PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 5/10/ 04

APPROVAL DATE: 5/26/04

PERMIT

INDEXED

P 520346 -B
379977
A REPAIR

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

05-3671174

J M Contracting LLC IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 425 Obrecht Road, Sykesville PHONE NUMBER: 443-277-7526

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 12351 Scaggsville Road PROPERTY OWNER: Paul Clark

SEPTIC TANK CAPACITY (GALLONS): 1500 - 2 Compartment

PUMP CHAMBER CAPACITY (GALLONS): 1000

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 9x72' Leaching Bed

TRENCHES:	Trench to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: Brian Baker, R.S. DATE: _____

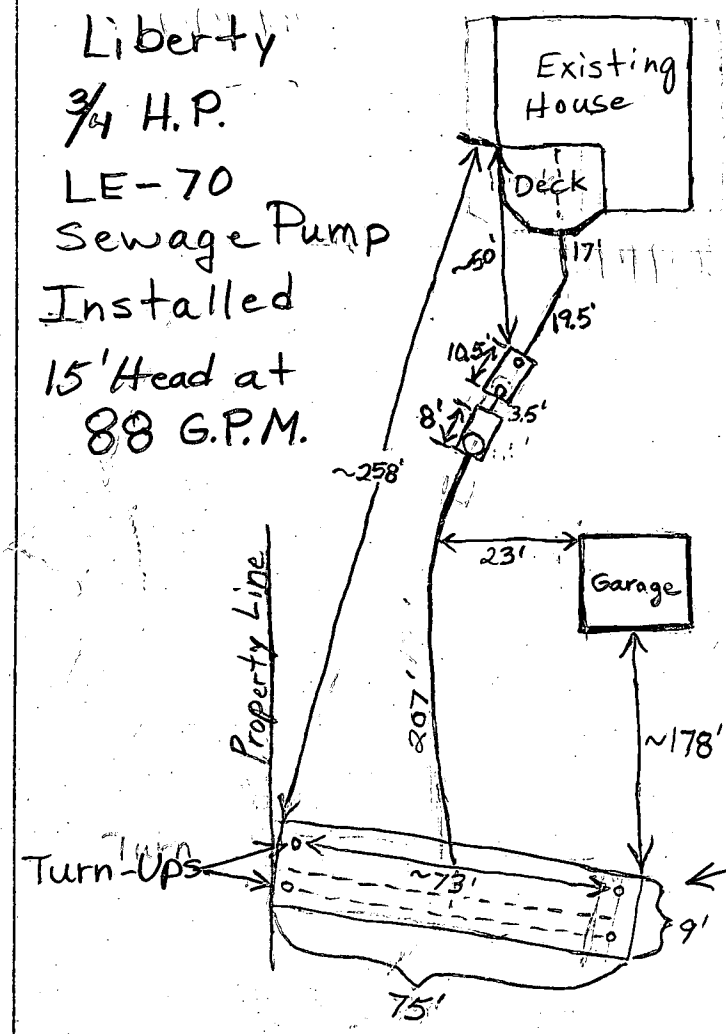
NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS.

NEITHER THE HOWARD COUNTY COUNCIL OR 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

A379977

Route 216

NOT TO SCALE



Liberty
3/4 H.P.
LE-70
Sewage Pump
Installed
15' Head at
88 G.P.M.

Contractor
To Set
Pump Floats
For 170 gallon
Dose

Bed With 3" Center Manifold and 6-1¼" Laterals, 4' Hole Spacing

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
9'	2.5'-3.5'	4.5'-5.5'

NUMBER OF TRENCHES 1
TOTAL LENGTH 75'
ABSORPTION AREA 675 sq ft.
DISTRIBUTION BOX LEVEL N/A
DISTRIBUTION BOX BAFFLE N/A
DISTRIBUTION BOX PORT N/A

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL ✓
2-Comp
CAPACITY 1500 GAL
SEAM LOC Top
TANK LID DEPTH 1 Foot
BAFFLES Yes
BAFFLE FILTER No
MANHOLE LOC None
6" PORT LOC ~~Front & Back~~
WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL ✓
CAPACITY 1000 GAL
SEAM LOC Top
TANK LID DEPTH 2 Feet
BAFFLES Yes
BAFFLE FILTER No
MANHOLE LOC Back
6" PORT LOC None
WATERTIGHT TEST No

PRE-CONSTRUCTION 5/12-13/04 Bed installed slightly off contour to avoid large trees. Bed deepest near highest point on property. Tanks
INSTALLATION set and 3" line run from pump tank to bed. (BB)
5/14/04 One foot of sand mound sand installed and covered with a foot of pea gravel. Told installer he could put in manifold and laterals over weekend and cover with gravel and fabric because rain expected. (BB) 5/18/04 Most of bed covered with geotextile fabric. Holes not drilled in end of center laterals. Outer laterals had holes drilled near bottom of elbows. Told contractor to drill holes in end of center laterals before covering. Need to ad-
FINAL INSPECTOR B. Baker DATE OF APPROVAL 5/26/04
just pump flow and check alarm before final approval. (BB)
5/26/04 Pump and alarm working. Distal head adjusted down to ~3' on all turnups. (BB)

Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 3/17/04 TEST TIME _____ A/P 520087-A

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:
- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:
- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:
- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:
- ☐ RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE ***UNKNOWN*** IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Paul Clark

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 12351 Scaggsville Road _____ _____ _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____ _____ _____ _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____ _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 18 PARCEL(S) 125 PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

 PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

Scaggsville Road

A/P

A

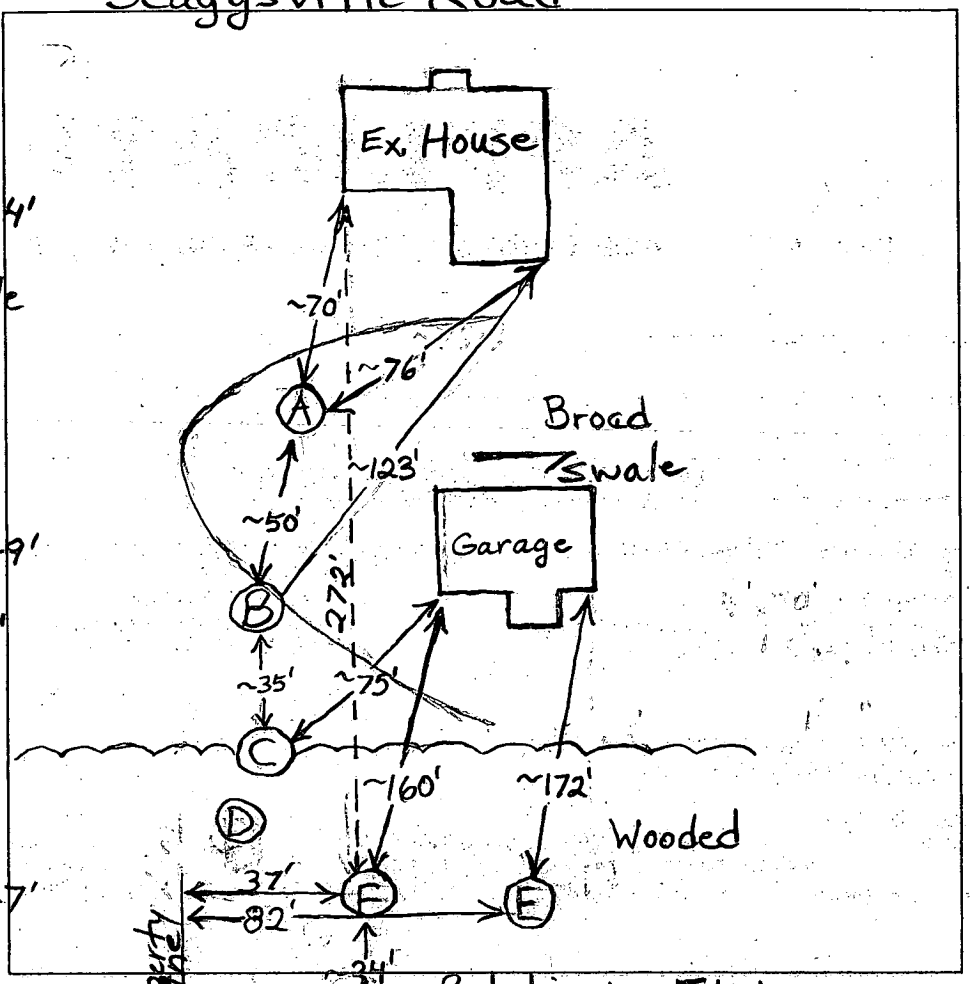
Red Br Heavy Loam Trace Rock	3.5'-4'
Water Seeping In at Multiple Locations Below Top Layer, Or Br Si Cl Loam Trace Rock	8.5'-9'
Soft Gray colored Rock Water	12.5'

B

Red Br and Or Br Heavy Loam Trace Rock	6.5'-7'
Mottled Gray Si Cl Loam Trace Rock Water Seeping In On Uphill Side of Hole	8'

C

Red Br and Or Br Heavy Loam Trace Rock	5'-6'
Or Br Si Cl Loam, Trace Rock	7.5'-8'
Or Br and Gray Si Cl and Sa Cl Loam, Trace Rock	10'
Caving Gray Sa Loam 20-25% Rock	10.5'
Wet	13'
Water Seeping In Water	



D

Red Br Cl Loam	3'-3.5'
Or Br Cl Loam	4'-4.5'
Red Br Si Cl Loam Trace Rock Throughout Hole	5.5'

E G

Red Br Cl Loam	3'
Mixture of Red Br Cl Loam and Br Sa Loam	5'
Br Sa Loam Trace Rock Throughout Hole	5.5'

F

Or Br Loam and Topsoil	3'-4'
Beige Sa Loam Trace Rock	8'
Wet and Caving	8.5'
Water Seepage Water	9'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/16/04	A	6.5'/10.5'V	- No Movement →				F
	B	8.5'/8'V	- No Movement →				E
	C	7.5'/14'V	>30 minutes for 1st inch				F
	D	- Deep Clay, No 4' Buffer →					F
	E	4'10"/5.5'V	1:27	1:41	2:05	24	H
	F	4'/9'V	2 Minutes For 2nd Inch				H
	G	4'4"/5'V	3:00	3:15	3:38	23	H
	↳	Similiar to Hole E					

REMARKS

SANITARIAN B.B. / S.O. BACKHOE Fyock OTHERS

TEST HOLES USED IN SDA AVG. PERC TIME SQ. FT/BR

TRENCH WIDTH INLET DEPTH MAX. BOT DEPTH EFFECTIVE S/W

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. _____

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

HD-216 (3/92)

COUNTY # 9

SOIL PROFILE

0'

6" Topsoil

Clay S.

Orange

9' Grey/Orange Mottles

14 Water @ 13

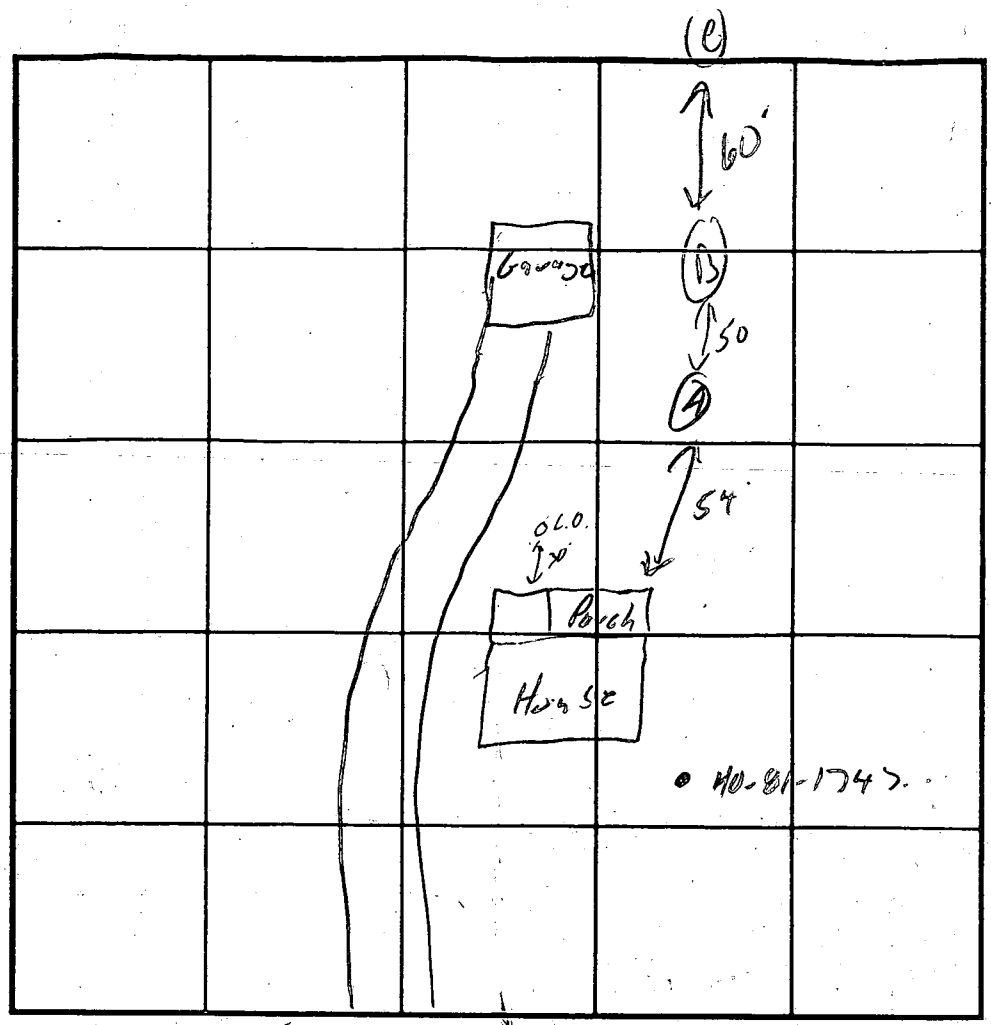
B

6" Topsed

Orange

6.5'

11



SOIL PROFILE

0'

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
3/16/01	(A)	4' / 14'	10:32	No	Movement		
	"	6.5'	10:44	11:04	No	Movement	
	(B)	8.5' / 11'	11:49				
	(C)	8' / 14'	12:31		Water @ 9'		
	(E)	4'					
	(D)	4' / 14'			Water @ 8'		2 min.
	(F)	5'	1:27	1:34	2:06		25 min.

REMARKS

TYPE OF SOIL

TESTED BY SO ALSO PRESENT Skip

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 12/4/1986

PERMIT

P 39188

APPROVAL DATE: 12/04/86

A 37977

INDEXED

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

_____ IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 12351 Scaggsville Road PROPERTY OWNER: Paul Clark

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____ DATE: 4/03/02

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 SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

2/25/04 B00146330 - 7x35 PORCH

A 37977

NOT TO SCALE

ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

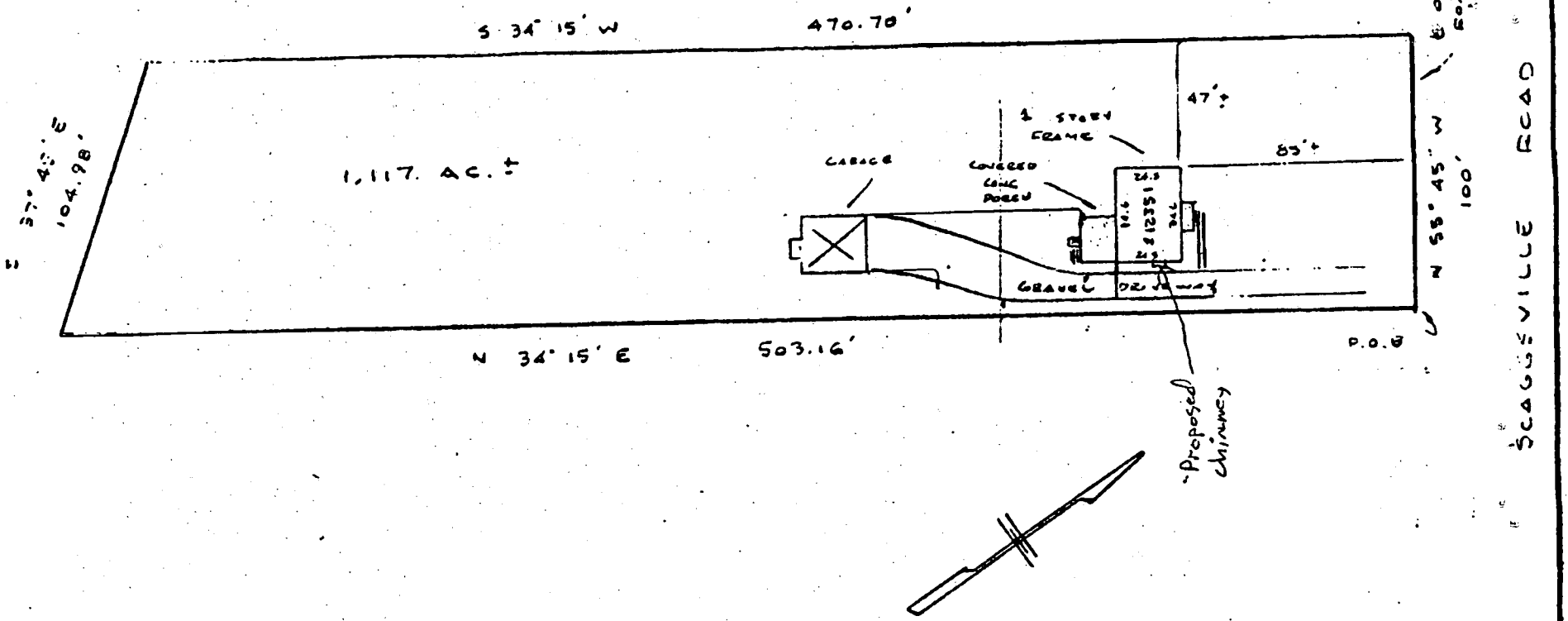
WATERTIGHT TEST _____

PRE-CONSTRUCTION _____

INSTALLATION _____

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR _____ DATE OF APPROVAL _____



Subject property is shown in Zone C
on the National Flood Insurance Program
Flood Insurance Rate Map of HOWARD
County, Maryland. Parcel # 37 of 45
Community Panel # 240044 - 0037B
Effective Date: DEC 4 1986

his is to certify that I have surveyed the property
nown as 12351 Scaggsville Road, containing 1.117
cres of land, more or less
heet - of - recorded in Liber 1982, folio 5 among the
and Records of Howard County, Maryland for the
urpose of locating the improvements thereon.

HIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
ONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
OT TO BE USED TO ESTABLISH PROPERTY LINES.

STATE OF MARYLAND
JAMES C. HUDGINS
No. 96
REGISTERED
PROPERTY LINE SURVEYOR

J. Carl Hudgins PLS#96

LOCATION SURVEY

12351 SCAGGSVILLE ROAD

5th ELECTION DISTRICT
HOWARD COUNTY, MD

NTT ASSOCIATES, INC.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Phone 442-2031

Scale	1" = 60'
Date	APRIL 30 1990
Field By	JCH
Drawn By	JCH
Drawing #	X-10683

C 1 5383 (1 2 6) SEQUENCE NO. (OEP USE ONLY)
(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 PRINT OR TYPE

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

COUNTY NUMBER A 37977-W

DATE Received (8–13)

DATE WELL COMPLETED 12 6 86 (15–20)

Depth of Well 22 125 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1347 (28–37)

OWNER SIMPSON (last name) MAE BELLE (first name)

STREET OR RFD 12591 RT 216 TOWN HIGHLAND

SUBDIVISION MAP 40 G18 P125 SECTION ____ LOT ____

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
SAND	0	46	
GRAY ROCK	46	125	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) (44) no (N) (44)

TYPE OF GROUTING MATERIAL

CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52) ft. to 42 (54–58) ft.

TOP BOTTOM

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T (60 61)	6 (63 64)	52 (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

(S T) STEEL (B R) BRASS BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

C 2 (1 2)

DEPTH (nearest ft.)

EACH SCREEN

		from	to
1	H O (8 9)	61 (11–15)	125 (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

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

C 3 (1 2)

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

PUMPING RATE (gal. per min. to nearest gal.) 10 (11–15)

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL (distance from land surface)

BEFORE PUMPING 26 (17–20)

WHEN PUMPING 95 (22–25)

TYPE OF PUMP USED (for test)

(A) air (27) (P) piston (27) (T) turbine (27)

(C) centrifugal (27) (R) rotary (27) (O) other (describe below) (27)

(J) jet (27) (S) submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (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 (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 (49) (−) below (49) LAND SURFACE

(1) (nearest foot) (50 51)

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 10.17.13 "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 IDENT. NO. 238

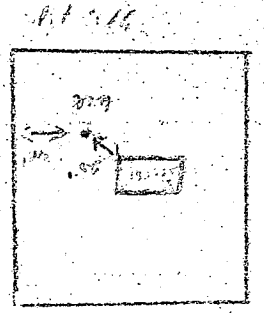
Leonard F. Mayer

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N



OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

WQ (74 75 76) OTHER DATA

HEALTH

12/15/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

12/15/86
WPT outside OK'd
PW

New Installation ✓
Replacement _____

Receipt # 38245
Date 12/15/86

Name of Installer Kastner Plg. & Htg Inc. Telephone 725-5000

License number 1862
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner Maybelle Simpson Telephone 854-2867
Subdivision _____ Lot # _____ Well tag # HO-81-1747
Site Address 12351 (Rt. 216) Scaggsville Rd.
Fulton 20759

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible ✓
2. Make _____
3. Model # 5ES05412
4. Capacity _____ 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 _____

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
   a. 110 _____
   b. 220 _____

Pitless Adapter
1. Make Gould's
2. Model # _____
3. Depth 12 ft, 42-44" below grade will install ground rod) well riser to covering

Tank
1. Capacity _____
2. Pressure relief valve? Yes
Will install new tank WX 202

Piping
1. Type 1"
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42-44" below grade

Well data
1. Depth 125 ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disenfected by installer? N

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: _____

Date: 12-8-86

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

REGION _____ (2ND By 9:00 AM) AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 12351 Rt 216 FULTON ZIP _____

OWNER ☒
OCCUPANT ☐ Mrs. Simpsin ADDRESS _____ PHONE 854-2867

COMPLAINANT _____ ADDRESS _____ PHONE _____

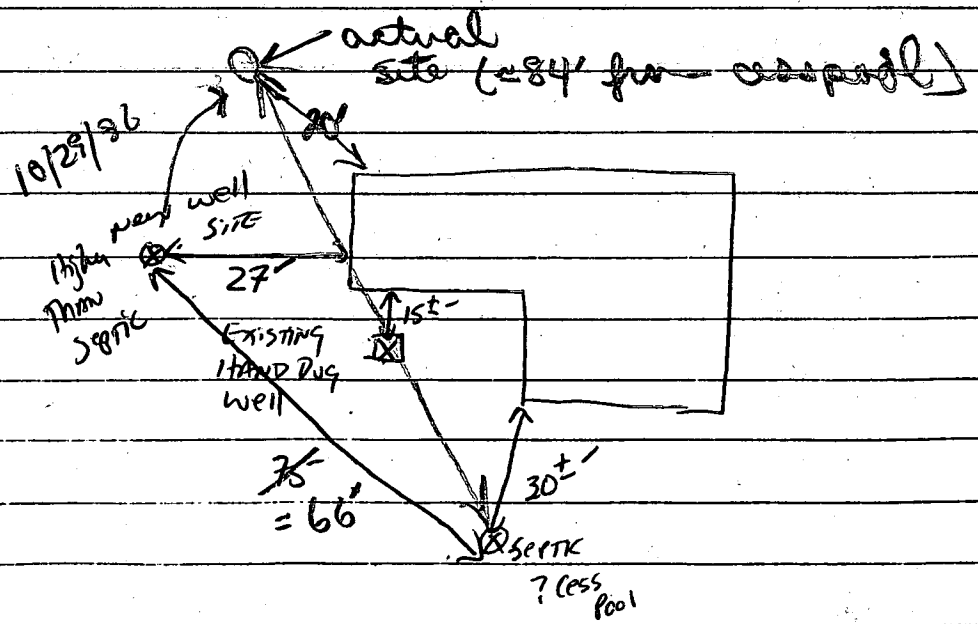
REASON FOR INVESTIGATION Well Site Inspection - Dry well needs Replacement. (Old Hand Dug well). Owner will be home to help locate SS & Old well. CODES _____

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

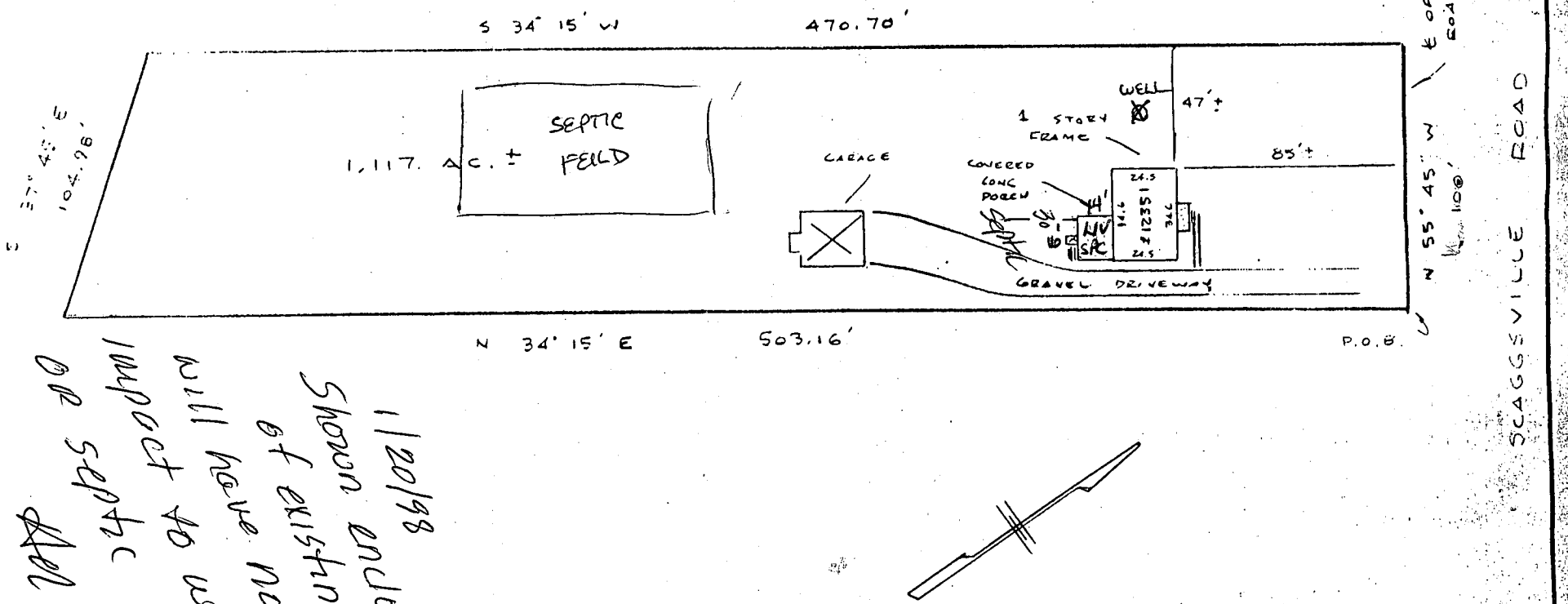
REPORT _____

RTE 216 12/13/84



DATE SUBMITTED _____ SANITARIAN _____

HD-172



1/20/98
Shown enclosure of existing porch will have no impact to well or septic
AEL

Subject property is shown in Zone ____ on the National Flood Insurance Program Flood Insurance Rate Map of HOWARD County, Maryland. Panel # 370 of 415 Community Panel # 240044 - 0037B Effective Date: DEC 4 1986

his is to certify that I have surveyed the property nown as 12351 Scaggsville Road, containing 1.117 res of land, more or less heet - of - recorded in Liber 1982, folio 5 among the and Records of Howard County, Maryland for the urpose of locating the improvements thereon.

HIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE ONTAINED WITHIN THE OUTLINES OF THE LOT AND IS OT TO BE USED TO ESTABLISH PROPERTY LINES.

STATE OF MARYLAND
JAMES C. HUDGINS
No. 96
REGISTERED
PROPERTY LINE SURVEYOR

J. Carl Hudgins PLS#96

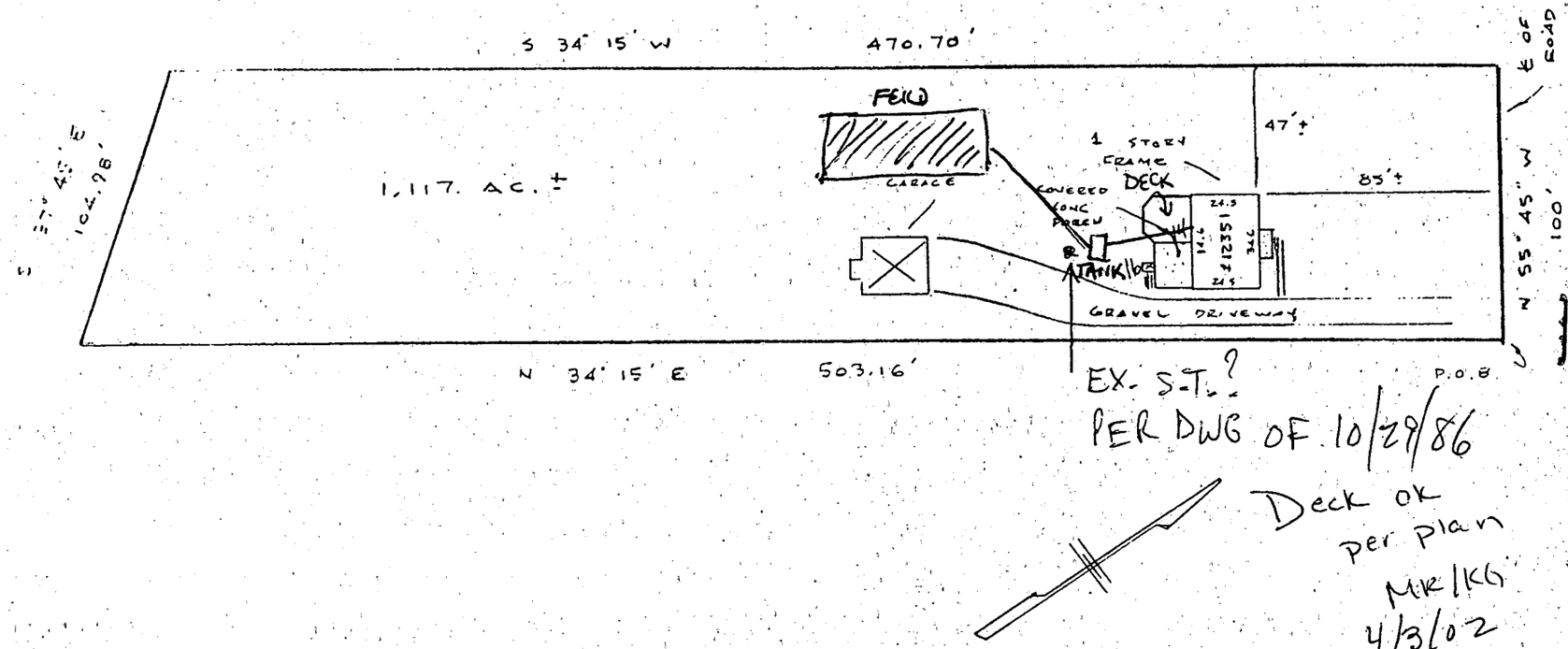
LOCATION SURVEY

12351 SCAGGSVILLE ROAD

5th ELECTION DISTRICT
HOWARD COUNTY, MD

NTT ASSOCIATES, INC.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Phone 442-2031

Scale	1" = 60'
Date	APRIL 30 1990
Field By	JCM
Drawn By	JCM
Drawing #	X 10683



Subject property is shown in Zone C
on the National Flood Insurance Program
Flood Insurance Rate Map of HOWARD
County, Maryland. Panel # 37 of 45
Community Panel # 240044 - 0037B
Effective Date: DEC 4 1986

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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 B00135227

Building Address 12351 SCAGGSVILLE RD
FULTON, MD. 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605102 Subdivision _____

Section — Area — Lot _____

Tax Map 40 Parcel 125 Grid 18

Zoning RR Map Coordinates 18E12 Lot size

Property Owner's Name PAUL + SUE CLARK

Address 12351 SCAGGSVILLE RD.

City FULTON State MD Zip Code 20759

Home Phone 301 854-0335 Work Phone 301 279-1917

Applicant's Name & Mailing Address, (if other than stated hereon):
BERNARD SASSCER
7525 COLUMBIA PIKE
LAUREL, MD. 20723

Phone 301 498-2952 Fax

Existing Use SFD

Proposed Use SFD + DECK

Estimated Construction Cost $ 2200.00

Description of Work 270 SQ FT. DECK WITH STEPS TO GRADE 16X16 W/STEPS

Contractor Company CONCEPTS IN DESIGN

Contact Person BERNIE SASSCER

Address 7525 COLUMBIA PIKE

City LAUREL State MD Zip Code 20723

License No. 36695

Phone 301 498-2952 Fax

Occupant or Tenant PAUL + SUE CLARK

Contact Name _____

Address 12351 SCAGGSVILLE RD

City FULTON State MD Zip Code 20759

Phone 301 854-0335 Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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 _____

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
X Private
Sewage Disposal:
____ Public
X 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.

Applicant's Signature

BERNARD SASSCER
Print Name

OWNER CONCEPTS IN DESIGN
Title/Company

4-3-02
Date

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

- FOR OFFICE USE ONLY -

	AGENCY	DATE	SIGNATURE APPROVAL
X	Land Development, DPZ		
	State Highways		
X	Building Official	4/3/02	
	Dev. Engineering, DPZ		
X	Health	4/3/02	Kacie Goodes
	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#: 17591

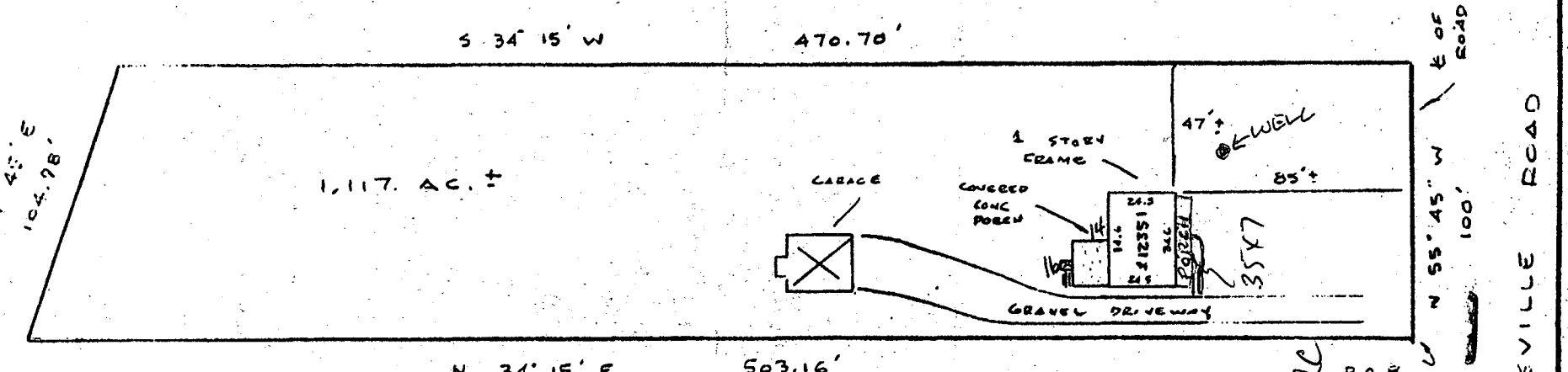
Filing fee	$ _____
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# 2196
Validation	# 62100

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



2/25/04
PORCH OK
AS DRAWN,
ANY FUTURE ADDN
WILL REQUIRE S.S.
EVAL/UPGRADE/RE-PERC
HR

Subject property is shown in Zone C
on the National Flood Insurance Program
Flood Insurance Rate Map of HOWARD
County, Maryland. Panel # 37 of 45
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Field By	JCH
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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 B00140330

Building Address 12351 SCAGGSVILLE RD
FULTON, MD. 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.02 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 121 Grid 11

Zoning RC Map Coordinates 11-2 Lot size

Property Owner's Name PAUL + SUSAN CLARK

Address 12351 SCAGGSVILLE RD

City FULTON State MD Zip Code 20759

Home Phone 301.854-0335 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
PAUL CLARK
12351 SCAGGSVILLE RD
FULTON MD. 20759

Phone 301 854-0335 Fax

Existing Use SFD

Proposed Use SFD + PORCH

Estimated Construction Cost $ 2800.00

Description of Work BUILD 7x35' PORCH

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant PAUL + SUSAN CLARK

Contact Name SAME

Address 12351 SCAGGSVILLE RD

City FULTON State MD Zip Code 20759

Phone 301-854-0335 Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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 _____

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 2115 sf

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:

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Applicant's Signature

PAUL CLARK
Print Name

OWNER
Title/Company

2-25-04
Date

MR 2/25/04

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **
- *FOR OFFICE USE ONLY* -

17591

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			nt: _____	Filing fee $_____
State Highway Administration				

EMERGENCY/TEMP NO. IF ANY

B 1 | 5583 | SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) # 05-69479

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER: HO-81-1749

fill in this form completely

Date Received: 11/25/86 - 9:30AM

INDEXED

OWNER INFORMATION

Last Name: SPAIN | Owner: | First Name: JOE

Street or RFD: 13145 TRIADELPHIA MILL

Town: CLARKSVILLE | State: MD | Zip: 21029

DRILLER INFORMATION

Driller's Name: Joseph L. Nevins | 77 License No. 80: 238

Firm Name: Joseph L. Nevins Well Drilling

Address: 5572 Rte. 40 W. Ellicott City 21043

Signature: Joseph L. Nevins | Date: 10/28/86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 3

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE [WT] WRITE INITIALS IN BOX PERMIT No. HO-81-1749

B 3 LOCATION OF WELL

8 COUNTY: HOWARD

23 SUBDIVISION: THOMPSON PROP. B 359

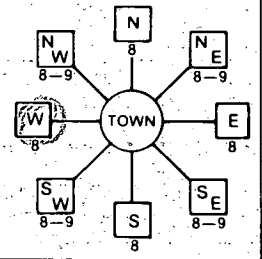
SECTION: | LOT:

52 NEAREST TOWN: CLARKSVILLE

MILES FROM TOWN (enter 0 if in town): 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: 13145 TRIADELPHIA MILL 30

CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 40

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD | COUNTY NO.: A# 37979

OEP SIGNATURE _____ | STATE HEALTH INSERT S

DATE ISSUED: 11/25/86 | CO SIGNATURE: B. Nixon | EXP. DATE: 05/03/87

NORTH GRID: 50200 | EAST GRID: 0X0700

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 7

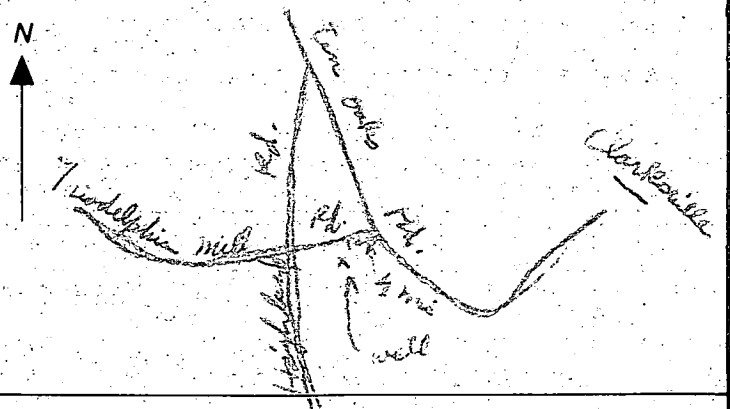
N 5

000 000

Location OK
55' - casing
1' - above gr.
42' - open
11 - bags cement

11-25-86 JS

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



SPECIAL CONDITIONS

A 37979

HEALTH

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION _____ ZIP _____

OWNER ☐

OCCUPANT ☐ _____ ADDRESS _____ PHONE _____

COMPLAINANT JOE SPAINE ADDRESS 13145 TRIAD, MILL RD PHONE 531-3563

REASON FOR INVESTIGATION OUT OF WATER - REPLACEMENT SITE REQUESTED.

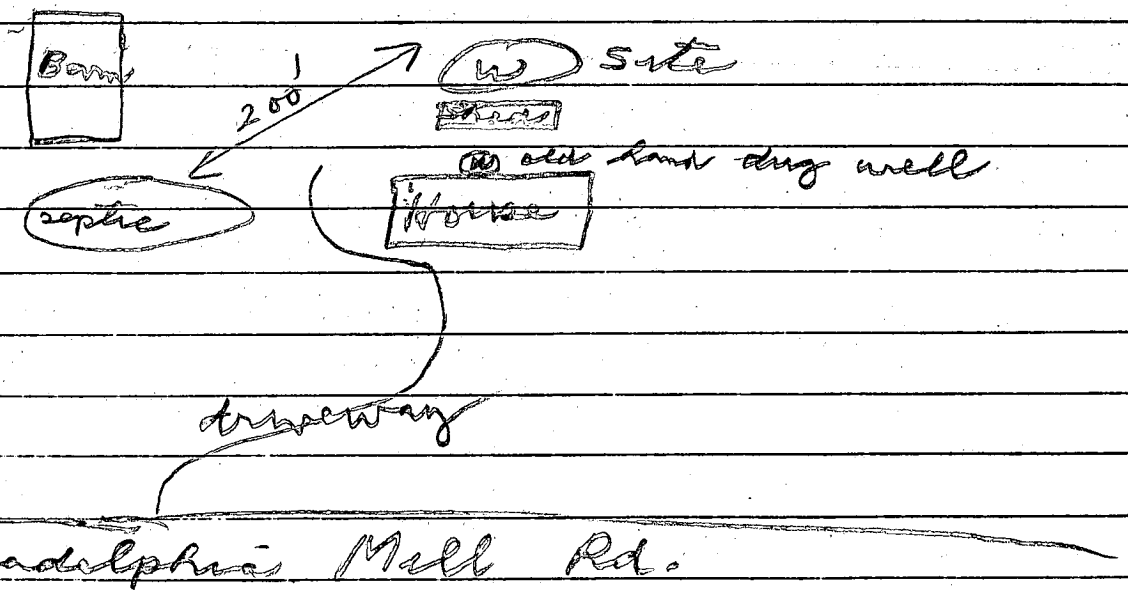
(JOE MAYNE DRILLER)

DIRECTIONS - ½ MILE FROM INTERSECTION WITH TEN OAKS. LEFT HAND SIDE GOING WEST. CODES _____

RECEIVED BY C Wellman DATE 10/24/86 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT 10-27-86 - location OK - 200' in back of house. Joe Mayne has stakes in place. JS



DATE SUBMITTED _____ SANITARIAN _____

HD-172

C 1 | 5385 | SEQUENCE NO. (OEP 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 PRINT OR TYPE

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

COUNTY NUMBER (A-3) 7977 (W)

DATE Received | DATE WELL COMPLETED 1/24/86 (15-20) | Depth of Well 325 (22-26) (TO NEAREST FOOT) | PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1FH (28-37)

OWNER SPAIN JOE
STREET OR RFD 13175 TRADELPHIA MILL RD (last name / first name) TOWN CLARKSVILLE
SUBDIVISION MAP 34 P359 SECTION LOT

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
SAND	0	49	
GRAY MICA SCHIST	49	325	✓ J
		OK	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) 44 | no (N) 44
TYPE OF GROUTING MATERIAL
CEMENT (CM) | BENTONITE CLAY (BC) 45-46
NO. OF BAGS 11 NO. OF POUNDS 1034
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 TOP) ft. to 42 (52-54 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	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60-61)	6 (63-64)	325 (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

EACH SCREEN		DEPTH (nearest ft.)	
1	HO (8-9)	325 (11-15)	325 (17-21)
2	(23-24)	(26-30)	(32-36)
3	(38-39)	(41-45)	(47-51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56-60) (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C 3
LOW YIELD

PUMPING TEST
HOURS PUMPED (nearest hour) 6 1 (8-9)
PUMPING RATE (gal. per min. to nearest gal.) 1 1/2 (11-15)
METHOD USED TO MEASURE PUMPING RATE Air
WATER LEVEL (distance from land surface)
BEFORE PUMPING 45 (17-20)
WHEN PUMPING 280 (22-25)

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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES / 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 (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 (−) below (49) LAND SURFACE (nearest foot) 1 (50-51)

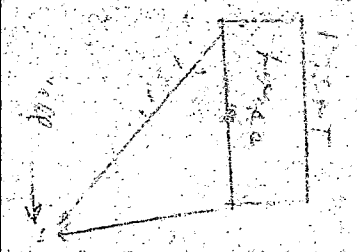
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 238
Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)



OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) WQ (74-75-76)
TELESCOPE CASING LOG INDICATOR OTHER DATA

HEALTH