

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48602

A 40879

DISTRICT 4th

DATE 12/20/92

349849

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

313-2640

DATE SYSTEM APPROVED 12/17/92

INSPECTOR RH

INDEXED

D. R. HUFF

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Foxmoor LOT 2 ROAD 17707 Foxmoor Drive

PROPERTY OWNER Edward J. Brown

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from the right front lot corner, place the distribution box 210 feet down the right lot line and 75 feet off the right lot line as seen when facing the lot from Foxmoor Drive. Run trenches on contour toward both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 018/19/92 RH

PLANS APPROVED BY Sid Abel/Mark Rifkin REVISED _____ DATE 6/16/92

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

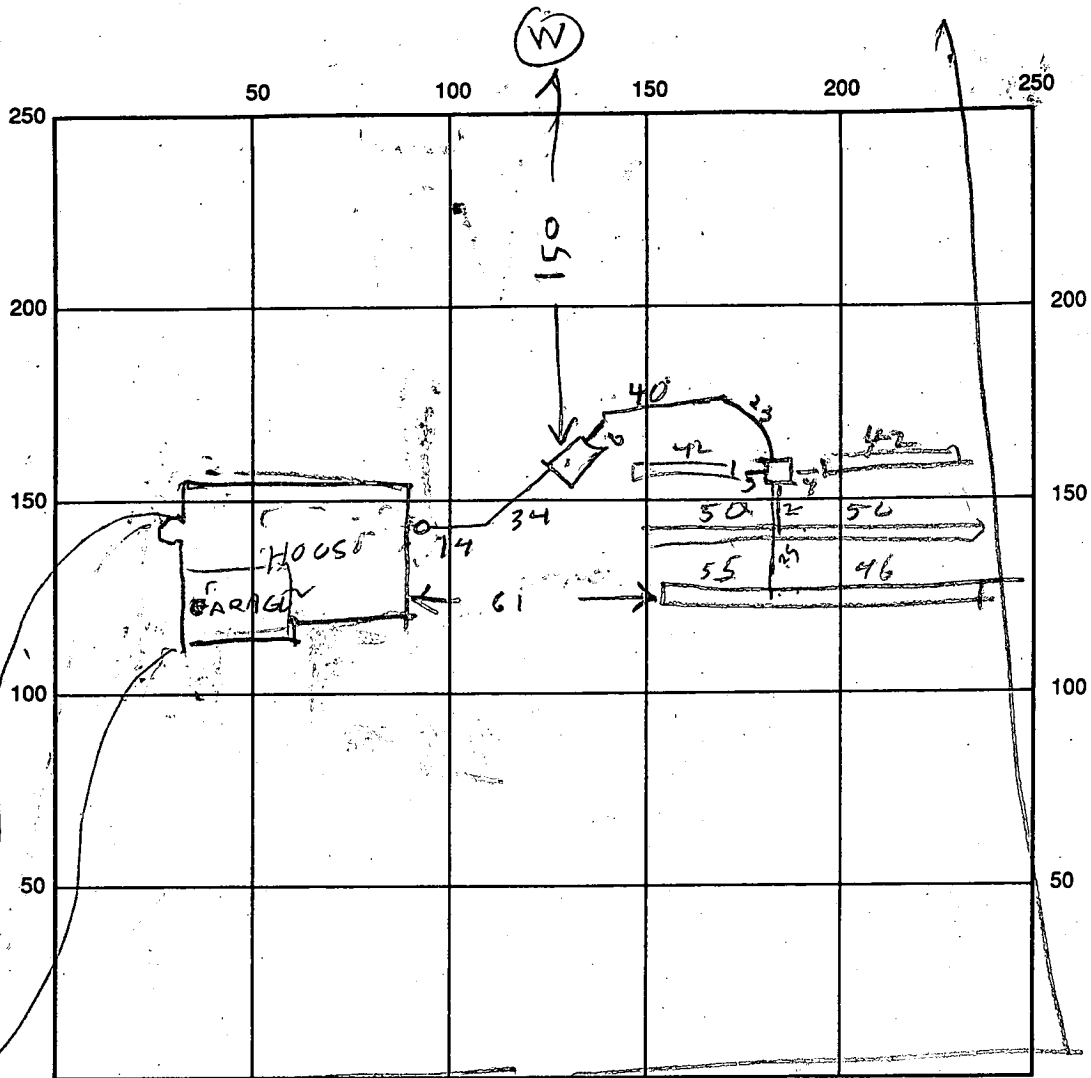
PERMIT VOID AFTER TWO YEARS

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

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

A 40879



42
L
121
103
84

FOXMOOR DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 MANHOLE HOUSE SEWER ST CLEANOUTS OK OK OK

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 285 FT. TOTAL

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 855 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 12/3/92 - OK COVER TANK & HOUSE SEWER PERMIT
OK AS IS R4.

DATE SYSTEM APPROVED 12/7/92 INSPECTOR A. Hodge

APPLICATION

PERCOLATION TESTING

A 40879

P _____

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

DISTRICT Fourth

DATE 12-15-87

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 ~~Long Meadow Ventures~~ Edward J. Brown

ADDRESS 7050 Oakland Mills Suite 100 PHONE 301-762-7770
301-290-9494

PROSPECTIVE BUYER Columbia, MD 21046

ADDRESS Attention: Mr. Earl Armiger PHONE _____

PROPERTY LOCATION:

SUBDIVISION Foxmoor Foxmoor Dr. 17707 LOT NO. 28 LOT 2 Preliminary

ROAD AND DESCRIPTION End of Timberleigh Lisbow, Md 21793
(17707 Foxmoor Drive)

TAX MAP 12 PARCEL # 16

SIZE OF LOT 3.0 Acres TYPE BLDG Single Family
(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.

Jeffrey E. Frank Agent
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Ullul FOR Standard trench DATE 2-21-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-1-88 Due SATISFACTORY - hold for PLAT. SALE

SHALLOW SYST. TOP SPAN ~~PER~~ SEPTIC TANK; PLACE TANK AT High hole OF
Perc field. (SA)

BLDG. PERMIT SIGNED
AND RETURNED 7/31/97
Serial # 99614-87-D

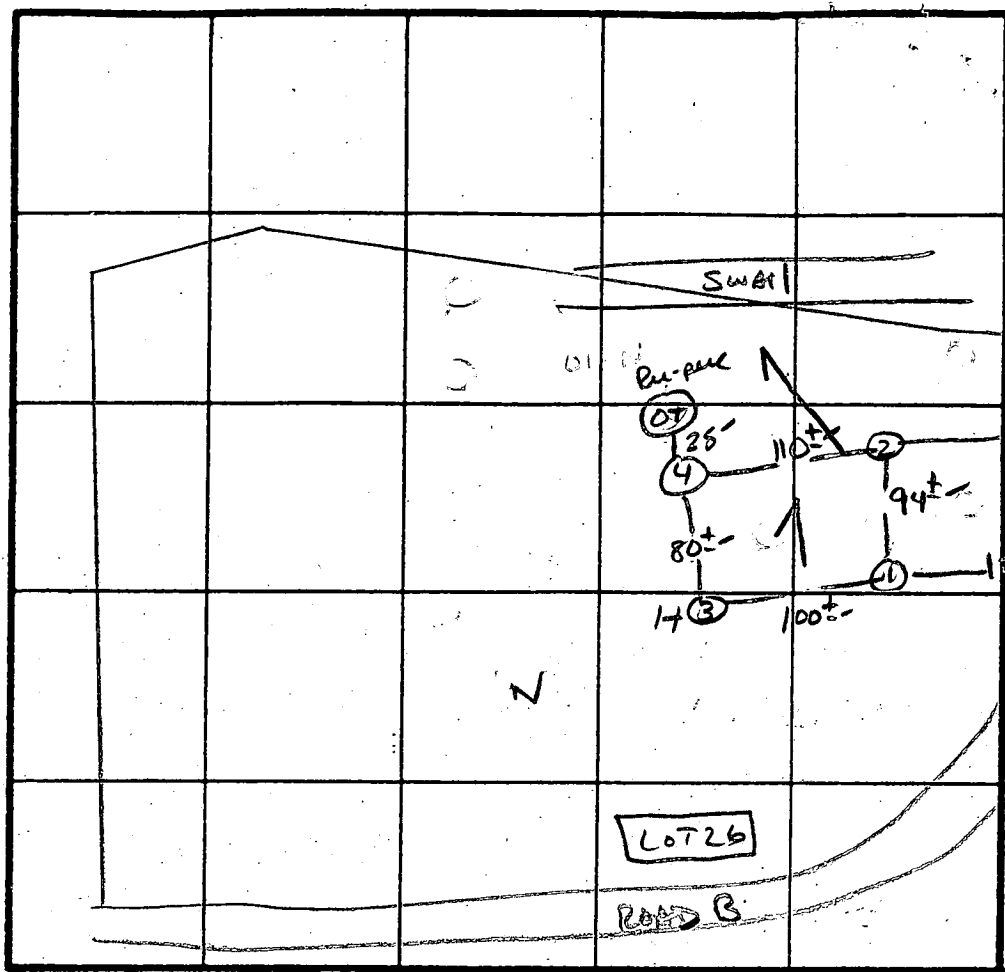
THIS IS NOT A PERMIT

HD-216

DO NOT CHANGE
 SPECS SA
 2 PERC 8 MIN
 2/0
 1/0 4/100
 3.5
 INLET 3.0
 BOTTOM 5.5

SOIL PROFILE

AP
Yellow Br Clay Lm. 45-20% FRAG
Yellow Br. Silt loam MICROUS SHALY 25-40% NO STRUCTURE MASSIVE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/1/88	1S	4"	11:54	11:56	11:56	12:01	5min
		8"	11:54	11:56	11:56	12:00	4min
	1V	12"	SEE PROFILE				
	2S	4"	11:59	12:03	12:03	12:12	9min
		8"	11:59	12:02	12:02	12:09	7min
	2V	12"	SIMILAR TO #1 w/ less shale		4-12"	15-20%	
	3S	4"	12:01	12:08	12:08	12:26	18min
		8"	12:01	12:03	12:03	12:06	3min
	3V	13"	SAME AS #1				
	4S	4.5"	12:04	12:09	12:09	12:25	16min
		8.0"	12:04	12:08	12:08	12:18	10min
	4V	13"	SAME AS #2				

REMARKS Hole DIED MAIN FLAT - SHALLOW SYST. ONLY

TYPE OF SOIL MT AIRY

TESTED BY S. Abel

ALSO PRESENT DRIVE H. PAUL B.

5/1/92 PM
5/12/92 10:00

APPLICATION

PERCOLATION TESTING

A 48064

P _____

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

DISTRICT 474

DATE 4/29/92

PERUSE OK -

PROPOSAL IS TO MOVE

SEPTIC AREA DOWNSLOPE.

SOME REASON TO BE CONCERNED ABOUT
POTENTIAL WATER TABLE INTERFERENCE

BUT CURRENT TEST HOLE NOTES SHOW NO PROBLEM
4/29/92 CW

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 EDWARD J - BROWN (CONTRACT) / CHESAPEAKE HOLDINGS - FOXMOOR, CT

ADDRESS 40 O'CONNOR APER-FLYNN, 170 E. JENNIFER RD. ANNAP. MD PHONE 410-224-2200

PROSPECTIVE BUYER EDWARD J - BROWN

ADDRESS 67 OAKWAY RD, TIMONUM, MD. 2083 PHONE 410-561-1288 / 762-770

PROPERTY LOCATION:

FOXMOOR

SUBDIVISION

LOT NO. 2

ROAD AND DESCRIPTION

FOXMOOR DRIVE

TAX MAP 12 PARCEL # 16

SIZE OF LOT 3.1 Ac TYPE BLDG SINGLE FAM. DWELL.
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR PLAT MR

HD-216

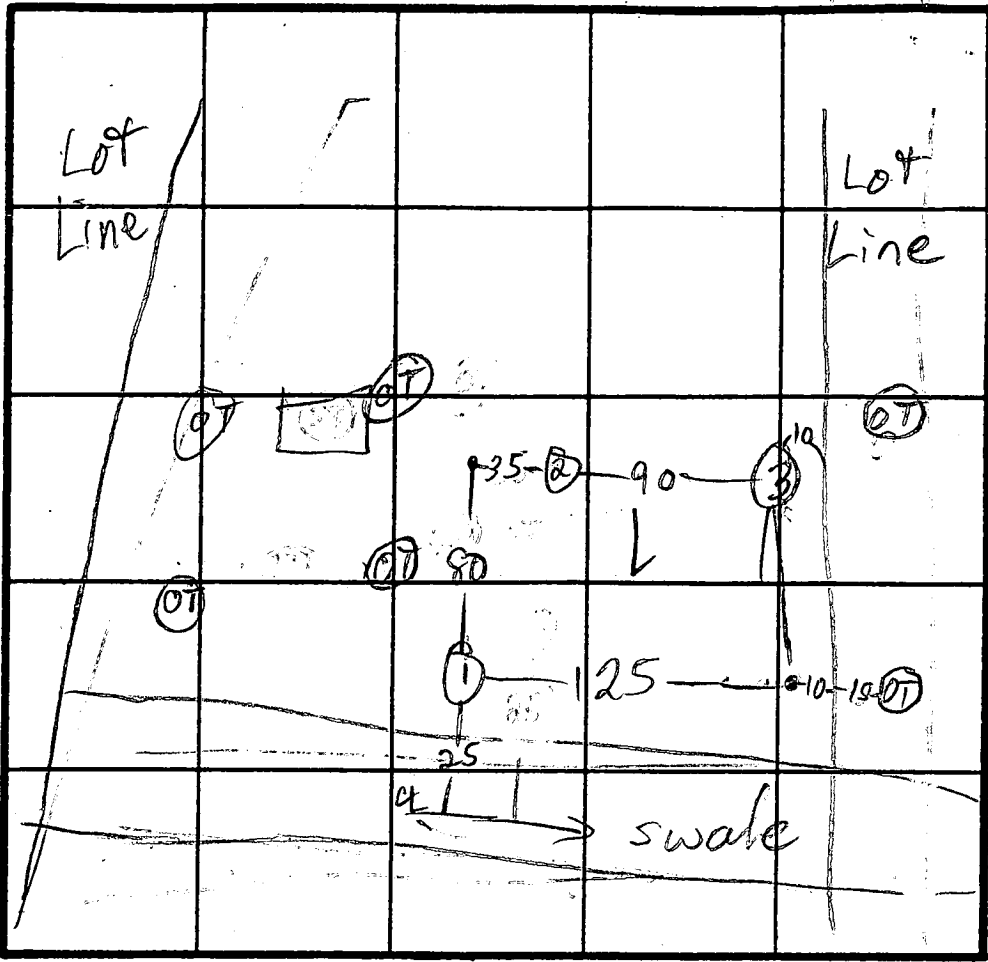
THIS IS NOT A PERMIT

SOIL PROFILE

0
yel brn
sa cl lm
10-15%
shale
frags
4-4 1/2
tan pink
brn sa
loam
15-20%
shale frags
w/ weathered
quartzite

14 @ bot

(2) (3)



FOXMOOR DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

yel brn
cl lm
sa cl lm
15-20%
shale frags
4
brn tan
sa lm
35-40%
shale frags
hi mica
some lg.
frags
11-14
↑ w/depth

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/12/82	1 S	5 1/2	12:27:30	12:29:00	12:29:00	12:31	2	
	1 V	15	see profile					
	2 S ₂	4 5	1:09 1:25	1:20	1/8" RED 16	1:26	FAST	
	2 S ₂	5	1:27 1:29	1:27:30 1:29:30	1:27:30 1:29:30	1:28 1:30:30	30 sec 1	
	2 V	5 14	1:32	1:33:30	1:33:30	1:35:30	2	
	3 V	11	sim to profile 1/2 - 2' clay					

REMARKS PERC OK

TYPE OF SOIL

TESTED BY M. Ritkin ALSO PRESENT Bud, Dwayne Kenny

C1 6915 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A40879**

ST/CQ USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
051592

Depth of Well
500
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
7/31/92 H10-88-2054

OWNER **Chempocke Holding**
 STREET OR RFD last name **FOXMOOR DR.** first name **71st ave** TOWN **71st ave**
 SUBDIVISION **FOXMOOR** SECTION **Main well** LOT # **2 - 2nd hole**

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	
TOP Soil	0	2	
Clay	2	4	
blue slate	4	125	
Flint	125	128	✓
blue slate	128	300	
Flint Mixed	300	500	
blue slate			

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.

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

MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **21**

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.)
 EACH SCREEN
HO 19 300
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

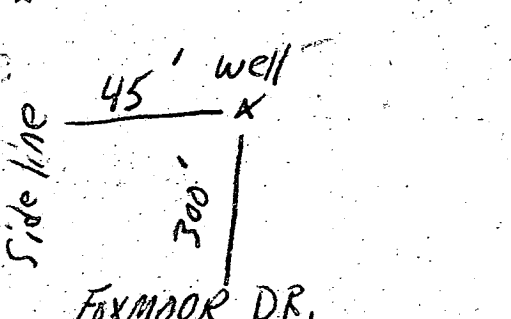
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) 70 72
 W Q 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **1**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **106**
 WHEN PUMPING **162**
 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 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):
 + above } LAND SURFACE **2** (nearest foot)
 - below }

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)



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. **40**
 DRILLERS SIGNATURE **Charles R. Sellers**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 5349 SEQUENCE NO. (DP USE ONLY)
2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H6-88-2054
70 fill in this form completely 79

Date Received (APA) 01/14/92
OWNER INFORMATION
Theapeake Holding Co
15 Last Name 34 Owner First Name
POB 1596 Street or RFD
Baltimore Md 51203
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL R-47797
1 2
Howard
8 COUNTY 21
Foxmoor
23 SUBDIVISION 42
SECTION 44 46 LOT 2 48 50
Florence
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DRILLER INFORMATION
George F. Easterday
Driller's Name L. Franklin Easterday, Inc.
77 License No. 00
Firm Name Brown Church Rd. MT. Airy, Md. 21771
Address George F. Easterday 1/9/92
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH N
W 8-9 N 8 NE 8-9
W 8 TOWN E 8
S 8 SW 8-9 SE 8-9
SOUTH S
NEAR WHAT ROAD Foxmoor Drive
11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 350 37 DISTANCE FROM ROAD
ENTER FT OR MI FT

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A40879
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 02/14/92 08-14-92
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 534000 EAST GRID 0763000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

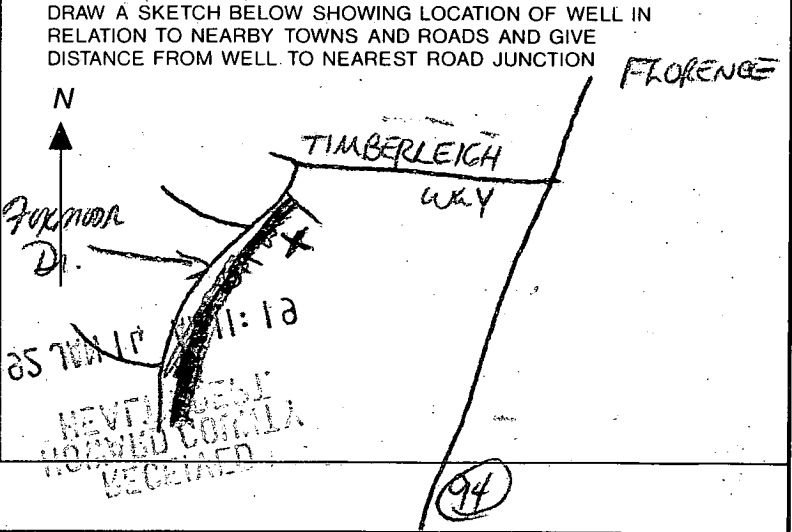
APPROXIMATE DEPTH OF WELL 200 FEET
24 28

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
E 7603
N 5304
000 000
4-30-92 10:30 Grant no insp.
5-15-92 8:00am Grant No insp.

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST 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

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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
FORCE 8P WRITE INITIALS IN BOX PERMIT No. H6-88-2054
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

B 1 **5493** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-92-0043
 fill in this form completely

Date Received (APA) **070192** OWNER INFORMATION
CHESAPEAKE HOLDINGS
 Last Name Owner First Name
POB 1596
 Street or RFD
BALTIMORE MD 21203
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
FOXMOOR SUBDIVISION
 SECTION **2** LOT **2** Well # **2**
FLORENCE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
George F. Easterday
 Driller's Name License No. **40**
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy Md. 21771
 Address
George F. Easterday 6-25-92
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **90XMOOR DRIVE**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **400** FT
 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 COUNTY NAME
A 40879 COUNTY NO.
 STATE SIGNATURE **Mark E. Ralston** DATE ISSUED **11/9/93**
 NORTH GRID **534000** EAST GRID **0763000**

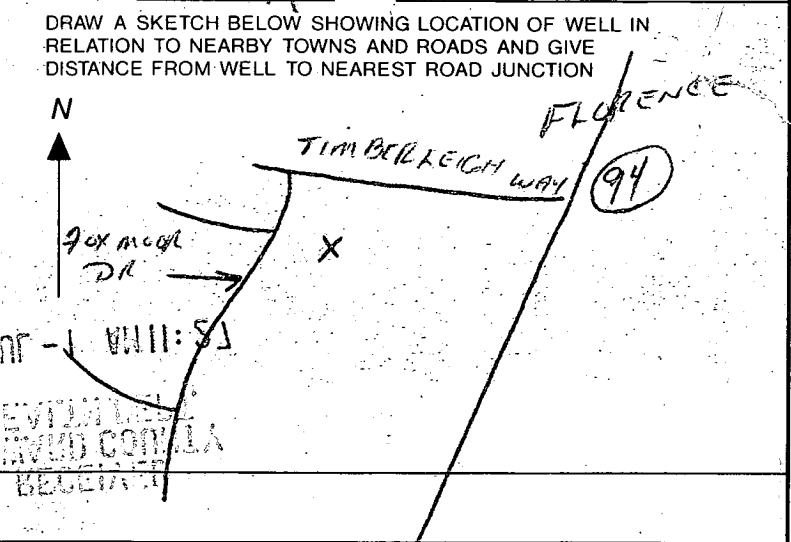
APPROXIMATE DEPTH OF WELL **400** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSION 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
 E **76X3**
 N **53X4**

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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-92-0043**

SPECIAL CONDITIONS

C1 6924 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A40879**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **043092**

Depth of Well **500**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-92-0113

OWNER **Chesapeake Holding Co.** first name **PERMOOR DR** TOWN **FLORENCE**
 STREET OR RFD **PERMOOR DR**
 SUBDIVISION **PERMOOR** SECTION [] LOT **2 - STADBY**

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	
TOP SOIL	0	2	
CLAY	2	4	
Shaley	4	23	
BROWN SLATE	23	30	
BLUE SLATE	30	220	
FLINT	220	221	✓
Blue slate	221	405	
Green slate	405	500	

GROUTING RECORD
 WELL HAS BEEN GROUTED. (Circle Appropriate Box) YES **Y** NO **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **1000**
 GALLONS OF WATER **50**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **34** ft.

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **40**

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	H O 34	500
2	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
3	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from [] to []

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **1**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **43**
 WHEN PUMPING **184**
 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 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)
+ above } LAND SURFACE [] (nearest foot)
- below }

NOTE:
 3/4 GPM

FRACED
 ALSO - 500' dry hole

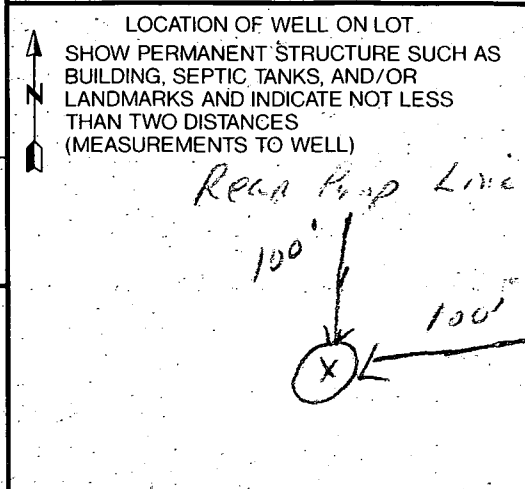
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

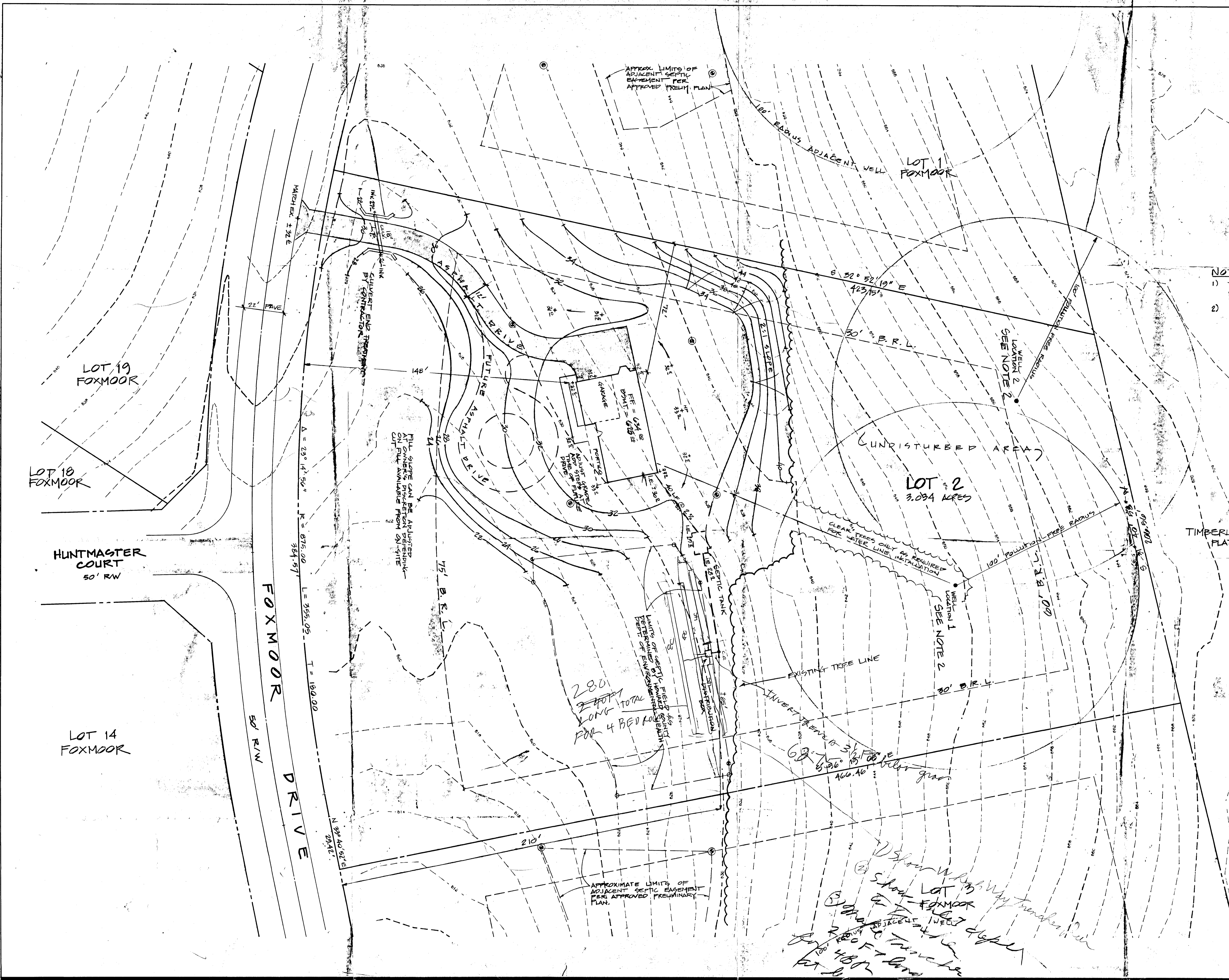
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE **George T. Guterday**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **Richard R. Fulsler**
 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 [] [] []



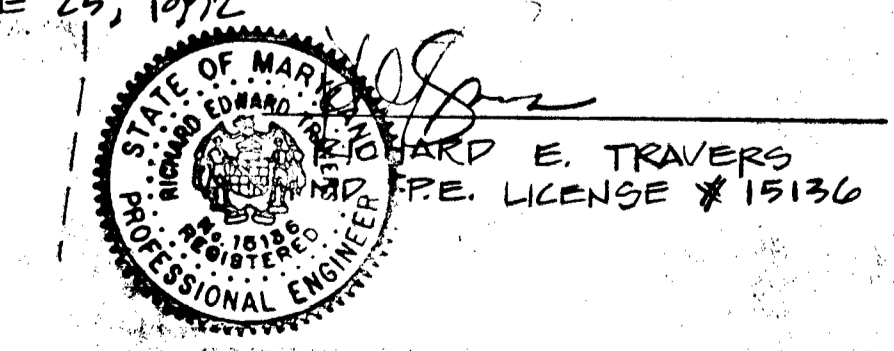


- NOTES:**
- 1) THE TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM AN AERIAL SURVEY PERFORMED BY JODGE ASSOCIATES DATED 1988.
 - 2) CONTRACTOR SHALL VERIFY WHICH OF THE TWO (2) ON SITE WELLS IS STABLE BEFORE MAKING WATER CONNECTION TO HOUSE.

- LEGEND**
- PERC TEST HOLE LOCATION - FIELD LOCATED (MAY/JUNE 1992)
 - CORNER OF SEPTIC EASEMENT - NO HOLE DUG (PER HQ. CO. DEPT. OF ENV. HEALTH)
 - ⊙ LOCATION OF PREVIOUS TEST HOLES 3/1/88 (PER APPROVED PRELIM. PLAN)
 - WELL LOCATION

Planned to sign
Talked to Engineer
 APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
Mark Redline

COUNTY HEALTH OFFICER *Address* DATE *7/31/92*
 PERC Cert OK
 Sent for sig *7/9/92*
 I HEREBY CERTIFY TO THE ACCURACY AND LOCATION OF THE WELL AND SEPTIC SYSTEM TEST HOLES INDICATED ON THIS PLAN.
 DATE: JUNE 25, 1992



No.	REVISIONS	DATE	CHKD.
1	REVISED PER HQ. CO HEALTH OFFICER COMMENTS	7/1/92	

OWNER:
 MR. EDWARD BROWN
 90 MCCARTHY, WILSON & ETHRIDGE
 104 G. WASHINGTON STREET
 ROCKVILLE, MARYLAND 20850
 (301) 762-7770

FOXMOOR
 LOT 2
 PLAT 9034
 370
 38
 78
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SITE AND GRADING PLAN
 FOR
THE BROWN RESIDENCE

PHR&A
 Peillon Harris Rust & Associates, P.C.
 Engineers, Surveyors, Planners, Landscape Architects
 7000 Shandon Place
 Rockville, Maryland 20850
 301-762-2200

SURVEY	DATE
PHR/OTHERS	6/25/92
DESIGN	LAL
CHKD.	RET
SHEET	1 OF 1
FILE NO.	2242-4-0