

4/29/94 ASR

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-352823

P 49942

A 27381

DISTRICT 4th

DATE 3/28/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 4/29/94

INSPECTOR DKS

Patrick Caffrey IS PERMITTED TO INSTALL ALTER

ADDRESS 1003 Leafy Hollow Circle, Mt. Airy, Maryland PHONE 829-8960

SUBDIVISION Kogan Trust LOT 10 ROAD 1800 Florence Road

PROPERTY OWNER Patrick & Frances Caffrey

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240
4
960

320
3960

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet from the front lot line and 150 feet from the left lot line. Run trenches along contour toward left side of property.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/28/94 DKS

PLANS APPROVED BY C. Williams DATE 6/23/93

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

BLDG. PERMIT Seal

AND RETURNED SB-98
Serial # B0113571

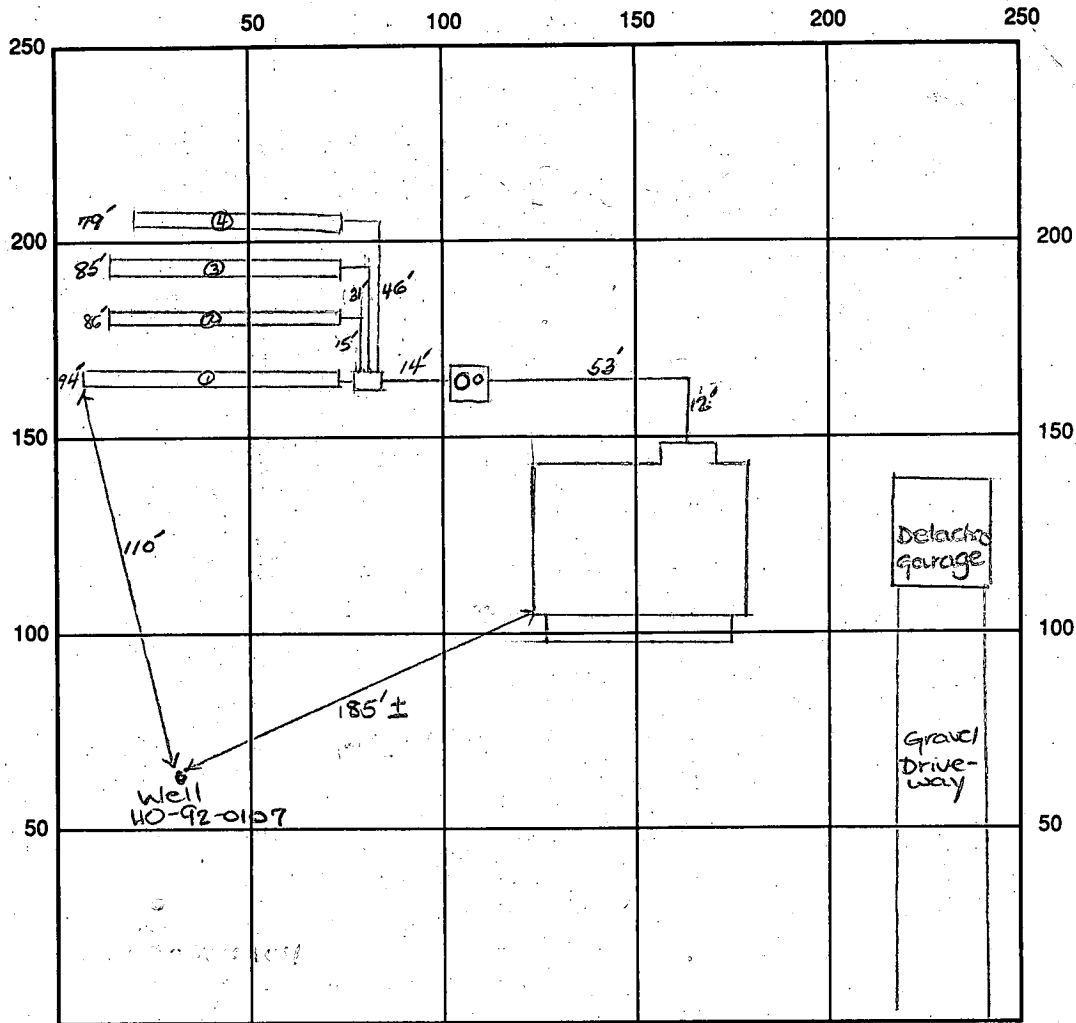
PERMIT VOID AFTER TWO YEARS

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. Howard P.H.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 27381



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Florence Road

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on tank, manhole on tank

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3' FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 179' 85' 86' 94' → 344'

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 1032 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1032 SQ. FT.

REMARKS: 4/29/94 OK to cover all work. DKS

DATE SYSTEM APPROVED 4/29/94

INSPECTOR [Signature]

APPLICATION

A 27381

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th Election

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE 12-21-77

P O BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

OK

BLDG. PERMIT SIGNED
AND RETURNED 10/18/93
Serial # 50896 -
SFD - 4Bm.

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 ~~Keenard Kogan and Nancy Kogan~~ Patrick and Frances Caffrey

301-330-8918

ADDRESS 8630 Fenton Street, Silver Spring, Md. 20910 PHONE (301)565-0222

PROPERTY LOCATION:
SUBDIVISION ~~Kogan~~ KOGAN TRUST LOT NO. ~~32~~ 10

ROAD AND DESCRIPTION The property is located southeast side of intersection of
New Cut Road and Long Corner Road. (1800 Florence Road)

SIZE OF LOT 3 acres TYPE BLDG. Residential
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 *[Signature]* BLDG. PERMIT SIGNED AND RETURNED 10/18/93
Serial # 50897 - garage/streep

APPROVED BY P. FROMMOLT (ECW) FOR SHALLOW TRENCHES DATE 7/18/91
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/20/79 PERC OK BUT HOLD FOR REVIEW

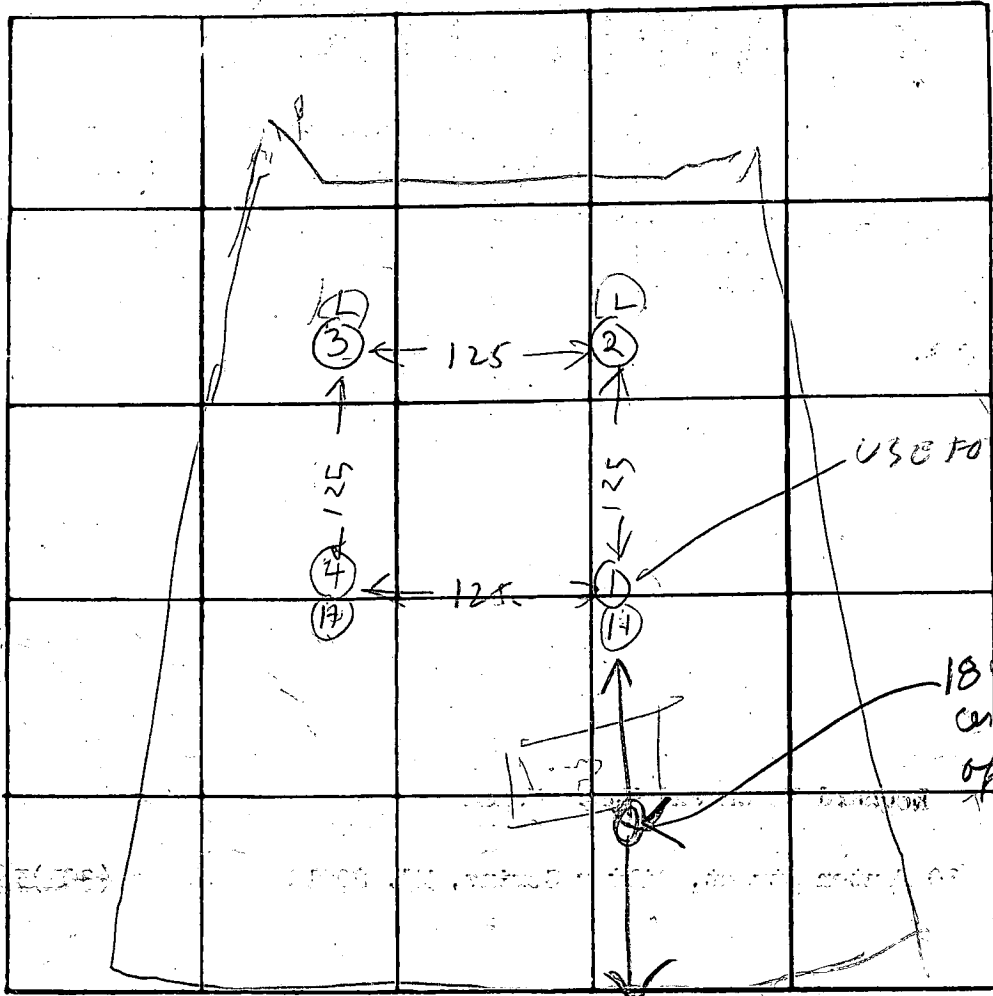
SHALE R11

LOT 10 PER RECORD PLAT F89-83 SIGNED 7/18/91

THIS IS NOT A PERMIT

lot 32

125
125
8/35



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

FLORENCE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - DROP		TIME
			START	STOP	START	STOP	
5/20/78	A1 D	1 1/2	1032	1041	1041	1045	4
6/20/78	A1 S	4	1033	1053	1053	1112	19
11/7	D2 T	12	1047	1048	1048	1052	4
11/7	D2 S	4 1/2	1047	1052	1052	1106	14
11/7	C3 D	12	1059	1104	1104	1118	14
11/7	C3 S	4 1/2	1059	1104	1104	1145	11
11/7	B4 V	12	TOP 1307	3 FT 9 FT	CLAY 18 FT SANDY	DRY	

REMARKS: CERTIFY HOLE LOCATION

Re-measured Hole locations with Boender 2/20/80 Lot 32

TESTED BY: R.H.A.S.

ALSO PRESENT: MEW SIKV CO. BOLLERSKI

C1 **5134** SEQUENCE NO. (DENV USE ONLY)

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.

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

COUNTY NUMBER 84/92/0234

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
071294

Depth of Well
225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-99-0119

OWNER Goldberg last name Flowers first name Patrick TOWN Longwood
 STREET OR RFD _____ SECTION _____ LOT 12
 SUBDIVISION Rural tract

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	
Top Soil	0	2	
Brown Shale	2	60	✓
Brown Slate	60	65	
Blue Slate	65	85	
Brown Slate	85	90	✓
Blue Slate	90	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 14 NO. OF POUNDS 1100
 GALLONS OF WATER 84
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 90 ft.
 (enter 0 if from surface)

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 8
 METHOD USED TO MEASURE PUMPING RATE live test
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 48
 WHEN PUMPING 77
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

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) 6
 Total depth of main casing (nearest foot) 90

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below }

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

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

C2

DEPTH (nearest ft.)

1	<u>HO</u>	<u>60</u>	<u>225</u>
2			
3			

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

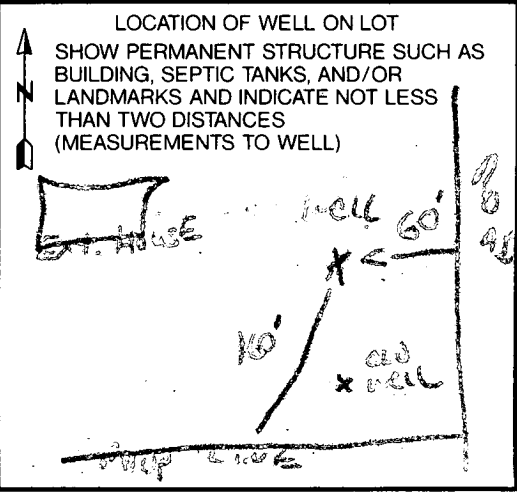
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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 IDENT. NO. 116
 DRILLERS SIGNATURE Patrick Flowers
 (MUST MATCH SIGNATURE ON APPLICATION)

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



B 1 1206

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER

40-94-0119

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

Date Received (APA)

070794

OWNER INFORMATION

GAFFREY PATRICK

1800 FLORENCE RD

Mt Airy MD 21001

DRILLER INFORMATION

Ralph MAYNE 1116

Ralph MAYNE (well drilling)

9120 Brown Church Rd. Mt. Airy

Signature Date 8/17/94

B 3

LOCATION OF WELL

HOWARD

KOGAN TRUST

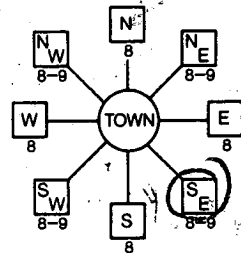
SECTION LOT 10

LONG CORNER

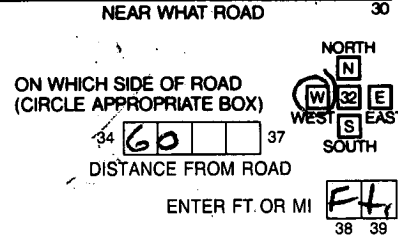
MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



FLORENCE Rd



TAX MAP: _____ BLK: _____ PARCEL _____

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 COUNTY NAME P49942/A27381 COUNTY NO.

STATE SIGNATURE DATE ISSUED 070794 INSERT S EXP. DATE 7/7/95

NORTH GRID 591000 EAST GRID 0758000

APPROXIMATE DEPTH OF WELL 150 FEET

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

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 deepen an existing well
Permit number of well to be replaced or deepened (if available) 40-94-0107

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

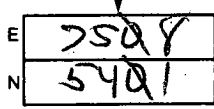
FORCE RR PERMIT NO. 40-94-0119

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

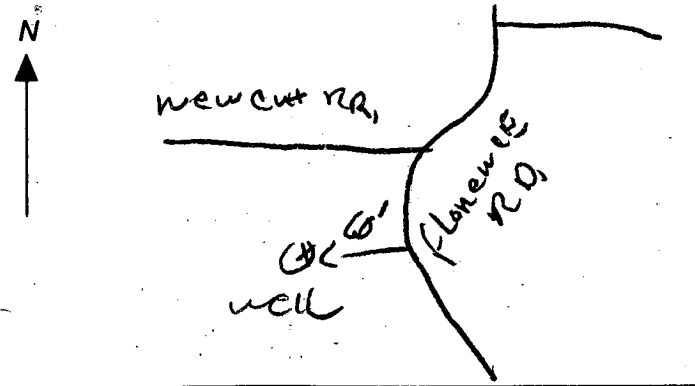
SOURCES OF DRILLING WATER

- 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

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 1 6186 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
10-92-0107
fill in this form completely

OWNER INFORMATION
Date Received (APA) [] [] [] [] [] []
8 STEWARD MALEEN 13
15 Last Name Owner First Name 34
36 1850 FLORENCE RD 55
57 MOUNT AIRY 70 State-72 Zip 76

DRILLER INFORMATION
Driller's Name: Ralph MAYNE 223 77 License No. 80
Firm Name: KALOH MAYNE well drilling
Address: 9120 Brown Church Rd. Mt Airy
Signature: Ralph Mayne 5/3/92 Date

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

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 HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 150 FEET
APPROXIMATE DIAMETER OF WELL: 6" INCH NEAREST

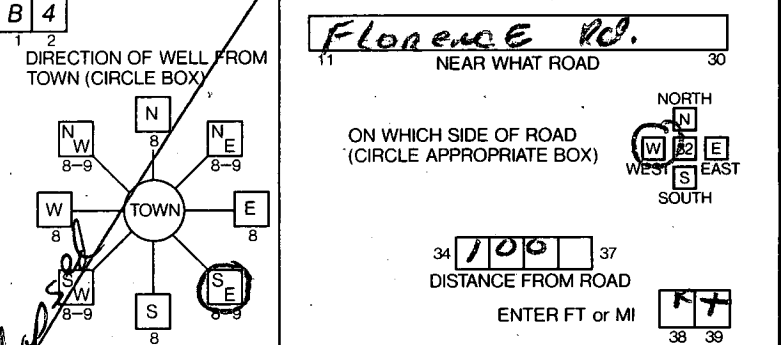
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

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)
APPROP. PERMIT NUMBER: GAP
FORCE: RHM WRITE INITIALS IN BOX PERMIT No. 10-92-0107

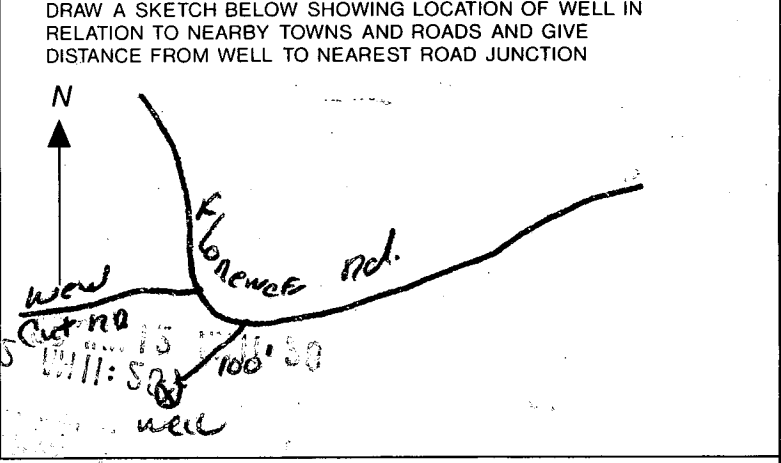
SPECIAL CONDITIONS

LOCATION OF WELL
HOWARD 8 COUNTY
KOGAN TRUST 23 SUBDIVISION
SECTION 44-46 LOT 10 48-50
LONG CORNER 52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2 MI



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME A 27381 COUNTY NO.
STATE SIGNATURE DATE ISSUED: 062592
43 CO SIGNATURE: Raymond Hodge 48 EXP. DATE: 12/25/93 41
NORTH GRID: 541000 EAST GRID: 0758000
50 55 57 63

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
E-2508
N-5401



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92 0107
 Location of property (road) 1850 FLORENCE RD
 Subdivision BOGAN TRUST Lot 10 Block Plat Sec.
 Well Driller RALPH MAYNE Owner MARLEN STEWARD

Depth of well 305'
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 105' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	105 ft	30	Sec	2 GPM
9:00	105 ft	30	Sec	2 GPM
9:15	105 ft	30	Sec	2 GPM
9:30	105 "	30	Sec	2 "
9:45	105 "	30	Sec	2 "
10:00	105 "	30	Sec	2 "
10:15	105 ft	30	Sec	2 GPM
10:30	105 ft	30	Sec	2 GPM
10:45	105 ft	30	Sec	2 GPM
11:00	105 "	30	"	2 "
11:15	105 "	30	"	2 "
11:30	105 "	30	"	2 "
11:45	105 ft	30	Sec	2 GPM
12:00	105 ft	30	Sec	2 GPM
12:15	105 ft	30	Sec	2 GPM
12:30	105 "	30	"	2 "
12:45	105 "	30	"	2 "
1:00	105 "	30	Sec	2 "
1:15	105 ft	30	Sec	2 GPM
1:30	105 ft	30	Sec	2 GPM
1:45	105 ft	30	"	2 GPM
2:00	105 "	30	"	2 "
2:15	105 "	30	Sec	2 "
2:30	105 ft	30	Sec	2 GPM
2:45	105 ft	30	Sec	2 GPM

Handwritten notes:
 After collapse of well
 130' above pump
 5' 30' replacement well
 415' casing
 40' 8" casing
 12' casing

C1 **6835** SEQUENCE NO. (DENV 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 **427381**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
9/28/74

Depth of Well
305
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
110-92-0107

OWNER: **TENARD MARLEN**
 last name first name
 STREET OR RFD: **13 W. LORANCE RD** TOWN: **LONG CORNER**
 SUBDIVISION: **KOGAN TRUST** SECTION: LOT: **10**

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	
Top Soil	0	2	
Brown Shale	2	35	✓
Brown Shale	35	40	
Bl. Sh. Shale	40	65	
Brown Shale	65	20	✓
Bl. Sh. Shale	20	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL:
 CEMENT **C.M.** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1440**
 GALLONS OF WATER **12**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **99** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO
PL OT
ELASTIC OTHER
 MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **4 1/2** Total depth of main casing (nearest foot): **305**

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 BRONZE HOLE
PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **10** **45** **305**
 2
 3
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **9**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **105**
 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) **+** above } LAND SURFACE **2** (nearest foot)
- below }

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

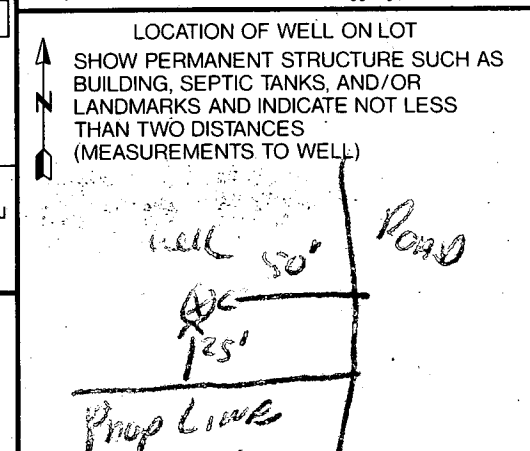
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **273**
 DRILLERS SIGNATURE *Ralph Wayne*

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT IF IN BOX 68

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



Office of Environmental Programs

WELL ABANDONMENT REPORT

Date AUG 13, 1994

Permit Number of abandoned well (if any)

HO-92-0107

Driller's Name

MAYNE Ralph
Last First

Owner's Name

GAFFREY PATRICK
Last First

Well Location:

County HOWARD 1800 Florence Rd
Subdivision KOGAN TRUST
Section _____ Lot 10
Nearest Town LOWY CORNER
Maryland Grid Location

Box Number E 750
N 540

	0/5	5/5
	0/0	<input checked="" type="checkbox"/> 5/0

Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify _____

Depth of Well 300 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify _____

Size of Casing 6 Inches

Was any case removed Yes No
if yes amount removed 3 (feet)

Was casing ripped or perforated Yes No

Log of Sealing Material

Material	Feet	
	From	To
<u>BLUE STONE</u>	<u>300</u>	<u>35</u>
<u>#2 Cement</u>	<u>35</u>	<u>3</u>
<u>DIRT</u>	<u>3</u>	<u>0</u>

Driller

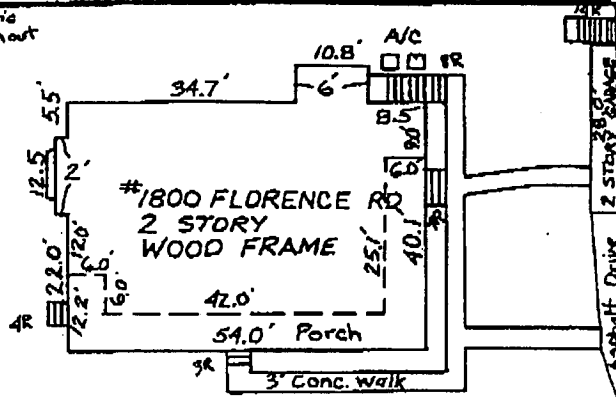
Ralph Mayne
(Signature)

License #

116

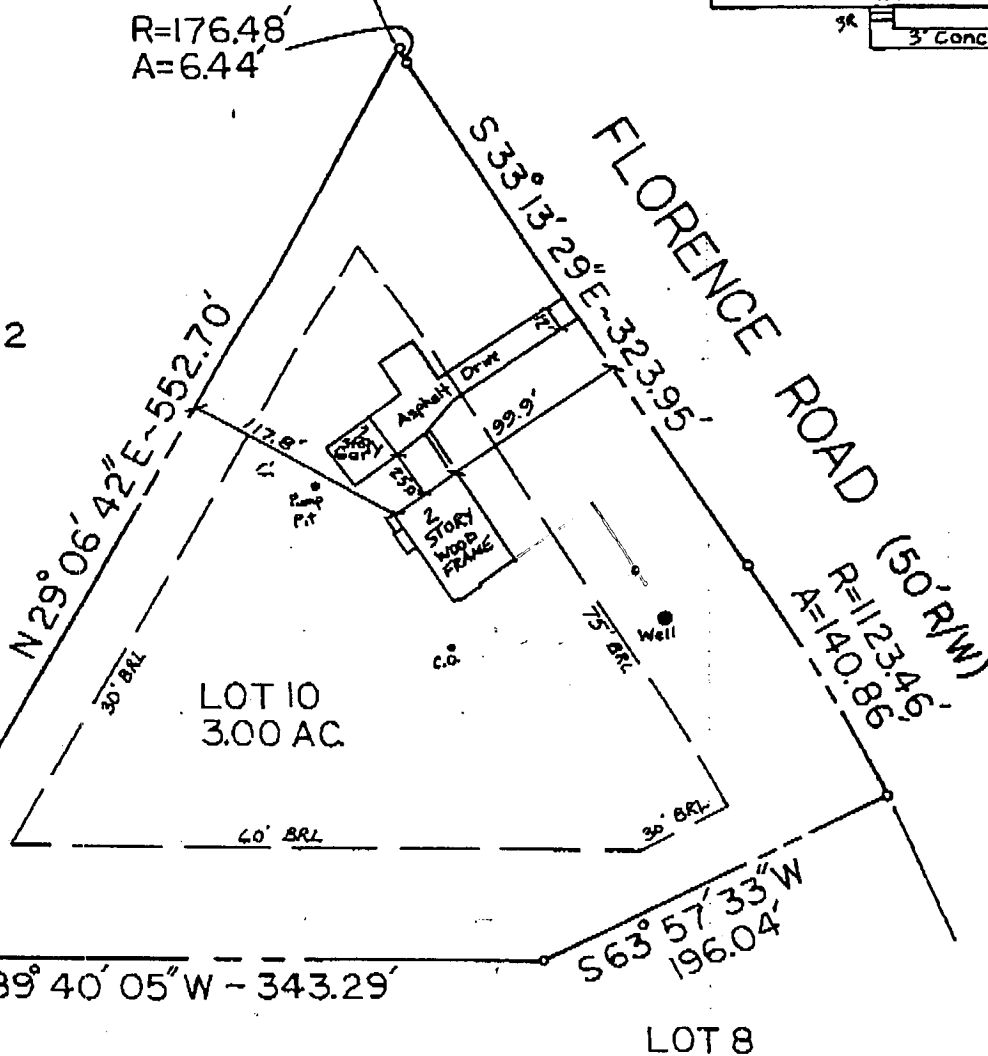


○ Septic
cleanout



R=176.48'
A=6.44'

LOT 12



LOT 10
3.00 AC

LOT 8

BUILDING PERMIT NO:

NO TITLE REPORT FURNISHED

ARC

ADVANCE RESOURCE CONSULTANTS, INC.
7940 AIRPARK ROAD
GAITHERSBURG, MARYLAND 20879

HOUSE LOCATION SURVEY

LOT 10
KOGAN TRUST PROPERTY
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE

I certify the plat shown hereon is correct. The location of the improvements shown is correct and they were located by a traverse survey made this date. Unless shown hereon there are no encroachments either way across property lines.

ROBERT H. PLANK
No. 10982

SCALE: 1"=100'

BLOCK: —

DATE

CK'D

LOT: 10

FINAL: 9/21/94

JPW

PLAT BOOK: —

WALL CHECK: 12/8/93

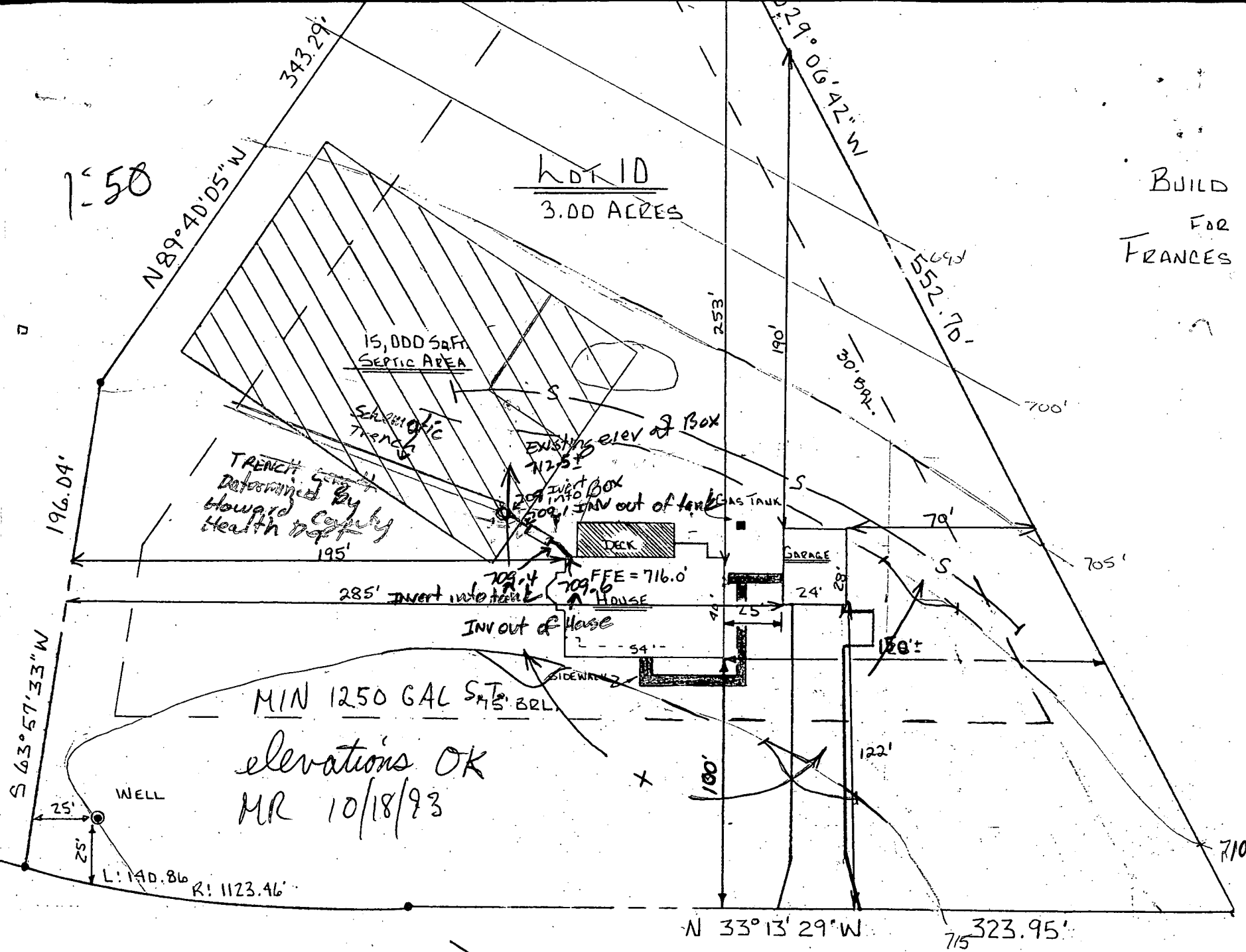
JPW

PLAT NO: 10011

BUILD FOR FRANCES

LOT 10
3.00 ACRES

1:50



MIN 1250 GAL ST. 1/2" BRL.
elevations OK
MR 10/18/93

1800 FLORENCE ROAD

IN
MT AIRY, MARYLAND