

P 513328

SEWAGE DISPOSAL SYSTEM

A 48833

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 3/16/2000

410-313-2640

APPROVAL DATE 4/28/00

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Quarterfield LOT NUMBER 17 ADDRESS 11632 Quarterfield Drive

PROPERTY OWNER ~~Dale Thompson Builders~~ PROPERTY OWNER'S ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY	GALLONS
100	100
200	200
300	300
400	400
500	500
600	600
700	700
800	800
900	900
1000	1000
1100	1100
1200	1200
1300	1300
1400	1400
1500	1500
1600	1600
1700	1700
1800	1800
1900	1900
2000	2000
2100	2100
2200	2200
2300	2300
2400	2400
2500	2500
2600	2600
2700	2700
2800	2800
2900	2900
3000	3000
3100	3100
3200	3200
3300	3300
3400	3400
3500	3500
3600	3600
3700	3700
3800	3800
3900	3900
4000	4000
4100	4100
4200	4200
4300	4300
4400	4400
4500	4500
4600	4600
4700	4700
4800	4800
4900	4900
5000	5000
5100	5100
5200	5200
5300	5300
5400	5400
5500	5500
5600	5600
5700	5700
5800	5800
5900	5900
6000	6000
6100	6100
6200	6200
6300	6300
6400	6400
6500	6500
6600	6600
6700	6700
6800	6800
6900	6900
7000	7000
7100	7100
7200	7200
7300	7300
7400	7400
7500	7500
7600	7600
7700	7700
7800	7800
7900	7900
8000	8000
8100	8100
8200	8200
8300	8300
8400	8400
8500	8500
8600	8600
8700	8700
8800	8800
8900	8900
9000	9000
9100	9100
9200	9200
9300	9300
9400	9400
9500	9500
9600	9600
9700	9700
9800	9800
9900	9900
10000	10000

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Place the distribution box 85 feet off the rear lot line and 75 feet off the right lot line as seen when facing the lot from Quarterfield Drive. Run trenches along contour in both directions. OK 4/2/00 DKS

PLANS APPROVED Mark E. Rifkin/Donna K. Soe DATE 1/05/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM BUILDING PERMITS SIGNED OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

**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

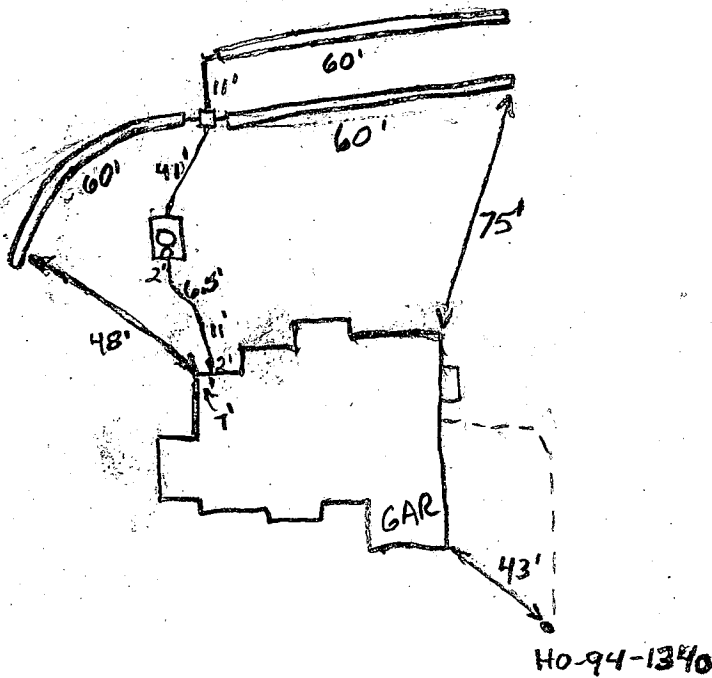
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMITS ISSUED
AND RETURNED**

11/8/2003 B00139889 DECK

48833

NOT TO SCALE



Quarterfield Drive

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 4/28/00 House connection made. System satisfactory.
O.K. to cover everything. BB

TRENCH DATA

TRENCH WIDTH 2.0'
TRENCH INLET DEPTH 4.5'
TRENCH BOTTOM DEPTH 8.5'
DEPTH OF STONE 4.0'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 180'
ABSORBENT AREA 720 sq. ft.
DISTRIBUTION BOX LEVEL O.K.
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 MS GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS
MANHOLE RISER
ALARM
PUMP PERFORMANCE TEST

INSPECTOR B. Baber

DATE SYSTEM APPROVED 4/28/00

MD STATE GRID MERIDIAN

PRES PARCEL 1A
PLAT NO. 11938

N28°25'56"E

176.92'

SEPTIC EASEMENT AS
SHOWN ON PLAT NO. 11938

50' BRL

S61°34'04"E

LOT 16

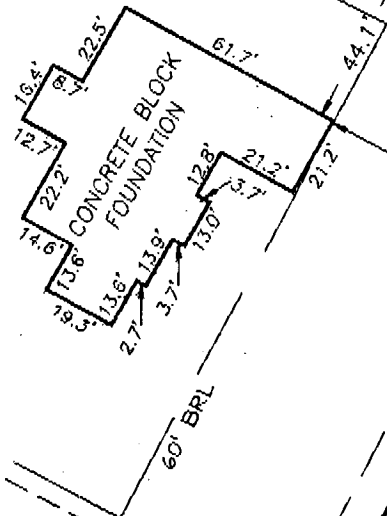
PLAT NO. 11938

EX. TREE MAINTENANCE
EASEMENT AS SHOWN ON
PLAT NO. 11938

LOT 17
46,000 SqFt
PLAT NO. 11938

15' BRL

260.00'



QUARTERFIELD DRIVE
(50' RIGHT-OF-WAY)

EX. 20' DRAINAGE & UTILITY
EASEMENT AS SHOWN ON
PLAT NO. 11938

N61°34'04"W

15' BRL

LOT 18
PLAT NO. 11940

260.00'

S28°25'56"W

3/16/00
House footprint had
changed, but does
not appear to adversely
affect well or septic.
(Signature)



TOP OF WALL: 416.22

RECORD REFERENCES	WALL CHECK OF	VOGEL & ASSOCIATES, INC.
LIBER/FOLIO _____	OF	CONSULTING ENGINEERS-SURVEYORS-PLANNERS
PLAT BOOK _____ N/A	LOT 17	3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
PLAT NO./FOLIO _____ 11938	QUARTERFIELD	TELEPHONE (410)461-5828 FAX (410)465-3966
SCALE _____ 1"=50'	HOWARD COUNTY	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
DATE _____ 02-03-00	MARYLAND	<i>Mark C. Martin</i> 2/3/2000 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

Approved Septic System Plan

Howard County Health Department

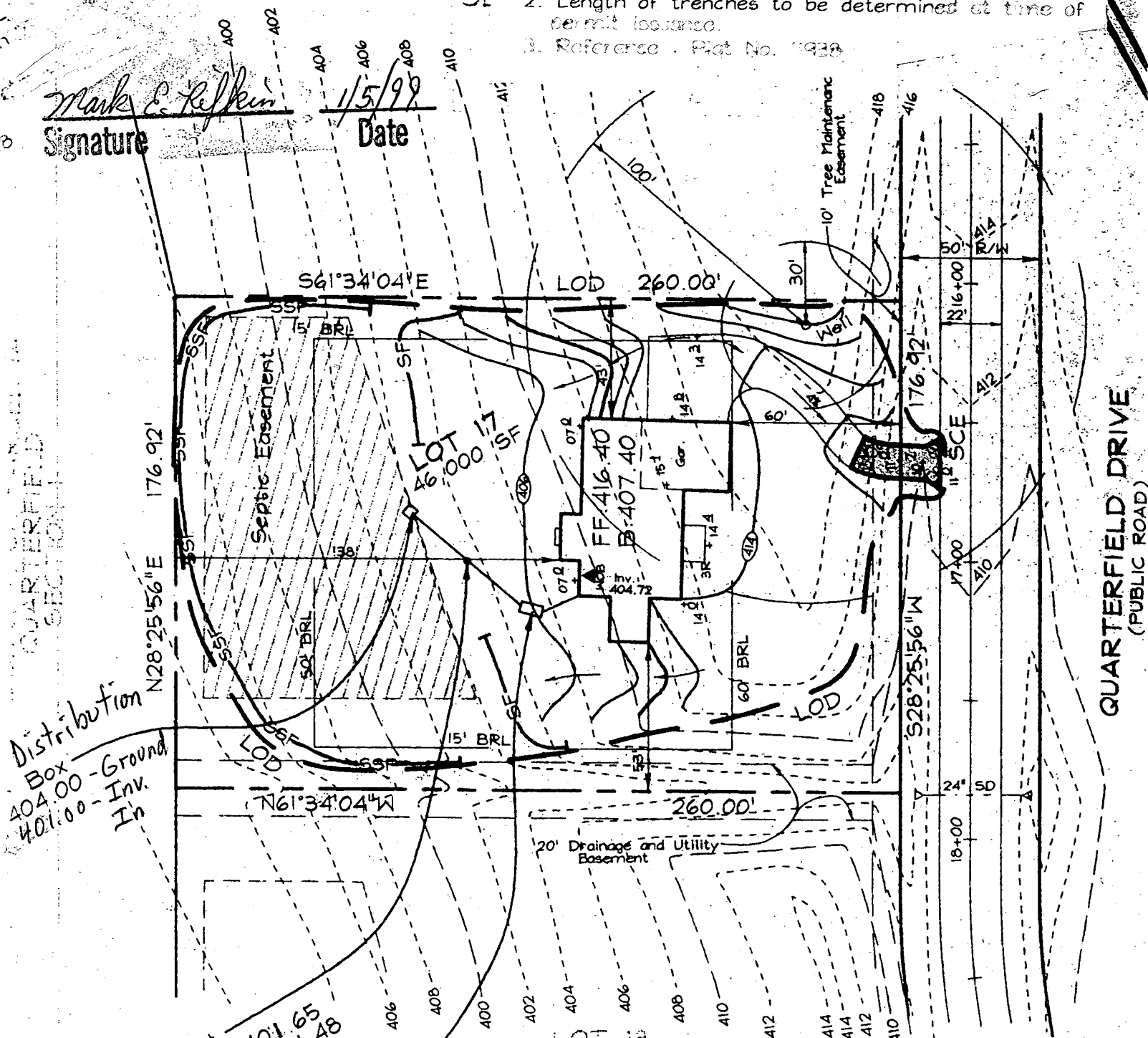
GENERAL NOTES

- Existing topography taken from Road Construction Plans F-95-028
- Length of trenches to be determined at time of permit issuance.
- Reference: Plat No. 1938

QUA
SE

Mark E. Rifkin
Signature

1/5/99
Date



Distribution
Box
404.00 - Ground
401.00 - Inv.
In

Cleanout
Inv. In : 401.65
Inv. Out : 401.48

1250 Gal. Septic Tank
Ground : 406.0
Inv. In : 402.43
Inv. Out : 402.13

SECTION 1
Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 8.5 feet

Depth of stone required below distribution pipe 4 feet

QUARTERFIELD DRIVE
(PUBLIC ROAD)

APPLICATION

PERCOLATION TESTING

33
A 488
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/7/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Joseph M. Zoller, III DALE THOMPSON BUILDERS
11696 Carroll Mill Road
ADDRESS Ellicott City, Maryland 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
ADDRESS P.O. Box 417, Ellicott City, MD 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Zoller Property LOT NO. 20 17

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection. (11622 Quarterfield Drive) **PROG. PERMIT SIGNATURE**
AND RETURNED 1-5-00
Serial # 200121641

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 4 Brm.
(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. SDC Group Inc.
By: [Signature] V.P.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK - HOLD FOR PLAT 7/26/93 MR

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 48246

COUNTY #

Lot 30

SOIL PROFILE

0' (13) (14)
pink
red brn
sa cl
lm w/
20% quartz
@ 4'

4

fine
sa lm

12

(15)
brn
scl
lm

4-4 1/2

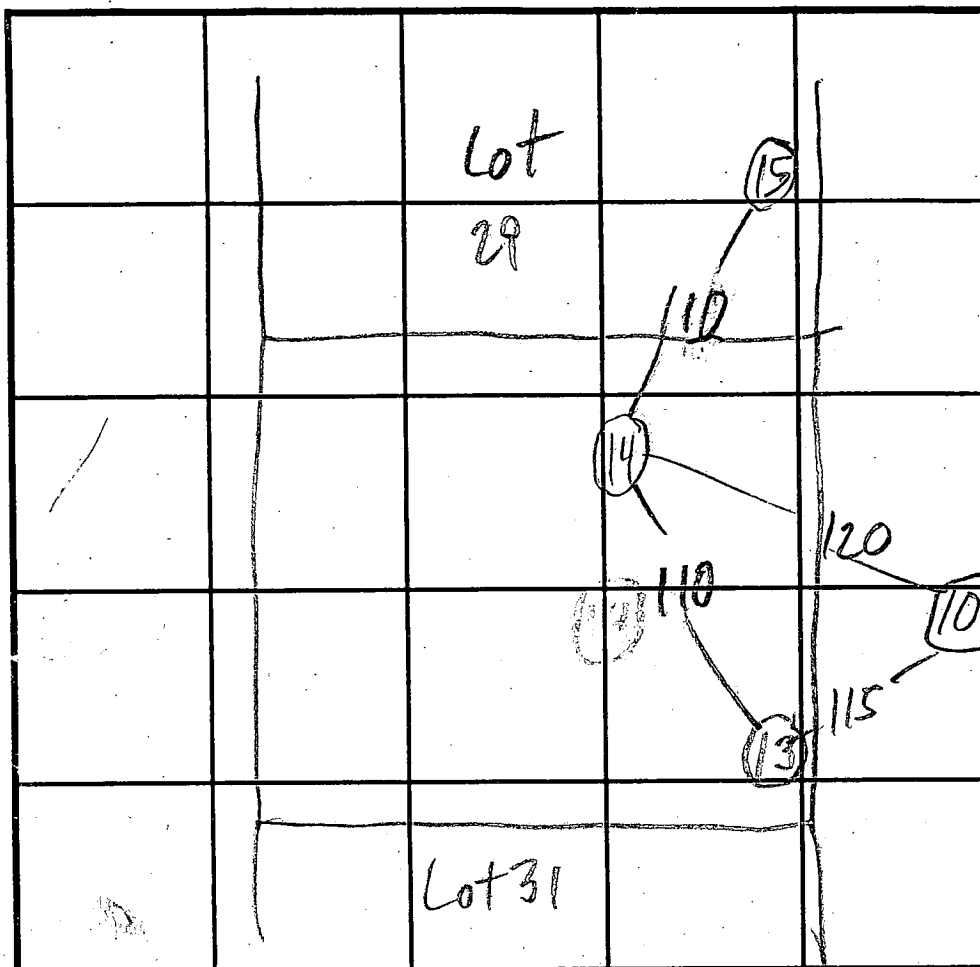
br
sa
si lm
10%
frags

13

(105)

3 1/4
brn tan
sa lm
5-10%
frags

13 1/2



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/2/93	13	5 1/2	3:47	3:49	3:49	3:55	6
		8 1/2	3:48	3:49	3:49	3:52	3
	13	12	see profile				
	14 S	4	4:01:00	4:01:30	4:01:30	4:02:30	1
			4:02:45	4:03:45	4:03:45	4:05:00	1 1/4 min
	14 M	8 1/2	4:03:30	4:04:00	4:04:00	4:05	1
	14 V	12	see profile				
	15 S	5	4:12	4:20	4:20	4:40	20
	15 M	8	4:13	4:16	4:16	4:23	7
	15 V	13	see profile				
2/10/93	105 S	5	3:55:15	3:56:30	3:56:30	3:59:00	2 1/2 min
			3:56:00	3:56:20	3:56:20	3:57:20	1 min
	105 V	13 1/2	see profile				

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

5

TRENCH WIDTH

280

INLET DEPTH

4 1/2

MAXIMUM BOTTOM DEPTH

8 1/2

SQ. FT./BEDROOM

180

APPLICATION

PERCOLATION TESTING

A 48833

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family
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COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. SDC Group Inc.
By: [Signature] V.P.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

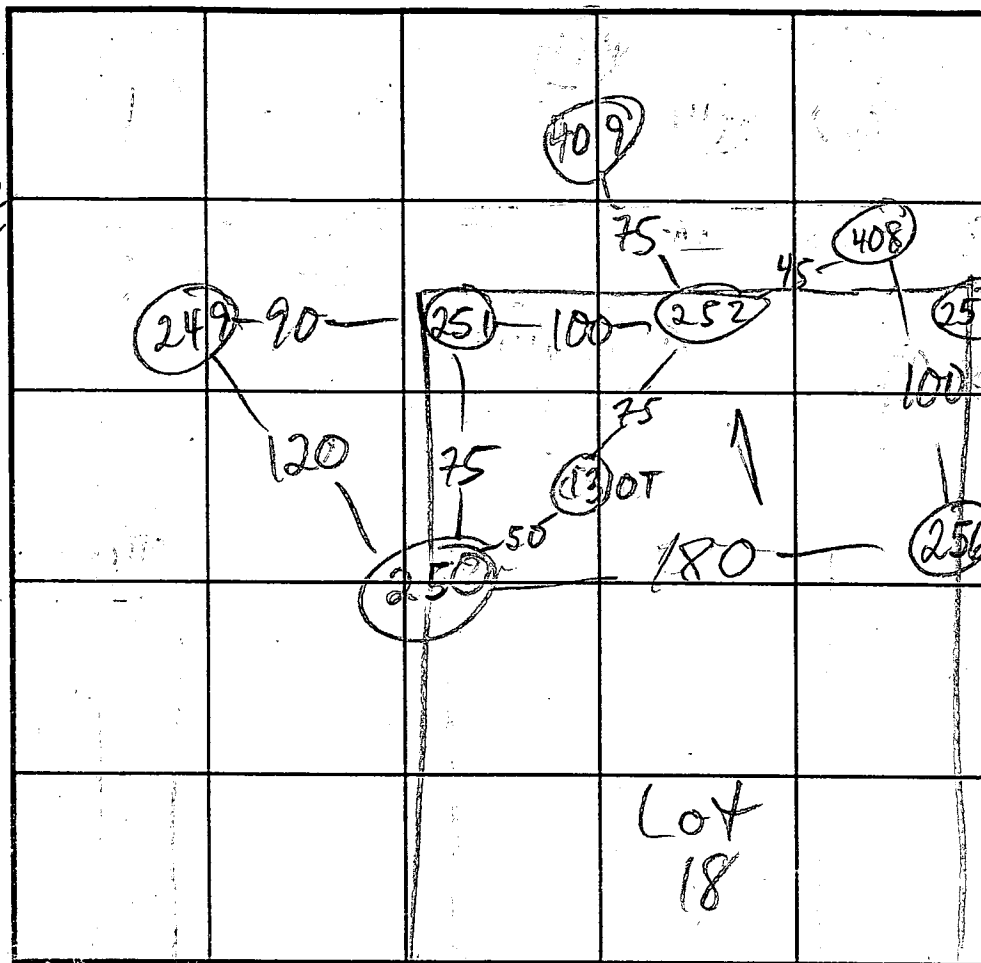
SOIL PROFILE

0' 409 249
red 251
brn 252
Sa cl 1m 408
3 4 tan wh
yel
Sa 1m
5-10%
frags

250 256

brn Sa
cl 1m
3 15% frags
brn
mica
sa 1m
20-25%
frags

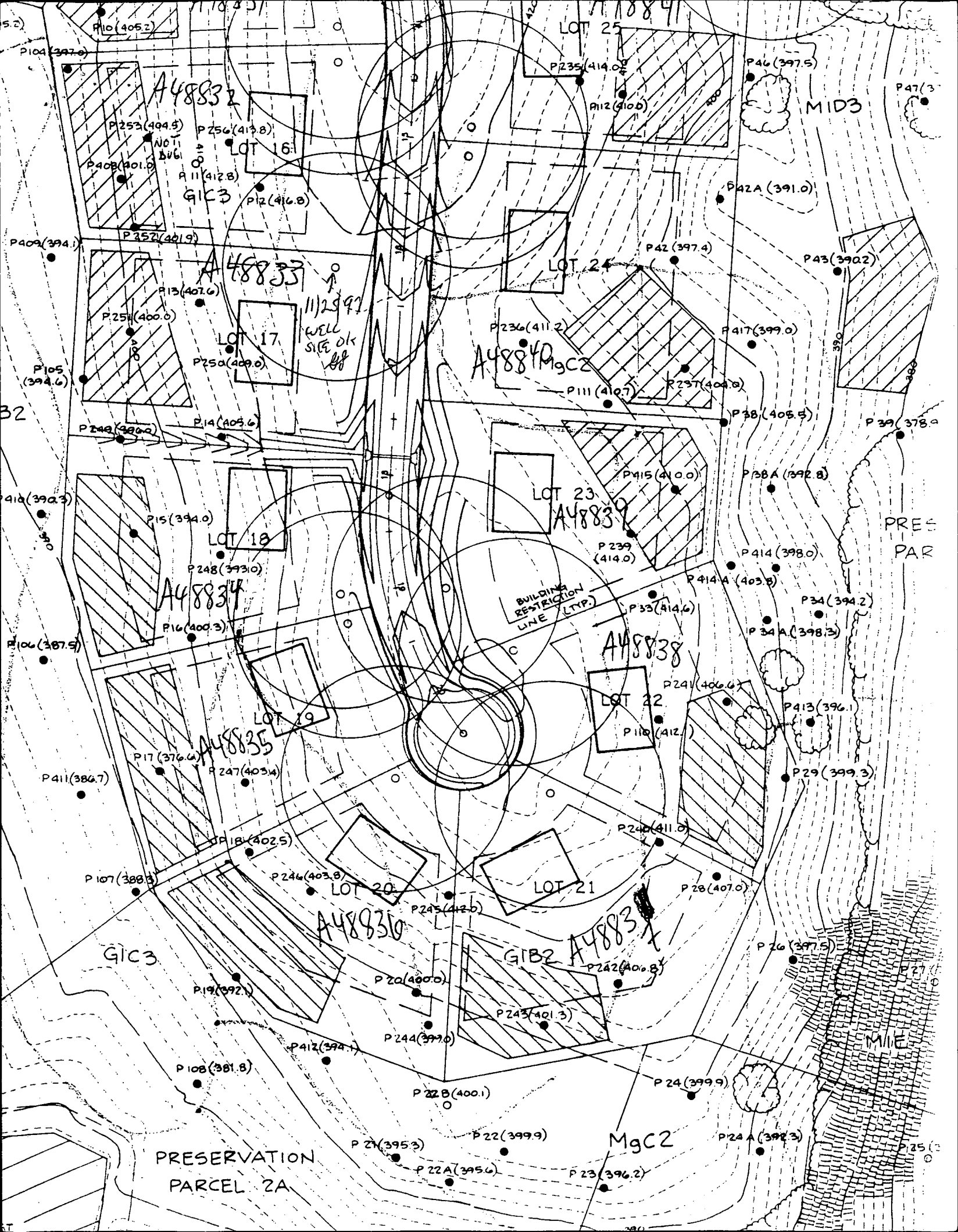
SOIL PROFILE

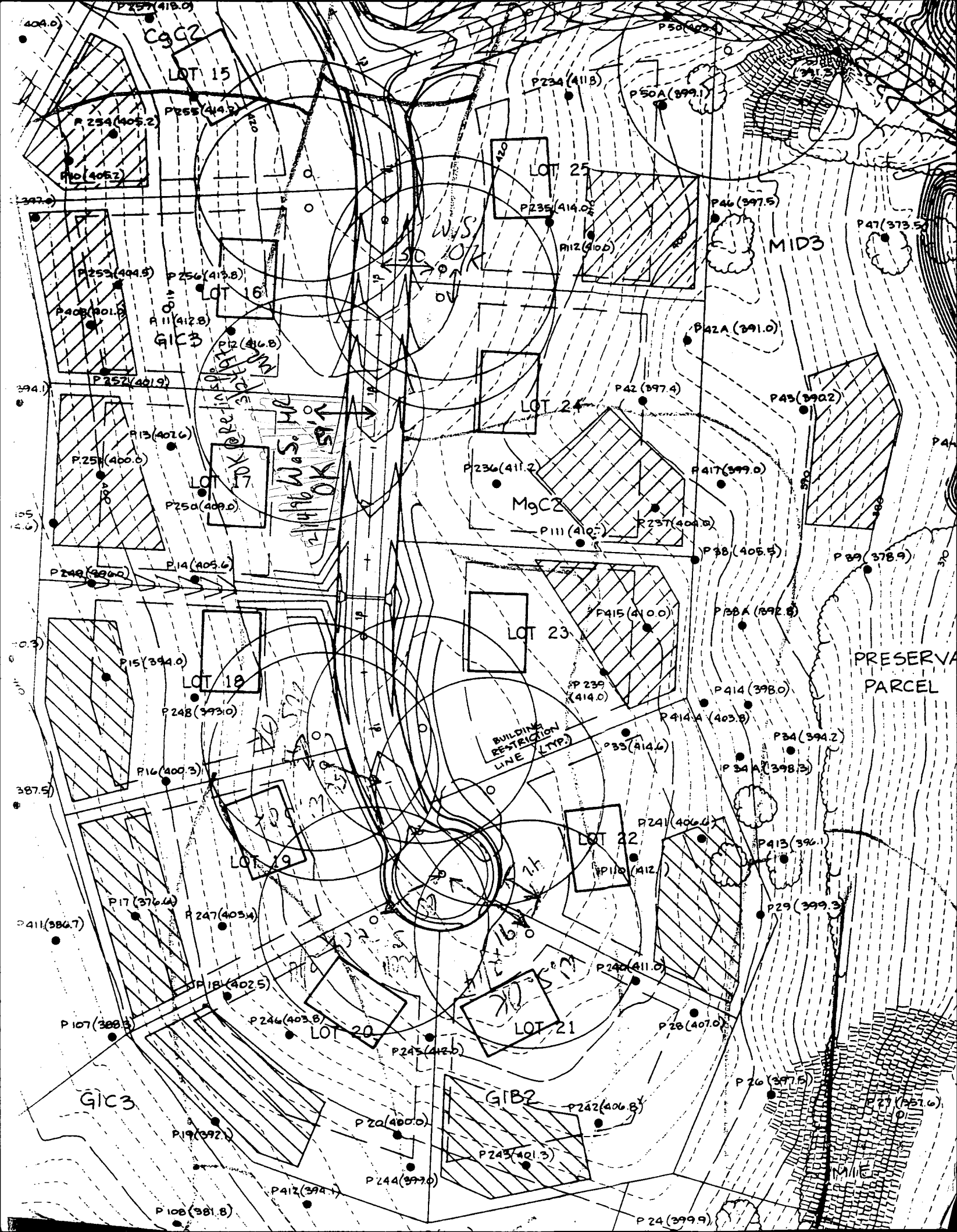


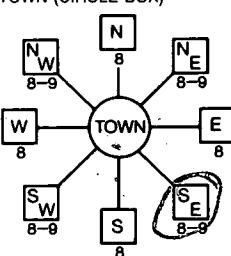
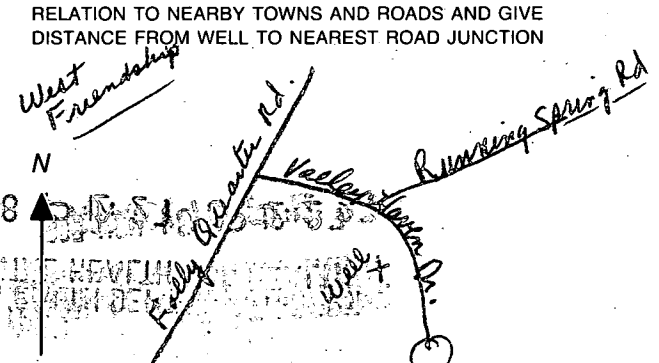
MAIN RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
7/26/94	250S	4	10:49	10:50	10:50	10:52	2
	250V	12					
	251S	4 1/2	10:53	10:55	10:55	10:57	2
	251V	12					
	256S	4 1/2	1:06:00	1:07:00	1:07:00	1:10:00	3
	256V	13	sim to profile 20% frags				
	408S	4'9"	12:57	1:00	1:00	1:04	4
	408V	11	sim				
	252S	4 1/2	12:40	12:45	12:45	12:55	10
	252V	11 1/2	sim				

REMARKS 409S 4' 11 1/2 12:49 12:54 12:54 1:02 8
TYPE OF SOIL 249S 4 10:41 11:00 11:01 11:01 11:02 1
TESTED BY 249V 12 sim to profile ALSO PRESENT Hatfield crew
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM





B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">8048</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">HO-94-1340</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		fill in this form completely	
OWNER INFORMATION Date Received (APA) <u>11/18/97</u> <div style="display: flex; justify-content: space-between;"> <div> 8 MM DD YY 13 <u>Thompson</u> 15 Last Name <u>10005 Old Columbia Rd.</u> 36 Street or RFD <u>Columbia</u> 57 Town </div> <div> Owner <u>Dale</u> First Name 34 <u>md. 21046</u> 70 State 72 Zip 76 </div> </div>		LOCATION OF WELL B 3 <u>Howard</u> 8 COUNTY 21 <u>Quartarfield</u> 23 SUBDIVISION 42 SECTION <u>17</u> 44 46 48 50 <u>West Friendship</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78	
DRILLER INFORMATION <u>Joseph L. Mayne</u> M S D 024 Driller's Name 76 License No. 81 <u>Joseph L. Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd. Mt. Airy Md. 21111</u> Address <u>Joseph L. Mayne</u> 1/17/97 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 <u>Quartarfield</u> <u>Wallen Haven Dr.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>23</u> BLK: <u>14</u> PARCEL <u>8</u>	
WELL INFORMATION B 2 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> <u>A-48833</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED <u>11/25/97</u> <u>11/25/98</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>522 000</u> EAST GRID <u>824 000</u> 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>828</u> N <u>522</u>	
APPROXIMATE DEPTH OF WELL <u>220</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		2/2/98 930 LOC OK GROUT OK 60' CASING MR 56' OPEN 2/2/98 20 BAGS 15' CASING A.G. 000 ✓ TAG OK 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY)	
APPROX. PERMIT NUMBER <u>65</u> FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. <u>HO-94-1340</u> 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	

C 1	09420	SEQUENCE NO. (MDE 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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)			COUNTY NUMBER A-48833			
DATE RECEIVED MM/DD/YY 2/9/98		DATE WELL COMPLETED MM/DD/YY 2/2/98		Depth of Well 22 285 26 (TO NEAREST FOOT)		
ST/CO USE ONLY		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-1340		28 29 30 31 32 33 34 35 36 37		

OWNER THOMPSON DALE	last name	first name
STREET OR RFD QUARTERFIELD DRIVE		
TOWN W. FRIENDS HIP		
SUBDIVISION QUARTERFIELD		
SECTION 17		
LOT 17		

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	0 56	
Gray Mica Rock	56 285	<input checked="" type="checkbox"/>

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 20	NO. OF POUNDS 1880
GALLONS OF WATER 120	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 TOP 52 ft. to 56 BOTTOM 58 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 ST	
	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
	6	60
	60 61	63 64 66 70

E A C H C A S I N G	OTHER CASING (if used)	
	diameter inch	depth (feet) from to

screen type or open hole (insert appropriate code below)	ST STEEL	BR BRASS	HO OPEN HOLE
	PL PLASTIC	OT OTHER	
	SCREEN RECORD		

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED Y 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. MSD024
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
DRILLERS SIGNATURE

LIC. NO. MSD027
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)
SITE SUPERVISOR SIGNATURE

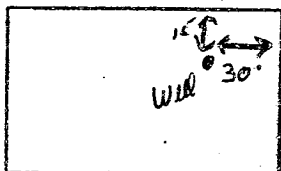
C 2	
DEPTH (nearest ft.)	
HO 58 285	
8 9 11 15 17 21	
23 24 26 30 32 36	
38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	

GRAVEL PACK 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 72	74 75 76
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	7.5	
METHOD USED TO MEASURE PUMPING RATE	Bucket	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	66 ft.	
WHEN PUMPING	149 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	

PUMP INSTALLED	
DRILLER WILL INSTALL 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.	
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)	
+ above	
LAND SURFACE	
- below	
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)	
	
Quarterfield Dr.	

