

19 1 21

12/19 O.P.C.O. e.B.d.  
@P.C.O.  
C.B.d.

12/19/88  
LATS  
①  
②

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

03-312518  
INDEXED

P 43230

A 38466

DISTRICT 3rd

DATE 12/16/88

DATE SYSTEM APPROVED 12/20/88

INSPECTOR C. Williams

Russ Marshall/Residential Urban Systems IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 10840 Little Patuxent Parkway - Suite 300 PHONE 997-7257

SUBDIVISION Triadelphia Woods ROAD 12607 Golden Oak Dr LOT 20

PROPERTY OWNER C & J Homes, Inc.

**BUILDING PERMIT SIGNED  
AND RETURNED**

ADDRESS \_\_\_\_\_

6-1605 B00154379-UG PLANE R

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet up the left lot line from the left rear lot corner and 50 feet off the same lot line as seen when facing the lot from Golden Oak Drive. Run trenches on contour toward the left rear corner. 1st trench not to exceed 75 feet.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OKICW

PLANS APPROVED BY Sid Abel DATE 10/27/87

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED ✓

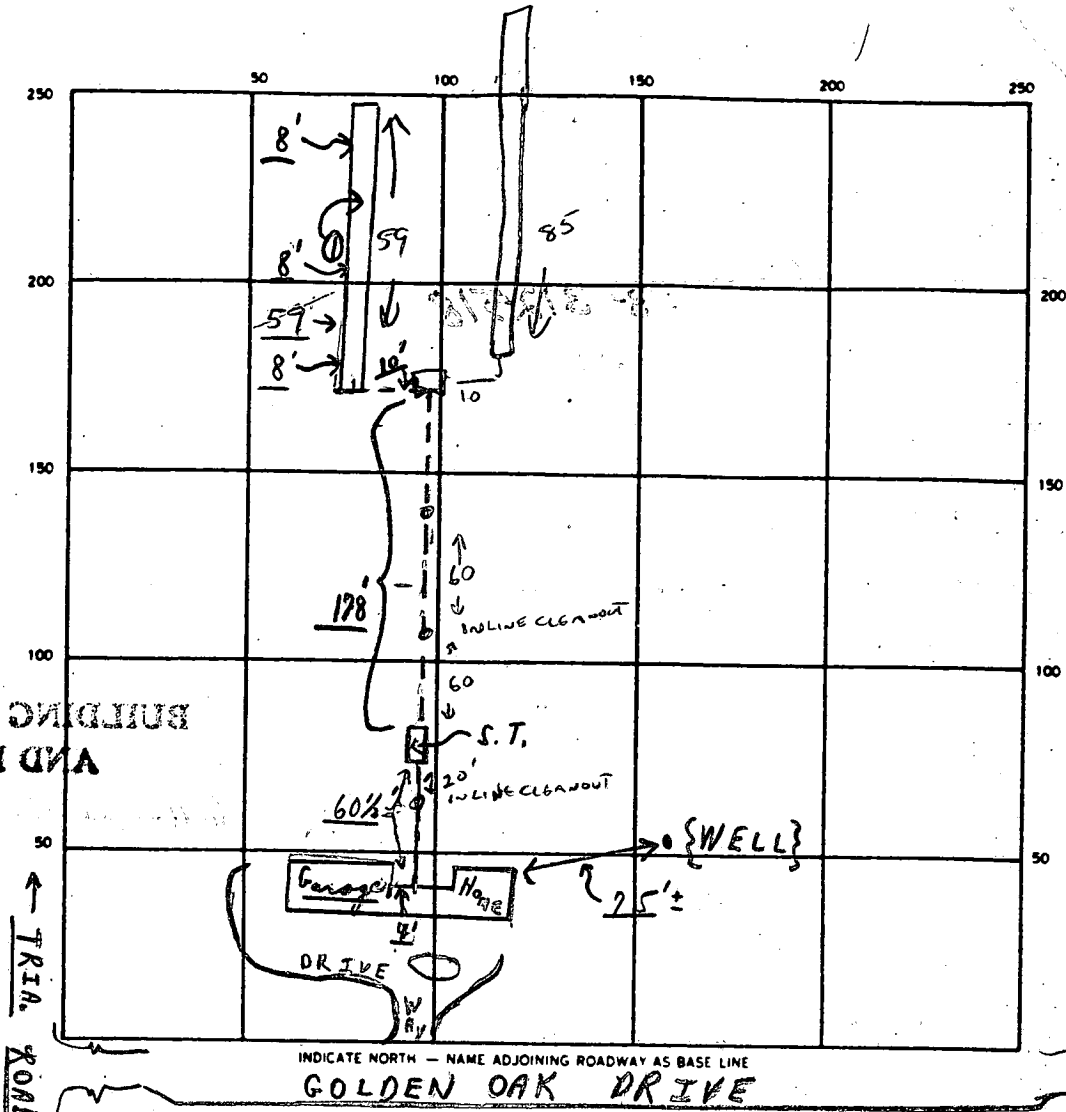
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

38466

BUILDING PERMIT SIGNED  
AND RETURNED



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
GOLDEN OAK DRIVE

SEPTIC TANK LEVEL OK CLEANOUTS <sup>S.T.</sup> 12/19 No 13 Need mandrel type  
 DISTRIBUTION BOX LEVEL (Not in 12/19)  
 DRAIN FIELD/TILE FIELD DEPTH 3.8 only FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 5 possible FT. TOTAL LENGTH 144 FT.  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.  
 DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

REMARKS 12/19 Partial - not ready S.T. - ok; 12/19 Partial #0 trench  
- ok for stones - only; C.B.S. (No pipe) - late 12/19 Permit  
partial-signed + stakes left on ladder.  
12/20/88 2nd TRENCH OK TO ADD STONES GRADE AT TANK TO BE CUT TO 3'  
12/20/88 OK TO FINISH LAST TRENCH & COVER ALL WORK

DATE SYSTEM APPROVED 12/20/88 INSPECTOR C. Miller

# APPLICATION

PERCOLATION TESTING

A 384660

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 3

DATE 10/20/86

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 Retaxent Land Co. Inc.  
C+J Homes, INC.

ADDRESS \_\_\_\_\_ PHONE 531-5539

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Philadelphia Woods LOT NO. 728 6129 LOT 20 Prelim.

ROAD AND DESCRIPTION Philadelphia Road on Right 1/2 mile  
west of Carroll Mill Road

TAX MAP 22 PARCEL # 528 12607 GOLDEN OAK DR.

SIZE OF LOT 3 + acre TYPE BLDG. \_\_\_\_\_  
(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.

Richard W. Smith  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 2-10-87 Perc Satisfactory; Hold for Subdivision Plat S. Add

BUDG. PERMIT SIGNED  
AND RETURNED 7-19-88  
BP 17662  
SMK

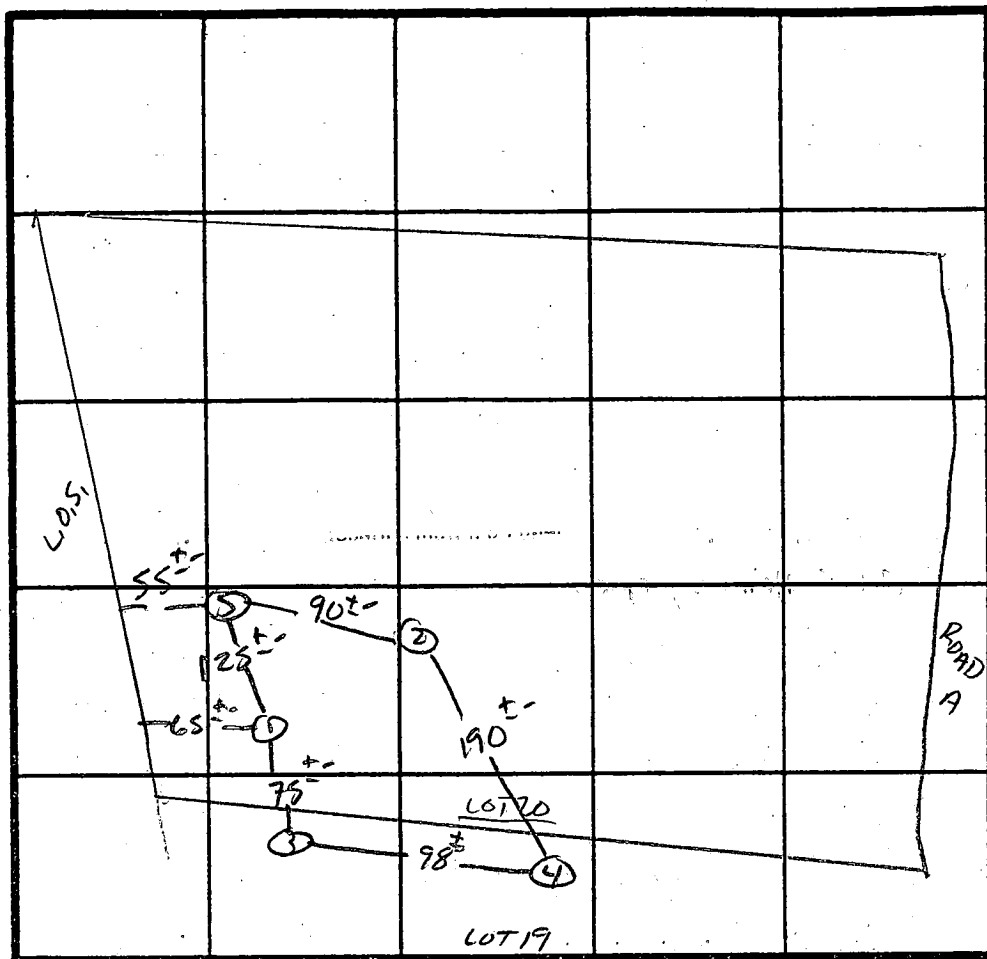
# THIS IS NOT A PERMIT

⑤  
①②③④  
SOIL PROFILE

0'  
6"  
3.5'  
12-13'

**A1-3**  
Yellow BR  
Silty CLAY  
9-12% CLAY  
10-15% FRAGS

Tan/Brown  
Silty SAND  
LOESS  
25-35%  
FRAGS



2 Perc  
3 min  
160#/BR  
4' INLET  
9' BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO TRIADELPHIA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/87	1 V	12" UNIFORM soil below 3.5"					
	2 V	3.5" 12" UNIFORM soil below 3.5"	11:23	11:24	11:24	11:27	2min
	3 V	4.5" 12" UNIFORM soil below 3.5"	11:05	11:06	11:06	11:08	2min
	4 V	4.5" 13" UNIFORM soil below 4"	11:09	11:11	11:11	11:15	4min
	5 V	3.5" 12.5" UNIFORM soil below 3.5"	11:28	11:29	11:29	11:31	2min

REMARKS 2+S ARE STAKED PER PLAT HIGH LINES

TYPE OF SOIL M ANDR CL

TESTED BY S. Abel

RICK

R. DEMIT, Jim Adams

ALSO PRESENT

ALAN BRIDGEMAN



C1 1977 (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-38466

DATE RECEIVED

DATE WELL COMPLETED 11/09/87

DEPTH OF WELL 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2363

OWNER PROXYNT LAND CO. STREET OR RFD GOLDEN OAK CE. TOWN Glenelig SUBDIVISION TRIADLPHIA RD. SECTION LOT 20

WELL LOG table with columns: DESCRIPTION (SAND, Green Allica Rock), FEET (FROM 0 TO 53), CHECK IF WATER BEARING (circled 'OK')

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 13, NO. OF POUNDS 1222

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6, Total depth 60

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

SCREEN RECORD: screen type or open hole (circled 'ST'), STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER

DEPTH (nearest ft.) table with values 40, 58, 325

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. 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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

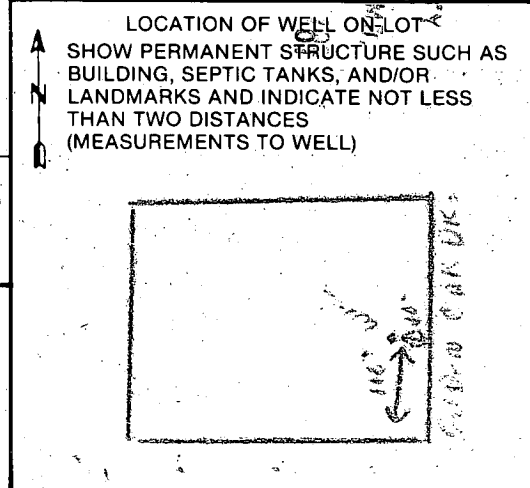
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 7, PUMPING RATE 1, METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 55, WHEN PUMPING 385, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circled '+') above LAND SURFACE (circled '2') (nearest foot)



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2363  
 Location of property (road) GOLDEN OAK CT  
 Subdivision TRIADOLPHIA WOODS Lot 20 Block      Plat      Sec.       
 Well Driller J. MAYNE Owner PATIENT CO

Depth of well 385'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 55'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 120 gal.  
 Total time 1 hr. to reach pumping water level 285 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill β gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	120	5		12
8:00	205	6		10
8:15	260	6		10
8:30	285	7	285	8 1/2
8:45	285	60	55	1
9:00	285	60	230	1
9:15	285	60	15	1
9:30	285	60	230	1
9:45	285	60	60	1
10:00	285	60	22	1
10:15	285	60	120	1
10:30	285	60	346	1
10:45	285	60	466	1
11:00	285	60		1
11:15	285	60		1
11:30	285	60		1
11:45	285	60		1
12:00	285	60		1
12:15	285	60		1
12:30	285	60		1
12:45	285	60		1
1:00	285	60		1
1:15	285	60		1
1:30	285	60		1
1:45	285	60		1

12/1/87  
 not 500 gal  
 total shown  
 Pump was set lower (320')  
 & w/ = 100'  
 more of volume  
 OK capacity

Water Level  
2:00 285  
2:15 285  
2:30 285

Pumping rate  
60  
60  
60

Flow  
1  
1  
1

RECEIVED  
HOWARD  
HEALTH DEPT  
APR 24 4 02 PM '87

3/3/89

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   X    
Replacement       

Receipt # 43680  
Date 2/28/89

Name of Installer J. Joseph Gartland, Inc.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer        Well Driller        Registered Plumber   X  

Name of Property Owner C&J Homes, Inc.

Telephone 465-4679

Subdivision Triadelphia Woods. Lot # 20

Well Tag # 40-81-2363

Site Address 12607 Golden Oak Dr.

Pump

- 1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible   X
- 2. Make Goulds
- 3. Model # 5ES07412
- 4. Capacity 5 GPM

Motor

- 1. Horsepower 3/4
- 2. RPM
- 3. Voltage       
  - a. 110
  - b. 220   X

Pitless Adapter

- 1. Make Harvard
- 2. Model # PT-800
- 3. Depth 42"

- 5. Pump exceeds well capacity Yes   X   No
- 6. If Yes, is low pressure cutoff switch installed? Yes   X   No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors        Cable guards        Other

Tank

- 1. Capacity 42 gal.
- 2. Pressure relief valve? 75psi.

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 42"

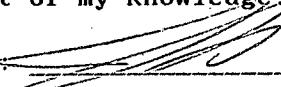
Well data

- 1. Depth        ft.
- 2. Yield        GPM
- 3. Static water level        ft.
- 4. Will water supply be disinfected by installer?

*All wire installed*  
3-3-89- Pitless AT 36'-well Line 34-40'- Pump being installed on arrival - inside  
*work not complete, same*

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: Feb. 28, 1989

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

B 1 **5065** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

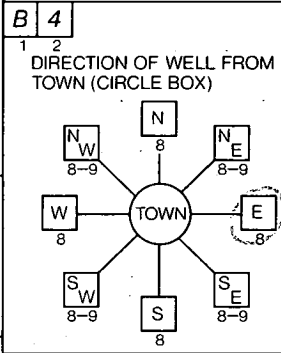
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-92-0001**  
 fill in this form completely

Date Received (APA) **021292**  
 OWNER INFORMATION  
 Last Name **CRAIG** Owner First Name **EDWARD**  
 Street or RFD **19607 GOLDEN OAK DR**  
 Town **ELICOTT** State **MD** Zip **21043**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **PHILADELPHIA WOODS**  
 SECTION **44** LOT **20**  
 NEAREST TOWN **M I**  
 MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION  
 Driller's Name **Joseph L. Mayne** License No. **238**  
 Firm Name **Joseph L. Mayne Well Drilling**  
 Address **5512 Ridge Rd. Mt. Airy 21771**  
 Signature **Joseph L. Mayne** Date **2/12/92**



NEAR WHAT ROAD **257**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **257**  
 ENTER FT OR MI **FT**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** COUNTY NO. **A38466**  
 STATE SIGNATURE **Mark E. Riffin** DATE ISSUED **8/18/92**  
 NORTH GRID **526000** EAST GRID **0813000**

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **3/4/92 2:30**  
 2. **3/4/92 4 AM**  
 3. **GROUT OK, NOT WITNESSED**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 N **X3**  
 S **X6**  
 LOC. OK PER PLAN TAG OK

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)  
 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) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-92-0001 HCHD**

SPECIAL CONDITIONS  
**5/5/95**  
**600, 9**  
 COUNTY

C1 **5135** 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 **A38466**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**030492**

Depth of Well  
**440**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**OK MR 6/18/92 HO-92-0001**

OWNER **Craig C. Edward**  
 last name first name  
 STREET OR RFD  
 SUBDIVISION **TRIADELPHIA WOODS** SECTION TOWN **Stensley** LOT **20**

**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	
SAND	0	37	
GRAY MICACIOUS ROCK	37	400	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **8** NO. OF POUNDS **136**  
 GALLONS OF WATER **48**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **37** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 60  61  63  64  66  70

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

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

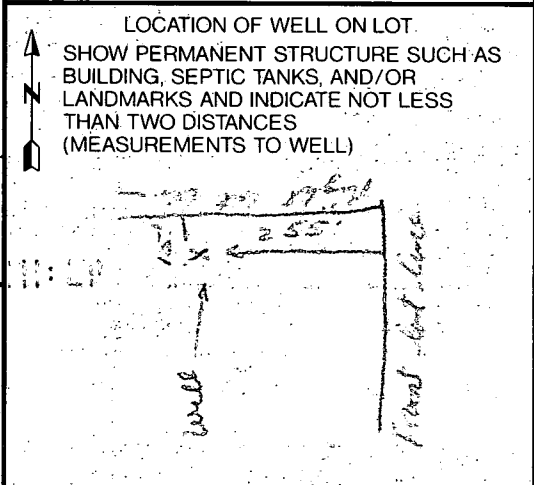
**C2**  
 DEPTH (nearest ft.)  
 E A C H S C R E E N  
 1 **110** **400**  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from

**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

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **1**  
 METHOD USED TO MEASURE PUMPING RATE **air**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **52**  
 WHEN PUMPING **370**  
 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 (CIRCLE) (YES or NO) 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) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } **7** (nearest foot)



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. **238**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

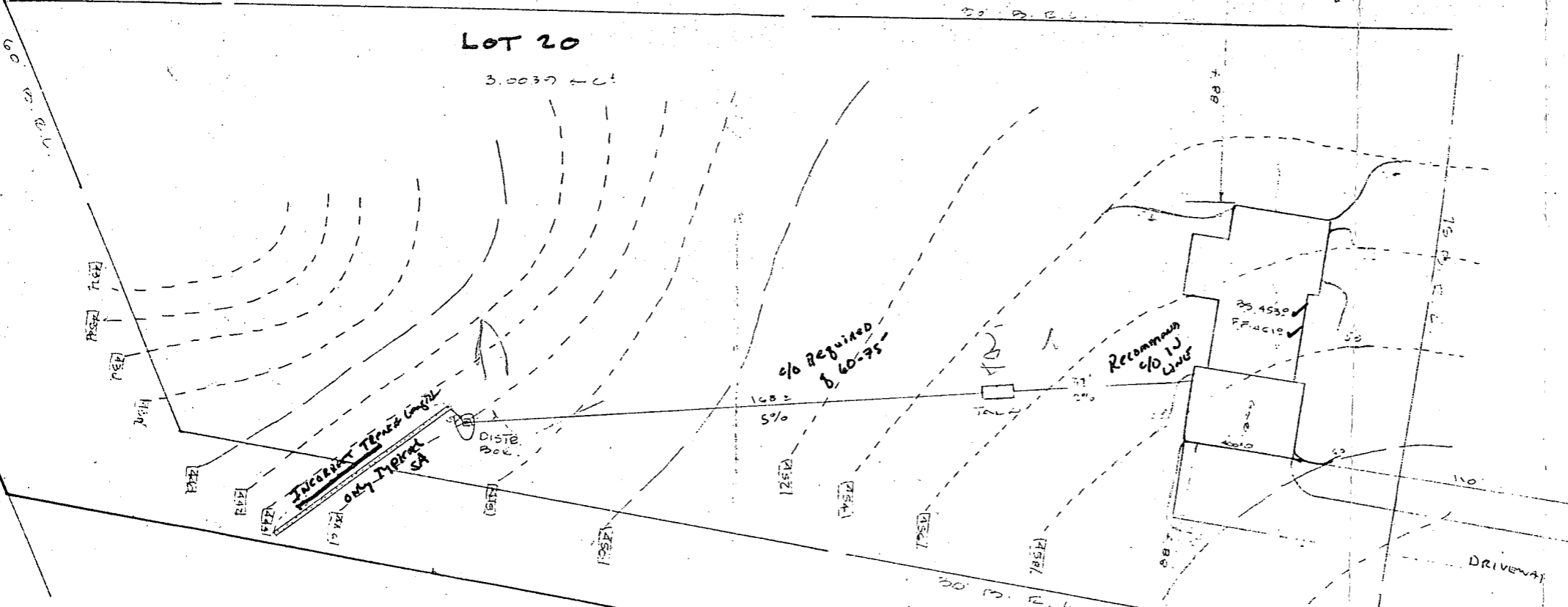
N 79° 47' 45" E

623.07

EXISTING  
WELL  
451.50

LOT 20

3.0037 AC!



GOLDEN OAK DRUG

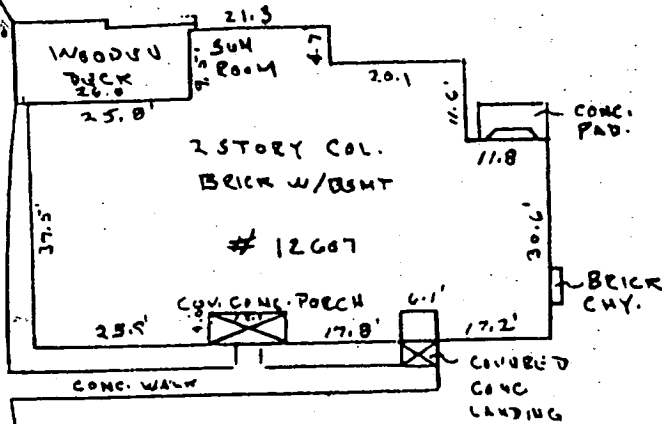
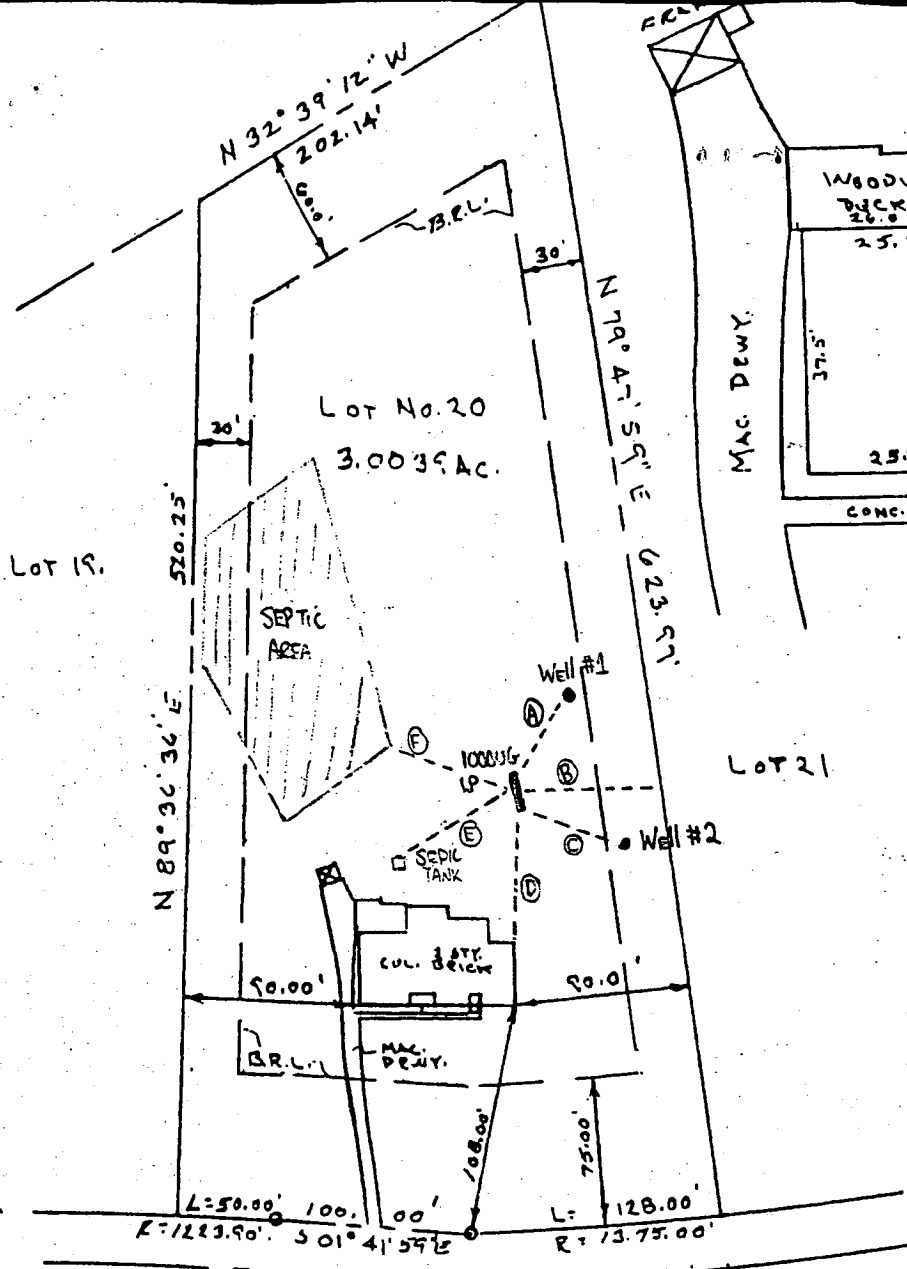
DISTR. BOX	EXIST. EL.	446.00 ✓
	INVERT	441.00 ✓
TRUCK	EXIST. EL.	439.00 ✓
	INV. OUT	440.50 ✓
	INV. IN	440.00 ✓

INVERT @ HOUSE 451.00 ✓  
+ 5.00 FT

LOT 20 TRIPODELPHIA WOODS  
 PROTECTION DISTRICT  
 HOWARD COUNTY, MD  
 SCALE 1"=30' FEB. 22, 1988

4-19-88  
 MURPHY'S OK  
 SAbel  
 PERMIT SIGNED  
 RETURNED 7-25-88  
 BP 17662  
 DEVELOPMENT TRIMBLE, INC SAbel  
 251 WARRERS CHOICE VILLAGE CENTER  
 WARRERS FARM ROAD  
 BETHESDA, MD 20814

Sheet 1 of 1  
Triadelphia Woods



DETAIL  
SCALE 1" = 30.0'

Note

Measurements to house are  
(+/- 1'). 600154329

6/16/05  
Proposed L.P. tank  
OK  
PJS

Scale 1" = 100'  
GOLDEN OAK DRIVE  
(50' R/W)

\*Note: Being known & designated as Lot No. 20, as shown on a Plat entitled "Triadelphia Woods, Lots 19-29, 33-37, 47-54, Section 1, Area 1, a Resubdivision of Parcel 4 & Lots 15-18".

Plat Ref; Howard County Plat Book CMP No. 7736.



THE LOT SHOWN HEREON APPEARS TO LIE WITHIN FLOOD ZONE "C" PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044 0021 B Effective Date: 12-4-86

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON!  
Signature: \_\_\_\_\_

# DISTANCE FROM TANK TO

- (A) Well #1 - 43'
- (B) NEAREST PROPERTY LINE - 69'
- (C) Well #2 (NOT USED) - 50'
- (D) REAR CORNER OF HOUSE - 70
- (E) SEPTIC TANK - 69'
- (F) SEPTIC AREA - 63'