

03-310728
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 42305

A 37121

DISTRICT 3rd

DATE 8/18/88

DATE SYSTEM APPROVED 8/17/88

INSPECTOR C. Bel.

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Gaither Farm ROAD 11000 Gaither Farm Rd LOT 1

PROPERTY OWNER Vito Baer

ADDRESS _____

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

GARBAGE GRINDER? YES per installer's men. 8/11/88
NO OSKIP

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5
2000 installed

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the lot line which borders Gaither Farm Road and 120 feet from the lot line which borders Route 108. Run trenches along contour in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY C. Williams DATE 4/15/88

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

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

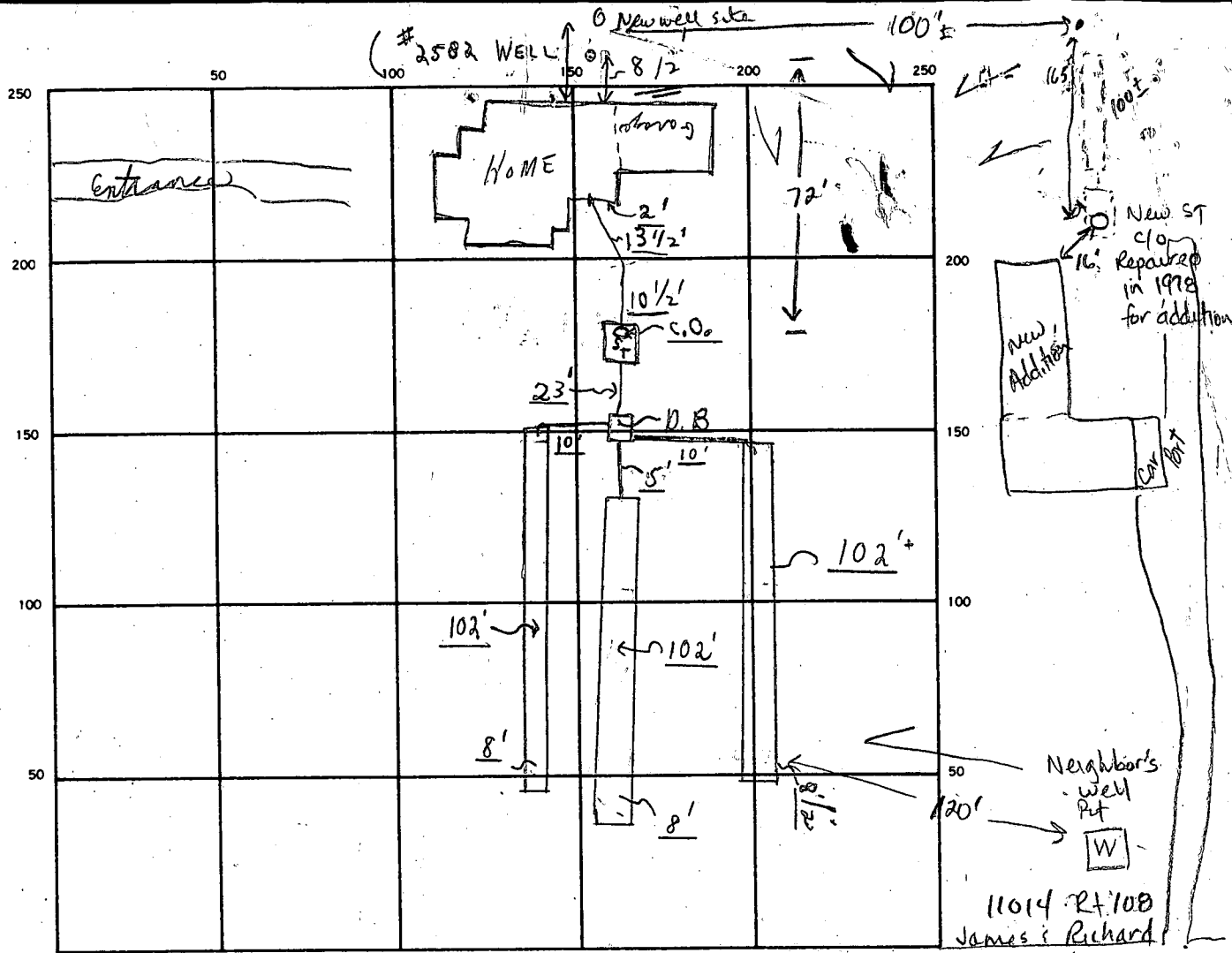
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37121



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rt. 108

11014 Rt 108
James & Richard
Harris
(P 27191 Repair)

SEPTIC TANK. LEVEL OK CLEANOUTS 1 OK S.T.
 DISTRIBUTION BOX. LEVEL OK with baffle.
 DRAIN FIELD/TILE FIELD. DEPTH 8' - 8 1/2' FT. TRENCH WIDTH 11 1/2 FT. INLET DEPTH 4' FT.
 EFFECTIVE GRAVEL DEPTH 4' + FT. TOTAL LENGTH 306 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA SQ. FT.
 DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 1224 + SQ. FT.

50
24
108

7.69
2.4
276
138
165

REMARKS 8/11/88 OK to cover from house to 50' out in all (3) trenches (2 stone) not delivered; (3) All three trenches completed. Permit signed - final. File.
* Water well 8 1/2' from house. * ← Note for Mr. Williams

8-19-88 New well site staked JEN

DATE SYSTEM APPROVED 8/11/88 INSPECTOR C. B. Streskes

A 37121

GAITHER FARM

SUBDIVISION:

GAITHER FARM RD.

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

SBR/BR SA

Bottom maximum depth 8 feet below original grade.

Effective area begins at 4 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 100' FROM THE

_____ FROM LOT LINE WHICH BORDERS GAITHER FARM ROAD AND

_____ 120' FROM THE LOT LINE WHICH BORDERS ROUTE 108,

_____ RUN TRENCHES ALONG CONTOUR IN BOTH DIRECTIONS.

4/15/88 C. Walker

7/22/88
9:30

APPLICATION

PERCOLATION TESTING

A 37/21

P _____

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

DISTRICT 3

DATE 6-3-86

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 Patrick McCuan, Vico BAER

ADDRESS 1000 Equitable Bank Center
Columbia, MD 21044 PHONE 730-9091

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 1

ROAD AND DESCRIPTION Homewood Rd + Route 108 11000 GAITHER FARM Rd.

TAX MAP 29 PARCEL # 1

SIZE OF LOT 3 acres TYPE BLDG. SF
(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.

Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY Fredy Abel FOR Deep trenches DATE 5-20-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-29-88 Perc Satisfactory Hold For Certified Hole Location.

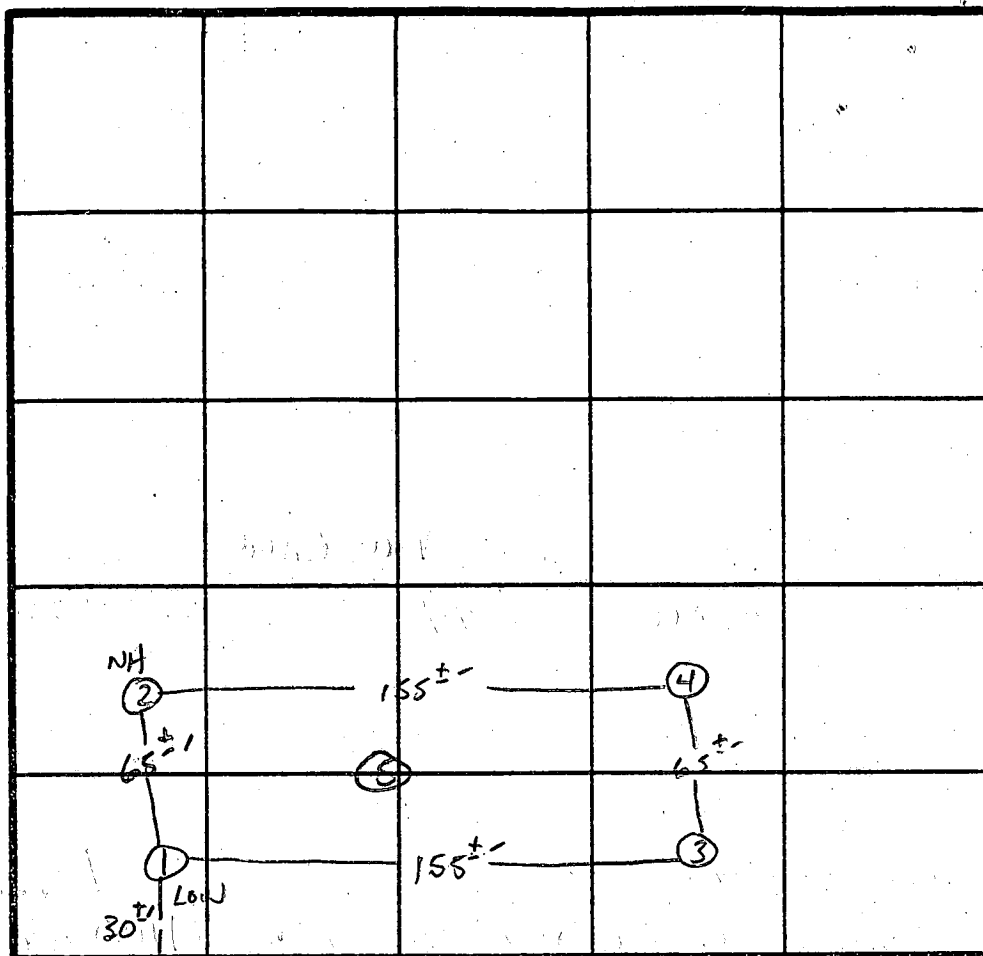
S. Abel, 3-8-88 Original Plat sent for signature S.M. BLDG. PERMIT SIGNED AND RETURNED 5-20-88

BP 18620
88

THIS IS NOT A PERMIT

SOIL PROFILE

0	AP
10"	Yellow BR SAND LOAM 9-12% CLAY 210% FRAGS
5'	Yellow BR SAND LOAM 29% CLAY 210% FRAGS
9'	Yellow BR, Grey BR SAND SILT LOAM 210% FRAGS
13'	



RE108

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GARDNER Km. Rd.

② ④ ⑤

0	AP
14"	Yellow BR SAND LOAM 9-12% CLAY 210% FRAGS
4'	Lgh Brown to Yellow BR SAND LOAM 210% FRAGMENTS
13'	

③

0	AP
10"	Yellow BR SAND LOAM 9-12% CLAY 210% FRAGS
4'	Yellow BR SAND LOAM 10-20% FRAGMENTS
13'	

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/24/86	1 S	6"	12:26	12:43	12:43	1:05	22min	
	1 V	13"	VARYING SOIL STRUCT - SEE PROFILE					
	2 S	5"	12:38	12:39	12:39	12:41	2min	
	2 V	13"	UNIFORM SOIL BELOW 4"					
	3 S	4.5"	12:46	12:49	12:49	12:54	5min	
	3 V	13"	UNIFORM SOIL BELOW 4"					
	4 S	4.5"	1:04	1:05:30	1:05:30	1:09:30	4min	
	4 M	8.5"	1:00	1:01	1:01	1:03	2min	
	4 V	13"	UNIFORM SOIL BELOW 4"					
	5 V	13"	SAME AS 2 & 4					

REMARKS

HOLES PER PLAT -

TYPE OF SOIL

TESTED BY

S. Abel

ALSO PRESENT

BLO

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 37121

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

P 3
DISTRICT _____
DATE 6-3-86

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 Patrick McLean
100 Equitable Bank Center
ADDRESS Columbia, MD 21044 PHONE 730-9091

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Antler Farm LOT NO. 1
ROAD AND DESCRIPTION Homewood Rd + Route 108

TAX MAP 29 PARCEL # 1
SIZE OF LOT 3 acres TYPE BLDG. SF
(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.

Christina Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

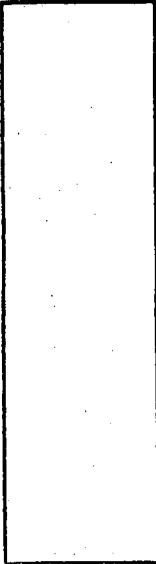
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0' 

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

B 1 **1342** 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

HO-88-0141
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **082388**
 Owner: **BAKER, E. VICO**
 Street or RFD: **0147 34th St NW DC**
 Town: **4th B/A** State: **NO** Zip: **21074**

LOCATION OF WELL
 County: **HOWARD**
 Subdivision: **BAITHER FARM**
 Section: **44** Lot: **1**
 Nearest Town: **CLARKSVILLE**
 Miles from town: **4** MI

DRILLER INFORMATION
 Driller's Name: **Joseph L. Payne** License No. **80**
 Firm Name: **Joseph L. Payne Well Drilling**
 Address: **5510 Wilkes Rd. Mt. Airy 21771**
 Signature: *Joseph L. Payne* Date: **2/23/88**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD: **Caiter Farm Rd.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **E**
 DISTANCE FROM ROAD: **125** FT or MI **FF**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **5000**

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: **HOWARD** COUNTY NO. **A37121**
 STATE SIGNATURE: _____ DATE ISSUED: **2/23/89**
 CO SIGNATURE: *Ch. Well* EXP. DATE: _____
 NORTH GRID: **510000** EAST GRID: **0829000**

APPROXIMATE DEPTH OF WELL: **220** FEET
 APPROXIMATE DIAMETER OF WELL: **6** INCH. NEAREST

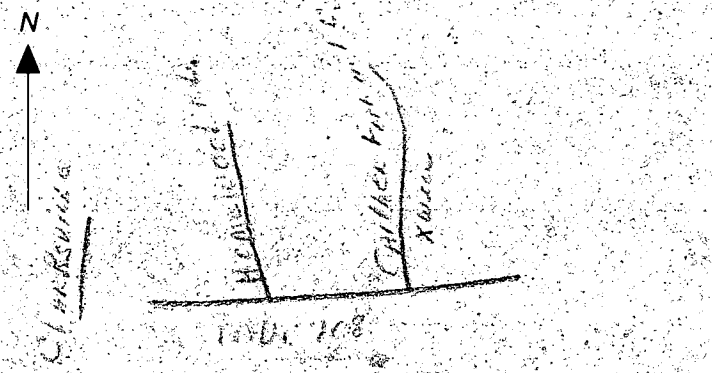
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER:
 1. **WELL**
 2. **50' CASING**
 3. **32' OPEN**
 4. **8 BASS**
 WRITE THE BOX NUMBER FROM THE MAP HERE:
 NORTH: **8309** EAST: **5100**
 SOUTH: **5100** WEST: **8309**
 Abandonment Old Well 38 BASS 5' AS

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 DEEPEND 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 DEEPEEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE): **HO-81-2582**

Not to be filled in by driller. (OEP USE ONLY)
 APPROP. PERMIT NUMBER: **GAP**
 FORCE: **CO** WRITE INITIALS IN BOX: **CO** PERMIT No. **HO-88-0141**

SPECIAL CONDITIONS: **Pump Test Required @ 100.00**
 COUNTY: _____



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

August 18, 1988

Mr. and Mrs. Vilo Baer
10149 Cape Ann Drive
Columbia, Maryland 21045

RE: Gaither Farm - Lot 1
11000 Gaither Farm Road

Dear Mr. and Mrs. Baer:

During the septic installation inspection at the above referenced property, it was observed that the well (tag number: HO-81-2582) was 8.5 feet from the house.

Maryland Well Construction Regulation (COMAR 26.04.04.05) specifies the minimum approvable distance from the house is 30 feet. A copy of pertinent sections of that regulation is enclosed. The approved site plan (Building Permit Serial Number 18620) showed the well at an approvable distance.

Under authority of that regulation you are ordered to remedy the problem by having a replacement well drilled at an approvable distance; the existing well to be abandoned and sealed. This replacement well should be completed within sixty days and is a prerequisite to the issuance of a Certificate of Potability.

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

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

Enclosures

cc: Craig Stewart - Architect
Jim Bumstead - Builder

P.S. Pursuant to the action requested above, a replacement well site was approved on August 19, 1988.

WELL ABANDONMENT REPORT

Date 8/31/88

Permit Number of abandoned well (if any)

H0.	-	81	-	25	82
-----	---	----	---	----	----

Driller's Name MAYNE Joseph
Last First

Owner's Name GVC BUILDERS
Last First

Well Location:

County HOWARD
Subdivision GAITHER FARM
Section _____ Lot 1
Nearest Town CHARKSVILLE
Maryland Grid Location _____

Box Number

E	820
N	570

	0/5
	0/0

Show well location by (x) within box

Type of Well

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

Depth of Well 165 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify _____

Size of Casing 6.8 Inches

Was any case removed Yes No
if yes amount removed 1 (feet)

Was casing ripped or perforated Yes No

Log of Sealing Material

Material	Feet	
	From	To
Gravel + cement	0	165

BRUMSTED

8/16/88

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement
Name of Installer MARINO PTH INC Telephone 747-5615
License number M-3095
Certified Well Pump Installer Well Driller Registered Plumber

Receipt # 42336
Date 8/15/88

Name of Property Owner VICO AND LINDA BEAR Telephone _____
Subdivision GAITHER FARM Lot # 21 Well tag # HQ-81-2582
Site Address 11000 GAITHER FARM RD.
ELLICOTT CITY MD

8/16/88 per Bldg Permit
C. Poston

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make GOUIDS
3. Model # _____
4. Capacity 15 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 240
a. 110 _____
b. 220

Pitless Adapter
1. Make BRASS 1"
2. Model # 1"
3. Depth 42"

Tank
1. Capacity Wx251
2. Pressure relief valve? yes

Piping
1. Type 1-6016
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 165 ft.
2. Yield 15 GPM
3. Static water level 12 ft.
4. Will water supply be disinfected by installer? by Bldr.

9-14-88 Well Casing + PITLESS AT APPROX 40" - INSIDE WORK COMPLETE
Pump Insp. NOT SEEN.

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.

8/16 Water Well

Signature of Applicant: Joseph D. Marino
Date: 8-12-88

"Red Sticks @ well cap
8 1/2' down down
to water level
No pitless adapter Do not cover C.B.S
To call to Mr. Willson
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1 2197 (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 A 37121

DATE Received [] DATE WELL COMPLETED 030/88 Depth of Well 165 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2582

OWNER BUILDERS G.Y.C. STREET OR RFD GATHER FARM ROAD TOWN CLARKSVILLE SUBDIVISION GATHER FARM SECTION LOT 1

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAYISH rock, 0 to 51, 51 to 165.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 1034

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE SF Nominal diameter 6 Total depth 56

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 PL OT PLASTIC OTHER

DEPTH (nearest ft.) HO 54 165

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 10.17.13 "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. 238 DRILLERS SIGNATURE [Signature]

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

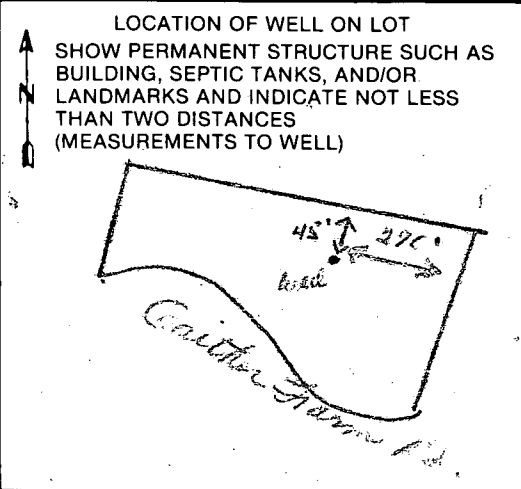
SLOT SIZE 1 2 3 DIAMETER OF SCREEN [] (NEAREST INCH)

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 13 WHEN PUMPING 45 TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)



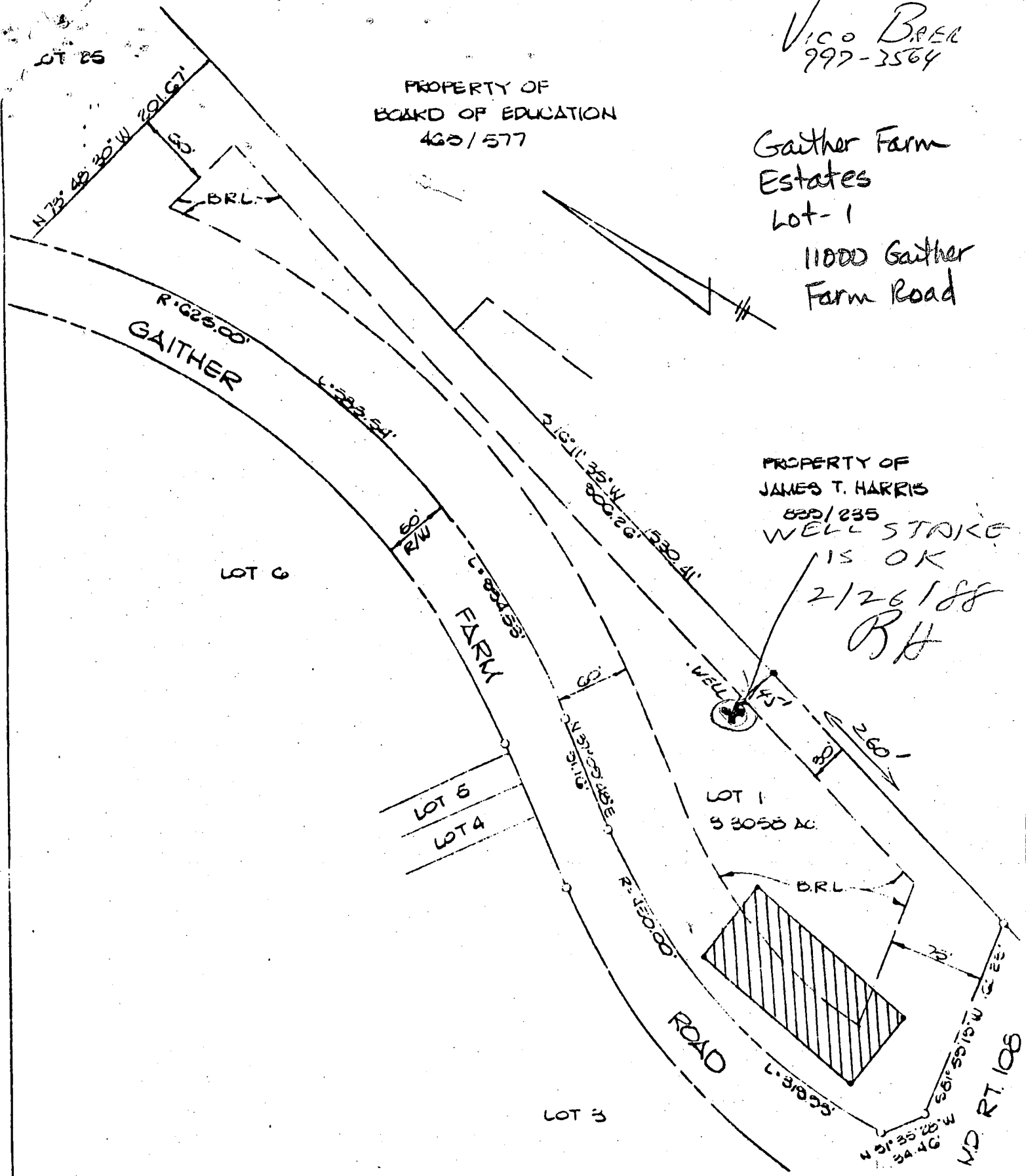
36x60, ABANDONED 8/3/88 TOO CLOSE TO HOUSE REPLACED BY HO-88-0141


Vico B.P.E.R
997-3564

PROPERTY OF
BOARD OF EDUCATION
460/577

Gaither Farm
Estates
Lot-1
11000 Gaither
Farm Road

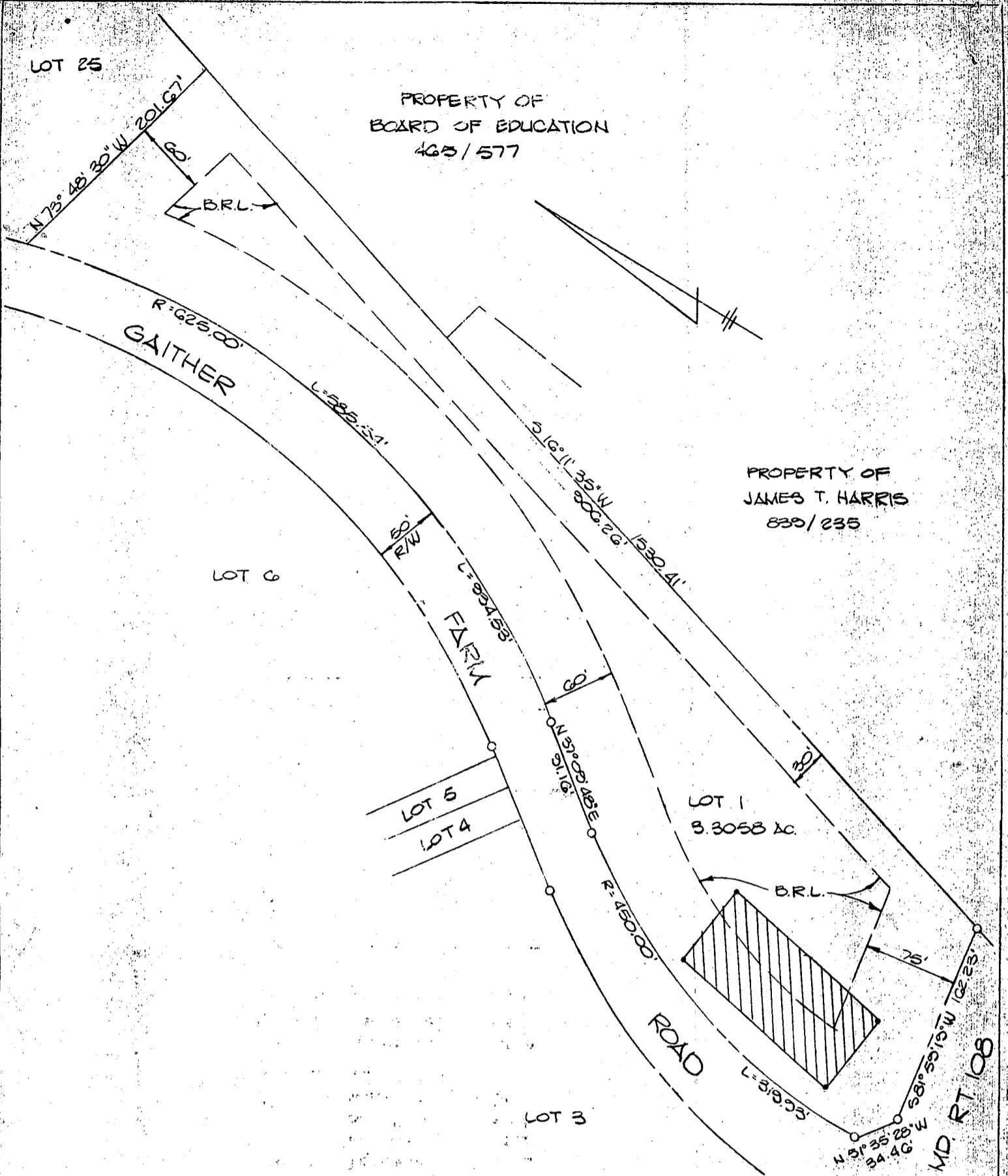
PROPERTY OF
JAMES T. HARRIS
830/235
WELL STRIKE
IS OK
2/26/88
BH



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.


The lots shown hereon comply with the minimum ownership width and lot areas as required





PROPERTY OF
BOARD OF EDUCATION
465/577

PROPERTY OF
JAMES T. HARRIS
835/235

 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

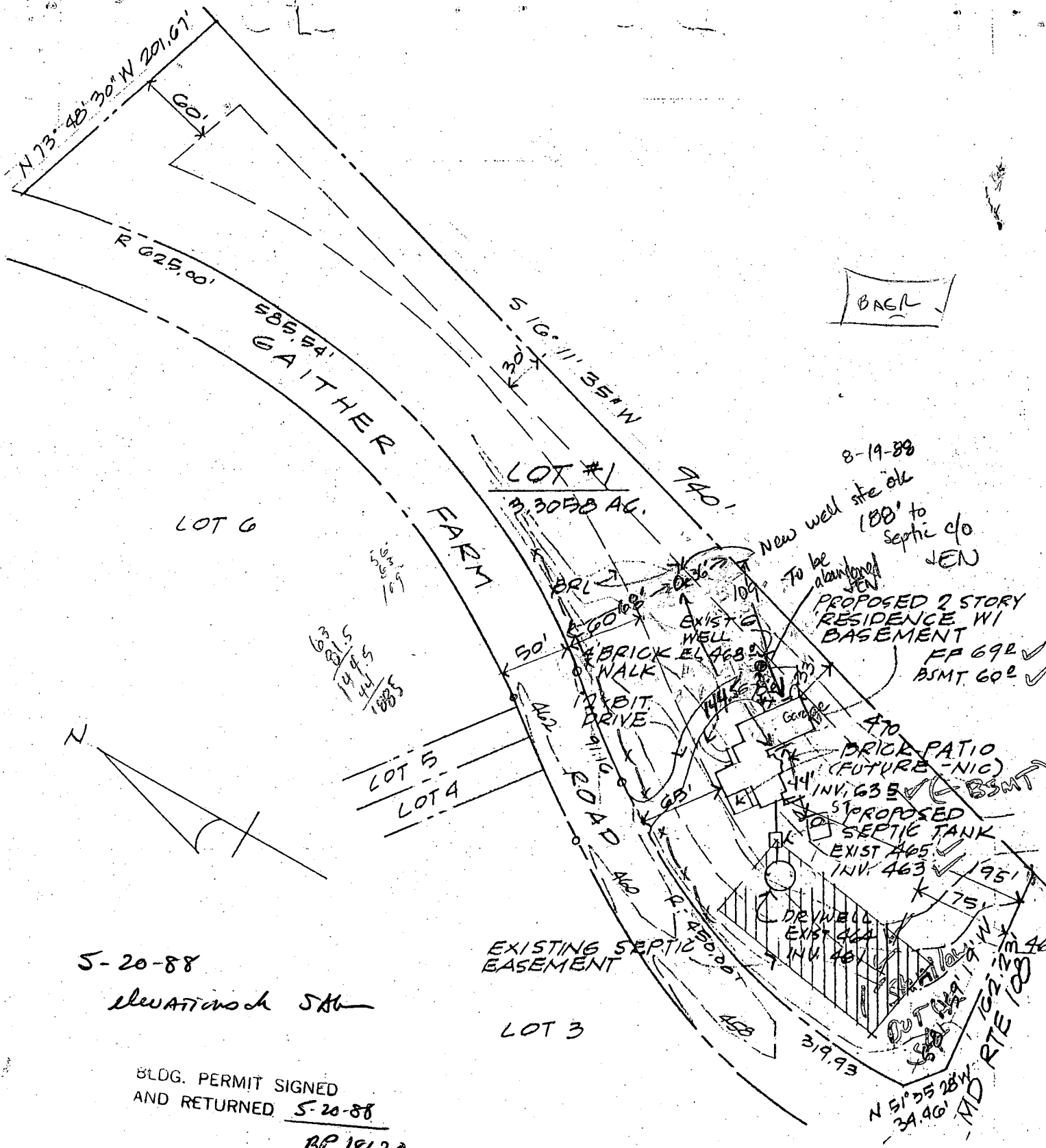
APPROVED: For Private Water and Private Sewage Systems
 County Health Officer *John Byn* Date *3-9-88*



THE RIEMER GROUP, INC.
3105 NORTH RIDGE RD.
ELICOTT CITY, MARYLAND
21043
PH: (301) 461-2600

GAITHER FARM LOT 1
SEPTIC AREA LOCATION PLAN
PLAT No. 6609 TAX MAP No. 29
3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 100' JANUARY 15, 1988



BASL

8-19-88
New well site ok
188' to septic c/o JEN
To be abandoned JEN

PROPOSED 2 STORY RESIDENCE W/ BASEMENT
FP 692 ✓
BSMT 602 ✓

BRICK PATIO (FUTURE - NIC) (BSMT)

PROPOSED SEPTIC TANK
EXIST 465 ✓
INV 463 ✓

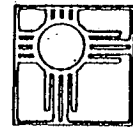
DRIVEWELL EXIST 462
INV 461 ✓

5-20-88
ELEVATION & SH

BLDG. PERMIT SIGNED AND RETURNED 5-20-88
BP 18620
SA

1 SITE PLAN 1" = 100'
REVISED 19 MAY 88

BAER RESIDENCE
CRAIG L STEWART ARCHITECT PC



8329 MAIN STREET
ELLCOTT CITY, MD 21043
301-465-7687 (BALT)

03.88 10 MAY 88

B 1 **3636** 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
HO-81-2582
fill in this form completely

Date Received (APA) **020888**
OWNER INFORMATION
GVC BUILDERS
Last Name Owner First Name
11673 FARSIDE ROAD
Street or RFD
ELLICOTT CITY MD 21043
Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
GAYLEE FARM SUBDIVISION
SECTION **1** LOT **1**
CLARKSVILLE NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **4 MI**

DRILLER INFORMATION
Joseph T. Wayne Driller's Name License No. **238**
Joseph T. Wayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph T. Wayne Signature Date **2/6/88**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Gayther Farm Road**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH [] WEST [] EAST [] SOUTH []
DISTANCE FROM ROAD **125** 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 APPROVAL 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 COUNTY NO. **A 37121**
STATE SIGNATURE DATE ISSUED **022788** CO-SIGNATURE **B Nulien** EXP. DATE **08/29/88**
NORTH GRID **515000** EAST GRID **0829000**

APPROXIMATE DEPTH OF WELL **220** 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
other _____

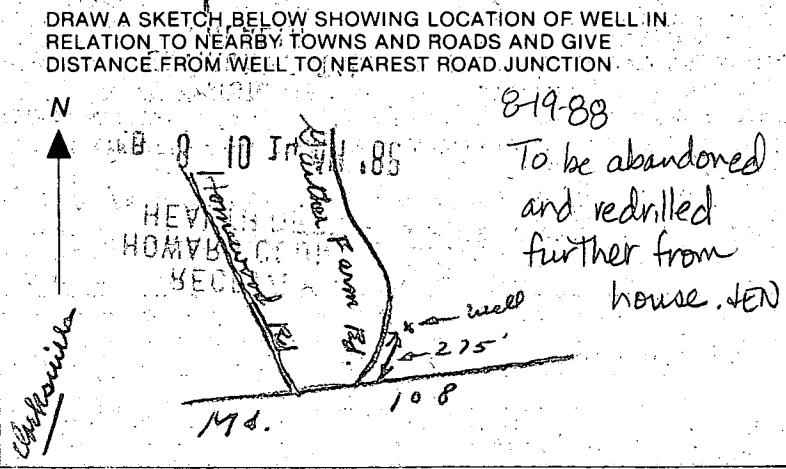
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER **GAP**

FORCE INITIALS PERMIT NO. **HO-81-2582**

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

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



3/1/88

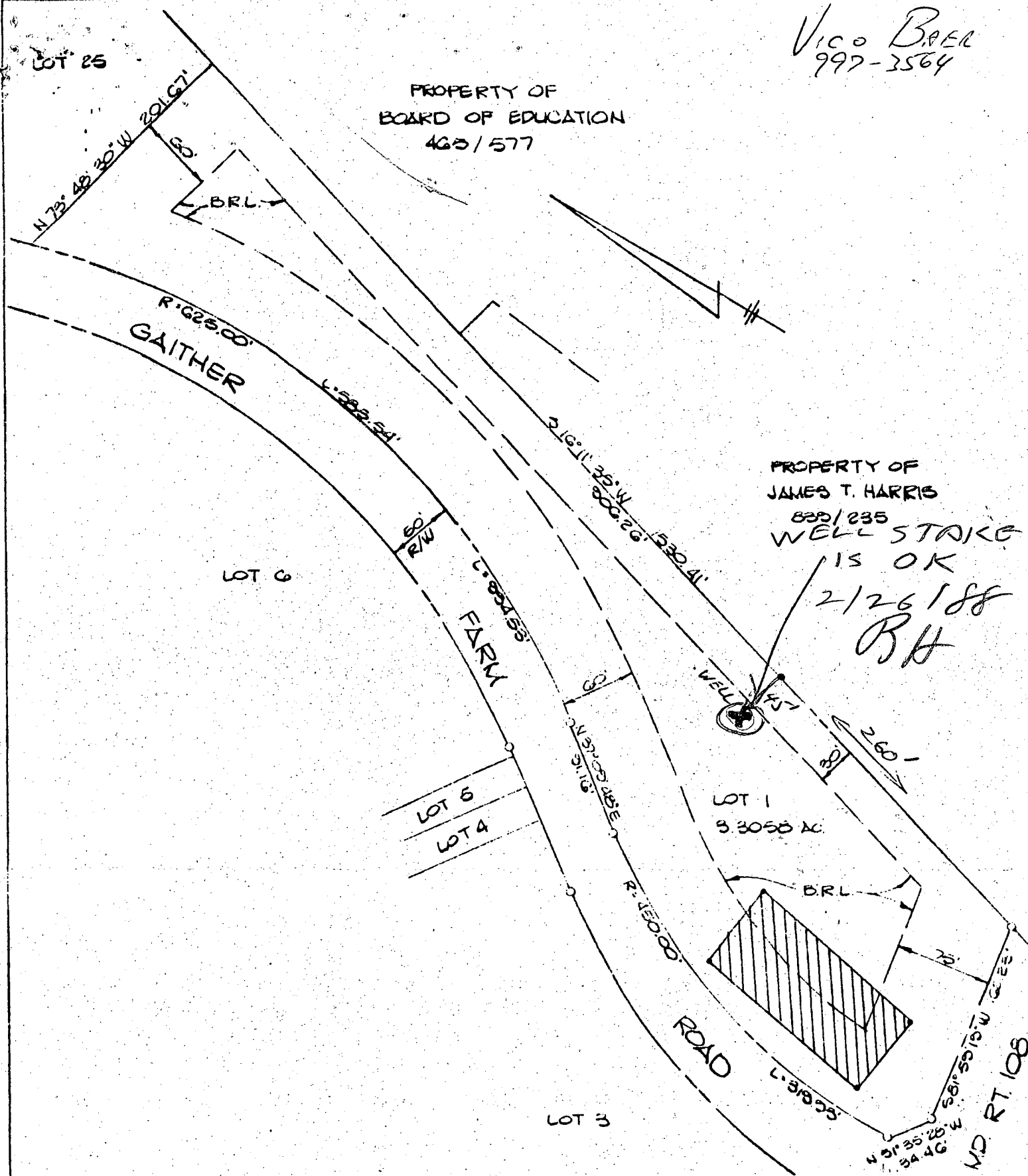
- ① Location OK
- ② 11 Bags
- ③ 40 ft open hole
- ④ 56 ft casing
- ⑤ Well OK
- ⑥ Well grouted early before 1230
got information from Judy


J. B. Dodge

Vico BAER
997-3564

PROPERTY OF
BOARD OF EDUCATION
463/577

PROPERTY OF
JAMES T. HARRIS
833/235
WELL STAKE
IS OK
2/26/88
BH



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

