

1/23/90 10:00 AM

box ID-04-308980

PERMIT

P 45262-A

SEWAGE DISPOSAL SYSTEM

A 12120

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 1/22/89

DATE SYSTEM APPROVED 2/7/90

INSPECTOR Carroll

INDEXED

MR CUMBERLAND

Cumberland & Company, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 16391 A. E. Mullinix Road, Woodbine, Maryland 21797 PHONE 854-6838

SUBDIVISION _____ ROAD 15855 ~~15855~~ Carrs Mill Road LOT _____

PROPERTY OWNER Clifford H. Queriole Michael Ruckert / Susan Miller

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO X

SEPTIC TANK CAPACITY 2000 ~~1000~~ GALLONS NUMBER OF BEDROOMS 4 DEN 12-29-89

TRENCHES - 240 ~~240~~ sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Start the first trench 215 feet from the rear lot line and 100 feet from the left lot line as seen when facing the lot from Carrs Mill Road. Run trenches on contour toward the left and front lot lines.

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

GROUND-WATER ENCOUNTERED AT POINT OF INSTALLATION SYSTEM TO BE MOVED UP HILL 1/22/90 C.W.

PLANS APPROVED BY Sid Abel/Ray hodes DATE 2/15/89-7/24/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

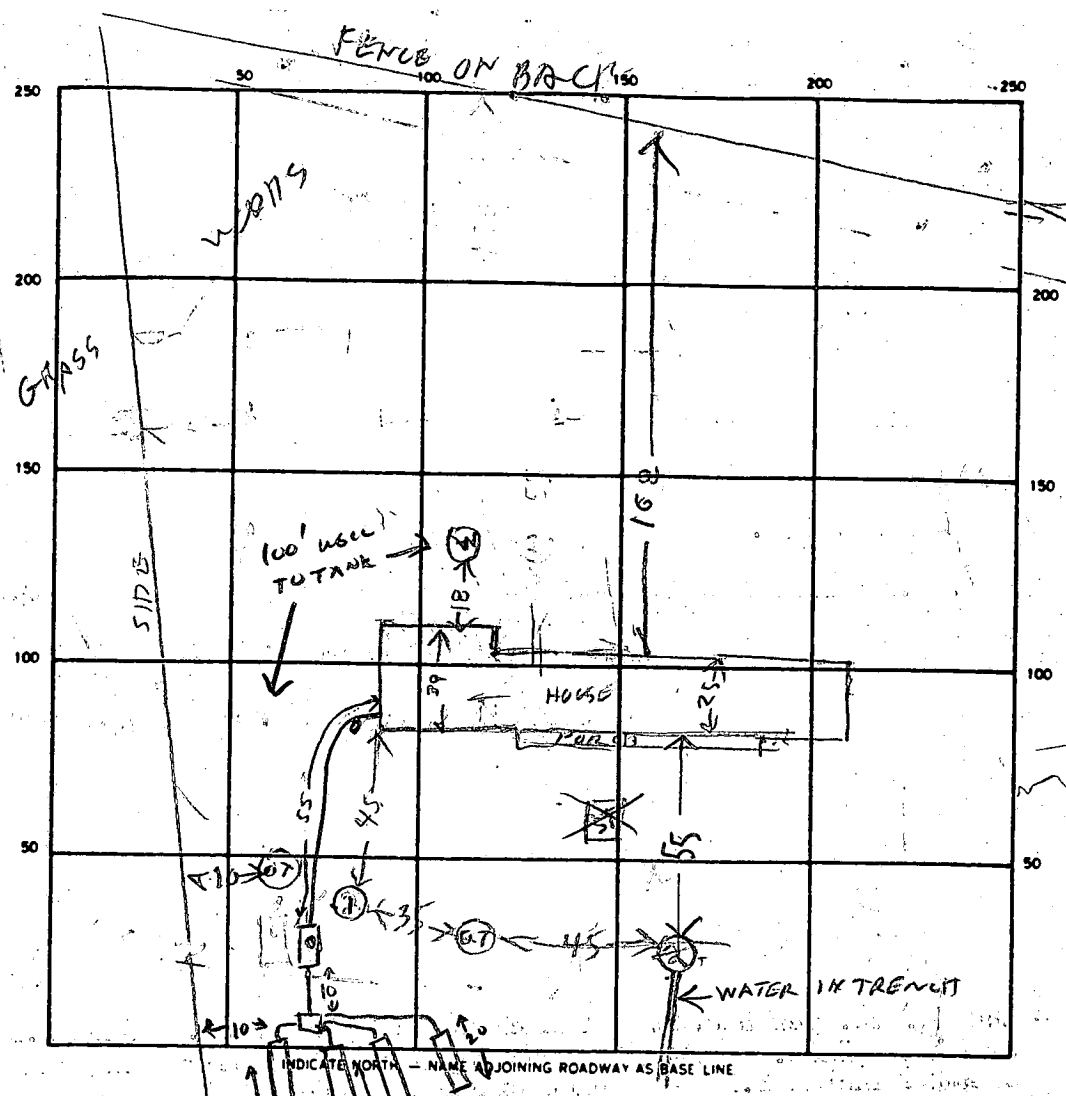
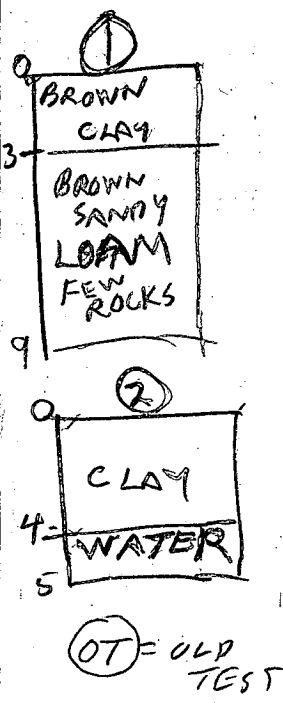
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 45262-A



SEPTIC TANK LEVEL CLEANOUTS ST INLET AT HOUSE

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD DEPTH _____ FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 320 FT.

NUMBER OF TRENCHES 4 (3 - 100' 1 - 20') ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 960 SQ. FT.

REMARKS 1/23/90 MET WITH AIR CURBER LAND. HE WANTS TO MOVE TANK & INSTALL SYSTEM ON HIGH PART OF AREA. WATER AT SPECIFIED TRENCH LOCATION.

2/8/90 ORIGINAL TANK LOCATION ABANDONED. PLATTO SEPTIC AREA HAD WATER AT 3'. SYSTEM INSTALLED AS HIGH ON PROPERTY AS POSSIBLE, LIMITED REPAIR AREA REMAINING. CWL

DATE SYSTEM APPROVED 2/8/90 INSPECTOR CWL

A signed boundary plot must accompany this.

APPLICATION

A 12/20

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 8/22/66

*in triplicate,
check payable to:
Health Dept. - Sanitation*
*8/22/66
Retreat at request
of 50 Ave
Jan 23, 1989
9:30 AM*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER W. A. Schulte (Aut. Cter.) Clifford H. Querolo
ADDRESS 176 Chatham Rd PHONE Ho-5-5208
290-8838

PROPERTY LOCATION:
SUBDIVISION OF Eliza Seal Farm Tax Map 8, Parcel 199 LOT NO. _____
ROAD AND DESCRIPTION CARRS Mill Rd Westside approx
500 FT North of Ho Co Dump Entrance.
15873 Carrs Mill Road

OCCUPANT _____ PHONE _____
PERSON TO CONSTRUCT SYSTEM Herman S. et
ADDRESS Annapolis Dock Rd PHONE Ho-9-4724
SIZE OF LOT 5 ACRES TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT W. A. Schulte

APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

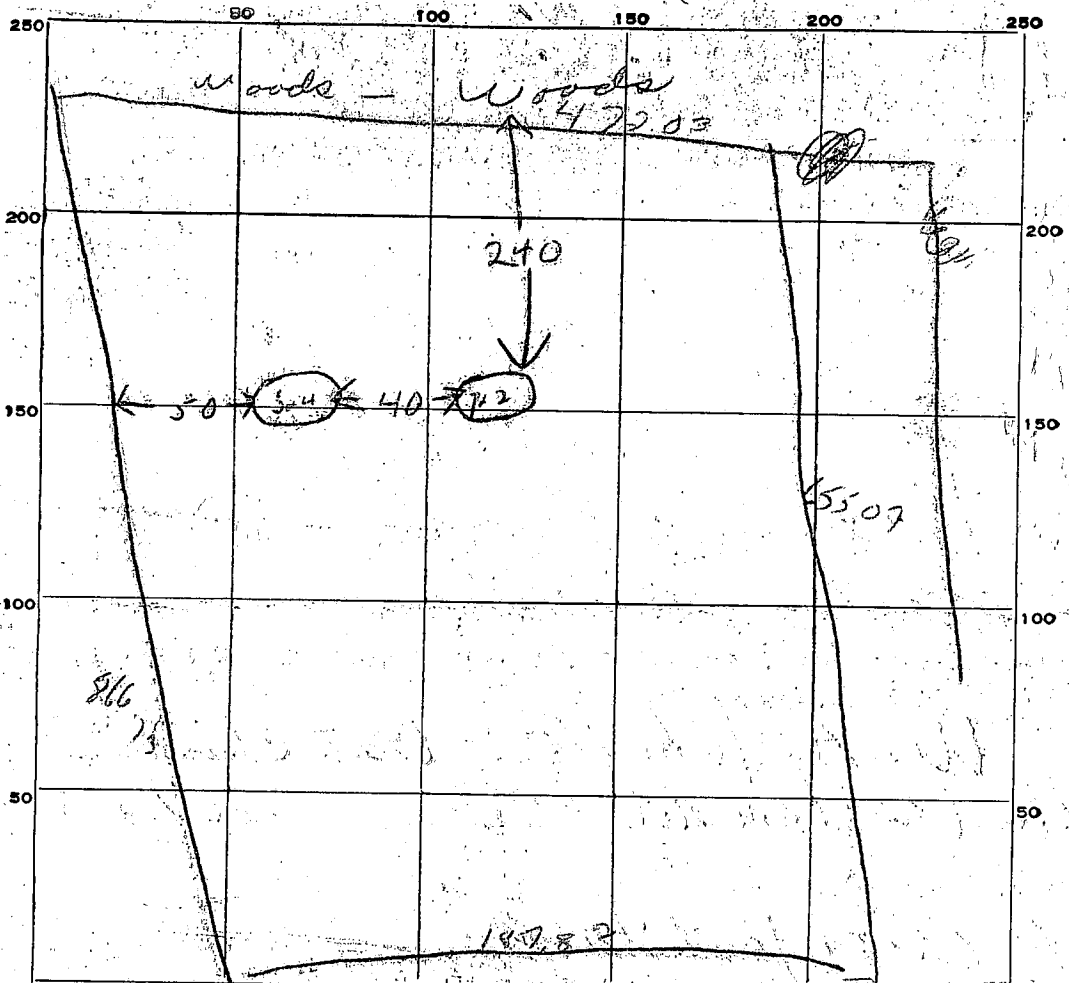
REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/29/67
Serial # 27792
SFD-5 Bedroom

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Carroll Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/11/66	1	9 ft	10 20	10 23	10 23	10 31	8 min	
	2	1 ft	10 21	10 30	10 30	10 45	1.5 min	
	3	9 ft	10 30	10 32	10 32	10 35	3 min	
	4	7 ft	not tested same type soil as rest of pit					

SOIL AUGER FINDING

TESTED BY *DUM*

REMARKS *depressed* *Heaven on Side*

APPLICATION

A 12/20

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 8/22/66

Handwritten scribbles and notes

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WA Schulte (Neel Chew)

ADDRESS 176 Chatham Rd PHONE Ho-5-5208

PROPERTY LOCATION:

SUBDIVISION of Elizabeth Farm LOT NO. _____

ROAD AND DESCRIPTION CARRS MILL Rd west side

Approx 500 FT North of Ho Co Pump Entrance

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM Herman Sink

ADDRESS Annapolis Rock Rd PHONE Ho-9-4724

SIZE OF LOT 5 Acres TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT WA Schulte

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/2/89 test results for shallow system - OK

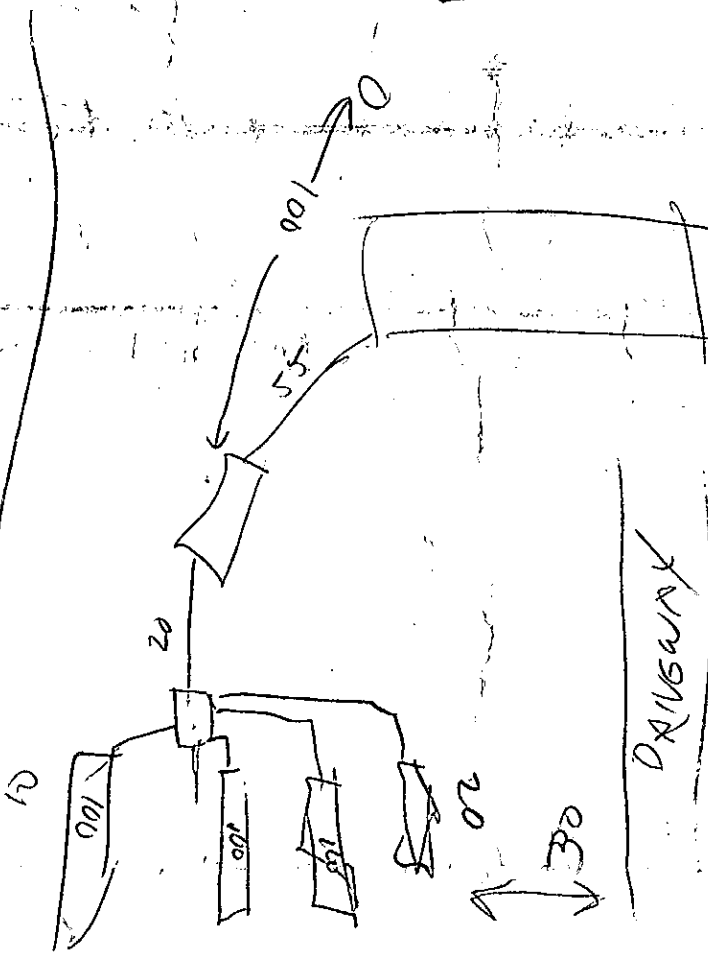
THIS IS NOT A PERMIT

795-1483

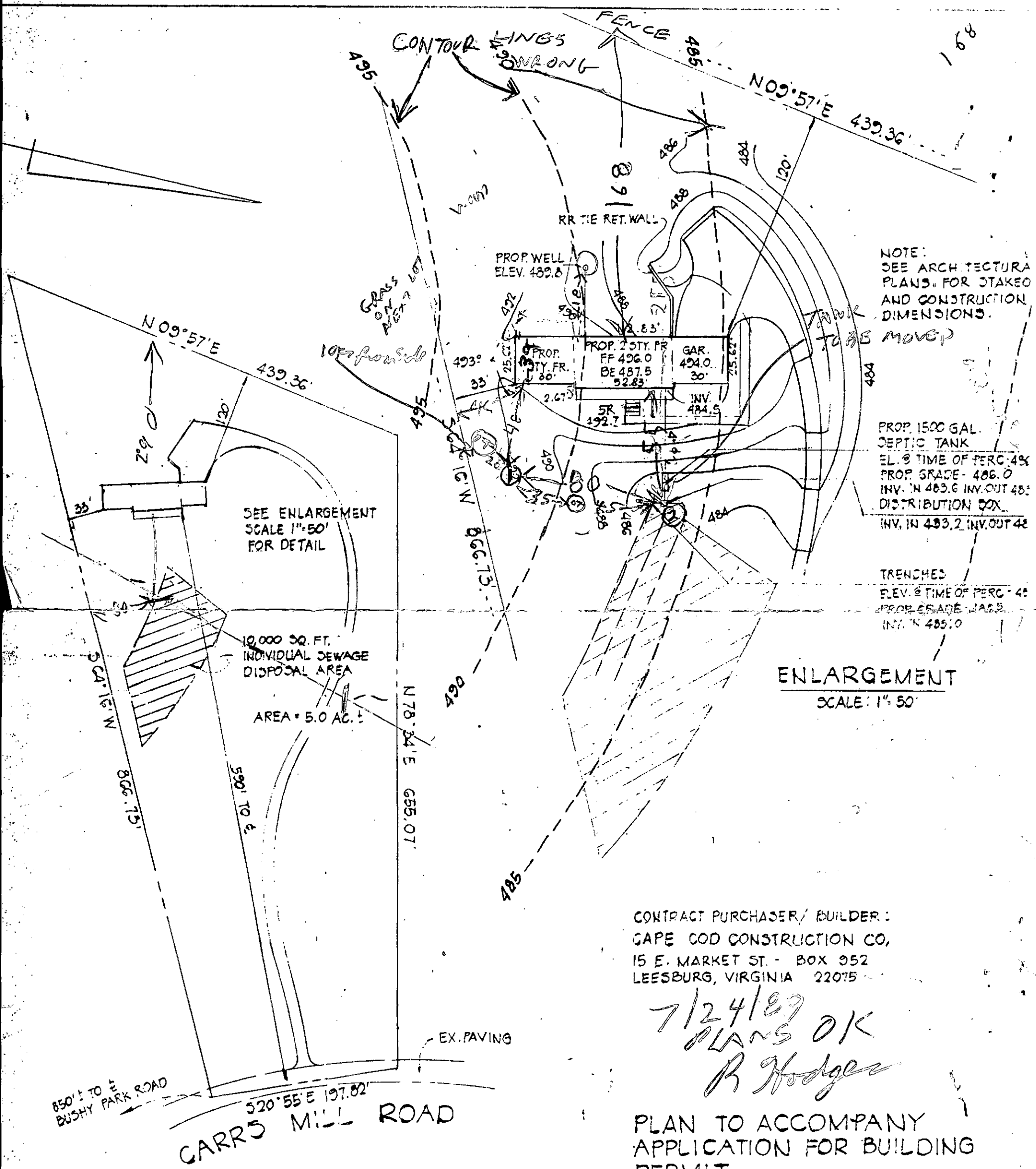
Doc. A. Wright

Per. Man

R. EARL CARTER
SYKESVILLE, MD.



BP 27792



NOTE:
SEE ARCHITECTURAL
PLANS FOR STAKED
AND CONSTRUCTION
DIMENSIONS.

PROP. 1500 GAL.
SEPTIC TANK
EL. @ TIME OF PERC. 484
PROP. GRADE - 486.0
INV. IN 489.6 INV. OUT 481
DISTRIBUTION BOX
INV. IN 483.2 INV. OUT 481

TRENCHES
ELEV. @ TIME OF PERC. 481
PROP. GRADE - 483.5
INV. IN 485.0

ENLARGEMENT
SCALE: 1" = 50'

CONTRACT PURCHASER/ BUILDER:
CAPE COD CONSTRUCTION CO,
15 E. MARKET ST. - BOX 952
LEESBURG, VIRGINIA 22075

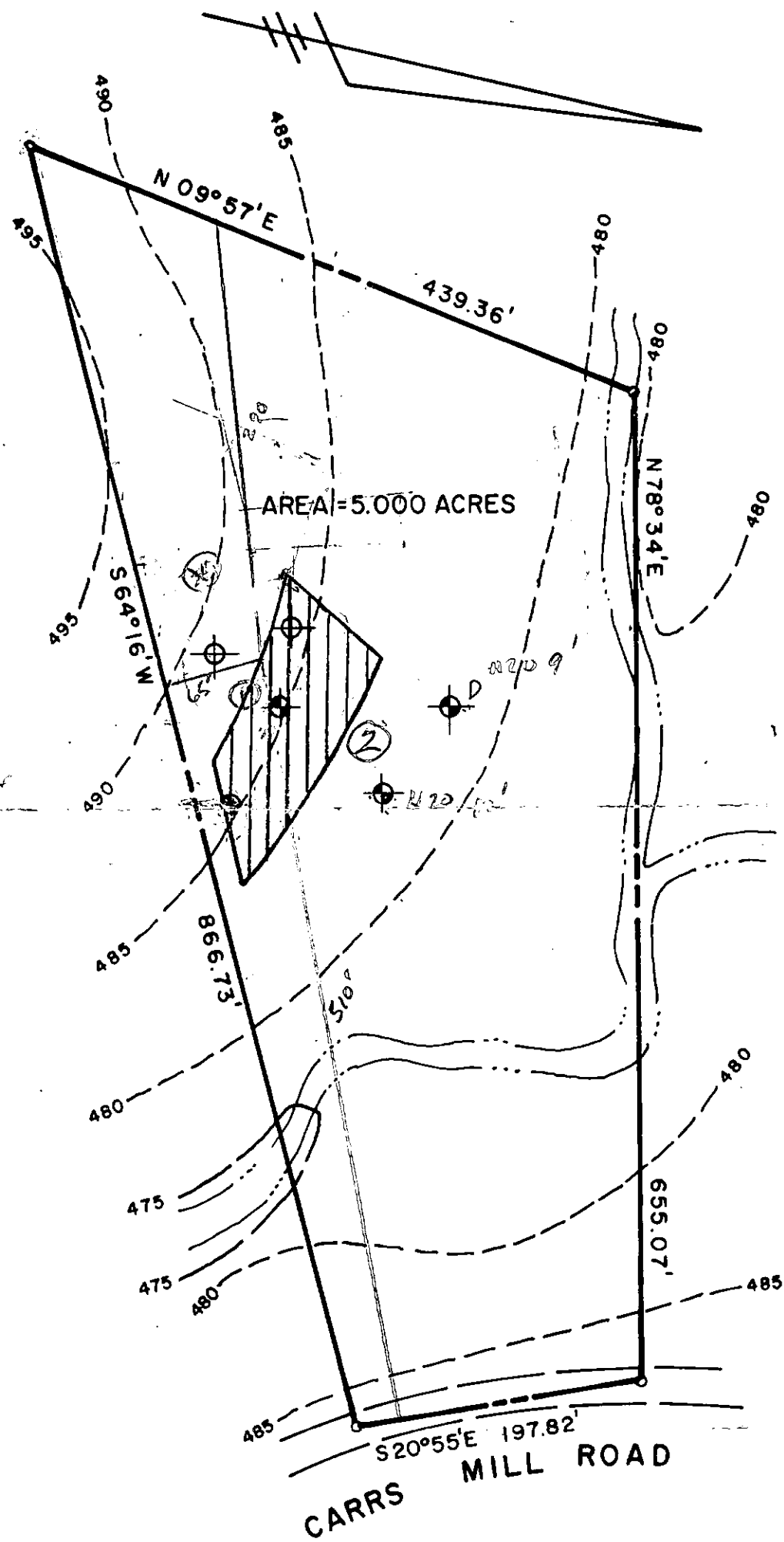
7/24/89
PLANS OK
R. Hodges

PLAN TO ACCOMPANY
APPLICATION FOR BUILDING
PERMIT
#15873 CARRS MILL ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: AS SHOWN APR. 23, 1989

PLOT PLAN
SCALE: 1" = 100'

Joseph M. Boyden

- ⊕ PREVIOUS PERCOLATION TESTS
- ⊙ PRESENT PERCOLATION TESTS



FISHER, COLLINS AND CARTER, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLCOTT CITY, MARYLAND 21043

PARCEL TO BE ACQUIRED BY
CARMAN ASSOCIATES
4TH. ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' FEB. 7, 1989

B 1 2272 SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

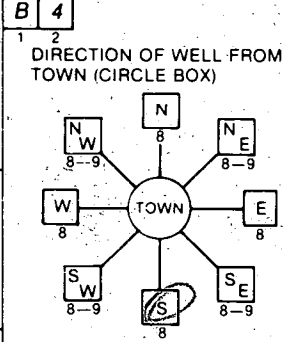
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 10-88-0662
 fill in this form completely

Date Received (APA) 15 9 8 9
 OWNER INFORMATION
 15 Last Name 34 Owner First Name
 36 Street or RFD 55
 57 Town 70 State 72 MD 76 Zip

B 3 LOCATION OF WELL
 1 HOWARD 21
 8 COUNTY
 23 SUBDIVISION TAX MAP 8, PARCEL 42199
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN LISBON 71
 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI

DRILLER INFORMATION
 Driller's Name Joseph L. Wayman 77 License No. 80 238
 Firm Name Joseph L. Wayman Well Drilling
 Address 5512 Ridge Rd. Vert. Ariz. Md. 21771
 Signature Joseph L. Wayman Date 5/4/89



11 Carver Mill Road 30 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 650 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A-12120
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 060189 July 12 12-01-89
 NORTH GRID 540000 EAST GRID 0783000
 50 55 57 63

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)

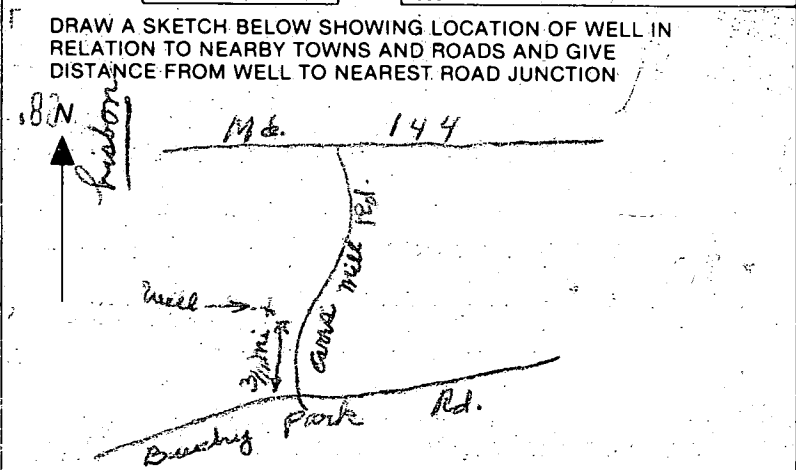
APPROXIMATE DEPTH OF WELL 160 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 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
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE.
 E 780 3
 N 540 0
 000 000
 6/27/89 9:30
 1st INSP: GROUT SUNK 2'
 5 1/2 CASING
 40' OPEN MR
 15 BAGS 6/27/89
 1 1/2 CASING A.G.

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) 41



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE SA WRITE INITIALS IN BOX PERMIT No. 10-88-0662
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 **0202** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (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 **A12120**

ST/CO USE ONLY
 DATE Received
 DATE WELL COMPLETED **070387**

Depth of Well
 22 **145** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-88-0660

OWNER **CARR last name** **COO first name** **Construction**
 STREET OR RFD **CARRS MILL RD.** TOWN **Lisbon**
 SUBDIVISION SECTION LOT

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	
Brown Shale	0	45	
Blue Rock	45	125	
GRAVEL BEDS	125	145	

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

NO. OF BAGS **16** NO. OF POUNDS **1504**
 GALLONS OF WATER **96**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **145** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE S T
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **145**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **145** **145**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

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. **028**
 DRILLERS SIGNATURE *[Signature]*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

GRAVEL PACK **145**
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

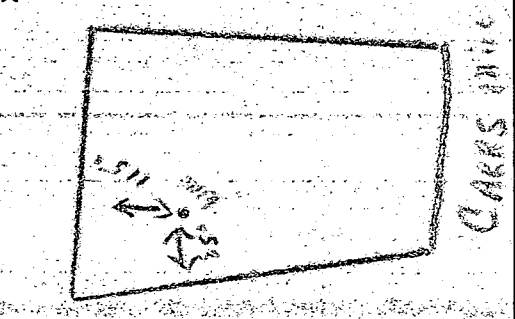
TELESCOPE CASING T (E.R.O.S.) W Q
 70 72 74 75 76
LOG INDICATOR OTHER DATA

C3
 1 2

PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **20**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **3** WHEN PUMPING **17**
 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 (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)
 + above } LAND SURFACE (nearest foot)
 - below }

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 3735

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-1302

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

please print or type

fill in this form completely

Date Received (APA)

04/16/90

OWNER INFORMATION

QUEAOLA CLIFFORD

15855 CLARKS MILK RD

WOODBINE MD 21797

B 3

LOCATION OF WELL

HOWARD COUNTY

LISBON

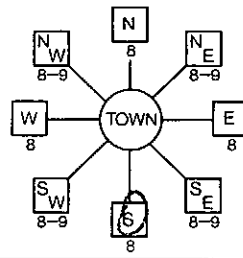
SECTION LOT

LISBON

MILES FROM TOWN (enter 0 if in town) 2 MI

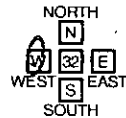
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



15855 Carro Mill Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



690 DISTANCE FROM ROAD

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 A.12120 COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S

042590 Mark E. Ripkin 10/25/90

NORTH GRID 540000 EAST GRID 0783000

APPROXIMATE DEPTH OF WELL 180 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
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

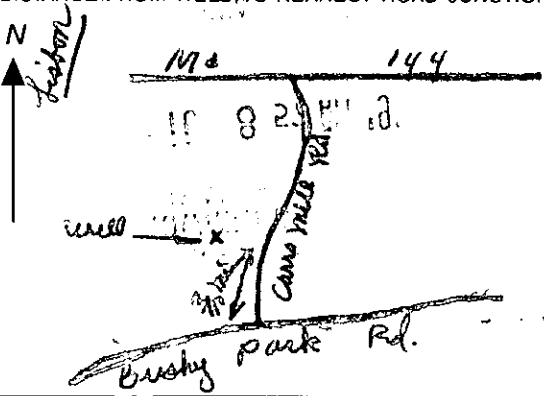
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7823
N 540

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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 WRITE INITIALS IN BOX PERMIT No. HO-88-1302

SPECIAL CONDITIONS EX. WELL H2O MUDDY; ABANDONMENT OF EX. WELL NOT PURSUED MR

C1 1543

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 A12120

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

05/1/90

120

40-88-1302

OWNER: Queralta Clifford last name first name TOWN Lisbon

STREET OR RD: 1555 ... Mill ... SUBDIVISION: Lauman Prop SECTION 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, FEET FROM, TO, Check if water bearing. Includes entries: Brown Shale 0-55, Blue Rock 55-120

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1034

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

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch) 1 Total depth of main casing (nearest foot) 60

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) H O 58 120

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

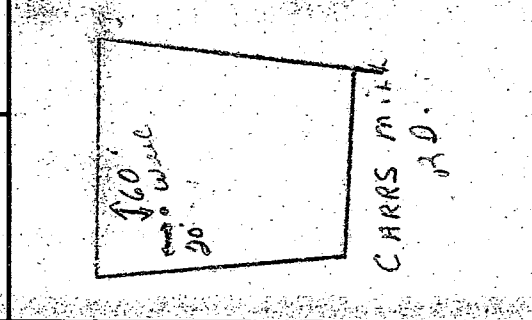
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE AIR WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 70 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 (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) (+ above) (- below) LAND SURFACE 2 (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 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 Joseph P. Maspe SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DRILLER County