

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-324277

INDEXED

ELLICOTT CITY

DISTRICT 4th.

DATE 9/15/80

Approved: 9-29-80
for 3 Bedr-
Stephen [Signature] P 30908

A 30666

9/29/80
9/29/80

Frances Bollinger

IS PERMITTED TO INSTALL ALTER

ADDRESS Bollinger Road, Westminster, Maryland

PHONE 848-6527

SUBDIVISION C. R. Naples

ROAD 1816 Long Corner Road

LOT 8

PROPERTY OWNER Jack Lehman

PHONE: 384-9544

ADDRESS 2405 Peachstone Court, Silver Spring, Maryland

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

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

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

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

TRENCHES to be 3 ft. wide. Inlet to be 3 feet below original grade and effective absorbant area from 4 - 7 feet only. NOTE: Bottom area or sidewall area can be counted on this system. Maximum depth of trenches to be 7 feet below original grade. A minimum of 150 feet sq. ft. effective absorbant sidewall area per bedroom needed. Trenches can not exceed 100 feet in length. Distribution box to be used if more than 1 trench used. Two inspection of trenches required - before and after stone installed. If more than 1 trench used - need to have 15 ft. distance between trenches, center to center. Run trenches on Contour. Location: Start trenches at a point 163 feet in from line 909.79 ft. in length and down 206 feet from corner point of lines 809.79 feet in length and 314.12 ft. in length. DATE 5/20/80

COVER NO WORK UNTIL INSPECTED AND APPROVED. C. B. Streaker

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.

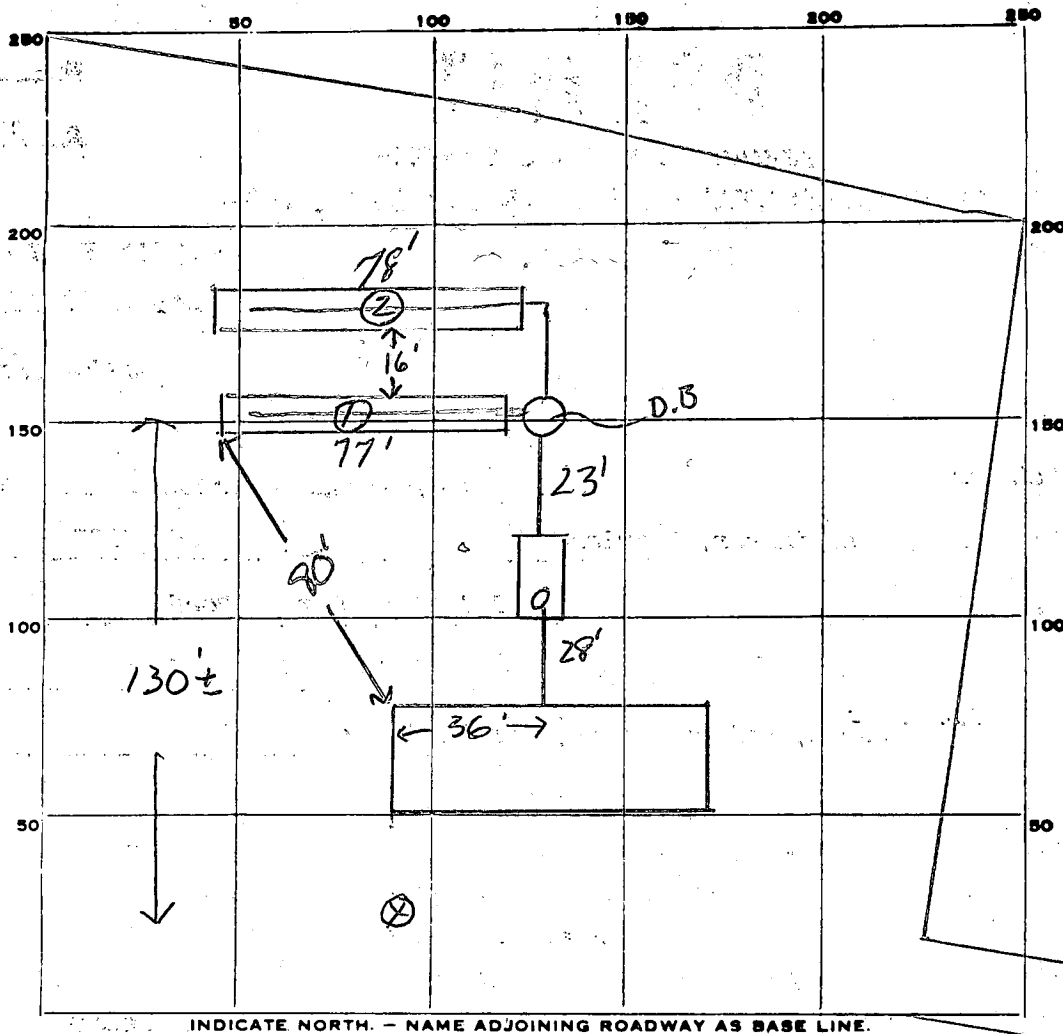
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

A 30666



PERMIT CARD

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 4 IN. TOTAL LENGTH 77 78 FT. 155 TOTAL

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 465 sq ft

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 9-23-80 OK To gravel Trenches, OK to backfill from house
to Trench #1 OK / 9-29-80 Debris in Trench
O, Remove debris and backfill all work
House plans for 4 Beams approved for storm only.
OK

DATE SYSTEM APPROVED 9-29-80

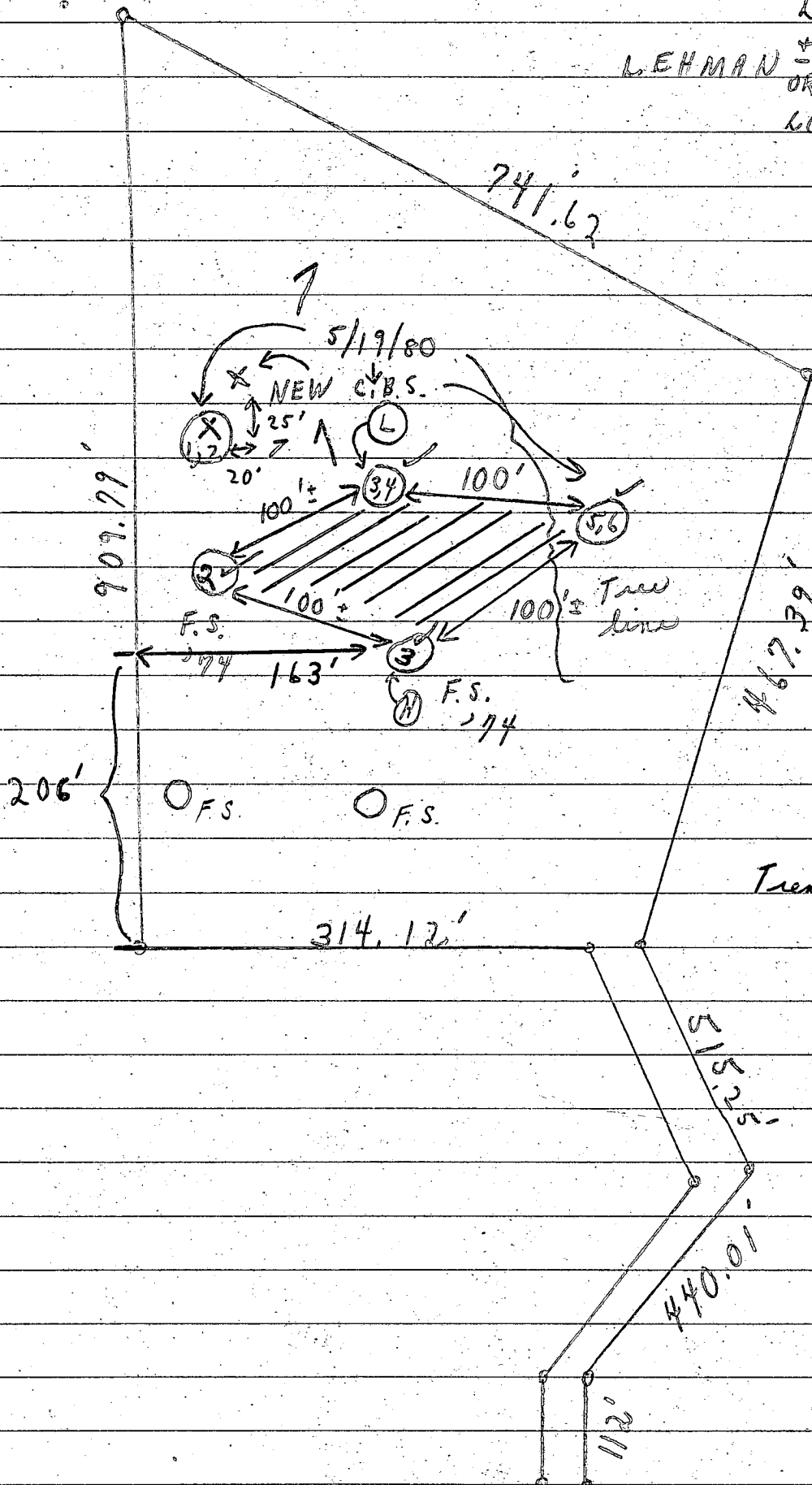
INSPECTOR Stephen G Kiel

5/19/80

LOT # 8

LEHMAN ⁺ OR C.R. NAPLES PROPERTY
LONG CORNER ROAD

{ Accomplished }
5/20/80
@ OFFICE



{ //// New Sewage Reserve area of 5/19/80 C.B.S. }

Shallow system
Trench inlet 3'; Effective area 4'-7' only
Maximum depth 7' below original grade.
Run on contour
2 inspections of trenches before and after stone installed.

LONG CORNER ROAD

APPLICATION

SEWAGE DISPOSAL TESTING

A 30664

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

Septic Tank { *1-3 Bedrooms 1000 gallon*
4 Bedrooms 1250 gallon

DISTRICT FOURTH

DATE 7 MAY 1980

*See Plans
5/19/80*

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 JACK E. & LOUISE V. LEHMAN

ADDRESS 2405 PEACHSTONE CT. SILVER SPRING MD 20904 PHONE 384-9544

PROPERTY LOCATION:

SUBDIVISION C.R. NAPLES PROPERTY LOT NO. 8 RETEST

ROAD AND DESCRIPTION OFF LONG CORNER ROAD

SIZE OF LOT 7.91 ACRES TYPE BLDG. 4 B.R. RANCHER

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.

SIGNATURE OF APPLICANT Jack E. Lehman

APPROVED BY C. S. [Signature] FOR Sharon [Signature] DATE 5/19/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

8

RETEST
SOIL PROFILE

SEE
EACH
HOLE

See Revised Field Sheet

Field Sheet

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LONG CORNER ROAD

SOIL PROFILE

1' - 3 1/2' CLAY
3' - 9 1/2' Westland shale
2 1/2' of shale to each hole
1' - 3 1/2' CLAY
3' - 13' Westland shale + loam
1' - 3 1/2' CLAY
3' - 10' Westland shale
10 1/2' - 15 1/2' shale

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/19/80	1	'	:	:	:	:	
	2	'	:	:	:	:	
	3 pt.	3'	10:32	10:35	10:35	10:39	4
	4	13'	10:27	10:30	10:30	10:35	5 min
	5 pt.	3'	11:07	11:11	11:11	11:22	11
	6	12 1/2'	11:02	11:	11: →	11:04	1 1/2 - 2

Lower

Mud
dry

REMARKS Copy given Mr. PFAFF Notes { Plans to use 2 lower holes }
of original tests

TYPE OF SOIL _____

TESTED BY C. B. W. ALSO PRESENT { MR. J. PFAFF }
J. T. ...
BOLLINGER
P. ...

APPLICATION

A 20002

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 5/16/74

1000 gal. septic tank | 1,250 gal. septic tank
1 → 3 B.R. | 4 B.R.
Drywell to have 144 sq. ft. effective sidewall absorption area per bedroom to begin below the first 5 ft. of non-absorbent soil. Maximum depth permitted for drywell is 4 ft. below original grade. Place the drywell 63 ft. from the lot line that is 909.79 ft long and 125 ft. from the lot line that is 314.12 ft long.

VOID

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.

Jack E. + Louise V. Lehman

PROPERTY OWNER Dr. C. R. Naples

ADDRESS 2405 Peachstone Court
Silver Spring, Md. 20904

Any questions call:
Kenneth W. Lyon
589-1240
384-9544

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 8

ROAD AND DESCRIPTION R/W off Long Corner Road

SIZE OF LOT 7.91363 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Fmly. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ C. R. Naples

VOID

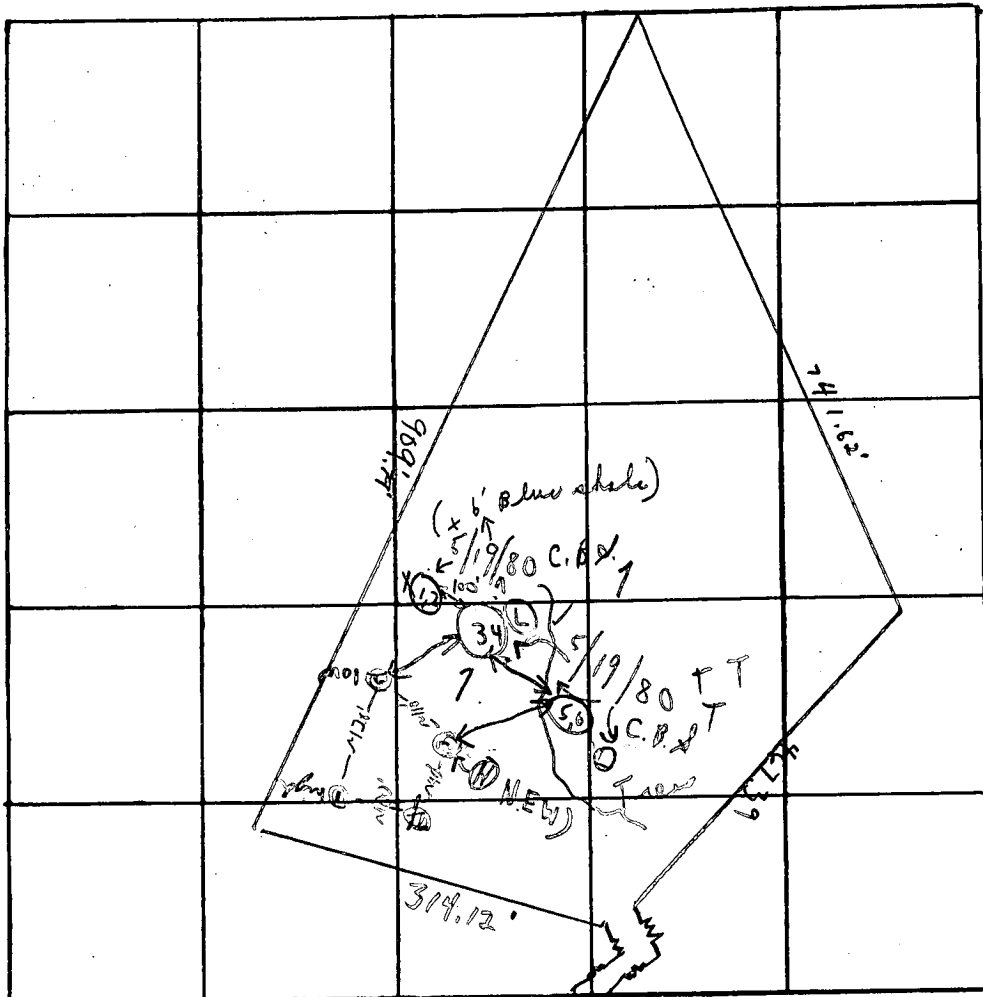
APPROVED BY Frank Skinner FOR DRYWELL DATE 8/12/74
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/22/79	1 bit	1 1/2'	9:45	9:46	9:46	9:49	3 min
	1a	5'	9:46	9:49	9:49	10:02	13 min
	2 low	11'	10:04	10:07	10:07	10:15	8 min
	2a	5"	10:06	Failed			730 min
Use	3	10'	visual	clay to 4'	shale & good soil	below	
	4	10'	visual	clay to 4 1/2'	good below	some shale	
	2b	3 1/2'	2:50	2:51	2:51	2:53	2 min

3
13
20
30
56
11 min avg

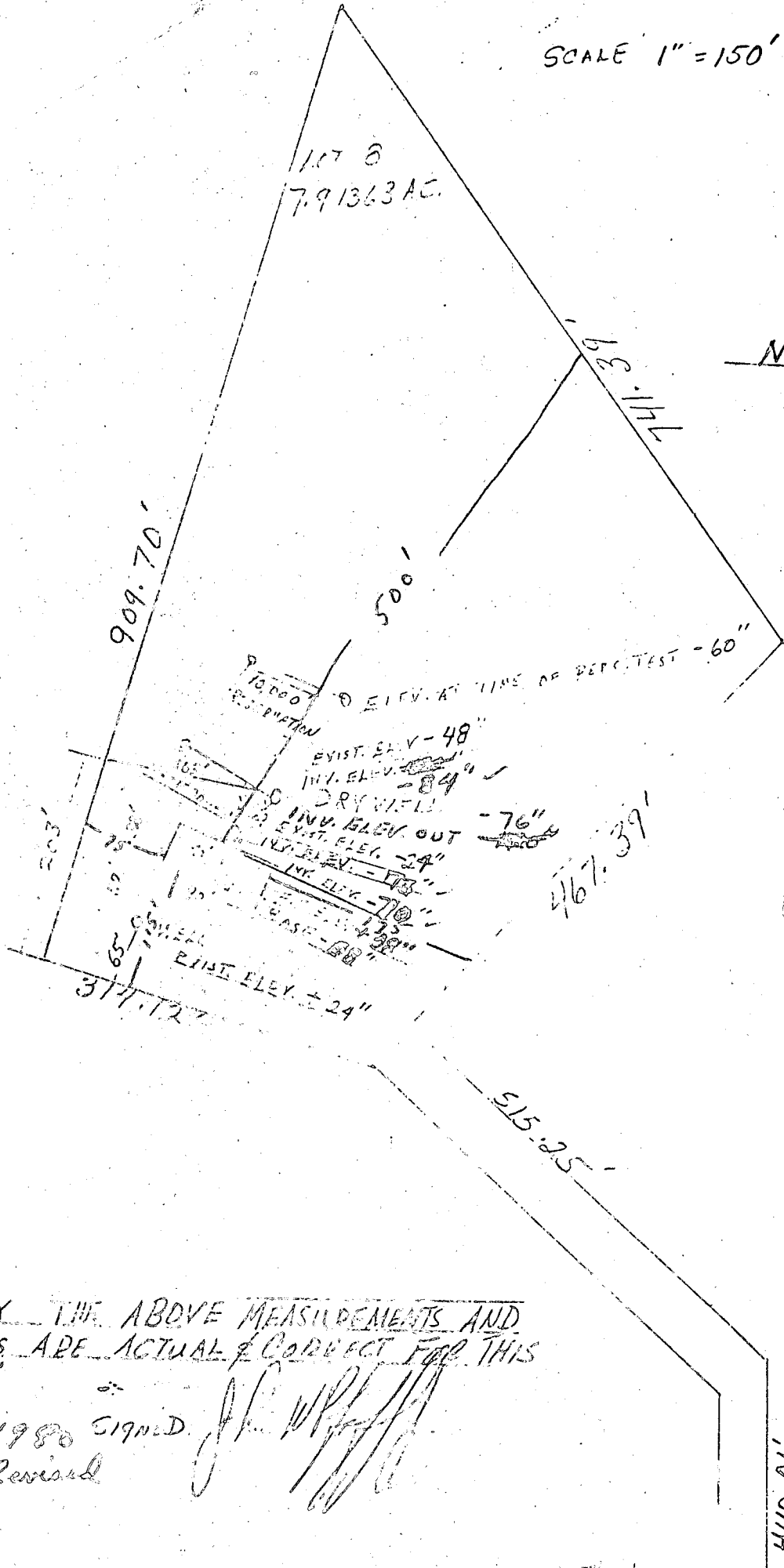
3'-7'
shallow system

REMARKS _____

TYPE OF SOIL clay barrier 4-5'; good soil below

TESTED BY J.S. & C.B.S. ALSO PRESENT: _____

SCALE 1" = 150'



✓
 Transfer
 2000

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY

Aug 5, 1980 Signed
 JWP Revised

[Handwritten Signature]

440.01'
 795-5
 called Mr. Rpt
 to come in

JAMES W. WILSON

B 1 71 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
10015 000

FILL IN THIS FORM COMPLETELY

DATE RECEIVED
 (WRA USE ONLY)

OWNER Lehman Jack
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 24050 Beachstone Ct.
 COL 36 COL. 55

POST OFFICE Silver Spring, Md 20904
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE 5/21/80 **LICENSE NUMBER** 308
 COL 8 COL 12 COL 16 COL 18 COL 20

Stanley W. Bollinger Jr.
 FIRST NAME DRILLER LAST NAME

SIGNATURE Stanley W. Bollinger Jr.

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6 Howard

COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) COL 21

SUBDIVISION C. R. Napier Farm COL 23 COL 42

SECTION 23 **LOT** 8 COL 44 COL 46 COL 50

NEAREST TOWN Mount Airy COL 52 COL 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 4 COL 73 COL 76 COL 77 COL 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL 8 COL 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 COL 14 COL 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH **E** EAST **NE** NORTHEAST **SE** SOUTHEAST

S SOUTH **W** WEST **NW** NORTHWEST **SW** SOUTHWEST

NEAR WHAT ROAD Long Corner

11 NORTH SOUTH EAST WEST 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N** **S** **E** **W** COL 32 COL 34 COL 36 COL 38

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 1000 COL 34 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL 120 FEET
 COL 24 COL 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) **JETTED** **DRIVEN**

30-37 **AIR-ROTARY** **AIR-PERCUSSION** **ROTARY** (HYDRAULIC ROTARY)

CABLE **REVERSE-ROTARY** **DRIVE-POINT**

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED 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

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

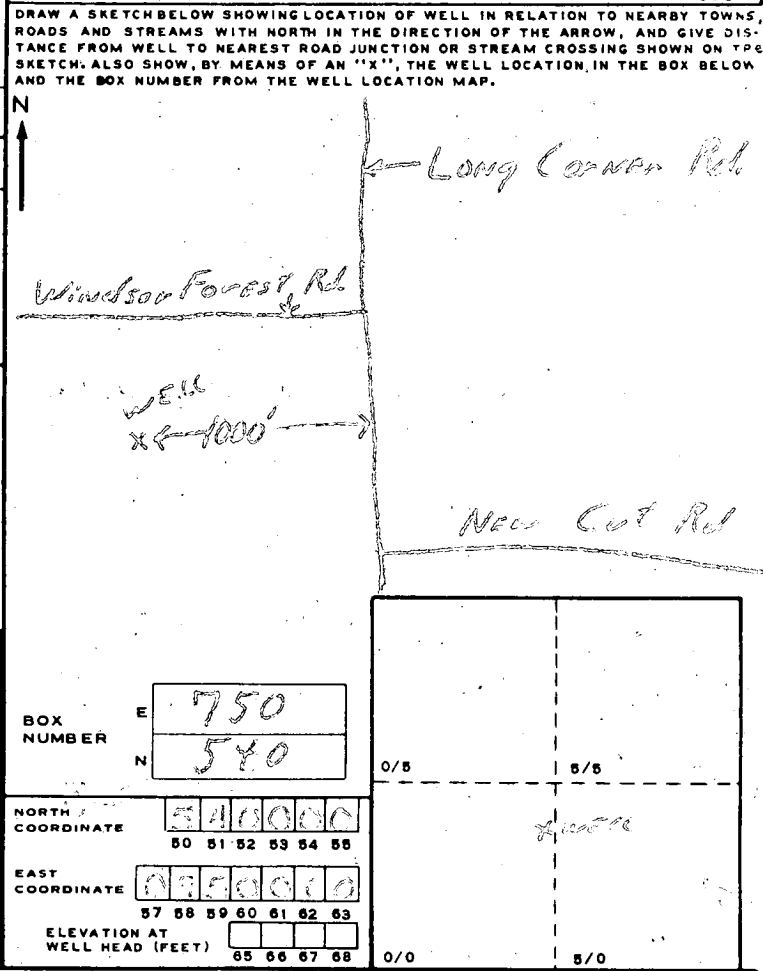
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 COL 54 COL 58

ENGINEER REVIEW DISTRICT NO. 63 COL 63 COL 65

FORCE 1 **WRITE INITIALS IN BOX** WV COL 67 COL 68

CONDITIONS 1 COL 70 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

STATE HEALTH Howard **COUNTY NAME** Howard **COUNTY NO.** 020003 COL 41 COL 43

DATE 060980 COL 49 COL 53

APPROVED BY Donald W. Monaghan, Sanitarian COL 49 COL 53

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

SEQUENCE NO. (WRA USE ONLY) **4729**

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) **6/16/80** DEPTH OF WELL **400** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-3619**

DATE WELL COMPLETED **6/16/80** (TO NEAREST FOOT) 22 26

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **308**

OWNER **LEHMAN, Jack** LAST NAME FIRST NAME

STREET OR RFD **2485 Peachstone Ct.** POST OFFICE **Silver Spring Md.**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Brown Slate	2	15	
Brown Slate	15	65	
Blue Slate	65	73	
Brown Slate	73	87	
Blue Slate	87	170	
Blue Slate	170	172	✓ 3/4
Blue Slate	172	360	
Blue Slate	360	362	✓ 1/2
Blue Slate	362	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS **7** NO. OF POUNDS **658**

GALLONS OF WATER **42**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **20** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **23**

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OPEN HOLE PLASTIC OTHER

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT)

1 **HO** FROM **20** TO **400**

2

3

SLOT SIZE 1. **2 1/2**

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **1**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **45** (NEAREST FOOT)

WHEN PUMPING **400** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE **2** (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

HOUSE

30' X 40'

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **Stanley W. Dollinger Jr.**

SIGNATURE **Stanley W. Dollinger Jr.**

DKM
410-313-2648
6/25/99
A.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3505-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt #
Date 6-25-99

Name of Installer Darren Wilson

Telephone 301-831-7057

License Number JS0065

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Jack Lehman

Telephone
Well Tag # HO-94-2277

Subdivision Lot #

Site Address 1816 Long Corner Rd

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make Corbis
- 3. Model # SGS10422
- 4. Capacity S 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
- 2. RPM
- 3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

- 1. Make Martinson
- 2. Model # B-104
- 3. Depth 3 1/2

- 1. Capacity N/A
- 2. Pressure relief valve?

- Piping PE
 - 1. Type PE
 - 2. Size 1"
 - 3. NSF and/or BOCA Code approved
 - 4. Depth of supply line 3 1/2

- Well data 40
 - 1. Depth 40 ft.
 - 2. Yield 35 GPM
 - 3. Static water level ft.
 - 4. Will water supply be disinfected by installer?

wpt 6/25/99
pitless adapter @ 3 1/2 ft
2 piece cap + PVC conduit pipe for OK
4/6/25/99

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).

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

Signature of Applicant: Darren Wilson

Date: 6-25-99

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

A30666

C1 06776

SEQUENCE NO. (MDE 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 COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A30666

DATE RECEIVED MM DD YY

DATE WELL COMPLETED 06/16/99

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. HO-94-2277

OWNER Lehman Jack STREET OR RFD 1816 Long Corner Rd TOWN Mt. Airy SUBDIVISION CR. Naples SECTION LOT 8

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [X] NO []

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [X] BENTONITE CLAY []

NO. OF BAGS 48 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) 30

from 0 ft. to 30 ft. (enter 0 if from surface)

CASING RECORD

STEEL [X] CONCRETE [] PLASTIC [] OTHER []

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

Table with columns for diameter inch and depth (feet) from to

SCREEN RECORD

STEEL [X] BRASS [] OPEN HOLE [] PLASTIC [] OTHER []

DEPTH (nearest ft.)

Table with columns for depth (nearest ft.) and slot size

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 3.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 400 ft.

TYPE OF PUMP USED (for test)

Centrifugal [X] piston [] turbine [] rotary [] other [] submersible [] jet []

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES [] NO [X]

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 to 35

PUMP HORSE POWER 37 to 41

PUMP COLUMN LENGTH (nearest ft.) 43 to 47

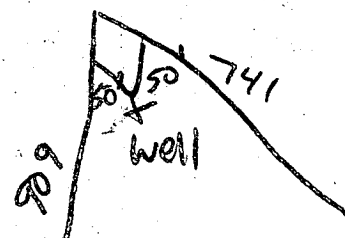
CASING HEIGHT (circle appropriate box and enter casing height)

above [X] below [] LAND SURFACE

(nearest foot) 2

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES [X] NO []

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 MWD 040 George F. Enderby

LIC. NO. 1 MWD 328

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

COUNTY

B 1 16351

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-2277 fill in this form completely

Date Received (APA) 5/28/99

OWNER INFORMATION

RN 7871

Lehman Jack 1816 Long Corner Rd Mt. Airy, Md 21771

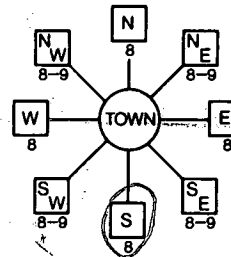
LOCATION OF WELL

Howard COUNTY C.R. Naples SUBDIVISION Mt. Airy NEAREST TOWN 3 MILES FROM TOWN

DRILLER INFORMATION

George F. Easterday M W 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd. MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1816 Long Corner Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD 700 FT DISTANCE FROM ROAD TAX MAP: 6 BLK: 15 PARCEL 216

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 30666 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/28/99 CO SIGNATURE 5/28/00

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

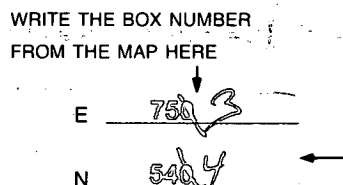
METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTARY (circled) AIR-PERCussion ROTARY (Hydraulic Rotary) JETTED Jetted & DRIVEN Drive-POINT

REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 40-94-2277

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells



WRITE THE BOX NUMBER FROM THE MAP HERE MAP 2 C12

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 PERMIT No. 40-94-2277

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Jack Lehman

DATE REQUESTED: 5/19/99

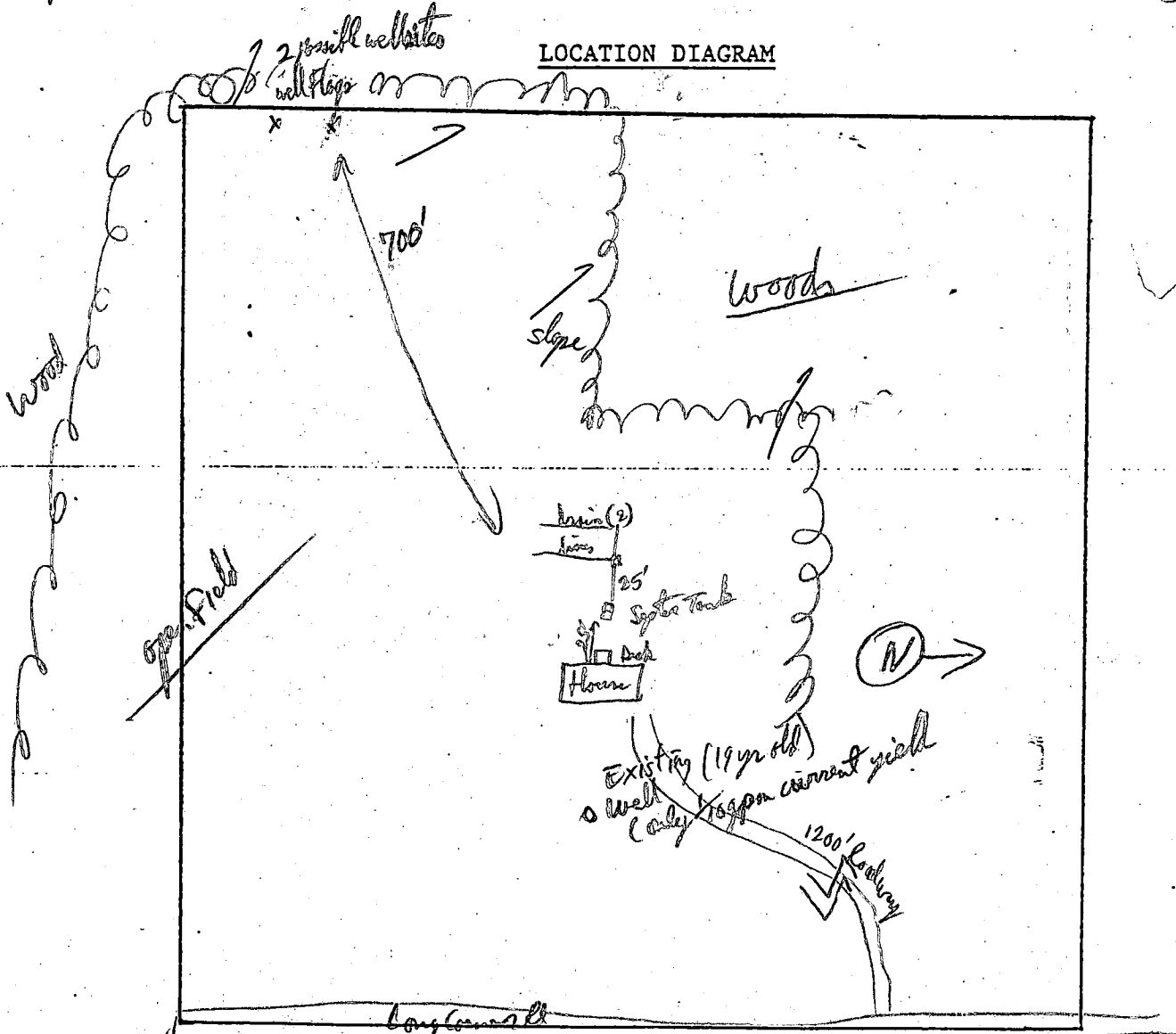
ADDRESS: 1816 Long Corner Rd
Mt. Airy, MD 21771

DRILLER: G. Easterday
New Well Ho-99-2277

WELL TAG # _____
COUNTY # 30666 *Unable to locate*

PROPOSAL: Driller requests inspection for approval of site for replacement well to be drilled - site is staked (D/C)

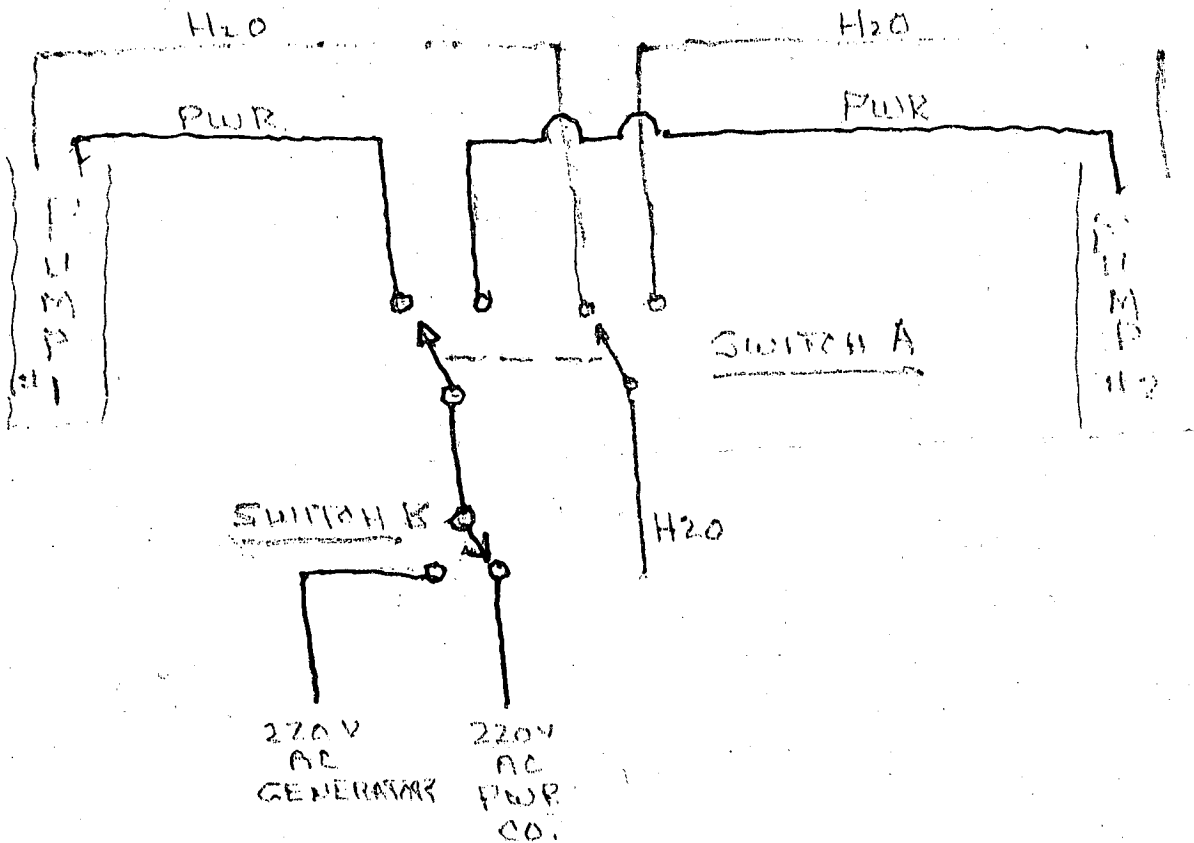
LOCATION DIAGRAM



COMMENTS: Both well sites are lower than rest of area, but a very long distance away and Not in direct drain path. A recommend approval R/P 5/19/99

DATE: 5/19/99

INSPECTOR: R. Hinkley



SWITCH A - SELECT PUMP 1 OR 2 FOR H₂O

SWITCH B - SELECT POWER SOURCE FOR PUMP 1
PUMP 2 OR GENERATOR

2 COMPLETE SYSTEMS

Final well site is at least 200' from SDA 900' to base

No. 94-2289
 Final well site

well site OK as stated
 5/19/99

Site #2 also OK by
 Vertical Television 6/14/95

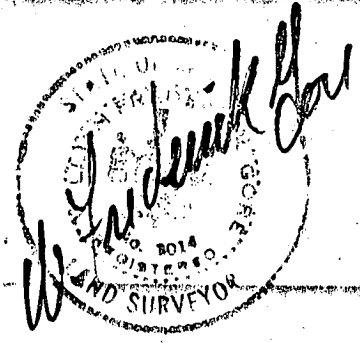
LOT 7

LOT 8
 7.91363 Ac.

SCALE 1"=200'

NOTE

The lot shown hereon complies with the minimum ownership width and lot area as required by Maryland State Department Health Regulation.



APPROVED for Private Water & Private Sewer
 DATE 8/6/74
 COUNTY HEALTH OFFICER

LONG CORNER ROAD