

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47345
40203
A REPAIR

DISTRICT _____

DATE 7/26/91

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Conrad S Thompson _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 16809 Oak Hill Road, Silver Spring, MD 20904 PHONE 421-9429

SUBDIVISION _____ LOT _____ ROAD 7156 Mink Hollow Road

PROPERTY OWNER Bill Parson LUCILLE RIDLON

ADDRESS 7156 Mink Hollow Road
Highland, Maryland 20777

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT (SERIAL NUMBER: 38891).

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

INLET 5' BOT 9' 4' STONE

7/30/91 GM: Repair NOT required, no inc in bedrooms, no
failure MR OK to index

BUILDING PERMIT SIGNED

PLANS APPROVED BY Craig Williams **AND RETURNED** DATE 7/26/91

COVER NO WORK UNTIL INSPECTED AND APPROVED 9-25-02 800138604-SUNROOM + KITCHEN ADDITION

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

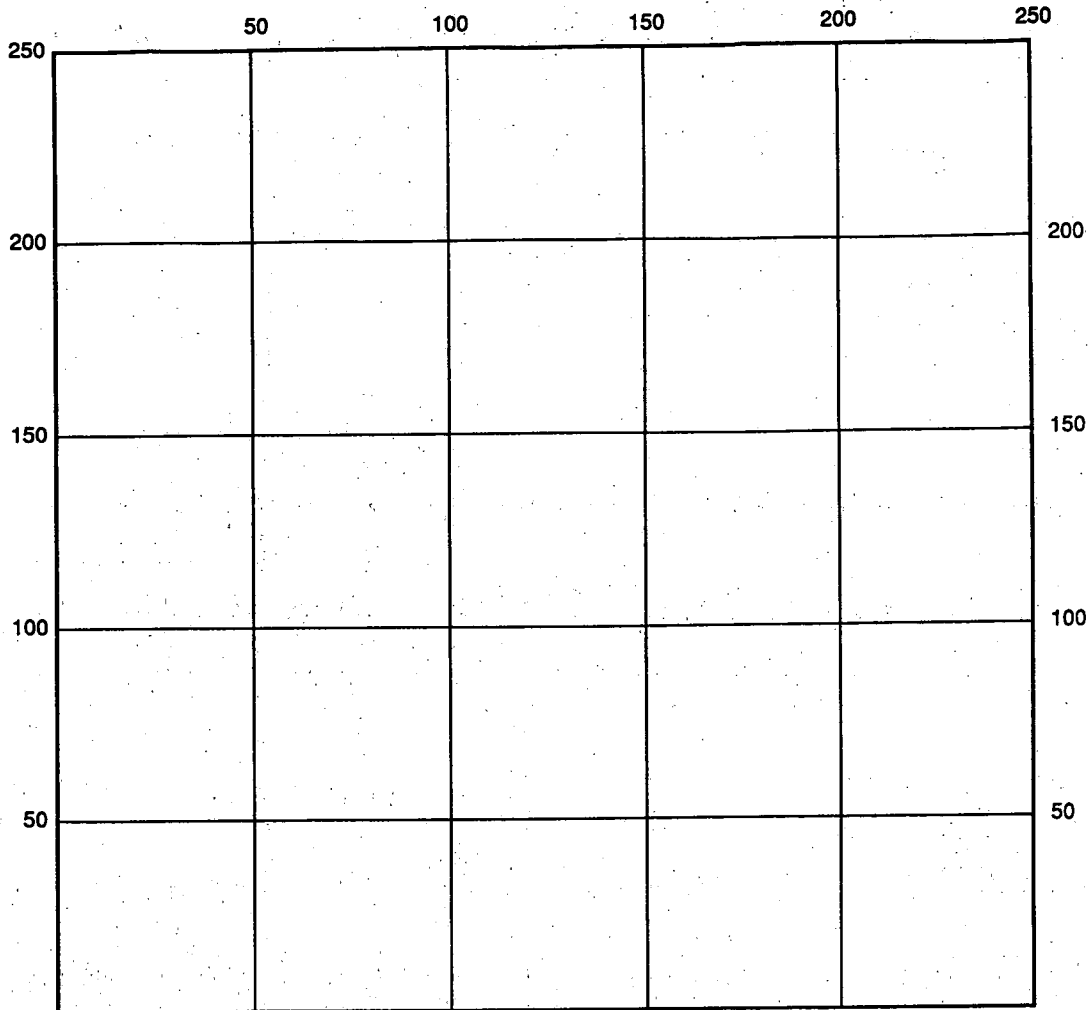
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUILDING PERMIT SIGNED
AND RETURNED 7/30/91
Serial # 38891
1 story addition

A
40203



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

PERCOLATION TESTING

A 40203
REPAIR
P 47345

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

DISTRICT _____

DATE 7/26/91

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 Mr. and Mrs. William Parson
7156 Mink Hollow Road
ADDRESS Highland, Maryland 20777 PHONE 854-0068

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 7156 Mink Hollow Road

TAX MAP _____ PARCEL # 11

SIZE OF LOT _____ TYPE BLDG 1-Story Addition
(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

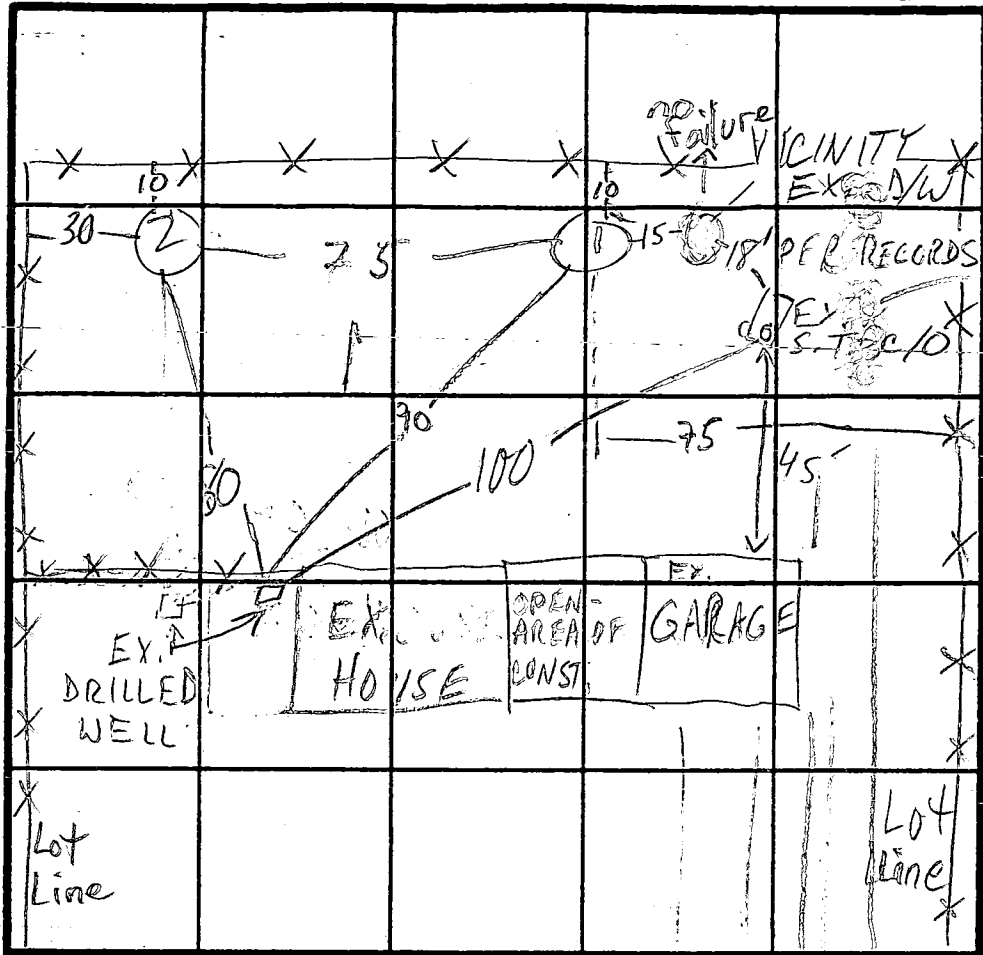
THIS IS NOT A PERMIT

SOIL PROFILE

0
 01A
 clay m
 w/35%
 blocky
 frags
 4-4 1/2
 brn sq
 m
 30-35%
 frags
 12
 hi mica

②

org pink
 clay
 loam
 5 1/2
 pink yel
 brn org
 sa m
 hi mica
 10-15%
 frags
 13



BUSHES

MINK HOLLOW RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/29/91	1S	5	10:40	10:48	10:48	11:16	28
	1V	12	see profile				
	2S	5 1/2	10:43:30	SLOW			
	2V	13	see profile				
	2S2	6 1/2 REPORT	11:11 11:13:30	11:14:30	11:14:30	11:12 11:16	1 1/2

REMARKS ONLY 5R-6K & AVAIL; RAIN TODAY

TYPE OF SOIL
 TESTED BY M. RITKEN

ALSO PRESENT owner const. crew

July 30, 1991

Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

Re: Letter Dated 7/19/91
Bldg. Permit #38891

Dear Mr. Williams:

You stated in your letter, "this office must be satisfied that a property is served by septic system and by future septic repair area adequate size and condition to handle the maximum potential waste water flow from the dwelling," and "additional satisfactory percolation tests to establish the sufficient site conditions exist to support an increase in sewage design flow and repair to the septic system would be required."

On Monday, July 29, 1991, sometime between 9:30 Am and 12:30 Pm your inspector, Mark Ripkin, visited our home and performed a percolation test that established the sufficient site conditions exist to support an increase in sewage. He told my husband we could get a building permit, "everything is OK". By the time I returned home from work, he left a message on our recorder, stating, we will have to show the capacity of the dry well and he filled out permit # 47345 - see copy enclosed.

There are several factors you have failed to acknowledge:

1. The system is working quite well - it is not broken!
2. I would be the first to know if it was not working - we do not have sewage backup in the house when I do laundry. If there was ANYTHING wrong it would show up at that time.
3. No one from your office came out to our home and inspected the ground before it was disturbed by digging. There are two immediate factors that are noticeable when a septic system is not working.
 - A. The grass would be a lush green
 - B. The ground would be "spongy" to walk on

Since we have had approximately 6 weeks of drought, if my system was not working, my grass would have been a beautiful green and healthy looking. This is not the case - my yard is as dry and my grass is as dead looking as everyone else - the ground is firm. The system is working and your office's inspection revealed there is sufficient site conditions to support an increase in sewage, if there is one.

We have a 3 bedroom house and in our plans we will still have a 3 bedroom house. I do not plan on taking in boarders or relatives. There are two of us living there and that is all there will be. I can not see us using any more water than we use now.

I understand from my builder, you stated the room being built on to the house could be used as a bedroom. Mr. Williams, I do not know what kind of house you live in but common sense would tell you that is definitely a living room. I want to have a living room, dining room and kitchen - at the present I have a living room and kitchen, very small. Two of our three bedrooms will be made bigger, not for people, but for room so I don't hit my shin everytime I make the beds.

If our septic system was not working properly - I would have had it fixed, however; when something is working you don't fix it. We replaced the septic tank when it was necessary and we will repair the drain system when it is necessary.

I feel we have proven that our system and property has an adequate sewage system and future support.

You can contact me during the day at 301-924-4445.

Yours truly,

Hilda T. Parsons

Hilda T. Parsons
7156 Mink Hollow Rd.
Highland, Md. 20777

enc:

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 40203
A Repair

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DISTRICT _____

DATE 9/30/87

DATE SYSTEM APPROVED 9/18/87

INSPECTOR (PW)

Jack Fyock

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988 9270

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER MR. ^{WM.} PARSONS

ADDRESS 7136 MINK HOLLOW ROAD

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 _____

Replace old collapsed metal tank w/ new tank; new line from tank to dry well.

PLANS APPROVED BY _____ DATE _____

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.

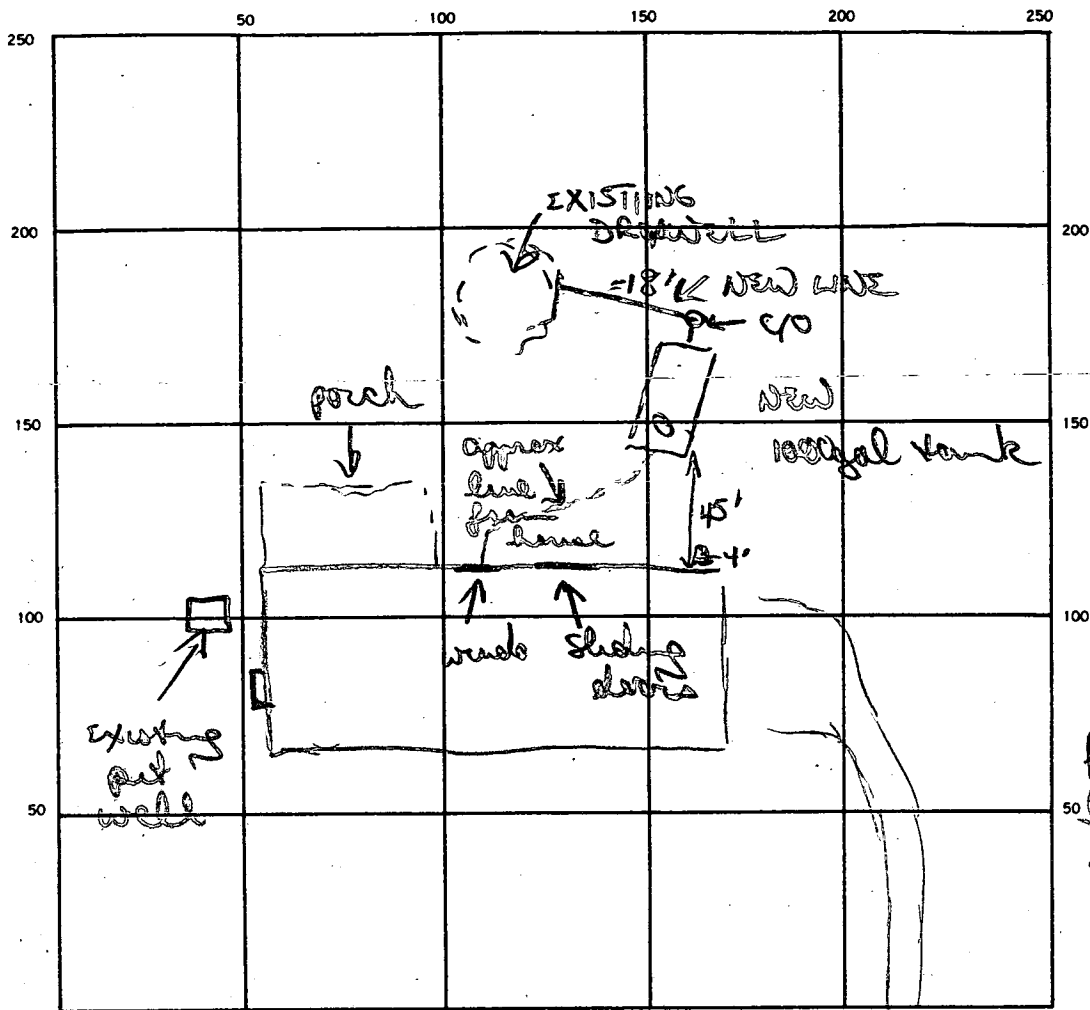
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 40203



house
built in
early 50's

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.
MINK HOLLOW ROAD

SEPTIC TANK. LEVEL 10000 gal CLEANOUTS ST. + C/O after tank

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

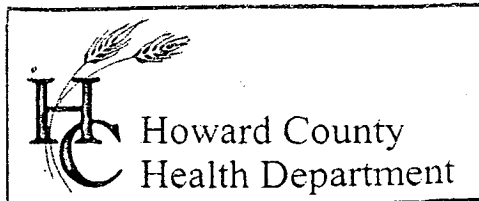
NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER EXISTING FT. EFFECTIVE DEPTH BELOW INLET _____ FT. INLET ≈ 4' below grade

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/18/87 OR to install new tank (old one collapsed + removed). Dry well close to full capacity. Install c/o after tank to check on back up over flow.

DATE SYSTEM APPROVED 9/18/87 INSPECTOR B. W. [unclear]



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

1/03/2003

Lucille Ridlon
7156 Mink Hollow Road
Highland, MD 20777-9772

RE: **Replacement Well Issues**
7156 Mink Hollow Road
Well Permit #: HO-94-3466

Dear Mr. Barylski:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,



Steven R. Krieg,
Registered Environmental Sanitarian
Well & Septic Program

Enclosure

cc: Community Environmental Health Program
File

C1 14214

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A40203

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/20/02 OK SRK 10/10/02

DEPTH OF WELL 300 PERMIT NO. HD-94-3466

OWNER RIDLON LUCILLE STREET OR RFD 7156 PINK HOLLOW ROAD TOWN HIGHLAND SUBDIVISION SECTION PARCELS 11 LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: TOP SOIL, SANDY SANDSTONE, GRAY MICKA.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form with fields: diameter inch, depth (feet) from to.

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below, ST, BR, HO, PL, OT.

DEPTH (nearest ft.) form with fields: T, A, C, H, S, R, E, N, DIAMETER OF SCREEN, GRAVEL PACK.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields: T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER, DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR.

B 1 2193

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3466

please type not low yield

fill in this form completely

Date Received (APA) 07 24 02

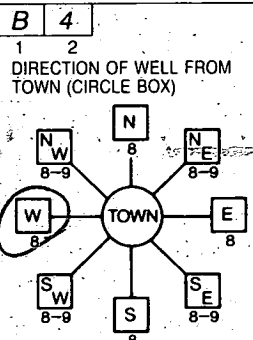
OWNER INFORMATION 9138

LOCATION OF WELL Howard CC# 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

RIDLON LUCILLE 15 Last Name Owner First Name 34 7156 MINK HOLLOW RD 36 Street or RFD 55 HIGHLAND, MD 20777 57 Town 70 State 72 Zip 76

DRILLER INFORMATION George F. Easterday M W D 040 76 Driller's Name License No. 81 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature Date 7/22/2002

7156 Mink Hollow Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 70 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: 40 BLK: 1 PARCEL 11



WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 40703 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 08 12 02 Kacey Norman 08-12-03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 488 000 55 EAST GRID 57 803 000 63

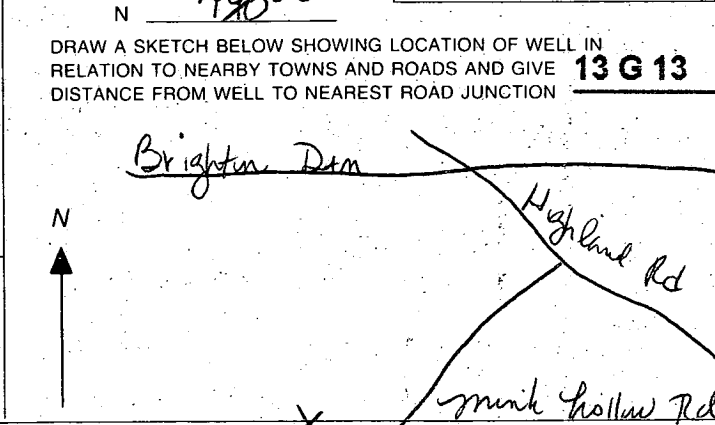
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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) 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D 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 (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-94-3466 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8003 N 49088 000 000



SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: RIDLON, Lucille

DATE REQUESTED: 8-12-02

ADDRESS: 7156 Mink Hollow Rd

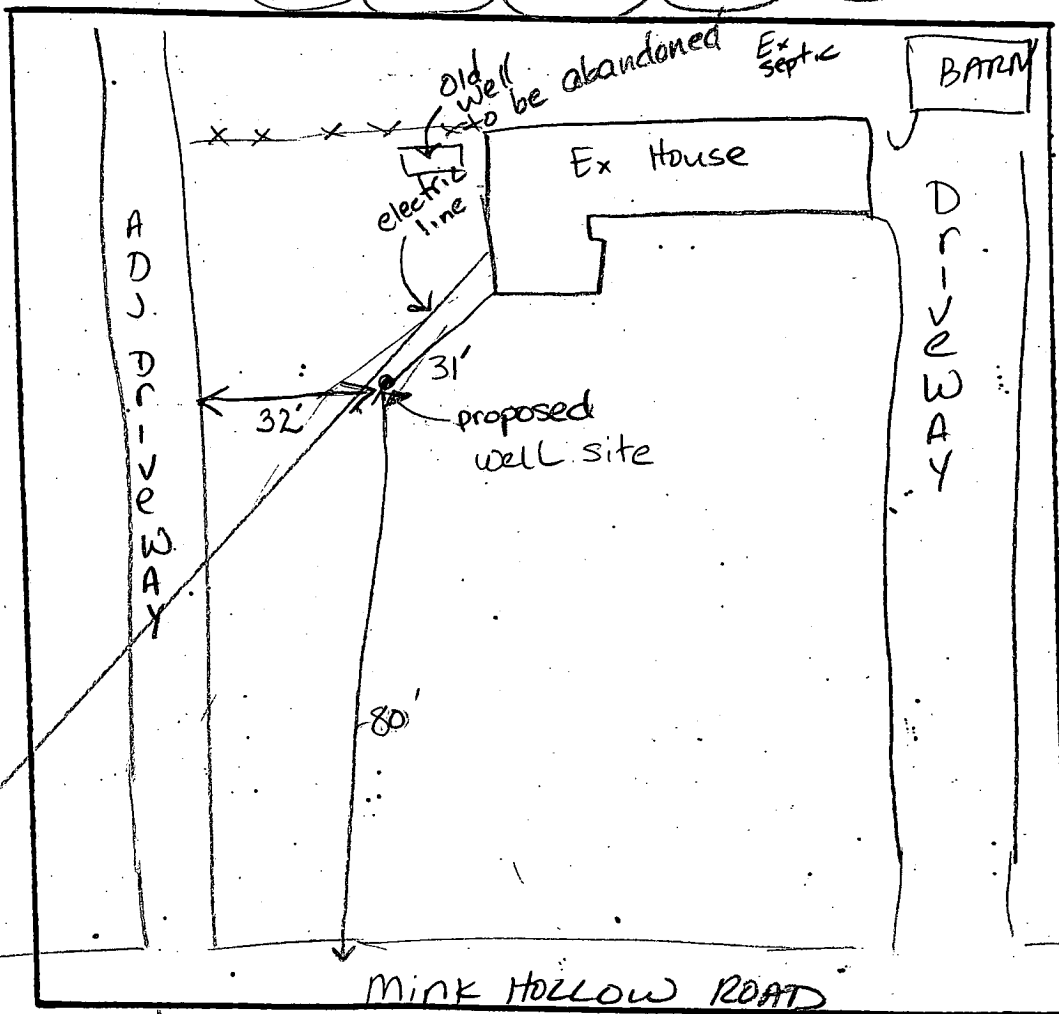
DRILLER: _____

WELL TAG # R

COUNTY # _____

PROPOSAL: Replace well-in-pit with a newly drilled well due to kitchen addition

LOCATION DIAGRAM *WOODS*



COMMENTS: Owner says plan to place electric line under ground. Proposed well location okay. ADJ. SEPTICS NOT AN ISSUE. Easterday told owner electric lines not an issue due to ingress.

DATE: 8/12/02

INSPECTOR: Kacie

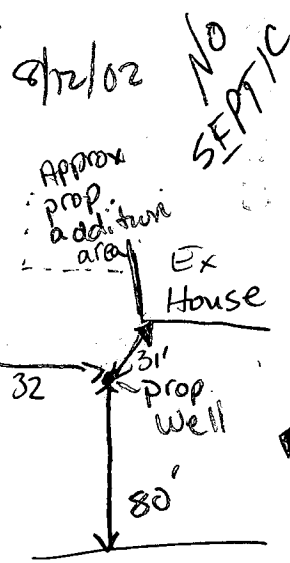
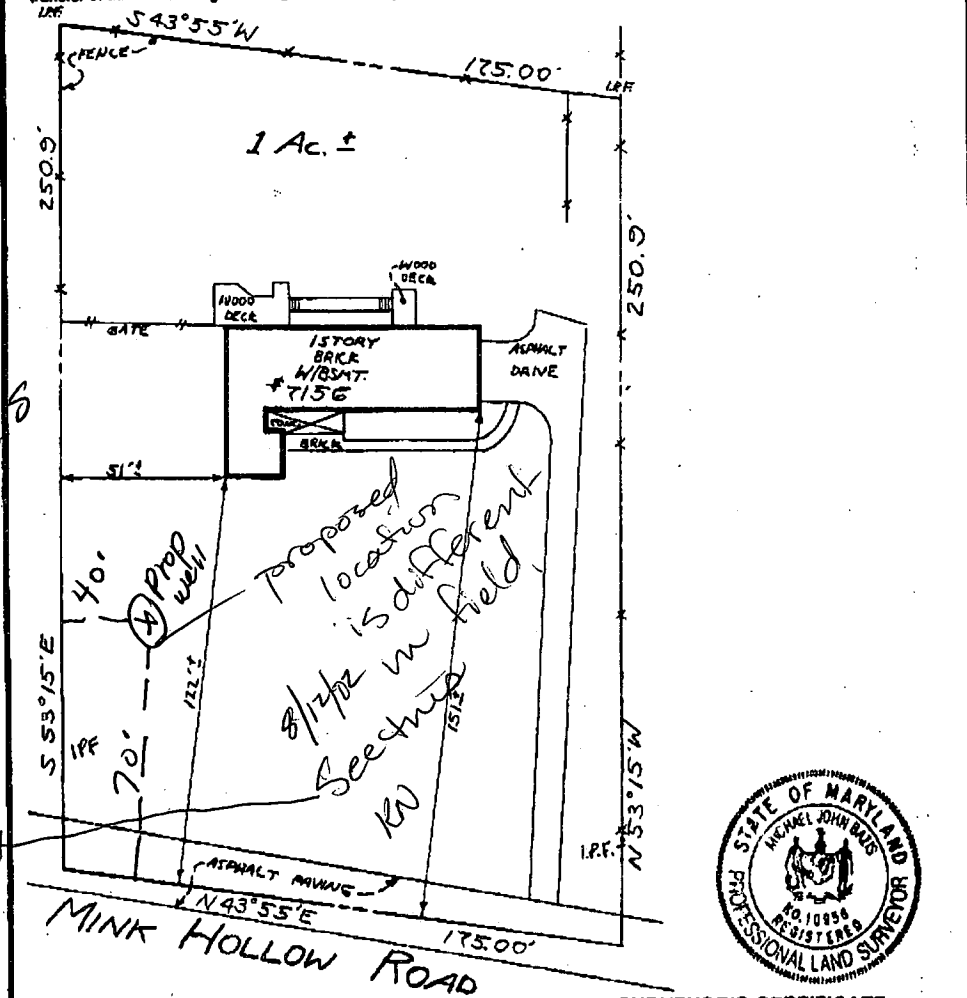
8/12/02
Anytime

The 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. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 37
Date of Map: 7-4-86
Flood Zone: "C"

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 FT.



Easterday OK'd drilling near electric lines.
(KN)

LOCATION DRAWING
PARSINS PROPERTY
LIBER 619 FOLIO 4
HOWARD COUNTY, MD.

SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

Michael J. Buz
Michael J. Buz RPLS #10856

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 98.0154H	DATE 2-16-98
FIELD D.H.	DRAFT W CB
	P.B. P#
	SCALE: 1" = 40'

R.C. KELLY & ASSOCIATES, INC.
ENGINEERS & SURVEYORS
10111 COLESVILLE ROAD, SUITE 133
SILVER SPRING, MARYLAND 20901
(301) 593-8005
FAX: (301) 881-7218

301-854-0947

will fill in ex. well

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK SRK
 1/2/03

DATE WELL ABANDONED: 11/1/02 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

40 - 94 - 3466

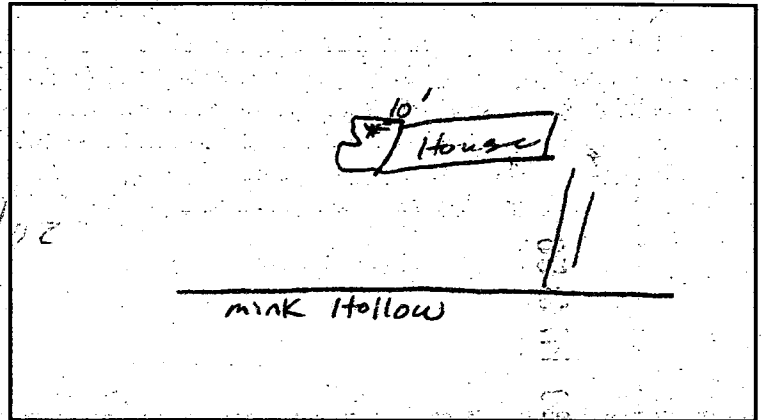
* PERSON ABANDONING WELL: Richard A. Crummitt WELL DRILLERS LICENSE NUMBER: 12100 014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: LUCILLE Ridlow

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: CARROLL
 NEAREST TOWN: HIGHLAND
 TAX MAP BLOCK PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: Highland



7156 Mink Hollow Rd

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 86 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite well pit	86 6	0 0
VOLUME OF MATERIAL USED		
4 BAGS Bentonite		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: George F. Eadsden LICENSE # 040
 DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY

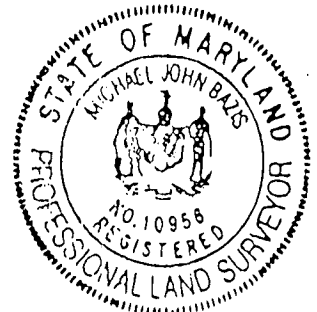
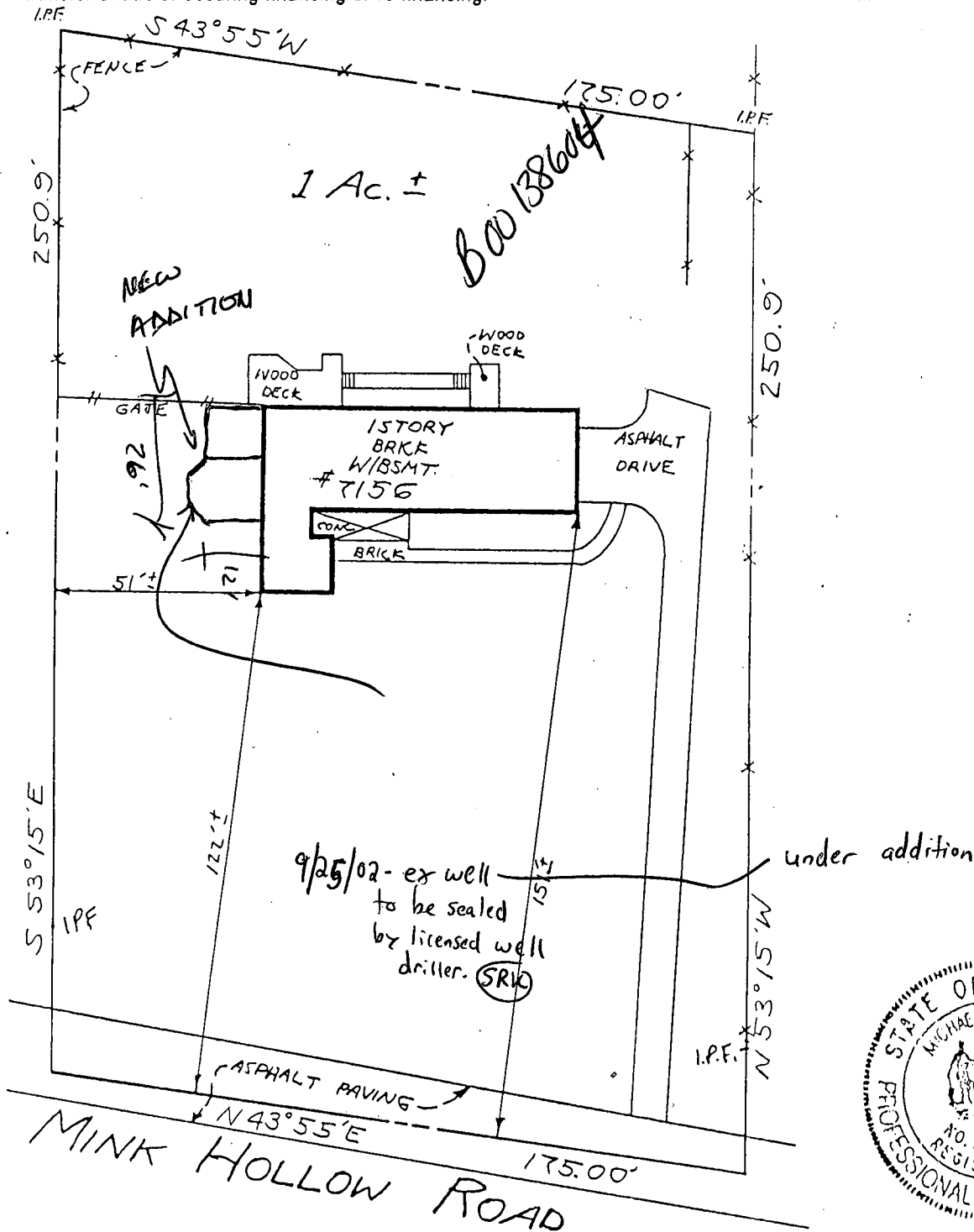
CIRCLE ONE MWD/MSD/MGD DATE 12-17-02

The 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. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 37
Date of Map: 12-4-86
Flood Zone: "C"

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 Ft. ±.



SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

Michael J. Bazis
Michael J. Bazis RPLS #10958

LOCATION DRAWING
PARSINS PROPERTY
LIBER 619 FOLIO 4
HOWARD COUNTY, MD.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 98.0154 H	DATE 2-16-98
FIELD D.H.	DRAFT <i>WCB</i>
	P.B. P #
	SCALE: 1" = 40'

R.C. KELLY & ASSOCIATES, INC.
ENGINEERS & SURVEYORS
10111 COLESVILLE ROAD, SUITE 133
SILVER SPRING, MARYLAND 20901
(301) 693-8005
FAX: (301) 681-7216

4/15/03 Anytime
4-16-03 Anytime

check house conn

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a completed form is required prior to Use and Occupancy approval.

Company Name: Robert G. Bookholz Plumbing, Inc. Telephone #: 410-552-4502
Address: 809 Lee Avenue
Stokesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Robert Bookholz License# 22248

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Lucille Ridlon Telephone #: 301-454-2500
Subdivision: _____ Lot #: _____ Well Tag #: HO-74-3966 ✓
Site Address: 1156 Mink Hollow Rd
Highland, MD 20777

Submersible Pump Data
Make: JACOZZI Pitless Adapter Make: HARVARD Well Cap and Electric Conduit
Model #: 2445079004 Model #: PX800 Two piece watertight cap: _____
Pump Capacity 5 GPM Depth: (36" min) Screened, vented well cap: _____
Well Yield: _____ GPM NSF approved: ✓ Cap secured to casing: _____
Depth of well encountered at time of pump installation: 370 (feet) Conduit min 18" B.G.: _____
Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house
Type: Polyethylene House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 160 psi min Approximate length of sleeve: 2'
Depth of supply line: 436" min Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert Bookholz date: 4-12-2003

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 4-16-03 KW
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

4/15/03 (SD)
Sp-1' Long YES 4-16