

11/29/99  
WPI -  
Anytime  
12/29/99 Co.  
12/30/99 Co. 12-1

# PERMIT

## SEWAGE DISPOSAL SYSTEM

P 512687

A 57313 P

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT \_\_\_\_\_

04-361644

DATE 8/27/99

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

### INDEXED

DATE SYSTEM APPROVED 12/30/99

~~XXXXXX~~ 410-313-2640

INSPECTOR DJS

Amy & Tom Clime

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 301-384-8907

SUBDIVISION Sycamore Valley II LOT 15 ROAD 3811 Championship Drive

PROPERTY OWNER Amy & Tom Clime

ADDRESS \_\_\_\_\_

**TOP SEAMED TANK REQUIRED**  
SEPTIC TANK CAPACITY 1250 GALLONS

LAYOUT INSP. REQUIRED  
BEFORE INSTALLATION  
MR

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade 2.0 feet of stone below distribution pipe.

LOCATION - Starting at the left front lot corner, place the distribution box 50 feet down the left lot line and 75 feet off this same lot line. Run trenches on contour to left side of lot.

NOTES - MAINTAIN A MINIMUM OF 100 FEET FROM THE WELLS LOCATED ACROSS CHAMPIONSHIP DRIVE TO ALL PARTS OF THE SEPTIC SYSTEM. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Mark E. Rifkin DATE 6/21/99

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. 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

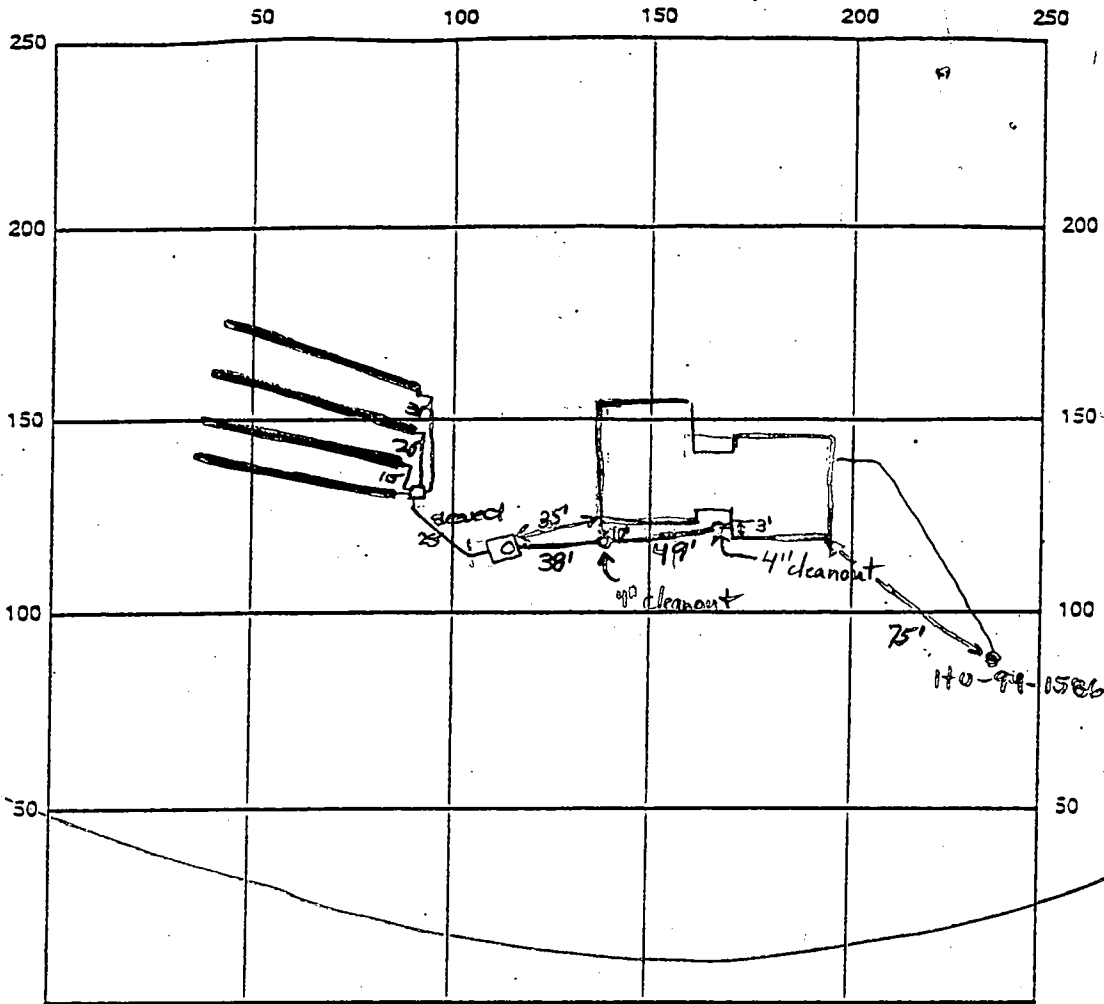
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 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**

# NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
Championship Drive

SEPTIC TANK LEVEL 1250 gallon top covered CLEANOUTS one at house, one in line, one on tank  
 DISTRIBUTION BOX LEVEL OK - baffle  
 DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4x60 FT. → 240  
 NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ BOTTOM AREA 960 SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS: 12/29/99 No house connection. Contour off slopes slightly uphill further from house. O.K. to start trenches with 1.5' of gravel under pipe and a 3.5' total depth to compensate for contours. Area of pipe between tank and distribution box to be graveled for future driveway (BB)

12/30/99 FINAL INSP - OK TO COVER ALL SEPTIC WORK. DS  
11/29/99 WPI - OK TO COVER PITNESS - PVC CONDUIT OR - Needs 2 piece cap - well line secured  
 DATE SYSTEM APPROVED 12/30/99 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 57313

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 10/9/96

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 Frances Devlin

ADDRESS 10805 Hickory Ridge Rd Site 215 CI. MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 10805 Hickory Ridge Rd Site 215 CI. MD 21044 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. \_\_\_\_\_

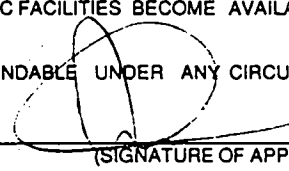
ROAD AND DESCRIPTION Sycamore Run Road

BLDG PERMIT SIGNED  
AND RETURNED 6/21/99  
B00118052 SFD-4BRMS

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single  
(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.

  
(SIGNATURE OF APPLICANT)

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

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

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

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

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

COUNTY #

SOIL PROFILE

1145

0' dark red silclm  
 3.5' dark orange red silclm  
 10% rock

1142, 1121

orange tan silclm

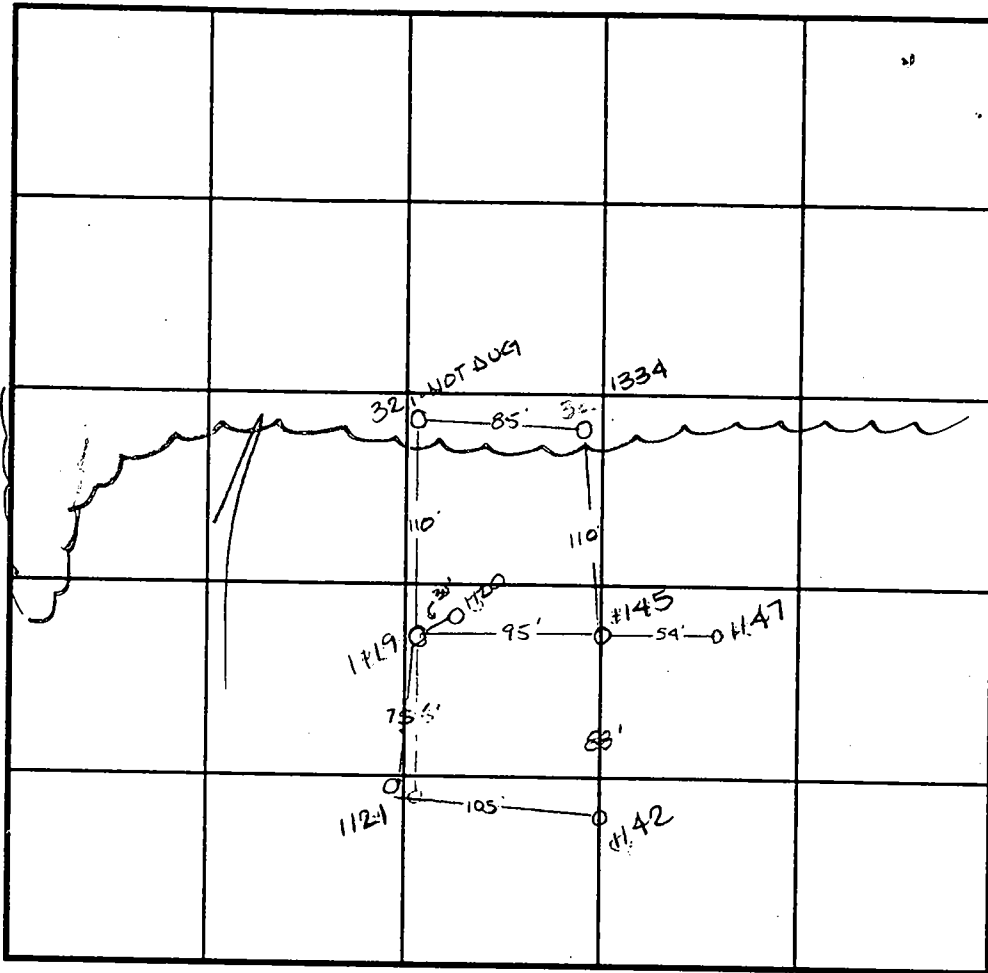
3.0' lgt orange tan silclm  
 10% Rx  
 pockets of grey silclm  
 throughout

1147

dark red silclm

3.0' dark red silclm  
 10% Rx

9.0' refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

1120

0' dark red silclm  
 3.0' dark orange silclm  
 20% Rx  
 throughout  
 8.0' pockets of  
 >50% Rx  
 10.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-27-96	#334	Refusal @ 5.0					F
	#119	>50% Rock @	5.0	refusal @ 8.0			F
	#145	4.0 / V10.0	1:13	1:15	1:15	1:18	3min
	#142	3.5 / V10.0	1:19	1:21	1:21	1:24	3min
	#121	3.0 / V11.0	1:27	1:33	1:33	1:40	7min
		7.0 / V11.0	1:28	1:30	1:30	1:32	2min
	#147	3.0 / V9.0	1:46	1:50	1:50	1:54	4min
	#120	3.0 / V10.0	1:42	1:47	1:47	1:57	10min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Don Reuwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

5

TRENCH WIDTH

3

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

180

# APPLICATION

7/20/98  
1:00

*Amy*

PERCOLATION TESTING

A 510246

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 7-7-98

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 Mid-Atlantic Development II, Thomas Scrivener  
5026 Dorsey Hall Dr. Su. 204  
ADDRESS Lot 15 Championship Dr / Devlin Property ELLICOTT CITY 21042  
PHONE n/a

AGENT OR PROSPECTIVE BUYER Amy Healey / Thomas Clime  
ADDRESS 17924 Shotley Bridge Pl Olney MD PHONE 301-924-3673

PROPERTY LOCATION:

SUBDIVISION Devlin Property / Cattail Creek LOT NO. 15  
ROAD AND DESCRIPTION Championship Dr.

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 54,423 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.

APPROVED BY [Signature] FOR SED DATE 7-31-98  
(SIGNATURE OF APPLICANT)

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

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

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

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

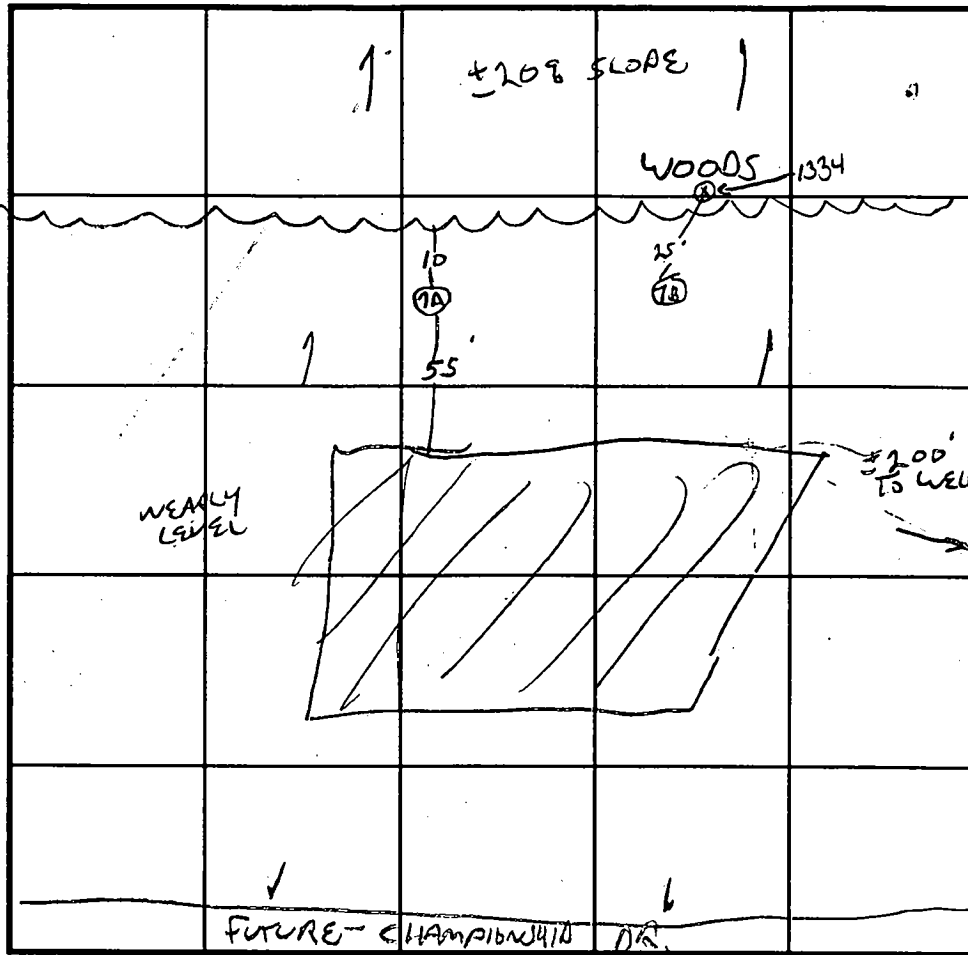
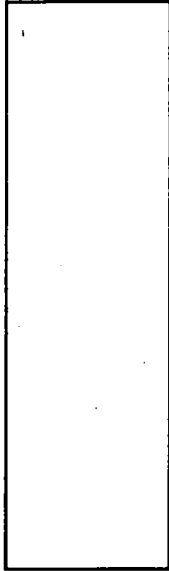
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A510246

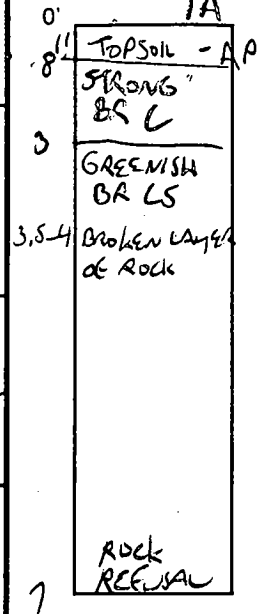
COUNTY #

SOIL PROFILE

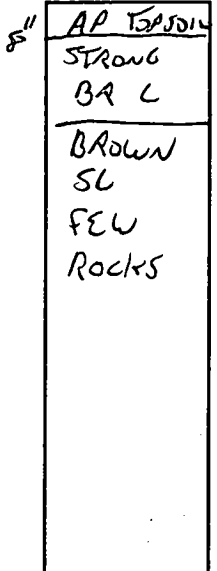


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



7B



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-20-98	7A	3/7V	1:51	11:54	→	2:05	11MIN FAIL
	7B	3.5/11.5	2:32 <sup>15</sup>	2:34	→	2:37	3MIN

REMARKS \_\_\_\_\_

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

TESTED BY G. SAVAGE ALSO PRESENT OWNER TSWAIN SEALE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3'

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



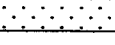
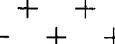




**NOTES:**

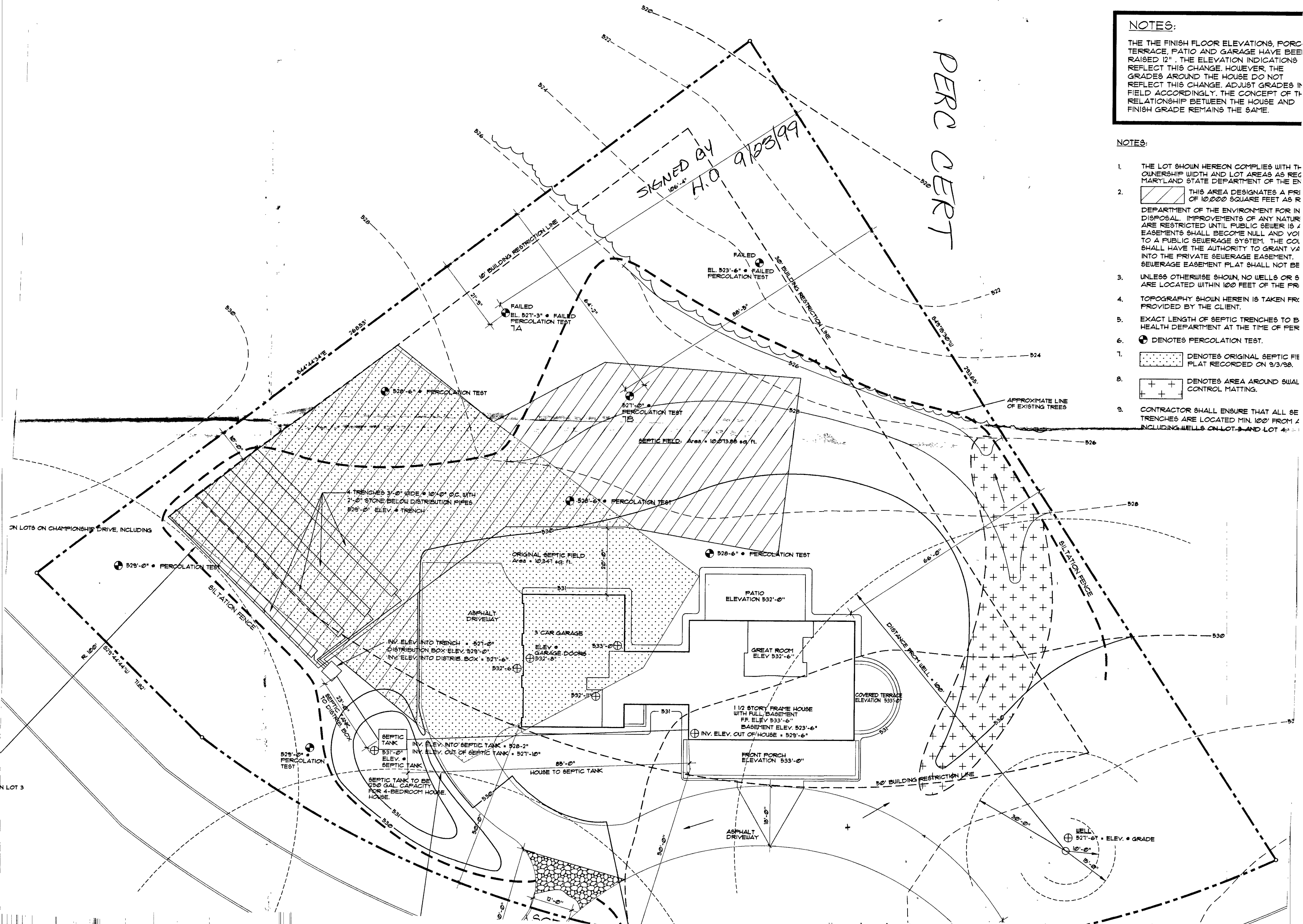
THE THE FINISH FLOOR ELEVATIONS, PORC TERRACE, PATIO AND GARAGE HAVE BEEI RAISED 12". THE ELEVATION INDICATIONS REFLECT THIS CHANGE. HOWEVER, THE GRADES AROUND THE HOUSE DO NOT REFLECT THIS CHANGE. ADJUST GRADES IN FIELD ACCORDINGLY. THE CONCEPT OF TH RELATIONSHIP BETWEEN THE HOUSE AND FINISH GRADE REMAINS THE SAME.

**NOTES:**

1. THE LOT SHOWN HEREON COMPLIES WITH TH OWNERSHIP WIDTH AND LOT AREAS AS REC MARYLAND STATE DEPARTMENT OF THE EN
2.  THIS AREA DESIGNATES A PRI OF 10,000 SQUARE FEET AS R DEPARTMENT OF THE ENVIRONMENT FOR IN DISPOSAL. IMPROVEMENTS OF ANY NATURE ARE RESTRICTED UNTIL PUBLIC SEWER IS A EASEMENTS SHALL BECOME NULL AND VOI TO A PUBLIC SEWERAGE SYSTEM. THE COL SHALL HAVE THE AUTHORITY TO GRANT VA INTO THE PRIVATE SEWERAGE EASEMENT. SEWERAGE EASEMENT PLAT SHALL NOT BE
3. UNLESS OTHERWISE SHOWN, NO WELLS OR S ARE LOCATED WITHIN 100 FEET OF THE PR
4. TOPOGRAPHY SHOWN HEREIN IS TAKEN FR PROVIDED BY THE CLIENT.
5. EXACT LENGTH OF SEPTIC TRENCHES TO B HEALTH DEPARTMENT AT THE TIME OF PER
6.  DENOTES PERCOLATION TEST.
7.  DENOTES ORIGINAL SEPTIC FIE PLAT RECORDED ON 3/3/98.
8.  DENOTES AREA AROUND SWAL CONTROL MATTING.
9. CONTRACTOR SHALL ENSURE THAT ALL SE TRENCHES ARE LOCATED MIN. 100' FROM A INCLUDING WELLS ON LOT 3 AND LOT 4.

PERC CERT

SIGNED BY  
H.O. 9/23/99





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## HOWARD COUNTY HEALTH DEPARTMENT

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

August 13, 1998

Mr. Thomas Clime & Ms. Amy Healey  
17924 Shotley Bridge Place  
Olney, Maryland 20832

RE: Percolation Test Results Application No. A510246  
Purpose: Adjustment to the recorded septic easement  
Property ID: Devlin Property - Lot 15  
Championship Drive

Dear Mr Cline & Ms. Healey:

Percolation testing conducted on July 20, 1998 on the above referenced property indicated limited satisfactory soil conditions. Rock encountered in several locations will limit the proposed adjustment to the sewage easement at the rear of the property to test holes 7A and 7B. Copies of the percolation test results are enclosed.

Further review is contingent upon submission ~~by a registered engineer~~<sup>GS</sup> of a percolation certification plan showing contour lines, actual locations and elevation of all excavated test holes and a suitable house and well site. The plan should also include the location of all existing wells and septic systems on the property as well as the location of any relevant features such as streams, swales or existing structures. A note must be included certifying that all wells and septic systems within 100 feet of the property boundaries have been shown.

This plan should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please contact me at the address below or by calling 410-313-2640.

Very truly yours,

Glen Savage, R.S.  
Water and Sewerage Program

GS:jr

Enclosures

File

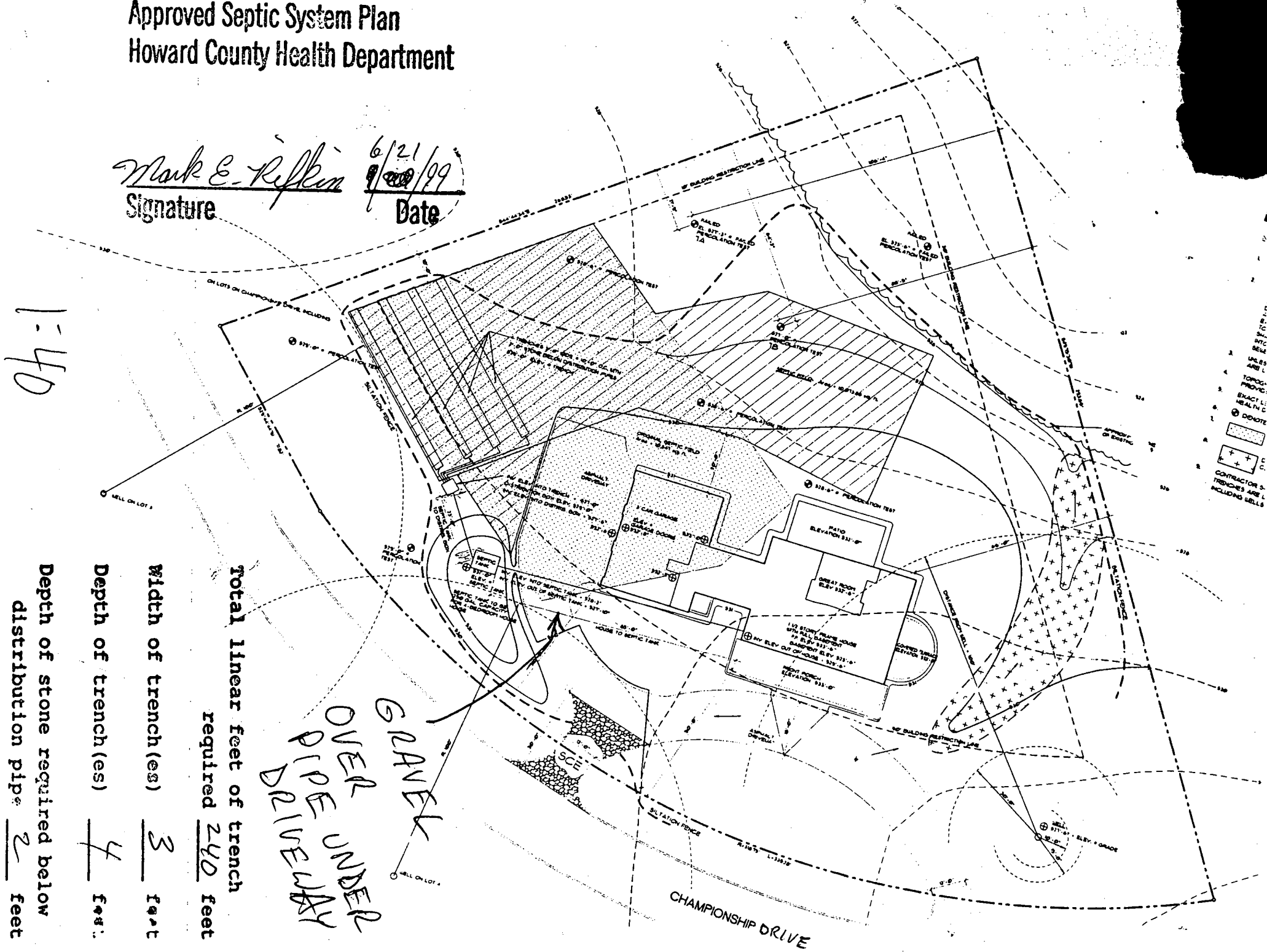
Approved Septic System Plan  
Howard County Health Department

*Mark E. Rifkin* 6/21/99  
Signature Date

1=40

Total linear feet of trench required 240 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 4 feet  
 Depth of stone required below distribution pipe 2 feet

GRAVEL  
OVER UNDER  
PIPE UNDER  
DRIVEWAY



- 1. UNLES ARE L
- 2. TOPOG. PROVID. ELEV. IN C
- 3. EXACT L. IN HEALTH
- 4. DENOTE
- 5. CONTRACTOR'S TRENCHES ARE L INCLUDING SHELLS

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525 H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date 3/28/2000

Name of Installer JAMES METTEE PLBG. & HTG., INC. Telephone 301 831 9636

License Number #4962  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner TOM & AMY CLIME Telephone 301 384 8907  
Subdivision SYCAMORE VALLEY II Lot # 15 Well Tag # HO-94-1586  
Site Address 3811 CHAMPIONSHIP DRIVE GLEN WOOD

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make SIX-RITE  
3. Model # 10SAHE03H  
4. Capacity 10 GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No   
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other CABLE TIED

**Motor**  
1. Horsepower 1  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

**Pitless Adapter**  
1. Make HARVARA  
2. Model # \_\_\_\_\_  
3. Depth 48"

**Tank** CA-230  
1. Capacity 85 gal equiv.  
2. Pressure relief valve? 75/165

**Piping**  
1. Type PE  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 48"

**Well data**  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: James R. Mettee

Date: 3/28/2000

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection. 6/8/00 - Message left w/ installer for future installations to place rope inside casing

POST ICOP INSP  
HD-215 6/8/00 - 2 piece cap installed  
Safety Rope ran through vent - doesn't provide that much of a breach so accepted in this case - (SRK)

C1 01381

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 57313

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 175 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 6/21/94 (SRW) HO-94-1586

OWNER MID ATLANTIC Development last name first name STREET OR RFD CHAMPIONSHIP Dr. TOWN Glenwood SUBDIVISION DEULIN Property SECTION LOT 15

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 264 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 21 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE white bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 WHEN PUMPING 33 TYPE OF PUMP USED (for test) S submersible

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: Brown Sandstone 15, Grey Granite 15.

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)! 06 Total depth of main casing (nearest foot) 21

OTHER CASING (if used) diameter depth (feet) inch 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.)

Table with columns: A C H S R E N, 1, 2, 3. Rows: 1-175, 2-21, 3-175.

NUMBER OF UNSUCCESSFUL WELLS: 0

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. MDA 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JW 341 Max S. Jones

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

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.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER WILL INSTALL 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

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 - below

LAND SURFACE 3 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

COUNTY

Front Map Line

Right Map Line



B 1	<b>4762</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-1586</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) 06 05 98  
8 MM 00 YY 13

MID-ATLANTIC DEVELOPMENT II L.L.C.  
15 Last Name 20 Owner 25 First Name 34

5020 DORSEY HALL DRIVE SUITE 200  
36 Street or RFD 55

ELICOTT CITY, MD 21042  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

DEVLIN PROPERTY  
23 SUBDIVISION 42

SECTION      LOT 15  
44 46 48 50

GREENWOOD  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

**DRILLER INFORMATION**

MICHAEL BARLOW MWD 355  
Driller's Name 76 License No. 81

MICHAEL BARLOW WELL DRILLING SRV. INC.  
Firm Name

912 FAWN COURT, JOPPA, MD 21085  
Address

*[Signature]* 6-3-98  
Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**CHAMPIONSHIP DRIVE**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 40 37  
DISTANCE FROM ROAD FT

ENTER FT OR MI FT  
38 39

TAX MAP:      BLK:      PARCEL     

**WELL INFORMATION**

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard Co AS7313  
COUNTY NAME COUNTY NO.

STATE SIGNATURE      INSERT S       
41

DATE ISSUED 06-12-98 A M. McMillan 6/12/99  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 522 000 EAST GRID 792 000  
50 55 57 63

**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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 000 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7902  
000 000

N 5202

9root 7-16-98 1130

No MSP  
*[Signature]*

**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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41      52

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

EMERGENCY HEALTH DEPT

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

APPROP. PERMIT NUMBER      G A P       
54 63

WRITE INITIALS IN BOX PERMIT No. HO-94-1586  
67 68 70 71 72 73 74 75 76 77 78 79

