

04 - 335236

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

# PERMIT

P 23620

APPROVAL DATE: 11-22-76

A 23620

INDEXED

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

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 14809 Frederick Road PROPERTY OWNER: Crawley

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:	_____

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**

423620

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 23630  
A 23005

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

## REINDEXED

DATE 7/29/76

*11/17/76*  
*Approved*  
*11-19-76*  
*11-22-76. app'd S.S.*

Charles R. Stambaugh

IS PERMITTED TO INSTALL  ALTER

ADDRESS 22 West Baltimore Street, Taneytown, Md. PHONE 776-2309

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ROAD 14809 Frederick Road LOT \_\_\_\_\_

PROPERTY OWNER Mr. and Mrs. David Livsey

ADDRESS 481 Route 22, Sykesville, Md. 21764

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 80%.

DRY WELL AND TRENCH - To have 181 sq. ft. effective absorption

~~area per bedroom to begin below the first 4 ft. of non porous soil. Maximum depth permitted for drywell or trench is 11 1/2 ft. below original grade. Place the dry well 116 ft. from the rear lot line and 10 ft. from the left side line or rear view facing the property from Route 144. Start the trench after a 3 ft. sand buffer and run it straight towards the rear lot line. CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.~~

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

~~PERMIT VOID AFTER THREE YEARS. NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 4 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TROVA COVER ACCEPTED.~~

Frank Skinner

6/9/76

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

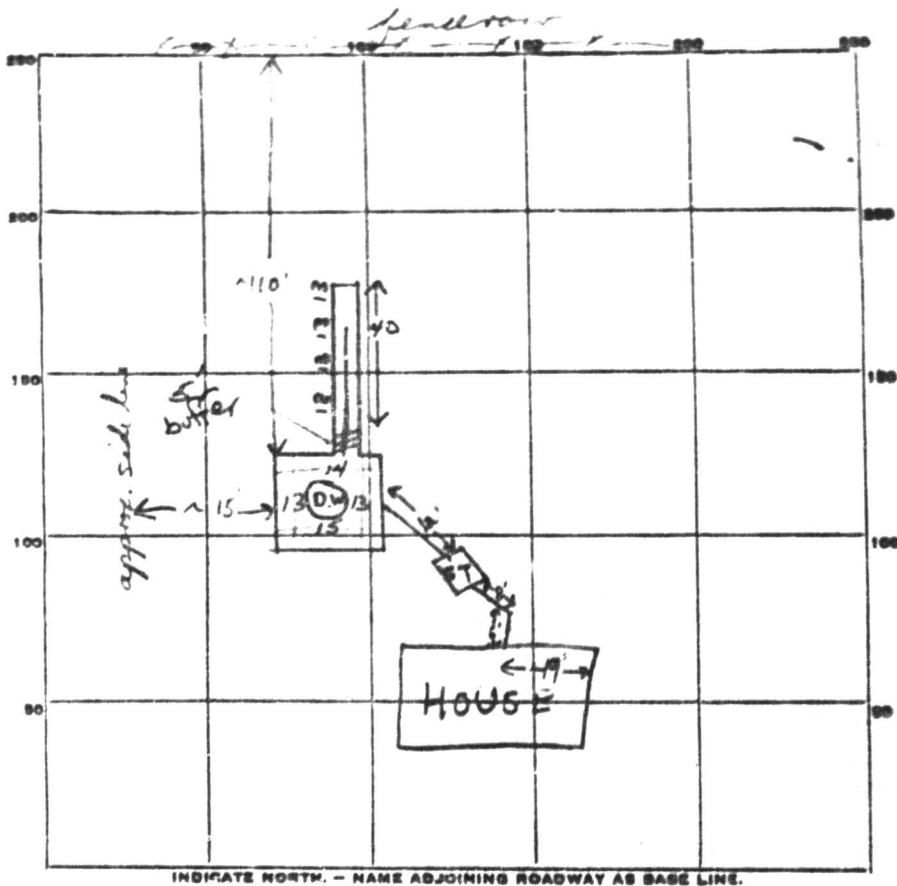
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED  
AND RETURNED 4/10/81  
*Serial # 46821*  
*Garage*

*A 23005*

*A 23620*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD  signed final, cover all work  
 SEPTIC TANK, LEVEL 1000 gal - OK  
 DISTRIBUTION BOX, LEVEL N.A.

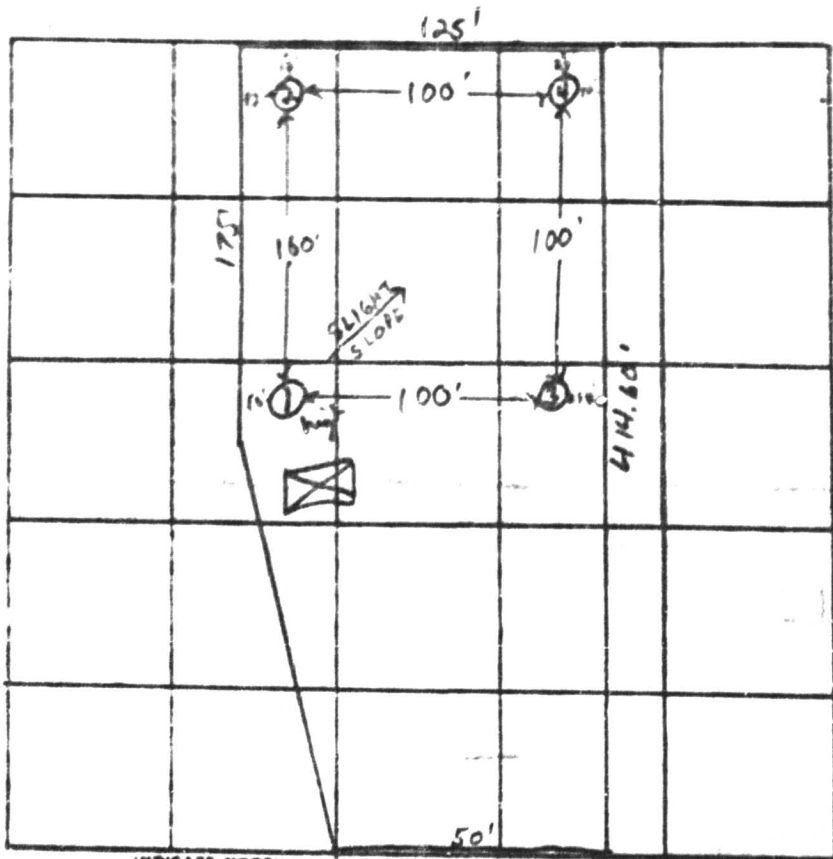
OW	ST
NO	NO
OK	OK

TILE FIELD, DEPTH 13 FT. TRENCH WIDTH 2 FT. - inlet at 7' 7-11'  
 GRAVEL DEPTH 7 FT. TOTAL LENGTH 40 FT. 180'  
 NUMBER OF TRENCHES 1  $\frac{1}{2}$  SIDEWALL TOTAL BOTTOM AREA 280 sq ft

SEEPAGE PITS, INSIDE DIAMETER 55 FT. DEPTH BELOW INLET 7 FT. inlet at 5'  
 ABSORBENT AREA ±665 (570 accessible) from 5' to 11' SQ. FT.

REMARKS 11-17-76 STOP WORK - system installed too deep  
avg depth 13' max allowed 11 1/2' (HR)  
11/19/76 16ft. deep pit dug in end of trench O.K. same soil met 12' trench  
backfilled to 12-12 1/2 ft. O.K. to add gravel in trench S.E.  
11/22/76 Gravel to 5 1/2 ft in dry well & trench O.K. to cover all work S.E.

DATE SYSTEM APPROVED 11/22/76 INSPECTOR Frank Skinner



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/76	1 high	5'	9:45	9:56	9:56	10:18	22 min
	1A	13'	9:46	9:49	9:49	10:06	17 min
	2	12'	Visual	clay	24'	silty loam below	
	3	5 1/2'	10:08	10:15	10:15	10:33	18 min
	3A	13'	10:07	10:11	10:11	10:17	10 min
	4 low	5'	10:30	11:26	over time		
	4A	13'	10:28	10:45	10:45	10:11	26 min
	4B	7'	11:23	11:33	11:33	11:47	14 min

16 min  
181 SQ. FT. / BR.  
Invert + 4 1/2'

REMARKS 10 4/2 2 some debris

TYPE OF SOIL silty loam below top 4' clayey loam

TESTED BY F.S.

ALSO PRESENT: Mr. McQuinn, H. S. K & J.

Boundary plot must be submitted.  
2-13' label  
50 ft. from existing system

# APPLICATION

20204

P. \_\_\_\_\_

Fill out in duplicate  
Make \$5.00 payable to  
Howard County Health Dept. - Sanitation

*Recorded*

SEWAGE DISPOSAL TESTING  
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 474, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 443-5000, EXT. 334

DISTRICT 4  
DATE 3/24/76

4/2/76  
9:30

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 Richard B. Mangrove

ADDRESS Rt 1 Woodbine, Md 21797 PHONE 489-4126

PROPERTY LOCATION:

SUBDIVISION 14809 LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION 14805 Frederick Rd. Rt. 144 Second Property west of Bushy Park Rd. on south side of Rt. 144

SIZE OF LOT Proximity 1 acre TYPE BLDG. Ranch - 2 Bed Room NUMBER OF BEDROOMS

NOT SINGLE RESIDENCE DESCRIBED

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

SIGNATURE OF APPLICANT Richard B. Mangrove

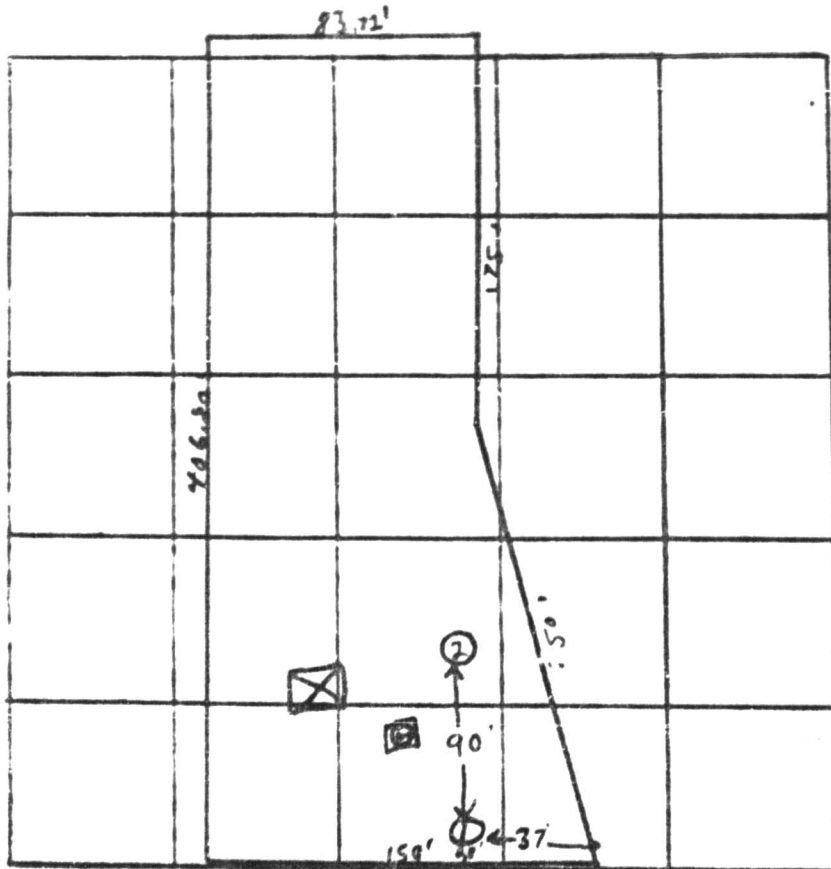
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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 BARE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/76	1	5'	11:10	11:27	11:27	11:54	27mm
	1A	13'	11:57	11:01	11:01	11:10	9mm
	2	13'	Visual	clay	1.5'	silty loam below	

REMARKS

TYPE OF SOIL

silty loam below top 5 ft. clay & silty loam

TESTED BY

F.S.

ALSO PRESENT:

H. S. K. Musgrave, Livesay

C 1 1826  
WELL NUMBER IS TO BE PRINTED IN COLS. 20-24 IN ALL PLACES

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
FILL IN THIS FORM COMPLETELY  
COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)  
DATE WELL COMPLETED

DEPTH OF WELL  
22 (TO NEAREST FOOT) 26  
140

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
20 25 30 35 40 45 50 55 60 65 70  
40-133-7777  
DRILLER'S IDENTIFICATION NO. 277

OWNER LAST NAME FIRST NAME  
STREET OR RFD POST OFFICE

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	
GRAY GRANITE	4	140	<input checked="" type="checkbox"/>

GRouting RECORD  
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

YES NO  
Y N  
44 44  
TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
CEMENT CM 45 46 BENTONITE CLAY BC 48 49  
NO. OF BAGS 6 NO. OF POUNDS 564  
GALLONS OF WATER 36  
DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
FROM 0 FT. TO 20 FT.  
(ENTER 0 IF FROM SURFACE)

CASING RECORD  
INSERT APPROPRIATE CODE BELOW

STEEL CU CONCRETE  
PLASTIC OT OTHER  
MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)  
ST 6 21

OTHER CASING (IF USED)  
DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD  
INSERT APPROPRIATE CODE BELOW

STEEL BT BR BRASS OR BRONZE  
PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)  
FROM TO  
1 21 140  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN (NEAREST INCH)  
FROM TO

GRAVEL PACK  
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
TELLSCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3  
1 2 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4  
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3  
METHOD USED TO MEASURE PUMPING RATE ROTARY  
WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 25 (NEAREST FOOT)  
WHEN PUMPING 140 (NEAREST FOOT)  
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
A AIR 27 P PISTON 27 T TURBINE 27  
C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27  
J JET 27 S SUBMERSIBLE 27

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 Y NO N  
CAPACITY:  
GALLONS PER MINUTE (TO NEAREST GALLON) 31 36  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (NEAREST FOOT) 45 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
ABOVE LAND SURFACE BELOW (NEAREST FOOT)

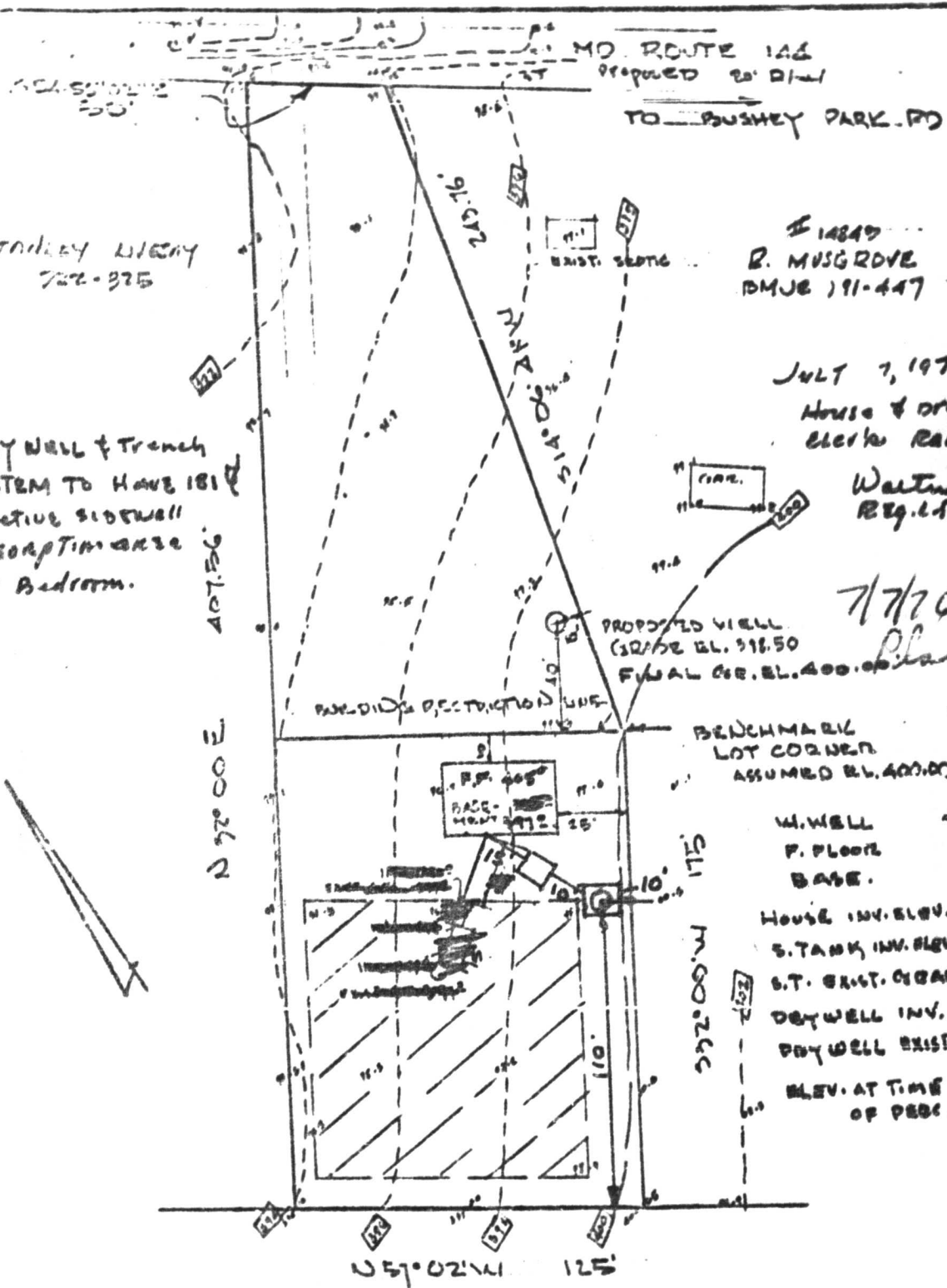
LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

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.

DRILLER'S NAME  
SIGNATURE CA. CROMWELL

WISBON MD 14H I W 24



STANLEY LIVERY  
722-275

#14849  
R. MUSGROVE  
DMJE 191-447

JULY 7, 1976  
House & Dry Well  
Elevs RAISED

Walter Park  
REG. LT. #5539

DRY WELL & TRENCH  
SYSTEM TO HAVE 181  
EFFECTIVE SIDWELL  
ABSORPTION AREA  
per Bedroom.

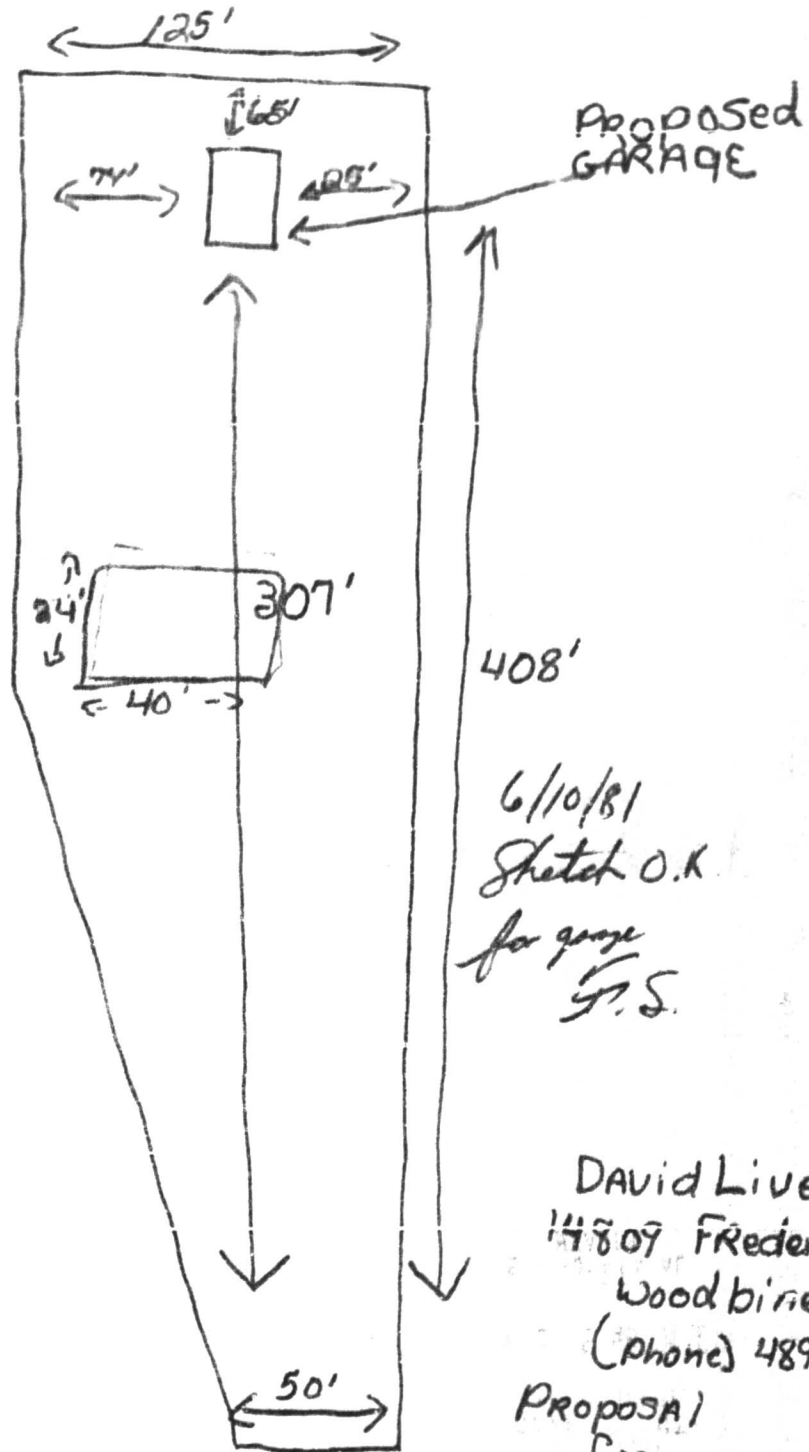
PROPOSED WELL  
(GRADE EL. 598.50  
FINAL GR. EL. 400.00)

BENCHMARK  
LOT CORNER  
ASSUMED EL. 400.00

W. WELL	400.00
F. FLOOR	605.0
BASE	597.0
HOUSE INV. ELEV.	596.0
S. TANK INV. ELEV.	595.6
S.T. EXIST. GRADE	598.0
DRY WELL INV.	595.1
DRY WELL EXIST.	599.6
ELEV. AT TIME OF PEGG.	599.6

FIELD RUN TOPOGRAPHY BY  
HUDKINS ASSOCIATES  
221 WOODRIDGE SQUARE  
BETHESDA, MD 20814

SITE PLAN  
DAVE LIVESAY PROPERTY  
S.S. MD ROUTE 144  
WATERBURY, MARYLAND  
SCALE 1" = 40'  
4TH EDITION



6/10/81  
 Sketch O.K.  
 for garage  
 S.S.

DAVID LIVESAY  
 14809 Frederick Rd.  
 Woodbine Md.  
 (Phone) 489-7630  
 PROPOSAL  
 for  
 GARAGE

inspection Date 12/15/01  
WPI

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: GASKE PLUMBING Telephone #: 549-4947  
Address: P.O. Box 1247  
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): John M. Gaske License# 3189

\*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: Cathy Williams Telephone #: 442-1149  
Subdivision: none Lot #: 2 Well Tag #: HO-94-1793  
Site Address: 14809 FREDERICK Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>COLEMAN</u>	Make: <u>BIOX</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>74507412</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PCHD</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>✓</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: _____

Hooking To OLD well line

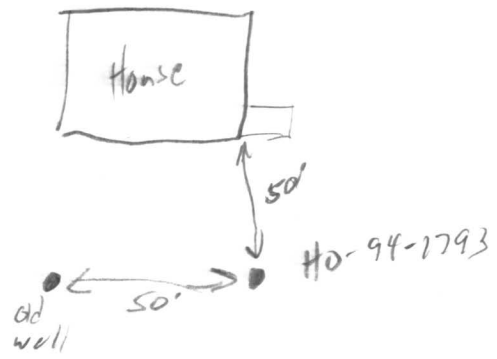
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

John Gaske  
Signature of company representative responsible for installation      12-14-01  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/15/01 (EO)  
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 ✓ Conn to old well line  
Adequate grout observed below pitless adapter ✓

HD-215 (Rev. 8/00) → Old well has one piece cap with rope thru it. Not hooked up? (EO)  
HO-73-1757



10/20/98  
2:00

x2455  
Bl office

New buyer: Kathy Williams

SITE INSPECTION SHEET

EX: OWNER: Livesay  
ADDRESS: 14809 Fred. Rd

DATE REQUESTED: \_\_\_\_\_

DRILLER/CONTRACTOR: \_\_\_\_\_

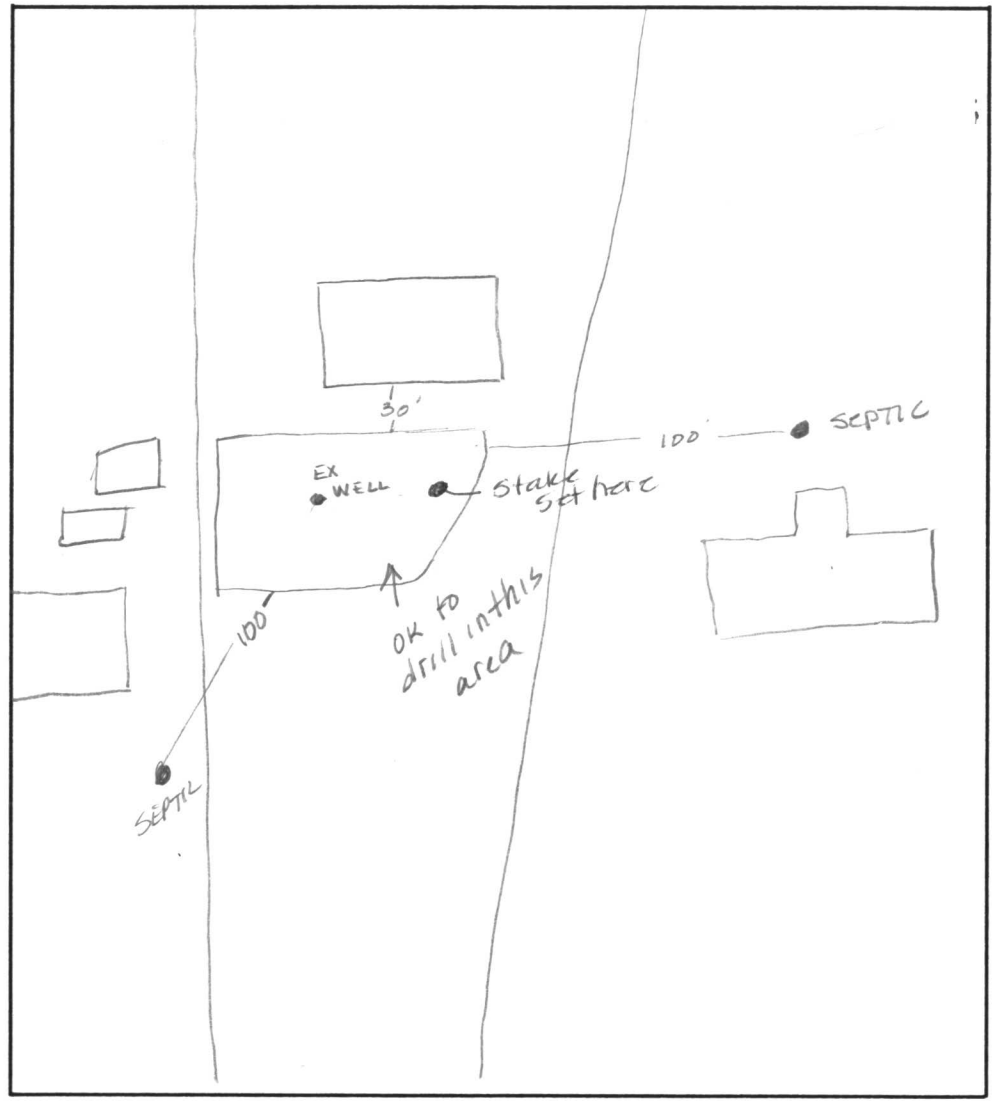
WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: B, Parcel 347

COUNTY: \_\_\_\_\_

PROPOSAL: repl. well requested due to low flow

LOCATION DIAGRAM



COMMENTS: Status of EX Well will be determined after replacement well is drilled - if low flow, it will be kept & permit fee paid off

10/28/98 Fee paid to retain old well for gardening (KMD)

DATE: 10/20/98

INSPECTOR: A. McMiller

C.1 4336

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 A23005

ST/CO USE ONLY DATE/Received 11/10/98

DATE WELL COMPLETED

MM 10 DD 26 YY 98

Depth of Well

22 340 26 (TO NEAREST FOOT)

OK KM 11/9/98

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-94-1793

OWNER LIVESAY Wayne last name first name STREET OR RFD 14809 Frederick Rd TOWN Glenwood SUBDIVISION SECTION LOT

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: top Soil (0-3), Yellow clay (3-19), Gray Granite (19-340).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 7 NO. OF POUNDS 658 GALLONS OF WATER 49 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

CASING RECORD

Other casing types insert appropriate code below. MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 22

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

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

DEPTH (nearest ft.)

Table for depth with columns: 1-11, 15-17, 21, 23-26, 30-32, 36, 38-41, 45-47, 51. Includes slot size and diameter of screen.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3/8/9 PUMPING RATE (gal. per min.) 10/11/15 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 52/17/20 WHEN PUMPING 270/22/25 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 1/50 51

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

See attached location

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M 8024 DRILLERS SIGNATURE Joseph M... LIC. NO. D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 6714

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1793 fill in this form completely

Date Received (APA) 10/20/98

OWNER INFORMATION

15 Last Name Livesay Owner 34 First Name Wayne 36 Street or RFD 14809 Frederick Rd. 55 57 Town Woodbine 70 State md 72 Zip 21797 76

B 3 LOCATION OF WELL

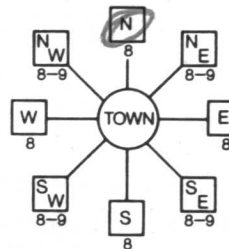
8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Glenwood 71 MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Wayne MS D 24 License No. 81 Firm Name Joseph L. Wayne Well Drilling Address 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature Joseph L. Wayne Date 10/20/98

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 14809 Frederick Road 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

1 2 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)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) [I] INDUSTRIAL, COMMERCIAL, DEWATERING [P] PUBLIC WATER SUPPLY WELL [T] TEST, OBSERVATION, MONITORING [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A23005 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/20/98 CO SIGNATURE EXP. DATE 10/20/99 NORTH GRID 540 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 260 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [X] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS [D] 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)

APPROP. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-1793 70 71 72 73 74 75 76 77 78 79

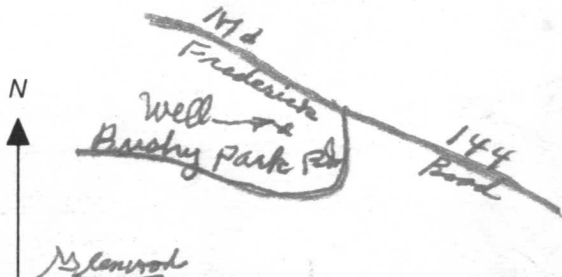
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 N 540

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

WS-11070  
10-28-98

October 27, 1998

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, Maryland 21043

SUBJECT: 14809 Frederick Road  
Woodbine, MD 21794

To Whom It May Concern:

This is to inform you that the old well at the above referenced address will be used for gardening purposes only.

The new well will be tied into the house for use inside the house.

If you have any questions, please do not hesitate to call me at work (410) 313-2455.

Thank you,



Cathy Williams