

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

P 59949

A 42221

DISTRICT 5th

DATE 4/16/98

DATE SYSTEM APPROVED 6-24-98

INSPECTOR KM

*INDEXED*

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 580 Obrecht Rd, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Adam's Reach, Sec. II LOT 22 ROAD 5517 Adams Ridge Road

PROPERTY OWNER Olaniyi Areke

ADDRESS \_\_\_\_\_

**BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1500 GALLONS

*AND RETURNED  
6/16/94 800148923 - POCA + REPAIR STEPS*

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet down the left lot line and 70 feet off that same lot line as seen from Adams Ridge Road. Run trenches on contour towards the left lot line.

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

*OK KM 6-20-97*

PLANS APPROVED BY Glen Savage/Amy McMillen REVISED DATE 06/17/97

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

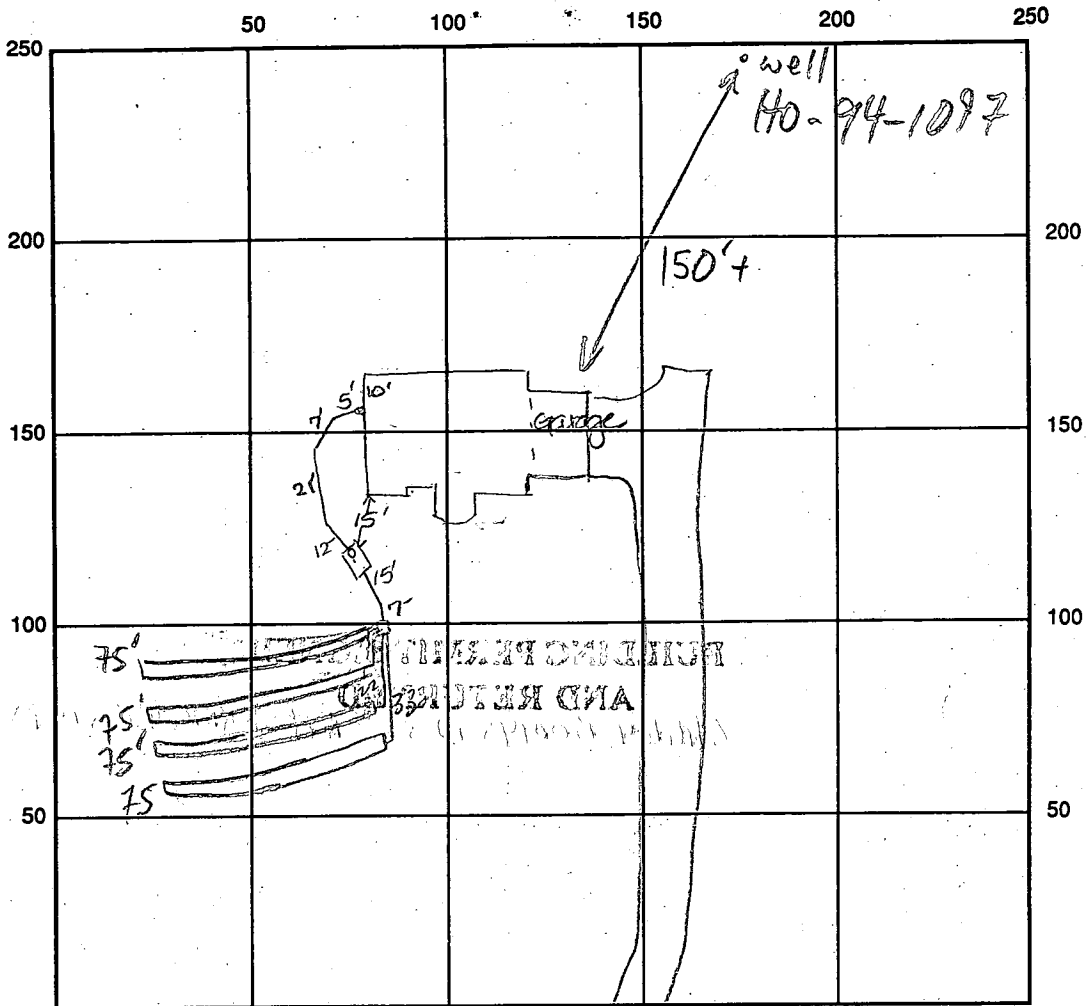
PERMIT VOID AFTER TWO YEARS

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**

*4/17/98  
2-3 pm  
Final  
4-20-98  
1:00  
9/21/98 EARL  
6/24/98 10:00  
HOUSE CONN  
MEET OWNER*



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Adam's Ridge Road

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS S.T. & INLINE - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 4 @ 75 FT.

NUMBER OF TRENCHES 3 ONE-SIDED WALL BOTTOM AREA 4 @ 225 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS: 4/17/98 NO WORK COMPLETED AT TIME OF INSPECTION. DKS

4/20/98 OK TO CONTINUE WORK. DKS

4/20/98 LATER - NEEDS HOUSE CONNECTION. OK TO COVER FROM HOUSE TO DISA BOX AND 1<sup>ST</sup> TWO TRENCHES. DKS

4/21/98 OK TO COVER TRENCHES, HOLD FOR HOUSE CONN MR

6.24.98 HAS HOUSE CONN (KMM)

DATE SYSTEM APPROVED 6.24.98

INSPECTOR Kim Maick

# APPLICATION

PERCOLATION TESTING

A 42221

P \_\_\_\_\_

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

DISTRICT 5TH

DATE MAY 1988

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 OLANIYI AREKE  
~~BAC LP DEVELOPMENT LIMITED PARTNERSHIP~~

ADDRESS C/O M.P. ASSOCIATES  
3901 NATIONAL DRIVE SUITE 100 PHONE 421-1700  
BURTONSVILLE, MARYLAND 20866

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION ADAMS REACH Sec 2 LOT NO. 65722 Prelimin.

ROAD AND DESCRIPTION LOCATED ON THE NORTH AND SOUTH SIDES OF  
MD. ROUTE 32, WEST OF RTE 108, NORTH OF TEH OAKS ROAD

TAX MAP 26<sup>34</sup> PARCEL # 240 5517 Adams Ridge Rd. BLDG. PERMIT # 6-17-97  
AND RETURNED Serial # 27110 6236 - 5 Blm  
SIZE OF LOT ± 3.0 AC. 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.  
TRAK UP  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

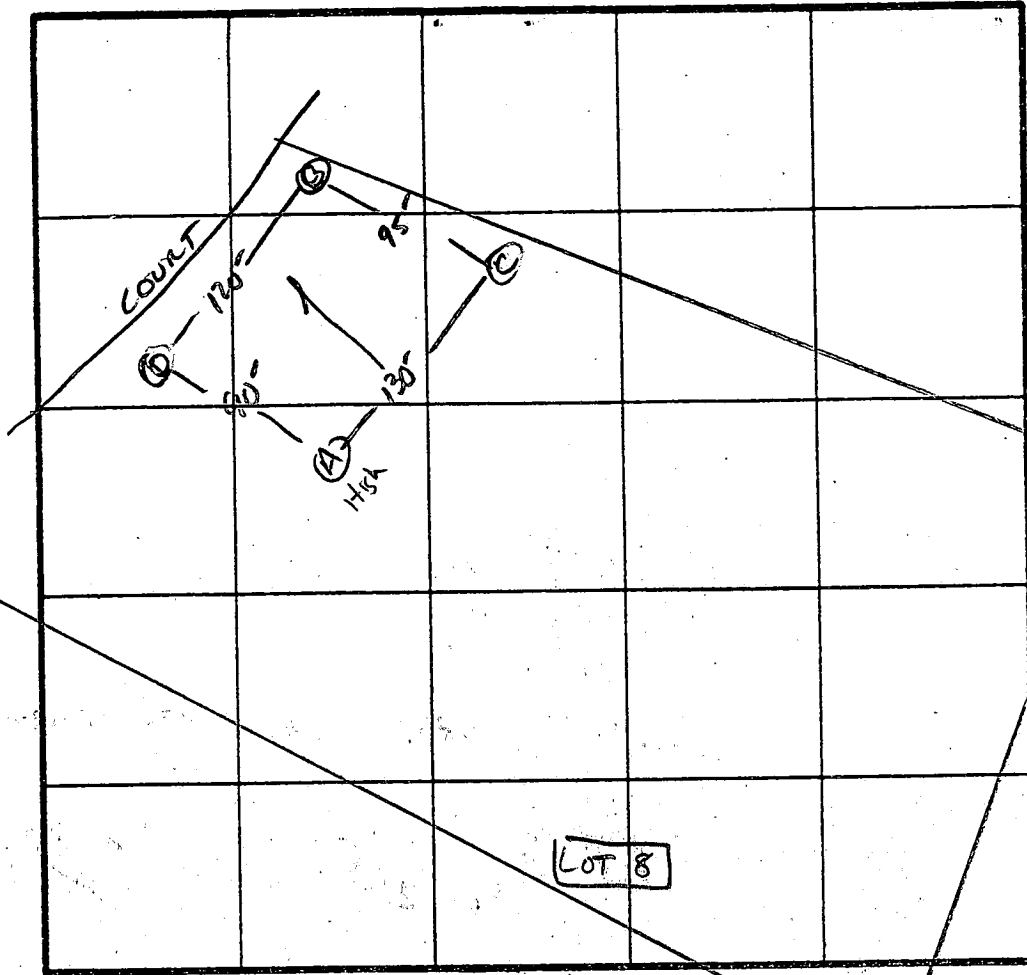
REASONS FOR REJECTION OR HOLDING 9-22-88 Perc Satisfactory - Hold for PLAT. SAG

# THIS IS NOT A PERMIT

42221  
LOT 8

④ - ⑦  
SOIL PROFILE

0	AP
8"	Yellow Br Silty Clay Loam 25-35% QUARTZITE FRAGS
3.5'	Brown/ Yellow Br Highly Micaceous Silty Sand Loam 10-15% FRAG
13'	



̄ Pen 3 min  
180 #/in  
Inlet 3'  
Bottom 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TEN OAKS Rd.

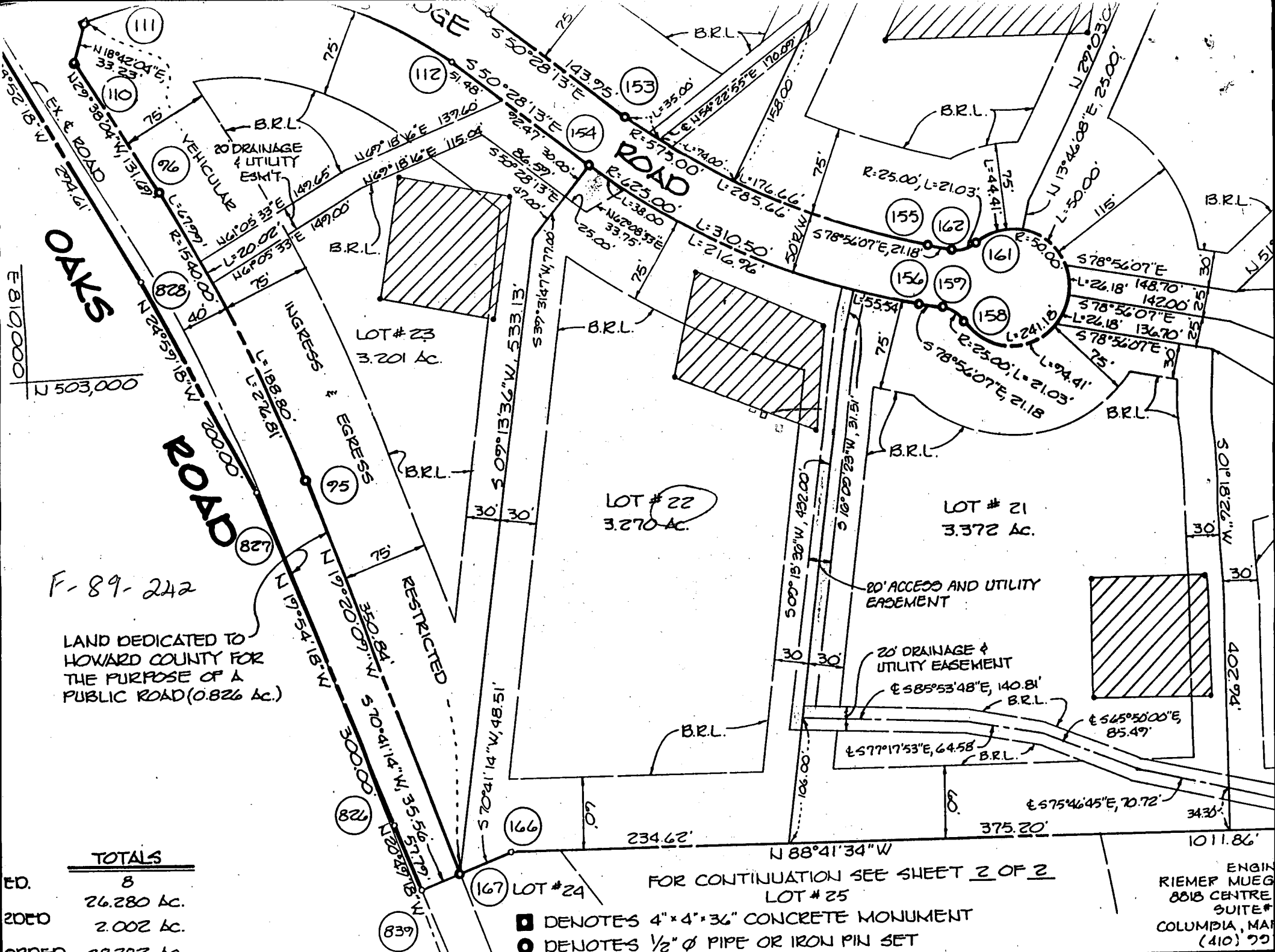
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/22/84	✓ AS	4.5	1:09	1:10	1:10	1:12	2 min
		8.0	1:08	1:09	1:09	1:12	3 min
	✓ AV	12.5'	UNIFORM soil below ~3.5'				
	✓ BV	3.5'	1:16	1:17	1:17	1:19	2 min
		12'	UNIFORM soil below 3.0-3.5'				
	✓ CV	12	UNIFORM soil below 3.0'				
	✓ DV	3'	1:13	1:14	1:14	1:16	2 min
		12'	UNIFORM soil below 3.0'				

REMARKS Holes AS STAKED / Landscape Position Shallow Syste only

TYPE OF SOIL Chester loam / Chester Gravelly loam

TESTED BY S. Abel ALSO PRESENT Wayne Fyock & Co

EH-12-1079



F-89-242

LAND DEDICATED TO HOWARD COUNTY FOR THE PURPOSE OF A PUBLIC ROAD (0.826 Ac.)

	TOTALS
ED.	8
	26.280 Ac.
20' E.D.	2.002 Ac.
PROED.	28.282 Ac.

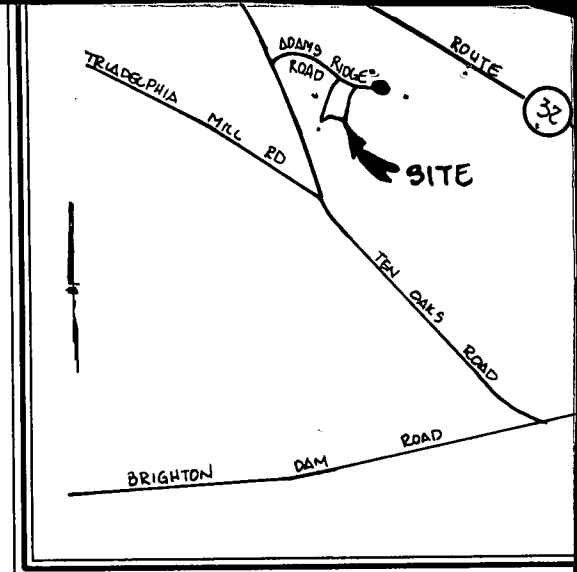
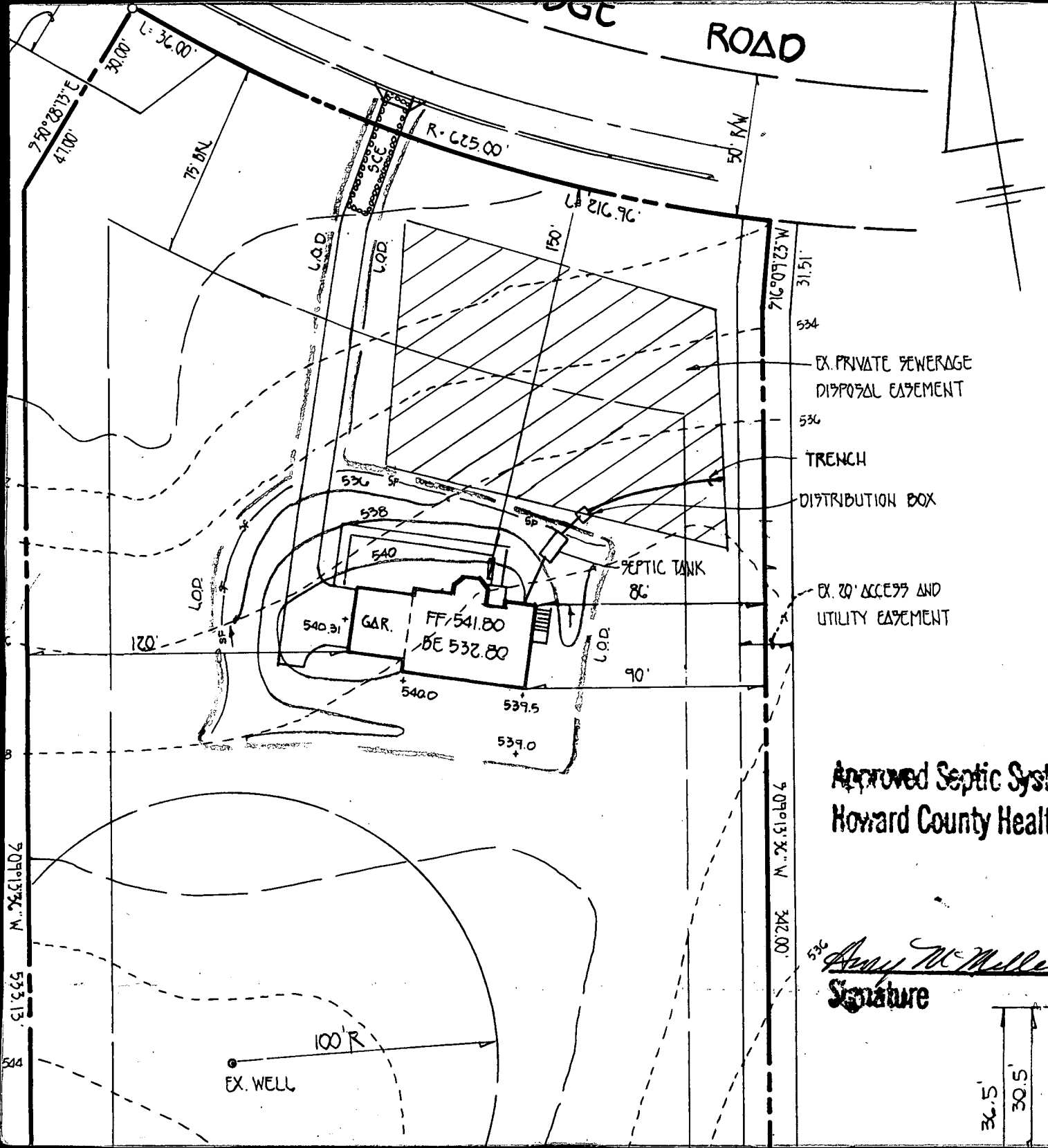
- DENOTES 4" x 4" x 36" CONCRETE MONUMENT
- DENOTES 1/2" Ø PIPE OR IRON PIN SET

FOR CONTINUATION SEE SHEET 2 OF 2  
LOT # 25

ENGIN  
RIEMER MUEG  
8818 CENTRE  
SUITE #  
COLUMBIA, MA  
(410) 722

SURVEYOR'S CERTIFICATE

OWNER'S CERTIFICATE



**VICINITY MAP**  
SCALE: 1"=200'

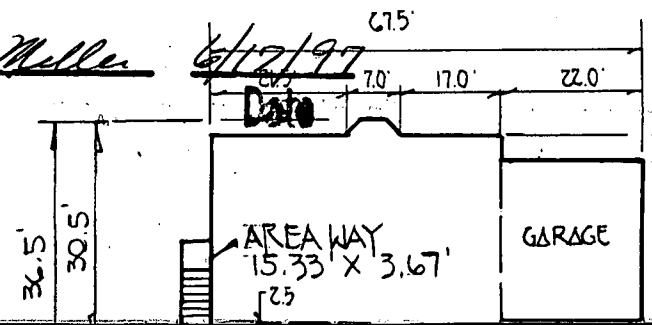
**GENERAL NOTES**

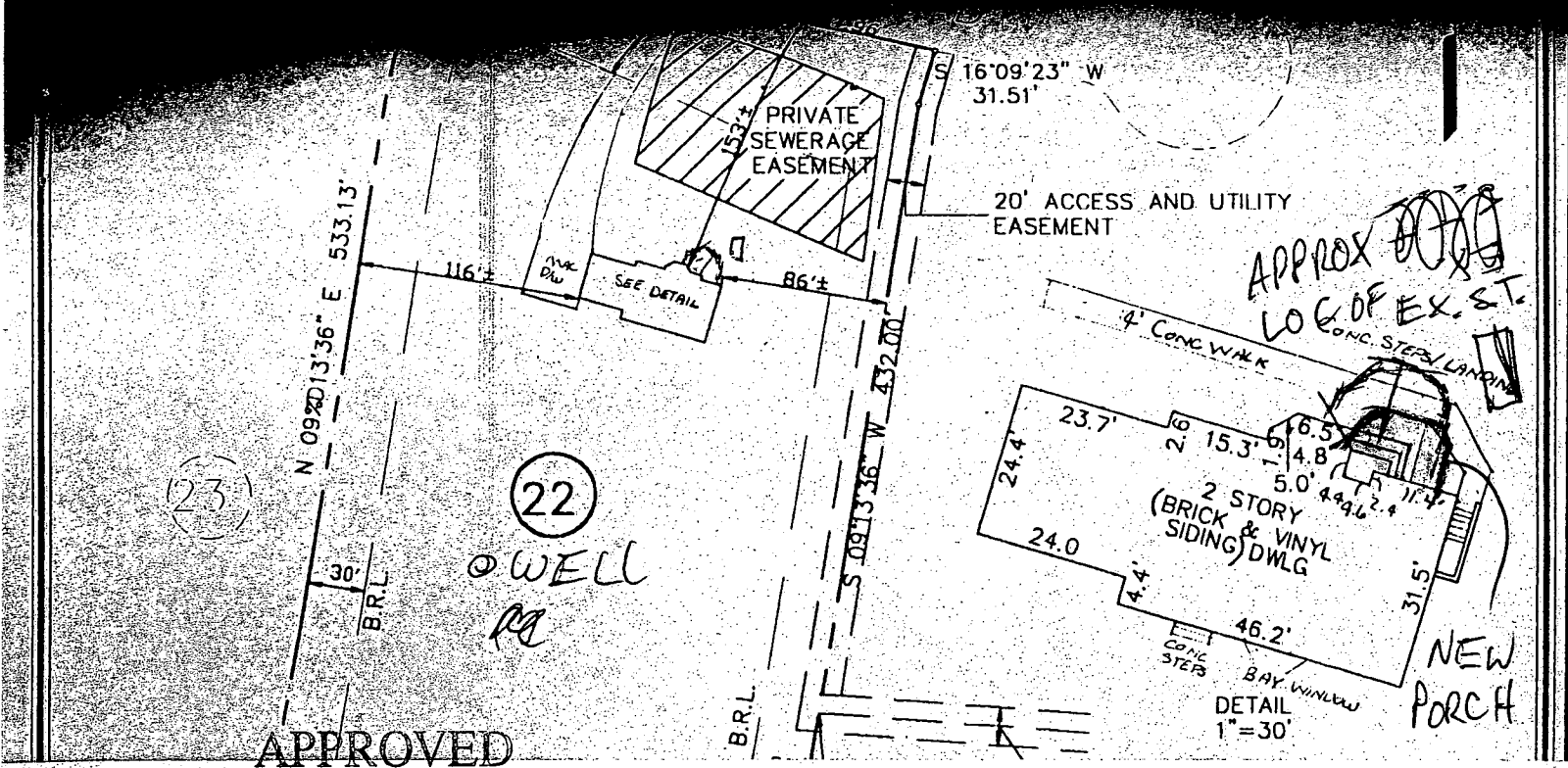
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT PERMIT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 541.80  
 B. BASEMENT ELEVATION: 532.80  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 534.90  
 D. INVERT IN AT SEPTIC TANK: 534.50  
 E. INVERT OUT AT SEPTIC TANK: 534.20  
 F. PROPOSED GRADE OVER SEPTIC TANK: 537.00  
 G. INVERT AT DISTRIBUTION BOX: 534.00  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 537.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC SYSTEM ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD AT ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

**Approved Septic System Plan**  
**Howard County Health Department**

*Amy Mc Miller*  
**Signature**

6/17/97  
**Date**





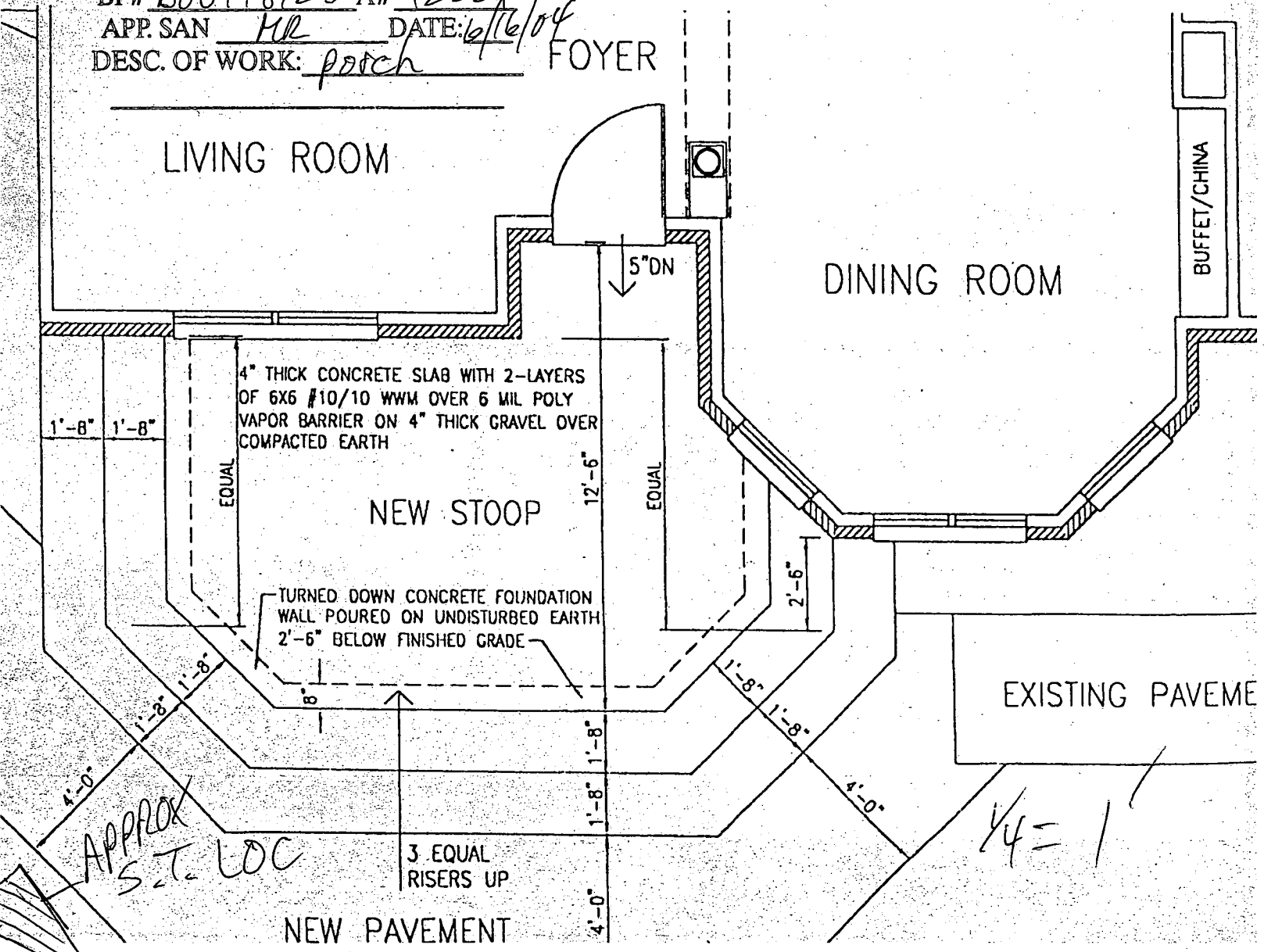
APPROVED

WALK-THRU BUILDING PERMIT

BP# B00148923 A# 4222

APP. SAN MR DATE: 6/16/04

DESC. OF WORK: porch FOYER



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00148923

Building Address 5517 ADAMS RIDGE ROAD, CLARKSVILLE, MD 21029

Property Owner's Name OLANIYI ABEKE  
 Address 5517 ADAMS RIDGE ROAD

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

City CLARKSVILLE State MD Zip Code 210

Census Tract 605102 Subdivision Adams Ranch II

Home Phone 410-531-2485 Work Phone (202) 806-3037

Section 2 Area \_\_\_\_\_ Lot 22

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

Tax Map 34 Parcel 342 Grid 4

Zoning R-2 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Phone 410-531-2485 Fax (301) 596-9428

Existing Use \_\_\_\_\_

Contractor Company \_\_\_\_\_

Proposed Use \_\_\_\_\_

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

Estimated Construction Cost \$ 2000

Address \_\_\_\_\_

Description of Work Repeal and replace roofing

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

front steps adding a porch

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mark Dyer

Occupant or Tenant \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

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 THEREON; (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

Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**- FOR OFFICE USE ONLY -**

AGENCY

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID#

30293

<b>B 1</b> 2186	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-1097</u> fill in this form completely
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Date Received (APA) 8/24/97

**OWNER INFORMATION RN 7031**

**Areke Olaniyi**  
15 Last Name Owner First Name 34

**7919 Mandan Rd., #202**  
36 Street or RFD 55

**Greenbelt, Md. 20770**  
57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**Howard** COUNTY 21

**Adam's Reach** 23 SUBDIVISION 42

SECTION 44 46 LOT 22 48 50

**Clarksville** 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

**DRILLER INFORMATION**

**George F. Easterday** M W D 040  
Driller's Name 76 License No. 81

**L. Franklin Easterday, Inc.**  
Firm Name

**9265 Brown Church Rd., MT. Airy, Md. 21771**  
Address

*George F. Easterday* 3/22/97  
Signature Date

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Adam's Ridge Rd** 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **540** 37 DISTANCE FROM ROAD Ft. 38 39

TAX MAP: 34 BLK: 4 PARCEL 395

**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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** A42221  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 4 3 97 4/3/98  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 500 000 EAST GRID 810 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 4/15/97 1:45 910091

SOURCES OF DRILLING WATER

- wells
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810

N 500

4/15/97 location ok  
grout ok  
62' casing  
22 bags KM

APPROXIMATE DIAMETER OF WELL 6 INCH  
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

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

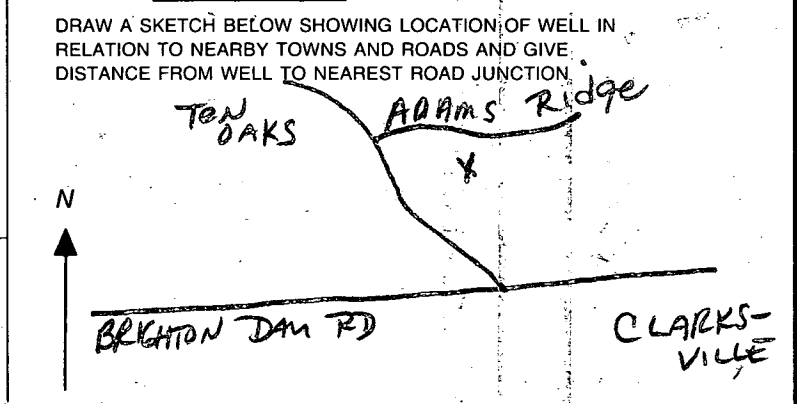
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)**

APPROP. PERMIT NUMBER GAP 54 63

FORCE GS WRITE INITIALS IN BOX PERMIT No. HO-94-1097  
67 68 70 71 72 73 74 75 76 77 78 79

C1 6009 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A42221

ST/GO USE ONLY. DATE RECEIVED

DATE WELL COMPLETED 04 15 97

Depth of Well 450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 106-94-1097

OWNER AREKE OLANIYI ADAMS RIDGE ROAD TOWN CLARKSVILLE SUBDIVISION ADAMS REACH SECTION LOT 22

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Shaley Clay, Sand Stone, Mica, Flint, Mica, Flint, Mica, gravel.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 22 NO. OF POUNDS 2200

CASING RECORD

MAIN CASING TYPE (S) (T) (6) (62) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.) 60 450. TABLE with columns 1-11 and rows E, A, C, H, S, C, R, E, N. DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 40 WHEN PUMPING 164 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) 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 LIC. NO. MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 501 '6

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

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

