

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

Florence Rd.

SEPTIC TANK LEVEL ✓ 1500 GAL CLEANOUTS ✓ 5'

DISTRIBUTION BOX LEVEL ✓ 1500

DRAIN FIELD TILE FIELD DEPTH 9'-9" FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5' FT. TOTAL LENGTH 100' 100' FT. TRF 200

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 1000 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 1000 SQ. FT.

REMARKS 01/19/88 OK TO COVER TANK → HOUSE SAVED 2-14-88 TRENCH #1 CAVING IN OK TO

STONE AS YOU GO. SA 2-29-88 OK TO PARTIALLY COVER #1 TO DIG #2. SAVED

2/29/88 OK TO COVER #1 DIG #2 OK TO STONE #2; OK TO COVER ALL WORK. S. ABU

DATE SYSTEM APPROVED 2-27-86 INSPECTOR J. ABU

**C1** 1912 SEQUENCE NO. (OEP 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 (A 40144-W)

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 09 23 87  
 Depth of Well 22 275 26 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2310

OWNER BECRAFT, ARNOLD first name TOWN FLORENCE  
 STREET OR RFD FLORENCE ROAD  
 SUBDIVISION MAP 13 Q 9 P.22 SECTION LOT

**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	
Brown Shale	2	60	✓
Brown Slate	60	65	
Blue Slate	65	90	
Brown Slate	90	95	✓
Blue Slate	95	245	

**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 15 NO. OF POUNDS 150  
 GALLONS OF WATER 90  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 STEEL  ST CONCRETE  CO  
 PLASTIC  PL OTHER  OT  
 MAIN CASING TYPE PL Nominal diameter 6 Total depth 20  
 (nearest inch) (nearest foot)

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 STEEL  ST BRASS  BR  
 BRONZE  PL PLASTIC  PL HOLE  HO  
 OTHER  OT

**C2**  
 DEPTH (nearest ft.)  
 1 HO 68 245  
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 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.) 3  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 55 WHEN PUMPING 135  
 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):  
 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 (nearest foot) (2) below

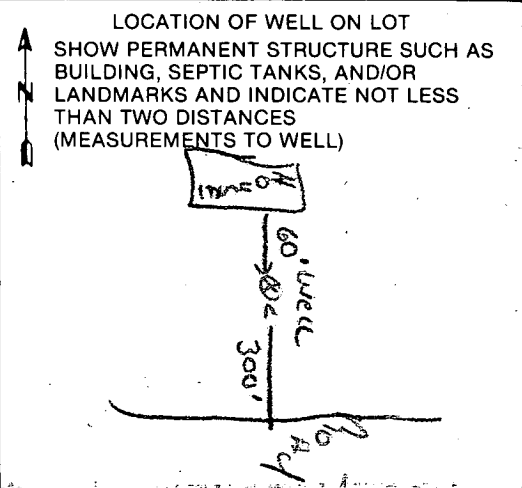
CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 273  
 DRILLERS SIGNATURE Nath Wayne  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Nath E. Wayne

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.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 7 5720

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2310

fill in this form completely

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

Date Received

091987

OWNER INFORMATION

CREAFT ARNOLD

3035 FLORENCE Rd

FLORENCE Md

DRILLER INFORMATION

Ralph Mayne 273

Ralph Mayne (Well Drilling)

9170 Brown Church Rd. Mt. Airy

Ralph Mayne Sept 18, 1987

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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 DEEPM 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 GAP

FORCE SA PERMIT NO. 40-81-2310

SPECIAL CONDITIONS PHONE NO.

B 3

LOCATION OF WELL

HOWARD

23 SUBDIVISION DEBBIE POOLE APO

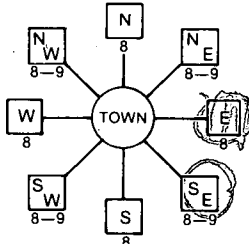
SECTION 44-46 LOT 48-50 (MAP 13 P.22)

FLORENCE

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



FLORENCE Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DENNIS

DISTANCE FROM ROAD ENTER FT or MI 1/4

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
A 40144-W COUNTY NO.
DATE ISSUED 091887
CO SIGNATURE Sebray Chel
EXP. DATE 031788
NORTH GRID 535000 EAST GRID 0771000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

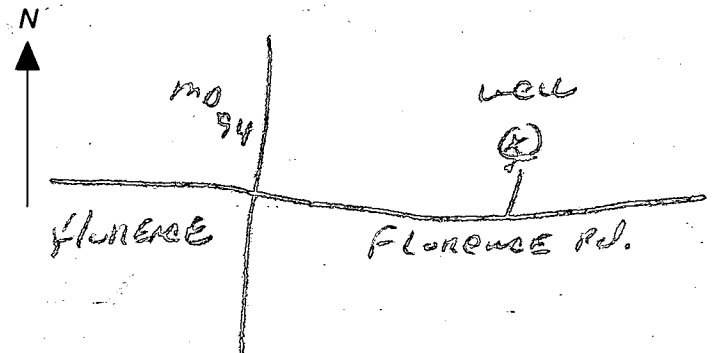
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

7741
5305

9-23-87 Location ok
70 ft plastic casing
50 ft open hole
15 bags of cement
1 ft above ground

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



# APPLICATION

1-12-88  
11:30  
O. K. [unclear]

PERCOLATION TESTING

A 2/0144(w)

P \_\_\_\_\_

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

Repair Perc

DISTRICT 4TH

DATE 1-11-88

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 EFFIE POOLE Property

ADDRESS 3075 Florence Rd. PHONE \_\_\_\_\_

PROSPECTIVE BUYER ARNOLD BEACRAFT

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Poole Property LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Florence Rd.

TAX MAP 8 PARCEL # 22

SIZE OF LOT \_\_\_\_\_ TYPE BLDG REAR 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.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

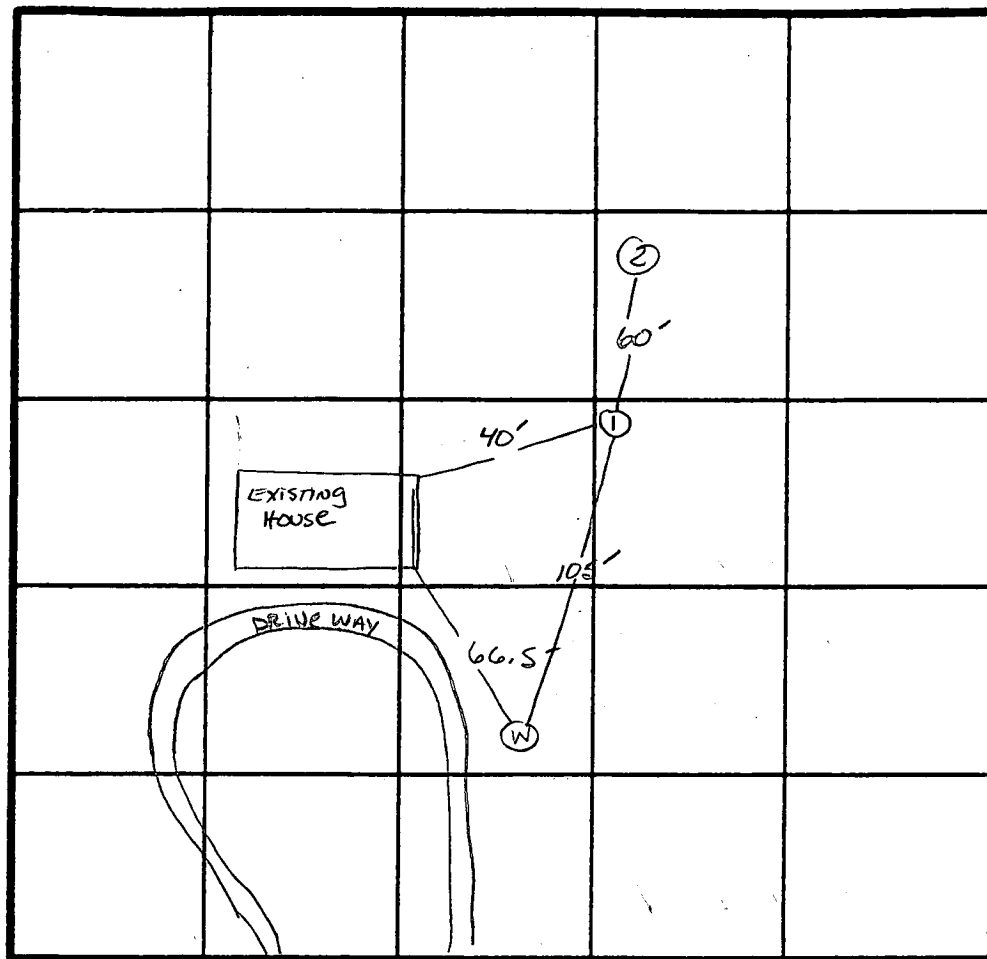
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

1 + 2  
SOIL PROFILE

3-4"	A1-3 RED BR. Silt CL Lm. 10-20% FRAGS (micaceous)
~4.0'	Brown Yell. w/ RED BR. veins Silt LOAM micaceous 20-25% FRAGS
11-12.5'	



X PERC 14 MIN  
200 #/BR  
INLET 4'  
BOTTOM 9'  
5' of STONE  
200  
5 BR  
1000  
200LF  
51000

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
FLORENCE Rd.

2-100LF  
TRENCHES  
OK SA

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/12/48	1 S	4.5'	1:55	2:05	2:05	2:23	18 MIN
	1 V	12.5'	UNIFORM	below ~4.0'			
	2 S	4.5'	1:54	2:00	2:00	2:10	10 MIN
	2 V	11'	HALE CAUPD IN UNIFORM		below ~4' - CONTRACTOR INDICATES NO H <sub>2</sub> O SEEN.		

REMARKS Repair - Perc

TYPE OF SOIL Glenelg Lm.

TESTED BY S. Abel ALSO PRESENT O. KETTERMAN