

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514628

A 50196-B

ISSUE DATE 1/6/00

APPROVAL DATE 12/15/00

Union Paving

IS PERMITTED TO INSTALL ALTER

ADDRESS 5977 Sandy Ridge Road Elkridge, MD 21075 PHONE (410) 379-6463

SUBDIVISION Friendship Farms LOT NUMBER 11 ADDRESS 2717 Friendship Farm Court

PROPERTY OWNER Altieri Homes PROPERTY OWNER'S ADDRESS 9019 Red Branch Road

SEPTIC TANK CAPACITY 2000-1500 GALLONS West Friendship, MD 21774

PUMP CHAMBER CAPACITY 1500 GALLONS OK ME 12/1/00

NUMBER OF BEDROOMS 6

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 360

TRENCHES: Trenches to be 3.0 feet wide. Inlet 11.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 135 feet up the right (236.01) lot line and 110 feet off that same lot line as seen when facing the lot from Friendship Farms Court. Run trenches on contour toward the left rear lot corner. 7/26/00 OK AL

If contour allows trenches should be 7' edge to edge to conserve septic area due to large amount of area initial system will consume. (SRU) KEEP TRENCHES OUT OF 100' Well Radius

PLANS APPROVED Amy Mc Millen DATE 7/24/00

PERMIT VOID AFTER 2 YEARS Well line must be 10' from all parts of septic system / easement

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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

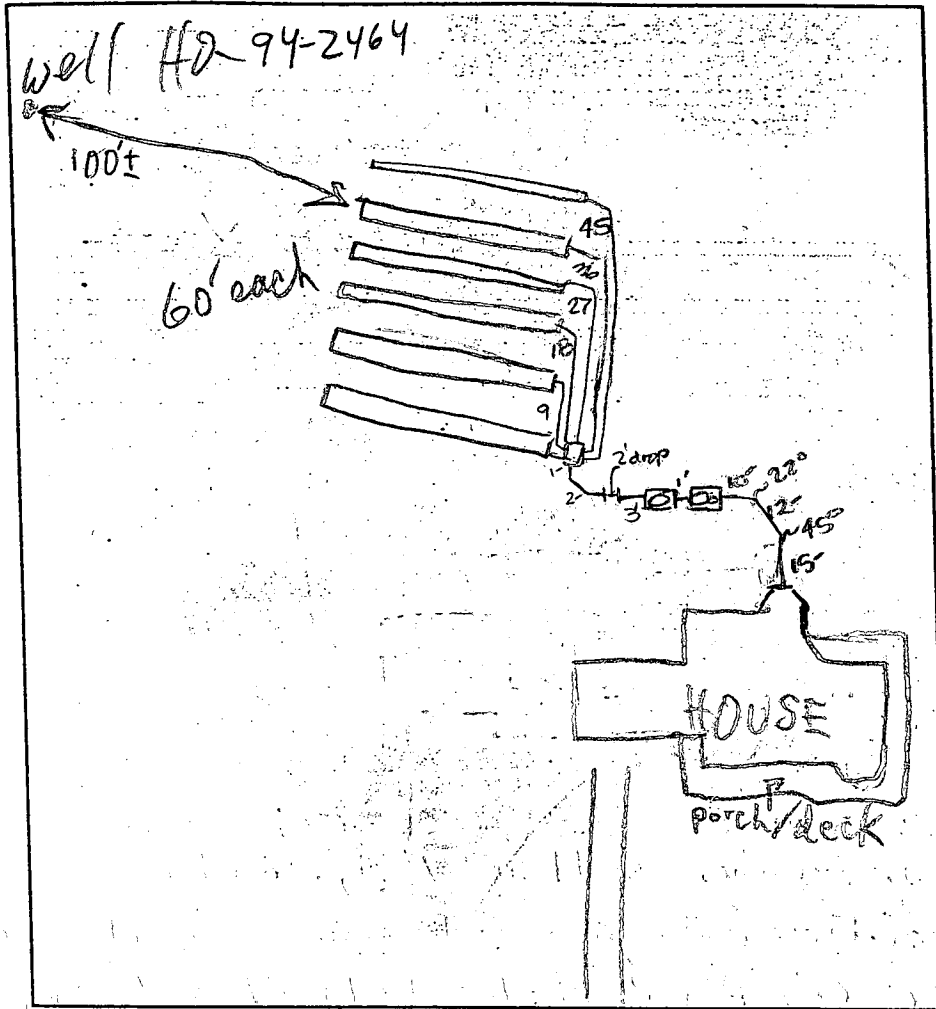
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A50196-B

11/30/00
12/1/00
10:30
12/1/00
A.M.
12/13/00
AM
12/5/00 10 AM
Pump Test?

#?

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	1.5
TRENCH BOTTOM DEPTH	3.5
DEPTH OF STONE	2
NUMBER OF TRENCHES	6
TOTAL TRENCH LENGTH	360
ABSORBENT AREA	1080
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	1
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500 TS
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	<input type="checkbox"/>
PUMP PERFORMANCE TEST	<input type="checkbox"/>

PRE-CONSTRUCTION INSPECTION: 11/30/00 HOUSE PIPE 18" 400 DEEP; INSTALLER WAS ADVISED TO HAVE HOUSE PIPE RAISED; OK TO START TRENCHES (MR)

INSPECTION COMMENTS: 12/1/00 PUMPED SYS REQ'D CONTINUE (MR)

12/1/00 PM OK TO COVER TRENCHES CONTINUE (MR)

12/2/00 2:30 OK TO COVER tanks and fast trench.

Need pump performance test for final approval (OK)

12/13/00 - No Electrical Connection to PC yet - Pump is set - No electric Junction Box. Call when ready for craps. PJP

12/14/00 - NO ONE PRESENT (SRK) 12/15/00 Pump and alarm working. (BR)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 12/15/00

APPLICATION

PERCOLATION TESTING

A 50196 B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT THIRD

DATE AUGUST 1, 1994

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER JOHN SIONE BRITTON

ADDRESS 2716 JENNINGS CHAPEL ROAD WOODBINE MARYLAND PHONE 489-9342

AGENT OR PROSPECTIVE BUYER BRITTON PROPERTY PARTNERSHIP

ADDRESS P.O. BOX 1371 ELLICOTT CITY MARYLAND 21041 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION FRIENDSHIP FARM (BRITTON PROPERTY) LOT NO. 15 11

ROAD AND DESCRIPTION 2800'± SOUTH FROM THE INTERSECTION OF MARYLAND ROUTE 144 AND WELSWORTH WAY

TAX MAP 15 PARCEL # 65

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DETACHED
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

AS0196B
COUNTY#

lot 11

LOT 11

SOIL PROFILE

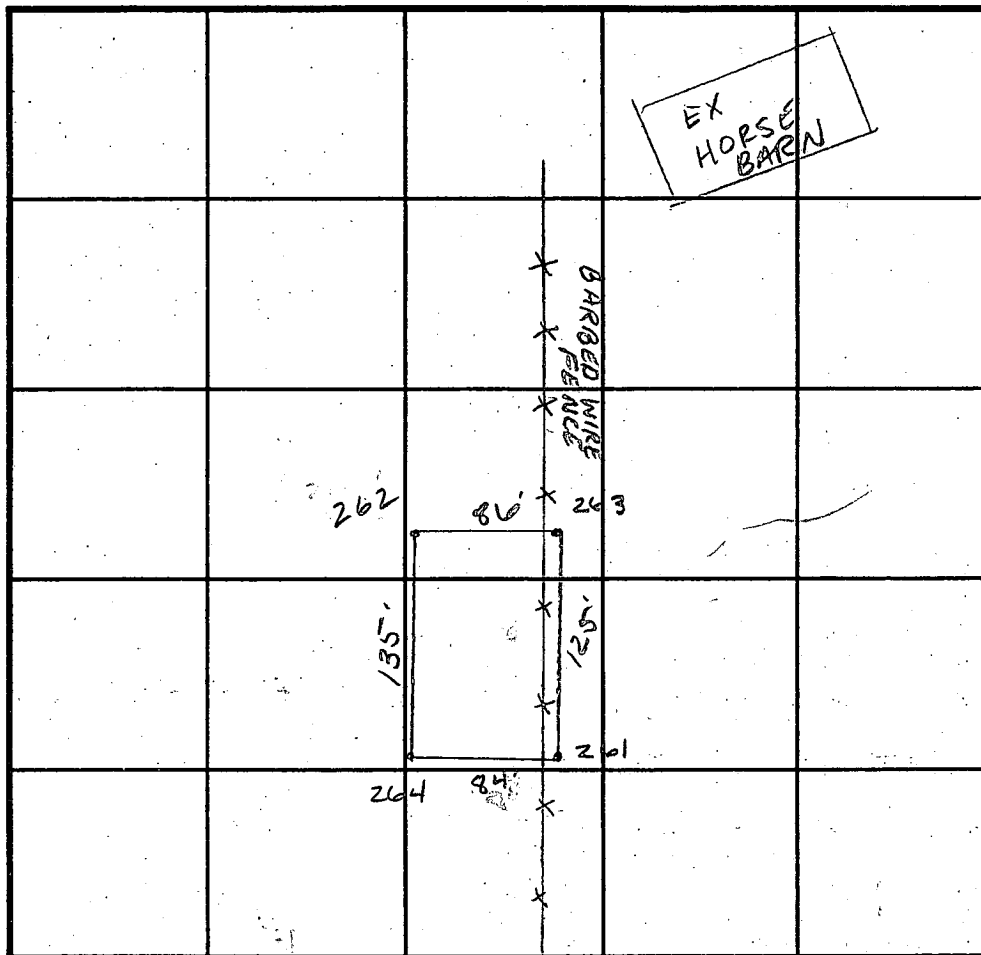
0' 263
1st orange CSL
3' 1st tan w/ hint of orange Sand < 50% Shale through-out OK
11'

261

3' red CL
orange/red SIL
5' yellow/1st tan sand OK
11 1/2'

264

no clay layer
red/brn sand MICA
diggable saprolite
8'



SOIL PROFILE

0' 262
No distinct clay layer
SL orange tan SIL
8' 1st tan grey SL 100% shale
10' hard bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/10/94	263	3 1/2' VII'	1:01 ¹⁵	1:01 ³⁰	1:01 ³⁰	1:02	30sec
	263	re pour	1:02 ¹⁵	1:02 ⁴⁵	1:02 ⁴⁵	1:03 ¹⁵	30sec
	263	re pour	1:04 ⁴⁵	1:04 ⁴⁵	1:04 ⁴⁵	1:05 ⁴⁵	1min
	261	3' VIII 1/2'	1:08 ¹⁵	1:08 ⁴⁵	1:08 ⁴⁵	1:09 ¹⁵	30sec
	261	re pour	1:09 ⁴⁵	1:10 ³⁰	1:10 ³⁰	1:11 ¹⁵	45sec
	264	5' V 8'	1:16 ³⁰	1:16 ⁴⁵	1:16 ⁴⁵	1:17 ¹⁵	15sec
	264	re pour	1:17 ³⁰	1:18	1:18	1:18 ⁴⁵	45sec
	264	1' V 8'	1:20 ⁵⁵	1:21 ¹⁵	1:21 ¹⁵	1:22	45sec
	262	Visual to 10'					OK

REMARKS

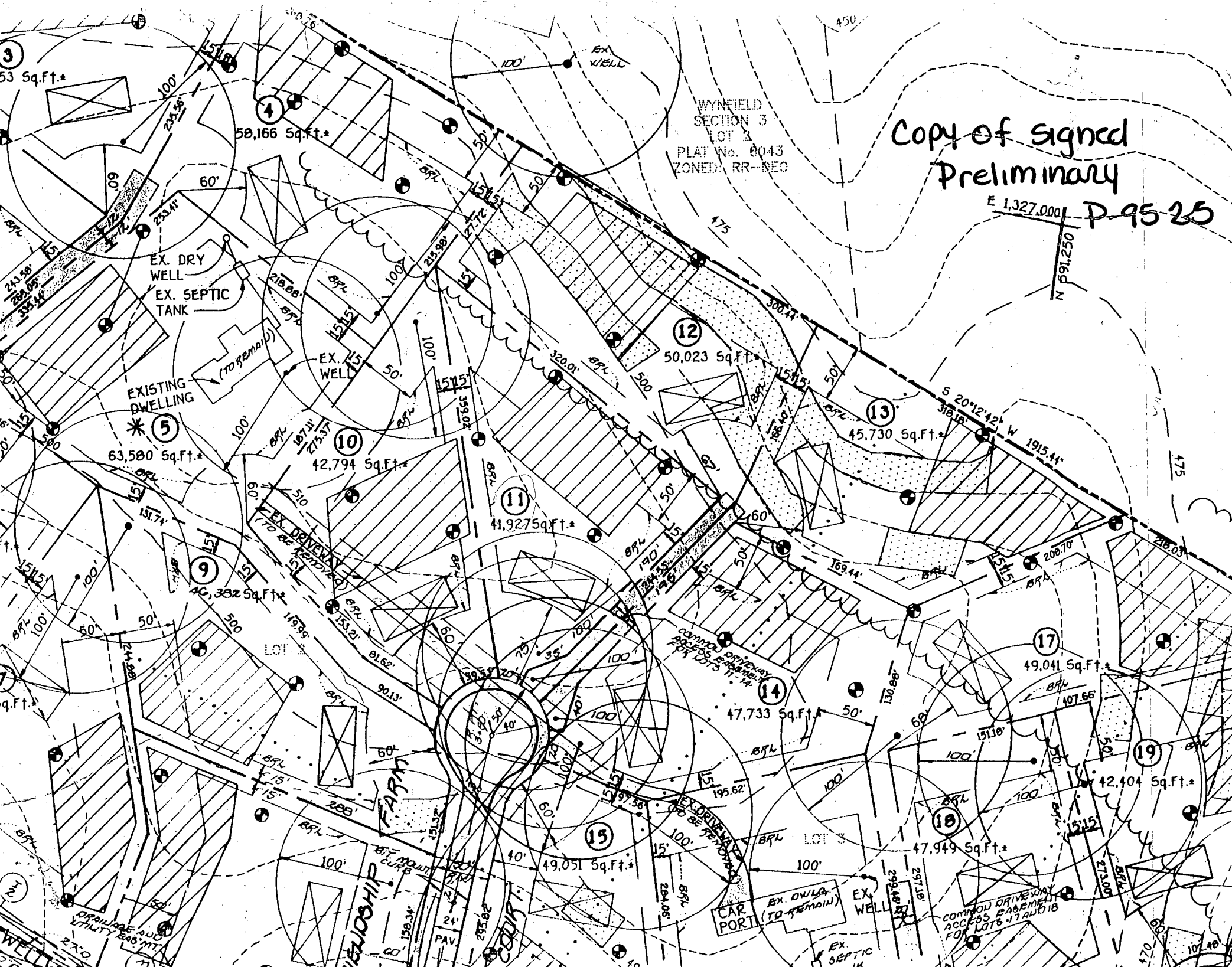
TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT FRANK MANALANSAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2min TRENCH WIDTH 3'

INLET DEPTH 1 1/2' MAXIMUM BOTTOM DEPTH 3' SQ. FT./BEDROOM 180ft²



WYNFIELD SECTION 3
LOT 3
PLAT No. 0043
ZONED RR-NEO

Copy of signed
Preliminary
E 1,327.000
N 991.250
P 95 25

3
53 Sq.Ft.*

4
50,166 Sq.Ft.*

12
50,023 Sq.Ft.*

13
45,730 Sq.Ft.*

5
63,580 Sq.Ft.*

10
42,794 Sq.Ft.*

11
41,927 Sq.Ft.*

9
46,382 Sq.Ft.*

14
47,733 Sq.Ft.*

17
49,041 Sq.Ft.*

15
49,051 Sq.Ft.*

18
47,949 Sq.Ft.*

19
42,404 Sq.Ft.*

EX. DRY WELL
EX. SEPTIC TANK

EXISTING DWELLING
(TO REMAIN)

EX. WELLS

EX. DRIVEWAY
(TO BE REMOVED)

COMMON DRIVEWAY
ACCESS EASEMENT
FOR LOTS 11-14

CAR PORT
EX. OWLA
(TO REMAIN)

EX. SEPTIC TANK

COMMON DRIVEWAY
ACCESS EASEMENT
FOR LOTS 17 AND 18

WENLOSHIP FARM

WELLS

NEW DRIVEWAY
(TO BE REMOVED)

WELL

ORIGINALS AND
UTILITY EASEMENTS

PAV

WELL

C1 06502

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11 09 99

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2464

OWNER Alteri Homes STREET OR RFD Westworth Way TOWN West Friendship SUBDIVISION Friendship Farms SECTION LOT 11

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. Includes entry for Overburden Gray Rock and water at 60'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Table for casing types (Steel, Concrete, Plastic, Other) with columns for nominal diameter and total depth.

OTHER CASING (if used)

Table for other casing types with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

Table for screen depth with columns for slot size and diameter of screen.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

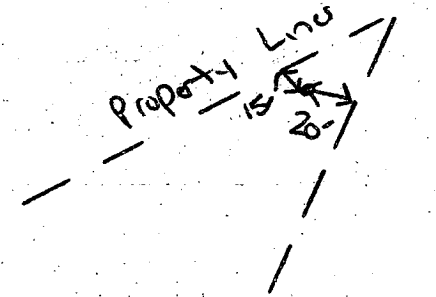
PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (14.2), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (55 ft. before, 90 ft. when pumping), TYPE OF PUMP USED (Submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (HO), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

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 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 LIC. NO. MWD 399 DRILLERS SIGNATURE (Thomson McElroy) LIC. NO. JS D049 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 9247

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2464 fill in this form completely

Date Received (APA): 08 10 99

OWNER INFORMATION

Alteri Homes Owner, First Name 34
9017 Red Branch Road Street or RFD 55
Columbia MD 21045
57 Town 70 State 72 Zip 76

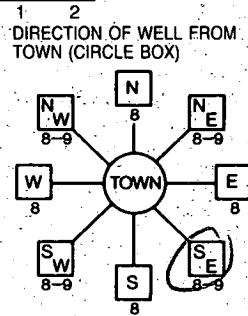
LOCATION OF WELL

Howard 8 COUNTY 21
Friendship Farms (Oaks at Yardley Hunt) 23 SUBDIVISION 42
SECTION 44 46 LOT 11 48 50
West Friendship 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION

Baul M. Fabiszak M W D 399 Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp. Firm Name
12047 Falls Road, Cockskeyville 21030 Address
Signature Date 6-9-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Wellworth Way 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH WEST EAST
34 500 37 DISTANCE FROM ROAD FT 38 39

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A 50196B COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/14/99 10/14/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 000 EAST GRID 810 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH 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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

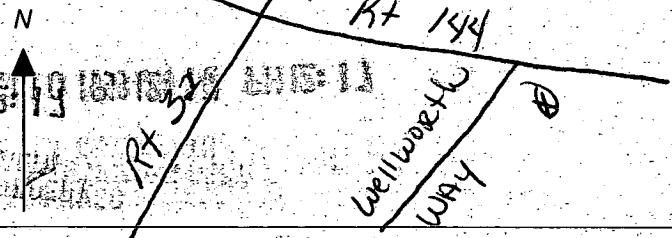
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810
N 530

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63
PERMIT No. HO-94-2464
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: MARCH 9, 1999 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any): HO - 94 - 0769

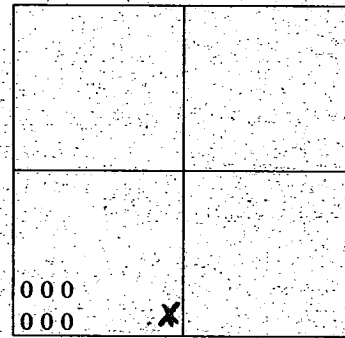
* PERMIT NUMBER OF REPLACEMENT WELL: N/A

* PERSON ABANDONING WELL: Dave Kelly

WELL DRILLERS LICENSE NUMBER: 304
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: John Britten

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: West Friendship
 TAX MAP BLOCK _____ PARCEL _____
 SUBDIVISION: Friendship FARM
 SECTION: _____ LOT: 11
 NEAREST ROAD: Wallworth Way



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E: 810
 N: 530

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 405 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement/bentonite grout</u>	<u>0</u>	<u>100</u>
<u>pea gravel</u>	<u>100</u>	<u>405</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Dave Kelly LICENSE #: 304 CIRCLE ONE: MWD/MSD/MGD DATE: 3/11/99

C 1 4562

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 50196-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

052096

051096

405

40-94-0769

OWNER BRITENPROP. PARTNERSHIP

STREET OR RFD WELLWORTH WAY

TOWN WEST FRIENDSHIP

SUBDIVISION FRIENDSHIP FARMS

SECTION

LOT 11

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 FROM TO

check if water bearing

Top Soil 0 2

Sandy 2 55

Sand Stone 55 60

MICKA 60 65

Sand Stone 65 75

MICKA 75 405

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 2500

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

PL 6 65

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

HO 63 405

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1 1/2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55 ft.

WHEN PUMPING 235 ft.

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 NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

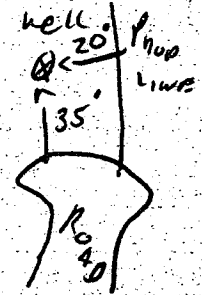
CASING HEIGHT (circle appropriate box and enter casing height)

above below

LAND SURFACE (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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.

TYPE: MWD/MSD/MGD 116

DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 117

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

B 1 **0680** SEQUENCE NO. (MDE 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
HD-94-0769
 fill in this form completely

Date Received (APA)
OWNER INFORMATION
BRIEFHERT PROP PARTNER
 PO BOX 1371
 ELLICOTT CITY MD 21042

B 3 LOCATION OF WELL
HOWARD COUNTY
FRIENDSHIP FARM SUB
 SECTION LOT **11**
WEST FRIENDSHIP
 MILES FROM TOWN **1** MI

DRILLER INFORMATION
RALPH MAYNE
 Driller's Name: **Ralph Mayne Well Drilling**
 Firm Name: **9120 Brown Church Rd. Mt. Airy**
 Address: **Ralph Mayne**
 Signature: **Ralph Mayne** Date: **3/14/96**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD: **FRIENDSHIP FARM CT.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**
 DISTANCE FROM ROAD: **45** FT OR MI
 TAX MAP: _____ BLK.: _____ PARCEL: _____

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)

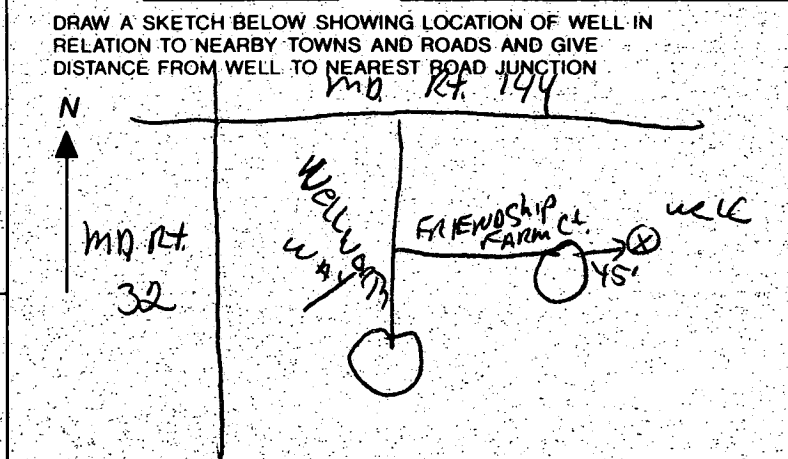
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY COUNTY NAME
A 50196-B COUNTY NO.
 STATE SIGNATURE: _____ DATE ISSUED: **4/18/96**
 CO SIGNATURE: **A. McMullen** EXP. DATE: _____
 NORTH GRID: **532000** EAST GRID: **0814000**

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2. **No insp**
 3. **well**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8194**
 N **5302**

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER: _____ GAP _____
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HD-94-0769**

4118196
Lot 10 SDA adjusted
as shown

Am
150

MARKED
SECTION 3
LOT 1
PLAN No. 2043
ADJ. RR-SEC

4117196
Well site OK
as stated
Am

