

12/30/97 WPI CO. 2-12-98 a.m. c.o. 2/13/98 c.o. after lunch 2/7/98 12:00c.o.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-315871

P 59290
59290
A 17634

DISTRICT 4th

DATE 12/31/97

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 2/17/98

INSPECTOR *JS*

INDEXED

Van Sant Plumbing and Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 3 N. Main Street Mt. Airy, Maryland 21771 PHONE 682-6726

SUBDIVISION Chestnut Hills LOT Parcel "E" ROAD 1060 Long Corner Road

PROPERTY OWNER Theodore & Cindy Heaton

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

2/17/98-AM
2/13/98 PM
Need 1500 gal top sewer pump blow down pump
They plan to eliminate basement windows & raise plumbing line + ST. (gravel base support) to get invert at 4ft at dist box. This is acceptable with us. *AP 2/17/98*
OK to install + gravel fill trench but have gone to bottom at very ends for inspection.

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet down the left 921.63' lot line and 70 feet off that same lot line as seen from Long Corner Road. Run trenches along contour towards Long Corner Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *9/27/97 OK ALM*

PLANS APPROVED BY Amy McMillen/Glen Savage DATE 09/22/97

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

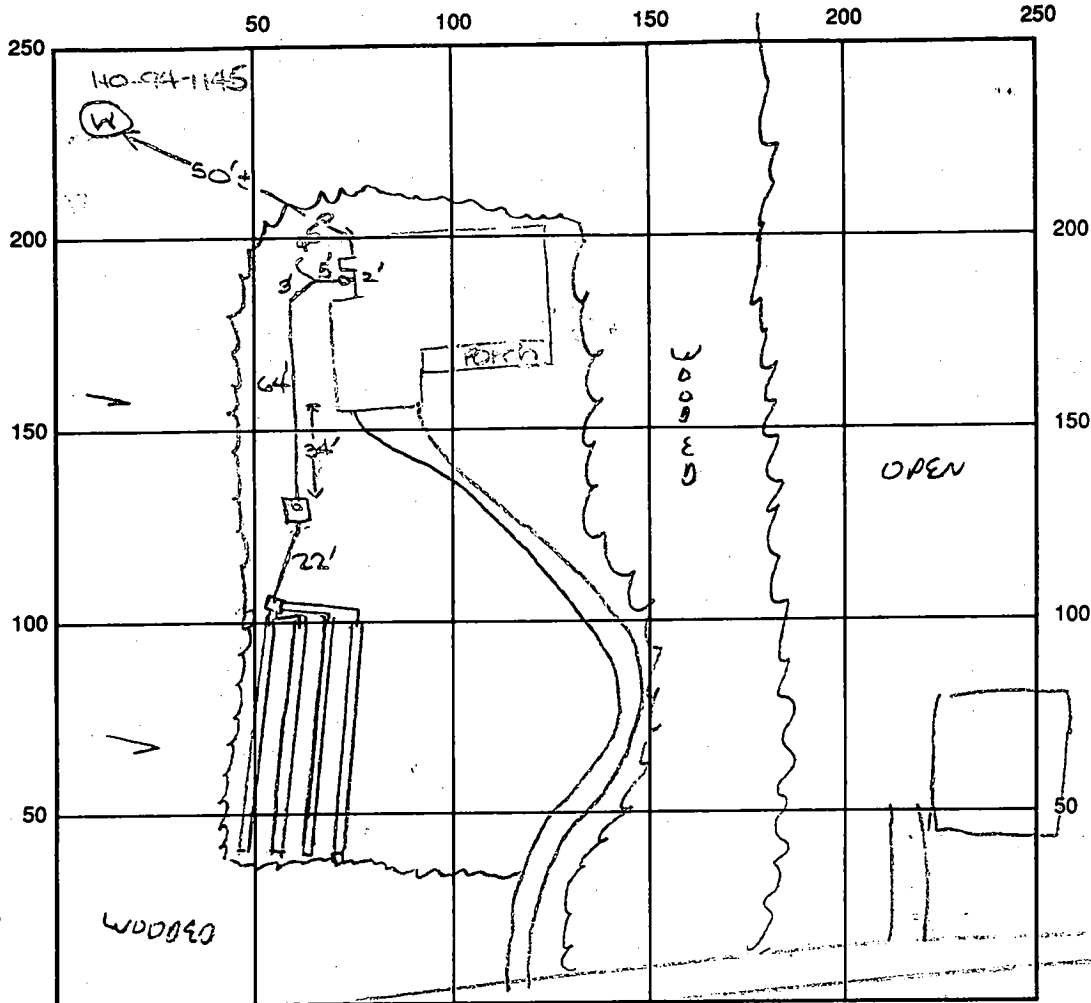
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 59290



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Long Corner Rd

Pump chamber

SEPTIC TANK LEVEL 1250 gal single chamber tank CLEANOUTS STV

DISTRIBUTION BOX LEVEL OK LEVELERS INSTALLED

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4x80 = FT. 320

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 4960 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: Septic tank is OK but elevation too low (insert 5' below grade) at dist. Box for shallow trenches. These can be with bottom no deeper than 1' below grade but 4' below grade to be laid at 10ft. Needs pump & bypassed pump chamber to get in at trench 1/2 below than 4' below grade.

2/13/98 Plumbing in house raised as per BP. OK to cover from

12/30/97 WPI P.A. 3 1/2 ft below grade / casing 1 1/2 ft above grade
- 2 Piece caps

HO-94-1145 Don Driscoll

DATE SYSTEM APPROVED 2/17/98 INSPECTOR [Signature]

house to dist. box. OK to continue. Needs house conn (D)
 2/17/98 House conn OK, cover TRENCHES, ALL work [Signature]

APPLICATION

PERCOLATION TESTING

A 17634

P _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*4/18/97
No fee-reconfirmation
of soil conditions on
a previously approved
lot. ALM*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER & Thomas Christy Theodore & Cindy Heaton

ADDRESS 10794 Crestview Ln PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Christy Property LOT NO. E

ROAD AND DESCRIPTION 1060 Long Corner Rd

TAX MAP 6 PARCEL # 180

SIZE OF LOT _____ TYPE BLDG. SFD-4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGN
AND RETURNED 9-22-97
Serial # Bv 107975

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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A 17634

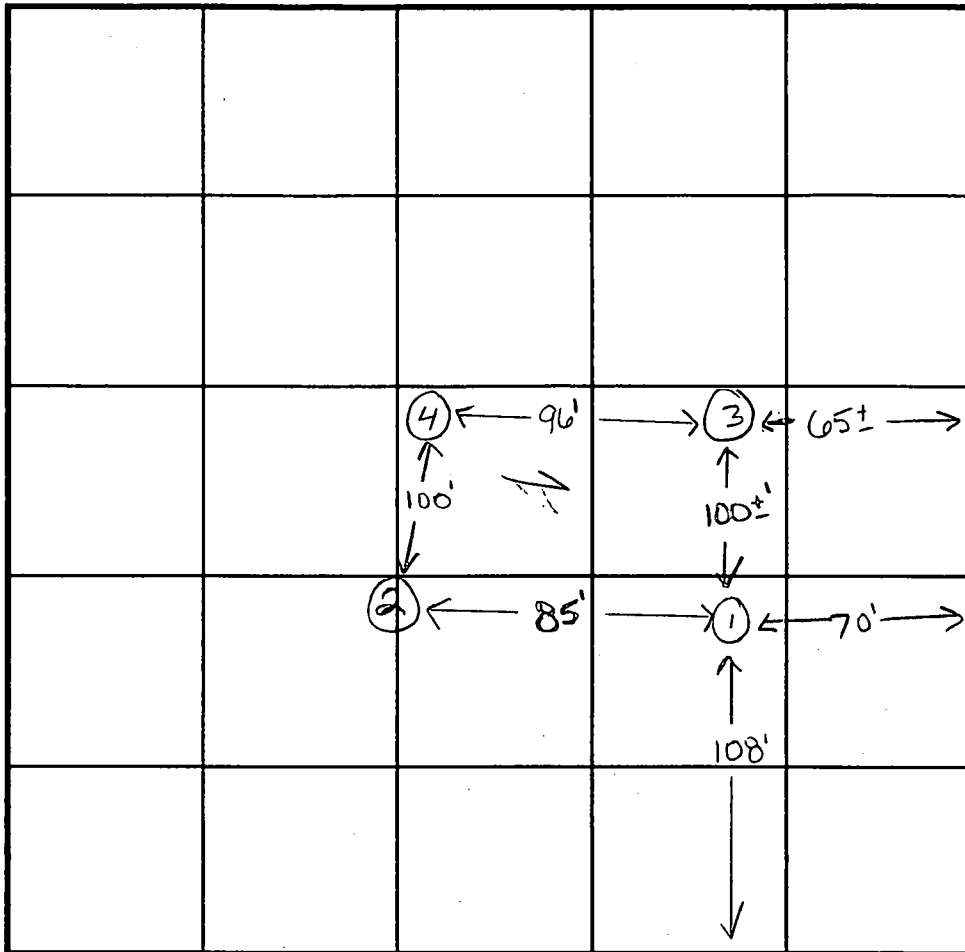
COUNTY #

SOIL PROFILE

0' (1)
 6.0" topsoil
 orange/red Clay silty loam
 6.0' orange/red pink Silty mica loam
 20% shale frags
 12.5'

(2)
 1.0' topsoil
 red/or Clay silty loam
 2.5' orange/red/br Silty loam
 40% shale frags
 10.0'

(3)
 6.0" topsoil
 orange/red Clay silty loam
 5.0' orange/yel brown mica flecks Silty lm
 30% shale frags
 11.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Long Corner Road

SOIL PROFILE

0' (4)
 1.0' topsoil
 red/orange Clay silty lm
 4.0' red/or brown silty lm
 40% shale frags
 11.5'

property line

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-97	1	3.0'S	10:09	10:24	slow-reducing	lower shelf	
		12.5'D	visual	ok	see	profile	
		4.0'S	10:31/30	slow-reducing	lower shelf		
		4.5'S	10:41	slow-reducing	lower shelf		
		5.5'S	10:03	slow-reducing	lower shelf		
		6.5'S	11:45	11:46/30	11:46/30	11:50/30	4 min
	2	3.0'S	11:07	11:09	11:09	11:11/30	2 min. 30 sec
		10.0'D	visual	ok	see	profile	
	3	3.5'S	10:18	10:25	10:25	slow-reducing	lower
		11.5'D	visual	ok	see	profile	

REMARKS 4.5'S 11:14 11:15/30 11:15/30 11:33 18 min

TYPE OF SOIL

TESTED BY Kim Maiste/Amy McMillen ALSO PRESENT Robert Fyock/Thomas Christy

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 17 minutes TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM 240

APPLICATION

PERCOLATION TESTING

A 17634

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Thomas Christy

ADDRESS 10794 Crestview Ln PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Christy Property LOT NO. E

ROAD AND DESCRIPTION Long Corner Rd

TAX MAP 6 PARCEL # 18

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A17634

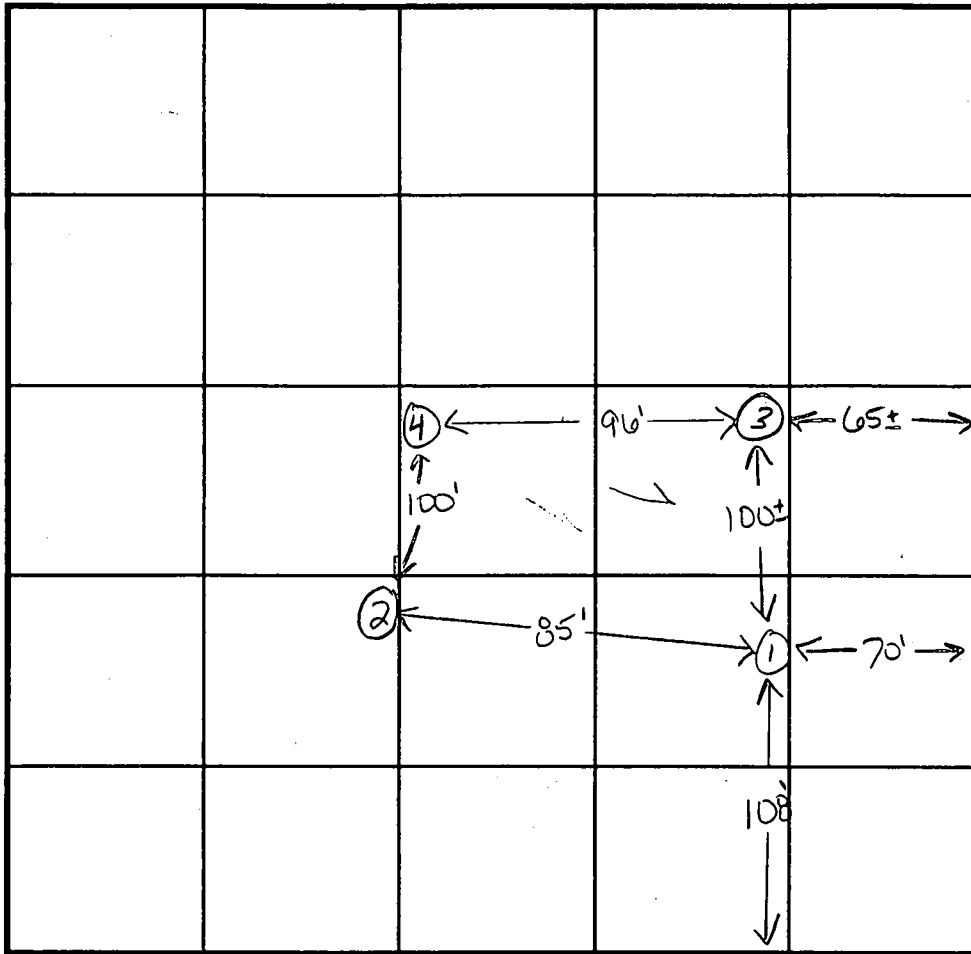
COUNTY #

SOIL PROFILE

0'
 1.0' top soil
 red/orange Clay silty lm
 4.0' red/or brown Silty lm
 40% Shale frags
 11.5'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Long Corner Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-97	4	3.5'S	12:02	12:0630	12:0630	12:25	19min
		11.5'D	Visual	ok - see	profile		

REMARKS test holes not staked

TYPE OF SOIL _____
 TESTED BY Kim Maiste / Amy McMullen ALSO PRESENT Robert Fjock / Thomas Christy
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 17 minutes TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 240

APPLICATION

A 17634

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY (Dry Well see below)

ELLICOTT CITY

Septic Tank { 3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons

DISTRICT 4th

DATE 11/9/72

Dry Well to have 143 sq. ft. of effective absorbent sidewall area per bedroom below inlet. Inlet to be 3 1/2 - 4' below original grade and maximum depth 12' below original grade. Location 147' from front property line and 55' from right property line when facing lot from Long Corner Road (see sketch)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Thomas F. Christy

ADDRESS 10794 Crestview Lane, Laurel, Md. 20810 PHONE 725-0876

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. E

ROAD AND DESCRIPTION Long Corner Road - near where it intersects with Florence Road
From Florence Road, turn right - approx. 550 ft. in on left.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Thomas F. Christy

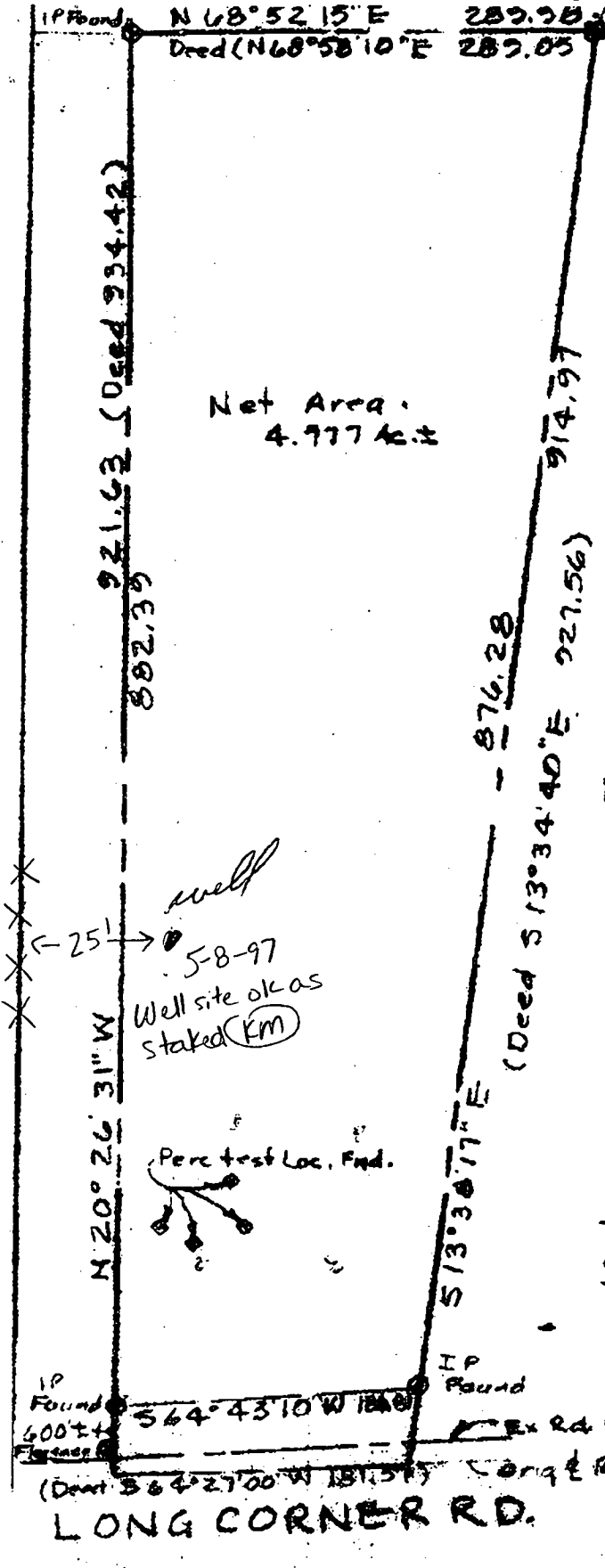
APPROVED BY [Signature] FOR Dry Well DATE 11/17/72
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Net Area
4.977 Ac.±

1060 LONG CORNER ROAD
PARCEL 182 TAX MAP 6
Howard County, Md.
Scale: 1" = 100'
L-790 F-251 Feb. 1996

SURVEYORS CERTIFICATE

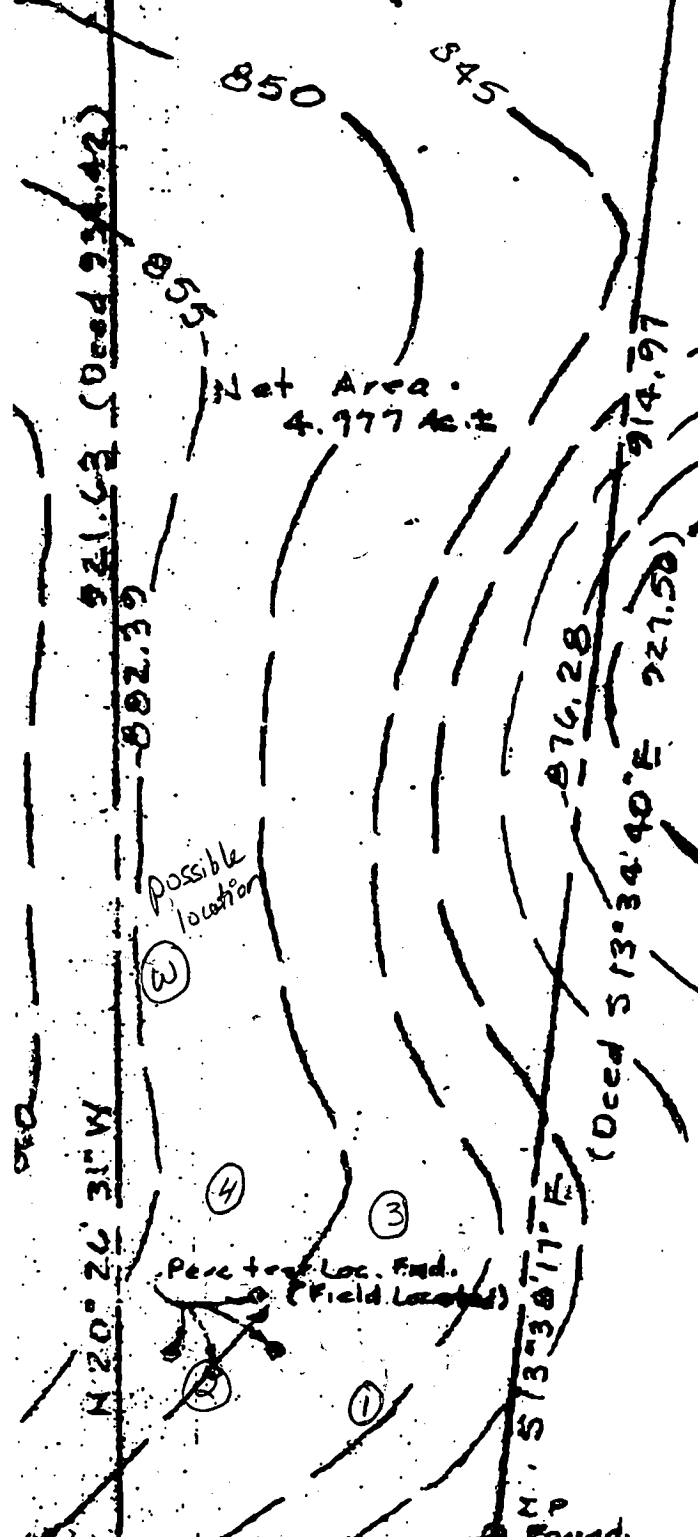
I HEREBY CERTIFY THAT A CAREFUL
TRANSIT-TAPE SURVEY HAS BEEN MADE
OF THE PROPERTY SHOWN HEREON AND
THAT THERE ARE NO ENCROACHMENTS
EXCEPT AS SHOWN

J. E. Clark
Registered Land Surveyor



PREPARED BY:
THE J.E. CLARK SURVEYORS
LAND SURVEYING AND ENGINEERING
P.O. BOX 147 LABEL, HAWLAND CREEK
(301) 728 3442

Found: N 68° 52' 15" E 289.98 Stone Found
 Deed (N 68° 50' 10" E 289.05)



1060 LONG CORNER ROAD
 PARCEL 182 TAX MAP 6
 Howard County, Md.
 Scale: 1" = 100'
 L-770 R-251 Feb. 1976

Note: Topo shown was copied from Howard County Topo Sheet.

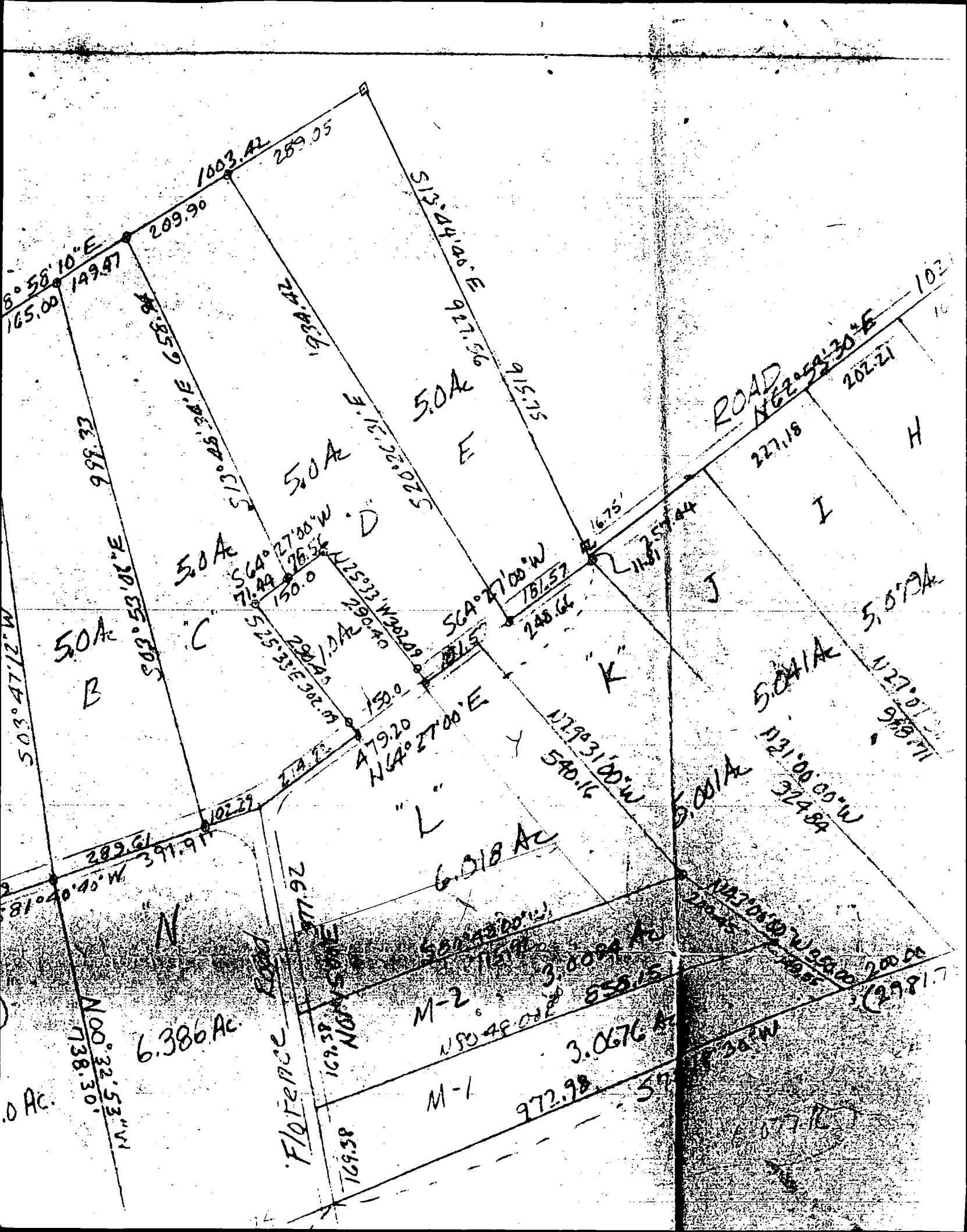
SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT A CAREFUL TRANSIT-TAPE SURVEY HAS BEEN MADE OF THE PROPERTY SHOWN HEREON AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN

Registered Land Surveyor - Md 4375

Found: S 64° 43' 10" W 184.81
 (Deed S 64° 27' 00" W 181.51)
LONG CORNER RD.

PREPARED BY:
THE J.E. CLARK COMPANY
 LAND SURVEYING AND ENGINEERING
 P.O. BOX 147 LABEL HAVEN MD 21094
 (301) 726-2142



8° 58' 10" E
165.00
149.97

1003.42
289.90
289.90

S 13° 04' 10" E
927.56
915.15

ROAD
N 62° 59' 30" E
207.21
102

5.0 AC
E

5.0 AC
E

5.0 AC
C

S 56° 27' 00" W
71.44
150.0
N 25° 33' 10" E
190.40

S 64° 27' 00" W
181.57
240.66

5.0 AC
B

S 63° 53' 01" E
999.33

S 03° 47' 12" W

N 64° 27' 00" E
479.20
150.0

N 79° 31' 00" W
540.16

5.0 AC
I

N 21° 00' 00" W
324.84

N 27° 01' 00" W
958.71

6.018 AC
L

6.386 AC
N

Fence Line
N 00° 32' 53" W
1738.30

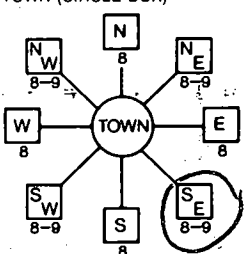
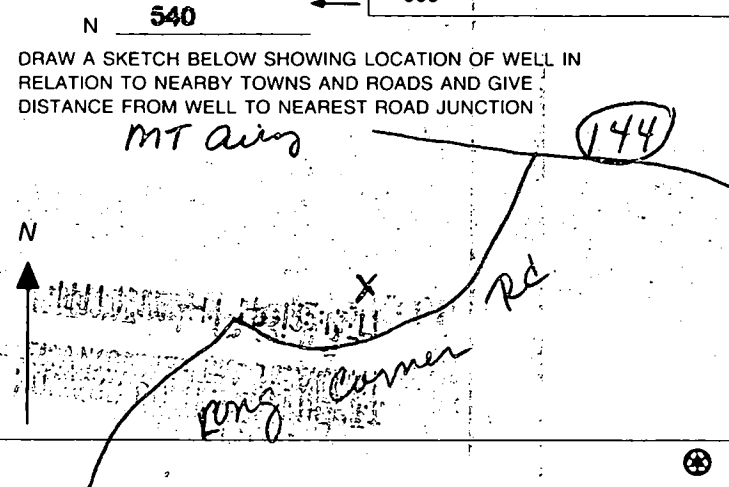
M-2
3.0094 AC

M-1
3.0676 AC

972.98

N 23° 00' 00" W
200.00
200.00
(2998.17)

0.0 AC

B 1	9837	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 1145 <small>fill in this form completely</small>
Date Received (APA) 5/12/97		OWNER INFORMATION RN 7078		LOCATION OF WELL CC#
15 Last Name Christy Owner Tom & Ann First Name 36 Street or RFD 10794 Crestview Lane 57 Town Laurel, Md. 20723 State 72 Zip 76		8 COUNTY Howard 23 SUBDIVISION SECTION 44 LOT 46 Mt. Airy 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78		11 NEAR WHAT ROAD 1060 Long Corner Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 250 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:
DRILLER INFORMATION Driller's Name George F. Easterday M WD 040 License No. 81 Firm Name Franklin Easterday, inc. Address 9265 Brown Church Rd., MT. Airy, Md. 21771 Signature <i>George F. Easterday</i> Date 4/29/97		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		11 NEAR WHAT ROAD 1060 Long Corner Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 250 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL County Name Howard County No. A-17634 STATE SIGNATURE _____ INSERT S → DATE ISSUED 5/9/97 <i>Kimberly Maisto</i> 5/9/98 43 MM DD YY 481 CO SIGNATURE EXP. DATE NORTH GRID 50 EAST GRID 000 55 57 63		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 750 N 540 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION MT Airy 144 		
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT other _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER KM G A P FORCE KM WRITE INITIALS IN BOX PERMIT No. HO - 94 - 1145 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

C1 6043

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 17634

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

DATE RECEIVED 7-2-97

DATE WELL COMPLETED 06 18 97

DEPTH OF WELL 400

PERMIT NO. HO-94-1145

OWNER Thomas Christy, STREET OR RD Long Corner Rd, TOWN Mt Airy, SUBDIVISION Christy Property, SECTION, LOT E

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, shale, brown slate, blue slate, brown slate, blue slate, brown slate, blue slate, blue slate, and Quartz.

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, CO, PL, OT), Nominal diameter, Total depth

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

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

DEPTH (nearest ft.)

Table for depth with columns for slot size and diameter of screen

C 3

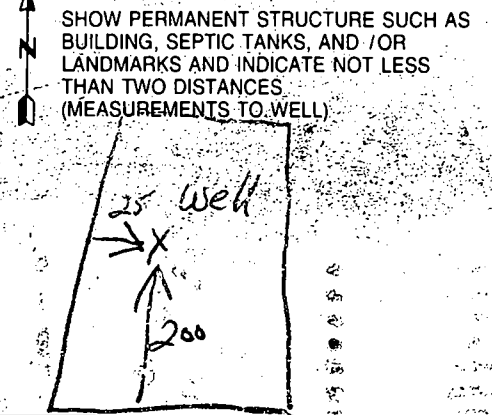
PUMPING TEST

HOURS PUMPED (6), PUMPING RATE (2.4), METHOD USED TO MEASURE PUMPING RATE (Buchet), WATER LEVEL (46 ft), TYPE OF PUMP USED (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (YES/NO)

CIRCLE APPROPRIATE LETTER (A, E, P) for well status

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. MWD 040, DRILLERS SIGNATURE

LIC. NO. MWD 481, SITE SUPERVISOR SIGNATURE

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR

