

12/12/86 / 12/23/86  
ASAP

12/23/86  
approval  
SMB

# PERMIT

P 38044  
A 30957

## SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH\*

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330XX  
461-9933

**INDEXED**  
03-309541

**ELLICOTT CITY**  
DISTRICT 3rd  
DATE 11/17/86

Francis Bollinger IS PERMITTED TO INSTALL  ALTER

ADDRESS Bollinger Road, Westminster, MD 21157 PHONE 848-5864

SUBDIVISION Parton Subdivision ROAD 1637 Henryton Road LOT 3

PROPERTY OWNER Thomas Pohuski

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

DRY WELL OR DRY WELL AND TRENCH - 180 sq. ft. per bedroom. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade.

LOCATION: - Place the dry well 80 feet from the front lot line and 170 feet from the left side of the lot as seen when facing the lot from the Dirt Road.

NOTE: - If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 5 feet of stone below distribution pipe.

*MS*

OK TO INSTALL ALL TRENCH SYSTEM 30' EXTERIOR DOWNHOLE, 54 FT REMAINS 180/320000 GAL. (125' x 24')

PLANS APPROVED BY R. Hodges DATE 9/25/84

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

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, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30957



PRELIMINARY

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30957  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 3rd  
DATE 9/29/80

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 ~~Thomas G. Parton, Sr.~~ Thomas Pohuski  
ADDRESS 1645 Henryton Road, Marriottsville, Md. 21104 PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION minor subdivision LOT NO. 3(?)  
ROAD AND DESCRIPTION Henryton Road 1637

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 bedrooms

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.

SIGNATURE OF APPLICANT /s/ Otis Ketterman for Thomas G. Parton

APPROVED BY: [Signature] FOR \_\_\_\_\_ DATE 10/16/80

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/21/80 PACC OK per FS Hold for certification & 10/25  
SK 9/25/84 Spec written RH

BDG. PERMIT SIGNATURE AND RETURNED 8-20-80 [Signature]  
BP # 72440

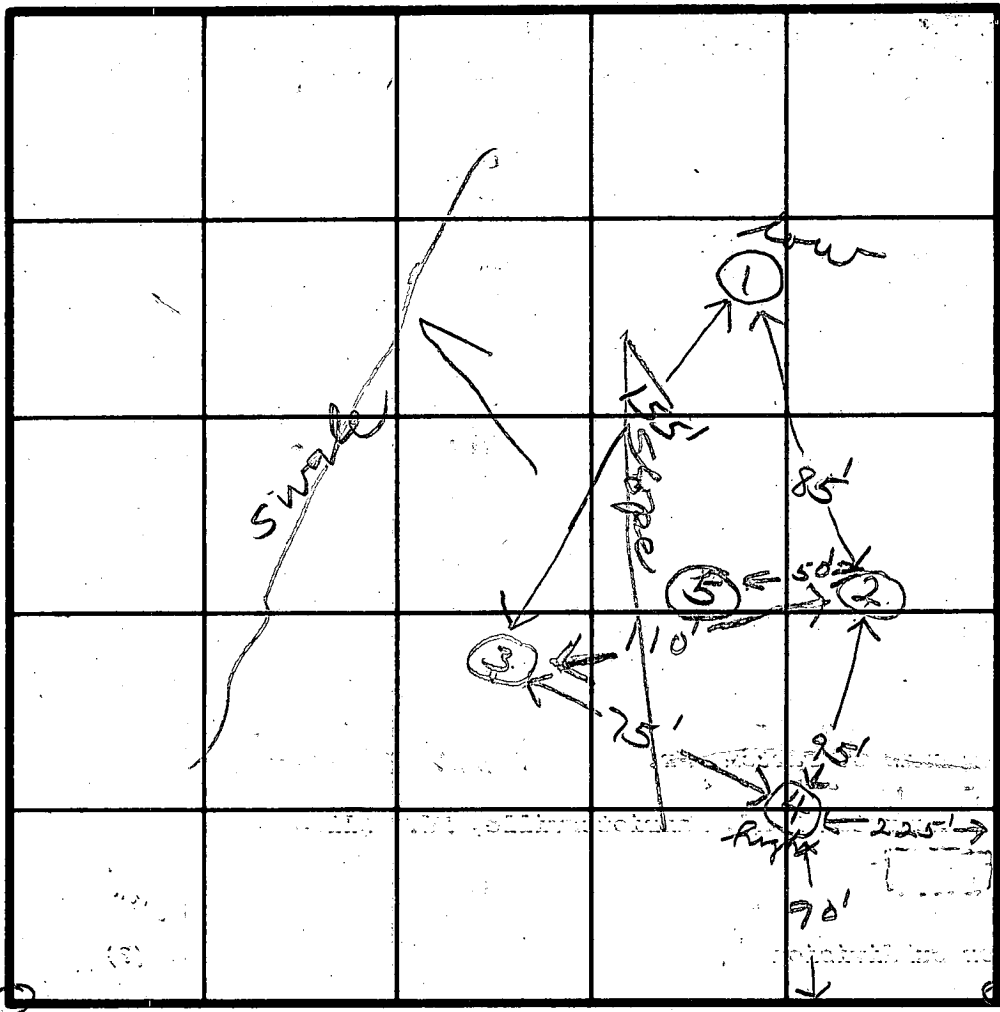
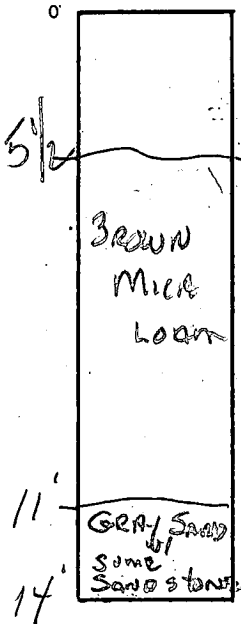
# THIS IS NOT A PERMIT

Lot #

3

①

SOIL PROFILE



FIELD SHEET

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Dirt ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-14-80	1S 7D	4 1/2 13	3:30 3:36	X X X 3:42	X X X 3:42	X X X 3:53	X X 11 min	
10/16/80	1S	5 1/2	10:10	10:26	10:26	10:46	20	
	2S	3 1/2	10:04	10:20	10:20	10:49	29	
	2D	13	10:37	10:41	10:41	10:45	4	
	3S	4 1/2	11:39 - 20 min 1st mark					
	3D	13	11:45	11:46	11:46	11:48	2	
	4S	5	11:30	11:32	11:32	11:34	2	
	4D	13	unusable to perm - sand					
	5V	12	good hole same as #4					4
	3S	5 1/2	12:10	12:13	12:13	12:15	2	

② ③  
0-5 clay  
5-13 earth brown  
0-4 1/2 clay  
5-13 sand  
brown

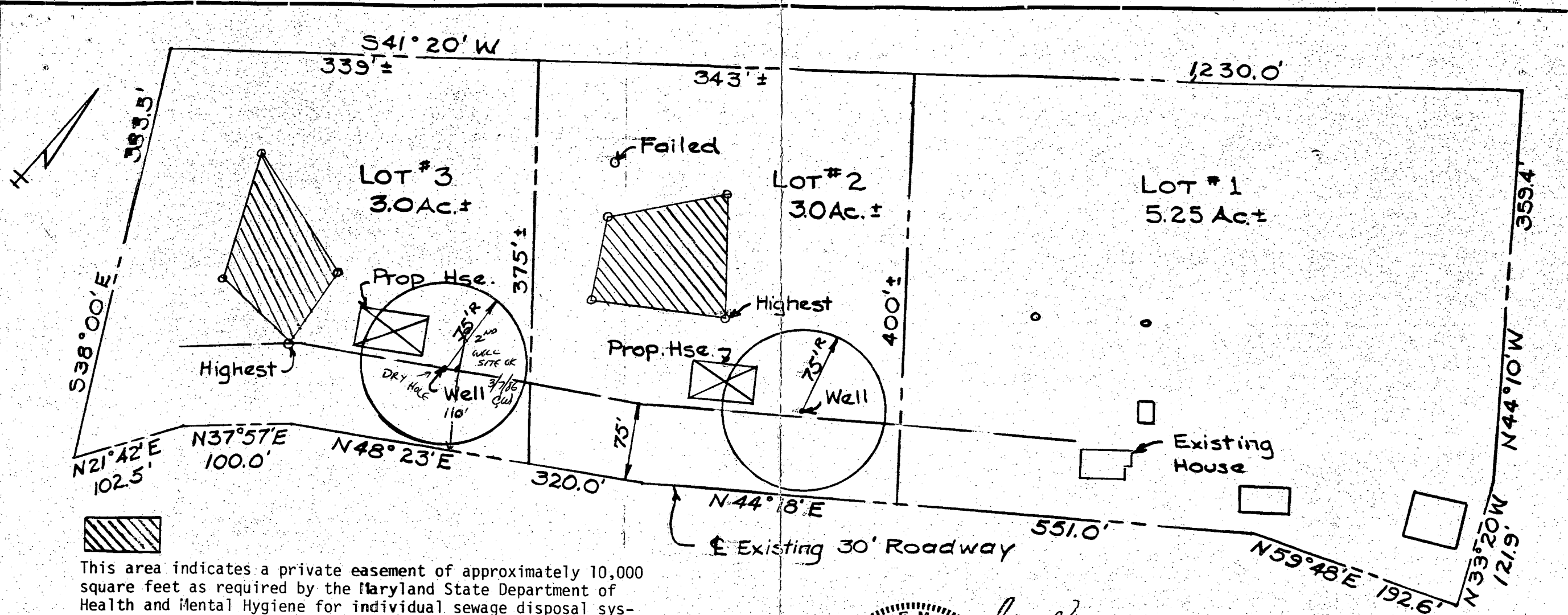
3/4  
0-9 to 14'

REMARKS: House must go in upper right corner. FIELD, brush & briars, some trees, corners & middle lot line staked by owner.

TYPE OF SOIL

TESTED BY SK AS

ALSO PRESENT OTIS KETTERMAN

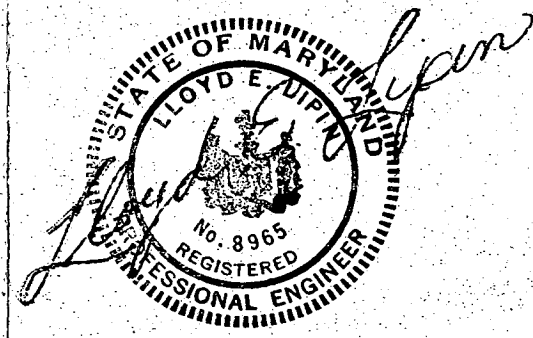


This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal systems. Improvements of any kind in this area are restricted until public sewage is available and serving any residential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

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

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

There are no wells or septic systems within one hundred feet of the property lines.



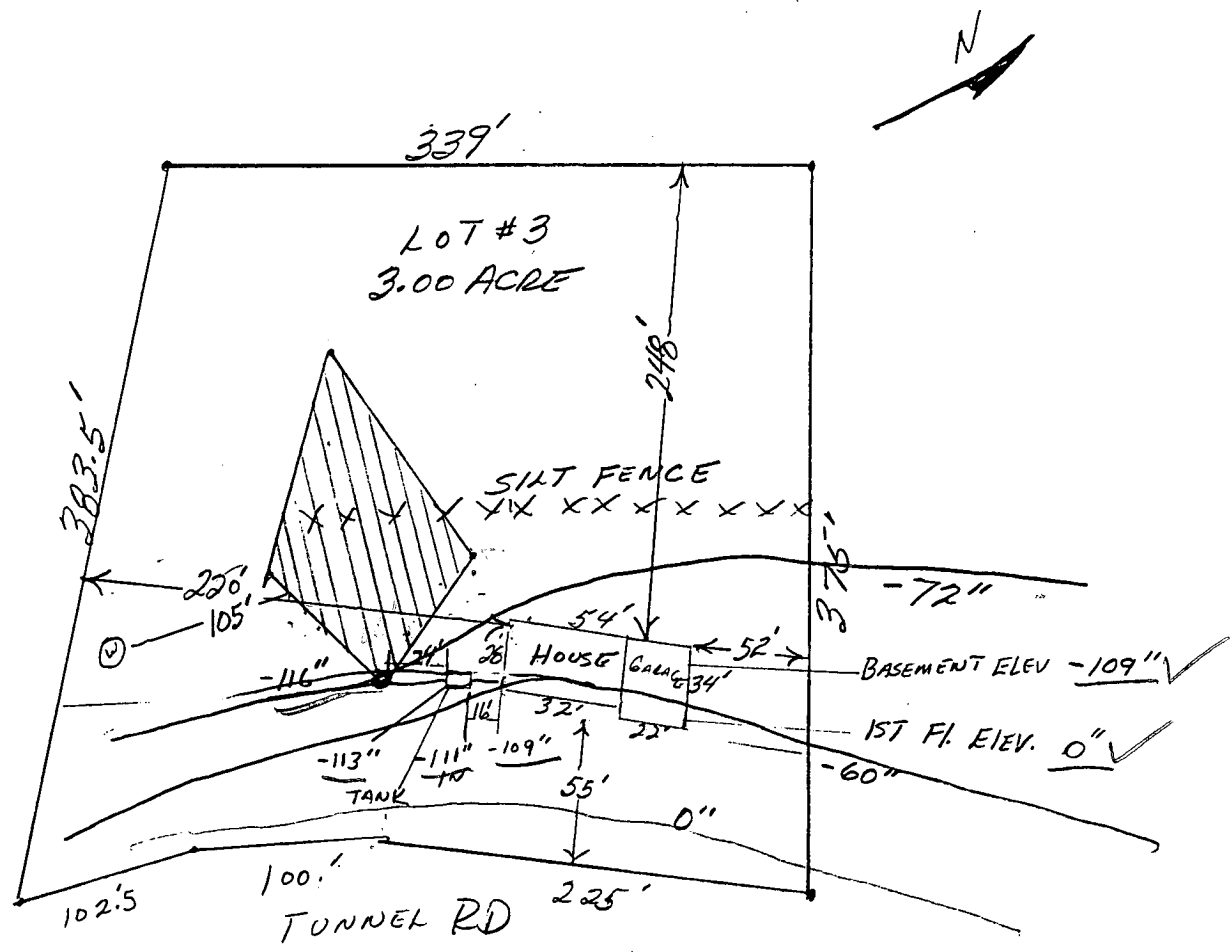
APPROVED: For Private Water and Private Sewage Systems.  
Howard County Health Department

*Signed & approved* [Signature] 2/19/81  
County Health Officer Date

PERCOLATION CERTIFICATION  
PLAT FOR  
THOMAS PARTON  
1645 HENRYTON ROAD  
HOWARD COUNTY, MD.

DATE: Nov. 14, 1980 SCALE: 1"=100'

10/20



LOG. PERMIT WORK  
AND RETURNED 8-20-84

8-20-84  
elevations ok  
optic location ok  
will need trench to DW.

4-9  
180  $\phi$  / BR  
D.W.  
15x5 driveway w/  
84' trench  
sufficient for  
4BR

BP # 72440  
PLOT PLAN  
LOT # 3  
PARTON SUBDIVISION  
1645 HENRYTON RD.

B 1 0765 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 12:30 AM please print or type

OEP PERMIT NUMBER  
HO-81-1419  
 fill in this form completely

Date Received 4/30/86  
 OWNER INFORMATION  
 DARRYEN TON  
 1645 LEMINGTON RD  
 HARRISBURG, MD 21771

B 3 LOCATION OF WELL  
 UNWARD  
 PARTON SUBDIVISION  
 SECTION 3 LOT 3  
 SLACKS CORNER  
 MILES FROM TOWN (enter 0 if in town) MI

DRILLER INFORMATION  
 Driller's Name George F. Basterday  
 Firm Name Basterday, Inc.  
 Address 9265 Brown Ch Rd, NE Airy, MD 21771  
 Signature George F. Basterday Date 4/21/86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 NEAR WHAT ROAD TUNNEL RD  
 CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 250 ENTER FT or MI FT

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard COUNTY NO. 430927  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S   
 DATE ISSUED 4/11/86 CO SIGNATURE Cam Wilson EXP. DATE 10/1/86  
 NORTH GRID 599000 EAST GRID 0822000

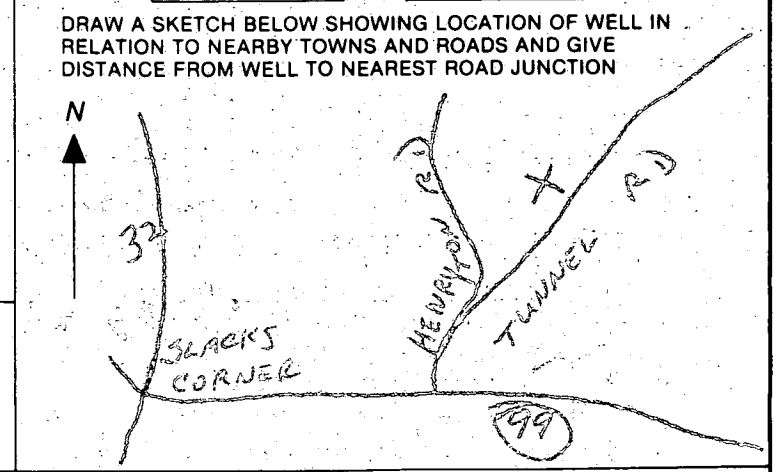
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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  
 other \_\_\_\_\_

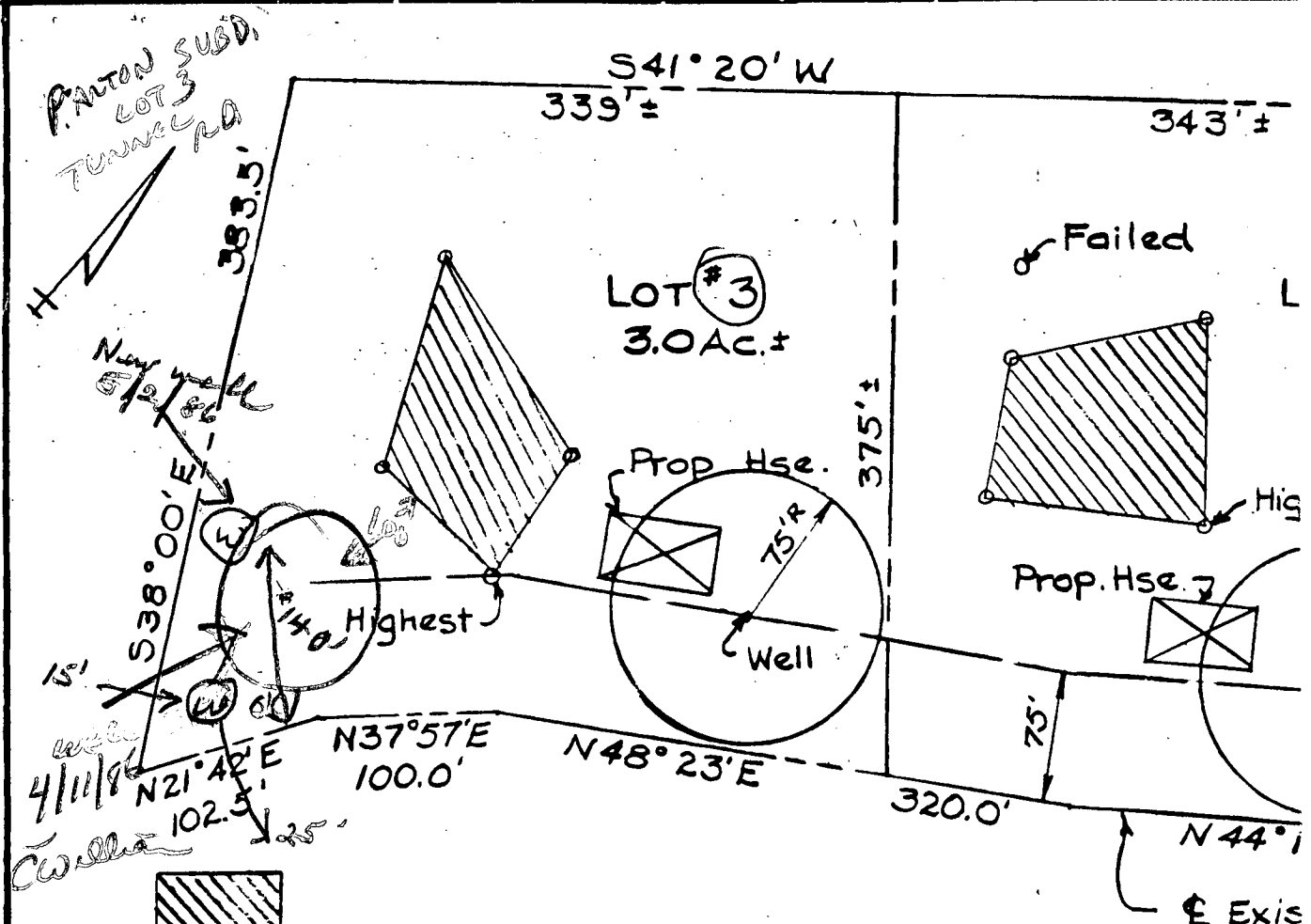
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. WELL  
 2. wells on lot  
 3. see plat  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 820  
 540

REPLACEMENT OR DEEPEDED 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  
 THIS WELL WILL DEEPEEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE  WRITE INITIALS IN BOX PERMIT NO. 11-5-86

SPECIAL CONDITIONS



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

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

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

There are no wells or septic systems within one hundred feet of the property lines.

APPROVED:  
Howard Co.

County He.

C1 00473

SEQUENCE NO. (OEP USE ONLY)

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 A 30957

DATE Received

DATE WELL COMPLETED 04 30 86

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1417

OWNER PARTEN THOMAS last name first name STREET OR RFD TUNNEL RD TOWN SLACKS CORNER SUBDIVISION PARTEN SUBD. SECTION NO 381 1475

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. Rows include topsoil, Red clay, Brown mica schist, Gray mica, brown mica schist, Gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (YES Y NO N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 20 ft.

CASING RECORD MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) S+ 6 26

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.) HO 24 400

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) Robert K. Huebner

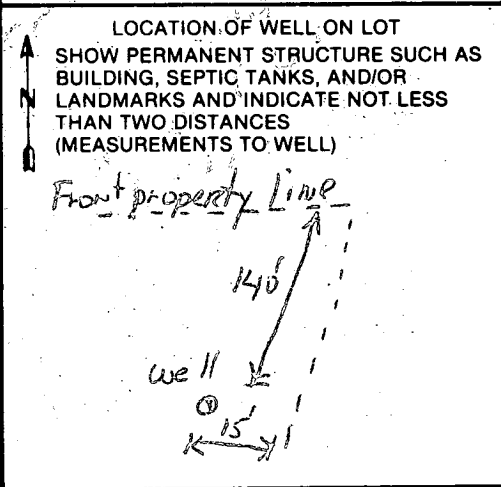
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST (used after drilled) HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 185 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 WILL INSTALL PUMP 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)



5-2-86  
8:00

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1417  
Location of property (road) ~~Parten~~ TUNNEL RD  
Subdivision PARTEN SUBD. Lot 3 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller EASTLADAY Owner THOM PARTEN

Depth of well 400 1 GPM  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 24' 3"

High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 10 G.P.M.  
Total time 30 min to reach pumping water level 180' 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)
9:30	180"	30 sec		2.0 G.P.M.
9:45	180' 4"	30 sec		2.0 G.P.M.
10:00	181' 6"	30 sec		2.0 G.P.M.
10:15	180' 8"	40 sec		1.5 G.P.M.
10:30	181' 6"	35 sec		1.7 G.P.M.
10:45	182' 7"	35 sec		1.7 G.P.M.
11:00	183'	40 sec		1.5 G.P.M.
11:15	184'	40 sec		1.5 G.P.M.
11:30	184' 2"	50 sec		1.0 G.P.M.
11:45	184' 2"	60 sec		1.0 G.P.M.
12:00	184' 2"	60 sec		1.0 G.P.M.
12:15	184' 4"	60 sec		1.0 G.P.M.
12:30	184' 4"	60 sec		1.0 G.P.M.
12:45	184' 5"	60 sec		1.0 G.P.M.
1:00	184' 5"	60 sec		1.0 G.P.M.
1:15	184' 5"	60 sec		1.0 G.P.M.
1:30	184' 6"	60 sec		1.0 G.P.M.
1:45	184' 6"	60 sec		1.0 G.P.M.
2:00	184' 8"	60 sec		1.0 G.P.M.
2:15	184' 9"	60 sec		1.0 G.P.M.
2:30	184' 9"	60 sec		1.0 G.P.M.
2:45	184' 10"	60 sec		1.0 G.P.M.
3:00	184' 11"	60 sec		1.0 G.P.M.
3:15	185'	60 sec		1.0 G.P.M.
3:30	185'	60 sec		1.0 G.P.M.

B 1 2813 SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1476

fill in this form completely

Date Received

OWNER INFORMATION

15 Last Name: PARTER, Owner

36 Street or RFD: MONEY TOWN RD

57 Town: MARYLETTESVILLE, State 72, Zip 76

B 3 LOCATION OF WELL

8 COUNTY: HOWARD

23 SUBDIVISION: PARTER SUBDIVISION

SECTION: 44, 46; LOT: 3, 50; WELL # 2

52 NEAREST TOWN: SLACKS CREEK

MILES FROM TOWN (enter 0 if in town): 3 MI

DRILLER INFORMATION

George F. Easterday, 40 License No. 80

L.F. Easterday, Inc

9265 Brown Ch. Rd. Mt. Airy, Md 21771

Signature: George F. Easterday, Date: 4/19/86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: TUNNEL RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST

34 DISTANCE FROM ROAD: 700 FT

ENTER FT or MI: 700 FT

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 505

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO. A-30957

OEP SIGNATURE: [Signature], STATE HEALTH INSERT S

DATE ISSUED: 05/19/86, EXP. DATE: 11/19/86

NORTH GRID: 544000, EAST GRID: 0822000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 700 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY

JETTED AIR-PERCussion

Jetted & DRIVEN ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY

DRIVE-POINT

REPLACEMENT OR DEEPEINED 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

THIS WELL WILL DEEPEIN AN EXISTING WELL

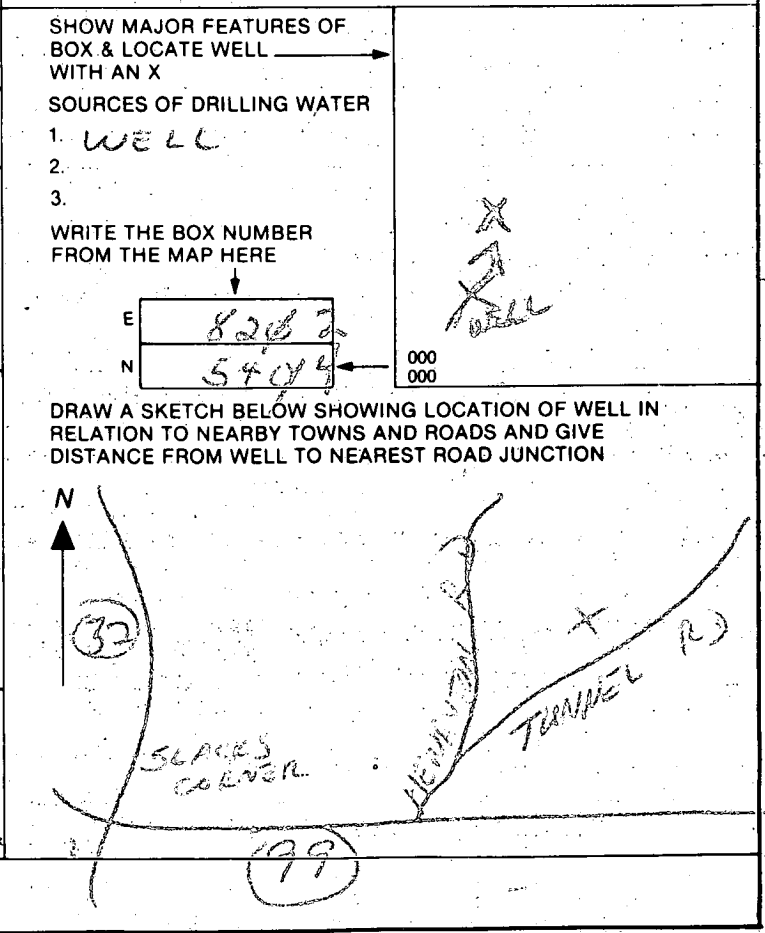
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):

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

APPROP. PERMIT NUMBER: GAP

FORCE: BA, PERMIT NO.: 40-81-1476

SPECIAL CONDITIONS



0878  
 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 **A-30957**

DATE RECEIVED  
 [ ] [ ] [ ] [ ] [ ] [ ]

DATE WELL COMPLETED  
**043086**

DEPTH OF WELL **WELL # 2**  
**200**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**NO-87-1476**  
*(issued after drilled)*

OWNER **PARTEN, TOM**  
 STREET OR RFD \_\_\_\_\_ TOWN \_\_\_\_\_  
 SUBDIVISION **DARTEN SUBDIVISION** SECTION \_\_\_\_\_ LOT **3**

**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	
topsoil	0	1	
brn mica schist	1	19	
gray mica	19	28	
brn mica schist	28	35	
gray mica	35	70	
brn mica schist	70	80	
gray mica	80	200	

*no to 1/3 GPM*

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **7** NO. OF POUNDS **700**  
 GALLONS OF WATER **35**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **18** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE **S+** **6** **20**  
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO**  
 STEEL BRASS OPEN HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C 2**  
 DEPTH (nearest ft.)  
 1 **H0** **17** **200**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

GRAVEL PACK \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 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.) WQ \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

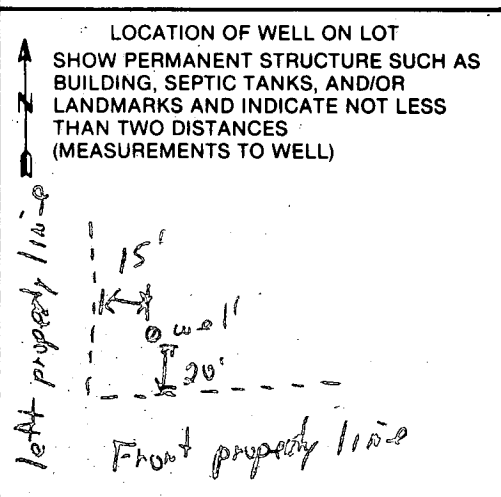
**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **1**  
 METHOD USED TO MEASURE PUMPING RATE **Bruckner**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **30**  
 WHEN PUMPING **200**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP 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 } LAND SURFACE \_\_\_\_\_ (nearest foot)  
**-** below }

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**  
**George J. Eason**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Robert K. Buckley**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



*Revised  
1/23/86  
[Signature]*

THOMAS POHUSKI  
4401 Cedar Garden Road  
Baltimore, Maryland 21229

COUNTY #A-30957 State #Ho-81-1363

Parton Subd. Lot #3, Tunnel Road

LOG OF DRY HOLES

DRY HOLE #1 - 250 FEET

Dirt	0	16	
Blue Mica	10	250	2 Bags Concrete to BACKFILL

DRY HOLE #2- 325 FEET

Dirt	0	8	
Blue & Brown Schist	8	55	2 Bags Concrete to BACKFILL
Brown Mica	55	56	
Blue Mica Schist	56	325	

B 1 **1524** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL R-365-67  
 please print or type  
 OEP PERMIT NUMBER **HO-81-1363**  
 fill in this form completely

Date Received  
 OWNER INFORMATION  
 8 **FRANK J. JAMES** 13  
 15 Last Name Owner 34 First Name  
 36 **4401 CEDAR GARDEN RD** 55  
 Street or RFD  
 57 **ROBT. W. WARE** 70 State 72 **MD** 76 Zip

B 3 LOCATION OF WELL  
 8 **ANNAPOLIS** 21  
 COUNTY  
 23 **PARTON QUAD** 42  
 SUBDIVISION  
 SECTION 44 **3** 46 LOT 48 **3** 50  
 52 **WEST FRIENDSHIP** 71  
 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** 73 **MI** 76 77 78

DRILLER INFORMATION  
 Driller's Name **Ronald J. Kyrker** 77 License No. **091**  
 Firm Name **Westminster Rotary Well Drilling, Inc**  
 Address **Box #361, Westminster, Md. 21157**  
 Signature **Ronald J. Kyrker** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NEAR WHAT ROAD **Tunnel Rd**  
 NORTH  
 WEST **32** EAST  
 SOUTH  
 34 **47** 37  
 DISTANCE FROM ROAD  
 ENTER FT or MI **0.5**  
 38 39

B 2 WELL INFORMATION  
 2 APPROX. PUMPING RATE (GAL. PER MIN.) **4** 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **250** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **HOWARD** COUNTY NO. **A-30957**  
 OEP SIGNATURE DATE ISSUED **02/27/86** STATE HEALTH INSERT S **41**  
 CO-SIGNATURE **R. Alton** EXP. DATE **08/23/86**  
 NORTH GRID **544000** EAST GRID **0231000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
 24 28

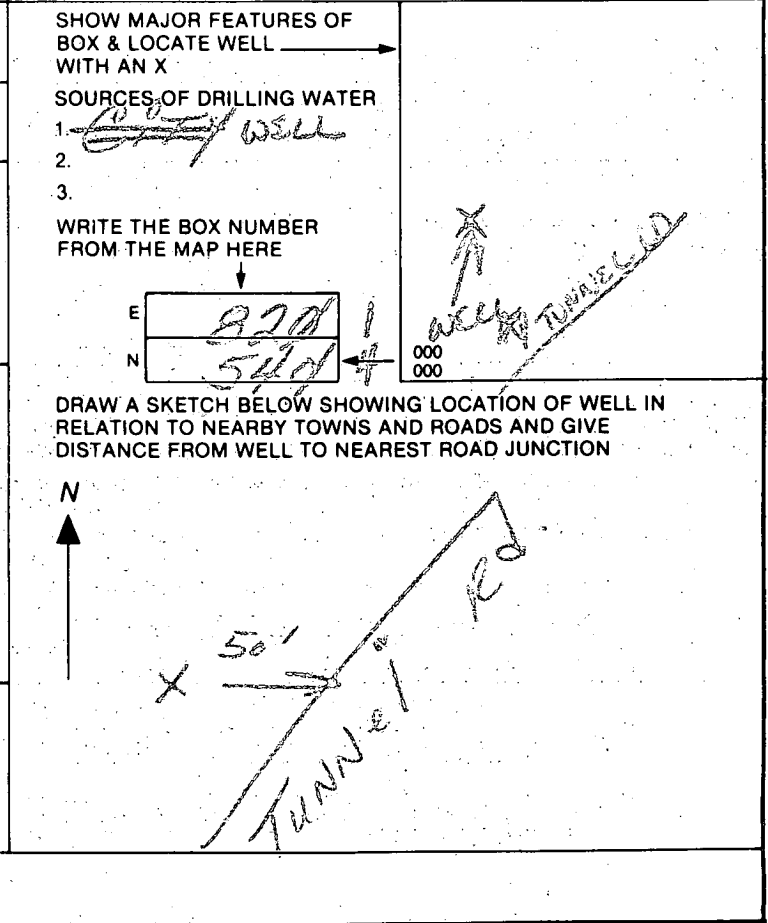
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROtary  AIR-PERcussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROtary  Drive-POINT  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEINED 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  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **Ba** WRITE INITIALS IN BOX PERMIT No. **HO-81-1363**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION Lot 3 PANTON SUBDIVISION A 30957 ZIP \_\_\_\_\_

OWNER  OCCUPANT  TOM POHUSKI ADDRESS 1637 HEURYTON RD PHONE \_\_\_\_\_

COMPLAINANT BOLLINGER - SEPTIC CONTRACTOR ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION HOUSE PLUMBED LOWER THAN SHOWN IN B.P.  
CANNOT REACHED SPECIFIED LOCATION.

RECEIVED BY 12/19/86 C Walker DATE \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ CODES \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INVESTIGATION 12/19/86 TIME 10:00 WEATHER OFFICE

REPORT REVIEW OF FILE SHOWS NO ROOM TO ADJUST SEPTIC AREA,  
HOUSE MUST BE RE-PLUMBED TO REACH DESIGNATED LOCATION,  
CONTRACTOR WILL NOTIFY HOMEOWNER.

12/19/86 TOM PASS - BUILDER CALLED,  
HE BELIEVES THAT THE CHANGE IN PLUMBING WILL RESULT  
IN ONLY A MINOR ADJUSTMENT IN THE SEPTIC LOCATION,  
HE FURTHER INDICATED THAT THIS ARRANGEMENT WAS  
ACCEPTED BY MR. FROMMELT.

DUE TO THE CONFLICTING INFORMATION, WAS AGREED  
TO MEET AT THE SITE 10 AM MONDAY FOR FIELD VERIFICATION.  
C Walker

\* LIMITED PROSPECTS FOR MOVING SEPTIC  
AREA DOWNHILL ON THIS PROPERTY WITHOUT WET-SEASON INSPECTIONS.

DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_