

C1 2064

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 49914A

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DO YY
8 13

DATE WELL COMPLETED

MM DO YY
1 22 2009

Depth of Well

22 600 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"Ho - 95-1702
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD 3000 Sobus Dr

TOWN West Friendship 21794

SUBDIVISION Sobus Farms

SECTION

LOT 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearing

Sand stone

0 16

Gray Mica Rock

16 600 ✓

Dry well 400' back filled

400' 40 drilling materials

40-0 Cement

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 20 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

21

60 61

63 64

66 67

OTHER CASING (if used)

diameter

depth (feet)

inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

BR

HO

STEEL

BRASS

OPEN

PL

OT

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED

yes

no

Y

N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

TELESCOPE
CASINGLOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

6
8 9 06

PUMPING RATE (gal. per min.)

14
11 15METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 ft.
17 20WHEN PUMPING 480 ft.
22 25

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 INSTALLED PUMP
(CIRCLE) (YES or NO)

YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29.CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

31 36

PUMP HORSE POWER

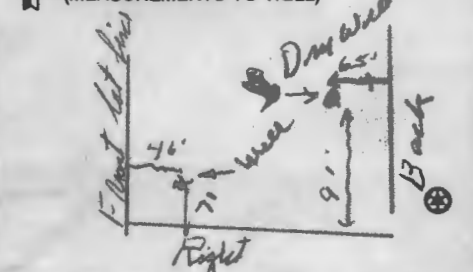
37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)+ above LAND SURFACE
- below (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)

B 1 **6328**SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
530286 please type

STATE PERMIT NUMBER

HO-95-1702

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name **Antone** Owner First Name **Michael** 3436 **3000 Sobus Dr.** Street or RFD 5557 **West Friendship Md** Town 70 **21994** State 72 Zip 76

DRILLER INFORMATION

Driller's Name **Joseph L Mayne** MS DO 24 License No. 81Firm Name **Joseph L Mayne Well Drilling**Address **5512 Ridge Rd Mt. Airy Md 21111**Signature **Joseph L Mayne** Date **1-15-09**

B 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)8 **5** 12AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)14 **500** 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
- ☐ PUBLIC WATER SUPPLY WELL
- ☐ TEST, OBSERVATION, MONITORING
- ☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL **460** FEETAPPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 **AIR-ROTARY** AIR-PERCussion ROTARY (Hydraulic Rotary)37 **CABLE** REVERSE-ROTARY Drive-POINT

other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED
(IF AVAILABLE) 41 **HO-93-0098** 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **G**PERMIT No. **HO-95-1702**SPECIAL CONDITIONS **Ex. Well can be kept w/ spicket.**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

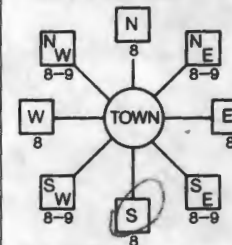
B 3

LOCATION OF WELL

8 COUNTY **Howard** 2123 SUBDIVISION **Sobus Farms** 42SECTION **44** 46 LOT **48** 5052 NEAREST TOWN **West Friendship** 71MILES FROM TOWN (enter 0 if in town) **1 1/2** M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Sobus Drive** 30ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)34 **200** 37 DISTANCE FROM ROAD
ENTER FT OR MI **FT** 38 39TAX MAP: **15** BLK: **24** PARCEL **26**NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVALCOUNTY NAME **Howard** (13) COUNTY NO. **A 49914A**STATE SIGNATURE **Kim Walz** INSERT S 41DATE ISSUED **1/15/09** CO SIGNATURE **1/15/10** EXP. DATENORTH GRID **50** 55 EAST GRID **57** 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

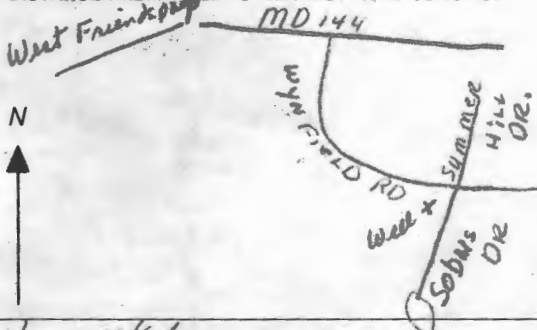
SOURCES OF DRILLING WATER

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810**
N **530**

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



**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: _____ Telephone #: _____

Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____

Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 1702

Site Address: 3000 Sebe Dr

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ GPM

Depth of well encountered at time of pump installation: _____ (feet)

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 _____

Pitless Adapter

Make: _____

Model#: _____

Depth: _____ (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: _____

Piping to house

Type: _____

PSI: _____ (160 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____

Approximate length of sleeve: _____

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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____

Date Insp. Approved: 2/9/09 (KW)

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

32" should be OK.
✓
✓
✓
✓
✓
✓

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tangentown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 70616 Account #: 11172
Reference: Mike Antone Company: CASH ACCOUNT
Location: 3000 Sobus Drive
West Friendship, MD 21794 Requested By: Mike Antone
Source: Well Water
Date/ Time Collected: 3/30/2009 1122 Site: Powder Room Work Area
Date/Time Rec'd: 3/30/2009 1300 Treatment: Spin Down Separator**
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 6176JY Well #: HO-95-1702

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/31/2009 / 0830 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/31/2009 / 0830 / BCD

NOTES

- 1 **Treatment bypassed at time of sampling
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Replacement Well retest 70417

Date Reported: 3/31/2009

MD State Certification # 133

Need Well

letter

& plumbers

report

530286
Receipt pd. by
owner as receipt
is good for Joe
Magne &
son.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	70417	Account #:	11172
Reference:	Mike Antone	Company:	CASH ACCOUNT
Location:	3000 Sobus Drive	Requested By:	Mike Antone
	West Friendship, MD 21794	Source:	Well Water
Date/ Time Collected:	3/6/2009 0850	Site:	Powder Room Tap
Date/Time Rec'd:	3/6/2009 1329	Treatment:	Spin Down Separator**
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	J. Yeager 6176JY	Well #:	HO-95-1702

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	3/7/2009 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/7/2009 / 0900 / CCH
Nitrate	1.35	mg/L	10	601	2/6/2009 / 1615 / CCH
Turbidity	0.60	NTU	<10	SM18 2130B	3/6/2009 / 1615 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	3/6/2009 / 1615 / CCH

NOTES

- 1 **Treatment bypassed at time of sampling
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L.)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Replacement Well

Date Reported: 3/9/2009

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 848-1553 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	70417	Account #:	11172
Reference:	Mike Antone	Commanv:	CASH ACCOUNT
Location:	3000 Sobus Drive	Requested By:	Mike Antone
	West Friendship, MD 21794	Source:	Well Water
Date/ Time Collected:	3/6/2009 0850	Site:	Powder Room Tap
Date/Time Rec'd:	3/6/2009 1329	Treatment:	Spin Down Separator**
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	J.Yeager 6176JY	Well #:	HO-95-1702

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	3/7/2009 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/7/2009 / 0900 / CCH
Nitrate	1.35	mg/L	10	601	3/6/2009 / 1615 / CCH
Turbidity	0.60	NTU	<10	SM18 2130B	3/6/2009 / 1615 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	3/6/2009 / 1615 / CCH

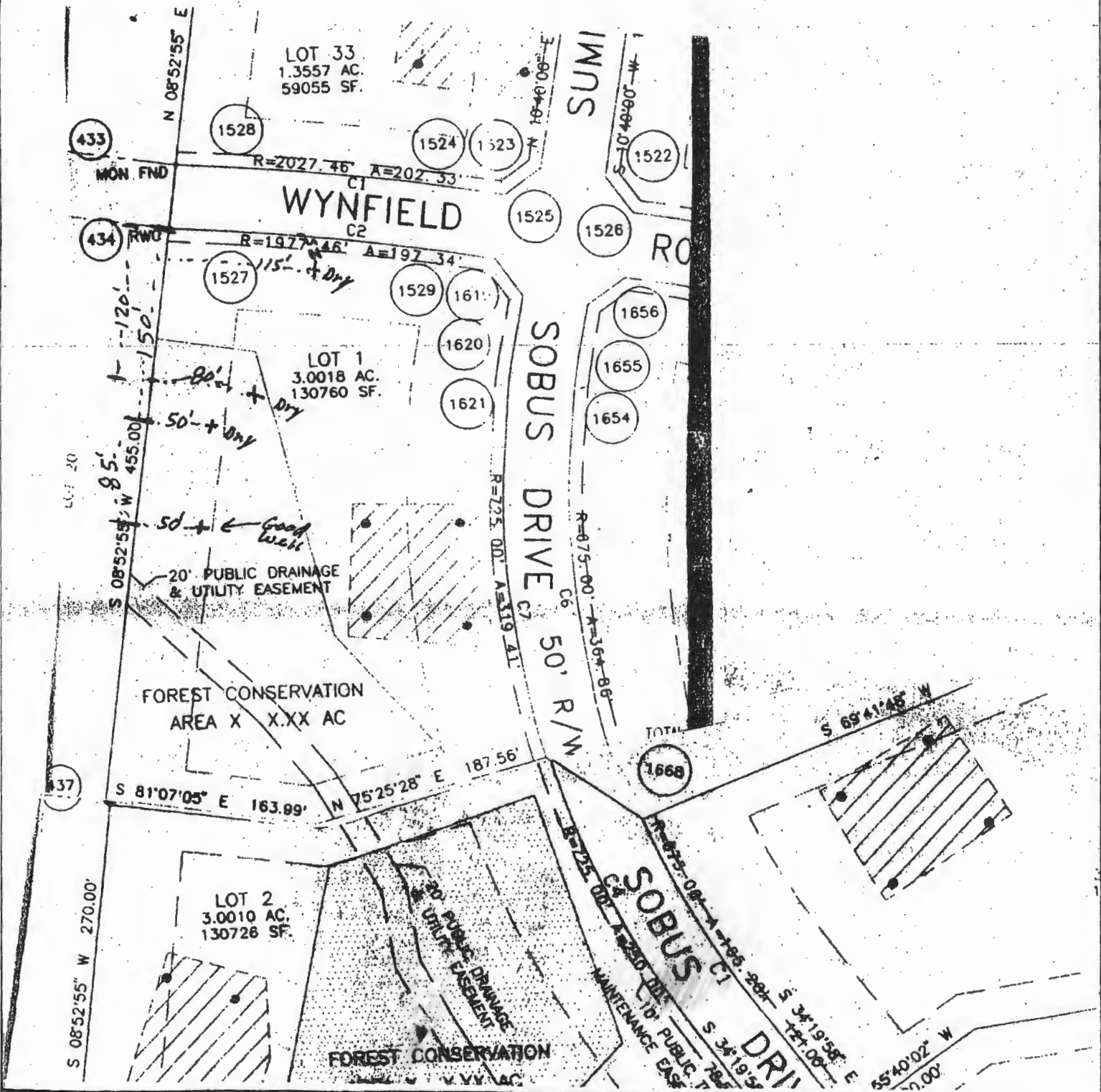
NOTES

- 1 ****Report revised to show correct analysis date for Nitrates. 3/9/09 BCD****
- 2 **Treatment bypassed at time of sampling
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 5 NS = None Seen (NS indicates less than 5 mg/L)
- 6 NTU = Nephelometric Turbidity Units
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH tested on-site

Reason for Test : Replacement Well

Date Reported: 3/9/2009

MD State Certification # 133



Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

Memorandum

To: Carletta McKnight

From: Michael J. Davis *mjd*

Date: 3/6/2009

Re: Refund for Well Permits (3000 Sobus Drive and 1215 Shady Creek Road)

On December 31, 2008, Fogle's Septic Clean, Inc. paid the fee for a well permit with check #11292 in the amount of \$160.00 for 1215 Shady Creek Road. On November 5, 2008, Fogles paid the \$160.00 fee for the well permit for 3000 Sobus Drive with check #11151. Subsequently, the homeowners decided to hire different well drillers. Fogles has requested a refund in the amount of \$320.00. The receipt numbers are 530272 and 530228 respectively, and copies of the receipts and request letter are attached. Please send the refund to Fogle's Septic Clean, Inc., 580 Obrecht Road, Sykesville, MD 21784.

Thank you for your assistance in this matter.

FOGLE'S WELL DRILLING, LLC
P.O. BOX 202
6003 WOODBINE RD
WOODBINE, MD 21797
(410)795-5670

February 18, 2009

Howard County Health Department
7179 Columbia Gateway Dr
Columbia, Md 21046

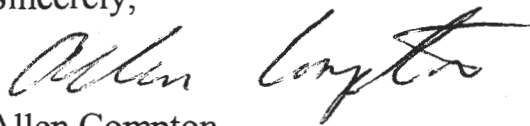
Re: Les Greenberg~~~HO-95-1726
Mike Antone~~~3000 Sobus Dr~~Receipt# 30228

To Whom It May Concern:

Fogle's Well Drilling is requesting to be refund for the above mentioned well permits that were pulled in your office. I have enclosed the tag and paper work for HO-95-1726 and a copy of the receipt for 3000 Sobus Dr. The owners decided to hire another well drilling company to drill their wells.

If you have any questions or concerns, please do not hesitate in contacting the office.

Sincerely,



Allen Compton
MSD009
tlm/AJC



HOWARD COUNTY HEALTH DEPARTMENT

30228

11151

160.00

DATE
11/15/08

115

Received From

Fogles Well Drilling

PHONE # 410.795.9670

☐ CASH
☒ CHECK

NO. W
11151

For Well permit -
3000 Sobus Dr.

one hundred sixty dollars

Dollars

\$ 160.00

Received By

Mike Antone

160.00

FOGLES WELL DRILLING, LLC

HOWARD COUNTY HEALTH DEPARTMENT
PERMITS

Mike Antone
3000 Sobus Dr

11/5/2008

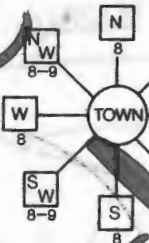
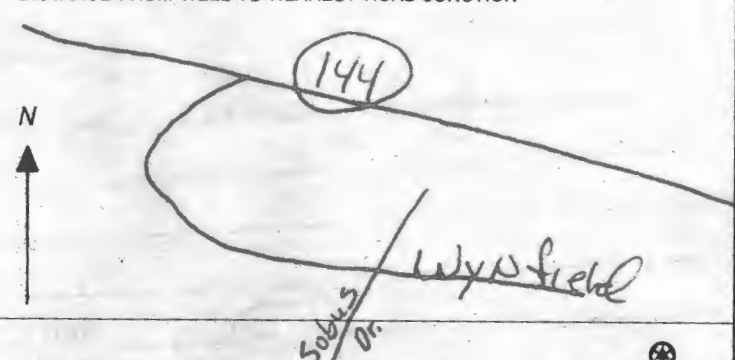
11151

160.00

PAYMENT
RECORD

PNC - Well Drilling (C

160.00

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">5394</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">40-95-1702</div> fill in this form completely
Date Received (APA) _____ OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> 15 Last Name <u>ANTONE</u> </div> <div> Owner <u>Mike</u> </div> <div> First Name <u>3000 Sobus Dr.</u> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> 36 Street or RFD <u>West Friendship 21794</u> </div> <div> 55 Town <u>West Friendship</u> </div> <div> 70 State <u>MD</u> </div> <div> 72 Zip <u>21794</u> </div> </div>		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION <u>44</u> LOT <u>46</u> <u>West Friendship</u> 52 NEAREST TOWN _____ 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Aiken Compton</u> MS D 009 Firm Name <u>Foghts Well Drilling</u> Address <u>6003 Woodsine Rd</u> Signature <u>Aiken Compton</u> Date <u>11-5-08</u>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>500</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>14</u>		11 NEAR WHAT ROAD <u>3000 Sobus Dr.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 DISTANCE FROM ROAD <u>100</u> 37 FT ENTER FT OR MI <u>38</u> 39 TAX MAP: _____ BLK: _____ PARCEL _____	
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 _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED _____ NORTH GRID 50 000 55 EAST GRID 57 000 63 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>810</u> N <u>530</u>	
APPROXIMATE DEPTH OF WELL <u>30</u> FEET APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH _____ METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 52		APPROX. PERMIT NUMBER _____ G _____ PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

SITE INSPECTION SHEET

OWNER: Michael Antone PHONE #: _____

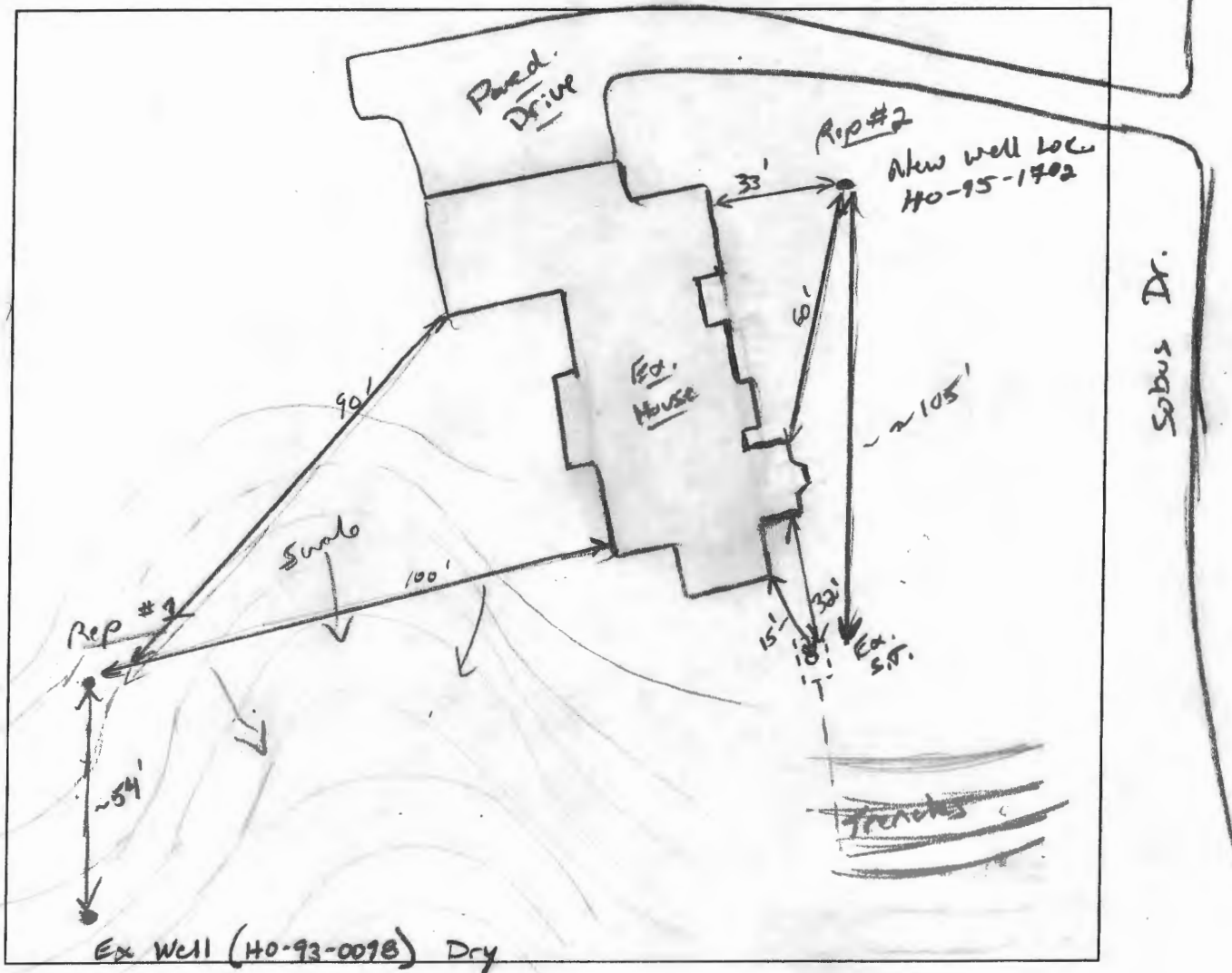
ADDRESS: 3000 Sobus Dr. CONTRACTOR: J. Mayre

WELL TAG #: Ex 1 HO-93-0098 New Tag

SUBDIVISION: Sobus Farms LOT: 1 COUNTY #: (13) HO-95-1702

PROPOSAL: out of water. RISE.

LOCATION DIAGRAM



COMMENTS: 2 locations given as shown above.

DATE: 1/15/09 INSPECTOR: (Signature)