

7/31/86 8/1/86 8/5/86 1PM
8/1/86 3PM
8/1/86 2PM
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 37198

A 29163

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~

461-9933

03-308995

ELLICOTT CITY

DISTRICT 3rd

DATE 6/17/86

INDEXED

Paul Schissler

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salembottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Sunset Valley II ROAD 1005 Sunset Valley Dr. LOT 4

PROPERTY OWNER Douglas Williams

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Start the first trench 120 feet from the right (205') lot line and 115 feet from the rear (449') lot line. Run trench(s) along contour toward rear lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. 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. *delg*

HOUSE INVERT TOO DEEP. OK TO CHANGE INLET TO 6", ~~4"~~ BOTTOM AT 8'.
3' WIDE TRENCH REQ'D, ^{WITH 2 FT STONE} 7/23/86 CWilliams

PLANS APPROVED BY C. Williams

DATE 3/05/86

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: 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.

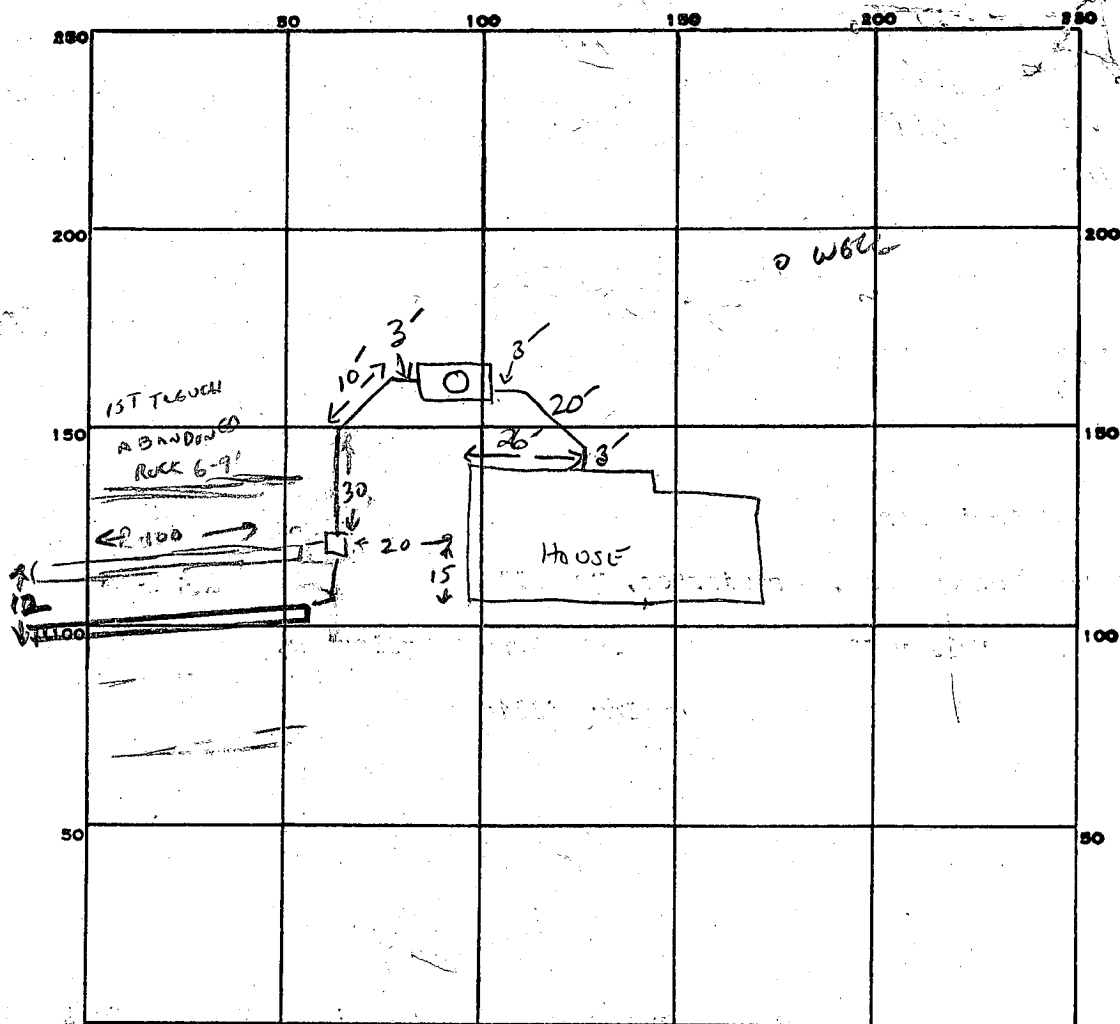
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29163



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SUNSET VALLEY DR

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1500 GAL

CLEANOUTS MANHOLE RINGS

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1 1/2 FT IN. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 2 (100+100) TOTAL BOTTOM AREA 600

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 200 SQ. FT.

REMARKS 8-1-86 OK TO COVER TANK; SAGUL NOTE INLET 1 FT DEEPER THAN CALLED FOR
BOTTOM TO 8.5' INSTEAD OF 8'; 18" STONE INSTEAD OF 24" STONE, TRENCHES
STARTING LOWER IN FIELD THAN HIGH PERC HOLE -> ALREADY APPROVED BY C.W., SAGUL
8/5/86 2ND TRENCH INSTALLED - NO INSPECTION, C.W.

DATE SYSTEM APPROVED

8/5/86

INSPECTOR

Craig Williams

SUBDIVISION:

SUNSET VALLEY II

LOT NUMBER:

4

A 29163

DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	
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

200 sq. ft./bedroom

Trench to be 2 wide.Inlet 4 feet below original grade.Bottom maximum depth 7 feet below original grade.Effective area begins at 4 feet below original grade.3 feet of stone below distribution pipe.

- 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 THE FIRST TRENCH 120'FROM THE RIGHT (205') LOT LINE AND115' FROM THE REAR (449') LOT LINE.RUN TRENCH(S) ALONG CONTOUR TOWARD REAR LOT LINE,3/5/86 C.W. Miller

B.P.# 70076

BLOC. PERMIT SIGNED
 ALSO RETURNED 5-16-86

APPLICATION

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: 992-2330

A 33854

P _____

DISTRICT 3rd.

DATE 5/4/84

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 Richard & Diane Scholl

ADDRESS P.O. Box 462 Poolesville, Maryland 20837 PHONE 972-8215

PROPERTY LOCATION:

SUBDIVISION Sunset Valley LOT NO. Lot 4 Section 2

ROAD AND DESCRIPTION Sunset Valley Drive

SIZE OF LOT 3 ac. TYPE BLDG. Two-Story 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 _____

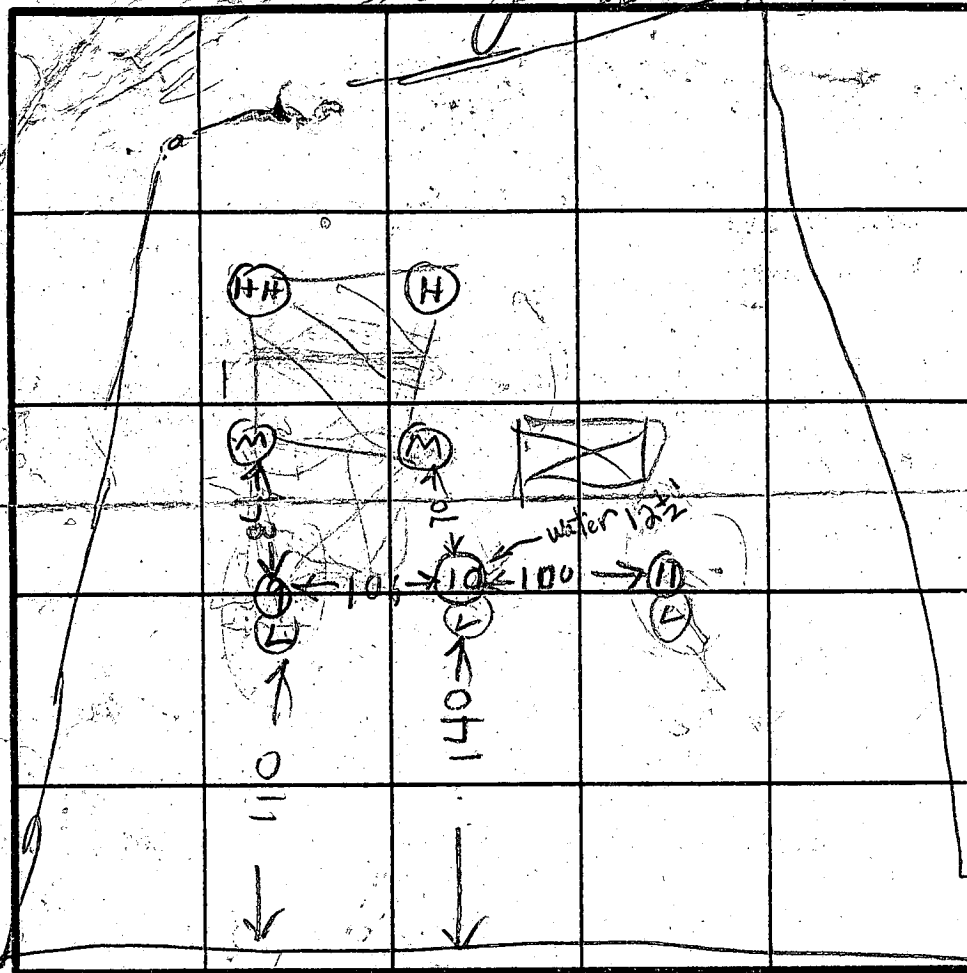
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

See plat

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11/04	9 S	4 1/2	1006	1019	1019	1039	20
	9 D	8	1009	1012	1012	1019	7
	9 V	14	LOOKS OK				
	10 S	4 1/2	1018	1040	1040	1117	2 1/2 hrs
	10 D	8	1018	1028	1028	1047	19
	10 V	14	WATER 12 1/2 LF				
	10 M	6 1/2	1120	1130	1130	1149	19
	11 S	5	1148	1204	1st inch 16 mm		
	11 V	12 1/2	LOOKS OK				

HOLE ELEVATION

HH = HIGHER

H = HIGH

M = MEDIUM

L = LOW

REMARKS

TYPE OF SOIL

TESTED BY

B. HODGES

MR. BRESCHOLD Property Owner
SAM ECKER contractor
WM ROWE Backhoe

ALSO PRESENT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 29163

P _____

DISTRICT

DATE

3RD.

10/12/78

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

VIRGINIA M. GARRATT

ADDRESS

FORSYTHE ROAD, SYKESVILLE MD. PHONE 301-442-2262
21784

PROPERTY LOCATION:

SUBDIVISION

SUNSET VALLEY

LOT NO.

#

New #4

11/14/80
Permit

REACCOMPLISHED

ROAD AND DESCRIPTION

P

Sec. 2

SIZE OF LOT

3.0 AC. ±

TYPE BLDG.

SINGLE FAMILY RESIDENCE

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.

RETESTED LOWER ON LOT 5/11/84
OK FOR SHALLOW SYSTEM ONLY. C.W.

SIGNATURE OF APPLICANT

/s/ BRUCE D. BURTON

APPROVED BY

Raymond Hodge

FOR

Dry Well & Ditch

DATE

2/18/83

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

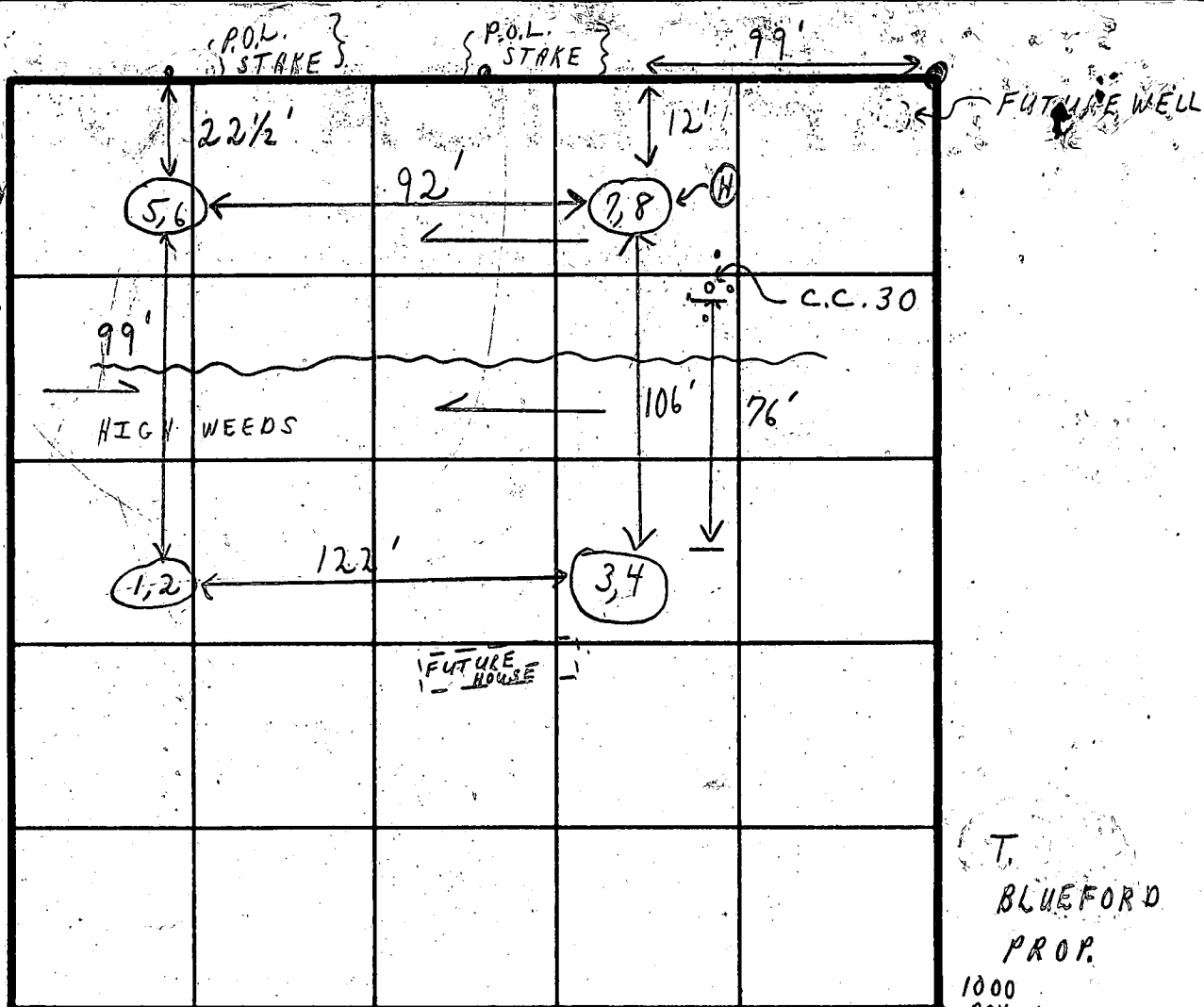
REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

#15
SUNSET VALLEY

SOIL PROFILE

BELOW
CLAY
SEE
EACH
HOLE



FIELD
SHEET
{REACCOMPLISHED}
PER PLAT CROVO
HAS!!

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PAY RD.

SOIL PROFILE

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-5' clayish LOAM	8/5/80	1	5 1/2'	10:25	10:29	10:29	10:39	10 min
5 1/2' - 14'		2	14'	10:26	10:39	10:39	11:02	23 min
1'-5' clayish		3 A	5'	11:03	11:28	11:28	dirt	Fell
5'-13' LOAM		4 (H)	13'	11:04	11:08	11:08	11:18	10 min
1'-5' clayish		5 Test @ 5 1/2'	5 1/2'	11:32	11:34	11:34	11:39	5 min
5'-13' LOAM		6	12 1/2'	11:32	11:39	11:39	11:49	10 min
1'-4' clayish		7 Test @ 4 1/2'	4 1/2'	11:52	11:55	11:55	12:01	6 min
4'-12 1/2' sandy loam		8 (H)	12 1/2'	1:00	1:03	1:03	1:09	6 min
		3 B	5 1/2'	1:02	1:06	1:06	1:10	4 min
								10 min

RECOMMEND SHALLOVE" TO "TRENCHES. C.B.S.

REMARKS

Reaccomplished @ office; TESTS IN OPEN FIELD;
HOLD FOR CERTIFIED HOLES; SHOW CONTOURS-HIGH GRASS

TYPE OF SOIL

TESTED BY

C.B.S.

ALSO PRESENT

OWNER + CREW

(1) WALTER-BACKHOE

(2) LABORER

MR. CROVO

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 29/163

P _____

DISTRICT 3RD

DATE 10/12/78

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 VIRGINIA M. GARRATT

ADDRESS FORSYTHE ROAD SYKESVILLE, MD. PHONE 301-442-2262
21784

PROPERTY LOCATION:

SUBDIVISION SUNSET VALLEY LOT NO. 15

ROAD AND DESCRIPTION SUNSHINE WAY

SIZE OF LOT 3.0 AC. ± TYPE BLDG. SINGLE FAMILY RESIDENCE

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.

SIGNATURE OF APPLICANT Bruce D. Burton

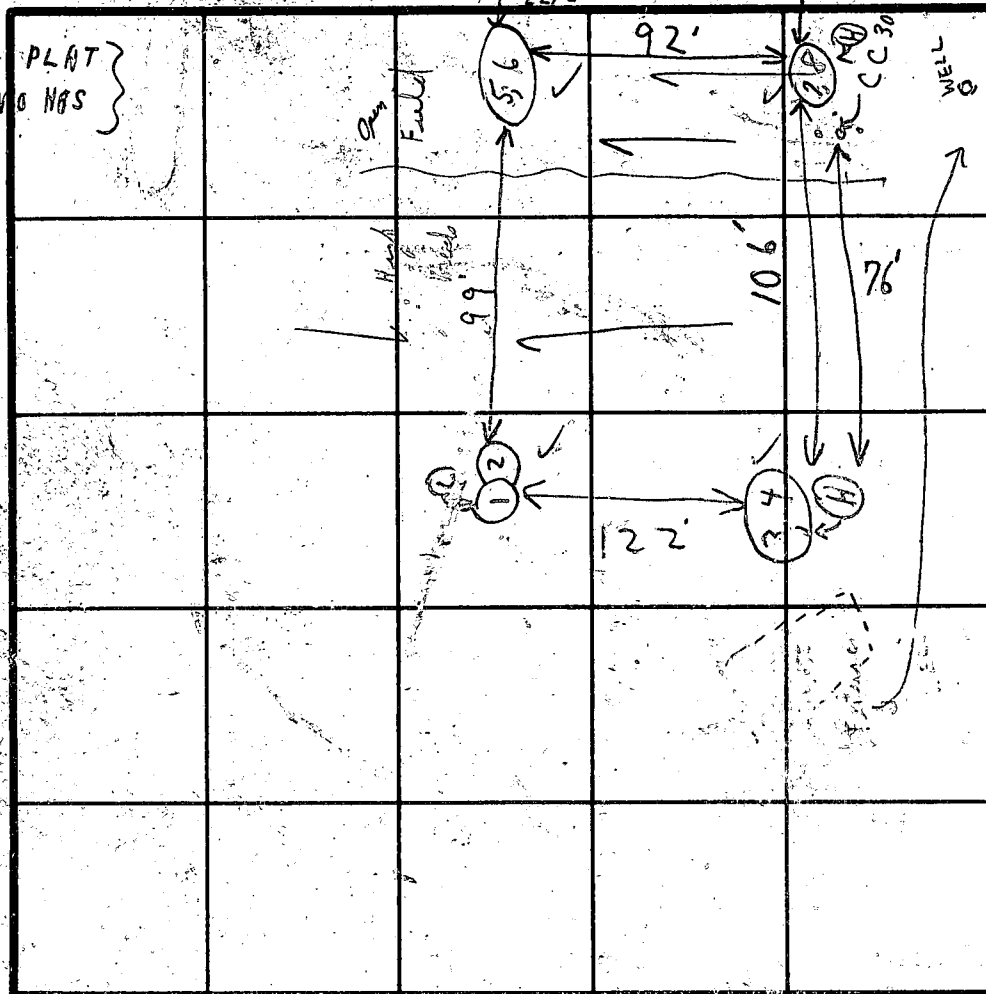
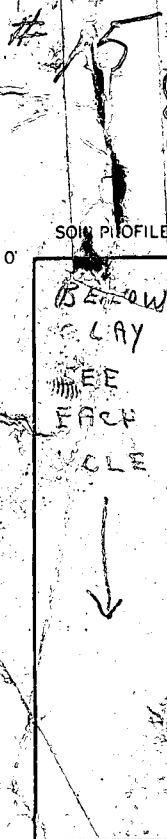
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/80	1	5 1/2'	10:25	10:29	10:29	10:39	10 min
	2	14'	10:26	10:39	10:39	11:02	23 min
	3A	5' 2"	11:03	11:28	11:28	11:41	13 min
	4	13' 2"	11:04	11:08	11:08	11:18	10 min
	5 Test 5 1/2'	5 1/2'	11:32	11:34	11:34	11:39	5 min
	6	12 1/2' 2"	11:32	11:39	11:39	11:49	10 min
	7 TESTS 7 1/2'	4 1/2'	11:52	11:55	11:55	12:01	6 min
	8	12 1/2' 2"	1:00	1:03	1:03	1:09	6 min
	3B	5 1/2' 2"	1:02	1:06	1:06	1:10	4 min

REMARKS TESTS IN OPEN FIELD; HOLD FOR CERTIFIED HOLES; + CONTOURS - HIGH GRASS

TYPE OF SOIL

TESTED BY

C. B. S.

ALSO PRESENT

OWNER
+ CREW
WALTER BACKHOE
MR. CROVO

SOIL PROFILE
DECLARATION
LOAM
5 1/2' - 14'
1' - 5" CLAY
5' - 13' LOAM
1' - 5" CLAYISH
5' - 13' LOAM
1' - 4" CLAYISH
4' - SANDY
12 1/2' LOAM

dry to 1 1/2'
dry to 13'
about 4'
good ground
4'

See.

1-7-75

Winged Valley

pp Dg Rd

Tested

8/4/80

C. B. d.

New #4

SUNSET VALLEY
 { per plot }
 { of CROVO }



FIELD
 SHEET

INDICATE NORTH NAME OF HIGHWAY AS BASE LINE

Soil Profile

1'-5' Clayish

60 AM

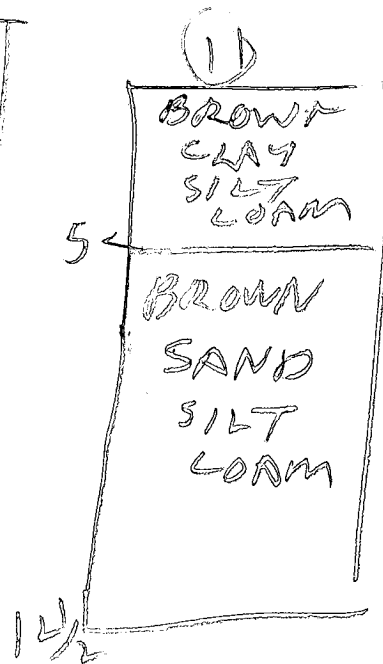
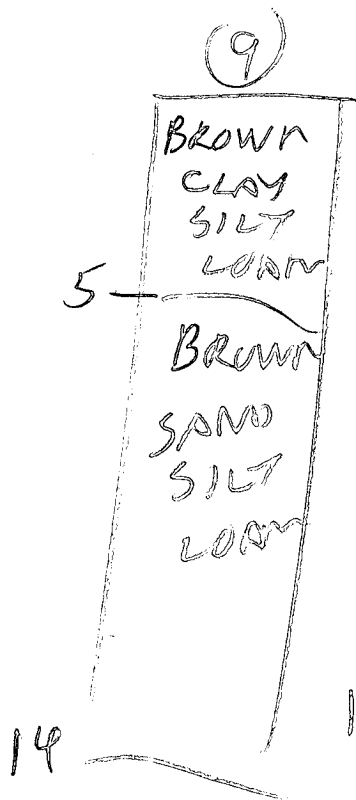
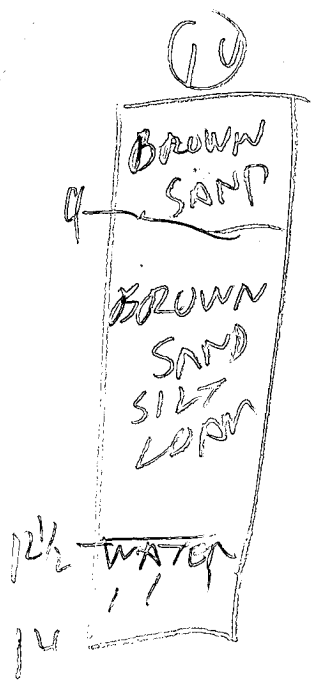
5 1/2 14

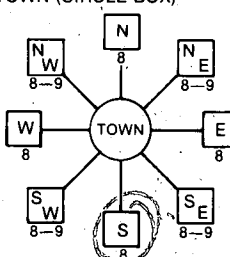
1'-5'

5-13

1

TEST NO	DEPTH	PRE WET		TEST 1 DROP	
		START	STOP	START	STOP
1		10:25	10:30	10:30	
	1'	10:26	10:30	10:30	11:00
	5'	11:03	11:28	11:28	
		11:24	11:28	11:28	11:30
		11:30	11:34	11:34	11:39
		11:39	11:39	11:39	11:40
		11:40	11:55	11:55	12:00
		11:55	12:00	12:00	12:00
		12:00	12:00	12:00	12:00



B 1 2500 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 40-81-0682 fill in this form completely
Date Received 8/7/84 - 5:30 PM. OWNER INFORMATION 15 Last Name SCHELL Owner First Name MR 36 PO BOX 37 Street or RFD 57 Woodbine Town 70 State MD 72 Zip 21797 76	B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION SUNSET VALLEY 42 SECTION 2 44 46 LOT 24 48 50 52 NEAREST TOWN SYKESVILLE 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name Charles C. Campbell 77 License No. 290 80 Firm Name Campbell Well Drilling & Supply Co. Address 14531 Hanover Pike Upperco Md Signature Charles C. Campbell Date 8/14/84	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 97 E Forsythe Rd 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N 32 E 34 WEST W 36 S 38 SOUTH 34 600 37 DISTANCE FROM ROAD ENTER FT or MI AT 38 39	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN 30 AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT other _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-81-0682 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS Builder - Same as permit 875-2775 HEALTH		

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

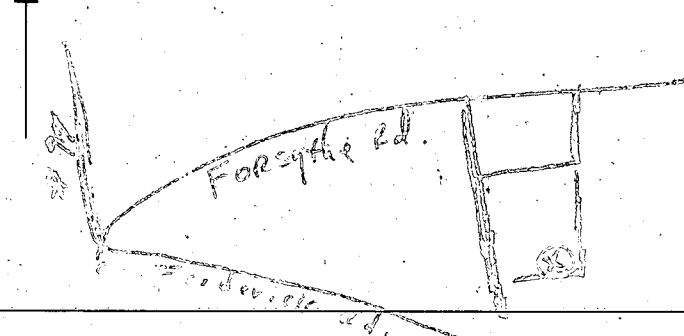
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **800** 7
N **550** 0

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

N





SUN ENGINEERING & CONSTRUCTION INC.

P.O. Box 37
Woodbine, Maryland 21797
875-2775

TIME OF PERC 2 - 111.00



water well
elev. 114.00

DRINKING INLET ELEV. 107.00

INLET ELEV. OUT OF SEPTIC 109.25

INLET ELEV. INTO SEPTIC 109.50

INLET ELEV. OUT OF HOUSE 110.00

HOUSE

1ST FLOOR ELEV. 114.00

BASEMENT ELEV. 105.00

SEWAGE
DISPOSAL
EASEMENT

Additional PERC

*Elevation of
8/17/84 CWL*

SUN SET VALLEY DRIVE

SECTION 2 LOT 4

I Certify the above measurements and elevations
are actual and correct for this property.

SIGNED: *[Signature]*

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.)

Samuel L. Ecker per
(Name)

P.O. Box 37
Woodbine Md. 21797
(Address)

HO-81-0682
(OEP Well Permit Number)

August 13, 1984
(Date)

875-2775

R34220
\$40.00

Sunset Valley, Lts 5, Sec 2

PERC
- 992-2330

Section 2
PLAT 5356
Lot 4

MAY 11
9:30

2750

2107
13/94

N. 1.200

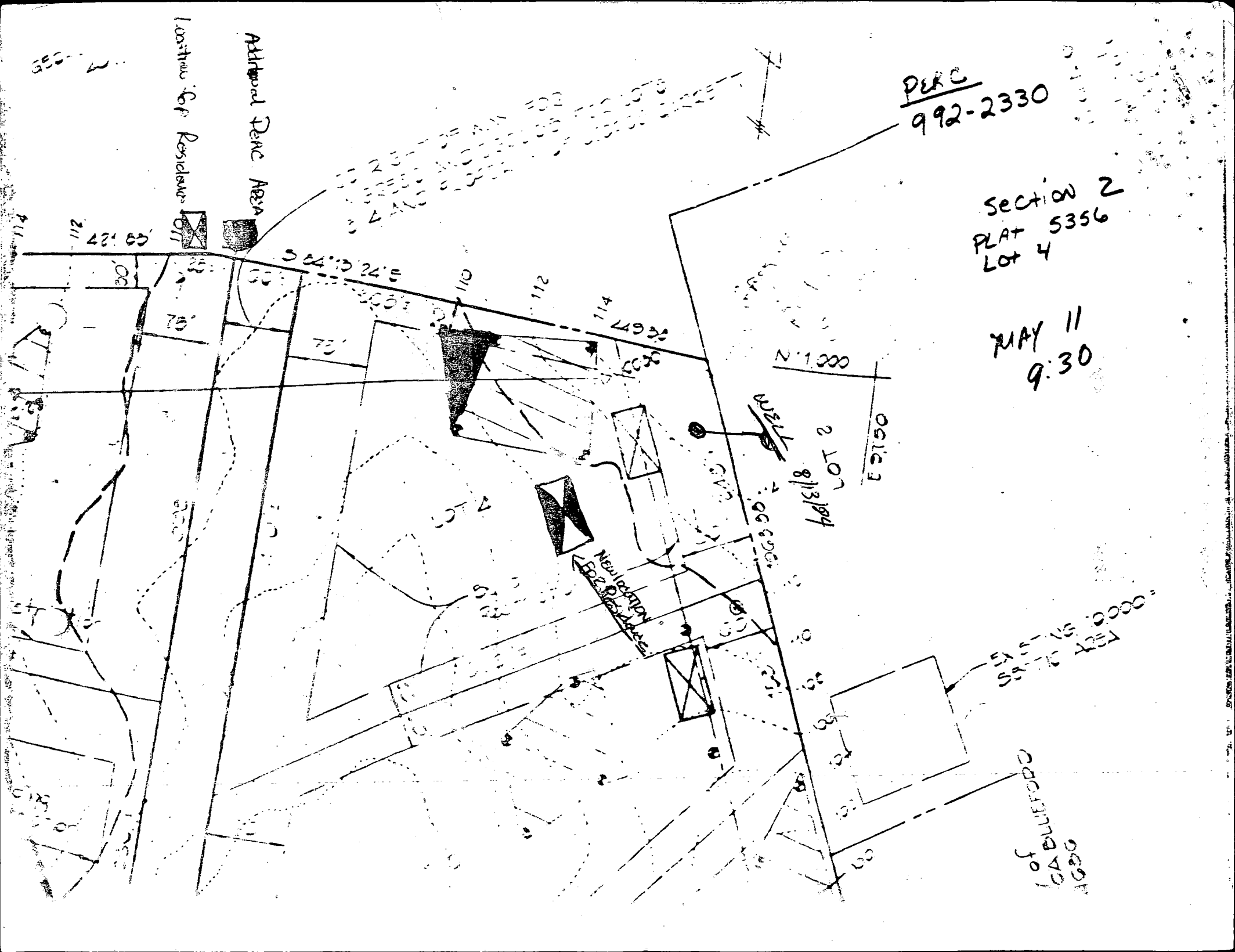
~~New location
for PMS files~~

SECRET

of BLUEBIRD
CA 94060
1980

Additional Desc: Area

Location of Residence



C1 4550 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6, ON ALL CARDS)</small>	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.
DATE Received 8 17 84	DATE WELL COMPLETED 8 17 84	Depth of Well 22 100 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0682

OWNER last name <u>SCHOLI</u> first name <u>DAVE</u>	TOWN <u>SKESVILLE</u>
SUBDIVISION <u>SUNSET VALLEY</u> SECTION <u>II</u> LOT <u>4</u>	

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
Overburden	0 33	
Granite black/white	33 100	✓

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS <u>10</u>	NO. OF POUNDS <u>1000</u>
GALLONS OF WATER <u>60</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>35</u> ft.	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST <input type="checkbox"/> CO	
	<input type="checkbox"/> PL <input type="checkbox"/> OT	
	STEEL CONCRETE PLASTIC OTHER	
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<input checked="" type="checkbox"/> ST	<u>6</u>	<u>37</u>

OTHER CASING (if used)	
diameter inch	depth (feet) from to
<u> </u>	<u> </u>

SCREEN RECORD	
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO
	STEEL BRASS OPEN HOLE
	<input type="checkbox"/> PL <input type="checkbox"/> OT
	PLASTIC OTHER

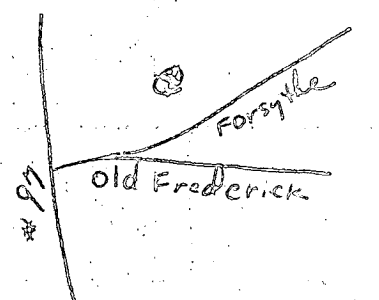
C2	
DEPTH (nearest ft.)	
<u>H0</u> <u>35</u> <u>100</u>	
EACH SCREEN	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
<u> </u>	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
<input type="checkbox"/> 68	

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T	(E.R.O.S.)	WQ
<input type="checkbox"/> 70	<input type="checkbox"/> 72	<input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) <u>3</u>		
PUMPING RATE (gal. per min. to nearest gal.) <u>20+</u>		
METHOD USED TO MEASURE PUMPING RATE <u>gal. bucket</u>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING <u>24</u>		
WHEN PUMPING <u>24</u>		
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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: <u> </u>	
CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u> </u>	
PUMP HORSEPOWER <u> </u>	
PUMP COLUMN LENGTH (nearest ft.) <u> </u>	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE <u>2</u> (nearest foot)
<input type="checkbox"/> - below	

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)	
	

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. <u>290</u>	
DRILLERS SIGNATURE <u>Charles P. Campbell</u>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) <u>Phil Brown</u>	

Completed Well Drilling

