

2-6-84  
2 PM  
2/8/89 AM  
ASAP  
2 PM

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-394851  
**INDEXED**

P 43566  
A 35429  
DISTRICT 5th  
DATE 1/31/89  
DATE SYSTEM APPROVED 2-8-89  
INSPECTOR JEN

Frall Septic Service

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS P. O. Box 659, Woodbine, Maryland 21771 PHONE 795-5674

SUBDIVISION Lime Kiln Valley ROAD 7652 Green Dell Lane LOT 20

PROPERTY OWNER Kerwin Miller Communities, Inc.

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES X NO \_\_\_\_\_

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 366 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Beginning from the rear left corner (intersect of the left 115.58' and rear 348.66') place the first trench 240 feet down the left line and 13 feet on to Lot 23 (dedicated sewage easement for Lot 20). Run trenches on contour toward the rear of Lot 23.

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

PLANS APPROVED BY Sid Abel DATE 8/09/88

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

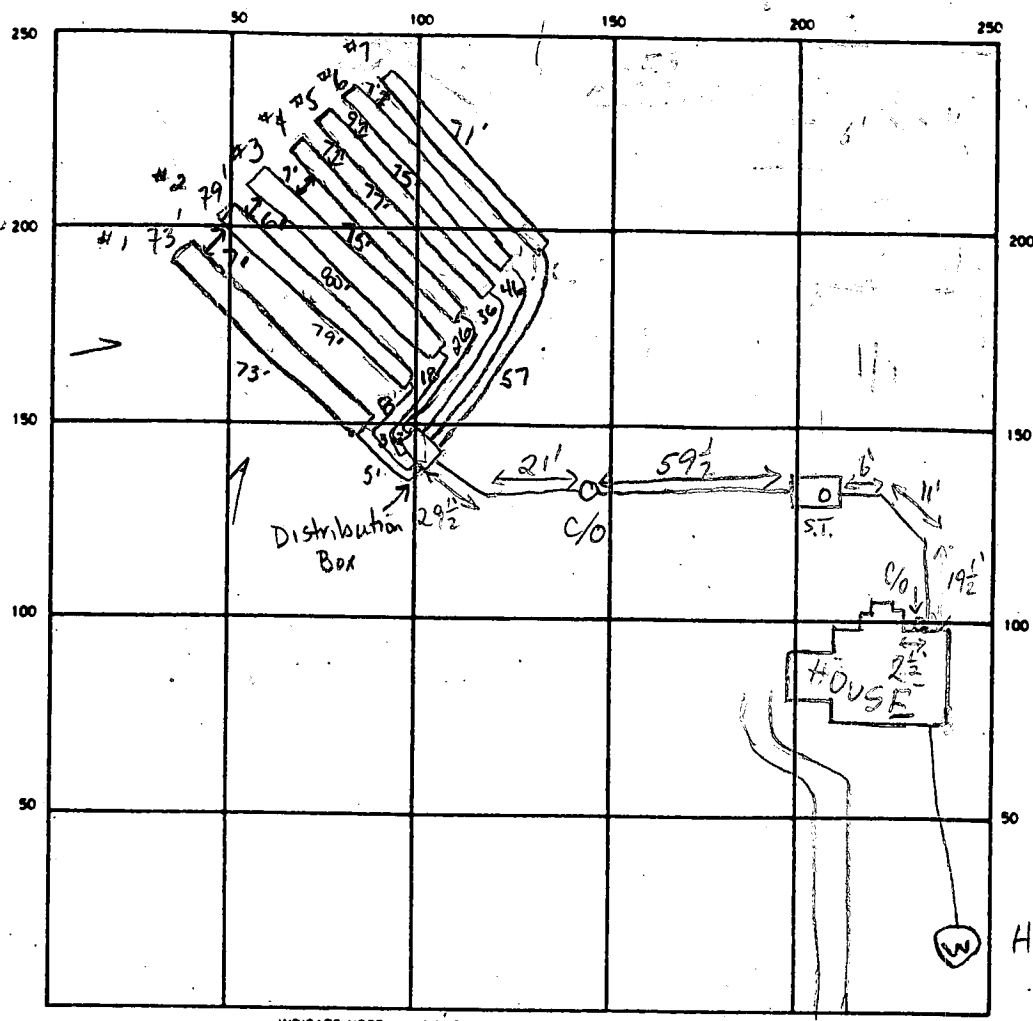
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A  
35429

3664  
31/484  
2644  
488 ft trench

76  
2889  
Well trench  
open to about  
40 inches  
JENadeau



HD-81-2681

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

2000 gal 2000 gal  
GREEN DELL LANE

SEPTIC TANK LEVEL OK (8' x 6')

CLEANOUTS INLINE-OK/ST-#0 OK

DISTRIBUTION BOX LEVEL OK w/ baffle

DRAIN FIELD TILE FIELD DEPTH 7 7 7 7 7 7 7 TRENCH WIDTH 2 FT. INLET DEPTH 4 4 4 4 4 4 4

EFFECTIVE GRAVEL DEPTH 3 3 3 3 3 3 3 FT. TOTAL LENGTH 279 75 75 75 75 75 75

NUMBER OF TRENCHES 6 ONE SIDEWALL BOTTOM AREA 219 237 240 225 267 263 213 FT.

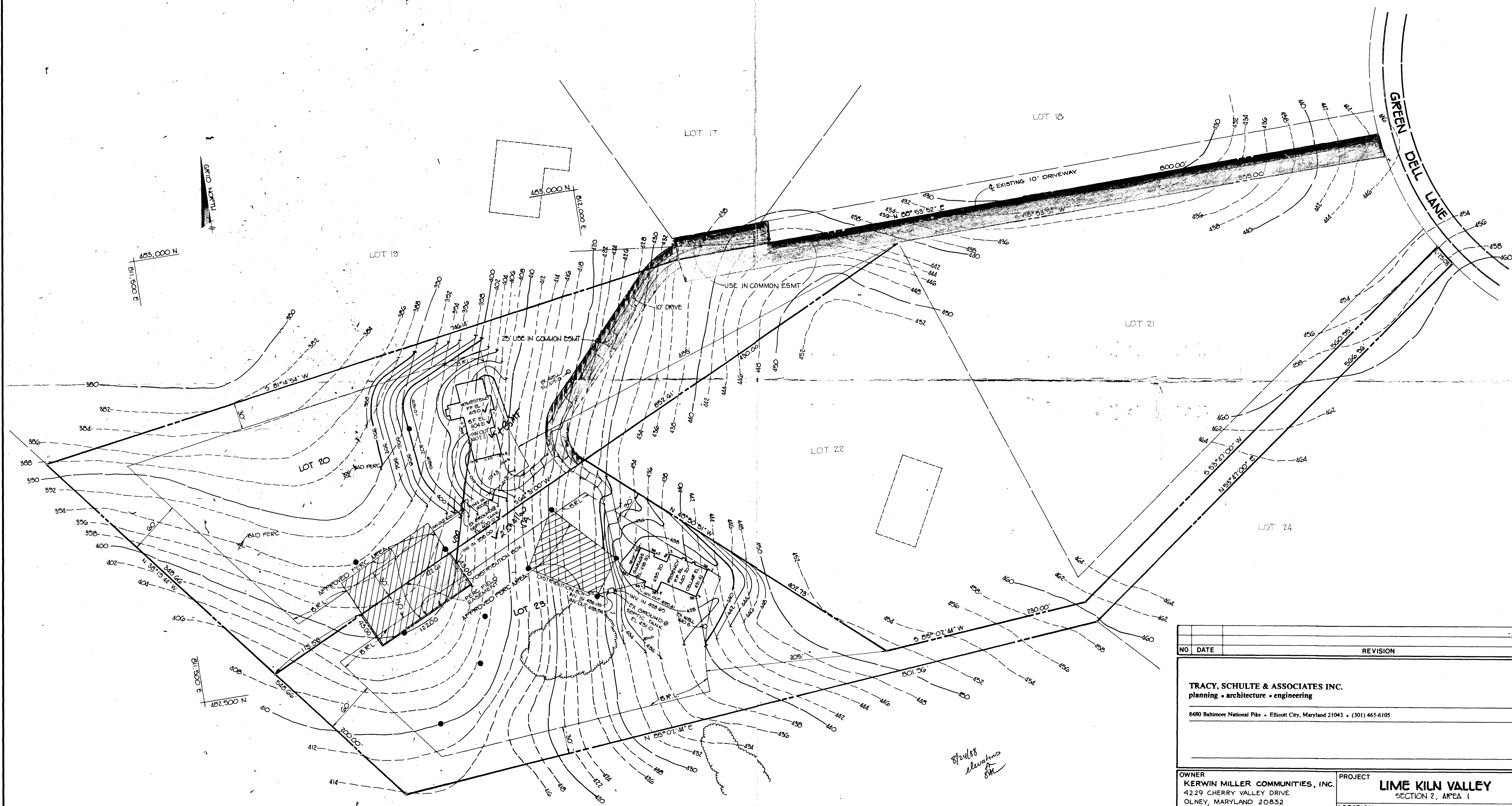
DRYWELL INSIDE DIAMETER                      FT. EFFECTIVE DEPTH BELOW INLET                      FT.

ABSORBENT AREA 4666 SQ. FT.

REMARKS 2/16/89 TRENCHES 0-1(2) READY FOR STONE; OK TO BACK-FILL HOUSE TO TANK MR 2-7-89 Must cement at tank outlet, OK to stone and cover trenches 1 to 3. JEN 2-8-89 septic tank ok. OK to stone & cover trenches 4 to 6 leaving 10 ft open on 5 & 6 for inlet inspection. OK to stone trench #7 and stone leaving 10 ft open to bottom. JEN 2-8-89 OK to cover all work JEN

DATE SYSTEM APPROVED 2-8-89 INSPECTOR James E. Nadeau

75  
35  
375  
275  
262  
  
NEED 488  
  
219  
237  
240  
225  
267  
263  
213  
1666



LOG. PERMIT SIGNED  
AND RETURNED 8/24/88  
BP 20557  
SM

NO	DATE	REVISION

**TRACY, SCHULTE & ASSOCIATES INC.**  
 planning • architecture • engineering  
 8480 Baltimore National Pike • Ellicott City, Maryland 21043 • (301) 465-6105

<b>OWNER</b> KERWIN MILLER COMMUNITIES, INC. 4229 CHERRY VALLEY DRIVE OLNEY, MARYLAND 20832 (301) 924-5944	<b>PROJECT</b> <b>LIME KILN VALLEY</b> SECTION 2, AREA 1
	<b>LOCATION</b> TAX MAP 40 PARCEL 116 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
<b>DEVELOPER</b> KERWIN MILLER COMMUNITIES, INC. 4229 CHERRY VALLEY DRIVE OLNEY, MARYLAND 20832 (301) 924-5944	<b>TITLE</b> LOTS 20 & 23 SITE DEVELOPMENT PLAN
	<b>DATE</b> JUNE 30, 1988 AUGUST 24, 1988
<b>DES</b> GJB	<b>DRN</b> KMN/JCA
<b>SCALE</b> 1"=50'	<b>DRAWING</b> 1 OF 1

# APPLICATION

PERCOLATION TESTING

A 35429  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 5/16/88

*5/16/88  
perc OK'd for  
creation of new  
area/repair pending  
approved plat*

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 Kevin Miller Communities

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

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

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

PROPERTY LOCATION:

SUBDIVISION LIME KILN VALLEY LOT NO 20

ROAD AND DESCRIPTION 7652 Greendell Ca.

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 \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING for all hole locations, possible perc field design/assessmt, designated repair area + house sds

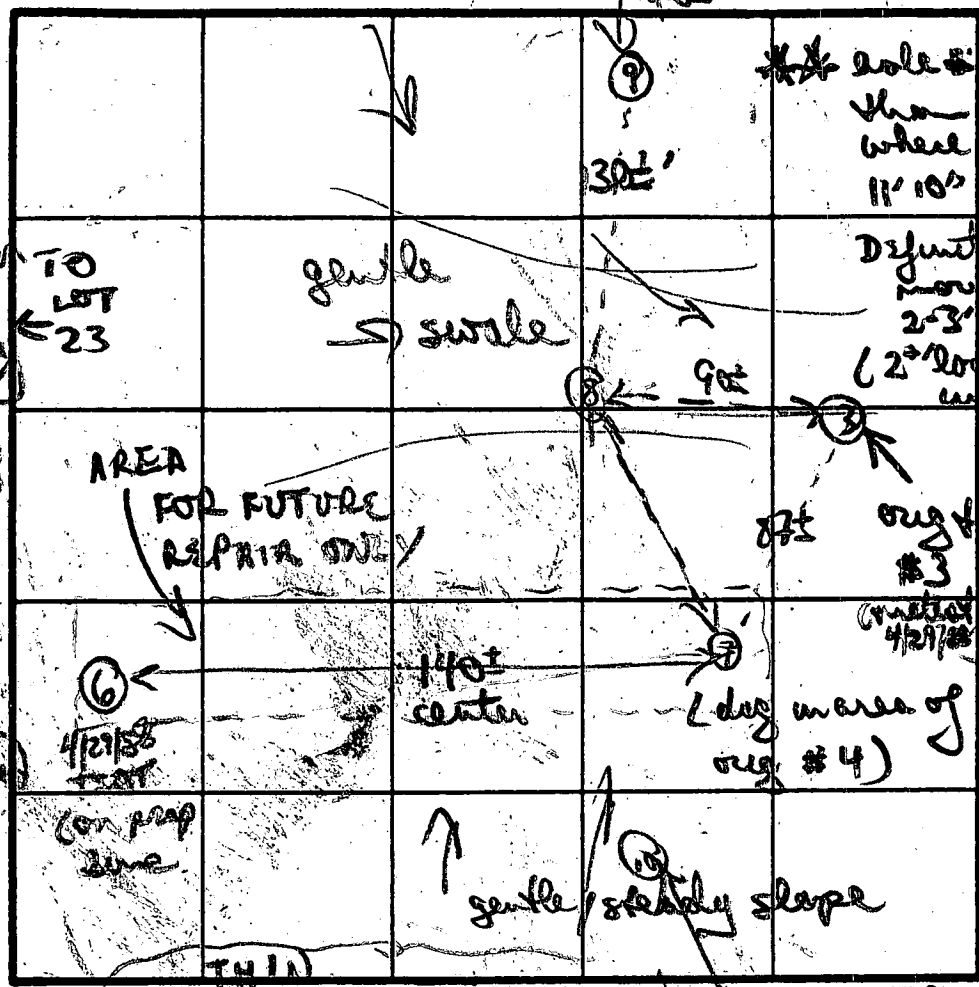
HD-216

# THIS IS NOT A PERMIT

WOODS LINE

7  
SOIL PROFILE

yellow/brown w/ patchy purple clay (heavy 4")  
yellow/gummy clay/clay loam 7"  
to purple orange silty loam (w/ few spherules) frags



hole #8 1' higher than aug #3 wheel hole seen 11' 10" on 4/21/38  
Defunct dump soils now 2-3' (2" lower in elevation)  
2-3' (2" lower in elevation)

yellow patchy purple clay 4 1/2 - 5'  
clay loam 7 1/2'  
to mostly purple silty loam 8'

heavy red/brown clay patchy gravelly soils 5-5 1/2'

gradually to gummy clay loam 7"

to mostly orange/purple silty loam 12'

signs of 15' mottled soils

DATE	TEST NO.	DEPTH	PRE-WET		TEST - DROP		TIME
			START	STOP	START	STOP	
5/16/38	7	4' S	1145	1226	1226	1240	3 way post 12:40 R/D
		8' M	1144	1153	1153	1224	23 min
		12' D	bottom (see profile)				
	8	4' S	1149	1219	1219		pulled peg (slow moving)
		8' M	1152	1201	1201	1230	29 min
		12' D	bottom (see profile)				just starting to feel damp
	NO	17' D	look bottom deeper				
	TRICKLINE INLET AFTER 15 MIN		definitely damp 15' but back of 13' yellow silty/gummy loam				(probably not thick)
	9	VISUAL ONLY	(OR soils 6' (road 8' )				

REMARKS

TYPE OF SOIL

TESTED BY

Area near 6 was best. Initial signs of probable mottled soils on 28 should go there. Soils between 6 & 7 should be used as repair area only unless more area higher up (towards house) is available

B Nylon

ALSO PRESENT

Bell Miller, Doug S

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35429

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE April 3, 1985

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO. 2120

ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road

SIZE OF LOT 4.370 Ac TYPE BLDG. N/A  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel FOR Deep trenches DATE 8-24-88

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

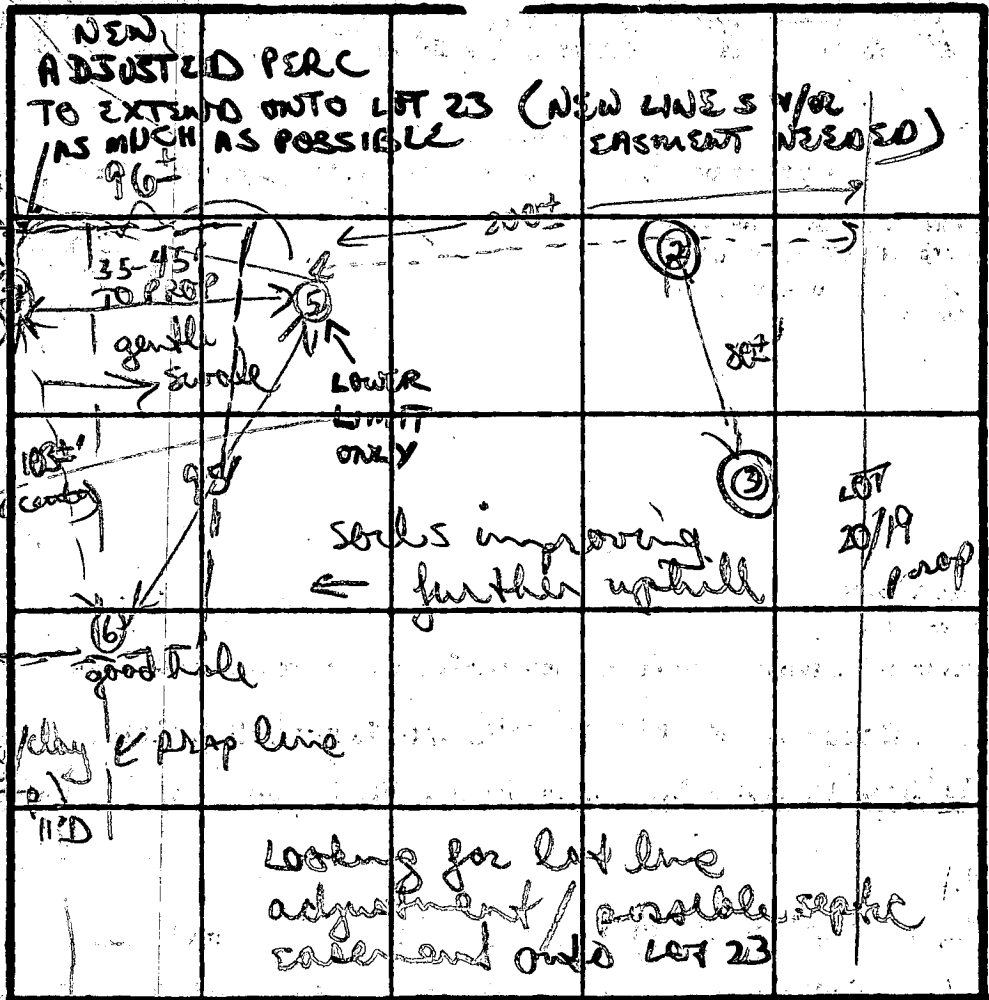
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5/15/85 PERC OK HOLD FOR PART R/H

THIS PERMIT SIGNED  
AND RETURNED 8/24/88

BP 20557  
SA

# THIS IS NOT A PERMIT



Brown/yellow clay (heavy) 3 1/2 - 4'

to orange yellow silty gritty clay mix

to purple silty clay

to brown (darker)

H<sub>2</sub>O 11'10"

12' D

5

Brown/red orange checker clay (15% clay rock frags) 5 1/2'

to orange/brown clay gritty clay w/ few scattered frags 8'

gradually to silty clay

13' D

2

yellow/red checker gravelly chunky clay = 6'

gradually to a red granular gritty clay sand mix w/ few scattered small rock frags

12' D

7 - INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/29/89	RETEST 3	4' S	1215	1245	= 1/2" MOVEMENT		STOPPED 1252	
		7' M	DID NOT TEST (probably fail)					
		11'10"	H <sub>2</sub> O AT BOTTOM					
	RETEST 2	4' S	1238	120	= 1/2 - 3/4" MOVEMENT		STOPPED	
		6 1/2' M	1252	1243	1243	105	22 min	
		12' D	bottom (see profile)					
	5	4 1/2' S	202	234	1/2 - 3/4" MOVEMENT		STOPPED	
		8' M	157	235	1/2" MOVEMENT		STOPPED	
		13 1/2' D	bottom (see profile)					
	C	4 1/2' S	209	215	215	227	12 min	
		12' D	bottom					

REMARKS: 2 holes dug next to our test holes; others on 20/23.

TYPE OF SOIL: medium to heavy clays, clay silty loam, H<sub>2</sub>O in lowest hole; holes dug on 20/23 and 23 only acceptable area

TESTED BY: B. NIXON

ALSO PRESENT: Dore S. / B Miller

EH-12-1079

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 478 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 992-2330

A 35429

P \_\_\_\_\_

DISTRICT 5th

DATE April 3, 1985

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO 21

ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road

SIZE OF LOT 4.370 Ac TYPE BLDG N/A  
(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.

(SIGNATURE OF APPLICANT)

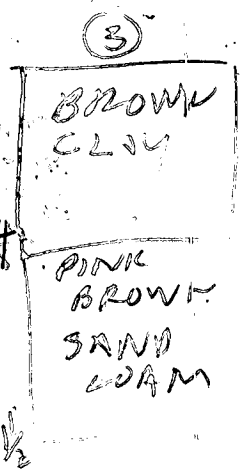
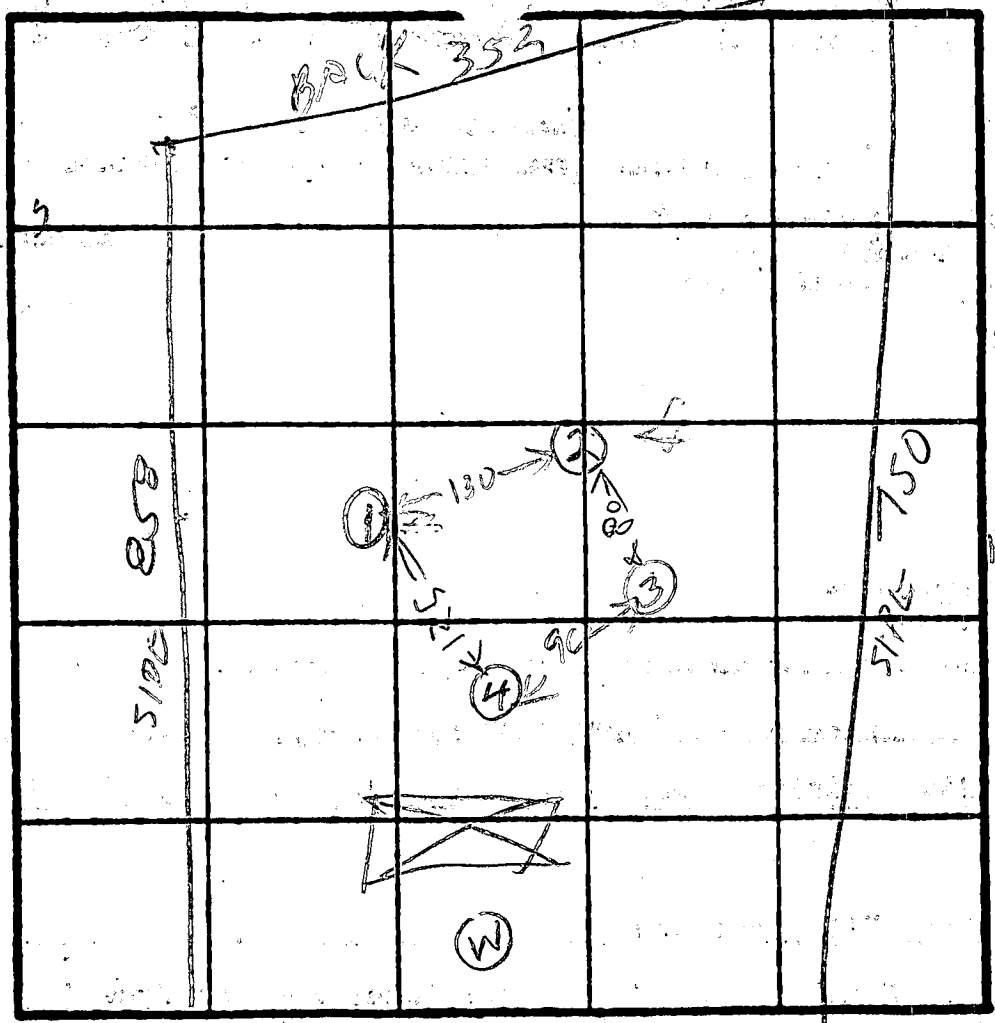
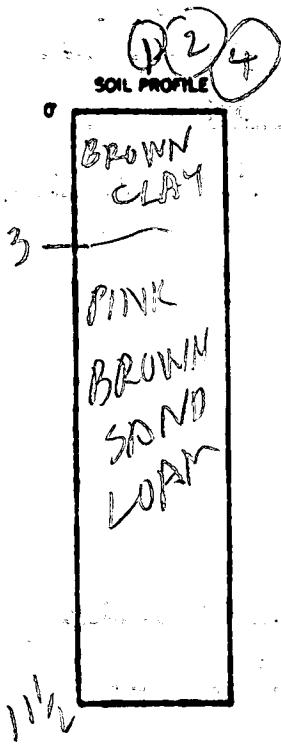
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

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

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE ELEVATION

3/4 = LOW

1/2 = HIGH

SURVEYOR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/15/82	1S 1V	3 1/2 11 1/2	1040 LOOKS	1044 OK	1043 OK	1047	4
	2S 2V	3 1/2 11	1048 LOOKS	1050 OK	1050 OK	1052	2
	3S 3V	4 1/2 11 1/2	1053 LOOKS	1103 OK	1103 OK	1102	5
	4S 4V	3 1/2 11 1/2	1059 LOOKS	1107 OK	1107 OK	1113	6

X = 5 min

INLET 3'

BOTTOM 7.5'

AREA VOID

5/16/82

REMARKS SEE PLAT HOLES DUG PER SURVEYOR PLAT

TYPE OF SOIL

TESTED BY B. HODGES

PERFORMED BY R. HATHFIELD SECURITY DEVEL

ALSO PRESENT

2/17/89  
AM

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement

Receipt # 4623/10  
Date 8/1/88

Name of Installer R. A. KELLY

Telephone 924 2801

License Number 10757 MD

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner KEVIN MILLER COMMUNITIES Telephone 924-5944

Subdivision LIME KILN VALLEY Lot # 20 Well Tag # HO-81-2681

Site Address T652 GREEN DELL LA, HIGHLAND MD 20777

Pump

- 1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible
- 2. Make \_\_\_\_\_

Motor

- 1. Horsepower \_\_\_\_\_
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth \_\_\_\_\_

3. Model # \_\_\_\_\_

4. Capacity \_\_\_\_\_ 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

Tank

- 1. Capacity \_\_\_\_\_
- 2. Pressure relief valve?

Piping

- 1. Type \_\_\_\_\_
- 2. Size \_\_\_\_\_
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line \_\_\_\_\_

Well data

- 1. Depth 180 ft.
- 2. Yield 10 GPM
- 3. Static water level 42 ft.
- 4. Will water supply be disinfected by installer?

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: X Dave D'Acad.

Date: 8-3-88

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

HD-215 2/17/89 - WELL OK SPECTOR APPL 1088

B 1 **6452** SEQUENCE NO. (DP USE ONLY)  
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

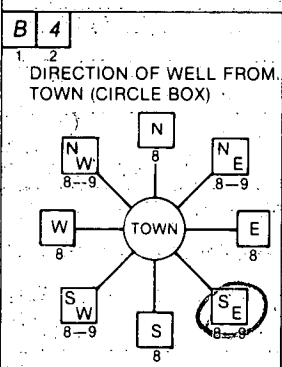
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-811-2681**  
 fill in this form completely

Date Received (APA) **041188**  
 OWNER INFORMATION  
**KERWIN MILLER** Owner  
**ROBAM** First Name  
**4229 CHERRY VALLEY D** Street or RFD  
**OLNEY** Town **MD 20872** Zip

LOCATION OF WELL  
**HOWARD** COUNTY  
**LIME KILN VALLEY** SUBDIVISION  
 SECTION **2** LOT **20**  
**HIGHLAND** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION  
**George F. Easterday** Driller's Name  
**L. Franklin Easterday, Inc.** Firm Name  
**9265 Brown Church Rd., Mt. Airy, Md. 21771** Address  
**George F. Easterday** Signature **3/28/88** Date  
**40** License No. 80



**GREEN DELL LN** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **2000** FT  
 ENTER FT or MI **F7**

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)

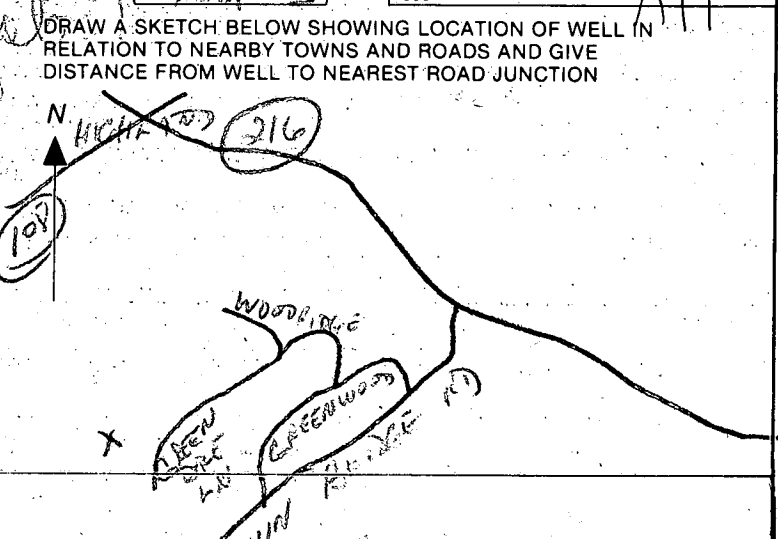
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A 35430** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **042188**  
**B Nylon** CO SIGNATURE **10/21/88** EXP. DATE  
 NORTH GRID **483000** EAST GRID **0812000**

APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH

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  
 5-4-88  
 12:20 PM  
 Still drilling well  
 No #20.  
 5/10/88 Well for  
 already been granted  
 R.H.

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  
 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 \_\_\_\_\_  
 FORCE **60** WRITE INITIALS IN BOX PERMIT No. **HO-811-2681**  
 SPECIAL CONDITIONS \_\_\_\_\_



C1 7765 (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 35430

DATE Received

DATE WELL COMPLETED 050488

Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2681

OWNER MILLER COMM. KERWIN STREET OR RFD GREEN DELL LANE TOWN HIGHLAND SUBDIVISION LIME KILN VALLEY SECTION 2 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. Rows include Top Soil, Red clay, Red shale, Br. mica, Blue mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

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

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 60 Total depth of main casing (nearest foot) 50

OTHER CASING (if used) diameter inch 20.5 depth (feet) from 8 to 15

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

DEPTH (nearest ft.) 180. Slot size 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 4.0

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 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.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 4.2 WHEN PUMPING 6.4 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) (A) above } LAND SURFACE (S) (nearest foot) (B) 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)

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 10.17.13 "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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

