15001.

PERMIT

SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	5/1/29

A 48843

DISTRICT	

DATE 12/3

INDEXED

DATE SYSTEM APPROVED 12/8/98

B00122459

INSPECTOR_

Fogle's Septic Clean, Inc.	•	!S	PERMITTED TO INS	TALL X ALT	ER
ADDRESS 558 Obrecht Road	Sykesville, M	aryland 21784	PHONE	(410) 795-5674	+
SUBDIVISION Quarterfield	LOT27	ROAD	3745 Running	Springs Road	<u>.</u>
PROPERTY OWNER	Dale Thomps	son Builders			
ADDRESS					
SEPTIC TANK CAPACITY 1250 GALLONS	NOTE	TO INSTALLI			
NUMBER OF BEDROOMS 4		JU6665 Tlo		•	
180 SQUARE FEET PER BEDROOM	1717	OTALBUTION B	SUX COCATION	, د	
LINEAR FEET OF TRENCH REQUIRED 180	 •				
TRENCHES - Trench to be 2 feet widepth 7.5 feet below original grade. 4 feet LOCATION - From the junction of the state of	riginal grade. t of stone belo	Effective arow distribution	ea begins at 3 n pipe.	3.5 feet below	7
90 feet up the 329.73' along contour towards NOTES - No trench to exceed 100 to grade or above on so	lot line and l the opposite si O feet in lengt	10 feet off th ide of the lot	at same lot li	ine. Run tren	iches
	<u> </u>				
PLANS APROVED BY Glen Savage, Ma	ark E. Rifkin	cufcw		DATE10/26/	98
COVER NO WORK UNTIL INSPECTED AND APPROVED					
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEJ	ALTH DEPARTMENT IS R	ESPONSIBLE FOR THE	SUCCESSFUL OPERAT	TION OF ANY SYSTEM	
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SE ACCEPTABLE.	WER LINE AND/OR AT	90' SWEEPS IN LINES	S FROM HOUSE TO D	DRAIN FIELDS, 90° EI	BOWS NOT
OTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DAUTHORIZED)	STRIBUTION BOX TRE	NCHES) TO BE 100 F			
OTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPE	ECTION BEFORE AND AF	TER PLACING-GRAVEL	IN LESNICHIESI	LUQ PERMIS SU NO RESULTIVES	

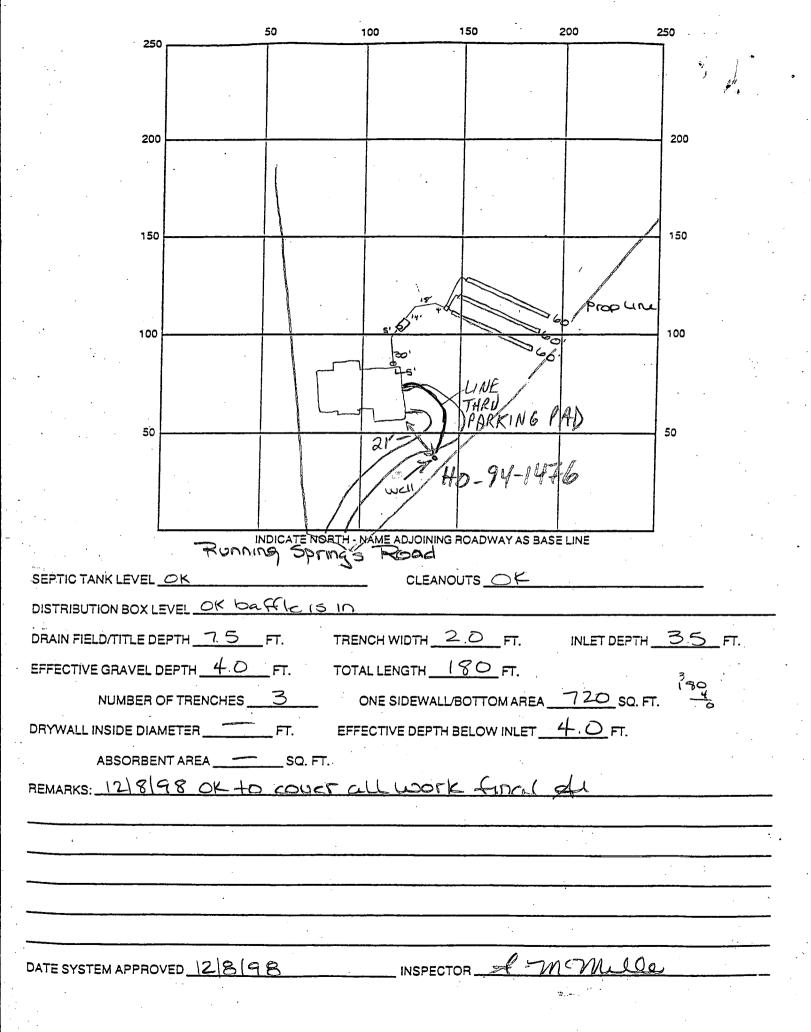
PERMIT VOID AFTER TWO YEARS

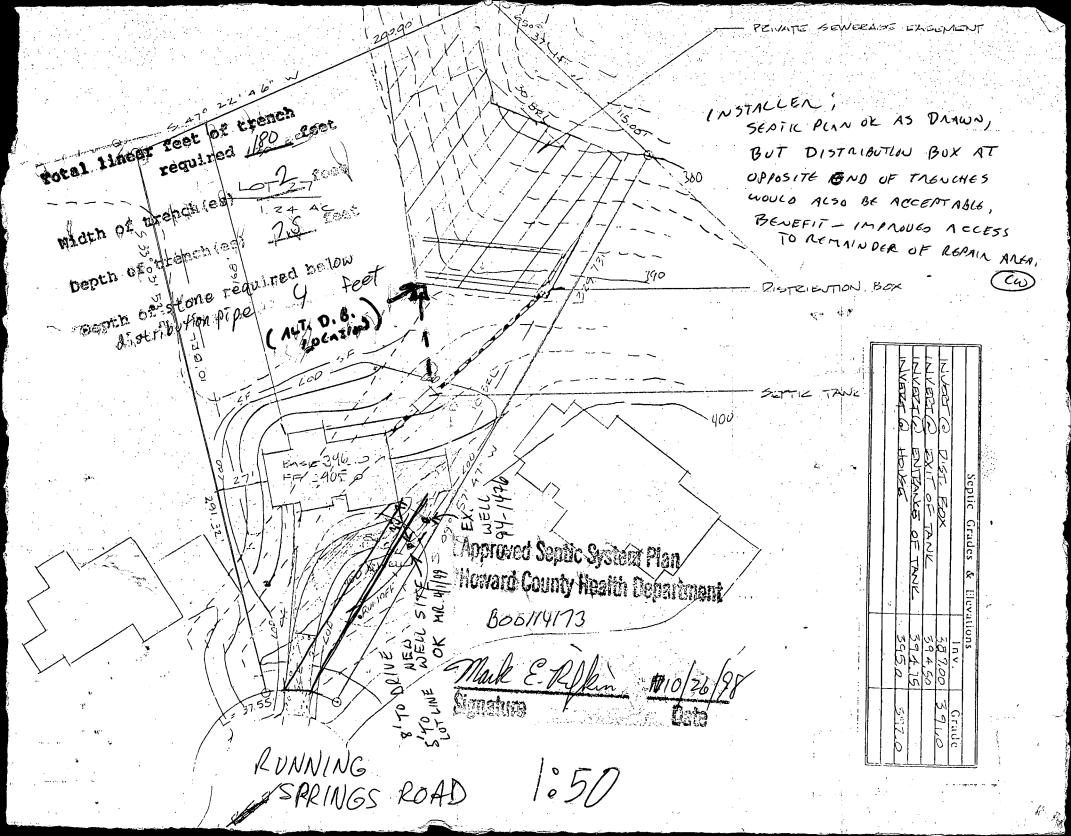
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 5 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: 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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES





APPLICATION

PERCOLATION TESTING

P_____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

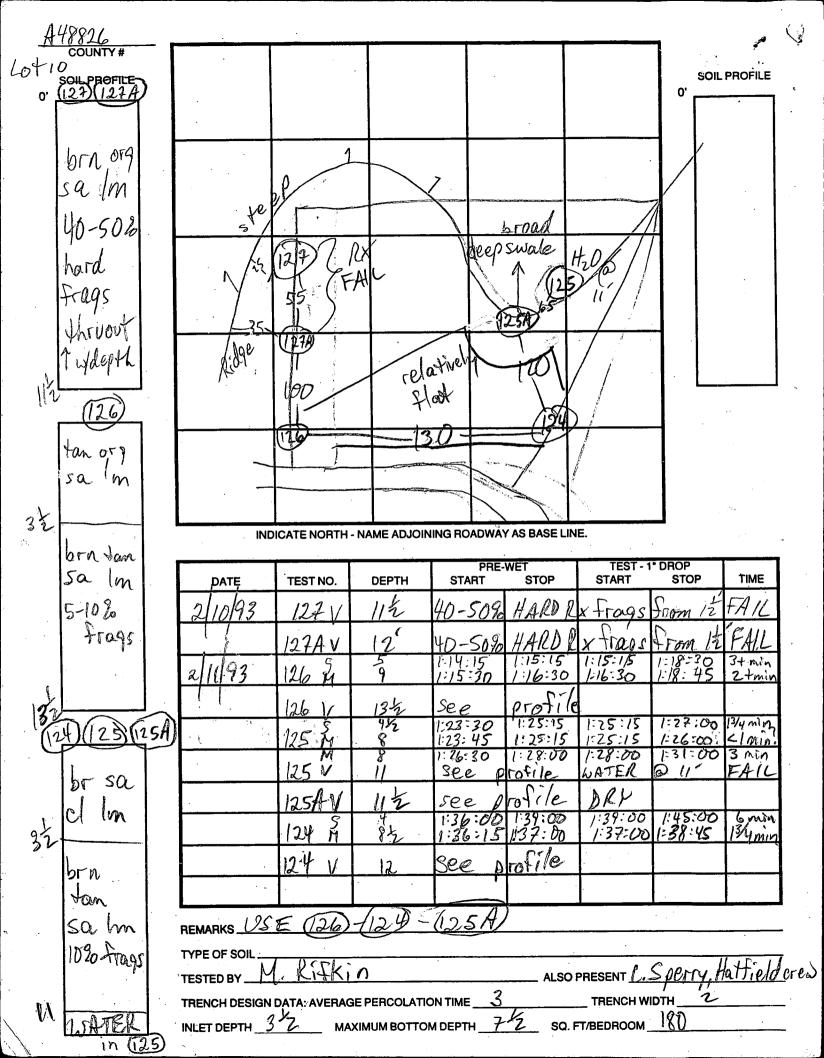
DISTRICT ______

TO: THE COUNTY HEALTH OFFICER

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO A	APPLICATION FOR PERMIT TO COL	NSTRUCT (OR RECONSTRUCT) A SEWAGE DISPO	OSAL SYSTEM.
PROPERTY OWNER Joseph M. Zoller . I	_		
11696 Carroll Mill Ro			
ADDRESS Ellicott City, Maryla		PHONE	
ADDRESS			
AGENT OR PROSPECTIVE BUYER SDC Group, I	nc.		
ADDRESS P.O. Box 417, Ellicott	City, MD 21041 _F	PHONE (410) 465-4244	
PROPERTY LOCATION:		•	
		10/27	
SUBDIVISION Zoller Property	للل	OT NO.	
ROAD AND DESCRIPTION Northeast quadran			Road
intersection. 3745 Running	Springs Road	BLUG. PEHMIT SIGNED	
		Serial # Bro 11417	8
TAX MAP 23 PARCEL# 8,82 & 10	<u>) 1</u>	Jena 4 150 114/2	3
SIZE OF LOT 1 Ac +/-	TYPE BLDG	Single Family -4 Bonn	EDCIALL
		•	·
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS AC	CEPTABLE ONLY UNTIL PUBLI	C FACILITIES BECOME AVAILABLE. I FULLY U	NDEHSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TE			LSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING	THIS LOT BY.	Joh Rida VP	
Som El Willi ALL M.S.G. I.A. HEGGIERENTO IN LEGING	11110 2011	(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 MR	<u> 4/26/93</u>
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

HD-216 (3/92)

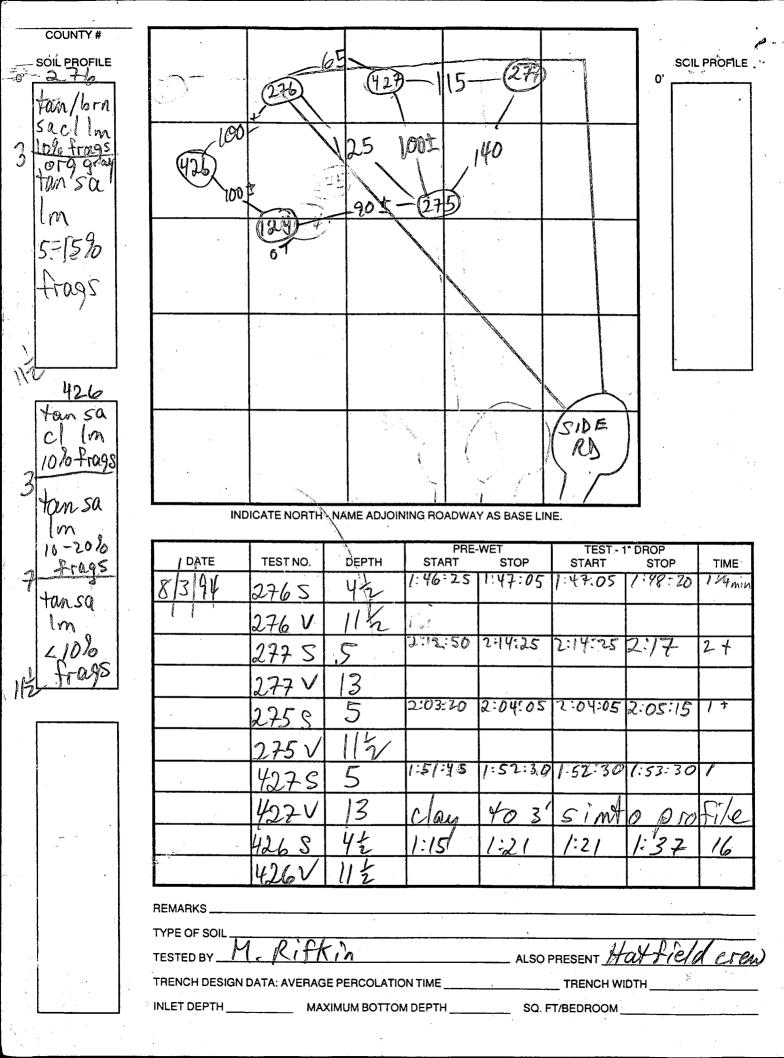


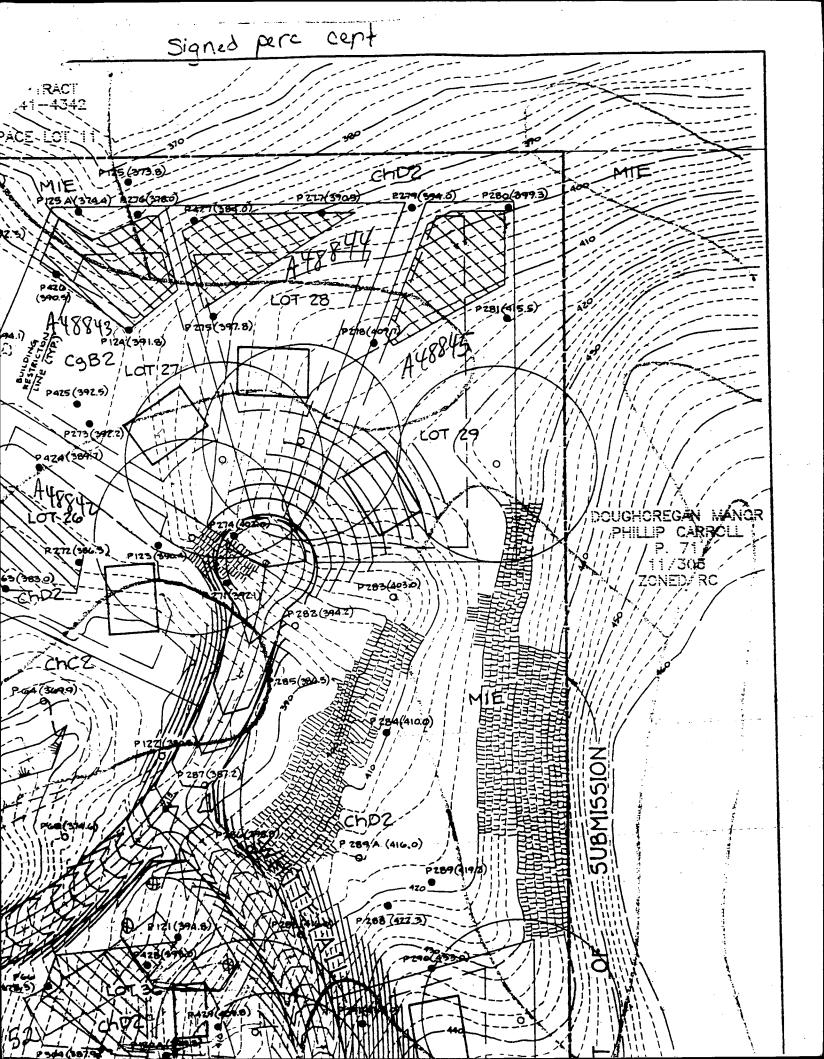
APPLICATION

PERCOLATION II	ESTING	ATXXTD
		P
HOWARD COUNTY HEALTH DEPARTMENT	DISTRICT	4
BUREAU OF ENVIRONMENTAL HEALTH	DISTRICT	
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043	DATE_	-#1 ⁻⁷
TELEPHONE: 313-2640		
: THE COUNTY HEALTH OFFICER		
ELLICOTT CITY, MARYLAND		
	·	
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT	TO CONSTRUCT (OR RECONSTRUCT) A SEWAG	E DISPOSAL SYSTEM.
OPERTYOWNER Joseph M. Zoller, III		
11696 Carroll Mill Road		
ADDRESS Ellicott City, Maryland 21043	PHONE	
NT OR PROSPECTIVE BUYER SDC Group, Inc.		
$\Delta \hat{\mathcal{F}}$		
ADDRESS P.O. Box 417, Ellicott City, MD 21	04 PHONE (410) 465-4244	
PERTY LOCATION:		
DIVISION_Zoller Property	LOT NO27	
AD AND DESCRIPTION Northeast quadrant Folly Quar	ter Road and Carroll Mi	11 Road
AD AND DESCRIPTION THE FETCH SE QUARTETE TOTTY QUAL	cor Road and Odrioii di	11 Road
intersection.		
MAP 23 PARCEL# 8,82 & 101		
EOFLOT Ac +/-	BLDG. Single Family	* , '
· · · · · · · · · · · · · · · · · · ·	(SINGLE FAMILY DWELLING OR	COMMERCIAL)
SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL	DUDUIC FACILITIES DECOME AVAILABLE LE	BIVINDEDCTAND TH
: STOTEM INSTALLED UNDER THIS AFFEIGATION IS ACCEPTABLE ONLY DIVIL	PODLIC PACILITIES BECOME AVAILABLE. PI	DELT UNDERSTAND THE
CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NO	N-REFUNDABLE UNDER ANY CIRCUMSTANCE	S. I ALSO AGREE TO
	5 DC, GROUP PAC.	
MPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)	
the state of the s	(SIGNATURE OF AFFLICANT)	
PROVED BY FOR	DATE	
APPROVED BYFOR	DATE	
D PENDING FURTHER TESTS		
SONS FOR REJECTION OR HOLDING		·
ICOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	DATE	
E DEVELODMENT DI ANGINAL DI AT. TICLE CO. C.		· -
E DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #	DATE	

THIS IS NOT A PERMIT

HD-216 (3/92)





			STATE PERMIT NUMBER
B 1 7466 SEQUENCE NO. (MDE USE ONLY)	STATE OF	MARYLAND	STATE PERWIT NUMBER
1 2 3 6	PERMIT TO	DRÍLL WELL	HO-14-7216
	please pr	nt or type	70 fill in this form completely
Date Received (APA)		B 3 ./	LOCATION OF WELL
040199 OWNER INFOR	MATION	Howa	1d
8 MM DD/ YY 13	`	8 COUNTY	21
Thompson (ble	- Qua	rleiseld
15 Last Name Out Owner	First Name 34	23 SUBDIVISION	42
110005 Old Columbia	RO	SECTION L	LOT 1
36 D Street or RFD	55	44 46	48 50
Columbia mo	21046	West Fr	ind ship
	72 Zip 76	52 NEAREST TOWN	71:
DRILLER INFORMATION		MILES FROM TOWN (ente	r 0 if in town)
week t. Mayor N	150029		73 76 77 78
Driller's Name 1 2 M	6 License No. 81	$\frac{B \mid 4}{1 \mid 2}$	R
bsiph - Magal Will	Jullet "	DIRECTION OF WELL FROM	Running Spring Rd: 11 NEAR WHAT ROAD 30
Firm Name D. I Dd -714	1 A: 1121	TOWN (CIRCLE BOX)	
5512 Mage Ra. M	· Cley 2/1/1	NW 8 NE	ON WHICH SIDE OF ROAD
Address O 1 2 Man	1011/199	8 NE	(CIRCLE APPROPRIATE BOX) WIE
boegh L' May			WEST SEAST
Signature	Date	[W]—(TOWN)—[E]	DISTANCE FROM ROAD F
B 2 WELL INFORMATION APPROX. PUMPING RATE —			ENTER FT OR MI 38 39
(GAL PER MIN.)	500)12		- 2 LF / 1
AVERAGE DAILY QUANTITY NEEDED	20		TAX MAP: 23 BLK: 15 PARCEL 6
(GAL PER DAY) 14 USE FOR WATER (CIRCLE API		NOT TO) BE FILLED IN BY DRILLER
USE FOR WATER (CIRCLEAP)	PHOPHIAIE BOX)	HEALTI	
D DOMESTIC POTABLE SUPPLY & RESIDEN	TIAL	With a	148843
IRRIGATION F FARMING (LIVESTOCK WATERING & AGRI	CHITHDAIC	COUNTY NAME	COUNTY NO.
IRRIGATION	COLIONAL	STATE	\$
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN		SIGNATURE	INSERT'S ————————————————————————————————————
P PUBLIC WATER SUPPLY WELL	NO CAN	DATE ISSUED	MAD & DIB - 4/1/00
		43 MM DD YY 48	CO SIGNATURE EXP DATE
T TEST, OBSERVATION, MONITORING	71 XXX (V)	NORTH Z Z	00 GRID 08 7 6 000
G GEO-THERMAL		GRID 50 0	55 57 63
$\overline{}$	2/70 10	SHOW MAJOR FEATURES	SOF
APPROVIMATE DEPTH OF WELL 1 201	FEET W	BOX & LOCATE WELL _	
APPROXIMATE DEPTH OF WELL 24	28	WITH AN X	
APPROXIMATE DIAMETER OF WELL	-NEAREST INCH	SOURCES OF DRILLING!	WATER
ALTHORNIAN DIVINIZIONI NELLE	- INON	2.	
METHOD OF DRILLING	(circle one)	3.	
BORED (or Augered) JETTED	Jetted & DRIVEN		
30 AIR-ROTary AIR-PERcussion I	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	Richard Control of the Control of the State
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	
other			
REPLACEMENT OR DEEPE	NED WELLS	E 820	000
(CIRCLE APPROPRIATE	BOX)	520	000
N THIS WELL WILL NOT REPLACE AN EXISTI	NG WELL	N	
THIS WELL WILL REPLACE A WELL THAT V	VILL BE		SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED		DISTANCE EDOM WELL 3	OWNS AND ROADS AND GIVE O NEAREST ROAD JUNCTION
S THIS WELL WILL REPLACE A WELL THAT WAS AS A STANDBY-CONTACT LOCAL APPROVI	VILL BE USED NG AUTHORITY	The state of the s	15
FOR POLICY ON STANDBY WELLS		West and with	N)
D THIS WELL WILL DEEPEN AN EXISTING WE	ELL + J = P	White	pin 0
PERMIT NUMBER OF WELL TO BE REPLACED OF		N UX	ing Po
(IF AVAILABLE) 41	- <u> </u>	Med.	Pus Runn
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	↑ ↑ ୬	ruaries Rum
		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ Line
APPROP. PERMIT NUMBER 54	G A P 63		
#n	94-7116		4.
PERMIT No. (F <i>O</i> 70 71 7 3	2 73 74 75 76 77 78 79		The state of the s
SPECIAL CONDITIONS	YIELD TES	T REQUIR	ØFN ⊕
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	السمال الماسان	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(~ ()



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 26, 1999

Mr. Dale Thompson c/o Dale Thompson Builders 10005 Old Columbia Road Suite N-165 Columbia, MD 21046

AS DIECUSSED JUDICALIANA DUL SUBJECT CW,

RE:

Well Location Concerns Ouarterfield, Lot 27 3745 Running Springs Road Well Permit # HO-94-1476

oad AFTER DISCUSSION

NOWNER, H.D.

AGREED TO ALLOW

Dear Mr. Thompson:

On March 25, 1999, a well line inspection was conducted at the above referenced property. Although the installation of plumbing was satisfactory, the well was observed to be located 21 feet from the attached garage.

This condition is not consistent with Maryland well regulations COMAR 26.04.04., which are designed to provide a minimum separation distance of thirty feet between wells and structures. Additionally, the proximity of the well to the garage virtually assures that the well will be less than ten feet to the driveway, thereby providing risk of vehicular damage to the well.

This agency hereby requests that the well HO-94-1476 be properly abandoned and a replacement well drilled at a location meeting separation distance requirements.

Alternately, you can arrange to resolve these issues in a meeting in this office, at which the MDE Regional Sanitarian will also be present. The next available day for such a meeting is Tuesday, March 30, 1999. Please call this office to schedule a time for this meeting on that day.

No Certificate of Potability will be issued for this property until this issue is resolved.

To schedule this meeting or if you have any questions, please call this office at (410) 313-2640.

Water and Sewerage Program

MR

File cc:

Water and Sewerage Program (410) 313-2640 Community Environmental Health Program (410) 313-2644 Food Protection Program (410) 313-2642 TDD (410) 313-2323 FAX (410) 313-2648

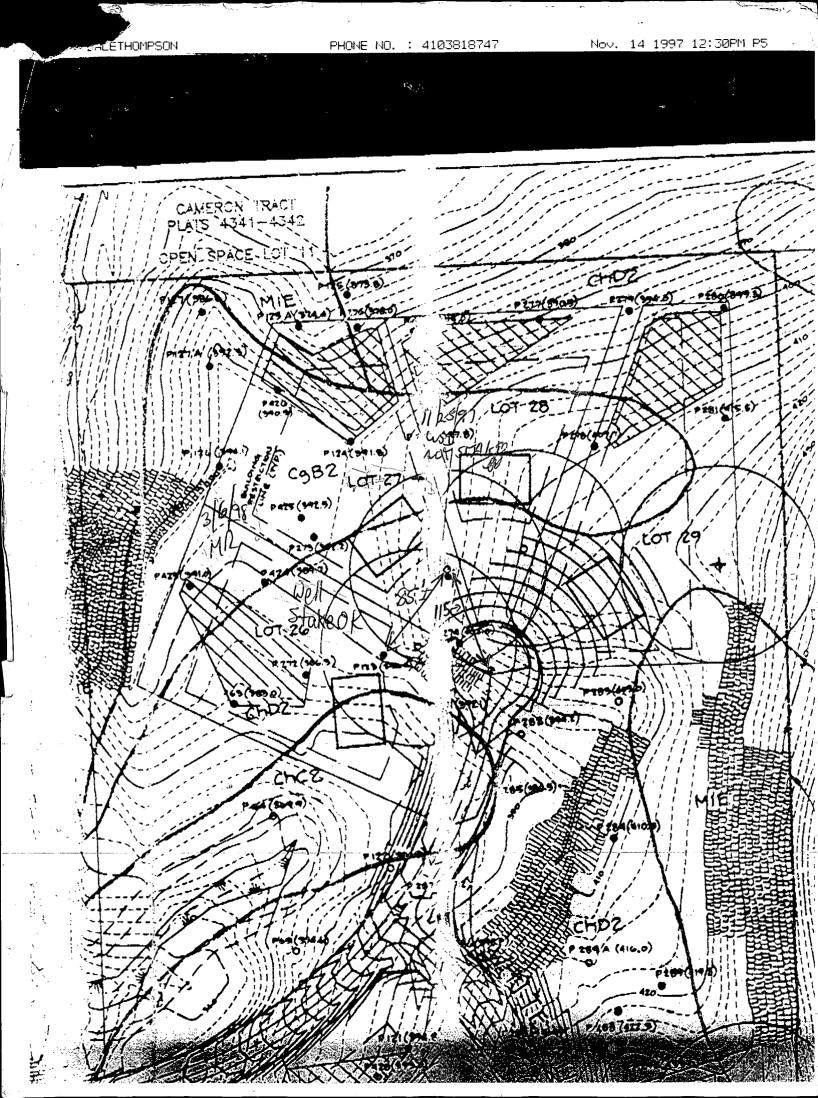
) Samples

New

3745 Runnings Road Ellicott City, MD 21042

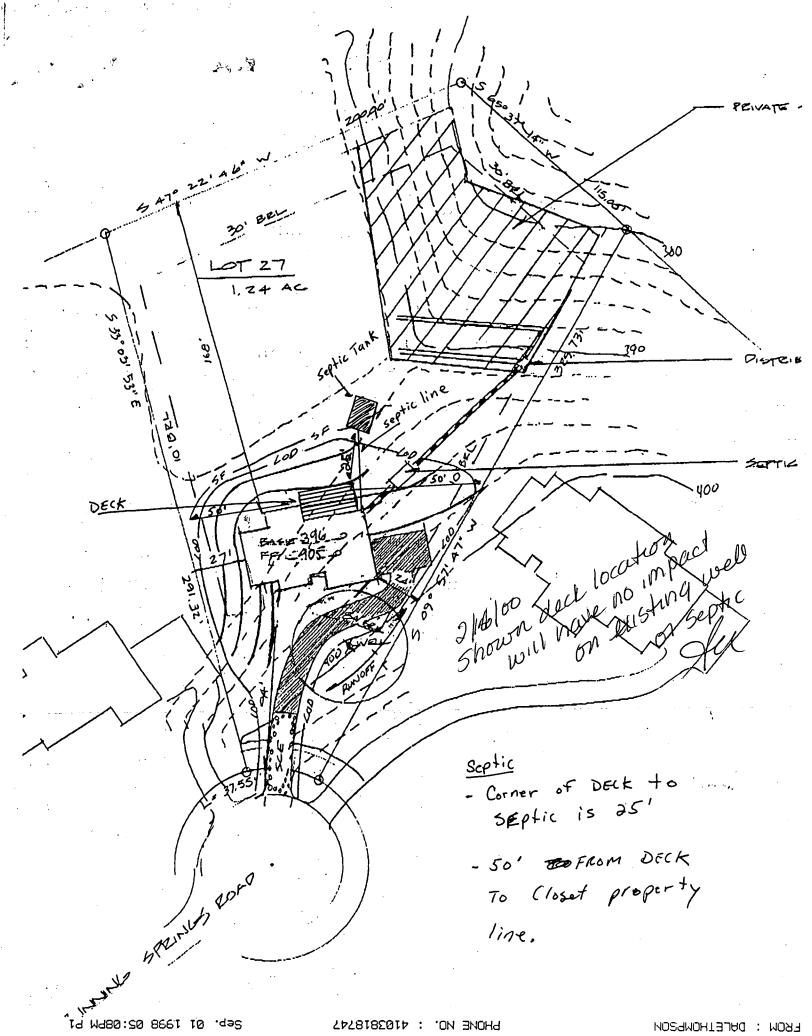
old 5421 Jersey Belle (+ Ellicott (ity, MD 21043

Donald Brookes



	6006	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
$ B ^{1}$	8005	(MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL		11 A 9 // 1/19 /
1 2	3 0 6 THIS NUMBER IS TO	DE DIMOUED	please print or type		170-17-17-6
. '	N COES. 3-6 ON ALL	CARDS)	please pri		fill in this form completely
	ate Received (APA)			B 3 _/	LOCATION OF WELL
٠ _	111/8/91/	OWNER INFO	RMATION .	8 COUNTY	21
8	MM GDD TYY 13	3	\bigcap A	8 COUNTY	1.71
Ļ	Momps	gn	Vale	L CHANGE	word 42
1	5 Last Name	Owner	First Name 34	23 SUBDIVISION V	A 11
Ļ	10005 (1/2	d Columbi	55 FG.	SECTION	LOT LOT LOT
3		Street or RFD	D 1 - 11	44 40	· , *, . 30
لِ	Columbi	ea mo.	21046	LIJEAT FRIE	endship 71
5			72 Zip 76	52 NEAREST TOWN	
	DRILLER INFOR	IVIATION	_	MILES FROM TOWN (ente	er 0 if in town)
Ļ	Joseph K.		M SD 024 6 License No. 81	B 4	73 16 11 16
Ľ	riller's Name	na /// 1/1 a n	6 License No. 81	1 2	0
Ļ	Joseph K.	Mayne Well	- Willing	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	LINNING SOLING CO.
	irm/Name/	DI WILL	va. /		11 INGAN WHAT FOAD 30
ا ا	5512 Mag	e Rd. Mt. Usy	Ma.21771	N N NE	ON WHICH SIDE OF ROAD
I ^	ddress	. 0	. / /	8-9 8-9	(CIRCLE APPROPRIATE BOX)
Ļ	Geneture	ough & Mayor	<u>a</u> ///7/97	TOWN E	WEST SEAST
В	ignature 0 2 WELL INF	ORMATION	Date	TOWN E	DISTANCE FROM ROAD
1 1		ROX. PUMPING RATE -			ENTER FT OR MI 38 39
	(GA	L. PER MIN.)	8 12		
·A	VERAGE DAILY QUAI GAL. PER DAY)	NTITY NEEDED	500		TAX MAP: 23 BLK: 15 PARCEL 10
- (OR WATER (CIRCLE AP		NOT TO	D BE FILLED IN BY DRILLER
(OR DOUBLE HOUSEHOLD			H DEPARTMENT APPROVAL
,	JANUAR (OMALE)			Harris	448842
	F FARMING (LIVES	STOCK WATERING & AGRIC	CULTURAL	COUNTY NAME	COUNTY NO.
Ι.			EDEDAL COV	STATE	
22		OMMERCIAL, STATE AND F RES APPROPRIATION PERM		SIGNATURE	INSERT S
Ι,	T BUBLIC OR BOIL			DATE ISSUED	Mark & SUB - 3/12/99
1	P APPROPRIATION	VATE WATER COMPANY (F N PERMIT AND STATE APP	ROVAL	43 MM DD YY 48	CO SIGNATURE EXP DATE
l ,	TEST OBSERVA	TION MONITORING (MAY	DECHIDE	NORTH 577 0	00 GRID 0826 000
	APPROPRIATION	ATION, MONITORING (MAY N PERMIT)	negoine :	GRID 50°	55 57 63
				SHOW MAJOR FEATURES	S OF
	DDD0///1475 DC07/	LOE WELL 1 24) Lecet	BOX & LOCATE WELL -	
<i>'</i>	APPROXIMATE DEPTE	1 OF WELL 24	28	WITH AN X	·
Ι.	DDDOVIMATE DIAME	TED OF WELL	6 NEAREST	SOURCES OF DRILLING V	WATER
' '	PPROXIMATE DIAME	TER OF WELL	INCH.	2.	
	N	METHOD OF DRILLING	(circle one)	3.	
_E	ORED (or Augered)	JETTED	Jetted & DRIVEN	J	
án -	IR-ROTary	AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	
37	CABLE	REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	
I	other	<u></u>	<u> </u>	111011111111111111111111111111111111111	¥
<u> </u>				E 8286	
	••• REPI	LACEMENT OR DEEPL CIRCLE APPROPRIATE			000
	N THIS WELL WILL	L NOT REPLACE AN EXIST	1.1	N 5222	
		L REPLACE A WELL THAT		DRAW A SKETCH BELOW	V SHOWING LOCATION OF WELL IN
		ND SEALED		1	OWNS AND ROADS AND GIVE
× 1		L REPLACE A WELL THAT		DISTANCE FROM WELL T	TO NEAREST ROAD JUNCTION (
39	10 11 01/11/001	CONTACT LOCAL APPROV I STANDBY WELLS	ING AUTHORITY	X. W. C.	War.
	_	L DEEPEN AN EXISTING W	ELL	West was a series of the serie	
F	_	WELL TO BE REPLACED C		1 61	600
	IF AVAILABLE) 41	<u> </u>	52	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Spain
	Not to be filled	in by driller (MDE OR C	COUNTY USE ONLY)	A HOUND NOTE	\$ 168 to 1066
	NOT TO BE THIED	III DY GIMEI (WIDE OR C	JOSITI F GOL OITET)	LASTA WASTER	- TRUME IV
	APPROP. PERMIT NUI	MBER	GAP	CHEUS LY MASSING	
l	WF	IITE 54	63		THE PARTY
ļ ,		TIALS BOX PERMIT No	-77-1776		4
-	67 68	70_/1_7	2 13 14 15 16 11 18 19	<u> </u>	<u> </u>
	SPECIAL CONDITIC NOTE = APPROVING AUTHORITIES S	INS HOULD USE SEPARATE SHEET IF NEEDED =			₩

C 1 05059 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 48843
ST.CO USE ONLY DATE WELL COMPL	·	PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DQ YY 8 13 15	22 / <u>(TO NEAREST FOOT)</u> 26	28 29 30 31 32 33 34 35 36 37
last name /	noson Blars Sorings Righton TOWN W.	Friandahia
STREET OR RED SUBDIVISION OVARITER FIELD	Springs Kanne TOWN W. SECTION	LOT 27
WELL LOG Not required for driven wells	GROUTING RECORD /yes no	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3
COLOR, DEPTH, THICKNESS AND IF WATER BEAHING DESCRIPTION (Use FEET check if water	CEMENT (CM) BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS 10 NO. OF POUNDS 15002	PUMPING RATE (gal. per min.) 20 •
Sand 0 35	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Bucket
	from 48 TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)
Gray Crante 35 180 "	(enter 0 if from surface)	BEFORE PUMPINGft.
	types ST CO	WHEN PUMPING 47 tt.
	(appropriate code pelow PL OT	22 25
	PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
	MÅIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 27 other
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)
	60 61 63 64 66 70	J jet (S submersible
	E OTHER CASING (if used) A diameter depth (feet) C instance from the	27 21
	H inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO
	(S) 	(CIRCLE) (YES or NO)
	GODEEN DECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
	insert STEEL BRASS OPEN appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	code below PLASTIC OTHER	(to nearest gallon) 31 35
	C 2, DEPTH (nearest ft.)	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	1 2 HO 3 7 180	PUMR COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED yes	E 1 HO 15 15 17 21	CASING HEIGHT (circle appropriate box
CIRCLE APPROPRIATE LETTER	C H 2 23 24 26 30 32 36	above LAND SURFACE
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	23 24 26 30 32 36 S C 3	below (nearest) foot)
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51	A LOCATION OF WELL ON LOT
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3 N	SHOW PERMANENT STRUCTURE SUCH AS
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	DIAMETER (NEAREST OF SCREEN INCH) 56 60	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)
DRILLERS LIC. NO.1 M S D 2 4	GRAVEL PACK IF WELL DRILLED	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68	المعلمين المعلمين
(MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M S D 2 2 7 1	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	o of
and In Sugar	70 72	604
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework it) different from permittee)	TELESCOPE LOG	Running
The state of the s	CASING INDICATOR OTHER DATA COUNTY	Spuri po-



PHONE NO. : 4103818747

FROM: DALETHOMPSON