4/14/88 Before noon

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 41625

A REPAIR

DISTRICT 3rd

DATE 4/6/88

DATE SYSTEM APPROVED 4/14/88

INSPECTOR RH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-280888

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS ____ PHONE 988-9270

SUBDIVISION Kingston ROAD 13020 Triadelphia Rd LOT 2A

PROPERTY OWNER James Williams

ADDRESS ____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ____ NO ✓

SEPTIC TANK CAPACITY ____ GALLONS NUMBER OF BEDROOMS 4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

TRENCH OFF OLD DW WITH 500 SQ FT SIDEWALL AREA INLET 3FT DEPTH 11 FT STONE 8FT LENGTH 65FT KEEP TRENCH AWAY FROM WELL OR NEXT LOT

PLANS APPROVED BY C. Williams DATE 4/14/88

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

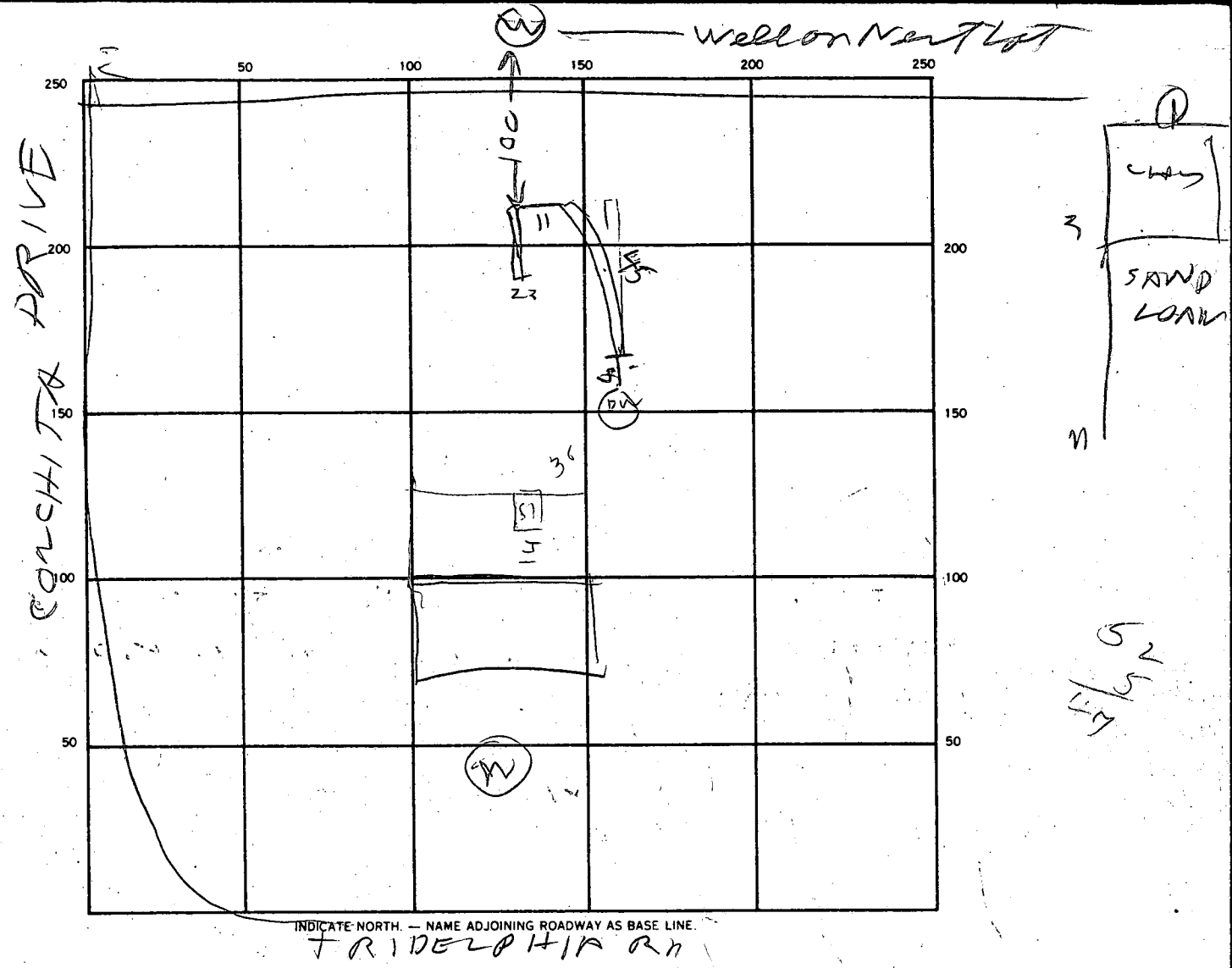
8/500 6 48.00

P 41625

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 1.1 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 8 FT. TOTAL LENGTH 45 | 23 | 68 FT. (1 | 2 | TOTAL)

NUMBER OF TRENCHES 2 ONE SIDEWALL ~~BOTTOM AREA~~ 388 SQ. FT. TOTAL

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 5.4 FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/14/88 — FINISH ADDING ALL THE STONE TO TRENCH & COVER

DATE SYSTEM APPROVED 4/14/88 INSPECTOR Raymond Brady

9/24/71 Ready

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

P 16314

A ~~16047~~

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY ELLICOTT CITY

DISTRICT ~~3~~

DATE ~~9/20/71~~

Paul O. Gregor IS PERMITTED TO INSTALL x ALTER

ADDRESS ~~Rt. 2, Hanover, Md.~~ PHONE ~~796-0952~~

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION ~~Kingston~~ ROAD ~~Tridelphia Rd.~~ LOT ~~2A~~

PROPERTY OWNER ~~James & Ruth Brice~~

ADDRESS ~~4016 Haywood Ave., Baltimore, Md., 21215~~

SPECIFICATIONS 3 Bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY ~~1000 gal.~~ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER ~~Dry Well - 350 sq. ft. sidewall area below inlet with maximum depth below grade of 11 ft.. Place the dry well 85 ft. from the back lot and 15 ft. from the right side of the lot as seen when facing the lot from Tridelphia Rd.~~

~~NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.~~

PERMIT:VOID AFTER THREE YEARS

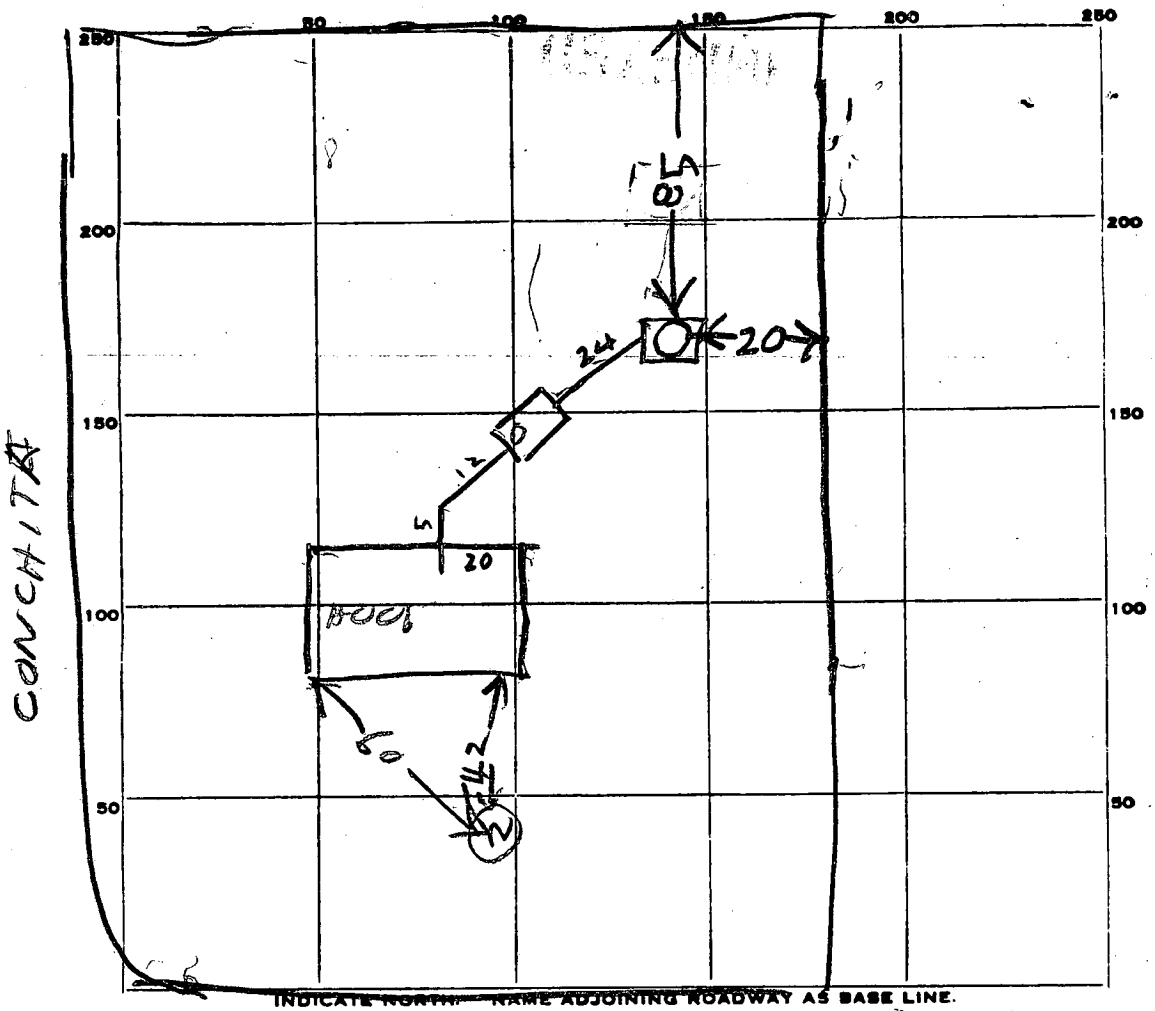
PLANS APPROVED BY ~~Raymond Hodges~~ DATE ~~7/2/71~~

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 16047



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

12
12
12
13½
491½

PERMIT CARD _____

SEPTIC TANK, LEVEL OK concrete 1000 CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 8 FT. DEPTH BELOW INLET 8½ FT.
21½ not counting stone.

ABSORBENT AREA 421 SQ. FT. counting stone

85
85
125
206
125
495
85
2475
3960
42075

REMARKS 9/21/71 - Drywell inlet 3 ft below grade
Perimeter 49½

DATE SYSTEM APPROVED 9/24/71 INSPECTOR Raymond Hodges

Sewell # 11.172.

Retest

7/2/71
9:30

APPLICATION

A 16047

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 1000 Gal Tank — ELLICOTT CITY

DISTRICT 3

DATE 6-22-71

Dry well - 350 sq ft
seepage area below inlet with
maximum depth below grade of 11 FT
place the dry well 85 ft from the
back lot and 15 FT from the
right side of the
lot as shown on plan
to lot from Triadelphia Rd

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER James & Ruth Brice

ADDRESS 4016 Haywood Ave., Baltimore, Md. 21215 PHONE 367-1615

PROPERTY LOCATION:

SUBDIVISION KINGSTON LOT NO. 2 A

ROAD AND DESCRIPTION Triadelphia Rd., Glenelg, Md.

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 270 x 150 1 acres TYPE BLDG. Single Family Dwelling 3 - Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Ruth C. Brice

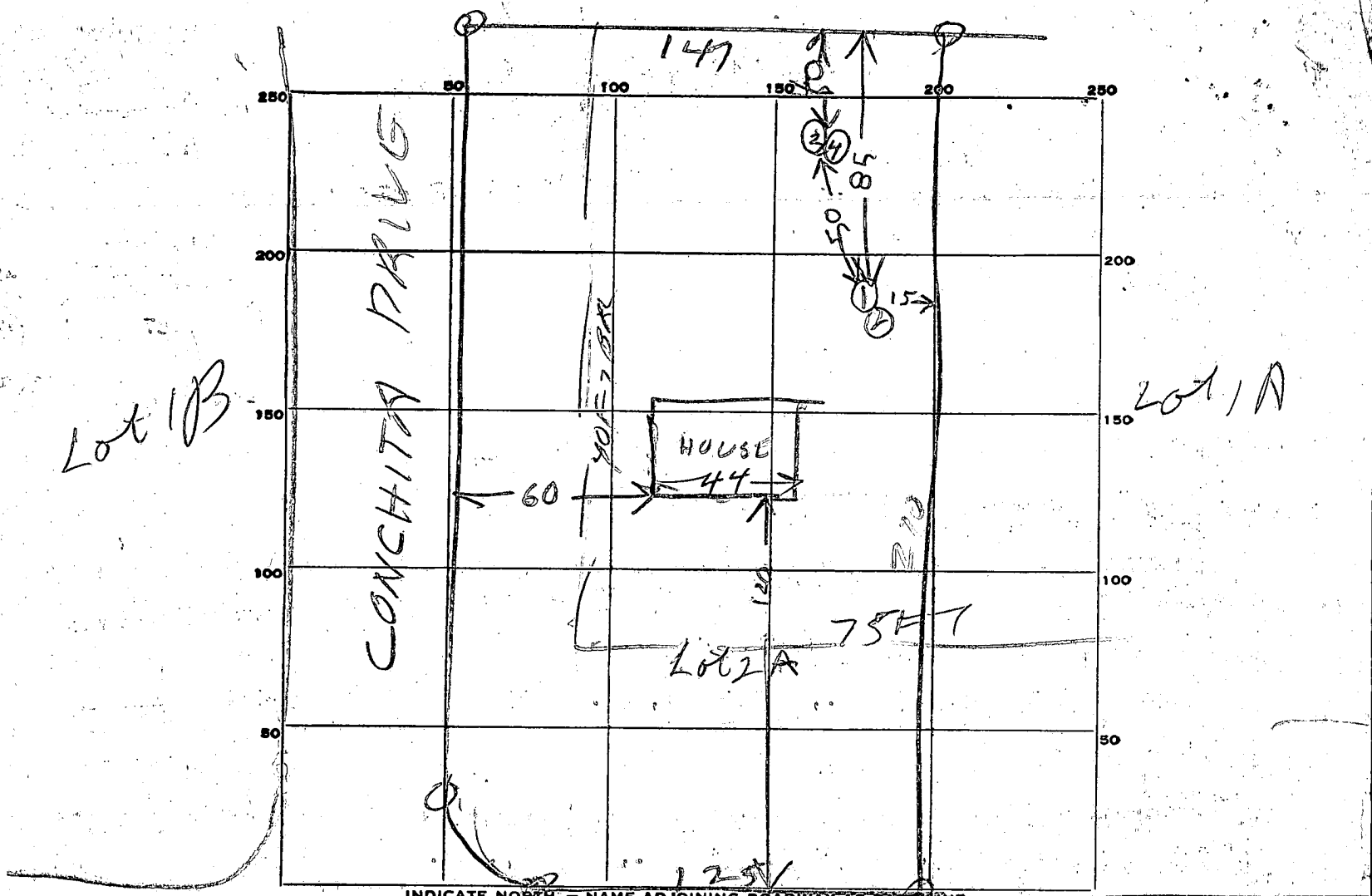
APPROVED BY Raymond Hodges FOR Dry Well (KIND OF SYSTEM) DATE 7/2/71

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



TRIDEC PHASE III

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
7/2/71	1	10	1016	1021	1021	1026	5
7/2/71	2	4½	1020	1033	1033	1048	15
7/2/71	3	10	1048	1050	1050	1055	5
7/2/71	4	4½	1050	1052	1052	1055	3

SOIL AUGER FINDING

TESTED BY Raymond Hodges

REMARKS

2A

APPLICATION

A 13381

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 12-8-67

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER James W. King, Sr.

ADDRESS 304 Freetown Road PHONE 286-2757

PROPERTY LOCATION:

SUBDIVISION Kingston (J. W. King) LOT NO. ~~2~~ Lot 2A

ROAD AND DESCRIPTION Tridelphia Road

Glenelg, Maryland

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 270 x 150 ~~1 Acre~~ TYPE BLDG. 3 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT James W. King Sr.

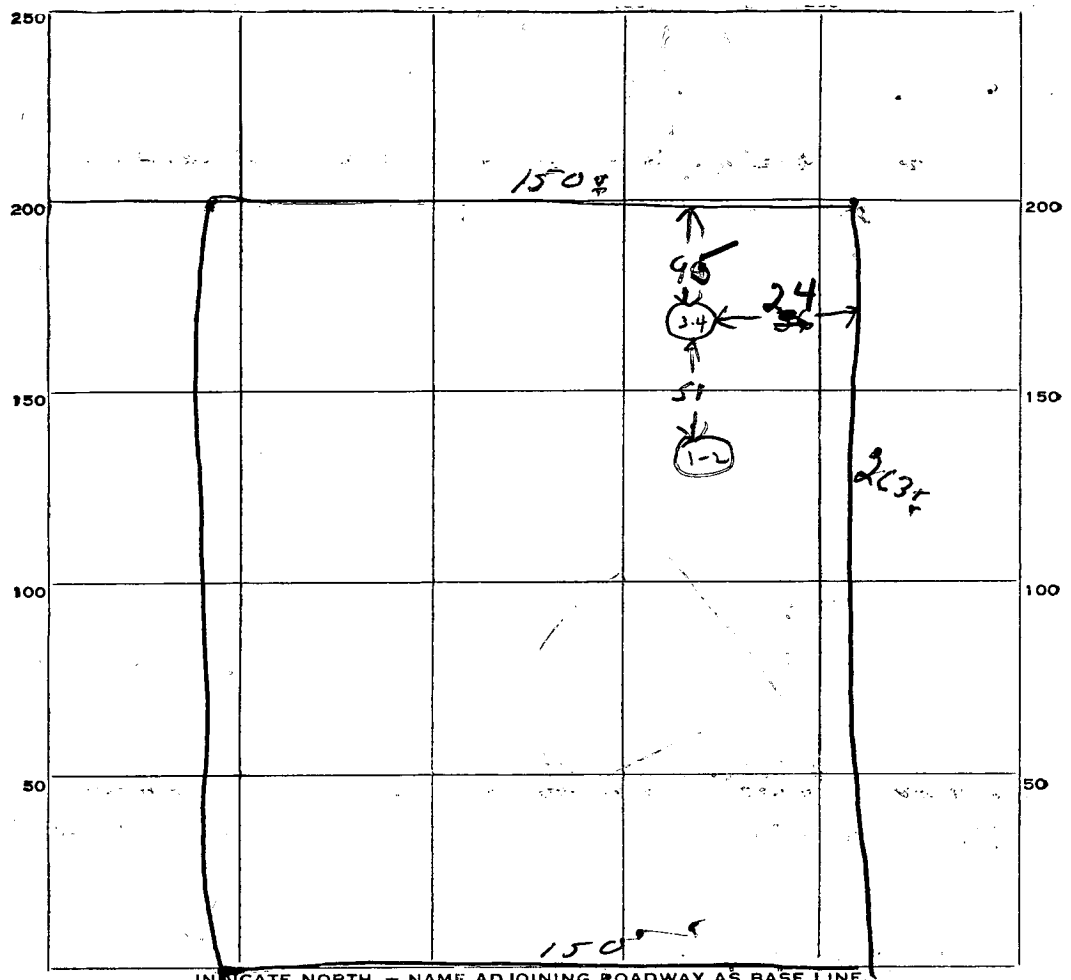
APPROVED BY [signature] FOR [signature] (KIND OF SYSTEM) DATE 12/29/67

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

Philadelphia Rd

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-4-68	1	4 ft	10 45	10 56	10 56	11 10	14 min
	2	11 ft.	10 47	10 48	10 48	10 53	5 min
	3	4 ft	10 53	10 57	10 57	11 03	6 min
	4	11 ft	10 56	10 58	10 58	11 01	3 min

7 mm

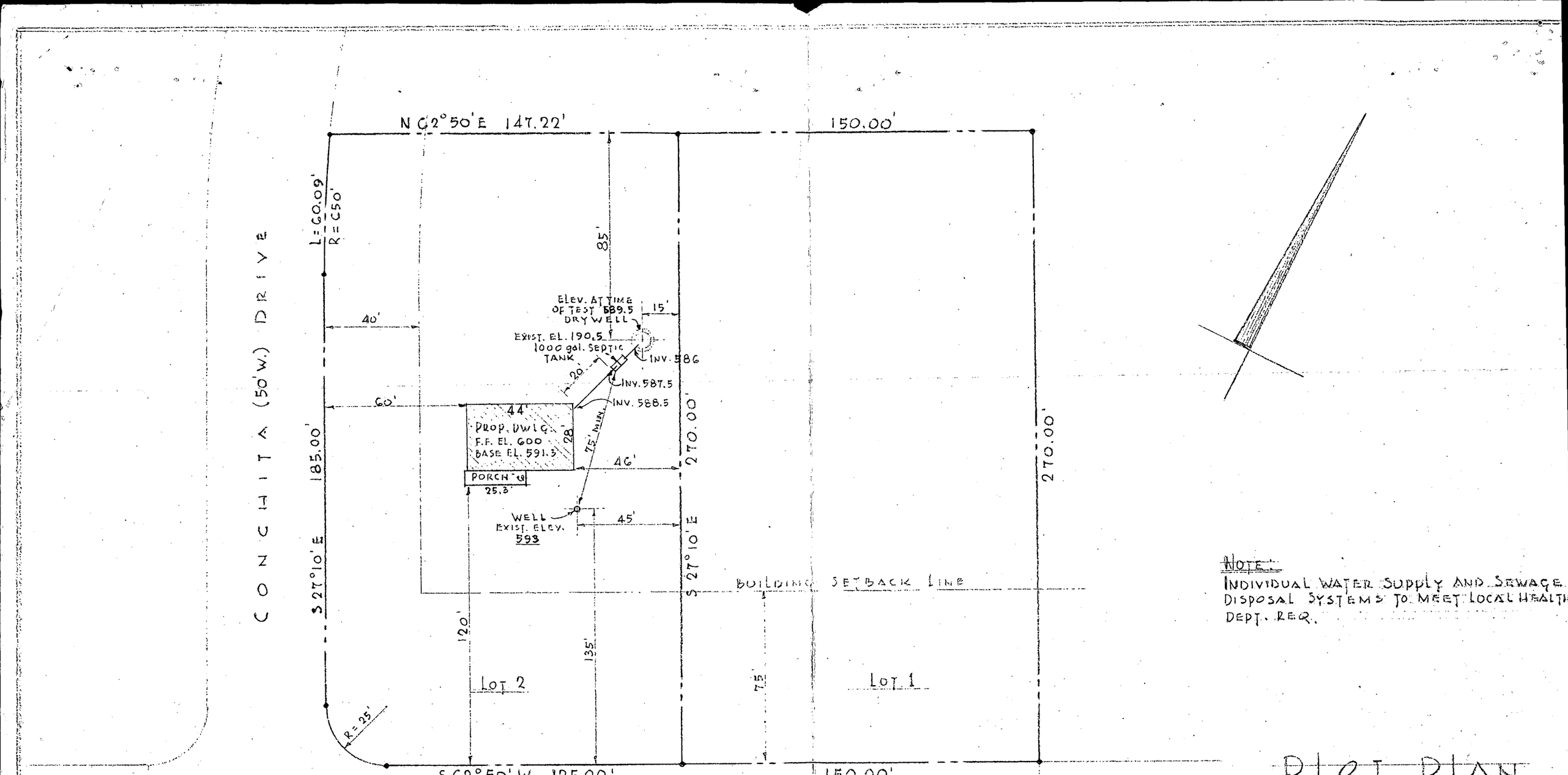
4 ft

SOIL AUGER FINDING

TESTED BY DWM

REMARKS

Lot 29



NOTE:
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS TO MEET LOCAL HEALTH DEPT. REQ.

PLOT PLAN

SCALE: 1" = 40'

Plans OK 7/6/71 JBH

PROPERTY OF
MR. & MRS. JAMES BRICE
"KINGSTON"
SECTION "1", LOTS 1 & 2, BLK. "A"
3RD DIST., HOWARD CO., MD.
LIBER 545, PAGE 105

6/28/71 JH

WR-W-4 9/70

C 1 3206 — SEQUENCE NO. (DWR USE ONLY)
1, 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) A 1604 — 8-13

DATE WELL COMPLETED: Sept 23. 1971 (15–20)

DEPTH OF WELL: 167' (TO NEAREST FOOT) (22–26)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-72-0058 (28–37)

DRILLERS IDENTIFICATION NO. 256

OWNER: Brine (LAST NAME) — Home (FIRST NAME)

STREET OR RFD: 4016 Hollywood Ave — POST OFFICE: Baltimore Md

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
clay	0	41	
Sand	41	50	
Hard Sandstone	50	63	
Clay	63	65	✓
Hard Blue Rock	65	167½	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) — YES (Y) NO (N) (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 541

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48–52) FT. TO 55 (54–58) FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW

(S T) STEEL — (C O) CONCRETE — (P L) PLASTIC — (O T) OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60–61)	6" (63–64)	57' (66–70)

OTHER CASING (IF USED)

EACH CASING

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW

(S T) STEEL — (B R) BRASS OR BRONZE — (H O) OPEN HOLE — (P L) PLASTIC — (O T) OTHER

C 2 (1 2 3 (SEQ. NO.) 6)

EACH SCREEN

	DEPTH (NEAREST WHOLE FOOT) FROM	TO
1 (8–9)	11–15	17–21
2 (23–24)	26–30	32–36
3 (38–39)	41–45	47–51

SLOT SIZE 1, ____ 2, ____ 3, ____

DIAMETER OF SCREEN ____ (56–60) (NEAREST INCH)

GRAVEL PACK — FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68) F

CIRCLE APPROPRIATE BOXES

A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E — ELECTRIC LOG OBTAINED

C — COPY OF ELECTRIC LOG ATTACHED

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.

DRILLERS NAME

(PLEASE PRINT) DANA MYERS JR

SIGNATURE Dana Myers Jr

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

T (70) TELESCOPE CASING — (E.R.O.S.) (72) LOG INDICATOR — W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 10 (8–9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3½ (11–15)

METHOD USED TO MEASURE PUMPING RATE Thermometer

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 60 (17–20) (NEAREST FOOT)

WHEN PUMPING 164 (22–25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

(A) AIR (27) — (P) PISTON (27) — (T) TURBINE (27)

(C) CENTRIFUGAL (27) — (R) ROTARY (27) — (O) OTHER (DESCRIBE BELOW) (27)

(J) JET (27) — (S) SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31–35)

PUMP HORSE POWER (37–41)

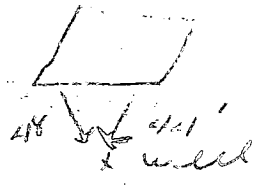
PUMP COLUMN LENGTH (NEAREST FOOT) (43–47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE / (−) BELOW (49) — LAND SURFACE 2 (50–51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N ↑ SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



Philadelphia Rd

HEALTH

WR-W-3 9-70

B 1 1219 SEQUENCE NO. (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

72-0058
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 10/6/71 2PM

OWNER KRICE JAMES
COL 15 LAST NAME — FIRST NAME COL. 34

STREET OR RFD 4016 HAYWARD AVE
COL 36 — COL. 55

POST OFFICE BALTO MD 21215
COL 57 — COL. 76

B 1 CONTINUED — DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6

DATE AUG 8 1971 LICENSE NUMBER 30
77 80

RONNA FIXER
FIRST NAME DRILLER LAST NAME

SIGNATURE Ronna Fixer

B 2 — WELL INFORMATION
1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 4
8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 400
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
22
(D) DOMESTIC, 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
} MUST HAVE STATE HEALTH DEPT. APPROVAL
(T) TEST

APPROXIMATE DEPTH OF WELL 130 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
30-37
BORED (OR AUGERED) — JETTED — DRIVEN
(AIR-ROTARY) — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE ROTARY — DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
39
(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 DEEPENED (IF AVAILABLE)
41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER GAP 54 63
ENGINEER REVIEW DISTRICT NO. 65
FORCE WRITE INITIALS IN BOX 67 68
CONDITIONS A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 (S) STATE HEALTH (CIRCLE BOX
HOWARD COUNTY NAME — 27AH COUNTY NO.
DATE MO. 09 DAY 15 YR. 71 43 48
APPROVED BY Palmer F. Hinc, Director

B 5 — SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6
8 63

B 3 — LOCATION OF WELL
1 2 3 (SEQ. NO.) 6

COUNTY HOWARD
8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION ILINGSTON
23 42

SECTION I VILLA 44 46 — LOT 142 48 50

NEAREST TOWN GLENELG
52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3
73 76 77 78 (M) (I)

B 4 — DIRECTION FROM TOWN
1 2 3 (SEQ. NO.) 6
(CIRCLE APPROPRIATE BOX)

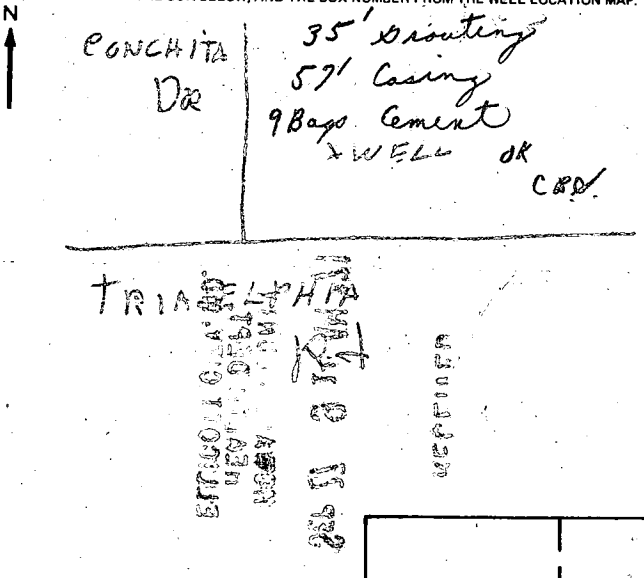
(N) NORTH (E) EAST (N E) NORTHEAST (S E) SOUTHEAST
(S) SOUTH (W) WEST (N W) NORTHWEST (S W) SOUTHWEST
8 8 8 9 8 9

NEAR WHAT ROAD TRIADELPHIA
11 30

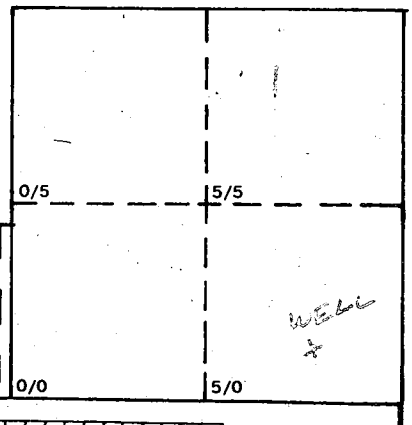
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) 32 SOUTH (S) 32 EAST (E) 32 WEST (W) 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 135
34 37 (F T) (M I) 38 39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN 'X,' THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 860 N 520



NORTH CORDINATE 50 51 52 53 54 55 DEG MIN SEC
EAST CORDINATE 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68

HEALTH