

12/31/85
ASAP

Tax ID - 05 347785

APPROVED
12/31/85

PERMIT

P 36397

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

~~392-2330~~
461-9933

INDEXED

DISTRICT 5th

DATE 1/3/86

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Braeburn ROAD Braeburn Road LOT 5, Plat 1

PROPERTY OWNER SAL DUNN

ADDRESS 10833 BRAEBURN RD COLUMBIA 21044

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.

PURPOSE OF REPAIR IS TO STOP OVER FLOW
TRENCH OFF OLD DRY WELL 125 SQ
FT PER BED ROOM OF DEPTH - 11 FT
WIDTH 2 FT WIDE 8 FT STONE 63 FT LONG

RUN TRENCH TOWARD

PLANS APPROVED BY C. Williams DATE 12/30/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

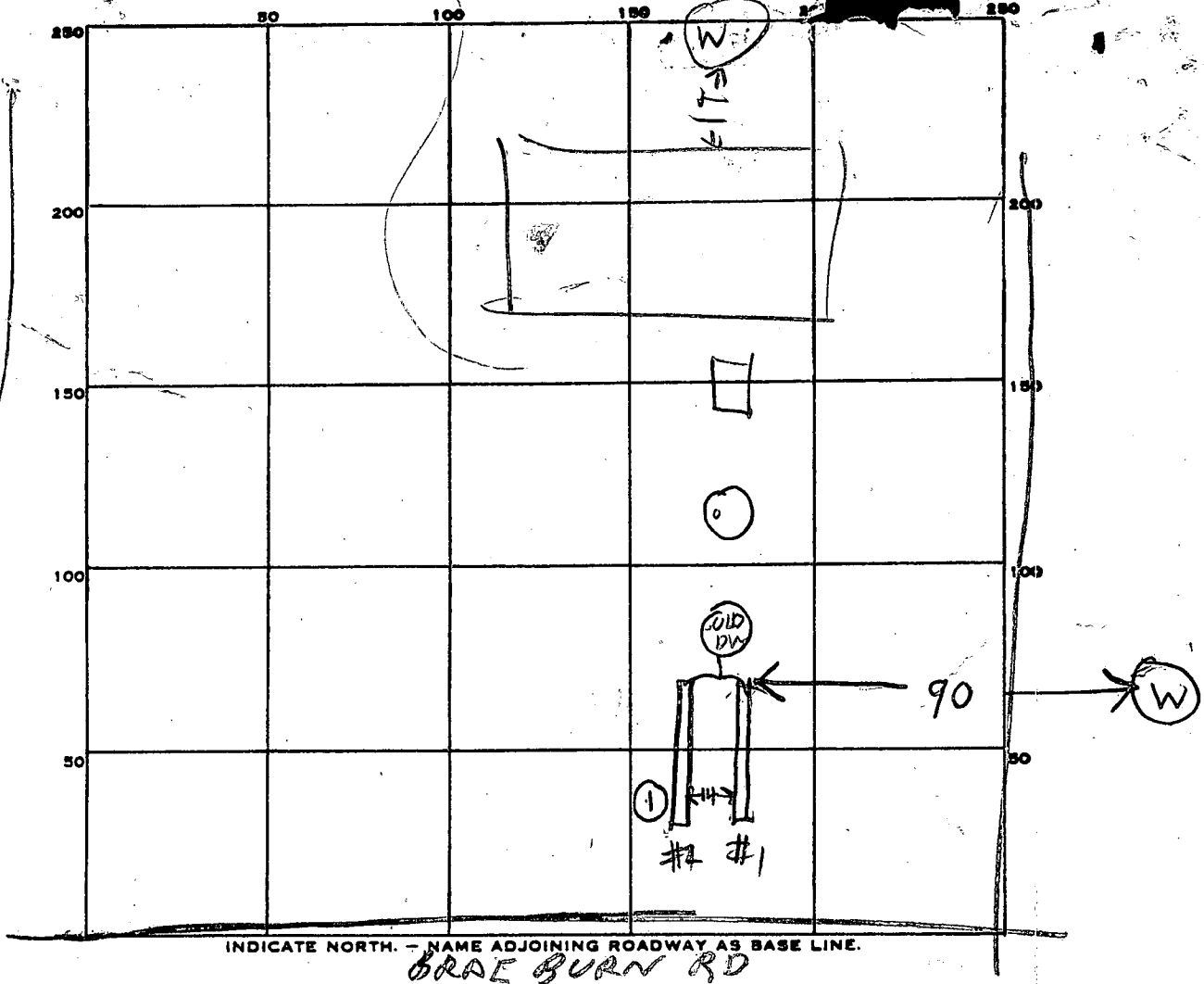
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

~~CALL 392-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 36397



PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2/2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 33/34 FT.

NUMBER OF TRENCHES	TOTAL BOTTOM AREA	TOTAL
<u>2</u>	<u>264/272</u>	<u>536</u>

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/30/85 - STONE ADDED AT TIME OF
INSPECTION HOME OWNER INSPECTED
DEPTH OF FIRST TRENCH!
NANCY OBSERVED INSPECTION FOR
TRAINING

DATE SYSTEM APPROVED 12/30/85 INSPECTOR Raymond Hooley

Ready 12-15-69

Approved 12/15/69 JHB

PERMIT

P 15000

A 09422

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

DATE 12/2/69

Robert Dubin Co. IS PERMITTED TO INSTALL ALTER

ADDRESS Rt. 2, Clarkeville, Md. PHONE 286-3432

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION Braeburn ROAD Braeburn Rd. LOT 5, Plat 1

PROPERTY OWNER A. H. Young, Jr., Inc.

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Two dry wells with a total sidewall area below inlet of 400 sq. ft. and a maximum depth of 8 ft. below grade at time of percolation test. Place one dry well 30 ft. from the front lot line and 67 ft. from the left side of the lot as seen when facing the lot from Braeburn Rd. Place the other dry well 75 ft. from the front lot line and 67 ft. from the left side of the lot as seen when facing the lot from Braeburn Drive.

PLANS APPROVED BY Raymond Hodges DATE 8/69

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

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

PERMIT VOID AFTER THREE YEARS.

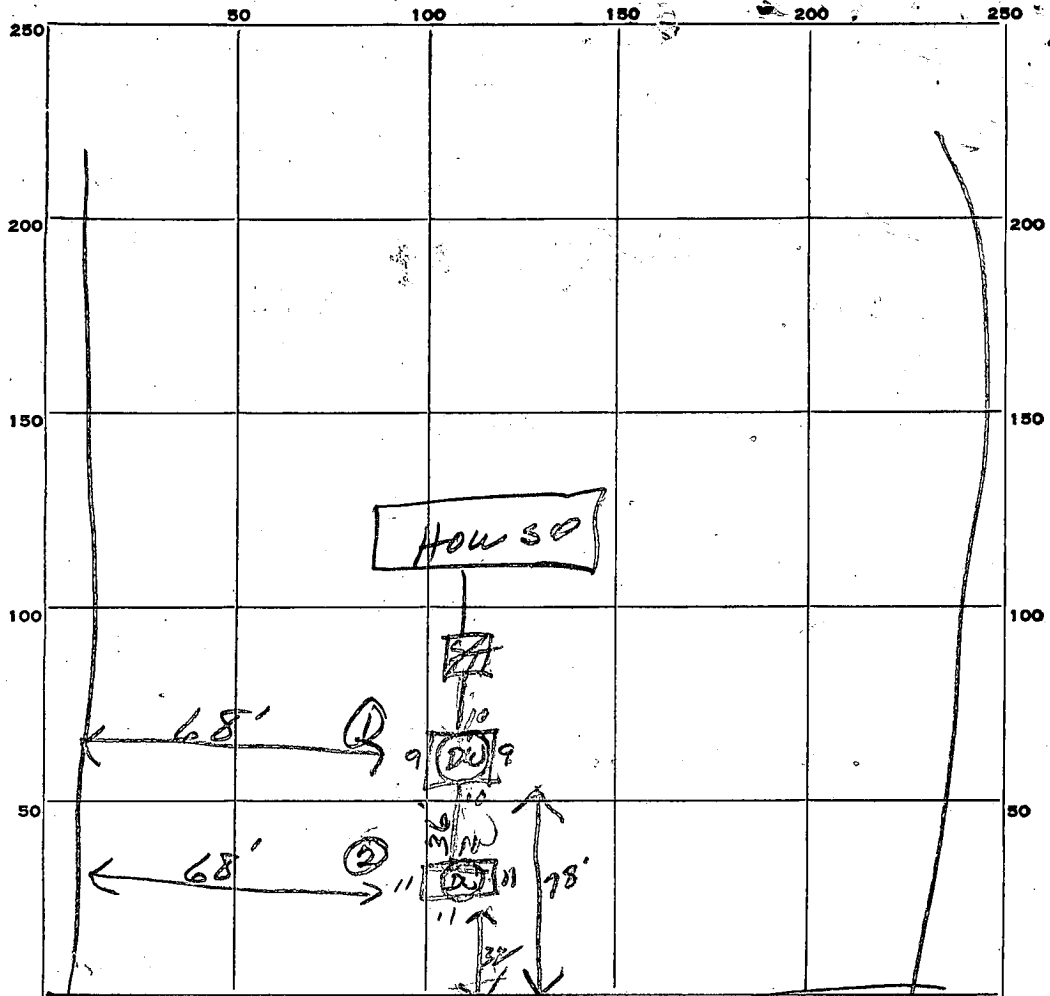
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

109422

$$\begin{array}{r} 44 \\ 6 \\ \hline 264 \end{array}$$

$$\begin{array}{r} 20 \\ 18 \\ 38 \\ 65 \\ 190 \\ 228 \\ \hline 2370 \end{array}$$



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK
 SEPTIC TANK, LEVEL OK ¹⁰⁰⁰ Cement 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 1.7 FT. DEPTH BELOW INLET 16 1/2 FT.
 ABSORBENT AREA 2.7 SQ. FT. 237 264 501

REMARKS _____

DATE SYSTEM APPROVED 12/15/69 INSPECTOR J. [Signature]

APPLICATION

A 09422

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/23/64

1/29/65
9:30

Tank - 10,000 gal
Dry Well 400 ft side wall area below inlet pipe
Inlet pipe 4 ft below grade 12 ft diameter with 1/2" gravel around dry
well. Depth of dry well 10 ft deep below inlet pipe.
Place dry well 30 ft from front lot line and 4 ft from left
sideline as seen when facing lot from Braeburn 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 A. H. Young, Jr., Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 5, Plat 1

ROAD AND DESCRIPTION Braeburn Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.219 acres TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ A. H. Young, Jr.

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

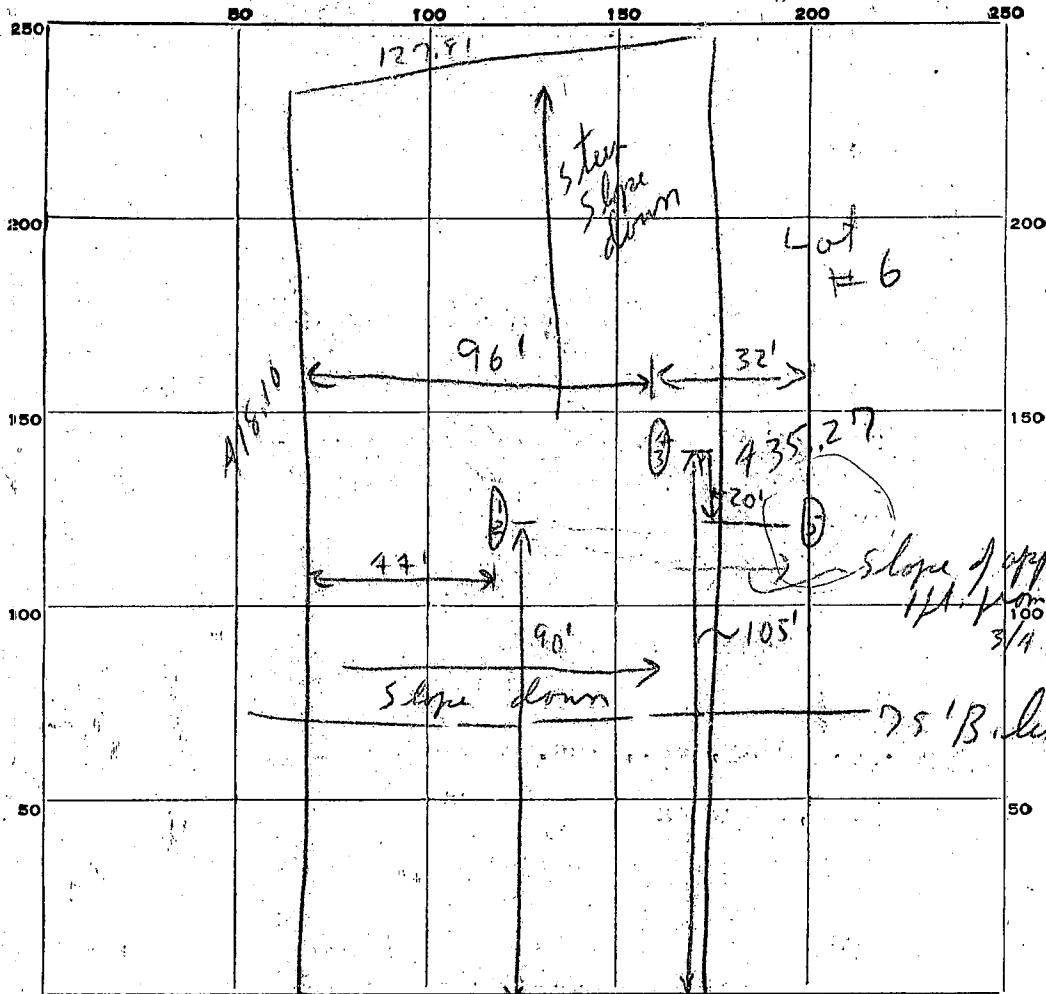
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING hold for 8 land survey

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Brauburn Rd. 125

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/24/64	1	9 ft	316	318	318	321	3 min.	
	2	5 ft	319	321	321	323	2 min.	
	3	9 ft	324	327	327	335	8 min.	
	4	5 ft	325	329	329	338	9 min.	
	5	Hole #	5 on lot #6 - water at 10 ft. very close to hole # 3/4 on lot #5 and maybe 1 ft lower in elevation.					

SOIL AUGER FINDING

TESTED BY R.D.F. 11/24/64

REMARKS Deep holes will have to be dug out to 13 or 14 ft.

ALSO PRESENT Charles Lynn LOT NO. 5, Sec. 1

APPLICATION

A 09422

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/23/64

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 A. H. Young, Jr., Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 5, Plat 1

ROAD AND DESCRIPTION Braeburn Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.219 acres TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ A. H. Young, Jr.

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

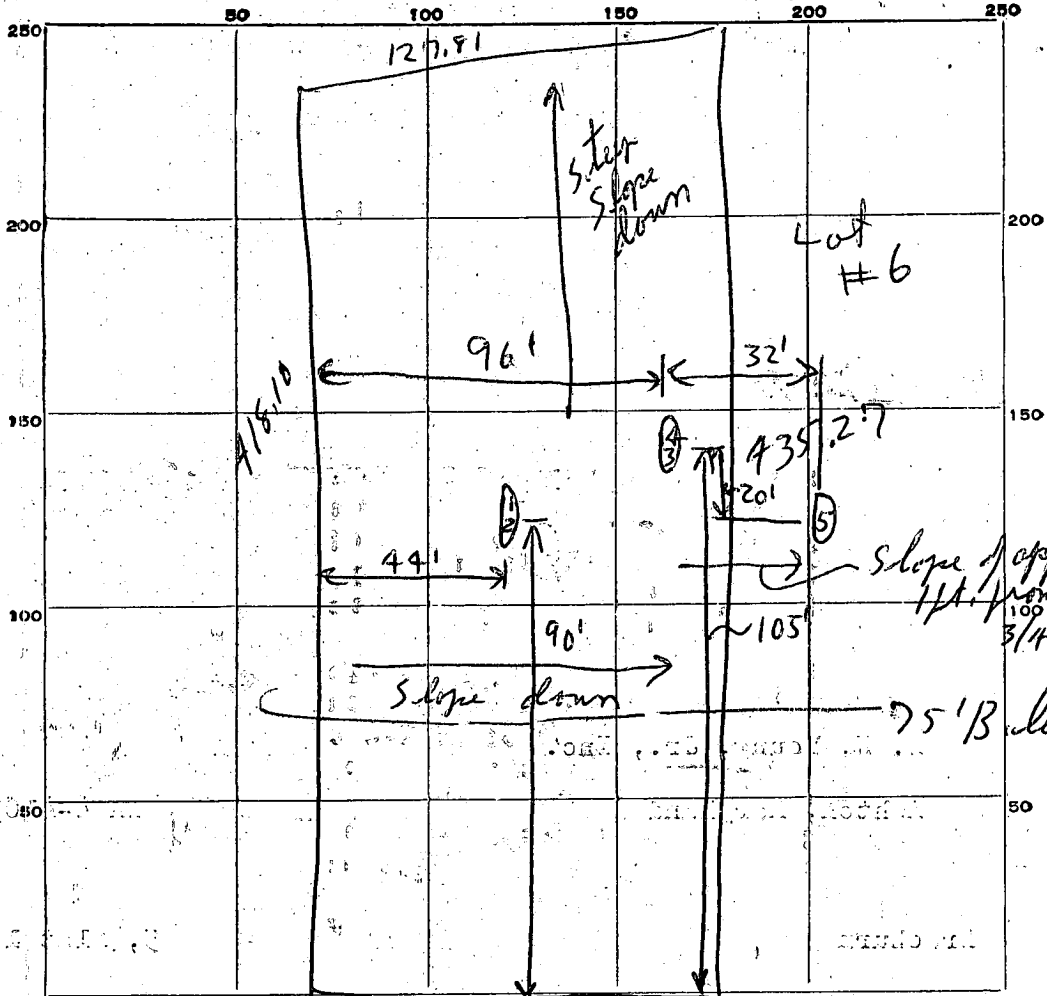
REJECTED BY _____ FOR _____ DATE _____

(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.

Brauburn Rd. 125

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/24/64	1	9 ft	316	318	318	321	3 min.	
	2	5 ft	319	321	321	323	2 min.	
	3	9 ft	324	327	327	335	8 min.	
	4	5 ft	325	329	329	338	9 min.	
	5	Hole #	5 on lot #6 - water at 10 ft. very close to hole # 3/4 on lot #5 and maybe 1 ft lower elevation.					

SOIL AUGER FINDING 11/24/64 - System to be put in before approval.

TESTED BY R.D.E. 11/24/64

REMARKS Deep holes will have to be dug out to 13 or 14 ft.

ALSO PRESENT Charles J. Lynn LOT NO. 5, Sec. 1

APPLICATION

SEWAGE DISPOSAL TESTING

A _____

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *1000 Calhoun Turnp*

ELLICOTT CITY

2 Dry Wells with a total

DISTRICT _____

side wall area below in lot of 400 sq ft and a maximum depth of 8 FT below grade at time of percolation test

DATE _____

Place one dry well 30 FT from the front lot line and 67 FT from the left side of the lot as seen when facing the lot from Braeburn 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 _____

ADDRESS _____

PROPERTY LOCATION: _____

SUBDIVISION _____

ROAD AND DESCRIPTION _____

Place the other dry well 75 FT from the front lot line and 67 FT from the left side of the lot as seen when facing the lot from Braeburn Drive

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT _____

TYPE BLDG. _____

NUMBER OF BEDROOMS *4*

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT _____

APPROVED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

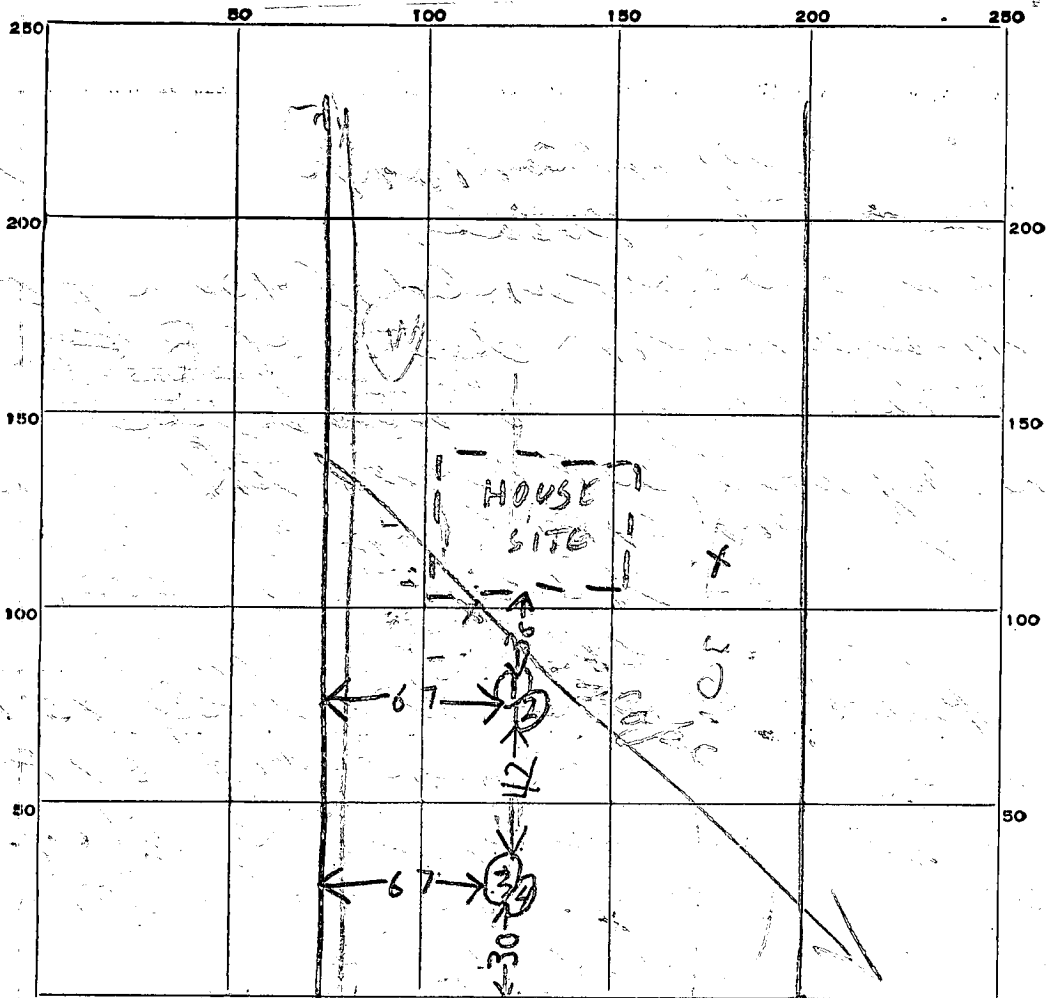
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

an
955
7/23/69

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/23/69	1	10	959	1002	1002	1005	3
	2	3 1/2	1000	1002	1002	1006	4
	3	12	ALL SAND BUT UNDERGROUND WATER 12 FT FROM GRADE				
	4	3	1015	1016	1016	1017	1

67
12
30

105
72
33

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

LOT 5 PLAT I
1.219 ACRES

127.81'

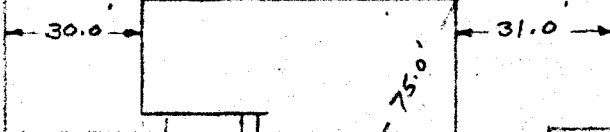
418.10'

437.27'

WELL TO BE MOVED
TOWARD OTHER SIDE IN ORDER
TO RAISE ELEVATION
Called Mr. Judge 8/1/69 RA

W

WELL



Inv. Elev. - 101.0'
1,000 Gal Septic Tank
75' B.R.L.

Inv. Elev. - 100.0'
Elev. at Test - 102.0'
Prop. Fin. Elev. 104.0'

Drywells

Inv. Elev. - 99.0'
Elev. at Test - 101.0'
Prop. Fin. Elev. 103.0'

125.0'

44.0'

BRAEBURN RD

JOSEPH D. JUDGE, INC.
6349 Annapolis Avenue
Elliott City, Md. 21043

BRAEBURN SUBDIVISION
LOT 5 PLAT I
PLAT BK. 3 FOLIO 80

Scale 1" = 40'

B 1 4731 SEQUENCE NO. (DWR USE ONLY)

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

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.
 FILL IN THIS FORM COMPLETELY.

DATE RECEIVED (DWR USE ONLY) 10/16/69

OWNER: Judge D. Joseph
 COL 15 LAST NAME COL 34 FIRST NAME

STREET OR RFD: 34 Amburst Ave. HO-70-0044
 COL 36 COL 55

POST OFFICE: ~~XXXXXXXXXXXXXXXXXXXX~~ Ellicott City, Md.
 COL 57 COL 80

B 2 DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

G. Edgar Harr Sons Corp
 IDENTIFICATION NUMBER 122

Falls Road
 STREET OR RFD COL 53

Cockeysville, Md. 21030
 POST OFFICE COL 57 ZIP CODE COL 80

DATE OF APPLICATION 9-10-69

B 4 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

Howard
 COUNTY (DO NOT ABBREVIATE COUNTY NAME) COL 21

Braburn Sub Division
 SUBDIVISION COL 29 COL 42

SECTION 1 LOT 5
 COL 44 COL 46 COL 48 COL 50

Ellicott City
 NEAREST TOWN COL 52 COL 71

6
 MILES FROM TOWN (ENTER 0 IF IN TOWN) COL 73 COL 76 COL 77 COL 78

B 3 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 COL 8 COL 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
 COL 14 COL 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

B 5 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Braburn Road

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 80
 COL 34 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL 150 FEET
 COL 24 COL 28

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE ROTARY

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

R 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 DEEPEIN AN EXISTING WELL

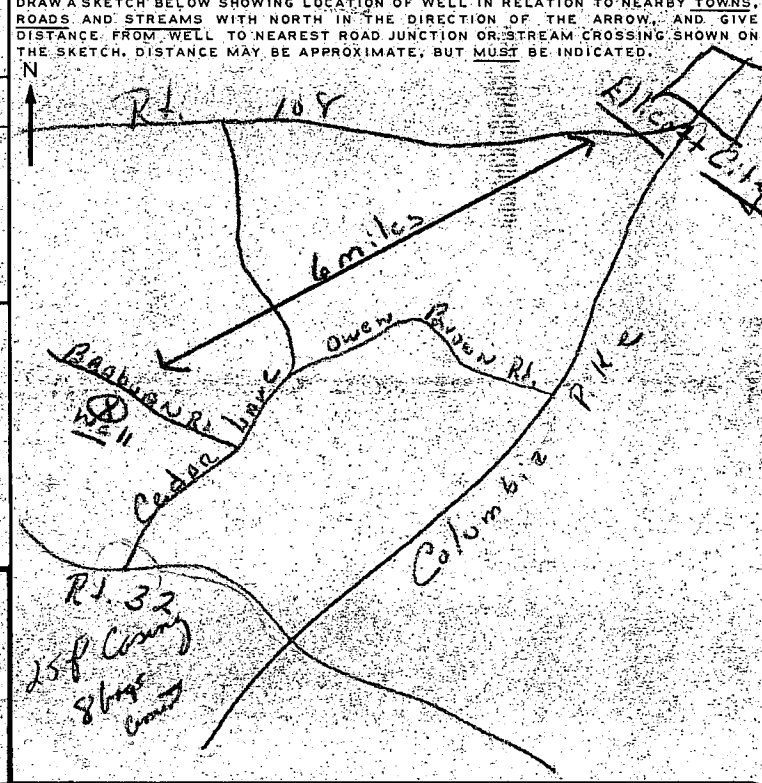
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER

ENGINEER REVIEW (WRITE DISTRICT NO. IN BOX) FORCE WRITE INITIALS IN BOX

CONDITIONS



B 5 CONTINUED HEALTH DEPARTMENT APPROVAL (NOT TO BE FILLED IN BY DRILLER)

1 2 3 (SEQ. NO.) 6

Howard
 COUNTY DEPT. OF HEALTH

DATE 09/15/69 APPROVED BY Robert F. White TITLE Director, Environmental Health

LATITUDE 39 13 0
 COL 83 COL 85 COL 86 COL 87

LONGITUDE 0 7 45 3 0
 COL 88 COL 89 COL 90 COL 91 COL 92 COL 93

ELEVATION AT WELL HEAD (FEET) 0 3 4 0
 COL 94 COL 95 COL 96 COL 97

B 6 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 5545 SEQUENCE NO. (DWR USE ONLY)

DATE RECEIVED (DWR USE ONLY)

DATE WELL COMPLETED 4-13-70

PERMIT NO. FROM PERMIT TO DRILL WELL 40-70-0044

DRILLERS IDENTIFICATION NO. 122

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 COMPLETION OF THE WELL

FILL IN THIS FORM COMPLETELY

OWNER Judge D. Joseph LAST NAME FIRST NAME

STREET OR RFD 34 Amburst Ave. POST OFFICE Ellicott City, Md.

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Overburden</u>	<u>0</u>	<u>4</u>	
<u>Brown Shale</u>	<u>4</u>	<u>28</u>	
<u>Soft Gray Rock</u>	<u>28</u>	<u>75</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 28 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 30

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 20 (NEAREST FOOT)

WHEN PUMPING 70 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

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

29

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 1

BELOW } _____

CIRCLE APPROPRIATE BOXES

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) G. Edgar Hann Sons' Corp

SIGNATURE SB Cashion

DEPTH (NEAREST WHOLE FOOT)

EACH CASING	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
<u>H O</u>	<u>30</u>	<u>75</u>

SLOT SIZE 1, _____ 2, _____ 3, _____ 4, _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

TELESCOPE CASING LOG INDICATOR

OTHER DATA AVAILABLE

74 75 76

