APPROVED
280C782 RH

PERMIT

P 32259

A REPAIR

10/22/82

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY 05-365635

INDEX

ELLICOTT CITY

DISTRICT 5TH

DATE Oct. 21, 1982

Cecil Crenshaw IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 5454 Waterloo Road, Columbia, Md. 21045 PHONE 465-4774

SUBDIVISION Mauck Farm Estates ROAD 8212 Reservoir Rd LOT 4

PROPERTY OWNER Mr. William Deven

ADDRESS 8212 Reservoir Rd, Fulton, Md. 20759

SPECIFICATIONS 4BR

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

NOTE: Recommend trench 80 ft. long, 11 ft. deep with 7 ft. of stone.
REPAIR-CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR

PLANS APPROVED BY Palmer E. Wine DATE Oct. 21, 1982

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.

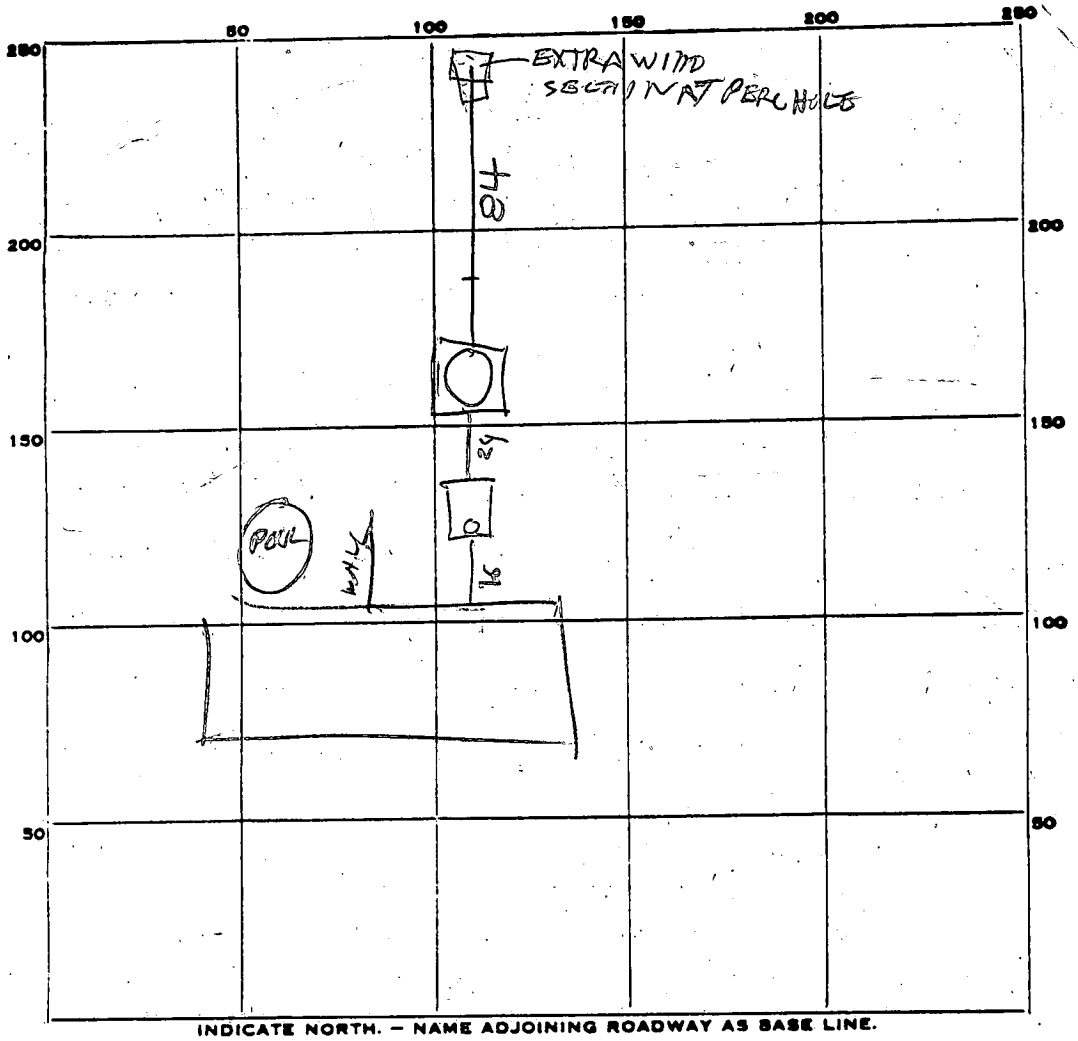
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.**

P 32259



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

80
640

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DITCH
~~TILE FIELD~~, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 18 IN. TOTAL LENGTH 84 FT.

NUMBER OF TRENCHES 1 TOTAL ~~BOTTOM~~ ONE SIDE AREA 672

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/24/82 DITCH DUG 84 FT LONG WITH 2½ FT EARTH COVER HOME OWNER MUST WRITE LETTER STATEING DEPTH OF DITCH OK TO COVER DITCH BUT APPROVAL PENDING LETTER RH 28OCT82 — LETTER WAITE FROM OWNER STATING DEPTH OF DITCH RH

DATE SYSTEM APPROVED 10/28/82 INSPECTOR Raymond Rodger

10/18/82
1:30 p.m.
Repair perc

APPLICATION

A ------

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P Repair perc

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 10/13/82

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 Mr. Deven

ADDRESS 8212 Reservoir Road, Fulton, Md. 20759 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 8212 Reservoir Road, Fulton, Maryland

SIZE OF LOT ? TYPE BLDG. Existing House
(NUMBER OF BEDROOMS)

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. /s/ Cecil Crenshaw for Mr. Deven
(SIGNATURE OF APPLICANT)

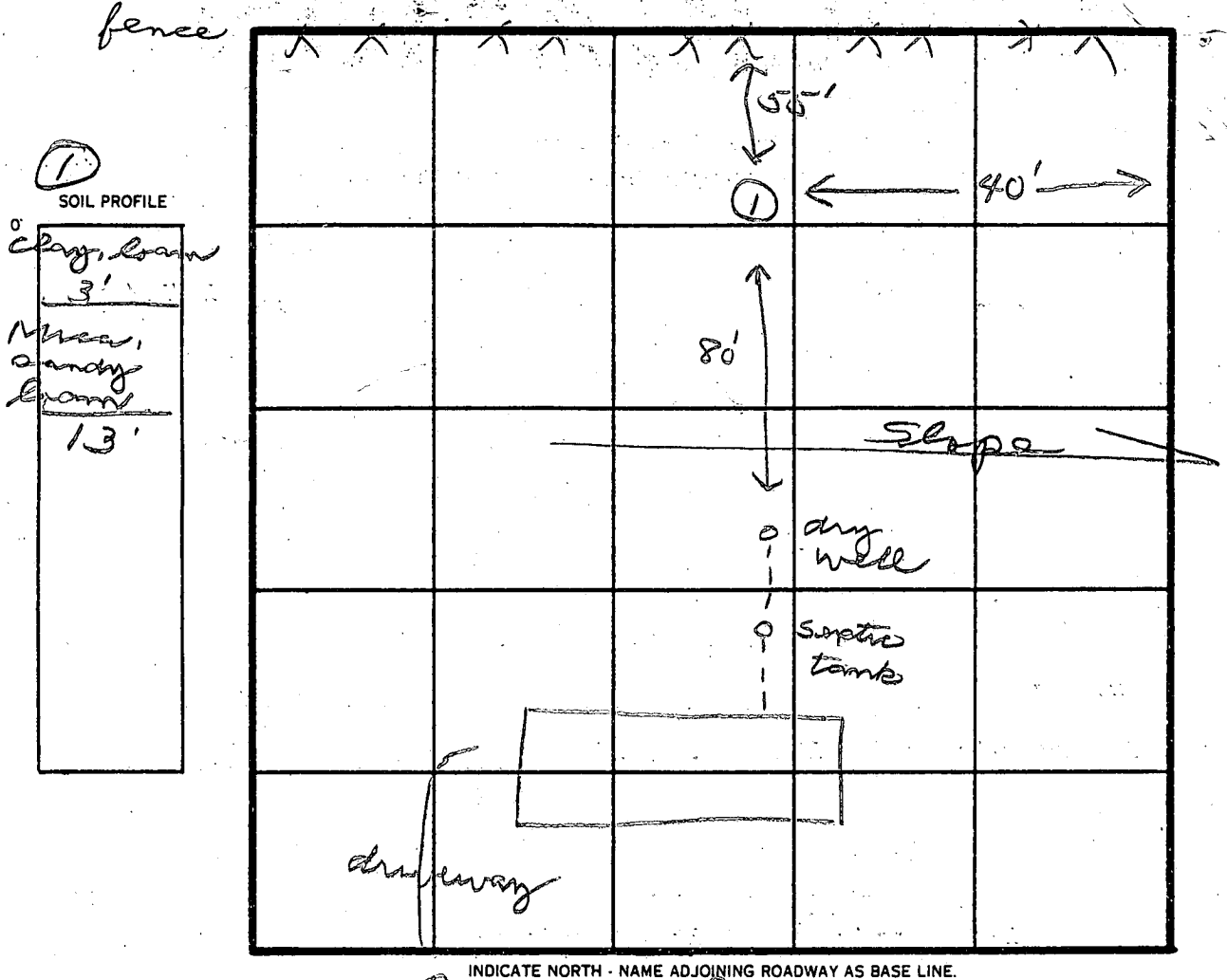
APPROVED BY S Taylor FOR trench DATE 10/18/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



SOIL PROFILE

0' clay, loam
3'
Mica, sandy loam
13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Reservoir Rd

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/14/82	1S 1D	3 13	2:20	2:34	2:34	3:02	28

REMARKS Recommend trench 80 ft long, 11 ft deep with 7 ft of stone.

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT C. Crenshaw

EH-12-1079

1/2/73
or 1/3/73

app
1-3-73
DL

INDEXED

PERMIT

P 17484

A 16817

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 9/26/72

J. Elwood Scaggs IS PERMITTED TO INSTALL X ALTER

ADDRESS 8495 Murphy Road, Laurel, Md. PHONE 725-0324

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Mauck Farm Estates ROAD 8213 Reservoir Rd. LOT 4

PROPERTY OWNER William Deven same as above

ADDRESS

SPECIFICATIONS 5 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - 108 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3 ft. below original grade and maximum depth 11½ ft. below original grade when tested. Location 30 ft. off right property line and 165 ft. off back property line of lot when facing lot from Reservoir Road. ~~Total area needed 540 sq. ft. absorbent side~~ area for 5 bedrooms.

~~NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.~~

PERMIT VOID AFTER THREE YEARS.

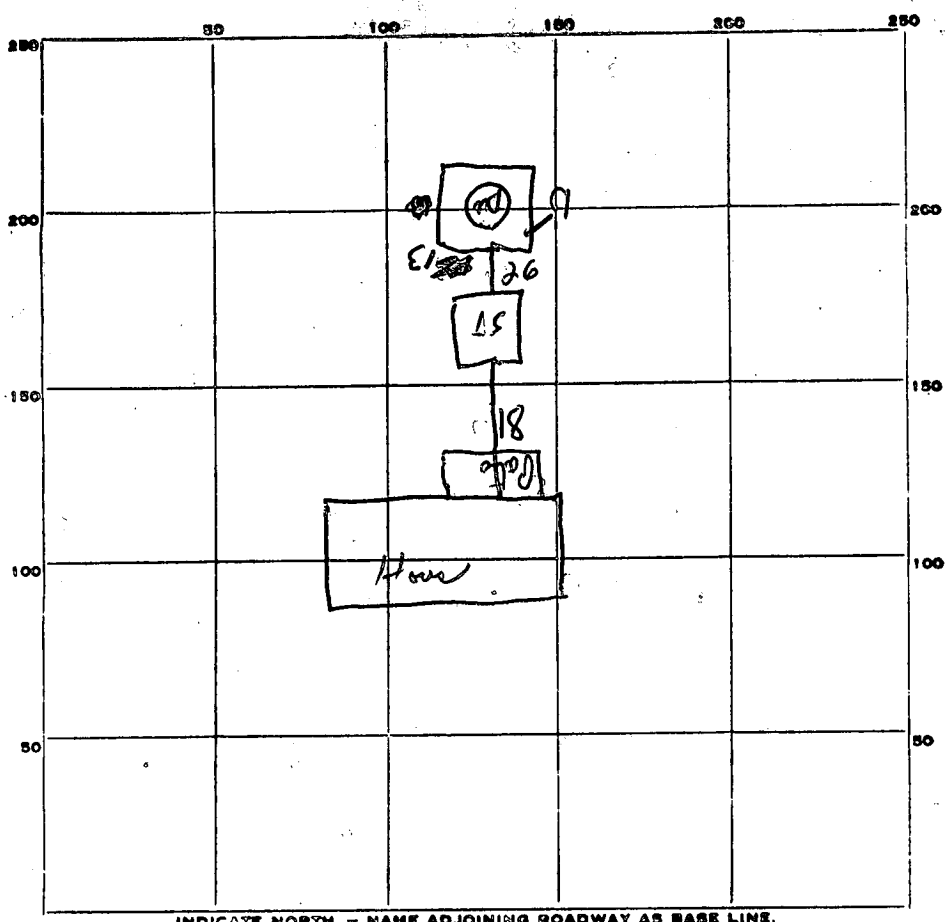
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Charles B. Streaker DATE 6/19/72

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 16817



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

Reservoir Rd

PERMIT CARD OK

SEPTIC TANK, LEVEL OK CLEANOUTS not on

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~~ Permit 56 FT. DEPTH BELOW INLET 10 FT.

ABSORBENT AREA 560 SQ. FT.

REMARKS Sewer pipe leave house 3 ft & right of elev.

1. reset pipe leaving tank 4 ft properly - suggest installing cast iron for first 5 ft. 2. Cement outlet pipe of tank. 3 install cleanout pipe on Septic Tank & Dry Well.

above will be done per Mrs Scaggis

DATE SYSTEM APPROVED 1-27-77 INSPECTOR Wm Mongle

Preliminary

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 16817

P

HOWARD COUNTY ELLICOTT CITY

DISTRICT 5th

DATE 3-72

Septic Tank { 1000 gallon 3 Bedroom / 1250 gallon 4 Bedroom / 5 Bedroom
Dry Well 108 sq ft effective absorbant sidewall area per bedroom below inlet. Inlet to be 3' below original grade and maximum depth 11½' below original grade when tested. Location 30' off right property line and 165' off back property line of lot when facing lot from Reservoir Rd.

Note: see 5 bedroom specification

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Total area needed 540 sq. ft. absorbant side area for 5 bedrooms

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

PROPERTY OWNER Otis A. Mauck, Seymour W. Mauck, Herman E. Mauck, Bernard L. Mauck and Linda Jones Blyton

ADDRESS Lime Kiln Road, Fulton, Md PHONE 725-4628

PROPERTY LOCATION:

SUBDIVISION Mauck Farm Estates LOT NO. No. 4

ROAD AND DESCRIPTION Reservoir Road - Macadam

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 40,000 sq feet TYPE BLDG. Dwelling (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Otis Mauck

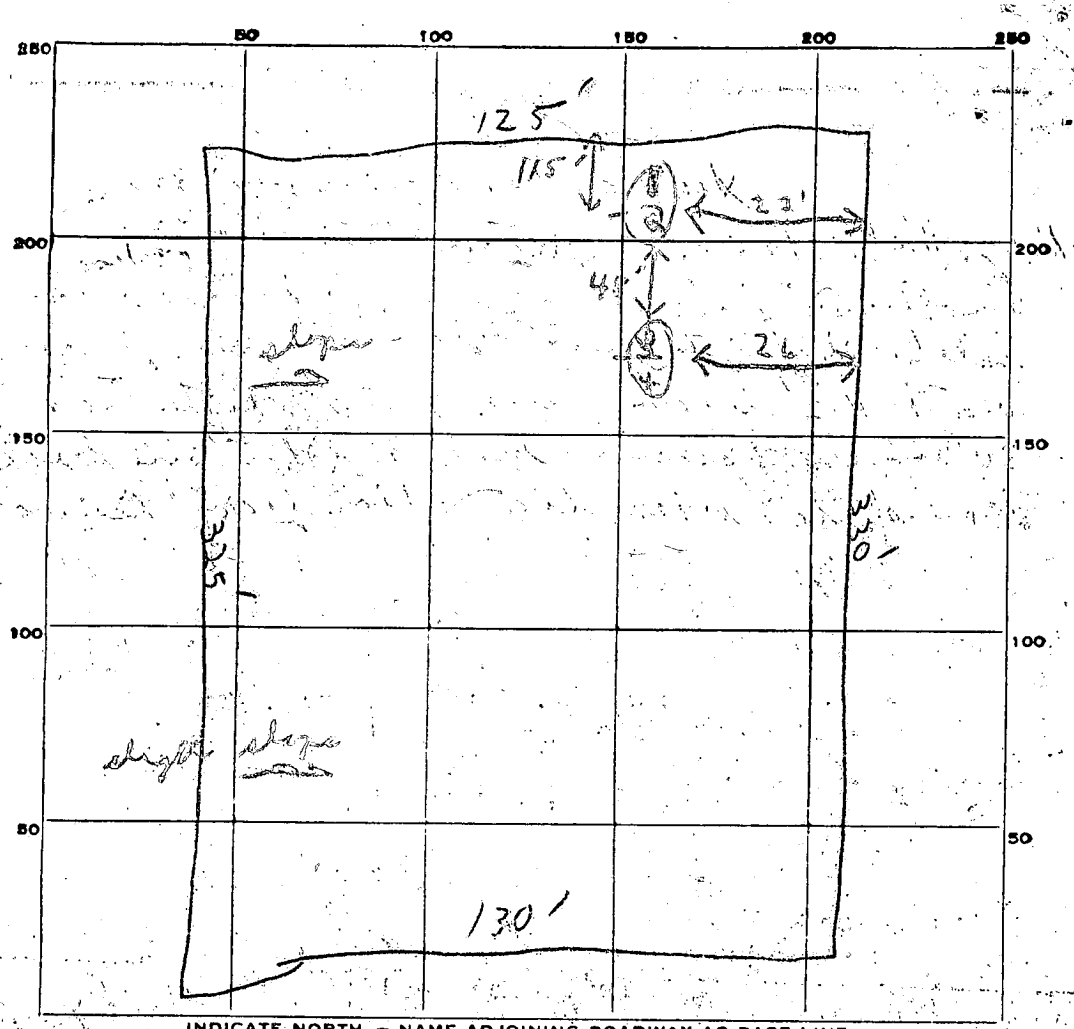
APPROVED BY C. Stoaks jr P.E.W. FOR Dry-well (KIND OF SYSTEM) DATE 6-19-72
for 5 bedroom house.

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.

Recession Rd. Lot #4

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/17/12	1	3½'	10:50	10:58	10:58	11:18	20 min
	2	11½'	10:50	10:55	10:55	11:02	7 min
	3	4'	10:52	10:54	10:54	10:57	3 min
	4	11½'	10:57	11:00	11:00	11:03	3 min
						4!	33 8

SOIL AUGER FINDING _____

TESTED BY B.S Nine holes 3 + 4 each

REMARKS _____

APPLICATION

A 16817

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY ELLICOTT CITY

DISTRICT 5th

DATE 3-72

Septic Tank 1000 gallon 3 Bedroom
1250 gallon 4 Bedroom
5 Bedroom
Dry Well 108 sq ft effective absorbant sidewall area per bedroom below inlet. Inlet to be 3' below original grade and maximum depth 11½' below original grade when tested. Location 30' off right property line and 165' off back property line of lot when facing lot from Reservoir Rd.

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 Otis A. Mauck, Seymour W. Mauck, Herman E. Mauck, Bernard L. Mauck and Linda Jones Blyton

ADDRESS Lime Kiln Road, Fulton, Md PHONE 725-4628

PROPERTY LOCATION:

SUBDIVISION Mauck Farm Estates LOT NO. No. 4

ROAD AND DESCRIPTION Reservoir Road - Macadam

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,000 sq feet TYPE BLDG. Dwelling
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Otis Mauck

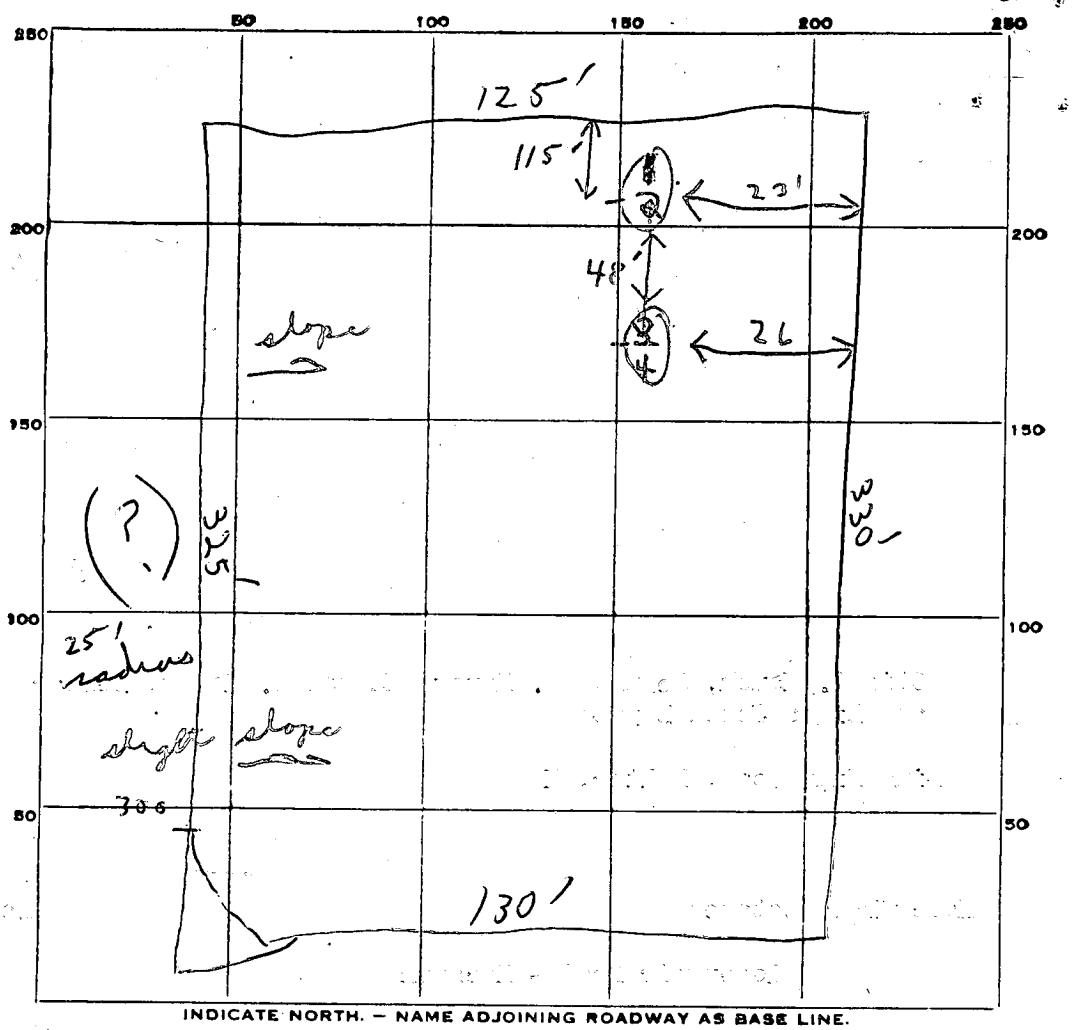
APPROVED BY C.B.S. FOR _____ DATE 6-19-72
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Keenan Rd. Lot #4.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/17/72	1	3½' S	10:50	10:58	10 58	11:18	20 min
	2	11½' D	10:50	10:55	10:55	11.02	7 min
	3	4' S	10:52	10:54	10:54	1057	3 min
	4	11½ D	10:57	11:00	11:00	11:03	3 min
						4	33 8¼

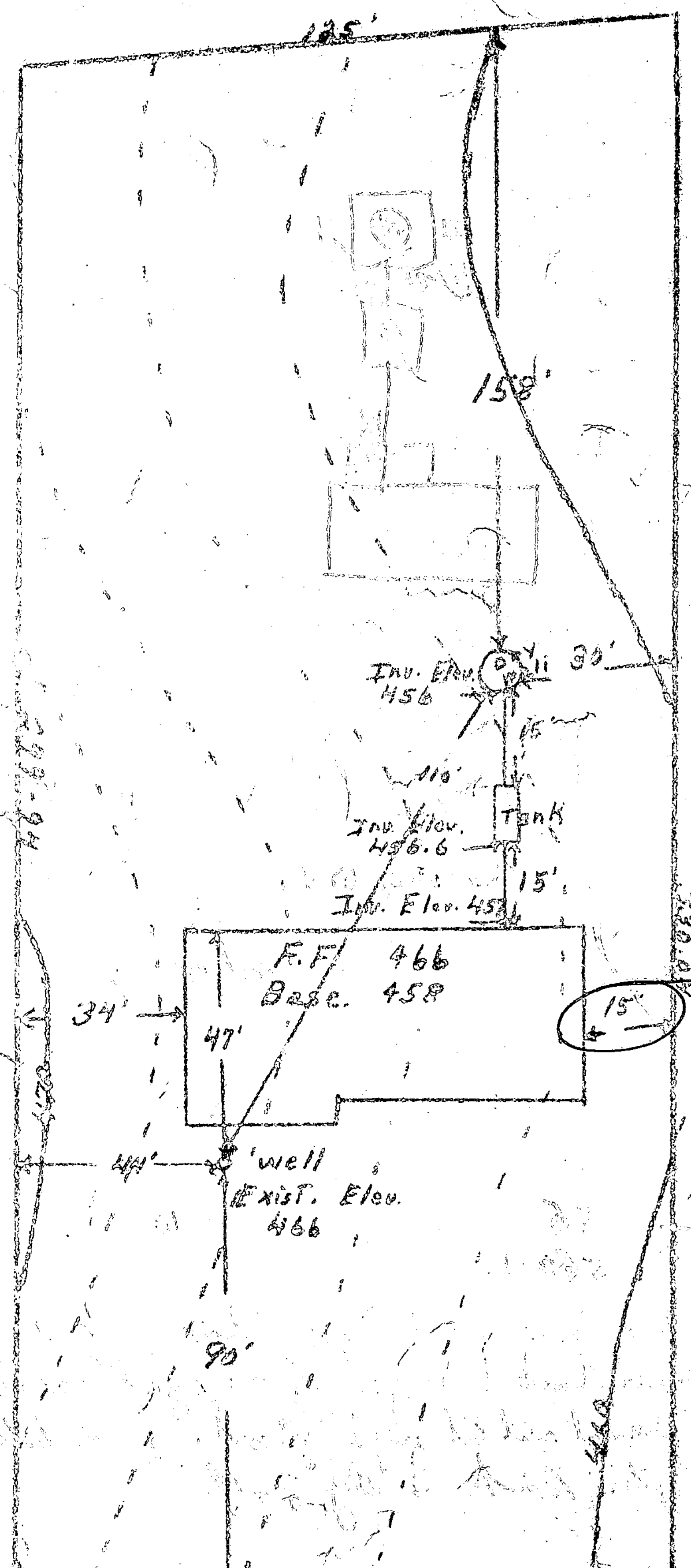
8¼ drop

SOIL AUGER FINDING _____

TESTED BY B.S. Use hole 3+4 started at 4'

REMARKS _____

[illegible] Farm Estates - Lot # 4



20 mm 8/25/72

OK C.B.S. 8/28/72

#15409 J. Elwood Scaggs 8/7/72

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATION DIFFERENCES ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

SIGNED: J. Elwood Scaggs

DNR-131 EMERGENCY NO. (If any) –

B 1 2677 SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

DWR PERMIT NUMBER H0-73-0136
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) A 16817

OWNER Scaggs - E L Wood
COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 8495 Murphy Rd
COL 36 COL. 55

POST OFFICE Laurel Md
COL 57 COL. 76

8-13

B 1 CONTINUED (SEQ. NO.) 6

DRILLER INFORMATION

DATE Mar 25, 72 LICENSE NUMBER 270
77 80

Bernard Feezer
FIRST NAME DRILLER LAST NAME

SIGNATURE Bernard Feezer

B 2 (SEQ. NO.) 6

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 3
8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 400
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 100 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN
30-37 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
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39
(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 (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER G A P
54 63
ENGINEER REVIEW DISTRICT NO. CL 65

FORCE WRITE INITIALS IN BOX
67 68
CONDITIONS A E N S G W Q C L U
70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED (SEQ. NO.) 6

HEALTH DEPARTMENT APPROVAL

41 (S) STATE HEALTH (CIRCLE BOX)
Howard COUNTY NAME 3070 COUNTY NO.
DATE MO. 1 1 DAY 2 7 YR. 7 2
43 48
Palmer F. Kline, Director APPROVED BY

B 3 (SEQ. NO.) 6

LOCATION OF WELL

COUNTY Howard
8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION MAUCH FARM
23 42

SECTION LOT 4
44 46 48 50

NEAREST TOWN FULTON
52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1/2 M I
73 76 77 78

B 4 (SEQ. NO.) 6

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

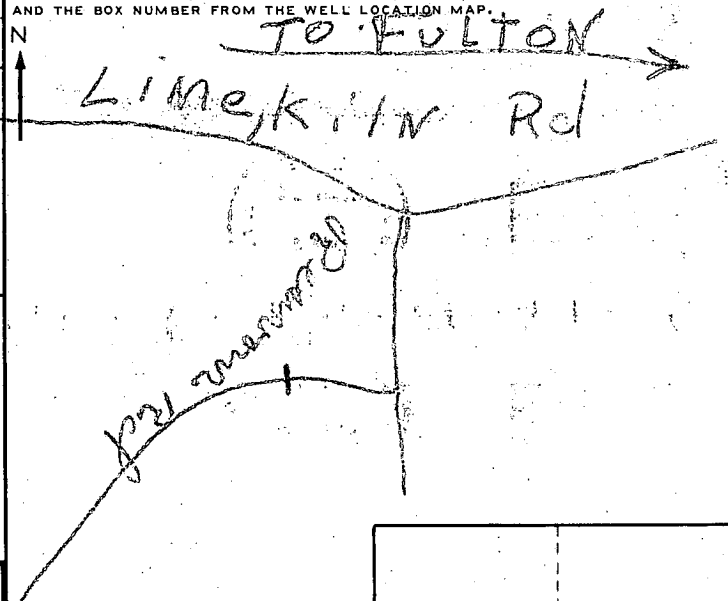
(N) NORTH (E) EAST (NE) NORTHEAST (SE) SOUTHEAST
(S) SOUTH (W) WEST (NW) NORTHWEST (SW) SOUTHWEST
8 8 8 9 8 9

NEAR WHAT ROAD Lime Kiln Rd
11 30

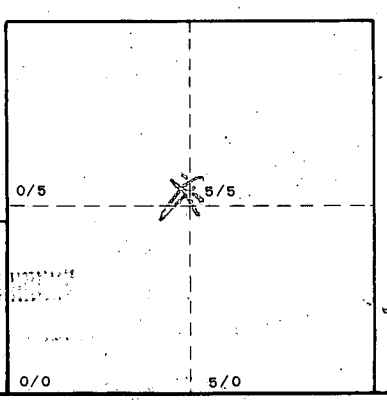
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) 32 SOUTH (S) 32 EAST (E) 32 WEST (W) 32

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

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.



BOX NUMBER E 8 1 0
N 4 7 0



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 (SEQ. NO.) 6

SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
8 63

HEALTH

WR - W-4 9/71

C	1	01640	SEQUENCE NO. (DWR USE ONLY)

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

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 3070

DATE RECEIVED (DWR USE ONLY) A 16817 8-13

DATE WELL COMPLETED Dec 23, 72 (15–20)

DEPTH OF WELL 245 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-72-0136 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 270

OWNER [illegible] SCABOS (LAST NAME) Elwood (FIRST NAME)

STREET OR RFD 8495 Murphy Rd POST OFFICE Laurel 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
Shale	0	10	
Lite gray Rock	10	25	
Hardesilite gray mixed layers silica	25	75	✓
Darker gray Rock Harder layers of silica	75	245	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES Y (44) / NO N (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT CM (45 46) (circled) — BENTONITE CLAY BC (45 46)

NO. OF BAGS 5 NO. OF POUNDS 470

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. (48 52) TO 22 FT. (54 58) (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW: ST STEEL (circled); CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	25 (66 70)

EACH CASING — OTHER CASING (IF USED): DIAMETER (INCH); DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW: ST STEEL; BR BRASS OR BRONZE; HO OPEN HOLE; PL PLASTIC; OT OTHER

C 2 — 1 2 3 (SEQ. NO.) 6

EACH SCREEN — DEPTH (NEAREST WHOLE FOOT) FROM / TO: 1 (8 9, 11–15, 17–21); 2 (23 24, 26–30, 32–36); 3 (38 39, 41–45, 47–51)

SLOT SIZE 1. ___ 2. ___ 3. ___

DIAMETER OF SCREEN ___ (NEAREST INCH) 56 60

GRAVEL PACK FROM ___ TO ___

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

PUMPING TEST

C 3 — 1 2 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) 3 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4 (11 15)

METHOD USED TO MEASURE PUMPING RATE 5 gal Measure

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 70 (17 20) (NEAREST FOOT)

WHEN PUMPING out (22 25) (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): A AIR (circled) 27; P PISTON 27; T TURBINE 27; C CENTRIFUGAL 27; R ROTARY 27; O OTHER (DESCRIBE BELOW) 27; J JET 27; S SUBMERSIBLE 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX – SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES Y / NO N (circled)

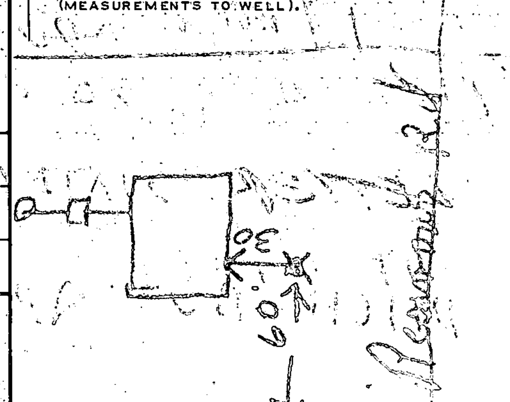
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE (circled) / − BELOW 49 — LAND SURFACE 1 (50 51) (NEAREST FOOT)

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).



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 (circled)

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) Bernard Feezer

SIGNATURE Bernard Feezer

DWR 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

HEALTH