

4/5/88  
2:30 PM  
4/6/88 NOON

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41394

A 33248

DISTRICT 4th

DATE 3/31/88

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED  
04-336887

DATE SYSTEM APPROVED 4-6-88

INSPECTOR JEN

T & R Plumbing & Heating, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 9921 Washington Blvd., Laurel, MD 20707 PHONE 725-2392

SUBDIVISION Warfield Estates ROAD 14550 MacClintock Drive LOT 33-A

PROPERTY OWNER Michael Hutchison  
14550 MacClintock Drive

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start system 160 feet from the front lot line and 130 feet from the right lot line as seen when facing the property from MacClintock Drive. Run trenches along level ground toward right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY C. Williams DATE 3/15/84

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.

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

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

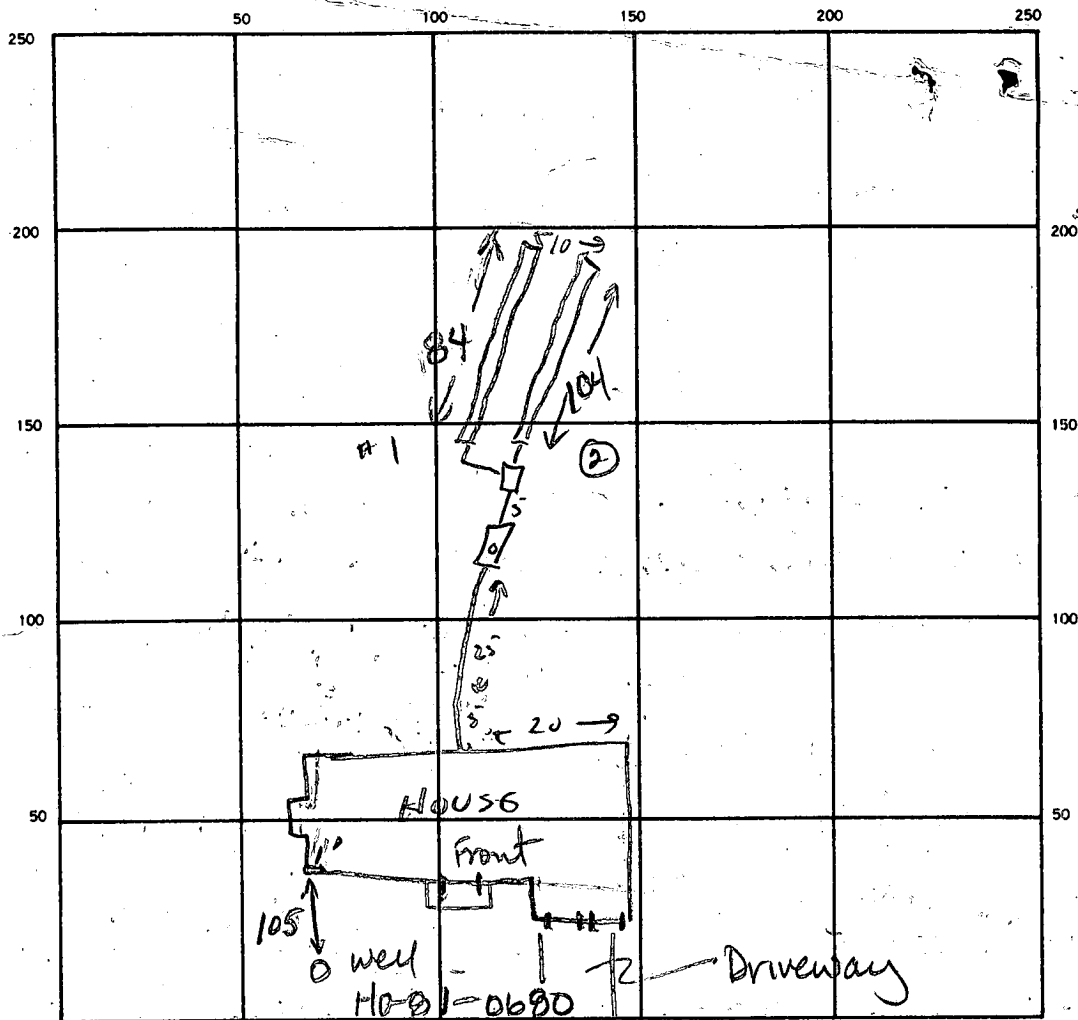
NO. PERMIT SIGNED  
AND RETURNED 3/28/89  
Serial # 24276-1166

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

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

EH - 2-1186

A 33248



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MacClintock Drive

SEPTIC TANK LEVEL 1500 gal ✓ CLEANOUTS 5 ✓

DISTRIBUTION BOX LEVEL 10 ②

DRAIN FIELD/TILE FIELD DEPTH 7 ② FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 ② 3 ③ FT.

EFFECTIVE GRAVEL DEPTH 4 ② 4 ③ FT. TOTAL LENGTH 184 ① 104 ② FT. ③

NUMBER OF TRENCHES 2 (84 EACH) ONE SIDEWALL/BOTTOM AREA 336 ① 416 ③ SQ. FT.

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

ABSORBENT AREA 752 SQ. FT.

REMARKS OK TO ADD GRAVEL TO TRENCHES 7/5/88 CW

4-6-88 ok to cover all work JEN

\* WELL NEEDS TO BE RAISED TO 8" ABOVE GRADE

DATE SYSTEM APPROVED 7-6-88

INSPECTOR Jane E. Nadeau

# APPLICATION

A 18132

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

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

DATE 3-22-73

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 Robert W. Douglas

ADDRESS 9315 Annapolis Rd., Lanham, Md. PHONE 577-0065

PROPERTY LOCATION:

SUBDIVISION Warfield Estates LOT NO. 21, Sect. 7

ROAD AND DESCRIPTION unnamed

SIZE OF LOT 5.0 Acres TYPE BLDG. 3 or 4 Bedrooms  
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 Robert B. Douglas /s/

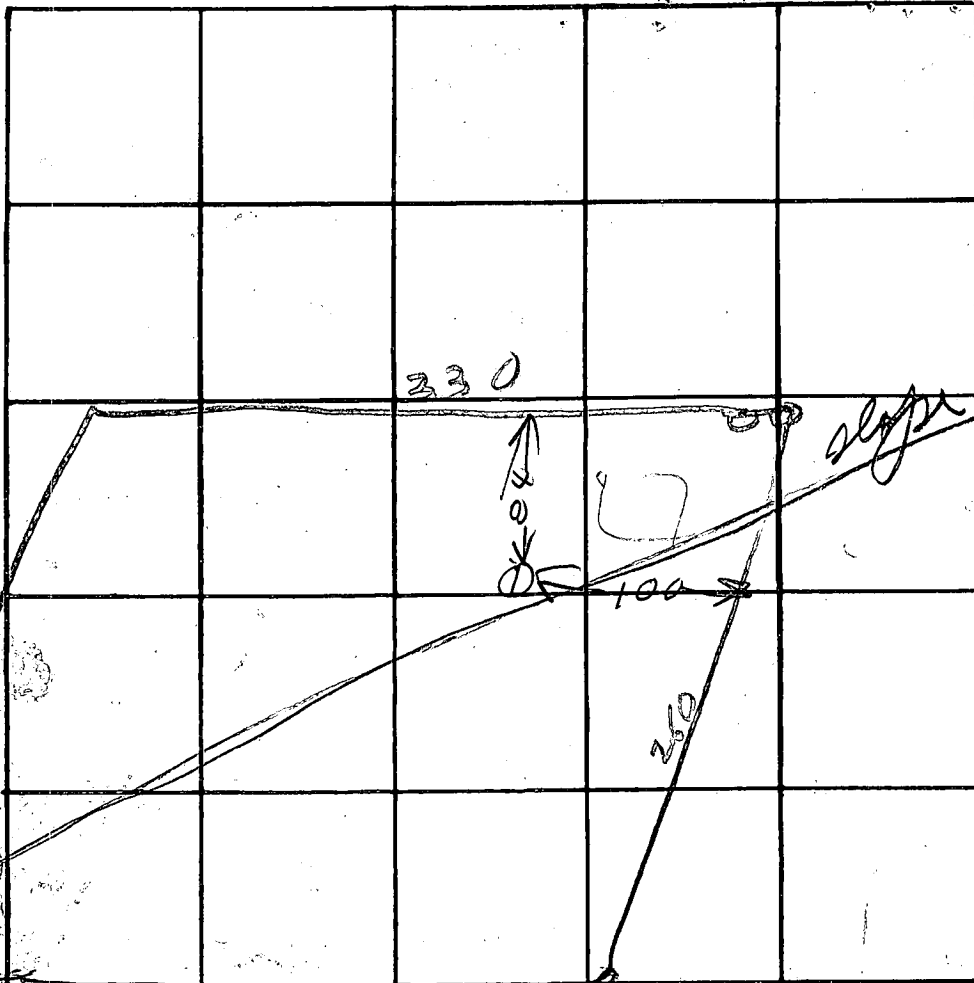
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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.

UNNAMED RD

| DATE     | TEST NO. | DEPTH | PRE-WET                |           | TEST - 1" DROP |      | TIME  |
|----------|----------|-------|------------------------|-----------|----------------|------|-------|
|          |          |       | START                  | STOP      | START          | STOP |       |
| 10/16/73 | 1        | 13    | UNDER GROUND WATER TOP | 6 FT CLAY |                |      | 12:57 |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |
|          |          |       |                        |           |                |      |       |

REMARKS \_\_\_\_\_

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

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

*Lot 2*

# APPLICATION

A 18130

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 46h

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

DATE 3-22-73

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 Robert W. Douglas

ADDRESS 9315 Annapolis Rd., Lanham, Md. PHONE 577-0065

PROPERTY LOCATION:

SUBDIVISION 6.57118 Warfield Estates LOT NO. Lot 19, Sect. 74

ROAD AND DESCRIPTION unnamed

SIZE OF LOT 2.4 Acres TYPE BLDG. 3 or 4 Bedrooms  
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 Robert W. Douglas /s/

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



# APPLICATION

A 10131

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

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: 465-5000, EXT. 356

DISTRICT 4th

DATE 3-22-73

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 Robert W. Douglas

ADDRESS 9315 Annapolis Rd., Lanham, Md. PHONE 577-0065

PROPERTY LOCATION:

SUBDIVISION Warfield Estates LOT NO. Lot 20, Sec. 7

ROAD AND DESCRIPTION unnamed

SIZE OF LOT 6.5 Acres TYPE BLDG. 3 or 4 Bedrooms  
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 Robert B. Douglas /s/

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



# APPLICATION

A 18147

P \_\_\_\_\_

## 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: 465-8000, EXT. 356

DISTRICT 4th  
DATE 3-22-73

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 Robert W. Douglas

ADDRESS 9315 Annapolis Rd., Lanham, Md. PHONE 577-0065

PROPERTY LOCATION:

SUBDIVISION Warfield Estates LOT NO. 22, Sect. 7

ROAD AND DESCRIPTION unnamed

SIZE OF LOT 7.4 Acres TYPE BLDG. 3 or 4 Bedrooms  
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 Robert W. Douglas /s/

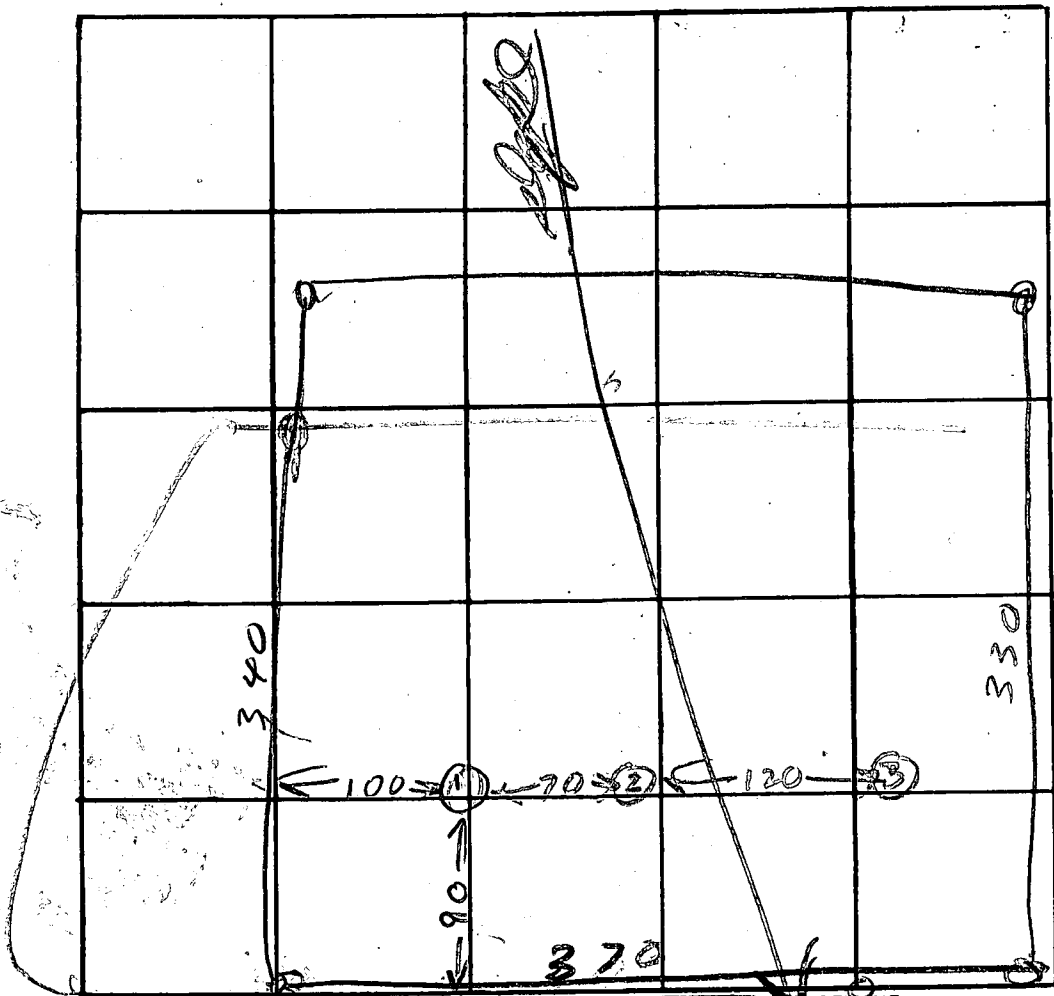
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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.

UNNAMED RD

| DATE     | TEST NO. | DEPTH  | PRE-WET           |      | TEST - 1" DROP |      | TIME             |
|----------|----------|--------|-------------------|------|----------------|------|------------------|
|          |          |        | START             | STOP | START          | STOP |                  |
| 10/16/73 | 1        | 13     | underground water |      |                |      | 131 <sup>7</sup> |
|          | 2        | 12 1/2 | TOP 6 FT CLAY     |      |                |      |                  |
|          | 3        | 13     | BUT 7 FT SANDY DR |      |                |      |                  |
|          |          |        | All clay          |      |                |      |                  |
|          |          |        |                   |      |                |      |                  |
|          |          |        |                   |      |                |      |                  |
|          |          |        |                   |      |                |      |                  |
|          |          |        |                   |      |                |      |                  |
|          |          |        |                   |      |                |      |                  |
|          |          |        |                   |      |                |      |                  |
|          |          |        |                   |      |                |      |                  |

REMARKS \_\_\_\_\_

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

PRELIMINARY

# 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 33248  
P \_\_\_\_\_

DISTRICT 4th

DATE 10/20/83

*10/24/83  
9:30 P.M.  
cancelled  
H116/83  
7947/83  
T  
2/3/84  
9:30 AM*

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 (?) Michael Hutchion

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

PROPERTY LOCATION:

SUBDIVISION Warfield Estates LOT NO. 33-A

ROAD AND DESCRIPTION off Stapleton Drive 14550 M<sup>AC</sup> CLINTOCK DR.

SIZE OF LOT 4.7210 acres TYPE BLDG. 3 or 4 bedrooms  
(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. /s/ Judy Ketterman  
(SIGNATURE OF APPLICANT)

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

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

HOLD PENDING FURTHER TESTS HOLD FOR WET SEASON Chuteion DATE 11-17-83

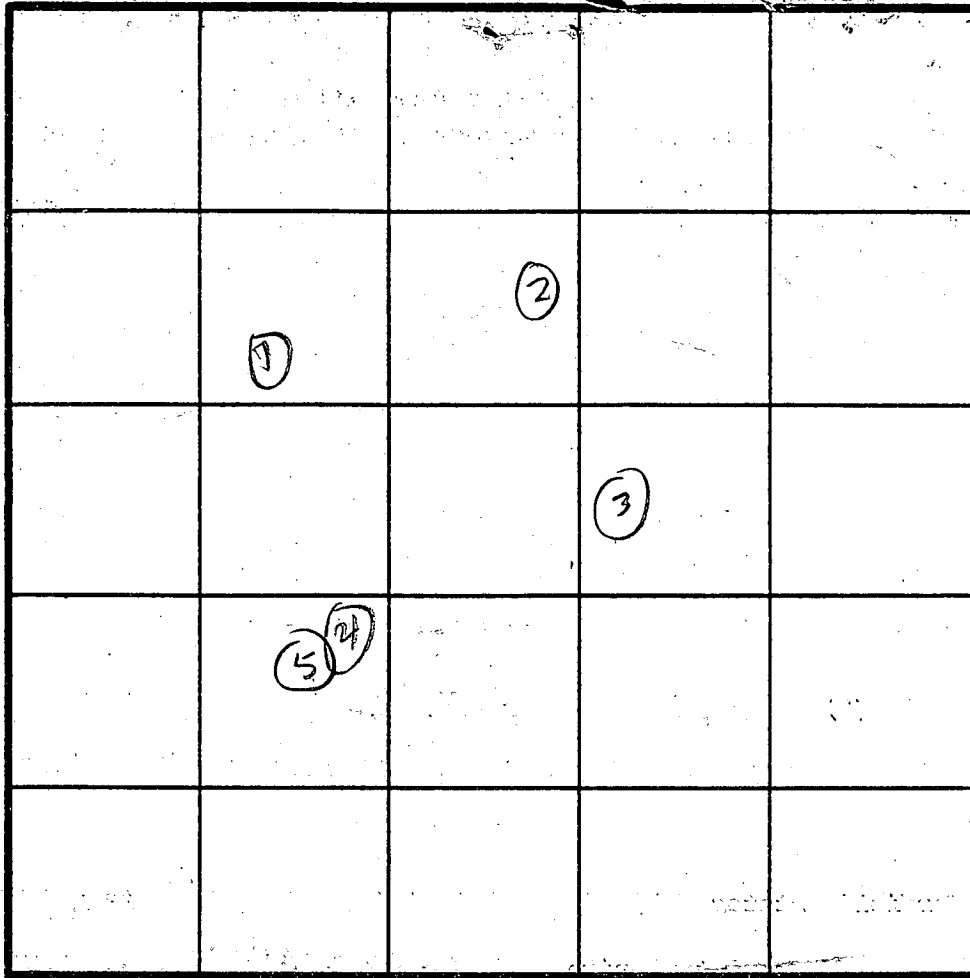
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 7/6/87  
SM  
BP/3073

# THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE   | TEST NO. | DEPTH                     | PRE-WET  |           | TEST - 1" DROP |      | TIME |
|--------|----------|---------------------------|----------|-----------|----------------|------|------|
|        |          |                           | START    | STOP      | START          | STOP |      |
| 2-3-84 | 5        | SAME LOCATION AS HOLE "4" |          |           |                |      |      |
|        |          | TESTED                    | 11-17-83 | BY        | CW             |      |      |
|        |          | WATER AT 11'              | SOIL     | SATURATED | TO 9'          |      |      |
|        |          |                           |          |           |                |      | CW   |
|        |          |                           |          |           |                |      |      |
|        |          |                           |          |           |                |      |      |
|        |          |                           |          |           |                |      |      |
|        |          |                           |          |           |                |      |      |

REMARKS TIMES GOOD; SLOPE LYING AREA - WATER AT 14'

TYPE OF SOIL ORANGE SAND-CLAY LOAM

TESTED BY CW ALSO PRESENT RETTGERMEN

EH-12-1079

PRELIMINARY

# APPLICATION

SEWAGE DISPOSAL TESTING

A 33248

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

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

DISTRICT 4th

DATE 10/20/83

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 (?)

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

PROPERTY LOCATION:

SUBDIVISION Warfield Estates LOT NO. 33-A

ROAD AND DESCRIPTION off Stapleton Drive

SIZE OF LOT 4.7210 acres TYPE BLDG. 3 or 4 bedrooms  
(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. /s/ Judy Ketterman  
(SIGNATURE OF APPLICANT)

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

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

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

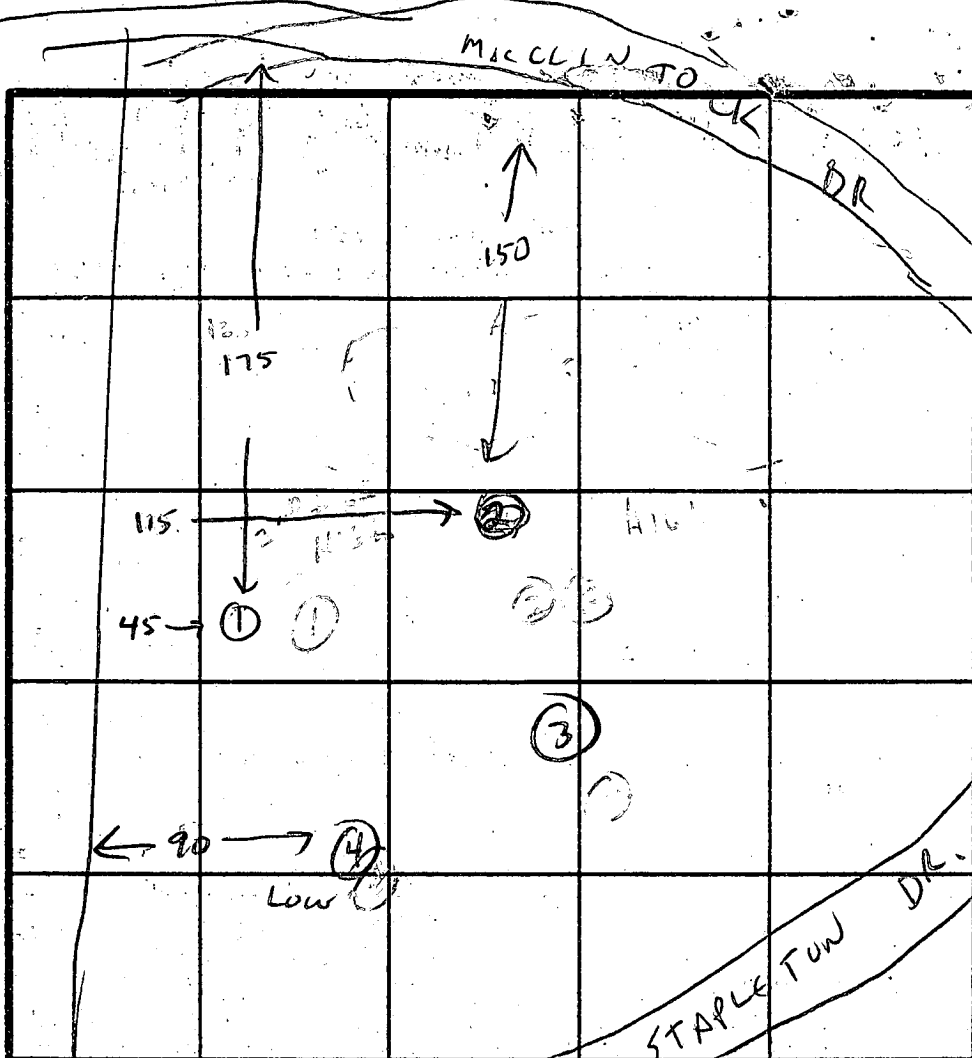
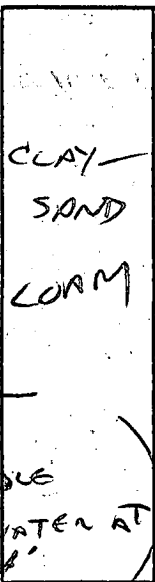
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# THIS IS NOT A PERMIT

ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1-2-3  
SIMILAR  
ELEVATION

LOW

| DATE     | TEST NO. | DEPTH   | PRE-WET                |      | TEST - 1" DROP |      | TIME  |  |
|----------|----------|---------|------------------------|------|----------------|------|-------|--|
|          |          |         | START                  | STOP | START          | STOP |       |  |
| 11-17-83 | 1        | 3<br>14 | 1:54                   | 2:04 | 2:04           | 2:12 | 8 MIN |  |
|          |          |         | SAND - NO WATER AT 14' |      |                |      |       |  |
| 11-17-83 | 2        | 3<br>12 | 2:00                   | 2:08 | 2:07           | 2:15 | 8 MIN |  |
| 11-17-83 | 3        |         | VISUAL SAND            |      |                |      |       |  |
| 11-17-83 | 4        | 3<br>16 | 1:52                   | 1:56 | 1:56           | 2:02 | 6 MIN |  |
|          |          |         | WATER AT 14'           |      |                |      |       |  |

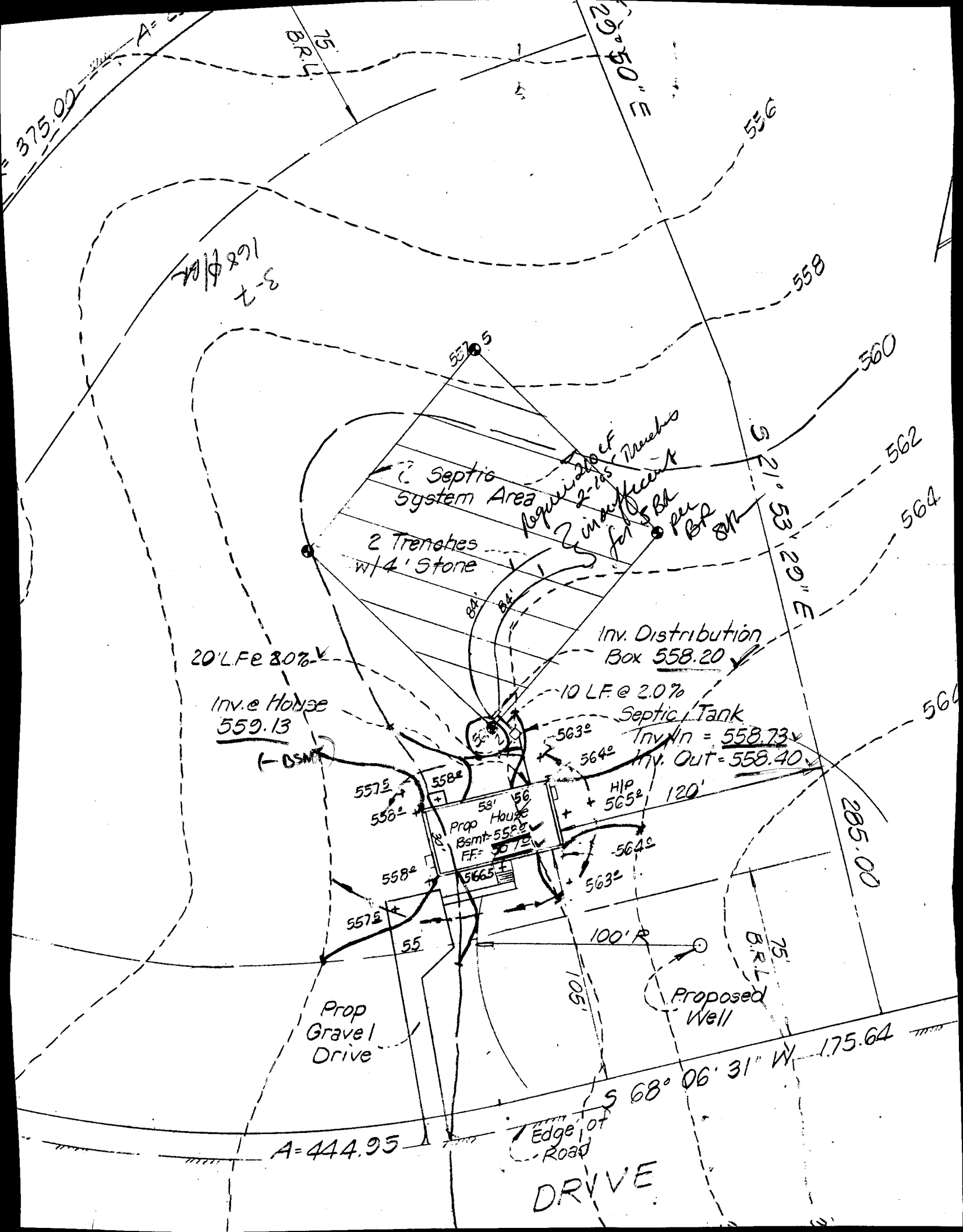
REMARKS WATER IN LOW HOLE AT 14', HIGH HOLES ARE 1-2' HIGHER THAN LOW HOLE

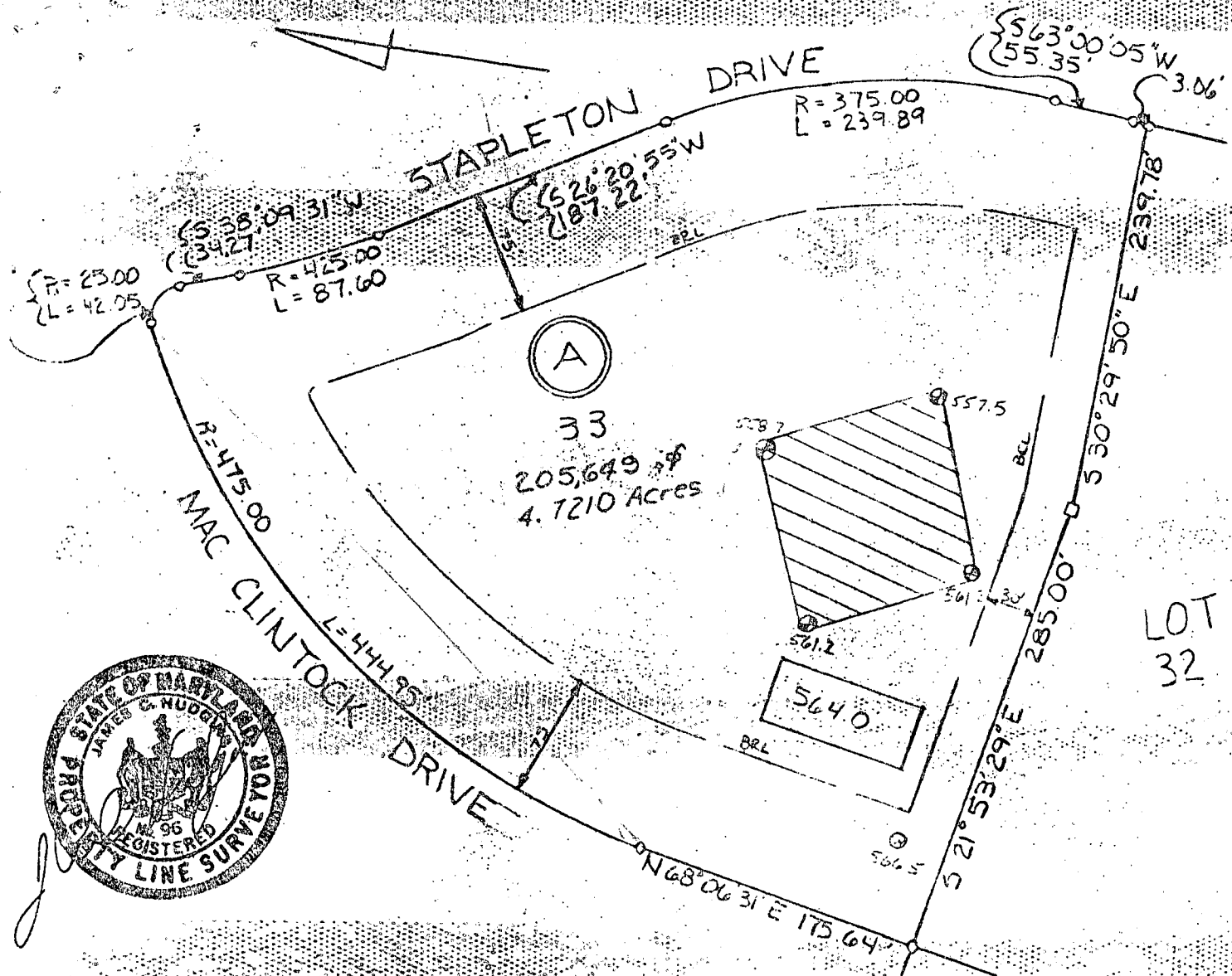
TYPE OF SOIL SAND-CLAY LOAM

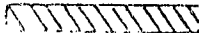
TESTED BY CW [Signature]

ALSO PRESENT OBO KETTERMAN

EH-12-1079





 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".

The lines shown hereon comply with the minimum ownership width and other requirements as required by the Maryland State Department of Health and Mental Hygiene.

Location areas and water wells for adjoining lots have been shown where pertinent.

For Private Water and Private Sewage Systems

PERCOLATION TEST FLAT

LOT A 33

SECTION SEVEN

WARFIELD ESTATES

4th Election District  
 Howard County, Maryland  
 Scale 1"=100'  
 Date 12/4/83

*James G. Huggins*  
 Surveyor

3-12-84

Date

NTT Associates  
 101 Sterrett Place  
 Columbia, MD 21044  
 321-0307 730 0271



C1 0035 SEQUENCE NO. (OEP 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A33248

Date-Received (OEP use only)

DATE WELL COMPLETED 080084

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-51-0630

OWNER HUTCHISON MICHAEL last name first name STREET OR RFD McCLINTOCK DRIVE TOWN GLENWOOD SUBDIVISION WARFIELD ESTATES SECTION LOT 33A

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. Rows include: Brown shale (0-15), Yellow clay (15-67), Gray mica rock (67-245).

GROUTING RECORD WELL HAS BEEN GROUTED (yes Y, no N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST 6 Nominal diameter (nearest inch) Total depth of main casing (nearest foot) 70

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE BRONZE HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) H O 68 245

- CIRCLE APPROPRIATE BOX [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. 238 DRILLERS SIGNATURE [Signature]

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

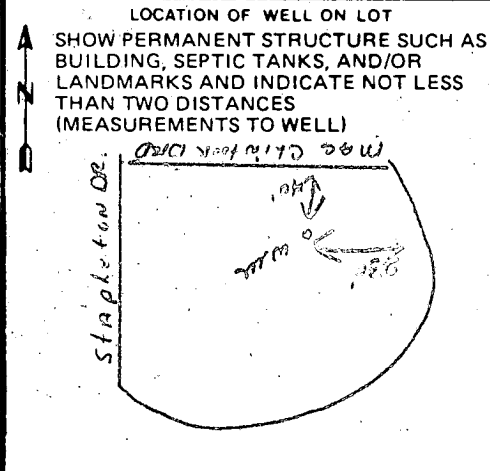
SLOT SIZE 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

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

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 8 WHEN PUMPING 41 TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) [Y] [N] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 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 (nearest foot)



B 1 **2663** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

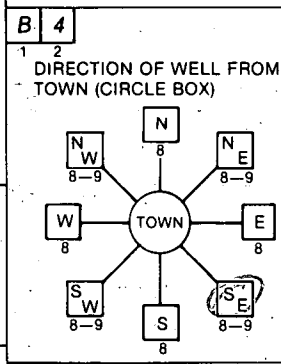
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**HO-81-0680**  
 fill in this form completely.

Date Received **08/19/84**  
 OWNER INFORMATION  
 HATCHISON MICHAEL  
 15506 PLAIN DR.  
 LAUREL MD

B 3 LOCATION OF WELL  
 HOWARD  
 WAREFIELD ESTATES  
 SECTION 7 LOT A33  
 GLENWOOD  
 MILES FROM TOWN  $\frac{7}{8}$  MI

DRILLER INFORMATION  
 Joseph L. Magee  
 238  
 77 License No. 80  
 Joseph L. Magee  
 15512 Ridge Rd. Mt. Airy, Md 21771  
 Signature Date 8/15/84



Mac Clintock Drive  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST SOUTH  
 DISTANCE FROM ROAD 75 FT

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 A 33248  
 COUNTY NAME COUNTY NO.  
 OEP SIGNATURE STATE HEALTH INSERT S  
 DATE ISSUED 081084 Frank Shuman 2/16/85  
 CO SIGNATURE EXP. DATE  
 NORTH GRID 525000 EAST GRID 0792000

APPROXIMATE DEPTH OF WELL 240 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  
 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)

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE FS WRITE INITIALS IN BOX PERMIT No. HO-81-0680

