

5/3/00
10.00 input
8-1-00
11-00 pump 10:00
5/20/00 15:00

5/23/00
40. AM
INDEXED

PERMIT

Tax ID - 03-317706

P 513245

A 39718

DISTRICT 8/1/00

DATE 11/31/2000

DATE SYSTEM APPROVED 8/1/00

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXX 410-313-2640

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784

PHONE 410-795-5670

SUBDIVISION Hawksfield Estates

LOT 15

ROAD 3137 Old Oak Drive

PROPERTY OWNER Richard Campbell

ADDRESS

PUMP SEPTIC SYSTEM PROPOSED

SEPTIC TANK CAPACITY 1500 GALLONS

INSTALL: 1-1500 Gallon Pump Chamber

NUMBER OF BEDROOMS 5

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - 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 distribution box 140 feet off left lot line (N85°19'04"E) and 130 feet off front lot line (N07°40'24"E) when facing the lot from Shadyview Lane. Run trenches on contour as shown on approved septic plans.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ***MAINTAIN 100 FEET FROM WELL TO ALL PARTS OF SEPTIC SYSTEM. OK/MP

PLANS APPROVED BY Amy McMillen

DATE 11/24/99

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.

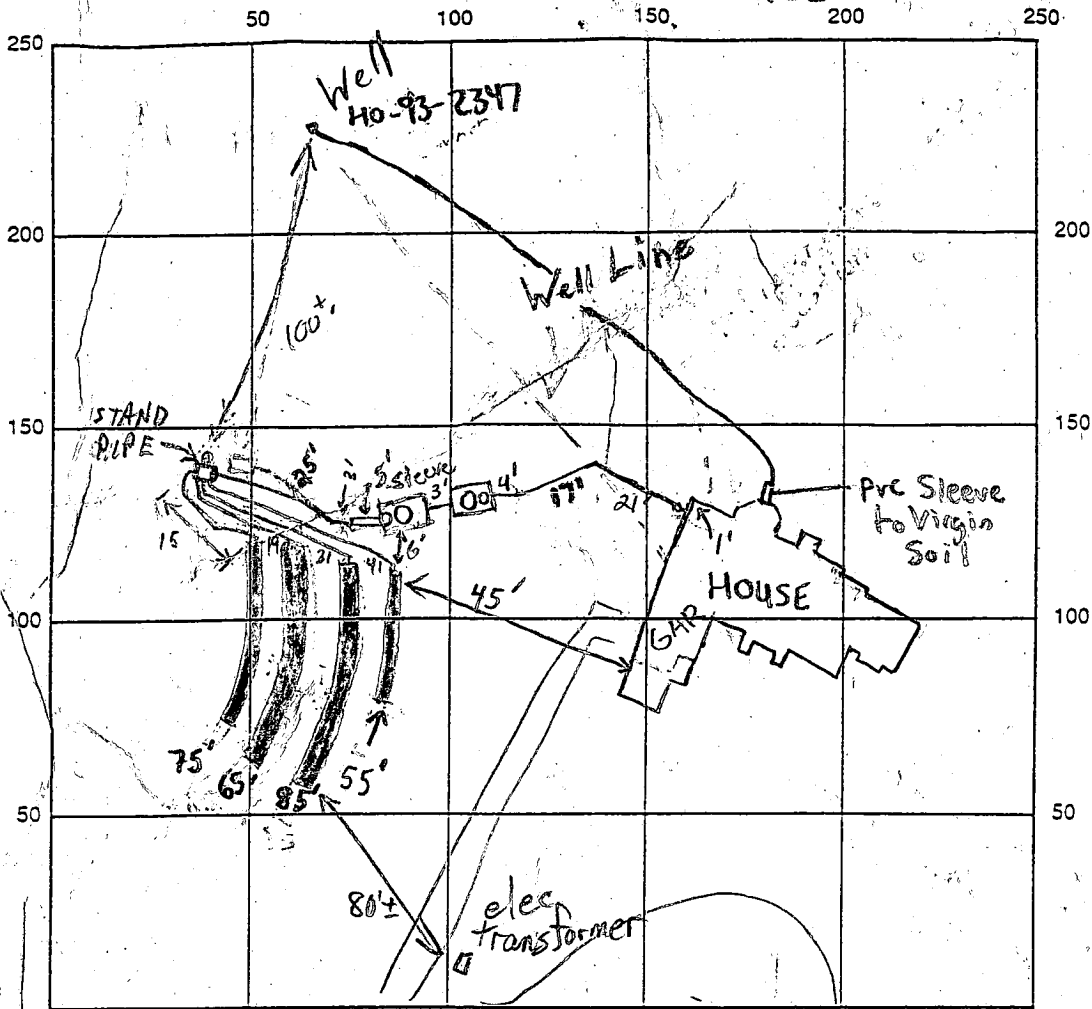
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

WELL PERMIT SIGNED
AND RETURNED 6/13/01
B00130825 - driveway
entrance

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 39718

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Old Oak Drive

SEPTIC TANK LEVEL 2-7500' Joints Seamed CLEANOUTS 1-4" house, 2-8" Tanks, 2-Manholes

DISTRIBUTION BOX LEVEL OK - 90° BEND INSIDE BOX FOR BRITTLE Monitoring Pipe

TILE DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/19/00 House connection made. Topography difficult to work with. Will attempt to run 3-100' trenches on either side of middle high area. 7' spacing between trenches. Well line was run under septic invert. Builder is supposed to have well line rerouted to back of house. (BB) 5/22/00 O.K. to cover tanks. First two trenches installed, O.K. to cover. (BB) 5/23/00 OK TO COVER TRENCHES, HOLD FOR PUMP/ALARM INSP (MR)

DATE SYSTEM APPROVED 8/1/00 INSPECTOR Steven R. Kueg

6/7/00 - WELL LINE REROUTED PROPERLY TO COMPLY WITH ALL PERTINENT CODES, WPI OK - (SRK)



HOWARD COUNTY HEALTH DEPARTMENT

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

May 24, 2000

Greenfield Homes
Attn: Rick
6656 Luster Drive
Highland, MD 20777

RE: Hawksfield Estates – Lot 15
3137 Old Oak Drive
BP # B00121405
Well Permit # HO-94-2347

Dear Sir:

During an inspection of the septic system for the above referenced property, on Friday May 19th, 2000, it was observed that the well water supply line had been installed beneath the house sewer line.

Where possible, well water lines should not cross system effluent lines and every effort should be made to see that this can be accomplished prior to installation. In addition, well lines should be a minimum of 10' away from the sewage easement and all parts of the septic system. It is understood that certain site conditions may make this more difficult; however, it is the preferred method of installation to prevent potential water supply contamination.

Where well and septic lines **must** cross, the well line must be a minimum of 12" above the top of the septic effluent line and be sleeved to a minimum of 10' away from the septic line. This may be difficult to accomplish given that the minimum depth of installed well lines is 36" below grade. Under no circumstances should the well line be installed below the septic line.

Due to the shallow depth of the septic line and because there is adequate area to relocate the water line, it appears the best and most desirable solution is to reroute the well water line away from the septic system and towards the back of the house. Any work done will have to be approved by this office before it can be covered.

Copies of this letter are being sent to the well line installer and the septic contractor so that they can be better informed about these issues. Requests for Use & Occupancy will be put on hold until this matter has been satisfactorily resolved.

Respectfully,

Brian Baker

Brian Baker, Sanitarian
Water and Sewerage Program

cc: J. Joseph Gartland, Inc.
Fogle's Septic Clean, Inc.
File ✓

APPLICATION

PERCOLATION TESTING

A 39718

P _____

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

*8/11/87
perc test
pending approval
[initials]*

DISTRICT _____

DATE 7/15/89

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 RONALD S. LONEVE *Richard Campbell*

ADDRESS 11799 TRIADELPHIA ROAD PHONE 301-531-6161
ELLICOTT CITY, MARYLAND 21043

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 15 Preliminary

ROAD AND DESCRIPTION SOUTH OF MARYLAND ROUTE 144 AND SOUTHEAST OF TRIADELPHIA ROAD (3137 Old Oak Drive)

TAX MAP 16E23 PARCEL # 40

SIZE OF LOT 3 ACRES

PERMIT SIGNATURE
NOT RETURNED 11-24-99
Serial # 121405-5FD-5 Burn

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. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

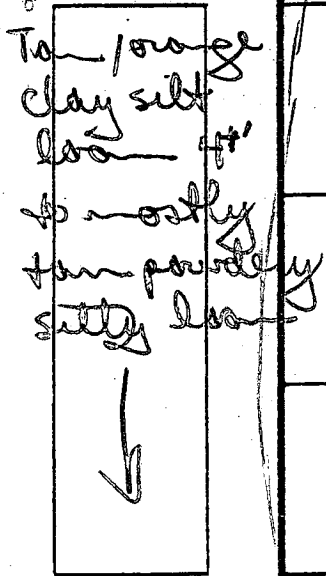
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes AND HOUSE & WELL SITE (may not have)

THIS IS NOT A PERMIT

A+B
SOIL PROFILE

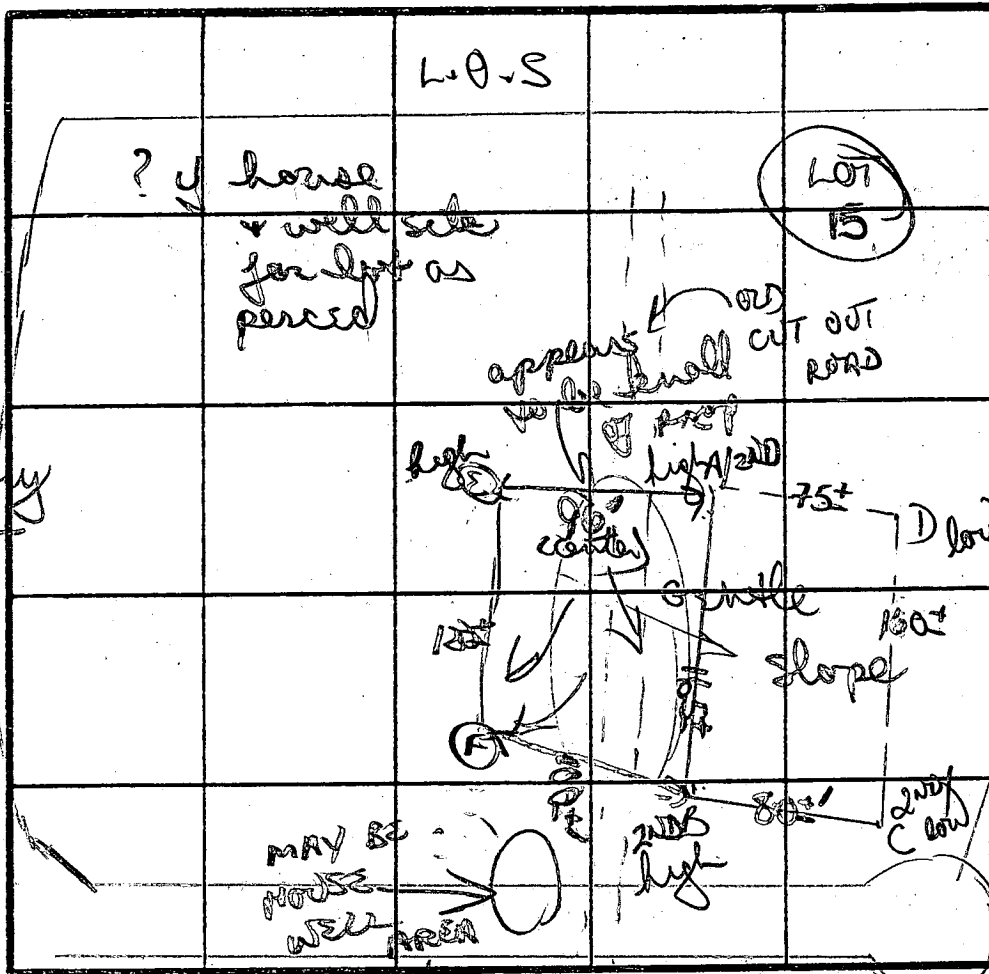


12'D

C

orange clay (heavy) mixed w/ tan silty loam 4 1/2' do mostly tan orange silty loam

Tackle H₂O 11'D



TO LOT 10 INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/7/87	A	3 1/2'S	426	428	428	430	2 MIN	
		6' M	426	430	430	436	6 MIN	
		12'D	bottom (see profile)					
	D	4 1/2'S	431	433	433	438	5 MIN	
		12'D	H ₂ O	10'	(see profile)			
	B	4'S	439	442	442	445	3 MIN	
		12'D	bottom (see profile)					
	C	4 4 1/2'S	443	458	= 1/2"	? y make	30 MIN	
		11'D	tackle H ₂ O		11'			
							(see page 2)	

grey/orange chunky clay loam 3 1/2'

grey orange silty loam w/ patches deep grey silty loam 9+'

H₂O 10' DON'T USE

? USE WET SEASON

perc needs adjustment uphill. Lot in woods (no corners seen)

REMARKS: orange/grey clays/loams 4ft; mostly orange to silty loams below
 TYPE OF SOIL: orange/grey clays/loams 4ft; mostly orange to silty loams below
 TESTED BY: B Nixon ALSO PRESENT: Harsh

APPLICATION

PERCOLATION TESTING

A 39718

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 15

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

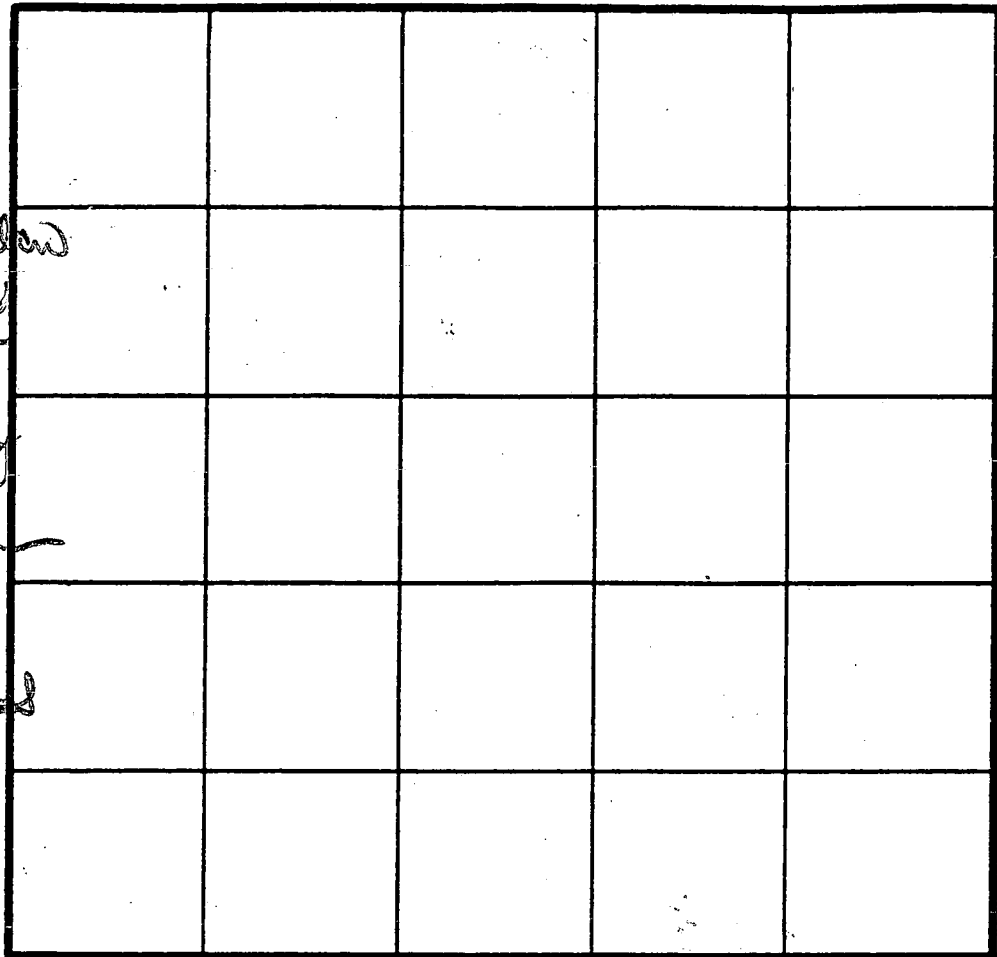
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

Σ
SOIL PROFILE

0' orange/yellow
silty clay
3 1/2'
to powdery
silty
mud
w/ 5% med
scattered
mud
frag
12'D



2 Perc 7 min
180 p/BK
INLET
3.5'
BOTTOM
5.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

orange tan
clay 3'
to tan/brown
silty mud
loc w/
patches of
grey silty
12'D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/11/87	Σ	4'S	238	241	241	248	7 min	
		12'D	bottom (see profile)					
	F	4'S	245	251	251	303	12 min	
		12'D	bottom (see profile)					

OK 3 1/2-4'

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

Approved Septic System Plan
Howard County Health Department

PROPERTY TAX MAP 16 & 23
ZONED R

Ann McMill
Signature Date 11/24/99

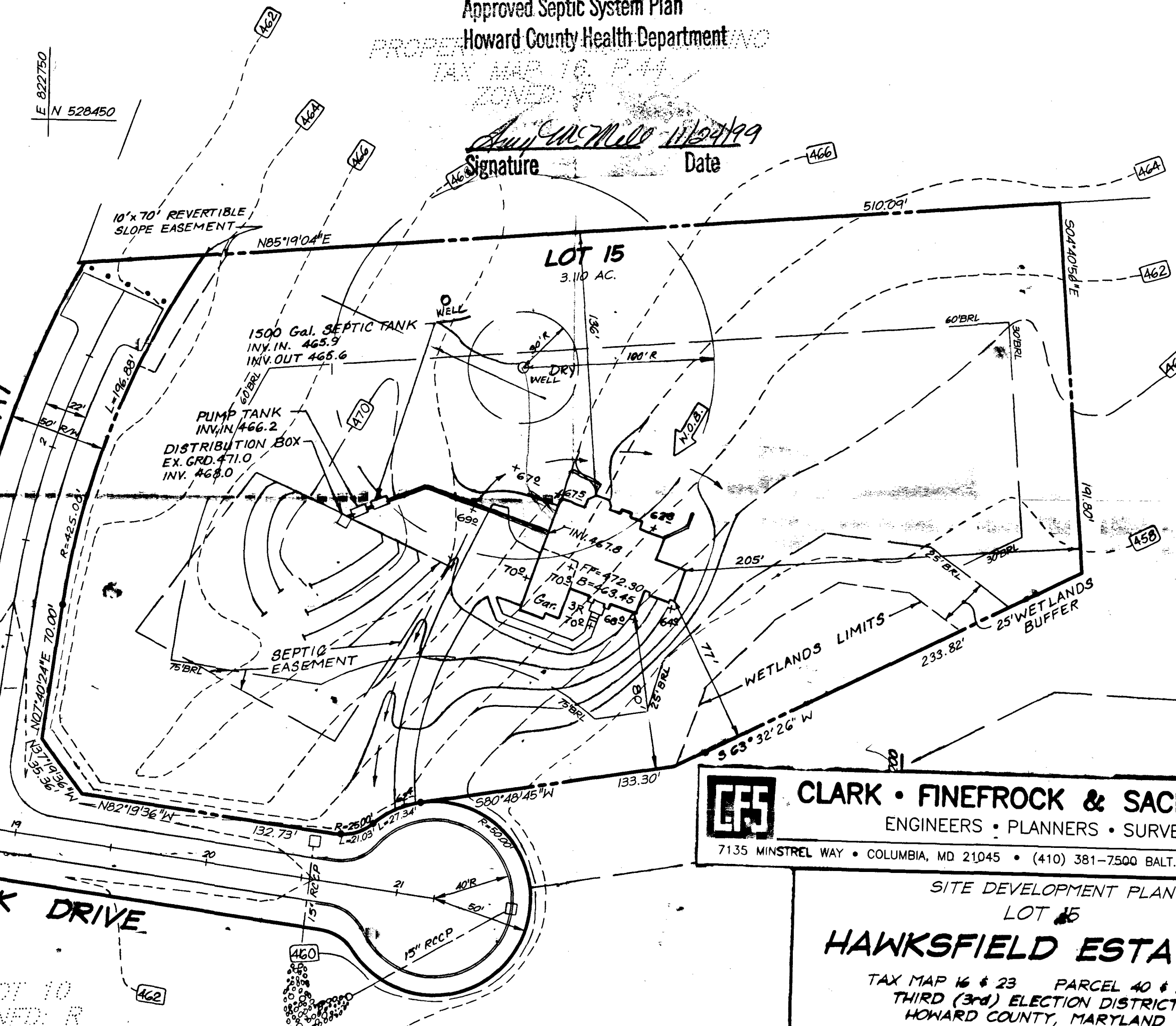
Total linear feet of trench required 300 feet
Width of trench(es) 3.0 feet
Depth of trench(es) 5.0 feet
Depth of stone required below distribution pipe 2.0 feet

SHADYVIEW WAY

OLD OAK DRIVE

E 822750
N 528450

E 823350
N 528300



CF&S CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 821-8100 WASH.

SITE DEVELOPMENT PLAN
LOT 15
HAWKSFIELD ESTATES
TAX MAP 16 & 23 PARCEL 40 & 228
THIRD (3rd) ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

LOT 10
ZONED: R

LOT 14
ZONED: R

PROPERTY OF
SAMUEL CRIMINO
116/591
TAX MAP 16, P. 44
ZONED R

LIMIT OF SUBDIVISION
E STA. 3+10

470
DEAD END BARRICADE TYPE 'B'
SEE HOWARD CO. STD. DETAIL R 7.11
TEMPORARY TEE TURNAROUND
SEE HOWARD CO. STD. DETAIL R 5.09

5' REVERSIBLE
SLOPE EASEMENT
TYP. BOTH SIDES
N 85° 19' 04" E

15
3.18± AC.

14
3.30± AC.
NET AREA 7.30± AC.

20' PRIVATE ACCESS
EASEMENT FOR
LOT 14

SHADYWAY
DRIVE

DRIVE
DRIVEWAY

16
2.18± AC.
NET AREA 5.70± AC.

25' BUFFER

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C1 **06656** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER **A39718**

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CD USE ONLY DATE RECEIVED **10 06 99**

DATE WELL COMPLETED **09 25 99**

Depth of Well **505** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-2347**

OWNER **Digi Data** STREET OR RFD **Shady View** TOWN **W Friendship** SUBDIVISION **Hawksfield** SECTION **15** LOT **15**

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	
Dirt	0	1	
Br. Clay & Schist	1	6	
Br. Schist	6	50	
Soft Br. Sandstone	50	60	X
Soft & Hard Br. Sandstone	60	80	
Hard Blue & Br. Sandstone	80	90	X
Hard White Sandstone	90	195	
Hard Blue Mica Schist	195	245	
Hard Blue & White Sandstone	245	276	
Hard Blue Mica - Schist	276	310	
Hard Blue Mica - Schist	310	430	
Blue Sandstone	430	431	X
Hard Blue Mica Schist w/Mixed Blue Sandstone	431	505	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS ⁴⁵ **25** NO. OF POUNDS ⁴⁹ **2350**

GALLONS OF WATER **150**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **83** ft.

CASING RECORD

cases types insert appropriate code below

ST **CO** **PL** **OT**

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **S T** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **85**

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	inch	from	to	

SCREEN RECORD

screen type or open hole insert appropriate code below

ST **BR** **HO** **PL** **OT**

STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C 2 DEPTH (nearest ft.)

EACH CASING	85		505	
	1	2	3	4
H	8	9	11	15
O	17	21	26	30
	32	36	41	45
	47	51	56	60
	65	69	74	78
	83	87	92	96
	101	105	110	114
	119	123	128	132
	137	141	146	150
	159	163	168	172
	181	185	190	194
	203	207	212	216
	225	229	234	238
	247	251	256	260
	273	277	282	286
	299	303	308	312
	325	329	334	338
	351	355	360	364
	377	381	386	390
	403	407	412	416
	431	435	440	444
	461	465	470	474
	491	495	500	504
	511	515	520	524
	531	535	540	544
	551	555	560	564
	571	575	580	584
	591	595	600	604
	611	615	620	624
	631	635	640	644
	651	655	660	664
	671	675	680	684
	691	695	700	704
	711	715	720	724
	731	735	740	744
	751	755	760	764
	771	775	780	784
	791	795	800	804
	811	815	820	824
	831	835	840	844
	851	855	860	864
	871	875	880	884
	891	895	900	904
	911	915	920	924
	931	935	940	944
	951	955	960	964
	971	975	980	984
	991	995	1000	1004

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **2**

METHOD USED TO MEASURE PUMPING RATE **submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **41** ft.

WHEN PUMPING **417** ft.

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) **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) **31** **35**

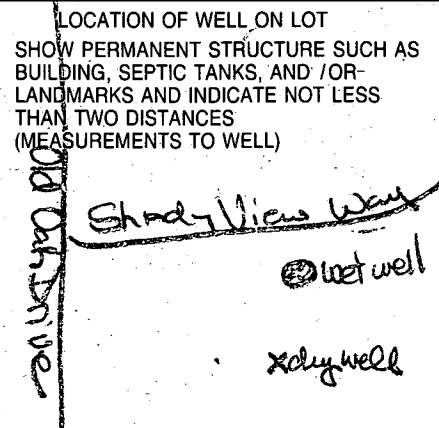
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

+ above **2** (nearest foot)

- below **50** **51**



NUMBER OF UNSUCCESSFUL WELLS **1**

WELL HYDROFRACTURED **Y** **N**

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 LIC. NO. **MWD 296**

Ronald Kyker

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **JWD 334**

LIC. NO. **D**

Dane Green

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

EMERGENCY / TEMP. NO. IF ANY

B 1 **8565** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

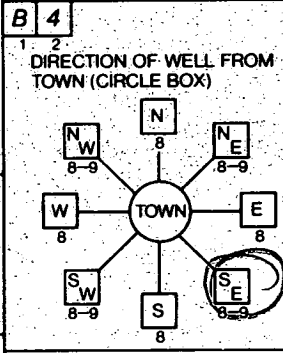
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2347
 fill in this form completely

Date Received (APA) **072099**
 OWNER INFORMATION
DIGI-Datta HOLDINGS
 15 Last Name 34 Owner First Name
9881 BROOKLAND PARKWAY
 36 Street or RFD 55
COLUMBIA 57 Town **MDA1040** 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD 8 COUNTY
HAWKSFIELD ESTATE 21
 23 SUBDIVISION SECTION **7** 44 46 LOT **15** 48 50
WEST FRIENDSHIP 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **4** 73 MI 76 77 78

DRILLER INFORMATION
Ronald Kyker 77 License No. 80 **296**
Westminster Rotary Well Drilling
 Firm Name
P.O. Box 861, Westminster, Md 21158
 Address
Ronald Kyker (USA) 7-9-99
 Signature Date



Shadyview Way 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **1170** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT** 38 39
 TAX MAP: **16** BLK: **20** PARCEL: **258**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

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 Co COUNTY NAME
A39718 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **073099** **A McMill** 7/30/00
 43 CO SIGNATURE 48 EXP. DATE
 NORTH GRID **520000** EAST GRID **1800000**
 50 55 57 63

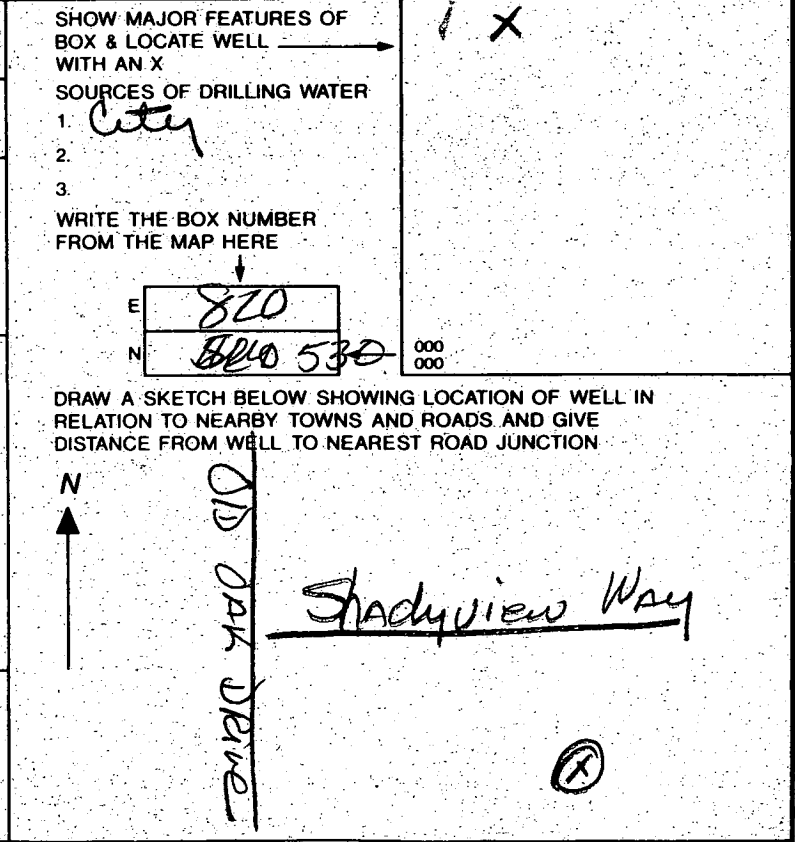
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettied & 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 - 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) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-2347**



8/20/99

OK to drill this area

A

VIEW WAY

LOT 15
3,779 AC.±

A-39718

460

OLD OAK DR.

