

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

P \_\_\_\_\_

A W48656 \_\_\_\_\_

**PERMIT  
INDEXED**

**TAX ID #02-335948**

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

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: The Bluffs LOT NUMBER: F-2

ADDRESS: 3067 Mullineaux Lane PROPERTY OWNER: Peter Finck

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**

W48656

Aane:

No septic permit in  
file :- public sewer

The Bluffs Lot F-2

W48656

Mullineaux Lane

Tram

A

02-385948  
Peter Finck

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

INDEXED

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO-92-0346  
Site Address \_\_\_\_\_

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make \_\_\_\_\_  
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 \_\_\_\_\_

**Motor**  
1. Horsepower \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

**Piping**  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

**Well data**  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
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: \_\_\_\_\_

7/19/93 OK COVER OUTSIDE WORK

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

HD-215

PRESSURE TANK NOT INSTALLED MUST OBTAIN PERM RH

W 48656

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

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

47823

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

3067 Mullineaux Lane

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

MODEL 2 story full basement 8 rooms 2 FB 1 HALF-BATH Garage, (402) Opt. FP & Deck

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

BF-2 285 - - 19

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

Bluffs @ P... R-20 17 2-4 10022

OWNER NAME AND ADDRESS PHONE NO.

Patterson Home, Inc. (40)  
P.O. Box 1018  
Columbia, MD 21044 997-5522

OCCUPANT'S NAME AND ADDRESS PHONE NO.

Same as Owner

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

Victor K. VA 22182 703-9344

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Same as Owner

EXISTING USE PROPOSED USE

Academy Lot Single Family Dwelling

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

50,000

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	50'	30'	11'
2	50'	28'	11'
3	50'	28'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1522	11962	Asph/Flt
ROOMS	1312	14971	WOOD
BATHS			
FIREPLACES	1	10870	422 770

FOOTINGS	FOUNDATION	S. WALLS
11" x 12"	6" CMU w/ FR	
11" x 12"	6" CMU w/ SIA	

UTILITIES	WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AS
	X	X	X	X	Gas	X

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 Permits 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.

Signature: [Signature] DATE: 03.26.93

## 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

**CAUTION**  
To be in construction before a permit plan and has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for 30 days before a job is started.

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

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	5/6/93	Mark E. Kiffin
FIRE PROTECTION		
STORM WATER MGMT.		

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

Office of Environmental Programs

WELL ABANDONMENT REPORT

Date MAY 3, 1993

Permit Number of abandoned well (if any)

140-92-0249

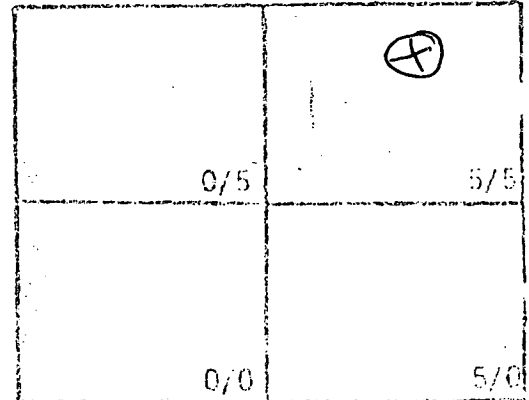
Driller's Name MAYNE RALPH  
Last First

Owner's Name Land Design Development  
Last First

Well Location:

County Howard  
Subdivision The Bluffs  
Section lot F-2  
Nearest Town ELlicott City  
Maryland Grid Location

Box Number 830  
520



Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify:

Depth of Well 36 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify

Size of Casing 6" Inches

Was any case removed  Yes  No  
if yes amount removed \_\_\_\_\_ (feet)

Was casing ripped or perforated  Yes  No

Log of Sealing Material

Material	Feet	
	From	To
<del>305</del> BLUE STONE	305	250
TYPE # # Cement	250	5'

Driller Ralph Mayne

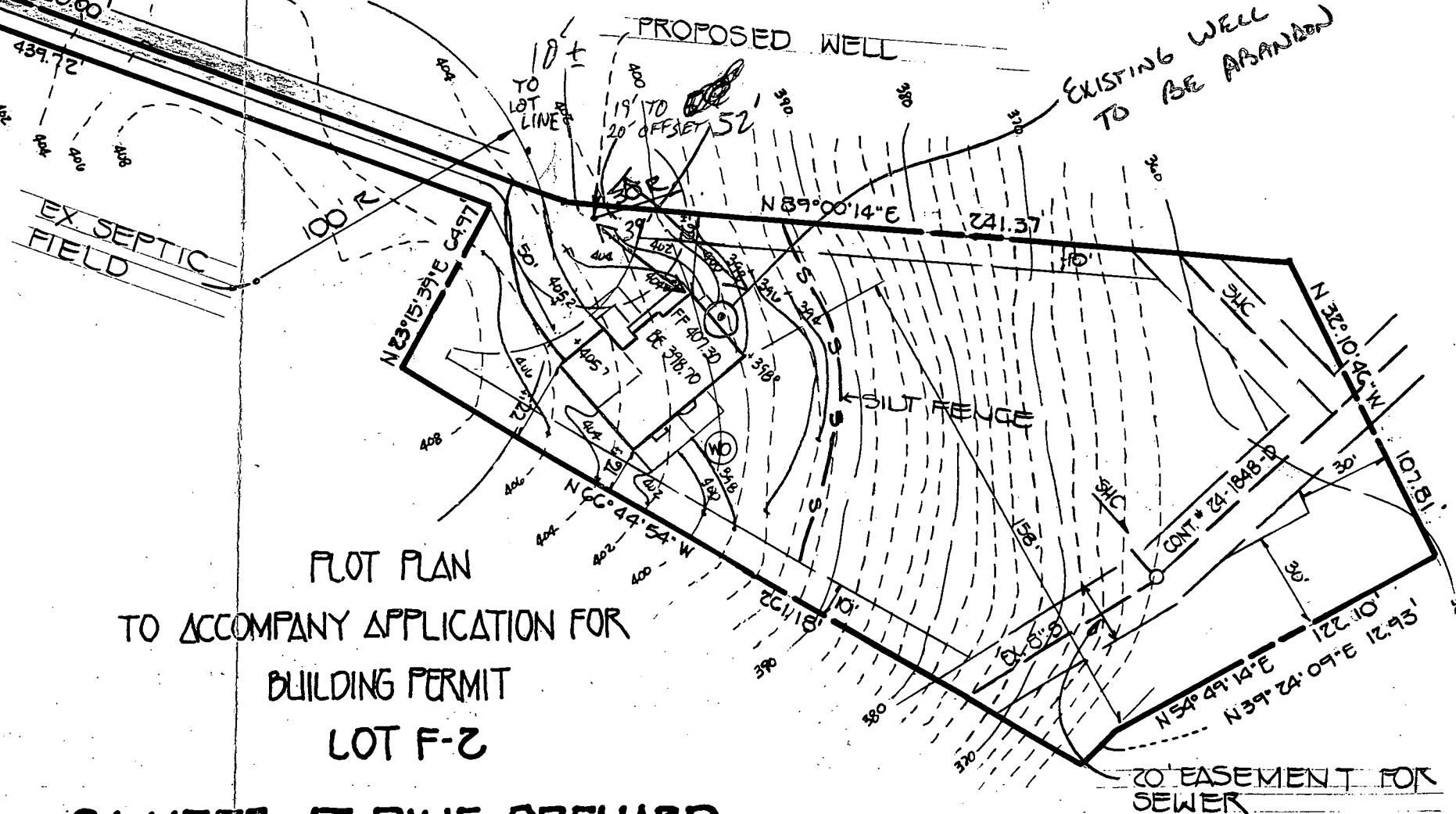
License # 223

MULLINEALX LANE

N 22° 20' 07" E  
370.02 ± 2.2

N 76° 23' 45" E  
460.00

NOTE:  
HOUSE MODEL: JOHN HANCOCK BY PATRIOT



PLAT PLAN  
TO ACCOMPANY APPLICATION FOR  
BUILDING PERMIT  
LOT F-2

**BLUFFS AT PINE ORCHARD**

TAX MAP 17  
ELECTION DIST.  
SCALE: 1" = 50'

PARCEL 285  
HOWARD COUNTY, MARYLAND  
DATE: JANUARY 23, 1993

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
7171 BALTIMORE NATIONAL PIKE, SUITE 100  
ELLICOTT CITY, MARYLAND 21042  
TELEPHONE: (410) 461-0555  
FAX: (410) 730-3784

**C1** **7840** 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 **W-48656**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**043093**

Depth of Well  
**305**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-92-0346**

OWNER **Land Design & Development**  
 last name **J Mullineau** first name **La** TOWN **Ellicott City**  
 STREET OR RFD  
 SUBDIVISION **THE BLUFFS** SECTION LOT **F 2**

**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	25	
Sandstone	25	37	<input checked="" type="checkbox"/>
MICKA	37	50	
Sandstone	50	55	<input checked="" type="checkbox"/>
MICKA	55	145	
Sandstone	145	150	<input checked="" type="checkbox"/>
MICKA	150	305	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **48** NO. OF POUNDS **200**  
 GALLONS OF WATER **48**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** 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** Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**PL** **6** **36**  
 60 61 63 64 66 70

**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  
 BRONZE HOLE  
**PL** **OT**  
 PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
**HO** **34** **305**  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 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**  
**Paul Mays**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

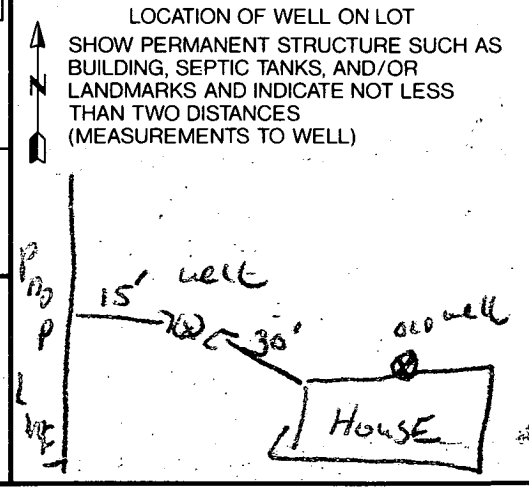
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **Buck**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **36**  
 WHEN PUMPING **21**  
 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) **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 **2** (nearest foot)  
**-** below }





B 1- 8589 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

HO-92-0346

fill in this form completely

Date Received

04/21/93

OWNER INFORMATION

LAMO DESIGN DEVELOP

10805 HICKORY RIBBLE

COLUMBIA MD 21044

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

TOWARD

8 COUNTY 21

THE BLUFFS

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

ELLIOTT CITY

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Ralph MAYNE 223

Ralph MAYNE Well Drilling

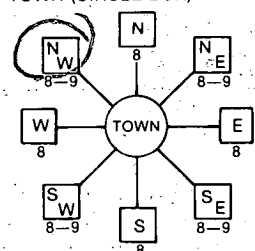
9120 Brown Church Rd. Mt Airy

Hall Mayne 4/21/93

Signature Date

B 4

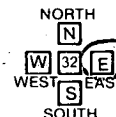
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MULLINEAUX LA

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



980

34 DISTANCE FROM ROAD 37

ENTER FT or MI 47

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)

- 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard W-48656

OEP SIGNATURE DATE ISSUED

04/21/93 Mark E. Palkin 4/21/94

NORTH GRID 528 0 0 0 EAST GRID 0838 0 0 0

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)

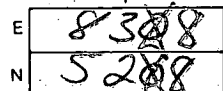
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

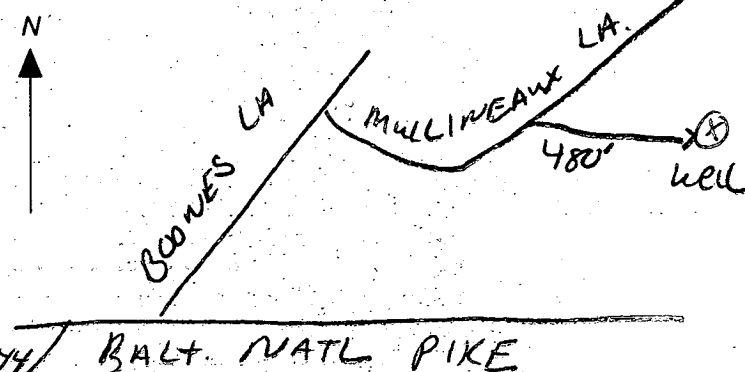
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



36' CASING MR
30' OPEN 4/30/93
8 BAGS
2' CASING A.G.
LOC + GROUT OK
NOT OBS'D

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



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE MR PERMIT No. HO-92-0346

SPECIAL CONDITIONS 240-2100 PUB. SEWER EX. WELL MUST BE ABANDONED MR

MULLINEAUX LANE

N 22° 02' 22" E  
110.1

S 76° 23' 45" E  
460.00  
N 76° 23' 45" E

EX. SEPTIC FIELD

PROPOSED WELL

NOTE

HOUSE MODEL: JOHN HANCOCK BY PATRIOT

*H0920346*

N 23° 15' 34" E  
C 49.77

N 89° 00' 14" E  
241.37

SILT FENCE

20' EASEMENT FOR SEWER

*H0920346  
New Well Dug  
& Replace  
old Well in  
conflict with house*

*4/29/93  
H0920249  
Well Pulled  
But abandoned*

LOT PLAN  
TO ACCOMPANY APPLICATION FOR  
BUILDING PERMIT  
LOT F-2

# BLUFFS AT PINE ORCHARD

TAX MAP 17  
ELECTION DIST.  
SCALE: 1" = 50'

PARCEL 285  
HOWARD COUNTY, MARYLAND  
DATE: JANUARY 28, 1993

FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
7171 BALTIMORE NATIONAL PIKE, SUITE 100  
ELLCOTT CITY, MARYLAND 21042  
TELEPHONE: (410) 461-0555  
FAX: (410) 750-3754

MR 11/23/22  
Well  
Site OK  
But Limits  
House Site  
Rec- Adjustment

OK Well Site  
Moved to  
Here

NO SEPTICS

WELL STAKE  
HERE

EX. SEPTIC TRENCHES

3061 Hollinwood  
A16057

376.50  
M 20

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

NOT TO  
SCALE  
70% OF 100%



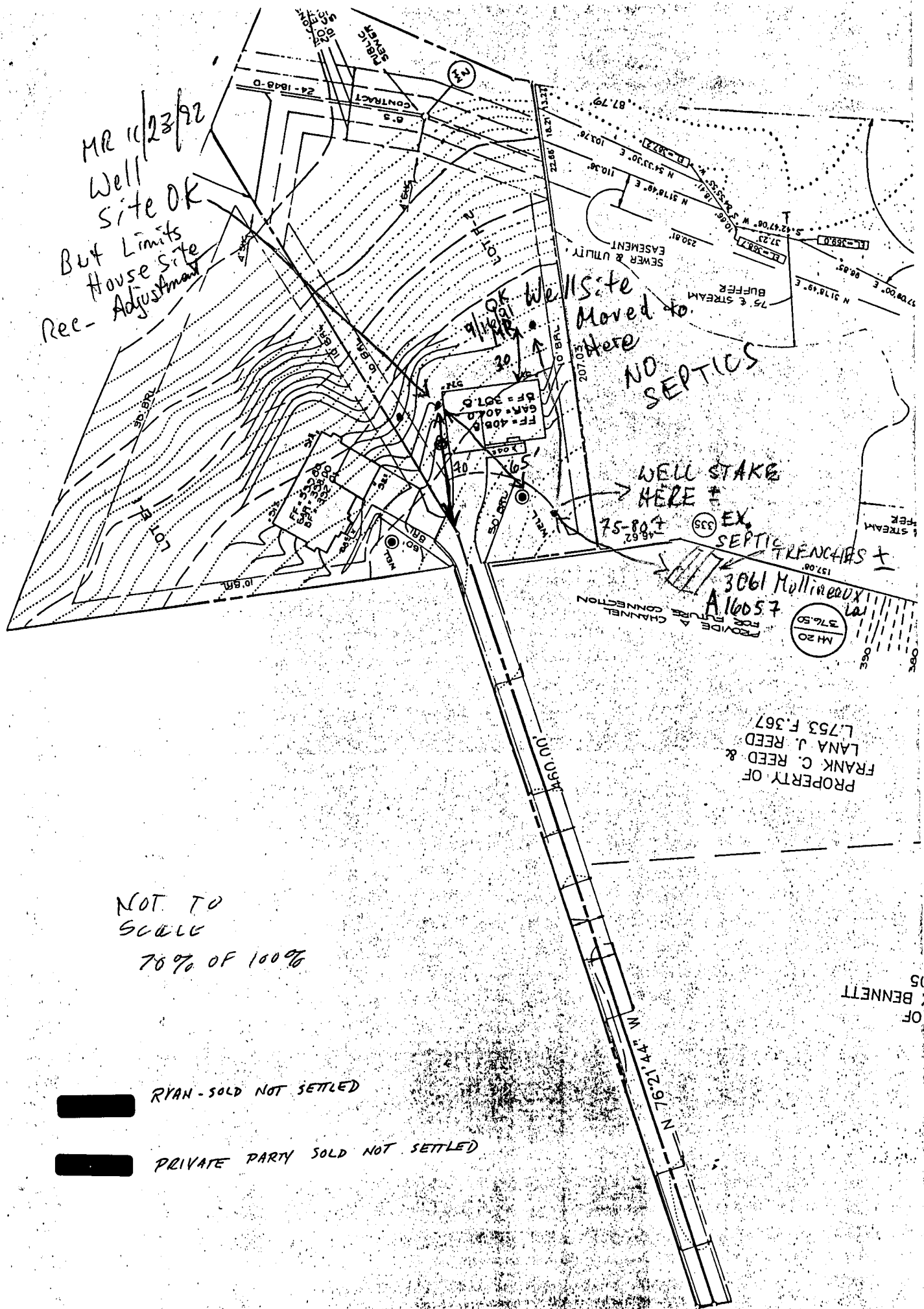
RYAN - SOLD NOT SETTLED



PRIVATE PARTY SOLD NOT SETTLED

OF  
BENNETT

Hollinwood La



C1 6662 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 W-48656

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
030493

Depth of Well  
300  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
40-92-0247

OWNER Land Acision + Development  
 STREET OR RFD last name H. Linea's first name 24 TOWN Ellicott City  
 SUBDIVISION The Bluffs SECTION        LOT F-2

**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	25	
Sand Stone	25	35	✓
MICKA	35	60	
Sand Stone	60	65	✓
MICKA	65	230	
Sand Stone	230	235	✓
MICKA	235	300	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 8 NO. OF POUNDS 700  
 GALLONS OF WATER 48  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 32 ft.  
 (enter 0 if from surface)

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

MAIN CASING TYPE  PL  A  Z  36  70  
 Nominal diameter top (main) casing (nearest inch) 4  
 Total depth of main casing (nearest foot) 36

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

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

**C2**  
 DEPTH (nearest ft.)  
 1 HO 34 300  
 2                       
 3                       
 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

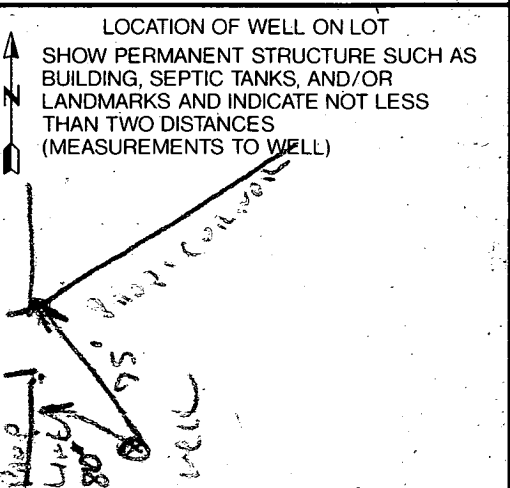
**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 10  
 METHOD USED TO MEASURE PUMPING RATE bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 34  
 WHEN PUMPING 39  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 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 }

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







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**HOWARD COUNTY HEALTH DEPARTMENT**

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*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 **2172** 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  
**40-88-1419**  
 fill in this form completely

Date Received (APA) **101889**  
 OWNER INFORMATION  
**LAWA DESIGN DEVELOP**  
 8307 MAIN ST  
 PILLICOTT CITY MD 21043

B 3 LOCATION OF WELL  
 Howard  
 The BLUFFS  
 SECTION E LOT 2  
 PILLICOTT CITY  
 MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION  
 Frank Delph  
 Frank-Delph Well-Drilling Inc.  
 14234 Penn Shop Rd Mt Airy Md  
 Frank Delph 9/27/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 NEAR WHAT ROAD **Mulleaux Lane**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 500 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 45089  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 062090  
 CO SIGNATURE EXP. DATE 12/20/90  
 NORTH GRID 528000 EAST GRID 0838000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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

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 839  
 N 528

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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
 SKETCH showing Mulleaux Lane, Howard, and well location with distances.

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER 4090 GAP 008  
 FORCE CW PERMIT No. 40-88-1419

SPECIAL CONDITIONS  
 ISSUED WITHOUT SITE VIS. - NO SOIL SYSTEMS DEVELOPED.

B 1-1 6504

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-1978

please print or type

Date Received (APA)

691091

OWNER INFORMATION

LAND DESIGN & DEVELOPMENT

10805 HICKORY RIDGE RD

COLUMBIA MD 21044

Driller's Name: Joseph J. Grimshaw

Firm Name: LAND DESIGN & DEVELOPMENT INC.

Address: 10805 HICKORY RIDGE RD COLUMBIA, MD

Signature: Joseph J. Grimshaw Date: 9-10-92

B 3

LOCATION OF WELL

HOWARD

TINE BAYFAS @ PINE CREEK RD

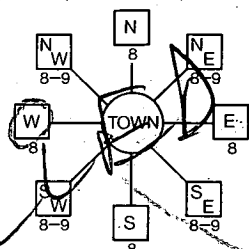
SECTION F LOT 2

EIFFEL COTT CITY

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MULLINEARY LANE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 500

ENTER FT or MI F1

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 W447464 COUNTY NO.

DATE ISSUED 091691 Mark P. Rabin 3/16/92

NORTH GRID 528000 EAST GRID 0838000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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

- 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 deepen an existing well

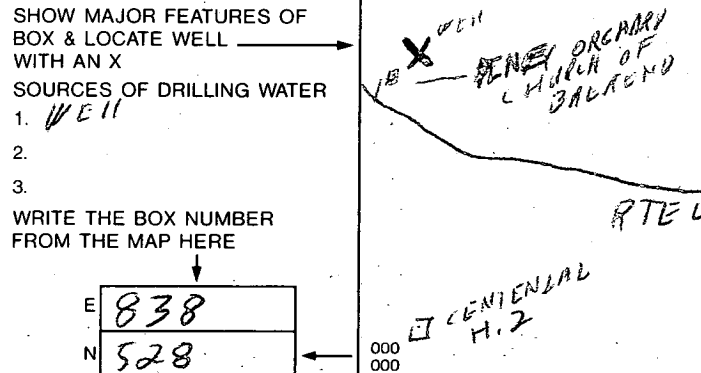
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

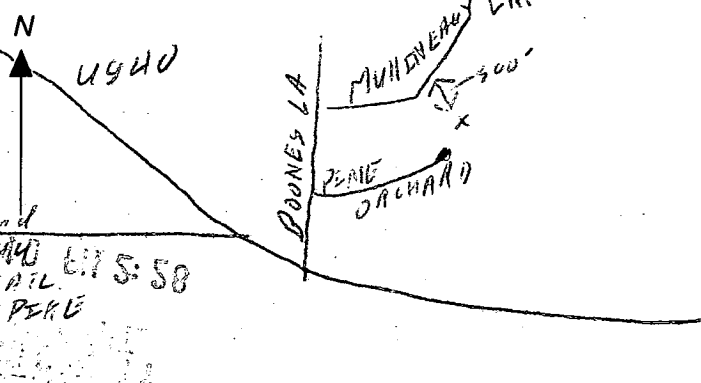
APPROP. PERMIT NUMBER GAP

FORCE MR PERMIT No. HO-88-1978

SPECIAL CONDITIONS



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



DRILLER

1 **6504** SEQUENCE NO. (DP USE ONLY)  
2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

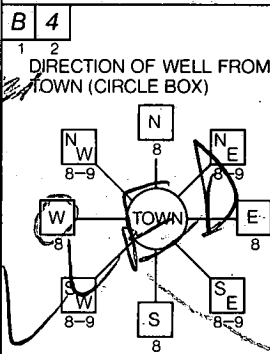
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-88-1978**  
70 fill in this form completely. 79

Date Received (APA) **691091**  
**OWNER INFORMATION**  
LAND DESIGN + DEVELOPMENT  
15 Last Name Owner First Name 34  
10805 HICORY RIDGE RD  
36 Street or RFD 55  
COLUMBIA MD 21044  
57 Town 70 State 72 Zip 78

**LOCATION OF WELL**  
HOWARD  
8 COUNTY 21  
THE BAYFIS @ PINE CREEK RD  
23 SUBDIVISION 42  
SECTION F LOT 2  
44 46 48 50  
ELIFCOTT CITY  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1 MI  
73 76 77 78

**DRILLER INFORMATION**  
Joseph J. Grimshaw  
Driller's Name 77 License No. 80  
LAND DESIGN + DEVELOPMENT INC.  
Firm Name  
10805 HICORY RIDGE RD COLUMBIA, MD  
Address  
Joseph J. Grimshaw 9-10-92  
Signature Date



**MULLINEAUX LANE**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W 32 EAST E  
SOUTH S  
34 500 37  
DISTANCE FROM ROAD  
ENTER FT or MI F1  
38 39

**WELL INFORMATION**  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME WP47464 COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 091691 Mark P. Rabin 3/16/92  
43 48 CO SIGNATURE 41  
NORTH GRID 528000 EAST GRID 0838000  
50 55 57 63

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD USE 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)  
CANCEL 4/8/92 MR

APPROXIMATE DEPTH OF WELL 200 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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. HO-88-1978  
67 68 70 71 72 73 74 75 76 77 78 79

