

6/22/00
3:00
(1st copy)
8/26/00
12-1

PERMIT

03-315363

P 513639-B

SEWAGE DISPOSAL SYSTEM

A 38147

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

DATE 6/16/2000

DATE SYSTEM APPROVED

INSPECTOR

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784

PHONE 410-795-5670

SUBDIVISION Meadowood

LOT 46

ROAD 1235 Wild Rose Court

PROPERTY OWNER

Vince & Lauren Lacey

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 146.40' lot line and 506.58' lot lines begin trenches 190 feet down the 506.58' lot line and 165 feet off that same lot line.

Run trenches on contour toward the left property line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 12/19/99 DLS*

PLANS APPROVED BY Amy McMillen

DATE 11/24/99

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

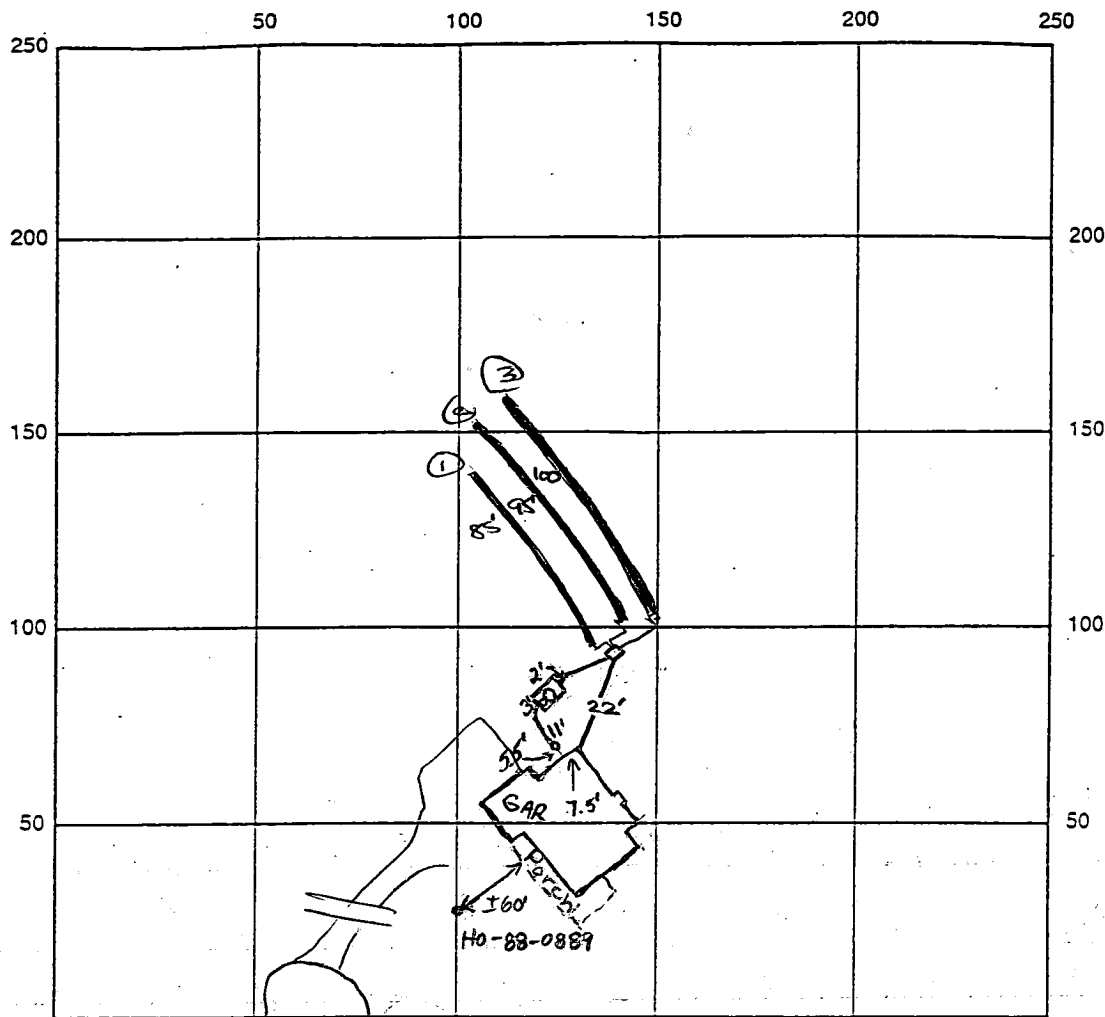
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 38147



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Wild Rose Court

SEPTIC TANK LEVEL 1250 MS

CLEANOUTS 4" House, 6" Tank, Manhole

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH $\frac{1}{7} \frac{2,3}{6}$ FT.

TRENCH WIDTH 3 FT.

INLET DEPTH $\frac{1}{5} \frac{2,3}{4}$ FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 6/22/00 No house connection. To run 3 trenches towards left lot line,
(85', 95', 100' lengths) using top of easement area. WPI O.K. (BB)
6/26/00 depth of trench ① appears 1' too deep. Unable
to verify depth of trench ② and ③. Spoke to installer:
OK to cover all work. DJS

DATE SYSTEM APPROVED

6/26/00

INSPECTOR

DJS

APPLICATION

PERCOLATION TESTING

A 38147

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/86

*WET SEASON
TEST ONLY
need reclaim
11/7/87 S. H. H.
perc OK'd
pending
approved
perc*

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 Springhill Associates - c/o D.S. Thaler & Associates, Inc.
VINCE & LAUREN LACEY

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 40
1235 Wild Rose Court

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road

Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ Acres TYPE BLDG. Single Family 5 bdrm.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**ADDD. PERMIT SIGNED
AND RETURNED 8-31-95**
61316

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST. APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mike S. H.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

**ADDD. PERMIT SIGNED
AND RETURNED 11-24-99**
Serial # 200121410
SFD - 4 Bcm

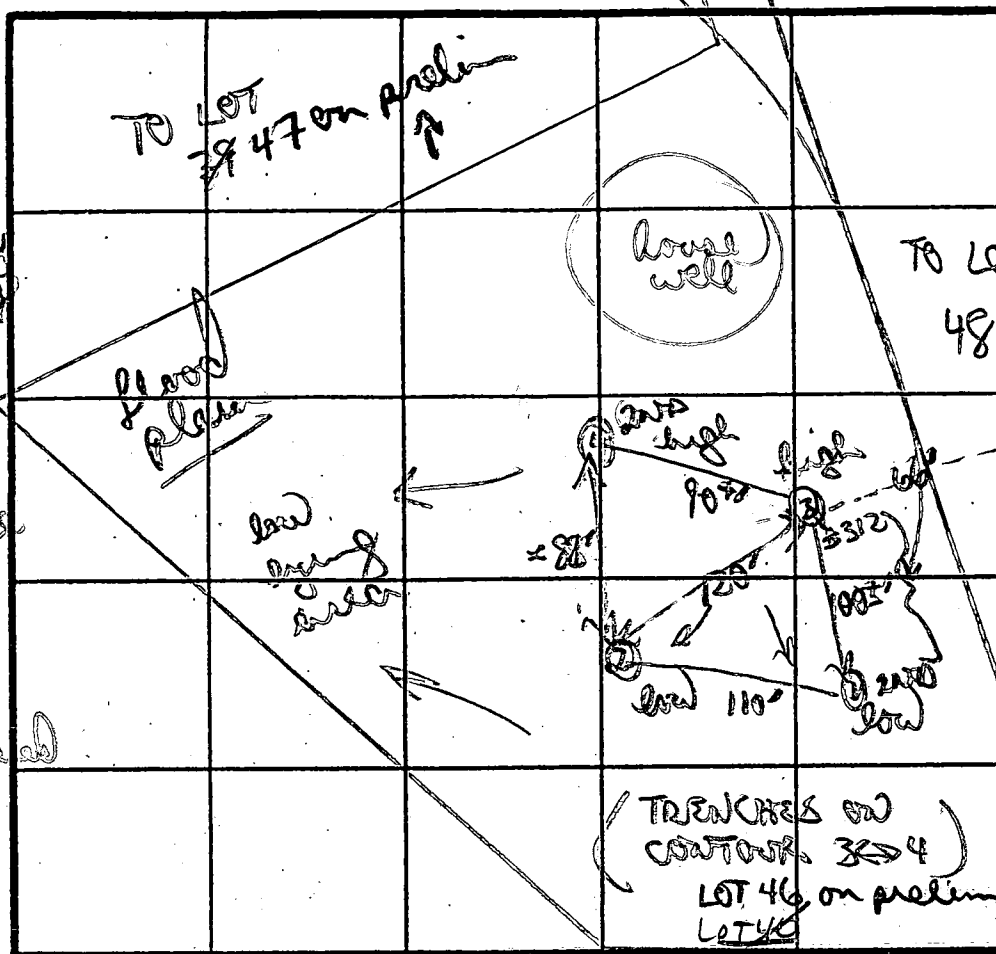
THIS IS NOT A PERMIT

187 A/BORN
INLET 4'
MAX 6'
 $\bar{x} = 4$ MIN

10/2/82 10K ON PRELIM. ADD
ON 15' x 100' THIS AREA

SOIL PROFILE

mix of heavy
orange clay
+ light
grey silt
to 3 1/2'
to grey
to 10' orange
silty loam
↓
8 1/2'
10-15% small
fragments
10' D



orange clay
orange clay
4 1/2'
to orange
silty loam
to grey loam
w/ 10% small
fragments
7'
11' D

CAN EXPAND
PER FIELD
ON SIDE OF
173 TO
LOT LINE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. HENRYTON Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/1/87	①	2 1/2'S	1226	1230	1230	1235	5min
		11'D	bottom (see profile)				
	②	3 1/2'S	1239	1244	1244	1252	8min
		10 1/2'D	bottom (see profile)				
	④	VISUAL ONLY (OK 3 1/2')					
		12'D	bottom (see profile)				
	②	3'S	1253	100	100	115	15min
		6'M	1253	1254	1254	1255	1min
		11'D	bottom (see profile)				

REMARKS

TYPE OF SOIL

TESTED BY

SHALLOW SYSTEMS

perc field adjacent to get out of wet season soils

orange clays heavy in spots; orange/grey silt loam

B. W. [signature]

ALSO PRESENT

Skip Rocky

orange/red
clay/silty
silt loam
3'
to orange
silty loam
w/ some
heavily
weathered
9'
11'D

orange/loam
clay silt
loam 3'
to loam/orange
to loam/grey
silty loam
w/ 5% small
fragments

APPLICATION

PERCOLATION TESTING

A 38/47

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/28/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROSPECTIVE BUYER N/A

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ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road

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Mike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

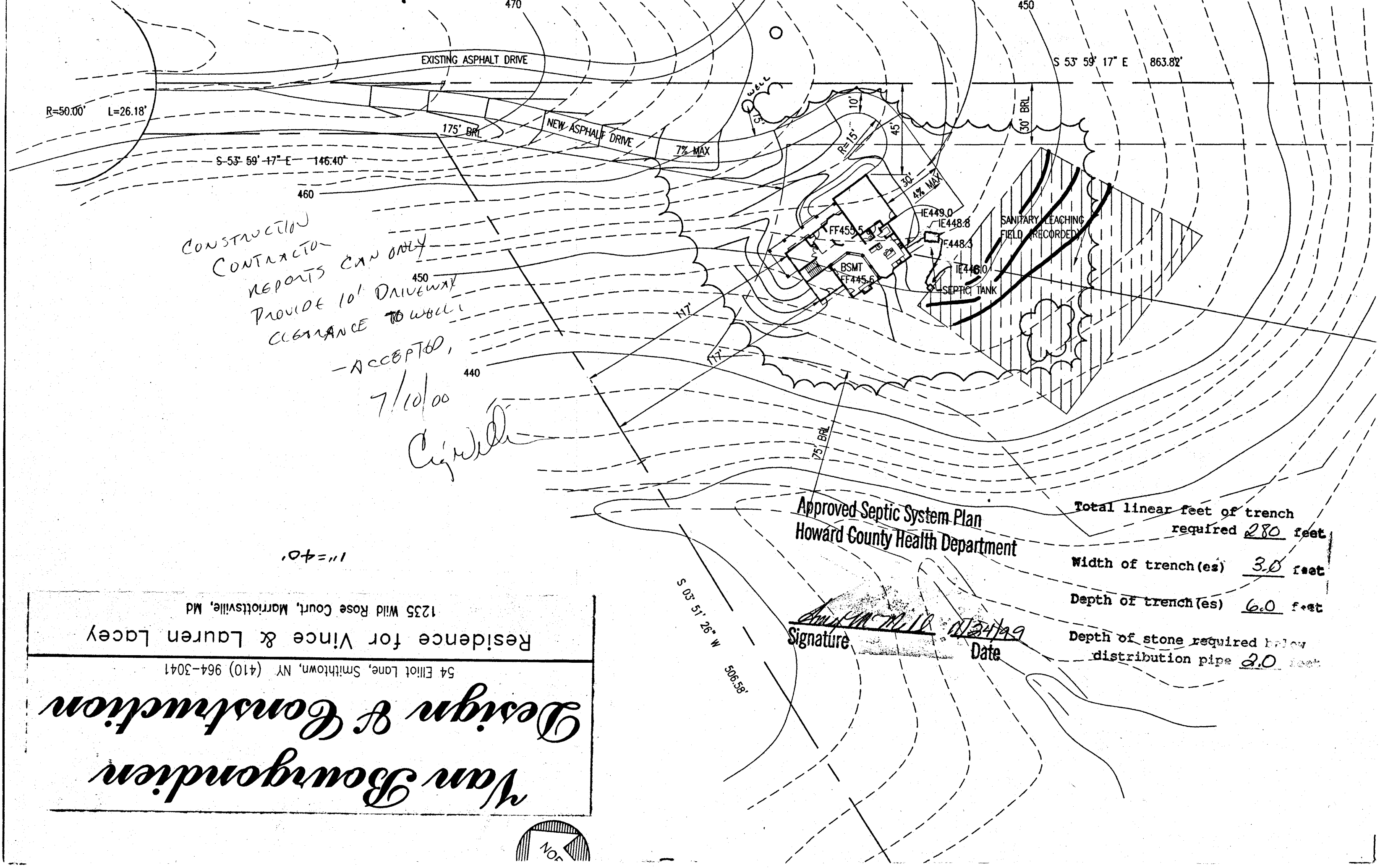
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



CONSTRUCTION
CONTRACTOR
REPORTS CAN ONLY
PROVIDE 10' DRIVEWAY
CLEARANCE TO WALL
450
TLD

-ACCEPTED,
7/10/00

10/00
Cigarette

~~Approved Septic System Plan
Howard County Health Department~~

Total linear feet of trench
required 280 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Signature Amey M. M. 10 Date 11/24/99

54 Elliot Lane, Smithtown, NY (410) 964-3041
Residence for Vince & Lauren
1235 Wild Rose Court, Marriottsville, Md

Van Bourgondien
Design & Construction

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer T. M. Moylan P+H Inc Telephone 410-788-8466

License Number 3078

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner VINCE + LARREN LACEY Telephone 410-772-0378
Subdivision MEDFORD Lot # 46 Well Tag # 40-88-0889
Site Address 1235 WILD RAGE

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
2. Make _____
3. Model # _____
4. Capacity _____ GPM

Motor

1. Horsepower 1
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth 42"

5. Pump exceeds well capacity Yes _____ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other _____

Tank

1. Capacity WX 203
2. Pressure relief valve? YES

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

6/22/00 - WPI OK
(BB) SRN

Signature of Applicant: Michael Law

Date: 7/19/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1 1024 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY
NUMBER A 38147

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8. 13

15 20 032290

22 26 420 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 40-88-0839

OWNER ~~SPRING-HILL~~ ASSOCIATES
STREET OR RFD. last name LIND HANE CT first name TOWN SYKESVILLE
SUBDIVISION *MCDONALD SECTION 2 Phase 2 LOT 46

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Red Clay	2	4	
Brown Shale	4	12	
Brown Mica	12	28	
Tan Mica	28	34	
Gray Mica	34	52	
Tan Mica	52	56	
Gray Mica	56	73	
Tan Mica	73	75	
Gray Mica	75	108	
Tan Mica	108	116	
Gray Mica	116	355	
Flint & Slate	355	358	
Gray Slate	358	370	
Brown Sandstone	370	403	
Quartz	403	405	
Gray Mica	405	406	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES ☒ NO ☐

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 17 NO. OF POUNDS 1200

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 27 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEEL ☒ CONCRETE ☐
PLASTIC ☐ OTHER ☐

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 1 31

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

screen type or open hole SCREEN RECORD
insert appropriate code below
STEEL ☒ BRASS ☐ OPEN HOLE ☐
PLASTIC ☐ OTHER ☐

DEPTH (nearest ft.)
H 19 421

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 108

WHEN PUMPING 160

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED:

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES ☒ NO ☐

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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)

CIRCLE APPROPRIATE LETTER
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.

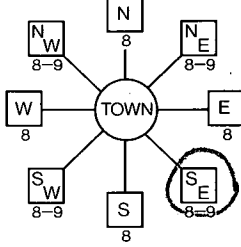
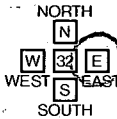
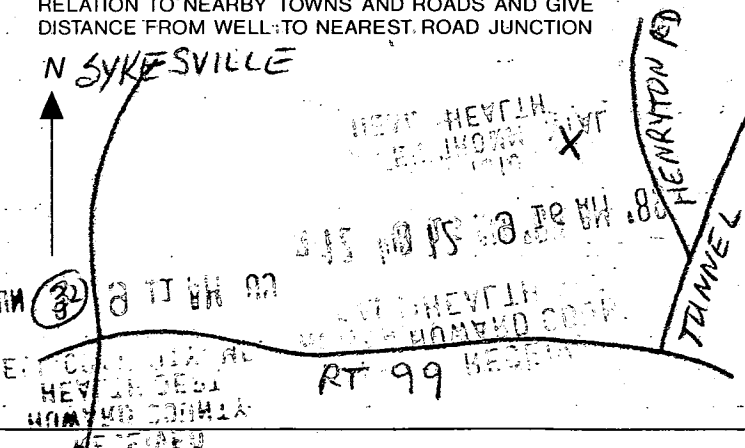
DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

B 1 1 2 3 4 5 6 9164 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0889 70 fill in this form completely 79
Date Received (APA) 06/13/89		
OWNER INFORMATION 8 13 SPRING HILL ASSOC 15 Last Name 34 Owner First Name 1423 RT 32 36 Street or RFD 55 W FRIENDSHIP MD 21794 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION Driller's Name George F. Easterday 40 L. Franklin Easterday, Inc. 77 License No. 80 Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature <i>George F. Easterday</i> 6/18/89 Date		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		
APPROXIMATE DEPTH OF WELL 300 FEET 24 28		
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> 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 39 ☐ 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 DEEPEMED (IF AVAILABLE) 41 _____ 52		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ 54 63 FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-88-0889 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

B 3 LOCATION OF WELL 40.00 HOWARD 8 COUNTY 21 MEADOWOOD 23 SUBDIVISION 42 SECTION 2 LOT 46 44 46 48 50 SYKESVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD WILD ROSE CT 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 260 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A-38147 STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED 07/17/89 <i>Sidney Akab</i> 7/16/90 43 48 CO SIGNATURE EXP. DATE NORTH GRID 547000 EAST GRID 0820000 EXTENDED 50 55 57 63 MR 12/5/89	
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 820 N 5467 000 (Not Used) S 820 000 Tag on it	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	

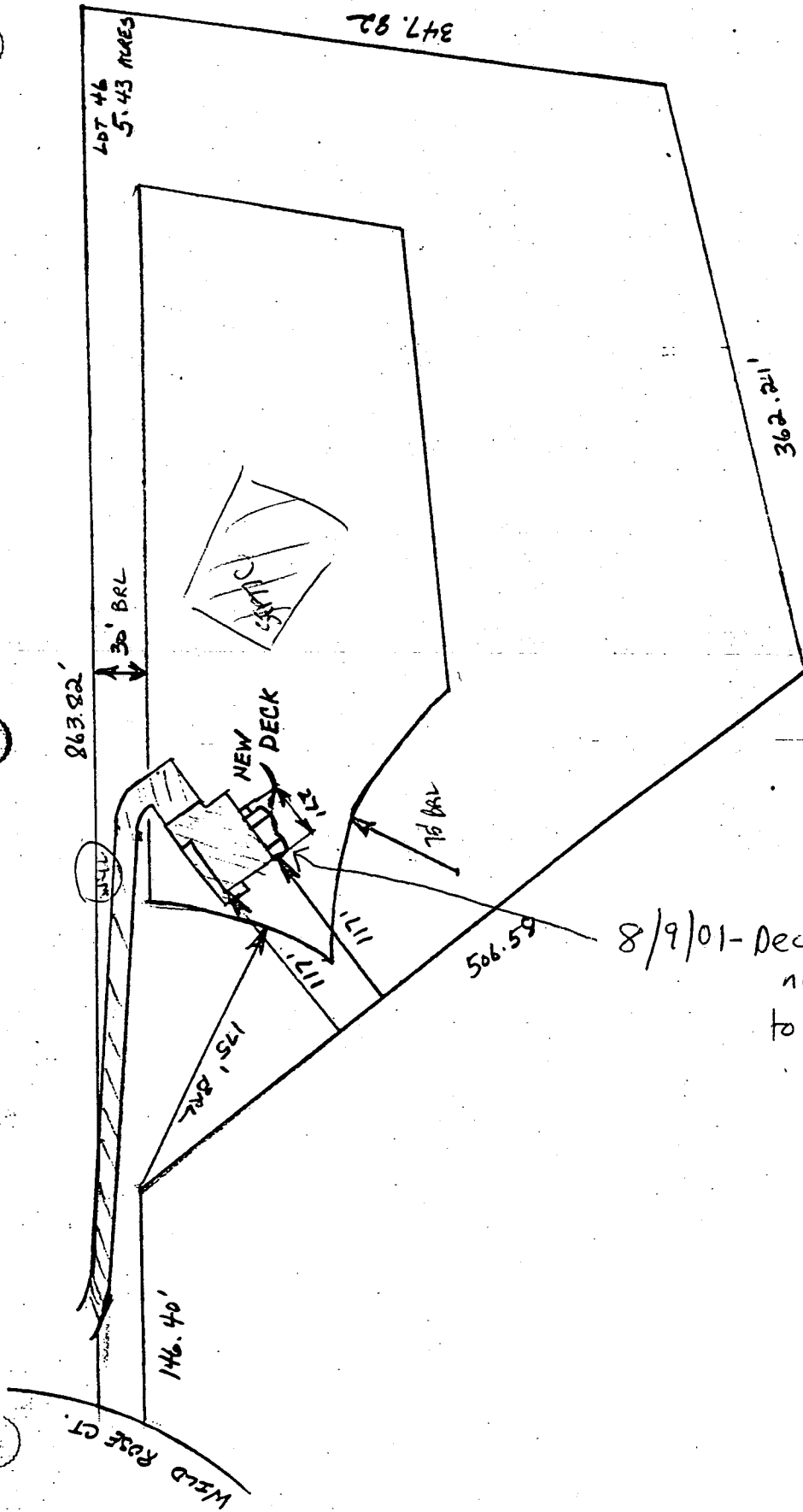
Well Permit No. HO - 88-0889
Location of property (road) Wild Rose Cr
Subdivision Meadowood Lot 42 Block Plat Sec. 24
Well Driller G. S. KIRKDAY Owner Springs Mill Assoc.

Depth of well 420 66 Pm
Distance of measuring point (M.P.) above ground 2 1/2 FT
Static water level (S.W.L.) below M.P. 108 FT

Time pump started 11:45 Pumping rate 10 GPM
Total time 30 min to reach pumping water level 160 ft. below M.P.

[illegible]





1235 WILD ROSE COURT

LOT 46

MEADOWOOD
SUBDIVISION

SECTION 2 AREA 2

SCALE 1" = 100'