

3/27/92
11:00 - REG-INST. INSP.
4/13/92
4/15/92

TAX ID - 05-412889

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 47859
A 42055
DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 2/27/92

DATE SYSTEM APPROVED 4/15/92

INSPECTOR RH

L & F Company IS PERMITTED TO INSTALL ALTER

ADDRESS 10688 Scaggsville Road, Laurel, Maryland 20707 PHONE 725-3392

SUBDIVISION Rutherford LOT 10 ROAD 4530 Rutherford Way

PROPERTY OWNER Hill Farm Partnership Guy Copeland

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS **BUILDING PERMIT SIGNED AND RETURNED 2-19-92**

NUMBER OF BEDROOMS 4 **AND RETURNED 2-19-92**

180 SQUARE FEET PER BEDROOM **BOD 135' x 63' DECK Serial # 40930 + AB POOL SFD - 4' dia**

LINEAR FEET OF TRENCH REQUIRED 160 **132**

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 235 feet from right & rear (335') lot line, and 150 feet from right front (415') lot lines as viewed from Rutherford Way. Run trenches along contour toward left rear (375') 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. OK 2/27/92 RH

REVISED FOR A 3 FT WIDE TRENCH INSTEAD OF

PLANS APPROVED BY **A 2 FT WIDE TRENCH 3/27/92 RH** Raymond Hodges Revised DATE 2/07/92

COVER NO WORK UNTIL INSPECTED AND APPROVED **MAKE UP - SEP**

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 SIGNED AND RETURNED 11/2/93**

PERMIT VOID AFTER TWO YEARS **Serial # 57285 - detached garage**

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**

A 42055

APPLICATION

PERCOLATION TESTING

A 42055

P _____

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

DISTRICT 5TH

DATE 3/8/88

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 MARY C. HILL ET AL Hill Farm Partnership

ADDRESS 6642 SENECA DRIVE COLUMBIA PHONE 725-2074
MARYLAND 21044 301-381-4444

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION RUTHERFORD LOT NO. 12 10

ROAD AND DESCRIPTION WEST SIDE OF MD RTE 32, EAST SIDE OF TEN
GALE ROAD 4530 Rutherford Way

TAX MAP 28 PARCEL # 75

BLDG. PERMIT SIGNED
AND RETURNED 3/19/82
Serial # 4030 - 5FD 5 Bedrm

SIZE OF LOT 3.2 ACRES TYPE BLDG. _____
(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. Mary C. Hill
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/20/88 Probably OK But Possible
winter season / hold for Review NOT NECESSARY
TO CHANGE LOT LINES OR MORE HOUSE OR NEW SITE TO OBTAIN
4007 PERC HOLE

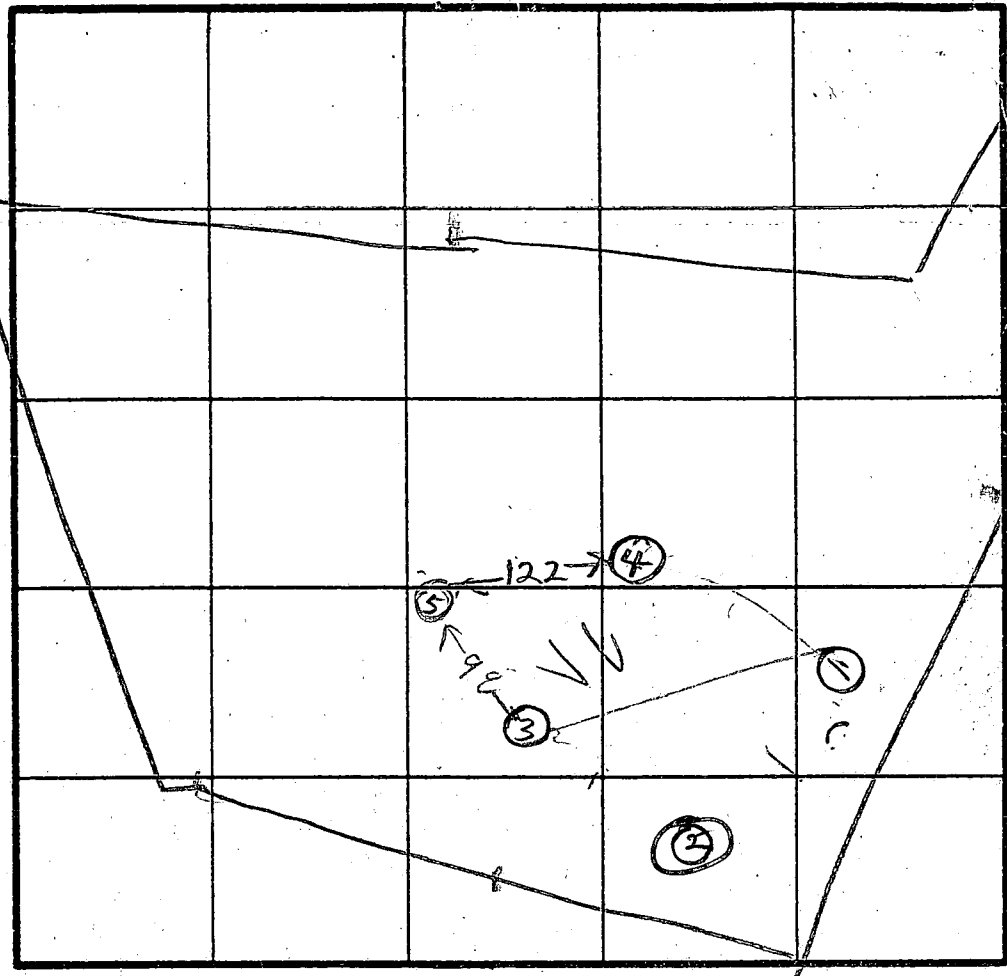
THIS IS NOT A PERMIT

Lot 12
A42055

SOIL PROFILE

TOP SOIL
CLAY
GRAY
BROWN
SAND
LOAM

5
BROWN
CLAY
GRAY
BROWN
SAND
MICA
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

13.5
2
BROWN
CLAY
GRAY
GRANULAR
SAND
LOAM
WATER

3
BROWN
CLAY
GRAY
BROWN
LUMPY
SAND
LOAM

4
BROWN
CLAY
GRAY
LUMPY
SAND
MICA
LOAM

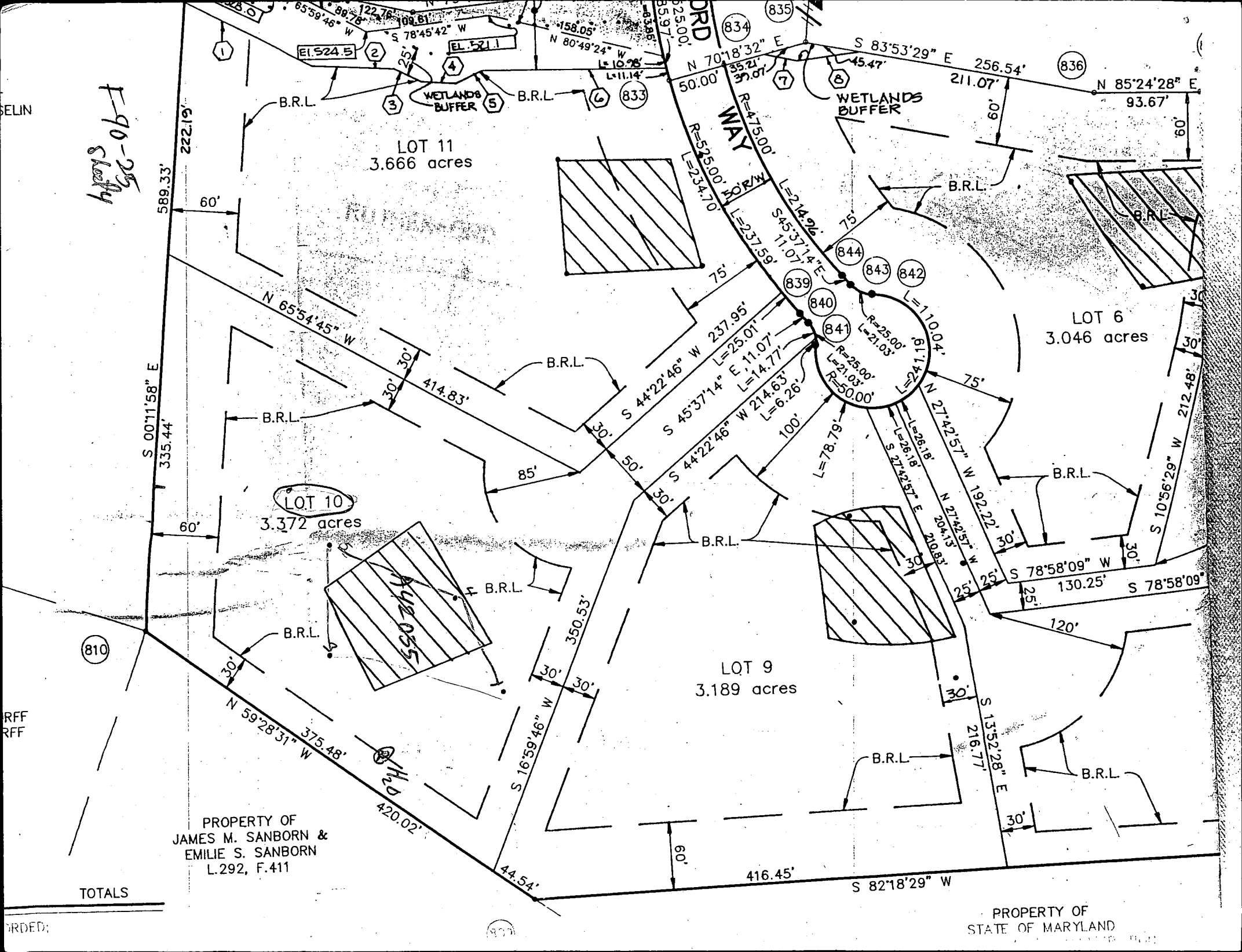
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/20/88	1 S	4	244	245	245	246	1
	1 V	13.5	OK				
10/20/88	2 S	5	248	252	252	306	14
	2 V	12.5	WATER		12.5	FT.	10
	3 S	5	256	258	258	300	2
	3 D	8.5	256	257	257	259	2
	3 V	13	OK				
	4 V	13	OK				
	5 S	4	351	352	352	356	4
	5 V	13	OK				

REMARKS Holes (1)(2)(3)(4) dug per Test Plot | Hole (5) Different

TYPE OF SOIL
TESTED BY R. Hodgson

Backhoe Phil & Phil & Kenney
ALSO PRESENT
Real Estate Murray

5V
23



*hwy 90-25
60-06*

LOT 11
3.666 acres

LOT 10
3.372 acres

LOT 9
3.189 acres

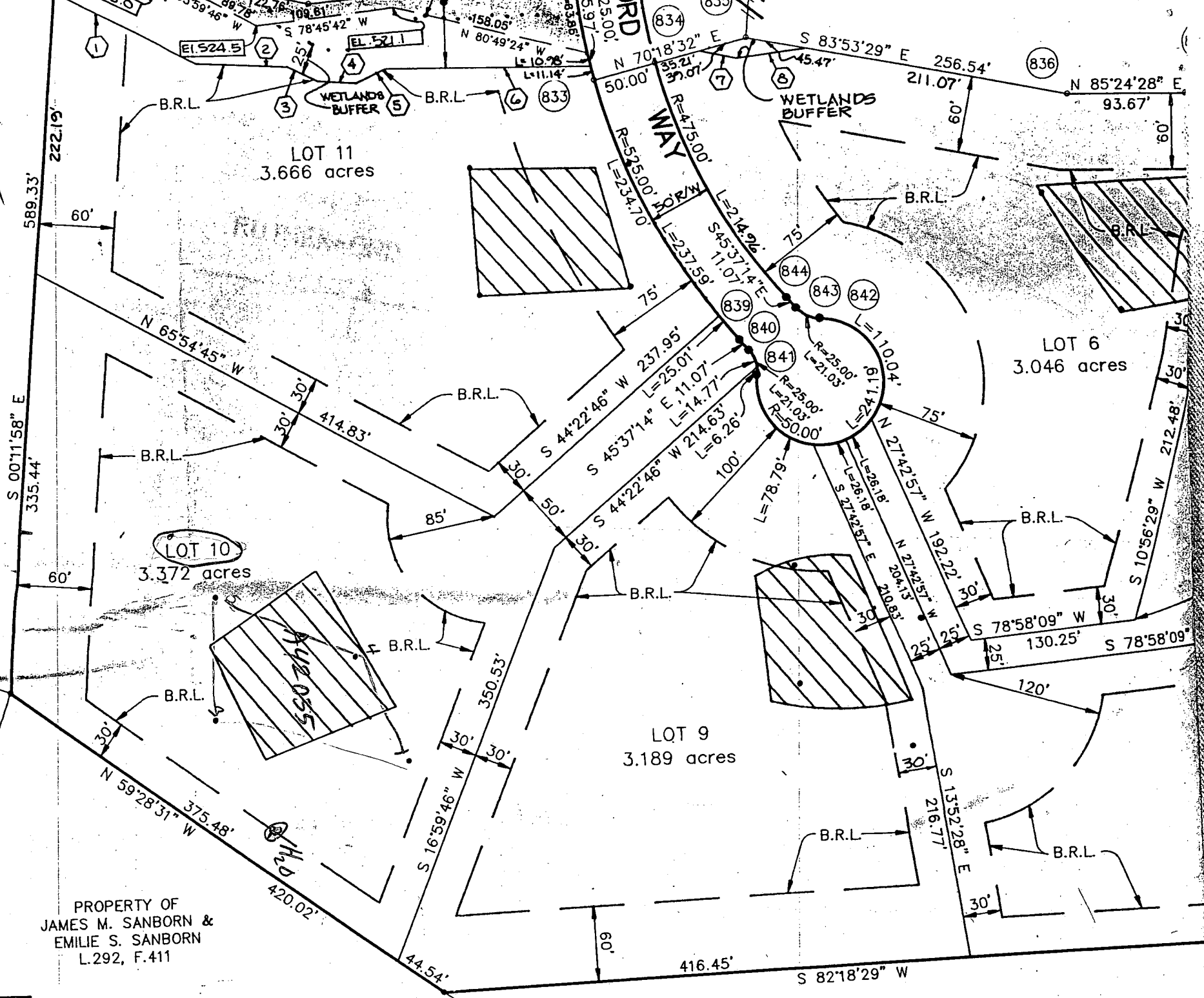
LOT 6
3.046 acres

PROPERTY OF
JAMES M. SANBORN &
EMILIE S. SANBORN
L.292, F.411

PROPERTY OF
STATE OF MARYLAND

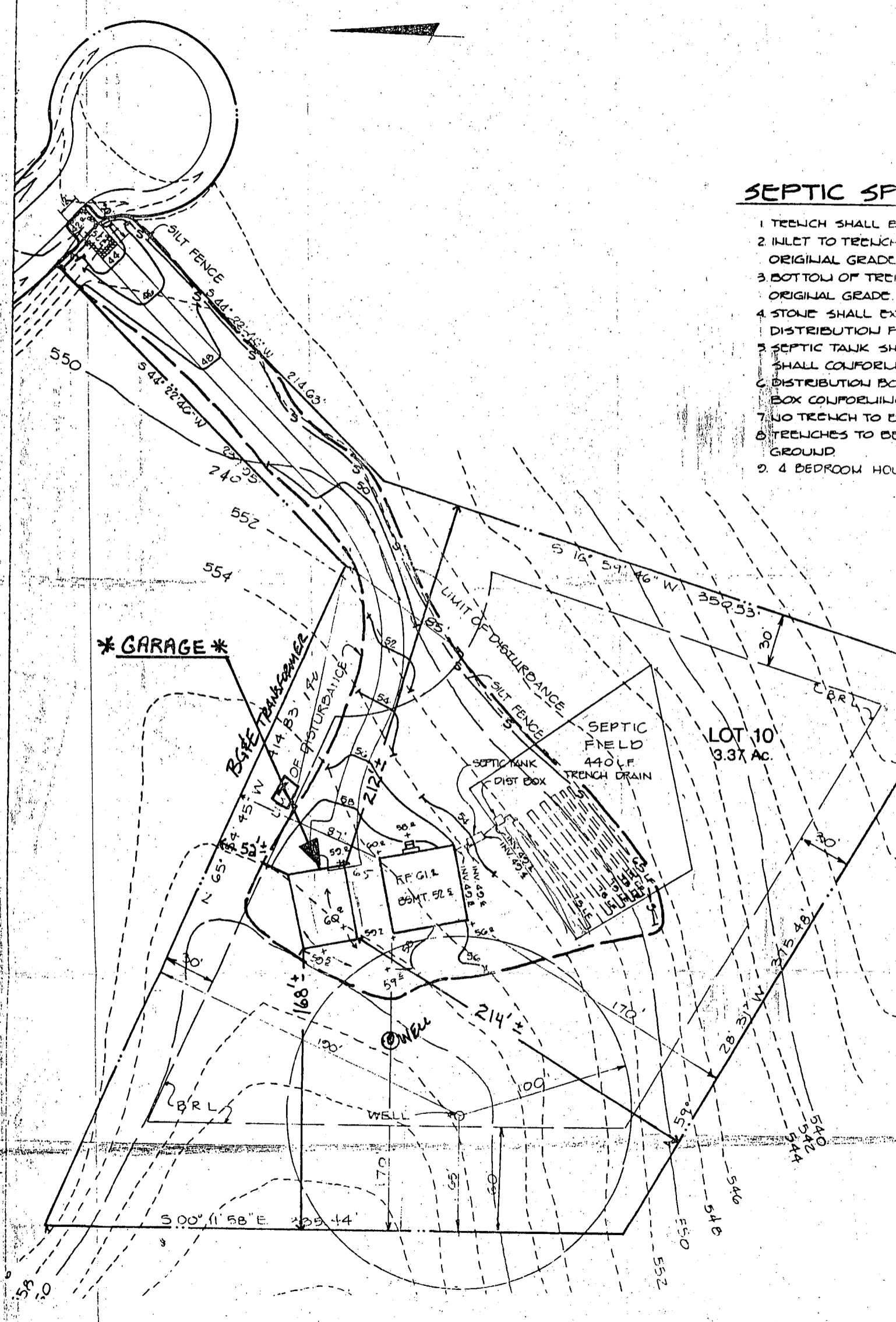
TOTALS

RECORDED:



SEPTIC SP

- 1 TRENCH SHALL BE
- 2 INLET TO TRENCH
- 3 ORIGINAL GRADE
- 4 BOTTOM OF TRENCH
- 5 ORIGINAL GRADE
- 6 STONE SHALL EX
- 7 DISTRIBUTION F
- 8 SEPTIC TANK SH
- 9 SHALL CONFORM
- 10 DISTRIBUTION BC
- 11 BOX CONFORMING
- 12 TO TRENCH TO E
- 13 TRENCHES TO BE
- 14 GROUND
- 15 4 BEDROOM HOU



LEGEND

SILT FENCE
 LIMIT OF DISTURBANCE
 BUILDING
 STABILIZED
 CUTRALICE

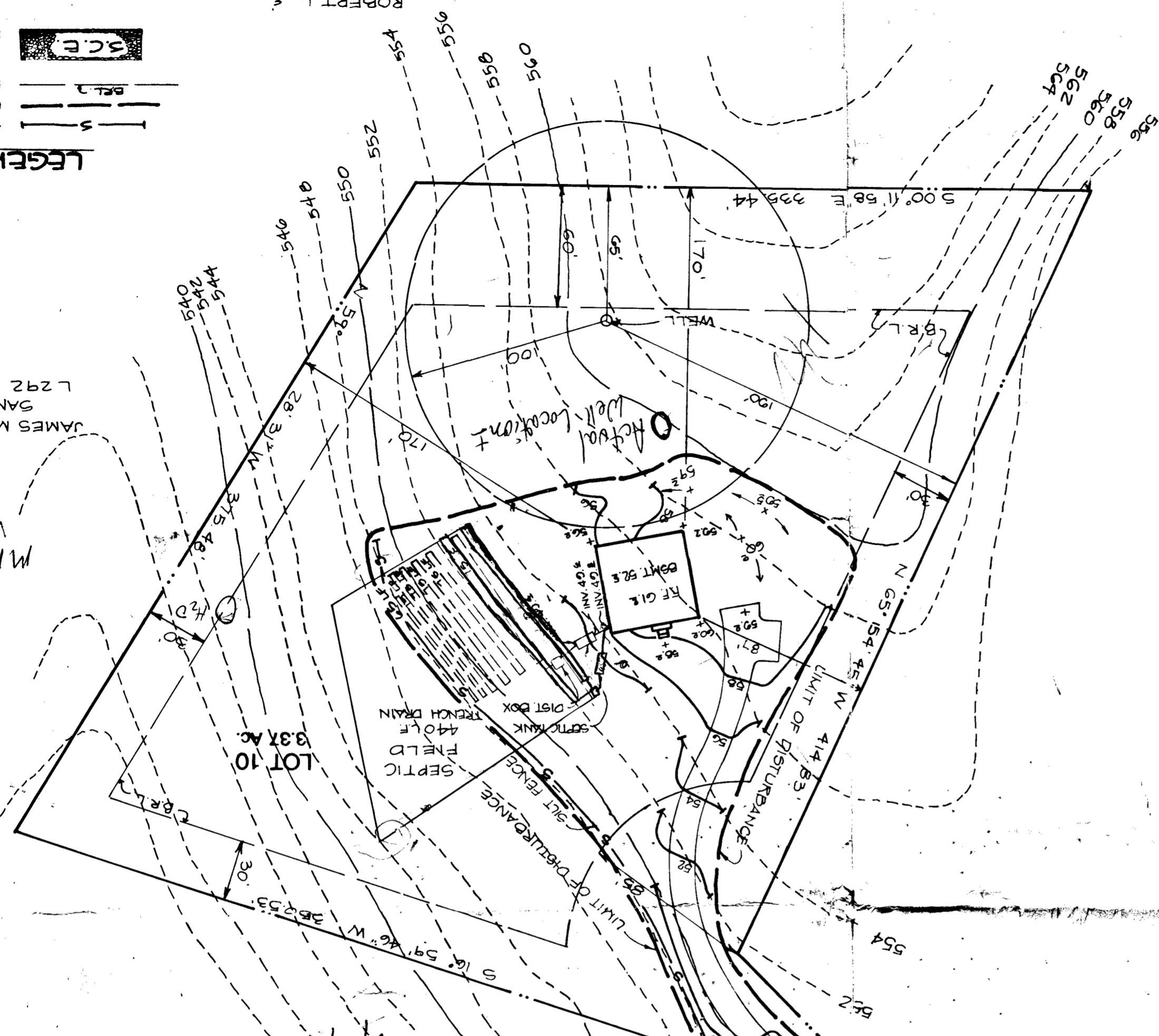
ROBERT L. E.
 PEGGY ORNDORFF
 L 672 F 250

JAMES M. & EMIL
 SANBORN
 L 292 F 411

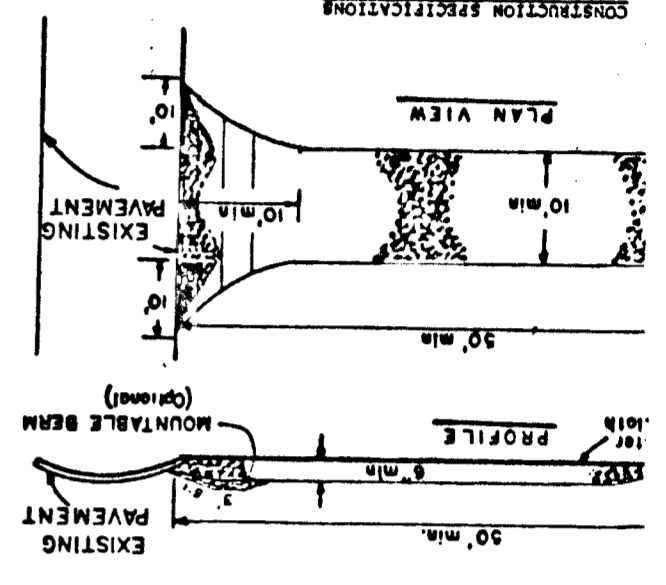
SEPTIC SPECIFICATION

1 TRENCH SHALL BE 2' WIDE
 2 INLET TO TRENCHES SHALL BE 3" DIA
 ORIGINAL GRADE
 3 BOTTOM OF TRENCH SHALL BE 2" BELOW
 ORIGINAL GRADE
 4 STONE SHALL EXTEND 4" BELOW
 DISTRIBUTION PIPE
 5 SEPTIC TANK SHALL BE 1500
 SHALL CONDUIT TO PUMPING
 DISTRIBUTION BOX SHALL BE 1500
 6 DISTRIBUTION BOX SHALL BE 1500
 BOX CONDUIT TO PUMPING CO
 7 NO TRENCH TO EXCEED 100 L.F.
 8 TRENCHES TO BE INSTALLED ON UN
 GROUND
 9 BEDROOM HOUSE WITH DISPOSAL

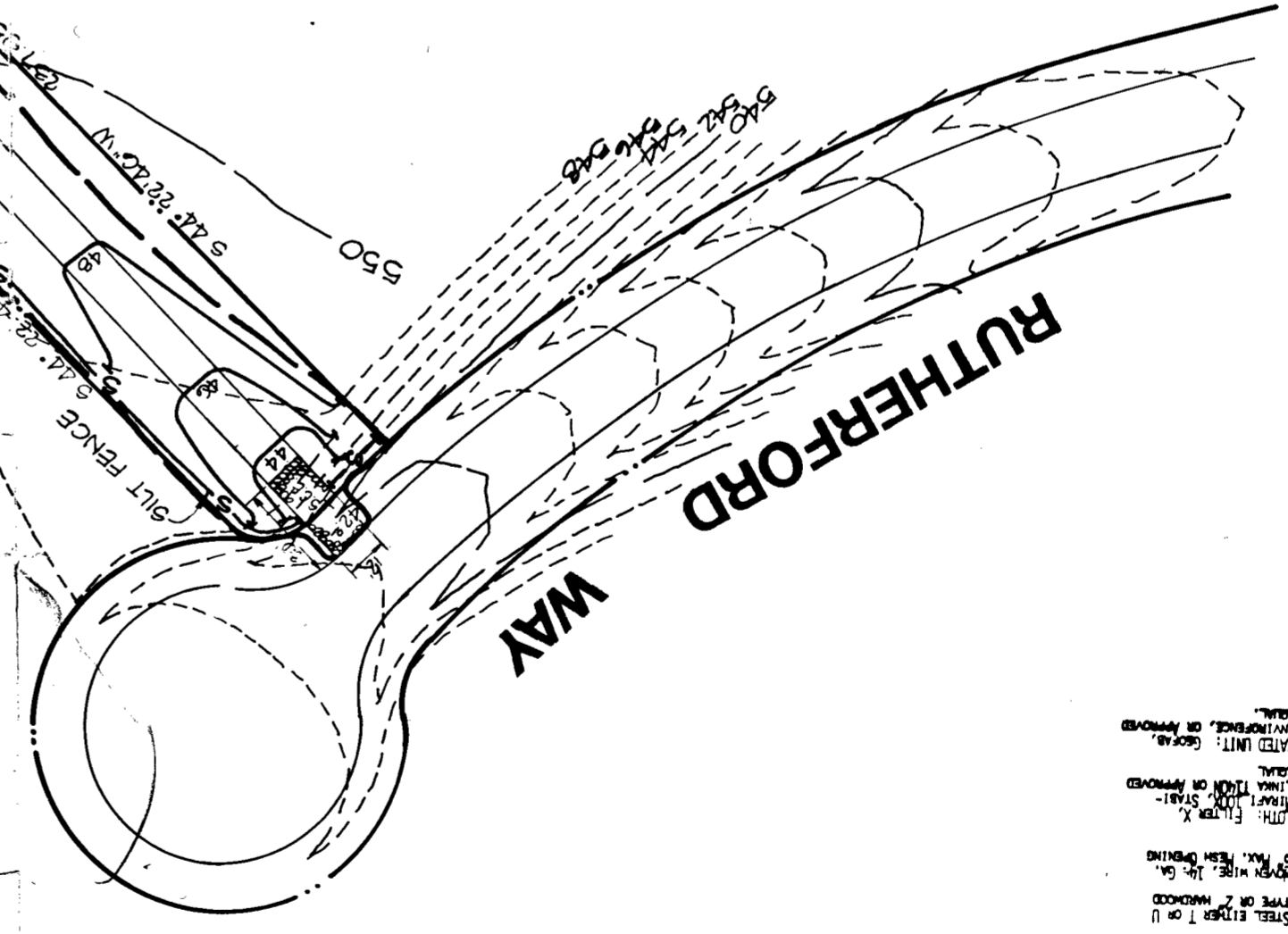
BR approved for 5 BR only
 (4 BR + 1 BR = 5 BR)
 Install system as shown
 200 L.F. TRENCH READ
 For 5 BR
 1500 Gallon Men. S.T. Capacity
 for 5 BR
 observations OK
 MR 2/19/92



action and needed maintenance shall be provided after each rain.
 stone and which drains into an approved sediment trapping
 tray. When washing is required, it shall be done on an area
 shall be cleaned to remove sediment prior to entrance onto
 a daily. Washed or cracked onto public rights-of-way must
 d, dropped, washed or cracked onto public rights-of-way must
 or clearing of any material used to trap sediment. All
 or dressing with additional stone as a condition demand
 g or flowing of sediment onto public rights-of-way. This may
 he entrance shall be maintained in a condition which will
 a with 5:1 slopes will be permitted.
 be piped across the entrance. If piping is impractical,
 All surface water flowing or diverted toward construction
 will be placed over the entire area prior to placing of stone.
 feet or greater occurs.
 1 Foot minimum, but not less than the full width at
 less than six (6) inches.
 a 30 foot minimum length would apply).
 used, but not less than 50 feet (except on a single east-
 2' stone, or recycled or recycled concrete equivalent.

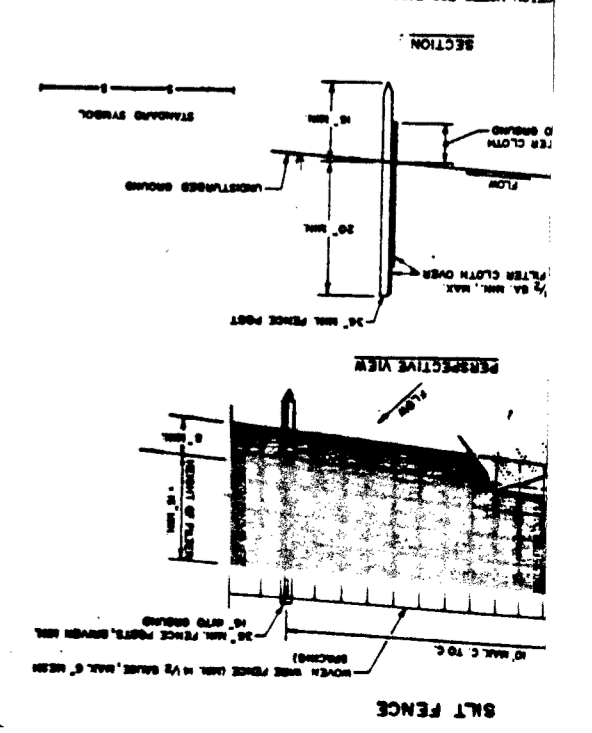


STABILIZED CONSTRUCTION ENTRANCE
 NOT TO SCALE
 NMBOL 35C



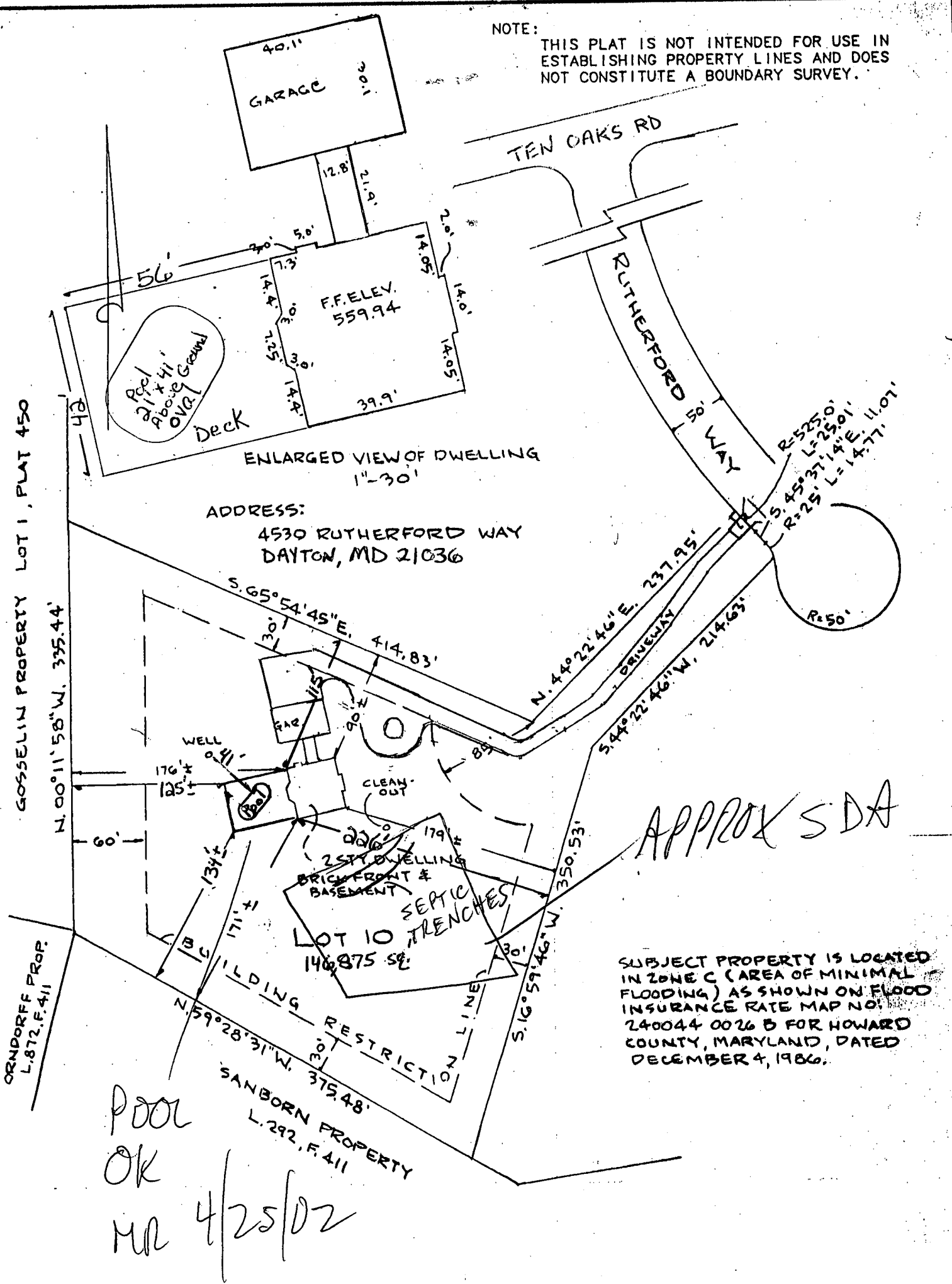
SECTION

1. FILTER CLOTH: FILTER X
 2. FILTER CLOTH: FILTER X
 3. FILTER CLOTH: FILTER X
 4. FILTER CLOTH: FILTER X
 5. FILTER CLOTH: FILTER X
 6. FILTER CLOTH: FILTER X
 7. FILTER CLOTH: FILTER X
 8. FILTER CLOTH: FILTER X
 9. FILTER CLOTH: FILTER X
 10. FILTER CLOTH: FILTER X



NOTE:

THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES AND DOES NOT CONSTITUTE A BOUNDARY SURVEY.



LOCATION SURVEY

LOT 10
RUTHERFORD - LOTS 1 THRU 15
5TH ELECTION DIST. HOWARD CO. MARYLAND
FOR RECORDED PLAT SEE PLAT NO. 9372

SCALE: 1"=100'

Building Address 4530 Rutherford Way
Dayton MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051 Subdivision Rutherford 1-15

Section _____ Area _____ Lot 10

Tax Map 28 Parcel 75 Grid 2 S

Zoning RR Map Coordinates 1311 ADC 101351 Lot size 337 acres

Existing Use backyard

Proposed Use deck/above ground pool

Estimated Construction Cost \$ 15,000

Description of Work deck/above ground pool
deck surrounds pool
frank flled

Occupant or Tenant Owner Occupied

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Guy R. Copeland

Address 4530 Rutherford Way

City Dayton State MD Zip Code 21036

Home Phone 410-531-6676 Work Phone 202-267-5592

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

Phone _____ Fax _____

Contractor Company Van Dorn Pools - For pool

Contact Person Ray

Address 107 Main Street

City Reisterstown State MD Zip Code 21136

License No. _____

Phone 410-526-9990 Fax 410-526-9304

Engineer or Architect Company Property Owner - For deck

Contractor _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Deck</u>	
Dimensions: <u>21x41 42x56'</u>	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Guy R. Copeland
 Applicant's Signature
Property Owner
 Title/Company

Guy R. Copeland
 Print Name
4/29/02
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>4/25/02</u>	<u>Mark R. J...</u>
Fire Protection		
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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>1741</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>100</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>3707</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>47304</u>
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

B 1 6169 SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

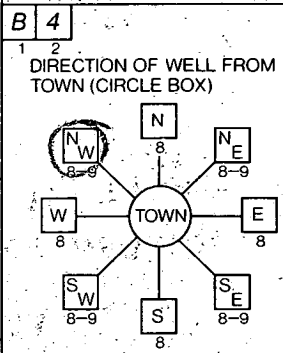
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-88-2043
70 fill in this form completely 79

Date Received (APA) 010792
OWNER INFORMATION
WESTIN BUILDERS INC
PO BOX 396
FULTON MO 20759

B 3 LOCATION OF WELL
HOWARD COUNTY
RUTHERFORD
SECTION 10 LOT 10
MAYTON
MILES FROM TOWN 1 MI

DRILLER INFORMATION
Ralph MAYWE 273
Ralph MAYWE well drilling
9120 Brown Church Rd. Mt Airy
Ralph Maywe 1/6/92



B 4 RUTHERFORD WAY
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 400 FT
ENTER FT or MI FH

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 A42055 COUNTY NO.
DATE ISSUED 012892 Mark E. Riffin 7/28/92
NORTH GRID 512000 EAST GRID 0805000

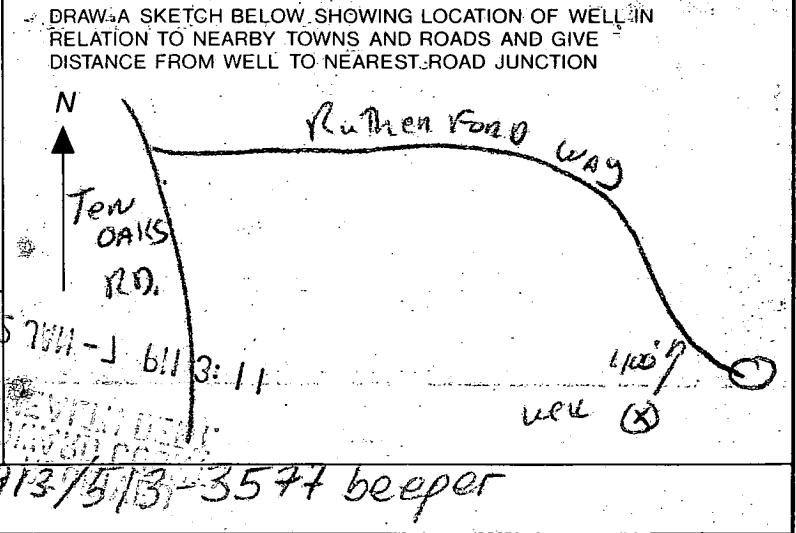
APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
WRITE THE BOX NUMBER FROM THE MAP HERE
E 80x5
N 51x2

2/7/92 9:30 ARRIVED AFTER GREAT GOT DATA FROM RYM
① 45 CASING
② 40 OPEP
③ 12 BAGS
④ LOCATION OR well

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)
 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 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 MR WRITE INITIALS IN BOX PERMIT No. HO-88-2043
SPECIAL CONDITIONS 301-776-0440/490-2913/513-3577 beeper
NICK

C1 5125 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 42055

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED 020792

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MO-88-2043

OWNER: Westin Builders
 STREET OR RFD: last name Rutherford Way first name
 TOWN: Dayton
 SUBDIVISION: RUTHERFORD 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	
Sandy	2	35	✓
SAND STONE	35	40	
MICKA	40	60	
Sand Stone	60	65	✓
MICKA	65	240	
SAND STONE	240	245	✓
MICKA	245	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 12
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER

MAIN CASING TYPE PL
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 95

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 BRONZE OPEN HOLE
 PL OT PLASTIC OTHER

DEPTH (nearest ft.)
 HO 99 305
 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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

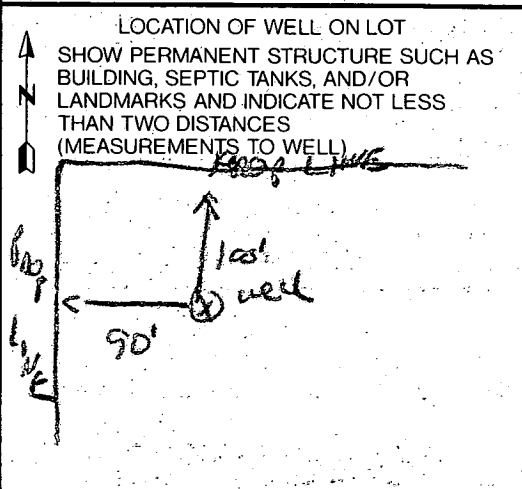
C 3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6 Bucket
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 34 WHEN PUMPING 26
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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 - below LAND SURFACE (nearest foot)

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. 273
 DRILLERS SIGNATURE Nath Magee
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



COUNTY