

Tax ID - 05-399661

11/13/87 pm

PERMIT

11/14/87
10:30

P 40432

A 39437

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 11/4/87

DATE SYSTEM APPROVED 11/16/87

INSPECTOR RH

*I.C.O.P. issued only
Time expired*

Paul Schissler/South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Buckskin Woods ROAD 4237 Buckskin Lake Dr LOT 31

PROPERTY OWNER Larry Besok

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

BUDG. PERMIT SIGNED AND RETURNED 7/17/95
Serial # 60765 - Interior Allowance

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 230 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 415 feet down the right (525.62') lot line and 95 feet off the same lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

LOCATION DIFFERS FROM SIGNED BP APPLICATION DIAGRAM.

566 ENCLOSURE FOR INSTALLATION DETAIL. 11/4/87 CW

PLANS APPROVED BY S. Abel DATE 11/04/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH AND RETURNED 9/10/89

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

BUDG. PERMIT SIGNED AND RETURNED 3/17/89

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

BUDG. PERMIT SIGNED AND RETURNED 3/9/88
Serial # 14082 program

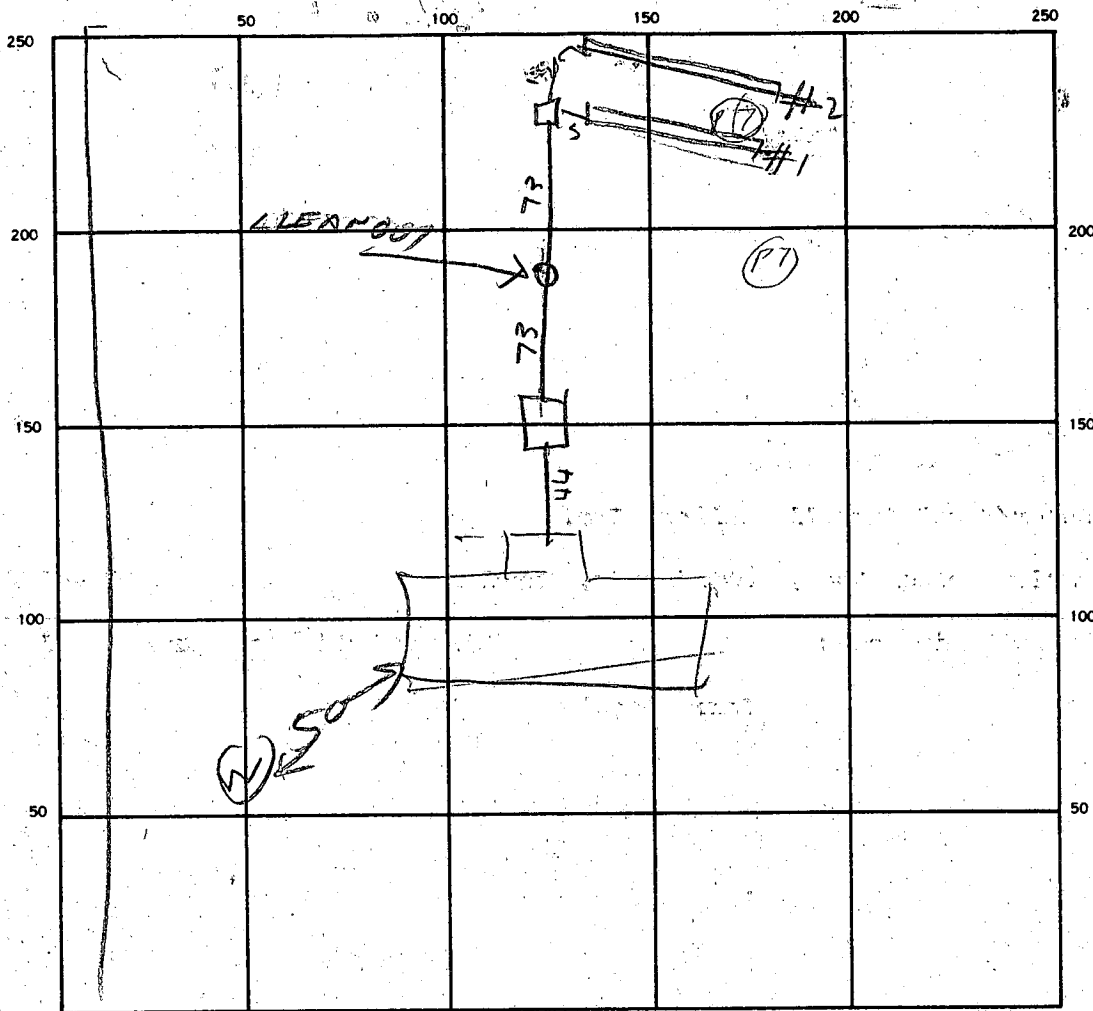
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

39437



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
BUCKSKIN LAKE DR

74
5.5
380
370
10702

55
42

SEPTIC TANK LEVEL 1000 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 1 1/2 FT. TRENCH WIDTH 2 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5.5 FT. TOTAL LENGTH 74 FT. 1442

INSTALLED	REQUIRED
407	360
767	690

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 407 360 767 690

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 11/13/07 - LOCATION OK PER PLANS PERC HOLES SEEN

OK TO COVER TANK CALL FOR INSPECTION ON TRENCHES R17

11/16/07 - TRENCHES DUG & LAST OF STONE ADDED AT

TIME OF INSPECTION TANK HOOK UP OK R17

DATE SYSTEM APPROVED 11/16/07

INSPECTOR Raymond Hooley

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35555

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE MAY 6 1985

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. LARRY BESOK

PROPERTY OWNER DALE Z. MAKEL c/o HOWARD COUNTY LAND SERVICES

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. ~~31~~ NEW LOT 31

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG
COUNTRY SCHOOL 4237 BUCKSKIN LAKE DR.

SIZE OF LOT 3 ACRES TYPE BLDG. 4
(NUMBER OF BEDROOMS)

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. DALE Z. MAKEL
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-29-85 PERC. SATISFACTORY - hold for Certified Subdivision PLAT S Abel

BLDG. PERMIT SIGNED
AND RETURNED 3/3/87
BP 10817

Sdkw

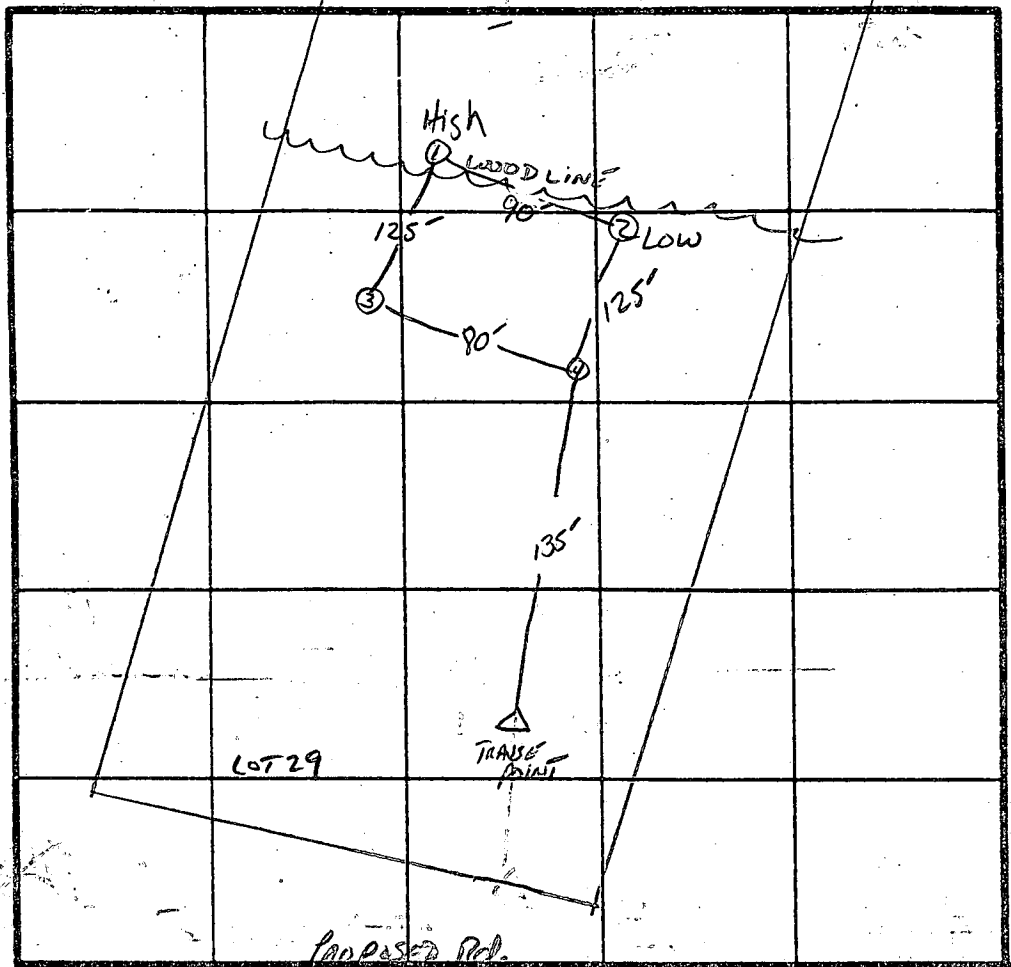
THIS IS NOT A PERMIT

① ③
SOIL PROFILE

0"
6"
3"
12-15"

A1-3
Yellow Brown
CLAY LOAM
41% SAPROLITE

Yellow Brown
SILTY SAND
micaceous
20%
SAPROLITE



x PERC TIME
5
INLET 3
BOTTOM MAY 9

1584/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

④ ②

6"
3.5"
13-14"

A1-3
Yellow Brown
CLAY LOAM
41% SAPROLITE

Brown
micaceous
SILTY SAND
20-30%
SAPROLITE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/29/85	1 S	3.5'	1:11	1:12	1:12	1:14	2min
	2 S	12'	uniform soil	STRUCTURE Below	3"		
	2 S	3.5'	1:04	1:05:30	1:05:30	1:09:30	4min
	2 S	14'	uniform soil	STRUCTURE Below	3.5"		
	3 S	3.5'	1:13:30	1:16	1:16	1:22	6min
	3 S	13'	uniform soil	STRUCTURE Below	3"		
	4 S	3.5'	1:17	1:20	1:20	1:27	7min
	4 S	13'	uniform soil	STRUCTURE Below	3.5"		

REMARKS: HOLE AS PERC PLAT

TYPE OF SOIL: SAND

O-KETERMAN

APPLICATION

PERCOLATION TESTING

A 39437
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 6/5/87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*REVISOR
6/5/87 CW*

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Larry T. or Andrea M. Besok

8553 Pineway Drive

ADDRESS Laurel, Maryland 20707 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BUCKSKIN LOT NO. 31

ROAD AND DESCRIPTION Buckskin Lake Drive

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. Single Family Dwelling
(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.

Olen L. Ketterman

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-17-87 Perc Satisfactory - hold for PERM - S.M.A.

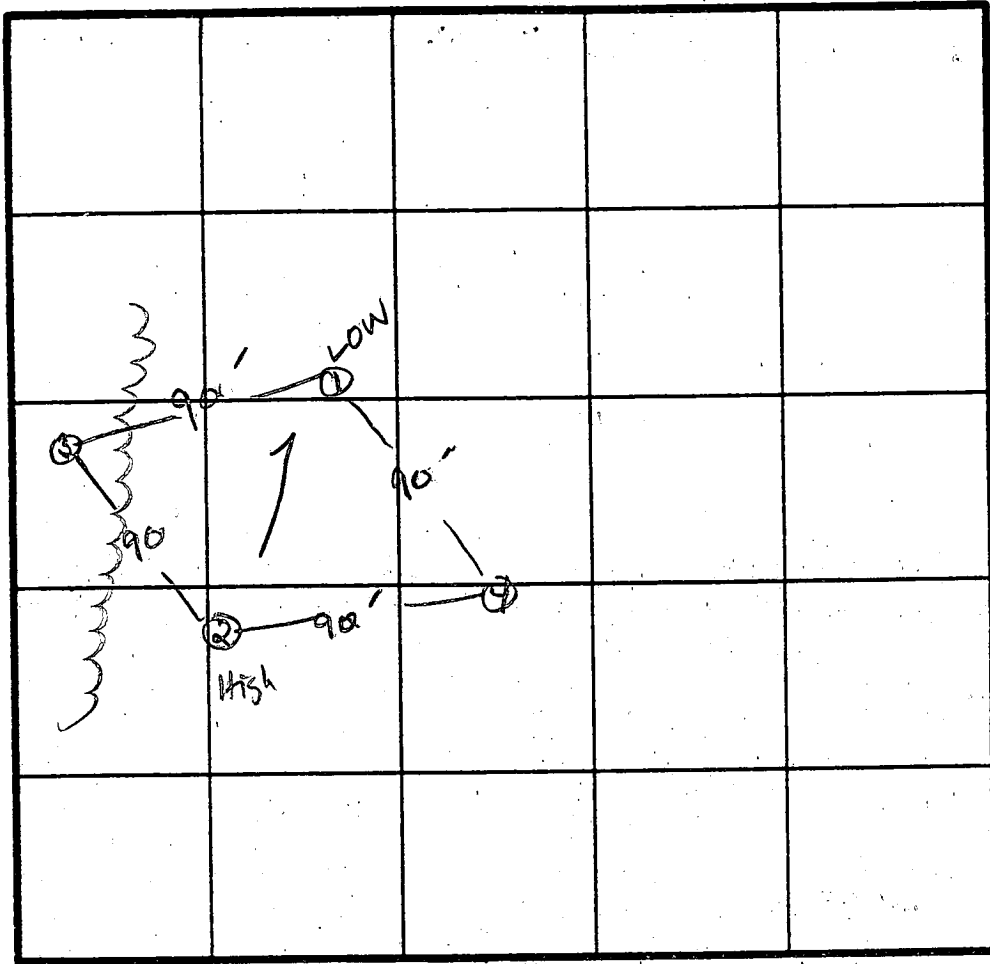
THIS IS NOT A PERMIT

① → ④
SOIL PROFILE

0"
10"
2.5-3'
13'

AP 1tx
BR. RED
SILTY CLAY
LOAM
<10% FRAGS

RED BR.
SAND
LOAM
Highly
MICACEOUS
10-15%
FRAGS



2 Perc/min
230 4/8
Inlet - 3"
Bottom - 9"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BUCKSWAN LAKE DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/17/87	1 S 1 V	3.5 13"	10:26	10:28	10:29	10:31	3 min
	2 S 2 M	3" 8"	10:37	10:41	10:41	10:52	11 min
			10:35	10:37	10:37	10:41	4 min
	2 V	12"	UNIFORM SOIL below		3.5" MORE GRAVEL IN clay layer		
	3 S 3 V	3" 12.5"	10:48	10:49	10:49	10:52	3 min
			UNIFORM SOIL below		2.5"		
	4 V	12.0"	SAME AS HOLE #2		UNIFORM SOIL below 3.5"		

REMARKS Perced AS STAKED - HOLES NOT STAKED PER PLAT. SA

TYPE OF SOIL Glendg - Chester

TESTED BY S. Abel

MARK. O. KOTTEKMAN

ALSO PRESENT

BUCKSKIN WOODS

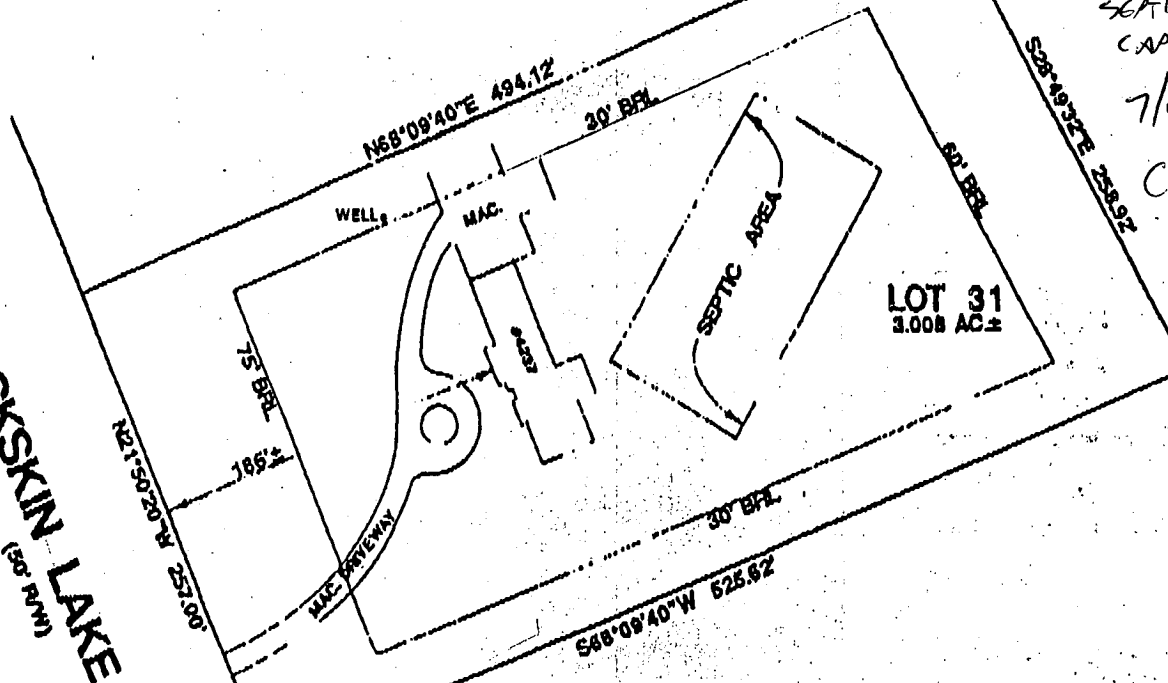
SECTION 1
A RESUBDIVISION OF BUCKSKIN FARMS
LOT 31
HOWARD COUNTY, MARYLAND
SHEET 4 OF 7

PROPOSED REMODEL
+ ADDITION OF BEDROOM
SEPTIC 210 YRS OLD
ADEQUATE FUTURE
REPAIR OPTIONS
APPROVED w/o
REQUIREMENT FOR
ADDITIONAL
SEPTIC 34
CAPACITY,
7/7/95
Cwellha

32

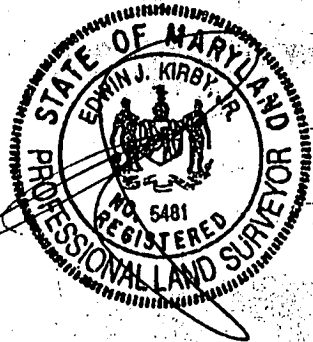
NORTH

BUCKSKIN LAKE DRIVE
(60' R/W)



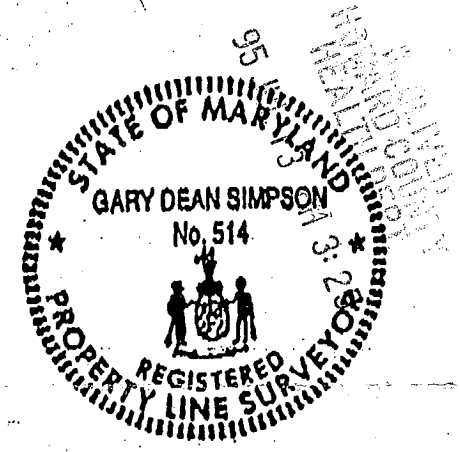
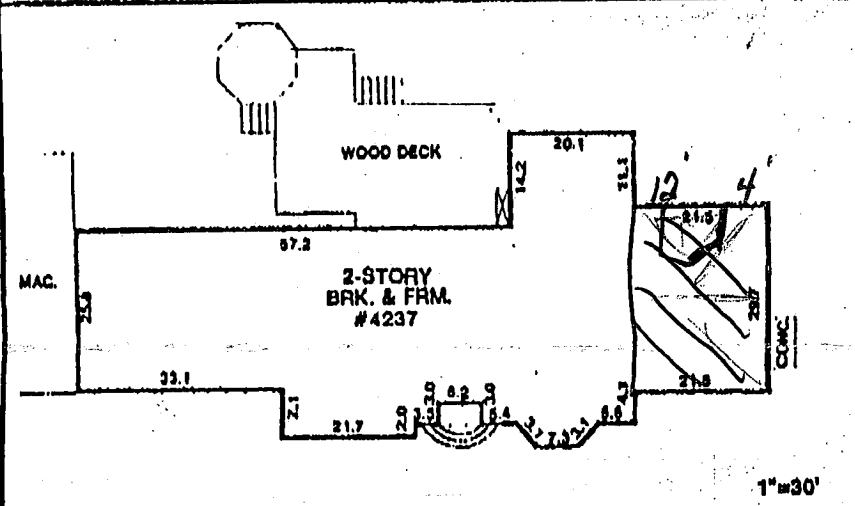
LOT 31
3.008 AC±

1"=100'



30

Updated 6-23-93
EDWIN J. KIRBY, R.S.
410 337-7942

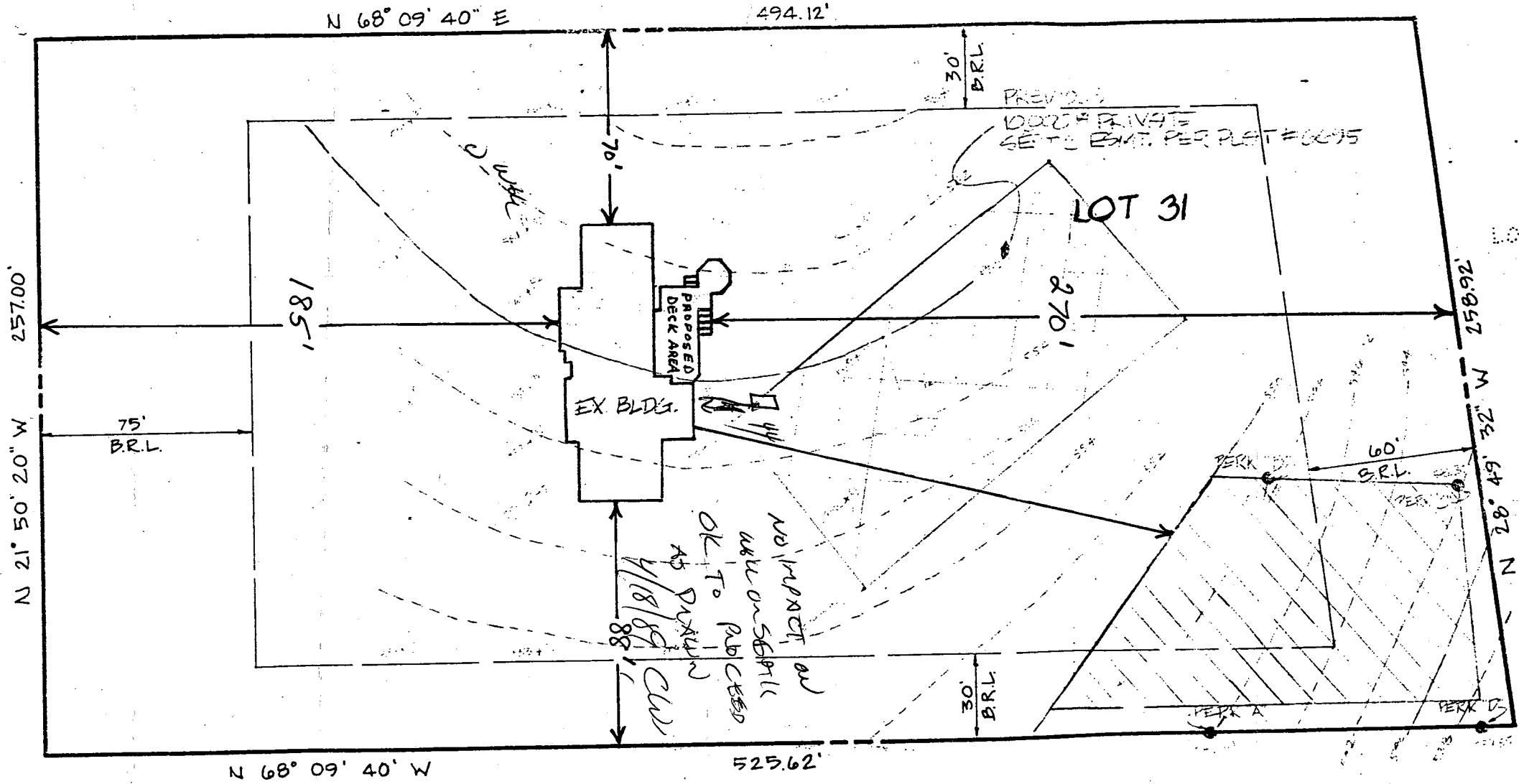


PROPERTY ADDRESS: 4237 BUCKSKIN LAKE DRIVE
THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE G (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 249944, 9031 B, AS REVISED 12-04-1994.

CERTIFICATE I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS. GARY DEAN SIMPSON Reg. MARYLAND P.L.S. No. 514	REFERENCES PLAT BK. CMP 6695 PLAT. NO. LIBER FOLIO	 CMS CENTRAL MARYLAND SURVEYORS 3403 Nottingham Court (301) 249-3126 FAX (301) 390-8157 Bowie, MD 20716	DATE OF SURVEYS WALL CHECK: HSE. LOC.: 01-10-92 BOUNDARY:	SCALE: AS SHOWN DRAWN BY: GDS JOB NO: 1116-91

NOTES: 1) This location for title purposes only, no title report furnished, not to be used for determining property lines, building fences or other improvements.
2) Property corner markers NOT found, or guaranteed by this location.
3) B.A.L. Information, if shown was obtained from existing record plat or local agencies and is not guaranteed by CMS, INC.
4) Building line and/or Flood Zone Information is subject to the interpretation of the originator
5) CMS, INC. does not certify to unshown or unrecorded encroachments or easements.

4237 BUCKSKIN LAKE DRIVE (50' R/W)



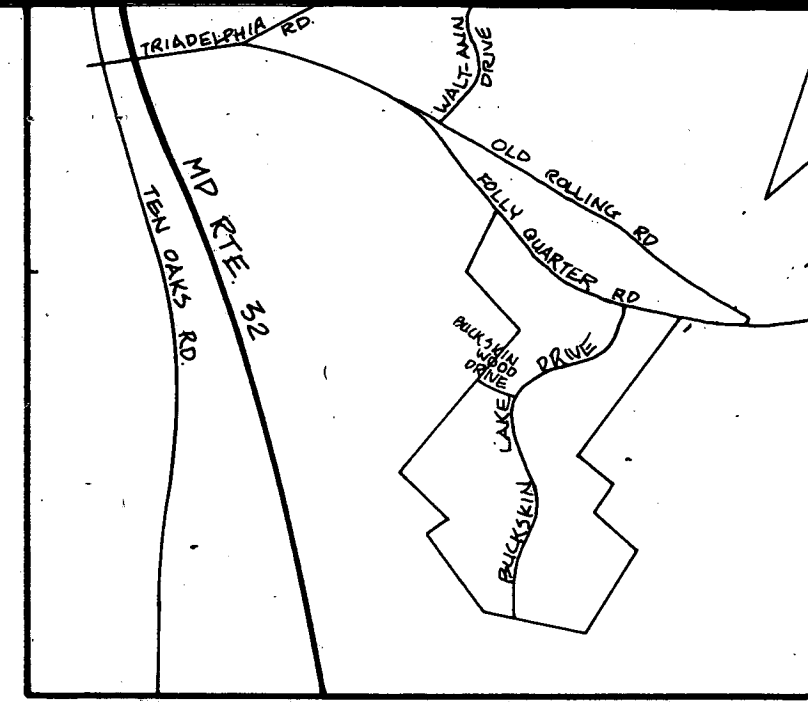
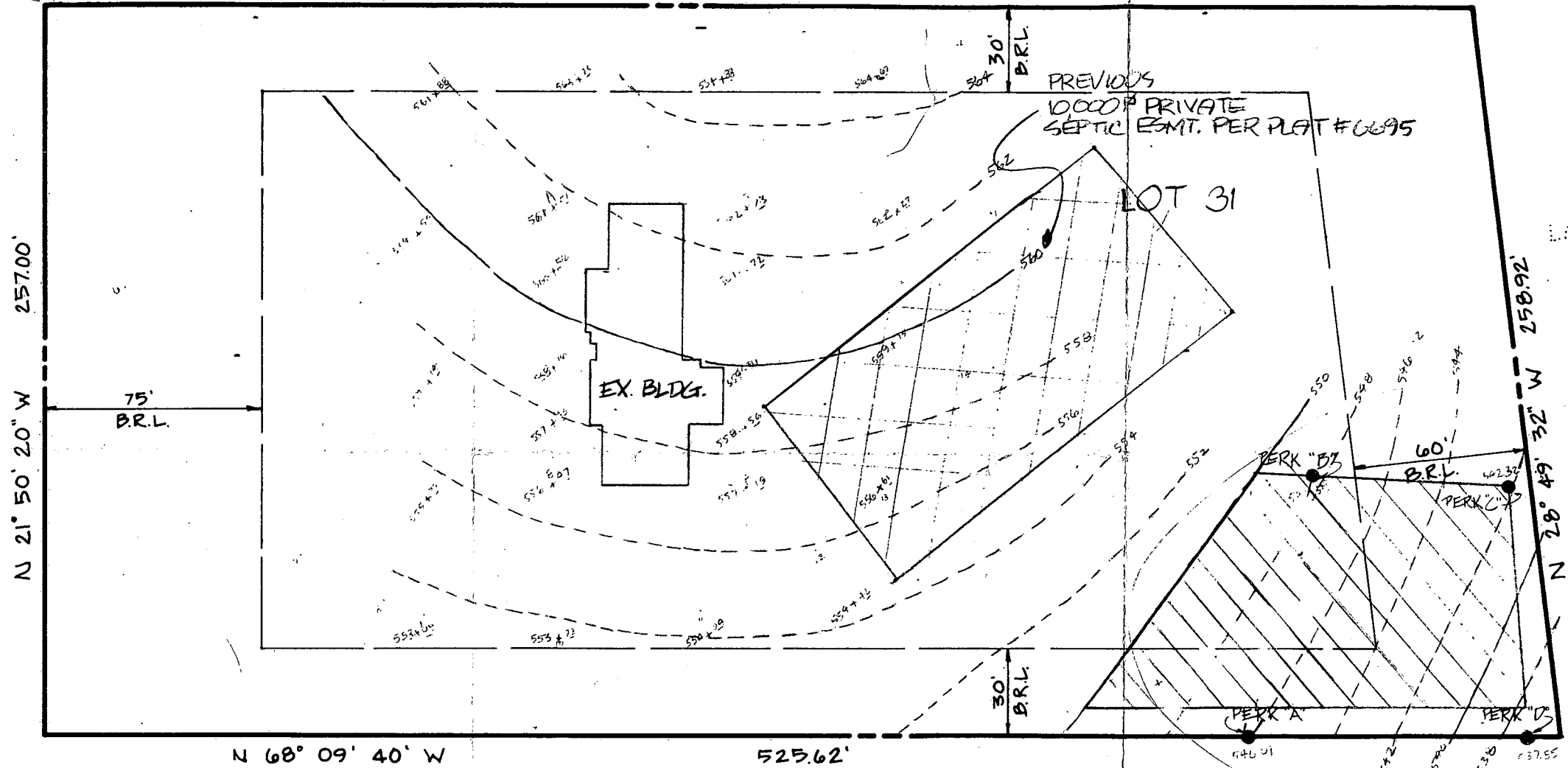
NOTES:

1. SUBJECT PROPERTY IS ZONED PL...
2. [Hatched Box] THIS AREA AS REQUIRED BY HEALTH AND DISPOSAL ARE RESTRICTED THESE ARE CONNECTIONS TO HEALTH OR VARIANCES SEWAGE SEWAGE
3. THE LOT OWNERSHIP IN MARYLAND HYGIENE.
4. ● DESIGN



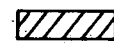
FIELD

BUCKSKIN LAKE DRIVE (50' R/W)



VICINITY MAP
SCALE: 1" = 2000'

NOTES:

1. SUBJECT PROPERTY ZONED R PER B-2-85 COMPREHENSIVE ZONING PLAN.
2.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. REORDINATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
4. ● DESIGNATES FIELD LOCATED PERC. TEST.



Gregory Shanaberger

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLCOTT CITY, MARYLAND 21043
(301) 461-9563

APPROVED: FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT.

Joseph Boyles 10-22-87
COUNTY HEALTH OFFICER DATE

FIELD LOCATED PERCOLATION TEST PLAT
LOT 31
BUCKSKIN WOODS (PLAT #...)
SECTION ONE
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
TAX MAP 22 PARCEL 526
SCALE: 1" = 50'
DATE: 10-12-87

B 1 4753

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

00-91-1430

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

3hr. Pump test and geotest on 10/13/86 Holiday please print or type

Date Received

10/13/86

OWNER INFORMATION

RESOR Owner First Name

353 PINEFLY DR Street or RFD

1 LAUREL Town MD 20707 Zip

B 3

LOCATION OF WELL

HOWARD COUNTY

QUAVERSIA LAKE 23'SUBDIVISION

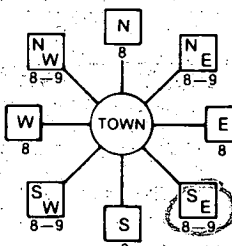
SECTION 44 LOT 21

DIETZ NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI

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

COUNTY NAME HOWARD COUNTY NO. 25555

OEP SIGNATURE DATE ISSUED

082186 R. Widom 02/21/87

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

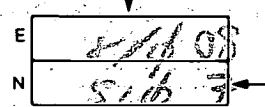
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

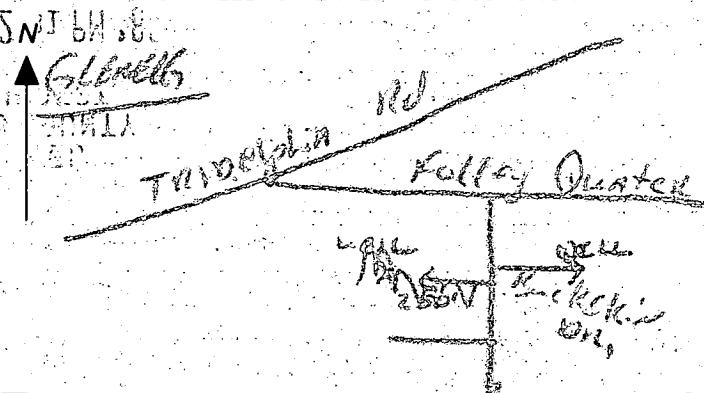
SOURCES OF DRILLING WATER

- 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



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
THIS WELL WILL DEEPEAN 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 INITIALS PERMIT No. 00-91-1430

SPECIAL CONDITIONS

C1 5271

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A-3555E

DATE RECEIVED

DATE WELL COMPLETED 10-13-86

DEPTH OF WELL 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1638

OWNER BESOK STREET OR RFD BUCKSKIN LAKE DR. first name TOWN GLENELG SUBDIVISION BUCKSKIN LAKE SECTION LOT 31

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Sandy Sand Stone, Mick A, Sand Stone, Mick A.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 24, NO. OF POUNDS 2400, GALLONS OF WATER 24, DEPTH OF GROUT SEAL 50 ft.

CASING RECORD: casing types insert appropriate code below. Includes codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: PL, diameter 6, total depth 80.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

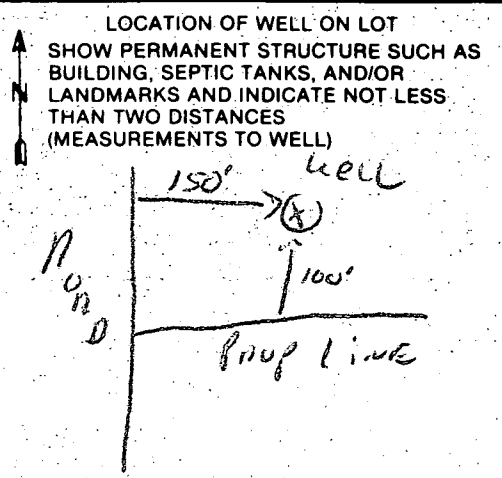
DEPTH (nearest ft.) table with handwritten entries: 140, 25, 205. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 56, 60.

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.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 15, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 10, WHEN PUMPING 40, TYPE OF PUMP USED (for test) 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, 35. PUMP HORSE-POWER 37, 41. PUMP COLUMN LENGTH (nearest ft.) 43, 47. CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below. LAND SURFACE (nearest foot) 2.



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. 273, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).