

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

05-365805

DATE 5/25/60

Ch. ant 6/9/60
P 02510
57276B
A 02015

Lawrence Knoch

IS PERMITTED TO INSTALL ALTER

ADDRESS 803 Clifedge Rd., Balto. 8

PHONE Hu. 6-8591

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION Hopkins Meade

ROAD ^{*7406*} Oakcrest Lane

LOT 17

PROPERTY OWNER Frederick J. Schlicht

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA _____ SQ. FT. 10 ft. x 12 ft. dry well

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER System must be installed in area that passed perc. test.

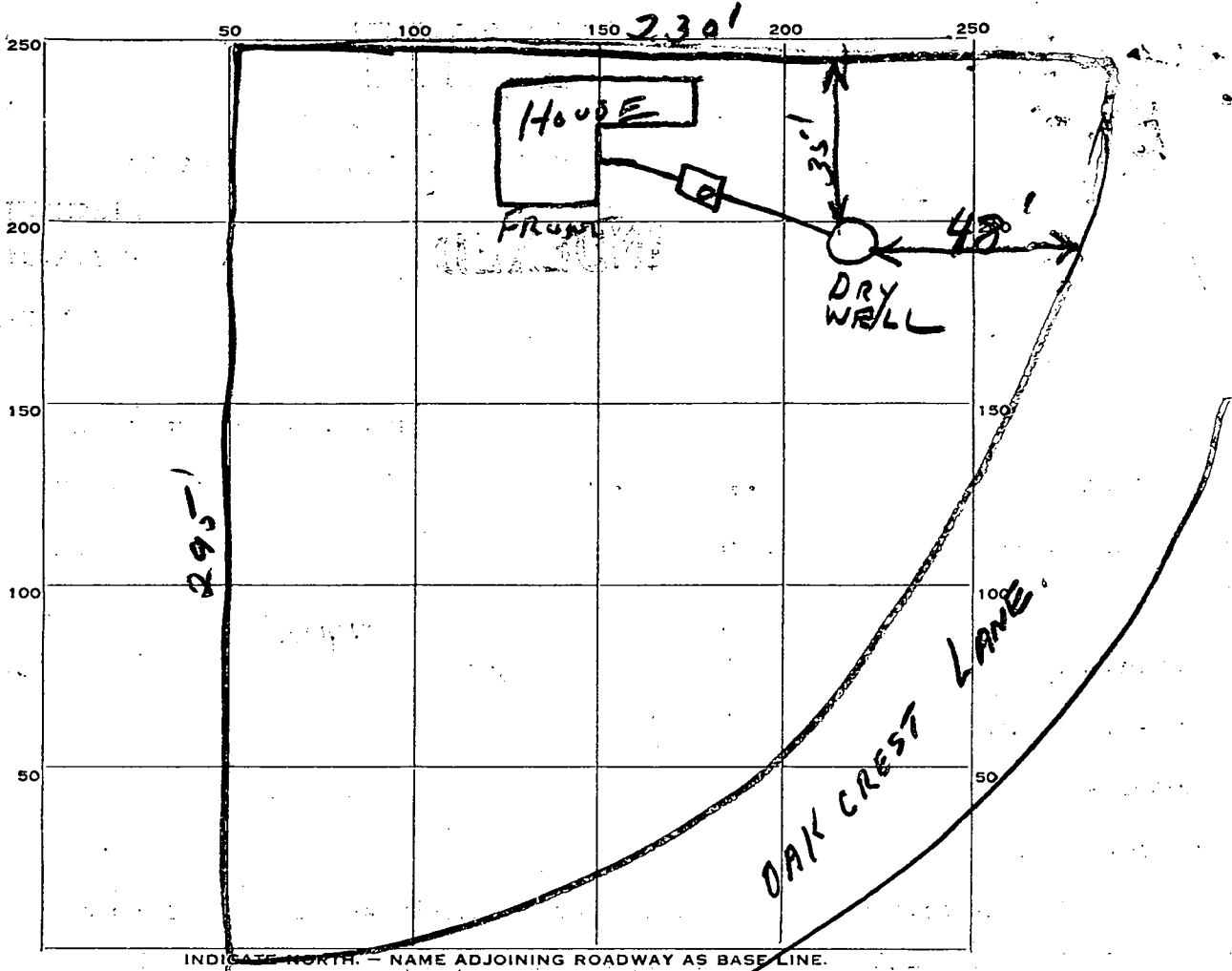
PLANS APPROVED BY Palmer F. Wine

DATE 1/11/60

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*A 57276B
A 02015*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD yes

SEPTIC TANK, LEVEL OK CLEANOUTS 1-5 Standpipe

DISTRIBUTION BOX, LEVEL: NONE

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 12 FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6-9-60 INSPECTOR J. Henning

APPLICATION

A 02015
P. 025710

SEWAGE DISPOSAL-TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 12-28-59

*750 tank
10 X 12 dry well*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Schlecht, Frederick

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Hopkins Meade LOT NO. 17

ROAD AND DESCRIPTION _____

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT _____ TYPE BLDG. res (3)
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT P. T. ...

APPROVED BY P.W. FOR dry-well DATE 1/11/60
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

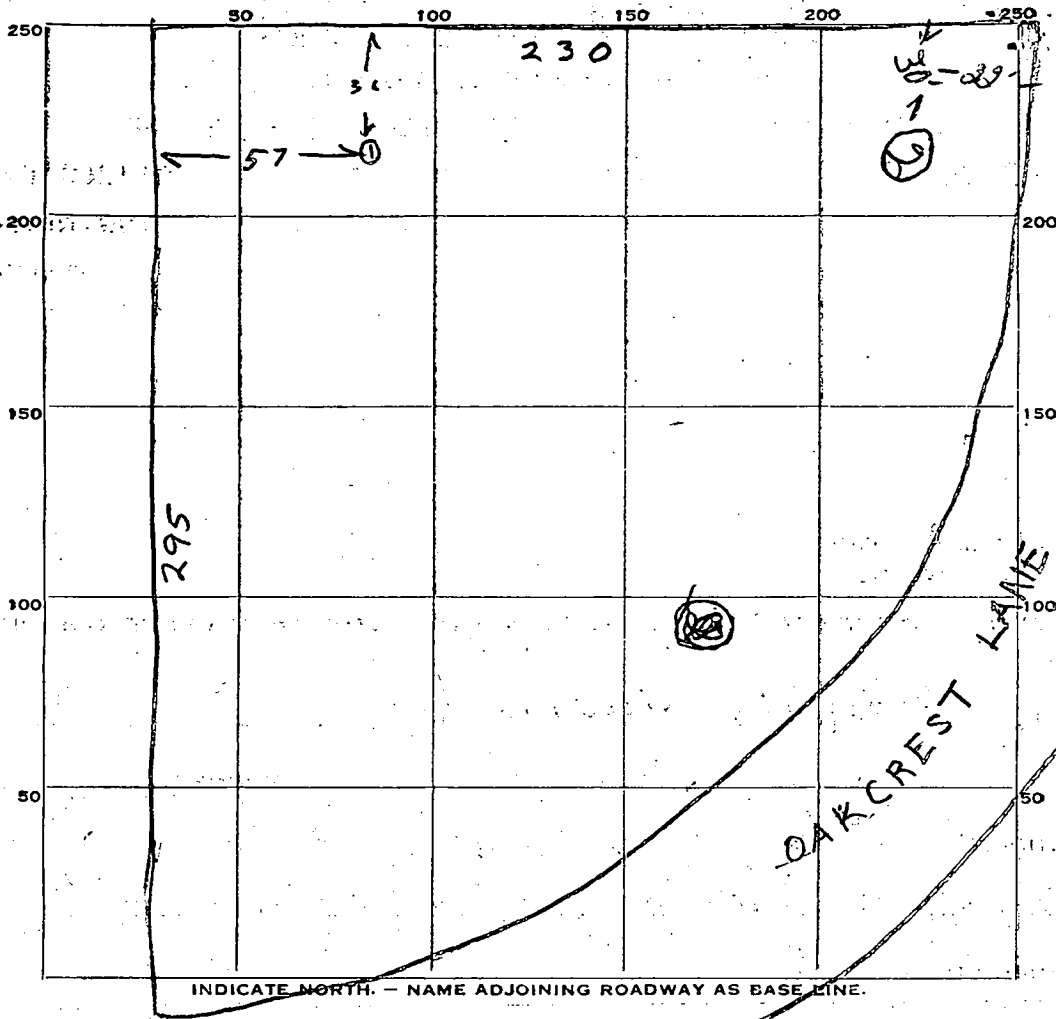
HOLD PENDING FURTHER TESTS BN DATE 1/6/60

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 9/25/87
14604 (detached garage)

THIS IS NOT A PERMIT

A 02015 -



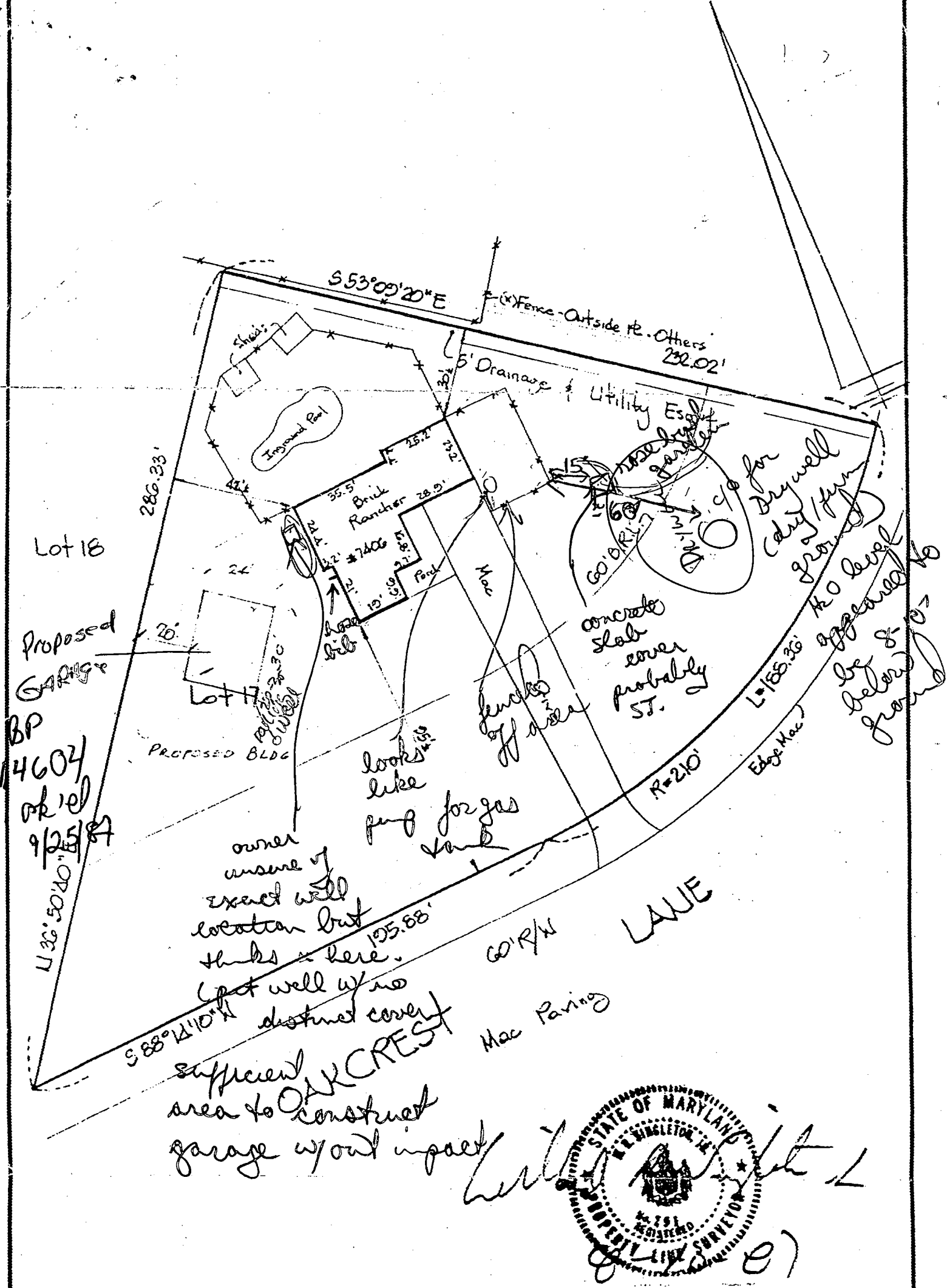
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/6/60	1	10	1:08	1:32	1:32	2:14	lullaper 42 min
11/11/60	2	9	10:41	10:49	10:49	11:01	12 min

SOIL AUGER FINDING: top 5' clay Bottom 5' sand & silt

TESTED BY: Raymond Hodges

REMARKS:

ALSO PRESENT: P. T. McSherry LOT NO. 17



Lot 18
 Proposed Garage
 BP 4604
 OK 12/9/87
 9/25/87
 1130°50'40\"/>

owner unsure of exact well location but thinks it's here. (get well w/ no distinct cover sufficient area to construct garage w/out impact)

looks like pump for gas tank
 concrete slab cover probably ST.
 for Drywell (cut from ground) to level of ground
 appears to be below ground
 Mac Paving
 OAKCREST LAKE
 60' R/W



THIS IS TO CERTIFY That The Improvements Indicated Hereon Are Located As Shown. This Is Not A Property Line Survey And Should Not Be Used As Such.

MR. FRED SCHLICHT

HICKS ENGINEERING COMPANY, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 200 EAST JOPPA ROAD - SUITE 402
 TOWSON, MARYLAND 21204
 TELEPHONE: 301/494-0001

LOCATION CERTIFICATION
 #7406 OAKCREST LAKE; LOT 17
 SECTION 2 "HOPKINS MEAD"
 HOWARD COUNTY, PLAT BOOK R.H.M. 7, FOLIO 7
 DATE: 8/9/87 SCALE: 1"=40' FILE: 4519

REPLACEMENT WELL SITE INSPECTION

OWNER Fred Schlicht

DATE REQUESTED 8-4-89

ADDRESS 7406 OAK CREST Lane

DRILLER G. EASTERDAY

Off Johns Hopkins Rd.

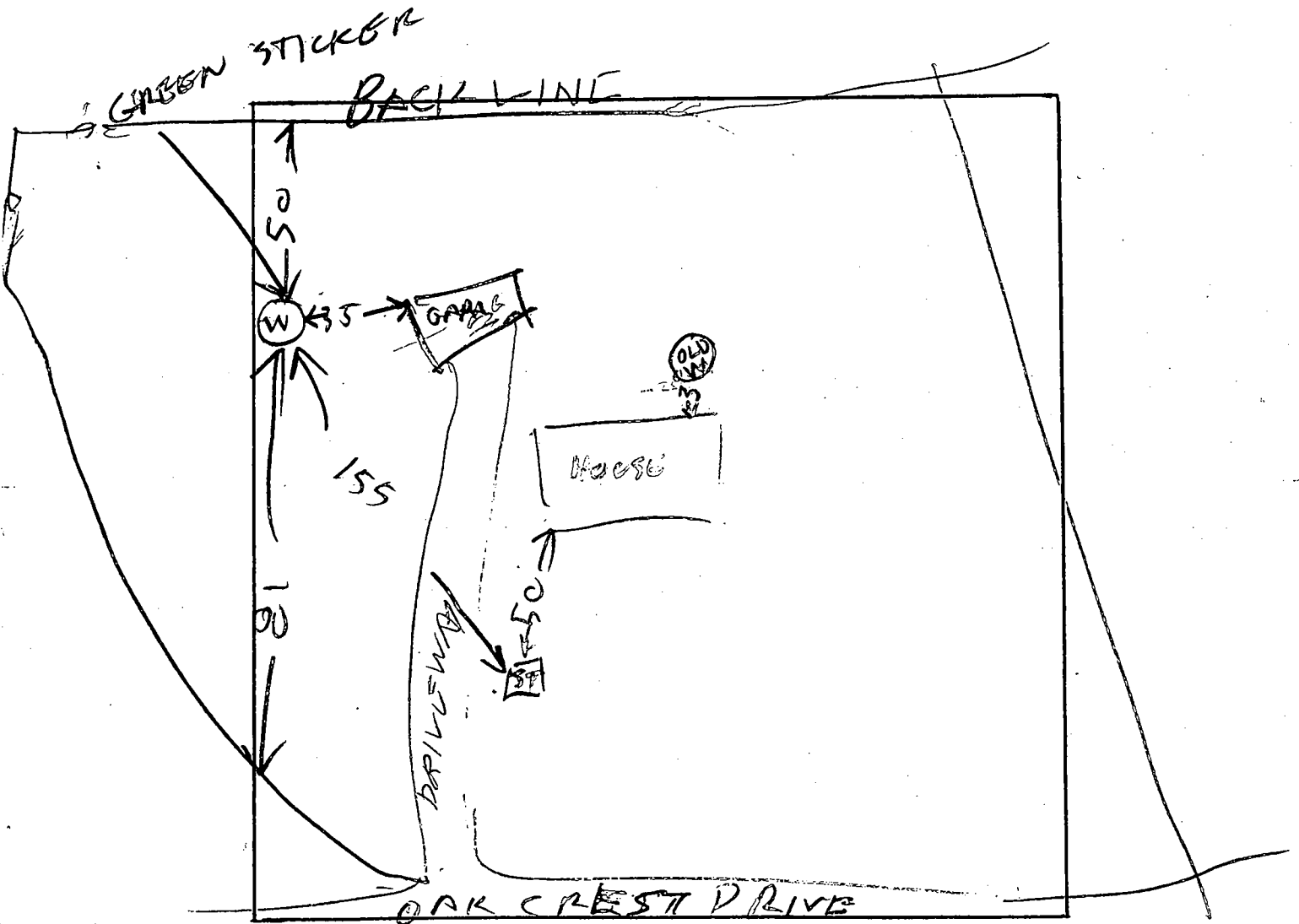
WELL TAG# _____

Clarksville, Md. 21029

COUNTY# _____

LOT 17 Hopkins Meade

LOCATION DIAGRAM



4 AUG 89
COMMENTS:

DECIDED TO PUT NEW WELL PER DIAGRAM RH

B 1 4707

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER,

40-88-0993

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

please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

SPILICHT FRED 7406 OAK CREST LN CLARKSVILLE MD 21029

B 3

LOCATION OF WELL

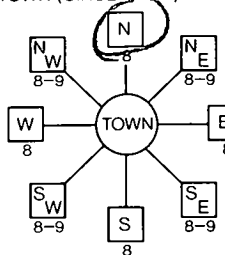
HOWARD COUNTY HOPKINS MEADE SECTION 17 FULTON 2 MILES FROM TOWN

DRILLER INFORMATION

George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, Md. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



7406 OAKCREST LN NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



200 DISTANCE FROM ROAD

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A02015 COUNTY NO. STATE SIGNATURE DATE ISSUED 081089 CO SIGNATURE EXP. DATE 4/2/90 NORTH GRID 485000 EAST GRID 0824000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCUSsion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEM AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

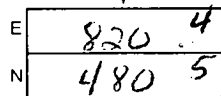
FORCE CW PERMIT No. 40-88-0993

SPECIAL CONDITIONS

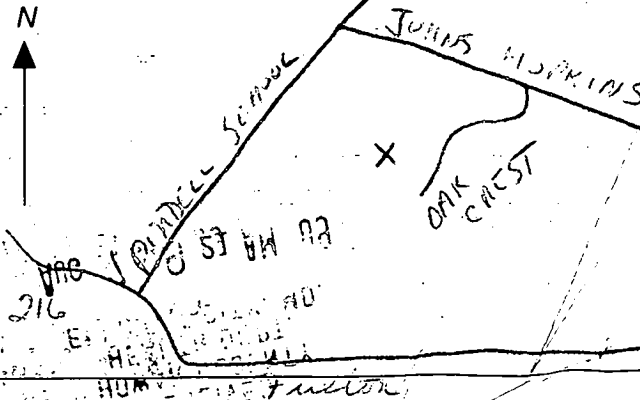
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 0267 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER ANNE ARUNDEL

ST/CO USE ONLY
 DATE RECEIVED [] [] [] [] [] []
 DATE WELL COMPLETED 08/11/89

Depth of Well 300
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
11-88-1992

OWNER WILLIAM FRED
 STREET OR RFD _____ TOWN ELKTON
 SUBDIVISION _____ SECTION _____ LOT _____

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	2	
Sands Clay	2	65	
Sand	65	75	
Sand Gravel	75	105	
Sandstone	105	110	
Br. mica	110	111	
Gray mica	111	125	
Tan mica	125	127	
Sandstone	125	135	
Gray mica	135	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 30 NO. OF POUNDS 3000
 GALLONS OF WATER 150
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 100 ft.

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 114

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

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

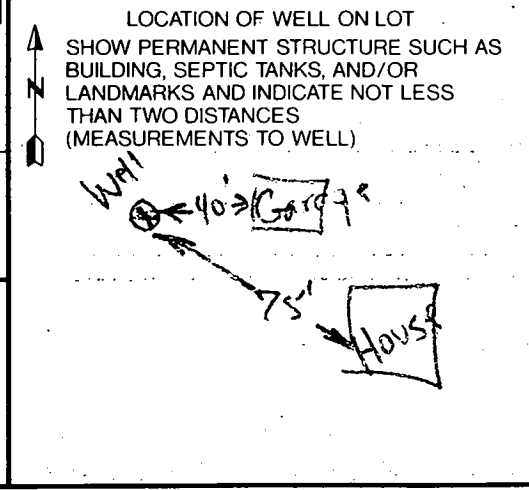
DEPTH (nearest ft.)
 EACH SCREEN 40 112 300
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

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

C3 Review of 9/1/89 CW
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE Pressure
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 125
 WHEN PUMPING 300
 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 WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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 (nearest foot) 2
 - below }



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 IDENT. NO. 40
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 03509

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HD-94-0600 fill in this form completely

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

Date Received (APA)

070795

OWNER INFORMATION

SEHLITZ FRCD

OAK CREST LANE

CLARKSVILLE MD 21027

DRILLER INFORMATION

L.T. Easter DAX INC. 501

Firm Name 265 BROWN CHURCH RD.

Address Charles R. Fuller 7-7-95

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 05

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

APPROXIMATE DEPTH OF WELL 206 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST 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) HD-94-0600

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE PERMIT No. HD-94-0600

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD CO

HOPKINS MEADE

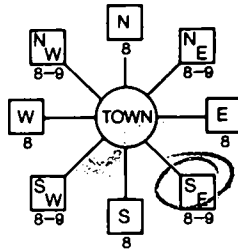
SECTION LOT 17

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 8 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



OAK CREST LANE NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 100

ENTER FT or MI 7

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13-A02015 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 070795

CO SIGNATURE EXP. DATE 7/7/96

NORTH GRID 485000 EAST GRID 0823000

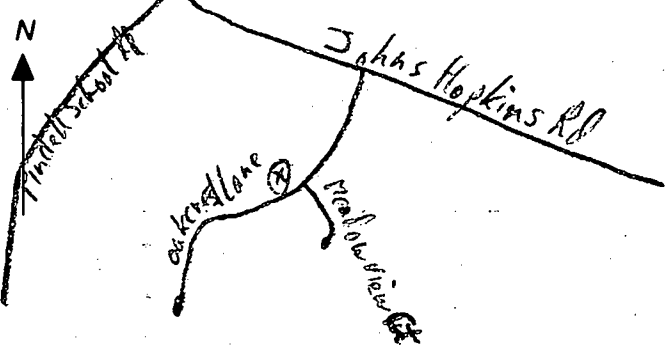
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

Box number 0823

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



C1 2759 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-A-02015

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07/14/95

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0600

OWNER Schlitt Fred STREET OR RFD Oak Crest Lane TOWN Clarksville SUBDIVISION Hopkins Meade SECTION LOT 19

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 Top soil, Red clay, Sand Stone, Gravel, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 45 NO. OF POUNDS 4500

CASING RECORD

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 130

OTHER CASING (if used)

SCREEN RECORD

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40

DRILLERS SIGNATURE Garry F. Eustenling

LIC. NO. MWD 501

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

C2

DEPTH (nearest ft.) HO 128 260

SLOT SIZE 1 2 3 DIAMETER OF SCREEN

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 120 WHEN PUMPING 260 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 WILL INSTALL PUMP (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. 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 (-) below LAND SURFACE (nearest foot)

