

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

8/4/00 12pm

8/16/00 10:30-11 co.

03-325059

P 513/03

A 50560-A

DISTRICT

DATE 11/4/1999

DATE SYSTEM APPROVED 8/4/00

INSPECTOR M. R. F. K. I. N

Ben Lewis, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 20220 Frederick Road, Germantown, MD 20876

PHONE 301-428-3900

SUBDIVISION Lyndonbrook

LOT 1

ROAD 2054 St. James Road

PROPERTY OWNER Patriot Homes

ADDRESS

FUTURE PUMP SEPTIC SYSTEM

SEPTIC TANK CAPACITY 1250 GALLONS

INSTALL: 1-1250 GALLON FUTURE PUMP CHAMBER IN SERIES.

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 107.72' and 229.02' lot lines, begin trenches 65 feet up the 229.02' lot line and 65 feet off that same lot line. Run two 120 foot trenches toward St. James Road.

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

OK 11/5/21/99

PLANS APPROVED BY Amy McMillen

DATE 5-13-1999

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)

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 20/40 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.

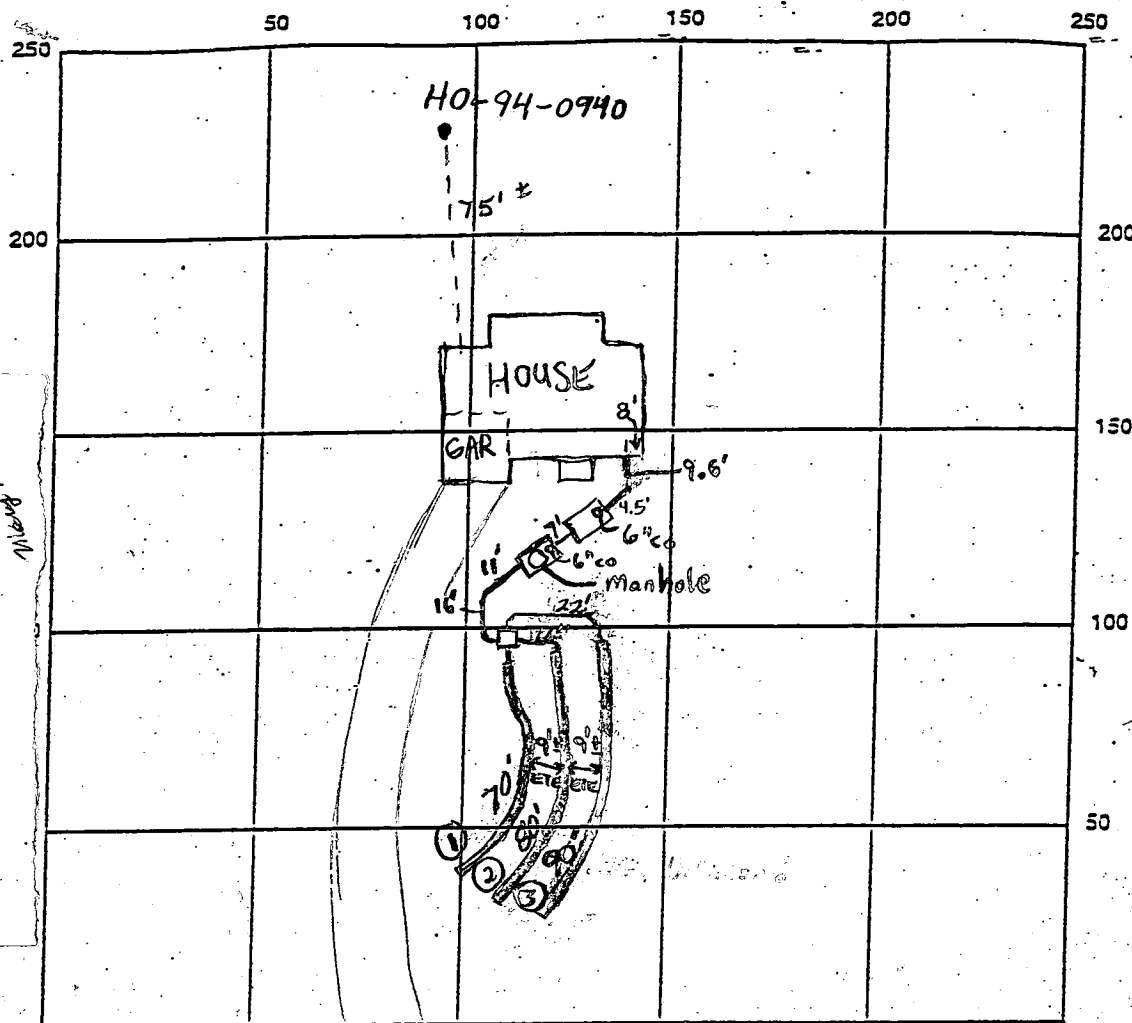
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 451-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 50560-A

David 410-442 2416
 or 443 255
 2054 St James Road
 9264
 Yellow water
 St. James Lot 1
 Ryndonbrook



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

St. James Road

6" on Septic Tank

SEPTIC TANK LEVEL 2-1250 gal. top sealed

CLEANOUTS 1-Pump Tank Manhole, 6" on Pump Tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 3.5' FT.

TRENCH WIDTH 3' FT.

INLET DEPTH 2.0 FT.

EFFECTIVE GRAVEL DEPTH 1.5' FT.

TOTAL LENGTH 112/13 FT. (240)

NUMBER OF TRENCHES 3

ONE-SIDEWALL/SOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT.

EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 1/29/00 Builder questioned why 2 septic tanks - explained policy on two tanks & going to 1st repair area on gravity - 2nd tank is for future pump pit - no deviation in trench inlet or this policy possible. 2/7/00 Site Insp. revealed it is not possible to have gravity service to the 2nd third of the SDA w/o changing inside plumbing - pump system to be installed @ highest portion of SDA area 2/9/00 No House Connection.

O.K. to cover trench 1+2. Tanks set. Advised installer about distance between trenches.

House to tank and pump tank to box not completed. (BB) 2/10/00 - OK TO COVER

ALL WORK, PUMP TEST NEEDED, HOUSE CONNECTION MADE (SRW)

DATE SYSTEM APPROVED 8/4/00 INSPECTOR McRiffin

1/28/00 No inspection. House locked, couldn't locate superintendent. (BB)

8/4/00 PUMP & ALARM OK (MR)

3/24/2000
AM

3/24/00 - Anytime

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

461-8833

410 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation 8
Replacement

Receipt #

Date

Name of Installer Ben Lewis

Telephone 4283900

License Number 11202

Certified Well Pump Installer

Well Driller

Registered Plumber X

Name of Property Owner Patricia Horner

Telephone 997522

Subdivision Lyndon Brook

Lot # 1

Well Tag # MD-94-0940

Site Address 2054 ST James Rd

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ✓

2. Make Saner

3. Model #

4. Capacity _____ 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 1/3

2. RPM

3. Voltage

a. 110

b. 220 ✓

Pitless Adapter

1. Make

2. Model #

3. Depth 42

Tank

1. Capacity 180

2. Pressure relief valve? Yes

Piping

1. Type 1/2"

2. Size 1

3. NSF and/or BOCA

Code approved Yes

4. Depth of supply

line

Well data

1. Depth 247 ft.

2. Yield _____ GPM

3. Static water level 30 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.

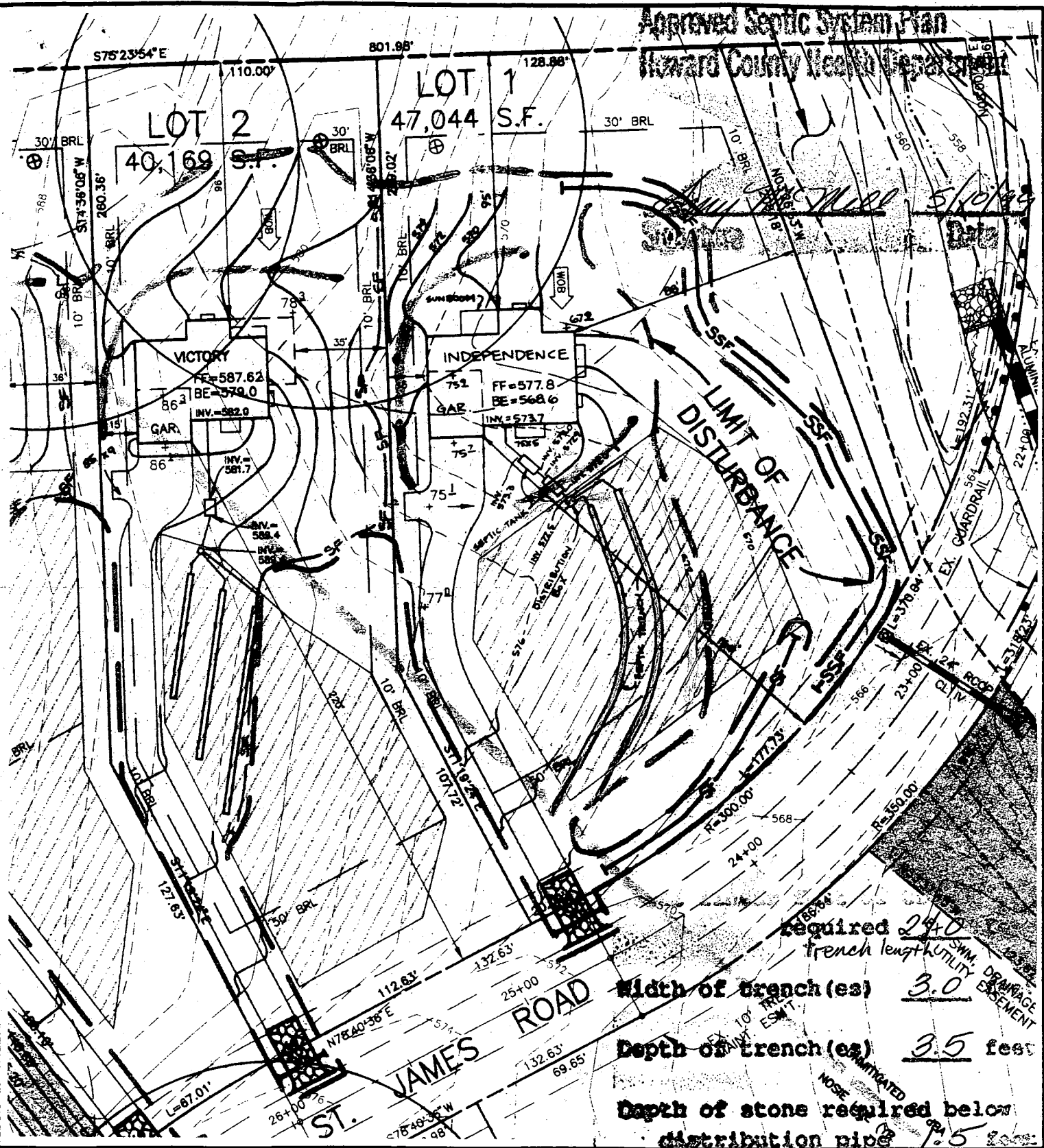
Signature of Applicant: Ben Lewis

Date: 3/20/2000

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

MD-215

Approved Septic System Plan
Howard County Health Department



FIRST FLOOR ELEVATION = 577.8
BASEMENT ELEVATION = 568.6
SPOT ELEVATION AT GARAGE = 575.7

BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

LYNDONBROOK LOT 1

3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: 5/10/99

APPLICATION

PERCOLATION TESTING

A 50560A

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/3/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*PROVISION OR
32 LOT SUBD,
31 NEW + 1 REPAIR
NEED TO LOCATE EXISTING
WELLS & SEPTICS
ON THIS AND
SURROUNDING PROPERTIES.
(CW)*

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Annelore Stiegler *Patriot Homes*

2151 Route 32
ADDRESS Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.

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

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 1

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32. (2054 St. James Road)

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4 Bdrms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNED

AND RETURNED 5-10-99

Serial # 210117453

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]
(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

50560-A
COUNTY #

Lot 1

JAMES Rd

SOIL PROFILE

639

yellow
orange
cl Lm

tan
mica
Lm

mothing
evidence
of high
water
table

water
coming
in sides

645

orange
brn
Si cl Lm

lgt tan
orange
Sa Si Lm

5%

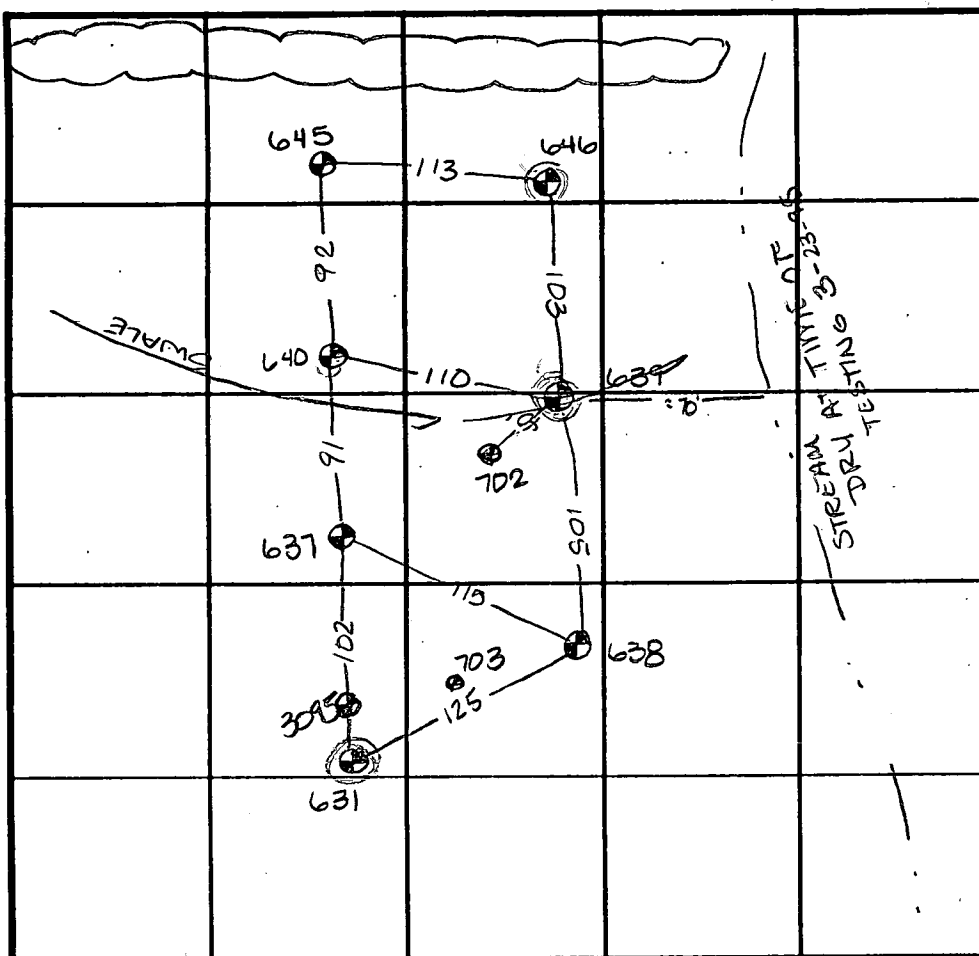
3"-6" dia
rocks

640

yellow
orange
cl

lgt tan
yellow
Si Sa
Lm

10%
large
rocks
bags
5-8" dia
from
5-8'



SOIL PROFILE

638

red
c

orange
red
brn
Si cl Lm

greyish
Si Lm

10%
suprolite

color may
be from
high H₂O

table

637

orange
brn
Si cl Lm

lgt tan
yellow
micaceous
Si Lm

25%
rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-23-95	646	Visual to 12'	water coming in at 7'				F
	639	Visual to 10'	water coming in @ 10'				F
	645	3' V12'	10:45 ¹⁵	10:48	10:48	10:53	5min
	645	6' V12'	10:44	10:45 ¹⁵	10:45 ¹⁵	10:47 ¹⁵	2min
	640	3.5' V12'	6:46 ⁴⁵	6:48	6:48	6:50	2min
3-28-95	637	4' V12'	12:03	12:04	12:04	12:05	1min
	637	repour	12:05 ³⁰	12:07 ¹⁵	12:07 ¹⁵	12:09 ¹⁵	2min
	638	4' V12'	12:12 ³⁰	12:13	12:13	12:13 ³⁰	30sec
	638	repour	12:16	12:17	12:17	12:19 ¹⁵	2 1/4 min
	631	Hard bottom @	3'				F

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Larry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

Approved
P-96-22

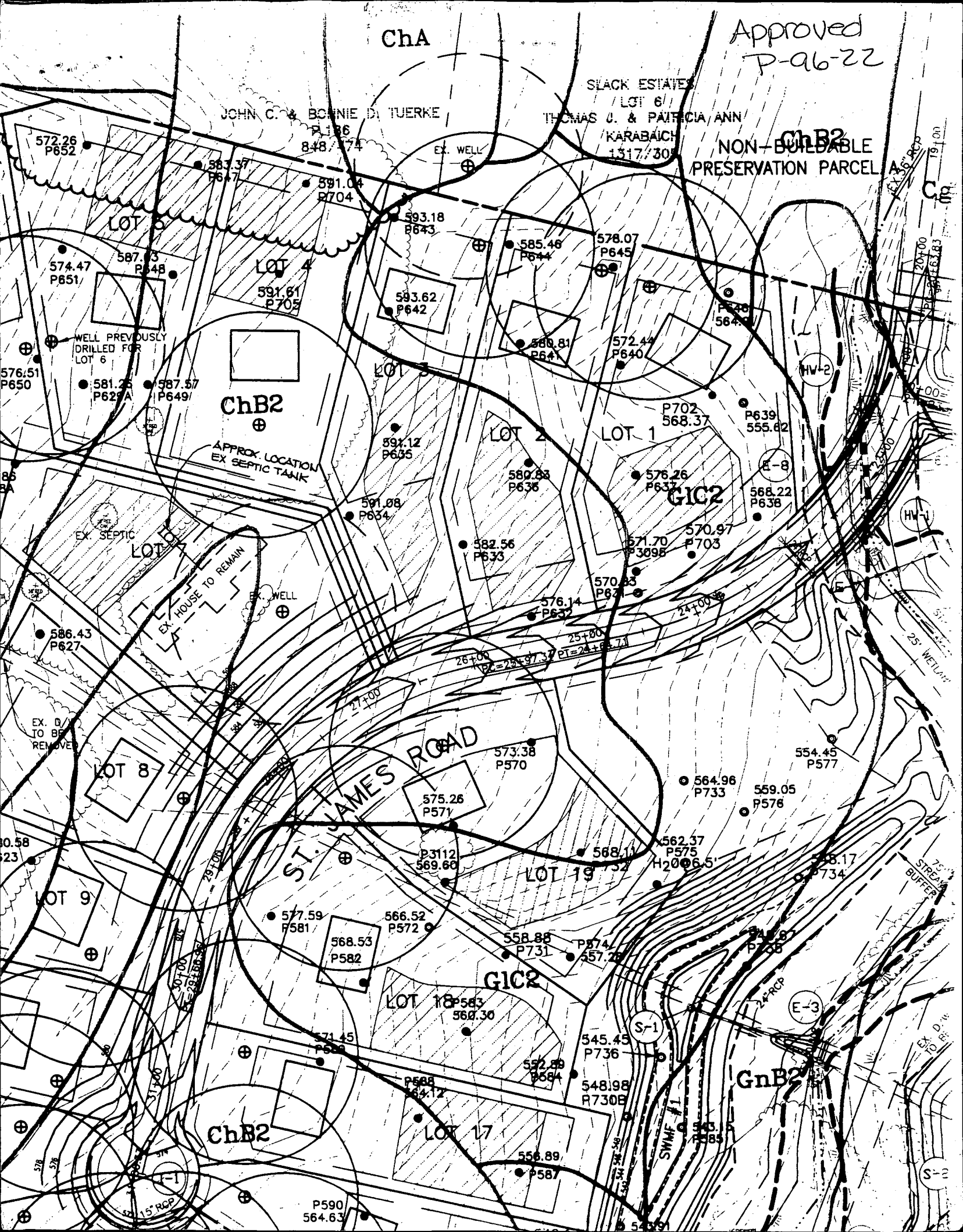
SLACK ESTATES
LOT 6
THOMAS C. & PATRICIA ANN
KARABAICH
1517/305 NO

NON-BUILDABLE
PRESERVATION PARCEL

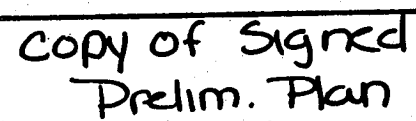
G1C2

~~ChB2~~

GnB2



[illegible]



SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

Lab No. Date Received

WATER ANALYSIS

Do not write above this line.

S A M P L E I D	Bottle Number	<u>HO-2690</u>		Name	<u>Security Dev.</u>		County	<u>Howard</u>		County Code	<u>13</u>		
	Source	<u>Steigler Prop Lot 1 St. James Rd</u>									Data Category Code	<u>4F</u>	
	Collected: Date	<u>10/16/96</u>		Time	<u>9:30am</u>		Collector & Phone	<u>A. McMillen</u>		Submitter Code	<u> </u>		
	CHECK (one per box)												
	Drinking Water	☒	Community	☐	Source (raw water)	☒	Emergency	☐	Federal Project	<u>S</u>			
Landfill	☐	Non-community	☐	Distribution (treated)	☐	Routine	☒						
Stream	☐	Private	☒	MCL	☐	Recheck	☐						
Other	☐	Other	☐			Special	☐						

F I E L D	Plant No.	<u> </u> <u> </u> <u> </u> <u> </u>			Sampling Station	<u> </u> <u> </u> <u> </u> <u> </u>			Preservation: Iced	☒	Acid	☒	Type of Acid	<u>H₂SO₄</u>		
	pH	<u> </u> <u> </u> <u> </u>			Chlorine: Free	<u> </u> <u> </u>			Total	<u> </u> <u> </u>			Specific Conductance	<u> </u> <u> </u> <u> </u> <u> </u>		
	Notes to Lab/Remarks: <u>HO-94 0940</u>															

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
☒	Nitrate - Nitrite, N	00630					
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01
DHMH 90-A 10/93

Section Chief
ORIGINAL - LABORATORY

Date Reported

C17847

SEQUENCE NO.
(MDE USE ONLY)

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

A50560-A

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

10/6/96

Depth of Well

2234026

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-94-0940

OWNERSecurity Development

STREET OR RFDSt James Rd

TOWNW. Friendship

SUBDIVISIONSteigler Property

SECTION

LOT1

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

TO

check
if water
bearing

Sand

0

62

Gray Mica

62

340

Rock

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCM

BENTONITE CLAYBC

NO. OF BAGS18

NO. OF POUNDS1692

GALLONS OF WATER108

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to50ft.

TOP

BOTTOM

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STSTEEL

COCONCRETE

PLPLASTIC

OTOHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

SH

6

66

OTHER CASING (if used)

EACH
CASING

diameter
inch

depth (feet)
from

to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STSTEEL

BRBRASS

HOOPEN
HOLE

PLPLASTIC

OTOHER

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTURED

yesY

noN

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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO.24

Joseph L. Mayne

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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

DEPTH (nearest ft.)

1H0

264

3340

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

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88

89

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91

92

93

94

95

96

97

98

99

100

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

68

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

T

(E.R.O.S.)

WQ

74

75

76

77

78

79

80

81

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92

93

94

95

96

97

98

99

100

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

44

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

11

ft.

WHEN PUMPING

223

ft.

TYPE OF PUMP USED (for test)

Aair

Ppiston

Tturbine

Ccentrifugal

Rrotary

Oother
(describe
below)

Jjet

Ssubmersible

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

29

CAPACITY
GALLONS PER MINUTE
(to nearest gallon)

31

35

PUMP HORSE POWER

37

41

PUMP COLUMN LENGTH
(nearest ft.)

43

47

CASING HEIGHT (circle appropriate box
and enter casing height)

+above

LAND SURFACE

2

(nearest
foot)

50

51

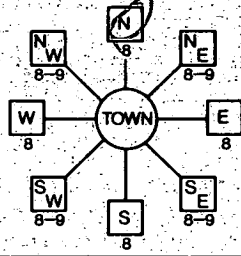
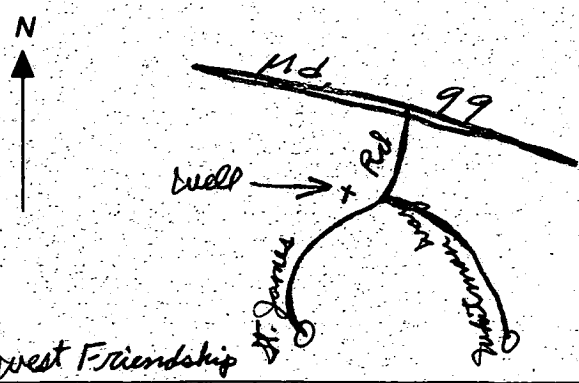
LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

130' well

20'

12' to road

B 1 4821 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-94-0940 fill in this form completely
Date Received (APA) 100396 OWNER INFORMATION SECURITY Development PO Box 417 ELlicott CITY MD 21041 15 Last Name 13 Owner 34 First Name 36 Street or RFD 55 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL HOWARD 8 COUNTY 21 STIEGLER PROPERTY 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 West FRIENDSHIP 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78	
DRILLER INFORMATION Joseph R. Mayne Driller's Name 77 License No. 80 Joseph R. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21771 Address Joseph R. Mayne Signature Date 10/3/96		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD St. James Road 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 270 34 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: 15 BLK: PARCEL: 40	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co. A 50560 A COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 000896 A McMiller 10/7/97 43 48 CO SIGNATURE EXP. DATE NORTH GRID 540000 EAST GRID 814000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 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:		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 8104 N 540 000 000	
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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE AM WRITE INITIALS IN BOX PERMIT NO. HD-94-0940 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

