

3/17/89 A.M. ✓  
ASAP. ✓  
LATE P.M. ✓  
3/20/89 ASAP ✓

Files

3/17  
A.M. P.C.O.  
P.M. P.C.O.

# PERMIT

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH

P 43741  
A 36661  
DISTRICT 5th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED  
05-369193

DATE 3/6/89  
DATE SYSTEM APPROVED 3/20/89  
INSPECTOR C. B. ...

Howard Edwards IS PERMITTED TO INSTALL  ALTER   
ADDRESS 6645 Mink Hollow Road, Highland, Maryland 20777 PHONE 596-6309  
SUBDIVISION Canby Property ROAD 6711 Mink Hollow Road LOT 10  
PROPERTY OWNER Margaret Blair Hayes  
ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet  $4\frac{1}{2}$  feet below original grade. Bottom maximum depth  $8\frac{1}{2}$  feet below original grade. Effective area begins at  $4\frac{1}{2}$  feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 250 feet from the front lot line and 85 feet from the right lot line as seen when facing the property from Mink Hollow Road. Run trench(s) along contour in either direction.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok/cw*

PLANS APPROVED BY C. Williams DATE 5/05/86

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

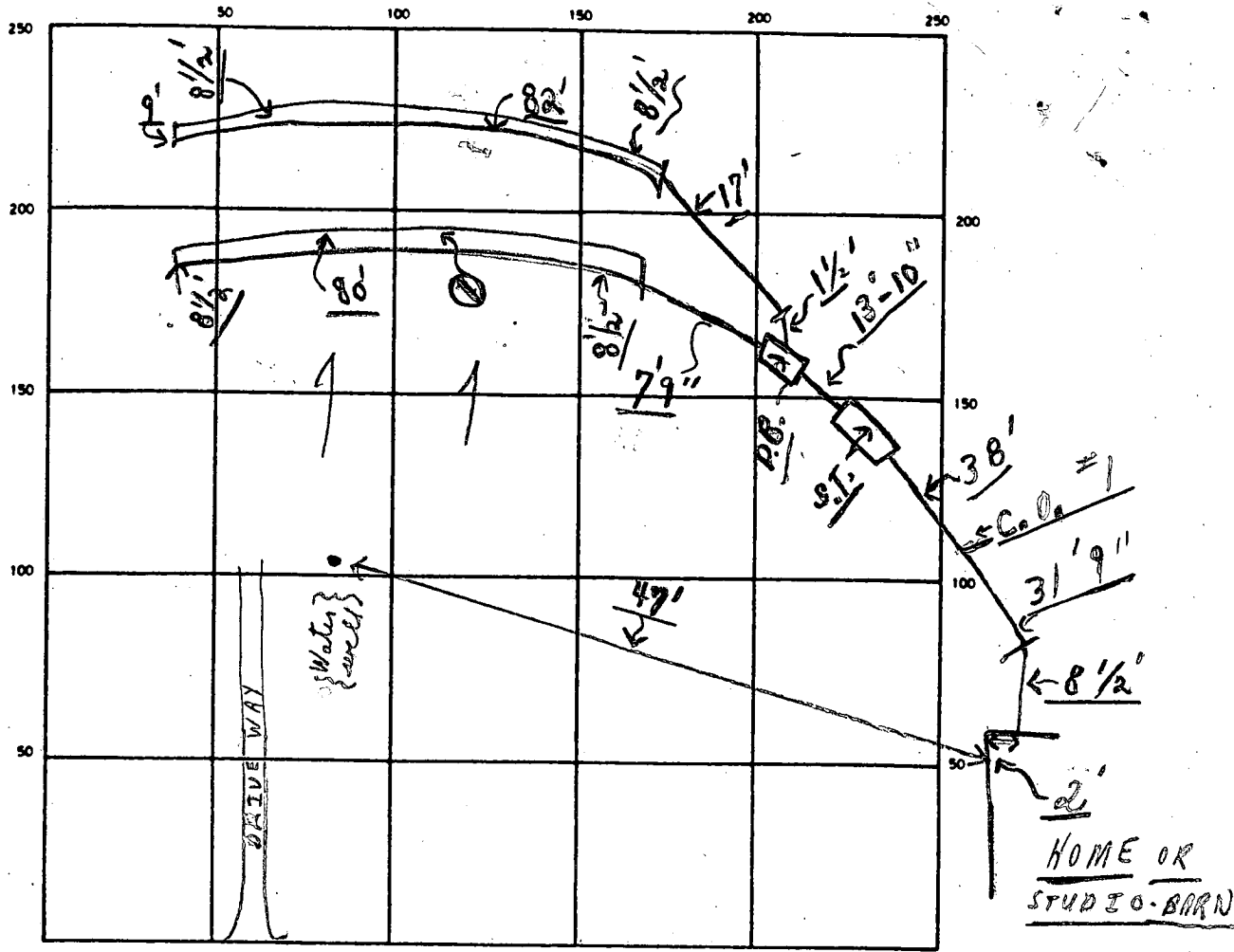
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A  
36661



← MINK HOLLOW ROAD →

SEPTIC TANK LEVEL OK CLEANOUTS 3/20 S.T. OK  
 (C.O. #1=OK) P.M. 3/19 Needs Manhole Type }  
 DISTRIBUTION BOX LEVEL (OK - Baffles in)  
 DRAIN FIELD/TILE FIELD DEPTH ① 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.  
 EFFECTIVE GRAVEL DEPTH 4 + ① FT. TOTAL LENGTH ① 80' ② 82' 162 FT.  
 NUMBER OF TRENCHES 2 ONE SIDEWALL 648 SQ. FT.  
 DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA 648 SQ. FT.

REMARKS 3/17/89<sup>①</sup> P.M. WATER TEST FROM BLDG. TO S.T. - OK; OK TO COVER FROM BLDG. TO SEPTIC TANK; OK FOR STONE IN 2 TRENCHES; PARTIAL; NOTE MR EDWARDS AT SITE; 3/17/89<sup>②</sup> P.M. OK TO COVER ALL WORK FROM FARTHEST END OF SEPTIC TANK TO TRENCHES; OK TO COVER #① TRENCH ONLY; NEED TO SEE MANHOLE TYPE C.O. at S.TANK AND CHECK DEPTH OF STONE IN #② ONLY; 3/20/89  
 DATE SYSTEM APPROVED 3/20/89 INSPECTOR 3/17 PARTIAL; 3/20 FINAL - OK TO COVER C. P. N. Edwards

# APPLICATION

RE-TEST  
4/3/86  
9:30

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36661

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE 3/17/86

PREVIOUSLY TESTED & APPROVED  
CANBY PROPERTY A 18207

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 MARGARET BLAIR HAYES

ADDRESS P.O. Box 1, Highland MD 20777-0001 PHONE (TEMP) 301-972-9299

PROPERTY LOCATION:

SUBDIVISION CANBY LOT NO. #10

ROAD AND DESCRIPTION 6711 MINK HOLLOW RD., HIGHLAND

SIZE OF LOT 5 AC. TYPE BLDG. HOUSE 2-3  
(NUMBER OF BEDROOMS)

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. Margaret Blair Hayes  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

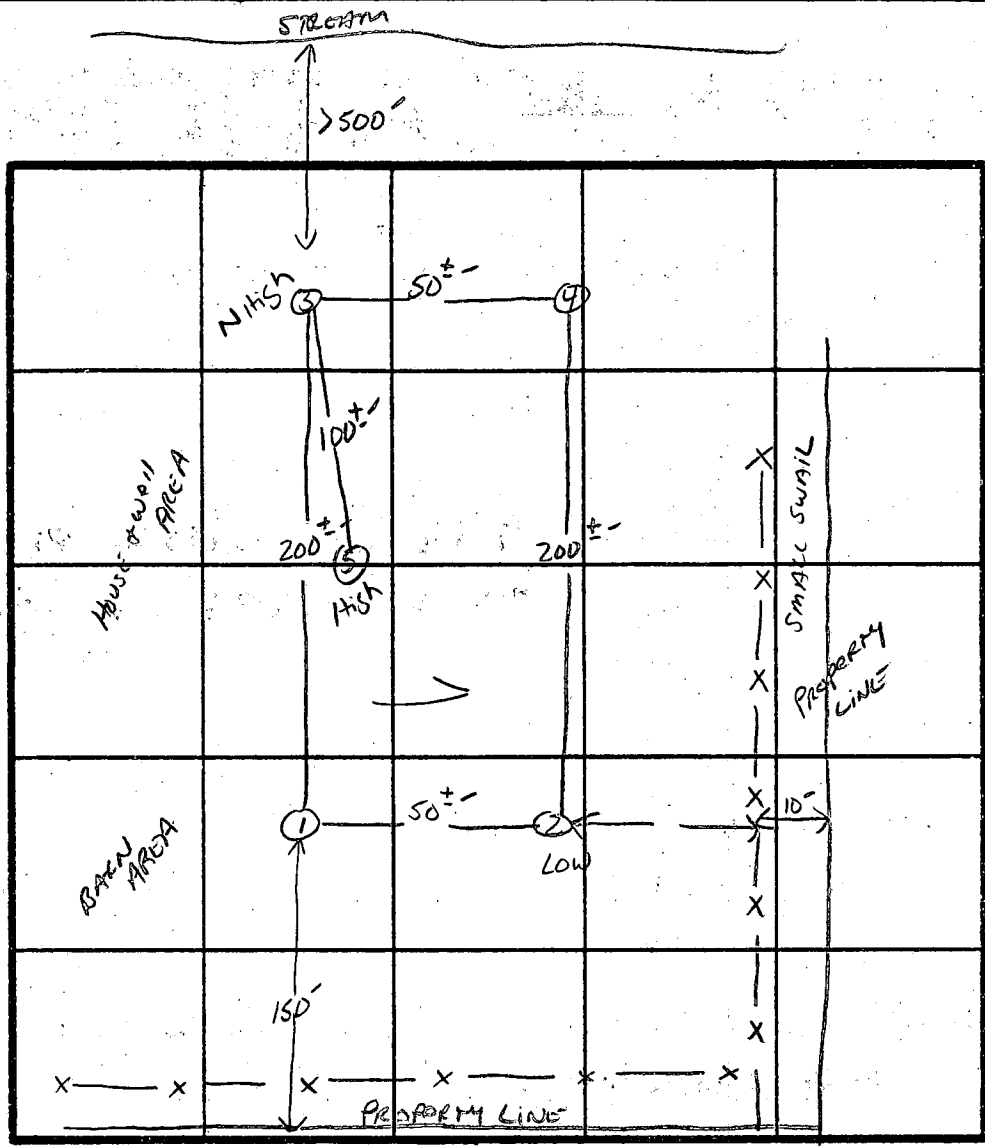
REASONS FOR REJECTION OR HOLDING 4-3-86 Perc Satisfactory, Hold for certified Hole Location

House + well location. Shallow System only. S. Alul

BLDG. PERMIT SIGNED AND RETURNED 4/17/86

Serial # 69404  
Dank Bawn

# THIS IS NOT A PERMIT



X PERC 14min  
 INLET 5'  
 BOTTOM 6.5'  
 195 #/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
 MINK HOLLOW Rd.

① ② ⑤  
 SOIL PROFILE

0"  
 6" A1-3  
 STRONG BR.  
 Silty CLAY  
 LOAM  
 Slightly  
 micaceous  
 10%  
 FRAGMENTS

4.5"  
 BROWN  
 Silty SAND  
 LOAM  
 Highly  
 micaceous  
 10-20%  
 FRAGMENTS

12"

③ ④  
 A1-3

6"  
 Yellow BR  
 Silty CLAY LM.  
 <10% FRAGMENTS

5"  
 Yellow BR  
 micaceous  
 SILT SAND  
 LM. 10-20%  
 COARSE  
 FRAGMENTS

12"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/86	1 S	5'	10:13	10:29	10:29	10:48	19min
	1 M	9'	10:13	10:20	10:20	10:32	12min
	1 V	12'	UNIFORM SOIL Below 4.5'		4.5'		
	2 S	5'	10:32	10:49	10:49	11:15	26min
		9'	10:48	10:53	10:53	11:02	9min
	2 V	11.5'	UNIFORM SOIL Below 4.5'				
	3 S	5'	11:17	11:21	11:21	11:29	8min
		9'	11:19	11:22	11:22	11:27	5min
	3 V	12'	UNIFORM SOIL Below 5'				
	4 S	4.5'	11:03	11:20	11:20	11:45	25min
		9'	11:12	11:13	11:13	11:16	3min
	4 V	12'	UNIFORM SOIL STRUCTURE Below 5'				
	5 V	11'	UNIFORM SOIL STRUCTURE Below 4'				

REMARKS HOLES OPEN x 48 hrs. / Shallow System Only

TYPE OF SOIL Glenelg Manor

TESTED BY S. Abel

ALSO PRESENT Ms Hayes, Doug Connell  
 BACKER

# APPLICATION

A 18207

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 463-8000, EXT. 356

DISTRICT 5th

DATE 3/30/73

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 Estate of G. R. Canby ( J. Theodorakos - Contract purchaser)

ADDRESS @ Richard Hallowell, Agent, Highland, Md. PHONE 286-2988

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. Parcel 10

ROAD AND DESCRIPTION On east side of Mink Hollow Road - opposite Green Hill Manor  
subdivision - approx. 1/2 mile south of Highland Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Richard Hallowell

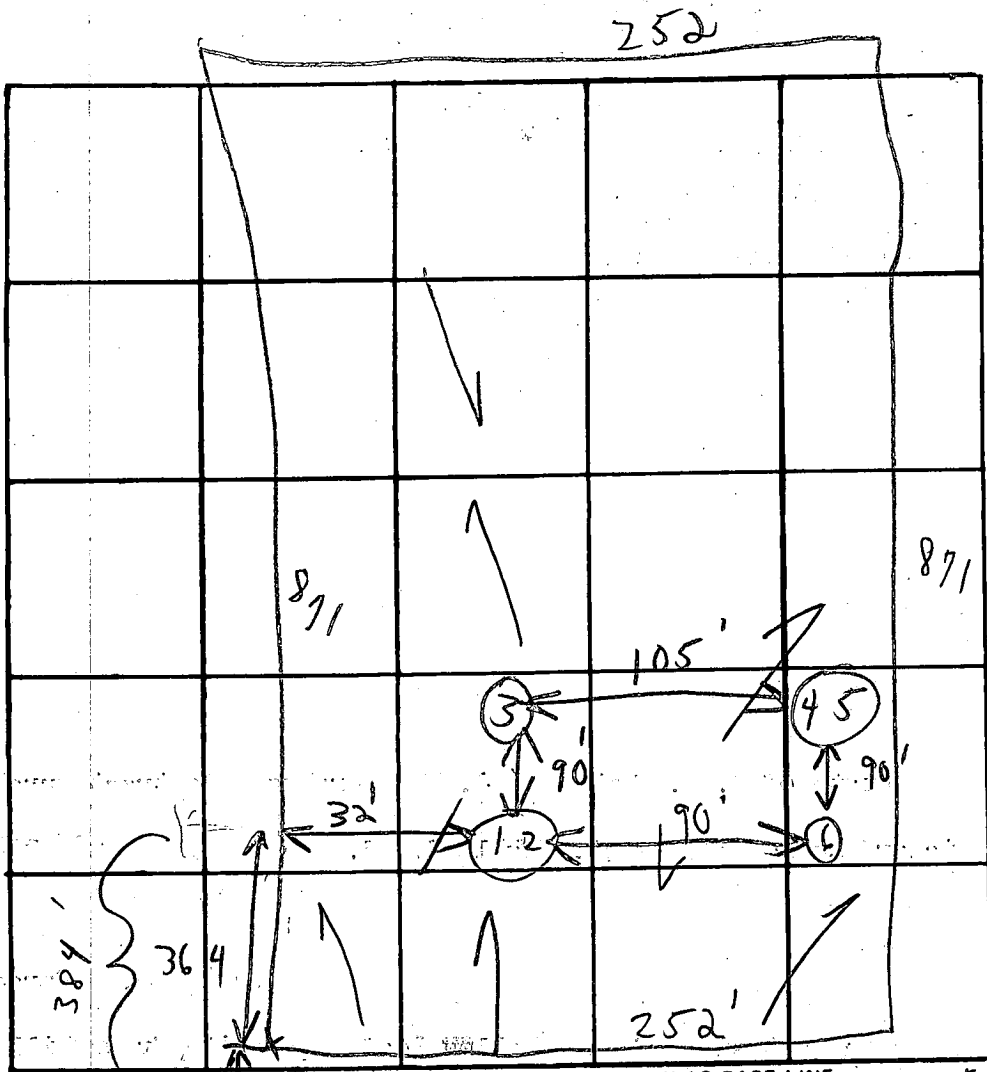
APPROVED BY C STAGALLER (CW) FOR DNYWELL DATE 5/9/73  
(KIND OF SYSTEM)

REJECTED BY SIGNATURE COPIED FROM OTHER TEST SHEET (CW 1989) FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



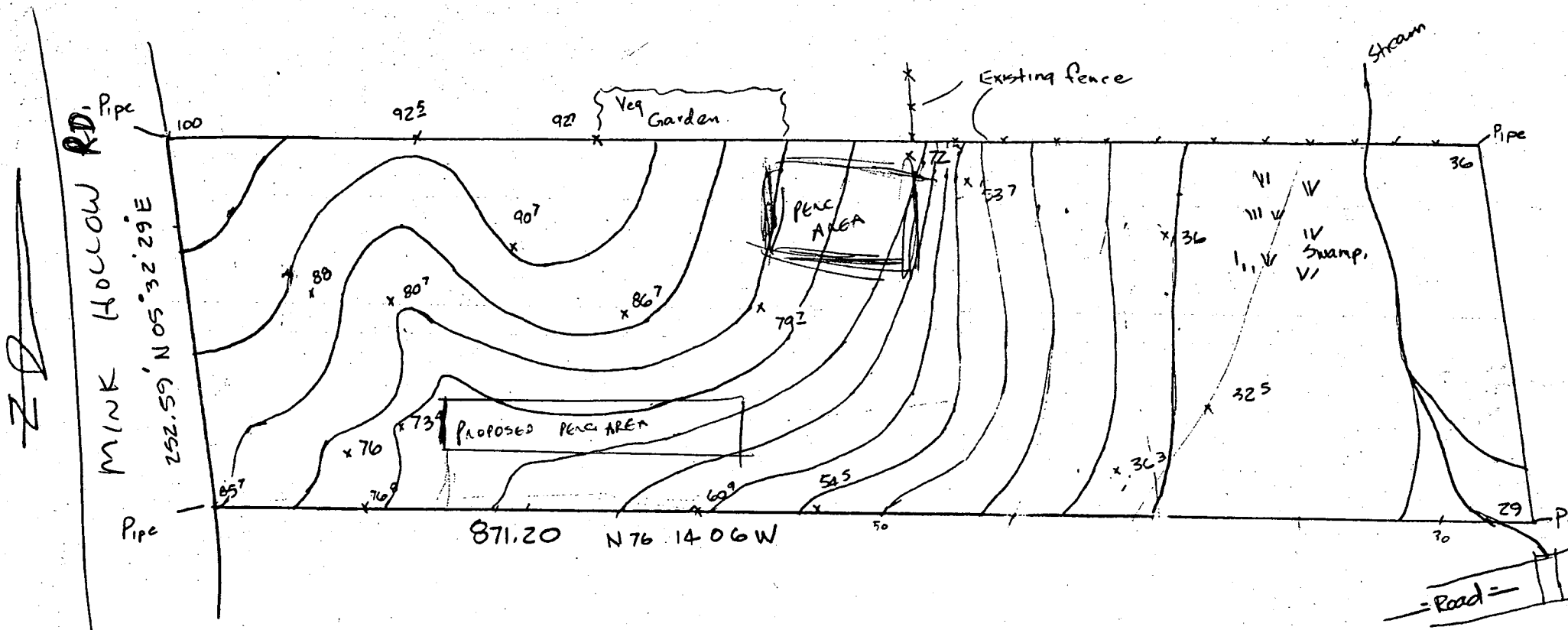
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

To middle of road - Mink Hollow Rd 728#10

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/17/73	1	3 s	1:43	1:49	1:49	1:56	9 min	
	2	11 o	1:44	1:46	1:46	1:50	4 min	
	3	(Visual hole similar to 42)					9'	sandstone in bottom
	4	4' s	1:40	1:43	1:43	1:48	5 min	
	5	11' o	1:40	1:44	1:44	1:49	5 min	
	6	(Visual hole similar to 44)					5) 9 1/2	5 min inlet 3'
						47 21		

REMARKS Mica

TYPE OF SOIL Tested by C. B. S.

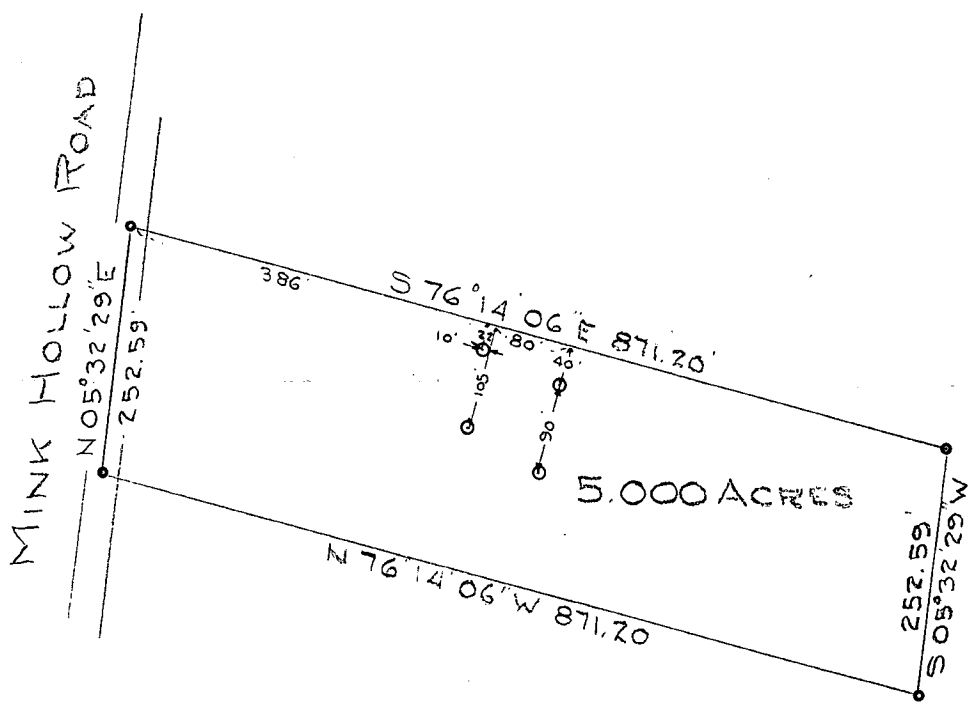


EACH CONTOUR = 5 feet

Assumed North West Corner = 100 ft Above Sea Level.

- Property lines are parallel.

Scale 1



PLAT OF SURVEY  
 FOR  
 WILLIAM M. CANBY  
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY,  
 HIGHLAND, MARYLAND,  
 SCALE: 1 IN. = 200 FT MARCH 27, 1973

Note: Percolation test holes shown thus O  
 were field located and plotted.  
*Charles M. Skinner, Jr. 5/3/73*

*Charles M. Skinner, Jr.*

3/17/89  
M.P.I. ✓

3/17/89 BLAIR HAYES  
Partial c.B.d. See below

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 # 43807  
Date 3/17/89  
Telephone 774-9321

Name of Installer Paul W. Howes + Sons

License Number \_\_\_\_\_  
Certified Well Pump Installer  Well Driller Edgar Registered Plumber 545  
~~Harr & Son~~

Name of Property Owner Margaret Blair Hayes Telephone \_\_\_\_\_  
Subdivision Ganby Prop. Lot # 10 Well Tag # 301-854-0620  
Site Address 6711 Mink Hollow Rd., Highland Md.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Campbell</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>15-10 X</u>
b. Shallow well jet _____	3. Voltage <u>2500</u>	3. Depth <u>42 in.</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Donald</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>TEH05412</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type <u>Plastic</u>	1. Depth <u>150</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1 in</u>	2. Yield <u>10.0</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u>57.3</u> ft.
	4. Depth of supply line <u>42 in</u>	4. Will water supply be disinfected by installer? <u>Yes</u>

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.

Signature of Applicant: Margaret Blair Hayes

Date: 17 11 50 AM '89  
14 March 1989

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

HD-215 M.B. Hayes, P.O. Box 1, 6711 Mink Hollow Rd., Highland, Md. 20777-0001  
A.M. 3/17 Notes: Not seen pump or tank. c.B.d. Adapter is ok only.

C1 2578 SEQUENCE NO. (OEP 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 36661

DATE RECEIVED [ ] DATE WELL COMPLETED 070386 PERMIT NO. FROM "PERMIT TO DRILL WELL" MC-81-1530  
 DEPTH OF WELL 190 (TO NEAREST FOOT)

OWNER HAYES BLAIR  
 STREET OR RFD HAYES HOLLOW RD. TOWN HIGHLAND  
 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		Check if water bearing
	FROM	TO	
Overburden	0	50	
Sandstone	50	150	X

WELL #1 - 250' DEEP (BACKFILLED)

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 7 NO. OF POUNDS 1700  
 GALLONS OF WATER [ ]  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE JT  
 Nominal diameter top (main) casing (nearest inch) 6  
 Total depth of main casing (nearest foot) 150

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

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (nearest ft.) 49'  
 EACH SCREEN 1 HO 2 30 150  
 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.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 10.2  
 METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 9.9 WHEN PUMPING 8.7  
 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED  
 DRILLER WILL INSTALL PUMP 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) + above - below  
 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)  
 NO MAP AVAILABLE

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 10.17.13 "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. 100  
 DRILLERS SIGNATURE Sandy B. Cashman  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2754 SEQUENCE NO. (OEP USE ONLY) 5/2  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-1530  
fill in this form completely

Date Received 7/2/86 - 2:30 PM  
OWNER INFORMATION  
Last Name: HAYES, First Name: PLAIN  
Street or RFD: HIGHLAND, Town: HIGHLAND, State: MD, Zip: 20777

B 3 LOCATION OF WELL  
8 COUNTY: HOGARDO, 21  
23 SUBDIVISION: [ ] 42  
SECTION: [ ] 44, [ ] 46, LOT: [ ] 48, [ ] 50  
52 NEAREST TOWN: HIGHLAND, 71  
MILES FROM TOWN (enter 0 if in town): 2 MI, 73, 76, 77, 78

DRILLER INFORMATION  
Driller's Name: Sandy B. Cochran, 77 License No. 80: 120  
Firm Name: G EDGAR HARRIS SONS CORP.  
Address: 1207 FALLS RD, CONOVERVILLE, MD 21030  
Signature: [Signature], Date: 4-30-86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX): [N] 8, [NE] 8-9, [E] 8, [SE] 8-9, [S] 8, [SW] 8-9, [W] 8-9  
NEAR WHAT ROAD: 6711 Mink Hollow Rd, 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): [W] 32, [E] 32, [S] 32, [N] 32  
DISTANCE FROM ROAD: 80 FT, 34, 37, 38, 39

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.): 5, 8, 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750, 14, 20

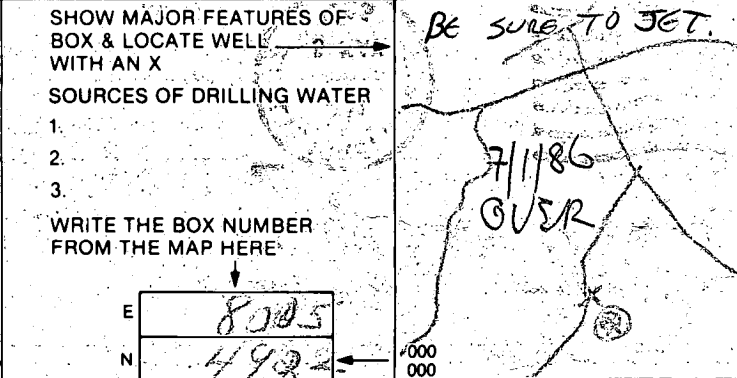
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME: HOWARD, COUNTY NO.: A36661  
OEP SIGNATURE: [Signature], STATE HEALTH INSERT S: [ ] 41  
DATE ISSUED: 060986, CO SIGNATURE: [Signature], EXP. DATE: 12/9/86  
NORTH GRID: 492000, EAST GRID: 0805000

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

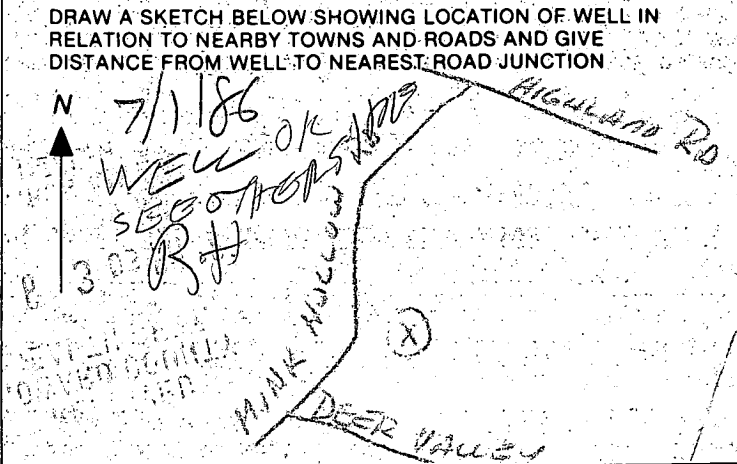
APPROXIMATE DEPTH OF WELL: 200 FEET, 24, 28

APPROXIMATE DIAMETER OF WELL: 6 INCH, 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 DEEPEINED 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  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): [ ] 41, [ ] 52



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER: [ ] 54, [ ] GAP, [ ] 63  
FORCE: [ ] 57, [ ] 68, WRITE INITIALS IN BOX: [ ] PERMIT No.: HO-81-1530C, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79

SPECIAL CONDITIONS

7/1/86 Location

NOT as proposed on  
plat (distance off  $\approx 100'$ )

However relative to  
everything is OK +  
is on high part of  
property

see plat for further  
notes

will need  
to be  
jetted

50' casing ( $\approx 1'$  above)  
only 21' open hole

7/2/86

- ① 50 FT CASING
- ② 45 FT OPEN HOLE MEASURED WITH A STRING & WEIGHT
- ③ 7 BAGS
- ④ Not necessary that
- ⑤ Dry hole partially filled before today. Part of one bag dumped in