

TAX# 04353498

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 51117

A 42744

DISTRICT 4th

DATE 11/23/98

DATE SYSTEM APPROVED 12/3/99

INSPECTOR AM

12.3.98  
C.O. ASAP

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

J. Joseph Gartland IS PERMITTED TO INSTALL  ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, Maryland 21157 PHONE 410-875-2400

SUBDIVISION Chessie Crossing LOT 13 ROAD 773 Chessie Crossing Way

PROPERTY OWNER Carrigan Homes, Inc.

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting at the end of the flagstem (213.37'/534.59' intersection), place the distribution box 280 feet down the 534.59' lot line and 60 feet off this same lot line. 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.  
- DECREASE STONE IN TOP TRENCH TO 1' DEPTH IF NECESSARY TO MAINTAIN A 4' MAXIMUM DEPTH.

*B-27-98 OK AM*

PLANS APPROVED BY Mark Rifkin/Glen Savage REVISED \_\_\_\_\_ DATE 08/07/98

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(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

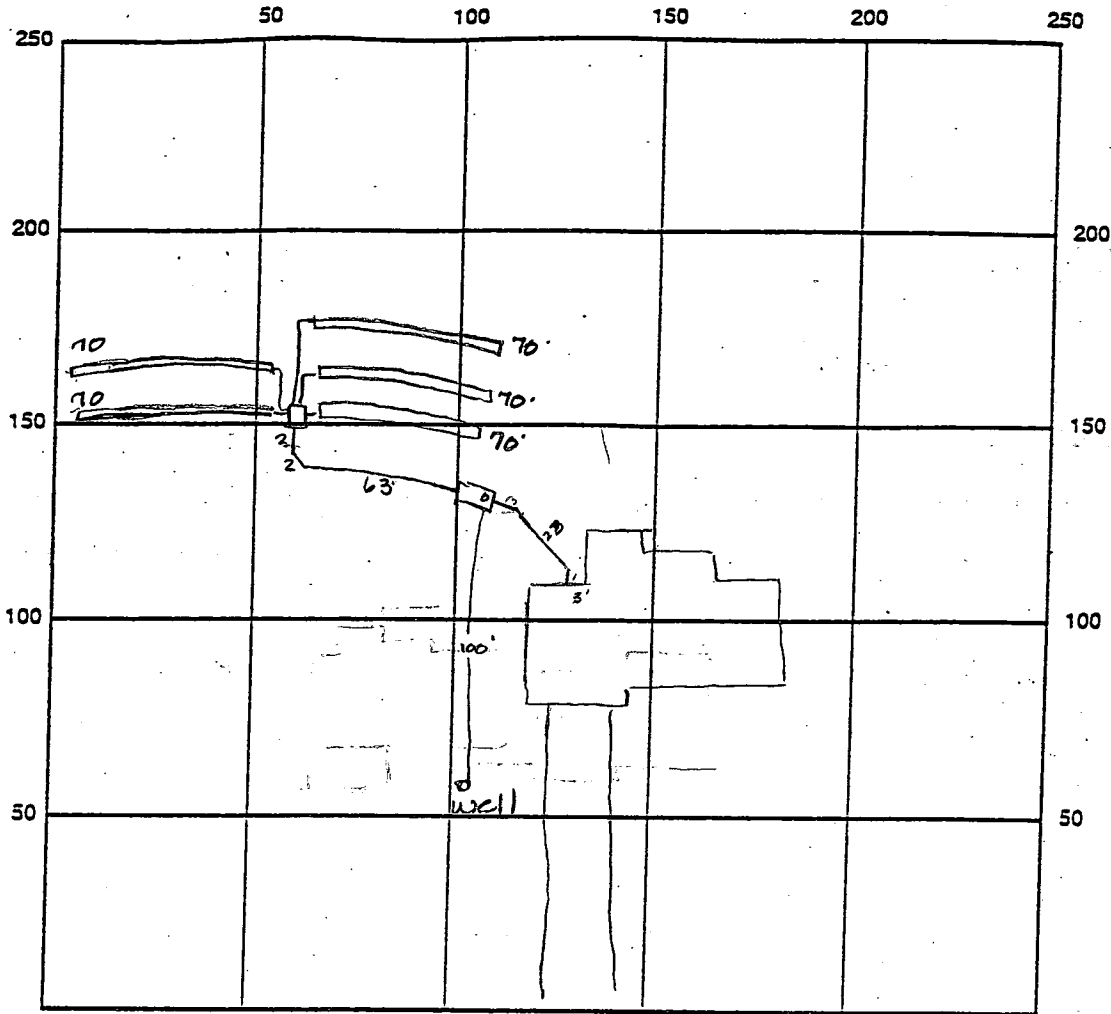
PERMIT VOID AFTER TWO YEARS

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**

442744



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Chessie Crossing Way

SEPTIC TANK LEVEL OK 1500 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle 15 in

DRAIN FIELD/TITLE DEPTH 4.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 350 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 1050 SQ. FT.  $\frac{350 \times 3}{2}$

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 1.5 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/3/98 OK to cover all work final dv

DATE SYSTEM APPROVED 12/3/98

INSPECTOR A. M. Miller

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

A 42744

P \_\_\_\_\_

DISTRICT 4

DATE August 2, 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 Paul V. & Bong Cha Brosenne CARRIGAN HOMES, Inc

ADDRESS 694 Morgan Station Road Woodbine, MD 21797 PHONE 489-4052

PROPERTY LOCATION: Prospective Buyer: Lambert Cissell 442-5671  
SE Corner of 3425 Hipsley Mill Rd. Woodbine, MD 21797

SUBDIVISION "Chessie Crossing" Morgan Woodbine Rd. & Morgan Station Rd. LOT NO. 13 *Final*

ROAD AND DESCRIPTION New Road = Road A, Tax Map 3, Parcel 4  
(773 Chessie Crossing Way) **BLDG. PERMIT SIGNED AND RETURNED 8-7-88**  
*Serial # B70113211*

SIZE OF LOT 3 acres +/- TYPE BLDG. single family residence - 5 Bdr  
(NUMBER OF BEDROOMS)

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. James L Newburn (997-3815)  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
James L. Newburn Agent for Lambert Cissel

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

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

REASONS FOR REJECTION OR HOLDING 12/19/88 DIG MORE (TOO FAST & ROCK) R/L

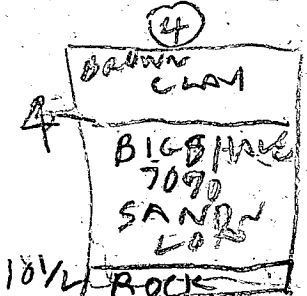
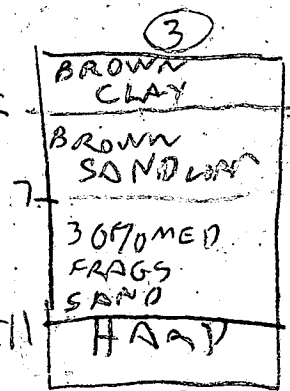
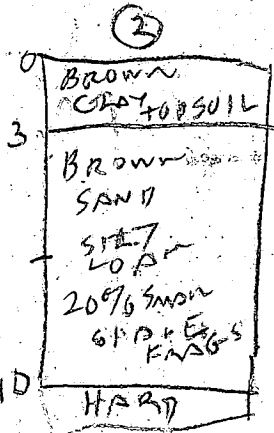
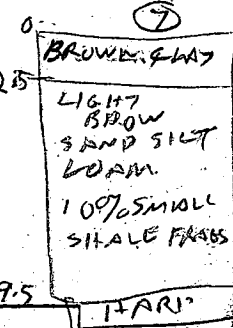
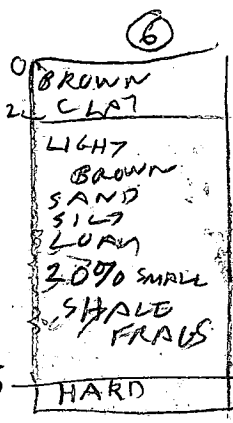
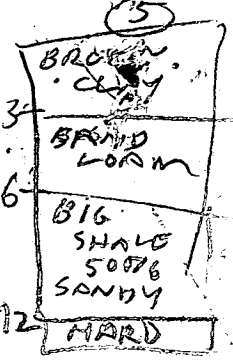
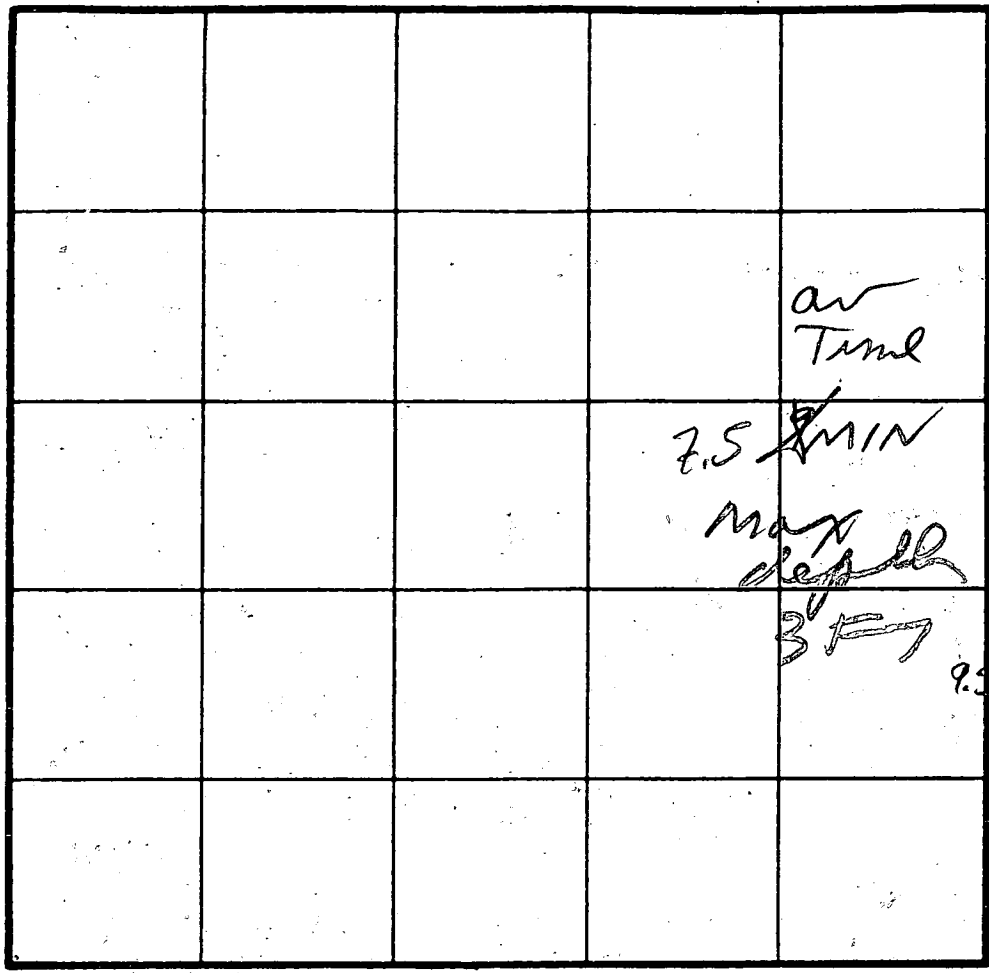
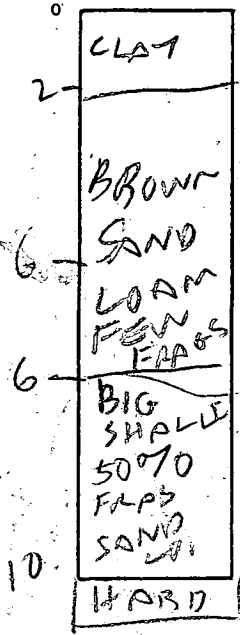
12/20/88 PERC OK HOLD FOR PLAT & REDESIGNED LOT LINES R/L

2/27/89 - Max Depth & air time write up but less change

# THIS IS NOT A PERMIT

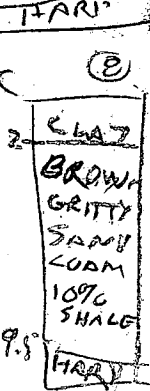
LOT 16  
A42744

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/19/88	1S	8	205	210	165EC	220	335E
	1S Revert	8	210	219	255EC	220	665EC
	1B	4	216	219	219	222	3
	1V	10	LOOKS UNSAT		TOP EAST		FAIL
✓	2S	14.5	226	234	234	244	10
	2V	10	OK				
	3S	3.5	249	252	252	300	8
✓	3V	11	OK				
	4V	10 1/2	UNSAT		ROCK & BIG SHALE		FAIL
12/19/88	5V	12	UNSAT		BIG SHALE		FAIL
12/20/88	6S	6.5	1100	1102	1102	1107	5
	6.5	3.5	1103	1109	1109	1116	7
11	6V	9.5	OK				
11	7S	4	1111	1117	1117	1131	14
11	7V	9.5	OK				
	8V	9.5	OK				

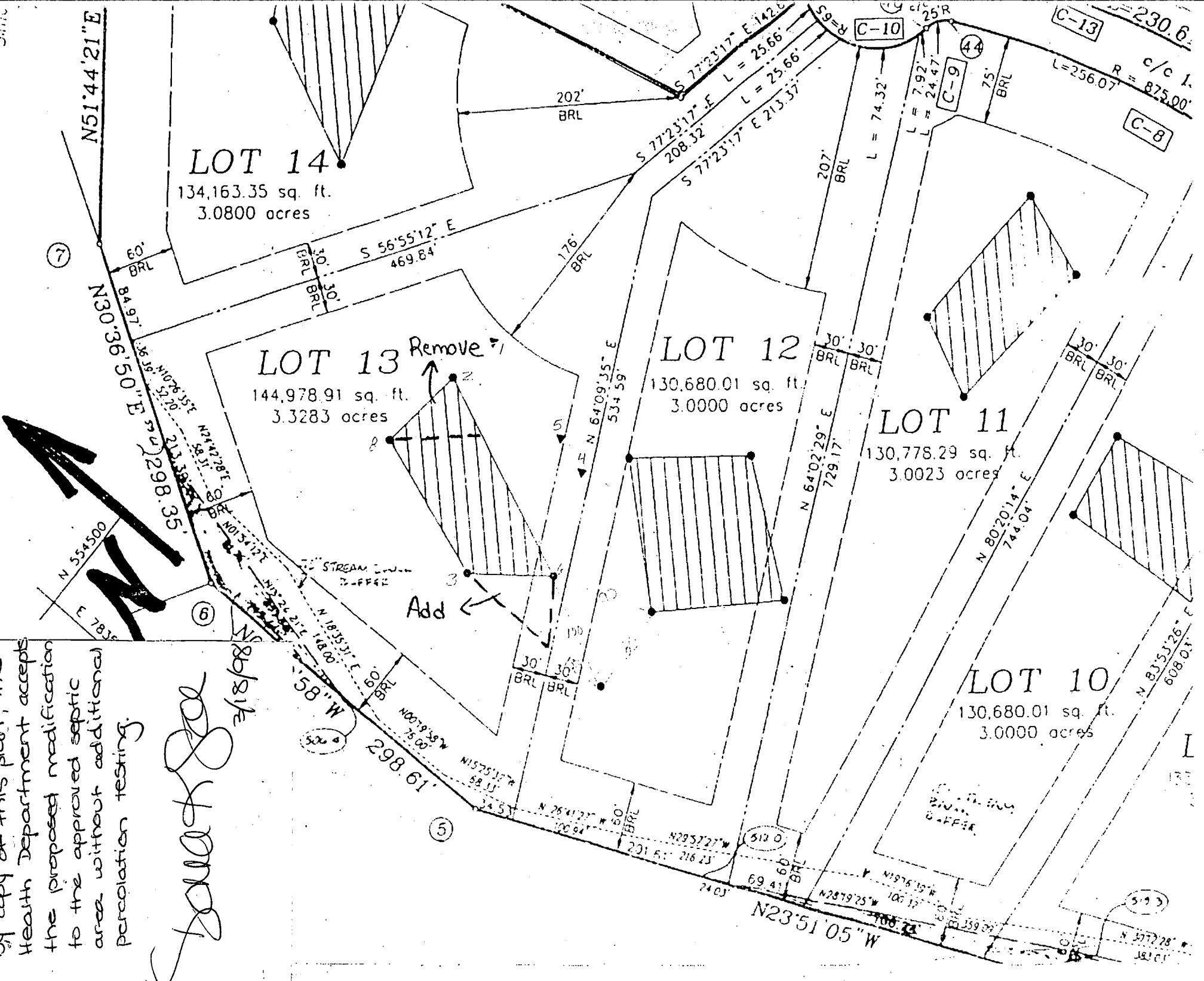


HOLES (1)(4) IN ACC PER ORIGINAL TEST PLAN OTHER HOLES DIFFERENT  
REMARKS LOT LINES TO BE CHANGED TO ACCOMMODATE HOLES (6) & (7)

TYPE OF SOIL \_\_\_\_\_  
TESTED BY R. HODGES  
ALSO PRESENT SONYA OKETTERMAN VYSONY CISEL

By copy of this plan, the Health Department accepts the proposed modification to the approved septic area without additional percolation testing.

*John J. Jones*  
 8/8/98



**LOT 14**  
 134,163.35 sq. ft.  
 3.0800 acres

**LOT 13 Remove**  
 144,978.91 sq. ft.  
 3.3283 acres

**LOT 12**  
 130,680.01 sq. ft.  
 3.0000 acres

**LOT 11**  
 130,778.29 sq. ft.  
 3.0023 acres

**LOT 10**  
 130,680.01 sq. ft.  
 3.0000 acres

(7)

(6)

(5)

(5120)

(5113)

C-10

C-9

C-13

C-8

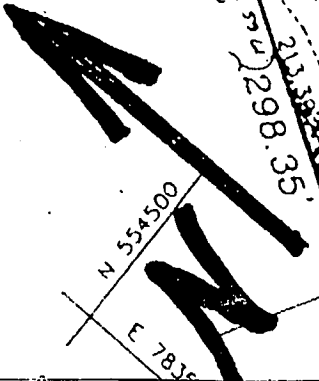
c/c 1.  
 R = 875.00'  
 L = 256.07'

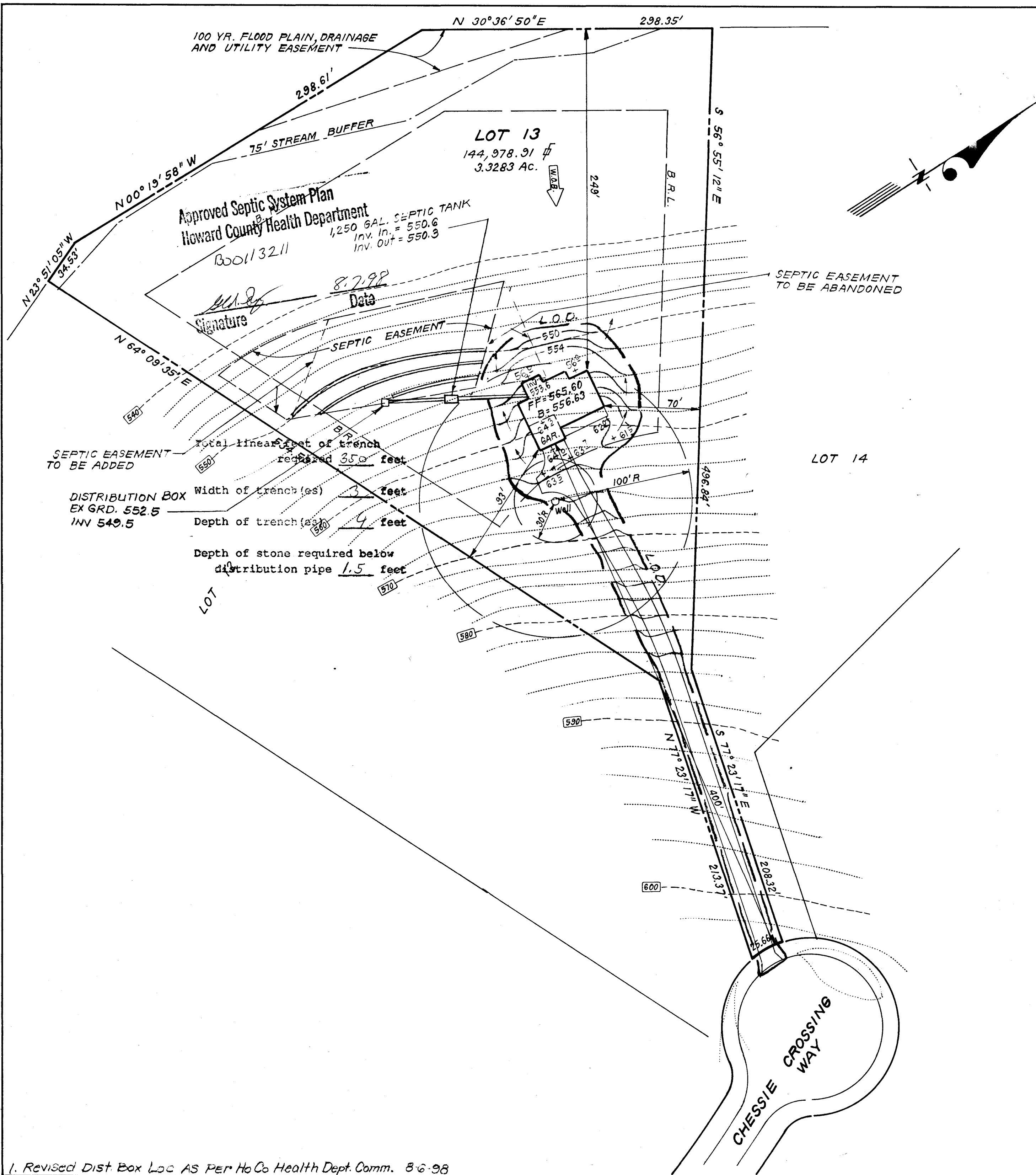
STREAM  
 BUFFER

STREAM  
 BUFFER

Add

Remove





1. Revised Dist. Box Loc AS Per Ho Co Health Dept. Comm. 8-6-98

B 1 8364 SEQUENCE NO. (DP USE ONLY)  
1 2 3 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-92-0157  
70 fill in this form completely 79

Date Received (APA) 081092  
OWNER INFORMATION  
Newburn Development  
SS 9050 Sterrett Place  
Columbia MD 21044

B 3 LOCATION OF WELL  
HOWARD COUNTY  
Chessie Crossing  
SECTION 13 LOT 13  
WOODBINE  
MILES FROM TOWN 2 1/2 MI

DRILLER INFORMATION  
Joseph Mayne  
Joseph Mayne Well Drilling  
5512 Killeard Aft. Hwy 2771  
Joseph P. Mayne 8/10/92

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
Chessie Crossing Way  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 256 FT

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 COUNTY NAME  
A42744 COUNTY NO.  
STATE SIGNATURE Raymond Hodge DATE ISSUED 2/13/93  
NORTH GRID 553000 EAST GRID 0723000

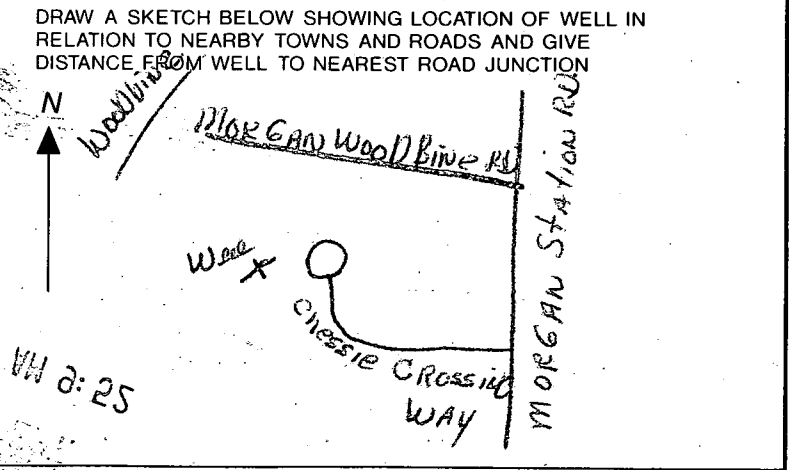
APPROXIMATE DEPTH OF WELL 260 FEET

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

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  
E 7805  
N 5503  
8/24/92 2.38 GROUT NOT 42' CASING OBS'D 34' OPEN GROUT 8 BAGS OK 2' CASING A.G. LOC SEEMS OK 8/24/92 000 ✓ TAG OK MR

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 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)  
APPROP. PERMIT NUMBER GAP  
FORCE INITIALS IN BOX PERMIT No. HO-92-0157

SPECIAL CONDITIONS

C1 6749 SEQUENCE NO. (DENV 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)

COUNTY NUMBER A42741X

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

Grid for date well completed

Grid for depth of well

Grid for permit number

OWNER DEVELOPMENT NEW BURNIN STREET OR RFD CROSSING TOWN WOODBINE SUBDIVISION CROSSING SECTION LOT 13

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. Includes handwritten entries: Brown-hal 0 38, Blue rock 38 400.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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 OPEN HOLE PL PLASTIC OTHER

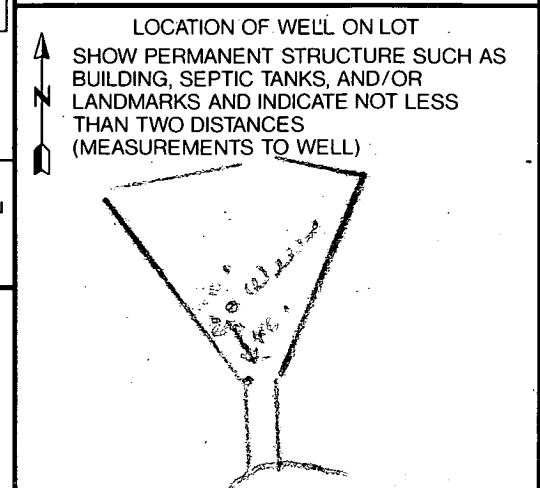
DEPTH (nearest ft.) 110 40 400. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 102 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 WHEN PUMPING 297 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) LAND SURFACE (nearest foot)



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. 232 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C1 9870 SEQUENCE NO. (DENV 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)

COUNTY NUMBER A42742X

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 082492

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-92-0159

OWNER New Burn Developers last name first name STREET OR RFD Chessie Crossing Way TOWN Woodhine SUBDIVISION Chessie Crossing SECTION LOT 13

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. Rows: Brown Shale (0-38), Blue Rock (38-400)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 252 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

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

MAIN CASING TYPE SH Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

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 OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) 400

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. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

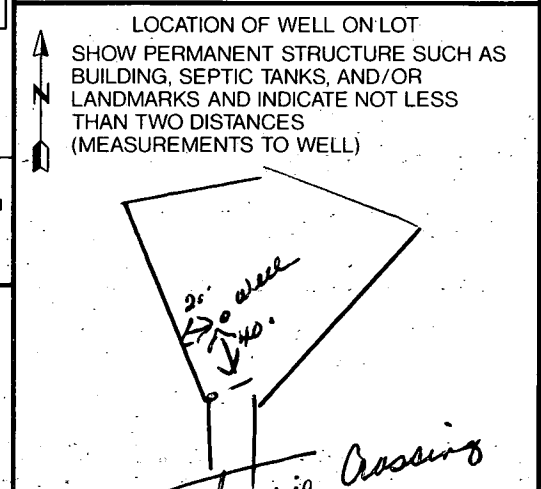
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 1.2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 WHEN PUMPING 297 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 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) LAND SURFACE 2 (nearest foot)



B 1 **3719** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

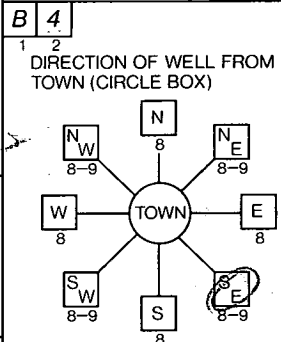
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**10-08-1430**  
 fill in this form completely

Date Received (APA) **022090**  
 OWNER INFORMATION  
**C-N PARTNERSHIP**  
 Last Name Owner First Name  
**5570STERRETT PLACE**  
 Street or RFD  
**COLUMBIA MD 21044**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**CHESSIE CROSSING** SUBDIVISION  
 SECTION **76-13** LOT  
**WOODBINE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1 3/10** MI

DRILLER INFORMATION  
 Driller's Name **Joseph P. Mayne** License No. **238**  
 Firm Name **Joseph P. Mayne Well Drilling**  
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Signature **Joseph P. Mayne** Date **2/20/90**



**Chessie Crossing way** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 DISTANCE FROM ROAD **330** FT  
 ENTER FT OR MI **FT**

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)

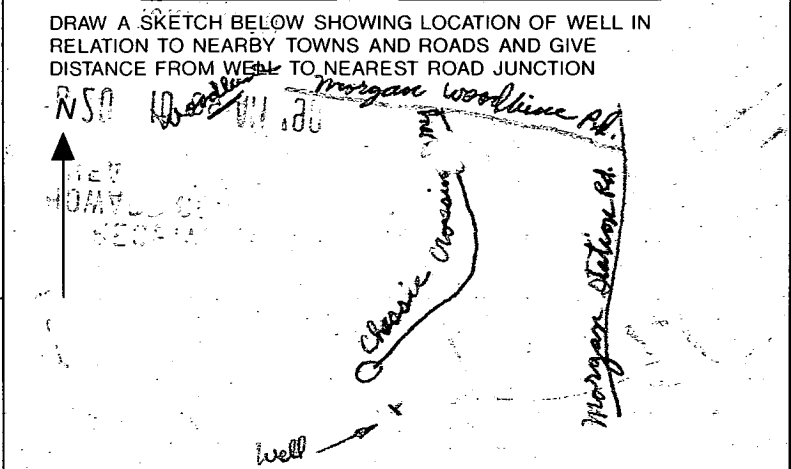
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A42744** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
**062890** DATE ISSUED **12/28/90**  
 NORTH GRID **554000** EAST GRID **0084000**

APPROXIMATE DEPTH OF WELL **240** FEET  
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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  
 E **7824**  
 N **5544**

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 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  
 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)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **AI** WRITE INITIALS IN BOX PERMIT No. **10-08-1430**

SPECIAL CONDITIONS

C1 1688

SEQUENCE NO. (DENV USE ONLY)

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 43744

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

TAG RETURNED FROM "PERMIT TO DRILL WELL" 10-28-1430 MR W/28/90

Grid for ST/CO USE ONLY DATE Received

Grid for DATE WELL COMPLETED

Grid for Depth of Well

OWNER CN PARTNERSHIP STREET OR RFD last name CHESSIE CROSSING WAY first name TOWN WOOD BINE SUBDIVISION CHESSIE CROSSING SECTION LOT 13

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 FROM TO Check if water bearing

dry well 400 ft. Filled in with cement + drilling materials Brown shale 0-19.51 Blue Rock 19-400

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft. (enter 0 if from surface)

CASING RECORD

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

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

DEPTH (nearest ft.)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE Joseph Mayne

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

TELESCOPE CASING LOG INDICATOR OTHER DATA

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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

(CIRCLE) (YES OR 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,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)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Diagram showing well location on lot with distances to landmarks.

County