

8/21/00
To follow Lot 6

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514194

A 59262-F

INDEXED

ISSUE DATE 8/16/2000

APPROVAL DATE 8/21/00

04-363353

S K Backhoe & Septic Service

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION McKendree Overlook LOT NUMBER 6 ADDRESS 13960 Weeping Cherry Drive

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY GALLONS *** TOP SEAMED SEPTIC TANK REQUIRED ***

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Begin trenches 195 feet down the left lot line and 40 feet off that same lot line as seen when facing the lot from Weeping Cherry Drive. Run trenches on contour in both directions. 6/16/00 S.K. (BA)

PLANS APPROVED Amy McMillen DATE 4-17-2000

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

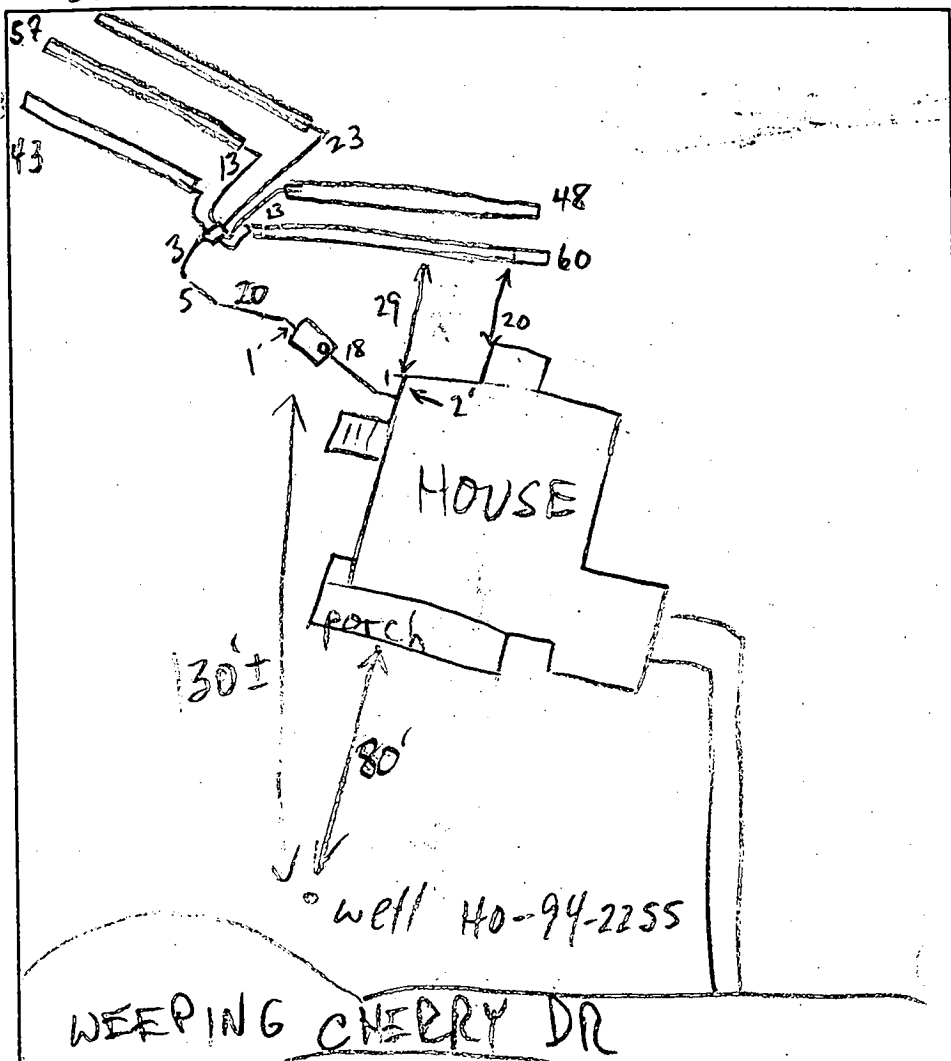
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

59262-F

60



TRENCH DATA

TRENCH WIDTH 3
TRENCH INLET DEPTH 1.5
TRENCH BOTTOM DEPTH 3
DEPTH OF STONE 1.5
NUMBER OF TRENCHES 5
TOTAL TRENCH LENGTH 268
ABSORBENT AREA 804
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS
MANHOLE RISER _____
6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

PUMP CHAMBER _____
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 8/21/00 ALL WORK OK TO COVER (MR)

INSPECTOR M. R. KIRKIN DATE SYSTEM APPROVED 8/2/00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy Approval.

Company Name: SK Plumbing & Heating Inc. Telephone #: 410-715-0322
Address: 1220 E.S. Kellum
Keyster MD 21757

(Must circle one) ☒ Licensed Plumber ☐ Licensed Well Driller ☐ Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Virgil Kern License # 12285
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Trinity Homes Telephone #: 410-313-6722
Subdivision: McKendree Overlook Lot #: 6 Well Tag #: HO-97-2255
Site Address: 13960 Deeping Cherry Dr
West Friendship MD 21794

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>SACOZEL</u>	Make: <u>Unbranded</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>1545218-S2</u>	Model #: <u></u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>4</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>370</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt yes

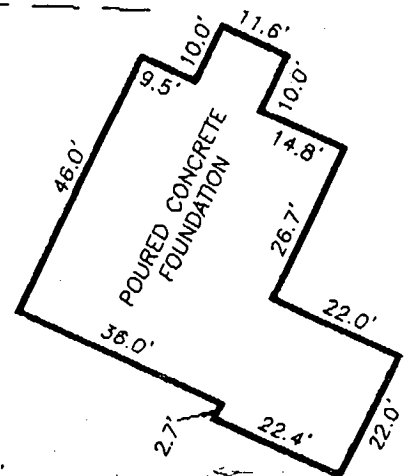
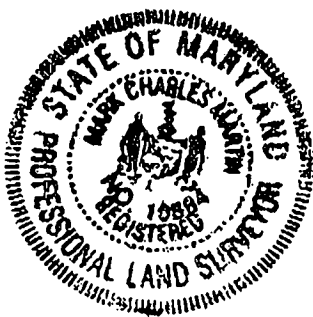
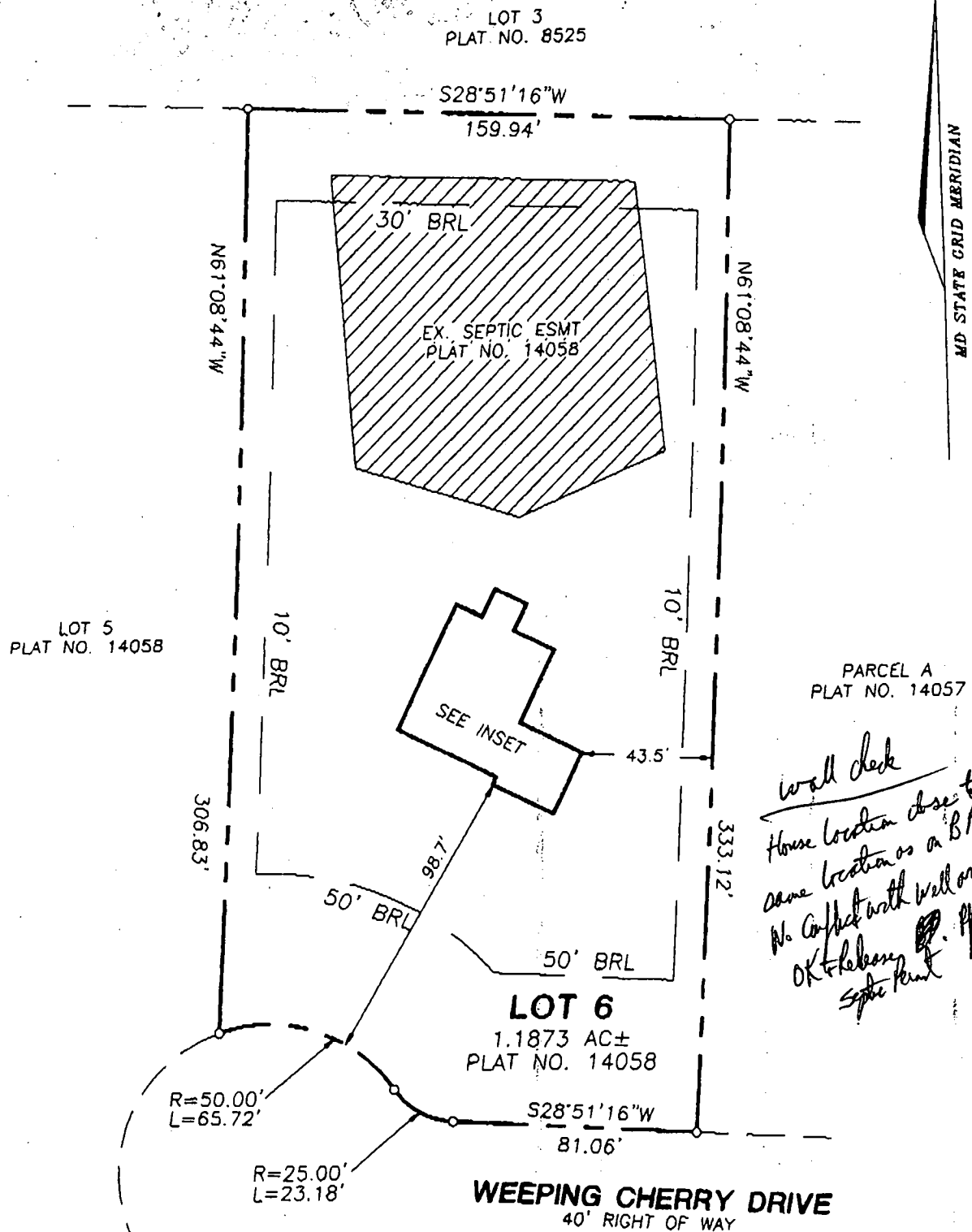
Piping to house	House Connection
Type: <u>PVC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5' 11 7/8"</u>
Depth of supply line: <u>22</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 9-13-00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/14/00 Date Insp. Approved: 8/14/00 OK (BB) SRH
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



RECORD REFERENCES	WALL CHECK OF	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966
LIBER/FOLIO _____ PLAT BOOK _____ N/A PLAT NO./FOLIO _____ 14058	LOT 6	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin 6/15/2000</i> MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884
SCALE _____ 1"=50' DATE _____ 06-14-00	McKENDREE OVERLOOK HOWARD COUNTY MARYLAND	

BASEMENT DOES NOT
SEWER BY GRAVITY

50,725 sq. ft.
1.19 acres

LOT 6

Dist. Box
Inv. 563.3

1250 Gal. Septic Tank
Inv. In. 564.2
Inv. Out. 563.9

FF=571.30
B=562.30

PROP.
WELL

Total linear feet of trench required 240 feet

Width of trench (feet) 2 feet

Depth of trench(es) 3.0 feet

Depth to stone required below distribution pipe 1.5 feet

Approved Septic System Plan
Howard County Health Department

Signature *[Signature]* Date 4/17/00

PROPOSED
BIORETENTION
FACILITY IS
PRIVATELY OWNED &
MAINTAINED

NO-BUILDABLE
RESERVATION
PARCEL A

EX. WELL
TO REMAIN

BASEMENT DOES NOT
SEWER BY GRAVITY

1250 Gal.

Dist. Box

OPEN SPACE

12/30 & 12/31/97

APPLICATION

PERCOLATION TESTING

A 59262

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 12/12/97

12/12/97

Preview OK
ALM

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 OSTERMAN

ADDRESS 2169 MCKENDREE ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER MICHAEL PPAU / TRINITY HOMES

ADDRESS 6212 DEVON DR. COLUMBIA, MD 21044 PHONE 410-730-3137

PROPERTY LOCATION:

SUBDIVISION OSTERMAN PROPERTY LOT NO. LOT 3

ROAD AND DESCRIPTION MCKENDREE ROAD APPROX. 800' SOUTH OF
INTERSECTION OF FREDERICK ROAD (144)

TAX MAP 15 PARCEL # 52

SIZE OF LOT 1 AC. ± TYPE BLDG. SINGLE FAMILY DWELLING
(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. Michael PPAU RV
(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

SOIL PROFILE

0. 1 5

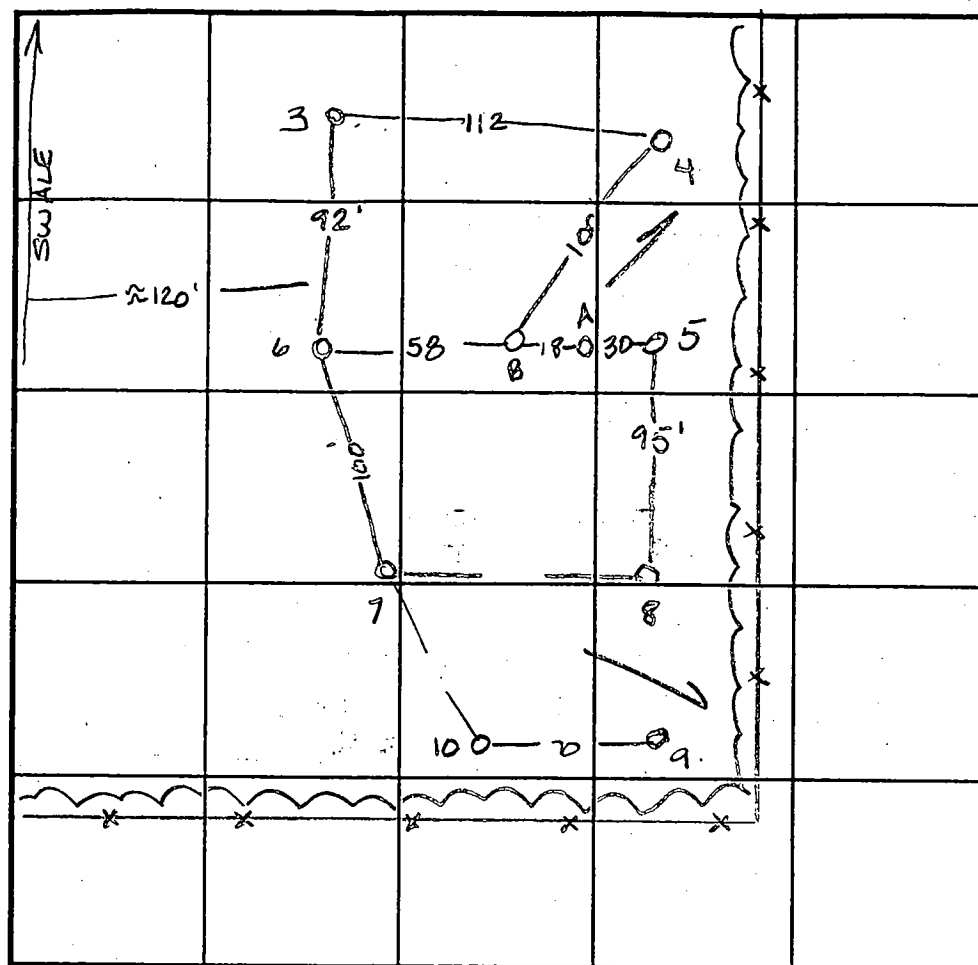
1.0 red
brn
siculum

1gt
tan
Si Salin

858

orange
brown
SiC/In

Orang
tan
Sasilm



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 6

red
orange
brown
SiC/AlN

4.0	<u>SLIGHT</u> bright orange red brn Salm
-----	--

1090
Ry
at
bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	7	3.5 12.0	10:09 ³⁰	10:10 ³⁰	10:10 ³⁰	10:11 ³⁰	1min
	8	Visual to 12.0 - seep profile					OK
	5 & 5A	Refusal at 6.0 - insufficient depth to bedrock					F
	5B	4.0 11.0	10:18	10:30	10:30		slow
	6	3.0 10.5	10:13	10:15	10:15	10:16 ³⁰	1 1/2 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

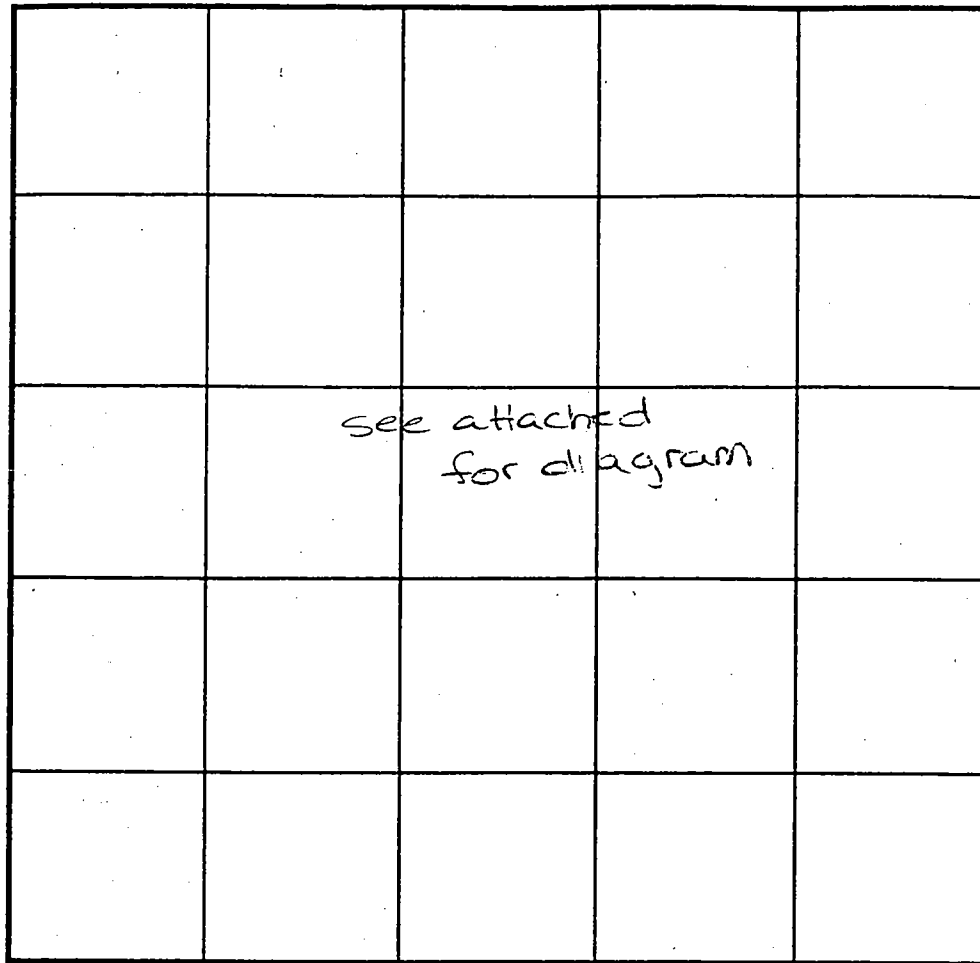
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

0' 4'
orange
red
SCLM
3.0
tan
orange
SCLM
10%
R₁
bag
9.5



SOIL PROFILE

0' 4'
lgt
brn
SCLM
3.5
beign
orange
SCLM
no
R₁
↓
11.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-30-97	4	3.0 4.5	10:22	10:24	10:24	10:28	4min
	3	3.0 4.5	10:24	10:36	10:36	10:38	2min
	10	4.0 12.0	10:36	10:37	10:37	10:39	2min
	9	Visual	- see profile			—	OK

REMARKS _____

TYPE OF SOIL _____

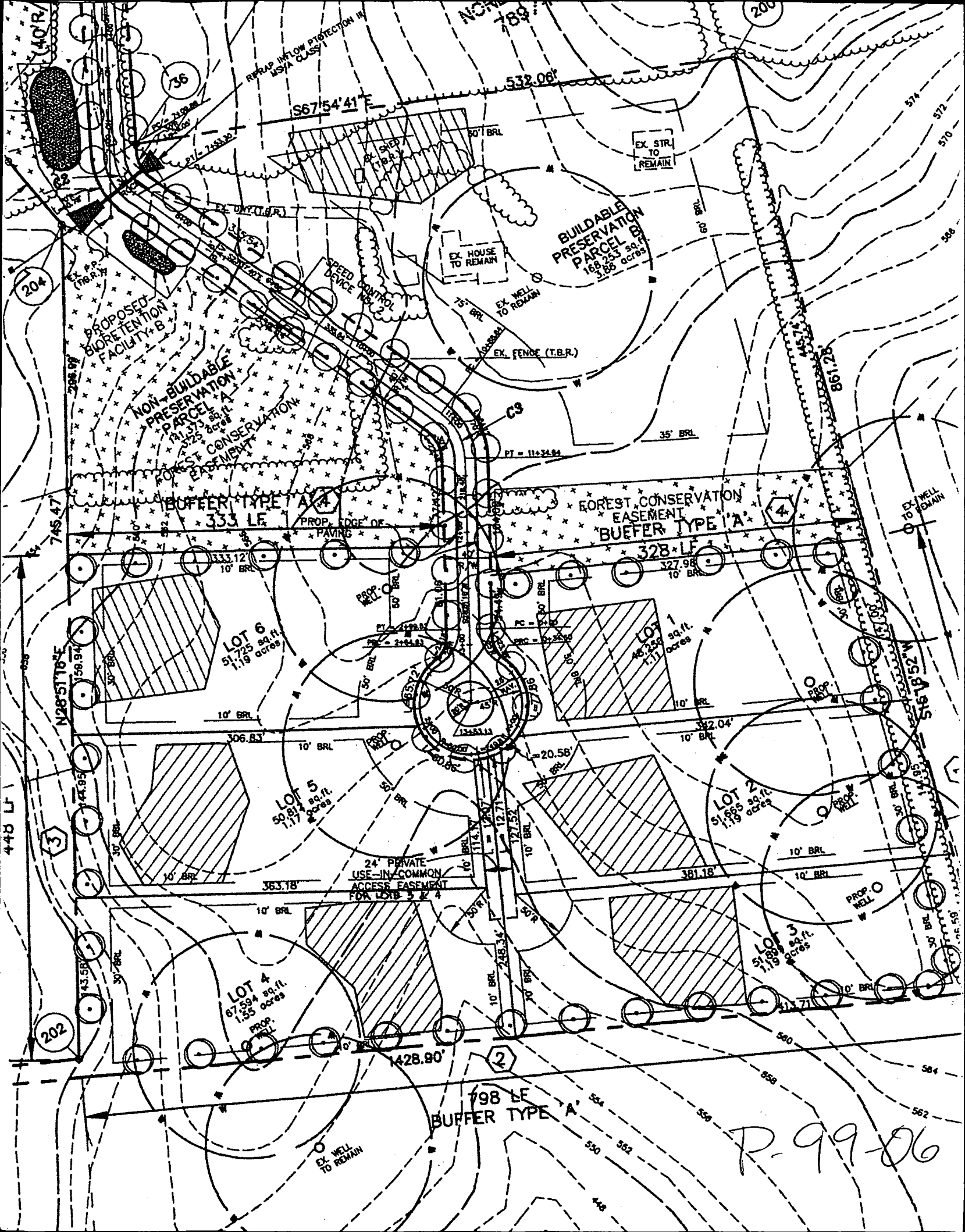
TESTED BY Amy McMillen ALSO PRESENT _____

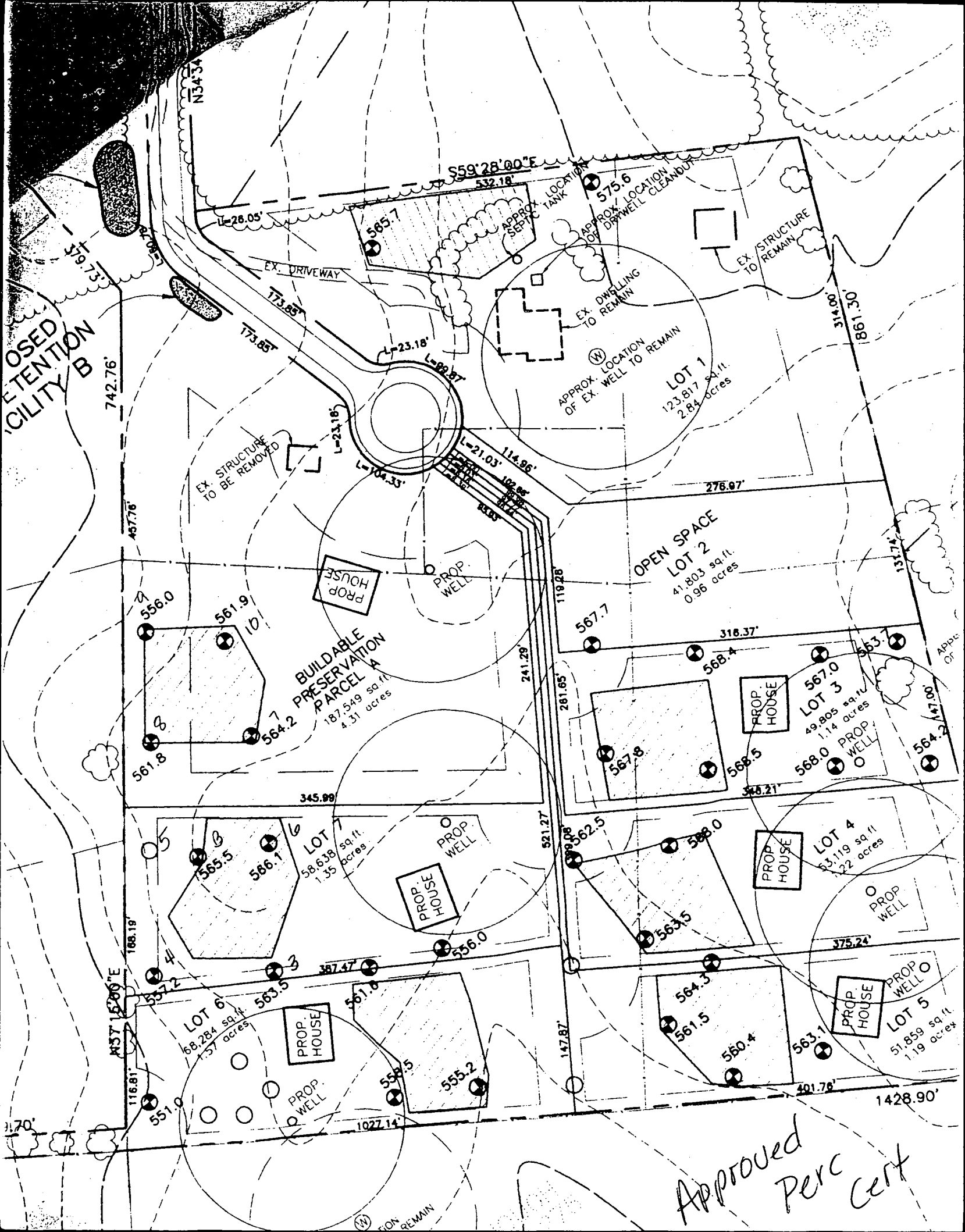
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

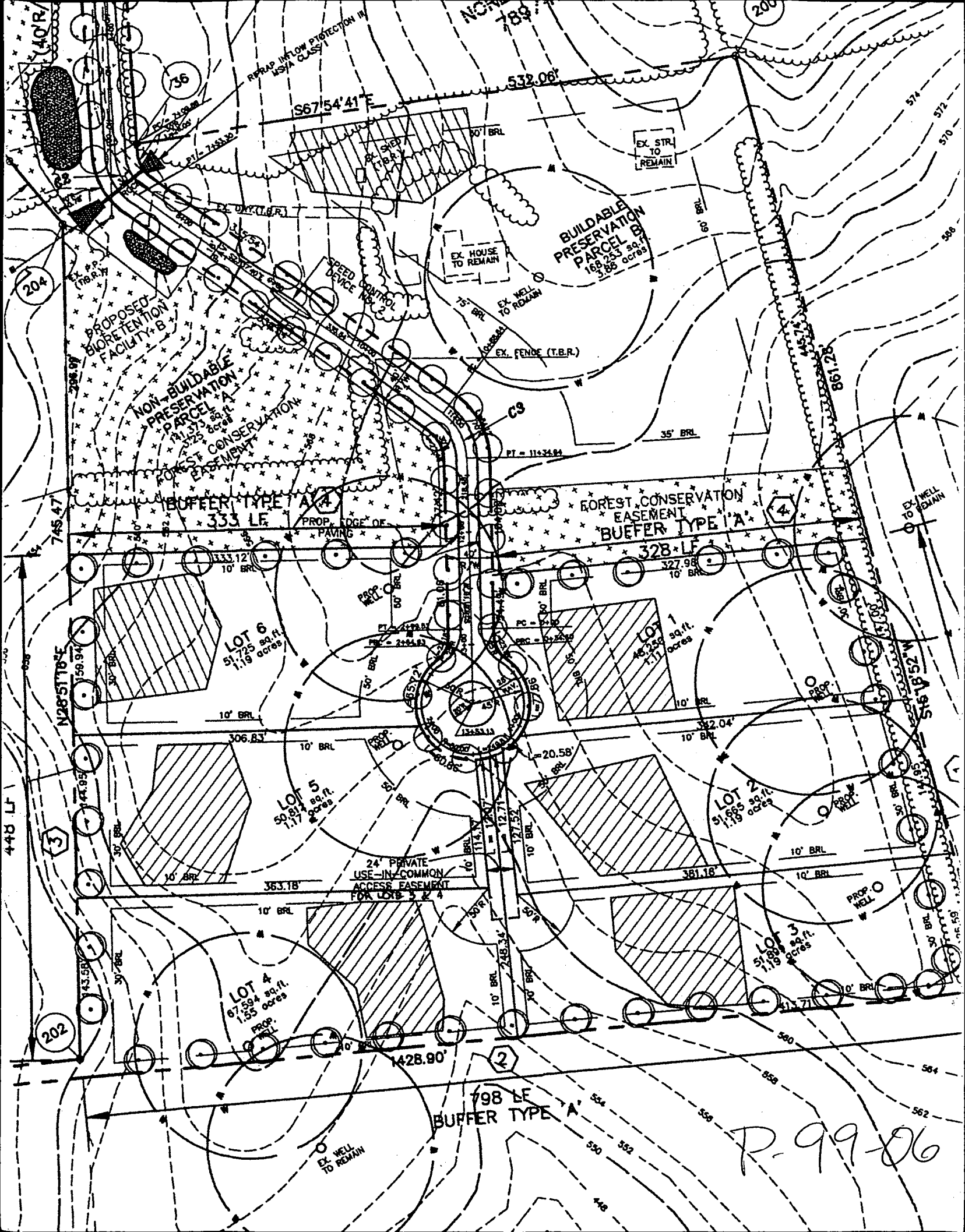
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

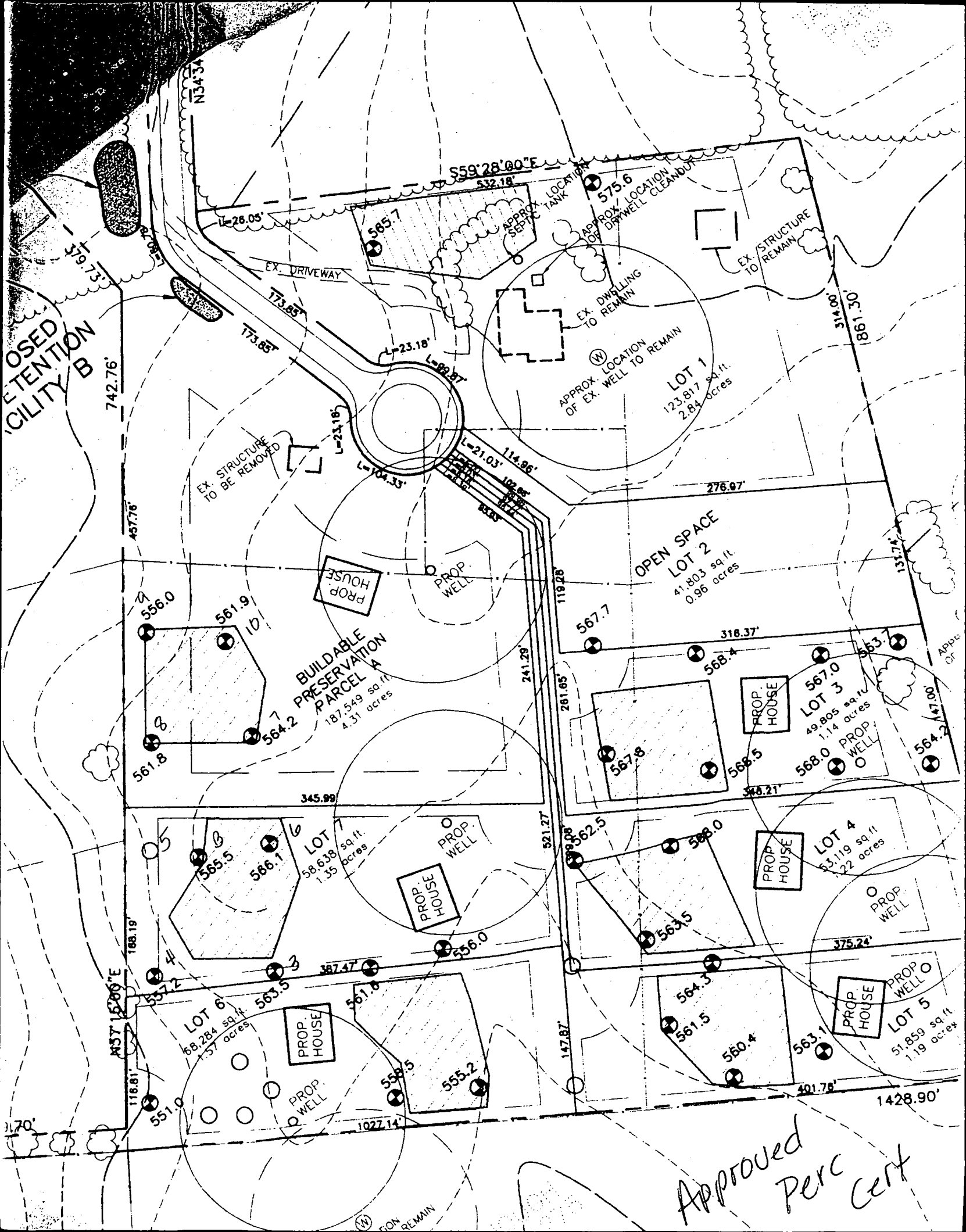
3
dark
red
SCLM
10
tan
SCLM
7.5
>50%
R₁
refusal
9.5

10
orange
brn
SCLM
4.0
light tan
grey
SCLM
coarse
10%
R₁
12.0









C106756

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 A59562F

ST/CO USE ONLY
DATE Received
10 26 99

DATE WELL COMPLETED
MM DD YY
10 16 99

Depth of Well
22 365 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2255

OWNER Trinity Homes
STREET OR RFD McKendree Rd first name
SUBDIVISION Osterman Prop SECTION LOT 6

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	11	
Sand Stone	11	15	
MICKA	15	45	
Sand Stone	45	50	
MICKA	50	210	
Flint Rock	210	215	✓
MICKA	215	365	
300 ft Dry HOLE	300	25	
	25	0	
			#2 Cont.

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 600

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft. to 19 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

☒ ST STEEL
☐ PL PLASTIC
☐ CO CONCRETE
☐ OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 21

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type
or open hole
(insert
appropriate
code
below)

☒ ST STEEL
☐ BR BRASS
☐ PL PLASTIC
☐ HO OPEN HOLE
☐ OT OTHER

DEPTH (nearest ft.)
19 365

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 46 ft.

WHEN PUMPING 92 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 WILL INSTALL PUMP 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) 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
☐ - below } 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: I

WELL HYDROFRACTURED ☒ 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. MSD 116
Mark Wayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 116
Mark E. Wayne

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

C 2

DEPTH (nearest ft.)
19 365

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3 2

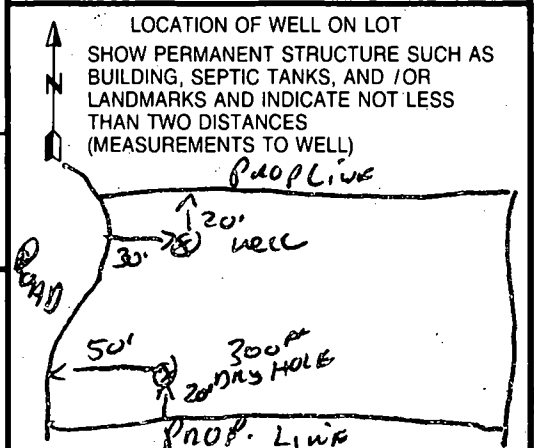
DIAMETER OF SCREEN (NEAREST INCH)
56 60

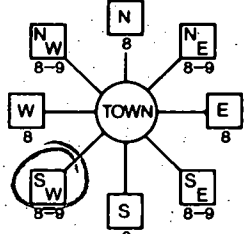
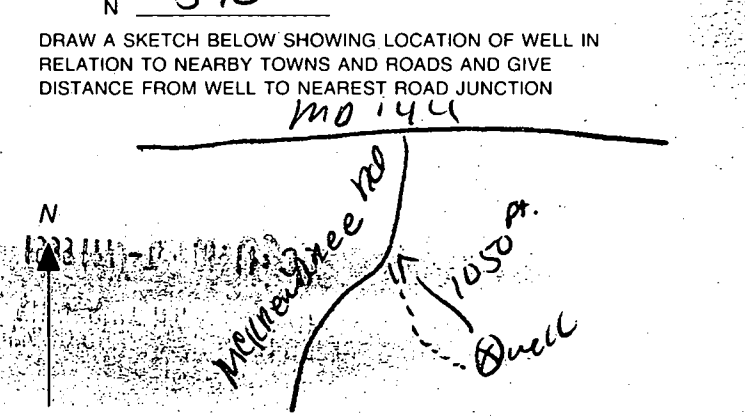
GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

70 72 74 75 76

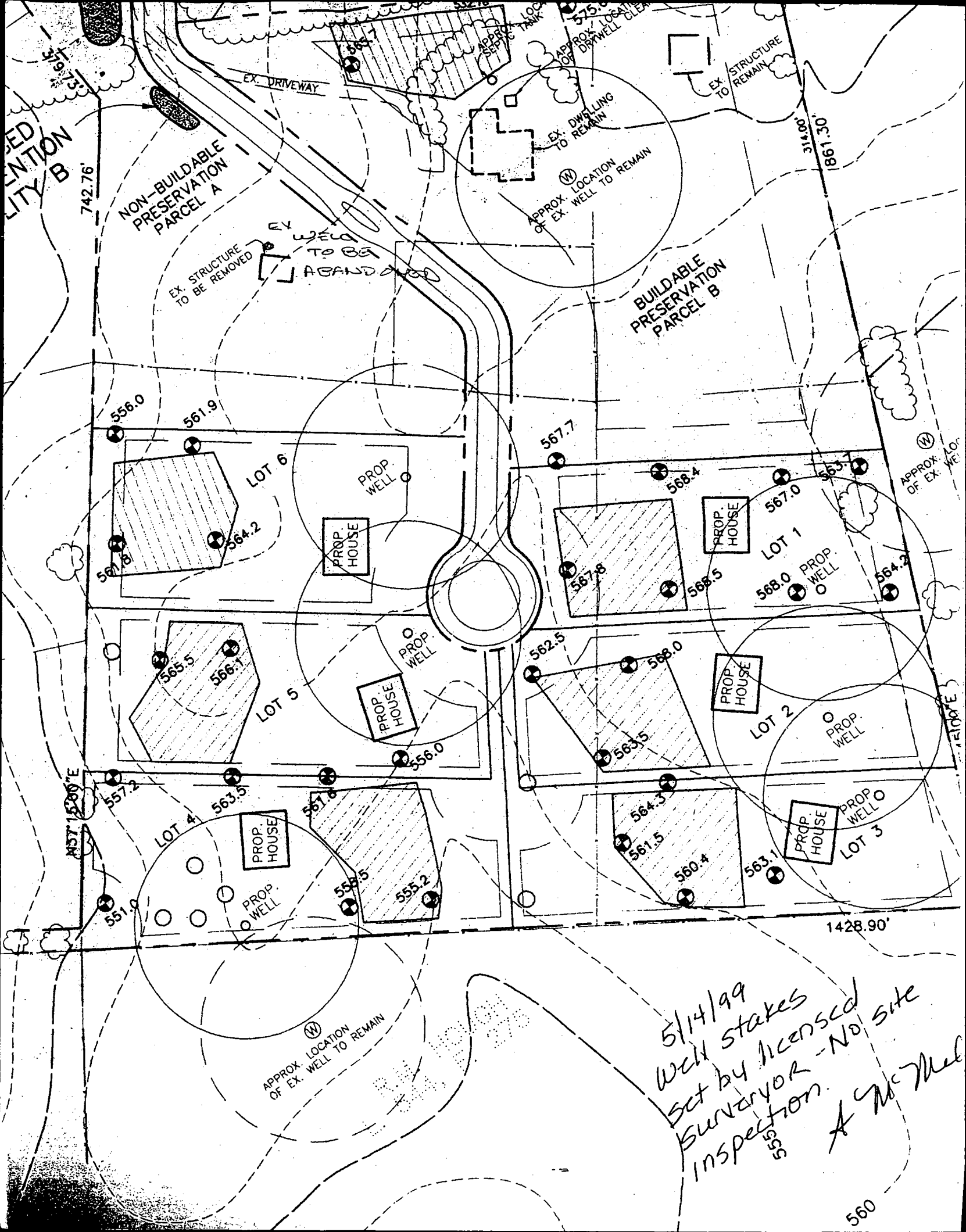
TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 1990 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2255 <small>70 fill in this form completely 79</small>
Date Received (APA) 050499 <small>8 MM DD YY 13</small> OWNER INFORMATION 15 <u>Trinity Homes</u> <small>Last Name Owner First Name 34</small> 36 <u>6212 Devon Dr.</u> <small>Street or RFD 55</small> 57 <u>Columbia Md. 21044</u> <small>Town 70 State 72 Zip 76</small>		B 3 Howard <small>LOCATION OF WELL</small> 8 <u>Howard</u> <small>COUNTY 21</small> 23 <u>Osterman Prop</u> <small>SUBDIVISION 42</small> SECTION <u>—</u> <small>44 46</small> LOT <u>6</u> <small>48 50</small> 52 <u>COOKSVILLE</u> <small>NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <u>3</u> <small>73 M I 76 77 78</small>	
DRILLER INFORMATION Driller's Name <u>Ralph MAYNE</u> <small>76 License No. 81</small> Firm Name <u>Ralph MAYNE well Drilling</u> Address <u>9120 Brown Church Rd Mt Airy</u> Signature <u>Ralph Mayne</u> <small>4-30-99</small> <small>Date</small>		B 4 McKendree Rd <small>NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 34 <u>1050</u> <small>DISTANCE FROM ROAD 37</small> ENTER FT OR MI <u>ft</u> <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 5 <small>WELL INFORMATION</small> APPROX. PUMPING RATE (GAL. PER MIN.) <u>500</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>150</u> <small>14 20</small>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard County</u> A59562F COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → <u>41</u> DATE ISSUED <u>051799 AM 7:00</u> 051700 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID <u>540000</u> EAST GRID <u>770000</u> 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>150</u> <small>24 28</small> FEET APPROXIMATE DIAMETER OF WELL <u>64</u> <small>NEAREST INCH</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>770</u> N <u>540</u>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> <u>AIR-ROTARY</u> <small>30</small> <input type="radio"/> JETTED <input type="radio"/> Jettied & DRIVEN 37 <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 _____ 63 PERMIT No. <u>HO-94-2255</u> 70 71 72 73 74 75 76 77 78 79	

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



5/14/99
Well stakes
set by licensed
Surveyor - No site
inspection.
A. McNeil