12/23/99 2:35pm DAG 10:00 (final)
1/7/00 Anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

P 513182
A 48817
DISTRICT ______
DATE 12-17-99
DATE SYSTEM APPROVED 1/7/00
INSPECTOR MR/DKS

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER ______

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5670

SUBDIVISION Quarterfield LOT 39 ROAD 11601 Quarterfield ~~Way~~ DRIVE

PROPERTY OWNER DANIEL + MICHELLE CONLON ~~Dale Thompson~~

ADDRESS ______

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet down the right lot line and 85 feet off this same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APROVED BY Mark Rifkin /C. Williams DATE 6-28-1999

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

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

SLAB PERMIT SIGNED
AND OBTAINED 1/17/2001

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) B00128078 – FINISH BASEMENT

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

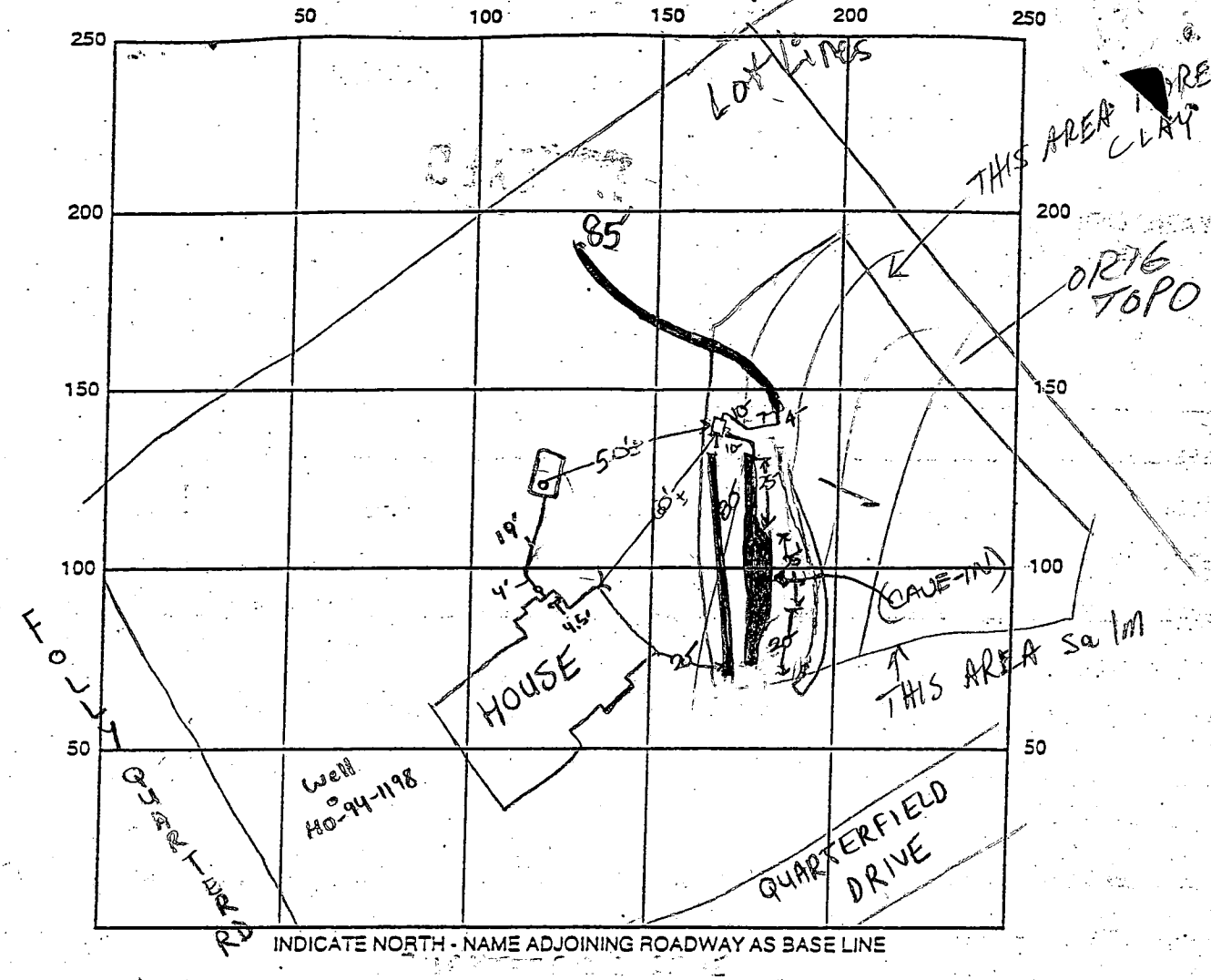
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(5-90)

A 48817



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1250 gallon midseam CLEANOUTS 4" at house

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7½ FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ①85 ①70 ①80 FT. →235

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 940 SQ. FT.

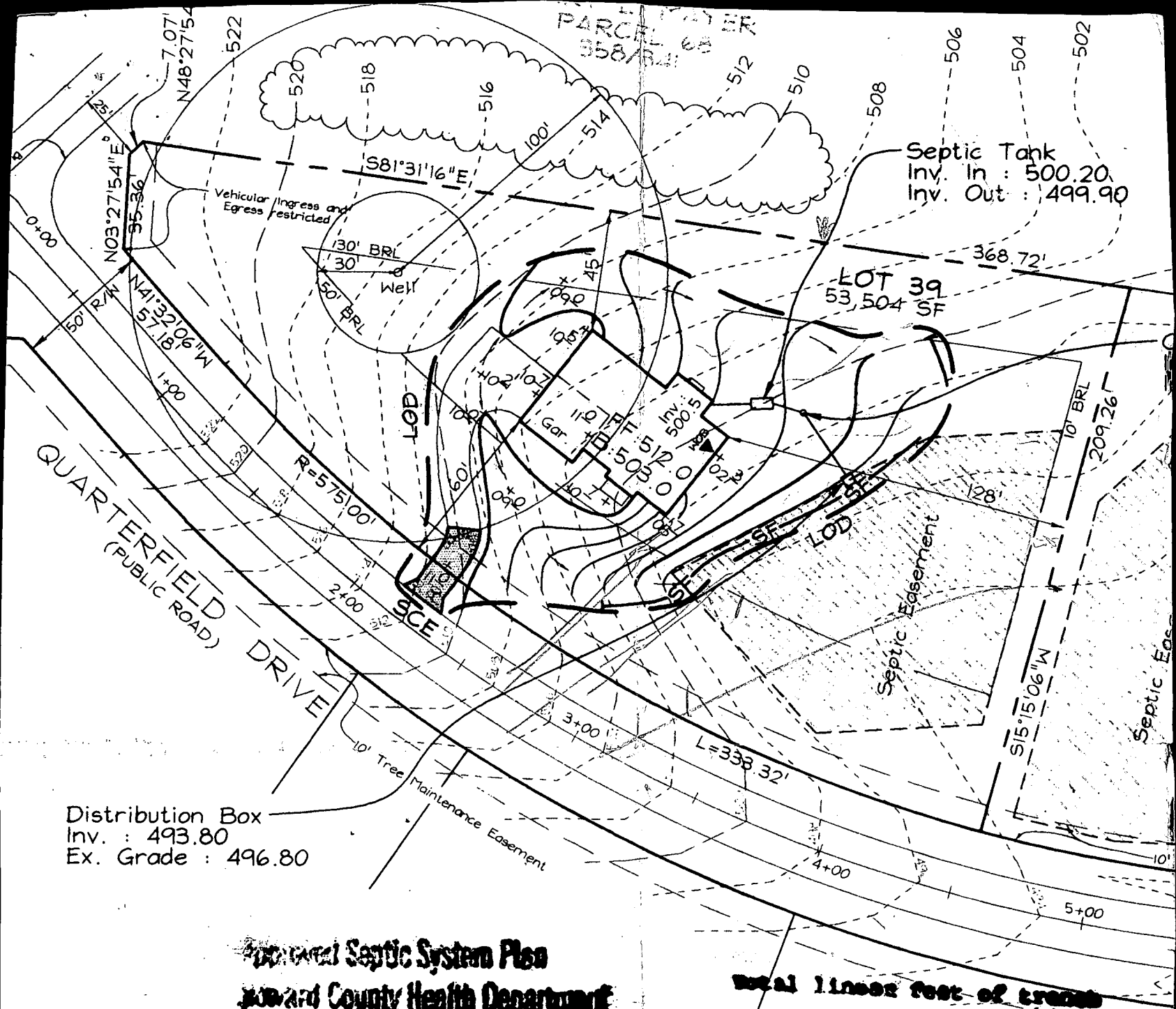
DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 12/23/99 - HOUSE CONNECTION MADE, OK TO COVER FROM HOUSE TO TANK - (SRK)
12/30/99 STOP WORK - REAR TRENCH OUT OF SEWAGE ESMT, IN CLAY, FRONT TRENCH THRU FILL (UP TO 4-5' FILL), ESMT TO BE STAKED (MR)
1/5/00 ATTEMPTS TO RE-ROUTE REAR TRENCH TO MORE ACCEPTABLE SOILS NOT SUCCESSFUL, REAR TRENCH TO BE LEFT INTACT, FRONT TRENCH DISCONNECTED, DUE TO HI-CLAY SOILS, (2) ADD'L 80' TRENCHES TO BE INSTALLED @ HIGH P/O OF SDA (MR)

DATE SYSTEM APPROVED 1/7/00 INSPECTOR DONALD K

1/7/00 OK to cover 2 trenches - cave-in of 2nd trench occurred as indicated. (DK)



Septic System Plan

Howard County Health Department

B 00118672 4BR SPD

Craig Willen 6/28/99

Signature Date

Total linear feet of trench required 190 feet

Width of trench(es) 2 feet
(INLET 3½)

Depth of trench(es) 7½ feet

Depth of stone required below distribution pipe 4 feet

NOTES

1. Existing topography taken from Road Construction Plans F-96-160.
2. Length of trenches to be determined at time of permit issuance.
3. Reference : Plat No. 12237

PLAN BY VOGEL

1" = 50'

NO.	

APPLICATION

PERCOLATION TESTING

A 48817

P _____

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

DISTRICT _____

DATE _____

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 ~~Joseph M. Zoller, III~~ Dale Thompson
11696 Carroll Mill Road
ADDRESS Ellicott City, Maryland 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.

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

PROPERTY LOCATION:

SUBDIVISION Zoller Property LOT NO. 1

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road intersection. (11601 Quarterfield Way)

~~WELL PERMIT SIGNED~~
~~BOND RETURNED~~ 6-28-99
Bond #B00118672

TAX MAP 23 PARCEL # 8, 82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 4 Bdrm
(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. SDC Group Inc. By: [signature] VP
(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

HD 216 (3/92)

COUNTY #

SOIL PROFILE

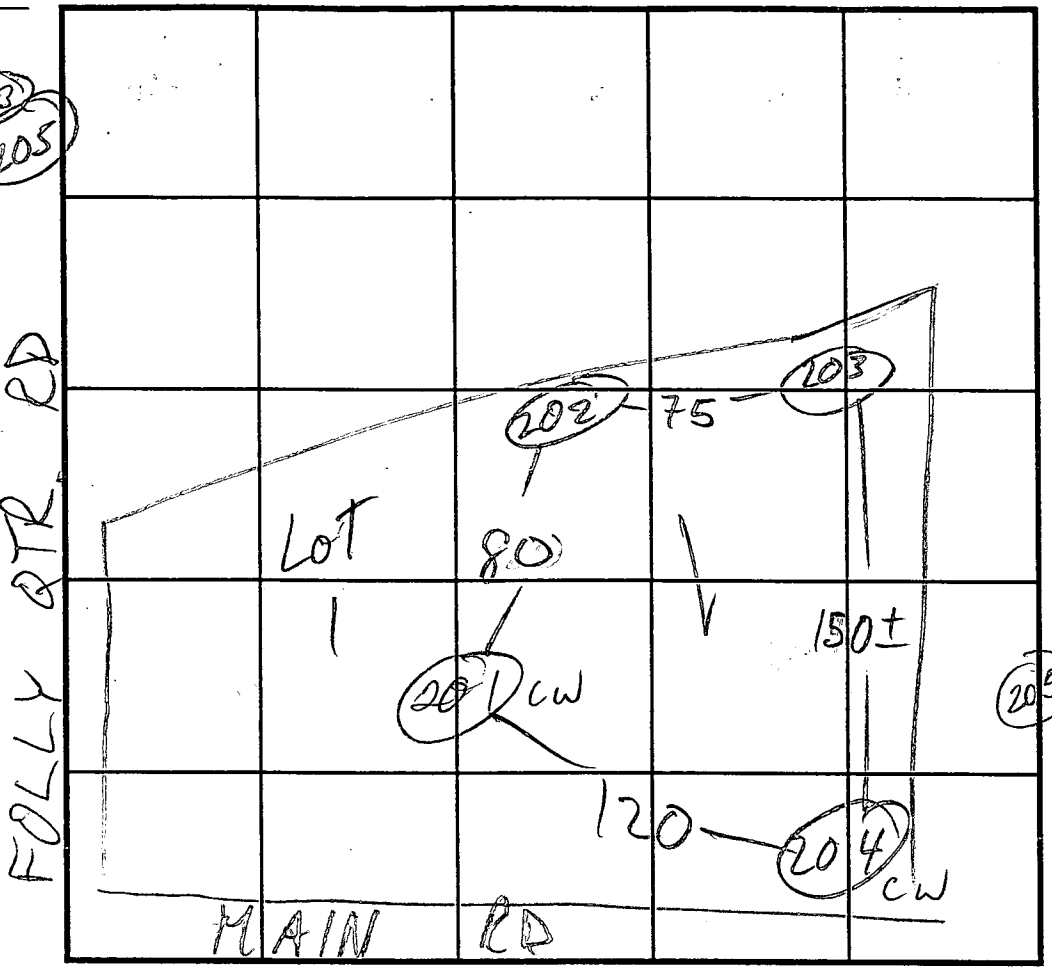
0' 202 203 205

red org cl lm

1½

tan org si sa lm 15% frags

12



SOIL PROFILE

0'

206

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
7/20/94	202 S	4½	10:14	10:16	10:16	10:20	4
	202 V	12					
	203 S	4½	10:16:30	10:17:00	10:17:00	10:19	2
	203 V	12					
7/19/94 (CW)	201						
	201						
	204						
	204						
7/20/94	205 S	4½	10:19	10:21	10:21	10:24	3
	205 V	11'9"					

REMARKS

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT Hatfield crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

7/19/94

APPLICATION

PERCOLATION TESTING

A 48817

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Zollers Property LOT NO. 1 on final

ROAD AND DESCRIPTION Folly Quarter Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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

HD-216 (3/92)

(ZOLLER)

COUNTY #

SOIL PROFILE (206)

0'

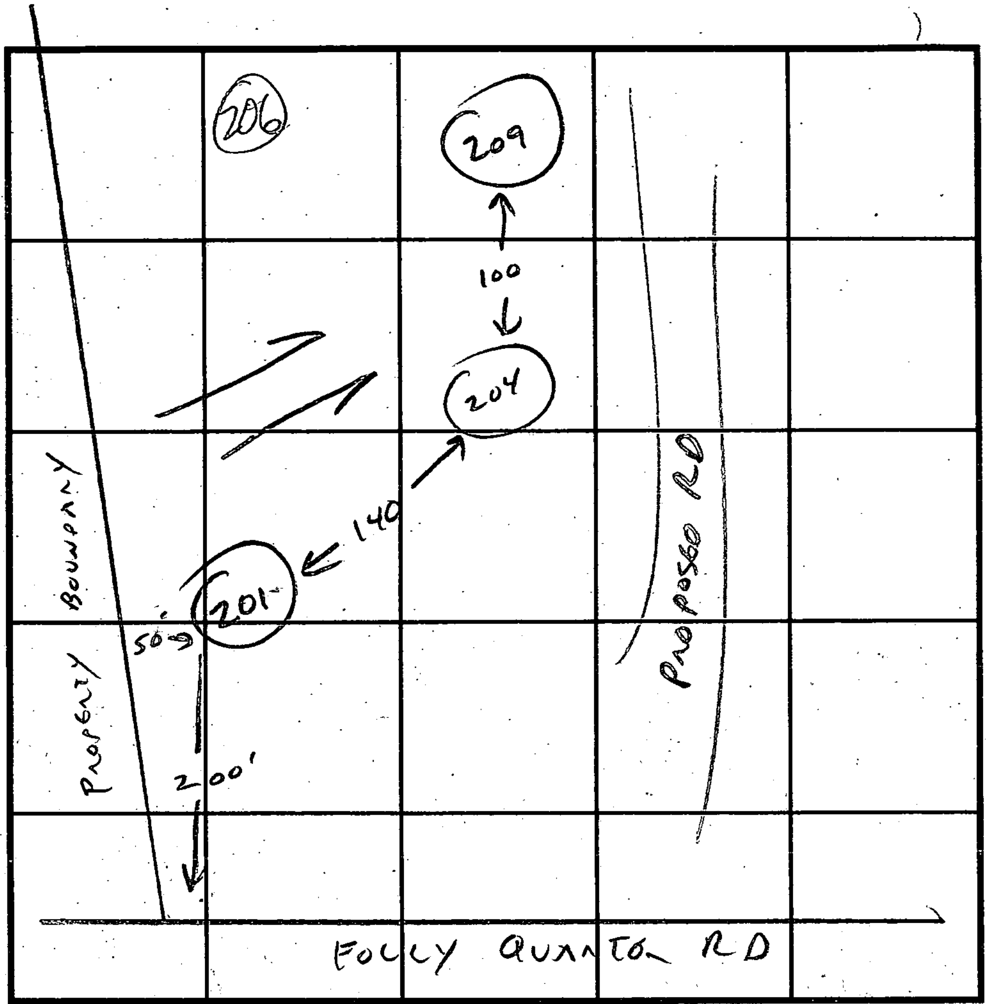
(209)
ORANGE SILT LOAM
3'
MICA SILT LOAM (POWDER)
12'

(204)
TAN SILT LOAM
4'
ORANGE SILT LOAM
POCKET ROCK AT 5'

(201)
VIS OK - 3
MICA LOAM
12

SOIL PROFILE

0'



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
7/19/94	209	4'	4:59	5:05	5:05	5:15	10 MIN
		12'	VIS OK	4-12	POWDER	LOAM	
	204	4'	5:01	5:07	5:07	5:12	5 MIN
		12'					
	201	VIS OK 3-	12'		EST	2-5	MIN PERC
			MICA	LOAM			
7/20/94	206	4'2"	10:24	10:27	10:27	10:30	3
	206	12'2"					

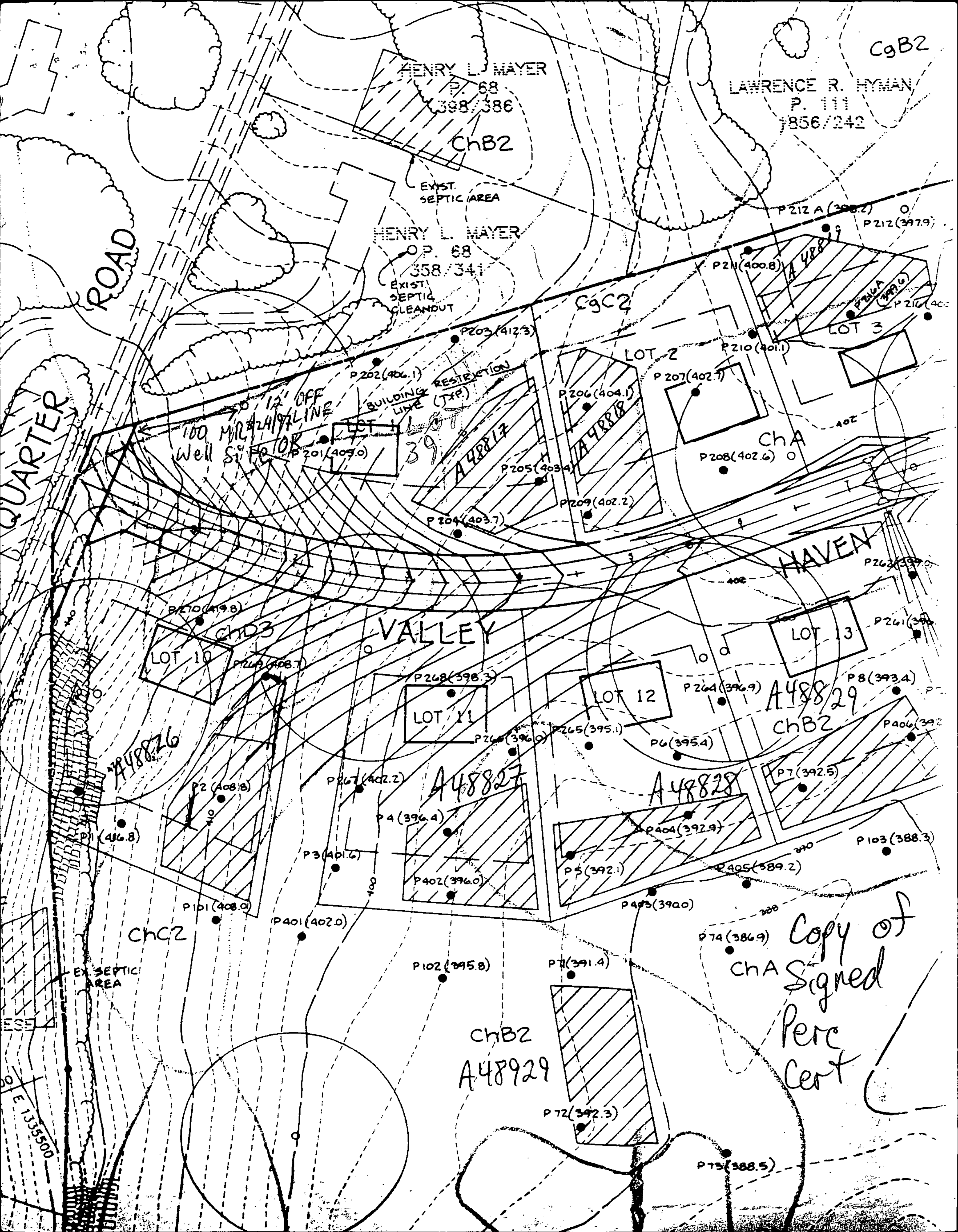
REMARKS

TYPE OF SOIL

TESTED BY C Williams ALSO PRESENT C. SPERRY, D KERR

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 203-204-205-206-209 6 TRENCH WIDTH 2

INLET DEPTH 3 1/2 MAXIMUM BOTTOM DEPTH 7 1/2 SQ. FT/BEDROOM 180


HENRY L. MAYER
P. 68
398/386
ChB2
EXIST. SEPTIC AREA
HENRY L. MAYER
P. 68
358/341
EXIST. SEPTIC CLEANOUT
LAWRENCE R. HYMAN
P. 111
856/242
CgB2
ROAD
QUARTER
CgC2
LOT 1
LOT 2
LOT 3
LOT 10
LOT 11
LOT 12
LOT 13
BUILDING RESTRICTION LINE (TYP.)
12' OFF LINE
100 MIR 3/24/97 Well Site OK
Lot 39
A48817
A48818
A48819
A48826
A48827
A48828
A48829
A48929
ChA
ChD3
ChC2
ChB2
VALLEY
HAVEN
EX. SEPTIC AREA
E 1335500
P212 A (398.2)
P212 (397.9)
P211 (400.8)
P216A (399.6)
P216 (40
P210 (401.1)
P207 (402.7)
P206 (404.1)
P208 (402.6)
P205 (403.4)
P209 (402.2)
P203 (412.3)
P202 (406.1)
P201 (405.0)
P204 (403.7)
P262 (399.0)
P261 (396.
P270 (419.8)
P269 (408.7)
P268 (398.3)
P264 (396.9)
P8 (393.4)
P266 (396.0)
P265 (395.1)
P6 (395.4)
P406 (392
P267 (402.2)
P2 (408.8)
P7 (392.5)
P4 (396.4)
P404 (392.9)
P1 (416.8)
P3 (401.6)
P103 (388.3)
P405 (389.2)
P5 (392.1)
P402 (396.0)
P403 (390.0)
P101 (408.0)
P401 (402.0)
P74 (386.9)
P102 (395.8)
P71 (391.4)
P72 (392.3)
P73 (388.5)
Copy of Signed Perc Cert

C 1 | 6091 | SEQUENCE NO. (MDE USE ONLY)

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

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 A48817

ST/CO USE ONLY
DATE Received 2/19/98

DATE WELL COMPLETED 2 2 98

Depth of Well 285 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1198

OWNER Thompson (last name) Dale (first name)
STREET OR RFD Quarterfield Adr TOWN W. Friendship
SUBDIVISION QUARTERFIELD SECTION LOT 39

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Sand	0	102	
Gray Mica Rock	102	285	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MSD024
Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD027

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 30 NO. OF POUNDS 2820
GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 100 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	106

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below:
[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1 HO	105	285
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

	from	to
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

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 66 ft.

WHEN PUMPING 166 ft.

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 (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.

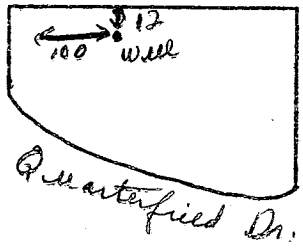
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
[+] above [−] below 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)



COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B * 1913 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1198
fill in this form completely

Date Received (APA): 02/19/96

OWNER INFORMATION

Last Name: THOMPSON — Owner First Name: DALE
Street or RFD: 1000 SOLD COLUMBIA RD
Town: COLUMBIA — State: MD — Zip: 21046

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD

Driller's Name: Joseph L. Mayne — 77 License No. 80: 24
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy MD 21771
Signature: Joseph L. Mayne — Date: 2/1/96

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)

APPROXIMATE DEPTH OF WELL: 320 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

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

APPROP. PERMIT NUMBER: GAP

FORCE: MR (WRITE INITIALS IN BOX) PERMIT No. HO-94-1198

LOCATION OF WELL

COUNTY: HOWARD
SUBDIVISION: QUARTERFIELD
SECTION: — LOT: 39
NEAREST TOWN: WESTFRIENDSHIP
MILES FROM TOWN (enter 0 if in town): M 1

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8-9, N 8, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

NEAR WHAT ROAD: QUARTER FIELD DR.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), 32 (E), EAST, SOUTH (S)
DISTANCE FROM ROAD: 90
ENTER FT OR MI: FT

TAX MAP: 23 BLK: 8 PARCEL 82

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard — COUNTY NO.: A 48817
STATE SIGNATURE — INSERT S
DATE ISSUED: 06/24/97 — CO SIGNATURE: Mark E. Rifkin — EXP. DATE: 6/12/98
NORTH GRID: 52300 — EAST GRID: 08230

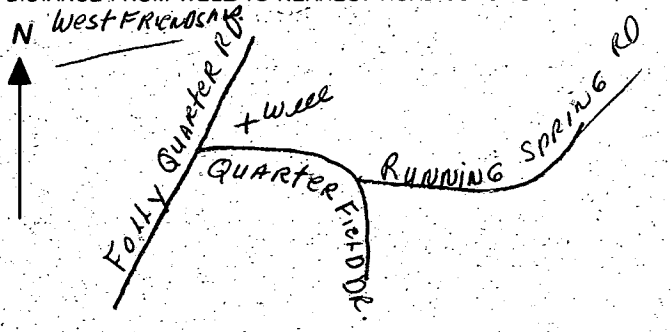
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8223
N 5233

2/2/98 11-11:30
106' CASING
100' OPEN GROUT OK
30 BAGS NOT OBS'D
1" CASING A.G. LOC OK
000 TAG MR
000
2/2/98

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



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY