

B 1 7059

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527835 please type

STATE PERMIT NUMBER

HD-95-1302 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Bullen, Victor and Fargus, Brooke 6883 Haviland Mill Rd. Clarksville MD 21029

B 3

LOCATION OF WELL

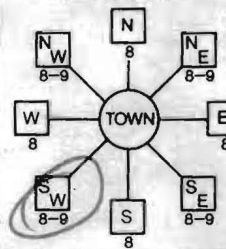
8 COUNTY Howard 21 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Clarksville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M 73 76 77 78

DRILLER INFORMATION

DAVID KELLY MW D 304 Driller's Name 76 License No. 81 Jones Well Drilling Inc. Firm Name 3700 Bush Rd. Jarrettsville MD 21084 Address David Kelly 9/19/07 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6883 Haviland Mill Rd. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH 34 30 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 40 BLK: 1 PARCEL 1

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 0 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL 3 - closed loop

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A524443 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/3/07 CO SIGNATURE EXP. DATE 6/9/08 NORTH GRID 490 000 EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 400 24 28 FEET

APPROXIMATE DIAMETER OF WELL 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

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 DEEPEM 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)

APPROP. PERMIT NUMBER G PERMIT No. HD-95-1302 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Use COMAR approval grant bottom to top

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

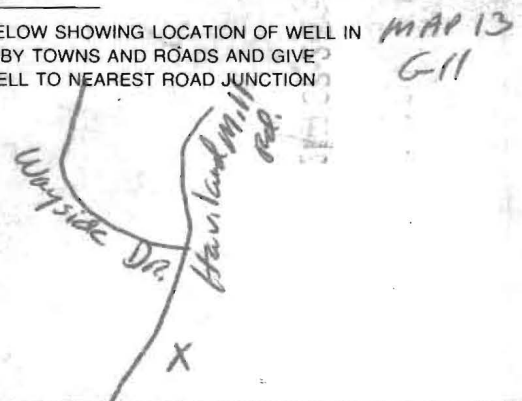
SOURCES OF DRILLING WATER

- 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 N 490

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 9397

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

2 13 08 3 x

22 400 26 (TO NEAREST FOOT)

80-95-1302

OWNER: Bullen, Victor & Farquhar, Brooke; STREET OR RFD: 6883 Harvard Mill Rd.; TOWN: Clarksville; SUBDIVISION: SECTION: LOT:

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Soft Brown 0 25; Hard Gray 25 400; \*drilled 2 holes + log; \*deepen an existing dry hole to 400' and installed log

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (Cement/Bentonite Clay); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below; MAIN CASING TYPE; Nominal diameter top (main) casing; Total depth of main casing

OTHER CASING (if used)

diameter inch; depth (feet) from to

SCREEN RECORD

screen type or open hole; insert appropriate code below; STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER

DEPTH (nearest ft.)

DEPTH (nearest ft.) table with columns 1-3 and rows A-E

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

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

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED; PUMPING RATE; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL; BEFORE PUMPING; WHEN PUMPING; TYPE OF PUMP USED

PUMP INSTALLED

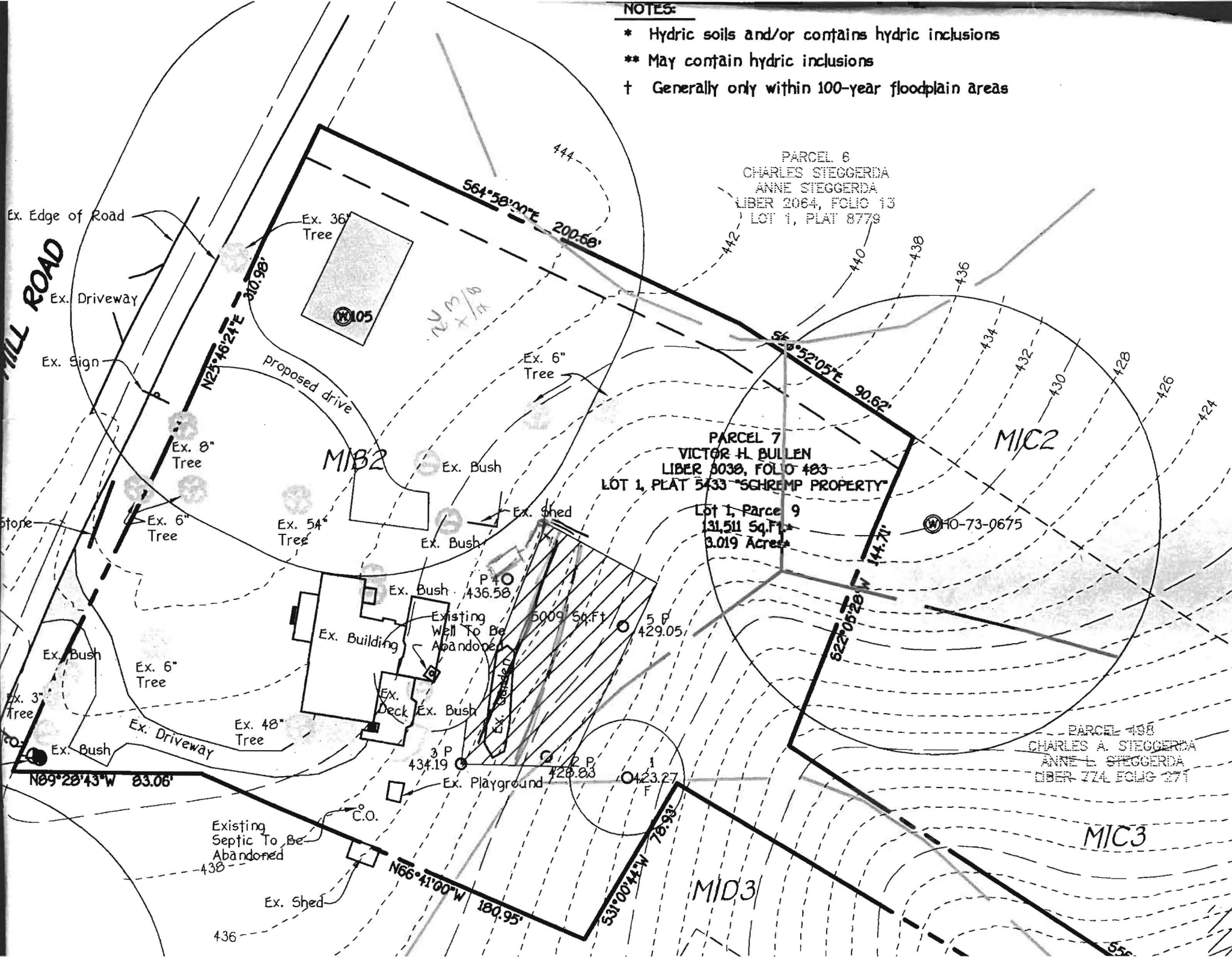
DRILLER INSTALLED PUMP; IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS; TYPE OF PUMP INSTALLED; CAPACITY; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT

LOCATION OF WELL ON LOT

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

**NOTES:**

- \* Hydric soils and/or contains hydric inclusions
- \*\* May contain hydric inclusions
- † Generally only within 100-year floodplain areas



MILL ROAD

PARCEL 6  
CHARLES STEGGERDA  
ANNE STEGGERDA  
LIBER 2064, FOLIO 13  
LOT 1, PLAT 8779

PARCEL 7  
VICTOR H. BULLEN  
LIBER 8030, FOLIO 403  
LOT 1, PLAT 5433 "SCHREMP PROPERTY"

Lot 1, Parcel 9  
131,511 Sq.Ft.  
3.019 Acres

PARCEL 408  
CHARLES A. STEGGERDA  
ANNE L. STEGGERDA  
LIBER 774 FOLIO 271

MIB2

MIC2

MID3

MIC3

Ex. Edge of Road

Ex. Driveway

Ex. Sign

Stone

proposed drive

Ex. Building

Ex. Deck

Ex. Shed

Ex. Driveway

Existing Septic To Be Abandoned

Ex. Shed

Existing Well To Be Abandoned

Ex. Playground

Ex. Bush

Ex. Bush

Ex. Bush

Ex. 6" Tree

Ex. 54" Tree

Ex. 8" Tree

Ex. 6" Tree

Ex. 3" Tree

436

180.95'

444

200.68'

S61°52'05"E 90.62'

144.71'

S22°05'28"W

S37°00'44"W 78.93'

N89°28'43"W 83.06'

N23°46'24"E 310.98'

N66°41'00"W

440

438

436

434

432

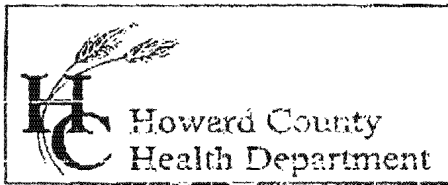
430

428

426

424

55



7178 Columbia Gateway Drive, Columbia, MD 21046

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchc.org

Penny E. Forenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

		<i>6883 Hawland Mill Rd</i>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by \_\_\_\_\_,  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

B 1 8995

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0501

please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 11 13
Bullen, Victor
6883 Haviland Mill
Highland md 21029

B 3

LOCATION OF WELL

Howard
Shrimp Property
Highland
7 M I

DRILLER INFORMATION

Allen Compton MSD 009
Foglar Well Drilling
580 Obrecht rd.
Allen Compton 6-19-06

B 4

Haviland Mill
TOWN
60 FT
TAX MAP: 40 BLK: 1 PARCEL 7

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD 13 A524463
COUNTY NAME COUNTY NO.
DATE ISSUED 8/11/06
CO SIGNATURE Daniel A. Clegg 8/11/07
NORTH GRID 490 000 EAST GRID 801 000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

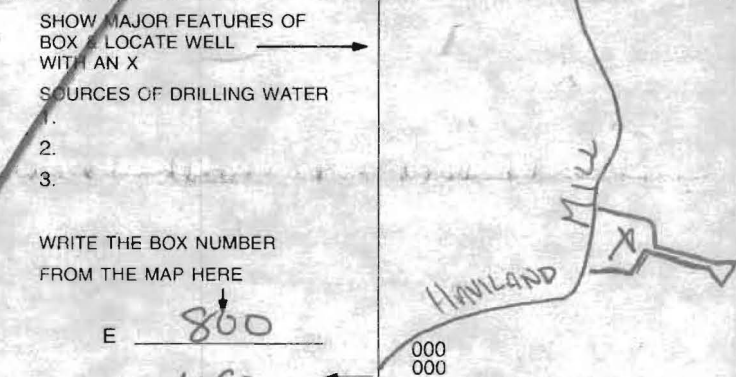
THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEAN AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER
PERMIT No. HO-95-0501

SPECIAL CONDITIONS

Existing Well must be filled and sealed



Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Allen Compton on 6-15-06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



Howard County  
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fisher, Collins, Carter on 8-15-06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Victor Bullers

Brooke Fasquhar

H - 301-854-9106

C - 240-277-4157

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_ - \_\_\_\_  
Site Address: \_\_\_\_\_

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

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  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

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

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 \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

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

*(KW) 11/30/06*

HD-215 (Rev. 8/00) \* Plumber is to use a 'Heat Trace' for sleeved house connection. Only 1' below grade.

owner's

Victor Bullen & Brooke Farguhar  
6883 Haviland Mill Rd  
Clarksville, Md 21029

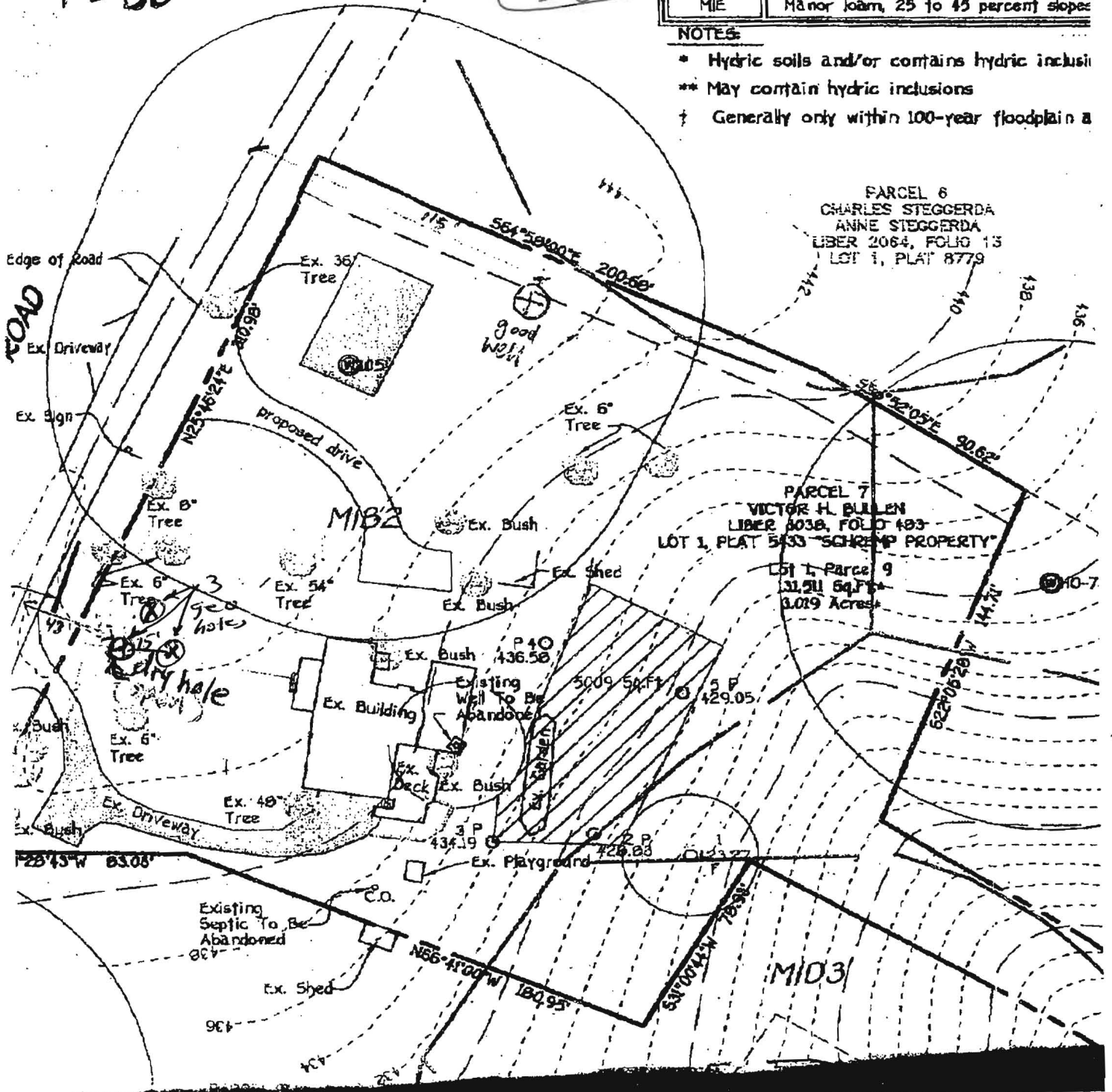
10/9/07  
Geo well sites OK  
(SE)

Scale:  
1" = 50'

SOIL	NA
** Ha	Hatboro silt loam
BrF	Brandywine loam, 25 to 60 percent
* Gnb2	Glenville silt loam, 3 to 8 percent s
MDS	Manor loam, 15 to 25 percent slopes
MIC3	Manor loam, 8 to 15 percent slopes
MnF	Manor very stony loam, 25 to 60 pe
MIE	Manor loam, 25 to 45 percent slopes

NOTES:

- \* Hydric soils and/or contains hydric inclusi
- \*\* May contain hydric inclusions
- † Generally only within 100-year floodplain a

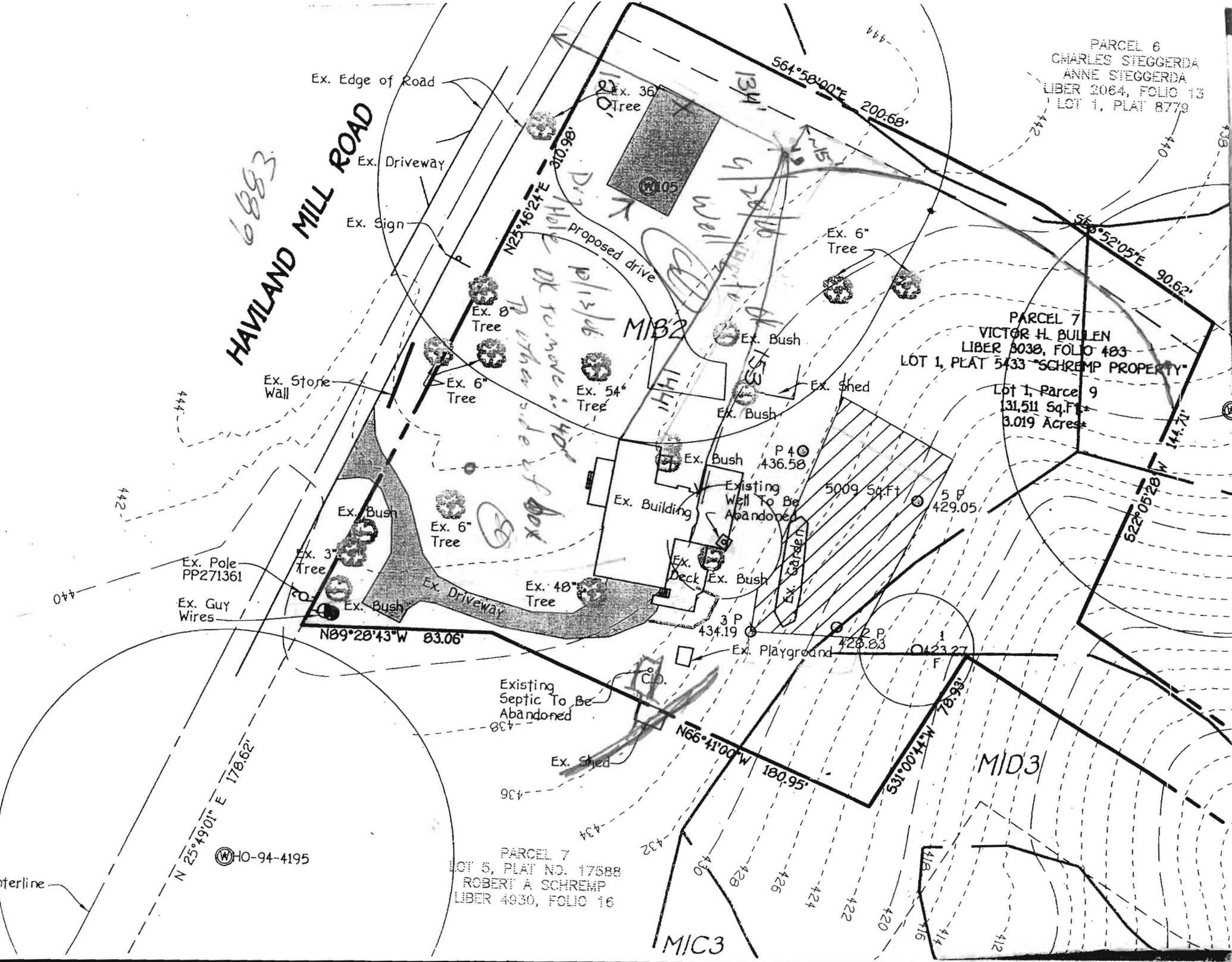


6883  
HAYLAND MILL ROAD

PARCEL 6  
CHARLES STEGGERDA  
ANNE STEGGERDA  
LIBER 2064, FOLIO 13  
LOT 1, PLAT 8779

PARCEL 7  
VICTOR H. BULLEN  
LIBER 3030, FOLIO 403  
LOT 1, PLAT 5433 "SCHREMP PROPERTY"  
Lot 1, Parcel 9  
131,511 Sq.Ft.  
3.019 Acres

PARCEL 7  
LOT 5, PLAT NO. 1758B  
ROBERT A SCHREMP  
LIBER 4630, FOLIO 16



C1 2941

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER AS24463

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 25 2006

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0530

OWNER Bulletin H. Victor + Ferguson F. Brooke STREET OR RFD 6853 Harwood Mill Rd TOWN Clarksville Md 2029

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for Sand, Gray Mica Rock, and drilling materials.

GROUTING RECORD form with fields for YES/NO, TYPE OF GRROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth of main casing.

OTHER CASING table with columns: diameter, depth (feet).

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO, OT) and DEPTH (nearest ft.).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 3

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

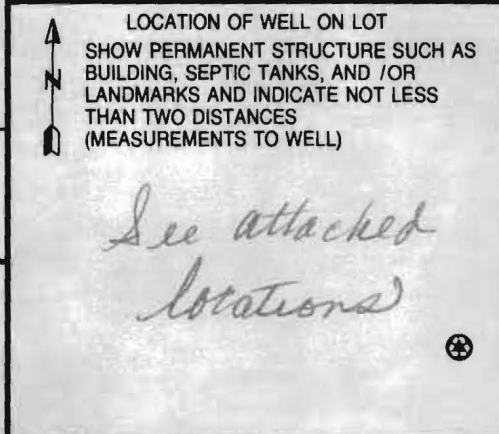
DRILLERS LIC. NO. MSD 024, DRILLERS SIGNATURE, LIC. NO. D

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

DEPTH table with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51

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



B 1 1070

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525230 please type

STATE PERMIT NUMBER 10-95-0530 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Bullen, H. Victor + Farquhar, E. Brooke 15 Last Name Owner First Name 34 6883 Haviland Mill Rd 36 Street or RFD 55 Clarksville Md 21029 57 Town 70 State 72 Zip 76

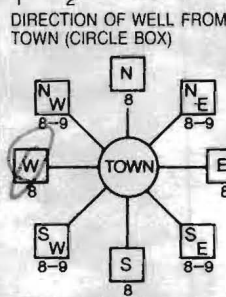
B 3 LOCATION OF WELL

Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M SD 024 76 License No. 81 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd Mt. Airy Md 21771 Signature Joseph L. Mayne Date 8-22-06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6883 Haviland Mill Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 75 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 40 BLK: 1 PARCEL 7

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS24463 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/24/06 9/20/07 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 490 000 EAST GRID 800 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

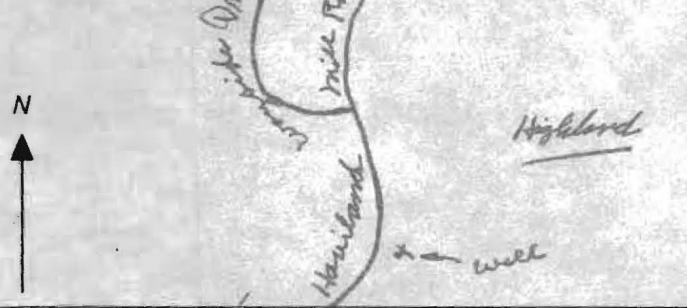
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 490

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 G PERMIT No. 10-95-0530 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Voided well tag 10-95-0501 Existing well to be abandoned Never drilled