

11/16/99
Noon C.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512800

A 512050-B

DISTRICT _____

DATE 11/2/99

DATE SYSTEM APPROVED 11/10/99

INSPECTOR su

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

03-284255
INDEXED

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Roy Emory Property LOT 9 ROAD 12650 Emory Farm Lane

PROPERTY OWNER Carrigan Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

*****NO LOWER ADJUSTMENT OF SEWAGE RESERVE AREA DUE TO SWALE AND STREAM.*****

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

** 1250 gal pump chamber **

LINEAR FEET OF TRENCH REQUIRED 280 ✓

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 75 feet from the front lot line and 30 feet from the left lot line as seen when facing the property from the right-of-way. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK-8/24/99-SRU

PLANS APPROVED BY C. Williams/Mark Rifkin DATE 08/05/1999

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

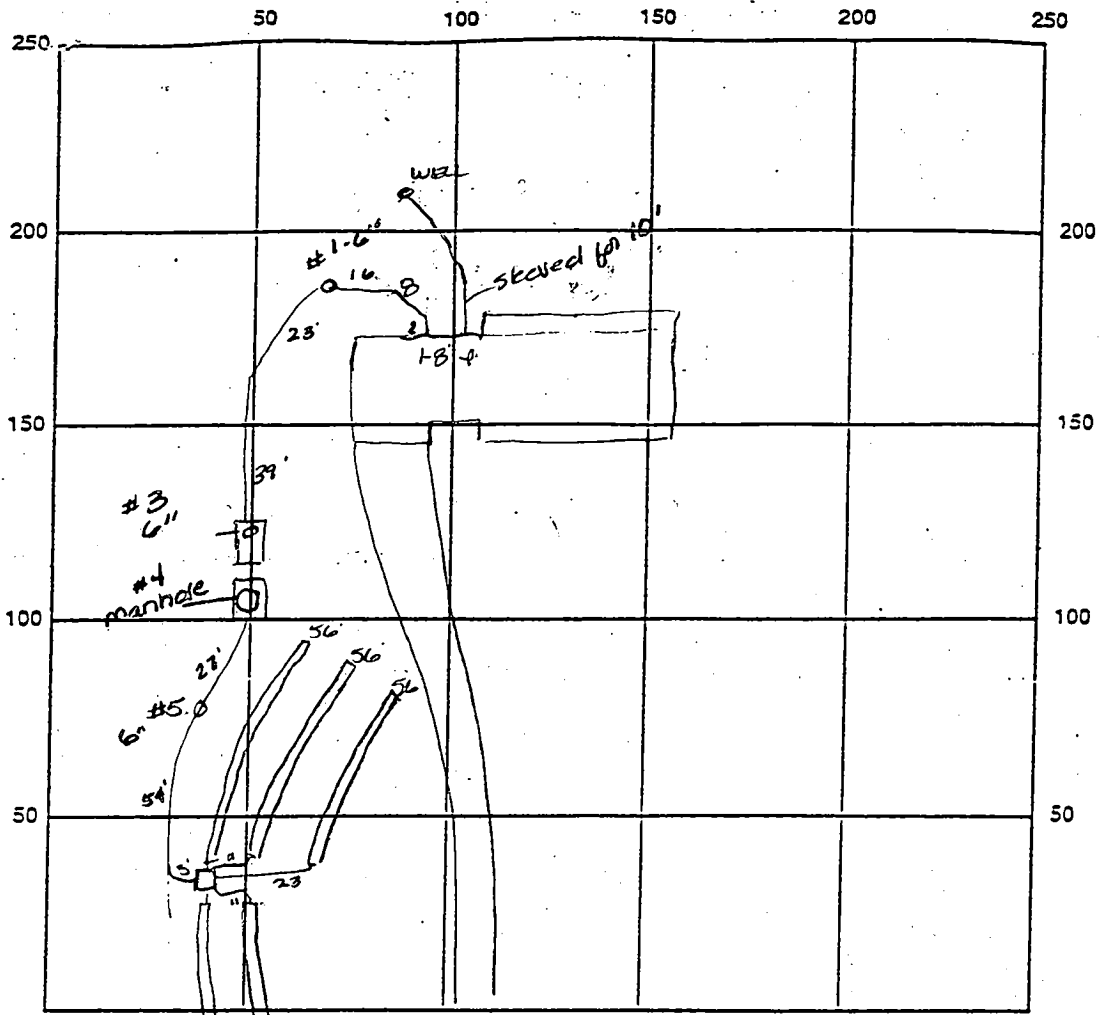
PERMIT VOID AFTER TWO YEARS

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**

A512800



56
280
25
30

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Emory Farm Ln

SEPTIC TANK LEVEL 1250
921
 ST & fut
 pump pit
 DISTRIBUTION BOX LEVEL OK baffles in

CLEANOUTS 5 total - see diagram

DRAIN FIELD TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 280 FT.
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 4.0 FT.
 ABSORBENT AREA — SQ. FT.

356
280
840

REMARKS: 9/8/99 contractor can't make gravity to shown DB location, but by installing
two ST in series he can get to 1st repair by gravity & initial system All
11/10/99 OK to cover all work &

DATE SYSTEM APPROVED 11/10/99 INSPECTOR A. McNeill

HOWARD COUNTY HEALTH DEPARTMENT

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



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

December 29, 1986

Mr. Nicholas E. Donahue
5 Third Avenue
Lansdowne, Maryland 21227

RE: Percolation Testing
Roy E. Emery Property
Lot 9 - Route 32

Dear Mr. Donahue:

Percolation testing conducted November 25, 1986 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site. The location of wells and septic systems on adjacent lots should also be confirmed.

This plat should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

*PLAT RETURNED TO ENGINEER FOR CORRECTION
1/16/87, CW.*

WALL
CHECK OR
W/BP PLAN
MR W/2/99

60' RIGHT OF WAY

EMORY FARM LANE
(PRIVATE ROAD)

PROPERTY OF
MEYER AND GIERL, HEWMAN
LIBER 148, FOLIO 168

SEE
DETAIL

S 32°38'16" E 637.54'

LOT 8E
EMORY PROPERTY
PLAN NO. 4132

LOT 8E
EMORY PROPERTY
PLAN NO. 4132

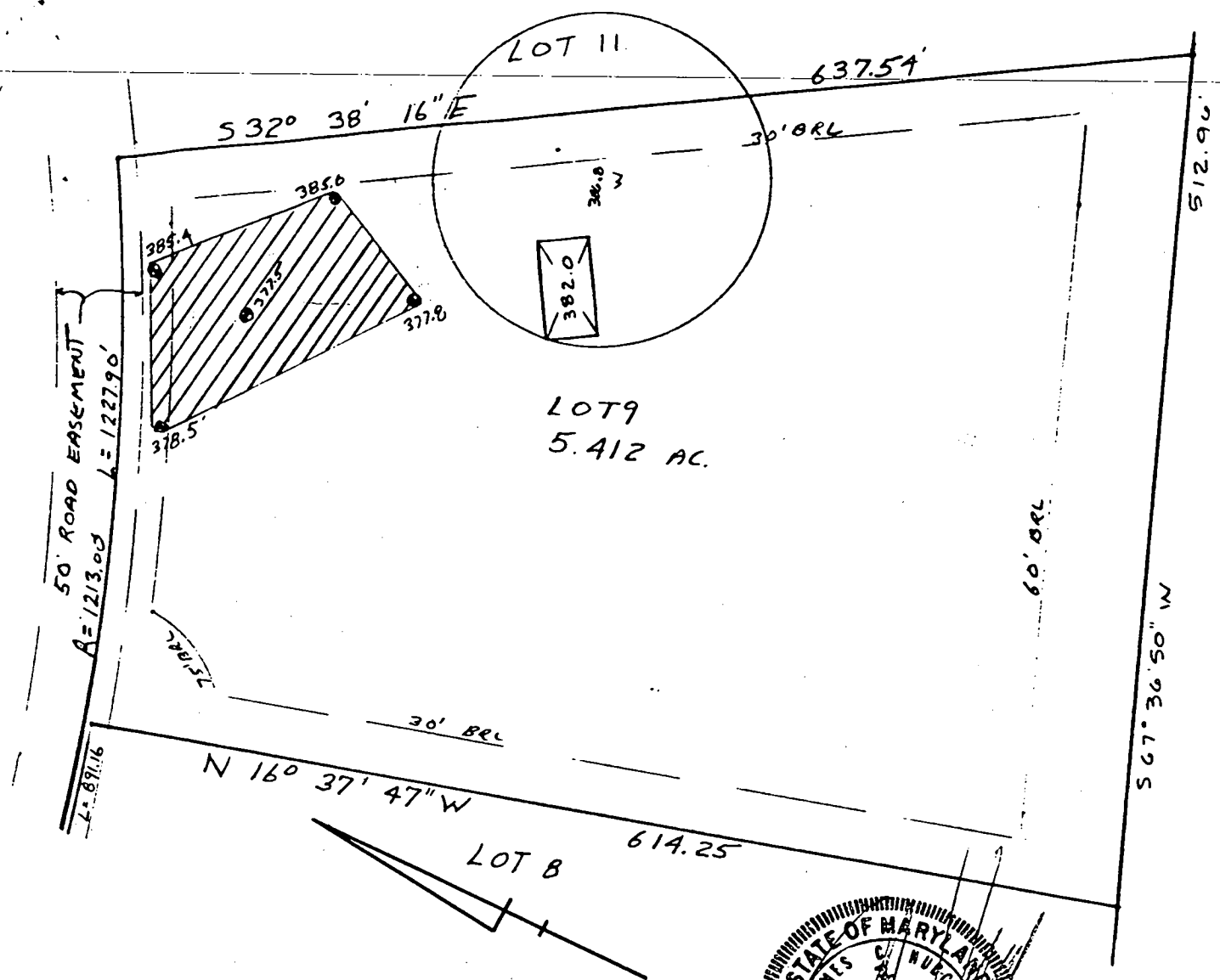
LOT 8G
EMORY PROPERTY
PLAN NO. 4132


N 16°37'47" W 614.25'

PARCEL 186
LOT 9

S 67°36'50" W 512.96'

PROPERTY OF
WILBUR S. ZEPP
LIBER 287, FOLIO 89



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "●".

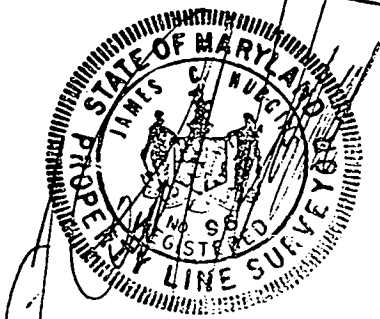
The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

James Boyd
County Health Officer

3-6-87
Date



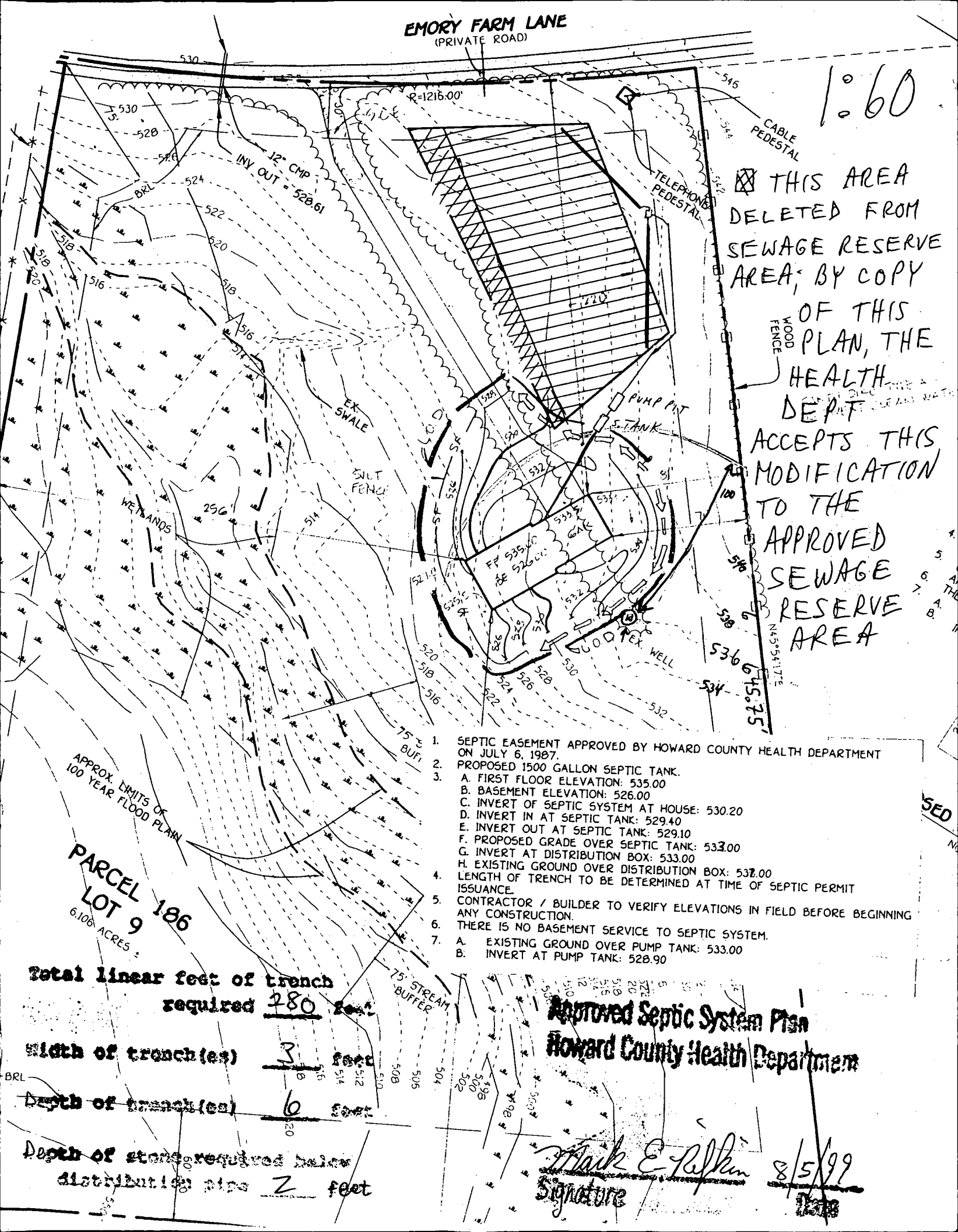
PERCOLATION TEST PLAT
LOT NINE
ROY EMERY PROPERTY
PROPERTY OF
NICHOLAS E. DONAHUE

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 12/21/86

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, MD 21771
(301) 442-2031

EMORY FARM LANE
(PRIVATE ROAD)

1:60



THIS AREA DELETED FROM SEWAGE RESERVE AREA; BY COPY OF THIS PLAN, THE HEALTH DEPT ACCEPTS THIS MODIFICATION TO THE APPROVED SEWAGE RESERVE AREA

1. SEPTIC EASEMENT APPROVED BY HOWARD COUNTY HEALTH DEPARTMENT ON JULY 6, 1987.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 535.00
B. BASEMENT ELEVATION: 526.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 530.20
D. INVERT IN AT SEPTIC TANK: 529.40
E. INVERT OUT AT SEPTIC TANK: 529.10
F. PROPOSED GRADE OVER SEPTIC TANK: 533.00
G. INVERT AT DISTRIBUTION BOX: 533.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 532.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
7. A. EXISTING GROUND OVER PUMP TANK: 533.00
B. INVERT AT PUMP TANK: 528.90

PARCEL 186
LOT 9
6.108 ACRES

Total linear feet of trench required 280 feet

Width of trenches 3 feet

Depth of trenches 6 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark E. Poffen
Signature

8/5/99
Date

TOW. TEL.

Building Address 12650 Emory Farm Lane
2184 Sykesville Md. 21784
 Suite/Apt. #: _____ SDP/W/P/Petition #: N/A
 Census Tract 6030 Subdivision N/A
 Section N/A Area N/A Lot 9
 Tax Map 9 Parcel 186 Grid 18
 Zoning RR-DCU Map Coordinates 5E11 Lot size 6.1A1

Property Owner's Name Carrigan Horco
 Address 4812 Caitlins Ct.
 City Ellicott State MD Zip Code 21042
 Home Phone _____ Work Phone 410-466-7755
 Applicant's Name & Mailing Address, (if other than stated hereon):
cell 410-972-8927
pager 410-748-4789
 Phone _____ Fax _____

Existing Use Empty lot
 Proposed Use new single family home
 Estimated Construction Cost \$ 160,000
 Description of Work To build new single family home 4 BR

Contractor Company Same as Owner
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company Pres. Carrigan Horco

Print Name Dwain J Kelly
 Date 7-8-99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

- AGENCY DATE SIGNATURE APPROVAL
- Land Development, DPZ _____
 - State Highways _____
 - Building Official _____
 - Dev. Engineering, DPZ _____
 - Health 8/5/99 Mark E. Tiffin
 - Fire Protection _____
 - Is Sediment Control approval required prior to issuance?
 YES NO

- DPZ SETBACK INFORMATION
- Front: _____
 - Rear: _____
 - Side: _____
 - Side St: _____
 - All minimum setbacks met? YES NO
 - Is Entrance Permit required? YES NO
 - Historic District? YES NO
 - Lot Coverage for NewTown Zone _____
 - SDP/Red-line approval date _____

PROPERTY ID# 42080

Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>2422</u>
Validation	# <u>23347</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

10/1/86
PAX

11/25/86 pm

APPLICATION

PERCOLATION TESTING

A _____
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 9/02/86

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 Mr. & Mrs. Michols E. Donahue
5 Third Avenue
ADDRESS Lansdowne, Maryland 21227 PHONE 242-3750

PROSPECTIVE BUYER Same As Above
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Roy E. Emery Property LOT NO. 9

ROAD AND DESCRIPTION Route 32

TAX MAP _____ PARCEL # _____

SIZE OF LOT 6.16. Acres TYPE BLDG. 3 or 4 Bedrooms
(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. Olan L. Ketterman
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR TROUBLES DATE 3/6/87

REJECTED BY _____ FOR _____ DATE _____

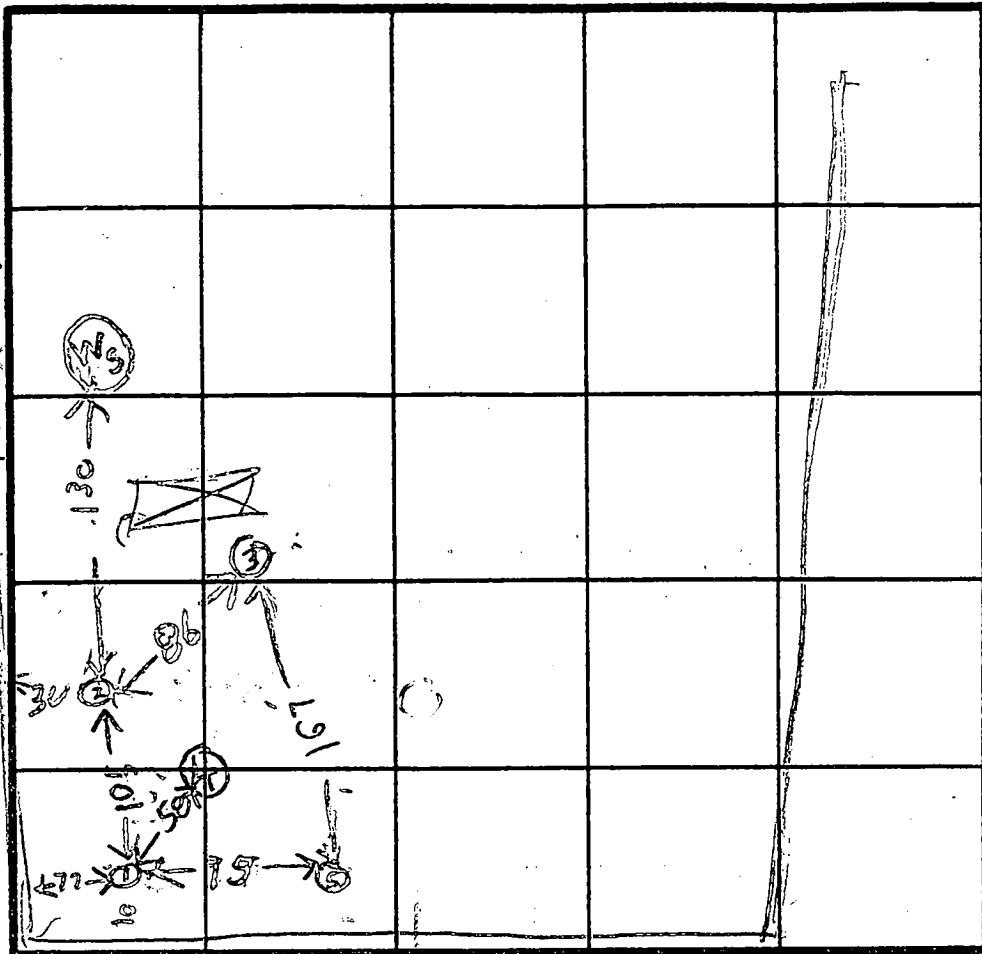
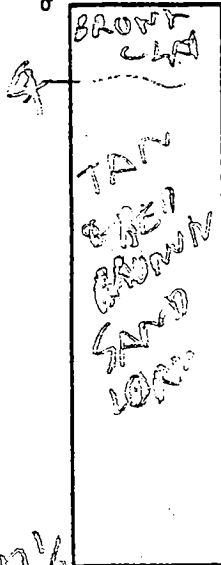
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/25/86 PERC OK HOLD FOR POT R/A

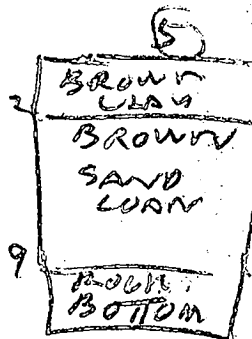
* LOCATION OF SEPTIC ON LOT IT MAY HAVE SOME IMPACT ON POTENTIAL WELL SITE.

THIS IS NOT A PERMIT

SOIL PROFILE

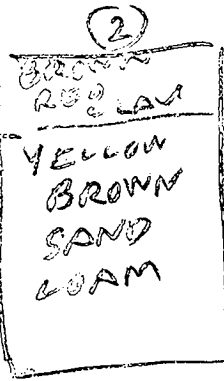


WS-2
WELL SITE



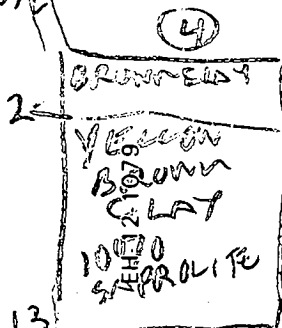
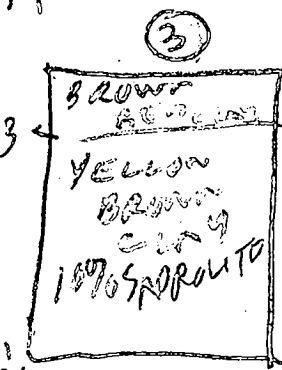
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

R/W



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
01/25/86	1S 1V	5.5 12.5	118 OK	125	125	132	
01/31/86	2S 2V	5 14	120 OK	129	129	138	11
	3S 3V	4.5 13 1/2	140 OK	145	145	153	8
	4V	13	OK				
01/31/86	5S 5V	4 9	156 OK	207	207	221	14

HOLE ELEVATION
 (1) HIGH
 (2) MIDDLE
 (5) LOW



REMARKS RESTRICTED HOUSE & WELL SITE DUE TO SLOPE

TYPE OF SOIL

TESTED BY R. HODGES

ALSO PRESENT O. KETTERMAN & POP

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 J. Jos. Gortland, Inc.

Telephone 410-875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Carrigan Homes, Inc.

Telephone 410-465-7755

Subdivision _____ Lot # 9

Well Tag # _____

Site Address 12650 Emory Farm Lane

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # 7SB05422
- Capacity 7 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Harvard
- Model # PT800
- Depth 42"

Tank

- Capacity 42 gal.
- Pressure relief valve? 7.5 psi

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? No

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: 1/21/00

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

C1 5920

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 A-13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 01/09/95

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0263

OWNER RICHARDSON, JACK last name first name TOWN WEST FRIENDSHIP STREET OR RFD RT 32 SUBDIVISION ROY EMERY PROPERTY SECTION LOT 9

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

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). Includes fields for NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (28). Includes fields for diameter and depth.

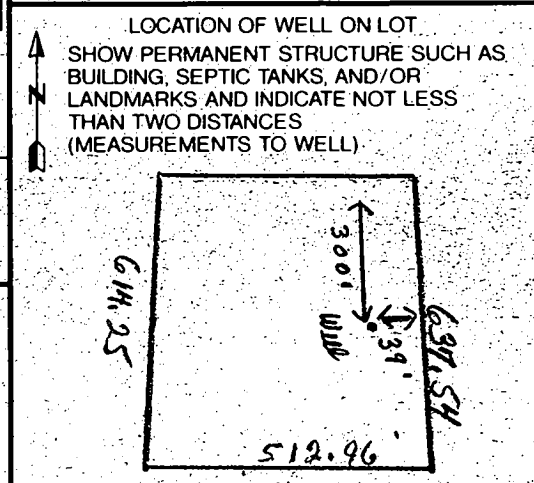
SCREEN RECORD form: screen type (ST), BRONZE (BR), PLASTIC (PL). Includes fields for diameter and slot size.

PUMPING TEST form: HOURS PUMPED (3), PUMPING RATE (5.6), METHOD USED TO MEASURE PUMPING RATE (Bucket). Includes fields for water level and pump type.

PUMP INSTALLED form: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (NO). CIRCLE APPROPRIATE LETTER: A, E, P.

DEPTH (nearest ft.) table with columns 1-21. Includes handwritten entries: H0, 27, 200. Includes fields for SLOT SIZE, DIAMETER OF SCREEN.



I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04. DRILLERS IDENT NO. 24, DRILLERS SIGNATURE Joseph L. Mayne.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT IF IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

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

Well Permit No. HO - 94-0263
 Location of property (road) RT. 3d
 Subdivision ROY EMERY PROPERTY Lot 9 Block - Plat - Sec. -
 Well Driller J. L. MAYNE Owner J. RICHARDSON

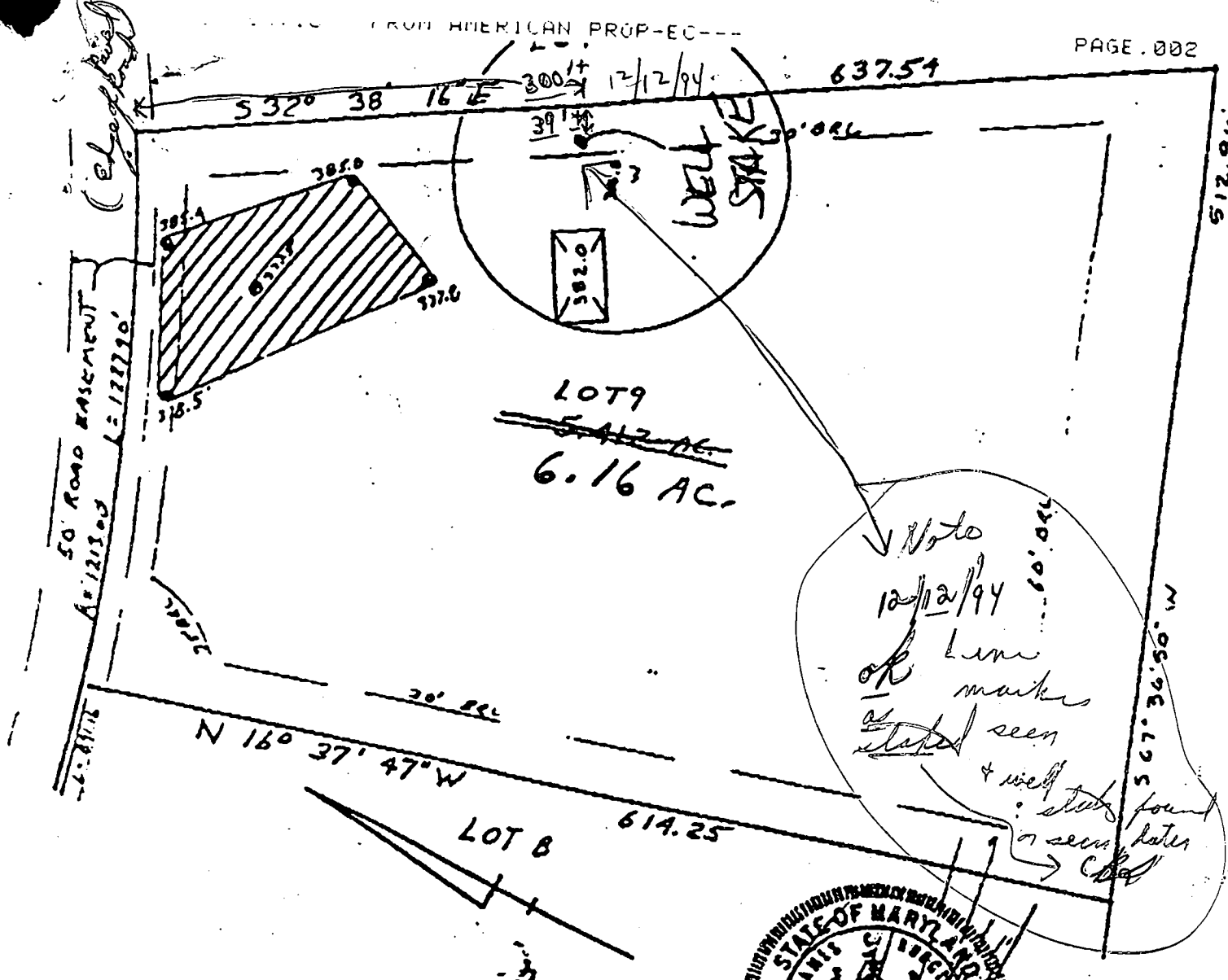
Depth of well 200'
 Distance of measuring point (M.P.) above ground 11'
 Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

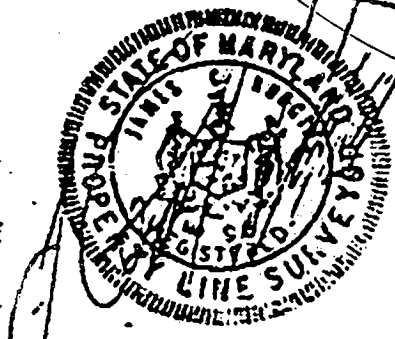
Time pump started 7:00 Pumping rate 15 gpm.
 Total time 15 MIN to reach pumping water level 130' below M.P.

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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	130'	4 sec.	N/A	15 gpm.
7:30	126	4		15 gpm.
7:45	126	11		5.5
8:00	126	11		5.5
8:15	126	11		5.5
8:30	125	11		5.5
8:45	125	11		5.5
9:00	125	11		5.5
9:15	124	11		5.5
9:30	124	11		5.5
9:45	124	11		5.5
10:00	124	11		5.5
10:15	124	11		5.5
10:30	124	11		5.5




Notes
12/12/94
OK line
marks
as stated seen
& well stake found
in survey later
→ CBA



PERCOLATION TEST PLAT
LOT NINE
ROY EMERY PROPERTY
PROPERTY OF
NICHOLAS E. DONAHUE

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 12/21/00


 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement will not be necessary.

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Percolation areas and water wells for adjoining lots have been shown where pertinent.

DIVIDED: For Private Water and Private Sewage Systems


County Health Officer

3-1-11

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, MD 21771
(301) 442-2031

B 1 **5352**

SEQUENCE NO.
(DP USE ONLY)

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

STATE PERMIT NUMBER

H0-94-0263
fill in this form completely

Date Received (APA)

120794

OWNER INFORMATION

RICHARDSON **MA** **JACK**

6020 WILK **GINGER CT**

COLUMBIA **MD 21044**

Town State Zip

B 3

LOCATION OF WELL

HOWARD

ROY EMERY PROP.

WEST FRIENDSHIP

2 1/2 MI

Route 32

DRILLER INFORMATION

MSD/MGD/MWD

Joseph R. Mayne **24**

Joseph R. Mayne Well Drilling

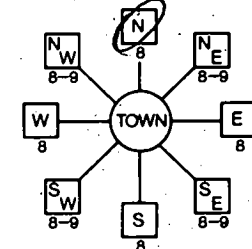
5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph R. Mayne **12/5/94**

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

Route 32

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

660

DISTANCE FROM ROAD

ENTER FT OR MI **7**

TAX MAP: _____ BLK: _____ PARCEL _____

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

A-13

COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S

121294 **Charles Egan** **12/12/95**

NORTH GRID **545000** EAST GRID **0816000**

APPROXIMATE DEPTH OF WELL **280** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY **JETTED** **Jetted & DRIVEN**

CABLE **REVERSE-ROTARY** **DRIVE-POINT**

other **MA**

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)

41

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **CW** WRITE INITIALS IN BOX

PERMIT No. **H0-94-0263**

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. **WELL**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 6

N 540 5

000 000

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

