1/24/91 MEET CONTRACTOR 11 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-409950

P 46532

A 40719

DISTRICT 5th

DATE 10/26/90

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED M. Rifkin

INSPECTOR 1/24/91

Frall Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Ashleigh Greene LOT 12, Sec. 1 ROAD 6977 Westcott Place

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

PUMP SYSTEM REQUIRED

INSTALL: 2 - 1250 gallon septic tanks
DUAL ALTERNATING PUMP SYSTEM
WITH ALARMS.

NOTE: NOTIFY HEALTH DEPARTMENT FOR AN INSPECTION BEFORE EXCAVATION BEGINS.

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 35 feet off the front lot line and 65 feet off the right (621.79') lot line as seen when facing the lot from Westcott Place. Run trenches on contour toward the right lot line. MAINTAIN 100 FEET FROM ALL WELLS.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

***** - DUAL ALTERNATING PUMPS WITH ALARMS ARE REQUIRED TO BE INSTALLED IN A SEPARATE 1250 GALLON PUMP TANK. JEN 10-9-90

PLANS APROVED BY Jane Nadeau DATE 09/21/90

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**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 40719

10-1-90

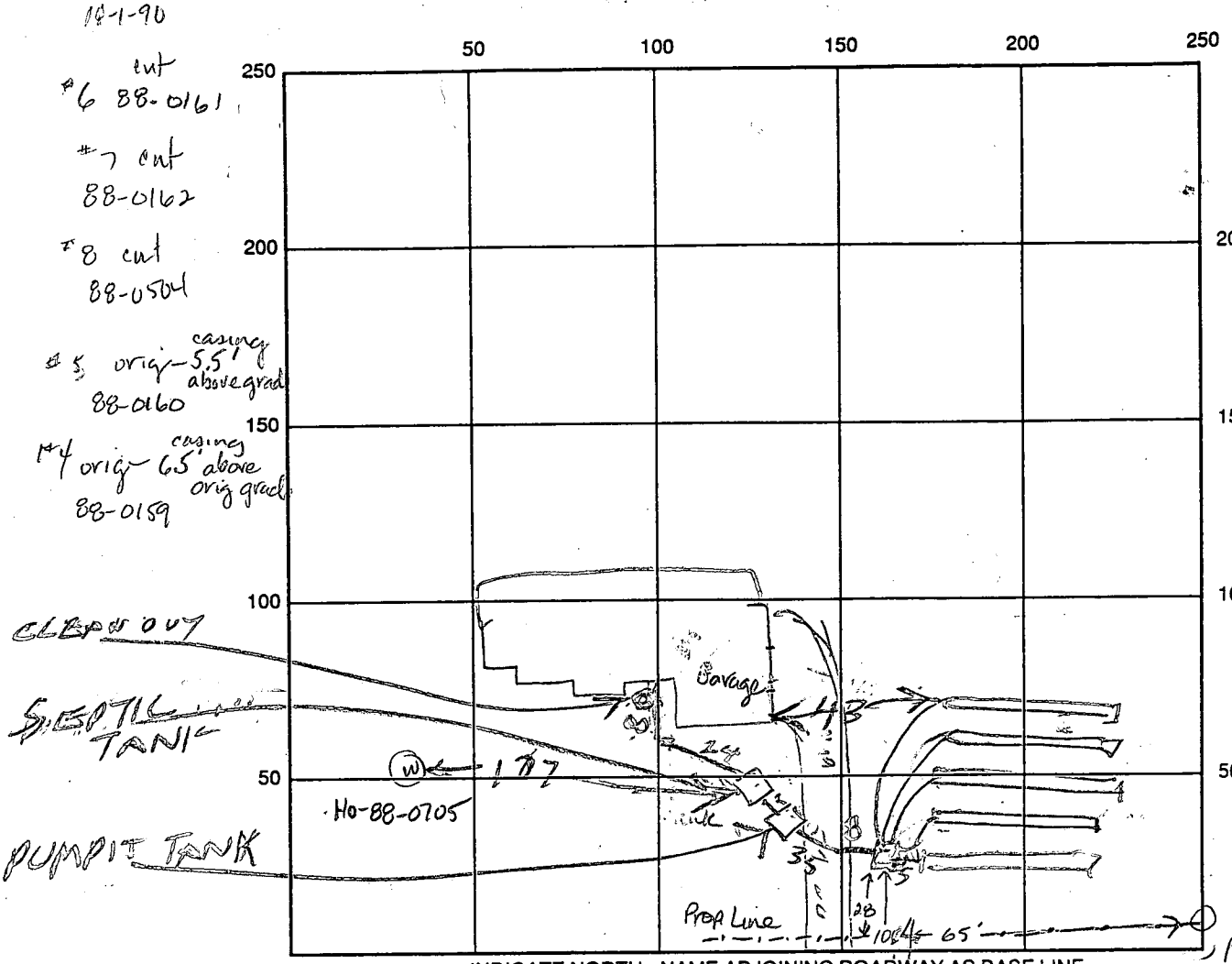
cut
#6 88-0161

#7 cut
88-0162

#8 cut
88-0504

#5 orig-5.5' casing above grad
88-0160

#4 orig-6.5' casing above orig grad
88-0159



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Westcott Place

W Ho-88-0161

SEPTIC TANK LEVEL: both 1250 gal; Pump Pit

CLEANOUTS: DISTRIBUTION BOX OK
HOUSE SEWER - OK, PUMP PIT OK, MANHOLE SEPTIC TANK OK MAN HOLE

DISTRIBUTION BOX LEVEL: OK

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 1 56 | 2 56 | 3 56 | 4 56 | 5 28 = 252 FT.

NUMBER OF TRENCHES 5

~~ONE-SIDEWALL~~/BOTTOM AREA 1040 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 10-1-90 location of septic tank and distribution box ok. JEN 11/5/90 TRENCHES 10 FT APART CENTER TO CENTER & 4" SLEVE AROUND PART OF 2" PIPE UNDER DRIVE WAY OK TO COVER TRENCHES & HOUSE SEWER RH 11/5/90 PM OK TO COVER MOST OF SYSTEM. TOLD FOR TEST OF PUMPS WHEN ELECTRIC & WATER HOOKED UP RH 1/24/91 1 OFF FLOAT, 1 PUMP FLOAT, 1 ALARM FLOAT-OK MR

DATE SYSTEM APPROVED 1/24/91 INSPECTOR M. RIFKIN

APPLICATION

A 40719

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

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 Winchester Homes, Inc. 474-4411

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Sec 1 LOT NO. 12 reperc

ROAD AND DESCRIPTION 6977 Westcott Place

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8-7-89 SHALLOW SYSTEM w/ dual pump tanks and dual alarm system. Must stay above 495 ft contour. JEN

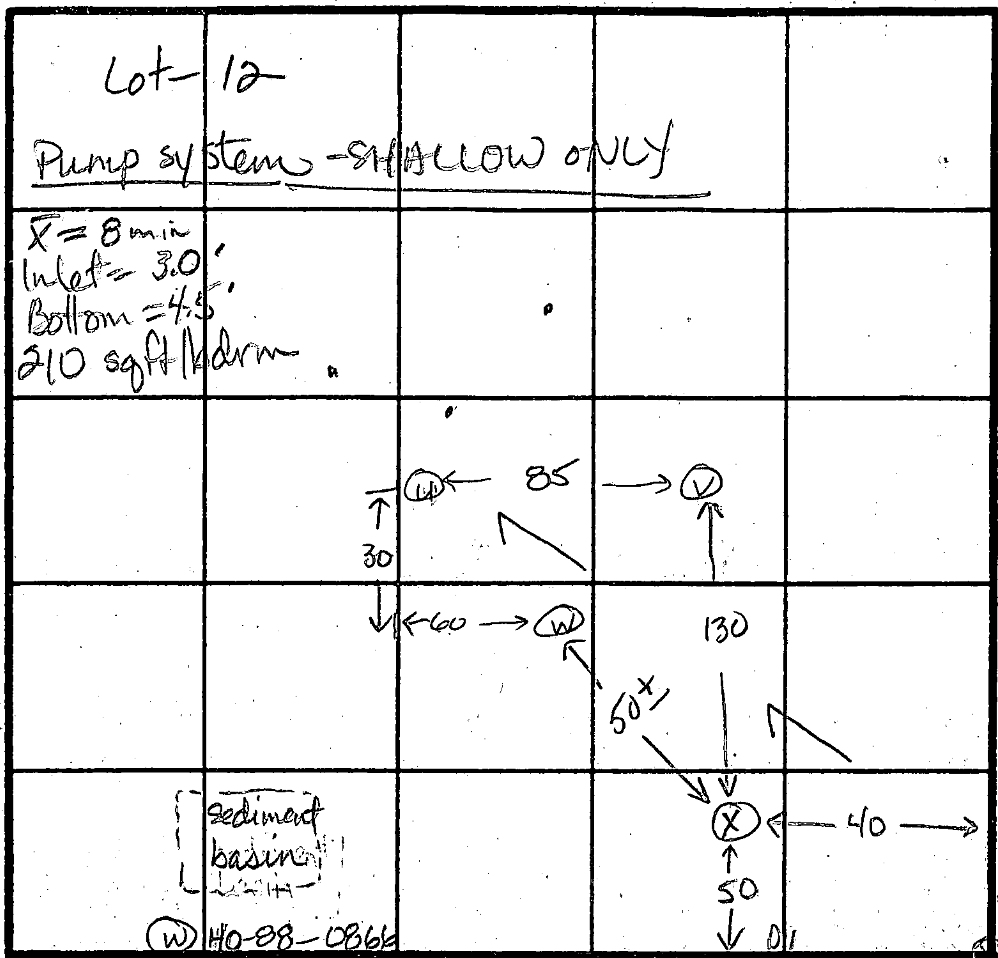
BLDG. PERMIT SIGNED AND RETURNED 9/20/89

Serial # 253-75-SFD 4 bedroom

HD-216

THIS IS NOT A PERMIT

A40719



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Westcott Place

(W) SOIL PROFILE

0'

0-4.0 Rd-br si cl lm
4-12.0 Br mica sa si lm < 30% decomp saprolite
Water at 11.5 ft
Bottom 12.0

(U)

0-3 Br si cl lm
3-5.5 Lt. br sa si cl lm
5.5-12.0 Lt. br mica sa si lm < 30% decomp saprolite
12.0 Bottom
[illegible] Water at 9.5 ft

(V)

0-3.5 Rd-br si cl lm
3.5-12.0 Br mica sa si lm < 20% decomp. saprolite
12.0 Bottom Water at 11.5 ft

(X)

0-3.5 Br si cl lm
3.5-11.5 Br-rd mica sa si lm <35% decomp. saprolite
11.5 Bottom Dry

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8-7-89	W	3.5' S	11:21	11:22	11:22	11:24	2min
	W	12.0' D	Bottom	(Water at		11.5 ft)	ok
	U	12.0 V	(Water	at 9.5 ft)			No
	V	3.5 S 12.0 D	11:29 (Water	11:31 at 11.5 ft)	11:31	11:34	3 min ok
	X	11.5 V	Bottom	-dry			ok

REMARKS Use area at same elevation and above holes W & V.

TYPE OF SOIL 0-3.5 Br si cl lm, 3.5-12 Br mica sa si lm <30% saprolite

TESTED BY J. Nadeau ALSO PRESENT Jack Fyock, Burleigh Hammel

APPLICATION

PERCOLATION TESTING

A 40719

P

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 12/1/87

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 Winchester Homes, Inc. Real Estate Development Group

ADDRESS 6301 Ivy Lane Greenbelt, MD 20770 PHONE 301-220-1117

PROSPECTIVE BUYER N/A

ADDRESS N/A PHONE

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section I LOT NO. 12

ROAD AND DESCRIPTION Intersection Hall Shop Road & Simpson Road

TAX MAP 41 PARCEL # 139

SIZE OF LOT 3.1 AC TYPE BLDG Single Family
(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. Bradley G. Adams
(SIGNATURE OF APPLICANT)

APPROVED BY FOR DATE

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR (HOLDING) 2-17-88 Pending 10,000 sq ft area, limited house & well site, subdivision plat approval and perc hole locations SHALLOW SYSTEM ONLY (4'-6') JEN

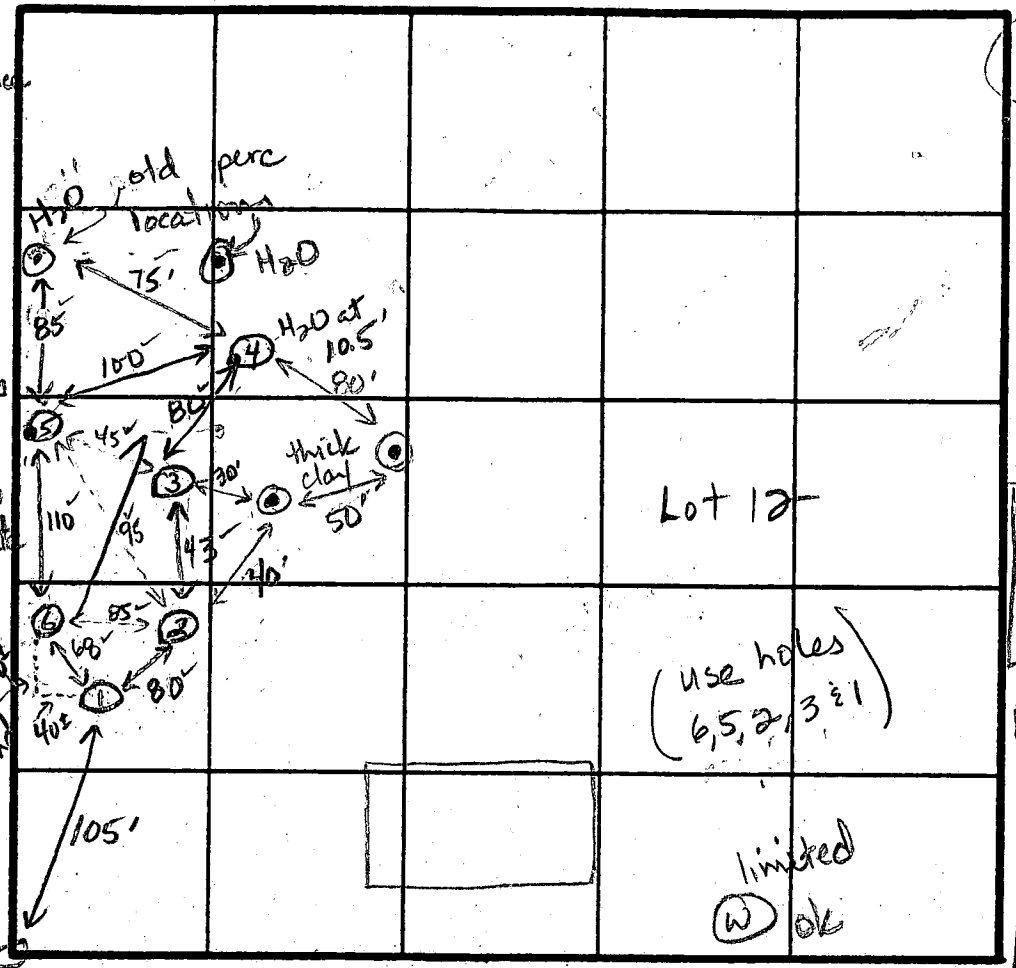
HD-216

THIS IS NOT A PERMIT

High 1 A40719
6
2
3 > 2ft El. difference
4
Low 5 (1)

SOIL PROFILE

0
0-3.5 Br sa si cl lm
3.5-6 Tan micaceous sa si lm
6.0-10.5 Gray micaceous si sand, saprolite & decomposed rock <60%
10.5 Refusal



(6)
0-4.0 Br si cl loam
4-11.0 Br mica sa si lm
11.0 Bottom

(3)
0-5.5 Br si cl lm
5.5-10 Br mica sa si lm <20% mica
10.0 Bottom

(5)
0-4.5 Br si cl lm
4.5-11.0 Rd-br sa si loam, trc mica <10%
11.0 Bottom

(2)
0-4.0 Br si cl loam
4.0-11.0 Brown sa si lm, trc broken rock <10%
16.0 Bottom
16.0 Water

Lot 11

(4)
0-3.0 Rd-br si cl lm
3.0-11.0 Rd-br mica sa si lm
11.0 Bottom
Water at 10.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Westcott Place

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2-17-88	1	4.0 S	2:32	2:40	2:40	2:50	10
	Tight saprolite at 6.0 ft	6.0 M	3:35	3:39	3:39	3:55	16 in - no good
		6.5 M	2:32	2:50	2:50	caved	
		10.5 D	Bottom (Refusal at 10.5')				
	2	6.5 S	2:34	2:36	2:36	2:40	4
		16.0 D	Bottom (see profile)				
	6	11.0 V	(see profile)				ok
	5	5.0 S	2:43	2:48	2:48	2:58	10
		11.0 D	Bottom (see profile)				
	4	4.0 S	2:54	2:57	2:57	3:00	3
		11.0 D	Bottom (Water at 10.5')				

x 1.10
Inlet 4.0 ft
Bottom 5.5 ft
170 sq ft/bdrm
3 ft wide
SHALLOW ONLY

REMARKS well & house sight very limited. All holes moved uphill, water. ok to extend (1) & (6) 40 ft square toward property corner.

TYPE OF SOIL May not have 10,000 sq ft.

TESTED BY JE Nadeau ALSO PRESENT Rocky, Skippy

APPLICATION

PERCOLATION TESTING

A 40719

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 12/1/87

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 Winchester Homes, Inc. Real Estate Development Group

ADDRESS 6301 Ivy Lane Greenbelt, MD 20770 PHONE 301-220-1117

PROSPECTIVE BUYER N/A

ADDRESS N/A PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section I LOT NO. 12

ROAD AND DESCRIPTION Intersection Hall Shop Road & Simpson Road

TAX MAP 41 PARCEL # 139

SIZE OF LOT 3.1 AC TYPE BLDG Single Family
(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. Bailey G. Saunders
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

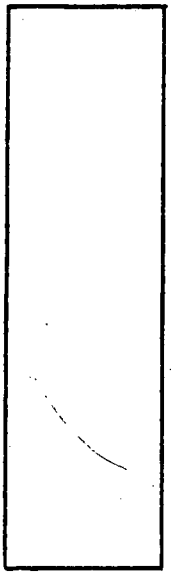
REASONS FOR REJECTION OR HOLDING _____

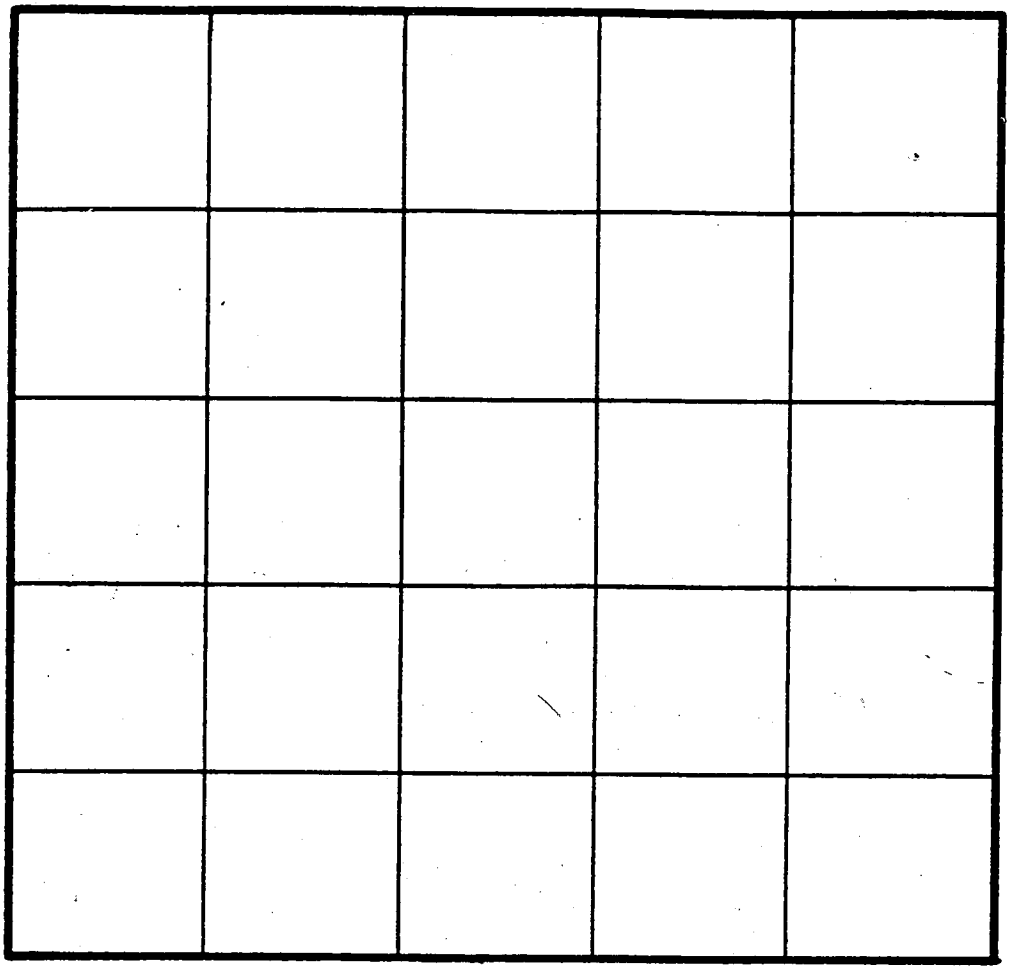
HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'





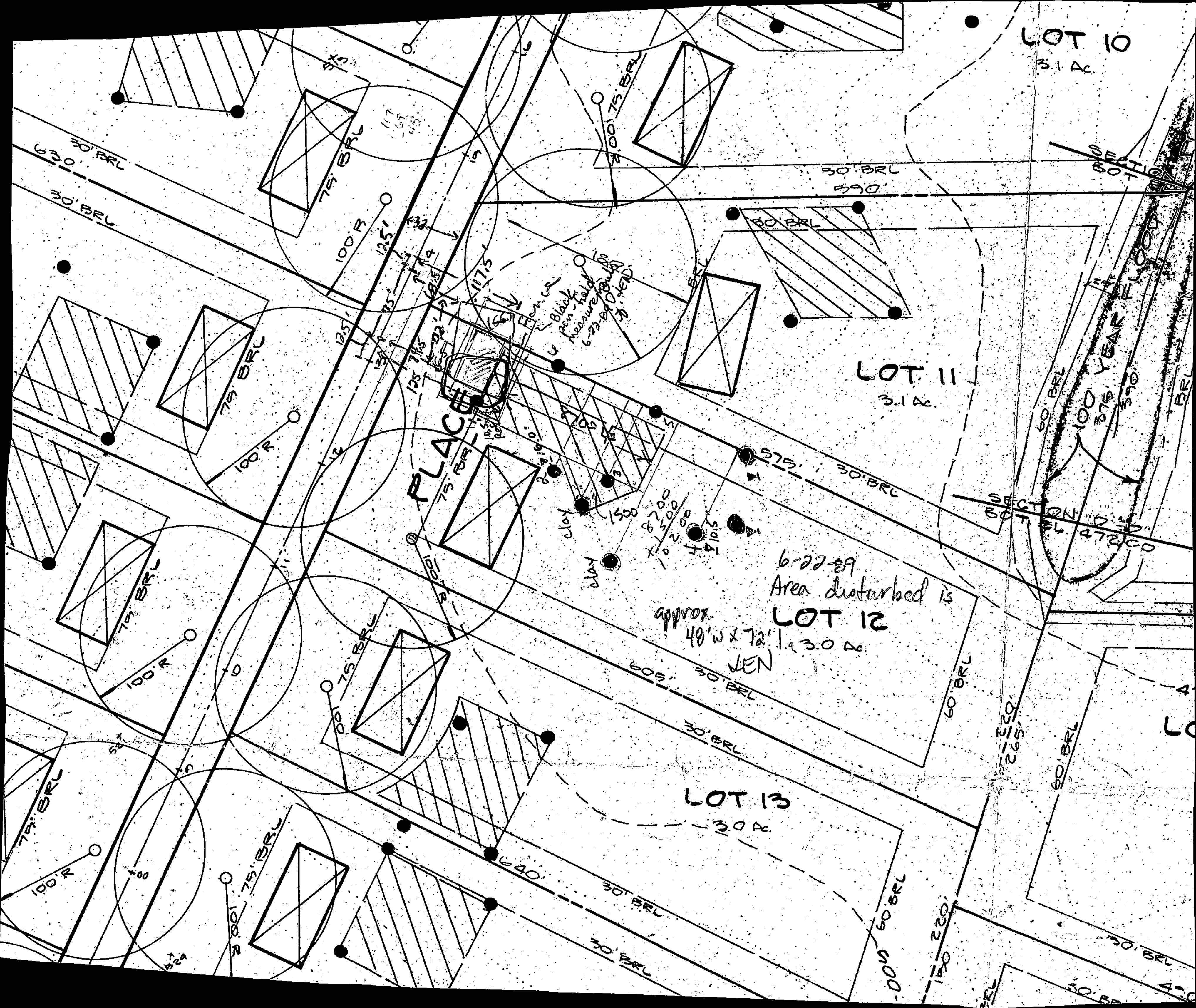
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

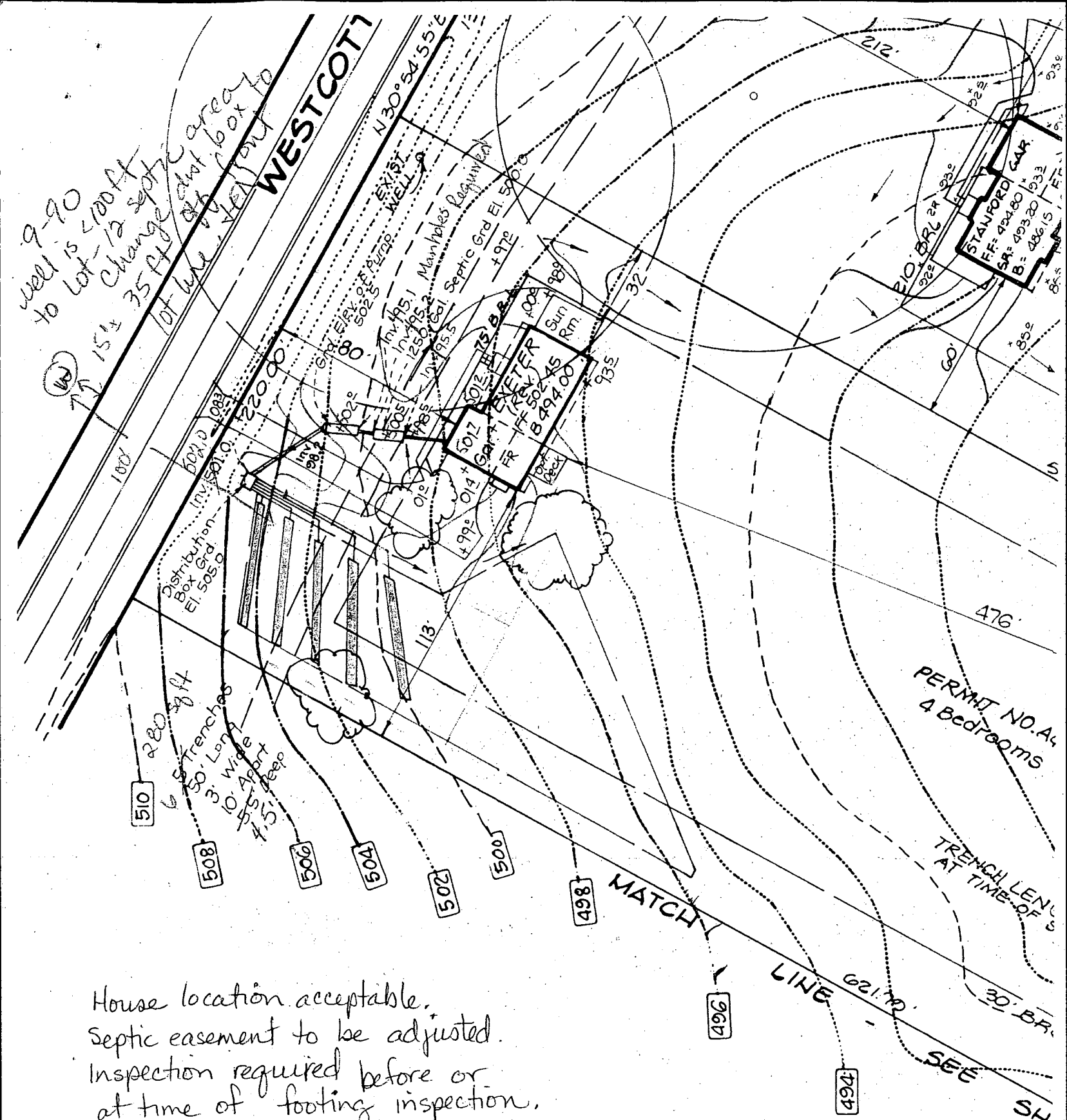
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2-1788	3	10.0 ✓	see	profile			dk

REMARKS _____

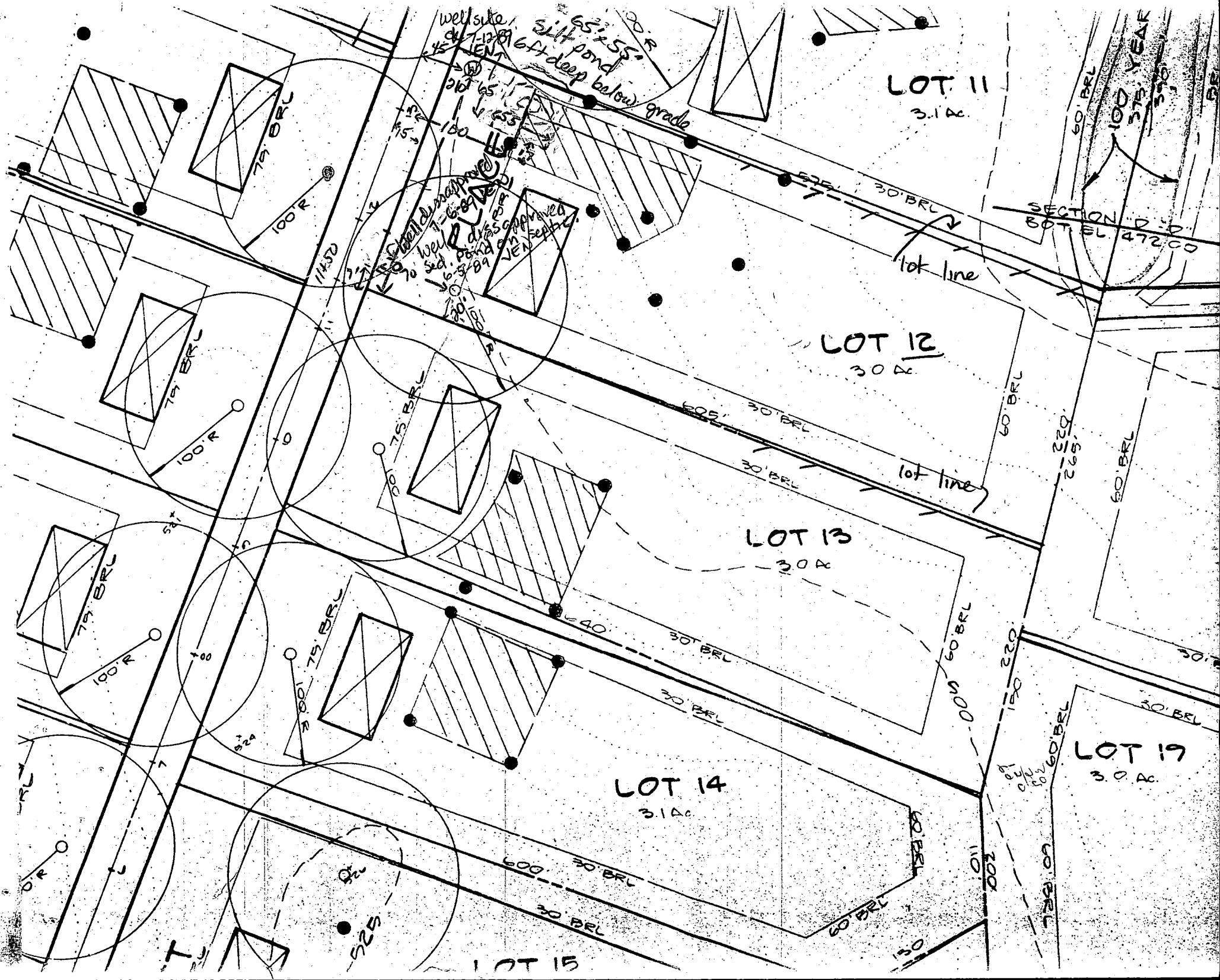
TYPE OF SOIL _____

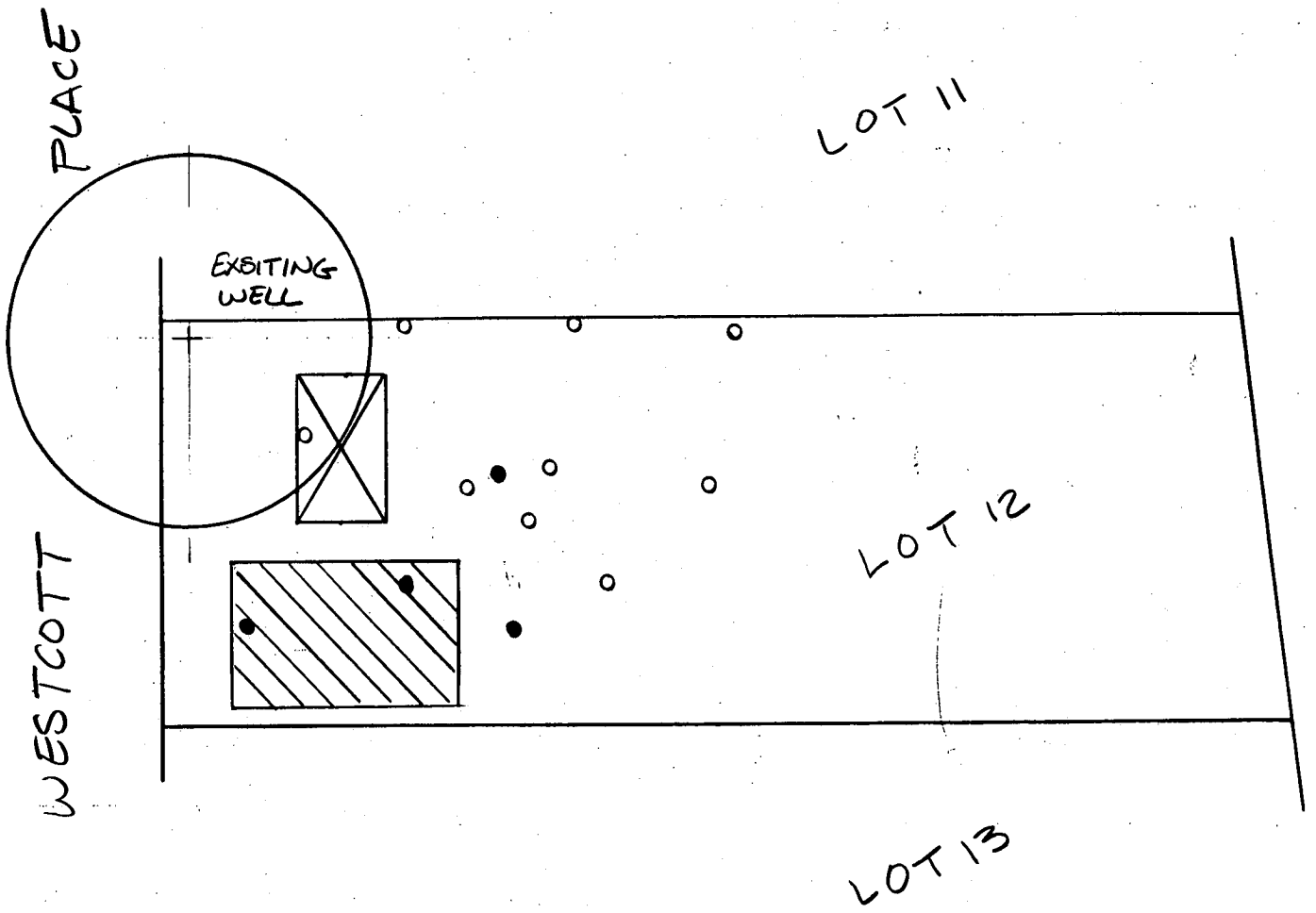
TESTED BY _____ ALSO PRESENT _____


LOT 10
3.1 Ac.
LOT 11
3.1 Ac.
LOT 12
3.0 Ac.
LOT 13
3.0 Ac.
PLACE
100 YEAR FLOOD
SECTION D-D
BOT. EL. 472.0
30' BRL
60' BRL
75' BRL
79' BRL
100' R
590'
575'
605'
630'
640'
fence
Black pen field measurements 6-22-89 JEN
clay
6-22-89
Area disturbed is approx 48'w x 72'
JEN



House location acceptable.
Septic easement to be adjusted.
Inspection required before or at time of footing inspection.
9-20-89 JEN

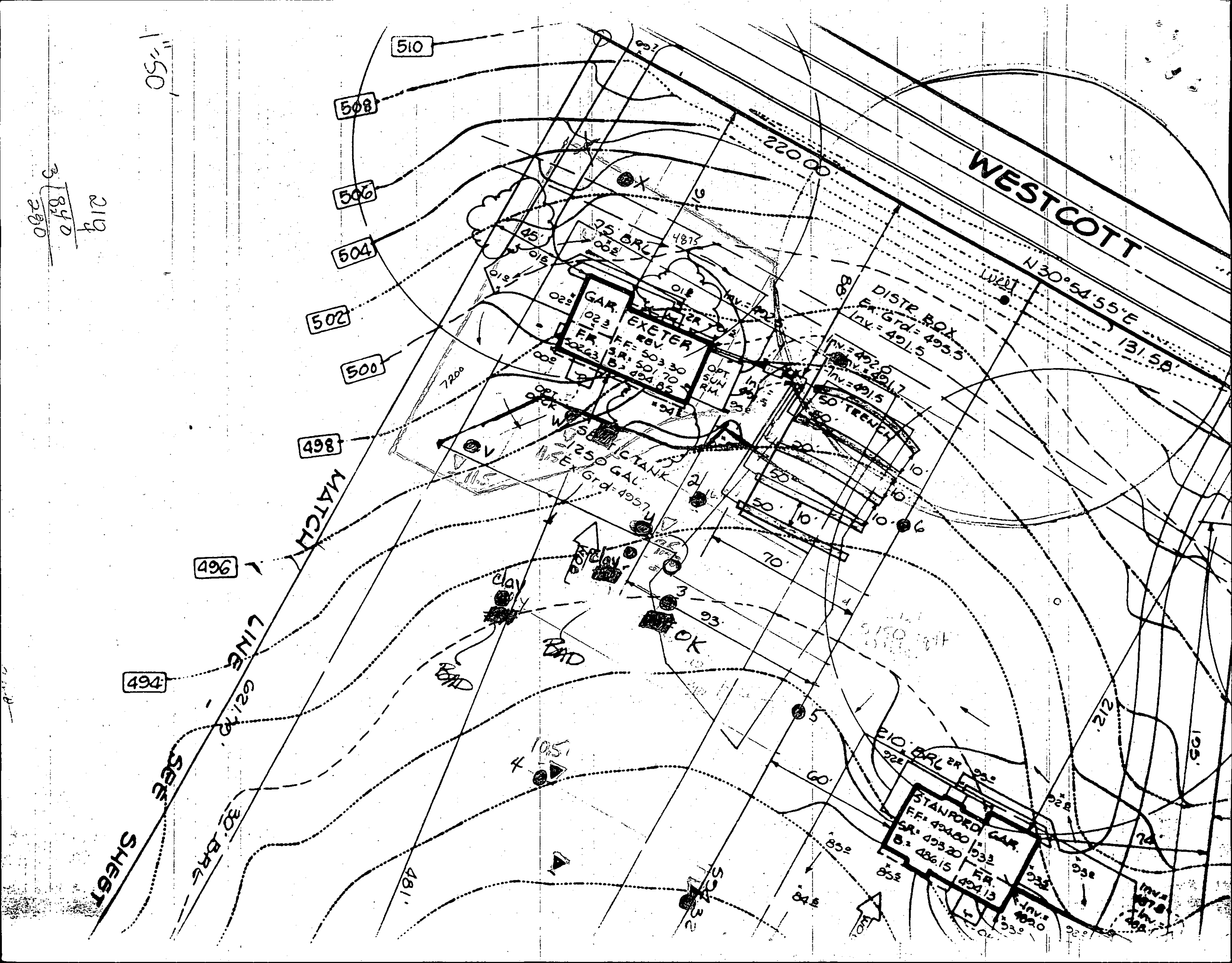

well site/ 65'x55' silt pond 6ft deep below grade
LENT
LOT 11
3.1 Ac.
100 YEAR
SECTION 8-R
BOT EL 472.00
lot line
LOT 12
30 Ac.
lot line
LOT 13
30 Ac.
LOT 14
3.1 Ac.
LOT 15
LOT 17
3.0 Ac.
30' BRL
60' BRL
75' BRL
100' R
600'
500'
220'
330'
525'



● NEW SEPTIC TEST HOLES AS OF 8-7-89

o OLD SEPTIC TEST HOLES BEFORE 8-6-89

P-88-54
ASHLEIGH GREENE
1'=100'
8-24-89
205-01



510
508
506
504
502
500
498
496
494
WESTCOTT
N 30°54'55"E
131.58'
220.00'
DISTR. BOX
Ex. Grd = 495.5
Inv. = 491.5
GAR.
EXETER
F.F. = 503.30
S.R. = 501.70
B. = 494.85
OPT. SUN RM.
1250 GAL.
50' TRENCH
70'
93'
60'
OK
BAD
clay
STANFORD
F.F. = 494.80
S.R. = 493.20
B. = 486.15
MATCH LINE - SEE SHEET

EMERGENCY/TEMP NO. IF ANY

B 1 | 9134 | SEQUENCE NO. (DP 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: H0-88-0866
fill in this form completely

Date Received (APA): 042189

OWNER INFORMATION
Last Name: WINCHESTER HOMES
First Name: Owner
Street or RFD: 6300 TWY LANE S 700
Town: GREENBELT
State: MD
Zip: 20770

DRILLER INFORMATION
Driller's Name: George F. Easterday
License No.: 40
Firm Name: L. Franklin Easterday, Inc.
Address: 9205 Brown Church Rd., Mt. Airy, Md. 21771
Signature: George F. Easterday
Date: 4/18/89

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary CABLE AIR-PERcussion REVerse-ROTary ROTARY (Hydraulic Rotary) DRive-POINT
other

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
- (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 DEEPENDED (IF AVAILABLE):

Not to be filled in by driller (DEP USE ONLY)
APPROP. PERMIT NUMBER: MGP
FORCE: CW (WRITE INITIALS IN-BOX) PERMIT No. H0-88-0866

SPECIAL CONDITIONS

LOCATION OF WELL
R 44092 40.00 4/26/89
8 COUNTY: HOWARD
23 SUBDIVISION: ASHLEIGH GLEN
SECTION: 1 LOT: 12
52 NEAREST TOWN: HIGHLAND
MILES FROM TOWN (enter 0 if in town): 2 M I

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8-9, N 8, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

NEAR WHAT ROAD: WEST CUT PLACE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), 32, EAST (E), SOUTH (S)

DISTANCE FROM ROAD: 15
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD
COUNTY NO.: A 40719
STATE SIGNATURE:
INSERT S:
DATE ISSUED: 071089
CO SIGNATURE:
EXP. DATE: 1/10/90

NORTH GRID: 489000
EAST GRID: 081900

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

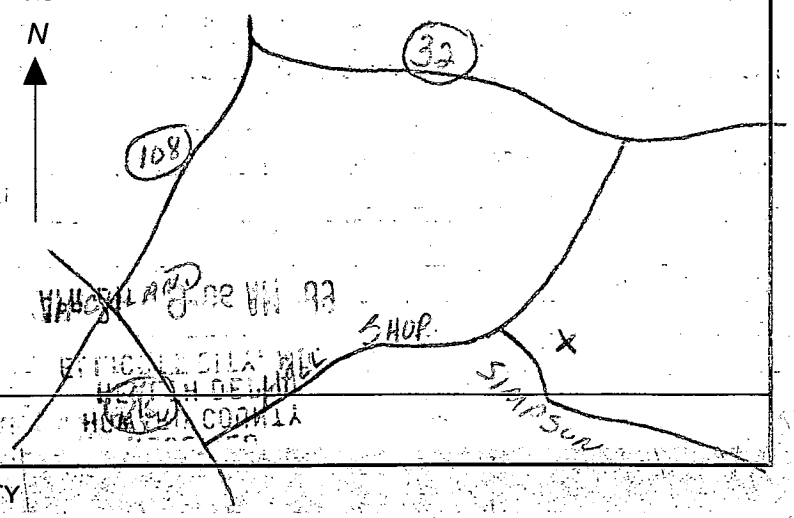
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E: 8 up 9
N: 4 Xd 9

GROOT 9/18/89 NO INSP X

000
000

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



COUNTY

C 1 | 9996 | SEQUENCE NO. (DENV 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: A40719

ST/CO USE ONLY DATE Received: [ ]

DATE WELL COMPLETED: 071747

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-88-0866

OWNER: Winchester Homes (last name / first name)

STREET OR RFD: Westover Place TOWN: Highland

SUBDIVISION: Ashcroft Breeze SECTION: I LOT: 12

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
Topsoil	0	2	
Clay	2	12	
Soft Brown Mica	12	47	
Grey Mica	47	62	
Brown Mica	62	64	
Grey Mica	64	400	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y (circled) / no N

TYPE OF GROUTING MATERIAL: CEMENT CM (circled) / BENTONITE CLAY BC

NO. OF BAGS: 4 NO. OF POUNDS: [illegible]

GALLONS OF WATER: 40 752

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 35 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	44

OTHER CASING (if used): diameter inch / depth (feet) from / to — none entered

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

EACH SCREEN	Type	DEPTH (nearest ft.)	
1	HO	44	400
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (NEAREST INCH): [ ]

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: [ ]

C 3 — PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 6

METHOD USED TO MEASURE PUMPING RATE: [illegible]

WATER LEVEL (distance from land surface): BEFORE PUMPING: 20; WHEN PUMPING: 305

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible (circled)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES / NO (circled)

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: [ ]

CAPACITY: GALLONS PER MINUTE (to nearest gallon): [ ]

PUMP HORSE POWER: [ ]

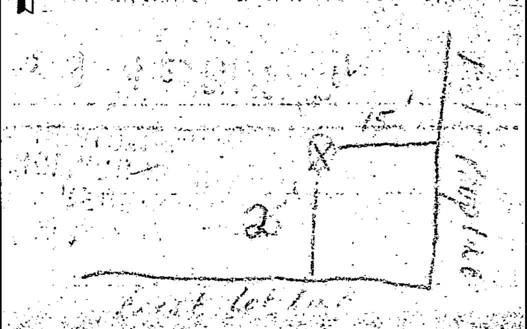
PUMP COLUMN LENGTH (nearest ft.): [ ]

CASING HEIGHT (circle appropriate box and enter casing height): + above (circled) / − 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)

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 IDENT. NO. 46

[signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

[signature]

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

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

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

COUNTY