

4/9/87
4/10/87
11 AM

4/10/87
partial well pump OK'D

4/10/87
septic OK'D

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 39030

A 35687

DISTRICT 3rd

DATE 4/6/87

DATE SYSTEM APPROVED 4/10/87

INSPECTOR (Signature)

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Gaither Farm ROAD 11048 Gaither Farm Road LOT 19

PROPERTY OWNER Richmond Koloski

ADDRESS _____

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

GARBAGE GRINDER? YES 2000 NO *changed to Garbage Grinder*

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4 (916 SQ FT FOR GARBAGE GRINDER)

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 100 feet from the front lot line and 130 feet from the right lot line as seen when facing the property from Gaither Farm Road. Run trench(s) along contour toward right side of property.

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

BLDG. PERMIT SIGNED _____

AND RETURNED 5/2/87

Serial #11615 - Prod.

PLANS APPROVED BY C. Williams DATE 8/04/86

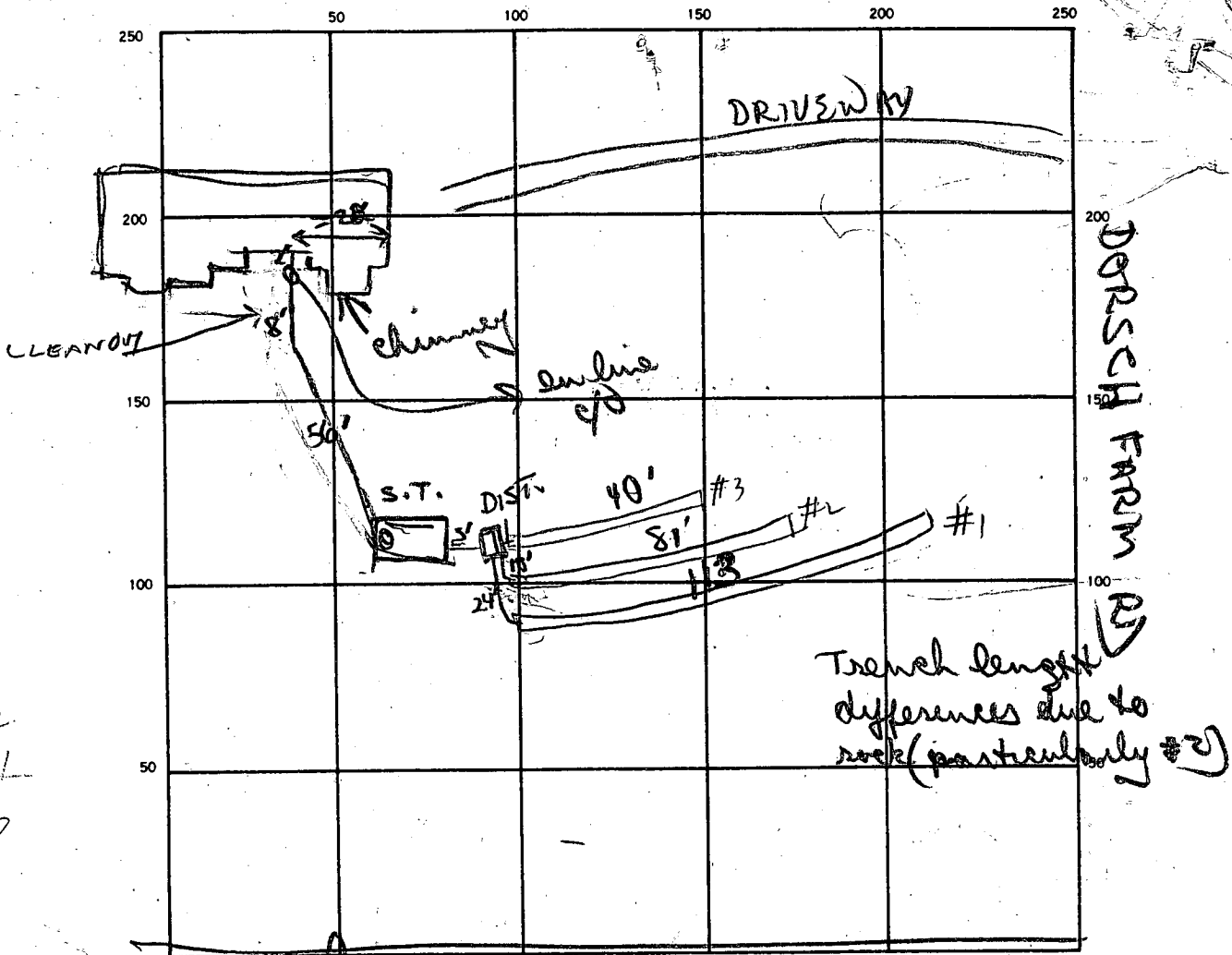
- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP 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 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

A35687



02
31
113

permit ✓ final GATHER FARM Rd

SEPTIC TANK. LEVEL 2000 gal CLEANOUTS S.T. 1 In line 113
4
452

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 8 8 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4' all 3 81
9
324

EFFECTIVE GRAVEL DEPTH 4 4 4 FT. TOTAL LENGTH 113 81 40 FT. 452
160
936

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 452' + 324 + 160 SQ. FT.

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

ABSORBENT AREA 936 SQ. FT.

113
121
144

REMARKS 4/9/87 - LOCATION OK LENGTHEN TRENCH #3 TOTAL
AREA REQUIRED FOR 4 BR. & GARBAGE GRINDER IS 916 SQ FT
A 112 STONE TO TRENCHES OK TO COVER 1ST 10 FT OF HOUSE SEWER
4/10/87 OK to paper all 3 trenches + cover OK to cover
line from house to tank + all other work.
4/10/87 well lines from house side OK to cover. Still need to see
(3 1/2' - 1 1/2' below grade)
DATE SYSTEM APPROVED 4/10/87 INSPECTOR D. Wilson

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35687

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3

DATE 4/20/85

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.

owner: Phillip Dorch
Purchaser: Richard Kocosi
PROPERTY OWNER Richard Kocosi
ADDRESS 1000 Equitable Bank Ct. Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION: 11048
SUBDIVISION Gaither Rd LOT NO. 20 NEW 19

ROAD AND DESCRIPTION Homewood Rd. and Rte. 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/27/85 - PERC OK HOLD FOR PLAT RH

BLDG. PERMIT SIGNED
AND RETURNED 9-18-86 S. Abel
BP # 72938

THIS IS NOT A PERMIT

Lot 19

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/19/85	6503	5' 9'	3:15 3:15	3:23 3:18	3:23 3:18	3:32 3:28	9 MIN 10 MIN
		↳ WATER AT 12.5'					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35687

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3

DATE 4/20/85

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:

Philip D. ...
Patrick ...

PROPERTY OWNER

ADDRESS 1770 Equitable Bank Ct
Columbia, MD 21144 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Rd LOT NO. 20

ROAD AND DESCRIPTION Homewood Rd and Rte. 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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.

Christine Richards
(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

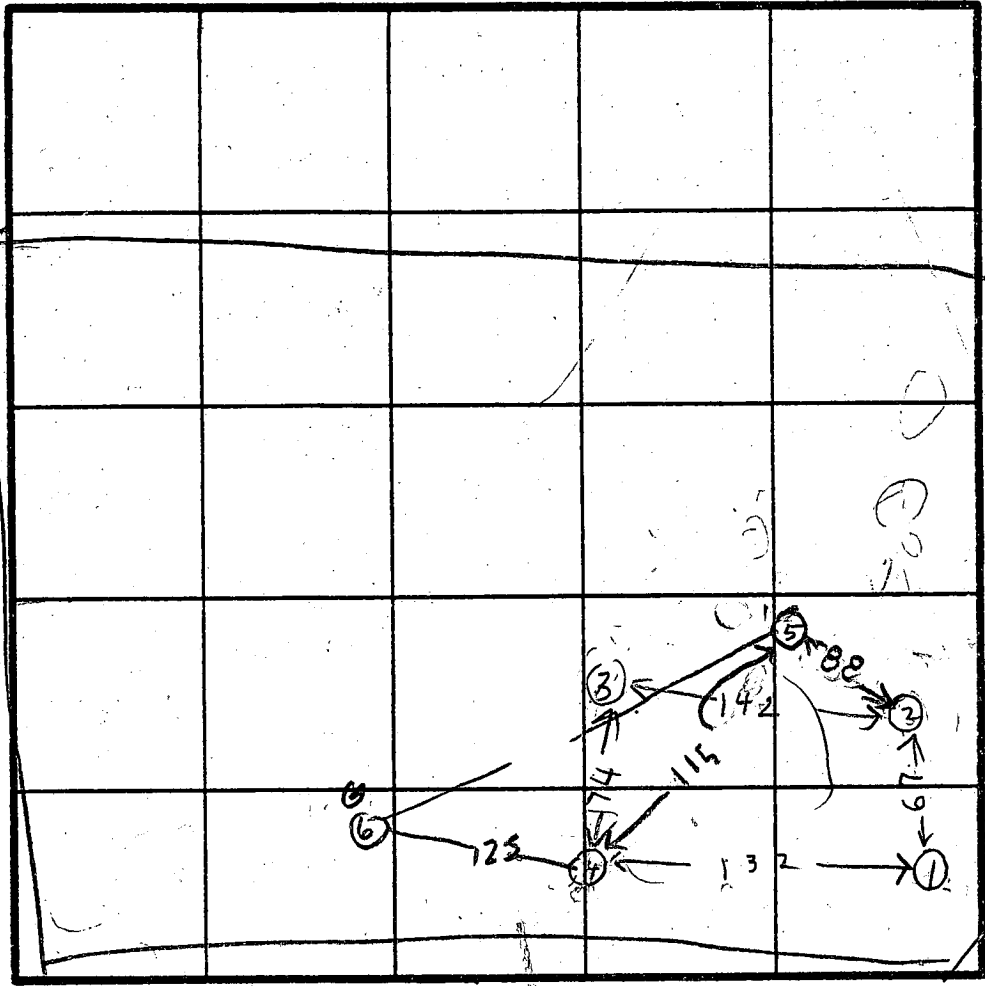
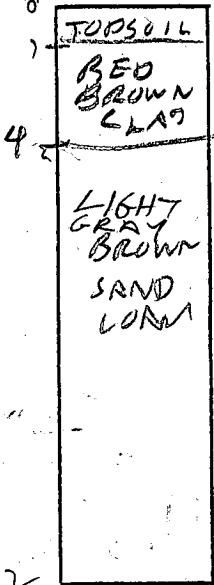
7/19

RH#	SURVEYOR LETTER
1	C
2	B
3	A
4	D
5	E

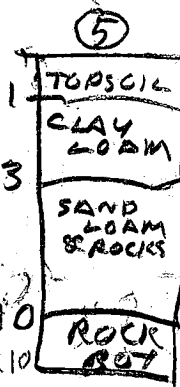
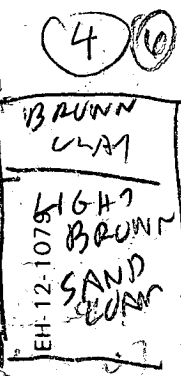
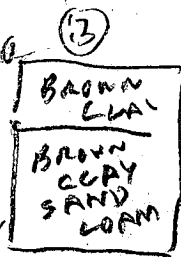
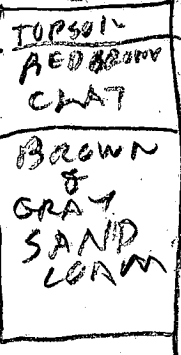
HOLE ELEV

- (2)(3) = HIGH
- (4) LOWEST
- (1) NEXT LOWEST

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/27/85	1D	10	1243	1244	1244	1245	1
	1S	5.5	1243	1245	1245	1252	7
	1V	12	LOOKS OK		OK		
	2D	9.5	1249	120	110	135	25
	2S	4	1249	200	LITTLE PER		1
	2V	12 1/2	LOOKS OK		BELOW 5FT		
	3D	9.5	100	130	130	200	LITTLE PER
	3S	4	100	127	127	200	LITTLE PER
	3V	9 1/2	LOOKS UNSAT		CLAY		
	4D	9.5	106	110	110	118	8
	4S	4	108	110	110	118	8
	4V	14	LOOKS OK		OK		
6/27/8	2M	6	246	247	247	249	1
	5S	4.5	330	332	332	345	13
	5D	8.5	330	338	338	349	11

REMARKS HOLES (2)(3) PER SURVEYOR HOLES (5) EXTRA

TYPE OF SOIL _____ DAVEY LONNIE R20 BACKHOE
J NADEAU

TESTED BY R. HODGES R. HODGES ALSO PRESENT _____

B 1 1079 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
 No-81-1501
 fill in this form completely

OWNER INFORMATION
 Date Received
 8 20 80 13
 15 Last Name: KOLICKO Owner: RICHARD L. 34
 36 Street or RFD: 11643 PINEVILLE ROAD 55
 57 Town: FORT WASHINGTON 70 State: PA 72 Zip: 19043 76

B 3 LOCATION OF WELL
 1 2
 8 COUNTY: HARVARD 21
 23 SUBDIVISION: CANTHER FARM 42
 SECTION: 44 46 LOT: 19 50
 52 NEAREST TOWN: FORT WASHINGTON CITY 71
 MILES FROM TOWN (enter 0 if in town): 2 73 76 77 78 MI

DRILLER INFORMATION
 Driller's Name: Joseph L. Winger 77 License No. 80: 298
 Firm Name: Joseph L. Winger Well Drilling
 Address: 5512 Pineville Rd. Ft. W. Pa. 19043
 Signature: [Signature] Date: 5/13/86

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX): [Map showing W, SW, S, SE, E, NE, N, NW directions with 'W' and 'SW' circled]
 11 NEAR WHAT ROAD: Cantner Farm Road 30
 CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): [Map showing N, S, E, W directions with 'S' circled]
 34 37 DISTANCE FROM ROAD: 2 AC 37
 ENTER FT or MI: FT 38 39

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.): 4 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 570 14 20

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)

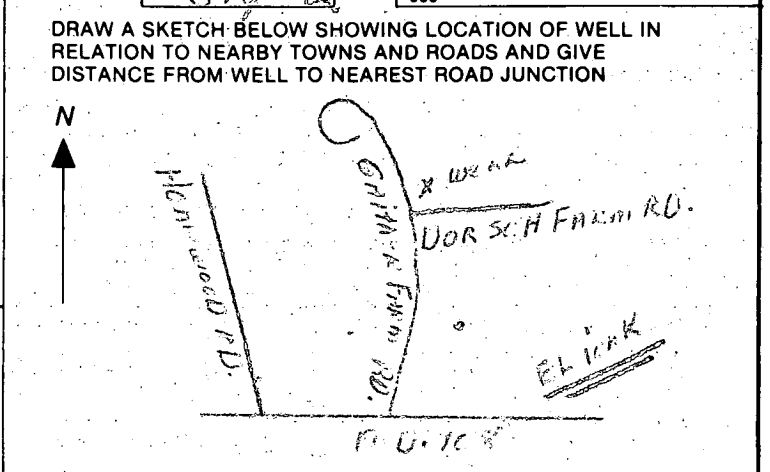
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: HARVARD COUNTY NO.: A-25687
 OEP SIGNATURE: [Signature] STATE HEALTH INSERT S: []
 DATE ISSUED: 052786 COSIGNATURE: R. Nelson EXP. DATE: 112786
 NORTH GRID: 512000 EAST GRID: 0229000

APPROXIMATE DEPTH OF WELL: 200 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: 82d 9
 N: 51d 2
 000 000

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): _____ 41 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: _____ 54 63
 FORCE: [Signature] WRITE INITIALS IN BOX PERMIT No.: No-81-1501
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

6/10/86

done prior
to
arrival

- 23' casing
- 20' open hole
- 5 bags cement
- ~~no~~ H₂O sample taken
H9739

C1 00548

SEQUENCE NO.: (OEP USE ONLY)

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

A-35687

DATE RECEIVED

8 13

DATE WELL COMPLETED

06 10 86

Depth of Well

22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-81-1501

OWNER: KOLOSKI RICHARD; STREET OR RFD: GATHER FARM RD; TOWN: ELLICOTT CITY; SUBDIVISION: GATHER FARM; SECTION: ; LOT: 19

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. Includes entries for SAND Stone and CORNY Granite.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC NO. OF BAGS 5 NO. OF POUNDS 470 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

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

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

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 PLASTIC OTHER

Table for SCREEN RECORD with columns for DEPTH (nearest ft.) and rows for EACH SCREEN.

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238; DRILLERS SIGNATURE: [Signature]

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

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

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

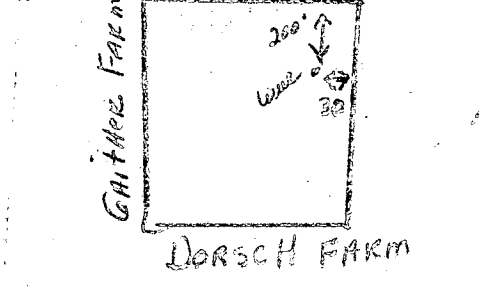
PUMPING TEST

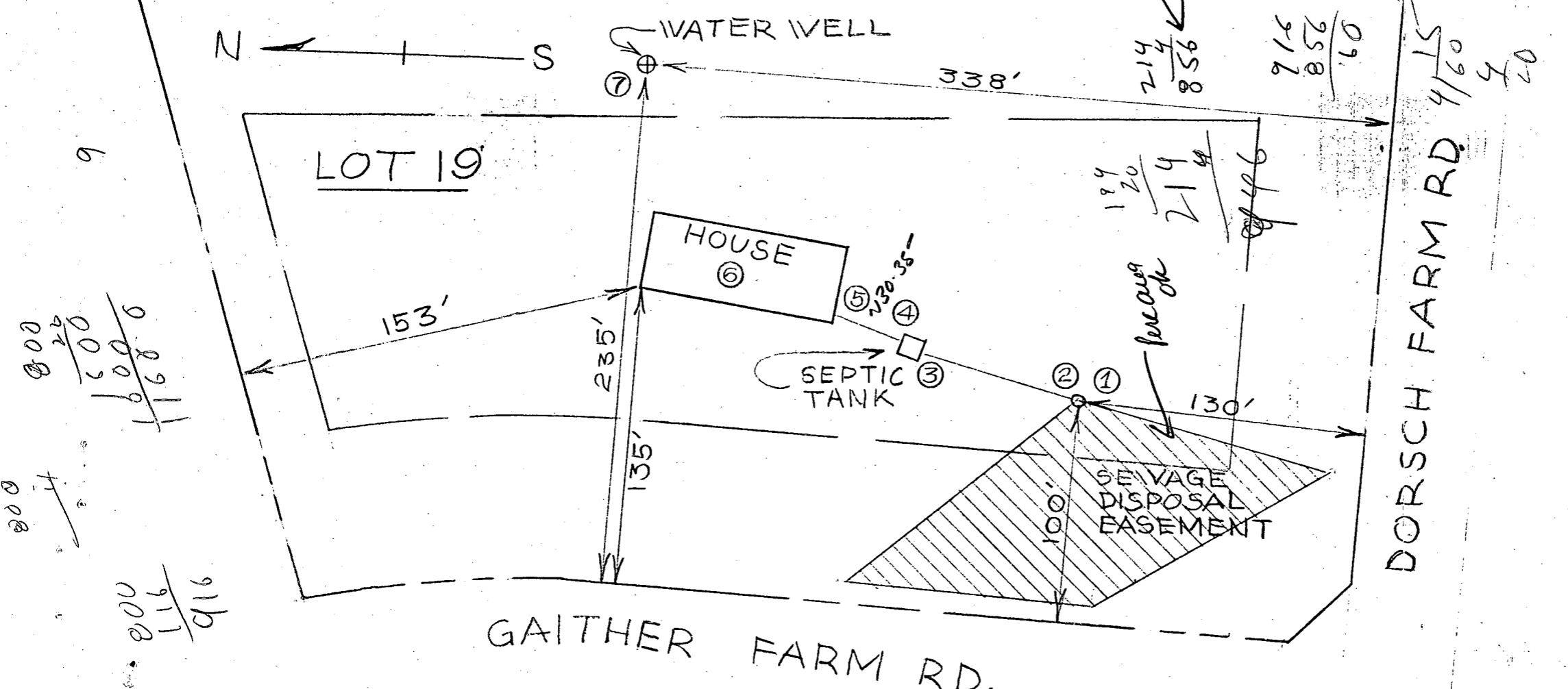
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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)





000
20
500
16000

000

000
116
916

214
856
970

DORSCH FARM RD 4/15
4/20

- ① ELEVATION AT DISTRIBUTION BOX (100') (INVERT ELEV.) ✓
- ② ORIGINAL ELEV. AT TIME OF PERC. TEST (104') ✓
- ③ INVERT ELEV. (OUT OF) SEPTIC TANK (101.75') ✓
- ④ INVERT ELEV. (INTO) SEPTIC TANK (102') ✓
- ⑤ INVERT ELEV. (OUT OF) HOUSE (102.5') ✓
- ⑥ 1ST FLOOR ELEV. (112.5') ✓ BASEMENT ELEV. (103.5') ✓
- ⑦ WATER WELL EXIST. ELEV. (116') ✓

BLDG. PERMIT SIGNED AND RETURNED 9-18-86 S. Muel

BP # 72938

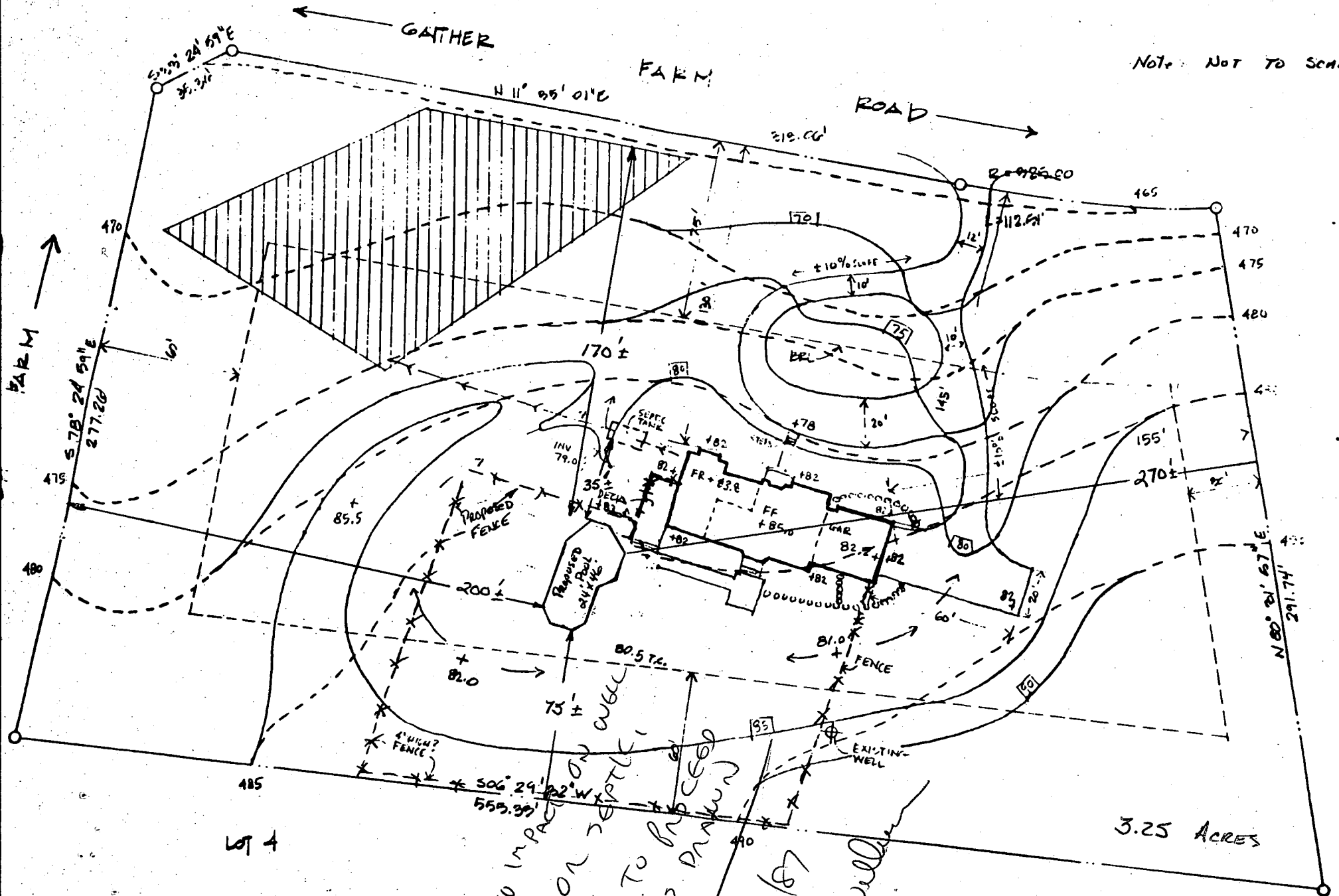
4'-8"
200 #1 BR
200 LF OF TRENCH
REQUIRED.

194

229
4916
81-9931

KOLOSKI RESILIENCE

NOT TO SCALE



LOT 4

3.25 ACRES

LOT 5

NO IMPACT ON WELL
 OK TO PROCEED
 AS DRAWN

5/8/87
 C. Waller

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

GVC Builders

RICHARD KOLOSKI

(Name)

11673 Innerside Rd.

Ellicott City MD. 21043

(Address)

Lot 19 Gaithers Farm

HO 81 1501

(OEP Well Permit Number)

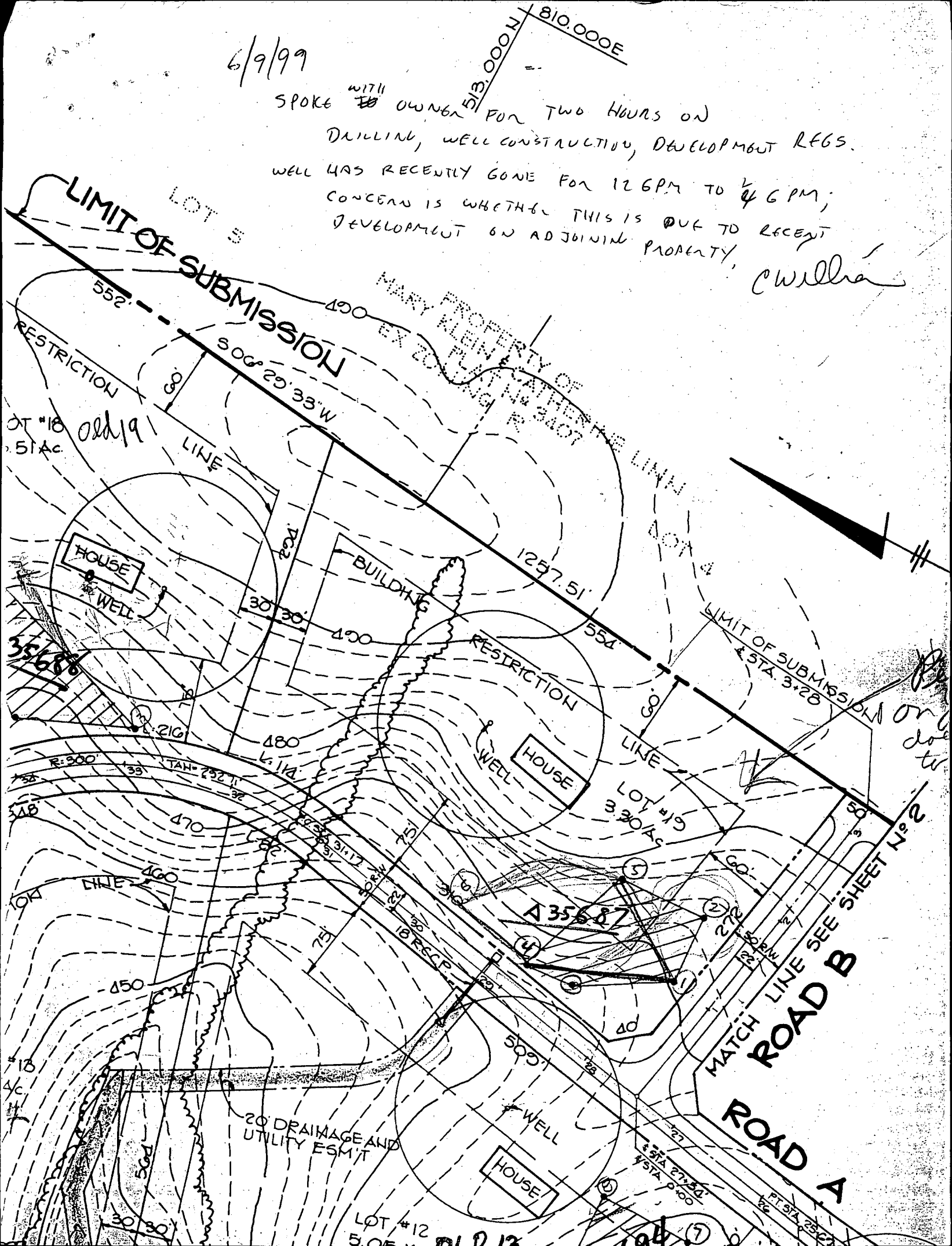
5/13/86

(Date)

6/9/99

with ~~to~~ OWNER FOR TWO HOURS ON
DRILLING, WELL CONSTRUCTION, DEVELOPMENT REGS.
WELL HAS RECENTLY GONE FOR 12 6PM TO 4 6 PM;
CONCERN IS WHETHER THIS IS DUE TO RECENT
DEVELOPMENT ON ADJOINING PROPERTY,

C. Williams



1989 JUN 22 AM 11:09

Drilled deeper in
existing well

No-81-1501 6/10/86

Understand you were looking for this file
any if you have? see log,
thanks

**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 **A-35687**

SEQUENCE NO. (OEP USE ONLY)
NOT TO BE PUNCHED IN ALL CARDS

DATE WELL COMPLETED **06 10 86**

Depth of Well **185**
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-81-1501

OWNER **ROLOSKI RICHARD**
STREET OR RD. **GATHER FARM RD**
SUBDIVISION **GATHER FARM** SECTION _____ TOWN **ELICOTT CITY** LOT **19**

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	
SAND Stone	0	15	
CORRY Granite	15	185	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **5** NO. OF POUNDS **470**
GALLONS OF WATER **30**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft to **20** ft
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **23**

OTHER CASING (if used)
EACH CASING 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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	from	to
1	HO	22
2		
3		

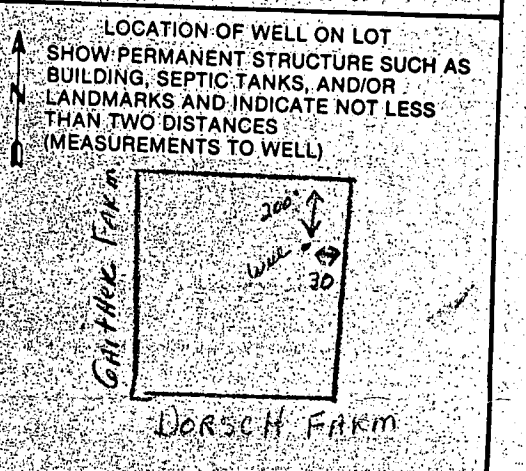
SLOT SIZE 1 2 3
DIAMETER OF SCREEN _____ (NEAREST INCH)

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 O
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.) **12**
METHOD USED TO MEASURE PUMPING RATE **bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **26**
WHEN PUMPING **45**
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 or NO) **YES**
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: **7** (nearest foot) }
- below }



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. **238**
Richard T. Wayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DRILLER