

5/10/00  
3:00

#362594  
INDEXED

# PERMIT

## SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 513 299  
A 58095-CC  
ISSUE DATE 3/2/2000  
APPROVAL DATE 5/10/00

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Wellington West II LOT NUMBER 31 ADDRESS 15308 Doe Hill Court

PROPERTY OWNER Pulte Home Corp. PROPERTY OWNER'S ADDRESS 1501 S. Edgewood Street

SEPTIC TANK CAPACITY 1250 GALLONS  
Baltimore, MD 21227

PUMP CHAMBER CAPACITY \_\_\_\_\_ 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: Place the distribution box 100 feet from the right lot line and 80 feet from the  
rear lot line. Run trenches along contour in both directions.

PLANS APPROVED Craig Williams *ck/cw* DATE 2-3-2000

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

BLVD PERMITS ~~ISSUED~~  
AND RETURNED 3/2/01  
*Dick*

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

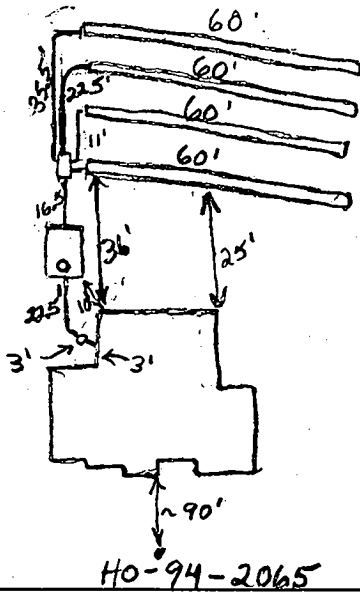
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

58095 CC

Wellingford West 6431  
 15308 Doehill Ct  
 (A-58095-CC)  
 (P-513299)

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 4 x 60'  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 sq ft.  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

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

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS ✓  
 MANHOLE RISER ✓  
 ALARM ✓  
 PUMP PERFORMANCE TEST ✓

PRE-CONSTRUCTION INSPECTION: 2/24/00 - NO SITE COMPLICATIONS, WALKOUT FASSEMBLY.

OK TO PROCEED WITH INSTALLATION AS PERMITTED, (WELL IS FURTHER FROM HOUSE THAN PER BP PLAN) CW

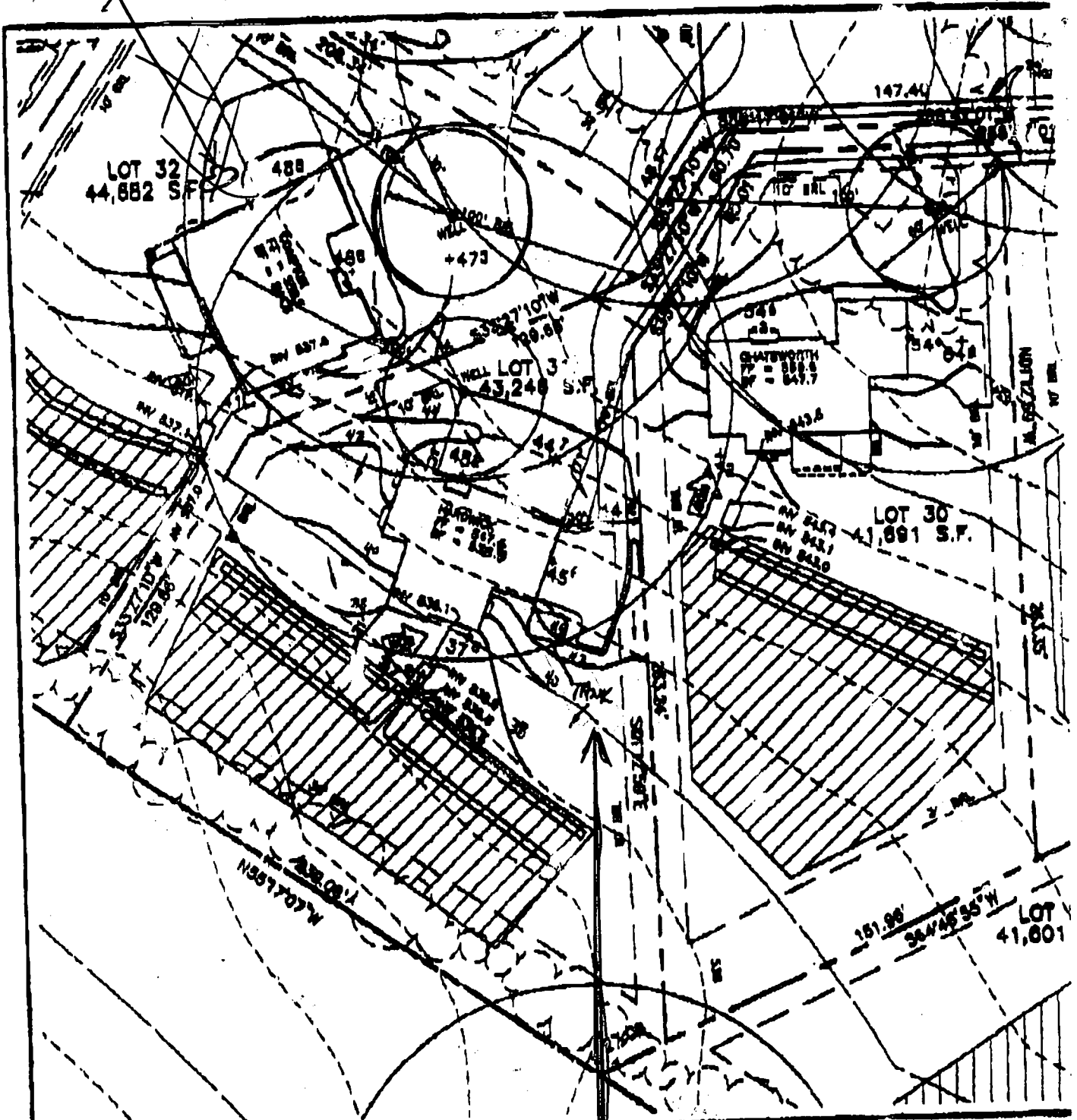
INSPECTION COMMENTS: 5/8/00 House connection made, Tank set, 4" House clean out. Missed contractor for layout inspection. (BB) 5/10/00 O.K. to cover everything (BB)

5/24/00 WPI OK - 2 piece cap, PVC conduit, pitless 42" below grade.

OK to cover ALL

INSPECTOR B. Baker DATE SYSTEM APPROVED 5/10/00

1,000 Gallon  
U.P. PROPANE TANK



FIRST FLOOR ELEVATION = 547.8  
FOYER ELEVATION = NA  
BASEMENT ELEVATION = 538.5  
SPOT ELEVATION AT GARAGE = 545.8

**BENCHMARK**  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
PHONE: 410-488-8188 FAX: 410-488-8844

PROP. TANK OK  
MR  
2/25/00

WELLINGTON WEST SECTION 2  
LOT 31

4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 11/02/99  
NOV. 4, 1999 2:21PM BENCHMARK ENG.

MAIL To Contractor *W*

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> P0022424
Building Address <u>15308 Doe Hill Ct</u> <u>Woodbine, MD. 21797</u>		Property Owner's Name <u>Rolle Home Corporation</u> Address <u>1501 S. Edgewood Street Suite K</u> City <u>Baltimore</u> State <u>MD</u> Zip Code <u>21227</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>Washington West</u> Section <u>2</u> Area <u>2</u> Lot <u>31</u> Tax Map <u>14</u> Parcel <u>69</u> Grid <u>20</u>		Home Phone _____ Work Phone <u>410 644 5603</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax <u>410 644 2643</u>	
Existing Use <u>Single Family Dwelling</u> Proposed Use <u>1,000 Gallon U.G. Propane Tank</u> Estimated Construction Cost \$ <u>2800.00</u> Description of Work <u>Bury a 1,000 Gallon Underground propane tank.</u>		Contractor Company <u>Suburban Propane</u> Contact Person <u>Michael DeVincent</u> Address <u>31 Derwood Circle P.O. Box 1766</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>20849</u> License No. _____ Phone <u>301 251 0606</u> Fax <u>301 251 0608</u>	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

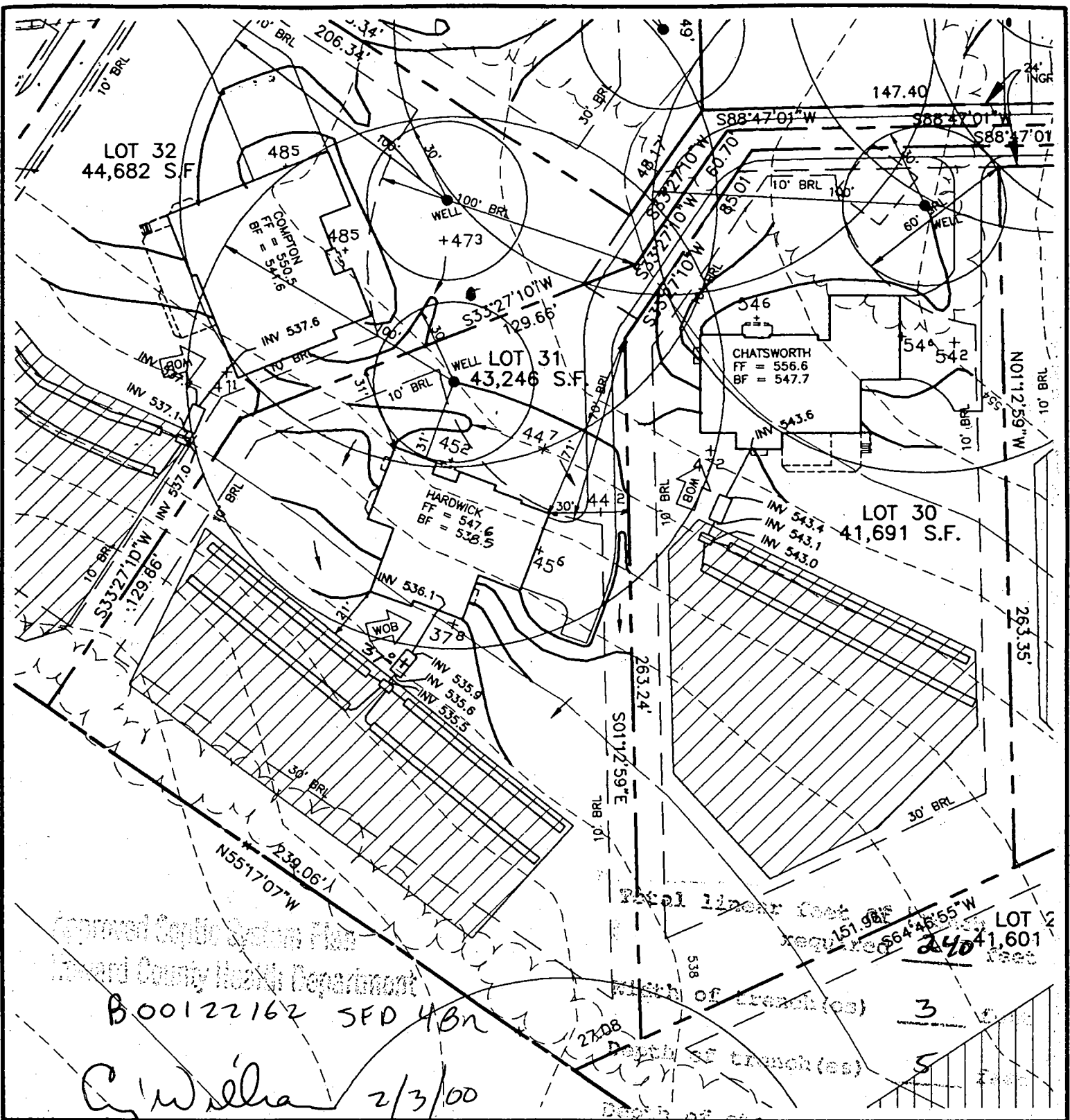
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <input type="checkbox"/> Width <input type="checkbox"/> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Michael A. DeVincent  
 Title/Company: Residential Energy Rep  
 Print Name: Michael A. DeVincent  
 Date: 2/13/00

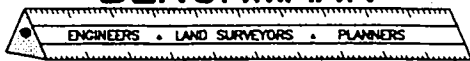
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	444765
State Highways			Rear: _____	Filing fee \$ <u>1100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ	<u>2/13/00</u>	<u>Mark K...</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
In Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Contingency Construction Start: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
One Stop Shop: <input type="checkbox"/>			SDP/Red-line approval date: _____	Check # _____
Distribution of Copies: _____			Accepted by: <u>[Signature]</u>	Validation # _____



FIRST FLOOR ELEVATION = 547.6  
 FOYER ELEVATION = NA  
 BASEMENT ELEVATION = 538.5  
 SPOT ELEVATION AT GARAGE = 545.6

**BENCHMARK**



**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

**WELLINGTON WEST SECTION 2  
 LOT 31**

4th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 11/03/99

B00122162 SFD 4Bn

*C. Wilha* 2/3/00

distribution pipe 2 feet

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/11/97

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 G & L Partnership PULTE HOME CORP

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101  
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION: (WELLINGTON WEST) (LOT 31)

SUBDIVISION Brendel property LOT NO. 24/25

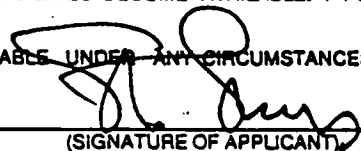
ROAD AND DESCRIPTION Union Chapel Road (South Side)  
(15308 Doe Hill Ct)

TAXMAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre 4BRMS TYPE BLDG. Serial # B00122162  
- Single family dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMITS SIGNATURE AND RETURNED 2/3/2008**

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 \_\_\_\_\_

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

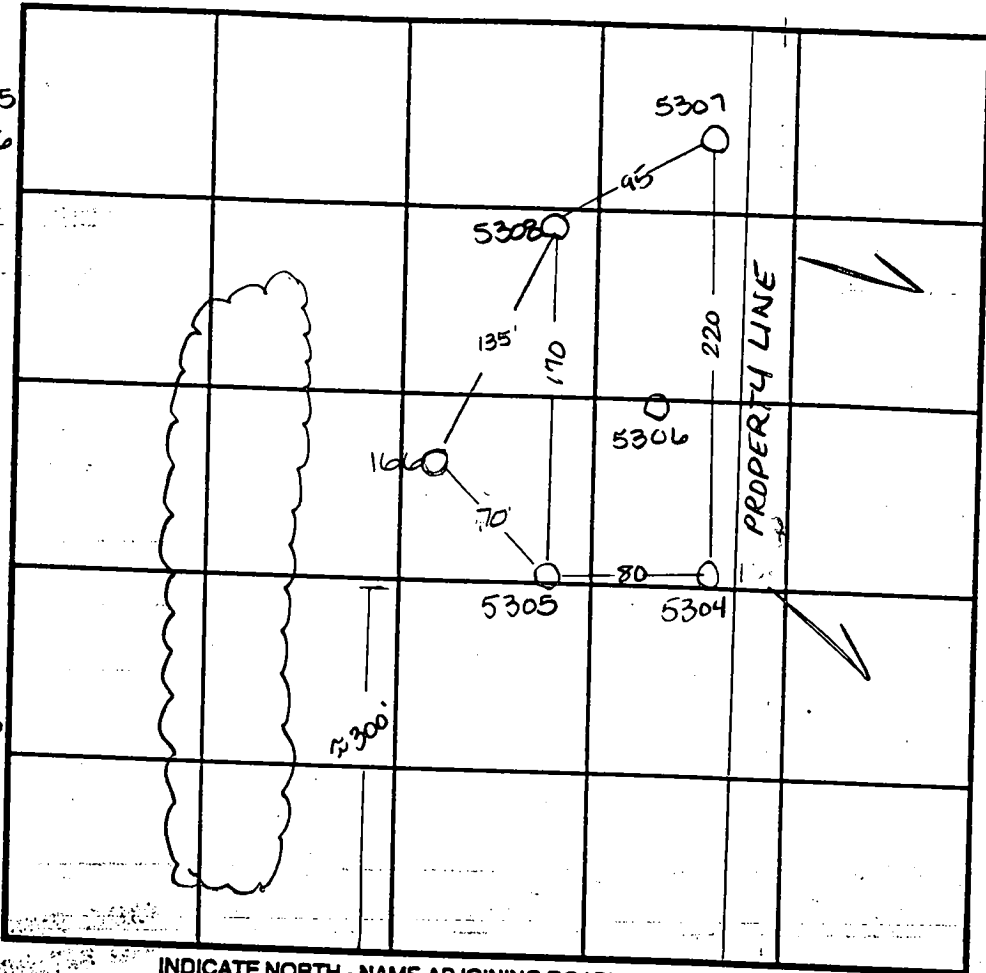
COUNTY #

SOIL PROFILE

5306 5305

no distinct clay layer  
lgt tan beige silty  
<5% Rx

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNION CHAPEL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	5306	3.0 V11.0	10:50	10:53 <sup>30</sup>	10:53 <sup>30</sup>	11:01	7 1/2 min
	5308	3.0 V12.0	10:38	10:39	10:39	10:49	10 min
	5307	3.0 V12.0	10:41 <sup>30</sup>	10:42 <sup>30</sup>	10:42 <sup>30</sup>	10:44 <sup>30</sup>	2 min
	5304	3.0 V11.0	10:47	> 30 min			slow
		4.0 V11.0	10:54 <sup>30</sup>	10:55	10:55	11:01	6 min
	5305	3.0 V11.5	10:50	10:53 <sup>30</sup>	10:53 <sup>30</sup>	11:01	6 1/2 min
6-18-97	166	visual	to 11.0'	D-see	profile		OK

REMARKS Adjust septic uphill from 5304 - bottom of swate

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM RATE

11.0

5307 5308

no distinct clay layer  
lgt tan silty  
10% Rx

12.0

5304

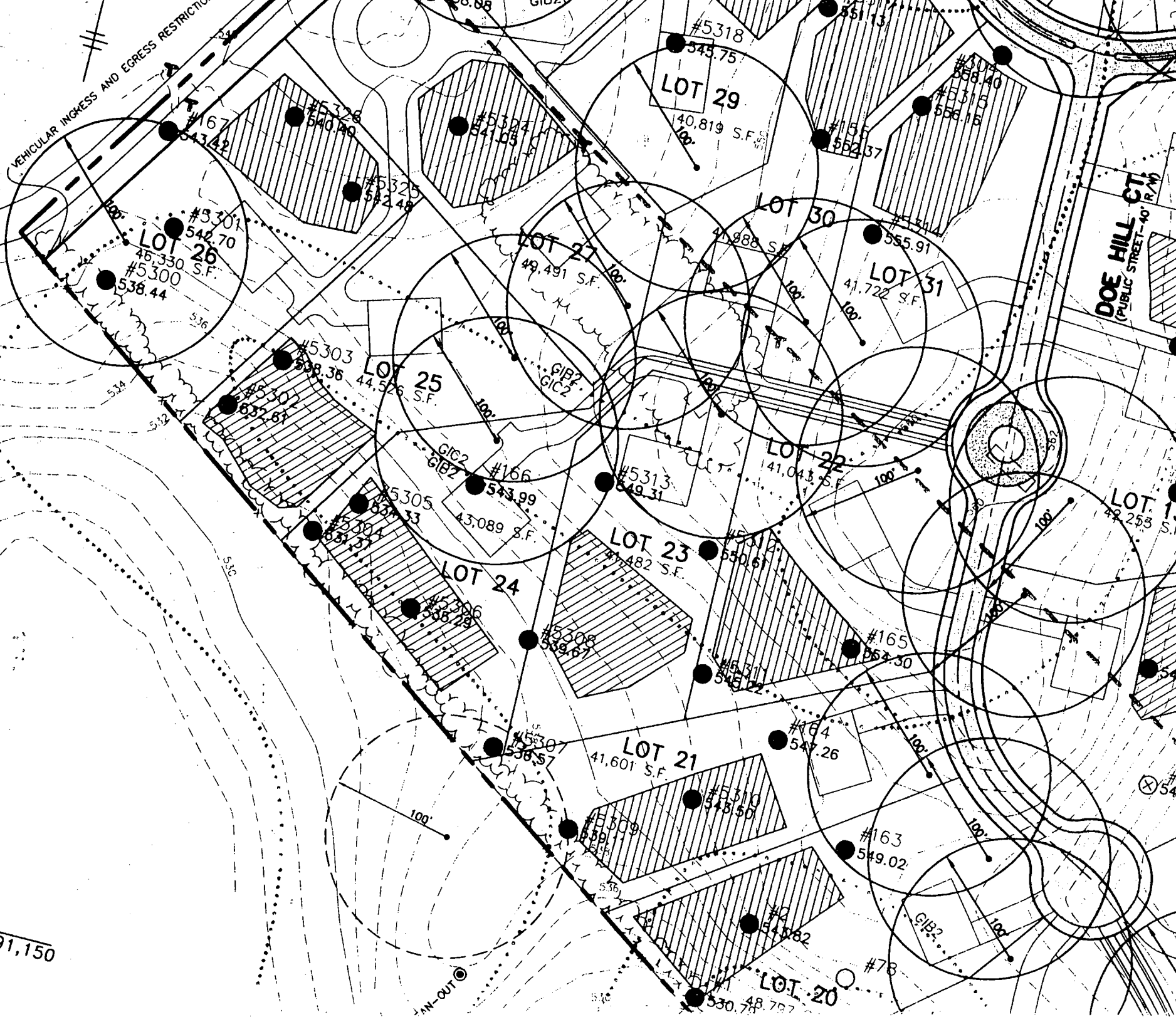
dark red brown silty  
20% dark grey micaceous shale

5.0

VEHICULAR INGRESS AND EGRESS RESTRICTED

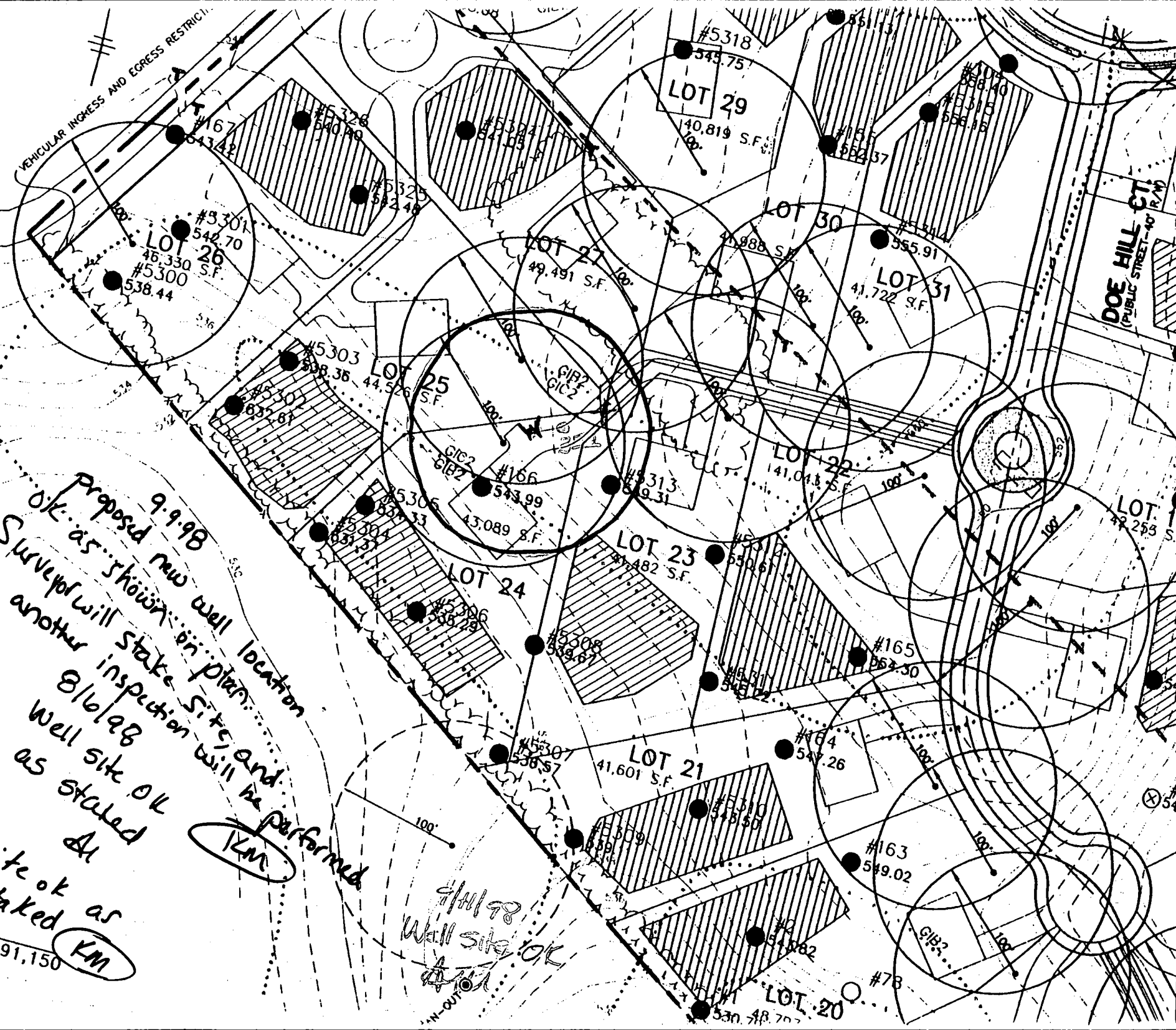
DOE HILL CT  
(PUBLIC STREET - 40' R/W)

E 1,299,200  
N 591,150



VEHICULAR INGRESS AND EGRESS RESTRICTED

DOE HILL CT  
(PUBLIC STREET - 40' R/W)



Proposed new well location  
 OK as shown in plan  
 Surveys will stake site and  
 then another inspection will be performed  
 8/16/98  
 Well site OK  
 as stated  
 9/10/98  
 Well site OK  
 as stated  
 Staked  
 OK

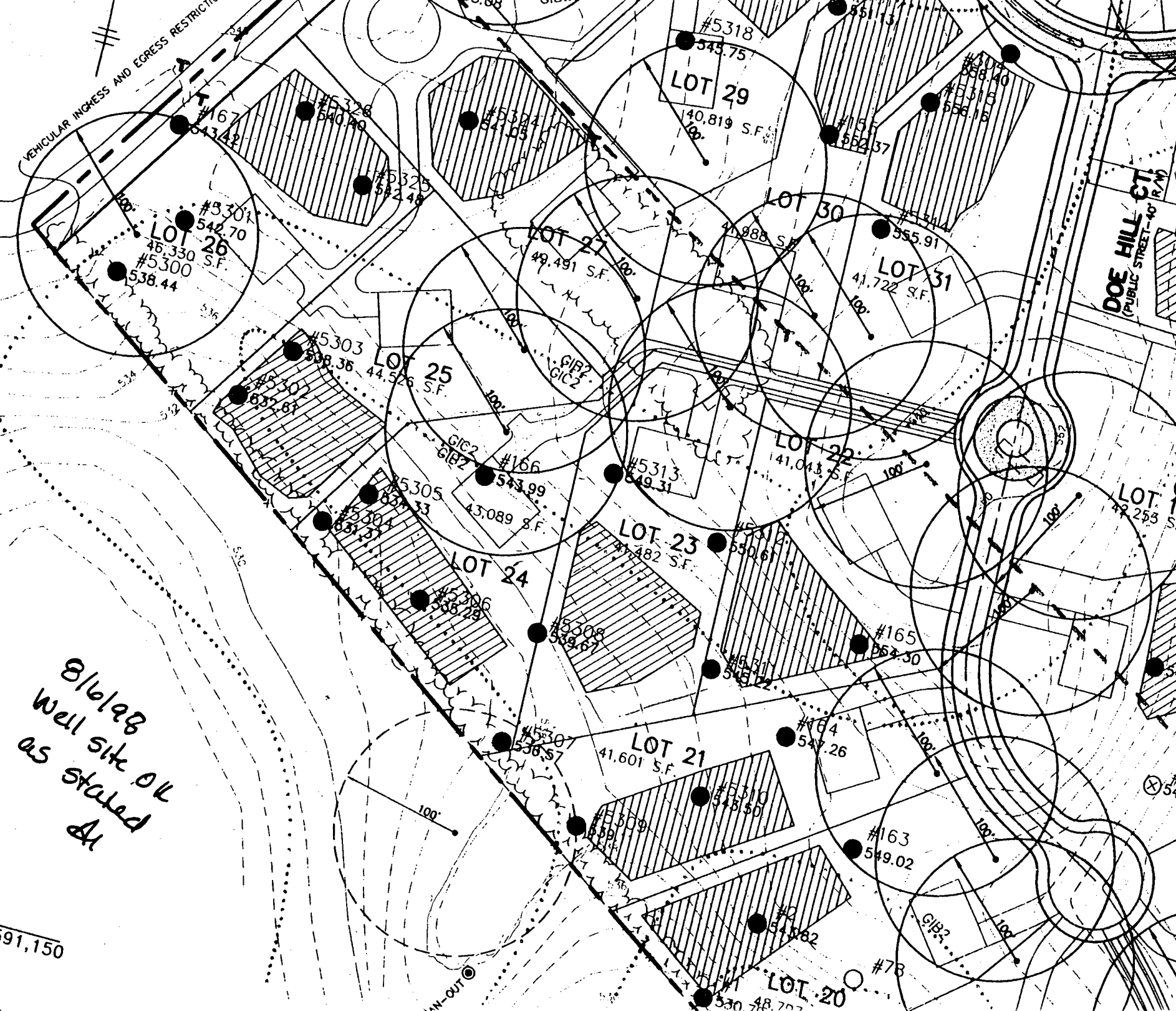
OK

Well site OK

E 1,296.20  
N 591,150

VEHICULAR INGRESS AND EGRESS RESTRICTION

DOE HILL CT  
(PUBLIC STREET - 40' R/W)



8/16/28 Well site OK per site plan as stated AL

E 1,299.200  
N 591,150

AN-OUT

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: September 14, 1998 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO — 94 — 1673

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Dana Kyker, Jr., II

WELL DRILLERS LICENSE NUMBER: MWD256

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: BPMB ASSOC.

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Glenwood

TAX MAP 14 BLOCK      PARCEL 222

SUBDIVISION: Wellington West

SECTION: II LOT: 31

NEAREST ROAD: Bucks Run Drive

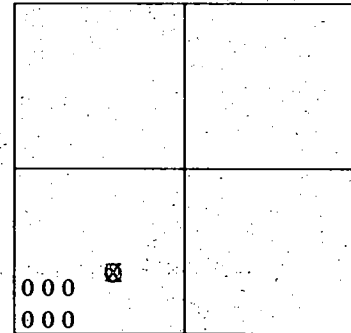
Dry Well #1

MARYLAND GRID COORDINATES

E 790

BOX NUMBER

N 530



SHOW WELL LOCATION  
BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_
- NONE

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 227 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO

if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (1128 lbs)	0	33
Well Cuttings	33	227

Dana Kyker, Jr., II  
SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MWD256  
LICENSE #

MWD/MSD/MGD  
CIRCLE ONE

9-14-98  
DATE



B 1 2088

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 110-94-1673 fill in this form completely

OWNER INFORMATION Date Received (APA) 07 23 98 ASSOCIATES B P M B 15298 Union Chapel Road Woodbine Md 21797

LOCATION OF WELL B 3 HOWARD COUNTY WELLINGTON WEST SECTION 2 LOT 31 GLENWOOD MILES FROM TOWN 2

DRILLER INFORMATION DANA KYRET JR II M D 256 WESTMINSTER Rotary Well Drilling Inc P.O. Box 861 Westminister, Md 21157

DOE HILL CT NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD TAX MAP 141 BLK: PARCEL 222

WELL INFORMATION WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 390

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY A58095 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 08/06/98 A M McNEEL 8/6/99

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

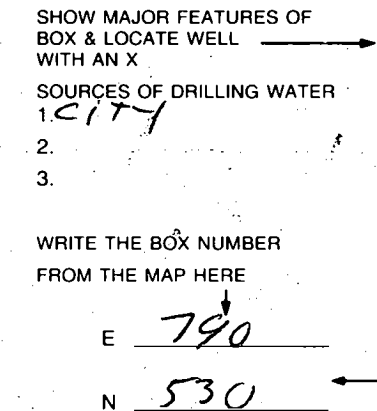
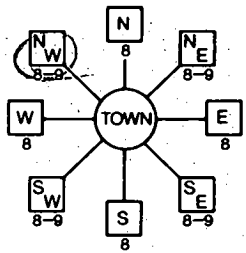
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. CITY 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 530

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 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. 110-94-1673

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



C1 **4170** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A58095CC**

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 09 14 98  
 15 20

DEPTH OF WELL  
 22 178 25  
 (TO NEAREST FOOT)  
 PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-94-1673**  
 28 29 30 31 32 33 34 35 36 37

OWNER **BPMB** last name  
 STREET OR RFD **Bucks Run Drive** first name TOWN **Greenwood**  
 SUBDIVISION **Wellington West** SECTION **II** LOT **31**

**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	
Dirt	0	1	
Soft Br. Mica & Clay	1	30	
Soft Br. Mica	30	60	
Soft Br. Mica	60	61	X
Blue Sandstone	61	79	
Blue Sandstone	79	88	
Br. Sandstone	88	89	X
Blue Sandstone	89	115	
Br. Sandstone	115	116	X
Blue Sandstone	116	178	

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS <sup>45 46</sup> **30** NO. OF POUNDS <sup>45 46</sup> **2820**  
 GALLONS OF WATER **180**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **83** ft.  
 (enter 0 if from surface)  
 48 TOP 52 54 BOTTOM 58

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch!) Total depth of main casing (nearest foot)  
**S T** **6** **85**  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
**PL** **4** **0** **70**  
**PL** **4** **100** **178**

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER  
 DEPTH (nearest ft.)  
**P L** **70** **100**  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51

NUMBER OF UNSUCCESSFUL WELLS: **1**  
 WELL HYDROFRACTURED **Y** **N**  
 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 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 LIC. NO. **MWD 256**  
**Dana Kyker Jr II**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **MWD 256**  
**Dana Kyker Jr II**

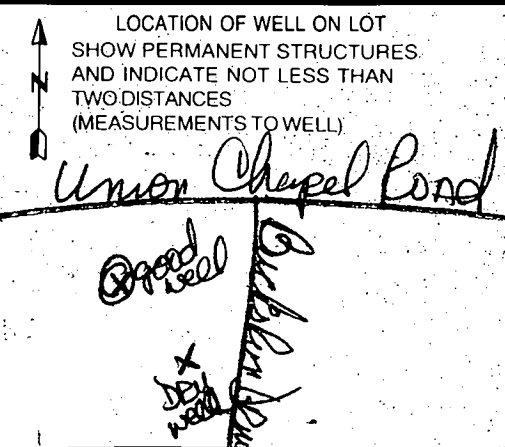
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE **1.010** **2.010** **3.010**  
 DIAMETER OF SCREEN **4** (NEAREST INCH)  
 from **25** to **178**  
 GRAVEL BACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **1222 24 168 51 5:30**

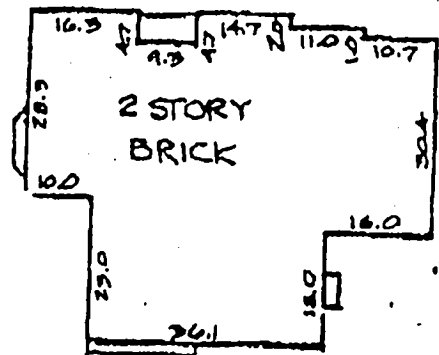
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 :70 :72 :74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 8 9  
 PUMPING RATE (gal. per min.) **12**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **submersible**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **27** ft.  
 17 20  
 WHEN PUMPING **44** ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
 27 27 27  
**C** centrifugal **R** rotary **O** other (describe below)  
 27 27 27  
**J** jet **S** submersible  
 27 27

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 43 47  
 PUMP COLUMN LENGTH (nearest ft.) **49** **51**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above LAND SURFACE  
**-** below **2** (nearest foot)  
 49 50 51



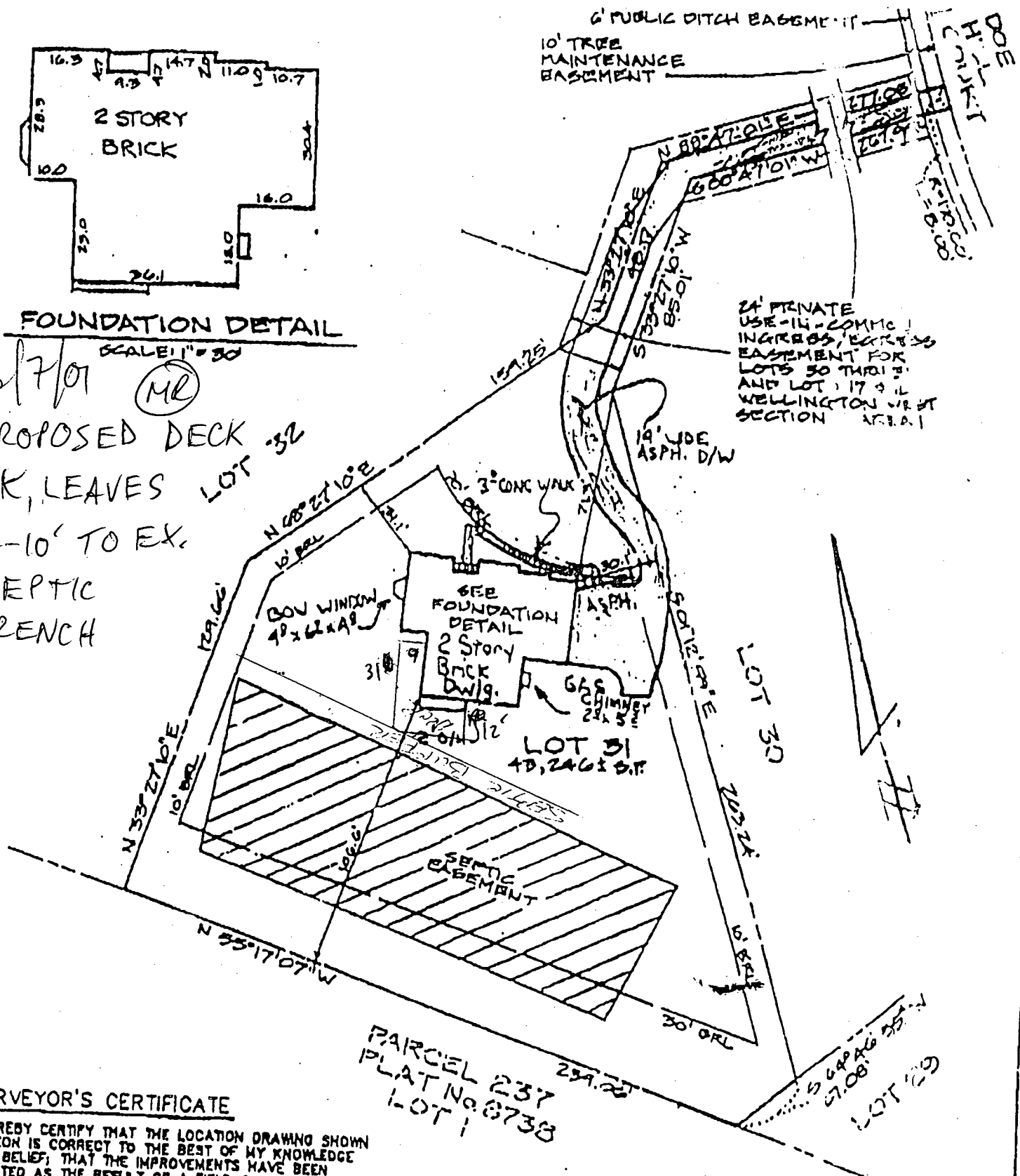
THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



FOUNDATION DETAIL

SCALE 1" = 30'

3/7/01 (MR)  
 PROPOSED DECK LOT 32  
 OK, LEAVES  
 7-10' TO EX.  
 SEPTIC  
 TRENCH



PARCEL 237  
 PLAT No. 8738  
 LOT 1

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW, AT THE

