

PERMIT

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

P 514267-A

A REPAIR

ISSUE DATE 9/20/2000

APPROVAL DATE 9/29/00

RPS #313127

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER X

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION PICKETS ACRES LOT NUMBER 4 ADDRESS 623 Watersville Road

PROPERTY OWNER MITCHELL THOMAS Riegler PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY ex 1000 GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 3 existing

SQUARE FEET PER BEDROOM 180 ÷ 3 kind x 3 beds =

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 3 feet wide. Inlet 4 (5'00) feet below original grade. Bottom maximum depth 6 (7'00) feet below original grade. 2 feet of stone below distribution box.

LOCATION:

REPAIR - PURPOSE - Existing septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 9/14/00

PLANS APPROVED Ronald J. Pinkley (SRK) DATE 9/28/00

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

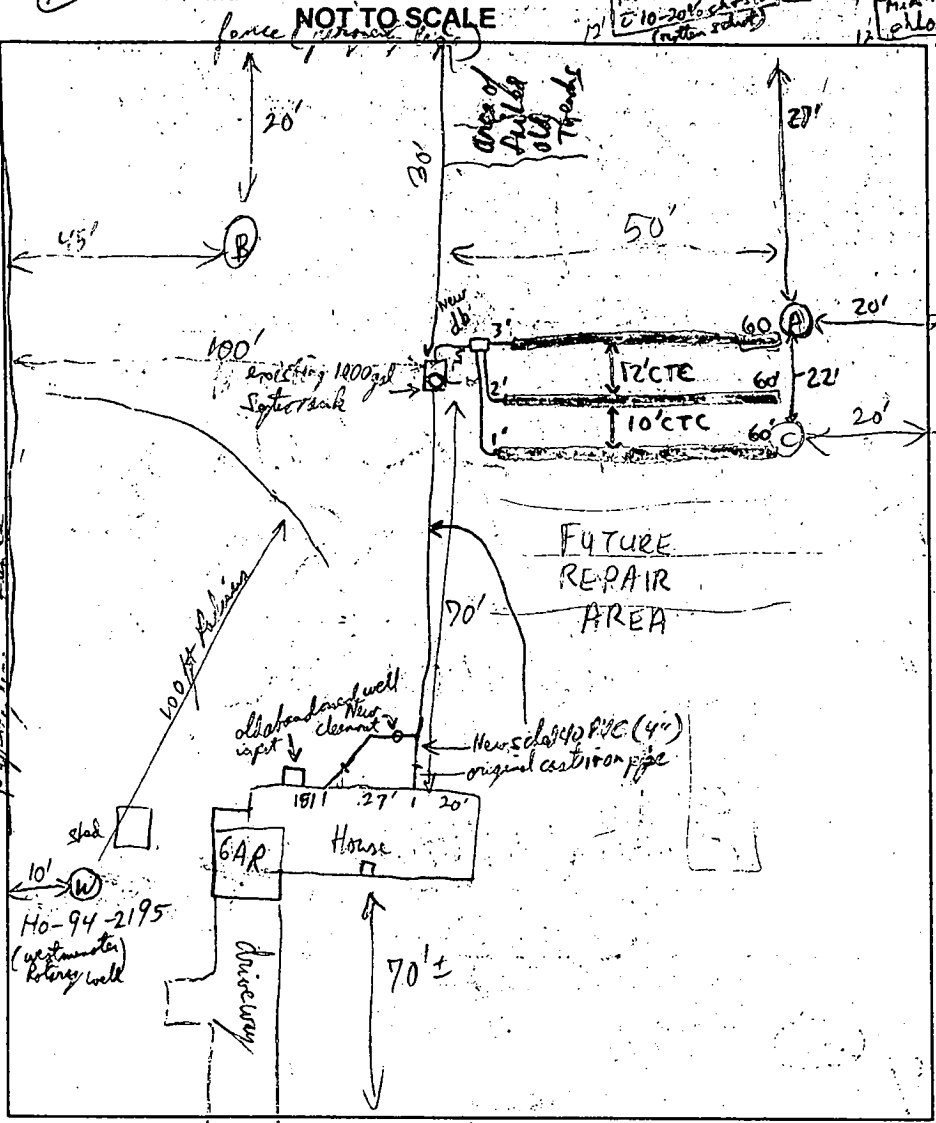
ALL PERMITS SIGNED
AND RETURNED 12/12/01
BO0133562
GARAGE W/ STORAGE AREA

P514267A

Test B (Aug 4/00)
 High % for 15' depth
 (Sched 40 PVC + 3' baffle)
 in North Well 3' baffle
 (Fail)

Test A 12 ft dia
 dead Ben CL
 4' dia - Red Ben
 KCL
 vit + light med
 bed that ch. loss
 10-20% ch + stone
 (water shield)

Test C
 12:19:20 - 75' dia
 12:29:20 - 8' dia
 12:39:20 - 3' dia
 15-20% decrease
 5 mpl



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	4'
TRENCH BOTTOM DEPTH	6'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	180'
ABSORBENT AREA	540 ft ²
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1000 ^{Existing from MidSec} GALLONS
MANHOLE RISER	N/A
6 INCH INSPECTION PORT	N/A
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	NA
MANHOLE RISER	N/A
ALARM	N/A
PUMP PERFORMANCE TEST	N/A

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: House connection is OK to Cover (new sch 40 PVC attached to lot 5 or 7' of lot area out of House). P/B 9/28/00 existing outlet terrace baffle is sound, New inlet PVC baffle OK, OK to cover pipes to Septic Tank. Need to call for inspection of fields when ready, 9/29/00/ff 9/29/00 - ON TO COVER ALL WORK
 -SRK

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 9/29/00

B 1	2050	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <small>please type</small>	STATE PERMIT NUMBER HO-94-2195 <small>70 118 in this form completely 79</small>
Date Received (APA) 030999 <small>8 MN DD YY 13</small>		OWNER INFORMATION		
Last Name RCIGLE		Owner First Name Tom		
Street or RFD 623 WATERSVILLE Rd		Town State Zip MT AIRY Md 21771		
DRILLER INFORMATION				
Driller's Name DANA KYKELATE M D 256 <small>76 License No. 81</small>				
Firm Name WESTMINSTER ROTARY Well Drilling Inc				
Address P.O. Box 861 Westminister, Md 21157				
Signature Dana KyeLATE Date 5-3-99				
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		400		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL		250 FEET		
APPROXIMATE DIAMETER OF WELL		6 INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		
AIR-ROTARY		AIR-PERCussion		
CABLE		ROTARY (Hydraulic Rotary)		
other		Drive-POINT		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER		GAP		
PERMIT No. HO-94-2195				
SPECIAL CONDITIONS				

B 3	LOCATION OF WELL	
COUNTY	HOWARD	
SUBDIVISION	PICKETS	
SECTION	LOT	
44	4	
NEAREST TOWN		
Lisbon		
MILES FROM TOWN (enter 0 if in town)		
3 MI		

B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
NEAR WHAT ROAD		
WATERSVILLE Rd		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
DISTANCE FROM ROAD		
25		
ENTER FT OR MI		
FT		
TAX MAP: _____ BLK: _____ PARCEL _____		

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD **13**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED **3/16/99** **A McMill** **3/16/00**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **553 000** EAST GRID **0772 000**

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

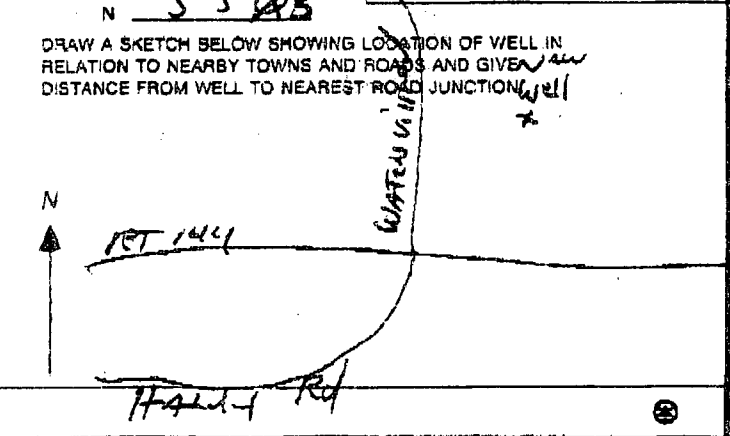
- CITY**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7782

N 5583

000
000



C1 9890

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER BW 511451

ST/CO USE ONLY DATE RECEIVED APR 25 1999

DATE WELL COMPLETED APR 14 1999

Depth of Well 502 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2195

OWNER REIGLE 623 Watersville Road TOWN Lisbon SUBDIVISION Pickets SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale & Clay, Hard Blue Schist, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 24, NO. OF POUNDS: 2256

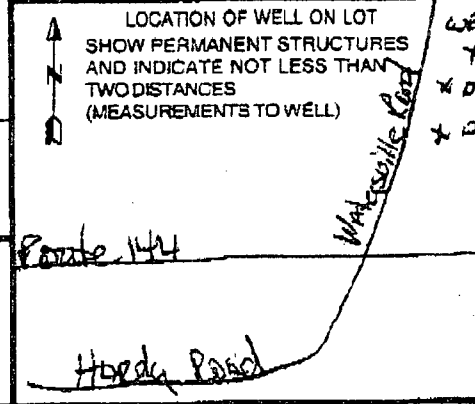
CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: S T, Nominal diameter: 6, Total depth of main casing: 92

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), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

PUMPING TEST: HOURS PUMPED: 6, PUMPING RATE: 5, METHOD USED TO MEASURE PUMPING RATE: flowmeter, WATER LEVEL: 104 ft. BEFORE PUMPING, 502 ft. WHEN PUMPING

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES, TYPE OF PUMP INSTALLED: A (air), CAPACITY: 31 GALLONS PER MINUTE, PUMP HORSE POWER: 37, PUMP COLUMN LENGTH: 43



NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.01 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO.: MWD 2561 Dana Kyker Jr II

DRILLERS SIGNATURE: Dana Kyker Jr II, LIC. NO.: JWD 334

MDE SUPERVISOR (sign. of driller or journeyman responsible for sitework is different from permittee)

DEPTH (nearest ft.): 92, 502. E A C H K S C R F E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT P IN BOX 61

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 LOG INDICATOR OTHER DATA

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2300 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

APR 1999
Received
Ind. Septic
Systems & Wells
Program

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

→ DRY HOLE

DATE WELL ABANDONED: April 14, 1999 (month/day/year)

~~H O 9 4 2 1 9 5~~

[Empty grid boxes]

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

- * PERSON ABANDONING WELL: Dana Kyker Jr II
- * OWNER'S NAME: Tom Reigle
- * WELL LOCATION:

WELL DRILLERS LICENSE NUMBER: MWD256
CIRCLE MWD/MSD/MGD

COUNTY: Howard
 NEAREST TOWN: Lisbon
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Pickets
 SECTION: _____ LOT: 4
 Dry Well #1

000	X
000	

MARYLAND GRID COORDINATES

BOX NUMBER E 772
 N 553

SHOW WELL LOCATION BY X WITHIN BOX

- * TYPE OF WELL BEING ABANDONED:
- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (658 lbs)	0	30
Well Cuttings	30	300

- * USE CODE:
- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

- * TYPE OF CASING:
- STEEL PLASTIC
- CONCRETE OTHER (specify) _____
- NONE

SIZE OF CASING: n/a INCHES IN DIAMETER

DEPTH OF WELL: 300 FEET DEEP

WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ MWD256 MWD/MSD/MGD
 LICENSE # CIRCLE ONE DATE _____

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

APR 14 1999
Received
Ind. Septic
Systems & Wells
Program

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: April 14, 1999 (month/day/year)

→ DRY HOLE

H	O	9	4	2	1	9	5

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Dana Kyker Jr. II

WELL DRILLERS LICENSE NUMBER: MWD256
CIRCLE: MWD/MSD/MGD

OWNER'S NAME: Tom Reigle

WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Lisbon
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Pickets
 SECTION: _____ LOT: 4
Dry Well #2

MARYLAND GRID COORDINATES

E 772
 BOX NUMBER 553 ←
 N _____

0 0 0	⊗
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____
- NONE

SIZE OF CASING: n/a INCHES IN DIAMETER

DEPTH OF WELL: _____ FEET DEEP

WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (658 lbs)	0	31
Well Cuttings	31	350

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MWD256
LICENSE #

MWD/MSD/MGD
CIRCLE ONE

DATE

DENV 828 JULY 1993

William E. Doyle R.L.S. Inc.

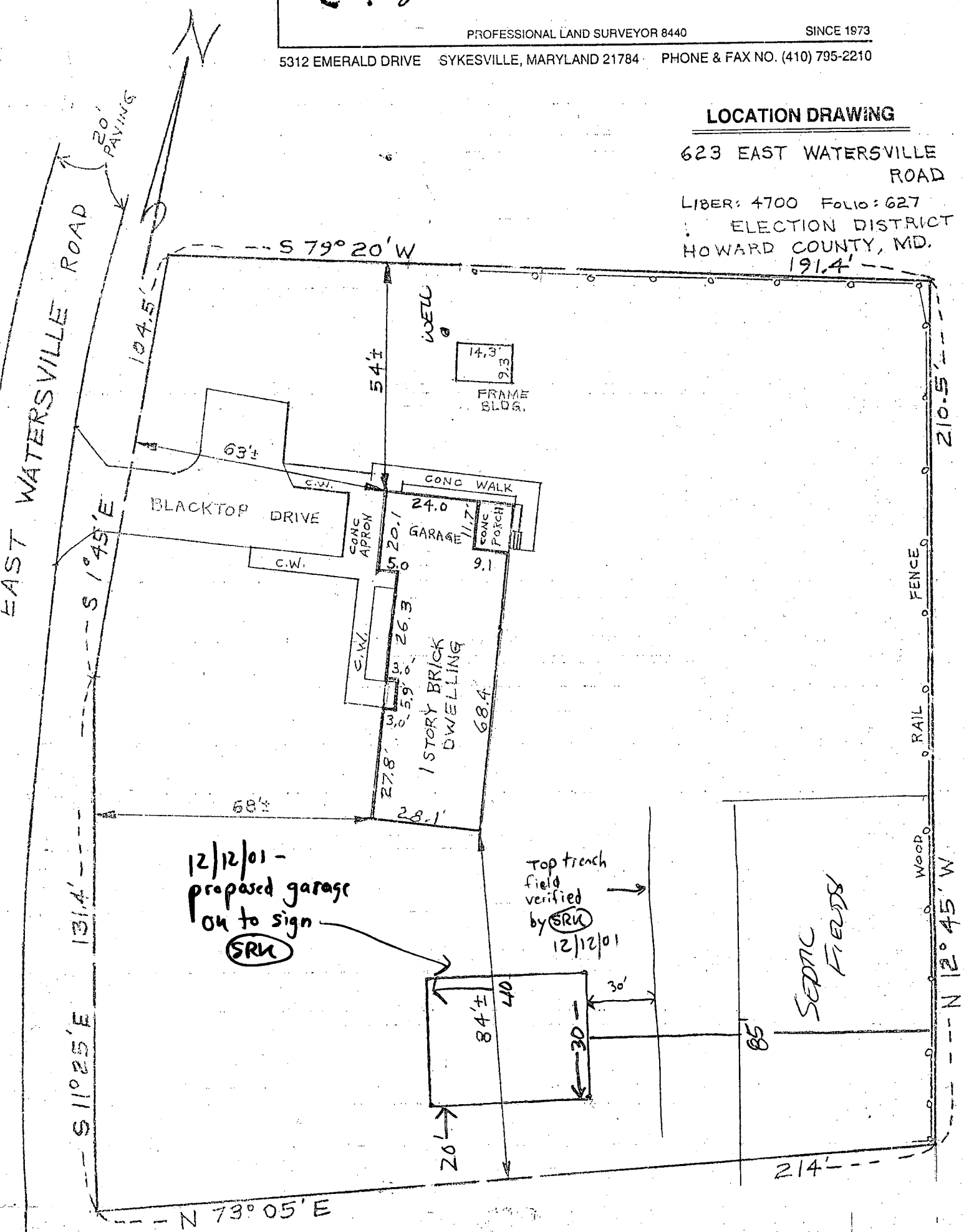
PROFESSIONAL LAND SURVEYOR 8440

SINCE 1973

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE & FAX NO. (410) 795-2210

LOCATION DRAWING

623 EAST WATERSVILLE ROAD
 LIBER: 4700 Folio: 627
 ELECTION DISTRICT
 HOWARD COUNTY, MD.
 191.4'

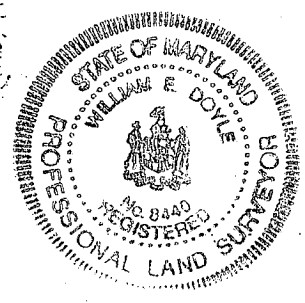


THIS IS TO CERTIFY THAT THIS HOUSE DOES NOT LIE WITHIN A FLOOD PLAIN UNLESS SHOWN HEREON.

SURVEYOR'S CERTIFICATE

The undersigned, a registered surveyor in the state of Maryland, does hereby certify that he is the surveyor who prepared this plat and said plat has been prepared in compliance with the Code of Maryland Regulations Subtitle 13 Board for Professional Land Surveyors 09.13.06, covering the minimum standards of practice insofar as the same concerns the making of the plat and/or setting of the markers.

Signed This 27th day September 2000
 William E. Doyle



SCALE 30 ft. - inch
 File No. 502-201

0.4 MILESTG
 OLD FREDERICK ROAD
 (MD. RTE. 99)

C1 9690 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 BW 511451

ST/CO USE ONLY DATE Received 04 26 99

DATE WELL COMPLETED 04 14 99 Depth of Well 502 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2195

OWNER REIGLE last name 623 Watersville Road first name TOWN Lisbon SUBDIVISION Pickets SECTION LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale & Clay, Soft Br. & Blue Shale, Hard Blue Schist, Br. Schist, etc.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (24), NO. OF POUNDS (2256), GALLONS OF WATER (144), DEPTH OF GROUT SEAL (0 to 90 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter (6), Total depth of main casing (92).

OTHER CASING (if used) Form: diameter, depth, inch, from, to.

SCREEN RECORD Form: screen type or open hole (H, O, B, R, PL, OT), insert appropriate code below.

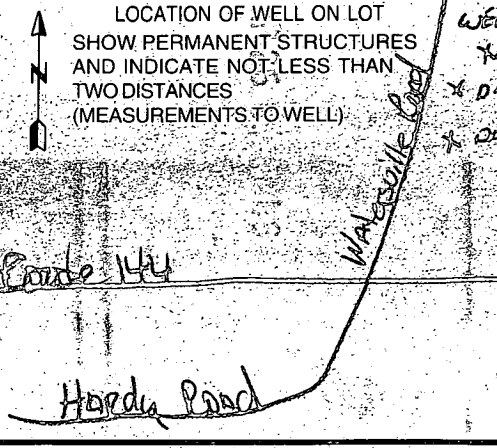
DEPTH (nearest ft.) Form: H O 92 502, A C H 2 23 24 26 30 32 36, S C 3 38 39 41 45 47 51, E E N, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (56, 60), from to.

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

PUMPING TEST Form: HOURS PUMPED (6), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (flowmeter), WATER LEVEL (104 before, 502 when pumping), TYPE OF PUMP USED (A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible).

PUMP-INSTALLED Form: DRILLER INSTALLED 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 (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (circle appropriate box and enter casing height) (+ above, - below), LAND SURFACE (2 nearest foot).



NUMBER OF UNSUCCESSFUL WELLS (2), WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P), 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. M W D 2351 Dana Syker Jr. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. J W D 334 Dana Syker Jr. (signature) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2050

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-2195 fill in this form completely

DATE RECEIVED (APA) 030999 OWNER INFORMATION Ragle Tom 623 WATERSVILLE RD MT AIRY MD 21771

LOCATION OF WELL HOWARD COUNTY PICKETS LISBOW NEAREST TOWN MILES FROM TOWN 3

DRILLER INFORMATION DANA KYKER M D 256 WESTMINSTER RETAIL WELL DRILLING INC PO BOX 861 WESTMINSTER MD 21157

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WATERSVILLE RD NEAR WHAT ROAD 25 DISTANCE FROM ROAD 25 FT

WELL INFORMATION APPROX. PUMPING RATE 5 GAL PER MIN AVERAGE DAILY QUANTITY NEEDED 400 GAL PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 13 COUNTY NO STATE SIGNATURE DATE ISSUED 3/16/99 A. McMILLON 3/16/00

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

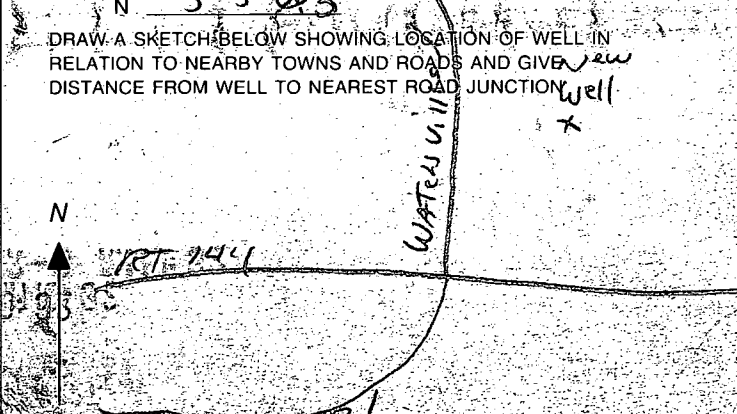
APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 CITY 2 3 WRITE THE BOX NUMBER FROM THE MAP HERE E 7712 N 5503

METHOD OF DRILLING (circle one) 1 BORED (or Augered) 2 JETTED 3 AIR ROTARY 4 CABLE 5 REVERSE ROTARY 6 DRIVE POINT

REPLACEMENT OR DEEPEMED 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 DEEPEAN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP PERMIT NUMBER 54 63 PERMIT No 40-94-2195



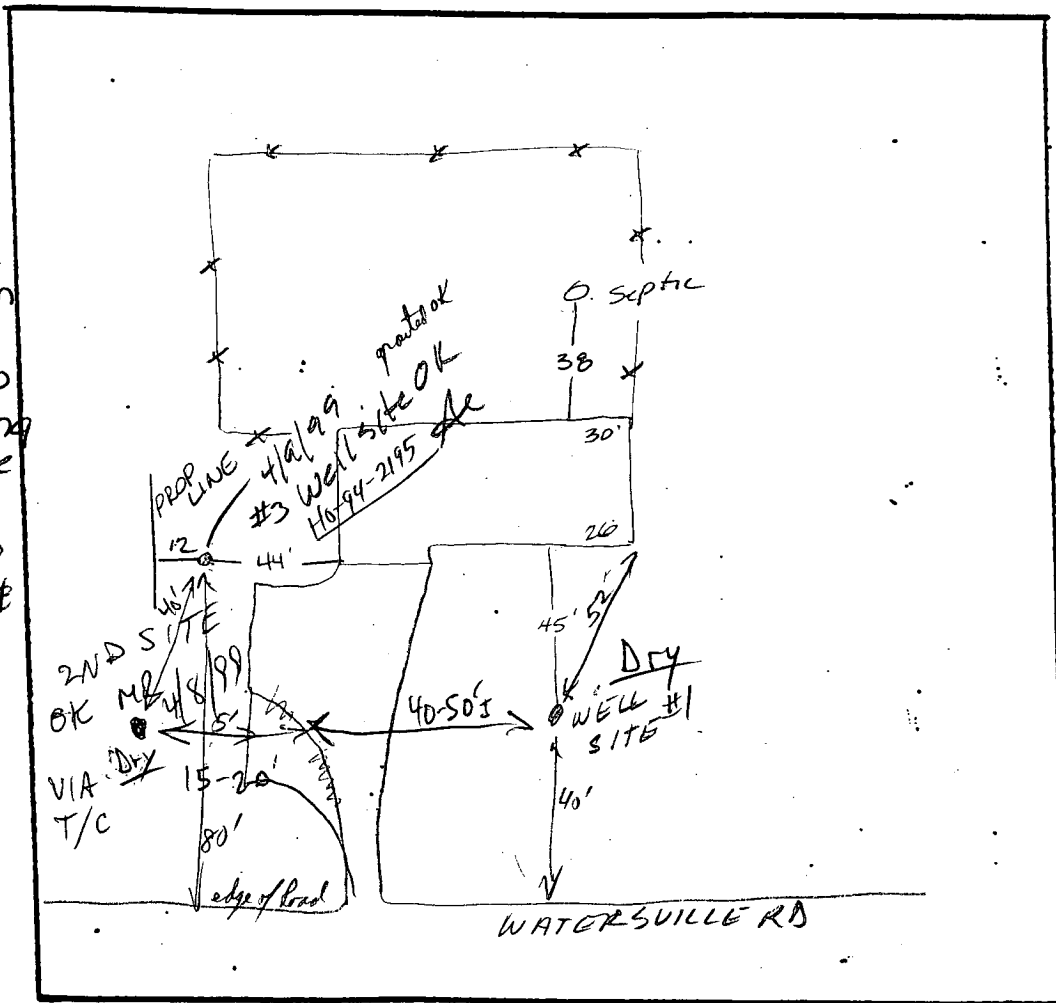
SPECIAL CONDITIONS NOTE * APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Tom Reagle
ADDRESS: 623 E. Watersville Rd
Mt. Airy, MO 63551
PROPOSAL: FOIA REPLACEMENT WELL

DATE REQUESTED: 3/8/99
DRILLER: Westminster Rotary Well Drilling
WELL TAG # H0-94-2195
COUNTY # 13

LOCATION DIAGRAM



3/6/99
Spoke w/ driller
as of this date
the new .5 gpm
well has not
been hooked up
and the existing
well will not be
abandoned.
Owner plans to
hook up old &
new well
together
AM

COMMENTS: Could not locate existing well - but replacement well site is

OK
Both Dry holes correctly grouted closed; cased well also correctly grouted as per site visit @ 11/17/99 - Mixed actual grouting
scheduled @ 8 AM next day - No settling of grout observed. RPP 4/15/99

DATE: 3/12/99 INSPECTOR: A. T. M. C. M. Co.

8:10⁰⁰ Groud

Page _____ of _____
 Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2195
 Location of property (road) 623 E. Watersville
 Subdivision Picketts Lot 4 Block Plat Sec.
 Well Driller Westminster Rotary Well Drilling Owner Tom Reagle

Depth of well _____
 Distance of measuring point (M.P.) above ground _____
 Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
 Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)