

05-374995

PERMIT

P 39825

A 37683

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 8/07/87

INDEXED

DATE SYSTEM APPROVED 8-27-87

INSPECTOR S. Abel

Capitano Custom Construction IS PERMITTED TO INSTALL ALTER

ADDRESS 4280 Ten Oaks Road, Dayton, Maryland 21036 PHONE _____

SUBDIVISION Glenelg Manor II ROAD 12861 Folly Quarter LOT 25B

PROPERTY OWNER Capitano Custom Construction

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 200 feet from the 200.6' lot line that borders Lot 25A and 40 feet from the 687.7' lot line that borders Lot 25C. Run trench(s) along contour towards the Right-of-way.

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

LOOKING FOR 2 72" TRENCHES

PLANS APPROVED BY C. Williams DATE 11/17/86

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.

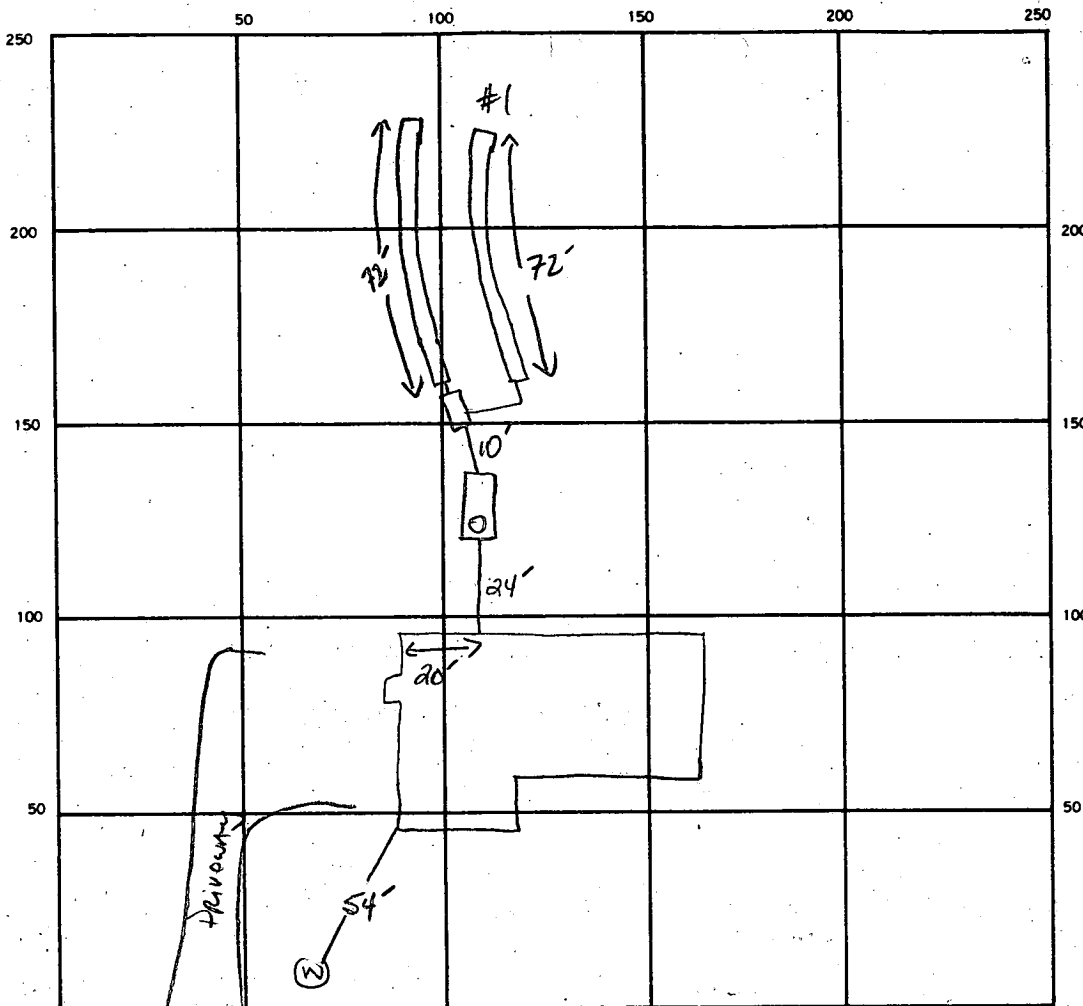
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37683



SP 144
8/26/87

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.
Row - Folly Quarter Rd.

SEPTIC TANK LEVEL ✓ 15006A1 CLEANOUTS 5T

DISTRIBUTION BOX LEVEL ✓

DRAIN/TILE FIELD DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5' 5" FT. TOTAL LENGTH 72' 72' TLF 144

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS OK TO STONE #1 + PART OF #2. S.M. 8/26 OK TO COVER #1

DATE SYSTEM APPROVED 8-27-87 INSPECTOR S. Abel

Return to
Jesse after
inspection

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement Receipt # _____ Date 8-25-87

Name of Installer TIMOTHY J. ROLLMAN Telephone _____

License number 7079
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner ANTHONY CAPITANO Telephone 988-9178
 Subdivision CIENECA MANOR Lot # 25B Well tag # 40-81-1846
 Site Address 12861 FOULY QUARTER RD
ELICOTT CITY, MD. 21043

Pump

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible

2. Make JACUZZI

3. Model # _____

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards _____ Other _____

Motor

1. Horsepower _____
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter

1. Make HARVARD
 2. Model # _____
 3. Depth 4'

Tank

1. Capacity 42 GALLONS
 2. Pressure relief valve? YES

Piping

1. Type CRESTLON
 2. Size 1"
 3. NSF and/or BOCA Code approved YES
 4. Depth of supply line 4'

Well data

1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? YES

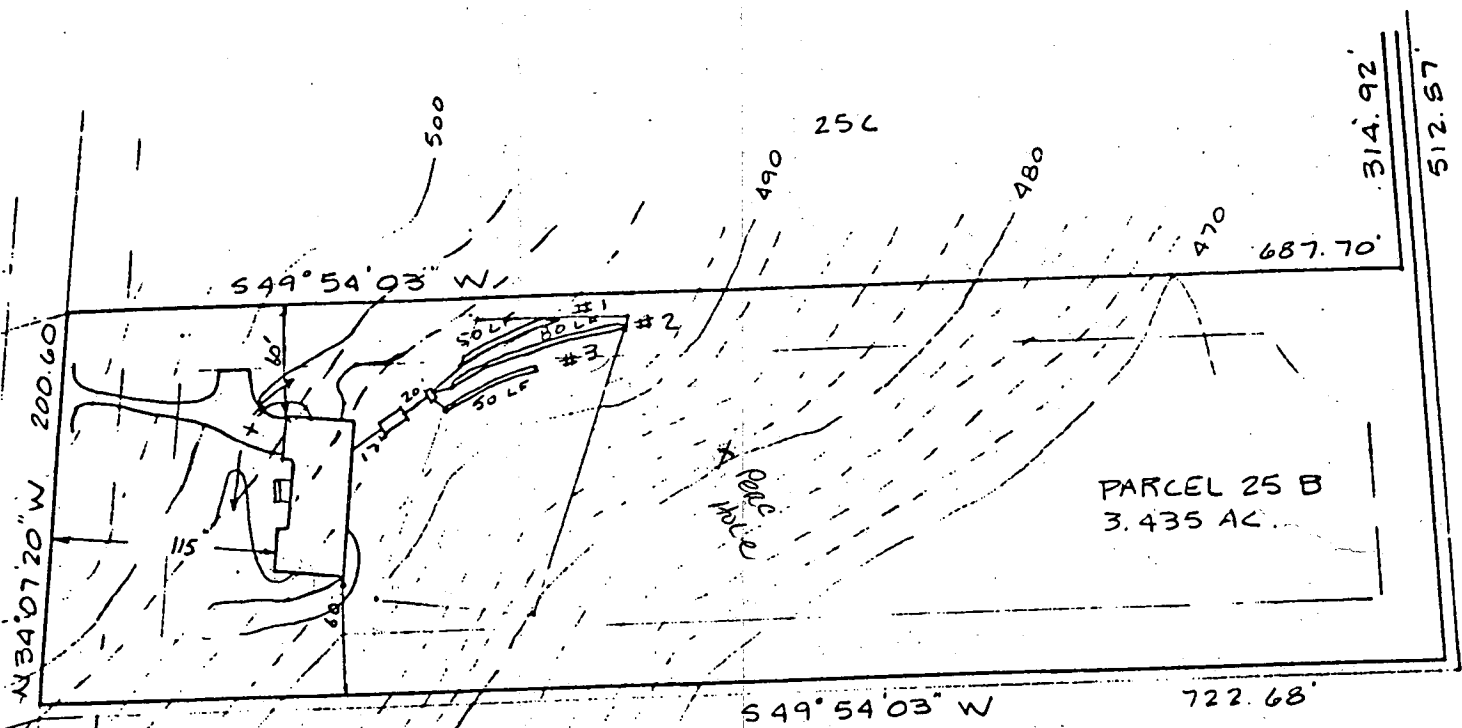
8/27/87 Pitless AT 44" well line 40-48" Tank + Pressure Relief valve in S. Wall

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]
Date: 8-25-87

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



SYST. LOCAT. OK
 ZBR ON PERMIT.

26C

1-16-87

William S. Stahl

BLDG. PERMIT SIGNED
 AND RETURNED 1-16-87

I certify the above measurements and elevations to be actual and true for this property. *BPA 9674*

HOUSE:

FIRST FLOOR	<u>500.0</u> ✓
BASEMENT	<u>491.0</u> ✓
INVERT	<u>492.01</u> ✓

BASEMENT NOT ON GRAVITY

SEPTIC TANK:

EXISTING GRADE	<u>494.0</u> ✓
PROPOSED GRADE	<u>494.0</u> ✓
INVERT IN	<u>491.66</u> ✓
INVERT OUT	<u>491.41</u> ✓

DISTRIBUTION BOX:

EXISTING GRADE	<u>494.0</u> ✓
PROPOSED GRADE	<u>494.0</u> ✓
INVERT IN	<u>491.2</u> ✓
INVERT OUT	<u>491.1</u> ✓

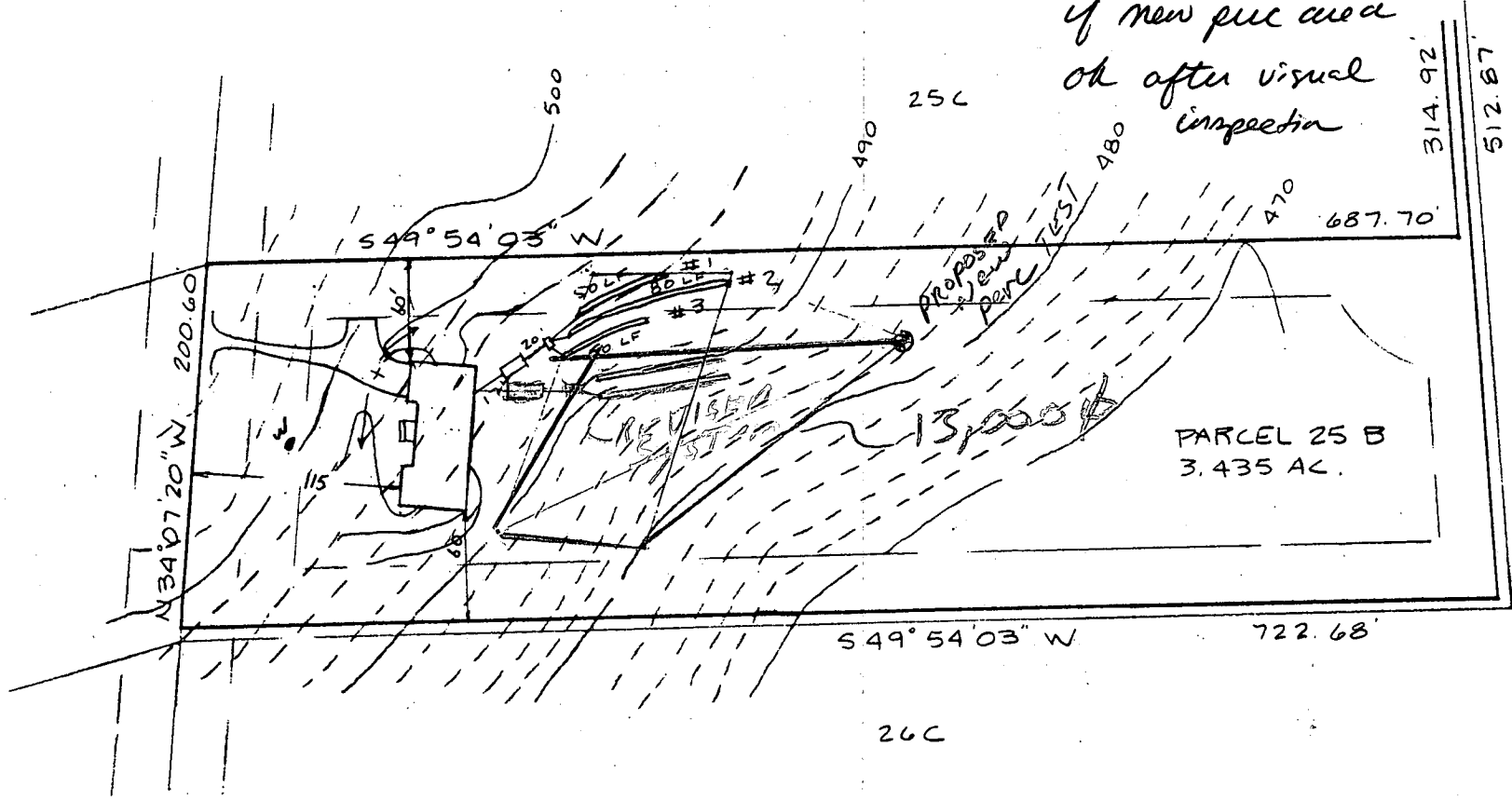
TRENCHES:

	#1	#2	#3
EXISTING GRADE	<u>494.0</u>	<u>493.3</u>	<u>492.0</u>
INVERT	<u>491.0</u>	<u>490.3</u>	<u>489.0</u> ✓
BOTTOM	<u>486.0</u>	<u>485.3</u>	<u>484.0</u> ✓
STONE	<u>5.0</u>	<u>5.0</u>	<u>5.0</u>
WIDTH	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>
LENGTH	<u>50.0</u> ✓	<u>80.0</u>	<u>50.0</u> ✓

J. Carl Hudgins

PLOT PLAN
 PARCEL 25B
 GLENELG MANOR II
 TAX MAP PARCEL
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1" = 100' DATE 1/2/87

*elevations are ok
if new pvc area
ok after visual
inspection*



HOUSE:

FIRST FLOOR	500.0
BASEMENT	491.0
INVERT	492.01

SEPTIC TANK:

EXISTING GRADE	494.0
PROPOSED GRADE	494.0
INVERT IN	491.66
INVERT OUT	491.41

DISTRIBUTION BOX:

EXISTING GRADE	494.0
PROPOSED GRADE	494.0
INVERT IN	491.2
INVERT OUT	491.1

TRENCHES:

	#1	#2	#3
EXISTING GRADE	490.0	492.0	492.0
INVERT	487.0	490.0	489.0
BOTTOM	482.0	485.0	484.0
STONE	5.0	5.0	5.0
WIDTH	2.0	2.0	2.0
LENGTH	50.0	80.0	50.0
	72	72	

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
J. Carl Hudgins

PLOT PLAN
PARCEL 25B
GLENELG MANOR II
TAX MAP PARCEL
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1" = 100' DATE 1/2/87

9/23/86
KA

APPLICATION

PERCOLATION TESTING

A 37683
P _____

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

DISTRICT _____
DATE 9/22/86

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 Dale Z. Mansel CAPRANO

ADDRESS 12789 Folly Qt. Rd PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenely Manor - Highpoint LOT NO. 250 B

ROAD AND DESCRIPTION 12861 Folly Quarter Rd.

TAX MAP _____ PARCEL # _____

BLDG. PERMIT ~~SIGNED~~
AND RETURNED 1-16-87
S. Hall
CP# 9674

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 _____

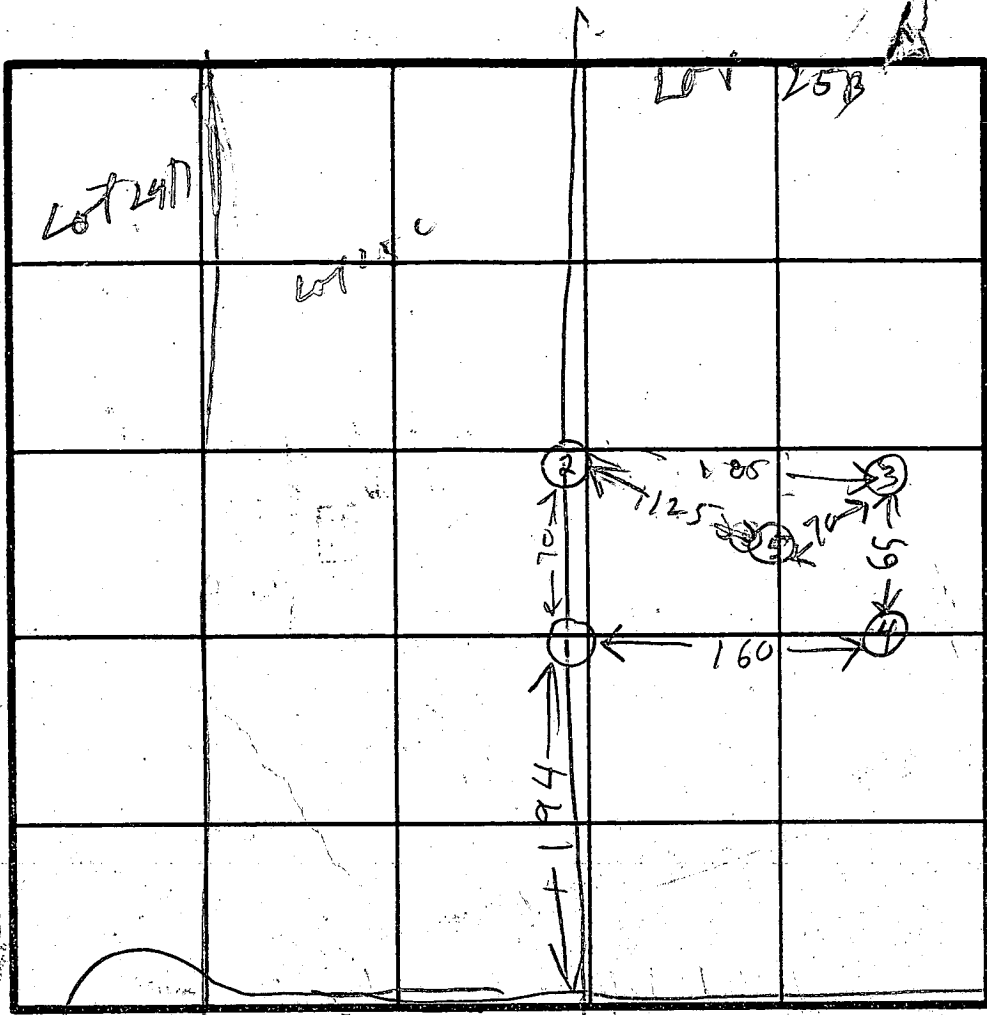
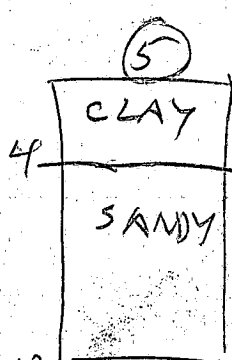
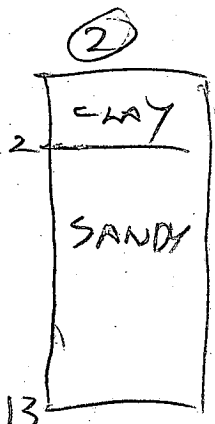
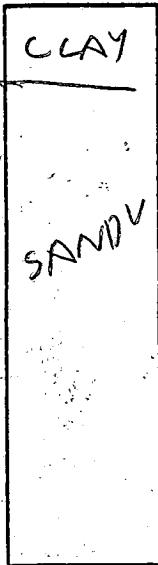
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/23/86 PERC OK Hold for Certified Hold
Heat BH

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DAVEN B/W

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/23/86	3V	4	1134	1135	1135	1136	1	
	4V	13.5	OK					
	4V	4.5	1138	1139	1139	1142	3	
	4V	12	OK					
	1V	ONLINE HOLES BETWEEN					25'	
	2V	AND 25B						
	5V	13	OK					

HOLE ELEVATION
 (1)(2) = HIGH
 (4) = MEDIUM
 (3)(5) = LOW

REMARKS DETAILED SOIL PROFILES NOT NEEDED PER R. HODGES

TYPE OF SOIL
 TESTED BY R. HODGES

ALSO PRESENT G. PRISCH-KORNER, KETJERMANSR

B 7 2174

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1846

fill in this form completely

Date Received

12/1/86

OWNER INFORMATION

OWATAMOS CORP

FOLLEY QUARTER RD

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

MOWARD

HIGHPOINT (GLENZLG-2)

SECTION 44 46

LOT 25B

GLAMACK

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

Ralph MAYNE License No. 273

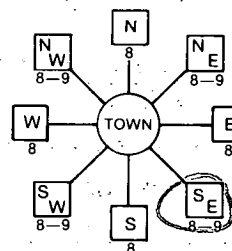
Ralph MAYNE (well driller)

9120 Brown Church Rd. Mt. Airy

Ralph Mayne 12/1/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folley Quarter Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2600

ENTER FT or MI 77

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 A-37683
COUNTY NAME COUNTY NO.
OEP STATE HEALTH
SIGNATURE INSERT S
DATE ISSUED 010587
CO SIGNATURE EXP. DATE
NORTH GRID 514000 EAST GRID 0810000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

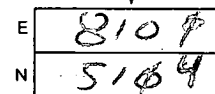
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

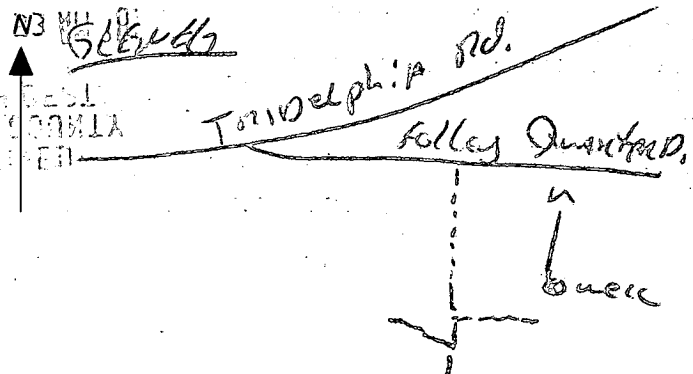
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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 DEEPEMED AN EXISTING WELL

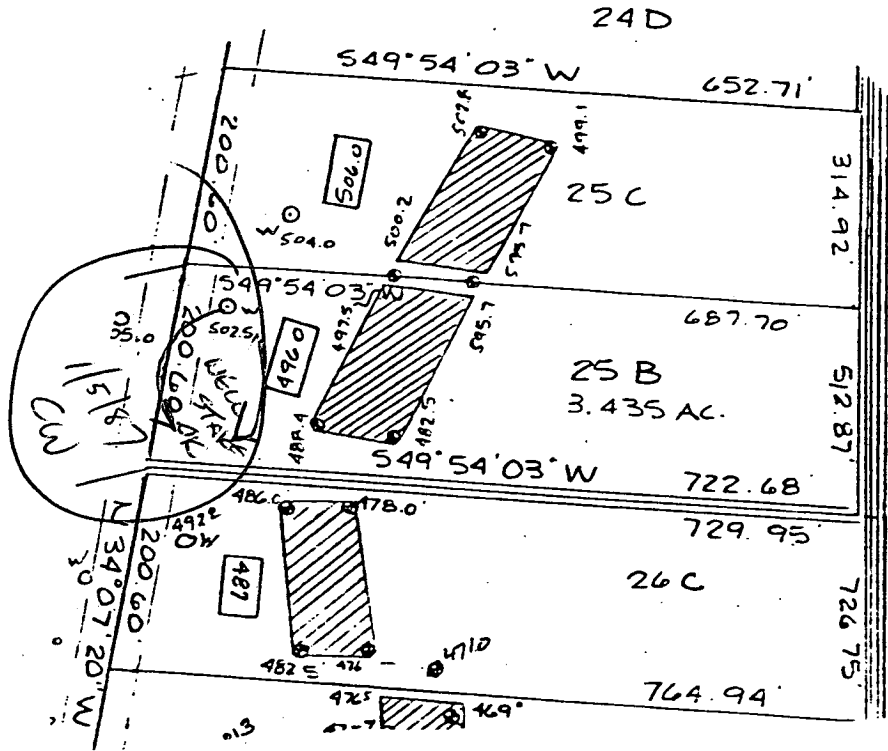
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP


FORCE SA PERMIT No. 40-81-1846

SPECIAL CONDITIONS



PERCOLATION TEST PLAT
 PARCEL 25B
 GLENELG MANOR II
 PROPERTY OF
 DALE Z. MAISEL

5th Election District
 Howard County, Maryland
 Scale 1" = 200'
 Date 11/04/86

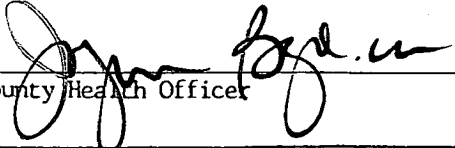
 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems


 County Health Officer

11-11-86
 CW - Date

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, MD 21771
 (301) 442-2031

C1 3791

SEQUENCE NO. (OEP 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-37684

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 010187

DEPTH OF WELL grid: 275

PERMIT NO. grid: 40-21-1872

OWNER CARIBBEAN CONSTRUCTION last name Felly first name DEANNA TOWN GRANBY SUBDIVISION HIGHPOINT (OLD GLEASIE SECTION 2 - 2) LOT 25-B

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. Rows include Top Soil, Sandy, Sandstone, Mica, Sandstone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS

NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 44 ft.

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

MAIN CASING TYPE PL diameter 60 inch depth 47 feet

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.) grid: 45, 245

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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. 273 DRILLERS SIGNATURE (Must match signature on application) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permitted)

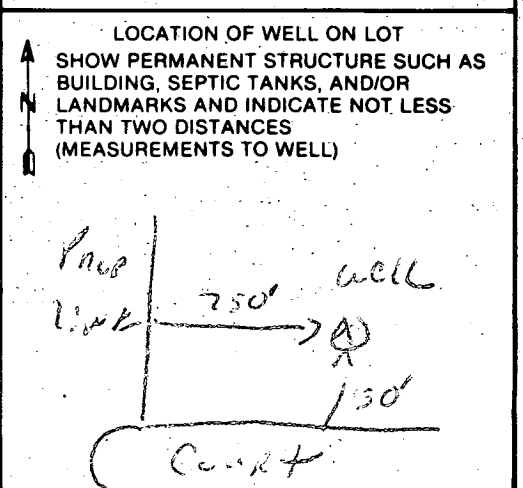
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) grid: 56, 60

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 16 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 WHEN PUMPING 25 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)



C1 3790

SEQUENCE NO. (OEP 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-37683

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 010987

DEPTH OF WELL grid: 205

PERMIT NO. grid: 40-81-1546

OWNER CONSTRUCTION CAPRTAAR
STREET OR RFD POLLEY QUARTER RD first name TOWN GLENELG
SUBDIVISION HIGHPOINT GLENELG MARSECTION 2 LOT 25B

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, Sandstone, Micka, Sandstone, Micka.

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 7 NO. OF POUNDS 800
GALLONS OF WATER 40
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 6 37

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

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

DEPTH (nearest ft.) grid: 35, 20.5

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. 273
DRILLERS SIGNATURE [Signature]
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.) WQ
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 5
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 120
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)

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)
[Hand-drawn site map]

