

11/19/85 - H-18-85  
ASA close to 10 AM

03-309398

APPROVED  
11/19/85  
RHS  
P 36180  
A 34202

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

I, C.O.P.  
{ Time expired }

ELLICOTT CITY

DISTRICT 5th

DATE 11/06/85

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Berilla Property ROAD 12550 Folly Quarter Rd LOT 3

PROPERTY OWNER John R. Ferma

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 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 192 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the trench between perc hole (7) & (8). Perc hole (7) is located 60 feet from the back line and 75 feet from the right side of the lot as seen when facing the lot from Folly Quarter Road. Perc hole (8) is located 60 feet from the back line and 10 feet from the right side of the lot as seen when facing the lot from Folly Quarter Road. 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.

PLANS APPROVED BY Raymond Hodges DATE 8/16/84

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.

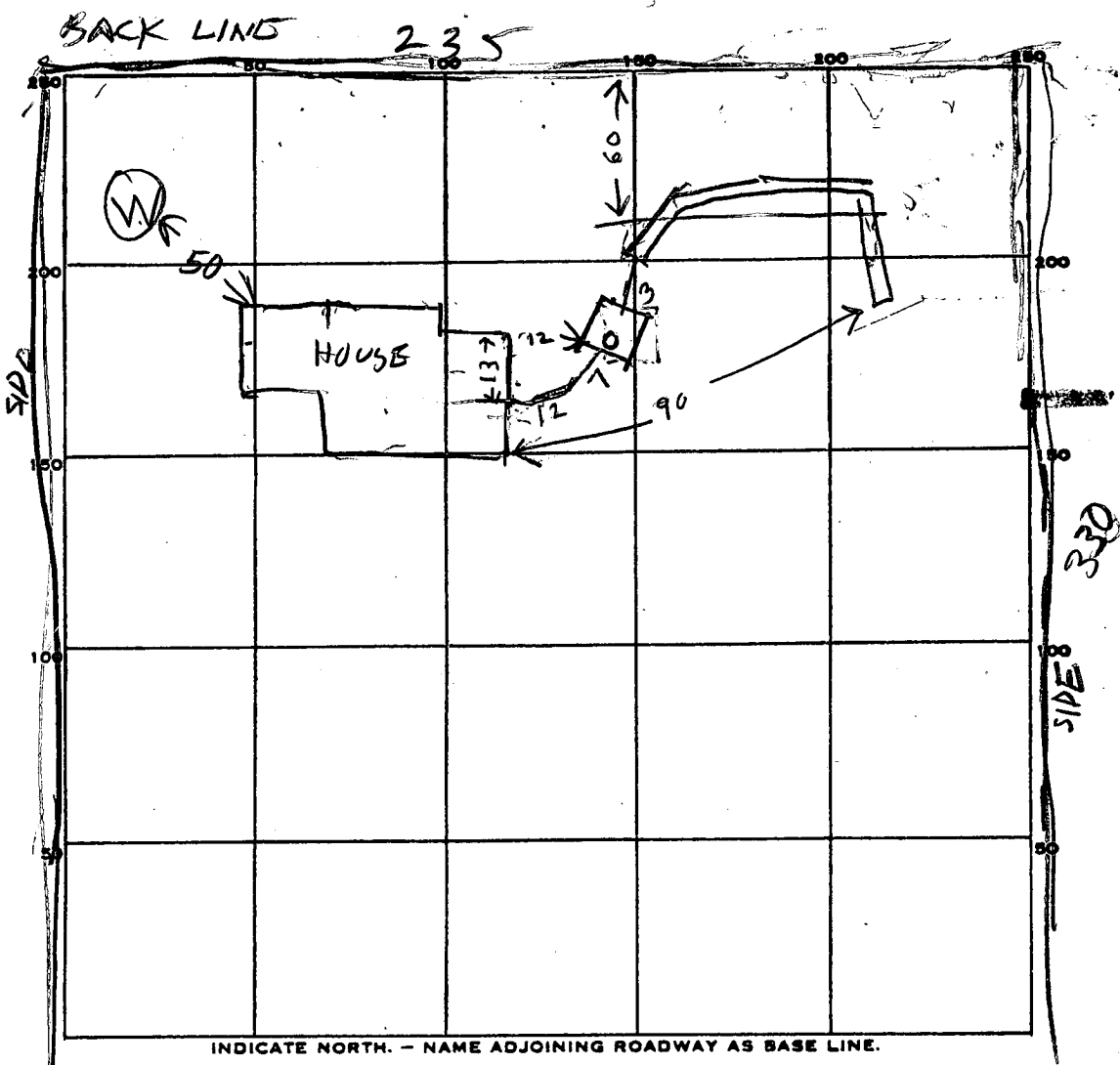
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34202



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 7500 TOP OF BOB

CLEANOUTS SJ OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT. TOTAL LENGTH 68 FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA 576

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 11/18/85 - TRENCH DUG 68 FT LONG & 10 FT DEEP DIG TRENCH  
30 FT LONGER & ADD STONE & FINISH JOB & CALL RH

11/19/85 - TRENCH OK 576 SQ FT REQUIRED 576 SQ FT  
INSTALLED RH TANK HOOKED UP RH

DATE SYSTEM APPROVED 11/19/85

INSPECTOR Raymond Hodger

RCM -

995-0133.

982-1333

Paulette called.

Nitrites - 9.1 } (taken at  
                          } time of test)  
                          } (spotted test)

- Cannot find H2O  
  little or results of  
  H2O sample taken re  
  little written or noted  
  in book.
- Received little from  
  County stating that site  
  homeowner does  
  not have a H2O.

# APPLICATION

*perc test  
9:30 AM  
8/16/84*

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34202  
P \_\_\_\_\_

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

DISTRICT 5th  
DATE 8/19/84

*See new specs on  
separate sheet*

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 Donald Berilla - contract (John R. Ferma)  
ADDRESS 12550 Folly Quarter Rd. Columbia, MD 21045 PHONE 964-3233  
~~9565 Fallen Stone~~

PROPERTY LOCATION:

SUBDIVISION Berilla LOT NO. three  
ROAD AND DESCRIPTION Adjacent to Jumper's hill lane on Folly Quarter Rd.  
SIZE OF LOT 3+ Acres TYPE BLDG. 3 or 4 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.

APPROVED BY Raymond Hodges FOR John R. Ferma DATE 8/16/84  
(SIGNATURE OF APPLICANT)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
HOLD PENDING FURTHER TESTS \_\_\_\_\_  
DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 9/16/84 Perc OK but  
Certified Nine Elevation Septic Plans needed

REC'D. PERMIT SIGNER  
DATE RECEIVED 6/3/85  
FOR S.F.# 64749  
DATE \_\_\_\_\_

# 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

A 31202

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 5th

DATE 8/9/84

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 Donald Berilla - contract (John R. Ferma)

ADDRESS 9565 Fallen Stone Columbia, MD 21045 PHONE 964-3233

PROPERTY LOCATION:

SUBDIVISION Berilla LOT NO. three

ROAD AND DESCRIPTION Adjacent to Jumper's hill lane on Folly Quarter Rd.

SIZE OF LOT 3+ Acres TYPE BLDG. 3 or 4 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.

John R. Ferma  
(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	
2/16/24	8						

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

# 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 32985

P \_\_\_\_\_

DISTRICT 5TH

DATE 25 JULY 83

*Pres.  
7/28/83  
9:30 AM*

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 ANNE WHITE

ADDRESS 12562 FOLLY QUARTER RD PHONE BERILLA 953-7100X7113

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. THREE TWO

ROAD AND DESCRIPTION ADJACANT TO JUMPER'S HILL LANE

SIZE OF LOT 3± ACRES TYPE BLDG. 3014 BEDROOM  
(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.

*Don Berilla*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

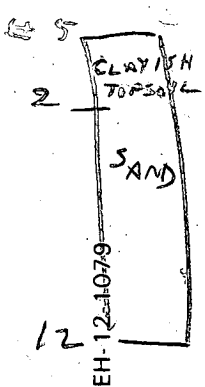
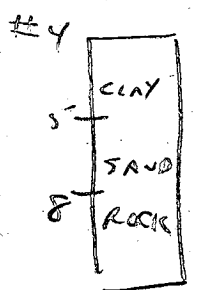
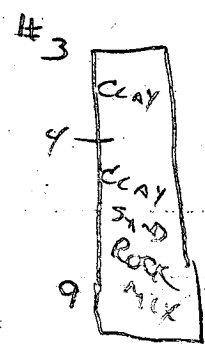
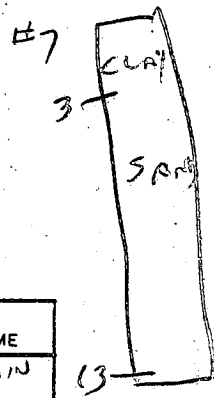
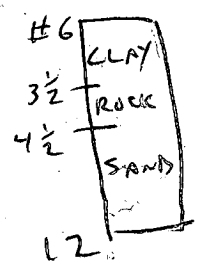
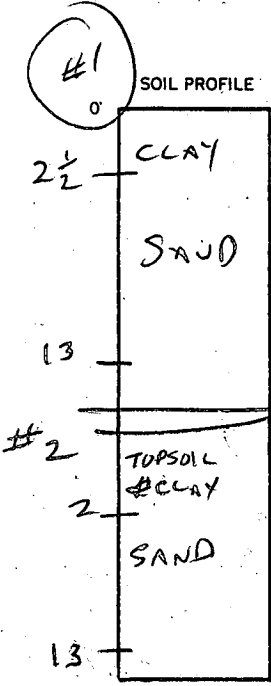
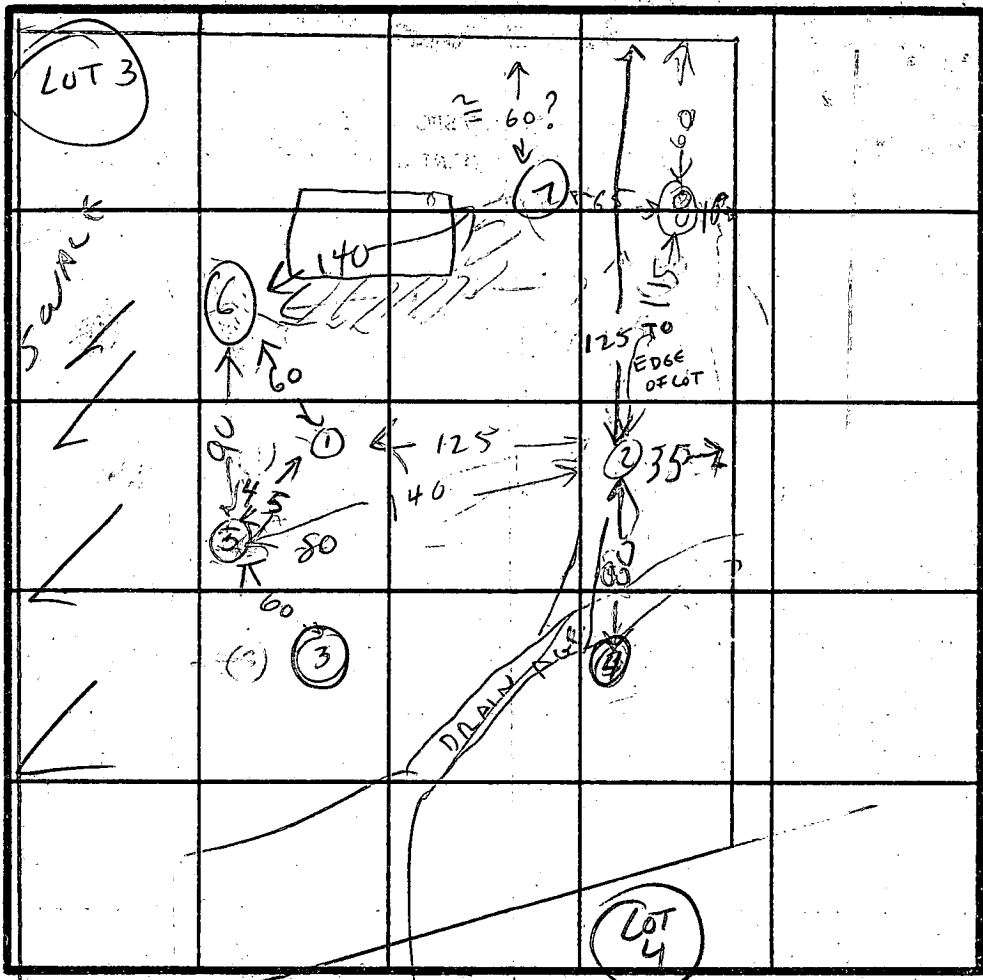
HOLD PENDING FURTHER TESTS CW [Signature] DATE 8-22-83

REASONS FOR REJECTION OR HOLDING NEED CERTIFIED LOCATIONS; REVIEW ROCK HOLDS

# THIS IS NOT A PERMIT



( 6 ← 7 IS HIGH SIDE )



TO FULLY QUANTIFY INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8-22-83	1	9	11:10	11:13	11:13	11:17	5 MIN	
		13	11:10	11:12	11:12	11:14	2 MIN	
		SAND AFTER 2 1/2 CLAY						
8-22-83	2	3	11:20	11:22	11:22	11:24	3 MIN	
		10	11:20	11:22	11:22	11:24	2 MIN	
		13	SAND					
8-22-83	(3)	TOO MUCH ROCK & CLAY TO TEST					X	
8-22-83	(7)	NOT TESTED CLAY TO 5' ROCK AT 9'					X	
8-22-83	5	2	11:45	11:48	11:48	11:52	4 MIN	
		10	11:45	11:48	11:45	11:51	3 MIN	
		12	SAND					
8-22-83	6	CLAY TO 3 1/2' ROCK TO 4 1/2' SAND 5-12' OK AT 5'						
8-22-83	7	3/13	CLAY TO 2 1/2' THEN SAND					

REMARKS: TOO MUCH POISON IVY TO TAKE ACCURATE LOCATIONS.

TYPE OF SOIL: CLAY TOP THEN SAND CHANGING TO ROCK DEEP

TESTED BY: *C. Williams* ALSO PRESENT: DON BERILLA

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32985

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 ANNE WILSON

ADDRESS 12562 FOLLY ROAD PHONE BERILLA 953-7100X7113

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION ADJACENT TO JUMPER'S MILL LAKE

SIZE OF LOT 3+ ACRES TYPE BLDG. 3024 BORDEN  
(NUMBER OF BEDROOMS) 3

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.

Don Berilla  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

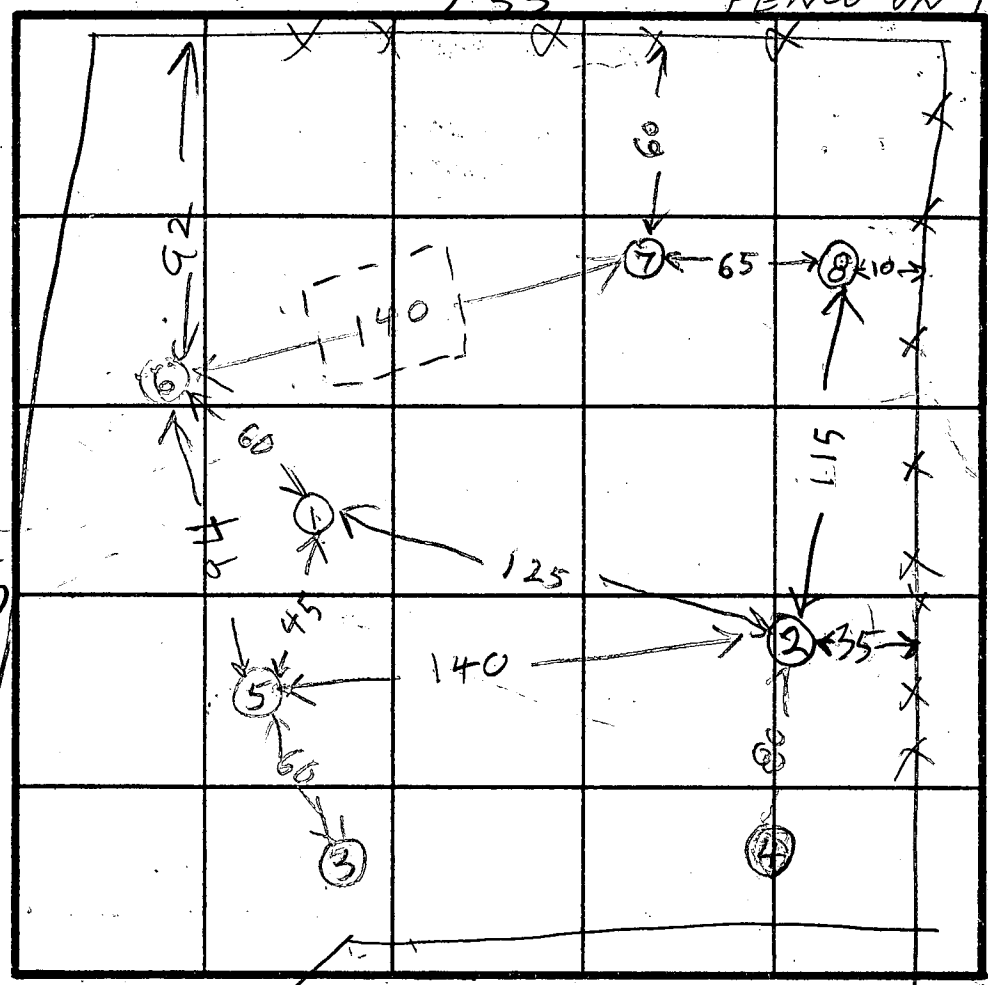
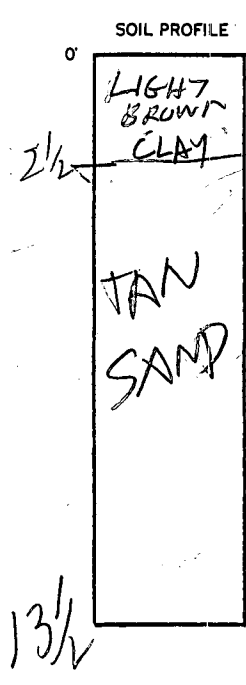
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 9/16/84 Perc OK Hold for Septic System Plans PH

# THIS IS NOT A PERMIT

233

FENCE ON LINE



- ⑦⑧ HIGHEST
- ③④ LOWEST
- ⑥ NEXT HIGH
- ①② MEDIUM
- ⑤ = LOW
- = GOOD HOLE
- ⊙ = BAD HOLE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/16/84	8S	3	1026	1027	1027	1029	2	
8/16/84	8V	13 1/2	TAN SAND					

HOUSE TO SET ROUGHLY BETWEEN ⑥ & ⑦

REMARKS DECIDE 1 DEEP DITCH 11 FT DEEP INLET 3 FT 8 1/2 STONE BETWEEN HOLES ⑦ ⑧ ⑧

TYPE OF SOIL \_\_\_\_\_ JFYOK SKIP  
 TESTED BY B HODGES ALSO PRESENT \_\_\_\_\_

EH-12-1079

B 1 **2915** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

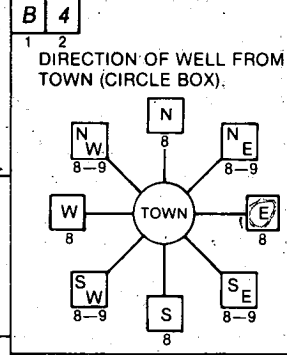
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**HO-81-0721**  
 fill in this form completely

Date Received **4/21/84 9:30 AM.**  
 OWNER INFORMATION  
 FERMER JORDAN  
 9565 FINEWOOD STONE  
 COLUMBIA MD 21045

B 3 LOCATION OF WELL  
 HOWARD COUNTY  
 NODDAN RPRILLA PROP.  
 SECTION 44 46 LOT 3 48 50  
 CHEMELG  
 MILES FROM TOWN (enter 0 if in town) **3 1/2** MI

DRILLER INFORMATION  
 Joseph L. Mayne  
 238  
 77 License No. 80  
 5512 Ridge Rd. Md. (City, Md.)  
 8/28/84



**Folly Quarter Road.**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 WEST 32 EAST SOUTH  
 DISTANCE FROM ROAD **995** FT  
 ENTER FT or MI **FT**

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)  
 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  
 HOWARD COUNTY NAME  
 24202 COUNTY NO.  
 OEP SIGNATURE **Frank Shuman** STATE HEALTH INSERT S  
 DATE ISSUED **3/13/85**  
 NORTH GRID **519000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **200** FEET

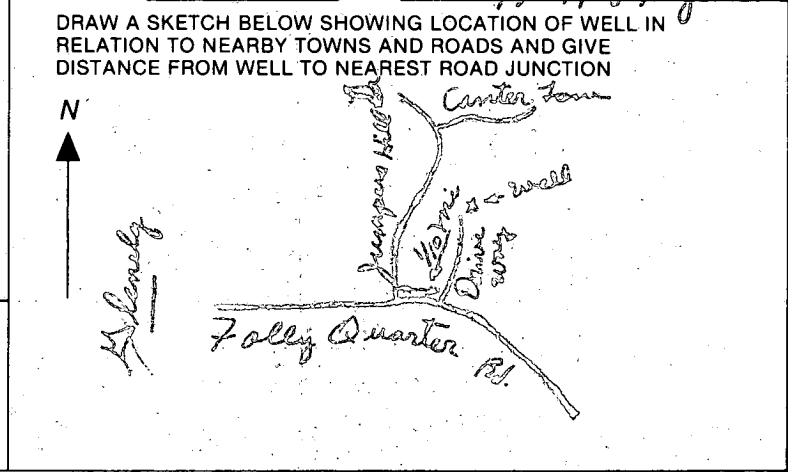
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTary DRIVE-POINT  
 other \_\_\_\_\_

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** WRITE INITIALS IN BOX PERMIT No. **HO-81-0721**

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 810 4  
 N 510 9  
 Papers + tag given to Mayne crew 9/21/84



C1 - 2910

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A34202

DATE Received

DATE WELL COMPLETED 092189

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0721

OWNER Ferma John last name first name STREET OR RFD Folly Quarter Rd. TOWN Glenelg SUBDIVISION Donald Berilla Property SECTION LOT 3

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown Shale (0-45), Gray mica rock (45-185).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 9, NO. OF POUNDS 876, GALLONS OF WATER 54, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: S7, Nominal diameter top (main) casing 6 inch, Total depth of main casing 48 feet.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

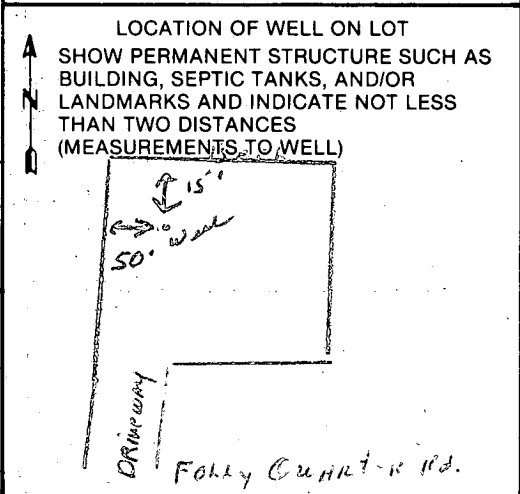
DEPTH (nearest ft.) table with rows for EACH SCREEN and columns for depth intervals. Includes handwritten entry: HO 462, 185.

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (TELESCOPE CASING), (E.R.O.S.), WQ (WELL QUANTITY), 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 40, WHEN PUMPING 93, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), 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.



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, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Joseph L. Marjane, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Box 476  
Ellicott City MD. 21043  
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.)

John R. Fuma  
(Name)

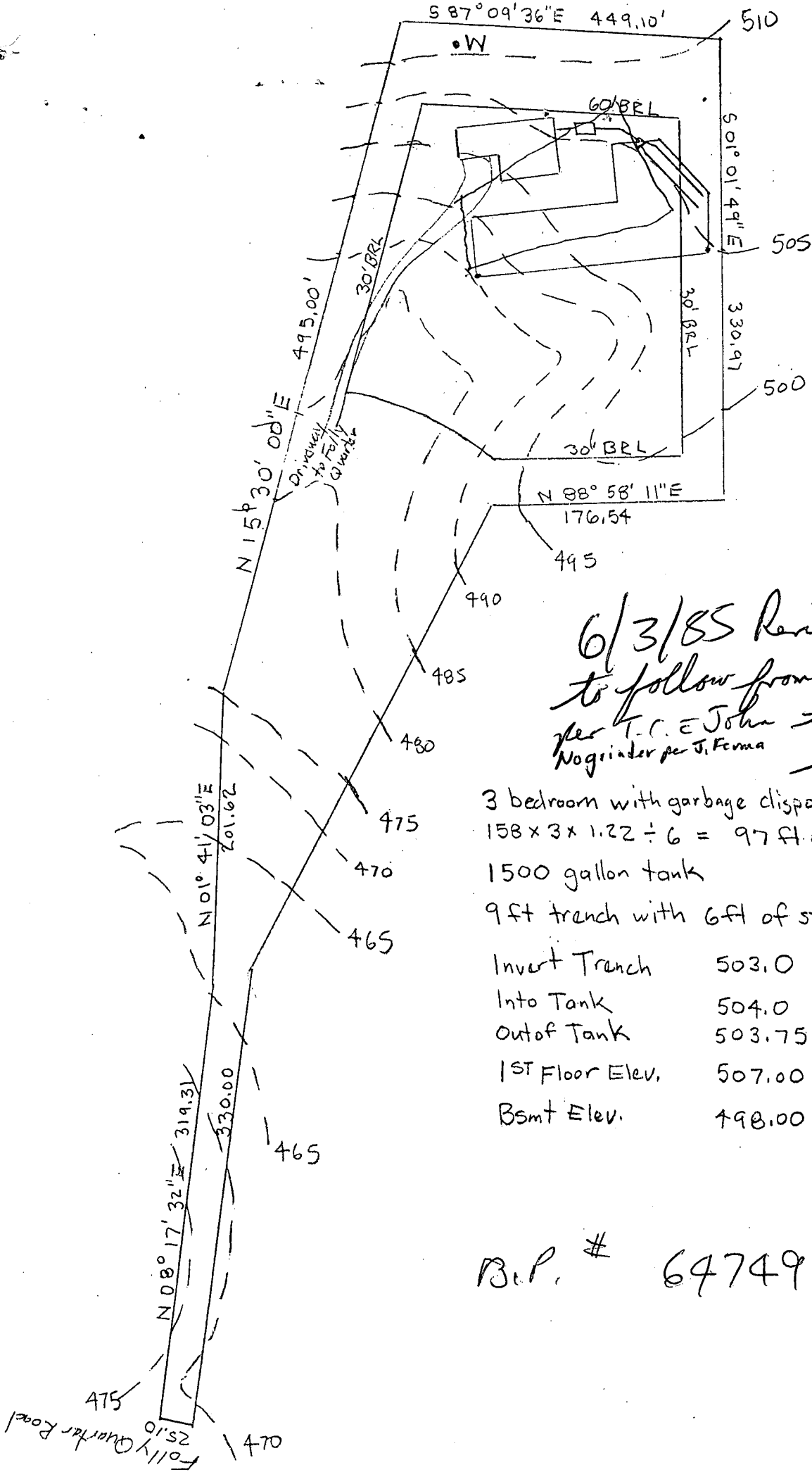
9565 Fallen Stone  
Columbia, MD 21045  
(Address)

HO-81-0721  
(OEP Well Permit Number)

Berilla  
Lot #3  
Folly Quarter Rd.

Joc Mayne  
Well Driller

\_\_\_\_\_  
(Date)



6/3/85 Revised Plan  
 to follow from Al Trellis  
 per T.C. E John Forman  
 No grinder per J. Forman  
 J.F.

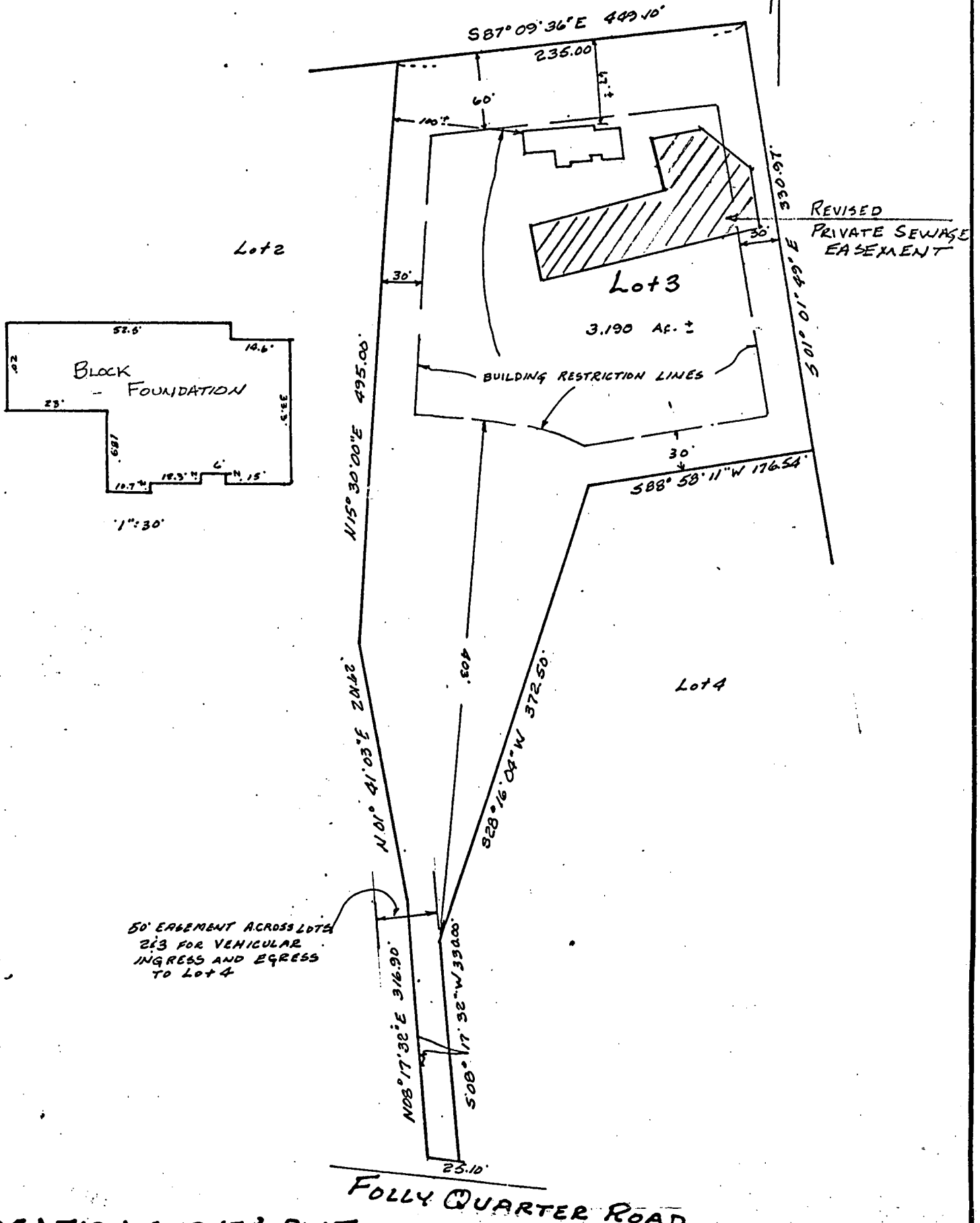
- 3 bedroom with garbage disposal
- $158 \times 3 \times 1.22 \div 6 = 97$  ft. of trench
- 1500 gallon tank
- 9 ft trench with 6 ft of stone
- Invert Trench 503.0
- Into Tank 504.0
- Out of Tank 503.75
- 1st Floor Elev. 507.00
- Bsmt Elev. 498.00

B.P. # 67749



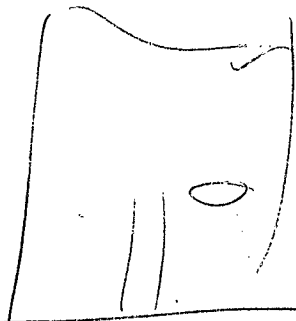
Property known as: Lot #3  
 DONALD BERILLA PROPERTY  
 LOTS 1, 2, 3, & 4  
 3RD ELECTION DISTRICT HOWARD Co. Md.  
 PLAT BOOK 5713

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



LOCAL SURVEYOR

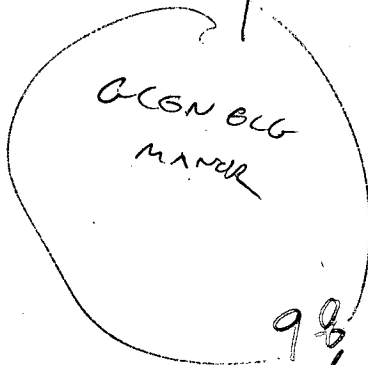
BUMPERS HILL



FULLY QUANTER

10-9  
4.5

68  
6  
408



98  
6  
588

84

96  
6  
56

192  
3  
576  
408  
178

30

3  
3  
6178