12/3/79 Files approved. C.B.S.

12/30/79 p.m. please

12/3/79 or 12/4/79 - a.m. if possible

P 29985

A 27792

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 7/13/79

William B. Martin IS PERMITTED TO INSTALL X ALTER

ADDRESS 3268 Route 94, Woodbine, Md. PHONE 489-4983

SUBDIVISION ROAD 3248 Route 94 LOT

PROPERTY OWNER William B. Martin

ADDRESS same as above

SPECIFICATIONS Tenant House - 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

DEEP TRENCH ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 200 SQ. FT. per bedroom.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE

LOCATE DISPOSAL AREA 45°/- FT. FROM house to right side of lot per Mr. Martin when facing lot from Route 94. Perc hole 1 & 2 area. If trench is needed to make up necessary sidewall area; leave 5 ft. earth buffer between trench and dry well. Trench to follow contour of the ground.

PLANS APPROVED BY Charles B. Streaker DATE 7/13/79

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

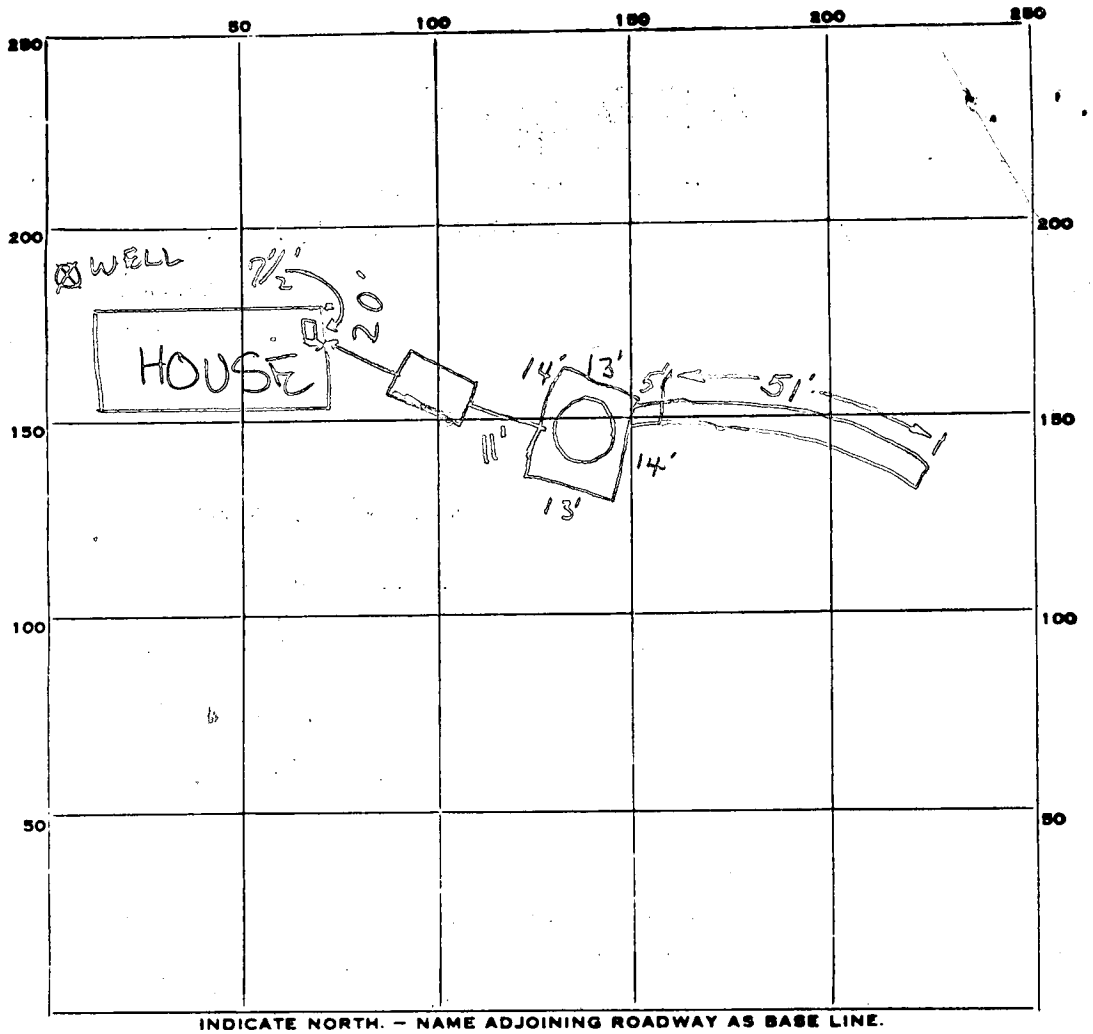
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

A 27792

HD - 23



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

S.T. D.W.

SEPTIC TANK, LEVEL ✓ CLEANOUTS ✓ ✓

DISTRIBUTION BOX, LEVEL N.A.

TILE FIELD, DEPTH 10"+ FT. TRENCH WIDTH 2' FT.

GRAVEL DEPTH 6 avg IN. TOTAL LENGTH 51 FT. 306'

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER 54 FT. DEPTH BELOW INLET 6 FT. 324'

ABSORBENT AREA 630 SQ. FT.

REMARKS 11/30/79 - OK TO ADD GRAVEL - DRYWELL NOT COMPLETE. P.D.
12/3/79 SYSTEM IN!

DATE SYSTEM APPROVED 12/3/79 INSPECTOR C. B. Stuska

Recorded

APPLICATION

A 27992

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: ~~465-5000, EXT. 350~~ 992-2330

P
DISTRICT 4th
DATE 5/4/78

Septic Tank { 1-3 Bedroom 1000 gallons / 4 Bedroom 1250 gallons

(*) Dry well to have 200 sq. ft. effective absorbant sidewall area per bedroom below first 4' of original soil. Inlet to be 4' below original grade and maximum depth 10'. location per drawing 45'± from house to right side of lot per drawing when facing lot from Rt. 94. Perc hole (1+3) area (*) ± for Dry Well + trench: If trench used need B-2 inspections Before & after stone in. B. 5' earth buffer off dry well septic tucked started.

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 William B. Martin and Phyllis B. Martin

ADDRESS 3268 Rt. 94 Woodbine, Md 21797 PHONE 489-4983

PROPERTY LOCATION 3248 Rt. 94

SUBDIVISION Woodbine LOT NO.

ROAD AND DESCRIPTION one mile south of Florence on Right - Timberleigh Farm

SIZE OF LOT Dairy Farm TYPE BLDG. C. Run trench with contours. TENANT HOUSE

NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

BLDG. PERMIT SIGNED AND RETURNED 4/25/79

SIGNATURE OF APPLICANT William B. Martin

Serial No. 39107

APPROVED BY C. B. Streaker Jr. FOR Dry Well &/or "" & Trench (KIND OF SYSTEM) DATE 9/13/79

above per Mr. Martin's drawing.

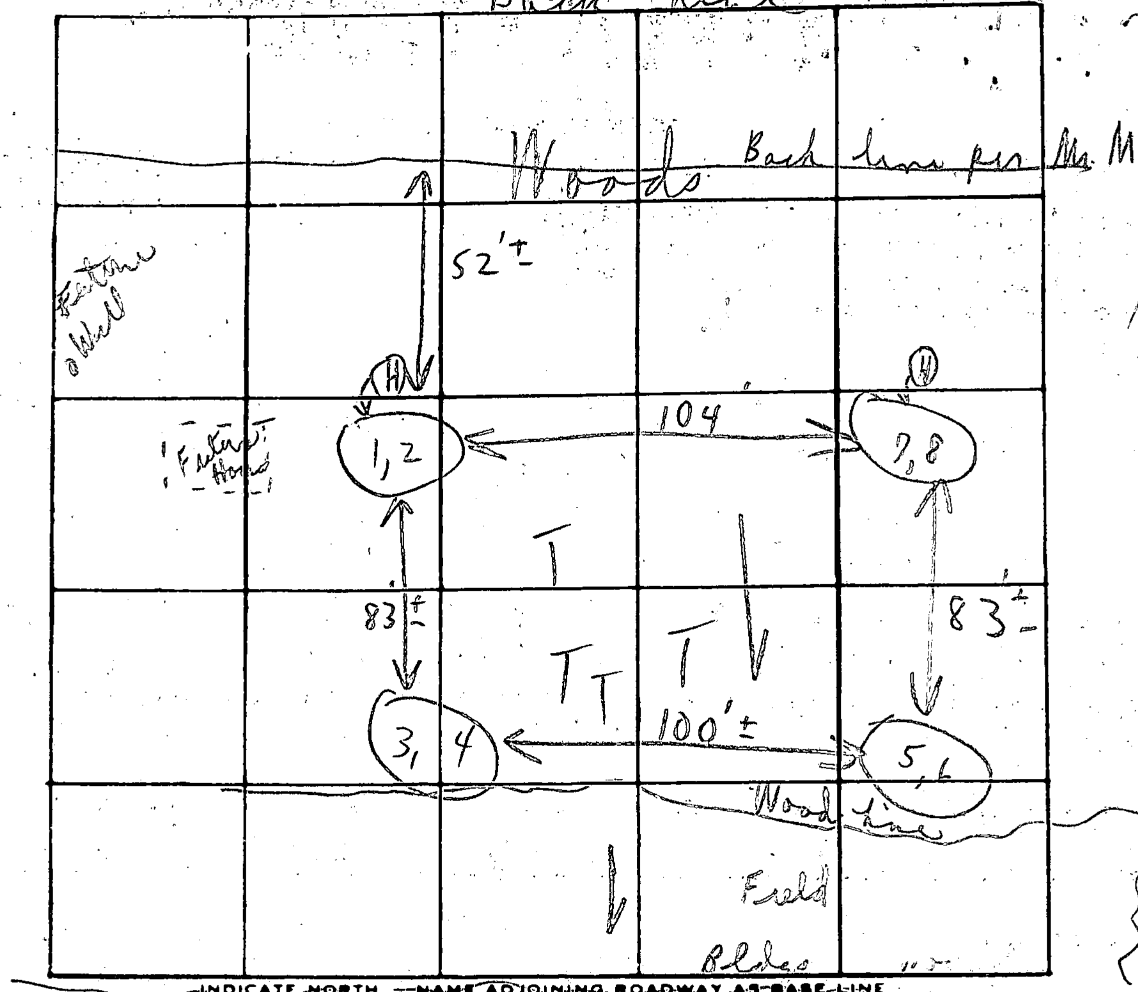
REJECTED BY — FOR — (KIND OF SYSTEM) DATE —

HOLD PENDING FURTHER TESTS — DATE —

REASONS FOR REJECTION OR HOLDING —

THIS IS NOT A PERMIT

Back Line



Not per stake
Field sheet

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE

Unless 4½' below original grade

RX 94

Soil Profile
Below clay loam
Weathered Material

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/6/79	1	4½'	10:50	10:57	10:57	11:16	19
	(H) 2	13½'	10:51	10:56	10:56	11:23	27
	3	5 pt	10:10	10:16	10:16	10:28	12
	(L) 4	13'	10:11	10:14	10:14	10:23	9
	5	4½' pt	10:31	10:34	10:34	10:37	3
	(L) 6	13'	10:32	10:36	10:36	10:44	8
	7	4½' S	Visual similar to (1+2)				
	(H) 8	13' L					
							78
						13	

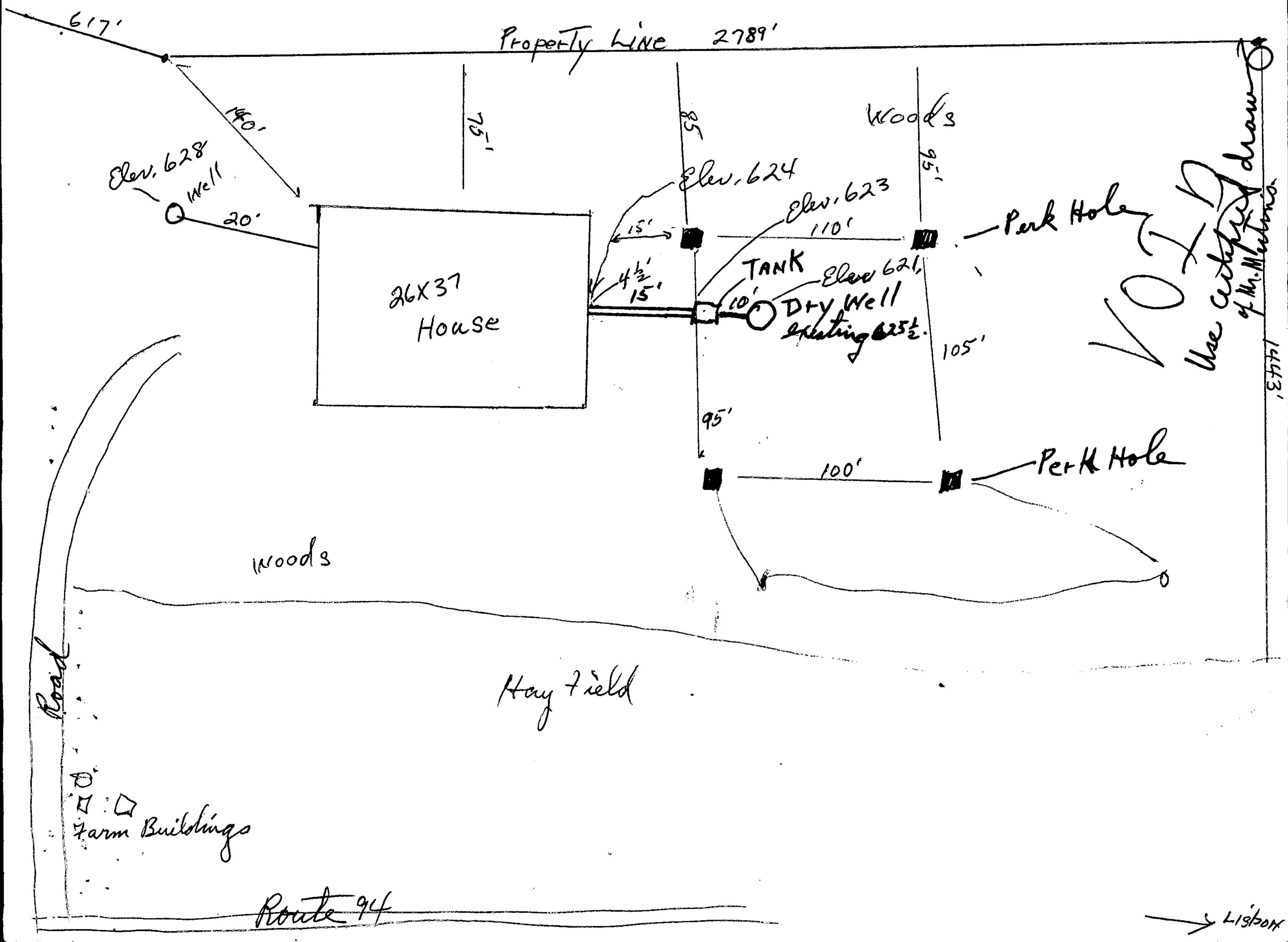
Recommend Dry Well

Hold for approval
To submit copy of plot plan
I send elevation & reason

REMARKS Holes dug (Hold on. Sole location & house plan) Tests in woods - behind fields behind farm bldgs + (exist- house)

TYPE OF SOIL

TESTED BY C. B. D. ALSO PRESENT: Mr. Martin
{ Jeff Jones + helper
Rick Martin


617'
Property Line 2789'
140'
75'
85'
95'
Woods
Elev. 628
Well
20'
Elev. 624
Elev. 623
15'
110'
Perk Hole
TANK
Elev 621
4½'
15'
10'
Dry Well
existing 625½
26X37
House
105'
95'
100'
Perk Hole
VOID
Use certified drawing
1443'
Woods
Road
Hay Field
Farm Buildings
Route 94
Lisbon

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 5974 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER H0733215
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 4/26/79 10:00 AM

OWNER Martin William (COL 15 LAST NAME, FIRST NAME, COL. 34)
STREET OR RFD 3268 Route 94 (COL 36, COL. 55)
POST OFFICE Woodbine, Md. 21797 (COL 57, COL. 76)

8-13

B 1 CONTINUED (1 2 3 (SEQ. NO.) 6) — DRILLER INFORMATION

DATE 3/27/79 LICENSE NUMBER 40 (77 80)
George Easterday (FIRST NAME DRILLER LAST NAME)
SIGNATURE George Easterday

B 2 (1 2 3 (SEQ. NO.) 6) — WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8 12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
(F) FARMING, AGRICULTURE, IRRIGATION
(I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
22
(M) MUNICIPAL WATER SUPPLY
(P) PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL
(T) TEST

APPROXIMATE DEPTH OF WELL 120 FEET (24 28)

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39
(S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)
(41 52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER (C A P) (54 63) ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67 68) WRITE INITIALS IN BOX
CONDITIONS (A E N S G W Q C L U) (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (1 2 3 (SEQ. NO.) 6) — HEALTH DEPARTMENT APPROVAL

41 (S) STATE HEALTH (CIRCLE BOX)
Howard (COUNTY NAME) W29635 (COUNTY NO.)
DATE (MO. DAY YR.) 04 02 79 (43 48)
APPROVED BY Donald W. Monaghan, Sanitarian

B 5 (1 2 3 (SEQ. NO.) 6) SPECIAL CONDITIONS 8-63 (WRA USE ONLY) (8 63)

A 7772

HEALTH

B 3 (1 2 3 (SEQ. NO.) 6) — LOCATION OF WELL

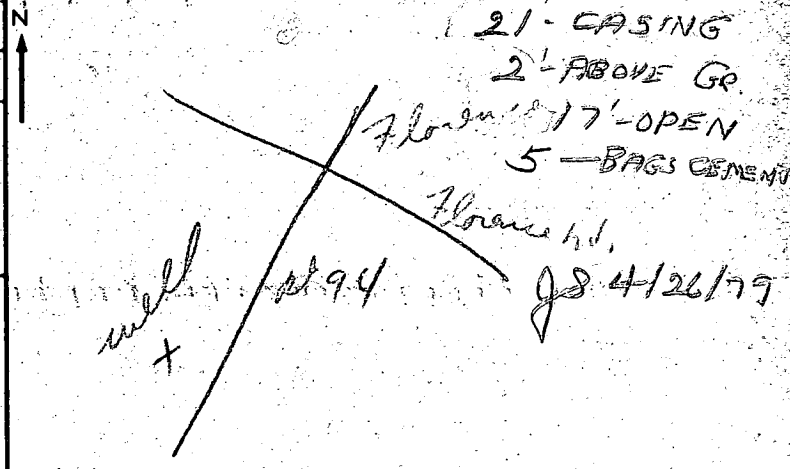
COUNTY Howard (8 (DO NOT ABBREVIATE COUNTY NAME) 21)
SUBDIVISION (23 42)
SECTION (44 46) LOT (48 50)
NEAREST TOWN Florence (52 71)
MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 (73 (M) (I) 76 77 78)

B 4 (1 2 3 (SEQ. NO.) 6) — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

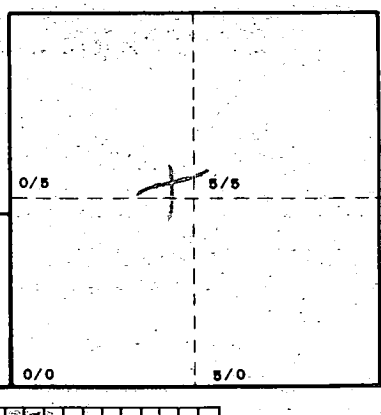
(N) NORTH (E) EAST (NE) NORTHEAST (SE) SOUTHEAST
(S) SOUTH (W) WEST (NW) NORTHWEST (SW) SOUTHWEST
(8) (8) (8 9)

NEAR WHAT ROAD Rt 94 (11 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) (32) SOUTH (S) (32) EAST (E) (32) WEST (W) (32)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 (34 37 (M) (I) 38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 760 N 530



NORTH COORDINATE (50 51 52 53 54 55)
EAST COORDINATE 760 (57 58 59 60 61 62 63)
ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

DNR-214 (7-77)

C 1 1243 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13 — 15 20

DATE WELL COMPLETED 4/26/79

DEPTH OF WELL 100 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" W - - 3215
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 40

OWNER MARTIN (LAST NAME) G. WILLIAMS (FIRST NAME)

STREET OR RFD 3268 RT 94 (POST OFFICE) WOODBINE 21797

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
TOP SOIL	0	3	
SLATE	3	60	
BROWN SLATE	60	80	
BLUE SLATE	80	100	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y 44 NO N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT C M 45 46 BENTONITE CLAY B C 45 46

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. 48 52 TO 19 FT. 54 58

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW

S T STEEL; C O CONCRETE; P L PLASTIC; O T OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	21 (66 70)

OTHER CASING (IF USED)

EACH CASING

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW

S T STEEL; B R BRASS OR BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C 2 (1 2 3 (SEQ. NO.) 6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

	FROM	TO
1 (8 9)	80 (11 15)	100 (17 21)
2 (23 24)	(26 30)	(32 36)
3 (38 39)	(41 45)	(47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) GEORGE F. EASTERDAY

SIGNATURE George F. Easterday

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

TELESCOPE CASING (70)	LOG INDICATOR (E.R.O.S.) (72)	OTHER DATA AVAILABLE (74 75 76)
T		W Q

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 60 (11 15)

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (17 20) (NEAREST FOOT)

WHEN PUMPING 100 (22 25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR (27); P PISTON (27); T TURBINE (27); C CENTRIFUGAL (27); R ROTARY (27); O OTHER (DESCRIBE BELOW) (27); J JET (27); S SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX – SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (NEAREST FOOT) (43 47)

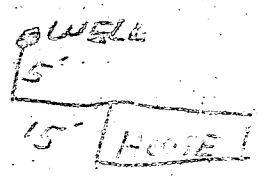
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE; – BELOW (49) LAND SURFACE (50 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



HEALTH

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 8755 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HO 73-3752
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) Feb 21 80

OWNER Martin William (COL. 15 LAST NAME, FIRST NAME, COL. 34)
STREET OR RFD 3288 Rt 94 (COL. 36, COL. 55)
POST OFFICE Woodbine, Md. 21797 (COL 57, COL. 76)
8-13

B 1 CONTINUED (SEQ. NO.)

DRILLER INFORMATION

DATE 12-1-80 LICENSE NUMBER 40 (77–80)
George Eastaday (FIRST NAME, DRILLER, LAST NAME)
SIGNATURE George Eastaday

B 2 (SEQ. NO.)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8–12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
(F) FARMING, AGRICULTURE, IRRIGATION
(I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
22
(M) MUNICIPAL WATER SUPPLY
(P) PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL
(T) TEST

APPROXIMATE DEPTH OF WELL 150 FEET (24–28)
APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39
(S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)
(41–52)

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

APPROPRIATION PERMIT NUMBER (G A P) (54–63) ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67 68) WRITE INITIALS IN BOX
CONDITIONS A E N S G W Q C L V (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (SEQ. NO.)

HEALTH DEPARTMENT APPROVAL

41 (S) STATE HEALTH (CIRCLE BOX)
HOWARD (COUNTY NAME) A27792 (COUNTY NO.)
DATE MO. 12 DAY 01 YR. 80 (43–48)
Frank Skinner (APPROVED BY)
Frank Skinner, Sanitarian

B 5 (SEQ. NO.)
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

B 3 (SEQ. NO.)

LOCATION OF WELL

COUNTY Howard (8–21) (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION (23–42)
SECTION (44–46) LOT (48–50)
NEAREST TOWN Florence (52–71)
MILES FROM TOWN (ENTER O IF IN TOWN) 2 (79) M I (76 77 78)

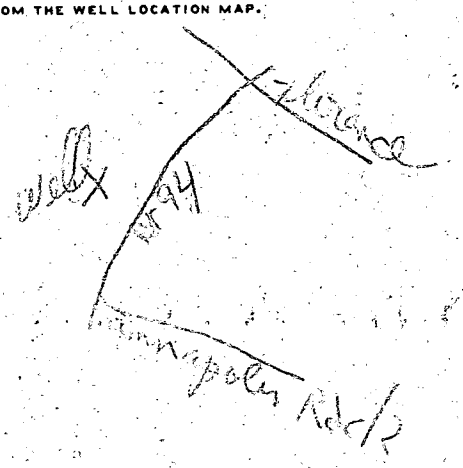
B 4 (SEQ. NO.)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

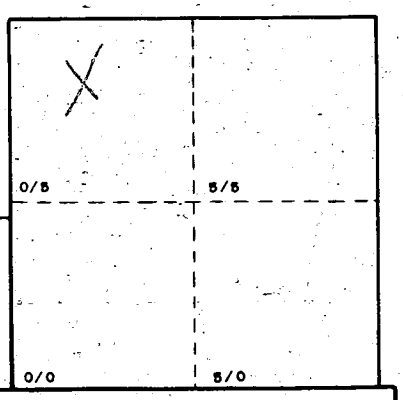
(N) NORTH (E) EAST (NE) NORTHEAST (SE) SOUTHEAST
(S) SOUTH (W) WEST (NW) NORTHWEST (SW) SOUTHWEST
8 8 8 9 8 9

NEAR WHAT ROAD Rt 94 (11–30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) 32 SOUTH (S) 32 EAST (E) 32 WEST (W) 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 (34–37) F T M I (38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 760 2 N 520 8



NORTH COORDINATE 525000 (50–55)
EAST COORDINATE 0760000 (57–63)
ELEVATION AT WELL HEAD (FEET) (65–68)

HEALTH

C 1 4819 SEQUENCE NO. (WRA USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A-27792

Date Received (WRA use only)

DATE WELL COMPLETED 12-4-80

Depth of Well 320 ft. (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3752

OWNER Martin (last name) William (first name)

STREET OR RFD 2248 Rt 94 TOWN Woodbine

SUBDIVISION SECTION LOT

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	FEET TO	Check if water bearing
Top Soil	0	3	
Brown Shale	3	50	
Brown Slate	50	60	
mica	50	70	
Brown Slate	70	72	
mica	72	85	
Brown Slate	85	88	✓
mica	88	265	
Blue Slate	265	304	
Flint	304	306	✓
Blue Slate	306	320	

CIRCLE APPROPRIATE BOX

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 40

George R. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 9 NO. OF POUNDS 900
GALLONS OF WATER 50
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	56

OTHER CASING (if used) EACH CASING

diameter inch	depth (feet) from	to

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

C 2 (seq. no.)

EACH SCREEN

	DEPTH (nearest ft.)	
HO	54	320

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq no)

PUMPING TEST
HOURS PUMPED (nearest hour) 5

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 60
WHEN PUMPING 320

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 APPROPRIATE BOX) YES Y NO N

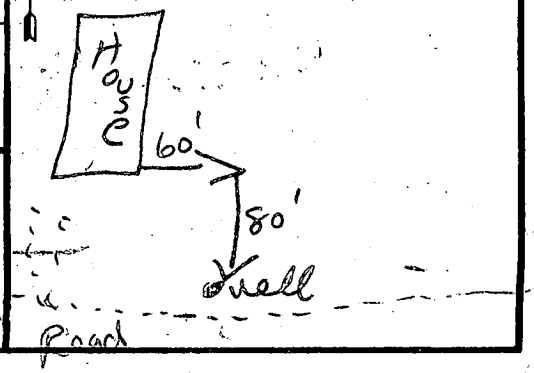
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

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 2 (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)



HEALTH