

C1 6195

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

5-3-10

22 500 26 (TO NEAREST FOOT)

HO-95-1877

OWNER McKee, Tom STREET OR RFD 13217 HIGHLAND TOWN HIGHLAND SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown mica, Gray mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) 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 (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

Table for OTHER CASING (if used) with columns: diameter inch, depth (feet) from, to

SCREEN RECORD (ST, BR, HO, PL, OT) screen type or open hole

Table for DEPTH (nearest ft.) with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76

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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

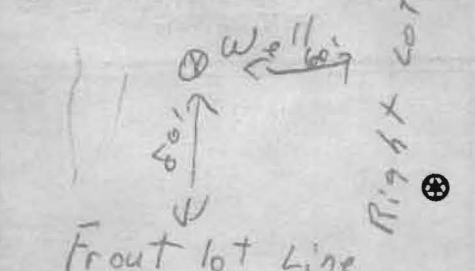
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 500 TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) 1 50 51

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)



B 1	4974	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 632535 please type	STATE PERMIT NUMBER HO-95-1877 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION 11294

Date Received (APA) 8 MM DD YY 13

15 Last Name MCKEE Owner First Name TOM 34

36 Street or RFD 14071 BRIGHTON DAM ROAD 55

57 Town CLARKSVILLE MD 21029 70 State 72 Zip 76

LOCATION OF WELL

8 COUNTY Howard 21 CH

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Highland 71

MILES FROM TOWN (enter 0 if in town) 1 M | 73 76 77 78

DRILLER INFORMATION

Driller's Name George F. Easterday M W D 040 76 License No. 81

Firm Name J. Franklin Easterday, Inc

Address 9265 Brown Church Rd. Mt Airy Md 21771

Signature George F. Easterday Date 2/24/2010

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. (13) A525650

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3/15/2010 Brian Baker 3/15/2010

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 494 000 EAST GRID 808 000

50 55 57 63

TAX MAP: 34 BLK: 21 PARCEL 317

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NORTH GRID 494 000 EAST GRID 808 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. _____

2. _____

3. wells

WRITE THE BOX NUMBER FROM THE MAP HERE

E 808

N 494

000 000

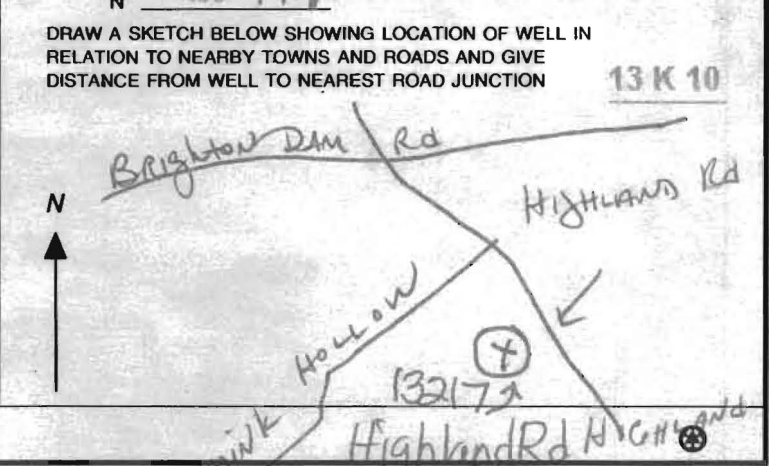
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____



REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-73-0912 41 52

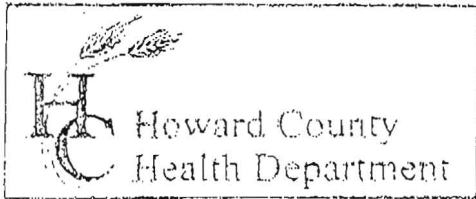
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-1877 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by OWNER,
 (professional land surveyor or company employing professional land surveyors)
 on 2-24-10 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

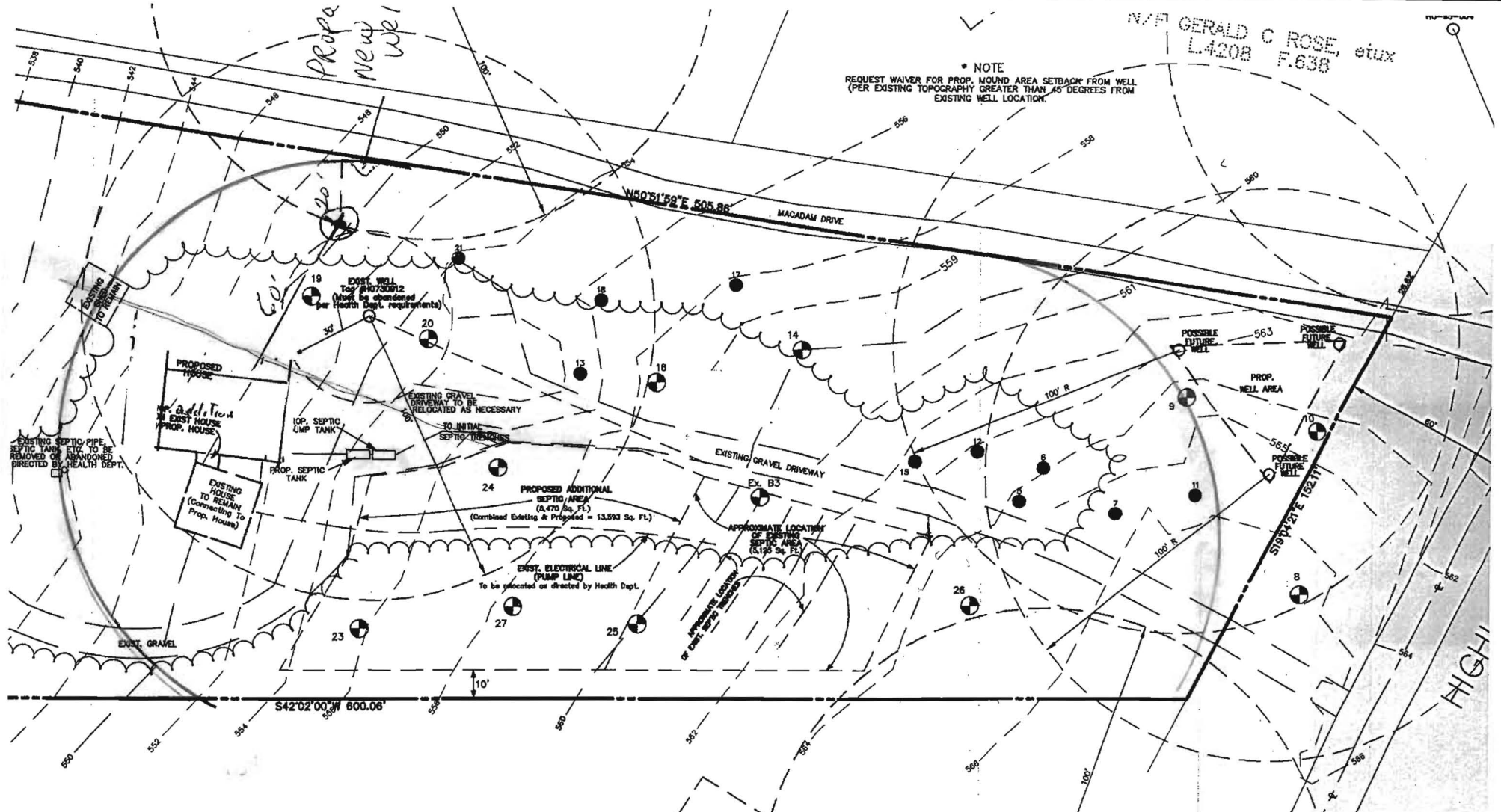
Tom McKee
 14071 BRIGHTON DAM RD - OWNER ADDRESS
 13217 HIGHLAND RD - Prop Address

PLEASE CALL IF QUESTIONS or TO MEET on
 Site 301-829-1640

N/F GERALD C ROSE, et ux
L.4208 F.638

NOTE
REQUEST WAIVER FOR PROP. MOUND AREA SETBACK FROM WELL
(PER EXISTING TOPOGRAPHY GREATER THAN 45 DEGREES FROM
EXISTING WELL LOCATION.)

Propa
New well



N/F SARA LEE ANNE DUTTON, et vir
L.1520 F.025

PERC CERTIFICATION

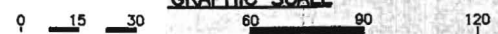
I CERTIFY THAT THE INFORMATION SHOWN HEREON IS
BASED ON FIELD WORK DONE UNDER MY SUPERVISION,
AND IS CORRECT TO THE BEST OF MY PROFESSIONAL
KNOWLEDGE AND BELIEF.



R. H. Clark

4-24-09

GRAPHIC SCALE



CLARK EN
7135 MINSTREL WAY • COLUMBIA, SC 29904
DESIGNED

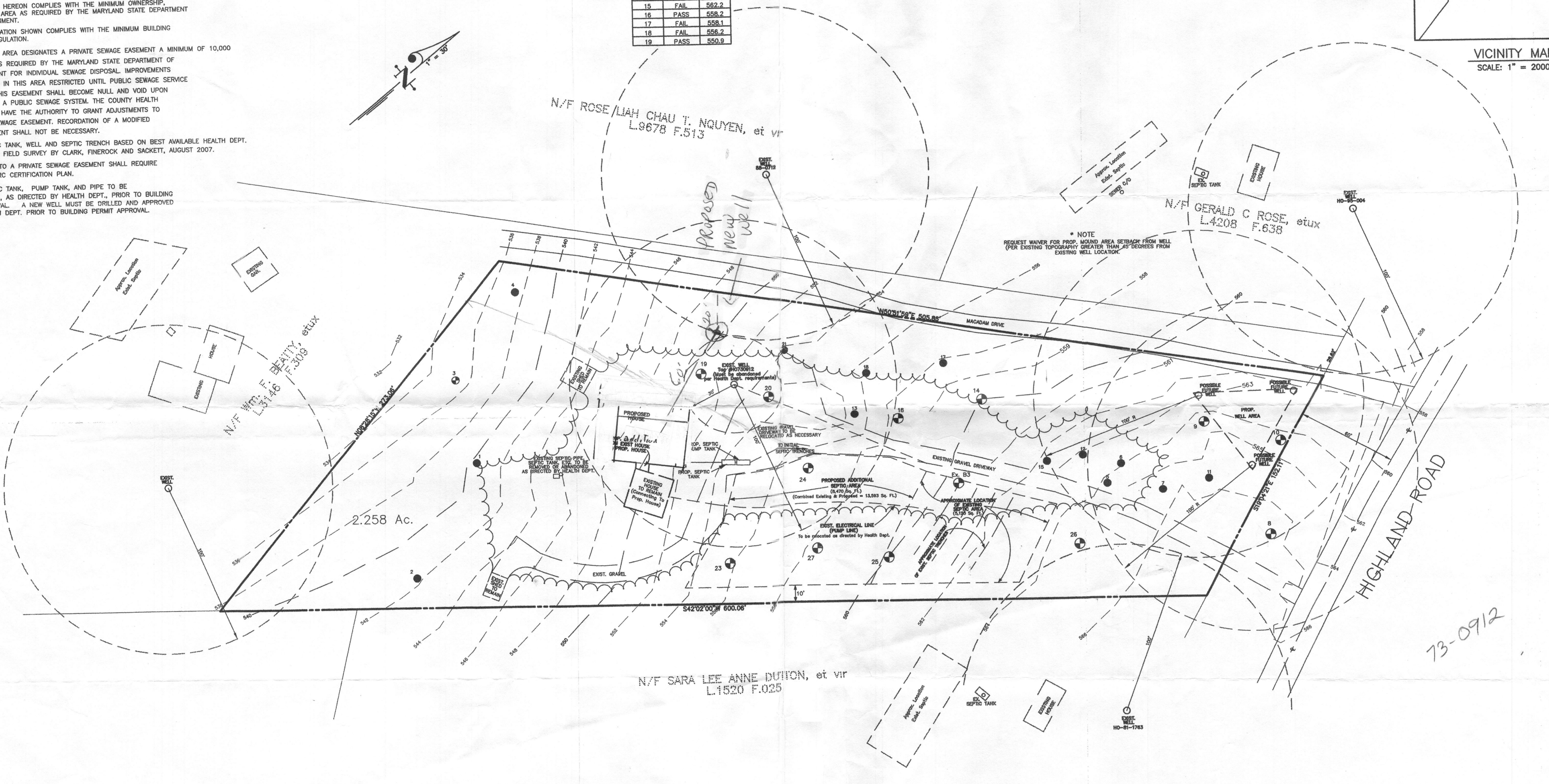
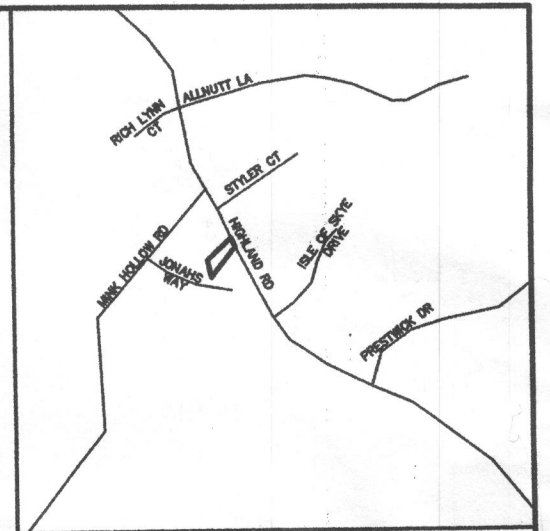
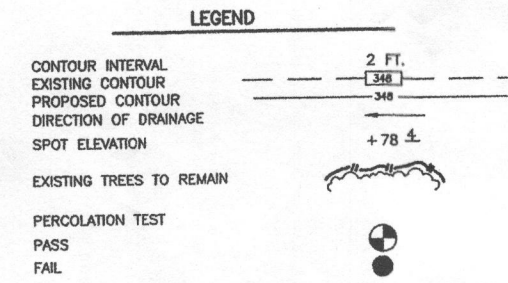
GENERAL NOTES:

- THE PURPOSE OF THIS PLAN IS TO ESTABLISH ADDITIONAL SEPTIC AREA FOR A NEW SINGLE FAMILY DETACHED DWELLING WITH 5 BEDROOMS. THE EXISTING HOUSE IS TO BE ATTACHED TO THE NEW PROPOSED HOUSE, APPROXIMATELY AS SHOWN ON THIS PLAN.
1. LOT SIZE = 2.258 AC.
 2. ZONING = RR-DEO.
 3. TOPOGRAPHY SHOWN WAS FIELD RUN BY CLARK, FINEFROCK AND SACKETT, AUGUST 2007
 4. PROPERTY LOCATION = TAX MAP 34 GRID 21.
 5. PROPERTY IS IDENTIFIED AS PARCEL 317, MCKEE PROPERTY
 6. THERE ARE EXISTING WELLS AND SEPTIC AREAS WITHIN 100 FT. OF THE PROPERTY. THE EXISTING WELLS AND THE EXISTING SEPTIC CLEANOUTS (OR LIDS) HAVE BEEN SHOWN ON THIS PLAN.
 7. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
 8. THE HOUSE LOCATION SHOWN COMPLIES WITH THE MINIMUM BUILDING RESTRICTION REGULATION.
 9. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT A MINIMUM OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA RESTRICTED UNTIL PUBLIC SEWAGE SERVICE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 10. EXISTING SEPTIC TANK, WELL AND SEPTIC TRENCH BASED ON BEST AVAILABLE HEALTH DEPT. INFORMATION & FIELD SURVEY BY CLARK, FINEFROCK AND SACKETT, AUGUST 2007.
 11. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
 12. EXISTING SEPTIC TANK, PUMP TANK, AND PIPE TO BE ABANDONED, AS DIRECTED BY HEALTH DEPT., PRIOR TO BUILDING PERMIT APPROVAL. A NEW WELL MUST BE DRILLED AND APPROVED BY THE HEALTH DEPT. PRIOR TO BUILDING PERMIT APPROVAL.

PERC #	PASS/FAIL	ELEV.
1	FAIL	540.3
2	FAIL	541.8
3	PASS	535.5
4	FAIL	537.6
5	FAIL	554.2
6	FAIL	563.9
7	FAIL	565.5
8	PASS	566.2
9	PASS	564.4
10	PASS	564.3
11	FAIL	565.6
12	FAIL	563.1
13	FAIL	554.9
14	PASS	560.9
15	FAIL	562.2
16	PASS	558.2
17	FAIL	558.1
18	FAIL	556.2
19	PASS	550.9

PERC #	PASS/FAIL	ELEV.
20	PASS	553.3
21	FAIL	554.1
22	FAIL	555.1
23 *	PASS	556.4
24 *	PASS	557.2
25 *	PASS	560.2
26 *	PASS	565.1
27 *	PASS	558.2

NOTE: NEW PERCOLATION TEST SITES NUMBERS NOTED WITH * ARE THE SITES PERTAINING TO THE PROPOSED SEPTIC AREA. ALL OTHER TEST SITES WERE FROM PREVIOUS TESTING IN OTHER PREVIOUSLY PROPOSED AREAS.



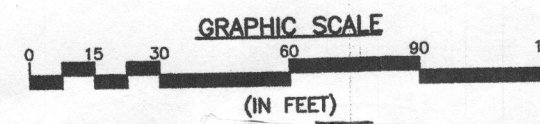
PERC CERTIFICATION

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK DONE UNDER MY SUPERVISION, AND IS CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.



G. Nelson Clark
G. NELSON CLARK
MARYLAND LICENSED P.E. NO. 7139

4-24-09
DATE



APPROVED: FOR PUBLIC (OR PRIVATE) WATER AND PUBLIC (OR PRIVATE) SEWERAGE SYSTEMS:

Brian P. B. Silensen 5/7/2009
COUNTY HEALTH OFFICER DATE
HOWARD COUNTY HEALTH DEPARTMENT

CLARK · FINEFROCK & SACKETT, INC.
ENGINEERS · PLANNERS · SURVEYORS
7135 MINSTREL WAY · COLUMBIA, MD 21045 · (410) 381-7500 BALT. · (301) 621-8100 WASH.

DESIGNED DH	<p>PERCOLATION CERTIFICATION PLAT</p> <p>MCKEE PROPERTY</p> <p>PARCEL 317, TAX MAP 34, GRID 21 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p> <p>OWNER: THOMAS MCKEE 13217 HIGHLAND RD HIGHLAND, MARYLAND 20777</p>	SCALE 1" = 45'
DRAWN JPH/DH		DRAWING 1 of 1
CHECKED WM/DH		JOB NO. 07-019
DATE 04-23-09		FILE NO. 07-019-X
<p>J:\SURVEY DWGS\2007\07019\DWG\PERC.DWG</p>		