

B 1	38230	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557469 please type	STATE PERMIT NUMBER HO - 15 - 0226 fill in this form completely
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Date Received (APA) 11/24/15

OWNER INFORMATION

8 MM DD YY 13

15 Last Name: Slup First Name: Todd

36 Street or RFD: 19508 Olney Mill RD

57 Town: Olney Md 70 State: 20833 72 Zip: 76

B 3

LOCATION OF WELL

8 COUNTY: Howard 21

23 SUBDIVISION: Wellington 42

SECTION 44 46 LOT 48 50: 82

52 NEAREST TOWN: Glenwood 71

DRILLER INFORMATION

Driller's Name: Allen Compton M SD 009 License No. 76 81

Firm Name: Eagles Well Drilling, LLC

Address: P.O. Box 202 Woodbine md

Signature: Allen Compton Date: 11-24-15

B 4

SOURCES OF DRILLING WATER

1. Well water

11 STREET ADDRESS: 3109 Longfield Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37

DISTANCE FROM ROAD: 50

ENTER FT OR MI: FT

TAX MAP: 0014 BLK: 0021 PARCEL: 0239

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO. 13

STATE SIGNATURE: S.L. Cull DATE ISSUED: 3/24/16

CO SIGNATURE: S.L. Cull EXP. DATE: 3/24/17

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

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 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

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

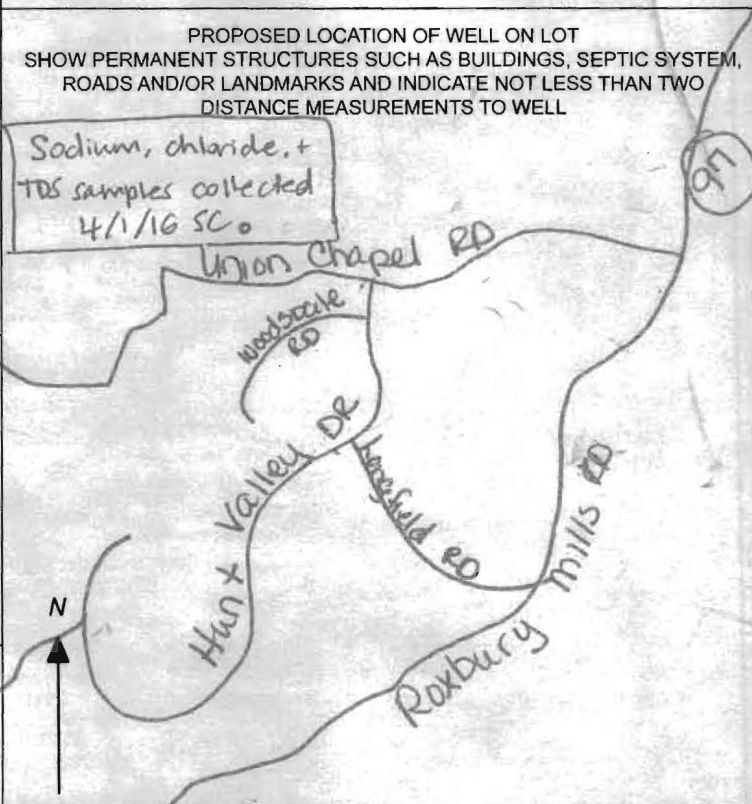
THIS WELL WILL DEEPEIN AN EXISTING WELL

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

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

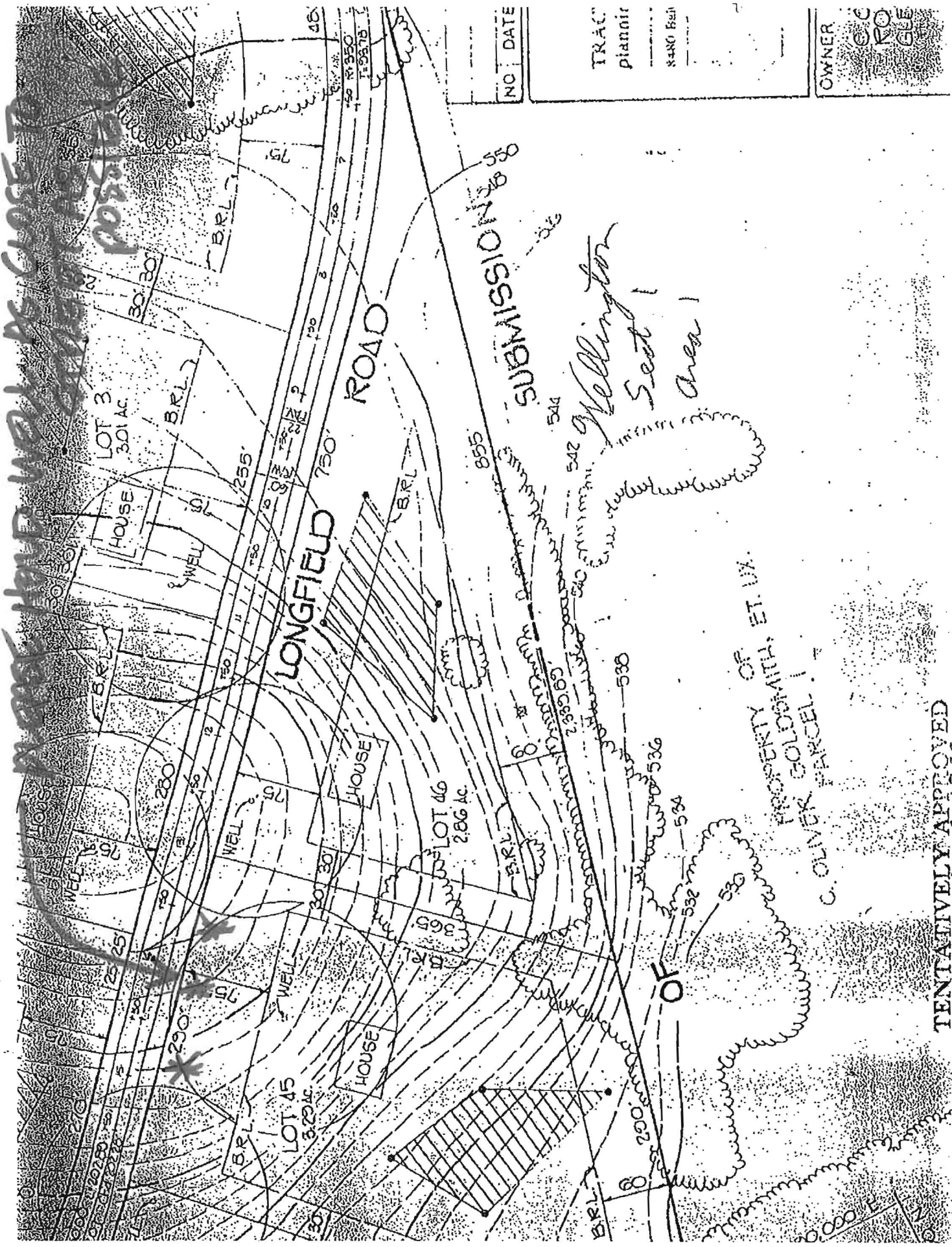
APPROP. PERMIT NUMBER: G

PERMIT No. HO - 15 - 0226



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Sodium, chloride, + TDS samples required at yield.



PROPERTY OF WELLINGTON
 SECTION 1
 AREA 1

NO. DATE

TRAC
 Plannir
 8480 Feet

OWNER
 C.C.
 RO
 GLE

PROPERTY OF
 C. OLIVER PARCEL 1

TENTATIVELY APPROVED



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER

HO-15-0226

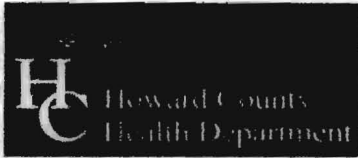
INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND. 21230

Well box approved
 3/24/16 SC
 Well box staked by
 Benchmark Engineering

WELLINGTON: SECTION ONE, AREA 1
 LOT 82

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

WELL BOX EXHIBIT
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' DATE: 12-18-15



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
Wellington 3109 Long Field RD
Subdivision/Property Name Lot# Road Name

- The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Tri-County Pump Service, Inc. Telephone #: 301-432-0330
Address: 6911 Old Klamath Lake
Brownlee, Md. 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William G. Peltz License# 20135

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

Name of Property Owner: Todd Ship Telephone #: 301-221-2076
Subdivision: Dyke Lot #: 82 Well Tag #: HO-15-0226 ✓
Site Address: 3109 Loughfield Ln
Glennwood, Md. 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Shurflo Make: Amesbury Two piece watertight cap: yes
Model #: SP44505221 Model#: 81480 Screened, vented well cap: yes
Pump Capacity: 1 GPM Depth: 9/16" (36" min) Cap secured to casing: yes
Well Yield: 8 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 390 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

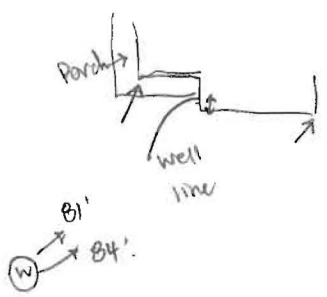
Piping to house House Connection
Type: Poly PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 900 (160 psi min) Length of sleeve(s) minimum from foundation: 20
Depth of supply line: 36" (36" min) Sleeve sealed properly: yes

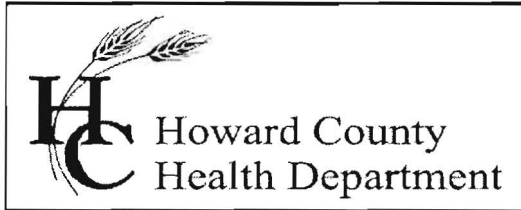
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William E. Peltz date: 7-20-2016

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

Date Insp. Requested: 7/21/16 Date Insp. Approved: 7/26/16 Inspector: SC
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 22, 2016

Dec 22, 2016

Todd & Stacie Stup
3109 Longfield Road
Glenwood, MD 21738

**RE: Wellington, Section 1, Area 1, Lot #82
3109 Longfield Road
Building Permit: B16000706
Well Permit: HO-15-0226**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/15/16**. Final approval of the well line connection to the dwelling was granted on **7/26/2016**. The well construction was completed on **4/1/2016**. Water samples were collected on **4/1/2016** and **12/13/2016**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0226. In addition to standard requirements, it is important to note the water sample tested indicated high sodium concentration. Sodium levels measured 32.4 milligrams per liter (ml/L). The action level for sodium is 20mg/L; higher levels could affect individuals on low-salt diets. Chloride and Total Dissolved Solids (TDS) concentrations also indicated higher than average however were under the maximum contaminant level (MCL). It is suggested to monitor these concentrations over time. Although submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date. In addition to the bacteriological test the Health Dept. would like to test for sodium, chloride and TDS concentrations. After testing a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a**

misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Robert Freemon
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 111904 Account #: 7242
Reference: Stup Company: Anvil Homes
Location: 3109 Longfield Road Requested By: Steve Bentzel
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 12/13/2016 1345 Site: Pressure Tank
Date/Time Rec'd: 12/13/2016 1530 Treatment: None**
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J.M. Robbins 5606JR Well #: HO-15-0226

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/14/2016 / 1015 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/14/2016 / 1015 / BCD
Nitrate	4.19	mg/L	10	601	12/14/2016 / 0900 / CRS
Turbidity	9.34	NTU	<10	SM18 2130B	12/14/2016 / 0930 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/14/2016 / 0930 / CRS
Chloride	95.0	mg/L	250*	SM18 4500-Cl-B.	12/14/2016 / 1225 / CRS
Solids, Total Dissolved	210	mg/L	500*	S2540C-11	12/14/2016 / 1335 / CRS

NOTES

- 1 **Sample collected prior to Reverse Osmosis systems
- 2 *SMCL = Secondary Maximum Contaminant Level
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 5 NS = None Seen (NS indicates less than 5 mg/L)
- 6 NTU = Nephelometric Turbidity Units
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B16000706

Date Reported: 12/14/2016

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	111905	Account #:	7242
Reference:	Stup	Company:	Anvil Homes
Location:	3109 Longfield Road Glenwood, MD 21738	Requested By:	Steve Bentzel
Date/ Time Collected:	12/13/2016 1345	Source:	Well Water
Date/Time Rec'd:	12/13/2016 1530	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None**
Collected By:	J.M. Robbins 5606JR	pH:	6.1
		Well #:	HO-15-0226

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	32.4	mg/L	---	200.7	12/20/2016 / 0455 / TSS

NOTES

- 1 **Sample collected prior to Reverse Osmosis systems
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sodium Detection Limit: 0.25 mg/L
- 5 Sub-contracted to Reference Lab #128
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B16000706

Date Reported: 12/20/2016



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

April 22, 2016

Todd Stup
19508 Olney Mill Rd.
Olney, MD 20832

Dear Mr. Stup,

The Health Department recently collected water samples to test for sodium, chloride, and total dissolved solids (TDS) from the well recently drilled at 3109 Longfield Road.

Sodium levels measured 35 milligrams per liter (mg/L). The action level for sodium is 20 mg/L; higher levels could affect individuals on low-salt diets. Chloride levels were 108 mg/L and TDS levels were 222 mg/L. The secondary maximum contaminant levels for chloride and TDS are 250 mg/L and 500 mg/L, respectively. Chloride and TDS are secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosivity of water but present no risk to health.

In addition to standard parameters, the Health Department would like to collect sodium, chloride, and TDS samples at time of Interim Certificate of Potability (ICOP) and Final Certificate of Potability (FCOP) testing. The water tables were high at the time of initial sample collection, 4/1/16; further testing during dryer seasons, when water tables are likely to be lower, could show different levels of sodium, chloride, and TDS.

Based on the results of our testing, you may want to consider a treatment system for the drinking water in the future house on the property.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205


E16003696001
Received: 04/04/2016
Metals HO-15-0226

Do not write above this line

8930 Stanford Blvd.
Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Please Print

D

Sample ID No: HO-15-0226 Site Name: Wellington County: Howard

Sample Source: 3109 Langfield Rd. Glenwood Collector: S. Collins
Street Town or City Name

Date Collected: 4/1/2016 Time Collected: _____ a.m. 12:30 p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: <2, 545, 41416

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
Data Category Non-Community Sediment Other _____
Code Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample taken during yield

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>JMS</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: **RECEIVED**
APR 19 2016
HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

• Phone: (443) 681-3857 • Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

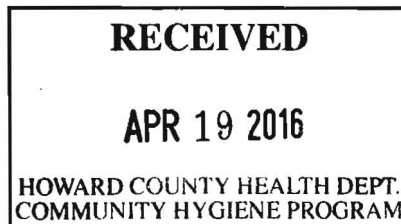
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E16003696 Date Coll.: 04/01/2016 Date Received 04/04/2016 Submitted By: Collins

Field ID: HO-15-0226
Lab No.: E16003696001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	35.11	ppm	04/12/2016

MCL =
Sodium
20



Comments:

Approved by: Yinghao Choi

Approval date: 04/14/2016

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Lab Project NoE16003697 Date Coll. 04/01/2016 Date Received 04/04/2016 Submitted By: S. Collins

Field ID: HO-15-0226
 Lab No.: E16003697001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	108	mg/L	04/11/2016
Total Dissolved Solids	SM 2540C	222	mg/L	04/04/2016

DISS. Solids

MCL = 500

Chloride MCL = 250

*This one is a
 bit concerning
 given it being
 a baseline*

Approved by:

Shahin Amini

Approval date: 04/12/2016

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

B 1 5554

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HD-88-1988 fill in this form completely

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

Date Received (APA)

7/1/91

OWNER INFORMATION

CLARK ASSOCIATES

BOX 1710 Street or RFD

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

WELLSINGTON

SECTION 44 46 LOT 48 50

GLENWOOD

MILES FROM TOWN (enter 0 if in town) 5 MI

DRILLER INFORMATION

Joseph L. Mayne 338 Driller's Name 77 License No. 80

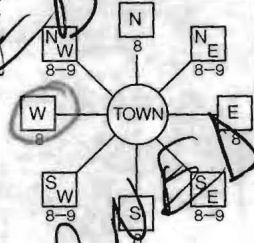
Joseph L. Mayne Well Drilling Firm Name

5512 Ridge Rd. Mt. Airy, NC 27025 Address

Joseph L. Mayne Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LONGFORD RD. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



65 DISTANCE FROM ROAD ENTER FT or MI 67

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A41144 COUNTY NO.

STATE SIGNATURE DATE ISSUED 4/21/92

Mark E. Rifkin 4/21/92 CO SIGNATURE EXP. DATE

NORTH GRID 530 0 0 0 EAST GRID 0790 0 0 0

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] 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 DEEPEM AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE MR PERMIT No. HD-88-1988

SPECIAL CONDITIONS

COUNTY

PERMIT EXPIRES 5/1/92 MR & DESAPPROVED

