

03-305198

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

PERMIT

P 30952

APPROVAL DATE: _____

A 24222

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Annandale LOT NUMBER: 23

ADDRESS: 13355 Pipes Lane PROPERTY OWNER: Flook

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Original file not found, replacement well 12/23/2002. Old Well abandoned & sealed.

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

~~30952~~
A 24222

OKSRK
 3/7/03

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1/10/03 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

140 - 73 - 3274

* PERMIT NUMBER OF REPLACEMENT WELL

140 - 94 - 3616

* PERSON ABANDONING WELL: Richard A. Permitt

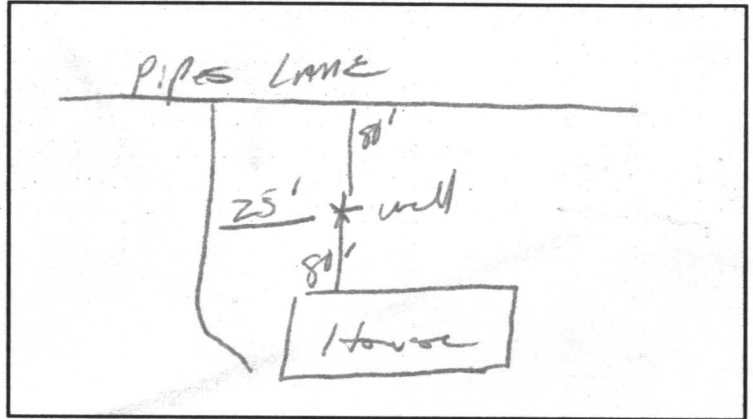
WELL DRILLERS LICENSE NUMBER: WRD 014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: LYNN NELSON

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: COOKSVILLE
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 13355 PIPES LANE



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 50 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2 1/2

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	50	2
Dirt	2	0
VOLUME OF MATERIAL USED		
<u>57 BAGS Bentonite</u>		

SIGNATURE: George Z. Eastman
 MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 040

CIRCLE ONE

DATE 119-03



2003 MR - 7 PM 2:11

RECEIVED
DEPARTMENT OF HEALTH & ENVIRONMENTAL AFFAIRS

11/10/03

DATE WELL ABANDONED: 11/10/03

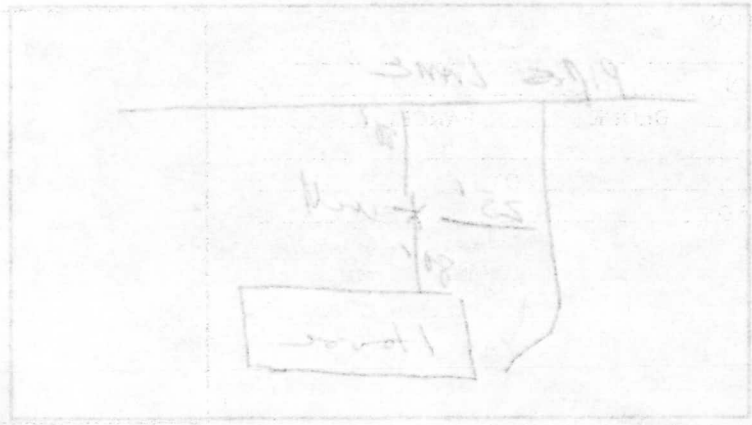
PERMIT NUMBER OF ABANDONED WELL (if any): H-3-3071

PERMIT NUMBER OF REPLACEMENT WELL: H-4-311

PERSON ABANDONING WELL: Robert A. [unclear]

OWNER'S NAME: [unclear] PERSON

SITE LOCATION MAP



WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Coxville
TAX MAP: [unclear]
SUBDIVISION: [unclear]
SECTION: [unclear]
NEAREST ROAD: 13355 Pipe Line

TYPE OF WELL BEING ABANDONED:

LOG OF SEALING MATERIAL		MATERIAL
FEET	TO	
5	0	Portland Cement
5	0	Grout
VOLUME OF MATERIAL USED: 87 bags		

USE CODE:
DOMESTIC
IRRIGATION
TEST/OBSERVATION

TYPE OF CASING:
STEEL
CONCRETE
PLASTIC
OTHER (specify):

SIZE OF CASING: 6 INCHES IN DIAMETER
DEPTH OF WELL: 20 FEET DEEP
WAS ANY CASING REMOVED? YES
If yes, length removed, in feet: 20

WAS CASING RIPPED OR PERFORATED? YES
If yes, length removed, in feet: 20

SIGNATURE: [unclear]

DATE: 11/10/03

WELL NUMBER: [unclear]

**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: Easterday Well & Pump Telephone #: _____
Address: 2266 Brown Church Rd
MD 2177

(Must circle one) Licensed Plumber _____ Licensed Well Driller _____ Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Lester C. Simmons Jr. License# AWD611

*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: Lynn Nelson Telephone #: _____
Subdivision: Annapdale Lot #: 23 Well Tag #: HO-94-3616
Site Address: 13355 pipes Ln

Submersible Pump Data

Make: Grundfos
Model #: 7510422
Pump Capacity: 7 GPM
Well Yield: 40 GPM

Pitless Adapter

Make: Apple
Model#: 8-10K
Depth: 42 (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.:
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: 500(feet)
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 _____

Piping to house

Type: Cedrel
PSI: 200(160 psi min)
Depth of supply line: _____(36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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.

Signature of company representative responsible for installation: [Signature] date: 3/7/03

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

Date Insp. Requested: 1/7/03 Date Insp. Approved: 1/7/03 (50) SRK
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 Connected to ex line
Adequate grout observed below pitless adapter

C1 09765

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER NEHSON LYNN STREET OR RFD 13355 Piper Lane TOWN Cooksville

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (19), NO. OF POUNDS (170), DEPTH OF GROUT SEAL (54 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (70 feet).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

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

CIRCLE APPROPRIATE LETTER: A (Well abandoned), E (Electric log), P (Test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04.

DRILLERS LIC. NO. 1 MWD 040. DRILLERS SIGNATURE: George F. Kastenbury. LIC. NO. 1 JSD 038.

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

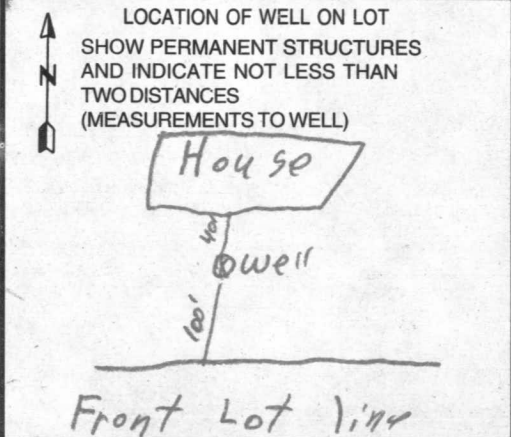
DEPTH (nearest ft.) table with columns 1-21. Values: 10, 68, 500.

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.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (40 GPM), METHOD USED TO MEASURE PUMPING RATE (Bucket), TYPE OF PUMP USED (A - air).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.



USE THIS SECTION TO RECORD THE LOCATION OF THE WELL AND THE LOCATION OF THE WELL LOG

WELL NO. **1102 907**
DATE WELL COMPLETED **11/22/03**

WELL DEPTH **200**
WELL DIAMETER **4**

WELL TYPE **Hand**
WELL MATERIAL **Hand**

WELL LOCATION **Hand**

WELL NO.	WELL DEPTH	WELL DIAMETER	WELL TYPE	WELL MATERIAL	WELL LOCATION
1102 907	200	4	Hand	Hand	Hand
1102 907	190	4	Hand	Hand	Hand
1102 907	180	4	Hand	Hand	Hand
1102 907	170	4	Hand	Hand	Hand
1102 907	160	4	Hand	Hand	Hand
1102 907	150	4	Hand	Hand	Hand
1102 907	140	4	Hand	Hand	Hand
1102 907	130	4	Hand	Hand	Hand
1102 907	120	4	Hand	Hand	Hand
1102 907	110	4	Hand	Hand	Hand
1102 907	100	4	Hand	Hand	Hand
1102 907	90	4	Hand	Hand	Hand
1102 907	80	4	Hand	Hand	Hand
1102 907	70	4	Hand	Hand	Hand
1102 907	60	4	Hand	Hand	Hand
1102 907	50	4	Hand	Hand	Hand
1102 907	40	4	Hand	Hand	Hand
1102 907	30	4	Hand	Hand	Hand
1102 907	20	4	Hand	Hand	Hand
1102 907	10	4	Hand	Hand	Hand

WELL LOG

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2003 JA 15 PM 1:04

WELL DEPTH **200**
WELL DIAMETER **4**

WELL TYPE **Hand**
WELL MATERIAL **Hand**

WELL LOCATION **Hand**

WELL LOG

WELL DEPTH **200**
WELL DIAMETER **4**

WELL TYPE **Hand**
WELL MATERIAL **Hand**

WELL LOCATION **Hand**

Handwritten notes and diagrams at the top right.

MEASUREMENTS TO BE MADE
AND INDICATE LOCATION OF MEASUREMENTS

WELL DEPTH **200**
WELL DIAMETER **4**

WELL TYPE **Hand**
WELL MATERIAL **Hand**

WELL LOCATION **Hand**

WELL LOG

WELL DEPTH **200**
WELL DIAMETER **4**

WELL TYPE **Hand**
WELL MATERIAL **Hand**

WELL LOCATION **Hand**

SECTION **Hand**

DATE WELL COMPLETED **11/22/03**

B 1 **3428**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER

HO - 94 - 3616
fill in this form completely

Date Received (APA) **12 26 02** **9259**

OWNER INFORMATION

8 MM DD YY 13
NELSON LYNN

15 Last Name Owner First Name 34
13355 PIPES LANE

36 Street or RFD 55
SYKESVILLE, MD 21784

57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL GC#

8 COUNTY **Howard** 21

23 SUBDIVISION 42

SECTION **44** LOT **46**
Cooksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D **040**

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

George F. Easterday **12/23/2002**

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

13355 Pipes Lane

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

55

34 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **9** BLK: **14** PARCEL **302**

B 2 **WELL INFORMATION**

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

1 2 8 12

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

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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

Howard **A 24222**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **12 26 02** **Kacie Norman 12-26-03**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **541** 0 0 0 EAST GRID **8060** 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** INCH

NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

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

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 **HO - 73 - 3274** 52

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

APPROP. PERMIT NUMBER _____

PERMIT No. **HO - 94 - 3616**

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. **wells**

2.

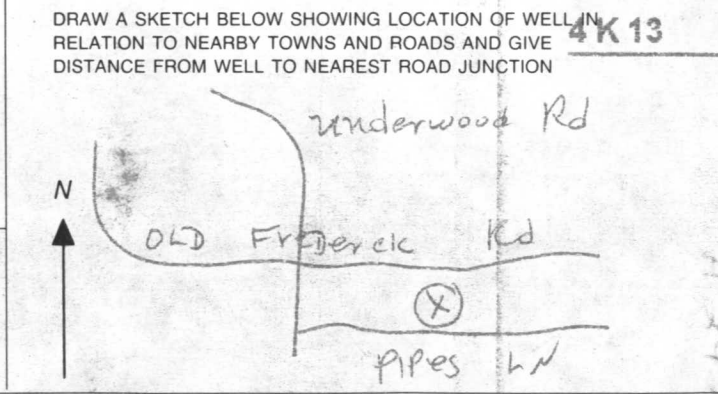
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **806**

N **541**

000 000



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

8428

STATE OF MARYLAND

APPLICATION FOR PERMIT TO DRILL WELL

Fill in this form completely

OWNER INFORMATION

NELSON LYNN

13358 PIPES LANE

SYKEVILLE, MD 21784

DRILLER INFORMATION

George E. Caltary

J. Franklin Easterday, Inc.

8258 Brown Church Rd. Mt. Airy, Md. 21771

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CHECK APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY FOR RESIDENTIAL APPLICATION

FARMING (LIVESTOCK WATERING AND IRRIGATION)

INDUSTRIAL / COMMERCIAL WATERING

PRODUCTION WATER SUPPLY

IRRIGATION

OTHER

RECEIVED:
 HOWARD COUNTY HEALTH DEPT.
 ENVIRONMENTAL HEALTH

2002 DE 26 PM 2:32

APPROXIMATE DEPTH OF WELL (FEET)

APPROXIMATE DIAMETER OF WELL (INCHES)

TYPE OF DRILLING EQUIPMENT USED

REVERSE ROTARY

ROTARY DRIVEN

REPLACEMENT OR DEEPENED WELL

THIS WELL WILL REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY / SPARE FOR EMERGENCY USE ONLY

THIS WELL WILL BE USED FOR OTHER THAN THE ABOVE LISTED PURPOSES

PERMIT NO. HO-14-3-14

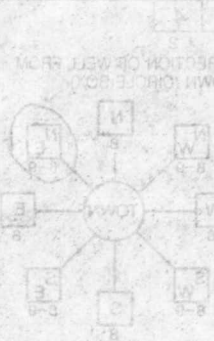
LOCATION OF WELL

COUNTY

SECTION

NEAREST TOWN

DISTANCE FROM TOWN (MILES)



13358 Pipes Lane

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD

(CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD (FEET)

ENTER FROM (N, S, E, W)

TAX MAP

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL

COUNTY

STATE

SIGNATURE

DATE ISSUED

EXPIRES

APPROVED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

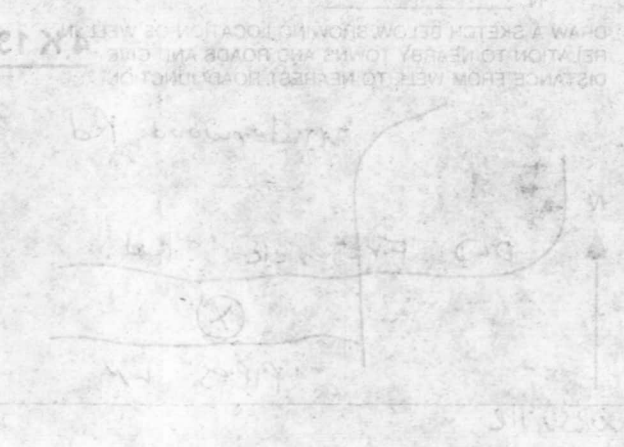
INDICATES OF DRILLING WATER

WELLS

WRITE THE BOX NUMBER FROM THE MAP HERE

8000

310



PERMIT NO. HO-14-3-14

SITE INSPECTION SHEET

10/8/02
10:00

OWNER: Lynn Nelson

DATE REQUESTED: 10/8/02

ADDRESS: 13355 Pipes Lane
Annandale Lot 23

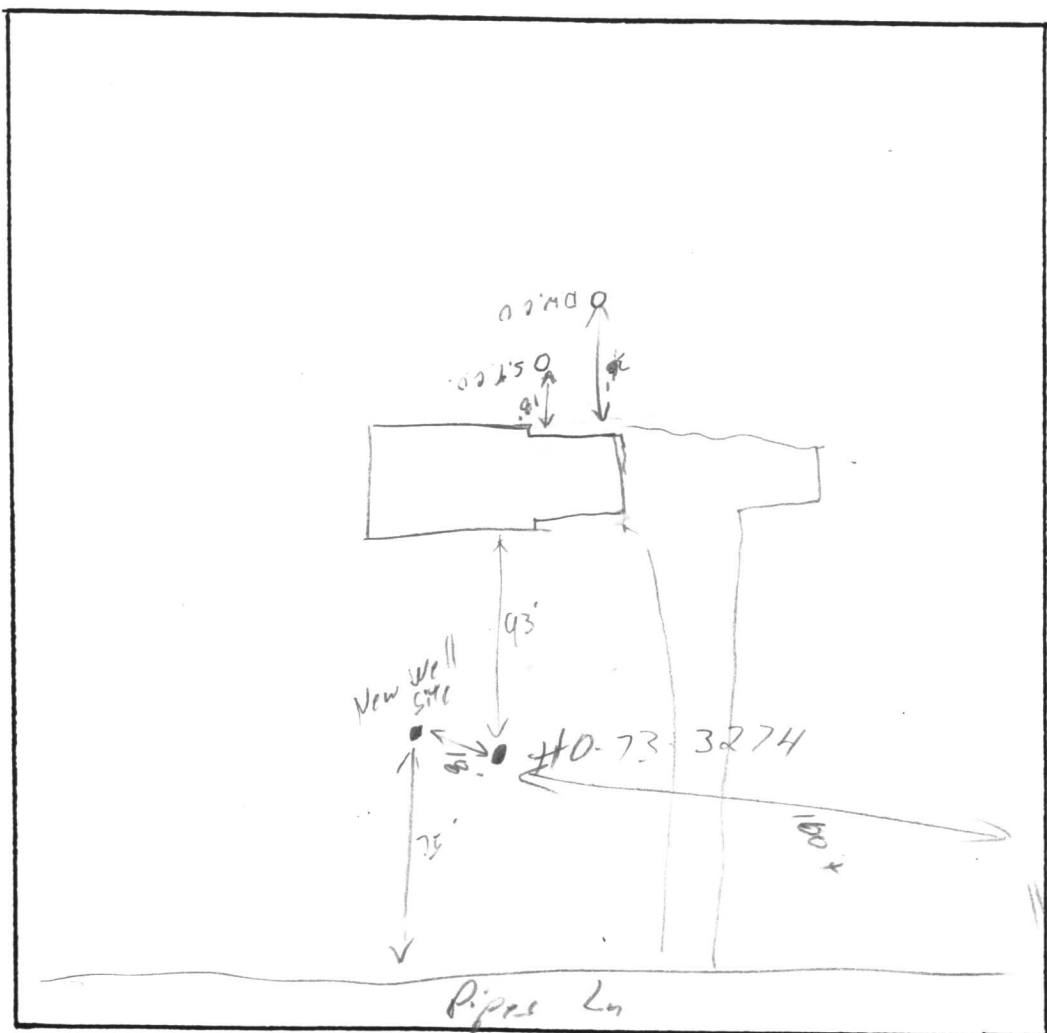
DRILLER: Easterday

WELL TAG # _____

COUNTY # _____

PROPOSAL: Replacement Well - Low flow

LOCATION DIAGRAM



COMMENTS: Driller to evaluate Ex. well for possible deepening first.

New Well site selected in case old well not usable

DATE: 10/8/02

INSPECTOR: (SO)

03-305198

9/30/80 FILE APPROVED CBS
P 30952

9/30/80
file this afternoon

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3rd.

DATE 9/25/80

Jack Fyock, Jr.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Annandale ROAD 13355 Pipes Lane LOT Lot 23

PROPERTY OWNER Sidney Manley PHONE: 795-8217

ADDRESS 13650 Old Frederick Road, Sykesville, Maryland 21784

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

Dry Well SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 165 SQ. FT. per bedroom Total Absorbant Area in dry well is 288 sq. ft.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

BLDG. PERMIT SIGNED
AND RETURNED 4/17/80
Serial # T34934-SFD

Location of dry well - 100 feet from rear of lot and 52 ^{feet} from right (lot 22) lot line.

Trench inlet to be 4 feet below original grade. Maximum depth 10 feet and 35 feet long. Trench to start 40 feet from right lot line, 80 feet from rear of lot and run on contour towards left front of lot. Leave 5 ft. earth buffer between trench and dry well. Call for 2 inspections of trench - before and after stone in trench.

PLANS APPROVED BY David J. O'Neill DATE 11/3/76

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

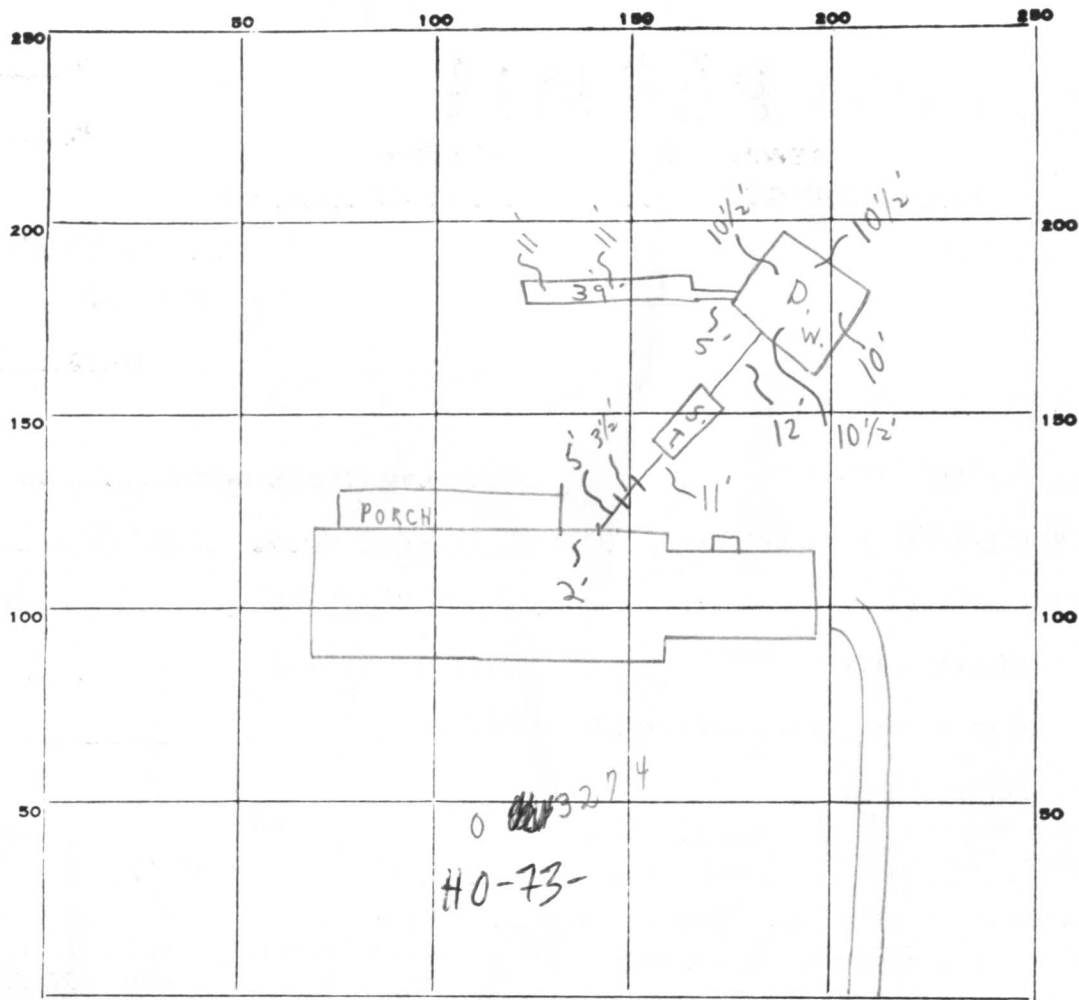
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A 24922



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
PIPES LANE

PERMIT CARD S.T. D.W.

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7.5' IN. TOTAL LENGTH 39 FT. 292⁺

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 41.5 FT. DEPTH BELOW INLET 7.5 FT. 311.⁺

ABSORBENT AREA 603⁺ SQ. FT.

REMARKS 9/30/80 CHECKED - TRENCH OK FOR STONE; SYSTEM COMPLETE,
C.B.S.

DATE SYSTEM APPROVED 9/30/80 INSPECTOR C.B. Stricker

PRELIMINARY

APPLICATION

A 24222

4 - 1 1/2 ft. holes on
10,000 sq. ft.

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 9/23/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Rd., Sykesville, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Amundale LOT NO. 43

ROAD AND DESCRIPTION Grinstead Ct. and Old Frederick Rd.

SIZE OF LOT 47,520 sq. ft. TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Fred James Pipes

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



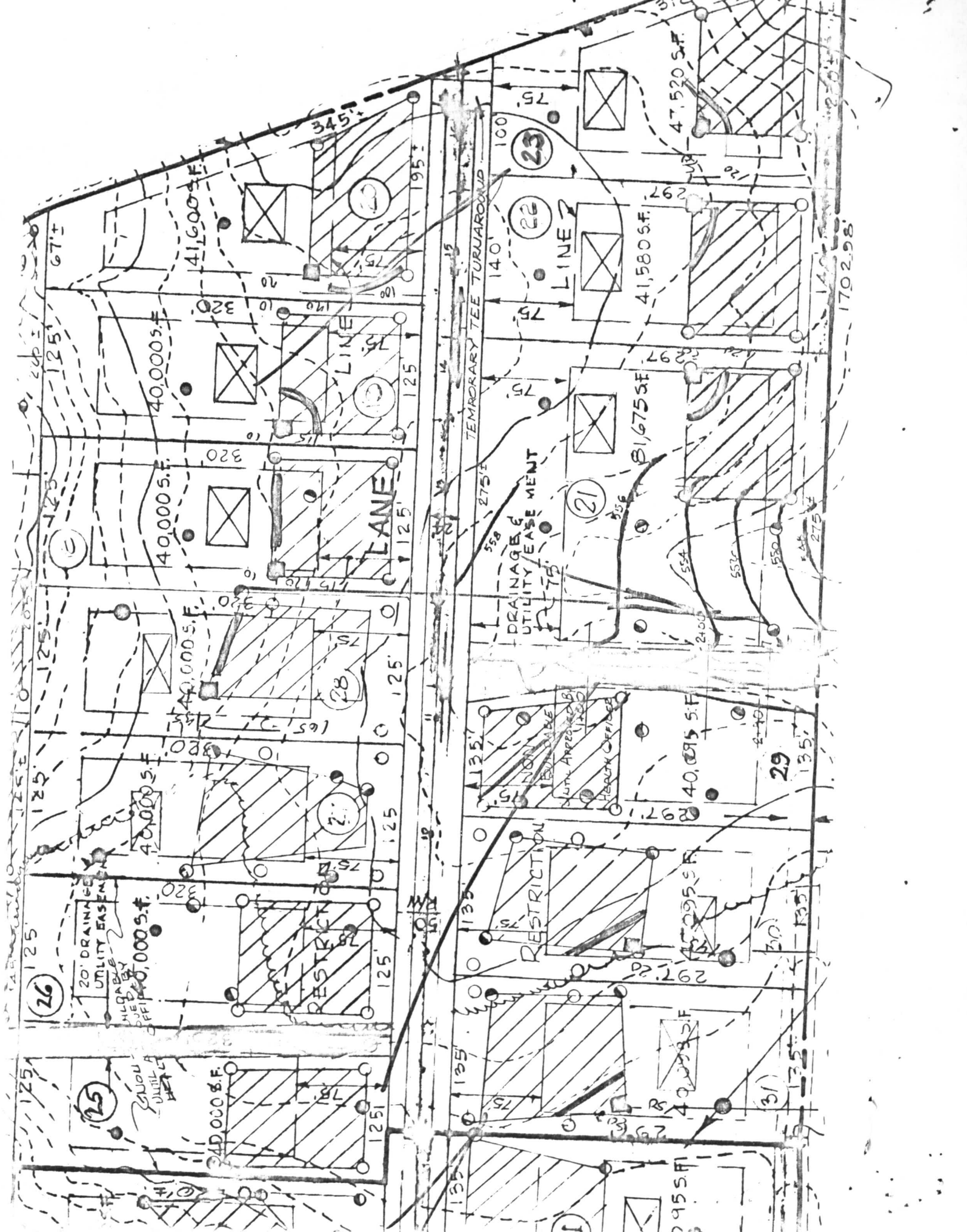
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/15	15	4 1/4'	3:20	5		3:59	~10
	d	13'	3:05	3:05	3:05	3:20	15
	2015	4-13'	OK				
	35	4'	3:02	3:07	3:04	3:20	13
	d	14'	3:02	3:04	3:04	3:21	14
	45	4'	3:05			3:20	~8
	d	15'	3:05	3:30	3:20	3:41	21
	5	5-13'	UISOOL				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____



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LOT #23

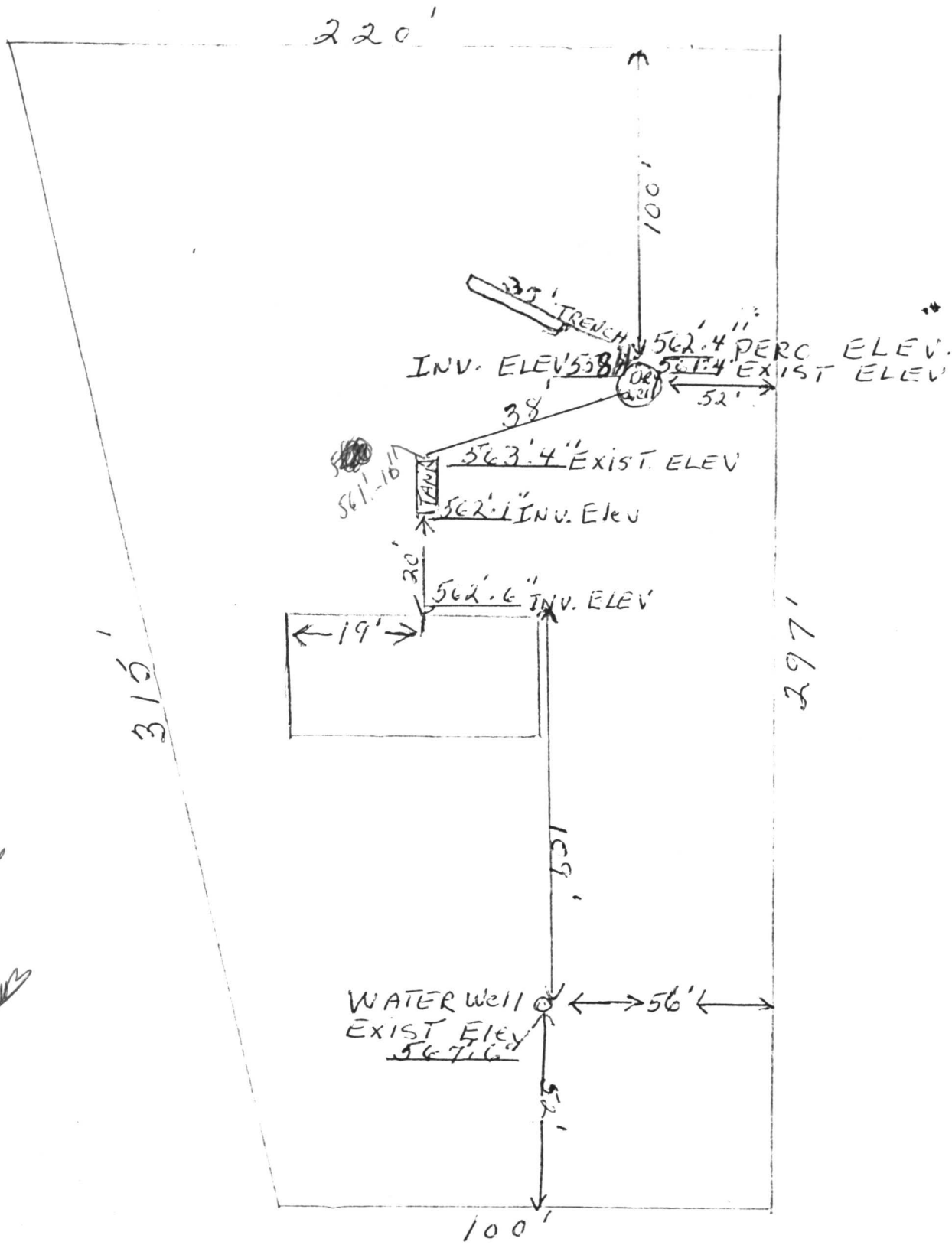
ANNANDALE

ZONE MAP

ZONE

HC 9

R



3-15-80
 Location
 &
 elevation
 OK *[Signature]*

ROAD

PIPES

LANE

I certify that these elevations are true & correct for this property *[Signature]*

C 1 7422 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER ANNE ARUNDEL

DATE RECEIVED (WRA USE ONLY) July 5 1979 DEPTH OF WELL 50 PERMIT NO. FROM "PERMIT TO DRILL WELL" AD-73-3274

DATE WELL COMPLETED July 5 1979 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 273

OWNER MANLEY LAST NAME SIDNEY A. FIRST NAME

STREET OR RFD 605 TRIP SAM RD. POST OFFICE SYKESVILLE MD.

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>SAND</u>	<u>2</u>	<u>11</u>	
<u>SAND</u>	<u>11</u>	<u>35</u>	<input checked="" type="checkbox"/>
<u>CLAY</u>	<u>35</u>	<u>50</u>	

EFFICIENT STORAGE OF WATER IN THE WELL IS ASSURED
 RECEIVED BY THE COUNTY ENGINEER
 AUG 8 1979

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 23

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN TYPE OR OPEN HOLE

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 20 21

2 30 31

3 40 41

SLOT SIZE 1, 2, 3, 3

DIAMETER OF SCREEN (NEAREST INCH) FROM 56 TO 60

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 50 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

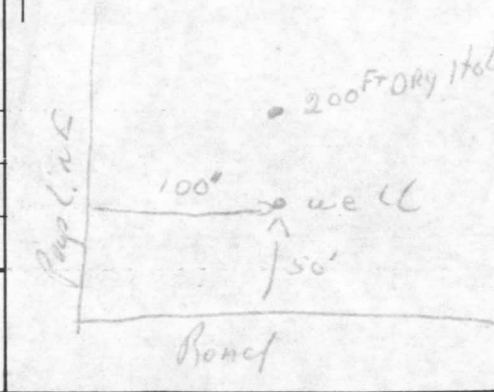
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE (NEAREST FOOT) 3

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Ralph Mayne

SIGNATURE Ralph Mayne

