

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-316505

P 50237

A 36240

DISTRICT _____

DATE 8/25/94

DATE SYSTEM APPROVED 10/17/94

INSPECTOR Arman

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

South Carroll Backhoe

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION River Downs LOT 1 ROAD 900 High Stepper Trail

PROPERTY OWNER JOLENE SZYMANSKI

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

BLDG. PERMIT SIGNED
AND RETURNED 3/17/95
Serial # 58458 - deck

PLANS APPROVED BY _____ DATE _____

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

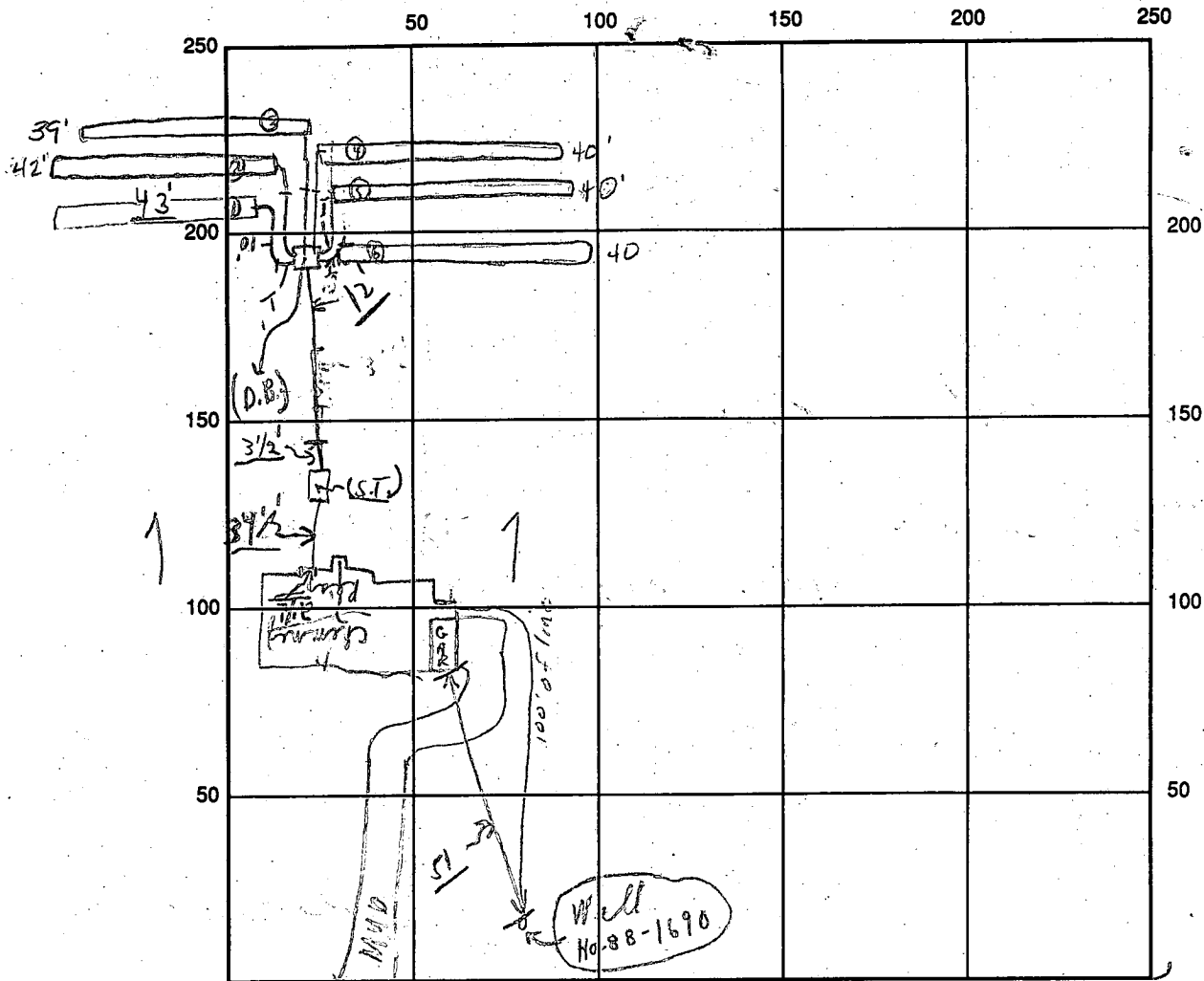
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
36240

1:07
10/14/94
Office
work
Golf Spec parts



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK High Stepper Trail CLEANOUTS ST. OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 43' 42' 39' 40' 40' 40' } = 244 linear ft

NUMBER OF TRENCHES 6 ONE SIDEWALL/BOTTOM AREA 732 SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET ~ FT.

ABSORBENT AREA ~ SQ. FT.

REMARKS: P.M. Partial 10/17/94 only #1 trench in and ok to cover same
and from homes to dist. look only; C.B.
10-17-94 OK to cover all work final Rev

10-17-94 WPE OK Rev

DATE SYSTEM APPROVED 10-17-94 INSPECTOR Amy Mc Miller

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50237

A 36240

DISTRICT 3rd

DATE 8/25/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION River Downs LOT 1 ROAD 900 High Stepper Trail

PROPERTY OWNER Goodier Builders

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 218 feet up the left (657.23') lot line and 165 feet off the same lot line as seen when facing the lot from High Stepper Trail.

Run trenches on contour toward both lot lines.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/23/94 DKS

PLANS APPROVED BY Sid Abel DATE 07/22/85

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

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PERMIT VOID AFTER TWO YEARS

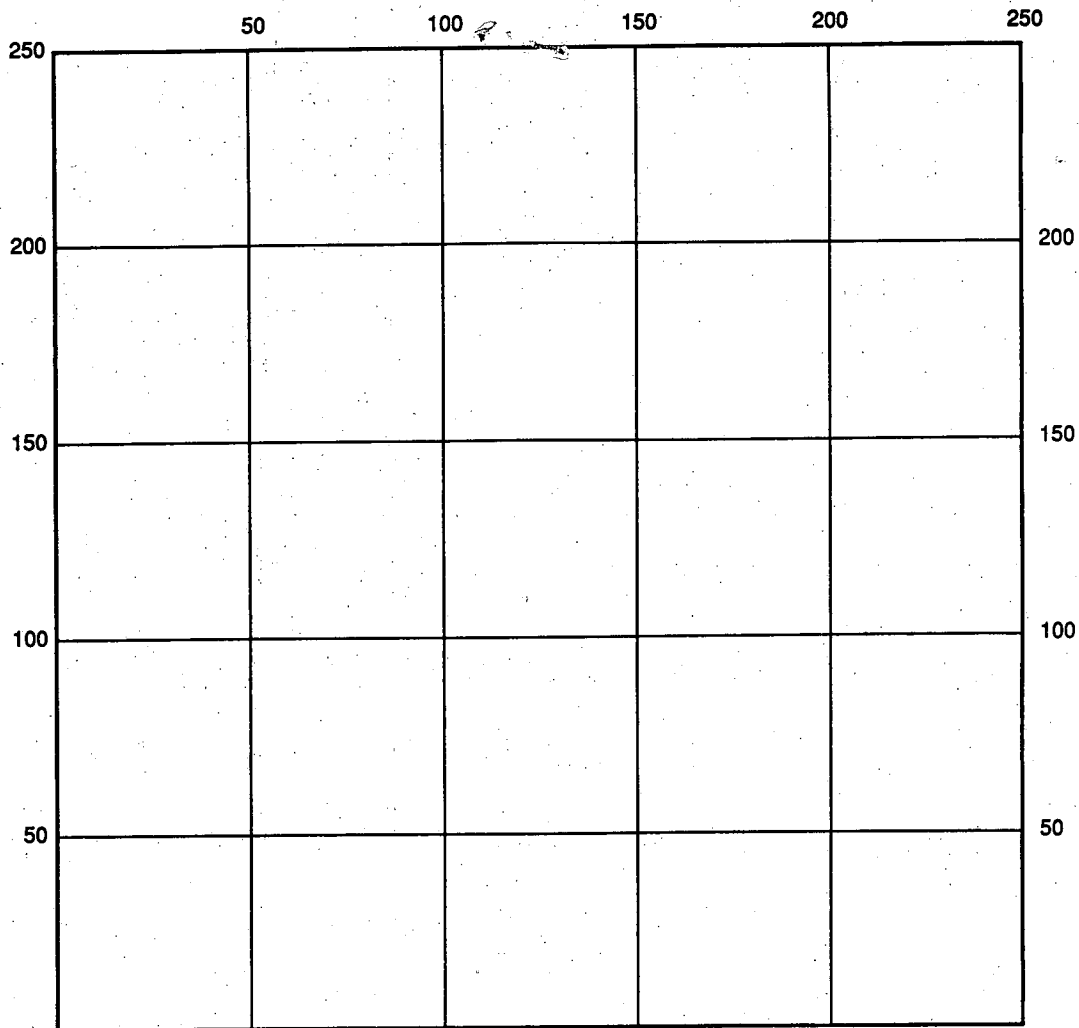
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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 10/6/94
Serial # 50713
perpenbank

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

A
36240



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ 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 _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

10/17/94

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 0
Date 10/14/94

Name of Installer WILLOUGHBY PLUMBING

Telephone 781-7051

License Number 6992
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner GOODIER BUILDERS

Telephone 997-7400

Subdivision RIVER DOWNS Lot # 1 Well Tag # HO-88-1690

Site Address 900 HIGH STEPPER TRAIL SYKESVILLE MD

- Pump**
- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
 - Make JACUZZI
 - Model # _____
 - Capacity 7 GPM
 - Pump exceeds well capacity Yes No
 - If Yes, is low pressure cutoff switch installed? Yes No
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other TAPE

- Motor**
- Horsepower 1/2
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter**
- Make HARVARD
 - Model # _____
 - Depth 4 FEET

- Tank**
- Capacity 40 gal.
 - Pressure relief valve? YES

- Piping**
- Type CRESCINE
 - Size 1"
 - NSF and/or BOCA Code approved
 - Depth of supply line 4 FEET

- Well data**
- Depth 185 ft.
 - Yield 8 1/2 GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? NO

10-17-94
WPI - OK to cover
4.2 feet below grade
then

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: Chris J. Willoughby

Date: 10/14/94

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

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

56743

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

900 HIGH STEPPER TRAIL
SYKESVILLE, MD 21784

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

INSTALL (BURY) 1-1000 GAL. W.C. UNDERGROUND
PROPANE TANK IN ACCORDANCE WITH NFPA #58
AND APPLICABLE HOWARD COUNTY CODES

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
1	338	1		5		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
RIVER DOWNS	RR	9	3	5030

APPROX 30 FT. FROM HOUSE & APPROX 115'
INSIDE PROPERTY LINE.)

OWNER NAME AND ADDRESS PHONE NO.
GOODIER BUILDERS 99707400

5054 DORSEY HALL DR. SUITE 205
ELLICOTT CITY, MD 21043

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

SUBURBAN PROPANE
P.O. BOX 305
REISTERSTOWN, MD 21136

410-833-1400

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE	PROPOSED USE
SFD UNDER CONSTRUCTION	SFD

SIGNATURE: *[Signature]*
TITLE: *[Title]*
DATE: 10/02/94

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$ 2250.00		

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	10-6-94	Amy McMiller
FIRE PROTECTION		
STORM WATER MGM.		

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

APPROVED

DATE

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

LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36240
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 11/26/85

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 ~~Chase Development Corporation~~ Goodier Builders

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE 410-997-7400
~~(301) 484-3100~~

PROPERTY LOCATION: LOT 1 Prelim #186

SUBDIVISION River Downs LOT NO. X

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(NUMBER OF BEDROOMS)

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.

William G. Kessel
SIGNATURE OF APPLICANT

APPROVED BY Sid Abel FOR Shallow tile fields DATE 1-2-87

REJECTED BY _____ FOR _____ DATE _____

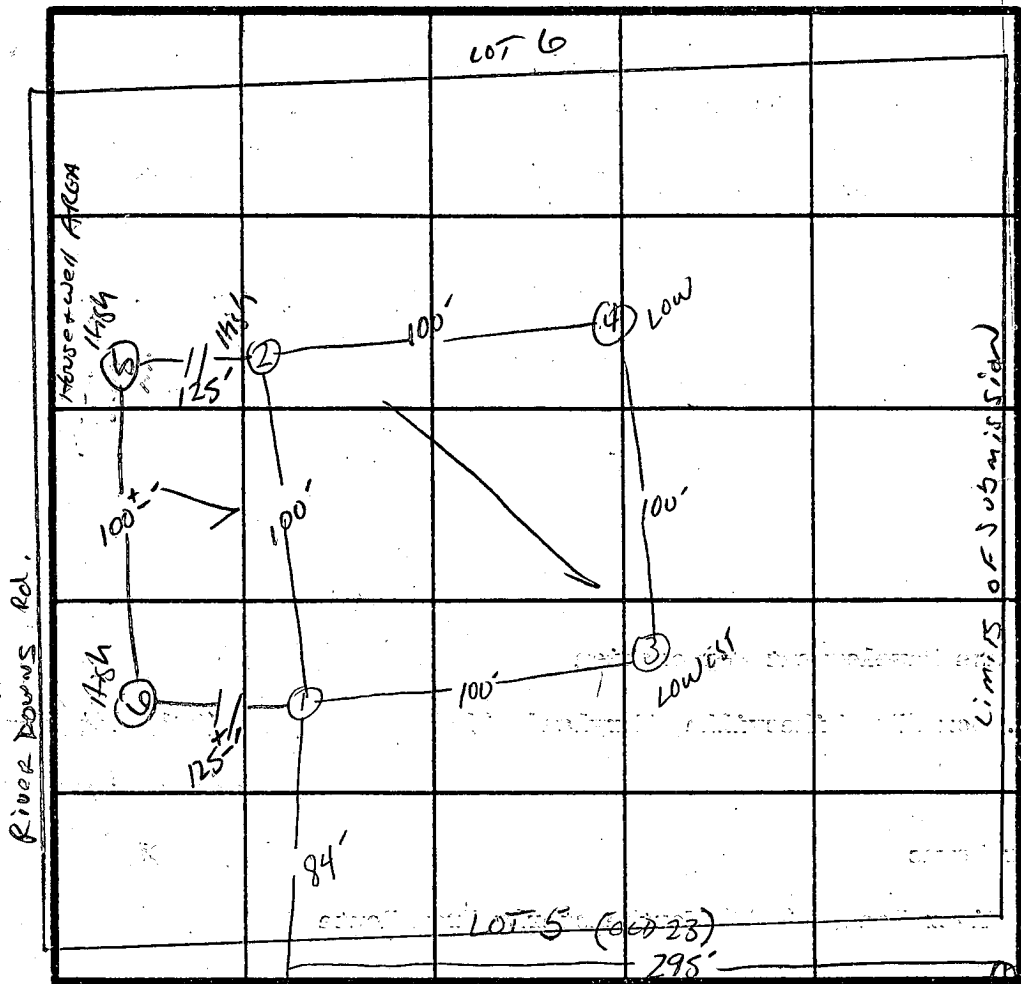
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85 Hold For West Season Retest Water low hole S. Abel
4-8-86 Perc. Satisfactory, Hold For Certified Subdivision Plat. Shallow
System only. S. Abel.

BLDG. PERMIT SIGNED
AND RETURNED 7/25/94
Serial # 55344 SFD-4Bm

THIS IS NOT A PERMIT

LOT 6



SOIL PROFILE

②
① ③

0
4" A1-3
Yellow BR
CLAY LOAM
L10%
SAPROLITE

4'
Yellow BR
SAND LOAM
SMALL
STONE 4-5
L10%
SAPROLITE

11' ▽ HOLE 3

⑥

4" A1-3
Yellow BR.
Silty CLAY LOAM
L10%
FRAGMENTS

4'
Brown Yellow
SAND LOAM
10-20%
FRAGMENTS

12'
LARGE ROCK
FRAGMENTS

X Perc
3 MIN
INLET 4
BOTTOM 5.5
160 #/BR
CON SNAKE
LOTS

④

0
4" A1-3
Yellow BR
CLAY LOAM
L100%
SAPROLITE

4'
Yellow/Grey
SAND silt
LOAM L10%
SAPROLITE

11' ▽

⑤

0
4" A1-3
RED BROWN
CLAY LOAM
L10%
FRAGMENTS

4.5'
Yellow BR
SAND LOAM

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
River Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/2/95	OK 5 ✓	5' 12.5'	10:12	10:14	10:14	10:18	4 MIN	
			UNIFORM SOIL STRUCTURE Below 4'					
	OK 2 ✓	4' 12"	10:44	10:45	10:45	10:47	2 MIN	
			UNIFORM SOIL STRUCTURE Below 4'					
	X 3 ✓	4.5' 12"	10:23	10:26	10:26	10:30	4 MIN	
			UNIFORM SOIL STRUCTURE 4 FE H2O AT 11.0'					
	X 4 ✓	4.5' 12"	10:33	10:38	10:38	10:45	7 MIN	
			UNIFORM SOIL STRUCTURE Below 4 FE H2O AT 11'					
	OK 5 ✓	4.5' 12"	3:01	3:02	3:02	3:04	2 MIN	
			UNIFORM SOIL STRUCTURE Below FE					
	OK 6 M	4' 7.5'	3:24	3:25:30	3:25:30	3:28	2.5 MIN	
			3:20	3:22	3:22	3:25	3 MIN	
	OK 6 ✓	12"	LARGE ROCK FRAGMENTS AT 12'					

4/8/86 Shallow System only

REMARKS WET SEASON RETEST - WATER TABLE AT 11' LOW HOLES; LOT #'S Δ'd.

TYPE OF SOIL Glenelg SAND LOAM / Shallow SYSTEM ONLY

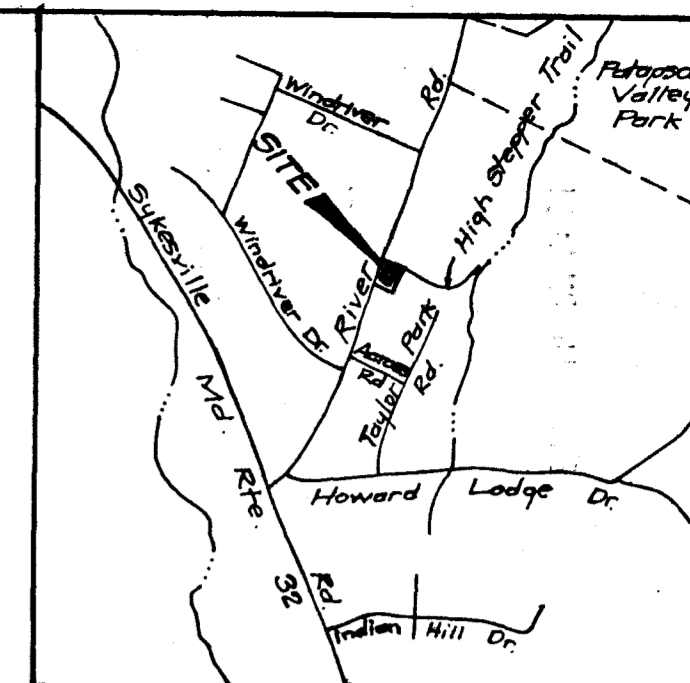
TESTED BY S. Abel

CURRIS, JEFF,

ALSO PRESENT

B+S CONTRAC

EH-12-1079



VICINITY MAP
Scale: 1" = 2000'

LEGEND

- Contour Interval 2 Ft.
- Existing Contour
- Proposed Contour
- Spot Elevation
- Direction of Drainage
- Existing Trees To Remain
- Walkout Basement

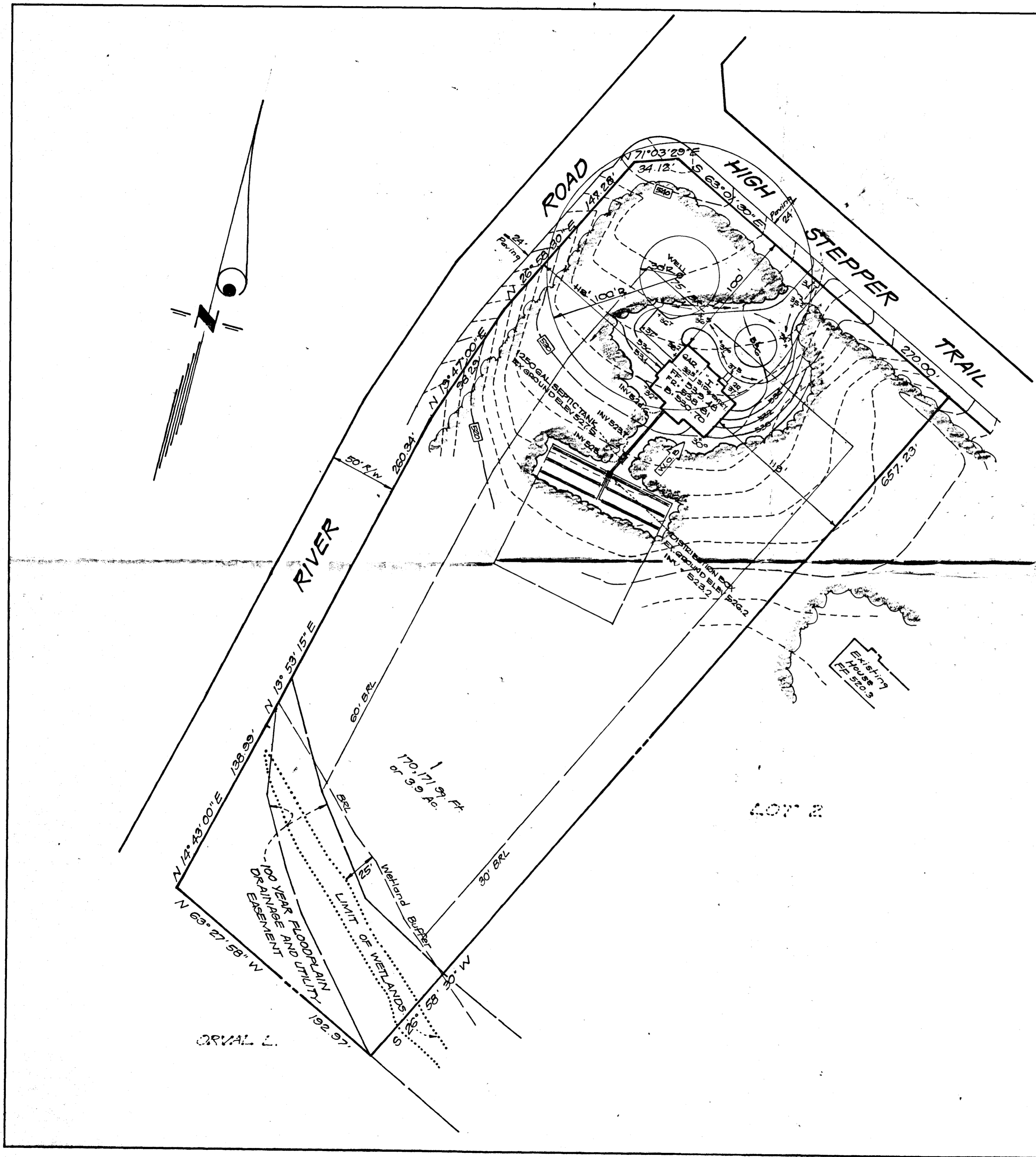
GENERAL NOTES

1. Existing topography was field run by Clark-Finefrock & Sackett, Inc. on 6-28-94.
2. Reference Plat Number 6827
3. Existing Zoning - R
4. Length of Septic trenches to be determined at time of permit issuance.

Approved Septic System Plan
Howard County Health Department

Ann M. Miller 7/20/94
Signature Date

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS <small>715 MINNIE HILL WAY • COLUMBIA MD 21045 • (410) 871-7500 BALTO • (301) 621-8100 WASH</small>		
DESIGNED R.M.T.	SITE DEVELOPMENT PLAN LOT 1 RIVER DOWNS SECTION 1 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN BAL R.M.T.		DRAWING 1 OF 1
CHECKED JME		JOB NO. 94-130
DATE 6-30-94	For: R.C. GOODIER BUILDERS, INC. 5054 Dorsey Hill Dr. # 205 Ellicott City, Md. 21042	FILE NO. 94-130 X



C1 **4548** SEQUENCE NO. (DENV. USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILE IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A30240**

ST/CO USE ONLY DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **051791** Depth of Well **185** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-1690**

OWNER **PARIS HAROLD** last name first name
 STREET OR RFD **HIGH STEPPER TRAIL** TOWN **SYKESVILLE**
 SUBDIVISION **RIVER DOWNS** SECTION [] LOT **1**

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SANDstone	0	58	
Copy mica Rock	58	185	

21 APR 13 11:38 AM
 RECEIVED
 HOWARD COUNTY
 DECEIVED

GROUTING RECORD
 WELL HAS BEEN GROUDED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUDED MATERIAL:
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **19** NO. OF POUNDS **1780**
 GALLONS OF WATER **114**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **183**

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

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

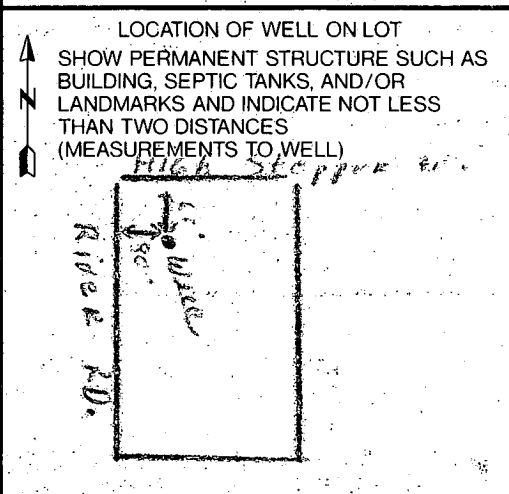
C2
 DEPTH (nearest ft.)
 1 **H061** 185
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] W Q [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **8.5**
 METHOD USED TO MEASURE PUMPING RATE **Back f.**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **43**
 WHEN PUMPING **75**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **(NO)**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: []
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE [] (nearest foot)
 (-) below }



CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE *Joseph L. May...*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 9146 SEQUENCE NO. (DP. USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

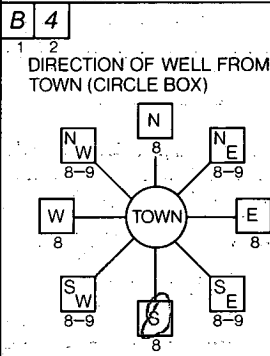
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-28-1690
70 fill in this form completely 79

OWNER INFORMATION
Date Received (APA) [] [] [] [] [] []
8 13
PARIS HAROLD
15 Last Name Owner First Name 34
PO BOX 1422
36 Street or RFD 55
ELLICOTT CITY MD 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2 HOWARD
8 COUNTY 21
BONER/DOWNES SUB
23 SUBDIVISION 42
SECTION 44 46 LOT 1 48 50
SYKEVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 73 MI 76 77 78

DRILLER INFORMATION
Joseph L. Mayne 238
Driller's Name 77 License No. 80
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Joseph L. Mayne 4/8/91
Signature Date



High Stepper trail
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 E
EAST E
SOUTH S
34 70 37
DISTANCE FROM ROAD
ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A36240
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED INSERT S 41
050691 R. Hodges 09/06/91
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 550000 EAST GRID 0814000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 240 FEET
24 28

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
E 8124
N 550
000 000
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
5-17-79
① LOCATION OK PERMAN
② 63 FT CASING
③ 50 FT OPEN HOLE
④ 12 BAGS SO FAR HAD TO LEAVE
⑤ MRS MAYNE CALLED SHE SAID 19 BAGS
⑥ WELL OK R/L

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

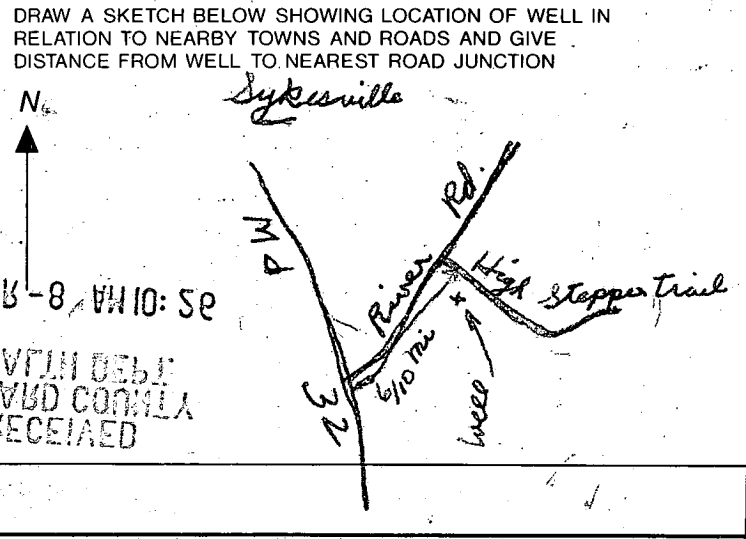
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTARY DRIVE-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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) 41 [] [] [] [] [] [] [] [] [] [] 52

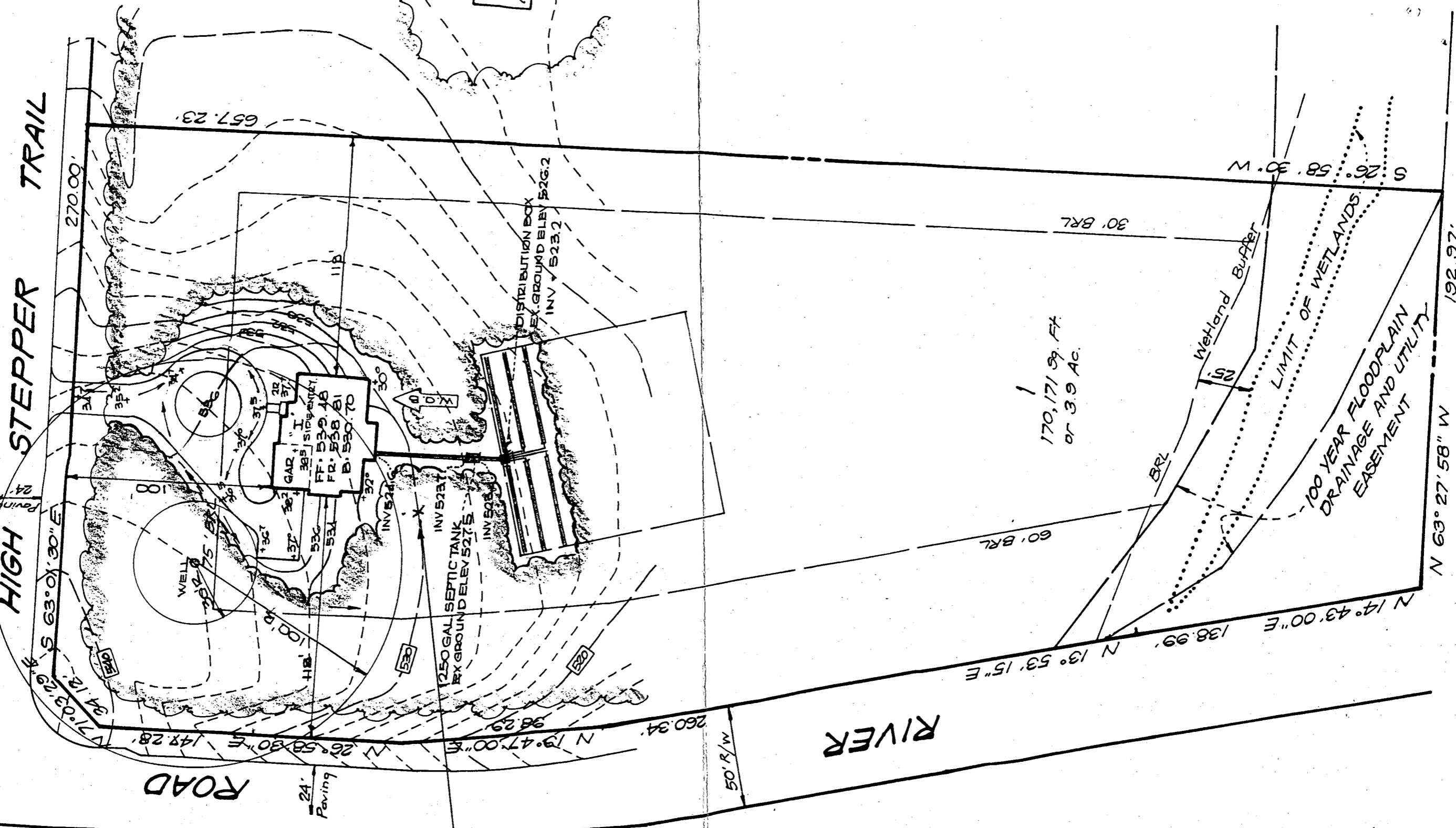
Not to be filled in by driller. (OEP USE ONLY)
APPROP. PERMIT NUMBER [] [] [] [] G A P [] [] [] []
54 63
FORCE KA WRITE INITIALS IN BOX PERMIT No. HO-28-1690
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

21 16 88 - 8, 11:10:58
NEVIN DEB
HOWARD COUNTY
RECEIVED



HIGH STEPPER TRAIL



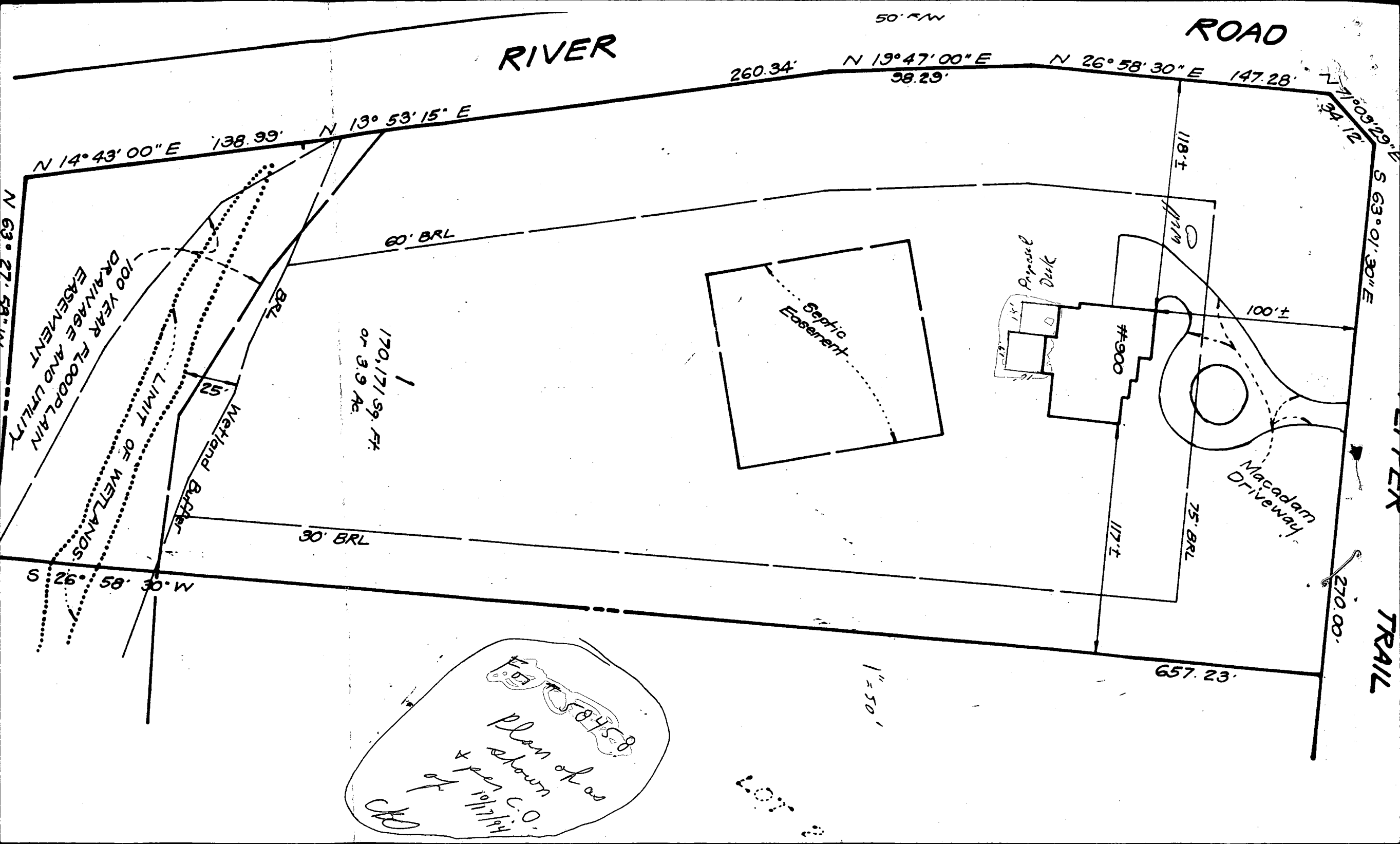
170,171 Sq. Ft.
or 3.9 AC.

49-9-01
 Proposed location of propane tank will have no impact on existing well or septic. OK to Proceed
 Permit applied for before septic system was installed. ON Oct. 6, 1994 I informed South Carroll Back-hoe of the location of the tank. Amy McMullen
 PROPOSED PROPAANE TANK

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 94 OCT 14 PM 2:53

RIVER

ROAD



58458
 Plan of as
 shown
 & per C.O.
 of 10/12/11
 C.D.

1" = 50'