4/25/96 RSAP 5/1/96 11:00

03-283402

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56394

A 41414

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

DATE 1/11/96

DATE SYSTEM APPROVED 5/30/96

INSPECTOR M. Rifkin

Arnolds Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 7110 Woodbine Road, Woodbine, MD 21797 PHONE 795-7873

SUBDIVISION Kings Gift LOT 8 ROAD ~~11780 Frederick Road~~ 11622 PRINCESS LANE

PROPERTY OWNER Trinity Custom Homes, Inc.

ADDRESS

SEPTIC TANK CAPACITY 2000 GALLONS

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ~~360~~ 240 2 7'

TRENCHES - Trench to be ~~3~~ 2 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. ~~4 1/2 5~~ feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 95.00' and 353.89' lot lines, start the first trench 40' down the 353.89' lot line and 75' from this same lot line. Run trenches along contour away from the house.

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

OK KWilson 12/27/95

TRENCH SPECS ADJ. DUE TO DIFF. TOPO, TIGHT AREA MR 4/25/96

PLANS APROVED BY Craig Williams/Mark Rifkin REPAIRS SHALLOW DATE 11/13/89, 12/19/95

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

Addition - Pool
BLDG. PERMIT SIGNED AND RETURNED 4-24-96
Serial # 64720

PERMIT VOID AFTER TWO YEARS

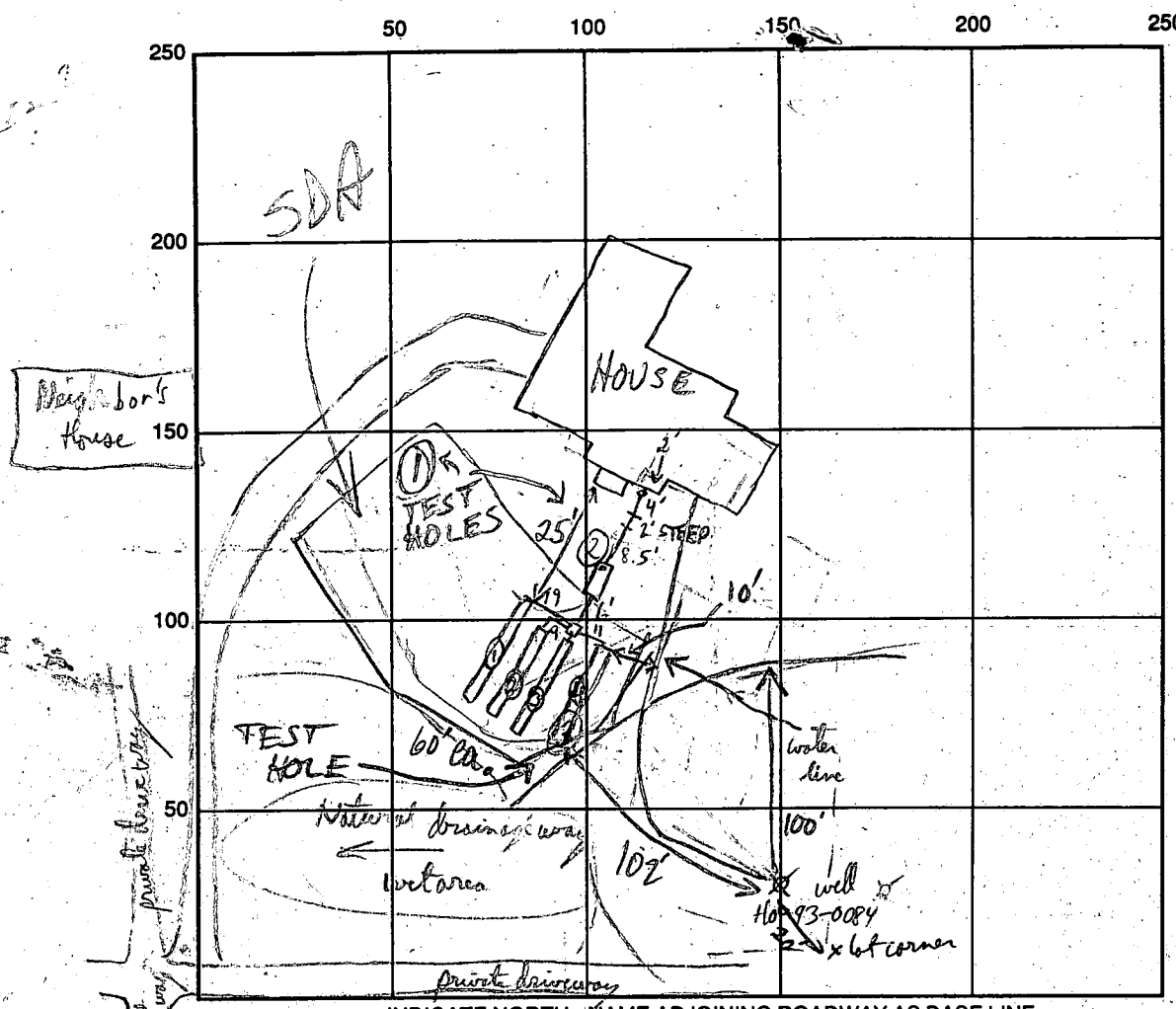
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

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 41414



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

① VIS 2-3' cl HARD BOT 10' H_2O @ 10'

② VIS 2-3' cl H_2O @ 12'

③ VIS OK TO 12'

SEPTIC TANK LEVEL 2000 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL BAFFLE IN - OK

	1	2	3	4
DRAIN FIELD/TITLE DEPTH FT.	7	7	7	7
INLET DEPTH FT.	3	3	3	3
EFFECTIVE GRAVEL DEPTH FT.	4	4	4	4

TRENCH WIDTH 2 FT. TOTAL LENGTH 4 @ 60 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL ~~BOTTOM~~ AREA 4 @ 240 SQ. FT.

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

ABSORBENT AREA 960 SQ. FT. (~10% BELOW SPECS)

REMARKS: 4/25/96 #1 TOPO NOT AS PER FIELD RUN SITE PLAN; SPECS ADJUSTED, GAVE OK FOR TRENCHES TO RUN SLIGHTLY OFF GRADE, BOTTOM LEVEL, STONE LEVEL; REMAINING REPAIR AREA TIGHT MR 4/25/96 #2 TRENCHES ① + ② OK, CONTINUE MR 4/25 #3 TRENCH ③ OK TO COVER; DIG #4 MR 4/26/96 SYS. OK TO COVER; NO FINAL W/O ~~pitless adaptor and waterline OK @ 3½'~~ MR 5/3/96 // RESOLUTION OF REPAIR AREA/TOPO CONCERNS MR

DATE SYSTEM APPROVED 5/30/96 INSPECTOR M. R. [illegible]

5/30/96 FIELD RUN TOPO REVIEWED, ACCEPTED MR

APPLICATION

PERCOLATION TESTING

A 4/14/14

P _____

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

DISTRICT 3
DATE 4/6/88 ~~10 March, 1988~~

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 Jean R. Dickey, Individually; Jean R. Dickey, Trustee Jean R. Dickey Inter-Vivos Trust

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

PROSPECTIVE BUYER —

ADDRESS — PHONE _____

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. 8

ROAD AND DESCRIPTION North or Route 144, East of Thompson Drive

BLDG. PERMIT SIGNED AND RETURNED 12-19-95
Serial# 62894

TAX MAP 16 PARCEL # 325

SIZE OF LOT 5.029 Ac± TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

S.F.D 6 BRMS

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. Richard F. Lane (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

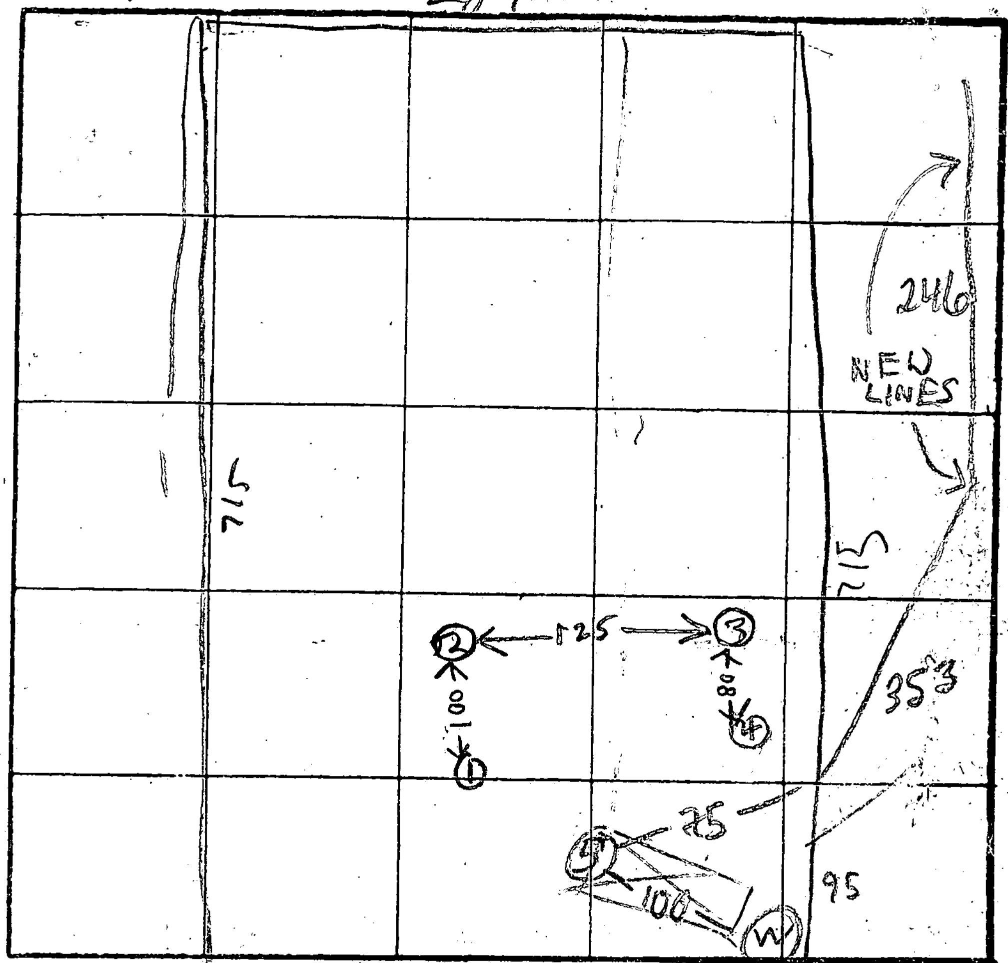
REASONS FOR REJECTION OR HOLDING 4/5/88 - OK FOR SHALLOW SYSTEMS
HOLD FOR PLAT

THIS IS NOT A PERMIT

KINGS GIFT
LOT 8

SEE PLAT BACK 297

X Perc 3 MIN
180 ф 1 BR
3-4.5'



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE ① ②
0 – 2 CLAY
BIEGE SAND LOAM
12

② ③
0 – 1 CLAY
BIEGE SAND LOAM STEW ROCKS
9.5 ROCK BOT

④
0 – 1 CLAY
BEIGE SAND LOAM
10 ROCK BOT

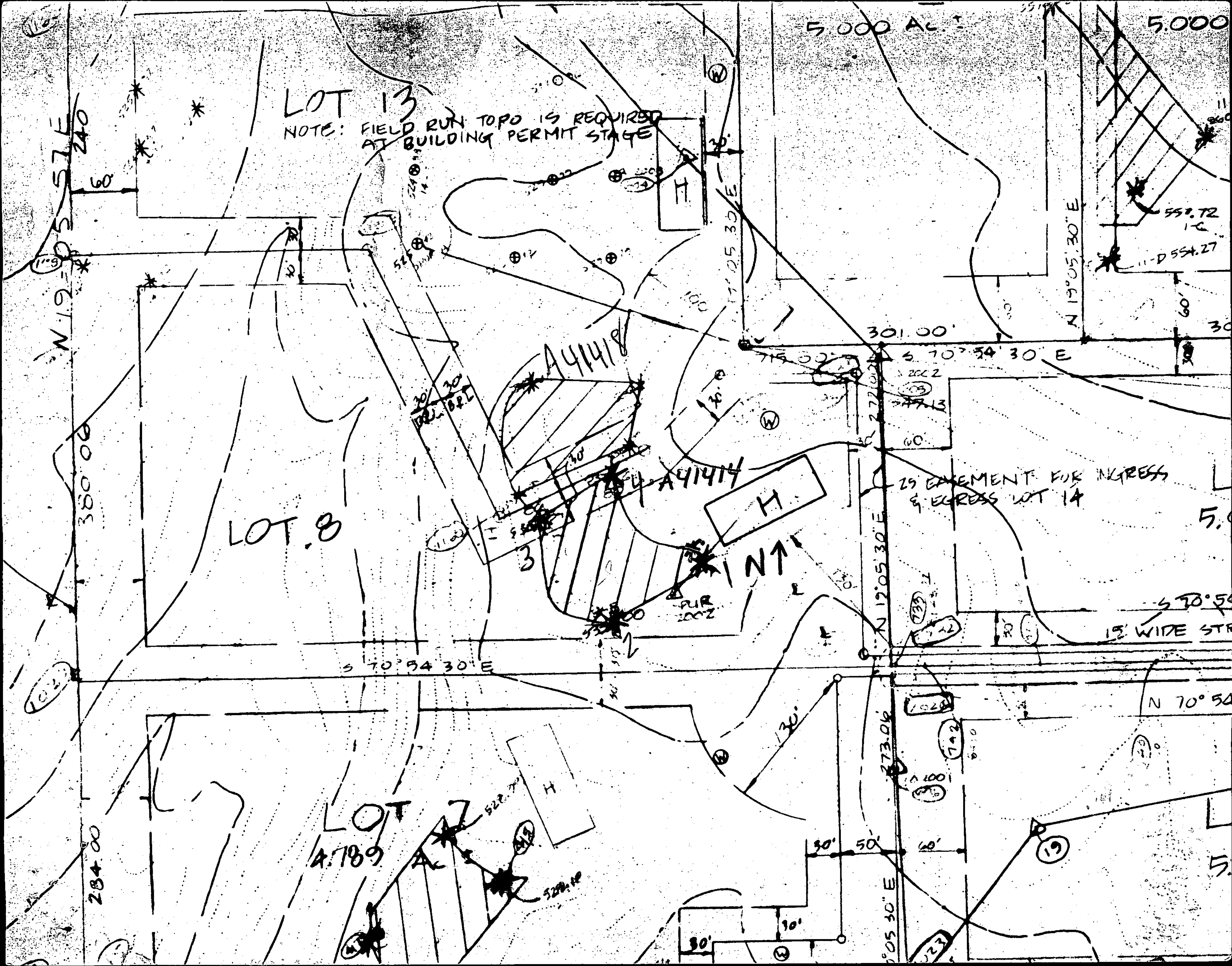
5
brn orge sa cl lm
3 var beige sa lm <5% frags
8 SOFT BOT

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
7/5/88	A 1 S A 1 V	3 7	1103 1104	1104 1105	1104 1105	1105 1106	1
	A 1 V	12	OK				
	B 2 S B 2 V	3 9.5	1112 OK	1114	1114	1119	5
	C 3 S C 3 V	3 9.5	1123 OK	1124 ROCK	1124 9.5 FT	1129	3
7/5/88	D 4	10	OK but Rock Bottom				
12/19/95	5 V	8	OK - hoe could not go deeper				

REMARKS OK for shallow Hole Dug Per Survey Plat

TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT DAVE O KETTERMAN



LOT 13
NOTE: FIELD RUN TOPO IS REQUIRED AT BUILDING PERMIT STAGE
5.000 Ac.±
5.000
LOT 8
LOT 7
4.189 Ac.
A41418
A41414
N 19°05'30"E
S 70°54'30"E
301.00'
380.00'
284.00'
273.00'
25' EASEMENT FOR INGRESS & EGRESS LOT 14
15' WIDE STR
N 70°54
S 70°54
N↑
H
60'
30'
50'

APPLICATION

A 41418

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Kunjo Gift ADJ. PERC ABANDONED LOT NO. ~~Lot 8~~ 8

ROAD AND DESCRIPTION Frederick Road

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

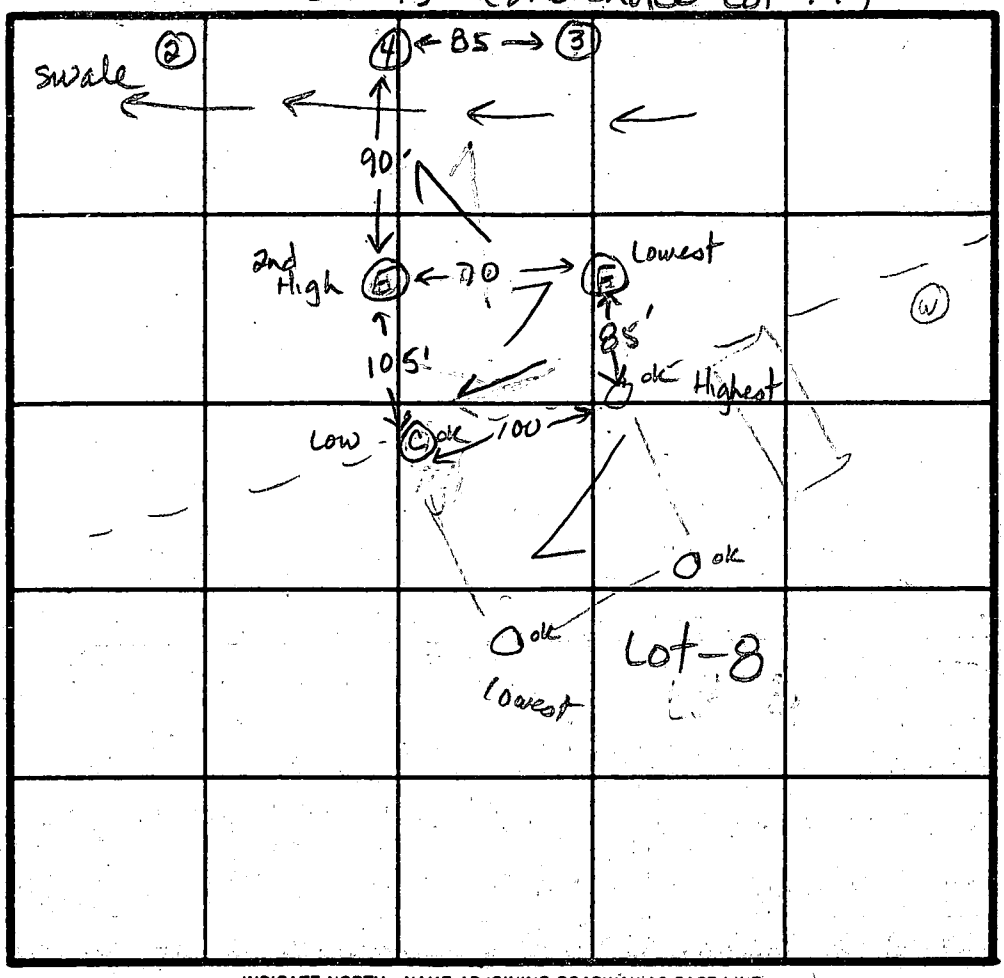
REASONS FOR REJECTION OR (HOLDING) 3-17-89 For perc hole locations and subdivision plat approval JEN

FIELD TOPO REQ'D AT B.P. – SWALE, PUMP SYSTEM OR FILL SWALE

HD-216

THIS IS NOT A PERMIT

Lot-13 (2nd choice Lot-14)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(E) SOIL PROFILE

0	
0–4.0	Br si sa cl lm
4.0–11.0	Tan mica sa si lm, little decomposed rock < 15%, some saprolite < 40%
11.0	Bottom

(F)

0–3.5	Br si cl lm, some roots
3.5–10.5	Dk-br to tan micaceous sa si lm, some saprolite < 30%
10.5	Bottom

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-17-89	E	3.5 S	11:34	11:36	11:36	11:40	4min
		11.0 D	Bottom (see		profile)		ok
	F	4.0 S	11:32	11:34	11:34	11:39	5min
↓		10.5 D	Bottom (see		profile)		ok

REMARKS Holes E & F to be combined w/holes in common on Lot-8 to form another lot. Expand area to 10,000 sq ft.

TYPE OF SOIL

TESTED BY Jane Nadeau, C. Williams ALSO PRESENT Olen K III Jennifer, Jemmine

APPLICATION

A 41418

P _____

PERCOLATION TESTING

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Kunp Gift LOT NO. Lot-13 (14 2nd choice)

ROAD AND DESCRIPTION Frederick Road (Rt 144)

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

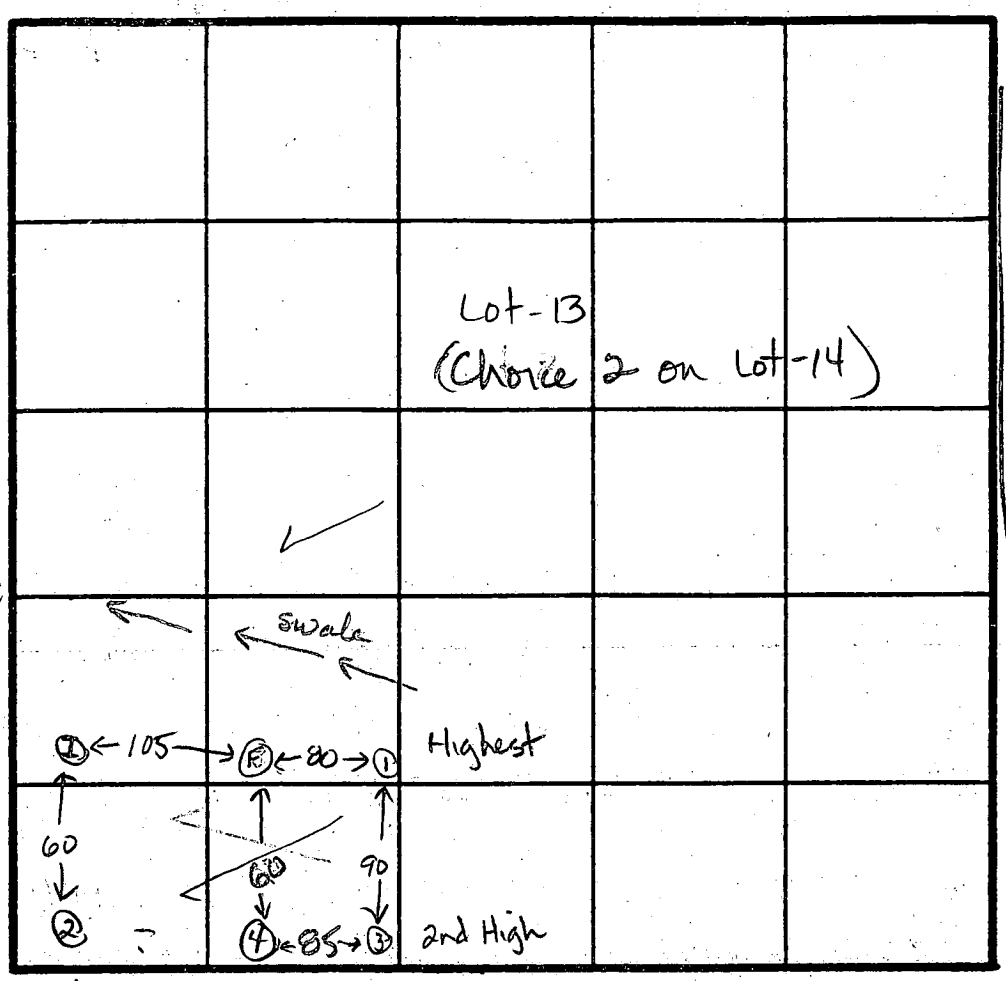
REASONS FOR (REJECTION) OR HOLDING 3-17-89 Unsuitable soils. Recommend rejection JEN.

HD-216

THIS IS NOT A PERMIT

(F)
SOIL-PROFILE

0'
0-3.0 Br sa cl si lm, trc of organics, some roots
3.0-9.0 Tan micaceous sa si lm, some veins of quartz and decomposed saprolite < 60% Water at 7.0 ft
9.0' Bottom



(4)
0-3.5 Br-gray si sa cl lm some mottles < 35%, some organics < 10%, trc of roots
3.5-? Dk br mica sa si lm
?-9.5 Tan mica sa si lm some saprolite < 30% Water at 7.5 ft
9.5 Bottom

(1)
0-3.5 Br sa cl si lm, some roots
3.5-10.5 Tan micaceous sa si lm, some decomposed rock < 15%, saprolite with veins of quartz Water at 7.0 ft
10.5 Bottom

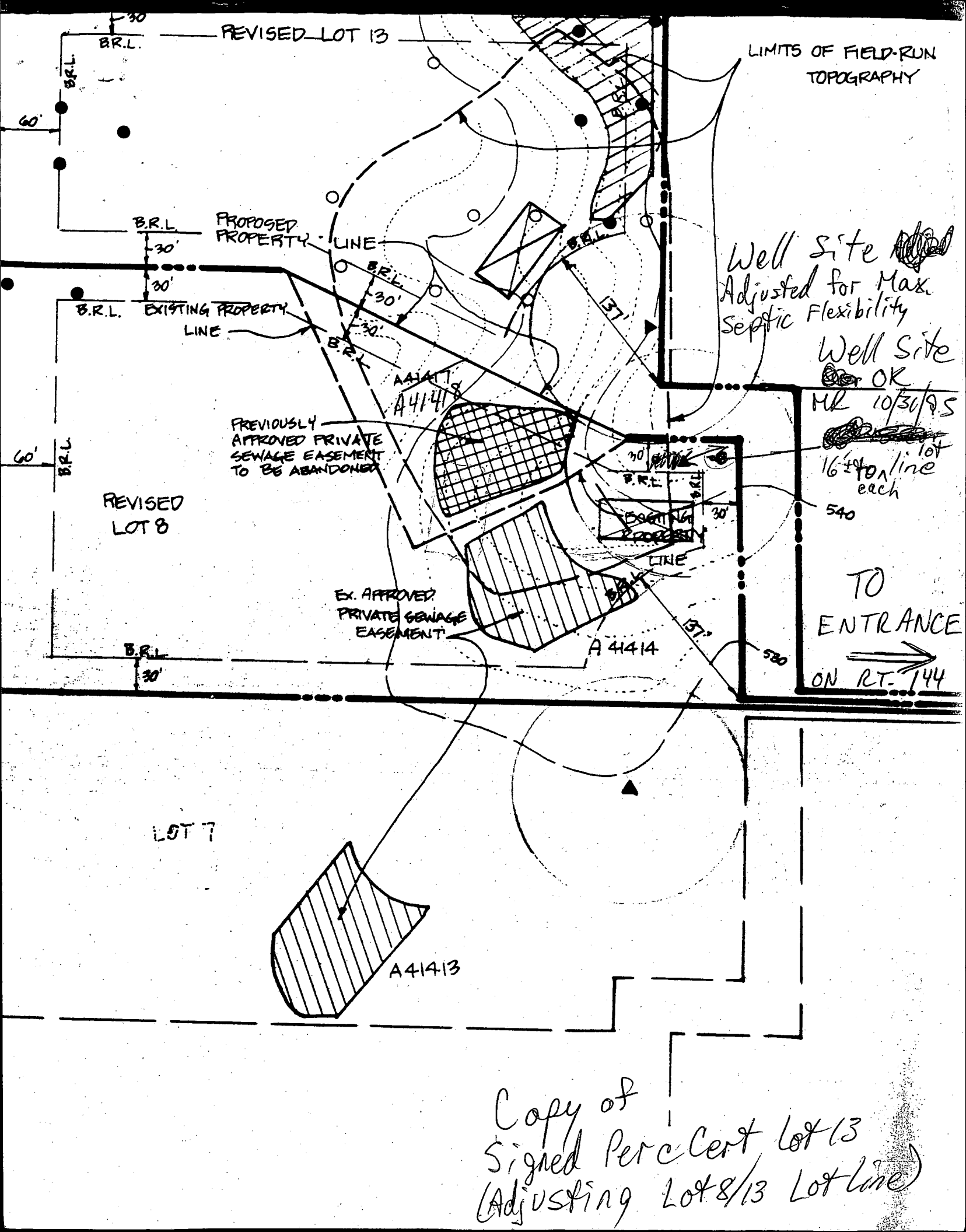
(3)
0-3.5' Brown to gray sa si cl lm, some organics < 20%, mottles < 40%, little roots, < 10% angular qtz pieces
3.5-7.' Dk br mica sa si lm
7.-7.5' Tan mica sa si lm, < 40% decomp. rx, Water at 5.5 ft.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-17-89	I		Not observed		(Water at 8.0 ft)		No
	2		" "		(Water at 8.0 ft)		No
	F	9.0 V	(Water at 7.0 ft)				No
	1	10.5 V	(Water at 7.0 ft)				No
	3	7.5 V	(Water at 5.5 ft)				No
↓	4	9.5 V	(Water at 7.5 ft)				No

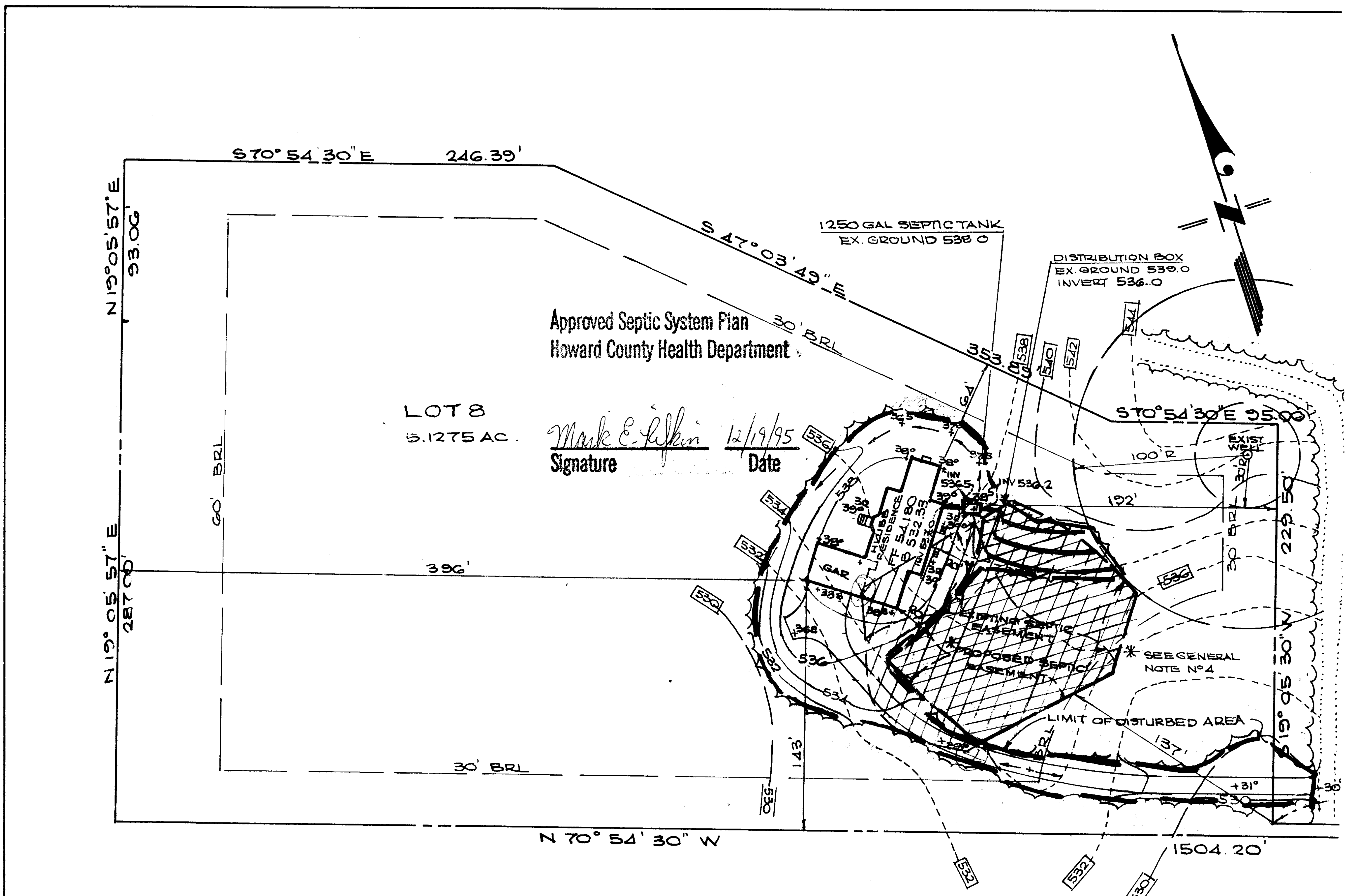
REMARKS Holes 3 & 4 show mottles near surface, All holes had water at 5' to 8'

TYPE OF SOIL

TESTED BY Jane E. Nadeau, C. Williams ALSO PRESENT Glen K III Jeanine, Jennifer



Copy of Signed Perc Cert Lot 13 Adjusting Lot 8/13 Lot Line



Approved Septic System Plan
Howard County Health Department
Signature
Date
12/19/95
LOT 8
5.1275 AC.
S70° 54' 30" E 246.39'
S 47° 03' 49" E 353.89'
S70° 54' 30" E 95.00'
N19° 05' 57" E 93.06'
N 19° 05' 57" E 287.00'
N 70° 54' 30" W 1504.20'
S19° 05' 30" W 229.50'
30' BRL
60' BRL
396'
143'
100' R
192'
137'
1250 GAL SEPTIC TANK
EX. GROUND 538.0
DISTRIBUTION BOX
EX. GROUND 539.0
INVERT 536.0
EXIST WELL
HUBBS RESIDENCE
FF 541.80
B 532.33
GAR
INV 536.2
EXISTING SEPTIC EASEMENT
PROPOSED SEPTIC EASEMENT
SEE GENERAL NOTE No 4
LIMIT OF DISTURBED AREA
544
542
540
538
536
534
532
530

3/5/96 PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H 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 410 775-0562

License Number 12285
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Trinity Homes Telephone 410-313-8722
Subdivision Kings Gift Lot # 8 Well Tag # HO-93-0084
Site Address 11780 Fredrick Rd

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jozzcassi
3. Model # ____
4. Capacity ____ GPM
5. Pump exceeds well capacity Yes ____ No X
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 X Sleeve

Motor
1. Horsepower 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? YES

Newer style has "O" ring recessed bar shows seal appears OK

~~Outer pitless adapter appears to have been installed without a gasket impaired seal sandy color~~

Piping
1. Type PE.
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line per Code

Well data
1. Depth 200 ft.
2. Yield 4.3 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? Yes

pitless adapter must be OK @ 3½ ft
APP 3/5/96

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.

Signature of Applicant: Vinyl Ke

Date: 2/12/96

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

HD-215

1-800

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

C 1 | 2874 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 [illegible] ALL CARDS)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER: A 41414

ST/CO USE ONLY DATE Received: [ ]

DATE WELL COMPLETED: 1 2 1 2 9 5

Depth of Well: 2 0 0 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 40 - 93 - 0084

OWNER: Hlubb (last name) Paul (first name)

STREET OR RFD: Frederick Rd TOWN: W. Friendship

SUBDIVISION: KING'S GIFT SECTION: ______ LOT: 8

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
Overburden	0	36	
Gray Rock	36	200	x

water was encountered at 96'

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no (N) — circled 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. 399

[signature] Paul M. [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD052

[signature] Robert Brown

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) — circled / no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT (CM) — circled; BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 38 ft. (BOTTOM) (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	38

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

EACH SCREEN	Type	DEPTH (nearest ft.) from	to
1	HO	38	200
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 [ ]

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T. (E.R.O.S.) W Q
70 [ ] TELESCOPE CASING; 72 [ ] LOG INDICATOR; 74 75 76 [ ] OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 14.22

METHOD USED TO MEASURE PUMPING RATE: Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 24 ft.

WHEN PUMPING: 25 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 — 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.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. [ ]

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

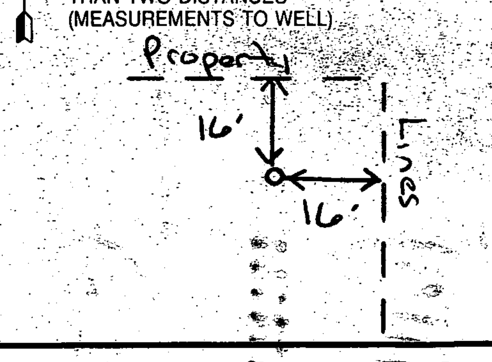
PUMP HORSE POWER [ ]

PUMP COLUMN LENGTH (nearest ft.) [ ]

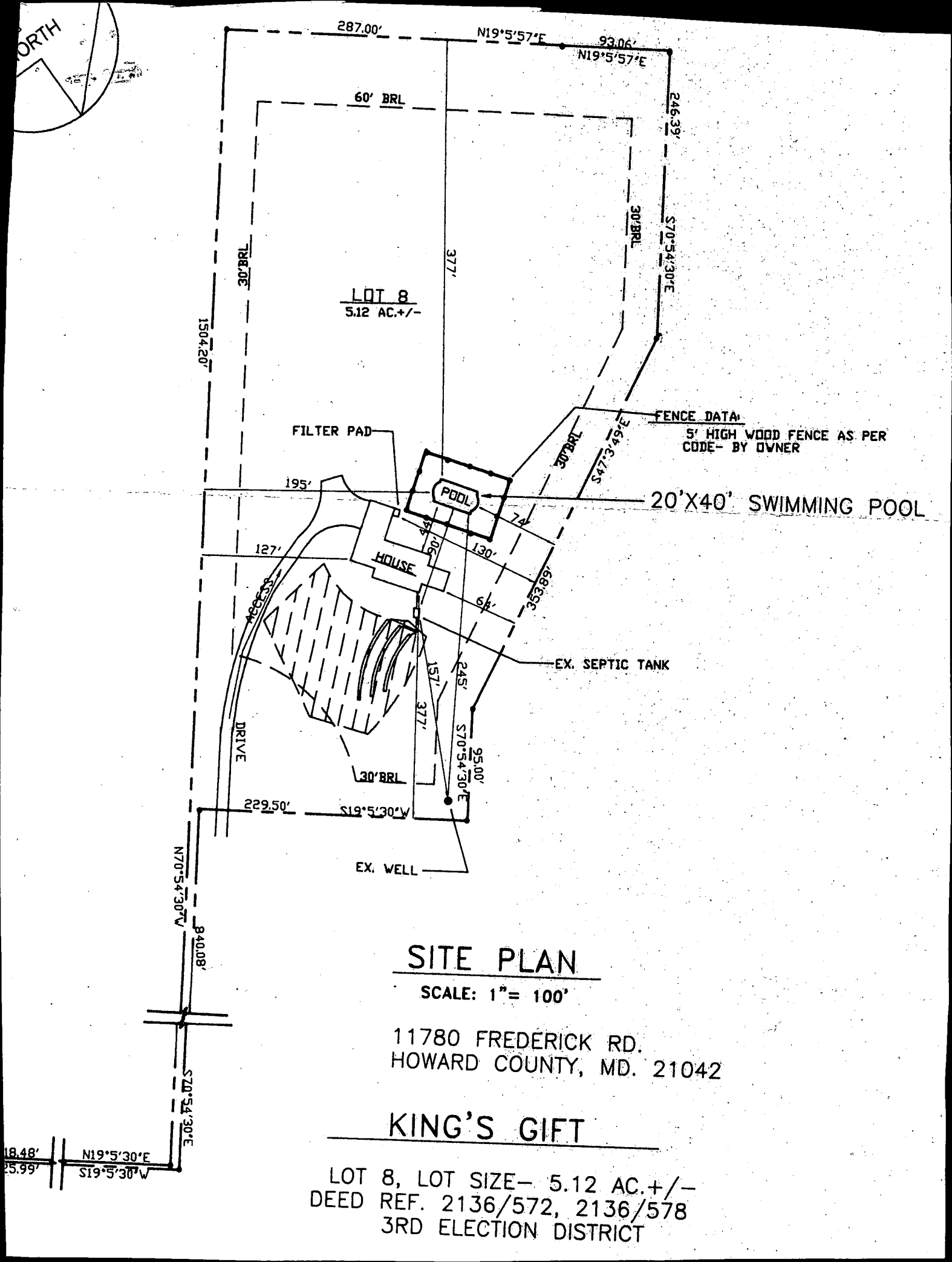
CASING HEIGHT (circle appropriate box and enter casing height): (+) above — circled; − below LAND SURFACE: 1 (nearest foot)

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)



COUNTY



SITE PLAN

SCALE: 1"= 100'

11780 FREDERICK RD.
HOWARD COUNTY, MD. 21042

KING'S GIFT

LOT 8, LOT SIZE- 5.12 AC.+/-
DEED REF. 2136/572, 2136/578
3RD ELECTION DISTRICT