

5-9-95  
12:00 / 40

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353897

P 50568

A 43398

DISTRICT 4th

DATE 03/07/95

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 5/9/95

INSPECTOR *[Signature]*

# INDEXED

Masonry Contractors, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 20 ROAD 3261 Starting Gate Court

PROPERTY OWNER Martin II, Inc. / Dan Dimmick

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 175 feet from front (189.34') lot line and 120 feet from right (490.00') lot line as viewed from Starting Gate Court. Install trenches on contour toward front 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 3/16/95 DKS

PLANS APPROVED BY Ronald J. Pinkley/Amy McMillen REVISED DATE 03/13/95

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

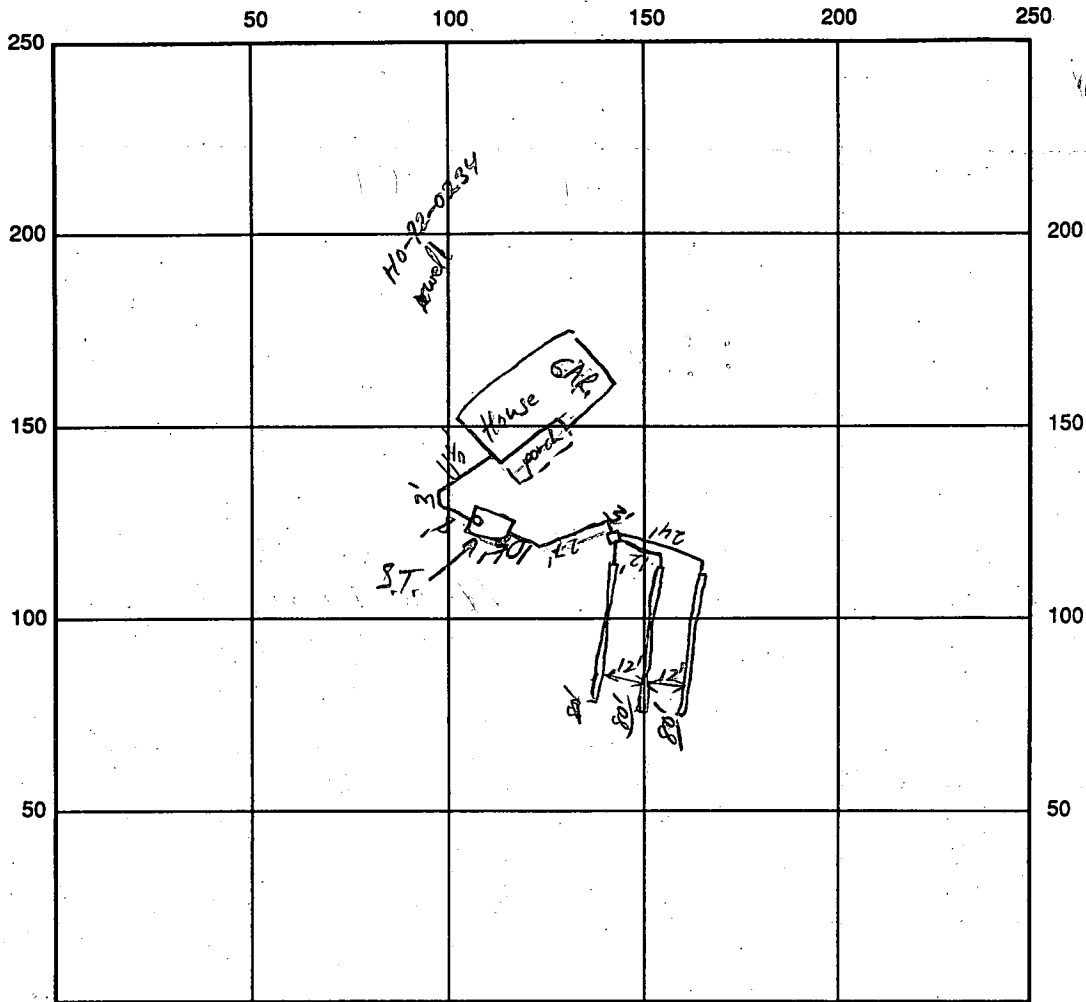
PERMIT VOID AFTER TWO YEARS

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**

A  
43398



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS ST ✓  
 DISTRIBUTION BOX LEVEL OK  
 DRAIN FIELD/TITLE DEPTH 5½ FT. TRENCH WIDTH 3 FT. INLET DEPTH 3½ FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 112/3 FT. ~~80/80/80~~  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: System OK to cover, HSE connection OK RP 5/19/95

{ 5/25/95 - W.P.I. Files Final OK (View all plots a little. - 5'± near) home.  
 DATE SYSTEM APPROVED 5/19/95 INSPECTOR RP

# APPLICATION

PERCOLATION TESTING

A 43398

P \_\_\_\_\_

DISTRICT R

DATE 12/19/88

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

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 Oakton Associates, Inc. Martin II, Inc  
ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE 410-239-6330 (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group  
ADDRESS 133 Defense Highway, Suite 206 Annapolis, MD 21401 PHONE (301) 261-8727

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 23.20

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East from Damascus Road (3261 Starting Gate Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. \_\_\_\_\_

BLDG. PERMIT SIGNED AND RETURNED 3/16/95  
Serial # 58345-5FD  
Single Family 4Bm  
(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.

James Hanna  
(SIGNATURE OF APPLICANT)

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

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

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

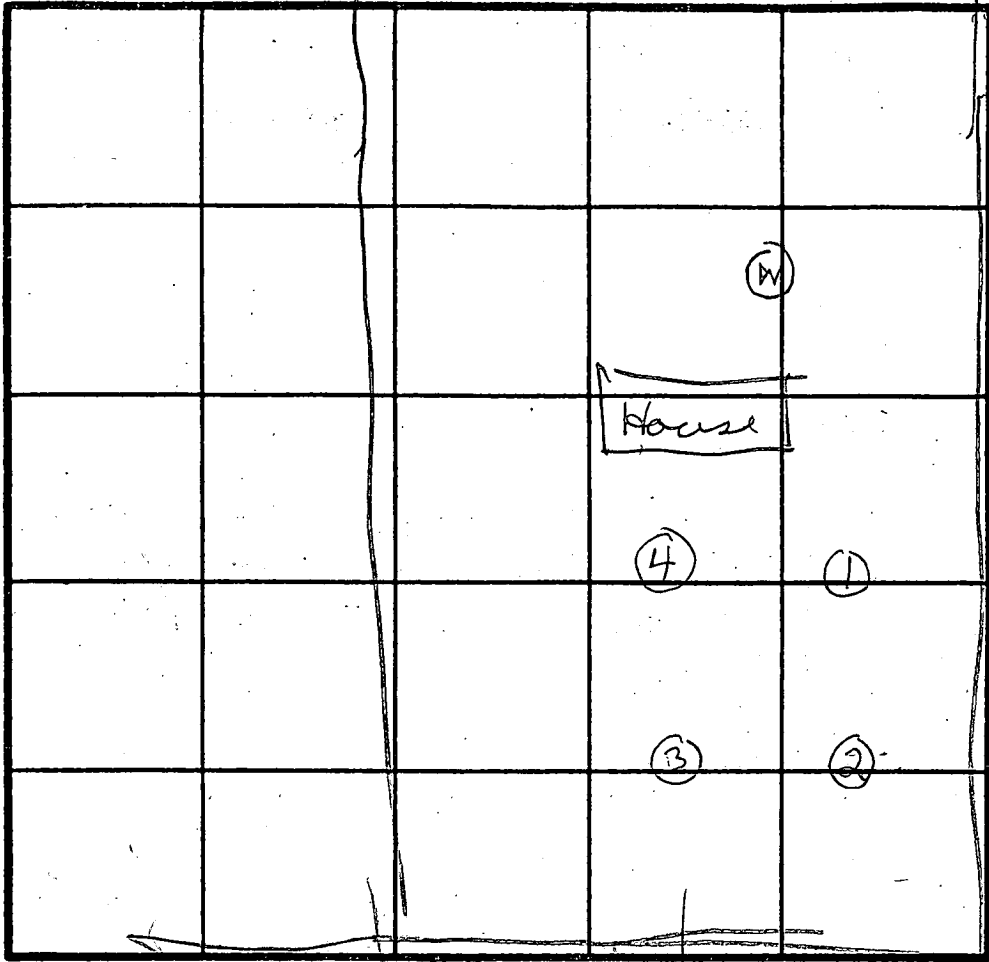
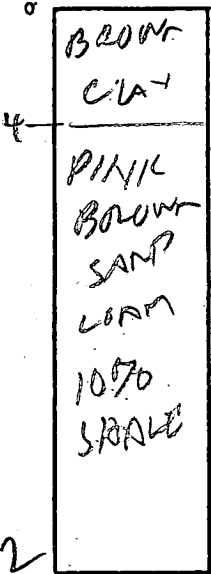
REASONS FOR REJECTION OR HOLDING 4/25/89 Perc OK / Hold for Pent MA

HD-216

# THIS IS NOT A PERMIT

48523  
A43399

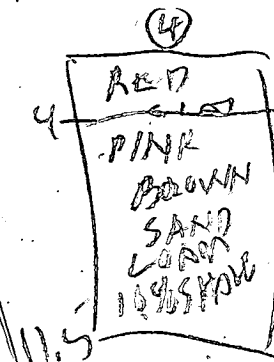
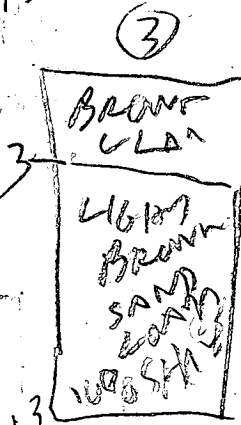
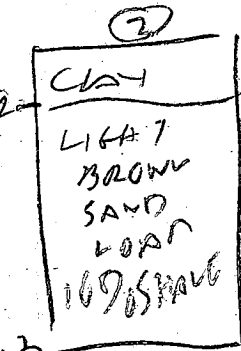
SOIL PROFILE



INLET 3'  
x 5 MIN

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED ROAD 7



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/25/89	1S	4.5	232	234	234	236	2
	1D	7.5	232	236	236	243	7
1	IV	12	OK				
	2S	4.5	237	238	238	240	2
3	2V	13	OK				
	3S	5	245	247	247	252	5
3	3V	13	OK				
	4V	11.5	OK				

REMARKS: Holes ① ② ③ ④ dug per Test Plan

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

TESTED BY: B. G. Hodge

ALSO PRESENT: Jim James, Jeff

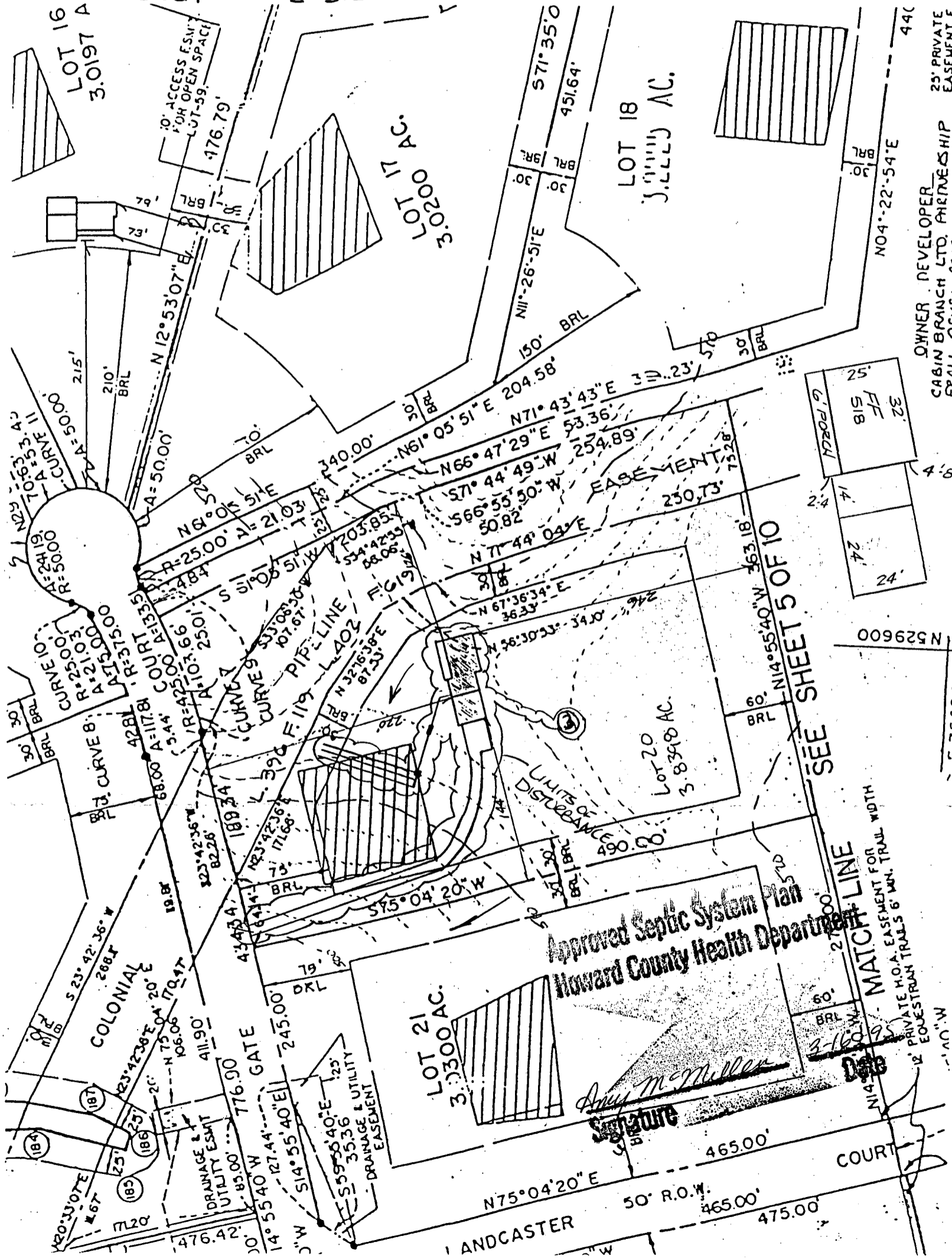
11.5

# LOT-20 CABIN BRANCH

INVERT OUT OF HSE - 510.5  
 INV INTO TANK - 509.75  
 INV OUT OF TANK - 509.5  
 INV INTO DIST BOX - 509  
 INV INTO TRENCH - 508.5

WELL ELEV. 518  
 THREE TRENCHES OF EQUAL LENGTH TO BE DETERMINED  
 MANHOLE CO MAY BE REQUIRED IF COVER OVER SEPTIC TANK IS GREATER THAN 3'  
 QUEST: BILL COLEMAN 410 239 8330

EXISTING GRADE @  
 TANK - 514  
 BOX - 512  
 TRENCH - 512



Approved Septic System Plan  
 Howard County Health Department

*Amy McMiller*  
 Signature

SEE SHEET 5 OF 10  
 MATCH LINE

OWNER DEVELOPER  
 CABIN BRANCH LTD. PARTNERSHIP  
 25' PRIVATE EASEMENT

N529600

12' PRIVATE HOA EASEMENT FOR TRAIL WIDTH  
 EQUESTRIAN TRAILS 6' MIN. TRAIL WIDTH

COURT

ANDCASTER

LOT 13  
4.5454 AC.

NON-TIDAL  
WETLANDS

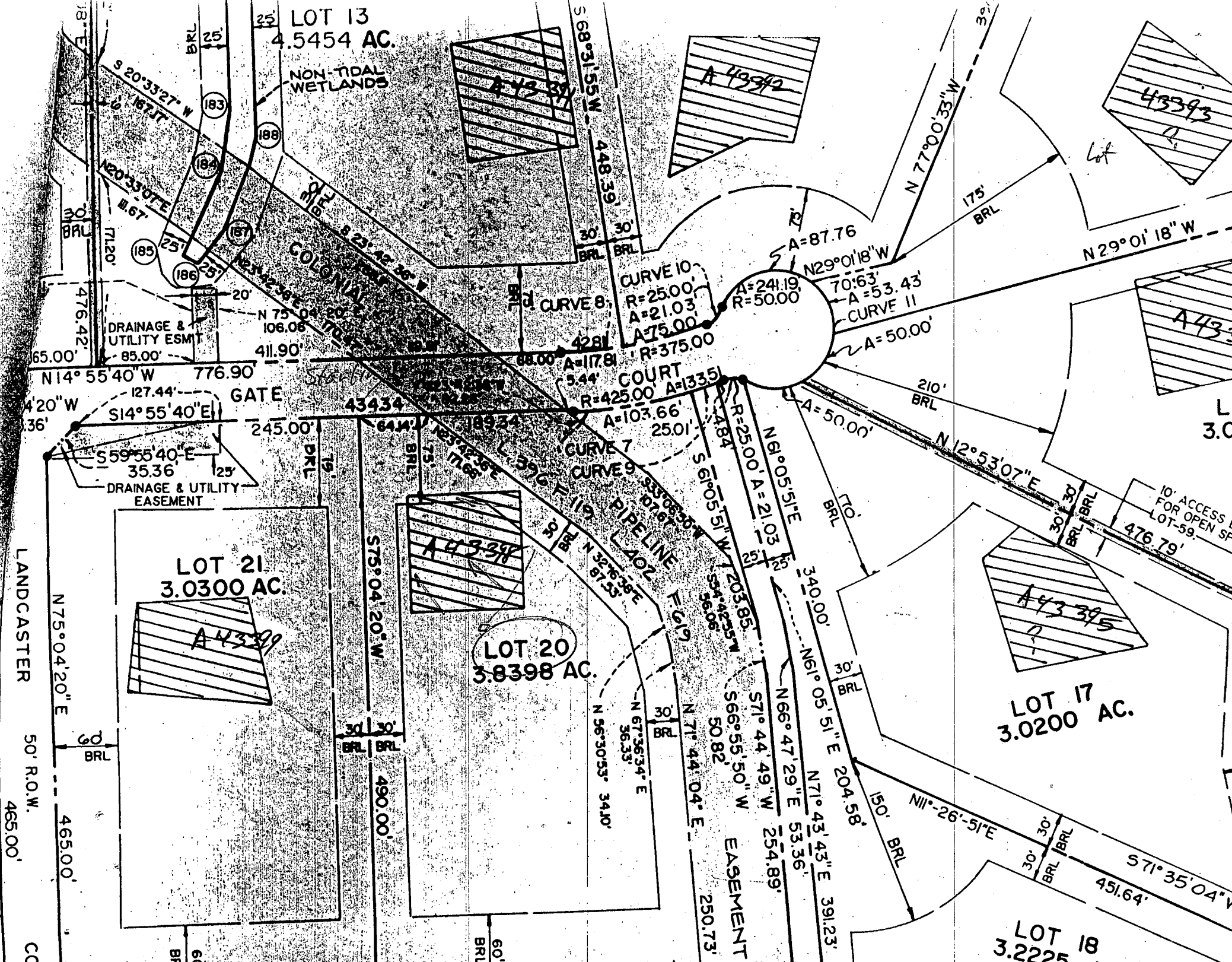
COLONIAL  
PIPERLINE

LOT 21  
3.0300 AC.

LOT 20  
3.8398 AC.

LOT 17  
3.0200 AC.

LOT 18  
3.2225 AC.



LANDCASTER

10' ACCESS EASEMENT  
FOR OPEN SPACE  
LOT-59  
476.79'

EASEMENT

COL

Howard County Health Department

To: CW

Two wells on lot 20, Cobin B Ranch Farm,

① Old well HO-81-2783 (No tag on well, broken Easterday well cap and bent casing), only 6 ft from road cut and on wrong side of gas pipeline easement. This well [position relative to nearby septic & wells is OK] had a 4 gpm yield and is 200' deep.

② Recently drilled well HO-92-0234 is in better location for house, septic etc but no completion report yet, and well was only being 1.5 gpm @ pump test. (28' deep)

Question Do we require abandonment + sealing of old well as routine measure, or can we hold it as

From: \_\_\_\_\_

or reserve for possible use if the New well

Date: \_\_\_\_\_

doesn't meet acceptable standards (yield or quality)

HD-170

C1 9565 SEQUENCE NO. (DENY 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.

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

COUNTY NUMBER A 41292

DATE RECEIVED

DATE WELL COMPLETED 092088

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-21-27

OWNER POTTS DENNIS STREET OR RFD 3211 ROUTE 94 TOWN FLORENCE SUBDIVISION CABIN BRANCH FARMS SECTION MAP 13 P/O P.42 LOT

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 include Top Soil, shale, sandstone, etc.

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 20 NO. OF POUNDS 2000

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

MAIN CASING TYPE SF Nominal diameter top (main) casing (nearest inch) 60 61 Total depth of main casing (nearest foot) 63 64 66 70

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.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

A 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK from to 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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 4 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) 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)

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)





B 1 **03950**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

**HO-92-0234**  
fill in this form completely

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

please print or type

Date Received (APA) **000392**

**OWNER INFORMATION**

**FRALL DEVELOPERS**

15 Last Name Owner First Name 34

**ACX 659**

36 Street or RFD 55

**117 AIRV**

57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

1 **HOWARD**

8 COUNTY 21

**CAPIN FARM FARM**

23 SUBDIVISION 42

SECTION **20**

44 46 48 50

**LISHON**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **4 MI**

73 76 77 78

**DRILLER INFORMATION**

**Joseph L. Mayne**

77 License No. 80 **238**

Firm Name **Joseph L. Mayne Well Drill Inc**

Address **5512 RIDGE RD INT. AIRV 2177**

Signature **Joseph L. Mayne** Date **9/1/92**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**Starting Date Court**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
N  
WEST WEST EAST EAST  
S SOUTH

34 **310** 37  
DISTANCE FROM ROAD

ENTER FT or MI **FT**

38 39

B 2 **WELL INFORMATION**

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** COUNTY NAME

**A 43398** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED **110592** **Joseph L. Mayne** CO SIGNATURE **8/5/93** EXP DATE

43 48 55 57 63

NORTH GRID **530000** EAST GRID **6766000**

APPROXIMATE DEPTH OF WELL **260** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** INCH

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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**E 7606**

**N 5300**

000 000

location - OK casing 84' open - 50' gravel - 18 bags

11/1/92

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

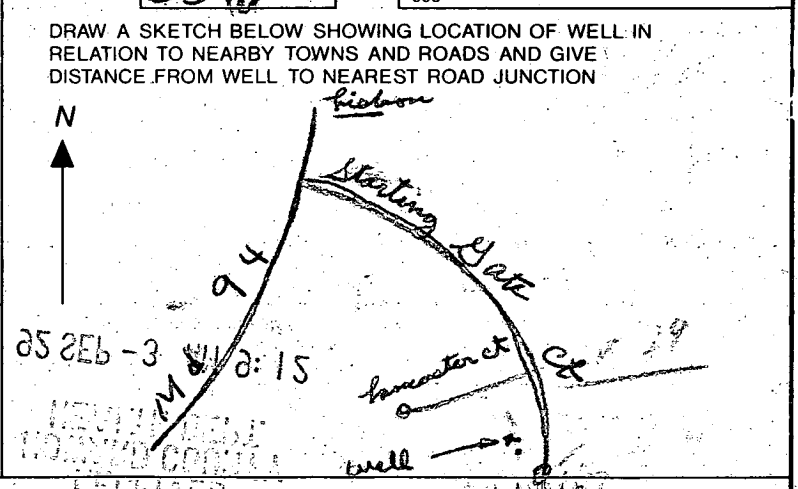
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER \_\_\_\_\_

54 63

FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **HO-92-0234**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

WELL ABANDONMENT REPORT

DATE 3/15/95

Permit Number of abandoned well (if any) no tag

Driller's Name Mayne Joseph  
Last First

Owner's Name Masonry Contractors  
Last First

Well Location:

County Howard  
 Subdivision Cabin Branch Lot 20  
 Section 3261 Starting Gate Ct.  
 Nearest Town Lisbon

Show well location with (X)

	X

Maryland Grid Location

E	760
N	530

Type of Well

Drilled   
 Jetted \_\_\_\_\_  
 Bored or Augered \_\_\_\_\_  
 Other, specify \_\_\_\_\_  
 Depth of Well 300 Feet

Log of sealing material

<u>Material</u>	<u>Feet</u>	
	<u>From</u>	<u>To</u>
<u>Cement + gravel</u>	0	300

Type of Casing

Steel   
 Plastic \_\_\_\_\_  
 Concrete \_\_\_\_\_  
 Other, specify \_\_\_\_\_  
 Size of casing \_\_\_\_\_ inches

Was any casing removed  Yes  No  
 If yes, state amount removed \_\_\_\_\_

Was casing ripped or perforated  
 Yes \_\_\_\_\_ No

LIC 24 Joseph Mayne

C1 6624 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 A 4339A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 111797

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0239

OWNER: Erail Anselm last name; Starting Gate first name; TOWN: Lisbon; SUBDIVISION: Cabin Branch Farm; SECTION: ; LOT: 20

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. Includes handwritten entries: Brown sand 0-30, Blue rock 30-365.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

NO. OF BAGS 18 NO. OF POUNDS 1677 GALLONS OF WATER 103 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD casing types insert appropriate code below. Includes codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE S1 Nominal diameter top (main) casing 6 Total depth of main casing 84

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

SCREEN RECORD screen type or open hole insert appropriate code below. Includes codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) H0 93 365. Includes slot size and diameter of screen information.

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 (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

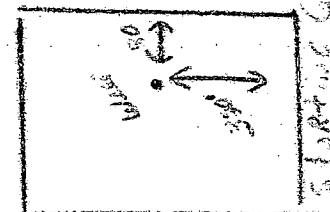
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 105 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING: 31 WHEN PUMPING: 292 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 (CIRCLE) (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)

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)



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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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