

Tax ID-04-351886

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE INDEXED

P 58468

A 42477

DISTRICT 4th

DATE 5/19/97

DATE SYSTEM APPROVED 5/21/97

INSPECTOR JKS

5/21/97
JMM - ASAD

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

Dennis Feaga IS PERMITTED TO INSTALL X ALTER

ADDRESS 1625 Henryton Road, Marriottsville, Maryland 21104 PHONE 442-5623

SUBDIVISION Country Springs LOT 25 ROAD 15051 Scottswood Court

PROPERTY OWNER Barry P. Feaga KATHY + DAVID HERRING

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS 1250 GAL TANK AND 1000 GAL FUTURE PUMP PIT PROPOSED

NUMBER OF BEDROOMS 4 will ACCEPT 1500 GAL COMPARTMENTED TANK AT APPLICANTS DISCRETION. (CW)

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Place the distribution box 140 feet up the right lot line and 25 feet off this same lot line as seen when facing the lot from Scottswood Court. Run trenches on contour towards the rear of the lot.

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 1-17-97

PLANS APPROVED BY Donna K. Soe DATE 10/29/96

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

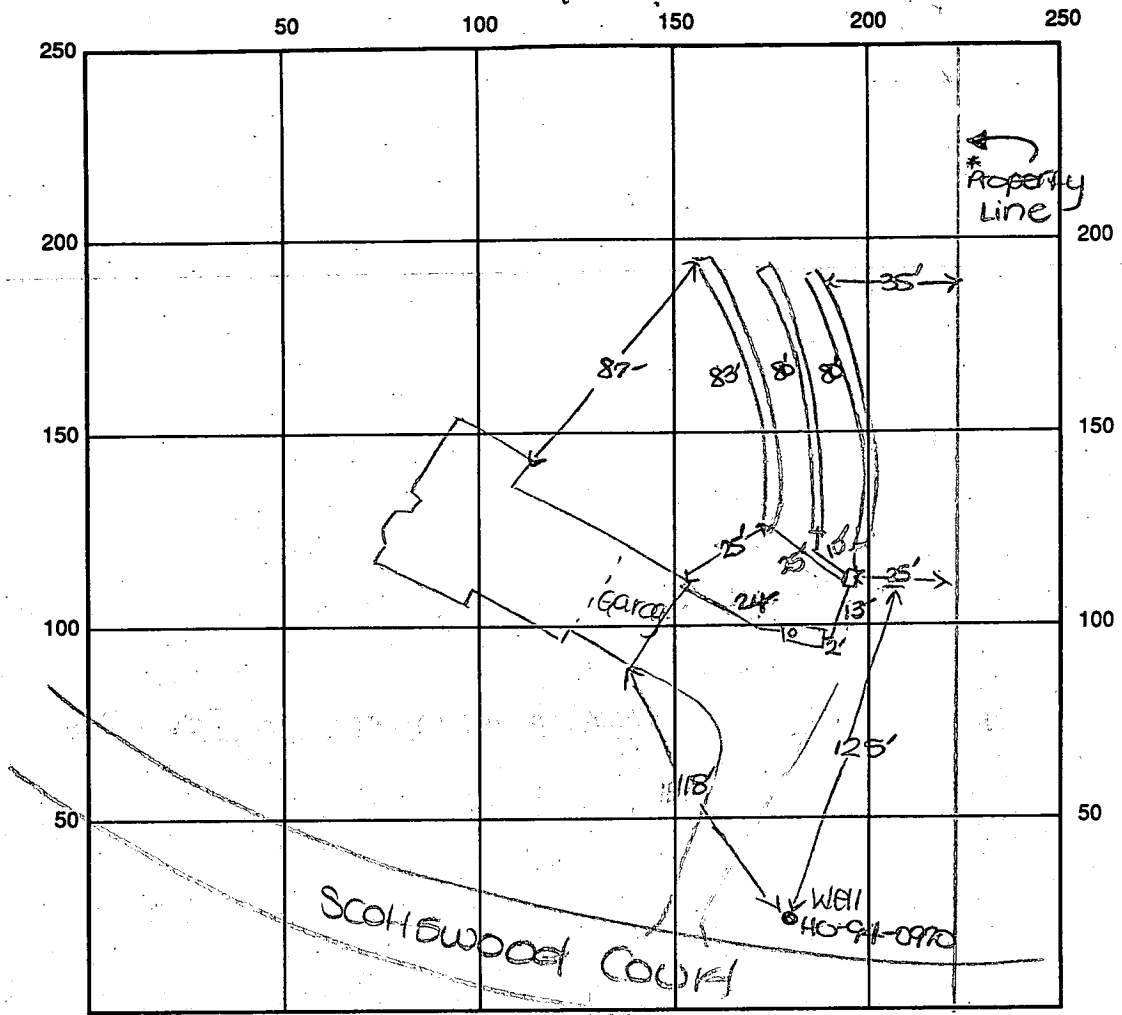
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 8-6-97
Serial# B1010 7308 - deck
9/11/2002 B00738360 POOL

A 42477



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK-1500 gal 4000 comp CLEANOUTS one on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 180 + 83 = 243 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 729 SQ. FT.

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

ABSORBENT AREA 729 SQ. FT.

REMARKS: 5/21/97 FINAL INSD - OK TO COVER ALL WORK. JKS

DATE SYSTEM APPROVED 5/21/97 INSPECTOR [Signature]

11/15/96
1130

APPLICATION

PERCOLATION TESTING

A 57394

P _____

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

PROPOSED
ADJUSTMENT
TO SEPTIC AREA
TO MAXIMIZE
HOUSE SITE OPTIONS,
(CW)

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

(FEE PENDING)

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

PROPERTY OWNER Barry P. Feaga

ADDRESS P.O. Box 1309 PHONE 313-9247

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Country Springs LOT NO. 25

ROAD AND DESCRIPTION 1505 1/2 Scottswood Ct.

BLDG. PERMIT SIGNED

~~AND RETURNED~~ 1/16/97
Send # BM 103573

TAX MAP 14 PARCEL # P/012

SIZE OF LOT 3.06 TYPE BLDG. SFD - 4 Bedrooms
(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. Barry P. Feaga
(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

SOIL PROFILE

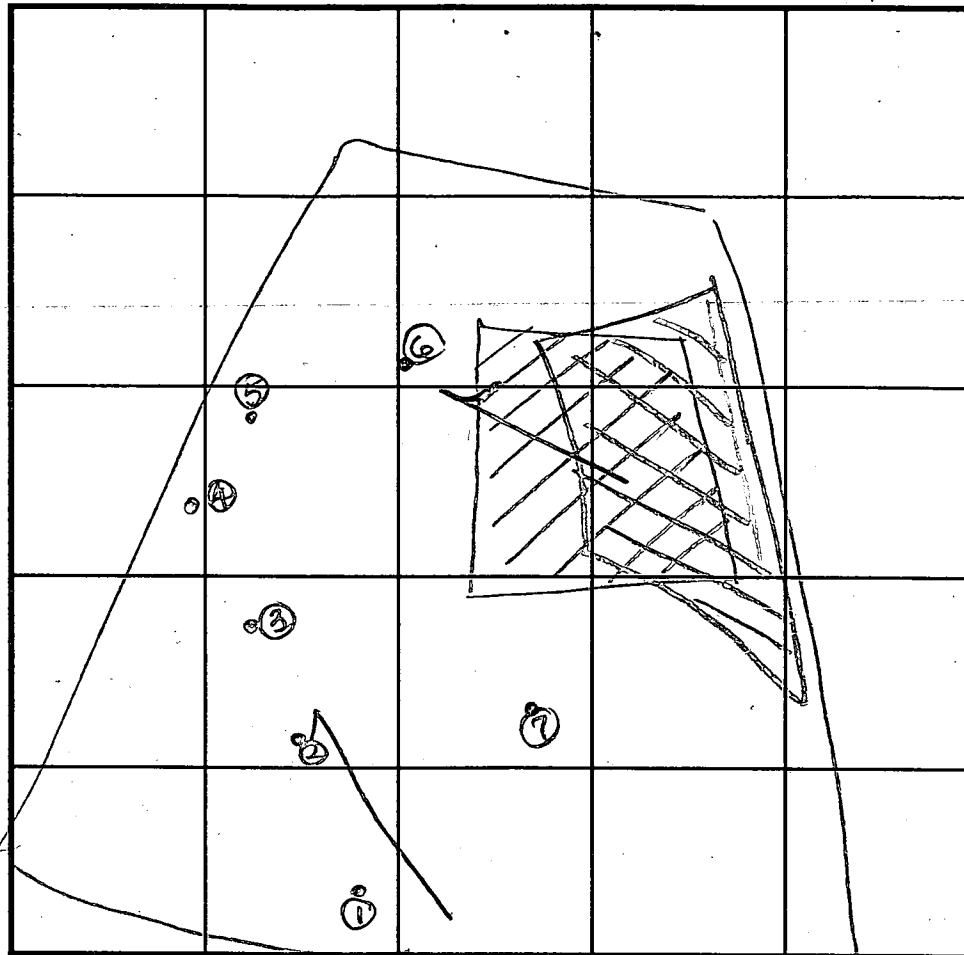
0' topsoil
1' org red
br d
lm

org br
si d
lm

WATER

1' d
7 topsoil
org br
cl m

lt br
si sa
lm
5-10%
frags
8'10" CAVE-
IN
12' WATER



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Scottswood Court

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-15-96	1	9.0' D	WATER				F
	2	8'8" D	WATER	(CAVE-IN AT 6.5')			F
	3	13.0' D	CAVE-IN, UNABLE TO OBSERVE?				
	4	7.5' D	WATER	(SEE PAGE 5.5)			F
	5	9.5' D	WATER	(MOTTLED SOIL 6.5')			F
	6	6.0' D	REFUSAL				F
	7	12.0' D	WATER	(CAVE-IN 8'10")			?

REMARKS = approx. existing easement
 TYPE OF SOIL = " modification to be utilized
 TESTED BY D. Soe ALSO PRESENT B. Feaga
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 42477

P _____

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

DISTRICT 4

DATE July 5, 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 Frall Developers, Inc.

ADDRESS P. O. Box 659 Mount Airy, MD 21771 PHONE (301) 795-1866

ENGINEER OR CONTACT PERSON
PROSPECTIVE BUYER VANMAR ASSOCIATES INC. / Mike VanSant

ADDRESS 310 South Main Street Mount Airy, MD 21771 PHONE (301) 829-2890

PROPERTY LOCATION:

SUBDIVISION RIPPEON PROPERTY LOT NO. 25
24

ROAD AND DESCRIPTION Bushy Park Road

TAX MAP 14 PARCEL # 12

SIZE OF LOT 3.0 ac ± TYPE BLDG SFD
(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.

Ruane Jennings, Agent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

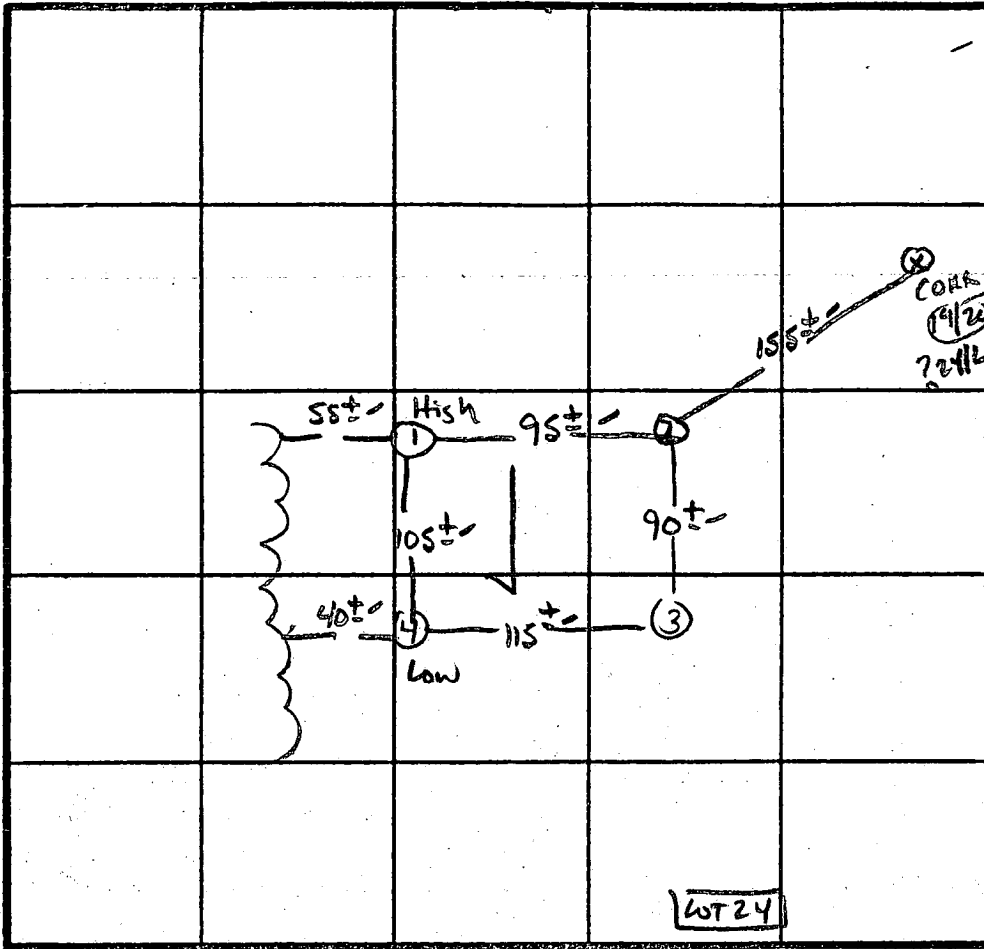
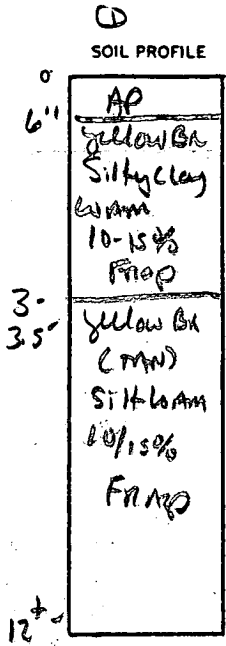
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/21/88 PERC SATISFACTORY - hold for PLAT - S&L

HD-216

THIS IS NOT A PERMIT



5 Peas 5 min
 180 #/A
 Inlet 3.0
 Bottom 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Bosny Park Rd.

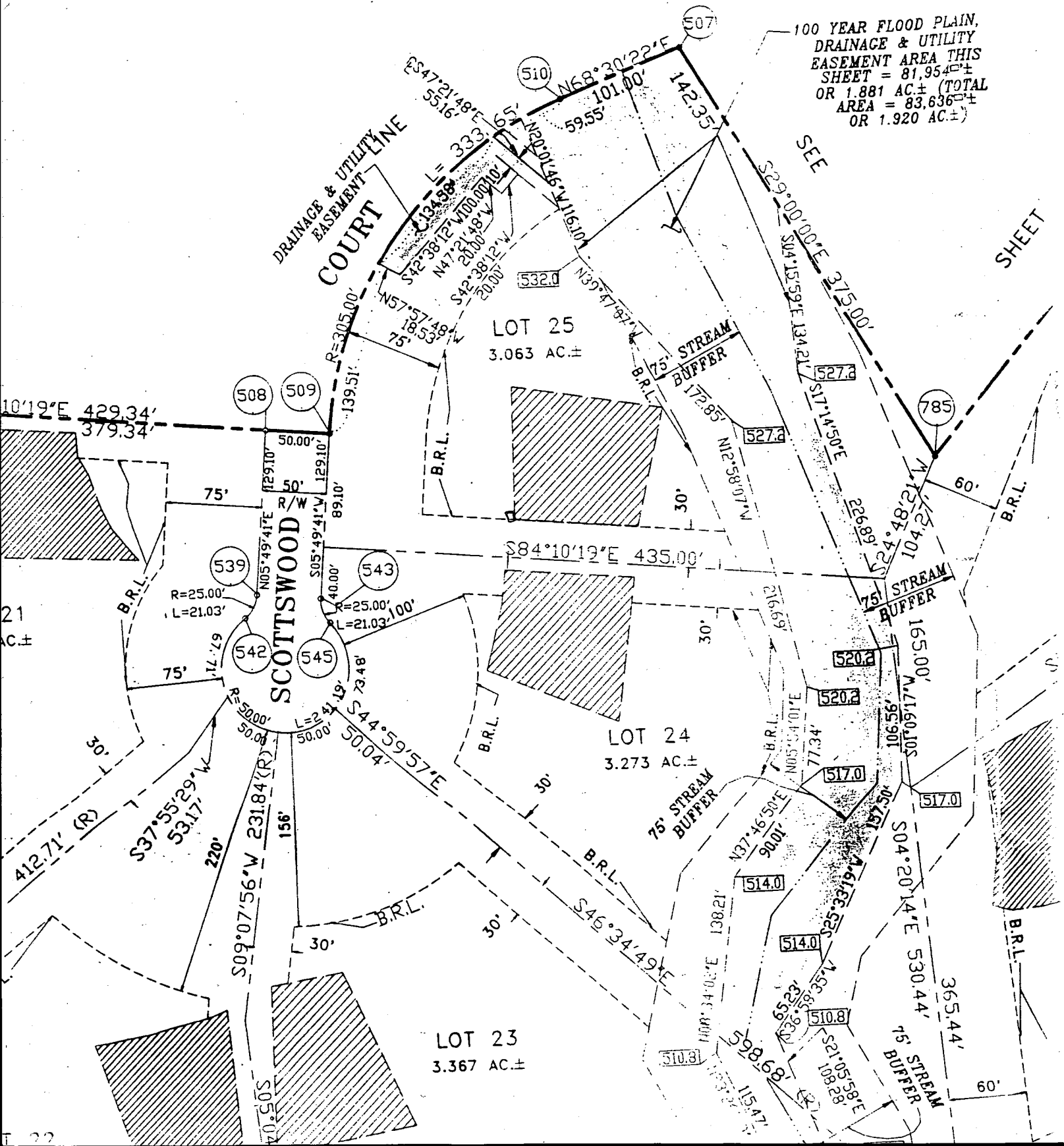
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/2/68	5	3.0"	12:38	12:40	12:40	12:43	3 min
	M	8.0"	12:38	12:39	12:39	12:41	2 min
	1V	12.5"	As profiled				
	2V	3.5" 13"	12:36	12:45	12:45	12:58	13 min
	3V	3.5" 12.0"	12:37	12:38	12:38	12:42	4 min
	4V	3.5" 12.0"	12:41	12:42	12:42	12:44	2 min

REMARKS Holes NOT for PWT - Shallow SYST. LAND SCAPE POSITION

TYPE OF SOIL Chester. Glouclg

TESTED BY S. Ahl ALSO PRESENT Paul, Scott M., Andrews Ruby, C. Cissel

copy of signed
final



100 YEAR FLOOD PLAIN,
DRAINAGE & UTILITY
EASEMENT AREA THIS
SHEET = 81,954±
OR 1.881 AC± (TOTAL
AREA = 83,636±
OR 1.920 AC±)

DRAINAGE & UTILITY LINE
EASEMENT
COURT

LOT 25
3.063 AC±

LOT 24
3.273 AC±

LOT 23
3.367 AC±

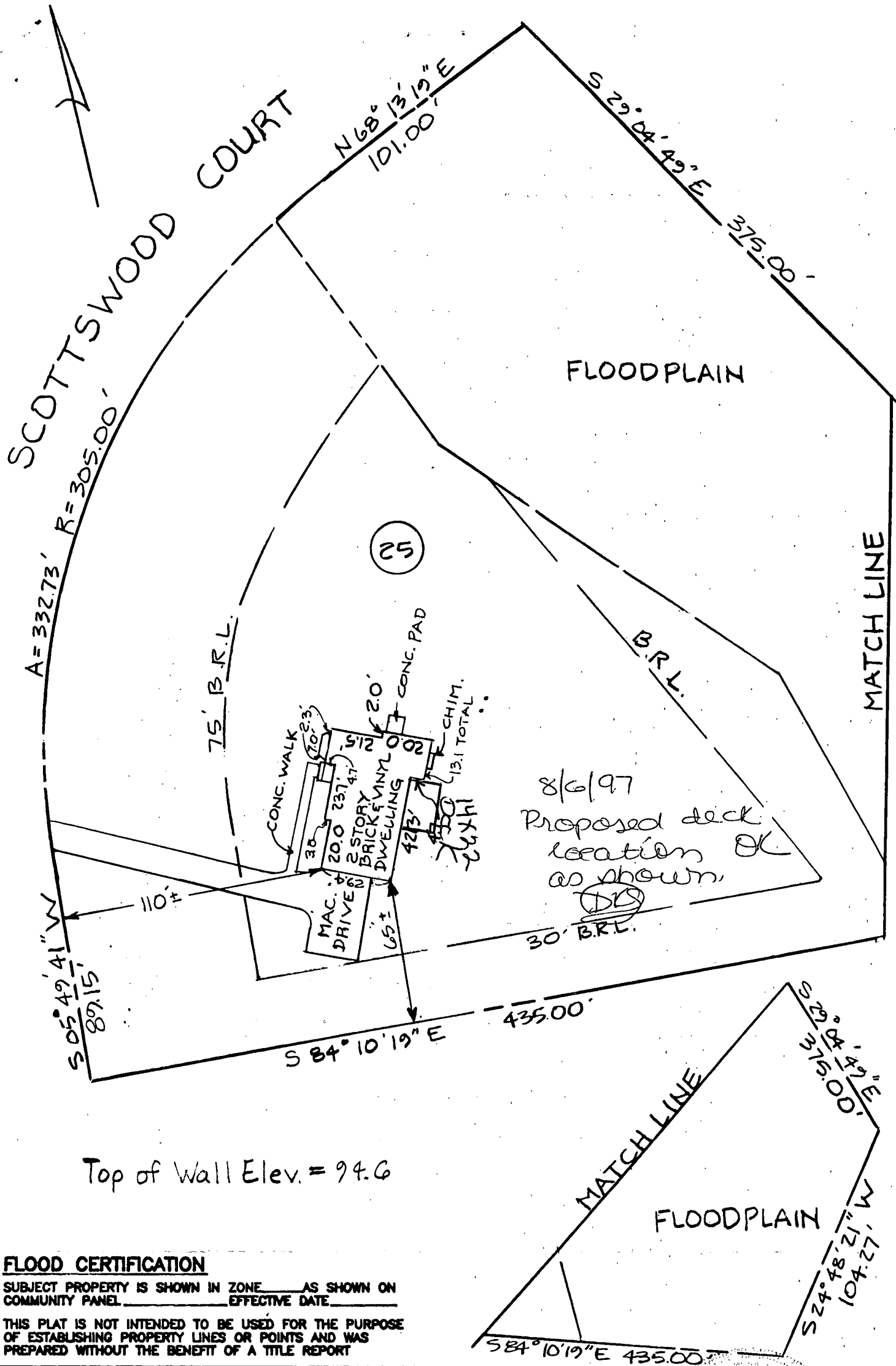
SCOTTSWOOD

SEE

SHEET

21
AC±

22



8/6/97
 Proposed deck location OK as shown.

Top of Wall Elev. = 94.6

FLOOD CERTIFICATION

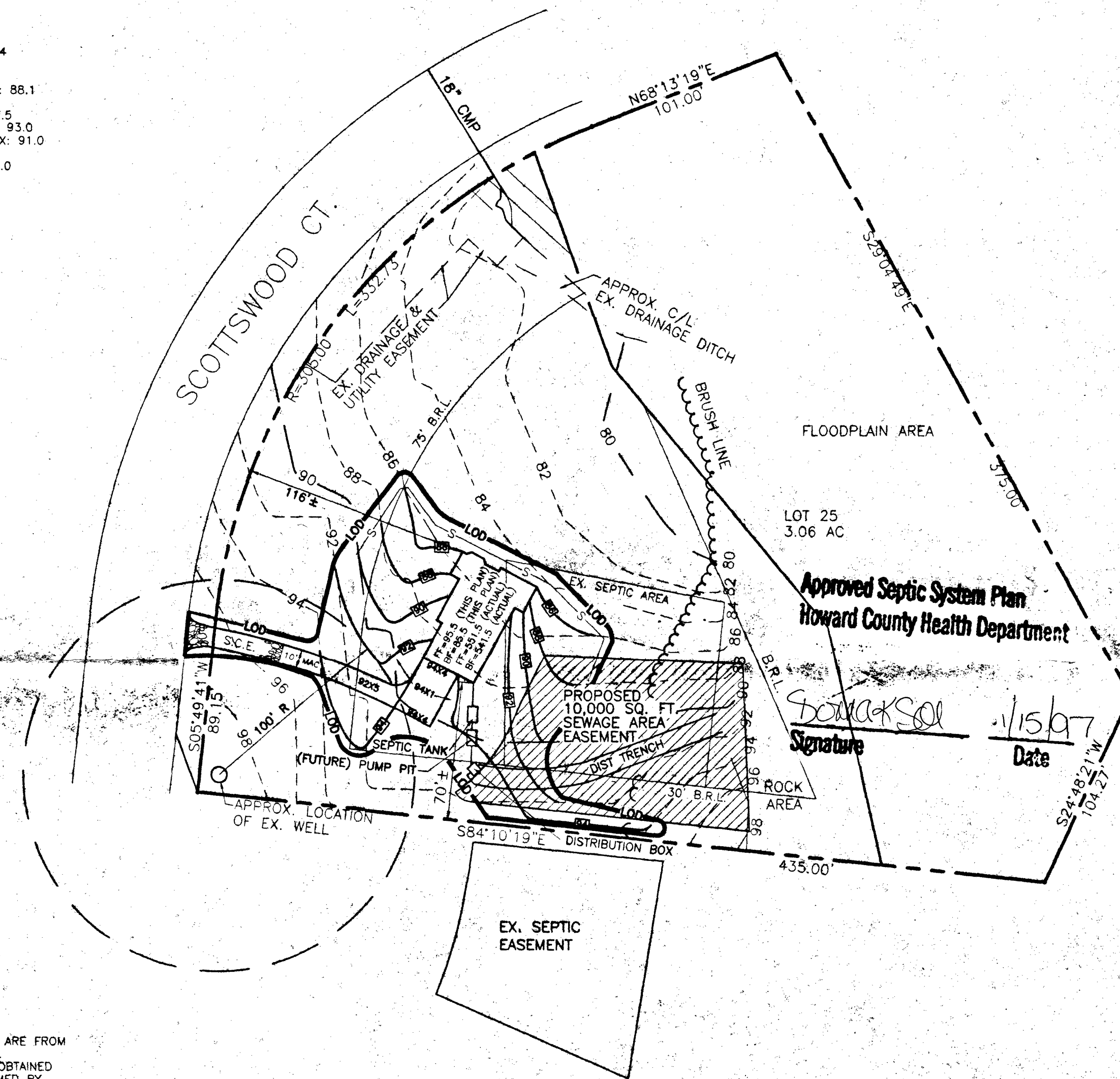
SUBJECT PROPERTY IS SHOWN IN ZONE _____ AS SHOWN ON COMMUNITY PANEL _____ EFFECTIVE DATE _____

THIS PLAT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF ESTABLISHING PROPERTY LINES OR POINTS AND WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT

RECORD REFERENCES	LOCATION SURVEY OF	MARKS-VOGEL ASSOCIATES, INC.
LIBER/FOLIO _____	OF	CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD. 21043 TELEPHONE (410)461-5828 FAX (410)465-3986
PLAT BOOK _____	LOT 25	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
PLAT NO./FOLIO _____	COUNTRY SPRINGS	<i>Erik C. Marks</i>
SCALE 1" = 50'	HOWARD CO. MARYLAND	ERIK C. MARKS R.P.L.S. #607
DATE 7/14/97		

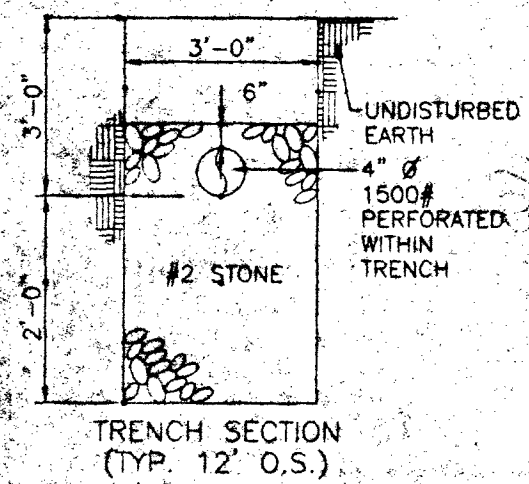
4 BEDROOMS = REQUIRED: 240 LF OF TRENCH
 PROVIDED: 240 LF OF TRENCH

BASEMENT ELEV.: 85.50
 FIRST FLOOR ELEV.: 95.50
 INV. OUT OF HOUSE: 89.9
 INV. INTO SEPTIC TANK: 89.6
 INV. OUT OF SEPTIC TANK: 89.4
 INV. INTO PUMP PIT: 88.9
 INV. OUT OF PUMP PIT: 88.6
 INVERT INTO DISTRIBUTION BOX: 88.1
 INV. INTO TRENCH: 88.0
 EX GRADE AT SEPTIC TANK: 89.5
 PROP. GRADE AT SEPTIC TANK: 93.0
 EX GRADE AT DISTRIBUTION BOX: 91.0
 EX GRADE AT TRENCH: 91.0
 ELEV. OF GROUND AT WELL: 99.0



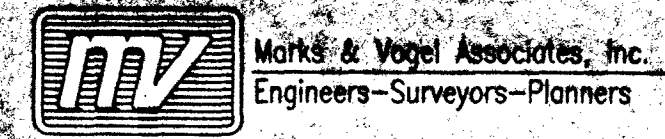
NOTE: 1. THE CONTOURS AND ELEVATIONS SHOWN HEREON ARE BASED ON A FIELD RUN SURVEY WITH AN ASSUMED VERTICAL DATUM PERFORMED BY MARKS & VOGEL ASSOCIATES, INC. IN JANUARY, 1996.
 2. THE PROPERTY LINES SHOWN HEREON ARE BASED ON A PLAT OF SURVEY PERFORMED BY FISHER COLLINS & CARTER, INC. DATED NOV. 19, 1990 AND ARE NOT TO BE USED TO DETERMINE BOUNDARY LIMITS.
 3. PROPOSED SEWAGE EASEMENT AREA REPRESENTS AN ADJUSTMENT TO THE PREVIOUSLY APPROVED EASEMENT.
 4. FIRST FLOOR SEWER SERVICE BY GRAVITY.

NOTE
 *PERC FIELD & WELL LOCATION ARE FROM HEALTH DEPARTMENT RECORDS
 *TOPOGRAPHY SHOWN HEREON OBTAINED FROM A FIELD SURVEY PERFORMED BY MARKS & VOGEL ASSOCIATES, INC.



LEGEND

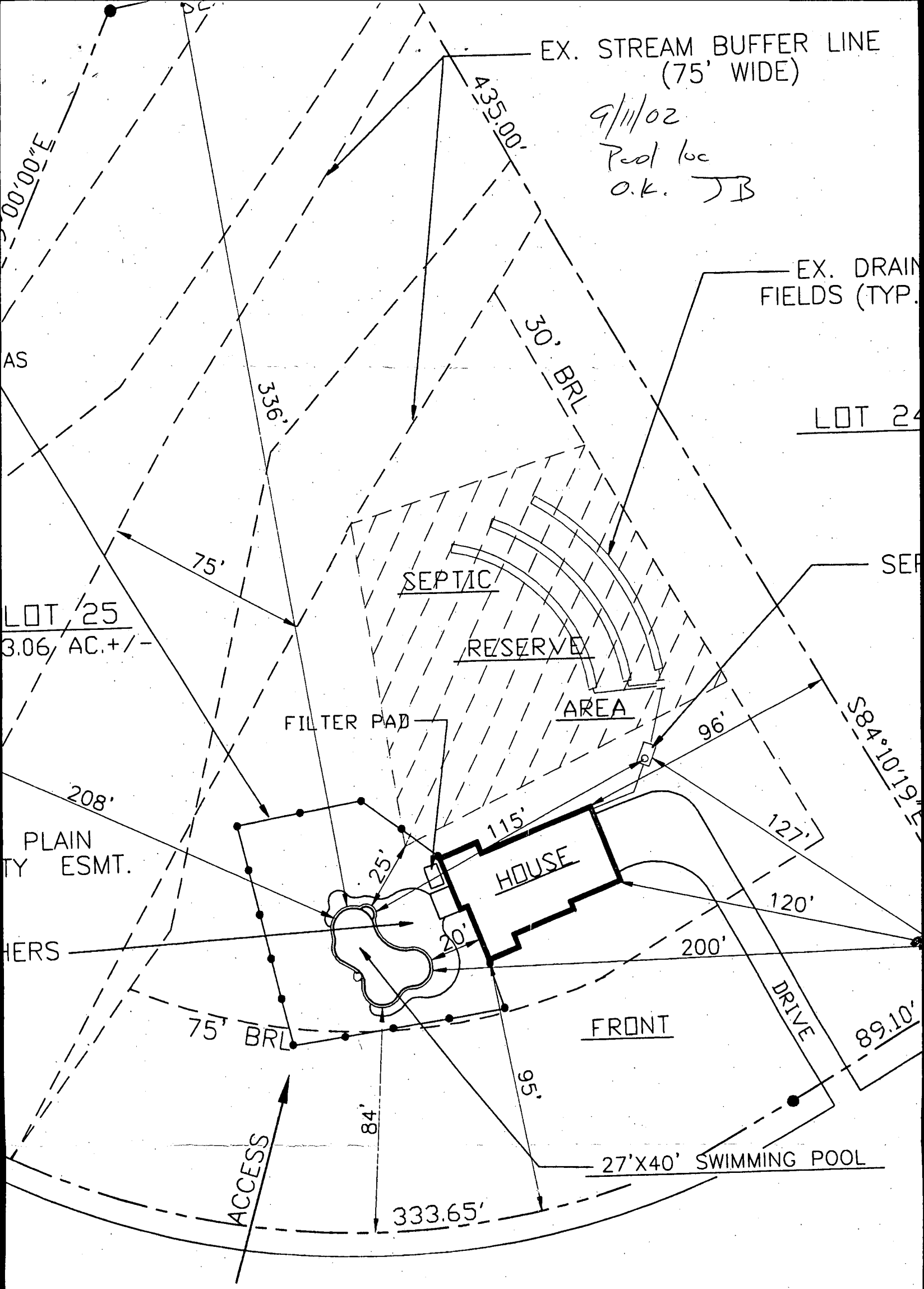
- 550--- EXISTING CONTOUR
- 550--- PROPOSED CONTOUR
- S--- SILT FENCE
- L.O.D.--- LIMIT OF DISTURBANCE
- S.C.E.--- STABILIZED CONSTRUCTION ENTRANCE



SCALE 1"=50'
 DRAWN BY M.D.M.
 CHECKED BY R.H.V.
 DATE JANUARY, 1997
 W. O. #

PLOT PLAN
 FOR
 LOT 25
 COUNTRY SPRINGS
 TAX MAP #14
 34TH ELECTION DISTRICT
 PARCEL P/O 12
 HOWARD COUNTY, MARYLAND

ACID FURNACE C:\V000085\F04\175PLAN.DWG



SITE PLAN

SCALE: 1" = 40'

B00138360

Building Address 15057 SCOTTSWOOD CT
WOODBINE, MD 21797

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

Census Tract 6040 Subdivision RIPPEON PROP.

Section _____ Area _____ Lot 25

Tax Map 14 Parcel 240 Grid 3

Zoning R000 Map Coordinates 8K1 Lot size 3.00 AC

Existing Use SFO

Proposed Use SFO w/POOL

Estimated Construction Cost \$25,000

Description of Work INSTALL 27'x40' INGROUND POOL IN REAR YARD. POOL TO BE FINISHED BY CONTRACTOR WITH FINISH FOR TO BE ENCLOSED BY 4" HDG. FENCE TO COOR. FENCE TO BE RIGID BY TRUCK

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name KATHY + DAVID HARRING

Address 15057 SCOTTSWOOD CT.

City WOODBINE State MD Zip Code 21797

Home Phone 410-491-7754 Work Phone 410-799-5200

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

John Krawczyk
AD POOLS INC

Phone 410-995-6000 Fax _____

Contractor Company MARYLAND POOLS INC

Contact Person John Krawczyk

Address 1000 WOODMERE DRIVE 1515 GREENVIEW LA.

City COLUMBIA State MD Zip Code 21046

License No. 1694

Phone 410-995-2600 Fax 301-621-3331

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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <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 _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>27'x40'</u>	
Footings: <u>3' 10 3/2' DEEP</u>	
Roof: _____	
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 AND 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.

[Signature]
Applicant's Signature

John Krawczyk
Print Name

9/1/02
Date

Title/Company _____

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>9/1/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>56114</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1,100</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>4325</u>
	Validation # <u>11629</u>

Accepted by [Signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

C1 7871 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 A 42477

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11/04/96

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0970

OWNER: Feaga (last name) Barry (first name) STREET OR RFD: scottswood Ct. TOWN: woodbine SUBDIVISION: country Springs SECTION: LOT: 25

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Handwritten entries: Sand (0-36), Gray Mica Rock (36-245).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 14 NO. OF POUNDS 1316 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 38 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL) Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 41

OTHER CASING (if used)

Table for other casing with columns for diameter (inch) and depth (feet).

SCREEN RECORD

screen type or open hole: ST (STEEL) BR (BRASS BRONZE) PL (PLASTIC) HO (OPEN HOLE) OT (OTHER)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y (yes) N (no)

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED AND 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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24

DRILLERS SIGNATURE: Joseph K. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): Barry Mayne

LIC. NO. 207

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

Table for depth measurements with columns for depth (nearest ft.) and rows for casing height (H0, 38, 245) and slot size (1, 2, 3).

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.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

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 34 ft. WHEN PUMPING 67 ft. TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

