

4/25/85 PM
4/26/85 AM - ASAP

approved
4/24/85
Culler

PERMIT

P 35229
A 27192

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-332436

INDEXED

ELLICOTT CITY
DISTRICT 4th

DATE 4/12/85

Arnold Septic Tank Service IS PERMITTED TO INSTALL ALTER

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7873

SUBDIVISION Middle Trail ROAD 16337 Old Frederick LOT 21-C

PROPERTY OWNER C. Allen Weller

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

TRENCHES - 258 sq. ft. sidewall area per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective are begins at 4 1/2 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION: Start the trench at perc hole # (7) (8) and run it along level ground toward perc hole # (1) (2). Perc hole (7) (8) is located 50 feet from the front lot line and 20 feet from the right lot line as seen when facing the lot from the front lot line. Perc hole # (1) (2) is located 160 feet from the front lot line and 20 feet from the left lot line as seen when facing the lot from the front lot line. The front lot line is the 198.75 ft.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges DATE 5/18/84

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 PERMIT SIGNED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS. AND RETURNED 4/18/85

PERMIT VOID AFTER THREE YEARS.

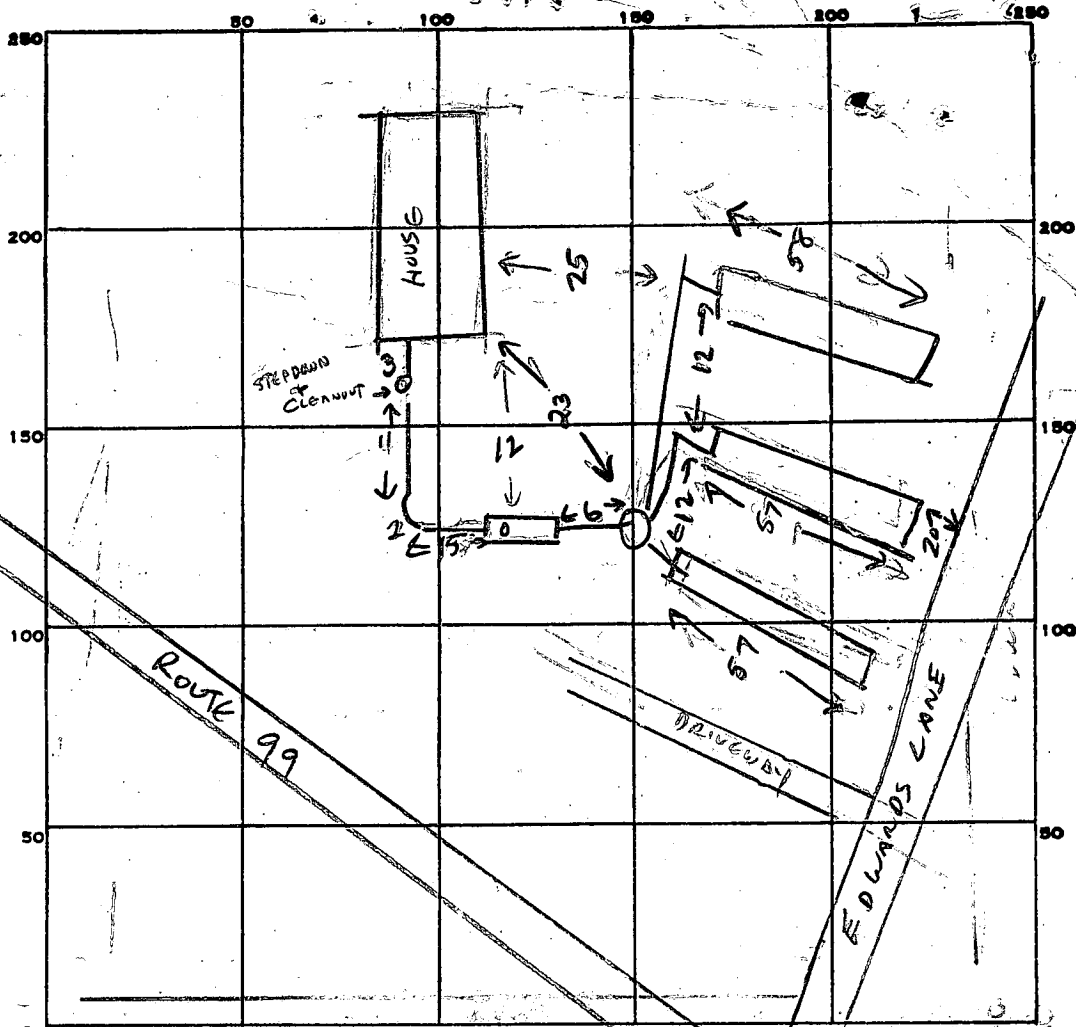
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BLDG. PERMIT SIGNED
AND RETURNED
Serial # 12603
A 27192

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST INLINE

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 1/2 FT IN. TOTAL LENGTH 173 FT.

NUMBER OF TRENCHES 3 (57+57+58) TOTAL BOTTOM AREA 778

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

ABSORBENT AREA 778 SQ. FT.

3.
1.73
4.5
865
692
3/778.5
266

REMARKS 4-25-85 COMPLETE TRENCHES CW

4-26-85 OK TO COVER ALL WORK. CW

DATE SYSTEM APPROVED 4/26/85

INSPECTOR CW

APPLICATION

A 27192

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE _____

BLDG. PERMIT SIGNED
AND RETURNED 5/18/84
Serial # 58573

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 C. Allen Weller
HOWARD ASSOCIATES

ADDRESS 4647 Briarcliff Road COLUMBIA
SUITE 118 TEACHERS BLDG. PHONE _____

PROPERTY LOCATION Baltimore, Md 21224

SUBDIVISION MIDDLE TRAIL LOT NO. 21C
16337

ROAD AND DESCRIPTION OLD FREDERICK RD

SIZE OF LOT 1.296 AC TYPE BLDG. 3 or 4 Bedrooms
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 _____

APPROVED BY Raymond Hodge FOR TRENCH OR DWT TRENCH DATE 2/2/83
(KIND OF SYSTEM)

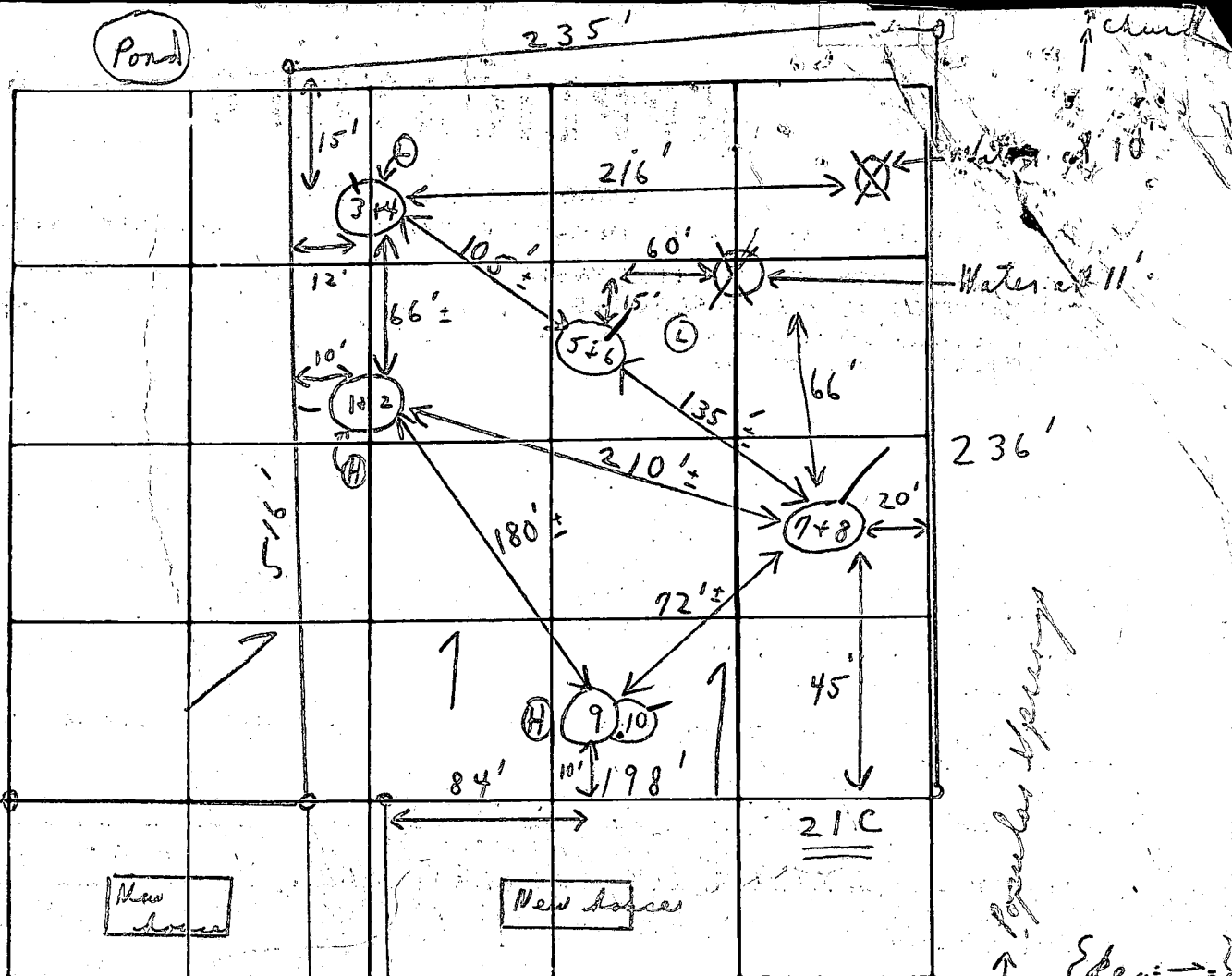
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/13/79 for certified holes (check overall plat.) Also houses sites. C.B.V.

2/2/83 PLAT ALREADY SIGNED 5/23/79 RH

THIS IS NOT A PERMIT



Woodbine ←

Old Frederick Road

Populus Spring

Soil Profile

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
				START	STOP	START	STOP		
Below clay weathered shale + loam	4/12/78	1	4 1/2'	2:21	2:25	2:25	2:40	15 min.	
		2 (H)	13'	2:21	2:27	2:27	2:40	13 min	
		3	4 1/2'	2:30	2:34	2:34	2:44	10 min	
		4 (L)	12'	2:26	2:28	2:28	2:31	3 min	
		5	4'	2:55	3:10	3:10	3:37	27 min	
		6 (L)	13'	2:55	2:57	2:57	3:01	4 min	
		7 B	6'	10:00	10:03	10:03	10:10	7 min	
		7 A	5'	3:43	3:59	3:59	Pulled per lower shelf X		
	Need 2 shelves.	4/13/78	8	12'	3:42	3:50	3:50	4:11	21 min
		9 A	5'	3:36	Pulled per 357	lower shelf.			
	9 B	6' + 6 1/2'	9:58	10:05	10:05	10:25	20 min		
	(H) 10	12 1/2'	3:35	3:46	3:46	4:03	17 min		

REMARKS Reassembled field sheet 4/20/78

TYPE OF SOIL

TESTED BY C. B. V.

ALSO PRESENT: Arnold's father + assistant 4/12/78
4/13/78 Arnold's Father

APPLICATION

A. 27192

P. _____

SEWAGE DISPOSAL TESTING

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 4th

DATE 11/8/77

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 Howard Associates

ADDRESS Suite 118, Teachers Bldg., Columbia PHONE _____

PROPERTY LOCATION:

SUBDIVISION Middle Trail LOT NO. 21C

ROAD AND DESCRIPTION Old Frederick Rd.

SIZE OF LOT 1.296 Ac. TYPE BLDG. 3 or 4 bedrooms
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 _____

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

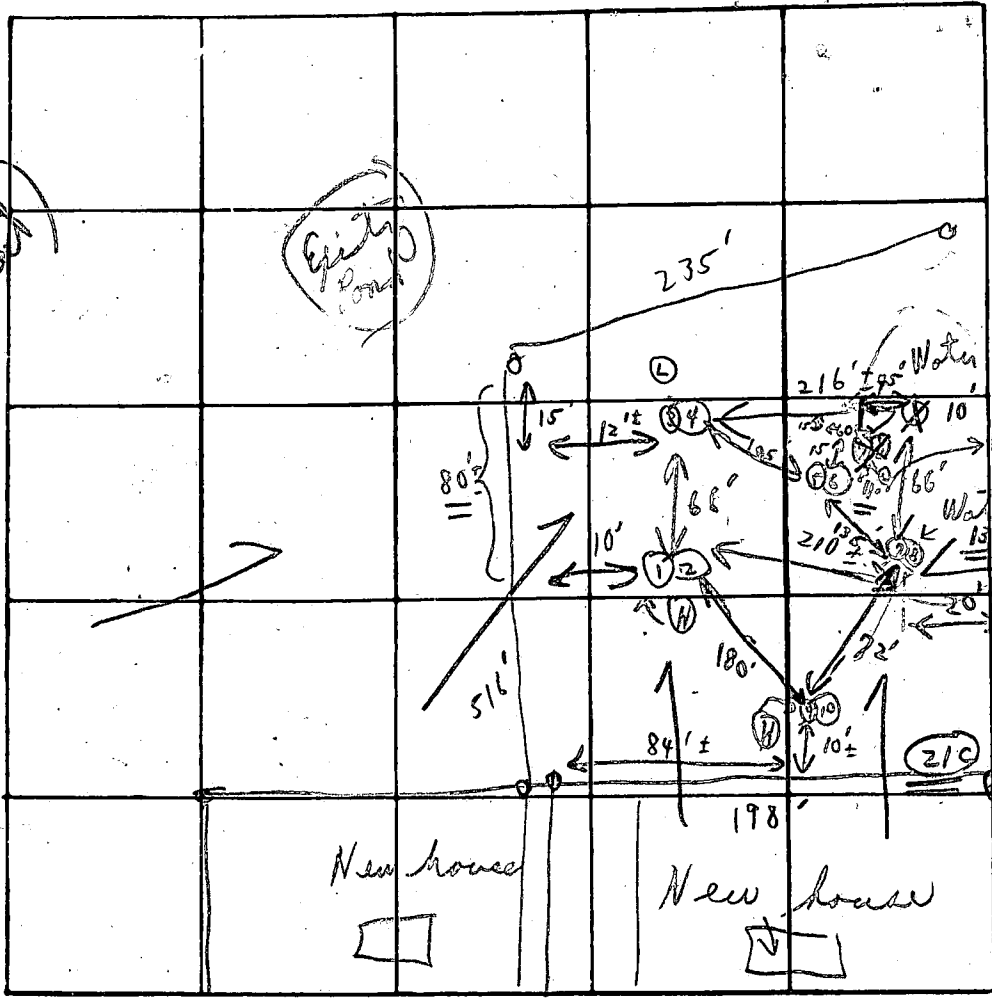
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

(Field sheet)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Old Frederick Rd

⑩ Hole
1/2 out
10
+ sand
elevation

Possibly
Need another
4/14/78 note per D.M.N.

Said Prof
Below
clay
weathered
shale
+ sandy
concrete

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/12/78	1	4 1/2'	2:21	2:25	2:25	2:40	15m
	2	15' pt	2:21	2:27	2:27	2:40	13m
	3	4 1/2'	2:30	2:34	2:34	2:44	10m
	4	12'	2:26	2:28	2:28	2:31	3m
	5	4'	2:55	3:10	3:10	3:37	27m
	6	13' pt	2:55	2:57	2:57	3:01	4m
	7 B	6'	10:00	10:03	10:03	10:10	7m
	7 A	5' pt	3:43	3:59	3:59	4:11	21m
4/13/78	8	12'	3:42	3:50	3:50	4:11	21m
4/14/78	9 A	5'	3:35	3:59	3:59	4:11	21m
	10	12 1/2'	3:35	3:46	3:46	4:05	17m

Remarks: 7 B 4/13/78 6-6 1/2' Open field below 2 new houses under construction

TYPE OF SOIL _____
 TESTED BY C. B. P. ALSO PRESENT: Arnoldo - Alder man + assistant

4-13' Leased
on 10,000 ft.

APPLICATION

A 21998

Preliminary

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 8/20/75

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 Howard Associates

ADDRESS Suite 118, Teachers Bldg., Columbia, Md. PHONE 730-7733

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 21C

ROAD AND DESCRIPTION R/W off Old Frederick Road

SIZE OF LOT 1.296 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____ (Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ Joel Abramson

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

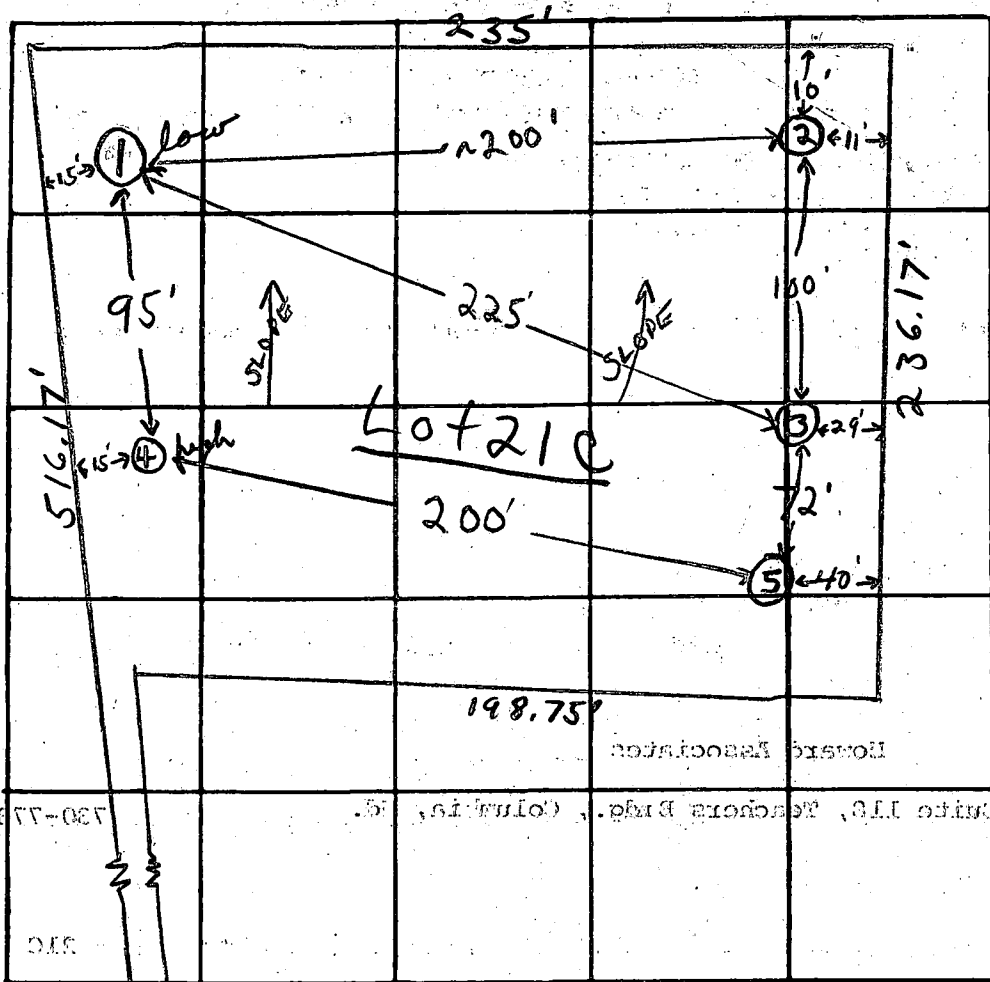
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS in wet season DATE _____

REASONS FOR REJECTION OR HOLDING 8/28/75 Underground water at 12' in rear of

lot hold for testing in wet season F.S. & D.D.N.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Old Fredrick Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/28/75	1 low	3 1/2'	1:40	1:44	1:44	1:58	6 min
	1A	11'	1:40	1:50	1:50	2:22	32 min failed
	2	12'	Water at 12'		clayey to ~5' silty		can't penetrate below
	3	5'	2:17	3:16	3:16		FAILED
	3A	12 1/2'	2:17	2:36	2:36	3:12	36 min Failed
	4 high	3'	2:28	2:51	2:51		pulled peg Failed
	4A	13'	2:29			2:30	too fast FAILED
	5	12'	Viscid		Silty loam & saprolite below top 3-5'		clayey soil
	4B	11'	2:55	2:57	2:57	3:00	3 min
	4C	4'	3:02	3:10	3:10	3:31	21 min
	1B	10 1/2'	3:30	3:35	3:35	3:47	12 min

REMARKS: Water at 12 ft in (2) (3) is ~5' higher than (1). FAILED TEST

TYPE OF SOIL: silty loam & weathered saprolite below top 3-5' clayey soil

TESTED BY: F.S. & D.D.N. ALSO PRESENT: P. Lendrim

APPLICATION

A 21997

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 4

DATE 8/20/75

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 Howard Associates

ADDRESS Suite 118, Teachers Bldg., Columbia, Md. PHONE 730-7733

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 21C

ROAD AND DESCRIPTION R/W off Old Frederick Road

SIZE OF LOT 1.296 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Entry Dwlg.)

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

SIGNATURE OF APPLICANT /s/ Joel Abramson

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

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

HOLD PENDING FURTHER TESTS F. Sch... DATE 8/29/75

REASONS FOR REJECTION OR HOLDING test during wet season of failure in 198

THIS IS NOT A PERMIT

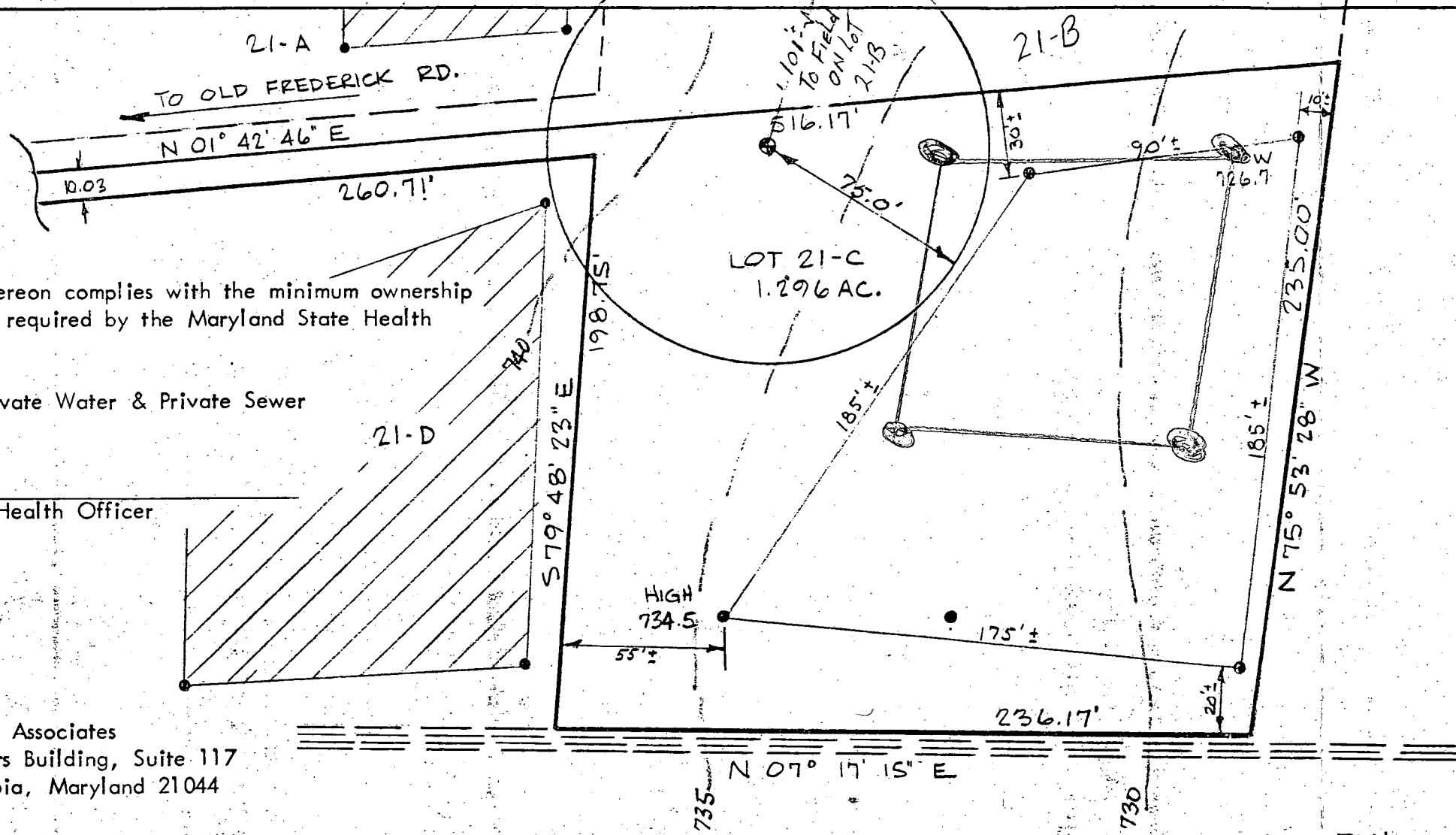
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____



The lot shown hereon complies with the minimum ownership and lot areas as required by the Maryland State Health Officer.

APPROVED: Private Water & Private Sewer

Howard County Health Officer

Owner: Howard Associates
 Teachers Building, Suite 117
 Columbia, Maryland 21044

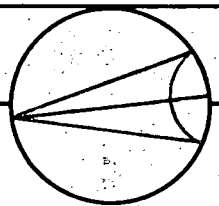
● = Perc Holes Field Located
 ⊕ = Proposed Well



Richard P. Browne

No. 5238

REFERENCE



MERIDIAN

RICHARD P. BROWNE ASSOCIATES
 CONSULTING ENGINEERS, PLANNERS
 WAYNE, N.J. COLUMBIA, MD.

MAP OF PROPERTY OF
 HOWARD ASSOCIATES

SITUATED IN
 4th Election District Howard County, Md.

SCALE: 1" = 50'

DATE: 10-16-75

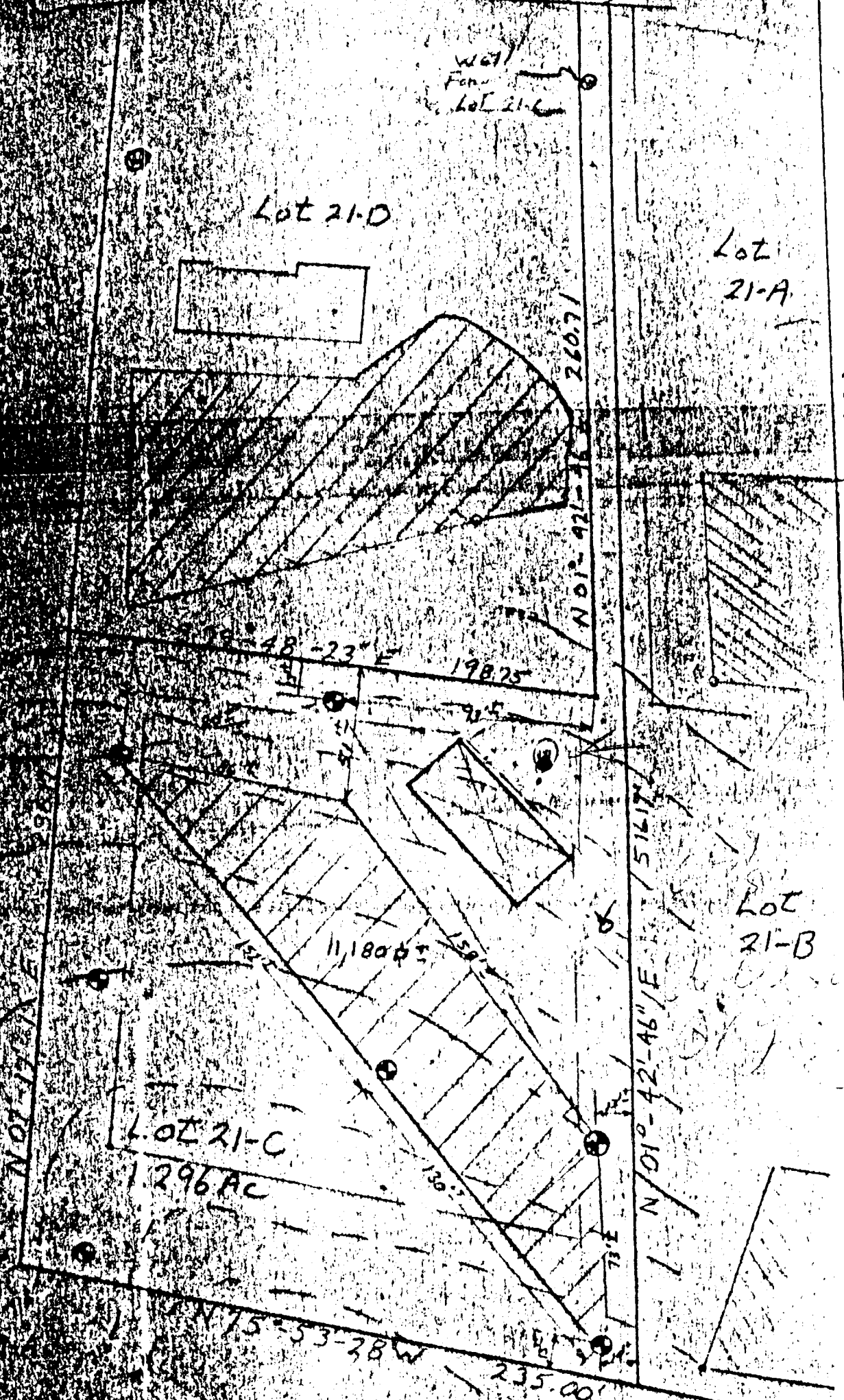
PROJECT No. _____ W. O. No. _____

DRAWN CBM CHECKED _____


BRUNING 40-105 11334

OLD FREDERIC ROAD

1003



The lots shown herein comply with the minimum ownership and lot area as required by the Maryland State Health Department.

⊙ = Perch field located
 ⊕ = Proposed water well
 This designates a private sewer easement as required by Maryland State Department of Health & Mental Hygiene upon which permanent construction is prohibited.

James B. ... 5-23-78
 Howard County Health Officer
 General Howard Associates
 Clark Building Suite 105
 Columbia Maryland 21044

Middle Trail Lot 21-C
 MAP OF PROPERTY
 OF



B 1 **4271** SEQUENCE NO. (OEP USE ONLY) **Pumped Show 6:30 AM 6/22/82** STATE OF MARYLAND PERMIT TO DRILL WELL
 OEP PERMIT NUMBER **HO-73-4199**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type fill in this form completely

Date Received **6/22/82** (OEP Use Only)
 OWNER INFORMATION
 Last Name 15 **HOPKINS** Owner 34 Name **BARRY**
 Street or RFD 36 **200 CHELTONINGTON RD** 55
 Town 57 **LIMATHICUM MD** State 76 Zip **21090**

B 3 LOCATION OF WELL
 COUNTY 1 **Howard** 6
 SUBDIVISION 8 **MIDDLE TRAIL** 21
 SECTION 23 **21-C** 42
 NEAREST TOWN 44 **Lisbon** 46
 MILES FROM TOWN (enter 0 if in town) 52 **1** 73 M I 76 77 78

B 1 Continued DRILLER INFORMATION
 Driller's Name **Ralph MAYNE** 77 License No. 80 **223**
 Firm Name **Ralph Mayne Well Drilling**
 Address **RT. 3 Box 9120 Mt. Airy Md.**
 Signature **Ralph Mayne** Date **5/22/82**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD 11 **OLD Frederick Rd.** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST WEST EAST SOUTH
 DISTANCE FROM ROAD 34 **200** 37 (CIRCLE APPROPRIATE BOX) F T M I 38 39

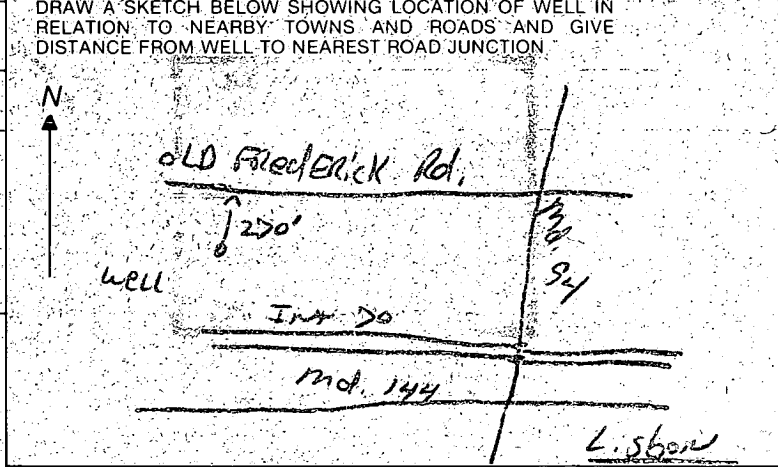
B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 1 **5** 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **500** 20

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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'
 SOURCES OF DRILLING WATER
 1. **Location OK**
 2. **42' casing**
 3. **1 1/2' above gr.**
 4. **38' open**
 5. **9' vap cement**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **2205**
 N **5502**

APPROXIMATE DEPTH OF WELL 24 **150** 28 FEET
 APPROXIMATE DIAMETER OF WELL 30 **6** 37 NEAREST INCH

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **27102**
 OEP SIGNATURE _____ STATE HEALTH CIRCLE BOX **S** 41
 DATE ISSUED **6/27/82** **Frank Skinner, Sanitarian**
 CO SIGNATURE _____
 NORTH GRID **552** EAST GRID **0775** EXPIRES **120782**

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 **GAP** 63
 FORCE **5** WRITE INITIALS IN BOX PERMIT NO. **42-73-4199**
 64 68 70 71 72 73 74 75 76 77 78 79

B 5 SPECIAL CONDITIONS 8-63
 1 2 3 6

C1 3194

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 27192

Date Received (OEP use only)

DATE WELL COMPLETED 062282

Depth of Well 145' (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL HC-73-4199

OWNER HOPKINS last name

BARRY first name

STREET OR RFD Old Fredrick Road

TOWN Lisbo.

SUBDIVISION Middle Trail

SECTION

LOT 21-C

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top So. L	0	2	
Brown shale	2	35	✓
Brown slate	35	45	
BLUE SLATE	45	80	
Brown slate	80	85	✓
BLUE SLATE	85	145	

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY

CEMENT BENTONITE CLAY

NO. OF BAGS 9 NO. OF POUNDS 90

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft.

CASING RECORD

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE 6" diameter, 42' depth

OTHER CASING (if used)

SCREEN RECORD

STEEL BRASS OPEN HOLE

PL OT

DEPTH (nearest ft.) 145

SLOT SIZE 2

DIAMETER OF SCREEN (NEAREST INCH) 6

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 25

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 145

TYPE OF PUMP USED (for test)

Air piston turbine

centrifugal rotary other (describe below)

jet submersible

PUMP INSTALLED: YES NO

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

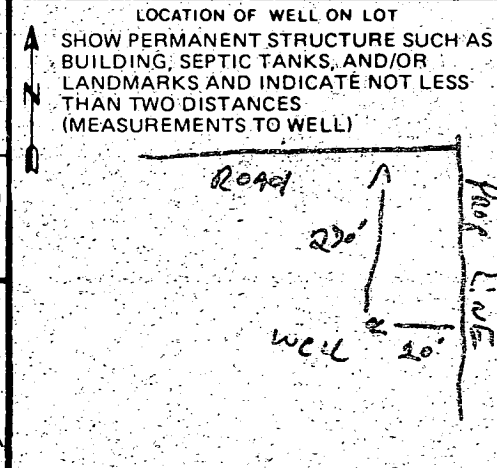
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

above below

LAND SURFACE 2 (nearest foot)



CIRCLE APPROPRIATE BOX

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. 273

DRILLERS SIGNATURE *Ralph Mays*

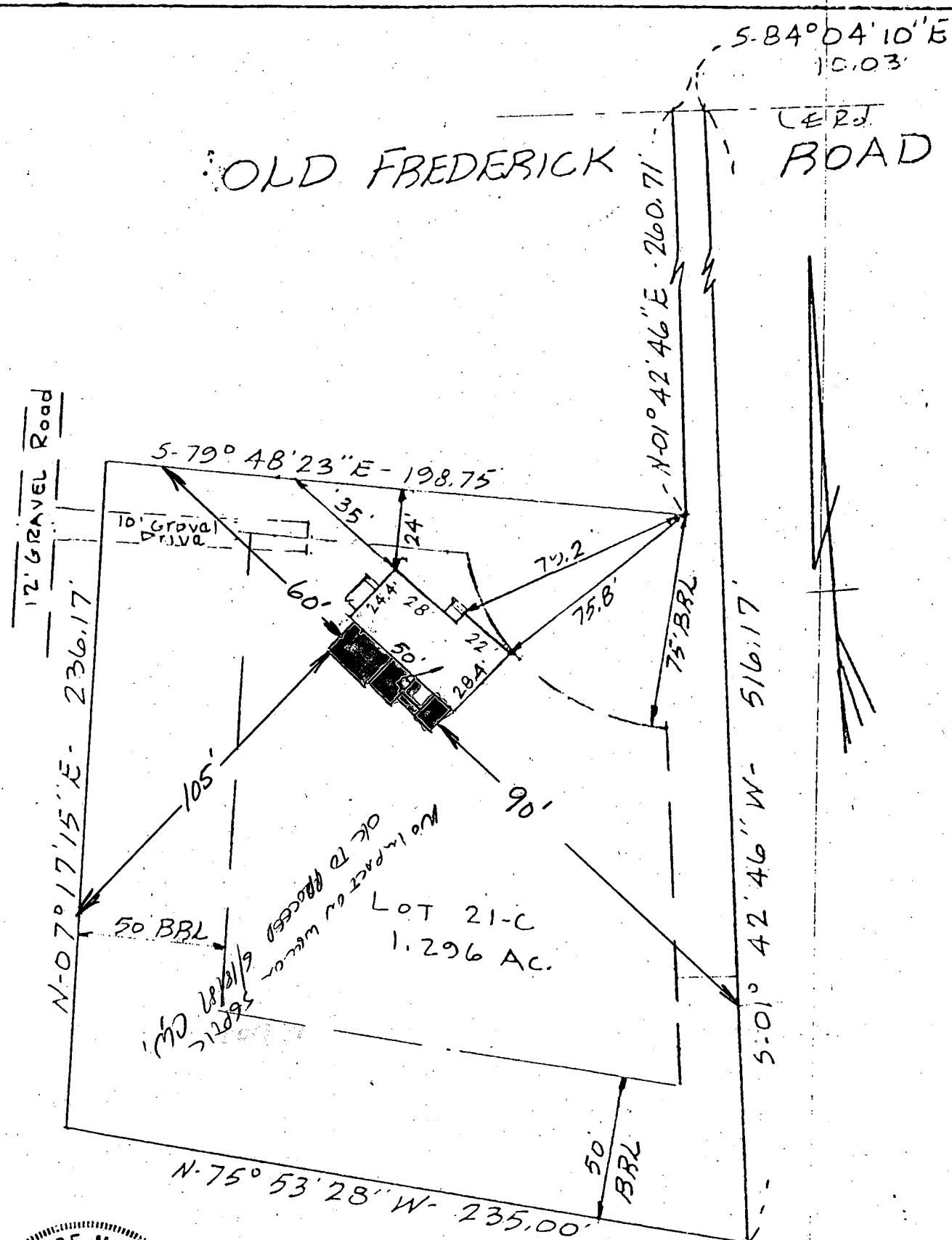
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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

T (E.R.O.S.)

W Q

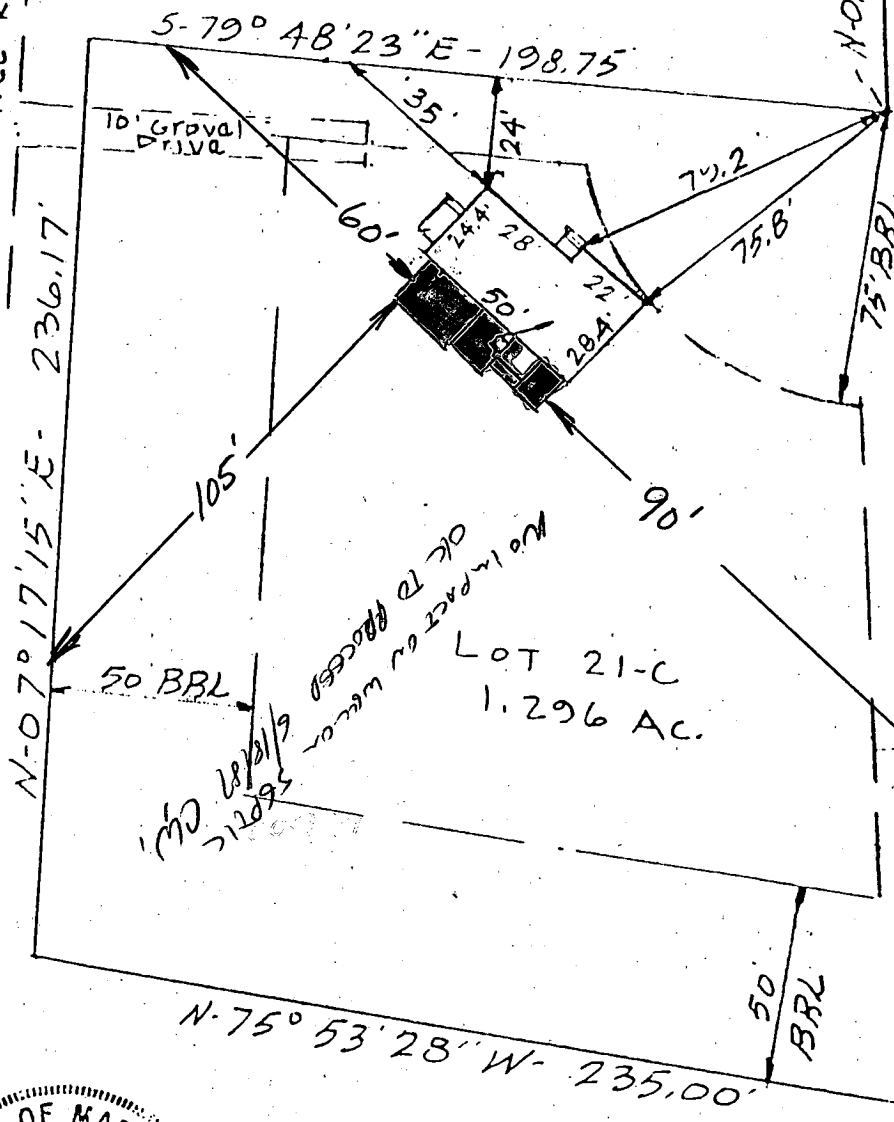
TELESCOPE CASING LOG INDICATOR OTHER DATA



OLD FREDERICK

CEPJ
ROAD

12' GRAVEL ROAD



LOT 21-C
1.296 AC.



The Improvements shown hereon being known as 16337 Old Frederick Road

GRADE PLAN

For
LOT N° 21-C

"MIDDLE TRAIL FARM"

LISBON, HOWARD COUNTY, MD.

Prepared By
DON LYNCH ASSOC. INC.
4907 HARFORD ROAD
BALTIMORE, MD. 21214
SCALE: 1"=30' DATE: MAR., 1984

OLD FREDERICK RD.
584° 04' 10" E - 10.03'

MATCH LINE

N 01° 42' 46" E
260.71

S 01° 42' 46" W
516.17
MATCH LINE

N 01° 42' 46" E
260.71

260.71

S 79° 43' 23" E 193.75

PROPOSED WELL
EX. GROUND EL. 727.8

5/18/84
Revised Sketch O.K.
F. Shuman

EDWARDS

N 07° 17' 15" W
236.17

LANE

trench inlet elev 719.5

MINIMUM SETBACK LINE

By changing off set
of House to the Left
side it will be necessary
to move the House back
Approximately + or -
3 FT. C. Allen Weller
9, 11, 84
change approved
11-7-84

N 75° 53' 23" W

235.00'

718

716

714

712

718

716

714

712

710

708

706

704

702

700

698

696

694

692

690

688

686

684

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