

C1 19079

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER MON SANTO Company, WELL SITE ADDRESS 32595 Galena - Sassafras Rd TOWN Galena, Md 21635, SUBDIVISION SECTION LOT 8/176/1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like TOP SOIL, Gravel/Orange Sand, Orange Clay, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth, OTHER CASING (if used).

SCREEN RECORD form with fields for screen type or open hole, SCREEN RECORD (ST, BR, HO, PXL, OT), DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O), CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. MSD 185, DRILLERS SIGNATURE, LIC. NO. MSD 185

DEPTH (nearest ft.) table with rows A-C3 and columns 1-21, and GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.2120, LONGITUDE 75.4960W, (DEFAULT COORD. WGS 84)

NOTES:

**DEPARTMENT OF ENVIRONMENTAL SERVICES
APPLICATION TO CONSTRUCT AN ON-SITE SEWAGE SYSTEM**



Owner's Last Name Owner's First Name

 * Asgrow Seed Co *

FOR OFFICE USE ONLY

 * Tax Map Number: *****
 * 8/146/11 *

Owner's Address
1002 Washington Ave, Chestertown Md 21620

* Date of Appl: 11/16/92 *

Owner Tel # _____

Applicant Tel # _____
410-778-6823

* Date Perm Issued: 5-21-93 *

Applicant Last Name _____
Harrison
Ronald Assoc Inc

Applicant First Nm _____
Raymond

* Appr. by: NR Howell *

Applicant's Address
1002 Washington Ave Chestertown Md 21620

* Date Perm. Exp: 5-21-94 *

* Septic Perm No: KS-59-93 *

NOTES

* Date Insp: 5-21-93 *

* Insp. by: NR Howell *

No Bedrooms: N/A Basement? (y/n) N/A

Enter either: a. (New Sys) * New *
 b. (Repair) *****

Type System: a. (Conventional)
 b. (I & A)

System Use: * D *

 a. Single Fam
 b. Multi Fam
 c. Instituti
 d. Commercial
 e. Industrial

Tank Capacity: _____ Disposal Field Info.
 Gal _____ Len _____ Wid _____ Dep _____
1500 125 _____ 13'

PROPOSED SYSTEM
See attached

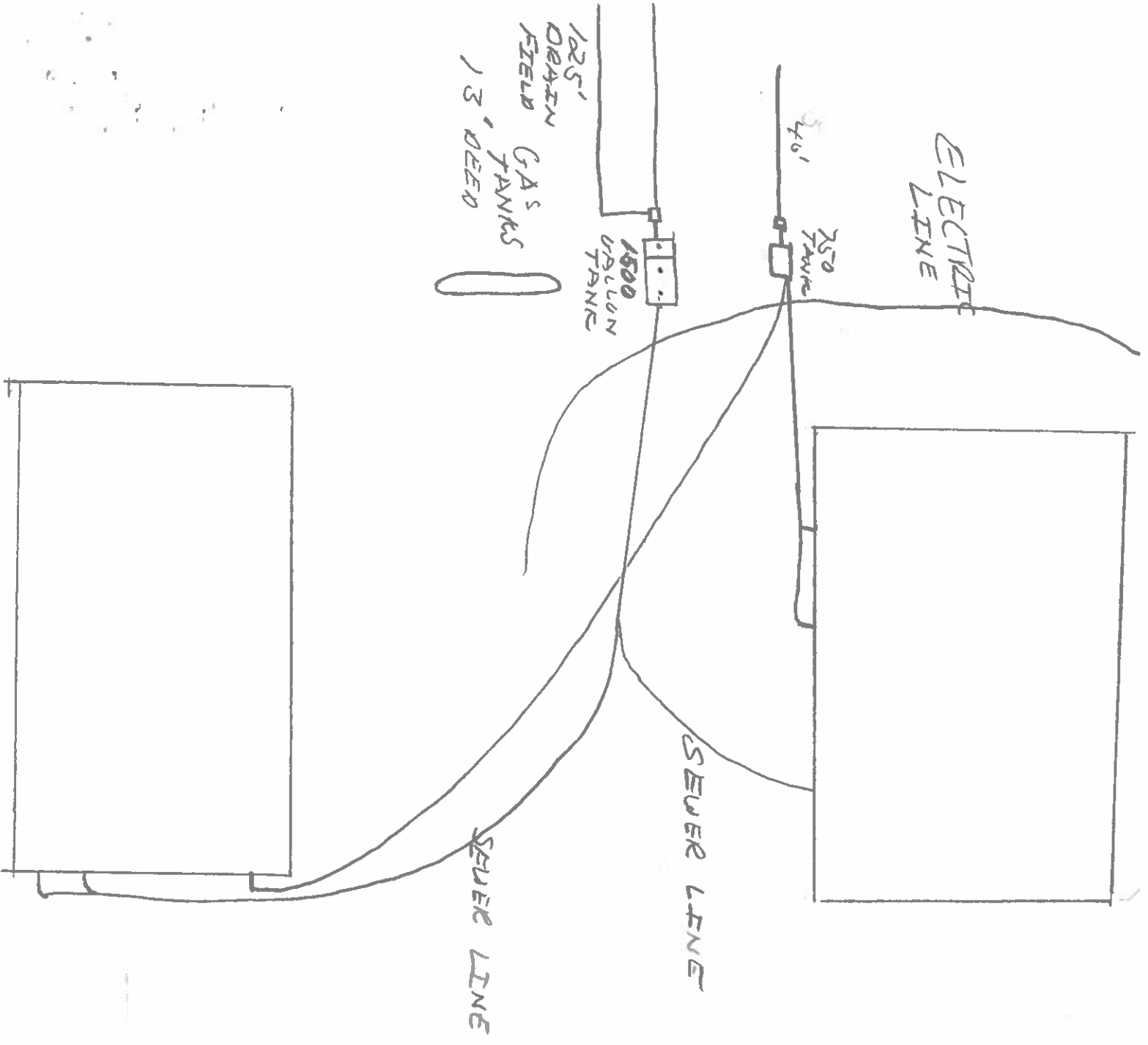
SYSTEM AS CONSTRUCTED
Final construction drawing attached - Permit includes 750 gallon tank w/ 40' drainfield and 1500 gallon tank w/ 125' drainfield NLT

PLEASE NOTE: SYSTEM DEPTHS MAY VARY DEPENDING ON SOIL CONSISTENCY. IN ACCORDANCE WITH COMAR 26.04.02, YOU ARE REQUIRED TO INSTALL THE SYSTEM INTO TWO (2) FEET OF PERMEABLE SOILS.

I, Raymond Harrison Inc, hereby agree to construct the sewage system described above in accordance with Health Department Regulations.

Date Received 11/16/92
 Fee Paid \$100.00 by Ronald

Received By: B Anthony



Inspected
5-21-93
HMH

Asgrow

May 20, 1993

Approved septic design
Mk.