

4/15/88 2130

05-404819

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 41407

A 37247

DISTRICT 5th

DATE 4/5/88

DATE SYSTEM APPROVED 4/14/88

INSPECTOR RIT

Dave Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Thistledown ROAD 7009 Woodscape Drive LOT 6

PROPERTY OWNER Vision Builders Kenneth Paik

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

*LOT LINE
CHANGED
AFTER
SPRCS
WRITTEN*

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution-pipe.

LOCATION - Place the distribution box 145 feet down the left (331') lot line and 185 feet off the left lot line as seen when facing the property from Woodscape Drive. Run trenches on contour toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok(w)

PLANS APPROVED BY S. Abel DATE 1/09/87

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

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 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED
AND RETURNED 6/25/92
Seal # 44001 deck

BLDG. PERMIT SIGNED
AND RETURNED 5/5/85
Seal # 25372 - deck

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A. 37847

SUBDIVISION: Distle Down

LOT NUMBER: 6

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>sq. ft./bedroom</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon		
4 bedroom	1250 gallon		
5 bedroom	1500 gallon		

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 3.5 feet below original grade.
 Bottom maximum depth 5.0 feet below original grade.
 Effective area begins at 3.5 feet below original grade.
1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE Distribution box 145 FE DOWN THE LEFT (331') LOT LINE AND 185 FE OFF THE LEFT LOT LINE AS SEEN WHEN FACING THE PROPERTY FROM WOODSCAPE DR. RUN TRENCHES ON CONTOUR TOWARD LEFT LOT LINE. 1-9-87 S. Amd

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37247

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 6/25/86

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 Estate of Grace E. Iager Vision Builders

c/o Tom Lloyd

ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE _____
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 7 6 on Prelim

ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.

7009 Woodscape Dr.

SIZE OF LOT 3.0 acres TYPE BLDG. residential
(NUMBER OF BEDROOMS)

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.

Shelley May
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile field DATE 1-9-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

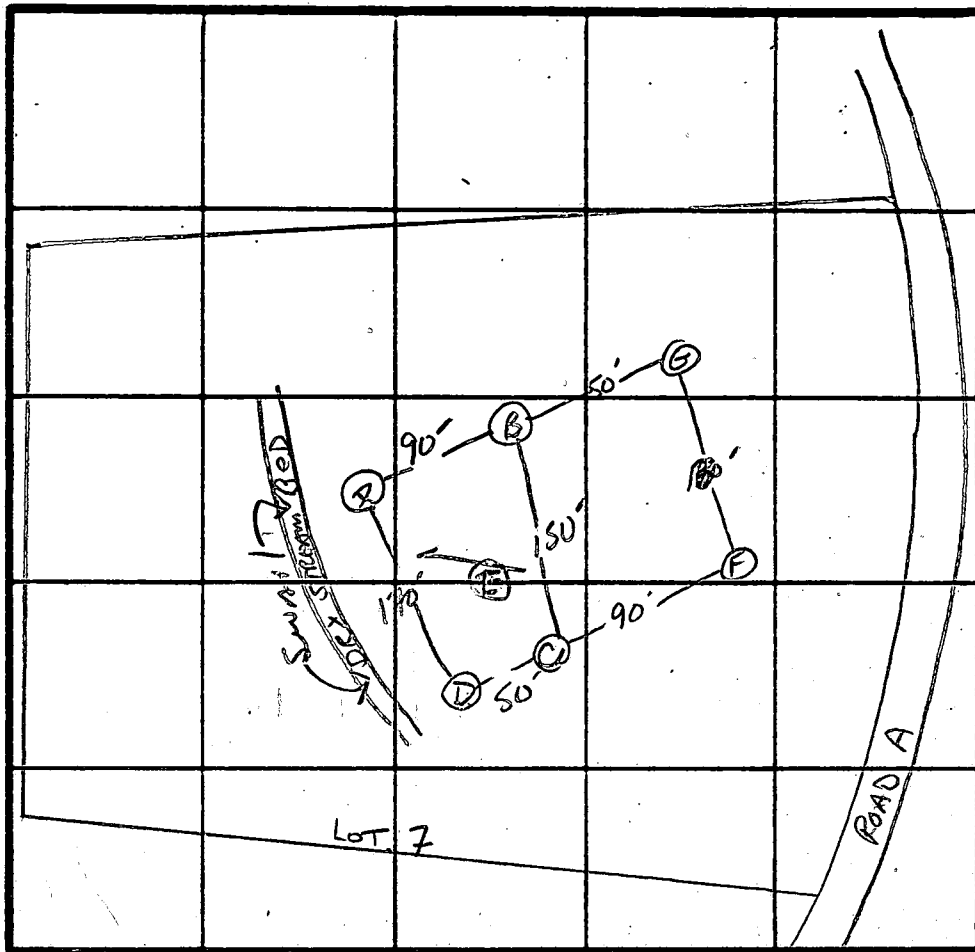
REASONS FOR REJECTION OR HOLDING 7-16-86 HOLD FOR REDESIGN ONLY; WET SEASON NOT ACCEPTABLE WATER AT 11 FT LOW WATE. S. Abel 7-18-86 Perc. SATISFACTORY; HOLD FOR SUBDIVISION PLAT; Shallow Syst. only S. Abel

SIGNED AND RETURNED 10-1-87 BP 14425
SRW

THIS IS NOT A PERMIT

SOIL PROFILE

0	4"	A1-3 YELLOW BR Silt loam 10-12% CLAY 10% FRAGS
4"	11"	BROWN/ WHITE SILTY SAND <10% FRAGMENTS
11"	13.5"	MOLE A



X Perc
2min
INLET 3.5
BOTTOM SID
180° BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 32

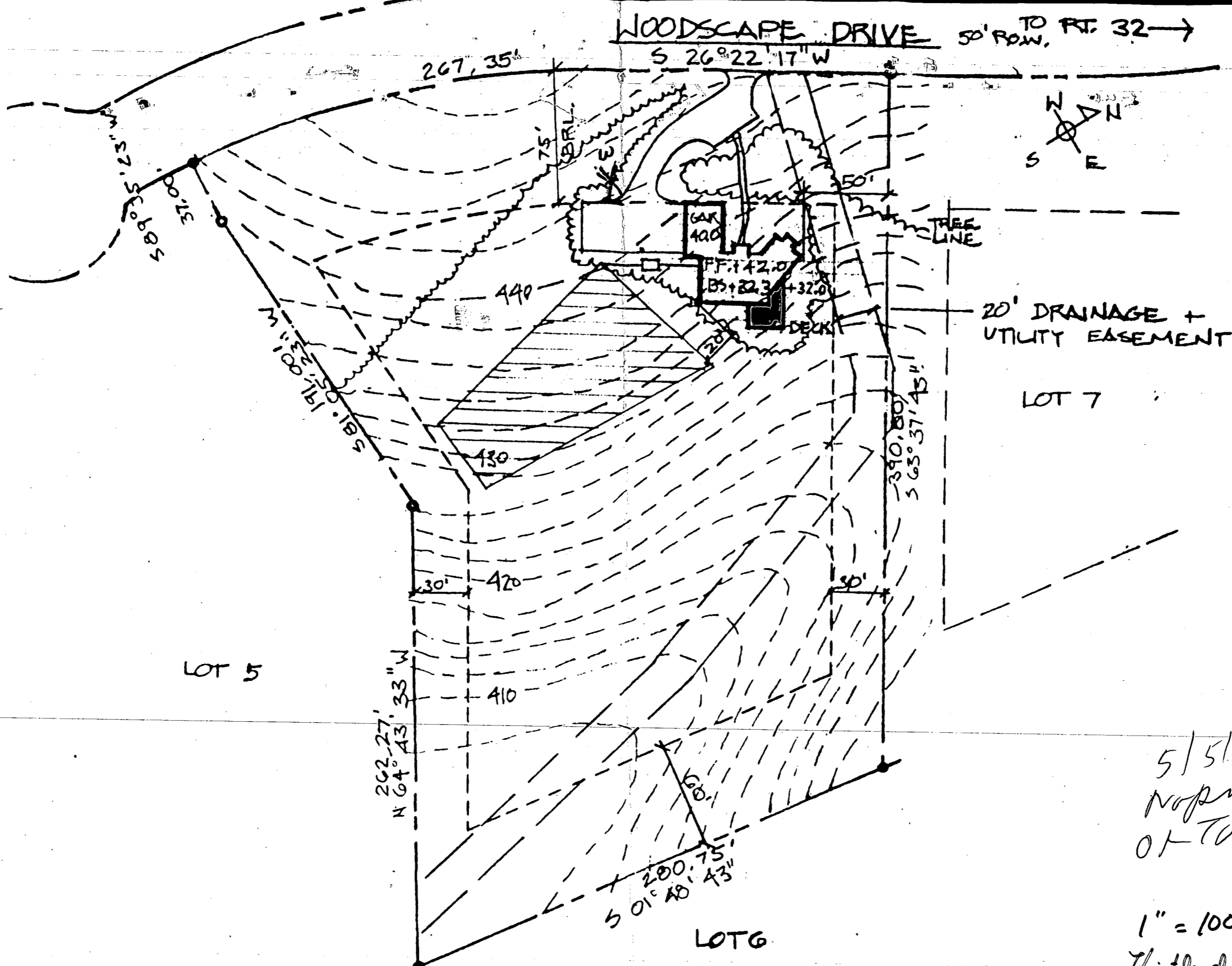
4"	A1-3 YELLOW BR Silt loam 10-12% CLAY <10% FRAGS
3-4"	BROWN MICACEOUS Silt loam <10% FRAGS W/FEW PINKCASTS
12.5"	MOLE D WATER
14"	

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/16/86	A S V	4 12"	12:04 UNIFORM SOIL COMP	12:05 below 4"	12:05 WATER AT 11"	12:08	3min
	B S V	4 12"	12:34 UNIFORM SOIL	12:35 below 4B'	12:35 12:36		1min
	C S M	4.5 9	11:44 11:43	11:46 11:45	11:46 11:45	11:48 11:49	2min 3min
	C V	13.5	UNIFORM SOIL COMP below 4"				
	D S V	4.5 14"	11:49 WATER AT - 12.5"	11:50:30 UNIFORM below 4"	11:50:30 11:54:30		4min
	E V	13"	UNIFORM SOIL below 3.5"				
7/14/86	F S V	4" 12"	2:40 UNIFORM SOIL	2:41 below 3.5"	2:41 2:43		2min
	G S V	4" 12"	2:31 UNIFORM SOIL	2:32 below 3.5"	2:32 2:33		1min

REMARKS HOLES PER PLAT / WET SEASON RETEST OL Redesign

TYPE OF SOIL _____
TESTED BY S. Abel ALSO PRESENT MARK Allen BACKLOG

EN 12 10/9

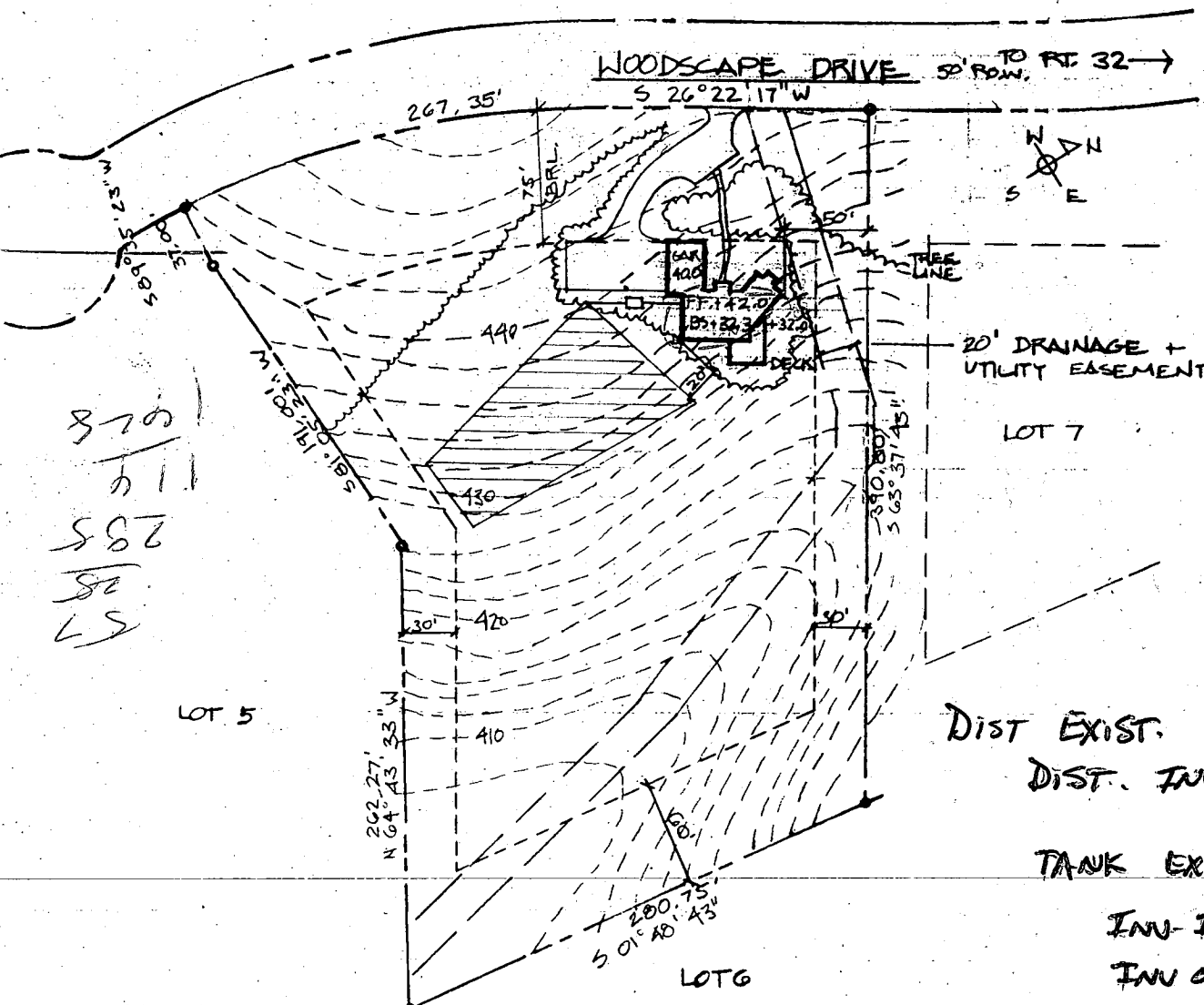


LOT 6
3.028 AC.

5/5/89
No problem
OK to sign
BH
1" = 100'
Thistle down
Sec 1, Lot 6
Top Map 41, Parcel 276

VISION BUILDERS INC.
9110 Red Branch Rd. Bay Q
Columbia, MD 21045

SITE PLAN



N 2' of BMT elev. to get GRAVITY FLOW

DIST EXIST. 437.00
 DIST. INV 433.5
 TANK EXIST 437
 INV- IN 434.1
 INV OUT 433.8
 INV. House 434.5

BLDG. PERMIT SIGNED AND RETURNED 10-1-87

BP14425

S. H. W.

SITE PLAN
 SCALE: 1"=100'
 THISTLEDOWN
 SECTION 1
 LOT 6
 TAX MAP 41 PARCEL 270
 5TH, ELECTION DISTRICT
 HOWARD COUNTY
 MARYLAND

P. Kammerer, agent
 Vision Bldg

B 1 **8637** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

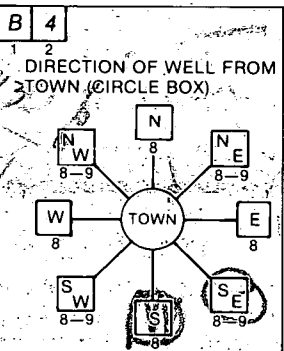
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HC-81-2195
 fill in this form completely

Date Received
 OWNER INFORMATION
DISICAW BUILDERS
 Last Name Owner First Name
9110 Q RED BRANCH RD
 Street or RFD
COLUMBIA **MD 21145**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD CO COUNTY
THISTLE-DOWNS SUBDIVISION
 SECTION **4** LOT **6**
CIRKESVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION
Lee P. Hillwood Jr. Driller's Name
101 License No. 80
The H & H Well Drilling Co. Firm Name
Rt 1307 240 Annsboro MD 21711 Address
L.P. Hillwood Jr. Signature **6/11/87** Date



WOODS CAPE DR. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
30 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **10**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **700**

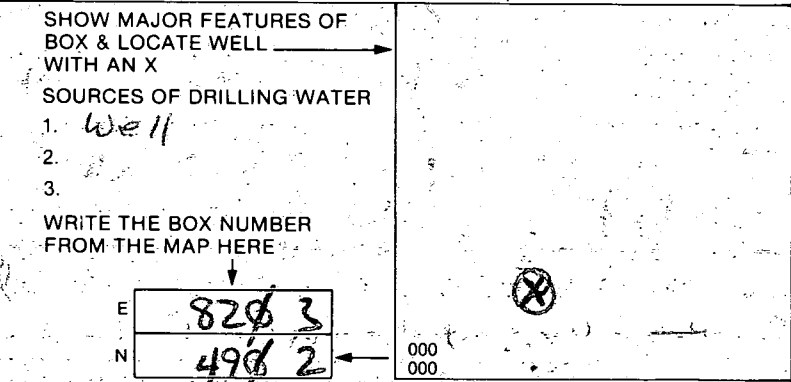
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 37247 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **072187** CO SIGNATURE **R. Nilon** EXP. DATE **082188**
 NORTH GRID **492000** EAST GRID **0823000**

APPROXIMATE DEPTH OF WELL **700** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

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

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **BA** INITIALS PERMIT No. **HC-81-2195**

SPECIAL CONDITIONS

(W)

WOOD SCAPE DRIVE

10/1/07

① ~~10/3/07~~ Well already Grouted
before today

② Do not know if Health Dept
informed or not. Notices
this at end of pump test
10/1/07

across street from Nursery
on Route 32 is
small white house attention
to property
Trustee Downer sign

Nursery is on Route 32
east of Pal Shop Pal
a short distance

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 12, 1988

The A & H Drilling Company
Route 1
P. O. Box 240
Boonsboro, Maryland 21713

Attention: Leo Holland

RE: Well Tag Number: HO-81-2195
Thistledown - Lot 6
Woodscape Drive

Dear Mr. Holland:

The enclosed well completion report for the above referenced well is not complete.

Please fill in the pumping rate, signature block and return it to this office. A copy of the pump test log was not received either and should be submitted also.

Thank you.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

Enclosure

C1 5997 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 37247**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **192887** Depth of Well **22** [] [] [] [] [] [] **26** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HE-81-21195**

OWNER **BUILDERS VISION**
 STREET OR RFD **WOODSCAPE DRIVE** TOWN **CLARKSVILLE**
 SUBDIVISION **THISTLE DOWN** SECTION **1** LOT **0**

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		Check if water bearing
	FROM	TO	
Brown Shale	0	75	
Gray Shale	75	200	110 180

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1850**
 GALLONS OF WATER **140**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **54** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **57** **6** **84**
 Total depth of main casing (nearest foot) **61** **64** **70**

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

DEPTH (nearest ft.)

EACH SCREEN	1			2			3											
	8	9	11	15	17	21	23	24	26	30	32	36	38	39	41	45	47	51
1	50		54		57													
2																		
3																		

CIRCLE APPROPRIATE LETTER
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. **101**
Scott R. Holland Jr.
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

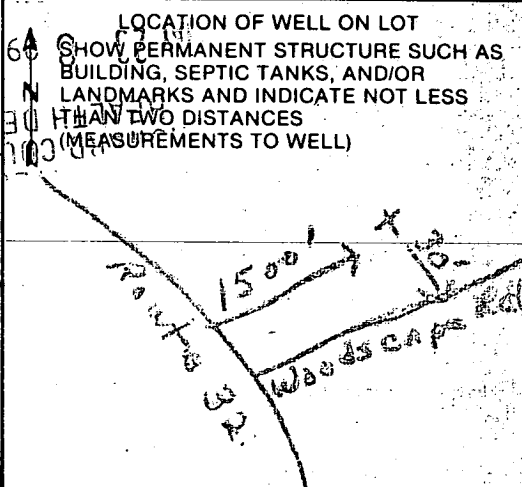
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING-WELL-INSERT F IN BOX 68

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

PUMPING TEST
 HOURS PUMPED (nearest hour) **1**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **AIR**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 WHEN PUMPING **400**
 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
 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)



C1 5997 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 37247

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 192870 Depth of Well 22 200 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HE-81-2195

OWNER BUILDERS VISION last name first name
 STREET OR RFD WOODSCAPE DRIVE TOWN CLARKSVILLE
 SUBDIVISION THISTLEDOWN SECTION 1 LOT 6

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		Check if water bearing
	FROM	TO	
Brown Shale	0	75	
Gray Shale	75	200	110 180

GROUTING RECORD
 WELL HAS BEEN GROUDED (Circle Appropriate Box) YES Y 44 NO N 44
 TYPE OF GROUDED MATERIAL CEMENT CM 45 46 BENTONITE CLAY BC 45 46
 NO. OF BAGS 20 NO. OF POUNDS 1780
 GALLONS OF WATER 140
 DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 ft. to 84 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 (ST) (CO) STEEL CONCRETE
 (PL) (OT) PLASTIC OTHER
 MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
 (ST) 6 (84) 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 (ST) (BR) (HO) STEEL BRASS OPEN HOLE
 (PL) (OT) PLASTIC OTHER

DEPTH (nearest ft.)
 EACH SCREEN 1 2 3
 1 80 14 200
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

CIRCLE APPROPRIATE LETTER
 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. [] [] [] [] [] []

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

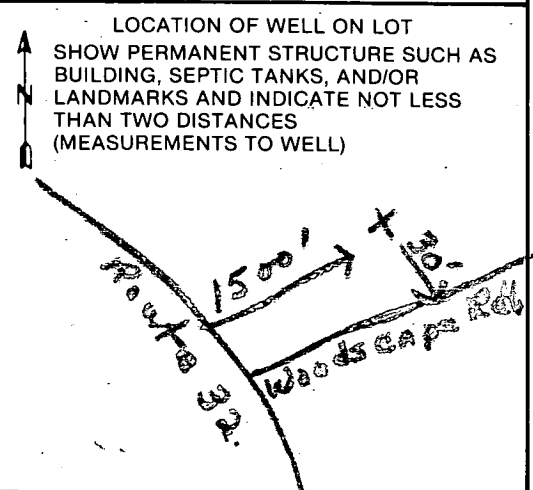
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 2
 PUMPING RATE (gal. per min. to nearest gal.)
 METHOD USED TO MEASURE PUMPING RATE AIR
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 40
 WHEN PUMPING 200
 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)
 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 LAND SURFACE (nearest foot)
 (-) below



RENEW OK
5/23/88
ew

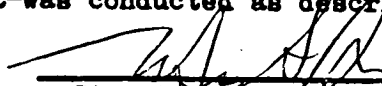
DATE 9-28-87 WELL YIELD TEST DATA SHEET HOWARD (County) ew
 Maryland Well Permit No.: HD-81-2195 Owner or Applicant: VISION BUILDERS
 Address: 9110 Q RED BRANCH RD.
 Phone: (Home) 301-730-9653 (Work) _____

Location of Property: _____
 Subdivision: THISTLE DOWN Lot: 6 Block: _____ Plat: _____ Sec.: 1
 Depth of Well: 200 Height of Measuring Point Above Ground: 1 ft
 Static Water Level Below Measuring Point: 40 Pump Set 175 Water Zone 110 & 180

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill _____ gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min)
1000	41	89pm		89pm
1015	453	89pm		89pm
1030	64		89pm	"
1045	72		89pm	"
1100	86		89pm	"
1115	97		89pm	"
1130	104		89pm	"
1145	117		89pm	"
1200	130		89pm	"
1215	151		89pm	"
1230	173	Pump drawing AIR	Reduced to 59pm	
1230	168		59pm	
1245	154 163		59pm	
	INCREASED	flow to 69pm		
1300	167		69pm	
1315	171		69pm	
1317	173	Pump drawing AIR		
		Reduced to 5 1/2	5 1/2 gpm	
1330	171		5 1/2 gpm	
1345	170		5 1/2 gpm	
1400	171		5 1/2 gpm	
1430	170		5 1/2 gpm	
1500	170 170		5 1/2	

I hereby certify that the yield test was conducted as described in State Health Department regulations COMAR 10.17.13.07Q.


 Signature of person performing Yield Test
 Abbott Well Drilling & Pump Co.
 Route 1 - Box 240
 Boonsboro, Maryland
 Phone: (301) 739-2710
 (301) 791-0135

