

7/20/94
10:00 am 5: pm
7/21/94
am

05-412107

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

*Time Expired for F.C.O.P. Compliance

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

P 57061

A 38340

DISTRICT 5th

DATE 5/31/94

DATE SYSTEM APPROVED 7/21/94

INSPECTOR C. B. [Signature]

INDEXED

Robert D. Thulman IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Chapel Woods II LOT 16 ROAD 11814 Chapel Bells Way

PROPERTY OWNER Robert D. Thulman

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

380
720
4120

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the right front lot corner at flagstem entrance, start the first trench 250 feet down the 443.02' lot line and 205 feet off this same lot line. Run trenches on contour toward right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/31/94 DKS

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 05/13/94

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

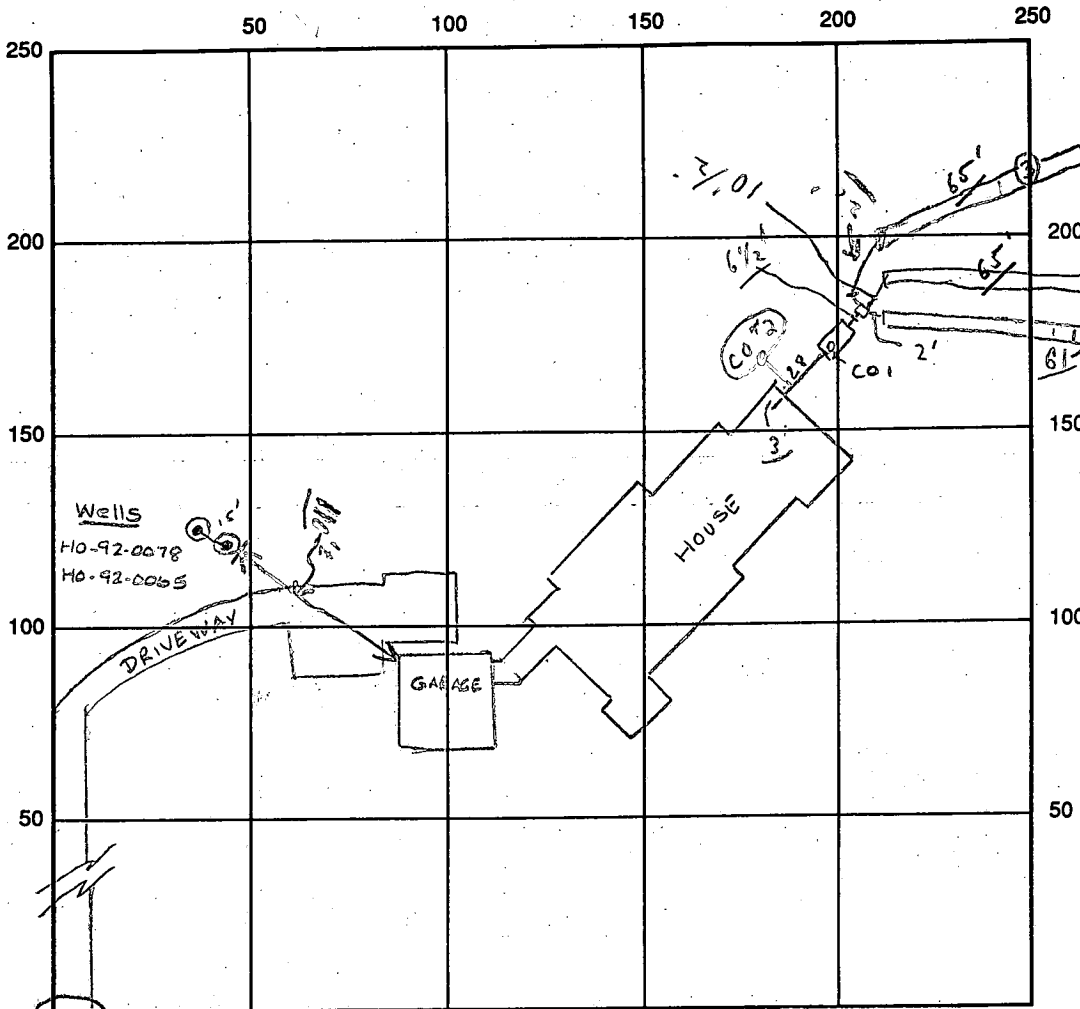
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

ALL PERMITS
AND REVISIONS 11-14-2001
B00133278
DECK 26x22

A
38340



CHAPEL BELLS WAY INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal OK CLEANOUTS (#1 OK) (#2 Needs Cap)

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TRENCH DEPTH 7 FT. + avertage TRENCH WIDTH 2' FT. INLET DEPTH 2 1/2 to 3' FT.

EFFECTIVE GRAVEL DEPTH 0 4/4 FT. TOTAL LENGTH 0 01' ; ② 65' ; ③ 65' } 191

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 764 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 764 SQ. FT.

REMARKS: 7/20/94 OK to gravel trench #1. OK to COVER FROM HOUSE TO TANK ALW
(P.M.) 7/21 #1 Trench ok to cover - Partial; (P.M.) 7/21 → Trenches
#2 + #3 complete except at far ends; Final ok to
cover as finish - material on site; CBS

7/21 No W.P.I. CBS

DATE SYSTEM APPROVED 7/21/94 INSPECTOR Charles Bryan Streater

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 38340

P _____

DISTRICT 571

DATE 12/31/86

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 JJM Partnership Robert D. Thugman
ADDRESS 5510-201 Skenelet Pl. Columbia, Md. 21044 PHONE 410-848-2086
940-4466

PROPERTY LOCATION:
SUBDIVISION Chapelwood II LOT NO. LOT 17 ON PRELIM
NEW LOT 16 2ND Prelim
ROAD AND DESCRIPTION Rt. 108 (11814 CHAPEL BELLS WAY)

SIZE OF LOT 3.8 ± ac. TYPE BLDG. residential
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

John Mikolasko
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep trenches DATE 7-24-87

REJECTED BY _____ FOR _____ DATE _____

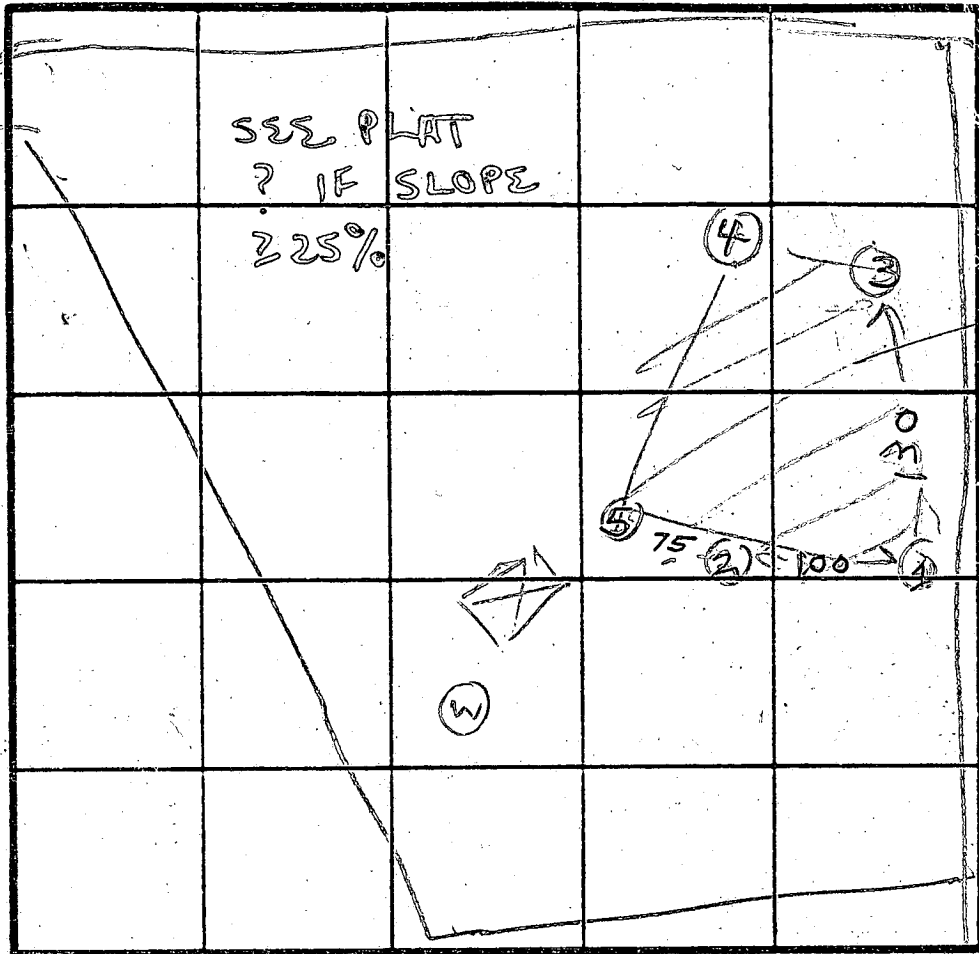
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 5/13/92
Serial # 53915
SFD-4Bom

THIS IS NOT A PERMIT

Lot 16



SOIL PROFILE
ALL BEIGE & BROWN SAND

A 38340

(2)
CLAY
BROWN SAND LOAM

(5)
BROWN CLAY
BROWN & BEIGE SAND LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/5/86	1 S	5	159	201	201	203	2
	1 V	14 1/2	OK				
	2 S	4	206	213	213	220	7
	2 V	6	206	207	207	208	8
	2 V	15 1/2	OK				
	3 S	3	219	220	220	221	1
	3 V	13	OK				
	4 S	3	223	224	224	225	1
	4 V	13	OK				
	5 S	3	233	237	237	247	10
5 V	14.5	OK					
							2

artime
6 min
max depth
2 ft
INLET 3
MAX D 7

(3)
ALL BROWN SAND LOAM

(4)
ALL BROWN SAND LOAM
FRESH BROWN

REMARKS: Holes Dug Per Testing Plat

TESTED BY: R. HONGES

ALSO PRESENT: MIKOLASCO

13

B 1 **3730** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-1298
 fill in this form completely

Date Received (APA) [] [] [] [] [] []
 OWNER INFORMATION
 8 13
J. S. M. - LMC
 15 Last Name Owner First Name 34
5570STERRETT PLACE
 36 Street or RFD 55
COLUMBIA **MIL21044**
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Joseph R. Mayne **238**
 Driller's Name 77 License No. 80
Joseph R. Mayne WELL DRILLING
 Firm Name
5512 Ridge Rd. Mt. Airy, MD 21771
 Address
Joseph R. Mayne **3/28/90**
 Signature Date

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)

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-PERCussion ROTARY (Hydraulic Rotary)
 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) [] [] [] [] [] [] [] [] [] []

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER [] [] [] [] [] [] [] [] [] []
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-88-1298**

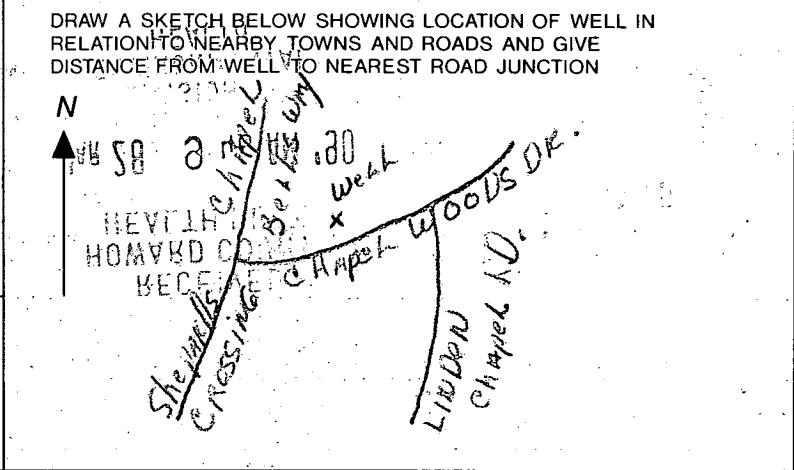
SPECIAL CONDITIONS

B 3 LOCATION OF WELL
HOWARD
 COUNTY
CHAPEL WOODS
 SUBDIVISION
 SECTION [] [] LOT **16**
CLARKSVILLE
 NEAREST TOWN
 MILES FROM TOWN (letter 0 if in town) **3** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 CHAPEL WOODS DR.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 DISTANCE FROM ROAD **720** FT
 ENTER FT OR MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A38340 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
082390 CO SIGNATURE **Heather H/23/90** EXP. DATE
 NORTH GRID **519000** EAST GRID **0819000**

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 **82019**
 N **510**



Clarksville
 COUNTY

C1 **1068** SEQUENCE NO. (DENV 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-38340**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
11/10/87

Depth of Well
22 385 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-0934

OWNER **TINA TAYLOR**
 last name **TAYLOR** first name **TINA** TOWN **CLARKSVILLE**
 STREET OR RFD _____
 SUBDIVISION **CHARLES LANE II** SECTION _____ LOT **16**

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	
SANDstone	0	17	
Clay MICH rock	17	315	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **658**
 GALLONS OF WATER **40**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **194** ft.
 (enter 0 if from surface)

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **1**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **50**
 WHEN PUMPING **901**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **SI** Nominal diameter top (main) casing (nearest inch) **1** Total depth of main casing (nearest foot) **190**

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
- below } **2** (nearest foot)

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

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	from	to
1	HO 8	10 15
2		
3		

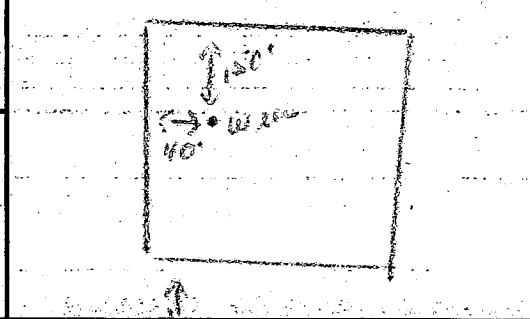
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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.

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**



DRILLERS IDENT. NO. **938**
 DRILLERS SIGNATURE _____
 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**
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

WELL ABANDONMENT REPORT

DATE 8-14-92

PERMIT NUMBER OF ABANDONED WELL (If any)

H	0	-	8	8	-	0	9	3	4
---	---	---	---	---	---	---	---	---	---

DRILLER: G. Edgar Harr Sons' Corp.
 (Last Name) (First Name)

OWNER: JJM Inc 5570 Sterrett Place 21044
 (Last Name) (First Name)

WELL LOCATION:

County Howard

* Subdivision Chapel Woods

Section _____ Lot 16

Nearest Town Clarksville

Maryland Grid Location

State Grid Number

E	<u>820</u>
N	<u>500</u>

X	
0/5	5/5
0/0	5/0

Show Well Location by (X)
 Within Box

TYPE OF WELL:

- Drilled
- Jetted
- Bored or Augered
- Other, specify _____

DEPTH OF WELL: 200 Feet

TYPE OF CASING:

- Steel
- Plastic
- Concrete
- Other, specify _____

SIZE OF CASING: 6 Inches

Was any casing removed? Yes No

If Yes, amount removed: _____ Feet

Was casing ripped or perforated? Yes No

LOG OF SEALING MATERIAL

Material	Feet	
	From	To
Clean Fill Dirt	200	30
Neat Portland Cement	30	Ground

DRILLER

Pal M. Hoff
 (Signature)

LICENSE # MWD 399

RETURN THIS REPORT TO:

Howard County Health Dept.
 Environmental Health
 P.O. Box 476
 Ellicott City, MD 21043
 461-9933

C1 6800 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (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 38340

ST/CO USE ONLY
 DATE RECEIVED
 DATE WELL COMPLETED
 060192

Depth of Well
 22 300 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-92-0065

OWNER J J M Inc
 last name Chapel Bells Way first name
 STREET OR RFD TOWN Clarksville
 SUBDIVISION Chapel Woods II SECTION LOT 16

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	
Overburden	0	33	
Gray Rock	33	300	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 8 NO. OF POUNDS 800
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 35 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 DL U
 Nominal diameter top (main) casing (nearest inch) 60 61
 Total depth of main casing (nearest foot) 63 64 35 66 70

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

DEPTH (nearest ft.)
 EACH SCREEN
 1 8 9 11 15 17 21
 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

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 IDENT. NO. 489
 DRILLERS SIGNATURE Robert Price
 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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 4
 PUMPING RATE (gal. per min. to nearest gal.)
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 43
 WHEN PUMPING 270
 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 }

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 No map Available

C1 6805 SEQUENCE NO. (DENV 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 A38340
 NUMBER

ST/CO USE ONLY
 DATE Received
 DATE WELL COMPLETED
 060192

Depth of Well
 22 300 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40 92 0078

OWNER JIM Inc
 last name first name
 STREET OR RFD Chapel Bells Way TOWN Clarksville
 SUBDIVISION CHAPEL WOODS II SECTION LOT 16

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	
Overburden	0	22	
Gay Rock	22	300	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 6 NO. OF POUNDS 600
 GALLONS OF WATER 36
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 25 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER
 MAIN CASING TYPE (P) Nominal diameter top (main) casing (nearest inch) (6) Total depth of main casing (nearest foot) (25)

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

SCREEN RECORD
 screen type or open hole: insert appropriate code below
 (S) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

DEPTH (nearest ft.)

EACH SCREEN	DEPTH (nearest ft.)
1	40 25 300
2	
3	

SLOT SIZE 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 2
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 43
 WHEN PUMPING 274
 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)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 NO map Available

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 IDENT. NO. 489
 DRILLERS SIGNATURE Robert Pri
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

8/26/94
A.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

8/26
Final
C/S

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
WELL LINE

New Installation
Replacement

Receipt # _____
Date 8/26/94

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Thulman Telephone _____
Subdivision Chapel Woods II Lot # 16 Well Tag # HO-92-0078
Site Address 11814 Chapel Bells Way

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

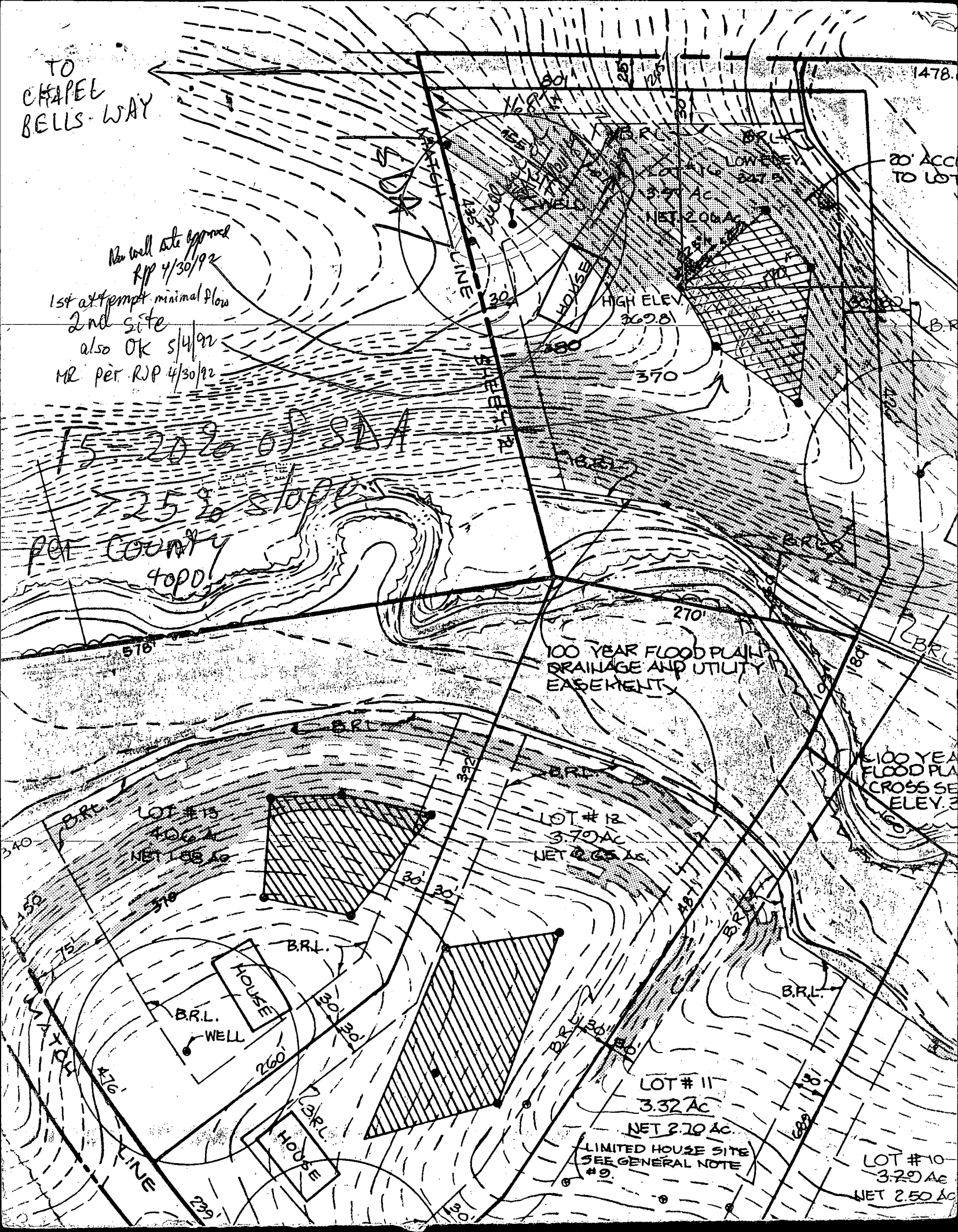
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

White sticker on top
HD-215
C/S

TO
CHAPEL
BELLS WAY

New well site approved
RJP 4/30/92
1st attempt minimal flow
2nd site
also OK 5/1/92
MR per RJP 4/30/92

15-20% of SAA
>25% slopes
per County
4000'



100 YEAR FLOOD PLAIN
DRAINAGE AND UTILITY
EASEMENT

100 YEAR
FLOOD PLAIN
CROSS SECTION
ELEV. 3

LOT #13
4.06 AC
NET 1.85 AC

LOT #12
3.70 AC
NET 0.65 AC

LOT #11
3.32 AC
NET 2.70 AC

LOT #10
3.29 AC
NET 2.50 AC

LIMITED HOUSE SITE
SEE GENERAL NOTE
#9

HOUSE
WELL

HOUSE

CHAPEL BELLS WAY

SHEETLINE

HOUSE

HIGH ELEV
36981

370

270

570

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LINE

30

180

20' ACC
TO LOT

1478

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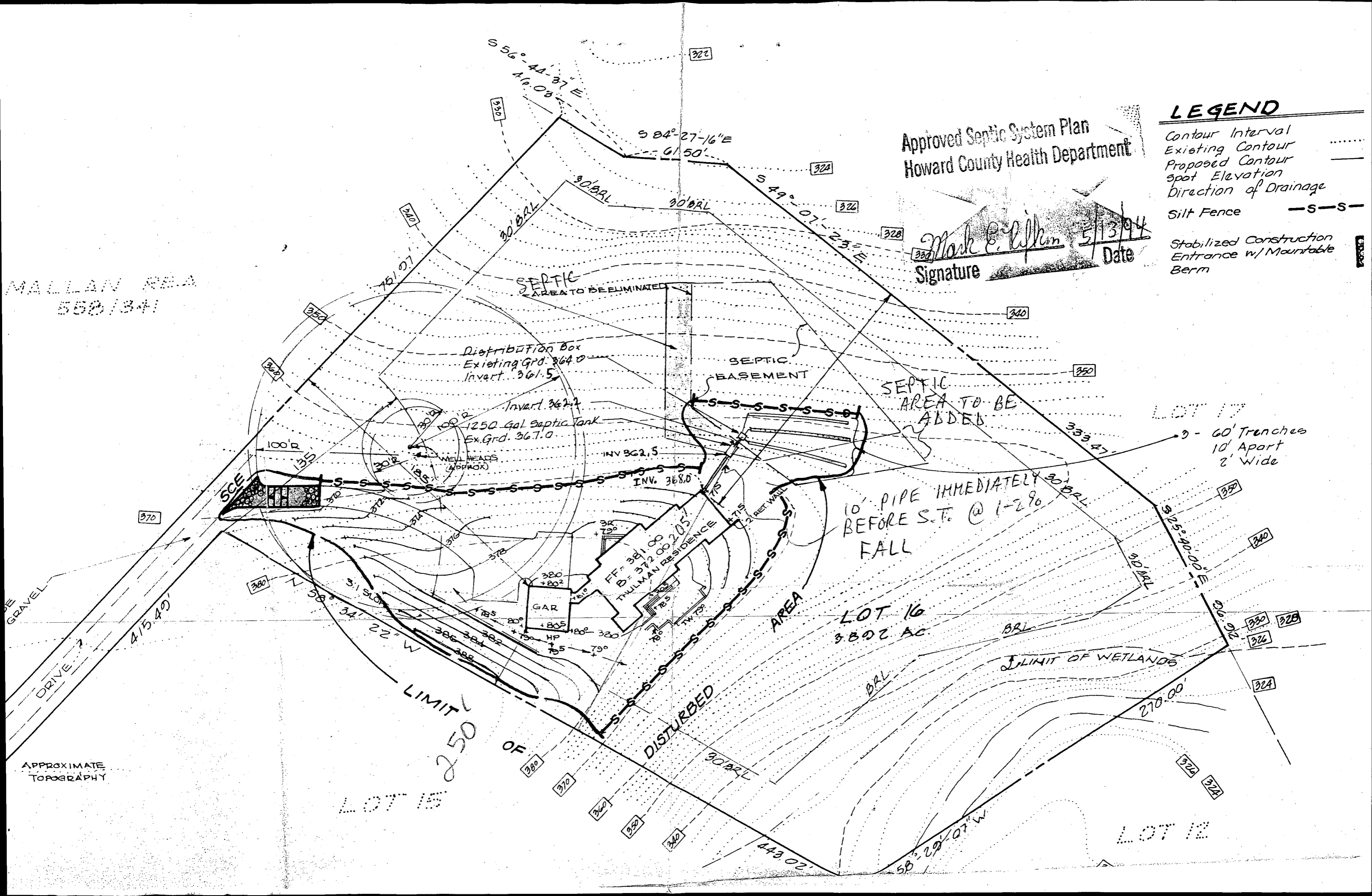
Approved Septic System Plan
Howard County Health Department

Mark E. Wilkin 5/13/94
Signature Date

LEGEND

Contour Interval
Existing Contour
Proposed Contour	———
Spot Elevation	□
Direction of Drainage	→
Silt Fence	-S-S-
Stabilized Construction Entrance w/ Mountable Berm	▬

MALLAN ROAD
550/341



APPROXIMATE TOPOGRAPHY