

9/23/87

MANHOLE CLEANOUT
ON PUMP PIT 160'D.

PERMIT

P 40880

A 35062

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE _____
DATE SYSTEM APPROVED 1-4-88
INSPECTOR S. Abel

Bill Ingram IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 442-2139

SUBDIVISION Forest Hills ROAD WOOD Trotter Road LOT 31

PROPERTY OWNER William Sticklen

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3-4

INSTALL 1000 GALLON TANK AT GARAGE SEPARATE 1500 GALLON TANK FOR HOUSE AT LATER DATE.
TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.
LOCATION - Start first trench 260 feet from the back lot line and 110 feet from the left lot line as seen when facing the property from Trotter Road. Run trenches along level ground toward left lot line.
NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

8/26/87 Install Dual Pump Syst - Alternating Pump w/ Alarms 2" Sched-40
Pump 100-150 GAI / cycle 4-6 cycles / day C. Williams DIST BOX CAPACITY 150+ GALS. DATE 6/04/85

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: 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.

50
60
70
100

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35062

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35062

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 2/22/85

New Owner: William E. Stricklen
P.O. Box 1189
Clarksville, Md. 21029

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 Joseph F. & Norma W. Gulick
6004 Trotter Road
ADDRESS Clarksville, Maryland 21029 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Forest Hills LOT NO. 31 Tax Map 35, Parcel 21

ROAD AND DESCRIPTION Trotter Road

SIZE OF LOT 6/730 Acres TYPE BLDG. 3 or 4 Bedrooms
(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.

Julius A. Vetterman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/1/85 BLDG. PERMIT SIGNED

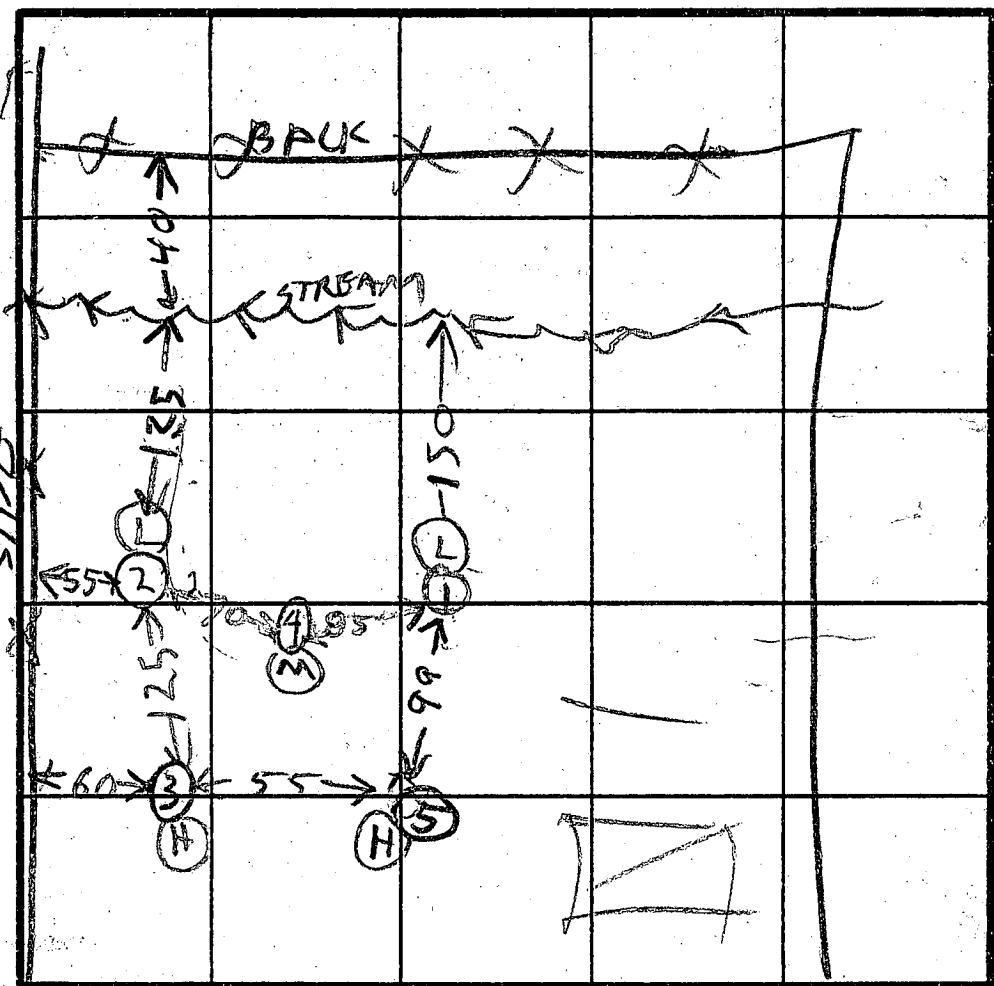
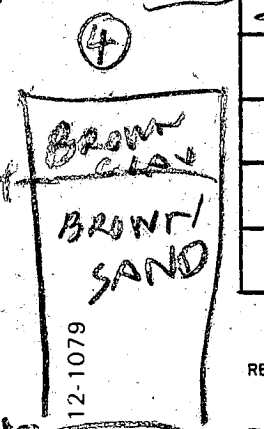
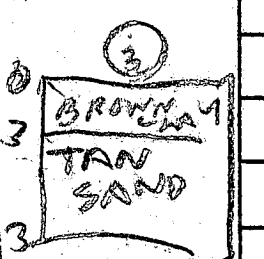
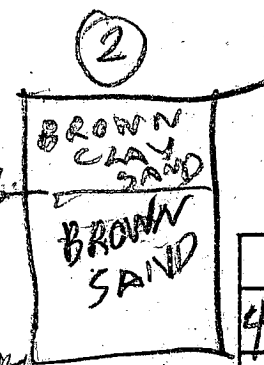
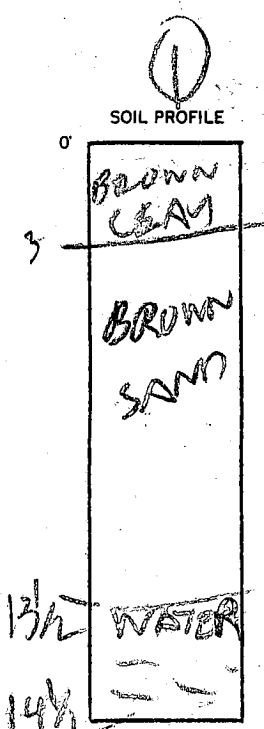
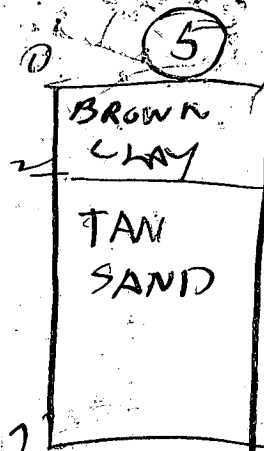
AND RETURNED 3-10-87

Retest - to change location of sewage disposal area

8/6/87
H 9988

THIS IS NOT A PERMIT

70



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/85	1 S	4 1/2	153	203	203	223	20
	1 V	17 1/2	WATER		13 1/2 FT		OK BOTTOM
	2 S	4 1/2	158	227	Little pin		
	2 V	14 1/2	LOOKS OK		BELOW		6 FT
	3 S	4	230	237	237	249	12
	3 V	15	LOOKS OK				
	4 V	13	LOOKS OK				
	5 S	4	247	254	254	302	8
	5 V	13	LOOKS OK				
	2 M	6	304	312	312	325	13

190
60
2120
100

REMARKS _____

TYPE OF SOIL _____
TESTED BY **B. HODGES**

BACKHOE BETTERMAN
ALSO PRESENT **MR. STICKLEN**

EH 12-1079
13

APPLICATION

3/22/83
936

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32568

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 3/17/83

Spec's attached

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 JOSEPH F GULICK JR

ADDRESS 6004 TROTTER RD CLARKSVILLE PHONE 596-9294

PROPERTY LOCATION:

SUBDIVISION FOREST HILLS LOT NO. new Lot 31 RESUBDIVISION LOT 22

ROAD AND DESCRIPTION 6004 TROTTER RD

SIZE OF LOT 10 + ACRES TYPE BLDG. SFD
(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.

Joseph F Gulick Jr
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

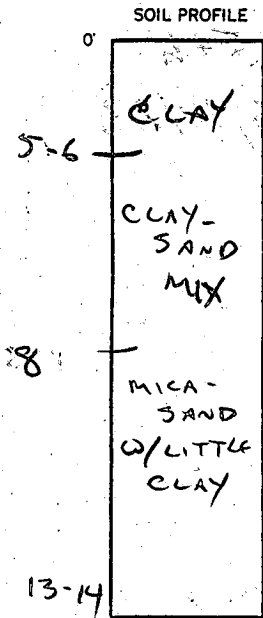
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS NEED SKETCH PLAN *C. W. ...* DATE 3-22-83

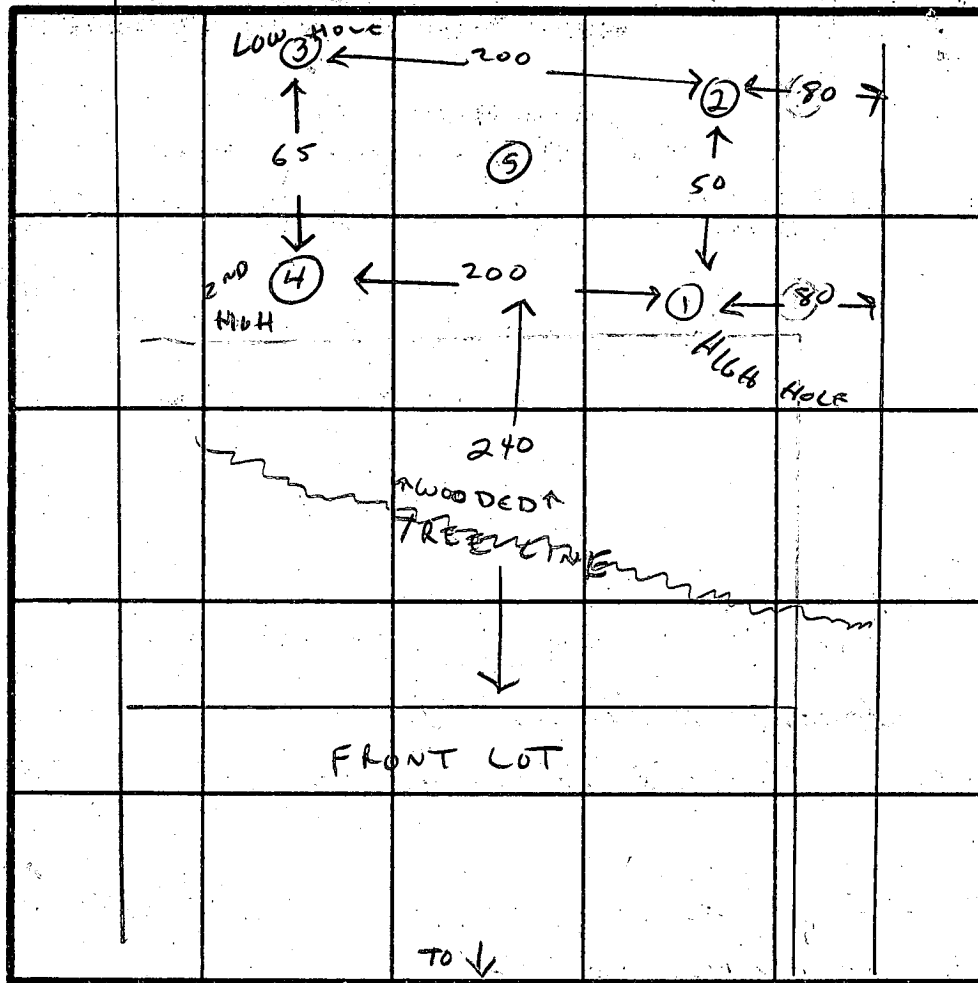
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

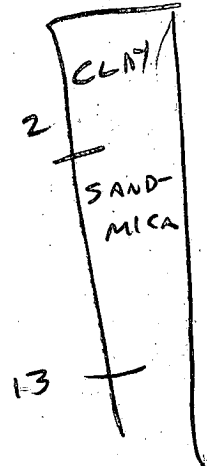
HOLE#
1-4



HOLE#5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TROTTEL RD



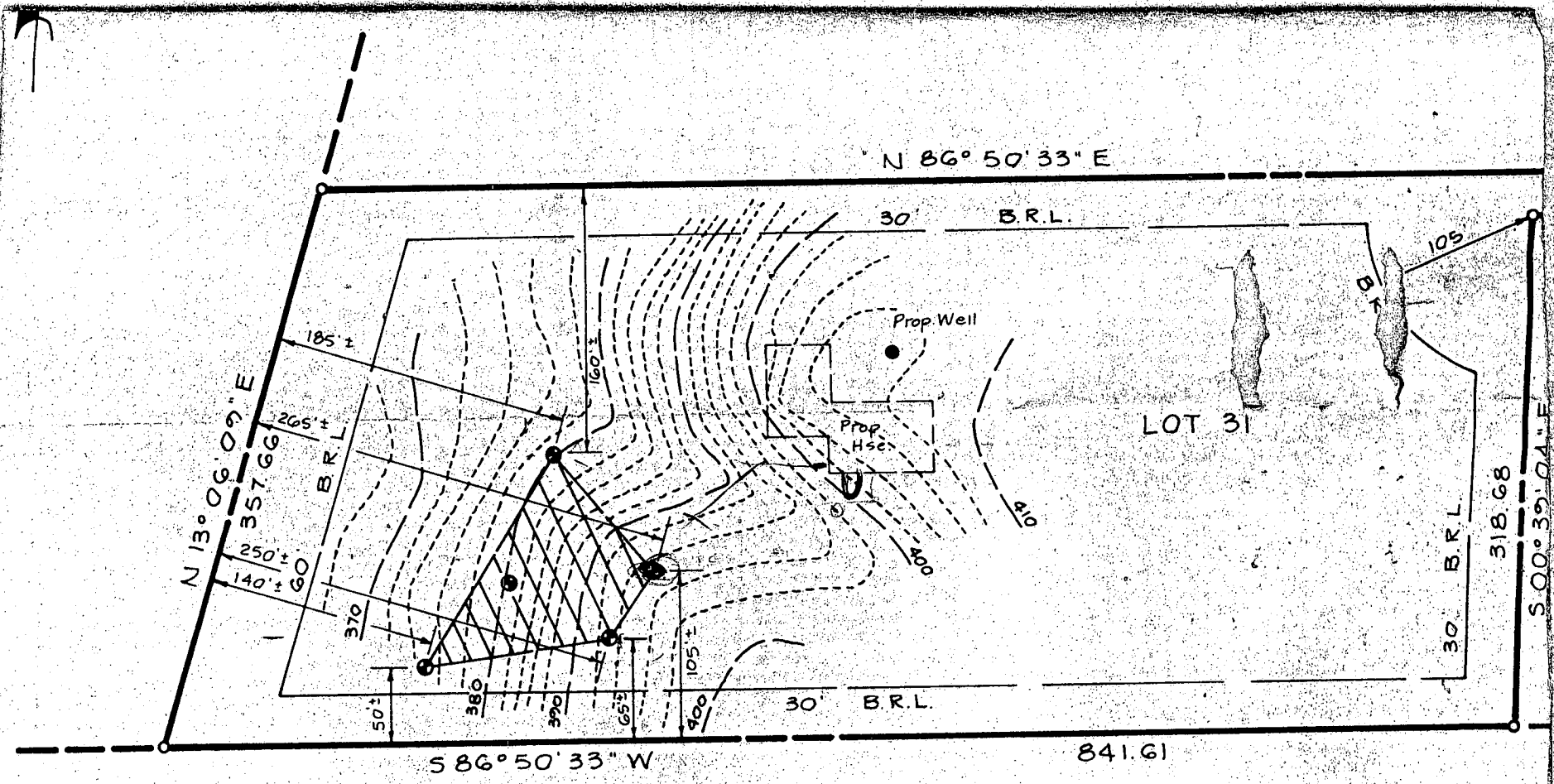
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-22-83	1	3 1/2	10:06	NO MOVEMENT			
		5	10:06	10:18	10:18	10:48	30 MIN
		9	11:20	11:25	11:25	11:32	7 MIN
3-22-83	2	3	CLAY				
		5	10:19	10:41	10:41	11:12	31 MIN
		9	11:22	11:28	11:28	11:42	14 MIN
3-22-83	3	5		1/2" IN	30 MIN		
		6	11:15	11:24	11:24	11:44	20 MIN
		9	11:15	11:22	11:22	11:33	11 MIN
3-22-83	4	5 1/2	10:43	11:00	11:00	11:14	14 MIN
		9	V-SAND + MICA				
		13					
3-22-83	5	4	11:52	11:56	11:56	12:02	6 MIN
		9	11:52	11:54	11:54	11:56	4 MIN
		13	U-CLAY TO 2' THEN SAND + MICA				

REMARKS OK DEEP

TYPE OF SOIL 5-6' CLAY THEN CLAY-MICA-SAND

TESTED BY C. Waller

ALLEN W. LEWIS
JOS. GULLICK
ALSO PRESENT

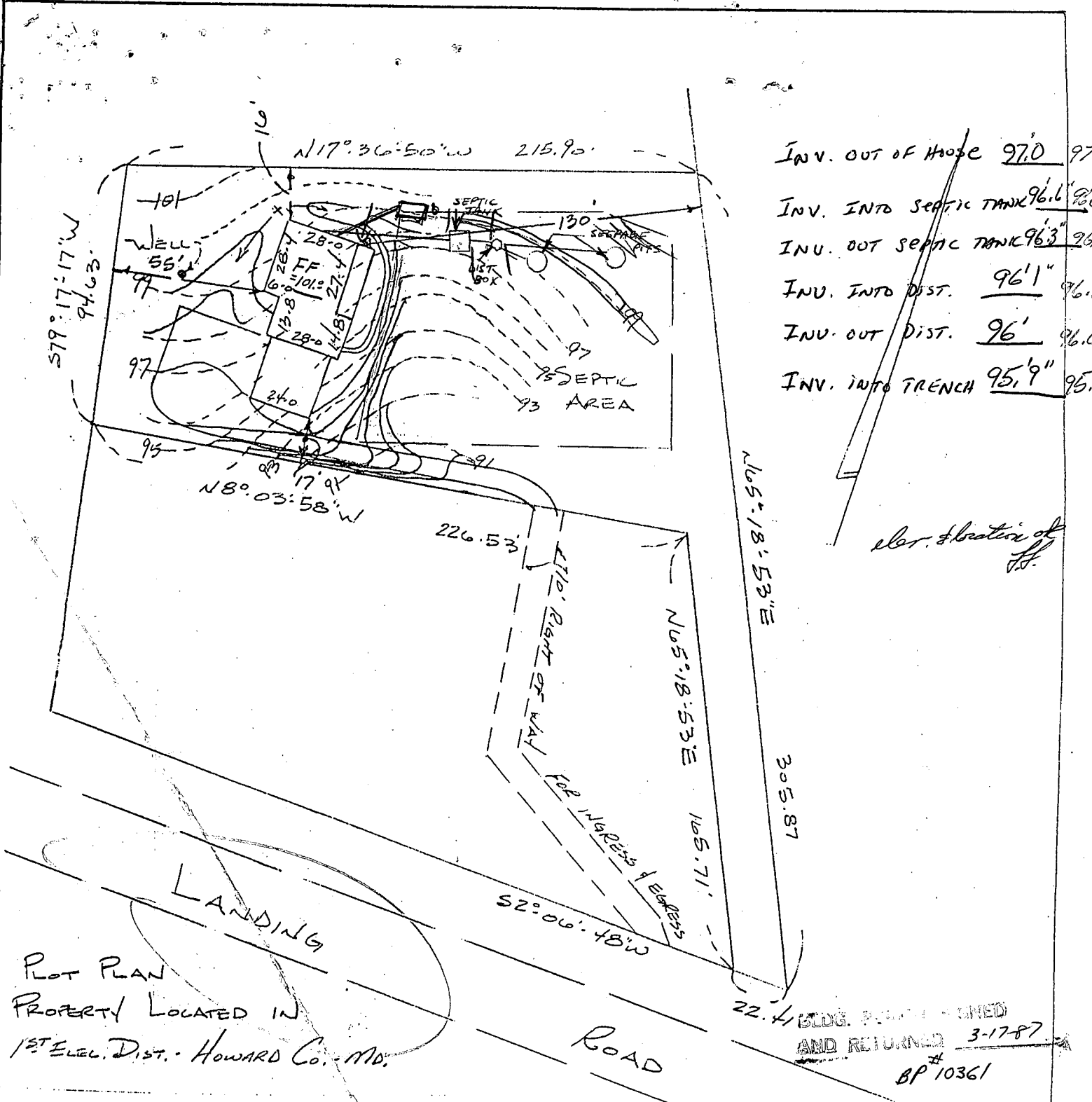


TRÖTTER Head

...ver Easement of approx. 10,000 sq. ft. as
 e Maryland State Dep't of Health and
 iene for individual sewage disposal.
 of any nature in this area are restricted
 age is available. These easements
 ll and void upon connection to a public
 . The County Health Officer shall have
 o grant variances for encroachments
 sewage easement. Recordation of a
 ae easement shall not be necessary.

Per Plot
 Lot 31
 Forest Hill

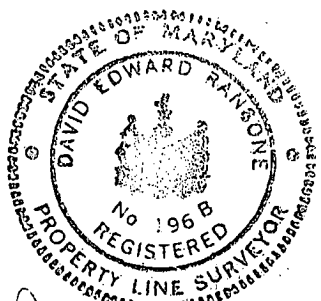
Signed by
 Joyce Boyd 4/25/85



INV. OUT OF HOUSE 97.0 97
 INV. INTO SEPTIC TANK 96.6 96.6
 INV. OUT SEPTIC TANK 96.3 96.3
 INV. INTO DIST. 96.1 96.1
 INV. OUT DIST. 96.0 96.0
 INV. INTO TRENCH 95.9 95.9

elev. location of
 H.

LANDING
 PLOT PLAN
 PROPERTY LOCATED IN
 1ST ELEC. DIST. - HOWARD CO. - MD.



David Ransome

DISTURBED AREAS

DRIVE	2,000 ft
HOUSE	2,500 ft
YARD	3,200 ft
TOTAL	8,000 ft

SCALE: 1"=50' DATE: 2-27-87

GERHOLD, CROSS & ETZEL
 Registered Professional Land Surveyors
 412 Delaware Avenue
 TOWSON, MARYLAND 21204

C1 1982
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

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-35062**

DATE RECEIVED

DATE WELL COMPLETED
110587

Depth of Well
85
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-2376

OWNER **STICKLEN BILL**
 STREET OR RFD **MORRIS Rd** first name TOWN **CLARKSVILLE**
 SUBDIVISION **FOREST HILLS** SECTION **-** LOT **31**

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	
Top Soil	0	2	
Sandy Sandstone	2	35	✓
Micka Sandstone	35	45	
Micka Sandstone	45	75	✓
Micka Sandstone	75	85	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **11** NO. OF POUNDS **1000**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** 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)
 PL **6** **40**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) 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.)
 EACH SCREEN
HO **38** **85**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60

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.

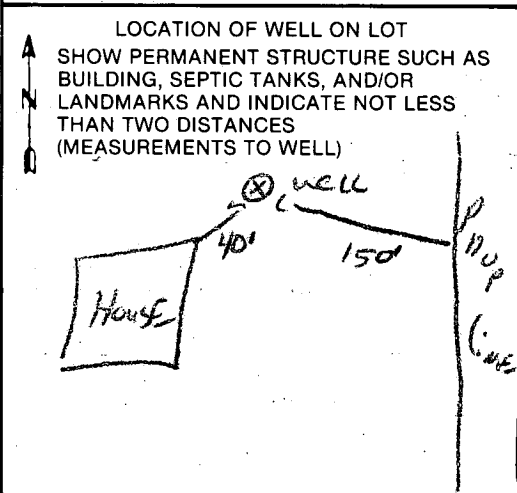
DRILLERS IDENT. NO. **273**
Paul S. Maynes
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Paul S. Maynes
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
 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.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Buck**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **35**
 WHEN PUMPING **42**
 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 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 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **2** (nearest foot)
 49 50 51



C1 2315 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 35062**

DATE RECEIVED [] DATE WELL COMPLETED **062185** Depth of Well **2200** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1098**

OWNER **STICKLEN WILLIAM** last name first name
 STREET OR RFD **TROTTER** TOWN **CLARKSVILLE**
 SUBDIVISION **FOREST HILLS** SECTION LOT **31**

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	
Top Soil	0	2	
Sandy	2	24	
Sand Stone	24	30	✓
MICKA	30	33	
Sand Stone	33	45	✓
MICKA	45	200	

*TOO CLOSE TO GARAGE ABANDONED WITHOUT INSPECTION - COMPETITION REPORT NOT YET RECEIVED.
 DRILLER'S ABANDONMENT REPORT ON FILE - JAN 22, 1988
 RECALLED BY HO-81-2376*

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **300**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **33** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **PL** **6** **35**
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

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

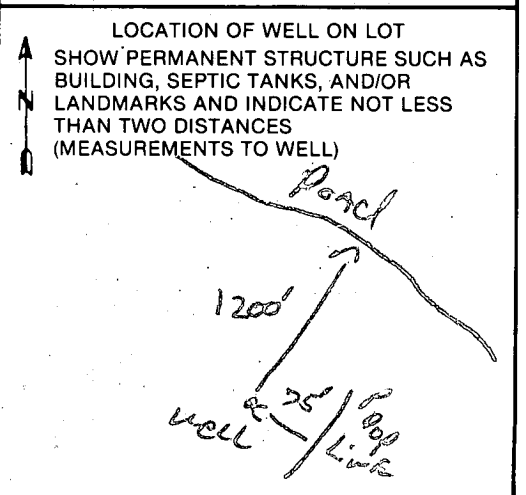
C2
 DEPTH (nearest ft.)
 1 **HO** **33** **200**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **33** WHEN PUMPING **33**
 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 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)

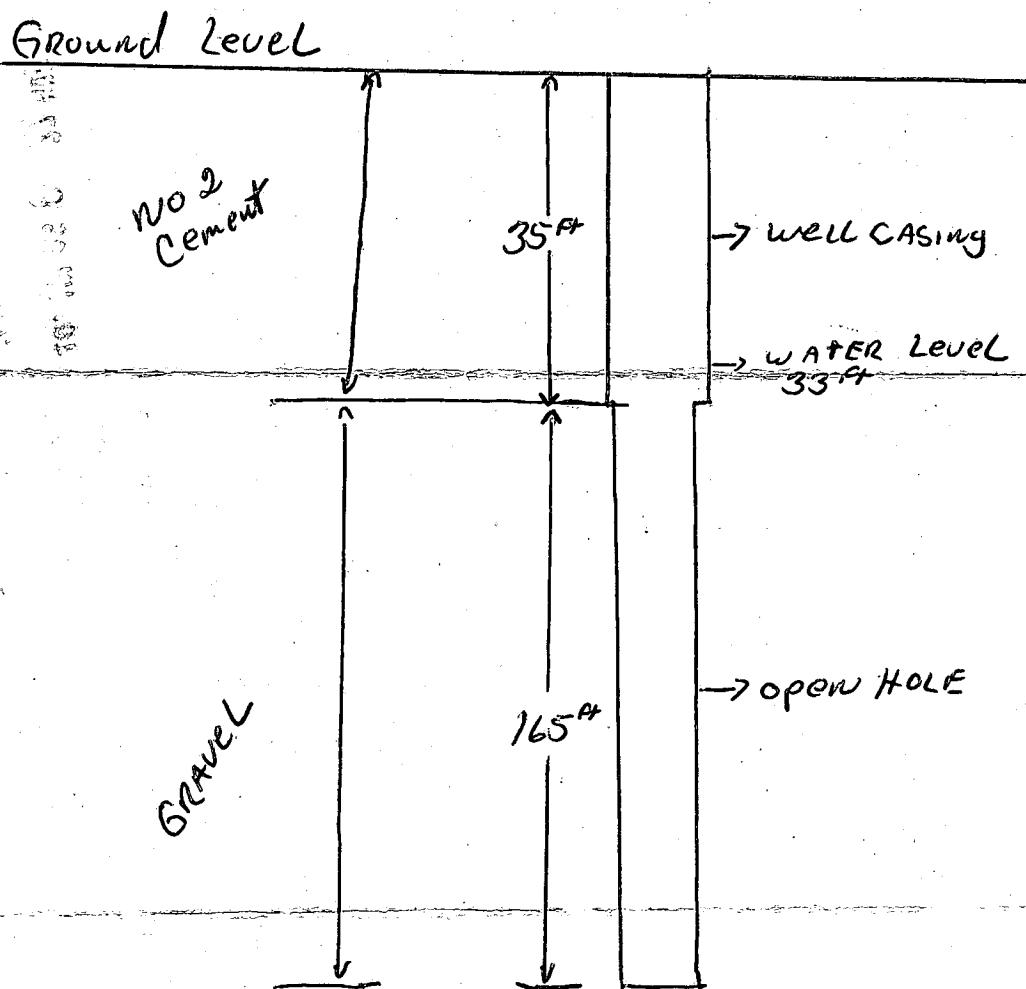


CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS 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. **273**
 DRILLERS SIGNATURE **Ralph Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

JAN 20, 1988

Ralph MAYNE well DRILLING

WELL ABANDONMENT FOR WILLIAM STRICKLEN
Lot 31 Forest Hills DATE Dec 1987



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JAN 22 3 46 PM '88
DIVISION OF
ENVIRONMENTAL
HEALTH

FREDERICK COUNTY WELL COMPLETION REPORT
Frederick County Health Department
12 East Church Street, Winchester Hall
Frederick, Maryland 21701

Completion Date _____

Well Tag No. _____ Maryland Coordinate Location - North _____ East _____

TO BE COMPLETED BY WELL DRILLER AND SUBMITTED TO THE FREDERICK COUNTY HEALTH DEPARTMENT WITHIN 45 DAYS AFTER COMPLETION OF WELL.

OWNER _____ ADDRESS _____
Last First
LOCATION OF PROPERTY _____

If Subdivision (Name) _____ Lot _____ Section _____ Block _____

REASON FOR DRILLING WELL: (Circle One) - (1) New Well (First Water Supply On Lot) (2) Replace Drilled Well Which Was Not Adequate Or Went Dry (3) Replaced A Drilled Well Which Was Contaminated (4) Replace Drilled Well (Other Reasons _____) (5) Replaces A Hand Dug Well (6) Replaces A Spring (7) Replaces A Cistern (8) A Well Which Is Drilled Deeper.

CONSTRUCTION CHARACTERISTICS

- (1) Total Depth of Well _____ ft. Static Water Level _____ (When Not Pumping) Amount of Reservoir _____ Gallons (Depth of Water Column x 1.5/Gal/Ft.)
- (2) All Depths At Which Water Was Encountered _____ / _____
Cased Off / Flowing into Well
- (3) Number of Dry Holes _____ Depths _____
- (4) Amount of Casing Used _____ ft. Size _____ (Diameter/Inches) Type _____
(Metal/Plastic) What Type of Joints _____ (Threaded, Welded, Glued, Etc)
- Amount of Casing Above Ground _____ Inches.
- (5) Type of Grout _____ Amount of Grout Used _____ (Bags, Gallons)
- Bit Size Through Overburden _____ Inches Other _____ Inches.

PERFORMANCE CHARACTERISTICS

- (1) Yield of Well _____ Gallons Per Minute (Exact) Type of Test - (Rig) _____ (Pump) _____
- (2) Number of Hours Tested _____ Draw Down Water Level At The Time of Test _____
- Any Additional Comments or Conditions Concerning The Well: _____

I Hereby Certify That The Above Information Concerning This Well Is True And Correct.

License Number _____ Driller's Signature _____