

LAYOUT 11am 10/2 INSP 4 10/7/03 12:30
 INSP 2 10/3/03 3PM INSP 5 10/8/03 - 12PM
 INSP 3 10/6/03 3pm INSP 6 12/2/03 - 1PM

05411637

ISSUE DATE: 8/29/03
 APPROVAL DATE: 12/24/03

**PERMIT
INDEXED**

P 519554
 A 40504

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogle's Septic Clean, Inc.

~~Jack Fyock Septic Service~~ IS PERMITTED TO INSTALL ALTER

ADDRESS: 13775 Triadelphia Rd., Glenelg 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Hedgegrow LOT NUMBER: 4

ADDRESS: 13640 Gilbride Lane PROPERTY OWNER: JMG Builders, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 200' ± HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 20 <u>20</u> feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 4 <u>7.5</u> feet below original grade. Effective area begins at 4.0 feet below original grade. <u>4</u> feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour. <u>1-70' trench, 1-80' trench 12' etc</u> <u>1-50' trench</u>
NOTES:	

PLANS APPROVED: Steven R. Krieg OK 1/8/03 (50) DATE: 8/30/2002

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

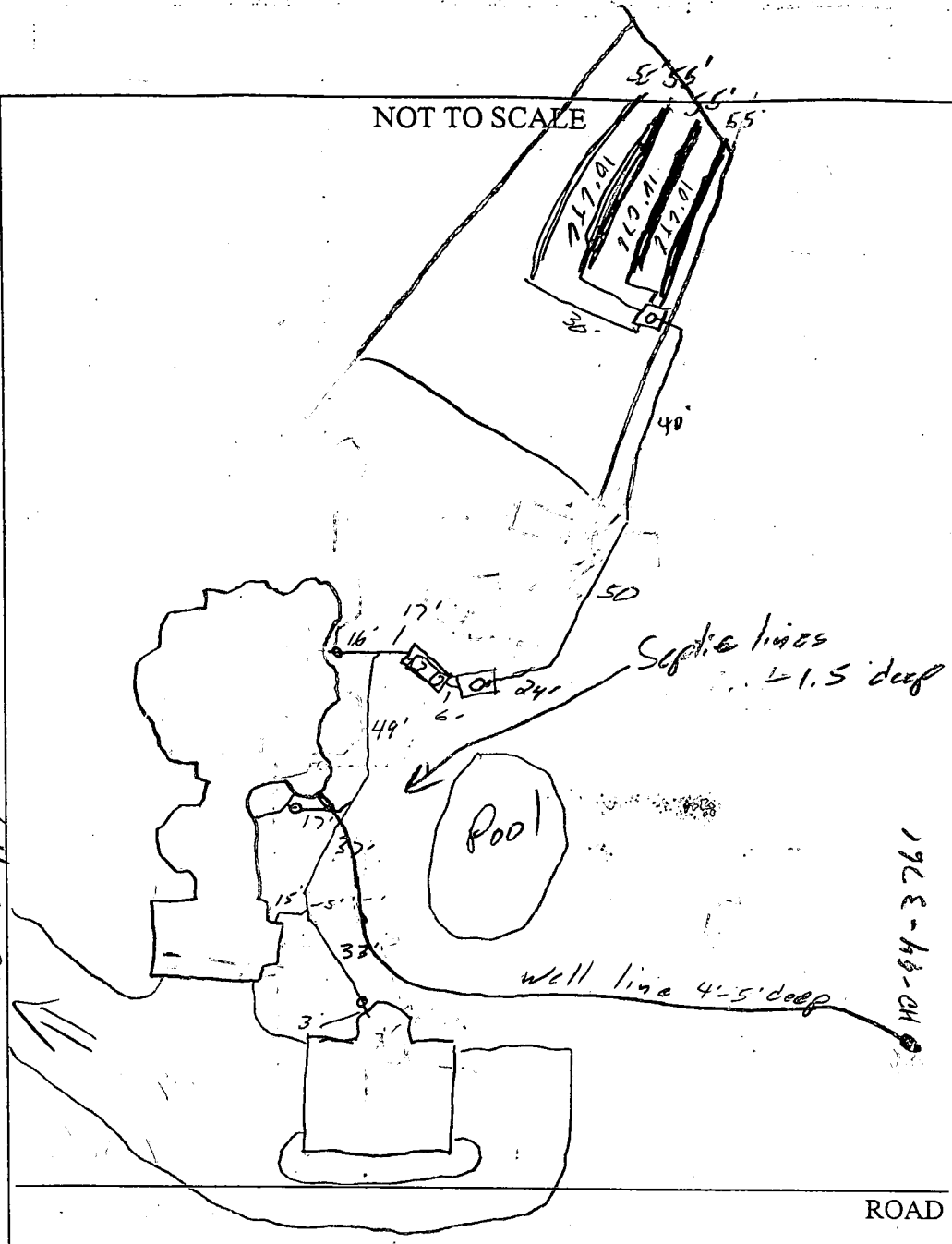
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT BUILDING PERMIT SIGNED 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

8-20-03 B00143671 - IG POOL
 8/20/02 B00137952 - GARAGE, POOL HOUSE, KITCHENETTE, SHOWER
 8/28/03 B00143870 - DECK

A40504

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>2</u>	<u>3.5</u>	<u>7.5</u>
NUMBER OF TRENCHES		<u>4</u>
TOTAL LENGTH		<u>220'</u>
ABSORPTION AREA		<u>880 sq ft</u>
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>		
Comp.	CAPACITY	<u>1500</u> GAL
	SEAM LOC	<u>Top</u>
	TANK LID DEPTH	<u>2'</u>
	BAFFLES	<input checked="" type="checkbox"/>
	BAFFLE FILTER	<input checked="" type="checkbox"/>
	MANHOLE LOC	<u>F & B</u>
	6" PORT LOC	<u>---</u>
	WATERTIGHT TEST	<u>---</u>
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>		
	CAPACITY	<u>1500</u> GAL
	SEAM LOC	<u>Top</u>
	TANK LID DEPTH	<u>2'</u>
	BAFFLES	<input checked="" type="checkbox"/>
	BAFFLE FILTER	<input checked="" type="checkbox"/>
	MANHOLE LOC	<u>Center</u>
	6" PORT LOC	<u>Back</u>
	WATERTIGHT TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION 10/2/03 - SRA Staked, contour accurate. Install (4) 55' trenches (SO)

INSTALLATION 10/3/03 - Tanks set, house conn's plumbed (SO)

10/6/03 - Pressure line, 2 trenches installed (SO)

10/7/03 - Third trench installed (SO)

10/8/03 - OK to cover all work. Pump & Alarm test needed (SO)

12/24/03 - Pump & Alarm tests OK (SO)

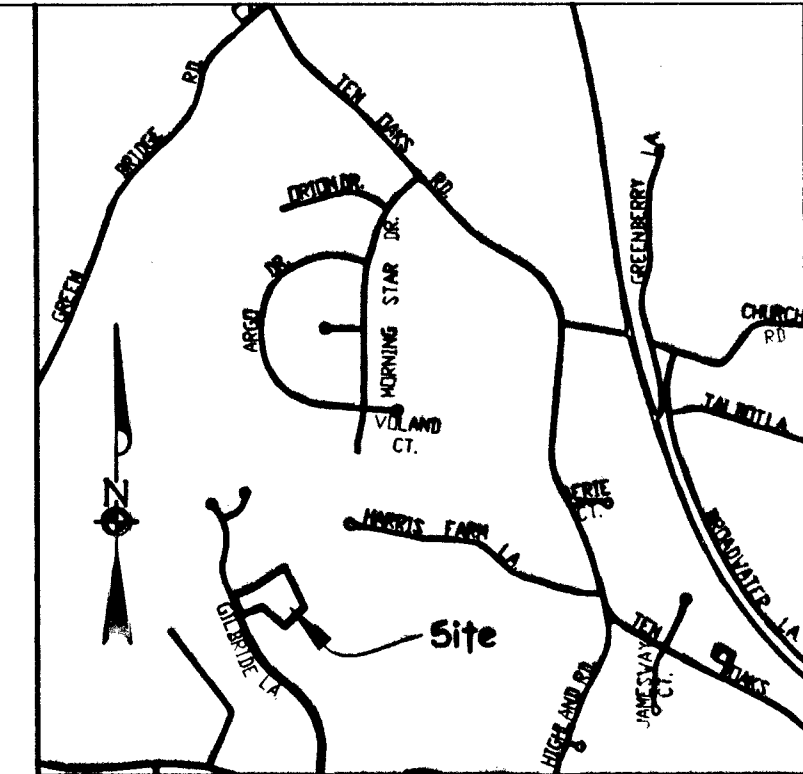
BUILDING DEPARTMENT
 AND RETURNED

FINAL INSPECTOR [Signature] DATE OF APPROVAL 12/24/03

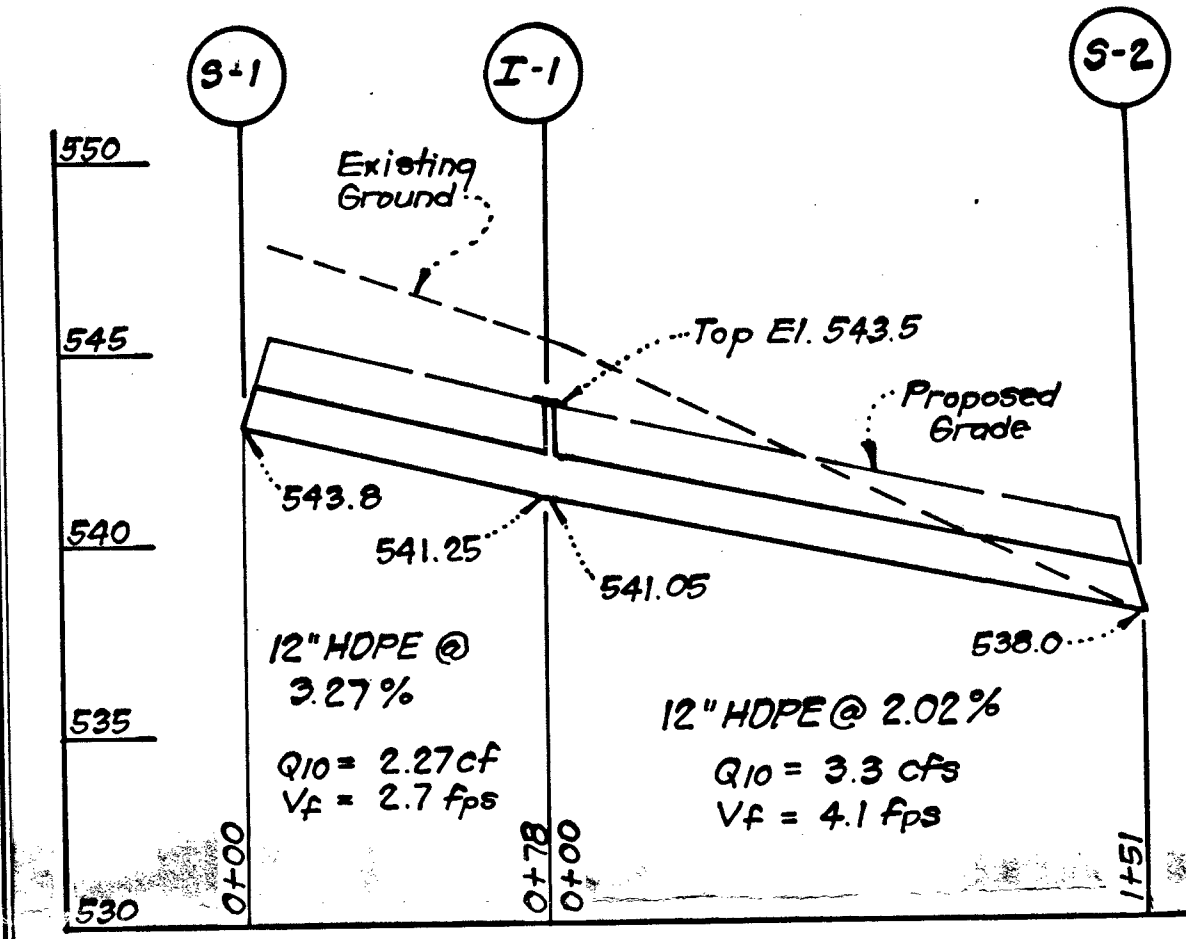
LEGEND	
Symbol	Description
---	Existing Contour 2' Interval
- - - -	Proposed Contour 2' Interval
•	Spot Elevation
---	Existing Tree Line To Remain
---	Super Silt Fence
E.D.I.A-21	Earth Dike
L.O.D.	Limit Of Disturbed
E.C.M.	Erosion Control Matting

STRUCTURE SCHEDULE					
Structure Number	Top Elev.	Inv. In	Inv. Out	Type	Remarks
I-1	543.5	541.25	541.05	Yard Inlet	
S-1	544.8	543.8	---	AOS End Section	
S-2	539.0	---	538.00	AOS End Section	

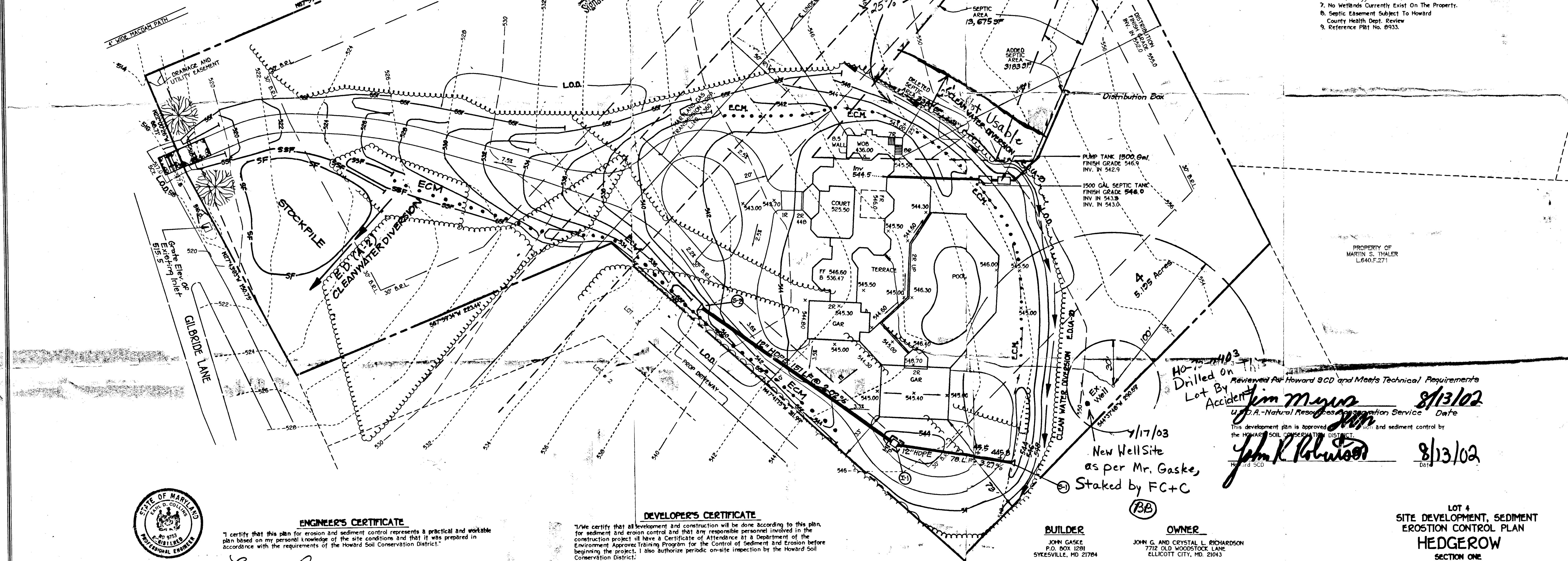
As manufactured by Advanced Drainage Systems



VICINITY MAP
SCALE: 1"=200'



PROFILE FOR PRIVATE STORM DRAIN
Scale: Horz. 1"=50', Vert. 1"=5'



- General Notes**
1. Subject Property Zoned R-1000
 2. Total Area Of Property: 5.159 Acres
 3. Total Disturbed Area Is 1.7312 Acres
 4. Length Of Trench To Be Determined At Time Of Septic Permit Issuance
 5. Contractor / Builder To Verify Elevations In The Field Before Beginning Any Construction
 6. Field Run Topographic Survey Done By Riemer, Muegge & Associates Inc. On June 29, 2001
 7. No Wetlands Currently Exist On The Property
 8. Septic Easement Subject To Howard County Health Dept. Review
 9. Reference PBT No. 8933



ENGINEER'S CERTIFICATE

I certify that this plan for erosion and sediment control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

[Signature]
Signature of Engineer

7-17-02
Date

DEVELOPER'S CERTIFICATE

I/We certify that all development and construction will be done according to this plan for sediment and erosion control and that any responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District.

[Signature]
Signature of Developer

7-17-02
Date

HO-10-21103
Drilled on Lot By Accident

Reviewed For Howard SCD and Meets Technical Requirements
[Signature] 8/13/02
U.S.D.A.-Natural Resources Administration Service Date

This development plan is approved for erosion and sediment control by the HOWARD SOIL CONSERVATION DISTRICT.
[Signature] 8/13/02
Howard SCD Date

1/17/03
New Well Site as per Mr. Gaske, Staked by FC+C
(BB)

BUILDER
JOHN GASKE
P.O. BOX 1291
SYKESVILLE, MD 21784

OWNER
JOHN G. AND CRYSTAL L. RICHARDSON
7712 OLD WOODSTOCK LANE
ELLCOTT CITY, MD 21043

LOT 4
SITE DEVELOPMENT, SEDIMENT
EROSION CONTROL PLAN
HEDGEROW
SECTION ONE
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=30' DATE: JUNE, 2002



Well line and skere
Lot 4 Melbide lane
13640

1 Hedgerow

KMART7182 <No.17 >012
589 0114 N N N N-04 <027>



Well line

Lot 4 13640 Gilbride
lane

KMART7182 <No. 18 >013
589 0114 N N N N-08 <027>



Well line

13640 Silbide Lane

Lot 4 (Hedgerow)

KMART7182 <No. 19 >014
589 0114 N N N N-07 <027>



Well line
13640 Gilbride Lane
Lot 4
(Hedgerow)

KMART7182 <No.20 >015
589 0114 N N N N-06 <027>

9/5/03

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 complete form is required prior to Use and Occupancy approval.

Company Name: GASKE PLUMBING & HEATING INC Telephone #: 410-549-4761
Address: P.O. Box 1247 SKESVILLE 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): JOHN GASKE License# 3189

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

Name of Property Owner: JOHN RICHARDSON Telephone #: 410-796-8320

Subdivision: HedgeRow Lot #: 4 Well Tag #: HO-94-3761

Site Address: 13640 GILBRIDE LANE
CLARKSVILLE MD

Submersible Pump Data

Make: GOULDS
Model #: 5607412
Pump Capacity 5 GPM
Well Yield: 2.5 GPM

Pitless Adapter

Make: HARVARD
Model#: BID X
Depth: 42" (36" min)
NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: CREST Line
PSI: 160 (160 psi min)
Depth of supply line 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: VIRGIN SOIL
Approximate length of sleeve: 4'
Sleeve caulked and sealed properly: YES

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.

John Gaske
Signature of company representative responsible for installation

9-1-03
date

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

Date Insp. Requested: 9/5 PM Date Insp. Approved: _____ Inspector: SO
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

9/5/03
8/2/04
Stave looks
O.K. - Pictures Sent In
Covered BB
Builder to send
picture

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3973	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER (13) A519055

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 08 19 03	Depth of Well 22 500 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3761 28 29 30 31 32 33 34 35 36 37
---	---	---	--

OWNER ~~John~~ Richardson John and Crystal
 STREET OR RFD 13640 Gilbride Lane TOWN Clarksville
 SUBDIVISION Hedgerow SECTION _____ LOT 4

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	
Overburden	0	50	
Gray Rock	50	500 x	
Water at 230'			

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box)
 44 44

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 13 NO. OF POUNDS 1000
 GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 48 52 54 58 ft. to 60 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 600

60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	inch		from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

NUMBER OF UNSUCCESSFUL WELLS: 0

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 20

Sandy B Cook
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 241

William Powell

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	8	9	11	15	17	21															
A																					
C	23	24	26	30	32	36															
H																					
S																					
C	38	39	41	45	47	51															
R																					
E																					
N																					

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 _____ 60 _____
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 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 6

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15 2.40

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.
 17 20

WHEN PUMPING 269 ft.
 22 25

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
 27 27 27

C centrifugal **R** rotary **O** other (describe below)
 27 27 27

J jet **S** submersible
 27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES 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 _____ 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35

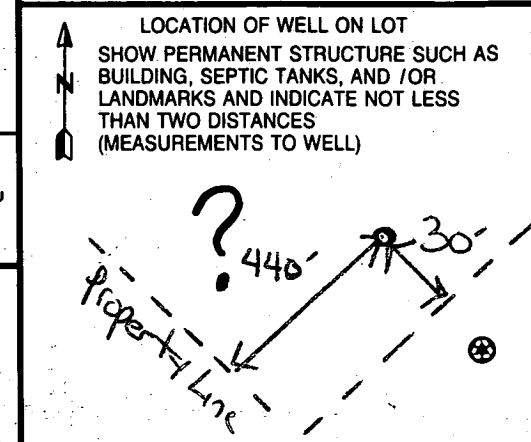
PUMP HORSE POWER _____ 37 _____ 41

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

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 49

- below } _____ (nearest foot)
 49 50 51



B 1 6769 SEQUENCE NO (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER 40-94-3761
APPLICATION FOR PERMIT TO DRILL WELL please type 519055 fill in this form completely.

Date Received (APA) 7/16/2003 OWNER INFORMATION
 8 MM DD YY 13
 15 Richardson Owner John First Name 34
 36 13640 Colby Lane Street or RFD 55
 57 Clarksville Town 70 MD State 72 21029 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 Hagerlow SUBDIVISION 42
 SECTION 4 LOT 4
 44 46 48 50
 52 Clarksville NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 M I
 73 76 77 78

DRILLER INFORMATION
 76 Sandy B Cochran Driller's Name 76 MWD 120 License No. 81
 Firm Name G- Edgar Harr Sons Cop
 Address 12047 Falls Rd Clarksville MD 21029
 Signature Sandy B Cochran Date 7-16-03

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 13640 Colby Lane NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 100 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP 28 BLK 20 PARCEL 30

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL PER MIN) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 750 14 20

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

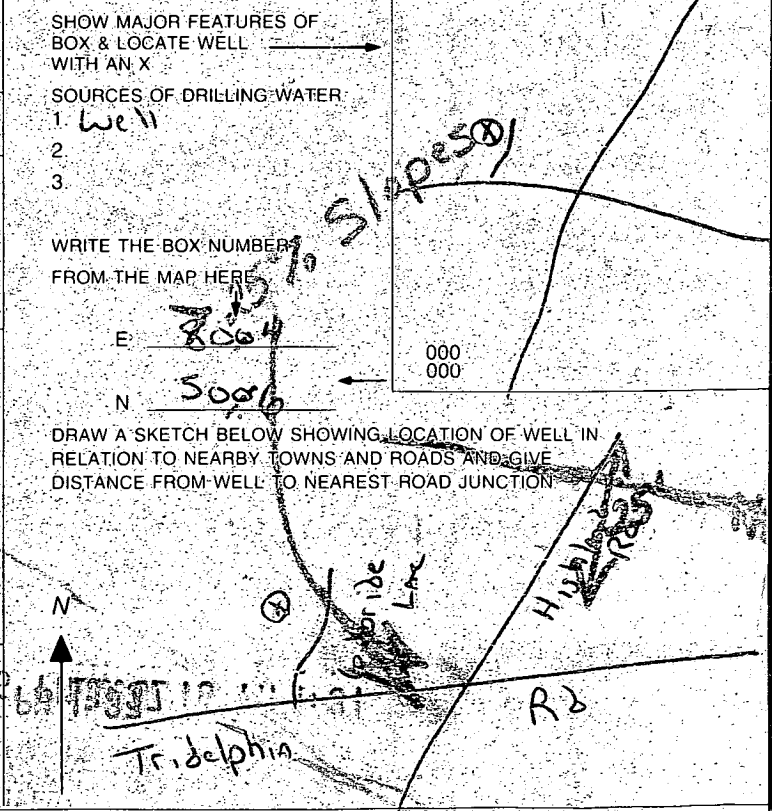
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. (13) A519055
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 7/17/2003 CO. SIGNATURE Brian Baber EXP. DATE 7/17/2004
 43 MM DD YY 48 CO. SIGNATURE EXP. DATE
 NORTH GRID 506 000 EAST GRID 804 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 4 INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G
 PERMIT No. 40-94-3761
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

0454

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

40504

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 080503

22 26 400 (TO NEAREST FOOT)

28 37 40-92-0403

OWNER: last name: Dole first name: James STREET OR RFD: Gilbride Lane TOWN: Clarksville SUBDIVISION: 11 SECTION: LOT: 3

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: Overburden (0-20), Mud & Boulders (20-37), Gray Rock (37-400) X

Well #1 150' Dry (backfilled) Well #2 400' Dry (backfilled)

This Well Drilled On Lot 3 By Mistake

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 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD

MAIN CASING TYPE: ST CO PL OT Nominal diameter top (main) casing: 6 inches Total depth of main casing: 160 feet

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

SCREEN RECORD

screen type or open hole: ST BR HO PL OT DEPTH (nearest ft.): 1 400 2 400 3 400 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 (NEAREST INCH)

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE: Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING: 21 WHEN PUMPING: 23.7 TYPE OF PUMP USED (for test): S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED: S 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

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. 120

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

No Map Available

APPLICATION

PERCOLATION TESTING

A 40504

P _____

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

*11/22/88
perc OK'd pending
approved plus
B*

DISTRICT 5TH

DATE 10-29-87

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 LOWRIE SARGENT

ADDRESS 13243 WESTMEATH LANE PHONE 498-4334
CLARKSVILLE, MARYLAND 21029

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TEN OAKS *Hedgecroft* LOT NO. 4

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADELPHIA ROAD

TAX MAP 28+34 PARCEL # 60, 59
30+64

SIZE OF LOT 3.0 AC. TYPE BLDG. SFD
(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. *LB Sargent*
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING *for field location holes + S/D plan*

THIS IS NOT A PERMIT

