

Tax ID-04-349660

PERMIT

SEWAGE DISPOSAL SYSTEM

P 47851

A 41072

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR F.C.O.P.

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Ed Hereth

COMPLIANCE

DATE 2-26-92

461-9933
INDEXED

Behk Construction
Company, Inc.
531-2367

7/15/93

DATE SYSTEM APPROVED 8-21-92

INSPECTOR JEN

Dave Hopkins & Son

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 17550 Old Frederick road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Wellington Sec.1, Area 1 LOT 40 ROAD 2872 Hunt Valley Drive

PROPERTY OWNER Mr. and Mrs. Steve & Dotty Cook (OMELIA WAYNE)

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS 7-29-92 second 1250 G TANK TO BE INSTALLED IN SERIES.

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet from the front lot line as seen when facing the lot from Hunt Valley Drive and 150 feet from the point where the 139.10 feet long line and the 206.57 ft. long line intersect. Run the trenches toward the left side of the lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. O/K 1/31/92 RW

PLANS APPROVED BY Raymond Hodges DATE 11/02/91

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

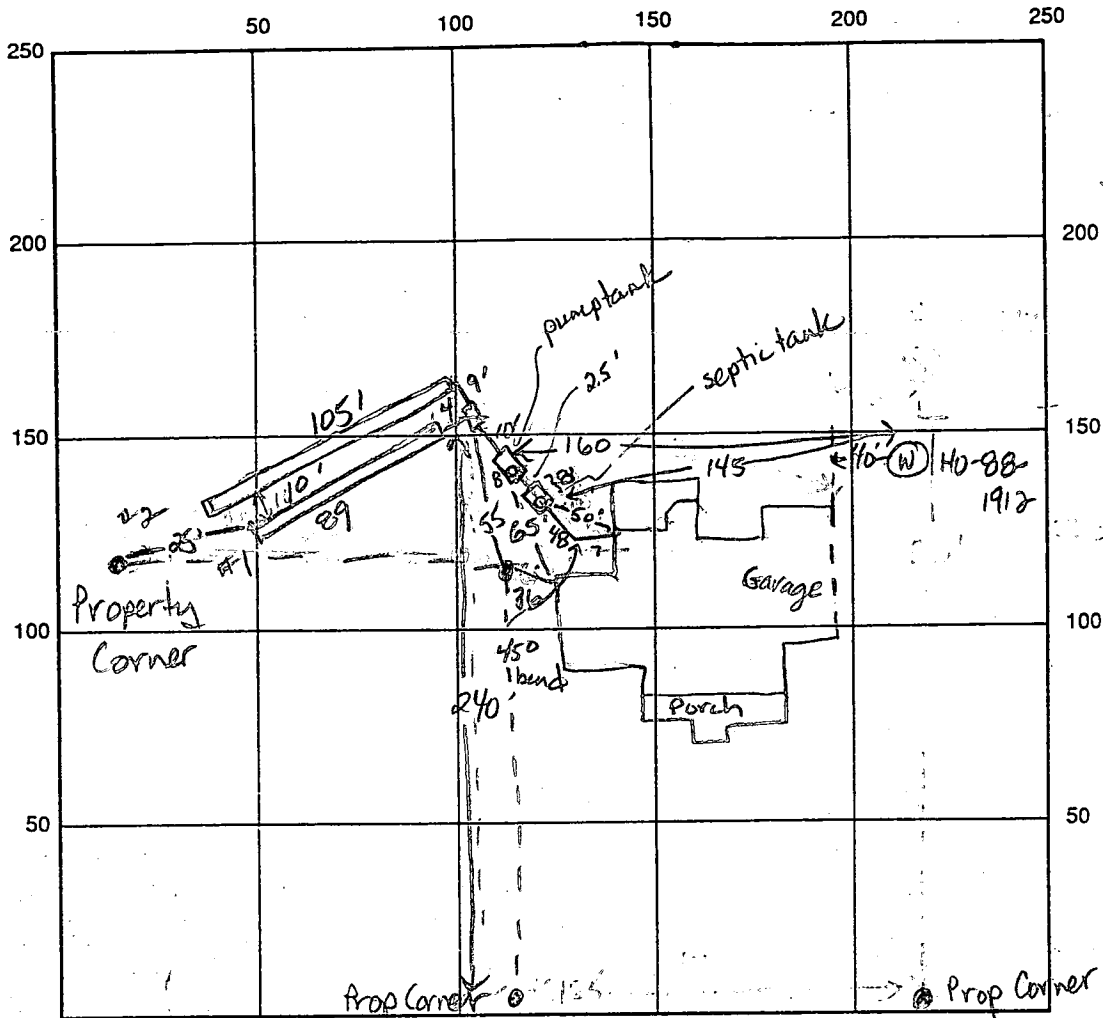
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

41072



58
10
60
24
240
120
144

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Pump Tank - 1250 gallon

Hunt Valley Drive

SEPTIC TANK LEVEL 1250 gallon

CLEANOUTS 1 on septic tank, 1 on pump tank

DISTRIBUTION BOX LEVEL OK w/ baffle

DRAIN FIELD/TITLE DEPTH 7.5 7.0 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3.5 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4.0 3.5 FT.

TOTAL LENGTH 89 105 FT.

NUMBER OF TRENCHES 2

ONE SIDEWALL BOTTOM AREA 356 367 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 723 SQ. FT.

REMARKS: 2-27-92 OK to stone trench #1 leaving inlet open for inspection. JEN 2-27-92 OK to cover trench #1 and stone trench #2. Add 15 ft length to trench #2 (105 ft). OK to cover tank JEN 2-28-92 OK to cover trenches. JEN 8-21-92 OK to cover pump tank. JEN

DATE SYSTEM APPROVED

8-21-92

INSPECTOR

Jane E. Madigan

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41072

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE December 18, 1987

*4/8/88
perc OK '10 - location
relative to lot 43
may require
combining lots
@*

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 ~~C. Oliver Goldsmith, et ux~~ Mr. & Mrs. Steve & Dotty Cook

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 437-7663
~~301-642-2121~~

PROPERTY LOCATION: LOT 40 Preliminary
SUBDIVISION Longwood Farm LOT NO. 542 Sec. 1

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and
Union Chapel Road 2872 Hunt Valley Drive

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential
(NUMBER OF BEDROOMS) *
* Undetermined at this time

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. SECURITY DEVELOPMENT CORP.
Bry. St. & Beach V.P.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

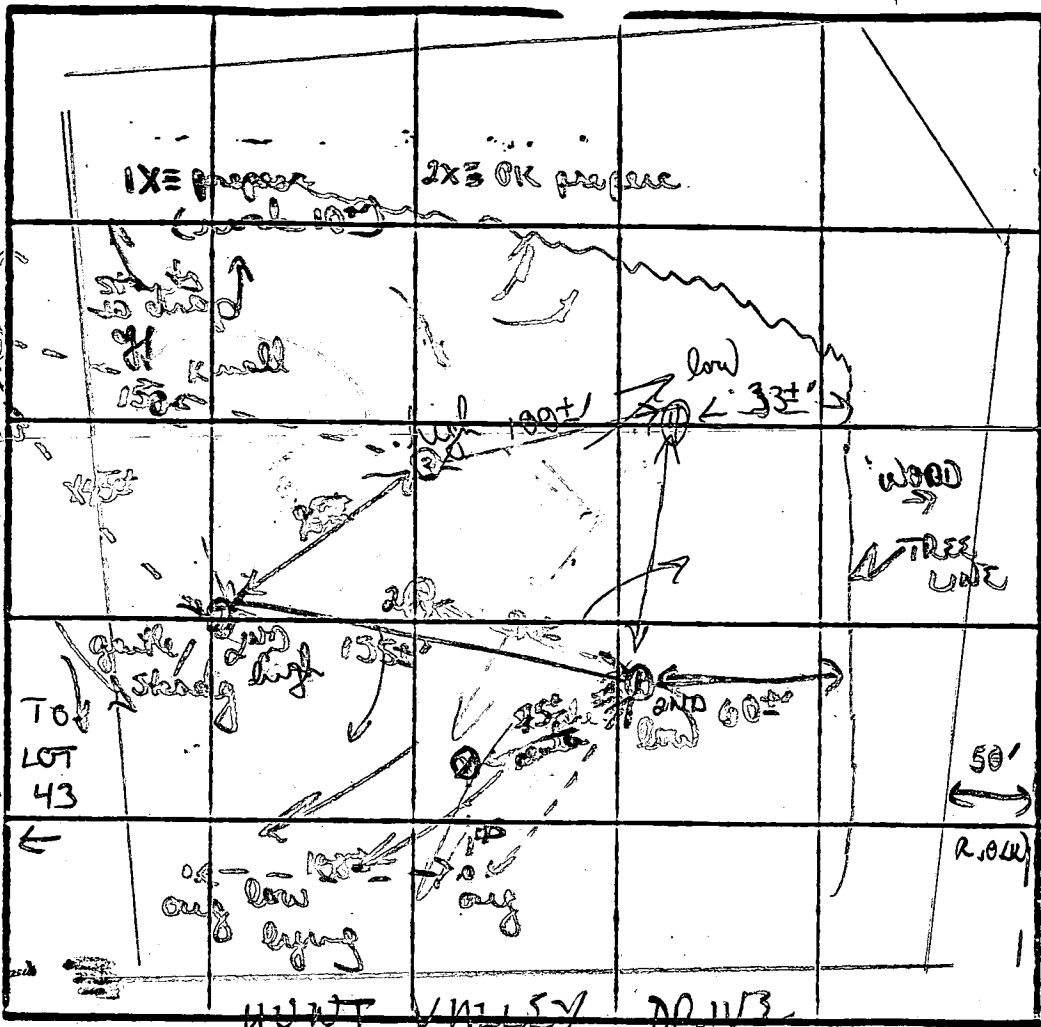
REASONS FOR REJECTION OR HOLDING for field located holes & S/D plant
limited house/well
field run tops all holes needed
BLDG. PERMIT SIGNED 12/3/87
AND RETURNED Serial # 40576-SFD
4 bedroom

THIS IS NOT A PERMIT

INLET 3 1/2
 MAX D 7 1/2
 X=6 MIN
 180°

SOIL PROFILE

yellow/brown clay loam 4 1/2'
 patchy yellow tan mostly silty loam
 silty loam w/ small black frags 12 1/2'
 12 1/2'
 43



orange/yellow brown clay silt loam 4'
 to mostly tan powdery silty loam
 12 1/2'
 4
 orange/tan patchy kaolinite silty clay 3 1/2-4'
 to mostly tan silty loam w/ small patches white chalky loam 12 1/2'

red/orange clay/clay loam 3 1/2'
 mostly orange silty loam 4 1/2'
 to 20-25% small layered black hard frags 5'
 9'
 < 15% thin hard 10 1/2'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/88	①	3 1/2 S	1153	1157	1157	1205	8min
		7 1/2 M	1152	1158	1158	1206	8min
		12 1/2 D	both (see profile)				
	②	4' S	1158	1200	1200	1204	4min
		10 1/2 D	both (see profile)				
	③	4 1/2 S	123	125	125	128	3min
		12 1/2 D	both (see profile)				
	④	3 1/2 S	125	130	130	136	6min
		11 1/2 D	both (see profile)				

REMARKS: no property concerns; orientation? lower aug 2 holes not dug. Well site in doubt. Field test areas needed

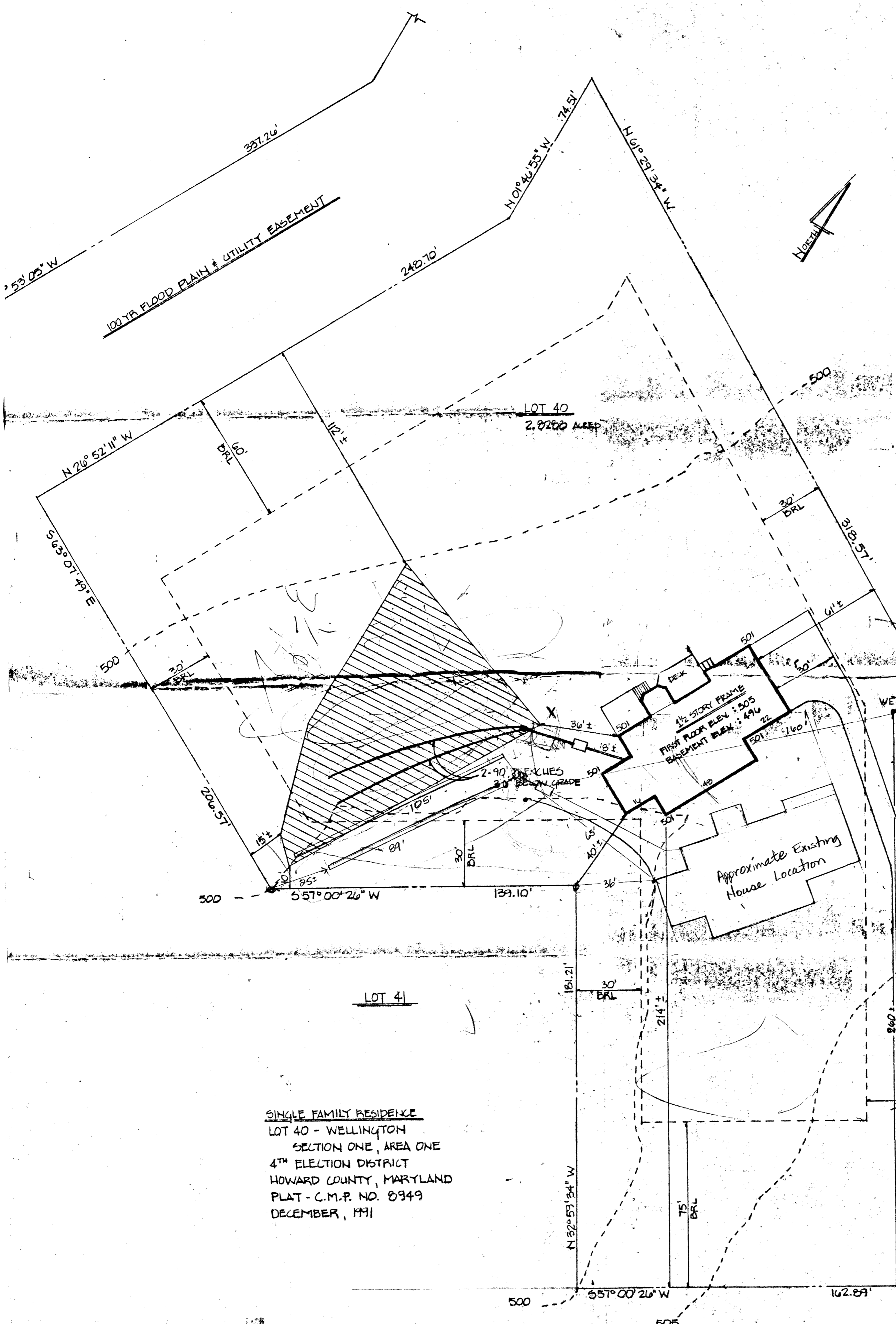
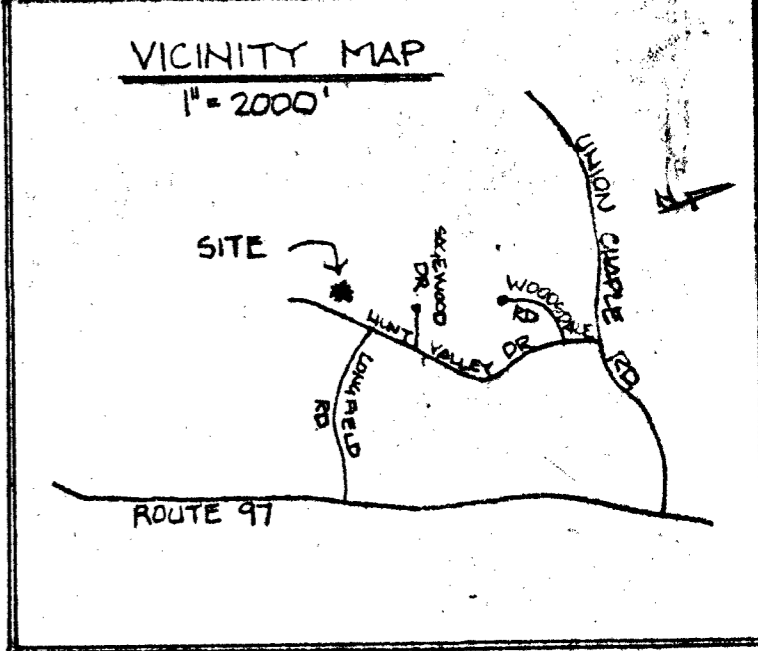
TYPE OF SOIL: orange/yellow tan clay loam 3 1/2-4', mostly tan silty loam below

TESTED BY: B. Nuyon

ALSO PRESENT: Chip, Ken H.

EH-12-1079

VICINITY MAP
1" = 2000'



UTILITIES	:	WELL & SEPTIC
FIRST FLOOR ELEV.	:	505.00
BSMT. ELEV.	:	496.00
INV. OUT OF HOUSE	:	499.00
INV. INTO TANK	:	497.00
INV. OUT OF TANK	:	496.75
INV. TO DIST. BOX	:	496.60
FIRST TRENCH ELEV.	:	496.50
EXIST. ELEV. @ SEPTIC FIELD	:	500.00
EXIST. ELEV. @ SEPTIC TANK	:	500.00
EXIST. ELEV. @ DIST. BOX	:	500.00
EXIST. ELEV. @ TRENCH	:	500.00
EXIST. ELEV. @ WELL	:	501.50
BEDROOMS	:	4

SINGLE FAMILY RESIDENCE
LOT 40 - WELLINGTON
SECTION ONE, AREA ONE
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT - C.M.P. NO. 8949
DECEMBER, 1991

12/5/91
PLANS OK
BP 40 546
R.H.

SITE PLAN
1" = 30'

BILL KOLAREK
BEUK CONSTRUCTION CO.
6658 WHITEGATE RD.
CLARKSVILLE, MD 21029
(410) 997-1871

Building Address: 2872 Hunt Valley Dr
Glenwood MD 21738
Suite/Apt. #: _____ SDP/N/P/Petition #: _____
Census Tract: 6040 Subdivision: W...
Section: _____ Area: _____ Lot: 40
Tax Map: 14 Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: 239 Lot size: 21

Property Owner's Name: Walter C. ...
Address: 2872 Hunt Valley Dr Olmelia
City: Columbia State: MD Zip Code: 21738
Home Phone: 410-992-7766 Work Phone: 410-992-7335
Applicant's Name & Mailing Address: (if other than stated herein)
Phone: _____ Fax: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 40000.00
Description of Work: single story R Sunroom
converted to a 2 story family Rm
Red brick addition

Contractor Company: Touse Remodeling Corp
Contact Person: Rob Touse
Address: 9329 Cornshock Ct
City: Col State: MD Zip Code: 21045
License No.: 23975
Phone: 410-992-9062 Fax: 410-992-9050

Occupant or Tenant: Wayne & Suzanne M. Mrlia
Contact Name: Same
Address: 2872 Hunt Valley Dr
City: Glenwood State: MD Zip Code: 21738
Phone: 410-992-7766 Fax: 410-992-7335

Engineer or Architect Company: J. H. ...
Contact Person: _____
Address: 10705 Charter Dr Suite 4010
City: Columbia State: MD Zip Code: 21044
Phone: 410-992-4417 Fax: 410-992-4497

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____ Manufactured Home _____	

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: [Signature]
Title/Company: Touse Remodeling Corp

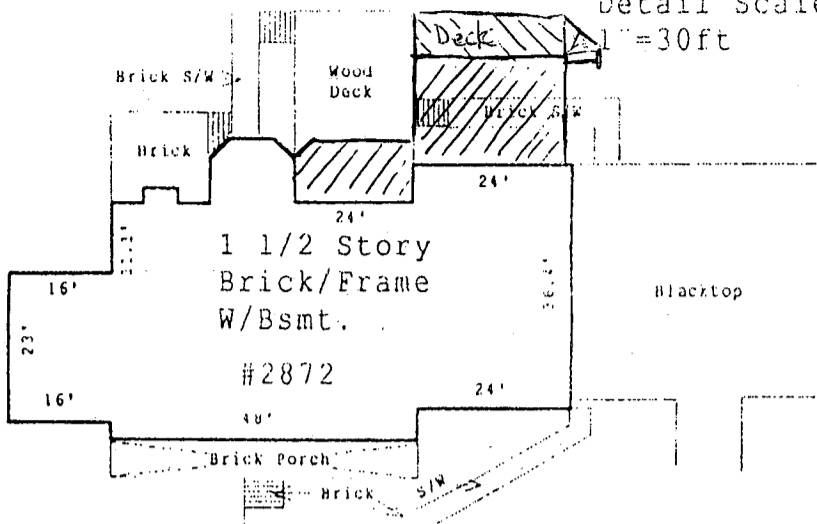
Print Name: Robert B. Touse
Date: 3/2/00

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

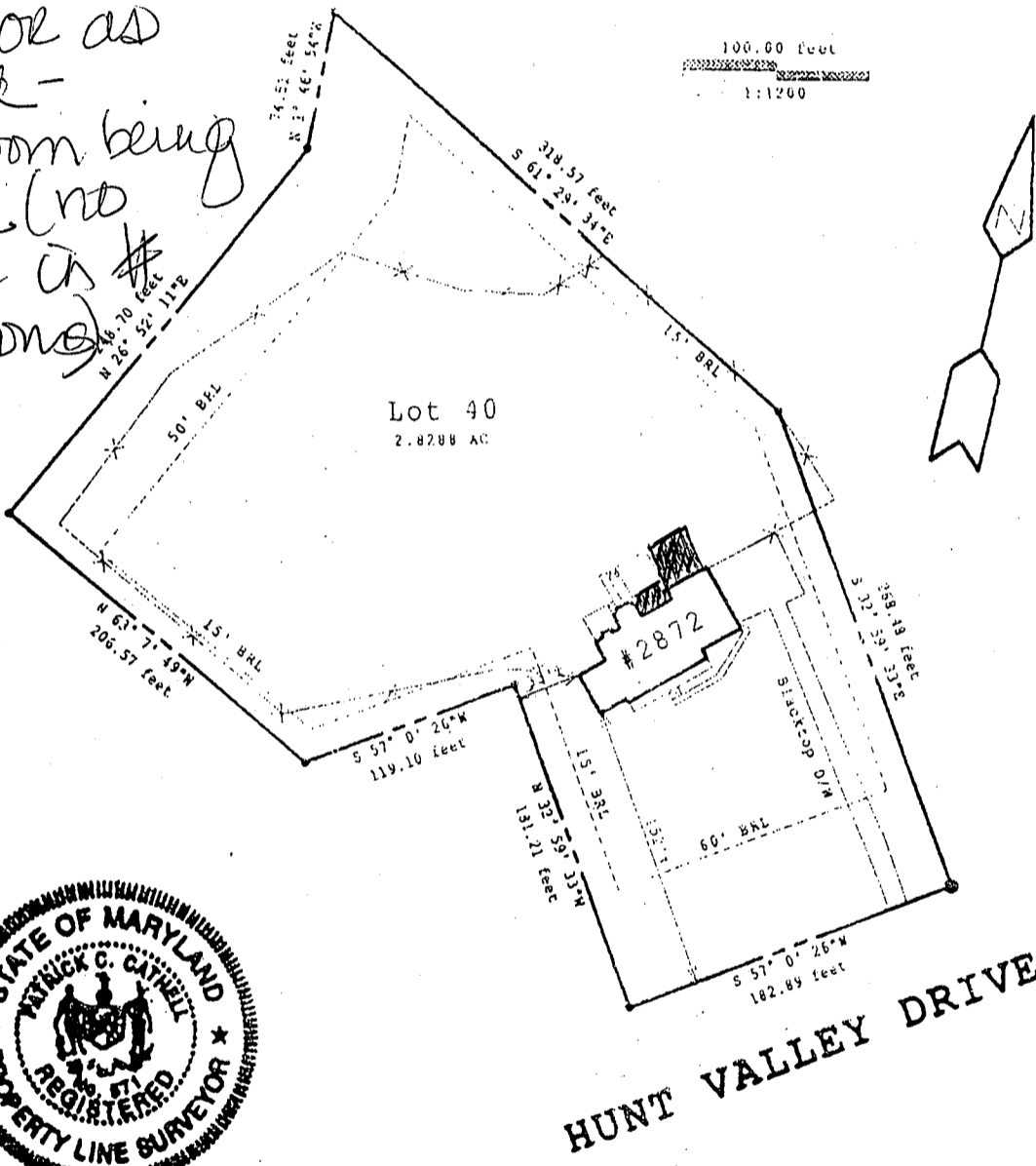
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	<u>3/2/00</u>	<u>[Signature]</u>	Front: <u>75' min</u> Rear: <u>60' min</u> Side: <u>30' min</u> Side St.: <u>ADA</u>	<u>43209</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>2105</u> Balance due \$ _____ Check # <u>887</u> Validation # <u>27558</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Health			Lot Coverage for New Town Zone _____	
Fire Protection			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

LOCATION DRAWING

Detail Scale
1"=30ft



3/100
Proposal OK as presented -
4th bedroom being enlarged (no increase in # of bedrooms)
OK to proceed
[Signature]



HUNT VALLEY DRIVE

Note: Location survey measurements are +/- 1' SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON.
Signature: Patrick Cathell
Reg. No. 571

CLS And Associates P.O. Box 190 Lisbon, MD 21765 Office: (410) 442-5117 Fax: (410) 442-5175	Date:	1/7/98	Project: 2872 HUNT VALLEY DRIVE Glenwood, Maryland 21738 Howard County Title Deed Liber: 2344, Folio: 384 Plat Ref: <u>Lot No. 40, Plat Book No. 11094, Plat Of Correction WELLINGTON, Section One, Area One, Lots 40 & 41 Formerly P/O Plat No. 8949</u>
	Scale:	1"=100ft	
	File:	LST 123-97	

5503

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-88-1912

fill in this form completely

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

please print or type

Date Received (APA)

06 07 91

OWNER INFORMATION

CLARK ASSOCIATES

11356 Homewood RD

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

WELLINGTON

SECTION 1 LOT 40

OKERWOOD

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Joseph Mayne 238

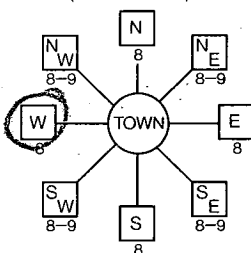
Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy 21771

Signature: Joseph L. Mayne 6/4/91

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunt Valley Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200

ENTER FT or MI FF

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)

- 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD

R#-41072

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

060591 Charles Bryan Street 12/05/91

NORTH GRID 530000 EAST GRID 0790000

APPROXIMATE DEPTH OF WELL 200 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 DEEPEN 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 CM PERMIT No. H0-88-1912

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

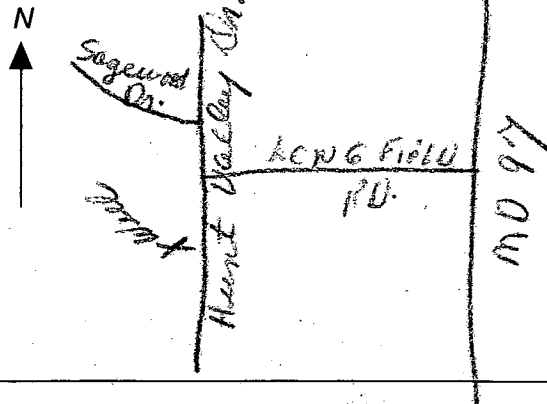
- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

790 10
530 10

9:30 Groud Done 9:45
12 bags of cement
83' casing
50' Open-groud
1' casing above ground on C.B.D. (V Taylor site)

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



C1 4567 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 A-41072

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
06/1/91

Depth of Well
225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-1712

OWNER CLARK ASSOCIATES
 STREET OR RFD last name HUNT VALLEY DR. first name _____ TOWN GLENWOOD
 SUBDIVISION WELLINGTON SECTION 1 LOT 40

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	
<u>SANDSTONE</u>	<u>0</u>	<u>78</u>	
<u>Gray Micr rock</u>	<u>78</u>	<u>225</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 12 NO. OF POUNDS 1128
 GALLONS OF WATER 72
 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 STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE SA Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 83

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

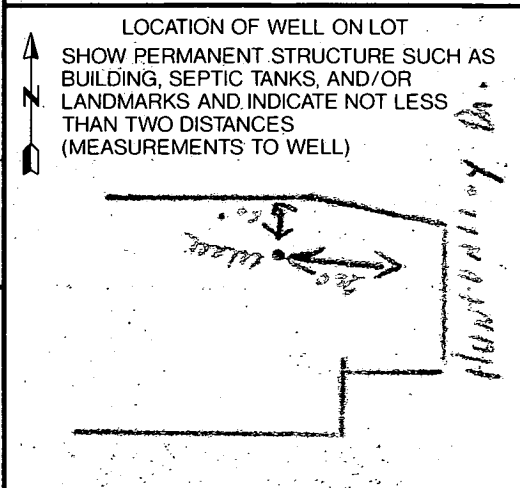
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 40 82 225
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 OF 111 68: 60

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ W Q _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 3-5
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 14
 WHEN PUMPING 77
 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 1 (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. 238

DRILLERS SIGNATURE James M. Maguire
 (MUST MATCH SIGNATURE ON APPLICATION)

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