

4/12/85
203 pm

WPT - 6/19/85
WPT - 7/18/85

Approved 6/12/85
Stayer

PERMIT

05-393035

P 353/2
A 35097

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEXED

ELLICOTT CITY
DISTRICT 5th.

June 17-18 - WPT no work started J

DATE 4/09/85

Souder Builders, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 9335 Old Scaggsville Road, Laurel, MD 20707 PHONE _____

SUBDIVISION Dunfretten Estates ROAD 13625 Meadow Glen LOT 22

PROPERTY OWNER Weldon D. Souder
13607 Voland Court

ADDRESS Dayton, Maryland 21036

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Place the distribution box 150 feet from the front (204') lot line and 120 feet from the right 120' lot line. Run trenches along level ground toward either side of lot.

NOTE: No trench to exceed 100 feet in length. 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.

PLANS APPROVED BY C. Williams DATE 3/29/85

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.

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.

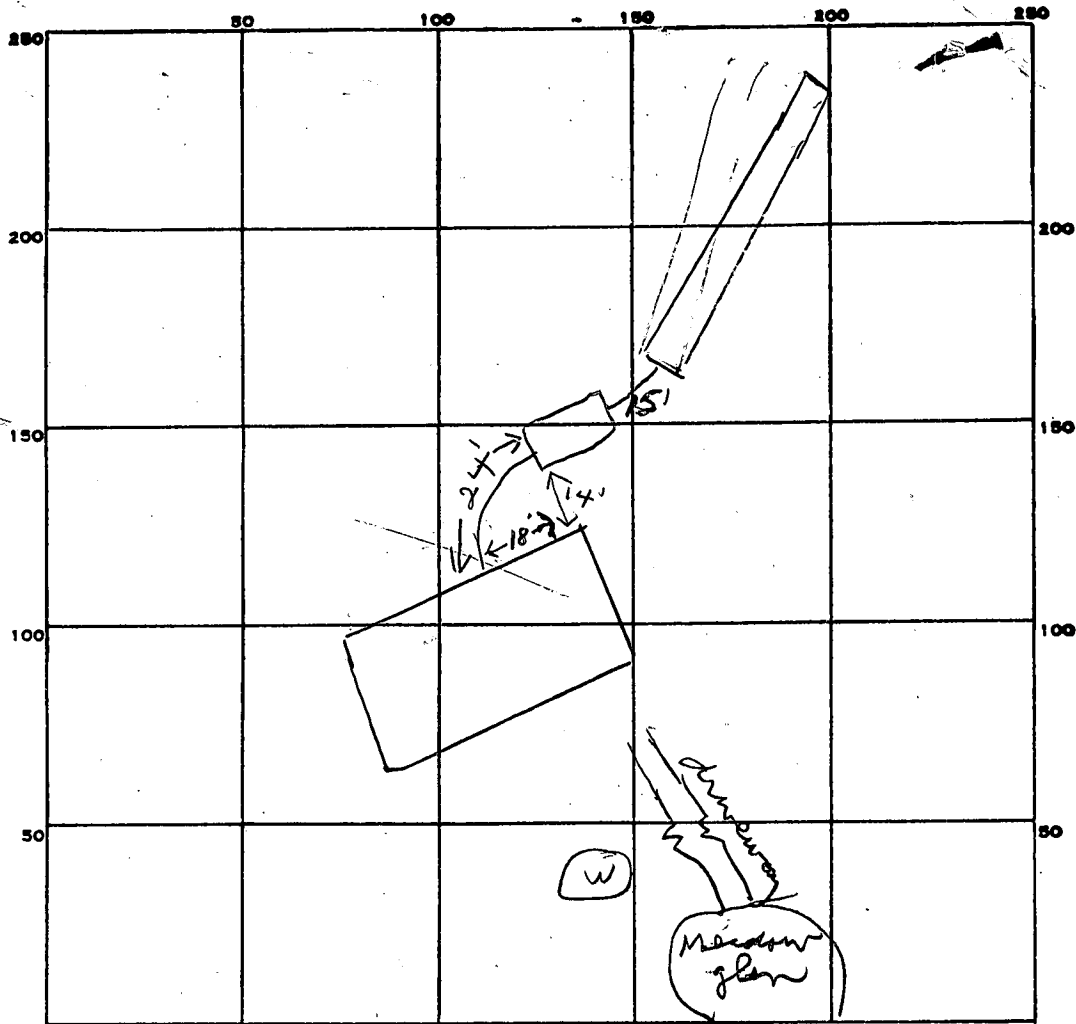
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35-092



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000

CLEANOUTS 5T

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 108 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 540

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

ABSORBENT AREA 540 SQ. FT.

REMARKS 6/12/85 OK to add stone in trenches
6/12/85 OK to cover all work

DATE SYSTEM APPROVED 6/12/85 INSPECTOR Stayer

SUBDIVISION: DUMFRETTE ESTATES
13625 MEADOW GLEN

LOT NUMBER: 22

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	_____ sq. ft./bedroom
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

_____ 180 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3 feet below original grade.
 Bottom maximum depth 8 feet below original grade.
 Effective area begins at 3 feet below original grade.
5 feet of stone below distribution pipe.

3
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 THE DISTRIBUTION BOX 150' FROM THE FRONT
(204') LOT LINE AND 120' FROM THE RIGHT 120' LOT LINE.
RUN TRENCHES ALONG LEVEL GROUND TOWARD EITHER SIDE OF
LOT. 3/29/85 C Williams

3/2/85
1:30 P.M.
Permit
2 holes

APPLICATION

35097

SEWAGE DISPOSAL TESTING

A 35097

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 3/6/85

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 Weldon D. Souder

ADDRESS 13607 Voland Ct PHONE 531-2461
Dayton Md. 21036

PROPERTY LOCATION:
SUBDIVISION Dunfretten Estates LOT NO. 22

ROAD AND DESCRIPTION 13625 Meadow Glen
Dayton Md. 21036

SIZE OF LOT 3.2470 AC TYPE BLDG. Ranch House 3 Bedrooms
(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.

Raymond J. Souder
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR FRENCHES DATE 3/29/85

REJECTED BY _____ FOR _____ DATE B.P.# 63433

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-7-85 PERC. SATISFACTORY; SEPTIC FIELD CHANGED TO RED AREA ON PLATT -> AREA SUFFICIENT; HOLD FOR CERTIFIED HOLE LOCATION AND HOUSE LOCATION. SAUL

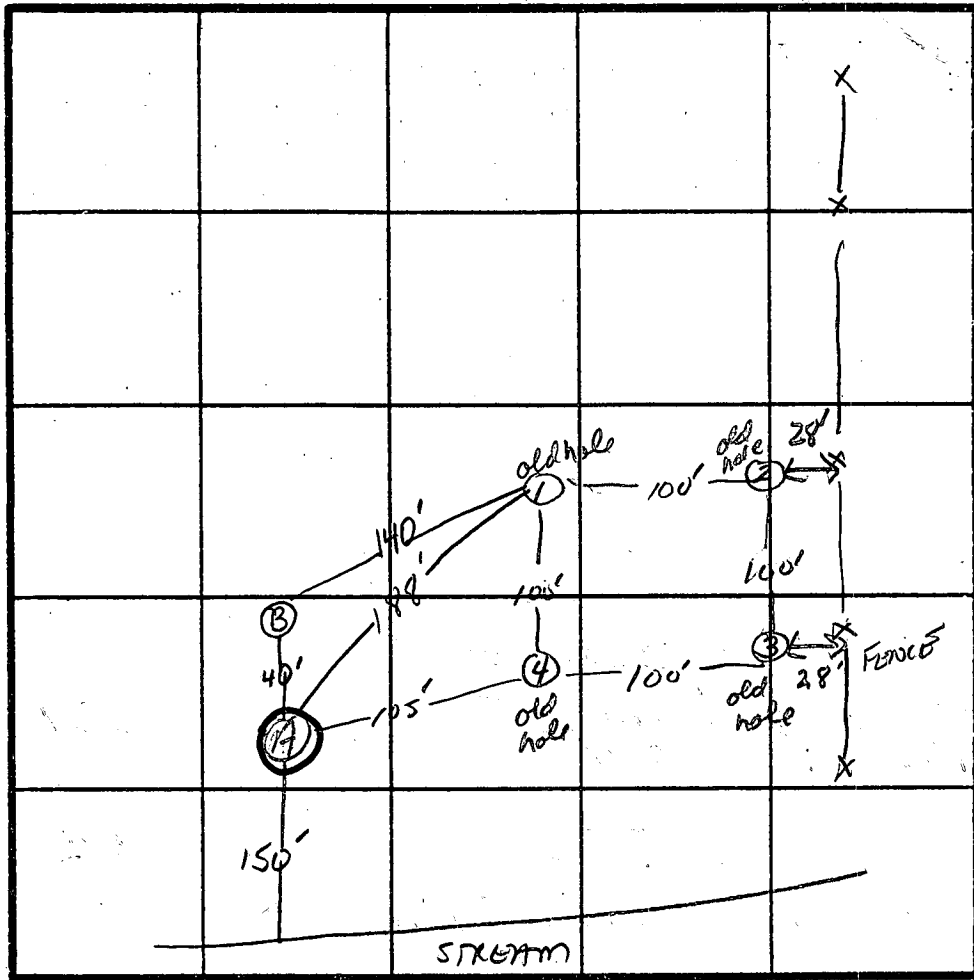
BIDD. PERMIT SIGNED AND RETURNED

THIS IS NOT A PERMIT

1 1/2
2%

(A) SOIL PROFILE

0"	A0-3
6"	BROWN CLAY LOAM 10-20% SAPROLITE
4'	WHITE BROWN CHALKY SILT LOAM 20-30% SAPROLITE
10'	BROWN SILT SAND micaceous 20-30% SAPROLITE
13'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(B)

0"	A0-3
6"	BROWN CLAY LOAM 10%
4'	SAPROLITE
7'	WHITE/BROWN SAND LOAM 10-20% SAPROLITE
13'	SAND LOAM BROWN 20-30% SAPROLITE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/9/85	(A) AV	3' 13'	12:33	12:50	2 1/4" MOVEMENT ABANDONED		
	(A) AV	4'	12:53	1:09	1:09	1:39	FAILED
	B5 BV	4.5' 13'	1:46	1:52	1:52	2:04	12min
	1		3:21	3:22	3:22	3:24	2min
12/8/81	2		3:26	3:31	3:31	3:49	18min
12/8/81	3		3:41	3:48	3:48	3:55	7min
12/9/81	4		10:13	10:15	10:15	10:17	2min

REMARKS _____

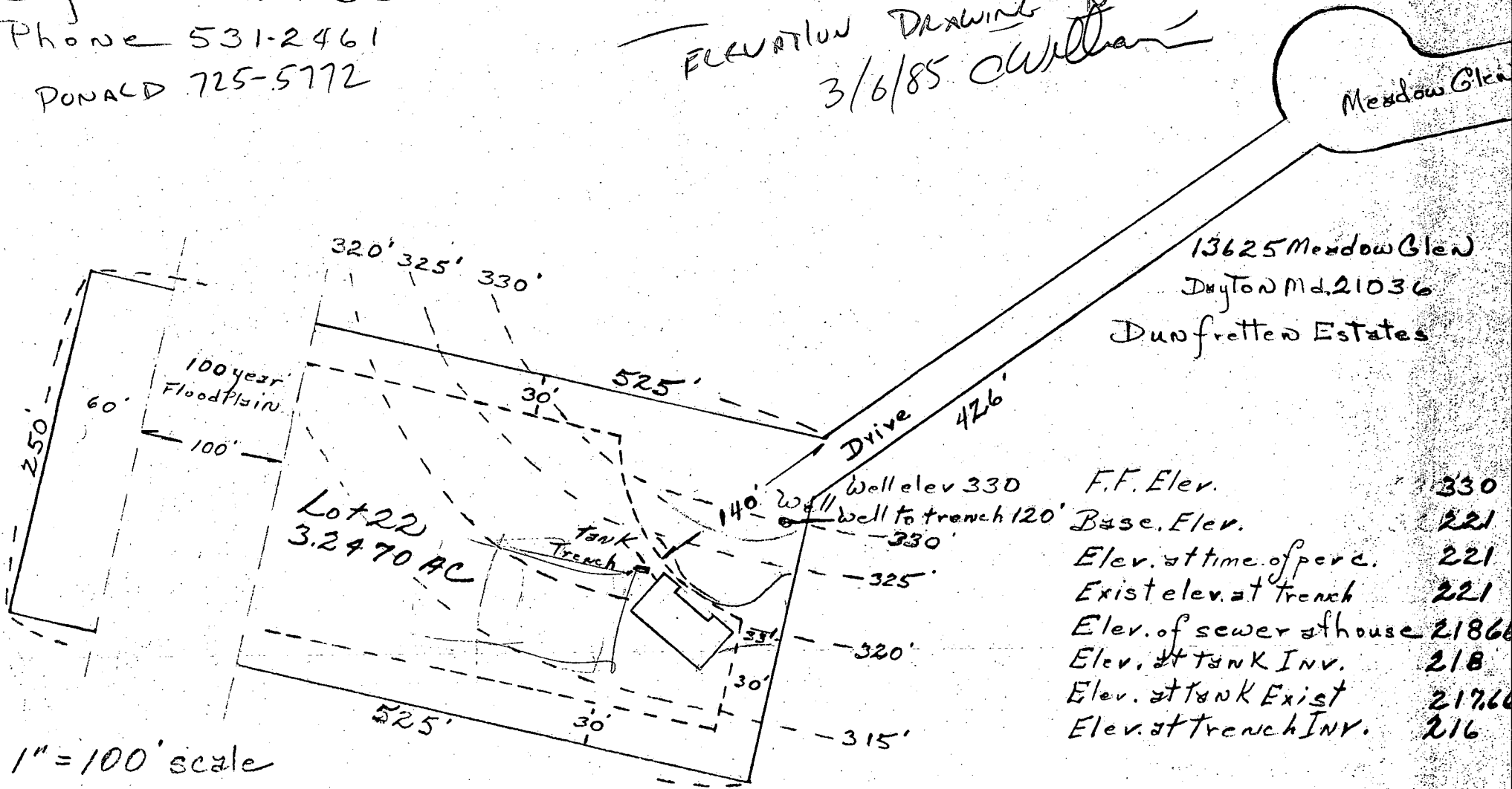
TYPE OF SOIL _____

TESTED BY S. Abel ALSO PRESENT Weldon Souder

EH-12-1079

Weldon D Souder
 13607 Volwood Court
 Dayton Md 21036
 Phone 531-2461
 DONALD 725-5772

TRENCHING TOO DEEP
 ELEVATION DRAWING NOT ACCEPTABLE
 3/6/85 CW [Signature]



13625 Meadow Glen
 Dayton Md. 21036
 Dunfretten Estates

F.F. Elev.	330
Base. Elev.	221
Elev. at time of perc.	221
Exist elev. at trench	221
Elev. of sewer at house	218.66
Elev. at tank INV.	218
Elev. at tank Exist	217.66
Elev. at trench INV.	216

1" = 100' scale

I certify That all elev. are actual + correct
 for this property W D Souder

SUBDIVISION: DUNFRETTE ESTATES

LOT NUMBER: 22

DRY WELL OR DRY WELL AND TRENCH

125 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 3 feet below original grade.
 Bottom maximum depth 10 feet below original grade.
 Effective area begins at 4 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 6 feet of stone below distribution pipe.

OR
TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 4 feet below original grade.
 Bottom maximum depth 10 feet below original grade.
 Effective area begins at 4 feet below original grade.
6 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE TRENCH OR PLACE THE DRY WELL AT PERC HOLE #1 WHICH IS LOCATED 125 FT FROM THE FRONT LOT LINE & 100 FT FROM THE ^{RIGHT} LEFT SIDE OF THE LOT AS SEEN WHEN FACING THE LOT FROM THE FRONT LOTLINE. RUN THE DITCH TOWARD THE BACK LOT LINE. NOTE THE FRONT LOTLINE IS THE 211.92 FT LONG LOTLINE 6/2/83 ORH

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 - ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 31735

P _____

DISTRICT 5th

DATE 11/24/81

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 S. Turner Nichols and James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993
Clarksville, Md. 21029

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #22
Meadow Glenn (Macadam)

ROAD AND DESCRIPTION _____

SIZE OF LOT 3 Acres TYPE BLDG. _____
(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.

S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodge FOR Dry N. E. or Trend DATE 6/2/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/8/81 - DIG MORE RA 12/9/81 OK Perc

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 31735
P _____
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SIZE OF LOT 3 Acres TYPE BLDG. _____ (NUMBER OF BEDROOMS) _____

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S. Turner Nichols - James S. Nichols
(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

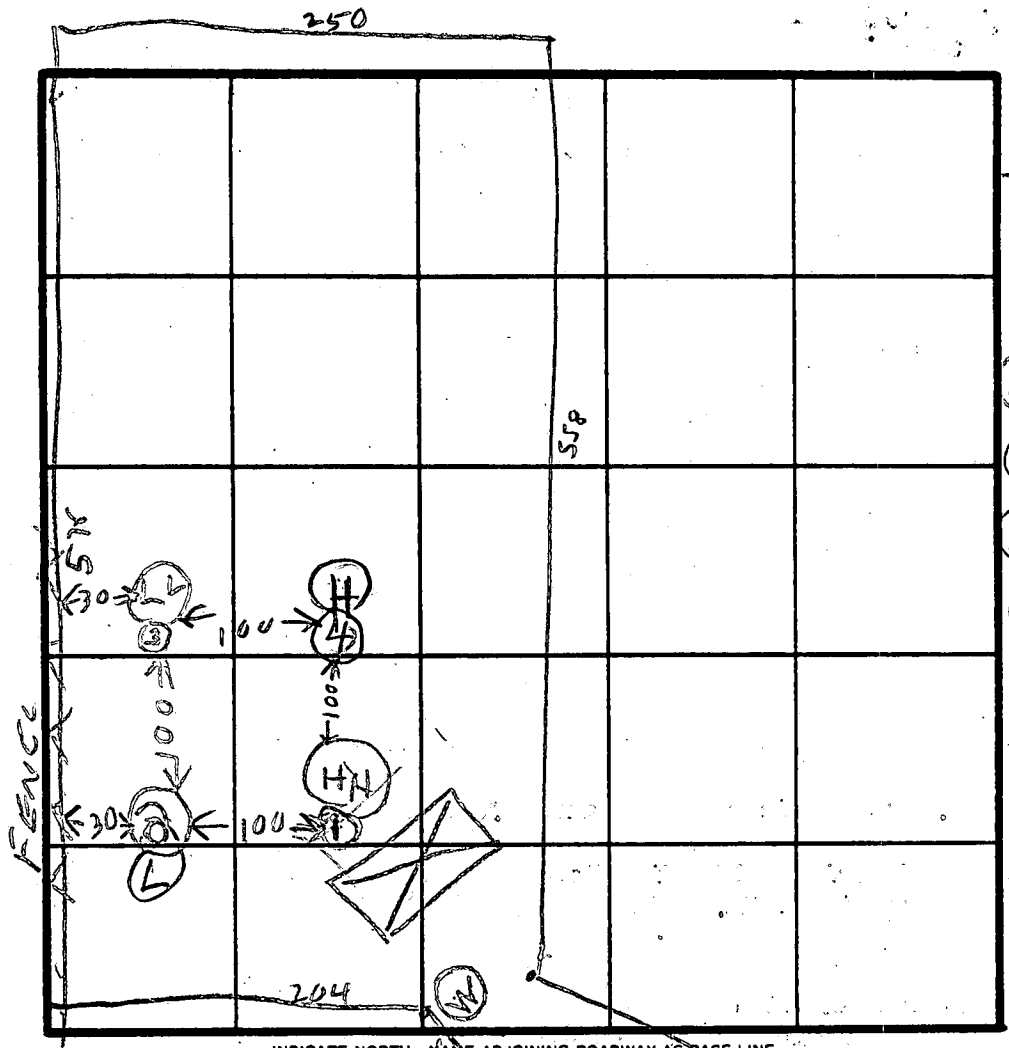
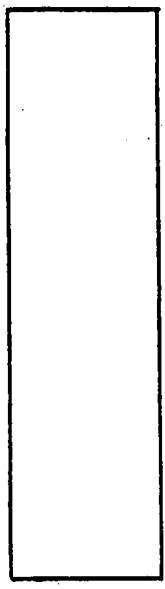
#21

See plan

Hole Elevation

- ⊕⊕ = Highest
- ⊕ = High
- ⊖⊖ = Lowest
- ⊖ = Low

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/81	1S	4	321	322	322	324	2
	1V	13	TOP	2 FT	CLAY		
			BOT	11 FT	SANDY	DRY	
	2S	5	326	331	331	349	18
	2V	13	TOP	4 1/2	CLAY		
			BOT	8 1/2	SANDY	DRY	
	3S	5	341	348	348	355	7
	3V	14	TOP 3 FT	CLAY			
			BOT 11 FT	CLAY SANDY MIX		DRY	
12/9/81	4S	4	1013	1015	1015	1017	2
11/9/81	4V	12	ALL	SANDY		DRY	

Air time of
Max Depth 3

REMARKS _____

TYPE OF SOIL _____

TESTED BY Ritodges Ritodges ALSO PRESENT _____

NICHOLS
NICHOLS
ORNDORF
NICHOLS
NICHOLS
ORNDORF

EH-12-1079

LOT 11

LOT 20
3.0566 ac.

Building Restriction Line

S 52° 18' 59" N 602.30'

LOT 21
3.2742 ac.

Building Restriction Line

N 50° 33' 00" E 525.00'

LOT 22
3.2470 ac.

Building Restriction Line

S 50° 33' 00" N 525.00'

LOT 23
3.0751 ac.

Building Restriction Line

LOT
3.02 ac.

Building Restriction Line

Subdiv

S 12° 15' 58" E 170'

417.43'
107.43'

S 30° 27' 00" E 250.00'

53.84'

100 Year Flood Plain

100 Year Flood Plain

100 Year Flood Plain

A-53.00'

A-29.60'

A-61.50'

A-30.77'

A-28.63'

15' & drain uti

10'

N 01° 34' 42" E 426.52'

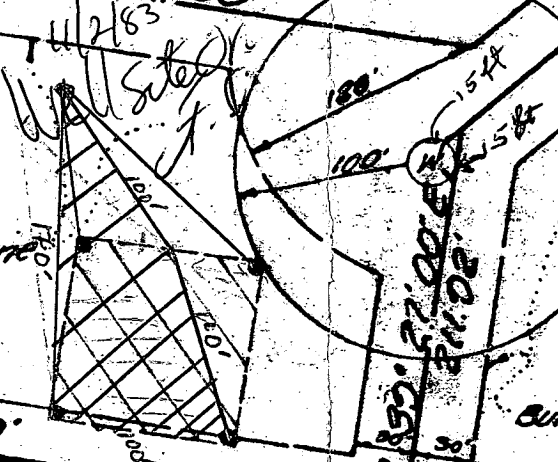
N 37° 20' 01" N 538.20'

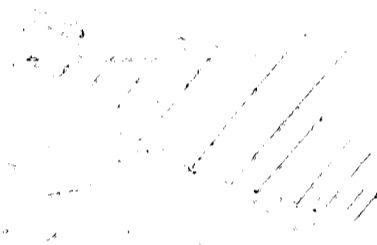
1110.00'

225.00'

105.00'

380'





CLINIC OF
ENVIRONMENTAL
HEALTH

SEP 29 9 39 AM '90

ADMITTED
STURABO COUNTY
HEALTH DEPT.

Lee Ward

596-4432-HM

986-8899-WK

C1 0843
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 31735

DATE RECEIVED
8 13

DATE WELL COMPLETED
15 20 11 07 83

DEPTH OF WELL
22 26 220 (TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
28 29 30 31 32 33 34 35 36 37 40-81-0304

OWNER Ward last name Meadow Glen first name Ted TOWN Dayton
SUBDIVISION Dun Fadden Estates SECTION LOT 22

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	
Brown Shale	0	30	
Sand + Shale	30	59	
Gray mica rock	59	220	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 22 NO. OF POUNDS 2068
GALLONS OF WATER 132
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 53 ft. (enter 0 if from surface)

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

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 63

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

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

DEPTH (nearest ft.)
EACH SCREEN 1 40 61 220
2
3

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

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. 238
Joseph L. Mayone

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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.) 70 72
WQ 74 75 76

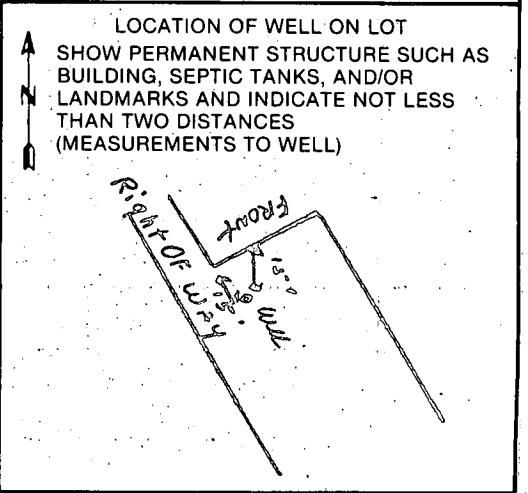
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 23
WHEN PUMPING 118
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: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot) 2
 - below }



B 1 1292 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

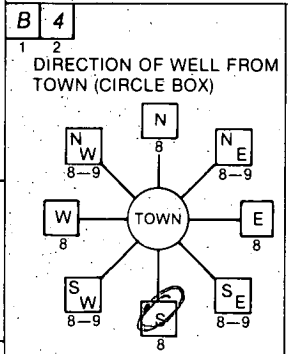
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-81-0304
fill in this form completely

Date Received 11/7/83 1:30 PM
OWNER INFORMATION
WARD FED
7373 HICKORY LOST CIRCLE
COLUMBIA MD 21045

B 3 LOCATION OF WELL
HOWARD COUNTY
DUNFRETTE ESTATES
SECTION 22 LOT 22
DAYTON
MILES FROM TOWN (enter 0 if in town) 2.90 MI

DRILLER INFORMATION
Joseph H. Wayne
5512 Ridge Rd. Mt Airy Md
Joseph H. Wayne 9/29/83



Meadow Blinn
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 441 FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A31735 COUNTY NO.
DATE ISSUED 10/18/83
CO SIGNATURE Frank Skinner
NORTH GRID 502000 EAST GRID 0803000

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)

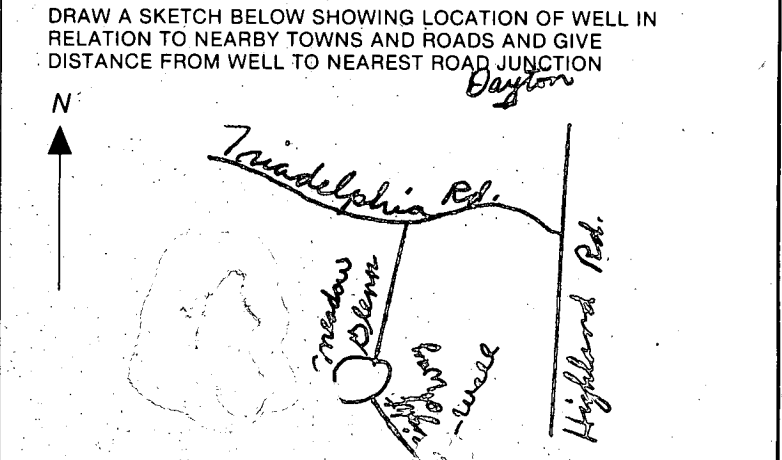
APPROXIMATE DEPTH OF WELL 200 FEET

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

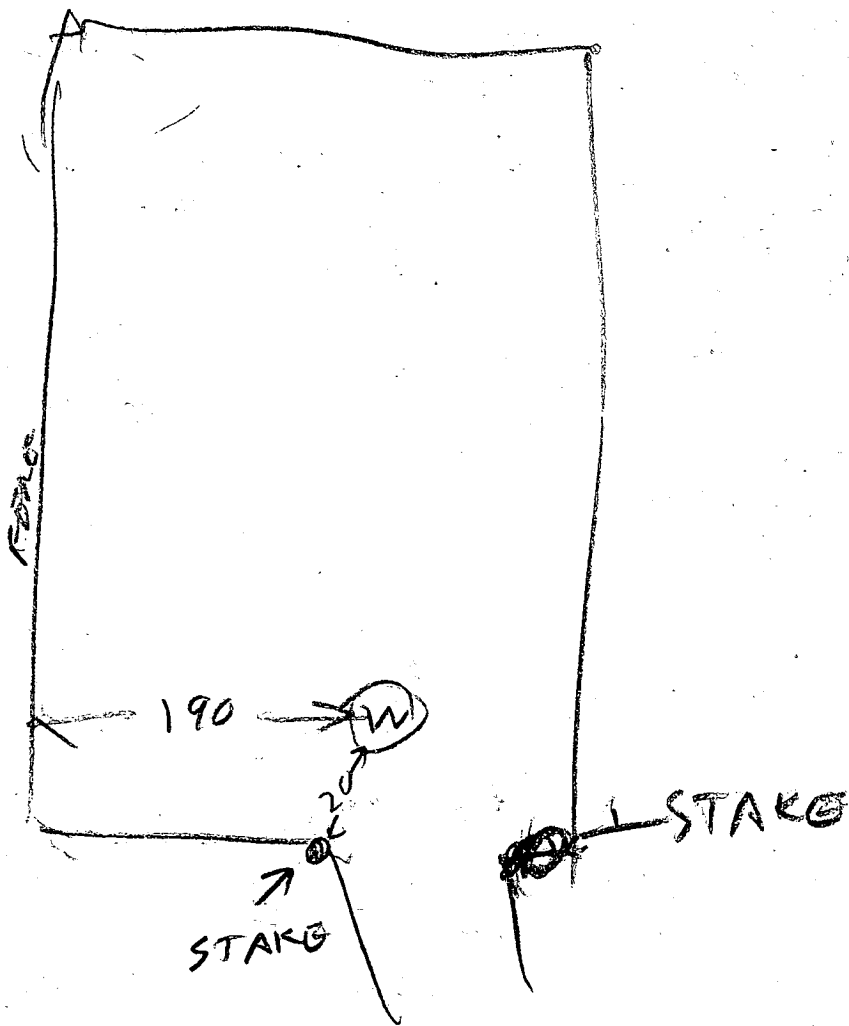
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800 3
N 500 2

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 FS PERMIT No. HO-81-0304

SPECIAL CONDITIONS



11/7/83

- ① 63 FT CASING 2 FT OUT OF GROUND
- ② 13 1/2 FT OPEN HOLE MEASURED WITH A STRING
- ③ 55 FT OPEN HOLE WHEN PIPE JETTED TO BOTTOM
- ④ LOCATION OK
- ⑤ 22 BAGS
- ⑥ WELL OK

6/18/85 WPI

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

WELL PUMP INSPECTION

Owner's Name: Weldon D. Souder
13625 Meadow Glen Road

Address:

Location of Property: Dunfretten Estates
Lot 22

Well Tag Number;
HO-81-0304

Plumber or Certified Pump Installer:

Phone Number:

License Number:

Receipt Number:

Date:

Permit issued prior to July, 1984
No fee involved

Comments:

Inspection:

7/18/85 all work completed

Date Well Pump Inspection was approved:

7/18/85

Inspector:

Stayer

914-5

PROPERTY OWNER Weldon Souder DATE OF REQUEST 7/24/85

TELEPHONE 7531-2461 NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS W 730-8888

NAME Weldon Souder
ADDRESS 13625 Meadon Glen
Dunwoody Ga 30222

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> Physician's Advice
<input type="checkbox"/> U & O	<input type="checkbox"/> New Residence
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Treatment System Necessity
<input type="checkbox"/> Other	<input type="checkbox"/> Plumbing or Well Repair
	<input type="checkbox"/> Replacement Well
	<input type="checkbox"/> Curiosity

SETTLEMENT DATE 1/1

SEPTIC SYSTEM: Approved Disapproved DATE 6/12/85

CONDITION: A35097

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: well OK (0304)

FIRST SAMPLE COLLECTOR Stayer TIME 10:15 DATE 7/24/85

BACTERIA SS 889, pH 6.4, Free Cl⁻ _____, Res. Cl⁻ _____, VOC _____

CHEMICAL K30, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: Bad 8-2-85

Mrs. Souder will call

RESAMPLE COLLECTOR Stayer DATE 9/5/85

BACTERIA B448, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME 11:00

CHEMICAL _____, Other _____

ACTION: Call with results (ICOP) 9-10-85

RESAMPLE COLLECTOR Stayer DATE 12/12/85

BACTERIA AB848, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME 11:00

ACTION: ★ COP 12-18-85

RESAMPLE COLLECTOR _____ DATE 1/1

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

NAME _____

ADDRESS _____

PHONE NO. _____

AGE OF CHILD _____

NAME _____

ADDRESS _____

PHONE NO. _____

AGE OF CHILD _____

NAME _____

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AGE OF CHILD _____