

PERMIT

SEWAGE DISPOSAL SYSTEM

P 24974
A 21291

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 12/15/76

INDEXED

Approved
HB
3-24-77

350
266
566

Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION (Fox Haven) ROAD Route 108 LOT 24

PROPERTY OWNER Edwin G. Willson

ADDRESS Ashton, Maryland 20702 Phone: 774-9698

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

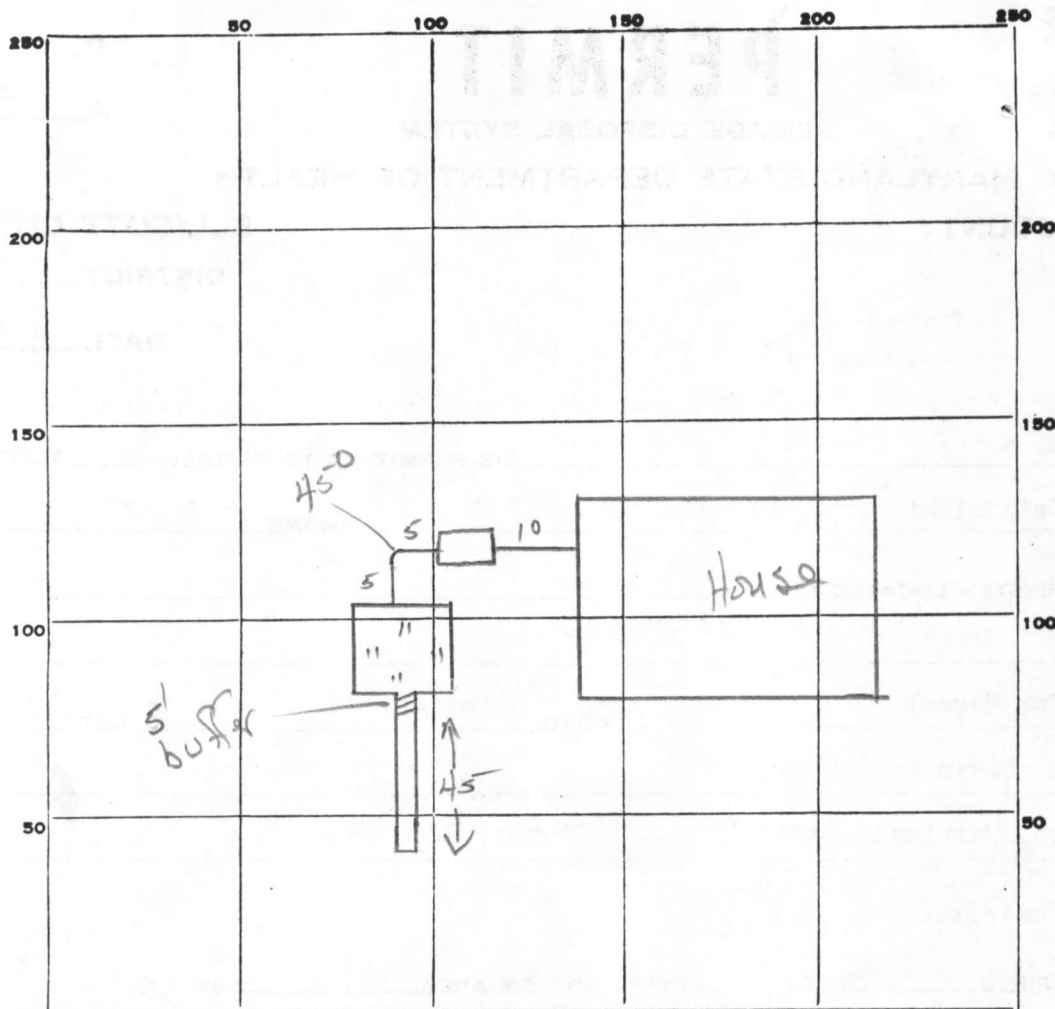
OTHER DRY WELL AND TRENCH - 300 sq. ft. absorbent sidewall area to begin below the first 4½ ft. of original grade. Maximum depth permitted for dry well is 11 ft. below original grade. Come off dry well with 5 ft. earth buffer (solid pipe) and begin trench. Trench to be 2 ft. wide, 11 ft. deep, 40 ft. long, with 6½ ft. of gravel under pipe. Bring dry well inlet 4 ft. below original grade - come off dry well to trench at 4½ or 4¼ ft. below original grade. Place dry well 150 ft. from front lot line and 120 ft. from left side as seen when facing from the front. Trench to go towards rear lot line across slope. CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH. 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,

PLANS APPROVED BY Donald W. Monaghan DATE 4/11/75
CONCRETE OR TERRA COTTA ACCEPTED.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

24974
21291



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD yes

SEPTIC TANK, LEVEL 1250 g/l

CLEANOUTS ST/DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 45 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 312

SEEPAGE PITS, INSIDE DIAMETER Perimeter 44 FT. DEPTH BELOW INLET 6.5 FT.

ABSORBENT AREA 286 SQ. FT.

Total 608

REMARKS _____

DATE SYSTEM APPROVED March 24/77 INSPECTOR WAL Bengsen

APPLICATION

A 21291

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 5P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 3/31/75

Septic Tank - 1250 gal

Drain Well - 300 sq ft absorbent sidewall area to begin below the first 4 1/2 ft of original grade. More depth permitted for DW. is 11' below orig. and grade. Come off DW 5 ft earth buffer (solid pipe) & begin trench. Trench to be 3' wide, 11' deep, 40' long with 6" gravel under pipe.

Bring Well inlet 4' below orig grade - come off DW to trench at 4 1/2 ft below orig grade

Place Drain Well 150' from front lot line & 120' from left side as seen when facing from the front. Trench to go towards rear lot line across S. lot.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

* call for inspection of trench before gravel is installed.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edwin G. WillsonAshton, Md. 20702774-9698

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION (Fox Haven) LOT NO. 24ROAD AND DESCRIPTION On east side of Rt 108, first road (500'±) north of Patuxent RiverSIZE OF LOT 3.341 acres (Parcel 24) Sec 1 B1A TYPE BLDG. Single family dwg.L/713/F363 rec. 2/24/75 - This property has not been offered for sale. NUMBER OF BEDROOMS 4
IF NOT SINGLE RESIDENCE DESCRIBE _____ BLDG. PERMIT SIGNED AND RETURNED 4/21/75

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

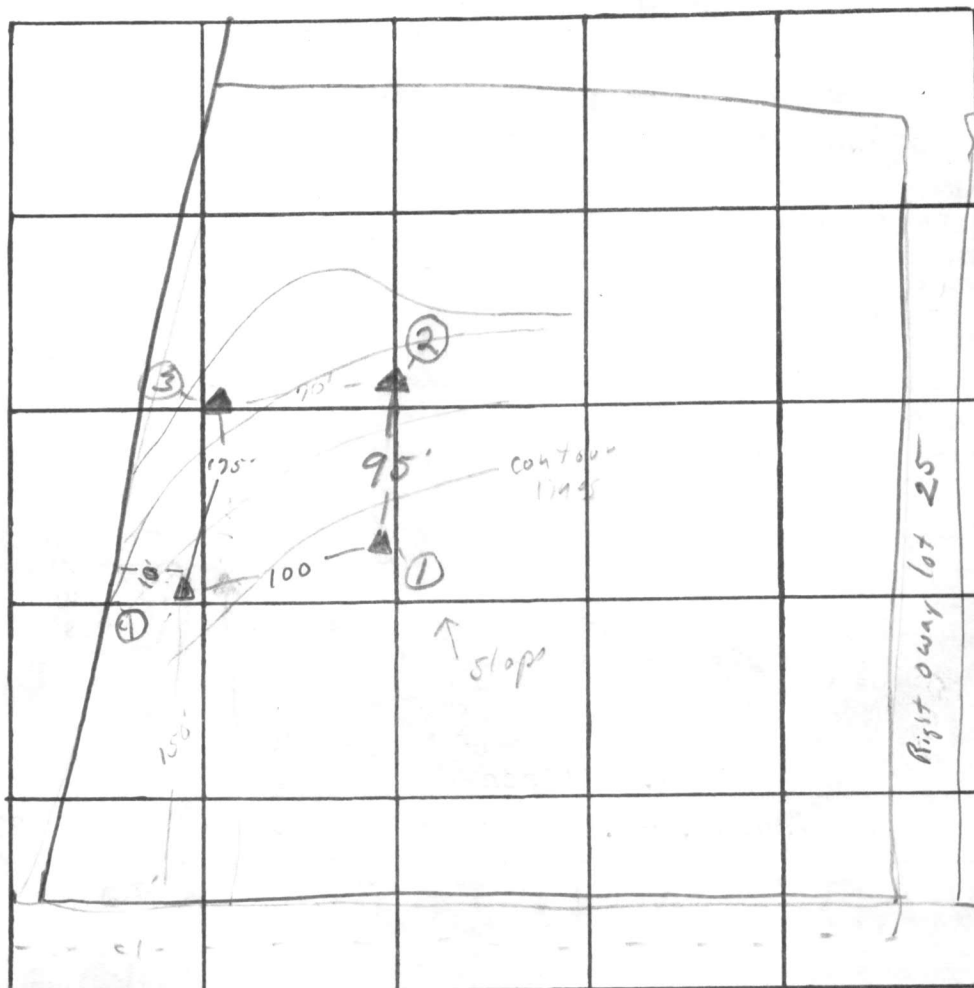
SIGNATURE OF APPLICANT Richard Hallenbeck - Tel 286-2988APPROVED BY Dr. Managha FOR Drain Well DATE 4-11-75
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

lot 25



② - 0
clay
- 6'
clay loam
some
pieces
of
gravel +
- 11'
+ loose
Not
consolidated

④
- 0
uniform
mica
loam

- 10 1/2'

Right of way lot 25

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/75	1 high	15'	11 52	10 59	10 59	12 10	11
	1 A	11 1/2'	11 52	11 56	11 56	12 04	8
	2	4'	11 56	11 56	11 56	12 04	
	2 A	11'	11 56	12 10	12 10	12 26	16
	3 s	3 1/2'	12 11	12 16	12 16	12 25	9
	3 d	11'	12 14	12 18	12 15	12 22	87
	4 visual	10 1/2'	Visual				
	2 b	6'	12 40	12 52	12 52	1 27	24

13 min arg.
Sold 5'

REMARKS

TYPE OF SOIL Absorbent in holes 1-3-4 lot of clay in 2

TESTED BY D. O. N. & F. S.

ALSO PRESENT: J. Fyock & Co.

APPLICATION

A 21291

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 5DATE 3/31/75TO: 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 Edwin G. WillsonADDRESS Ashton, Md. 20702 PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION On east side of Rt 108, first road (500'+) north of Patuxent RiverSIZE OF LOT 3.341 acres (Parcel 24) TYPE BLDG. Single family dwg.

L:713/F363 rec. 2/24/75 - This property has not been offered for sale. NUMBER OF BEDROOMS _____

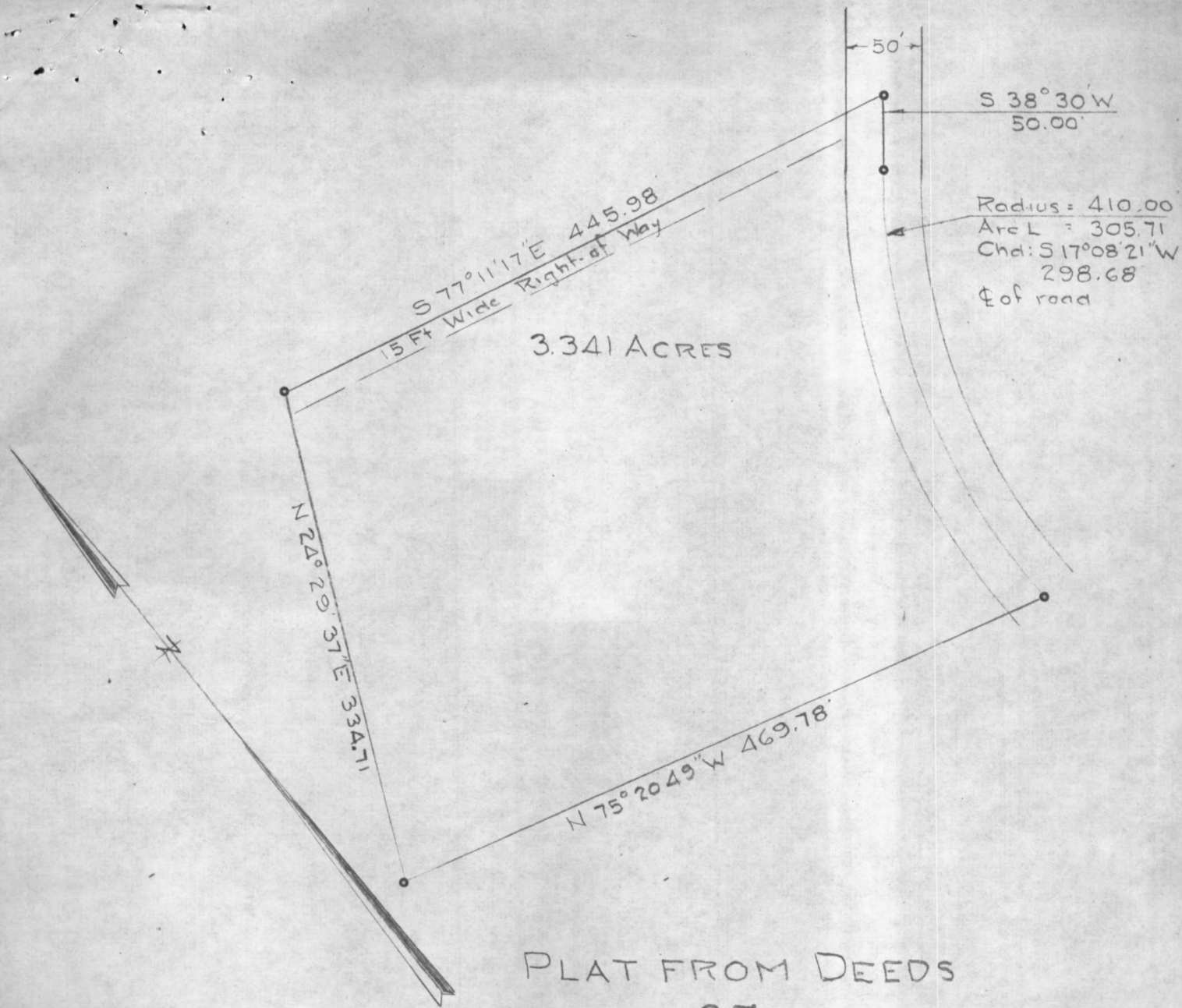
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Richard Willson - Tel 286-2988APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



PLAT FROM DEEDS
 OF
 LOT NO 24- SECTION ONE
 FOX HAVEN
 FIFTH ELECTION DIST.- HOWARD CO.
 HIGHLAND, MARYLAND.
 SCALE: 1 IN = 100 FT MARCH 14, 1975

Note: The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department

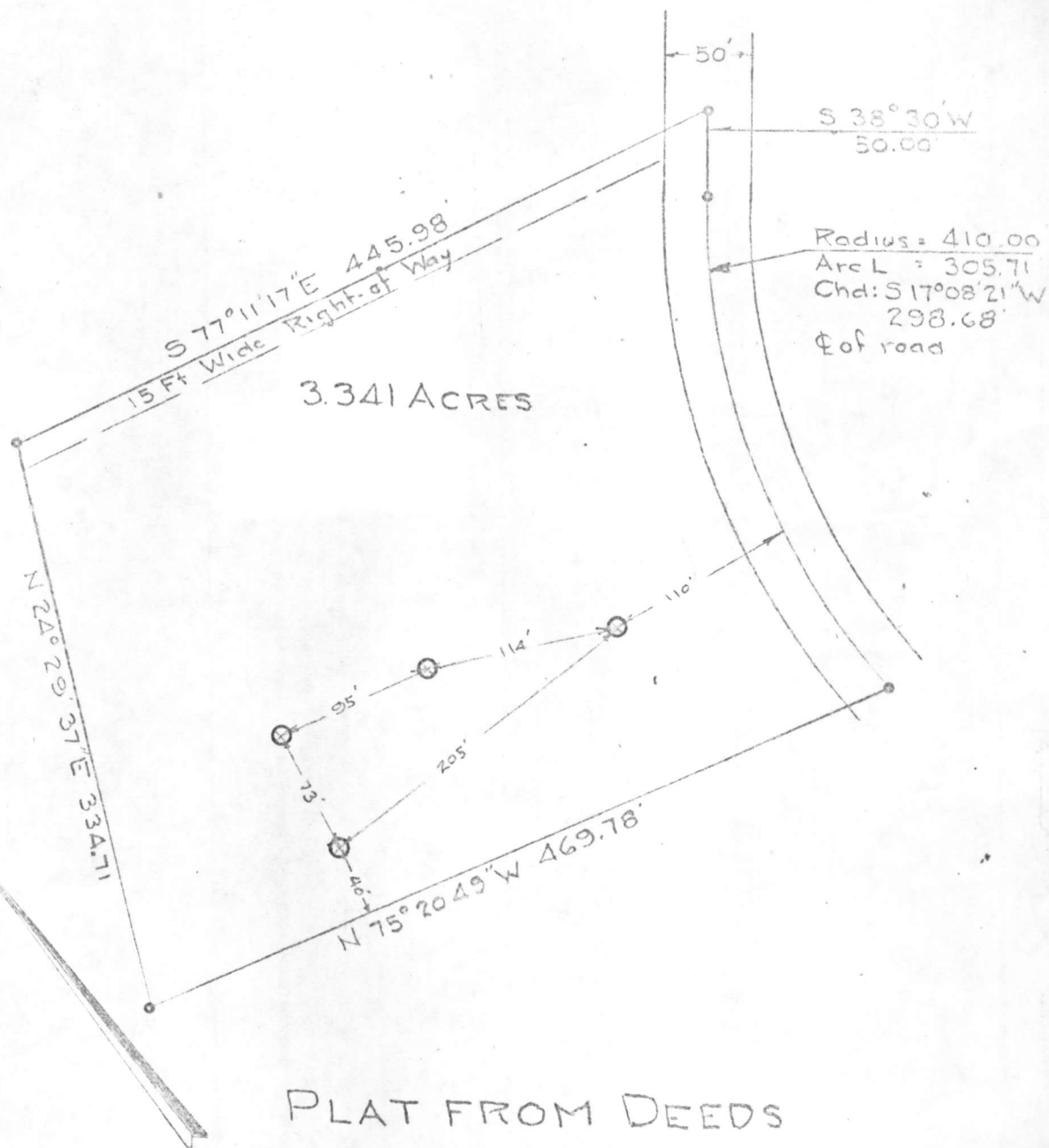
Approved: Private Water & Private Sewer

Howard County Health Officer

Date



Claude M. Skinner, Jr.
 A3868



PLAT FROM DEEDS
 OF
 LOT NO 24- SECTION ONE
 FOX HAVEN
 FIFTH ELECTION DIST., HOWARD CO.
 HIGHLAND, MARYLAND.
 SCALE: 1 IN = 100 FT MARCH 14, 1975

O Permitted percolation test location on land
 shown on lot shown hereon complies with the
 minimum ownership and lot area as required
 by the Maryland State Health Department

Private Water & Private Sewer

John D. ...
 Health Officer

4/9/75
 Date



Claude M. Skinner, Jr.
 43868

Well Elev 503

FIRST FLEL 500'

Base EL 492'

INV House 491'

INV Tank 489'

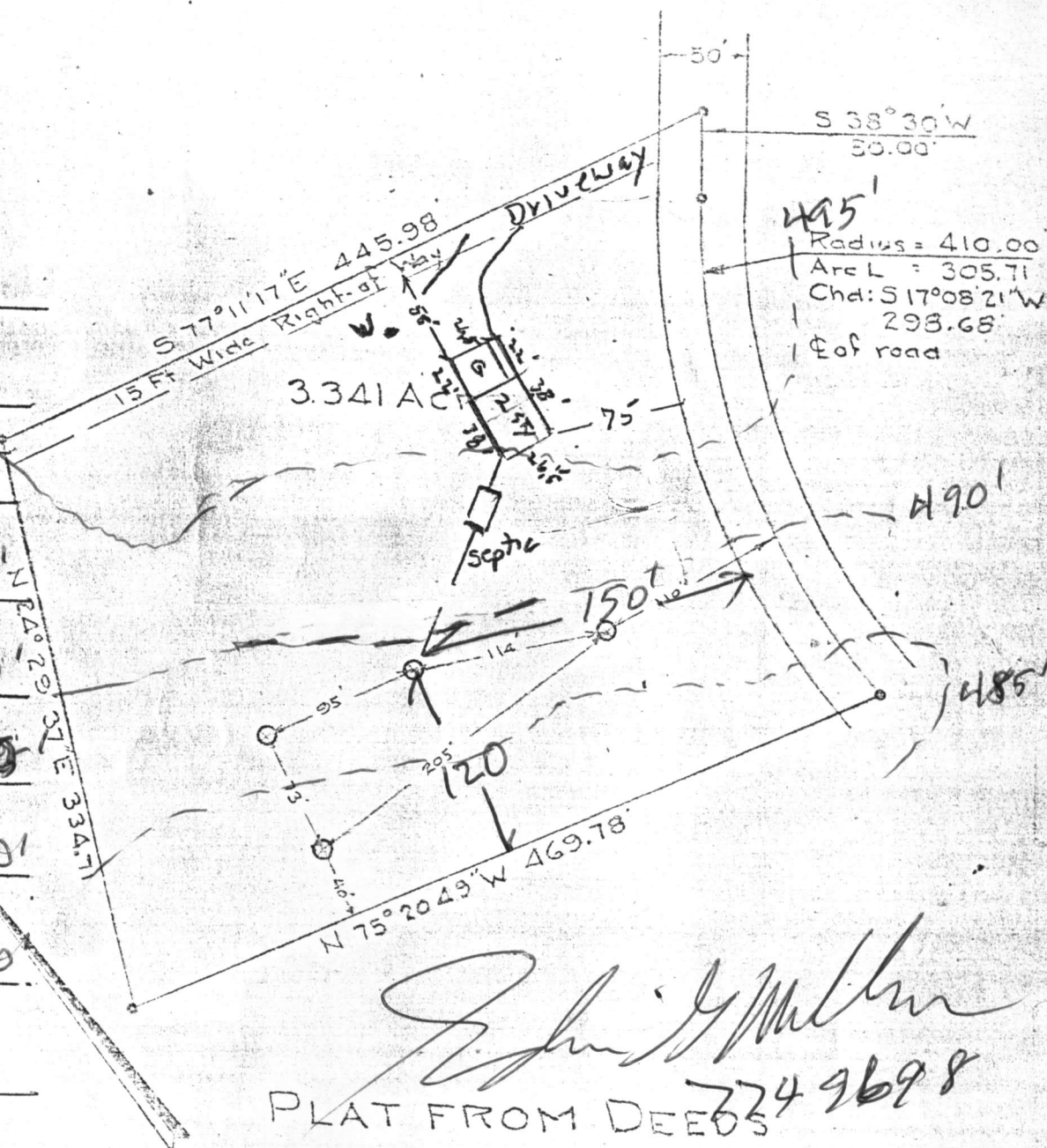
EXISTING T 491'

INV PT 488'

EXIST PIT 498'

Elev at Test 490

W



John J. Miller
774 9698
PLAT FROM DEEDS
OF

LOT NO 24- SECTION ONE

FOX HAVEN

FIFTH ELECTION DIST., HOWARD CO.

HIGHLAND, MARYLAND.

SCALE: 1"=100' MARCH 14, 1975

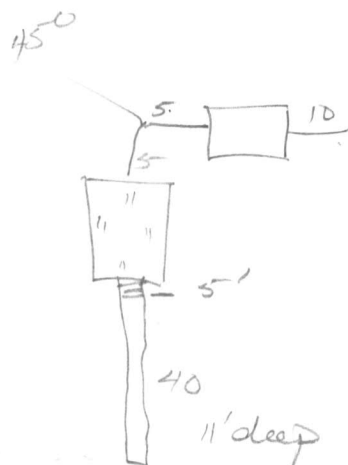
4/11/75
OK
LWM



O Denotes percolation test location on lot.
Note: The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department.

$$\begin{array}{r}
 26.5 \\
 44 \\
 \hline
 260 \\
 260 \\
 \hline
 286.0 \\
 266 \\
 \hline
 552
 \end{array}$$

$$\begin{array}{r}
 41 \\
 6.5 \\
 \hline
 205 \\
 246 \\
 \hline
 2665
 \end{array}$$



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

WRA PERMIT NUMBER
40-73-1881
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
4/1/77
10:00 AM
4/1/77
9:30 AM

OWNER
COL 15 LAST NAME
Edwin
FIRST NAME
COL 34
STREET OR RFD
COL 36
14507 Hilpin Rd.
COL 55
POST OFFICE
COL 57
Silver Spring, Md. 20906
COL 76

DRILLER INFORMATION
DATE
Feb. 21 77
LICENSE NUMBER
42540
77
80
FIRST NAME
J. J. Easterday
DRILLER
LAST NAME
Easterday
SIGNATURE
J. J. Easterday

WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)
5
8
12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)
500
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.
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
T TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL
200
24
28 FEET
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 DEEPEMED 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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPMEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

HEALTH DEPARTMENT APPROVAL
Howard
W25274
STATE HEALTH (CIRCLE BOX)
COUNTY NAME
COUNTY NO.
MO. DAY YR.
DATE
0 2 2 3 7 7
APPROVED BY
43
48 Donald W. Monaghan, Sanitarian

LOCATION OF WELL
COUNTY
Harvard
8
(DO NOT ABBREVIATE COUNTY NAME)
21
SUBDIVISION
34
23
42
SECTION
44
46
48
50
LOT
24
NEAREST TOWN
Highland
52
71
MILES FROM TOWN (ENTER 0 IF IN TOWN)
2
73
76 77 78
DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR ROAD
11
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
N NORTH S SOUTH E EAST W WEST
32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)
2100
34
37
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.

26 CASINGS
1 1/2 CASINGS ABOVE GRADE
22 OPEN HOLE
5 BAGS CEMENT
location moved other than that shown on plat - new location ok
AP 7 77
H. Benson

RECEIVED

RECEIVED

MAR 4 9 11 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

[Faint handwritten notes, possibly "2000" and "2001"]

C	1	3845	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY <u> </u> NUMBER <u> </u>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				DATE RECEIVED (WRA USE ONLY) <u>4-1-77</u> DATE WELL COMPLETED <u> </u> DEPTH OF WELL <u>160</u> (TO NEAREST FOOT) 22 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>710-713-1331</u> 28 29 30 31 32 33 34 35 36 37 DRILLERS IDENTIFICATION NO. <u>42</u>	

OWNER WILSON, EDWIN LAST NAME 14501 GILPIN ROAD STREET OR RFD SILVER SPRING MD POST OFFICE

WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL DESCRIPTION GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="radio"/> Y NO <input type="radio"/> N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="radio"/> C M BENTONITE CLAY <input type="radio"/> B C NO. OF BAGS <u>5</u> NO. OF POUNDS <u>50</u> GALLONS OF WATER <u>26</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>20</u> FT. (ENTER 0 IF FROM SURFACE)	PUMPING TEST C 3 1 2 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) <u>3</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>BUCKET</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>40</u> (NEAREST FOOT) WHEN PUMPING <u>160</u> (NEAREST FOOT)
---	--	--

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)

FEET	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shale	2	15	
SANDSTONE	15	70	✓
MICA	70	160	

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)

FEET	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shale	2	15	
SANDSTONE	15	70	✓
MICA	70	160	

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL ☐ S ☐ T CONCRETE ☐ C ☐ O
 PLASTIC ☐ P ☐ L OTHER ☐ O ☐ T
 MAIN CASING TYPE 57
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 20

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL ☐ S ☐ T BRASS OR BRONZE ☐ B ☐ R OPEN HOLE ☐ H ☐ O
 PLASTIC ☐ P ☐ L OTHER ☐ O ☐ T

DEPTH (NEAREST WHOLE FOOT)
 FROM 26 TO 160
 1 2 3 (SEQ. NO.) 6
 1 40 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN (NEAREST INCH)
 FROM TO
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 ☐ F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T ☐ 70 LOG INDICATOR ☐ 72
 W Q ☐ 74 75 76 OTHER DATA AVAILABLE

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 L. F. EASTERDAY
 (PLEASE PRINT) L. F. Easterday
 SIGNATURE L. F. Easterday

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
☐ A ☐ C ☐ J ☐ P ☐ R ☐ S ☐ T ☐ O
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 YES ☐ Y NO ☐ N
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
☐ + ABOVE } LAND SURFACE
☐ - BELOW } 2 (NEAREST FOOT)
 49 50 51

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).
House
157' to well

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

IN 13 9 33 AM '77

DIVISION OF
ENVIRONMENTAL
HEALTH

8/15/95

SITE INSPECTION SHEET

OWNER: Ashworth

DATE REQUESTED: 8/15/95

PHONE #: _____

CONTRACTOR: _____

ADDRESS: 14205 Rt. 108

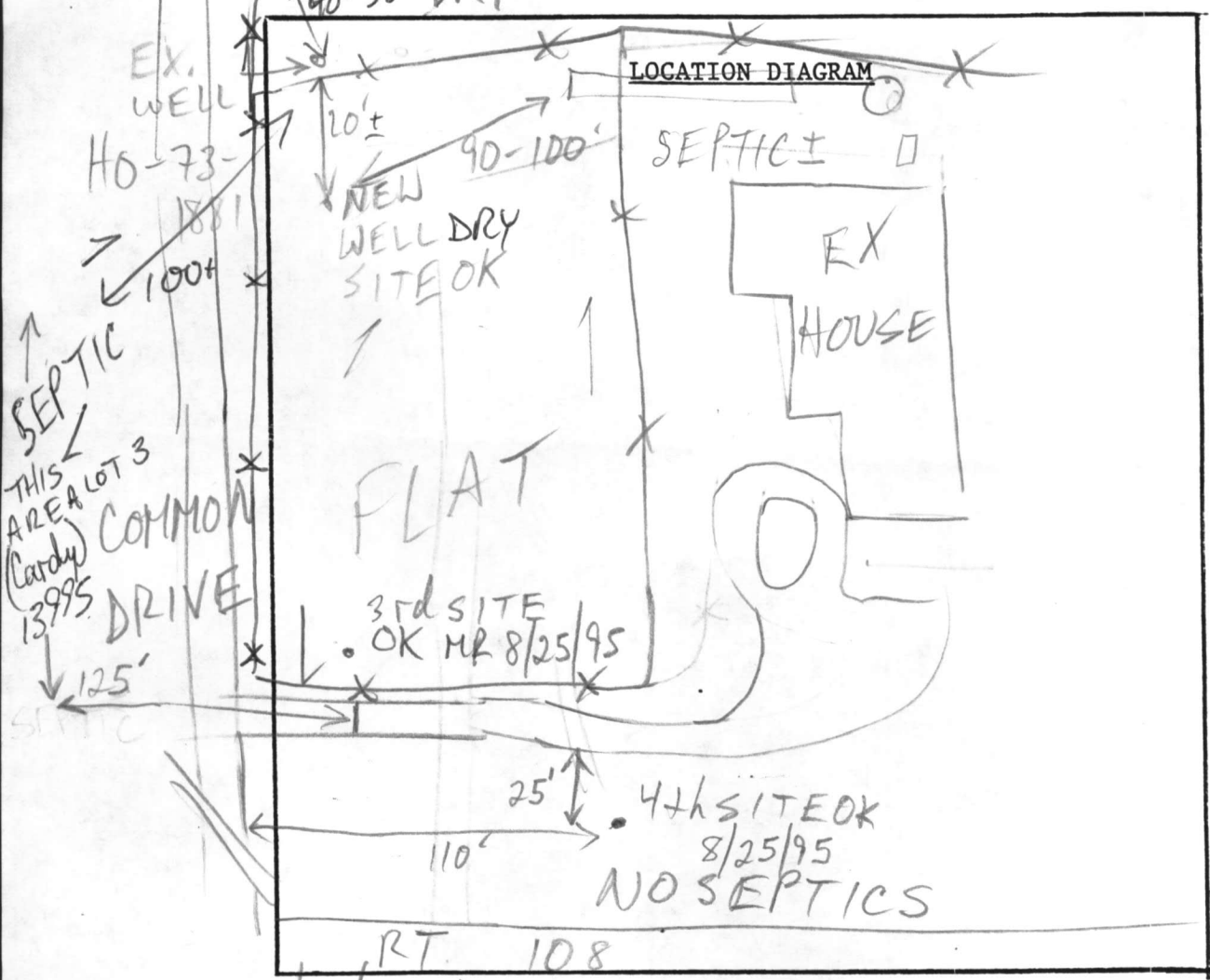
WELL TAG #: _____

COUNTY #: _____

PROPOSAL: additional well requested ex. well to stay in service, not connected

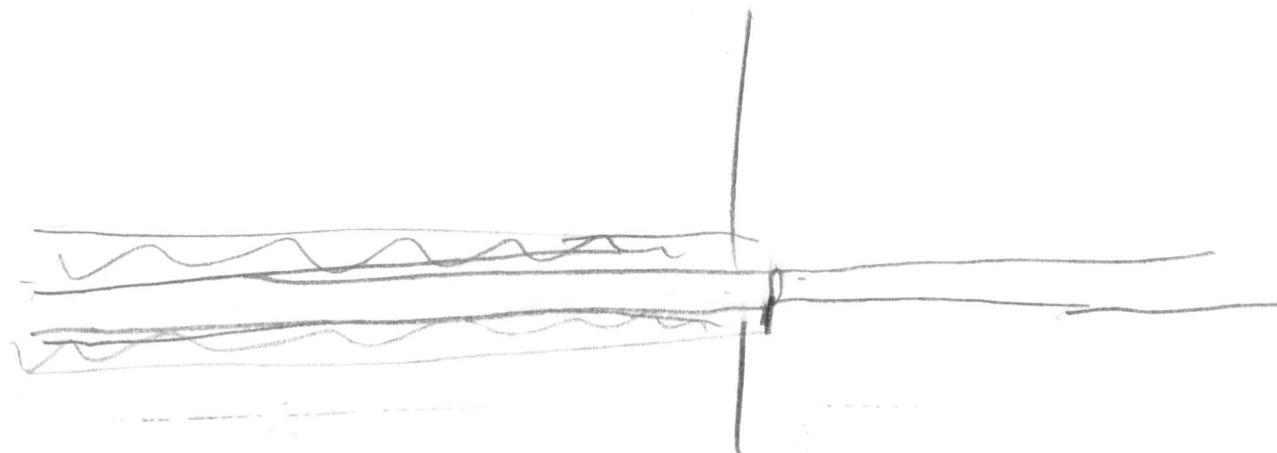
2ND SITE OK 8/22/95 MR

40-50' DRY



COMMENTS: 8/16/95 NEW WELL SITE OK AS SHOWN MR

DATE: _____ INSPECTOR: _____



C 1 2818 SEQUENCE NO. (MDE 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
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER

A21291

ST/CO USE ONLY
DATE Received

8	9	10	11	12	13
---	---	----	----	----	----

DATE WELL COMPLETED

090595

Depth of Well

22 400 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-94-0661

OWNER Ashworth last name Jerry first name
STREET OR RFD 14205 RT. 108
SUBDIVISION FOX HAVEN SECTION HIGHLAND TOWN 24 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 TO

check
if water
bearing

SAND
GRAY MICA
ROCK

0 37
37 400

Drywells 640, 500,
500, 220'
Filled in with
Cement & drilling
material

NUMBER OF UNSUCCESSFUL WELLS: 4

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

DRILLERS LIC. NO. 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. _____

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

GROUTING RECORD

yes Y no N

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 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

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

ST 6 41

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

screen type
or open hole

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
OTHER

C 2

DEPTH (nearest ft.)

E 1 H 0 40 400
A 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51
R
E

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)
T (E.R.O.S.)

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2.5

METHOD USED TO
MEASURE PUMPING RATE air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 51 ft.

WHEN PUMPING 320 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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

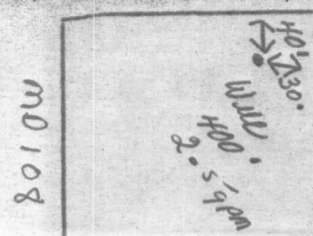
PUMP COLUMN LENGTH
(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

LAND SURFACE
above + below - (nearest foot)

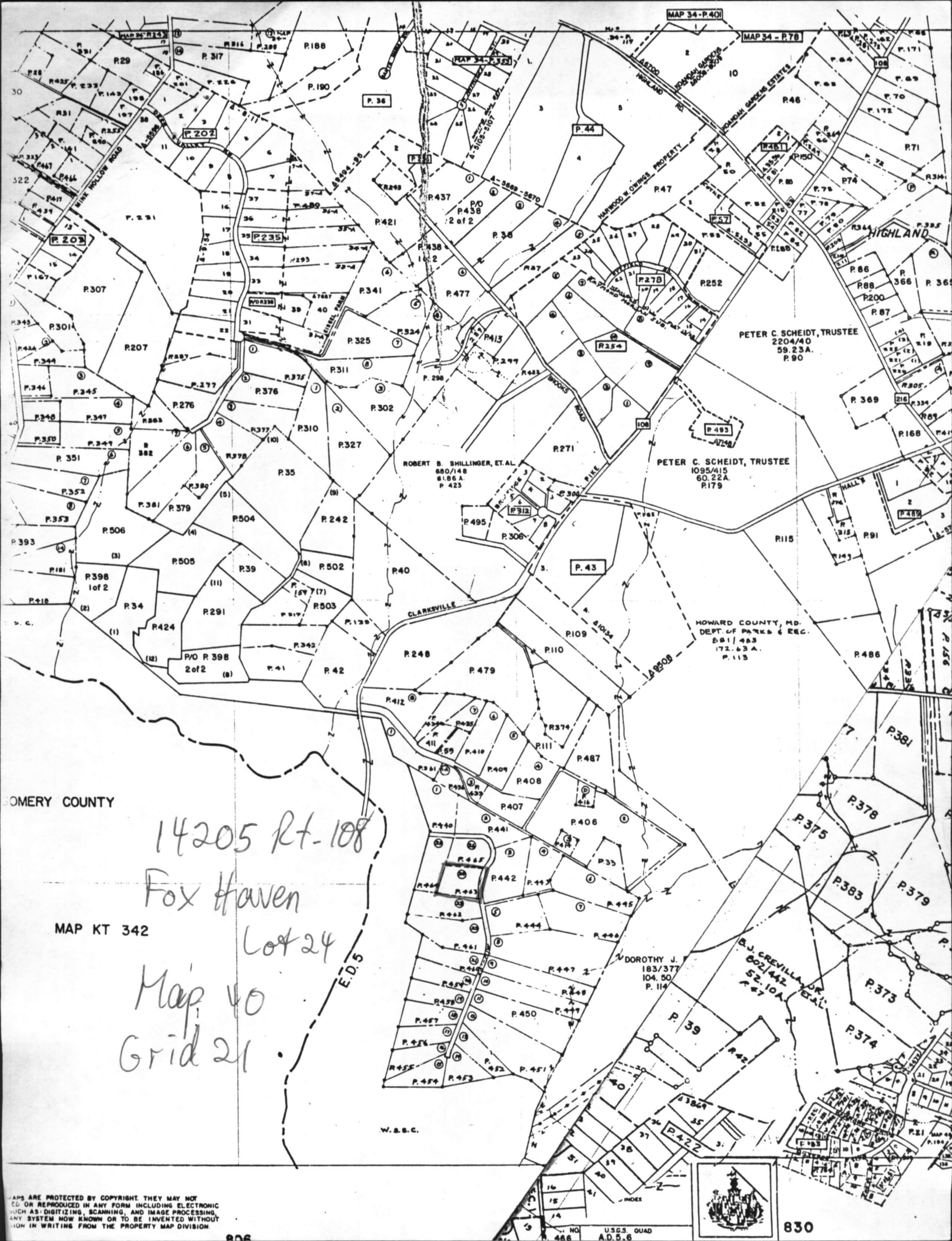
LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)



See attached dry well location

COUNTY



SOMERS COUNTY

14205 Rt-108

Fox Haven

MAP KT 342

Lot 24

Map 40
Grid 21

E.D.5

W.B.C.



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