

Tax ID - 04-358147  
**PERMIT**

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
**INDEXED**

P 510206

A 41082

DISTRICT 4th

DATE 6/15/98

DATE SYSTEM APPROVED 7/7/98

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 410-313-2640

Olen Ketterman IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 410-442-1336

SUBDIVISION Wellington LOT 81 ROAD 2897 Hunt Valley Drive

PROPERTY OWNER James H. Selfridge Builders **PENCEK**

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 215 feet up the right (346.20') lot line and 50 feet off that same lot line as seen when facing the lot from Hunt Valley Drive. Run trenches on contour in both directions.

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

*ok 5/11/98*

PLANS APPROVED BY Amy McMillen DATE 4/20/98

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

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**

**BUILDING PERMIT SIGNED AND RETURNED 6/20/98**  
*800 136853 - FINISH DEPARTMENT*

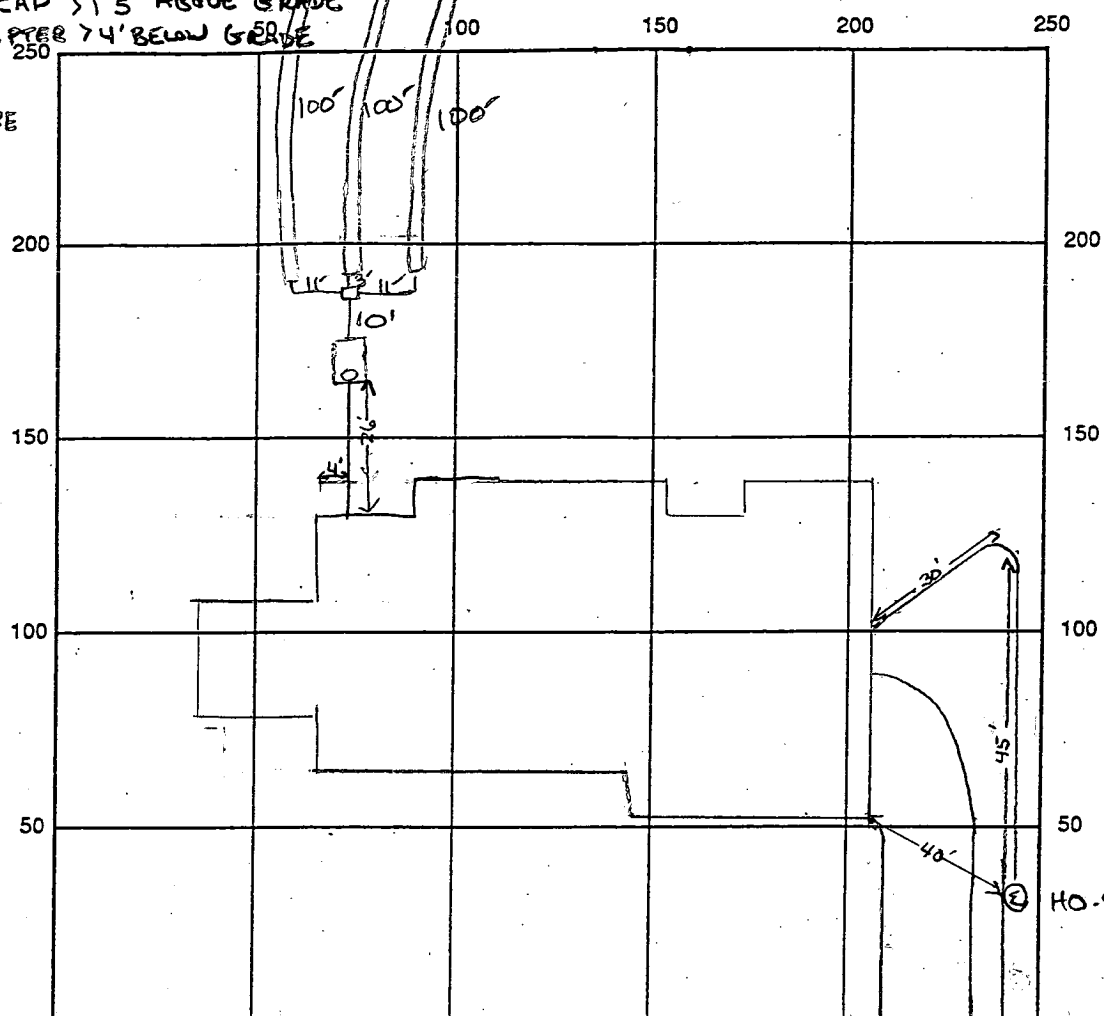
A 41082

*6/30/98  
C:O 1500  
+ WPI  
Final 7-7-98  
later in afternoon*

WELL HAS:

TWO PIECE WELL CAP > 1' 5" ABOVE GRADE  
PITLESS WELL ADAPTER 74' BELOW GRADE  
SCREEN / VENTS  
NEEDS

PVC ENCASING WIRE  
GROUND WIRE



HO-94-1464

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
HUNT VALLEY DRIVE

SEPTIC TANK LEVEL OK - 1500 gal CLEANOUTS 1 at septic tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x100 FT. → 300'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS: 6-30-98 WELL NEEDS PVC FOR ELECTRICAL WIRE. OK TO COVER SEPTIC

AND RETURNED TO SEPTIC TANK (H.O.)

7-7-98 FINAL INSP - OK TO COVER WORK AS COMPLETED - SUFFICIENT  
MATERIALS ON SITE. DKS

DATE SYSTEM APPROVED 7/7/98 INSPECTOR DONALD SELL

# APPLICATION

65

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41082

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

*4/15/88  
perc or id pending  
approved plat  
@*

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 G. Oliver Goldsmith, et ux JAMES H. SELFIDGE BUILDERS.

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION:  
WELLINGTON  
SUBDIVISION Longwood Farm

LOT NO. 69 LOT 3 ACRE  
ZONING

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and  
Union Chapel Road (2897 Hunt Valley Drive) OLD PERMIT SIGNED  
AND RETURNED 4-30-98  
Serial # B7111363

SIZE OF LOT 3+ Acres TYPE BLDG SFD Residential Bedroom  
(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 MOSHA REQUIREMENTS IN TESTING THIS LOT. By: [Signature]  
(SIGNATURE OF APPLICANT)

APPROVED BY B. Hodger FOR Trenches DATE 2/16/90

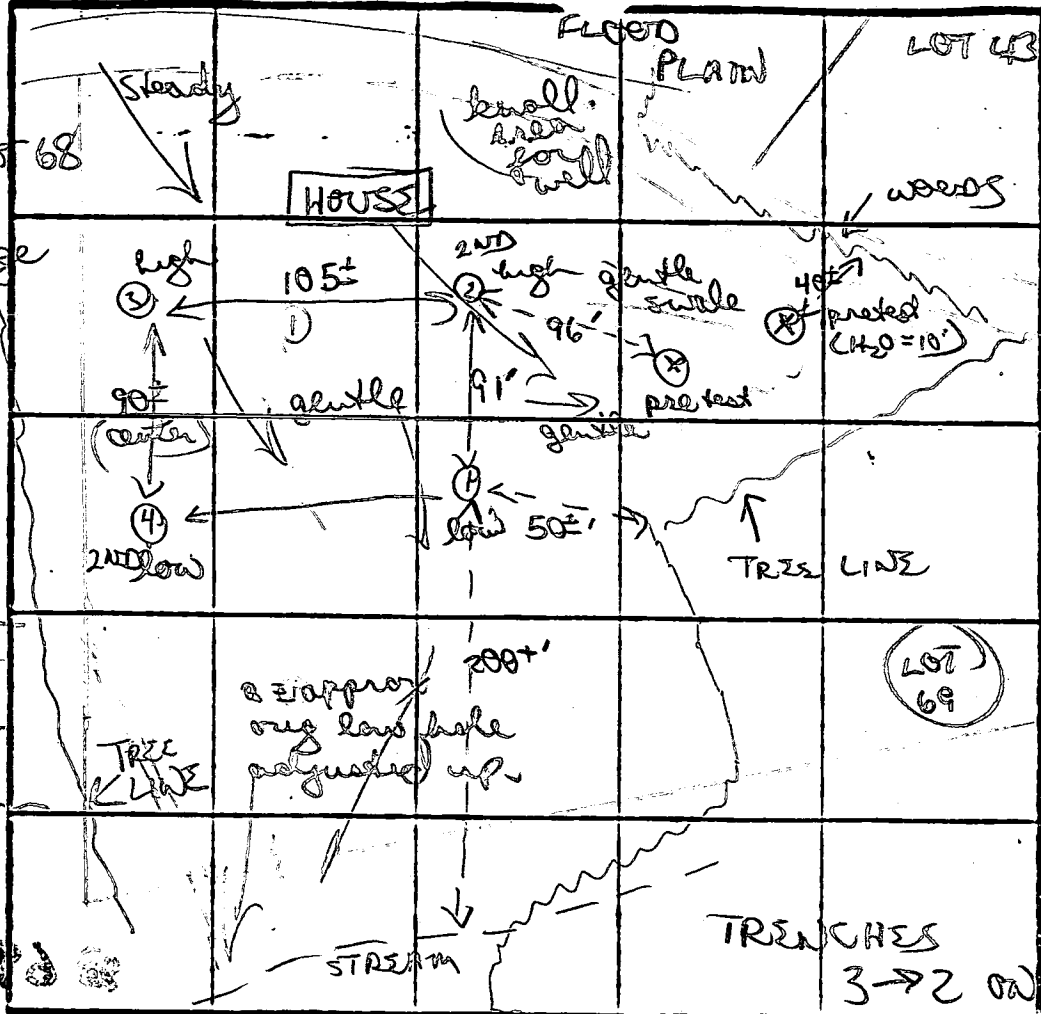
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING for field location holes = S/D and  
observation / test well needed

# THIS IS NOT A PERMIT

SHALLOW ONLY  
 INSET 3E  
 MAX D. 6'  
 X 6 mi 1+4  
 SOIL PROFILE



Orange/brown clay/clay silty loam  
 4'  
 to mostly  
 gritty silty loam  
 w/ patchy grey silty  
 mica  
 shud. loam  
 ↓  
 11'D

Brown/orange  
 gritty clay  
 clay loam  
 3 1/2 - 4'  
 gradually  
 to mostly  
 orange  
 silty loam  
 8'  
 orange to  
 to mostly  
 in silty loam  
 w/ 10% small  
 shud frags

similar to  
 #1 w/ silty  
 gravelly  
 2 1/2 - 4 1/2'  
 back to  
 orange  
 powdery  
 silty mica  
 loam  
 ↓  
 11'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/15/88	①	3 1/2 S	109	113	113	120	7 MIN	
		7 1/2 M	110	112	112	118	6 MIN	
		12' D	bottom (see profile)					
	②	3 1/2 S	112	115	115	119	4 MIN	
		11' D	bottom - (see profile)					
	common ③	4' S	113	117	117	122	5 MIN	
	w/cont 68	11' D	bottom - (see profile)					
	④	3' S	116	121	121	128	8 MIN	
		12' D	bottom (see profile)					

REMARKS: Dug approx as staked; orientation difficult. Per cent open field

TYPE OF SOIL: Brown/orange clay/clay silty loam; silty mica loam below

TESTED BY: B. Nylon

ALSO PRESENT: Chip, Ken H.

EH-12-1079

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 12-30-94

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER SECURITY DEVELOPMENT CORP. (STEWART YOUNG)

ADDRESS P.O. Box 417 ELLICOTT CITY, MD. 21041 PHONE (410) 465-4244

AGENT OR PROSPECTIVE BUYER SECURITY DEVELOPMENT CORP.

ADDRESS P.O. Box 417 ELLICOTT CITY MD. 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

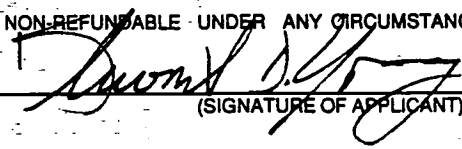
SUBDIVISION WELLINGTON 2 LOT NO. 64

ROAD AND DESCRIPTION HUNT VALLEY DRIVE

TAX MAP 14 & 21 PARCEL # 73 & 74

SIZE OF LOT 1.5 AC. ± 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.

  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

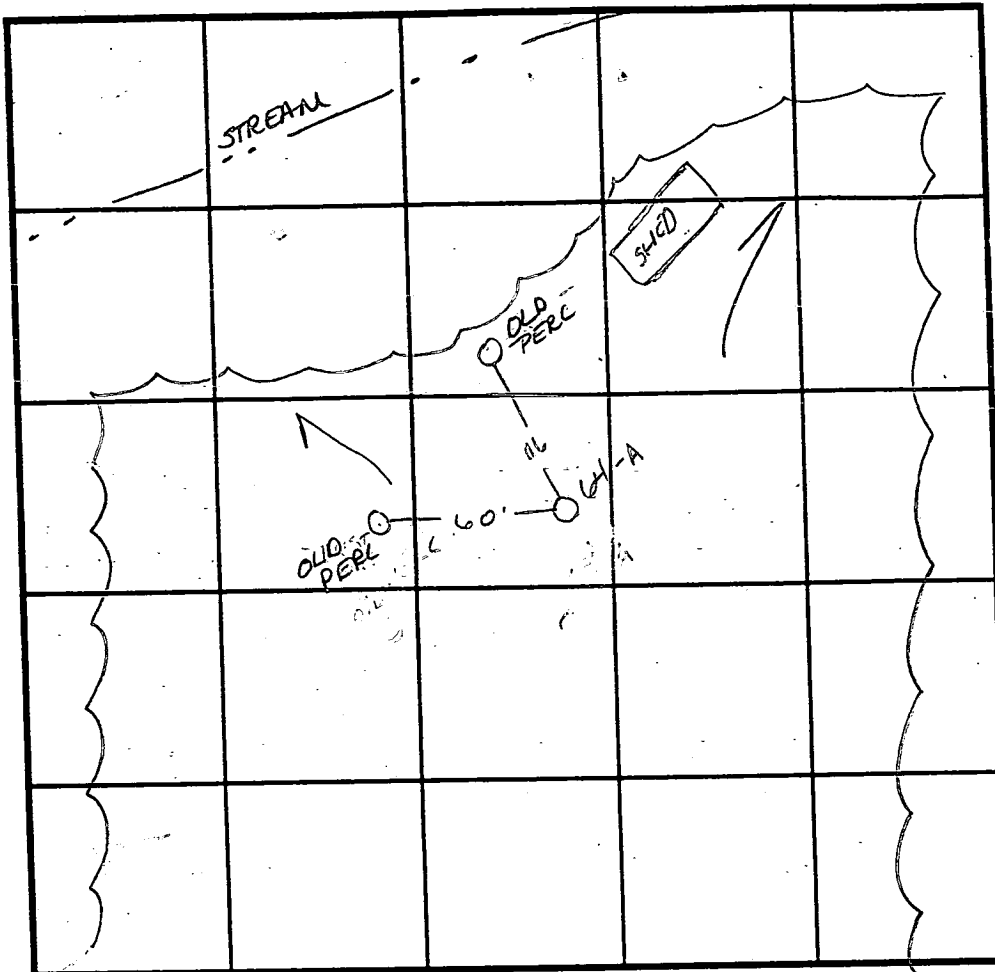
SOIL PROFILE

0' 64-A  
orange  
brn  
C

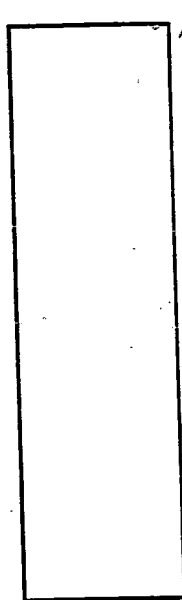
6' grey  
mottled  
clay

9' lgt  
orange  
tan  
SL  
mica

12'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-18-95	64-A	6' 1/2	7:48	>30	min	—	slow

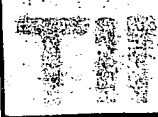
REMARKS \_\_\_\_\_

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

TESTED BY Amy McMillen ALSO PRESENT Clark Sperry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

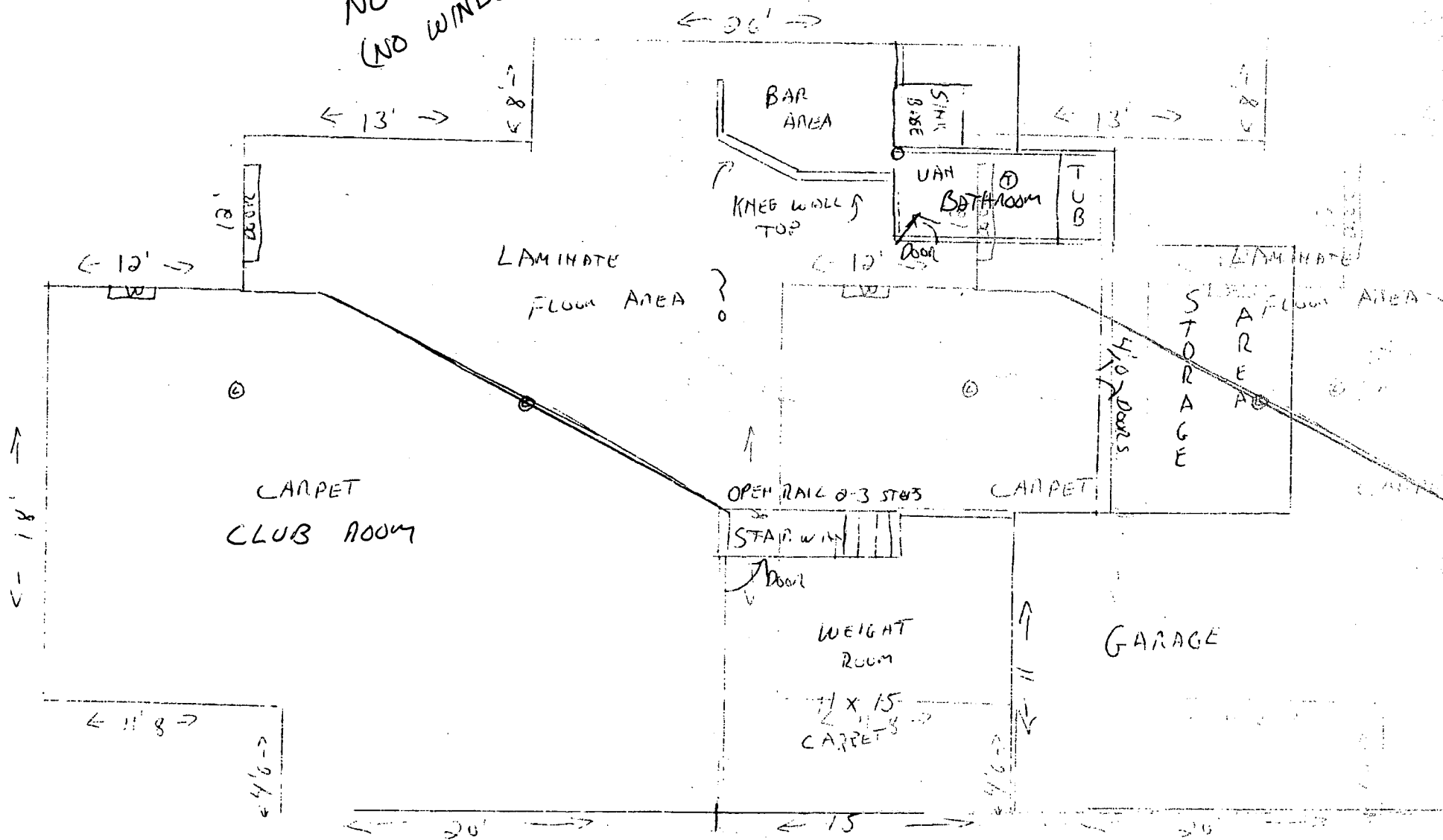








6/12/02 (MUD)  
BSMT FINISHING OK  
NO BR USES APPARENT  
(NO WINDOWS IN WEIGHT ROOM)



FENCEK BASEMENT

FENCEK BASEMENT

**B0036853**

Building Address 2897 HUNT VALLEY DRIVE  
GLENWOOD MD 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 604002 Subdivision WELLINGTON

Section 2 Area 1 Lot 81

Tax Map 14 Parcel 239 Grid 21

Zoning RC Map Coordinates 8K6 Lot size \_\_\_\_\_

Property Owner's Name BOB TEILEY PECKER

Address 2897 HUNT VALLEY DRIVE

City GLENWOOD State MD Zip Code 21738

Home Phone 410-489-2130 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

SALE AS CONTRACTOR

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY DWELLING

Proposed Use FINISHED BASEMENT

Estimated Construction Cost \$ 17,000

Description of Work BATHROOM, WET BAR,

WEIGHT ROOM, CLUBHOM, STORAGE AREA

DRY WASH, DRYABLE RACKED AREA

Contractor Company DOUSEY/KUSTON CONSTRUCTION

Contact Person JOSEPH H. DOUSEY

Address 14767 JUSTIFIABLE CT

City WOODBINE State MD Zip Code 21797

License No. MMK 68878

Phone 410-489-7636 Fax 410-489-7075

Occupant or Tenant SALE AS CONTRACTOR

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

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

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 Joseph H. Dousey

Print Name JOSEPH H. DOUSEY

Title/Company DOUSEY/KUSTON CONSTRUCTION INC

Date 6/12/02

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

B 1 **8770** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

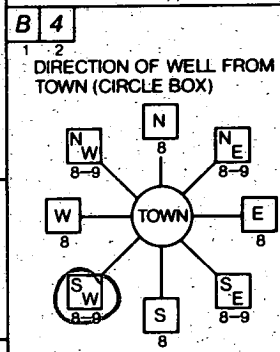
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-1464**  
 70 fill in this form completely 79

Date Received (APA) **030498**  
 OWNER INFORMATION  
 8 13  
**SELFRIDGE** **BUILDINGS**  
 15 Last Name Owner First Name 34  
**14045 GARET DR.**  
 36 Street or RFD 55  
**GLEWOOD** **MD 21238**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
 1 2  
**HOWARD**  
 8 COUNTY 21  
**WELLINGTON EST.**  
 23 SUBDIVISION 42  
 SECTION **2** LOT **81**  
 44 46 48 50  
**GLEWOOD**  
 52 NEAREST TOWN 73  
 MILES FROM TOWN (enter 0 if in town) **1** MI  
 73 76 77 78

DRILLER INFORMATION  
 CIRCLE MSD/ MGD/ MWD  
 Driller's Name **Ralph Mayne** 77 License No. **116** 80  
 Firm Name **Ralph Mayne Well Drilling**  
 Address **9120 Brown Church Rd Mt Airy**  
 Signature **Ralph Mayne** Date **3/2/98**



**Hunt Valley Dr.**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 **30** 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI **ft**  
 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
 1 2  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 14 20

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)

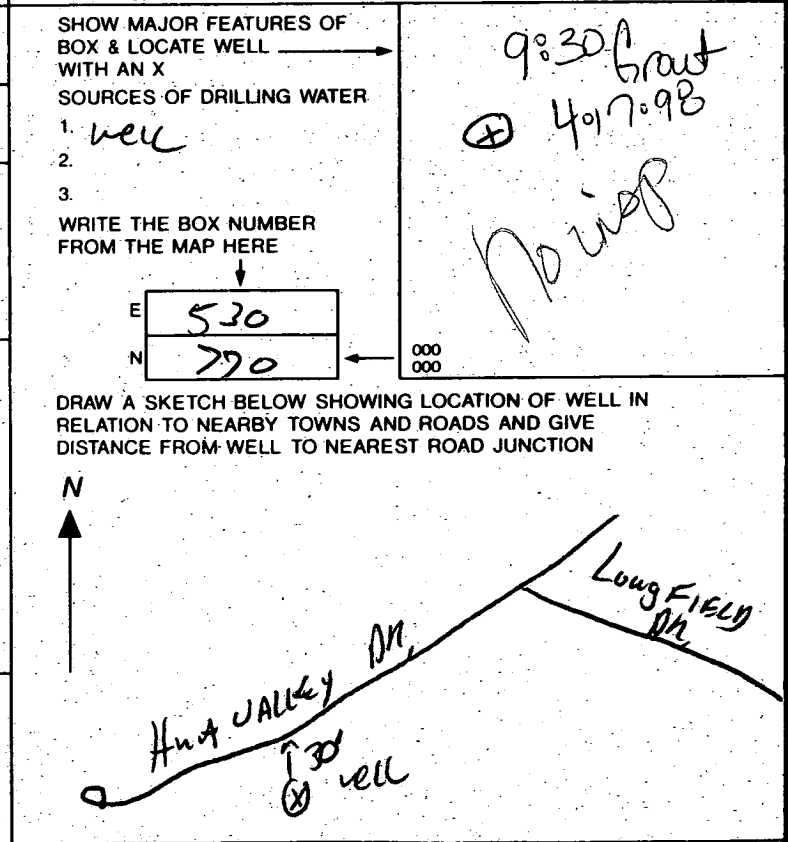
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** **A41082**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  41  
 DATE ISSUED **030698**  
 43 48 CO-SIGNATURE **[Signature]** EXP. DATE **3/5/99**  
 NORTH GRID **188000** EAST GRID **0528000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-1464**  
 67 68 70 71 72 73 74 75 76 77 78 79



C1 **05152** SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
04 19 98

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**

FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

Depth of Well  
22 165 26  
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 4082

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-1464

28 29 30 31 32 33 34 35 36 37

OWNER Selfridge Bldgs

STREET OR RFD Hunt Valley Dr TOWN Stenwood

SUBDIVISION Wellington SECTION \_\_\_\_\_ LOT 81

**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	
Sandy	2	35	✓
Sand Stone	35	40	
MICKA	40	55	
Sand Stone	55	60	✓
MICKA	60	120	
Flint Rock	120	125	✓
MICKA	125	165	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 20 NO. OF POUNDS 200

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30 ft.

**CASING RECORD**

casing types insert appropriate code below

STEEL  ST CONCRETE  CO  
PLASTIC  PL OTHER  OT

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 48

60 61 63 64 66 70

**OTHER CASING (if used)**

diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

E A C H I N G

**SCREEN RECORD**

screen type or open hole

STEEL  ST BRASS  BR BRONZE  PL PLASTIC  PL OPEN HOLE  HO OTHER  OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  N

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

**C 2** DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
A	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
C	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
H	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
S	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
C	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126
3	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147
R	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168
E	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189
N	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210

DIAMETER OF SCREEN (NEAREST INCH) 56 60

from \_\_\_\_\_ to \_\_\_\_\_

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22 ft.

WHEN PUMPING 23 ft.

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 (CIRCLE) (YES or NO) YES  NO

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. NO

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)

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. M SD 116

Thell Meyer  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M SD 112

Thell Meyer

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 68

MDE 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

