

8/20/93 11-12
8/25/93 AMB PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49493
A 47024

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

251066
INDEXED

DISTRICT 1st
DATE 8/3/93
DATE SYSTEM APPROVED 8/25/93
INSPECTOR RH

K & K Excavating

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Welsh Property LOT 2 ROAD 4710 Ilchester Road

PROPERTY OWNER Robert F. Welsh, Jr.

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 80 feet down the front left (201.65') lot line and 60 feet off the same lot line as seen when facing the lot from the pipestem. Run trenches on contour toward the 201.65' and 225.00' lot lines. MAINTAIN A MINIMUM OF 100 FEET FROM ALL WELLS.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/12/93 RH

PLANS APPROVED BY Jane Nadeau DATE 10/31/91

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

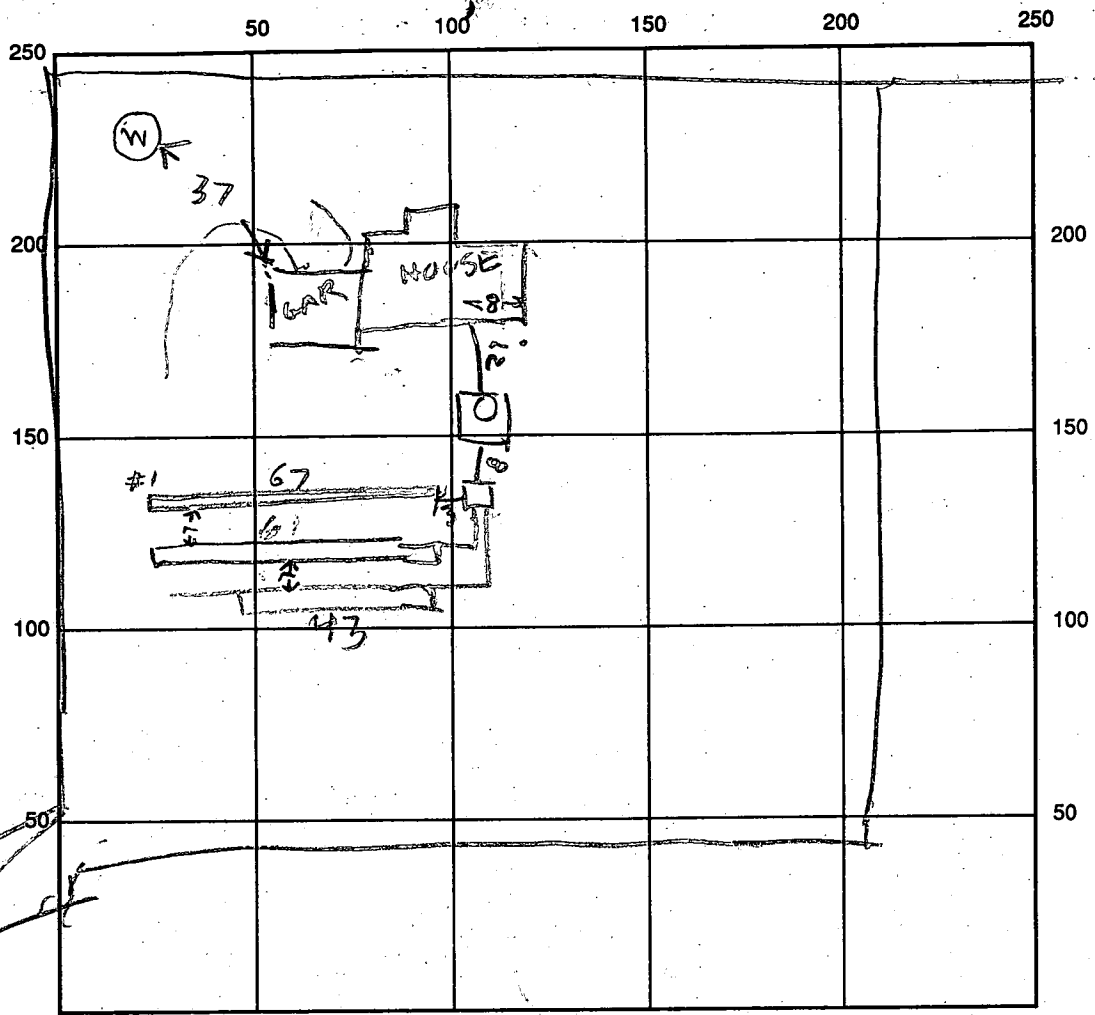
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 47024

682

155



60
12

SEPTIC TANK LEVEL 1500

CLEANOUTS ST MANHOLE

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT.

TOTAL LENGTH 67 61 43 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 171 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 8/24/93 TANK OK TO COVER.

8/25/93 ^{100%} TRENCH #1 OK TO COVER, FINISH TRENCHES #2 & #3

8/25/93 ^{2-PM} TRENCH #2 & #3 OK

8/7/94 WPI - No Insp - covered before I got there

DATE SYSTEM APPROVED 8/25/93

INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A 47024
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 4/30/91

1/3

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 Robert & Rosalie Welch, Jr

ADDRESS 4738 / Lechester Rd PHONE 788-2108

PROSPECTIVE BUYER _____ R.F. Welsh, 410 747 3179

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Welsh Property LOT NO. #2

ROAD AND DESCRIPTION 4710 / Lechester Road #4710

TAX MAP 318610 PARCEL # 132

SIZE OF LOT 1 acre TYPE BLDG. single family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 12/18/92
Serial # 46453 / 5FD

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.

Robert Welch
(SIGNATURE OF APPLICANT) BP # 46423

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-16-91 recommend rejection due to unsuitable soils. May be combined with lot-1, JEN 5/23/91 - MAY BE OK NOW BUT LOT LINES MUST BE CHANGED RE LOT LINE ADJUSTMENTS ACCOMPLISHED; WELL TO BE DRILLED PADDY TO PLAT C.W.

THIS IS NOT A PERMIT

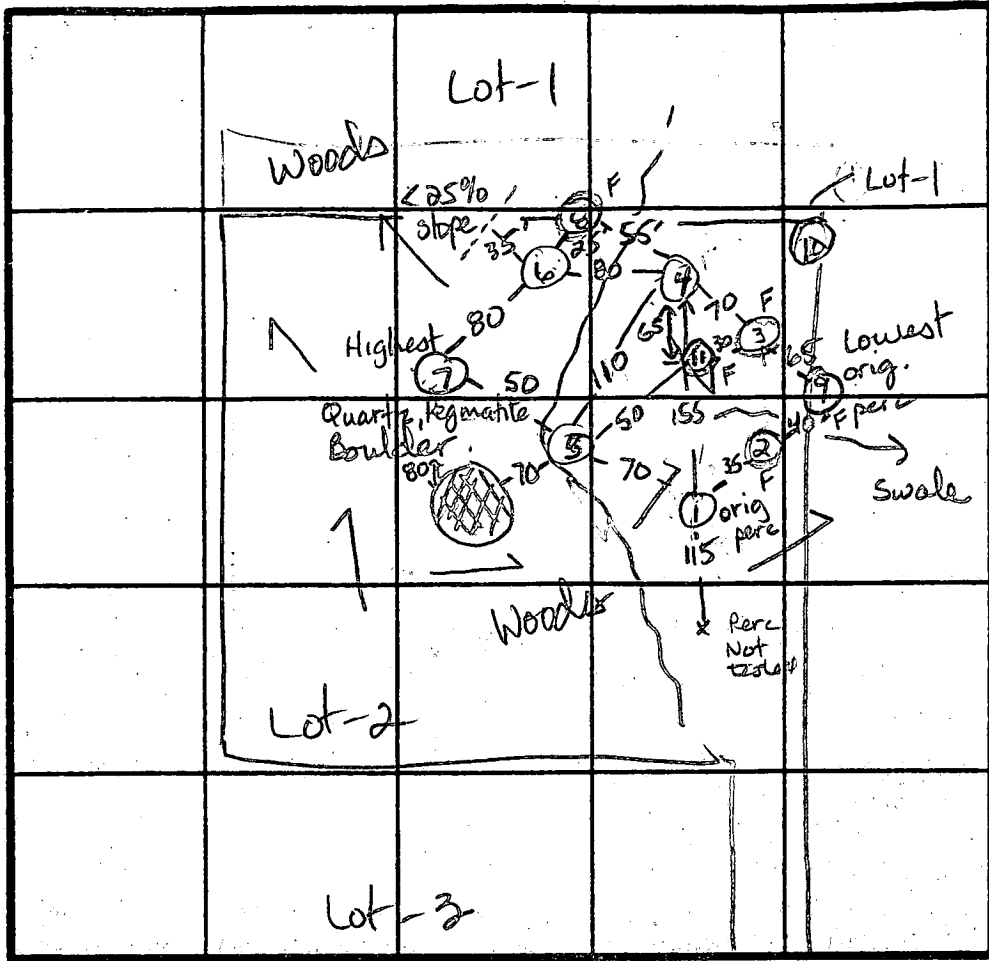
HD-216

Lot-2
A47024

①

SOIL PROFILE

0-1.0 DK br s&l
1.0-3.5 Br s&l
3.5-11.5 Tan s&l
<5%
rock frags
Bottom
11.5



⑥
0-0.5 DK br s&l
cl
0.5-4.0 Br s&l
some rock
<15%
4.0-10.0 Br s&l
10.0 Bottom

⑧
0-4.5 Br s&l,
<90%
broken
rock
4.5 Refusal

$\bar{X} = 5$ min
Inlet = 3.0
Bottom = 7.0
180 sq ft / bdrm

⑤

0-1.0 DK br
s&l
1.0-4.0 Br s&l
<5%
gravel
4.0-10.5 Tan s&l
<35%
broken
quartz
pegmatite
frags
10.5 Bottom

⑦

0-1.0 DK br s&l
cl
1.0-3.0 Br s&l
3.0-11.0 Br s&l
11.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
To Ilchester Road ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-16-91	2	All clay	contractor covered				Fail
	3	All clay	contractor covered				Fail
	1	5.0 S	2:13:00	2:16:00	2:16	2:20	4min
		11.5 D	Bottom				ok
	5	10.5 V	<35%	rock frags,	no structure		ok
	7	4.0 S	2:25:09	2:30:00	2:30	2:35	5min
		6.0 M	2:24:44	2:27:35	2:27	2:30	3min
		11.0 D	Bottom				ok
	6	10.0 V	Uniform soil below		4.0 ft		ok
✓	8	4.5 R	<90%	rock frags			Fail

REMARKS Not located as staked
TYPE OF SOIL Areas of deep clay, large boulder at high point
TESTED BY JEN Madean ALSO PRESENT Dave

APPLICATION

PERCOLATION TESTING

A 47024
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 4-30-91

2/3

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 Robert and Rosalie Welsh

ADDRESS 4738 Ilchester Road PHONE 788-2108

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Welsh Property LOT NO. 2

ROAD AND DESCRIPTION Ilchester Road

TAX MAP 31 PARCEL # 102

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

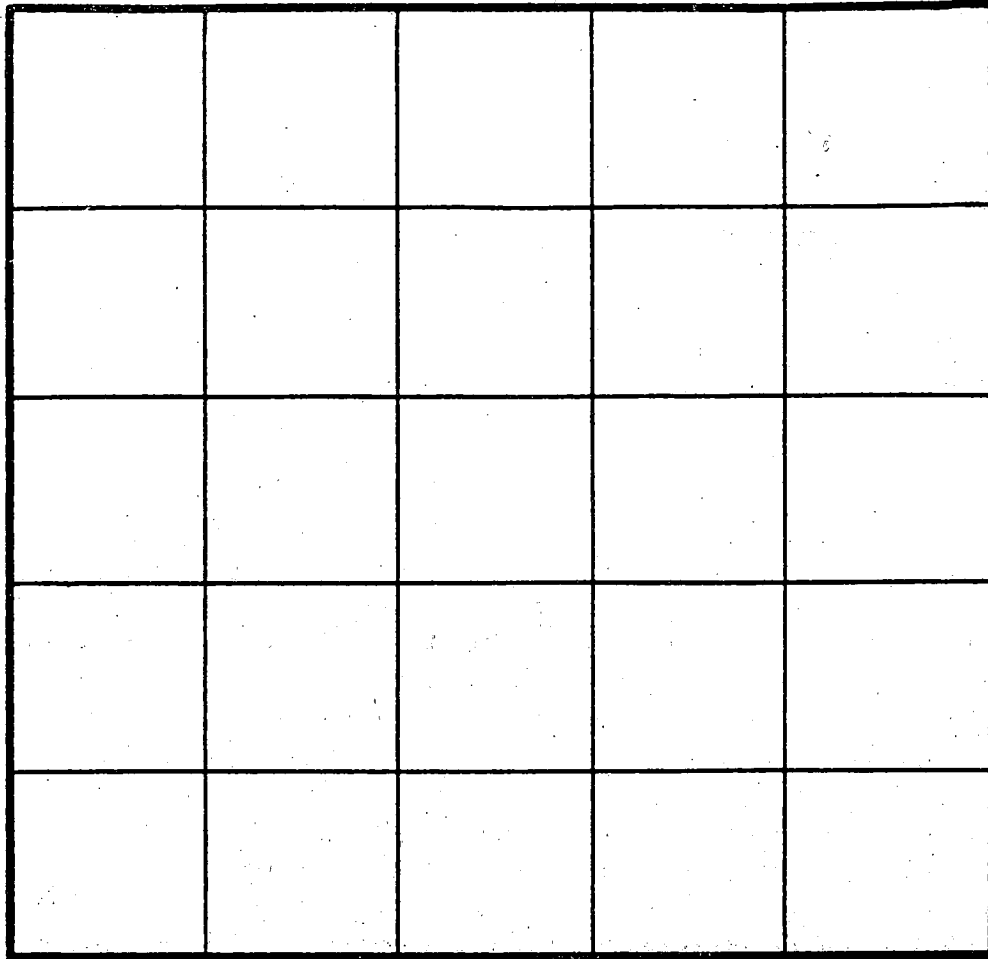
THIS IS NOT A PERMIT

A47024

Lot-2

(4)

SOIL PROFILE



0-1.0 Br sil
 1.0-3.5 Brown sil, 25% broken rock frags
 3.5-11.5 Tan sil loam
 11.5 Bottom

(11)

0-11.0 Dark brown sil c loam
 11.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-16-91	4	5.0 @	2:43:24	2:50:40	2:50	2:55	5min
		7.5 M	2:42:33	2:50:55	2:50	2:57	7min
		11.5 D Bottom					OK
	9	All clay - covered by contractor					Fail
	11	11.0 V clay to 11.0 ft					Fail

REMARKS _____

TYPE OF SOIL _____

TESTED BY JE Nadolan ALSO PRESENT Dave

APPLICATION

5/22/91
1990

DIRECTIONS -
2ND DRIVEWAY ON LEFT
PAST BRECHWOOD DR.

PERCOLATION TESTING

A 47023/47024

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

CONTINUATION OF
TESTING INITIATED
5/16/91

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PARTY ON PROPOSED LOTS 1+2
LOT LINE ADJUSTMENT REQ'D.
CW

3/3

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

PROPERTY OWNER WELSH

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WELSH PROPERTY LOT NO. 1+2 2

ROAD AND DESCRIPTION ILCHESTER RD.

TAX MAP 31 Block # 122 PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/21/91 SDA OBTAINED - CHANGE LOT LINES
& SUBMIT A PERC TEST PLAT RH

HD-216

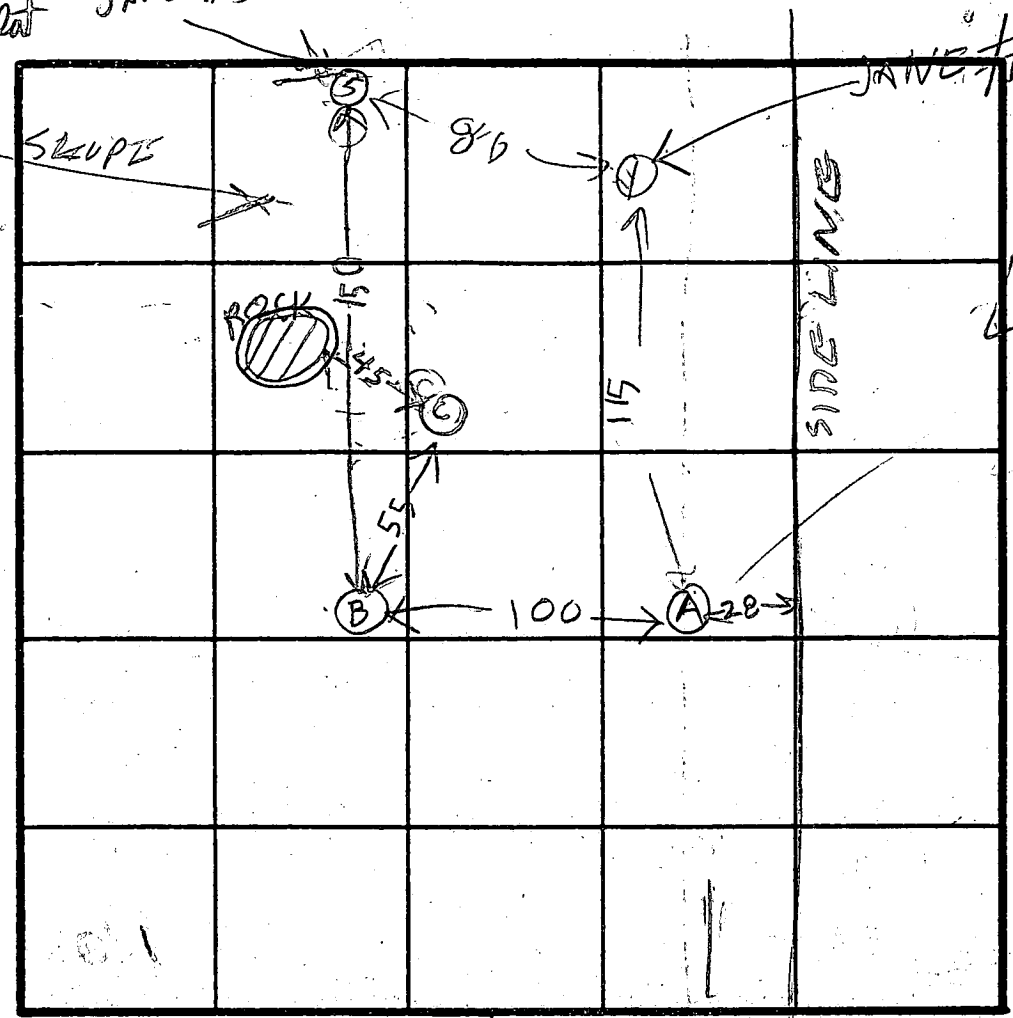
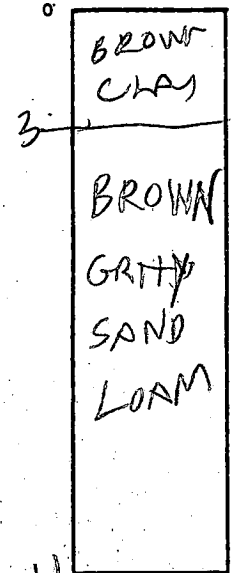
THIS IS NOT A PERMIT

W 82

See Plat JANE #5

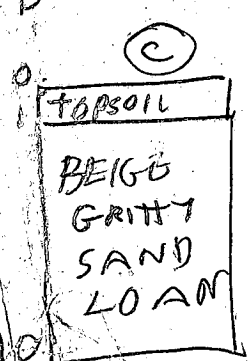
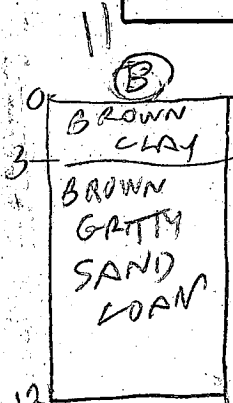
A 4724
A 47023

(A)
SOIL PROFILE



EXIST
HOUSING

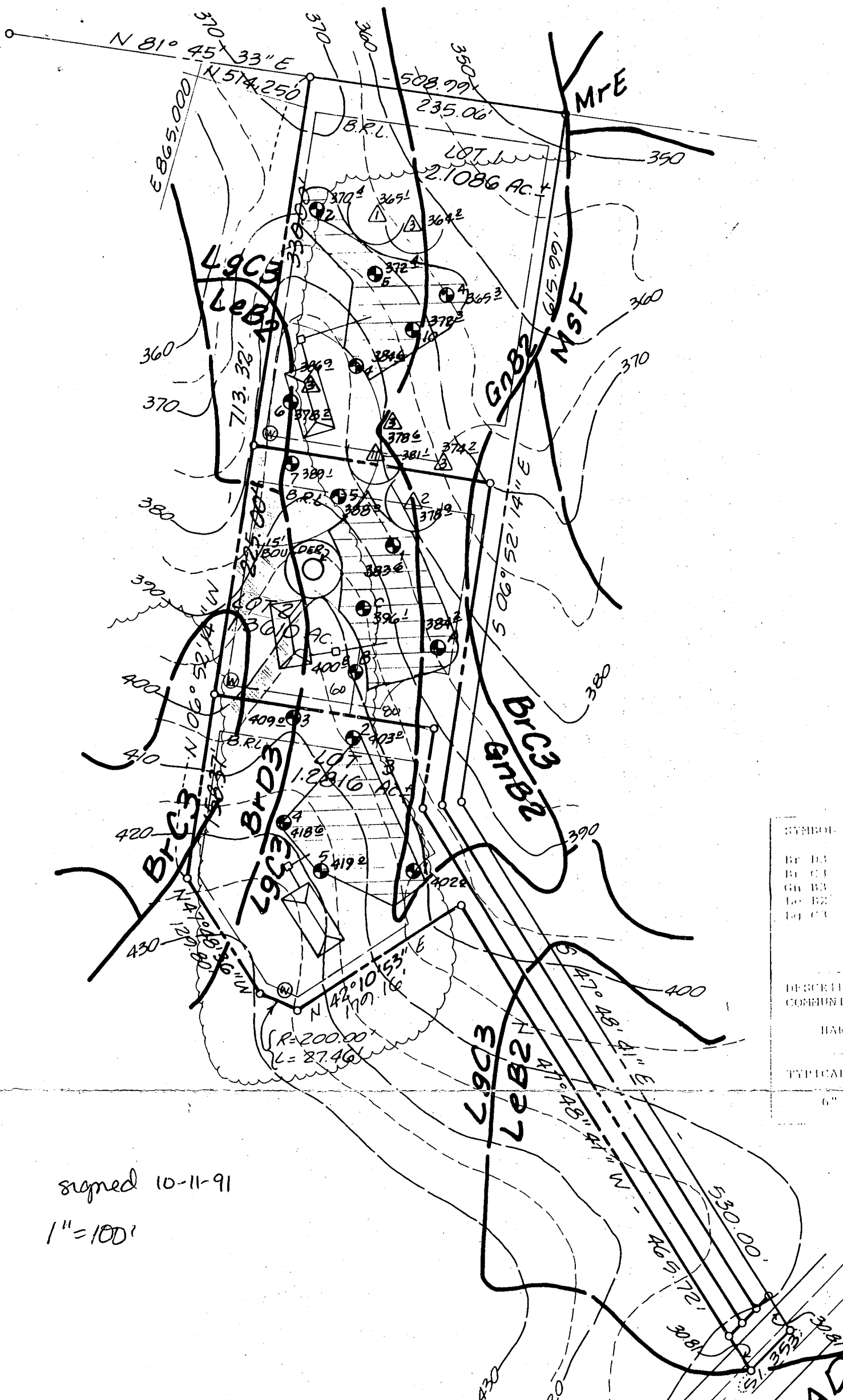
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5/23/91	AS	4	145	155	155	204	9 min
	AV	12	OK				
1	BS	4	151	152	152	153	1 min
	BV	13	OK				
1	CV	10	OK	SHALLOW			

REMARKS: Hole (A) deeper Survey stake on lot 2 other hole dug different NECESSARY TO CHANGE LOT LINES ABOUT TO UTILIZE SDA AREA IS BETWEEN HOLES (A) (B) (C) (1) (5)

TESTED BY: R. HODGES ALSO PRESENT: O. KETTERMAN



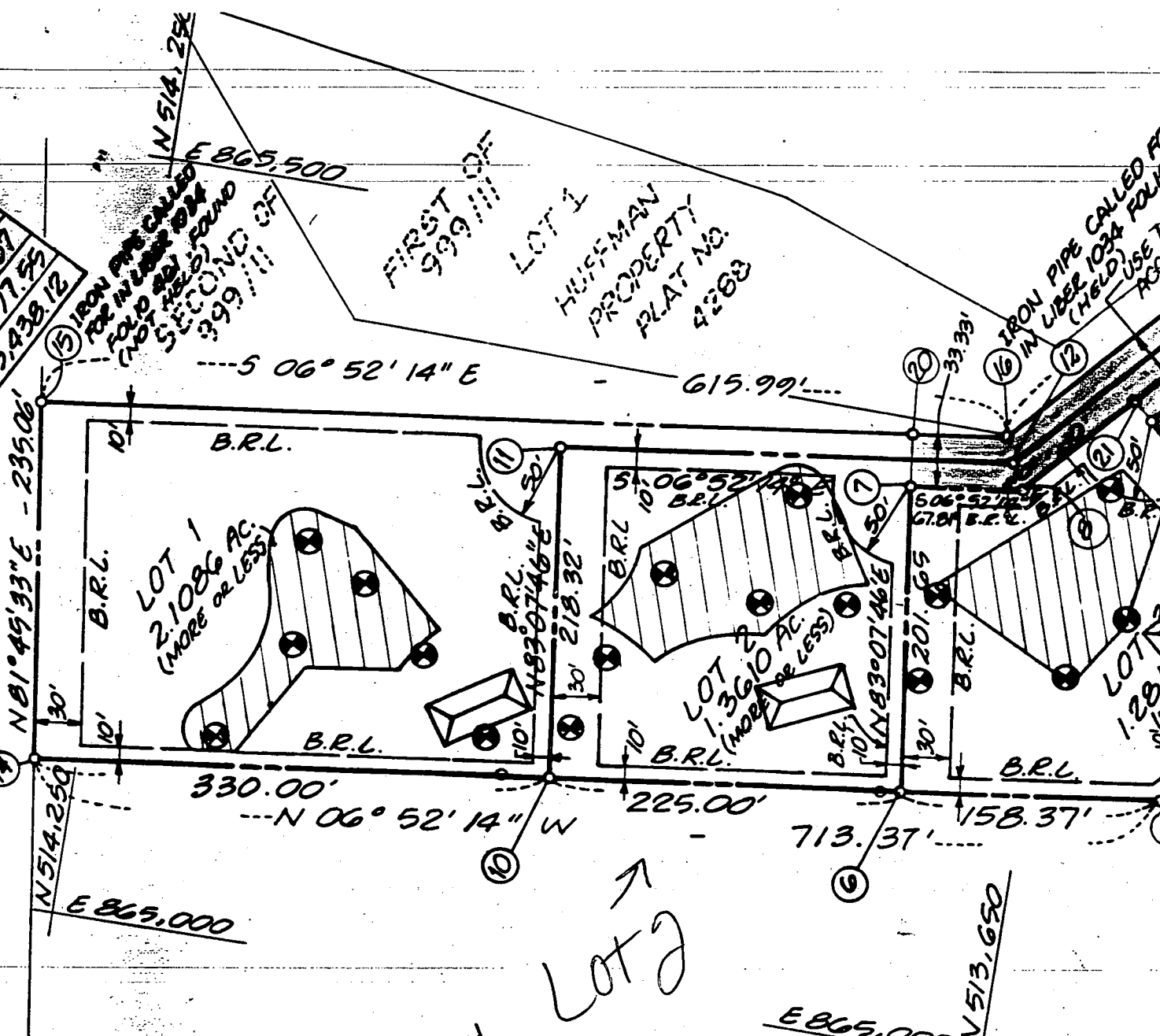
SYMBOL	DESCRIPTION
BE B3	BOUNDARY
BE C3	BOUNDARY
GE B3	BOUNDARY
LE B3	BOUNDARY
LE C3	BOUNDARY
	HARDWOOD
	TYPICAL CALL
	6" TO 1"

signed 10-11-91
 1" = 100'

ROAD

19	865,500
20	865,500
21	865,500
22	865,500
23	865,500
24	865,500
25	865,500
26	865,500
27	865,500
28	865,500
29	865,500
30	865,500

NASH & WLF
813/483



ROBERT F. WELSH
LIBER 1034/461
SIDE PORTION OF
CEL 122
1.6578 AC. ±

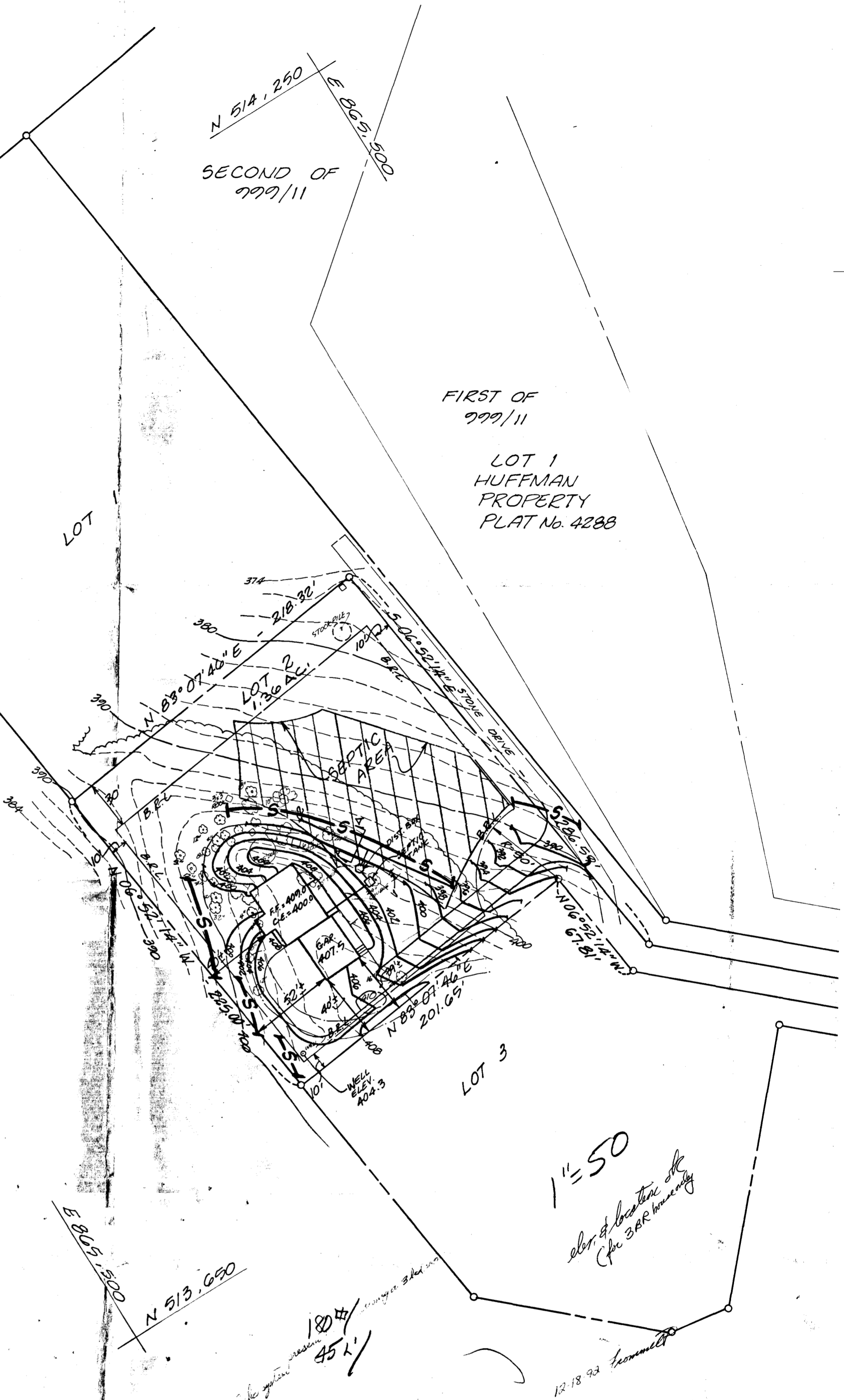
REMAINING HENTON	ACRES
71.10	

THEODORE E. NASH & WF
LIBER 813/483

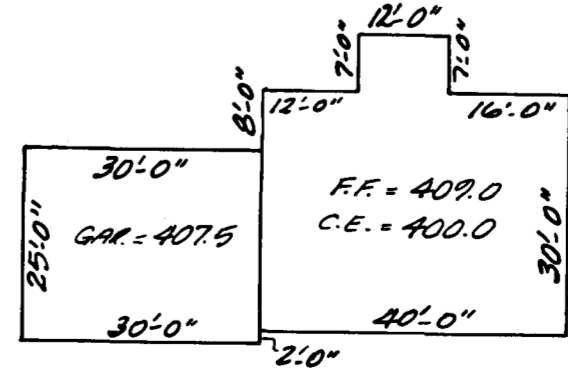
N 514.250
E 866.51000
SECOND OF
999/11

FIRST OF
999/11
LOT 1
HUFFMAN
PROPERTY
PLAT No. 4288

ROBERT F. WELSH
LIBER 1034/461
RESIDUE PORTION OF
PARCEL 122
41.6578 AC.±



LOCATION	GROUND ELEV.	INVERT ELEV.	SIZE
HOUSE OUT	409.0	398.5	30 L.F. 6" DIA. PVC
SEPTIC TANK			
IN	401.5	398.0	2,000 GAL.
OUT	401.5	397.8	
DISTRIBUTION BOX			
IN	401.0	397.5	2'x3'x2'
OUT	401.0	397.5	
TRENCH			
1.	400.0	397.0	50 L.F.
2.	398.0	395.0	100 L.F.
3.			L.F.



PROPOSED HOUSE DIMENSIONS
NOT TO SCALE

C1 4631 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A47024

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

100391

245

40-88-1969

OWNER: Welsh last name, Robert first name; STREET OR RFD: Ilchester Rd; TOWN: Ellicott City; SUBDIVISION: WELSH PROP; SECTION: ; LOT: 2

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 FROM TO Check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include SAND Stone (0-8) and GRAY Granite (8'-245').

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 6 NO. OF POUNDS: 360

GALLONS OF WATER: 36 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 20 ft. (enter 0 if from surface)

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 23

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

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

Table for SCREEN RECORD with columns for DEPTH (nearest ft.) and rows for EACH SCREEN.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 36

WHEN PUMPING 92

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)

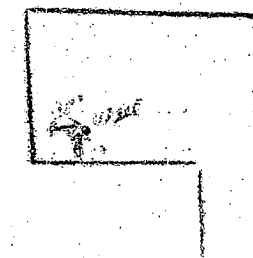
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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)



RECEIVED HOWARD COUNTY HEALTH DEPT. 91 OCT 11 AM 10:48

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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 Joseph C. [Signature]

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1 **2655** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

STATE PERMIT NUMBER
HO-88-1969
 fill in this form completely

Date Received (APA) **072591**
 OWNER INFORMATION
 Last Name **WELSH** Owner First Name **ROBERT**
 Street or RFD **4738 F. Acheester Rd**
 Town **ELLICOTT CITY** State **MD** Zip **21043**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **ROBERT + ROSALIE WELSH**
 SECTION **2** LOT **2**
 NEAREST TOWN **ELLICOTT CITY**
 MILES FROM TOWN **4** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** License No. **238**
 Birth Name **Joseph L. Mayne** Well Drilling
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature **Joseph L. Mayne** Date **7/25/91**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **825** FT

Stechester Road
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **825** FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A47024**
 STATE SIGNATURE _____ DATE ISSUED _____
 CO SIGNATURE **Car. Wellen** EXP. DATE **3/6/91**
 NORTH GRID **514000** EAST GRID **0865000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **260** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **WELL**
 WRITE THE BOX NUMBER FROM THE MAP HERE

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

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

 NEVIAN DEB
 HOWARD COUNTY
 RECEIVED

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-88-1969**
 SPECIAL CONDITIONS