

8-14-86  
16840

APPROVED  
8114186  
RH  
P 37369  
A 26628

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330  
461-9933

05-399300

ELLICOTT CITY  
DISTRICT 5th  
DATE 7/18/86

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL  ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Dayton Meadows ROAD 4892 Greenbridge LOT 7, Sec.1, Area 2

PROPERTY OWNER Randy Shriver

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the first trench 230 feet from the front lot line and 175 feet from the right lot line as seen when facing the property from Greenbridge Road. Run trench(s) along contour toward right lot line.

NOTE - No Trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

120  
20

PERMIT SIGNED AND RETURNED 7/25/86  
Smith # 0101 04113  
addition - detached garage

PLANS APPROVED BY C. Williams DATE 7/18/86

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

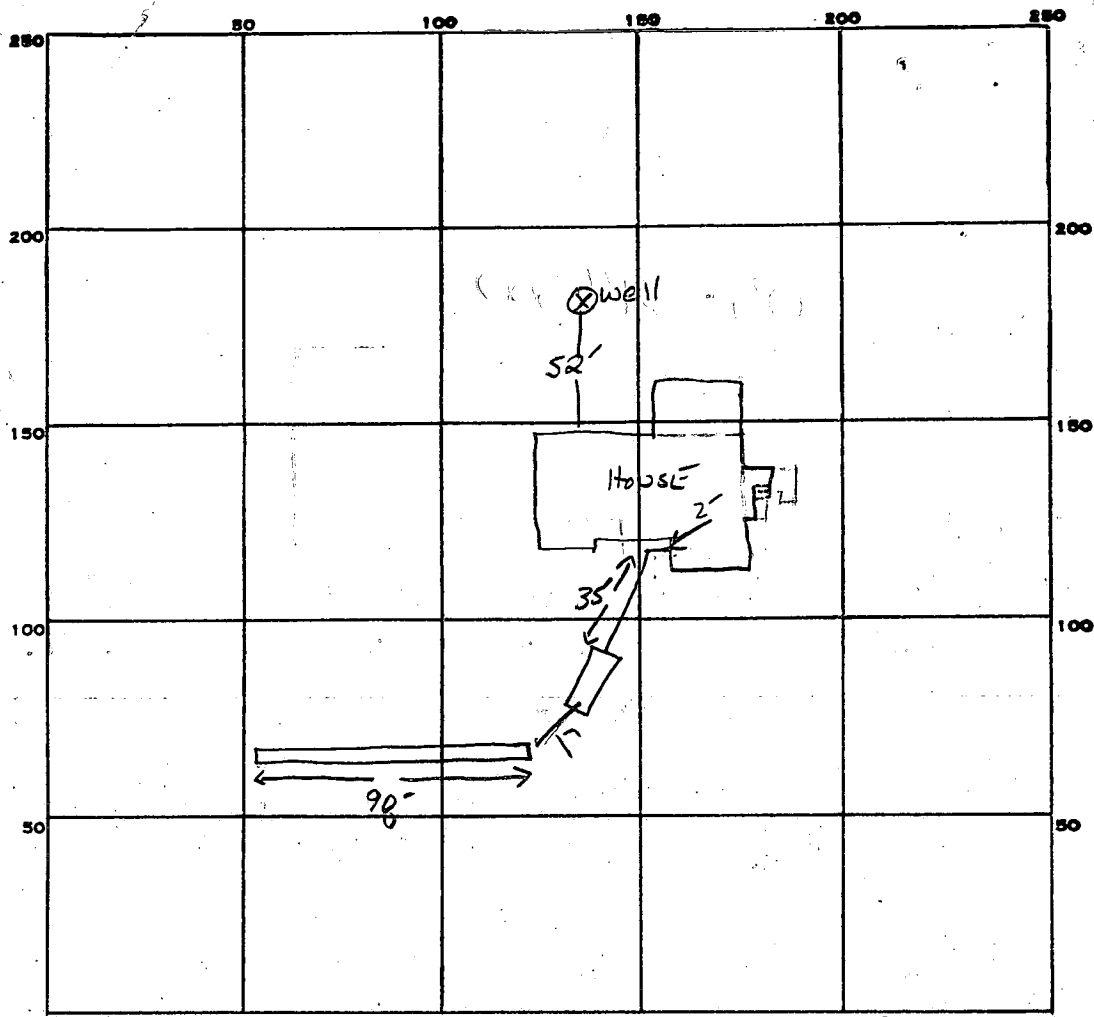
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26628



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Greenbridge Rd.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET 3"

GRAVEL DEPTH 6 FE TOTAL LENGTH 90 98 FT.

NUMBER OF TRENCHES 1 ONE SIDE WALL TOTAL BOTTOM AREA 588

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 8-13-86 OK TO ADD STONE. S. ADD

8/14/86 - TRENCH LENGTHENED & STONE ADDED  
540 SQ FT NEEDED. 588 SQ FT INSTALLED RH

DATE SYSTEM APPROVED 8/14/86

INSPECTOR Raymond Hodges

PRELIMINARY

# APPLICATION

A 26628

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT 5th

DATE 8/16/77

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 William Mitchell (~~Contract Purchaser - Paul Kottis~~) RANDY SHELVER

ADDRESS 1015 Gadsden Ave. Silver Spring, Md. 20904 PHONE 421-9433

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. 26, Block C

ROAD AND DESCRIPTION 4892 Green Bridge Road

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms

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 /s/ Paul Kottis

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

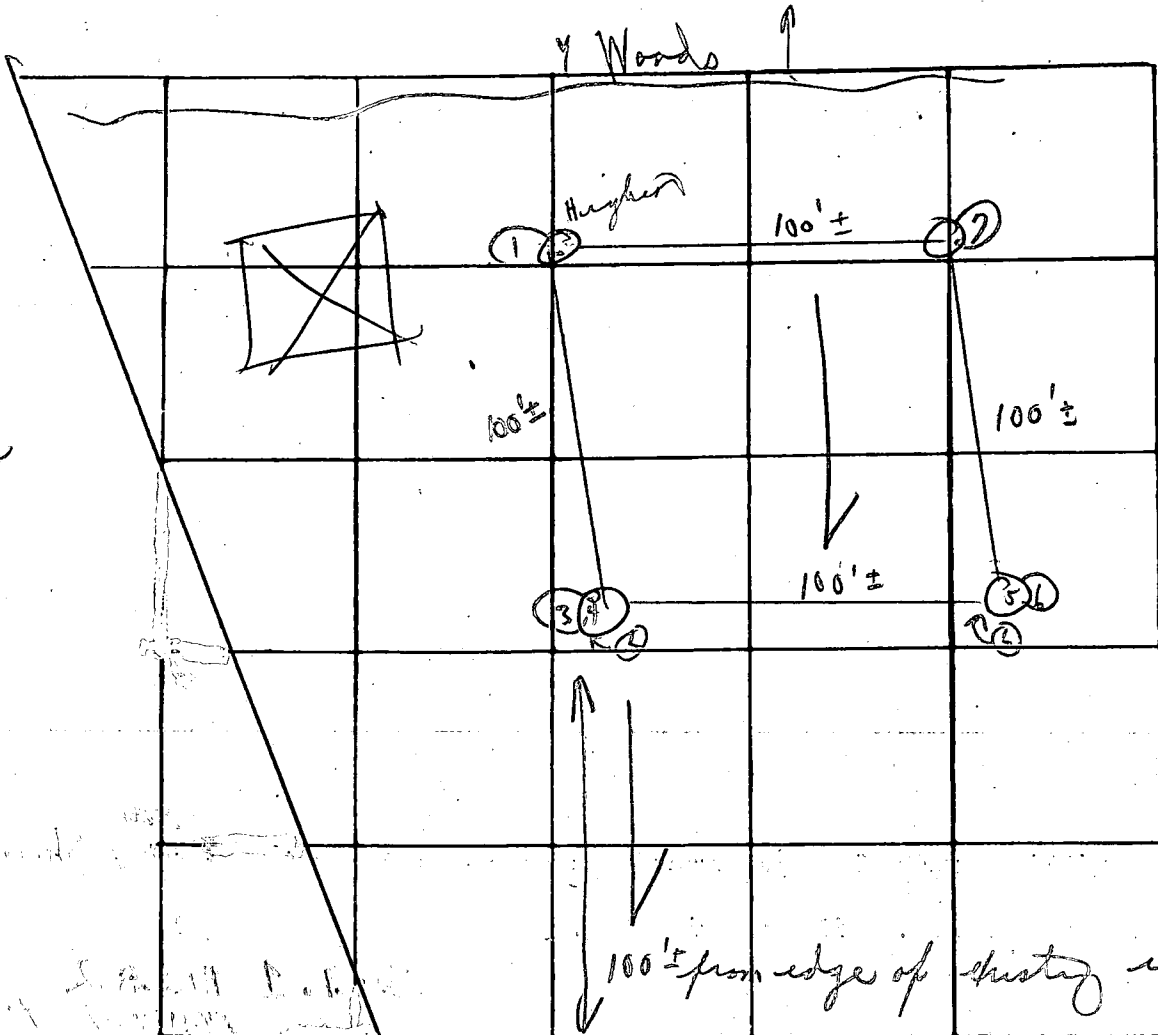
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

B.P. # 71599

# THIS IS NOT A PERMIT



Lot 26 C

INLET 3  
BOTTOM 9  
1800/BA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Greenbridge

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/26/77	1	3'	11:42	11:43	11:43	11:45	2m
	2	12 1/2'	11:34	11:36	11:36	11:42	6m
	3	3'	11:04	11:14	11:14	11:35	21m
	4	13'	11:04	11:10	and 11:10	11:19	9m
	5	3 1/2'	11:20	11:33	11:33	12:02	29m
	6	13'	11:01	11:03	11:03	11:07	4m
	7	14' 0"	Visual		3' appears good soil	14'	etc.

Sand  
clay  
below  
clay

3BR

REMARKS "Open field"

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

TESTED BY C. BO

ALSO PRESENT: Kotis

10/1/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation  Replacement   
Receipt # 37574  
Date 8/13/86  
Name of Installer Kantner Plumbing & Heating Inc. Telephone 725-5000  
License number 1862  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner Randy + Barbara Skriv Telephone 854-2211  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well tag # \_\_\_\_\_  
Site Address 4892 Greenbridge Road

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Goold's  
3. Model # 7EH 0512  
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 \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth 250

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

**Piping**  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

**Well data**  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

10-1-86- Pitless, lines at 1/2" below grade

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: \_\_\_\_\_  
Date: \_\_\_\_\_

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

C1 00894 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER A-26628

DATE Received 03/27/89 DATE WELL COMPLETED 03/18/89  
 Depth of Well 245 (TO NEAREST FOOT)  
 PERMIT NO. HQ-81-1358

OWNER SHRIVER BARBARA W.  
 STREET OR RFD GREENBRIDGE RD first name TOWN DAYTON  
 SUBDIVISION DAYTON MEADOWS SECTION 1 ARSA 2 LOT 7

**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	
SAND	0	74	
Gray Mica Rock	74	245	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 116 NO. OF POUNDS 1504  
 GALLONS OF WATER 96  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 50 ft. (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST  CO STEEL CONCRETE  
 PL  OT PLASTIC OTHER  
 MAIN CASING TYPE S-T Nominal diameter 60 61 Total depth of main casing 82 (nearest foot) 66 70

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST  BR  HO STEEL BRASS OPEN HOLE  
 PL  OT PLASTIC OTHER

**SCREEN DEPTH (nearest ft.)**

1	H O	79	245
2			
3			

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

**C 3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 12  
 METHOD USED TO MEASURE PUMPING RATE Budget  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 53  
 WHEN PUMPING 129  
 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:  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 (nearest foot)  
 - below }

**A** CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

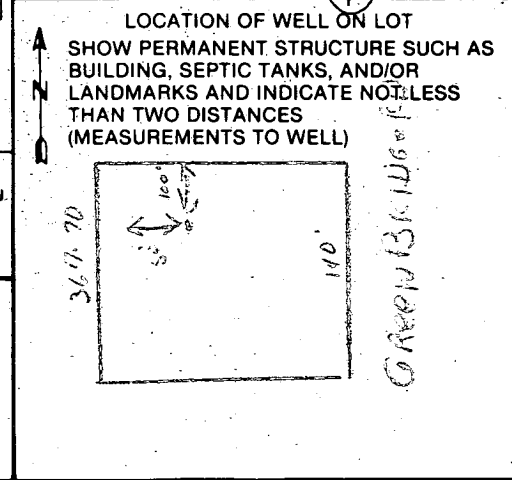
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

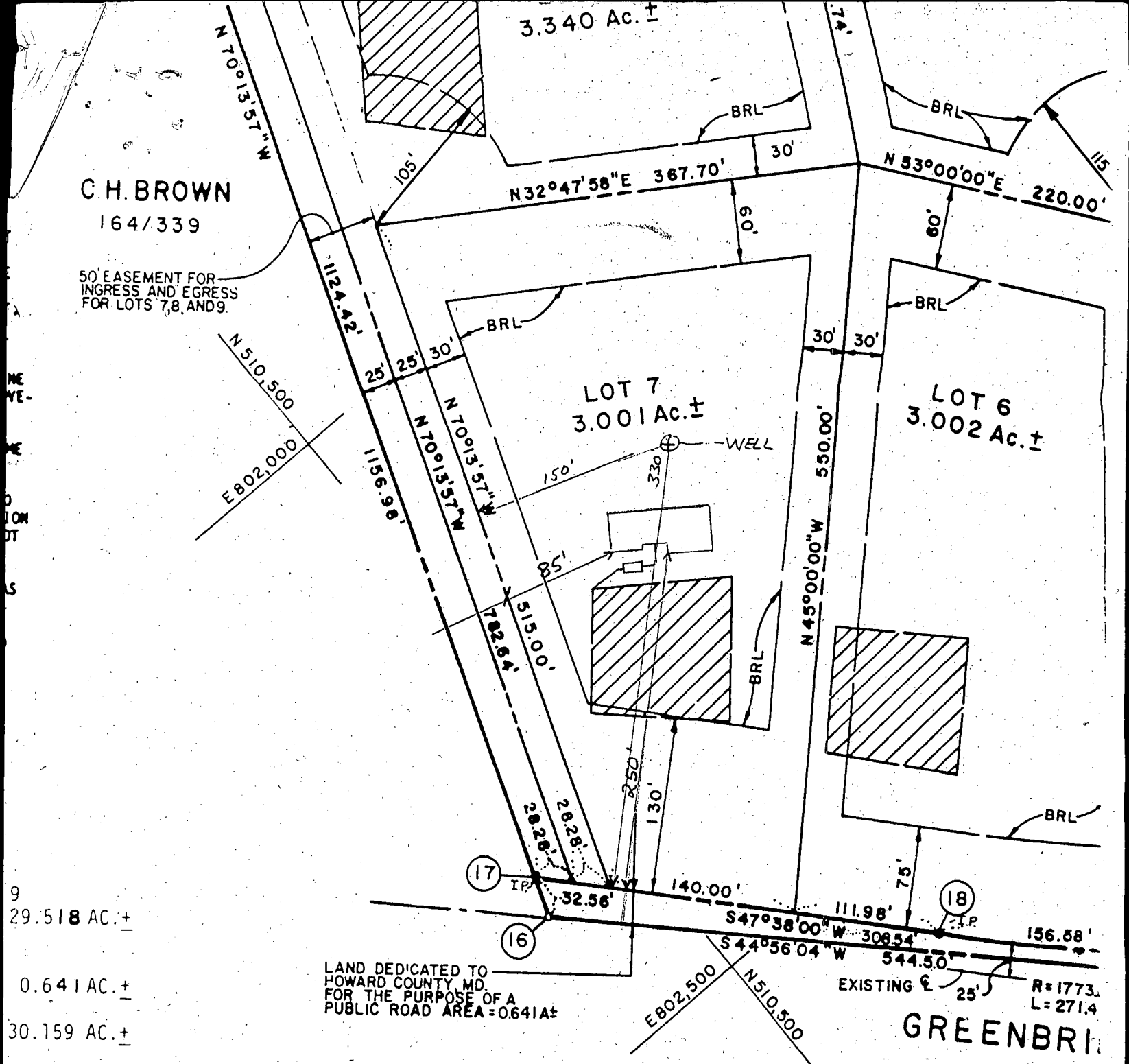
DRILLERS IDENT. NO. 238  
 DRILLERS SIGNATURE Joseph L. Morgan

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

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.) 70  72   
 WQ 74  75  76   
 TELESCOPE CASING LOG INDICATOR OTHER DATA





Lot 7, Section 1, Dayton Meadows

Changes  
7/10/86

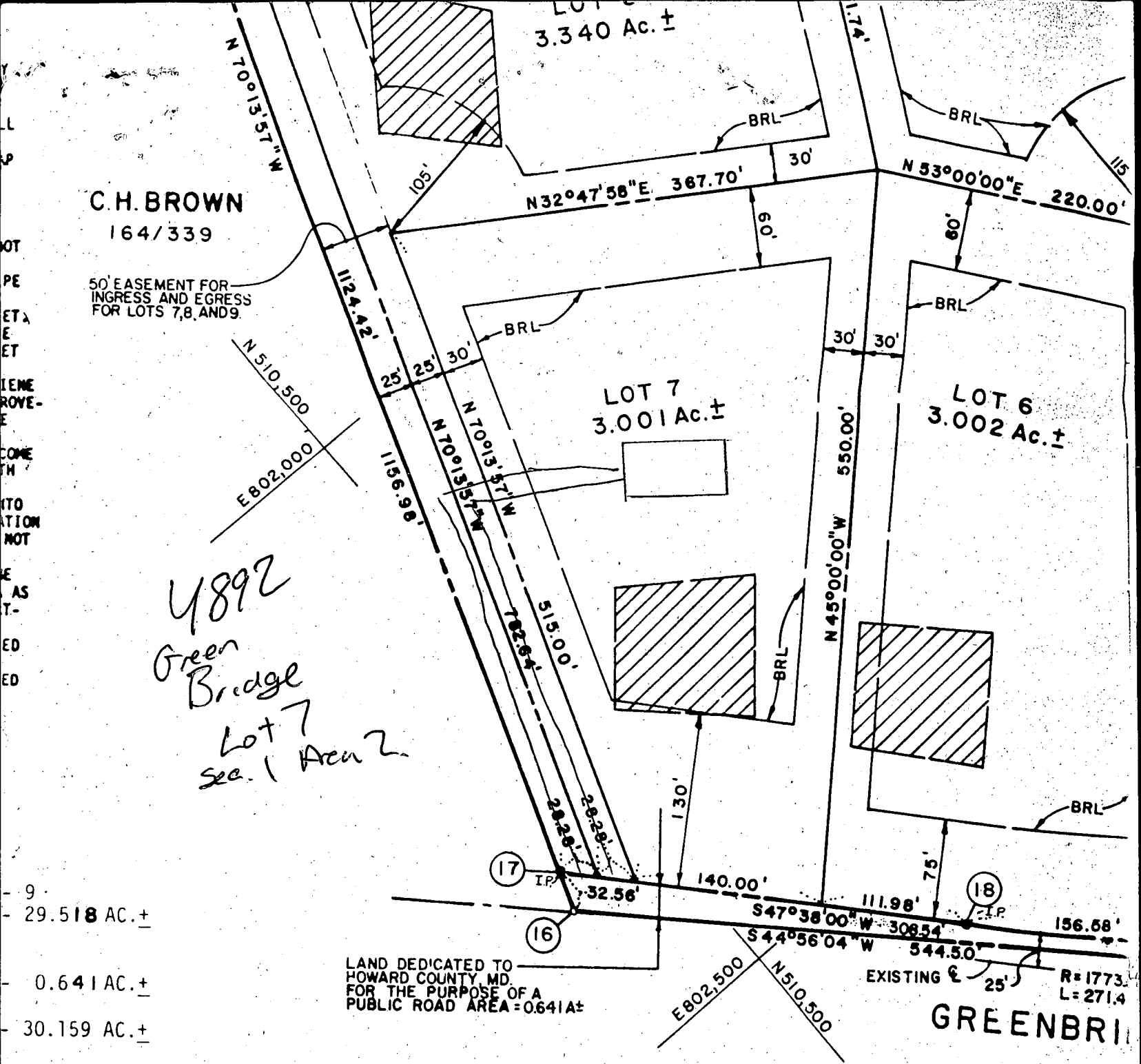
1st floor elevation.....	98.6	99.9	B.W.S.
Basement elevation.....	88.25	89.0	B.W.S.
Proposed grade at house.....	94.6	94.6	B.W.S.
Invert out of house.....	87.42	88.30	B.W.S.
Invert into tank.....	87.17	87.17	B.W.S.
Invert out of tank.....	86.67	87.67	B.W.S.
Invert into drain field.....	86.25	87.25	B.W.S.
Grade at perc hole 1 at time of perc (existing).....	90.25	90.25	
Elevation of water well.....	100.00	100.00	

Above elevations are relative measurements.

I certify the above elevations and measurements are true and correct.

Randy Shriver  
Randy Shriver

#  
B.P. 71599



**C.H. BROWN**  
164/339

50' EASEMENT FOR INGRESS AND EGRESS FOR LOTS 7, 8, AND 9.

*4892  
Green Bridge  
Lot 7  
See Area 2*

<p>PRIVATE SEWERAGE HEALTH</p> <p><u>4-9-86</u> DATE</p>
<p>OF PLANNING AND</p> <p>DATE</p>
<p>STEMS, AND PUBLIC</p> <p>MENT OF PUBLIC WORKS.</p>

**OWNER'S CERTIFICATE:**

WE, CARMAN ASSOCIATES, A MARYLAND GENERAL PARTNERSHIP, OWNER OF THE PROJECT DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING ESTABLISH THE MINIMAL LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND ITS SUCCESSORS AND ASSIGNS (1) CONSTRUCT AND MAINTAIN SEWERS, STORM DRAINS, WATER PIPES AND OTHER MUNICIPAL IN AND UNDER ALL ROAD OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT ARE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF AND FLOODPLAINS STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF AND MAINTENANCE AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND'S THE SAID EASEMENTS OR RIGHTS-OF-WAY. WITNESS OUR HANDS THIS 11th DAY OF DE



SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-1359

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

please print or type

fill in this form completely

Date Received 3/19/86

021388

OWNER INFORMATION

OCTIRECHER DAVIAL

14621 CAMBRIDGE DR.

UPPER MARLBOR MD 20772

B 3

LOCATION OF WELL

HOWARD

DAYTON MEADOWS

SECTION 1 LOT 8 AREA 2

DAYTON

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

DRILLER INFORMATION

Joseph L. Wayne 238

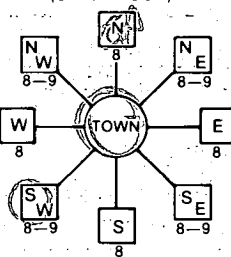
Joseph L. Wayne WELL DRILLING

5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph L. Wayne 2/13/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Branchbridge Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 565 FT

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)

- 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 26649

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 022786 B. Wilson 08/27/86

NORTH GRID 510000 EAST GRID 0801000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- 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)

APPROX. PERMIT NUMBER GAP

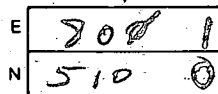
FORCE BN PERMIT No. HO-81-1359

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

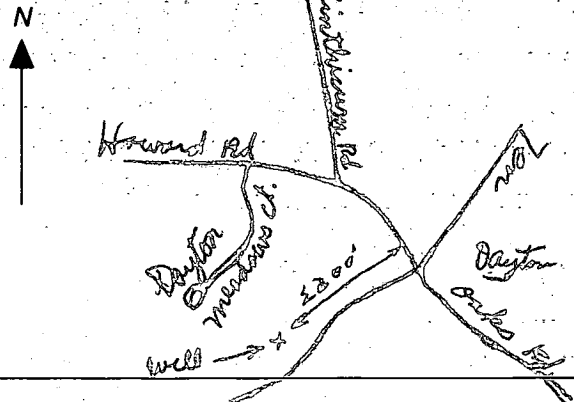
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

C1 15 SEQUENCE NO. (OEP USE ONLY)  
 1-2-3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 266 49**

DATE RECEIVED  
 8 13

DATE WELL COMPLETED  
 15 20 **03 21 86**

DEPTH OF WELL  
 22 26 **285**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-81-1359**  
 28 29 30 31 32 33 34 35 36 37

OWNER **COTRECHER DANIAI**  
 STREET OR RFD **GREENBRIDGE RD.** TOWN **DAYTON**  
 SUBDIVISION **DAYTON MEADOWS** SECTION **AREA 2** LOT **8**

**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	
SAND	0	45	
GRAY Micr Rock	45	285	

**GROUTING RECORD** yes no  
 Y  N  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS **12** NO. OF POUNDS **1128**  
 GALLONS OF WATER **12**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **40** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST  CO  
 STEEL CONCRETE  
 PL  OT  
 PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter **6** Total depth of main casing (nearest foot) **285**

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST  BR  HO  
 STEEL BRASS OPEN HOLE  
 PL  OT  
 PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 EACH SECTION  
 1 **HO** **49** **285**  
 2  
 3

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 10.17.13 "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 F. Mason*  
 (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK from to  
 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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **4**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **24**  
 WHEN PUMPING **184**  
 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) **31**  
 PUMP HORSE POWER **37**  
 PUMP COLUMN LENGTH (nearest ft.) **43**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above  - below  
 LAND SURFACE **17 1/2** (nearest foot)

