

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

03-312933

P. 44777

A 33332

DISTRICT 3rd

DATE 12/24/89

DATE SYSTEM APPROVED 8/27/87

INSPECTOR M. R. H. H.

Frall Septic Service, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Triadelphia Woods ROAD 12420 Triadelphia Rd LOT 8

PROPERTY OWNER _____ Mark Grobaker

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 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the front lot line and 105 feet from the right lot line as seen when facing the lot from Right-of-way entry. Run trenches on contour toward the right 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.

PLANS APPROVED BY Sid Abel DATE 4/03/89

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

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

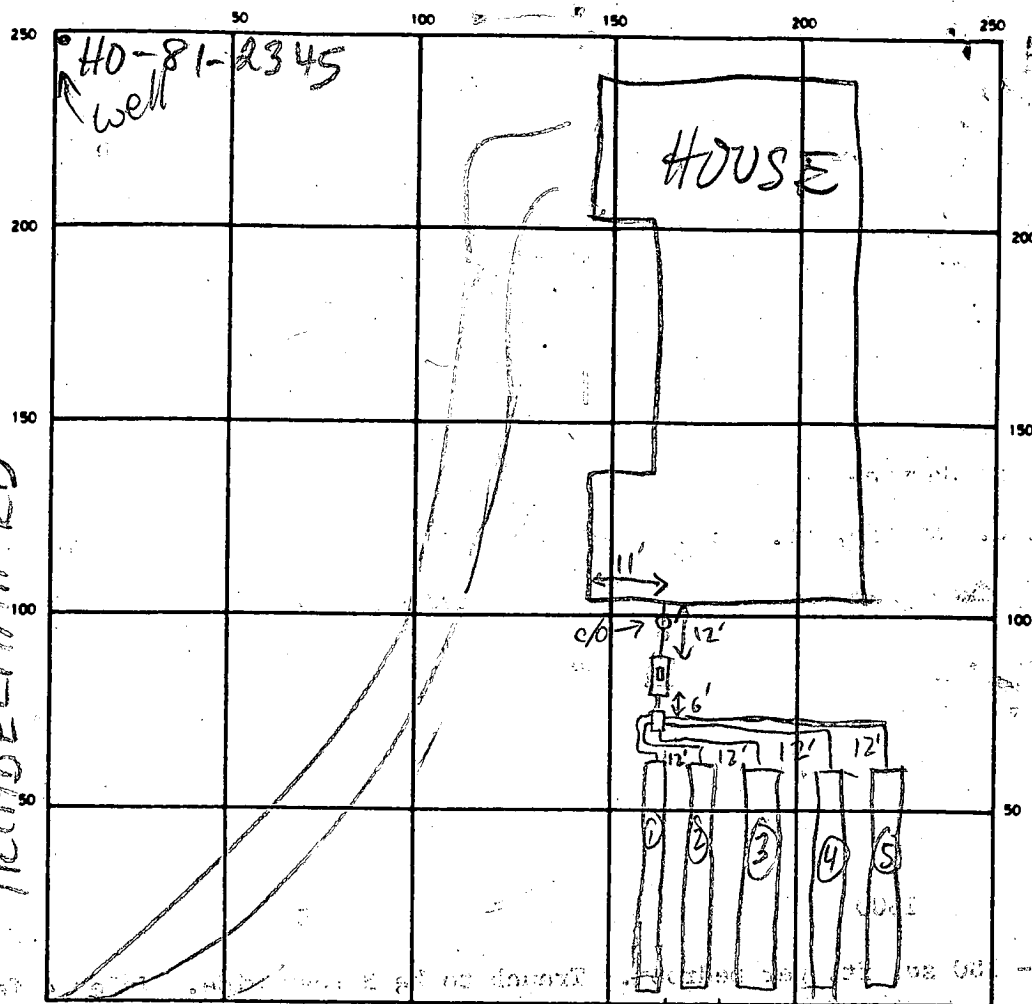
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

HD-260

[illegible]

12HT
6T-B
12-2T
12-3T
12-4T
12-5T

TRIADELPHIA RD



INDICATE NORTH — NAME ADJOINING ROADWAY AT BASE LINE
DRIVEWAY IN COMMON

SEPTIC TANK LEVEL OK-1500 GAL CLEANOUTS INLINE-OK S.T. MANHOLE-OK

DISTRIBUTION BOX LEVEL OK Baffle in

DRAIN FIELD/TILE FIELD. DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT. 300

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 266 362 561 304 FT.

NUMBER OF TRENCHES 5 ~~ONE SIDEWALL~~ / BOTTOM AREA 942 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 8/21/89 ALL WORK OK TO COVER AFTER MANHOLE COMPLETED MR

DATE SYSTEM APPROVED 8/21/89 INSPECTOR M. Riskin

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 33332

P _____

DISTRICT 3rd

DATE 11/28/83

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 Carroll property Mark Grobaler

Talkin and Abramson
730-7733

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

RICHARD TALKIN

SUBDIVISION Triadelphia Woods LOT NO. (Parcel 3) - Lot 8

ROAD AND DESCRIPTION Triadelphia Road 12420

SIZE OF LOT 3 acres plus 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. /s/ Don Reuwer for Talkin and Abramson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/12/84 DIG MORE SLOW

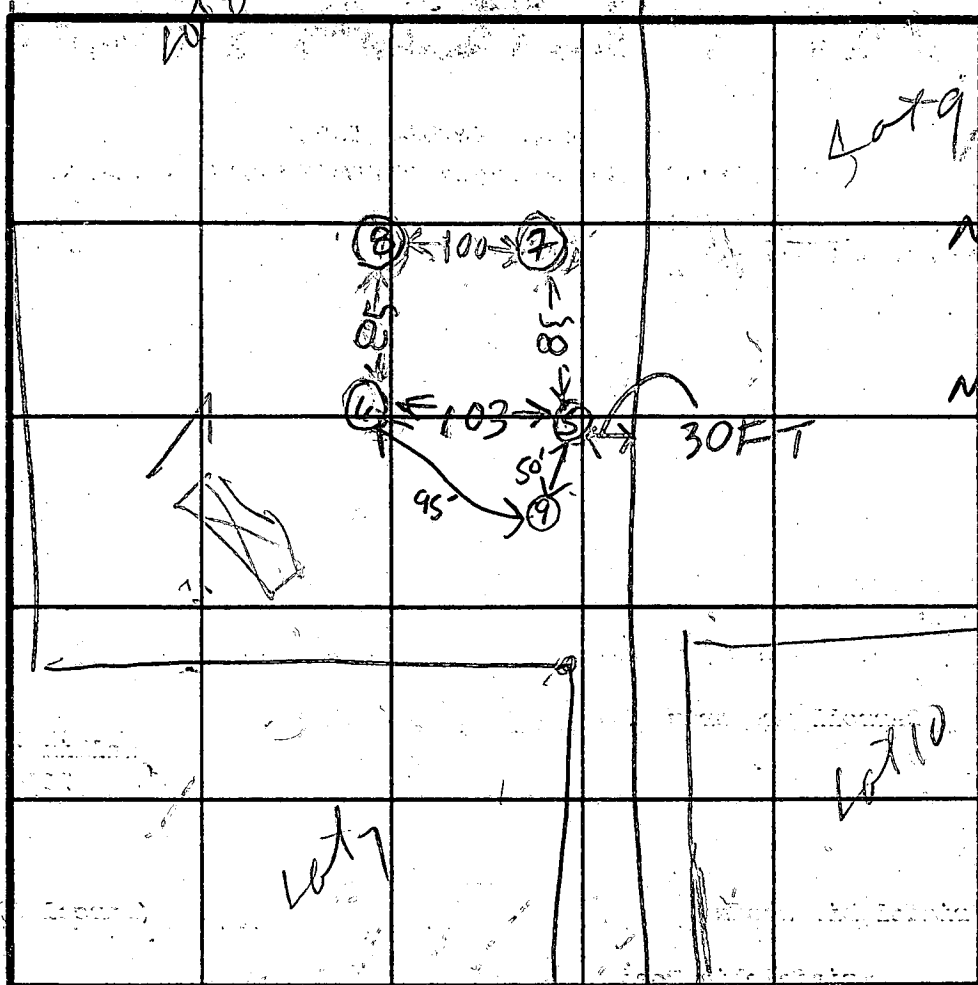
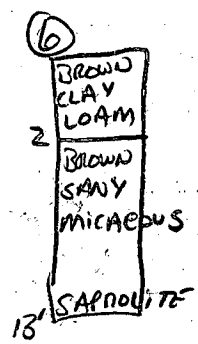
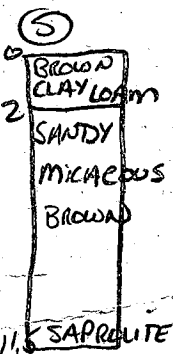
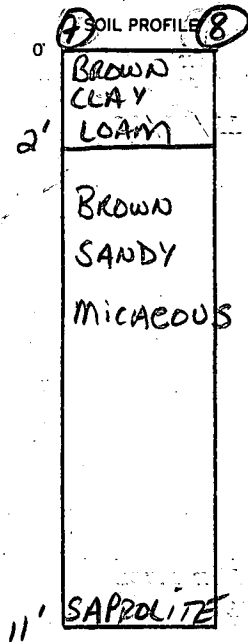
1/23/85 Hold For Certified hole plot S. Allen/R.H.

BLDG. PERMIT SIGNED

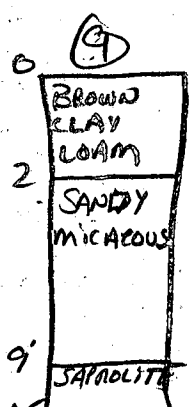
AND RETURNED 4/3/89

BP24490 SAL

THIS IS NOT A PERMIT



Lot 9
 HIGHEST 9
 N. HIGH 6
 MID 5
 LOW 8
 LOWEST 7



HARD SAND STONE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/23/85	5S 5V	4' 11.5'	1:50 LOOKS OK	1:52 TO 11.5'	1:52 ROOTS TO 5'	1:56	4min
	6S 6V	4' 13'	2:12 LOOKS OK	2:15 TO 13'	2:15 ROOTS TO 5'	2:24	9min
1/23/85	7S 7V	4' 11'	1:58 LOOKS OK	1:59 TO 11'	1:59 MANY ROOTS TO 6'	2:00	1min
	8S 8V	4' 11'	2:05:30 LOOKS OK	2:06 TO 11'	2:06 MANY ROOTS TO 6'	2:06:45	45sec
1/23/85	9V	10.5'	LOOK OK TO 10.5' HARD SANDSTONE below				

REMARKS HOLE # 7+8 FAST - IN SANDY SOIL WITH NUMEROUS ROOTS

TYPE OF SOIL

TESTED BY S. Abel / R. Hodges

KETTERMAN + CO.
 ALSO PRESENT Mike D. Hion

EH-12-1079

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

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TO: THE COUNTY HEALTH OFFICER
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I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Carroll property

Talkin and Abramson

ADDRESS _____ PHONE 730-7733

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. (Parcel 3) - Lot 8

ROAD AND DESCRIPTION Triadelphia Road

SIZE OF LOT 3 acres plus TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Don Reuwer for Talkin and Abramson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

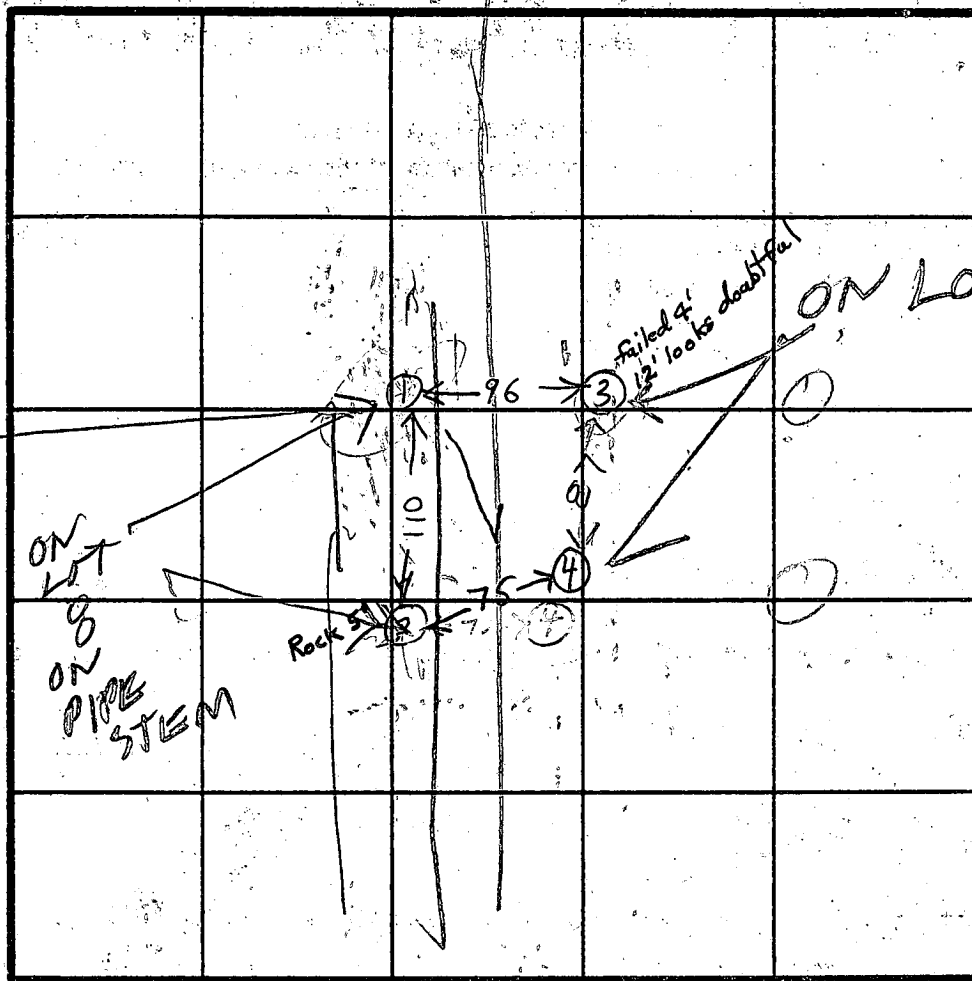
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

BROWN CLAY

BROWN MICA SAND LOAM



HOLE ELEVATION

- ① HIGHEST
- ③ = HIGH
- ② = LOW
- ④ = LOWEST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TOPSOIL
SANDY
ROCK
ROCK BOTTOM

BROWN CLAY
LIGHT BROWN

BROWN CLAY
BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/12/04	1S	4	315	319	319	329	10	
	1V	12	LOOKS OK					
	2V	5	UNSATISFACTORY					
	3S	4	341	415	little pen			
	3V	12	LOOKS DOUBT FULL					
	4S	5	404	406	406	413	7	
+	4V	13	LOOKS OK					
	3V	see pers sheet for Lot					10	
	4V	see pers sheet for Lot					10	

REMARKS

HOLE DUG IN MIDDLE OF WOODS

TYPE OF SOIL

TESTED BY

R. HODGES

ALSO PRESENT

POD KETTERMAN
MIKE RILLON

C1 1948
SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(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-33332

DATE Received
8 13

DATE WELL COMPLETED
100982
15 20

Depth of Well
245
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
MC-81-2345
28 29 30 31 32 33 34 35 36 37

OWNER GYC Builders
last name first name
STREET OR RFD TRIADOLPHIA Rd. TOWN Gandy
SUBDIVISION TRIADOLPHIA WOODS SECTION LOT 8

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	
SAND COPYRIGHT Rock	0	56	
	56	245	BR

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12.92 NO. OF POUNDS 1138
GALLONS OF WATER 22
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 45 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 6 61
60 61 63 64 66 70

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

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

DEPTH (nearest ft.)
H O 60 245
EACH SCREEN
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

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.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 69
WHEN PUMPING 97
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

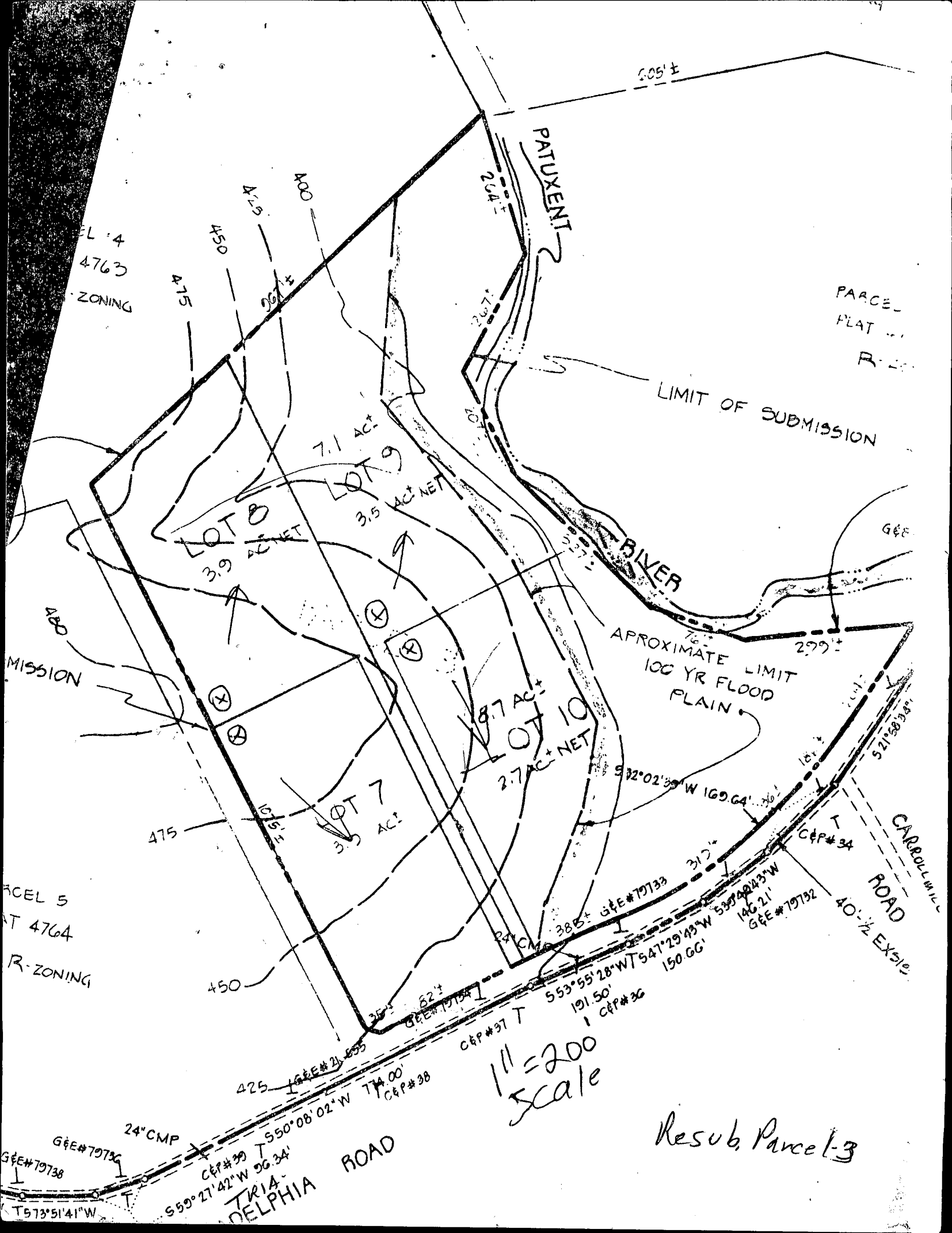
PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:
CAPACITY:
GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below }

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 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. 238
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)



8/21/89
pm J. Marino

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 # 44653
Date 8/20/89

Name of Installer MARINO PTH

Telephone 717-5615

License Number M-3095

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner MR. RANDY GROBAKER

Telephone 730-4848

Subdivision Triadelphia Woods Lot # 8

Well Tag # HD-81-2345

Site Address 12420 Triadelphia Rd

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make Goulds
3. Model # 7EH05412
4. Capacity 10 GPM

Motor

1. Horsepower 3/4
2. RPM —
3. Voltage 220
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make BRASS 1"
2. Model # 1"
3. Depth 42"

5. Pump exceeds well capacity Yes ☐ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other ☐

Tank

1. Capacity WY 250
2. Pressure relief valve? YES

P.A. OK @ 4'B.G.
MR 8/28/89

Piping

1. Type 1" 16015
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data

1. Depth 245' ft.
2. Yield 10 GPM
3. Static water level 169' ft.
4. Will water supply be disinfected by installer? By Builder

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: Joseph P Marino

Date: 6-15-89

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2345
Location of property (road) TRIADELPHIA Rd.
Subdivision TRIADELPHIA WOODS Lot 8 Block Plat Sec.
Well Driller J. Mayne Owner G4C Build.

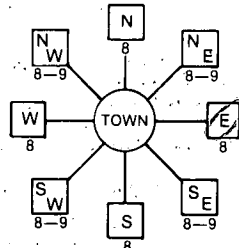
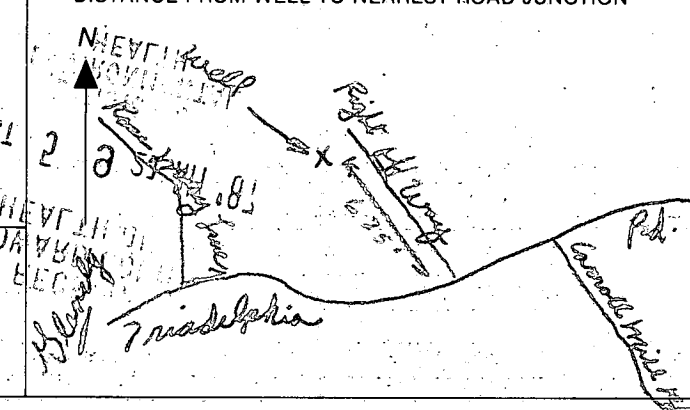
Depth of well 245
Distance of measuring point (M.P.) above ground, 1'
Static water level (S.W.L.) below M.P. 69

I. High rate pumping -- reservoir drawdown

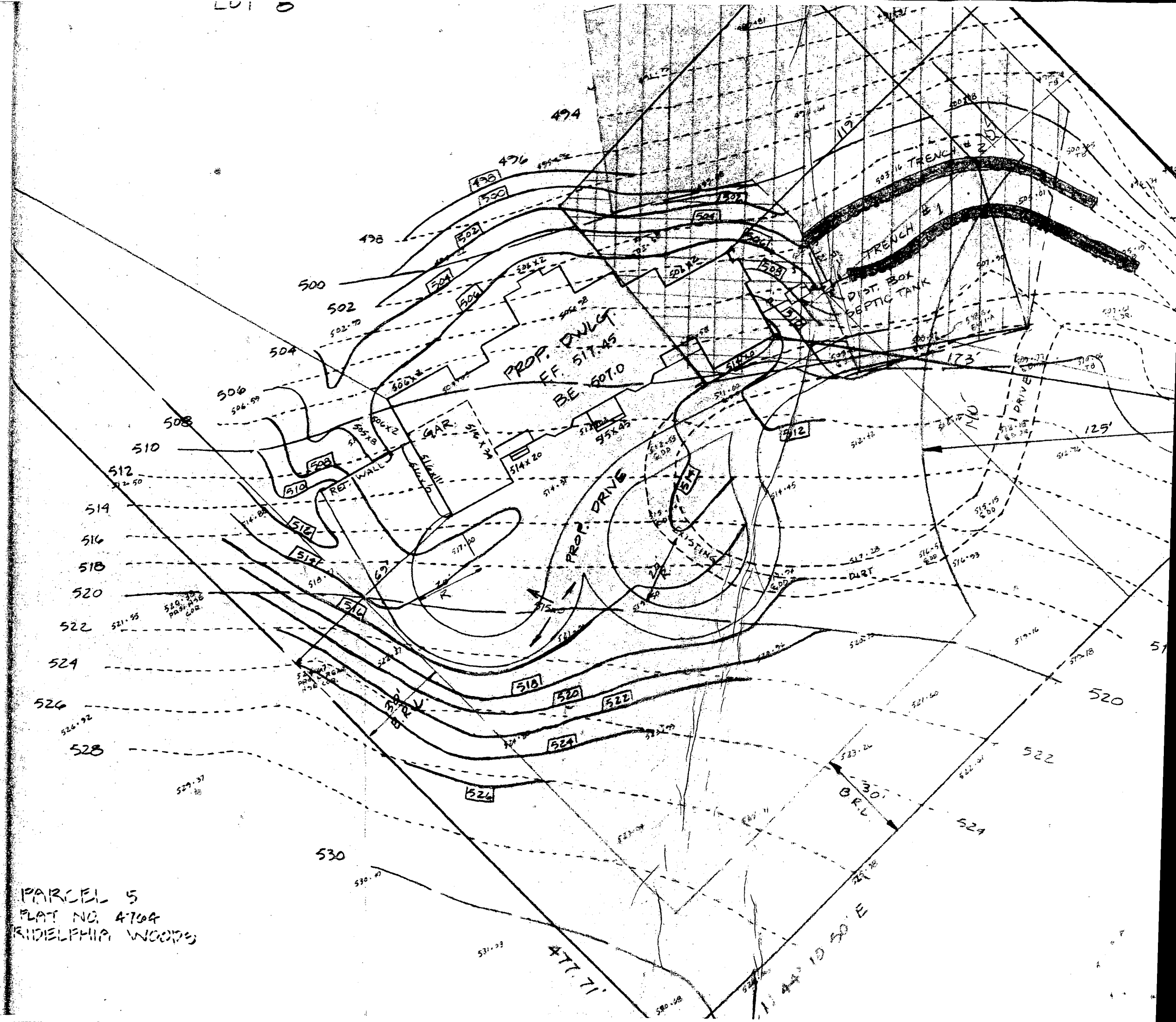
Time pump started 11:00 Pumping rate 10 gal.
Total time 30 min to reach pumping water level 97 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 9309 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-2345 <small>fill in this form completely</small>
Date Received 10/06/87		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION TRIAD DELPHIA WOODS 42 SECTION 44 46 LOT 8 50 52 NEAREST TOWN GLENN 71 MILES FROM TOWN (enter 0 if in town) 2 1/2 73 76 77 78	
OWNER INFORMATION 15 Last Name G Y C 13 Owner B W I L D E R S 34 36 Street or RFD 11673 EARSIDE ROAD 55 57 Town ELICOTT CITY MD 70 State 72 21043 76		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Driller's Name Joseph L. Mayne 77 License No. 80 238 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Md. 21771 Signature Joseph L. Mayne 10/5/87 Date		11 NEAR WHAT ROAD Triadelphia Road 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"/> 34 625 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A-33332 OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> 41 DATE ISSUED 10/06/87 CO SIGNATURE Sidney White EXP. DATE 04-05-87 NORTH GRID 527000 50 55 EAST GRID 0815000 57 63	
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)		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 E 815 N 527	
APPROXIMATE DEPTH OF WELL 280 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		61' 60' FT (AS) (1' above) 50' OPEN well 12' BAGS CEMENT lifts before grout 10/9/87 SA completion report	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> 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 DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 63 FORCE SA WRITE INITIALS IN BOX PERMIT NO. 40-81-2345 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

Building Permit Signal
and Return.
4/3/89
BP 24490
S. M. L.



PARCEL 5
FLAT NO. 4704
PHILADELPHIA WOODS