

9/18/00 11AM C.O. Layout  
9/21/00 AM  
10/20/00  
2:00

03-30672

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

P 514259  
A 508304Y

410-313-2640  
INDEXED

ISSUE DATE 9/15/2000

APPROVAL DATE 10/20/00

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3 North Main Street, Mt. Airy, MD 21771 PHONE 301-829-0444

SUBDIVISION Brantwood I LOT NUMBER 26 ADDRESS 3028 Lancelot Cross

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, #301  
Crofton, MD 21114

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting from the intersection of the 129.58' and the 328.95' lot lines, place the distribution box 77 feet down the 328.95' lot line and 10 feet off that same lot line, run trenches on contour initially towards the 129.5' lot line and then in both directions. Contractor requested to call and schedule a trench layout inspection to confirm best trench layout prior to beginning installation of trenches.

Manhole cleanouts required on both tanks. Pump tank capacity (Gallons) to be same as septic tank capacity. 1-2% of fall is ideal in the 10' section of sewer pipe immediately preceding the septic tank. 4/25/00 OK All

PLANS APPROVED Steven R. Krieg DATE 3-23-00

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

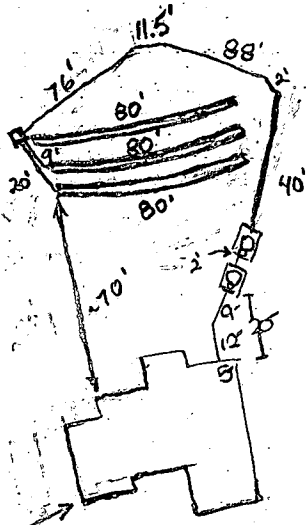
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A50830-1

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 3.0'  
 TRENCH BOTTOM DEPTH 5.0'  
 DEPTH OF STONE 2.0'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 sq ft  
 DISTRIBUTION BOX LEVEL Levelers  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER Yes  
 6 INCH INSPECTION PORT Yes

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250 TS  
 MANHOLE RISER Yes  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: 9/18/00 OK to start work - OK to have 4' cover over pump chamber. DRC

INSPECTION COMMENTS: 9/18/00 P.M. OK to cover from house to septic tank - Need manholes and c.o.'s on both tanks. DRC

9/21/00 System satisfactory. O.K. to cover. Final approval when pump and alarm work. (BB)

PUMP & HIGH WATER - ALARM OK 10/20/00 CW

INSPECTOR CW DATE SYSTEM APPROVED 10/20/00

# 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 \_\_\_\_\_

DATE 8/15/95

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 Fenger Family

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. C/O Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 27

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16 + 23 PARCEL # 34 + 63

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.

Mark A. Reich  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ 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  
1253

0'  
no distinct  
clay  
layer  
very  
light  
pink  
silm  
pockets  
of  
white  
micaceous  
lm  
12.0

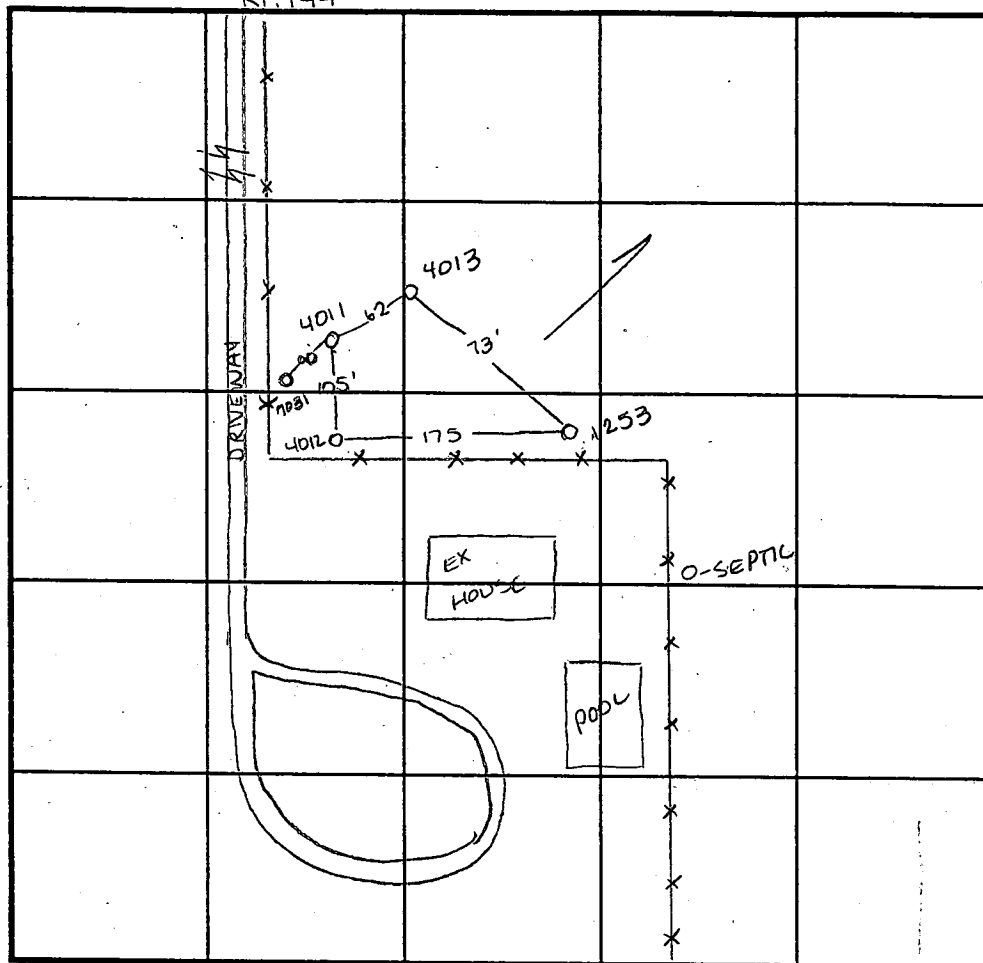
4011 4013

red  
orange  
silm  
3.0  
red  
brn  
silm  
mica  
5.0  
pink  
silm  
micaceous  
15%  
Saprolite  
12.5

4012

red  
silm  
3.0  
pink  
silm  
micaceous  
pockets  
of  
white  
decayed  
feldspar  
12.0

Rt. 144



SOIL PROFILE  
7031

0'  
dark  
orange  
red  
silm  
3.0  
dark  
red  
silm  
pockets  
of  
decayed  
quartzite  
12.0

INDICATE NORTH - \_\_\_\_\_ - LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-18-96	1253	3.0 V12.0	10:54	10:55	10:55	10:57	2min
	4013	3.5 V12.5	10:59	11:00	11:00	11:01 <sup>30</sup>	1 1/2 min
	4011	3.0 V12.5	11:05	11:06	11:06	11:08 <sup>15</sup>	2 1/4 min
	4012	3.0 V12.0	11:09	11:11	11:11	11:15	4min
12-10-96	7031	3.0 V12.0	2:32	2:34	2:34	3:36	2min

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

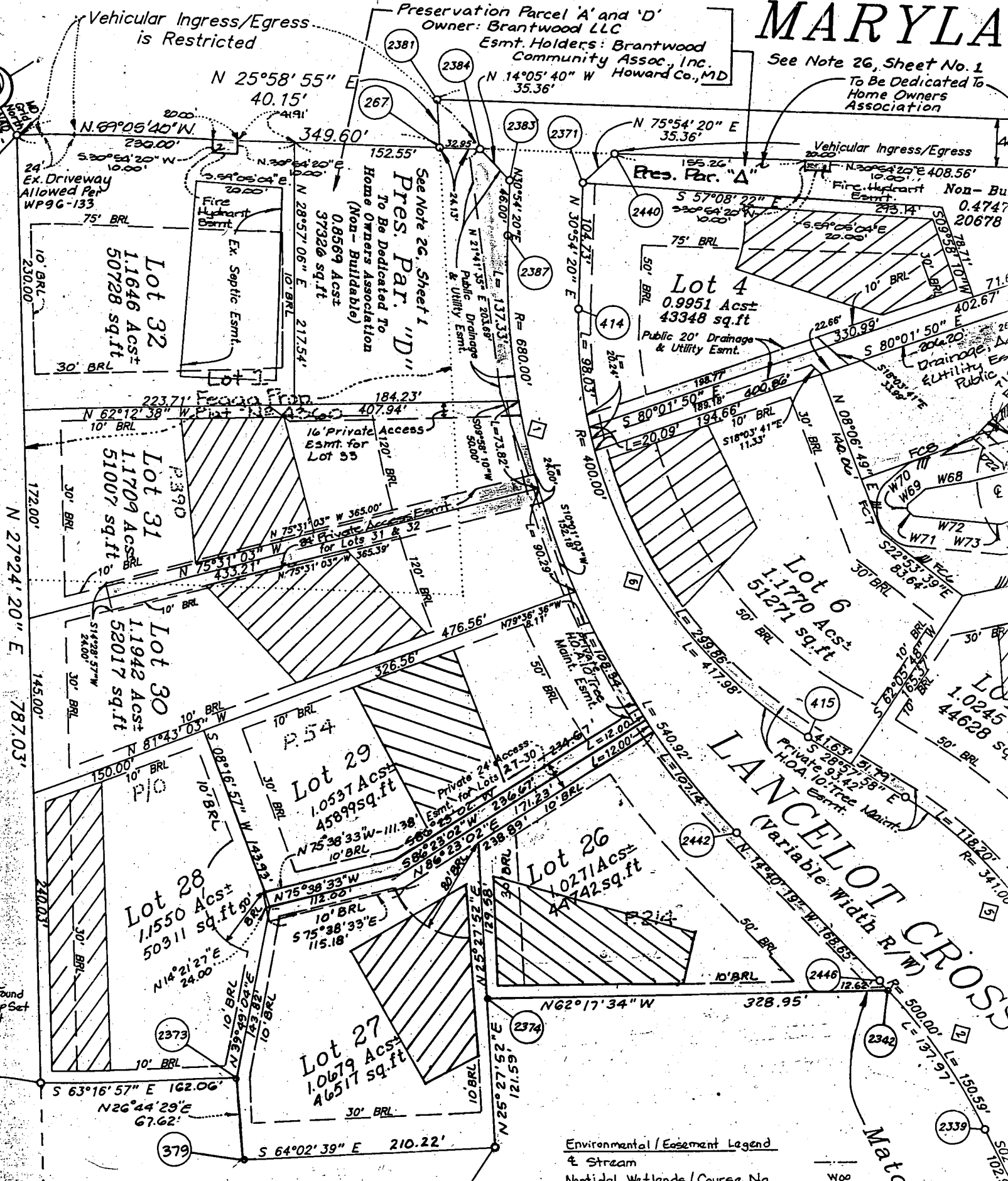
TESTED BY Amy Mcmillen ALSO PRESENT Tim Feaga / Dave Kerr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_



# MARYLA

See Note 26, Sheet No. 1  
To Be Dedicated To  
Home Owners  
Association



Environmental/Easement Legend

& Stream	W00
Nontidal Wetlands/Course No.	WB
25' Wetland Buffer	SB
75' Stream Buffer	FOO
100 Year Flood Plain/Course No.	100.0
100 Year Flood Plain Elevation	FC00
Forest Conservation/Course No.	///

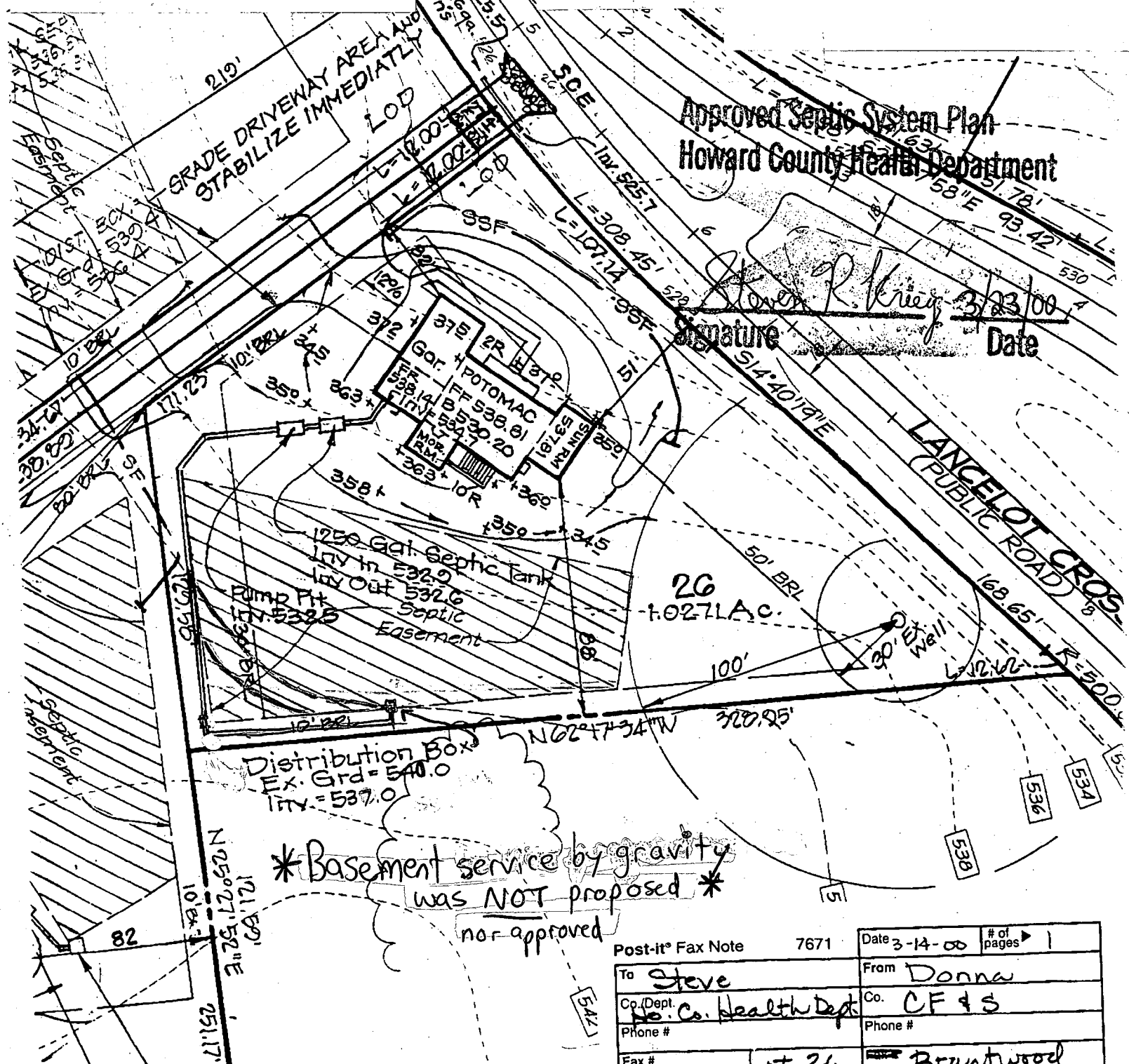
unto itself, its successors and assigns all  
this plat for the public utilities, public  
facilities, forest conservation (designated  
ATION EASEMENT), floodplains, and preservation  
on, over and through Lots 1 - 32, Preservation  
"C" and "D", and Non-Buildable Parcel "E".  
ances of the aforesaid lots shall be subjected to

Matchline  
See



1-2% of fall is ideal in the 10' section of sewer pipe immediately preceding the septic tank

Total linear feet of trench required 240 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 5 feet  
Depth of stone required below distribution pipe 2 feet



\* Basement service by gravity was NOT proposed \*  
not approved

Post-it® Fax Note 7671 Date 3-14-00 # of pages 1

To Steve	From Donna
Co./Dept. Ho. Co. Health Dept	Co. CF & S
Phone #	Phone #
Fax #	Fax #

Lot 26 Brantwood

9/8/00  
WPI AM

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3825-N Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
 Name of Installer Van Sant Plbg & Htg Telephone 301-829-0444  
 License Number 1467 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner NV Homes Telephone 301-958-0552  
 Subdivision Country Club Lot # 22a Well Tag # 40-94-1936  
 Site Address 2028 Laurel at Cross  
Ellicott City, MD 21042

Pump  
 1. Type  
 a. Deep well jet   
 b. Shallow well jet   
 c. Submersible   
 2. Make Goulds  
 3. Model # 1GSDP22  
 4. Capacity \_\_\_\_\_ GPM  
 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

Pitless Adapter  
 1. Make Campanel  
 2. Model # 610X  
 3. Depth 48"

Tank  
 1. Capacity V-100  
 2. Pressure relief valve? Yes

Piping PE  
 1. Type PE  
 2. Size 1"  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 48"

Well data  
 1. Depth 550 ft.  
 2. Yield 10 GPM  
 3. Static water level 75 ft.  
 4. Will water supply be disinfected by installer?

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: [Signature]  
 Date: 3/16/00

9/8/00 WPI OK.  
BB

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

410-313-2648

C1 4139

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830Y

ST/CO USE ONLY DATE RECEIVED 2/10/99

DATE WELL COMPLETED 2 4 99

Depth of Well 550 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1936

OWNER Brantwood LLC STREET OR RFD Lancelot Cross TOWN ELICOTT CITY MD SUBDIVISION Brantwood SECTION T LOT 27

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

GROUTING RECORD section including WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section including casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) section including diameter, depth.

SCREEN RECORD section including screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

PUMPING TEST section including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WATER AT 143-549

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y

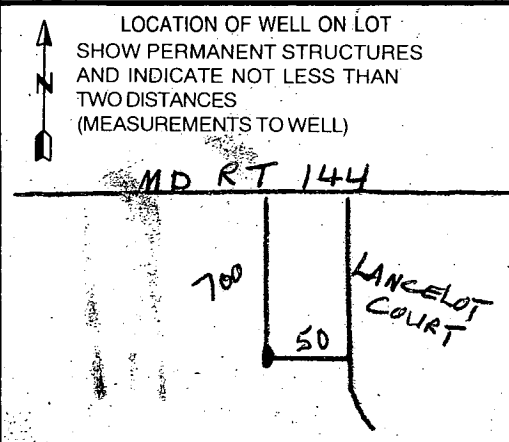
DRILLERS LIC. NO. MWD 139 Robert Cline DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 168 Rick Ingle

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

Table with columns: A, C, H, S, R, E, N and rows for well depth measurements (100, 550).

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 8622

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-1936 fill in this form completely

Date Received (APA) 101398

OWNER INFORMATION

Brantwood LLC Owner First Name 34 8835-PColumbia 100 Parkway Street or RFD 55 Columbia, MD. 21045 Town 57 State 70 Zip 76

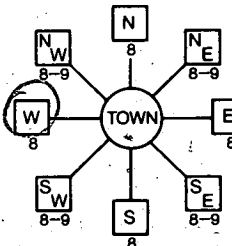
B 3 LOCATION OF WELL

Howard COUNTY 21 Feaga Property SUBDIVISION 23 42 SECTION 44 46 LOT 27 48 50 Pine Orchard Meadows NEAREST TOWN 52 71

DRILLER INFORMATION

Hartman, David MWD 517 Driller's Name 76 License No. 81 A.C. Schuites of Maryland Firm Name 24 South River Road Edgewater, MD. 21037 Address Ben K. Mead Signature 10/06/98 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LANCELOT CROSS MD RT 144 NEAR WHAT ROAD 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

700 DISTANCE FROM ROAD ENTER FT OR MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800 14 20

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 APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME A50830Y COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 102698 A.M. Mello 102699 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 000 EAST GRID 820 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET 24 28

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. Tanker
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 520

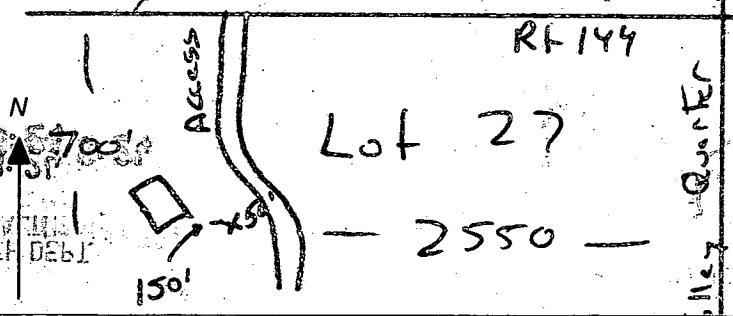
Handwritten notes: 12/22/98 100 GROUT NO INSPECTION Fully grouted

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] 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

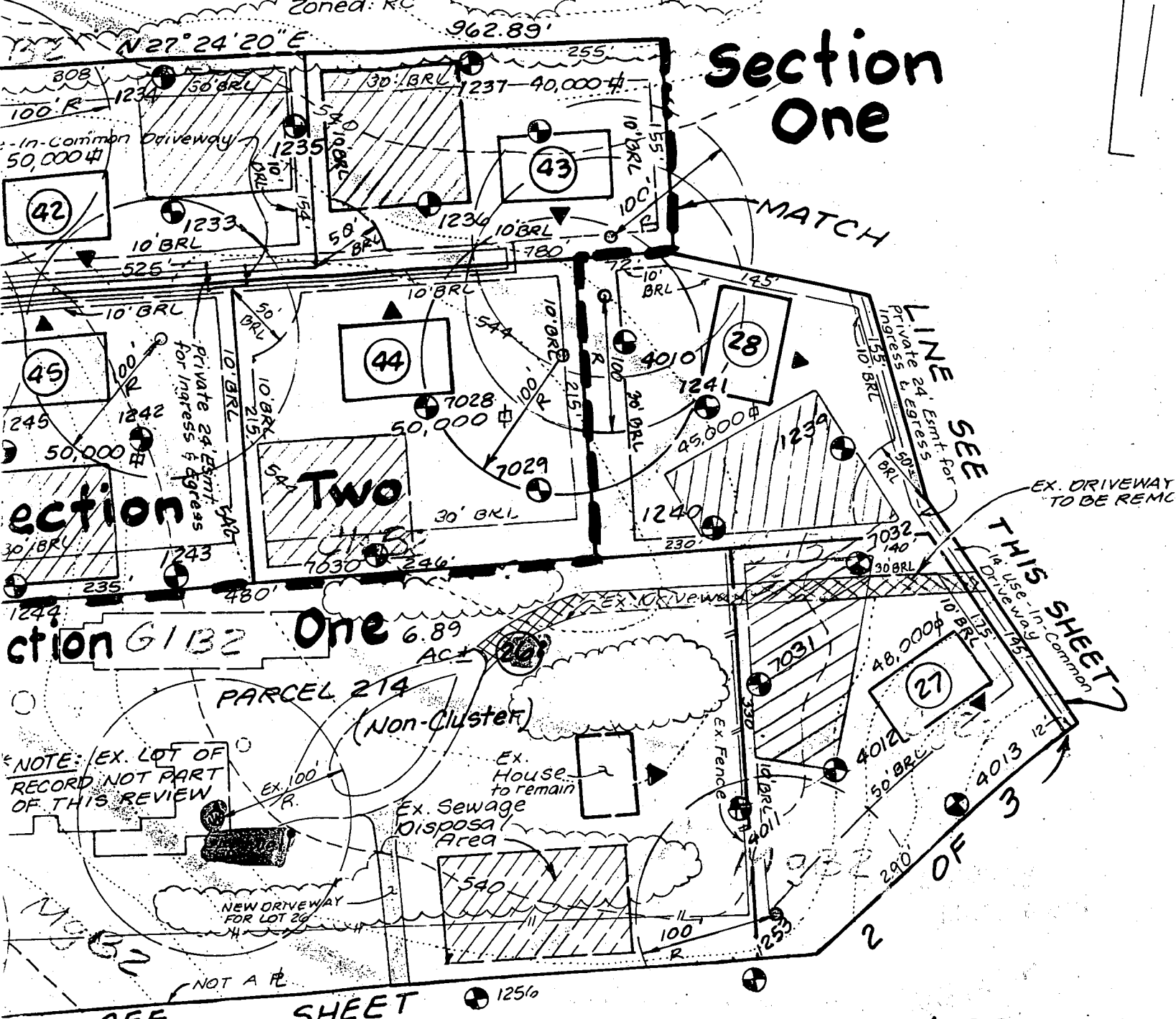


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 G.A.P. FORCE Au INITIALS IN BOX PERMIT No. 40-94-1936 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



10-22-98  
 Well site OK  
 as staked  
 All

- EX. PERCOLATION TEST
- PERCOLATION TEST (Poor)
- ⊕ PERCOLATION TEST (Fair)
- Ⓜ ROCK CLAY - PERC. TEST
- Ⓢ EX. WELL SITE
- ▨ EX. SEWAGE DISPOSAL
- ▩ PROP. SEWAGE DISPOSAL
- ⊞ SOIL GROUP DELINEATION
- ⊞ 25% OR > STEEP SLOPE
- ⊞ BEARING

B 1 **8622** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

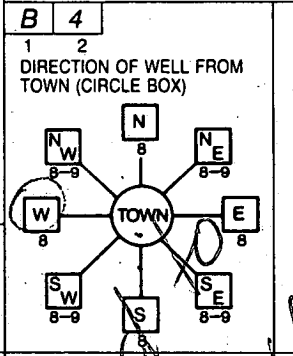
STATE OF MARYLAND  
**PERMIT TO DRILL WELL**  
 please print or type

STATE PERMIT NUMBER  
**HO-94-1936**  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) **10/13/98**  
 8 MM DD YY 13  
 15 Last Name **David Mudd** Owner First Name **David** 34  
 36 Street or RFD **8535-POCUMMUCK RD** 55  
 57 Town **POCUMMUCK** 70 State **MD** 72 Zip **21045** 76

**LOCATION OF WELL**  
 B 3  
 8 COUNTY **Hannock** 21  
 23 SUBDIVISION **Faaga Property** 42  
 SECTION **44** 46 LOT **27** 48 50  
 52 NEAREST TOWN **Pine Orchard Meadows** 71  
 MILES FROM TOWN (enter 0 if in town) **2** M I  
 73 76 77 78

**DRILLER INFORMATION**  
 Driller's Name **David Mudd** 76 License No. **MD 517** 81  
 Firm Name **MD Services of Maryland**  
 Address **15000 South River Road, Edgewater, MD 21037**  
 Signature **David Mudd** Date **10/06/98**



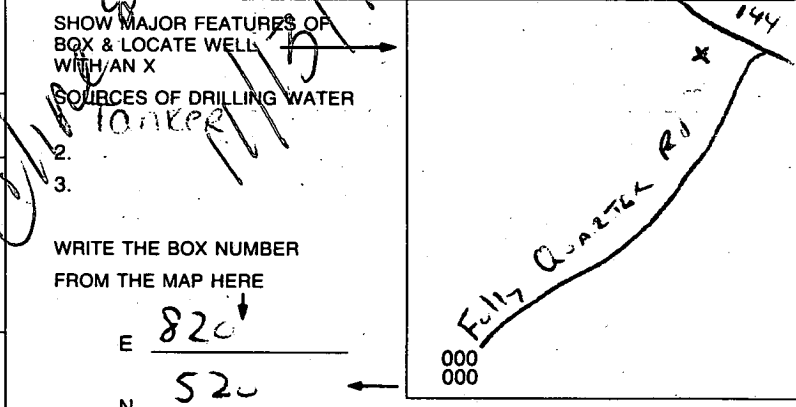
**LANCELOT CROSS**  
 11 NEAR WHAT ROAD **RT 144** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 **700** 37 DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**WELL INFORMATION**  
 B 2  
 1 2 APPROX. PUMPING RATE **10** (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED **500** (GAL. PER DAY) 14 20

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Howard** COUNTY NO. **A50830Y**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED **10/26/98** 43 MM DD YY 48  
 NORTH GRID **520 000** EAST GRID **520 000**  
 50 55 57 63

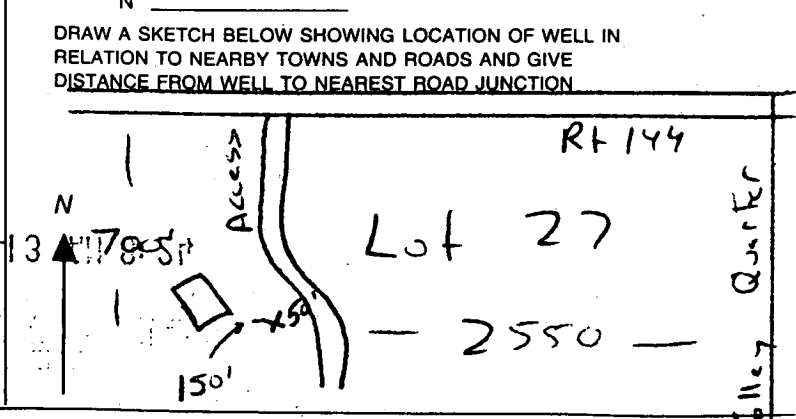
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT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

APPROXIMATE DEPTH OF WELL **200** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **10"** NEAREST 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 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  
 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



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROX. PERMIT NUMBER **54** GAP \_\_\_\_\_ EXPIRES \_\_\_\_\_  
 FORCE **AW** WRITE INITIALS IN BOX PERMIT No. **HO-94-1936**  
 67 68 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**DRILLER**