

8/2/00
C.O. [unclear]
230

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513678

A 57659-T

ISSUE DATE 7-12-2000

APPROVAL DATE 8/2/00

INDEXED

05-430089

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Hunterbrooke LOT NUMBER 19 ADDRESS 8101 Huntfield Drive

PROPERTY OWNER Winchester Homes, Inc. PROPERTY OWNER'S ADDRESS 6305 Ivy Lane, Suite 800

SEPTIC TANK CAPACITY 1250 GALLONS Greenbelt, MD 20770

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 *** WATERTIGHT COMPARTMENTED SEPTIC TANK WITH WASTEWATER

SQUARE FEET PER BEDROOM 180 EFFLUENT FILTER REQUIRED. ***

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth
6 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting from the intersection of the 257.79'/121.07' lot lines, place the
distribution box 135 feet down the 257.79' lot line and 35 feet off this same lot
line. Run trenches on contour toward Huntfield Drive. 5/18/00 OK ALM

BUILDING PERMIT SIGNED AND RETURNED

3-6-03 BOD 140560 - IN GROUND POOL

PLANS APPROVED Mark E. Rifkin DATE 5-3-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

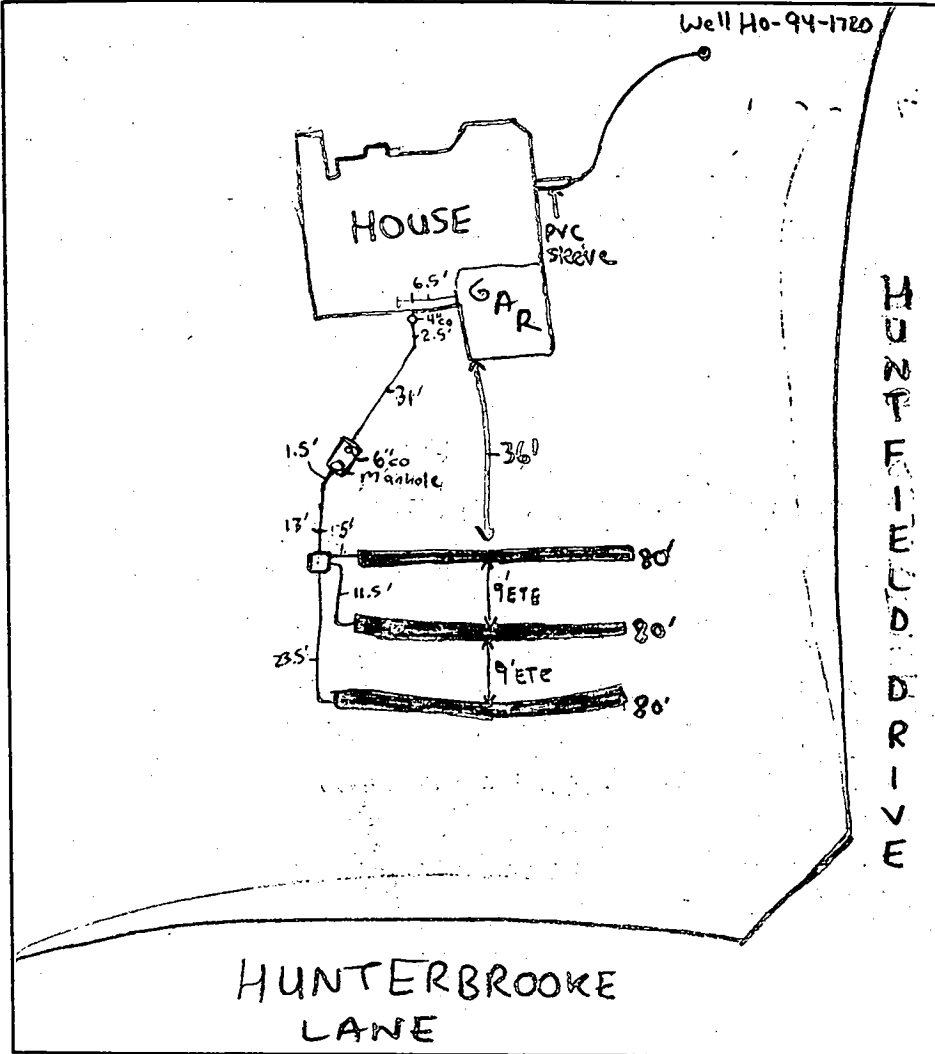
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

9576059-7

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3

TRENCH INLET DEPTH 4

TRENCH BOTTOM DEPTH 6

DEPTH OF STONE 2

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 240

ABSORBENT AREA 720

DISTRIBUTION BOX LEVEL

BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 T.S. GALLONS

COMPARTMENTED

MANHOLE RISER on Rear

6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER N/A

GALLONS N/A

MANHOLE RISER N/A

ALARM N/A

PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 8/2/00 - OK TO COVER ALL WORK (FSRW)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 8/2/00

10/11
foxed

TO: Steve

410-313-2648

8/2/00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP Telephone #: _____
Address: 9265 BROWN CHURCH RD
MT AIRY, MD 21771
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump installer

License # and name of individual responsible for the field installation:

Name (Print): Lester Simmons Jr. License # AWD011

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: W. Chester Hines Telephone #: _____
Subdivision: Huntbrook Lot #: 19 Well Tag #: HO-1720
Site Address: 8101 Huntfield Dr. 94

Submersible Pump Data

Make: Goulds
Model #: 10GS15422
Pump Capacity: 70 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Madison
Model #: B-10X
Depth: 3 1/2 (36" min.)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 200 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Attached to Pitless Adapter

Piping to house

Type: PE
PSI: 20 (160 psi min)
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5ft
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Lester C. Simmons Jr.
Signature of company representative responsible for installation

8/2/00
date

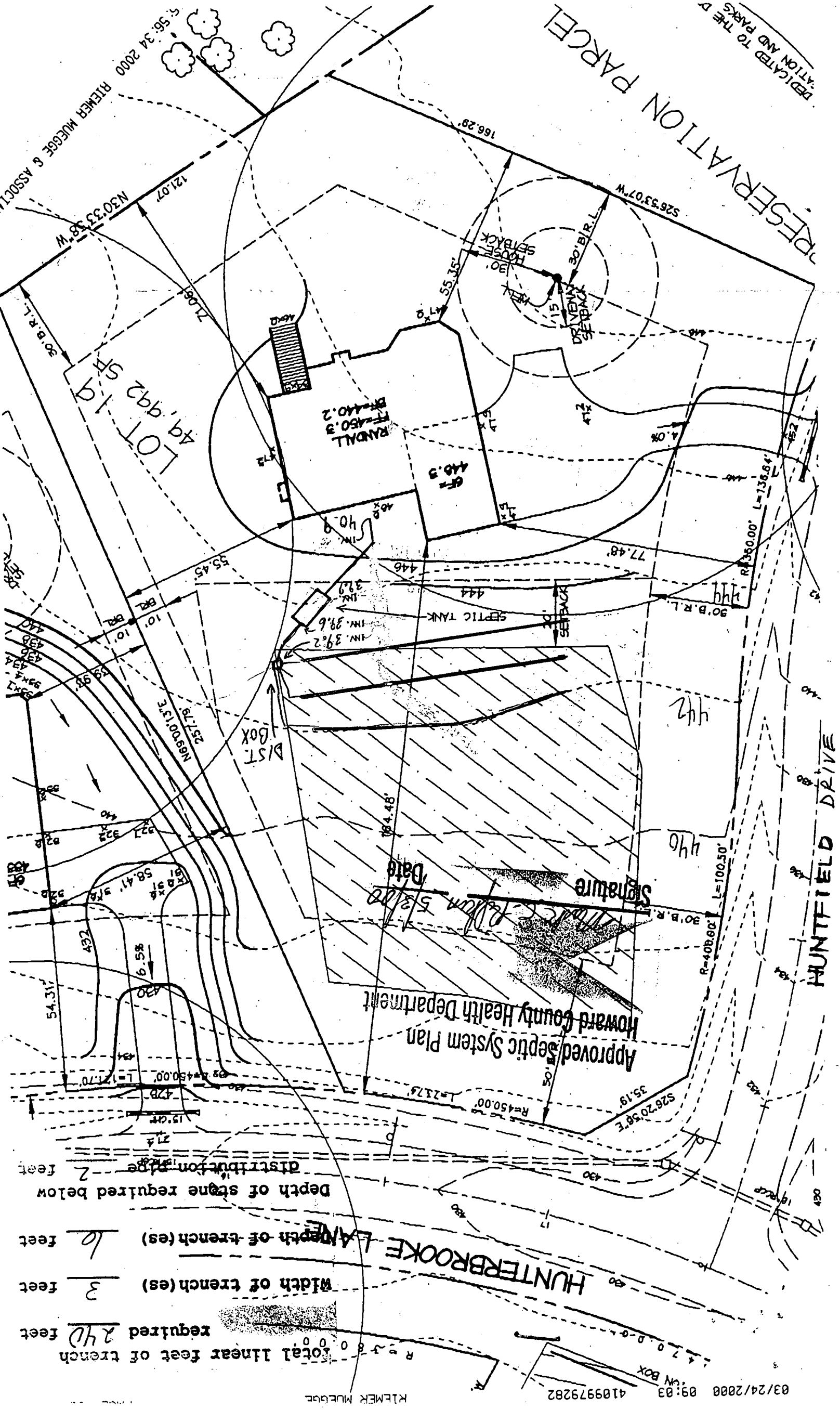
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/2/00 Date Insp. Approved: 8/2/00

- Inspection Data: Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

SRK

RESERVATION PARCEL
 DEDICATED TO THE
 ACTION AND PARKS



Approved Septic System Plan
 Howard County Health Department

Miles P. Patten
 Signature
 Date 5/2/00

Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 10 feet
 Depth of stone required below distribution pipe 2 feet

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
PO0123271

Building Address 8101 Huntfield Dr.
Fulton, MD.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6-5-22 Subdivision HUNTER BROOKS
 Section 11A Area 11A Lot 19
 Tax Map 46 Parcel 360 Grid 2
 Zoning RR Map Coordinates 1865 Lot size 49,992 sq. ft.

Property Owner's Name WINCHESTER HOMES, INC.
 Address 16305 IVY LANE, SUITE 800
 City GREENBELT State MD Zip Code 20770
 Home Phone _____ Work Phone 489-1144
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone 489-1144 Fax 474-6898

Existing Use VACANT
 Proposed Use RESIDENTIAL SINGLE FAMILY
 Estimated Construction Cost \$ 165,000
 Description of Work RANDALL W/3 CAR SIDE LOAD GARAGE FINISHED BSMT, 2 STORY, 10R. 3FB 1HB FP 4BR

Contractor Company WINCHESTER HOMES, INC.
 Contact Person CAROL VIERS
 Address SAME AS ABOVE
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company REIMER, MUEGGE + ASSOC.
 Contact Person CHRIS REID
 Address 8818 CENTRE PARK DR.
 City COLUMBIA State MD Zip Code 21045
 Phone 997-8900 Fax 997-9282

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>62</u> <u>60</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>52</u> <u>60</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>47</u> <u>60</u>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>16x8</u>	
Roof: <u>FIG GABLE</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Carol Viers
 Applicant's Signature
PERMIT ADMINISTRATOR
 Title/Company

CAROL VIERS
 Print Name
3-2-00
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>5/3/00</u>	<u>Mark E. Riker</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>475270</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>6572</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

APPLICATION

PERCOLATION TESTING

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 5th
DATE 1-29-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER (Edward Robert Prince) WINCHESTER HOMES INC

ADDRESS (P.O. Box 381, Fulton, MD 20759-0381) 6305 IVY LANE, SUITE 800
GREENBELT, MD 20770
PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes % David Meinen

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION (PRINCE PROPERTY) HUNTERBROOKE LOT NO. 2019

ROAD AND DESCRIPTION (Common driveway off Lime Kiln Rd 300' from
Rt 216) 8101 HUNTFIELD DRIVE

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. David E. Meinen
(SIGNATURE OF APPLICANT)

APPROVED BY AND RETURNED 5/3/2000 FOR _____ DATE _____
Serial # B00123271

DISAPPROVED BY SFD - 4 BRMS FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

32, 33

5.0

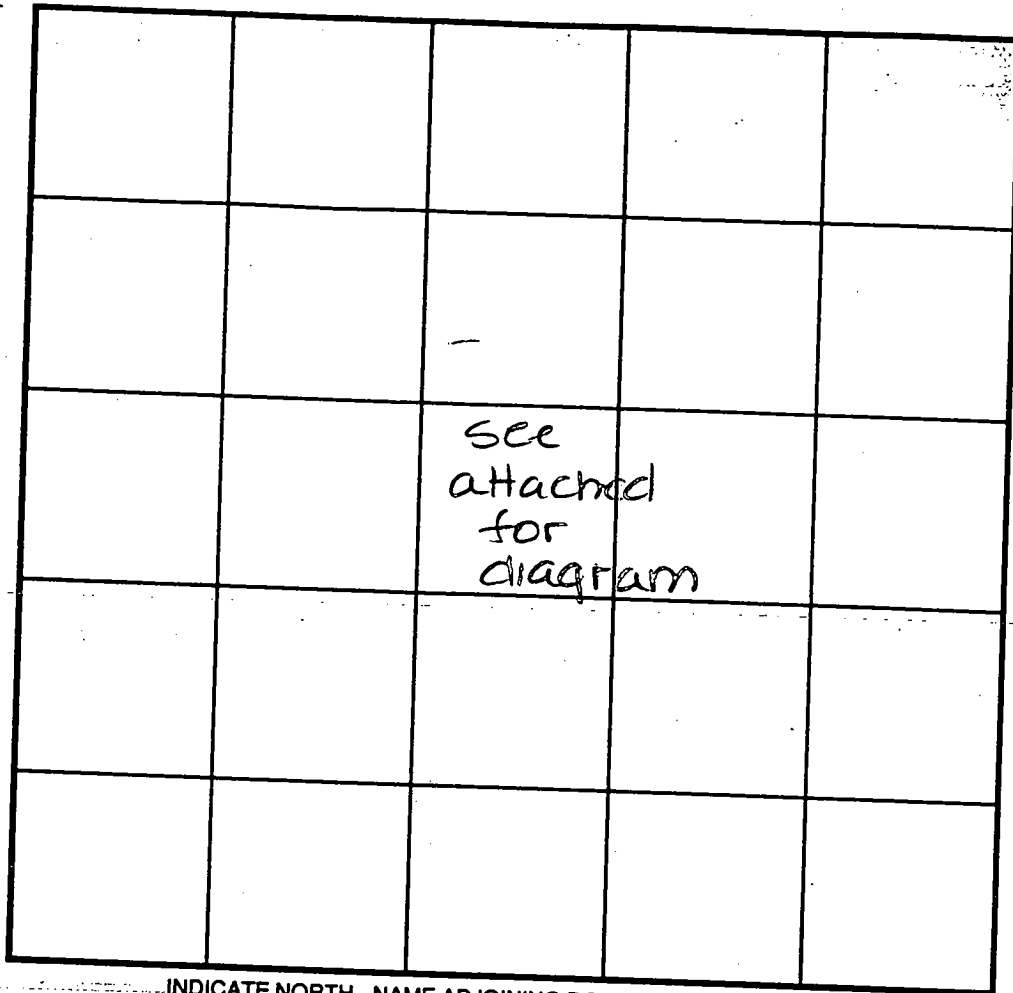
12.0

dark orange red Sicilm
 dark red SalM
 15% decayed saprolite

SOIL PROFILE

0'

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-97	32	6.0 V12.0	1:30	1:32	1:32	1:35	3min
	33	6.0 V12.0	1:34	1:35	1:35	1:38	3min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

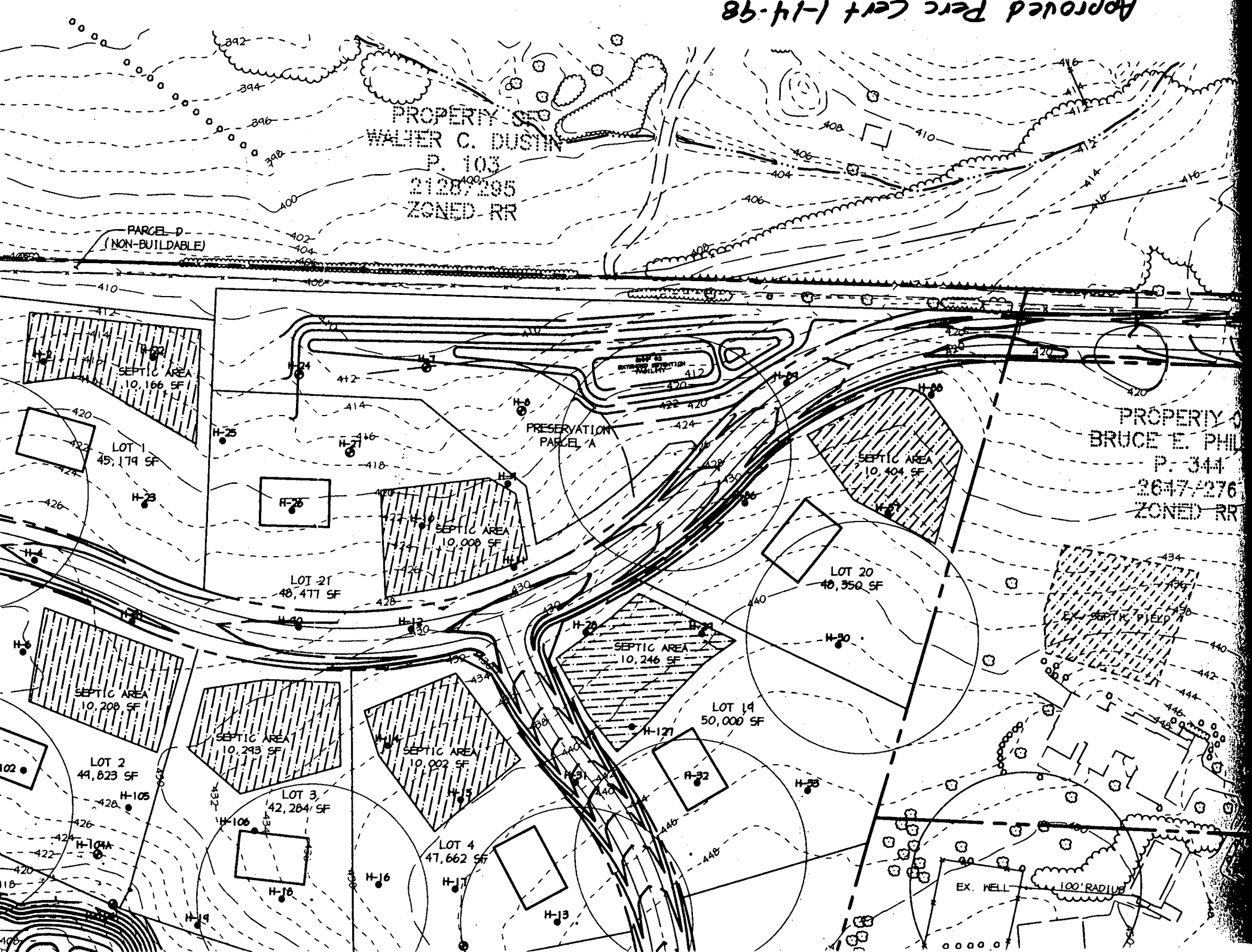
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____

Approved Perc Cert 1-14-98

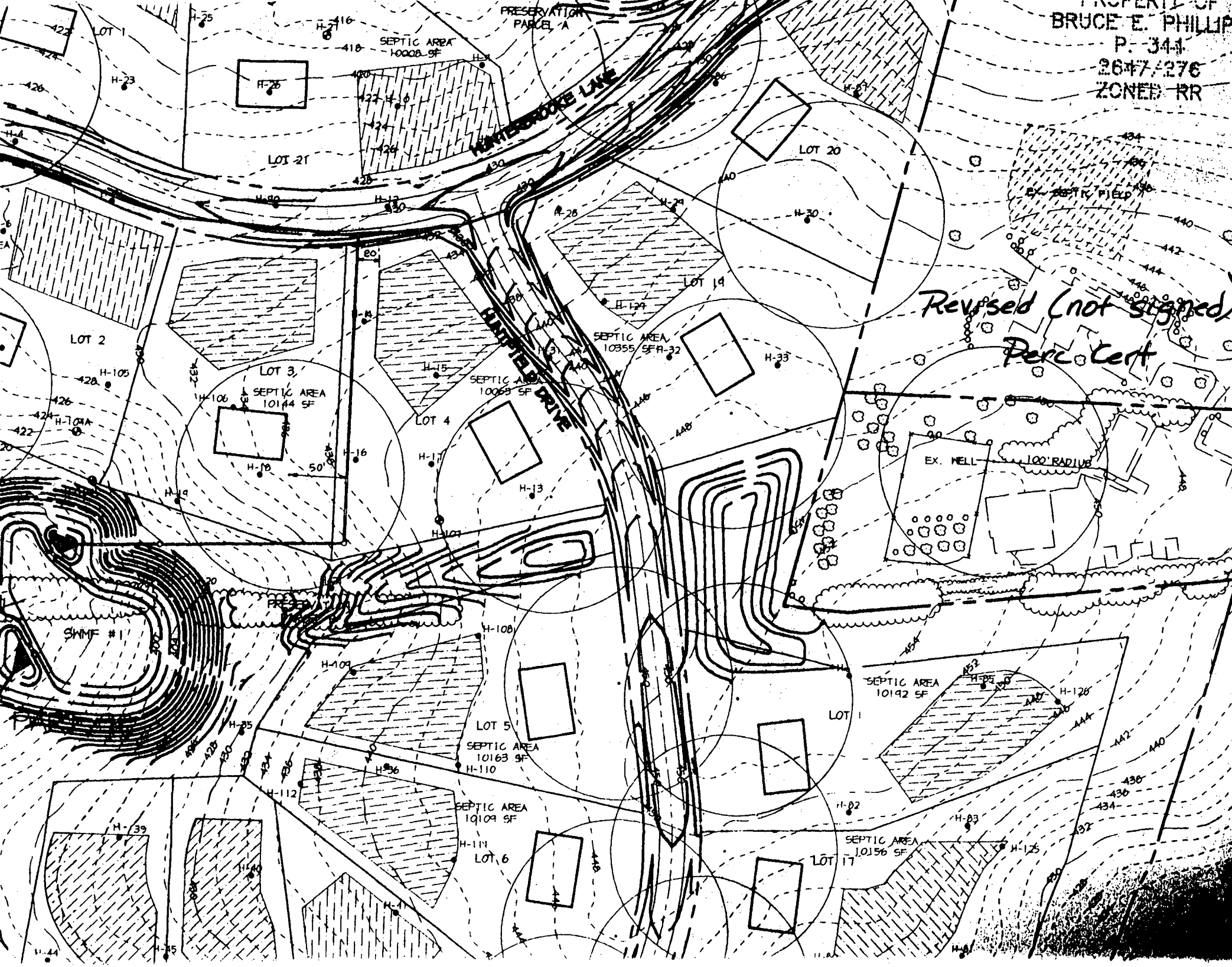
PROPERTY OF
WALTER C. DUSTIN
P. 103
21207295
ZONED RR

PARCEL D
(NON-BUILDABLE)

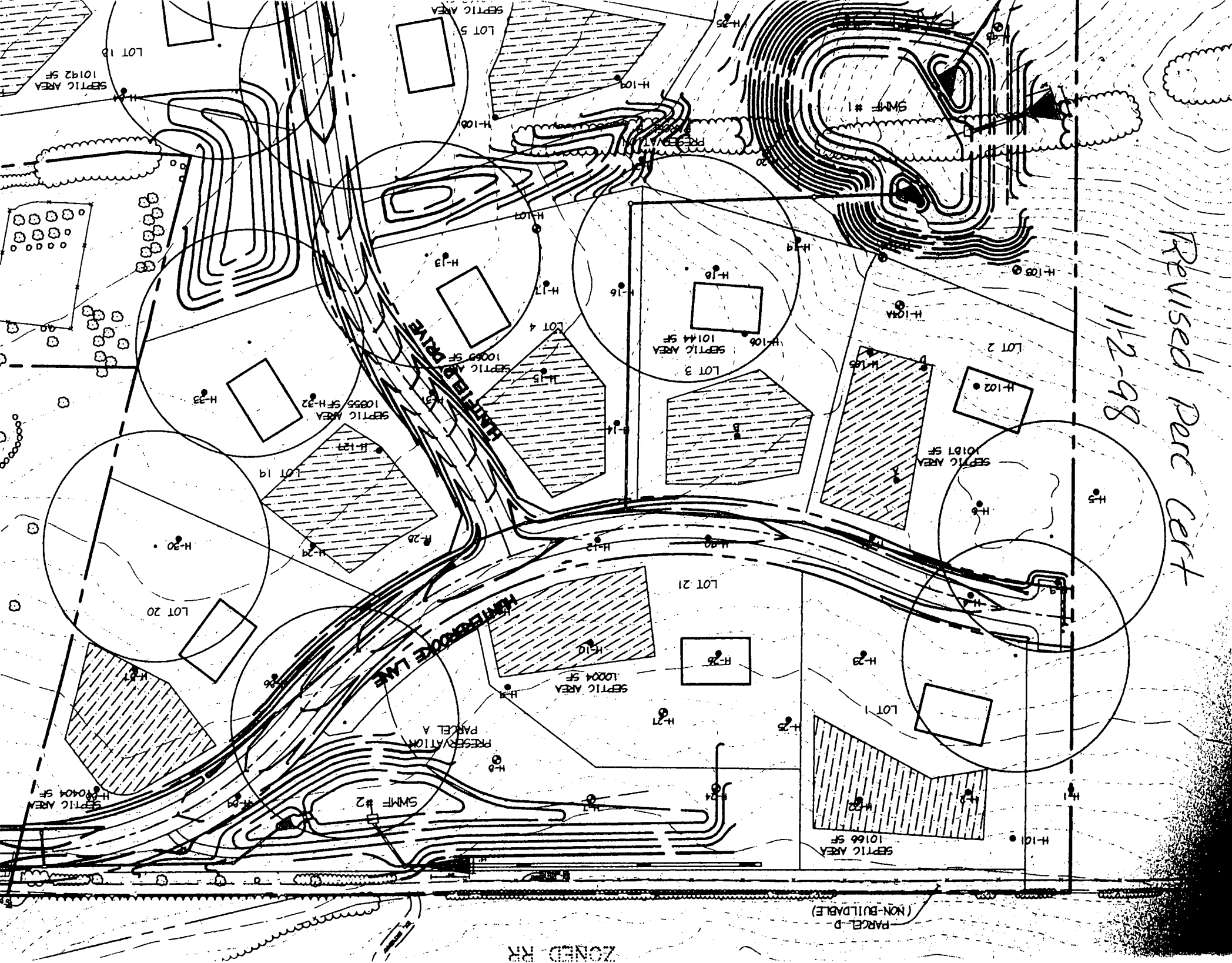
PROPERTY OF
BRUCE E. PHIL
P. 344
26477276
ZONED RR



PROPERTY OF
BRUCE E. PHILLIP
P. 344
2647/276
ZONED RR



Revised (not signed)
Perc Cert



Revised Parc Cert

11-2-98

PARCEL D (NON-BUILDABLE)

ZONED RR

HAMILTON DRIVE
HAMMERSHORE LAKE

SEPTIC AREA
10192 SF
LOT 18

SEPTIC AREA
LOT 5

SMNF #1

SEPTIC AREA
10144 SF
LOT 3

SEPTIC AREA
10335 SF
H-32

SEPTIC AREA
10181 SF

LOT 19

LOT 21

LOT 20

SEPTIC AREA
10004 SF
H-10

SEPTIC AREA
10166 SF

SEPTIC AREA
H-30
10404 SF

PARCEL A
PRESERVATION

SMNF #2

C1 4397

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A57659T

ST/CO USE ONLY DATE RECEIVED 10 23 98

DATE WELL COMPLETED 10 07 98

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1720

OWNER Winchester Homes first name Hunter Ln TOWN Fulton SUBDIVISION Hunterbrook SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Sand Stone, and Gray Mica.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, screen type (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A, E, P

DRILLERS LIC. NO. MW D 040, DRILLERS SIGNATURE George F. Easterday

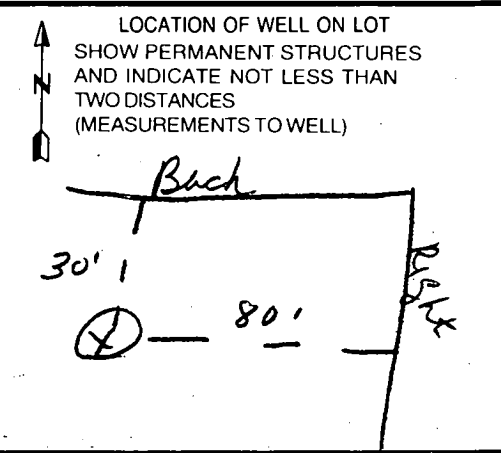
LIC. NO. JW D 038, DRILLERS SIGNATURE Bruce Thompson

SITE SUPERVISOR responsible for sitework if different from permittee

DEPTH (nearest ft.) table with columns 1-51 and rows A-C, S-C, R-E, N. Includes slot size and diameter of screen.

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



B 1 **5491** SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO 94-1720
 fill in this form completely

Date Received (APA) **082898** OWNER INFORMATION
 8 MM DD YY 13 **RN 7586**

15 **Windsor Homes, Inc.** Owner First Name 34

36 **6305 Ivy Lane, Suite 300** Street or RFD 55

57 **Greenbelt, Md. 20779** State 70 Zip 76

B 3 LOCATION OF WELL

8 **Howard** COUNTY 21 **CCM**

23 **Hunterbrook** SUBDIVISION 42

SECTION 44 46 LOT 48 **19** 50

52 **Fulton** NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 **0** 76 77 78

DRILLER INFORMATION

Driller Name **George F. Easterday** M D License No. **040** 81

Firm Name **Franklin Easterday, Inc.**

Address **9265 Brown Church Rd., MT. Airy, Md. 21771**

Signature **George F. Easterday** Date **8/26/1998**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 **Hunter Drive** NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **75** 37 DISTANCE FROM ROAD

ENTER FT OR MI **38** 39

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **5** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **500** 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. COUNTY NAME **A57659T** COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **9/2/98** **A M C M L O O** **9/2/99** 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **470 000** EAST GRID **820 000**

50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 24 **300** 28 FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **X** **10-7-98**

2. **wells** **Groot**

3. **No Insp**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820** 000

N **470** 000

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 _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

MAP 18 G5

Lerie Keln **Fulton**

Hunterbrook

Hunter Drive

EMERGENCY PERMIT TO DRILL WELL RECEIVED

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63

WRITE INITIALS IN BOX PERMIT No. **HO-94-1720**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

