

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

APPROVAL DATE: _____

**PERMIT
INDEXED**

TAX ID #02-244691

P _____

A W48655

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: Parcel E

ADDRESS: 3063 Mullineaux Lane PROPERTY OWNER: Kenneth Neumeister

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

W48655

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

4784

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3063 Mullineaux Lane

Ellicott City, MD 21043

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

MURKIN 2 story, full basement, 8 rooms, 2 FA, 1 half bath, garage (4B), Opt. FP & Deck

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
8E-1	285	-	-	19	-	-

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Public	R-20	17	Public	6022

OWNER NAME AND ADDRESS
PATRIC Homes, Inc. (410)
P.O. Box 101P
Columbia, MD
PHONE NO. 997-5522

OCCUPANT'S NAME AND ADDRESS
Same as Owner
PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Lissard Arch. (703)
8221 Old Courthouse Rd
Vienna, VA 22182
PHONE NO. 703-934-1

CONTRACTOR'S NAME AND ADDRESS
Same as Owner
PHONE NO.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	50'	28'	11'
2	50'	28'	11'
3	50'	28'	11'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1544	10462	Asph/Flt
ROOMS	1301	1497	Asph/Flt
BATHS			
FIREPLACES	1084	1084	42, 220

FOOTINGS	FOUNDATION	S. WALLS
10" x 10"	8" cm	W/C
10" x 10"	8" cm	W/C

UTILITIES			
WATER/WELL	SEWER/SEPTIC	ELECTRICITY	TYPE OF HEAT
X	X	X	Electric

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EXISTING USE	PROPOSED USE
Vacant lot	Single family dwelling

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$80000		

Signature: [Signature]
TITLE: [Title]
DATE: 3/26/93

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____

TO SIDE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK (CORNER LOT ONLY) _____

SDP # _____

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER	X	
HEALTH DEPT.	X 4/8/93	B. Hodger
FIRE PROTECTION		
STORM WATER MGMT.		

CAUTION
To be made in full before a permit is placed and has been issued and a copy of the permit is on file in the office of the Building Official.
Use and occupancy permit must be applied for 10 weeks before the start of construction.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

W 4880 5-5

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

u/2/89

Owner Information

Land Design & Development
8307 Main Street
Ellicott City, MD 21043
Attn: Christine Richards

RE: Well Permit Application

The Bluffs
Lots E-1 and F-2
Mullineaux Lane
Driller: Frank Delph

Dear Ms. Richards

The above referenced well drilling application cannot be processed at this time because: ① wells are not ordinarily permitted in the public service district; a request for exception has not been made.
② No wastewater disposal capacity exists; the sewer line shown on the application has not been constructed.

Please contact this office to resolve this matter so we may complete the review of your application. Thank you.

Very truly yours,

CW

Craig Williams, Director
Water and Sewerage Program

CW:JR

RESOLVED, PERMIT ISSUED 6/20/90 - EXPIRED
NEW PERMIT ISSUED 9/16/91

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer VAN SRAVY Telephone _____

License Number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
 Subdivision _____ Lot # _____ Well Tag # HO-92-0248
 Site Address _____

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

7/9/93 OK COVER OUTSIDE WORK. PRESSURE TANK NOT INSTALLED. PERMIT NOT YET OBTAINED

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
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Name of Installer _____ Telephone _____

License Number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

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Signature of Applicant: _____

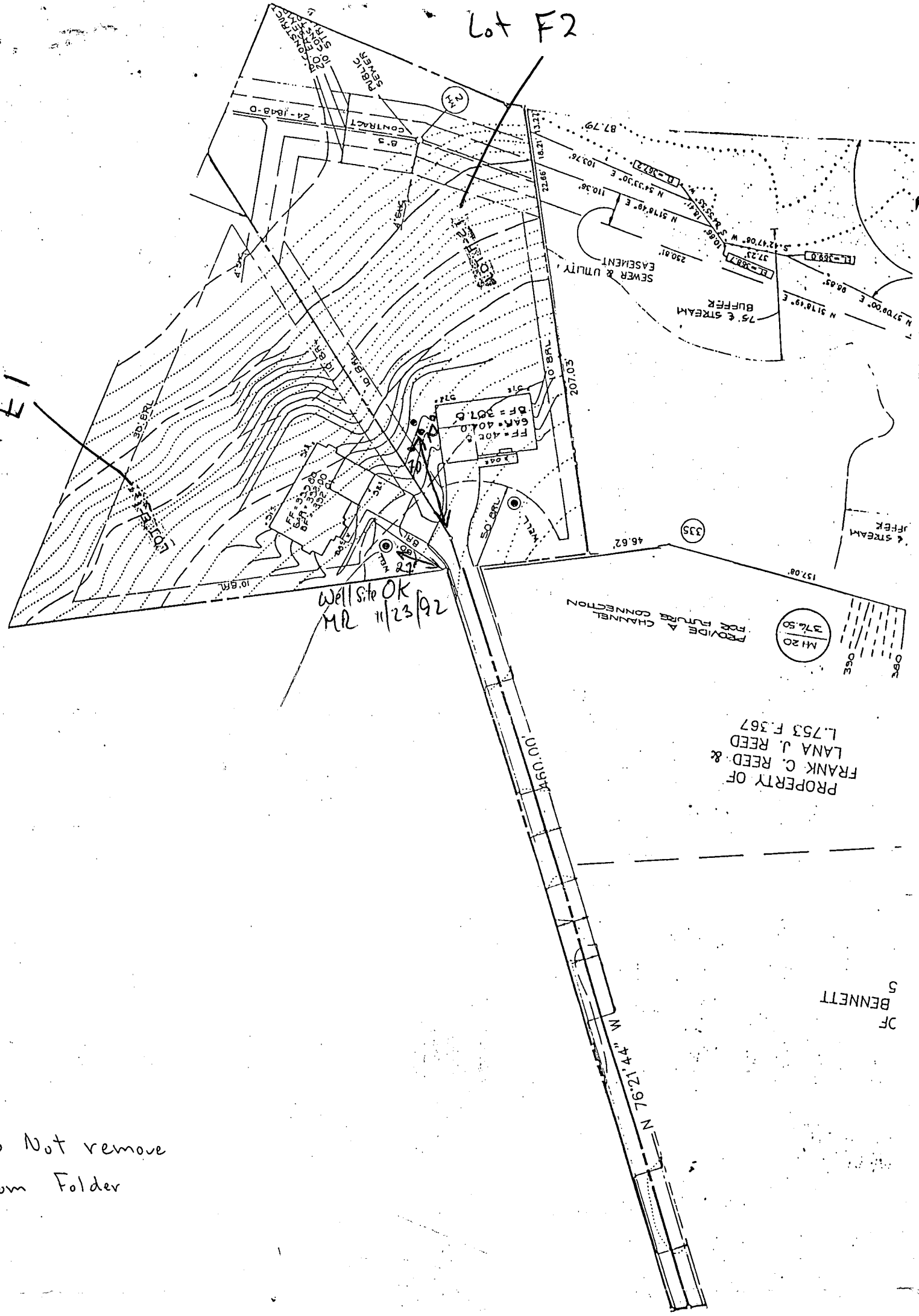
Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

7/9/93 OK COVER OUTSIDE WORK. PRESSURE TANK NOT INSTALLED. PERMIT NOT YET OBTAINED
 HD-215

Lot F2

Lot E1



Well site OK
MR 11/23/92

PROVIDE A CHANNEL
FOR FUTURE CONNECTION

M120
376.50
OSE

PROPERTY OF
FRANK C. REED &
LANA J. REED
L.753 F.367

OF
BENNETT
S

Mullineaux Lane

Mullineaux &

Do Not remove
From Folder



HOWARD COUNTY HEALTH DEPARTMENT

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

September 11, 1991

Reply to:

To: Frank Delph

From: Mark Rifkin, Sanitarian *MR*

Re: Well Permit HO-88-1419 and HO-88-1420
The Bluffs, Lots F-2 and E-1

A review of our records indicates that the above referenced well drilling permits have expired. The expiration date was December 20, 1990.

Please return permit and well tags to this office.

MR:cm

B 1 **0505** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)*

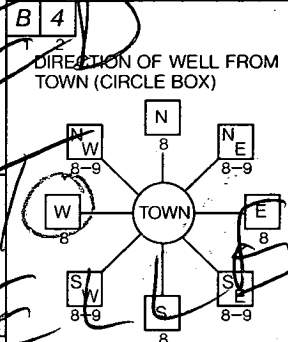
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-1976
 fill in this form completely

Date Received (APA) **09/10/91**
OWNER INFORMATION
LAND DESIGN + DEVELOPMENT
 15 Last Name Owner First Name 34
10805 HECHURV PEDGE
 36 Street or RFD 55
COLUMBIA MD 21044
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 1 2 **HOWARD**
 8 COUNTY 21
THE BLUFFS @ PINE OAKHAWK
 23 SUBDIVISION 42
 SECTION **E** 44 46 LOT **1** 48 50
ELLCOTT CITY
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78 **MI**

DRILLER INFORMATION
Joseph J. Grimsbow 437
 Driller's Name 77 License No. 80
LAND DESIGN + DEVELOPMENT
 Firm Name
10805 HECHURV PEDGE
 Address
10/10/91
 Signature Date



MULLAUX La. 11 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 **500** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **PERMIT**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **PERMIT**

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 **AWP47463**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **09/16/91** Mark E. Kiffin 3/16/92
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **528000** EAST GRID **0838000**
 50 55 57 63

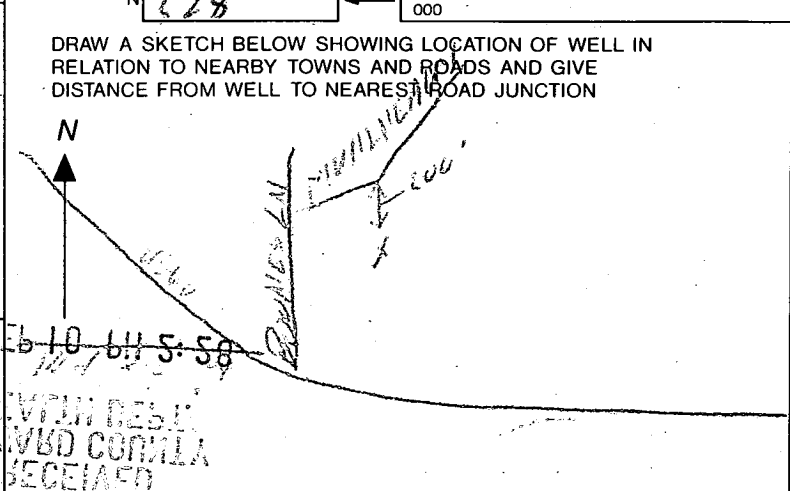
APPROXIMATE DEPTH OF WELL **700** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** 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 _____

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 **838**
 N **528**
 000 000
 9/16/91 4:00
 NO OVER-PRESENT
 9/16/91 MR 4:15
 CENTRAL
 H.S.

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) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-88-1976**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **NO SEPTIC SYSTEM INVOLVED**

B 1 **2173** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-58-1420
 fill in this form completely

Date Received (APA) **101889**
 OWNER INFORMATION
 Land Desig. **Land Develop**
 4307 Main St
 Bluff City Md 21043

B 3 LOCATION OF WELL
 HOWARD COUNTY
 THE BLUFFS SUBDIVISION
 SECTION **E** LOT **1**
 BLUFF CITY
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 Frank Delph License No. **453**
 Frank R. Delph Well Drilling Inc
 15234 Town Shop Rd Mt Airy Md
 Frank R. Delph 12/21/89

B 4 DIRECT ION OF WELL FROM TOWN (CIRCLE BOX)
 MULLCOW LN.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **500** 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
 W 45088 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
 062090 CO SIGNATURE **Craig Wilton** EXP. DATE **12/20/90**
 NORTH GRID **528000** EAST GRID **0838000**

APPROXIMATE DEPTH OF WELL **120** FEET

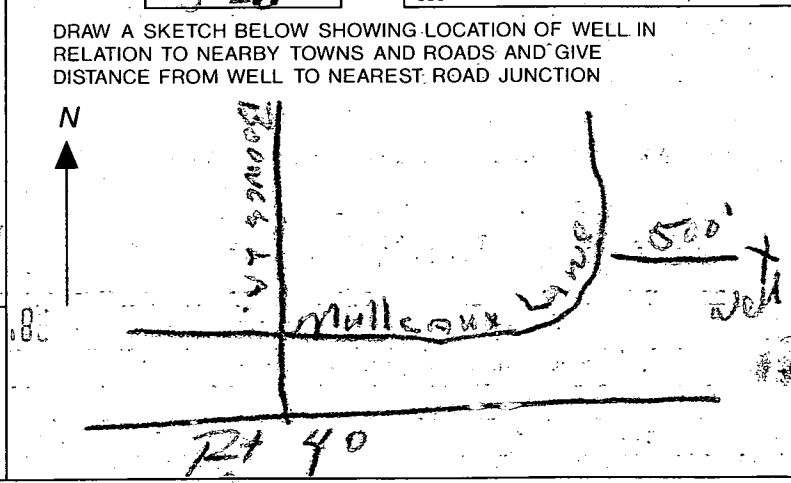
APPROXIMATE DIAMETER OF WELL _____ INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-Percussion **ROTARY (Hydraulic Rotary)**
 CABLE REVerse-ROTary DRIVE-POINT

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 **H090GAP008**
 FORCE **CW** PERMIT No. **H0-58-1420**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **538**
 N **528**



SPECIAL CONDITIONS **ISSUED WITHOUT SITE INSPECTION - NO SEPTIC SYSTEM INVOLVED**



MULLINEAUX LANE

W. P. 202, 225
S.C. #1
398

N 76° 23' 45" W
9.57 62.76
400
402
404
406
408
410
412
414
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422
424
426
428
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984
986
988
990
992
994
996
998
1000

N 76° 23' 45" W
9.57 62.76

440.09
460.00

EXISTING WELL

N 41° 22' 14" W
23.26 14

257.06

389
510

N 32° 10' 46" W

35
30
25
20
15
10
5
0
-5
-10
-15
-20
-25
-30
-35
-40
-45
-50
-55
-60
-65
-70
-75
-80
-85
-90
-95
-100

52.82 25

N 89° 00' 14" E
3.41 00.61

241.57

10' EASEMENT
FOR SEWER
CONTR. 24-1848D

NOTE
HOUSE MODEL JOHN HANCOCK

PLOT PLAN

4/8/93 TO ACCOMPANY APPLICATION FOR
REVISED PLANS OR BUILDING PERMIT.
LOT E-1
BLUFFS AT PINE ORCHARD
SIGNED AND RETURNED 4/8/93
Serial # 47824-SFD
(Bmas)

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
7171 BALTIMORE NATIONAL PIKE, SUITE 100
ELLCOTT CITY, MARYLAND 21042
TELEPHONE: (410) 461-0999
FAX: (410) 750-9764

TAX MAP 17
ELECTION DIST.
SCALE: 1" = 50'
PARCEL 285
HOWARD COUNTY, MARYLAND
DATE: JANUARY 28, 1993

SEQUENCE NO. (DENV USE ONLY)

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.

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

COUNTY NUMBER W-48655

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8		13			

15	0	3	0	4	9
20					

22	2	6	0		
26					

(TO NEAREST FOOT)

28	1	0	-	9	2
37					

OWNER Land Design & Development
STREET OR RFD last name M. Hines first name TOWN Ellicott City
SUBDIVISION The Bluffs SECTION LOT E-1

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	
Sandy	2	35	
SANDSTONE	35	40	✓
MICKA	40	90	
SANDSTONE	90	95	✓
MICKA	95	260	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 10 NO. OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 40 ft.
(enter 0 if from surface)

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

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 44

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

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

C2

1	4	0	4	2	6
8	9	11	15	17	21
2					
23	24	26	30	32	36
3					
38	39	41	45	47	51

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. 273
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

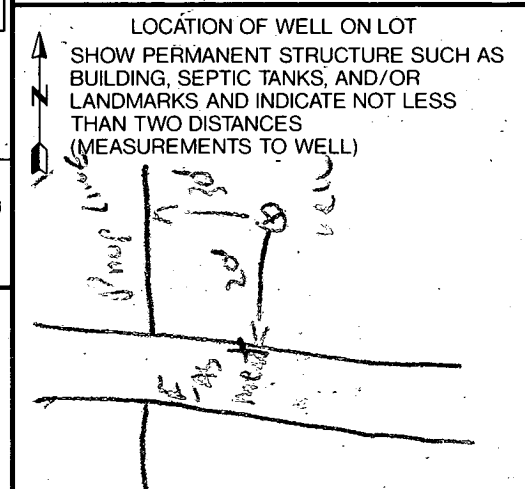
DEPTH (nearest ft.)
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH.)
from to

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.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 36
WHEN PUMPING 42
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)
A above } LAND SURFACE (nearest foot)
B below }



COUNTY

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER

40-92-0248
 fill in this form completely

OWNER INFORMATION

8 12 13
 15 Last Name 19 Owner 34 First Name
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76

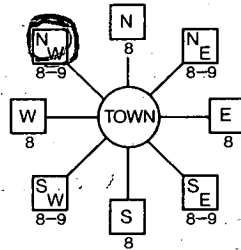
LOCATION OF WELL

1 2
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name 77 License No. 80
 Firm Name
 Address
 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

COUNTY NAME
 COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED
 CO SIGNATURE
 EXP. DATE
 NORTH GRID
 EAST GRID

APPROXIMATE DEPTH OF WELL FEET
 APPROXIMATE DIAMETER OF WELL INCH

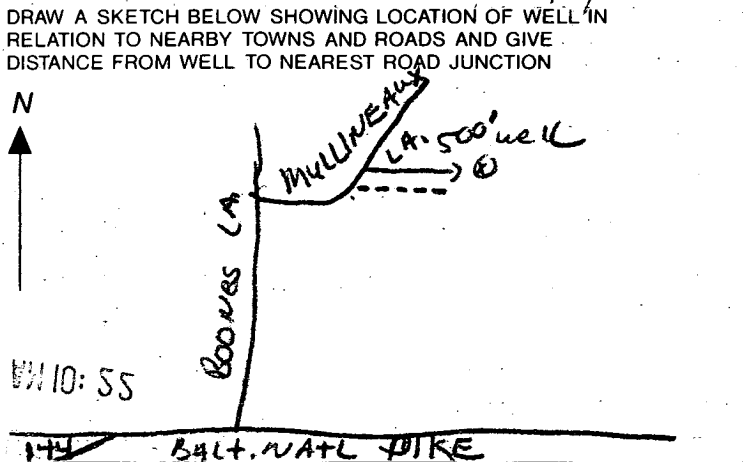
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVerse-ROTary Drive-POINT

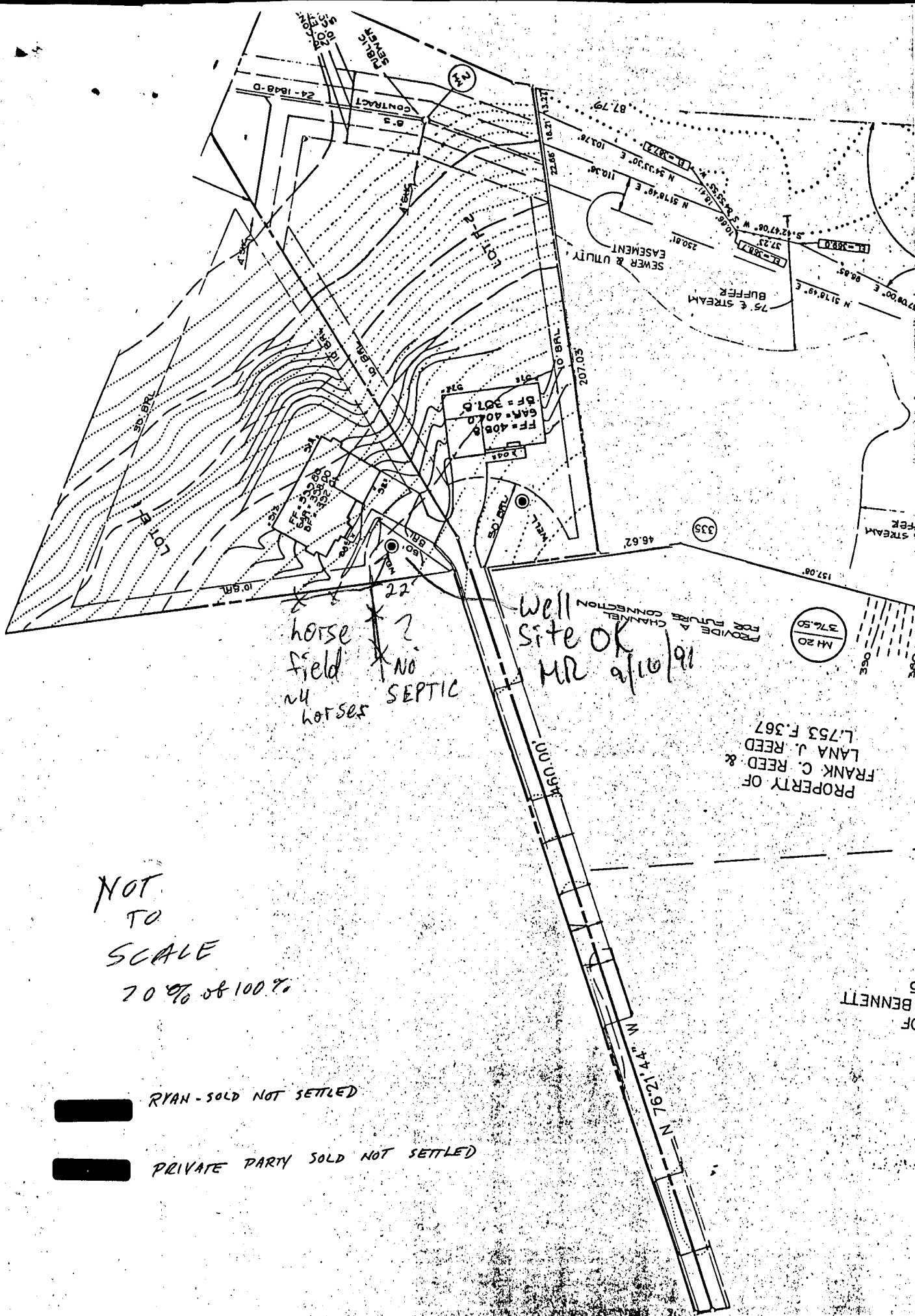
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 WRITE THE BOX NUMBER FROM THE MAP HERE
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPROX. PERMIT NUMBER
 FORCE PERMIT No.
 SPECIAL CONDITIONS



NOT
TO
SCALE
70% of 100%

- RYAN - SOLD NOT SETTLED
- PRIVATE PARTY SOLD NOT SETTLED

horse field
no septic
horses

Well site OK
MR a/10/91

PROPERTY OF
FRANK C. REED &
LANA J. REED
L. 753 F. 367

OF
BENNETT

Mullinsay La