

4/13/99 2:00 10:23  
(Deliver permit  
in field)

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4/28/99 < 1:00  
HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 410-313-2640

04-330579

INDEXED

P 511390

A 59943

DISTRICT 4th

DATE 2.4.99

DATE SYSTEM APPROVED 4/8/99

INSPECTOR H. P. ...

Will Hopkins IS PERMITTED TO INSTALL  ALTER

ADDRESS 17550 Old Frederick Road Mt. Airy, MD 21771 PHONE (410) 549-2575

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 16525 A.E. Mullinix Road

PROPERTY OWNER Gene & Charlotte Mullinix

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

\*\*SURVEYOR SHOULD STAKE HIGHEST PORTIONS OF SEPTIC  
EASEMENT PRIOR TO INSTALLATION OF SYSTEM.\*\*  
\*\*SITE INSPECTION REQUIRED BEFORE INSTALLING SYSTEM\*\*

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SEE ATTACHED LOCATION DRAWING FOR INSTALLATION OF SYSTEM.

NOTES - 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 Kimberly Maiste DATE 9-17-98

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

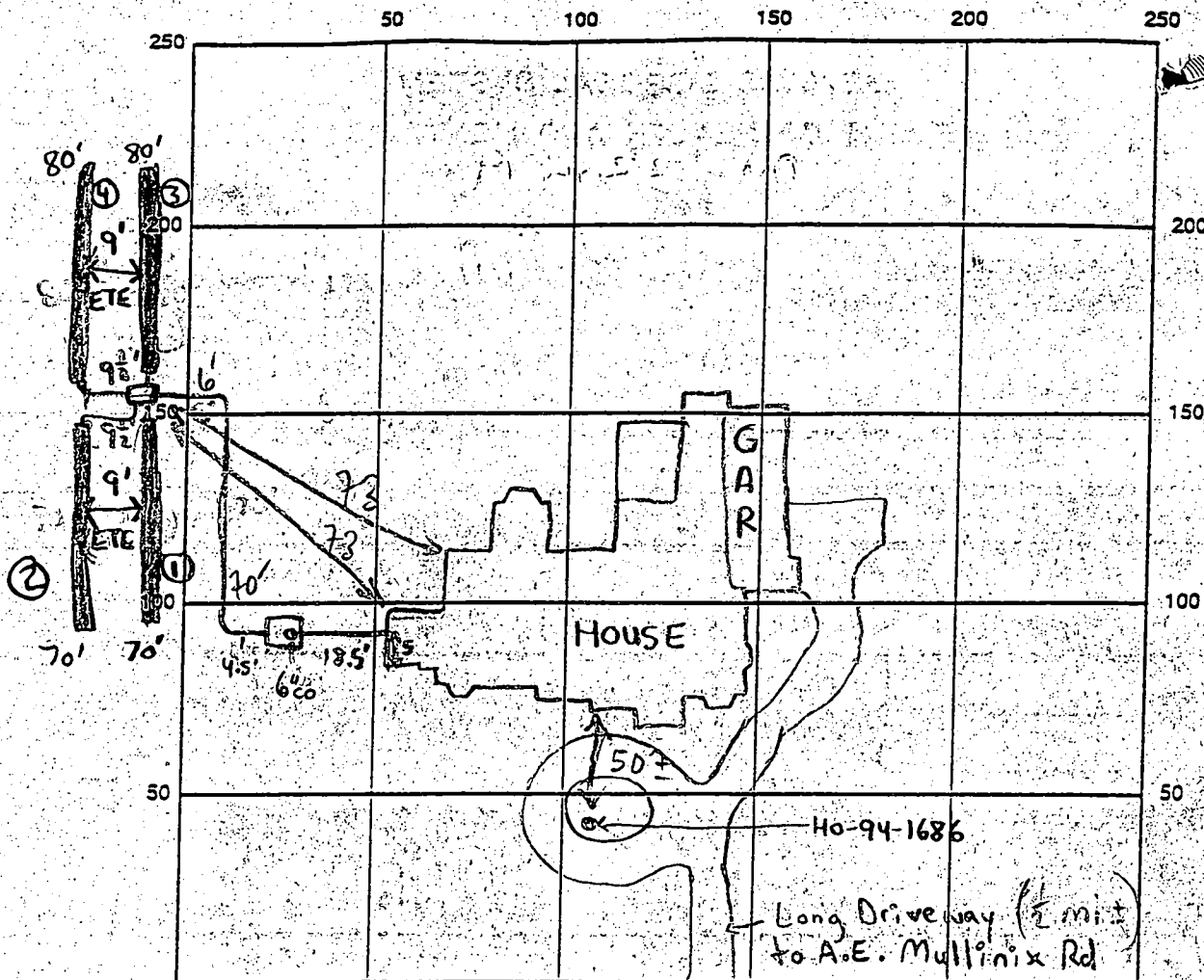
PERMIT VOID AFTER TWO YEARS

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**

59943



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
A.E. Mullinix Road

SEPTIC TANK LEVEL 1500 gallon top seam CLEANOUTS 1-6" @ tank

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 70 70 80 80 FT. (300 total)

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS: 4/27/99 - OK TO COVER PIPING FROM HOUSE TO TANK, TANK TO DISTRIBUTION BOX, TRENCH 1, 2 & 3. 4/27/99 WPI OK (SRV) NO FORM

4/28/99 OK TO COVER ALL (MR)

DATE SYSTEM APPROVED 4/28/99 INSPECTOR M. RIFKIN

*Attn: Steve*

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ALLEN M. VAN SANT, INC. Telephone #: 410-442-2221  
Address: 12630 FREDERICK ROAD  
WEST FRIENDSHIP, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): MICHAEL KOSTNER, III License# 6501  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: GENE & CHARLOTTE MULLINIX Telephone #: 410-489-4510  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-1686  
Site Address: 16525 A.E. Mullinix Road

**Submersible Pump Data**                      **Pitless Adapter**                      **Well Cap and Electric Conduit**  
Make: Geacis                                      Make: Hypon                                      Two piece watertight cap:   
Model #: 765012                                      Model #: 8-102                                      Screened, vented well cap:   
Pump Capacity: 7 GPM                              Depth: 34 (36" min)                              Cap secured to casing:   
Well Yield: \_\_\_\_\_ GPM                              NSF approved: \_\_\_\_\_                              Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 323 (feet)                              Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
~~Torque arrestors or Cable guards~~ are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

**Piping to house**                                      **House Connection**  
Type: PE    PVC sleeved to undisturbed soil at wall penetration: Hand pipe + wire from house to well.  
PSI: 160 (160 psi min)                              Approximate length of sleeve: 50ft  
Depth of supply line: 34 (36" min)                              Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Michael Kostner                                      9-13-00  
Signature of company representative responsible for installation                              date

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 4/27/99                              Date Insp. Approved: 4/27/99                              **SRK**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

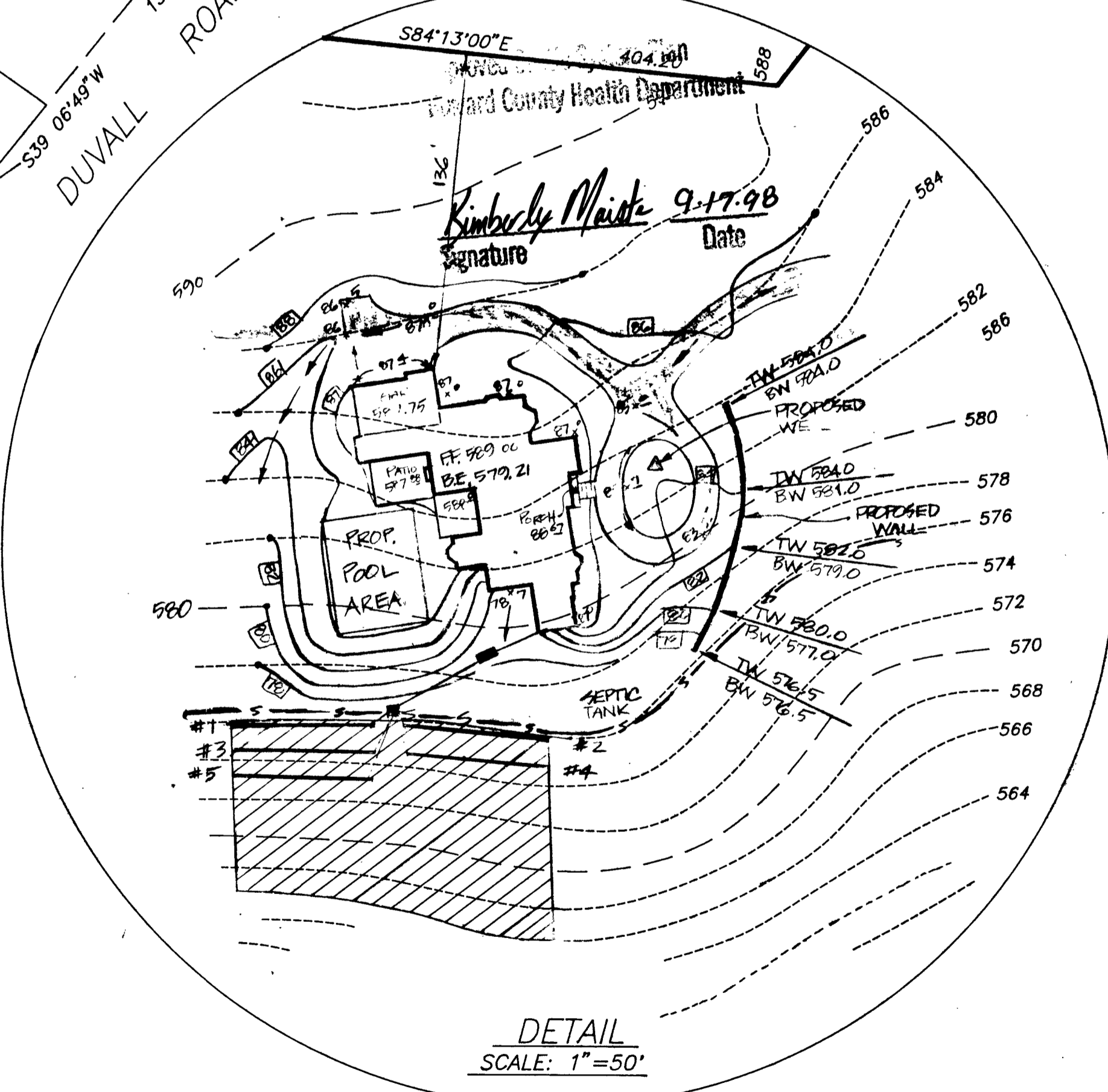
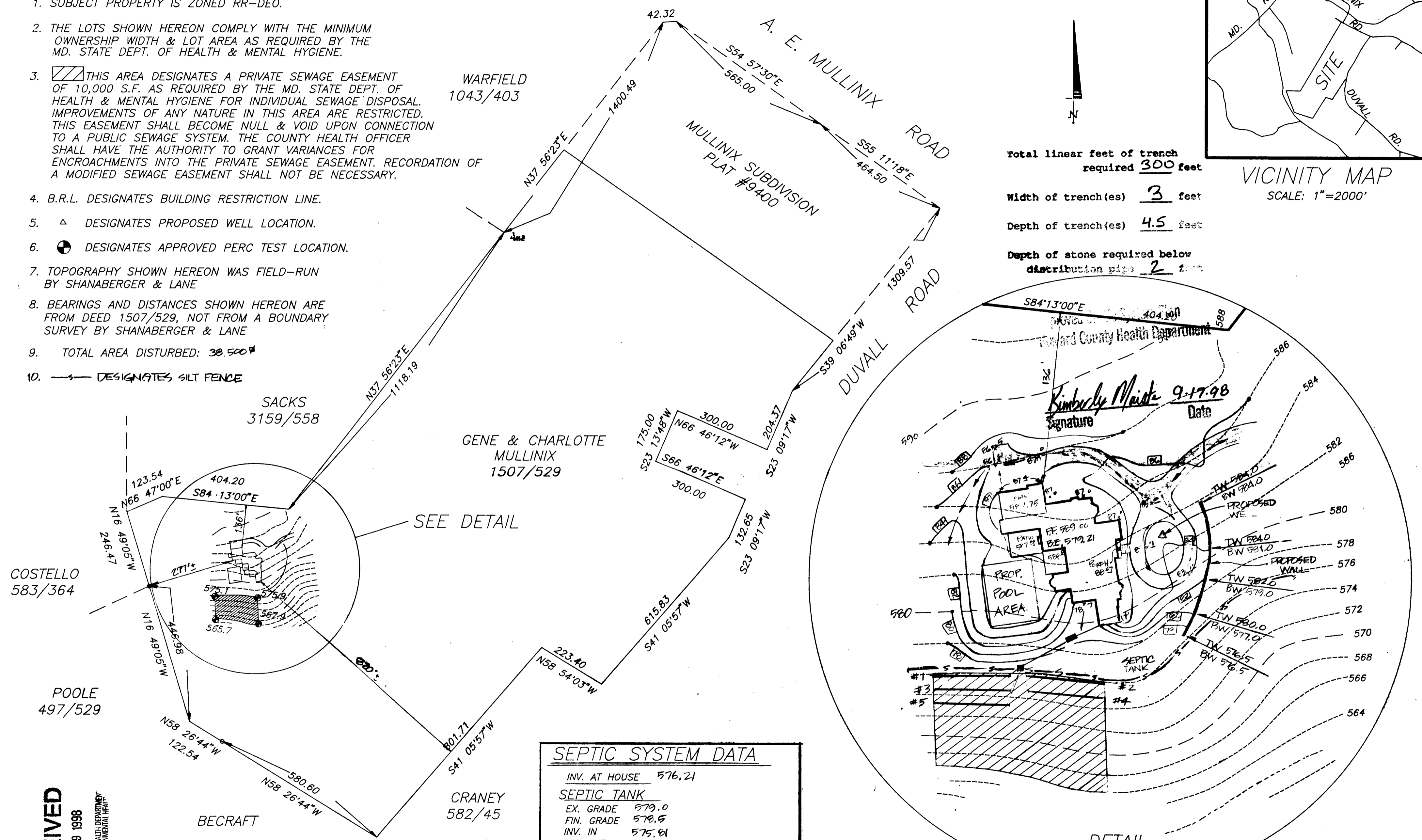
**NOTES:**

1. SUBJECT PROPERTY IS ZONED RR-DEO.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE.
3. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
4. B.R.L. DESIGNATES BUILDING RESTRICTION LINE.
5. DESIGNATES PROPOSED WELL LOCATION.
6. DESIGNATES APPROVED PERC TEST LOCATION.
7. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE
8. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM DEED 1507/529, NOT FROM A BOUNDARY SURVEY BY SHANABERGER & LANE
9. TOTAL AREA DISTURBED: 38,500'
10. DESIGNATES SILT FENCE



total linear feet of trench required **300** feet  
 Width of trench(es) **3** feet  
 Depth of trench(es) **4.5** feet  
 Depth of stone required below distribution pipe **2** feet

VICINITY MAP  
SCALE: 1"=2000'



| SEPTIC SYSTEM DATA      |        |       |       |       |       |
|-------------------------|--------|-------|-------|-------|-------|
| INV. AT HOUSE           | 576.21 |       |       |       |       |
| <b>SEPTIC TANK</b>      |        |       |       |       |       |
| EX. GRADE               | 579.0  |       |       |       |       |
| FIN. GRADE              | 578.5  |       |       |       |       |
| INV. IN                 | 575.81 |       |       |       |       |
| INV. OUT                | 575.56 |       |       |       |       |
| <b>DISTRIBUTION BOX</b> |        |       |       |       |       |
| EX. GRADE               | 576.5  |       |       |       |       |
| FIN. GRADE              | 577.0  |       |       |       |       |
| INV. IN                 | 573.85 |       |       |       |       |
| INV. OUT                | 573.85 |       |       |       |       |
| <b>TRENCHES</b>         |        |       |       |       |       |
|                         | #1     | #2    | #3    | #4    | #5    |
| EX. GRADE               | 575.9  | 575.9 | 574.5 | 575.4 | 573.1 |
| FIN. GRADE              | 575.9  | 575.9 | 574.5 | 574.5 | 573.1 |
| INV. IN                 | 573.4  | 573.4 | 572.0 | 572.0 | 570.6 |
| BOTTOM                  | 571.4  | 571.4 | 570.0 | 570.0 | 568.6 |
| LENGTH                  | 60'    | 60'   | 60'   | 60'   | 60'   |

**RECEIVED**  
 JUL 29 1998  
 HOWARD COUNTY HEALTH DEPARTMENT  
 DIVISION OF ENVIRONMENTAL HEALTH

SHANABERGER & LANE  
 8726 TOWN & COUNTRY BLVD.  
 SUITE 104  
 ELLICOTT CITY, MD. 21043  
 (410) 461-9563

SITE PLAN  
**MULLINIX PROPERTY**  
 TAX MAP 7 BLOCK 22 PARCEL 428  
 FOURTH ELECTION DISTRICT, HOWARD COUNTY, MD.  
 SCALE: 1"=200'  
 JUNE 9, 1998  
 REV. 6/12/98  
 9804SITE.dwg REV. 7/29/98

# APPLICATION

5/14/98  
10:00

PERCOLATION TESTING

A 59943

P \_\_\_\_\_

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

4-15-98  
Preview OK -  
1 house to be  
built on 78 Acre  
parcel - no existing  
houses  
Signature needed  
on application  
ALM

DISTRICT \_\_\_\_\_

DATE 4-14-98

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 Gene & Charlotte Mowinck

ADDRESS 16219 A.E. Mowinck Rd Woodbine, Md. 21797 PHONE (410) 499-4510 ; (410) 492-2292

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION NONE

ROAD AND DESCRIPTION N.W. SIDE Down Rd, S.W. SIDE A.E. Mowinck Rd

TAX MAP 7 PARCEL # 420

SIZE OF LOT 78.82 AC TYPE BLDG. SINGLE-FAM. RESIDENTIAL - 12 - 1/2 Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

AND RETURNED 9-17-98  
Serial # Bro 113073

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

59943

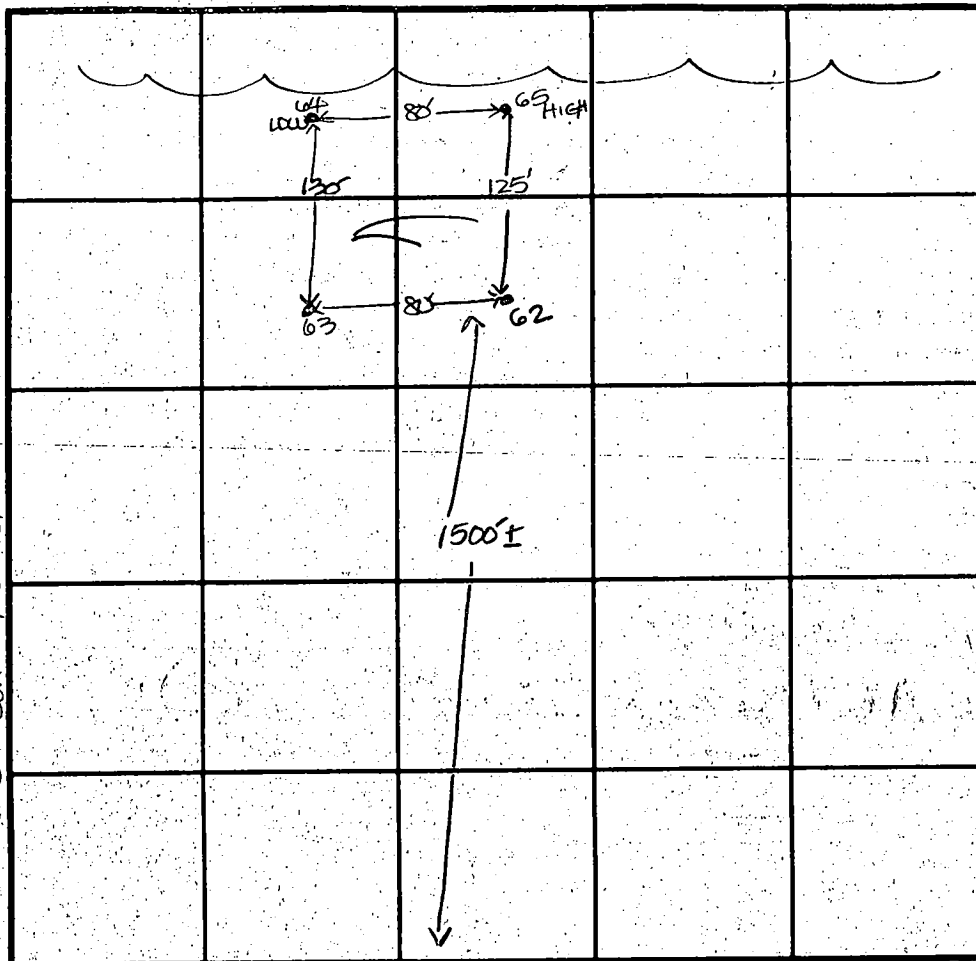
COUNTY #

SOIL PROFILE

62

0' topsoil  
 1' org brn cl lm  
 3.5' - 3' med to pale org brn si lm  
 25% sapr shale

Dovell Road



SOIL PROFILE

65

0' topsoil  
 1' org brn cl lm  
 2.5' - 3' org tan s lm w/ shale frag  
 25-30% sapr shale

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

A. E. MULLINIX ROAD

63  
 0' topsoil  
 1' org brn cl lm  
 2.5' - 3' pale org brn si lm  
 12.8" 20-25% sapr shale

64  
 0' topsoil  
 1' org brn cl lm  
 2.5' - 3' med org brn si lm  
 12' 30% ot sapr shale

| DATE    | TEST NO. | DEPTH   | PRE-WET            |       | TEST - 1" DROP |       | TIME |
|---------|----------|---------|--------------------|-------|----------------|-------|------|
|         |          |         | START              | STOP  | START          | STOP  |      |
| 5-14-98 | 62       | 4.0'S   | 10:51              | 10:55 | 10:55          | 11:01 | 6    |
|         |          | 13.0'D  | Visual             |       |                |       | OK   |
|         | 63       | 4.0'S   | 10:53              | 10:55 | 10:55          | 10:58 | 3    |
|         |          | 12'8" D | Visual             |       |                |       | OK   |
|         | 64       | 3.5'S   | 10:40 <sub>3</sub> | 10:45 | 10:45          | 10:50 | 5    |
|         |          | 12.0'D  | Visual             |       |                |       | OK   |
|         | 65       | 3.5'S   | 10:43              | 10:45 | 10:45          | 10:49 | 4    |
|         |          | 13.0'D  | Visual             |       |                |       | OK   |
|         |          |         |                    |       |                |       |      |
|         |          |         |                    |       |                |       |      |

REMARKS holes tested as staked

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

TESTED BY D. Soe

ALSO PRESENT Bill Barnes

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4+

TRENCH WIDTH 3

INLET DEPTH 2.5

MAXIMUM BOTTOM DEPTH 4.5

SQ. FT./BEDROOM 180

C1 4185

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED

COUNTY NUMBER A 59943

ST/CO USE ONLY DATE RECEIVED MM 9/19/98

DATE WELL COMPLETED MM 09 01 98

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' 110-94-1686

OWNER Mullinix Gene STREET OR RFD A.E. Mullinix Rd TOWN Woodbine SUBDIVISION SECTION LOT

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, Shaley clay, brown shale, brown slate, gray slate, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 27 NO. OF POUNDS 3700 GALLONS OF WATER 135 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 73 ft

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80 300

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft WHEN PUMPING 90 ft TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED 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) LAND SURFACE 2 (nearest foot)

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. MW D 040 DRILLERS SIGNATURE George F. Easterday

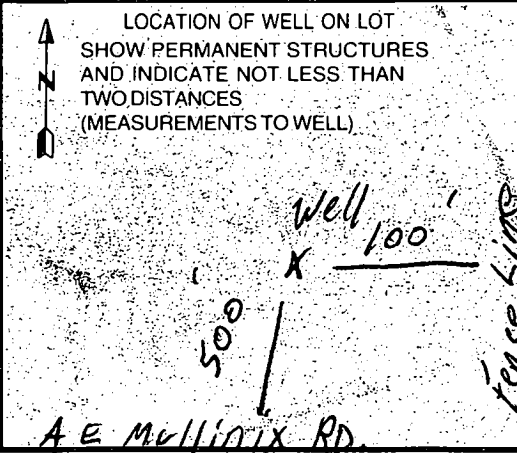
LIC. NO. MW D 501 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 80 78 800 21 36 51

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

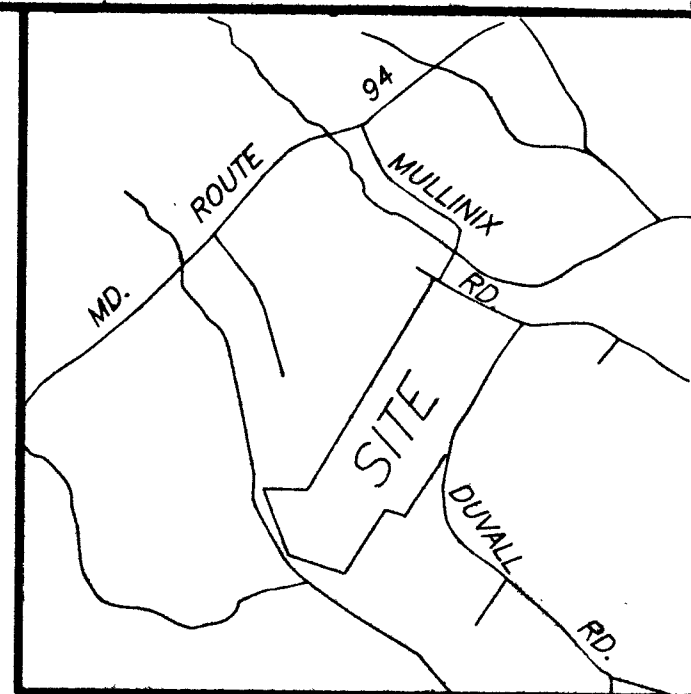
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

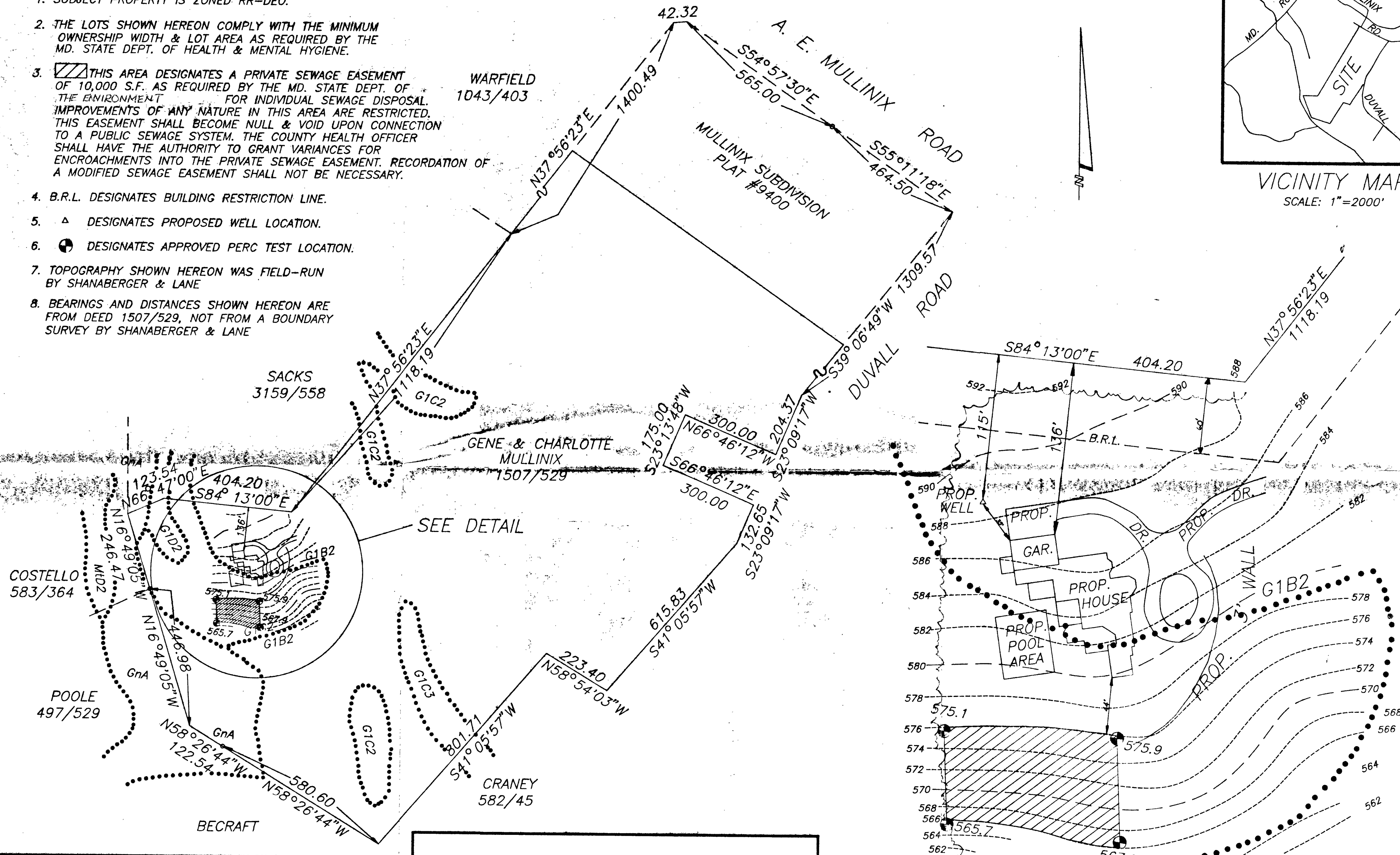


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8. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM DEED 1507/529, NOT FROM A BOUNDARY SURVEY BY SHANABERGER & LANE



VICINITY MAP  
SCALE: 1"=2000'



**APPROVED:** FOR PRIVATE WATER & PRIVATE SEWER SYSTEMS: HOWARD COUNTY HEALTH DEPARTMENT

*M. D. M. M. S.*  
COUNTY HEALTH OFFICER *DES* DATE 6-8-98

*G. Scott Shanabarger*  
G. SCOTT SHANABERGER  
PROF. L.S. #10849

**SHANABERGER & LANE**  
8726 TOWN & COUNTRY BLVD.  
SUITE 104  
ELLCOTT CITY, MD. 21043  
(410) 461-9563

DETAIL  
SCALE: 1"=50'

**-Signed-**  
FIELD-LOCATED PERC TEST PLAT  
**MULLINIX PROPERTY**

TAX MAP 7 BLOCK 22 PARCEL 428  
FORTH ELECTION DISTRICT, HOWARD COUNTY, MD.  
SCALE: 1"=200' MAY 26, 1998  
9804PERC.dwg

B-1 2078 SEQUENCE NO. (MDE USE ONLY)  
1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
40-94-11086  
70 fill in this form completely

Date Received (APA) 8/14/98  
OWNER INFORMATION RN 7532  
Mullinix Gene  
15 Last Name Mullinix Owner First Name Gene  
16218 A. E. Mullinix Road  
36 Woodbine, Md 21797  
57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION  
George F. Easterday M D W 040  
Driller's Name M D License No. 81  
L. Franklin Easterday, Inc.  
Firm Name  
3265 Brown Church Rd., MT. Airy, Md. 21771  
Address  
George F. Easterday 8/12/1998  
Signature Date

B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NORTH  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
A. E. Mullinix Rd  
NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: BLK: PARCEL

WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 500  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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 APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A 50043  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 09/12/98  
43 MM DD. YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 50 540 0 0 0 EAST GRID 57 0775 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

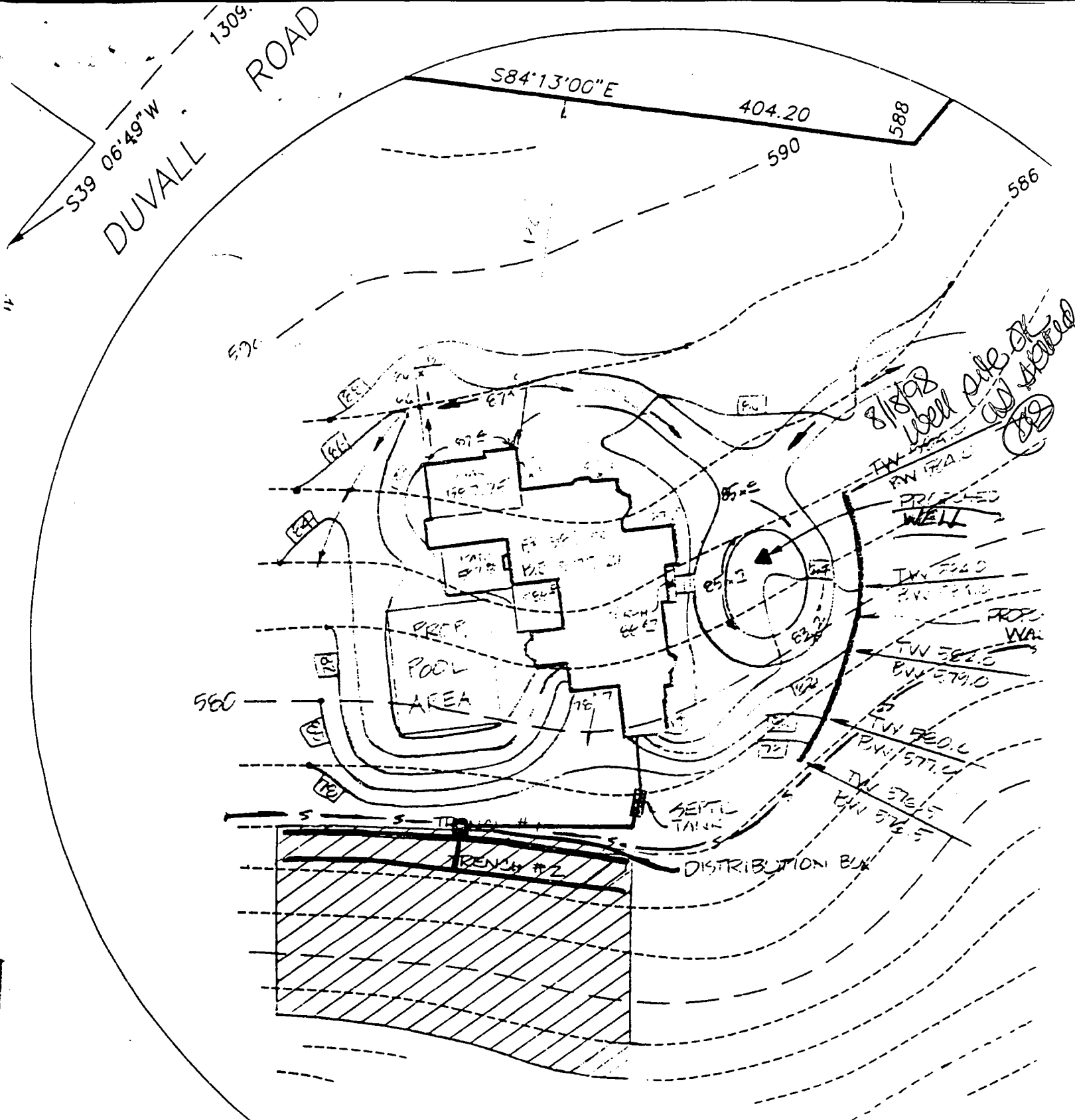
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. wells  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 700 S  
N 540  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
MAP 3 C13  
9/1/98 10:00 GROUT  
No map

APPROXIMATE DIAMETER OF WELL 6 INCH  
METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jettied & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
D THIS WELL WILL DEEPEN 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 G A P 63  
FORCE DS WRITE INITIALS IN BOX PERMIT No. 40-94-11086  
67 68 70 71 72 73 74 75 76 77 78 79

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



Sight Plan

DETAIL  
SCALE: 1"=50'

Gene + Charlotte Mullins  
A.E. Mullins Rd  
410-442-2292

SITE F