

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Account Identifier:		District - 05 Account Number - 358574							
Owner Information									
Owner Name:		NOU BUN SELAINE HENG SOK HORN			Use:		RESIDENTIAL		
					Principal Residence:		YES		
Mailing Address:		12889 FOLLY QUARTER RD ELLCOTT CITY MD 21042-1220			Deed Reference:		/15206/ 00001		
Location & Structure Information									
Premises Address:		12889 FOLLY QUARTER RD ELLCOTT CITY 21042-0000			Legal Description:		LOT 11-D 4.850 A 12889 FOLLY QUARTER RD GLENELG MANOR		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0028	0004	0237		0000			11 D	2017	Plat Ref:
Special Tax Areas:				Town:		NONE			
				Ad Valorem:		100			
				Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
1988		2,978 SF		1000 SF		4.8500 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
2	YES	STANDARD UNIT	FRAME	3 full/ 1 half	1 Attached				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2017		07/01/2018		07/01/2019	
Land:		308,800		308,800					
Improvements		370,700		427,200					
Total:		679,500		736,000		717,167		736,000	
Preferential Land:		0						0	
Transfer Information									
Seller: MARTINEZ CHARLES				Date: 09/06/2013		Price: \$735,000			
Type: ARMS LENGTH IMPROVED				Deed1: /15206/ 00001		Deed2:			
Seller: BANK OF AMERICA NT&SA				Date: 03/23/1995		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /03454/ 00651		Deed2:			
Seller: SPITALNY HOWARD F				Date: 03/23/1995		Price: \$301,600			
Type: NON-ARMS LENGTH OTHER				Deed1: /03454/ 00644		Deed2:			
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019			
County:		000		0.00					

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Maisel Prop

A 56379#1

STREET NAME: Folly Quarter Rd

LOT NUMBER: 31

AVERAGE PERCOLATION RATE: 4min SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: _____ LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH: _____ SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 30 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade.

Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

=====
PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

=====
LOCATION: _____

ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____



Land Design & Development, Inc.

8000 Main Street • Ellicott City, MD 21043

(410) 480-9105 • Fax (410) 480-0171

From: Donald R. Reuwer, Jr.

To: *Army*

Urgent For Review Please Comment Please Reply

Comments:

*Lot 1 - Mailed Property
Correspondence you need*

*Please call if you need
anything else.*

Thanks Debbie

410-480-9105

ext 243



Fredericktowne Labs, Inc.

3039 Venture Ct. • P.O. Box 244 • Myerstown, MD 21773 • (301) 293-3348 or 694-7133 • FAX 293-2366

Acct. No. 1298 - 1

Reporting Date: Thursday, June 01, 2000

Sample Description: Drinking Water - Grab

Brad Meisel - Well No. HO-94-2650

12789 Folley Quarter Road

Ellicott City, MD.

Collected by: John Hopkins / Fredericktowne Labs, Inc.

Date and Time of Collection: 5/16/2000 10:50 AM

Date Received: 5/16/00

Test Description: VOC's Reg. & Unreg. - EPA 502.2

Method: 502.2

Preservation: HCl pH<2 (VOCvials)

Date of Analysis: 5/30/00

Analyst: PH

G C Test Results:

Parameter	Result (ppb)	MCL (ppb)	Det. Limit	Parameter	Result (ppb)	MCL (ppb)	Det. Limit
Benzene	<0.5	5	0.5	Bromobenzene	<0.5		0.5
Carbon Tetrachloride	<0.5	5	0.5	Bromochloromethane	<0.5		0.5
1,2-Dichlorobenzene	<0.5	600	0.5	Bromomethane	<0.5		0.5
1,4-Dichlorobenzene	<0.5	75	0.5	n-Butylbenzene	<0.5		0.5
1,2-Dichloroethane	<0.5	5	0.5	Sec-butylbenzene	<0.5		0.5
1,1-Dichloroethane	<0.5	7	0.5	Tert-butylbenzene	<0.5		0.5
cis-1,2-Dichloroethane	<0.5	70	0.5	Chloroethane	<0.5		0.5
trans-1,2-Dichloroethane	<0.5	100	0.5	2-Chlorotoluene	<0.5		0.5
Dichloromethane (Methylene Cl ₂)	<0.5	5	0.5	4-Chlorotoluene	<0.5		0.5
1,2-Dichloropropane	<0.5	5	0.5	1,3-Dichlorobenzene	<0.5		0.5
Ethylbenzene	<0.5	700	0.5	1,1-Dichloroethane	<0.5		0.5
Chlorobenzene	<0.5	100	0.5	1,3-Dichloropropane	<0.5		0.5
Styrene	<0.5	100	0.5	2,2-Dichloropropane	<0.5		0.5
Tetrachloroethene	<0.5	5	0.5	1,1-Dichloropropane	<0.5		0.5
Toluene	<0.5	1000	0.5	1,3-Dichloropropene	<0.5		0.6
1,2,4-Trichlorobenzene	<0.5	9	0.5	Dichlorodifluoromethane	<0.5		0.5
1,1,1-Trichloroethane	<0.5	200	0.5	Hexachlorobutadiene	<0.5		0.5
1,1,2-Trichloroethane	<0.5	5	0.5	Isopropylbenzene	<0.5		0.5
Trichloroethene	<0.5	6	0.5	p-Isopropyltoluene	<0.5		0.5
Vinyl Chloride	<0.5	2	0.5	MTBE	<0.5		0.5
Total Xylenes		10000		Naphthalene	<0.5		0.5
				n-Propylbenzene	<0.5		0.5
TRihalOMETHANES				1,1,1,2-Tetrachloroethane	<0.5		0.5
Chloroform	<0.5		0.5	1,1,2,2-Tetrachloroethane	<0.5		0.6
Bromodichloromethane	<0.5		0.5	1,2,3-Trichlorobenzene	<0.5		0.5
Dibromochloromethane	<0.5		0.5	Trichlorofluoromethane	<0.5		0.5
Bromoform	<0.5		0.5	1,2,3-Trichloropropane	<0.5		0.5
Total THM's		100		1,2,4-Trimethylbenzene	<0.5		0.5
				1,3,5-Trimethylbenzene	<0.5		0.5
				m,p-Xylene	<0.5		0.5
				o-Xylene	<0.5		0.5

Notes:

1. "MCL" stands for the "Maximum Contaminant Level" as allowed by the Environmental Protection Agency
2. "ppb" stands for "parts per billion" and is nearly synonymous with ug/L (micrograms per liter).
3. "<" stands for "less than" and indicates that the component in question was not detected (i.e. was less than the detection limit)

Verified by: *M.L. Miller*
M. L. Miller, Ph.D.
Laboratory Director

Fredericktowne Labs is a State Certified Water Quality Laboratory

T-180 P.003/005 F-351

410730887A

FROM-Hickory Ridge Title

11:21AM

OCT-03-00

Chain of Custody Form

Fredericktowne Labs Inc.

P.O. Box 244 3030-C Ventrif Ct.

Myersville, MD 21773-

(301) 293-3340 / FAX (301) 293-2366

Acct. No.: 1298- 01.0

Project: Brad Malsel 12789 Folley Quarter Road Ellicott City, MD.		Collected by: <i>John Hopkins</i>		Affiliation: <i>Fredericktowne Labs</i>		
Sample Description Sample Number	Date of Collection	Time of Collection	Analysis to be Performed	Field Observations	Preservation	Verif. By:
Source: Well No. HO-84-2650 Matrix: Drinking Water Grab/Comp: Grab						
1298-1-1	<i>5/14/00</i>	<i>10:50 am</i>	VOC's Reg. & Unreg.- EPA 5022		HCl pH=2 (VOC via)	<i>off</i>
Relinquished by: <i>John Hopkins</i>			Received by: <i>Steve Jones</i> <i>5/14/00</i> <i>2:15 pm</i>			
Relinquished by:			Received by:			
Relinquished by:			Received by:			
Method of Shipment:			Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Comments:	

Howard County Health Department

To: MR. CLINE -

This well need VOC testing during the pump test. Please inform Brad Maisel when you are doing test so he can arrange for a lab to be there

Thanks

From: AN

Date: 4/26/00

HD-170

VOC Testing
Required for
Well



HOWARD COUNTY HEALTH DEPARTMENT

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

August 19, 1999

COMMENTS

TO: Cindy Hamilton, Chief
Department of Planning & Zoning

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AM*

RE: SP-00-01
Maisel Property – Lots 1 thru 5 & Pres. Pcls. A thru C

While the Health Department has no objection to the above referenced subdivision plan, prior to submittal for approval, the applicant should add the following note:

- The well on Lot 1 is to be drilled and tested for volatile organic compounds prior to record plat submittal

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

cc: Mildenberg, Boender & Assoc.
File

APPLICATION

PERCOLATION TESTING

A 56379-AD

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 12-15-95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mr. Dale Maisel

c/o Land Design and Development, Inc.

ADDRESS 10805 Hickory Ridge Road PHONE 740-2100

Columbia, Maryland 21044

AGENT OR ~~PROCESSOR~~ Robert Webster

Land Design and Development, Inc.

ADDRESS 10805 Hickory Ridge Road PHONE 740-2100 Ex. 219

Columbia, Maryland 21044

PROPERTY LOCATION:

SUBDIVISION Maisel Property LOT NO. 13

ROAD AND DESCRIPTION LONG PRIVATE ROAD OFF OF FOLLY QUARTER ROAD

TAX MAP 28 PARCEL # 237, 354 & 355

SIZE OF LOT 1± Acres TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Robert Webster
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
421-C

0' red
brn
siltlm

4.0 lgt
orange
tan
Salm
5%
feldspar
saprolite

10.0

421-A

red
brown
siltlm

4.5 lgt
orange
tan
Salm
micaceous

10.0

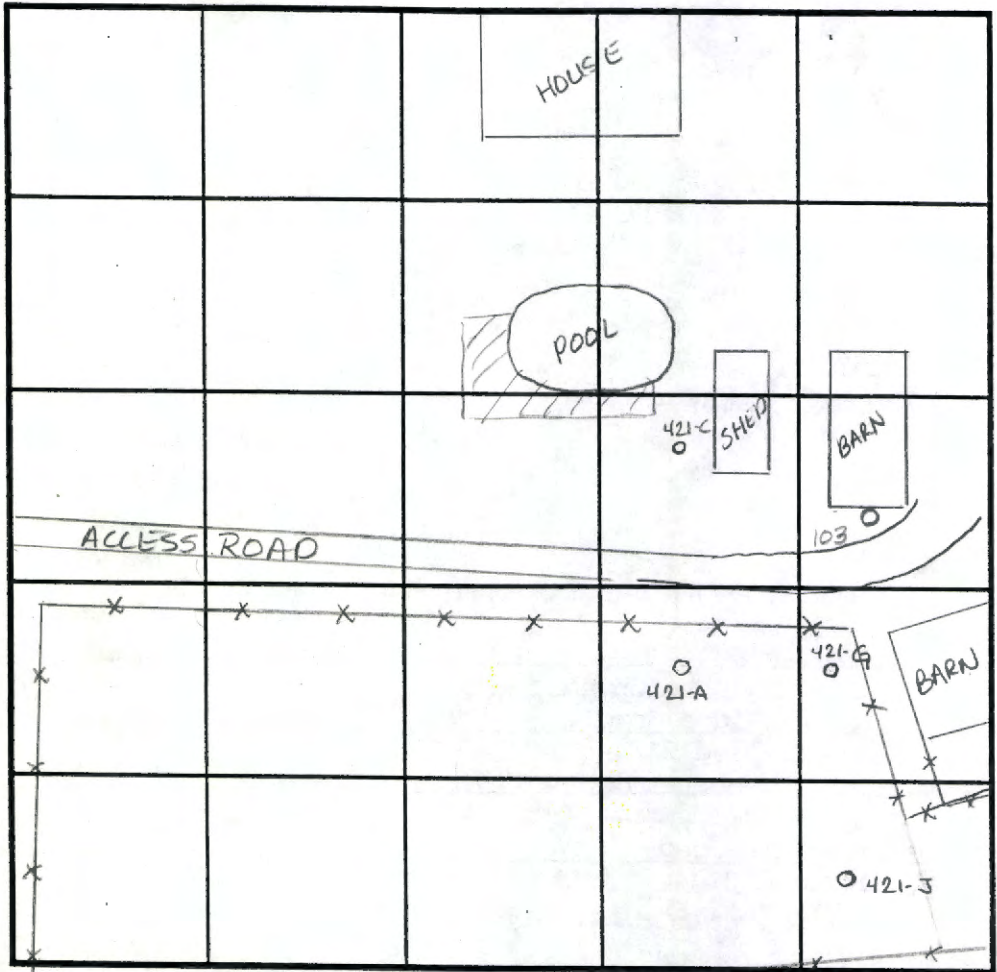
421-J
421-G

brown
siltlm

3.0 orange
yellow
silm

8.0 mottled
silm
from
parent
rock-
5%

12.0



SOIL PROFILE
103

0' dark
brown
siltlm

3.0 beige
brown
silm
pockets
of
decayed
quartz
&
sandstone
mix

12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

EXISTING WELL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-9-96	421-C	5.0 / 10.0	1:08	1:08 ³⁰	1:08 ³⁰	1:10	1 1/2 min
	421-A	4.5 / 10.0	12:10	12:15	12:15	12:25	10 min
	421-G	Visual	- see profile		—		OK
	421-J	4.5 / 12.0	3:52	3:55	3:55	3:59	4 min
1-22-97	103	3.0 / 12.0	1:16	slow	—		slow
	103	5.0 / 12.0	1:38	1:49	1:49	2:14	25 min

REMARKS ⁴⁻⁹⁻⁹⁶ waterline was broken in 421-G / ¹⁻²²⁻⁹⁷ Electric line bit in hole 103

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Don Rewwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

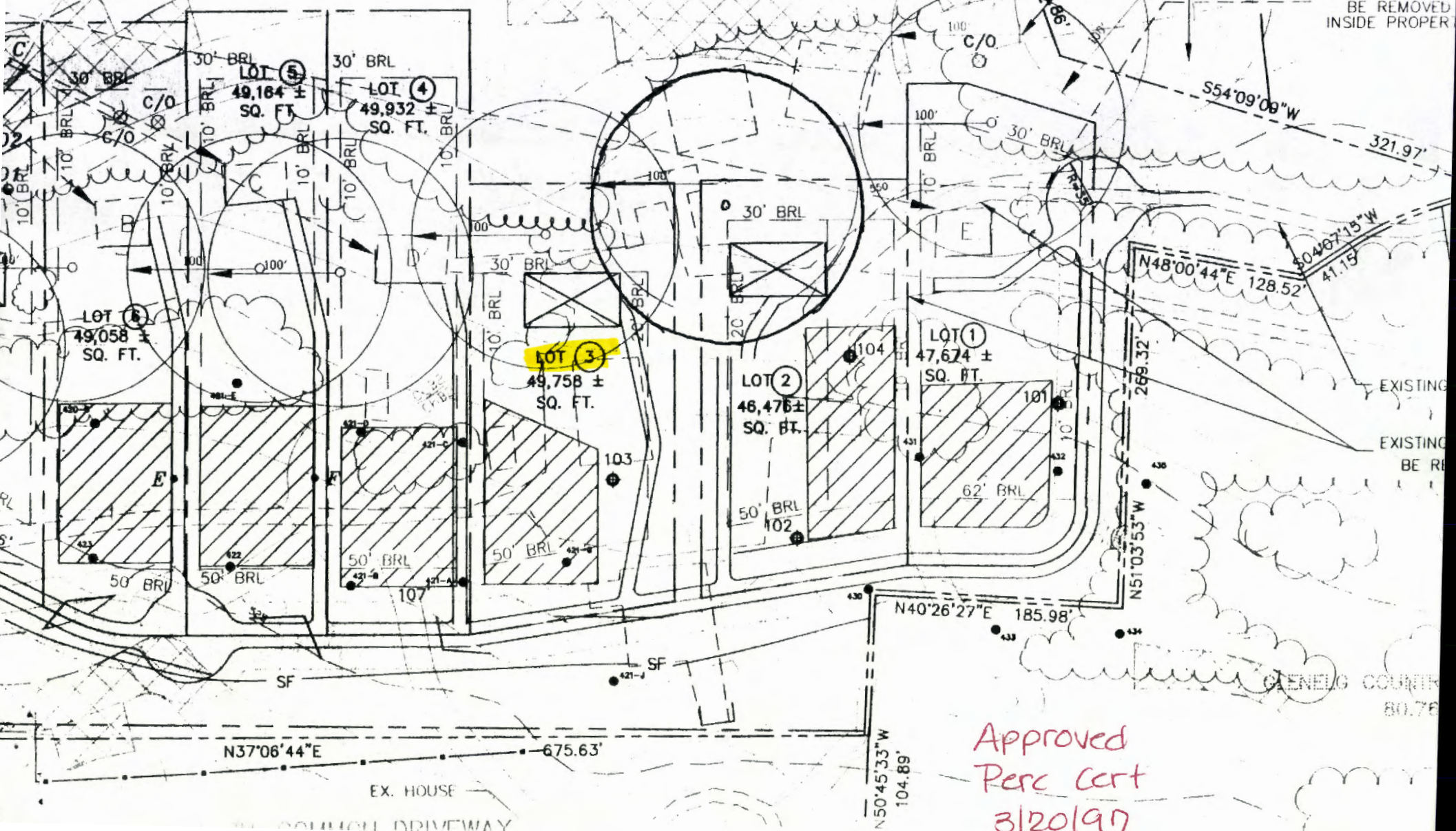
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

100'
S37°35'30"W
889.70'

NON-BUILDABLE
PRESERVATION PARCEL A
7.16 AC ±
TO BE DEDICATED TO H.O.A.

EX. WELL

EXISTING DRIVE
BE REMOVED
INSIDE PROPER



S54°09'09"W

321.97'

N48°00'44"E 128.52'
S04°07'15"W 41.15'

EXISTING
EXISTING
BE R

N51°03'53"W
269.32'

GENE/G COUNTY
80.76

N37°06'44"E 675.63'

EX. HOUSE

EX. DRIVEWAY

N40°26'27"E 185.98'

N50°45'33"W
104.89'

Approved
Perc cert
3/20/97

EX. CONCRETE
SILOS

100.30

75.83

32.05

N53°00'00"W

323.52

425.17

68.63'

N37°00'00"E

174.53'

105.90'

30' BRL

10' BRL

16' 30'

S05°19'43"W
137.36'

S51°14'43"
37.7'

EX. BLDG.

T ②

LOT ①

30 sq. ft.

50,000 sq. ft.

104

S33°22'45"W
101.90'

EXISTING SEPTIC TANK

50' BRL

421-C

103

68.37'

25.73'

S30°35'15"W
94.10'

S33°53'34"E
86.61'

BRL

50' BRL

421-G

102

421-A

S51°19'34"E
76.83'

06'47"E

208.25'

ISLJ APPROVED
AREAS

PARCEL MAP

07733

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A56379 D

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 5 16 00

DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2650

OWNER Maisel Dale STREET OR RFD Holly Quarter Road TOWN Glenelg MD SUBDIVISION Maisel Property SECTION LOT 1

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, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80, 81-82, 83-84, 85-86, 87-88, 89-90, 91-92, 93-94, 95-96, 97-98, 99-100

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

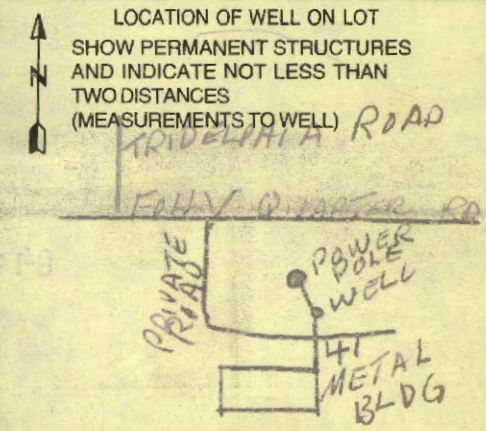
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 105 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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. MW D 139 Robert Clme

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MW D 536 Robert Clme Jr.

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

B 1 18437

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2650 fill in this form completely

Date Received (APA) 04 26 00

OWNER INFORMATION

Maisel Brad 12789 Folly Quarter Road Ellicott City Md. 21042

B 3

LOCATION OF WELL

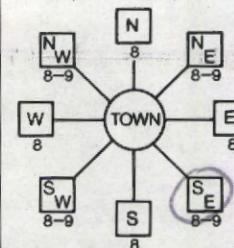
Howard 8 COUNTY 21 Maisel Prop. 23 SUBDIVISION 42 SECTION 44 46 LOT 1 48 50 Glenelg 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

DRILLER INFORMATION

Robert L. Cline MW D 139 Driller's Name 76 License No. 81 Cline and Duvall, Inc. Firm Name 8093 Hillmark Ct. Frederick 21704 Address Robert L. Cline 4/18/00 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folly Quarter Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1/2 37 DISTANCE FROM ROAD Mi 38 39 ENTER FT OR MI TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 300 GAL. PER DAY 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 Co. A56379 D COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 04 26 00 A M C M OLL 4/26/01 CO SIGNATURE EXP. DATE NORTH GRID 510 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PE Percussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

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

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

APPROP. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-2650

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

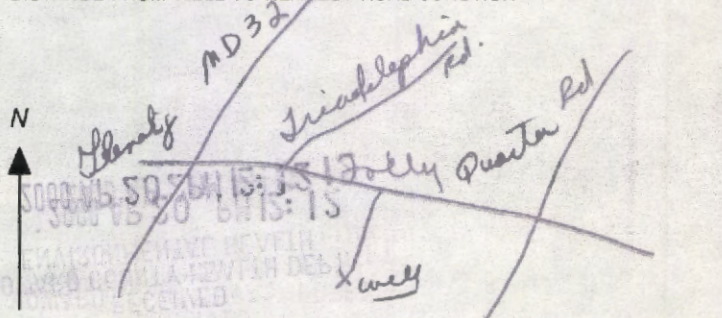
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 510

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

B 1 3072

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-1205

fill in this form completely

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

please print or type

Date Received (APA)

061797

OWNER INFORMATION

Gene G Manora Assoc

12789 Folly Quarter Rd

Elizabeth City MD 21042

Elizabeth City MD 21042

DRILLER INFORMATION

Perky Harley

Harley Drilling

P.O. Box 160 Wickersville, MD

21793

Perry Harley

Signature Date

LOCATION OF WELL

Howard Co

8 COUNTY

Maisek Property

23 SUBDIVISION

SECTION 44 46 LOT 3 48 50

CLARKSVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

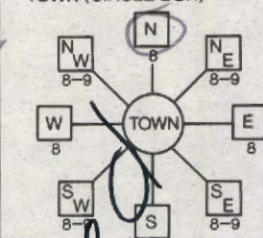
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE AM WRITE INITIALS IN BOX PERMIT No. F10-94-1205 70 71 72 73 74 75 76 77 78 79

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folly Quarter RD

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1000

DISTANCE FROM ROAD

ENTER FT OR MI FO

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A56379A

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

062098 A McMillen 6/20/98

43 NORTH GRID 510000 45 CO SIGNATURE EAST GRID 810000 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN ARROW

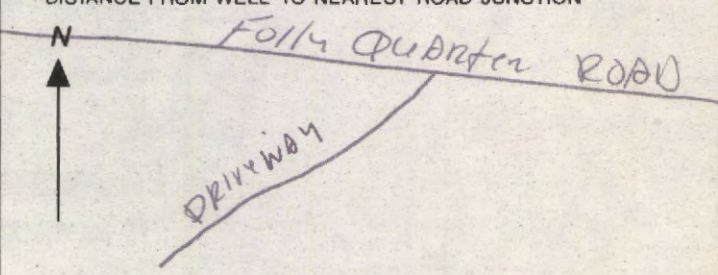
SOURCES OF DRILLING WATER

1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

810 510

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 =

