

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-392624

ELLICOTT CITY
DISTRICT 5th

INDEXED

DATE 9/20/85

APPROVED 1st
10/25/85
RH

36015
A 31565

Bilbar IS PERMITTED TO INSTALL ALTER

ADDRESS 802 Suburbia Road, Reisterstown, MD 21136 PHONE 833-9506

SUBDIVISION LaTsla ROAD 6602 Corina Court LOT 1

PROPERTY OWNER Nicolas E. Klopp

ADDRESS _____

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

GARBAGE GRINDER? YES NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5
(with garbage grinder)

TRENCHES - 168 sq. ft. per bedroom. If Garbage Grindar is used, then 203 sq. ft. per bed-
room. 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 first trench 100 feet from the
left lot line and 100 feet from the back lot line as seen when facing the property from
Corina Court. Run trench(s) along level ground toward back of property. Additional
trenches to run parallel to first and at least 10 further down hill. NOTE: No trench
to exceed 100 feet in length. If more than one trench used, a distribution box is re-
quired. Call for inspection of trench(s) before and after gravel is installed. Provide
6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 10/14/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31565

10/25/85
23015
31565 or similar
noon

SUBDIVISION: CA TSCA

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES IF DISP THEN 203/BDRMS

168 sq. ft./bedroom

Trench to be 2 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.

193

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START FIRST TRENCH 100' FROM THE LEFT LOT LINE AND 100' FROM THE BACK LOT LINE AS SEEN WHEN FACING THE PROPERTY FROM CORINA COURT. RUN TRENCH(S) ALONG LEVEL GROUND TOWARD BACK OF PROPERTY. ADDITIONAL TRENCHES TO RUN PARALLEL TO FIRST AND AT LEAST 10' FURTHER DOWN HILL.

10-14-83 C. Wallan

filed

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31565

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 8/14/81

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 Francisco Guzman *ART BDR'S.* Applicant: Greenhorne & O'Mara, Inc.
6715 Kenilworth Avenue, Riverdale, MD
John Sakai 277-2121 x 177 20840

ADDRESS 10959 Swansfield Road, Columbia, MD 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION La Isla LOT NO. 1

ROAD AND DESCRIPTION Cedar Lane 1,000 Ft. North of Intersection W/Rte. 32

6602 CORINA CT.

SIZE OF LOT 3+ acre TYPE BLDG. Single Family Dwelling
4 bedrooms
(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 8/14/81 (?) on existing house well & septic to be drilled before approval & back page comments.
B.P.# 61687
C.B.D.

REC'D. PERMIT SIGNED
AND RETURNED 11-13-81

THIS IS NOT A PERMIT

Prel.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

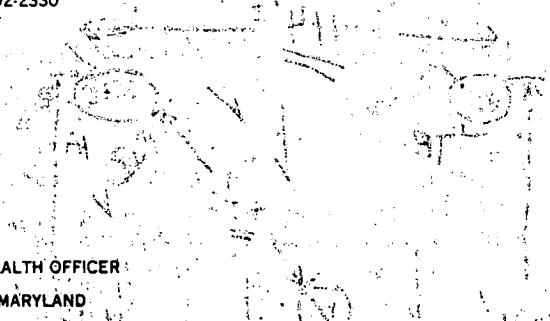
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 31565

P _____

DISTRICT 5th

DATE 8/14/81



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ELLICOTT CITY, MARYLAND

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(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

1

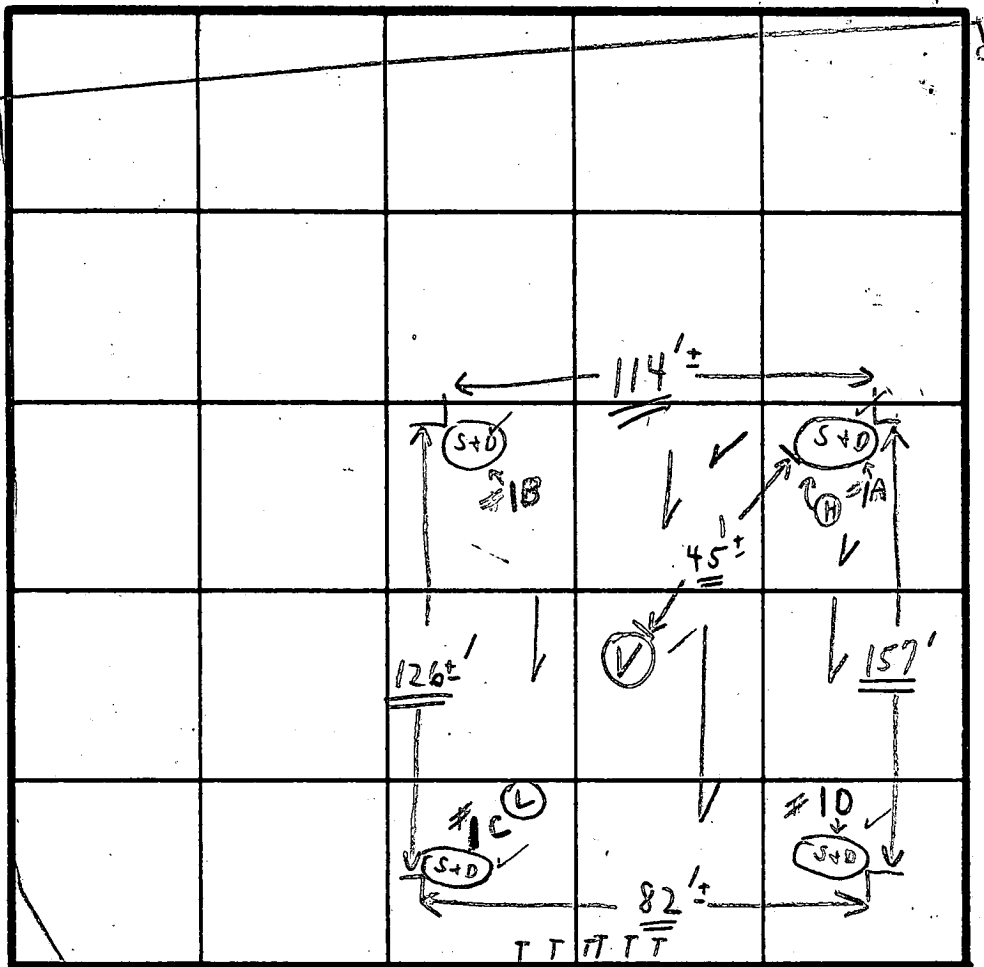
SOIL PROFILE

SEE EACH HOLE BELOW



FIELD SHEET TESTS PER STAKE

PROPOSED ROAD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CEDRAR LANE

WATER OF RECORD

July 4'

Recommended Trenches 4'-8' effective below 6' bldg. SOME SMALL QUARTZ STONE

SOIL PROFILE	DATE	TEST NO.	WRITE DEPTH	PRE-WET BRICK		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1' - 2' CLAY 1/2 SANDY MICA 2 1/2' LOAM TO 13'	8/18/21	1 C S	2 1/2'	12:58	12:59	12:59	1:01	2 min
		(L) D	7 1/2'	1:04	1:06	1:06	1:08	2 min
1' - 3 1/2' CLAY 3 1/2' MICA LOAM 8 1/2'		1 D S	3 1/2'	1:29	1:32	1:32	1:39	7 min
		D	8' - 4"	; SIMILAR TO 3 1/2' MORE LOAM				
1' - 4 1/2' CLAY 4' - MICA LOAM 8'		1 A S	4'	1:51	1:53	1:53	1:56	3 min
		(H) D	'	; DUG TO 12'				
1' - 4' CLAY 4' - MICA LOAM 12 1/2'		1 B S	4' ±	2:25	2:29	2:29	2:42	13 min
		D	9' 9"	2:33	2:34	2:34	2:36	2 min
		V	12'	Visual		1' - 4' CLAY 2-12' MICA LOAM		5 min avg.

5 1/2' - 6' ±
SOME MICA + SAND SCHIST STONE FRAGMENTS

@ 7 1/2' - 9' SAME AS 1A

HOLD FOR: (3) WATER WELL SITE

(1) CERTIFIED HOLES (2) HOUSE SITE GREENHORNE

JOHN OF OMARA P. BRADFORD & ASST.

REMARKS

[TESTS IN HIGH GRASS 5 1/2' ±]

TYPE OF SOIL

TESTED BY

C.B. &

ALSO PRESENT

EH-12-1079

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Box 476

ELlicott city, MD 21043

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.)

NICOLAS E. KLOPP (301) 490 2855

(Name)

9745 EARLY SPRING WAY
COWMANS, MD. 21046

(Address)

H0-81-0745

(OEP Well Permit Number)

SEPT. 21 '84

(Date)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H9777 Name: Narciso Kluff County: Howard

Source of Sample: La Isla Lot 1 Street: _____ Town or City: _____ Collector: Stayer

Sample Type (Circle): Community Source Non-Community Distribution **Private MCL** Emergency Recheck Routine

Remarks: 1-10 81-0745

County: 13 Plant No: Sampling Station: Date Collected: 102584 Time: 1045 A Acid: Iced:

Field Data: pH*: Chlorine Residual: Free: Total: Specific Conductance:

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011		Arsenic	253	
Alkalinity (Total)	040		Barium	262	
Alkalinity (HCO ₃)	050		Cadmium	273	
Alkalinity (CO ₃)	060		Chromium	283	
pH*, Ca CO ₃ SAT.	071		Lead	302	
Alkalinity, Ca CO ₃ SAT	080		Mercury	314	
Hardness	110		Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	6.7	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091		Iron	122	
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

B 1 **2921** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

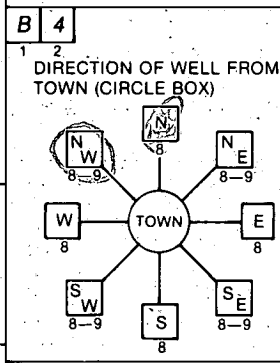
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0745
 fill in this form completely

Date Received **10/25/84 9:30 AM**
 OWNER INFORMATION
092782
KLOFF **NICOLAS**
 Last Name Owner First Name
9745 EARLY SPRING WAY
 Street or RFD
COLUMBIA **MDS1046**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
LA ISLA SUBDIVISION
 SECTION **A** LOT **1**
SIMPSONVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1/2** M I

DRILLER INFORMATION
Joseph C. Wayne
 Driller's Name License No. **238**
Joseph C. Wayne
 Firm Name
5515 Ridge Rd. Mt Airy, Md.
 Address
Joseph C. Wayne 9/24/84
 Signature Date



Corina Court NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD **20** FT
 ENTER FT or MI **FT**

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)
 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 COUNTY NO. **A 31565**
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **100284** CO SIGNATURE **J. Stayer** EXP. DATE **4/2/85**
 NORTH GRID **4930000** EAST GRID **0830000**

APPROXIMATE DEPTH OF WELL **260** FEET

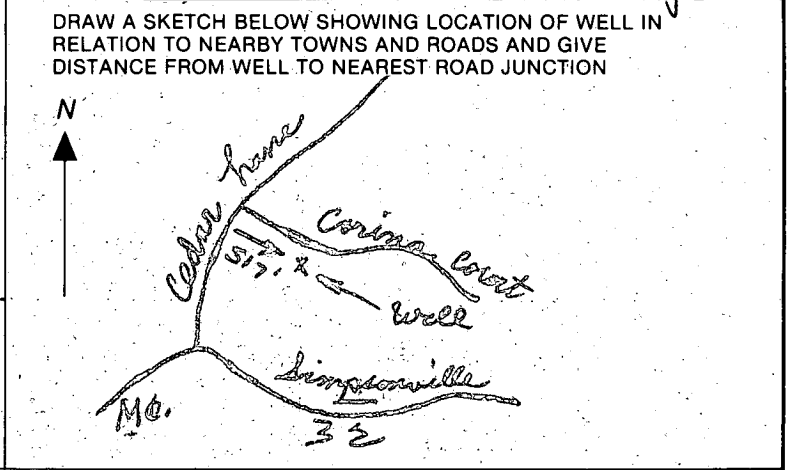
APPROXIMATE DIAMETER OF WELL **6** INCH. NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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 **Tag # papers given to Wayne crew**

 000 10/25/84 JS

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
 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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **45** INITIALS **JS** PERMIT NO. **40-81-0745**

SPECIAL CONDITIONS

C1 **2922**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 31565**

DATE Received
092484

DATE WELL COMPLETED
102589

Depth of Well
265
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-81-0745

OWNER **KLOFF E. NICOLAS**
 STREET OR RFD last name **CORINA** first name **CT.** TOWN **SIMPSONVILLE**
 SUBDIVISION **LA ISLA** SECTION **A** LOT **1**

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	
BROWN SHALE	0	42	
SAND	42	64	
GRAY mica Rock	64	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1034**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** 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** **6** **69**
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (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
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 **H0** **69** **265**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

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**
 DRILLERS SIGNATURE *Joseph L. Mayne*
 (MUST MATCH SIGNATURE ON APPLICATION)

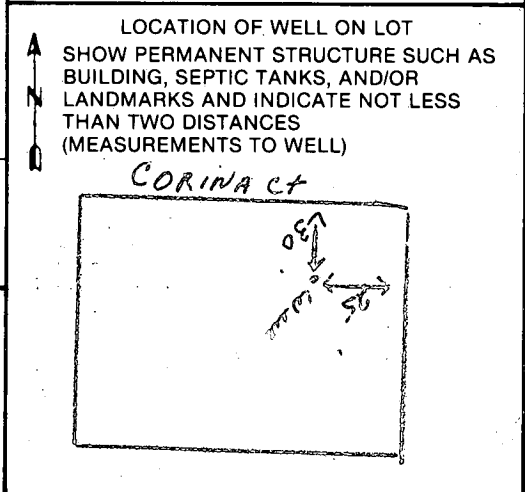
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

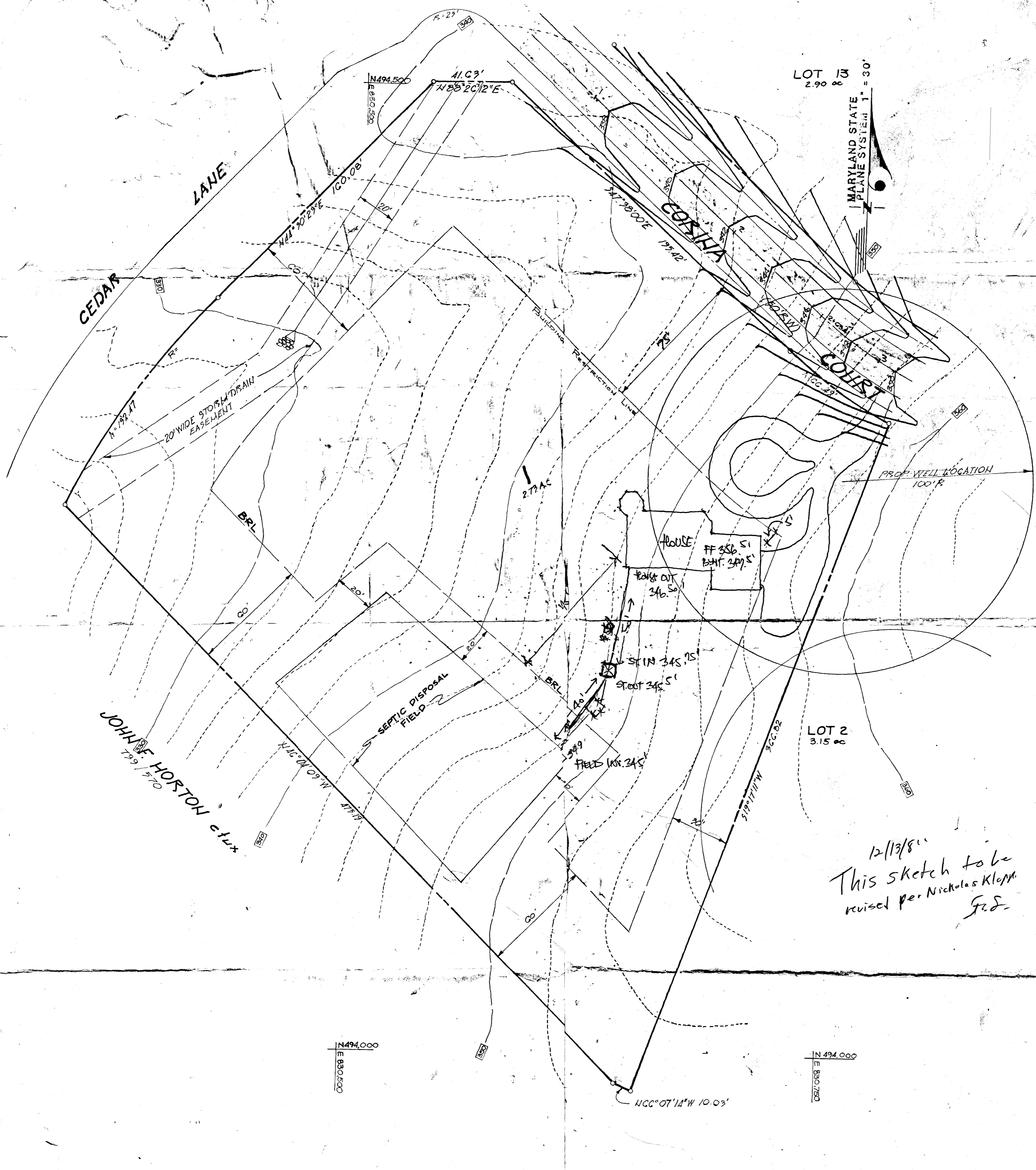
GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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.) **4**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 WHEN PUMPING **102**
 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 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)





12/13/81
 This sketch to be
 revised per Nicholas Klopff.
 J.S.

No.	REVISION	DATE	BY



GREENHORNE & O'MARA, INC.
 ENGINEERS • ARCHITECTS • PLANNERS • SURVEYORS
 2 RESEARCH PLACE
 ROCKVILLE, MD.
 (301) 948 - 0900
 20850
 GREENBELT, MD • ANNAPOLIS, MD • FAIRFAX, VA • NO. HUNTINGDON, PA

November 16, 1984

Mr. Nicholas Klopp
9745 Early Spring Way
Columbia, Maryland 21046

RE: Property - La Isla S/D - Lot 1
Corina Court

Dear Mr. Klopp:

This is to advise that the well for the above referenced property was constructed in accordance with the well construction regulations (COMAR 10.17.13).

The well grouting and yield testing procedures were approved on October 25, 1984.

If you have any further questions, please call me at 461-9933.

Very truly yours,

Fred Frommelt, Director
Plan Review

FF/jr

W E L L P U M P I N S P E C T I O N

Owner's Name: ART BUILDERS
Address: 9745 EARLY SPRING WAY
Col Md

Location of Property:
6602 Corning Court
Col Md

Well Tag Number:

Plumber or Certified Pump Installer:
Crose P+H Inc

Phone Number: 997-4164

License Number: 2356

Receipt Number:
35253

Date:
4/8/85

Comments:

Inspection:

Date Well Pump Inspection was approved:

Inspector:

C1 9491 (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-31566

DATE RECEIVED DATE WELL COMPLETED 02/1/85

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-0854

OWNER KLOPP last name NICHOLAS first name STREET OR RFD CORINA COURT TOWN SIMPSONVILLE SUBDIVISION LA ISLA SECTION A LOT 2

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Includes handwritten entries: BROWN SHALE 0-20, SAND 20-51, GRAYMICA Rock 51-165, DRY WELL 325, Filled in with cement + DRILLING materials.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 14, NO. OF POUNDS 1316.

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

MAIN CASING: Nominal diameter top (main) casing of main casing (nearest inch) 6, Total depth of main casing (nearest foot) 56.

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

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

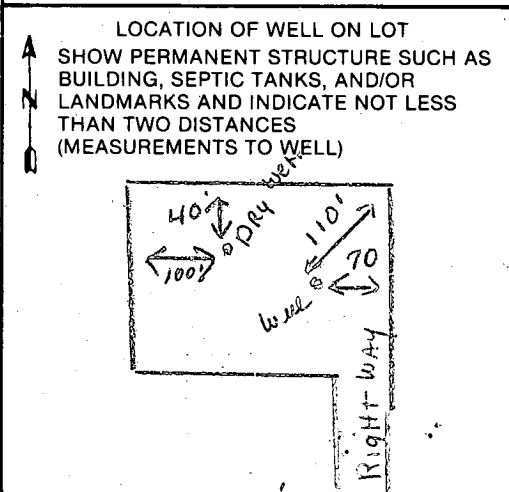
SCREEN DEPTH (nearest ft.): 40, 54, 165. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) 56.

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (TELESCOPE CASING), LOG INDICATOR, WQ (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 45, WHEN PUMPING 45, 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: S (submersible). 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).



CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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. 238, DRILLERS SIGNATURE Joseph E. Moore

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