

6/2/00 3pm CO
6/1/00 ASAP CO

8/1/00
House Connection
Anytime

[Handwritten initials]

PERMIT

Madeline Conner

SEWAGE DISPOSAL SYSTEM

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

P 513606
A 514287

ISSUE DATE 5/24/2000

APPROVAL DATE 8/11/00

INDEXED

RPS# 410614

NU-Homes, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 10630 Little Patuxent Pkwy, #146 Columbia, MD 21044 PHONE 410-730-2011

SUBDIVISION Reich's Ridge LOT NUMBER 3 ADDRESS 14125 Howard Road

PROPERTY OWNER NU-Homes, Inc. PROPERTY OWNER'S ADDRESS 10630 Little Patx. Pkwy.

SEPTIC TANK CAPACITY 1250 GALLONS *CONTRACTOR TO SCHEDULE A PRE-CONSTRUCTION

PUMP CHAMBER CAPACITY N/A GALLONS INSPECTION PRIOR TO BEGINNING ANY WORK*

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 240

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES: Trenches to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: ~~Place the distribution box at the midpoint of the highest edge of the recorded sewage disposal easement.~~ This location will be approximately 345 feet from the front lot line and 140 feet from the bend in the left lot line. Run trenches on contour, ~~in both directions.~~ 5/23/00 OK ALL towards the 180.00' lot line

Ammended 6/1/00 (SRK)

PLANS APPROVED Craig Williams DATE

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

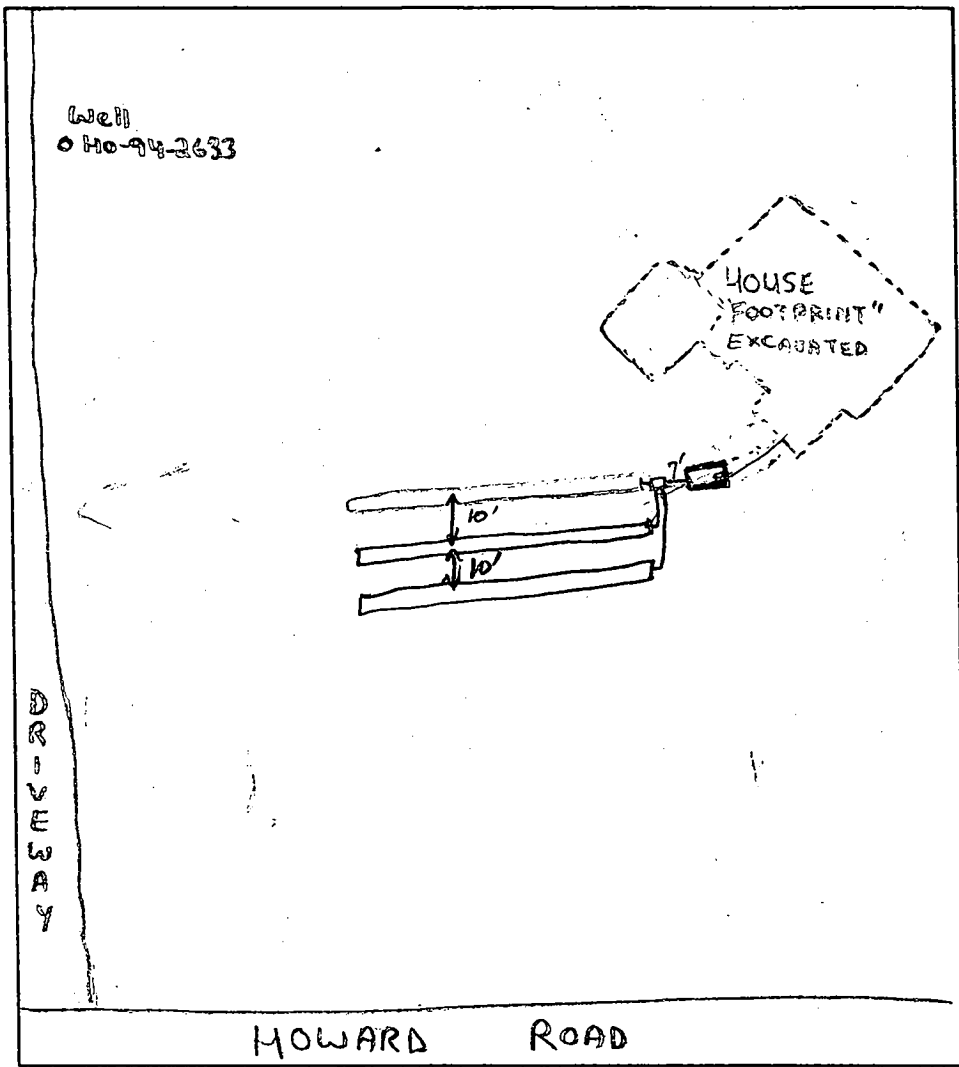
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

AS14287

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2'
 TRENCH BOTTOM DEPTH 4'
 DEPTH OF STONE 28"
 NUMBER OF TRENCHES 3
3x10' each
 TOTAL TRENCH LENGTH 324
 ABSORBENT AREA 963
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX Rock

SEPTIC TANK DATA

SEPTIC TANK 1500 M.S. GALLONS
 BAFFLES IN MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

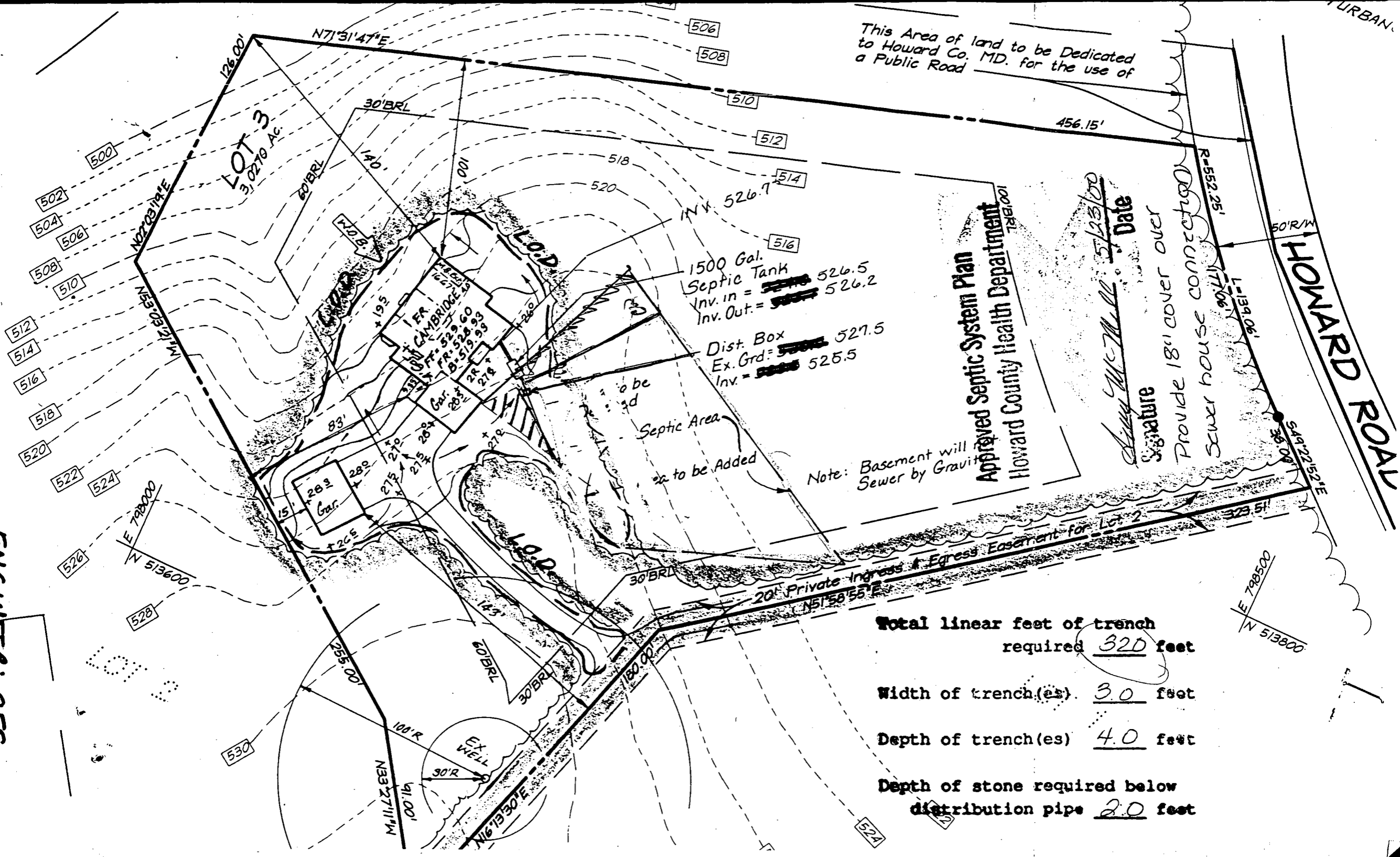
PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 6/1/00 - OK TO FINISH AND COVER MIDDLE OF TRENCH ① & STONE AND PAPER NEXT TWO TRENCHES, TRENCHES 7' ETC TO CONSERVE SEPTIC AREA - (SRU)
All trenches & dist box & ST. OK to cover. Needs House Connection 5/2/00 PJP
HOUSE CONNECTION COMPLETE. 8/4/00 CW

INSPECTOR 8/1/00 DATE SYSTEM APPROVED CW

ENGINEER: CES



This Area of land to be Dedicated to Howard Co. MD. for the use of a Public Road

LOT 3
3,027.0 AC

Approved Septic System Plan
Howard County Health Department

David McMillan
Signature
Date 5/23/00

Provide 18" cover over
Distribution house drains

1500 Gal. Septic Tank
Inv. In = ~~526.5~~ 526.5
Inv. Out = ~~526.2~~ 526.2

Dist. Box
Ex. Grd = ~~527.5~~ 527.5
Inv. = ~~525.5~~ 525.5

Note: Basement will
Sewer by Gravity

Total linear feet of trench
required 320 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below
distribution pipe 2.0 feet

HOWARD ROAD

TURBAN

8/30/00

THIS HAS BEEN
SUSPENDED
FORM FOR YOUR
RECORDS!
THANKS!

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: ROBERT L. FEEZER CO INC Telephone #: 410-781-4656
Address: 6321 BALDWIN AVE
SYDNEY 21784

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

Name (Print): ROBERT L. FEEZER License# 2122

*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: NU - HOMES, INC. Telephone #: 410-730-2100
Subdivision: REAR RIDGE Lot #: 3 Well Tag #: HO-94-2682
Site Address: 4125 HOWARD ROAD
DAYTON, MD 21036

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STANITE Make: NAVAL Two piece watertight cap: YES
Model #: SPUD02HL-03 Model#: PTP00 Screened, vented well cap: YES
Pump Capacity 5 GPM Depth: 42' (36" min) Cap secured to casing: YES
Well Yield: 2 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 36' (feet) Conduit secured to well cap: YES
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 YES

Piping to house House Connection
Type: 1/2" HDPE PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 8'
Depth of supply line: 42' (36" min) Sleeve caulked and sealed properly: YES

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.

Robert L. Fezer Signature of company representative responsible for installation
date 8/30/2000

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

Date Insp. Requested: 8/11 & 8/30 Date Insp. Approved: 8/30/00 (BB)
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 ✓
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 ✓
Adequate grout observed below pitless adapter ✓

APPLICATION

PERCOLATION TESTING

A 15131
P _____

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

DISTRICT _____

DATE _____

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 BRUNO BEICH

ADDRESS 14189 HOWARD RD PHONE 596 9182
DAYTON MD 21036

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION REICH'S RIDGE LOT NO. LOT 2
PARCELA

ROAD AND DESCRIPTION HOWARD RD.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 5 AC TYPE BLDG SFD
(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.

APPROVED BY _____ FOR _____ DATE _____
F 89-89 SIGNED 3/20/89 (SIGNATURE OF APPLICANT)

REJECTED BY _____ FOR _____ DATE _____

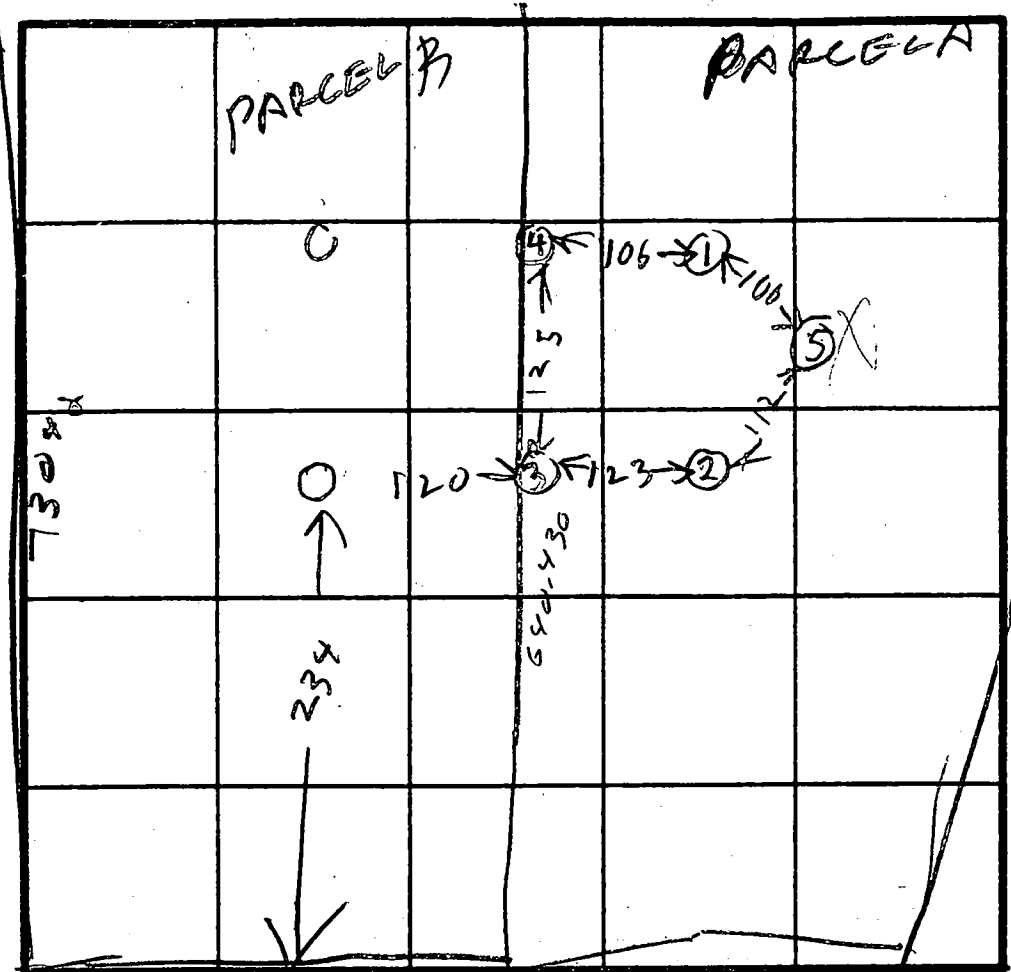
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/18/88 PERC OK HOLD FOR PLAT

HD-216
[Signature]

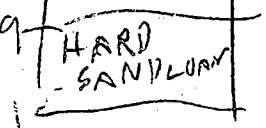
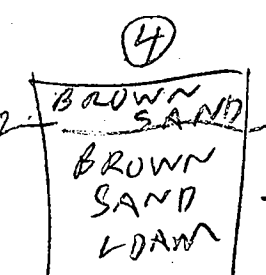
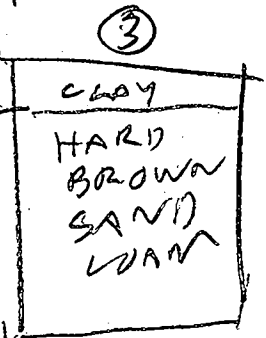
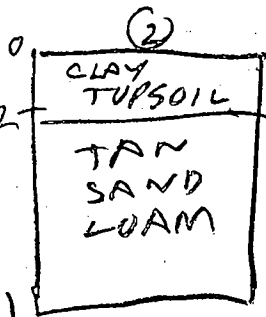
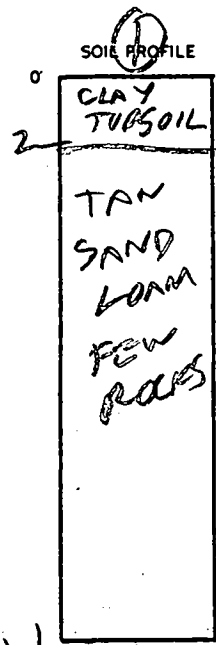
THIS IS NOT A PERMIT

SEE
PLAN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOWARD RD



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/20/88	3S	3	1029	1036	1030	1036	6	ON LINE HOLE LOT A & LOT B
	3D	6.5	1029	1030	1030	1036	6	
	3V	11	OK					ON LINE HOLE LOT A & LOT B
	4S	30	1040	1041	1041	1043		
	4V	6.5	1044	1052	1058	1023	3	
	4V	11	OK					
	1S	3	130	144	144	200	16	
	1D	7	130	133	133	144	11	
	1V	11	OK					
	2S	3	145	145	145	149	4	
	2D	7	141	148	148	159	11	
	2V	11						
7/20/88	5V	7	UNSAT CLAY					FAIL

REMARKS _____

TYPE OF SOIL _____

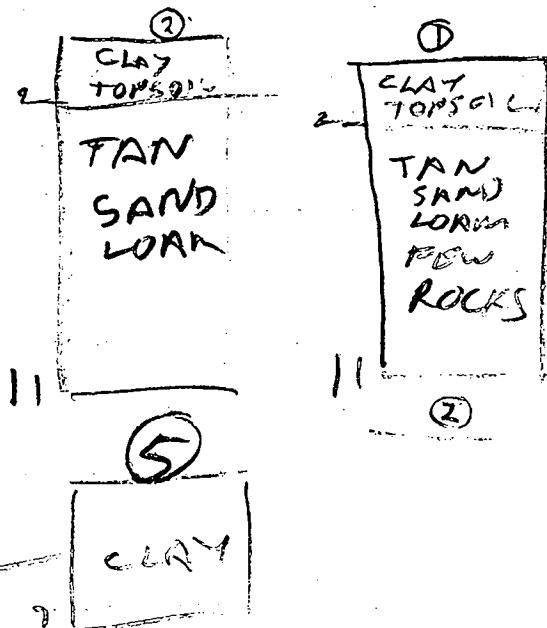
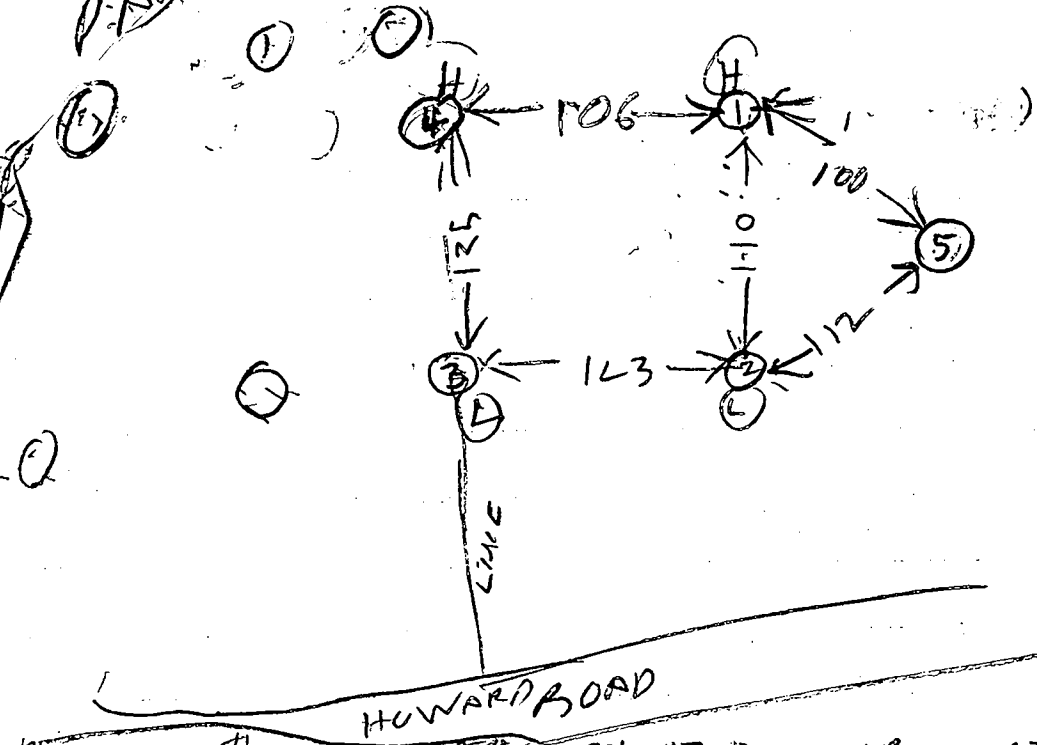
TESTED BY R. Hodges

BARTH Boekhe
ALSO PRESENT
BRUNO REICH
DENNIS REICH

1KA THOMAS THOMPSON PROP
 PARCELA A
 HOWARD RD 110
 BRUND REICH
 NEW OWNER 4)
 167 123

PARCELA

PARCELA B



DATE	#	DEPTH	START	STOP	START	STOP		ON LINE
7/20/88	3S	3	1029	1030	1030	1036	6	ON LINE
	3D	6.5	1029	1030	1030	1036	6	ON LINE
	3V	OK						
	4S	30	1040	1041	1047	1053	6	ON LINE
	4D	6.5	1044	1058	1058	1023	25	ON LINE
	4V	11	OK					
	1S	3	130	144	144	200	16	
	1D	7	137	133	133	144	11	
	1V	11	OK					
	2S	3	143	145	145	149	4	
	2D	7	141	142	148	159	11	
	2V	11	OK					
	5V	7	CLAY					

Test By R. Hodges

also print R. Barth Backhoe
 owner Bruno Reich
 Dennis Reich

APPLICATION

A 15131

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/16/70

~~NOT PART OF LOT 3 REICH'S RIDGE.
SUCCESSFUL TESTS DIFFERENT LOCATION AY6559~~

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 Kathryn E. Thompson property

Any questions call:

ADDRESS _____ PHONE Louise Adams

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Howard Road - off Ten Oaks Rd. & Linthicum Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 20.00 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Family Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Louise Adams

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

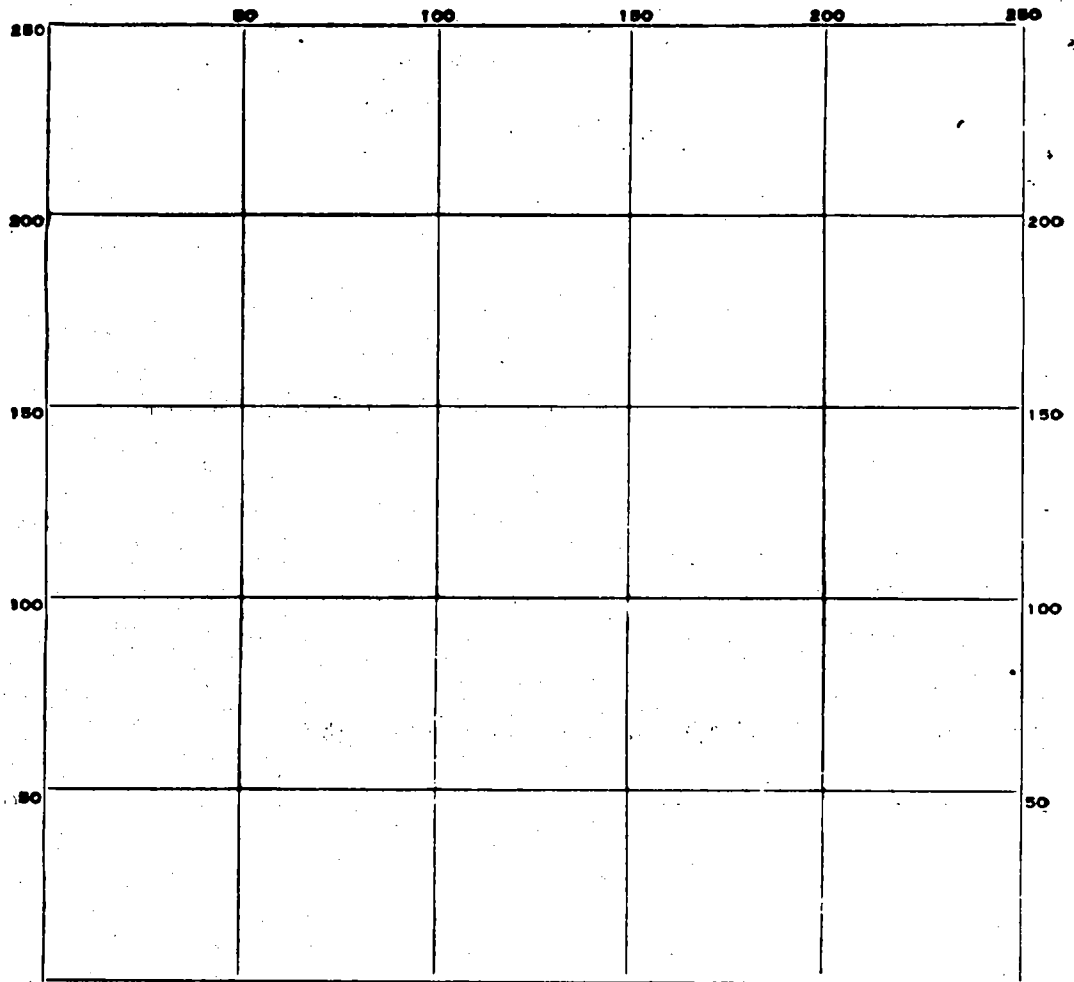
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/10/70 ground muddy, could not get

backhoe up hill. Jtm

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

SOIL AUGER FINDING _____

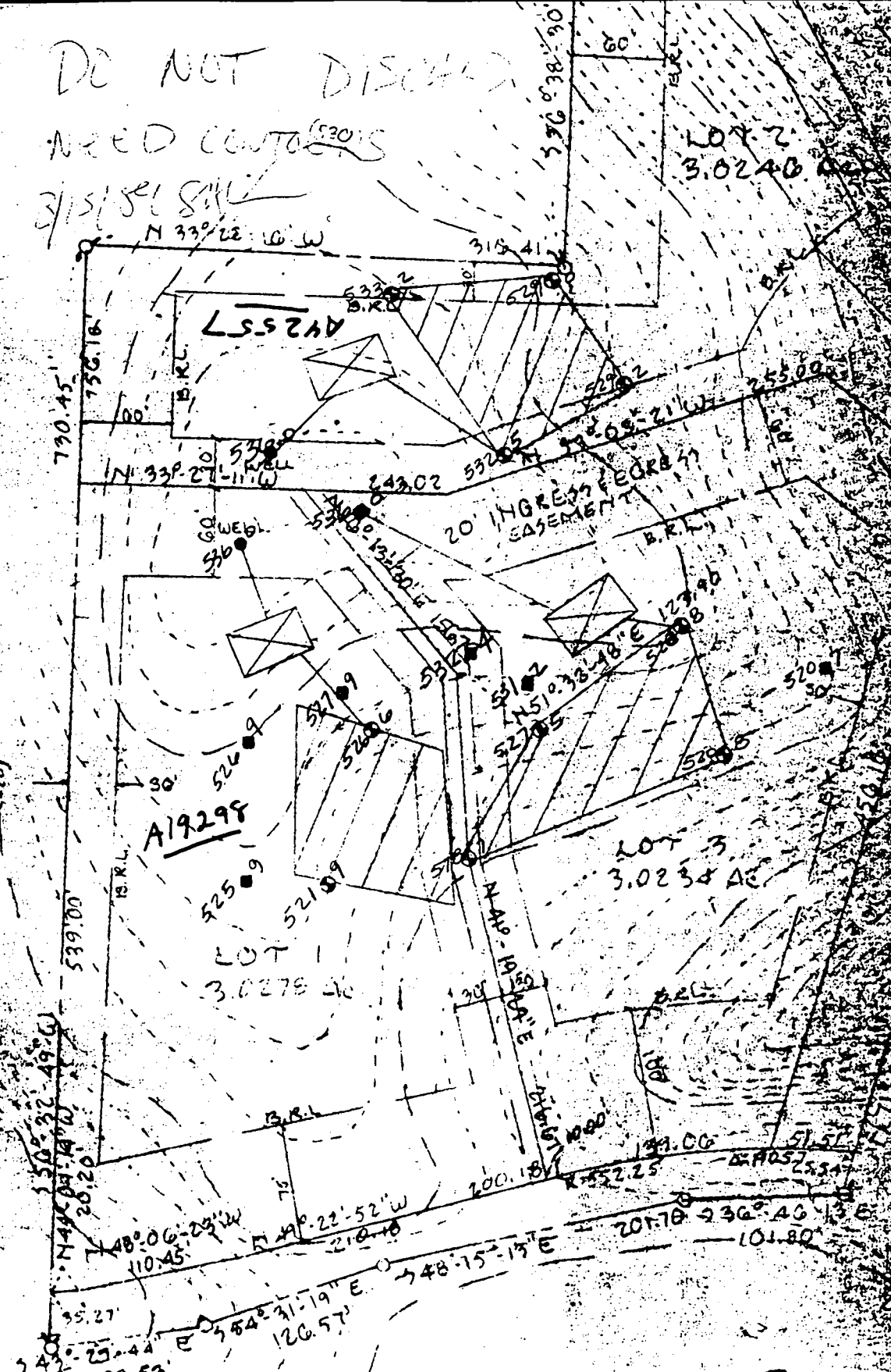
TESTED BY _____

REMARKS _____

DO NOT DISCARD

NEED CONTROLS

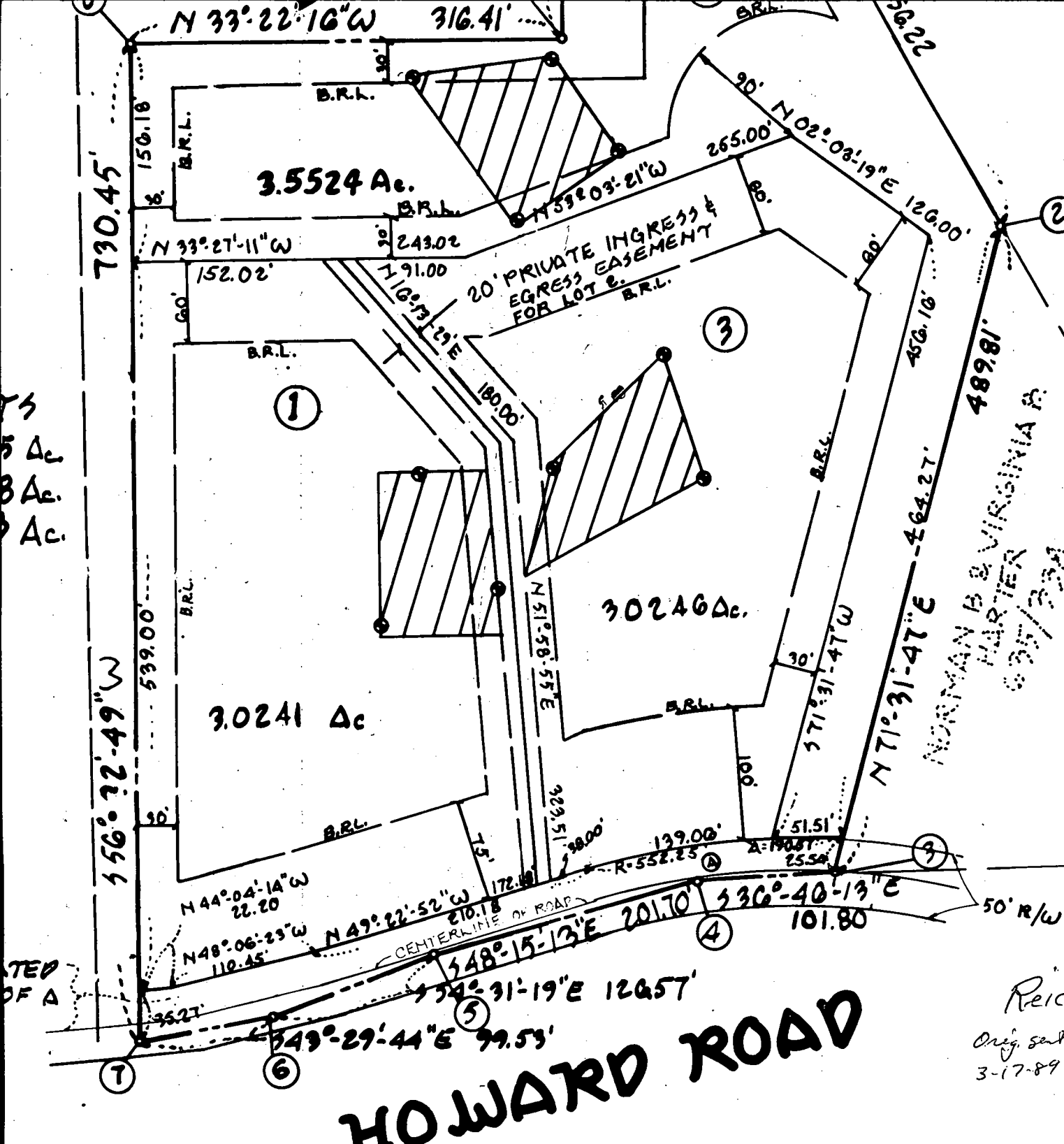
3/15/81 S.M.



HOWARD ROAD

COPY OF PLAN MADE FOR FRED FROMEL
 HO CO HEALTH DEPT SHOWING PER ELEV
 G WELL elev: 2/23/80 John C. Maloney

FILE COPY



E 797800
N 514000

C.M.C. CONSTRUCT
432/551



THIS AREA DESIGN
OF 10,000 SQUARE
LAND STATE DEPART
FOR INDIVIDUAL SEWAGE
NATURE IN THIS DR
SEWAGE IS AVAILABLE.
NULL & VOID UPON COMME
THE COUNTY HEALTH O
TO GRANT VARIANCES I
SEWAGE EASEMENT. RE
EASEMENT SHALL NO

⊕ DENOTES FIELD LO

NORMAN B & VIRGINIA A
PARTER
635/333

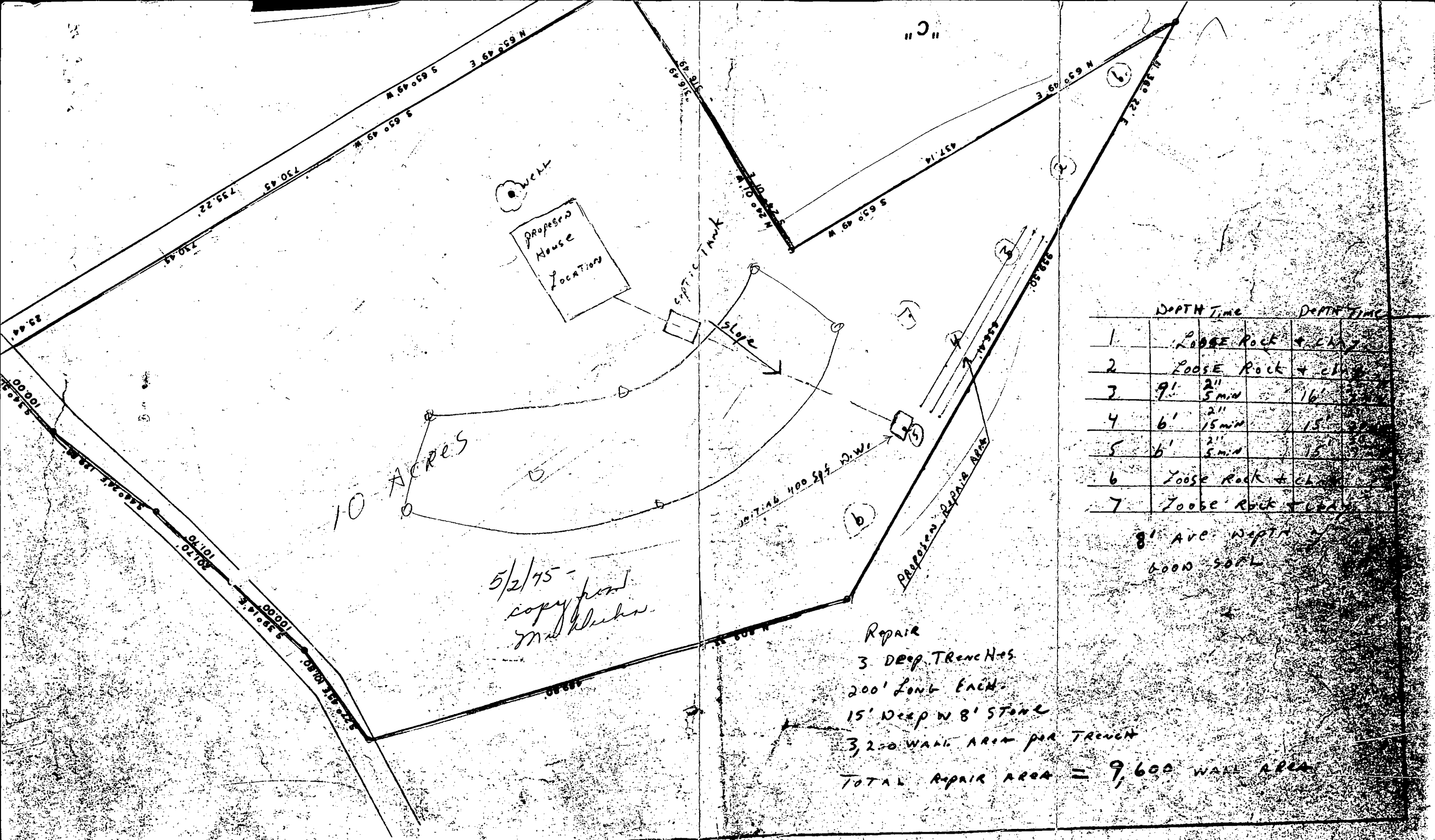
HOWARD ROAD

Reich's Ridge
Orig. sent for signature
3-17-89 F.F.

DEVELO
BRONO REICH 141
DAYTON, MARYLA

5 Ac.
8 Ac.
Ac.

ATED
OF A



10 ACRES

Proposed House Location

SEPTIC TANK

SLOPE

400 Sq Ft D.W.

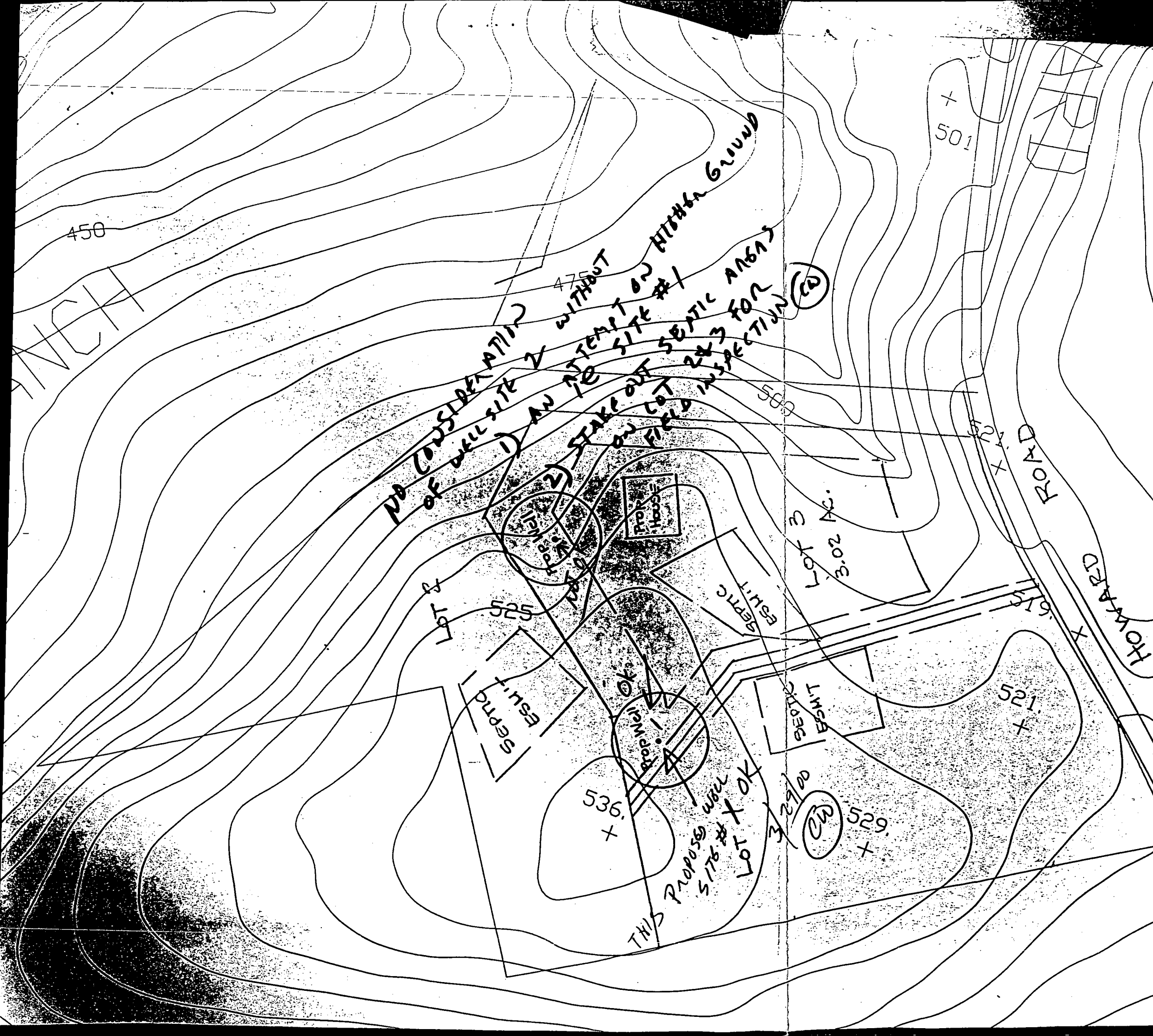
PROPOSED REPAIR AREA

5/2/75 - copy from Mr. [unclear]

REPAIR
 3 DEEP TRENCHES
 200' LONG EACH
 15' DEEP W 8' STONE
 3,200 WALL AREA PER TRENCH
 TOTAL REPAIR AREA = 9,600 WALL AREA

	DEPTH	TIME	DEPTH	TIME
1	LOOSE ROCK			
2	LOOSE ROCK			
3	9'	2" 5 min	16'	
4	6'	2" 15 min	15'	
5	6'	2" 5 min	15'	
6	LOOSE ROCK			
7	LOOSE ROCK			

8' AVE DEPTH
 6000 SOIL



SCALE 1" = 100'
CONTOURS - 5' INT

8/11/00
Anytime
8:30/00 a.m.

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 _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision Reich's Ridge Lot # 3 Well Tag # HO-24-2633

Site Address 1425 Howard Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

- 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 _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

8/30/00 WPI OK BB

Well 4.5' from existing gravel construction access

~~-Will probably have to install barrier, depending on final road placement. 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.

PITLESS
42" BELOW GRADE

Signature of Applicant: _____

METAL CASING - NY CROWNWARE

Date: _____

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

HD-215

9/21/00 Barrier installed. BB

C1 07692

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 13

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-2633

DATE RECEIVED MM DD YY

4 MM 6 DD 2000 YY

22 380' 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER BOWIE HARRY & DEBORAH STREET OR RFD HOWARD RD TOWN DAYTON SUBDIVISION REICH'S RIDGE SECTION LOT 3

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone and Gray Mica Rock.

GROUTING RECORD (Yes) (No) WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 6 NO. OF POUNDS 564 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 21

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

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

DEPTH (nearest ft.) 20 380 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 292 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. 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 1 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See Attached Location

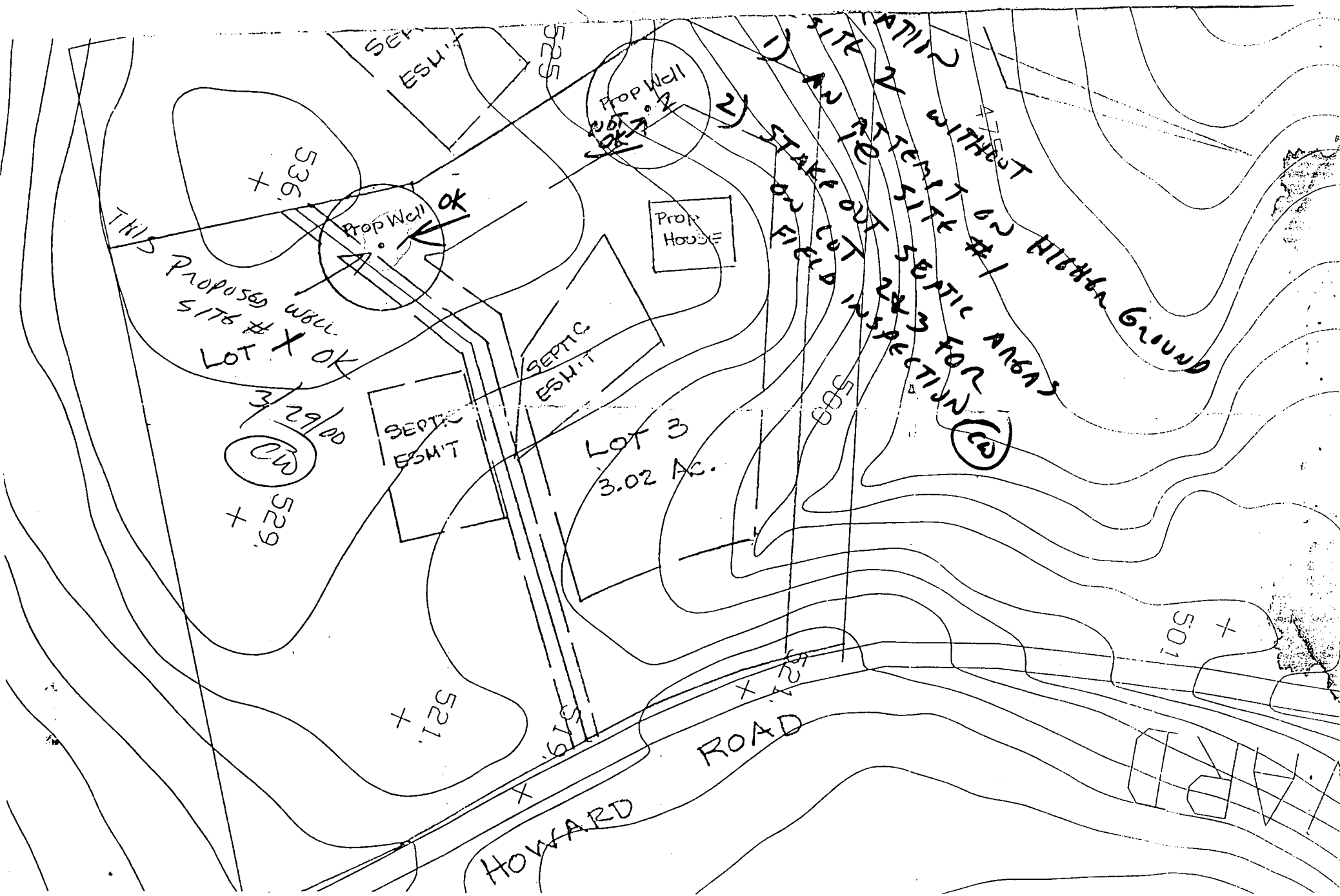
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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. MS DO 24 DRILLERS SIGNATURE Joseph L. Mayne LIC. NO. D

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



SCALE 1" = 100'

B 1 14380

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2633 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name 17 Owner 34 First Name 36 Street or RFD 55 57 Town 70 State 72 Zip 76

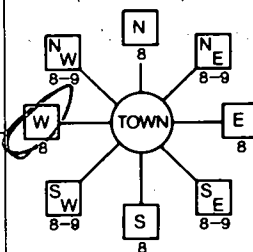
B 3 LOCATION OF WELL

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

DRILLER INFORMATION

76 Driller's Name 81 License No. 81 Firm Name 34 220 37 Address 38 39 Signature 38 39 Date

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



11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 220 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, Dewatering
Public Water Supply Well
Test, Observation, Monitoring
Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard County No. 13
State Signature INSERT S
Date Issued 03 29 00
North Grid 513 000 East Grid 0798 000

APPROXIMATE DEPTH OF WELL 24 300 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. HO - 94 - 2633

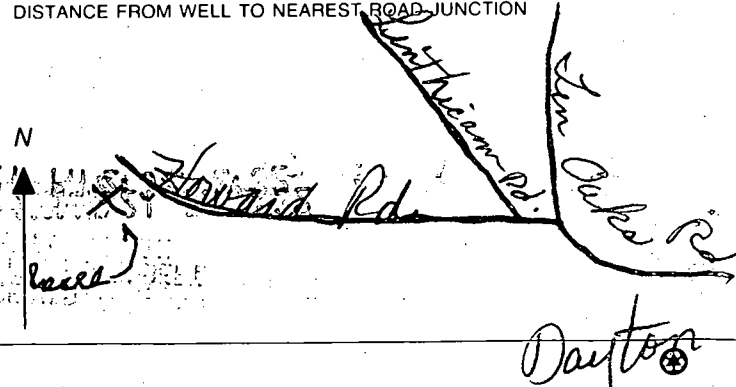
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. VOBCC
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 798
N 513

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2633
 Location of property (road) Howard Rd
 Subdivision Reich's Ridge Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Maize Owner Harry & Deborah Bowie
 Depth of well 380'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 23'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 292 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)
7:15	146	3 sec.		20 gpm
7:30	223	4		15
7:45	292	5		12
8:00	292	30		2
8:15	291	30		2
8:30	291	30		2
8:45	291	30		2
9:00	291	30		2
9:15	291	30		2
9:30	290	30		2
9:45	290	30		2
10:00	290	30		2
10:15	290	30		2
10:30	290	30		2
10:45	290	30		2
11:00	290	30		2
11:15	290	30		2
11:30	290	30		2
11:45	290	30		2
12:00	290	30		2
12:15	290	30		2
12:30	290	30		2
12:45	290	30		2
1:00	290	30		2
HDT 2245	290	30		2
1:30	290	30		2
1:45	290	30		2