u> level <u>/00</u> ft.	below M.P.
II. Recovery	oump test data -	Observations to be	recorded every 15 minu	
TIME (in 15	WATER LEVEL	PUMPING RATE	<del></del>	
minute in-	below M.P.	time to fill 5	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
tervals		gallon bucket	(11 0000)	minute)
9:00	24'	lo Sec.		10
9:15	80′	6.Sec		10
9:30	100	10 sec		6
9:45	100'	10500		
10:00	100'	1050		6
10:15	100'	10 Sec		6
10:30	100'	10 Sec		/
10:45	100'	10 Sec		9
11:00	100'	10 Sec.		0
11115	100'	10 Sec		6
11:3D	100'	1		6
11:45	100'	10 500		6
12:00	100'	10 sec	:	6.
12:00	100	10 sec		6
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HD-224

Page _		of	<u> </u>	
Date	Pot	ms	011,19	199

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Review		
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### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No.	. но - <u>94 2</u>	350			· ·		
Location of pro	operty (road)	VIVENS Path					•
Well Driller	Benedict Fo				Plat	Sec.	
"cir briller	Michael C	OW 1020 OW	ner Hou	ward E	state	5 Dev. 6	ラバ
Depth of	F well						
		oint (M.P.) above	around		•		
Static w	vater level (S.W.	L.) below M.P.	ground			<del></del>	
	•					<del></del>	
I. High rate	pumping reser	rvoir drawdown				•	٠.
Time pump	started	• •	D		•	•	•
Total tim	ne to	reach pumping wat	er level	g race	ft bolo	- V D	
	·					w M.P.	
II. Recovery p	oump test data -	observations to b	e recorde	d everu 15	minutes		•
TIME (in 15	WATER LEVEL	PUMPING RATE					-
minute in-		time to fill 5		METER READI if used)	L L	ALCULATED FLO	)W
tervals	<u></u>	gallon bucket		useu)		gallons per minute)	
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ID-224			<del></del>			· · · · · · · · · · · · · · · · · · ·	

	EMERGENCY/TEMP NO. IF ANY				
2	B 1 1 1 1 7 8 SEQUENCE NO. STATE OF	MARYLAND	STATE PERMIT	NUMBER	
)	D / L SE (MDE USE ONLY)  PERMIT TO	DRILL WELL	HO-94-	-2360	
	please pr	int or type	70 fill in this form	completely 79	
	Date Received (ARA)	B 3	LOCATION OF WELL		
	OVAS 97 OWNER INFORMATION	8 COUNTY	21		
ŕ	Howard Estates Dowe laprost Cor	p Benedi	ict Faems		
	15 Clast Name Owner First Name 34	23 SUBDIVISION	<b>b</b>	42	
	Street or RFD 55	SECTION 44 46	LOT 48 50		
	Columbia MO 21045	CIAR	eksville		
± .	57 Town 70 State 72 Zip 76	52 NEAREST TOWN	Ø	, 71	
	MICHAEL BARLOW MW 0355	MILES FROM TOWN (ente	er 0 if in town) [ 0	<u>M</u> <u>I</u> J 5 77 78	
	Driller's Name 76 License No. 81	B 4	. I Voxer	1SPadia,	
	MICHAEL BRELOW WEll Drilling VICTOR	1 2 DIRECTION OF WELL FROM	1		
	Firm Name	TOWN (CIRCLE BOX)	11 NEAR WHAT	NODTU	
	Address Address		ON WHICH SIDE OF R (CIRCLE APPROPRIAT	OAD F BOX) _ N	
	111/1 727-99	8=9	Ø Ø	WEST SENST	
	Signature Date B 2 WELL INFORMATION	TOWN E	34 SIGN DISTANCE FR	M ROAD	
	1 2 APPROX. PUMPING RATE			R FT OR MI 38 39	
	(GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED	S <sub>W</sub>    S <sub>E</sub>	TAX MAP: BLK:	PARCEL	
	(GAL_PER_DAY) 14 20  USE FOR WATER (CIRCLE APPROPRIATE BOX)	8 NOT TO	D BE FILLED IN BY DRII	LEB	
	DOMESTIC POTABLE SUPPLY & RESIDENTIAL		H DEPARTMENT APPRO		
	IRRIGATION	Howard	CO H5	11073C	
	FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION	COUNTY NAME STATE		COUNTY NO.	
	22, I INDUSTRIAL, COMMERICIAL, DEWATERING	SIGNATURE	INSI	ERT S — — 41.	
	P PUBLIC WATER SUPPLY WELL	081299 1	myrelle !	08/200 A	
	T TEST, OBSERVATION, MONITORING	43 MM DD YY 48 NORTH 5/5	CO SIGNATURE  EAST O GRID	25 <sub>000</sub>	
	G GEO-THERMAL	GRID 50	0 0 GRID 0 4 55 57	63	
	300	SHOW MAJOR FEATURES BOX & LOCATE WELL _	S OF 8-25-99	1:00 PM	
	APPROXIMATE DEPTH OF WELL 24 28	WITH AN X			
	APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH	SOURCES OF DRILLING \	WATER /	0 11139	
		2.	<u>.</u>	1	
2.	METHOD OF DRILLING (circle one)  BORED (or Augered) JETTED Jetted & DRIVEN	3 1		<b>*</b>	
	30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	Ref. Section 1		
	CABLE REVerse ROTary DRive POINT	FROM THE MAP HERE	X		
	other	1 84S			
	REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	1 The	000		
	N THIS WELL WILL NOT REPLACE AN EXISTING WELL	N 213			
	THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	RELATION TO NEARBY TO	I SHOWING LOCATION OF WE OWNS AND ROADS AND GIVE		
à	THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	DISTANCE FROM WELL T	O NEAREST ROAD JUNCTION		
	FOR POLICY ON STANDBY WELLS		Honewan		
	D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED		Harremona P	1	
	(IF AVAILABLE) 4152				
	Not to be filled in by driller (MDE OR COUNTY USE ONLY)	7,238 WH 65 29 1	335:22 /		
	APPROP. PERMIT NUMBER GAP	LIE PR MILITA BE		•*	
	54 HO QU 23/50	AFRICA FOR STATE			
	PERMIT No. 70 71 72 73 74 75 76 77 78 79	La Company			
	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			<u> </u>	
	DENV-Permit 97	TY .			
		<u> </u>	<u></u>		

