

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

P 59293

A 19100

DISTRICT 5th

DATE 1-2-98

DATE SYSTEM APPROVED 4/27/98

INSPECTOR M. Ritkin

Not found

INDEXED

Gordon F. Walker IS PERMITTED TO INSTALL X ALTER

ADDRESS 12620 Hall Shop Road, Fulton, MD 20759 PHONE 410-531-2306

SUBDIVISION Hallowell Property LOT 2 ROAD 7153 Deer Valley Road

PROPERTY OWNER Mr. and Mrs. Pierre Matsangakis

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the right rear lot corner, place the distribution box 240 feet up the right lot line and 170 feet off this same lot line. Run trenches on contour to rear of lot. MAINTAIN AT LEAST 100 FEET FROM THE WELL TO THE SEPTIC TANK.

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

OK KM 11/18/97

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

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

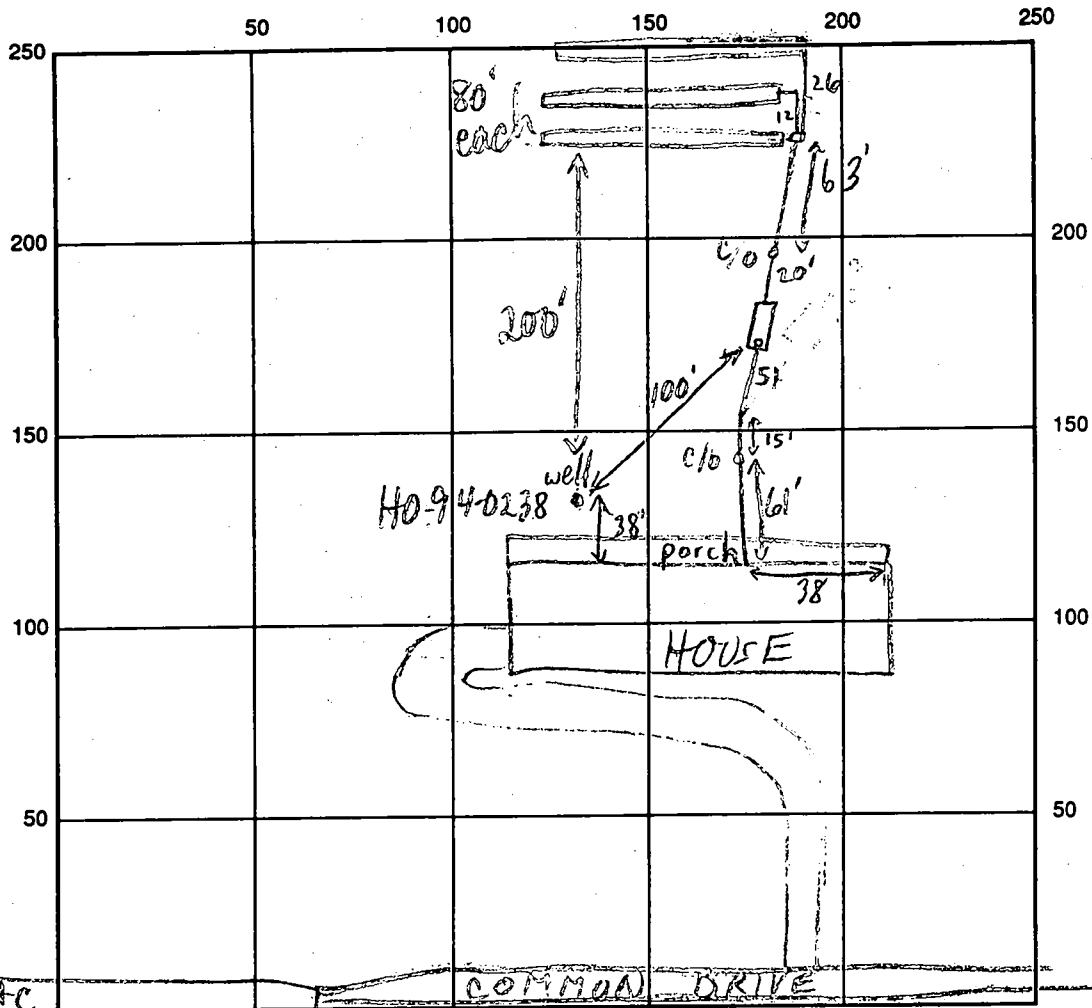
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BLDG. PERMIT SIGNED

AND RETURNED 5-11-98

*Serial # 570 111619
Inst. Under 1-570 Gal pipe on land*

P 59293



CUL-DE-SAC

COMMON DRIVE

DEER VALLEY RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK

CLEANOUTS (2) 4" INLINE, (1) 8" @ S.T. - OK

DISTRIBUTION BOX LEVEL OK Baffle in

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 @ 80 FT.

NUMBER OF TRENCHES 3 ONE SIDE WALL/BOTTOM AREA 3 @ 240 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 4/27/98 OK TO COVER ALL (MR)

DATE SYSTEM APPROVED

4/27/98

INSPECTOR

M. Ritkin

APPLICATION

A 19100

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 469-5000, EXT. 386

DATE 10/25/73

*Septic Tank - 3 - 1000 gal
4 - 1200 gal*

Dry Well - 115 sq ft. absorbent sidewall area per bedroom to begin below the first 5 1/2 ft of non absorbent ground. Max depth permitted for DW is 10' below orig. grade

Place Dry Well 260' from rear lot line and 194' from right side line as seen when flying from the front.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Richard M. Hallowell *Mr. + Mrs. PIERKE MATSANGAKIS*

ADDRESS 7131 Mink Hollow Road, Highland, Md. PHONE 286-2988

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 2

ROAD AND DESCRIPTION At the end of and south of Deer Valley Road
(7153 DEER VALLEY ROAD) **PERMIT SIGNED AND RETURNED 11-3-97**
Serial # B07108530

SIZE OF LOT 5.173 acres TYPE BLDG. 3 or 4 bedrooms - SFD
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Richard Hallowell

APPROVED BY *[Signature]* FOR *Dry Well* DATE 11-20-77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING *Certified test holes & also high & low holes certified*

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	
6/75	1 A	6'	16 17	23	27	28	5 min
	2	12'	16 22	24	24	30	5 min
	3	6'	16 23	25	25	32	6 min
	4	} same as test 1-2			1	2	7 min

REMARKS _____

TYPE OF SOIL _____

ELIMINARY

APPLICATION

A 19100

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 10/25/73

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 Richard M. Hallowell

ADDRESS 7131 Mink Hollow Rd, Highland, Md PHONE 286-2988

PROPERTY LOCATION: 5th District

SUBDIVISION _____ LOT NO. Parcel 2

ROAD AND DESCRIPTION At the end of, and south of Deer Valley Rd - the horse ring being Parcel 1.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM Jack Fyock

ADDRESS _____ PHONE _____

SIZE OF LOT Parcel # 2 5.173 Acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Richard Hallowell
Richard Hallowell

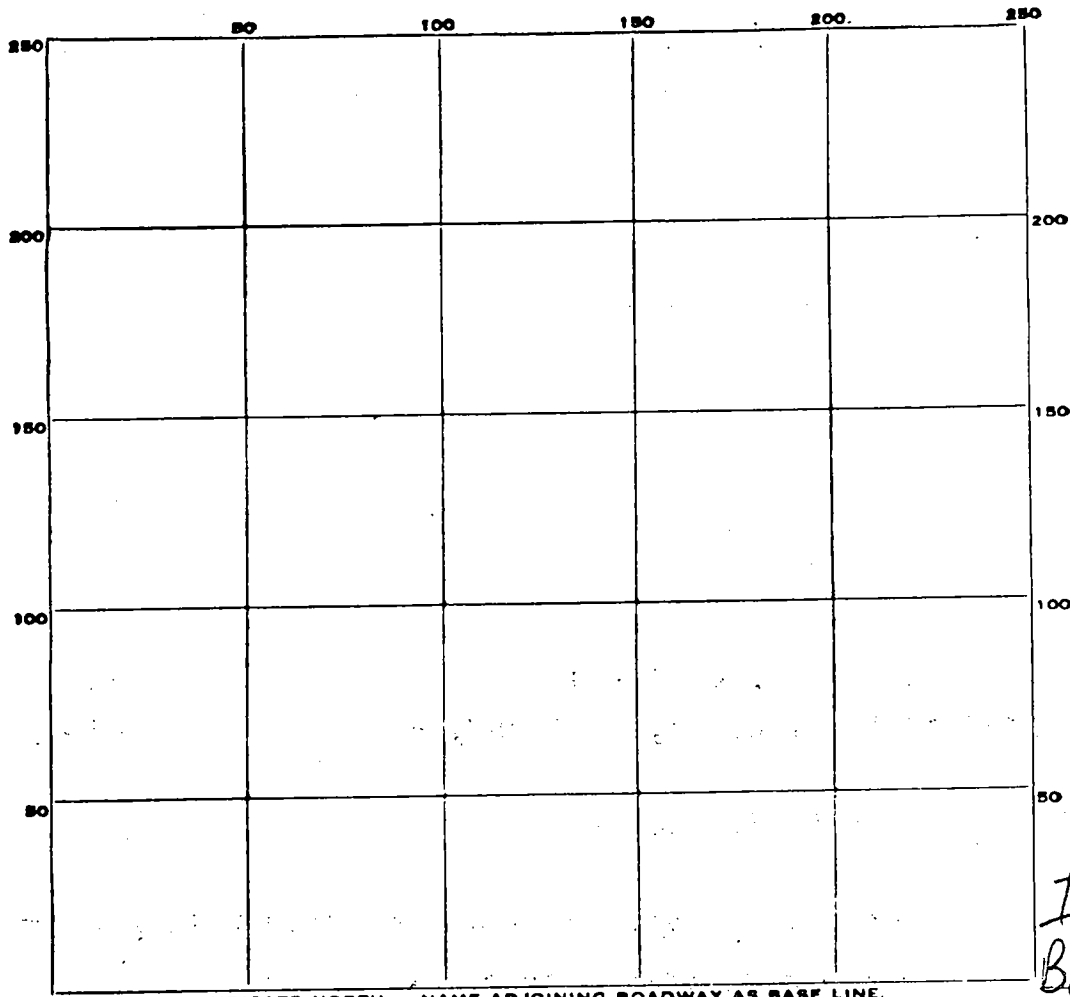
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-6-73	1	11'	10 16	10 21	10 21	10 29	8 min
	1A	6'	10 17	10 23	10 23	10 28	5 min
	2	12'	10 22	10 24	10 24	10 30	6 min
	2A	6'	10 23	10 25	10 25	10 32	7 min
	3	} similar to pit			1-2		
	4						

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

B 1 **5370**

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

40-94-0238
fill in this form completely

Date Received (APA)

100794

OWNER INFORMATION

MATSANGAKIS PIERRE

3848 GATEWAY TERRACE

BURTONSVILLE MD 20866

B 3

LOCATION OF WELL

HOWARD

HALLBROOK PROPERTY

SECTION **44** LOT **2**

HIGHLAND

MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION

MSD/MGD/MWD

Joseph E. Wayne

24

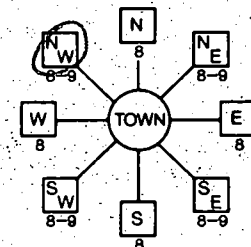
Joseph E. Wayne Well Drilling

5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph E. Wayne **10/5/94**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Deer Valley Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WEST
DISTANCE FROM ROAD **460** FT

TAX MAP: _____ BLK: _____ PARCEL _____

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **560**

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
A19100 COUNTY NO.
STATE SIGNATURE **Mark E. Pflaum** DATE ISSUED **10/27/94**
NORTH GRID **488000** EAST GRID **0806000**

APPROXIMATE DEPTH OF WELL **240** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

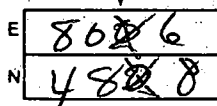
METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REverse-ROTary
- Drive-POINT

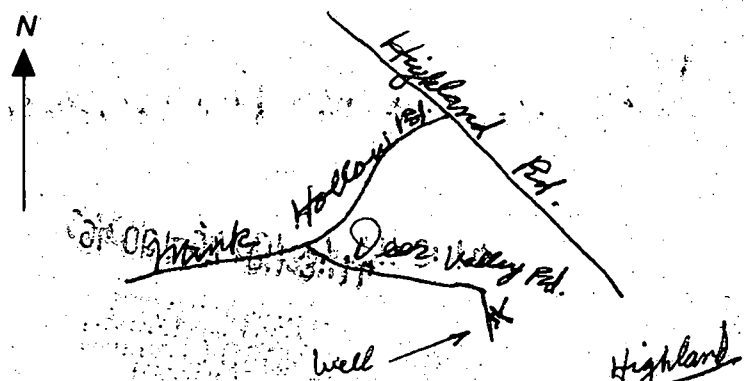
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
 - 1. WELL
 - 2.
 - 3.
- WRITE THE BOX NUMBER FROM THE MAP HERE

10/27/94 9:30
49' casing
40' open hole
13 bags
1' above grade
10/27/94 DKS



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



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 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 **MR** PERMIT No. **40-94-0238**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

C1 4592

SEQUENCE NO. (DENV 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)

COUNTY NUMBER A19100

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 102798

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0230

OWNER Matsangakis Pierre last name first name STREET OR RFD Deer Valley Rd TOWN Highland SUBDIVISION HALLOWELL PROPERTY SECTION LOT 2

WELL LOG table with columns: DESCRIPTION (SAND, GRAY MICA ROCK), FEET (FROM, TO), Check if water bearing.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 13, NO. OF POUNDS: 1222.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 49.

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

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y).

DEPTH (nearest ft.) table with rows for casing and screen depths (H0, 47, 165).

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.

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

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. 24; DRILLERS SIGNATURE (Must match signature on application).

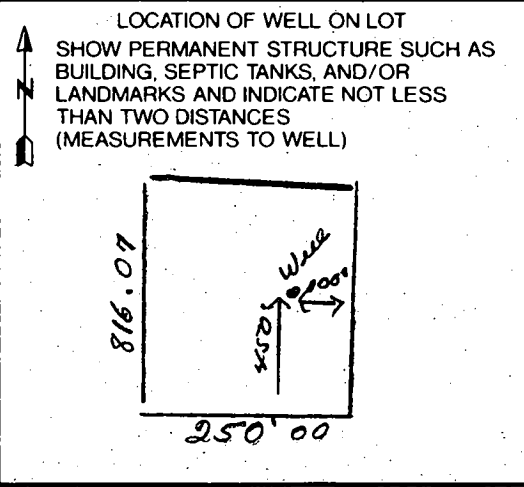
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); T (E.R.O.S.), W Q (74, 75, 76).

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

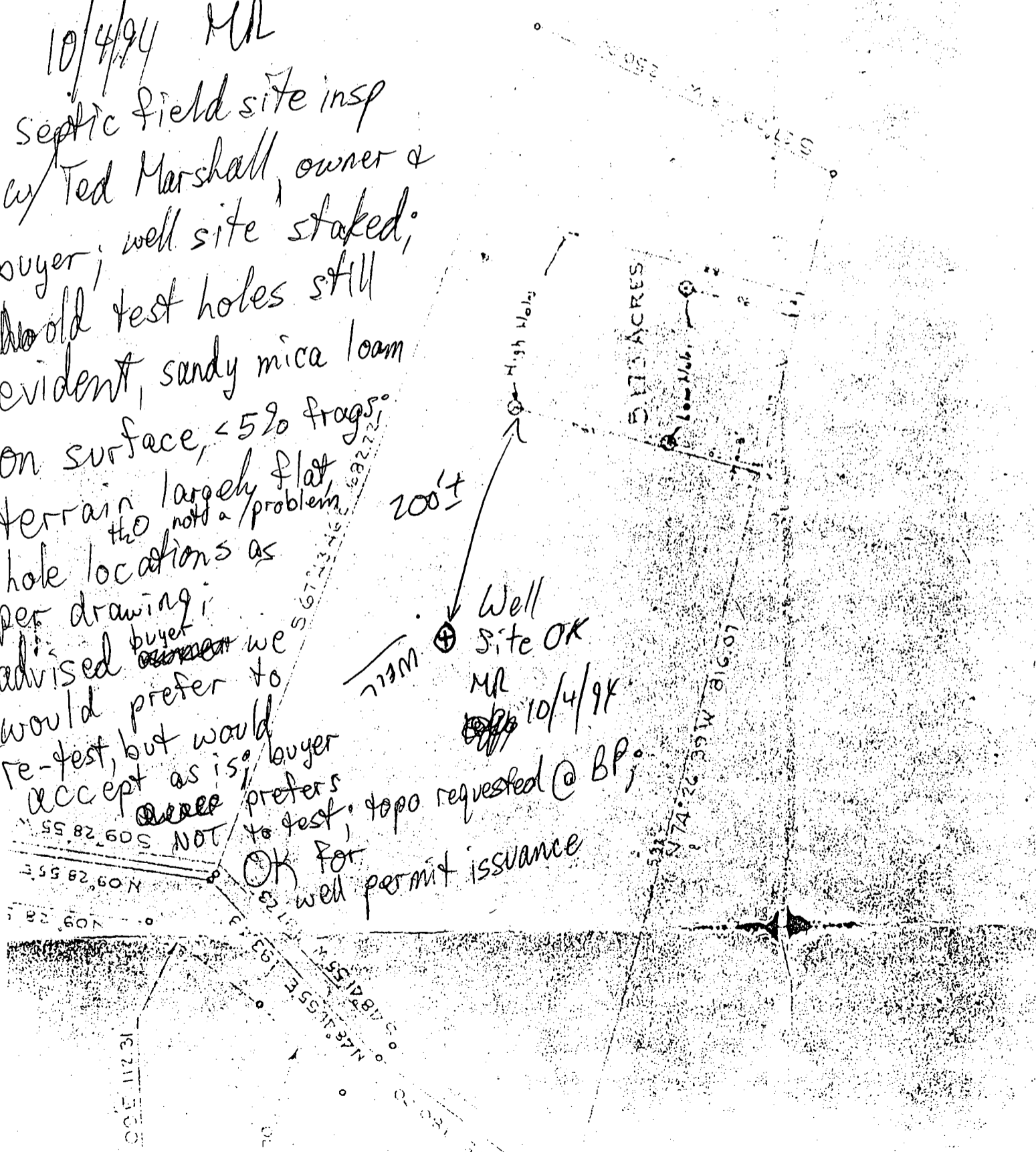
PUMPING TEST: HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min. to nearest gal.) 15; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 55; WHEN PUMPING 66; TYPE OF PUMP USED (for test) S submersible.

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/below LAND SURFACE (nearest foot) 2.



buyer: Mr. Pierre Matsangakis
 3848 Gateway Terrace
 Burtonsville 20866
 301-890-0917
 Ted Marshall
 7020 Gardner La
 20777

10/4/94 MR
 septic field site insp
 by Ted Marshall, owner &
 buyer; well site staked;
 old test holes still
 evident, sandy mica loam
 on surface, < 5% frags.
 terrain largely flat
 hole locations as
 per drawing;
 advised ^{buyer} owner we
 would prefer to
 re-test, but would
 accept as is; buyer
 agrees NOT to test; topo requested @ BP;
 OK for well permit issuance



4/29/98
AM
PROPERTY
FILE #

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

4.30.98

WPI
Conduit pipe needs to
be connected to two piece
cap, P.A. 40' below grade
casing 1.5' above grade
has 2 piece
cap
OK to cover (KM)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer S.T. Mechanical Co. Inc.

Telephone 301 898-1585

License Number 7170

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Pierre Malsongakis

Telephone 301 468-1755

Subdivision _____ Lot # 2 Well Tag # HO-94-0238

Site Address 7153 Deer Valley Rd Highland MD

Pump

Motor

Pitless Adapter

- | | | |
|---|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ 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 _____ | | |

Tank

Piping

Well data

- | | | |
|---------------------------------|--|---|
| 1. Capacity _____ | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? _____ |

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: _____

Date: 3-17-98

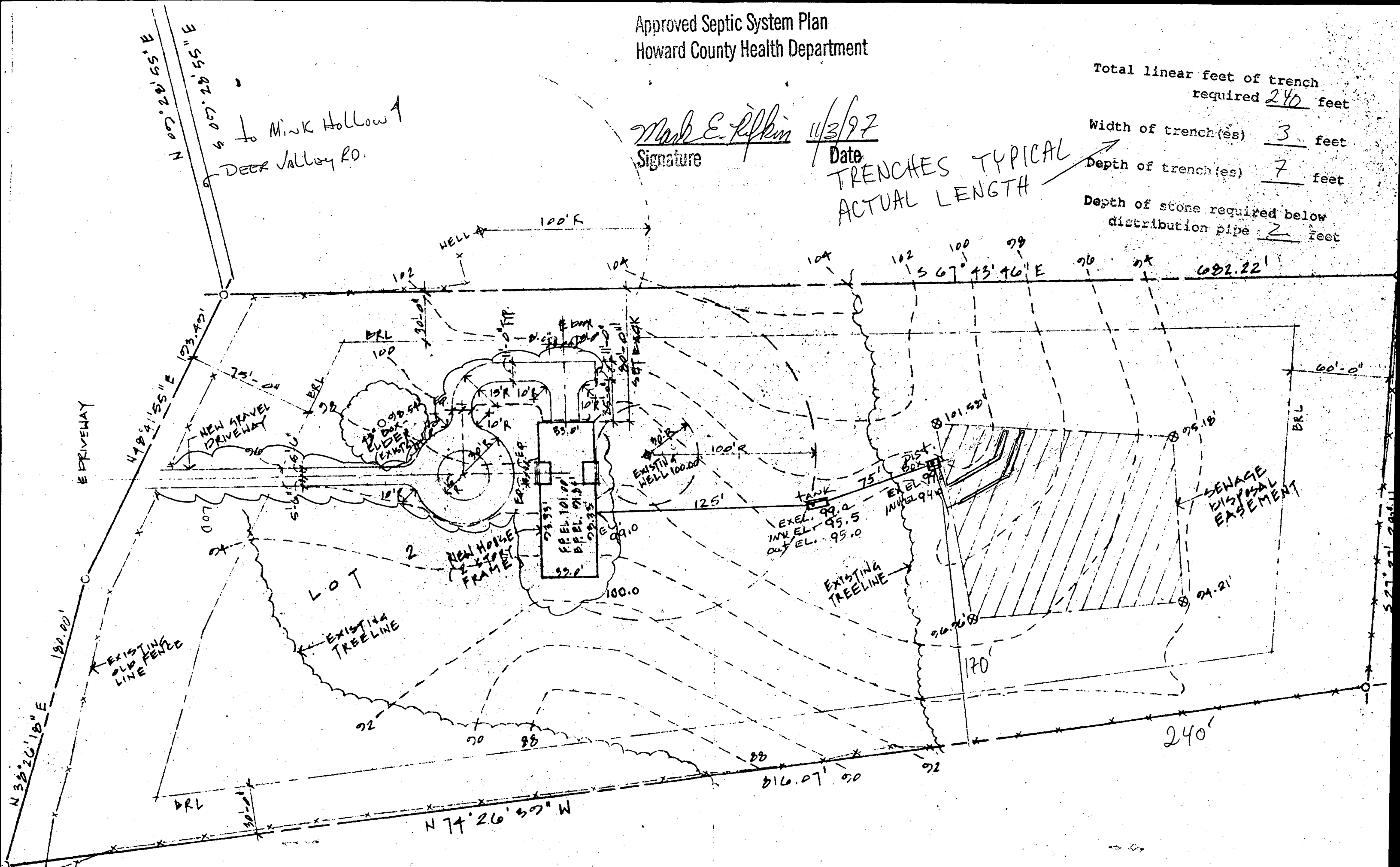
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Approved Septic System Plan
Howard County Health Department

Mark E. Rifkin 11/3/97
Signature Date

TRENCHES TYPICAL
ACTUAL LENGTH

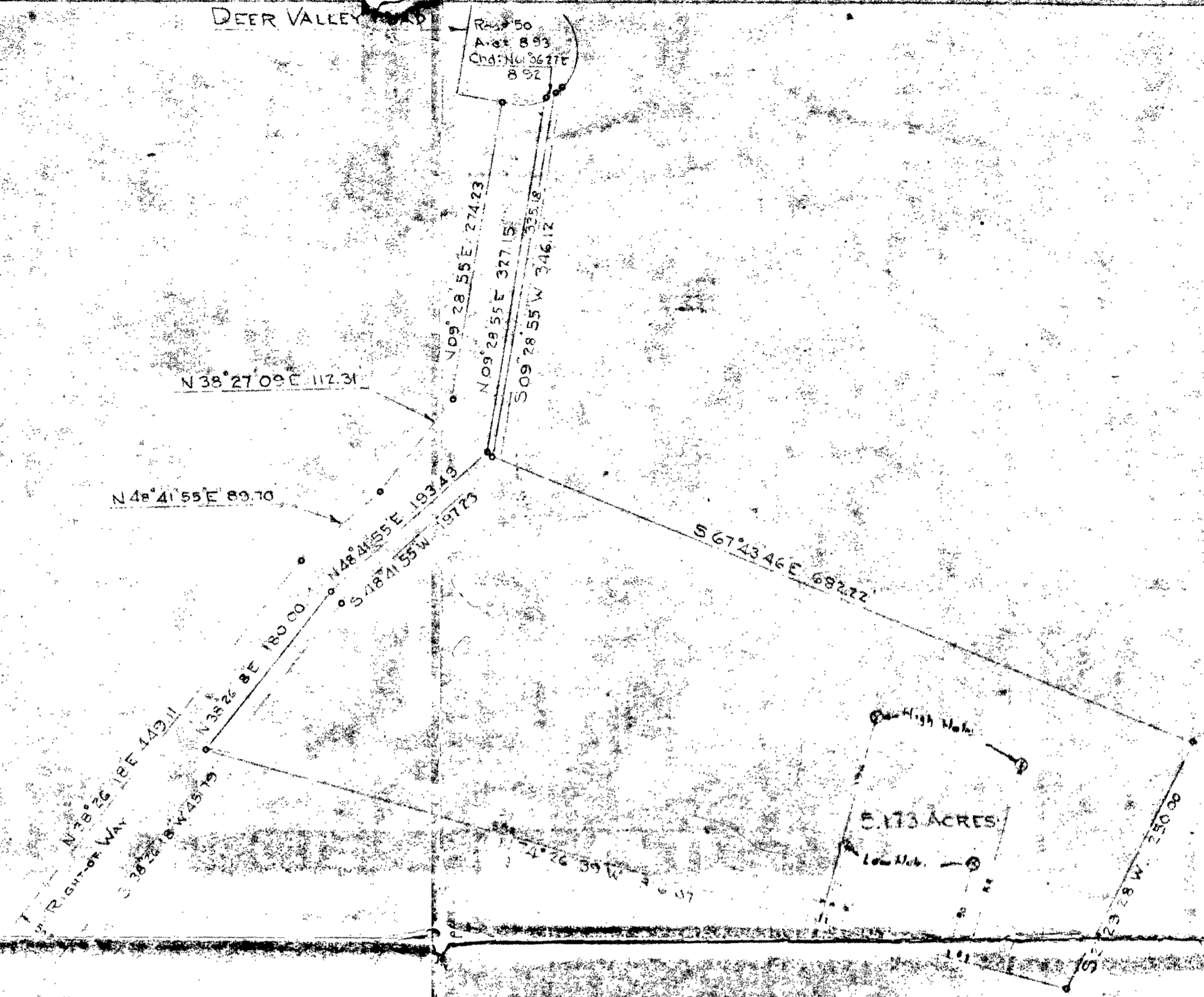
Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 7 feet
Depth of stone required below distribution pipe 2 feet



SCALE: 1" = 50'

DEER VALLEY

Re: 50
A: 893
Ch: N 63 27 E
892



PLAT OF SURVEY
 FOR
 RICHARD M. HALLOWELL
 FIFTH ELECTION DIST. HOWARD COUNTY
 HIGHLAND, MARYLAND
 SCALE: 1 IN = 100 FT. OCTOBER 16, 1973

Note: The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department

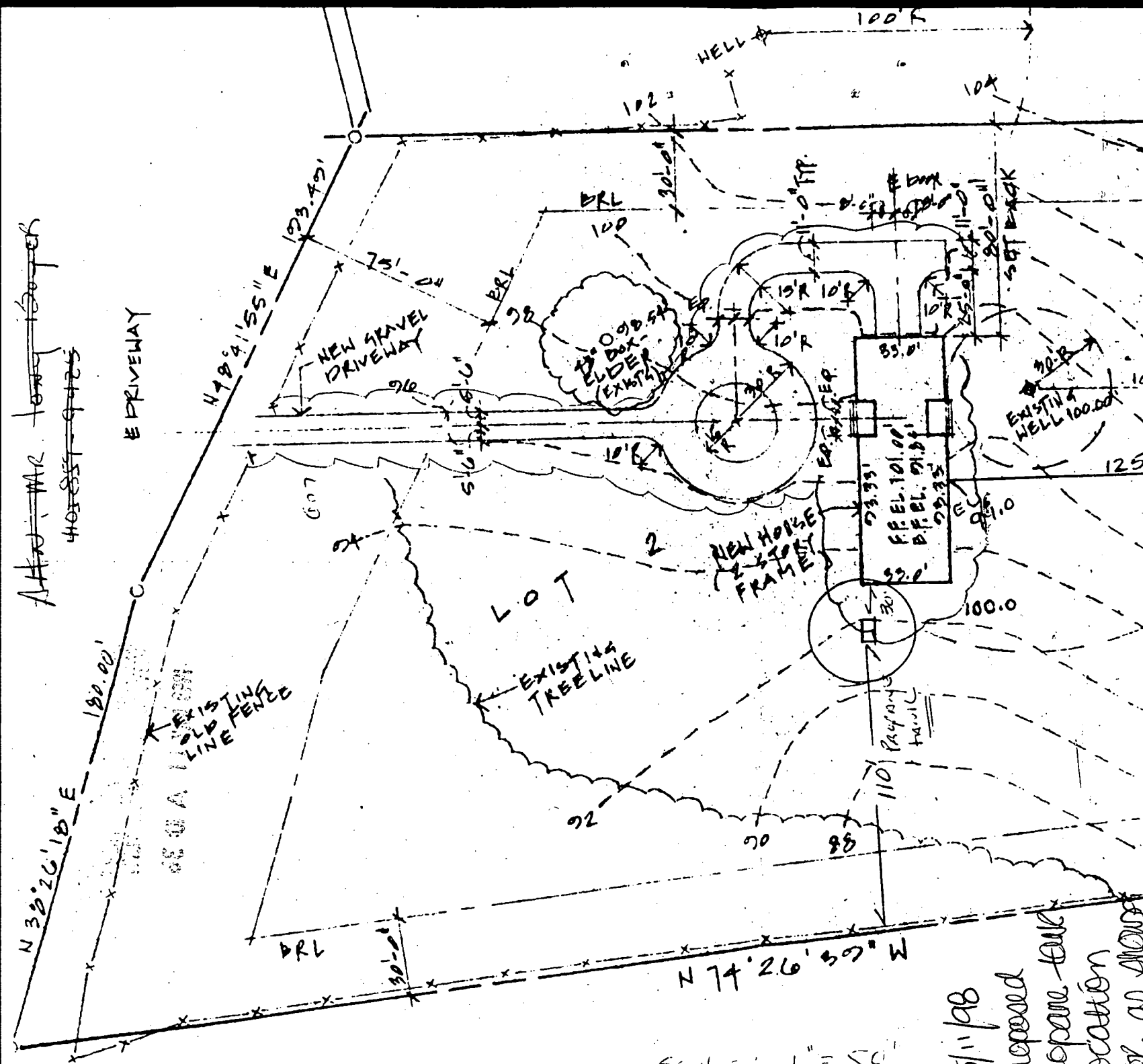
Approved: Private Water and Private Sewer

J. B. Hagan, MD
 Howard County Health Officer
 11/21/73
 Date

⊗ Denotes percolation test hole

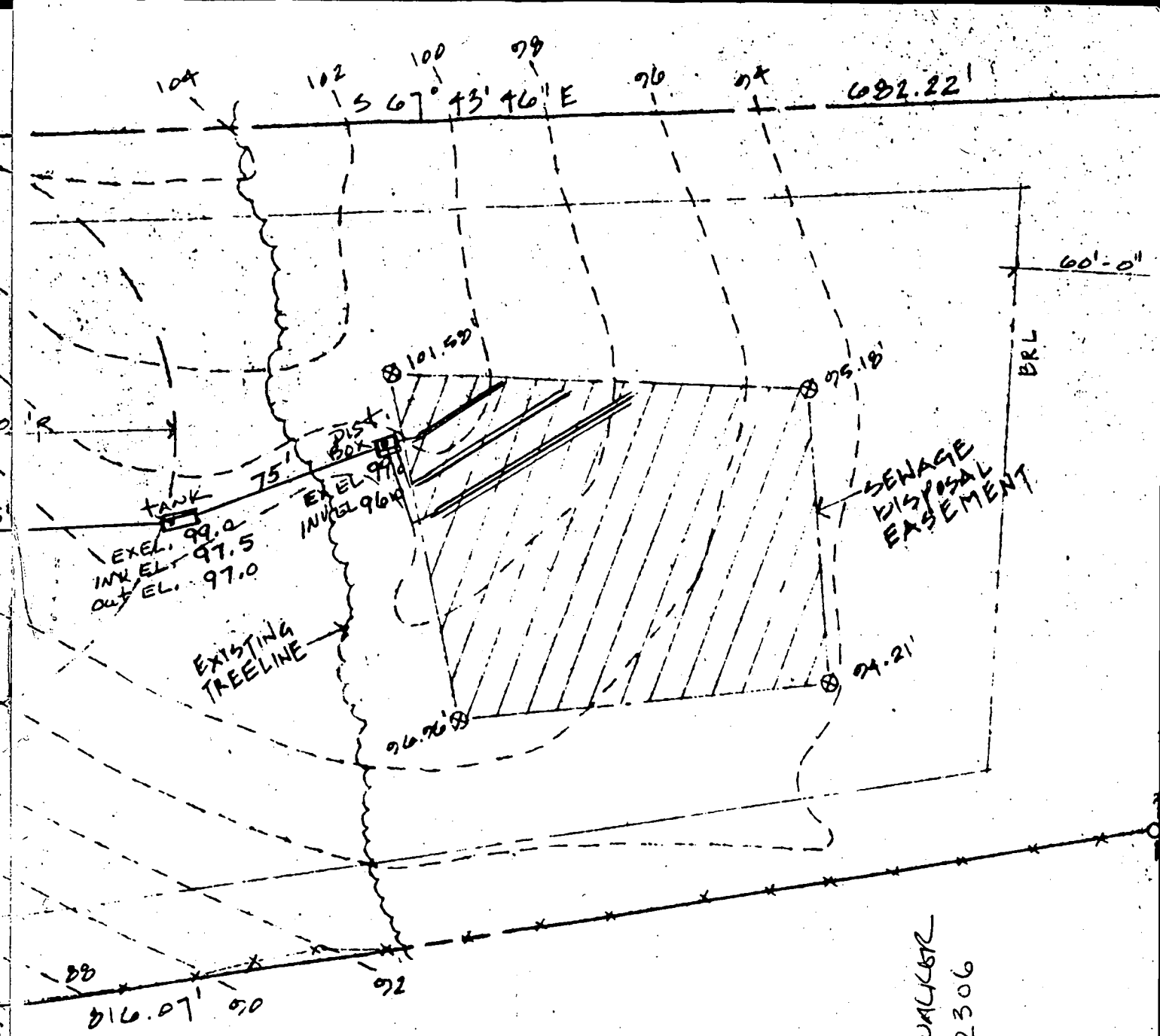


Richard M. Hallowell



SCALE: 1" = 50'

5/1/98
 Proposed
 prepare tank
 location
 or as shown



Gordon Walker
 410 531-2306

04-310616

INDEXED

OWNER: Richard Clark

DATE REQUESTED: 12-31-97 ASAP

ADDRESS: 14550 Triadelphia Rd
(410) 489-5449

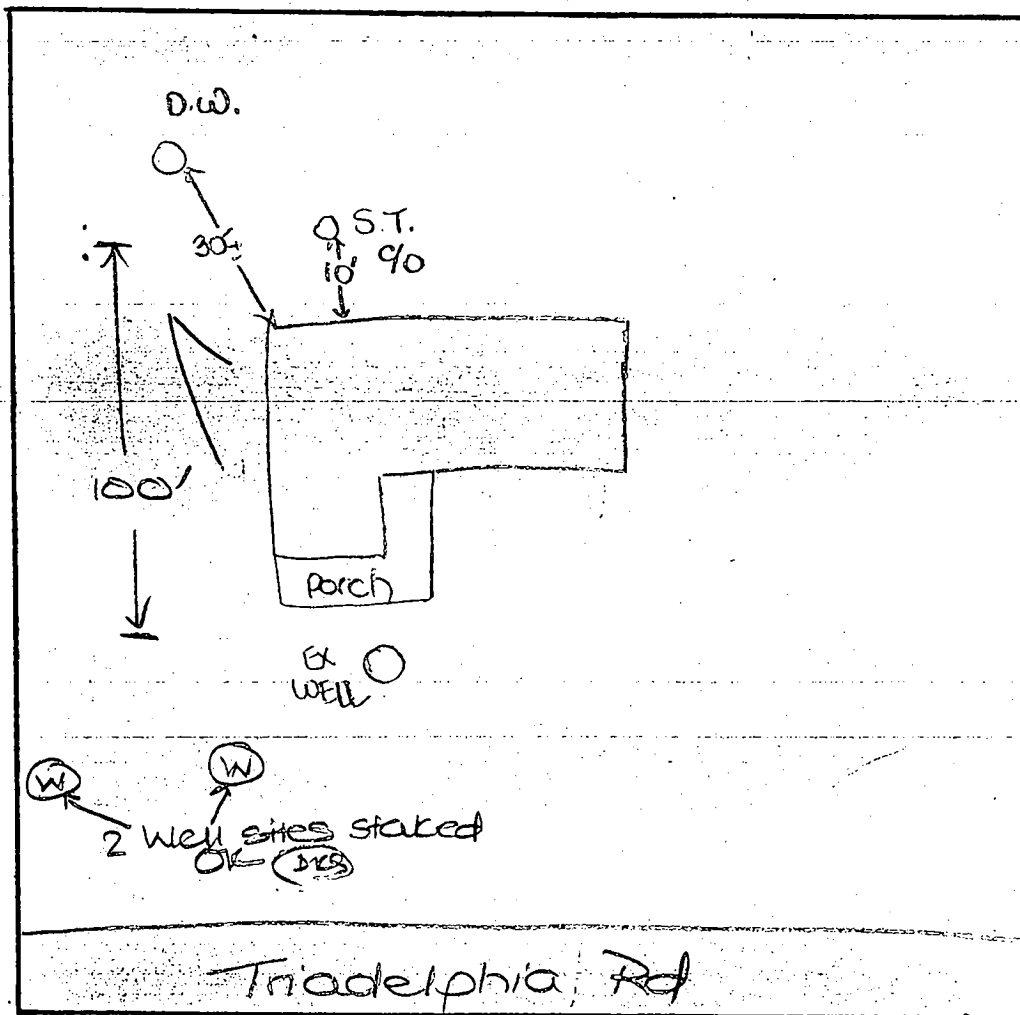
DRILLER: Abbott well Drilling (Bob)
(301) 714-0030

WELL TAG # _____

COUNTY # _____

PROPOSAL: Out of water - well pump stuck in existing well;
need to replace well

LOCATION DIAGRAM



COMMENTS: met owner and plumber at site. Two repl.
well sites staked by owner. Driller to submit
paperwork

DATE: 12/31/97

INSPECTOR: _____

[Handwritten signature]

A59295 T

1/6/97
PM

SITE INSPECTION SHEET

OWNER: Richard Clark

DATE REQUESTED: _____

PHONE #: _____

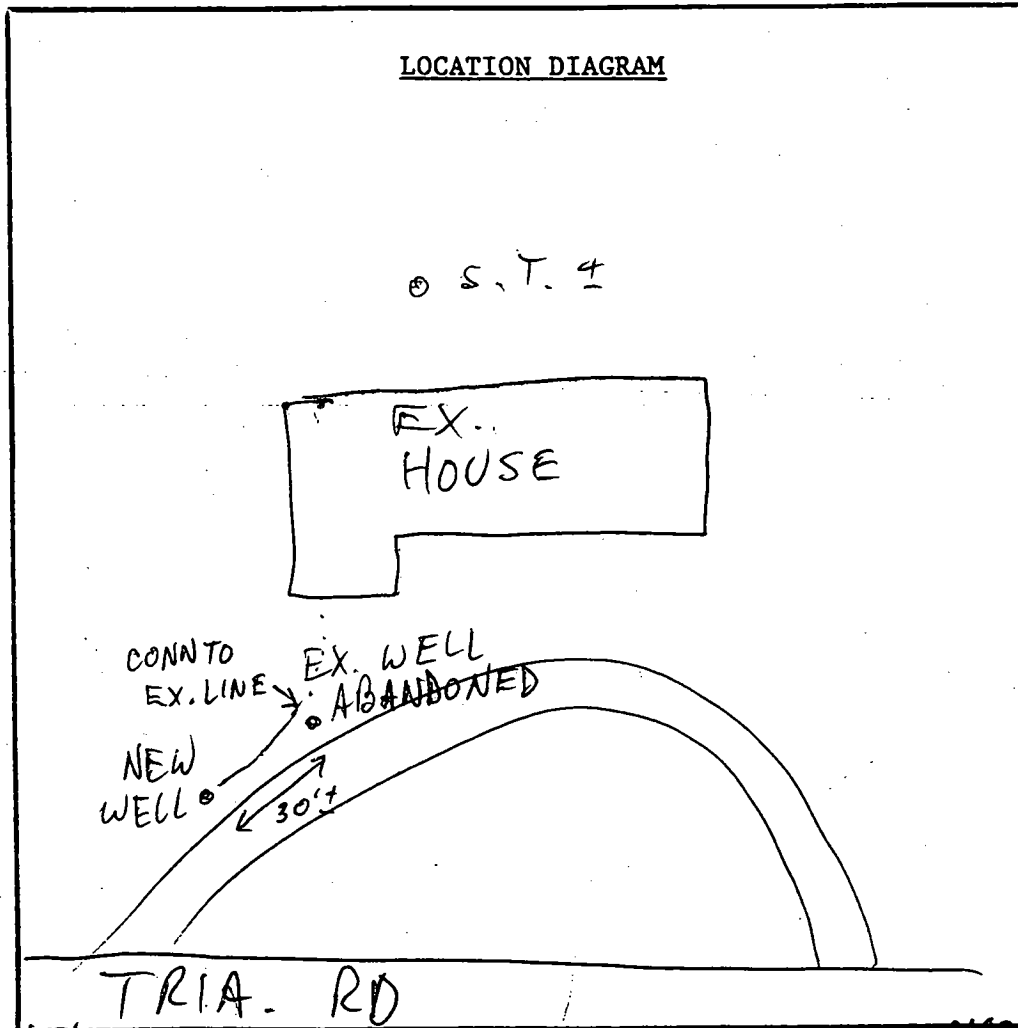
CONTRACTOR: Abbott Well Drilling

ADDRESS: 14550 Triadelphia Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: repl well drilled insp. requested for well line;
ex. well abandoned by driller
prev. owner Farfan



COMMENTS: 1/6/97 PERMISSION TO DRILL GIVEN BY ^{PKS} KM PER OWNER;
WELL LINE OK TO COVER (MR)

DATE: _____ INSPECTOR: _____

B 1 8255

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1378 fill in this form completely

Date Received (APA)

01/08/98

OWNER INFORMATION

CLARK Richard 14550 TRIADELPHIA GLENELG MD 21737

B 3 LOCATION OF WELL

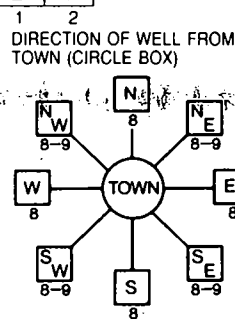
Howard 14550 Triadelphia rd. GLENELG

MILES FROM TOWN (enter 0 if in town) 5

DRILLER INFORMATION

Allen Compton M SD 009 SEC/Abbott Well Drilling P.O. Box 1143 Hagerstown MD Allen Compton 1-6-98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



TRIADELPHIA NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 80 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only) FARMING INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. PUBLIC OR PRIVATE WATER COMPANY TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT-APPROVAL

Howard 13 COUNTY NAME COUNTY NO STATE SIGNATURE DATE ISSUED 1/12/98 CO SIGNATURE EXP. DATE 1/11/99 NORTH GRID 516000 EAST GRID 0794000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

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 DEEPEMED AN EXISTING WELL

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

APPROP. PERMIT NUMBER G A P FORCE DS PERMIT No. 10-94-1378

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

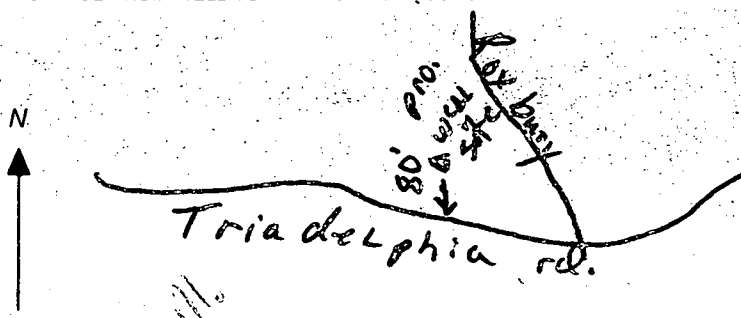
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE

E 000-000 N

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 03523 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 13

ST/CO USE ONLY DATE RECEIVED MM/DD/YY 1/8/98
DATE WELL COMPLETED MM/DD/YY 01/05/98
Depth of Well 22 1000 26 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1378

OWNER Clark Richard
STREET OR RFD 14550 Triadelphia TOWN GLENELG
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	
Overburden	0	75	
Gray	75	275	
White	275	277	
Gray	277	850	
Brown white	850	855	
Gray	855	1000	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 13 NO. OF POUNDS 1278
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 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) 84

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

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

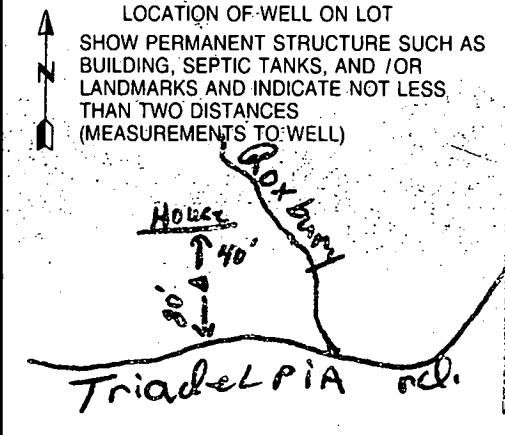
C 2 DEPTH (nearest ft.)
H O 50 1000
A 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51
R
E
N
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 to

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min.) 7
METHOD USED TO MEASURE PUMPING RATE Air
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
WHEN PUMPING 200 ft.
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) 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 (nearest foot) 49 50 51



NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED YES (Y) NO (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. 1 M S D 0 0 9
Allen Compton
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 1/6/98
Name of Installer John Lang Telephone 247-7900
License Number 2473
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Richard Clark Telephone _____
Subdivision LAIRD B. SCOTT Lot # 9 Well Tag # HO-94
Site Address 14550 Triadelphia Rd

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
c. Submersible a. 110 _____
2. Make JACUZZI b. 220 _____
3. Model # _____
4. Capacity 10 GPM PUMP @ 500'
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 NO

Tank Piping Well data
1. Capacity 1/8/98 1. Type _____ 1. Depth 1000 ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield 8± GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 70± ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? _____
1/6/98 WELL LINE OK MR TO COVER @ 42"

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: _____

Date: 1/6/98

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

 WATER WELL ABANDONMENT-SEALING REPORT FORM

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: 1-6-98 (month/day/year)

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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0	9	4	-	1	3	7	8
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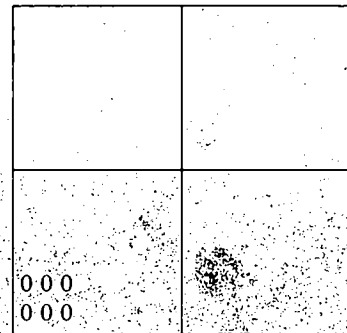
* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: MSD 009

* OWNER'S NAME: Richard Clark

* WELL LOCATION: 14550 Triadelphia Rd

COUNTY: Howard
 NEAREST TOWN: Glenelig
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E _____
 N _____

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 140 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>30</u>
<u>Rock Cuttings</u>	<u>30</u>	<u>140</u>

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Allen Compton

LICENSE # MSD 009 DATE 1-6-98

