

05-349397

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P. 44604

A. REPAIR

DISTRICT 5th

DATE 6/20/89

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Beaufort Park ROAD 8501 Edenton Road LOT 15, Blk F. Sec. 2

PROPERTY OWNER Charles Ensor

8501 Edenton Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

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

PLANS APPROVED BY C. Williams DATE 5/18/89

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

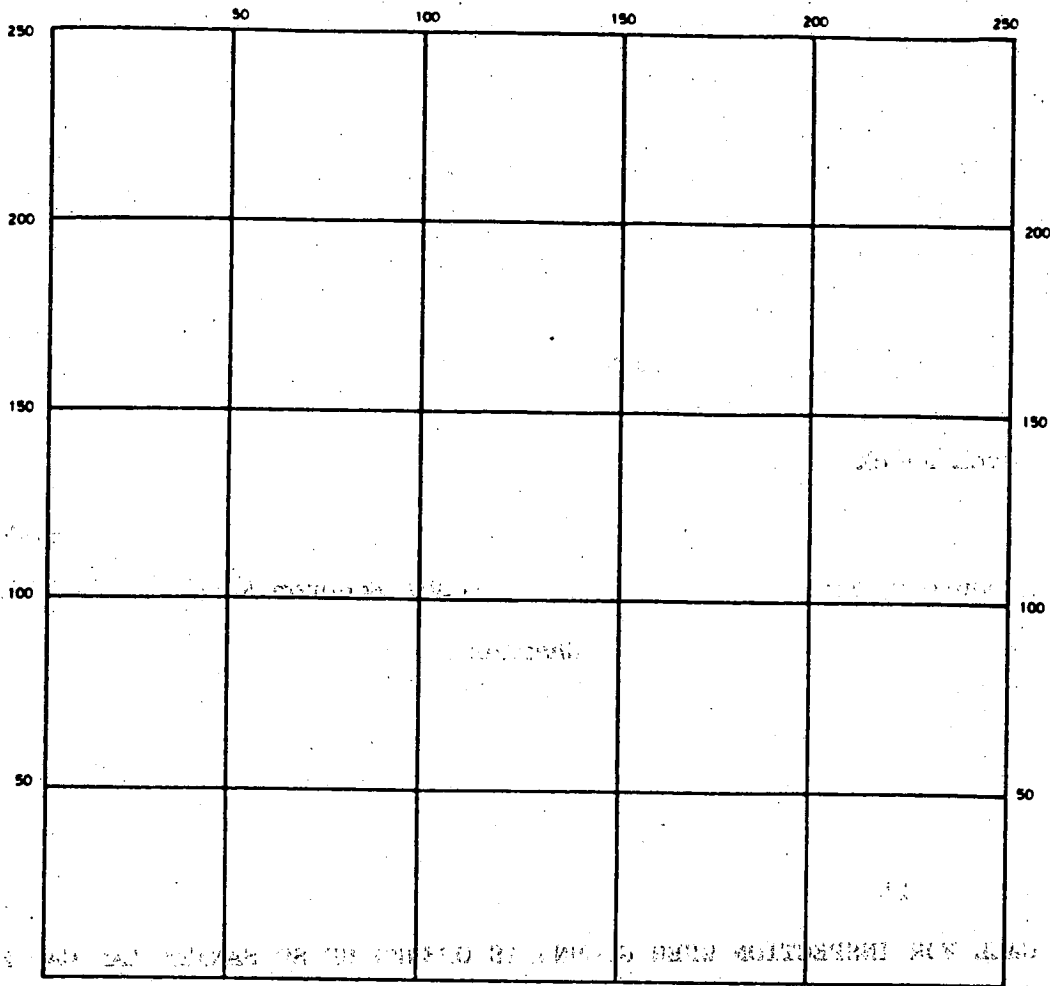
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

44604



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

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 _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

5/20/89

PERMIT

P 44604

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 4/20/89

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Beaufort Park ROAD 8501 Edenton Road LOT 15, Blk F. Sec. 2

PROPERTY OWNER Charles Ensor
ADDRESS 8501 Edenton Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

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

OK TO INSTALL ON 5/20/89 WITHOUT INSP. - CONTRACTOR TO SUPPLY DRAWING.
MAXIMUM TRENCH DEPTH 10' C.W.

PLANS APPROVED BY C. Williams DATE 5/18/89

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

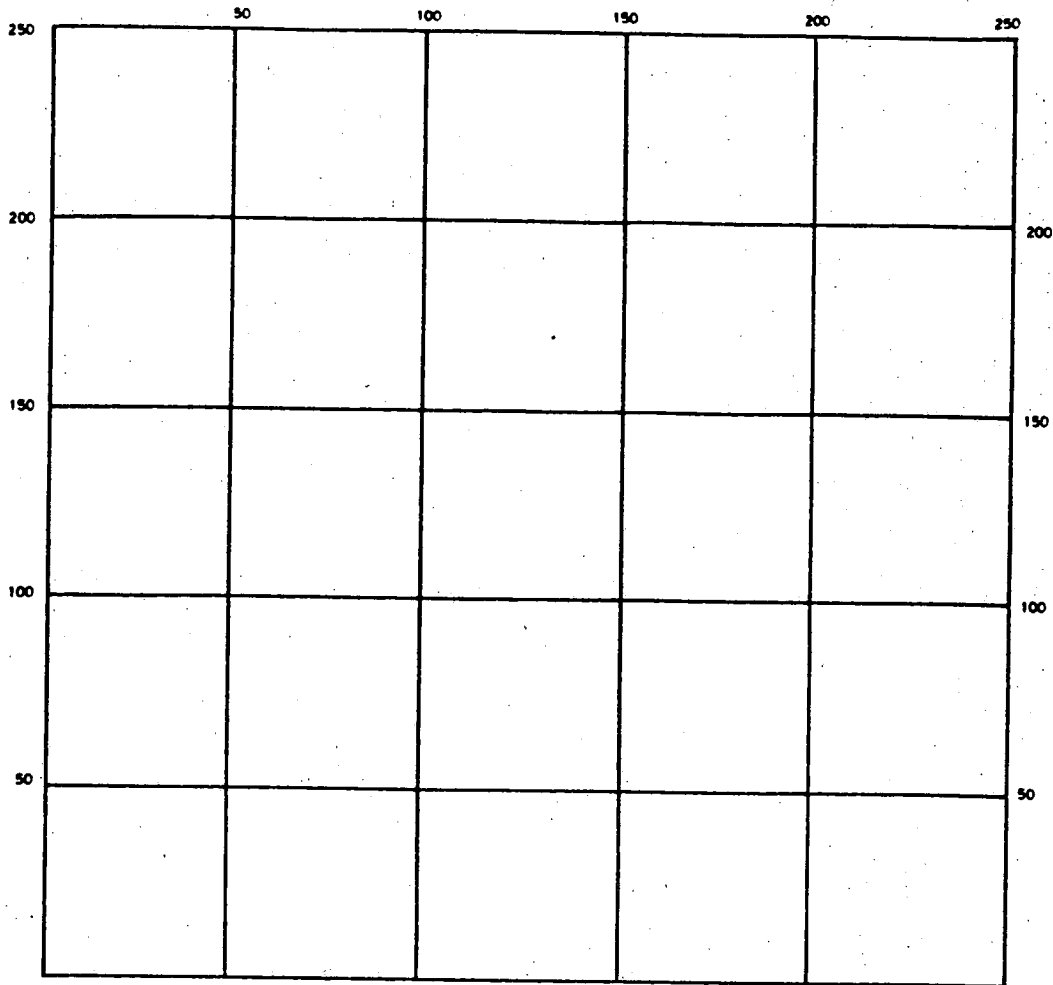
PERMIT VOID AFTER TWO YEARS

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 APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

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 _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Approved 7/19/68 JTK

PERMIT

P 13725

A 09924

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 7/11/68

Calvin Miles IS PERMITTED TO INSTALL ALTER

ADDRESS Rt. 216 - Fulton, Maryland PHONE 725-5311

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Beaufort Park ROAD Edenton LOT 15, Blk. F,
Sec. 2

PROPERTY OWNER Anne K. Gray & Susie Kondrup

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well - 100 sq. ft. sidewall area below inlet pipe per bedroom.

Place dry well about 75 ft. from rear lot line and about 70 ft. from right side

line as seen when facing lot from Edenton Road.

MAXIMUM DEPTH PERMITTED 12' below original grade.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY J. H. Kilmore DATE 4/13/65

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

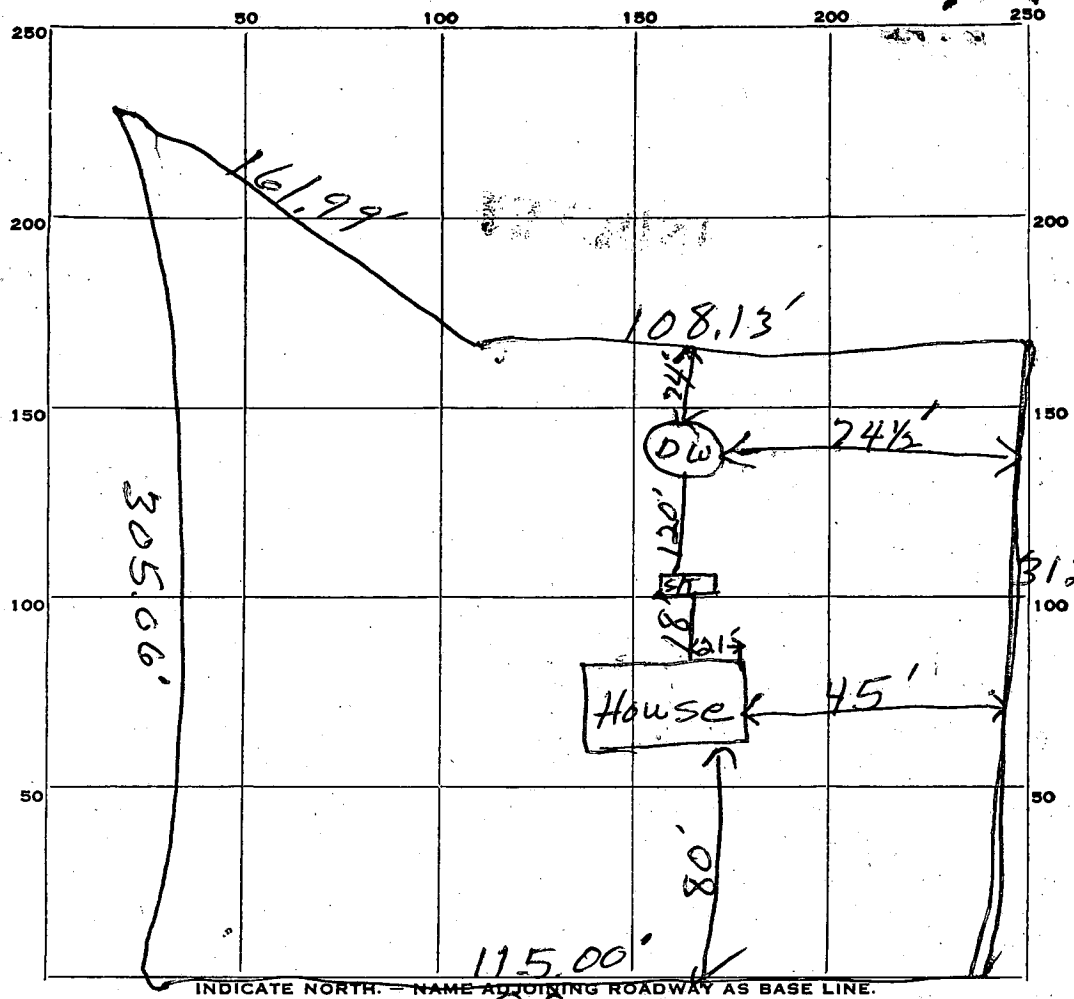
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

09924

$$\begin{array}{r} 15 \\ 3 \\ \hline 45 \\ 48 \\ 9 \\ \hline 432 \end{array}$$

$$\begin{array}{r} 20 \\ 6 \\ \hline 120 \end{array}$$



EPENTON RD

PERMIT CARD OK
 SEPTIC TANK, LEVEL OK Cement 1000 CLEANOUTS OK?
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 8 1/2 FT.
whole 12x12x12x12
 ABSORBENT AREA 432 SQ. FT.

REMARKS Well not installed yet

DATE SYSTEM APPROVED 7/19/68 INSPECTOR J. W. Wright

APPLICATION

A 09924

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 4 bedrooms - 1000 gal
5 bedrooms - 1500 gal

DISTRICT 5

DATE 3/31/65

Dry Well - 100 sq ft sidewalk area below inlet pipe per bedroom
Place Dry Well about 75 ft from rear lot line and about 70 ft from
right sideline as seen when facing lot from Edenton Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Anne K. Gray & Susie Kondrup

ADDRESS 5132 Loughboro Rd., Washington 16, D. C. PHONE 588-5454

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 15, Blk. F, Plat 2

ROAD AND DESCRIPTION Edenton Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 53,075 sq. ft. TYPE BLDG. 4 or 5
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ C. J. Beall

APPROVED BY J. H. Kalmore FOR Dry well DATE 4/13/65
(KIND OF SYSTEM)

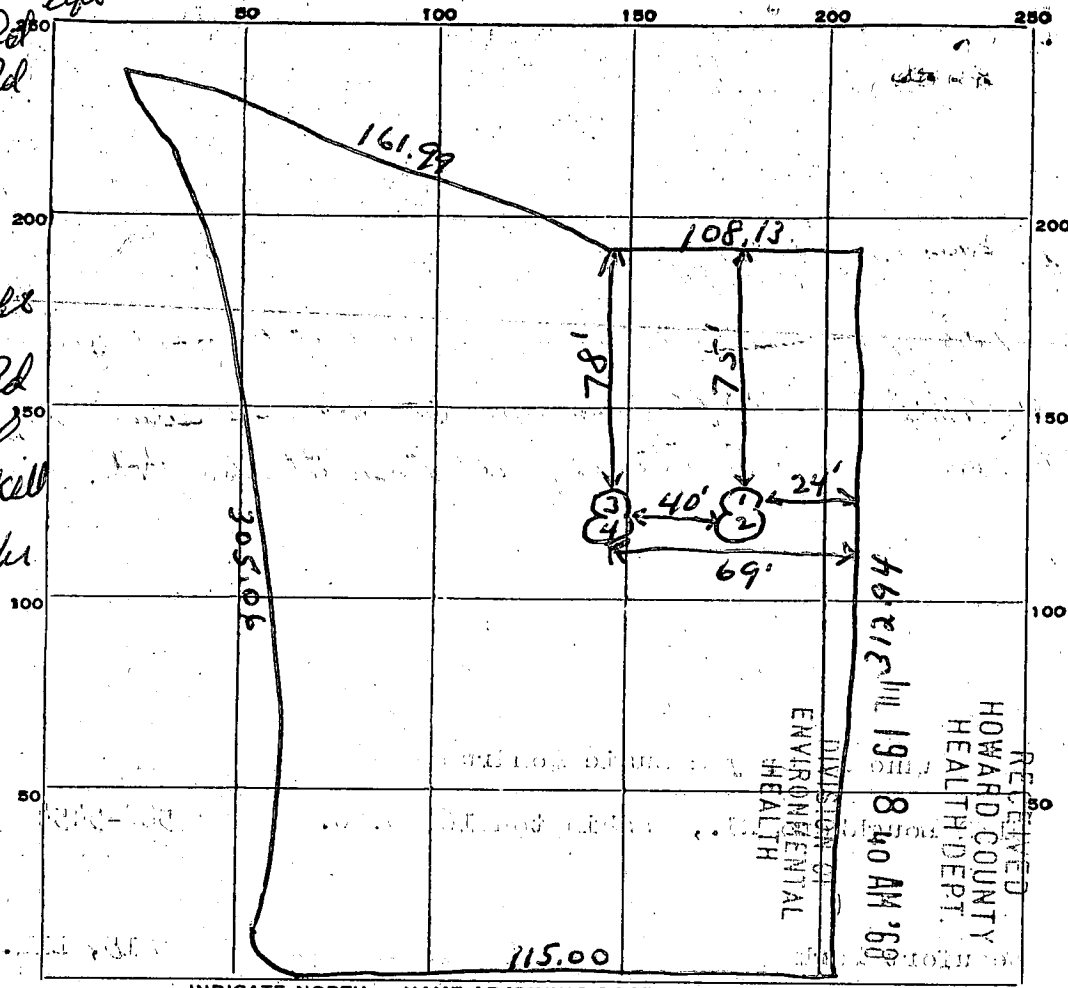
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

29- Right 216 left
 to Lewis Kill Rd
 left on reserve Rd
 clo
 Bedford Park
 2 Rd Road Right
 Braun Bridge Rd
 go to first Rd
 on left Lewis Kill
 first Rd on Right



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/65	1	8	10:07	10:12	10:12	10:20	8 min
"	2	4	10:08	10:10	10:10	10:16	6 min
"	3	8	10:11	10:18	10:18	10:30	12 min
"	4	4	10:11	10:12	10:12	10:14	2 min

SOIL AUGER FINDING

TESTED BY JHK

REMARKS

LOT 15 F

B 1 00866 SEQUENCE NO. (DWR USE ONLY)

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

DWR PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 9/13/72 9:30

OWNER **CHARLES ENSOR**

COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD **8501 Edenton Rd** COL. 36 COL. 55

POST OFFICE **FULTON Md** COL. 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE **August 31, 72** LICENSE NUMBER **270**

Bernard Frezer DRILLER LAST NAME

SIGNATURE *Bernard Frezer*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION **Broadland & Co**

SECTION **Blk E** LOT **15**

NEAREST TOWN **FULTON**

MILES FROM TOWN (ENTER 0 IF IN TOWN) **1 1/2**

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **795-3177**

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **400**

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD **LOVAT**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **30**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY

T TEST

APPROXIMATE DEPTH OF WELL **65** FEET

APPROXIMATE DIAMETER OF WELL (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)

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

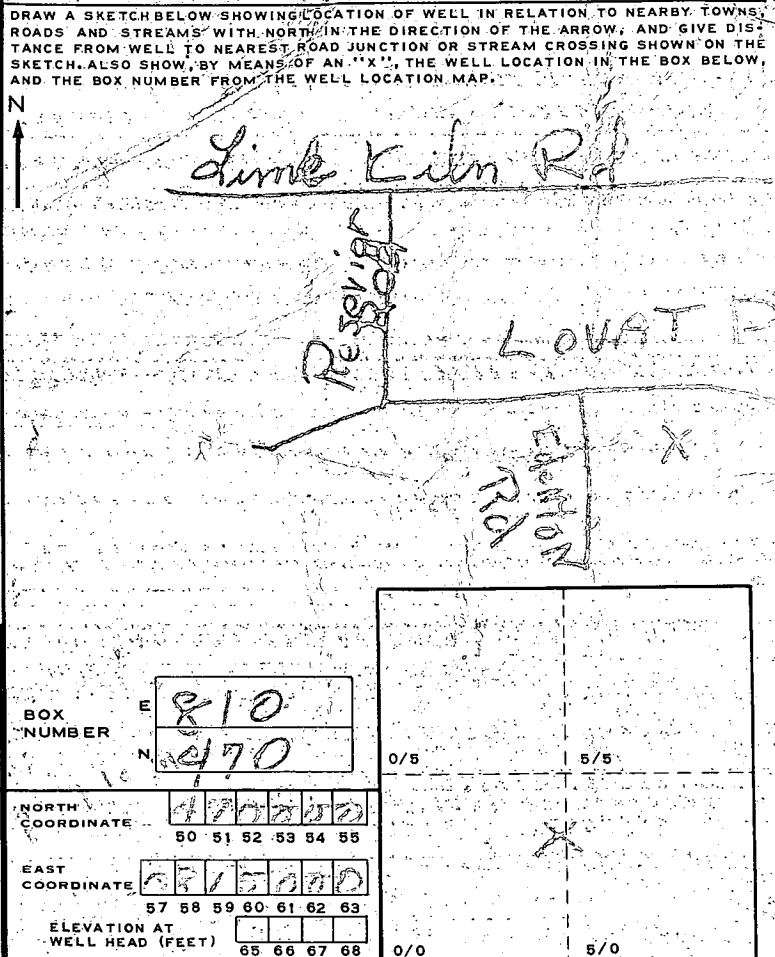
D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER

ENGINEER REVIEW DISTRICT NO.

FORCE WRITE INITIALS IN BOX CONDITIONS



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **Howard** COUNTY NO. **2987**

DATE **08/21/72**

APPROVED BY **L. Hammett** for **Palmer F. King, Director**

BOX NUMBER **E 810**
N 270

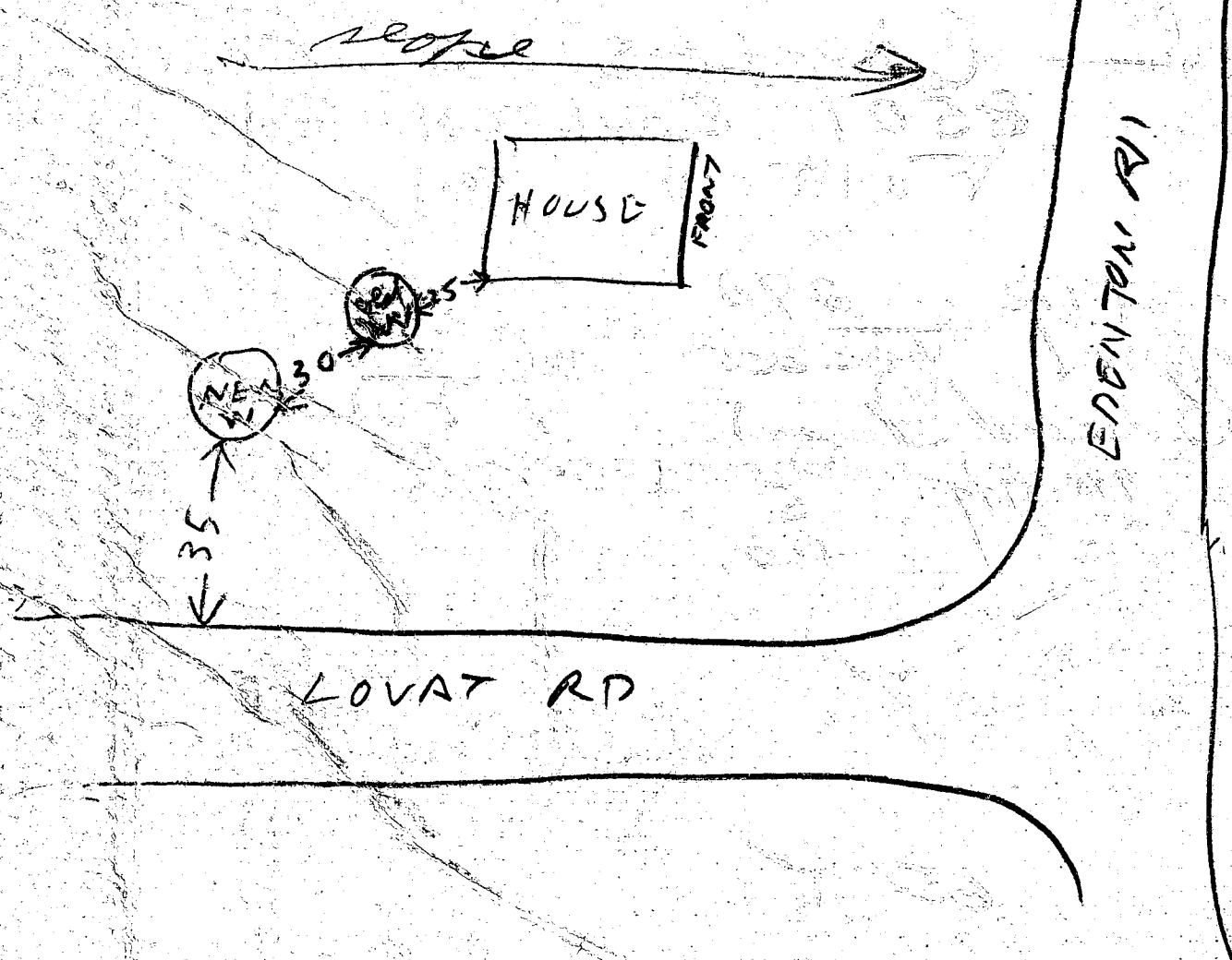
NORTH COORDINATE **4700000**

EAST COORDINATE **0715000**

ELEVATION AT WELL HEAD (FEET)

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6



9/13/72 1005PM

- ① Standard Well 22 FT to be grouted
 - ② Well is 78 FT deep with 44 FT of casing
 - ③ This well was drilled because the old well had mud in water. Mud washed in as result of flood drain.
 - ④ Septic system on opposite side of house from well.
 - ⑤ 9 Bags of cement used here
- B. Hodges

1-04272 (SEQ. NO.)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS.
 DATE RECEIVED (DWR USE ONLY) Sept 17-72
 DATE WELL COMPLETED 8/17

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 90 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

OWNER ENSOR CHARLES
 LAST NAME FIRST NAME
 STREET OR RFD 8301 Edenton Rd POST OFFICE FULTON 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	
Shale	0	30	
Sand mud	30	40	✓
Lite gray	40	87	
Rock mixed with flint			✓

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M BENTONITE CLAY B C
 NO. OF BAGS 8 NO. OF POUNDS 750
 GALLONS OF WATER 40
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 24 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL S T CONCRETE C O
 PLASTIC P L OTHER O T
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 45

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL S T BRASS OR BRONZE B R OPEN HOLE H O
 PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
1	21
2	36
3	51

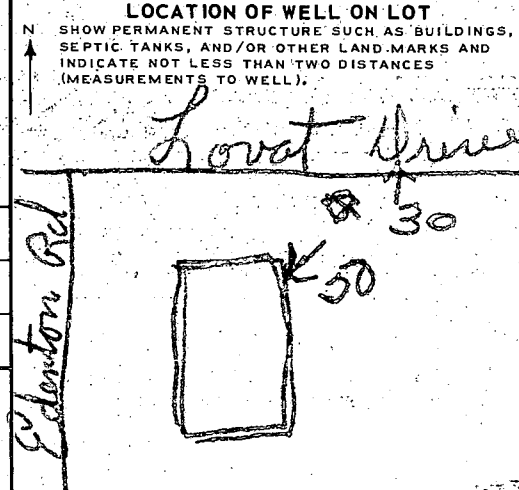
SLOT SIZE 1, 2, 3

PUMPING TEST
 C 3
 HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
 METHOD USED TO MEASURE PUMPING RATE Bailes
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 92 (NEAREST FOOT)
 WHEN PUMPING 60 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 J JET S SUBMERSIBLE

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) J
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 5
 PUMP HORSE POWER 1/2
 PUMP COLUMN LENGTH (NEAREST FOOT) 100
 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE (NEAREST FOOT)
 - BELOW }

CIRCLE APPROPRIATE BOXES
 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 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 Bernard Feerzer
 (PLEASE PRINT) Bernard Feerzer
 SIGNATURE

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F
 DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING T LOG INDICATOR W Q OTHER DATA AVAILABLE



Howard Cd

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

A 09924

APPLICATION FOR PERMIT TO DRILL WELL # 2107
WATER RESOURCES

Owner Morden walker

Street or R. F. D. _____

Post Office Highland Ind

Quantity of Water to be Produced 3 Gallons Per Minute

Total Quantity Needed For Use 1000 Gallons Per Day

Use for Water House

Approximate Depth of Well (feet) 100 ft

Method of Drilling to be used Cable

Is this a Replacement Well? Yes - No

If YES, indicate date abandoned well is to be sealed: _____

and by whom: _____

Driller Denny Brown License Number 113

Street or R. F. D. _____

Post Office Mt airy Ind

Date May 31 1968

Location of Well County Howard

Subdivision Beaufort Park

Section _____ Lot 15

Nearest Town Fulton

Distance from Town 2 miles

Direction from Town west

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).

Near what road Reservoir Rd

On which side of road Left (North, East, South, West)

Distance from road 100 ft

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. Distances may be approximate, but must be indicated.

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-68-W-231

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. McKee Dec. 6-4-68
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

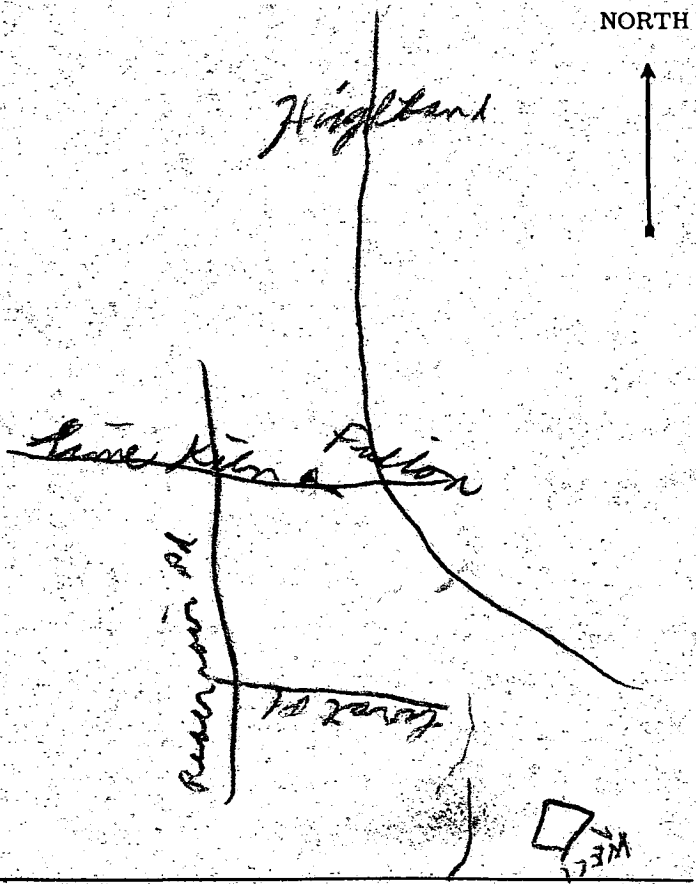
Special conditions that must be observed: _____

County Permit No. _____

Health Department Approval of Application
Howard County Department of Health

or State Department of Health

Approved by Calvin F. Wine
Title Director, Environmental Health
Date 5-31-68



**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number Ho 68 W 231
Owner Norden Walker
Address Highland
Subdivision Beaufort Park
Section _____ Lot 15

Top soil
Sand from
1 stream canal of
2 stream
Dept of well

FEET
from 0 to 5
3/50
40 ft
50 ft
65 ft

DIAM.
(inches)
6 5/8

FEET
from 0 to 4

PUMPING TEST

Hours Pumped _____
Type of Pump Used Boiler
Pumping Rate _____
Gallons per Minute 6

WATER LEVEL

(Distance from land surface to water)
Before Pumping 40 Ft.
When Pumping 50 Ft.

APPEARANCE OF WATER

Clear Partly Cloudy _____
Taste None
Odor None

Height of Casing Above Land
Surface 2 Ft.

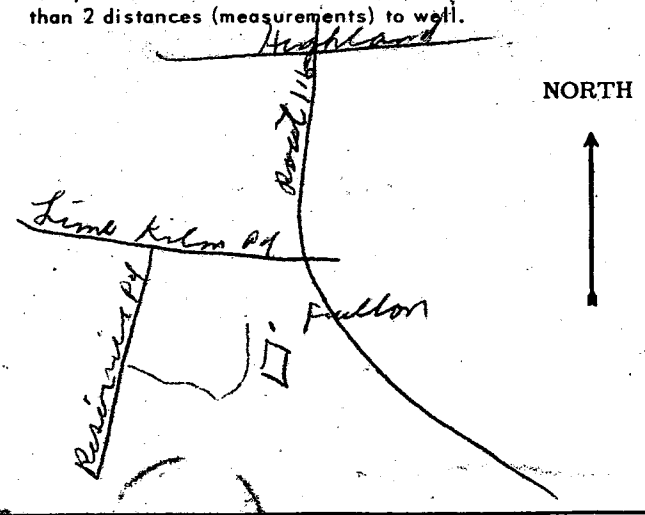
PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

RECEIVED
68 OCT 7 AM 11:04
DEPARTMENT OF
WATER RESOURCES

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED

SAZ 16 1968

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Doug Brown, Well Driller
Well Driller License No.: 113

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
199 COURT HOUSE DRIVE
ELLCOTT CITY, MARYLAND 21043

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 in. O.D. 45 ft
2. Total depth of well 65 ft
3. Type, diameter and length of strainer _____ . Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement . Quantity, cement used 2 Bags lbs.
Gallons water 10
6. Standing water level (depth below ground surface when not pumping) 40 ft
7. Yield of well in gallons per minute 6 ; elevation of water surface when pumped at the designated rate 50 ft
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Root from 40 ft
11. Physical appearance of water at end of final pumping test Partly clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 5 ounces of Clorox % Chlorine (Brand name _____).

Property Owner Gordon Walker Address Highland
Location of Property Beaufort Park
Health Department Number _____ Dept. of Water Resources Permit No. Ho 68 W 231

Date: Sept 16, 1968 . Denny Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the Well Driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.