

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-310817

P 42648

A 35696

DISTRICT 3rd

DATE 9/30/88

DATE SYSTEM APPROVED 10/20/88

INSPECTOR C. Willan

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Gaither Farms ROAD 11049 Gaither Farm LOT 10

PROPERTY OWNER Paul Selnick/Henry Monroe Builders

Selnick

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box or start the first trench beginning from the right rear corner (Intersect of the 455.70' lot line and 465.72' lot line) 210 feet down the right 465.72 ft. lot line and 105 feet off the same line as seen when facing the lot from Gaither Farm Road. Run trenches on contour toward the left and right lines.

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

PLANS APPROVED BY Sid Abel DATE 7/21/88

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

BOG. PERMIT SIGNED AND RETURNED 9/3/89
Smith # 23335

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

Prof.

EN - 2-1186

10-18-88
A 35696

A 35696

well - 140-88-0010

P&G ON 7-9-88

A 35696

SUBDIVISION: GAITHER FARMS

LOT NUMBER: 10

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

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

220 sq ft / bedroom with 6-19.

4BR/3P

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 feet below original grade.

5 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 absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX OR START THE FIRST TRENCH
BEGINNING FROM THE RIGHT REAR CORNER (INTERSECT OF THE 455.70°
LOT LINE AND 465.72° LOT LINE) 210 FE DOWN THE RIGHT 465.72 FE
LOT LINE AND 105 FE OFF THE THE SAME LINE AS SEEN WHEN
FACING THE LOT FROM GAITHER FARMS ROAD. RUN TRENCHES ON
CONTOUR TOWARD THE LEFT + RIGHT LINES 7-21-88 SAL

HD-191

PAUL SELMER
11049 GAITHER FARMS Rd.

BLDG. PERMIT SIGNED
AND RETURNED 7-21-88 *SAL*

BP20100

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 35796

P _____

DISTRICT 3

DATE 4/20/05

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 Dorosh
Purchase: Patrick McLean
PROPERTY OWNER: Patrick McLean
1000 Equitable Bank Cir.
ADDRESS: Columbia, MD 21044

PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. NEW 10
11

ROAD AND DESCRIPTION Homewood Rd. and Rte 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 7/2/05 PERC OK HOLD FOR PLAT RH

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

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 35696

P _____

DISTRICT 3

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.

OWNER - Phillip Dorsch
PURCHASER - Petrick McLean
PROPERTY OWNER 1000 Equitable Bank Cir.
ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:
SUBDIVISION Gaither Farm LOT NO. 11
ROAD AND DESCRIPTION Homewood Rd. and Rte. 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 _____

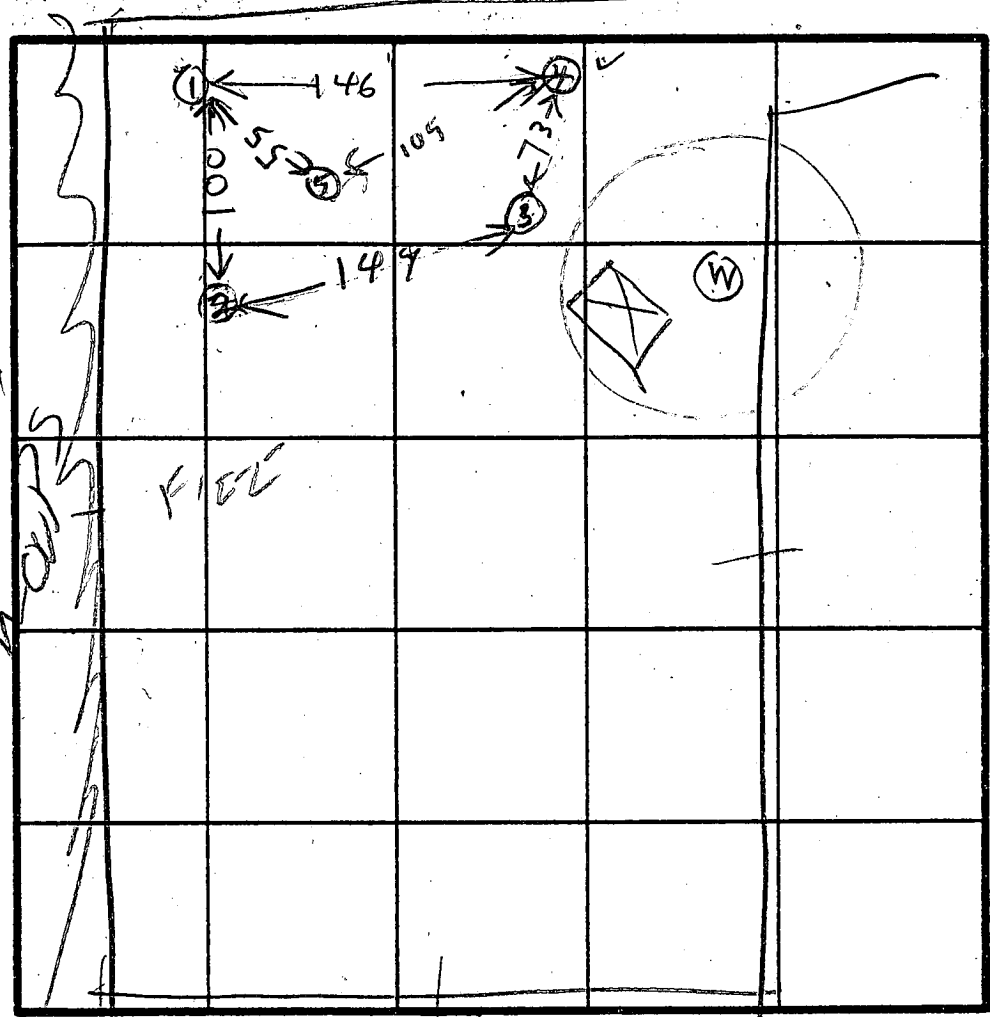
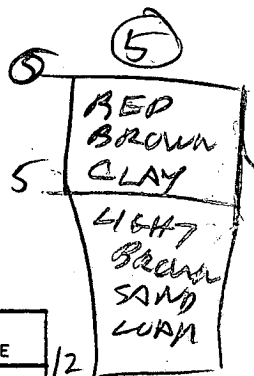
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

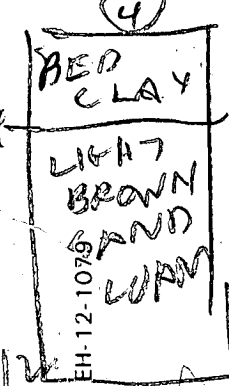
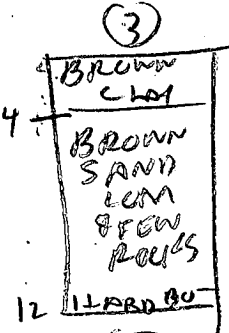
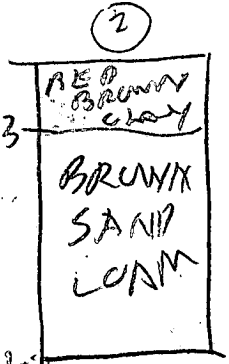
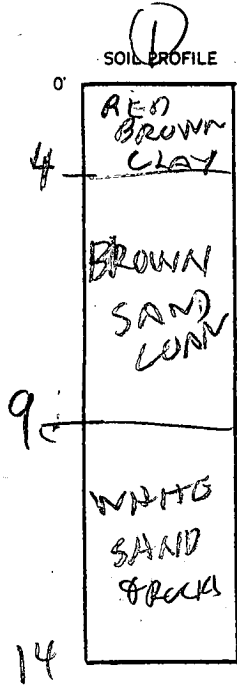
SURVEYOR
J. L. BOSTON

R.H. #	
1	A
2	D
3	C
4	B

HOLE ELEVATION
 (3/4) = HIGH
 (1/2) = LOW
 (5) = MEDIUM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/2/85	1 S	5	1113	1114	1119	1115	1
	1 D	8.5	114	1115	1115	1117	2
	1 V	14	LOOKS OK				
	2 S	5	1119	1124	1124	1131	7
	2 D	9.5	1119	1121	1121	1125	4
	2 V	12.5	LOOKS OK				
	3 S	4.5	1134	1140	1140	1153	13
	3 D	8.5	1134	1140	1140	1147	7
	3 V	12					
	4 S	4.5	1137	1138	1138	1139	1
	4 D	8.5	1138	1140	1140	1144	12
7/2/85	4 V	12	LOOKS OK				
	5 V	12	LOOKS OK				

artesian
4 min
max depth
4 ft

REMARKS LATE START WELL GROUT & GET GAS P/H

TYPE OF SOIL R L O BACHMAN AVE & BONNIE

TESTED BY R. HODGES

ALSO PRESENT JANE WADEAU Geologist

2/15/89

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 # 43611
Date 2-14-89

Name of Installer MASTER PLUMBING & MECH.

Telephone 854-0750

License Number _____
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner PAUL SELNICK Telephone _____
Subdivision Gaither Farms Lot # 10 Well Tag # HO-88-0010
Site Address 11049 GAITHER FARM RD.
ELLICOTT CITY MD. 21043

- | | | |
|---|--|------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower <u>1 1/2</u> | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth <u>40'</u> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>GOULD</u> | b. 220 <input checked="" type="checkbox"/> <u>3 WIRE</u> | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards _____ Other _____ | | |

- | | | |
|---|---|--|
| Tank | Piping | Well data |
| 1. Capacity <u>45</u> | 1. Type <u>HIGH PRESSURE</u> | 1. Depth <u>205</u> ft. |
| 2. Pressure relief valve? <input checked="" type="checkbox"/> | 2. Size <u>1"</u> | 2. Yield <u>7</u> GPM |
| <u>P.A. 4.5' B.G.</u> | 3. NSF and/or BOCA Code approved <u>YES</u> | 3. Static water level <u>32</u> ft. |
| <u>TANK NOT IN YET MR 2/15/89</u> | 4. Depth of supply line <u>40"</u> | 4. Will water supply be disinfected by installer? <u>YES</u> |

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.

C1 9665 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 A 35696

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED 070788
 Depth of Well 22 205 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" MC-187-0010

OWNER STEWART CRIG L.
 STREET OR RFD last name GAITHER FARM ROAD first name TOWN CLARKSVILLE
 SUBDIVISION GAITHER FARM SECTION LOT 10

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	20	
Sand Stone	20	35	✓
MICKA	35	20	
Sand Stone	20	25	✓
MICKA	25	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 45 NO. OF POUNDS 200
 GALLONS OF WATER 42
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 28 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 top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 6 30
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch 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

C2

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	40	28	205
2			
3			

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. 273
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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

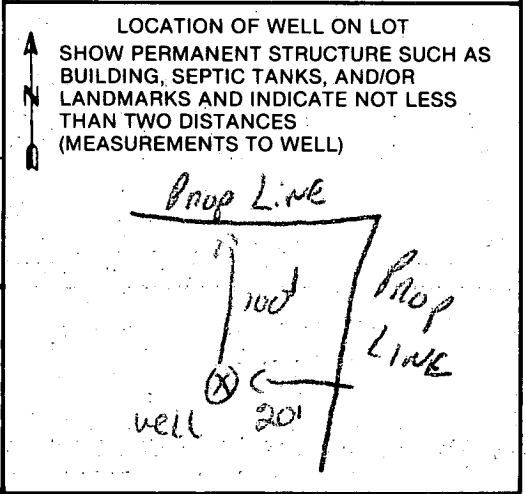
GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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) 3
 PUMPING RATE (gal. per min. to nearest gal.) 7
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 22
 WHEN PUMPING 27
 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) below }



B 1 7147

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

MD-88-0010

fill in this form completely

Date Received (APA)

051888

OWNER INFORMATION

STEWART SCRAIG

8329 MAIN STREET

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

GATHER FARM

SECTION 7 LOT 10

CLARKSVILLE

MILES FROM TOWN 2 MI

DRILLER INFORMATION

Ralph Mayne 273

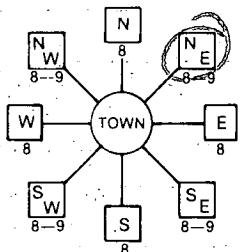
Ralph Mayne (well Drilling)

9120 Brown Church Rd. Mt Airy

Ralph Mayne 5/19/88

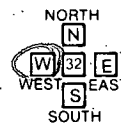
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GATHER FARM RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 150

ENTER FT or MI 150

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 35696

STATE SIGNATURE DATE ISSUED

062188 B. Nelson 12/21/88

NORTH GRID 512000 EAST GRID 0224000

APPROXIMATE DEPTH OF WELL 150 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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)

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

APPROX. PERMIT NUMBER GAP

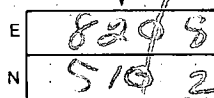
FORCE INITIALS PERMIT No. MD-88-0010

SPECIAL CONDITIONS 465-7687

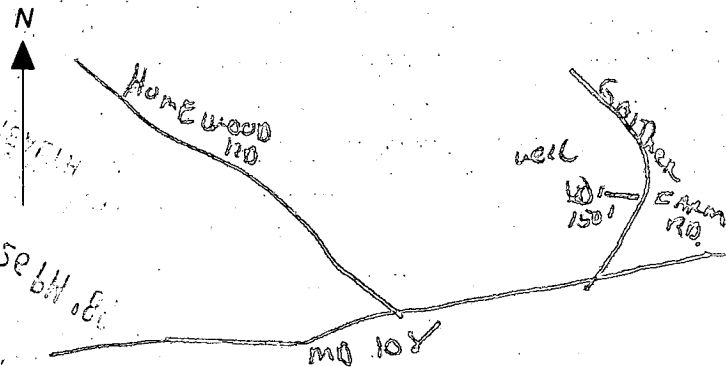
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- 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



C1 **4611** SEQUENCE NO. (DENV 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 **A35696**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
08/16/91

Depth of Well
300
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-1949

OWNER **Selnick Paul**
 last name first name
 STREET OR RFD **11099 Gaither Farm Rd** TOWN **Ellicott City**
 SUBDIVISION **GAITHER FARM** SECTION LOT **10**

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	
SANDY SOIL	0	49	
Coarse Mica Rock	49	300	

GRouting RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **490**
 GALLONS OF WATER **60**
 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 TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **4** **53**

OTHER CASING (if used)
 diameter inch 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

C2
 DEPTH (nearest ft.)
 1 **HO** **57** **300**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

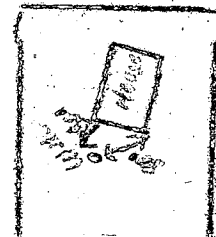
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W.Q.
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **air**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **52**
 WHEN PUMPING **230**
 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**
 (CIRCLE) (YES or 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)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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 *Paul Selnick*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 5593 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
H0-88-1949
70 fill in this form completely 79

Date Received (APA) 081391
OWNER INFORMATION
8 13
SELMICK PAUL
15 Last Name Owner First Name 34
11049 GAITHER FARM RD.
36 Street or RFD 55
ELLICOTT CITY MD 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
H088ARD
8 COUNTY 21
GAITHER FARM
23 SUBDIVISION 42
SECTION 44 46 LOT 10 48 50
ELLICOTT CITY
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 7 73 76 77 78

DRILLER INFORMATION
Joseph R. Wayne 238
Driller's Name 77 License No. 80
Joseph R. Wayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy, Md 21771
Address
Joseph R. Wayne 8/13/91
Signature Date

B 4
1 2
11049 Gaither Farm Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 500 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 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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
Howard A35696
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 081491 Mark E. Dillan 2/14/92
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 512000 EAST GRID 0828000
50 55 57 63

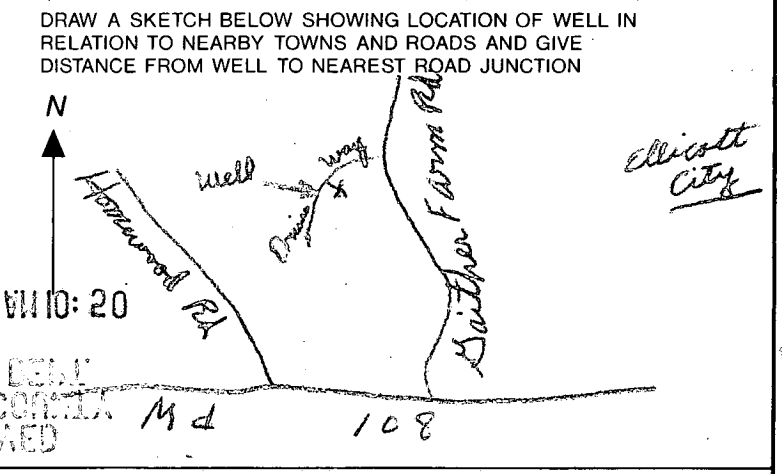
APPROXIMATE DEPTH OF WELL 300 24 28 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

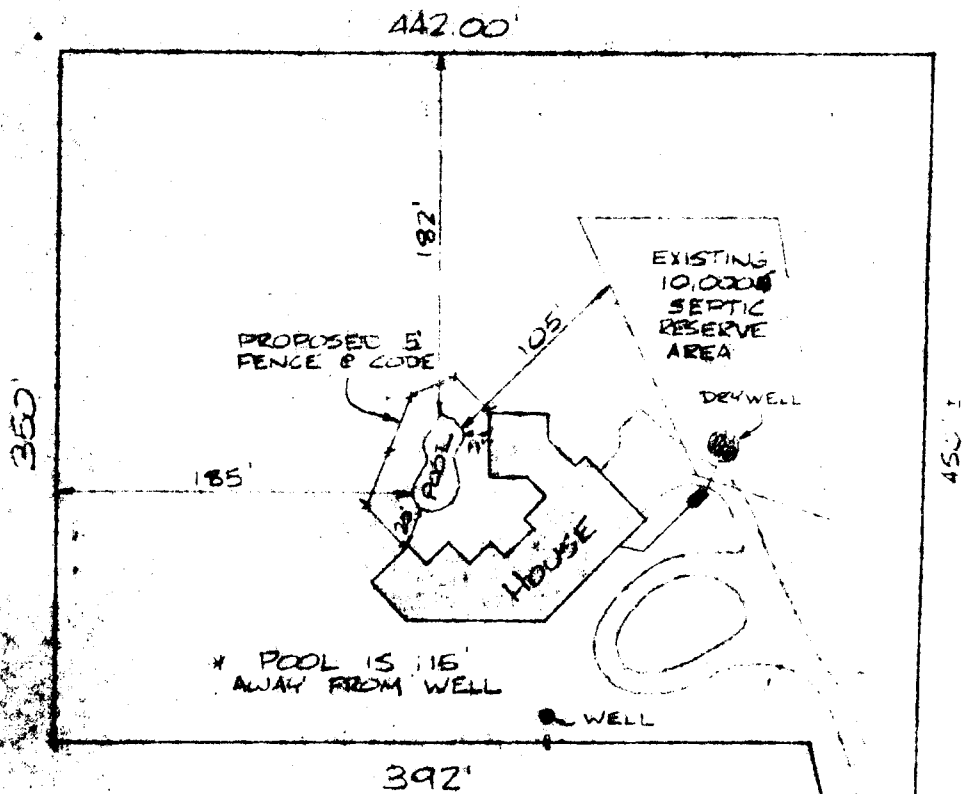
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N 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

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 828
N 512
000 000

Not to be filled in by driller (OEP USE ONLY) 01 VNC 13
APPROX. PERMIT NUMBER 54 G A P
FORCE MR WRITE INITIALS IN BOX PERMIT No. H0-88-1949
67 68 70 71 72 73 74 75 76 77 78 79





SCALE
1" = 100'

TC GA
FARM

8/20/91
2-3 PM

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

WE ARE MOVING THE EXISTING PUMP TO THE NEW WELL!

New Installation
Replacement

Receipt # 47417 NO FEE
Date 8/20/91

Name of Installer BRUCE H. GALLUP INC. Telephone 321-7244

License number P1-014
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner PAUL SELNICK Telephone 992-9449
Subdivision GAITHER FARM Lot # 10 Well tag # 170-88-1949
Site Address 11049 GAITHER FARM RD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1.5</u>	1. Make <u>MARTINSON</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>BP 10X</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>13 34</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>?</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>?</u>		
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 <u>PE</u>	1. Depth <u>300</u> ft.
2. Pressure relief valve? _____	2. Size <u>1</u>	2. Yield <u>15.2</u> 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? <u>Yes</u>

8/20/91 PLUMBER SAID NO WORK IF RAIN; IT RAINED, PLUMBER NEVER CALLED

BACKOWNER INDICATES PUMP & LINE INSTALLED - OK MR

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: Bruce H. Gallup Jr.

Date: 8/20/91

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

2/11/91 10AM Meet Driller & Owner

REPLACEMENT WELL SITE INSPECTION

OWNER Paul Selnick 796-1414 (work)

DATE REQUESTED 2/4/91

ADDRESS 11049 Gaither Farm Rd

DRILLER R. Mayne

EC 21043

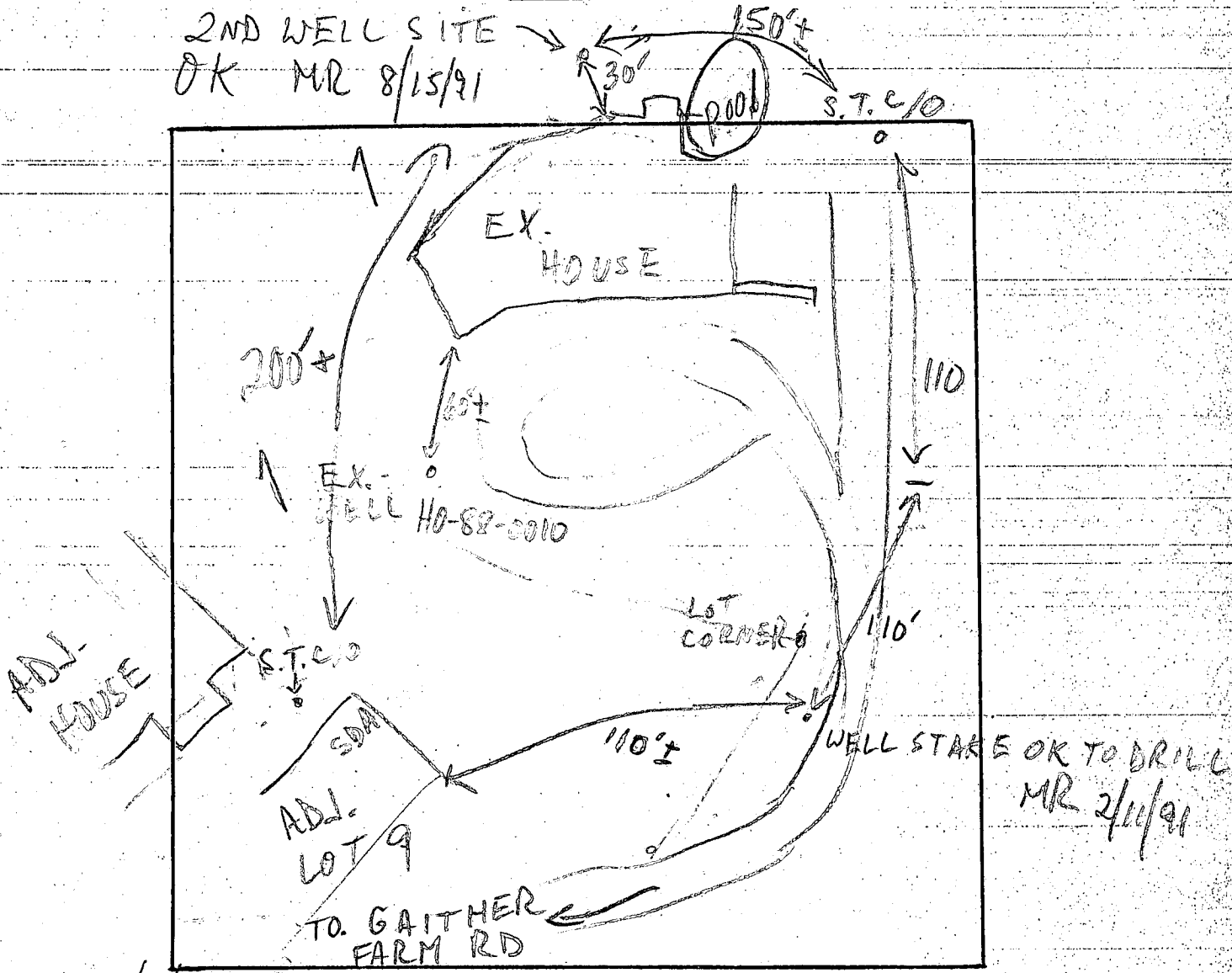
WELL TAG# EX. WELL 40-88-0010

Gaither Farm Lot 10

COUNTY# A35696

LOCATION DIAGRAM

2ND WELL SITE
OK MR 8/15/91



COMMENTS: 2/4/91 OWNER CONSTANTLY RUNNING OUT OF WATER REQUESTS ~~REPLACEMENT~~ ADDITIONAL WELL MR 2/11/91 OK TO DRILL (✓ ADJ. LOT)

8/15/91 WELL SITE (2/11/91) NOT DRILLED; 2ND SITE SELECTED (2ND WELLSITE ~5' LOWER THAN SDA) 8/15/91