

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

P 513631

A 510124

DISTRICT _____

DATE 6/13/2000

DATE SYSTEM APPROVED 7/3/00

INSPECTOR S.R.K.

03-33120

INDEXED

SK Backhoe & Septic Service

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Christian Family Outreach Center LOT 3 ROAD 1467 Sykesville Road

PROPERTY OWNER Michael Pfau

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Starting from the intersection of the 70' and the 287.89' lot line, place the distribution box 10 feet down the 287.89' lot line and 55 feet off that same lot line. Run trenches on contour towards the right side of the lot. left

NOTES - MAINTAIN 100 FEET FROM WELL TO ALL PARTS OF THE SEPTIC SYSTEM. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/27/99 OK ALL

6/29/00 OMRH

PLANS APPROVED BY Steven Krieg/Ronald J. Pinkley/Mark E. Rifkin DATE 12-09-99

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. 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

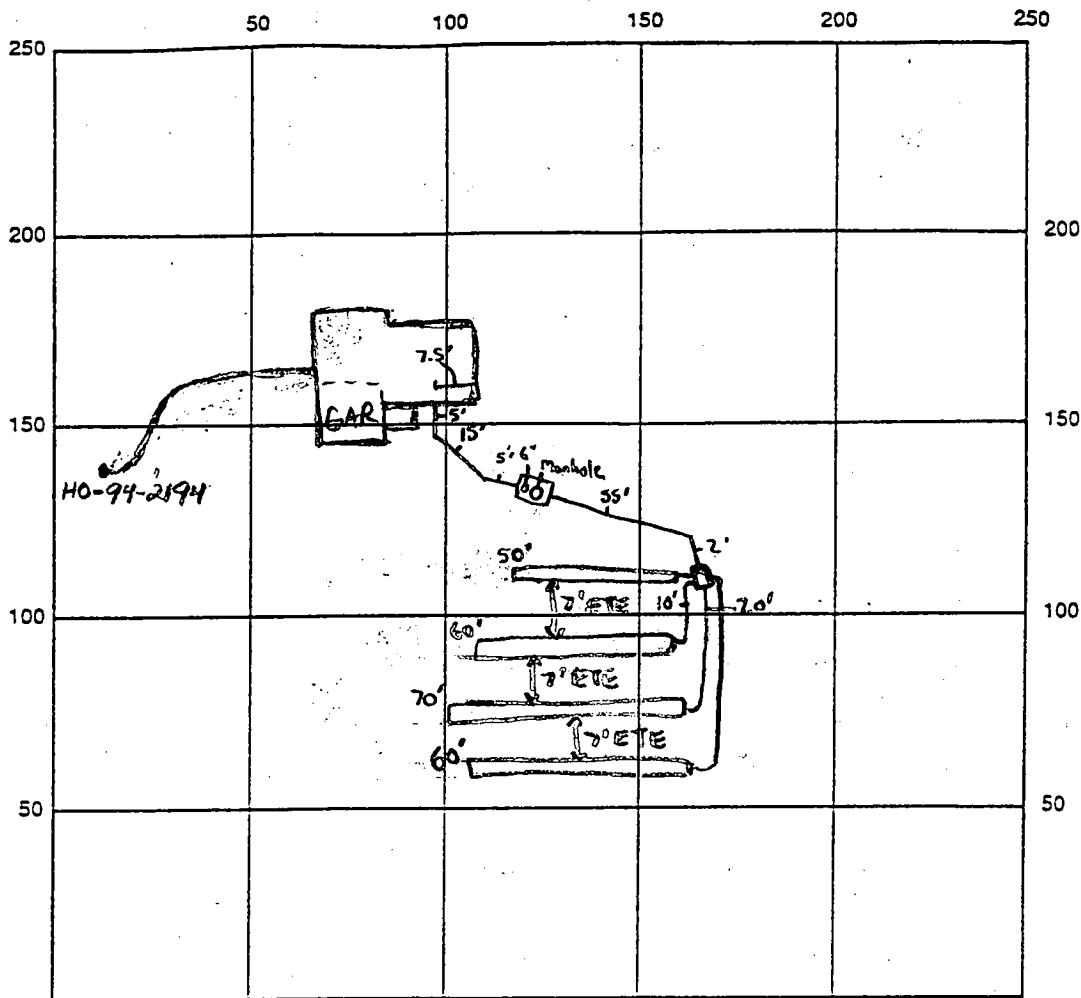
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

B00125486
DECL 7/21/00

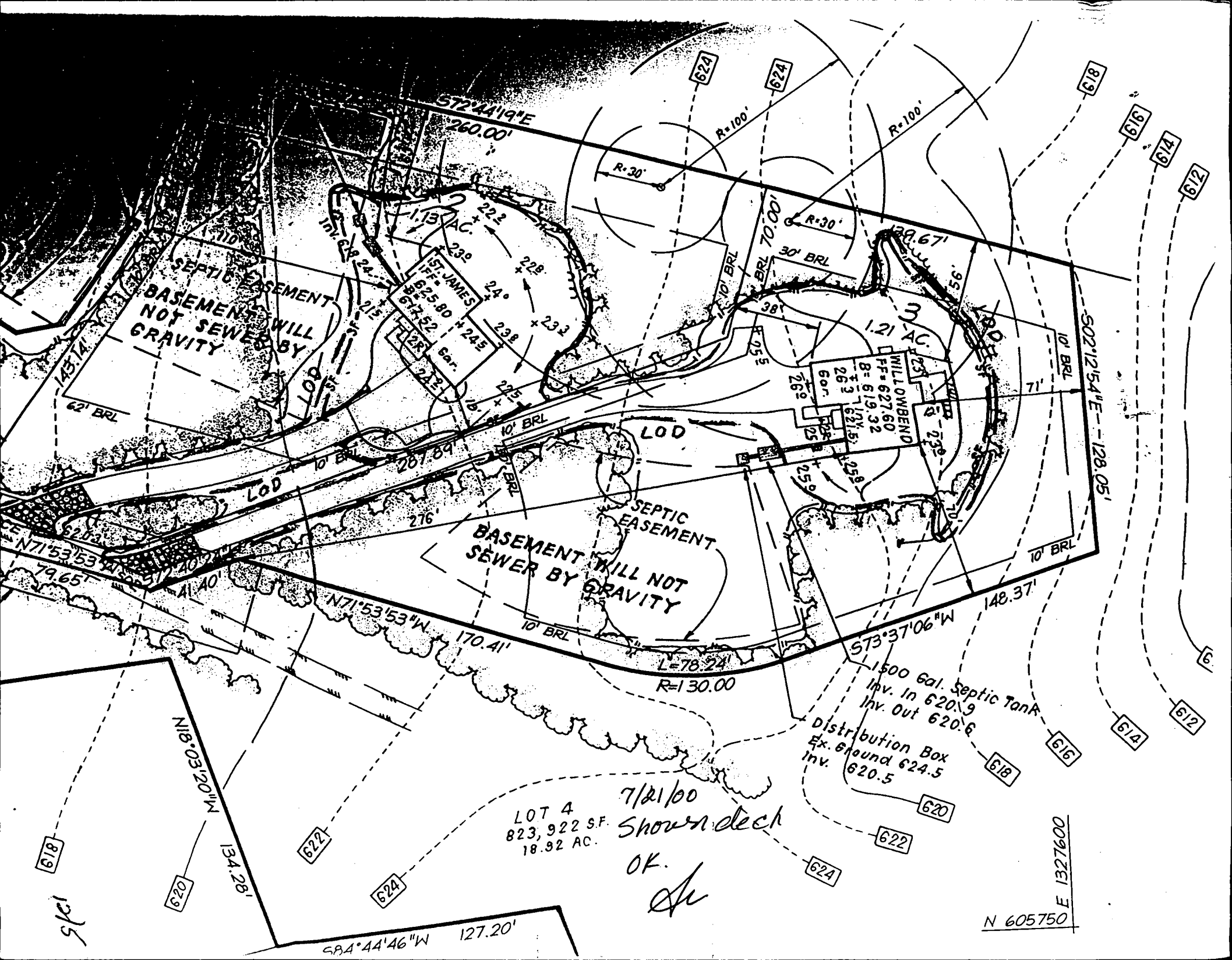
510124



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1250 gallon top seam CLEANOUTS 6" on S.T., Manhole on S.T.
 DISTRIBUTION BOX LEVEL ✓ Baffles in
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.
 ABSORBENT AREA N/A SQ. FT.
 REMARKS: 7/3/00 - OK TO COVER ALL WORK - (SRW)

DATE SYSTEM APPROVED 7/3/00 INSPECTOR Steven R. Krug



SEPTIC EASEMENT
BASEMENT WILL NOT SEWER BY GRAVITY

SEPTIC EASEMENT
BASEMENT WILL NOT SEWER BY GRAVITY

LOT 4
823,922 S.F.
18.92 AC.
7/21/00
Shown deck
OK.
[Signature]

1500 Gal. Septic Tank
Inv. In 620.9
Inv. Out 620.6
Distribution Box
Ex. Ground 624.5
Inv. 620.5

N 605750
E 1327600

APPLICATION

PERCOLATION TESTING

A 5/0/24

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*Exist SFD to be converted to
a Day Outreach House. expect
expansion of Septic Area.*

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

test: June 2, 1998 @ 1:30

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

PROPERTY OWNER CHRISTIAN FAMILY OUTREACH CENTER Michael Pfau

ADDRESS 1475 SYKESVILLE ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER TSA GROUP, INC.

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Christian Family Outreach Ctr. LOT NO. 3 *Final lot*

ROAD AND DESCRIPTION APPROX. 4 mi NORTH OF RT. 99 ON
RT 32 (146.7 Sykesville Road)

TAX MAP 1A PARCEL # 04

SIZE OF LOT _____ TYPE BLDG. _____
*NO PERMIT SIGNED
AND RETURNED 12-9-98
Serial # B70131325
SFD - 4Bm
(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] TSA Group
(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 _____

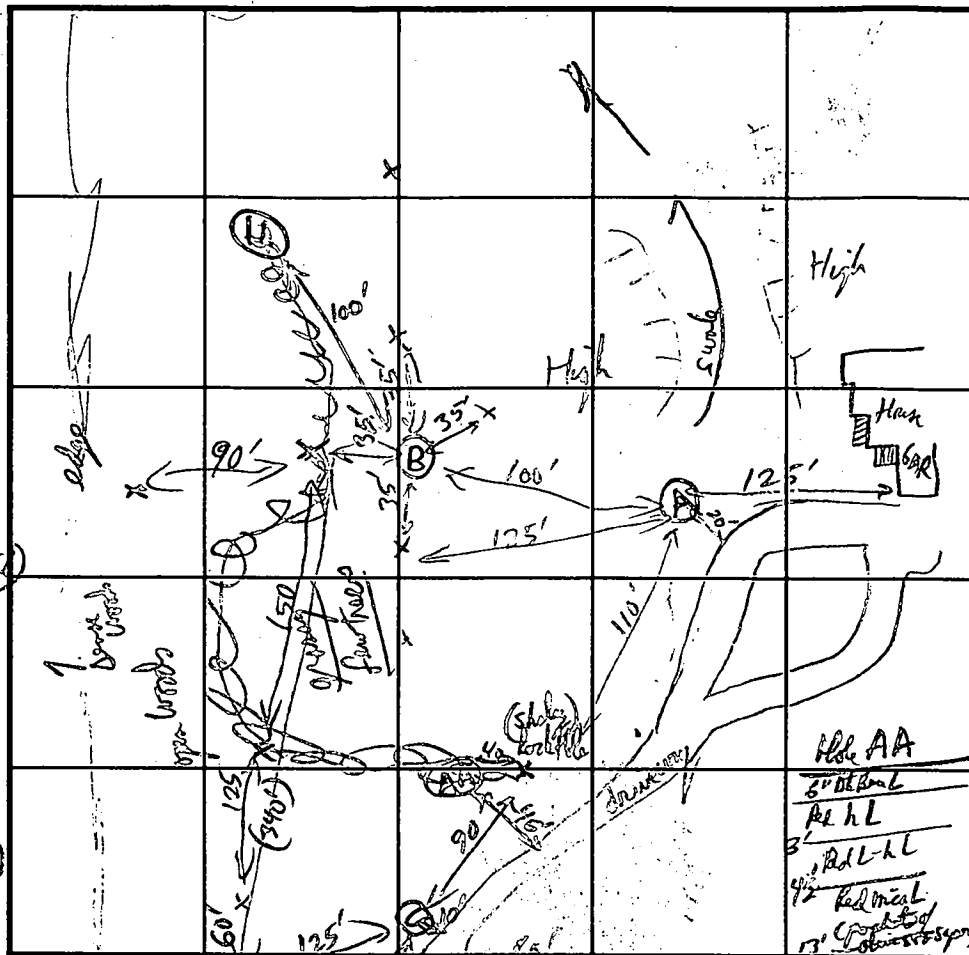
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

5/10/24
COUNTY #

SOIL PROFILE

0' **A**
Red Brn
HL-CL
Mid Yel Brn
w/ tan
Mica
FSL
8' 1/2' grey, Hix
Brn/ Tan FSL
(color from soil)
10' 1/2' weak, stiff
vertical, clay
flat shales
Strat. Spindle
12' **F, B**
1-3' Full Material
Yel Brn HL-CL
18' 1/2' Red Brn HL (out of box)
24' Yel Brn
HL-CL
42' Yel Brn
FSL
Mica Spindle
7-8' grey Brn
FSL
Mica Spindle
2-30%
weak Str Spindle
Mica Spindle



SOIL PROFILE

0' **B**
Yel Brn HL
1-2' Red Yel
Pine red Yel
Pine Brn
Mica Spindle
4' 1/2' Mid color
creamy Yel red
Mica Spindle
FSL
11' weak
Str. Spindle
faint red spots
dark thin black
various
only a small bit

11' 6" **G**
Yel Brn
Mica Spindle
1-2' Yel Brn
Mica Spindle
3' Yel Brn
Mica Spindle
4' 1/2' Red Brn
Mica Spindle
13' weak
Str. Spindle
faint red spots
dark thin black
various
only a small bit

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/9/98	1/2 (4) A	3'	1:36:50	1:40:00	1:40:00	1:47:00	7 min
	1/2 (4) B	3'	2:03:00	2:05:00	2:05:00	2:10:00	5 min
	1/2 (4) C	3 1/2'	2:15:00	2:19:00	2:19:00	2:22:30	4 min
	1/3 (4) D	3'	2:30:00	2:34:00	2:34:00	2:42:00	8 min
	1/2 (4) E	3'	2:48:00	2:50:30	2:50:30	2:54:00	4 min
	1 1/2 (4) F	3 1/2'	3:06:00	3:07:20	3:07:20	3:09:20	2 min
	(6) 12 1/2'	Not test visually					OK
10/15/98	AA	13' 4'	3:13	3:19:30	3:19:30	3:25	7 min OK
		3					

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

180

EX.
SHEET

ROUTE 32
ROAD

APPLICATION

PERCOLATION TESTING

A 5/0/24

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION _____

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 _____

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

Lot 3

COUNTY #

SOIL PROFILE

0' 4" red cl

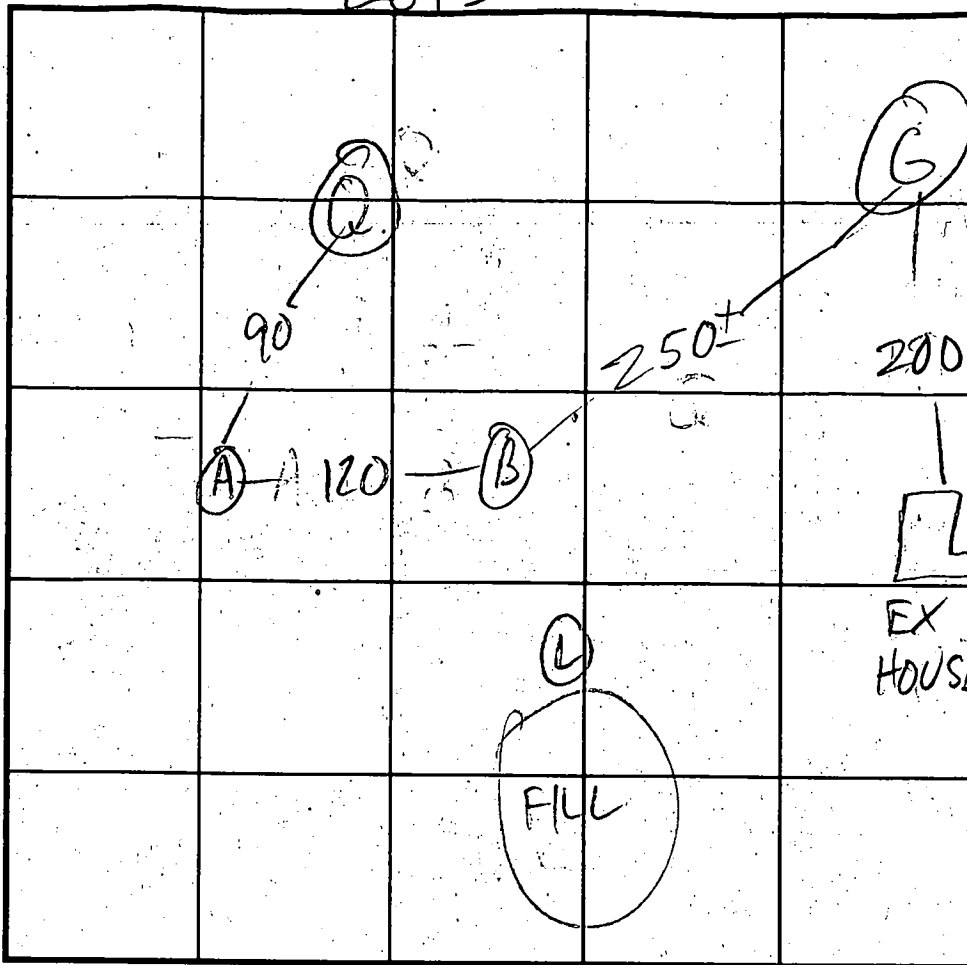
6" MOTTLES

tan gray salm

10 1/2" WATER

SOIL PROFILE

0' 6" EX HOUSE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT. 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/9/98	P4A S	3	2:32	STOPPED	DUE	TO	
	4A V		H ₂ O	@ 10 1/2'	mottled	@ 6'	
	4Q S	2 1/2	2:44	2:57			
	4Q V						
	4B S	3	3:09	3:10	3:10	3:12	2
	4B V	12 9"	H ₂ O	@ BOT			
			DAMP				
	4PL	3/9' 9"	3:47	3:49	3:49	3:52	3
	G	3 1/2' 12	4:03	4:05	4:05	4:11	6
	4PR	3 9' 12	4:15	4:22	4:22	4:47	20

REMARKS Note of where holes are in Ford 5BA

TYPE OF SOIL

TESTED BY M. Ripkin

ALSO PRESENT S. Shipp, owner, Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

3 red cl

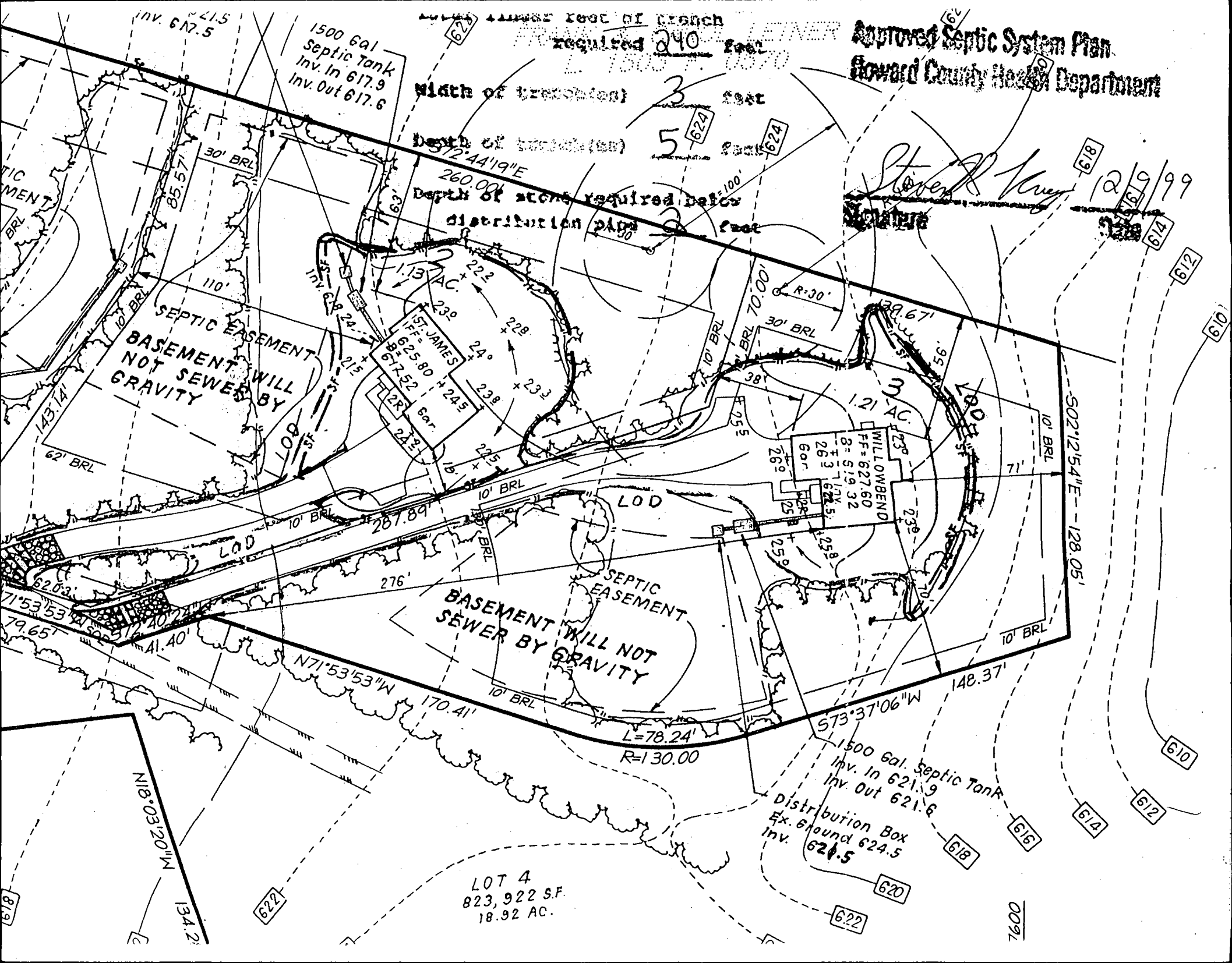
gray brn salm

15% frags

9 HARD

Approved Septic System Plan Howard County Health Department

Steve R. Krey
12/6/99
614



width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required before distribution pipe 2 feet
required 240 feet

SEPTIC EASEMENT
BASEMENT WILL NOT SEWER BY GRAVITY

SEPTIC EASEMENT
BASEMENT WILL NOT SEWER BY GRAVITY

LOT 4
823,922 S.F.
18.92 AC.

1500 Gal. Septic Tank
Inv. In 621.9
Inv. Out 621.6
Distribution Box
Ex. Ground 624.5
Inv. 624.5

0092

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer S.K. Plumbing & Heating Inc

Telephone 410-775-0822

License Number 12285

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Yes

Name of Property Owner Trinity Homes

Telephone 410-313-8722

Subdivision Christina Family Lot # 3

Well Tag # 410-99-2094

Site Address 1487 Sykesville Rd

Pump

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

Motor

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

Pitless Adapter

1. Make General
2. Model # _____
3. Depth 42"

2. Make Seitz

3. Model # _____

4. Capacity 5 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 Seize

Tank

1. Capacity 600 x 400 203
2. Pressure relief valve? Yes

Piping

1. Type P.E.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data

1. Depth 185 ft.
2. Yield 12 GPM
3. Static water level 23 ft.
4. Will water supply be disinfected by installer? Yes

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.

6/27/00 - WPI OK

(BB) SRH

Signature of Applicant: _____

Date: 8-3-00

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

PLANNING
L 622 F. 0022

PROPERTY OF
DANIAL & JOYCE CHRISTIANSON
L 3543 F. 0140

MARYLAND

ROUTE

32

G1C3

G1C3

G1B2

G1C2

G1B2

273.93'
N17°15'41"E 0.60'
FOREST CONSERVATION
EASEMENT #1
1.9 AC ±
TO BE RETAINED
20" LANDSCAPE
EDGE

OPEN SPACE LOT 5
(TO BE DEDICATED TO THE
HOMEOWNER'S ASSOCIATION)
90,952 SF (2.09 AC.)

LOT 1
47,085 S.F.
1.08 AC.

LOT 2
16,645 S.F.
1.07 AC.

LOT 3
51,223 S.F.
1.18 AC.

LOT 4
820,651 S.F.
18.84 AC.

PROPERTY OF
WILLIAM & CYNTHIA
BRAUNSCHWEIGER
L 2865 F. 0568

PROPERTY OF
GEORGE & PATRICIA
MOLEWORTH
L 156 F. 0413

S71°00'50"W 149.61'

N71°00'50"E 149.61'

N21°06'07"W

286.72'

S83°46'40"W

402.50'

N16°03'20"W

S84°44'46"W

127.20'

N12°22'46"W

S77°33'04"E

EXISTING
TREE LINE

5' DBA
NOSE LINE

24'
USE-IN-COMMON
ACCESS EASEMENT

20' LANDSCAPE
EDGE

20' L
EDGE

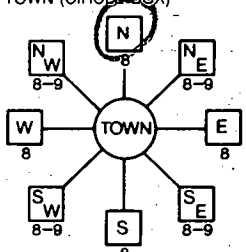
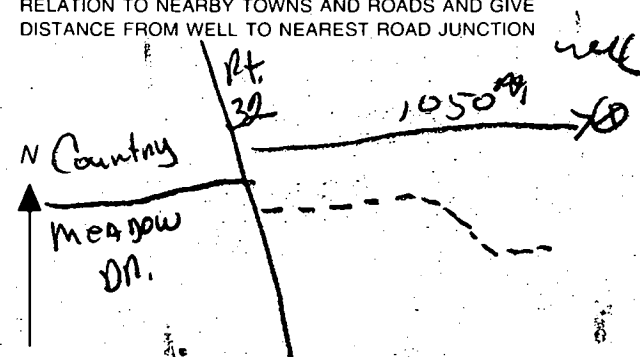
EX. STONE
PARKING AREA

APPROX.
LOCATION
EX. C.O.

APPROX. LOCATION
EX. SEPTIC FIELD

well notes
3/1/99
11-1-93-375

Christian Family Retreat Center

B 1 1 2 3 4 5 6 4707	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 2194 fill in this form completely
Date Received (APA) 2/16/99 8 MM DD YY 13 Owner Information 15 Last Name OFAN Owner Michael First Name 34 36 6212 Devon Dr. Street or RFD 55 Columbia MD 21044 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY Howard 21 Christian Family Retreat Center. 23 SUBDIVISION 42 SECTION - 44 46 LOT 3 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 73 MI 76 77 78	
DRILLER INFORMATION Ralph MAYNE MS D 116 Driller's Name 76 License No. 81 Ralph MAYNE well Drilling Firm Name 9120 Brown Church Rd N.A. Aris Address Ralph Mayne 2-10-99 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) MD Rt. 32 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1050 37 DISTANCE FROM ROAD 1050 ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME W511416C COUNTY NO. STATE SIGNATURE DATE ISSUED 3/18/99 Ronald P. Kelly 3/18/00 43 MM DD YY 48 CO SIGNATURE EXP DATE NORTH GRID 547 000 EAST GRID 0814 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		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 81214 N 52942 000 000	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 11 INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other: _____		REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52 _____	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. HO - 94 - 2194 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

C 1	9698	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. On 12/2/99 SRH	
1 2 3 4 5 6					COUNTY NUMBER W511416C	
ST/CO USE ONLY DATE Received MM DD YY	DATE WELL COMPLETED MM DD YY 11 05 99		Depth of Well 22 185 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2194	

OWNER P. Dan Michael	STREET OR RFD MD Route 32		TOWN West Friendship
SUBDIVISION Christian Family Retreat Ctr		SECTION LOT 3	

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 18	
Sand Stone	18 25	✓
MICA	25 60	
Sand Stone	60 65	✓
MICA	65 185	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS 8 NO. OF POUNDS 800	
GALLONS OF WATER 48	
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 26 ft.	
CASING RECORD	
casing types insert appropriate code below	
STEEL <input type="checkbox"/> ST CONCRETE <input type="checkbox"/> CO	
PLASTIC <input checked="" type="checkbox"/> PL OTHER <input type="checkbox"/> OT	
MAIN CASING TYPE PL	
Nominal diameter top (main) casing (nearest inch)! 6	
Total depth of main casing (nearest foot) 28	
OTHER CASING (if used) diameter inch depth (feet) from to	
SCREEN RECORD	
screen type or open hole	
STEEL <input type="checkbox"/> ST BRASS <input type="checkbox"/> BR	
BRONZE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> PL	
OPEN HOLE <input type="checkbox"/> HO OTHER <input type="checkbox"/> OT	

PUMPING TEST	
HOURS PUMPED (nearest hour) 3	
PUMPING RATE (gal. per min.) 12	
METHOD USED TO MEASURE PUMPING RATE Bucket	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING 25 ft.	
WHEN PUMPING 47 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	

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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.
DRILLERS LIC. NO. 1 M S D 118
DRILLERS SIGNATURE
LIC. NO. 1 M S D 118
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)	
HU 26 185	
E 8 9 11 15 17 21	
A 23 24 26 30 32 36	
C 38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.) W Q	
70 72 74 75 76	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 31 35	
PUMP HORSE POWER 37 41	
PUMP COLUMN LENGTH (nearest ft.) 43 47	
CASING HEIGHT (circle appropriate box and enter casing height)	
+ above LAND SURFACE	
- below 2 (nearest foot)	
LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
Prop Line	
20' 20' 20' 20'	