

Tax ID - 05.F 428041

Approved 7/21/78 (GLK)

7/21/78  
a.m. please

# PERMIT

P 28290  
42924  
A 25622

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 6/9/78

Roland Barth

IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Beaufort Estates ROAD off Kondrup Drive PARCEL 14 LOT 12

PROPERTY OWNER Lawrence Gayer, Jr. Jim + C Miller

ADDRESS 309 Main Street, Laurel, Md.

SPECIFICATIONS 3 bedrooms

1806

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 145 SQ. FT. per bedroom in the system.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 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

Locate the dry well approximately 235 ft. from the corner of the N15'57'21"E and N88 09'38"E lot lines and 110 ft. from the N88 09'38"E line (25 ft. downhill from the double tree). Begin the trench 5 ft. from the edge of the dry well and follow the contour of the land. The trench will be dug 2 ft. wide, 9 ft. deep, and contain 6 ft. of stone.

PLANS APPROVED BY R. Moorefield DATE 5/5/77

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.

PERMIT SIGNED  
AND RETURNED 8-15-99  
Serial # 28290  
Imground P.H.

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

42924  
25622

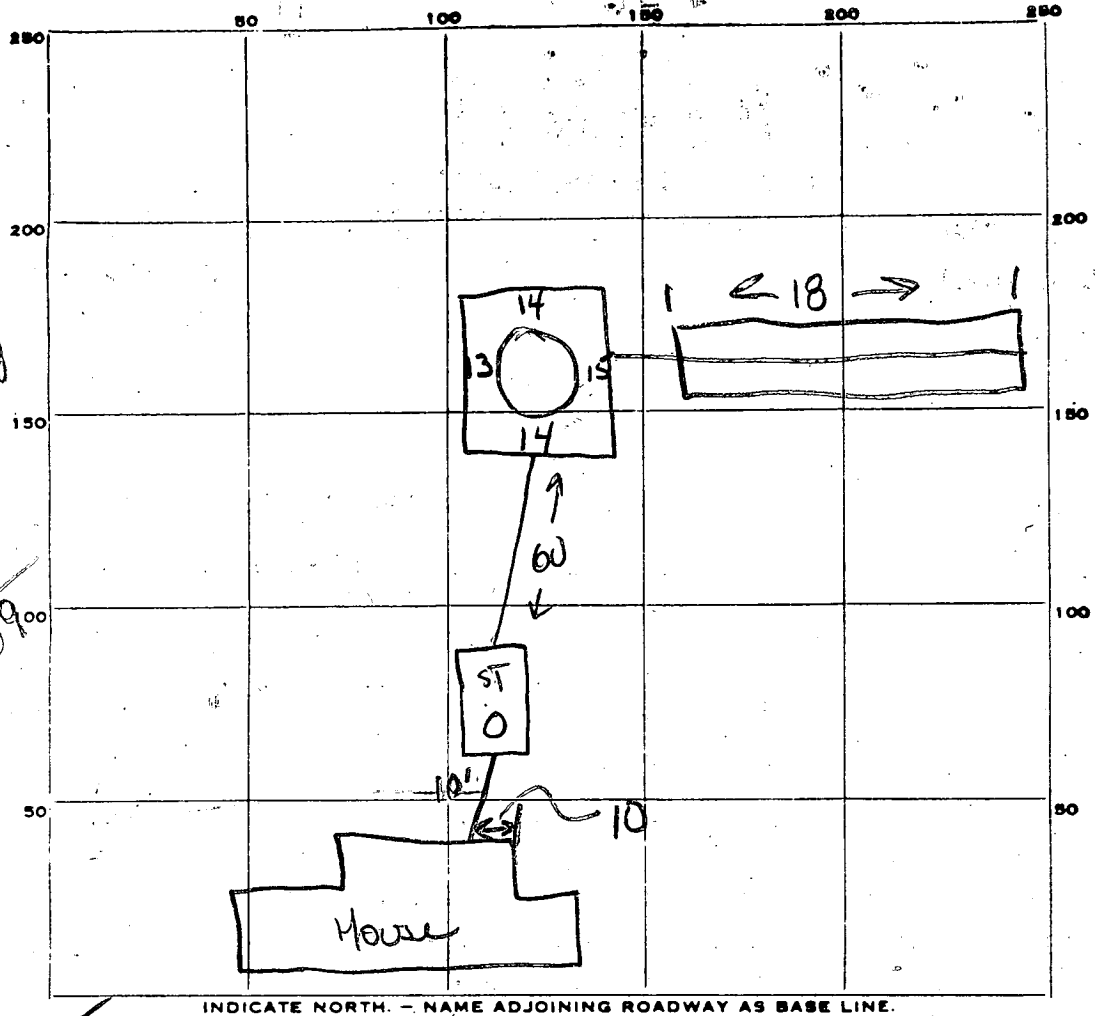
$$\begin{array}{r} 29 \\ 27 \\ \hline 56 \end{array}$$

$$\begin{array}{r} 18 \\ 6/109 \\ \hline 145 \end{array}$$

$$\begin{array}{r} 49 \\ 48 \\ \hline 3 \\ 345 \\ 336 \\ \hline 109 \end{array}$$

$$\begin{array}{r} 56 \\ 46 \\ \hline 336 \end{array}$$

$$\begin{array}{r} 18 \\ 16 \\ \hline 108 \end{array}$$



$$\begin{array}{r} 336 \\ 108 \\ \hline 444 \end{array}$$

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Kondrup

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

ST	DW
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

terra cutta

DISTRIBUTION BOX, LEVEL

Na

TILE FIELD, DEPTH

9

FT.

TRENCH WIDTH

2

FT.

GRAVEL DEPTH

6 ft

TOTAL LENGTH

18

FT.

108

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

108

SEEPRAGE PITS, INSIDE DIAMETER

56

DEPTH BELOW INLET

6

336

ABSORBENT AREA  $\pm 444$  SQ. FT.

REMARKS

20 July 78 - OK to add gravel in trench. install C.I.'s & pipe  
 final (GLK)

DATE SYSTEM APPROVED

7/21/78

INSPECTOR

G. Keller

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A Repair  
P 42924  
DISTRICT 5TH  
DATE October 25, 1988

## INDEXED

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 Lawrence C. Gayer, Jr. C/O Foxwood Manufacturing Co.

ADDRESS 19 Main St., Laurel, MD 20707 PHONE (301) 776-3333

PROPERTY LOCATION:

SUBDIVISION Gayer Property LOT NO. 14 (EXISTING)

ROAD AND DESCRIPTION N.W. of Penelope Court & Kondrup Drive

SIZE OF LOT 3.0 Ac ± TYPE BLDG. SFD Residential  
(NUMBER OF BEDROOMS)

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.

Stephen J. Pemberton (AGENT FOR OWNER)  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 6-9-89 Existing residence w/ 10,000 sq ft septic easement

# THIS IS NOT A PERMIT

P 42924

SOIL PROFILE

0

	NO TESTING REQ'D			
	NO TESTING REQ'D			

42924

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

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

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH-12-1079

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A Repair  
P 42925  
DISTRICT 5TH

DATE October 25, 1988

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 Lawrence C. Gayer, Jr. C/O Foxwood Manufacturing Co.

ADDRESS 19 Main St., Laurel, MD 20707 PHONE (301) 776-3333

PROPERTY LOCATION:

New Lot-8 preliminary  
9 (EXISTING)

SUBDIVISION Gayer Property LOT NO. 9 (EXISTING)

ROAD AND DESCRIPTION N.W. of Penelope Court & Kondrup Drive

SIZE OF LOT 3.0 Ac ± TYPE BLDG. SFD Residential  
(NUMBER OF BEDROOMS)

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.

Glyphing Bumbay (AGENT FOR OWNER)  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 2-2-89 Recommend rejection, less than 10,000 sq ft,  
rock at 5 ft, neighbors' well <sup>existing</sup> 80 ft from area JEN

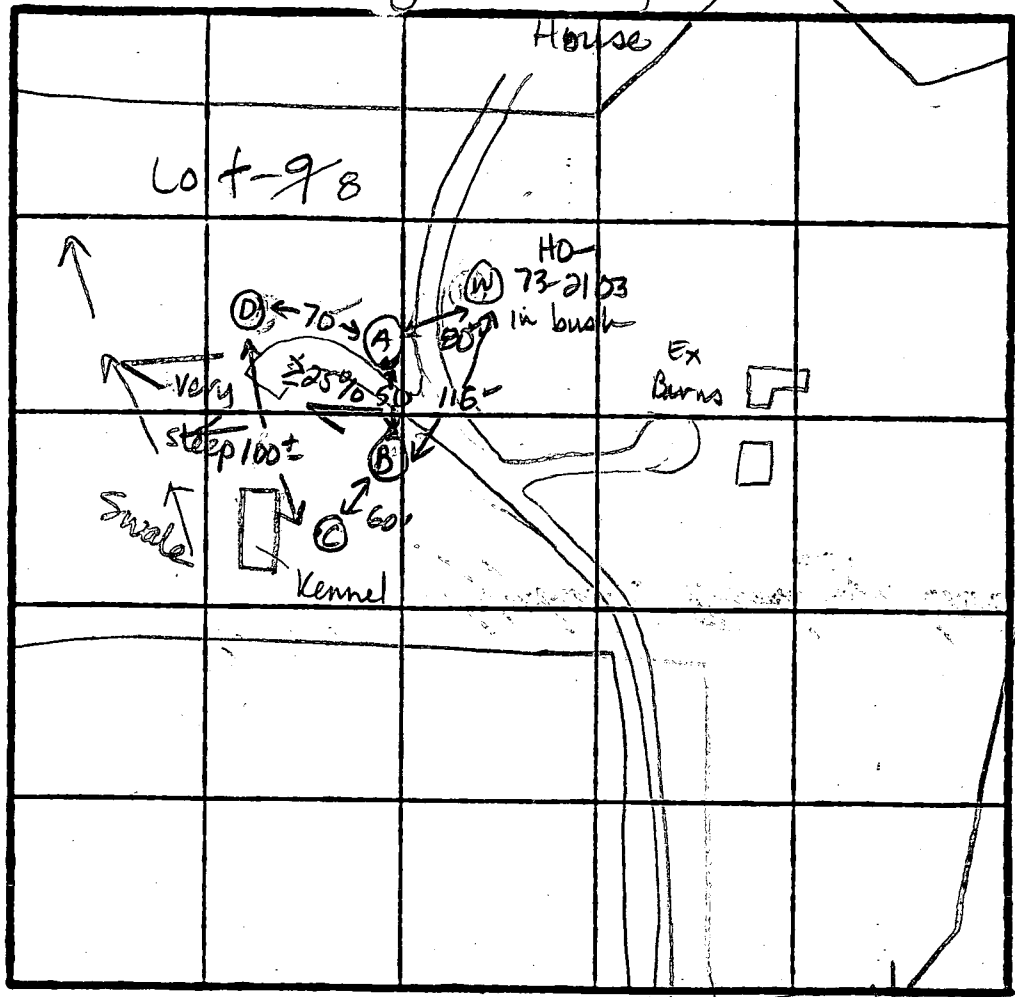
## THIS IS NOT A PERMIT

Lot-8 Existing House

A 42925

(D) (A)  
SOIL PROFILE

0-5.5 Rd br  
si cl lm  
5.5-11.5 Tan mica  
sa si  
lm, some  
broken  
rock  
< 30%  
11.5 Refusal



Highest B  
A  
Lowest C  
D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
Kondrup Drive

30  
20  
120  
60

(B)

0-3.5 Br si  
cl lm  
3.5-13.0 Tan  
mica  
sa si  
lm  
13.0 Bottom

(C)

0-5.0 Rd-br  
si cl  
lm  
5-11.0 Tan  
si sa  
mica  
decomp  
rock  
< 30%  
11.0-12.0 Refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-28-9	D	5					—
		11.5 D	Not tested				—
	A	11.5 V	(Rocky at 9')		Top close to well		Failed
	B	13.0 S					—
		13.0 D	Not tested - soil looks good				—
	C	11.0 V	(Refusal at 11.0', Rocky at 5')				Failed

REMARKS All holes moved, less than 10,000 sq ft, Rock at 5.0', well 80 ft from area  
 TYPE OF SOIL 0-4 Rd-br si cl lm 4-13 Tan mica sa si lm < 30% rx frags  
 TESTED BY Jane E. Nadeau ALSO PRESENT Chuck, Surveyor & Tracey Schulte

# APPLICATION

A 25622

5/5/77  
1:30 P.M.

## SEWAGE DISPOSAL TESTING

P. \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

S.T. 1000 gal

DATE 4/10/77

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

Locate the D.W. approx 235' from the cor. of the N 15°57'41"E and N 88°09'38"E lot lines and 110' from the N 88°09'38"E line (25' downhill from the double tree). Begin the trench 5' from the edge of the D.W. and follow the contour of the land. The trench will be dug 2' wide, 9' deep, and contain 6' of stone. The D.W. will not exceed 9' in depth, with the ins. entering @ 3' below O.C. There will be no less than 145 #/B.P. (435 # total) in the system.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

2 inspections

Rtn 5/5/77

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

PROPERTY OWNER LAWRENCE C GAYLER, JR.

ADDRESS 309 MAIN ST LAUREL, MD PHONE 953-2378

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. MAP 46 PAR 14

ROAD AND DESCRIPTION direction Rt 216 West of ~~North Hollister Rd~~ left of Reservoir Rd left to Kundrop Drive, Ct to Property

SIZE OF LOT 30 + Acres TYPE BLDG. 3 Bed / 3 BATH  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT Lawrence C Gayler, Jr. BLDG. PERMIT SIGNED AND RETURNED 7/20/77  
Serial No. 32813

APPROVED BY R. Mansfield FOR D.W. + Trench DATE 5 May 77  
(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



6/12/00 Am C.O.

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 513629

A REPAIR

ISSUE DATE 6/9/00

APPROVAL DATE \_\_\_\_\_

Hatfield's Equipment IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Beaufort Estates LOT NUMBER 14 ADDRESS 12466 Kondrup Drive

PROPERTY OWNER Jim Miller PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY 1000 GALLONS

PUMP CHAMBER CAPACITY — GALLONS

NUMBER OF BEDROOMS —

**\*\*\* TOP SEAMED SEPTIC TANK REQUIRED \*\*\***

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be 3 feet wide. Inlet 2 1/2-3 feet below original grade. Bottom maximum depth 4 1/2-5 feet below original grade. 2 feet of stone below distribution box.

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

REPAIR-PURPOSE - In support of proposal to convert existing outbuilding to plumbed pool house

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

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

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

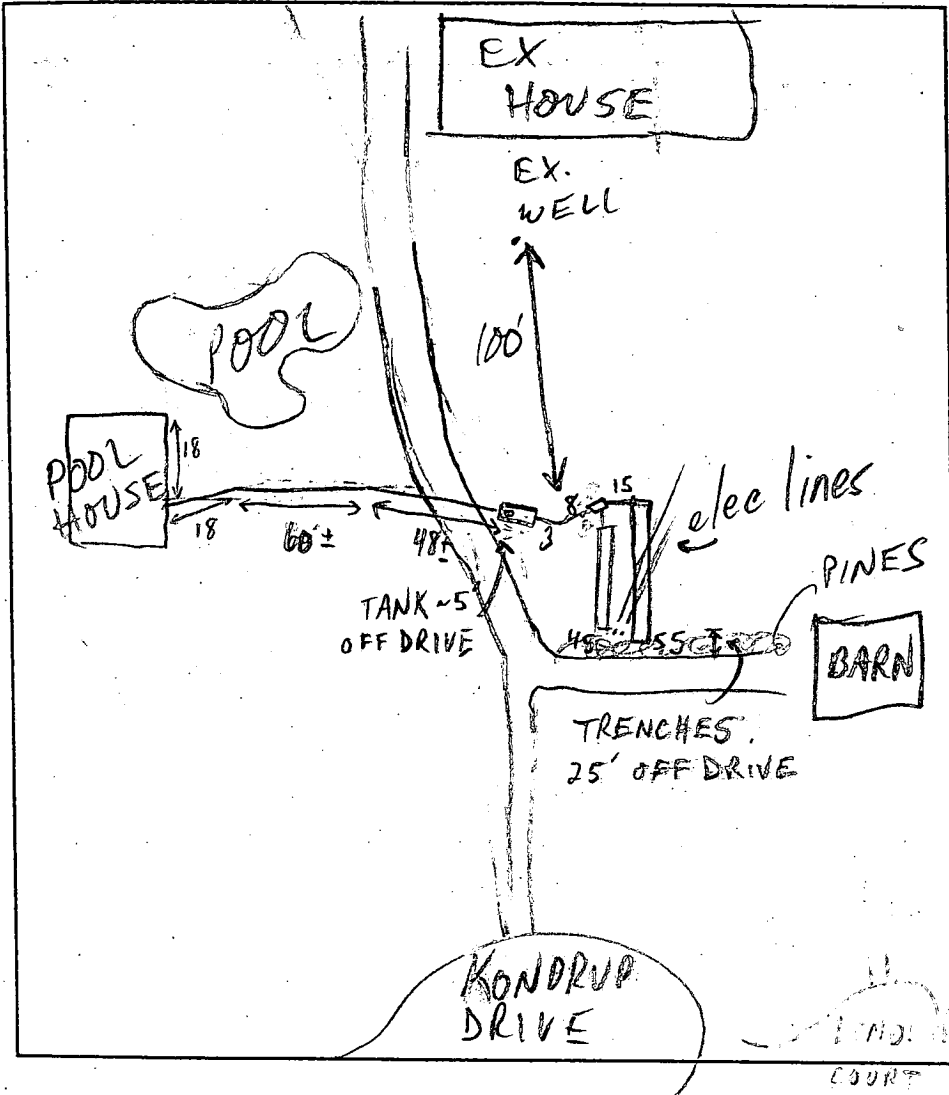
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

18 18

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	2 1/2
TRENCH BOTTOM DEPTH	4 1/2
DEPTH OF STONE	2
NUMBER OF TRENCHES	2
TOTAL TRENCH LENGTH	100
ABSORBENT AREA	300
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1000 TS GALLONS
MANHOLE RISER	—
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	—
MANHOLE RISER	—
ALARM	—
PUMP PERFORMANCE TEST	—

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 6/9/00 OK TO COVER 58' OF PRESSURE LINE, EX. WATER LINE REPAIRED IN SAME TRENCH AS SEWER LINE, AND IS SLEEVED (MR)

6/12/00 OK TO COVER; PERC CERT NEEDED FOR FINAL (MR)

8/12/02 P.C. SIGNED (MR)

INSPECTOR M. R. Atkin DATE SYSTEM APPROVED 8/12/02

# APPLICATION

PERCOLATION TESTING

A 513310

P \_\_\_\_\_

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

Proposal - to establish  
SRA to accommodate  
proposed pool house  
w/ plumbing

DISTRICT \_\_\_\_\_

DATE 3/13/2000

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 Jim and Cara Miller

ADDRESS 12466 Kondrup Dr. 20759 PHONE 301-317-9339

AGENT OR PROSPECTIVE BUYER Dan Miller

ADDRESS 12075 Old Frederick Rd. 21104 PHONE 410-442-1385

PROPERTY LOCATION:

SUBDIVISION Beaufort Estates LOT NO. 12 (14)

ROAD AND DESCRIPTION Kondrup Dr.

TAX MAP 45 PARCEL # 14

SIZE OF LOT 5 acres TYPE BLDG. Single Family  
(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.

Daniel L Miller  
(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 6/16/00 OK, HOLD FOR PERC CERT (MD)

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

# EX. SEPTIC TANK

COUNTY #

SOIL PROFILE

0' ①  
brn  
tan  
saccl/m

3  
4  
orge  
s1cl/m

tan  
gray mica  
sand  
15% frags

8 1/2  
11 1/2  
gray sand  
35% frags  
HARD

SOIL PROFILE

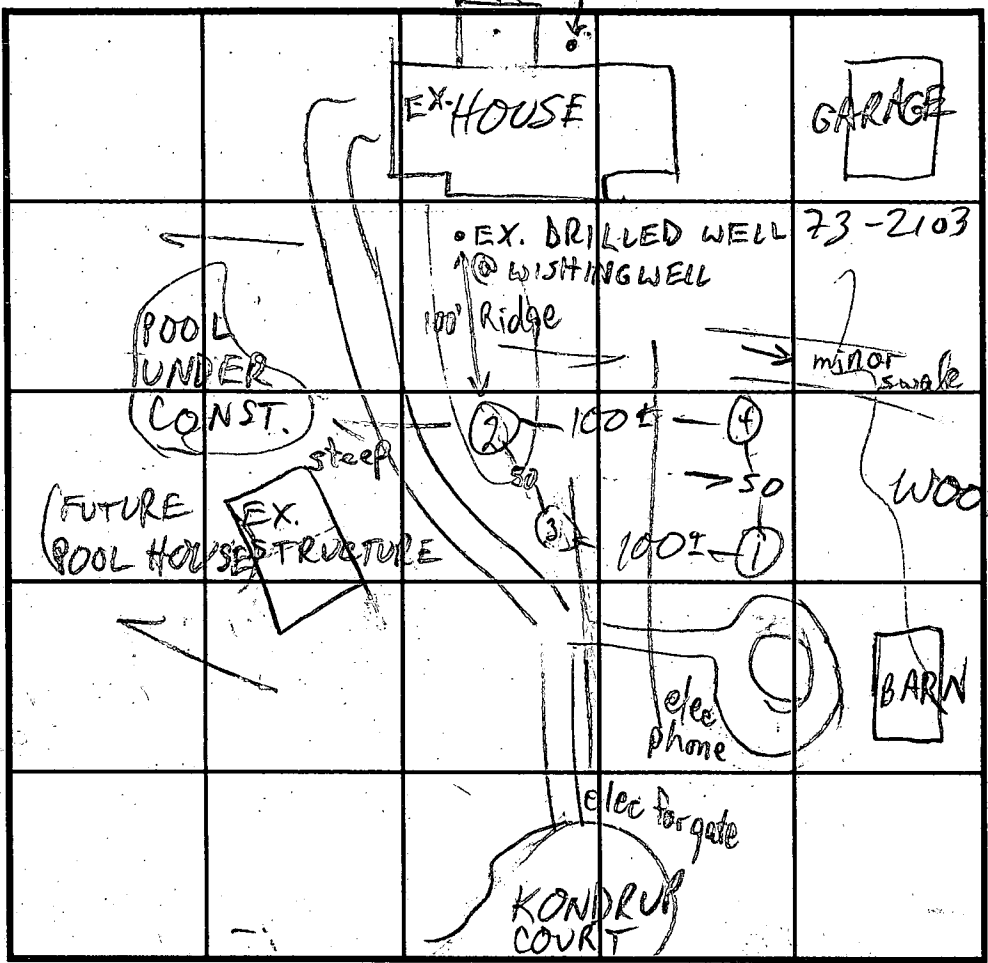
0' ②  
14. brn  
saccl/m

2 1/2  
orge  
mica sabin

tan brn  
saccl/m

10-15%  
frags

12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

2

28" brn  
saccl/m

tan  
gray sa  
15% frags

3 1/2  
tan gray  
mica sand  
30-35%  
frags

9 3/4" HARD

4

2 1/2  
tan 14. brn  
saccl/m

4  
tan  
brn  
orge  
gray  
mica  
sabin  
sa  
10-15%  
frags

DOWN HILL

same  
w/ 25-30%  
frag. pocket

12 1/2  
@ 5-8

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/28/00	1 S	4 1/2	10:47 10:50	10:48 10:50	10:48 10:51	10:49 10:54	1 3	
	1 V	11 1/2	OK see profile					
	2 V	9'3"	OK see profile					
	3 S	5 1/2	10:56	10:58	10:58	11:00	2	
	3 V	9'2"	OK see profile					
	4 S	4	11:15	11:19	11:19	11:30	11	
	4 V	12 1/2	OK see profile					

REMARKS \_\_\_\_\_

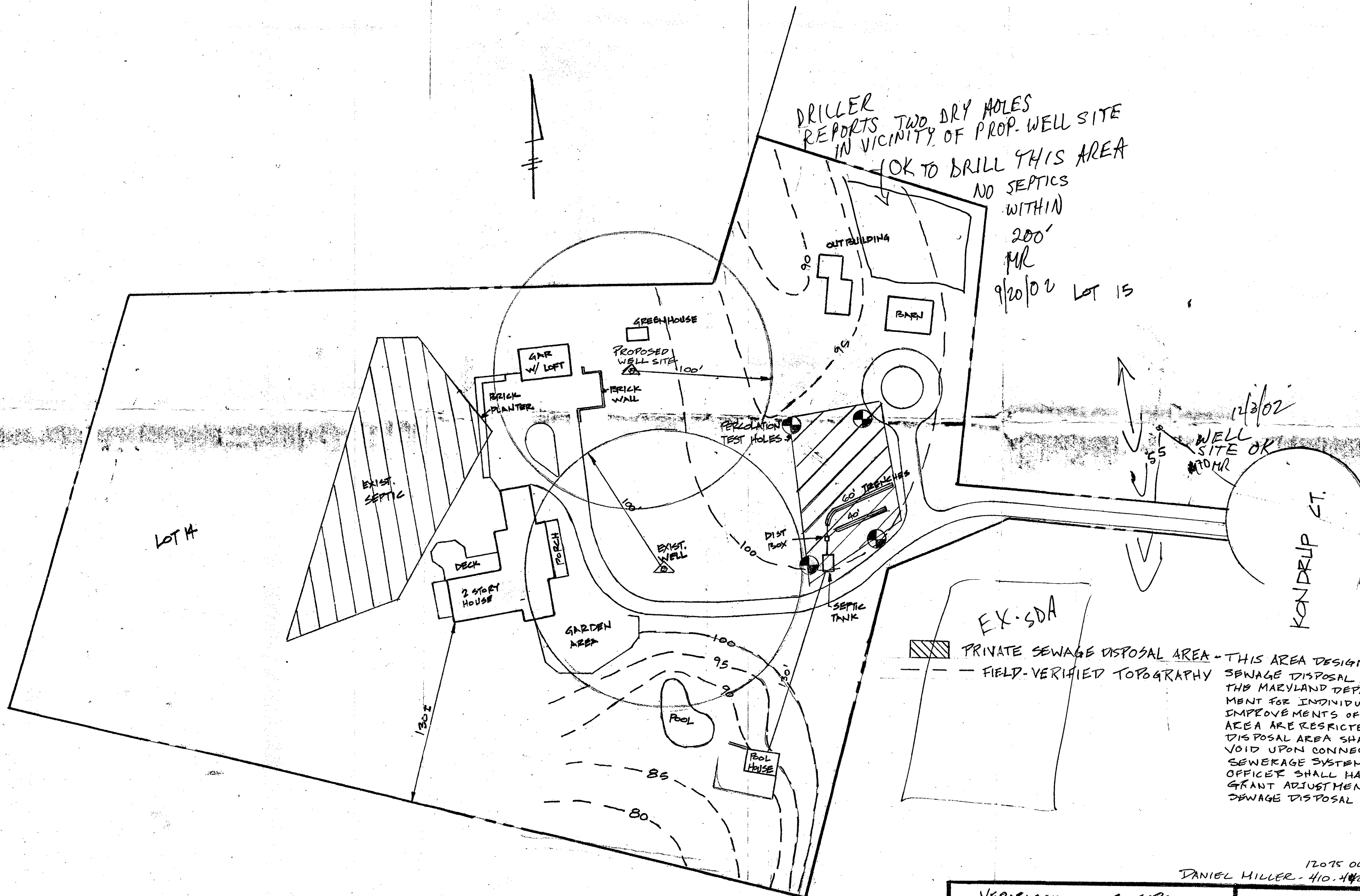
TYPE OF SOIL \_\_\_\_\_

TESTED BY M. Rifkin ALSO PRESENT Harfield, Dan Miller

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 2 1/2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 180

REPAIRS MAY BE DEEPER



VERIFICATION OF SEPTIC AREA FOR POOL HOUSE

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY

*[Signature]* 8/12/02  
 Howard County Health Officer MR Date

12075 OLD PRORICK RD.  
 DANIEL MILLER - 410.442.1385

SITE PLAN  
 MILLERS PROPERTY

12466 KONDRUP DR. 20189  
 BEAUFORT ESTATES LOT #14  
 SCALE = 1" = 50'

PERC TEST HOLES - PASSED/2000

EX-SDA  
 PRIVATE SEWAGE DISPOSAL AREA - THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE DISPOSAL AREA.

FIELD-VERIFIED TOPOGRAPHY

Building Address 12466 Kondrup Dr.  
Fulton MD 20759

Suite/Apt. #: \_\_\_\_\_ SDP/NP/Petition #: \_\_\_\_\_

Census Tract 6051.02 Subdivision Beaufort Est

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot R-14

Tax Map 45 Parcel 1414 Grid 6

Zoning R-14 Map Coordinates 1806 Lot size \_\_\_\_\_

Property Owner's Name Jim & Cara Miller

Address 12466 Kondrup Dr.

City Fulton State MD Zip Code 20759

Home Phone 301-317-9439 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
Daniel Miller  
12075 Old Frederick Rd.  
Marriottsville Md 21104  
 Phone 410-442-1385 Fax \_\_\_\_\_

Existing Use Shed

Proposed Use Pool House

Estimated Construction Cost \$ 3,000.00

Description of Work Partition off existing  
Building for BATH / KITCHEN AREA

Contractor Company John D. Miller Builders Inc.

Contact Person Tom Miller

Address 12075 Old Frederick Rd.

City Marriottsville State Md Zip Code 21104

License No. 67861

Phone 410-442-1385 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Daniel L. Miller  
 Applicant's Signature  
John D. Miller Builders Inc.  
 Title/Company

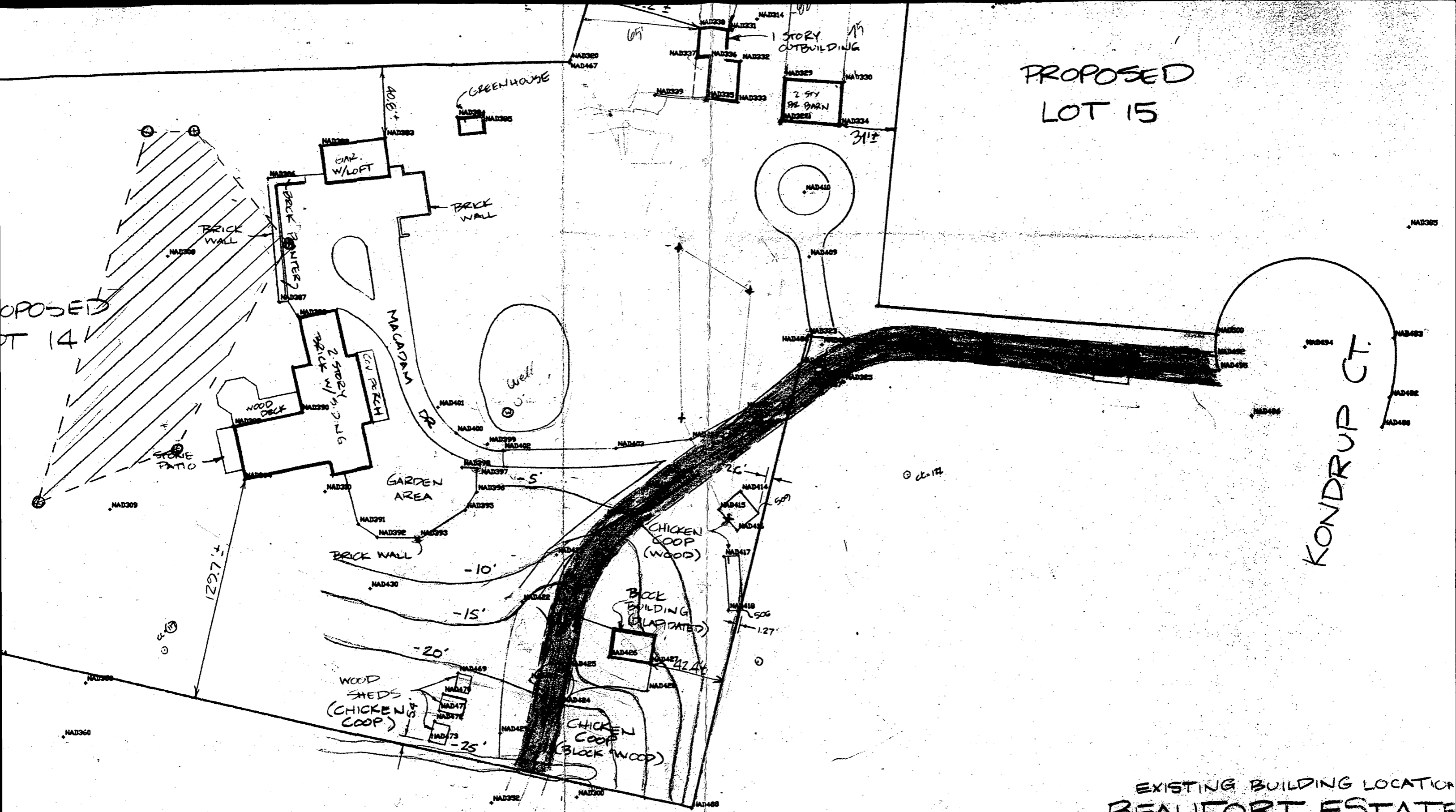
Daniell L. Miller  
 Print Name  
June 13, 2000  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>43080</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>5279</u>
Accepted by _____	Validation # <u>52486</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



PROPOSED  
LOT 15

PROPOSED  
LOT 14

KONDRUP CT.

EXISTING BUILDING LOCATION  
BEAUFORT ESTATE  
SECTION ONE  
LOTS 4 & 15  
SCALE: 1"=50'

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
2000 JUN 15 PM 2:53

147-148	S27°07'39" E	70.06'
148-149	S34°36'28" E	59.81'
149-155	S46°37'45" E	42.72'
155-156	S35°58'46" E	32.11'
156-157	S31°42'17" E	51.64'
157-158	N86°54'01" W	10.16'
158-159	N30°48'20" W	44.47'
159-160	N70°47'25" W	17.27'
160-150	N41°46'34" W	59.58'
150-151	N31°48'01" W	65.34'
151-152	N33°33'50" W	77.85'

E1,327,000  
N538,250

BEAHM  
L.564/F.35

WETLANDS

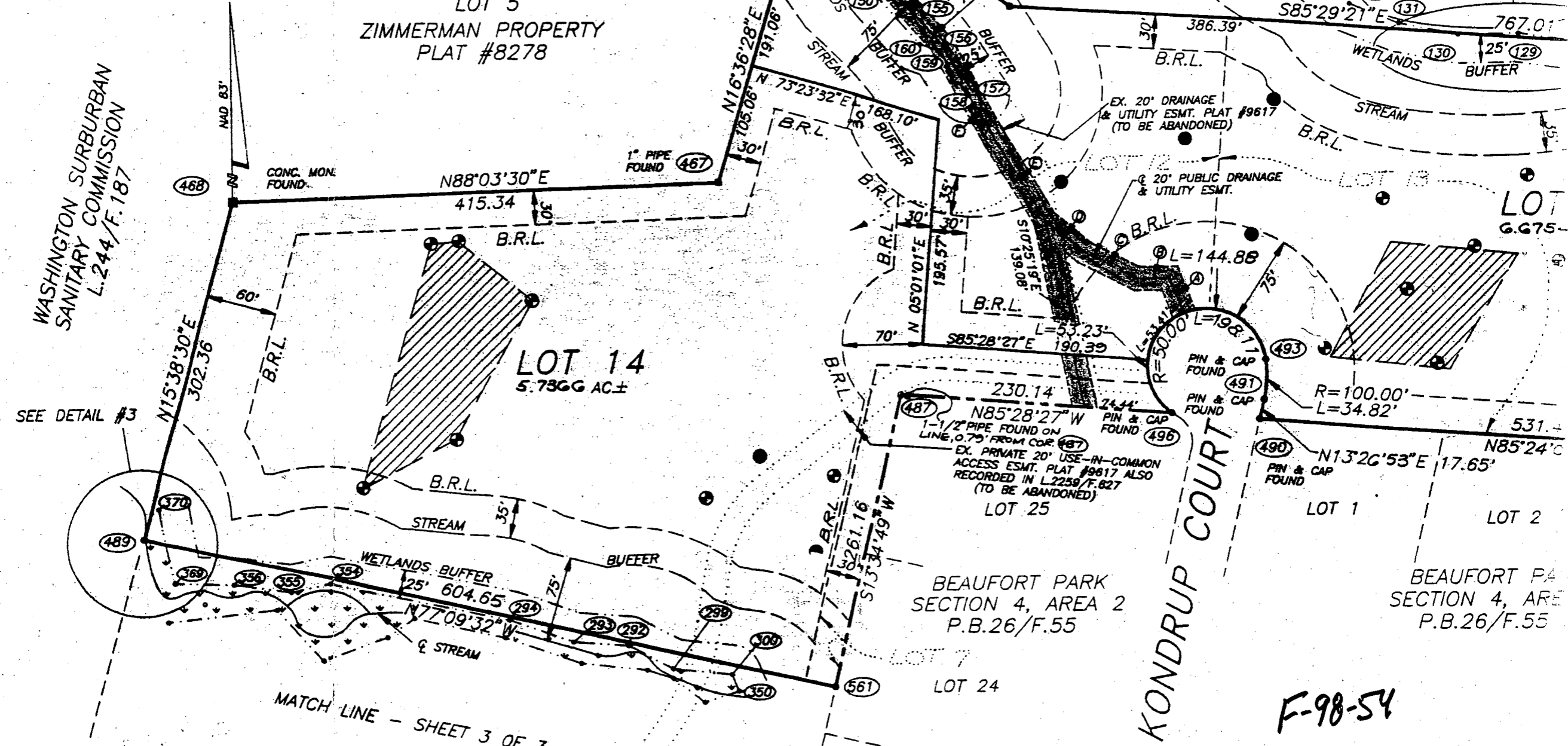
133-132	S47°20'30" E	767.01'
132-131	S67°38'40" E	767.01'
131-130	S78°35'10" E	767.01'
130-129	N89°26'30" E	767.01'
129-128	S81°27'30" E	767.01'

SEE DETAIL

DETAIL #2  
N.T.S.

LOT 5  
ZIMMERMAN PROPERTY  
PLAT #8278

WASHINGTON SUBURBAN  
SANITARY COMMISSION  
L.244/F.187



MATCH LINE - SHEET 3 OF 3

KONDRUP COURT

BEAUFORT PARK  
SECTION 4, AREA 2  
P.B.26/F.55

BEAUFORT PA  
SECTION 4, ARE  
P.B.26/F.55

F-98-54

MALLOY  
L.2664/F.238

Revised & Signed  
BEAHM  
L.564/F.337

S85°29'21"E 76  
LOT 15

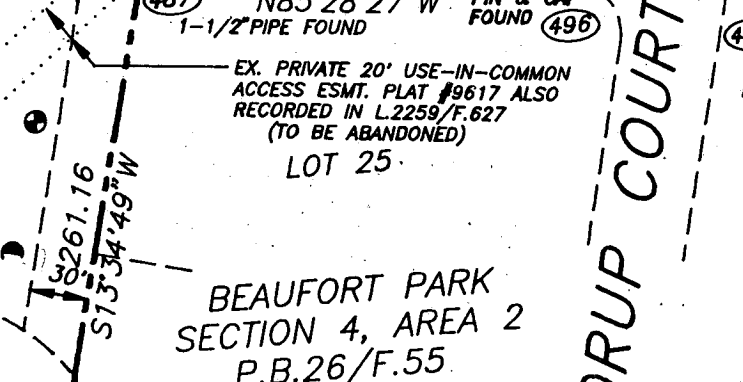
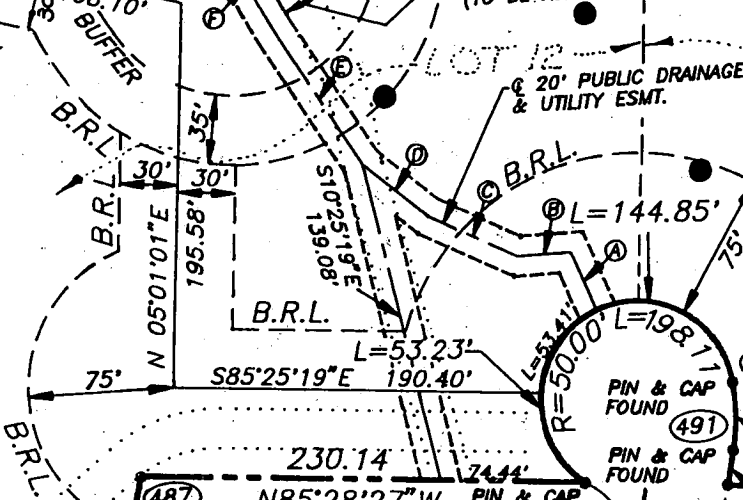
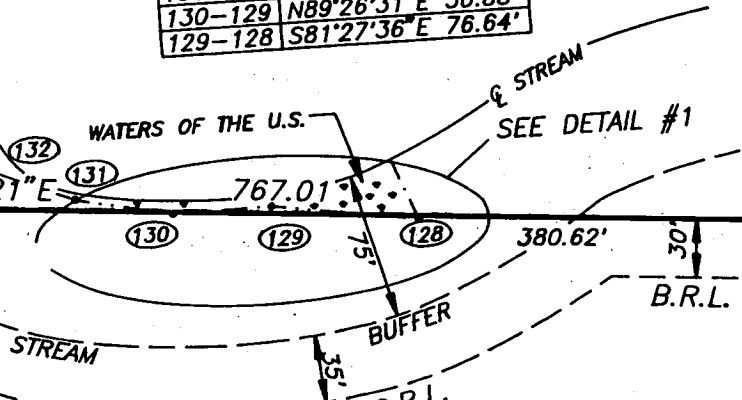
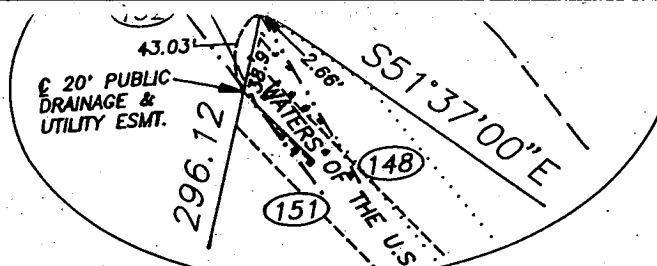
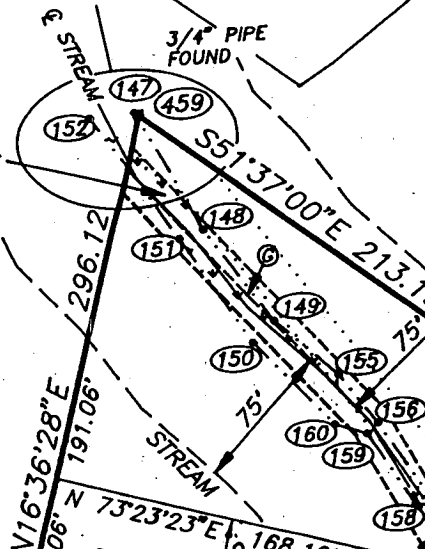
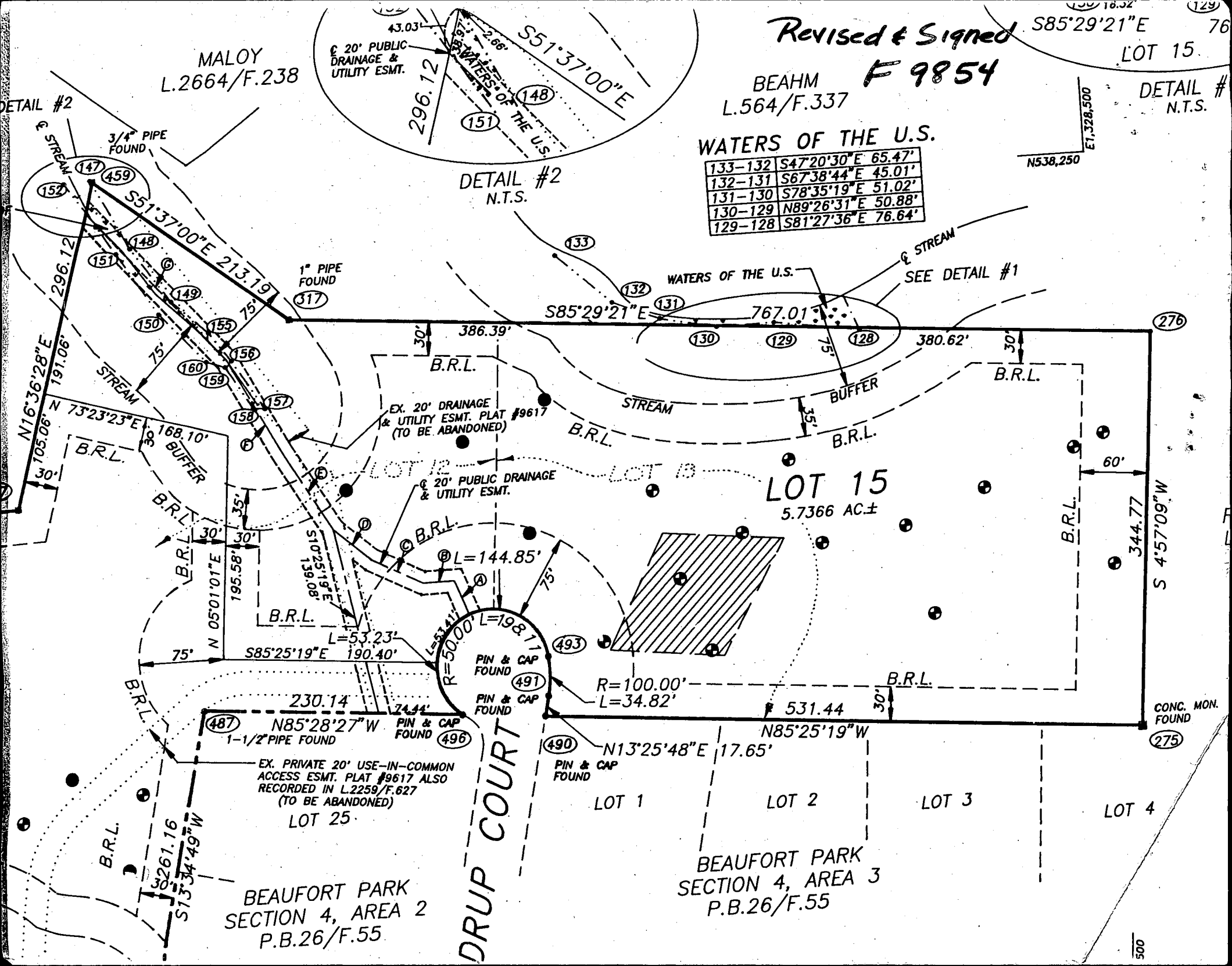
DETAIL #  
N.T.S.

WATERS OF THE U.S.

133-132	S47°20'30"E	65.47'
132-131	S67°38'44"E	45.01'
131-130	S78°35'19"E	51.02'
130-129	N89°26'31"E	50.88'
129-128	S81°27'36"E	76.64'

DETAIL #2  
N.T.S.

DETAIL #2

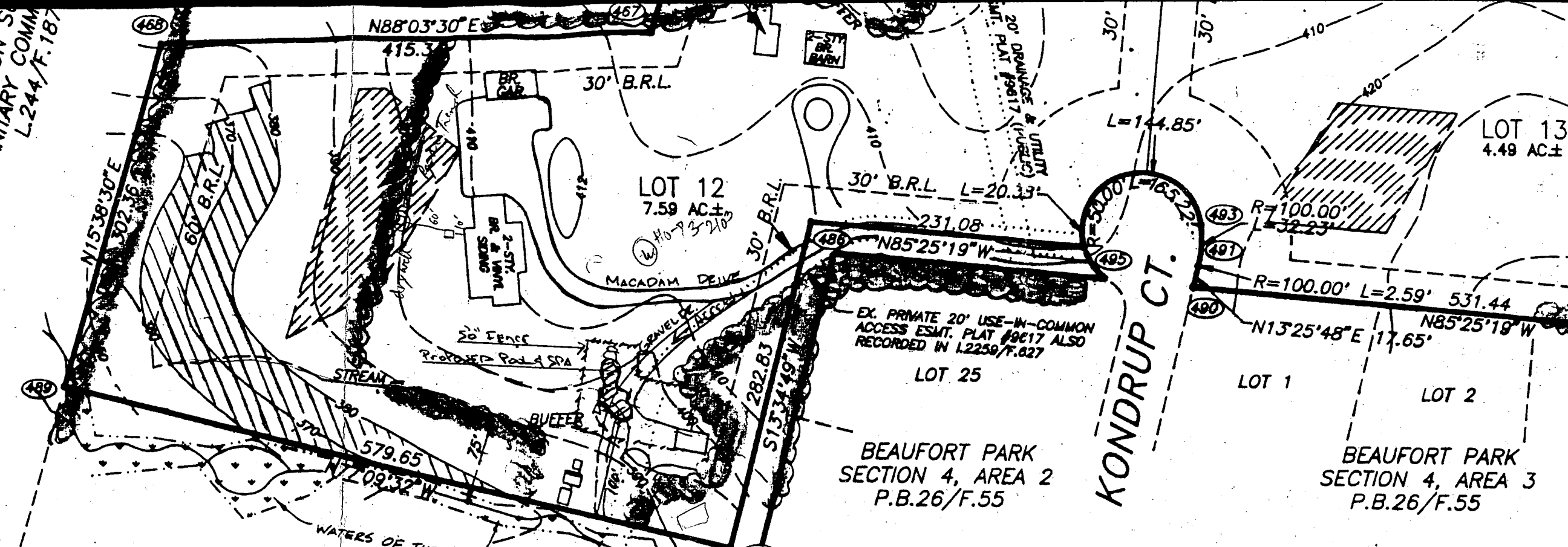


BEAUFORT PARK  
SECTION 4, AREA 2  
P.B.26/F.55

BEAUFORT PARK  
SECTION 4, AREA 3  
P.B.26/F.55

DRUP COURT

WASHINGTON S  
SANITARY COMM  
L.244/F.187



SEE SHEET 2 OF 2  
LOT 7  
BEAUFORT ESTATES  
PLAT #9617  
*P00/20404  
Swim Pool  
No conflict with  
well or Septic  
Recommend approval  
R. J. [Signature] 10/15/19*

EX. PRIVATE 20' USE-IN-COMMON  
ACCESS ESMT. PLAT #9617 ALSO  
RECORDED IN L.2259/F.827

KONDRUP CT.

BEAUFORT PARK  
SECTION 4, AREA 3  
P.B.26/F.55

BEAUFORT PARK  
SECTION 4, AREA 2  
P.B.26/F.55

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3433 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2486 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <span style="font-size: 1.5em;">B00120404</span>
---	---	--

Building Address <u>12466 Kondrup Drive</u> <u>Fulton, MD - 20759</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: <u>0151.02</u> Subdivision <u>Beaufort Estates</u> Section _____ Area _____ Lot <u>12</u> Tax Map <u>45</u> Parcel <u>14</u> Grid <u>6</u> Zoning <u>AA</u> Map Coordinates <u>18DC</u> Lot size _____	Owner's Name <u>Jini &amp; Cain Miller</u> Address <u>12466 Kondrup Drive</u> City <u>Fulton</u> State <u>MD</u> Zip Code <u>20759</u> Home Phone <u>301-319-9339</u> Wprk Phone <u>410-312-7608w</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
---	---

Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Single Family w/ Inground Pool</u> Estimated Construction Cost \$ <u>30,000.00</u> Description of Work <u>Inground Pool 3'6" - 8'0"</u> <u>Spa, Fill by Truck</u>	Contractor Company <u>Rowan Landscape Co, Inc.</u> Contact Person <u>Tim or Beth Rowan</u> Address <u>8611 Reservoir Road</u> City <u>Fulton</u> State <u>MD</u> Zip Code <u>20759</u> License No. <u>CFR03729</u> Phone <u>301-206-9150</u> Fax _____
--	---

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	--

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth                   Width 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Mary E. Rowan</u>	<u>Mary E. Rowan</u>
Applicant's Signature	Print Name
<u>Sec. Rowan Landscape Co. Inc.</u>	<u>9-15-99</u>
Title/Company	Date

**VALIDATION**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>9/15/99</u>	<u>[Signature]</u>
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/15/99</u>	<u>[Signature]</u>
<input type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

Front: 15' min  
 Rear: 60' min  
 Side: 30' min  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

Historic District?  
 YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 43080

Filing Fee \$ \_\_\_\_\_  
 Permit Fee \$ 125  
 (10 sq. ft.  (15 sq. ft.   
 Excise Tax \$ \_\_\_\_\_  
 (.40 sq. ft.  (.80 sq. ft.   
**TOTAL FEES** 125  
 Check # 4067  
 Validation # 23975  
 Accepted by: [Signature]



WELLS DRILLED ON ADJ. LOT 19 TO SERVE LOT 19  
DOCUMENTATION IN LOT 19 FILE

**C1** 2965 SEQUENCE NO. (MDE USE ONLY) 3

**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 42922**

ST/CO USE ONLY DATE Received **060795** DATE WELL COMPLETED **060595** Depth of Well **403** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **MO-94-0468**

OWNER **Namieb Corp.** STREET OR RFD **Kondrop Drive** TOWN **FULTON**  
SUBDIVISION **BEAUFORT ESTATES** SECTION \_\_\_\_\_ LOT **1819**

**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	
Dirt	0	1	
Soft Br. Mica	1	50	
Soft Br. Mica	50	51	X
Soft Br. Mica	51	60	

**GROUTING RECORD** YES NO  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **15** NO. OF POUNDS **1410**

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **64** ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing \_\_\_\_\_

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **2**

METHOD USED TO MEASURE PUMPING RATE **submersible**

WATER LEVEL (distance from land surface) BEFORE PUMPING **24** ft.

**C1** 14356 SEQUENCE NO. (MDE USE ONLY) 3

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

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

COUNTY NUMBER **W517968**

ST/CO USE ONLY DATE Received \_\_\_\_\_ DATE WELL COMPLETED **5/2/03** Depth of Well **400** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK MR 6/6/03 MO-94-3599**

OWNER **Miller James** STREET OR RFD **Kondrop Drive** TOWN **FULTON**  
SUBDIVISION **BEAUFORT ESTATES** SECTION \_\_\_\_\_ LOT **19**

**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	
Topsoil	0	4	
Tan shale	4	11	
Tannish/brown Shale	11	19	
Brown shale	19	27	
Brown slate	27	48	✓
Gray mica	48	400	

**GROUTING RECORD** YES NO  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **14** NO. OF POUNDS **1400**

GALLONS OF WATER **84**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **30** ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below

<b>ST</b> STEEL	<b>CO</b> CONCRETE
<b>PL</b> PLASTIC	<b>OT</b> OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **42**

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

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **15**

METHOD USED TO MEASURE PUMPING RATE **Buquet**

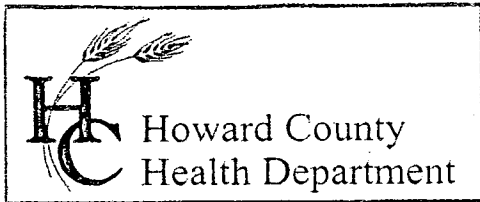
WATER LEVEL (distance from land surface) BEFORE PUMPING **50** ft. WHEN PUMPING **400** ft.

TYPE OF PUMP USED (for test)

<b>A</b> air	<b>P</b> piston	<b>T</b> turbine
<b>C</b> centrifugal	<b>R</b> rotary	<b>O</b> other (describe below)
<b>J</b> jet	<b>S</b> submersible	

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP YES NO  
(CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 6, 2002

*Well permitted for Lot 19,  
but with SEWER LOT 14*

Mr. James Miller  
12466 Kondrup Drive  
Fulton, MD 20759

RE: Irrigation Well Permit  
HO-94-3599  
Well Location Lot 19, Beaufort Estates

Dear Mr. Miller:

On December 6, 2002, this office issued the referenced well permit to Easterday Well Drilling.

Although the proposed well location is directly downslope of the approved sewage easement, the site was approved because your agent reported there are no plans to construct a house at the present time. Be advised that if any plans to construct are initiated, the presence of the well in a downslope position could generate additional review prior to issuance of any building permit.

If you have any questions, please contact this office at the referenced address or telephone number.

Very truly yours,  
*Mark E. Rifkin*  
Mark Rifkin  
Well and Septic Program

MR  
cc: George Easterday  
File

**DRILLER REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> 0860	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 6 12 03	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3462 28 29 30 31 32 33 34 35 36 37
---	--	---	--

OWNER Miller Jim  
 STREET OR RFD 12466 Kondrup Drive TOWN Fulton  
 SUBDIVISION Beaufort Estates SECTION \_\_\_\_\_ LOT 14

**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	
Overburden	0	15	
Brown Shale	15	40	
Gray Rock	40	300	
(Dry Hole - Backfilled)			

Well # 1  
300' Dry Hole - Backfilled

**GROUTING RECORD**      yes      no

WELL HAS BEEN GROUTED (Circle Appropriate Box)       Y       N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT  CM      BENTONITE CLAY  BC

NO. OF BAGS NA      NO. OF POUNDS NA

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (to nearest foot)  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 (enter 0 if from surface)

**CASING RECORD**

(casing types insert appropriate code below)

ST       CO  
STEEL      CONCRETE

PL       OT  
PLASTIC      OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
<u>NA</u>	<u>NA</u>	<u>NA</u>

**OTHER CASING (if used)**

EACH CASING	diameter inch	depth (feet) from to

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

ST       BR       HO  
STEEL      BRASS      OPEN HOLE

PL       OT  
PLASTIC      OTHER

**DEPTH (nearest ft.)**

NA

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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

68

**MDE 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

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) \_\_\_\_\_ 8 9

PUMPING RATE (gal. per min.) \_\_\_\_\_ 11 15

METHOD USED TO MEASURE PUMPING RATE NA

WATER LEVEL (distance from land surface)

BEFORE PUMPING \_\_\_\_\_ ft. 17 20

WHEN PUMPING \_\_\_\_\_ ft. 22 25

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.      NA

CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 31 35

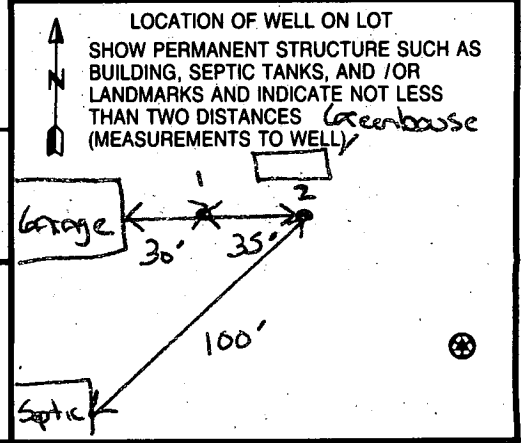
PUMP HORSE POWER \_\_\_\_\_ 37 41

PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_ 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE (nearest foot)

- below }



NUMBER OF UNSUCCESSFUL WELLS: 2

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. MAD 120

*[Signature]*  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 049

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

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

B 1 7571

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3462

fill in this form completely

W517347 please type

Date Received (APA) 070502

OWNER INFORMATION

8 MM DD YY 13

Miller Jim Last Name Owner First Name

12466 Kondrup Drive Street or RFD

Fulton MD 20759 Town State Zip

LOCATION OF WELL

Howard COUNTY

Beaufort Estates SUBDIVISION

SECTION LOT 14

Fulton NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

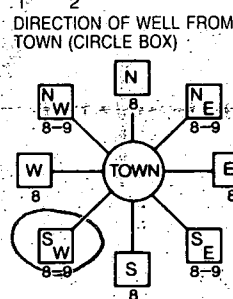
PAUL M. FABISZAK MLW D399 Driller's Name License No.

G Edgar Harr Sons Corp Firm Name

12047 Falls Rd Rockysville 21030 Address

Tal M Signature 7-2-02 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12466 Kondrup Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

450 300 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 45 BLK: 6 PARCEL 14

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME P513629 COUNTY NO.

STATE SIGNATURE: INSERT S

DATE ISSUED: 080802 Mark Pfk 8/8/03

CO. SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller. (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: 40-94-3462

PERMIT No. 40-94-3462

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

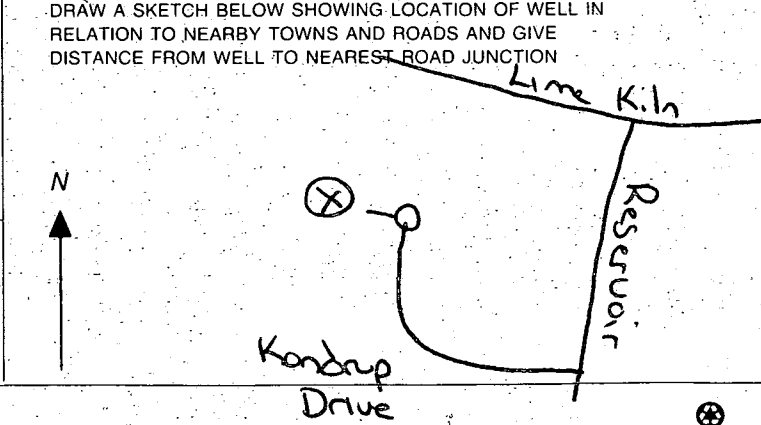
- 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810820

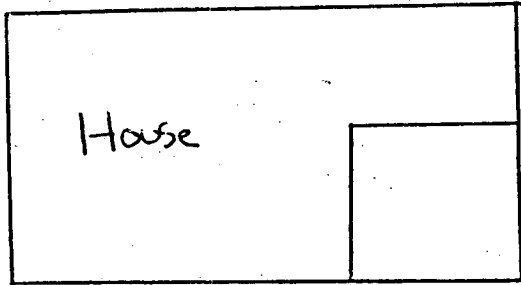
N 410480

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

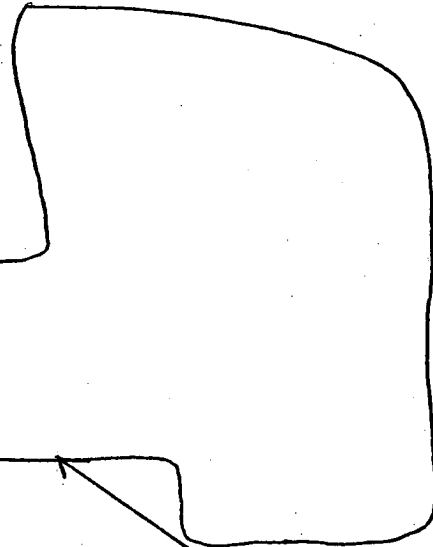


(X) Septic

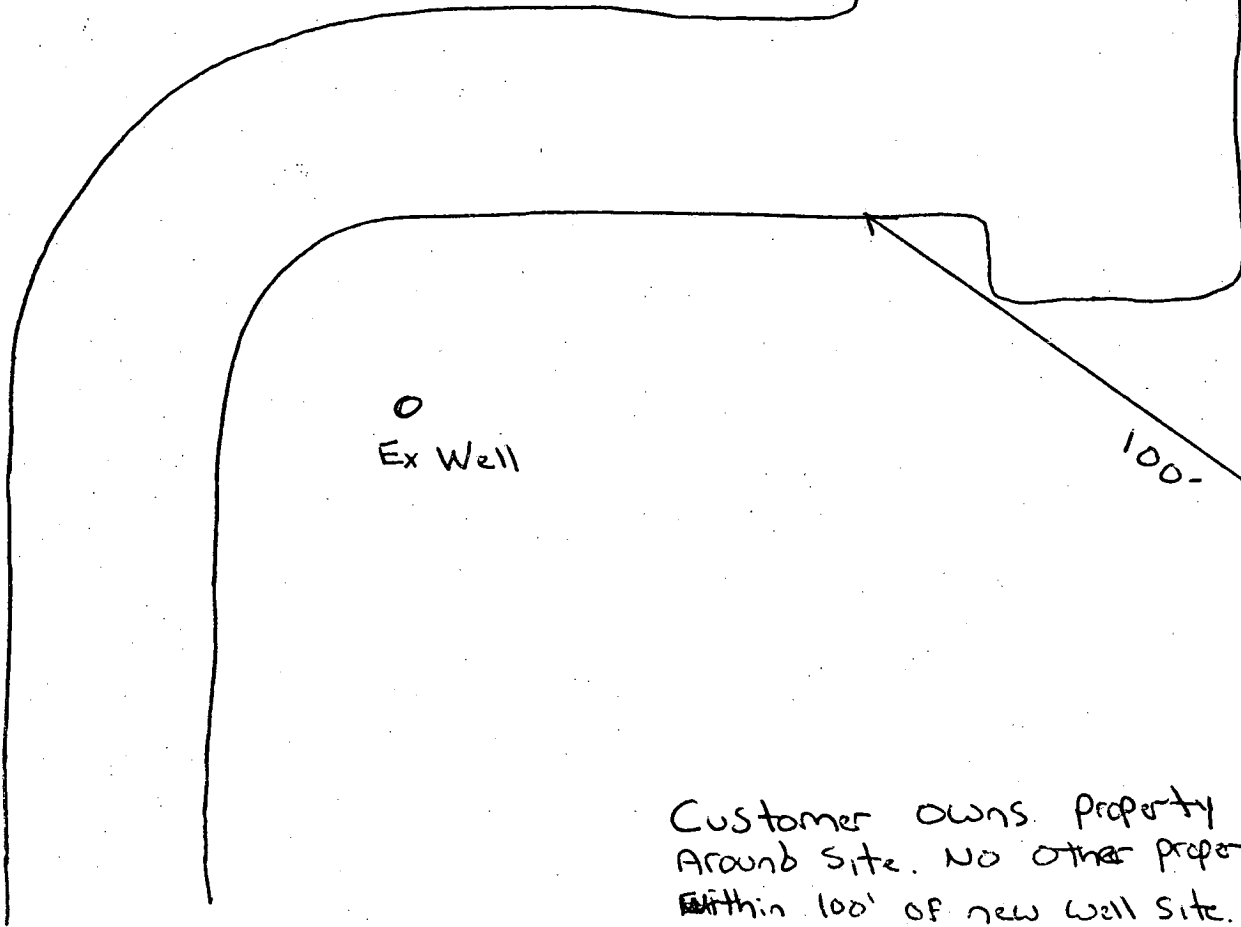
410  
322  
8008



House



GARAGE



o  
Ex Well

100'

WOLE  
DRP

OK  
YES  
NEW  
WELL  
SITE

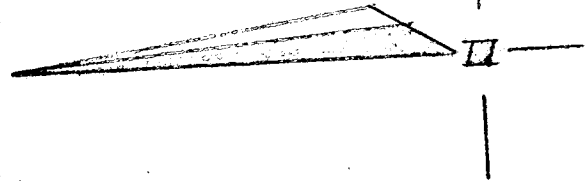
Well site OK  
No Insp 8/8/02  
(H2)

Customer owns property  
Around site. No other property  
within 100' of new well site.

KONDRUP DR.

BEAUFORT PARK  
SECTION 4 AREA

(B) 2-4



S 13° 24' 50" W

S 13° 24' 50" W

app. 7/20/77  
*[Signature]*

Ex. El. 399 ± Well

Proposed House Location

FF. 397 No Base

Prepared for  
**LAWRENCE C. GAYE, JR.**  
near  
**BEAUFORT PARK**  
Fifth Election Dist.  
Howard County Md.  
Scale: 1"=100' July, 1977  
Part of L.691 F.362

Inv. El. - 393.75 LY

Ex. El. - 394 ±

Inv. El. - 392.0 LY

Ex. El. 395 ±

El. at Perc. 395 ±

The property shown hereon complies with the minimum ownership and lot area requirements of the Maryland State Health Department. The topography shown was obtained by a transit survey, the elevations approximating the WSC & USGS Datums. I certify that the measurements and elevations shown are correct for this property.

*[Signature]*  
Reg. Professional No. 8879

Prepared by  
**The J. E. Cook Co.**  
Laurel, Md. E-4-16

62594

Dry Well

110

390

N 88° 09' 30" E

N 15° 37' 4" E

320

189

400

100

20

80

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) -

A 25622

B 1 3951 <small>SEQUENCE NO. (WRA USE ONLY)</small>	<b>STATE OF MARYLAND</b> WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	WRA PERMIT NUMBER 40-73-2103 FILL IN THIS FORM COMPLETELY
---	--	---

DATE RECEIVED (WRA USE ONLY) 6-6-77 9:30 a.m.	OWNER <u>Gayer Lawrence</u> <small>COL 15 LAST NAME</small> <span style="float:right"><small>FIRST NAME</small> COL 34</span> STREET OR RFD <u>309 Main Street</u> <small>COL 36</small> <span style="float:right"><small>COL 55</small></span> POST OFFICE <u>Lanear, Md. 20810</u> <small>COL 57</small> <span style="float:right"><small>COL 76</small></span>
---	--

B 1 CONTINUED 1 2 3 (SEQ. NO.) 6	<b>DRILLER INFORMATION</b> DATE <u>5/19/77</u> LICENSE NUMBER <u>42</u> <small>77</small> <span style="float:right"><small>80</small></span> FIRST NAME <u>L. F. Easterday</u> LAST NAME SIGNATURE <u>L. F. Easterday</u>
-------------------------------------	---

B 3 1 2 3 (SEQ. NO.) 6	<b>LOCATION OF WELL</b> COUNTY <u>Howard</u> <small>(DO NOT ABBREVIATE COUNTY NAME)</small> <span style="float:right"><small>21</small></span> SUBDIVISION <u>                    </u> <span style="float:right"><small>42</small></span> SECTION <u>                    </u> LOT <u>                    </u> <span style="float:right"><small>50</small></span> NEAREST TOWN <u>Fulton</u> <span style="float:right"><small>71</small></span> MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>0</u> <span style="float:right"><small>73</small></span> <span style="float:right"><small>76 77 78</small></span>
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B 2 1 2 3 (SEQ. NO.) 6	<b>WELL INFORMATION</b> MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> <small>8</small> <span style="float:right"><small>12</small></span> AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u> <small>14</small> <span style="float:right"><small>20</small></span> USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> PRIVATE WATER COMPANY } <input type="checkbox"/> TEST
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B 4 1 2 3 (SEQ. NO.) 6	<b>DIRECTION FROM TOWN</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST NEAR WHAT ROAD <u>Rt. 216</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>100</u> <small>34</small> <span style="float:right"><small>37</small></span> <span style="float:right"><small>38 39</small></span>
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APPROXIMATE DEPTH OF WELL <u>150</u> FEET <small>24</small> <span style="float:right"><small>28</small></span>	APPROXIMATE DIAMETER OF WELL <u>6"</u> (NEAREST INCH)
---	---

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input type="checkbox"/> 30-37 <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT	OTHER (DESCRIBE)
--	------------------

REPLACEMENT OR DEEPEINED 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 <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>                    </u> WRITE INITIALS IN BOX <u>                    </u> CONDITIONS <u>                    </u> <small>67 68</small> <span style="float:right"><small>70 71 72 73 74 75 76 77 78 79</small></span>
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B 4 CONTINUED 1 2 3 (SEQ. NO.) 6	<b>HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Howard</u> COUNTY NO. <u>W25913</u> DATE <u>5 23 77</u> APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>
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DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N  
↑

+ well

Fulton

Rt 216

Prime Kilar Rd. 8

6/6/77 Dept of County P.W.D.

23' Well Shroud

25' Well Cap

2' out of ground Co. B.D.

No houses

No septic

T

BOX NUMBER E <u>820</u> N <u>480</u>	NORTH COORDINATE <u>                    </u> <small>90 51 52 53 54 55</small> EAST COORDINATE <u>                    </u> <small>57 58 59 60 61 62 63</small> ELEVATION AT WELL HEAD (FEET) <u>                    </u> <small>65 66 67 68</small>
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C 1 2351

SEQUENCE NO. (WRA USE ONLY)

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) 8-13

DEPTH OF WELL 300 DATE WELL COMPLETED 15 20

PERMIT NO. FROM "PERMIT TO DRILL WELL" 73-2103 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 75

OWNER LAST NAME FIRST NAME STREET OR RFD POST OFFICE

WELL DESCRIPTION

WELL LOG

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

Table with columns: DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY), FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: Top Soil, Shaley SANDstone, mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES Y NO N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 48 FT. TO 58 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW) STEEL S T CONCRETE C O PLASTIC P L OTHER O T MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW) STEEL S T BRASS OR BRONZE BR HO PLASTIC P L OTHER O T

Table for EACH SCREEN with columns: DEPTH (NEAREST WHOLE FOOT) FROM TO. Includes handwritten entries: 1 10 23 300

DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO

GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 60 WHEN PUMPING 30 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) AIR A CENTRIFUGAL C JET J PISTON P ROTARY R SUBMERSIBLE S TURBINE T OTHER (DESCRIBE BELOW) O

PUMP INSTALLED

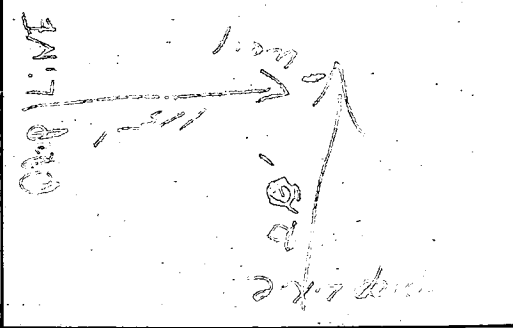
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) PUMP HORSE POWER PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE + BELOW } LAND SURFACE (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).



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 (PLEASE PRINT) SIGNATURE