

9/1/92 pm  
9/1/92 pm

pumps req'd

# PERMIT

05-406064 P 49168

## SEWAGE DISPOSAL SYSTEM

A 38266

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

DATE 4/22/93

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE SYSTEM APPROVED 8-1-95

# INDEXED

INSPECTOR Am

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Twelve Hills LOT 2 ROAD 12966 Linden Church Road

PROPERTY OWNER Bruce Bryant

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 1250 GALLONS

PUMP SYSTEM

NUMBER OF BEDROOMS 4

Install: 1-1000 Gal. Pump Chamber  
Dual Effluent Pumps with Controls  
and Alarms.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 370.49' and 376.53' lot lines, place the distribution box 180 feet down the 376.53' lot line and 65 feet off the same lot line. Run trenches on contour toward the same (376.53') lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/20/92 RH

PLANS APPROVED BY Mark Rifkin Revised DATE 6/11/92

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) AND RETURNED 5/11/01

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 00013011 Garage

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

**BDG. PERMIT SIGNED**  
**AND RETURNED** 9/1/95  
Serial # 61095 - deck

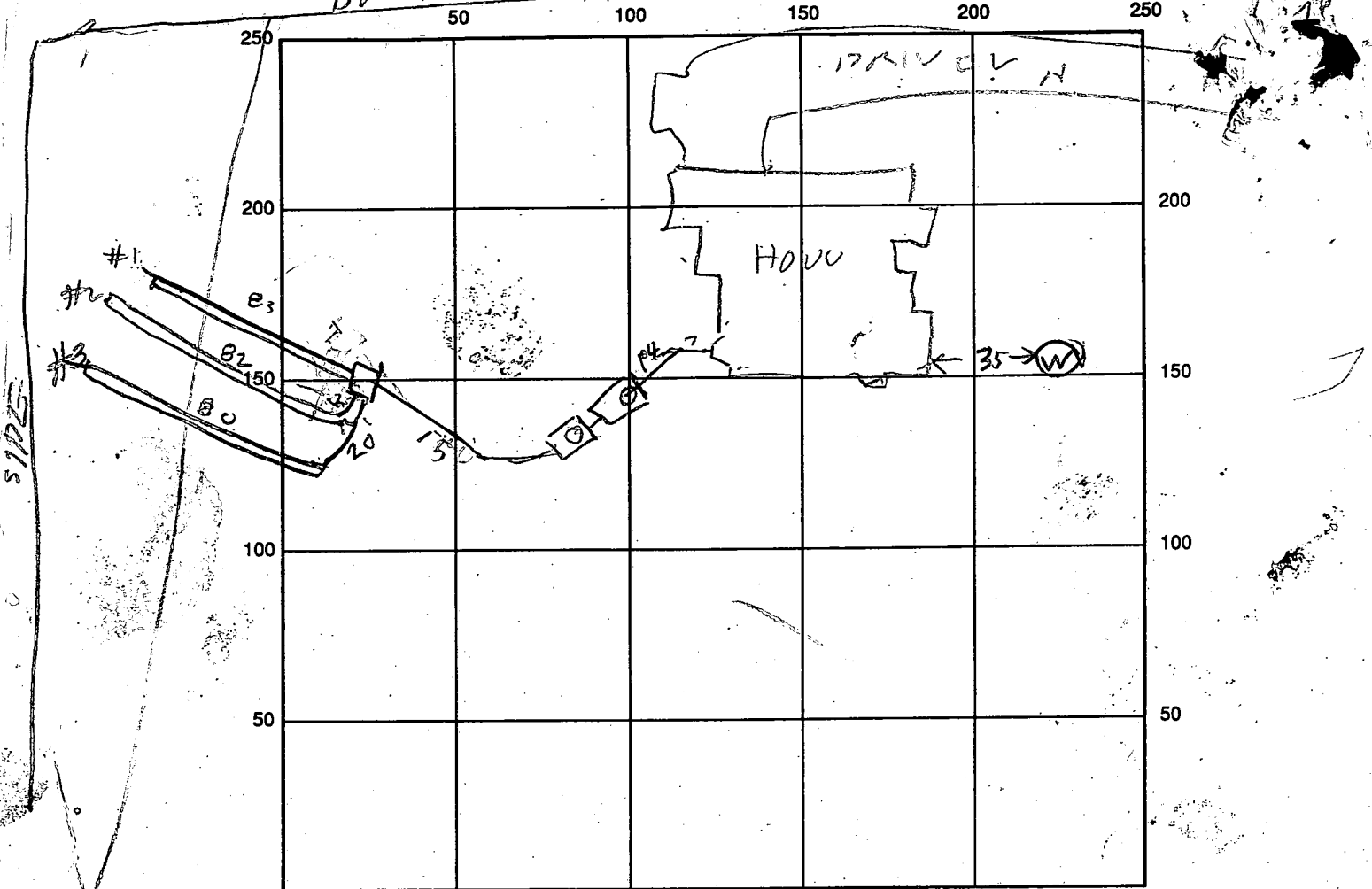
**BDG. PERMIT SIGNED**  
**AND RETURNED** 8/15/01  
000132006  
deck

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

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 38266

BACU



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ST | PUMP PIT      CLEANOUTS ST | PP  
1250 | 1000      OK | OK-MANHOLE

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5-5 1/2 FT.      TRENCH WIDTH \_\_\_\_\_ FT.      INLET DEPTH 3-3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.      TOTAL LENGTH 83 | 82 | 80 FT.      245 TOTAL

NUMBER OF TRENCHES 3      ONE SIDEWALL/BOTTOM AREA 35 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT.      EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 1 SEPT 92 TANK, BOX & PUMP PIT INSTALLED

DIG TRENCHES & CALL RH

2 SEPT 92 12:00 PM - FINISH ADDING STONE TO TRENCHES & COVER.

CALL FOR INSPECTION OF PUMPS WORKING LATER RH

8-1-95 Septic pump test OK Au

DATE SYSTEM APPROVED 8-1-95      INSPECTOR Amy McMillan

LOT 1  
V. M. CAMPBELL PROPERTY  
PLAT # 6265

NOTE: TEST PIT INFORMATION OBTAINED FROM SURVEY PREPARED BY M. RIFKIN OF HOWARD COUNTY HEALTH DEPT. DATED 3-5-92.

PROPOSED 4 BEDROOM HOUSE / REQUIRED TRENCH LENGTH = 240 L.F.

ELEVATIONS OF C.W.

N/F  
ALZAMETHER LIMITED PARTNERSHIP  
L. 1576 F. 705

LOT 2

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
92 JUN 24 PM 3:43



100 YEAR FLOOD PLAIN  
DRAINAGE UTILITY ESENT

1000 GALLON PUMP PIT WITH 2 EFFLUENT PUMPS AND ALARM SYSTEM. MANUFACTURER TO BE SELECTED AT TIME OF BUILDING PERMIT APPLICATION.  
INV. ELEV. (IN) = 477.34  
INV. ELEV. (OUT) = 477.34

1250 GALLON SEPTIC TANK  
INV. ELEV. (IN) = 478.34  
INV. ELEV. (OUT) = 478.34

CLEANOUT:  
INV. ELEV. (IN) = 479.00  
INV. ELEV. (OUT) = 478.70

EXISTING WELL  
FINAL GRADING EL @ 487.82

DISTRIBUTION BOX  
INV. ELEV. (IN) = 4820  
INV. ELEV. (OUT) = 4830

80' TRENCH INV. ELEV. = 481.5  
45' TRENCH INV. ELEV. = 479.0

65' TRENCH INV. ELEV. = 482.5  
30' BRL

20' DRAINAGE & UTILITY EASEMENT

LOT 3  
TWELVE HILLS SUBDIVISION - SEC. 1

PLAN SCALE

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEMS

Joyce M. Bondur, per. ESM  
HOWARD COUNTY HEALTH OFFICER  
6/17/92  
DATE

TENT. 3/5/92  
1:30

# APPLICATION

PERCOLATION TESTING

A 38266

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

PREVIOUS PROPOSAL IS TO  
EXPAND PREVIOUSLY  
TESTED (A 38266) BUT  
NOT APPROVED AREA  
TO 10,000 SQ. FT.  
IF APPROVED, PUMPED  
SEPTIC SYSTEM

DISTRICT \_\_\_\_\_

DATE 3-3-92

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

WOULD BE REQ. BY  
3/3/92 CW

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

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER Bruce Bryant W-301-509-8968

ADDRESS 3662 Chidress Ln. 990 2515  
Bartonville md. 937 8565

PROPERTY LOCATION: \_\_\_\_\_


SUBDIVISION Twelve Hills LOT NO. 2

ROAD AND DESCRIPTION 12966 Linden Church rd.

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 3.62 TYPE BLDG Single Family Dwelling  
(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 \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING HOLD FOR PERC CERT - PERC OK 3/5/92 MR

BLDG. PERMIT SIGNED  
AND RETURNED 4/24/92  
Serial # 43926 -  
5 Bedrooms

HD-216

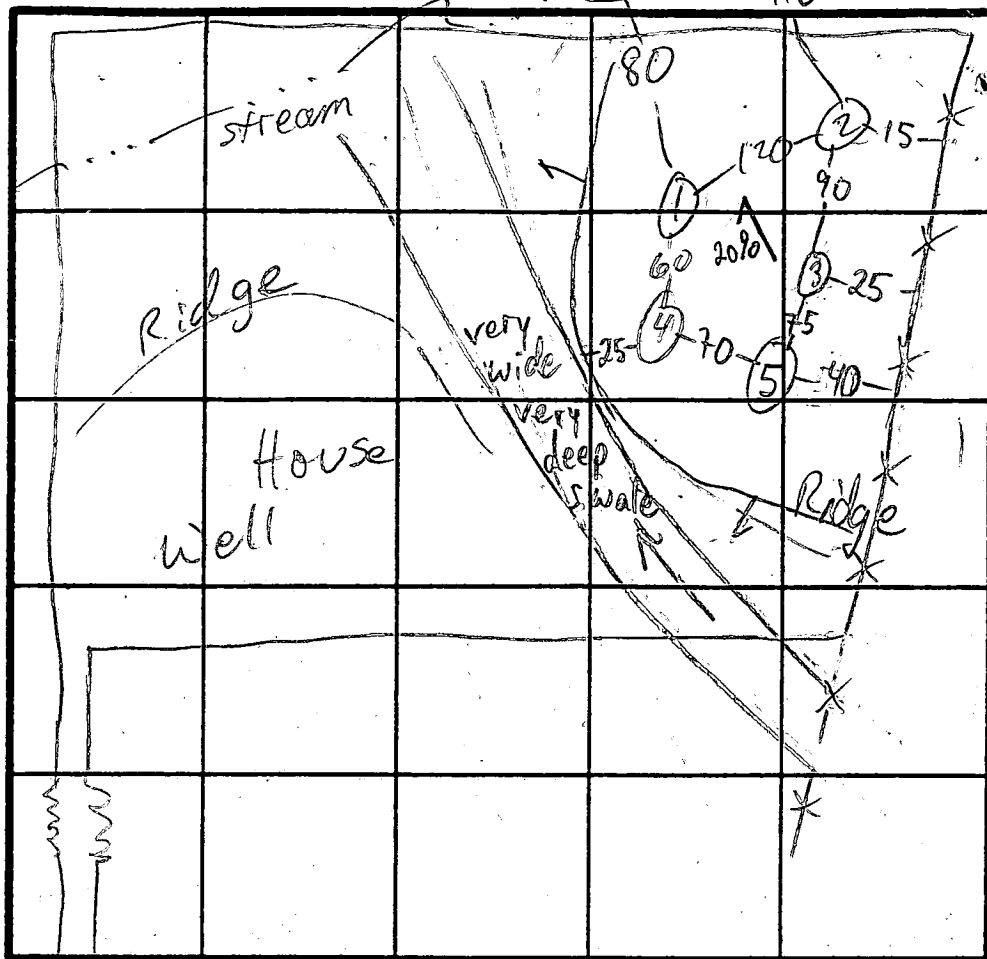
# THIS IS NOT A PERMIT

Lot 2  
A38266

SOIL PROFILE

1 1/2

0	brn sa cl 1m
2	lt. brn sand loam
6	10% frags beige sa 1m
	15% frags saprolite & others
	↑ w/depth



$\bar{x} = 2$   
180 BR  
Inlet 3 1/2  
Bottom 5 1/2

SOIL PROFILE

3 1/2 - 4 1/2

1 1/2

brn red sa cl 1m
lt. brn beige sa 1m
10% saprolite some hard blocky frags

LINDEN CHURCH RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/5/92	1 V	11 1/2	REDIG OF		1/12/87 see profile		
	5 S	5 1/2	2:37	2:39	2:39	2:43	4
	5 V	12 1/2	see profile				
	2-4	SEE	PERC SHEET		1/12/87		

REMARKS: HOLE 5 NOT PER NEW PLAN; ADJUST UPHILL 25' TO MAINTAIN 100' STREAM SETBACK

TYPE OF SOIL \_\_\_\_\_

TESTED BY: M. Riskin ALSO PRESENT: owner

# APPLICATION

PERCOLATION TESTING

A 38264  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_  
DATE 12/16/84

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 Hugh B Hill Jr  
ADDRESS 12994 Linden Church Rd PHONE 531-2610

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION ~~Altogether~~ Twelve Hills Sec. 1 LOT NO. 2  
ROAD AND DESCRIPTION Linden Church Rd + Rt 32

TAX MAP 28 PARCEL # 66  
SIZE OF LOT 3.4 acres TYPE BLDG. SFD  
(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.

Mal D. Keir  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

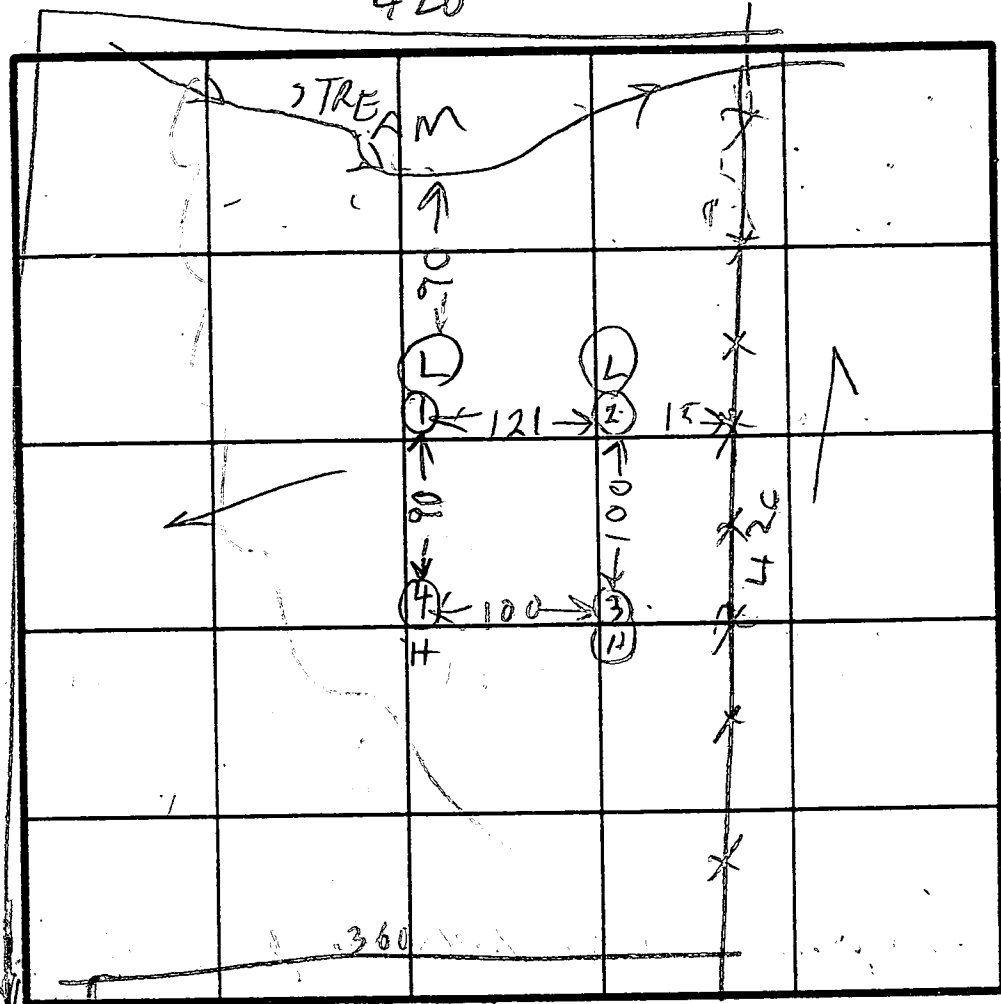
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 1/12/85 - PERC OK HOLD FOR PLAT BH

## THIS IS NOT A PERMIT

Lot 2

420



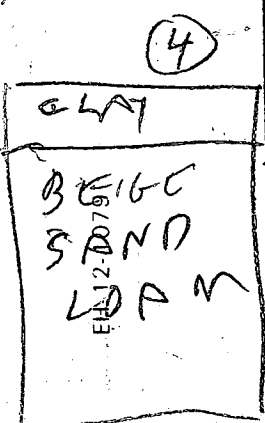
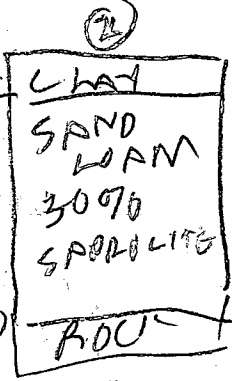
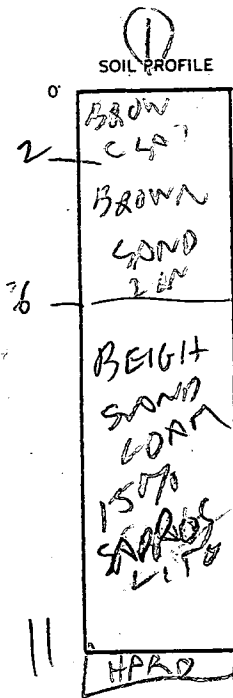
X Per 2 min  
180° BR  
INLET 3'  
BOTTOM 5'

antenna  
Lumen

max  
Depth  
2 ft

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

L.I.P.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/28/87	13	5	104	105	105	108	3
	14	11	OK				
11/28/87	25	4	107	109	109	112	3
	26	10	ROCK	ROCK	ROCK	OK SHALLOW	
	35	4.5	124	125	125	128	1
	37	8	122	122	122	123	1
	38	8	122	122	122	123	1
	3V	11.5	OK				
	45	5	136	138	139	140	2
	46	12	OK				

REMARKS: Holes taken different from Survey or Plat  
SHALLOW SYSTEM ONLY TO AVOID ROCK

TYPE OF SOIL

TESTED BY R. HODGES

ALSO PRESENT P. K. ... CLINT

# APPLICATION

3-3-88  
1:30 PM  
Ripuz

PERCOLATION TESTING

A 40853

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 31D

DATE 1/21/88

*System Fees*

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 Altogether Limited Partnership

ADDRESS c/o Howard County Land Services 8307 Main St EC 21043 PHONE 465-5855

PROSPECTIVE BUYER Ira + Roberta Greenstein

ADDRESS 7303 Kindler Rd PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION Twelve Hills Sec I LOT NO. 2 *PREVIOUS SDA NOT BEING USED 5/1/92 MD (relocated perc)*

ROAD AND DESCRIPTION Linden Church Rd

TAX MAP 28 PARCEL # 66

SIZE OF LOT 3 1/2 acres TYPE BLDG. SFD  
(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.

*Paul D Reed*  
(SIGNATURE OF APPLICANT)

APPROVED BY *R. Hodges* FOR TREASURER DATE 2/2/88

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 1-27-88 Perc Satisfactory - ADDITIONAL AREA TO ACHIEVE 10K TO BE ESTABLISHED ON PAPER - AREA MUST BE TOWARD ROAD OR TO RIGHT OF HIGH  
100 ft. S. Side 7/2/88 - FINAL PLAN HAS BEEN SIGNED  
2-26-88 Copy of Perc. Certif. sent for signature SGB

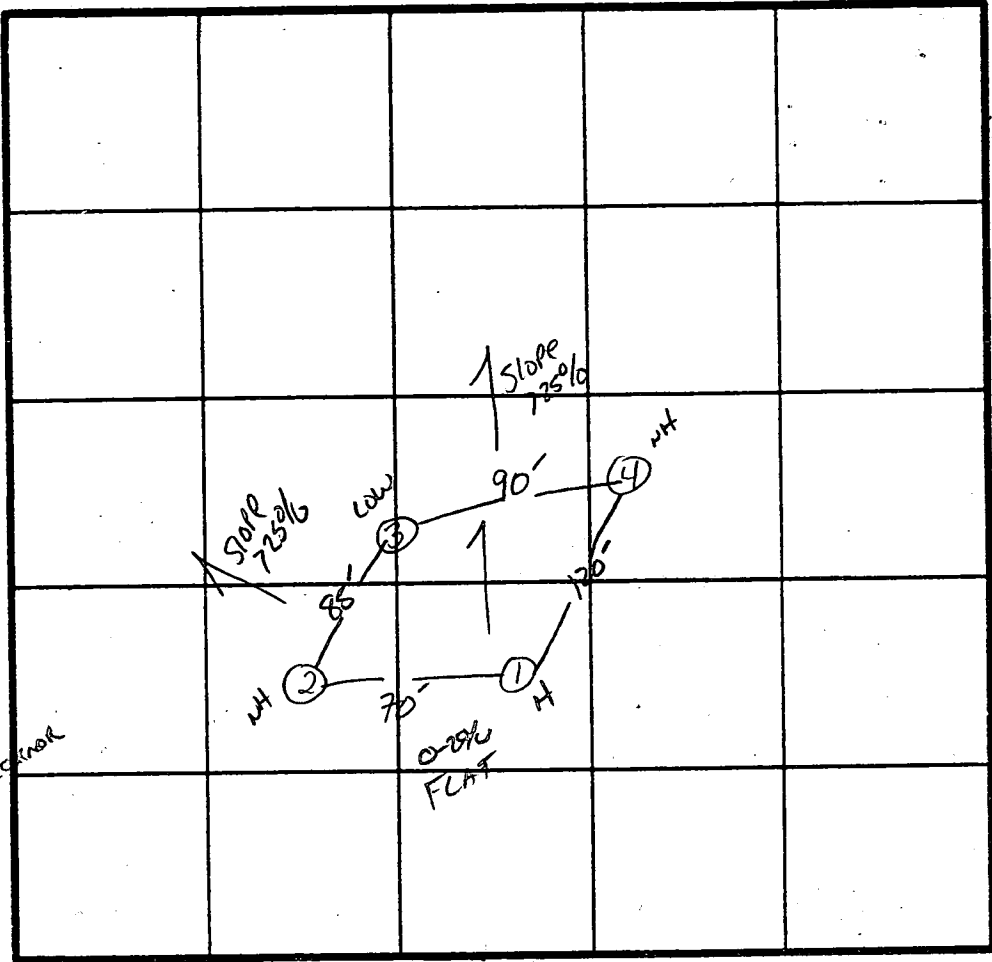
# THIS IS NOT A PERMIT

① → ④  
SOIL PROFILE

0'  
8'  
4.5'  
12'

AP  
Yell. Br  
Silt CLAY  
LOAM  
10-15%  
FRAGS

Yell. Bl.  
Silt LOAM  
Highly  
micaceous  
15-25%  
FRAGS



~~7.5 B  
180 BR  
Inlet 4'  
Bottom 6'~~

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
LINDEN CHURCH Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/29/88	1 S	5'	11:03	11:05	11:05	11:08	3 min
		8'	11:03	11:05	11:05	11:08	3 min
	1 V	12'	UNIFORM soil below 4.5'				
	2 V	17'	SAME AS ABOVE				
	3 S	4.5'	11:11	11:12	11:12	11:14	2 min
		12'	UNIFORM below 3.5-4.0'				
	4 S	4.5'	11:17	11:18	11:18	11:20	2 min
		12'	UNIFORM below 4.0'				

REMARKS Shallow Syst.

TYPE OF SOIL Clayey

TESTED BY S. Abel ALSO PRESENT MARK R, Olen

EH-12-1079



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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
 Receipt # 48375  
 Date 7-17-92  
 Name of Installer Allen M. Van Sant, Inc. Telephone 442-2221  
 License Number 1862  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner Druce Bryant Telephone 937-8566  
 Subdivision Twelve Hills Lot # 2 Well Tag # HO-92-0092  
 Site Address 12766 Twelve Hills

Pump Motor Pitless Adapter  
 1. Type 1. Horsepower 1/2 1. Make HARVARD  
 a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth 3 FT  
 c. Submersible  a. 110 \_\_\_\_\_  
 2. Make Qualls b. 220   
 3. Model # SKS05412  
 4. Capacity 5 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 \_\_\_\_\_

Tank Piping Well data  
 1. Capacity 42 1. Type 160 LBS 1. Depth 150 ft.  
 2. Pressure relief valve? yes 2. Size 1" 2. Yield \_\_\_\_\_ GPM  
 3. NSF and/or BOCA Code approved  3. Static water level \_\_\_\_\_ ft.  
 4. Depth of supply line 3 FT 4. Will water supply be disinfected by installer?

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: \_\_\_\_\_

Date: 7-17-92

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

9/2/92 - OK COVER OUTSIDE WORK  
 HD-215 PRESSURE TANK NOT YET FINISHED  
 RH

B 1 1455

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-92-0092

fill in this form completely

Date Received (APA)

04/14/92

OWNER INFORMATION

GREENSTEIN IRA

10724 A I T L CHATYXENT

COLUMBIA 111910VV

B 3

LOCATION OF WELL

10200000000000000000

8 COUNTY TWELVE HILLS

23 SUBDIVISION SECTION 1 LOT 2

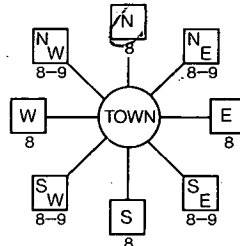
PLAHERSVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linden Church Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 525

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A38266 COUNTY NO.

STATE SIGNATURE DATE ISSUED 06/15/92

CO SIGNATURE Mark E. Kiffin 12/15/92

NORTH GRID 509000 EAST GRID 0811000

APPROXIMATE DEPTH OF WELL 260 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

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 (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

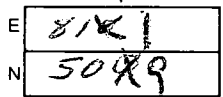
FORCE MR PERMIT No. HO-92-0092

SPECIAL CONDITIONS

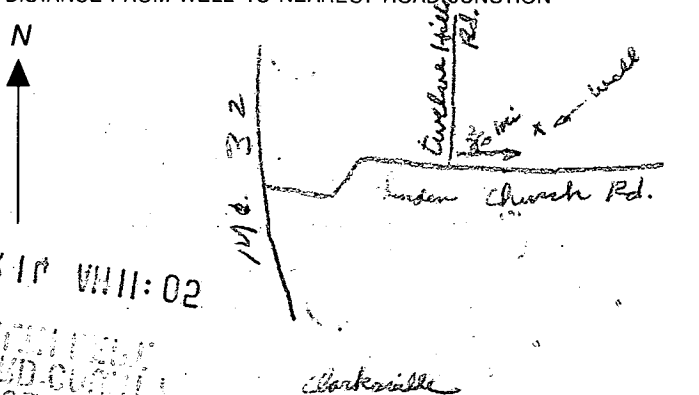
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

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



C 1 **6823** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN  
 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 38266**

ST/CO USE ONLY  
 DATE RECEIVED: [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: **06/16/92**

Depth of Well  
 22 **225** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-92-0092**

OWNER: **Greenstein** last name  
**Ira** first name  
 STREET OR RFD: **Linden Church Rd**  
 TOWN: **Chalkville**  
 SUBDIVISION: **TWELVE HILLS** 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		Check if water bearing
	FROM	TO	
<b>SAND SLICE</b>	<b>0</b>	<b>10</b>	
<b>GRAY mica Rock</b>	<b>10</b>	<b>225</b>	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** YES **N** NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **6** NO. OF POUNDS **564**  
 GALLONS OF WATER **36**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **20** ft.  
 (enter 0 if from surface)

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **14**  
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **13**  
 WHEN PUMPING **130**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **225**

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **S**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } **2** (nearest foot)

**OTHER CASING (if used)**  
 diameter inch [ ] [ ] depth (feet) from [ ] [ ] to [ ] [ ]  
**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**C 2**  
 DEPTH (nearest ft.)  
 1 **Ho** **20** **225**  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] [ ] [ ] [ ] (NEAREST INCH)  
 from [ ] to [ ]

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

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)

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.

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

*See Attached D Well Location*

DRILLERS IDENT. NO. **238**  
 DRILLERS SIGNATURE *[Signature]*  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



8-1-95  
Septic tank c/o  
8' diam corner of  
septic tank - Access  
to do not compromise  
A.M.

LOT 2

PROPOSED WELL

LIMITS OF GRADING & DISTURBANCE

LIMITS OF GRADING & DISTURBANCE

2 CAR GARAGE  
492.33  
PROP DECK  
FF 492.5  
PROPOSED HOUSE  
F.F. = 493.00  
BSMT = 493.67

