

8/27/87

Tax ID - 05-377048

PERMIT

P 39814

A 20512

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/04/87

DATE SYSTEM APPROVED 8/27/87

INSPECTOR [Signature]

Robert L. Houseknecht IS PERMITTED TO INSTALL ALTER

ADDRESS 13063 Deanmar Drive, Highland, MD PHONE _____

SUBDIVISION White Oak Estates ROAD 13063 Deanmar Drive LOT 19 Sec.1

PROPERTY OWNER Robert L. Houseknecht

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

silty mica loam below 4' brown/orange clay layer.

PLANS APPROVED BY C. Williams DATE 8/04/87

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 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 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.

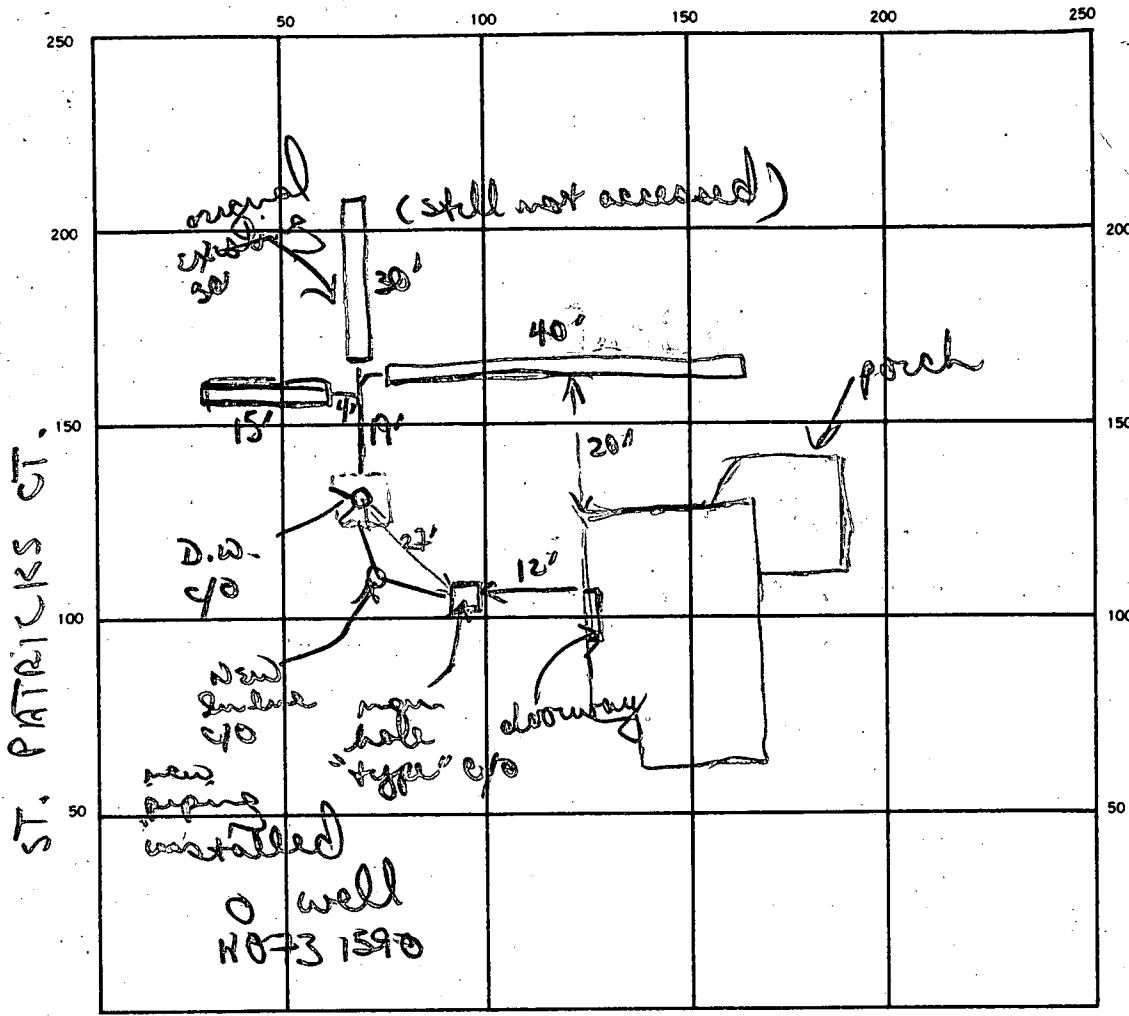
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

39814



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DEANMAR DRIVE

SEPTIC TANK LEVEL 1000 gal exist CLEANOUTS existing "man hole"; D.W., new for line

DISTRIBUTION BOX LEVEL (Tied into trench)

DRAIN FIELD/TILE FIELD DEPTH 11' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 7' FT. TOTAL LENGTH 15 + 40 FT. also existing 30'

NUMBER OF TRENCHES 3 ^{Total} ONE SIDEWALL/BOTTOM AREA 385 ^{new} SQ. FT. 55

DRYWELL INSIDE DIAMETER ≈ 11-15' sq. ft. EFFECTIVE DEPTH BELOW INLET 8' FT. 385

ABSORBENT AREA 360 SQ. FT. original system

REMARKS 8/27/87 new trenches installed off dry well / original trench, seems clog in line from tank to D.W. the cause of "failure" original trench seemingly not accessed. OK to go 4' → 11'. OK to finish side stone pipe paper to trench & cover. OK to install new trench from S.T. to drywell.

DATE SYSTEM APPROVED 8/27/87 INSPECTOR B Nyfan

1/26/77
afternoon P.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 9/23/76

INDEXED

| | | |
|---|--------------|-----|
| P | 23963 | 109 |
| | <u>20512</u> | 163 |
| A | 20510 | 196 |
| | | 1 |

Jack Fyock

H. G. Ubbo Van Der Valk

IS PERMITTED TO INSTALL ALTER

ADDRESS 4509 Rising ~~KX~~ Lane, Bowie, Md. 20715

PHONE 262-0523

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION White Oak Estates

off Mink Hollow

Deanmar Drive

LOT 19, Sec. 1

PROPERTY OWNER Donald Gelfand

ADDRESS 5165 Orchard Green, Columbia, Md. 21045

Phone: 730-9140

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

| | |
|-------|----|
| 30 | 4 |
| 8 | 45 |
| <hr/> | |
| 360 | |
| 240 | |
| 600 | |

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 511 sq. ft. sidewall area below inlet. Dry well inlet to be 4 ft. deep and bottom of dry well to be 12 ft. deep below original grade. Place the dry well 175 ft. from the front lot line and 25 ft. from the left side of the lot as seen when facing the lot from Deanmar Drive.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
PERMIT VOID AFTER THREE 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 ACCEPTED.

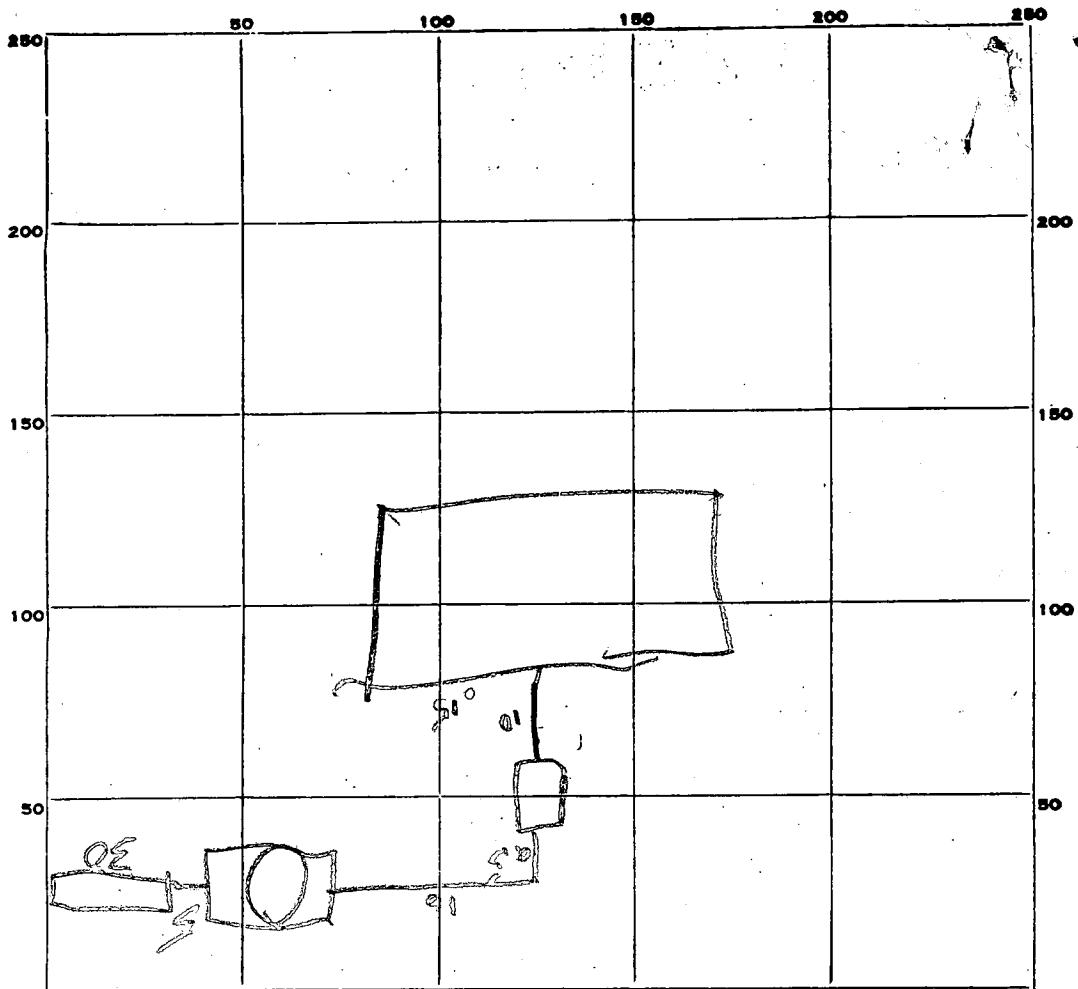
PLANS APPROVED BY Raymond Hodges

DATE 9/9/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A-20512
20510



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓ DW ST
 SEPTIC TANK, LEVEL ✓ CLEANOUTS ✓
 DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 240

SEEPAGE PITS, INSIDE DIAMETER 4 1/2 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 360 SQ. FT. sum + DW 600

REMARKS _____

DATE SYSTEM APPROVED 26 Jan 77 INSPECTOR R Riggs

APPLICATION

A 20512

Preliminary

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3BR-1000GAL TANK DISTRICT 5th
ENVIRONMENTAL HEALTH SERVICES 4BR-1250GAL TANK DATE 8/13/74

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DRY WELL 3BR 5.10 SQ FT SIDEWALL AREA BELOW TANK
4BR 6.86 " " " " " "

DRY WELL INLET TO BE 4 FT DEEP & BOTTOM OF DRY WELL TO BE 12 FT DEEP below original well
PLACE THE DRY WELL 175 FT FROM THE FRONT LOT LINE AND 25 FT FROM THE LEFT SIDE OF THE LOT AS SEEN WHEN FACING THE LOT FROM
TO: THE COUNTY HEALTH OFFICER DEAN MAR DRIVE
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

~~David S. ...~~
~~5814 ...~~
~~...~~

PROPERTY OWNER Mr. Paul Kottis

ADDRESS 1015 Gadsden Ave., Silver Spring, Md. 20904 PHONE 730-87950 (Mr. Light)

PROPERTY LOCATION: Donald Belford
5765 Orchard Green NEW 19
SUBDIVISION White Oak Estates Columbia, Md. 21045 LOT NO. 21, Sec. 1

ROAD AND DESCRIPTION Unnamed road off Highland Road

SIZE OF LOT 40,000 sq. ft. ± TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

SIGNATURE OF APPLICANT /s/ Paul Kottis

APPROVED BY Raymond Hodges FOR Drain Well DATE 9/19/75
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

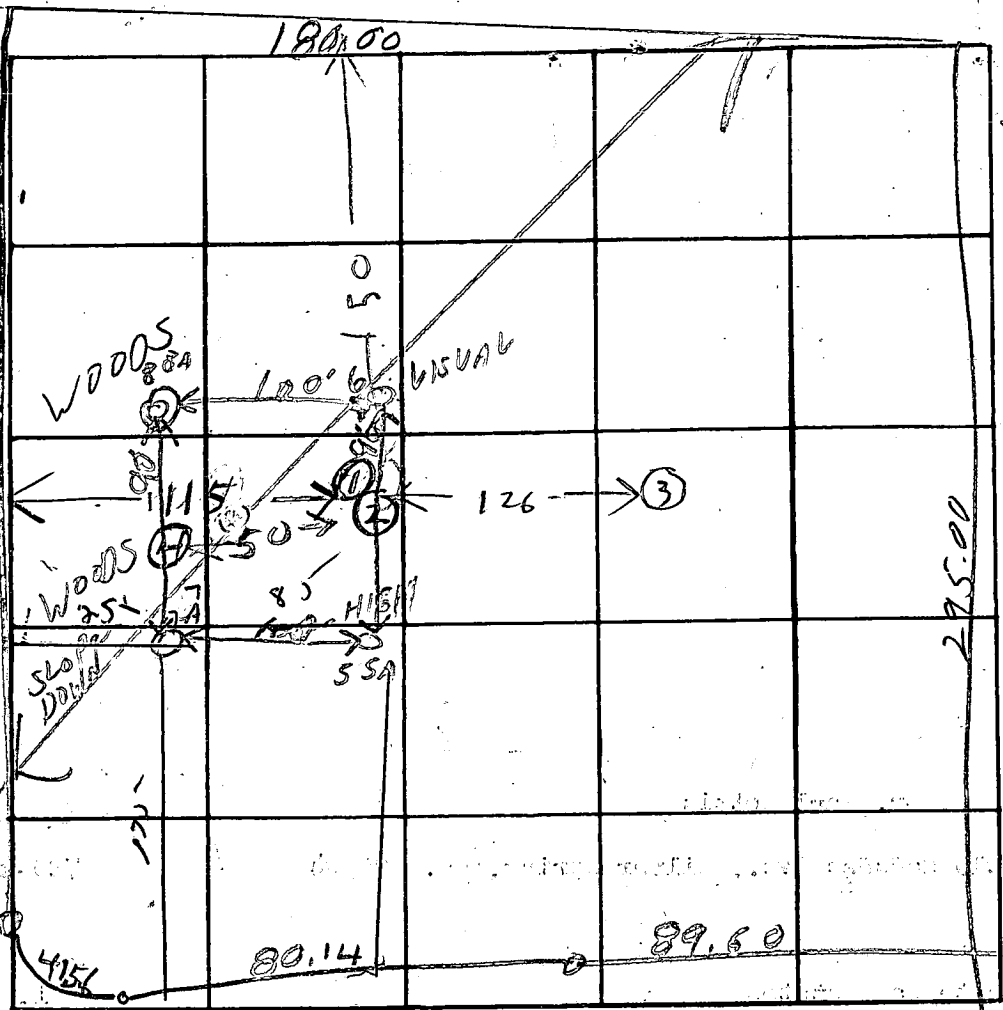
REASONS FOR REJECTION OR HOLDING 6/26/75 - Final Plat signed but
Hold approval until WPA approval lost Rlt

BLDG. PERMIT SIGNED
AND RETURNED 8/23/76

THIS IS NOT A PERMIT

105

UNNAMED RD
300.00
slope down



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED RD

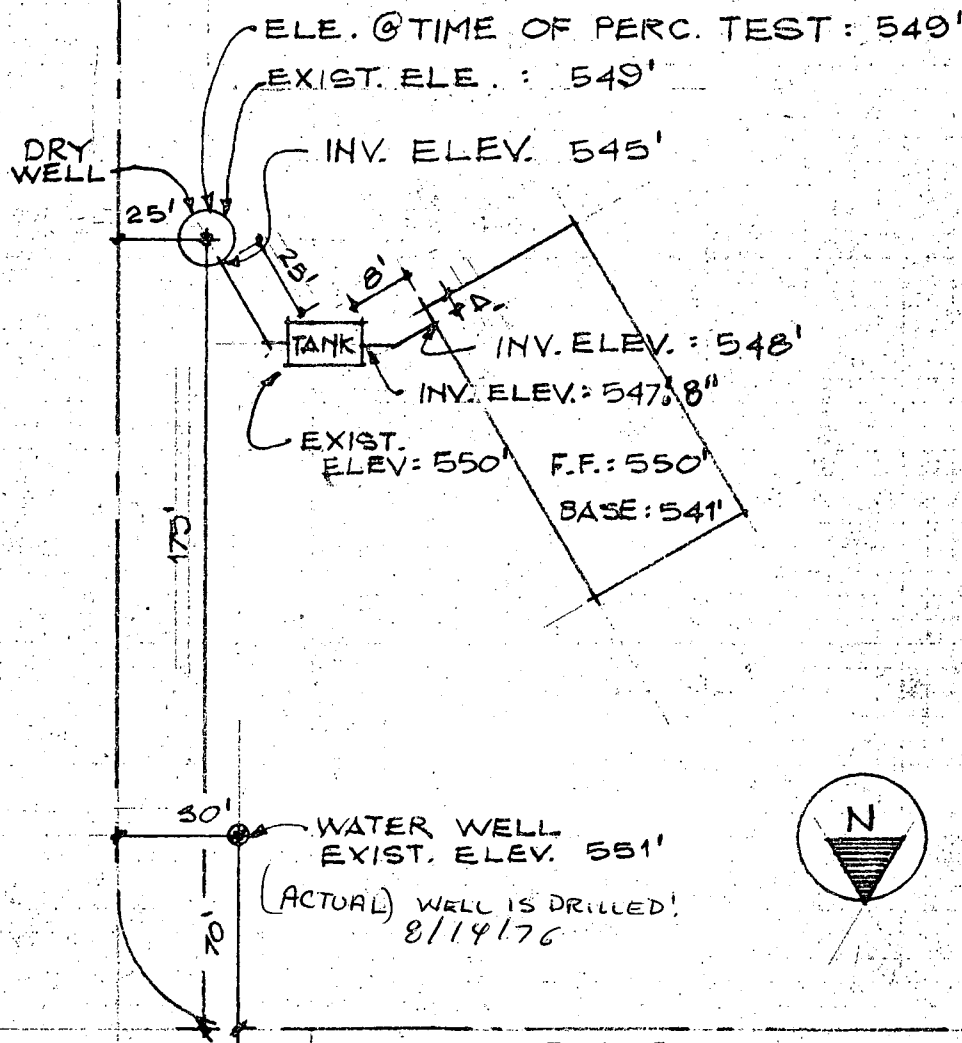
Arteme 15
Max Depth 4

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|---------|----------|---------|---|-----------|----------------|---------|------|--|
| | | | START | STOP | START | STOP | | |
| 8/28/74 | 1 | 12 | 249 | 251 | 251 | 254 | 3 | |
| | 2 | 5 | 249 | 259 | 259 | 315 | 26 | |
| | 3 | 9 | TOP 5 FT CLAY BOT 4 FT ROCK & SAND - | | | | | |
| | 4 | 12 | TOP 5 FT CLAY BOT SAND DRY - | | | | | |
| 9-17-74 | HIGH 5 | 12' | 1000 | 1005 | 1005 | 1014 | 9 | |
| | SA | 4' | 1000 | 1013 | 1013 | 1027 | 14 | |
| | VISUAL 6 | 12' | VISUAL | GOOD SOIL | MIXED ALL | THE WAY | | |
| | LOW 7 | 11 1/2' | 1010 | 1013 | 1013 | 1025 | 15 | |
| | 7A | 4 1/2' | 1010 | 1015 | 1015 | 1031 | 16 | |
| | 8 | 12' | 1020 | 1034 | 1034 | 1059 | 16 | |
| 9-17-74 | 8A | 4' | 1020 | 1045 | 1045 | 1100 | 15 | |

HIGH
WELL
GOOD TOP
SOIL
USE FOR D.W.

REMARKS Verify all holes
 TYPE OF SOIL Mixed clay & sand loam
 TESTED BY BH - HZ - CBS ALSO PRESENT: W. R. ... Lot 21

SEWAGE AND WATER SYSTEMS FOR
 WHITE OAKS ESTATES, LOT 19
 HIGHLANDS, MD.



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS
 ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

Call Bureau
 730 5719

Raymond H. English

8/16/76 RHE-DM

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

Handwritten initials/signature

A20512

well drilled 8/13/76

EMERGENCY NO. (If any) -

| | | | |
|---|--|--|---|
| B 1 8235 1 2 3 (SEQ. NO.) 6 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS | | STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL | WRA PERMIT NUMBER HO-23-1590 FILL IN THIS FORM COMPLETELY |
|---|--|--|---|

| | |
|--|---|
| DATE RECEIVED (WPA USE ONLY) 8/17/76 9:30 A.M. | OWNER COL 15 LAST NAME Brunson David FIRST NAME COL. 34 |
| STREET OR RFD COL 36 5-814 Alderleaf Place. | APPROVED |
| POST OFFICE COL 57 Columbia Md. | COL. 55 COL. 76 |

| | |
|--|-------------------------------|
| B 3 CONTINUED 1 2 3 (SEQ. NO.) 6 DRILLER INFORMATION | |
| DATE 8-4-76 | LICENSE NUMBER 42 77 80 |
| FIRST NAME S. F. Eustachy | LAST NAME Eustachy |
| SIGNATURE S. F. Eustachy | |

| | |
|---|-------------------------------|
| B 3 1 2 3 (SEQ. NO.) 6 LOCATION OF WELL | |
| COUNTY Howard | DO NOT ABBREVIATE COUNTY NAME |
| SUBDIVISION 23 White Oak | 42 |
| SECTION 44 | LOT 19 48 50 |
| NEAREST TOWN 52 Highland | 71 |
| MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 0 | 76 77 78 |

| | |
|--|--|
| B 2 1 2 3 (SEQ. NO.) 6 WELL INFORMATION | |
| MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 5 12 | AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 650 20 |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) | |
| <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) | |
| <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION | |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. | |
| <input type="checkbox"/> MUNICIPAL WATER SUPPLY | |
| <input type="checkbox"/> PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL | |
| <input type="checkbox"/> TEST | |

| | |
|--|---|
| B 4 1 2 3 (SEQ. NO.) 6 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) | |
| <input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST | <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHWEST <input checked="" type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST |
| NEAR WHAT ROAD 11 216 | ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> SOUTH EAST <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> WEST |
| DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 200 | <input type="checkbox"/> F <input type="checkbox"/> T |

APPROXIMATE DEPTH OF WELL 24 150 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-3 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 63 65

ENGINEER REVIEW DISTRICT NO.

FORCE WRITE INITIALS IN BOX 67 68

CONDITIONS A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 5 STATE HEALTH (CIRCLE BOX) COUNTY NAME HOWARD COUNTY NO. W23653

MO. DAY YR. 8 4 76

DATE APPROVED BY Donald Monaghan Sanitarian

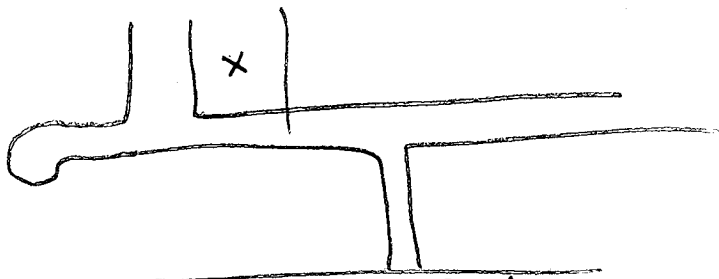
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW. AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

81' CASING
 3' CASING above grade
 27 open hole
 18 bags of typewell cement
 216
 210S
 Highland

Approved
 8/23/76

Hold pending further study
 hml
 Benson
 Aug 17 1976

| | | |
|-------------------------------|----------------------|-------|
| BOX NUMBER | E 810 | N 490 |
| NORTH COORDINATE | 50 51 52 53 54 55 | |
| EAST COORDINATE | 57 58 59 60 61 62 63 | |
| ELEVATION AT WELL HEAD (FEET) | 65 66 67 68 | |



Highland Rd

10d

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-1590
FILL IN THIS FORM COMPLETELY

B 1 **8236**

SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

OWNER Brunson David
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD 5814 Alderleaf Place
COL 36 COL. 55
POST OFFICE Columbia Md.
COL 57 COL. 76

08-04-76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE 8-4-76 LICENSE NUMBER 42
77 80
S. F. Partridge
FIRST NAME DRILLER LAST-NAME
SIGNATURE S. F. Partridge

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY Howard
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION White Oak
23 42
SECTION 19 LOT 19
44 48 50
NEAREST TOWN Highland
52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 0 M I
73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 650
14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
8 9 8 9
NEAR WHAT ROAD 216
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 F T
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 M I
34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

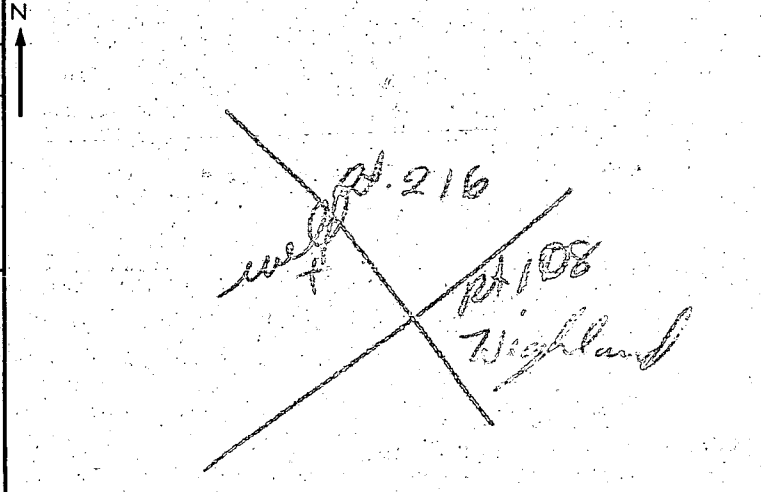
APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)
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
39 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)
41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 4 ENGINEER REVIEW DISTRICT NO. 4
54 63 65
FORCE 1 WRITE INITIALS IN BOX CONDITIONS 1
67 68 70 71 72 73 74 75 76 77 78 79



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX)
COUNTY NAME HOWARD COUNTY NO. W23653
DATE 08/04/76
APPROVED BY Donald Monahan
43 48 Donald Monahan, Sanitarian

BOX NUMBER E 810
N 490
NORTH COORDINATE 4
50 51 52 53 54 55
EAST COORDINATE 1
57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 0/0
65 66 67 68 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

C 1 8677 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) Aug 13-76 DEPTH OF WELL 160 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-A7-A590

DATE WELL COMPLETED Aug 13-76 (22 TO NEAREST FOOT) 25 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 412

OWNER Brown David LAST NAME FIRST NAME

STREET OR RFD 5814 Charles Place POST OFFICE Columbia Md.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING |
|--|------|-----|------------------------|
| | FROM | TO | |
| Top Soil | 0 | 2 | |
| Shaley | 2 | 10 | |
| SANDY | 10 | 70 | |
| SAND stone | 70 | 90 | |
| Mica | 90 | 120 | ✓ |
| Flint rock | 120 | 140 | |
| Mica | 140 | 145 | |
| Flint rock | 145 | 160 | |

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT 45 46 BENTONITE CLAY 45 46

NO. OF BAGS 18 NO. OF POUNDS 1500

GALLONS OF WATER 1300

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 25 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 81

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 1 TO 160

1 2 3 (SEQ. NO.) 6

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

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 160 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

CENTRIFUGAL PISTON TURBINE ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 35

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

(Handwritten notes and diagrams describing well location on lot)

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME [Signature]

(PLEASE PRINT) [Signature]

SIGNATURE [Signature]