

1/20/04

PUB. SEWER STATUS VERIFIED BY _____

05364213

05-364213

ISSUE DATE: 12/10/03

P 519694

APPROVAL DATE: 10/12/04

A REPAIR

PERMIT INDEXED

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

Jack Fyock Septic

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 89, Glenelg, MD 21737

PHONE NUMBER: 410-988-9270

SUBDIVISION: _____

LOT NUMBER: _____

ADDRESS: 13370 Brighton Dam Road

PROPERTY OWNER: ~~Randall Hoch~~

STEPHEN SHORT

SEPTIC TANK CAPACITY (GALLONS):

Existing

PUMP CHAMBER CAPACITY (GALLONS):

1000

NUMBER OF BEDROOMS:

3

SQUARE FEET PER BEDROOM:

180

LINEAR FEET OF TRENCH REQUIRED:

100

Inlet 3'
Bottom at 8'
2' wide

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:	Septic system is failing. Call for inspection when the ground has been opened so sanitarian can recommend repair.

PLANS APPROVED: _____

DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

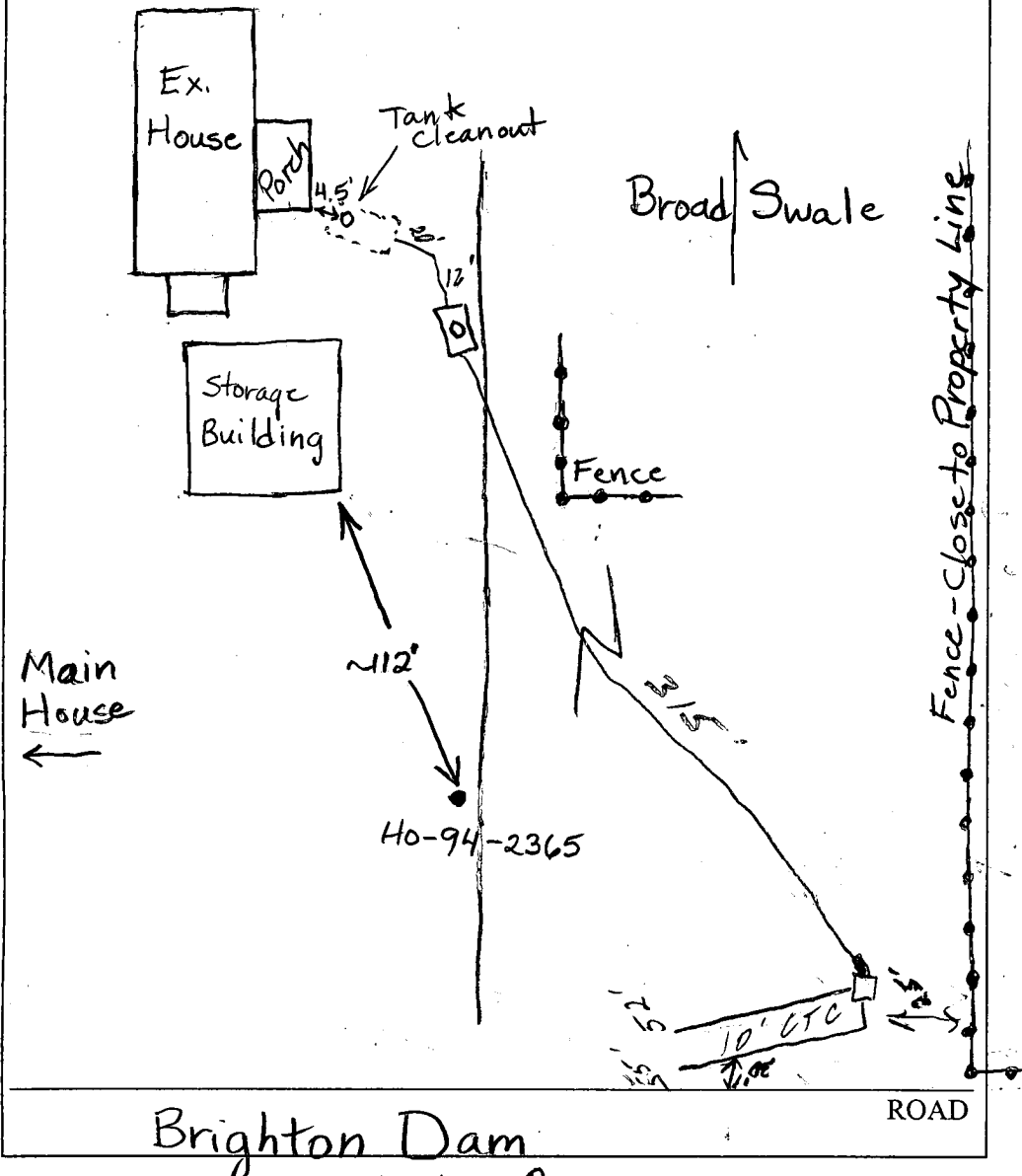
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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

P 31235

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	8'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	107'	
ABSORPTION AREA	✓	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1000 GAL
SEAM LOC	Mid
TANK LID DEPTH	1.5'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1000 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 12/16/03 Pumped system required to get out of lower part of swale. To install 100' of trench

INSTALLATION near test hole (B) (see perc test sheet). (BB)

1/20/04 - P. Tank & trenches installed. Need riser on D.B. Pump & Alarm tests needed. OK to cover all work (SC)

10/12/04 - Spoke to septic contractor, said system is complete & is fully functional (SC)

FINAL INSPECTOR

DATE OF APPROVAL

10/12/04

3/20/81 6/1/81
9:30 A.M.
5/21/81
5/28/81

8/5/81 App'd J.S.

PERMIT

P 31235

A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEX

DATE 3/19/81

Jack Fyock

IS PERMITTED TO INSTALL ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737

PHONE 988-9270

SUBDIVISION Randall Property Lot 1 ROAD Brighton Dam Road - coming from Ten Oaks Road - last house on right before Highland Road

PROPERTY OWNER Hardy Randall 286-3358

ADDRESS 13370 Brighton Dam Road has same address as Lot 2

SPECIFICATIONS

SEPTIC TANK CAPACITY 1500 GALLONS

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

2 trenches DEEP TRENCH 9 DEPTH 12 FEET. 1000 SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 4 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN

FACING LOT FROM

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend the repair system.

2 each 100' long x 2' wide x 9' deep trenches & inlet @ 4' below grade.
1500 gal. capacity tank

PLANS APPROVED BY Palmer F. Wine

DATE 3/19/81

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

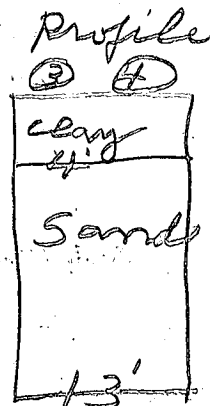
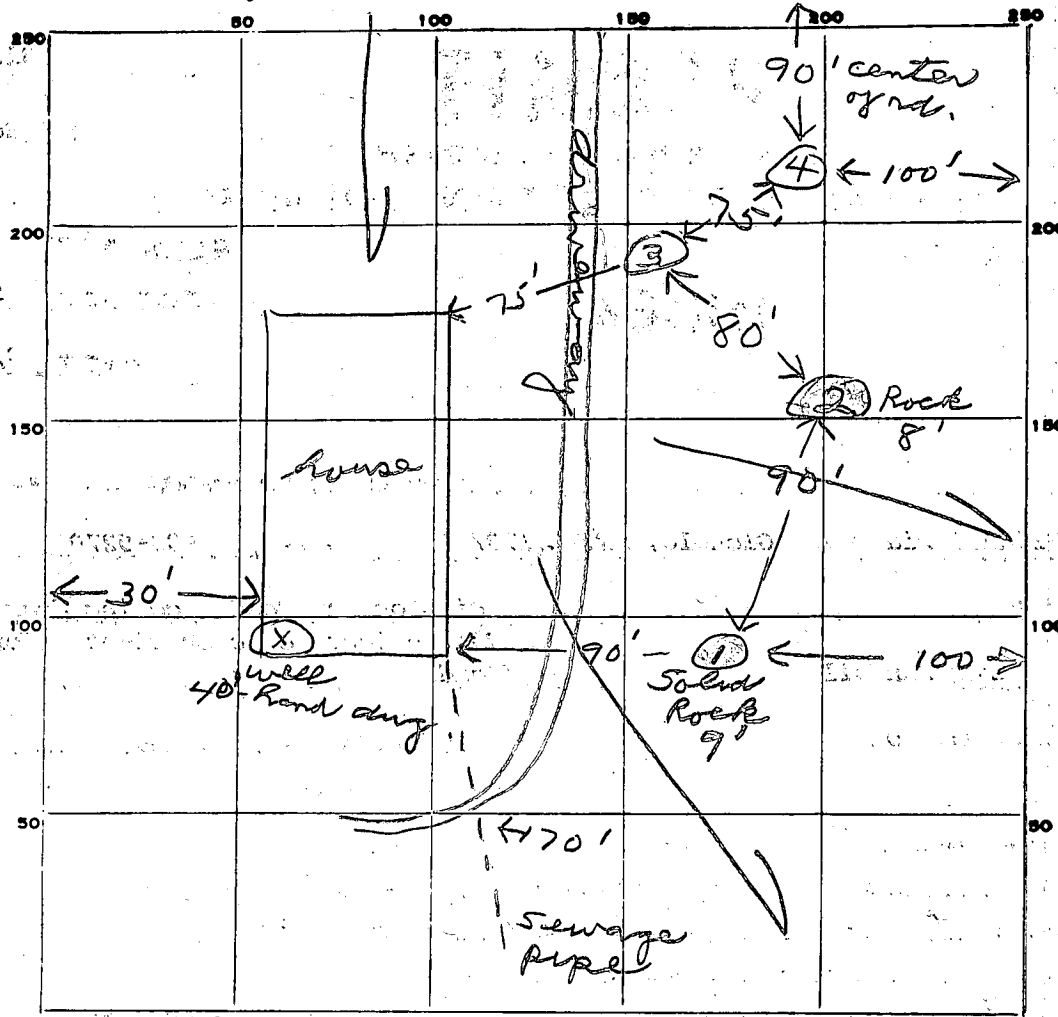
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

31235

Brighton Darn Rd

① house
avg. 5. bedroom



10' / 4'
9' / 9'
9' / 10'
9' / 10'
9' / 10'
9' / 10'
9' / 10'
9' / 10'

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

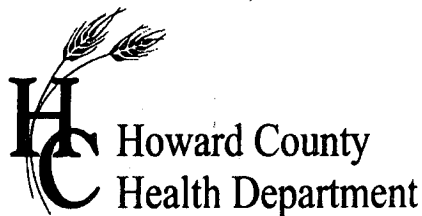
NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/20/80 House does not have septic system.
System to be installed must use pump to get
into area of holes # 3 & 4. If

DATE SYSTEM APPROVED _____ INSPECTOR _____



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AD 519694

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) Randall Hoch

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
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 13370 Brighton Dam Road Clarksville 21029
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ 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

INFORMATION FORM - SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION

For internal office use only

Reason for Request:

Failing System (includes surface discharge or inadequate treatment zone) ☒

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? ☒

System relocation for proposed addition for setback compliance * ☐

Verification of adequate system per COMAR 26.04.02.02D (4)* ☐

To replace collapsed septic tank ☐

To replace collapsed drywell ☐

Septic Contractor:

Contractor's Address:

Contractor's Phone #:

Property Address:

Property (Subdivision) & Lot #

County file number if known:

Owner's Name and Phone number:

Is public sewer available/nearby:

If public sewer may be close, mention further research will be performed to verify availability

Names of Any Previous Owners:

Year House Built:

of Existing Bedrooms:

of Bedrooms after completion of addition:

Has this request been discussed previously with another Sanitarian: _____ Name: _____

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling/review of the repair, upgrade or evaluation.

Print out copy of Real Property Data via Dept. of Taxation website ☒ Indexed file found P31235 ☒

***Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.**

If public sewer may be nearby, verify whether the sewer is technically "available" (defined as abutting or within the property), through the Bureau of Engineering (Diane Nason x 3372 or Jean Reed x 3362).

If sewer is available, verify whether the property is within the Metropolitan District (Finance x 2061).

If sewer is available, and property is within the Metropolitan District, connection to sewer is required. If owner believes reasons for exemptions exist, owner should justify request in writing.

If soil/site conditions are limiting and sewer and/or Metro District status not conducive to connection, Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. Owner should contact Charlotte Dryden at x 4419 for further detail.

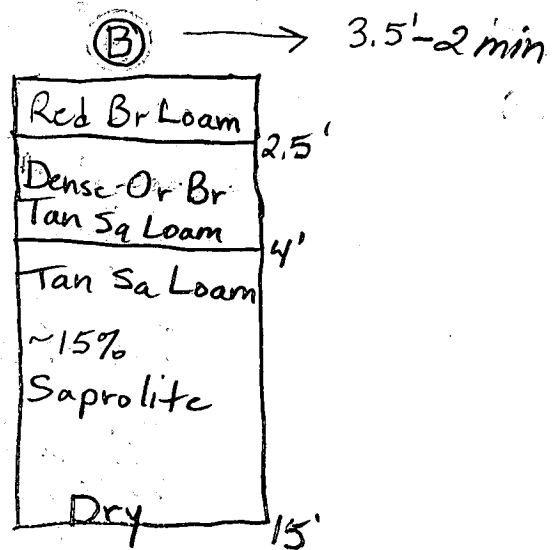
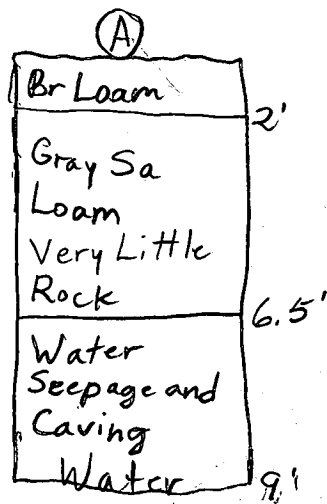
Environmental Sanitarian tentatively assigned per rotating index card box: _____

Date of request: _____ (Clerical staff to update scheduling card with date of request/property address)

Septic permit to be typed by clerical staff after instruction from scheduling Sanitarian.

No permit is to be issued nor inspection to be scheduled without prior fee collection at office unless an emergency situation exists. Contractor to notify office of the emergency situation as soon as possible.

Set up for 12-16-03 Am



PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 3/19/81

P 31235

A Repair

IS PERMITTED TO INSTALL ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Hardy Randall 286-3358

ADDRESS 13370 Brighton Dam Rd

SPECIFICATIONS

SEPTIC TANK CAPACITY 1500 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH 9 DEPTH _____ FEET, BOTTOM AREA 1000 SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 4 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

2 trenches
(each 100' long)

PLANS APPROVED BY _____ DATE _____

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

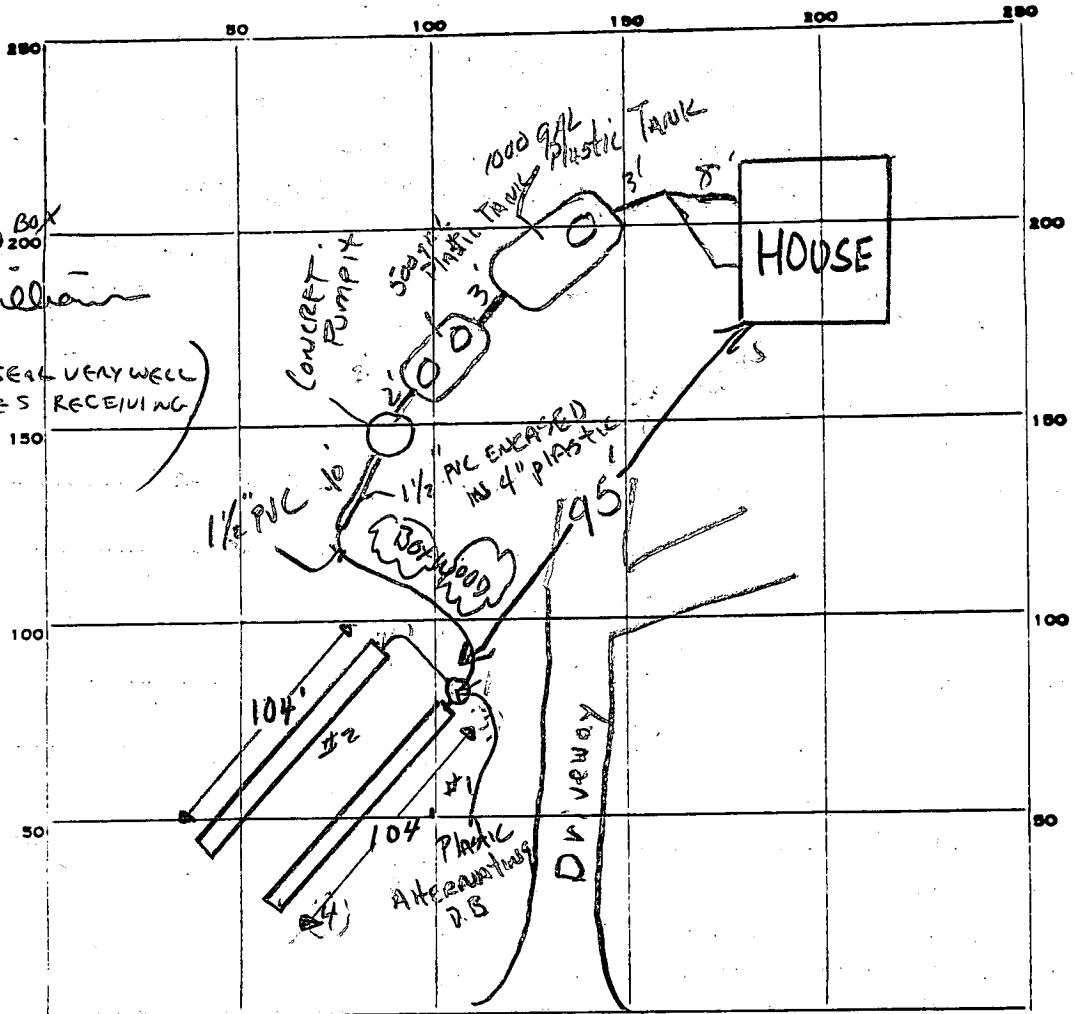
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA
COTTA ACCEPTED.

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

SWITCHED PLUG BOX
IN DISTRIBUTION 200
8-17-82 Cullen

(PLUG DOESN'T SEAL VERY WELL
BOTH TRENCHES RECEIVING
EFFLUENT 150)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Brighton Dam Road

PERMIT CARD No

S.T.#1	S.T.#2	DB
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒

DISTRIBUTION BOX, LEVEL _____

Trench FILE FIELD, DEPTH 9-9 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT. TOTAL LENGTH 208 FT.

NUMBER OF TRENCHES 2 1/2 SIDE WALL TOTAL BOTTOM AREA 540 ϕ

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 5/27/81 O.K. to put gravel in #1 trench F.S. 5/28/81 O.K. to put gravel pipe
in #2 trench F.S. F.S.K. 6-1-81 All work complete except for
Paper on trenches + last 20' of Trench #2 (to be done
as demonstration on 6-3-81 - SK)

DATE SYSTEM APPROVED 8/5/81 INSPECTOR F. Skene

INSPECTOR:

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

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY NUMBER A 32083

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
11/5/99

Depth of Well
22 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-2365

OWNER 13370 HOUGH ROBERT
STREET OR RFD BRIGHTON DAM RD.
SUBDIVISION Randall Prop. SECTION LOT 2

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 TO

check
if water
bearing

Deepend Well
Mica 160 260

GROUTING RECORD
yes no
WELL HAS BEEN GROUTED Y N
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 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)
60 61 63 64 66 70

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

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

DEPTH (nearest ft.)
1 2
E 1 8 9 11 15 17 21
A 2 23 24 26 30 32 36
C 3 38 39 41 45 47 51
S R E E N
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 3
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
WHEN PUMPING 260 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 YES NO
(CIRCLE) (YES or 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)
+ above } LAND SURFACE (nearest foot)
- below } 49 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes no
Y 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. 1 MW D 040
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 MW D 501
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

1900

(MDE USE ONLY)

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY

PLEASE TYPE

COUNTY NUMBER

P32083

ST/CO USE ONLY

DATE Received

10 07 99

DATE WELL COMPLETED

MM 9 17 99

Depth of Well

22 160 26

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-94-2365

28 29 30 31 32 33 34 35 36 37

OWNER

Hoch Robert

STREET OR RFD

13320 Brighton Dam Rd

TOWN

Clarksville

SUBDIVISION

RANDALL PROP

SECTION

LOT

2

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	TO
TOP SOIL	0	2
Shaley Clay	2	6
Sand Stone	6	48
Mica	48	60
Sand Stone	60	62
Mica	62	90
Sand Stone	90	95
Mica	95	115
broken Mica	115	120
Mica	120	160

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

BENTONITE CLAY

NO. OF BAGS

28

NO. OF POUNDS

2800

GALLONS OF WATER

1168

DEPTH OF GROUT SEAL (to nearest foot)

from

0

ft. to

43

ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN CASING TYPE

ST

Nominal diameter top (main) casing (nearest inch)

46

Total depth of main casing (nearest foot)

50

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

STEEL

BRASS

OPEN HOLE

BRONZE

PLASTIC

OTHER

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.

MWD 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

MWD 501

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

DEPTH (nearest ft.)

1 2

1 40 48 160

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

(NEAREST INCH)

56 60

from to

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

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

(E.R.O.S.)

W Q

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

20

METHOD USED TO MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

50

ft.

WHEN PUMPING

160

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)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH (nearest ft.)

43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+

above

LAND SURFACE

below

(nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

45'

well

20'

Driveway

Brighton DAM RD.