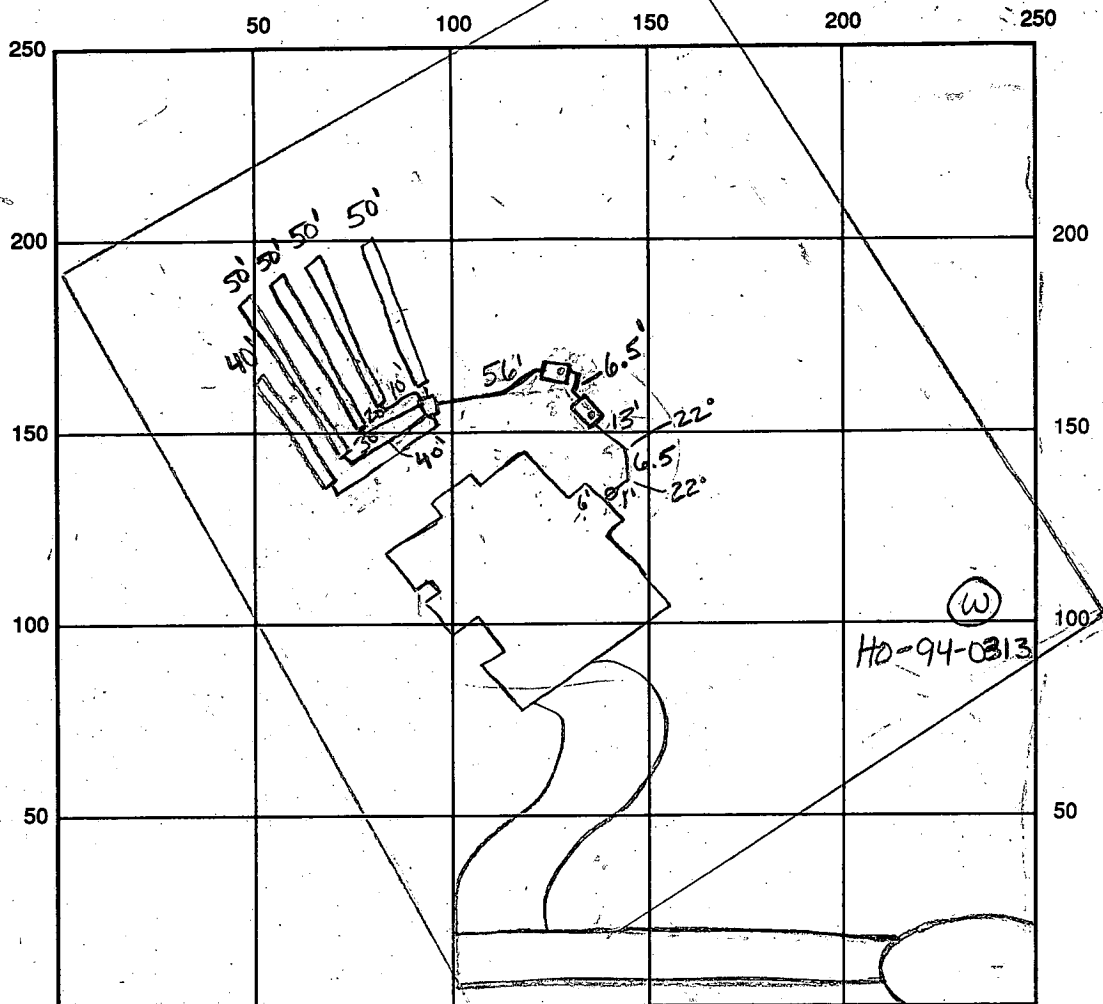


A 49860-M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Springdate Drive

SEPTIC TANK LEVEL OK, 1250 gallon top seamed pump pit CLEANOUTS 1 at house, 1 on tank, 1 on pump pit

DISTRIBUTION BOX LEVEL OK, baffle in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4x50 1x40 FT. 240

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/2/97 has house connection, OK to cover all work
trenches installed in lower portion of easement (different from approved building permit)
Kim Maiste approved this location, it is still in the easement and installer (Booley)
could not get gravity service in the middle of the easement due to the house height change.
WPI - OK to cover well line, PA 4.0' below grade, casing 1.5' above
grade, has 2 piece cap (km)

DATE SYSTEM APPROVED 2/6/98 INSPECTOR Kim Maiste / DK

2/6/98 2nd tank (pump pit) connected to first tank, 2nd tank will be used as a
pump pit for future use km/DKS

APPLICATION

PERCOLATION TESTING

A 49860M
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 SENNIE COOPER

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. 7 on perc cert

ROAD AND DESCRIPTION _____

13728 Springdale DRIVE

TAX MAP _____ PARCEL # _____

BLDG. PERMIT SIGNED
AND RETURNED 4/10/92
Senath BMA 103787
SFD-4Bms

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 _____

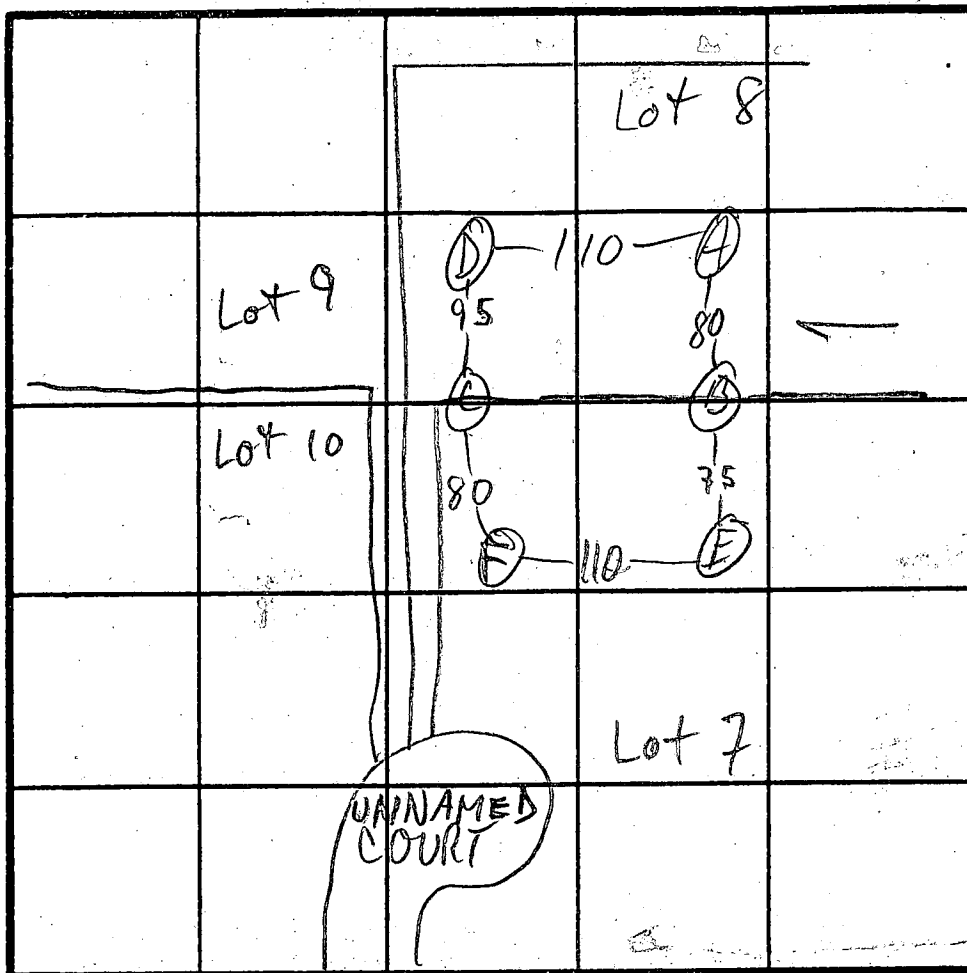
THIS IS NOT A PERMIT

A 49860 M
Lot 8

ALL HOLES
SOIL PROFILE

tan brn
sa cl lm
15% frags

1 1/2 - 3 1/2
brn
tan yel
sa
mica
lm
w/white
streaks
5-15%
frags



$\bar{x} = 3$
180 BR
Inlet 2 1/2
Bot 4 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/4/94	C S	4 1/2	11:29	11:30	11:20	11:32	2
		9	11:28	11:29	11:29	11:32	3
	C V	12	see profile				
	B S	3 1/2	11:35	11:37	11:37	11:39	(2)
	B V	12	see profile				
	A S	4 1/2	11:44	11:47	11:47	11:49	(2)
	A V	11 1/2	see profile				
	B S	3 1/2	11:47	11:51	11:51	11:53	(2)
		6 1/2	11:47	11:50	11:50	11:56	6
	B V	12	some white cl @ 2' see profile				

REMARKS

HOLES PER PLAN

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

J. Allen, R. Demmitt

APPLICATION

PERCOLATION TESTING

A _____

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

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

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 7

ROAD AND DESCRIPTION _____

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 _____

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'

br/wh.
loam

2 1/2'

tan
micaceous
sand
15% saprolite
frags
T w/ depth

12'

(L)

br
clayey
sa lm

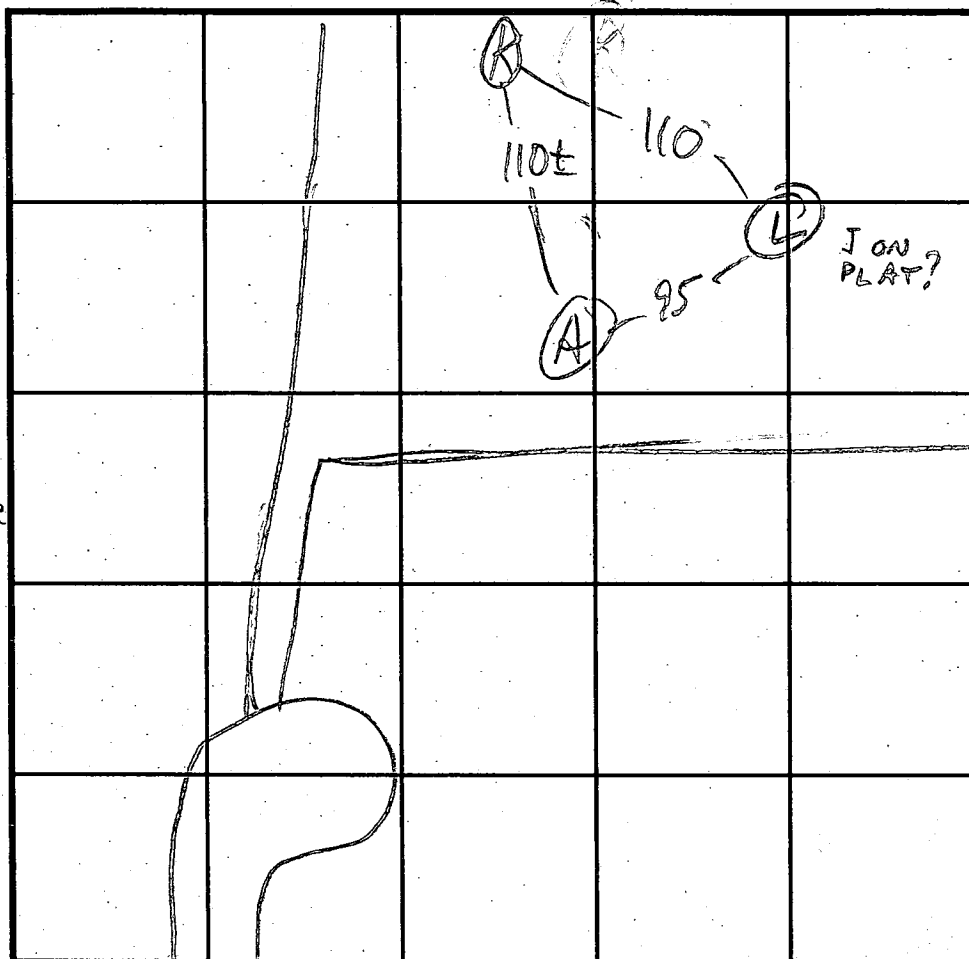
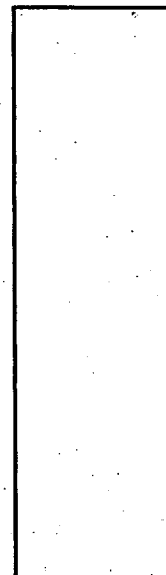
2 1/2'

fine
tan
powdery
sa lm
20-25%
saprolite
frags

11 1/4"

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	
11/2/94	K S	3 1/2	2:13:00	2:13:15	2:13:15	2:13:45	30 sec
	K S	3 1/2	2:14:15	2:15:10	2:15:10	2:16:10	1 min
	K V	12	2:17:00	2:18:15	2:18:15	2:19:15	1 min
	L M	3	2:22:00	2:22:40	2:22:40	2:24:00	1 min 10 sec
	L S	2	2:29	2:39	2:39	2:59	20
	L V	11 1/4"					
	K S	29"	2:38	2:41	2:41	2:47	6

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT

R.D., J. Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2

TRENCH WIDTH

3

INLET DEPTH

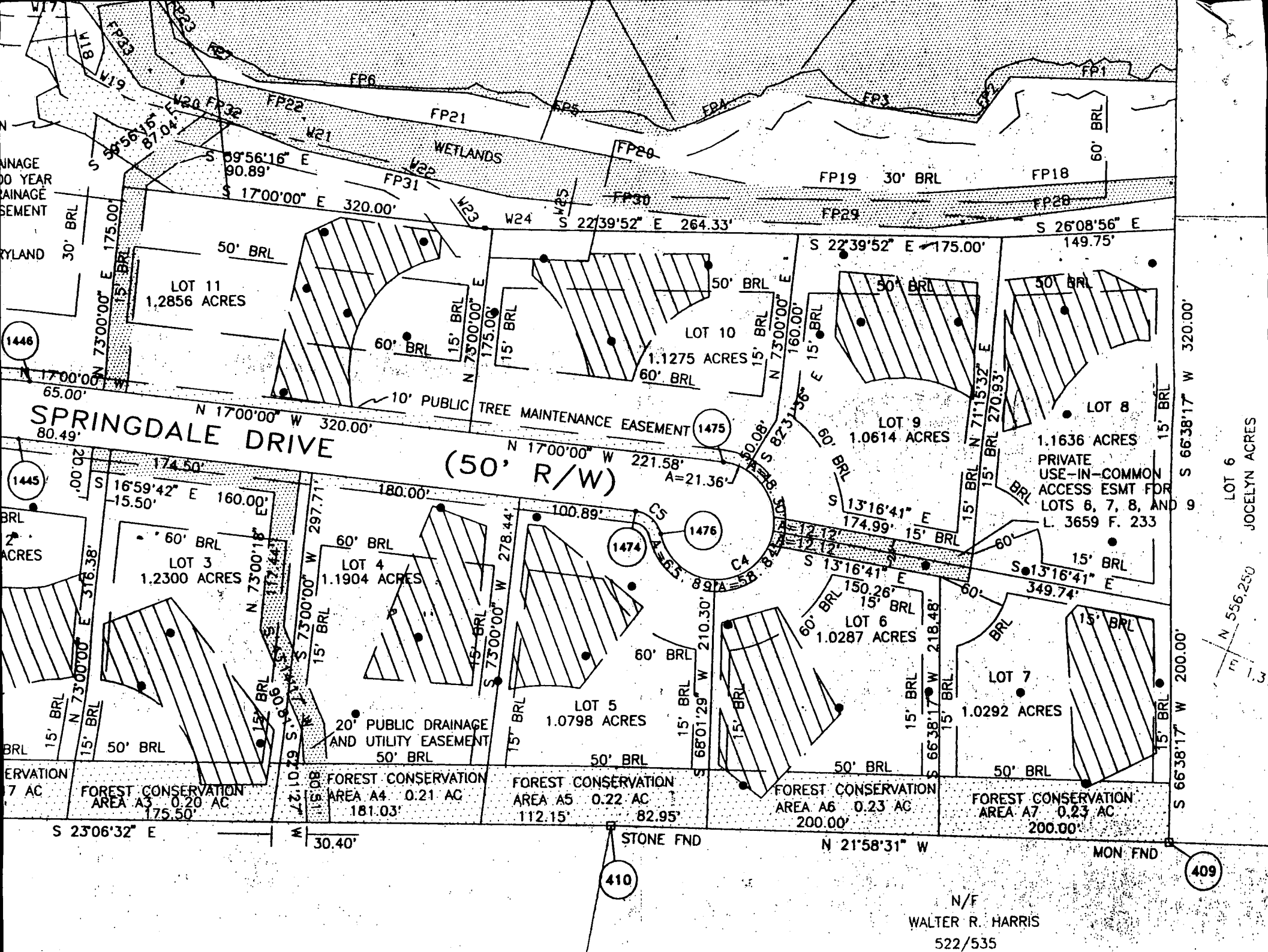
2 1/2'

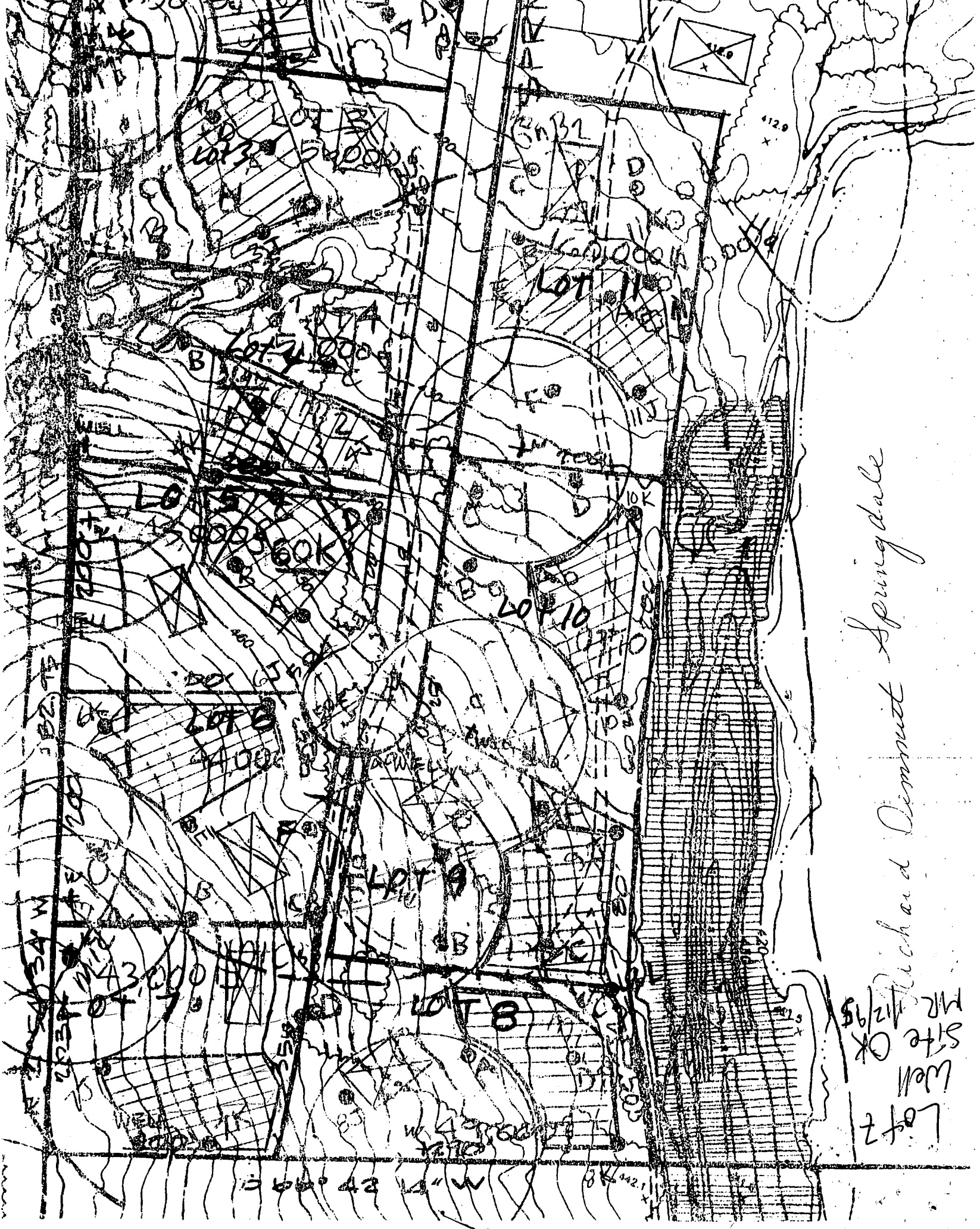
MAXIMUM BOTTOM DEPTH

4 1/2'

SQ. FT./BEDROOM

180





Richard Dimmett Springdale

Lot 7
Well
Site OK
MR 11/2/95

0 60° 42' 14" W

8 42.1

actual location of trenches in field as approved (ICM)

- SEWERAGE EASEMENT ABANDONED

- SEPTIC TANKS
1,250 gallon
1,250 gallon

Approved Septic System Plan

Howard County Health Department

Mark E. Rifkin 4/10/97

Septic Grades & Elevations		
	Inv.	Grade
INVERT AT HOUSE	480.0	478.0
INVERT AT ENTRANCE TO TANK	479.75	
INVERT AT EXIT FROM TANK	479.50	
INVERT AT ENIT. TO 2ND TANK	479.0	
INVERT AT EXIT TO 2ND TANK	478.75	
INVERT AT HOUSE	478.50	481.0

Lot 6

SPRINGDALE DRIVE

AMY—

R6: SPAINDALE 7

MITCH (OF THOMPSON)

SEZI GRADE WAS BROUGHT TO DOORWAY
ABOUT 1 MONTH AGO.

AFTER GROUND SETTLES, BLUESTONE LANDING
PAD WILL BE LAID TO
WITHIN 10' OF TANK.

INSPECT TO CONFIRM WHEN
2ND TANK IS CONNECTED.

2/4/98

CW

2/6/98 Inspected by Kim Maisto and Kim Lee. Second tank
connected as pump pit.



HOWARD COUNTY HEALTH DEPARTMENT

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

November 17, 1997

Mr. Dale Thompson
10005 Old Columbia Road
Columbia, Maryland 21046

RE: Septic Installation Permit P-58579
Springdale Estates, Lot 7
13728 Springdale Road

Dear Mr. Thompson:

Concerns raised in our letter of October 7, 1997 regarding the above referenced septic system installation have been largely resolved through review of the "wall-check" drawing of the house under construction.

The drawing shows that the house orientation was changed from the approved building permit plan. The result being that the location of the installed septic system was much closer to the original plan than what was suspected during installation inspection.

However, the change in house orientation may have created another complication. There is an elevated doorway that requires some means of egress. This egress should maintain adequate clearance to the septic tank.

Should that issue be resolved satisfactorily, then connecting the second septic tank/future pump pit, in series with the septic tank will complete the installation. If the door egress cannot be accomplished without conflict to the septic tank, then relocation of the tank would be the appropriate remedy.

Please contact this office (410-313-2640) when ready to proceed on this final item.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

cc: Fogle's Septic Clean
Jennie/Cooper
File ✓

TO: CONTRACTOR
- TAKE NO ACTION AT THIS TIME,
DISCUSSION PENDING WITH
BUILDER RE: OTHER SITE ISSUES
10/27/97 (CW)



HOWARD COUNTY HEALTH DEPARTMENT

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

October 7, 1997

Dale Thompson
10005 Old Columbia Road
Columbia, Maryland 21046

RE: Septic Installation Permit P-585796
Springdale Estates, Lot 7
13728 Springdale Drive

Dear Mr. Thompson:

This is to request that the second septic tank be re-plumbed for "in-series" service as per the approved building permit septic system plan.

The proposal for the lower than usual placement of the disposal trenches was accepted at the building permit applicant's request only in consideration of the enhanced performance provided by the additional tank.

If you have any questions regarding this matter, please feel free to contact me at (410) 313-2640.

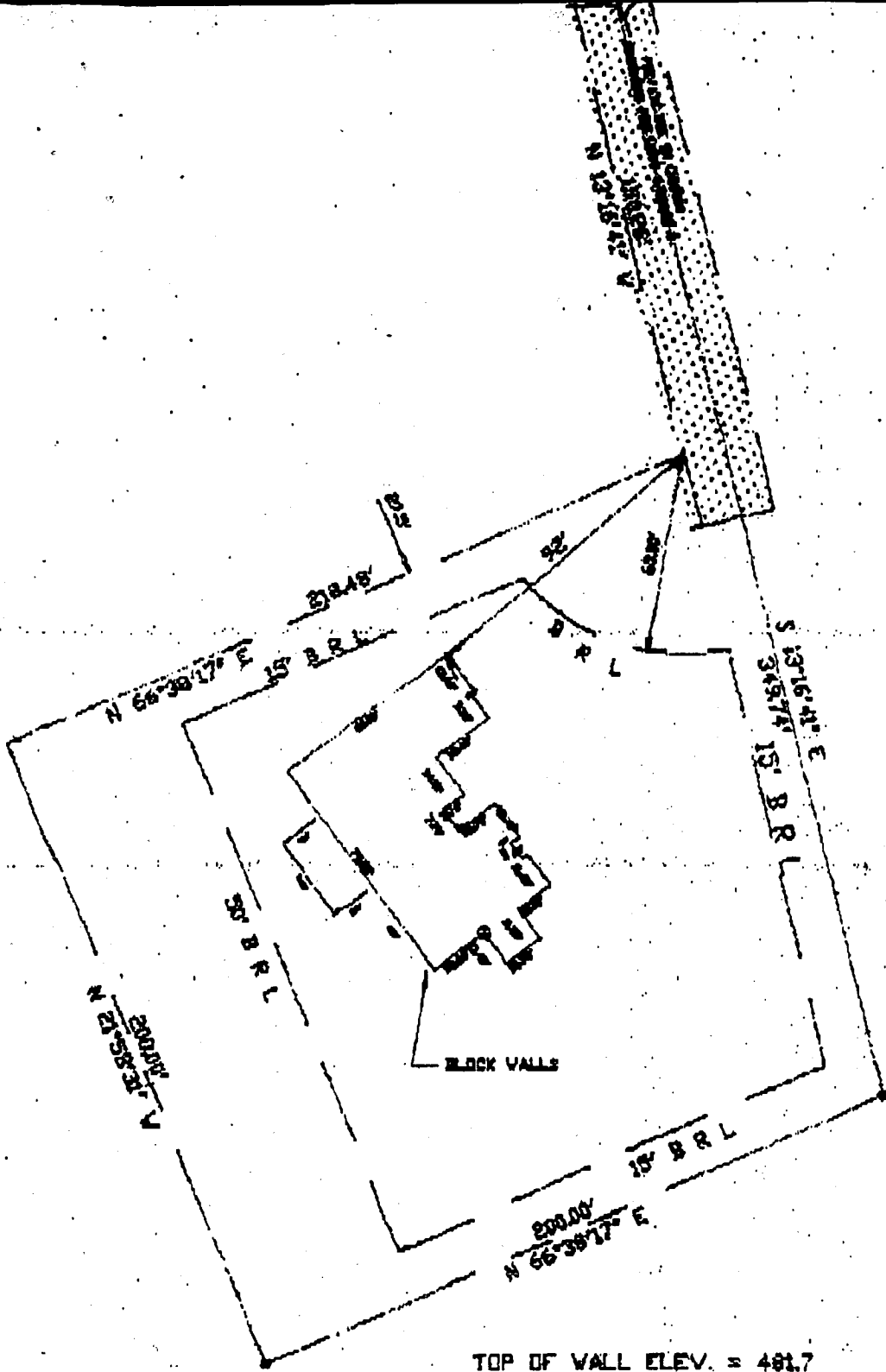
Yours truly,

Craig Williams, Program Director
Water and Sewerage Program

CW:hs

cc: Fogle's Septic Clean ✓
Owner

MD STATE GRID



TOP OF WALL ELEV. = 481.7



REFERENCES	FOUNDATION CHECK OF LOT 7
------------	---------------------------------

MARKS-VOGEL ASSOCIATES, INC.
CONSULTING ENGINEERS-SURVEYORS-PLANNERS
3601 PARK AVE. #101 ELLICOTT CITY, MD 21043
TELEPHONE (410)461-3828 FAX (410)463-3766

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3825-R Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement

Receipt #
Date 10/6/97

Name of Installer Willoughby Plumb

Telephone 410-781-2051

Licence Number #69925

Certified Well Pump Installer

Well Driller

Registered Plumber ☒

Name of Property Owner JENNIE COOPER

Telephone 410-724-0272

Subdivision SPRINGDALE ESTATES Lot 6 7

Well Tag # HO-94-03-33

Site Address 1312 SPRINGDALE DR

Pump

1. Type

- a. Deep well jet
b. Shallow well jet
c. Submersible ☒

2. Make JOUCZE

3. Model #

4. Capacity 35 GPM

5. Pump exceeds well capacity Yes ☐ No ☒

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 TAPE

Motor

1. Horsepower 3/4

2. RPM

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make HARVARD

2. Model #

3. Depth 4 ft

Tank

1. Capacity 40 gal

2. Pressure relief valve? yes

Piping

1. Type CRESTLINE

2. Size 1"

3. NSF and/or BOCA

Code approved yes

4. Depth of supply

line 4 ft

Well data

1. Depth 35 ft.

2. Yield 4 GPM

3. Static water

level 4 ft.

4. Will water supply

be disinfected by

installer? NO

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: John Willoughby

Date: 10/6/97

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

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">5335</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-94-0313</div>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">12/29/94</div>		B 3 LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">nemmit</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">RICHARD</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Box 228</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">SPAINWODAKE</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">CLARKSVILLE</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">CLARKSVILLE</div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph F. Wayne</div>		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> MI	
Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph F. Wayne Well Drilling</div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">5512 Ridge Rd. Mt. Airy, Ind. 21771</div>		NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;">Springdale Drive</div>	
Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph F. Wayne</div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px; display: inline-block;">W</div>	
B 2 WELL INFORMATION		DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;">260</div>	
APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>		ENTER FT OR MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">FT</div>	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>		TAX MAP: _____ BLK: _____ PARCEL: _____	
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 HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">265</div> FEET			
APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH			
METHOD OF DRILLING (circle one)			
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT other _____			
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 DEEPMEN AN EXISTING WELL			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____			
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div>			
FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">MIR</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-94-0313</div>			
SPECIAL CONDITIONS			

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

C 1 3511

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 49860 M

ST/CO USE ONLY
DATE Received

8 13

DATE WELL COMPLETED

02/13/95

Depth of Well

22 325 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-94-0313

OWNER

Demmitt

last name

Richard

first name

STREET OR RFD

Springdale Dr

TOWN Clarksville

SUBDIVISION

SPRINGDALE

SECTION

LOT

7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

SAND

0

88

GRAYMICA ROCK

88

325 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 25

NO. OF POUNDS 2350

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 80 ft.

48 TOP 52 ft. 54 BOTTOM 58
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO

STEEL CONCRETE

PL OT

PLASTIC OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

S 7

6

91

EACH
CASING

OTHER CASING (if used)

diameter

depth (feet)

from to

screen type
or open hole

SCREEN RECORD

ST BR HO

STEEL BRASS OPEN

HOLE

PL OT

PLASTIC OTHER

C 2

DEPTH (nearest ft.)

1 H 0

90

325

EACH
SCREEN

2

3

3

4

5

38 39

41

45

SLOT SIZE 1 2 3

DIAMETER

(NEAREST

INCH)

from

to

GRAVEL PACK

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.)

70 72

TELESCOPE

CASING

LOG

INDICATOR

OTHER DATA

74 75 76

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min. to nearest gal.)

4

METHOD USED TO MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

69

WHEN PUMPING

169

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

YES NO

(CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION

MUST BE COMPLETED FOR ALL WELLS

EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX - SEE ABOVE:

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

- below

LAND SURFACE

(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)

Springdale Dr.

20'

due

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes
Yno
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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.

24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

COUNTY