

1/10/01  
Layout Insp  
11:00  
1/11/01 12pm C.O.

RPS# 363655

# PERMIT

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

P 514722-AA

A 59915-X

ISSUE DATE 12/27/00

APPROVAL DATE 1/11/01

## INDEXED

Fogles' Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER       

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Monticello LOT NUMBER 22 ADDRESS 1745 Oakdale Drive

PROPERTY OWNER D. R. Horton Custom Homes PROPERTY OWNER'S ADDRESS 1370 Piccard Dr, Ste 230

SEPTIC TANK CAPACITY 1250 GALLONS Rockville, MD 20850

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 165 feet up the left (282.27') lot line and 85 feet off that same lot line as seen when facing the lot from Oakdale Drive. Run four 70 foot trenches on contour toward the left rear property corner. 10/17/00 OK (BB)

PLANS APPROVED Amy McMillen, R.S. DATE 10/18/2000

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

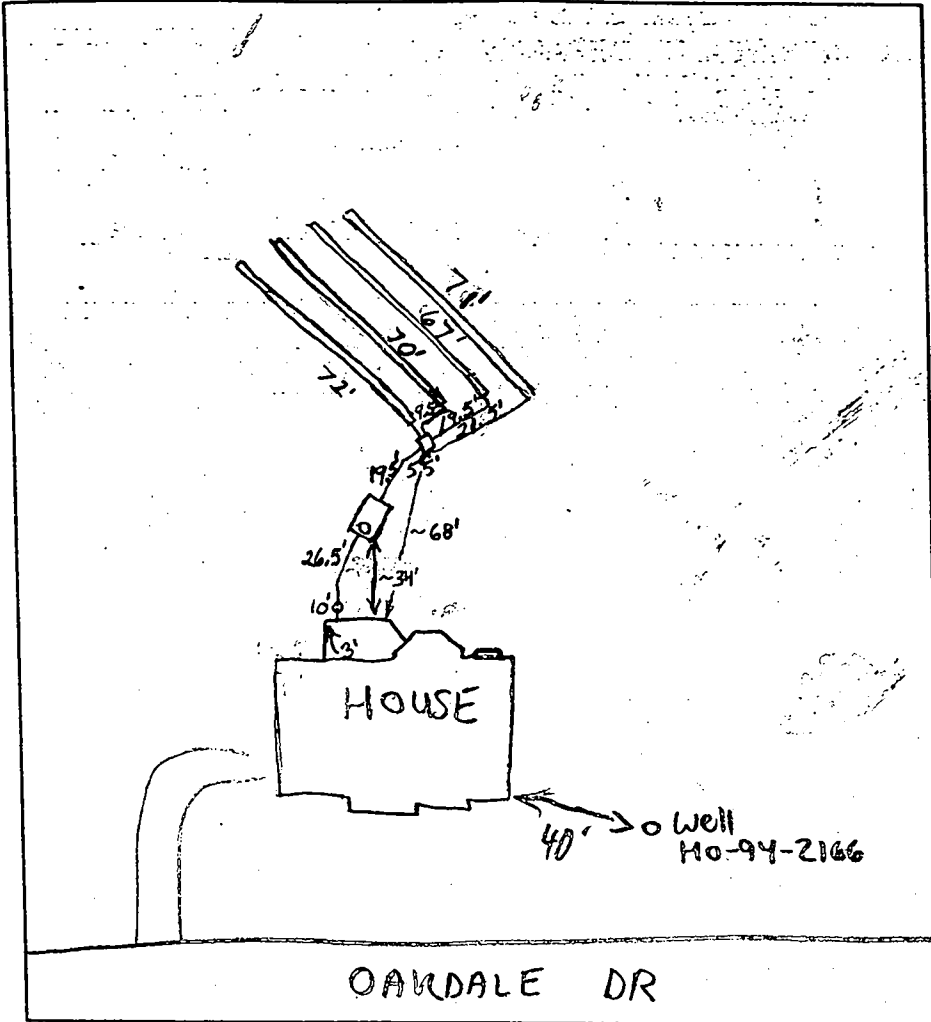
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 514722-AA

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 4.0'  
 TRENCH BOTTOM DEPTH 6.0'  
 DEPTH OF STONE 2.0'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 280'  
 ABSORBENT AREA 840 sq ft.  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

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

**PUMP CHAMBER DATA**

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

PRE-CONSTRUCTION INSPECTION: 1/10/01 - TANK SET, EASEMENT STAKED, OK TO INSTALL AS PER PLAN, KEEP TRENCHES 7' ETC (10' CTC) OK TO CONTINUE WORK (SRK)

INSPECTION COMMENTS: 1/11/01 System satisfactory. O.K. to cover. (BB)

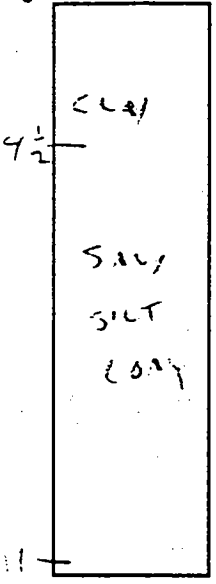
INSPECTOR B. Baker DATE SYSTEM APPROVED 1/11/01

A 59914/5

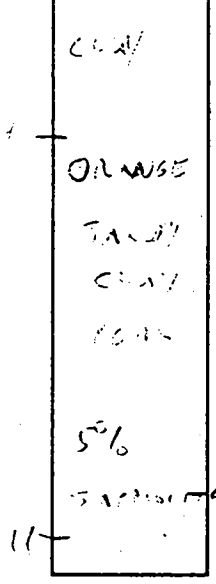
KNAPP SUBD.

COUNTY #

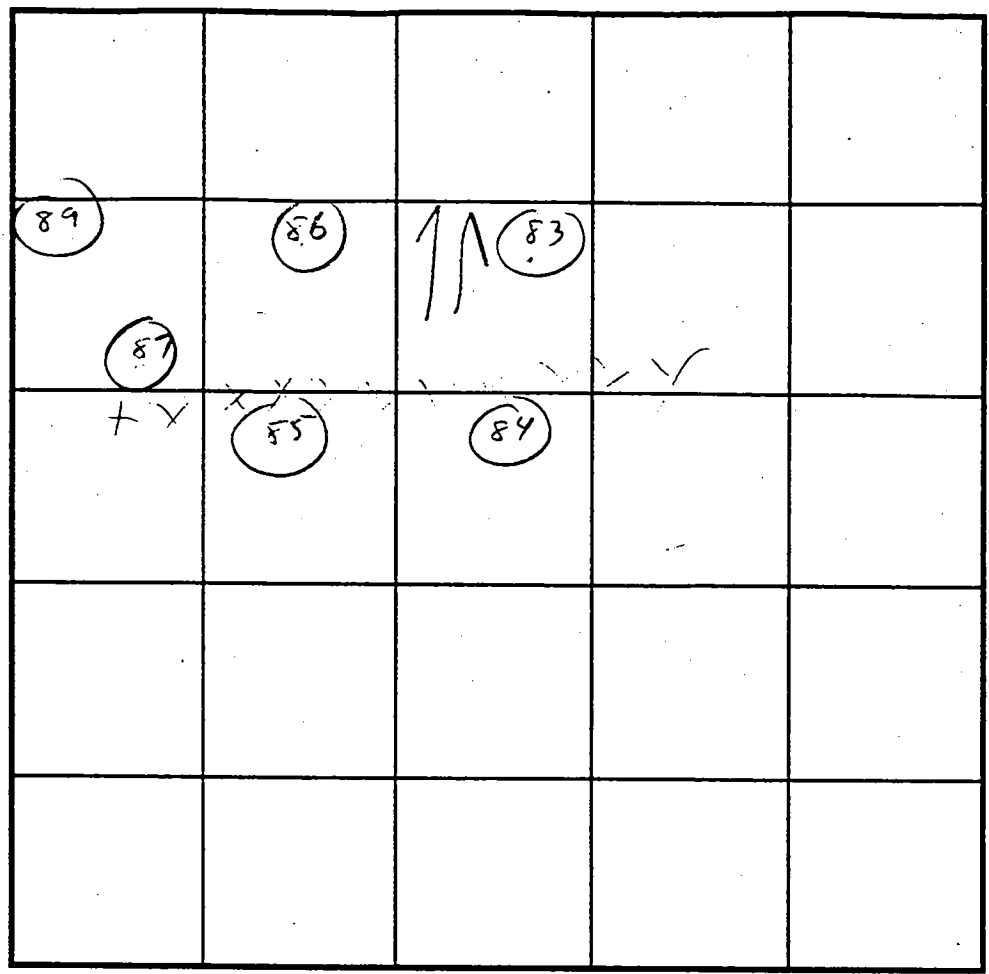
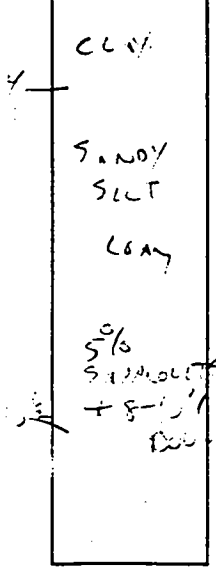
SOIL PROFILE 87



85

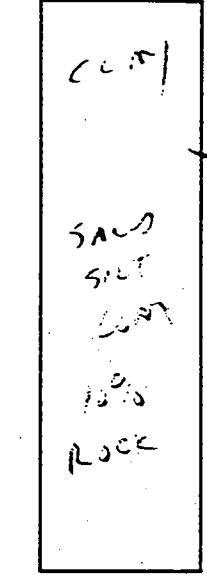


84

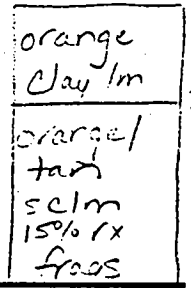


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 89



87-A



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/2/98	87	vis	ok 4 1/2'	-11'			✓
	85	4 1/2'	2:57	2:55	2:55	2:58	3.00
	84	4'	2:57	3:00	3:00	3:07	7.00
	89	4'	3:38	slow	- vis	ok 13/5'	
7.21.98	87-A	4.0'S	1:28:30	1:29:30	1:29:30	1:31:30	2min
		12.0'D	visual	ok	- see profile		

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Weller ALSO PRESENT Sperny

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

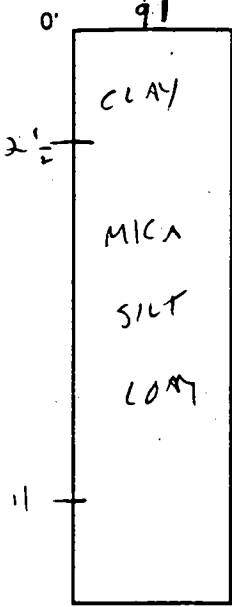
INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

A59914/5

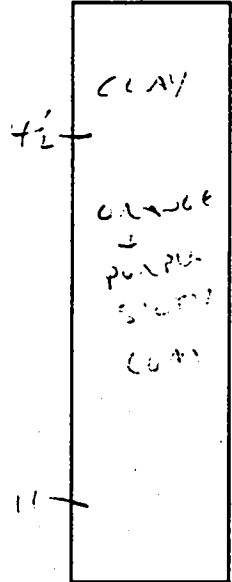
KNAPP SUBD,

COUNTY #

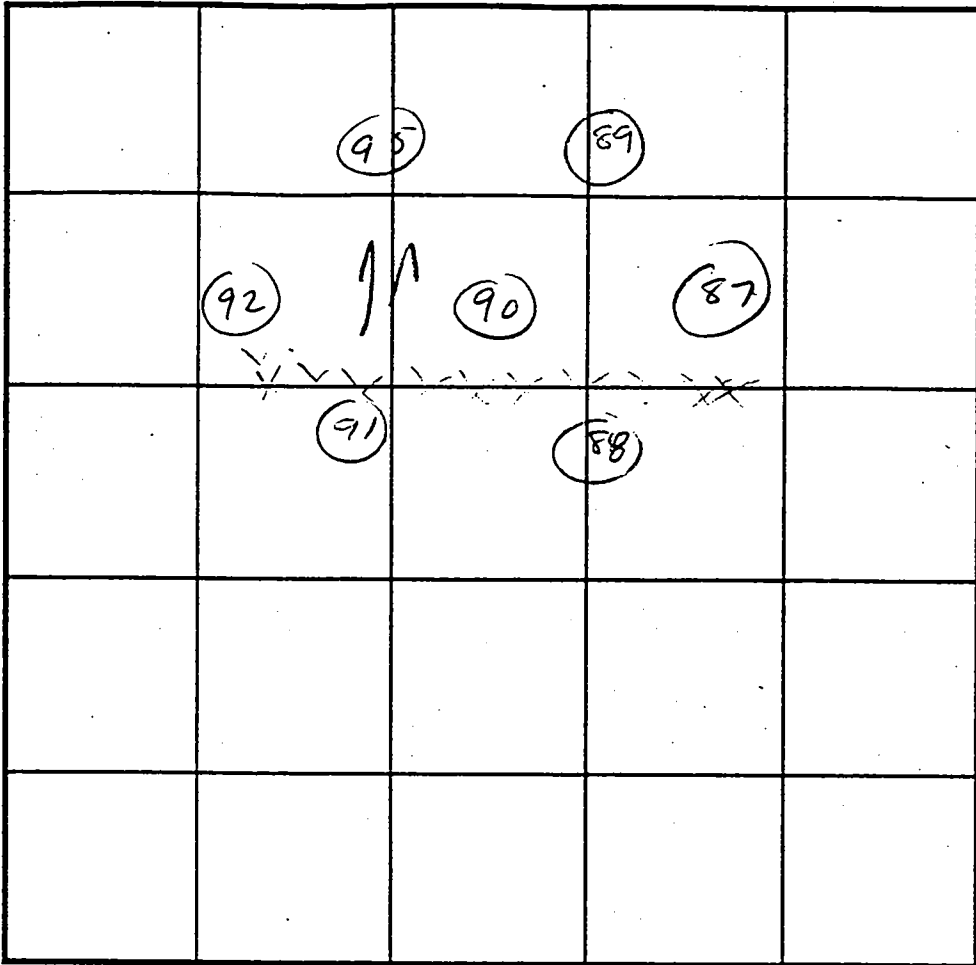
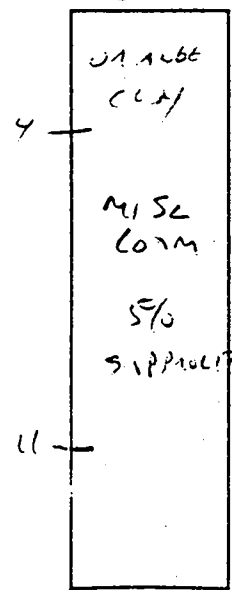
SOIL PROFILE 91



92

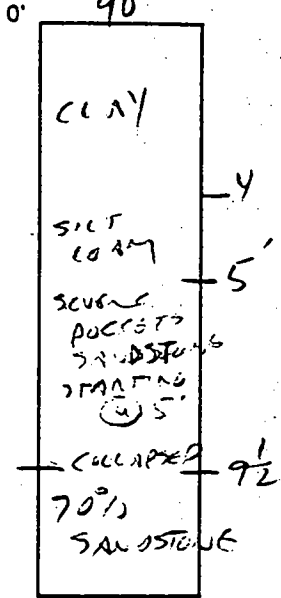


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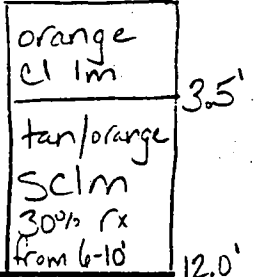


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 90



91-A



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/21/98	91	3'	2:46	2:49	2:49	2:54	5 MIN	
	92	11'	ok	4 1/2' - 11'				
	88	4'	2:48	3:00	3:00	3:20	20 MIN	
			VISUAL CHECK - 6-8 MIN		NOTES by 5'			
	90	ROCK						
7.22.98	91-A	4.5'S	1:25	1:26	1:26	1:28	2min	
		12.0'D	Visual ok - see profile					

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Willha ALSO PRESENT SPERRY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

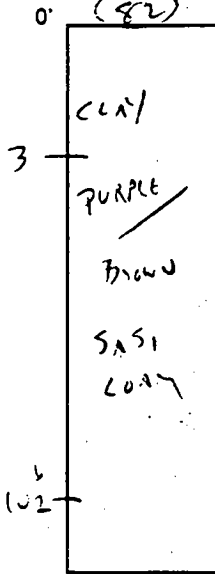
A59914/5

KNAPP SUBD.

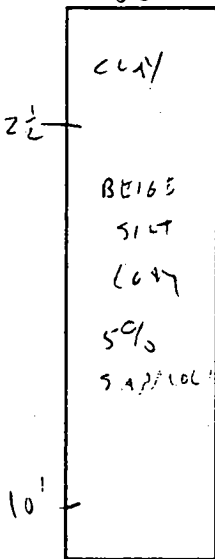
COUNTY #

SOIL PROFILE

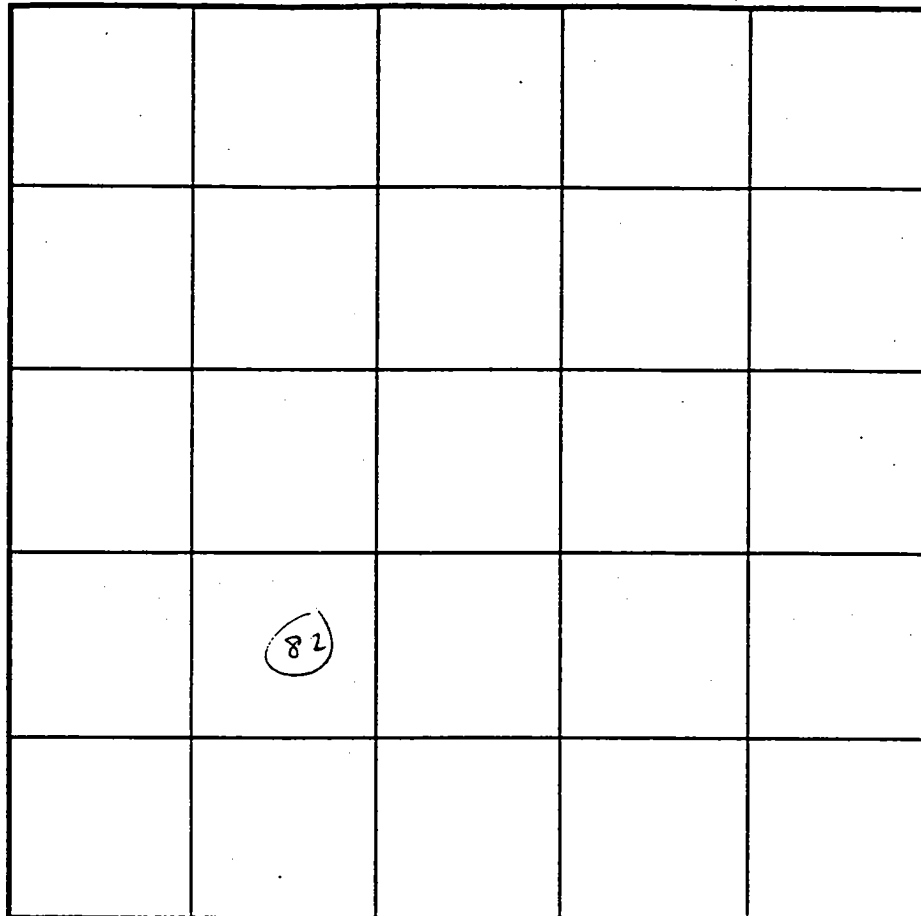
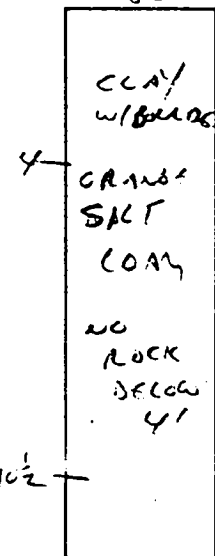
(82)



80



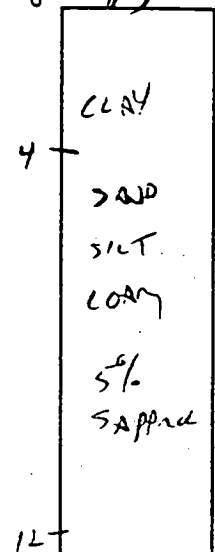
86



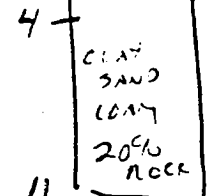
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

83



CLAY



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/21/98	82	4	3:02	3:06	3:06	3:11	5 MIN	
	80	3	2:58	3:00	3:00	3:02	2 MIN	
	86	4 1/2	3:40	3:42	3:42	3:45	3 MIN	
		12" - 20" GRANITE SUB-BASES w/ ASPEN 2"						
	83	4 1/2	3:44	3:47	3:47	3:50	3 MIN	
	81	4	3:53	3:56	3:56	4:01	5 MIN	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. Walker ALSO PRESENT SPERRY

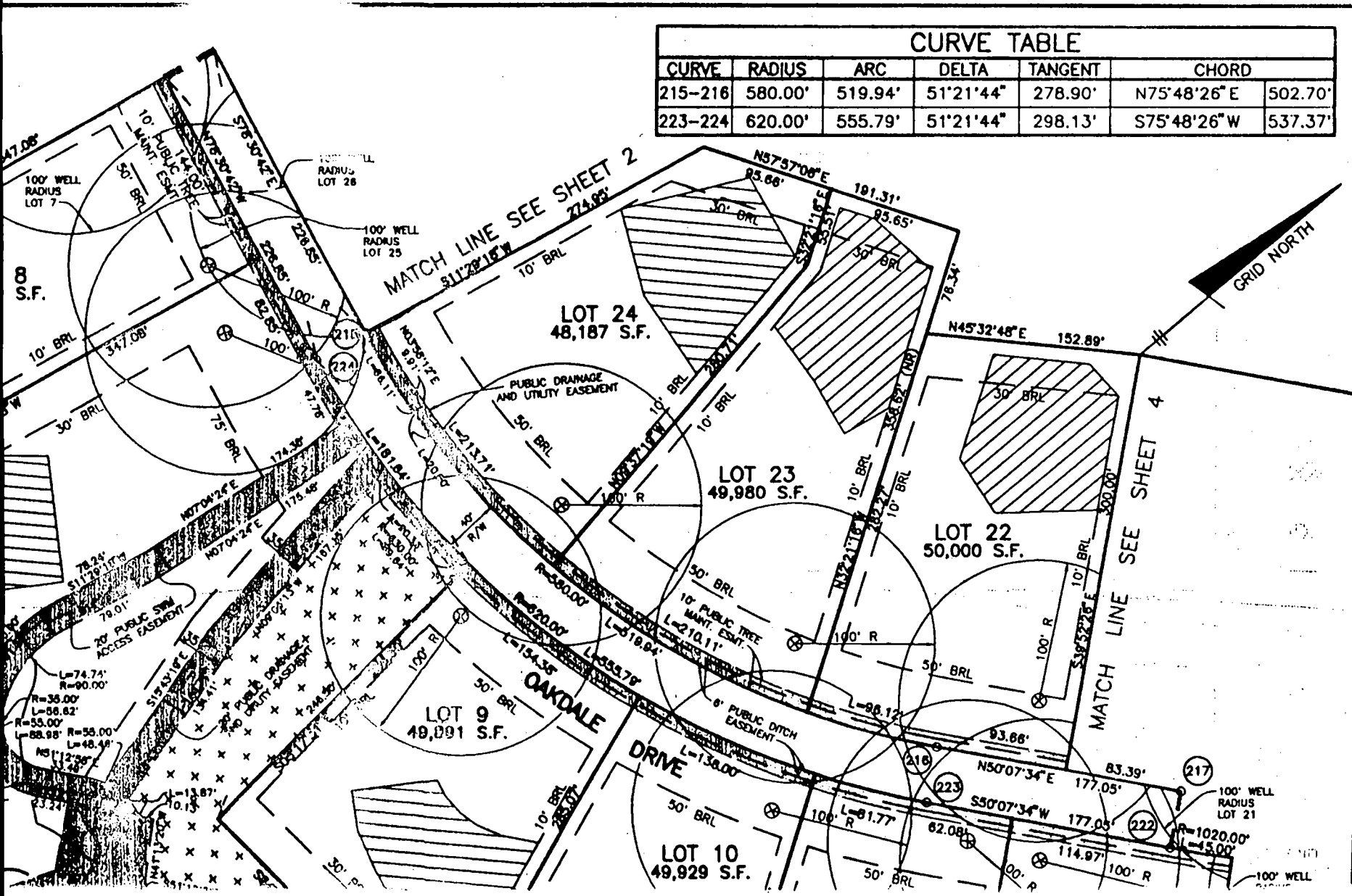
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

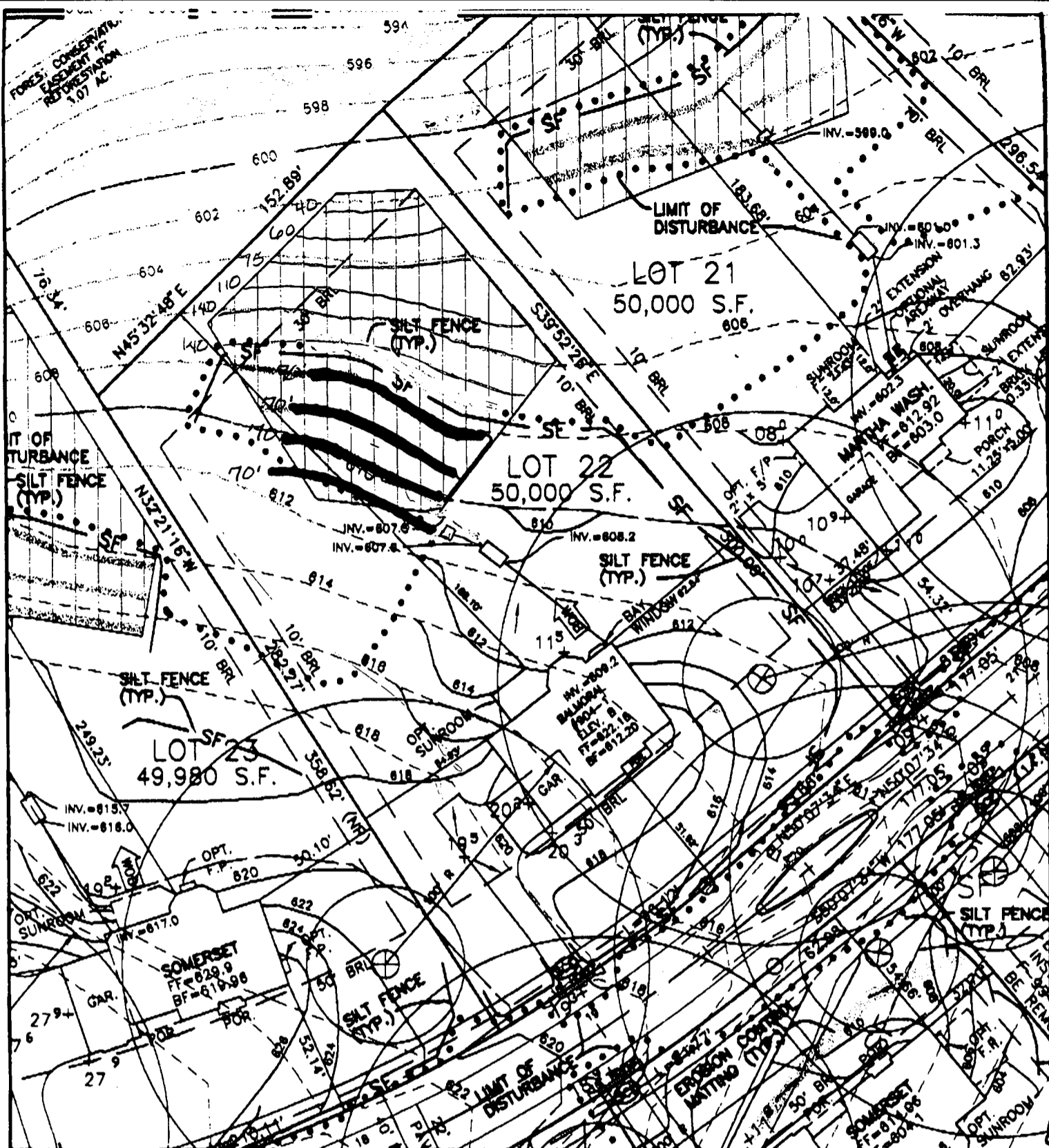
INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



**CURVE TABLE**

CURVE	RADIUS	ARC	DELTA	TANGENT	CHORD
215-216	580.00'	519.94'	51°21'44"	278.90'	N75°48'26" E 502.70'
223-224	620.00'	555.79'	51°21'44"	298.13'	S75°48'26" W 537.37'





FIRST FLOOR ELEVATION = 622.16  
 BASEMENT ELEVATION = 612.20  
 SPOT ELEVATION AT GARAGE = 620.2

SLOPE OF DRIVEWAY = 2.0% AT GAR.  
 NUMBER OF RISERS IN GAR. = 3  
 NUMBER OF RISERS ON LEAD WALK = 3

**BENCHMARK**

**MONTICELLO  
 LOT 22**

ENGINEERING, INC.

FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 10/5/00

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

1745 OAKDALE DR.  
 D.R. HORTON CUSTOM HOMES -

Total linear feet of trench required 280 feet

Width of trench(es) 30 feet

Depth of trench(es) 6.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
 Howard County Health Department

*Amel M. Will* 10/18/00  
 Signature Date

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

700126842

Building Address **1745 Oakdale Dr.**  
**Woodstock, MD 21163**

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract **10410** Subdivision **Monticello**

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot **22**

Tax Map **8** Parcel **110** Grid **18**

Zoning **RC-DE** Map Coordinates **4512** Lot size \_\_\_\_\_

Property Owner's Name **D. R. Horton Custom Homes**

Address **1370 Plocard Dr., St. 230**

City **Rockville, MD 20850**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):

**Victoria Meyer**  
**Maryland Bldg. Permits, Inc.**  
 Phone **410-602-8779** Fax \_\_\_\_\_

Existing Use **vacant lot**

Proposed Use **New Single Fam. Dwelling**

Estimated Construction Cost \$ **175,000**

Description of Work **Balsoral w/ Sunrm. & Fin. POC.**

**Pa., Bath, Exercise Rm., Playroom in lower level**  
**2 SWALLD, Full BSM, 12 R, 3 FB, 1 HB,**  
**FP, SUNRM, & GARAGE (4 BR)**

Contractor Company **D. R. Horton Custom Homes**

Address **1370 Plocard Dr., St. 230**

Contact Person **Rockville, MD 20850**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant **See Owner**

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company **Benchmark Eng., Inc.**

Contact Person **John Carney**

Address **8480 Balto. Nat'l Pike, 418,**

City **Ellicott City, MD 21043**

Phone **410-465-6105** Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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 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: 54' 54'	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: 54' 47'	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: 54' 51'	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Finished Basement: <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <b>4</b>	
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: _____	
<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 THERETO; (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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature **Victoria Meyer**  
**Maryland Bldg. Permits, Inc.**

Print Name **Vicky Meyer**  
 Date **10/6/2000**

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	<b>10/13/00</b>	<b>A. McMillan</b>
Fire Protection		

DEPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#	
<b>412253</b>	Filing fee \$ <b>25</b>
	Permit fee \$ _____
	Excise tax \$ _____
	Sub-total paid \$ _____
	Add'l permit fee \$ _____
	TOTAL FEES \$ _____
	Balance due \$ _____
	Check # <b>401034</b>
	Validation # _____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

**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: Fogle's Well Drilling Telephone #: 410-795-5670  
Address: 570 Obrecht Rd.  
Sykesville, Md. 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): \_\_\_\_\_ License# MSD 009

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: D.R. Horton Telephone #: \_\_\_\_\_  
Subdivision: Monticello Lot #: 22 Well Tag #: HO-99-2166  
Site Address: Foxleaf Lot 22  
1745 Oak Dale Drive

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Crowds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>83B0722</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>4"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>20</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>1</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, other - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt. <u>NO</u>		

Piping to house  
Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 4" (36" min)

House Connection  
PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 7'  
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.

Allen Compton \_\_\_\_\_ 2-13-01  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/24/01 Date Insp. Approved: 1/24/01 Inspector: (MR) SRK  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

C 1 9664 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 59915X

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 5 25 99 Depth of Well 22 285' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2166

OWNER Highland Development STREET OR RFD Famber Valley Dr TOWN Glenwood SUBDIVISION Monticello-Knapp SECTION LOT 22

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-50) and Gray Granite (50-285).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

CASING RECORD casing types insert appropriate code below (S) T (S) T STEEL (C) O (C) O CONCRETE (P) L (P) L PLASTIC (O) T (O) T OTHER MAIN CASING TYPE (S) T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55

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

SCREEN RECORD screen type or open hole (S) T (S) T STEEL (B) R (B) R BRASS (H) O (H) O OPEN HOLE (P) L (P) L PLASTIC (O) T (O) T OTHER

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

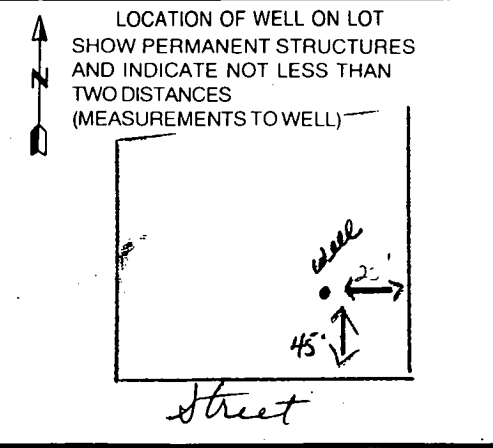
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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... DRILLERS LIC. NO. 1 M S D O 2 Y DRILLERS SIGNATURE Joseph L Mayre LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 74 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 2 (nearest foot)



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

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	<b>4013</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-2166</b> <small>fill in this form completely</small>
-----	-------------	--------------------------------	-------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

MM DD YY  
 15 Highland Development 34  
 Last Name Owner First Name

36 P.O. Box 228 55  
 Street or RFD

57 Clarksville Md. 21029 76  
 Town State Zip

**LOCATION OF WELL**

B 3 Howard 21  
 COUNTY

Krass Property 42  
 23 SUBDIVISION

SECTION \_\_\_\_\_ LOT 22  
 44 46 48 50

Cleewood 71  
 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 3 M I  
 73 76 77 78

**DRILLER INFORMATION**

Joseph L. Mayne MS D024 81  
 Driller's Name License No.

Joseph L. Mayne Well Drilling  
 Firm Name

5512 Ridge Rd. Mt. Airy 21771  
 Address

Joseph L. Mayne 3/1/99  
 Signature Date

B 4

1 2  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Street A 30  
 11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 35 37  
 DISTANCE FROM ROAD

ENTER FT OR MI FT 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**WELL INFORMATION**

APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

HOWARD 13  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 03/23/99 Colin 03/22/00  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 544 000 EAST GRID 0798 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 \_\_\_\_\_ 52

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

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

PERMIT No. HO-94-2166  
 70 71 72 73 74 75 76 77 78 79

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 798 000

N 544 000

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

