

04-313232

# PERMIT

P 38893

A 37360

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

DISTRICT 4th

HOWARD COUNTY

DATE 3/10/87

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

531-5033  
Whitworth

DATE SYSTEM APPROVED 6-22-87

INSPECTOR JEN.

## INDEXED

Whitworth Excavating

IS PERMITTED TO INSTALL  ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 854-2513

SUBDIVISION Dickey Farm ROAD 13854 Forsythe Road LOT Tenant House

PROPERTY OWNER Ms. Jeannine Dickey

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box or start the trench approximately 220 feet from the pipe line and 280 feet from the right side line as seen when facing site from pipe line (gas). Run trenches on contour toward left side of lot. May install system as shown on site plan approved 1/14/87. May install system as shown on approved elevation drawing.

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 S. Abel DATE 1/28/87

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 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 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.

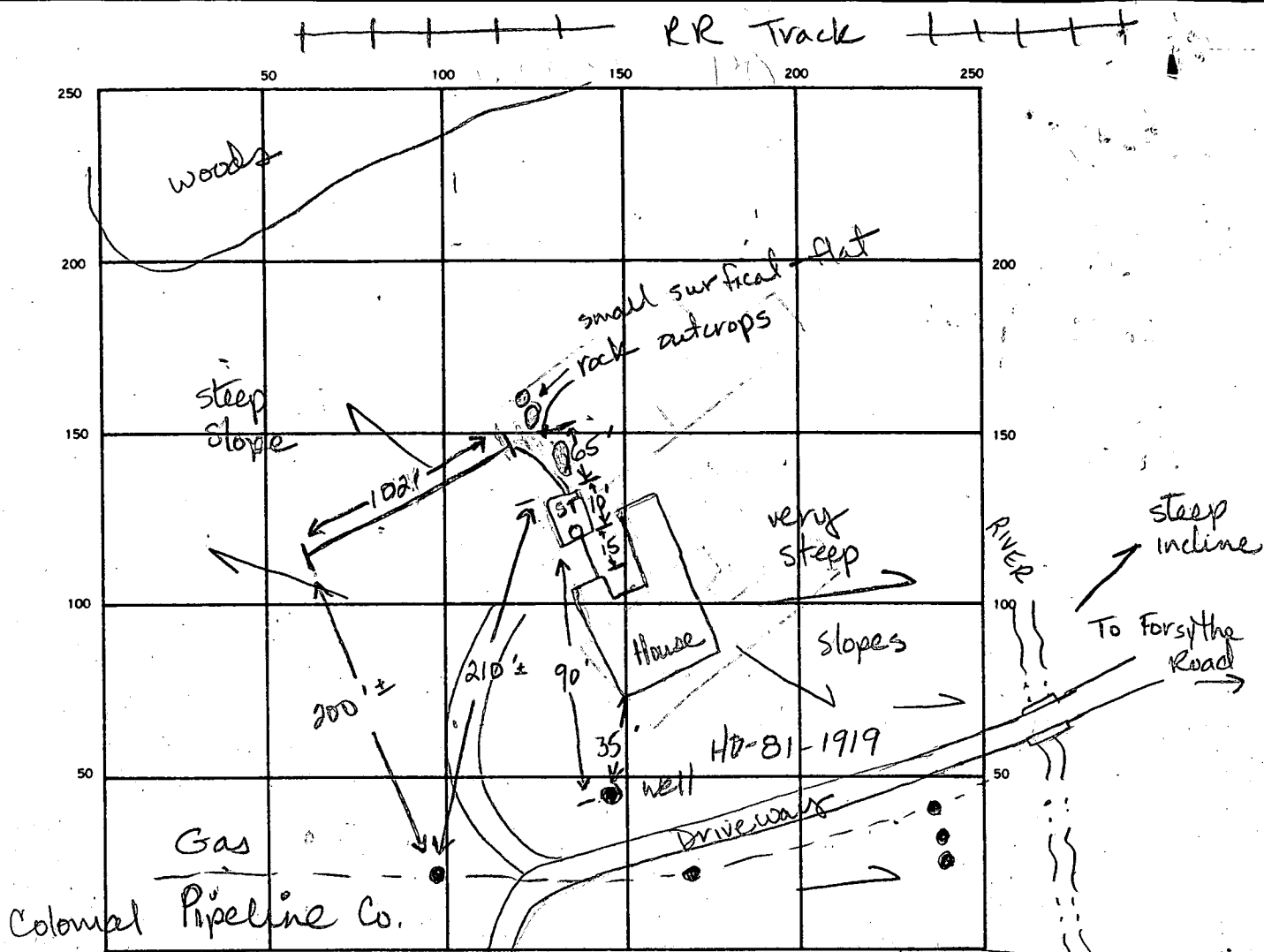
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37360



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL ✓ 1500 CLEANOUTS 1 ST ✓

DISTRIBUTION BOX LEVEL none used

DRAIN FIELD/TILE FIELD DEPTH 9.0 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 6.0 FT. TOTAL LENGTH 102 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 612 SQ. FT.

DRYWELL INSIDE DIAMETER          FT. EFFECTIVE DEPTH BELOW INLET          FT.

ABSORBENT AREA 612 SQ. FT.

REMARKS 6-19-87 ok to add stone to trench leaving both ends open. JEN  
6-19-87 ok to cover pipe and paper. Some large pieces of shist in septic tank area, trenches had few small broken fragments (< 30%). Some rock exposed at surface near beginning of trench. Need to connect trench to main line. JEN  
6-22-87 All connections ok fill all trenches. JEN

DATE SYSTEM APPROVED 6-22-87 INSPECTOR Jane E. Nadeau

105  
60  
45



C1 3867

SEQUENCE NO. (OEP 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.

COUNTY NUMBER A37360

DATE RECEIVED

Empty date grid

DATE WELL COMPLETED

022482

Depth of Well

145

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-81-1917

OWNER GRIM (last name) KEA (first name) STREET OR RFD 1238 FORSYTHE RD TOWN SYKESVILLE SUBDIVISION MAP 9 Q1 P.44 SECTION LOT TENANT HOUSE

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. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (BT, G, 6.3), Nominal diameter, Total depth of main casing.

OTHER CASING (if used) diameter, depth.

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT).

DEPTH (nearest ft.) grid with handwritten values 62 and 145.

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

C 3

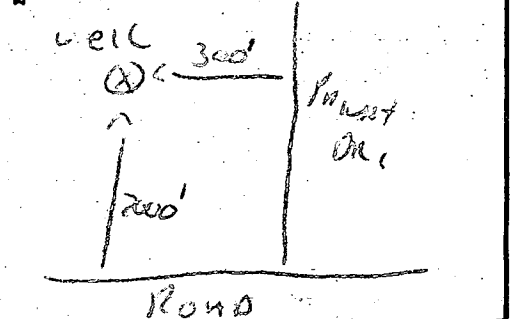
PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (107), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, WHEN PUMPING, TYPE OF PUMP USED (S).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE LETTER 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. 223, DRILLERS SIGNATURE (Kath E. Morgan), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



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

Receipt # 391956  
 Date 6-23-87

Name of Installer C. DONALD DEMENT Telephone 301-384-6493

License number 276  
 Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner JEANNIE L. DICKEY Telephone 442 2226  
 Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well tag # \_\_\_\_\_  
 Site Address 138514 FORSYTHE RD SYKESVILLE MD 21784

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>1/2</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>GOULD</u>	b. 220 <input checked="" type="checkbox"/>	
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>60</u>	1. Type <u>PLASTIC</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	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.

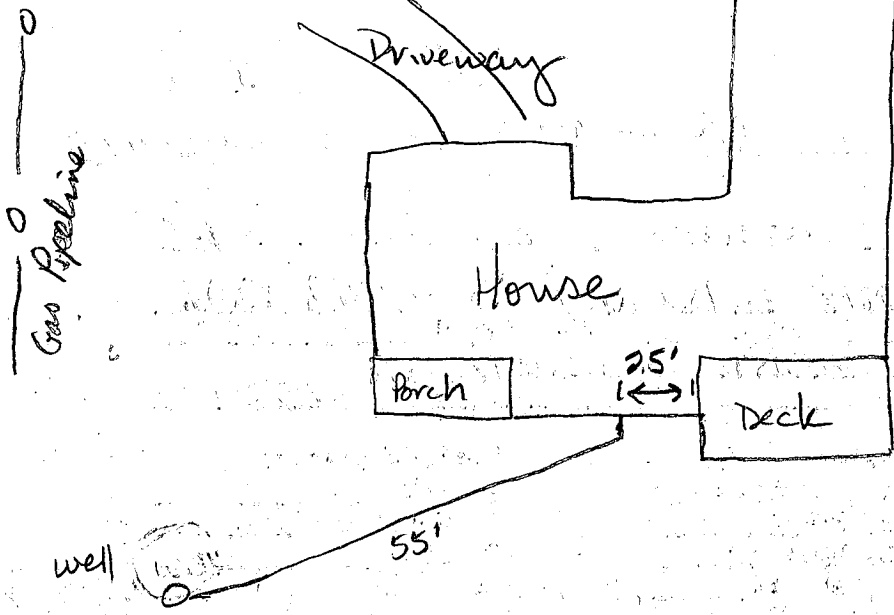
Signature of Applicant: C. Donald Dement

Date: 6-22-87

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

6-23-87

Pitless adaptor at 4 ft. below ground. Ground line and pump line in place. Connection grouted at house. Tank not hooked up yet. Ok to cover trench + NoDean.



HO-81-1919

B 7 **2090** 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-81-11919**  
 fill in this form completely

Date Received  
 OWNER INFORMATION  
**GRAY KEA**  
 15 Last Name 8 Owner 13 First Name 34  
**13850 FORVSTAE RD**  
 36 Street or RFD 55  
**SYKESVILLE MD 21784**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**HOWARD**  
 8 COUNTY 21  
**MAP 9 P. 149**  
 23 SUBDIVISION  
 SECTION   LOT   *TENANT HOUSE<sup>2</sup>*  
**SYKESVILLE**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **2** MI  
 73 76 77 78

DRILLER INFORMATION  
**Ralph MAYNE**  
 273  
 77 License No. 80  
**Ralph MAYNE (well drilling)**  
 Firm Name  
**9120 Brown Church Rd. Mt Airy**  
 Address  
**Ralph MAYNE 2/21/87**  
 Signature Date

B 4  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD  
**3000**  
 34 37  
 ENTER FT or MI **FT**  
 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 14 20

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'S HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A37360** COUNTY NO.  
 OEP SIGNATURE STATE HEALTH INSERT S   
 DATE ISSUED **02 20 87** **B Nelson** **02/20/87**  
 43 48 CO SIGNATURE EXP/DATE  
 NORTH GRID **550000** EAST GRID **0801000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
 24 28

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 \_\_\_\_\_

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

'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

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE  WRITE INITIALS IN BOX PERMIT No. **HO-81-11919**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

RCM Corporation  
 5520 Cedar Lane  
 Columbia MS 39104  
 995-0133

Revised Jan. 12, 1987

Jean R. Dickey  
 13850 Forsythe Road  
 Sykesville, MD 21784

Scale 1" = 75' Approximately

Well Elevation	<u>462.0</u>
Ground at Start of Septic	<u>462.0</u>
Bsm't Elev.	<u>454.5</u>
1st Floor	<u>463.5</u>
Out of House	<u>460.5</u>
Into Tank	<u>460.0</u>
Out of Tank	<u>459.7</u>
Into Field	<u>459.0</u>

Proposed 2 story House

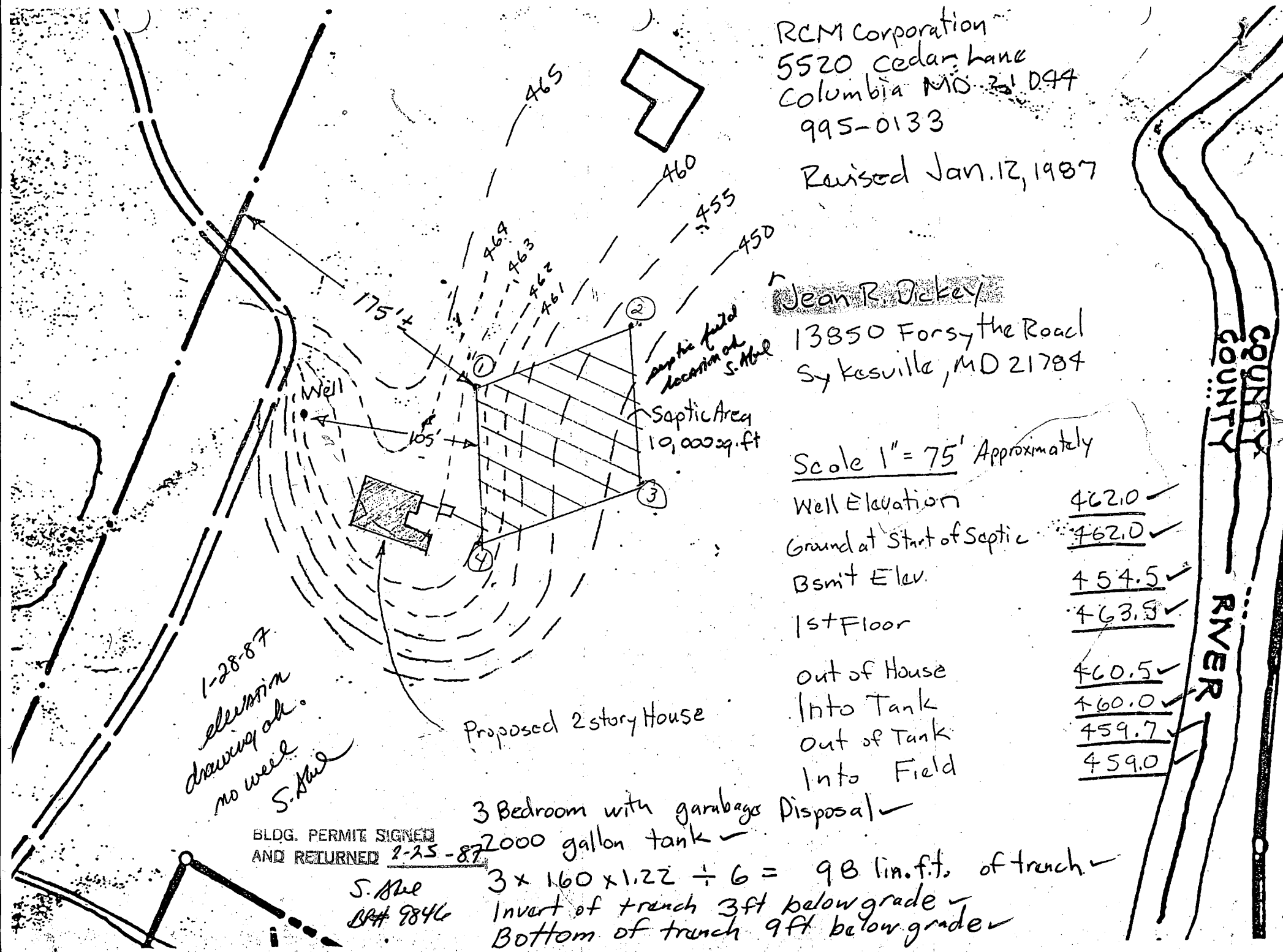
3 Bedroom with garbage Disposal  
 2000 gallon tank

$3 \times 160 \times 1.22 \div 6 = 98$  lin. ft. of trench  
 Invert of trench 3ft below grade  
 Bottom of trench 9ft below grade

1-28-87  
 elevation  
 drawing ok.  
 no well  
 S. Aue

BLDG. PERMIT SIGNED  
 AND RETURNED 2-25-87

S. Aue  
 BR# 9846



COUNTY  
 COUNTY  
 RIVER

AUG 25, 1986  
9:30

# APPLICATION

PERCOLATION TESTING

A 37360

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 7/17/86

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 clean Dickey

ADDRESS 13850 Forsythe Rd Sykesville PHONE 442 2226  
21784

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Dickey FARM - TENANT HOUSE LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION 13850 FONSYPHE RD

BLDG. PERMIT SIGNED  
AND RETURNED 87

TAX MAP 983 PARCEL # 93e14

S. Hall  
BP# 9846

SIZE OF LOT 500 ACRES TYPE BLDG. tenant  
(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.

Jeanne Dickey  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8-25-86 Perc. Satisfactory; Hold for certified well location; house & well site.

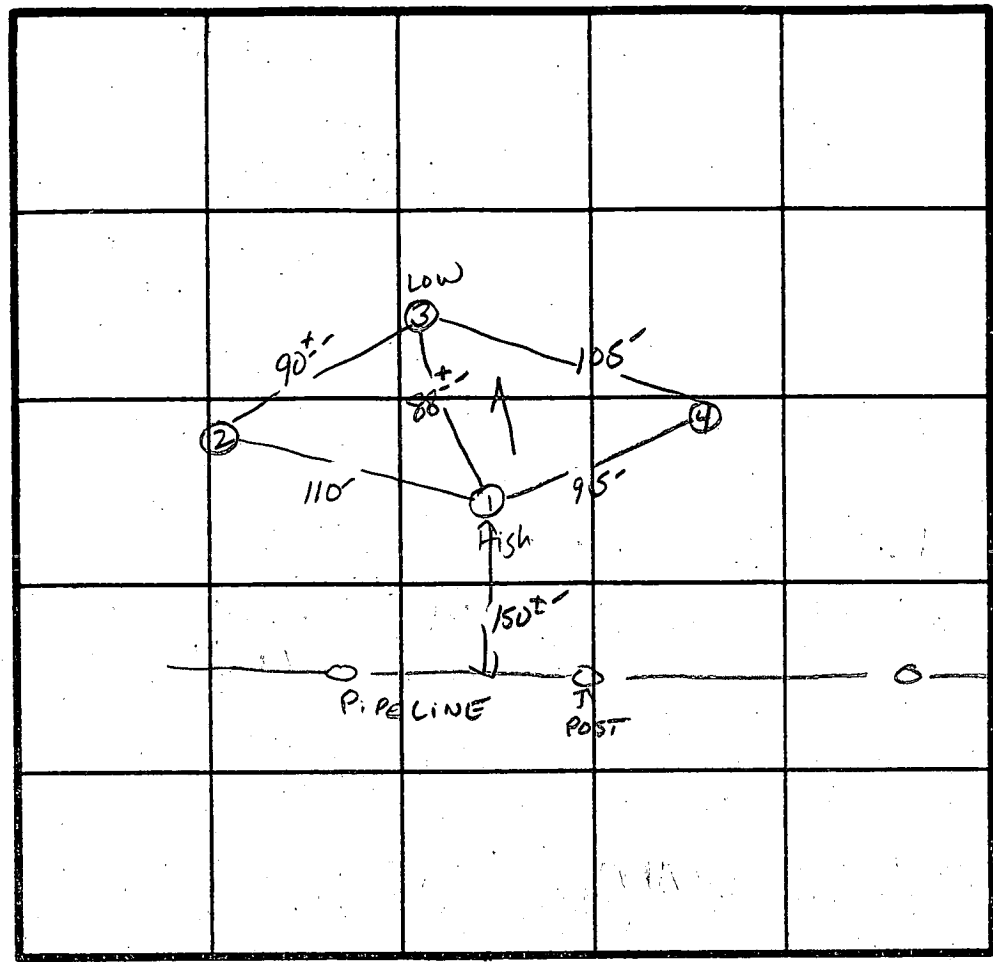
# THIS IS NOT A PERMIT

① ②  
③ ④  
SOIL PROFILE

0  
6"  
4.5'  
13'

AP  
YELLOW BK  
GRAVELLY  
SAND LOAM  
2-9% CLAY  
20-30%  
GRAVEL

LIGHT BROWN  
HIGHLY  
MICACEOUS  
SAND LOAM  
10-20%  
FRAGMENT  
w/ GRAVEL



2 Perc  
4min  
INLET  
3  
BOTTOM  
9'  
160 #/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

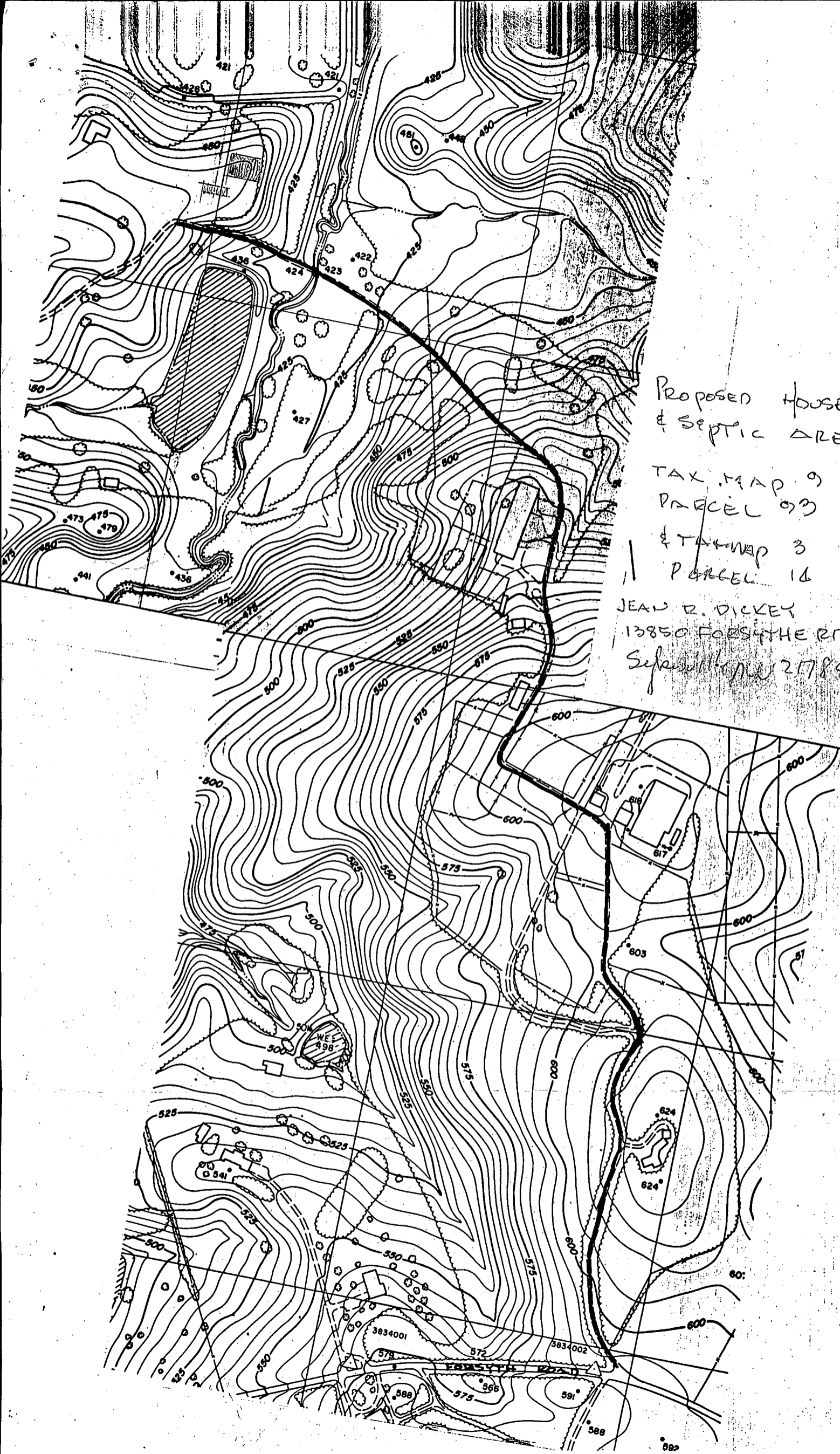
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/25/86	1 S	2'	10:24	10:27	10:27	10:33	6min	
		5'	10:24	10:25	10:25	10:27	2min	
	1 V	13'	UNIFORM SOIL below 4.5'					
	2 S	4'	10:28	10:29	10:29	10:35	6min	
		12'	UNIFORM SOIL below 4.5'					
	3 S	13'	10:33	10:35	10:35	10:39	4min	
	4 S	4'	10:35	10:36	10:36	10:38	2min	
		13'	SAME AS #3 w/ MORE FRAGMENTS AT BOTTOM 20-30%					

REMARKS \_\_\_\_\_

TYPE OF SOIL MINOR GRAVELLY LOAM to VERY GRAVELLY LOAM

TESTED BY S. Abel ALSO PRESENT R. Allen

EH-12-1079



Proposed House  
& SEPTIC AREA

TAX MAP 9  
PARCEL 93  
& TAX MAP 3  
PARCEL 14

JEAN R. DICKEY  
13850 FORSYTHE RD  
September 27, 1984

SUBDIVISION: DICKEY FARM

LOT NUMBER:

TENANT HOUSE 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

160 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3 feet below original grade.

6 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 absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX OR START THE TRENCH APPROXIMATELY 220 FT FROM THE PIPE LINE AND 280 FT FROM THE RIGHT SIDE LINE AS SEEN WHEN FACING SITE FROM PIPE LINE (GAS). RUN TRENCHES ON CONTOUR FORWARD LEFT SIDE OF LOT. MAY INSTALL SYSTEM AS SHOWN ON SITE PLAN APPROVED 1-14-87. 01-16-87 S. AHL. MAY INSTALL SYST. AS SHOWN ON APPROVED ELEVATION DRAWING. S. AHL 1-28-87

B 1. 5625

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

MD-81-1303

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

please print or type

fill in this form completely

Date Received

05/3/86

OWNER INFORMATION

GRAY Ken
13850 Forsythe Rd.
Sykesville Md. 21784

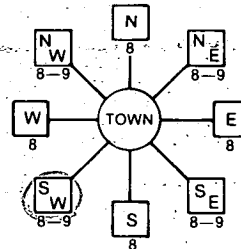
B 3

LOCATION OF WELL

Howard
Eaglewood Stables
Sykesville
2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13850 Forsythe Rd.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



500
DISTANCE FROM ROAD
ENTER FT or MI 57

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
Public or private water company
Test, observation, monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME
OEP SIGNATURE B. W. W.
DATE ISSUED 09/14/86
NORTH GRID 559000 EAST GRID 0801000

APPROXIMATE DEPTH OF WELL 200 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

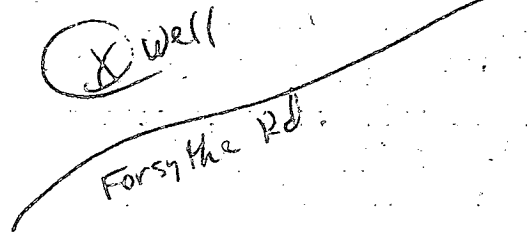
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

798801
54050

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 INITIALS IN BOX WRITE PERMIT No. MD-81-1303

SPECIAL CONDITIONS

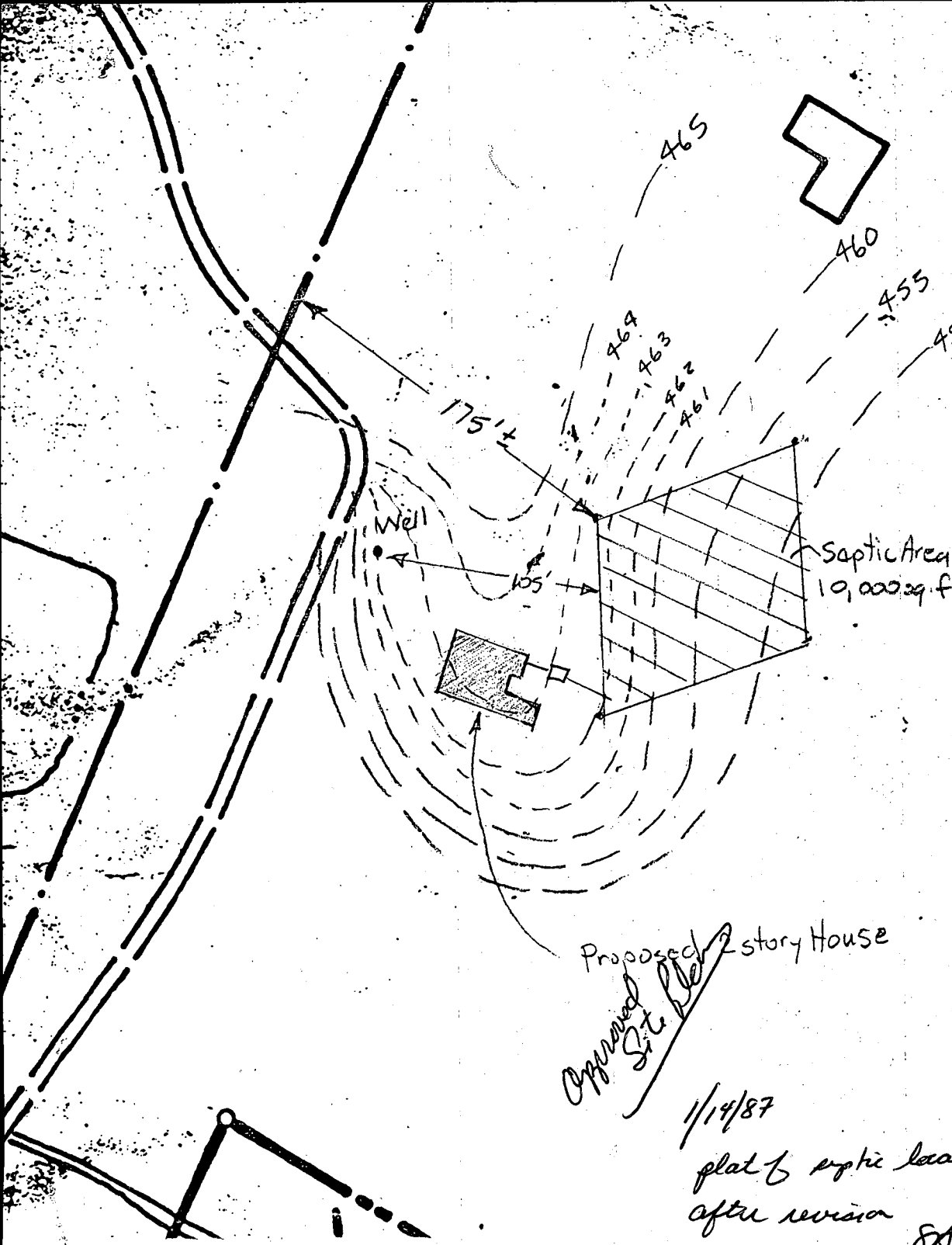
RCM Corporation  
 5520 Cedar Lane  
 Columbia MO 65204  
 995-0133

Revised Jan. 12, 1987

Jean R. Dickey  
 13850 Forsythe Road  
 Sykesville, MD 21784

Scale 1" = 75' Approximately

Well Elevation	462.0
Ground at Start of Septic	462.0
Bsm't Elev.	454.5
1st Floor	463.5
Out of House	460.5
Into Tank	460.0
Out of Tank	459.7
Into Field	459.0



Proposed 2 story House  
 Approved Site Plan

1/14/87

plat of septic location  
 after revision

STAN

COUNTY  
 COUNTY  
 RIVER