

1/29/91  
4/25/91 12:30  
5/2/91 A.S.A.P

House connected to septic

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

UNABLE to find #

P 46694

A 38500

DISTRICT 3rd

DATE 12/14/90

DATE SYSTEM APPROVED 5/2/91

INSPECTOR C.B.S.

Note Left side of ST. C.O. Green ALTER X

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Triadelphia Woods LOT 53 ROAD 12626 Fawn Run Court

PROPERTY OWNER Mr. and Mrs. Randall Schmidt

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

NOTE: SEPTIC SYSTEM TO BE INSTALLED PRIOR TO BUILDING PERMIT ISSUANCE.

(BP SIGNED 12/17/90 IN ORDER TO ACCOMMODATE REQUIREMENT FOR GRADING PERMIT SYSTEM INSTALLED BEFORE CONSTRUCTION INITIATED) C.W.

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 10 feet from the left front lot line and 110 feet from the left front lot corner. Run trenches along contour in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12-13-90 JEN

PLANS APPROVED BY C. Williams DATE 5/16/89

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

BLDG. PERMIT SIGNED

AND RETURNED 12/17/90

Serial # 35598-SFD

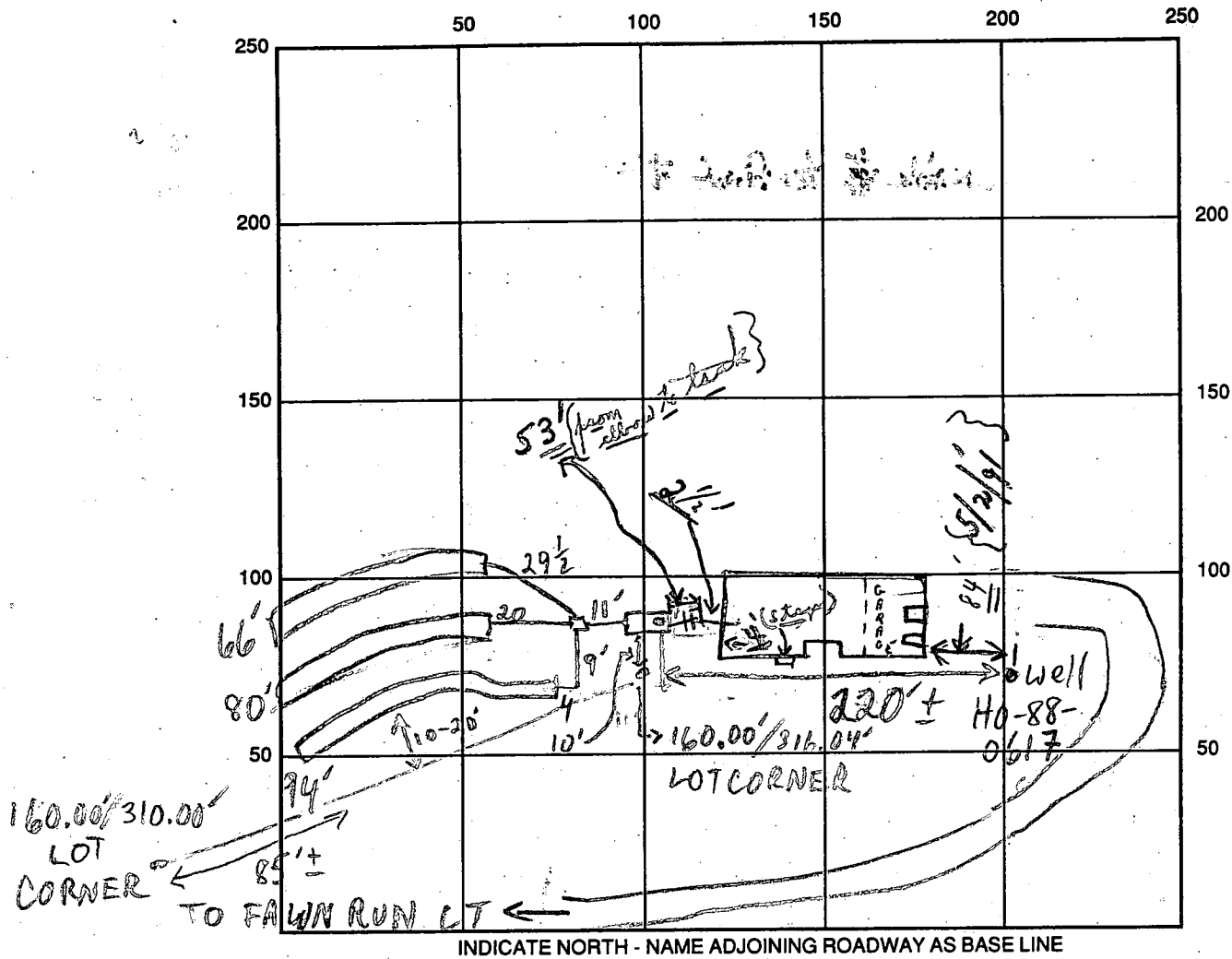
PERMIT VOID AFTER TWO YEARS

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

A 38500



SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS OK  
 DISTRIBUTION BOX LEVEL OK - BAFFLE 1A1  
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 094 0280 0366 FT.  
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 0282 0240 0198 SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA 720 SQ. FT.

REMARKS: 1/29/91 OK TO COVER ALL EXC. HOUSE CONN. - NO  
HOUSE CONN MR ; 5/2/91 HOUSE CONNECTION IN - OK TO  
COVER FROM HOUSE TO SEPTIC TANK ; EARLY - A.M. FINAL  
 C.B.H.

DATE SYSTEM APPROVED 5/2/91 INSPECTOR Charles Began  
Thursday

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

5/2/91 <sup>see below</sup>  
 No inspection  
 C.B.D.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
 Receipt # 47017  
 Date 4-26-91  
 Name of Installer Lester Simmons Telephone \_\_\_\_\_  
 License Number \_\_\_\_\_  
 Certified Well Pump Installer  Well Driller  Registered Plumber   
 Name of Property Owner Margio Homes Telephone 381-7392  
 Subdivision Triadelphia Woods Lot # 53 Well Tag # HO-88-0617  
 Site Address Fawn Run Ct

**Pump**  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible   
 2. Make Goulds  
 3. Model # SES0742  
 4. Capacity 5 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 \_\_\_\_\_

**Motor**  
 1. Horsepower 3/4  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

**Pitless Adapter**  
 1. Make Martinson  
 2. Model # B-10X  
 3. Depth \_\_\_\_\_

**Tank**  
 1. Capacity 32  
 2. Pressure relief valve?

**Piping**  
 1. Type \_\_\_\_\_  
 2. Size 1"  
 3. NSF and/or BOCA Code approved \_\_\_\_\_  
 4. Depth of supply line 42

**Well data**  
 1. Depth 400 ft.  
 2. Yield 1.5 GPM  
 3. Static water level \_\_\_\_\_ ft.  
 4. Will water supply be disinfected by installer?

4/25/91 NO WORK DONE MR

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: [Signature]  
 Date: 4-26-91

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

↓ A.M. 5/2/91 - all covered at stop.  
 C.B.D.

125  
12/5  
11/01  
1125  
11/11

**APPLICATION**

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS  
BUREAU OF INSPECTIONS LICENSES & PERMITS  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

35578

**BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)**

12626 FAWN RUN CT.

ELLICOTT CITY, MD 21043

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
53	528			5		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
TRIANGLE WOODS	R	2a	3	6030

**OWNER'S NAME AND ADDRESS** PHONE NO.

Mrs. MRS. RANDALL SCHMIDT 301-381-5426

3786 PLUM MEADOW DRIVE

ELLICOTT CITY, MD 21043

**OCCUPANT'S NAME AND ADDRESS** PHONE NO.

SAME AS ABOVE

**ARCHITECT OR ENGINEER'S NAME AND ADDRESS** PHONE NO.

SAME AS BELOW

**CONTRACTOR'S NAME AND ADDRESS** PHONE NO.

MAGGIO HOMES INC. 301-381-7392

9375 GENEVIE LANE COLUMBIA MD 21046

**EXISTING USE** **PROPOSED USE**

VACANT LOT NEW S.F.D.

**EST. CONSTRUCTION COST** **LICENSE NUMBER** **PERMIT FEE**

222,000

**W/S CODE** **FOR OFFICE USE ONLY**

**DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE**

**SIDE YARD** (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

**DISTANCE IN FEET FROM SIDE STREET R/W LINE TO SIDE BUILDING LINE**

**DISTANCE IN FEET, REAR YD. REQUIRING SET**

**BACK CONDITIONS (IF ANY)** (CORNER LOT ONLY)

SDP #

Checks payable to **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**CAUTION**  
to begin construction before a permit placard has been issued and displayed on the job is a violation of the law  
Use and occupancy permit must be applied for two weeks before it will be issued

LP-69  
Revised

**IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.**

**GRADING/SEDIMENT CONTROL**  YES  NO

**DESCRIPTION OF WORK AUTHORIZED**

NEW SINGLE FAMILY HOME WITH INTERNAL 2 CAR GARAGE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
---------------	-------	-------	--------

TYPE OF BLDG.	AREA	VOLUME	ROOF
---------------	------	--------	------

B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS
----------	------------	----------

**UTILITIES**

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
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I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been complied with.

*[Signature]*  
SIGNATURE

*[Title]* TITLE *[Date]* DATE

FUNCTION	DATE	SIGNATURE APPROVAL
----------	------	--------------------

ZONING/PLANNING		
SHA		

SEDIMENT/GRADING		
BUILDING OFFICIAL		

WATER & SEWER		
HEALTH DEPT.	12/17/90	<i>[Signature]</i>

FIRE PROTECTION		
STORM WATER MGMT.		

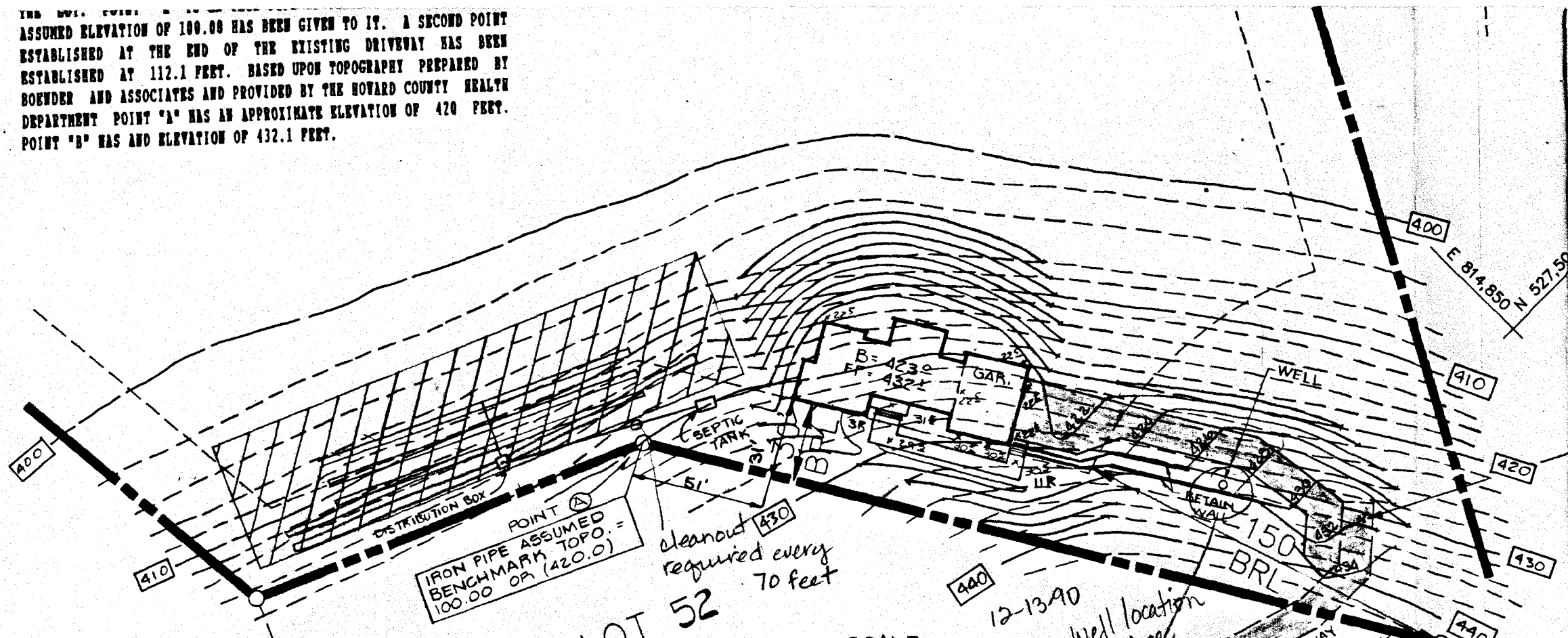
*[Signature]*

APPROVED DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

THE DIST. POINT ASSUMED ELEVATION OF 100.00 HAS BEEN GIVEN TO IT. A SECOND POINT ESTABLISHED AT THE END OF THE EXISTING DRIVEWAY HAS BEEN ESTABLISHED AT 112.1 FEET. BASED UPON TOPOGRAPHY PREPARED BY BOENDER AND ASSOCIATES AND PROVIDED BY THE HOWARD COUNTY HEALTH DEPARTMENT POINT "A" HAS AN APPROXIMATE ELEVATION OF 420 FEET. POINT "B" HAS AN ELEVATION OF 432.1 FEET.



*14 Dec 90 Plans Not approved but septic system to be installed first before Revised Plan submitted R/H*

*Well location too close to retaining wall. Grading cuts of 6 feet impacts grout around casing. JENADEAU*

**PLOT PLAN LOT 53**

**TRIADELPHIA WOODS SECTION 1, AREA 2**

**Election District No. 3 Howard County, Maryland**

CURRENT ZONING : R  
TAX MAP : 22 PARCEL : 528  
SCALE : AS SHOWN 11-9-90

I CERTIFY THAT ALL MEASUREMENTS AND ELEVATIONS ARE CORRECT FOR THIS PROPERTY. BASED UPON PROPERTY CORNERS SET BY BOENDER ASSOCIATES.

*David C. Woessner for AEI 11/29/90*

DAVID C. WOESSNER DATE



# APPLICATION

PERCOLATION TESTING

A 38500

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 Patuxent Woods

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

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

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

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION Philadelphia Woods LOT NO. LOT 53 Prelimin 33 SA 6/29

ROAD AND DESCRIPTION Philadelphia Road on right 1/2 mile West of Carroll Mill Road

TAX MAP 22 PARCEL # 528

SIZE OF LOT 3 + acres 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 J. Demmitt  
(SIGNATURE OF APPLICANT)

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

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

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

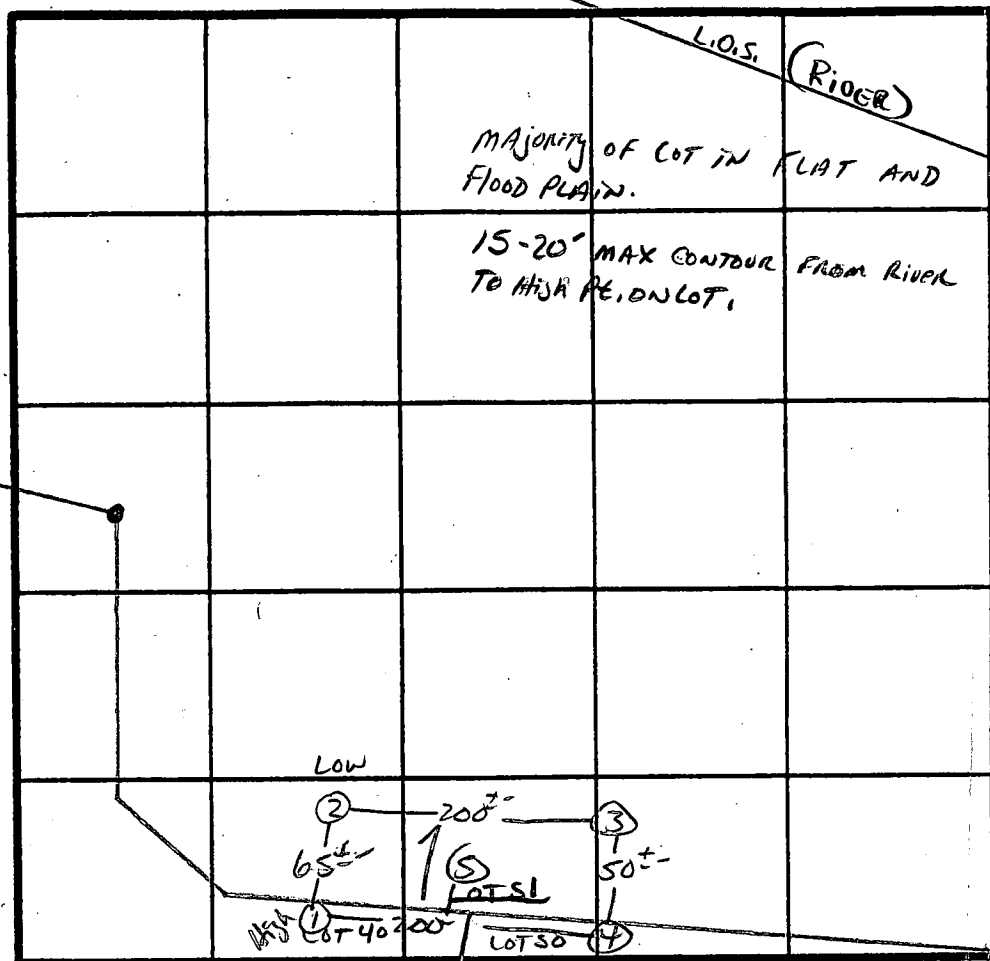
REASONS FOR REJECTION OR HOLDING 2-17-87 Perc Satisfactory; Hold for Subdivision Plat. SA 2

BP 35598 12/17/90  
4 BL.

# THIS IS NOT A PERMIT

SOIL PROFILE

0	41-3
4"	Yellow Ba Silt loam 9-12% CLM 100% FRAGS
3'	Yellow Ba Silt loam Highly micaceous 25-30% FRAGS
12.0-12.5	



X PERC  
3 MIN  
160 Φ 10R  
INLET 3'  
BOTTOM 4.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
↓ TO TRIADAPHA Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/17/87	1 S	2.5	10:52	10:54	10:54	10:58	4 MIN	
	1 M	7.5	10:52	10:53	10:53	10:55	2 MIN	
	1 V	12.5"	UNIFORM Soil below 3"					
	2 S	4.5"	10:48	10:49	10:49	10:51	3 MIN	
	2 V	12.0	WATER AT 10.5"					
	3 S	4.0"	10:58	10:59	10:59	11:02	3 MIN	
	3 V	12.5"	UNIFORM Soil below 3.0"					
	4 V	12"	UNIFORM Soil below 3.0"					
	5 V	12.5"	UNIFORM Soil below 3.0"					

REMARKS SEE PLAT FOR ACT. HOLE LOCATION; HOLES DIFF THAN PLAT / SHALLOW SYST. ONLY  
Hole #1 3LOT COMMON HOLE.

TYPE OF SOIL MANN  
TESTER S. ABEL  
ALSO PRESENT Neil, Kenny, Richard

EH-12-1079

C1 2323

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 38500

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 9 10 11 12 13

14 15 16 17 18 19 20 063089

21 22 23 24 25 26 400 (TO NEAREST FOOT)

27 28 29 30 31 32 33 34 35 36 37 H0-88-0617

OWNER PATUXENT LAND CO

STREET OR RFD last name TRIADOLPHIN RD first name TOWN GLENVIEW

SUBDIVISION TRIADOLPHIN WOODS SECTION LOT 53

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 include Top soil, Br shale, Tan mica, Gray mica, Br mica, Gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

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

MAIN CASING Nominal diameter top (main casing) of main casing (nearest inch) Total depth of main casing (nearest foot) ST 60 61 G 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.) H0 8 9 33 11 15 17 400 21

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 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. DRILLERS SIGNATURE

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

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 Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 220 TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) 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) LAND SURFACE FT (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)

6-30-89  
 7:30

Review OK 7/27/89 CW

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-0617  
 Location of property (road) TRIADELPHIA RD  
 Subdivision TRIADELPHIA WOODS Lot 53 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller EASTEROY Owner PATUXENT LAND CO.

Depth of well 400 ft  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 10 GPM  
 Total time 45 MIN to reach pumping water level 220' ft. below M.P.

*John H. Hannon*

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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	220'	40 SEC		1 1/2 GPM
8:45	220'	40 SEC		1 1/2 GPM
9:00	220'	40 SEC		1 1/2 GPM
9:15	220'	40 SEC		1 1/2 GPM
9:30	220'	40 SEC		1 1/2 GPM
9:45	220'	40 SEC		1 1/2 GPM
10:00	220'	40 SEC		1 1/2 GPM
10:15	220'	40 SEC		1 1/2 GPM
10:30	220'	40 SEC		1 1/2 GPM
10:45	220'	40 SEC		1 1/2 GPM
11:00	220'	40 SEC		1 1/2 GPM
11:15	220'	40 SEC		1 1/2 GPM
11:30	220'	40 SEC		1 1/2 GPM
11:45	220'	40 SEC		1 1/2 GPM
12:00	220'	40 SEC		1 1/2 GPM
12:15	220'	40 SEC		1 1/2 GPM
12:30	220'	40 SEC		1 1/2 GPM
12:45	220'	40 SEC		1 1/2 GPM
1:00	220'	40 SEC		1 1/2 GPM
1:15	220'	40 SEC		1 1/2 GPM
1:30	220'	40 SEC		1 1/2 GPM
1:45	220'	40 SEC		1 1/2 GPM
2:00	220'	40 SEC		1 1/2 GPM
2:15	220'	40 SEC		1 1/2 GPM
HD-224 2:30	220'	40 SEC		1 1/2 GPM

B 1 9141 SEQUENCE NO. (DP USE ONLY)  
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

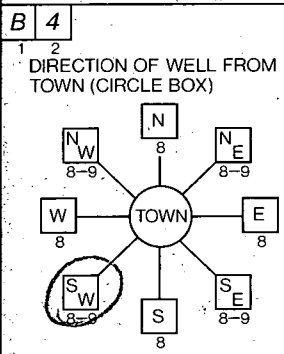
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-88-0617  
fill in this form completely

Date Received (APA) 050789  
OWNER INFORMATION  
PATUXENT LAND CO  
POB 208  
CLARKSVILLE MD 21029

B 3 LOCATION OF WELL R 44L95  
HOWARD COUNTY  
TRIADELPHIA WOODS  
SECTION 53 LOT 53  
MAYFIELD  
MILES FROM TOWN 2 MI

DRILLER INFORMATION  
George F. Easterday  
L. Franklin Easterday, Inc.  
9265 Brown Church Rd., Mt. Airy, Md. 21771  
Signature Date 5/4/89



B 4 TRIADELPHIA RD  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
1600  
DISTANCE FROM ROAD  
ENTER FT OR MI FT

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A 38500  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE DATE ISSUED 051689  
CO SIGNATURE EXP. DATE 11/16/89  
NORTH GRID 527000 EAST GRID 0815000

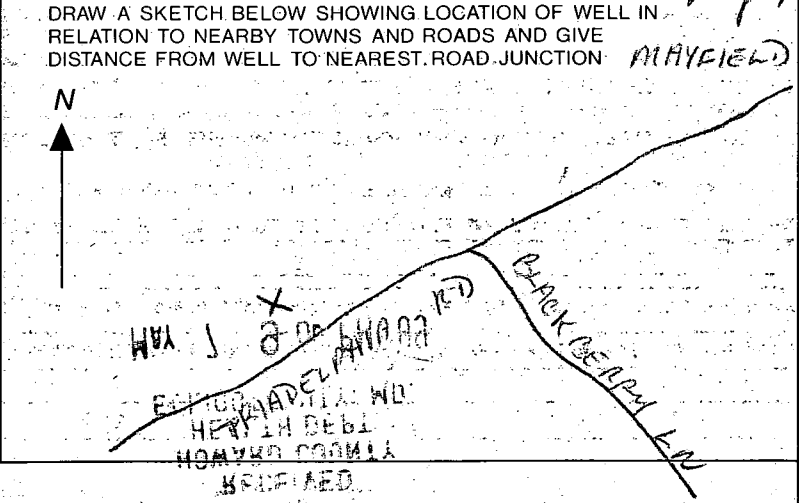
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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

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  
810 5  
520 7  
GROUT  
14 BAGS OBS'D  
35' CASING  
30' OPEN JETTED  
2' CASING A.G. MR  
ITAGOK 6/30/89

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  
D THIS WELL WILL DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)  
APPROPRIATE PERMIT NUMBER GAP  
FORCE CW PERMIT No. HO-88-0617

SPECIAL CONDITIONS

Triadelphia Woods, Lot 53  
Patuxent Land Company  
P.O. box 208  
Clarksville, Maryland 21029  
(301)531-5539

LOT 53  
SA = 12.62 AC  
NA = 11.12 AC

W666 5176 OK  
105/4/89  
210 C.W.H.

