

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 8/23/82

A Repair

04-332601

8/30/82

~~Am please~~
9/1/82 A.S.A.P.

INDEX

Pat Lendrim

IS PERMITTED TO INSTALL ALTER X

ADDRESS 14010 Forsythe Road, Sykesville, Md. 21784 PHONE 442-2416

SUBDIVISION _____ ROAD 1370 Route 97 LOT 3

PROPERTY OWNER Garry R. Wessels

ADDRESS 1370 Route 97, Cooksville, Maryland Phone No.: 489-4812

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ 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

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend the repair system. Minium 470 sq. ft. in system.

8/23/82 70 linear ft. of trench per S.D.

PLANS APPROVED BY Palmer F. Wine DATE 8/23/82

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.

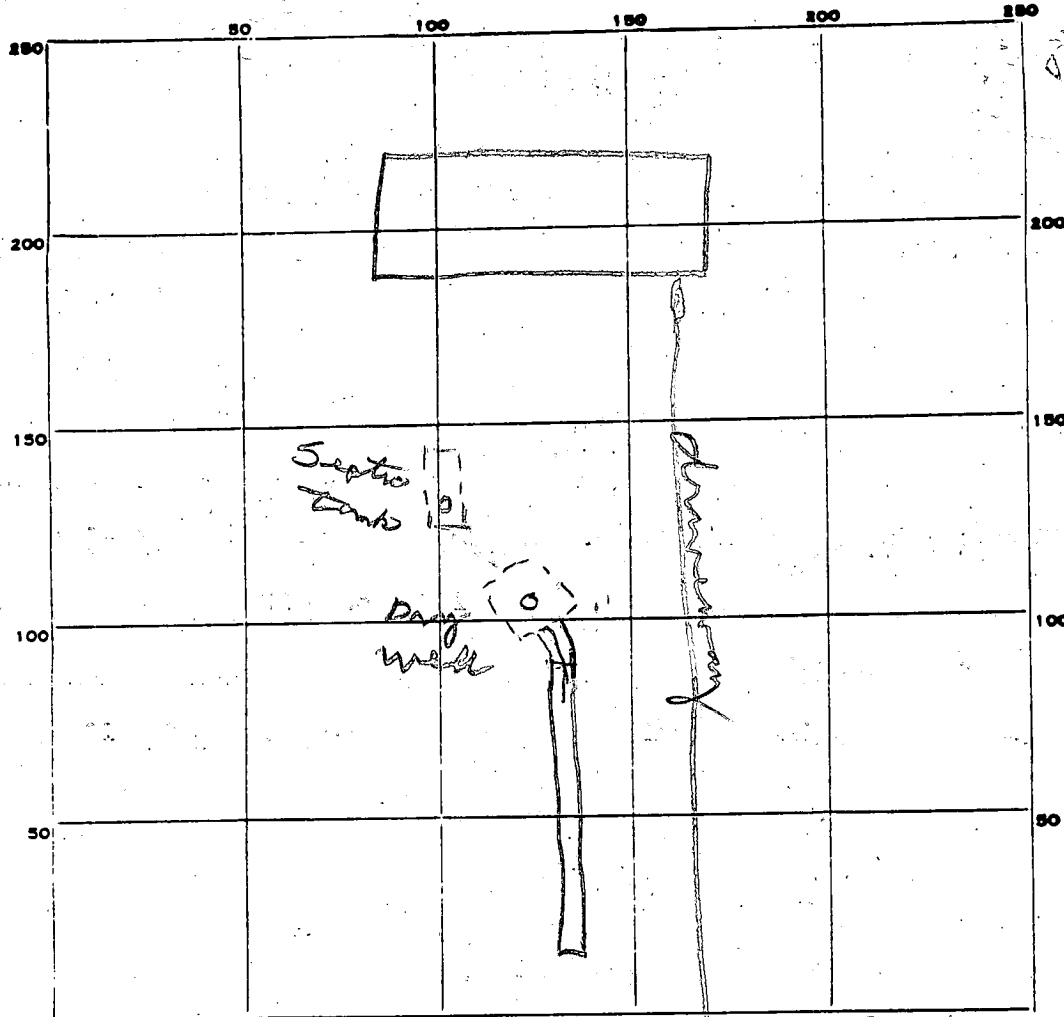
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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.

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 97

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH 6 IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 420

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 420 SQ. FT.

REMARKS 8/30/82 OK to add stone in trench. fl
9/1/82 OK to cover all work. fl

DATE SYSTEM APPROVED

9/1/82

INSPECTOR

Stayer

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 7/7/75

P 21761

A 17668

7/9/75

Pat Lendrim

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Md. PHONE 442-2416

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 1370 Hoods Mill Road LOT 3-A

PROPERTY OWNER Carl L. Zimmerman

ADDRESS 1370 Hoods Mill Road, Cooksville, Md. Phone: 286-3611

SPECIFICATIONS 3 NK bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.
1250 - customer requested

SEPTIC TANK CAPACITY 1800 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - To have 125 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3½ ft. below original grade and maximum depth is 11 ft. Locate dry well 120 ft. from front property line and 110 ft. in from left property line as seen when facing lot from road. (Perc hole 4 & 5).

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

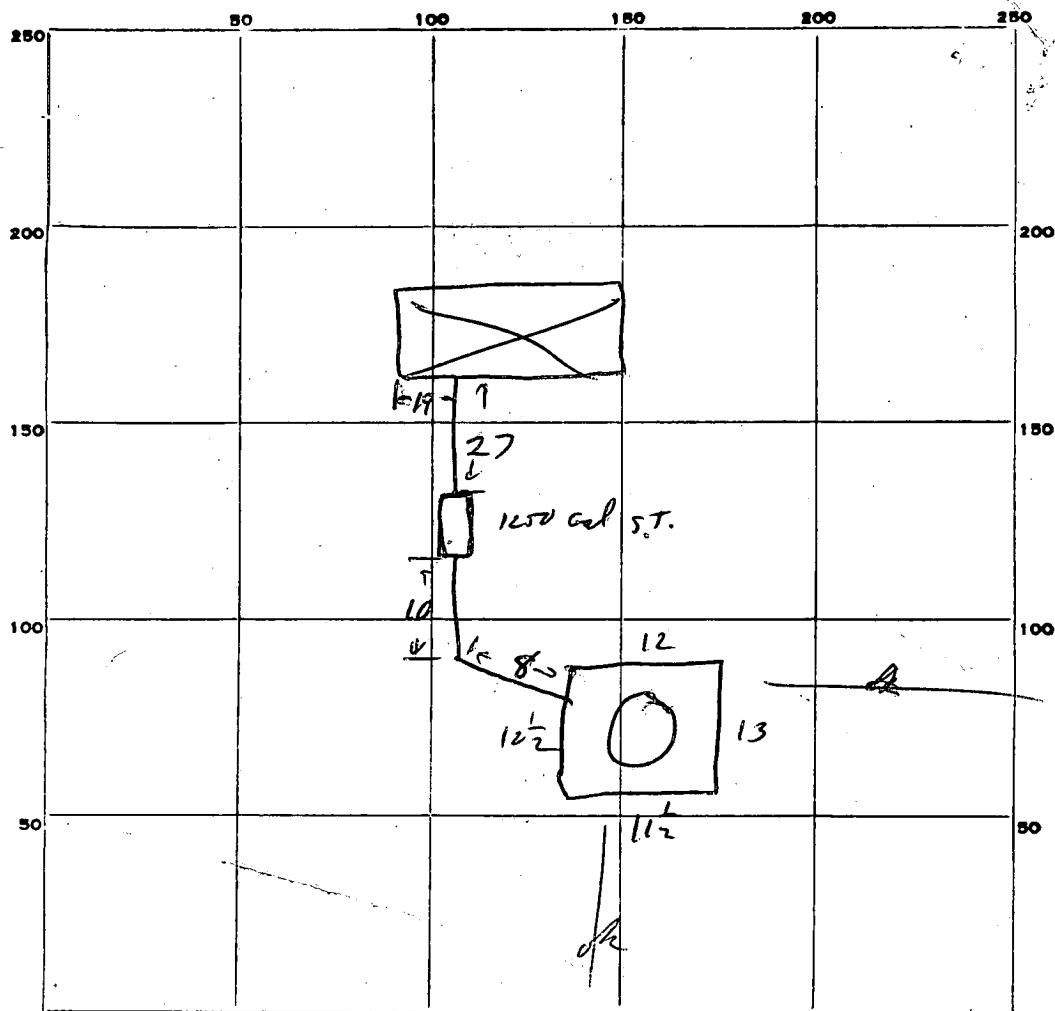
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Charles B. Streaker DATE 5/16/74

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 17668

**PERMIT CARD**

SEPTIC TANK, LEVEL

CLEANOUTS

~~DISTRIBUTION-BOX, LEVEL~~

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

~~NUMBER OF TRENCHES~~

~~TOTAL BOTTOM AREA~~

SEEPAGE PITS, INSIDE DIAMETER 39 FT. DEPTH BELOW INLET 8 FT. $\times 2 \frac{1}{2}$

ABSORBENT AREA 310 SQ. FT.

REMARKS

DATE SYSTEM APPROVED

INSPECTOR

4-12' holes
100 ft.
apart on
10,000 ft.

APPLICATION

SEWAGE DISPOSAL TESTING

3/innerman
A 17668
P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Septic Tank

{ 1-3 Bedroom 1000 gallons
4 Bedroom 1250 gallons
ELLICOTT CITY
DISTRICT 4

Dry Well to have 125 sq. ft. effective DATE 1/24/72
adjoining sidewalk area per bedroom below ind.
depth to be 3 1/2' below original grade & maximum
depth 11'. Location 120' from front property line
and 110' in from left property line when facing
lot from road. Per hole (4+5)

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

THOMAS G. OYSTER

ADDRESS

2419 REEDIE

PHONE

949-2011

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

3 A

ROAD AND DESCRIPTION

HOODS MILL RD. (Rt 97) SOUTH OF
FORSYTHE RD

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

2,7306 A

TYPE BLDG.

4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

BLDG. PERMIT SIGNED
AND RETURNED 4/29/75

SIGNATURE OF APPLICANT

John W. Lewis for Thomas G. Oyster

APPROVED BY

C. [Signature]

FOR

Dry Well
(KIND OF SYSTEM)

DATE

5/16/74

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

Carl S. Zimmerman - 286-3611

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 11/20/72

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

THOMAS G. OYSTER

ADDRESS

2419 REEDIE

PHONE

949-2011

PROPERTY LOCATION:

SUBDIVISION

LOT NO. 3

ROAD AND DESCRIPTION

HOODS MILL RD. (Rt. 97) SOUTH OF
FORSYTHE RD

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

2,7306 A

TYPE BLDG.

4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

John W. Lewis for Thomas G. Oyster

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

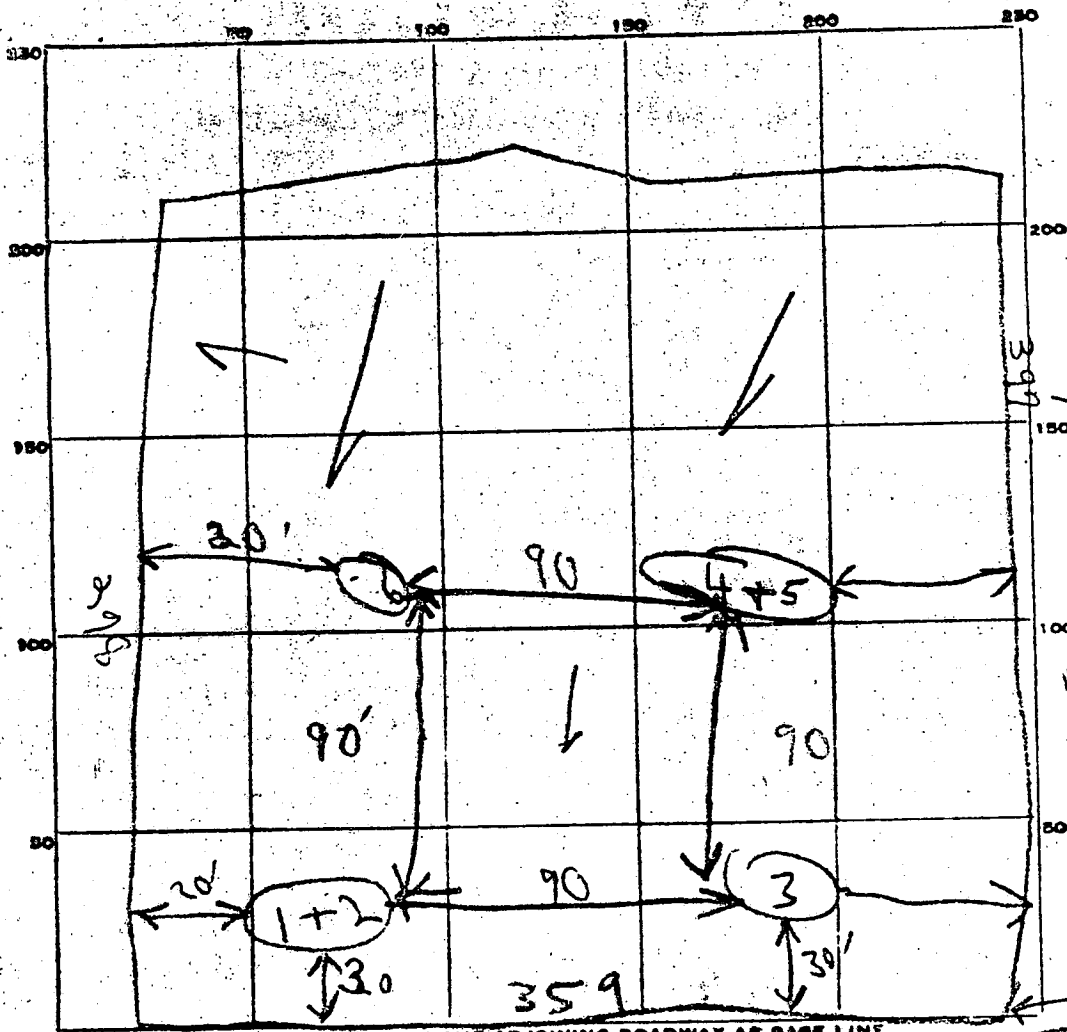
DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

Lot # 3

Cyster et al Property



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

RT 17

Lot # 3

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/27/72	1	9' s	11:12	11:14	11:14	11:18	4 min
	2	11' 0	11:12	11:14	11:14	11:16	2 min
	3	11'	york and				
11/27/72	4	3 1/2' s	11:20	11:22	11:22	11:28	6 min
	5	11' 0	11:20	11:22	11:22	11:30	8 min
	6	11'	york and				

14
1/20 5 min
(8 min)
Inlet, 3 1/2

SOIL AUGER FINDING

TESTED BY B.S.

REMARKS

Use 4+5

Approved:
For private water and private sewer

J. Brett Lazar
DR. J. BRETT LAZAR
County Health Officer

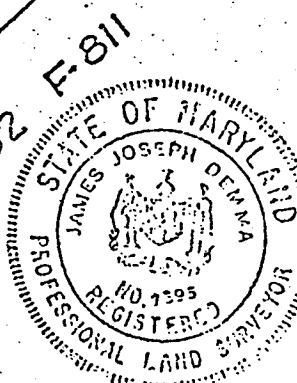
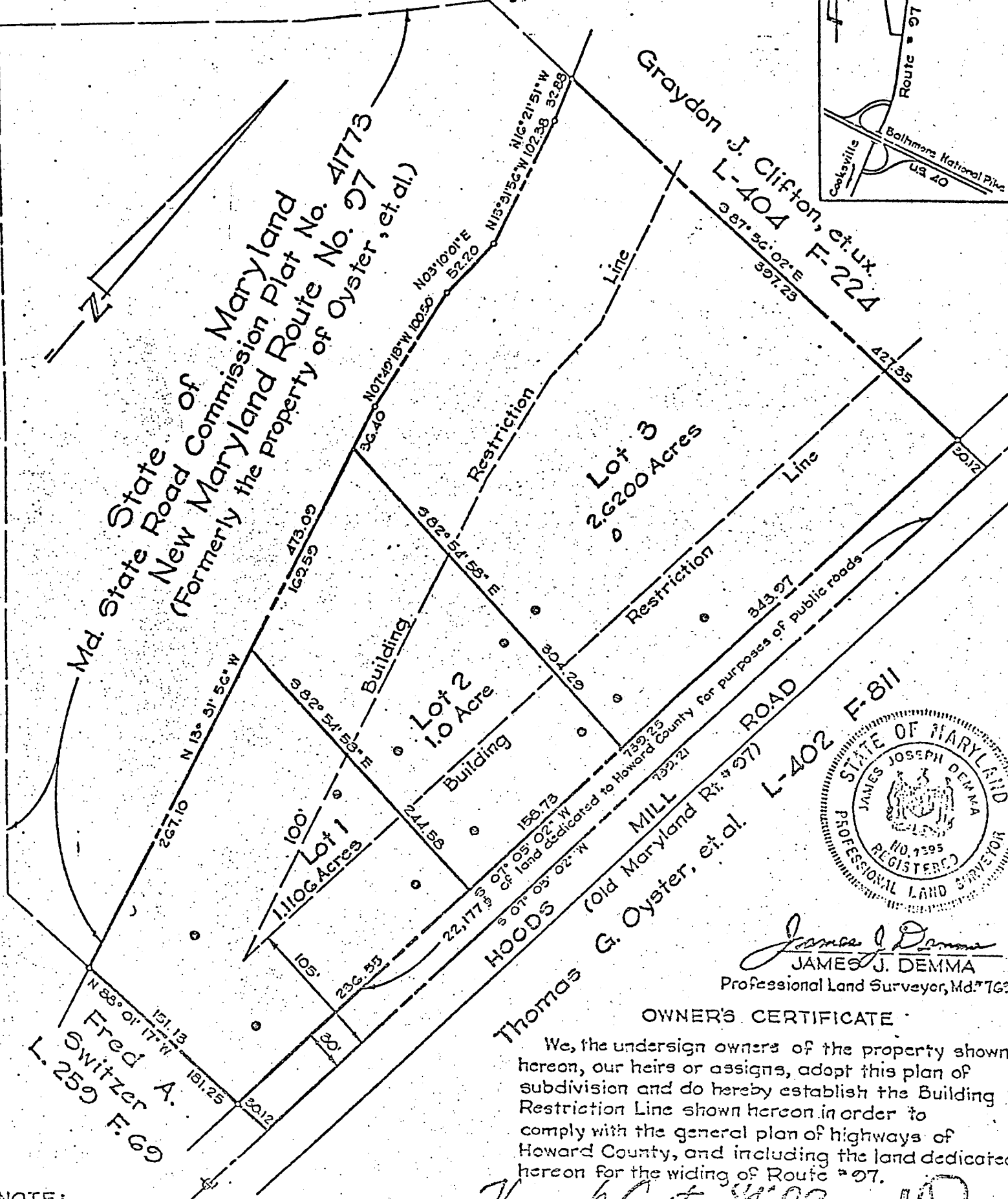
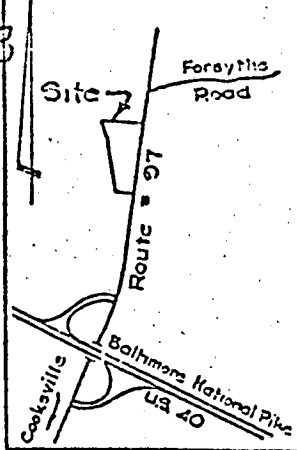
Date

Approved:
Office of Planning and Zoning

Thomas G. Harris Jr.
THOMAS G. HARRIS JR.
Planning Director

Date

Vicinity Map
Scale 1"=2640'



James J. Demma
JAMES J. DEMMA
Professional Land Surveyor, Md. #7623

OWNER'S CERTIFICATE

We, the undersign owners of the property shown hereon, our heirs or assigns, adopt this plan of subdivision and do hereby establish the Building Restriction Line shown hereon in order to comply with the general plan of highways of Howard County, and including the land dedicated hereon for the widening of Route #97.

Thomas G. Oyster *Gilda Dye*
Thomas G. Oyster Gilda Dye
Dorothy D. Oyster *Percy E. Dye*
Dorothy D. Oyster Percy E. Dye

Oyster, et. al. Property

4th Election District - Howard County - Maryland
Scale 1"=100' November, 1972

Oyster, Imus & Associates, Inc.
Civil Engineers • Land Planners • Land Surveyors
2410 Reddie Drive • Wheaton, Maryland • 20802-2011

REV 11/29/72 1701.A-1

NOTE:

The lots shown hereon comply with minimum ownership width and lot area as required by Maryland State Department of Health Regulations.

Total number of lots - 3
Total area of lots - 4.7306 Acres
Total area of widening - 0.5001 Acres
Property shown hereon located on Tax Map 8
Title reference Liber 445 Folio 610.

Owner:
Thomas G. Oyster, et. al.
2410 Reddie Drive
Wheaton, Md. 20802

Approved:
For private water and private sewer

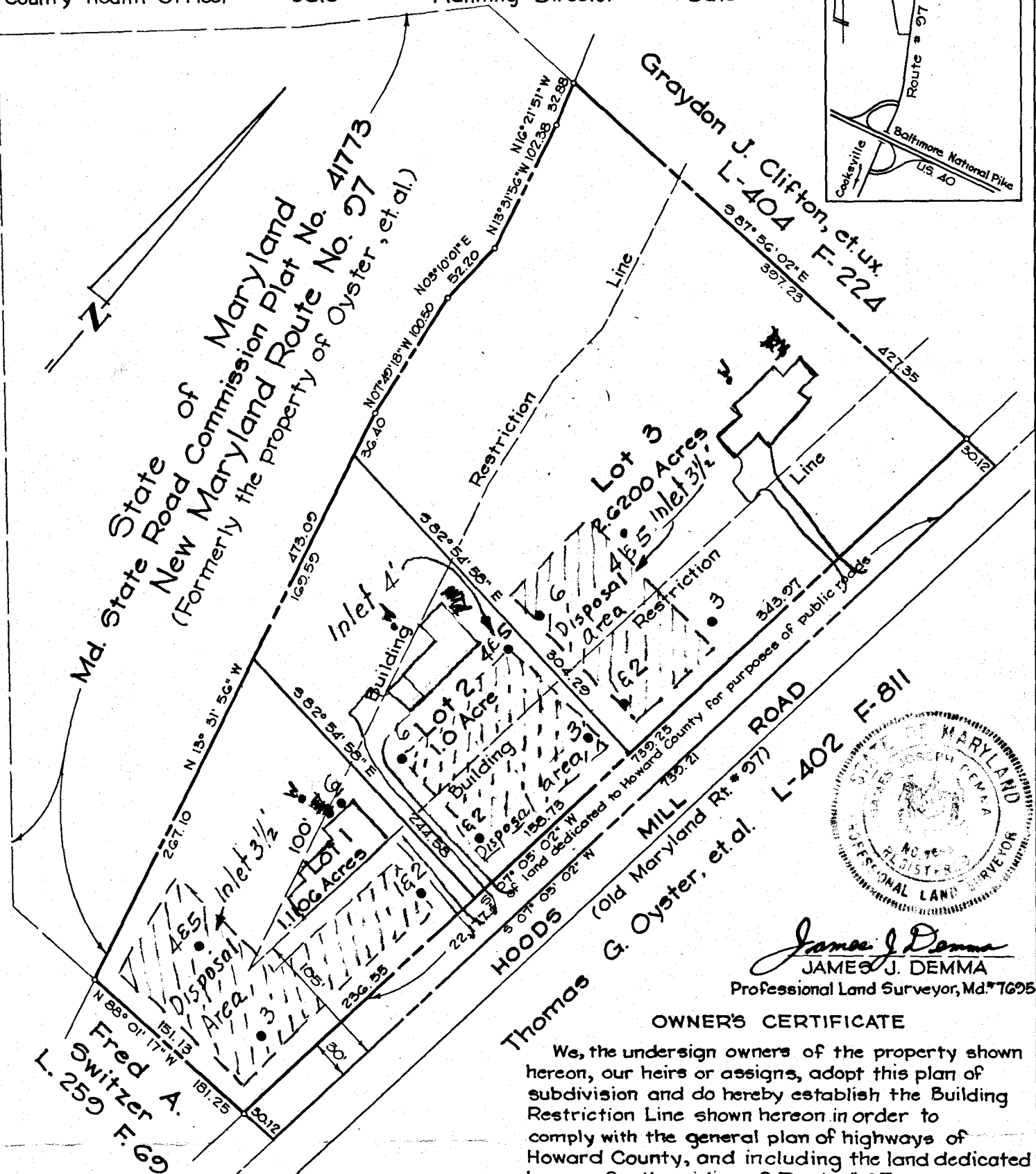
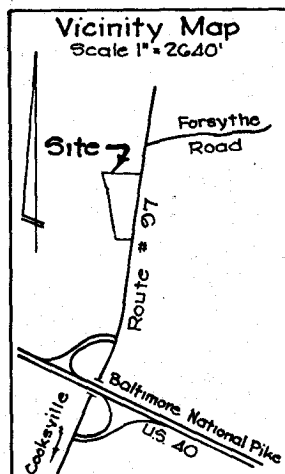
Approved:
Office of Planning and Zoning

Dr. J. BRETT LAZAR
County Health Officer

Date

THOMAS G. HARRIS Jr.
Planning Director

Date



NOTE:

The lots shown hereon comply with minimum ownership width and lot area as required by Maryland State Department of Health Regulations.

Total number of lots - 3
Total area of lots - 4.7306 Acres
Total area of widening - 0.5091 Acre
Property shown hereon located on Tax Map 8
Title reference Liber 445 Folio G10.

Owner:

Thomas G. Oyster, et al.
2419 Reddie Drive
Wheaton, Md. 20902

OWNER'S CERTIFICATE

We, the undersign owners of the property shown hereon, our heirs or assigns, adopt this plan of subdivision and do hereby establish the Building Restriction Line shown hereon in order to comply with the general plan of highways of Howard County, and including the land dedicated hereon for the widening of Route #97.

Thomas G. Oyster

Thomas G. Oyster

Dorothy D. Oyster

Percy E. Dye

Oyster, et al. Property

4th Election District - Howard County - Maryland
Scale 1"=100' November, 1972

Oyster, Imus & Associates, Inc.

Civil Engineers • Land Planners • Land Surveyors
2419 Reddie Drive • Wheaton, Maryland • 20902

REV 2/7/73

REV 1/31/73

REV 11/29/72

1791 A-1

Lot No.	Test No.	Average percolation time in minutes per second inch
---------	----------	---

1	1	15'
1	2	10'
1	3	
1	4	2'
1	5	22'
1	6	

Maximum depth permitted for effluent to enter sewage disposal area at its highest elevation with reference to existing grade at time of percolation test

Similar to 1 and 2

Use 4 and 5 Inlet 3-1/2'

Good soil, no water, loose soil

2	1	4'
2	2	8'
2	3	
2	4	6'
2	5	8'
2	6	

10-1/2' loose sandy soil

Use 4 and 5 Inlet 4'

11' loose sandy soil

3	1	4'
3	2	2'
3	3	
3	4	6'
3	5	8'
3	6	

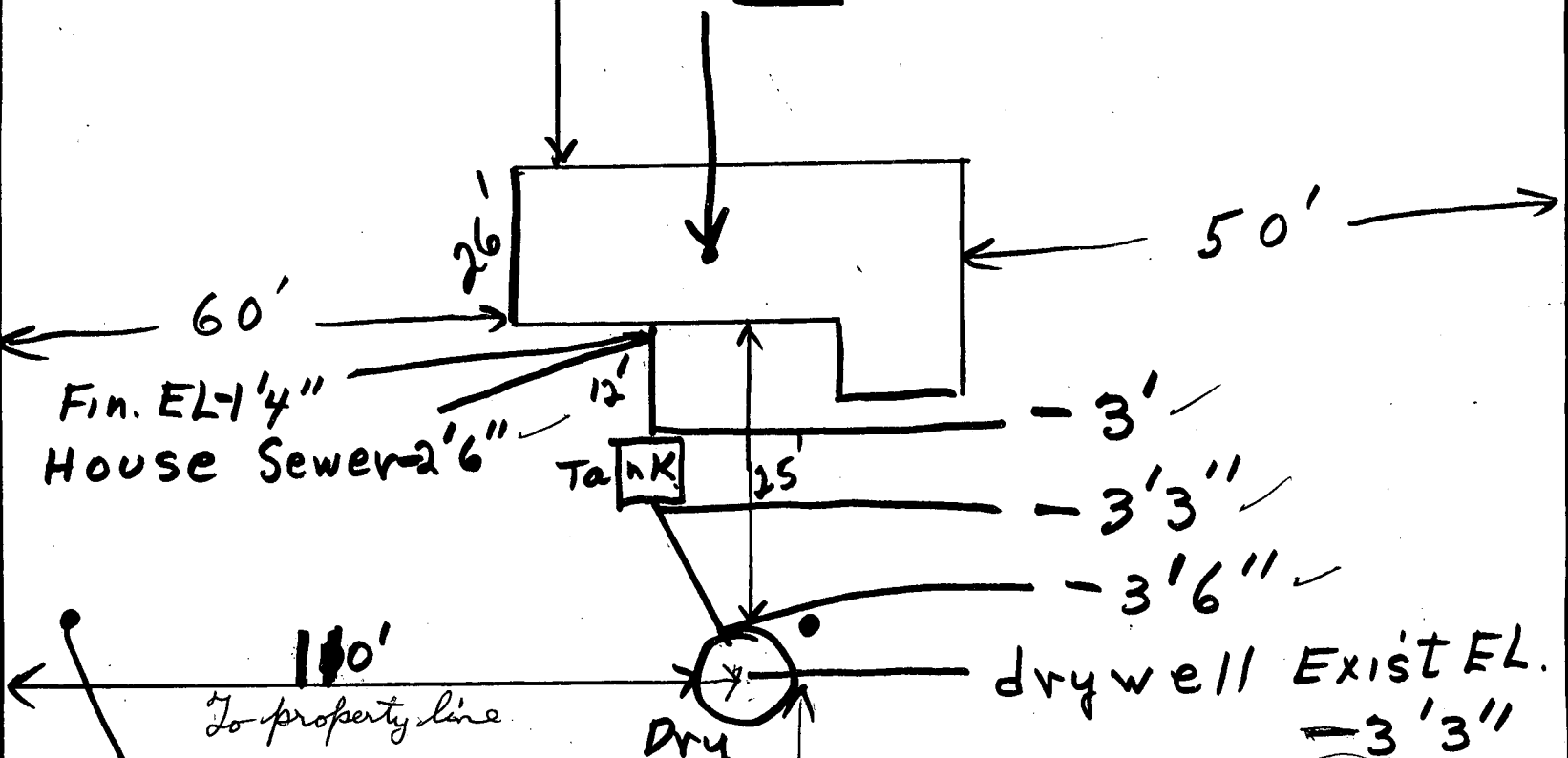
Good soil

Use 4 and 5 Inlet 3-1/2'

11' good soil

well Exist EL - 5'11"

First Floor ^{60'} EL 0'-0" (3'-6" above Exist EL)



Exist EL-7'✓

Dry
Well /

dry well Existence
-3'3"

2 feet of fill dirt will
be put over top of Drywell.
Drywell can be lowered if
necessary.

4/24/75
Revised
4/29/76
OK
sum

120' To property line on Woods Mill Rd.

Carly Zimmerman

Exist EL-5'6"

Exist EL-10'

Hoods Mill Rd. (Front)

B 1		4818	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER 110-712-1677																																																	
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						FILL IN THIS FORM COMPLETELY																																																	
DATE RECEIVED (WRA USE ONLY) 7/18/75 9:30		<table border="1" style="width:100%;"><tr><td colspan="2">OWNER</td><td colspan="2">COL 15 LAST NAME</td><td colspan="2">FIRST NAME</td><td colspan="2">COL. 34</td></tr><tr><td colspan="2"></td><td colspan="2">Carl</td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">STREET OR RFD</td><td colspan="2">COL 36</td><td colspan="2"></td><td colspan="2">COL. 55</td></tr><tr><td colspan="2"></td><td colspan="2">RT. #108</td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">POST OFFICE</td><td colspan="2">COL 57</td><td colspan="2"></td><td colspan="2">COL. 76</td></tr><tr><td colspan="2"></td><td colspan="2">Ellicott City, Md. 21043</td><td colspan="2"></td><td colspan="2"></td></tr></table>						OWNER		COL 15 LAST NAME		FIRST NAME		COL. 34				Carl						STREET OR RFD		COL 36				COL. 55				RT. #108						POST OFFICE		COL 57				COL. 76				Ellicott City, Md. 21043					
OWNER		COL 15 LAST NAME		FIRST NAME		COL. 34																																																	
		Carl																																																					
STREET OR RFD		COL 36				COL. 55																																																	
		RT. #108																																																					
POST OFFICE		COL 57				COL. 76																																																	
		Ellicott City, Md. 21043																																																					
B 1		CONTINUED		DRILLER INFORMATION																																																			
1 2 3 (SEQ. NO.) 6				<table border="1" style="width:100%;"><tr><td colspan="2">DATE</td><td colspan="2">LICENSE NUMBER</td><td colspan="2">77</td><td colspan="2">80</td></tr><tr><td colspan="2"></td><td colspan="2">10-28-75</td><td colspan="2">217</td><td colspan="2"></td></tr><tr><td colspan="2">FIRST NAME</td><td colspan="2">DRILLER</td><td colspan="2">LAST NAME</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td colspan="2">C.A. Cromwell</td><td colspan="2"></td><td colspan="2"></td></tr><tr><td colspan="2">SIGNATURE</td><td colspan="2"></td><td colspan="2">P.A. Cromwell</td><td colspan="2"></td></tr></table>				DATE		LICENSE NUMBER		77		80				10-28-75		217				FIRST NAME		DRILLER		LAST NAME						C.A. Cromwell						SIGNATURE				P.A. Cromwell											
DATE		LICENSE NUMBER		77		80																																																	
		10-28-75		217																																																			
FIRST NAME		DRILLER		LAST NAME																																																			
		C.A. Cromwell																																																					
SIGNATURE				P.A. Cromwell																																																			
B 2				WELL INFORMATION																																																			
1 2 3 (SEQ. NO.) 6				<table border="1" style="width:100%;"><tr><td colspan="2">MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</td><td colspan="2">8</td><td colspan="2">12</td></tr><tr><td colspan="2"></td><td colspan="2">3</td><td colspan="2"></td></tr><tr><td colspan="2">AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</td><td colspan="2">14</td><td colspan="2">20</td></tr><tr><td colspan="2"></td><td colspan="2">500</td><td colspan="2"></td></tr></table>				MAXIMUM PUMPING RATE (GALLONS PER MINUTE)		8		12				3				AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)		14		20				500																											
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)		8		12																																																			
		3																																																					
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)		14		20																																																			
		500																																																					
USE FOR WATER (CIRCLE APPROPRIATE BOX)																																																							
☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)																																																							
☐ FARMING, AGRICULTURE, IRRIGATION																																																							
☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT																																																							
☐ MUNICIPAL WATER SUPPLY																																																							
☐ PRIVATE WATER COMPANY		MUST HAVE STATE HEALTH DEPT. APPROVAL																																																					
☐ TEST																																																							
APPROXIMATE DEPTH OF WELL 150 24 28 FEET																																																							
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)																																																							
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)																																																							
☒ BORED (OR AUGERED)		☐ JETTED		☐ DRIVEN																																																			
☒ AIR-ROTARY		☐ AIR-PERCUSSION		☐ ROTARY (HYDRAULIC ROTARY)																																																			
☐ CABLE		☐ REVERSE-ROTARY		☐ DRIVE-POINT																																																			
OTHER (DESCRIBE)																																																							
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																																																							
☐ THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED. (IF AVAILABLE)																																																							
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)																																																							
APPROPRIATION PERMIT NUMBER		ENGINEER REVIEW DISTRICT NO.																																																					
54		65																																																					
FORCE		WRITE INITIALS IN BOX		CONDITIONS		70- 71 72 73 74 75 76 77 78 79																																																	
67 68		1		1		1																																																	
B 4		CONTINUED		HEALTH DEPARTMENT APPROVAL																																																			
1 2 3 (SEQ. NO.) 6				<table border="1" style="width:100%;"><tr><td colspan="2">STATE HEALTH (CIRCLE BOX)</td><td colspan="2">COUNTY NAME</td><td colspan="2">COUNTY NO.</td></tr><tr><td colspan="2">S</td><td colspan="2">Howard</td><td colspan="2">21750</td></tr><tr><td colspan="2">DATE</td><td colspan="2">MO. DAY YR.</td><td colspan="2">APPROVED BY</td></tr><tr><td colspan="2">7/20/75</td><td colspan="2">175</td><td colspan="2">Donald Monaghan, Sanitarian</td></tr></table>				STATE HEALTH (CIRCLE BOX)		COUNTY NAME		COUNTY NO.		S		Howard		21750		DATE		MO. DAY YR.		APPROVED BY		7/20/75		175		Donald Monaghan, Sanitarian																									
STATE HEALTH (CIRCLE BOX)		COUNTY NAME		COUNTY NO.																																																			
S		Howard		21750																																																			
DATE		MO. DAY YR.		APPROVED BY																																																			
7/20/75		175		Donald Monaghan, Sanitarian																																																			
B 5				SPECIAL CONDITIONS 8-63 (WRA USE ONLY)																																																			
1 2 3 (SEQ. NO.) 6																																																							

BOX NUMBER

E	790
N	540

North

22' casing
20' grout
4' base cement
7/18/75 O.R. F.S.
40

RT. 97

COOKSVILLE

North on Rt. 97 past Cooksville (left side where 2 new houses are being built)

C 1 8094

SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 (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, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBERDATE RECEIVED
(WRA USE ONLY)

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-125-1017

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO.

OWNER

LAST NAME

STREET OR RFD

POST OFFICE

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		CHECK IF WATER BEARING
	FROM	TO	
GRAY SAND STONE	4	125	☒

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 4 NO. OF POUNDS 376

GALLONS OF WATER 24

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)

STEEL ☒ CONCRETE ☐

PLASTIC ☐ OTHER ☐

MAIN CASING TYPE ☒ NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 22

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

(INSERT APPROPRIATE CODE BELOW)

STEEL ☒ BRASS ☐ OPEN HOLE ☐

PLASTIC ☐ OTHER ☐

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 22 TO 125

8 9 11 13 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX ☒

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

TELESCOPE CASING ☐ LOG INDICATOR ☐

W Q

74 75 76 OTHER DATA AVAILABLE

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE ROTARY

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 25 (NEAREST FOOT)

WHEN PUMPING 120 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR ☐ P PISTON ☐ T TURBINE ☐

27 27 27

C CENTRIFUGAL ☒ R ROTARY ☐ O OTHER (DESCRIBE BELOW) ☐

27 27 27

J JET ☐ S SUBMERSIBLE ☐

27 27

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)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

☒ ABOVE } LAND SURFACE (NEAREST FOOT)

☐ BELOW } 49 50 51

LOCATION OF WELL ON LOT

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

6 well

21.5' 40'

Cooksville

CIRCLE APPROPRIATE BOXES

- ☐ 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

C.A. Cromwell & Son

SIGNATURE C.A. Cromwell & Son