

4/24/00
2-00

4/27/00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513328

A 48834

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED

DATE 3/16/00

DATE SYSTEM APPROVED 4/21/00

INSPECTOR DS

Eogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

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

SUBDIVISION Quarterfield LOT 18 ROAD 11636 Quarterfield Drive

PROPERTY OWNER Dale Thompson Builders

BUILDING PERMIT SIGNED

ADDRESS _____

AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS 6-2304 BOVINGO20 - FINISH BASEMENT

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 175 feet down the right lot line and 105 feet off this same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK RP 1/14/00

PLANS APPROVED BY Mark Rifkin/Amy McMillen DATE 12/14/99

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

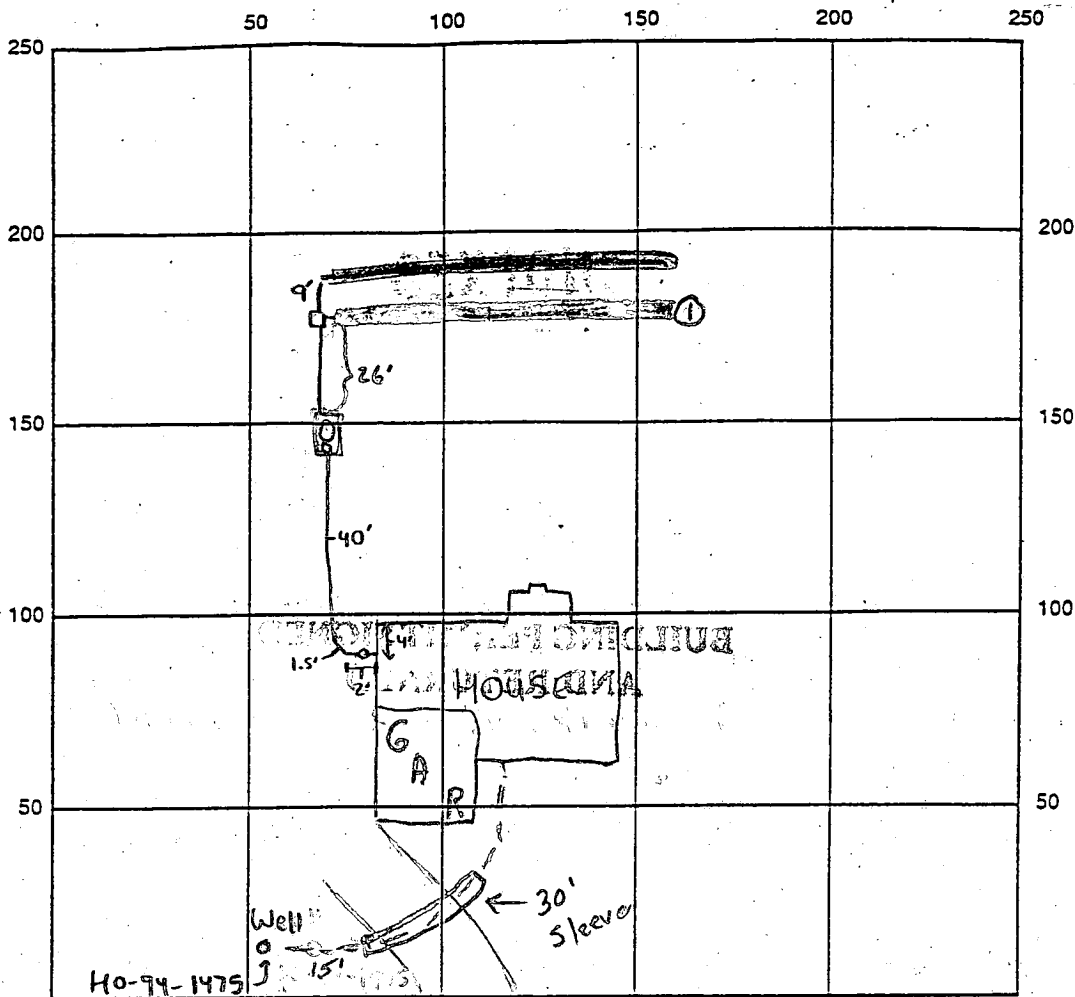
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

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

HD-260(6-90)

48834

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
QUARTERFIELD DRIVE

SEPTIC TANK LEVEL ✓ 1250 gallon midseam CLEANOUTS 4" at house

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 200 FT. 180

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 4/26/00 - OK TO RUN 2-90' TRENCHES TOWARDS RIGHT LOT LINE INSTEAD OF IN BOTH DIRECTIONS,

ADD STONE OR SOLID EARTH TO PIPE GOING FROM HOUSE TO SEPTIC TANK, ADD 4" CLEANOUT OUTSIDE OF HOUSE,

OK TO STONE & COVER TRENCH ① BUT LEAVE ENDS OPEN, KEEP TRENCHES 12' CTC (SRK) o.

4/27/00 FINAL WSP - OK TO COVER ALL SEPTIC WORK. DLS

DATE SYSTEM APPROVED 4/27/00

INSPECTOR [Signature]

Approved Septic System Plan Howard County Health Department

Amey M. Moe 12/14/99
Signature Date

Total linear feet of trench
required 180 feet

Width of trench(es) 2.0 feet

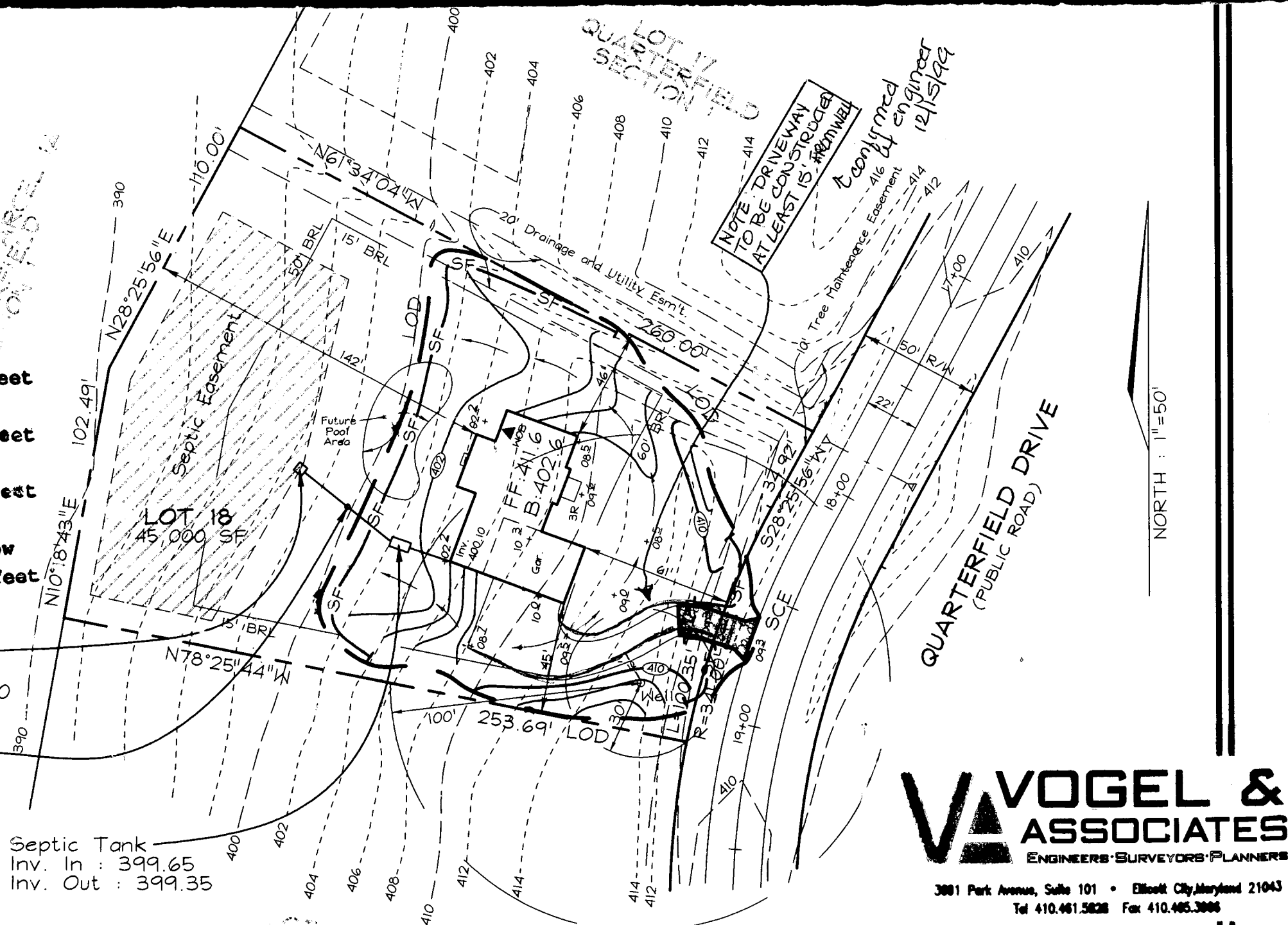
Depth of trench(es) 8.0 feet

Depth of stone required below
distribution pipe 4.0 feet

Distribution Box
Inv. : 398.50
Ex. Grade : 396.50

Cleanout
Inv. In : 398.93
Inv. Out : 393.92

Septic Tank
Inv. In : 399.65
Inv. Out : 399.35



VOGEL & ASSOCIATES
ENGINEERS • SURVEYORS • PLANNERS

3881 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3886

QUARTERFIELD

OWNER/DEVELOPER

DALE THOMPSON BUILDERS
10005 Old Columbia Road
Columbia, Maryland 21046

APPLICATION

PERCOLATION TESTING

A 34
48825
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 1/7/93

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. 29 18 16 on pre-lim

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection. (11636 Quarterfield Drive)

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 4 Bdr
(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 HOLD FOR PLAT - PERC OK MR 7/26/93

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 48845

COUNTY #

Lot 29

SOIL PROFILE

0' (15) (16)

br si
cl lm

3-4½

brn sa
si lm10%
frags

13

(17)

brn org
sa
cl lm

3½-4

pink

brn
red
sa lm
10-15%
frags

12

(106)

org
brn
sa lm

4

brn

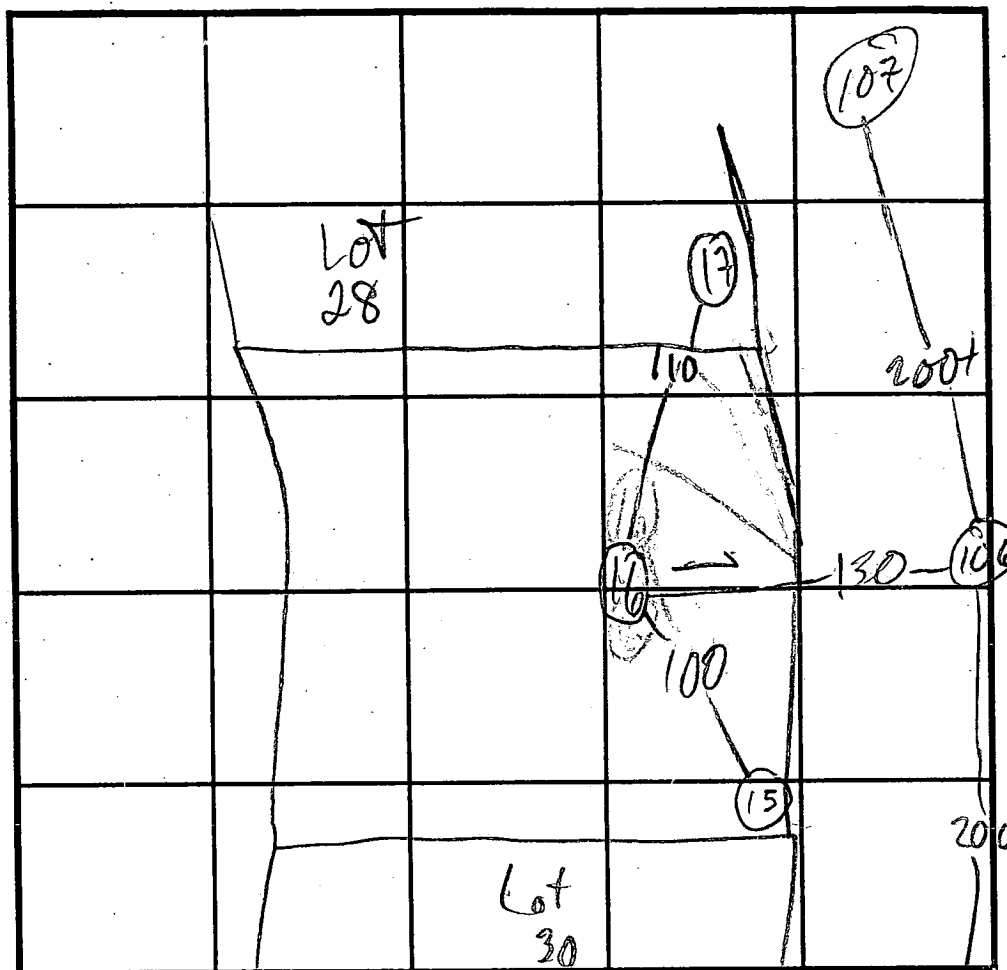
tan

sa lm

5-10%

frags

12½



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	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				
2/3/93	16 S	4	10:37	10:38	10:38	10:40	2
	16 M	8½	10:38	10:38:30	10:38:30	10:41	2½ min
	16 V	12	see profile				
	17 S	4½	10:45:30	10:49:00	10:49:00	10:54	5
	17 M	8	10:46:30	10:47:30	10:47:30	10:50:00	2½ min
	17 V	12	see profile				
2/10/93	106 S	5	4:05:30	4:10:30	4:10:30	4:20	10
	106 M	8	4:06:30	4:09:30	4:09:30	4:12:30	3 min
	106 V	12½	see profile				

REMARKS

TYPE OF SOIL

TESTED BY

M. Riskin

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

9

TRENCH WIDTH

2

INLET DEPTH

4

MAXIMUM BOTTOM DEPTH

8

SQ. FT./BEDROOM

210

APPLICATION

PERCOLATION TESTING

A 48834

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Joseph M. Zoller, III
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. 1718

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection.

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Pa: [Signature] VP
(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

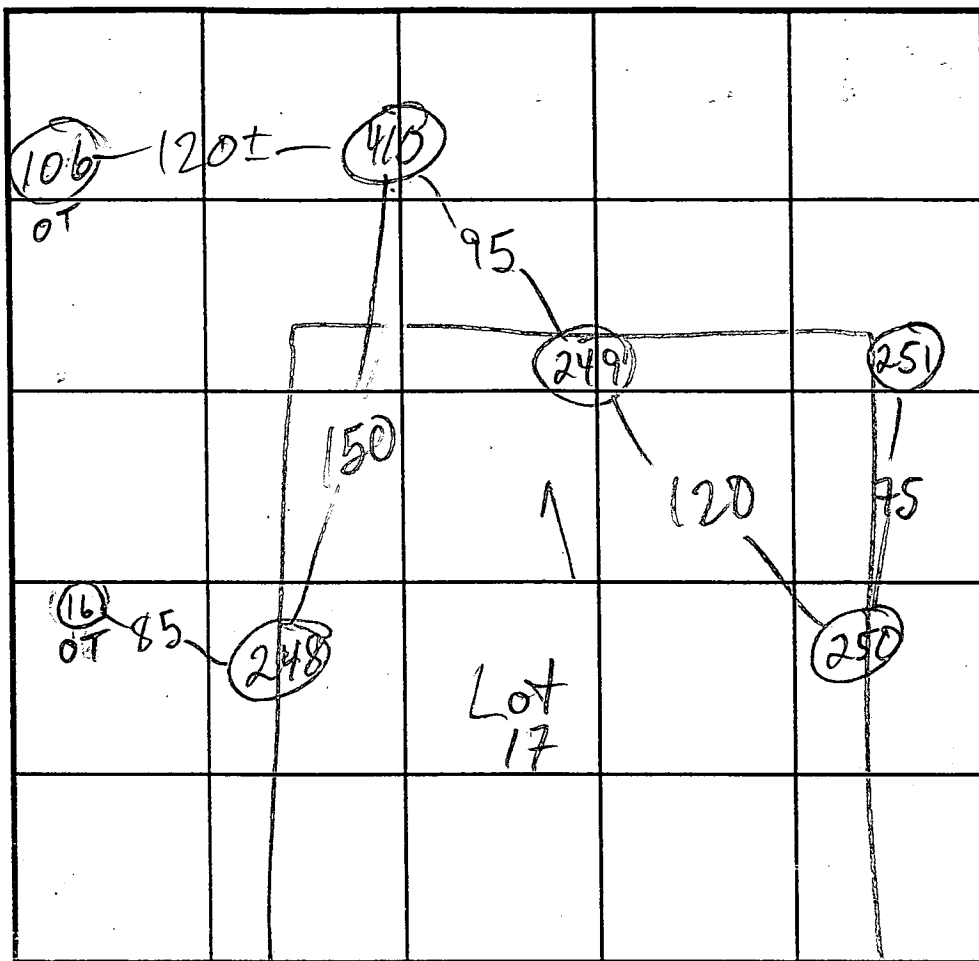
0' 248
tan
brn red
sa cl
lm
4
tan
sa
mica
loam
5%
frags

250

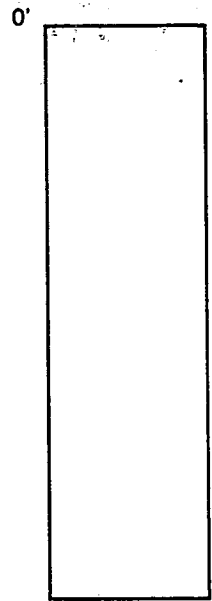
3
brn sa
cl lm
15% frags
brn
mica
sa m
20-25%
frags

12
410 249

5
brn sa
cl mica
lm
tan
yel
fine
sa lm
<5%
frags



SOIL PROFILE



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/26/94	248	4	9:40	9:41	9:41	9:43	2
	248	12 1/2					
	410	5 1/2	11:26:00	11:32	11:32	11:58	26
	410	12					
	250	4	10:49:2	10:50:45	10:50:45	10:52	2
	250	12					
	249	5	10:41	10:51	11:01:20	11:02:20	1
	249	12					
	251	4 1/2	10:53	10:55:20	10:55:20	10:57:20	2
	251	12	sim	to	248	10% frags	

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

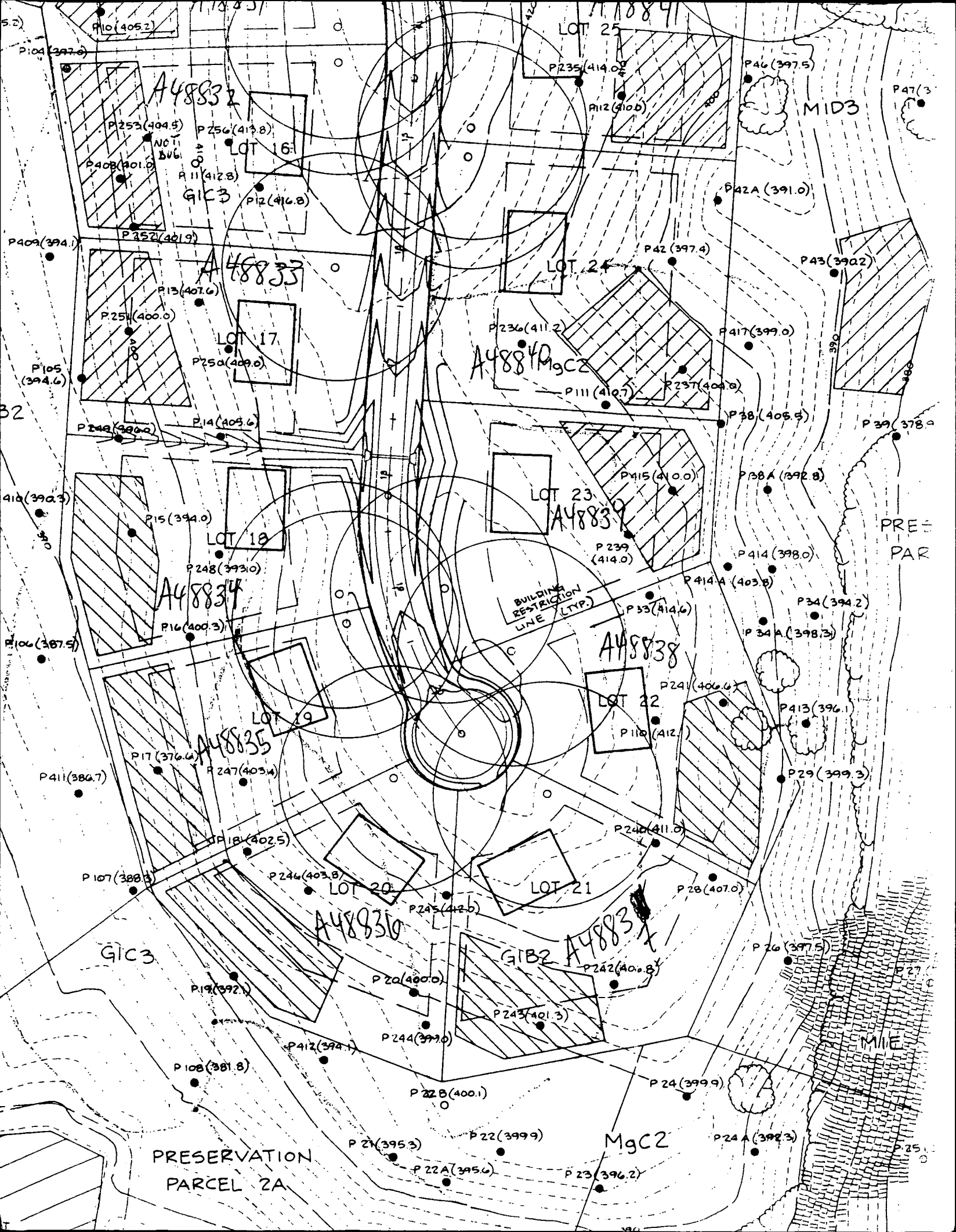
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

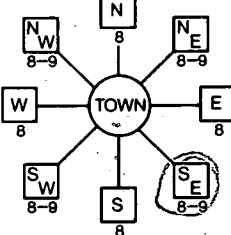
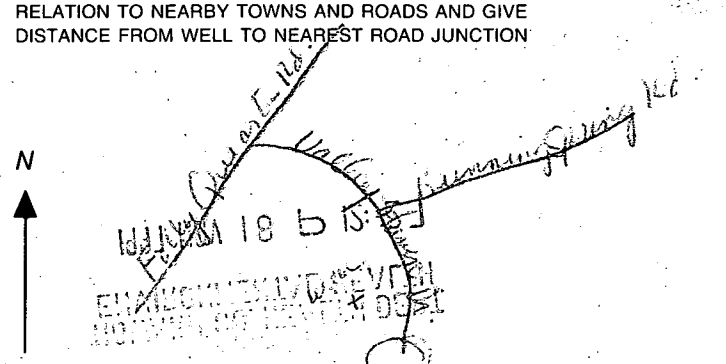


EMERGENCY/TEMP NO. IF ANY

B 1	1923	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-93-0279 <small>70 fill in this form completely 79</small>																				
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																								
OWNER INFORMATION Date Received (APA) 020196																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">15 Last Name THOMASON</td> <td style="width:15%;">Owner</td> <td style="width:15%;">First Name DALE</td> <td style="width:15%;">34</td> <td style="width:15%;">42</td> </tr> <tr> <td colspan="5">36 Street or RFD 1000 SCAD COLUMBIA RD</td> </tr> <tr> <td colspan="5">57 Town COLUMBIA</td> </tr> <tr> <td colspan="5">70 State 72 Zip 76 MD 21046</td> </tr> </table>					15 Last Name THOMASON	Owner	First Name DALE	34	42	36 Street or RFD 1000 SCAD COLUMBIA RD					57 Town COLUMBIA					70 State 72 Zip 76 MD 21046				
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57 Town COLUMBIA																								
70 State 72 Zip 76 MD 21046																								
DRILLER INFORMATION																								
Driller's Name Joseph L. Mayne 77 License No. 80 24																								
Firm Name Joseph L. Mayne Well Drilling																								
Address 5512 Hillside Dr. Airy, MD																								
Signature Joseph L. Mayne Date 2/1/96																								
WELL INFORMATION																								
APPROX. PUMPING RATE (GAL. PER MIN.) 5																								
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500																								
USE FOR WATER (CIRCLE APPROPRIATE BOX)																								
<input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" 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 HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)																								
APPROXIMATE DEPTH OF WELL 100 FEET																								
APPROXIMATE DIAMETER OF WELL 4 INCH																								
METHOD OF DRILLING (circle one)																								
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other <input type="checkbox"/>																								
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)																								
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PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-93-0279 52																								
Not to be filled in by driller (MDE OR COUNTY USE ONLY)																								
APPROX. PERMIT NUMBER GAP																								
FORCE MR WRITE INITIALS IN BOX 67 68 PERMIT No. HO-93-0279 70 71 72 73 74 75 76 77 78 79																								
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -																								

LOCATION OF WELL	
11 12 HOWARD 21 8 COUNTY QUARTERFIELD 42 23 SUBDIVISION 18 50 SECTION 44 46 LOT 48 50 52 NEAREST TOWN WESTERINDOSHIA 71 MILES FROM TOWN (enter 0 if in town) 4 73 M 76 77 78	
DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
NEAR WHAT ROAD QUARTERFIELD DR. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH DISTANCE FROM ROAD 100 34 37 ENTER FT OR MI 100 38 39 TAX MAP 2304 BLK: 8 PARCEL 8	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard E. Refkin COUNTY NAME Howard COUNTY NO. A13 STATE SIGNATURE Mark E. Refkin INSERT S <input type="checkbox"/> DATE ISSUED 022296 EXP. DATE 2/22/97 NORTH GRID 522000 EAST GRID 0827000 43 48 CO SIGNATURE 55 57 63	
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 82X4 N 52X2 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 	

DRILLER

B 1	8047	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1475 <small>70 fill in this form completely 79</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
OWNER INFORMATION Date Received (APA) <u>11/17/97</u> <small>8 MM DD YY 13</small> Last Name <u>Thompson</u> Owner <u>Dale</u> First Name <u>Dale</u> <small>15 34</small> Street or RFD <u>10005 Old Columbia Rd.</u> <small>36 55</small> Town <u>Columbia</u> State <u>MD</u> Zip <u>21046</u> <small>57 70 72 76</small>			LOCATION OF WELL COUNTY <u>Howard</u> <small>21</small> SUBDIVISION <u>Quarterfield</u> <small>42</small> SECTION <u>44</u> LOT <u>18</u> <small>46 48 50</small> NEAREST TOWN <u>West Friendship</u> <small>71</small> MILES FROM TOWN (enter 0 if in town) <u>4</u> <small>73 76 77 78</small>	
DRILLER INFORMATION Driller's Name <u>Joseph E. Mayne</u> License No. <u>MSD 024</u> <small>76 81</small> Firm Name <u>Joseph E. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy 21771</u> Signature <u>Joseph E. Mayne</u> Date <u>11/17/97</u> <small>34</small>			4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD <u>Quarterfield Valley Road Dr.</u> <small>30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD <u>20</u> <small>34 37</small> ENTER FT OR MI <u>FT</u> <small>38 39</small> TAX MAP: <u>23</u> BLK: <u>14</u> PARCEL <u>3</u>	
2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> <small>1 2 8 12</small> AVERAGE DAILY QUANTITY NEEDED <u>500</u> <small>14 20</small>			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <u>A48834</u> COUNTY NO. STATE SIGNATURE <u>Mark E. Rifkin</u> <small>41</small> DATE ISSUED <u>03 12 98</u> <small>43 MM DD YY 48</small> CO SIGNATURE <u>Mark E. Rifkin</u> EXP. DATE <u>3/12/99</u> NORTH GRID <u>522</u> <small>50 55</small> EAST GRID <u>0824</u> <small>57 63</small>	
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) <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>WEAR</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>5284</u> N <u>5282</u>	
APPROXIMATE DEPTH OF WELL <u>270</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>			2/22/99 9:30 GROUT 60' CASING 5 2/22/99 MR NO GROUT INST. OPP.	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30</small> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> <small>37</small> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> 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 DEEPEMED 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 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <u>41</u> <small>52</small>			Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER <u>54</u> G A P <u>63</u> FORCE <u>MR</u> WRITE INITIALS IN BOX <u>HO-94-1475</u> PERMIT No. <u>HO-94-1475</u> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

105057

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY

PLEASE PRINT OR TYPE

PERMIT NO. 212519

COUNTY NUMBER A 48834

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Dale Thompson Bldrs

STREET OR RFD Quarterfield Dr

TOWN Wc Friendship

SUBDIVISION QUARTERFIELD

SECTION

LOT 18

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

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE

Nominal diameter top (main) casing

Total depth of main casing

OTHER CASING

SCREEN RECORD

screen type or open hole

DEPTH

ST

BR

HO

PL

OT

PUMPING TEST

HOURS PUMPED

PUMPING RATE

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

CAPACITY: GALLONS PER MINUTE

PUMP HORSE POWER

PUMP COLUMN LENGTH

CASING HEIGHT

LAND SURFACE

LOCATION OF WELL ON LOT

DRILLERS LIC. NO.

DRILLERS SIGNATURE

LIC. NO.

SITE SUPERVISOR

GRAVEL PACK

MDE USE ONLY

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

