

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO Records found

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~

410-313-2640

(410) 340-6463

DATE SYSTEM APPROVED

4/22/99

INSPECTOR

[Signature]

P 511314

A 58116-C

DISTRICT _____

DATE 12/18/98

1/29/99
12-1/99
2/1/99
2:2.99
11:00
1/22/99
2:00
C.D. [Signature]

INDEXED

BEK Backhoe Services

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 8375 Jumpers Hole Rd #302, Millersville 21108 PHONE (410) 320-4609

SUBDIVISION Greenstreet Property LOT 3 ROAD 1140 Hoods Mill Road

PROPERTY OWNER Hans Metzler

ADDRESS TOP SEAMED SEPTIC TANK

PUMPED SEPTIC SYSTEM ONLY

SEPTIC TANK CAPACITY 1250 GALLONS

INSTALL: 1-1250 gallon Pump Top Seamed Pump Chamber

NUMBER OF BEDROOMS 4

*****MANHOLE CLEANOUT ON PUMP CHAMBER REQUIRED*****

210 SQUARE FEET PER BEDROOM

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

LINEAR FEET OF TRENCH REQUIRED 280

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 20 feet off the pipestem (395.06') lot line and 10 feet off either side line. Run trenches along contour towards the opposite sideline.

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

PLANS APPROVED BY Glen Savage/Amy McMillen

DATE 11-12-98

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

ELDG. PERMIT SIGNATURE

AND RETURNED 2-10-99

Serial # B0116060

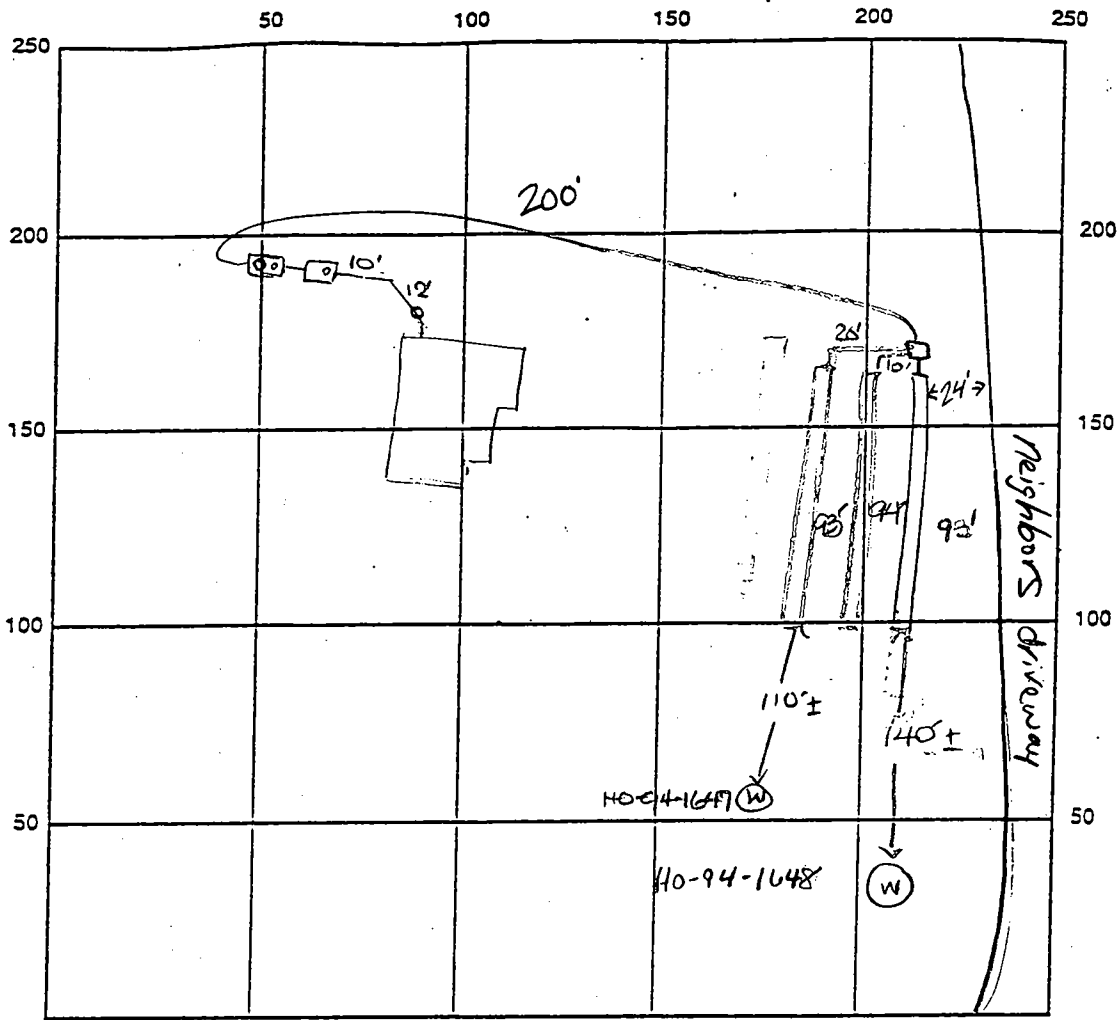
PERMIT VOID AFTER TWO YEARS

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. *septic tank*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

58116-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hoods Mill Road

SEPTIC TANK LEVEL OK - 2x1500 gal CLEANOUTS 1 on line 2 on tanks

DISTRIBUTION BOX LEVEL OK, has baffle

DRAIN FIELD/TILE DEPTH

| | | |
|-----|---|---|
| 1 | 2 | 3 |
| 6.5 | 7 | |

 FT. TRENCH WIDTH 3 FT. INLET DEPTH

| | | |
|-----|---|---|
| 1 | 2 | 3 |
| 4.5 | 5 | |

 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH

| | | |
|----|----|----|
| 1 | 2 | 3 |
| 93 | 94 | 97 |

 FT. → 280

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1/29/99 OK to continue work. DKS

2.1.99 has house conn, ok to cover first trench, installed slightly deeper due to contour, needs cleanout caps on tank and c.o. on line KM

2/2/99 OK to cover all septic work - Needs pump perf.

test: DKS Septic Pump Test OK, Both Flats (Alarm + on/off) work OK, alarm box in basement OK
W/S sheet delivered, 2 piece cap, cadast pipe + pit has 2-pool inside well all OK 4/22/99 4/22/99

DATE SYSTEM APPROVED 4/22/99 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A-58116C
P _____

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

DISTRICT _____
DATE 4.30.97

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 GREEN STREET HANS METZLER

ADDRESS HOODS MILL ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION (1140 Hoods Mill Road)

TAX MAP 8 PARCEL # 132

SIZE OF LOT 1 AC TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 11-12-98

Serial # 800114995

SEO - 4 Beam

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 SEO DATE 8/14/97
(SIGNATURE OF APPLICANT)

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

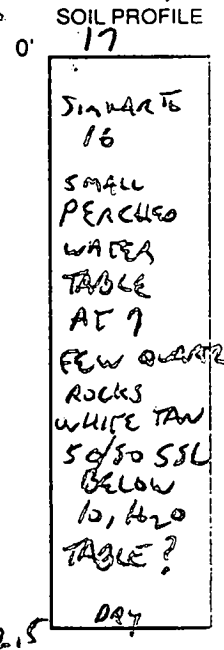
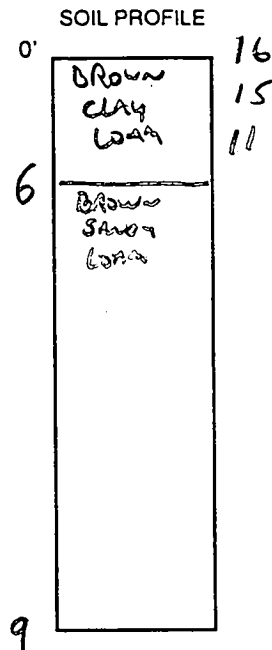
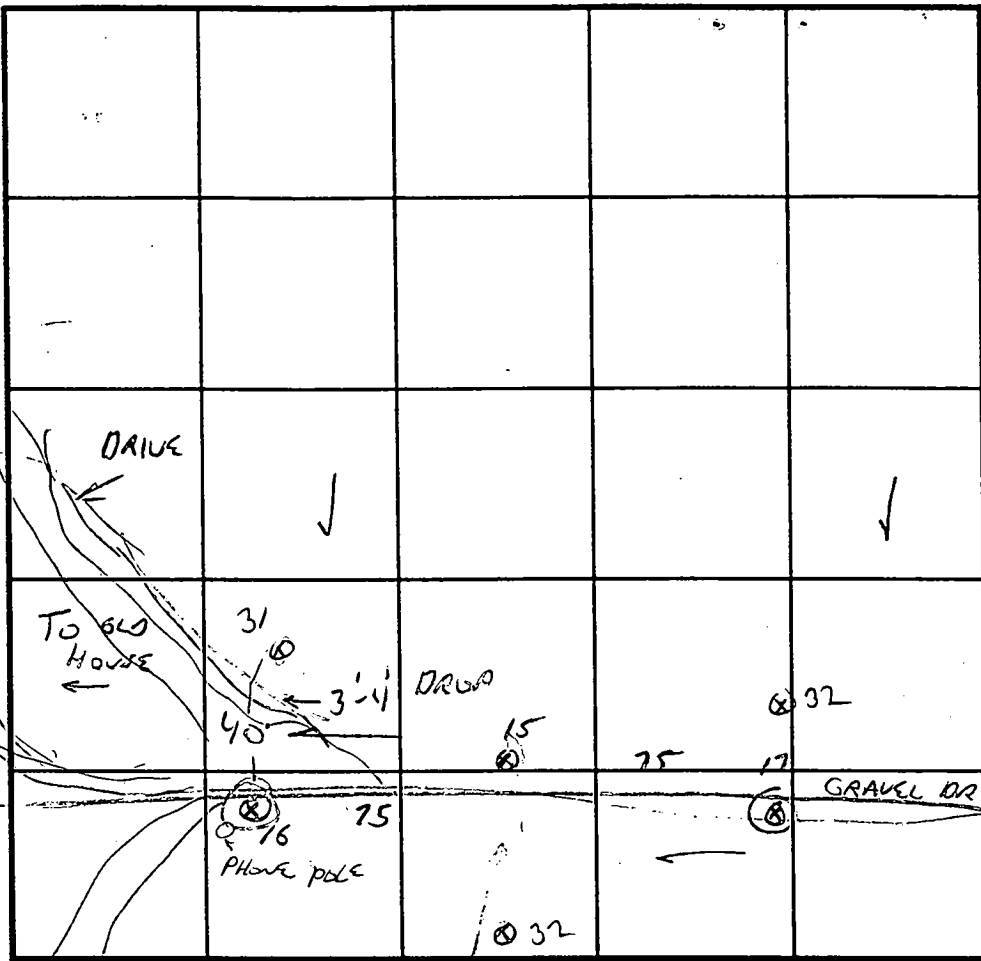
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

N

A5816C
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|---------|---------|-------|----------------|------------------|--------|
| | | | START | STOP | START | STOP | |
| 6/12/97 | 16 | 3.5/9U | 12:08 | 12:38 | 1/4 inch | SLOW | EARL |
| | 17 | 12.5U | | | | H ₂ O | FAIL |
| | 15 | 11V DRY | | | | | OK |
| 7/31/97 | 32 | 3 / 13U | 10:50 | 10:54 | 10:54 | 11:12 | 18 MIN |
| | | 5 4' | 11:28 | 11:39 | 11:39 | 11:55 | 16 MIN |
| | 31 | 4.5/14U | 11:10 | 11:17 | 11:17 | 11:27 | 10 MIN |

REMARKS INSUFFICIENT DATA, CONNECT 31 WITH 32 TO DEFINE SPA IN THAT AREA

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT TIM FRANK, Sam

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 58116-C

P _____

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

DISTRICT _____

DATE 4/30/97

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 Land Marketing Consultants, Inc / Tim Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410 - 313 - 8808

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

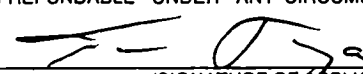
SUBDIVISION Greenstreet Property LOT NO. 3,

ROAD AND DESCRIPTION 1126 Route 97, Cooksville, MD

TAX MAP 8 PARCEL # 132

SIZE OF LOT 1 Acre TYPE BLDG. _____
(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

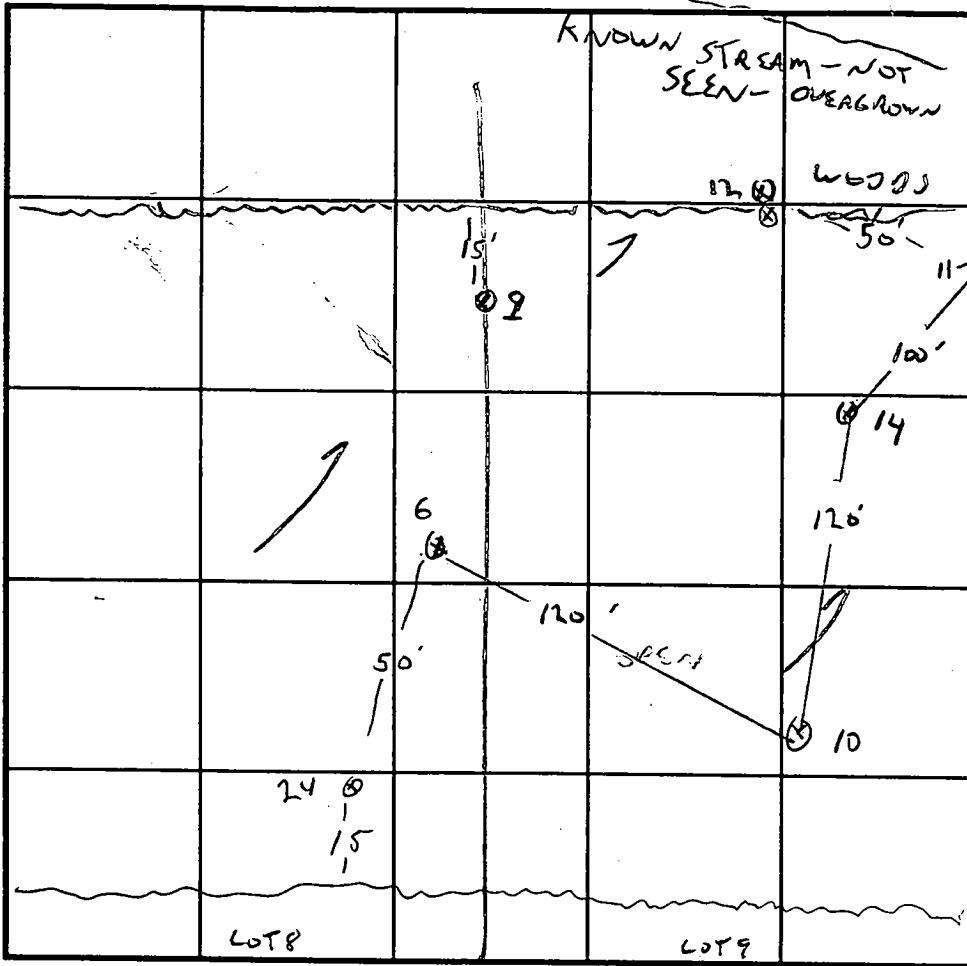
A 58116

COUNTY #

SOIL PROFILE

0' 12

PERCHED
WATER
TABLE AT
3', CAPING
AT 8'
H₂O 10.5'
HEAVY
LOW CHUM?
DARK
NOTTLES
SOIL



SOIL PROFILE

0' 9

SIMILAR
TO 5
WATER
AT 5'

5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

10
DARK
ORANGE
CLAY LOAM
DARK GREEN
BROWN
SANDY
LOAM
DARK ORANGE
NOTTLES
WHITE GREY
POCKETS

DAMP 7.5

WATER 10.5

10
FAN
SANDY
LOAM

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------------------------------|-------------|-------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 5/1/97 | 9 | 5/3 | WATER AT 5' | | | | F |
| | 12 | | | | | | F |
| | 11 | H ₂ O AT 5' | | | | | F |
| | 14 | H ₂ O AT 7' | | | | | |
| | 10 | H ₂ O - WET SEASON | | | | | |
| 6/12/97 | 24 | 3/12.4 | 11:24 | 11:36 | 11:36 | 11:53 | 16MM |
| 7/31/97 | 16 RE016 | 11.4 DRY | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS LOT 3 WET SEASON - LOW EDGE, NEED STREAM LOCATION

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT TIM FEAGA

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 58116C

P _____

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

DISTRICT _____

DATE 4.30.97

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 GREENSBROOK

ADDRESS HOODS MILL RD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION _____

TAX MAP 8 PARCEL # 132

SIZE OF LOT 1 AC TYPE BLDG. SFD
(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 [Signature] FOR SFD DATE 8.14.97

DISAPPROVED BY _____ FOR _____ DATE _____

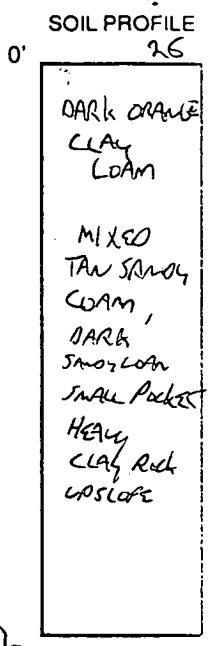
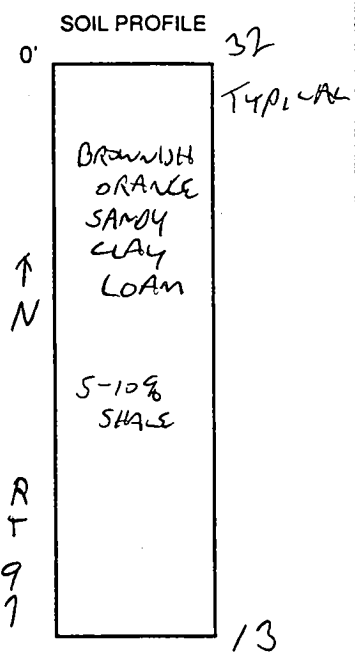
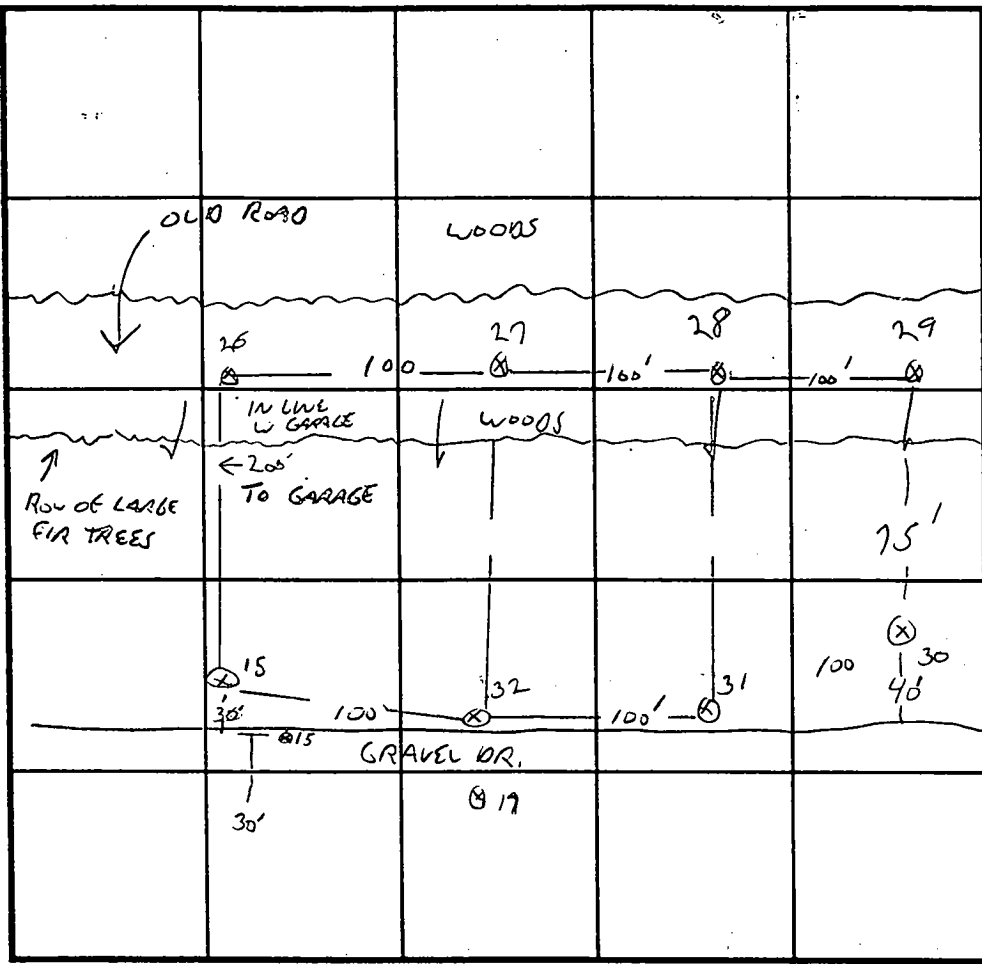
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

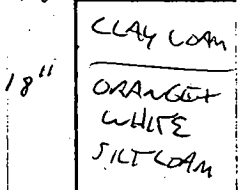
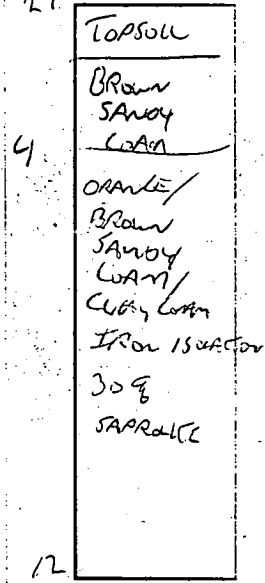
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-----------|---------|-------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 6/12/97 | 32 | 2.5 / 13V | 11:33 | 11:35 | 11:35 | 11:39 | 4 MW |
| | | 3 / 13V | 11:33 | 11:43 | 11:43 | 11:52 | 9 MW |
| | 26 | 3 / 12V | 12:28 | 12:42 | 12:42 | 1:00 | 18 MW |
| | 25 | 3 / 12V | 11:54 | 11:56 | 11:56 | 11:58 | 2 MW |
| | 27 | 3 / 12V | 12:10 | 12:12 | 12:12 | 12:14 | 2 MW |
| | 28 | 2.5 / 12V | 12:39 | 12:47 | 12:51 | 1:18 | 27 MW |
| | 29 | 12V ok | SIMILAR | TO 28 | | | |
| | 30 | 3 / 12V | 1:55 | 1:56 | 1:56 | 1:58 | 2 MW |
| | 31 | 12V | ok | | | | |



REMARKS LOT 3

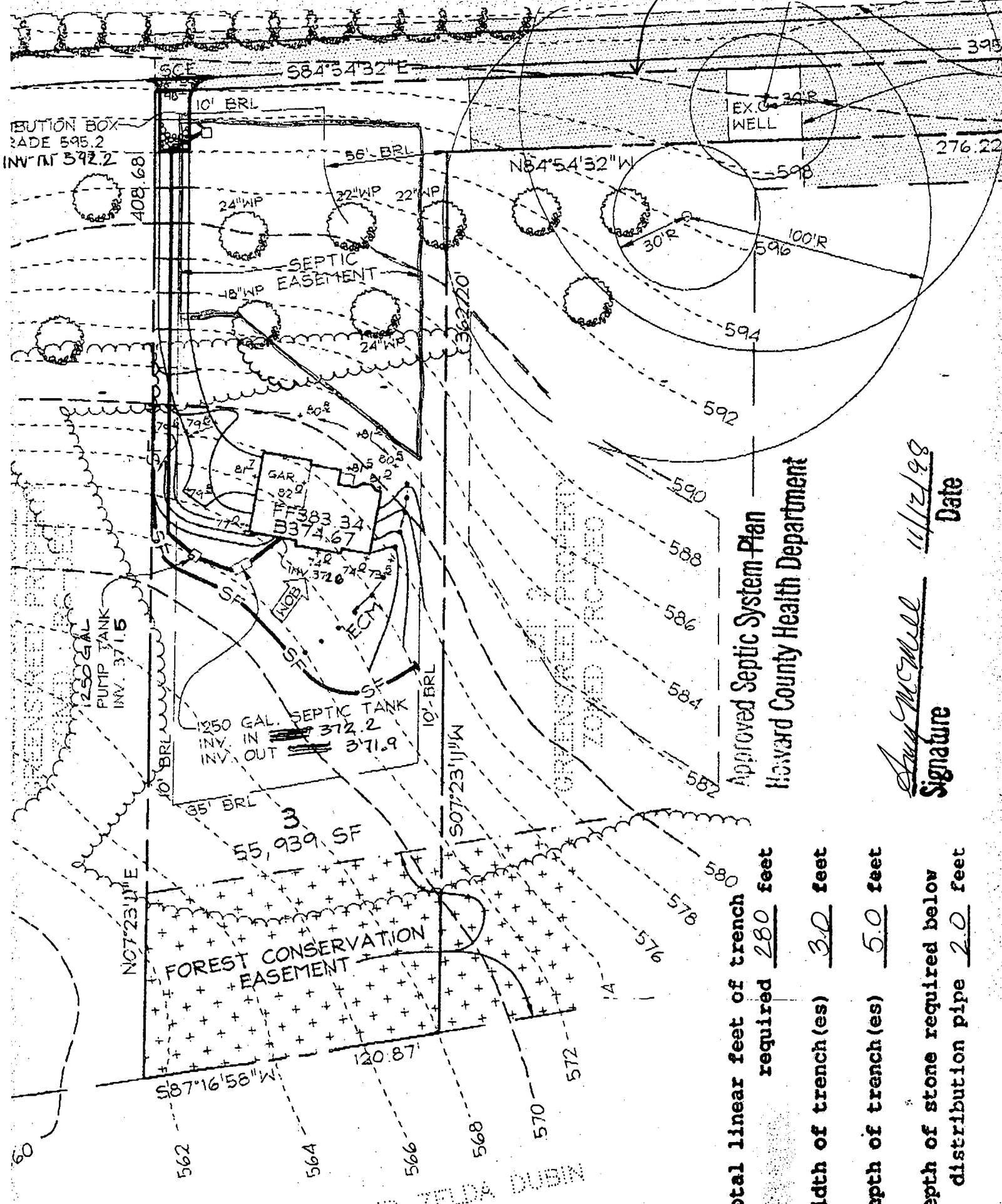
TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT TIM FEAGA

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 MW TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 1,210

395.06' LINE



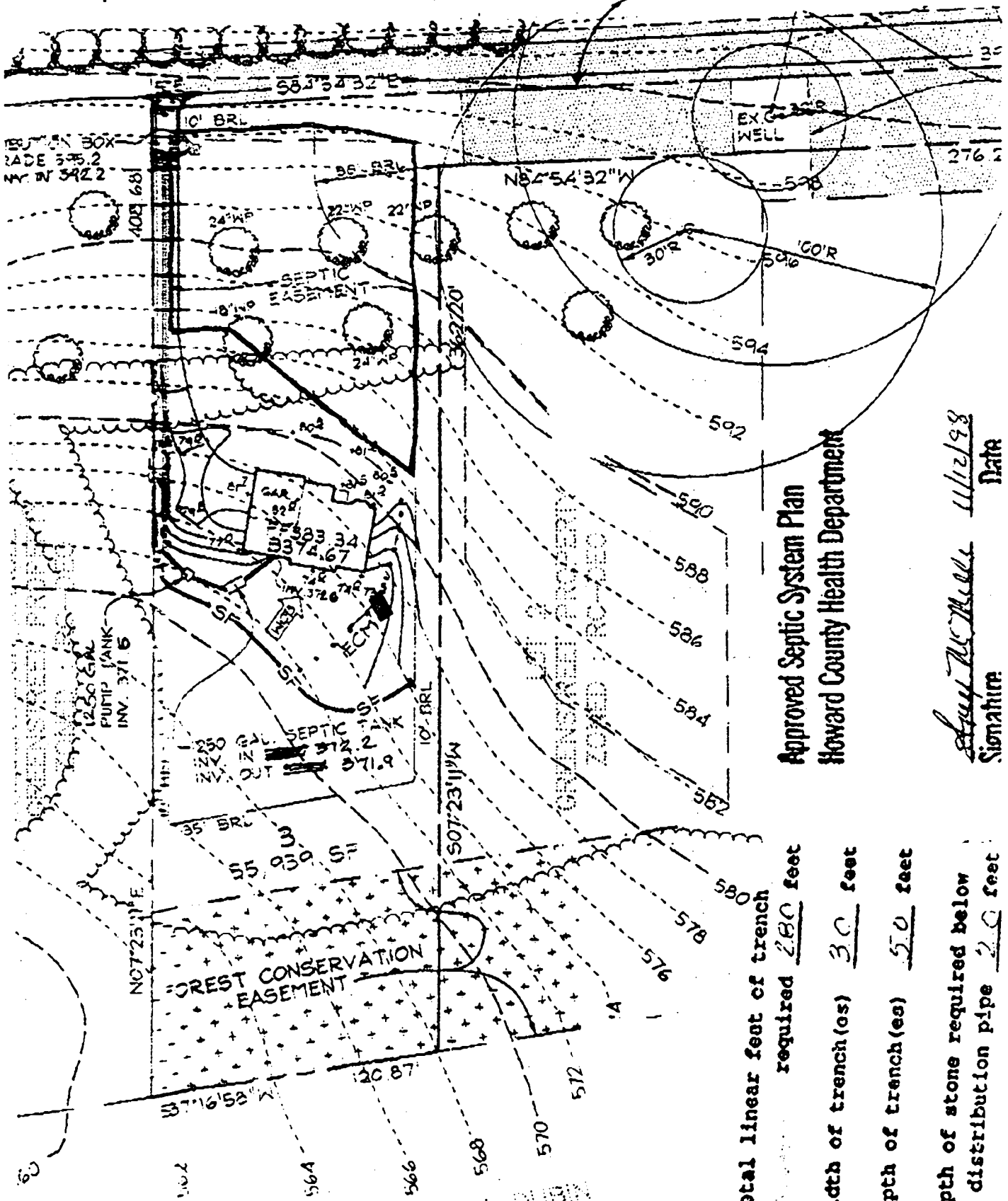
Approved Septic System Plan
 Howard County Health Department

Andy McMill
 Signature
 11/12/98
 Date

Total linear feet of trench required 280 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 2.0 feet

AND ZELDA DUBIN

395.06' LINE



Approved Septic System Plan
 Howard County Health Department

Gregory McMillan
 Signature
 11/12/98
 Date

Total linear feet of trench required 280 feet
 Width of trench (os) 30 feet
 Depth of trench (es) 50 feet
 Depth of stone required below distribution pipe 20 feet

2/10/99
 Proposed tank location OK as shown
 500 Gallon Underground ASME LP TANK Installed per NFPA 58

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 _____

Name of Installer A.R. Crowell

Telephone (410) 737-2007

License Number MDST 8980

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Hans Metzler

Telephone (301) 490-7329

Subdivision Greenstreet Property Lot # 3

Well Tag # HO-94-1648

Site Address 1140 Hoods Mill Road

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make JACUZZI
- Model # TSS479B-S2
- Capacity 7 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- Horsepower 1/2
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Harvard
- Model # PT800
- Depth 4' 6"

Tank

- Capacity _____
- Pressure relief valve? yes

Piping

- Type poly
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 42-48"

Well data

- Depth 175 ft.
- Yield 20 GPM
- Static water level 28 ft.
- Will water supply be disinfected by installer? yes

*WPT 2 piece cap ok
 conduit pipe ok
 pitless adapter attached on inside
 R/P 4/23/99*

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: [Signature]

Date: 1/27/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1 4364

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A-58116C

ST/CO USE ONLY DATE Received 09 08 98

DATE WELL COMPLETED 08 25 98 Depth of Well 22 175 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1648

OWNER HERITAGE LAND DEVELOPMENT STREET OR RFD 4200 MILL ROAD TOWN COOKSVILLE SUBDIVISION GREEN STREET PROP SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entry for Overburden Gray Rock and water at 135'.

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 casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code, DEPTH (nearest ft.).

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, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. 1 MWD 399

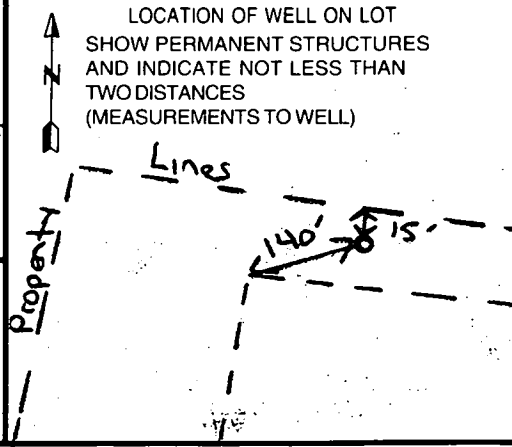
DRILLERS SIGNATURE (Marty Dixon)

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

DEPTH (nearest ft.) table with columns for depth intervals (1-2, 2-3, etc.) and values (34, 175).

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



B 1 4609 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

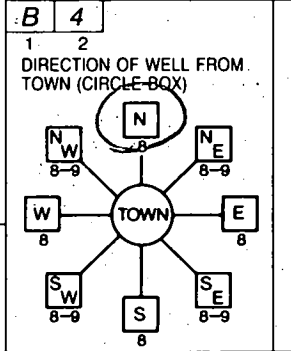
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1648
 70 fill in this form completely 79

Date Received (APA) _____
 OWNER INFORMATION
 8 MM DD YY 13
Heritage Land Development
 15 Last Name Owner First Name 34
3243 Bethany Lane
 36 Street or RFD 55
Elkott City MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Greenstreet Property
 23 SUBDIVISION 42
 SECTION 3 LOT 3
 44 46 48 50
Cooksville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION
Paul M. Fabiszak MWD 399
 Driller's Name 76 License No. 81
G. Edgar Harr Sosn' Corp
 Firm Name
12047 Falls Rd Cockeysville 21030
 Address
[Signature] 7/6/98
 Signature Date



Howds Mill Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 400 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 6 BLK: 11 PARCEL: 132

B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

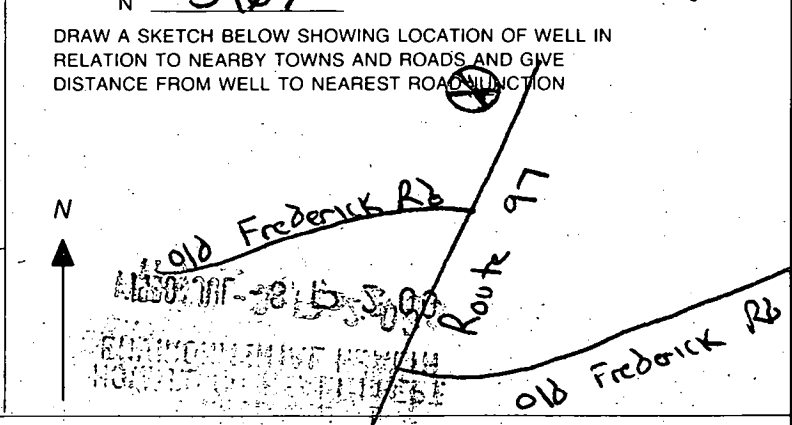
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 58116C COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 7 27 98 [Signature] 7 27 98
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 549 0 0 0 EAST GRID 796 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8/22/98 GROUT
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 795
 N 5489
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REverse-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED 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 REPLACE AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 _____ 63
 G A P
 PERMIT No. HO-94-1648
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.