10 am C.O. Septic 6/30/00

03-326233

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 513636
A 56429-GG

ISSUE DATE 6/14/2000

APPROVAL DATE 6/30/00

INDEXED

Hatfields Equipment IS PERMITTED TO INSTALL x ALTER ____

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Gaither Hunt I LOT NUMBER 33 ADDRESS 11001 Steeplechase Court

PROPERTY OWNER Ryan Homes PROPERTY OWNER'S ADDRESS 11460 Cronridge Drive
Owings Mills, MD 21117

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 130 feet down the right lot line and 10 feet off that same lot line. Run trenches along contour towards the left lot line as seen from Steeplechase Court.

PLANS APPROVED Amy McMillen OK 5/4/00 DKS DATE 4/3/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

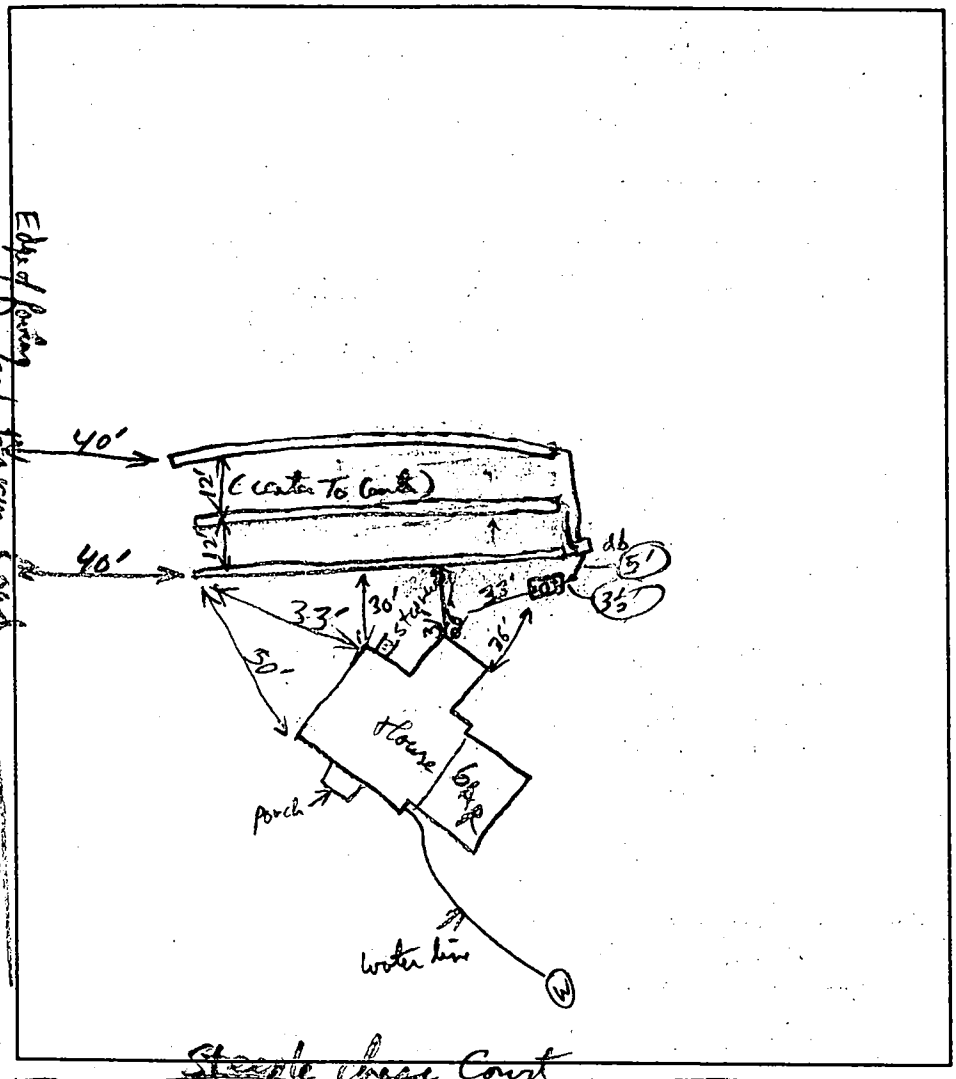
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A56429-GG

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'

TRENCH INLET DEPTH 3'

TRENCH BOTTOM DEPTH 5'

DEPTH OF STONE 21

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 240'

ABSORBENT AREA 720 sq ft

DISTRIBUTION BOX LEVEL ✓ (new unit)

BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 Mil Scored GALLONS

MANHOLE RISER ✓ yes

6 INCH INSPECTION PORT ✓ yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA

MANHOLE RISER

ALARM

PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: House Connection, Connecting Supply pipes, Septic Tank, Distr. Box, Manhole risers clean out pipe & S.T. (all cement Stacks) all OK to cover, all Trenches OK to cover. RJP 6/30/00

6/30/00 W PI - Poles OK @ 3½ ft, 2 piece Cap, PVC conduit Pipe, pumpcord OK to Cover RJP 6/30/00

INSPECTOR R Pribley DATE SYSTEM APPROVED 6/30/00

6/30/00 INFI 2p.m

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 7/17/2000

Name of Installer LEHSAC CORP Telephone 410 242-1888

License Number 3344
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner RYAN Telephone 410-531-0531
Subdivision Gaither Hunt Lot # 33 Well Tag # HO-94-1774
Site Address 11001 Steeple Chase Ct 21133

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make FRANKLIN
3. Model # FTS 4714 B-52
4. Capacity 7 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. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make WILKINS
2. Model # ____
3. Depth 42"

Tank
1. Capacity 86 GAL
2. Pressure relief valve? YES

Piping
1. Type 160 16
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 42

Well data
1. Depth 300 ft.
2. Yield 2.5 GPM
3. Static water level 40 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.

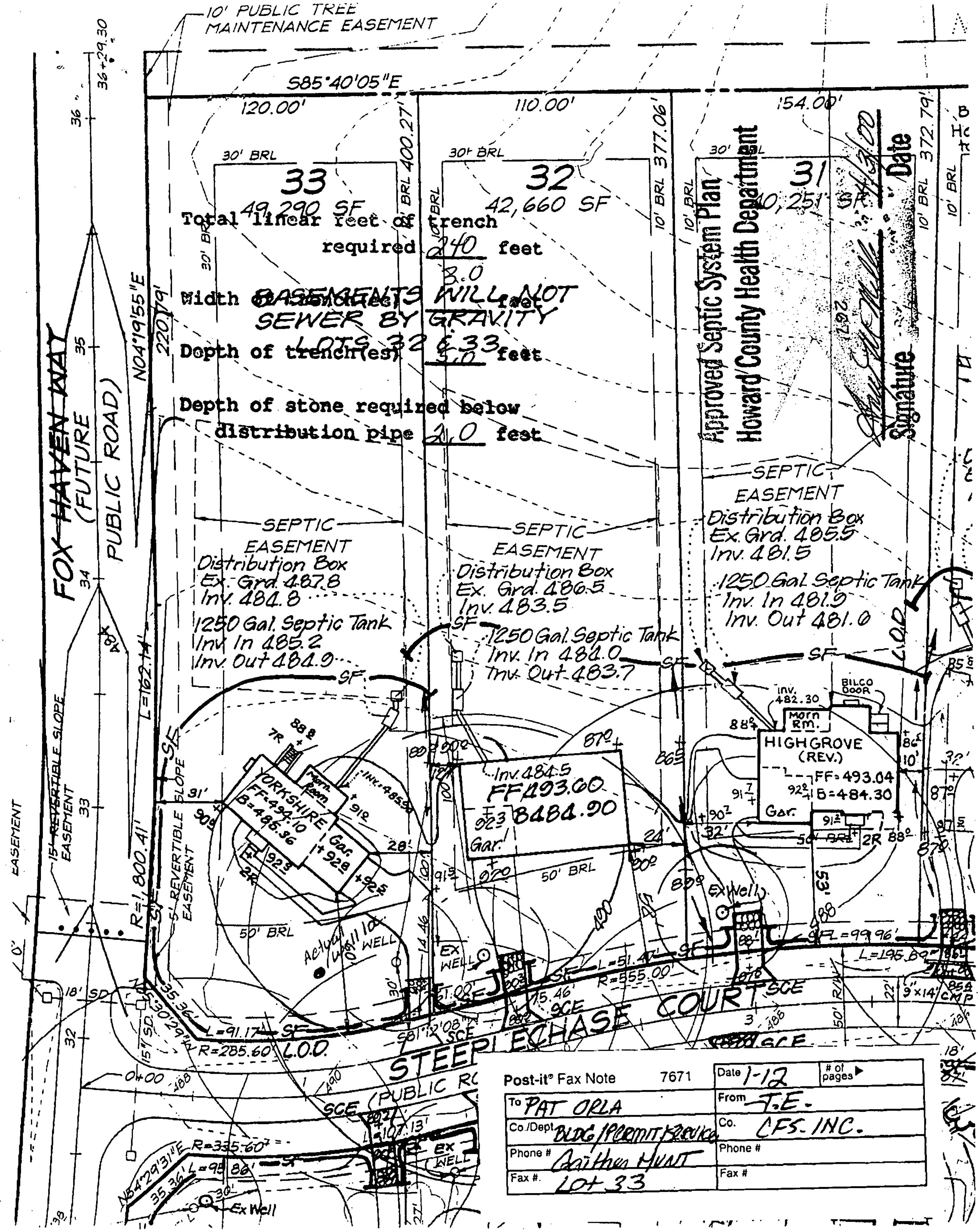
Signature of Applicant: [signature]

Date: 7/17/2000

6/30/00 left all ok to close AP

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

HD-215



Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

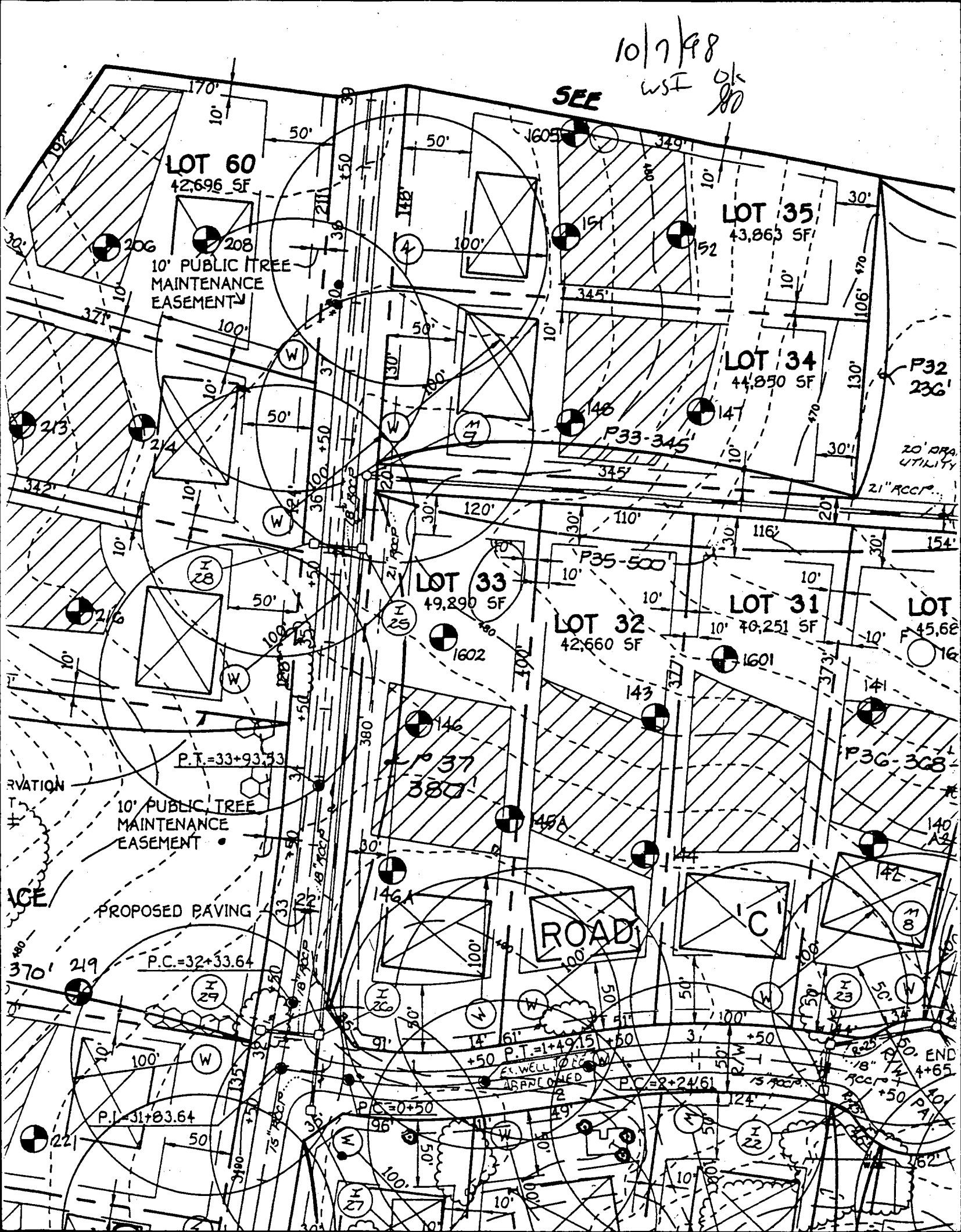
EASEMENTS WILL NOT SEWER BY GRAVITY LOTS 32 & 33

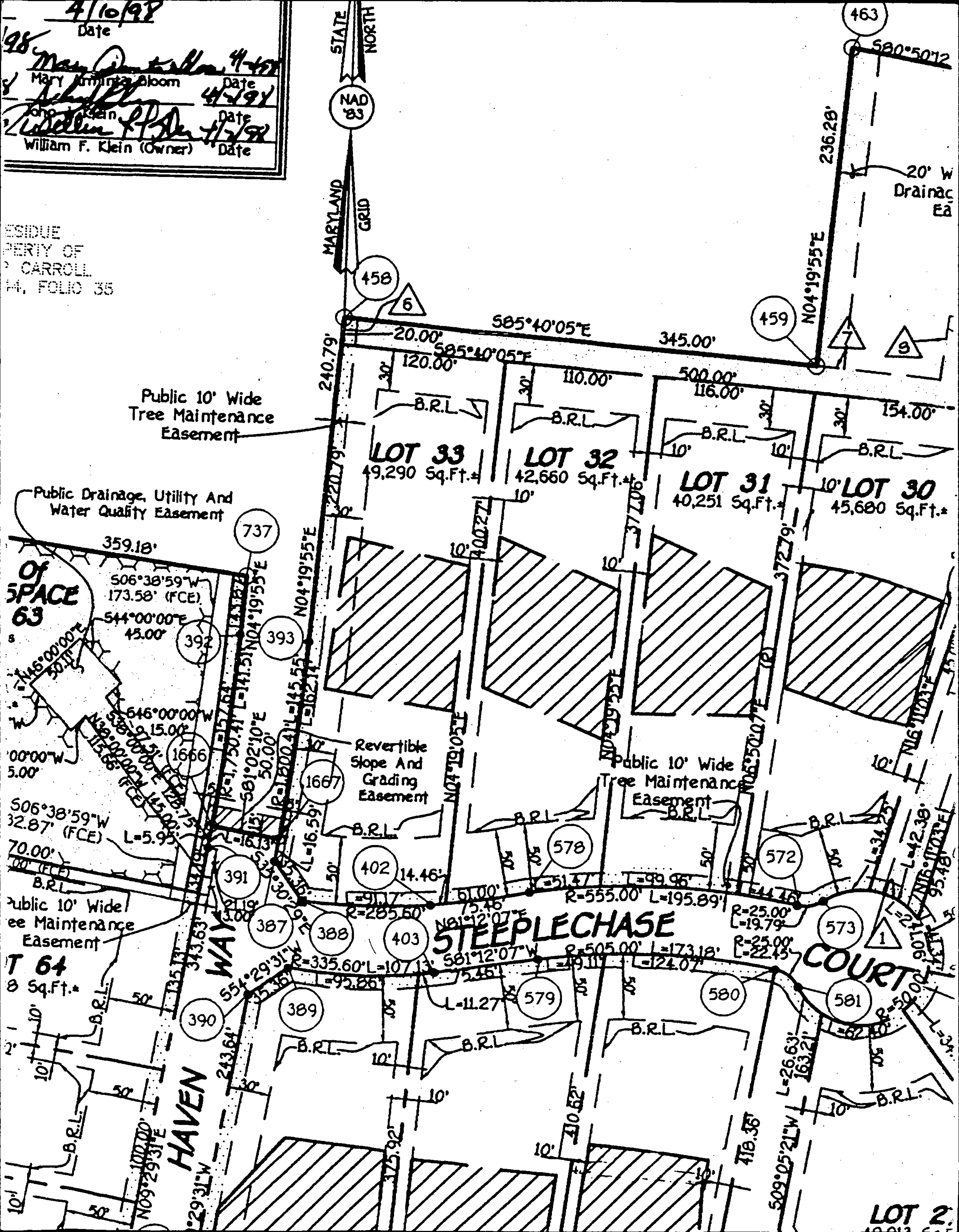
Approved Septic System Plan
Howard County Health Department

Signature

Date 1/3/00

Post-it® Fax Note 7671	Date 1-12	# of pages ▶
To PAT ORLA	From T.E.	
Co./Dept BLDG/PERMIT SERVICES	Co. CFS. INC.	
Phone # Caither Hunt	Phone #	
Fax # Lot 33	Fax #	


10/7/98
WSI OK
SEE
LOT 60
42,696 SF
LOT 35
43,863 SF
LOT 34
44,850 SF
LOT 33
49,890 SF
LOT 32
42,660 SF
LOT 31
40,251 SF
10' PUBLIC TREE MAINTENANCE EASEMENT
10' PUBLIC TREE MAINTENANCE EASEMENT
P32 236'
P33-345'
P35-500'
P36-368'
P37 380'
P.T.=33+93.53
P.C.=32+33.64
P.I.=31+83.64
P.T.=1+49.15
P.C.=2+24.61
P.C.=0+50
PROPOSED PAVING
ROAD
20' DRN. UTILITY
21" RCCP
18" RCCP
15" RCCP
EX. WELL TO BE ABANDONED
END 4+65



4/10/98
Date
Mary Aminta Bloom
Date
Date
William F. Klein (Owner)
Date
STATE
NORTH
NAD '83
MARYLAND
GRID
RESIDUE
PERTY OF
CARROLL
FOLIO 35
LOT 33
49,290 Sq.Ft.±
LOT 32
42,660 Sq.Ft.±
LOT 31
40,251 Sq.Ft.±
LOT 30
45,680 Sq.Ft.±
Public 10' Wide
Tree Maintenance
Easement
Public Drainage, Utility And
Water Quality Easement
Revertible
Slope And
Grading
Easement
Public 10' Wide
Tree Maintenance
Easement
20' W
Drainag
Ea
S85°40'05"E
345.00'
S85°40'05"E
500.00'
N04°19'55"E
236.28'
240.79'
220.79'
359.18'
S06°38'59"W
173.58' (FCE)
S44°00'00"E
45.00'
S06°38'59"W
32.87' (FCE)
R=555.00' L=195.89'
R=505.00' L=173.18'
R=285.60'
R=335.60' L=107.13'
N81°12'07"E
S81°12'07"W
S54°29'31"W
STEEPLECHASE
COURT
HAVEN
WAY
B.R.L.
Public 10' Wide
Tree Maintenance
Easement
T 64
8 Sq.Ft.±
LOT 2

APPLICATION

PERCOLATION TESTING

A 56429GG ~~56569~~

P _____

DISTRICT _____

DATE _____

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

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. ~~58~~ 29 33

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres 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)

A5642966
COUNTY #

SOIL PROFILE

0'

1601

TOPSOIL

BROWN CLAY LOAM — 3

BROWN SANDY LOAM
25% QUARTZ ROCKS
74'
10-25% GRAVEL THROUGHOUT

11'

1599

TOPSOIL

REDISH ORANGE SANDY CLAY — 3.5

DARK ORANGE/BROWN SANDY LOAM
6"-12" LAYERS OF ROCK
SANDY LOAM > 7'

10'

REQUESTED MARK UP TEST LOCATIONS SEVERAL LOTS

SOIL PROFILE

0'

1602

TOPSOIL

BROWN CLAY LOAM — 2.5

TANISH OLIVE SILT LOAM — 6

TAN SANDY LOAM
WHITE POCKETS
W/ORANGE MOTTLES

DRY

11'

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
1/24/97	LOT 33 1602	11V	0k				
	LOT 31 1601	5.5/11V	11:40	11:42	11:42	11:45	3 MIN
X	LOT 30 1600	COVERED	AT TIME OF	INSP. PROB ROCK	OR WATER		
	LOT 29 1599	10.5 V	ok				

REMARKS SEE TEST PLAN FOR APROX. LOCATION

TYPE OF SOIL TEST 1600, IS PART OF PROPOSE

TESTED BY G. SAVAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A 56429GG

P _____

DISTRICT _____

DATE 4-12-96

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

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Rewwer Jr

ADDRESS 10805 Hickory Ridge Rd 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 52

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres 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. Donald R Rewwer
(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 _____

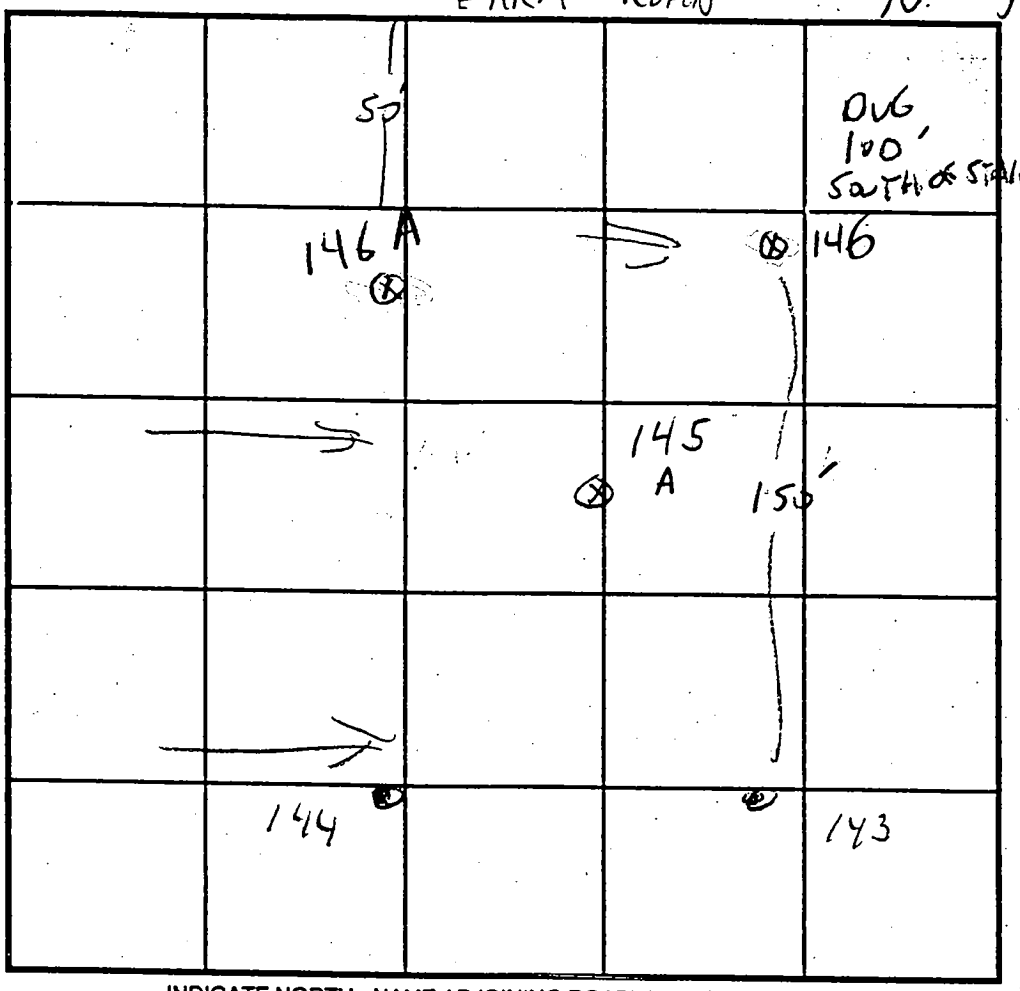
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

A5642966
COUNTY #

SOIL PROFILE
0'



SOIL PROFILE
0'
145 A
TOPSOIL
1' LAYERS OF BROWN + ORANGE CLAY LOAM
6
BROWN SANDY LOAM
12

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
4-12-96	143	5 6" / 10					9 MIN
	144	5 / 11 6"					8 MIN
	146A	5 / 12	3:56	3:57			
	146A	5 / 11	3:47	3:48	3:48	350	2 MIN
	145A	5 / 12	VISUAL				

REMARKS LOT 52, ALL HOLES HAVE SIMILAR PROFILE

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT Dan REVNOR, MIKE WALKE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

C 1 | 321 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A5642966

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 12 DD 16 YY 98

Depth of Well: 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho-94-1779

OWNER RUSSELL DEV (last name)
STREET OR RFD STEEPLECHASE CT (first name) TOWN ELLICOTT CITY
SUBDIVISION GAITHER HUNT SECTION 1 LOT 33

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
Brown Soil	0	25	
Brown Sandstone	25	35	
Gray Granite	35	140	
Green Granite	140	150	
Gray Granite	150	300	
		50	✓
		120	✓
		150	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) / (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.: MD WD 355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: JW D341
Max L. Jones

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 ____ NO. OF POUNDS ____
GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft. to 40 (BOTTOM) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

2, CL

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	06	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

STEEL (ST) BRASS/BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	40	300.0
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

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.): 8.5
METHOD USED TO MEASURE PUMPING RATE: watch + Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 34 ft.
WHEN PUMPING: 139 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 INSTALLED 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.) ____

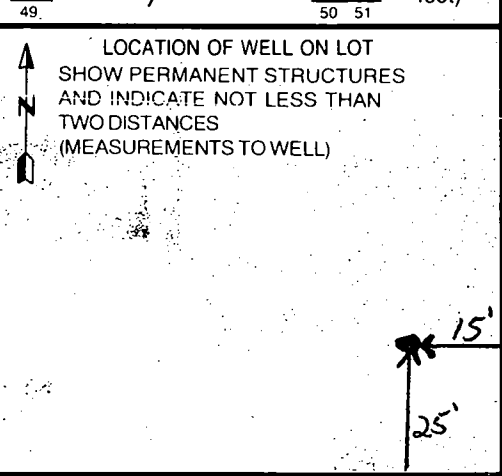
CAPACITY: GALLONS PER MINUTE (to nearest gallon) ____

PUMP HORSE POWER ____

PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height)
(+) above / (–) below LAND SURFACE
2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 — 8063 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1779

fill in this form completely

Date Received (APA)

OWNER INFORMATION

RUSSELL DEVELOPMENT LLC
Last Name — Owner — First Name

8808 CENTRE PARK DRIVE Suite 209
Street or RFD

Columbia MD 21045
Town — State — Zip

DRILLER INFORMATION

MICHAEL BARLOW MWD 355
Driller's Name — License No.

MICHAEL BARLOW WELL DRILLING SVC INC
Firm Name

912 FAWN COURT JOPPA, MD 21085
Address

Signature — Date

LOCATION OF WELL

B 3

HOWARD
COUNTY

GAITHER HUNT
SUBDIVISION

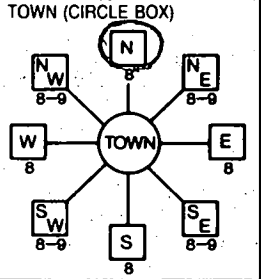
SECTION 1 LOT 33

ELLICOTT CITY
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



STEEPLE CHASE CT ~~Road C~~
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 30 FT

ENTER FT OR MI

TAX MAP 29 BLK. 11 PARCEL 322

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
[I] INDUSTRIAL, COMMERICIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A5642966 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 10 14 98 — CO SIGNATURE — EXP. DATE 10 14 99

NORTH GRID 520 000
EAST GRID 830 000

APPROXIMATE DEPTH OF WELL 200 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

12/16/98
Grout 10:30

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830
N 520

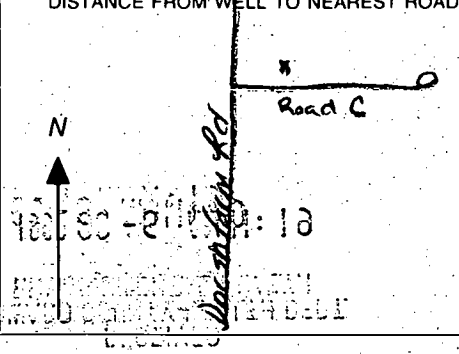
000
000

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) ___-___-___-___

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 GAP

PERMIT No. HO-94-1779

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

11-6-98

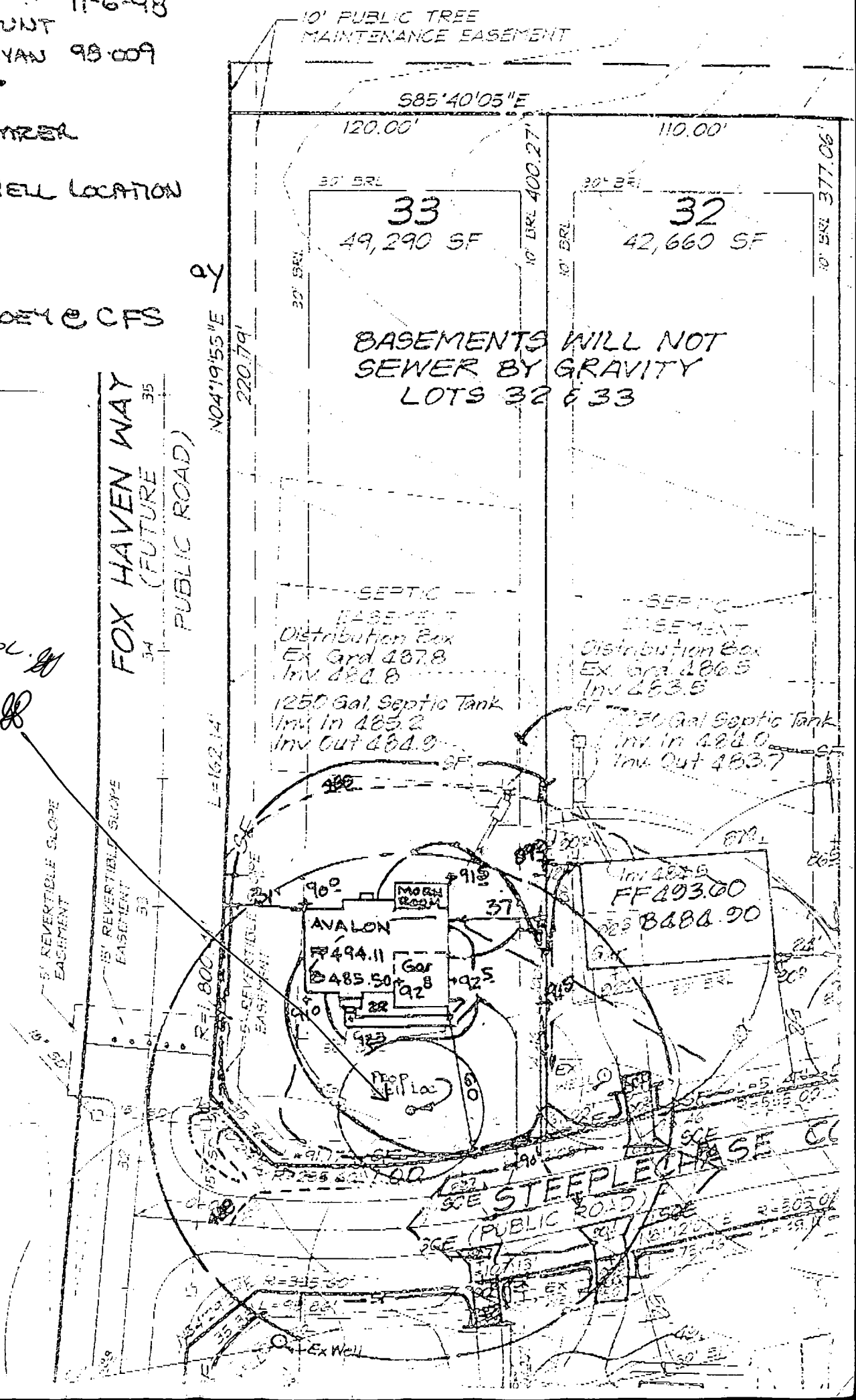
GARTNER HUNT
LOT 33 RYAN 98-009
ATTN
MIKE SHERRER

PROPOSED WELL LOCATION

by

JOEY @ CFS

ATTN
GLEN
SAVAGE
11-12-98
11-12-98
PRELIM OK,
VARIES FIELD LOC.
11-13-98
WSI OK



Ho Co Health 11-4-98

ATTN GLEN SAVAGE

PLEASE REVIEW LOT 33 GAITHER HUNT for an alternative Well LOCATION

THANK YOU

JOEY ECKER @ CFS

PH # 410 381 9500

11.5.98

T.C. W/JOEY ECKER

ALTERNATE WELL SITE O/K ALONG FRONT OF LOT MAINTAINING STANDARD SETBACKS (DISCUSSED)