

C1 15942	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		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	13 AS14619
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED 09 29 06	Depth of Well 22 310 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-74-3945		

OWNER last name STREET OR RFD SUBDIVISION	Preserve at Waverly Glen LLC Tompkins Way Preserve at Waverly Glen		first name TOWN SECTION	Woodstock 5	
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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	18	
Sand Stone	18	20	
MICKA	20	29	
Sand Stone	29	33	✓
MICKA	33	210	
Flint Rock	210	215	✓
MICKA	215	310	
OCT 17			2006
Tim			Keene
410 -			41
well report			for

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC		
NO. OF BAGS 45 12 NO. OF POUNDS 12 80		
GALLONS OF WATER 72		
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch) 6	Total depth of main casing (nearest foot) 28
OTHER CASING (if used)	diameter inch	depth (feet) from to
SCREEN RECORD	screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> OT OTHER

PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	15	
METHOD USED TO MEASURE PUMPING RATE	Bucket	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	29 ft.	
WHEN PUMPING	58 ft.	
TYPE OF PUMP USED (for test)		
<input type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS: I
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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. M S D 1112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)	
1 HO 26 310	
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PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	
<input checked="" type="checkbox"/> + above	LAND SURFACE 2 (nearest foot)
<input type="checkbox"/> - below	
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)	
30' 10' 15' well	

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

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: Sept 29 - 2006 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Ralph E. Mayne

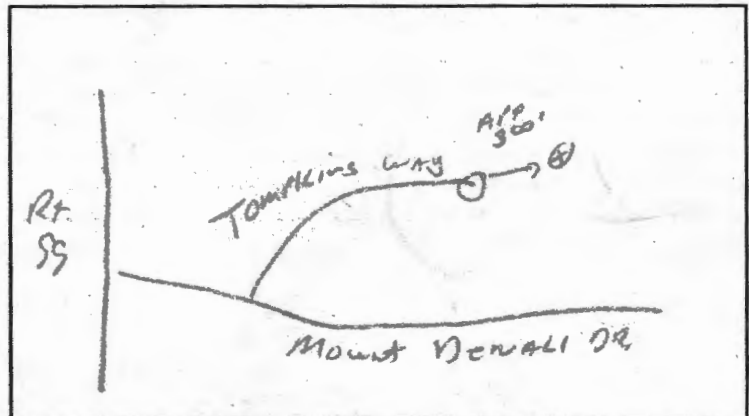
WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Trinity Builders

SITE LOCATION MAP

* WELL LOCATION: 10925 Tompkins Way
COUNTY: Hagerston
NEAREST TOWN: Woodstock
TAX MAP 190 BLOCK 23 PARCEL 304
SUBDIVISION: The Preserve at Waverly Glen
SECTION: _____ LOT: 5
NEAREST ROAD: Tompkins Way



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☐ STEEL ☒ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 340' FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Blue Stone</u>	<u>340</u>	<u>35</u>
<u>Cement</u>	<u>35</u>	<u>2</u>
<u>Top Soil</u>	<u>2</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>10 Bags Cement</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

CIRCLE ONE 117 MWD / MSD / MGD Sept 29 2006

DATE

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3945
Location of property (road) Tompkins Way
Subdivision Preserve at Waverly Glen Lot 5 Block Plat Sec.
Well Driller Ralph Mayne Owner Preserve at Waverly Glen, LLC

Depth of well 310 m
Distance of measuring point (M.P.) above ground 2m
Static water level (S.W.L.) below M.P. 29m

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 Gpm
Total time 15 m. to reach pumping water level 58 ft. below M.P.

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

[illegible]

Filed
11/13/06 / 11/20/06

**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: S.K. Plumbing & Heating Telephone #: (410) 775-0562
Address: 1220 F.S.K. Hwy
Keynote MD 21157

(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 Keen 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) 313-0722
Subdivision: Reserve at Waverly Glen Lot #: 5 Well Tag #: HO-94-3745
Site Address: 10925 Tompkins Way

Submersible Pump Data

Make: Grundfos
Model #: 1248/100 1HP
Pump Capacity 5 GPM
Well Yield: 12 GPM?

Pitless Adapter

Make: None
Model#: _____
Depth: 36 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 315 (feet)

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 Yes

Piping to house

Type: PE
PSI: Yes (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve (5 foot minimum): Yes

Depth of supply line: 36 (36" min)

Sleeve caulked and sealed properly: Yes

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: 10/26/06 **BB**

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 ✓

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connect.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

Requester:
Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, Maryland 21043

S/O Number: 61049
Report Date: December 5, 2006

Property Sampled: 10925 Tompkins Way

County: Howard
Subdivision: Preserve @ Waverly Glen
Lot #: 5
Building Permit #: B00157844
Tax Map #: 10
Parcel #: 330

Date/Time Collected: December 4, 2006 at 9:40 am
Date/Time Received: December 4, 2006 at 2:05 pm

Sample Location: Laundry Tub Tap
Sampler ID: 7334JB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3945
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter - Bypassed

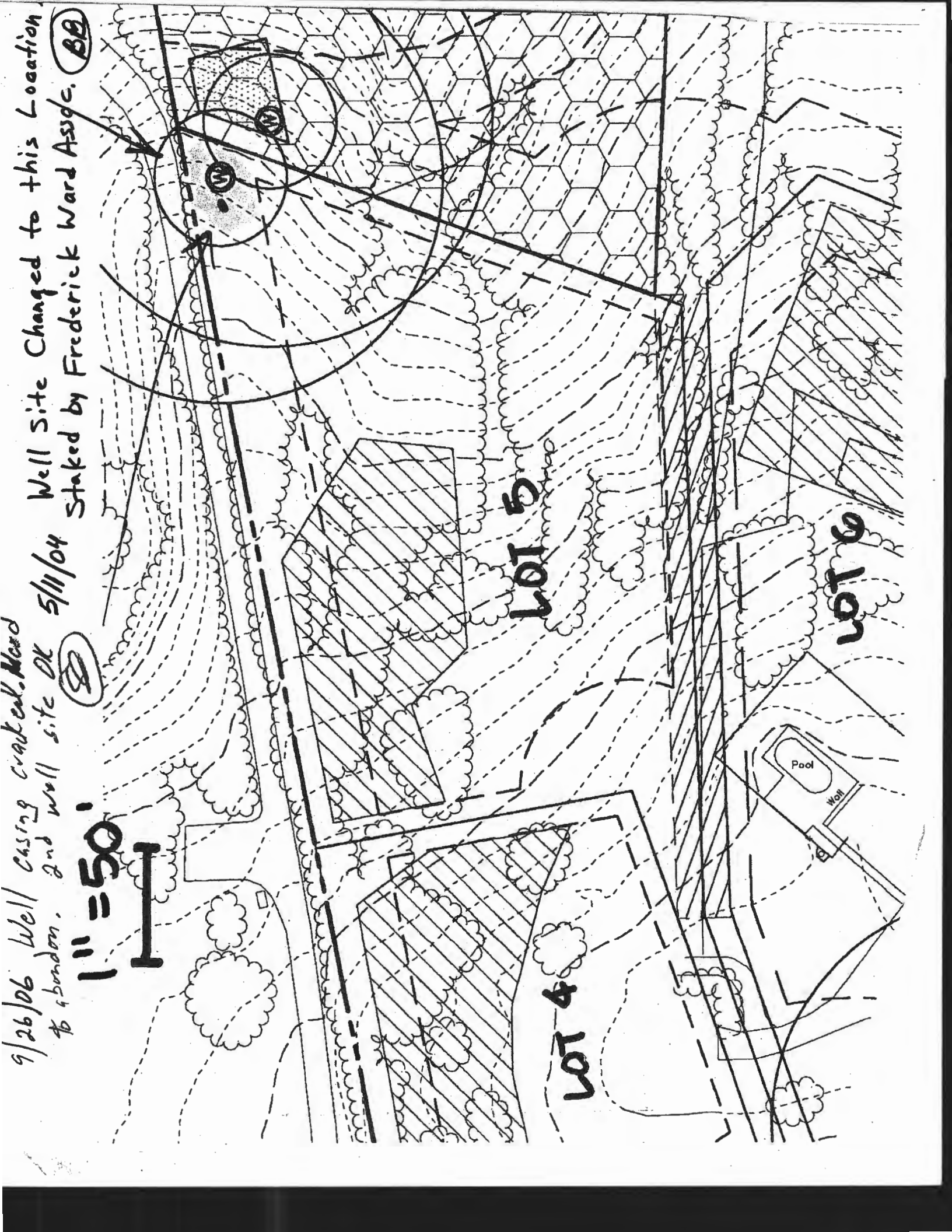
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.1 NTU	EPA 180.1	10 NTU	Pass
pH	6.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

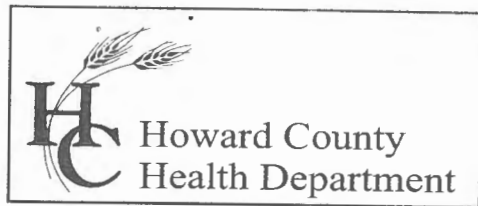
*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



9/26/06 Well casing cracked. Moved to abandon. 2nd well site OK 5/11/04 Staked by Frederick Ward Assoc. (BA)

1" = 50'



Bureau of Environmental Health
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.hchealth.org

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

December 12, 2006

Trinity Homes
3675 Park Avenue
Suite 301
Ellicott City, MD 21043

RE: Preserve at Waverly Glen – Lot 5
10925 Tompkins Way
BP #: B00157844
Well Permit #: HO-94-3945

Dear Homeowner:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on November 28, 2006.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3945. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment.**

Date of Water Sample(s): December 4, 2006
Date of Well Completion: September 29, 2006

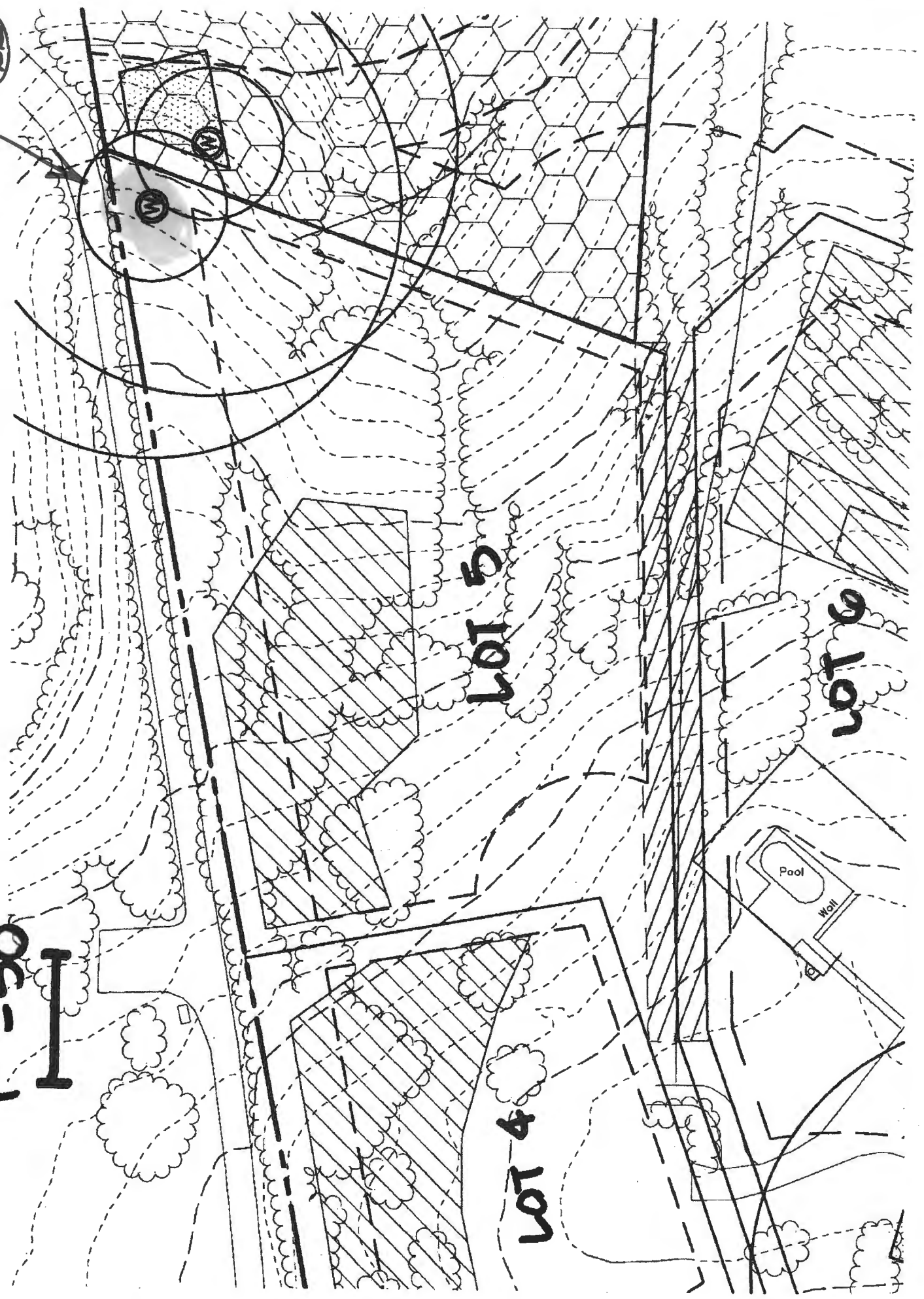
Approving Authority

Brian Baker
Brian Baker, R. S.
Well and Septic Program

cc: Building Inspector's Office
File

5/11/04 Well Site Changed to this Location,
Staked by Frederick Ward Assoc. **BB**

1" = 50'



DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3491		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		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)		DATE WELL COMPLETED MM DD YY 06 03 04		Depth of Well 22 340 26 (TO NEAREST FOOT)		
ST/CO USE ONLY DATE Received MM DD YY 8 13		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3945		COUNTY NUMBER (13) A514619.6		
OWNER <u>Preserve at Waverly Glen, LLC</u> last name first name		STREET OR RFD <u>Tompkins Way</u>		TOWN <u>Woodstock</u>		
SUBDIVISION <u>Preserve at Waverly Glen</u>		SECTION		LOT <u>5</u>		
WELL LOG Not required for driven wells		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 <u>11</u> NO. OF POUNDS <u>1100</u> GALLONS OF WATER <u>66</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>30</u> BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>35</u> ft. WHEN PUMPING <u>105</u> 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		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>34</u> Total depth of main casing (nearest foot) <u>34</u> OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO) (CIRCLE) (YES or 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) <u>3</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) (1) above LAND SURFACE (-) below <u>2</u> (nearest foot)		
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER C 2 DEPTH (nearest ft.) <u>32</u> <u>34</u> <u>36</u> <u>38</u> <u>40</u> <u>42</u> <u>44</u> <u>46</u> <u>48</u> <u>50</u> <u>52</u> <u>54</u> <u>56</u> <u>58</u> <u>60</u> <u>62</u> <u>64</u> <u>66</u> <u>68</u> <u>70</u> <u>72</u> <u>74</u> <u>76</u>		
Top Soil 0 2 Sandy 2 20 Sand Stone 20 25 MICKA 25 60 Sand Stone 60 65 MICKA 65 210 Flint Rock 210 215 MICKA 215 340 To be abandoned 9/26/06		NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> 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.		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) <u>20'</u> <u>20'</u> well		
DRILLERS LIC. NO. <u>M S D 113</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76				

B 1	5726	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 519 599 please print or type	STATE PERMIT NUMBER HO -94 -3945 <small>fill in this form completely</small>
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13		Preserve At Waverly Glen		
15 Last Name		Owner		34 First Name
36 3675		PARK AVE		55
57 57		ELLICOTT CITY MD 21043		76
70 State		72 Zip		76
DRILLER INFORMATION				
Ralph E. Mayne		M S D 117		
Driller's Name		76 License No.		81
Ralph E. Mayne Inc				
Firm Name				
17024 Handy Rd. Mt Airy MD 21771				
Address				
Signature		Date		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE		
		(GAL. PER MIN.)		
		8 500		12
AVERAGE DAILY QUANTITY NEEDED				
(GAL. PER DAY)		14 500		20
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<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				
Howard (13) A514619				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE INSERT S → 41				
DATE ISSUED 5/11/2004 Brian Baber 5/11/2005				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID 542 000 EAST GRID 832 000				
50 55 57 63				
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 832				
N 542				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
<p>6/13/04</p> <p>No Insp (50)</p> <p>Well site</p> <p>9/26/06 Well casing for original well cracked - abandoned and replace using same permit</p> <p>GAL/50</p> <p>Sketch: N ↑ Rt 99, Tompkins way, Mount Denali Dr. Well location marked with X and 50' distance.</p>				
REPLACEMENT OR DEEPEENED 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				
<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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER HO2003 G.A.P. 005(01)				
PERMIT NO. HO -94 -3945				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

Depth of well 340
Distance of measuring point (M.P.) above ground 2^m
Static water level (S.W.L.) below M.P. 35

HD-224