

C1 2445 SEQUENCE NO. (DENY 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)

COUNTY NUMBER 37060

DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: KERRIN HUNTER INC, STREET OR RFD, SUBDIVISION: HIGHLAND MOUNTAINS, SECTION, TOWN: SLARKSVILLE, LOT: 1

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries for depth and water bearing.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) table with handwritten values, SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH)

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, other, jet, submersible)

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED PLACE, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

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)

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 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. 46

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 **9154** SEQUENCE NO. (DP-USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

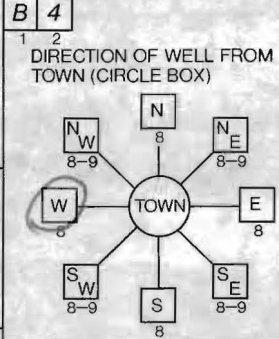
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0663
 fill in this form completely

Date Received (APA) **050889**
 OWNER INFORMATION
KERWIN JAMES INC
 Last Name Owner First Name
94024 FREDERICK RD
 Street or RFD
CLARKSBURG MD 20871
 Town State Zip

B 3 LOCATION OF WELL **R-44197**
40.00
5/10/89
HOWARD COUNTY
HIGHLAND MEADOWS SUBDIVISION
 SECTION **1** LOT **1**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
George F. Easterday
 Driller's Name License No. **40**
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday **5/4/89**
 Signature Date



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME COUNTY NO. **A37060**
 STATE SIGNATURE **Mark E. Kilkin** INSERT S **41**
 DATE ISSUED **060/89** EXP. DATE
 NORTH GRID **498000** EAST GRID **0805000**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

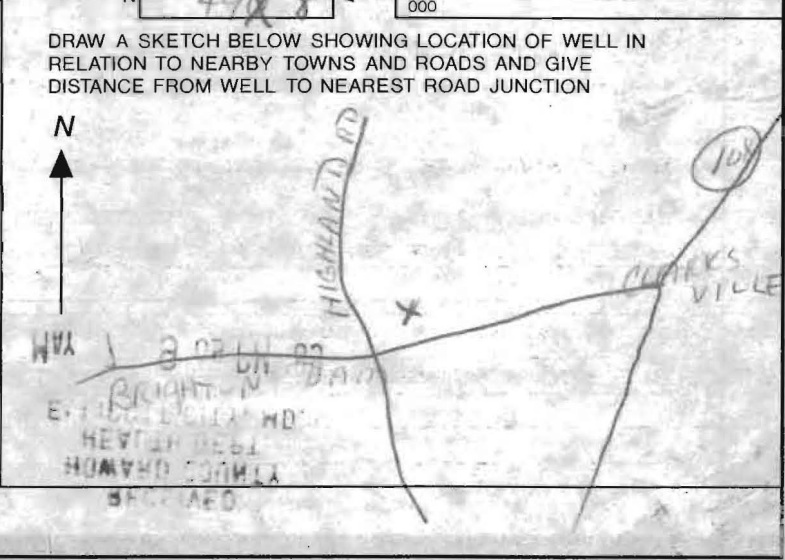
APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH
 METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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) _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **WELL**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE

 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 _____
 FORCE **MR** INITIALS IN BOX PERMIT No. **40-88-0663**



SPECIAL CONDITIONS



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Reply to: Charles Streaker
313-2640 or 313-2641

July 2, 1993

Mr. William Boettner
13300 Long Leaf Drive
Clarksville, Maryland 21029

RE: Lot 1, Highland Meadows S/D
13300 Long Leaf Drive
Well Permit #HO-88-0663

Dear Sir:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 313--2640 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1) which states that: "A person may not put into service a well or water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority..."

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are requested to call this office at 313-2640 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

Presently there is no charge for this service.

Very truly yours,

Charles B. Streaker, R.S.

Charles B. Streaker, R.S.
Water and Sewerage Program

CBS:hs

A 37060

SUBDIVISION: HIGHLAND MEADOWS

LOT NUMBER: 1

Long Leaf Dr. DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</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.

SHALLOW TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.

60 LINEAR FT / 1 BEDROOM

Inlet 3 feet below original grade.

240 linear feet

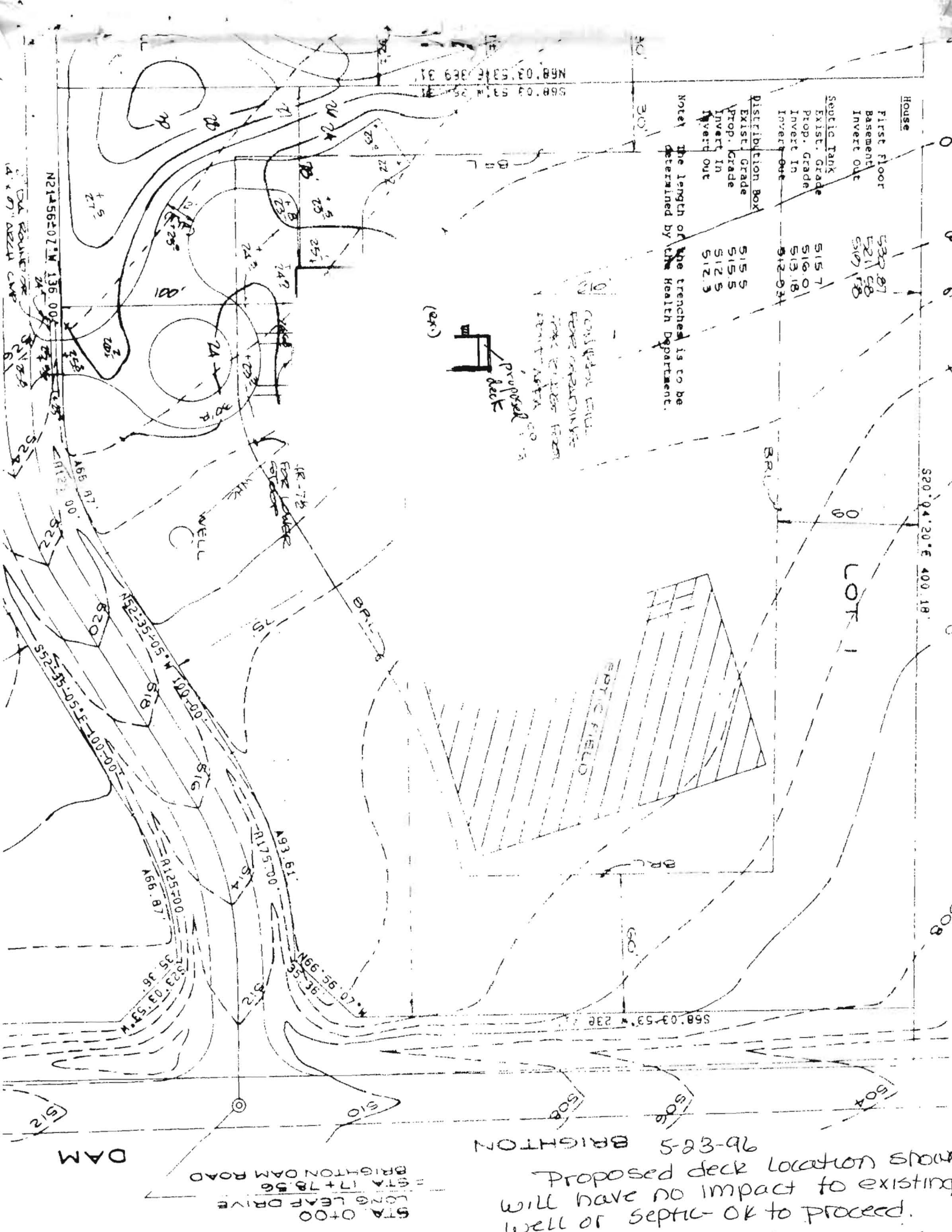
Bottom maximum depth 5 feet below original grade.

Effective area begins at 3 feet below original grade.

2 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 absorbent sidewall area by 22%.

LOCATION: 5/16/89 - PLACE THE DISTRIBUTION BOX 170 FT FROM
THE FRONT LOT LINE AND 150 FT FROM THE
LEFT LOT LINE AS SEEN WHEN FACING THE LOT
FROM BRIGHTON DAM RD. RUN THE TRENCHES TOWARD
BOTH THE FRONT LINE AND THE REAR LINE (R.H.)



House	530.87
First floor	521.58
Basement	507.78
Invert Out	
Septic Tank	
Exist. Grade	515.7
Prop. Grade	516.0
Invert In	513.18
Invert Out	512.94
Distribution Box	
Exist. Grade	515.5
Prop. Grade	515.5
Invert In	512.5
Invert Out	512.3

Note: The length of the trenches is to be determined by the Health Department.

CONSIDERED FULLY
 EXPOSED AND DRAINAGE
 FROM EXISTING TRENCH
 EXISTING AREA
 (24x)
 proposed deck

N21°56'±07" W 136.00'
 CA ROUTE
 14' ± 0" DECK CURB

S20°04'20" E 400.18'

LOT 1

99-88-5 BRIGHTON

Proposed deck location shown
 will have no impact to existing
 well or septic OK to proceed.

S1A 0+00
 LONG LEAF DRIVE
 STA 17+78.56
 BRIGHTON DAM ROAD
 DAM

