

6/9/87 AM 8 PM
MID-DAY

03-310752

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 40743

A 36912

DISTRICT 3rd

DATE 12/30/87

DATE SYSTEM APPROVED 6/9/87

INSPECTOR RH

Jack Fyock

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Gaither Farms ROAD 11013 Gaither Farm Rd LOT 4

PROPERTY OWNER Bernd M. & Brigitte E. Tischer

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 228 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 5 1/2 feet of stone below distribution pipe.

LOCATION - Place 1st trench, 350 feet down the 569.41' lot line (from the juncture of the 569.41' & 280.16' corner stake) and 90 feet off the 569.41' lot line. (This represents test hole area from previous perc test). Run trenches along contour toward left lot line (as seen when facing property from Gaither Farms Road).

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

PLANS APPROVED BY B. Nixon DATE 5/26/86

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: 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 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 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

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

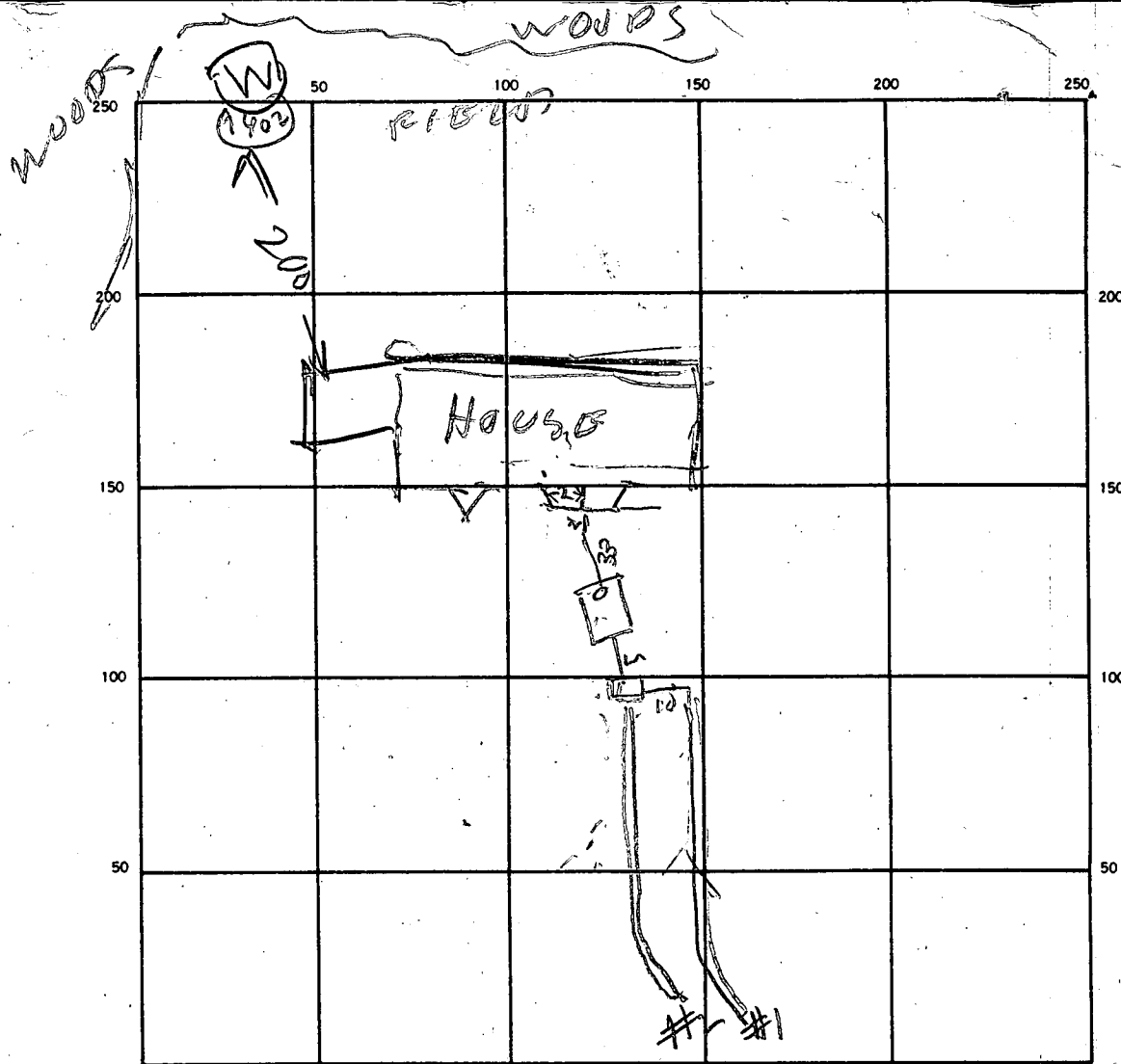
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 36912



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL 1000 CLEANOUTS ST O.K.

DISTRIBUTION BOX, LEVEL O.K.

DRAIN FIELD/TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.35 FT.

EFFECTIVE GRAVEL DEPTH 5.7 FT. TOTAL LENGTH 62.7 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 492/420 SQ. FT. 912

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/9/87 - LOCATION LOOKS O.K. PER PLANS TRENCH #1 O.K.

6/9/87 - TRENCH #2 O.K. WILL BE EXTENDED
IF SOME MORE STONE TO BE ADDED

DATE SYSTEM APPROVED 6/9/87 INSPECTOR Raymond Dodge

APPLICATION

*Permit
5/21/86
1:30*

*5/21/86
Retest OK'd
pending plat
BA*

A 36912
P _____

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

DISTRICT _____

DATE 5/8/86

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 BERND M. & BRIGITTE E. TISCHER

ADDRESS 10368 CURRYCOMB COURT, COLUMBIA PHONE 997-0190 Home/997-0090 Office

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GAITHERS FARMS LOT NO. 4

ROAD AND DESCRIPTION 11013 GAITHERS FARM ROAD

TAX MAP MAP 29 PARCEL # 1

SIZE OF LOT 3.4 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.

Brigitte E. Tischler
(SIGNATURE OF APPLICANT)

APPROVED BY Dee Tischler SAH FOR _____ DATE 7/22/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING certified plat BLDG. PERMIT SIGNED AND RETURNED 7/22/87

_____ BLDG. PERMIT SIGNED AND RETURNED 4-23-87 BP# 13545

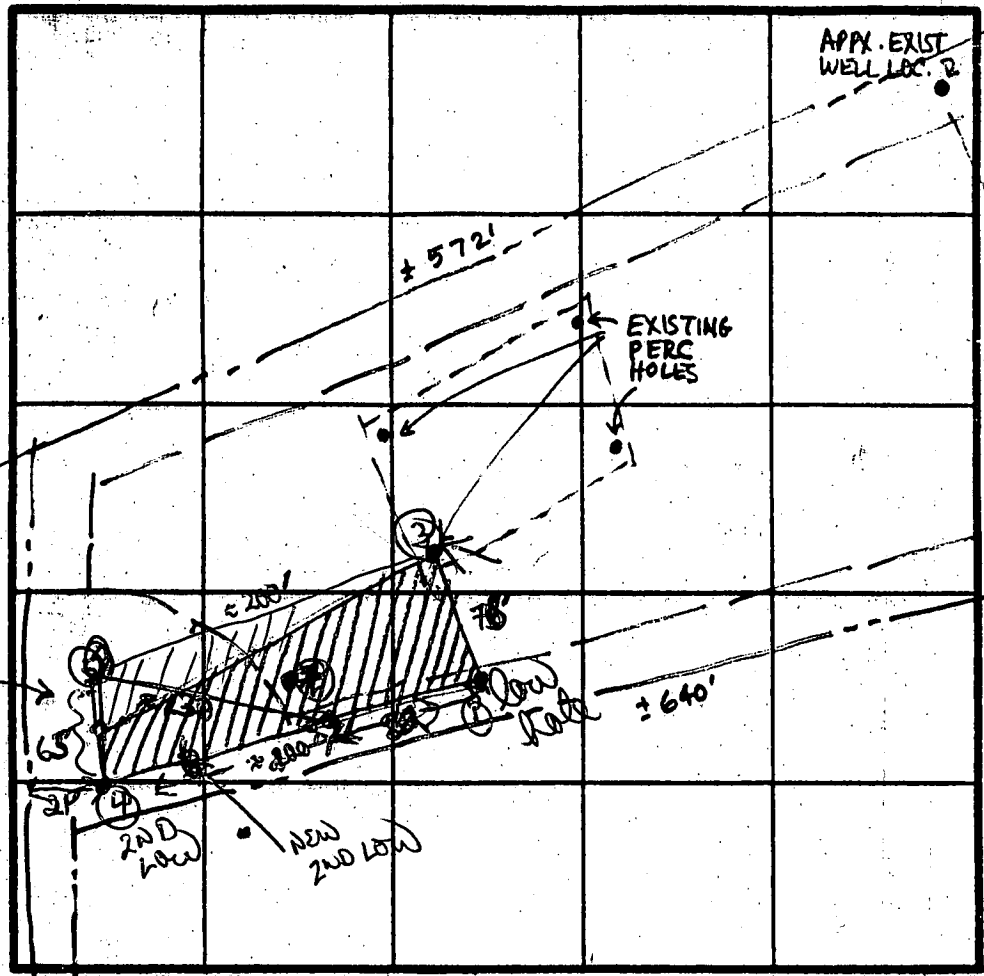
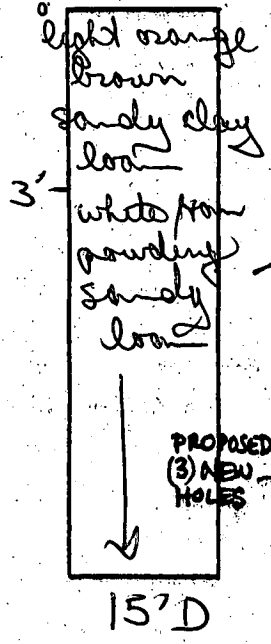
_____ BLDG. PERMIT SIGNED AND RETURNED 5/19/82 SAH Dennis Court

Serial # 11930 - PFA

BP # 11294

THIS IS NOT A PERMIT

SOIL PROFILE



SCALE: 1" = 100'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GATHER FARM RD

Red/orange clay with hard rock frags in upper two-3' below non orange/brown med grain sandy loam

12' D

Brown clay to clay loam turning into brown med grain sandy clay loam non brown sandy loam 5% rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/1/80	①	3' S	2:11	2:14	2:14	2:19	5 min	
		8' M	2:18	2:14	2:14	2:19	5 min	
		15' D	bottom (see profile)					
	③	VISUAL	HOLE					
		12' D	bottom (see profile) page 2					
	⑤	perc hole (# 1/2?)	from previous test (for)					
			see profile original test					3-4 min
	④	4' S	2:45	< 1"	} failed after 30"			
		8' M	2:45	< 1"				
		12' D	bottom (see profile)					

OVER

REMARKS

hard rock frags in soil

APPLICATION

PERCOLATION TESTING

A 36912
P 0

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

DISTRICT _____
DATE 5/8/86

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 BERND M. & BRIGITTE E. TISCHER
ADDRESS 10368 CURRYCOMB COURT, COLUMBIA PHONE 997-0190 Home/997-0090 Office

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GAITHERS FARMS LOT NO. 4
ROAD AND DESCRIPTION GAITHERS FARM ROAD

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3.4 TYPE BLDG. single family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Brigitte E. Tischler
(SIGNATURE OF APPLICANT)

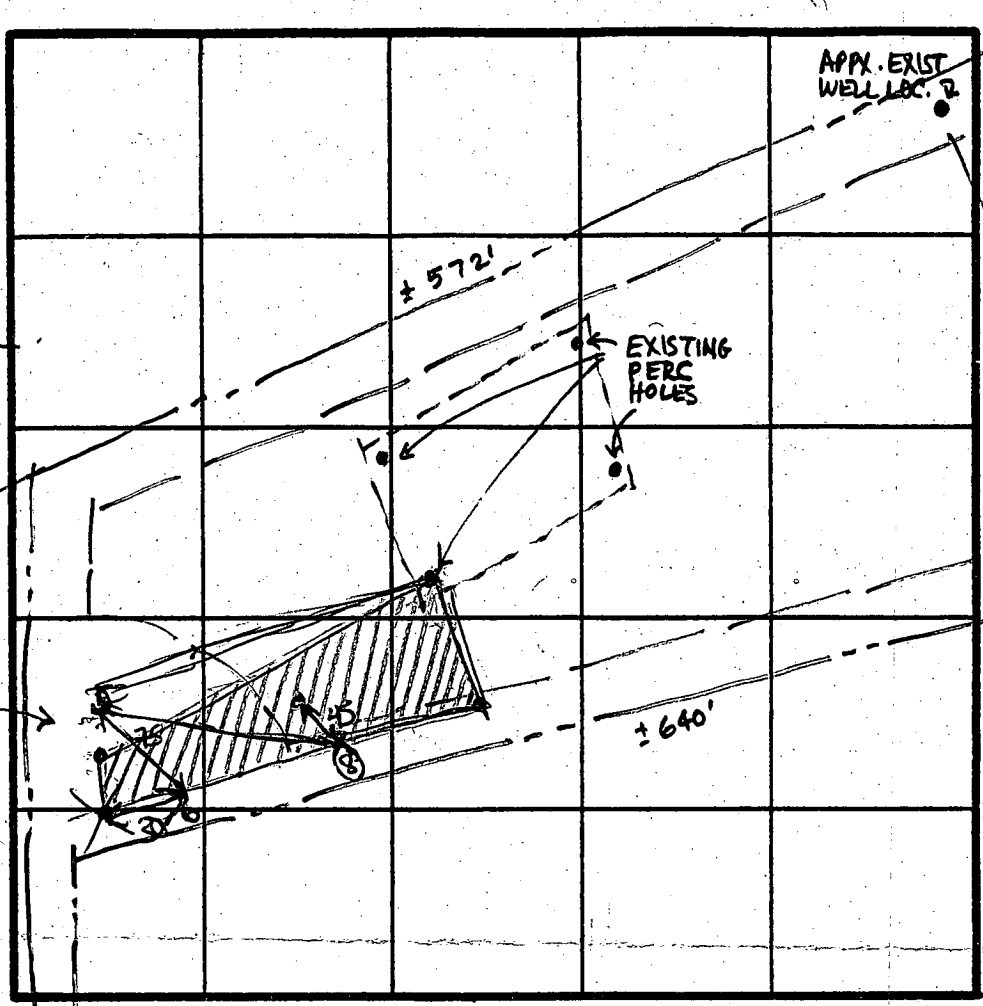
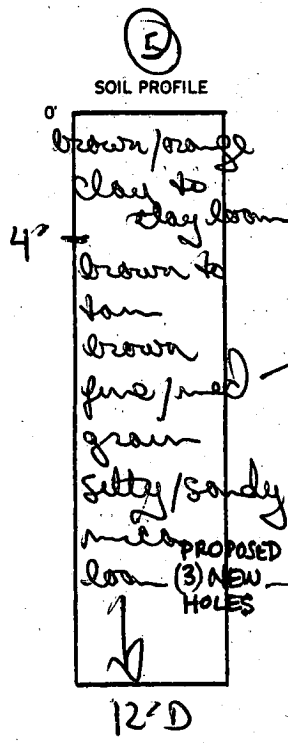
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



SCALE:
1" = 100'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GATHER FARM RD

orange/red clay
changing to brown to tan brown sandy clay loam
= 10% hard rock frags

12' D

⑧
Red/orange clay/clay loam
tan brown silty/sandy loam
EH
12' D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/21	③	4'5	300	300	300	316	10min	
		12' D	bottom (see profile)					
	⑥	5 1/2' M	326	21" after	30"	- failed		
		12' D	bottom					
	⑦	4 1/2' S	347	354	354	406	12min	
		12' D	bottom (see profile)					

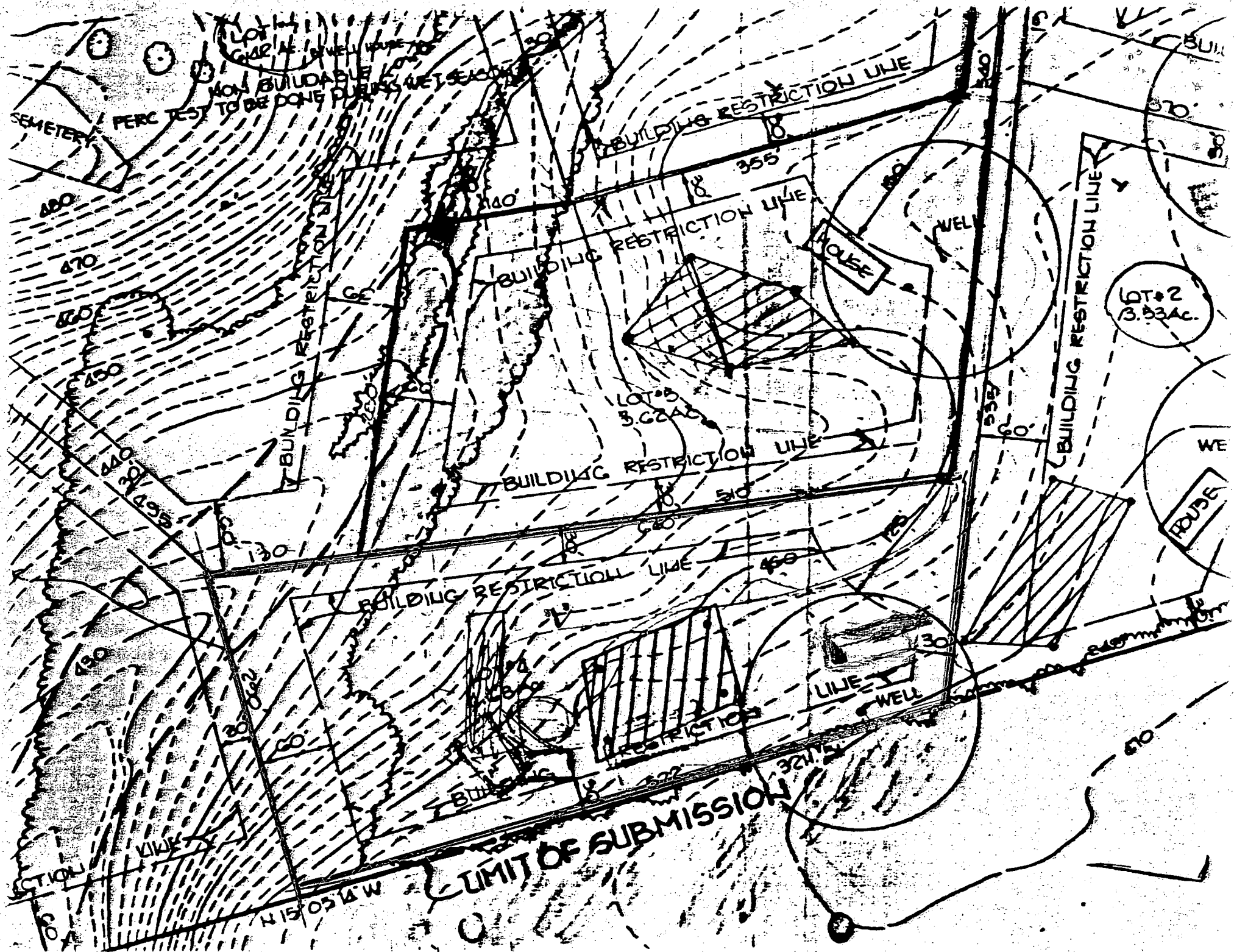
(profile other page)

INLET 4' x 7mm

REMARKS Lower left bottom seems to have heavy clay, clay < to nearly non-existent in other areas (LARGE SOIL VARIABILITY)
brown to orange clay 4"; tan/brown sandy silty loam

TYPE OF SOIL _____

TESTED BY B. Nylon ALSO PRESENT owner



SEMETERY

PERC TEST TO BE DONE DURING WET SEASON

NON-BUILDABLE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

WELL

WELL

HOUSE

WE

HOUSE

LOT #2
3.33 AC

LOT #3
3.62 AC

LIMIT OF SUBMISSION

SECTION

VIEW

N 15° 05' 14" W

BUILDING RESTRICTION LINE

370'

350'

300'

300'

300'

300'

300'

300'

300'

300'

300'

APPLICATION A 35704

~~35704~~
A ~~35704~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 6/20/85

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.

owner - Phillip Dorach

PROPERTY OWNER

Purchaser Patrick Mc Cuan

ADDRESS 1000 Equitable Bank Center
Columbia, MD 21044 PHONE 720-9091

PROPERTY LOCATION:

NEW 4 no change

SUBDIVISION Baithen Farm LOT NO. 24

ROAD AND DESCRIPTION Homewood Rd & Route 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(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.

Christine Richards

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-16-85 Perc. SATT'S PARKING, HOLD FOR CERTIFIED SUBDIVISION PLAT SIGN

THIS IS NOT A PERMIT

APPLICATION

35703

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A ~~35703~~
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT

3rd

DATE

4/20/85

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

Philip H. Houch
Patrick McAloon

ADDRESS

*1616 Equitable Bank Center
Columbia, MD 21044*

PHONE

720-9091

PROPERTY LOCATION:

SUBDIVISION

Baiter Farm

LOT NO.

X 4

ROAD AND DESCRIPTION

Honewood Rd & Route 108

SIZE OF LOT

3 acres

TYPE BLDG.

3-5

(NUMBER OF BEDROOMS)

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Christine Richards

(SIGNATURE OF APPLICANT)

APPROVED BY _____

FOR _____

DATE _____

REJECTED BY _____

FOR _____

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

Vertical rectangular box for soil profile drawing.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

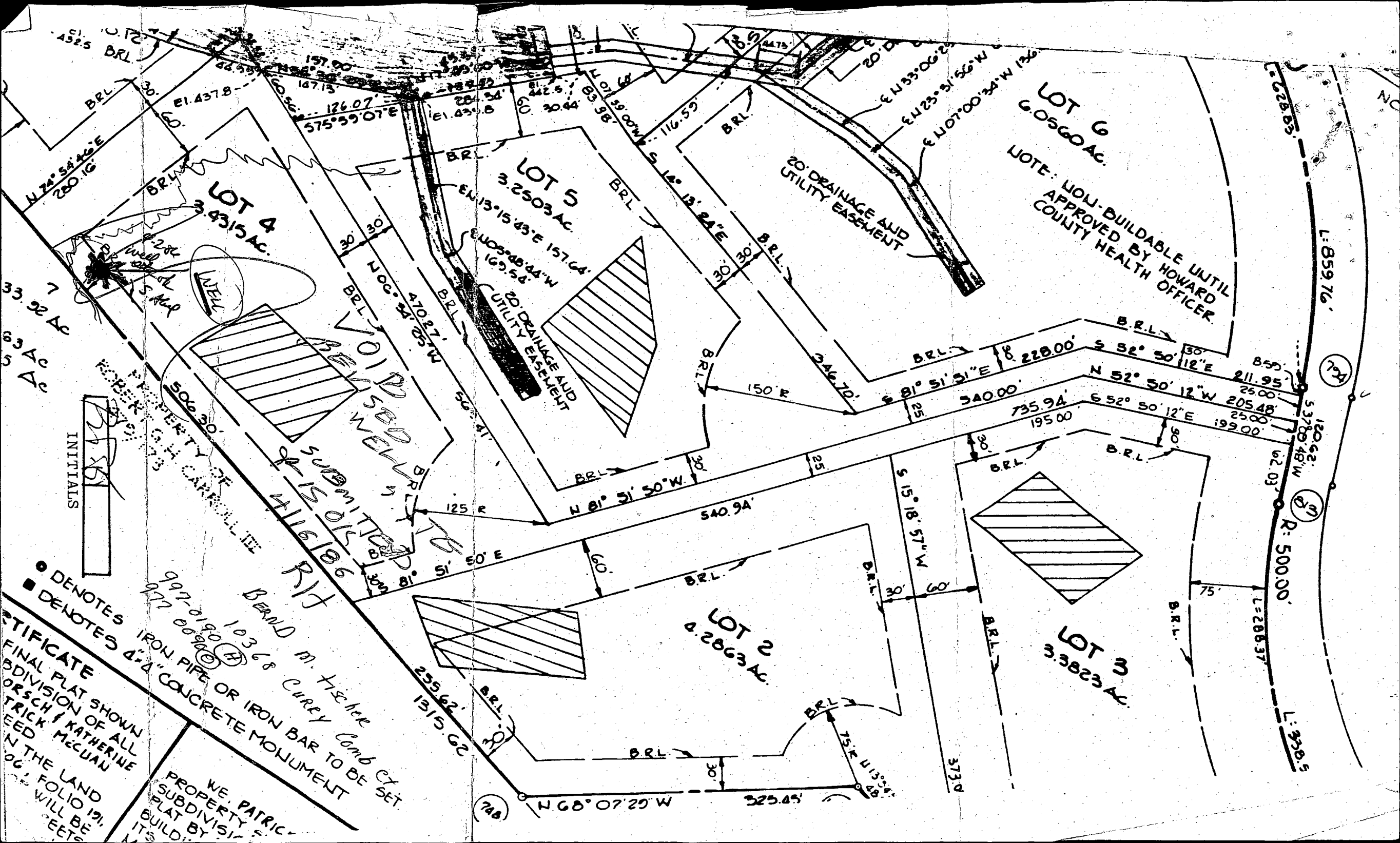
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079



LOT 6
6.0560 AC.
NOTE: NON-BUILDABLE UNTIL
APPROVED BY HOWARD
COUNTY HEALTH OFFICER.

LOT 5
3.2503 AC.
20' DRAINAGE AND
UTILITY EASEMENT

LOT 4
3.4315 AC.
WELL

LOT 3
3.3823 AC.

LOT 2
2.2863 AC.

WELL
SUBMITTED BY
BRAND M. HEILER
CUREY Comb CT
RIT
4116186

● DENOTES IRON PIPE OR IRON BAR TO BE SET
 ■ DENOTES 4" x 4" CONCRETE MONUMENT
 CERTIFICATE
 FINAL PLAT SHOWN
 DIVISION OF ALL
 TRICK / KATHERINE
 EED MCGUAN
 IN THE LAND
 OG, FOLIO 121,
 WILL BE
 EETS
 WE, PATRICIA
 PROPERTY
 SUBDIVISION
 PLAT BY
 BUILDING

INITIALS
[Handwritten initials]

(748)

(749)

(750)

(751)

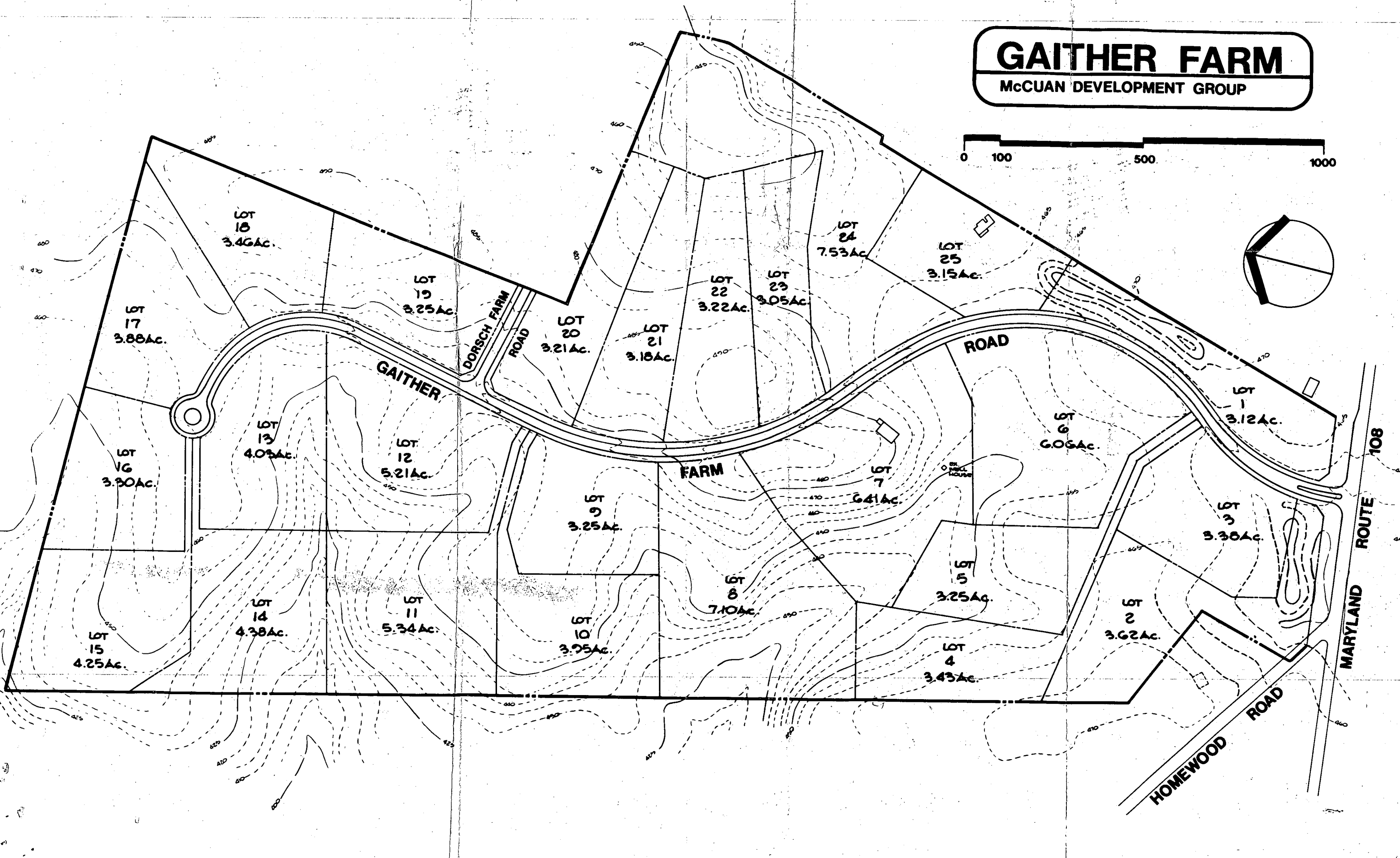
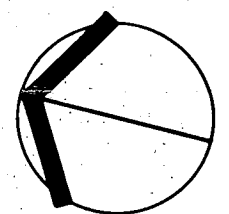
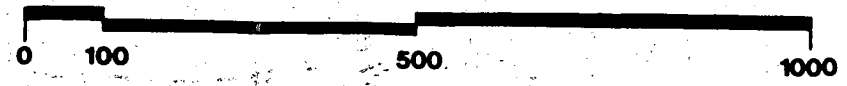
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(753)

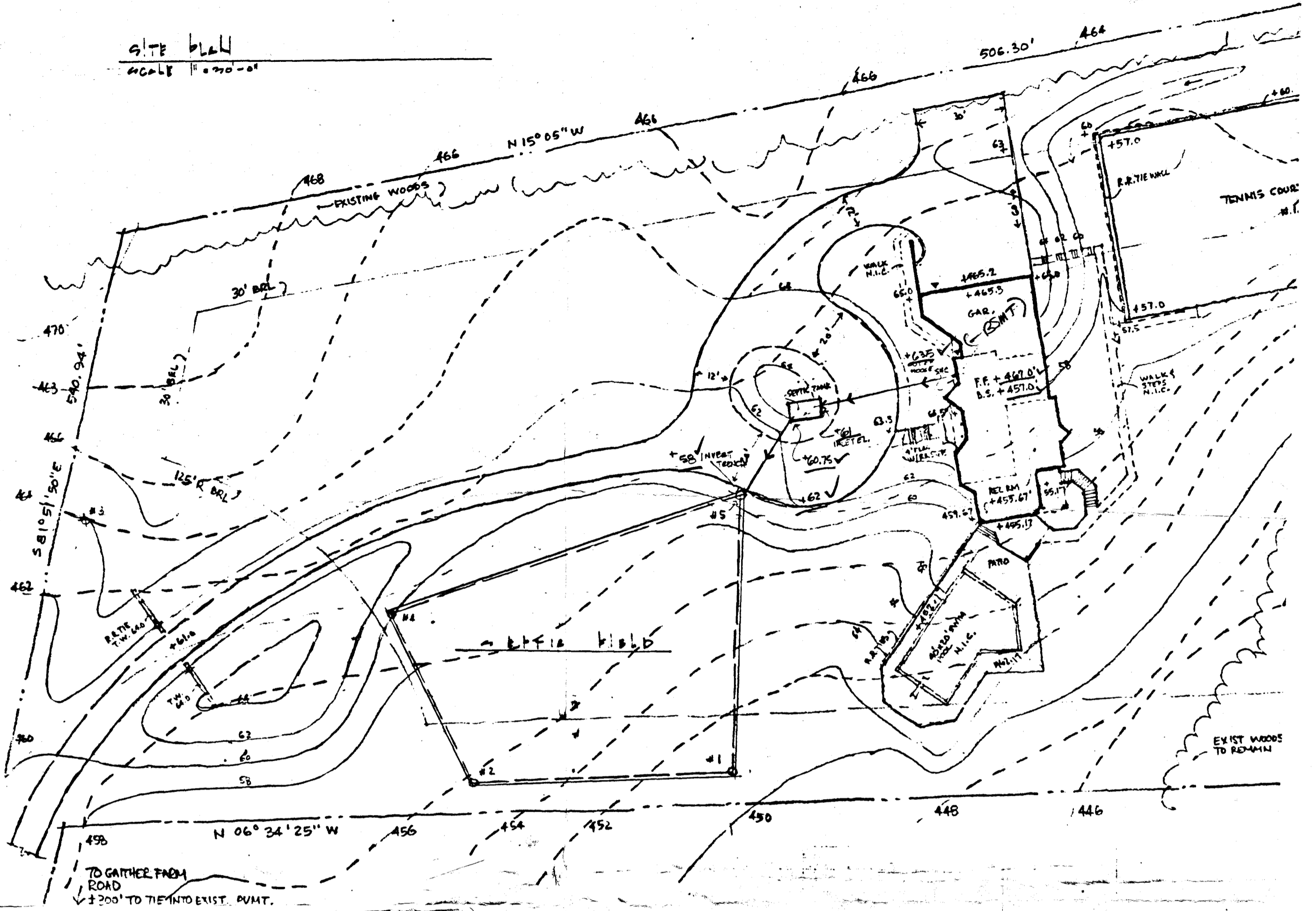
(754)

GAITHER FARM

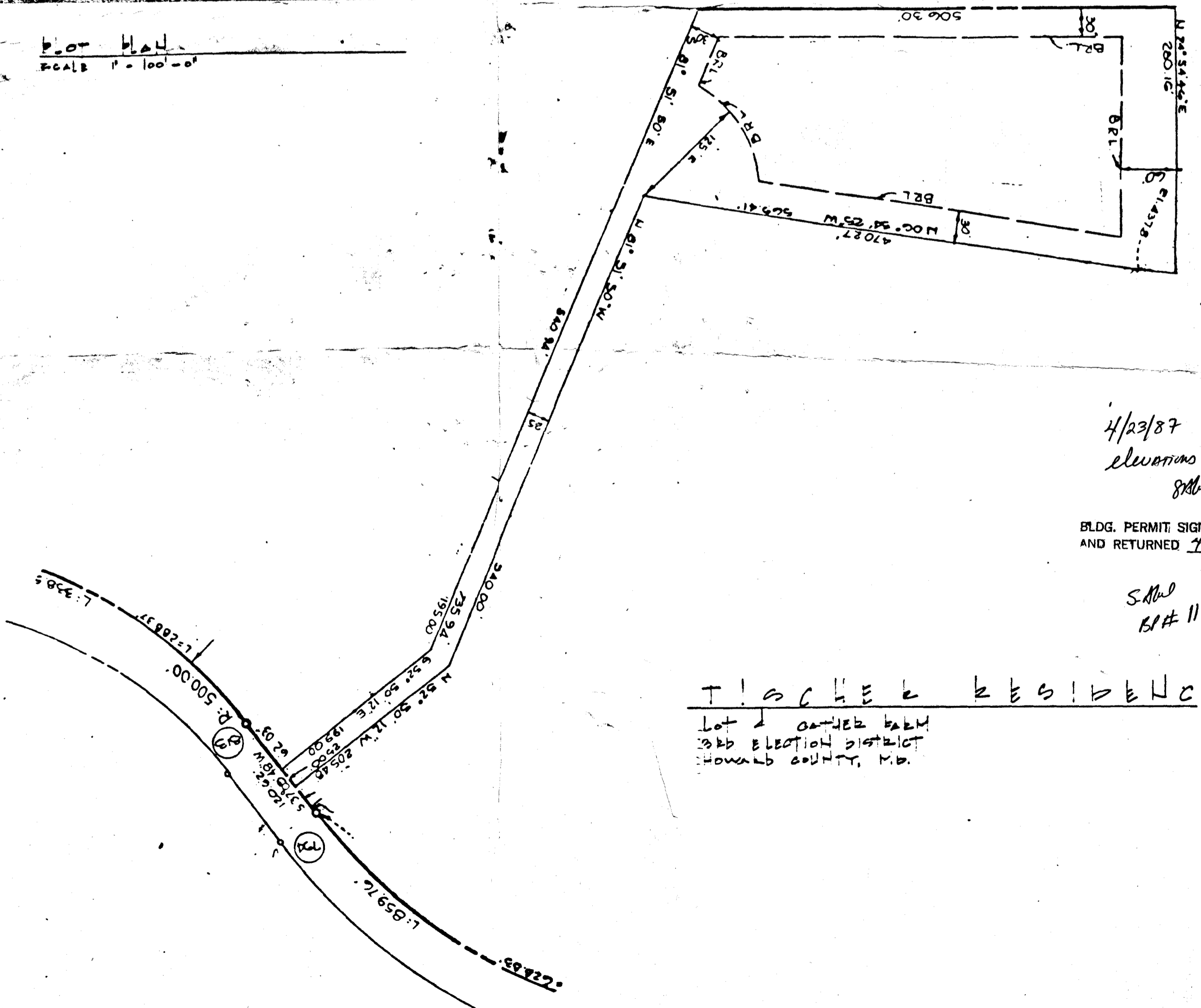
McCUAN DEVELOPMENT GROUP



SITE PLAN
SCALE 1" = 20'-0"



LOT PLAN
SCALE 1" = 100'-0"

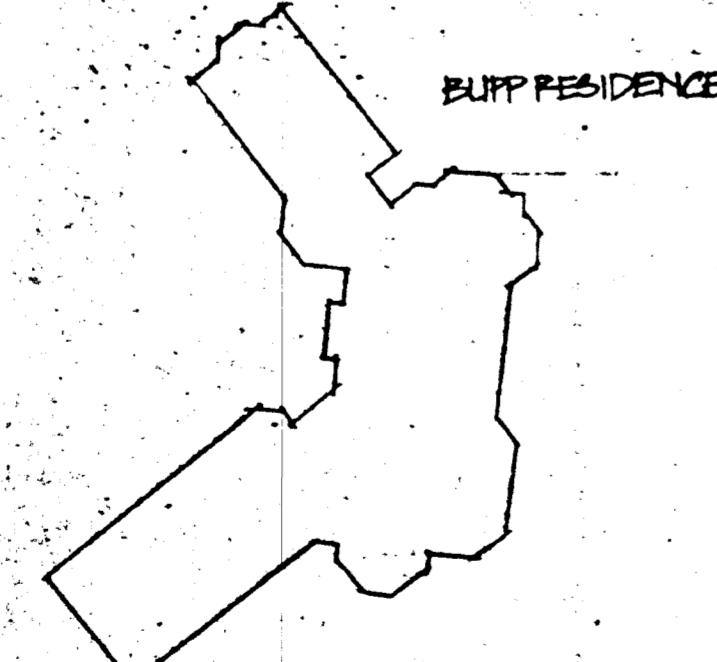
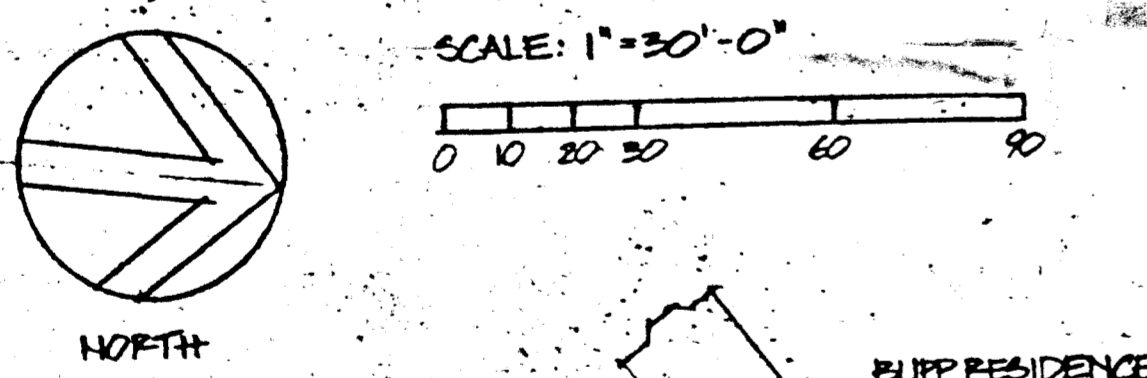
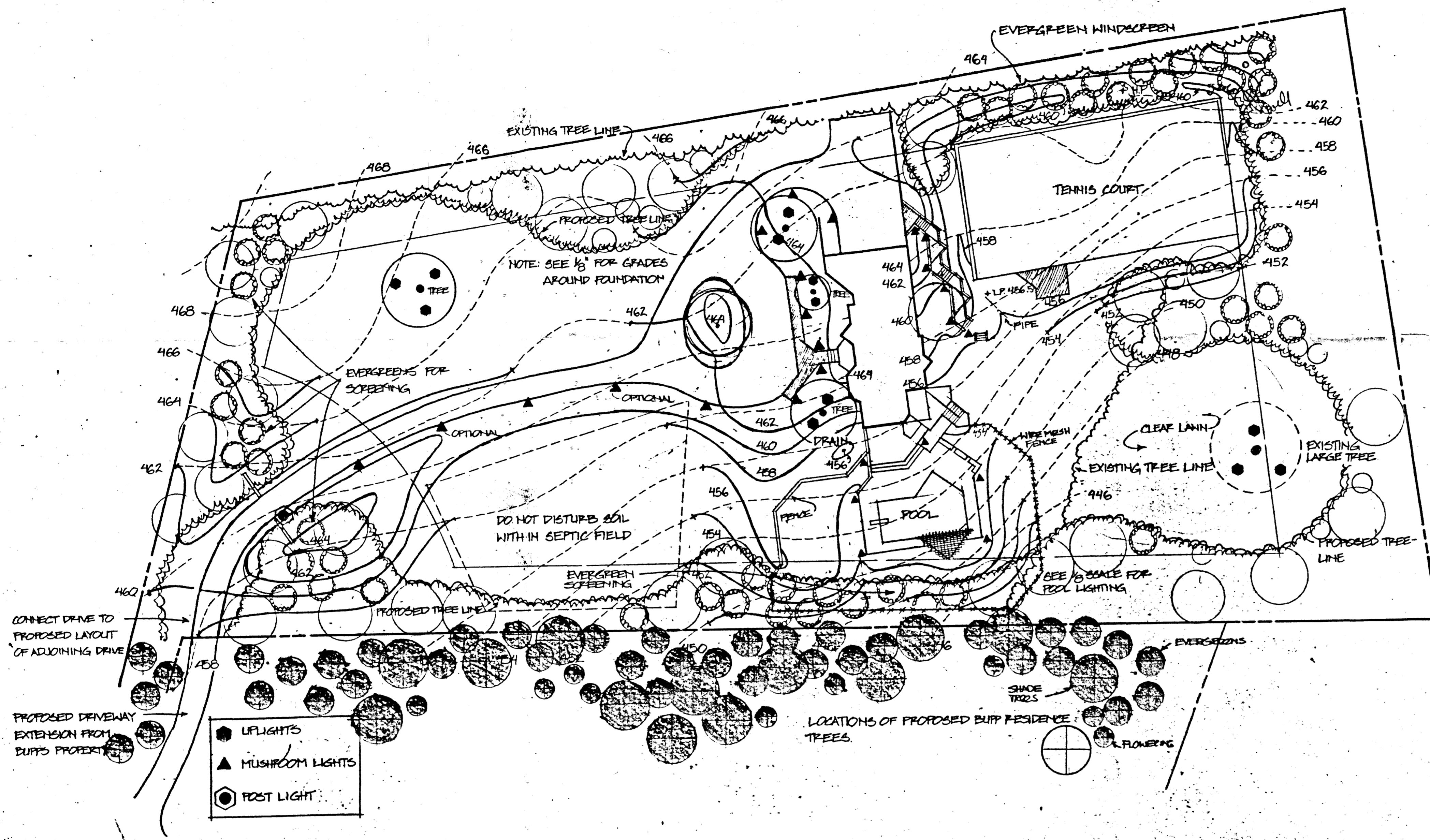


4/23/87
elevations
S.M.H.

BLDG. PERMIT SIGN
AND RETURNED ✓

S.M.H.
BL# 11

TISCHE RESIDENCE
Lot 2 GARAGE BLDG
3RD ELECTION DISTRICT
HOWARD COUNTY, M.D.



1. SITE GRADING
2. LIGHTING LAYOUT
3. CONCEPTUAL TREE PLANTING
4. DRIVEWAY LOCATION

TISCHER RESIDENCE

Prepared by
Slater Associates
Landscape Architects

Scale: 1" = 30'
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

36918

New Installation
Replacement

Receipt # 39455
Date 6/12/87

Name of Installer ROBERT L. FREEZER Co., Inc.

Telephone 781-4655

License number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner M/M BERND TISCHER

Telephone 997-0090

Subdivision GAITHER FARMS Lot # 4

Well tag # 40-81-1402

Site Address LOT 4 GAITHER FARM RD.
ELICOTT CITY, MD. 21043

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make GRISWOLD
- 3. Model # 3ALN
- 4. Capacity 7 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 1/2
- 2. RPM 3500
- 3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

- 1. Make MARINSON
- 2. Model # B300X
- 3. Depth 42" +

Tank

- 1. Capacity 206
- 2. Pressure relief valve?

Piping

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

Well data

- 1. Depth 165 ft.
- 2. Yield 10 GPM
- 3. Static water level 37 ft.
- 4. Will water supply be disinfected by installer? YES

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: Robert L. Freezer

Date: 6/18/87

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

C1 00459

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

A-35704

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

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 050186

26 1165 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 40-81-1402

OWNER TISCHER BERND last name GAITHER FARM Rd. first name TOWN ELIOAK SUBDIVISION GAITHER FARMS SECTION LOT 4

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: Top Soil (0-4), SAND Stone (4-22), GRAY GRANITE (22-165)

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 45 NO. OF POUNDS 658 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 25 ft.

CASING RECORD casing types insert appropriate code below (S, C, P, O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter (nearest inch) Total depth (nearest foot) TYPE (S) 6 29

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

SCREEN RECORD screen type or open hole insert appropriate code below (S, B, H, P, O, L, T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

A 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. 238 DRILLERS SIGNATURE Joseph L. Maigne

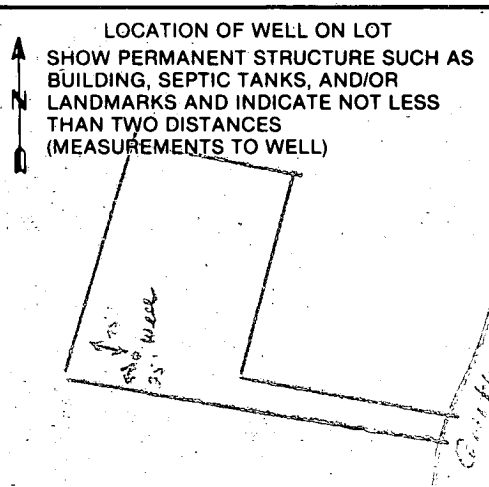
SITE SUPERVISOR (sign. of driller or journeyman, responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 42 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) LAND SURFACE (nearest foot)



B 1 4599

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1462

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

please print or type

fill in this form completely

Date Received 4/25/86

032/86

OWNER INFORMATION

FISCHER M. BERNARD

10368 CURRY COMB. CT.

COLUMBIA MD 21045

DRILLER INFORMATION

Joseph L. Mayne 238 77 License No. 80

Joseph L. Mayne WELL DRILLING

5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph L. Mayne 3/17/86

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

APPROP. PERMIT NUMBER GAP

FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-81-1462

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD 8 COUNTY

GAITHER FARM 23 SUBDIVISION

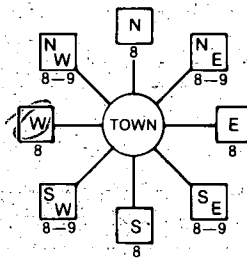
SECTION LOT 4

ELIORK 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1/2 MI

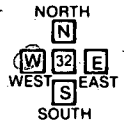
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Weather Farm Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 1200

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 35704 COUNTY NAME COUNTY NO.

OEP SIGNATURE DATE ISSUED STATE HEALTH INSERT S

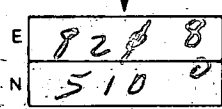
040286 Sidney Abel 10-02-86

NORTH GRID 510000 EAST GRID 0828000

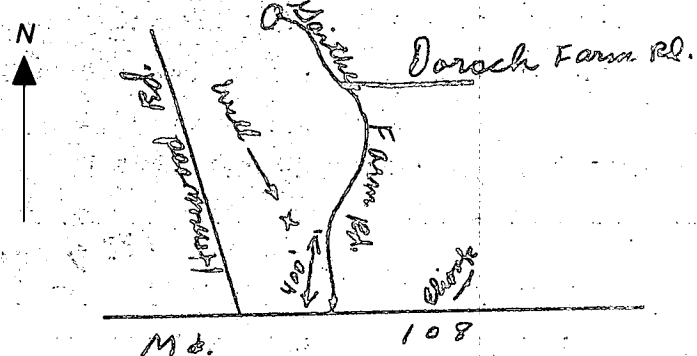
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL 2. 3.

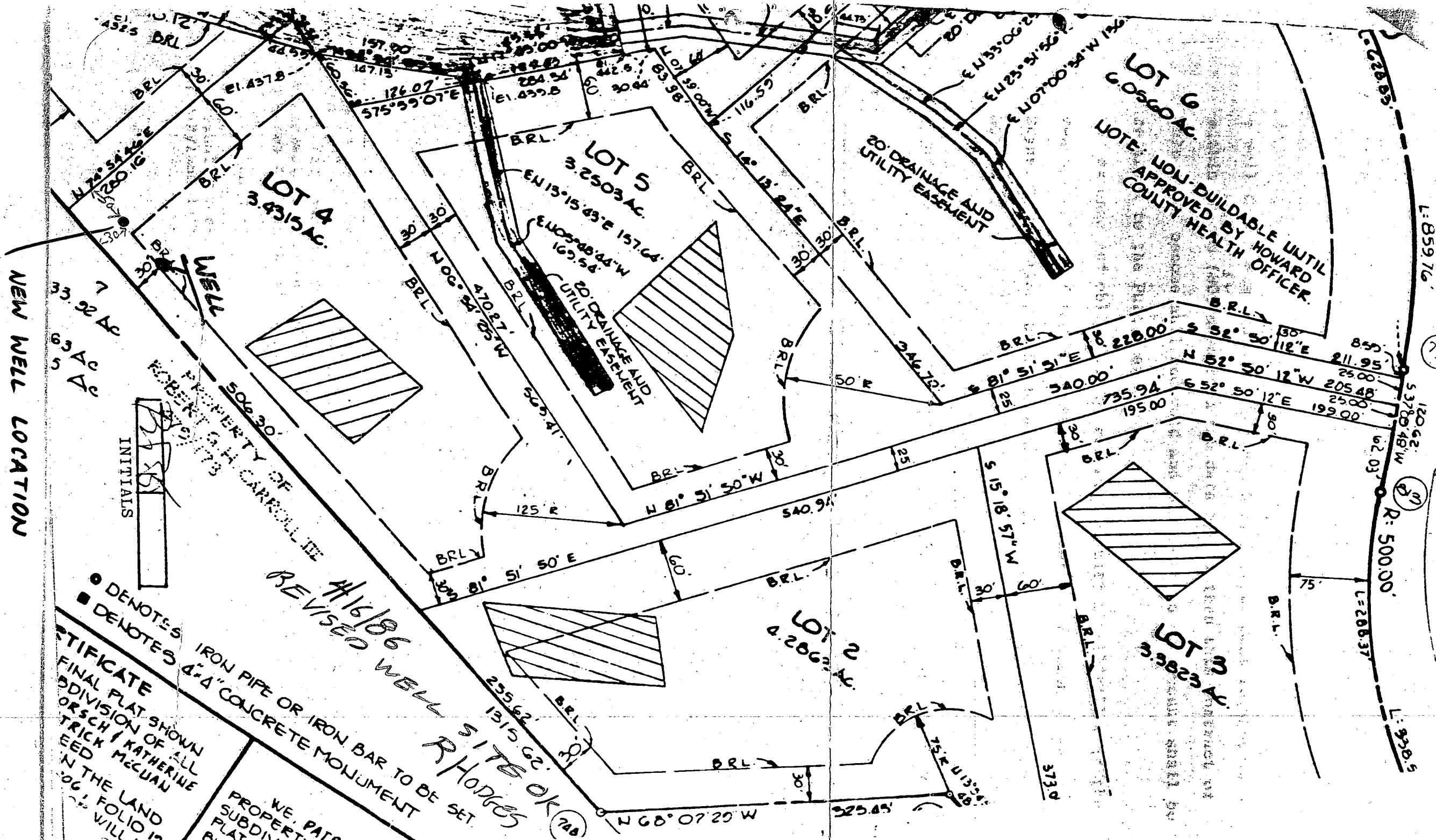
WRITE THE BOX NUMBER FROM THE MAP HERE



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



NEW WELL LOCATION



PROPERTY OF
 ROBERT G. CARROLL III
 INITIALS

REVISED WELL SITE OK
 4/16/86
 R. HODGES

● DENOTES IRON PIPE OR IRON BAR TO BE SET
 ■ DENOTES 4"x4" CONCRETE MONUMENT

WE, PATRIC
 PROPERTY
 SUBDIVISION
 PLAT BY
 BULL

NOTE: LOW-BUILDABLE UNTIL
 APPROVED BY HOWARD
 COUNTY HEALTH OFFICER.

20' DRAINAGE AND
 UTILITY EASEMENT

20' DRAINAGE AND
 UTILITY EASEMENT

CERTIFICATE
 FINAL PLAT SHOWN
 DIVISION OF ALL
 ORSCH / KATHERINE
 TRICK / MCLUAN
 EED
 IN THE LAND
 FOLIO 191
 2061 WILL BE

REVISED WELL LOCATION
FOR LOT # 4 BAITHER FARM

BY BERND M. TISCHER

WELL DRILLER JOE MAYNE

OWNER

BERND M. TISCHER

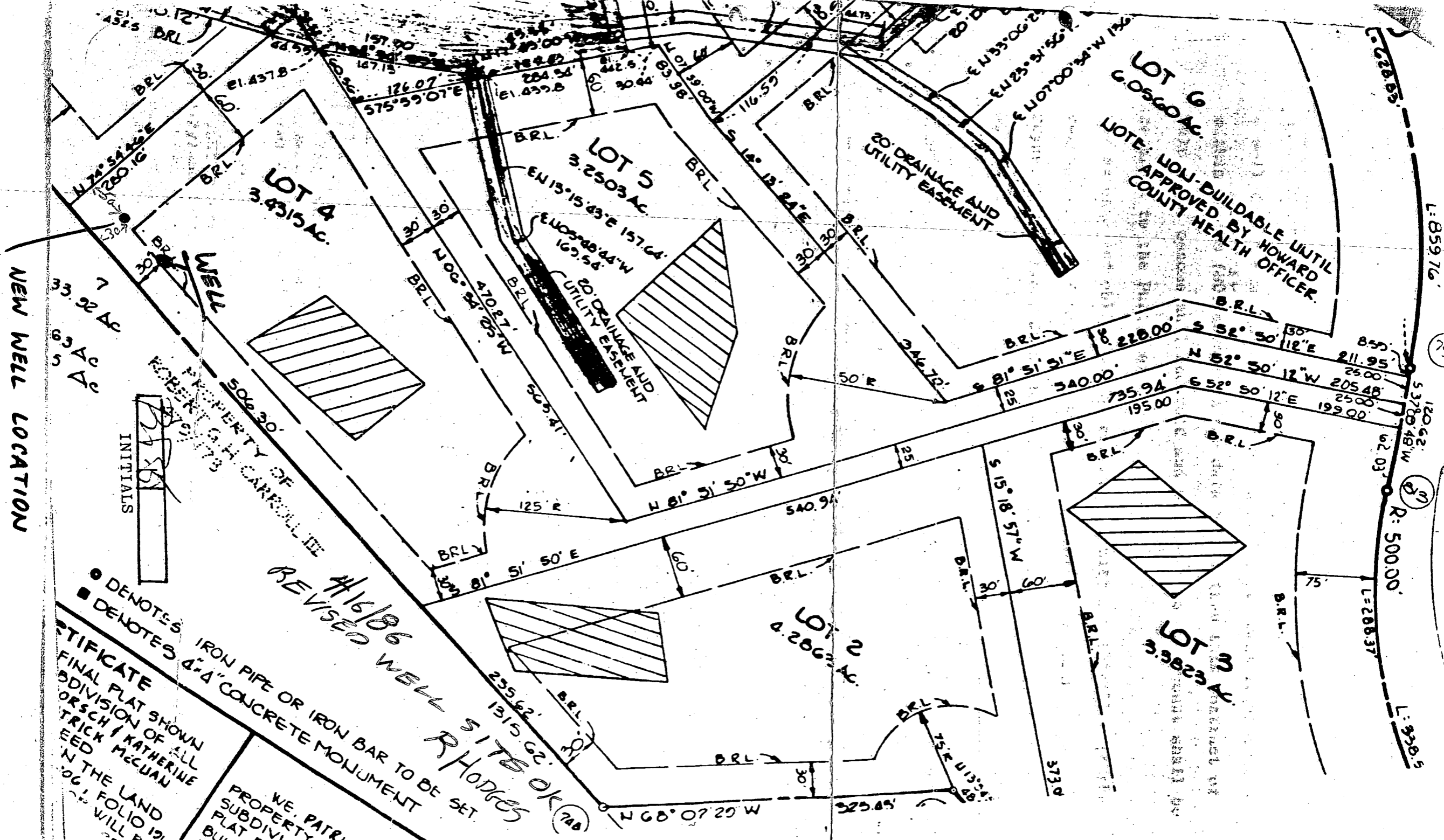
10368 CURRY COMB CT.

COLUMBIA, MD, 21044

997-0190 (HOME)

997-0090 (WORK)

NEW WELL LOCATION



INITIALS

PROPERTY OF
ROBERT G. CARROLL JR.

REVISED 4/16/86

WELL SITE OK
R. HODGES

● DENOTES IRON PIPE OR IRON BAR TO BE SET
 ■ DENOTES 4" x 4" CONCRETE MONUMENT

PROPERTY OF WE. PATRIC
 SUBDIVISION OF
 PLAT BUILDING

FINAL PLAT SHOWN
 DIVISION OF
 TRICK / KATHERINE
 EED MCGUAN
 IN THE LAND
 FOLIO 191
 106 WILL BE

NOTE: NON-BUILDABLE UNTIL APPROVED BY HOWARD COUNTY HEALTH OFFICER.

20' DRAINAGE AND UTILITY EASEMENT

20' DRAINAGE AND UTILITY EASEMENT

L: 859.76
L: 288.37
L: 350.5
R: 50000

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 9685 Name: TISCHER County: HANOVER

Source of Sample: GAITHER FARM lot 4 Street: _____ Town or City: _____ Collector: STANLEY

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H 081-1402

County: 13 Plant No. Sampling Station Date Collected 050786 Time 1455 M Acid Iced

Field Data: pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	2.1		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	381	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received: _____ Date Reported: _____ Chemist: Wesley L. Solnick, Ph.D. Lab No. 14032

