

6/1/78

File

5/23/78 C.O.  
4/1/78 F.C.O.  
P 27602 C.O.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 2/27/78

Hobson & Sons, Inc. IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 3606 Oxwed Court, Westminster, Md. 21157 PHONE

SUBDIVISION Westcliffe Manor ROAD Off Underwood Road LOT 18

PROPERTY OWNER Hobson & Sons, Inc.

ADDRESS Same as above

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 360 SQ. FT. Total sidewall area in the drywell

INLET PIPE 3 FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 120 FT. FROM left LOT LINE AND 75 FT. FROM Barberry Way

FACING LOT FROM

TRENCH: Inlet 3 ft. and maximum depth 9 ft.. Trench to be 40 ft. long and to run on contour towards Rt. lot line.

PLANS APPROVED BY D. J. O'Neill DATE 10-10-77

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

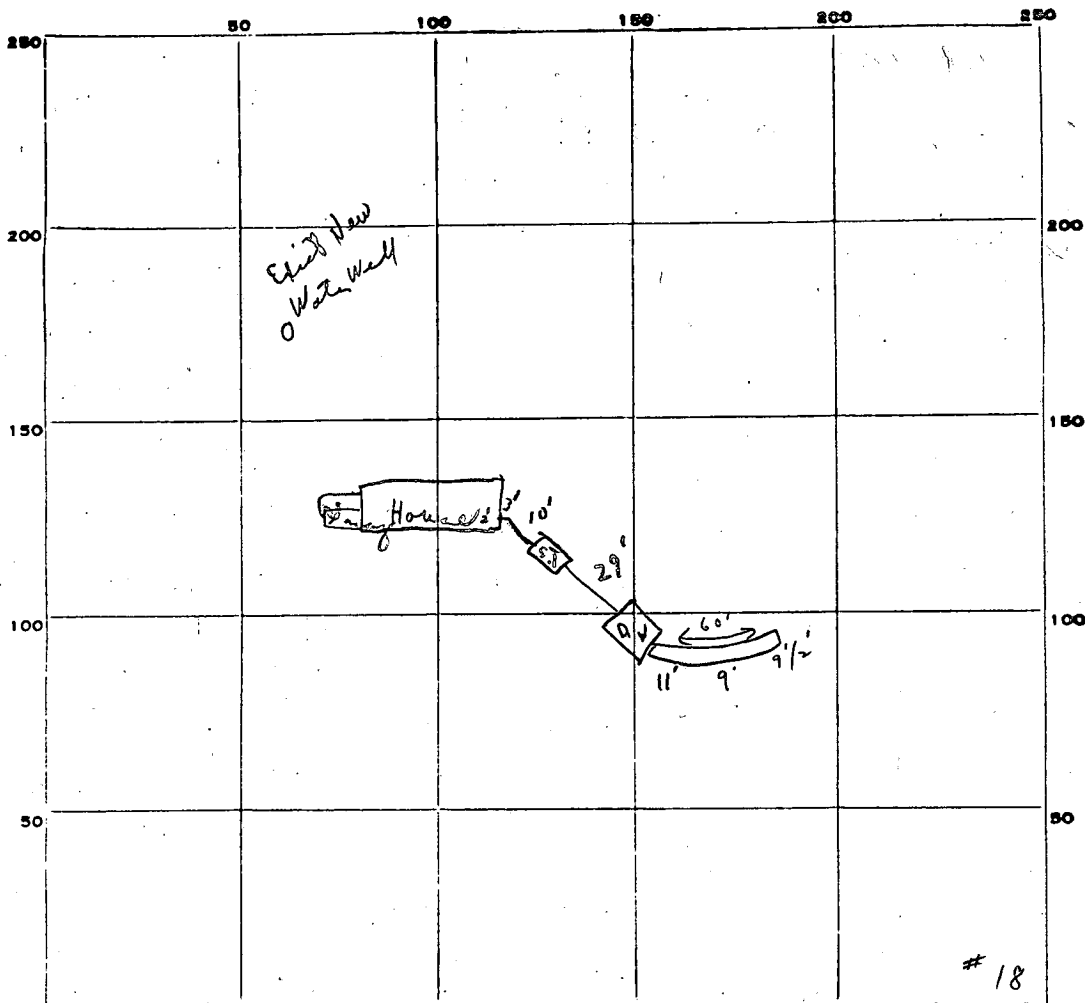
COTTA ACCEPTED.

BLDG. PERMIT SIGNED  
AND RETURNED 2/27/78

Serial No. 34757

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

26607



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD 6/1/78 Yes Yes in window rd. To → Underwood Rd  
Builder's rear of house S.T. / D.W.  
 SEPTIC TANK, LEVEL ok CLEANOUTS ok ok

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 avg FT. TRENCH WIDTH — FT.

GRAVEL DEPTH 8 avg IN. TOTAL LENGTH 60 FT. 480

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA —

SEEPAGE PITS, outside perimeter INSIDE DIAMETER 44 FT. DEPTH BELOW INLET 10 FT. 440

ABSORBENT AREA 920 + sq. FT.

REMARKS 5/23/78 Trench only - no water - No waffer - P.C.O  
(Wd. #40-73-2522)  
6/1/78 cement needed for around septic tank a.B.  
{ done while present } (person on trenches (at time) of check) c.B.

DATE SYSTEM APPROVED 6/1/78 as per above INSPECTOR C. B. Sheak

Hobson

OWNER

DJONNAH 2/2/75  
prepared byLOT NUMBER 15Absorbant Area/bedroom 126SEPTIC TANK 1000 gal 1250 gal 1500 gal  
3 bdrms 4 bdrms 5 bdrms✓ DRY WELL 3'9'  
Max. depth360  
Abs. AreaLocated 120' From left lot line 75' From Burbury Way.✓ TRENCH3  
Inlet9'  
Max. depth4 bedrooms Length Abs. Area40'            To Run on Contour towards Rt lot line

- If dry well and trench are used leave a 5' earth buffer between them.  
 If septic tank is 3' or more below grade, use manhole type cleanout to grade.  
 If more than one trench is used space them parallel, twice their depth apart.  
 Call office for inspection of trench before placing stone in trench.  
 All pipe from house to disposal area cast iron.  
 Install standpipe (6" min.) on septic tank and dry well. Cast iron, concrete, terra cotta ok. Trench distribution lines may be clay, asbestos cement, orangeburg type, open joint cast iron or heavy duty plastic. (Commercial standard Cs228-61).

PRELIMINARY

# APPLICATION

O'Neill

A 26607

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th  
DATE 8/16/77

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 J. & B Partnership

ADDRESS 5632 Stevens Forest Rd., Apt. 254, Columbia 21045 PHONE Any questions call Ron Carter - 837-0194

PROPERTY LOCATION:

SUBDIVISION Westcliffe Manor LOT NO. New lot 18

ROAD AND DESCRIPTION off Underwood Road

SIZE OF LOT 45,000 sq. ft. TYPE BLDG. 3 or (4) bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Ron Carter

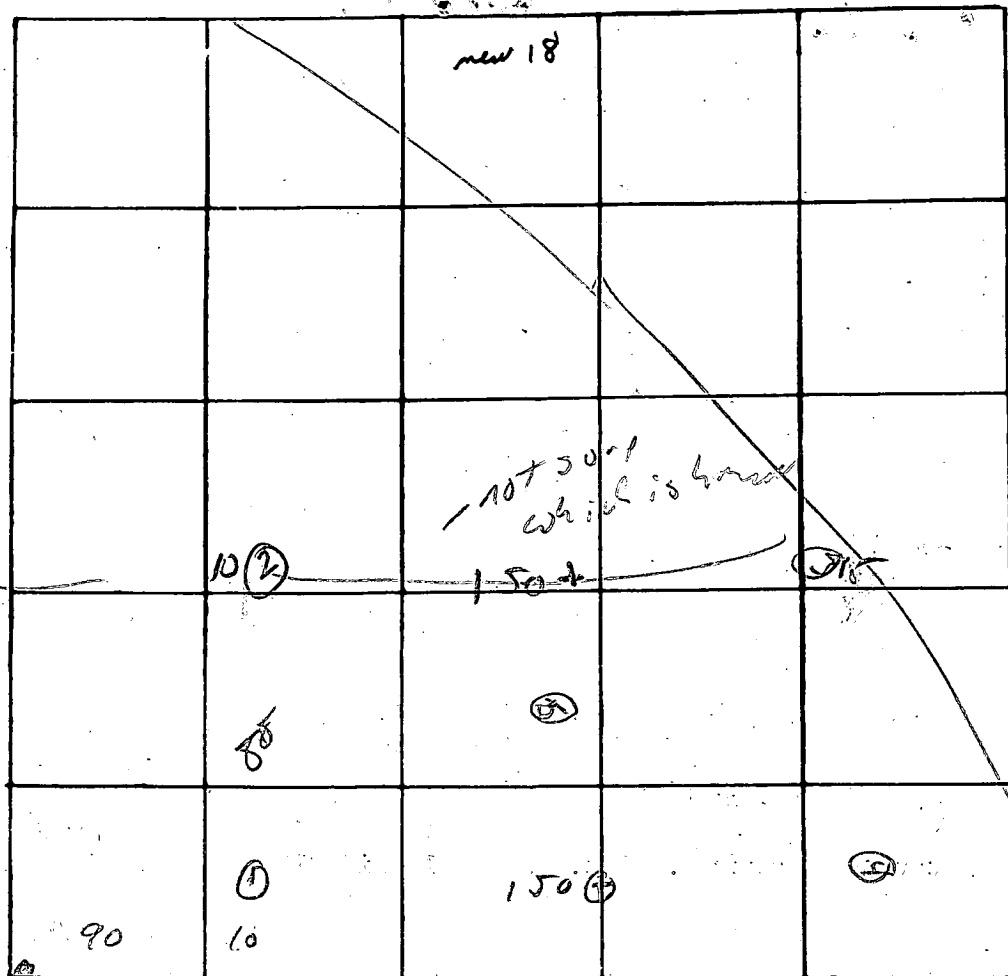
APPROVED BY [Signature] FOR Don Williams DATE 10/10/77  
(KIND OF SYSTEM)

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

#18

| DATE | TEST NO. | DEPTH  | PRE-WET          |                  | TEST - 1" DROP   |                  | TIME |
|------|----------|--------|------------------|------------------|------------------|------------------|------|
|      |          |        | START            | STOP             | START            | STOP             |      |
| 8/31 | 1 S      | 3      | 11 <sup>13</sup> | 11 <sup>14</sup> | 11 <sup>14</sup> | 11 <sup>20</sup> | 6    |
|      | 4        | 13     | 11 <sup>13</sup> | 11 <sup>17</sup> | 11 <sup>19</sup> | 11 <sup>22</sup> | 5    |
|      | 4 S      | 9 1/2' | 109              | 115              | 115              | 124              | 6    |
|      | 4        | 13     | 109              | 112              | 112              | 119              | 7    |
|      | 2        | 4      | 113              | 115              | 115              | 121              | 6    |
|      |          | 12     | 113              | 115              | 115              | 124              | 9    |
|      | 3        | 12'    | 04 3-10'         |                  |                  |                  |      |
|      | 5        | 12'    | 04 4-12'         |                  |                  |                  |      |
|      |          |        |                  |                  |                  |                  |      |
|      |          |        |                  |                  |                  |                  |      |

3' 8" w

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY W. J. W. ALSO PRESENT: \_\_\_\_\_

| DNR-131 (7-77)                   |  |                  |  |                                                |  |                                                        |  |                                                     |  | EMERGENCY NO. (If any) -                      |  |                                    |  |                                                        |  |                                 |  |                         |  | STATE OF MARYLAND<br>WATER RESOURCES ADMINISTRATION<br>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401<br>APPLICATION FOR PERMIT TO DRILL WELL |  |                                           |  |                                                           |  |             |  |                  |  | WRA PERMIT NUMBER<br>A 26607<br>40-73-2522<br>FILL IN THIS FORM COMPLETELY |  |                                                                       |  |                                                                   |  |                                                                |  |                                                                                                           |  |                                               |  |                             |  |                              |  |       |  |                       |  |            |  |     |  |           |  |                            |  |                  |  |   |  |        |  |        |  |             |  |            |  |      |  |             |  |        |  |             |  |                             |  |     |  |                                        |  |                  |  |   |  |        |  |    |  |
|----------------------------------|--|------------------|--|------------------------------------------------|--|--------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------|--|------------------------------------|--|--------------------------------------------------------|--|---------------------------------|--|-------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|-----------------------------------------------------------|--|-------------|--|------------------|--|----------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|-------------------------------------------------------------------|--|----------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|-----------------------------|--|------------------------------|--|-------|--|-----------------------|--|------------|--|-----|--|-----------|--|----------------------------|--|------------------|--|---|--|--------|--|--------|--|-------------|--|------------|--|------|--|-------------|--|--------|--|-------------|--|-----------------------------|--|-----|--|----------------------------------------|--|------------------|--|---|--|--------|--|----|--|
| B 1                              |  | 8218             |  | SEQUENCE NO. (WRA USE ONLY)                    |  | DATE RECEIVED (WRA USE ONLY)<br>2/14/78                |  | OWNER<br>Hobson + Sons Inc                          |  | COL 15 LAST NAME                              |  | FIRST NAME                         |  | COL 34                                                 |  | STREET OR RFD<br>3606 Oxwood Ct |  | COL 36                  |  | POST OFFICE<br>WESTMINSTER MD                                                                                                                      |  | COL 57                                    |  | COL 76                                                    |  |             |  |                  |  |                                                                            |  |                                                                       |  |                                                                   |  |                                                                |  |                                                                                                           |  |                                               |  |                             |  |                              |  |       |  |                       |  |            |  |     |  |           |  |                            |  |                  |  |   |  |        |  |        |  |             |  |            |  |      |  |             |  |        |  |             |  |                             |  |     |  |                                        |  |                  |  |   |  |        |  |    |  |
| B 1                              |  | CONTINUED        |  | DRILLER INFORMATION                            |  | B 3                                                    |  | LOCATION OF WELL                                    |  | 1 2 3 (SEQ. NO.)                              |  | COUNTY<br>Howard                   |  | SUBDIVISION<br>Westfield                               |  | SECTION<br>1                    |  | LOT<br>18               |  | NEAREST TOWN<br>Sykesville                                                                                                                         |  | MILES FROM TOWN (ENTER 0 IF IN TOWN)<br>3 |  | 76 77 78                                                  |  |             |  |                  |  |                                                                            |  |                                                                       |  |                                                                   |  |                                                                |  |                                                                                                           |  |                                               |  |                             |  |                              |  |       |  |                       |  |            |  |     |  |           |  |                            |  |                  |  |   |  |        |  |        |  |             |  |            |  |      |  |             |  |        |  |             |  |                             |  |     |  |                                        |  |                  |  |   |  |        |  |    |  |
| B 2                              |  | WELL INFORMATION |  | B 4                                            |  | DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)           |  | 1 2 3 (SEQ. NO.)                                    |  | N NORTH                                       |  | E EAST                             |  | NE NORTHEAST                                           |  | SE SOUTHEAST                    |  | S SOUTH                 |  | W WEST                                                                                                                                             |  | NW NORTHWEST                              |  | SW SOUTHWEST                                              |  |             |  |                  |  |                                                                            |  |                                                                       |  |                                                                   |  |                                                                |  |                                                                                                           |  |                                               |  |                             |  |                              |  |       |  |                       |  |            |  |     |  |           |  |                            |  |                  |  |   |  |        |  |        |  |             |  |            |  |      |  |             |  |        |  |             |  |                             |  |     |  |                                        |  |                  |  |   |  |        |  |    |  |
| 1 2 3 (SEQ. NO.)                 |  | 6                |  | MAXIMUM PUMPING RATE (GALLONS PER MINUTE)<br>5 |  | AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)<br>500 |  | USE FOR WATER (CIRCLE APPROPRIATE BOX)              |  | D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) |  | F FARMING, AGRICULTURE, IRRIGATION |  | I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT |  | M MUNICIPAL WATER SUPPLY        |  | P PRIVATE WATER COMPANY |  | T TEST                                                                                                                                             |  | NEAR ROAD<br>11 12 13                     |  | ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>N NORTH |  | S SOUTH     |  | E EAST           |  | W WEST                                                                     |  | DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)<br>225 |  | 34 35 36                                                          |  |                                                                |  |                                                                                                           |  |                                               |  |                             |  |                              |  |       |  |                       |  |            |  |     |  |           |  |                            |  |                  |  |   |  |        |  |        |  |             |  |            |  |      |  |             |  |        |  |             |  |                             |  |     |  |                                        |  |                  |  |   |  |        |  |    |  |
| APPROXIMATE DEPTH OF WELL<br>100 |  | FEET             |  | APPROXIMATE DIAMETER OF WELL<br>C              |  | (NEAREST INCH)                                         |  | METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) |  | BORED (OR AUGERED)                            |  | JETTED                             |  | DRIVEN                                                 |  | AIR-ROTARY                      |  | AIR-PERCUSSION          |  | ROTARY (HYDRAULIC ROTARY)                                                                                                                          |  | CABLE                                     |  | REVERSE-ROTARY                                            |  | DRIVE-POINT |  | OTHER (DESCRIBE) |  | REPLACEMENT OR DEEPEINED 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 |  | D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) |  | NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) |  | APPROPRIATION PERMIT NUMBER |  | ENGINEER REVIEW DISTRICT NO. |  | FORCE |  | WRITE INITIALS IN BOX |  | CONDITIONS |  | B 4 |  | CONTINUED |  | HEALTH DEPARTMENT APPROVAL |  | 1 2 3 (SEQ. NO.) |  | 6 |  | Howard |  | H27610 |  | COUNTY NAME |  | COUNTY NO. |  | DATE |  | MO. DAY YR. |  | 0 7 78 |  | APPROVED BY |  | Donald Monaghan, Sanitarian |  | B 5 |  | SPECIAL CONDITIONS 8-63 (WRA USE ONLY) |  | 1 2 3 (SEQ. NO.) |  | 6 |  | HEALTH |  | 63 |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| C 1 <span style="font-size: 24pt; font-weight: bold;">4894</span><br>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)                                                                                                                                                                                                                                                                                                                                                                                                      | SEQUENCE NO. (WRA USE ONLY)<br>2 3 4 (SEQ. NO.) 5 | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br>TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401<br><b>WELL COMPLETION REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION.<br>FILL IN THIS FORM COMPLETELY.<br>COUNTY NUMBER <u>W27470</u> |
| DATE RECEIVED (WRA USE ONLY)<br>8-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE WELL COMPLETED<br>8-10-77                    | DEPTH OF WELL<br>125<br>22 (TO NEAREST FOOT) 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PERMIT NO. FROM "PERMIT TO DRILL WELL"<br>40-73-2520<br>28 29 30 31 32 33 34 35 36 37                                               |
| OWNER<br>LAST NAME <u>Hobson</u> + <u>Sons</u><br>STREET OR RFD <u>3606 Oxford Ct</u> POST OFFICE <u>West Minister Md</u>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   | DRILLERS IDENTIFICATION NO. <u>270</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |
| <b>WELL LOG</b><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING<br>DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)<br>FEET<br>FROM TO CHECK IF WATER BEARING<br>over 13 order 0 30<br>fine gray 30 70 ✓<br>blue gray 70 125 ✓<br>sand                                                                                                                                                                                                                                              |                                                   | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/><br>NO. OF BAGS <u>10</u> NO. OF POUNDS <u>940</u><br>GALLONS OF WATER <u>60</u><br>DEPTH OF GROUT SEAL (TO NEAREST FOOT)<br>FROM <u>0</u> FT. TO <u>38</u> FT.<br>(ENTER 0 IF FROM SURFACE) 54 58                                                                                                                                                                                                                             |                                                                                                                                     |
| <b>CASING RECORD</b><br>CASING TYPES<br>INSERT APPROPRIATE CODE BELOW<br>STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/><br>PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/><br>MAIN CASING TYPE <u>ST</u><br>NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u><br>TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>40</u>                                                                                                                                                                    |                                                   | <b>PUMPING TEST</b><br>HOURS PUMPED (TO NEAREST HOUR) <u>6</u><br>PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>8</u><br>METHOD USED TO MEASURE PUMPING RATE <u>100 gal. Meter</u><br>WATER LEVEL: (DISTANCE FROM LAND SURFACE)<br>BEFORE PUMPING <u>4.5</u> (NEAREST FOOT)<br>WHEN PUMPING <u>70</u> (NEAREST FOOT)<br>TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)<br>AIR <input type="checkbox"/> PISTON <input type="checkbox"/> TURBINE <input type="checkbox"/><br>CENTRIFUGAL <input type="checkbox"/> ROTARY <input type="checkbox"/> OTHER (DESCRIBE BELOW) <input type="checkbox"/><br>JET <input type="checkbox"/> SUBMERSIBLE <input checked="" type="checkbox"/> |                                                                                                                                     |
| <b>OTHER CASING (IF USED)</b><br>DIAMETER (INCH) FROM TO<br>60 61 63 64 66 70                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | <b>PUMP INSTALLED</b><br>TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u>S</u><br>DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>CAPACITY:<br>GALLONS PER MINUTE (TO NEAREST GALLON) <u>5</u><br>PUMP HORSE POWER <u>1/2</u><br>PUMP COLUMN LENGTH (NEAREST FOOT) <u>115</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                     |
| <b>SCREEN RECORD</b><br>SCREEN TYPE OR OPEN HOLE<br>INSERT APPROPRIATE CODE BELOW<br>STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE OR BRONZE <input type="checkbox"/><br>PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/><br>C 2<br>1 2 3 (SEQ. NO.) 6<br>DEPTH (NEAREST WHOLE FOOT)<br>FROM TO<br>1 11 15 17 21<br>2 23 24 26 30 32 36<br>3 38 39 41 45 47 51<br>SLOT SIZE 1, 2, 3,                                                                                                      |                                                   | <b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)<br>ABOVE <input checked="" type="checkbox"/> BELOW <input type="checkbox"/><br>LAND SURFACE <u>2</u> (NEAREST FOOT)<br>49 50 51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |
| <b>CIRCLE APPROPRIATE BOXES</b><br>A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br>E ELECTRIC LOG OBTAINED<br>P TEST WELL CONVERTED TO PRODUCTION WELL<br>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.<br>DRILLERS NAME <u>Donna and Greer</u><br>(PLEASE PRINT) <u>Keith Greer - Driller</u><br>SIGNATURE |                                                   | <b>LOCATION OF WELL ON LOT</b><br>SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).<br>15<br>30<br>HOUSE<br>LOT 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |
| DRILLERS NAME<br>(PLEASE PRINT) <u>Donna and Greer</u><br>SIGNATURE <u>Keith Greer - Driller</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>(E.R.O.S.) <input type="checkbox"/> W Q <input type="checkbox"/><br>TELESCOPE INDICATOR <input type="checkbox"/> LOG INDICATOR <input type="checkbox"/> OTHER DATA AVAILABLE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |

File No. 97-