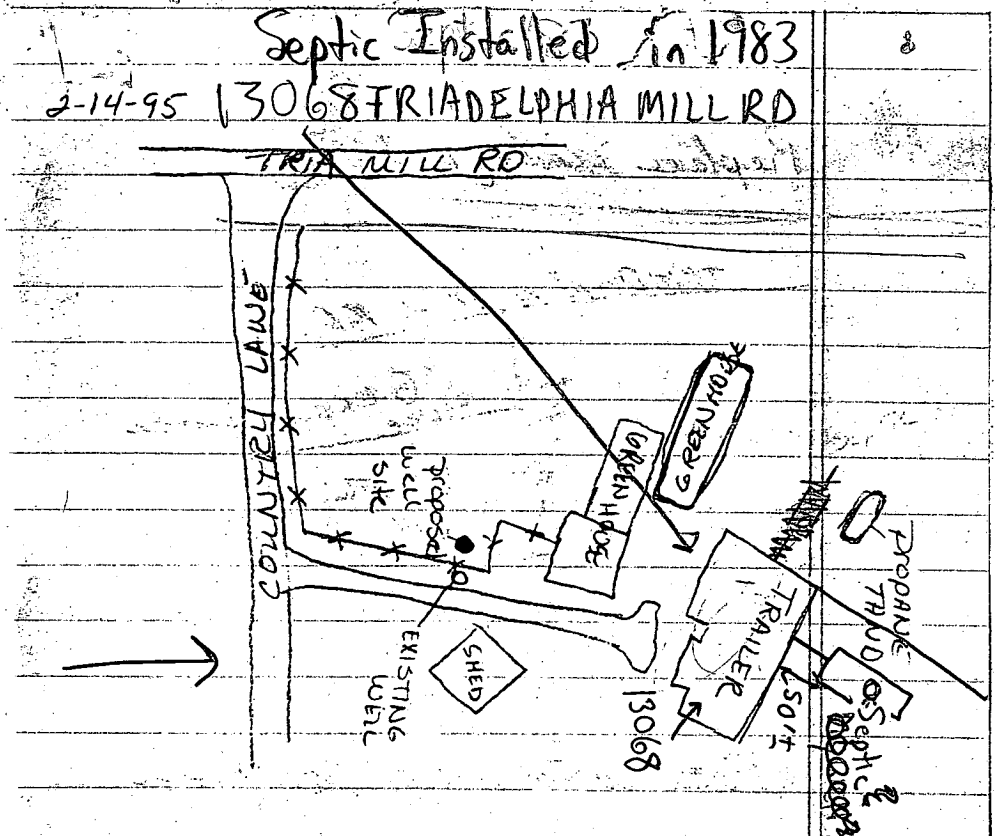


A 47294

INDEXED



could not locate septic

If septic to back or either side
of existing trailer - then site
is OK Ann

Do green houses affect anything?

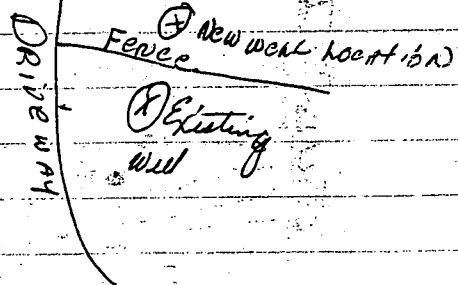
2-15-95 septic location shown in file
was confirmed by J. Mayne.

Replacement well site OK Ann

W 47294
47294

Replace existing well

TRIADOLPHINE MILL RD.



State with blue ribbon

A29800

H0881934

INDEXED

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">4419</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">H0-94-0345</div> <small>70 fill in this form completely 79</small>
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">HOWARD</div> <small>8 COUNTY</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">CLARKSVILLE</div> <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">2</div> <small>73</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">MI</div> <small>76 77 78</small>	
OWNER INFORMATION Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">021395</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">ADAMS</div> <small>15 Last Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">ANDREW</div> <small>34 Owner First Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">13068 TRIADAPLAIN MILL RD</div> <small>36 Street or RFD</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">CLARKSVILLE</div> <small>57 Town</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">MO21027</div> <small>70 State 72 Zip 76</small>		DRILLER INFORMATION MSD/MGD/MWD <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">24</div> Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">Joseph R. Mayne</div> <small>77 License No. 80</small> Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">Joseph R. Mayne Well Drilling</div> Address <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">5512 Ridge Rd. Mt. Airy Md. 21771</div> Signature <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">Joseph R. Mayne</div> <small>2/11/95</small> <small>Date</small>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">500</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">500</div>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">280</div> FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">6</div> INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">HOWARD COUNTY</div> <small>41</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">A29800</div> <small>COUNTY NO.</small> STATE SIGNATURE _____ <small>INSERT S</small> DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">021595</div> <small>43</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">A. McMillen</div> <small>48 CO SIGNATURE</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">2-15-96</div> <small>EXP. DATE</small> NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">507000</div> <small>50 55</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">EAST GRID 0799000</div> <small>57 63</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT other _____		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 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">800</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">500</div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">H0-94-0345</div>		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 (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">GAP</div> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">AM</div> <small>67 68</small> <small>WRITE INITIALS IN BOX</small> <small>PERMIT No.</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">H0-94-0345</div> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">2/15/95 CHANGE FROM TYPE 5 TYPE Y REPLACEMENT WELL OKAYED BY DRILLER PER PHONE CONVERSATION - HE WILL ABANDON EXISTING WELL AND</div> NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

C1 3533

SEQUENCE NO.
(DENV-USE-ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 24800

ST/CO USE ONLY
DATE RECEIVED

021395

DATE WELL COMPLETED

022295

Depth of Well

2265
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-94-0345

OWNER ADAMS ANDREW

STREET OR RFD last name 13068 TRIADDELPHIA RD first name TOWN CLARKSVILLE

SUBDIVISION N/A SECTION LOT N/A

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

FROM TO

SAND 0 86
GRAY MICA 86 265
ROCK 8

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 2350

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 70 ft.
48 TOP 52 (enter 0 if from surface) 54 BOTTOM 58

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

ST 16 89
60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or open hole
insert appropriate code belowST BR HO
STEEL BRASS OPEN HOLE
PL BRONZE PLASTIC OT OTHER

C2

DEPTH (nearest ft.)

1 H0 88 265
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
from to

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
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 75

WHEN PUMPING 190

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 YES NO

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

See Attached location

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes Y no 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 IDENT. NO. 24

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

DATE February 15, 1995

MEMORANDUM

TO: ANDREW ADAMS
13068 TRIADDELPHIA MILL RD.
CLARKSVILLE, MD 21029

FROM: Water and Sewerage Program
Bureau of Environmental Health

RE: Well Construction Permit Number: HD-94-0345

Proposed Use: Replacement well

Address: SAME AS ABOVE

This is to confirm that the above referenced Well Construction Permit was issued subject to the following conditions:

The above referenced
well was issued on the condition that the existing
well will be abandoned.

These conditions were discussed with your well driller, J. Mayne
on 2/15/95

This office's approval of the Well Permit was based upon your acceptance of these conditions. Any questions, please contact me at

313-2640.

Thank you.
Amy McMillen

C1 4597 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 **W-47294**

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13 15 20

INDEXED

22 26
(TO NEAREST FOOT)

OK MR
9/18/91

28 29 30 31 32 33 34 35 36 37
40-88-1934

OWNER: **Adams** last name **Andrew** first name
STREET OR RFD: **13068 Triadelphia 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

SAND stone
GRAY mica rock

0 36
56 165 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes no
Y N
43 44

TYPE OF GROUTING MATERIAL

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **10** NO. OF POUNDS **170**
GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (to nearest foot):
from **0** ft. to **52** ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

ST 4 60 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C2

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.) W Q
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

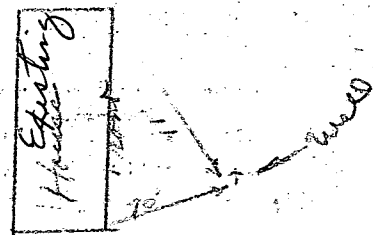
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **10**
METHOD USED, TO MEASURE PUMPING RATE **air**
WATER LEVEL (distance from land surface) BEFORE PUMPING **41** WHEN PUMPING **126**
TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** 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) **31**
PUMP HORSE POWER **37**
PUMP COLUMN LENGTH (nearest ft.) **43**
CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE **50** (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 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. **238**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

B 1	5587	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-1934 <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 070191		OWNER INFORMATION 15 Last Name ADAMS Owner ADAMS First Name WILLIAM 36 Street or RFD 130607 RYAN AVE 55 CLARKSVILLE 57 Town CLARKSVILLE 70 State 72 MD Zip 76 21029		
DRILLER INFORMATION Driller's Name Joseph P. Mayne 77 License No. 80 238 Firm Name Joseph P. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy, Md. 21271 Signature Joseph P. Mayne Date 7/1/91		LOCATION OF WELL 8 COUNTY HOWARD 21 23-SUBDIVISION 130607 42 SECTION 1 44 46 LOT 1 48 50 CLARKSVILLE 71 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NEAR WHAT ROAD 130607 Trindellville Mill Rd. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD 1/2 34 37 ENTER FT or MI MI 38 39		
APPROXIMATE DEPTH OF WELL 260 24 28 FEET APPROXIMATE DIAMETER OF WELL 16 NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. W-47294 STATE SIGNATURE Mark E. Killin INSERT S <input type="checkbox"/> DATE ISSUED 1/18/92 43 NORTH GRID 503000 55 57 EAST GRID 0809000 63 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 WELL 2 WELL 3 WELL WRITE THE BOX NUMBER FROM THE MAP HERE 503		
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 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 110 52		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER 110 54 63 FORCE MR WRITE INITIALS IN BOX PERMIT NO. HO-88-1934 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS		

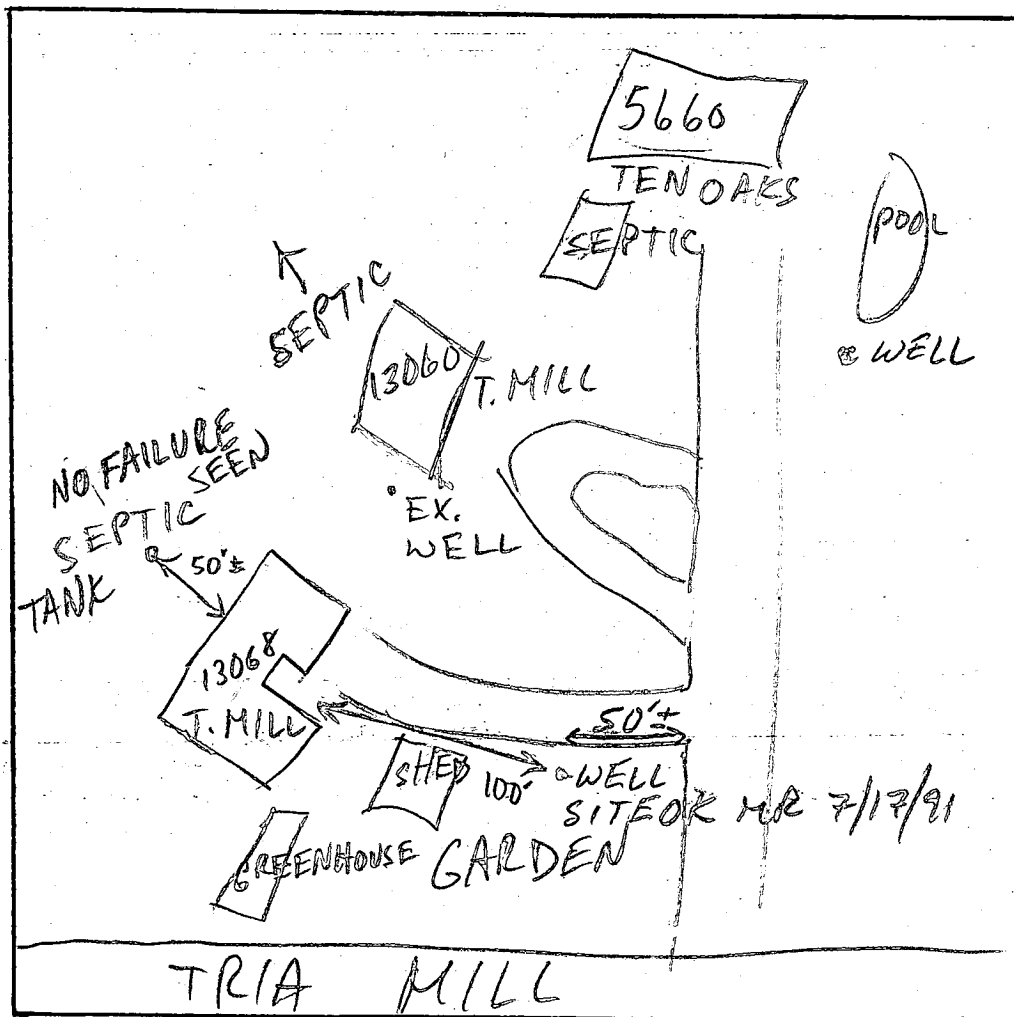
SITE INSPECTION SHEET

OWNER: Dan Adams
 ADDRESS: 13068 Tria Mill Rd
CONTACT ANDY ADAMS
531-2361/2800

DATE REQUESTED: 7/17/91
 DRILLER: J Mayne
 WELL TAG # HO-88-1934
 COUNTY # W-47294

PROPOSAL: EX. WELL @ 13060 ALSO SERVING 13068; NOT
ENOUGH H₂O FOR BOTH HOUSES

LOCATION DIAGRAM



COMMENTS: WELL SITE OK; OWNER WANTS TO CONNECT
NEW WELL W/EX. WELL FOR EMERGENCY USES;
ZEPP TO DO JOB MR

DATE: 7/17/91 INSPECTOR: M. Riskin