8/3/87 8/489 Later para 8/5

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

PERMIT

03-311686

SEWAGE DISPOSAL SYSTEM

P39677

A 36511

MARYLAND STATE DEPARTMENT OF HEALTH'

DISTRICT \_\_\_3rd\_

DATE SYSTEM APPROVED

INSPECTOR

INDEXED

JMI Plumbing Co	mpany		IS PERMITTED TO	D INSTALL X ALT	ER
ADDRESS			PHONE		
SUBDIVISION Nicholas	R. Roseway Property	ROAD <u>12765 Tr</u>	riadelphia Roa	ad LOT R-3	
PROPERTY OWNER	Nic	cholas Rosewa <b>g</b>			
ADDRESS					
IF GARBAGE GRINDER IS	USED INCREASE SEPTIC TANK CAP	PACITY BY 50% AND A	BSORPTION AREA E	Y 22%.	
	NO <u>X</u> 1000 GALLONS N	· :			
TRENCHES - 240 s grade at 3	gq. ft. per bedroom. I e. Bottom maximum dept feet below original gr	Trench to be 2 th 7 feet below rade. 4 feet o	feet wide.  or original graph of stone below	ade. Effective v distribution p	area begin ipe.
	: the first trench 160 : lot line as seen when				
	ch(s) along contour tow cench to exceed 100 fee			8" diameter cle	anout and
cap t	o grade or above on se	eptic tank.	2		
		7	11589		
PLANS APPROVED BY	с.	Williams	(for	DATE8/28/	86

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

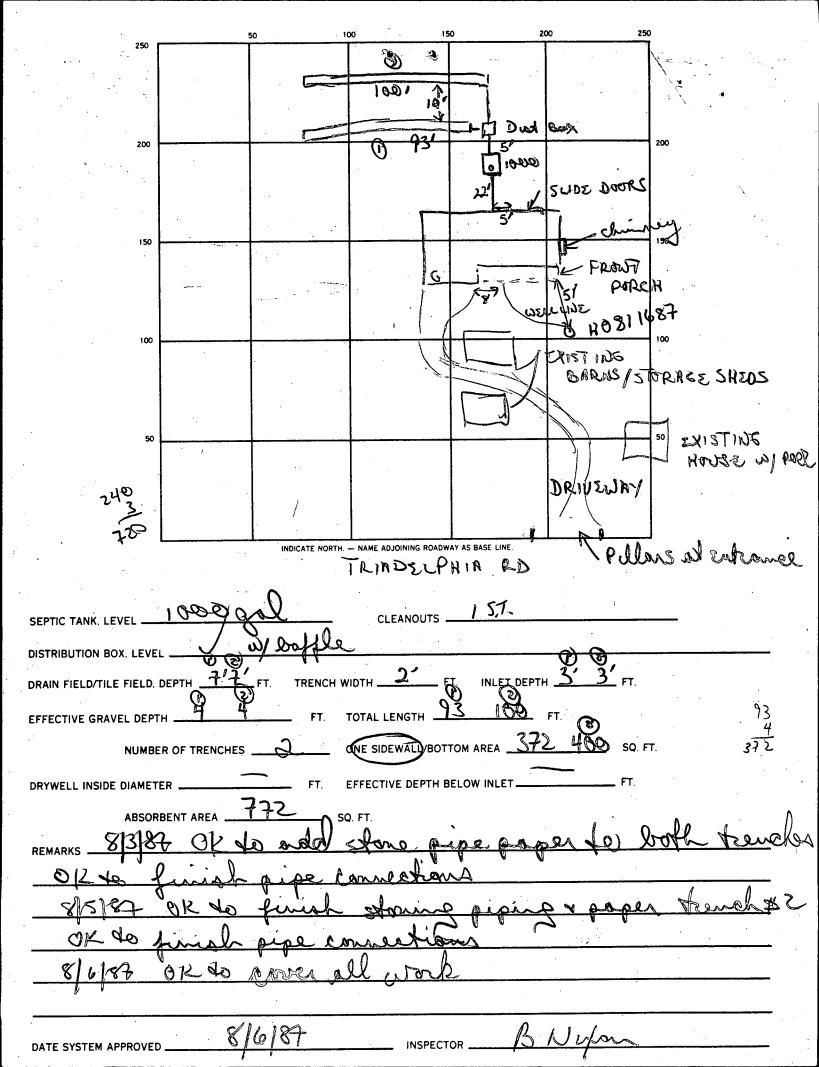
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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.



SUBDIVISION: TRIADECPHIA RD. LOT NUMBER: R-Z

#### DRY WELL OR DRY WELL AND TRENCH

	•	sq. ft./bedroom
	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	
Inlet	feet below original grad	de.
*	lepth feet belo	•
Effective area b	pegins at feet	below original grade.
NOTE: If trench ground an No trench	is used to make up absord d leave a 5 foot earth but is to exceed 100 feet	orbent area, run the trench on level ffer between dry well and trench. in length. Trench inlet to be same of stone below distribution pipe.
	T	RENCHES
	***	240 sq. ft./bedroom
The second second	7	
Irench to be	Wide.	HBR Per blog Permit # 8697
Rottom maximum d	feet below original grad	the fee blog ferm # 8697  de.  3 see comments 84  ow original grade.  below original grade.  249  ion pipe.
Effective area b	epin / reer bero	below original grade
4 feet o	f stone below distribut:	ion pine
	i scone botow distribut.	4 / 72 G
(2) If m (3) Tren (4) Call (5) Prov tank (6) If a	ches to be installed on for inspection of trendride 6"-8" diameter clear and drywell.	l, a distribution box is required.  level ground.  The before gravel is installed.  nout and cap to grade or above on septic  ed, increase septic tank capacity by 50%
LOCATION: 57	ART THE FIRST TR	ENCH 160' From
		FROM THE RIGHT LOT LINE
		PROPERTY FROM
TOUR	LIST OF LOS	RENCH(S) ALONG CONTOUR 8/28/86 CWARLIA
- (OWALD	LEFT LOT CINE,	8/28/86 CWALLIA
7/15/87 en	uners note ino	tiestine 3 bedroom inslend
ূৰ্	4 bedroom	tiesting 3 bedroom instead

# SEWAGE DISPOSAL TESTING STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES DISTRICT

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

O: THE COUNTY HEALTH OFFICER			
ELLICOTT CITY, MARYLAND			
	DUCTI A CENTRE DICEOCAL		
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONST	_		
PROPERTY OWNER THOMAS NECHOLAS	Rosaway		4
ADDRESS 12755 TRIVILLE P. Ellicott City, Md.	21043 PHONE	988-9792	
		·	
PROPERTY LOCATION:			•
ROAD AND DESCRIPTION TOTAL  ROAD AND DESCRIPTION	LOT NO.	R-2	
12765			NED
ROAD AND DESCRIPTION PRICATE REPAIR 1 COOK		BLDG. PERMIT SIG	
		AND RETURNED	+8697
		• • •	
SIZE OF LOT 3 acres	TYPE BLDG	3 to 4 8.	Har
		(NUMBER OF BEDRO	DOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL F	PUBLIC FACILITIES RECO	ME AVAII ADI E I EIII I VIINI	NEDETAND THE
The state of the s	OBEICT ACIEITIES BECC	ME AVAILABLE. IT OLLI ON	DENSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REF	UNDABLE UNDER ANY C	IRCUMSTANCES. I ALSO AGR	EE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	es /- Kost	wat	
	(SIGNATURE OF	APPLICANT)	
APPROVED BY Sidney alel FOR De	a Trucken	DATE	100
FORFOR	7 //2/2010	DATE	4
REJECTED BYFOR		DATE	
HOLD PENDING FURTHER TESTS		DATE	
,			
REASONS FOR REJECTION OR HOLDING			

## THIS IS NOT A PERMIT

SOIL PROFILE
O

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

			PRE-WET		TEST -	TEST - 1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
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	•	16		
	•			

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 363/1

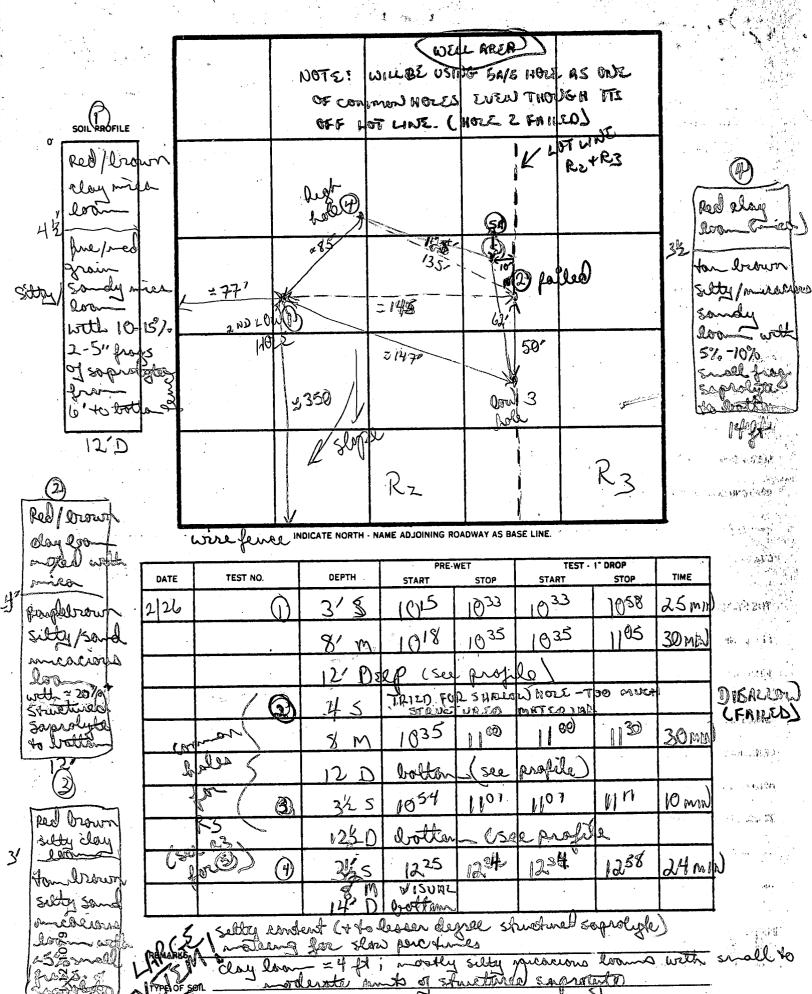
	•
OWARD COUNTY HEALTH DEPARTMENT	
	DISTRICT
NVIRONMENTAL HEALTH SERVICES	01311NC1

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 2/10/86

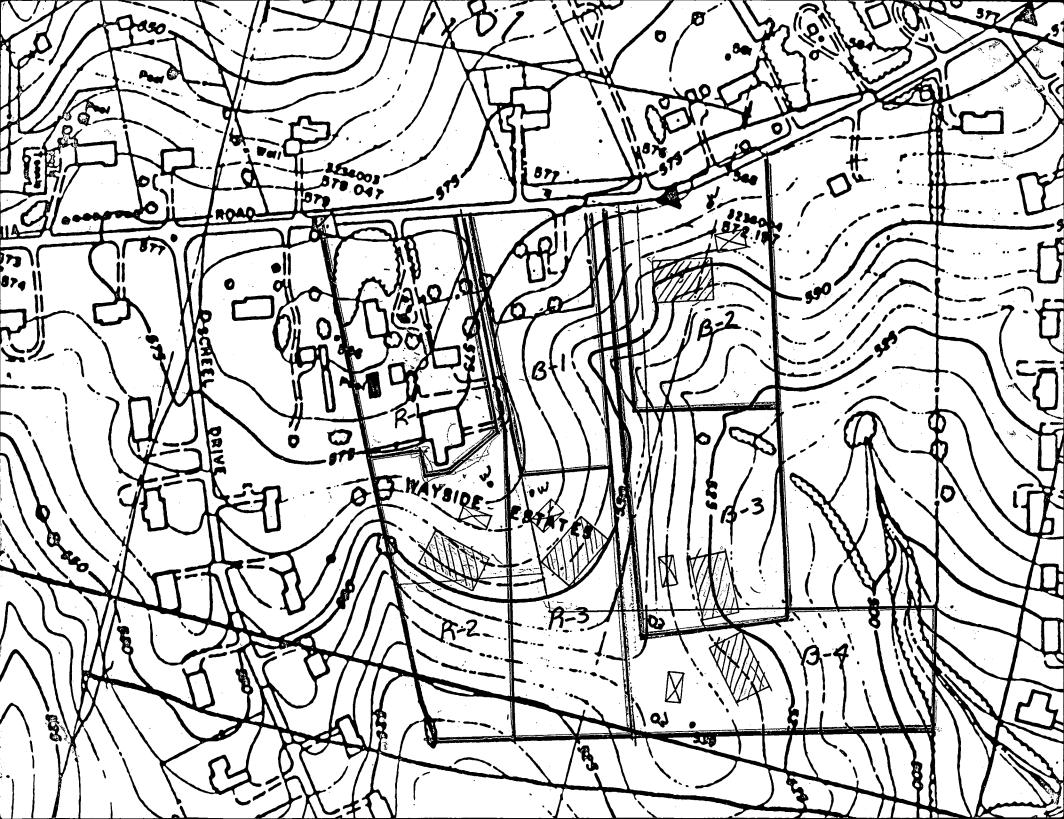
	•			
THE COUNTY HEALTH OFFICER		•		
ELLICOTT CITY, MARYLAND		•		
I, HEREBY, APPLY FOR THE NECESSARY TEST IN OR	DER TO CONSTRUCT (OR RECONSTRUCT) A	SEWAGE DISPOSAL S	YSTEM.	
OPERTY OWNER Thomas F. Roie	wife			
ADDRESS 12755 Truckelpf. Rd	Elhott Coty, Md. 210	943 PHONE _	955-9792	
OPERTY LOCATION:				
BDIVISION Waysine Estates		LOT NO	R-2	
AD AND DESCRIPTION 12769 TRIED	e Rahin Road			
		•		
2			ار الماد د	
E OF LOT 3 acres.		TYPE BLDG	3 to 4	EDROOMS)
E OF LOT			(NUMBER OF E	
HE SYSTEM INSTALLED UNDER THIS APPLICATION	I IS ACCEPTABLE ONLY UNTIL PUBLIC	FACILITIES BECOM	(NUMBER OF E	Y UNDERSTAND TO
HE SYSTEM INSTALLED UNDER THIS APPLICATION	I IS ACCEPTABLE ONLY UNTIL PUBLIC	FACILITIES BECOM	(NUMBER OF E	Y UNDERSTAND TI
HE SYSTEM INSTALLED UNDER THIS APPLICATION	N IS ACCEPTABLE ONLY UNTIL PUBLIC	FACILITIES BECOM	(NUMBER OF E	Y UNDERSTAND TI
HE SYSTEM INSTALLED UNDER THIS APPLICATION EE CONNECTED WITH THE FILING OF THIS PERC THE STANDARD IN TESTING	I IS ACCEPTABLE ONLY UNTIL PUBLIC	FACILITIES BECOM	(NUMBER OF E	Y UNDERSTAND TO
HE SYSTEM INSTALLED UNDER THIS APPLICATION THE CONNECTED WITH THE FILING OF THIS PERC THE STATE OF THE STATE	I IS ACCEPTABLE ONLY UNTIL PUBLIC  FEST APPLICATION IS NON-REFUNDAB  THIS LOT. Kornes  FOR	FACILITIES BECOM	IE AVAILABLE. I FULL CUMSTANCES. I ALSO APPLICANT) DATE	Y UNDERSTAND TI
HE SYSTEM INSTALLED UNDER THIS APPLICATION THE CONNECTED WITH THE FILING OF THIS PERC THE STATE OF THE STATE	I IS ACCEPTABLE ONLY UNTIL PUBLIC TEST APPLICATION IS NON-REFUNDAB THIS LOT.	FACILITIES BECOM	IE AVAILABLE. I FULL CUMSTANCES. I ALSO APPLICANT)	Y UNDERSTAND TI
HE SYSTEM INSTALLED UNDER THIS APPLICATION THE CONNECTED WITH THE FILING OF THIS PERCY SITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING PROVED BY  JECTED BY	I IS ACCEPTABLE ONLY UNTIL PUBLIC  FEST APPLICATION IS NON-REFUNDAB  THIS LOT. Kornes  FOR	FACILITIES BECOM	IE AVAILABLE. I FULL CUMSTANCES. I ALSO APPLICANT) DATE	Y UNDERSTAND TI
HE SYSTEM INSTALLED UNDER THIS APPLICATION EE CONNECTED WITH THE FILING OF THIS PERC THE STATE OF THE STATE	I IS ACCEPTABLE ONLY UNTIL PUBLIC  FEST APPLICATION IS NON-REFUNDAB  THIS LOT. Kornes  FOR	FACILITIES BECOM	IE AVAILABLE I FULL CUMSTANCES. I ALSO APPLICANT) DATE DATE	Y UNDERSTAND TH

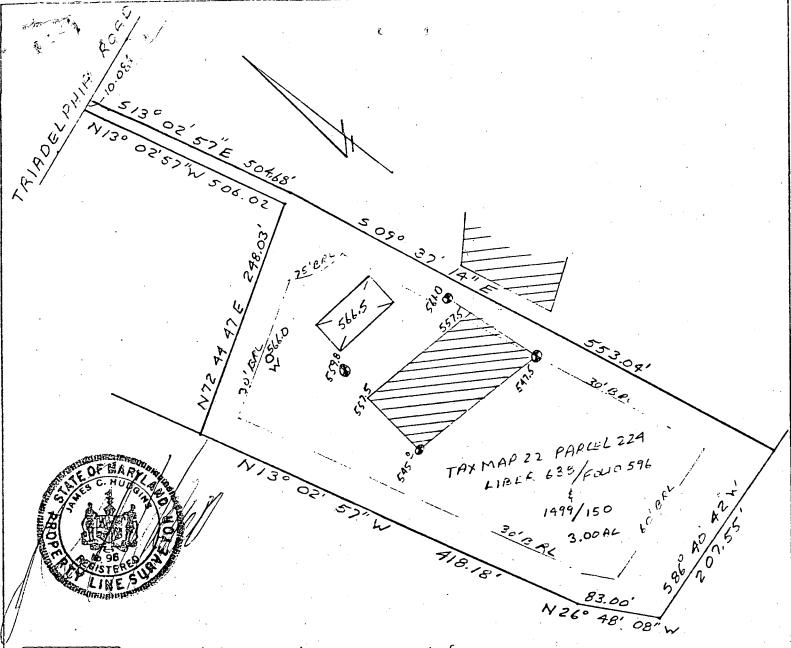
## THIS IS NOT A PERMIT



Mouro

ALSO PRESENT





This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "A".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

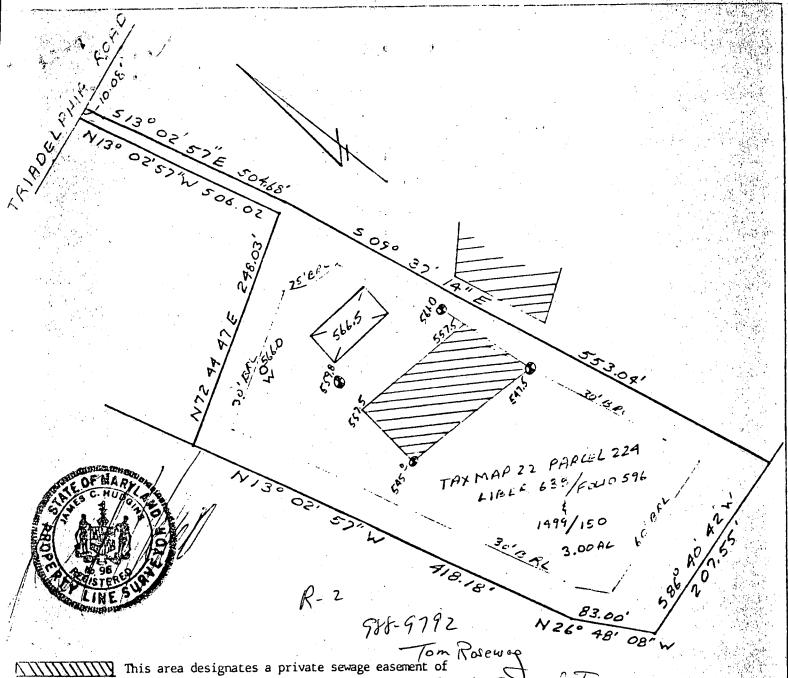
SENT FOR SIGNATURE 8/26/86 CW. County Health Officer

PERCOLATION TEST PLAT PROPERTY OF NICHOLAS R. ROSEWAG

TAX MAP 22 PARCEL\_224

3rd Election District Howard County, Maryland Scale 1"=100' Date 7/28/86

NTT Associates, Inc. 16205 Old Frederick Road Mt. Airy, MD 21771 (301) 442-2031



This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

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APPROVED: For Private Water and Private Sewage Systems

Cw Joyce M. Berl M. D. part. S. 8.26.86

[Outity Health Office]

Date

PERCOLATION TEST PLAT
PROPERTY OF
NICHOLAS R. ROSEWAG
TAX MAP 22 PARCEL 224

3rd Election District Howard County, Maryland Scale 1"=100' Date 7/28/86

NTT Associates, Inc. 16205 Old Frederick Road Mt. Airy, MD 21771 (301) 442-2031

Dear Burt Nixson, Serial # 8697, building address
12765 Triadelphia ed Ellicott city
parcel # 226 Is writing this letter to inform you of the change in the septic tank on the Roseway property, permit # 8697, Plans were submitted for a four ded room house pretaining to the septic tank that required three 80 foot trench's for drain fields. The house was constructed and built for a three bedroom house, So please allow two 90 foot trenches for drain fields, Sincerely yours, Charles In Roseway)

#### HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

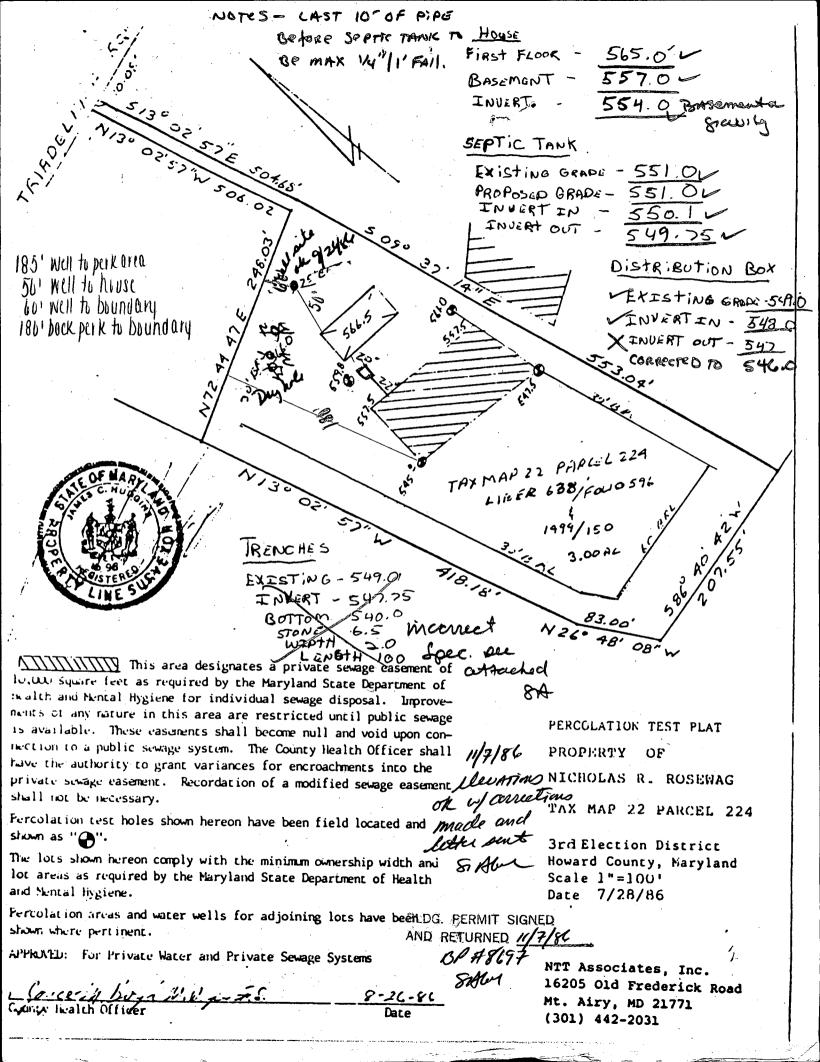
Stubble la

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

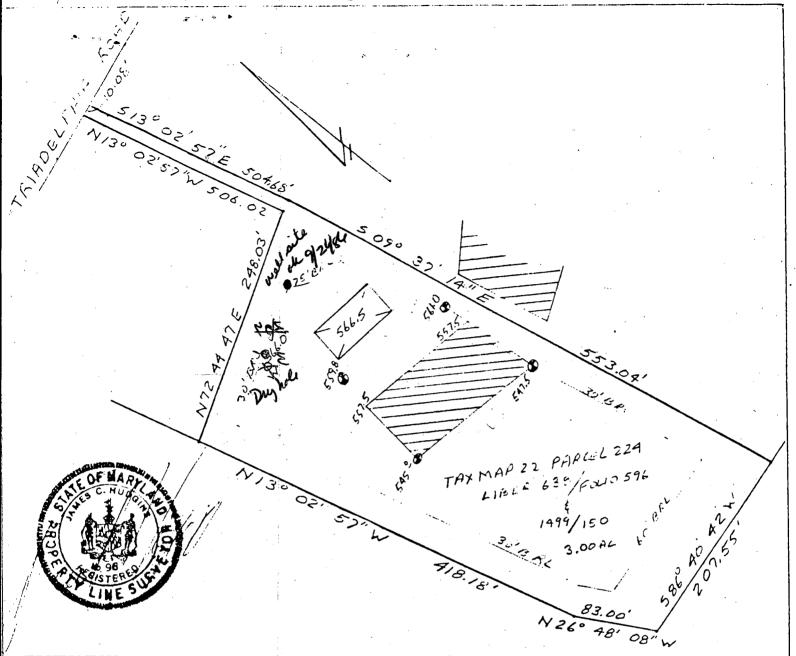
<	\
New Installation	Receipt # <u>39678</u>
Replacement	Date 7/15-18-7
Replacement	
Name of Installer The Plumbing	Co. Telephone 489-5285
License Number	
License Number Well Certified Well Rump Installer Well	Driller Registered Plumber
	malaubaua
Name of Property Owner Subdivision  Site Address	Telephone
Site Address	well lagher 21- 10-51
12765 TRIADELPHIA	ed
12/65 15,40,227811	
Pump Motor	, Pitless Adapter
1. Type 1. Hors	epower = 1. Make Harvard
a. Deep well jet 2. RPM	2. Model #
b. Shallow well jet 3. Volt	age 3. Depth
c. Submersible a. 1  2. Make b. 2	10
2. Make D. 2	20 wy ground war
3. Model #GPM	~ custo
5. Pump exceeds weld capacity Yes	No Y
6. If Yes, is low pressure cutoff switch	installed? Yes // No
7. What methods are used to protect the	
vibrations? Torque arrestors	•
Tank \ \ \ \ Piping	Well data
1. Capacity 2. Pressure refref 2. Size	
2. Pressure relitef 2. Size	2. Yield GPM
	and/or BOCA 3. Static water approved level 46 ft. Top
4 Dont	approvedlevel//5/\ft.\ h of supply 4. Will water supply
LINDS ENCUSED 4. Bept	
varur plastic 8/3/87	=48" deep installer?
E 1 1 1 2 0 5 -	2-248-200p <del></del> _
I understand that it is my responsibil	
Department when the installation is read	y for inspection (otherwise this permit
is null and void).	~ A
All information given above is true to t	he best of my knowledge.
Signature of App	licant:
	1/02/27
	Date:

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

37001



B 1 597 A SEQUENCE NO.	STATE OF M	MARYLAND	OEP PERMIT NUMBER
(OEP USE ONLY)	PERMIT TO		190-81-1687
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pri	nt or type	70 fill in this form completely 79
Date Received		B 3	LOCATION OF WELL
OWNER INFORMA	ATION	1 2 (1000000	
19 10 for 1 1 1 1 1 1 1 1 1 1		8 COUNTY	21
15 Last Name Owner	First Name 34	23 SUBDIVISION	42
36 Street or RFD	7/ 2 5 <sup>4</sup> 5	SECTION .	LOT THE FIRM OF SY
· P · P · P · P · P · P		44 46 6 8 ~ 10	48 50
	0 State 72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION		MILES FROM TOWN (en	ter 0 if in town) 73 / 76 77 78
Driller's Name	77 License No. 80	B 4	
Firm Name	D.	1 2 DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
Address Address	: Bury, md 9900	TOWN (CIRCLE BOX)	NORTH
Joseph L. Mayre	9/12/86	NW 8 NE	ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)
Signature / WELL INFORMATION	/ Date	8-9	WESTS
APPROX. PUMPING RATE (GAL. PER MIN.)		TOWN E	SOUTH
AVERAGE DAILY QUANTITY NEEDED	12		34 Z S 4 37 DISTANCE FROM ROAD
(GAL PER DAY)	20	S <sub>W</sub>   S <sub>E</sub>   S <sub>E</sub>	ENTER FT or MI
USE FOR WATER (CIRCLE APPR	OPRIATE BOX	8	NOT TO BE FILLED IN BY DRILLER
AD HOME (SINGLE OR DOUBLE HOUSEH			HEALTH DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING &		Humsterns	A 36 511
IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE A	IND FEDERAL GOV.	COUNTY NAME OEP	COUNTY NO. STATE HEALTH
22 LL OTHER (REQUIRES APPROPRIATION	PERMIT)	SIGNATUREDATE ISSUED	INSERT S 41
PUBLIC OR PRIVATE WATER COMPAI		6925 A	O SIGNATURE TO EXP. DATE
APPROVAL)  T TEST, OBSERVATION, MONITORING (	MAY REQUIRE	NORTH 5 2 4 0 0	FACT COLUMN
L' APPROPRIATION PERMIT)		50	55 57 63
APPROXIMATE DEPTH OF WELL 260	FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL.	
24	28	SOURCES OF DRILLING	GWATER 67 FE PIPE
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. WELL	50FET OPEN
METHOD OF DRILLING	(circle one)	2. 3.	Well-Cocanial OR
BORED (or Augered) JETTED	Jetted & DRIVEN	WRITE THE BOX NUME	BER CEMENT
30 AIR-ROTary AIR-PERcussion Re	ÖTARY (Hydraulic Rotary)	FROM THE MAP HERE	
<u>CABLE</u> <u>REV</u> erse <u>-ROT</u> ary	. <u>DR</u> ive <u>-POINT</u>	E STAGE	TO MO
other	<u> </u>	N 5 2 @	3 J. Alue
REPLACEMENT OR DEEPEN			DW SHOWING LOCATION OF WELL IN
(CIRCLE APPROPRIATE B		RELATION TO NEARBY	TOWNS AND ROADS AND GIVE
THIS WELL WILL NOT REPLACE AN E		N DISTANCE FROM WELL	L TO NEAREST ROAD JUNCTION
ABANDONED AND SEALED  39 C THIS WELL WILL REPLACE A WELL T	THAT WILL BELIEED	A TOP	A
AS A STANDBY	•	L LE	Triodelphia Bood
D THIS WELL WILL DEEPEN AN EXISTI		The state of	Trivalen
PERMIT NUMBER OF WELL TO BE REPLA (IF AVAILABLE) 41	52	181	300/ 8
Not to be filled in by driller (OEP	USE ONLY)	20	8 8
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The state of the s
APPROP. PERMIT NUMBER	63		10 Etc. 15
FORCE WRITE PERMIT No. 1 0 - 70 71 72	73 74 75 76 77 78 79		15
SPECIAL CONDITIONS			



This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Nental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

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APPROVED: For Private Water and Private Sewage Systems

County Health Officer Date

PERCOLATION TEST PLAT
PROPERTY OF
NICHOLAS R. ROSEWAG
TAX MAP 22 PARCEL 224

3rd Election District Howard County, Maryland Scale 1"=100' Date 7/28/86

NTT Associates, Inc. 16205 Old Frederick Road Mt. Airy, MD 21771 (301) 442-2031 8:10 pm - 3/cs. 9:30 pm - grut

Page	of
Date	Octive 1, 1986

Review	•

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

•		HOWARD COUNTY WELL	YIELD TEST	
Well Permit No.	HO - <u>f/-/6</u> pperty (road)	Trinstlphin  Lot  Mayne Owne	Sel- Block Plat Thatpsdan	Эм
Distance	well	/0 S pint (M.P.) above gr L.) below M.P.	ound 18" 46	
	pumping reser			
			Pumping rate /2 level 56 ft.	
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:45	55	5		12 GPM
10:00	55 55	5		126PM
10;15	55	\$		12 ''
			17-9	872 5. Mul
				5. Alul
				·

C 1 5319 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLES 3-6 ON ALL CARDS)	FILL IN THIS FORMICOMPLETELY PLEASE PRINT OR TYPE	COUNTY A 36511
DATE Received DATE WELL COMPLETE	D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13 15 20	22 / 10 NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER MATJES DA	AM IN L	
STREET OR RED LOT PARCELLE STATE TOWN LOT PARCELLE 244		
WELL LOG GROUTING RECORD Ves. no. C 3		
Not required for driven wells  STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
PENETRATED, THEIR COLOP, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST/ HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check if water	CEMENT CM BENTONITE CLAY BC	PUMPING RATE (gal. per min. 7 2
	NO. OF BAGS NO. OF POUNDS 14/10 GALLONS OF WATER	to nearest gal.) 15 METHOD USED TO
SAND 0 60	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE LAW BUT WATER LEVEL (distance from land surface)
	from 1   ft. to 3   ft.   ft. to 54   BOTTOM 58	BEFORE PUMPING 7
CORAY MICH 60 105 1	(enter 0 if from surface)  casing CASING RECORD	20
ROCK	types insert ST CO	WHEN PUMPING U 122 25
	appropriate STEEL CONCRETE CODE PL OT	TYPE OF PUMP USED (for test)
	below PLASTIC OTHER	A air P piston T turbine
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe 27 below)
	TYPE (nearest inch) (nearest foot)	J jet S submersible
	60 61 63 64 66 70	27
	E OTHER CASING (if used)  A diameter depth (feet)  H inch from to	PUMP INSTALLED
	C A	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES OF NO)
	i N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	or open hole insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
	dappropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
Difwell 333	below PLASTIC OTHER	(to nearest gallon)  PUMP HORSE POWER
The second of th	C[2]	PUMP COLUMN LENGTH
	DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box
- Up is in a material	E 1 3 15 17 216	+ above and enter casing height)
	H     2       S     23       24     26       30     32       32     36	LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER  A A WELL WAS ABANDONED AND SEALED	R <sub>E</sub> 3	49 50 51 1001)
A WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 123(NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL	OF SCREEN 56 (NCH)	THAN TWO DISTANCES (MEASUREMENTS TO 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	from to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS FLOWING WELL INSERT	
DRILLERS, IDENT. NO. 238	F IN BOX 68 68	procedure of general sections of the section of the
Jane got I. Wangowe	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (ER.O.S.) W.Q	
constitute assessment of seat settle from the fig.	70 72	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	CASING INDICATOR OTHER DATA	