1/4/79 afternoon

1/5/79 around 2:00 P.M.

File

PERMIT

P 29298

A 29279

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-341779

ELLICOTT CITY

DISTRICT 5th

DATE 12/1/78

INDEXED

Craig Camp IS PERMITTED TO INSTALL X ALTER

ADDRESS 8612 35th Avenue, College Park PHONE

SUBDIVISION Aintree Estates ROAD 6292 Linkythorn Lane LOT 3

PROPERTY OWNER Craig Camp

ADDRESS

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

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

BLDG. PERMIT SIGNED AND RETURNED 1/2/80
Permit # 43648

DRY WELL-Dig pit 15 ft. sq.-set block top in center for 12 ft. diameter and fill in rest of pit with gravel. Dry well to be 6 ft. deep below inlet pipe. Inlet pipe to be 4 ft. below grade at time of perc test. Come off dry well with 5 ft. earth buffer and begin trench. Trench to be 2 ft. wide, 10 ft. deep with 6 ft. of gravel and be 55 ft. long. Trench must follow contour of ground and be inspected before gravel is installed. Place dry well at point 99 ft. behind right rear of house (basement entrance) as seen when facing from the road.

PLANS APPROVED BY D.W. Monaghan DATE 11/28/78

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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

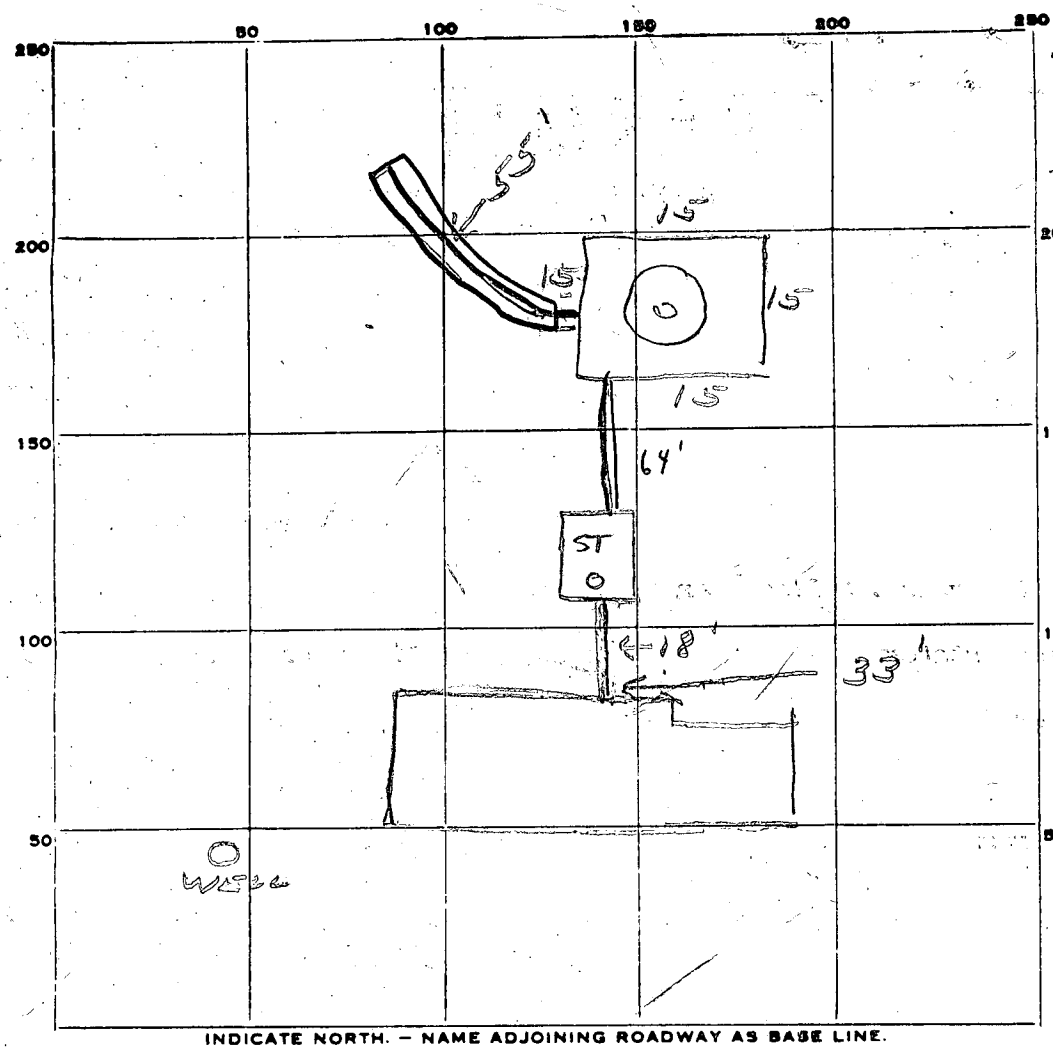
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

A 29279

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

HD - 23



700

360
330
690

INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

LINKYTHORN LANE

PERMIT CARD Yes, Mr Barth has it

SEPTIC TANK, LEVEL _____ CLEANOUTS ST ✓ cond. / DW ✓ cond.

DISTRIBUTION BOX, LEVEL N/A

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

GRAVEL DEPTH 6+ IN. TOTAL LENGTH 55 FT. (1) 330'

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 6 FT. (2) 360'

ABSORBENT AREA 690 SQ. FT.

REMARKS 1/4/79 – OK To Continue work. Add cleanouts to ends, grouch to trench. Alter pipe from septic to dry well. Call for final. JS

1/5/79 Paper on trench to 4' of surface. C.K.B.

DATE SYSTEM APPROVED 1/5/79 as per above INSPECTOR C. B. Thrasher

Retest 11/28/78 10:30am

APPLICATION

A 29279

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT 5th

DATE 11/28/78

Septic Tank - 1250 gal
Dry Well + Dig pit 15' sq - set block + Top in center
+ fill in rest of pit with gravel. Dry Well to be 6 ft deep below inlets
for 12' diameta
pipe. Inlet pipe to be 4' below grade at time of perc. test. Come off dry well 5ft
5ft earth buffer + begin trench. Trench to be 2 ft wide 10 ft deep with
6 ft of gravel and be 55' long. Trench must follow contour of ground + be
inspected before gravel is installed.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Place Dry Well at point 99 ft behind
right rear of house (basement entrance) as seen
when facing from the road.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Dave Suder, Craig Camp

ADDRESS 8612 35th Ave., College Park, 20740 PHONE

PROPERTY LOCATION:

SUBDIVISION Aintree Estates LOT NO. 3

ROAD AND DESCRIPTION 6292 Linkythorn Lane

SIZE OF LOT 2.1 acres TYPE BLDG. 3 or (4) bedrooms
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

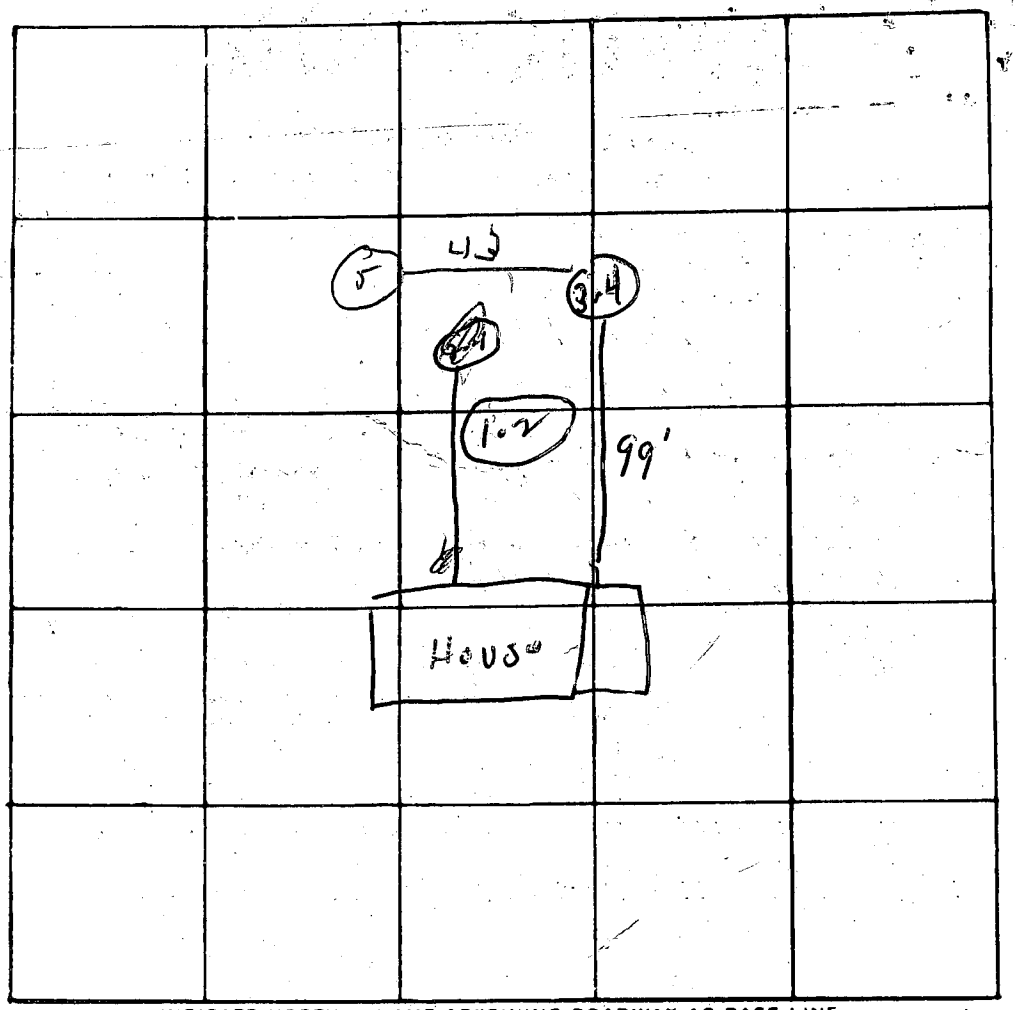
APPROVED BY [signature] FOR DW - Trench (KIND OF SYSTEM) DATE 11-28-78

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

Kirby Ave Rt 6

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/28/78	1	4	11 03	11 06			
	2	13	wash				
	3	15'	11 13	11 20	11 20	11 35	15' min
	4	21'	11 13	11 18	11 18	11 25	7 min
	5	12'	dry				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

Preliminary

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 11650

P

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/30/66

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.

PROPERTY OWNER Aintree Estates, Inc.

ADDRESS 301 Cedar St., N. W.-Washington, D. C. PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 3, Sec. 1

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.1 acres + TYPE BLDG. 3 or 4 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mr. Brincefield per Mr. Sutherland

APPROVED BY J. Hennigan FOR Drywell (KIND OF SYSTEM) DATE 4-29-66

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

HOLD PENDING FURTHER TESTS _____ DATE _____

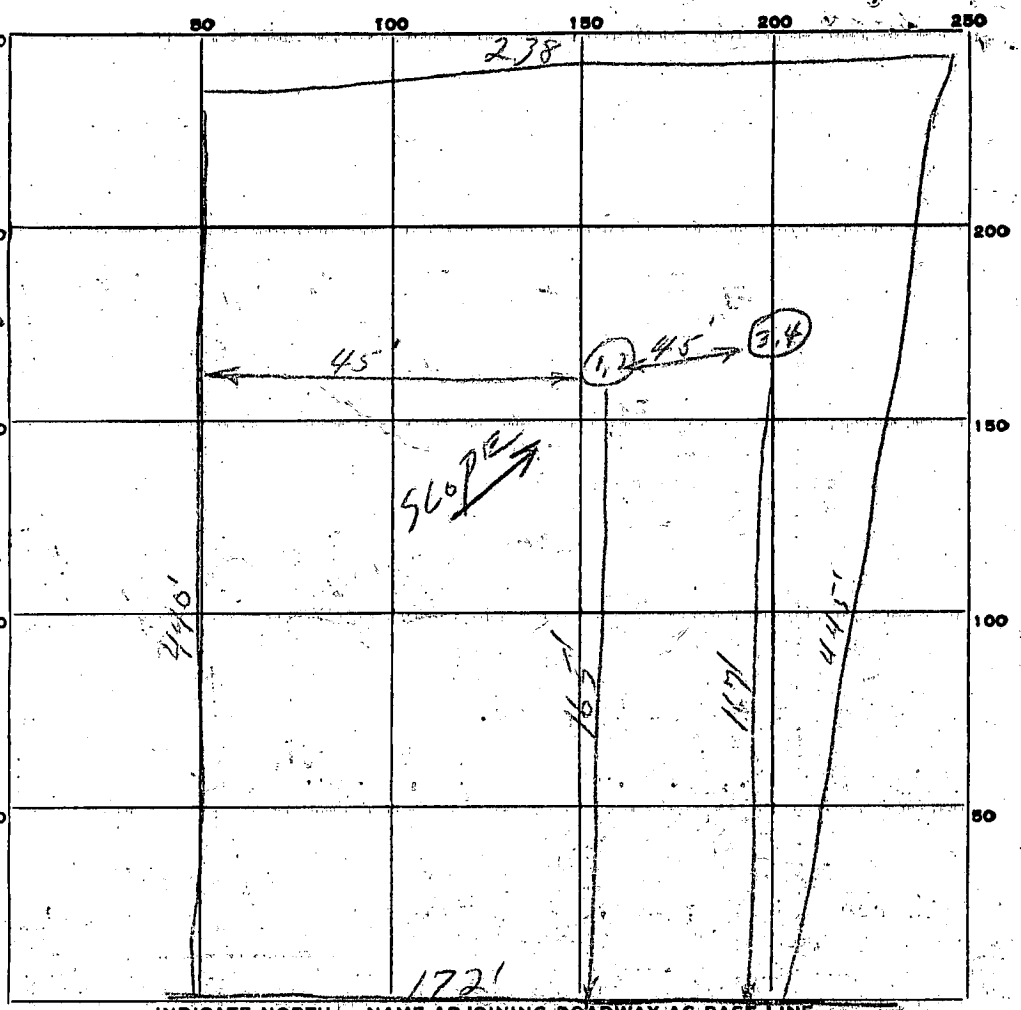
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

5909

Dale Sudell
935-5135 H
434 1188 off
Craig Camp
8612 35th Ave.
Col. Plt.
20740

4BR
3½ Baths
DW
GG



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-5-66	1 Sump	9	12:19	12:25	12:25	12:40	15 min
	2 Pit	4	12:19	12:20	12:20	12:21	1 min
	3 Sump	9	12:36	12:38	12:38	12:42	4 min
	4 Pit	4	12:37	12:40	12:41	12:49	8 min
9-20-78	Visual	11'	hard bottom		dry		

SOIL AUGER FINDING

TESTED BY

REMARKS

9/20/78
1:30 p.m. verbal title

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 11650

P

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/30/66

paid

3 bedrooms - ~~750~~ 1000 gal. septic Tank. Dry well 15 ft. in dia. by 10 ft. deep below the inlet located 165 ft. from the front property line and 45 ft. off the left side property line as seen when facing the lot from road A. Forate inlet type 3 Ft. below the original grade.

~~4 bedrooms - 1000~~ 1200 gal. septic Tank. Dry well 16 ft. in dia. by 14 ft. deep below the inlet with location and other specifications the same as above.

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.

PROPERTY OWNER Aintree Estates, Inc.

ADDRESS 301 Cedar St., N. W.-Washington, D. C. PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 3, Sec. 1

ROAD AND DESCRIPTION Road "A"

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 2.1 acres + TYPE BLDG. 3 or 4 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ Mr. Brincefield per Mr. Sutherland

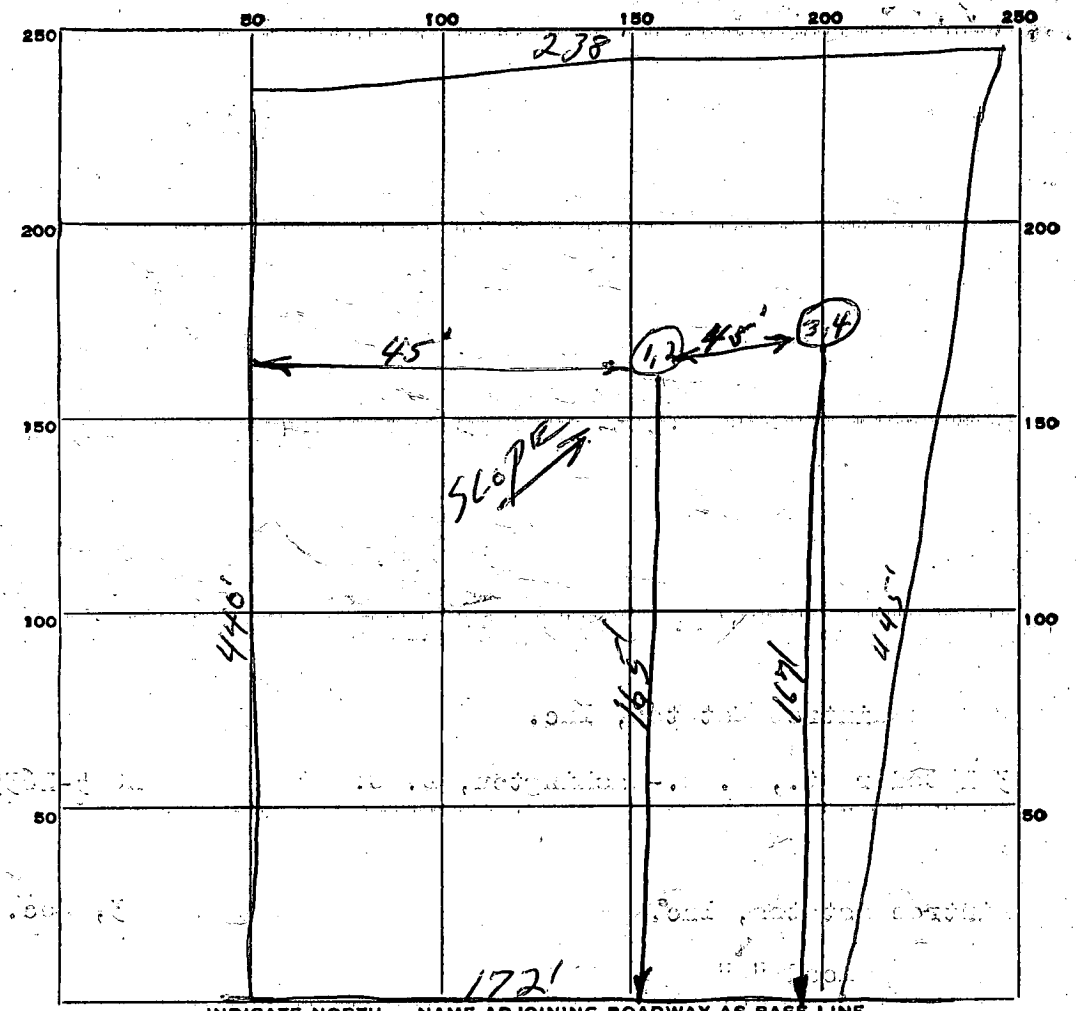
APPROVED BY J. Hennigen FOR Dry well (KIND OF SYSTEM) DATE 4-29-66

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

Road A

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-5-16	1 Same	9	12:19	12:25	12:25	12:40	15 Min
	2 Pit	4	12:19	12:20	12:20	12:21	1 Min
	3 Same	9	12:36	12:38	12:38	12:42	4 Min
	4 Pit	4	12:37	12:48	12:41	12:49	8 Min

Av. Perc Time 7 Min

SOIL AUGER FINDING

TESTED BY

REMARKS

Aintree Estates Lot #3

37607

SEPTIC TANK: 3 BEDROOM, 1000 GALLON

4 BEDROOM, ~~1250 GALLON~~ Dishwasher & Disposal 1500 gallon

DRY WELL TO HAVE 600 SQUARE FEET OF SIDEWALL AREA PER BEDROOM.

DRY WELL INLET TO BE 3½ FEET not BELOW ORIGINAL GRADE.

DRY WELL BOTTOM (MAXIMUM DEPTH) TO BE 8 FEET BELOW ORIGINAL GRADE.

PLACE THE DRY WELL 160 FEET FROM THE ~~front~~ LOT LINE AND 45 FEET FROM THE left LOT LINE AS SEEN WHEN FACING THE LOT FROM the ROAD.

If 2 drywells, space double their size apart

If trenches, insp. before gravel installd & after gravel installed. 1st trench must cross thru location of drywell and follow a constant (grade) elevation.

Address: 6292 Linkythorn Lane

Dave Suder

Craig Camps

8612 35th ave. College Park 20740 md.

Please send spec's & elev. sample sheet

BLDG. PERMIT SIGNED AND RETURNED 10/20/78

serial # 37607

238'

SECONDARY DRY WELL

PROPERTY SLOPES

447'

440'

ELEC. METER LOCATION

5' EARTH BUFFER

TRENCH ON CONSTANT GRADE

ELEVATIONS

PERC TEST AREA
94.75'
INVERT ELEV. (91.25')

INVERT ELEV. 92.16'
96.5'
INVERT ELEV (93.5/8)

97.7
INVERT ELEV. (94.0')

10'

15' DRYWELLS 8x width

15'

15'

15'

20'-25'

OUTLET 3" lower than inlet

SEPTIC TANK

1000 gal

TOP OF TANK

42'

160'

50'

48'

4" cast IRON line

ALTERNATE LOCATION FOR ELEC. METER

BUILDING SETBACK LINE

65'

INITIAL WELL SITE

88'

70'

75'

173'

ROAD

NORTH

septic

58'
50' slope
.86

22.5'

71'-5"
43" slope
.62

29'

20'

70'

Well / Arbitrary # → / 100 ft - grade

2 Drywells 15'x15' = 60' perim
2x60 = 120 ft perimeter
4½ Ft recovery wall height
270# recovery per drywell =
540# for both
60# (to total 600# of rec)
∴ need 10 ft. trench (20x 4½ = 100#)
100# +

(1) DRYWELL AND/OR TRENCH TO TOTAL 150# WALL AREA PER BEDROOM.

(2) DRYWELL INLET TO BE 3½ Feet below present Grade with bottom to max depth of 8 feet (4½ ft/1ft of wall)

MIN SLOPE = ⅛"/Lin Ft.
MAX SLOPE = ¼"/Lin Ft.

10-10-78

s and elevations are actual and correct

DATE

CAMP - SUDER 434-1188

LOT #3
LINKYTHORNE LANE
AINTREE ESTATES

DNR-131 (7-77) EMERGENCY NO. (If any) –

B	1	9018	SEQUENCE NO. (WRA USE ONLY)

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

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

WRA PERMIT NUMBER HO-78-[illegible]

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 10/13/78 9:30 a.m.

OWNER: [illegible] (COL 15 LAST NAME ... FIRST NAME COL. 34) [illegible]

STREET OR RFD: [illegible] Lane [illegible] (COL 36 ... COL. 55)

POST OFFICE: Clarksville, Md (COL 57 ... COL. 76)

8-13

B 1 CONTINUED — DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6

DATE: Sept 20, 1978 LICENSE NUMBER: 273 (77 – 80)

RALPH MAYNE
FIRST NAME DRILLER LAST NAME

SIGNATURE: Ralph Mayne

B 3 — LOCATION OF WELL
1 2 3 (SEQ. NO.) 6

COUNTY: Howard Co. (8 ... 21) (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: [illegible] Estates (23 ... 42)

SECTION: Block 1 (44 – 46) LOT: 3 (48 – 50)

NEAREST TOWN: Clarksville (52 ... 71)

MILES FROM TOWN (ENTER O IF IN TOWN): 5 (73 ... 76) M I (77 78)

B 2 — WELL INFORMATION
1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 (8 – 12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 (14 – 20)

B 4 — DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6

N NORTH — E EAST — N E NORTHEAST — S E SOUTHEAST
S SOUTH — W WEST — N W NORTHWEST — S W SOUTHWEST
8 8 8 9 8 9

NEAR WHAT ROAD: [illegible] Lane (11 ... 30)

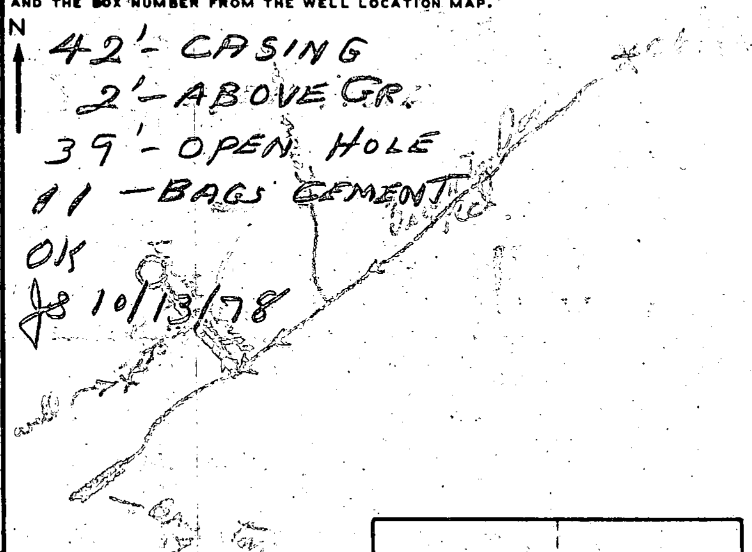
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N — SOUTH S — EAST E — WEST (W) (32)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 75 ft (34 – 37) F T / M I (38 39)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
- P PRIVATE WATER COMPANY }
- T TEST

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.



42' - CASING
2' - ABOVE GR.
39' - OPEN HOLE
11 - BAGS CEMENT
OK
JS 10/13/78

APPROXIMATE DEPTH OF WELL: 150 (24 – 28) FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
30-37

BORED (OR AUGERED) — JETTED — DRIVEN
(AIR-ROTARY) — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE-ROTARY — DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- 39 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 ... 52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (G A P) (54 ... 63) — ENGINEER REVIEW DISTRICT NO. (65)

FORCE (67 68) 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)

BOX NUMBER: E 790 N 590

0/5 5/5

0/0 5/0

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6

41 (S) STATE HEALTH (CIRCLE BOX) — Howard (COUNTY NAME) — M28023 (COUNTY NO.)

DATE (MO. DAY YR.): 09 27 78 (43 ... 48)

APPROVED BY: Donald W. Monaghan / Sanitarian

NORTH COORDINATE (50 51 52 53 54 55)

EAST COORDINATE (57 58 59 60 61 62 63)

ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

B	5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6 — 8 ... 63

HEALTH

DNR-214 (7-77)

C 1 2976 — SEQUENCE NO. (WRA USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 C28-923

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED: Oct 13, 1978

DEPTH OF WELL: 285 ft (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": MC-M9-X498

DRILLERS IDENTIFICATION NO. 893

OWNER: CAMP GRAIG
LAST NAME: LINKTHORNE LA — FIRST NAME
STREET OR RFD — POST OFFICE: CLARKSVILLE MD

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Top Soil	0	12	
Sandy	12	30	J
Sand Stone	30	35	
Micka	35	55	
Sand Stone	55	60	J
Micka	60	220	
Sand Stone	220	225	J
Micka	225	285	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES [Y] NO [N]

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

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 39 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL [S T] CONCRETE [C O] PLASTIC [P L] OTHER [O T]

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	42

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
1			
2			

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL [S T] BRASS OR BRONZE [B R] OPEN HOLE [H O] PLASTIC [P L] OTHER [O T]

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN		FROM	TO
1	H O	39	285
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 [F]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T 70 — TELESCOPE CASING

(E.R.O.S.) 72 — LOG INDICATOR

W Q 74 75 76 — OTHER DATA AVAILABLE

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) Ralph Mayne

SIGNATURE Ralph Mayne

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 285 (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)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES [Y] NO [N]

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

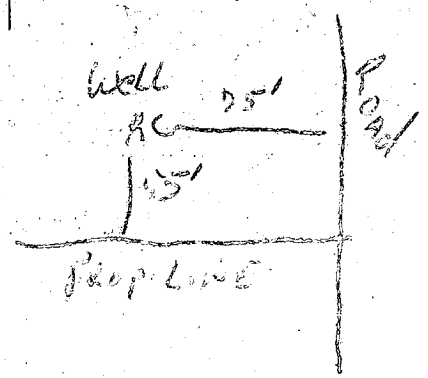
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

[+] ABOVE / [−] BELOW LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

N — SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



HEALTH