

**HOWARD COUNTY  
 PERMIT APPLICATION**

**B 09000887  
 PERMIT NUMBER**

Building Address 8287 Murphy Rd  
Fulton MD 20759

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 1405346597 Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Craig Zimmerman/Bury Zimmerman  
 Address 3801 Sandy Springs Rd  
 City Burtonsville State MD Zip Code 20816  
 Home Phone 443-617-5447 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

**RECEIVED**

APR 30 2009

Existing Use Telecomm  
 Proposed Use Telecomm  
 Estimated Construction Cost \$ 30,000

Description of Work 6 antennas on existing tower, with 10'x20' concrete pad at base with 3 cabinets

Occupant or Tenant T-Mobile Northeast LLC  
 Contact Name Jonathan Jeffers  
 Address 7380 Coca Cola Pl Suite 100  
 City Hamover State MD Zip Code 21076  
 Phone 443-617-5447 Fax \_\_\_\_\_

Contractor Company \_\_\_\_\_ **LICENSES & PERMITS DIVISION**  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Morrison Hershfield  
 Contact Person Robert Jerry Lara  
 Address 66 Perimeter Center East  
 City Atlanta State GA Zip Code 30346  
 Phone 770-379-8500 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply: \_\_\_\_\_  
 Public  
 Private  
 Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1<sup>st</sup> floor: \_\_\_\_\_  
 2<sup>nd</sup> floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement  Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**

Water Supply: \_\_\_\_\_  
 Public  
 Private  
 Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 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.

Applicant's Signature \_\_\_\_\_  
T-Mobile (Agent)  
 Title/Company \_\_\_\_\_

Print Name Jonathan Jeffers  
 Date 4/20/09 5/8/09

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 Officials** \_\_\_\_\_  
 **Dev. Engineering, DPZ** \_\_\_\_\_  
**Health** 5/11/09 \_\_\_\_\_  
**Fire Protection** \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  
 YES  NO

Is Entrance Permit Required?  
 YES  NO   
 Historic District?  
 YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID #**

Filing fee \$ 100.00  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Add'l per fee \$ 10.00  
**TOTAL FEES \$** \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 5850  
 Validation # \_\_\_\_\_

Accepted by \_\_\_\_\_

560 32-6

171123



DO NOT SCALE DRAWINGS. CONTRACTOR MUST VERIFY ALL DIMENSIONS AND ADVISE CONSULTANTS OF ANY ERRORS OR OMISSIONS. NO VARIATIONS OR MODIFICATIONS TO WORK SHOWN SHALL BE IMPLEMENTED WITHOUT PRIOR WRITTEN APPROVAL. ALL PREVIOUS ISSUES OF THIS DRAWING ARE SUPERSEDED BY THE LATEST REVISION. ALL DRAWINGS AND SPECIFICATIONS REMAIN THE PROPERTY OF MORRISON HERSHFIELD CORPORATION. NEITHER MORRISON HERSHFIELD NOR THE ARCHITECT WILL BE PROVIDING CONSTRUCTION REVIEW OF THIS PROJECT.

PRINTED



PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL UNDER THE LAWS OF THE STATE OF MARYLAND.  
 LICENSE NO: 13876  
 EXPIRATION DATE: 05/27/2010

No.	Date	Action
4	-	-
3	-	-
2	-	-
1	05/07/09	ISSUED FOR CONSTRUCTION
0	04/28/09	ISSUED FOR PERMIT
A	04/23/09	ISSUED FOR CLIENT REVIEW

*left note for direction 5/11/09 Jeffrey  
 property shown is not for indication*

**MORRISON HERSHFIELD**  
 66 PERIMETER CENTER EAST, Suite 600  
 ATLANTA, GA 30346  
 Tel: 770.379.8500 Fax: 770.379.8501  
 www.morrisonhershfield.com

Implementation Team:  
**NETWORK BUILDING & CONSULTING, LLC**  
 7380 COCA COLA DR., SUITE 106, HANOVER, MD 21076

Client:  
**T-Mobile**  
 12050 BALTIMORE AVENUE  
 BELTSVILLE, MD 20705

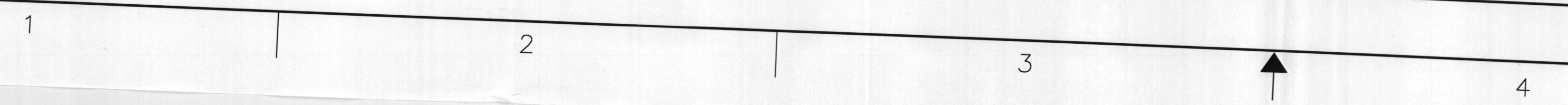
Project:  
**MT.AIRY BAN583**  
 755 WATERVILLE ROAD  
 WOODBINE, MD 21797

Drawing Title:  
**SITE PLAN**

Project No.: <b>6090076</b>	
Designer: <b>LC</b>	Date: <b>04/21/09</b>
Drawn By: <b>MS, AN</b>	Checked By: <b>RL</b>
PM Review: <b>CB</b>	Client Approval
Issue No.: <b>1</b>	Drawing No.: <b>A-1</b>

SITE PLAN

SCALE: 1"=600'-0" (BASED ON 22X24 PAPER SIZE)  
 SCALE: 1"=300'-0" (BASED ON 11X17 PAPER SIZE)



5/22/96 A.M.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56632E

A REPAIR

DISTRICT \_\_\_\_\_

DATE 5-17-96

DATE SYSTEM APPROVED 5/22/96

INSPECTOR [Signature]

*OS-346592*

**INDEXED**

**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
461-9933 313-2640

Jack Fyock Septic Service IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 8282 Murphy Road

PROPERTY OWNER Roy A. Zimmerman FARM HOUSE

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 3

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

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

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is open so sanitarian can recommend repairs.

5/14/96

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

COVER NO WORK UNTIL INSPECTED AND APPROVED vr/

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)

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

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 **AND RETURNED 2-20-98**

PERMIT VOID AFTER TWO YEARS

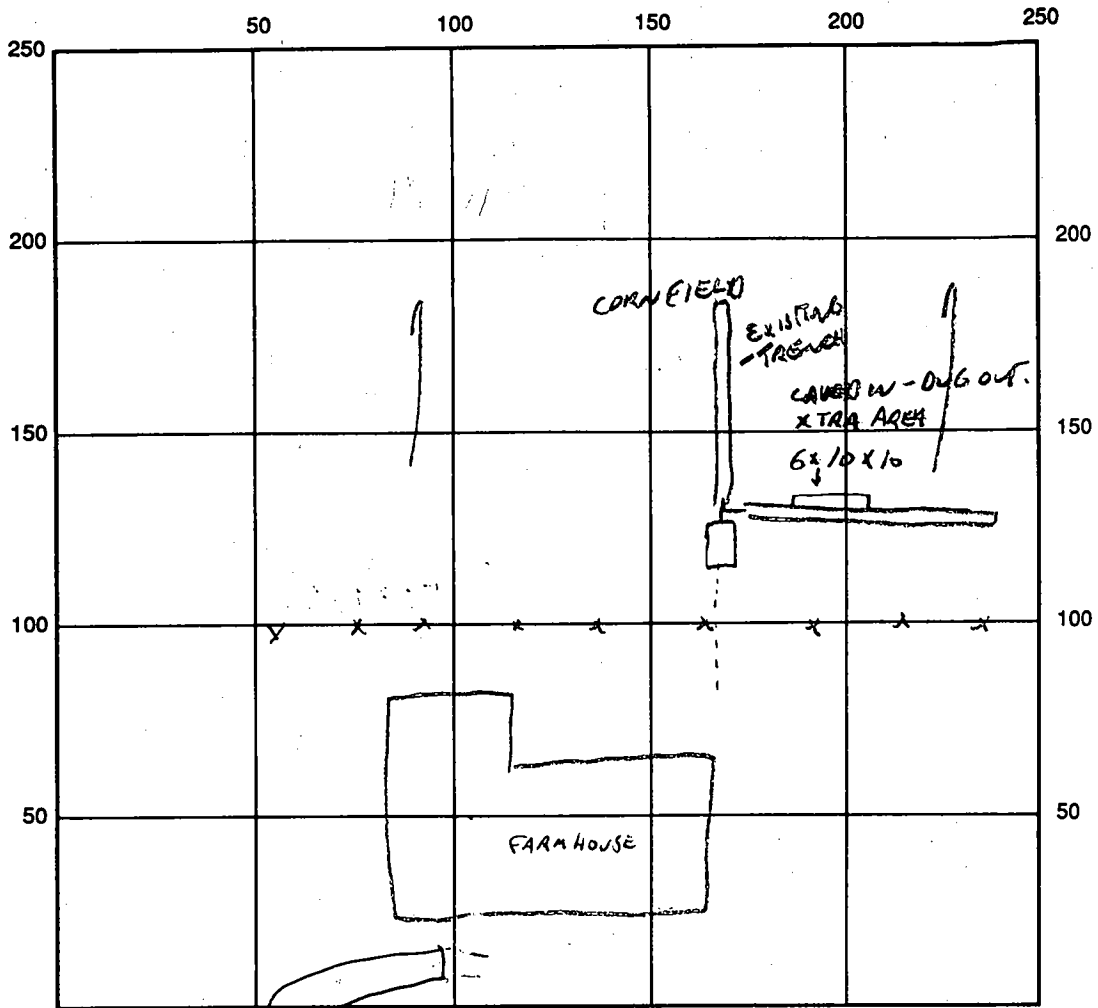
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*OG. PERMIT SIGNED  
AND RETURNED 2-20-98  
Serial # 67-109477  
propane tank*

*P 56632E*



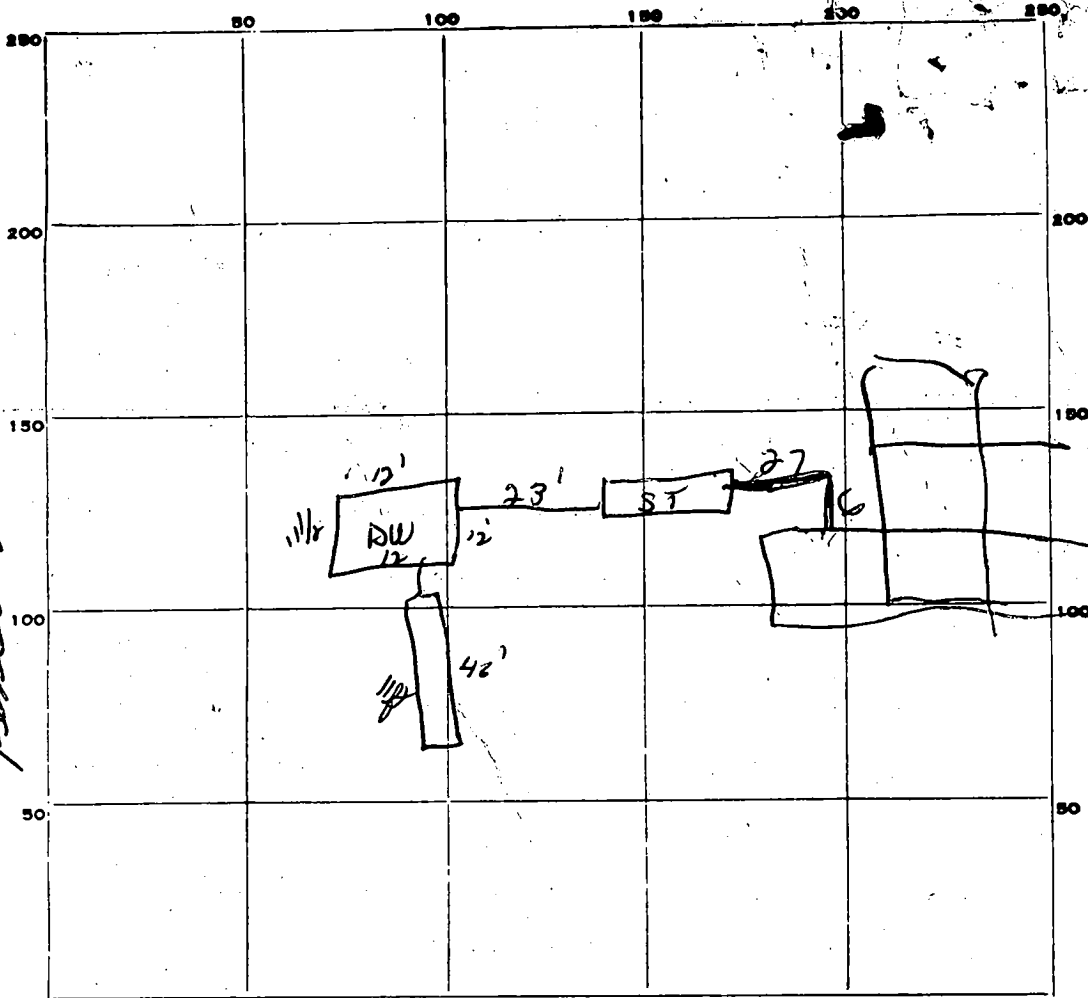
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL NA CLEANOUTS NA  
 DISTRIBUTION BOX LEVEL NA T CONNECTOR TO EXISTING TRENCH  
 DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 55 FT.  
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS: 5/22/96 TRENCH PARTIALLY COMPLETE OK TO COVER  
AS COMPLETED

DATE SYSTEM APPROVED 5/22/96 INSPECTOR [Signature]





INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 46 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 1/2 SW 7322

SEEPAGE PITS, INSIDE DIAMETER Perimeter 47 1/2 FT. DEPTH BELOW INLET 7 FT. †

Total ABSORBENT AREA 329+ SQ. FT.

REMARKS 5-28-78 OK to cover system - to call when house is under is installed

8/8/78 - OK TO COVER ALL WORK. JS

CHECKED CONNECTION FROM HOUSE TO SEPTIC

DATE SYSTEM APPROVED 8/8/78  
5-28-78

INSPECTOR DM & JS

# APPLICATION

A 27766

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

4/11/78  
9:30 A.M.

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DATE 4/5/78

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

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 Roy A + Crystal G Zimmerman

ADDRESS 12435 Lime Kiln Rd Felton Md PHONE 776-6282

PROPERTY LOCATION:

SUBDIVISION Map 046 Parcel 0111 91.153 Acres LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION ON FARM Located approx 1/2 mile south of Md  
Road 216 ON Murphy Road

SIZE OF LOT 91.153 Acres TYPE BLDG. RESIDENCE 3 BR  
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 Roy A Zimmerman

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



**B 1** 0642 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
**TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401**  
**APPLICATION FOR PERMIT TO DRILL WELL**

**WRA PERMIT NUMBER**  
 40-23-2707  
**FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (WRA USE ONLY)  
 5/2/78  
 1:30 p.m.  
 1st

**OWNER** Zimmerman, Roy A.  
 COL 15 LAST NAME FIRST NAME COL. 34

**STREET OR RFD** 12435 Line Kiln Road  
 COL 36 COL. 55

**POST OFFICE** Fulton, Maryland 20759  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

**DATE** April 10, 1978 **LICENSE NUMBER** 256  
 77 80

**FIRST NAME** ANDR **DRILLER** Rykor, Jr. I **LAST NAME** R

**SIGNATURE** [Signature]

**B 3 LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

**COUNTY** Howard COL. 21  
 (DO NOT ABBREVIATE COUNTY NAME)

**SUBDIVISION** 29 COL. 42

**SECTION** 44 **LOT** 46 COL. 50

**NEAREST TOWN** Fulton COL. 71

**MILES FROM TOWN** (ENTER 0 IF IN TOWN) 1/2 COL. 76 77 78

**B 2 WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

**MAXIMUM PUMPING RATE** (GALLONS PER MINUTE) 6 COL. 8 12

**AVERAGE DAILY QUANTITY NEEDED** (GALLONS PER DAY) 415 COL. 18 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST.

**B 4 DIRECTION FROM TOWN**  
 (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH  EAST  NE NORTHEAST  SE SOUTHEAST

SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST

**NEAR WHAT ROAD** Murphy Road

**ON WHICH SIDE OF ROAD** (CIRCLE APPROPRIATE BOX)

NORTH  SOUTH  EAST  WEST

**DISTANCE FROM ROAD** (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 COL. 34 37 38 39

**APPROXIMATE DEPTH OF WELL** 209' COL. 24 28 FEET

**APPROXIMATE DIAMETER OF WELL** 6" (NEAREST INCH)

**METHOD OF DRILLING USED** (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

**OTHER** (DESCRIBE) \_\_\_\_\_

**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 (WRA USE ONLY)**

**APPROPRIATION PERMIT NUMBER** 84 **ENGINEER-REVIEW DISTRICT NO.** 63 COL. 65

**FORCE** 67 **WRITE INITIALS IN BOX** 68 **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

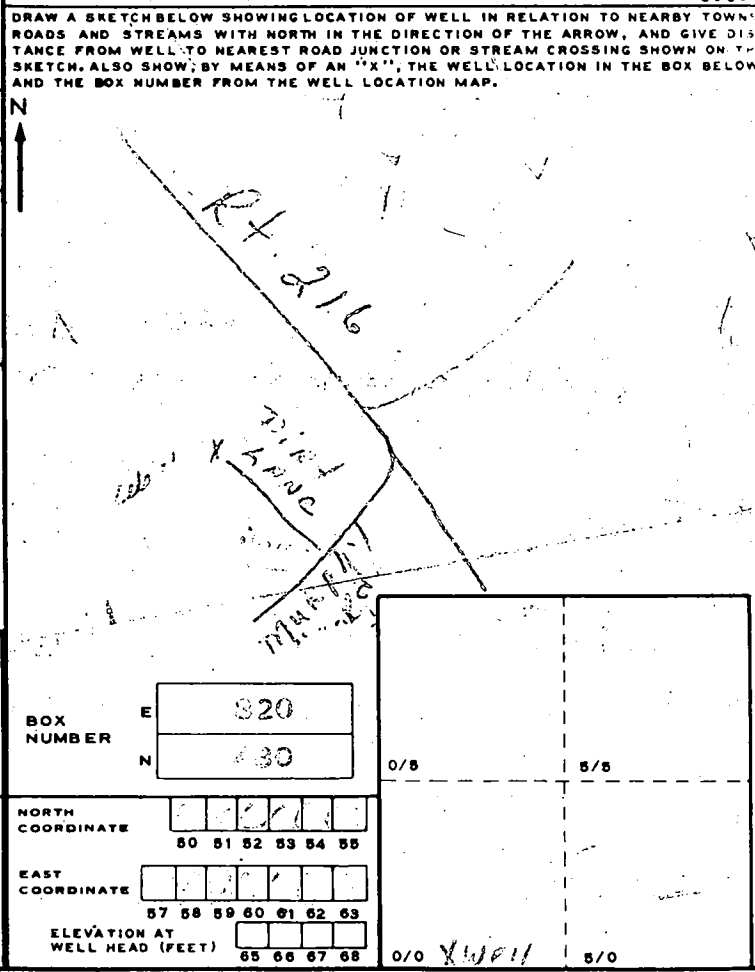
**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

**COUNTY** Howard **COUNTY NO.** W27810

**STATE HEALTH (CIRCLE BOX)**  **COUNTY NAME** Donald W. Monaghan

**DATE** 04 12 78 **APPROVED BY** Donald W. Monaghan, Sanitarian



**B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)**

1 2 3 (SEQ. NO.) 6

1 2 3 (SEQ. NO.) 6  
9862  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 6-6 ON ALL CARDS)

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)  
DATE WELL COMPLETED  
8-13

DEPTH OF WELL  
250  
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
40-72-2707  
28 29 30 31 32 33 34 35 36 37  
DRILLERS IDENTIFICATION NO. 256

OWNER: Zimmerman, LAST NAME  
STREET OR RFD: 12435 Lime Kiln Road  
POST OFFICE: Belton, MD 20739

WELL LOG			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Silt	0	5	
Soft Brown Mica	5	53	
Sandstone	53	66	
Brown Sandstone	66	68	X
Blue Mica	68	202	
Fracture	202	203	X
Blue Mica	203	250	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT  BENTONITE CLAY

NO. OF BAGS 17 NO. OF POUNDS 1,598

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
FROM 0 FT. TO 60 FT.  
(ENTER 0 IF FROM SURFACE)

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE

PLASTIC  OTHER

MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 61

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE

PLASTIC  OTHER

**EACH SCREEN**

1 2 3 (SEQ. NO.) 6  
DEPTH (NEAREST WHOLE FOOT) FROM 11 TO 250

1 2 3  
8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

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

DIAMETER OF SCREEN 56 FROM 60 (NEAREST INCH) TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) 68

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 19

METHOD USED TO MEASURE PUMPING RATE Flowmeter

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
BEFORE PUMPING 66 (NEAREST FOOT)  
WHEN PUMPING 202 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
A AIR  P PISTON  T TURBINE   
C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)   
J JET  S SUBMERSIBLE

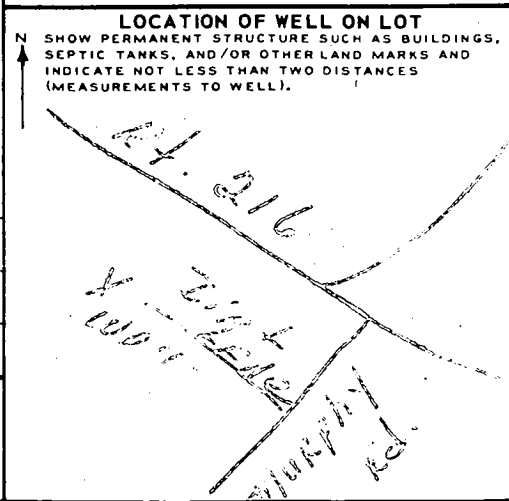
**PUMP INSTALLED**

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  NO

CAPACITY:  
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
+ ABOVE  - BELOW   
LAND SURFACE 49 50 51 (NEAREST FOOT)



**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: \_\_\_\_\_

B 1 67.12 SEQUENCE NO. WRA USE ONLY  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER  
40-73-3921  
fill in this form completely

please print or type

DATE RECEIVED... 5-20-81  
9:30  
5/28/81  
8 (WRA USE ONLY) 13  
OWNER INFORMATION  
Zimmerman, Roy A.  
LAST NAME OWNER FIRST NAME  
3282 Murphy Road  
Fulton, Maryland 20759  
TOWN 57 STATE 76 ZIP

B 3 LOCATION OF WELL  
1 2 3 6  
COUNTY Howard  
SUBDIVISION  
SECTION 44 46 LOT 48 50  
NEAREST TOWN 52 Fulton  
MILES FROM TOWN (enter 0 if in town) 1/2 MI

B 1 CONTINUED DRILLER INFORMATION  
Ronald L. Kvh... 296  
DRILLER'S NAME LICENSE NO. 80  
Signature Date  
5/18/81

B 4  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
MURPHY ROAD  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
1/10  
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 38 39

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 550

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
5/28/81  
WELL OK  
SEE OTHER SIDE  
WRITE THE BOX NUMBER FROM THE MAP HERE  
220 2  
470 8  
000 7600

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
N  
x well  
MURPHY RD.

APPROXIMATE DEPTH OF WELL 250' FEET  
APPROXIMATE DIAMETER OF WELL 6" INCH

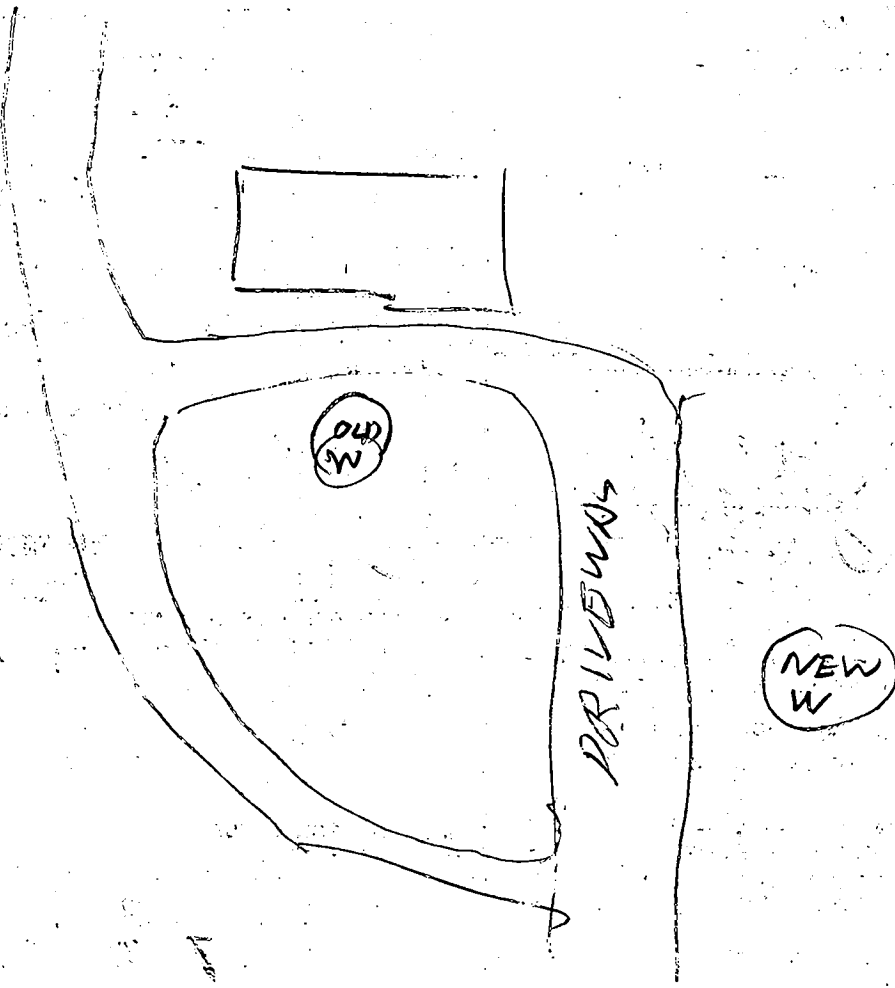
Method of Drilling (circle one)  
BORED (OR AUGERED) JETTED JETTED & DRIVEN  
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC) ROTARY  
CABLE REVERSE ROTARY DRIVE POINT  
other

REPLACEMENT OR 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) 41 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD A27766  
COUNTY NAME COUNTY NO.  
EHA SIGNATURE STATE HEALTH CIRCLE BOX S  
MO DAY YR 05 22 81  
CO SIGNATURE Frank Shuman DATE 5/22/81  
NORTH 478 EAST 0822 ELEV. (FT.)  
GRID 50 55 GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)  
APPROP. PERMIT NUMBER GAP  
WRITE INITIALS CONDITIONS 40-73-3921  
FORCE IN BOX 67 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)



- ① LOCATION OK
- ② 60 FT CASING 2 FT OUT OF GROUND
- ③ 46 FT AT LEAST OPEN HOLE  
( STRING ONLY 46 FT LONG )
- ④ 23 BAGS USED
- ⑤ WELL OK

5128181  
R. HODGES

C1 8294

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

(THIS NUMBER IS TO BE PUNCHED IN HOLES ON ALL CARDS)

COUNTY NUMBER A.27766

Date Received (WRA use only) May 28, 1981 DATE WELL COMPLETED 0523 01

Depth of Well 128 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3921

OWNER Zimmerman Roy A. last name first name STREET OR RFD 8282 Murphy Road TOWN Fulton SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Brown & Yellow Sand, Soft Brown Mica & Sand, Hard Brown & Blue Sandstone, Soft Brown Sand, Hard Brown & Blue Sandstone, Blue Sandstone, Brown Laced, Black sandstone, Brown Sandstone, Blue Sandstone.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 23 NO. OF POUNDS 2162 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 58 ft.

CASING RECORD casing types insert appropriate code below STEEL CO CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE S T Nominal diameter top/main casing (nearest inch) 6 Total depth of main casing (nearest foot) 61

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

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

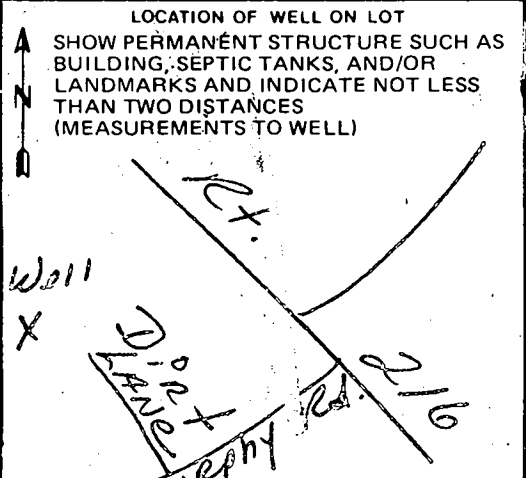
DEPTH (nearest ft.) 61 128 SLOTTED SCREEN SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

PUMPING TEST C 3 (seq no) HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 25 METHOD USED TO MEASURE PUMPING RATE Flowmeter WATER LEVEL (distance from land surface) BEFORE PUMPING 73 WHEN PUMPING 8 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 YES Y NO N DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) 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) 31 35 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft) 47 CASING HEIGHT (circle appropriate box, and enter casing height) + above LAND SURFACE - below (nearest foot) 2



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 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 IDENT. NO. 296 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ronald L. Kyker SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

EXISTING BARN

EXISTING SHED

Pave Area 7'0" x 10'3" 4

NEW DWELLING

New Proposed Location

5/21/01  
NEW WELLS  
TO BE DRILLED

ABOUT 200 FT  
UPGRADE FROM SEWERAGE

Old well

91.153 ACRES

FENCE

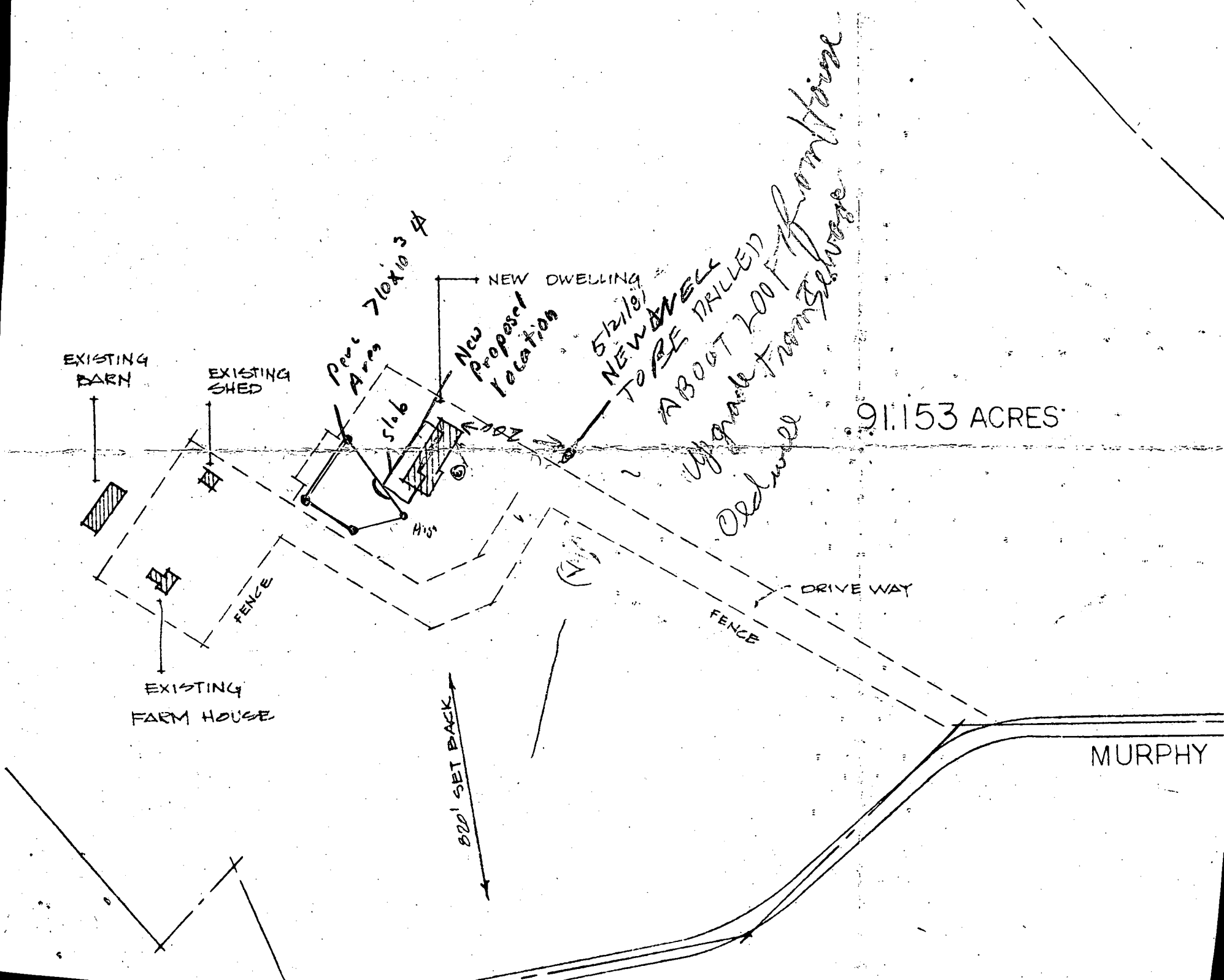
DRIVE WAY

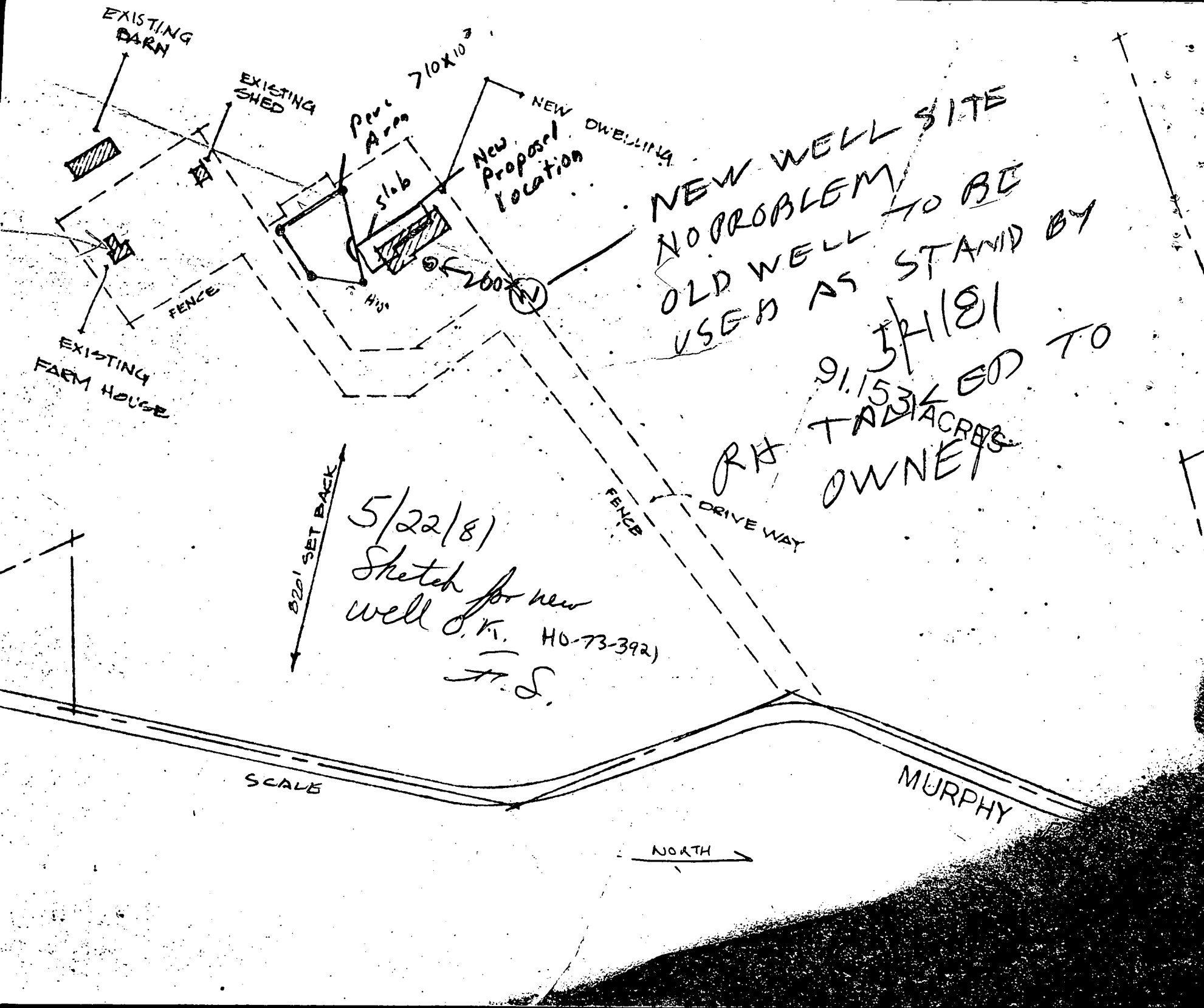
FENCE

EXISTING FARM HOUSE

820' SET BACK

MURPHY





NEW WELL SITE  
 NO PROBLEM  
 OLD WELL TO BE  
 USED AS STAND BY

9.15 3/4/81  
 TAKEN TO  
 OWNERS

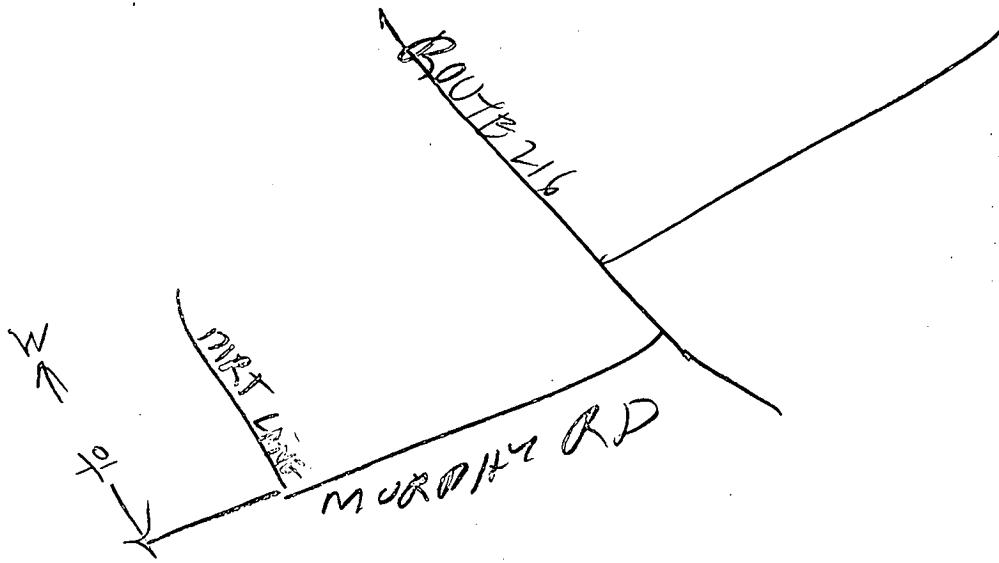
5/22/81  
 Sketch for new  
 well O.K. HO-73-392  
 J.S.

820' SET BACK

SCALE

NORTH

MURPHY



1945

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION

TAWES-STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

H0-73-1299 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 1/14/76 1:30 P.M.

OWNER Zimmerman, Roy A. COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD 8282 Murphy Road COL 36 COL. 06 POST OFFICE Fulton, Maryland 20759 COL 57 COL. 76

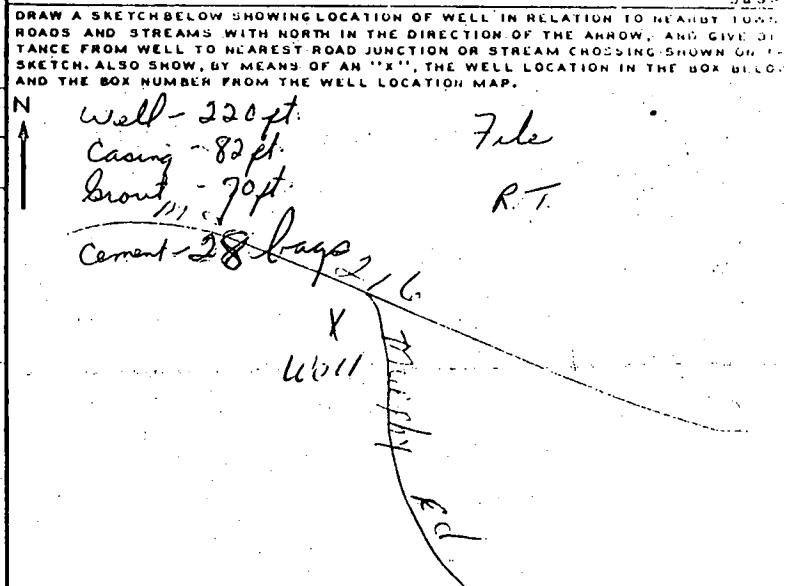
B 1 CONTINUED DRILLER INFORMATION DATE December 29, 1975 LICENSE NUMBER 30 SIGNATURE Dana Kyker

B 3 LOCATION OF WELL COUNTY Howard SUBDIVISION 23 SECTION 44 LOT 48 NEAREST TOWN Fulton MILES FROM TOWN CENTER 1

B 2 WELL INFORMATION MAXIMUM PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 400 USE FOR WATER HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

B 4 DIRECTION FROM TOWN SOUTH NEAR WHAT ROAD MURPHY ROAD ON WHICH SIDE OF ROAD WEST DISTANCE FROM ROAD 1/10

APPROXIMATE DEPTH OF WELL 175' APPROXIMATE DIAMETER OF WELL 6" METHOD OF DRILLING USED AIR-ROTARY



REPLACEMENT OR DEEPEMED WELLS THIS WELL WILL NOT REPLACE AN EXISTING WELL

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO. FORCE CONDITIONS

BOX NUMBER 820 470 NORTH COORDINATE EAST COORDINATE ELEVATION AT WELL HEAD (FEET)

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL COUNTY HOWARD W22668 DATE 010576 APPROVED BY Donald W. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

ENR-131 (7/73) EMERGENCY NO. (If any) -

**B 1** 1945 (SEQ. NO.)

STATE OF MARYLAND  
WATER RESOURCES ADMINISTRATION  
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: Monaghan, Roy A.  
COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: 2282 Murphy Road Rd.  
COL 36 COL. 55

POST OFFICE: Fulton, Maryland 20789  
COL 57 COL. 76

**B 1** CONTINUED DRILLER INFORMATION

DATE: December 29, 1975 LICENSE NUMBER: 30  
77 80

DRILLER: Monaghan, Roy A.  
FIRST NAME DRILLER LAST NAME

SIGNATURE: [Signature]

**B 3** LOCATION OF WELL

COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: 23 42

SECTION: 44 46 LOT: 48 50

NEAREST TOWN: Fulton 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 73 76 77 78

**B 2** WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 6 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 400 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX):

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY

T TEST

**B 4** DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

S SOUTH  W WEST  N NORTHWEST  S WESTWEST

NEAR WHAT ROAD: 2282 Murphy Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  N  S  E  W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1/10 34 37 38 39

APPROXIMATE DEPTH OF WELL: 175' 24 28 FEET

APPROXIMATE DIAMETER OF WELL: 6.5 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE):

REPLACEMENT OR DEEPEINED 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 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: 54 ENGINEER REVIEW DISTRICT NO.: 63

FORCE: 67 68 WRITE INITIALS IN BOX

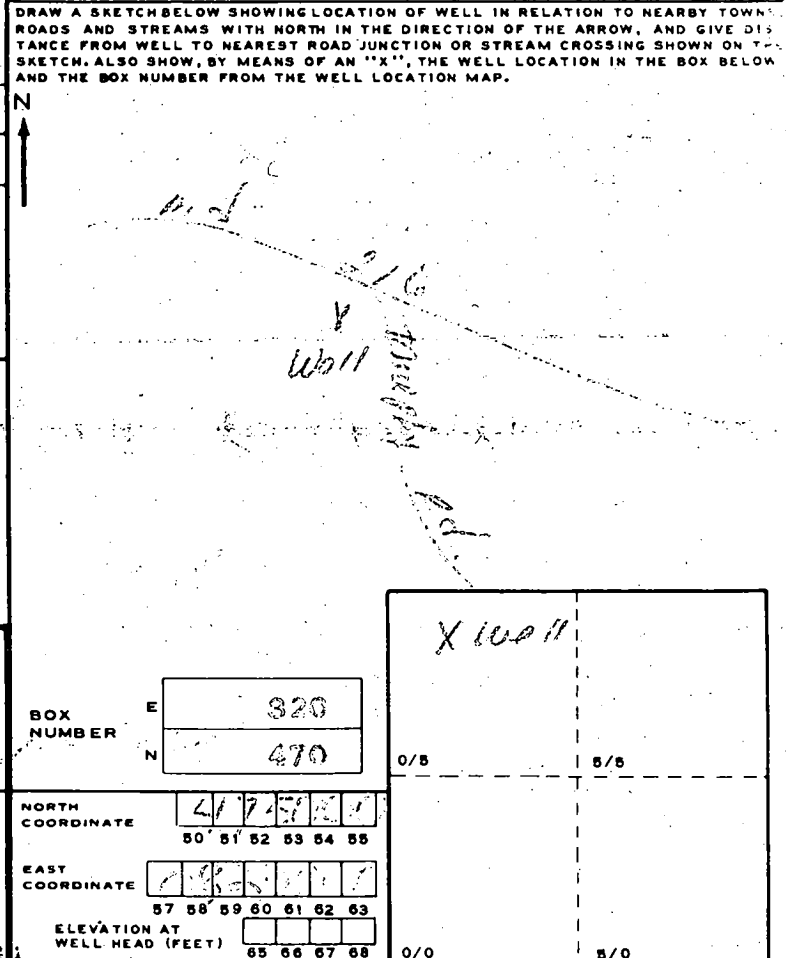
CONDITIONS: 70 71 72 73 74 75 76 77 78 79

**B 4** CONTINUED HEALTH DEPARTMENT APPROVAL

COUNTY: Howard COUNTY NAME COUNTY NO. 422663

DATE: 0105876 MO. DAY YR.

APPROVED BY: Donald V. Monaghan, Sanitaria



**B 5** SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

SEQUENCE NO. (WRA USE ONLY)  
**1644**  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

**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) \_\_\_\_\_ DATE WELL COMPLETED \_\_\_\_\_  
 DEPTH OF WELL \_\_\_\_\_ (TO NEAREST FOOT) 22 26  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **42-2-1247**  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. \_\_\_\_\_

OWNER \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 STREET OR RFD \_\_\_\_\_ POST OFFICE \_\_\_\_\_

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
soft blue clay	0	3	
soft blue clay	3	42	
soft blue clay	42	50	
soft blue clay	50	61	
soft blue clay	61	69	
soft blue clay	69	80	
soft blue clay	80	91	
soft blue clay	91	103	
soft blue clay	103	107	
soft blue clay	107	109	
soft blue clay	109	117	
soft blue clay	117	120	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N  
 44 44  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  C  M BENTONITE CLAY  B  C  
 45 46 45 46  
 NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_  
 GALLONS OF WATER \_\_\_\_\_  
**DEPTH OF GROUT SEAL (TO NEAREST FOOT)**  
 FROM \_\_\_\_\_ FT. TO \_\_\_\_\_ FT.  
 48 52 54 58  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES (INSERT APPROPRIATE CODE BELOW)  
 S  T  C  O  
 STEEL CONCRETE  
 P  L  O  T  
 PLASTIC OTHER  
 MAIN CASING TYPE \_\_\_\_\_ NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) \_\_\_\_\_ TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) \_\_\_\_\_  
 60 61 63 64 66 70

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

**SCREEN RECORD**

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

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN	FROM		TO	
	1	2	3	6
1	8	9	11	15
2				
3	23	24	26	30
	38	39	41	45
				47
				51

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

DIAMETER OF SCREEN \_\_\_\_\_ (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)  
 (E.R.O.S.)  
 T  70  72  74  75  76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

**PUMPING TEST**

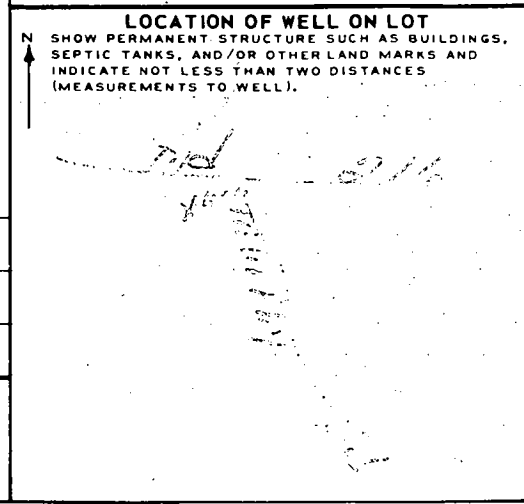
HOURS PUMPED (TO NEAREST HOUR) \_\_\_\_\_  
 8 9  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) \_\_\_\_\_  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_  
**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**  
 BEFORE PUMPING \_\_\_\_\_ (NEAREST FOOT)  
 17 20  
 WHEN PUMPING \_\_\_\_\_ (NEAREST FOOT)  
 22 25  
**TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)**  
 A AIR  P PISTON  T TURBINE  
 27 27 27  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 27 27 27  
 J JET  S SUBMERSIBLE  
 27 27

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) \_\_\_\_\_  
 29  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N  
 CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_  
 31 35  
 PUMP HORSE POWER \_\_\_\_\_  
 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_  
 43 47

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

+ ABOVE } LAND SURFACE (NEAREST FOOT)  
 - BELOW } 49 50 51



**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 \_\_\_\_\_

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

360109477

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

8282 MURPHY Rd  
FULTON, MD 20759 13873

GRADING/SEDIMENT CONTROL  YES  NO SDP #

DESCRIPTION OF WORK AUTHORIZED

3rd rooms  
TANK & CONNECT TO STREET  
ON HOUSE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
111	111	N/A	N/A	2	0726	597

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
N/A	RR	46	5	6551-1

OWNER NAME AND ADDRESS

ROY ZIMMERMAN  
8282 MURPHY Rd Fulton Md 20759  
301-421-1805

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

CONTRACTOR'S NAME AND ADDRESS

Suburban Propane  
31 Decwood circle  
Rockville Md 20850  
301-251-0606

EXISTING USE

SFD

PROPOSED USE

SFD

EST. CONSTRUCTION COST

2000

LICENSE NUMBER

PERMIT FEE

100

TYPE OF BLDG.

B. ROOMS	ROOMS	BATHS	FIREPLACES

FOOTINGS

FOUNDATION	S. WALLS

UTILITIES

WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE

TITLE DATE

## FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
----------	------	--------------------

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT. X 2/20/98

FIRE PROTECTION

STORM WATER MGM.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED DATE

LP-69-591

Distribution of Copies:  
 White - Building Official  
 Green - Planning & Zoning  
 Yellow - Engineering  
 Pink - Health Dept.  
 Gold - S.H.A.

016 1475571

TONE 15

**Suburban Propane**

31 Derwood Circle • P.O. Box 1766 • Rockville, MD 20850  
Office 301-251-0606 • Fax 301-251-0608  
<http://www.suburbanpropane.com>

February 13th, 1998

From: Bob Bush  
Builder Specialist  
SUBURBAN PROPANE  
C.S.C. #1112  
Rockville, Md

To: Glen Savage  
Sanitarian  
Howard County Health Dept.

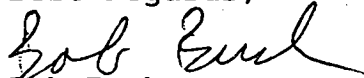
Dear Glen,

I received a copy of a letter to Mr. Roy Zimmerman dated January 21st, 1998 and after reviewing your concerns for the underground propane tank we installed I am responding with information to assist you.

Enclosed I am providing a copy of the NFPA 58 Gas Code book dealing with underground propane tanks. SUBURBAN PROPANE has always followed these codes and in dealing with distances of the tank and it's proximity to the well, septic and septic field we have also subscribed to the minimum distances of 25' from these concerns Howard County permits had provided to us years back.

SUBURBAN PROPANE hereby guarantees that the underground tank we have installed at Mr. Zimmerman's property poses no threat to the well on the property. If the minimum distance of 25' feet has been changed and we will need to now be 50' from the above mentioned items we will take appropriate steps to insure these new rules are followed. Please fax any updated information regarding underground propane tanks and their installations in Howard County to 301-251-0608.

Best Regards,



Bob Bush  
Builder Specialist  
SUBURBAN PROPANE  
C.S.C. #1112  
Rockville, Md

enclosures;  
rlb



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HOWARD COUNTY HEALTH DEPARTMENT

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

January 21, 1998

Roy Zimmerman  
8282 Murphy Rd  
Fulton, Md 20759

RE: Building permit # B00109477, 8282 Murphy Road

Dear Mr. Zimmerman,

This office has received the above referenced building permit application for a propane tank. We are unable to recommend approval at this time for the following reason:

- The proposed separation distance between the propane tank and the well is less than 50 feet. Although there is no minimum separation distance that applies specifically to propane tanks, a concern exists for potential well contamination if the tank should rupture.

In order to recommend the above referenced permit for approval, you are requested to provide the following information: A revised site plan showing a separation distance greater than 50 feet between the well and propane tank, or a guarantee from the propane tank installer that the tank poses no threat to the well.

If you are unable to comply with either of the above recommendations, acknowledgement of the concern outlined in this letter is sufficient for Health Department approval.

If you have any questions relative to this matter, please contact me at the address below or by calling 313-2640.

Very truly yours,

Glen Savage, Sanitarian

cc: Suburban Propane

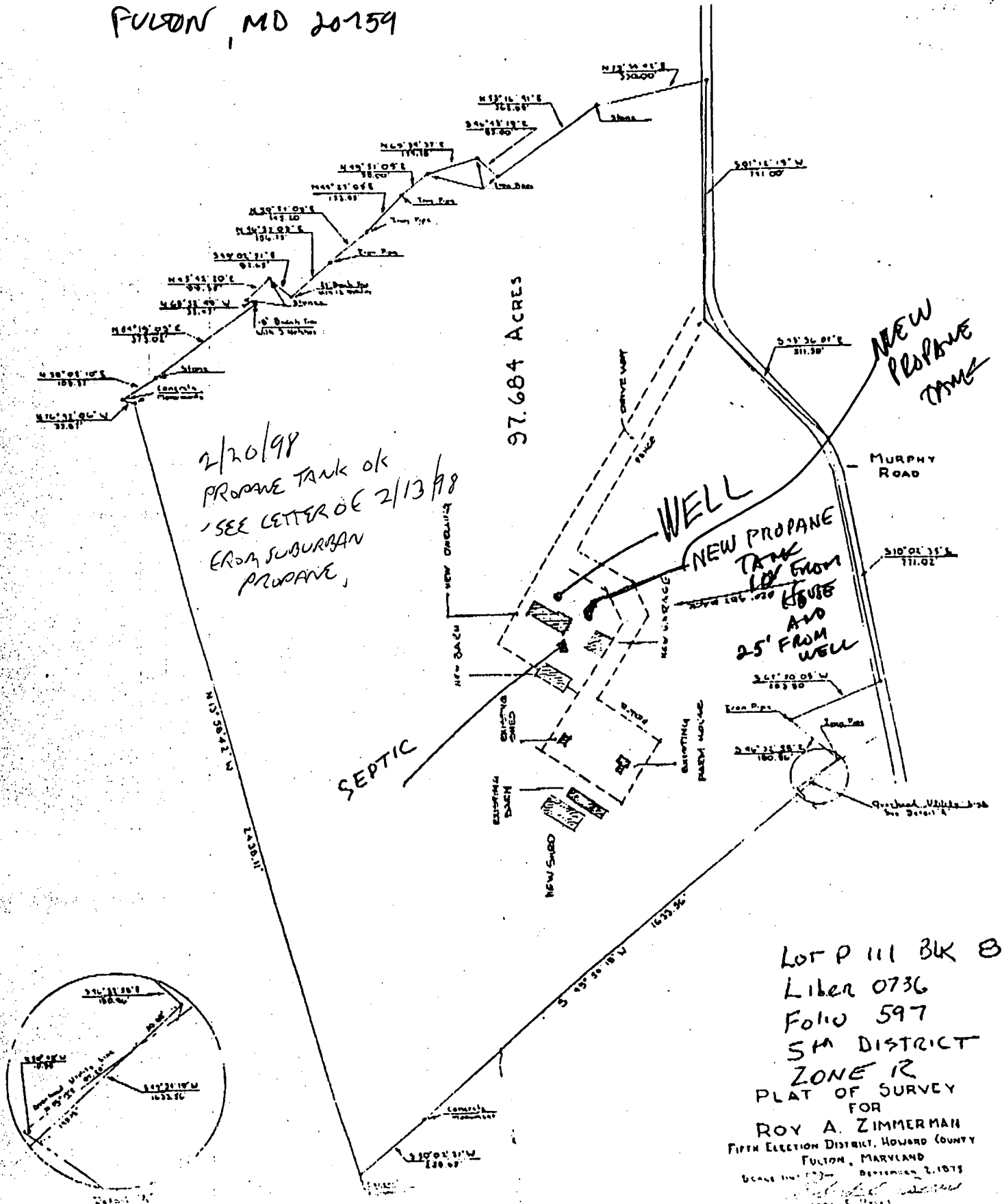
GS: FAWPS/ALP.LET

File

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Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644  
Food Protection Program (410) 313-2642 TDD (410) 313-2323

ROY ZIMMERMAN  
8282 MURPHY RD.  
FULTON, MD 20759



2/20/98  
PROPANE TANK OK  
SEE LETTER OF 2/13/98  
FROM SUBURBAN  
PROPANE,

LOT P III BK B  
Liber 0736  
Folio 597  
5th DISTRICT  
ZONE R  
PLAT OF SURVEY  
FOR  
ROY A. ZIMMERMAN  
FIFTH ELECTION DISTRICT, HOWARD COUNTY  
FULTON, MARYLAND  
BEARS THE DATE OF DECEMBER 2, 1975