

7/13/93 12:30 PM
7/14/93 11:00 AM
7/20/93 ASDP

Logged

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-347021

7/14/93 Partial done
Needs (1) Manhole (2) House Connection
(4 P.C.O.)
S.T.C.O.
P 49351
A 36752

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

DISTRICT 4th

DATE 6/18/93

DATE SYSTEM APPROVED 7/21/93

INSPECTOR C.B.D.

Charles A. Klein & Sons, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 5220 Klees Mill Road, Sykesville, Maryland 21784 PHONE 549-6960

SUBDIVISION Woodfield LOT 6 ROAD 14824 Woodfield Lane
SHERBROOKE

PROPERTY OWNER Dan & Kim Meador

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 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 340 feet from the front lot line and 130 feet from the left side line as seen when facing the lot from Woodfield Lane. Run the trenches toward the left side line.

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 6/22/93

PLANS APPROVED BY Mark Rifkin/Raymond Hodges REVISED DATE 9/24/89

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)

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

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
BLDG. PERMIT SIGNED AND RETURNED 4/21/95
Serial # 57123

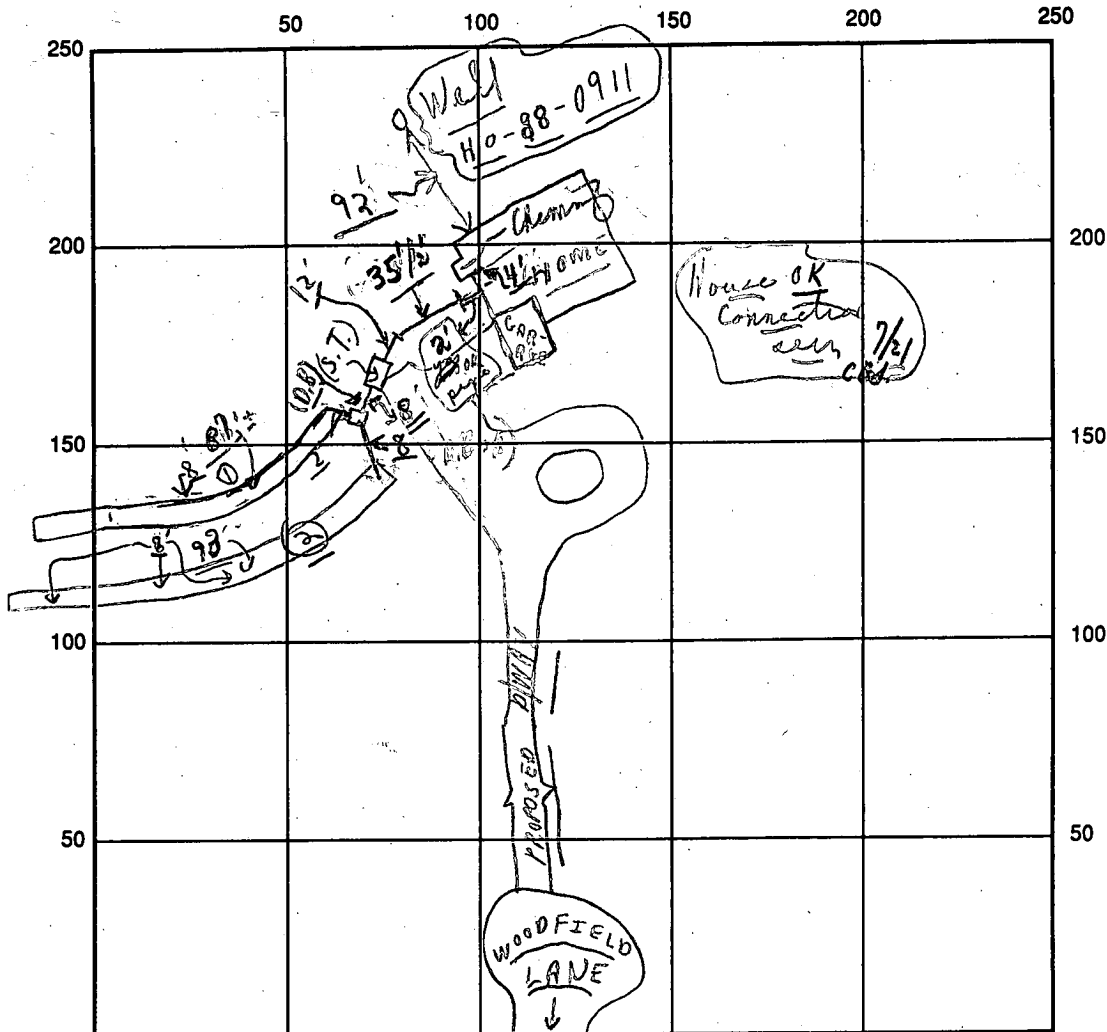
PERMIT VOID AFTER TWO YEARS

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

A 36752



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS No. 1 (W.O.K. - Manhole Type) ok 7/21
 DISTRIBUTION BOX LEVEL OK (Baffles in)
 DRAIN FIELD/TITLE DEPTH 8' + wavy FT. TRENCH WIDTH 2' FT. INLET DEPTH 4' FT.
 EFFECTIVE GRAVEL DEPTH 4' avg FT. TOTAL LENGTH 0.82' 0.93' 180' FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720⁺ SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 720⁺ SQ. FT.

REMARKS: (Woon) Partial 7/13/93 No trenches; No card 2 men at site - neither Mr. Schuch, No houses connection - 2' not connected CBS 7/13/93 Late P.M. ok to continue #1 trench; partial CBS 7/14 AM ok to cover #1 trench and stones #2 trench; ok to cover to 3' from house to septic tank; CBS Need to see S.T.C.O. (Manhole type) + House connection 7/21
 (7/13 No W.P.I. @ noon CBS) 7/14 Material on site to cover asphalt CBS. Partial
 DATE SYSTEM APPROVED 7/21/93 INSPECTOR Charles Bryan
 → 7/21/93 - Final (all pipe in + seen from house 1/2 out from house) CBS (A.M.) + W.P.I. P. Final Well casing

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

FCB
Final
OK 7/21/93

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
LINE

New Installation ☒
Replacement ☐

Receipt #
Date 7/19/93

Name of Installer ROBERT L. FREEZER CO. Telephone 781-4655

License Number 2122
Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner M/M DAN MEADER Telephone 795-1405
Subdivision WOODFIELD Lot # 6 Well Tag # 40-88-0911 X
Site Address 14824 WOODFIELD LN.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible ☒
2. Make DEMING (GRISWOLD)
3. Model # 3ALN
4. Capacity 8 GPM
5. Pump exceeds well capacity Yes ☐ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage
a. 110
b. 220 ☒

Pitless Adapter
1. Make HANNAH
2. Model # 17800
3. Depth 42++

Tank CADUCEAN
WX-203
1. Capacity 32 GAL.
2. Pressure relief valve? YES

Piping
1. Type PVC
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 42"++

Well data
1. Depth 200 ft.
2. Yield 13 GPM
3. Static water level 25 ft.
4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Rickey L. Rood

Date: 7/19/93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

Note: 07/21 Seen @ well casing only - ok
Note: 07/21 Some dents - no holes - ok
C.B. 7/21/93

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

48907

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

14824 ~~Sherbrook Lane~~
Glenslg, Md. 21737GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Construct SFD - Rosemont/Modified (Rosemont)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
6	33			4		

WOOD SUB DIVISION	FIELD ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Philadelphia Estates	R	2827	04	6040

OWNER NAME AND ADDRESS PHONE NO.

Dan & Kim Meador
22 Huntcup Circle
Owings Mills, MD. 21117

356-8326

OCCUPANT'S NAME AND ADDRESS PHONE NO.

owner

ARCHITECT OR ENGINEER NAME AND ADDRESS PHONE NO.

Agent: Building Permit Services, Inc.
9533 Belair Rd., Suite #201
Baltimore, MD. 21236

(410)-529-8383

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Owner

EXISTING USE

Vacant Lot

PROPOSED USE

SFD

EST. CONSTRUCTION COST

\$80,000.00

LICENSE NUMBER

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To be in compliance before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF

B. ROOMS
ROOMS
BATHS
FIREPLACES

FOOTINGS

FOUNDATION

S. WALLS

UTILITIES

WATER/WELL

SEWER/SEPTIC

GAS

ELECTRICITY

TYPE OF HEAT

AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application and that no work will be covered up until such inspections have been completed.

BPS, INC.

SIGNATURE

Agent

5-27-93

TITLE

DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.		
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED

DATE

Distribution of Copies:

White - Building Official

Green - Planning & Zoning

Yellow - Engineering

Pink - Health Dept.

Gold - S.H.A.

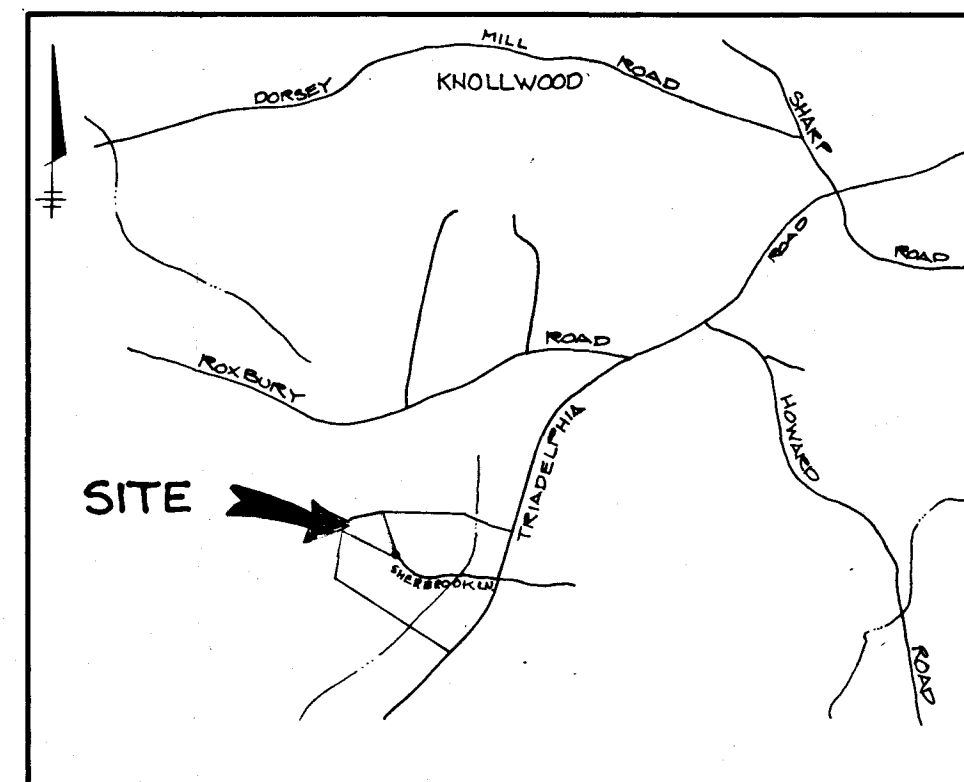
E 792000
N 516000

EDGEWOOD FARMS
HOWARD W. CLARK
12/5/45

E 792000
N 515500

HENRY A. ZIMMERMAN
6/3/83

GRID NORTH



VICINITY MAP
SCALE: 1" = 2000'
REVISED
6/18/93 PLANS OK
BP 48917
R/H

NOTES:

- 1) THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. +/- AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAN SHALL NOT BE NECESSARY.
- 2) SUBJECT PROPERTY ZONED "RC".
- 3) ALL EXISTING WELL AND SEPTICS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
- 4) EXACT LENGTH OF SEPTIC TRENCHES TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.



PLOT PLAN

WOODFIELD

LOT 6

(Formerly Woodfield)

TAX MAP NO. 21 & 27 PARCEL 33
PLAT NO. 8290

4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: MAY 17, 1993

T.S.A. GROUP INC.
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLICOTT CITY, MARYLAND 21043
(410) 465-6105

WOODFIELD LANE
(Formerly Sherbrook Lane)

APPLICATION

PERCOLATION TESTING

A 36752

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 4/3/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER ARVID JACOBSON, PAUL JACOBSON, RANDALL JACOBSON

ADDRESS 11906 BLUE FEBRUARY WAY PHONE 730-1845

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TRIADDELPHIA ESTATES LOT NO. 76

ROAD AND DESCRIPTION TRIADDELPHIA ROAD

TAX MAP 21 PARCEL # 33 LOT 2

SIZE OF LOT 3.0 ACRES 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. Randall Jacobson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

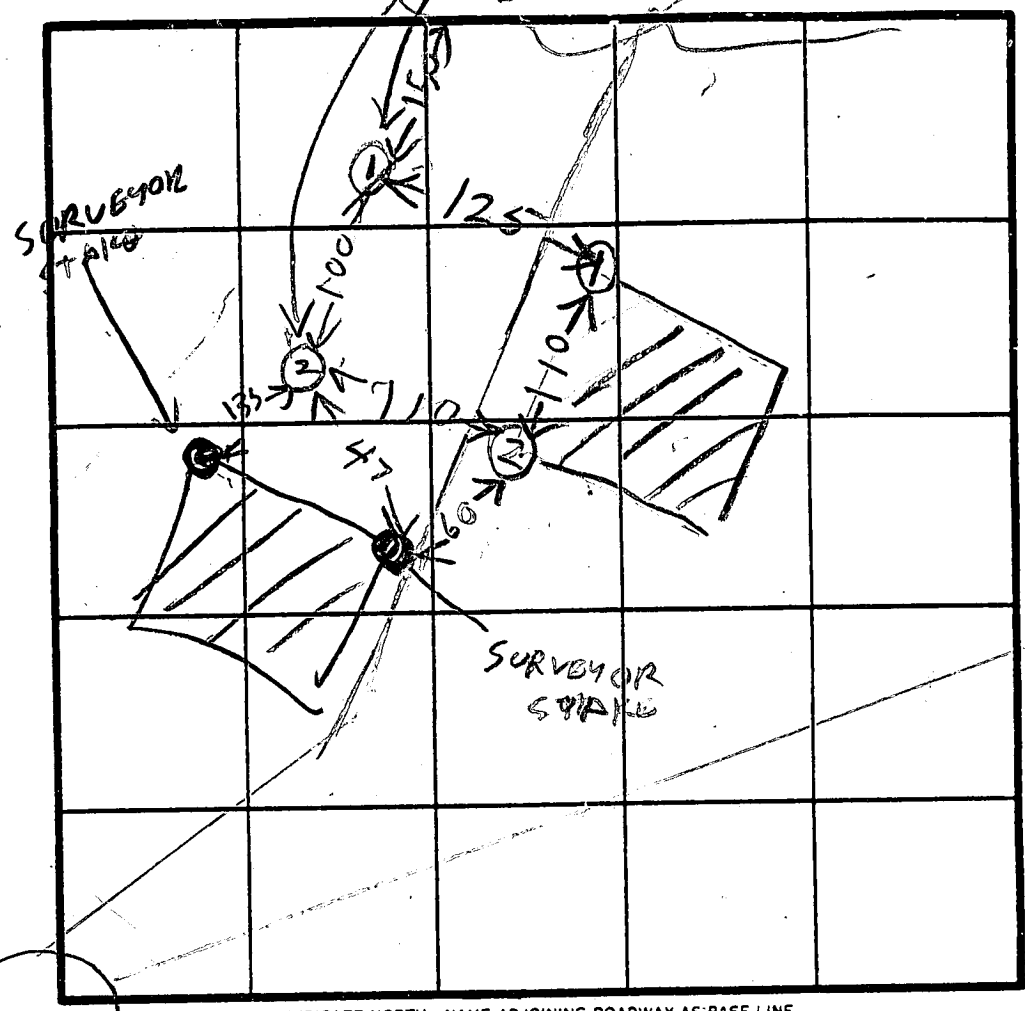
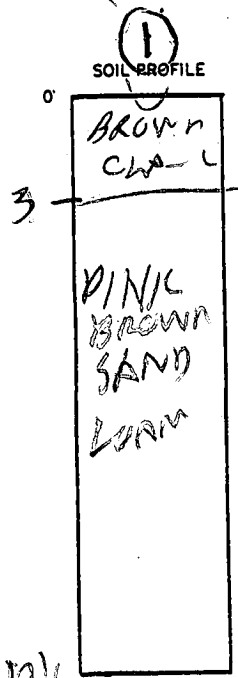
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

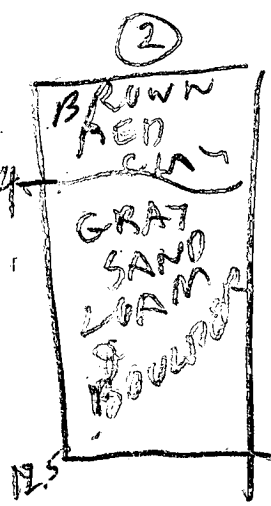
Lot 7

SEE SHEET 27 LOT 6



Inv. 4.0
Bottom 8.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/86	1 V	5.5	1059	1102	1102	1110	8
	1 V	12.5	LODIES		DIR		
5/7/86	2 V	6.5	1140	1142	1142	1146	4
	2 V	12.5	LODIES		DIR		

REMARKS: Hole D-2 DUG PER SURVEYOR STAKE PHILLIP (BACK)

TYPE OF SOIL: RHODGES

TESTED BY: R. JACOBSON

ALSO PRESENT: R. JACOBSON

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36753

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 4/3/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER ARVID JACOBSON, PAUL JACOBSON, RANDALL JACOBSON

ADDRESS 11906 BLUE FEBRUARY WAY PHONE 730-1845

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TRIADCEPHIA ESTATES LOT NO. 6

ROAD AND DESCRIPTION TRIADCEPHIA ROAD

TAX MAP 21 PARCEL # 33 LOT 2

SIZE OF LOT 3.1 ACRES 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.

Randall Jacobson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

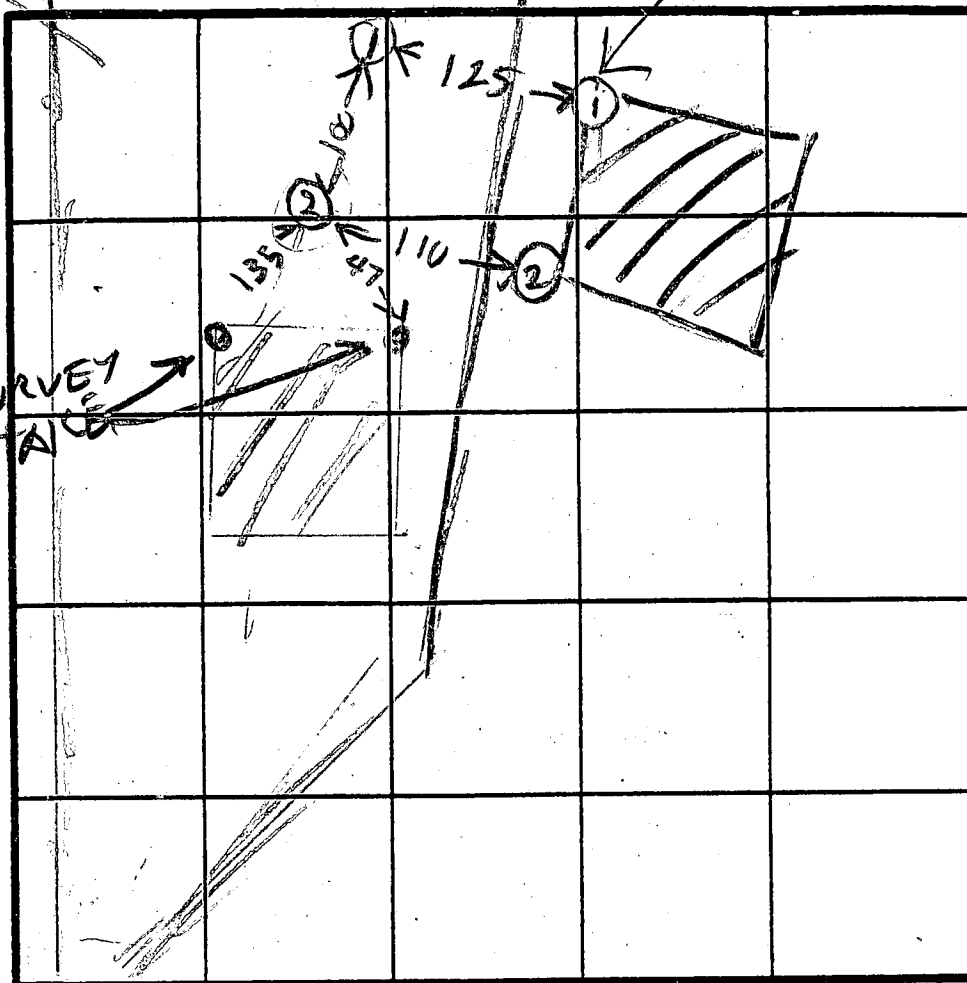
Lot 6

SEE SHEET 2077

SOIL PROFILE

0
BROWN
CLAY
LOAM
3
PINK
BROWN
SAND
LOAM
12.5

SURVEY
STAKE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(2)

4
BROWN
CLAY
LOAM
BROWN
SAND
LOAM
12.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/86	15	4.5	114	118	118	1128	10
	10	7.5	113	118	118	1128	10
5/7/86	14	12.5	LOOKS		OK		
5/7/86	23	5.5	1126	1137	1137	1201	14
5/7/86	24	12.5	LOOKS		OK		

REMARKS

TYPE OF SOIL

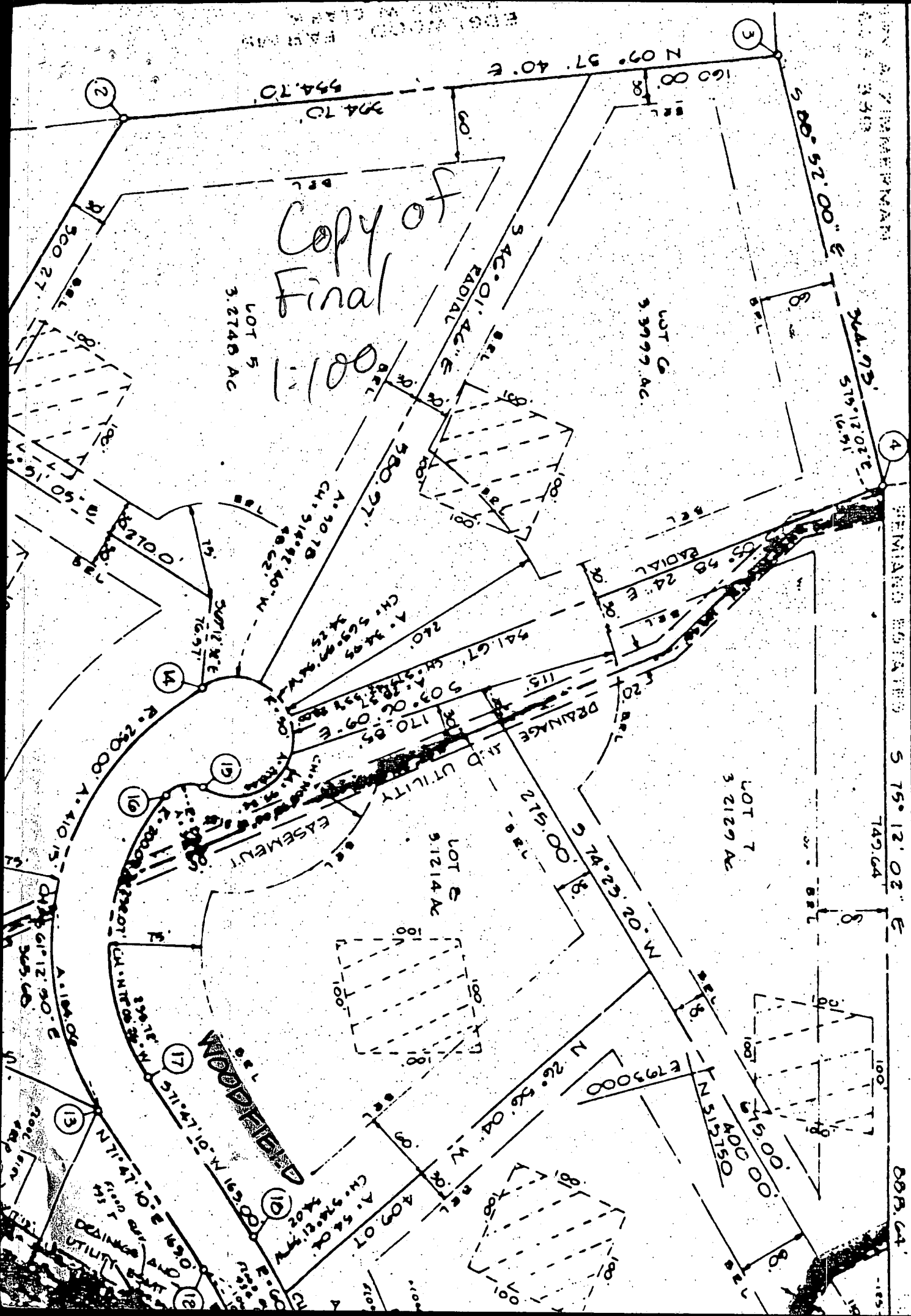
TESTED BY

R. H. 107607

ALSO PRESENT

A. J. JOHNSON
R. H.

PHILIP BRACKLEY



COUNTY

9013
Review OK 8/31/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0911 Sherbrooke La
Location of property (road) WOODFIELD Lot 6 Block Plat Sec.
Subdivision WOODFIELD Owner R. Jacobson
Well Driller Easterday

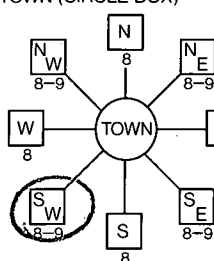

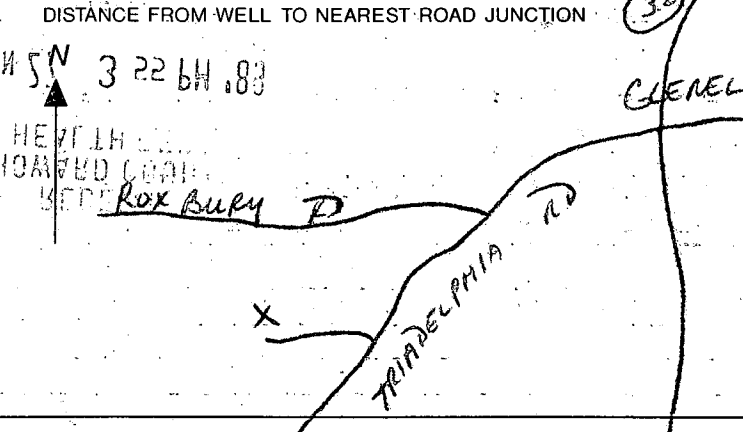
Depth of well 200' 12 GPM
Distance of measuring point (M.P.) above ground 2 FT
Static water level (S.W.L.) below M.P. 39 ft

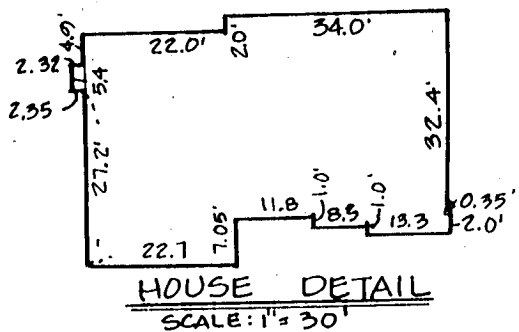
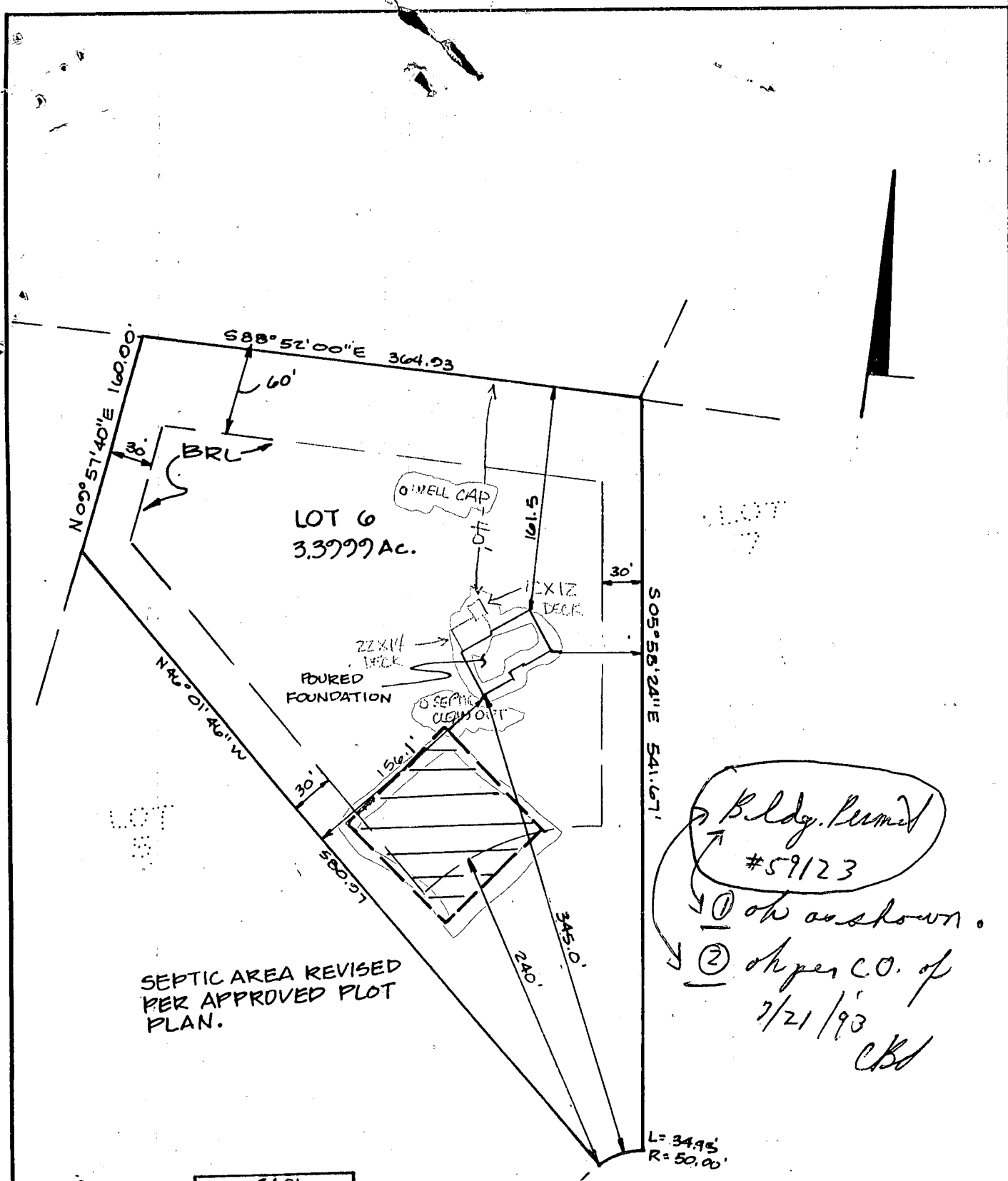
I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 GPM
Total time 0 min. to reach pumping water level 59 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 9199 <small>(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0911 <small>fill in this form completely</small>
Date Received (APA) 062789 OWNER INFORMATION JACOBSON RANDY <small>15 Last Name 13 Owner First Name 34</small> 11906 BLUE FEBRUARY <small>36 Street or RFD 55</small> COLUMBIA MD21044 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL HOWARD <small>8 COUNTY 21</small> WETA WETA WETA WETA <small>23 SUBDIVISION 42</small> SECTION 6 LOT WOODFIELD <small>44 46 48 50</small> CLEMELG <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 M.I. <small>73 76 77 78</small>
DRILLER INFORMATION George F. Easterday 40 <small>Driller's Name 77 License No. 80</small> L. Franklin Easterday, Inc. <small>Firm Name</small> 9265 Brown Church Rd., Mt. Airy, Md. 21771 <small>Address</small> George F. Easterday 6/27/89 <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD SHERBROOKE <small>30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 600 <small>34 37</small> ENTER FT or MI FT <small>38 39</small>
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A36752 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE Mark E. Riffin 11/8/90 <small>DATE ISSUED 41</small> NORTH GRID 516000 EAST GRID 0793000 <small>50 55 57 63</small>
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 7983 5126 <small>000 000</small>
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		DRAW A SKETCH BELOW, SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  3226W.83 CLEMELG 32
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 40-88-0911 <small>41 52</small>
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP <small>54 63</small> FORCE MB WRITE INITIALS IN BOX PERMIT No. 40-88-0911 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>		SPECIAL CONDITIONS



SURVEYOR'S CERTIFICATE

I CERTIFY THE PLAT SHOWN HEREON IS CORRECT; THE LOCATION OF THE

