

PERMIT
SEWAGE DISPOSAL SYSTEM

59921-C

10/5/72 OKCD

A 1667

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 48B

RE INDEXED

04-324587

DATE 5/12

Jack Tyack

IS PERMITTED TO INSTALL X ALTER

ADDRESS Tea Oaks Road, Glenelg, Maryland

PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

1563 Old Annapolis Road Lot

PROPERTY OWNER Thomas F. Olive

Boris T. Ghazarian

ADDRESS 1209 Daniels Avenue, Baltimore, Md. 21228

SPECIFICATIONS 5 bedrooms

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1500 GALLONS

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

OTHER DRY WELL - 500 sq. ft. bottom area below the inlet. Maximum depth for inlet is 4 ft. and maximum depth of bottom of dry well is 11 ft. Place the dry well 130 ft. from the lot line which is 1972.08 ft. long and 76 ft. from the lot line which is 400.00 ft. long.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges

DATE 2/8/72

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.

SEDC. PERMIT SIGNED

AND RETURNED 3-19-98

Serial # 201110478

4-CIV garage

A 16671

59921-C

PERMIT
SEWAGE DISPOSAL SYSTEM

59921-C

10/5/72 OKC:JH

A 18672

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

RE INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 2/8/72

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS Tea Oaks Road, Glenelg, Maryland

PHONE 286-2979

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

1563 Old Annapolis Road LOT

PROPERTY OWNER Thomas J. Olyn

Boris T. Ghazarian

ADDRESS 1209 Daniels Avenue, Baltimore, Md. 21228

SPECIFICATIONS 5 bedrooms

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1500 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL - 500 sq. ft. bottom area below the inlet. Maximum depth for inlet is 4 ft. and maximum depth of bottom of dry well is 11 ft. Place the dry well 130 ft. from the lot line which is 1972.08 ft. long and 76 ft. from the lot line which is 400.60 ft. long.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges

DATE 2/8/72

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.

SEDC. PERMIT SIGNED

AND RETURNED 3-19-98

Serial # 270110478

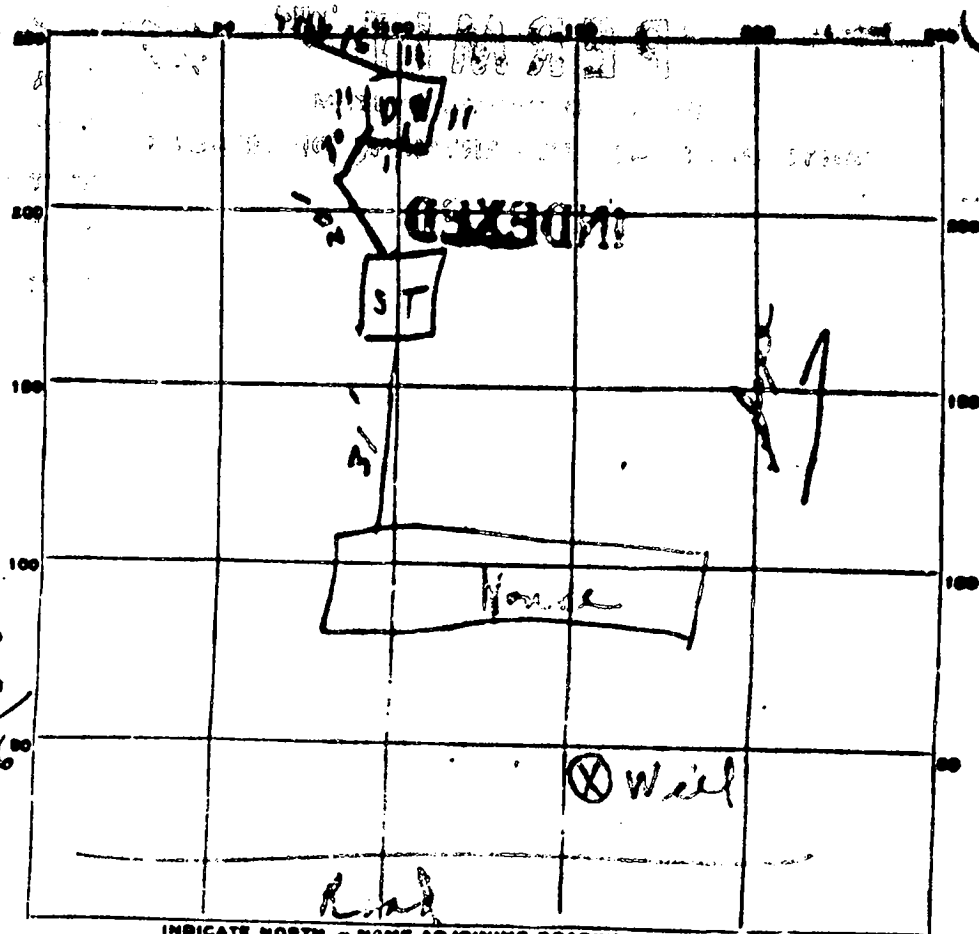
4-CW gals

11671

59921-C

②
 D.W.

$$\begin{array}{r} 15 \\ 3\frac{1}{2} \\ \hline 6\frac{1}{2} \\ 44 \\ \hline 264 \\ 22 \\ \hline 286 \\ 330 \\ \hline 616 \end{array}$$



Up. W.

$$\begin{array}{r} 11 \\ 3\frac{1}{2} \\ \hline 7\frac{1}{2} \times 44 \\ \hline 330 \\ 308 \\ 22 \\ \hline 330 \end{array}$$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE

PERMIT CARD \leftarrow Stop all work 10/4/72
 SEPTIC TANK, LEVEL OK CLEANOUTS ST OK D.W. OK
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER See above FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 616 SQ. FT.

REMARKS 10/4/72 field + assessment with Mr. Cash done at the way. 10/5/72 Assessment with Mr. Wine
Mr. Ford Mr. Fry
been (assess)

DATE SYSTEM APPROVED 10/5/72 INSPECTOR C. Sheaker

APPLICATION

SEWAGE DISPOSAL TESTING

P. _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 3/30/72

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 George B. Stewardant (Thomas F. Oles - Contract Purchaser)
ADDRESS Clarksville, Maryland PHONE 242-2430

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Annapolis road (see plat)

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 16.548 acres TYPE BLDG. 2

IF NOT SINGLE RESIDENCE DESCRIBE _____ NUMBER OF BEDROOMS
(Single Family Dwell.)

SIGNATURE OF APPLICANT Thomas F. Oles

APPROVED BY Raymond Hodger FOR Byrdwell DATE 3-31-72
(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

red
1 Jan
using
in lab



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
28	1	2	236	248	250	2117	9	
	2	9	241	241	241	248	1/2	
	2A	11	NO WATER SNALE					
	3	3 1/2	241	241	241	248	5	
	4	10	241	241	241	3117	1/2	

SOIL AUGER FINDING _____ 5' H

TESTED BY B. Hodges

REMARKS _____

DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 20704
WELL COMPLETION REPORT

IN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY

DATE OF PERMIT: 12-19-77 DEPTH OF WELL: 7.2 FEET (NEAREST FOOT) 20
 DATE WELL COMPLETED: 12-19-77 PERMIT NO. FROM "PERMIT TO DRILL WELLS": 25-12-022
 DRILLER IDENTIFICATION NO.: 12

OWNER: John J. ... STREET OR RFD: 129 ... CITY OFFICE: ...

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE APPROPRIATE CODES)	DEPTH FROM	TO	WATER BEARING
<u>...</u>	<u>0</u>	<u>3</u>	<u>...</u>
<u>...</u>	<u>3</u>	<u>20</u>	<u>...</u>
<u>...</u>	<u>20</u>	<u>22</u>	<u>...</u>
<u>...</u>	<u>22</u>	<u>30</u>	<u>...</u>

ROUTING RECORD

WELL HAS BEEN APPROVED (CHECK APPROPRIATE BOX)

TYPE OF CEMENTED MATERIAL (CHECK ONE)
 CEMENT: C M
 CEMENTITE SLAY: B G

NO. OF BAGS: 600 NO. OF POUNDS: 600

GALLONS OF WATER: ...

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 10 FT.
 (ENTER 0 IF FROM SURFACE)

WELL CASING RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL: S T
 CONCRETE: C O
 PLATH: P L
 CILES: C I

MAIN CASING TYPE: ... NOMINAL DIAMETER (TOP MAIN) (NEAREST INCH): ... TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): ...

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET)
<u>...</u>	<u>...</u>
<u>...</u>	<u>...</u>

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL: S T
 OF PLATH: P L
 PLASTIC: P L
 OTHER: O T

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
<u>0</u>	<u>1</u>
<u>1</u>	<u>2</u>
<u>2</u>	<u>3</u>
<u>3</u>	<u>4</u>
<u>4</u>	<u>5</u>
<u>5</u>	<u>6</u>
<u>6</u>	<u>7</u>
<u>7</u>	<u>8</u>
<u>8</u>	<u>9</u>
<u>9</u>	<u>10</u>

SLOT SIZE 1, ... 2, ... 3, ...

PUMP TEST

NO. OF PUMPS (TO NEAREST HOUR): ...

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): ...

METHOD USED TO MEASURE PUMPING RATE: ...

WATER LEVEL (DISTANCE FROM LAND SURFACE) FEET: 350

WELL NO.: ...

TYPE OF PUMP USED (CHECK APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR D PISTON F FORCE
 C CENTRIFUGAL R ROVER W WHEEL
 J JET O OTHER

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER OR CODE - SEE ABOVE): A, S, A, P, R.

DRILLER WILL INSTALL PUMP (CHECK APPROPRIATE BOX)

CAPACITY: Well - 350

GALLONS PER MINUTE (TO NEAREST GALLON): ...

PUMP CODE POWER: CASING-21

PUMP COLUMN LENGTH (NEAREST FOOT): ...

CASING HEIGHT (CHECK APPROPRIATE BOX)

ABOVE LAND SURFACE
 BELOW LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANK, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCED MEASUREMENTS TO WELL.

CIRCLE APPROPRIATE BOXES

A WELL HAS BEEN APPROVED AND SEALED WHEN THIS

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME: ...

(PLEASE PRINT) SIGNATURE: ...

DIAMETER OF SCREEN (NEAREST INCH) FROM ... TO ...

GRAVEL PACK FROM ... TO ...

IF WELL DRILLED WAS A FLOWING WELL, CHECK BOX F

DWR USE ONLY (DO NOT BE FILLED IN BY DRILLER)

TELESCOPE CASING: YES NO

LOG INDICATOR: YES NO

OTHER DATA AVAILABLE: YES NO

WELL COMPLETION REPORT

ANNAPOLIS, MARYLAND

DATE WELL COMPLETED
APR 6 1972

DEPTH OF WELL
97 FEET

DRILLER'S IDENTIFICATION NO. 42

OWNER
LARRY BILLY

ADDRESS OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION OF FORMATION	DEPTH FROM	TO
Top soil	0	0
shale	0	38
brown slate	35	70
blue slate	70	90

GRouting RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUT MATERIAL (CIRCLE BOX)
CEMENT [X] GY DEWONITE CLAY []

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 41 FT.

CASING RECORD

WELL HAS BEEN CASING (CIRCLE APPROPRIATE CODE BELOW)
STEEL [X] CONCRETE []
PLASTIC [] OTHER []

MAIN CASING TYPE [S] T
NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 4
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)
DIAMETER (INCH) DEPTH (FEET)

SCREEN RECORD

WELL HAS BEEN SCREENED (CIRCLE APPROPRIATE CODE BELOW)
STEEL [X] BRASS [] NYLON []
PLASTIC [] OTHER []

DEPTH (FEET)	SCREEN TYPE
0 - 11	[]
11 - 15	[]
15 - 17	[]
17 - 21	[]
21 - 24	[]
24 - 28	[]
28 - 32	[]
32 - 35	[]
35 - 38	[]
38 - 41	[]
41 - 45	[]
45 - 47	[]
47 - 51	[]

DIAMETER OF SCREEN (NEAREST INCH)
FROM 1 TO 2

GRAVEL PACK []
IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) []

DRILLER'S NAME
SIGNATURE

PUMPING TEST

WELL HAS BEEN PUMPED (CIRCLE APPROPRIATE BOX)

HOURS PUMPED (TO NEAREST HOUR) 2

METHOD USED TO MEASURE PUMPING RATE []

WATER LEVEL (DISTANCE FROM LAND SURFACE) []

WELL DEPTH (TO NEAREST FOOT) 97

TYPE OF PUMPS USED (CIRCLE APPROPRIATE BOX)

TYPE OF PUMP DRIVE (CIRCLE APPROPRIATE LETTER)
ELECTRIC [X] GAS []
HYDRAULIC [] ROTARY []

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

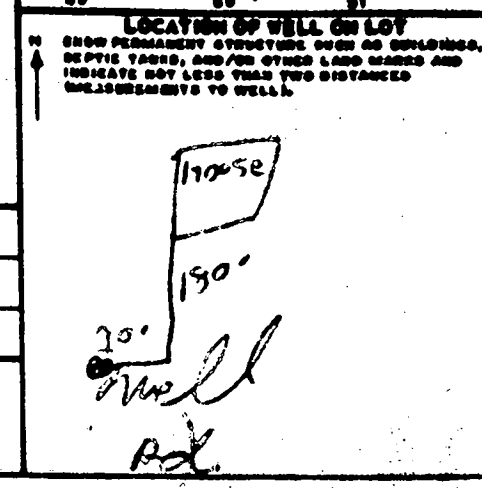
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 51

PUMP HORSE POWER 57

PUMP COLUMN LENGTH (NEAREST FOOT) 42

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
ABOVE [X] BELOW []

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, DEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE DISTANCE TO WELL.

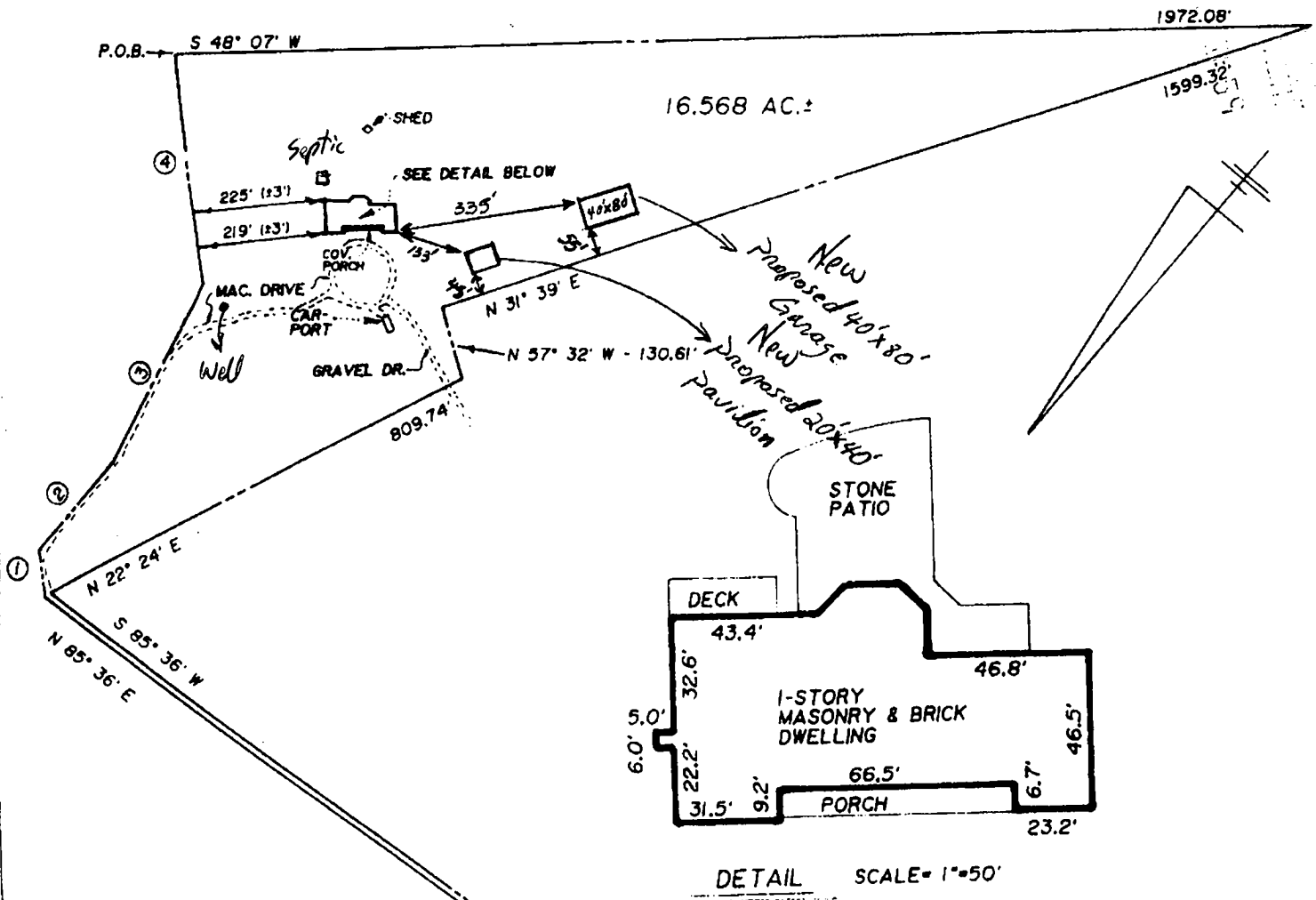


CIRCLE APPROPRIATE BOXES
A WELL HAS BEEN TESTED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

DRILLER'S NAME
SIGNATURE

LANDTECH ASSOCIATES, INC.

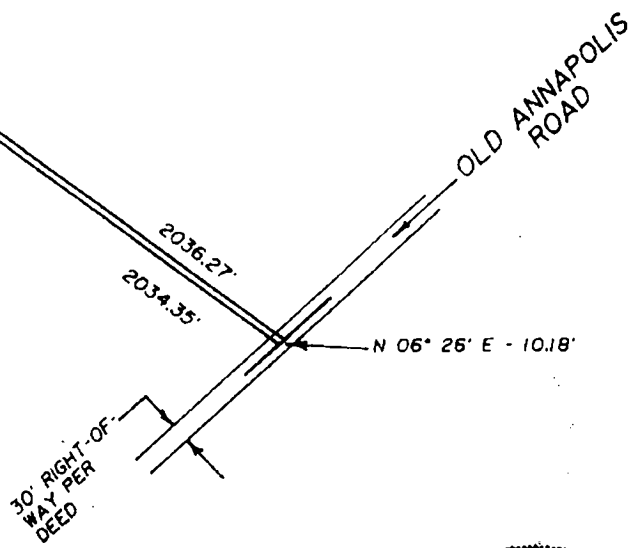
14100 RAIN HIGHWAY N.W. SUITE 700 GREENBURIE, MD 21061
 410-768-7121 FAX 410-553-9081



NOTES:

- 1) R=60.00' L=97.27'
- 2) S 01° 31' W - 198.90'
- 3) S 13° 13' E - 349.12'
- 4) S 46° 56' E - 400.00'

* PARCEL-1



- Notes:
- 1) This plat is of benefit to a 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 re-financing
 - 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements
 - 3) 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 securing financing or re-financing
 - 4) No title report furnished.

Certification: This is to certify that the improvements indicated hereon are located as shown.

Graden A. Rogers
 GRADEN A. ROGERS - Prop. L.S. MD. Lic. No. 119

LIBER 3728 FOLIO 197*

LOT _____ BLOCK _____ SECT _____ PLAT _____

PLAT ENTITLED _____

RECORDED IN HOWARD CO. MD

PLAT BOOK _____ FOLIO _____

1563 OLD ANNAPOLIS ROAD

SCALE 1" = 300' CASE NO _____

DATE 12-31 19 97 JOB NO WNS-97141

C1 0449 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER DC MR/KG 12-27-01

ST/CO USE ONLY DATE Received MM - DO YY 8 13

DATE WELL COMPLETED MM DO YY 10 22 01

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-0070

OWNER Ghazarian Boris STREET OR RFD 1563 Old Annapolis rd TOWN Woodbine SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Gray slate Rock, White, Gray & White, and a note 'Well was drilled deeper'.

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 NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

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

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, C, R, E, N

NUMBER OF UNSUCCESSFUL WELLS: 0

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. MSD 009 DRILLERS SIGNATURE Allen Compton (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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

C 2 DEPTH (nearest ft.)

Table with columns 1-21 and rows E, A, C, H, S, C, R, E, N

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) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 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

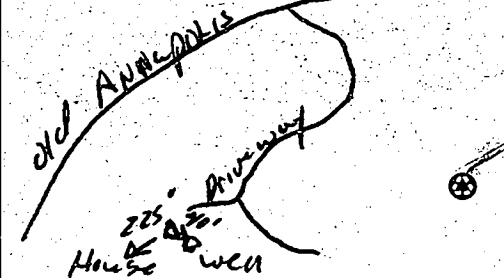
PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR 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

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



B 1 13816

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3113

W51528 please print or type

fill in this form completely

Date Received (APA) 060401

OWNER INFORMATION

8 MM DD YY 13 Ghazarian Boris
15 Last Name Owner First Name
36 1563 Old Annapolis Rd.
55 Street or RFD
57 Woodbine MD. 21777
70 Town 72 State 76 Zip

B 3 LOCATION OF WELL

Howard

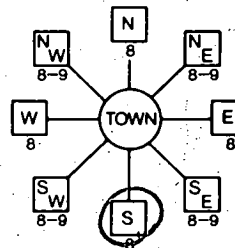
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
WOODBINE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 7 M I
73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009
Driller's Name License No.
Fogles Well Drilling
Firm Name
580 Obercht + rd. Sykesville
Address
Signature Date 6-4-01

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Old Annapolis
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 3000 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 7 BLK: 15 PARCEL 146

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

8 500 12

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A59921-C
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 060401 Mark Reikin 6/4/02
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID 543 000 EAST GRID 0771 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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
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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

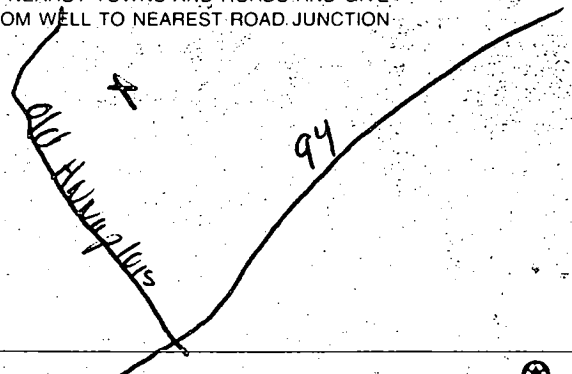
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well water
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7771
543
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



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

APPROX. PERMIT NUMBER 54. G A P 63
PERMIT No. HO-94-3113
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

6/4/01
1-2-00

SITE INSPECTION SHEET

OWNER: Boris T. Ghazarian

DATE REQUESTED: 6/4/01

PHONE #: _____

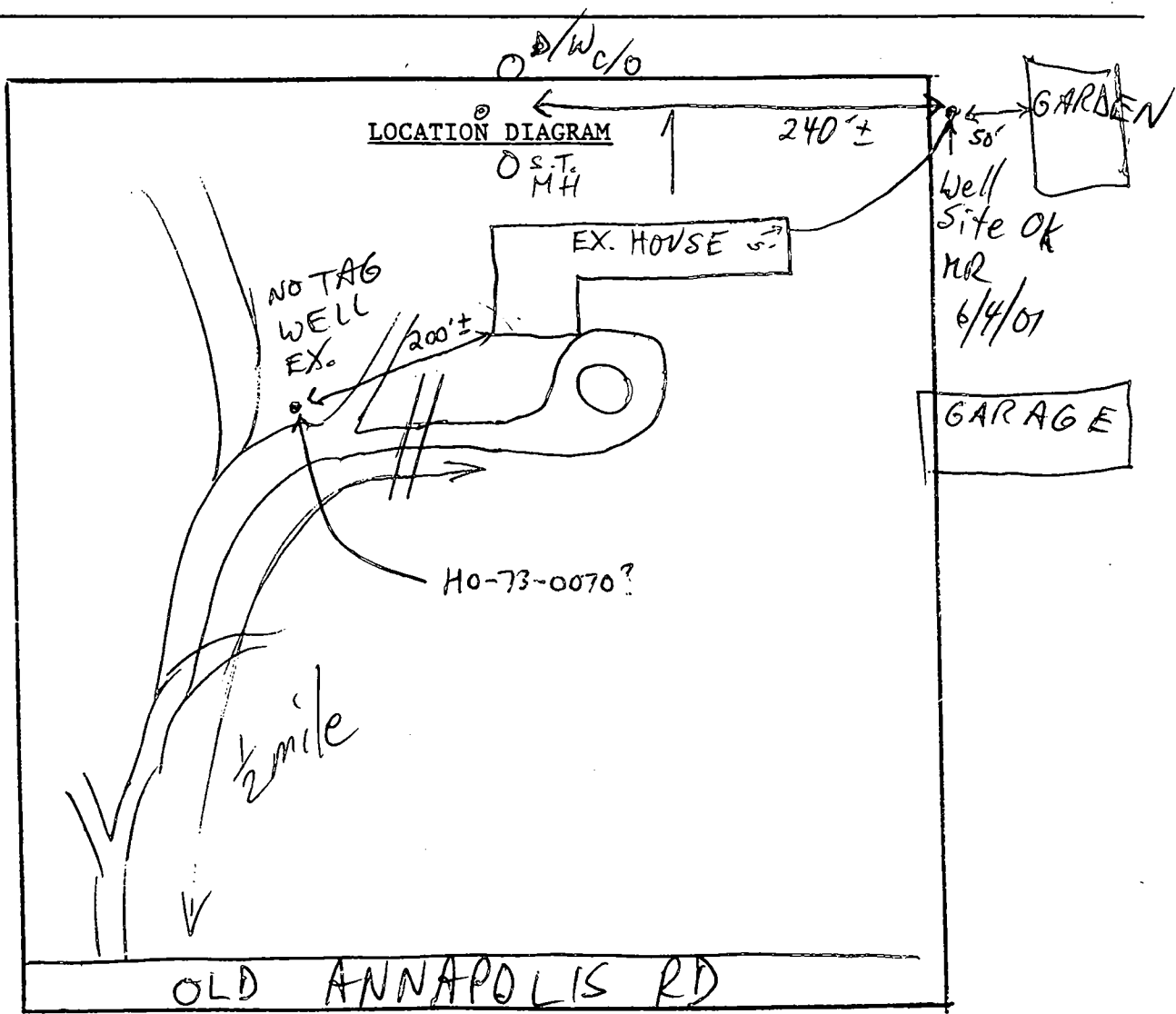
CONTRACTOR: Fogle's Well Drilling

ADDRESS: 1563 Old Annapolis Rd

WELL TAG #: HO-94-3113

COUNTY #: _____

PROPOSAL: Driller reports owner's well is dry or close to it.
Requesting replacement well.



COMMENTS: _____

DATE: _____

INSPECTOR: _____

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3113
Site Address: 1563 Old Annapolis Rd


<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (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: _____ (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 _____		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 11/1/01 Date Insp. Approved: 10/1/01 

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 _____ *Loose/Piping not in*

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 _____ *No*

Adequate grout observed below pitless adapter _____

KD-215 (Rev. 8/00) *old well has cap off, hose going in
said they put 200 gal/day into thru hose*