

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

RPS?

#

P 59211A

A REPAIR

DISTRICT _____

DATE 11-12-97

DATE SYSTEM APPROVED 11/12/97

INSPECTOR *[Signature]*

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21738 PHONE 410-988-9270

SUBDIVISION _____ LOT _____ ROAD 12585 Route 108

PROPERTY OWNER Charles Higgs PHONE: 301-854-0141

ADDRESS 12585 Route 108
Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1000 GALLONS CONNECTED IN SERIES WITH EXISTING SEPTIC TANK

NUMBER OF BEDROOMS Ex. 3 + 2 Add'l

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 75

REPAIR - PURPOSE - IN SUPPORT OF PROPOSED 2 BEDROOM ADDITION.

INSTALL: Trench invert 6 feet. Bottom depth 11 feet - Linear feet of trench required 75
75 feet. *OK/MR*

PLANS APPROVED BY Mark Rifkin DATE 10/30/97

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.

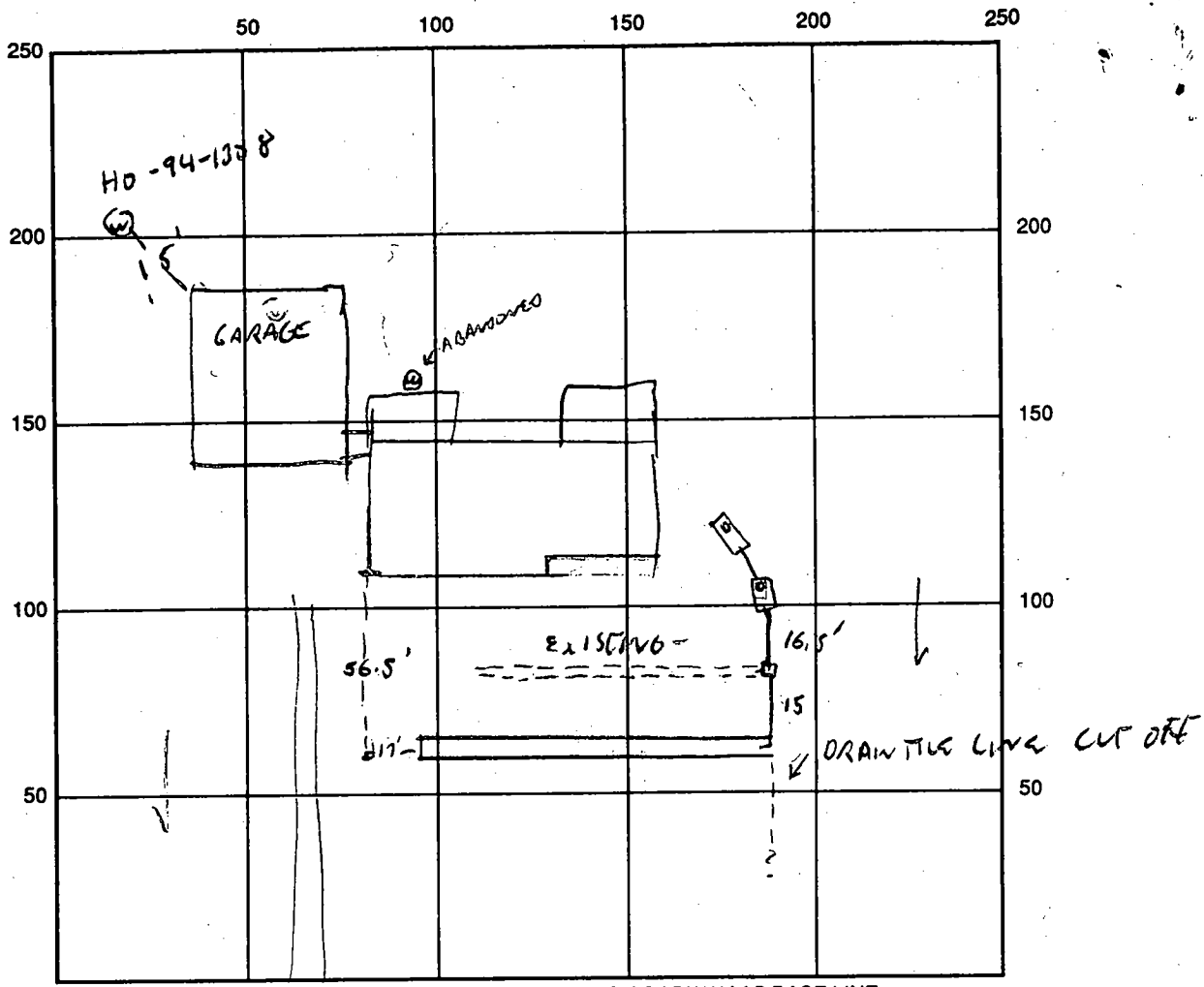
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 11-26-97

Serial # B710 8946
Addition 2 Bedrooms

P 59211A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 ROAD 108

SEPTIC TANK LEVEL OK CLEANOUTS 1 on Tank
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 6.5-7' FT. TRENCH WIDTH 5 FT. INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 75 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 375 SQ. FT.
 DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.
 ABSORBENT AREA - SQ. FT.

REMARKS: 11/12/97 OK TO COVER ALL WORK. [Signature]

DATE SYSTEM APPROVED 11/12/97 INSPECTOR [Signature]

10/20/97
meet owner
11 AM

11/5/97 WPI
PM

SITE INSPECTION SHEET

OWNER: Higgs, Charles

DATE REQUESTED: _____

ADDRESS: 12585 Route 108

DRILLER: _____

Clarksville

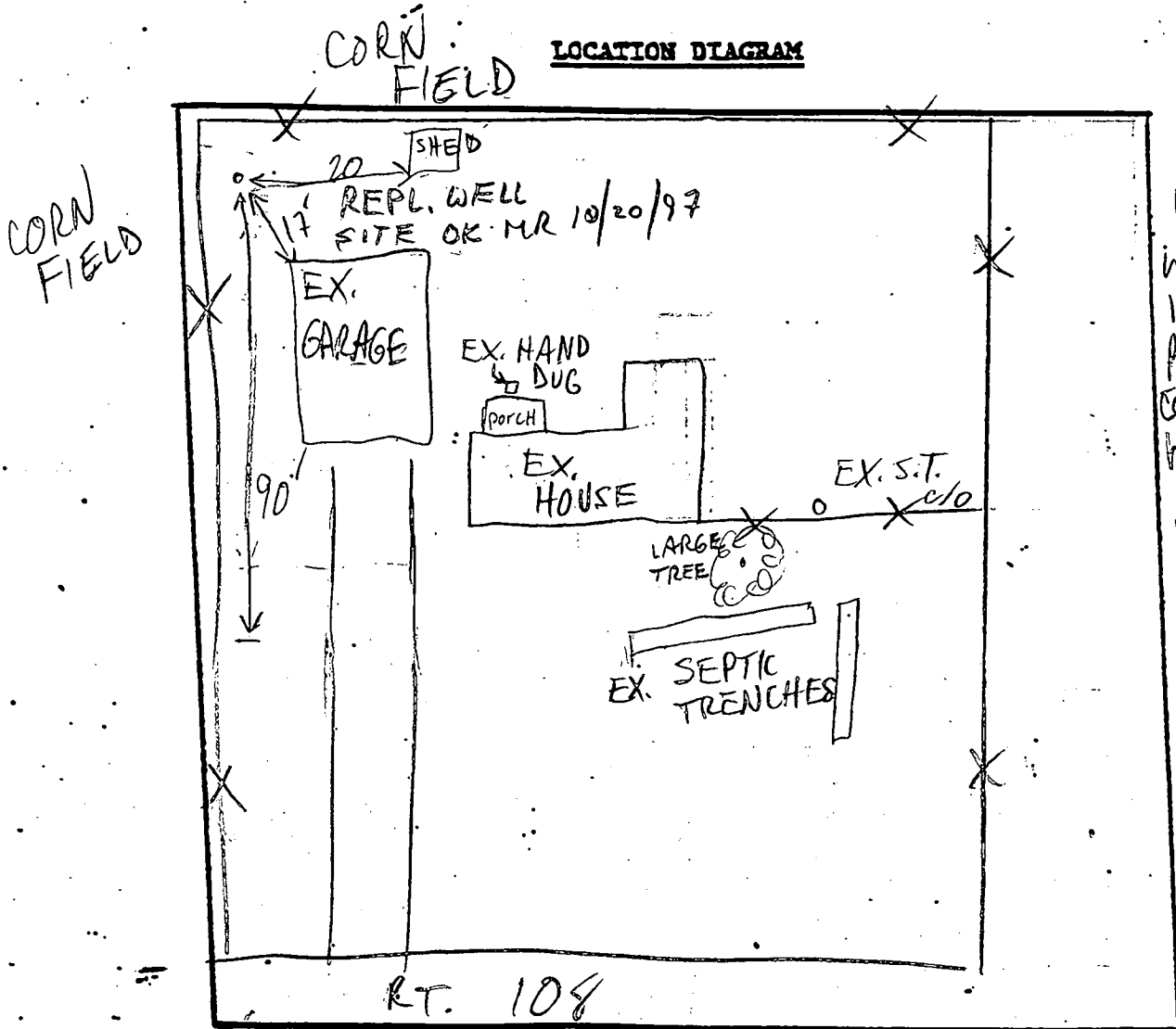
WELL TAG # (hand dug)

(301) 854-0141

COUNTY # _____

PROPOSAL: Replacement Well Site

LOCATION DIAGRAM



11/5/97
WPI ok to cover
line sleeved
P.A. 3.0' below grade
Casing 2.5' above grade
has piece cap
10-94-1308

COMMENTS: 10/20/97 WELL SITE OK: 2 BR ADDN IN REAR OF HOUSE PLANNED: EX. HAND DUG - TO BE AB;

SUGGESTED THE FOLLOWING ORDER OF EVENTS: NEW WELL, BP, FILL EX. WELL W/ GRAVEL, PORCH REMOVAL, CONCRETE CAP ON EX. WELL,

DATE: POURING OF FOOTERS, SEPTIC REPAIR; ADVISED OWNER ADD'N

WOULD REQUIRE MIN 1500 GAL TOTAL S.T. CAPACITY, ADD'L 75' TRENCH; SUGGESTED 1000 S.T. IN SERIES W/ EX. 1000 GAL S.T. (MR)

INSPECTOR:

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49/84

A REPAIR

DISTRICT _____

DATE 4/23/93

DATE SYSTEM APPROVED 4/19/93

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 12585 Route 108

PROPERTY OWNER Higgs
12585 Route 108

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - replace tank
Call for inspection when tank is in place so that a sanitarian can approved size and location. 4/19/93

PLANS APPROVED BY _____ DATE _____

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

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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

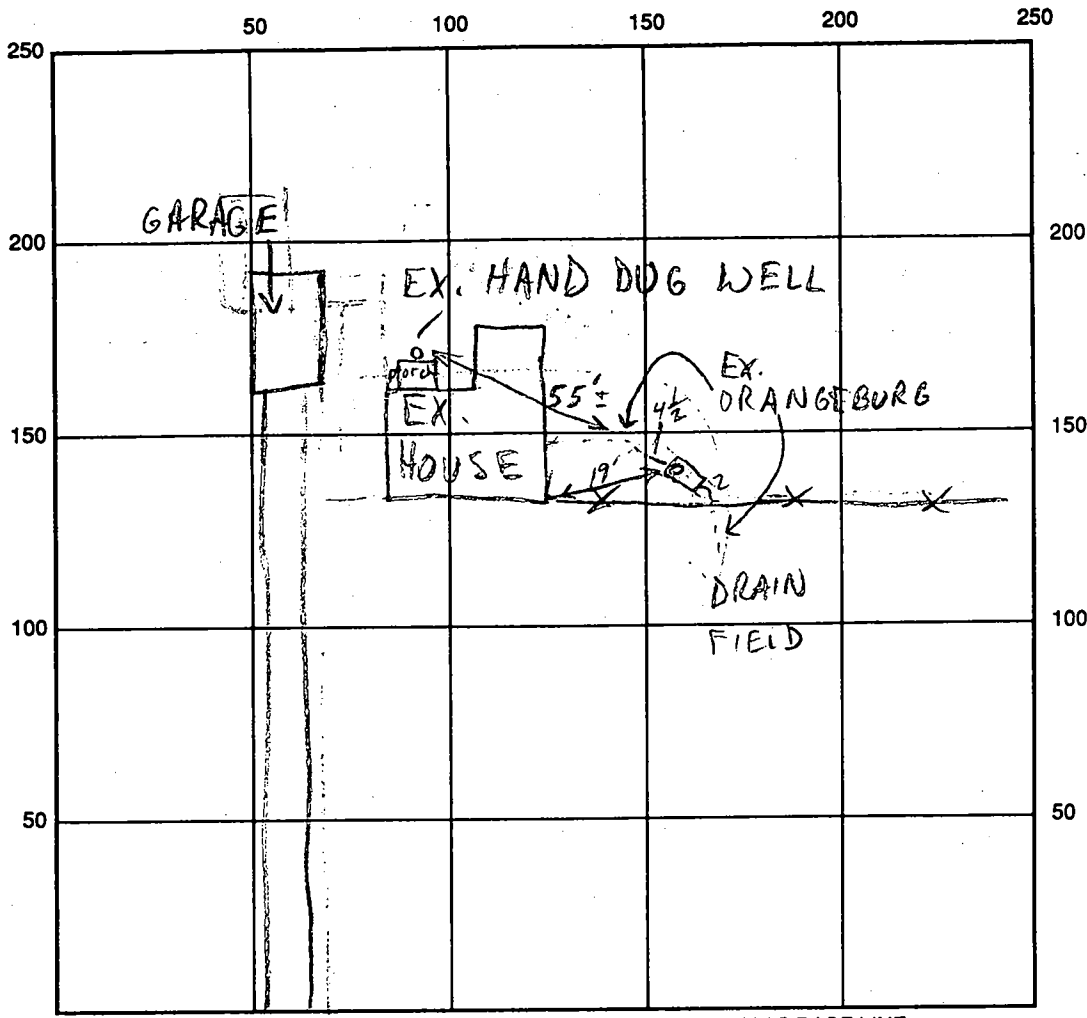
PERMIT VOID AFTER TWO YEARS

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**

P 49/84



RT. 108

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL CLEANOUTS OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH FT. TRENCH WIDTH FT. INLET DEPTH FT.

EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

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

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 4/19/93 S.T. OK TO COVER MD (EX. RECORD P43137)

DATE SYSTEM APPROVED 4/19/93 INSPECTOR M. Rifkin

12/1/88
10:00 AM

PERMIT

P 43137

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 11/29/88

INDEXED

DATE SYSTEM APPROVED 12-1-88

INSPECTOR S. Abel

Boulay Enterprises

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 12626 Lime Kiln Road, Fulton, Maryland 20759 PHONE 953-9076

SUBDIVISION _____ ROAD 12585 Clarksville Pike LOT _____

PROPERTY OWNER Charles Higgs

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - TO ADD CAPACITY TO EXISTING SEPTIC SYSTEM TO SUPPORT PROPOSED ADDITION.

160 X 3 = 480 ϕ 200 ϕ EXISTING ϕ ϕ NEEDED

INLET 6 BOTTOM 11 FE STONE 5'

INLET OF EXISTING TRENCH IS 6" "T" INTO EXISTING TRENCH AND NEW TRENCH

RUN AS MUCH TRENCH AS LOAD OF STONE WILL FILL. SABLE

PLANS APPROVED BY C. Williams DATE 11/29/88

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

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NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

REG. PERMIT SIGNED
AND RETURNED 11/29/88

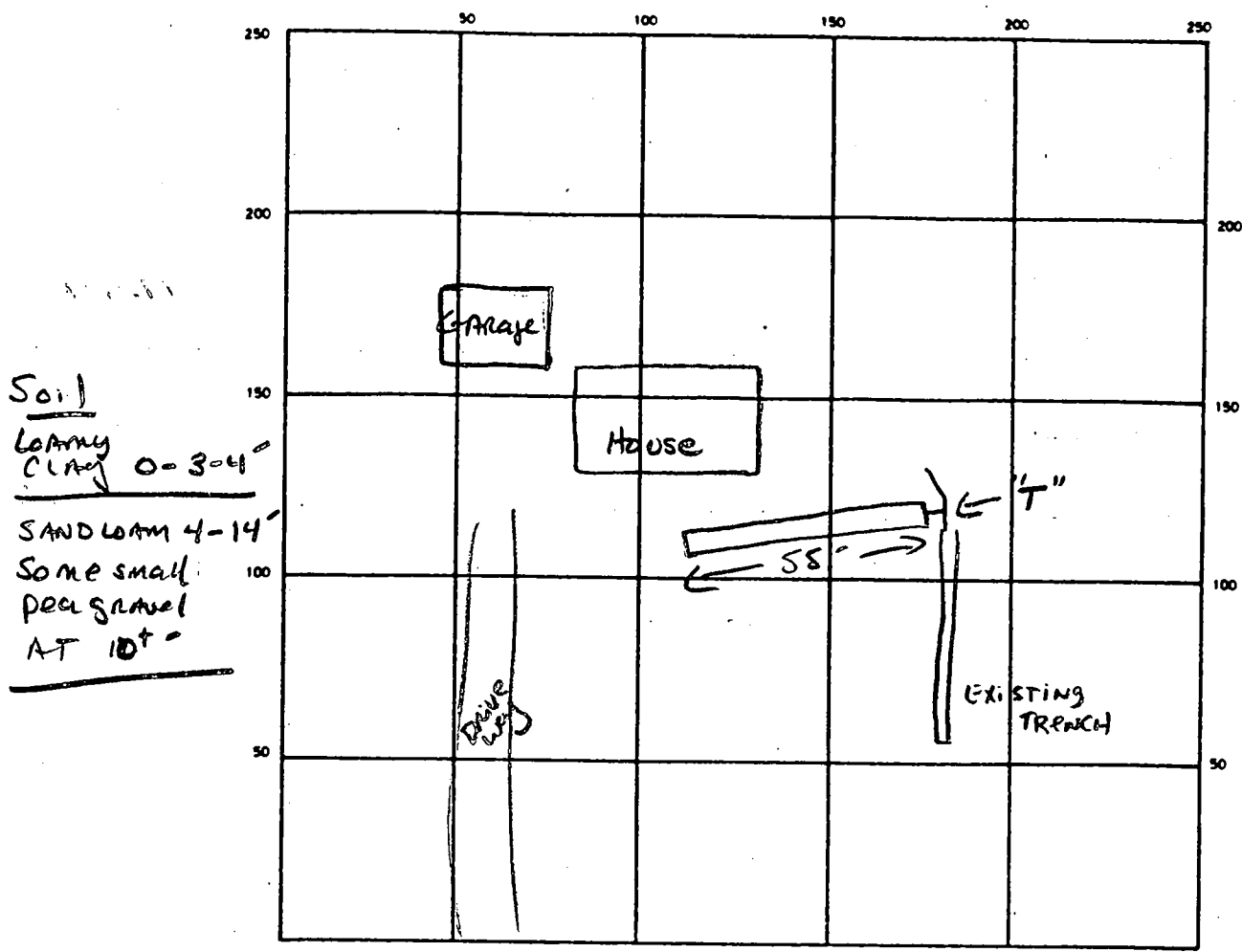
Smith #22249

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

family room
Master Bedroom + Bath

P 43137



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

R1108

SEPTIC TANK LEVEL EXISTING CLEANOUTS EXISTING

DISTRIBUTION BOX LEVEL "T"

DRAIN FIELD TILE FIELD. DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 6 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 55 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 275 SQ FT

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

ABSORBENT AREA 275 SQ FT.

REMARKS 12-1-88 OK TO FINISH & COVER.

12-1-88 SCHED 40 USING FORNCO COUPLER TO EXISTING CAST IRON LINE

"T" IS LEVEL & FEED EACH TRENCH EQUALLY.

DATE SYSTEM APPROVED 12-1-88 INSPECTOR S. Auld

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 8/28/69

P 14725

A _____

INDEXED

*9/18/69 10AM
Around ~~Area~~
if possible
partial*
*9/19/69 Read
AM of ~~partial~~*

Calvin Miles IS PERMITTED TO INSTALL _____ ALTER

ADDRESS Rt. 216, Fulton, Md. PHONE 725-5311

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Rt. 108 - St. Michael's Hill - 1st house on left past St. Louis Catholic Church

PROPERTY OWNER Clement R. Brown

ADDRESS 286-2143

SPECIFICATIONS

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER Deep trench - 50 ft. long, 10 ft. deep, Use 4 ft. of gravel.

PLANS APPROVED BY Robert V. Tome DATE 8/27/69

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

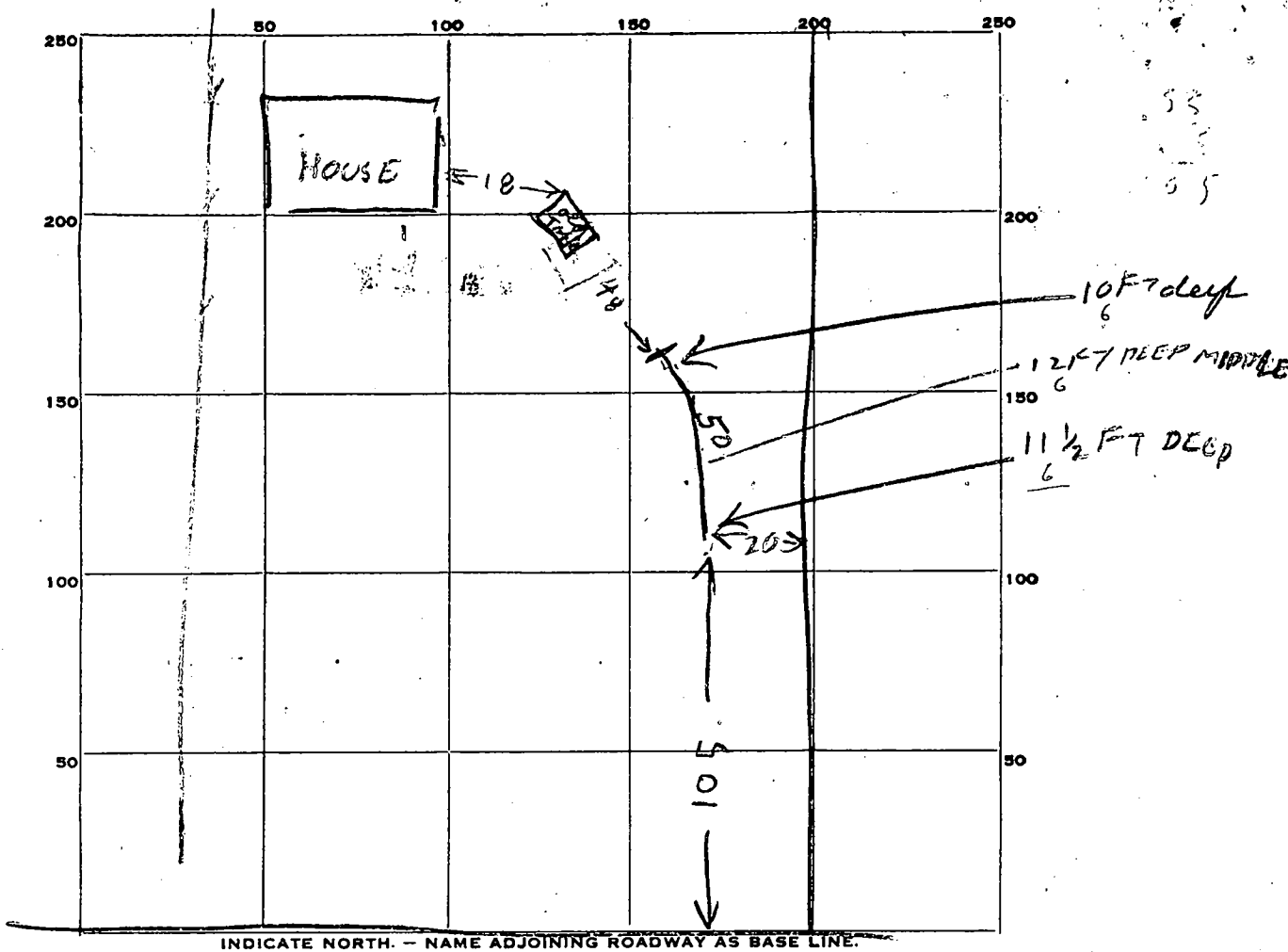
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

14725-

23
18
43

23
23



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 108

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DEEP TILE FIELD, DEPTH 10 to 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 - 5 1/2 FT TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

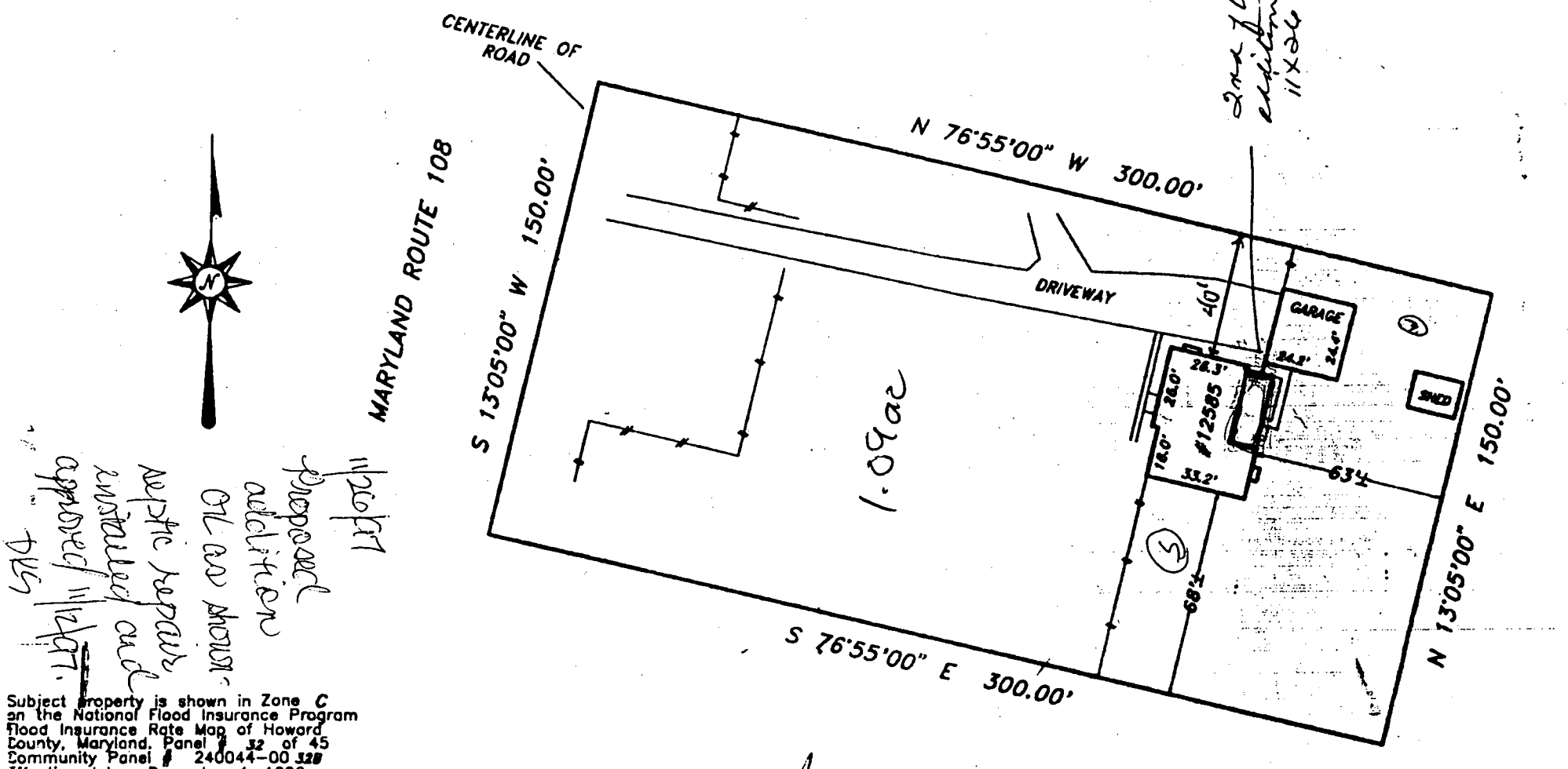
ABSORBENT AREA _____ SQ. FT.

REMARKS 9/19/69 Well in back of house. Install
Gravel & Call for Reinspection.
9/19/69 Gravel field

DATE SYSTEM APPROVED 9/19/69 INSPECTOR Raymond Dodge

NOTES:

- 1) U.S.G. information, if shown, was obtained from existing record plat of local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1/2"



11/20/97
 proposed
 additions
 OIL GAS MOTOR
 Asstic Repair
 installed and
 approved 11/20/97.
 DCS

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 32 of 45 Community Panel # 240044-00 328 Effective date: December 4, 1985

This is to certify that I have surveyed the property shown hereon, being known as
12585 MD. ROUTE 108
 recorded in the Land Records of Howard County, Maryland in Plat Bk. Liber 2738 Folio 353
 for the purpose of locating the improvements thereon.

- This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



LOCATION DRAWING
12585 MD. ROUTE 108

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.	Scale: 1" = 50'
16205 Old Frederick Road Mt. Airy, Maryland 21771	Date: MAY 1, 1997
Ph. (410)442-2031	Field by: JLM
Fax No. (410)442-1315	Drawn by: JLM
	Drawing # 3406L

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH
TIBER PLACE
8306B FORREST STREET
ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 982-2330

November 4, 1983

Mr. Stewart Hurtt
308 Second Street
Laurel, Maryland 20707

RE: Property -
Estate of Elizabeth Brown
12585 Clarksville Pike

Dear Mr. Hurtt:

With the installation of the Ultra-Violet Light Water Treatment device and assuming that the treatment is functioning properly as designed, the water is now bacteriologically safe for human consumption.

Very truly yours,

Cathy Singer
Community Hygiene Program

CS:jr

C1 09488 SEQUENCE NO. (MDE USE ONLY)

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 59211

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11 03 97

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1308

OWNER Higos last name Charles first name TOWN Clarksville

STREET OR RFD 12585 Route 108 SECTION LOT

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Shale/clay, Sand Stone, Quartz and Sand Stone, Mixed Flint, Mica, Sand Stone, Mica, Flint, Mica.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (29), NO. OF POUNDS (2900), GALLONS OF WATER (145), DEPTH OF GROUT SEAL (0 to 40 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE Form: Nominal diameter top (main) casing (nearest inch), Total depth of main casing (nearest foot). Includes entries for ST, 6, 54.

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

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER: A, E, P

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...

DRILLERS LIC. NO. 1 MW 0040 George F. Gusterlary DRILLERS SIGNATURE

LIC. NO. 1 MW 501 Charles R. Feller

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

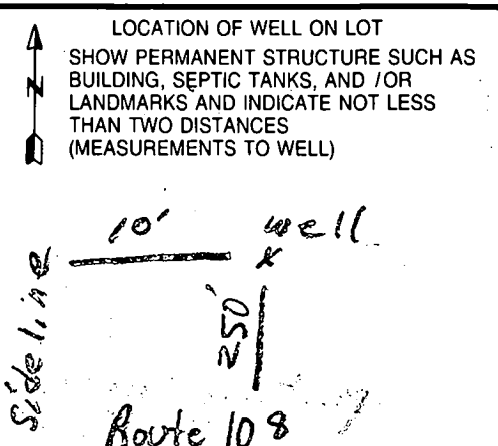
DEPTH (nearest ft.) Table with columns for casing sections 1-3 and slot size 1-3. Includes entries for HO, 52, 200.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (50 ft), TYPE OF PUMP USED (A) air

PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (A), CAPACITY (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below)



BT 5319 SEQUENCE NO. (MDE USE ONLY) (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

HD-94-1308 fill in this form completely

Date Received (APA)

10/23/97

OWNER INFORMATION RN 7230

B 3

LOCATION OF WELL

Howard

8 COUNTY

23 SUBDIVISION

SECTION 44 46

LOT 48 50

Clarksville

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

1 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday

M DJ 040

Driller's Name

76 License No. 81

Firm Name

L. Franklin Easterday, inc.

Address

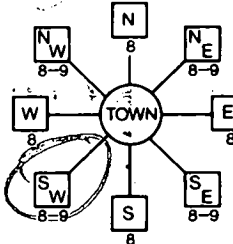
9265 Brown Church Rd., MT. Airy, Md. 21771

Signature George F. Easterday

Date 10/21/97

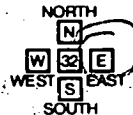
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12585 Route 108

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

250 ENTER FT OR MI

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

8 12

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

1359211 COUNTY NO.

STATE SIGNATURE

DATE ISSUED

10/23/97 Ken Maiste

INSERT S 41

10/23/98 EXP. DATE

43 MM OD YY 48

CO SIGNATURE

500

NORTH GRID 50 816 000

EAST GRID 57 500 000

APPROXIMATE DEPTH OF WELL 300 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER FORCE KM WRITE INITIALS IN BOX PERMIT No. HD-94-1308

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

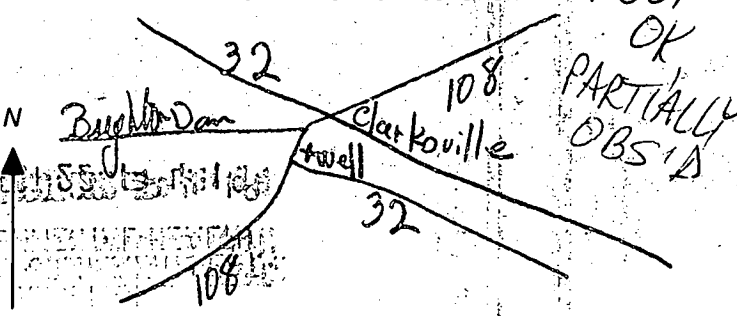
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 550 500

N 820 16

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



WATER WELL ABANDONMENT-SEALING REPORT FORM

HC 9/ 1308

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/12/97 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: JACK ROCK

* OWNER'S NAME: HIGGS

* WELL LOCATION: 12585 Rt. 108

COUNTY: HOWARD
 NEAREST TOWN: CLARKSVILLE
 TAX MAP 34 BLOCK 12 PARCEL 162
 SUBDIVISION: NA
 SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES

E 505
 BOX NUMBER
 N 816

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
 BORED/AUGURED HAND DUG
 OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
 CONCRETE OTHER (specify) _____

* SIZE OF CASING: 24 INCHES IN DIAMETER

* DEPTH OF WELL: 30 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: [Signature]

LICENSE # 1122

MWD/MSD/MGD
 CIRCLE ONE

DATE 11/12/97

M	A						
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H	0		9	4		1	3	0	8
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WELL DRILLERS LICENSE NUMBER: _____
 CIRCLE: MWD/MSD/MGD

	X
0 0 0	
0 0 0	

SHOW WELL LOCATION
 BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Soil	2	0
CONCRETE	5	2
CLAY OR GRANULAR FREE SOIL	30	5