

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number Ho-664-175
Owner Katie Miles
Address Cockeville, Md
Subdivision Bushy Park
Section _____ Lot _____

FEET
from ___ to ___

DIAM.
(inches)

FEET
from ___ to ___

Top Soil
Sandy
Gray Rock

0-3
3-40
40-63

Steel

6" O.D.

0-46

PUMPING TEST

Hours Pumped 4
Type of Pump Used Hand
Pumping Rate _____
Gallons per Minute 10

WATER LEVEL

Distance from land surface to water:
Before Pumping 30 Ft.
When Pumping 50 Ft.

APPEARANCE OF WATER

Clear _____ Cloudy _____
Taste _____
Odor _____

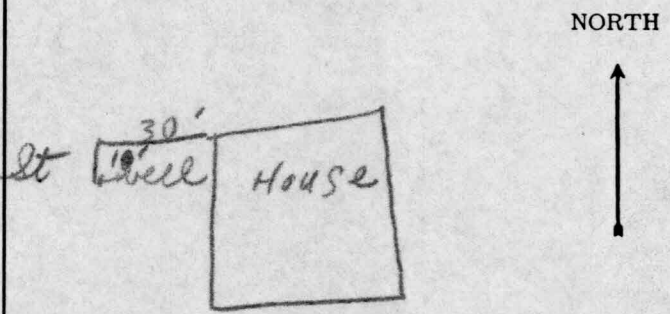
Height of Casing Above Land
Surface 1 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well
Was Completed Dec 28/65

Well Driller
Signature [Signature]

7-65

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

Owner Mrs Katie Miles
Street or R. F. D. Millersmill Road
Post Office Cooksville, Maryland

Driller ^{L.F.} Easterday License Number _____
Street or R. F. D. _____
Post Office Rt 3, Mt Airy, Maryland
Date December 2, 1965

Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use 100 G.P.D.
Use for Water Domestic
Approximate Depth of Well (feet) 100
Method of Drilling to be used Rotary

Location of Well
Subdivision Bushy Park
Section _____ Lot _____
County Howard
Nearest Town Cooksville
Distance from Town 1 mile
Direction from Town south

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map.)
Near what road Millersmill
On which side of road North
(North, East, South, West)
Distance from road 150'

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

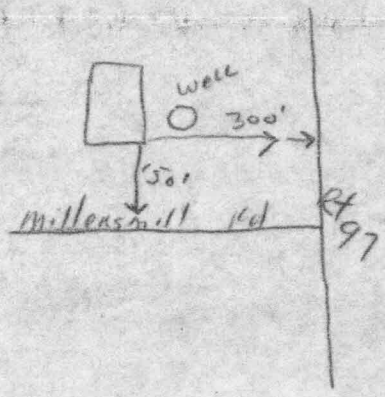
Well Permit No. No-66-W-175

Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Paul W. Meeker Dec. 12-8-65
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by John F. Wine
Title Chief Sanitarian
Date 12/6/65



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 11, 2000

Ronald K. Whittaker
3502 Split Rail Lane
Ellicott City, MD 21042

RE: 2425 Millers Mill Road
Cooksville, MD

Dear Mr. Whittaker,

This is to advise you that the Howard County Health Department, Well & Septic Program, has no septic records on file for the above referenced property.

This is also to advise you that while the well completion report submitted by the well driller to this office has been located, there is no indication on the report that the well has been constructed in accordance with COMAR standards. In addition, the well is extremely shallow, 65 feet, and may be more susceptible to contamination than a deeper well. For this reason, certification by a licensed well driller or the drilling a new well will be necessary prior to building permit approval.

If there are any questions regarding this matter, I may be reached at the address below or by calling 410-313-2640.

Sincerely,


Amy Mc Millen

PERMIT

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

P _____

A _____

ISSUE DATE _____

APPROVAL DATE _____

INDEXED

ADDRESS _____ IS PERMITTED TO INSTALL _____ ALTER _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS _____ PHONE _____

PROPERTY OWNER _____ PROPERTY OWNER'S ADDRESS 2425 Millers Mill Rd

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PERMITS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

0514966-A