

3/2/93 ASAP

3/2/93 11:00

"NOT A"

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49040

A REPAIR

DISTRICT _____

DATE 3/11/93

DATE SYSTEM APPROVED 3/2/93

INSPECTOR C.B.S.

REPORT OF INSPECTION

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 313-2640

Edward Linsen MYER IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION Forsythe Heights LOT 19 ROAD 14315 Forsythe Road

PROPERTY OWNER Gregory Pitta
14315 Forsythe Road

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - REPLACE EXISTING LINES AND CLEANOUTS. ALL LINES CLOGGED WITH GREASE;
DRYWELL AND DISPOSAL TRENCH APPEAR TO BE SERVICEABLE. 03/02/93

3/2/93
at site

*Plus at site - Pick Box added before existing trench/plumbing
OK to cover as finish 3/2/93 or 3/3/93, C.B.S.*

NOTE: "MINOR IMPROVEMENTS OF ABOVE ONLY"

PLANS APPROVED BY C.W./ + "C.B.S. at site" DATE 3/2/93

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

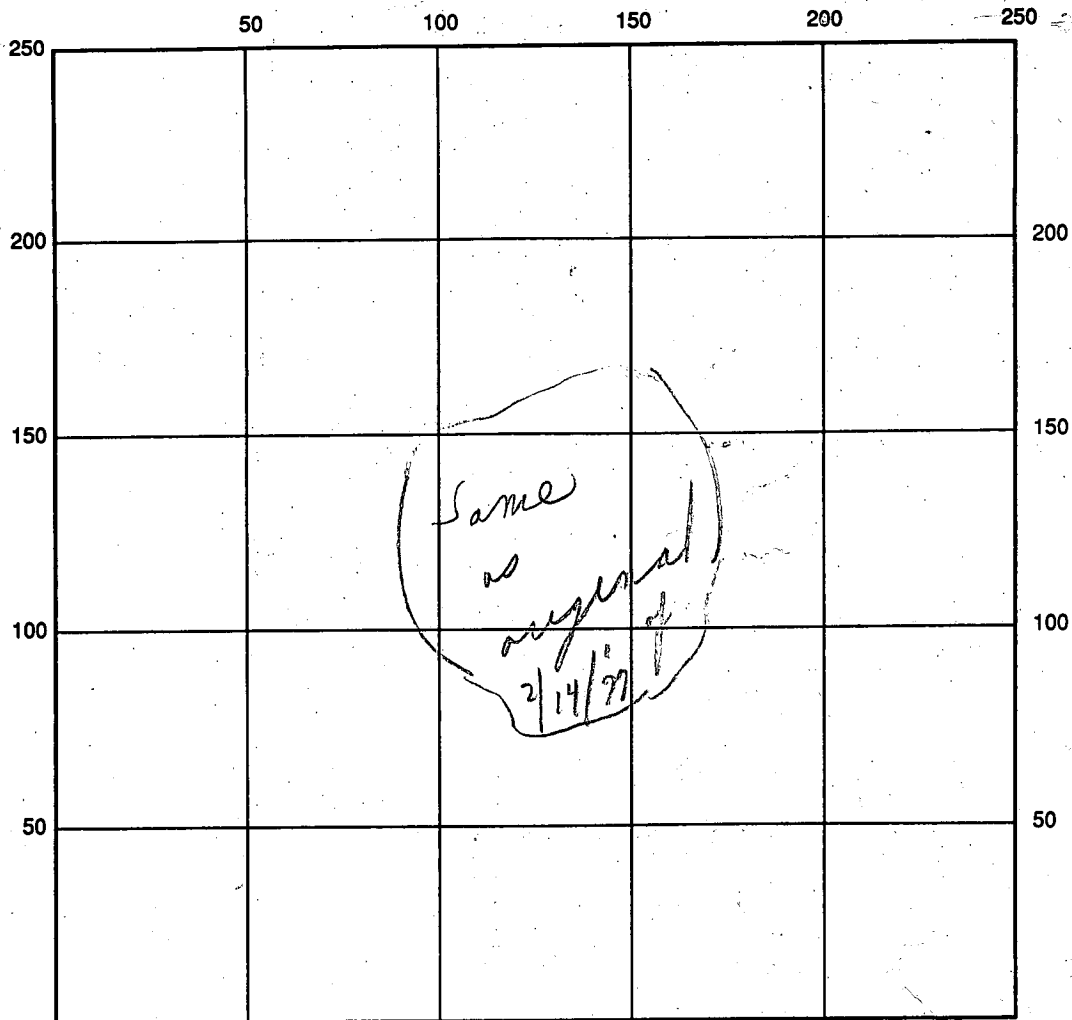
PERMIT VOID AFTER TWO YEARS

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**

P 49040



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing CLEANOUTS (1) MAN HOLE TYPE AT AT S.T. NEW ONE NEW D. BOX C.O. TO GRADE PER OWNER + BLDG.

DISTRIBUTION BOX LEVEL "See below" TO GRADE END BEFORE D. WELL INLET DEPTH EXT. FT.

DRAIN FIELD/TITLE DEPTH FT. TRENCH WIDTH FT.

EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

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

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA No change SQ. FT.

REMARKS: 3/2/93 ONLY LINES +/OR CLEANOUTS BEING REPLACED
AND (1) NEW DIST. BOX BEFORE ONLY TRENCH; C. Box
"OK TO COVER AS FINISH" - FINAL. (Both owner and plumber at
site.)

DATE SYSTEM APPROVED 3/2/93 INSPECTOR Charles Bryan Street
as per (1) above
+/or (3) front +/old C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

P 24097

A 21662

12/16/76 Partial

12/23/76 2/14/77 - opp'd F.S.

INDEXED

DATE 9/30/76

Robert Penn, Sr.

IS PERMITTED TO INSTALL ALTER

ADDRESS 7409 Village Road, Sykesville, Md. 21784

PHONE 795-5039

A SEWAGE DISPOSAL SYSTEM LOCATED AT

*here 442-2010
near 489-7624*

SUBDIVISION (Forsythe Heights)

14315
ROAD Forsythe Road

LOT 19

PROPERTY OWNER Robert Penn, Sr.

Gregory L. Pitts Gregory Pitta

ADDRESS

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER DRY WELL AND TRENCH - Dry well inlet 5 ft. and maximum depth 10 ft.; 200 ft. absorbent area. Locate 204 ft. from right side line and 113 ft. from front of lot (edge of road). ~~Distribution box 20 ft. from dry well, connected to well by solid pipe to be located around 170 ft. from front of lot and 125 ft. from right side line.~~ Maximum depth of trench 10 ft., 5 ft. of stone to run with contour, 50 ft. long. CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

no distr. box necessary. W/WZ as per DWN

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

PLANS APPROVED BY David J. O'Neill

DATE 7/8/75

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.

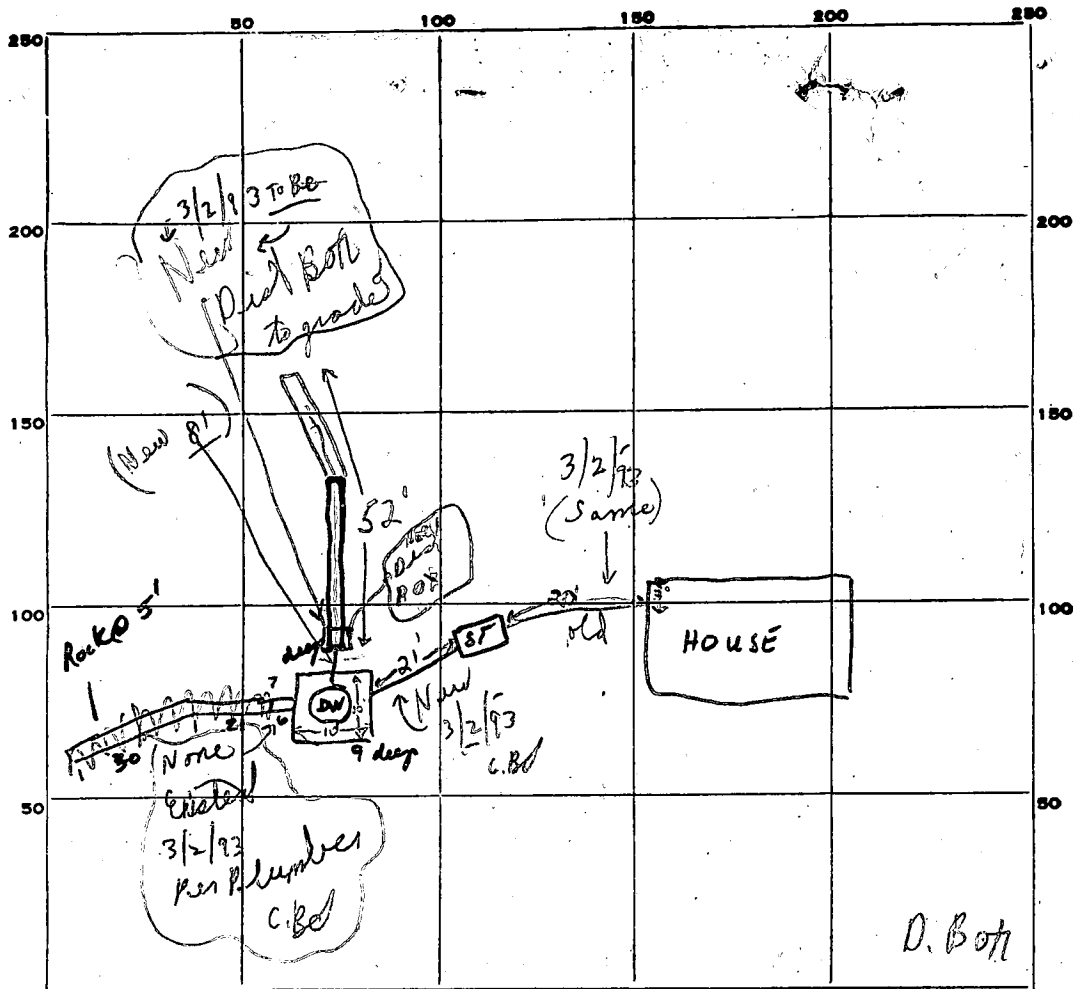
REG. PERMIT SIGNED AND RETURNED *6/15/82*

Serial # 27134 per

EA Dept '01 9/30/76

with request attached

21662



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
Forsythe Road

PERMIT CARD verbal approval given via phone 5.5. S.T. | D.W.

SEPTIC TANK, LEVEL 1000 gal. CLEANOUTS O.K. | O.K.

DISTRIBUTION BOX, LEVEL _____ 3/2 (To have New dial box) (New)

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 type + both (mark hole types) 3/2 + dial box covers c.o. to grade as per plan per plumber

GRAVEL DEPTH 6-6 1/2 FT. TOTAL LENGTH 62 FT.

NUMBER OF TRENCHES 1 1/2 SIDEWALL TOTAL BOTTOM AREA (312) 252 effective

SEEPAGE PITS, OUTSIDE PERIMETER 40 FT. DEPTH BELOW INLET 5 effective FT.

ABSORBENT AREA ± 452 SQ. FT.

REMARKS 12/10/76 DW pit is 9' deep @ upper side, 27' @ lower side. Since inlet is to be @ 5', suggested block be taken out, pit re-dug to 10-11' average depth (12' on upper, 9-9 1/2' on lower side). Trench dug to 9' deep, but is very rocky @ far end (at least 15') fr ~ 5' below grade. Suggested relocation. Bldr. will call if any problems develop. w.w.B. DW appears deeper than ? trench @ 10' depth. RB 2/14/77 trench relocated, drywell dug deeper, O.K. 1/24/77

DATE SYSTEM APPROVED 2/14/77 INSPECTOR F. Skinner
3/2/93 (Some pipes replaced + for cleanouts + 1 Dial Box added.) C.B.D.

APPLICATION

A 21659⁶²

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4

DATE 6/12/75

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 Clifford Dye

ADDRESS _____ PHONE _____

Any questions call:
Madeline Connors

PROPERTY LOCATION:

SUBDIVISION (Forsythe Heights) LOT NO. 19

ROAD AND DESCRIPTION Forsythe Road

SIZE OF LOT 5.0820 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Clifford Dye

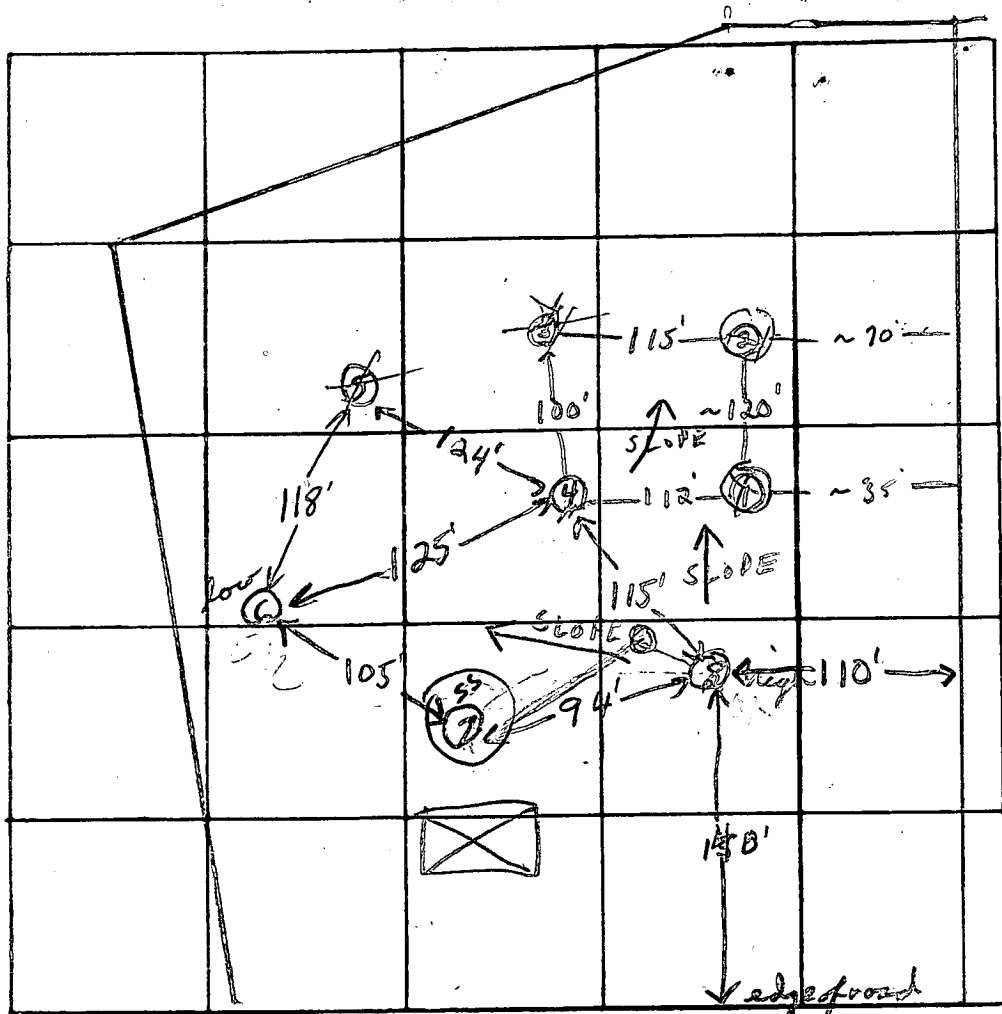
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



8 high
 9 2nd high
 4 2nd low
 6 low
 5 lower
 Rock 6!

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Forsythe Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/17/79	1	6'	Rocky at 6'	good soil 4-6'			
	2	9'	Rocky at 8'	good soil below 5'			
	3	?	hole covered up	- not seen			
	4	12'	Visual	clayey to 5'	sandy loam below		
	7	5'	10:20	10:23	10:23	10:27	0 min
	7A	12 1/2'	10:20	10:23	10:23	10:27	4 min
	6 low	3 1/2'	10:30	10:31	10:31	10:33	2 min
	6A	12 1/2'	10:30	10:32	10:32	10:35	3 min
	5	10'	Clayey to 6'	sandy loam below	Rocky at 10'		
8 high	5'	10:39	10:45	10:45	10:53	8 min	
8A	12'	10:39	10:47	10:47	10:59	11 min	

135 ft
 below

REMARKS _____

TYPE OF SOIL sandy loam below Top 3-5' clayey soil

TESTED BY F.S. & D.O.N.

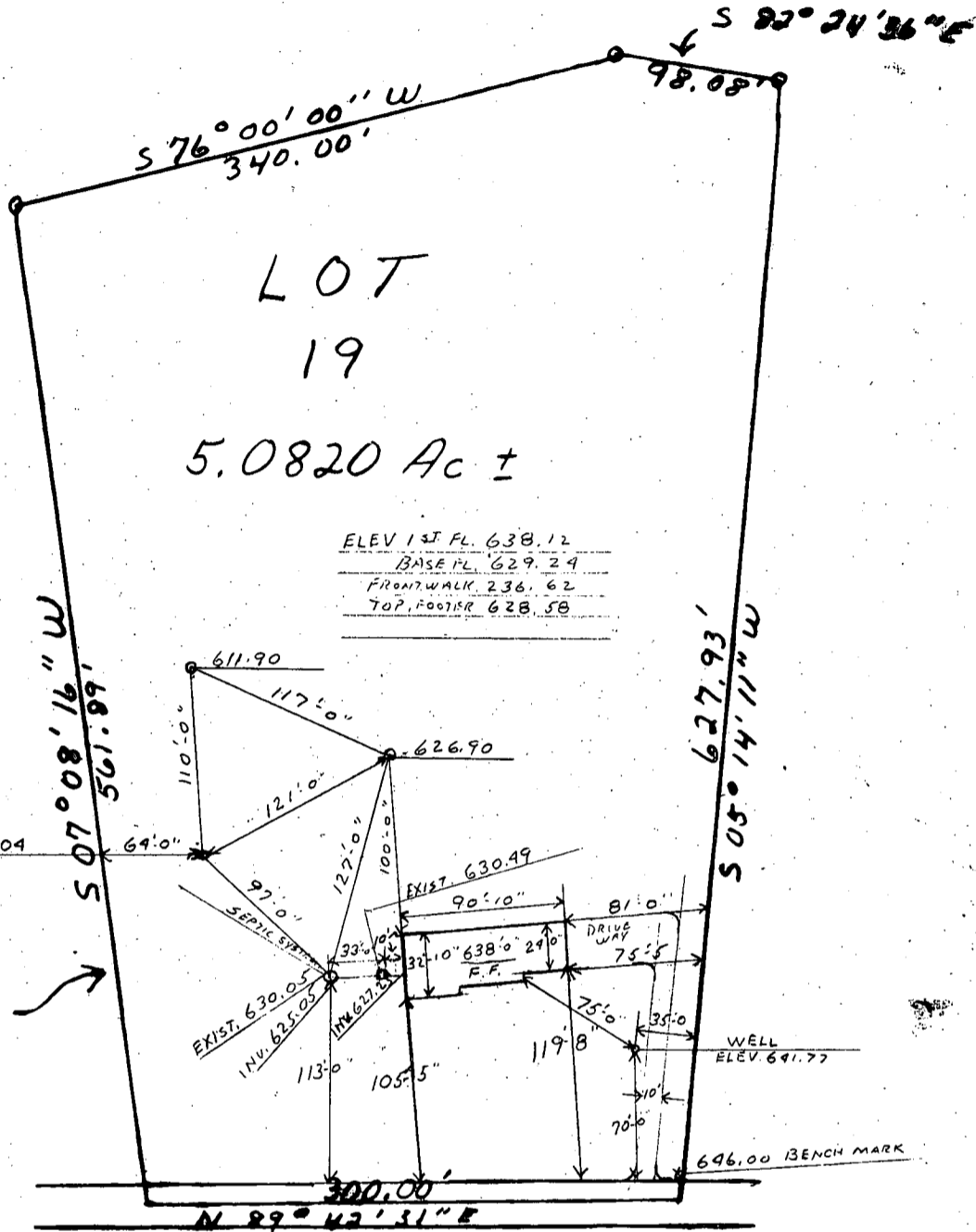
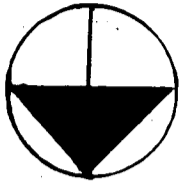
ALSO PRESENT: P. Lendina M. Swana

Approved For Private Water and Private Sewer

The lot shown hereon complies with the minimum ownership width and lot areas as required by the Md. State Department of Health.

J. Brett Jagar
J. Brett Jagar
County Health Officer

Date



ELEV 1st FL	638.12
BASE FL	629.24
FRONTWALK	236.62
TOP FOOTER	628.58

628/450 →

FORSYTHE ROAD

Prepared by:

Gifford Dye
GIFFORD DYE
REGISTER LAND SURVEYOR
3,111 MD
Phone 942-5113

Lot 19
Forsythe Estates
4th Election District
Howard County, Maryland
SCALE: 1" = 100'
FEBRUARY 1973

B 1 3323 (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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-2010
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER PENN, ROBERT A.
 COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD 14315 OLD FREDERICK ROAD
 COL 36 COL. 55
POST OFFICE COOKSVILLE, MD 21728
 COL 57 COL. 76

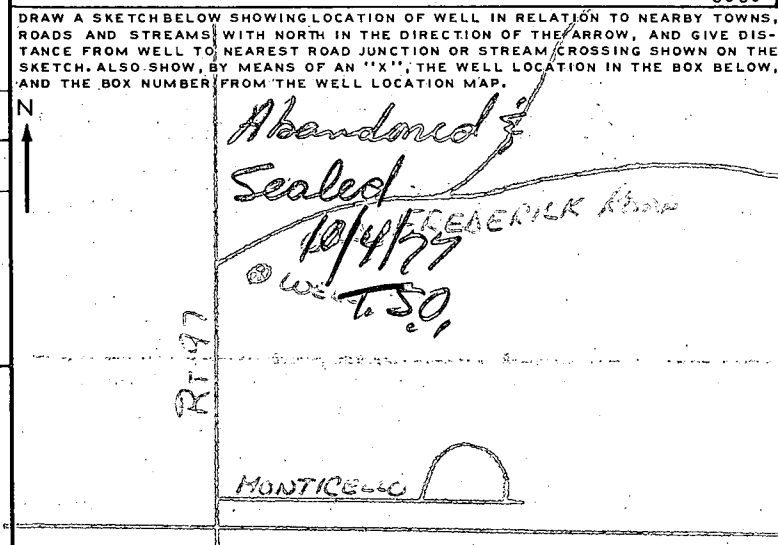
B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
DATE MARCH 16, 1977 **LICENSE NUMBER** 120
 77 80
G. EDGAR HARRIS CORP
 FIRST NAME DRILLER LAST NAME
SIGNATURE [Signature]

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
COUNTY HOWARD
 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION FORSYTHE ESTATES
 23 42
SECTION 46 **LOT** 19
 44 48 50
NEAREST TOWN COOKSVILLE
 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 M I
 73 76 77 78

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750
 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D 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

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**
 1 2 3 (SEQ. NO.) 6
 N NORTH **E** EAST **NE** NORTHEAST **SE** SOUTHEAST
 S SOUTH **W** WEST **NW** NORTHWEST **SW** SOUTHWEST
NEAR WHAT ROAD 14315 OLD FREDERICK ROAD
 8 8 9 8 9
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N** NORTH **S** SOUTH **E** EAST **W** WEST
 11 30
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 80 M I
 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
APPROXIMATE DIAMETER OF WELL 6 (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)
HO-73-1363
 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: 54 **ENGINEER REVIEW DISTRICT NO.** 65
FORCE 67-68 **WRITE INITIALS IN BOX** **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 790
540
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 0/5 5/5
 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
41 **S** STATE HEALTH (CIRCLE BOX) **COUNTY NAME** Howard **COUNTY NO.** 222001
DATE 03 21 77
 43 48
APPROVED BY Donald W. Monaghan, Sanitarian

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

C 1 7 9981

SEQUENCE NO. (WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 9-29-77

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-2010

DRILLERS IDENTIFICATION NO. 120

OWNER PENN ROBERT LAST NAME FIRST NAME STREET OR RFD 14215 OLD FREDERICK RD POST OFFICE COCKEPIES, MD.

WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING

Well was drilled 125' ON PERMIT # HO-73-1363 GRAY ROCK 125 300

GROUTING RECORD YES NO WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER N/A DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 48 FT. TO 54 FT.

CASING RECORD INSERT APPROPRIATE CODE BELOW MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

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

SCREEN RECORD SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW SCREEN TYPE OR OPEN HOLE

DEPTH (NEAREST WHOLE FOOT) FROM TO

DIAMETER OF SCREEN (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.) W Q TELESCOPE CASING LOG INDICATOR

PUMPING TEST C 3 1 2 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING WHEN PUMPING TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

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) 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

BACK FILLED

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 (PLEASE PRINT) G. EDGAR HARRIS SIGNATURE

B 1 0327

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

HO-75-2454
FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

OWNER: PENN, ROBERT (COL 15 LAST NAME) / ROBERT (FIRST NAME COL. 34)
STREET OR RFD: 14315 OLD FREDERICK ROAD (COL 36) / ROAD (COL. 55)
POST OFFICE: COOKSVILLE, MD 21223 (COL 57) / COOKSVILLE (COL. 76)

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
DATE: SEPTEMBER 21, 1977
LICENSE NUMBER: 120
FIRST NAME: G. ENBAR HARRIS CORP
DRILLER: [Signature]
LAST NAME: [Signature]

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: FORSYTHE ESTATES
SECTION: 46 LOT: 19
NEAREST TOWN: COOKSVILLE
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 750

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6
NORTH EAST NORTHWEST SOUTHWEST
SOUTH WEST NORTHWEST SOUTHWEST
NEAR WHAT ROAD: 14315 OLD FREDERICK ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): SOUTH
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

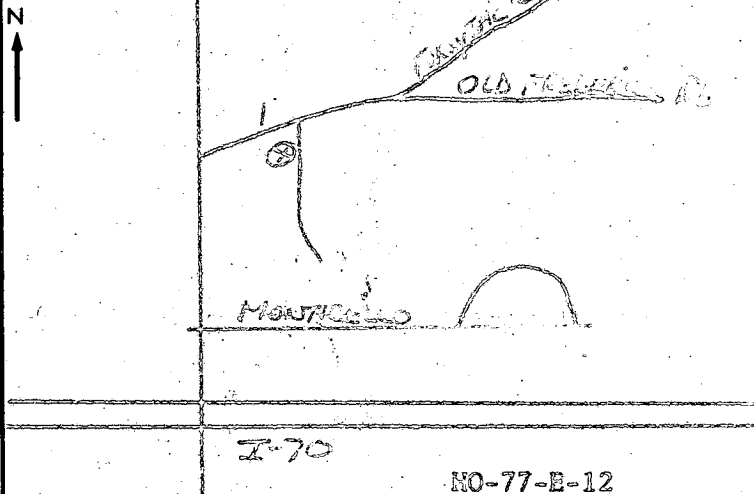
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



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

APPROPRIATION PERMIT NUMBER: [Grid]
ENGINEER REVIEW DISTRICT NO.: [Grid]
FORCE: [Grid] WRITE INITIALS IN BOX
CONDITIONS: [Grid]

BOX NUMBER: 790 / 540
NORTH COORDINATE: 545000
EAST COORDINATE: 0795000
ELEVATION AT WELL HEAD (FEET): [Grid]

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX): S
COUNTY NAME: Howard COUNTY NO.: W22901
DATE: 10 03 77
APPROVED BY: Fred Fromelt, Sanitarian

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

1 2 3 (SEQ. NO.) 6 [Grid]

SEQUENCE NO. (WRA USE ONLY)
5944

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 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) 10-3-77 DATE WELL COMPLETED

DEPTH OF WELL 300 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 401-73-2359

DRILLERS IDENTIFICATION NO. 120

OWNER PENN ROBERT LAST NAME FIRST NAME

STREET OR RD. 14315 OLD FREDERICK ROAD POST OFFICE COOKSVILLE, MD 21723

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	
OVERBURDEN	0	8	
BROWN SHALE	8	40	
GRAY ROCK	40	300	X

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 42 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

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

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

EACH SCREEN

1 110 FROM 42 TO 300

2 _____ FROM _____ TO _____

3 _____ FROM _____ TO _____

SLOT SIZE 1. _____ 2. _____ 3. _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 56 (NEAREST FOOT)

WHEN PUMPING 250 (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 } LAND SURFACE (NEAREST FOOT)

BELOW } _____

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

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

(PLEASE PRINT) GEDSKE HARRIS & SONS, INC.

SIGNATURE Sandy B. Harriss

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

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

Pitless Absorb

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

SEQUENCE NO. (WRA USE ONLY) 1 3926

DATE RECEIVED (WRA USE ONLY) 5-5-76 DATE WELL COMPLETED 15 20

DEPTH OF WELL 125 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1303 28 29 30 31 32 33 34 35 36 37 DRILLERS IDENTIFICATION NO. 120

OWNER PENN, ROBERT A. LAST NAME STREET OR RFD 7409 VILLAGE RD APT 18 POST OFFICE SUKESVILLE, MD. FIRST NAME

WELL LOG TABLE with columns: DESCRIPTION (OVERBURDEN, BROWN SHALE, GRAY ROCK), FEET (FROM, TO), CHECK IF WATER BEARING

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS (7), NO. OF POUNDS (700), GALLONS OF WATER (42), DEPTH OF GROUT SEAL (0 to 32 FT.)

CASING RECORD: MAIN CASING TYPE (ST), NOMINAL DIAMETER (6), TOTAL DEPTH (32)

OTHER CASING (IF USED) TABLE

SCREEN RECORD: SCREEN TYPE OR OPEN HOLE (H O), DIAMETER (32), DEPTH (125)

SCREEN RECORD: SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN (56 to 60), GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (F)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA AVAILABLE

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (AIR), WATER LEVEL (34), WHEN PUMPING (115), TYPE OF PUMP USED (AIR)

PUMP INSTALLED: TYPE OF PUMP (A), CAPACITY (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47)

CASING HEIGHT: ABOVE (+), BELOW (-), LAND SURFACE (50 to 51)

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES (A, E, P), I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED IN THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", DRILLERS NAME (G. EDGAR HARR SONS CORP.), SIGNATURE (Sandy B. Parker)

PITLESS ADAPTER

SET BACKS

REAR PL _____

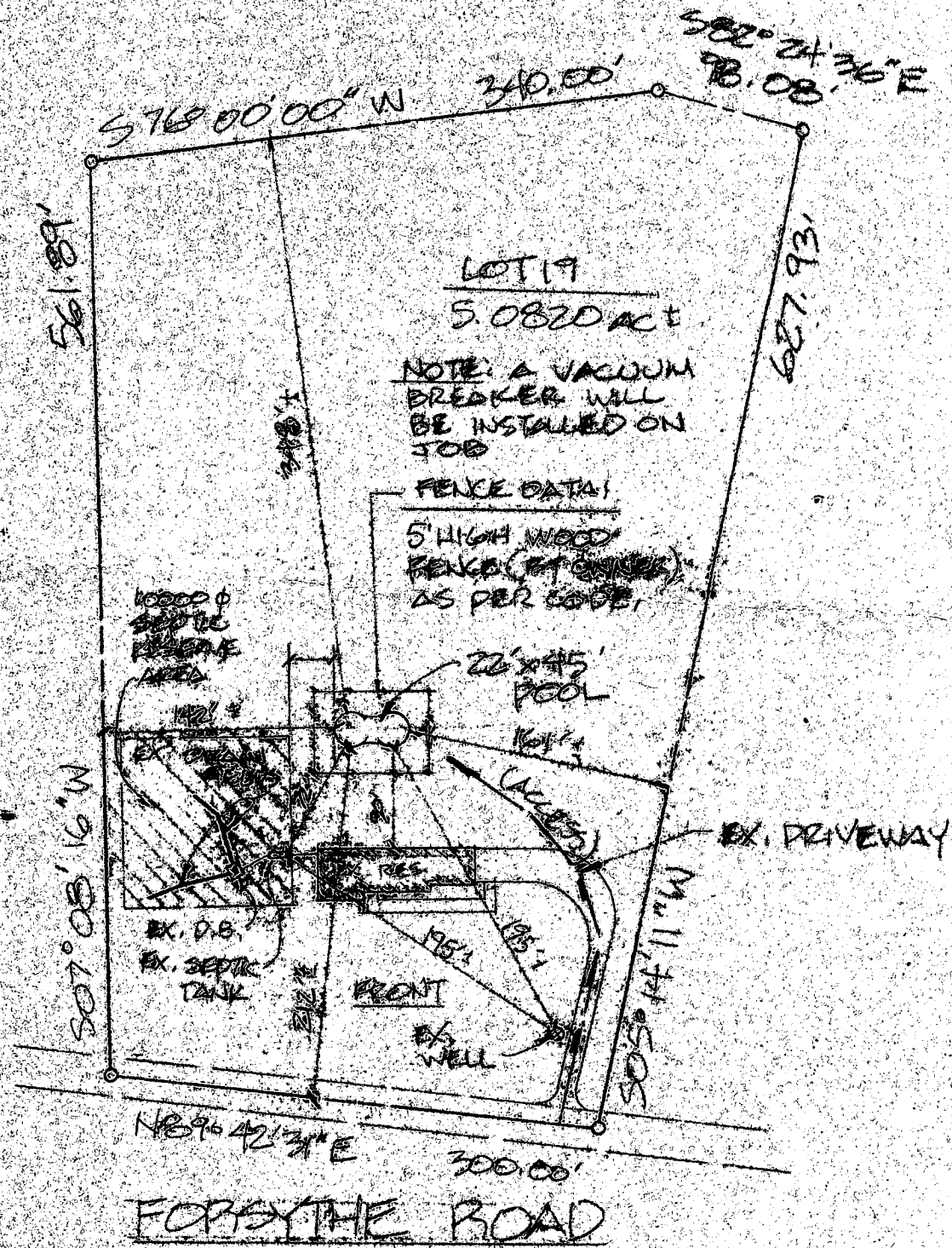
SIDE PL _____

HOUSE _____

SEPTIC _____

WELL _____

PRIVATE WELL & SEPTIC



SITE PLAN

1" = 100'

LOT 19

"FORSYTHE ESTATES"

4th ELECTION DIST
HOWARD COUNTY, MD