Line Insp - 1/11/02 1:00 Tax ID - 05-433339

LAYOUT 4/8/02 1:00 INSP 4 4/11/02 Anytime

INSP 2 4/9/02 1pm INSP 5

INSP 3 4/10/02 12-1 INSP 6

ISSUE DATE: 1/11/2002 P 516464

APPROVAL DATE: 4/15/02 A 47965

PERMIT

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

(Tolley Enterprises, Inc.) (301) 748-7725

Legends, Inc Dave Tolley IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: PO Box 511, Burtonsville 20866 PHONE NUMBER: 301-490-3651

SUBDIVISION: Malcolm Property LOT NUMBER: 6

ADDRESS: 12064 Scaggsville Road PROPERTY OWNER: Van & Evelyn Malcolm

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 110' off the right lot line and 120' off the front lot line. Run (3) trenches on contour to left side of lot as shown on plan.
NOTES:	

PLANS APPROVED: MER 1/11/02 OK (BA) DATE: 12/4/01

NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

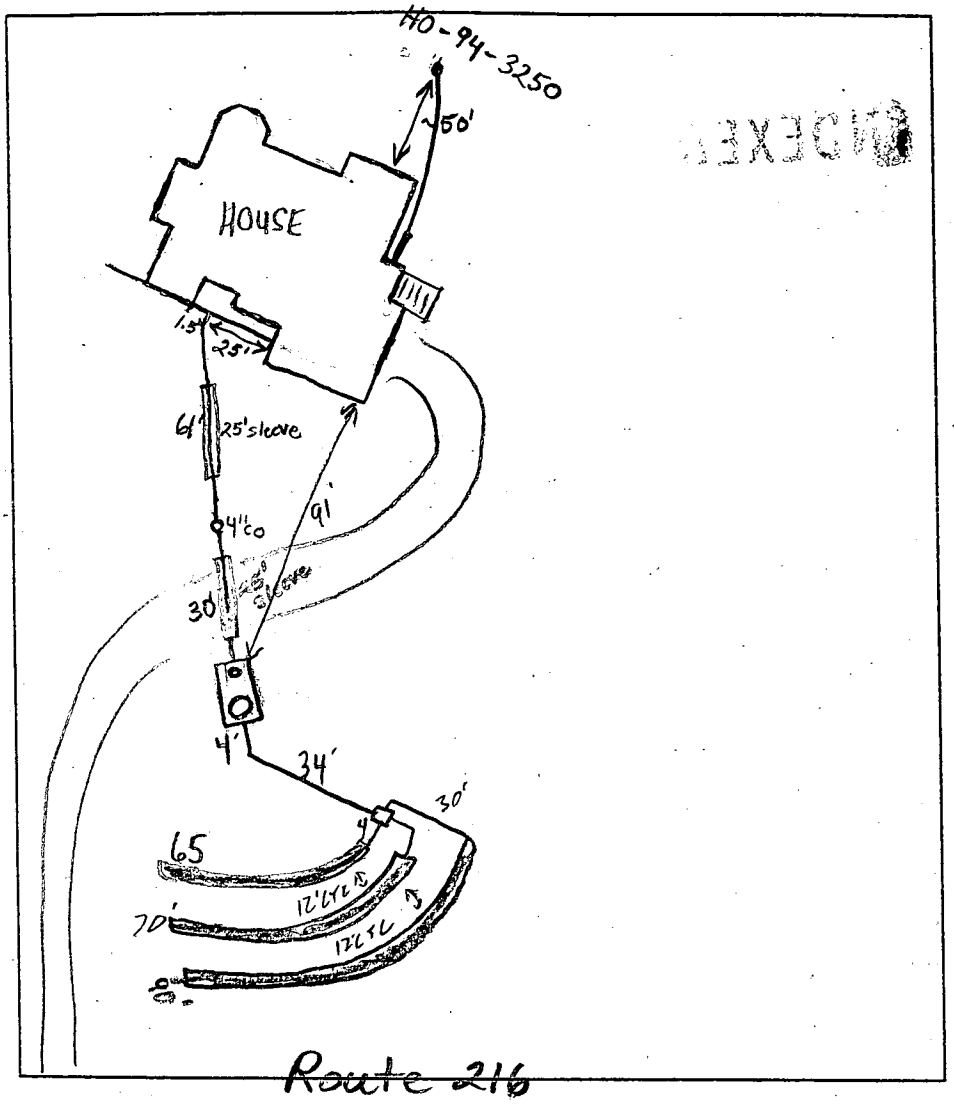
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED 01702

B00136931-06 UP TMK

A 47965

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2

TRENCH INLET DEPTH	1	2	3
	4'9"	5'	4.5'

TRENCH BOTTOM DEPTH	1	2	3
	8'9"	9'	8.5'

DEPTH OF STONE 4

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 225'

ABSORBENT AREA 675 ☐

DISTRIBUTION BOX LEVEL ✓

BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1500 T.S. GALLONS

MANHOLE RISER Back

6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS

MANHOLE RISER

ALARM

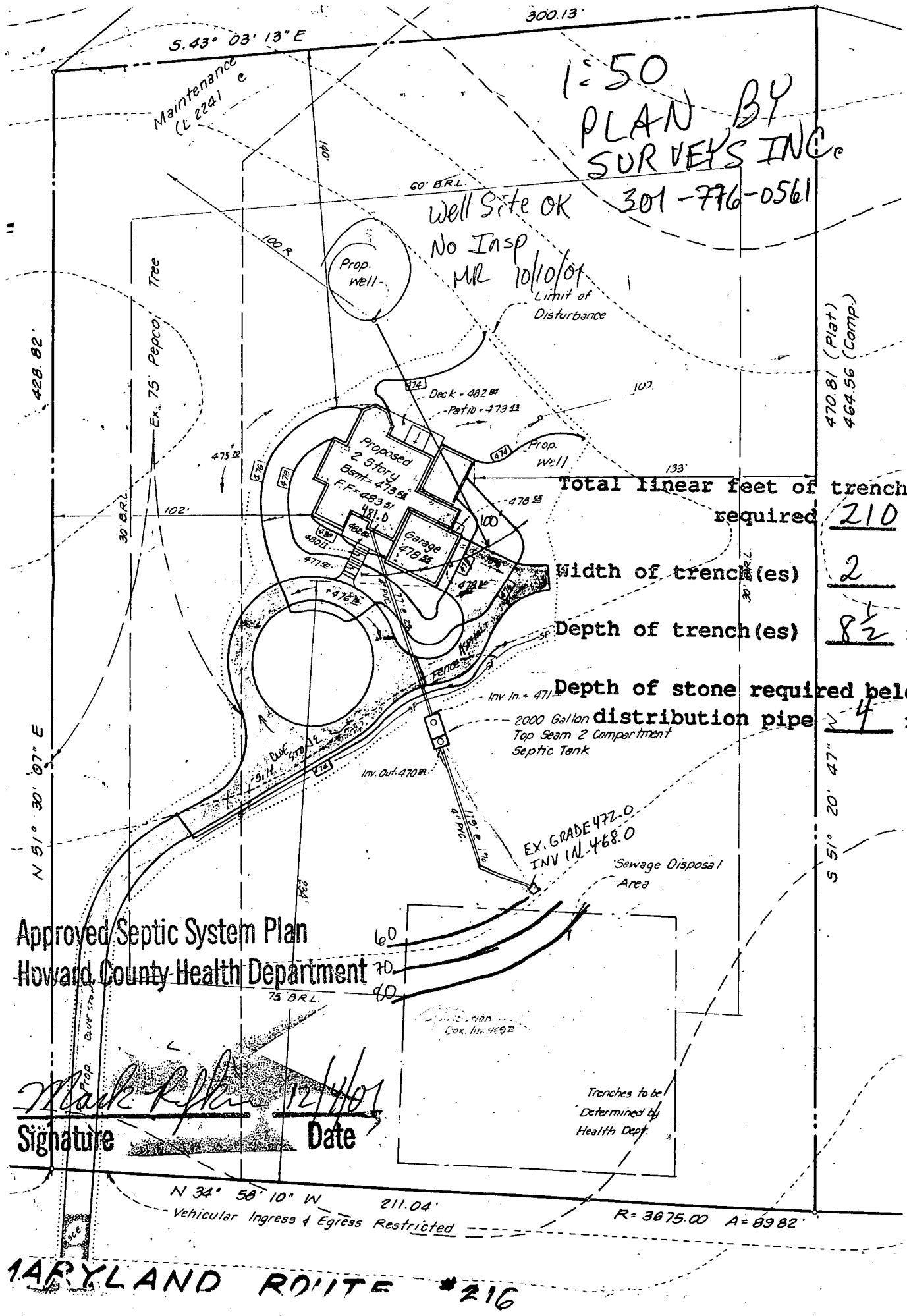
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 1/11/02 Easement not staked. (BB)

INSPECTION COMMENTS: 1/11/02 Septic line sleeved at driveway locations. (BB) 4/8/02 - SOD STAKED, INSTALL PER PLAN (SRK) 4/9/02 Tank set, has 4.5' of cover, contr. said they are grading 2' of cover over tank. 1ST trench started (SO) 4/10/02 CONTRACTOR REPORTS HOUSE NOW HAS GRAVITY BSMT. SVCE ⇒ TRENCHES 3-9" LOWER THAN SPECS; 1st TRENCH DONE, 2ND STARTED, CONTINUE (MR) 4/11/02 OK to cover s/l trenches, need manhole on ST, need to confirm trench length (SO) 4/12/02 Contr. to

INSPECTOR [signature] DATE SYSTEM APPROVED 4/15/02

4/15/02 Manhole installed (SO)


1"=50'
PLAN BY
SURVEYS INC.
301-776-0561
Well Site OK
No Insp
MR 10/10/01
S. 43° 03' 13" E
300.13'
Maintenance (L 2241 C
60' B.R.L.
100' R
Prop. Well
Limit of Disturbance
Ex. 75' Pepco
Tree
428.82'
470.81 (Plat)
464.56 (Comp.)
Deck - 482.84
Patio - 473.43
Proposed 2 Story
Bsmt - 473.84
F.F. - 483.21
481.0
Garage
478.55
Prop. Well
133'
102'
30' B.R.L.
Total linear feet of trench required 210 feet
Width of trench(es) 2 feet
Depth of trench(es) 8½ feet
Depth of stone required below distribution pipe 4 feet
Inv. In. - 471.
2000 Gallon Top Seam 2 Compartment Septic Tank
Inv. Out. 470.84
Fence
Asphalt
EX. GRADE 472.0
INV IN 468.0
Sewage Disposal Area
N 51° 30' 07" E
S 51° 20' 47" E
Approved Septic System Plan
Howard County Health Department
75' B.R.L.
Trenches to be Determined by Health Dept.
Signature
Date
N 34° 58' 10" W 211.04'
Vehicular Ingress & Egress Restricted
R = 3675.00 A = 89.82'
MARYLAND ROUTE #216
PEPCO RIGHT-OF-WAY

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00131944

Building Address 12064 GUILFORD RD. FULTON, MD 20759

Suite/Apt. #: N/A SDP/WP/Petition #: F-97-172

Census Tract 6056.02 Subdivision MALCOLM RIDGE

Section N/A Area N/A Lot 6

Tax Map 41 Parcel 67 Grid 13

Zoning RR-DEO Map Coordinates 15 F3 Lot size 3.07 AC

Property Owner's Name VAN & EVELYN MALCOLM

Address 2001 BRIGGS CHANEY RD.

City SILVER SPRING State MD Zip Code 20905

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
TOM COLLINS
13109 HOLLY CT.
BELTSVILLE, MD 20705
Phone 301/572-5109 Fax 301/572-5109

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost $ 100,000

Description of Work CONSTRUCT 2551 SF RESIDENCE W/ DECK - PLANS ATTACHED

Contractor Company LEGENDS, INC.

Contact Person MIKE COLLINS or Tom Collins

Address 13109 HOLLY CT. 301-572-5190

City BELTSVILLE State MD Zip Code 20705

License No. 337006

Phone 410/707-2897 Fax 301/490-3651

Occupant ~~or Tenant~~ SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company SURVEYS, INC

Contact Person GENE BENEFIEL

Address 350 MAIN ST

City LAUREL State MD Zip Code 20707

Phone 301/776-0561 Fax SAME

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
☒ Private

Sewage Disposal:
____ Public
☒ Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☒

Sprinkler system: N/A ☒
____ NFPA #13D
____ NFPA #13R
____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Tom Collins
Applicant's Signature

TOM COLLINS
Print Name

Owner
Title/Company

8/10/01
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	12/4/01	Mark Rifh
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☒ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 51860

Filing fee	$ 150
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# 4744
Validation	# 40348

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM Rev. 5/17/00

AUG-30-02 02:23 AM P.02

Attn: Tom
Please Fill out
complete and
fax back to us

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

You can fax it back to us

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: W+W Plumbing+Htg. Telephone #: 4102398390
Address: 1202 Allview DR.
Hampstead MD 21074

(Must circle one) Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Thomas Wollenweber License# 3314
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Van & Evelyn Malcolm Telephone #:
Subdivision: Malcolm Lot # 6 Well Tag # (HO) 94-3250
Site Address: 2064 Scaggsville Rd.
Fulton MD 20759

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: GOULDS-5GS10422	Make: MARCINSON	Two piece water tight cap: Yes
Model #: [illegible]	Model#: B10K	Screened vented well cap: Yes
Pump Capacity: 5 GPM	Depth: 48" (36" min)	Cap secured to casing: Yes
Well Yield: 10 GPM	NSF approved: YES	Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: 500 (feet)		Conduit secured to well cap: Yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
(Torque arrestors) or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house
Type: 1" Black Poly-200 lb. test
PSI: 200 (160 psi min.)
Depth of supply line: 48" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 10 feet
Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Thomas Wollenweber 8/28/02
Signature of company representative responsible for installation date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 6/17/02 Date Insp. Approved: 6/17/02 (50)

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓
- Safety rope installed inside of well casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter

HD-015 (Rev. 8/00)

Lot 3

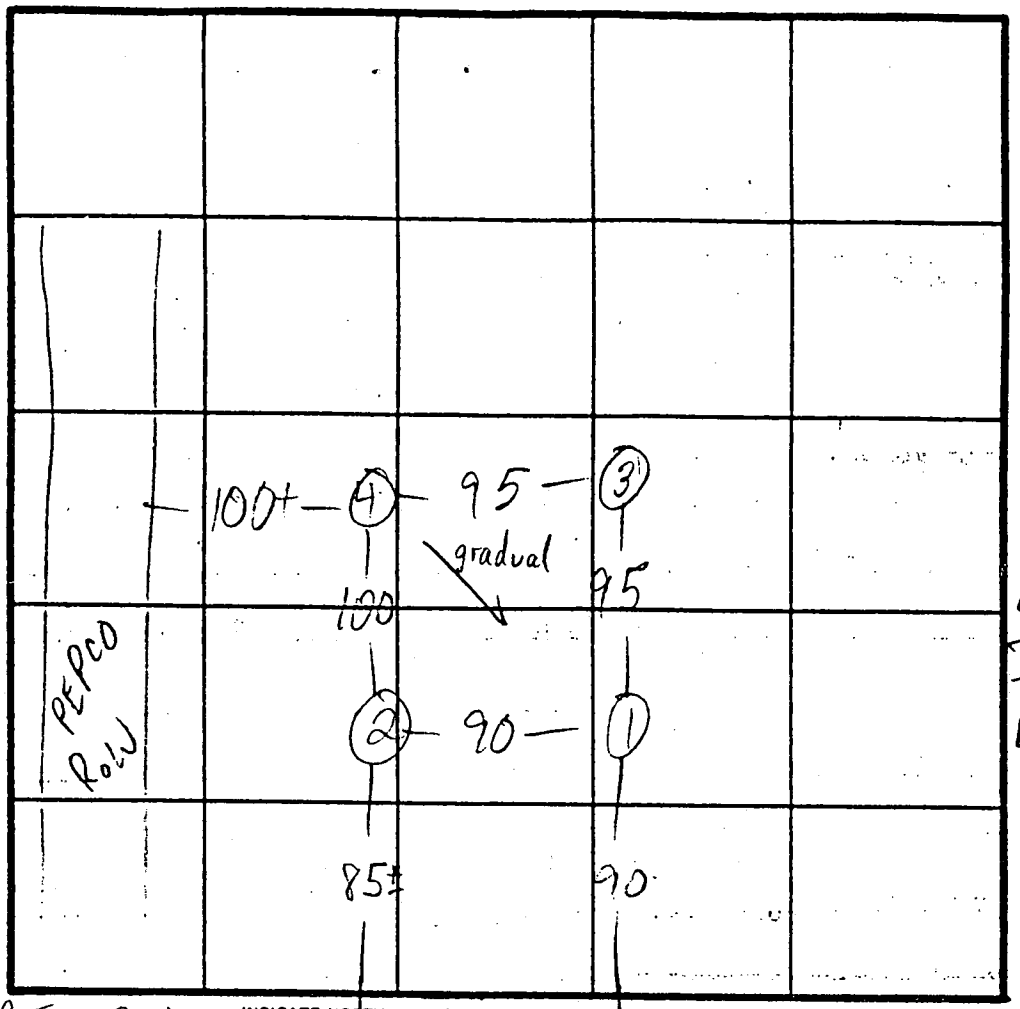
A47965

① – ④ SOIL PROFILE

0 yel org sa cl loam

3-5 tan yel sa lm hi mico w/pink tint in ① & ③ 15% frags

13



$\bar{X}$=10

210 Ø BR

Inlet 4½

Bottom 8½

RT. 216

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	
4/23/92	1 S	4	12:38	12:39	12:39	12:41	2	210'
	1 V	13	see profile					
	2 S	5	12:39:30	12:42	12:42	12:52	10	4BR?
	2 V	13	see profile					
	3 S	4	12:41	12:57	⅛" RE DIG			
	3 S_2	6	2:14	2:23	2:23	2:32	9	
	3 M	8	4:23	4:24	4:24	4:25	1	
	3 V	13	see	profile				
	4 S	4½	12:44:30	12:58	12:58	1:25	27±	EST
	4 V	13	see	profile				

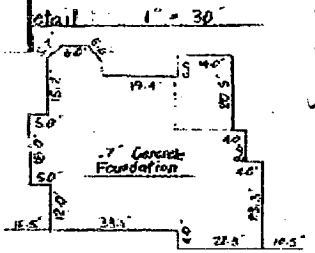
REMARKS HOLES OK & PER PLAN

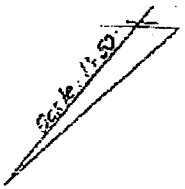
TYPE OF SOIL

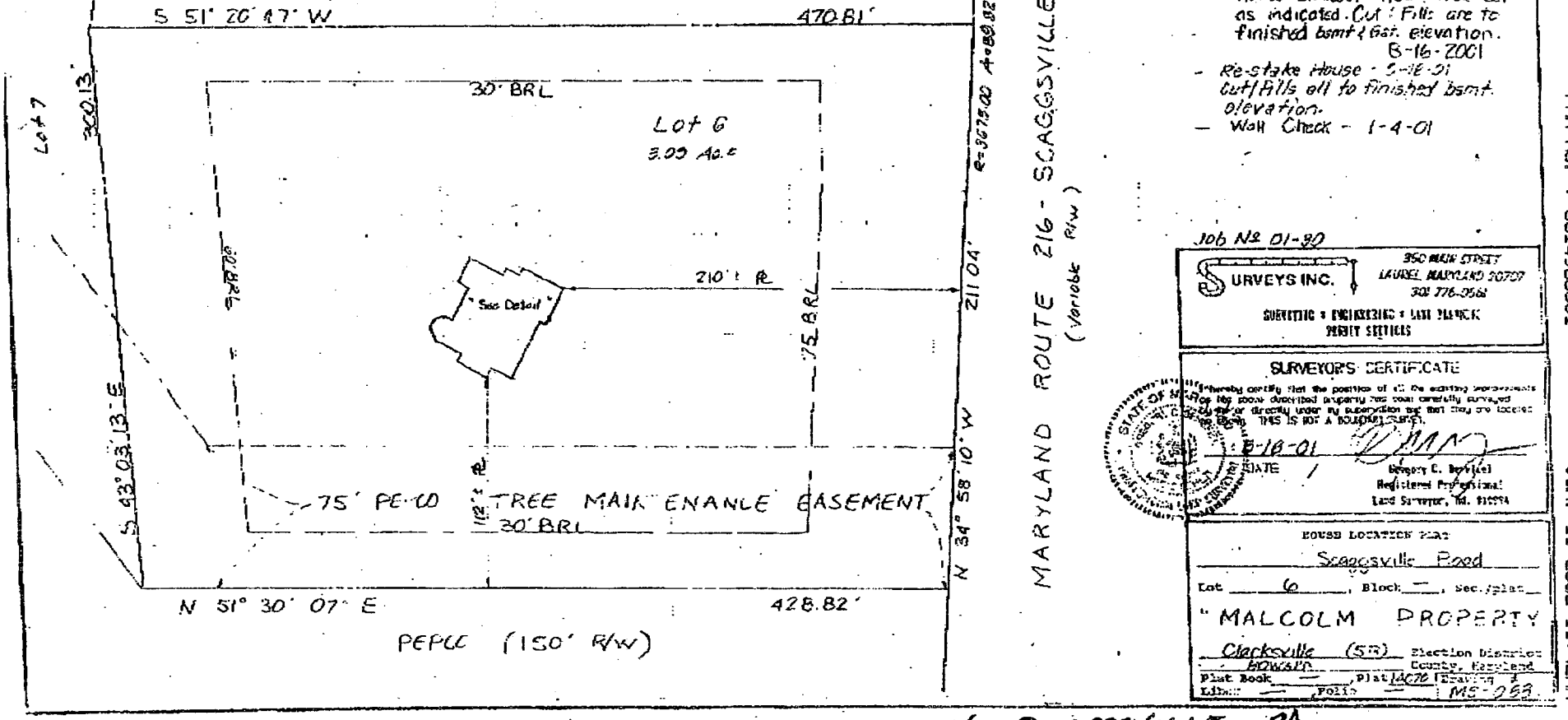
TESTED BY M. Rifkin ALSO PRESENT owner, hoe man

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 1
To BRIAN	From
Co.	Co.
Dept.	Phone #
Fax #	Fax #

1/14/02
House moved toward Rt. 216 and toward rear lot line.
No effect on well or septic.
BG







a — House Stakeout - Hub & Tack set as indicated. Cut & Fills are to finished bsmt & Gar. elevation.
B-16-2001
- Re-Stake House - 3-16-01 Cut/Fills all to finished bsmt. elevation.
— Well Check - 1-4-01

Job No 01-80

SURVEYS INC.
950 MAIN STREET
LAUREL, MARYLAND 20707
301 776-0566
SURVEYING • ENGINEERING • LAND PLANNING
PERMIT SERVICES

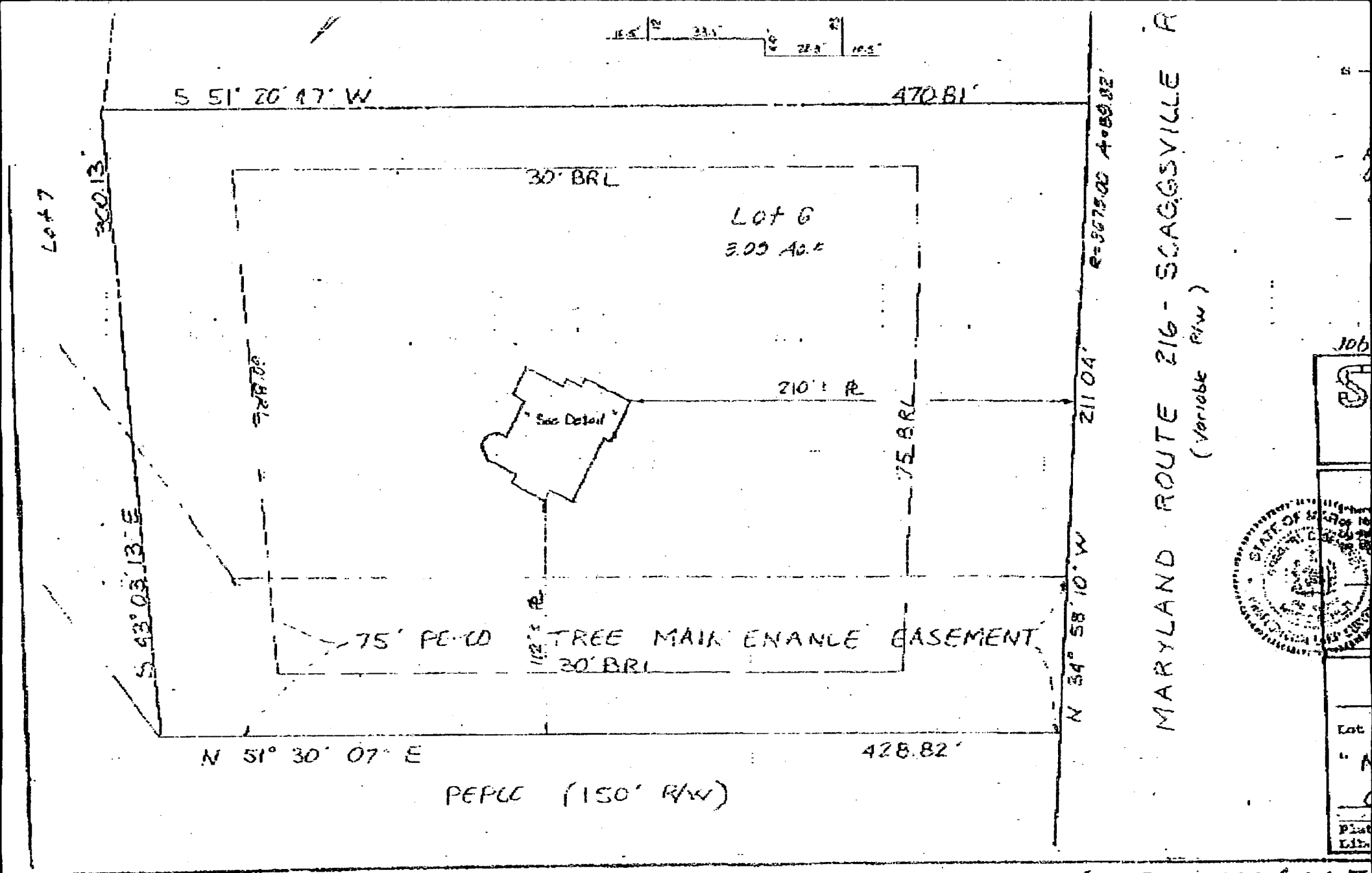
SURVEYOR'S CERTIFICATE

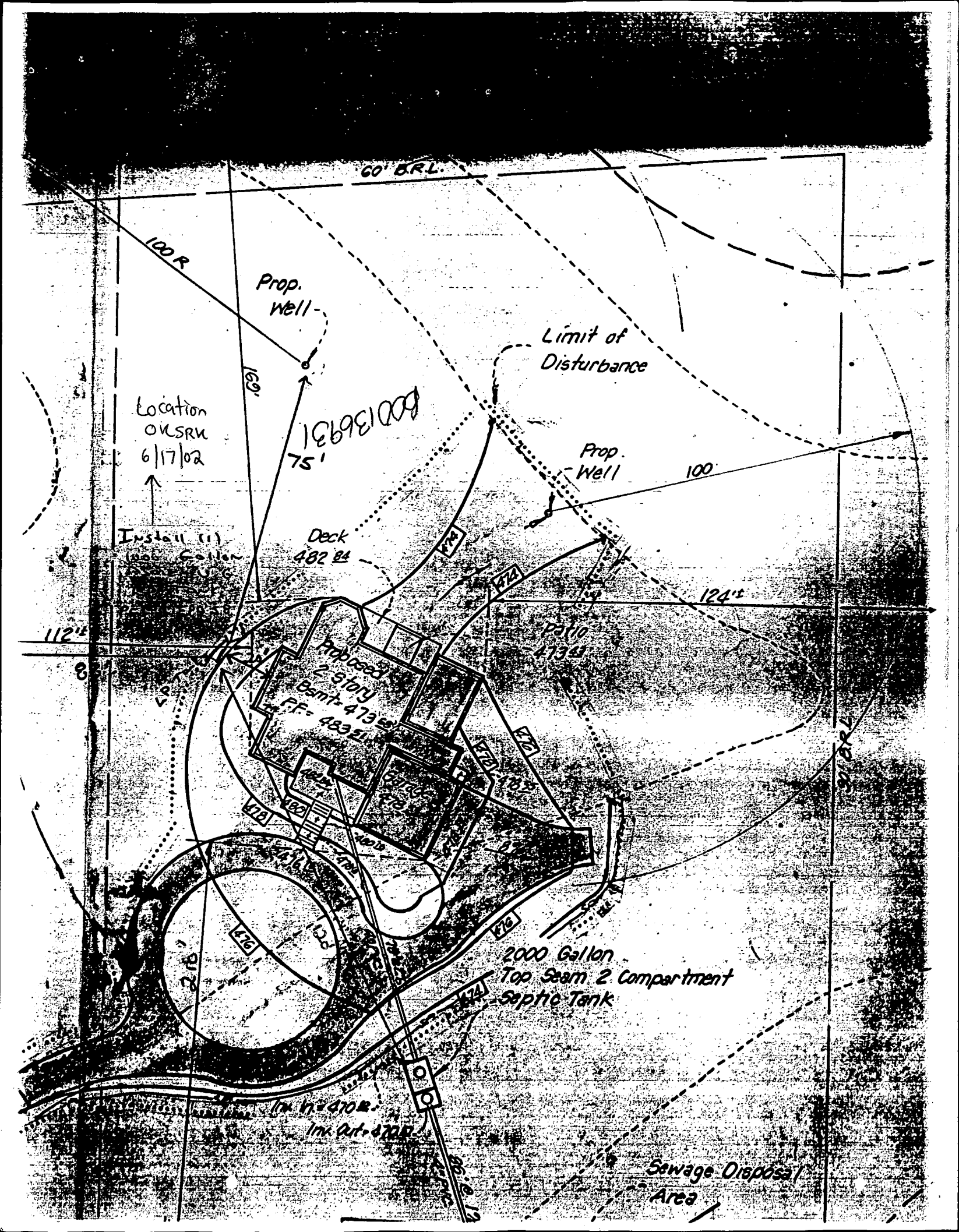
I hereby certify that the position of all the existing improvements on the above described property was accurately surveyed by me or directly under my supervision and that they are located as shown. THIS IS NOT A BOUNDARY SURVEY.

3-16-01
DATE
Gregory C. Bayliss
Registered Professional
Land Surveyor, Md. #10974

HOUSE LOCATION PLAT
Scaggsville Road
Lot 6, Block —, Sec./plat —
"MALCOLM PROPERTY"
Clarksville (5th) Election District
HOWARD County, Maryland
Plat Book —, Plat 14076, Drawing 3
Liber —, Folio —, MS-253

12064 SCAGGSVILLE RD.


S 51° 20' 17" W
470.81'
30' BRL
LOT 6
3.03 Ac.±
Lot 7
350.13'
S 43° 03' 13" E
210' ± R
211.04'
75' BRL
"See Detail"
75' PEPCO
TREE MAIN ENANCE EASEMENT
30' BRL
N 34° 58' 10" W
N 51° 30' 07" E
428.82'
PEPCO (150' R/W)
MARYLAND ROUTE 216 - SCAGGSVILLE
(Variable R/W)
~1"=60'
12064 SCAGGSVILLE


60' B.R.L.
100 R
Prop. Well
Limit of Disturbance
Location ONSRM 6/17/02
75'
100
Prop. Well
Install (1) 1000 Gallon
Deck 482 Sq Ft
124'±
112'±
Patio 473 Sq Ft
Proposed 2 story Bsmt-473 Sq Ft F.F.-483 Sq Ft
Garage 478 Sq Ft
30' B.R.L.
2000 Gallon Top Seam 2 Compartment Septic Tank
Inlet Invert 470.0
Inv. Out-470.0
Sewage Disposal Area

Page ____ of ____
Date 11·15·01 8:00

Review (R6) 11/28/01

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3250
Location of property (road) Scaggsville Rd
Subdivision Malcolm Property Lot 6 Block ____ Plat ____ Sec. ____
Well Driller Easterday Owner Legends Bldrs

Depth of well 500 2 1/2 gpm
Distance of measuring point (M.P.) above ground 2 FT
Static water level (S.W.L.) below M.P. 29 FT

I. High rate pumping -- reservoir drawdown

Time pump started 745 Pumping rate 15 GPM
Total time 30 min to reach pumping water level 164 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	~~DISCHARGE~~ (~~if used~~) Pump SET	CALCULATED FLOW (gallons per minute)
815	164 FT	15 Sec	385 FT	4 GPM
830	164 FT	15 Sec		4 GPM
845	164 FT	15 Sec		4 GPM
900	164 FT	15 SEC		4 GPM
915	165 FT	15 Sec		4 GPM
930	165 FT	15 Sec		4 GPM
945	165 FT	15 Sec	Drawed well Down 15 min Pumping 156 GPM	4 GPM
1000	222 FT	15 Sec		4 GPM
1015	222 FT	15 SEC		4 GPM
1030	222 FT	15 Sec		4 GPM
1045	222 FT	15 SEC		4 GPM
1100	222 FT	15 SEC		4 GPM
1115	222 FT	15 SEC	385 FT	4 GPM
	TESTED BY DICKIE			

HD-224

Page ____ of ____ 3-6hr yield test · 8am

Date 11/15/01

Review _____

FIELD DATA SHEET

HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3250 ✓

Location of property (road) Scaggsville Rd

Subdivision Malcolm PROPERTY Lot 6 Block ____ Plat ____ Sec. ____

Well Driller Easterday Owner Legends Bldrs

Depth of well _____

Distance of measuring point (M.P.) above ground _____

Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____

Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11/15/01	12 PM	No one here		
		Well not grouted ✓		

HD-224

EMERGENCY/TEMP NO. IF ANY

4

B 1 | 5038 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

5/5991 please print or type

STATE PERMIT NUMBER: HO-94-3250

fill in this form completely

Date Received (APA): 08/17/01

OWNER INFORMATION 8731

Legends Builders, Inc.
Last Name Owner First Name

P.O. Box 511
Street or RFD

Burtonsville, Md 20866
Town State Zip

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name License No.

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F Easterday 8/16/2001
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN
AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)
CABLE | REVerse-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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER ------G---

PERMIT No. HO-94-3250

B 3 LOCATION OF WELL

Howard CC#
COUNTY

Malcolm Property
SUBDIVISION

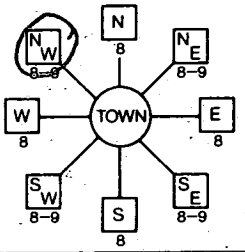
SECTION LOT 6

Fulton
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 M I

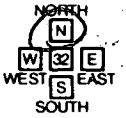
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Scaggsville Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 350 Ft. (ENTER FT OR MI)

TAX MAP: 41 BLK: 13 PARCEL 67

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A47965
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 10 05 01 Mark E Pfefferkorn 10/05/02
MM DD YY CO SIGNATURE EXP. DATE

NORTH GRID 483 000 EAST GRID 0819 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

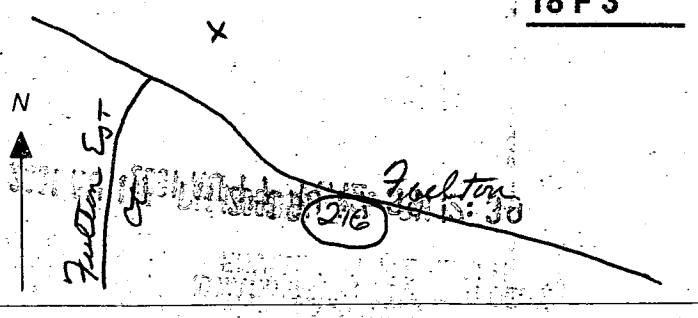
E 4883
N 8189

000
000

X 11/15/01

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

18 F 3



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

C 1 → 0516 | SEQUENCE NO. (MDE USE ONLY) | 1 2 3 6 (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 TYPE

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

COUNTY NUMBER A 47965 11/28/01 AG

ST/CO USE ONLY DATE Received MM DD YY (8–13)

DATE WELL COMPLETED MM DD YY (15–20): 11/17/01

Depth of Well (22–26): 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" (28–37): HO-94-3250

OWNER: Legends Builders (lastname / first name)

STREET OR RFD: Scaggsville Rd TOWN: Fulton

SUBDIVISION: MALCOLM PROP. SECTION: LOT: 6

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	2	
Red Clay	2	17	
Brown Mica	17	68	✓
Brown Slate	68	74	
Gray Slate	74	87	
Blue Slate	87	110	
Blue/Gray Slate	110	392	
Quartz, gravel	392	396	✓
Blue/Gray Slate	396	500	

NUMBER OF UNSUCCESSFUL WELLS: 0

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.

DRILLERS LIC. NO.: MD 040
George T. Esterling
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MD 727
Frank E. Lutting 2
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] (44) no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] (45–46) BENTONITE CLAY [BC] (45–46)

NO. OF BAGS: 21 NO. OF POUNDS: 2100
GALLONS OF WATER: 126

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48–52) TOP ft. to 75 (54–58) BOTTOM 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 (60–61)	6 (63–64)	80 (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:
- [ST] STEEL
- [BR] BRASS BRONZE
- [HO] OPEN HOLE
- [PL] PLASTIC
- [OT] OTHER

C 2 — DEPTH (nearest ft.)

EACH SCREEN		from	to
	1	HO 78 (8–15)	500 (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) (56–60)

GRAVEL PACK — from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

70: 2 6pm TELESCOPE CASING
72: 500' LOG INDICATOR
74 75 76: OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) (8–9): 3

PUMPING RATE (gal. per min.) (11–15): 4.

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING (17–20): 29 ft.

WHEN PUMPING (22–25): 222 ft.

TYPE OF PUMP USED (for test) (27)
- [A] air
- [P] piston
- [T] turbine
- [C] centrifugal
- [R] rotary
- [O] other (describe below)
- [J] jet
- [S] submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): 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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

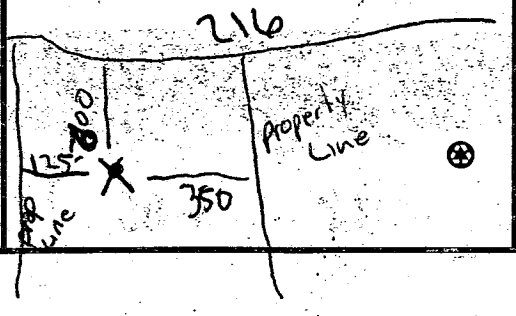
PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)
- [+] (49) above LAND SURFACE
- [–] (49) below

2 (nearest foot) (50–51)

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)



DENV-CR97 COUNTY