

LAYOUT 10/8/02 12-1 INSP 4 \_\_\_\_\_  
INSP 2 10/9/02 2:30 INSP 5 \_\_\_\_\_  
INSP 3 10/10/02 10:30 INSP 6 \_\_\_\_\_

ISSUE DATE: 8/14/2002

# PERMIT

P 517417

APPROVAL DATE: 10/10/02

A 47855

## INDEXED

### ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Rd., Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Coventry Meadows LOT NUMBER: 5

ADDRESS: 1430 Coventry Meadows Drive PROPERTY OWNER: ~~Eric Mayew~~ Victoria Scarfo

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210-180

LINEAR FEET OF TRENCH REQUIRED: 210-180 HOUSE SERVED BY PUBLIC WATER

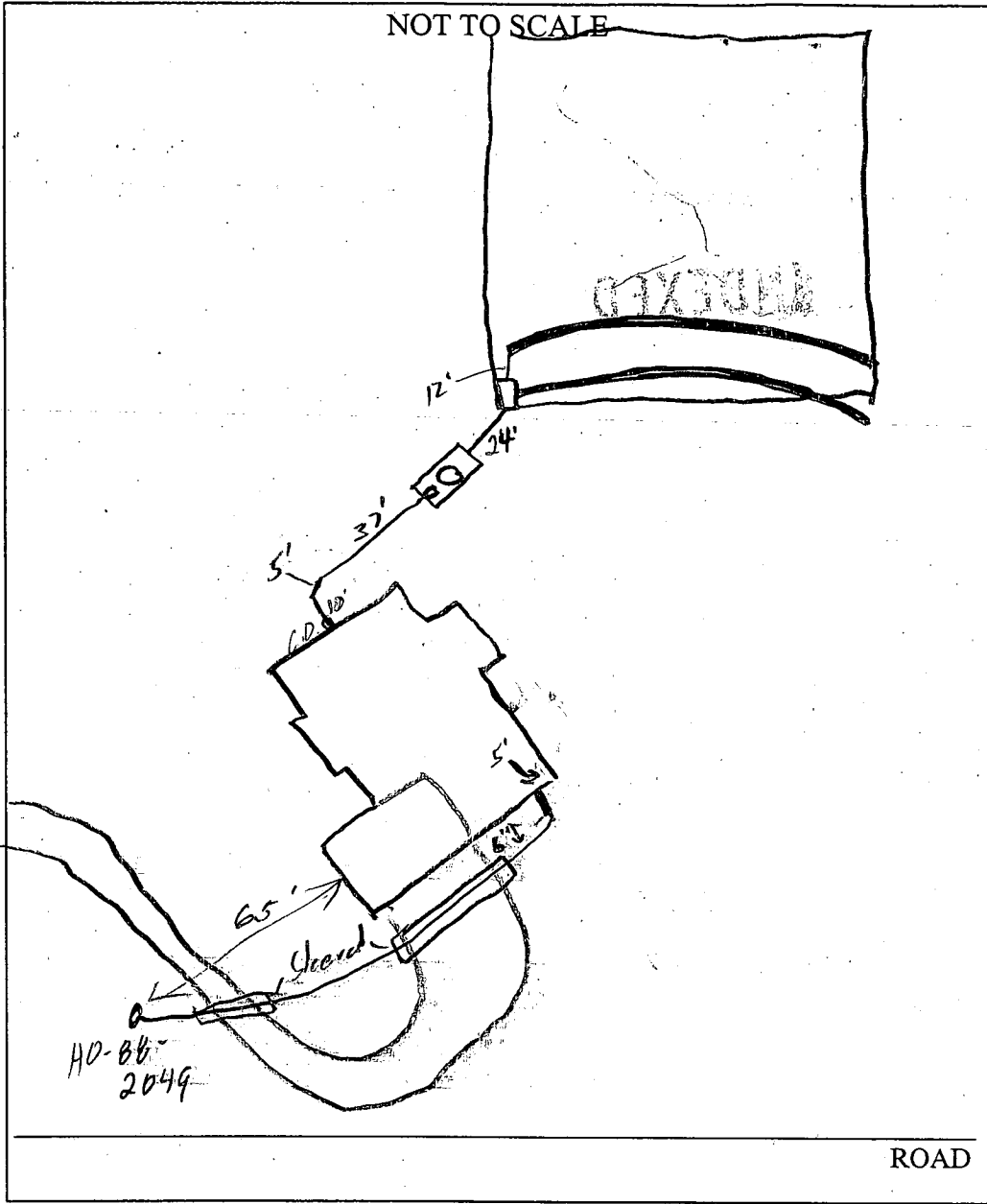
TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 130' from the rear lot line and 190' from the well. Run two trenches on contour toward rear lot line.
NOTES:	

PLANS APPROVED: MER OK SRK 8/14/02 DATE: 7/17/02

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A47855



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3.5'	7.5"
NUMBER OF TRENCHES	2	
TOTAL LENGTH	200'	
ABSORPTION AREA	800 $\pi$	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 10/8/02 Lot staked, contour accurate, install (2) 100' trenches on contour (SO)

INSTALLATION 10/9/02 Tank set, trench install OK to cover (SO)

10/10/02 OK to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 10/10/02



COVENTRY

MEADOWS

DRIVE

N05°44'20"W

260.00

544

Total linear feet of trench required 180 feet

Width of trench (es) 2 feet

Depth of trench (es) 7.5 feet

Depth of stone required below distribution pipe 4.0 feet

LOT 5  
9,030 Ac.

Approved Septic System Plan  
Howard County Health Department

LIMIT OF DISTURBANCE

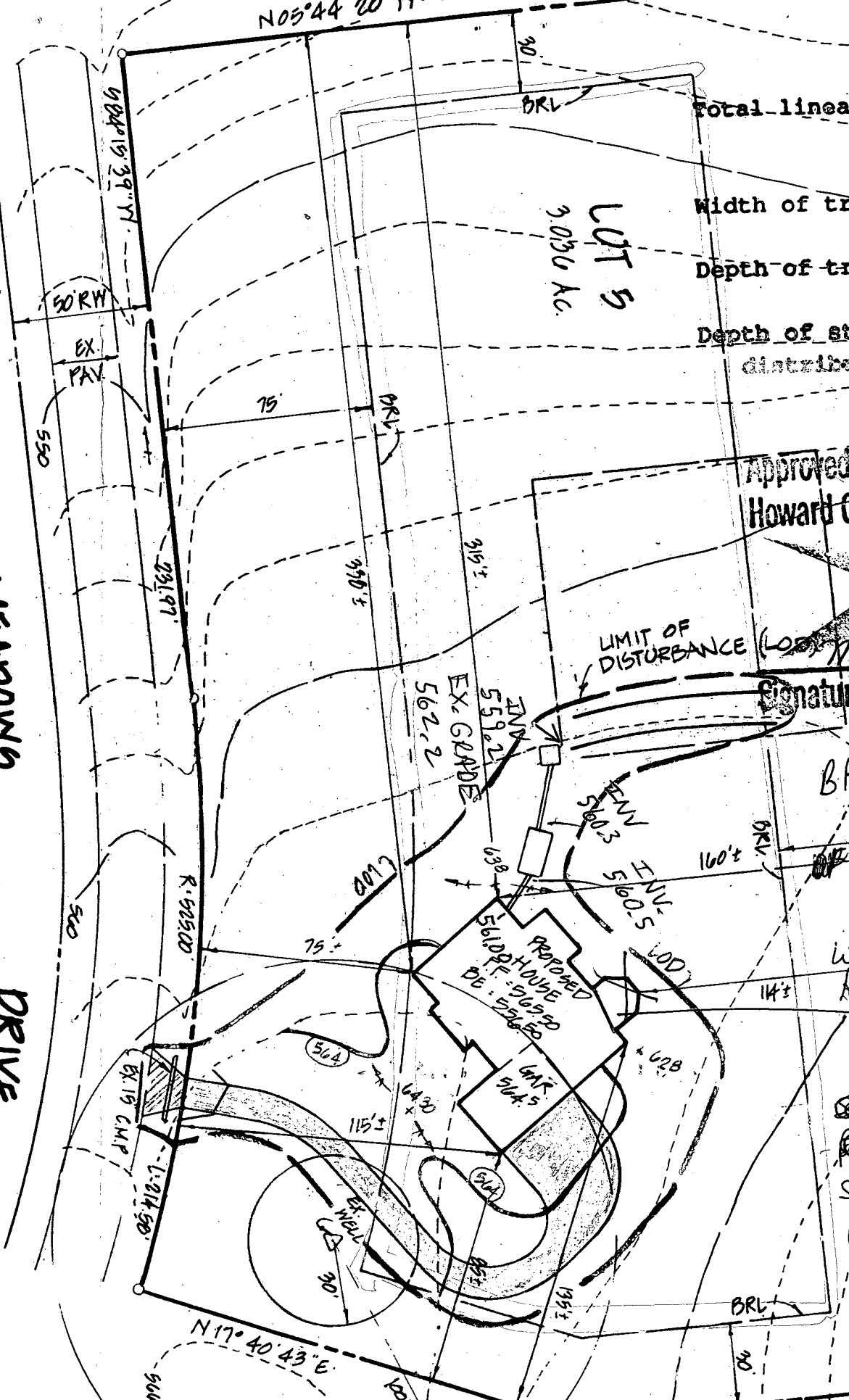
Signature

Mark Delkin 5/3/02  
Date

BP SIGNED w/o FILE  
w/o EVIDENCE  
RE-PERC OF  
MAY '92  
WAS OFFICIALLY  
APPROVED BY  
PERC CERT NO  
Juni 1000

SDA SHOWN  
CONSISTENT w/  
REVIEWER'S  
INTENTIONS

FILE STATUS  
154.59 ACCEPTED  
MR 7/17/02



Health Dept

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
DUPLICATE PERMIT APPLICATION

PERMIT NUMBER

B-00135092

Building Address 1430 Coventry Meadows Dr  
Sykesville, MD 21784

Property Owner's Name Eric Mayevy

Address 946-A Marimich CT

City Eldersburg State MD Zip Code 21784

Home Phone \_\_\_\_\_ Work Phone 410-781-3400  
Applicant's Name & Mailing Address, (if other than stated hereon):

Site/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030.00 Subdivision Coventry Meadows

Section 3 Area \_\_\_\_\_ Lot 5

Tax Map 9 Parcel 336 Grid 11

Zoning R CDEU Map Coordinates 5c11 Lot size 3.02A

Phone 410-781-3400 Fax 410-781-3475

Contractor Company Rachuba Home Builders, LLC

Contact Person Chris Rachuba

Address 946-A Marimich CT

City Eldersburg State MD Zip Code 21784

License No. MHB0271  
Phone 410-781-3400 Fax 410-781-3475

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 400,000

Description of Work Construct SFD 4 BR

Ch 3-Full 1-Hd Full w/fin Basement

10.1000 4 B.R.

Occupant or Tenant N/A

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company N/A

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
# of Heads \_\_\_\_\_

Building Characteristics

Utilities

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 4  
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: 8x16  
Footings: Bye ch  
Roof: Gable Asphalt  
 State Certified Modular  
 Manufactured Home

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (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 HIS/HER PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Chris Rachuba  
Chris Rachuba Managing Member  
Company Rachuba Home Builders, LLC  
Date 5/3/02

Print Name Chris Rachuba  
Date 3-26-02

Fee Due 7589.00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

Fixed  
10-11-02  
Retaxed  
12-4-02

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2648 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogle Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sylkesville MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation: \_\_\_\_\_  
Name (Print): Allen Compton License # MSD 009  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Kachula Home Telephone #: 443-272-3139  
Subdivision: \_\_\_\_\_ Lot #: 5 Well Tag #: EO-88-2049  
Site Address: 1430 Coventry meadows

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: Campbell Two piece watertight cap: yes  
Model #: 85A10 Model #: \_\_\_\_\_ Screened, vented well cap: yes  
Pump Capacity: 8 GPM Depth: 42 (36" min) Cap secured to casing: yes  
Well Yield: 600 NSF approved: yes Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arms or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house House Connection  
Type: Black Plastic PVC sleeved to undisturbed soil at well penetration: yes  
PSI: 100 (160 psi min) Approximate length of sleeve: 5  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton Date: 10/12/02

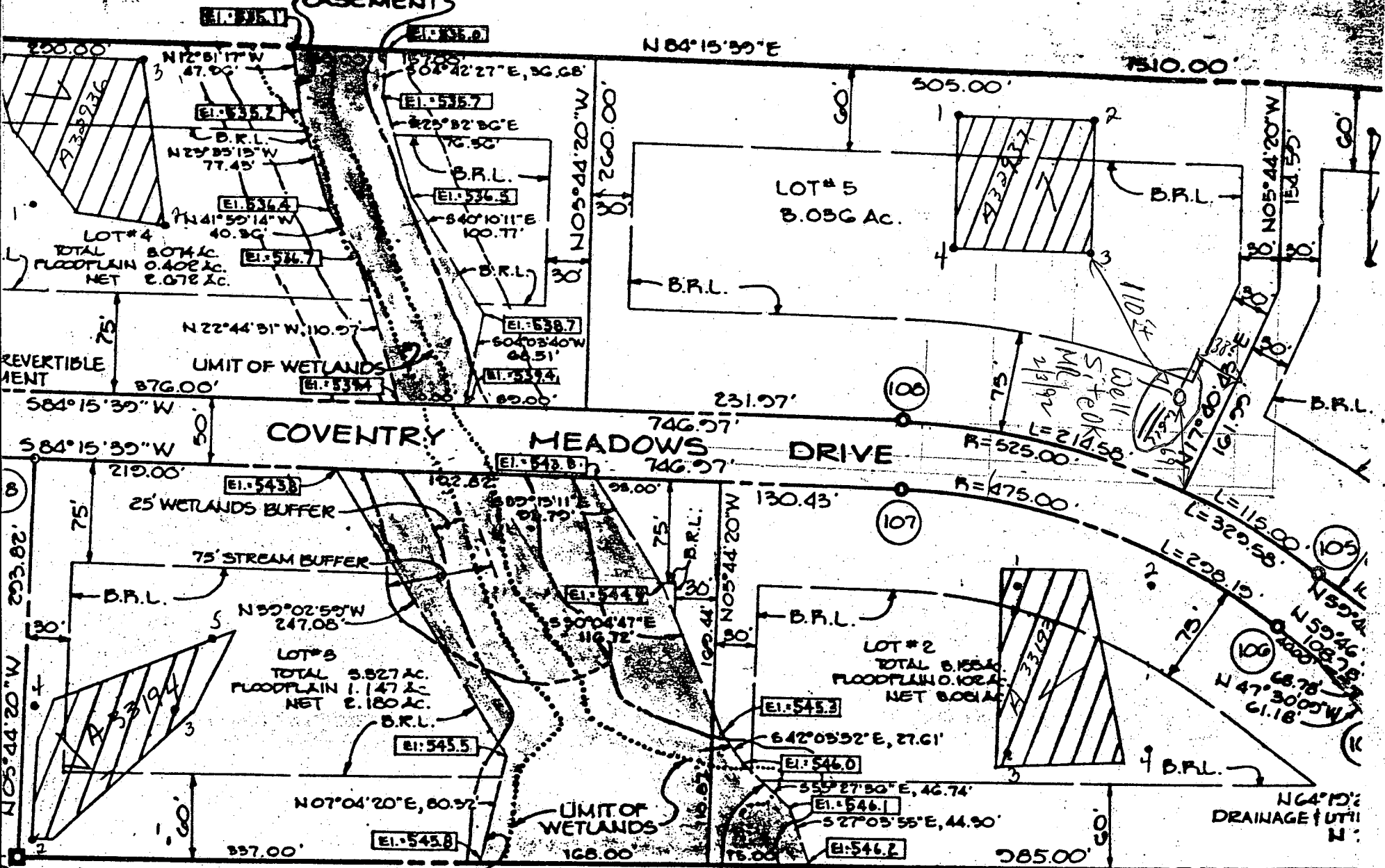
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 6" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

Was Well  
Line Inspected?

930/677, PARCEL 5

100 YEAR FLOODPLAIN,  
DRAINAGE AND UTILITY  
EASEMENT



COVENTRY

MEADOWS

DRIVE

MILLARD W. & LEONA M. STEDDING  
644/561, PARCEL 176

Coventry  
Meadows

1" = 100'

THIS SUBMISSION

TOTALS

5/4/92  
10/00

# APPLICATION

## PERCOLATION TESTING

PREVIEW OK  
APPROVED LOT  
TEST FOR RE-LOCATION  
2/27/92 CW

A 47855

P \_\_\_\_\_

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

DISTRICT 3 RD

DATE 3/27/92

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 CHARLES C. WIDZGA

ADDRESS 3230 TARTARIAN CT BALT 21227 PHONE 242 2969

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### PROPERTY LOCATION:

SUBDIVISION COVENTRY MEADOWS SECT 1 LOT NO. 5

ROAD AND DESCRIPTION COVENTRY MEADOWS DR, MID ROUTE 32 (WEST SIDE),  
4,400 FT TO BEGINNING OF SITE FROM OLD FREDERICK RD (ROUTE 99 NORTH)

TAX MAP 9 PARCEL # 71

SIZE OF LOT 3 ACRES TYPE BLDG 4/5  
(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.

Charles C. Widzga  
(SIGNATURE OF APPLICANT)

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

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

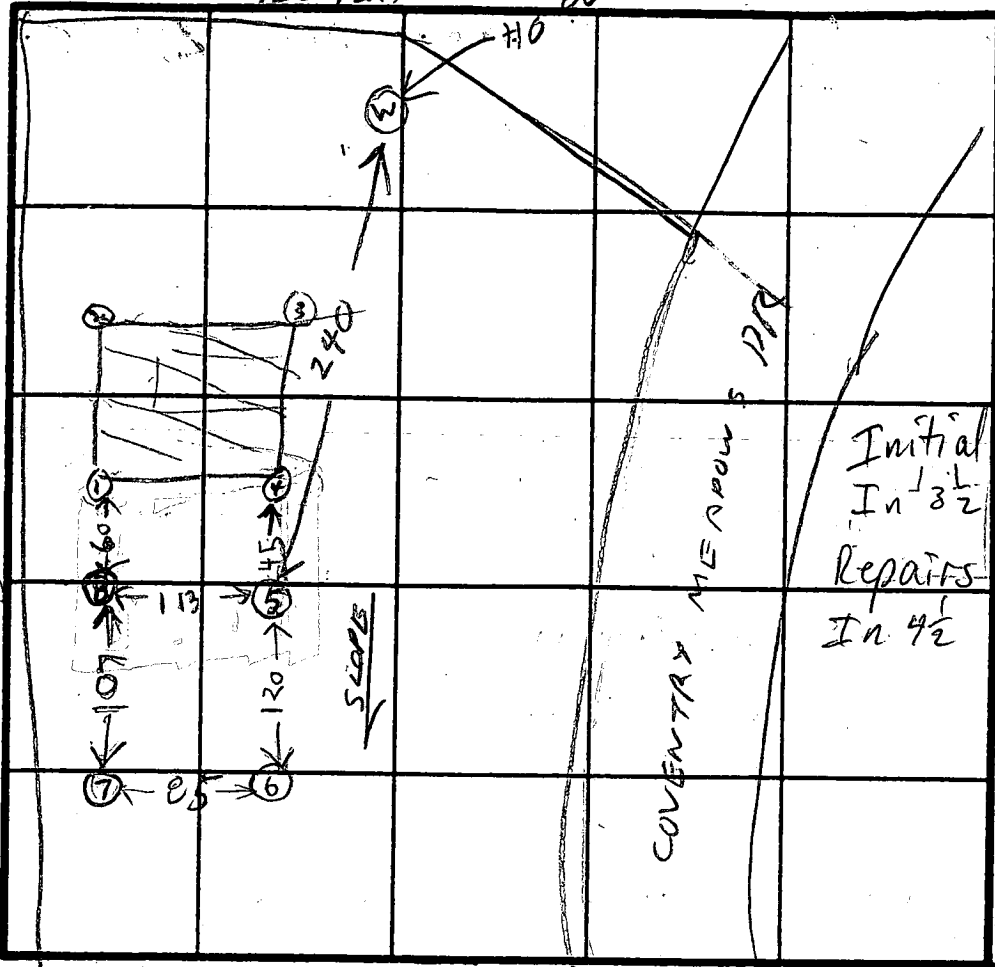
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5/4/92 - RETESTED OK TO CHANGE SPECS R/H

HD-216

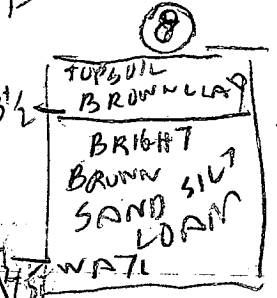
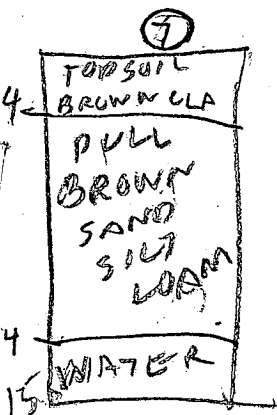
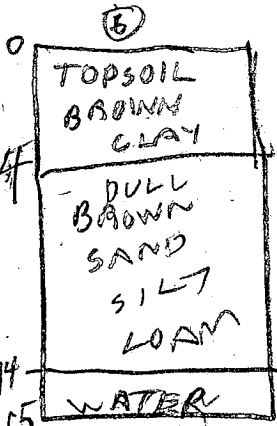
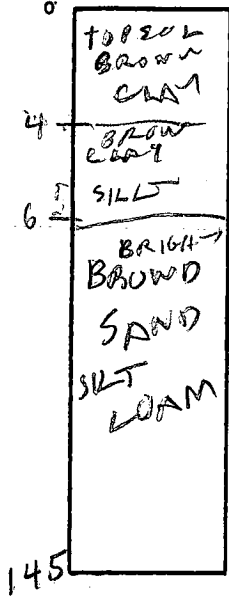
# THIS IS NOT A PERMIT

SEE PLAT 882049



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 5



41  
99  
240  
15  
2  
8  
6  
9  
15  
Initial 180' BR  
In 3 1/2 Bot 7 1/2  
Repairs 210' BR  
In 4 1/2 Bot 6 1/2  
NEW  
SPECS  
USED L.D.  
TEST  
HOLE  
① ③ ④  
INLET 3 FT  
DEPTH 9 FT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/4/92	5S	4.5	1035	1157	1st inch	82F	
	5D	9	1041	1045	1045	1055	10
	5V	14.5	OK DEEP				
	6D	8.5	1102	1104	1104	1107	3
	6S	5	1104	1106	1106	1109	2
	6V	15	WATER DO NOT USE				
	7D	10	1140	1153	1153	1220	27
	7S	5	1144	1147	1147	1153	4
	7V	15	WATER DO NOT USE				
	8D	9.5	1215	1229	1220	1235	15
	8S	5	1218	1223	1223	227	4
5/4/92	8V	14.5	OK				

WIDTH 2 FT  
STONE 6 FT  
180 SPT  
1850  
ROCK  
30 LINDAR  
F7/BERRIES

REMARKS 5/4/92 DO NOT USE WATER HOLES 6 & 7

TYPE OF SOIL \_\_\_\_\_  
TESTED BY B. HODGES  
OWNER KEITH S LER BACKHOE  
ALSO PRESENT CHUCK WILDEN

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 992-2330

A 32937

P \_\_\_\_\_

DISTRICT 3rd

DATE 10/4/83

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 WILLIAM M. HAWICE

ADDRESS 7148 LASTING LIGHT WAY COLUMBIA, MO. 21045 PHONE 465-7777 BOENDER ASSOC.

PROPERTY LOCATION:

SUBDIVISION HAWKES LANDING LOT NO. 9

ROAD AND DESCRIPTION MO. RTE. 32 (WEST SIDE), 4400'± TO BEGINNING OF SITE  
FROM OLD FREDERICK RD. (NORTH)

SIZE OF LOT 3 ACRES TYPE BLDG. 3/4  
(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.

John J. Beards (agent)  
(SIGNATURE OF APPLICANT)

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

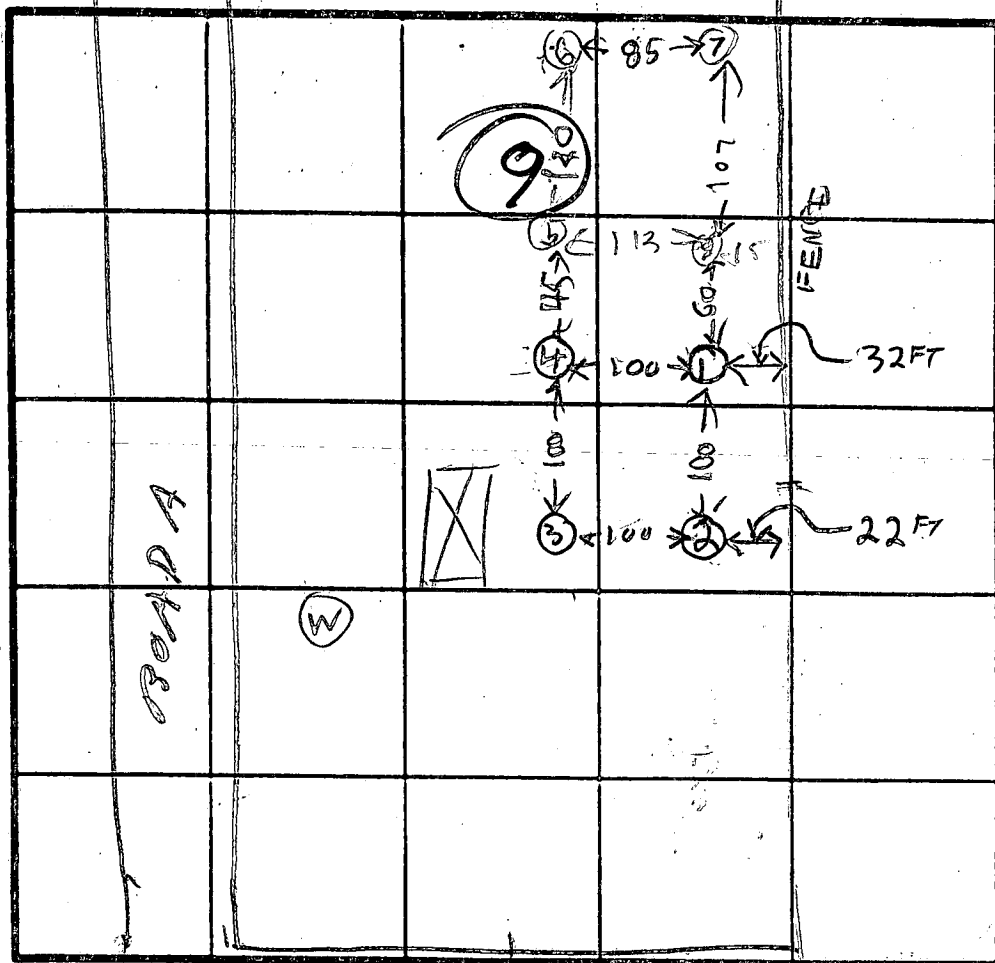
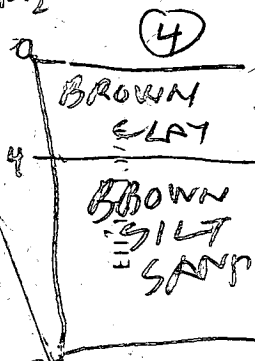
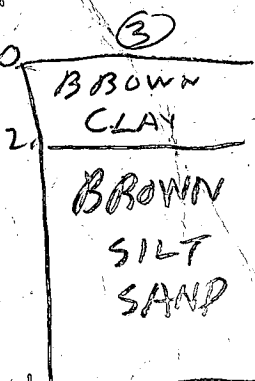
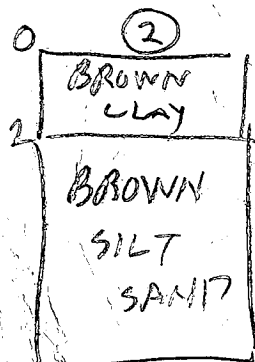
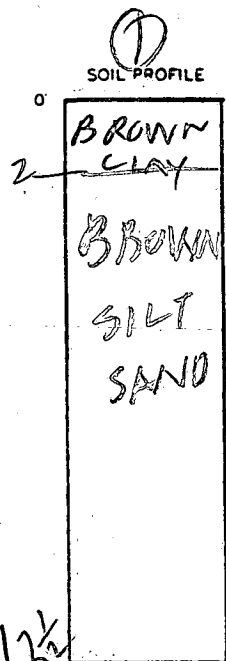
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

LOT 9



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHALLOW  
 $\bar{x} = 2 \text{ min}$   
 Inlet = 2.0 ft  
 Bottom = 4.0 ft  
 180 sq ft / bldg

1088  
2049

HOLE ELEVATION

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/18/83	1S	4	216	217	217	219	2
	1V	12 1/2	LOOKS		OK		
	2S	4	221	222	222	223	1
	2V	12	LOOKS		OK		
	3S	3 1/2	229	230	230	231	1
	3V	12 1/2	LOOKS		OK		
	4V	13	LOOKS		OK		

③ HIGH  
 ⑫ LOW  
 Dry Well  
 at ③  
 (woods)

REMARKS HOLES LOCATED PER PLAT RH

TYPE OF SOIL

TESTED BY B HODGES

ALSO PRESENT JOHN & SKIP OF FLOCK

Copy of Final Signed

REVISED  
90A

REAKER, JR.  
PARCEL 8

PLAIN,  
UTILITY

536.0

N 84° 15' 39" E

1510.00'

4° 32' 27" E, 36.68'

535.7

2° 32' 36" E

75.56'

B.R.L.

EI: 536.5

S 40° 10' 11" E

100.77'

B.R.L.

30'

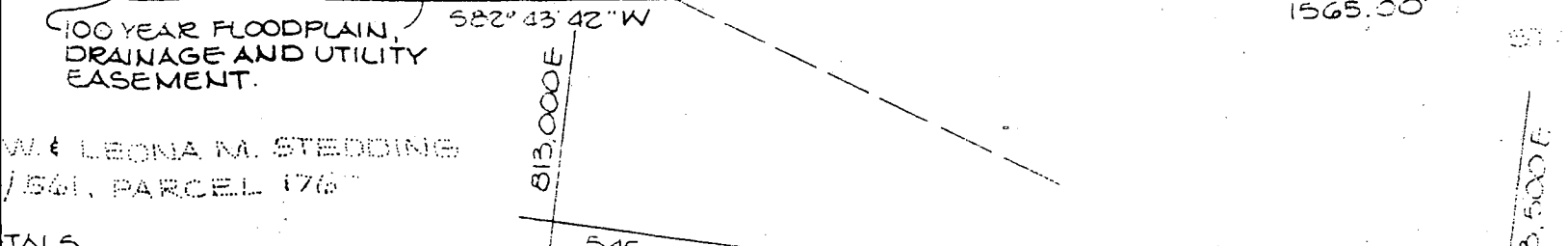
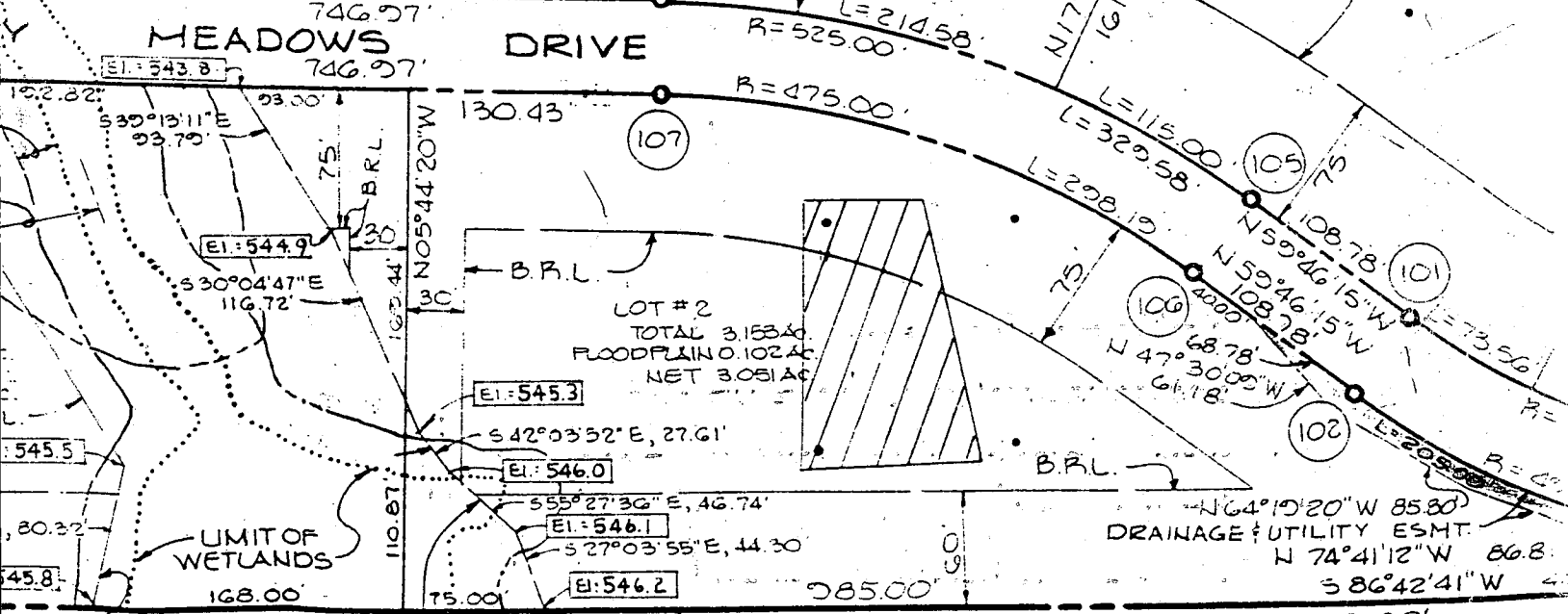
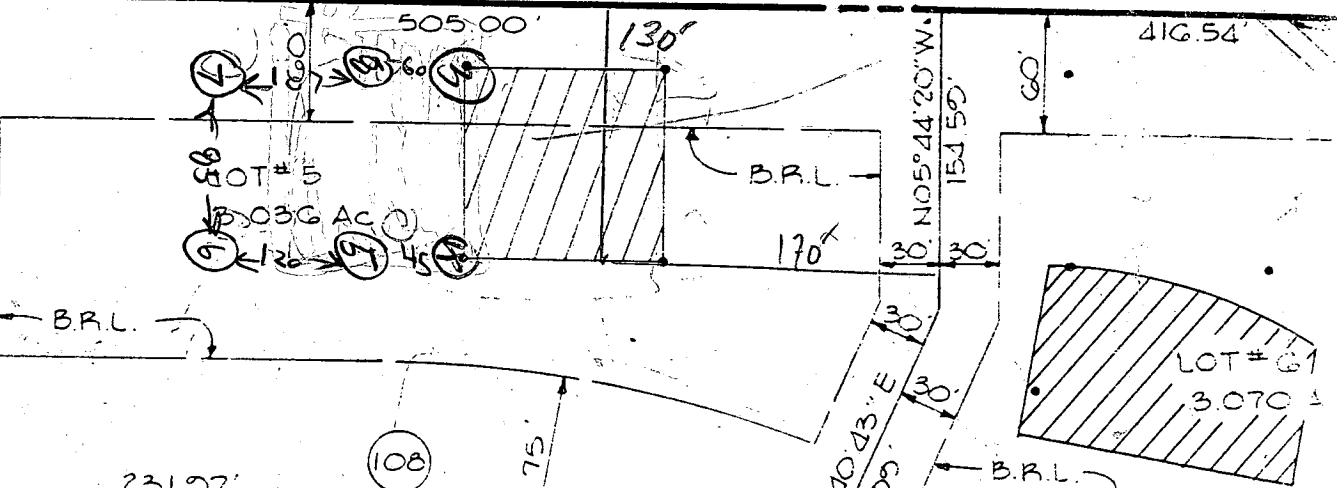
EI: 538.7

S 04° 03' 40" W

68.51'

EI: 539.4

35.05'



W & LEONA M. STEBBING  
176, PARCEL 176

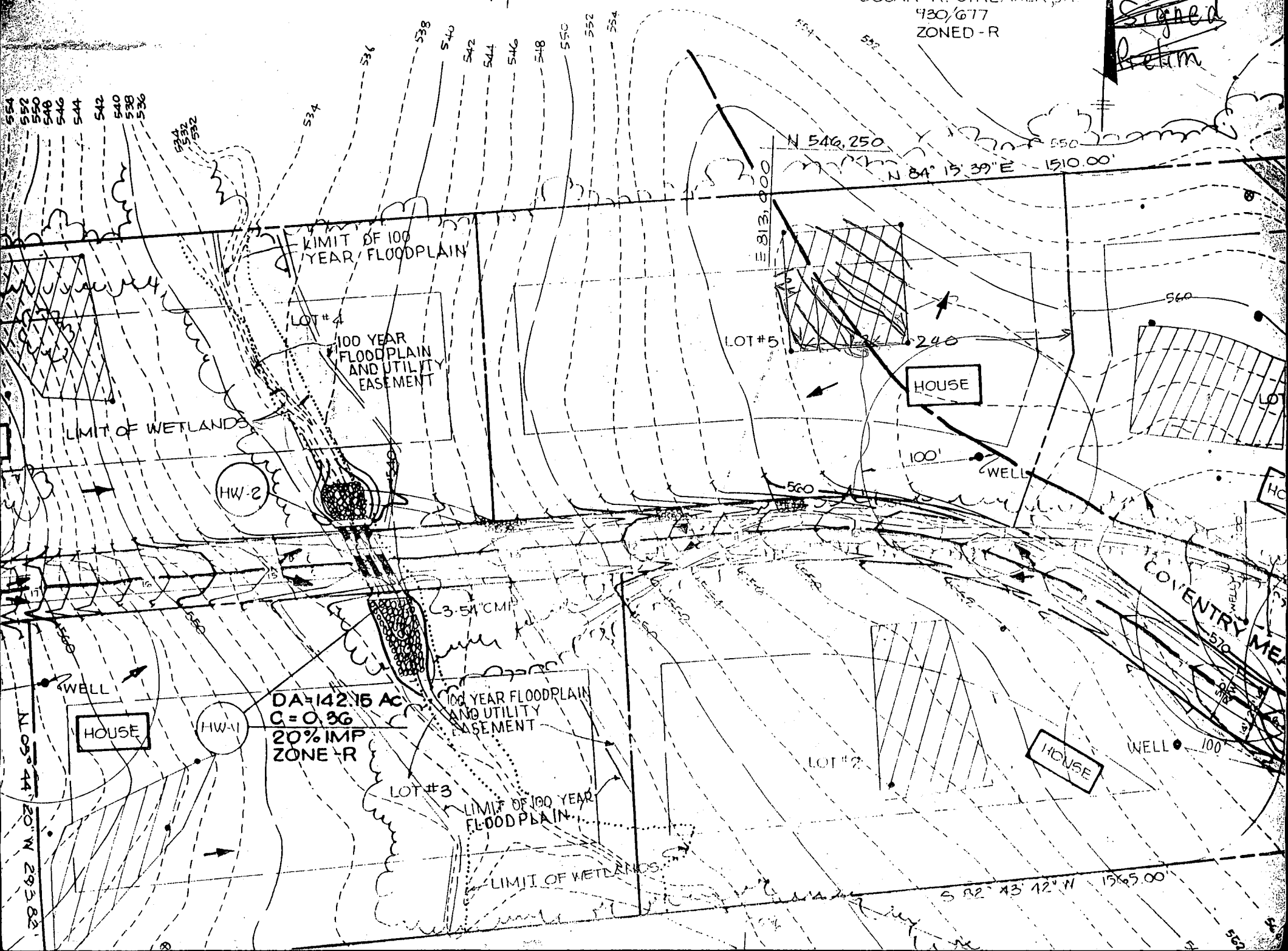
TALS

52

Copy of Signed Prelim

OSCAR R. STREAKEER, JR.  
930/677  
ZONED-R

~~Copy of Signed Prelim~~





C1 2735 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 A32937

ST/CO-USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 022592

Depth of Well grid: 300 (TO NEAREST FOOT)

PERMIT NO. grid: 10-88-2049

OWNER: Widzan, Chuck; STREET OR RFD: 3230 Tartarian Court; TOWN: Baltimore, MD 21227; SUBDIVISION: Coventry Meadows; SECTION: ; LOT: 5

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 Overburden, Brown Shale, Mud, Gray Rock, and another Gray Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 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) 60 Total depth of main casing (nearest foot) 96

OTHER CASING (if used) diameter inch 5 depth (feet) from 0 to 126

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

DEPTH (nearest ft.) grid: 126, 300

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. 489

DRILLERS 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) grid

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 19 WHEN PUMPING 235 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 (nearest foot)

