

Tax ID - 04-329562

APPROVED
10/23/86
PJ P 37755

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

461-9933

DATE 10/2/86

Arnold Septic Tank Service

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 795-1285

SUBDIVISION Lishon Meadows

ROAD 15830 Bellis Drive

LOT 5

PROPERTY OWNER Diane Abrams

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO /

SEPTIC TANK CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

INLET 4" ; BOTTOM 10" ; 6" STONE ; 100 LF OF TRENCH. S. APR 10-2-86

PLANS APPROVED BY C. Williams

DATE 10/01/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

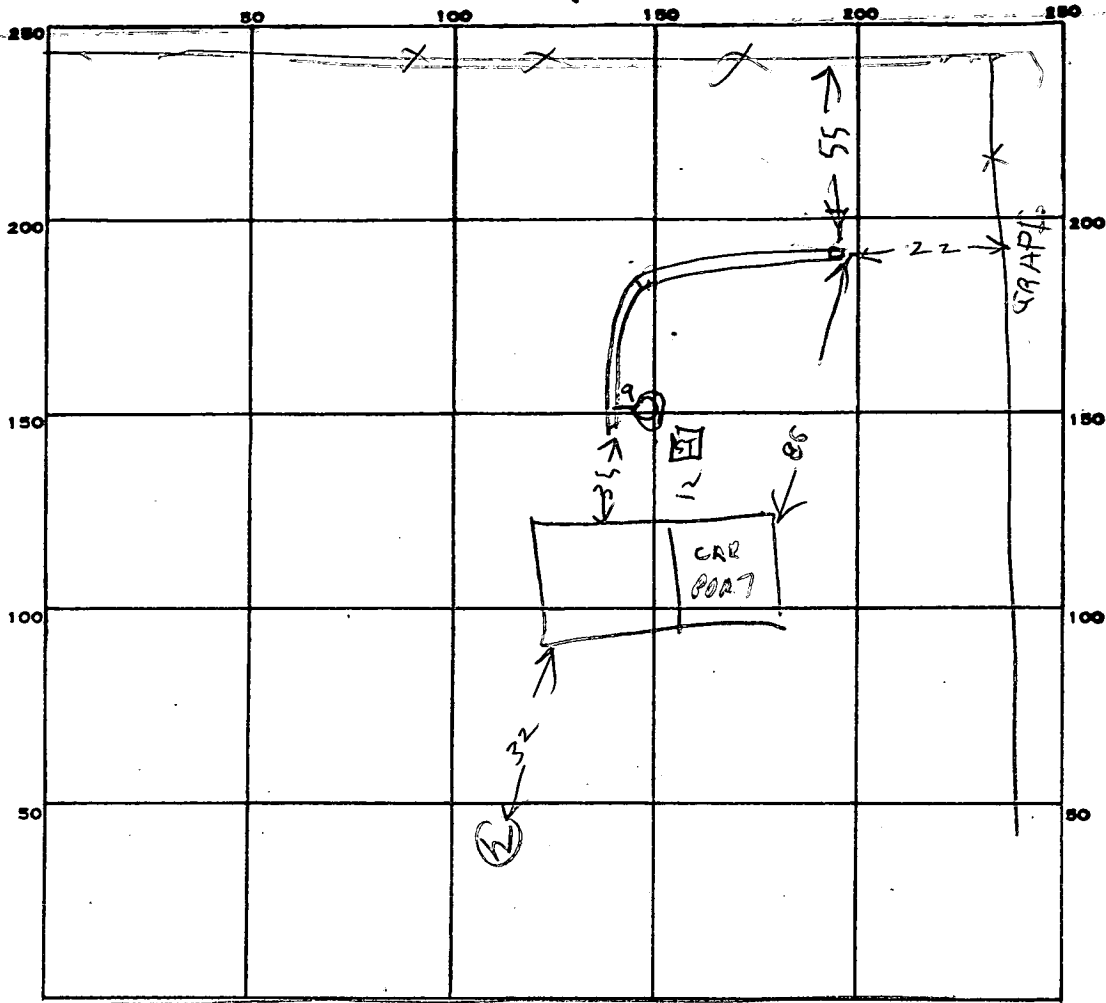
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

Call 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A REPAIR
37755



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

BELLIS DRIVE

17
23
24
5

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TRENCH TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6F IN. TOTAL LENGTH 102 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 6012

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/22/86 1241 SOIL OK TRENCH OK ADD STONE

158 SQ FT PER BED ROOM MEMBER

10/23/86 PM - STONE ADDED RH

DATE SYSTEM APPROVED 10/23/86

INSPECTOR Raymond Hodges

PERMIT

app 312-74

Miss M

P 19634
A 17767

3/11/74
Ready

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 3/6/74

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenelg, Maryland

PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Lisbon Meadows

ROAD Bellis Drive

LOT 5, Blk. B, Sec. 2

PROPERTY OWNER Alan N. Taylor

ADDRESS Phone: 465-5000, Ext. 241

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 - 300 sq. ft. sidewall area below inlet. Dry well inlet to be 5 ft. deep and bottom of dry well to be no deeper than 12 ft. Place the dry well 125 ft. from the front lot line and 60 ft. from the right side of lot as seen when facing lot from Bellis Drive.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges

DATE 9/9/73

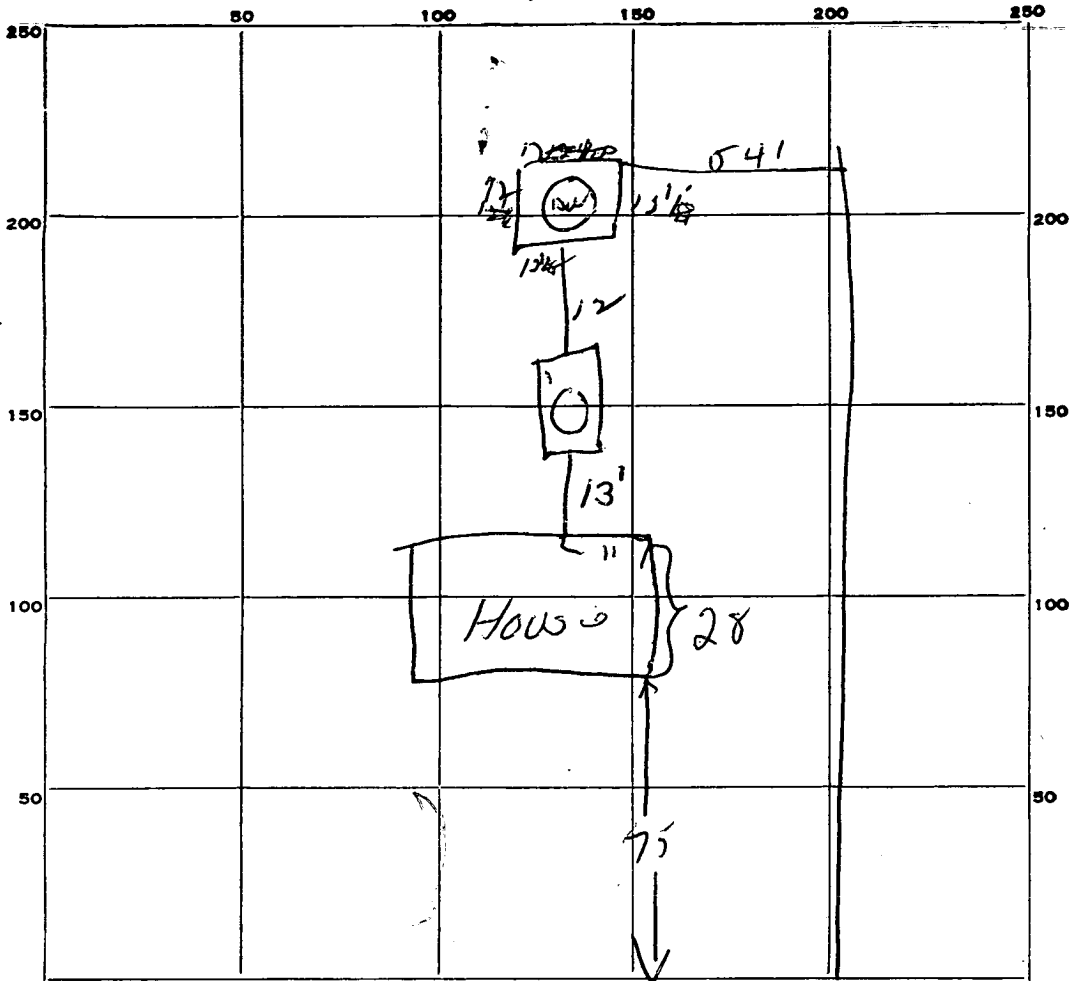
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED
AND RETURNED 9/16/73

Sinal # 47795
Carport

A 17767



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Bellis Drive

PERMIT CARD 014

SEPTIC TANK, LEVEL 214

CLEANOUTS 014

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, *Perimeter* INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA 312 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 3/12/74

INSPECTOR BW Managler

Preliminary

APPLICATION

17767

A _____

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

3BR | 4BR

ELLICOTT CITY

DISTRICT 4th

DATE 12/7/72

1000 Gal Tank

1250 Gal Tank

Dry Well - 300 sq ft sidewalk area below inlet

Dry Well - 400 sq ft sidewalk area below inlet

Dry Well inlet to be 5 FT deep & bottom of Dry Well to be no deeper than 12 FT place the dry well 12.5 FT from the front lot line and 60 FT

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. *from the right side of lot as seen when facing*

PROPERTY OWNER Fred B. & Ann L. Abeles

ADDRESS Route 1, Woodbine, Md. 21797

PHONE Mr. Podolak, 254-2229

PROPERTY LOCATION: *Owner - Alan N. Taylor phone - 465-5000, Ext. 241*

SUBDIVISION Lisbon Meadows

LOT NO. 5 Blk. B, Sec. 2

ROAD AND DESCRIPTION Bellis Drive

Lot 5B sect 2

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 42,600 sq. ft. TYPE BLDG 3 or 4 bedrooms

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Leon A. Podolak

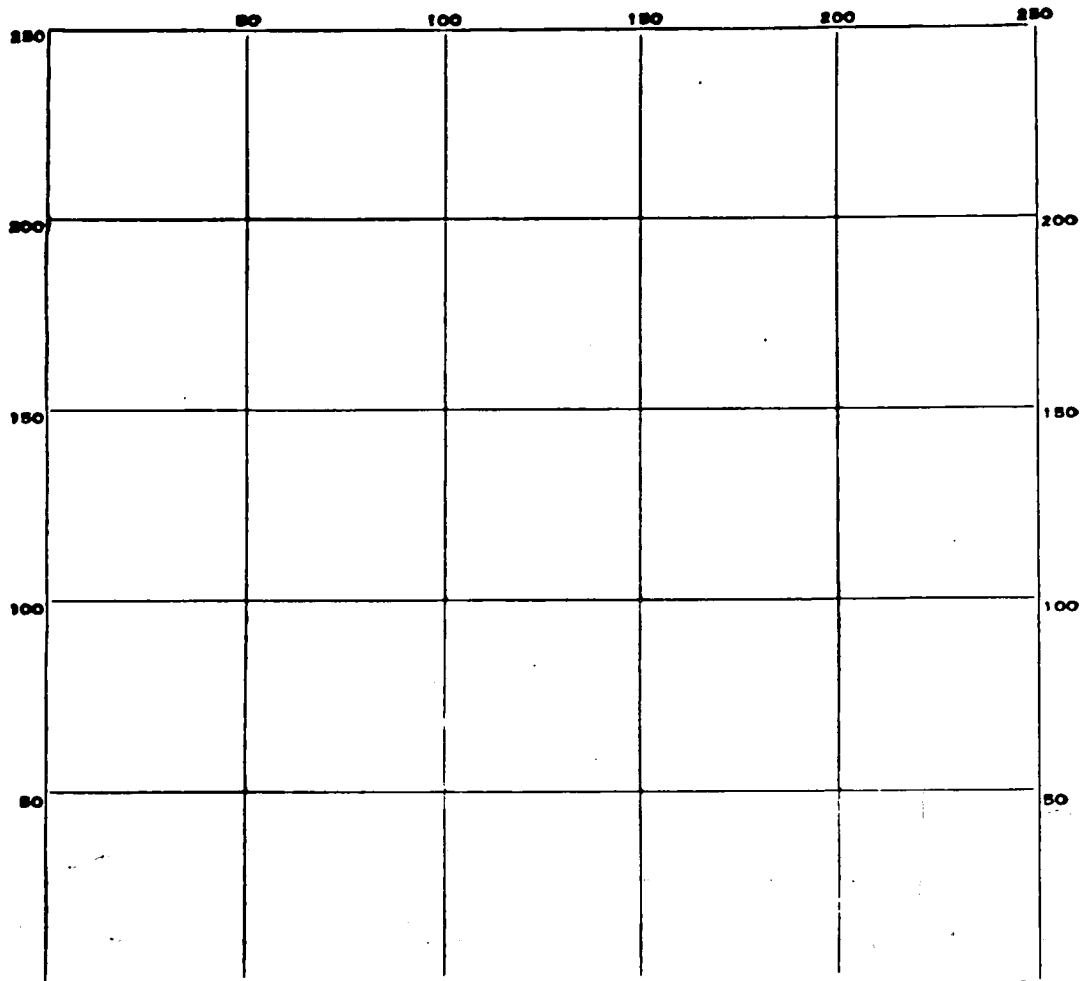
APPROVED BY *Raymond K. Dodge* FOR *Dry Well* DATE 9/9/73

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/8/73 *Mr. Vega Signed*

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

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

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

Revising

APPLICATION

A 14950

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic tank to be 1200 gallons* ELLICOTT CITY

DISTRICT 4

DATE 11/10/69

*Dry Well to be 100 sq. ft of absorbent sidewalk
Area below the inlet pipe per bedroom. Inlet pipe
to be 5 ft below original grade. Max depth of dry well to be 12
ft below original grade. Locate Dry Well.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Fred B. & Ann L. Abeles

ADDRESS Rt. 1, Woodbine, Maryland 21797

PHONE Mr. Podolak
848-2229

PROPERTY LOCATION:

SUBDIVISION Lisbon Meadows

LOT NO. 8 *Lot 5 B sect 2*

ROAD AND DESCRIPTION Oland Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 42,600 sq. ft. TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Leon Podolak

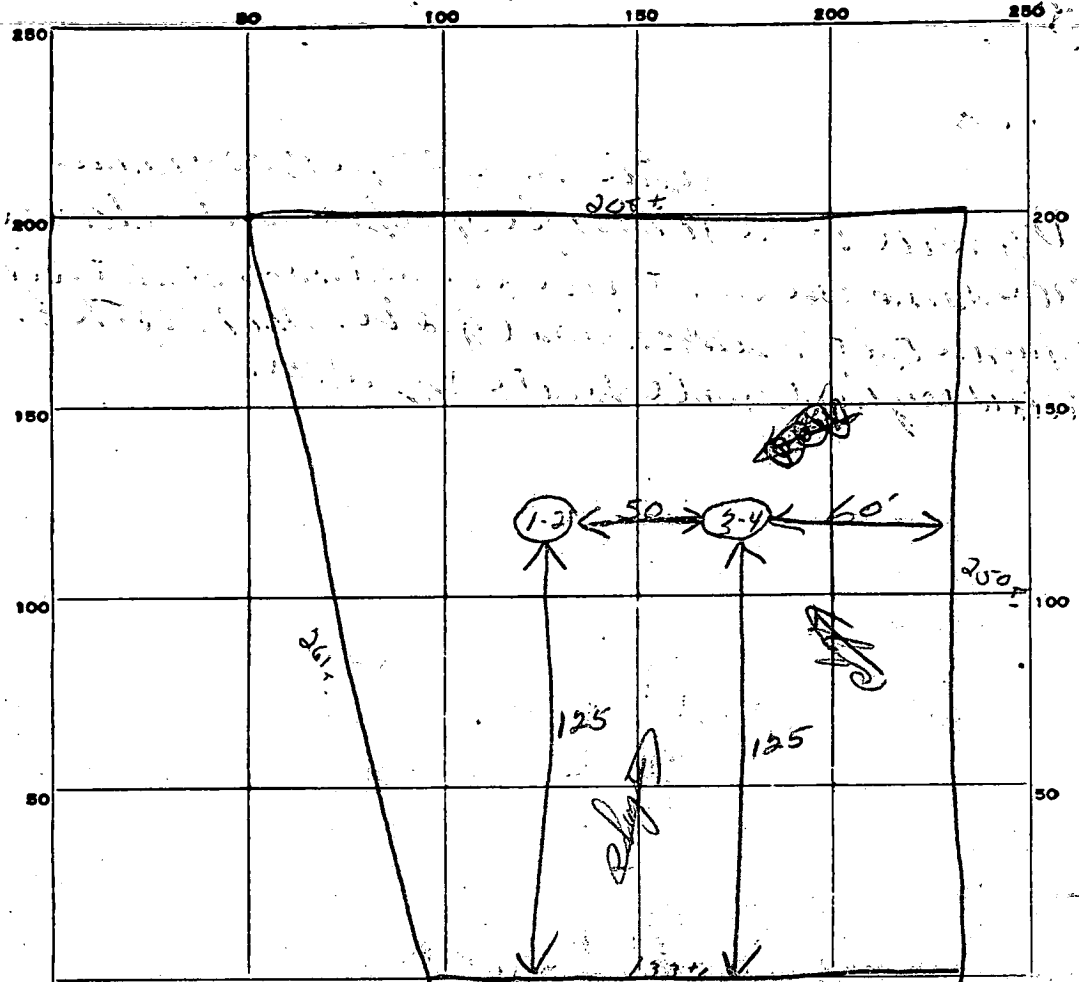
APPROVED BY James T. Wright FOR Dry Well DATE 4/21/71
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Olond Drive

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|-------|---------|------|----------------|------|-------|
| | | | START | STOP | START | STOP | |
| 11/13/68 | 1 | 12' | 115 | 116 | 116 | 118 | 2 min |
| | 2 | 5' | 115 | 117 | 117 | 125 | 8 min |
| | 3 | 12' | 124 | 125 | 125 | 126 | 1 min |
| | 4 | 5' | 125 | 129 | 129 | 135 | 6 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SOIL AUGER FINDING _____
 TESTED BY *[Signature]* _____
 REMARKS _____

10/8

APPLICATION

A 14950

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic tank to be 1200 gallons*

ELLICOTT CITY

Dry well to be 100 sq. ft. of absorbent material

DISTRICT 4

DATE 11/10/69

Also below the inlet pipe per bedroom. Inlet pipe to begin 5 ft below original grade. Max depth of dry well to be 12 ft below original grade locate Dry well.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Fred B. & Ann L. Abeles

ADDRESS Rt. 1, Woodbine, Maryland 21797

PHONE Mr. Podolak
848-2229

PROPERTY LOCATION:

SUBDIVISION Lisbon Meadows

LOT NO. Lot 5 Bsect 2
8

ROAD AND DESCRIPTION Oland Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____ PHONE _____

ADDRESS _____ PHONE _____

SIZE OF LOT 42,600 sq. ft. TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Leon Podolak

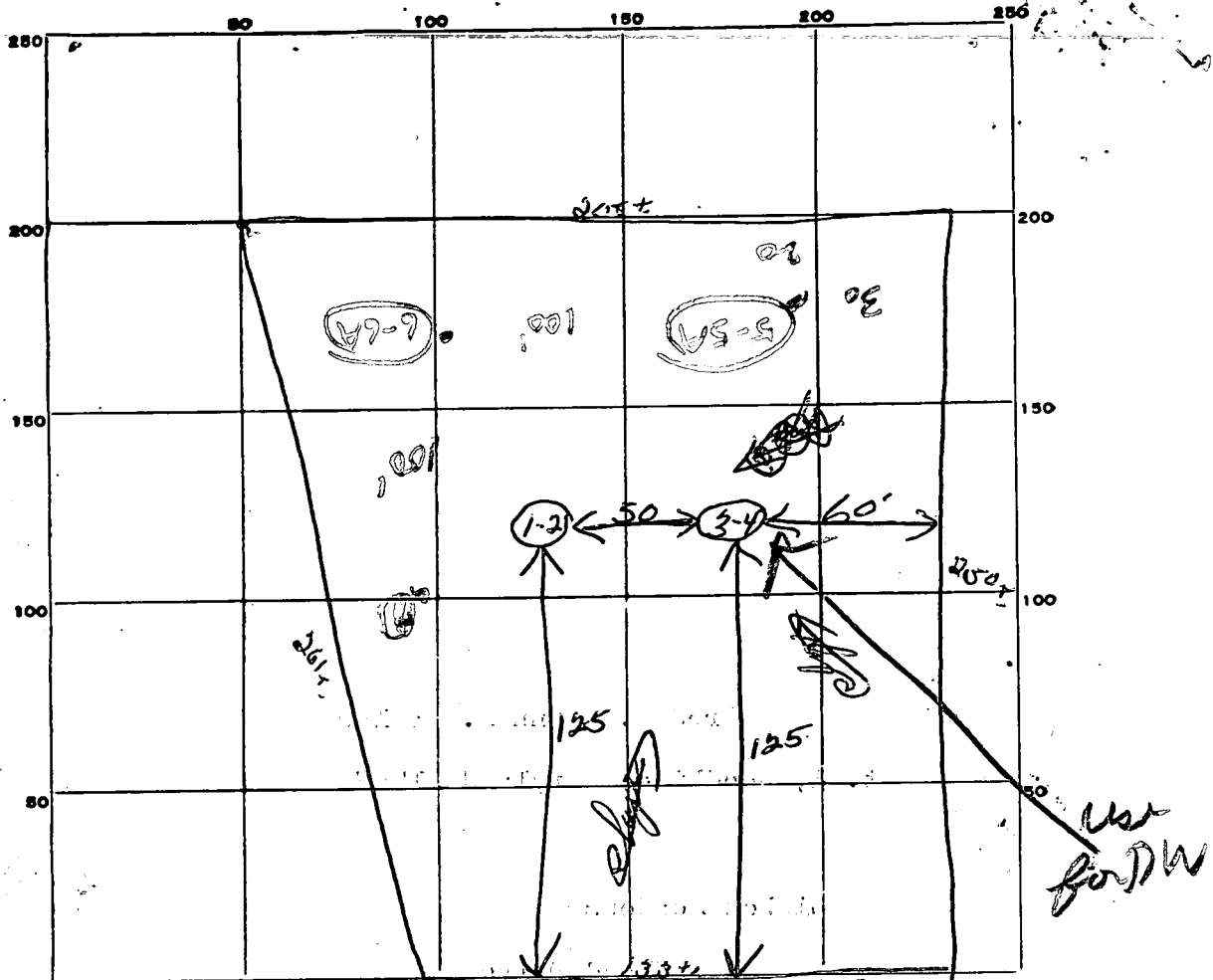
APPROVED BY James J. Wright FOR Dry well DATE 4/21/71

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Oland Drive

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|--|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 11/13/68 | 1 | 12' | 115 | 116 | 116 | 118 | 2 in |
| | 2 | 5' | 115 | 117 | 117 | 125 | 8 in |
| | 3 | 12' | 124 | 125 | 125 | 126 | 1 in |
| | 4 | 5' | 125 | 129 | 129 | 135 | 6 in |
| 11/14/72 | 5 | 6' | 227 | 238 | 238 | 305 | 27 |
| | 5A | 12' | 227 | 233 | 233 | 248 | 15 |
| | 6 | 6' | 240 | 250 | 250 | 316 | 26 |
| | 6A | 12' | 240 | 250 | 250 | 310 | 20 |
| | 7 | top 5' - clay Bottom - 7' - Good Soil | | | | | Dry |

Arterio
11 man
max
Depth 5F7

4 man
5F7

SOIL AUGER FINDING

TESTED BY

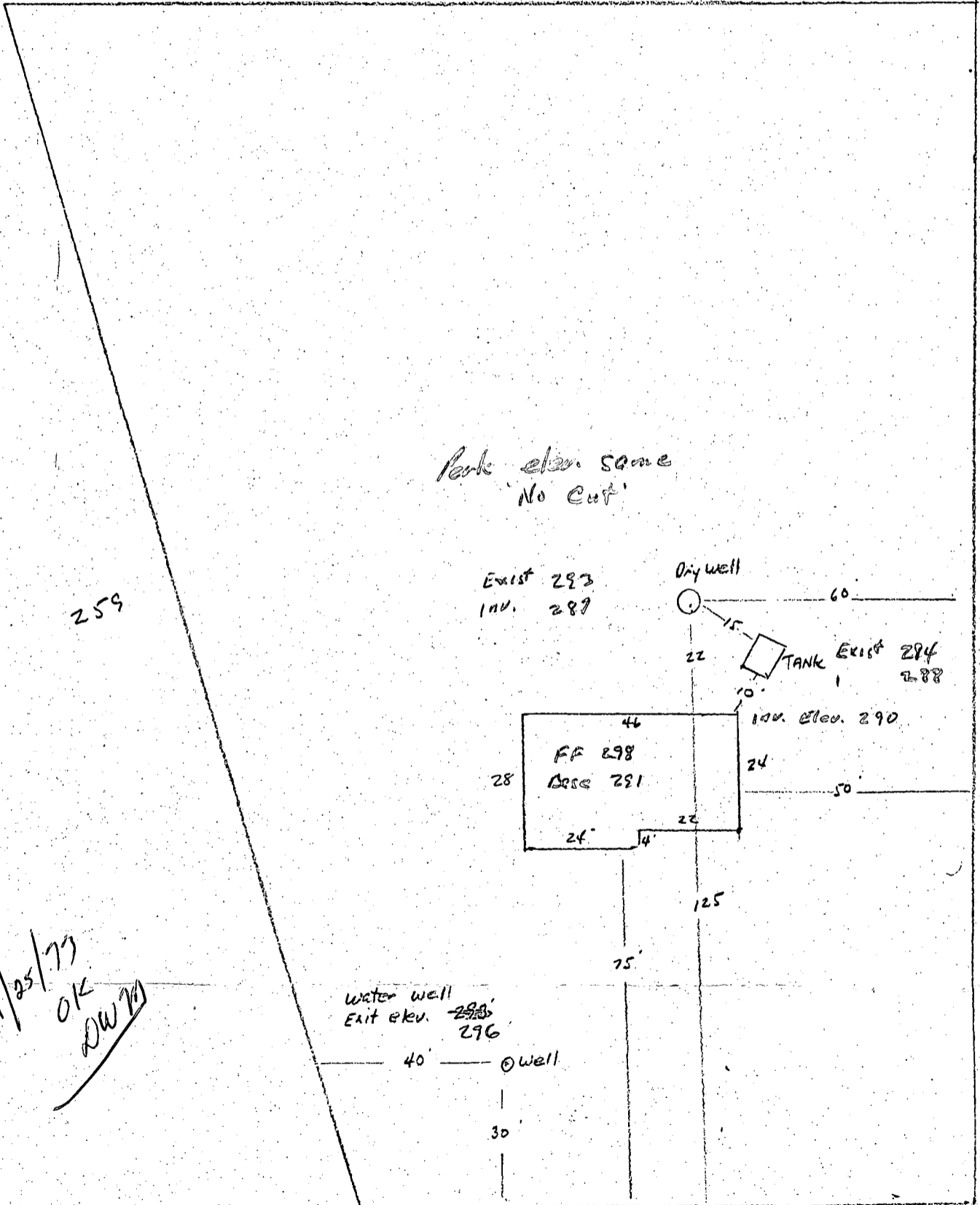
REMARKS

Soil 12/14/72

258

Park Meadows
 Lots 5, Blk. B

Elev. 290 201 Elev 292



259

Perk elev. same
 'No cut'

Exist 283
 Inv. 287

Dry well



60



TANK Exist 284
 288

Inv. Elev. 290

46
 FF 298
 Base 281

28

24

50

24' 4' 22'

125

75

Water well
 Exit elev. 298
 296

40



30

9/25/77
 OK
 DW 77

30 scale

Elev. 298

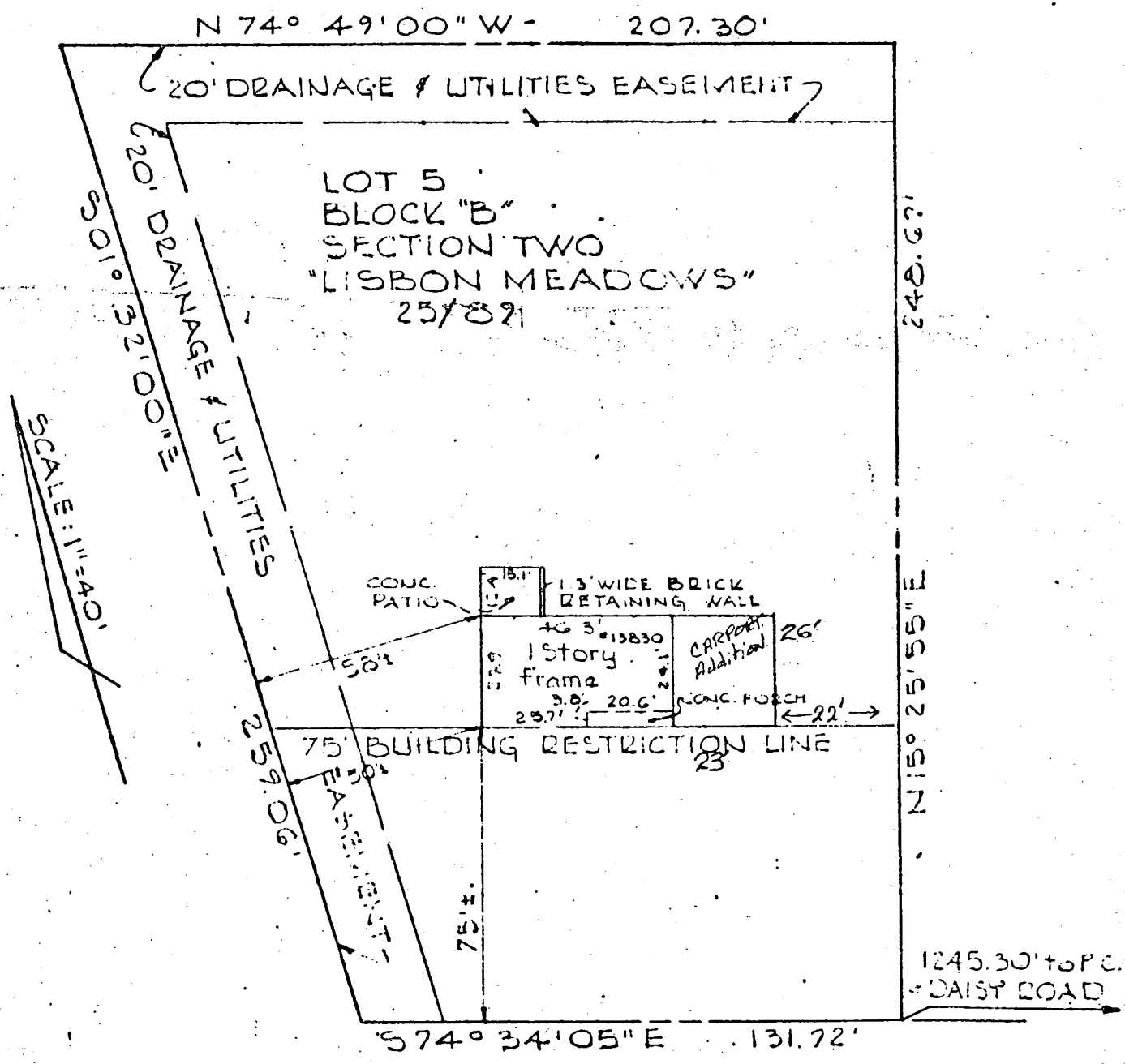
131

Elev 300

I certify the above measurements and elevation differences are actual and correct for this property.

Alan D. Taylor
 465-5000 x241

1-0764



* 15830 Bellis Drive
 Lot 5, Block "B", LISBON MEADOWS

This is to certify that I have surveyed the property known as
 Section Two, 4th Election District, Howard County, Maryland.

Elev 290

201

elev. 292

259

Park some No Cut

Exist elev. 293
IMV " 287

248

Dry well



60

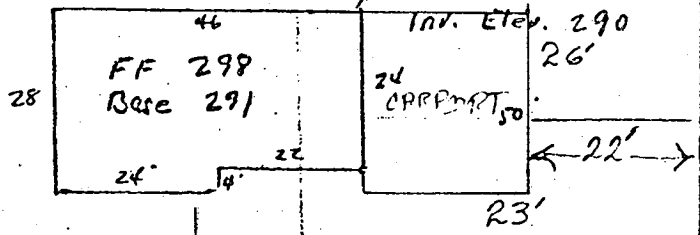
22

15

Exist elev. 294
288

10

Inv. Elev. 290



Water well
Exist elev. 296

40

Well

30

75

125

Elev. 298

131

Elev. 306

30 scale

To Address Corrupt

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Repair Perc.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER DIANE ABRAMS

ADDRESS 15830 Bellis Dr. PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lisbon Meadows LOT NO. 5

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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

| | | | | |
|--|------|--------------------------------|--|---|
| B 1 | 1642 | 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 40-73-0599 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) 3/26/74 3:30 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">OWNER <u>Taylor Jr.</u> COL 15 LAST NAME</td> <td style="width:50%; text-align: right;"><u>R.</u> FIRST NAME</td> </tr> <tr> <td colspan="2" style="text-align: right;">COL. 34</td> </tr> <tr> <td colspan="2">STREET OR RFD. <u>13230 Bellis Dr.</u> COL 36</td> </tr> <tr> <td colspan="2" style="text-align: right;">COL. 55</td> </tr> <tr> <td colspan="2">POST OFFICE <u>Lisbon</u> COL 57</td> </tr> <tr> <td colspan="2" style="text-align: right;">COL. 76</td> </tr> </table> | OWNER <u>Taylor Jr.</u> COL 15 LAST NAME | <u>R.</u> FIRST NAME | COL. 34 | | STREET OR RFD. <u>13230 Bellis Dr.</u> COL 36 | | COL. 55 | | POST OFFICE <u>Lisbon</u> COL 57 | | COL. 76 | |
| OWNER <u>Taylor Jr.</u> COL 15 LAST NAME | <u>R.</u> FIRST NAME | | | | | | | | | | | | |
| COL. 34 | | | | | | | | | | | | | |
| STREET OR RFD. <u>13230 Bellis Dr.</u> COL 36 | | | | | | | | | | | | | |
| COL. 55 | | | | | | | | | | | | | |
| POST OFFICE <u>Lisbon</u> COL 57 | | | | | | | | | | | | | |
| COL. 76 | | | | | | | | | | | | | |

| | | |
|---|---------------------------|---------------------|
| B 1 | CONTINUED | DRILLER INFORMATION |
| 1 2 3 (SEQ. NO.) 6 | | |
| DATE <u>1-14-74</u> | LICENSE NUMBER <u>201</u> | 77 80 |
| FIRST NAME <u>JOHN A. GILFANE</u> DRILLER LAST NAME | | |
| SIGNATURE <u>John A. Gilfane</u> | | |

| | |
|---|---|
| B 3 | LOCATION OF WELL |
| 1 2 3 (SEQ. NO.) 6 | |
| COUNTY <u>Howard</u> | 8 21 (DO NOT ABBREVIATE COUNTY NAME) |
| SUBDIVISION <u>Lisbon Meadows</u> | 23 42 |
| SECTION <u>B</u> LOT <u>5</u> | 44 46 48 50 |
| NEAREST TOWN <u>Lisbon</u> | 52 71 |
| MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> | 73 76 77 78 |

| | |
|---|------------------|
| B 2 | WELL INFORMATION |
| 1 2 3 (SEQ. NO.) 6 | |
| MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>8</u> | 12 |
| AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>14</u> | 20 |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) | |
| <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) | |
| <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION | |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. | |
| <input type="checkbox"/> MUNICIPAL WATER SUPPLY | |
| <input type="checkbox"/> PRIVATE WATER COMPANY | |
| <input type="checkbox"/> TEST | |
| MUST HAVE STATE HEALTH DEPT. APPROVAL | |

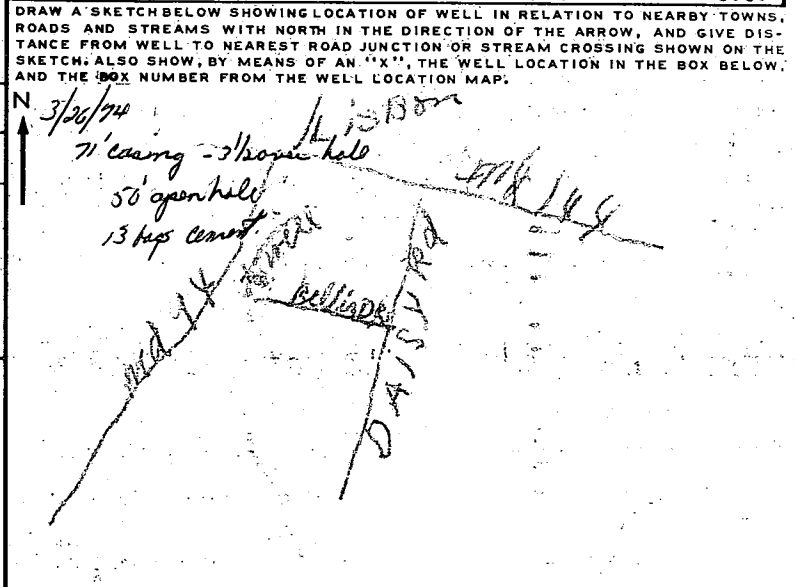
| | |
|---|---|
| B 4 | DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) |
| 1 2 3 (SEQ. NO.) 6 | |
| <input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST | |
| NEAR WHAT ROAD <u>Bellis Dr.</u> | 8 9 |
| ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) | 11 30 NORTH SOUTH EAST WEST <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 32 32 32 32 |
| DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>40'</u> | 34 37 38 39 |

| | |
|---------------------------------------|----------------|
| APPROXIMATE DEPTH OF WELL <u>125</u> | 24 28 FEET |
| APPROXIMATE DIAMETER OF WELL <u>6</u> | (NEAREST INCH) |

| | | |
|--|---|--|
| METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) | | |
| <input checked="" type="checkbox"/> BORED (OR AUGERED) | <input type="checkbox"/> JETTED | <input type="checkbox"/> DRIVEN |
| 30-37 <input checked="" type="checkbox"/> AIR-ROTARY | <input type="checkbox"/> AIR-PERCUSSION | <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) |
| <input type="checkbox"/> CABLE | <input type="checkbox"/> REVERSE-ROTARY | <input type="checkbox"/> DRIVE-POINT |
| OTHER (DESCRIBE) | | |

| | |
|---|--|
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) | |
| <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL | |
| <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED | |
| <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY | |
| <input type="checkbox"/> 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 (WRA USE ONLY) | |
| APPROPRIATION PERMIT NUMBER | ENGINEER REVIEW DISTRICT NO. |
| FORCE | CONDITIONS |
| WRITE INITIALS IN BOX | |



| | | |
|--------------------------------|---------------------------|----------------------------|
| B 4 | CONTINUED | HEALTH DEPARTMENT APPROVAL |
| 1 2 3 (SEQ. NO.) 6 | | |
| DATE <u>3/19/74</u> | COUNTY NAME <u>Howard</u> | COUNTY NO. <u>130475</u> |
| APPROVED BY <u>[Signature]</u> | | |

| | |
|-------------------------------|--|
| B 5 | SPECIAL CONDITIONS 8-63 (WRA USE ONLY) |
| 1 2 3 (SEQ. NO.) 6 | |
| NORTH COORDINATE | 50 51 52 53 54 55 |
| EAST COORDINATE | 57 58 59 60 61 62 63 |
| ELEVATION AT WELL HEAD (FEET) | 65 66 67 68 |

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

C-1 **0065** SEQUENCE NO. (WRA USE ONLY)

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)

DATE WELL COMPLETED Mar. 26 1974

8-13 15 20

DEPTH OF WELL 205

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-73-0599**

28 29 30-31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 201

OWNER Taylor LAST NAME R FIRST NAME Alan Jr.

STREET OR RFD 13830 Bellis Rd. POST OFFICE Rubon Md.

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 | |
| <u>Sand</u> | <u>0</u> | <u>69</u> | |
| <u>gray granite</u> | <u>69</u> | <u>205</u> | |

GROUTING RECORD

WELL HAS BEEN "GROUTED" (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT CM BC BENTONITE CLAY

NO. OF BAGS 13 NO. OF POUNDS 1282

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 50 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CO CONCRETE

PLASTIC PL OT OTHER

MAIN CASING TYPE S T

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 71

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BR BRASS OR BRONZE HO OPEN HOLE

PLASTIC PL OT OTHER

SCREEN

1 H0 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM 0 TO 205

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T W O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE cal

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S 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) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

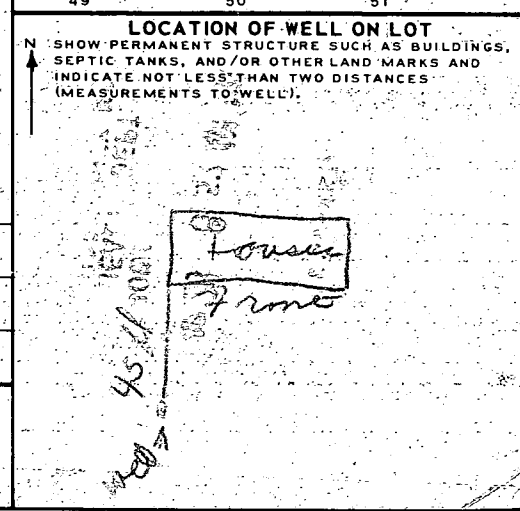
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE

- BELOW } 2 (NEAREST FOOT)



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 John Greene

(PLEASE PRINT) Joseph Maywe

SIGNATURE Joseph Maywe