

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 513203 - B

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X18K0888~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

RPS# 285561

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 1355 Henryton Road

PROPERTY OWNER Jeffrey Bell

ADDRESS _____

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

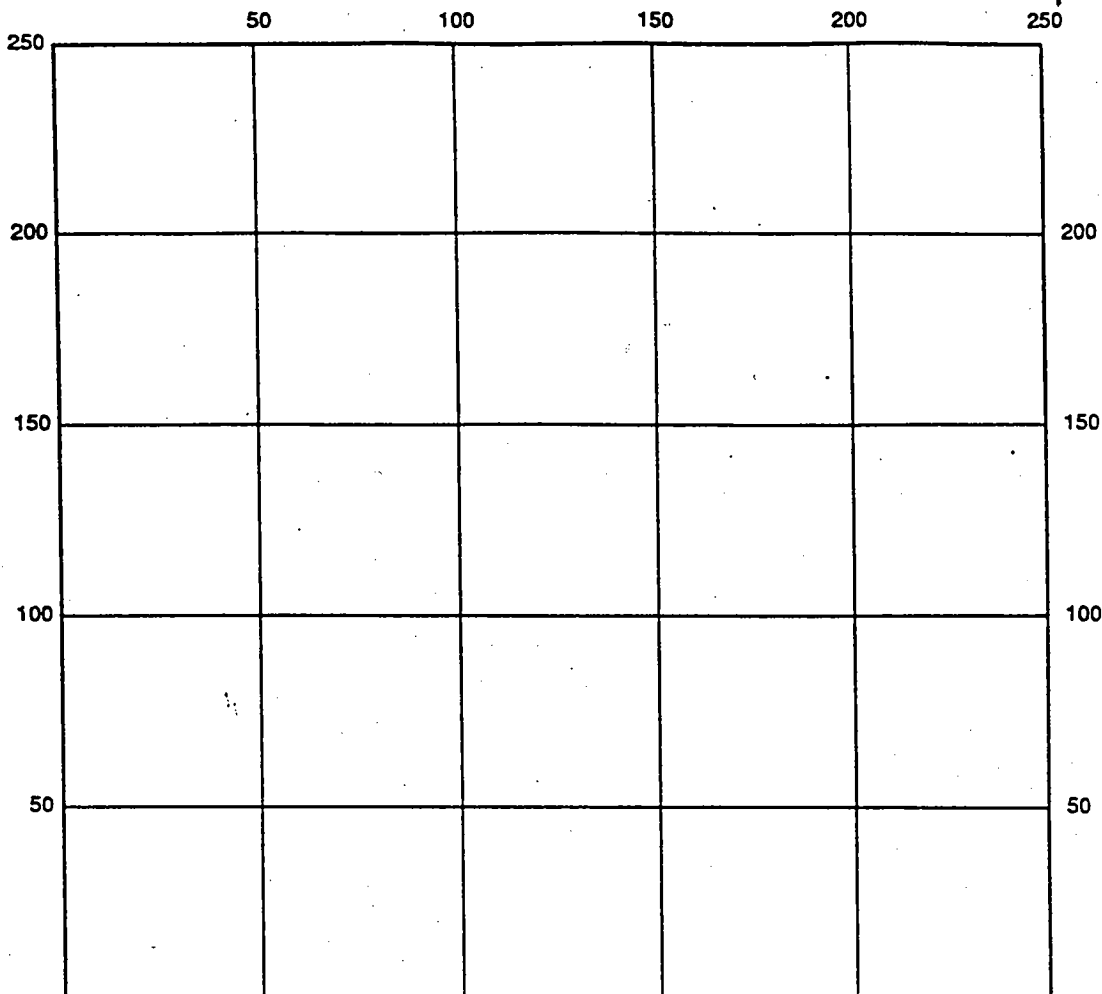
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

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

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Building Address: 1355 Henryton Rd
Marriottsville MD 21104

Suite/Apt # _____ SDP/WP/Petition # _____

Census Tract 6030 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 10 Parcel _____ Grid _____

Zoning _____ Map Coordinates 5610 Lot size _____

Property Owner's Name Jeffrey W. Bell

Address 1355 Henryton Rd

City Marriottsville State MD Zip Code 21104

Home Phone 410-412-5060 Work Phone 410-412-2100

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use _____

Proposed Use St Home
same w/ add

Estimated Construction Cost \$ _____

Description of Work Addition post + Rais
Family Rm 20x12

Contractor Company Clearnet

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>240</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: <u>Shed</u>	
<input type="checkbox"/> State Certified Modular <input checked="" 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 CONTAINED HEREIN IS TRUE AND CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (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 Signature: Jeffrey W. Bell

Title/Company: owner

Print Name: Jeffrey W. Bell

Date: 7-11-99

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	<u>7/11/99</u>	<u>[Signature]</u>
Dev Engineering DPZ		
Health	<u>7/11/99</u>	<u>[Signature]</u>
Fire Protection		

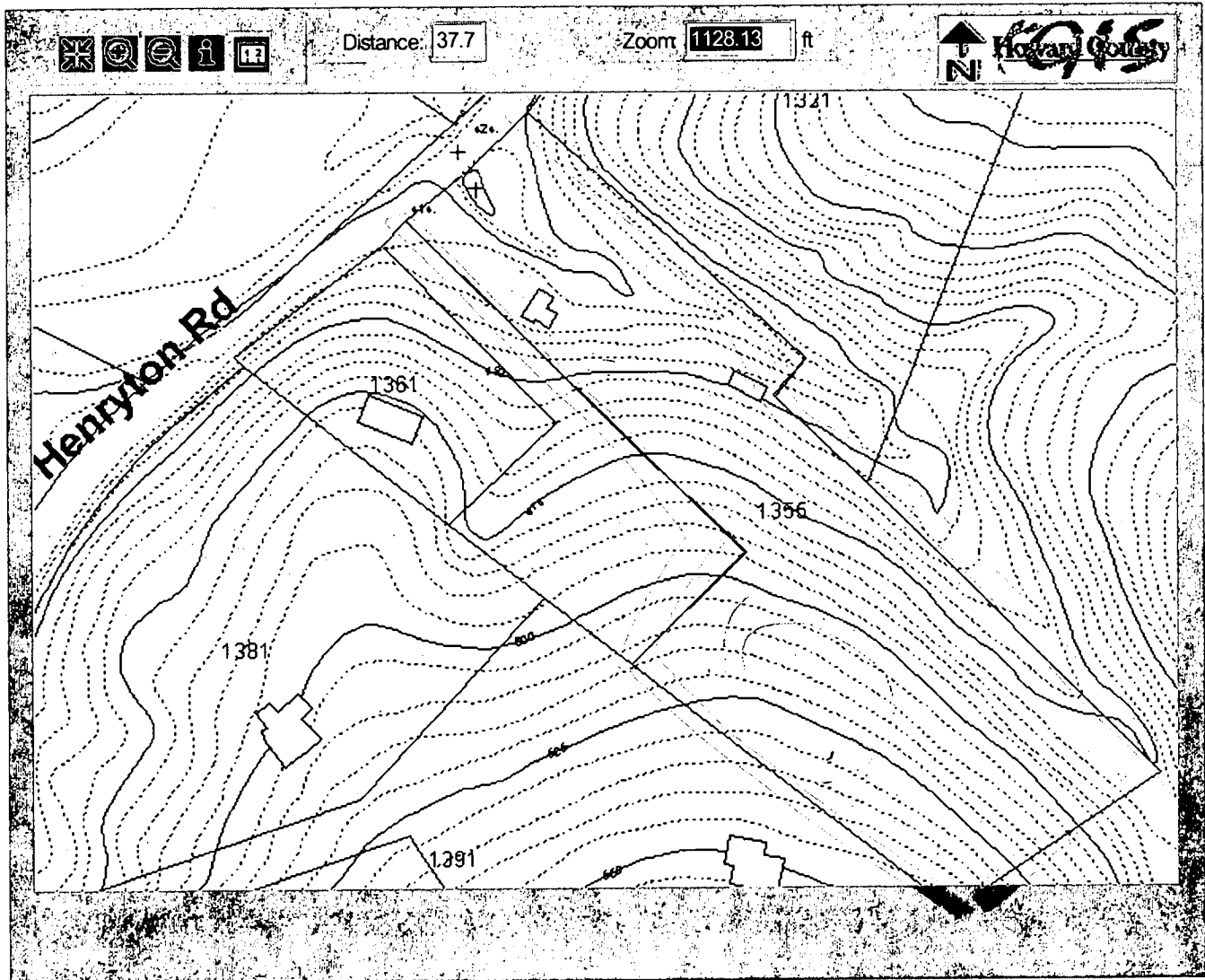
Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>42144</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ <u>25</u>
Side St: _____	Excise tax \$ <u>112</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>242</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2797</u>
Accepted by <u>[Signature]</u>	Validation # <u>23589</u>

Help Me	Map Reset	Zoom Fit	Find Location	Remove Pin	Layer Control	Image Control	Theme Map	Local Print	Print Layout	Email Map	Map Exit



Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information contained herein or derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this map. There are no oral agreements or warranties relating to this sale and/or use of this map.

Monday, June 14 2004 | 5:06:18 PM | @921

Map Legends

- County Line
- Property Line
- House Driveway
- Contour Lines 400
- Contour Label 401
- Spot Elev.

Property Information

- Property Boundary

Contacts: John Bussiere (x3044) Virginia Peterman (x3659) Yut Phasukyued (x3093) Robert Slivinsky (x3094)

8/11/72

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELICOTT CITY
DISTRICT
DATE

IS PERMITTED TO INSTALL

ADDRESS 8255 N. JESSIE ST., ELICOTT CITY, MD.

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 1355 HERRYTON RD. LOT

PROPERTY OWNER Mrs. Joan Dorsey JOAN DORSEY

ADDRESS 1355 Herryton Road, ELLICOTT CITY, MD. MARRIOTTSVILLE 21104

SPECIFICATIONS

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY GALLONS GRA. TINS

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

OTHER REPAIR - Call for inspection when ground is opened up and

will recommend repair system. 8/8/72 - Rep ditch 50' long

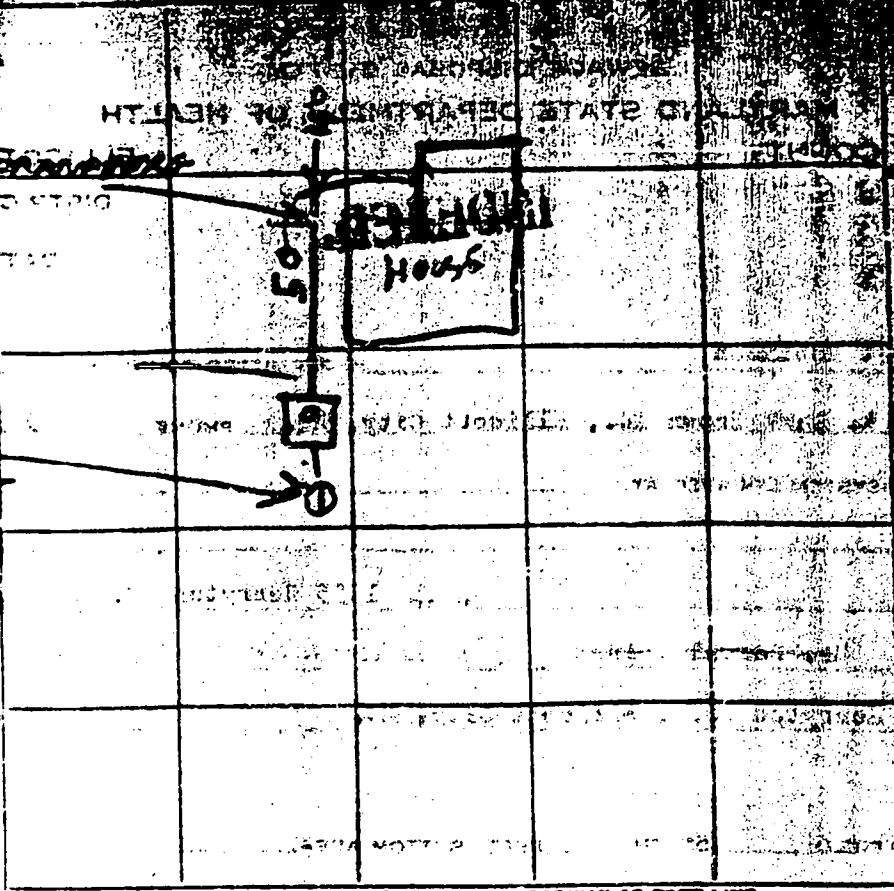
7' 7" deep filled with 3-4" of stone. Run ditch off septic tank. Two inspection holes for ditch.

PLANS APPROVED BY Palmer P. King DATE 8/8/72

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

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

8/17/72



PERMIT CARD

SEPTIC TANK LEVEL OK concrete Top CLEANOUTS 2x2 1/2

DISTRIBUTION BOX LEVEL 1/2 FT. below grade

TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: House 6 FT deep all Sand - Orangeburg house
sewer must be replaced with cast iron house sewer
7 1/2 FT. cast iron Not necessary unless there is a problem
but joint in Orangeburg must be sealed with Pitch & H.

8-11-72 gravel installed ok to cover

DATE SYSTEM APPROVED 8-11-72 INSPECTOR Lammell

(THIS NUMBER IS TO BE PUNCHED IN CIRCLE 28 ON ALL CARDS)
 DEPTH TO NEAREST FOOT: 300
 PERMIT NO. 15-210-1022

DATE RECEIVED: [] [] [] [] [] []
 DATE WELL COMPLETED: 2/17/72
 DEPTH OF WELL (TO NEAREST FOOT): 300
 FROM PERMIT TO DRILL WELL: 15-210-1022

OWNER: GAINES Sam
 STREET OR RFD: 135 HEATLEYTON ROAD
 SUBDIVISION: MAP 10 Q3 P. 61 SECTION: LOT: TOWNSHIP: MARRISTONVILLE

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	
Top Soil	0	2	
Clay	2	4	
Shale	4	12	
Sand Stone	12	35	
Mica	35	42	
Sand Stone	42	44	✓
Mica	44	300	

Could not 3/4 HP 220V

ROUTINE RECORDS
 WELL HAS BEEN GRouted (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
 CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 2 NO. OF POUNDS: 200

GALLONS OF WATER: 40

DEPTH OF GROUT SEAL (NO NEAREST FOOT)
 from [] [] [] [] [] [] ft to [] [] [] [] [] [] ft
 (enter 0 if from surface)

CASING RECORD
 casing type: ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE: ST CO PL OT

Nominal diameter top (main) casing (nearest inch): 6
 Total depth of casing (nearest foot): 47

DISBURSMENT
 HOURS PUMPED (nearest hour): 31

PUMPING RATE (GAL. PER MIN. TO NEAREST GAL.)
 METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING: 75
 WHEN PUMPING: 355

TYPE OF PUMP USED (for test)
 A Air P Piston T Turbine
 C Centrifugal R Rotary O Other (describe below)
 J Jet S Submersible

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

SCREEN RECORD
 screen type of open hole: ST STEEL BR BRASS PL PLASTIC HO HOLE OPEN OT OTHER

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (circle YES or NO) 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)

CIRCLE APPROPRIATE LETTER
 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 117.13 "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.: 4

DRILLERS SIGNATURE: [Signature]

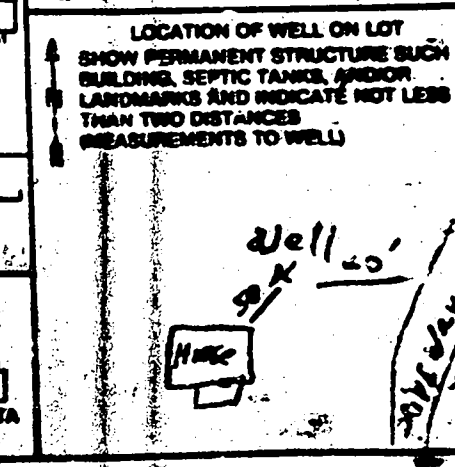
SITE SUPERVISOR (sign. of driller or town/city engineer responsible for all work if different from permittee): [Signature]

DEPTH (nearest ft.):
 1: 27 300
 2: [] [] [] [] [] []
 3: [] [] [] [] [] []

SLOT SIZE: [] [] [] [] [] []
 DIAMETER OF SCREEN: [] [] [] [] [] [] (NEAREST INCH)

GRAVEL PACK: from [] [] [] [] [] [] to [] [] [] [] [] []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (L.O.S.) WO (2, 3, 4)
 TELESCOPE CASING LOG INDICATOR OTHER DATA



June 14, 2004

TO: File
1355 Henryton Road

FROM: Mark Rifkin
Well and Septic Program

RE: Possible House Replacement

T/C from potential buyer re: potential for house replacement. I advised her ex. s.s. probably suspect for water table due to surrounding topo and landscape position. Best perc site to the right and about halfway back on parcel. Slopes to left and further to rear dominated by steep and semi-steep slopes and likely rock. Submit plan, show ex house/well/septic, proposed house/well/septic and adjacent wells and septic for small 1A parcel in front and 1391 Henryton Rd to right. Ex. well could be maintained, subject to yield test.

MR
cc: File

app. 8-11-72 13

8/8/72
8/11/72

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 8/8/72

INDEXED

Ernest Robinson IS PERMITTED TO INSTALL ALTER

ADDRESS 8255 N. Lark Brown Rd., Ellicott City, Md. PHONE 465-7369

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 1355 Henryton Rd. LOT _____

PROPERTY OWNER Mr. Samuel Gaines JOAN DORSEY

ADDRESS 1355 Henryton Road, Ellicott City, Md. MARRIOTTVILLE 21104

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - Call for inspection when ground is opened up and Sanitarian

will recommend repair system. 8/8/72 - Deep Ditch 50' long 2' wide
7' 1' deep filled with 3-4' of stone. Run ditch side
off septic tank. Two inspections needed
for ditch.

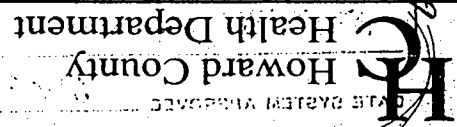
PLANS APPROVED BY Palmer F. Wine DATE 8/8/72

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

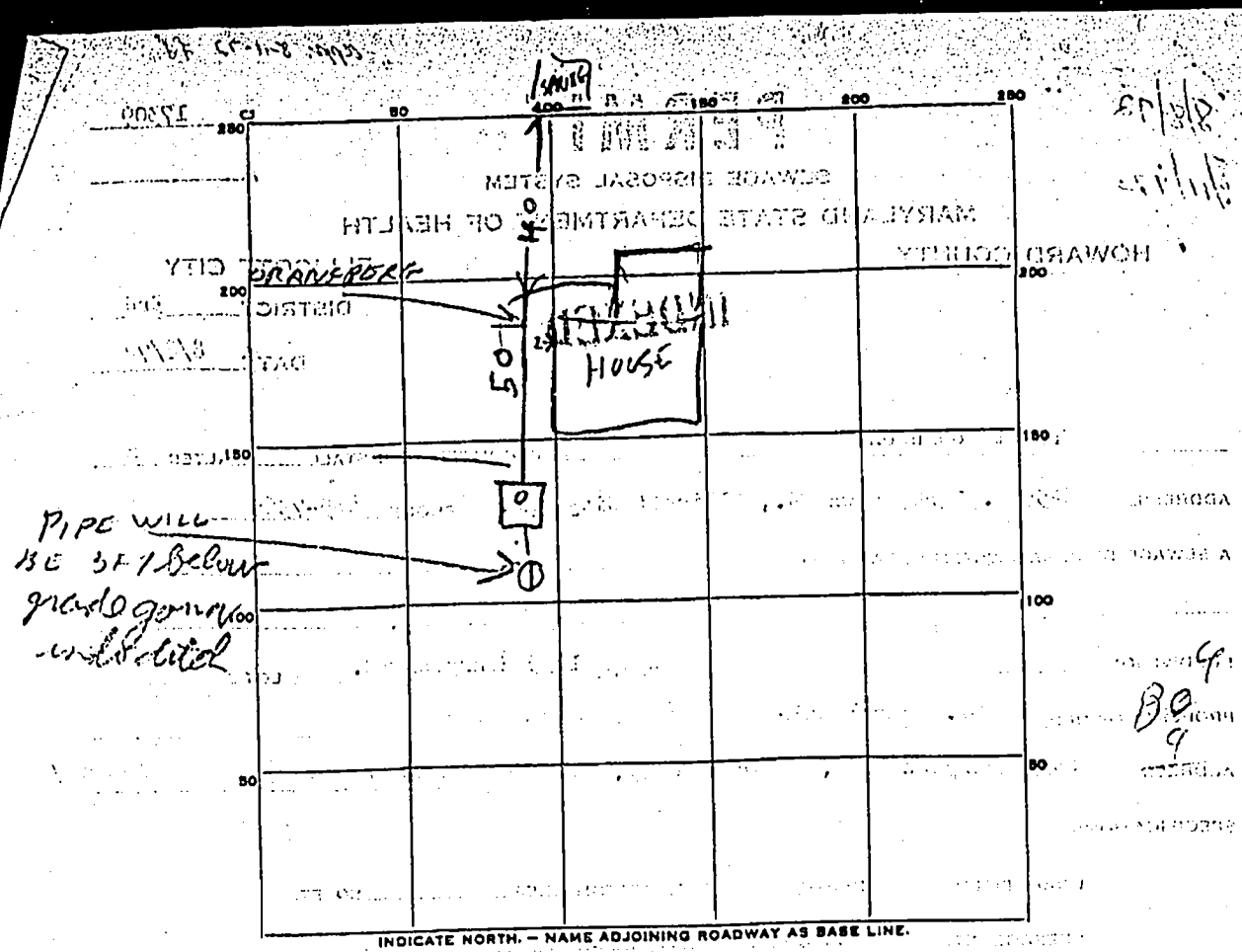
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

Penny E. Borenstein, M.D., M.P.H., Health Officer

7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org



17309



PERMIT CARD _____

SEPTIC TANK, LEVEL OK concrete Top CLEANOUTS OK

DISTRIBUTION BOX, LEVEL 1/2 ft. below grade

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Hand ① 6 ft deep all sand - Orangeberg house sewer must be replaced with cast iron house sewer
8-11-72 FF said Cast Iron Not Necessary since this is repair job but joints in Orangeberg must be sealed with Pitch & H.
8-11-72 gravel installed ok to crew

DATE SYSTEM APPROVED 8-11-72 INSPECTOR Leonell

C1 3817 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 P 17309

DATE RECEIVED [] [] [] [] [] []
 DATE WELL COMPLETED 04/1/82

Depth of Well 300 (TO NEAREST FOOT) 54-82

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1872

OWNER GAINES STREET OR RFD 13 HENRYTON ROAD TOWN MARRIOTTVILLE
 SUBDIVISION MAP 10 58 P.161 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	
TOP Soil	0	2	
Clay	2	4	
Shale	4	12	
Sand Stone	12	35	
Mica	35	42	
Sand Stone	42	44	✓
Mica	44	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 40 NO. OF POUNDS 400
 GALLONS OF WATER 40
 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 0

CASING RECORD
 MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 47

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

SCREEN RECORD
 screen type or open hole ST BR HO
 STEEL BRASS OPEN HOLE
 BRONZE PL OT
 PLASTIC OTHER

DEPTH (nearest ft.)
 1 40 2 29 3 500
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN 1 2 3 (NEAREST INCH)

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.)
 MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 40
 WHEN PUMPING 300
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 TYPE OF PUMP INSTALLED
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 35
 PUMP HORSE POWER 37
 PUMP COLUMN LENGTH (nearest ft.) 43
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

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 10.17.13 "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.

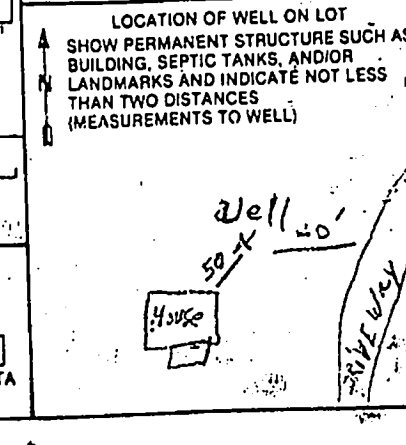
DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 Charles R. Phillips

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) 70 72 WO 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
December 4, 1989

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Mrs. Joan Dorsey
1355 Henryton Road
Marriottsville, Maryland 21104

RE: Replacement Well
1355 Henryton Road
Well Permit No. HO-81-1872

Dear Mrs. Dorsey:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1872

November 27, 1989
Date of Final Sampling

December 4, 1989
Date of Acceptance

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
June 19, 1989
November 27, 1989

CS:cm

Bureau of Environmental Health
3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955