

Approved (64K) #35651
19 Sept 78

SEPTIC SYSTEM TO BE INSTALLED
PRIOR TO BUILDING PERMIT
IS SIGNED.

PERMIT

P 28171
A 26379

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 6/9/78

~~6/1/78~~ ~~afternoon please~~ 6/20/78 9/6/78 final
afternoon please 9/19/78

INDEXED

OS-383129

Mitchell - Wiley

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Hallmark ROAD 7354 Hallmark Road LOT 35

PROPERTY OWNER Mikolosko

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 280 SQ. FT. total absorbent area

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 115 FT. FROM left LOT LINE AND 75 FT. FROM ~~XXXXXXXXXX~~ XXXXXXXXXX

~~FRONT LOT FROM~~ Hallmark Road.

Bob
Slope

TRENCH-to be 50 ft. long with inlet at 3 ft. and maximum depth of 9 ft. Run trench towards left rear of lot on contour.

BLDG. PERMIT SIGNED
AND RETURNED 6/27/78

Serial No. 35651

PLANS APPROVED BY David J. O'Neill DATE 12/1/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

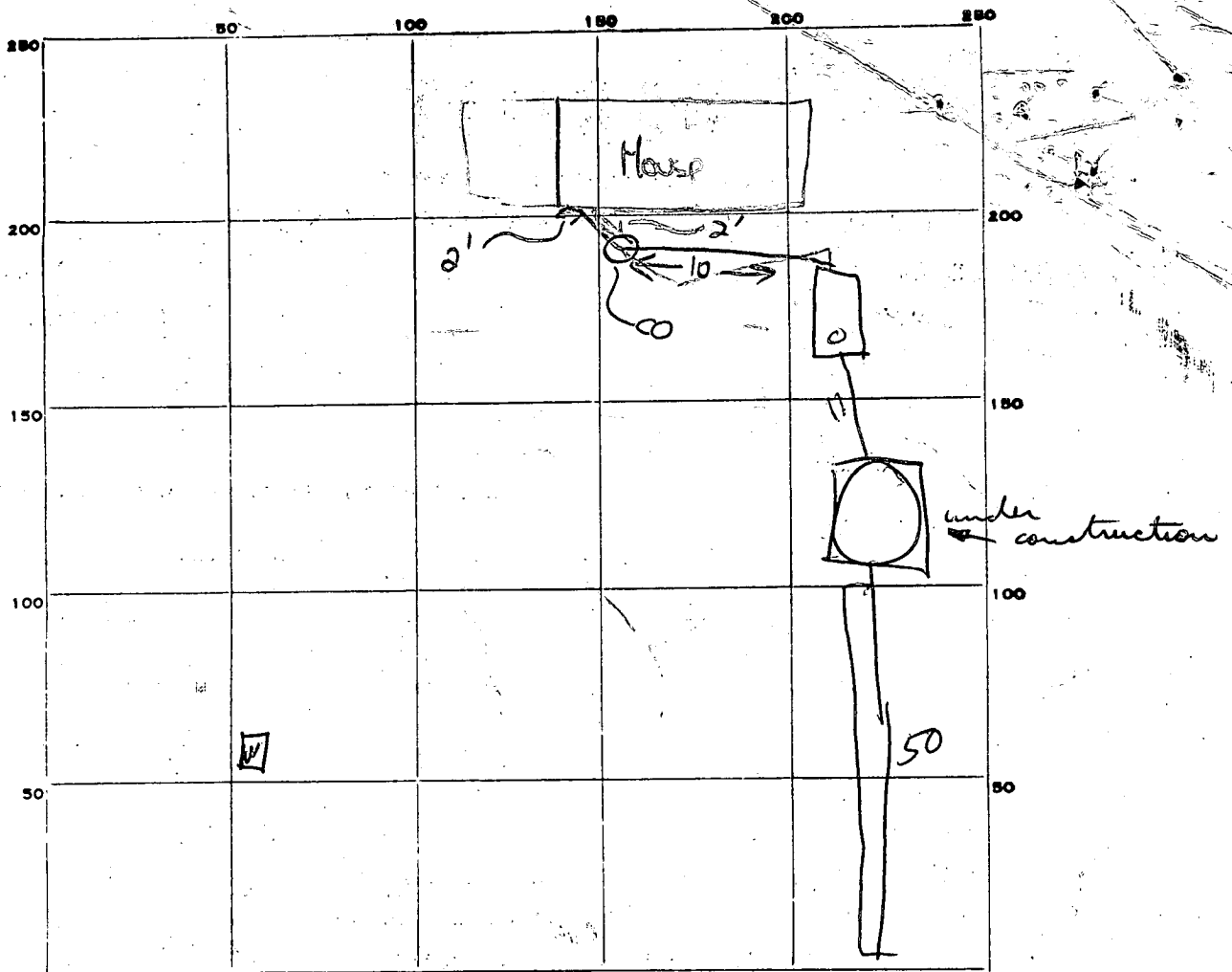
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

COTTA ACCEPTED.

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

A
26379



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS DW / ST

DISTRIBUTION BOX, LEVEL NA

terracotta

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 3 IN. TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 300

SEEPAGE PITS, INSIDE DIAMETER 30 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 300 SQ. FT. 600 total

REMARKS OK to continue RDB

6 Sept 78 - House sewer installed incorrectly; slope is 2" per ft. Install house sewer with correct slope using elbows with cleanouts. Call when corrected. (GLK)

18 Sept 78 - House sewer with correct slope & cleanout installed. (GLK)

DATE SYSTEM APPROVED

19 Sept 78
~~20 June 78~~

INSPECTOR

~~[Signature]~~

G. Keller

APPLICATION

A 26379

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE JUNE 28, 1977

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 JOHN MIKOLASKO

ADDRESS 2205 FOXLEY ROAD PHONE 252-3478

PROPERTY LOCATION: TIMONIUM, MD, 21093 35

SUBDIVISION HALLMARK SECTION 2 LOT NO. ~~36~~

ROAD AND DESCRIPTION ⁷³⁵⁴HALLMARK ROAD

SIZE OF LOT 1 ACRE (±) TYPE BLDG. 3 OR 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT JOHN MIKOLASKO by James L Neubauer

APPROVED BY ApO Null FOR DW + Trench DATE 6/1/77
(KIND OF SYSTEM)

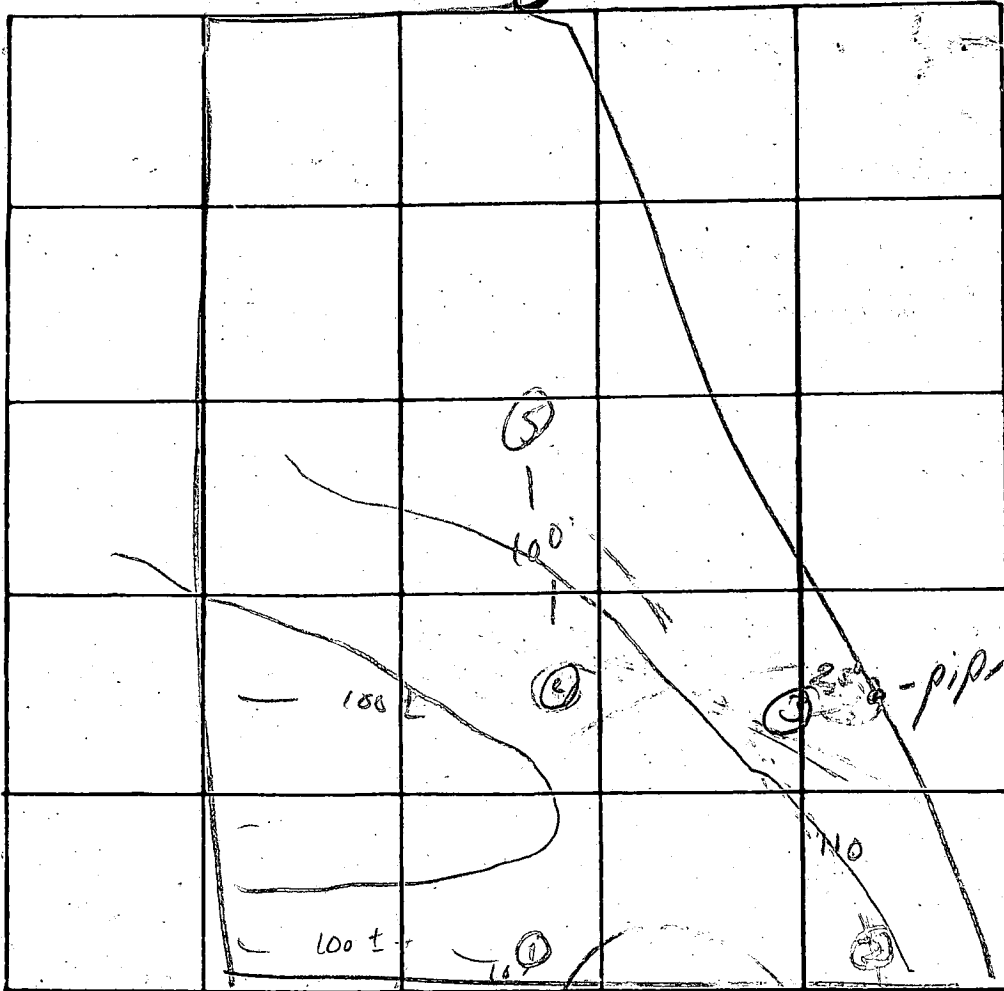
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

35



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

road

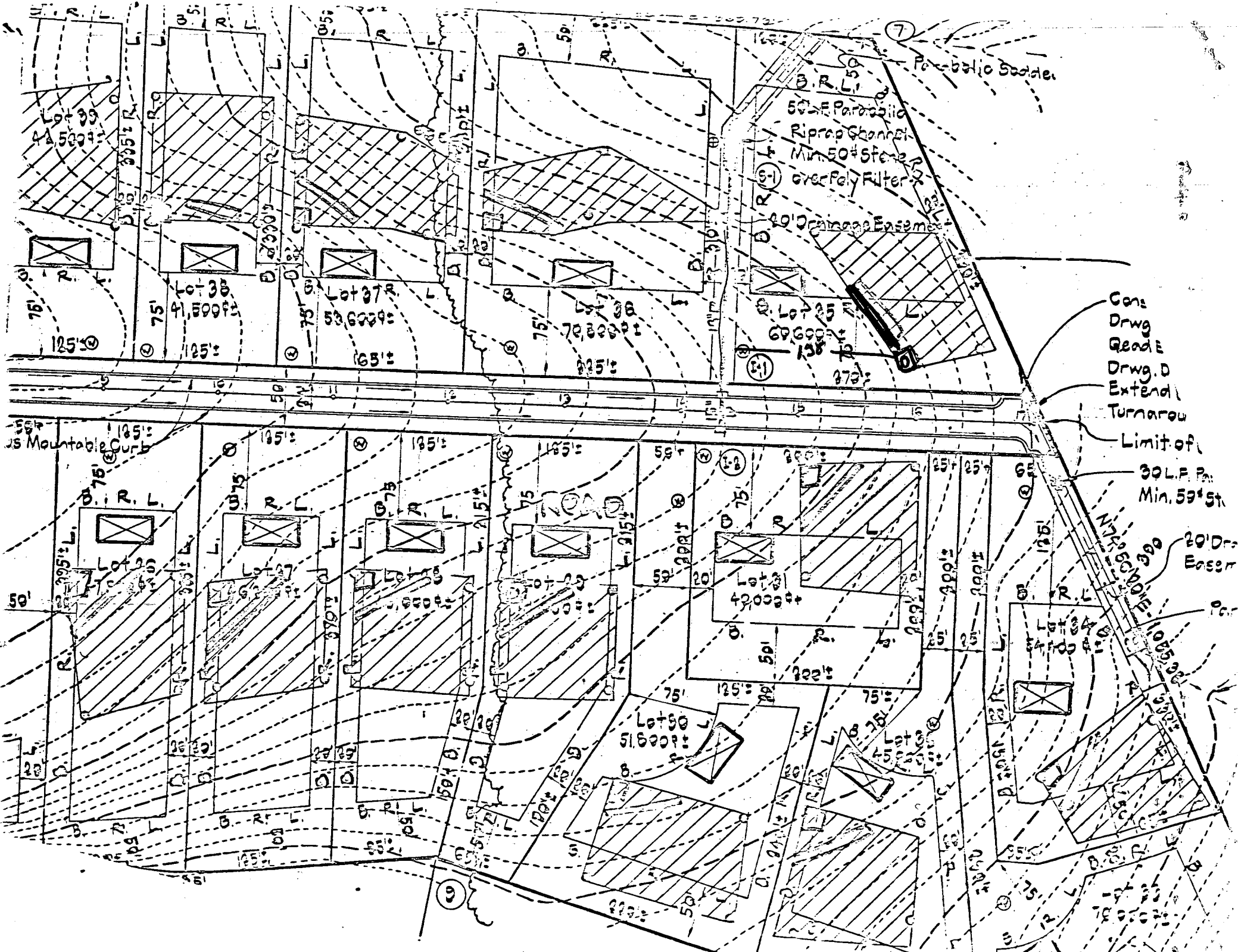
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/24/07	Bs	4	236	236	236	236	<1
	d	13'	236	237	239	310	3
	As	3 1/2'	244	246	246	250	4
	a	13'	244	256	256	310	14
	ys	4	257	306	304	334	25
	a	13	257	258	258	302	4
	1 w/B	4-13'	OK				
	5' use on lot	35 -	Rock	4'			

13x
3'

REMARKS System broken, 50 us^a

TYPE OF SOIL Sandy

TESTED BY WJ07 ALSO PRESENT: Cloud



Cons.
Drwg.
Grade
Drwg. D.
Extend.
Turnarow

Limit of
30' L.P.
Min. 50' St.

20' Dr.
Easement

Parabolic Saddle

50' Parabolic
Riprap Channel
Min. 50' Stone
over Poly Filter

20' Drainage Easement

US Mountable Curb

B 1 1923
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-2717
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER Brantley Management Corporation
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD 218 - Lechner Building
 COL 36 COL. 55
 POST OFFICE Columbia Md.
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
 DATE April 6, 1978 LICENSE NUMBER 238
 FIRST NAME Joseph H. Mayne DRILLER LAST NAME
 SIGNATURE Joseph H. Mayne

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
 COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION Hall Mark
 SECTION D LOT 35
 NEAREST TOWN Fulton
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 1/2 MI

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD Hall Mark Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 25 MI

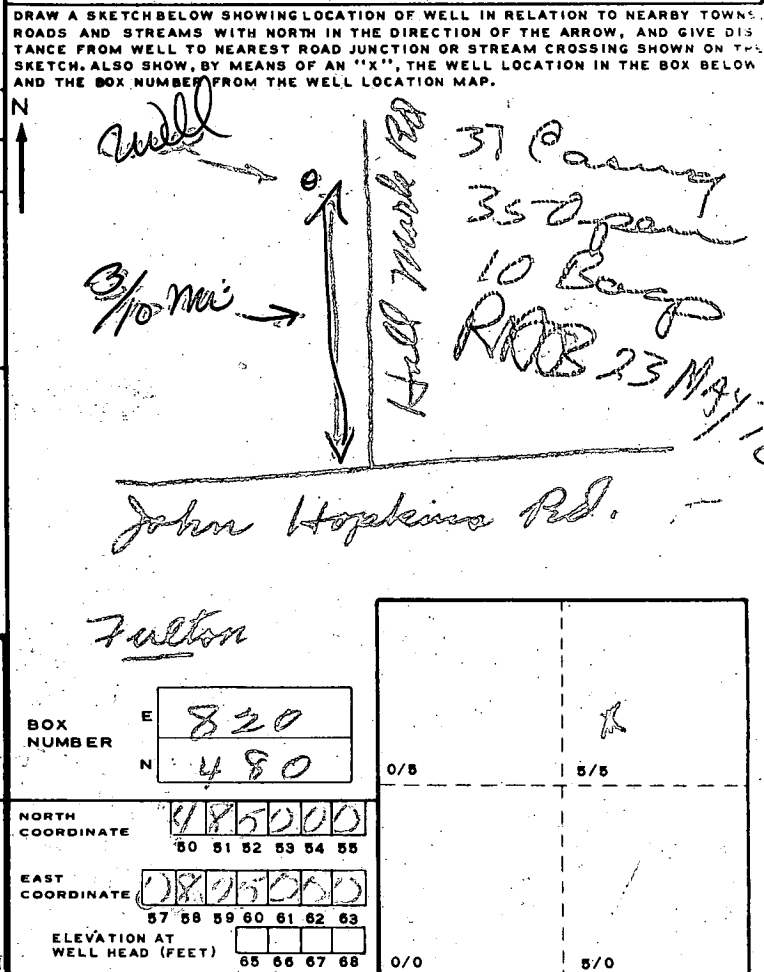
APPROXIMATE DEPTH OF WELL 300 FEET
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

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)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65
 FORCE 67 WRITE INITIALS IN BOX CONDITIONS W

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX) S COUNTY NAME Howard COUNTY NO. W27792
 DATE 041278 APPROVED BY Donald W. Monaghan Sanitarian



B 5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

A 26379

C 1 / 9872 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER 10-73-27117

DATE RECEIVED (WBA USE ONLY) May 23 1978
 DATE WELL COMPLETED May 23 1978
 DEPTH OF WELL 205 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-73-27117
 DRILLERS IDENTIFICATION NO. 320

OWNER: Brantly Memorial Corporation
 LAST NAME: Brantly FIRST NAME: Memorial Corporation
 STREET OR RFD: 318 Teachers Building POST OFFICE: Calverton Md

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	TO	CHECK IF WATER BEARING
Sand	0	32	
gray micaceous Rock	32	205	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT BENTONITE CLAY

NO. OF BAGS 10 NO. OF POUNDS 940
 GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 35 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW: S (STEEL), C (CONCRETE), P (PLASTIC), O (OTHER)

MAIN CASING TYPE: S
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 37

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW: S (STEEL), B (BRASS), O (OPEN HOLE), P (PLASTIC), OT (OTHER)

DEPTH (NEAREST WHOLE FOOT)
 FROM 110 TO 305
 EACH SCREEN: 1 (110-115), 2 (115-120), 3 (120-125), 4 (125-130), 5 (130-135), 6 (135-140), 7 (140-145), 8 (145-150), 9 (150-155), 10 (155-160), 11 (160-165), 12 (165-170), 13 (170-175), 14 (175-180), 15 (180-185), 16 (185-190), 17 (190-195), 18 (195-200), 19 (200-205)

SLOT SIZE: 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH)
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5
 METHOD USED TO MEASURE PUMPING RATE: Di

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 55 (NEAREST FOOT)
 WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 A (AIR), P (PISTON), T (TURBINE), C (CENTRIFUGAL), R (ROTARY), O (OTHER), J (JET), S (SUBMERSIBLE)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31
 PUMP HORSE POWER 37
 PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE BELOW
 LAND SURFACE 5 (NEAREST FOOT)

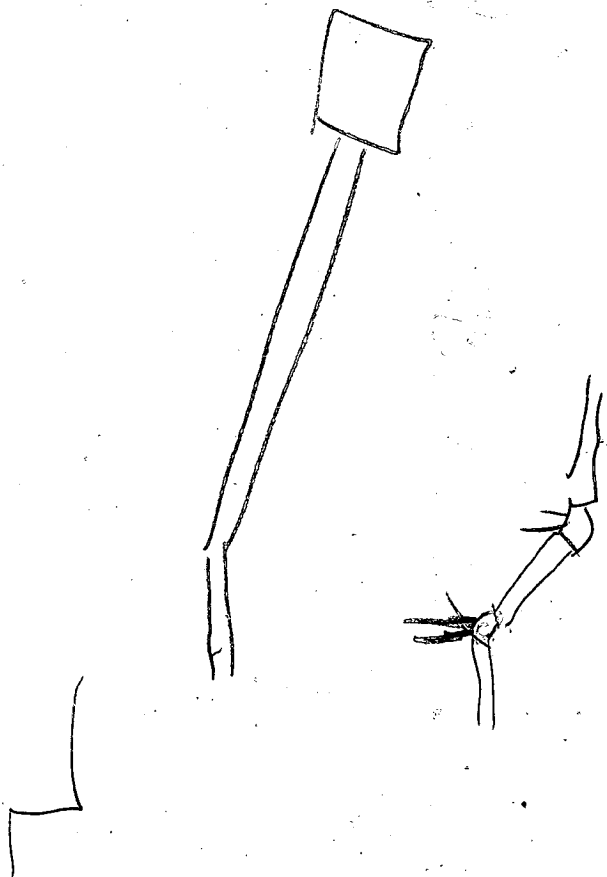
LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

30' well
 10' from LL
 2' from LL
 Left 10' line

CIRCLE APPROPRIATE BOXES
 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: Joseph H. Maynard
 SIGNATURE: Joseph H. Maynard



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAY 31 10 42 PM '78
DIVISION OF
ENVIRONMENTAL
HEALTH

B 1 **7426**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2446
fill in this form completely

Date Received (APA)
09 23 99

OWNER INFORMATION

Herleby **Michael**
Last Name Owner First Name
7354 Hallmark Rd.
Street or RFD
Clarksville Md 21029
Town State Zip

B 3 **Howard** LOCATION OF WELL

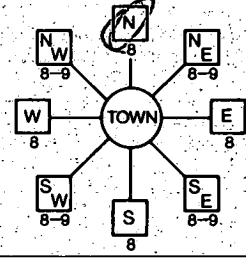
Hallmark
COUNTY
Fulton
SUBDIVISION
SECTION **35** LOT **48 50**
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **3 1/2** M **10/15/99**

DRILLER INFORMATION

Joseph L. Mayne MS D 24
Driller's Name License No.
Joseph L. Mayne Drilling
Firm Name
5512 Ridge Rd. Mt Airy Md. 21771
Address
Joseph L. Mayne 9/23/99
Signature Date

B 4
1 2
TOWN OF WELL FROM TOWN (CIRCLE BOX)



7354 Hallmark Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
DISTANCE FROM ROAD **50** FT
ENTER FT OR MI
TAX MAP: **41** BLK: **10** PARCEL: **422**

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

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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard **A 26379**
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED **09 23 99** **Mark E. Kelbin 9/23/00**
CO SIGNATURE EXP. DATE
NORTH GRID **487 000** EAST GRID **0830 000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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
- 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 DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER **54** G A P **63**
PERMIT No. **HO-94-2446**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

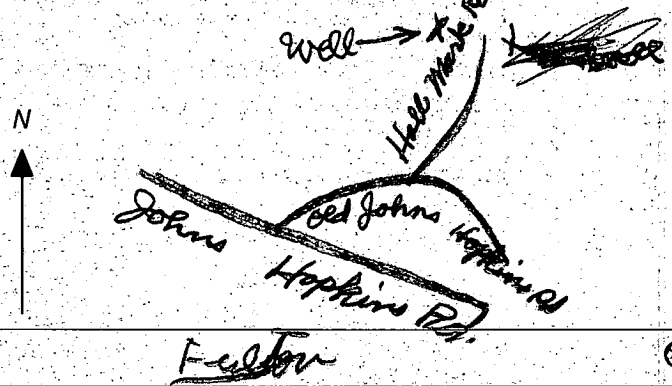
- SOURCES OF DRILLING WATER
- 1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8230
4877

1018199
NO. 1NSO
A

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FROM :

FAX NO. :

Oct. 27 1999 10:57AM P1

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

2717

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation 1978 Receipt # _____
Replacement _____ Date _____

Name of Installer CROUSE PLUMBING Telephone 410-531-3311

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner ANNE DARR Telephone 301-490-1810
Subdivision HALLMARK Lot # 35 Well Tag # HO-94-244
Site Address 2354 Hallmark Rd

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make GOLLIS
3. Model # 76510422
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 _____

Motor
1. Horsepower 1
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make MARTINSON
2. Model # RICK
3. Depth 42"

Tank
1. Capacity 42
2. Pressure relief valve? YES

Piping
1. Type PLASTIC
2. Size 1
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"

Well data
1. Depth 280 ft.
2. Yield 7 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: Robert J. Hoffstetter

Date: 10-28-99

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

C1 1983

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. On 10/15/99 SRK COUNTY NUMBER A26379

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10 8 99

Depth of Well 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2446

OWNER Herlihy STREET OR RFD 7354 Hallmark Rd TOWN Fulton SUBDIVISION HALLMARK SECTION LOT 35

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 14, NO. OF POUNDS 1316, GALLONS OF WATER 54, DEPTH OF GROUT SEAL 37 ft.

CASING RECORD: casing types insert appropriate code below (ST), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 40.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type of open hole (ST), insert appropriate code below (ST, BR, HO, PL, OT).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 7 gal. per min., METHOD USED TO MEASURE PUMPING RATE Air, WATER LEVEL 52 ft. BEFORE PUMPING, 180 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) Air.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), 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, CAPACITY GALLONS PER MINUTE (to nearest gallon) 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH (nearest ft.) 43-47, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE - below 2 (nearest foot).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51, SLOT SIZE 1-3, DIAMETER OF SCREEN (NEAREST INCH) 56-60.

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.

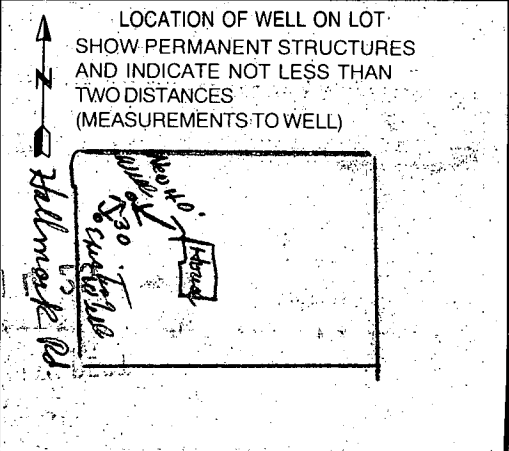
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE Joseph L. Mayne, LIC. NO. D.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



9/23/99
12:00
NOON

SITE INSPECTION SHEET

OWNER: Herlihy

DATE REQUESTED: _____

PHONE #: _____

CONTRACTOR: J Mayne

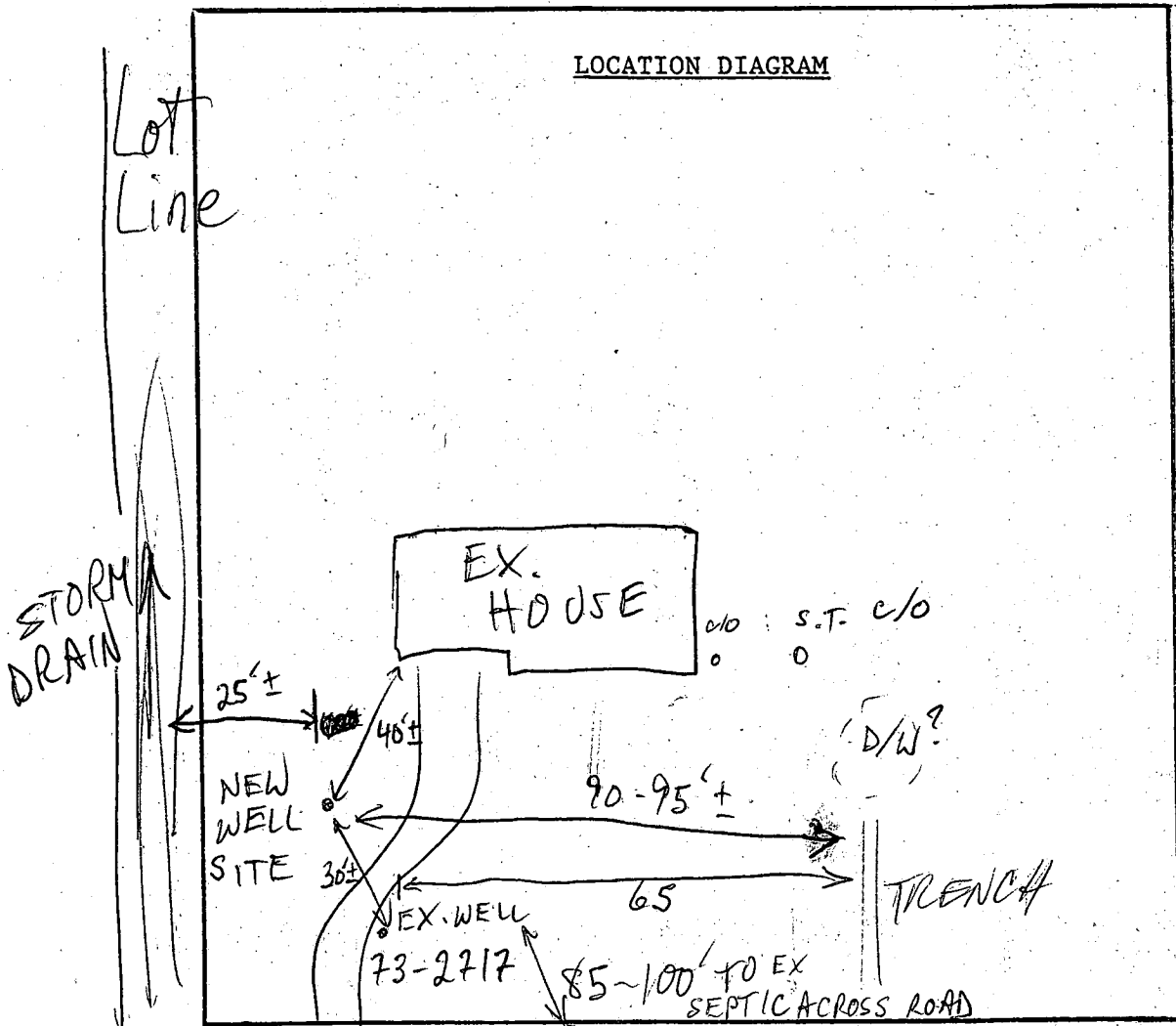
ADDRESS: 7354 Hallmark Rd
Hallmark Lot 35

WELL TAG #: _____

COUNTY #: A26379

PROPOSAL: ex. well dry, repl. well requested

LOCATION DIAGRAM



COMMENTS: 9/23/99 REPL. WELL SITE OK AS SHOWN, S.S. LAYOUT
DOES NOT MATCH EXACTLY INSTALLATION DIAGRAM (A26379),
BUT PROPERTY FILE IS BELIEVED TO BE THE CORRECT FILE (MR)

DATE: _____ INSPECTOR: _____