

10/3/95 AM
2:00
10/4/95
2:00
10/9/95
12:00
10/10/95 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-318702

P 50898

A 47208

DISTRICT 3rd

DATE 9-26-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

DATE SYSTEM APPROVED 10/10/95

INSPECTOR DKS

INDEXED

Burgemeister-Bell, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 10331 S. Dolfield Road, Owings Mills, MD 21117 PHONE 363-0880

SUBDIVISION West Friendship Estates LOT 13 ROAD 3185 River Valley Chase

PROPERTY OWNER James H. Selfridge Builders, Inc. JOHN SARTORY

ADDRESS 3185 River Valley Chase
West Friendship, MD 21794

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

OK TO SET TRENCH BOTTOMS AT 6' MAX.
INSTALLER REPORTS ADDITIONAL 1' TRENCH
DEPTH NEEDED BECAUSE OF SWALE
ADDED BEHIND HOUSE, 10/2/95 (CW)

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

LOCATION - Place distribution box 225 feet up the right (369.76') lot line and 15 feet off that same lot line as seen when facing the lot from River Valley Chase. Run trenches on contour toward 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 7/24/95 DKS

PLANS APPROVED BY Amy McMillen

DATE 6/9/95

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

Additional - Deck
BDDG PERMIT SIGNED
AND RETURNED 12-6-95
Serial # 62877

**BUILDING PERMIT SIGNED
AND RETURNED**

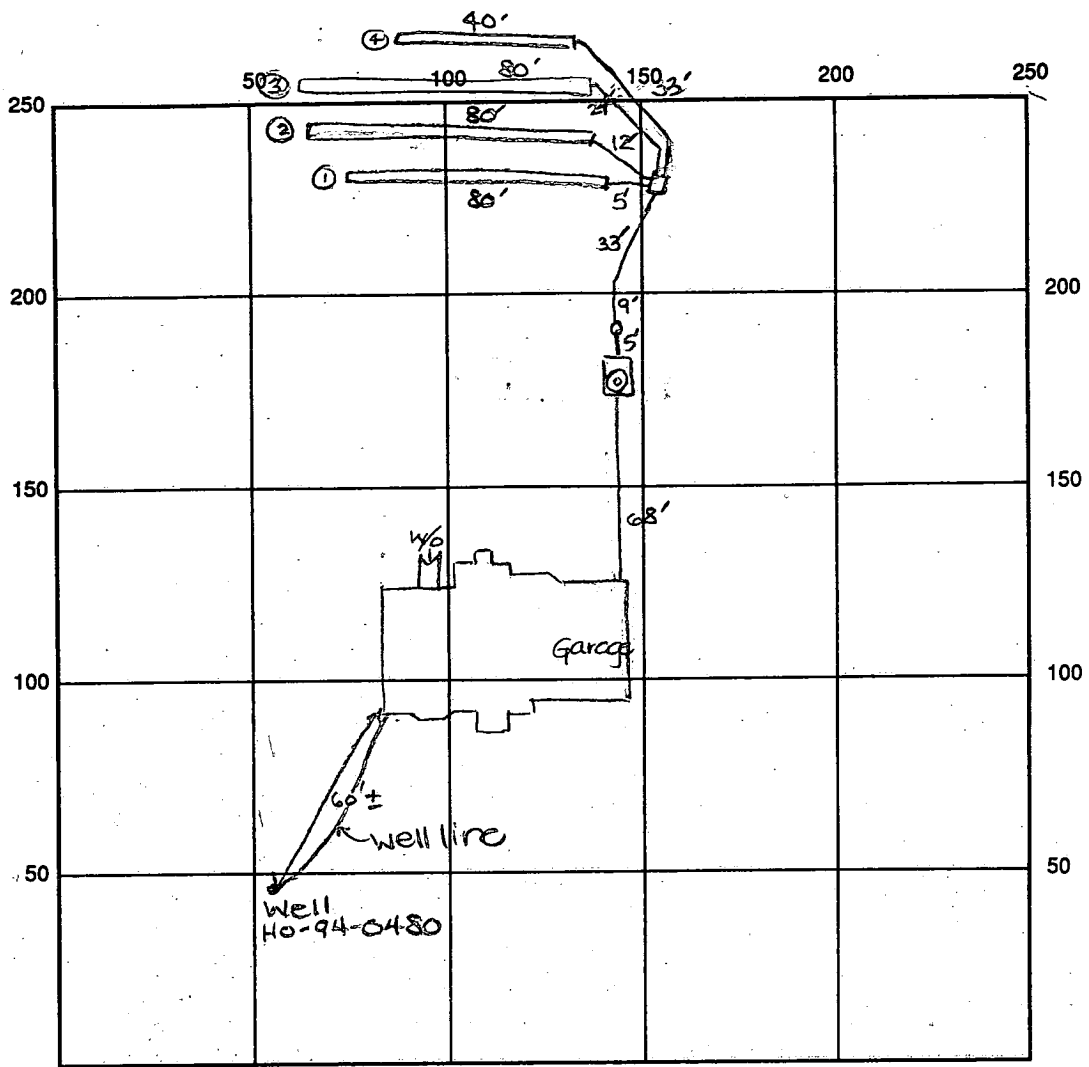
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

4/10/2002
B00135384
ADD ON TO EXISTING DECK

47208



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

River Valley Chase

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t., one in line

DISTRIBUTION BOX LEVEL OK-baffle in

DRAIN FIELD/TITLE DEPTH 6/6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4/4.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①80' ②80' ③80' ④40' → 280' FT.

NUMBER OF TRENCHES 4 ~~_____~~/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS: 10/3/95 OK to cover from house to d.b. and first trench. OK to continue. DKS
10/4/95 OK to cover 1st three trenches and continue. DKS
10/10/95 Final - OK to cover all work. DKS

BUILDING PERMIT SIGNED

AND RETURNED
DATE SYSTEM APPROVED 10/10/95

INSPECTOR Tommy Sol

APPLICATION

PERCOLATION TESTING

A 47208

P _____

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

DISTRICT _____

DATE 6/13/91

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 PERCONTEE, INC. James H. Selfridge Builders

ADDRESS 11900 TECH RD, SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES Section III LOT NO 34

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70 (3185 RIVER VALLEY CHASE)

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 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.

John C. Reuwer
(SIGNATURE OF APPLICANT)
FOR PERCONTEE, INC.

APPROVED BY John C. Reuwer FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/14/91 PERC OIC HOLD FOR PLAT RH

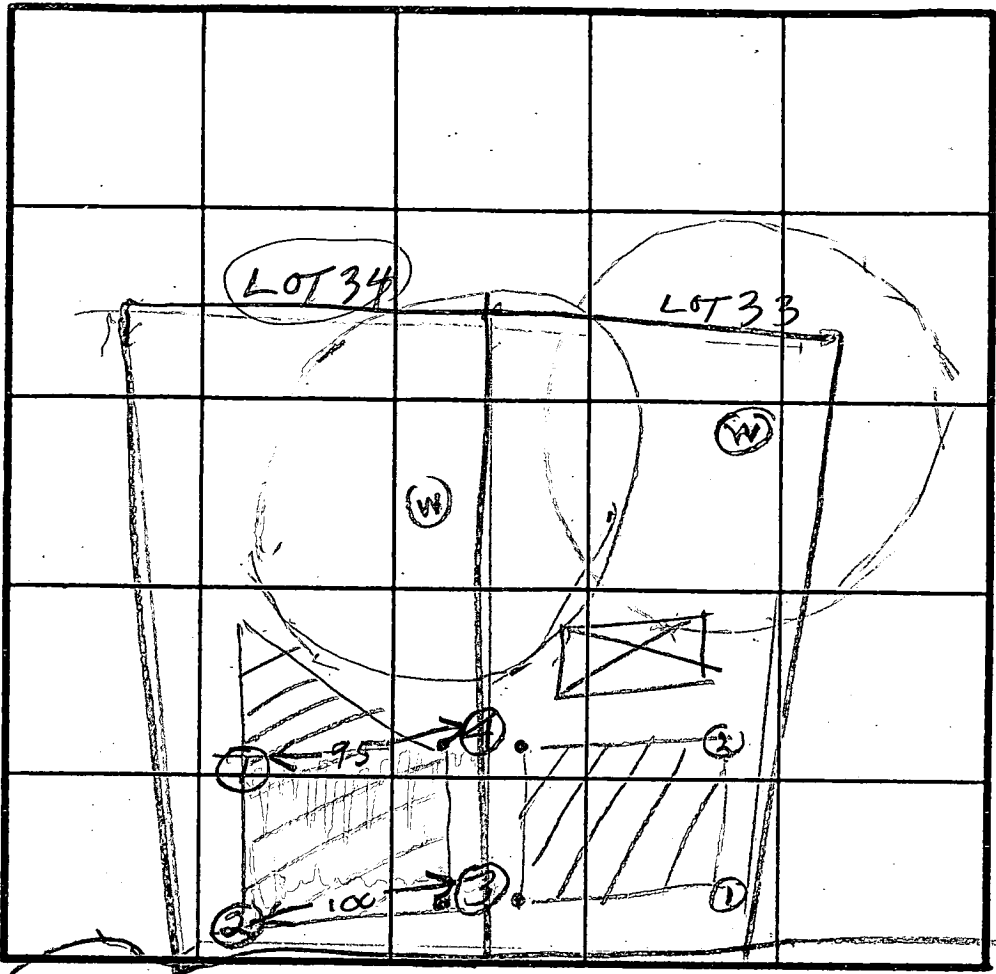
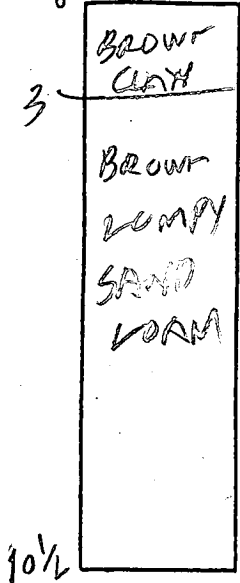
BLDG. PERMIT SIGNED AND RETURNED 6/9/91
Serial # 60113 - SFD - 4 Bmw

THIS IS NOT A PERMIT

HD-216

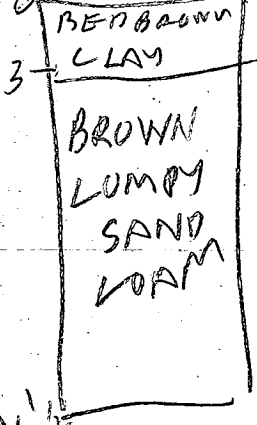
Lot 34
A47208

③ ON LINE
SOIL PROFILE

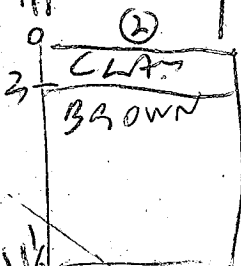
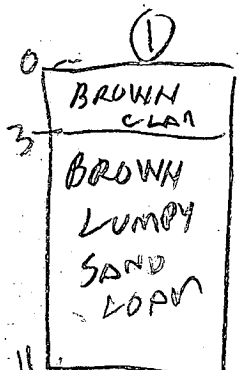


INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.
UNKNOWN ST

④ ON LINE



DATE	TEST NO.	DEPTH	PRE-WET		TEST FOR DROP		TIME	
			START	STOP	START	STOP		
6/14/91	3S 2V	4 10.5	1102 OK	1103	1103	1106	3	ON LOT LINE 33
	4S 4V	5 8	1107 OK	1111	1111	1112	1	ON LINE LOT 33 834
	4V	11 1/2	OK					
	1V	11	OK					
	2S 2V	4 11.5	1121 OK	1123	1123	1125	2	



REMARKS: Hole ② dug per stake Hole ① different

TYPE OF SOIL: Hill (3) & ④ on line holes

TESTED BY: R. Hodger

ALSO PRESENT: John [unclear], Huel [unclear], Robert [unclear]

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

NO FEE

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION W FASUP I LOT NO. 14 *(1 hole 14/13 only)*

ROAD AND DESCRIPTION WORD FARM

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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.

(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 _____

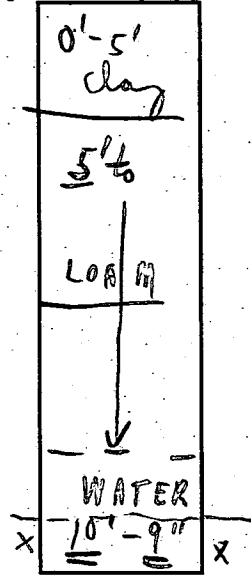
THIS IS NOT A PERMIT

LOT #14

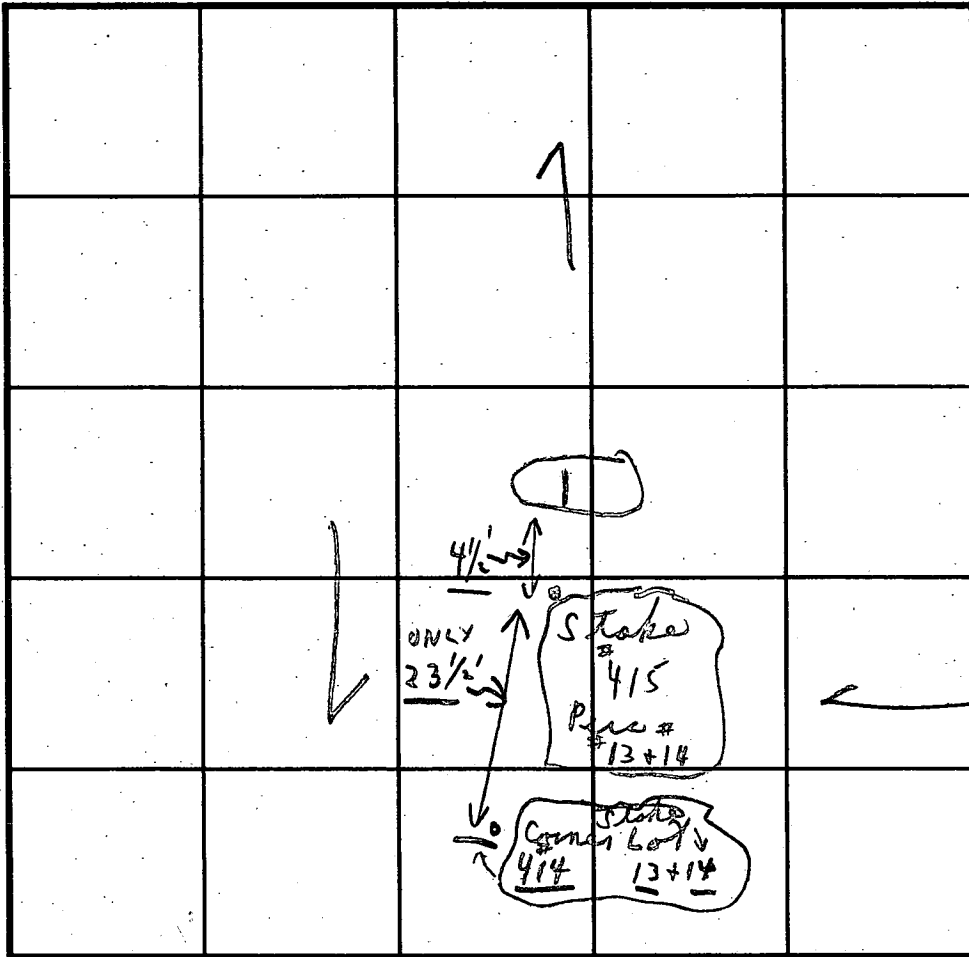
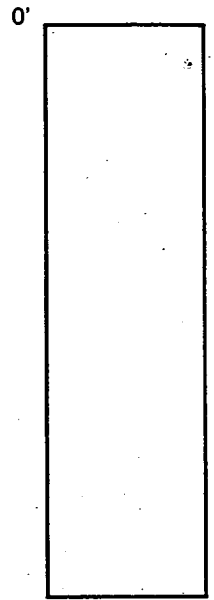
COUNTY #

SOIL PROFILE

① Hole



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/26/93	①	5'	1:34	1:36	1:36	1:38	2 min
(1 only)	#415	10'-9"	← Water →		Loam to		XX1
No other hole							

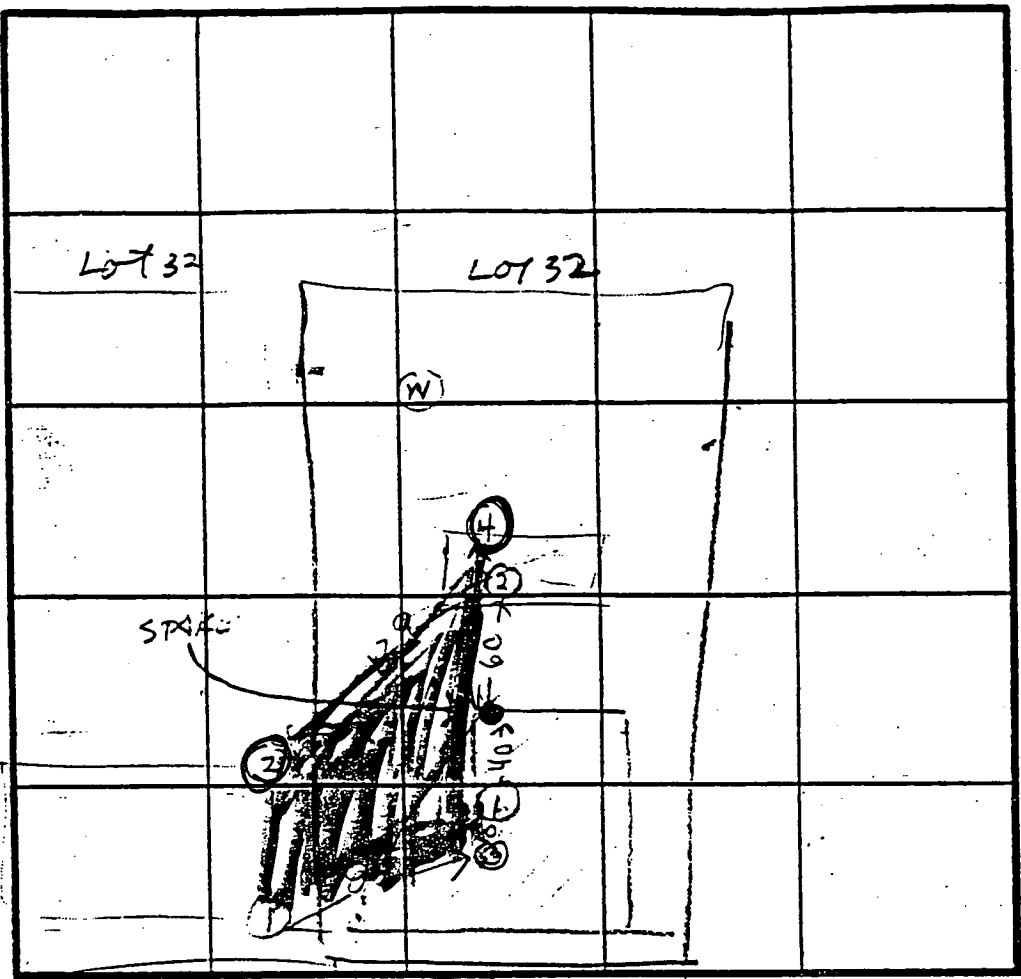
REMARKS Tests in open down hill from LOT #10
 TYPE OF SOIL Loam to Water SHALLOW
 TESTED BY C. B. d ALSO PRESENT O.K. & assistant
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

132
A 47206

see
Plot
5-21

SOIL PROFILE

①
BROWN
CLAY
LOAM
BROWN
LOAMY
SAND
LOAM
&
GRAY
SAPROVITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED RD

②
BROWN
CLAY
GRAY
SAND
LOAM
&
GRAY
SAPROVITE

③
CLAY
SAND LOAM

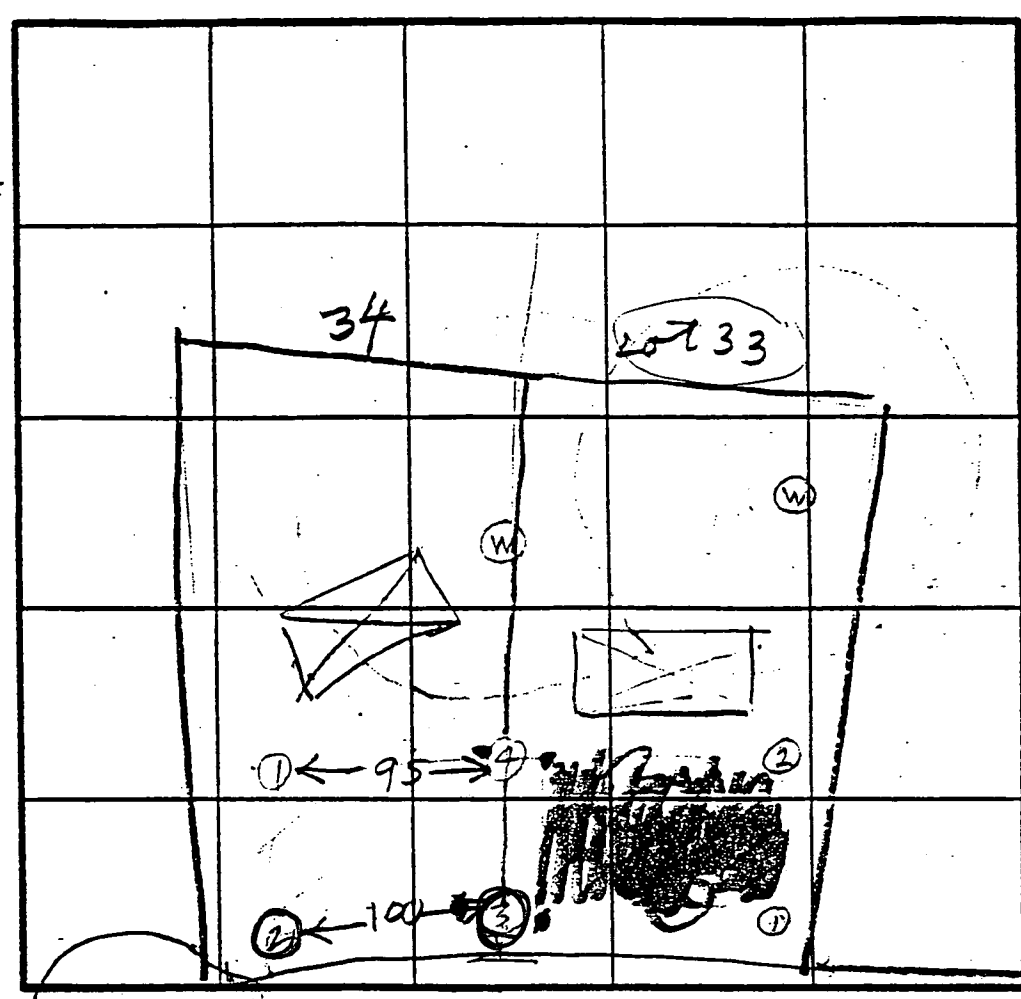
④
CLAY
SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/14/91	15	3.5	243	315	little fine		
6/14/91	25	3.5	254	315	little fine		
	35	4	210	219	219	220	1 min
6/20/91	45	4	225	230	230	24	10

THIS IS AN ATTEMPT TO USE TO MAKE WSW ON LOT 33 FOR IN-
 REMARKS Held on Not Dug Per Stake Dig (W&S) Shelve
 TYPE OF SOIL 1F deeper
 TESTED BY R. HODGE ALSO PRESENT LUCH 7/1/91
OLLIN

Lot 33
A47207
SEE TEST PL

SOIL PROFILE ON LINE
TOPSOIL
BROWN SAND LOAM
9 1/2 HARD



● = STAKE
Ⓜ = WELL
○ = PERC HOLE

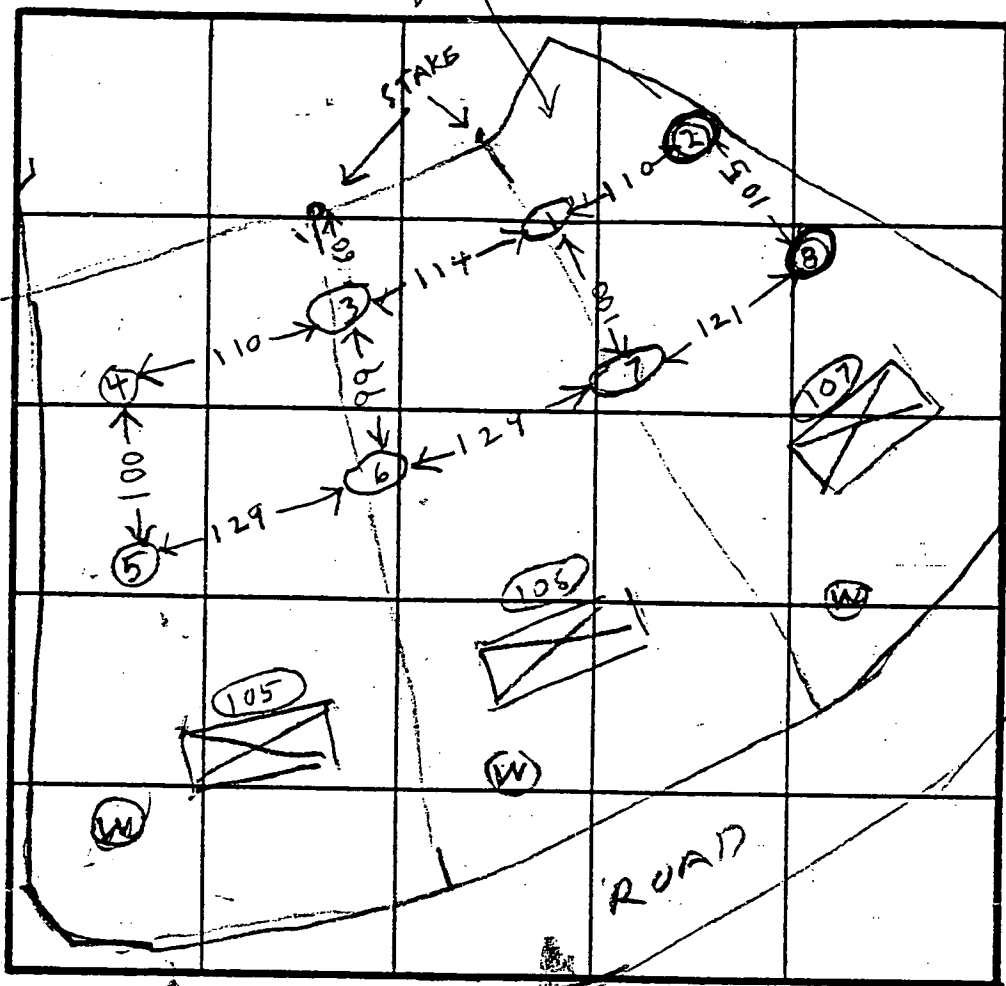
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
UNKNOWN ST

RED OR BROWN CLAY
BROWN LUMPY SAND LOAM
BROWN CLAY
BROWN LUMPY SAND LOAM
HARD
CYLINDER (4)
BET BROWN CLAY
BROWN LUMPY SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST STOP		TIME	
			START	STOP	START	STOP		
6/14/91	1 S	3.5	1047	1050	1050	1052	2	ON LINE LOT 33
6/14/91	(2) D	12	OK					ON LINE LOT 33
	(3) S	4	1102	1103	1103	1106	3	ON LINE LOT 34
	(3) V	10.5	OK					ON LINE LOT 34
	4 S	5	1109	1110	1110	1112	1	OK LINE LOT 3
	4 D	8	1108	1110	1110	1112		LOT 3 & 33
	4 V	12 1/2	OK					

REMARKS: Hole (1) & (2) Per survey data. Hole (3) & (4) dug between
 TYPE OF SOIL: Scales on lot 33 & 34
 TESTED BY: R. H. ... ALSO PRESENT: OKETTERMAN S

notes used - Lot 13



(5)
BROWN SAND SILT LOAM
BROWN SAND SILT LOAM
ONLINE (6)
CL
SA
SILT
LOAM
ONLINE (7)
BROWN CLAY
BROWN SAND SILT LOAM

ONLINE (1)
SOIL PROFILE
BROWN CLAY
BROWN SAND SILT LOAM
ROAD

(2)
BROWN CLAY
BROWN SAND SILT LOAM

ONLINE (3)
BROWN CLAY
BROWN SAND SILT LOAM

HARD
(4)
BROWN CLAY
BROWN SAND SILT LOAM

INDICATE NORTH - NAME ADJOINING-ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/27/91	15	5	1052	1055	1055	1102	7	ON L LOT 10
		10.5	OK					10
7/22/91	(circled)	4	1102	1104	1104	1108	4	LOT 10
		10.5	OK					
	3 S	4	1111	1112	1112	1113	1	ON L LOT 5
	4 S	5	1122	1123	1123	1124	1	LOT 1
	4 V	11.5	OK					
	5 V	1.2	OK					LOT 10
	6 S	4	1204	1206	1206	1209	3	ON L
	6 D	7.5	1203	1205	1205	1207	1207	LOTS 5
	6 V	11	OK					
	7 S	7.5	1212	1218	1218	1221	3	ON L
	7 D	7.5	1217	1224	1224	1229	5	LOT 7
	7 V	12	OK					
	(8)	11 1/2	OK					

REMARKS Hole (4)(5) dug per Survey or State Other Holes

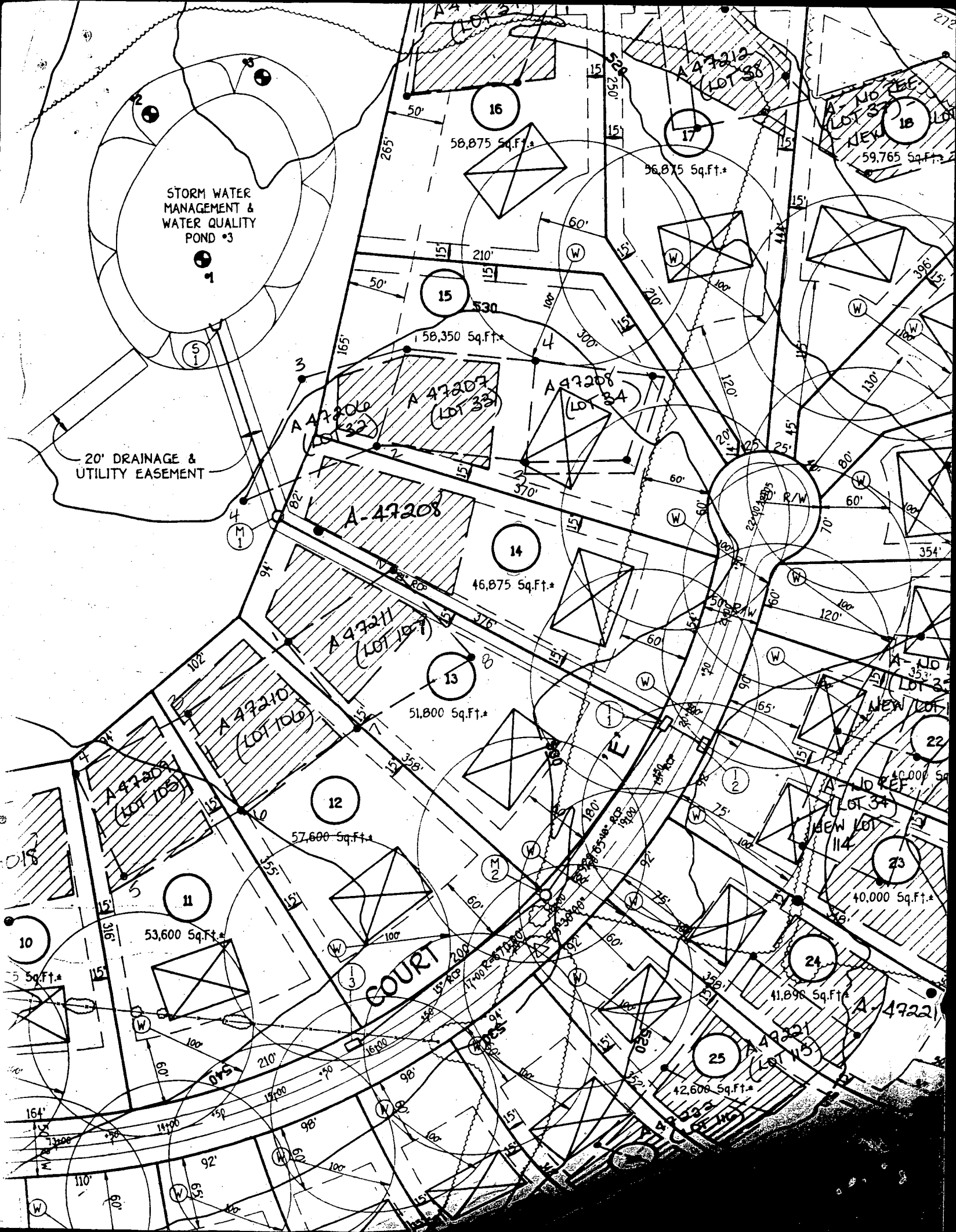
TYPE OF SOIL dug different

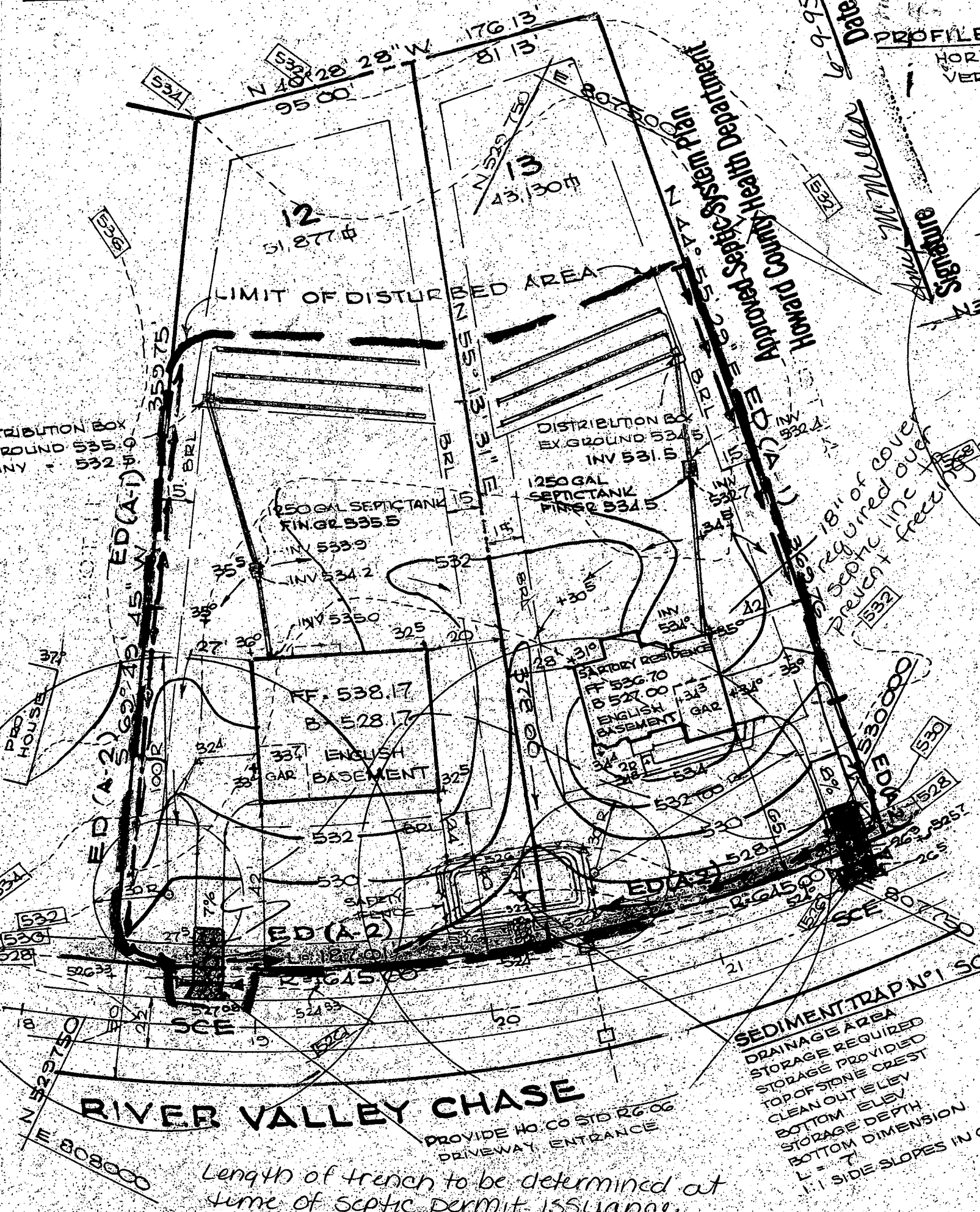
JOHN REUMEN

(8)
BROWN CLAY
BROWN SAND SILT LOAM

STORM WATER
MANAGEMENT &
WATER QUALITY
POND #3

20' DRAINAGE &
UTILITY EASEMENT





Approved Septic System Plan
 Howard County Health Department
 Date 6-9-95
 Signature [Handwritten Name]

18" of cover
 required over
 electric line over
 trench
 prevent freezing

SEDIMENT TRAP N° 1 50'
 DRAINAGE AREA
 STORAGE REQUIRED
 STORAGE PROVIDED
 TOP OF STONE CREST
 CLEAN OUT ELEV
 BOTTOM ELEV
 STORAGE DEPTH
 BOTTOM DIMENSION
 L = 7'
 1:1 SIDE SLOPES IN C

RIVER VALLEY CHASE

PROVIDE HO. CO STD RG'06
 DRIVEWAY ENTRANCE

Length of trench to be determined at
 time of septic permit issuance

3.4cfs
2.2FPS
0.94%

15" CMP 16GA.
@ 2.0%

515

0+24
0+00

V₁₀ = 2.0fps
S_{MIN} = 0.49%

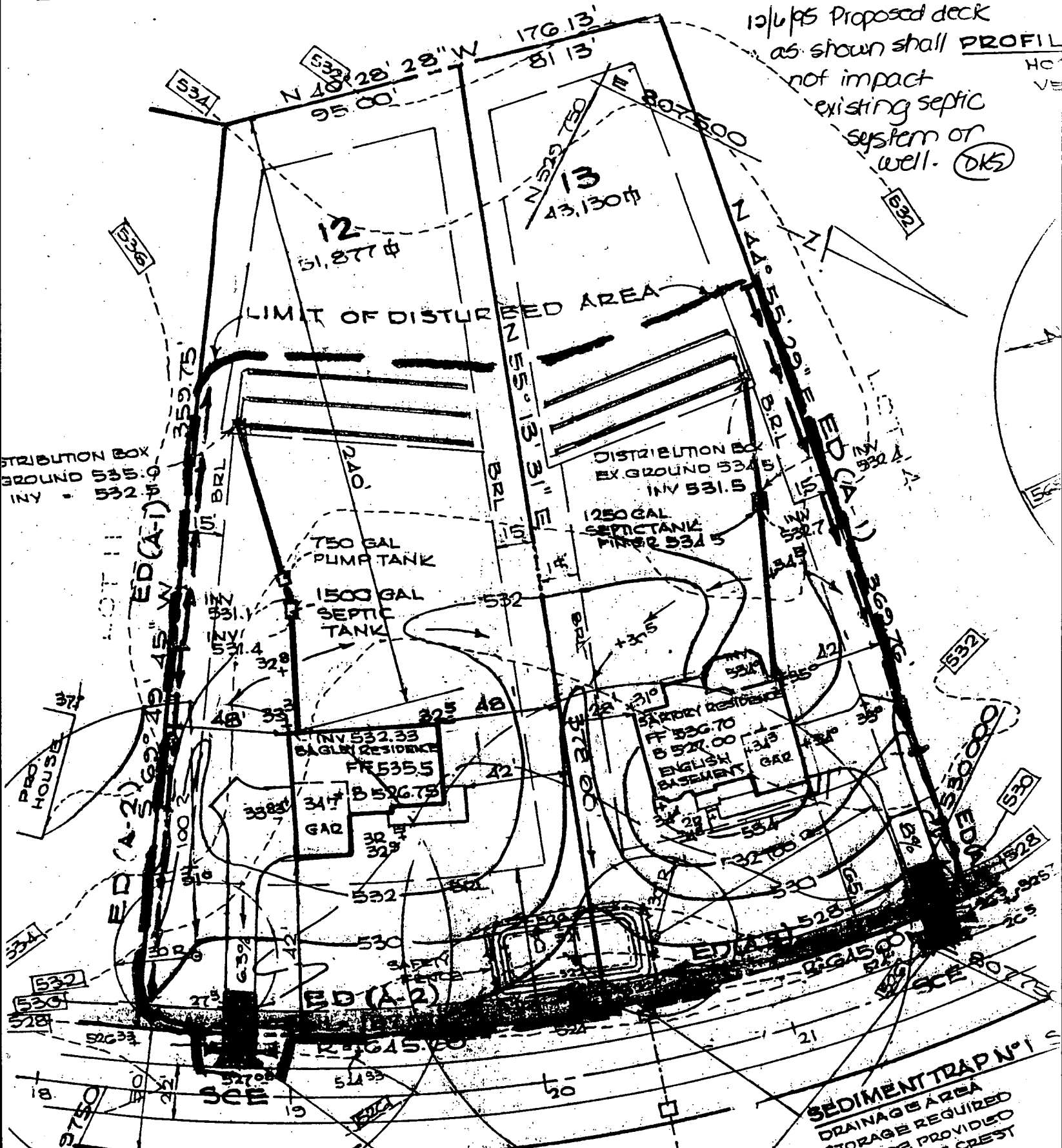
V₁₀ = 2.51fps
S_{MIN} = 1.53%

0+24
0+00

**- DRIVEWAY CULVERT
LOT 12**

**PROFILE-DRIVEWAY CULVERT
LOT 13**

**PROFILE-DRIVEWAY CULVERT
LOT 14**



13/6 PS Proposed deck
as shown shall PROFIL
not impact
existing septic
system or
well. (DKS)

DISTRIBUTION BOX
GROUND 535.5
INV = 532.4

DISTRIBUTION BOX
EX GROUND 534.5
INV 531.5

750 GAL
PUMP TANK

1500 GAL
SEPTIC
TANK

1250 GAL
SEPTIC TANK
INVR 534.5

INV 532.33
BARN RESIDENCE

FF 535.5

BARN RESIDENCE

FF 536.70

B 527.00

ENGLISH
BASEMENT

SEDIMENT TRAP N° 1
DRAINAGE AREA
STORAGE REQUIRED
TOP OF STONE CREST
CLEAN OUT ELEV.
FROM SEPTIC TANK

RIVER VALLEY CHASE

AS STD R2.06

B 1 **5532** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

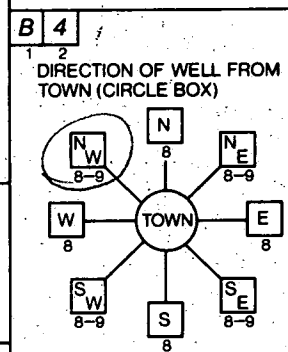
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-94-0480
 fill in this form completely

Date Received (APA) **050995**
OWNER INFORMATION
 Last Name **SELFRIDGE** Owner **JAMES** First Name **BL06**
 Street or RFD **8131 DORSEY RUM RD**
 Town **JESSUP** State **MD** Zip **20794**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **WEST FRIENDSHIP EST.**
 SECTION **13** LOT **13**
 NEAREST TOWN **WEST FRIENDSHIP**
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION MSD/MGD/MWD
 Driller's Name **Joseph L. Mayne** License No. **24**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy MD. 21771**
 Signature **Joseph L. Mayne** Date **5/9/95**



RIVER VALLEY CHASE
 NEAR WHAT ROAD
 NORTH
 WEST EAST
 SOUTH
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A# 47208**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **051195** CO SIGNATURE **Charles R. ...** EXP. DATE **15/11/96**
 NORTH GRID **529000** EAST GRID **0808000**

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 **300** FEET

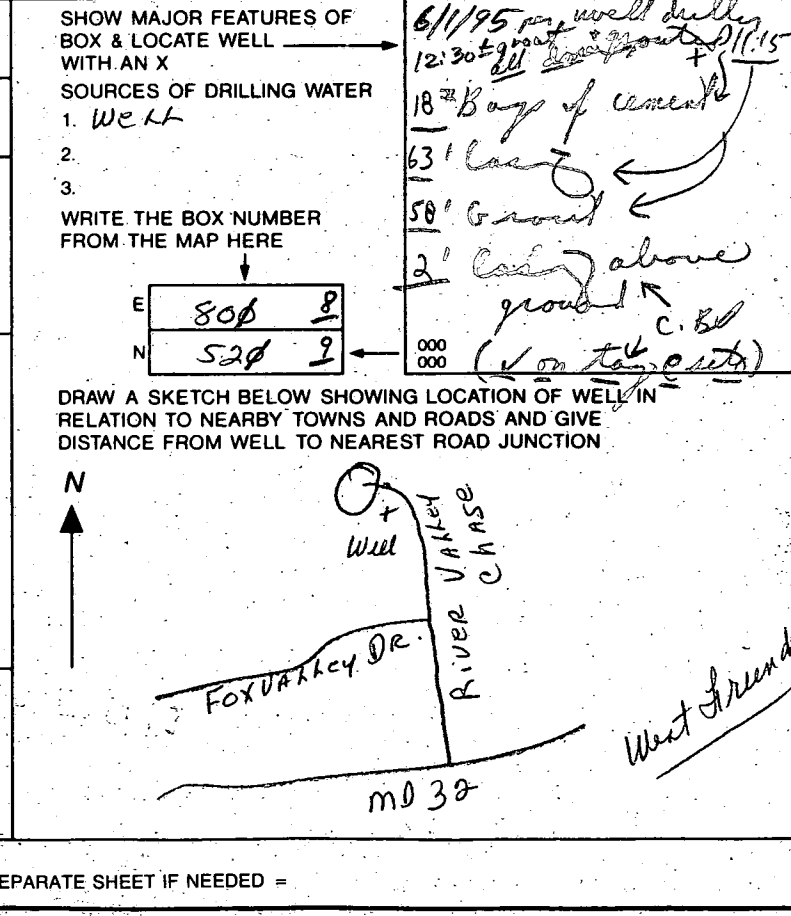
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 - 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) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE WRITE INITIALS IN BOX PERMIT No. **40-94-0480**

SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



C1 2973

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# 47208

DATE RECEIVED 060595

DATE WELL COMPLETED 060195

DEPTH OF WELL 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0480

OWNER: SELFRIDGE JAMES BLDG. last name first name
STREET OR RFD: RIVER VALLEY CHASE TOWN: WEST FRIENDSHIP
SUBDIVISION: W. FRIENDSHIP EST. S/D 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. Entries: SAND (0-59), GRAY mica Rock (59-245)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 18 NO. OF POUNDS 1692
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 58 ft.

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

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63

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

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

WELL HYDROFRACTURED (Y) (N)

DEPTH (nearest ft.) H0 61 245
A C H S C R E N
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

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.

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

DRILLERS SIGNATURE Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 27

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 007.5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 107
TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (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)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE (nearest foot) 2

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)

