

3/2/92 *ADYTIME*
3/3/92 *11:00*

Tax ID - 06 - 542379

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47752

A 47752

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 1/21/92

DATE SYSTEM APPROVED 3/3/92

INSPECTOR RH

INDEXED

David Ashby _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 10129 High Ridge Road, Laurel, Maryland 20723 PHONE _____

SUBDIVISION Ashby Property LOT 2 ROAD 10129 High Ridge Road

PROPERTY OWNER Map 50, lot 2 David and Terrie Ashby
10129 High Ridge Road
Laurel, Maryland

ADDRESS 9147 Riverhill Rd. MAILIN

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

Now 9147 Riverhill Rd

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - INTERIM REPAIR TO FAILING SEPTIC SYSTEM. PUBLIC SEWER IMMINENT. 2/24/92

2/25/92. DESPATCH 10 FT DEEP 2 FT
WIDE 4 FT STONE INLET 6 FT BELOW
GRADE AT LEAST 50 FT LONG

START THE TRENCH 80 FT FROM BACK
OF HOUSE & 130 FT FROM WELL ON BROW
PROPERTY RUN TRENCH TOWARD REAR LINE

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, 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

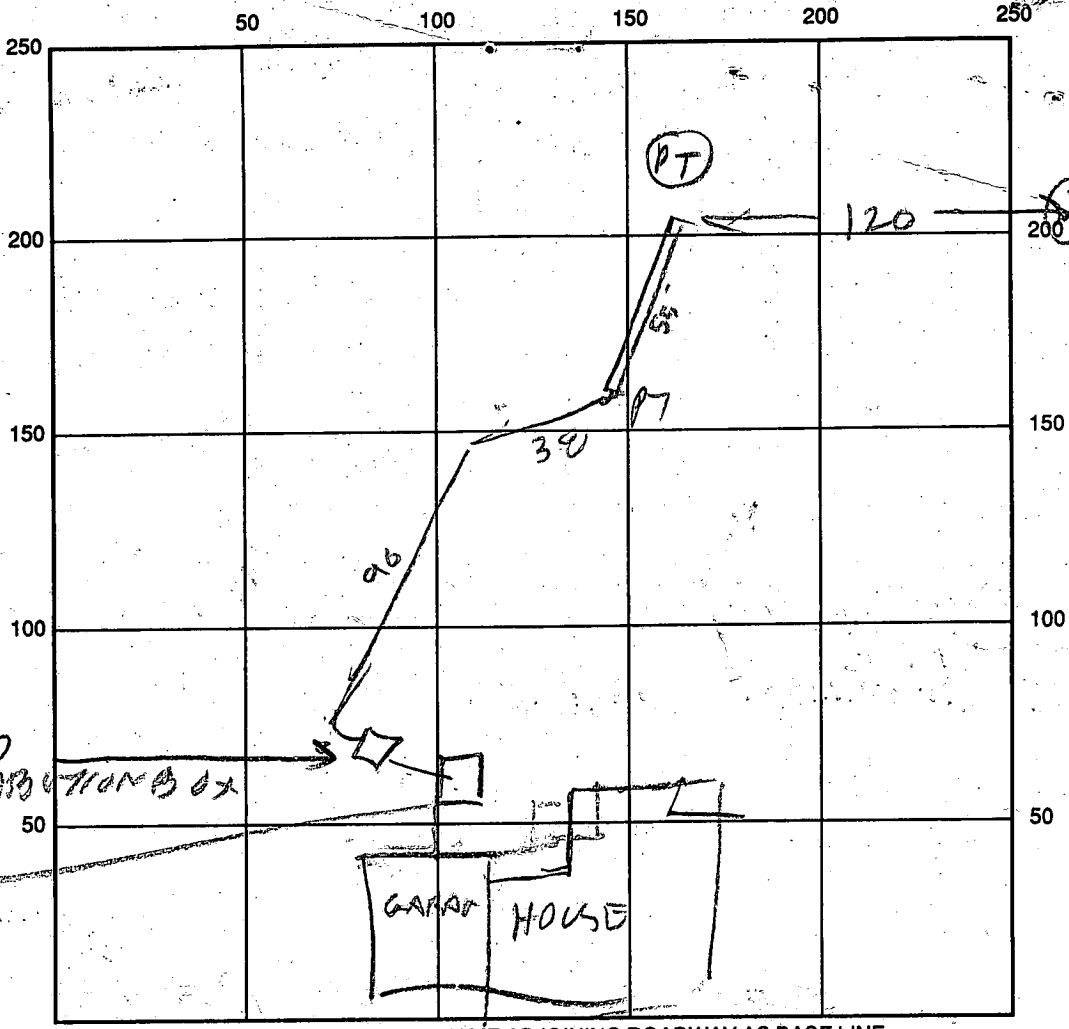
PERMIT VOID AFTER TWO YEARS

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**

47752



SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 1'0 FT. TRENCH WIDTH 2 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 55 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 220 SQ. FT.

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

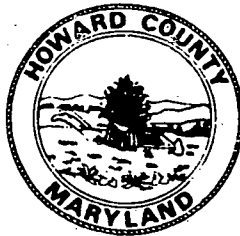
ABSORBENT AREA _____ SQ. FT.

REMARKS: 3/2/92 1127 - SEWER LINE STARTED. DRAINAGE TRENCH NOT YET DUG

COULD NOT INSPECT. LOOSE DOG IN YARD R. HODGES

3/3/92 TRENCH OK

DATE SYSTEM APPROVED 3/3/92 INSPECTOR B. Hodges



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 10, 1992

Reply to:

Mr. and Mrs. David Ashby
10129 High Ridge Road
Laurel, Maryland 20723

RE: PERCOLATION TEST RESULTS
APPLICATION NUMBER: A47751 & A47752
Proposed Use: Subdivision
Property ID: Ashby Property
10129 High Ridge Road
Tax Map: 50, Parcel: 359

Dear Mr. and Mrs. Ashby:

Percolation testing conducted January 30, 1992 and February 4, 1992 on the above referenced property indicated limited satisfactory soil conditions. So far the only satisfactory ground was found in 3 percolation test holes near the existing house which has an overflowing septic system. There appears to be sufficient ground to repair the existing septic system, but likely not enough area to satisfy the standard for subdivision.

No satisfactory percolation tests were found on the proposed new lot for a conventional septic system. Although no tests were made for a sand mound system, the ability of the property to qualify under this standard is also in doubt. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100 feet of property boundaries have been shown.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

Raymond Hodges

Raymond Hodges, R. S.
Water and Sewerage Program

RH:jr

Enclosures

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955 Director 461-9956 TDD 313-2323

1/30/92
12:00
2/4/92

APPLICATION

A 47752
P _____

PERCOLATION TESTING
PUBLIC H₂O PRIVATE SEPTIC

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

PROPOSED CONCRETE,
OCCUPIED LOT WITH
WELL AND SEPTIC OFFSITE,
WELL TO BE ABANDONED
AND REPLACED BY PUBLIC H₂O.
SEPTIC TO BE ABANDONED
AND REPLACEMENT SYSTEM INSTALLED.

DISTRICT _____
DATE 1-21-92

NO RECORDS OF
EXISTING SYSTEM
APPLICANT INDICATES
INSTALLED 1950'S.

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.

1/21/92 CWB/RR

PROPERTY OWNER David + Terrie Ashby

ADDRESS 10129 High Ridge Road - Laurel PHONE 490 6865

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashby LOT NO. #2

ROAD AND DESCRIPTION EXISTING HARVEST LOT

TAX MAP 50 PARCEL # 359

SIZE OF LOT 2 from 4.75 TYPE BLDG. (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. Terrie Ashby
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/30/92 DIG MORE SLOW PERC & WATER POSSIBLE
SAND MOUND TEST? HOLD FOR DISCUSSION WITH CWB & RR. RH

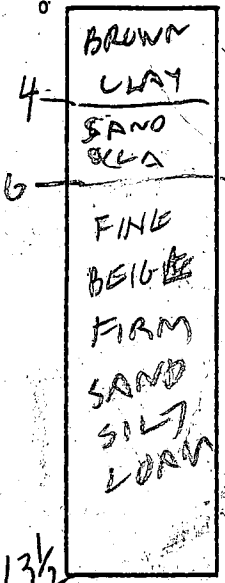
HD-216

THIS IS NOT A PERMIT

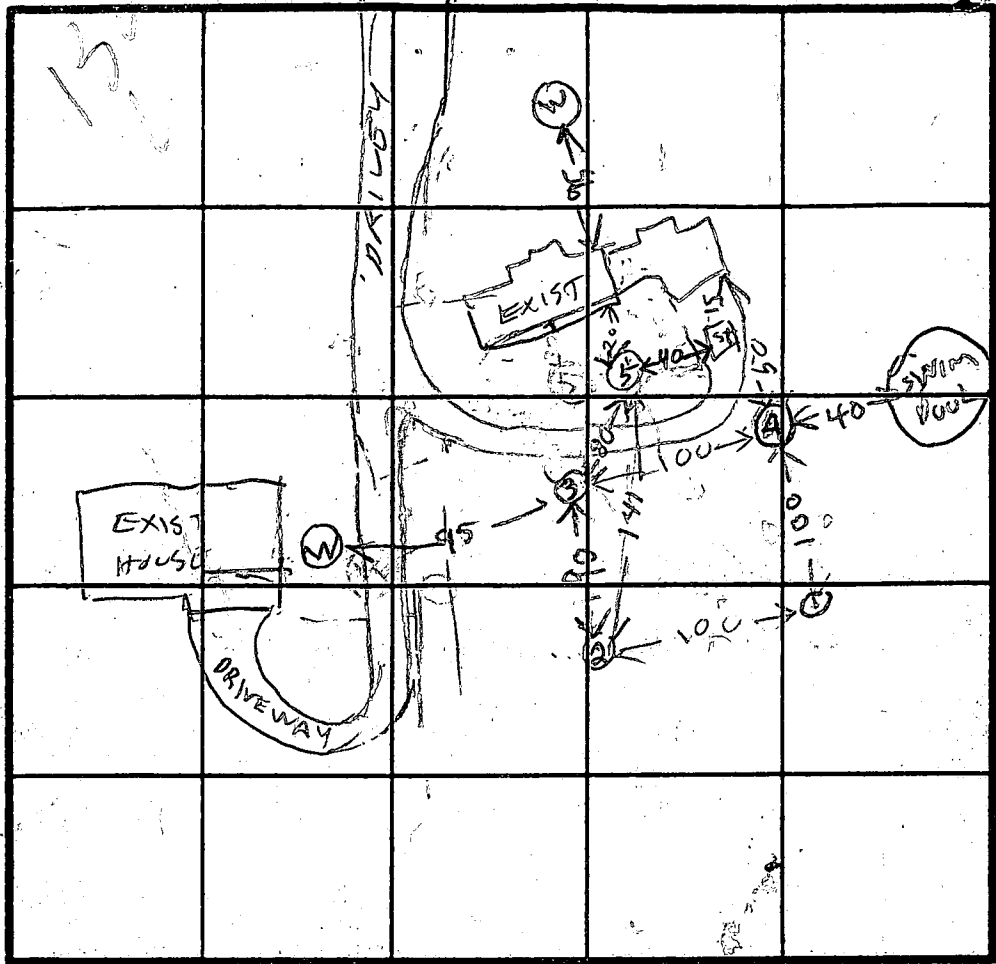
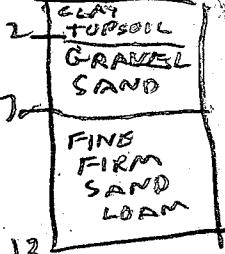
Lot 2

130

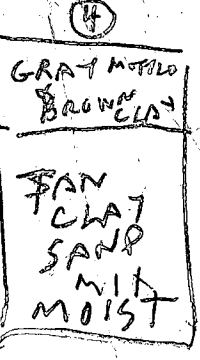
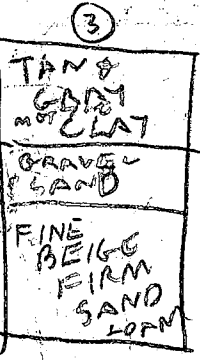
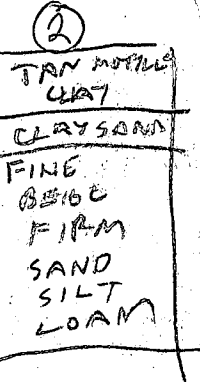
SOIL PROFILE ①



⑤



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/29/92	1S	5	1117	1147	little per		
	1D	9	1215	1228	1228	102	34
	IV	13 1/2	MARGINAL			32	
	2D	9 1/2	1133	1137	1137	1143	6
	2S	4 1/2	1136	1157	1157	1147	50 min FAIL
	2V	13 1/2	OK		3		
	3D	9	1153	1158	1158	1208	10
	3S	4 1/2	1156	1250	little per		
	3V	13 1/2	OK				
	4D	9	106	128	128	214	46 min FAIL
	4S	5	107	142	little per		
1/29/92	4V	13	FAIL				
2/4/92	5D	9	1041	1048	1048	1100	12
	5S	4.5	1047	1046	1042	1044	2
	5V	13	OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. HODGES ALSO PRESENT MLASHAY

APPLICATION

A 47752

PERCOLATION TESTING

P _____

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

DISTRICT _____

DATE _____

PAGE 2

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 DAVID & TERRIE ASHBY

ADDRESS 10129 HIGH RIDGE RD PHONE 4906865

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ASHBY LOT NO. VACANT LOT 2 2nd SALE

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 2/4/92 PERC AREA TEST TODAY

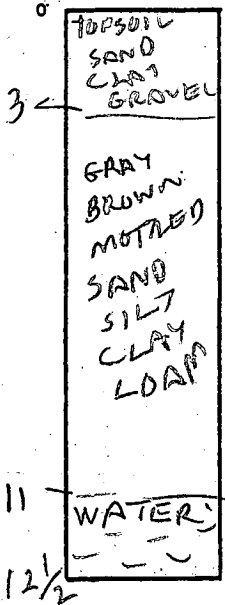
UNSATISFACTORY FOR ALL SYSTEM (2) ONE

REPAIR TEST HOLE OK BUT REPAIR AREA ONLY ABOUT 5000 SPFE
(3) OVER FLOW SEPTIC SYSTEM FOUND REPAIR JOB NEEDED

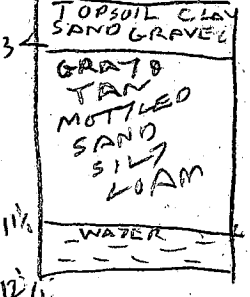
THIS IS NOT A PERMIT

HD-216

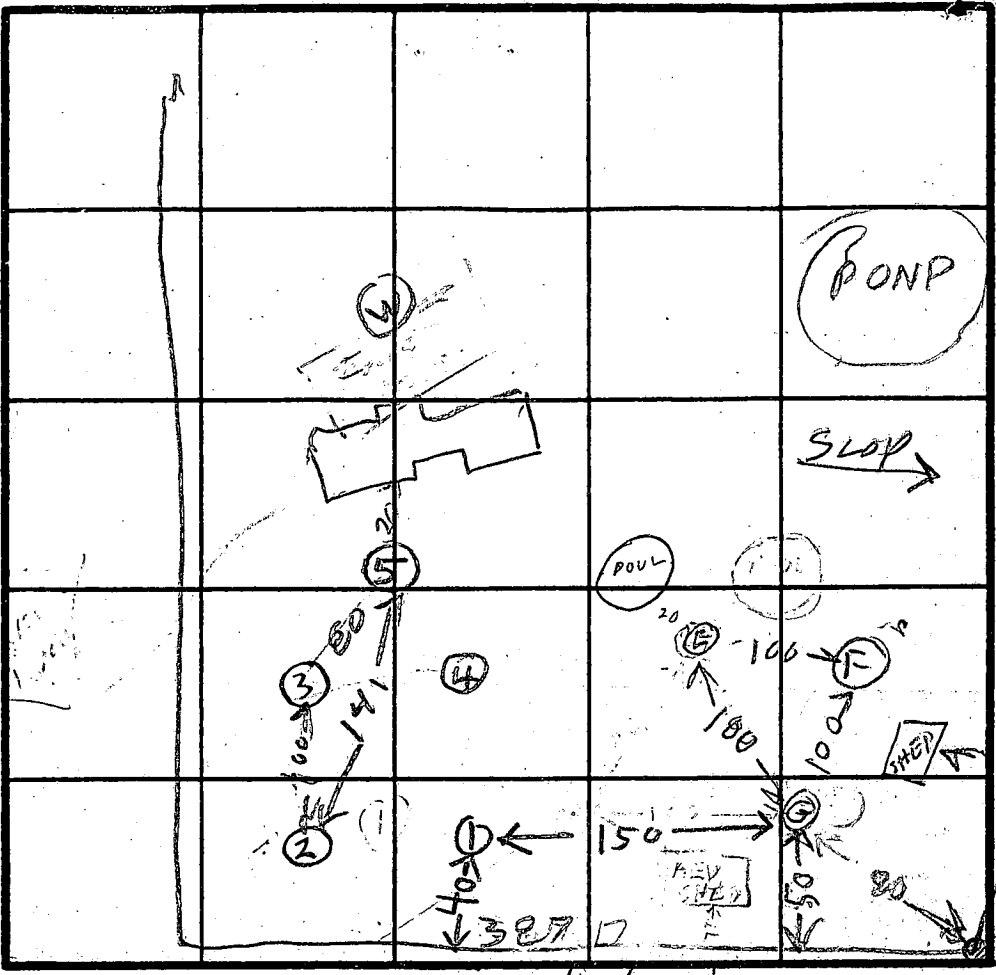
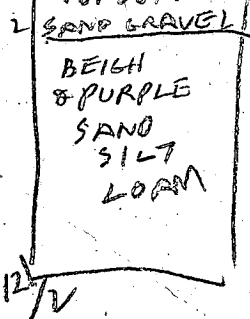
(E)
SOIL PROFILE



(F)



(G)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/4/92	ES	5.5	1138	1205	1st inch	27	
	ED	9.0	1137	1208	1st inch	31	
	EV	12 1/2	WATER	11 FT	FAIL		
	FS	4 1/2	1153	1237	2nd inch		
	FD	9	1153	1237	2nd inch		
	FV	12 1/2	WATER	11 1/2 FT	FAIL		
	GS	5	1213	1221	12 21	12 35	4
	GD	8 1/2	1212	1250	1st inch	39 min	
	GV	12 1/2	SLOW		FAIL		
	EES	1	145	225	little	slow	
	FEES	1	148	225	little	slow	
2/4/92	GES	1	149	225	little	slow	
	IES	1	211	236	little	slow	

7 FT BEHIND RED SHEET
 REMARKS 2/4/92 - OVERFLOWING SEWAGE FROM GALVANIZED PIPES IN WOODS
 PUBLIC SEWER MAIN BEHIND EXISTING HOUSE LOT 7
 TYPE OF SOIL ABOUT 200 FT FROM BACKLINE?
 TESTED BY _____ ALSO PRESENT MR ASHBY
 OVERFLOW SEWAGE ALSO NOT SURE OF SOURCE

1/30/92
10:00
2/1/92

APPLICATION

PERCOLATION TESTING

A 47757

P _____

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

PERMITS COMMENT -
VACANT LOT,
TO BE SERVED BY
PUBLIC H₂O ; PRIVATE SEWER
CURRENTLY HAS EXISTING WELL + SEPTIC TO
BE ABANDONED.

DISTRICT _____

DATE 1-21-92

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 David + Terrie Ashby

ADDRESS 10129 High Ridge Road Laurel PHONE 490 0865

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashby LOT NO. # 1

ROAD AND DESCRIPTION FROM 216-E, R. ON ALL SAINTS, R. ON OLD SCAGGSVILLE,
LEFT FORK IS HIGH RIDGE, TURNS INTO DIRT LONG-DRIVEWAY

TAX MAP 50 PARCEL # 359-

SIZE OF LOT 3 from 4.75 TYPE BLDG. single
(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. Terrie Ashby
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

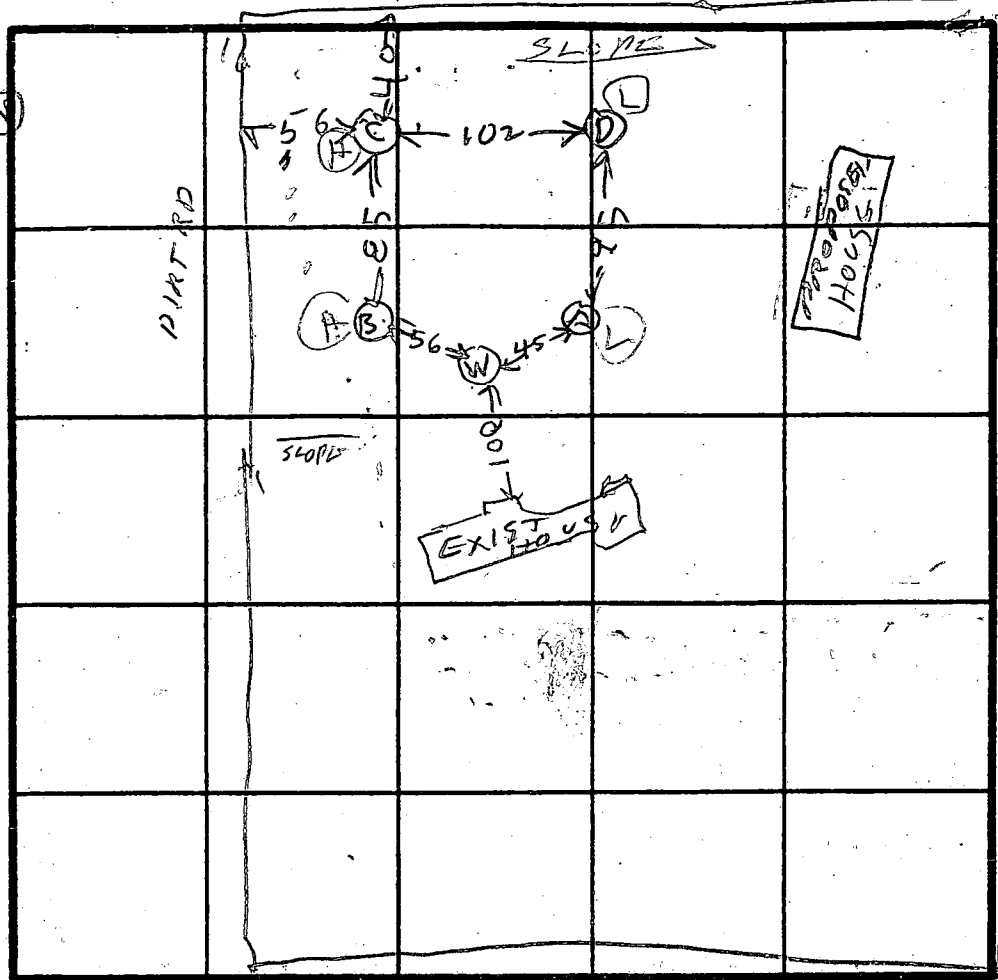
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/30/92 HOLD FOR DISCUSSION WITH CW & RP
POSSIBLE SAND MOUND TEST? RH

HD-216

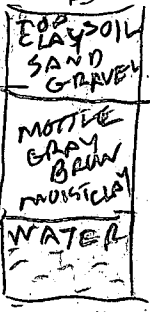
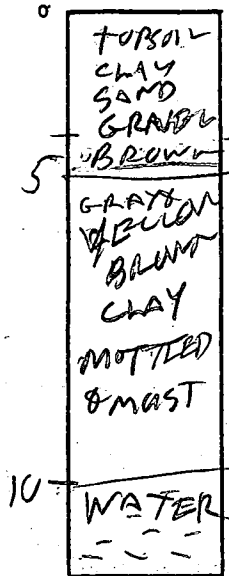
THIS IS NOT A PERMIT

DIRT RD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

AVERAGE SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
1/30/71	AS	1	233	237	237	242	5	
	AV	13	UNSAT CONVENTIONAL SYSTEM WATER 12 FT					
	BS	1 1/2	241	247	247	258	11	
	BV	12	UNSAT CONVENTIONAL SYSTEM WATER 11 FT					
	CS	1	255	312	312	329	17	
	CV	11	UNSAT CONVENTIONAL SYSTEM WATER 10 FT					
	DS	1	304	326	326	intermediate		
	DV	10	UNSAT CONVENTIONAL SYSTEM WATER 8 FT					

24
12

REMARKS: SEE RUN ONLY SOIL DESCRIPTION SHEET
 SCREEN TEST FOR SAND MOUND RUN
 TYPE OF SOIL WELLS TO BE ABANDONED AFTER CITY
 WATER COMES
 TESTED BY AP & RH ALSO PRESENT ASHBY

SOIL DESCRIPTION

NAME 10129 High Ridge Rd
Ashby, David & Terry COUNTY Howard FILE NO A 47751
 SOIL MAP UNIT _____ MAP SYMBOL _____ DATE 1-30-92
 GEOLOGIC MATERIAL _____ ELEVATION _____ GRID NO _____ E
 NO. Hole A DESCRIBED BY R.D. Pinkley _____ N

(Holes B, C, D same description - water puddles on all 7 ft ledges -

Horizon	Depth in.	Color		Texture	Structure		% Rock Fragments	Notes (Moisture, Density, Biopores, Seepage)
		Matrix	Mottles		Grade	Type		
	0-9"	10YR 4/3	—	g loam	3f to 2vf	gran sbk	smooth rounded fragments 15-20% 5-m gravel	Moist, abundant f-m roots boundaries a w-s
	9-29"	7.5YR 5/6	—	gco cl	1m-f to none	sbk	rounded smooth 35-45% m-l gravel	Wet-Ex Moist moist sticky + plastic 2m clay films on gravel boundaries cw (about 20% clay)
	29"-41"			gco scl		Single	smooth fragments 55-70% 15-20 gravel	V Moist-wet few mica flakes coagulated hard layer ls-mvf boundaries cw str in gravel
	41"-56"	Mix 10YR 7/6 cl-22 2.5YR 7/4 2.5Y 7/0	ms 3p 10YR 7/1- 7.5YR 7/0	SiCl-hcl		Massive	few 5% c gravels to 5 cobbles	Moist slight micaceous v. dense mvf1-mf1 1m clay films boundaries c ₁ undulating Saprotic
	56"-13'		c2-3d 10YR 7/4 7.5YR 5/6 7.5YR 3/4 7/0	lt SL-hcl		Massive		Wet-saturated / ex micaceous-talc Massive Saprotic w water bearing layers

LANDSCAPE Expect moderately slow perks 0-2 1/2 ft
moderate to fast perks in gravel 2 1/2-4'
No perk lower + not in wet season

Position _____ Slope _____
 Summit _____ Depression _____ Percent 40%
 Shoulder _____ Upland Shape _____
 Sideslope Terrace
 Footslope Floodplain _____

1 ft water

SOIL DRAINAGE CLASS
 ED _____ MWD _____ PD _____
 WD SPD _____ VPD _____

LIMITING ZONE
water table @ 4 ft + down
>> gravel @ 2 1/2 - 4 ft

WATER TABLE
4' + lower

SOIL CLASSIFICATION
Mass gravelly loam

4/30/92
10:00

APPLICATION

PERCOLATION TESTING

A 47757

P _____

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

PREVIOUS COMMENT -
VACANT LOT,

DISTRICT _____

TO BE SERVED BY
PUBLIC H₂O; PRIVATE SEWER

DATE 1-21-92

CURRENTLY HAS EXISTING WELL + SEPTIC TO
BE ABANDONED.

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 David + Terrie Ashby

ADDRESS 10129 High Ridge Road Laurel PHONE 490 0865

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashby LOT NO. # 1

ROAD AND DESCRIPTION FROM 216-E R. ON ALL SAINTS, R. ON OLD SCAGGS LUCE,
LEFT FORK IS HIGH RIDE E, TRANS INTO DIRT LANE-DRIVEWAY

TAX MAP 50 PARCEL # 359-

SIZE OF LOT 3 from 4.75 TYPE BLDG. single
(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.

Terrie Ashby

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

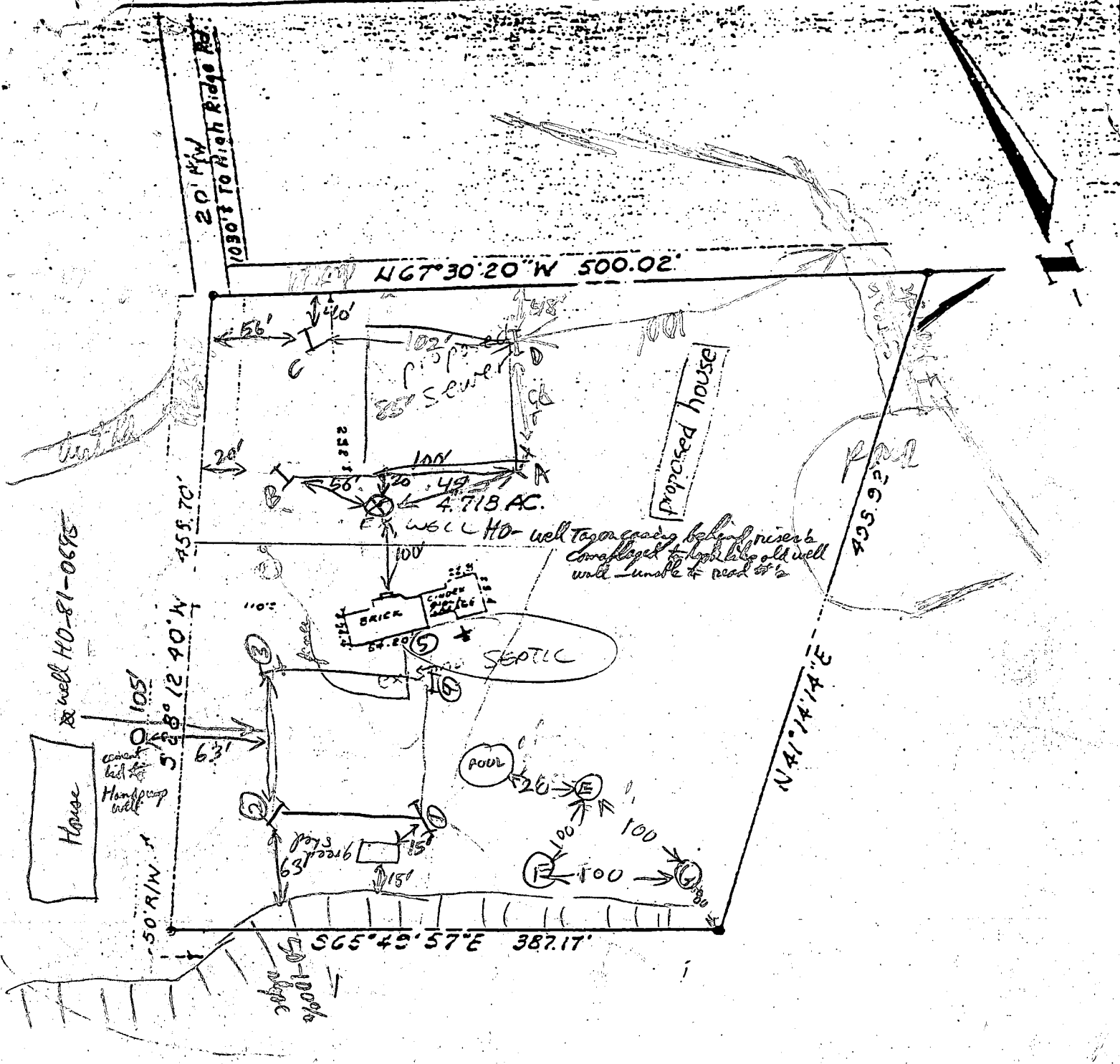
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HD-216



SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the property and improvements shown hereon and that they are as shown and that there are no encroachments except as shown.

Richard Clark

Registered Land Surveyor Md. 4373

PREPARED FOR
DAVID ASHB
 HIGH RIDGE
 HOWARD COUNTY, MD.
 SCALE: 1"=100' FEB. 1978

Prepared by
THE J. E. CLARK Co.
 Laurel, Md.

B 1	134017	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER 14073
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)	OWNER COL 15 LAST NAME: <u>Asby</u> FIRST NAME: <u>David</u> COL. 34
	STREET OR RFD COL 36: <u>10129 Highway Rd.</u> COL. 55
	POST OFFICE COL 57: <u>Howard, Md 20630</u> COL. 76

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	LICENSE NUMBER	
<u>6/29/77</u>	<u>42</u>	
FIRST NAME: <u>F. F. Eastaday</u> LAST NAME: <u>Eastaday</u>		
SIGNATURE: <u>F. F. Eastaday</u>		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	<u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION	23 42
SECTION	44 46 48 50
NEAREST TOWN	<u>Sandyville</u> 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	<u>3</u> 73 76 77 78

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	<u>5</u> 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	<u>600</u> 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> P PRIVATE WATER COMPANY	
<input type="checkbox"/> T TEST	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	
<input checked="" type="checkbox"/> S SOUTH	<input type="checkbox"/> E EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST
<input type="checkbox"/> N NORTH	<input type="checkbox"/> W WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST
NEAR WHAT ROAD	<u>Highway Rd</u>
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	<u>1500</u> 34 37 38 39

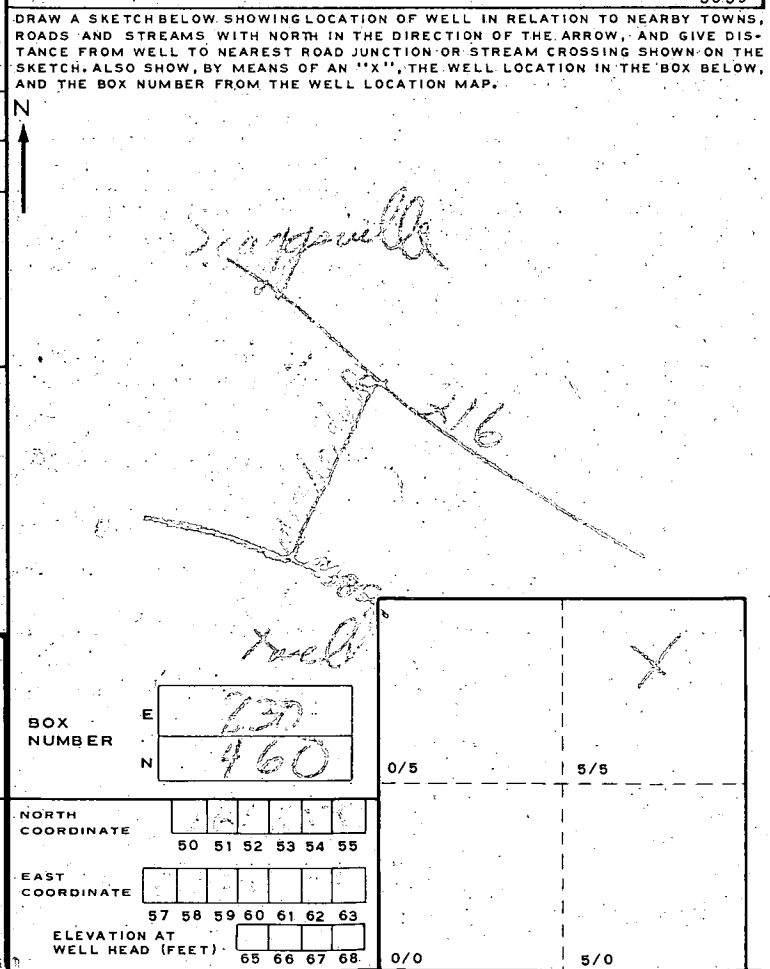
APPROXIMATE DEPTH OF WELL	<u>150</u> FEET
APPROXIMATE DIAMETER OF WELL	<u>10"</u> (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE)		

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> 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 (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
<u>54</u>	<u>63</u>
FORCE	CONDITIONS
<u>67 68</u>	<u>70 71 72 73 74 75 76 77 78 79</u>

B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	
STATE HEALTH (CIRCLE BOX)	COUNTY NAME: <u>Howard</u> COUNTY NO.: <u>W26312</u>
DATE	APPROVED BY
<u>6 30 77</u>	<u>Donald W. McLaughlin</u>



B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

C 1 **0759** SEQUENCE NO. (WRA USE ONLY)

2 3 (SEQ. NO.) 6

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 1/18/77

DEPTH OF WELL 220 (TO NEAREST FOOT) 22 _____ 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 72

DRILLERS IDENTIFICATION NO. 42

OWNER: ASHLEY DAVID LAST NAME FIRST NAME

STREET OR RFD: 10129 HIGHRIDGE ROAD POST OFFICE: LAUREL, MD. 20410

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	
Top 3' slaty	0	2	
shaly	2	7	
sandy	8	20	
SANDSTONE	20	40	
shaly	40	65	
SANDSTONE	65	70	✓
M.C.A.	70	220	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT BENTONITE CLAY

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 32 FT.

CASING RECORD

CASING TYPES: INSERT (CIRCLE APPROPRIATE CODE BELOW) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE B NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 34

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT (CIRCLE APPROPRIATE CODE BELOW) STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM 30 TO 220

EACH SCREEN: 1 16 2 _____ 3 _____

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 17 (NEAREST FOOT) WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE BELOW LAND SURFACE (NEAREST FOOT) 2

CIRCLE APPROPRIATE BOXES

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: L. F. EASTERDAY

SIGNATURE: L. F. Easterday

