

5/22/86 AM

05-367433

APPROVED
5/22/86
RFB
P 3/6/8
A 36635

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXX
992-2330
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th

DATE 4/17/86

Souder Builders, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 9335 Old Scaggsville Road, Laurel, Maryland 20707 PHONE 725-5772

SUBDIVISION Cissell Farm ROAD 7051 Deer Valley Road LOT 34

PROPERTY OWNER Mr. & Mrs. A. Ferris Allen III

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 233 sq. ft. per bedroom. Trench to be 4½ feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4½ feet below original grade. 18 inches of stone below distribution pipe.

LOCATION - Place the distribution box 230 feet down the 473.11' (left) lot line and 95 feet off the left lot line as seen when facing the property from Deer Valley Road. Run trenches along contour towards the front lot line (Deer Valley Road). Make sure to maintain 100 feet distance from trenches to well.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

5-9-86 - 3FT WIDE TRENCH

PLANS APPROVED BY Bert Nixon DATE 4/15/86

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.

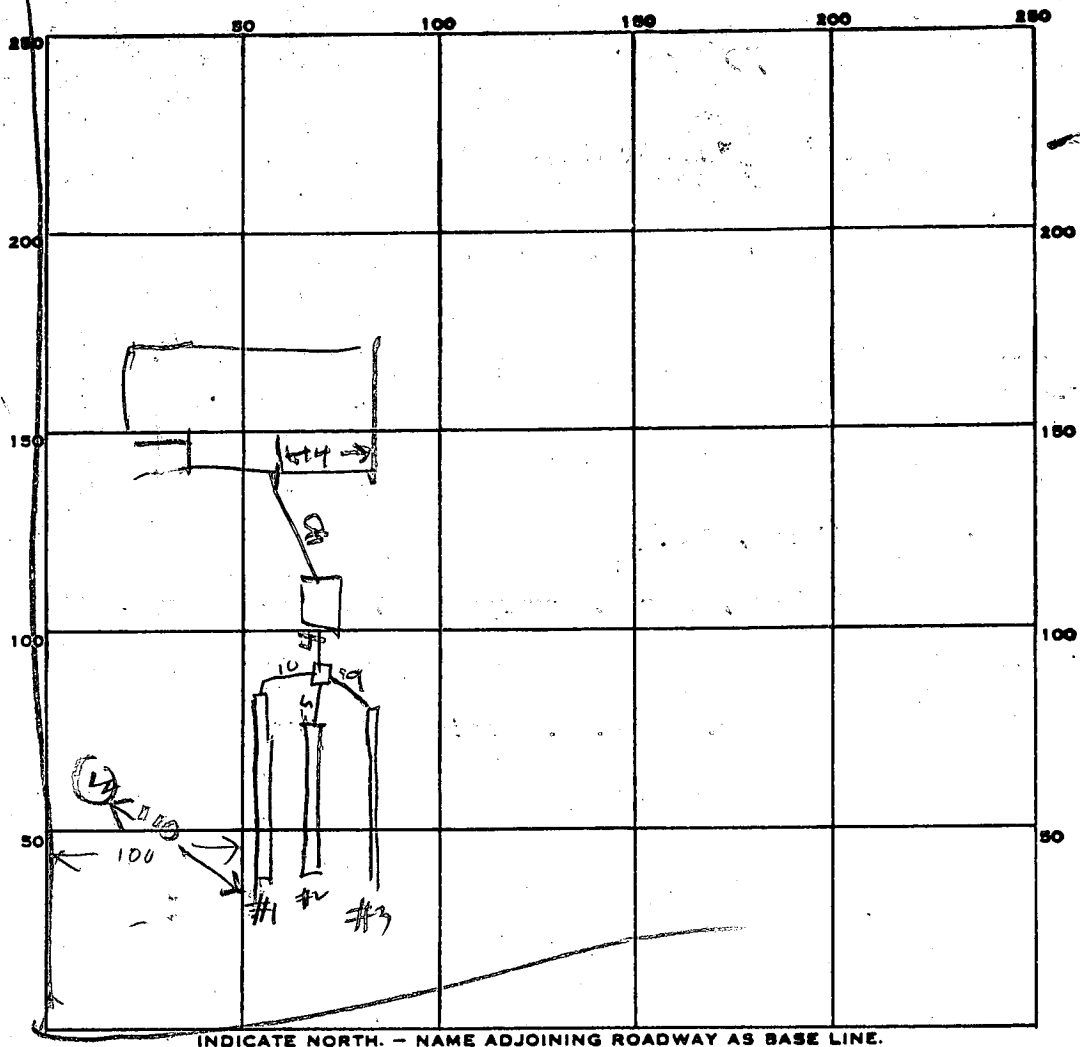
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 36635



PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1500

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH

#1	#2	#3
5.05	5.75	6

 TRENCH WIDTH

#1	#2	#3
3	3	3

 FT.

GRAVEL DEPTH 1 1/2 FT IN. TOTAL LENGTH

#1	#2	#3
110	106	114

 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 975

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/22/86 - LOCATION OK TRENCH OK

DATE SYSTEM APPROVED 5/22/86 INSPECTOR Raymond Hodge

BW
4/15/86

SUBDIVISION: CISSELL FARMS
DEER VALLEY RD

LOT NUMBER: 34

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

233 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 4 1/2 feet below original grade.
 Bottom maximum depth 6 feet below original grade.
 Effective area begins at 4 1/2 feet below original grade.
18" feet of stone below distribution pipe.

4 Bed.
No

- 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 DISTRIBUTION BOX 230 FT DOWN THE 473.11' (LEFT) LOT LINE AND 95 FT OFF THE LEFT LOT LINE, AS SEEN WHEN FACING THE PROPERTY FROM DEER VALLEY ROAD. RUN TRENCHES ALONG CONTOUR TOWARDS THE FRONT LOT LINE (DEER VALLEY ROAD).
MAKE SURE TO MAINTAIN 100 FT DISTANCE FROM TRENCHES TO WELL. (BW)

3-13-86
9:30 AM
Souders

APPLICATION

PERCOLATION TESTING

A 36635

P _____

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

DISTRICT 5th

DATE 3/7/86

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 Souders Builders, Inc. A. Fernis & Cynthia T. Allen

ADDRESS 9335 Old Scaggsville Rd PHONE 725-5772
LAUREL, Md. 20707

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CISSELL FARM LOT NO. 34
7051
ROAD AND DESCRIPTION DEER VALLEY ROAD
Highland

TAX MAP _____ PARCEL # _____

SIZE OF LOT 5.980 A TYPE BLDG. SINGLE FAMILY
(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. Mary E. John
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

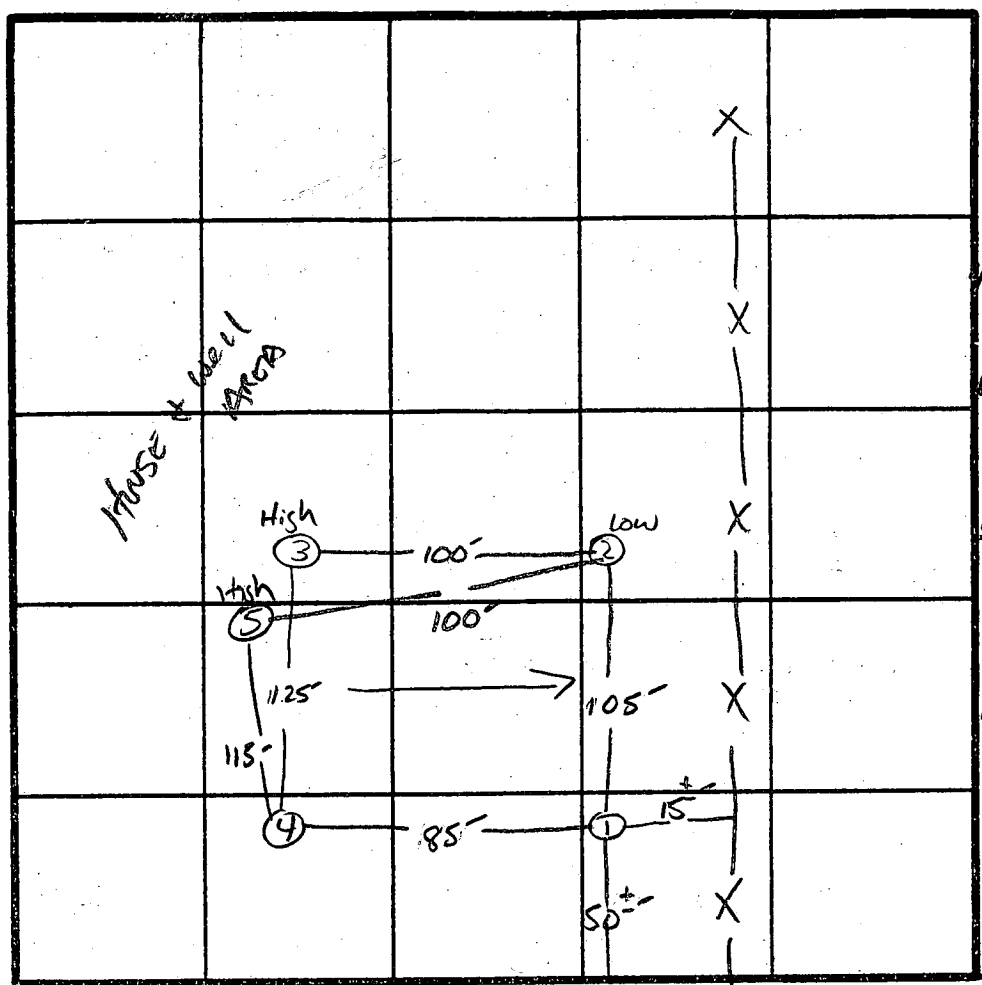
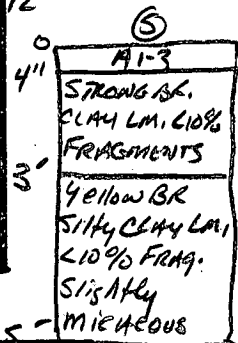
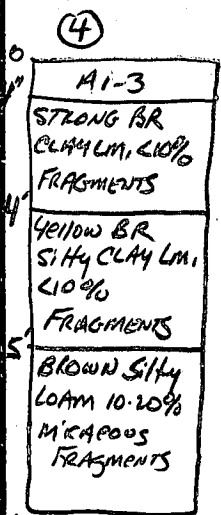
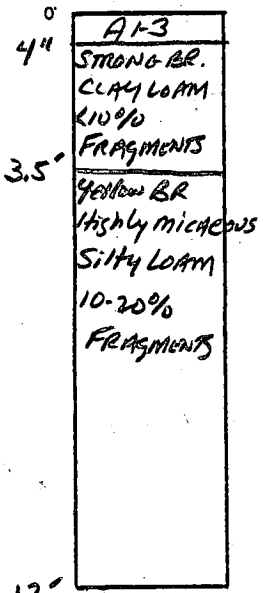
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

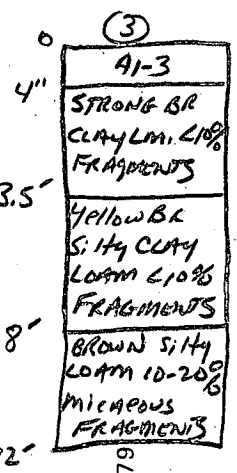
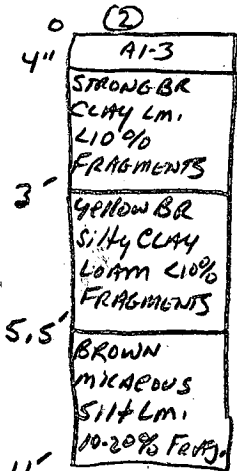
REASONS FOR REJECTION OR HOLDING 3-13-86 Perc satisfactory; Hold for certified hole location
house & well size. S. Allen B.P. 69873

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Deer Valley Rd.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3/13/86	1 S	3.5	10:27	10:29	10:29	10:33	4min
	1 V	12"	UNIFORM SOIL STRUCTURE Below 3.5'				
	2 S	4.5	10:37	11:00	→ 2 1/2" MOVEMENT		
	2 V	11"	UNIFORM SOIL STRUCTURE Below 5'				
	3 S	4"	10:31	11:00	→ 1" MOVEMENT		
	3 M	9"	10:48	11:10	11:10	11:36	
	3 V	12"	UNIFORM SOIL STRUCTURE Below 8'				
	4 S	4.0	10:59	→ NO MOVEMENT			
	4 V	12"	UNIFORM SOIL STRUCTURE Below 4.5'				
	4 M	5"	11:29	11:33	11:33	12:01	28min
	2 M	5"	11:03	11:18	11:18	11:45	27min
	5 S	5"	11:20	11:34	11:34	11:42	8min
	5 V	12"	UNIFORM SOIL STRUCTURE Below 5.5'				

BROWN Silty Lm. Highly micaceous 10% Fragments
 $\bar{X} = 19 \text{ min}$
 INLET 4.5'
 BOTTOM 6'
 233 #/BR

REMARKS: N.O.T. SUFFICIENT DEPTH OF GOOD SOIL FOR DEEP TRENCH; USE 3' WIDE TRENCH

TYPE OF SOIL: Gley Silty Lm.

TESTED BY: S. Abel

Souder Builders

ALSO PRESENT

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36635

P 5th

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

DISTRICT _____

DATE 3/7/86

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 SOUDER BUILDERS, INC.

ADDRESS 1235 Old Scaggsville Rd PHONE 725-5772
LAUREL, Md. 20707

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION CISSELL FARM LOT NO. 34

ROAD AND DESCRIPTION DEER VALLEY ROAD
Highland

TAX MAP _____ PARCEL # _____
SIZE OF LOT 5.980 A TYPE BLDG. SINGLE FAMILY
(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.

Mary E. John
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

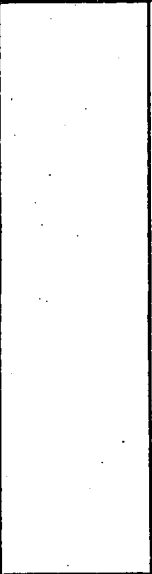
REJECTED BY _____ FOR _____ DATE _____

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.

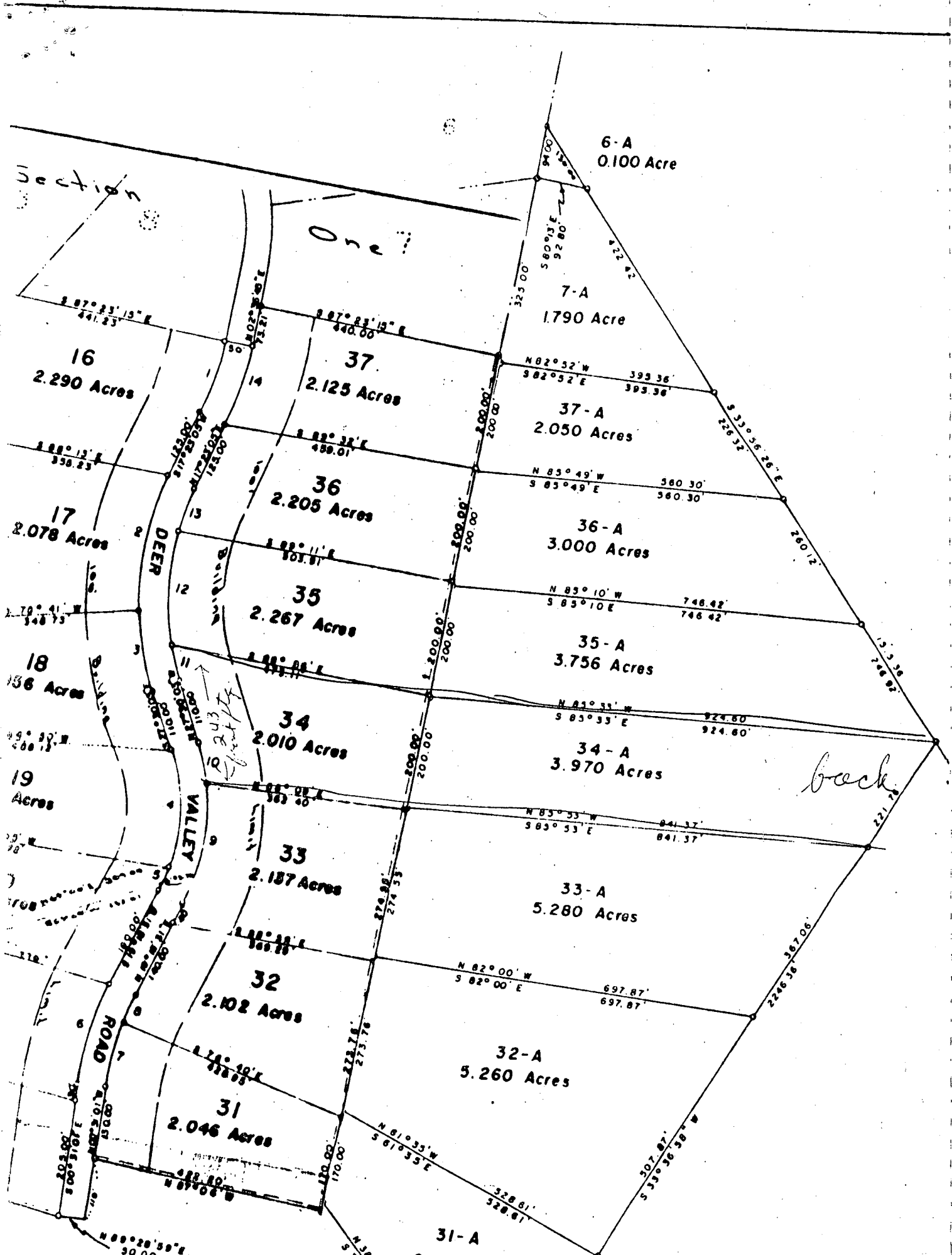
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079



March 17, 1986

Souder Builders, Inc.
9335 Old Scaggsville Road
Laurel, Maryland 20707

RE: Percolation Testing
Cissell Farm - Lot 34
Tax Map 40 Parcel 235

Dear Mr. Sowder:

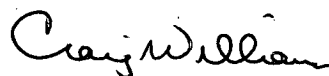
Percolation testing conducted March 13, 1986 on the above referenced lot indicated satisfactory soil conditions.

Approval of the lot is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

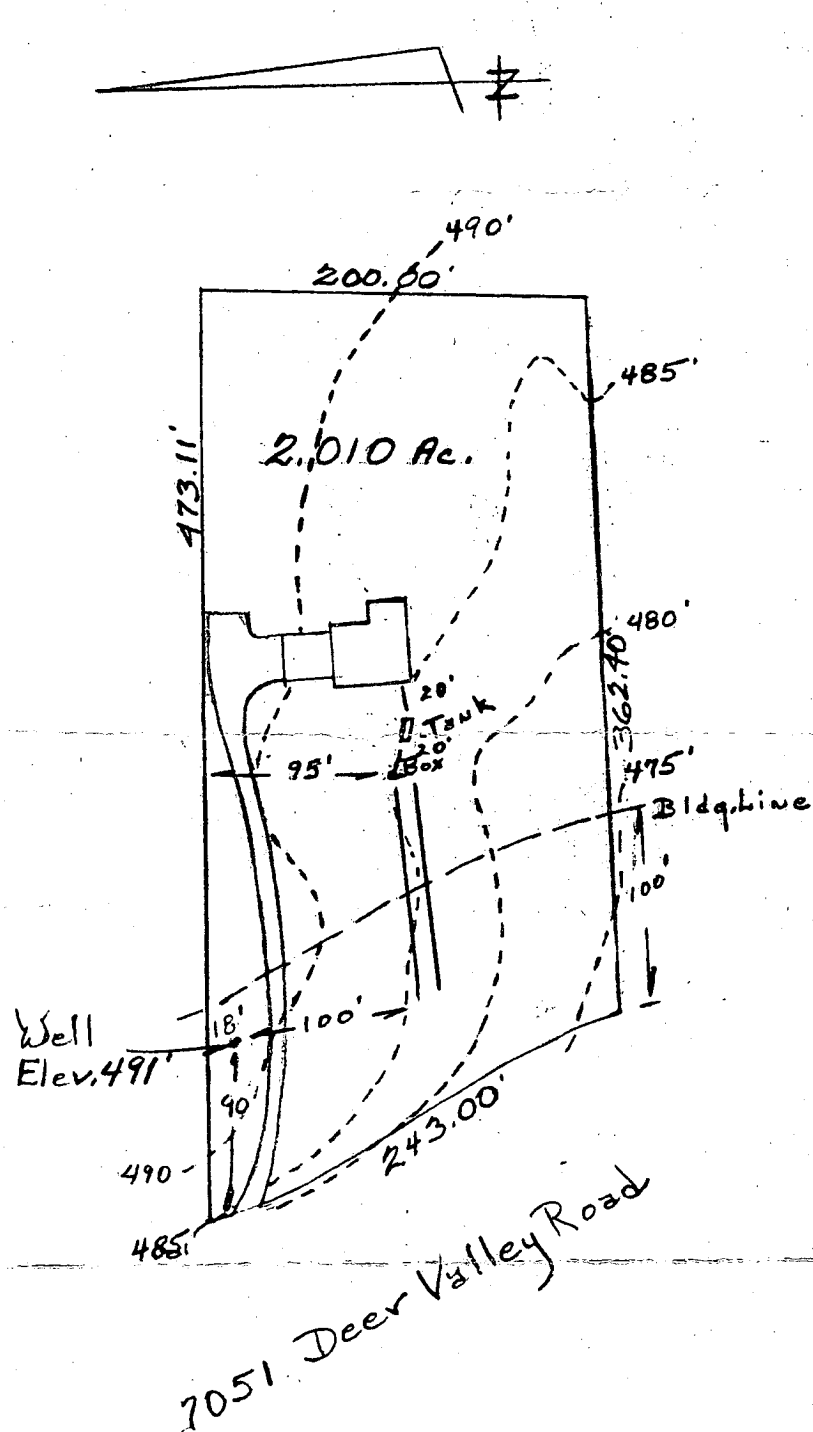
This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,


Craig Williams, Director
Water and Sewerage Program

CW:JR



F.F. Elev.	492'00
Base. Elev.	483'00
Elev. at time of perc.	485'00
Exist Elev. at trench	485.00
Elev. of sewer at house	482.00
Elev. at tank Inv.	481.58
Elev. at tank out	481.33
Elev. at Trench Inv.	480.50

Scale 1" = 100'

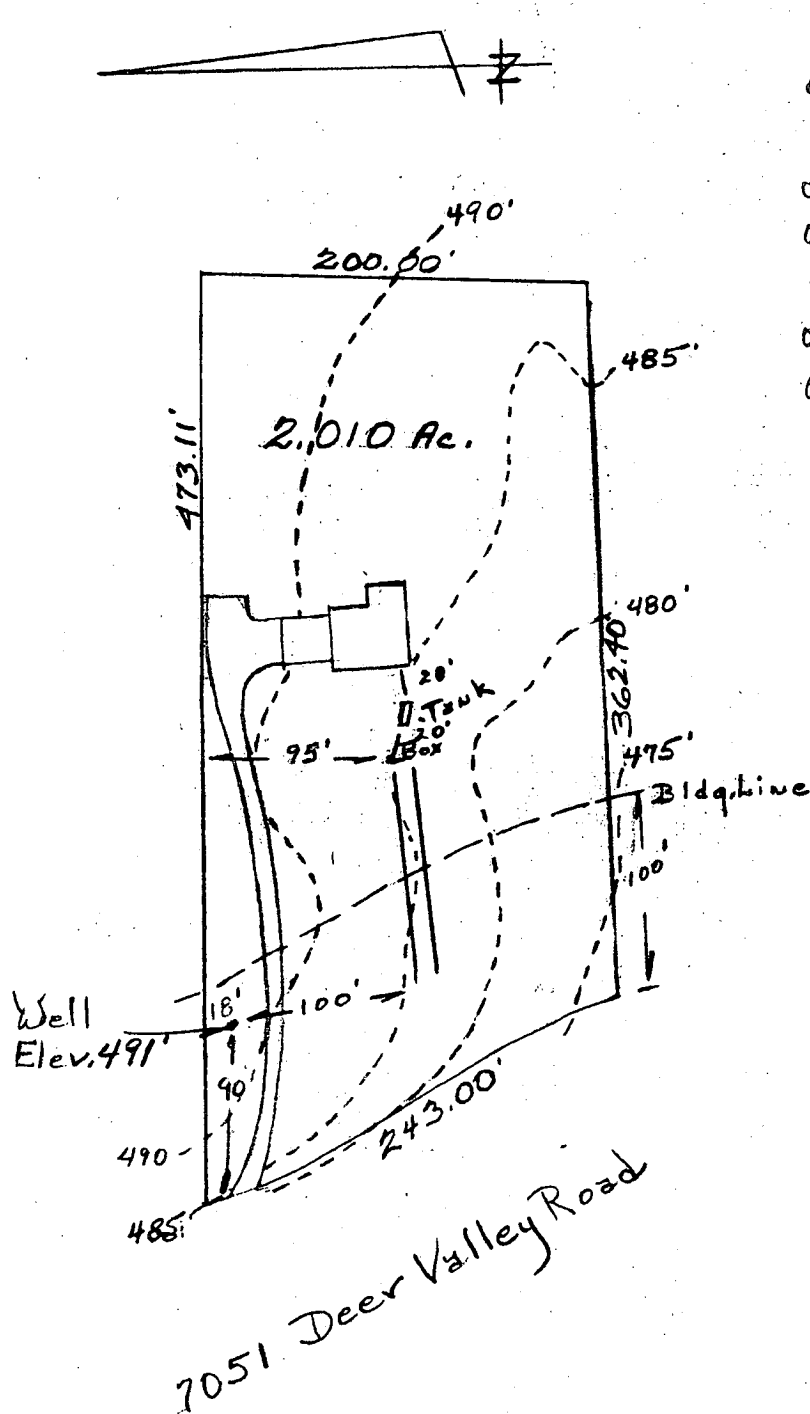
P.P. # 69873

Mr. & Mrs. A. Ferris Allen III
 6532 Seapearl Lane
 Columbia, Maryland 21045
 997-5391

Lot # 34 Cissell Farm
 7051 Deer Valley Road
 Highland, Maryland 20777

I certify that all elev. are actual & correct for this property.

Donald E. Souder
 Donald E. Souder



of F. F. Elev.	492'00
of Base. Elev.	483'00
of Elev. at time of perc.	485'00
of Exist Elev. at trench	485.00
of Elev. of sewer at house	482.00
of Elev. at tank Inv.	481.58
of Elev. at tank out	481.33
of Elev. at Trench Inv.	480.50

Scale 1"=100'

B.P. # 69873

7051 Deer Valley Road

Mr. & Mrs. A. Ferris Allen III
 6532 Seapearl Lane
 Columbia, Maryland 21045
 997-5391

Lot # 34 Cissell Farm
 7051 Deer Valley Road
 Highland, Maryland 20777

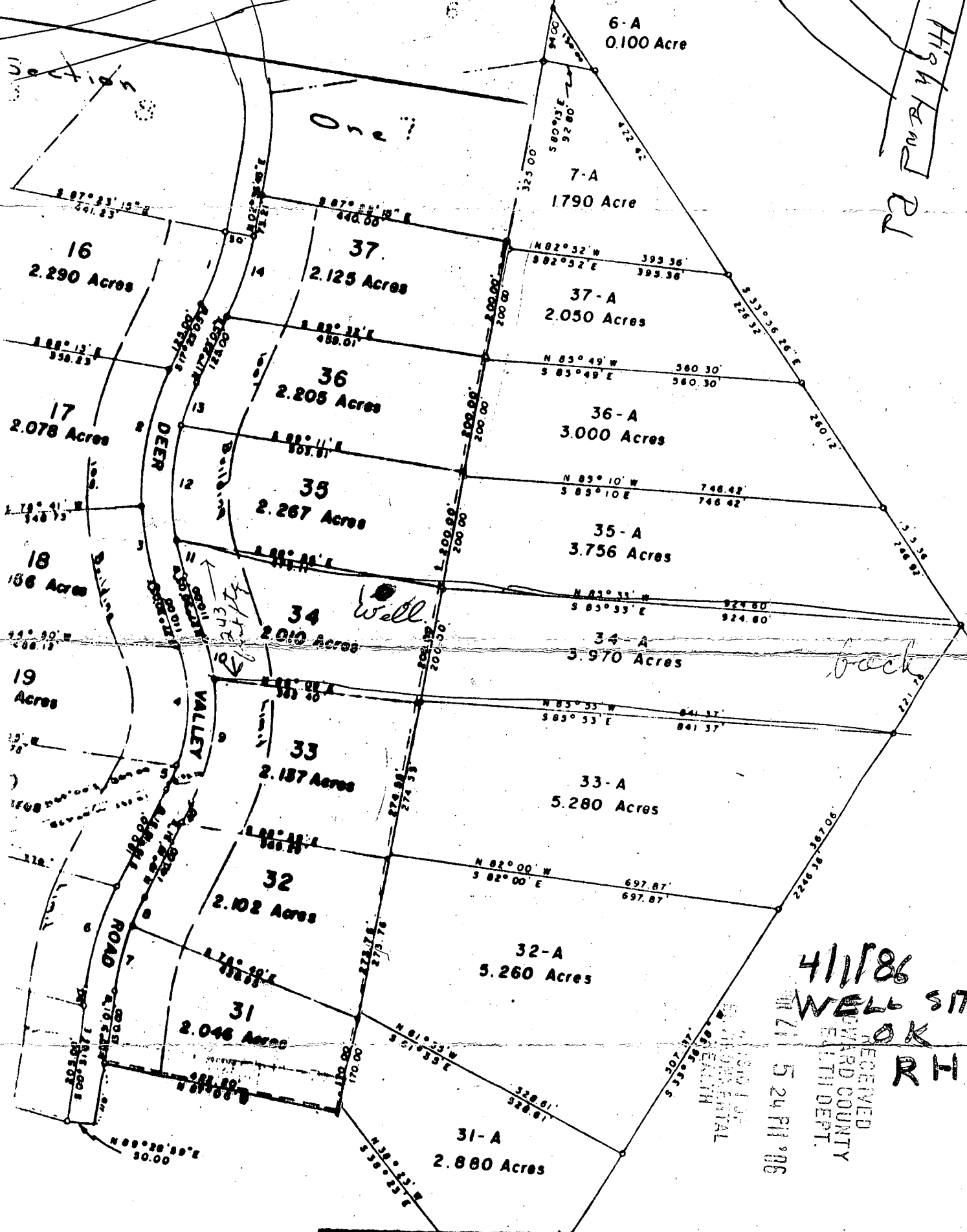
I certify that all elev. are actual & correct for this property.

Donald E. Souder
 Donald E. Souder

Mink Hollow Rd

Highland Rd

Section



411186
 WELL SITE
 RECEIVED
 DEPARTMENTAL
 BALTIMORE COUNTY
 HEALTH DEPT.
 MAY 24 5 24 PM '06
 RH

7051 Deer Valley Road
 LOT # 34 Cissell Farms
 Highland, Maryland 20777

Owner: Ferris & Cynthia Allen
 Builder: Souder Builders, Inc.
 725-5772

6.000 Acres

59.152 Acre:

B 1 2240 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

fill in this form completely

OWNER INFORMATION

Date Received

OWNER INFORMATION

8 13

15 Last Name 16 Owner 17 First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name 77 License No. 80

Firm Name

Address

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37 DISTANCE FROM ROAD

ENTER FT or MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 HEALTH DEPARTMENT APPROVAL

COUNTY NAME STATE HEALTH DEPARTMENT APPROVAL

OEP SIGNATURE STATE HEALTH DEPARTMENT APPROVAL

DATE ISSUED

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 24 28 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

other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2. Not present for grant.

3. grant.

WRITE THE BOX NUMBER FROM THE MAP HERE

Location 204

46' - casing

2' - above gr.

40' - open

93 - water cement

Fallen 2 clay holes

4/14/86

800

400

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 DEEPEN 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

N

RIGHTOW DAM Rd.

See plat for well location

land rd.

well

300'

Deer Valley Rd.

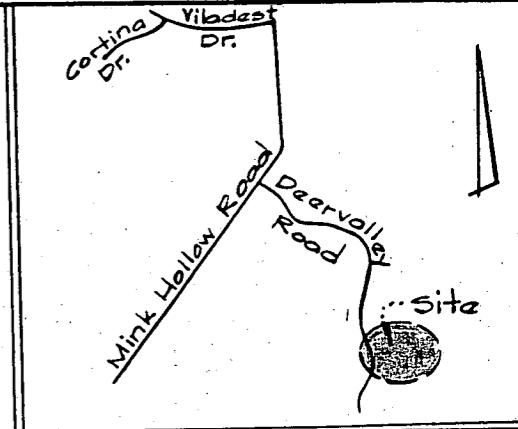
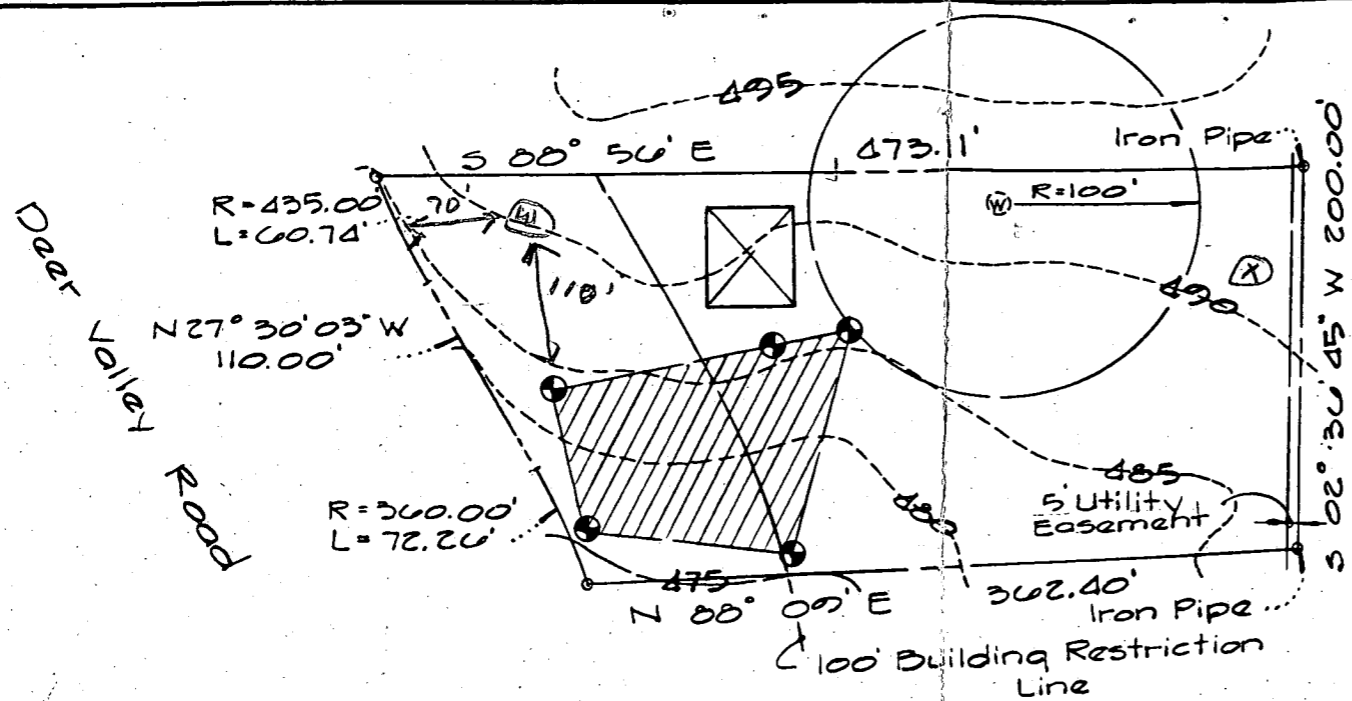
Hillman

Not to be filled in by driller. (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 63

FORCE PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



Scale: 1" = 2000'

1. This area designates a private sewage easement of 10,000 \$ as required by the Maryland State Dept. of Health & 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 & 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.
2. The lots shown hereon comply with the minimum ownership width & lot area as required by the Maryland State Dept. of Health & Mental Hygiene.
3. Subject property zoned "R" per 10/3/77 comprehensive zoning plan.
4. Percolation areas & water wells for adjoining lots will be shown where pertinent.

Note: Predominate Soil Type: G1B2
(Glencol Loam)

- Legend
- Denotes location of dwelling.
 - Denotes proposed well.
 - Denotes field location of perc holes.

Approved for private water & private sewerage systems Howard County Health Department.

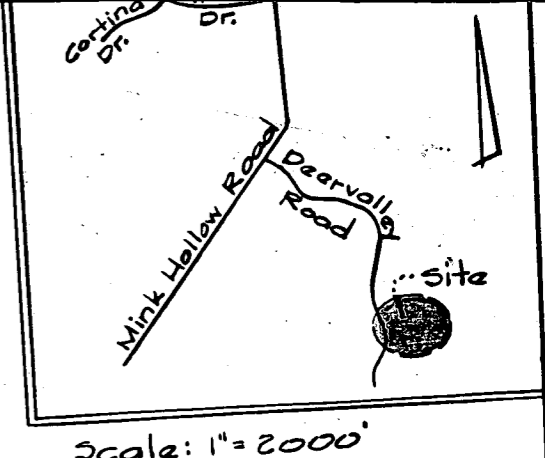
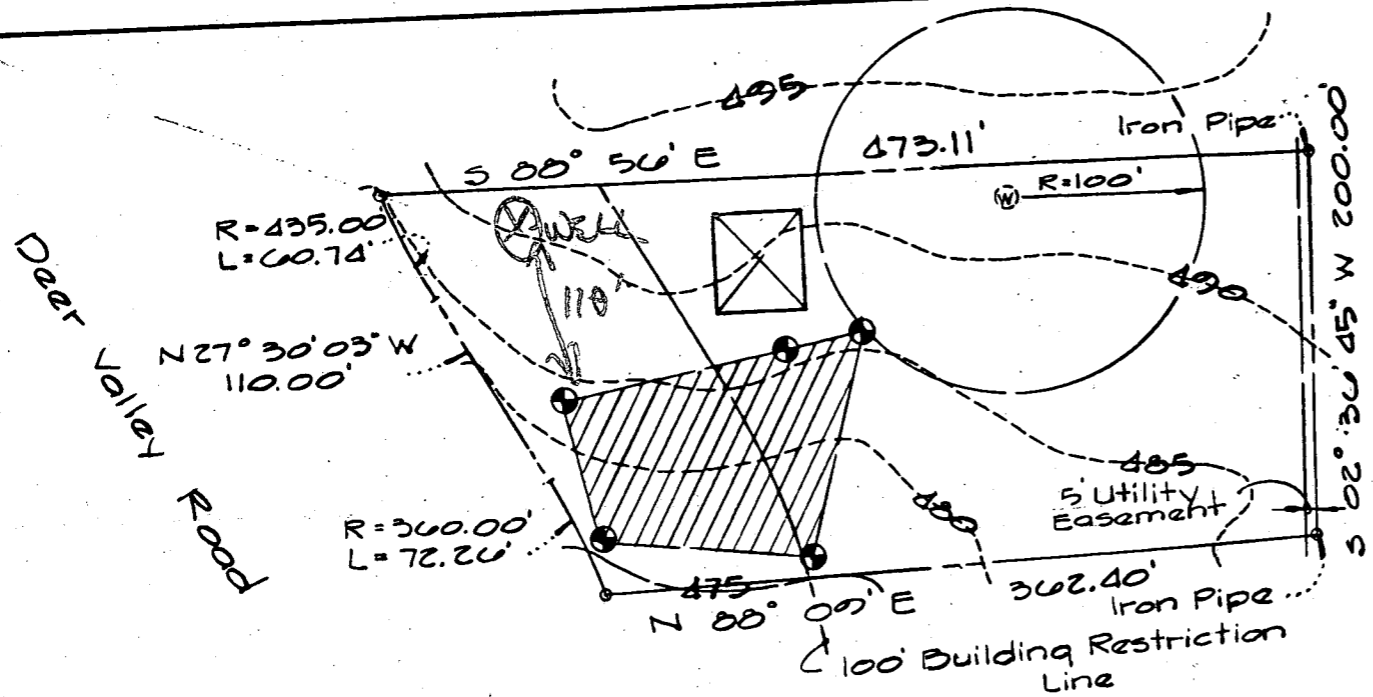
Plan to Accompany Application for Percolation Test

Cissell Farm
Lot # 34

Fisher Collins & Carter Inc.
Consulting Engineers & Land Surveyors
8388 Court Avenue
Ellicott City, Maryland 21043
(301) 461-2855

cw for Mr. Boyd M.D. / L.F. 4-2-86.
County Health Officer Date

Fifth Election District Scale: 1" = 100'
Howard County, Md. April 1, 1986
Tax Map # 40 Parcel # 235



Scale: 1" = 2000'

1. This area designates a private sewage easement of 10,000 gpd as required by the Maryland State Dept. of Health & 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 & 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.
2. The lots shown hereon comply with the minimum ownership width & lot area as required by the Maryland State Dept. of Health & Mental Hygiene.
3. Subject property zoned "R" per 10/3/77 Comprehensive zoning plan.
4. Percolation areas & water wells for adjoining lots will be shown where pertinent.

Note: Predominate Soil Type: GIBZ (Glenelg Loam)

Legend

- Denotes location of dwelling.
- Denotes proposed well.
- Denotes field location of perc holes.

Approved for private water & private sewerage systems Howard County Health Department.

Fisher Collins & Carter Inc.
 Consulting Engineers & Land Surveyors
 8388 Court Avenue
 Ellicott City, Maryland 21043
 (301) 461-2855

By Rayelle Boyd, M.D. / FF 4-2-86
 County Health Officer Date

Plan to Accompany Application for Percolation Test

Cissell Farm
 Lot # 34

Fifth Election District Scale: 1" = 100'
 Howard County, Md. April 1, 1986
 Tax Map # 40 Parcel # 235

C1 **00456** SEQUENCE NO. (OEP USE ONLY)
 (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 **A36635**

DATE Received
 [] [] [] [] [] []

DATE WELL COMPLETED
041486

Depth of Well
300
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-1399

OWNER **SUDER BUILDERS**
 STREET OR RFD **DEER VALLEY RD** TOWN **HIGHLAND**
 SUBDIVISION **CISSEL FARMS** SECTION _____ LOT **34**

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	
Top Soil	0	2	
Sandy	2	40	
Sand Stone	40	50	
MICKA	50	60	
Sand Stone	60	65	
MICKA	65	300	

why not regular rock?

Information for dry holes?

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **720**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING Nominal diameter Total depth
 TYPE top (main) casing of main casing (nearest inch) (nearest foot)
PL **6** **44**
 60 61 63 64 66 70

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

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

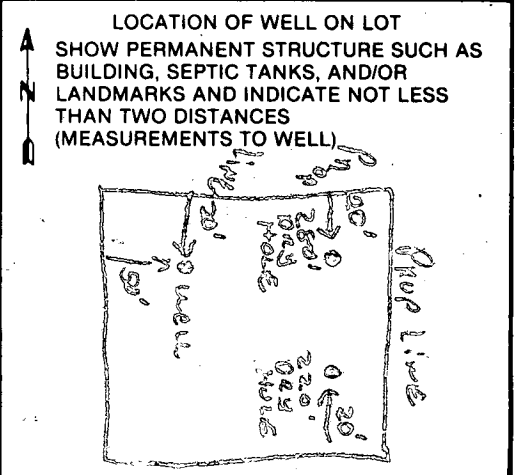
C2
 DEPTH (nearest ft.)
HO 44 300
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60

GRAVEL PACK _____ from _____ to _____
 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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **28**
 WHEN PUMPING **250**
 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 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. **273**
Ralph Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Wayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Date 4/14/86

Howard

Reviewed By 6/1/86 B. OKD

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-81-1399 Owner or Applicant Saulden Builders

Location of Property (road) Deer Valley Rd.

Subdivision CISSEL Farms Lot 34 Block — Plat — Sec. —

Well Driller Ralph MAYNE

Depth of Well 300 ft
Distance of Measuring Point (M.P.) above ground 2 ft
Static Water Level (S.W.L.) below M.P. 28 ft

I. High Rate Pumping -- reservoir drawdown
Time pump started 8:30 Pumping rate 10 G.P.M.
Total time 60 min to reach pumping water level 250 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

46 FT BL. NO OPEN 9 Gage

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:30	250 ft	30 sec	—	2 G.P.M.
9:45	250 ft	30 sec	—	2 G.P.M.
10:00	250 ft	30 sec	—	2 G.P.M.
10:15	250 ft	30 sec	—	2 G.P.M.
10:30	250 ft	30 sec	—	2 G.P.M.
10:45	250 ft	30 sec	—	2 G.P.M.
11:00	250 ft	30 sec	—	2 G.P.M.
11:15	250 ft	30 sec	—	2 G.P.M.
11:30	250 ft	30 sec	—	2 G.P.M.
11:45	250 ft	30 sec	—	2 G.P.M.
12:00	250 ft	30 sec	—	2 G.P.M.
12:15	250 ft	30 sec	—	2 G.P.M.
12:30	250 ft	30 sec	—	2 G.P.M.
12:45	250 ft	30 sec	—	2 G.P.M.
1:00	250 ft	30 sec	—	2 G.P.M.
1:15	250 ft	30 sec	—	2 G.P.M.
1:30	250 ft	30 sec	—	2 G.P.M.
1:45	250 ft	30 sec	—	2 G.P.M.
2:00	250 ft	30 sec	—	2 G.P.M.
2:15	250 ft	30 sec	—	2 G.P.M.
2:30	250 ft	30 sec	—	2 G.P.M.
2:45	250 ft	30 sec	—	2 G.P.M.
3:00	250 ft	30 sec	—	2 G.P.M.
3:15	250 ft	30 sec	—	2 G.P.M.
3:30	250 ft	30 sec	—	2 G.P.M.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Ronald Souder

(Name)

9335 OLD SCASSVILLE RD
LAUREL MD 20707

(Address)

NO 81 1399

(OEP Well Permit Number)

3/19/86

(Date)

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 # 37350
 Date 7/14/86

Name of Installer Kbst Air Pfg + Htg inc Telephone 725-5000

License number 1862
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Ferris Allen Telephone 725-5772
 Subdivision _____ Lot # _____ Well tag # _____
 Site Address 7051 Deer Valley Rd.
High Land Md. 20777

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Gould
 3. Model # 56907412
 4. Capacity 5 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 3/4
 2. RPM _____
 3. Voltage 220
 a. ~~115~~ _____
 b. 220

Pitless Adapter
 1. Make _____
 2. Model # _____
 3. Depth 44"

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

Piping
 1. Type _____
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 44"

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? no

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: [Signature]

Date: 7-7-86

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

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 _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer _____ Telephone _____

License number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Allen Ferris Telephone _____
 Subdivision _____ Lot # _____ Well tag # _____
 Site Address 7051 Deer Valley Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	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: _____

Date: _____

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