

8/11/00  
WPT & Septic after Noon  
8/24/00  
10:30

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514181

A 511091-C

ISSUE DATE 8/10/2000

APPROVAL DATE 8-24-00

04-363221

INDEXED

WTC III Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, MD 21797 PHONE 410-489-4457

SUBDIVISION Fine Property LOT NUMBER 3 ADDRESS 1398 Morgan Station Road

PROPERTY OWNER Mike Gezelle PROPERTY OWNER'S ADDRESS Webfoot Way

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD 21043

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

\*\*\*COMPARTMENTED SEPTIC TANK REQUIRED\*\*\*  
\*\*\* TOP SEAMED PUMP CHAMBER REQUIRED \*\*\*  
PLACE DB AT ROUGHLY MIDPOINT OF FRONT EDGE  
RUN 4 - 70' TRENCHES TOWARD DRIVEWAY  
PER PLAN INSTALLATION DISCUSSION

TRENCHES: Trenches to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. 2 feet of stone below distribution box. 8/10/00

LOCATION: Place the distribution box 115 feet from the left lot line and 15 feet off the front lot line as viewed from Morgan Station Road. Install trenches on contour initially toward right lot line. Replacement trenches may be on contour in either direction from distribution box.

Install all initial and replacement septic drainfield trench which will be covered by proposed driveway (or re-route driveway away from sewage disposal area). Maintain 100 feet separation distance between well and all parts of septic system.

PRE-CONSTRUCTION LAYOUT INSPECTION RECOMMENDED. 4/27/00 OK BY

PLANS APPROVED Ronald J. Pinkley DATE 3-27-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

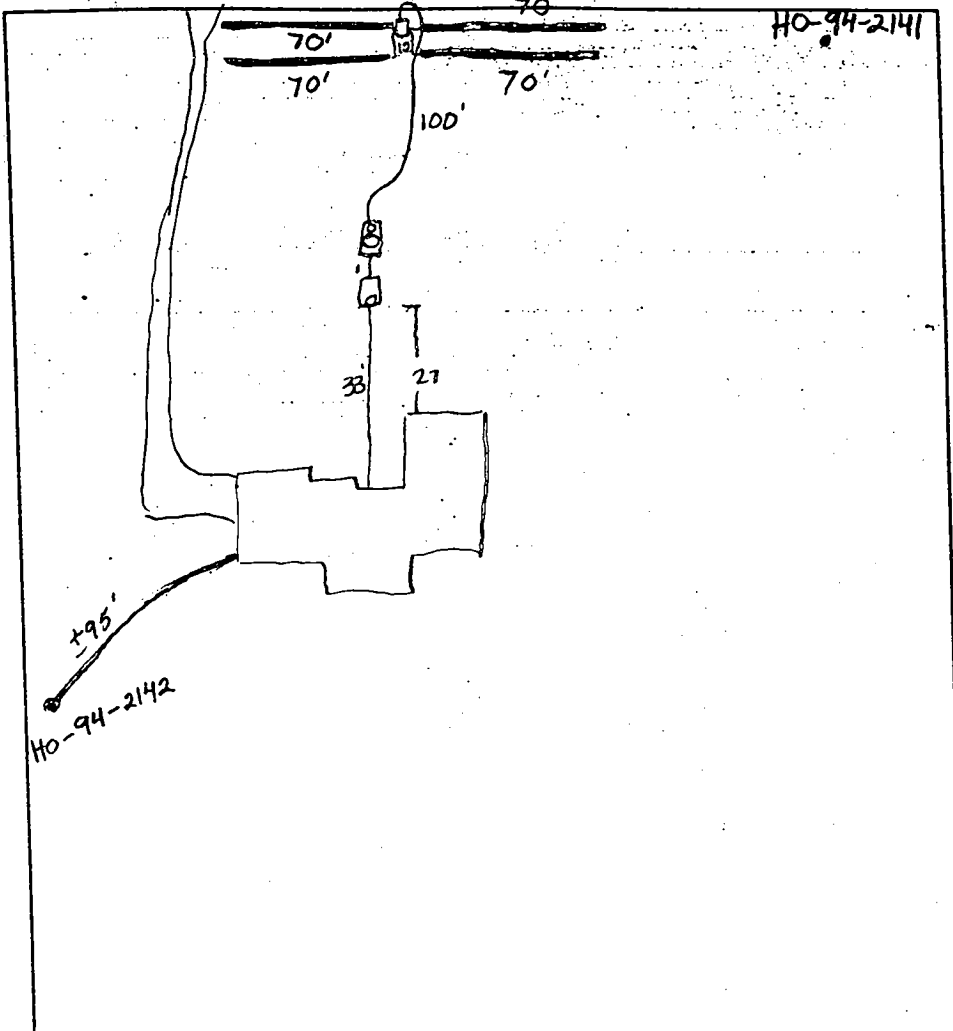
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AS11091-C

Morgan Station Rd

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 4.5'  
 TRENCH BOTTOM DEPTH 6.5'  
 DEPTH OF STONE 2.0'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 280'  
 ABSORBENT AREA 840 sq. ft.  
 DISTRIBUTION BOX LEVEL 7  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA** *top scamed*

SEPTIC TANK 1250 GALLONS  
 MANHOLE RISER No  
 6 INCH INSPECTION PORT Yes

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250  
 MANHOLE RISER Yes, 6" Cleanout  
 ALARM ✓  
 PUMP PERFORMANCE TEST ✓

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 8/11/00 OK to continue - pressure line skewed out of tank. line into DB goes around DB so gravity flow into DB - OK  
8/14/00 OK to cover septic system. OK to cover well line. Well pump not installed. Contractor to leave distribution box open and to install levelers. Final approval pending pump and alarm test. (BB)  
8/24/00 Pump performance test OK. DKS

INSPECTOR DKS DATE SYSTEM APPROVED 8/24/00

*Handwritten initials/signature*

8/11/00  
APPROVED

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer WTCIA P+H

Telephone \_\_\_\_\_

License Number 7979  
Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_

Registered Plumber

Name of Property Owner \_\_\_\_\_

Telephone \_\_\_\_\_

Subdivision Fire Prop Lot # 3  
Site Address 1398 Wogan Station Rd

Well Tag # HO-94-2143

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet
  - c. Submersible \_\_\_\_\_
- 2. Make \_\_\_\_\_
- 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 \_\_\_\_\_

Motor

- 1. Horsepower 3/4
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth \_\_\_\_\_

Tank

- 1. Capacity \_\_\_\_\_
- 2. Pressure relief valve? \_\_\_\_\_

Piping

- 1. Type \_\_\_\_\_
- 2. Size \_\_\_\_\_
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line \_\_\_\_\_

Well data

- 1. Depth 200 ft.
- 2. Yield 8.5 GPM
- 3. Static water level 36 ft.
- 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.

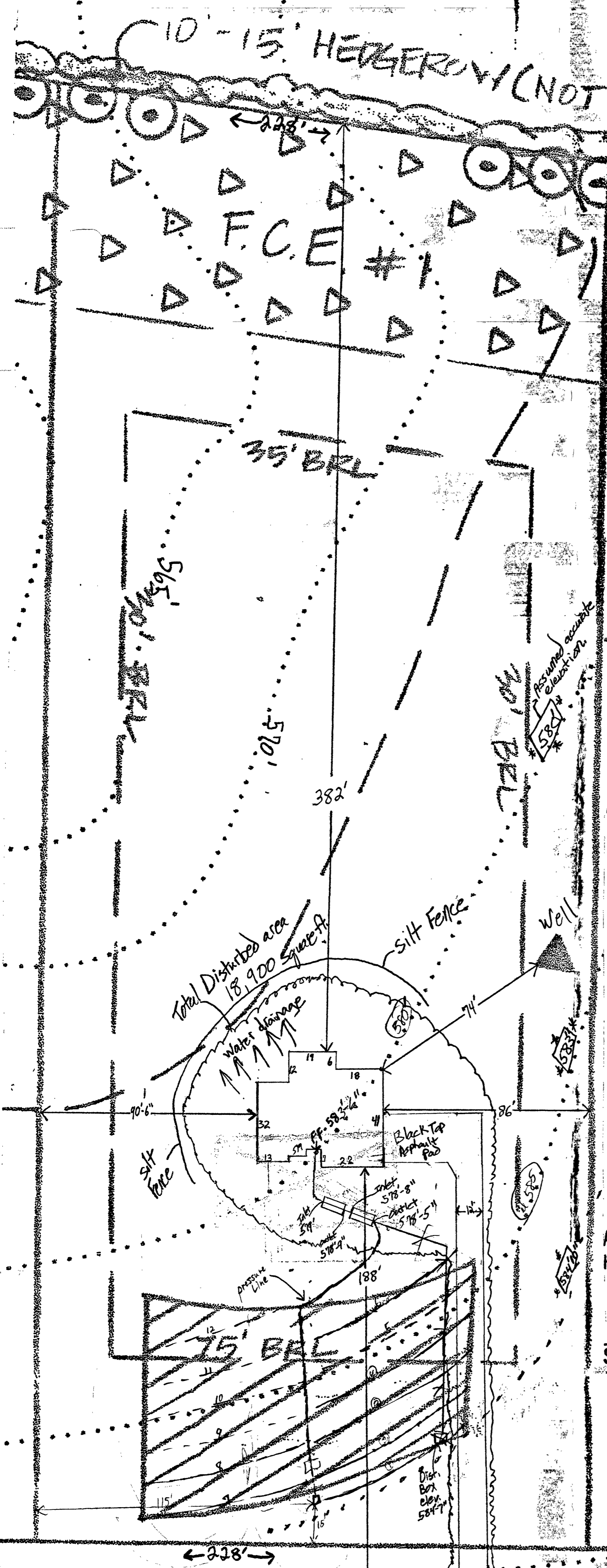
9/12/00 - WPI form accepted although incomplete - Installer notified

Signature of Applicant: [Signature]

Date: Aug 10 00

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

560  
565  
P2  
570  
763.4 / 60 = 13.1



Estate of Rhoda Fine  
LTS (A511091C)  
Approved Septic System Plan  
Howard County Health Department

*Rhoda Fine*  
Signature  
5/3/20/00  
Date

Total linear feet of trench  
required 280 feet  
Width of trench (es) 3 feet  
Depth of trench (es) 6.5 feet  
Depth of stone required below  
distribution pipe 2.0 feet

Note: Top Second Two Compartmented Septic Tank  
and Top Second Pump Chamber required.  
Use Revised distribution box location and pressure  
line locations shown Here unless driveway is  
moved off Septic Area (See Septic Permit for instructions).  
PP/3/27/00

23.59  
Moty on Station Road  
Scale 1" = 30'  
3.08 acre

4 @ 80  
3 @ 98

# APPLICATION

PERCOLATION TESTING

A 511091C  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 10/8/98

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 ESTATE OF RHODA FINE (JUDY RATUFF, CONSERVATOR)

ADDRESS 2155 GOLF COURSE DR., RESTON, VA. 20191-3834 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER CARY CUMBERLAND

ADDRESS 712 CHESSIE CROSSING, WOODBINE, MD. 21797 PHONE W (410) 799-6000  
HT (410) 489-5695

PROPERTY LOCATION:

SUBDIVISION (ESTATE OF RHODA FINE) FINE PROPERTY LOT NO. (4) 3

ROAD AND DESCRIPTION (WEST SIDE MORGAN STATION ROAD, N. OF RTE. 144, S. OF I-70)  
1398 MORGAN STATION ROAD

**BLDG. PERMITS SIGNED  
AND RETURNED**

TAX MAP 8 PARCEL # 8

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SINGLE-FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. \_\_\_\_\_  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

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

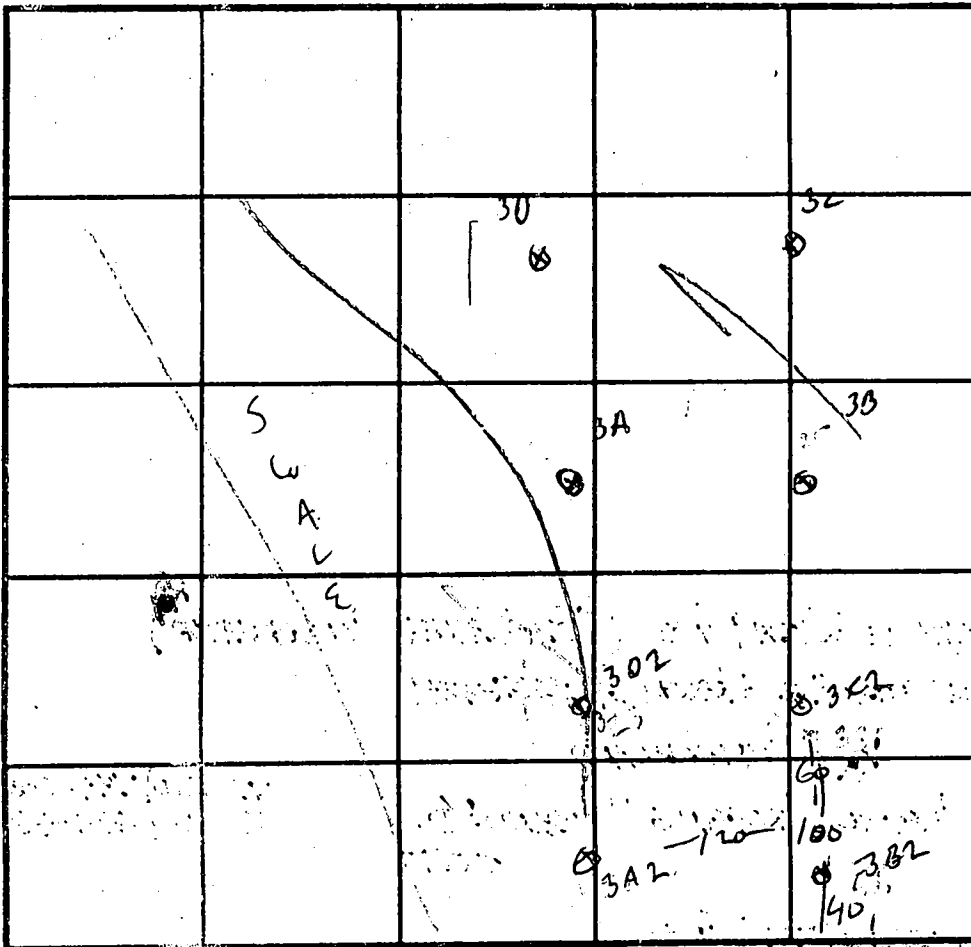
# THIS IS NOT A PERMIT

A511091

COUNTY #

SOIL PROFILE

0'



SOIL PROFILE

0'

1' Topsoil

4' Brown Clay Loam

Tan Sil

12'

302

TYPICAL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. *MARKHAM ROAD*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/98	30	5/11	2:29				
	3B	7/12	2:50	3:15			
	3B2	6/11	4:27	4:34	→	4:42	8 MW
	302	5.5/12	4:31	4:36	→	4:43	7 MIN
	3A2	12V					OK
	3C2	12V					OK

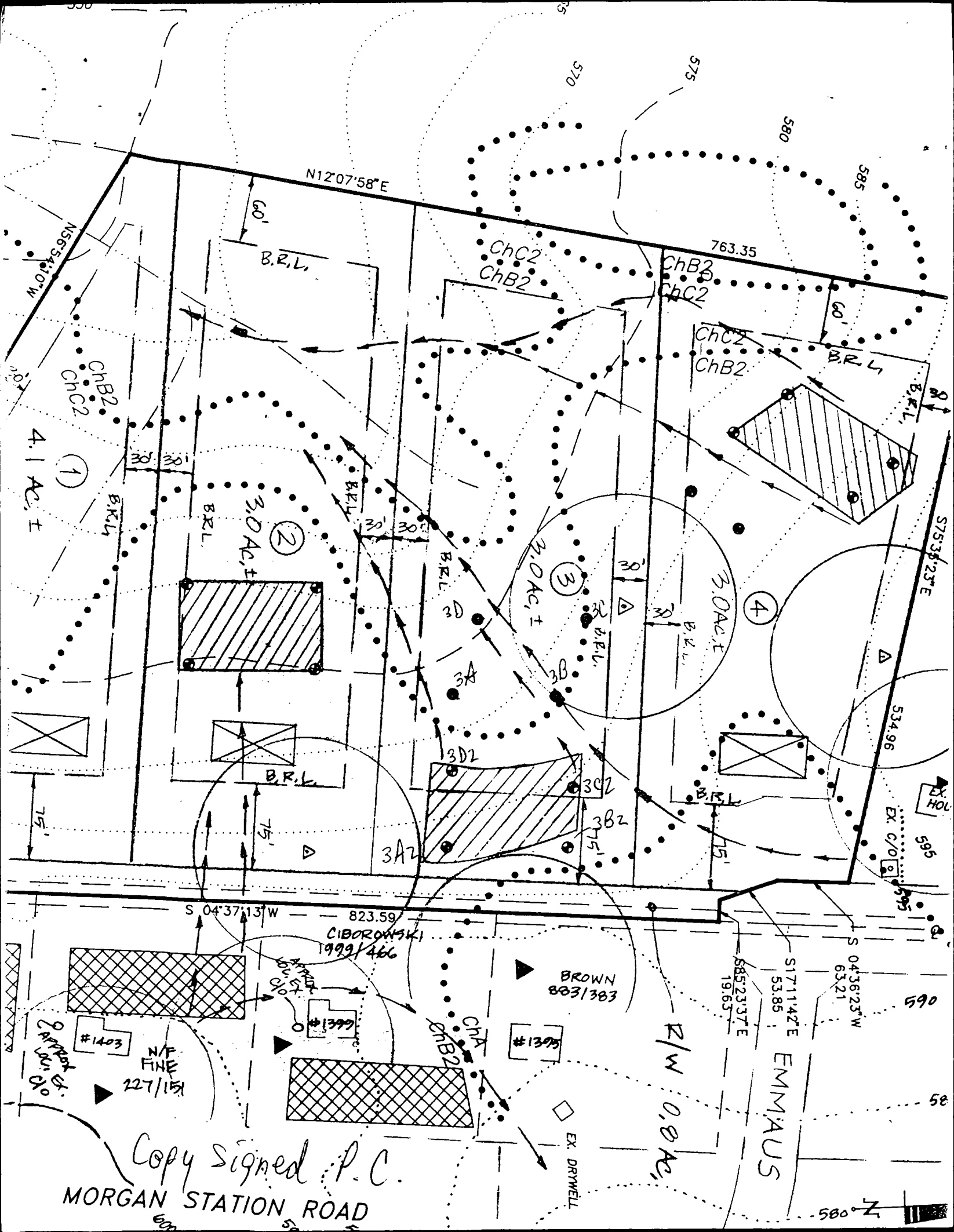
REMARKS DUG AS STAKED LOT 3, USE ALTERNATE LAYOUT.

TYPE OF SOIL 3A2 - 25% SHALEY SAPROXITE

TESTED BY G. SAVAGE ALSO PRESENT C. CUMBERLAND

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7.5 TRENCH WIDTH 2

INLET DEPTH 4.5 MAXIMUM BOTTOM DEPTH 8.5 SQ. FT./BEDROOM 210



N12°07'58"E

B.R.L.

763.35

ChC2  
ChB2

ChB2  
ChC2

ChC2  
ChB2

B.R.L.

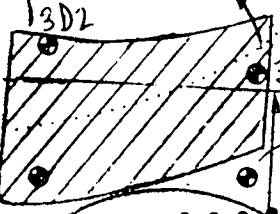
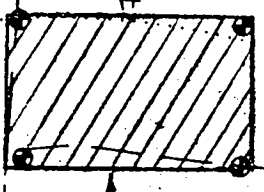
NS65°34'10"W  
ChB2  
ChC2

4.1 AC. ±

3.0 AC. ±

3.0 AC. ±

3.0 AC. ±



S 04°37'13"W

823.59

CIBOROWSKI  
1999/466

BROWN  
883/383

S85°23'37"E  
19.65

S17°11'42"E  
53.85

S 04°36'23"W  
63.21

#1403

N/F FINE  
227/151

#1395

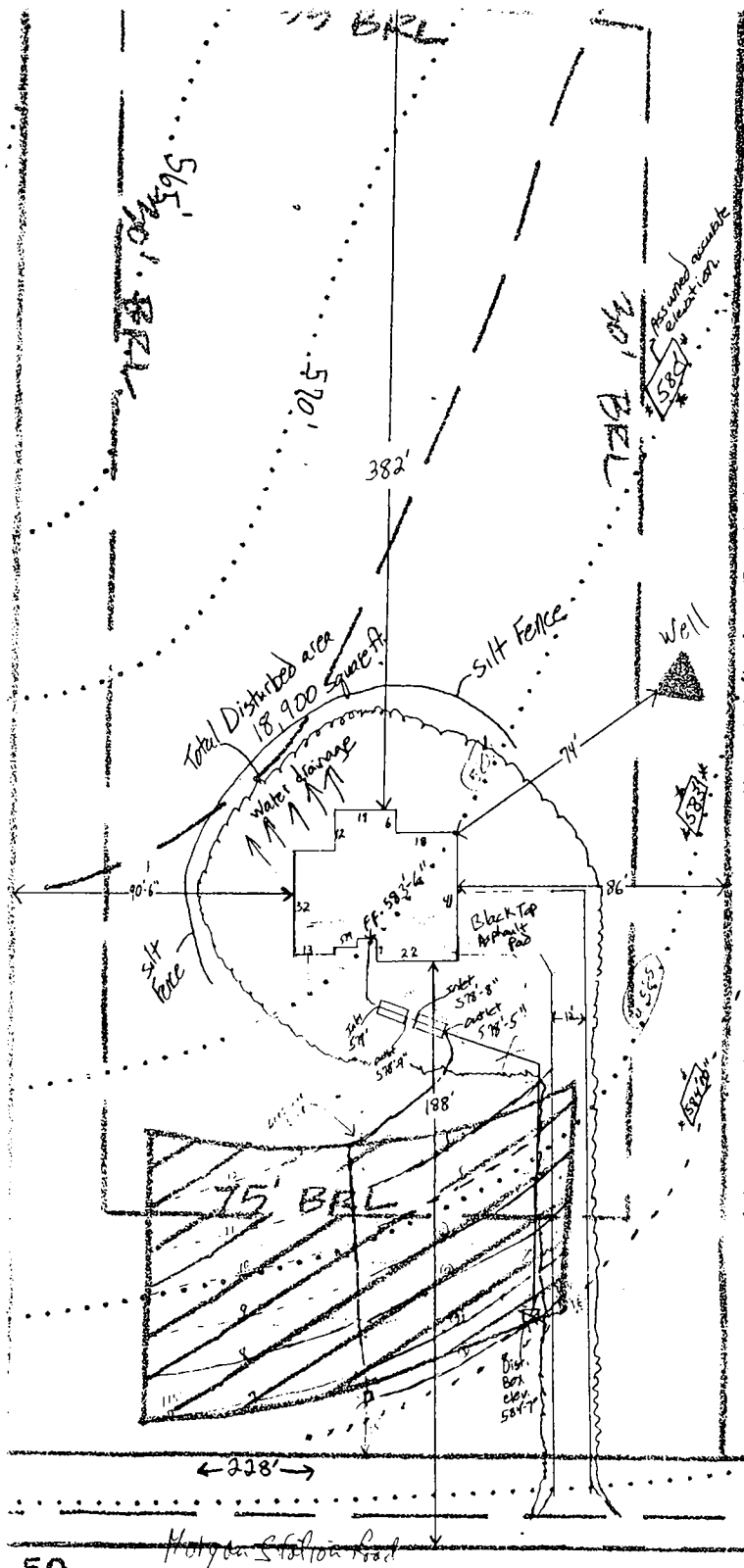
R/W 0.8 AC. ±

EMMAUS

EX. DRYWELL

Copy signed P.C.  
MORGAN STATION ROAD

580



Estate of Rhoda Fine  
 Lot 3 (AS11061C)  
 Approved Septic System Plan  
 Howard County Health Department

*Ronald P. Blady*      3/27/00  
 Signature                      Date

- Total linear feet of trench required 240 feet
- Width of trench(es) 3 feet
- Depth of trench(es) 6.5 feet
- Depth of stone required below distribution pipe 2.0 feet

Note: Top Sealed Two Compartmented Sptic Tank and Top Sealed Pump Chamber required.  
 Use Revised distribution box location and pressure line locations shown here unless driveway is moved off Sptic Area (See Sptic Permit for instructions)

C 1 9639

SEQUENCE NO. (MDE USE ONLY)

# STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A-511091C

ST/CO USE ONLY  
DATE RECEIVED  
04 26 99

DATE WELL COMPLETED

MM DD YY  
04 26 99

Depth of Well  
22 200 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-2142

OWNER Viking Development  
STREET OR RFD Hydro Station Road TOWN Lisbon  
SUBDIVISION Estate of Rhoda Eise SECTION \_\_\_\_\_ LOT 3

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	25	
Soft Shale	25	80	
Gray Rock	80	200	x
<i>water at 103 &amp; 175'</i>			

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  **CM** BENTONITE CLAY  **BC**

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft to 72 ft  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL  **CO** CONCRETE  
 **PL** PLASTIC  **OT** OTHER

MAIN CASING TYPE  
ST 6 85

Nominal diameter top (main) casing (nearest inch!) Total depth of main casing (nearest foot)

**OTHER CASING (if used)**

E A C H C A S I N G	diameter	depth (feet)
	inch	from to

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

**ST** STEEL  **BR** BRASS  **HO** OPEN HOLE  
 **PL** PLASTIC  **OT** OTHER

**C 2** DEPTH (nearest ft.)

T 2	<u>HO</u>	<u>85</u>	<u>200</u>
E 1	8	9	11
A C H 2	23	24	26
S C 3	38	39	41
R E E	45	47	51
SLOT SIZE 1 _____ 2 _____ 3 _____			
DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</u>			

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.

WHEN PUMPING 143 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 (CIRCLE) (YES OR NO) 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 29

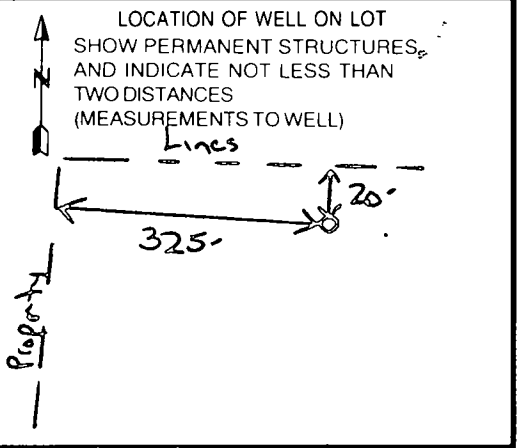
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE  
 - below } (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  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. M W D 399  
Warron Powell  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. 240241  
Warron Powell

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

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

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-2142  
 Location of property (road) Morgan Station Road  
 Subdivision Estate of Rhoda Fine Lot 3 Block      Plat      Sec.       
 Well Driller P. Fabiszak (Harr) Owner Viking Development

Depth of well 200  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 36'

**I. High rate pumping -- reservoir drawdown**

Time pump started 1200 Pumping rate 8.57gpm  
 Total time 2Hrs to reach pumping water level 145 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1200	36'	20		15.00
1215	70'	25		12.00
1230	119'	28		10.71
1245	143'	34		8.82
1300	144'	35		8.57
1315	146'	36		8.33
1330	145'	35		8.57
1345	146'	36		8.33
1400	146'	34		8.33
1415	145'	35		8.57
1430	145'	35		8.57
1445	145'	35		8.57
1500	145'	35		8.57

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 Laboratories Administration  
 201 W. Preston St.  
 P.O. Box 2355, Baltimore, Maryland 21203  
 J. Mchsen Joseph, Ph.D., Director

Lab No. Date Received

05010117-08

WATER ANALYSIS

Do not write above this line.

SAMPLE

Bottle Number HO-2824 Name Viking Dev'tment County Howard County Code 13  
 Source Rhoda Fine Prop, Lot 3 Morgan Sta. Rd Data Category Code 4F  
 Collected: Date 4/5/99 Time 1300 Collector & Phone M. Rifkin 410-313-2640 Submitter Code +

CHECK (one per box)  
 Drinking Water  Landfill  Stream  Other   
 Community Non-community  Private  Other   
 Source (raw water)  Distribution (treated)  MCL   
 Emergency Routine  Recheck  Special   
 Federal Project S

FIELD

Plant No.                      Sampling Station                      Preservation: Iced  Acid  Type of Acid 2ml H<sub>2</sub>SO<sub>4</sub>  
 pH                      Chlorine: Free + Total + Specific Conductance                     

Notes to Lab/Remarks: HO-94-2142 JIF

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrite, N	00630			8.4	4-07-99	BK
	pH*, Ca CO <sub>3</sub> Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01  
 DHMH 90-A 10/93

Section Chief **D. MILLER-TUCK**  
 SUBMITTER'S COPY

Date Reported APR 9 1999

RECEIVED  
 HOWARD COUNTY HEALTH DEPT.  
 ENVIRONMENTAL HEALTH

1999 AP 12 PM 3:41

**Partial List of Submitter Codes**

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1-30 County Codes	53 Chesapeake Bay & Special Projects
41 Individual Septics & Wells Program	59 Standards & Certification Program
42 Water Supply Program	63 Division of Food Control
43 Recreational Sanitation & Migrant Camps, DHMH	64 Engineering & Maintenance, DHMH
44 STP Inspection Division	65 Division of Community Services
45 Hazardous & Solid Waste Admin. (Landfill Samples)	66 Office of Attorney General
46 Pre-Treatment Enforcement Division	67 Dept. of General Services
48 Licensing and Certification, DHMH	77 E.P.A.
52 Water Quality Monitoring Program	91 State Highway Administration
	96 L.U.S.T./U.S.T./CERCLA
	99 Unknown

**Codes for Federally Funded Projects (leave box blank if not federal)**

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
S Safe Drinking Water Act (SDWA)	N National Pollution Discharge Elimination System (NPDES)
R Resource Conservation and Recovery Act (RCRA)	M Miscellaneous (Other)

**Partial List of Data Category Codes**

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
1F Sediment Samples	2F Innovative Disposal
2A Industrial Effluents/Compliance	5A Solid Waste/Landfills
2B Industrial Grab	5B Kidney Dialysis
2C Municipal Compliance	5C Commercial Bottled Waters
2D Municipal Grab	5D Misc. Wastewaters
4A MCL Surveys	5E Misc. River/Stream
4B Routine Monitoring & Other Communities	5F Misc. Drinking Water
4D Potable - County Community	5G Swimming Pools
4E Potable - Non Community	5H Marine or Estuarine Natural Bathing Areas
4F Potable - Private Wells	
4G Real Estate Trans./Charge Samples	

**Partial List of Error Codes**

<u>Code</u> <u>Description</u>	<u>Code</u> <u>Description</u>
A Laboratory Accident	J Wrong sample type
C Mechanical/Materials failure	RR No sample received
D Insufficient Sample	X Improper preservation
E Sample past holding time	LL Mislabeled sample

HOWARD COUNTY HEALTH DEPT.

B 1 **8829**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

**HO-94-2142**  
fill in this form completely

Date Received (APA)

**1/28/99**

OWNER INFORMATION

**Viking Development**  
15 Last Name Owner First Name 34  
**815 Wind River Drive**  
36 Street or RFD 55  
**Sykesville MD 21784**  
57 Town 70 State 72 Zip 76

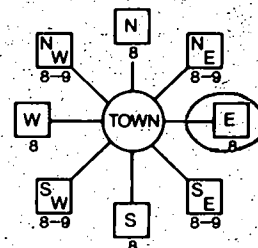
B 3 LOCATION OF WELL

**Howard**  
8 COUNTY 21  
**Estate of Rhoda Fine**  
23 SUBDIVISION 42  
SECTION      44 46 LOT **3** 48 50  
**Lisbon**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

**Paul M. Fabiszak** M H D **3 9 9**  
Driller's Name 76 License No. 81  
**12047 Falls Rd Cockeysville 21030**  
Firm Name  
**G. Edgar Barr Sons Corp**  
Address  
**Falmouth** 1/25/99  
Signature Date

B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Morgan Station Rd**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **300** 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39

TAX MAP: **8** BLK: **8** PARCEL **53**

B 2 WELL INFORMATION

APPROX. PUMPING RATE **5**  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED **750**  
(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** **A511091C**  
COUNTY NAME COUNTY NO  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED **2/26/99** **Ronald Pinkley** **3/26/00**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **546 000** EAST GRID **0785 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVERSE-ROTARY Drive-POINT  
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

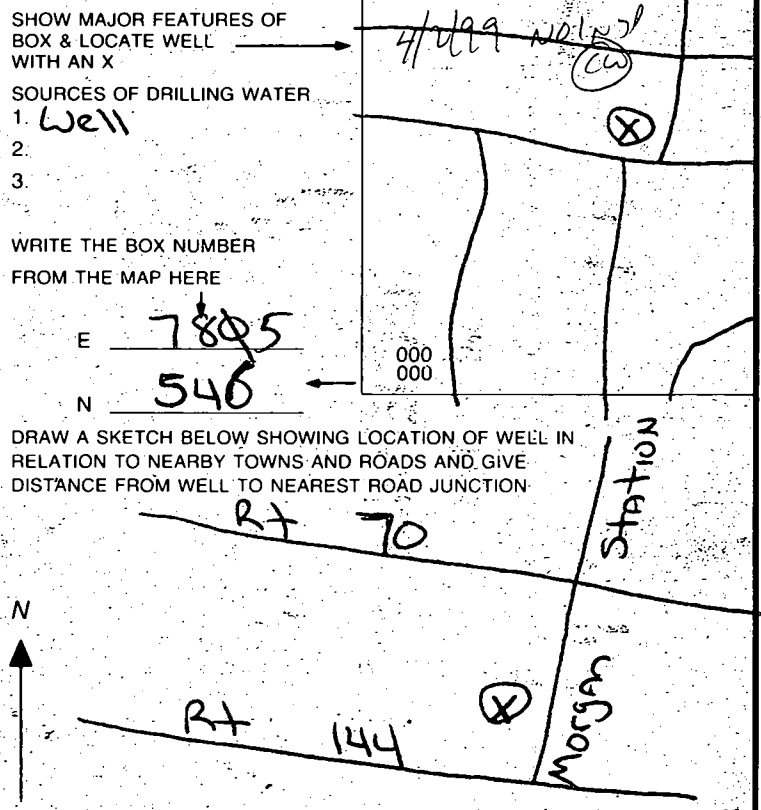
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

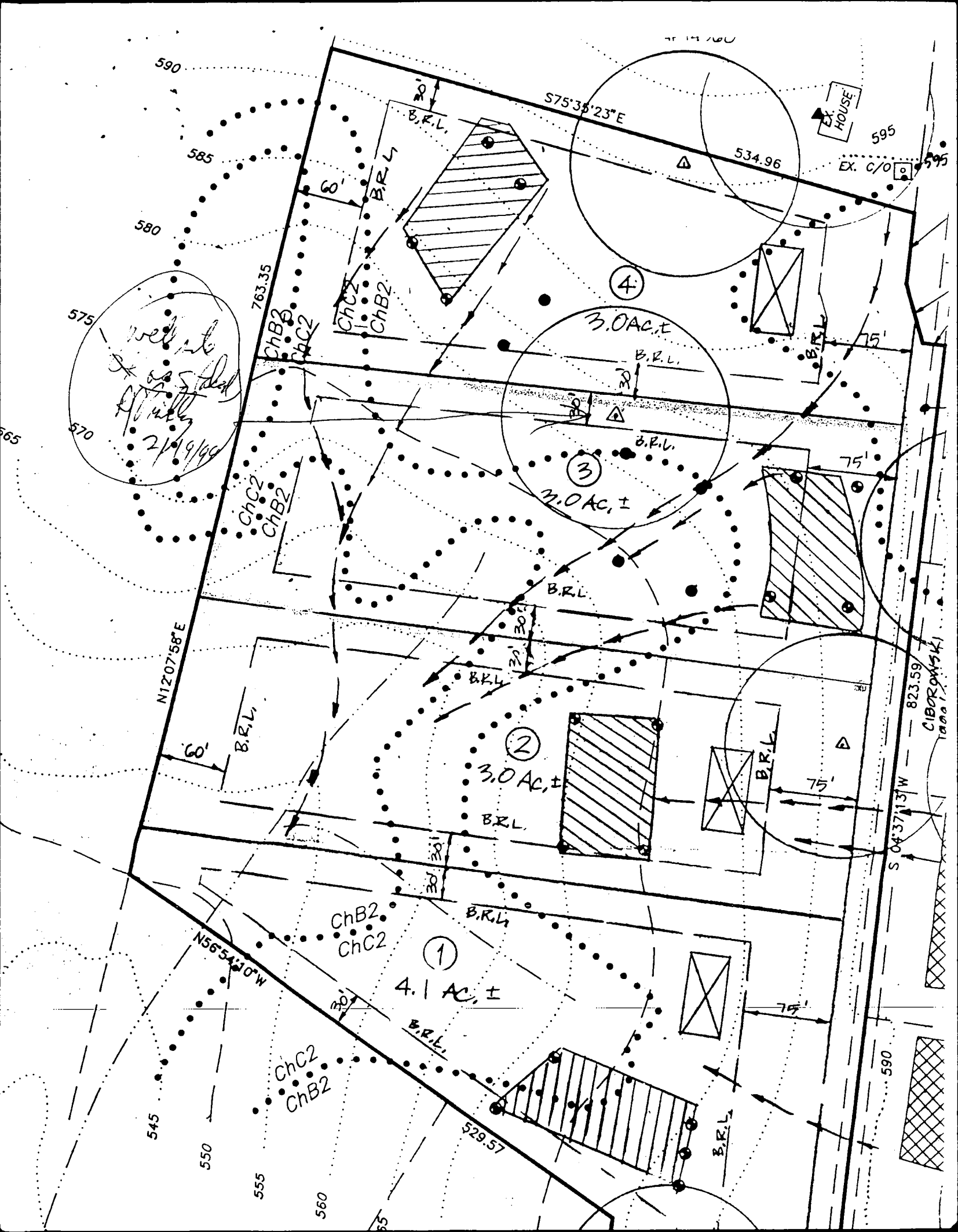
APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_ 54 63

PERMIT No. **HO-94-2142**  
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.





HO-94-2142

\* Sample for  
nitrates if  
possible \*

Relates to well on <sup>lot</sup> 2