C 1 | 9359 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50809

ST/CO USE ONLY
DATE Received MM 12 DD - YY 99

DATE WELL COMPLETED MM 07 DD 13 YY 99

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1985

OWNER Lewis (last name) Fred T. (first name)
STREET OR RFD Ten Oaks Rd. TOWN Clarksville
SUBDIVISION Lewis Property SECTION LOT 1

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
Overburden	0	15	
Soft Shale	15	38	
Limestone	38	300	x
water at 180 & 230'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M D 399
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: 1 S D 0 4 8
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 9 NO. OF POUNDS 900
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft. to 36 (BOTTOM) 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	6	40

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	40	300
2			
3			

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

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

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) 6
PUMPING RATE (gal. per min.) 3.1
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 18 ft.
WHEN PUMPING 265 ft.
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 INSTALLED PUMP (CIRCLE) (YES or NO): 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)
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 STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
N
No Corner Stakes Available For Measurement

DENV-CR197 ② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 (1 2 3 6) **1049** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER (70 79): **HO-94-1985**

fill in this form completely

Date Received (APA) (8 MM DD YY 13): **11 30 98**

OWNER INFORMATION

15 Last Name: **Lewis** Owner First Name: **Fred T.** 34

36 Street or RFD: **6005 Ten Oaks Rd** 55

57 Town: **Clarksville** 70 State: **MD** 72 Zip: **21029** 76

DRILLER INFORMATION

Driller's Name (76 License No. 81): **Paul A. Fabisiak** **W D 399**

Firm Name: **G. Edgar Harr Sons' Corp**

Address: **10047 Falls Road Crekeysville 21030**

Signature: **Paul M. Fabisiak** Date: **11/24/98**

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) (14 20): **750**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL (24 28): **250** FEET

APPROXIMATE DIAMETER OF WELL: **6** NEAREST INCH

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 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
- 39 [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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 52): ___ ___ - ___ ___ - ___ ___ ___ ___

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

APPROP. PERMIT NUMBER (54 63): **GAP**

PERMIT No. (70 71 72 73 74 75 76 77 78 79): **HO-94-1985**

B 3 LOCATION OF WELL

8 COUNTY 21: **Howard**

23 SUBDIVISION 42: **Lewis Property**

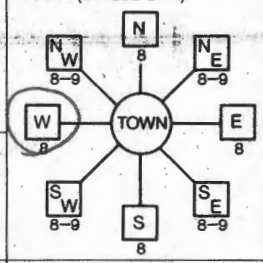
SECTION (44 46): ___ LOT (48 50): **1**

52 NEAREST TOWN 71: **Clarksville**

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

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30: **Ten Oaks Road**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD 37: **800**

ENTER FT OR MI (38 39): **FT**

TAX MAP: ___ BLK: ___ PARCEL ___

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME / COUNTY NO.: **Howard Co A 50809**

STATE SIGNATURE: ___ INSERT S → 41

DATE ISSUED (43 MM DD YY 48): **120198** CO SIGNATURE: **A McMill** EXP. DATE: **12/1/99**

NORTH GRID (50 55): **490 000** EAST GRID (57 63): **810 000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

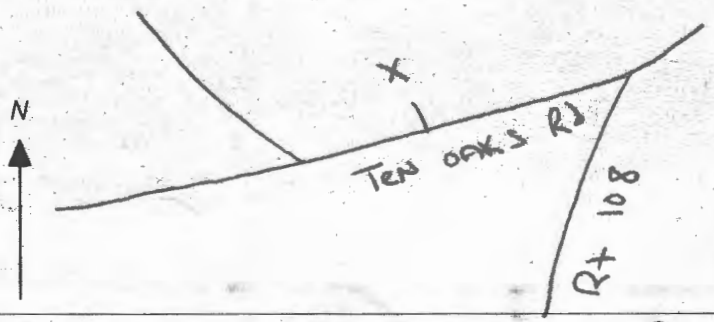
SOURCES OF DRILLING WATER
1. **well**
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810**

N **490**

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

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

Page 1 of 2

Date: _____

Review OKM 1.25.99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1985
Location of property (road) Ten Oaks Rd
Subdivision Lewis Property Lot 1 Block ____ Plat ____ Sec. ____
Well Driller Paul Fabisack Owner Fred Lewis

Depth of well 300'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 18'

I. *High rate pumping -- reservoir drawdown*

Time pump started 0800 Pumping rate 3.16gpm
Total time 2hrs to reach pumping water level 265 ft. below M.P.

II. *Recovery pump test data - observations to be recorded every 15 minutes*

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0800	18'	4		15.00
0815	83'	5		12.00
0830	131'	6		10.00
0845	187'	7		8.57
0900	219'	9		6.67
0915	257'	15		4.00
0930	261'	17		3.53
0945	263'	18		3.33
1000	264'	19		3.16
1015	265'	20		3.00
1030	265'	20		3.00
1045	265'	19		3.16
1100	265'	19		3.16
1115	265'	19		3.16
1130	265'	19		3.16
1145	265'	19		3.16
1200	265'	19		3.16
1215	265'	19		3.16
1230	265	19		3.16
1245	265	19		3.16
1300	265	19		3.16
1315	265	19		3.16
1330	265	19		3.16
1345	265	19		3.16

HD-224

FIELD DATA SHEET
BALTIMORE COUNTY WELL YIELD TEST REPORT

APPROVED BY WATER & SEWER DIVISION, ENVIRONMENTAL PROTECTION & RESOURCE MANAGEMENT
Valid Until _____

Signature & Date

Date Test Performed _____
Well Permit BA- 94-1985 Well Driller/Tester G. Edgar Harr Sons' Corp

Address _____ Elec. District _____
Subdivision Lewis Property Lot > 1 Block . Plat Section
Owner & Mailing Address Fred Lewis 6005 Ten Oaks Rd. Clarksville, Md
Depth of Well 300 Ft. Static Water Level 18'

Pump Test Data - Observations to be Recorded Every 15 Minutes
INCLUDING HIGH RATE PUMPING RESERVOIR DRAWDOWN

TIME	WATER LEVEL	PSI (existing pump)	PUMPING RATE time to fill gal. bucket	ADDITIONAL DATA	CALCULATED FLOW (gal. per minute)
1400	265'		19		3.16
1415	265'		19		3.16
1430	265'		19		3.16
1445	265'		19		3.16
1500	265'		19		3.16
1515	265'		19		3.16

W&S 3 887

SEND REPORT TO:

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD 21043

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

Lab No. C302296 | Date Received 12 18 98

Do not write above this line.

WATER ANALYSIS

SAMPLE ID

Bottle Number HO-2858 Name Fred Lewis County HOWARD County Code 13

Source Ten Oaks Rd Dayton, MD Data Category Code AF

Collected: Date 12/18/98 Time 10:45 Collector & Phone D. Soo 313-2640 Submitter Code

CHECK (one per box)

Drinking Water ☑	Community ☐	Source (raw water) ☐	Emergency ☐
Landfill ☐	Non-community ☐	Distribution (treated) ☑	Routine ☑
Stream ☐	Private ☐	MCL ☐	Recheck ☐
Other ☐	Other ☐		Special ☐

Federal Project S

FIELD

Plant No. Sampling Station Preservation: Iced ☒ Acid ☒ Type of Acid H_2SO_4

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: HO-94-1985 WR

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO_3 Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrite, N	00630			0.5	12-22-98	BK
	pH*, Ca CO_3 Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported DEC 29 1998

DHMH 90-A 10/93

SUBMITTER'S COPY

ATTN: Craig Williams

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~461-9033~~ 410 313 2640

2/1/00 Rec'd 300' 3.1 gpm well before 18'

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer Robert Halley Telephone ____

License Number 7788
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Dan Lewis Kennedy Telephone 202 410 244 8400
Subdivision Doe Lewis Property Lot # 1 Well Tag # HO 94-995
Site Address Lewis Ten Oaks Rd
Clarksville Md

Pump
1. Type
   a. Deep well ~~jet~~ ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 5SQ1422
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 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Campbell
2. Model # ____
3. Depth 36'

Tank
1. Capacity 20
2. Pressure relief valve? yes

Piping
1. Type SDR Poly
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 275

Well data
1. Depth 300 ft.
2. Yield 3.1 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

WPI INSPECTED 2/10/00
APPROVED AFTER DISCUSSION WITH DRILLER ON 2/11/00 (CW)

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).

SEE OVER FOR DETAIL

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert F Halley

Date: 1/19/00

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

HD-215

SEE OTHER SIDE FOR PLUMBERS CONNECTION REPORT FOR REPLACEMENT WELL HO-94-2582

Lot 1 LEWIS 6115 TEN OAKS RD,

ICOP / RECOMMENDATION FOR OCCUPANCY ISSUED ON FEB 3, 2000 FOR WELL HO-94-1985

DESPITE REPORTS OF DISCOVERED YIELD PROBLEM (COMPLETION REPORT & SAMPLE RESULTS OK)

JUSTIFICATION: OWNERS AWARENESS OF ISSUES; UNREASONABLE FINANCIAL HARDSHIP IF OCCUPANCY DELAYED; AND COMMITMENT FROM ALL INVOLVED PARTIES THAT ISSUES WOULD BE RESOLVED,

---

REPLACEMENT WELL PERMIT ~~ISSUED~~ HO-94-2582 ISSUED 2/2/2000

GROUTED ON SATURDAY 2/5 W/O INSP

CONNECTION OF WELL INSPECTED 2/10/00

INSPECTOR HAD QUESTIONS ABOUT INTEGRITY OF THIS GROUT, AND PLANS FOR ABANDONMENT OF ORIGINAL WELL,

DRILLERS REP (MIKE @ HARR) - CLARIFIES

GROUT APPEARANCE WAS BECAUSE ORIGINAL GROUT HAD SUBSIDED AND 3 ADDITIONAL BAGS HAD JUST BEEN ADDED,

ORIGINAL WELL ABANDONMENT WAS "IN-PROCESS"

WELL HAS BEEN FILLED WITH CEMENT AT TIME OF REPLACEMENT WELL ~~GROUT~~ RE-GROUT,

DRILLER WAS SCHEDULED TO RETURN LATER TODAY TO CUT OFF CASING etc.

THEN ABANDONMENT REPORT TO BE FILED,

CATOCTIN LABS, INC.

5805 APPLES CHURCH ROAD
[illegible], MARYLAND 21788
Phone 301-865-8323 FAX 301-271-9066
CERTIFICATE OF ABORATORY ANALYSIS

FIELD RECORD

Date
Time
Temperature
Conductivity
Non-carbonate units
Alkalinity
Phenolphthalein

Sample number
Method of Preservation

LABORATORY RECORD

Bacteriological Test

U.S. EPA Drinking Water Maximum Contaminant Concentrations	Sample Results
less than 1	
less than 1	
Total Coliform	N/A
Fecal Coliform	
Nitrate	
Nitrite	
Fluoride	
Total Organic Carbon	

Date

CATOCTIN LABS. INC.

HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 3, 2000

Joan Lewis Kennedy
6005 Ten Oaks Rd.
Clarksville, Md. 21029

RE: Lot 1 Lewis Property
6115 Ten Oaks Rd.
Well Permit #HO-94-1985

NO FOLLOW-UP SAMPLING TO OCCUR WELL HAS BEEN ABANDONED (REPORT PENDING) & REPLACED BY HO-94-2582 - 1ST SAMPLE OF THAT WELL "IN PROCESS" AT THIS TIME. CW 2/11/00

Dear Ms. Kennedy:

This is to advise you that the installation of the septic system for the above referenced property was inspected and approved on January 18, 2000.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #H0-94-1985. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test, which is to be taken by the county health department within six months. **It is requested that the homeowner call (410) 313-2644, to schedule an appointment for follow up sampling.**

Date of Water Sample: January 28, 2000
February 2, 2000

Date of Well Completion: January 13, 1999

Approving Authority
Craig Williams
Craig Williams, Sanitarian
Water and Sewerage Program

cc: Building Inspector's office
file

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewage Program Community Environmental Health Program Food Protection Program
Phone: 410-313-2640 FAX: 410-313-2648 TTD: 410-313-2323 TOLL FREE: 1-877-4MD-DHMH

NOTE : 1. THE TOPOGRAPHY SHOWN HEREON IS BASED ON A FIELD RUN TOPOGRAPHIC SURVEY BY VOGEL & ASSOCIATES INC. DATED JULY 15, 1998.

2. THE PROPERTY LINES SHOWN HEREON ARE BASED ON A BOUNDARY SURVEY PERFORMED BY VOGEL & ASSOCIATES, INC. IN JULY 15, 1998.

3. NO WELLS OR SEWERAGE SYSTEMS ARE LOCATED WITHIN 100' OF THE PROPERTY EXCEPT AS SHOWN.

4. EASEMENTS SHOWN HEREON MUST BE RECORDED SUBSEQUENT TO DRILLING THE WELL ON PARCEL 160 AND PRIOR TO ANY BUILDING PERMIT APPROVALS.

5. THE PURPOSE OF THIS PLAT IS TO PROVIDE A USABLE SEPTIC SYSTEM TO THE PROPOSED LOT SHOWN HEREON.

6. PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS ⊕.

7. ▨ THE AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

8. PROPOSED WELL TO BE DRILLED AND TESTED FOR YIELD BEFORE FINAL PLAT RECORDATION. ①

PROPOSED
LOT 1
AREA= 43560 SQ FT
OR 1.000 ACRES

PROPOSED DWELLING

WELL ①

100' RADIUS

372.17'

PROPOSED DRIVEWAY

4005/159
FRED T. LEWIS
MARY JONES LEWIS
99.3.8 ACRES

LOT 14
CLARKSVILLE MANOR
PLAT NO. 7454, 8501-8503

EXISTING SEPTIC EASEMENT AS SHOWN ON PLAT NO. 8503

PROPOSED 10,000 SQ. FT. SEWAGE DISPOSAL AREA

EDGE OF ROAD

TEN OAKS ROAD

STATE GRID MERIDIAN (NAD 83)

12/15/98
Per driller there are 2 stakes in the field - one of a yellow ribbon - set by owner & one with a blue ribbon, set by the engineer. Called engineer & confirmed that they set the stake at the blue ribbon as shown on this plan. Called driller & told him to drill the newest (blue ribbon stake)
A McMellon

12/1/98
Well site OK as staked
No property corners but appear OK.

K-2-98
DATE

NO	REVISIONS REMARKS
①	PER COMMENTS 12-2-98

PERCOLATION TEST PLAT
LEWIS PROPERTY
TAX MAP 36 PARCEL 150
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE 1"= 50' OCTOBER 20, 1998

VOGEL & ASSOCIATES
ENGINEERS SURVEYORS PLANNERS