

7/16/85
2 Sheets
(AM & PM)

APPROVED
7/16/85
P 35760
A 34793
RH

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-392950

ELLICOTT CITY
DISTRICT 5th.
DATE 7/16/85

INDEXED

Kenny Allen IS PERMITTED TO INSTALL ALTER

ADDRESS 15050 Carr's Mill Road, Woodbine, MD 21797 PHONE 489-7095

SUBDIVISION Dunfrettin Estates ROAD 13701 Pasture Green LOT 14

PROPERTY OWNER Pam & Gill Thompson

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 ~~750~~ GALLONS NUMBER OF BEDROOMS 3 per Fred Dixon - 7/11/85

TRENCHES - 180 ~~150~~ sq. ft. per bedroom. Trench to be 2 feet 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. LOCATION: Place the trenches between perc hole original test #1 and perc hole re-test #1. Perc hole original test #1 is located 280 feet from the lot line along Triadelphia Mill Road. 50 feet from the lot line along Pasture Green. Perc hole re-test #1 is located 380 feet from the lot line along Triadelphia Mill Road and 55 feet from the lot line along Pasture Green. 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.

180
200

PLANS APPROVED BY Raymond Hodges DATE 1/22/85

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.

BLDG. PERMIT SIGNED
AND RETURNED 5/13/86

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.

Serial # 70323
check

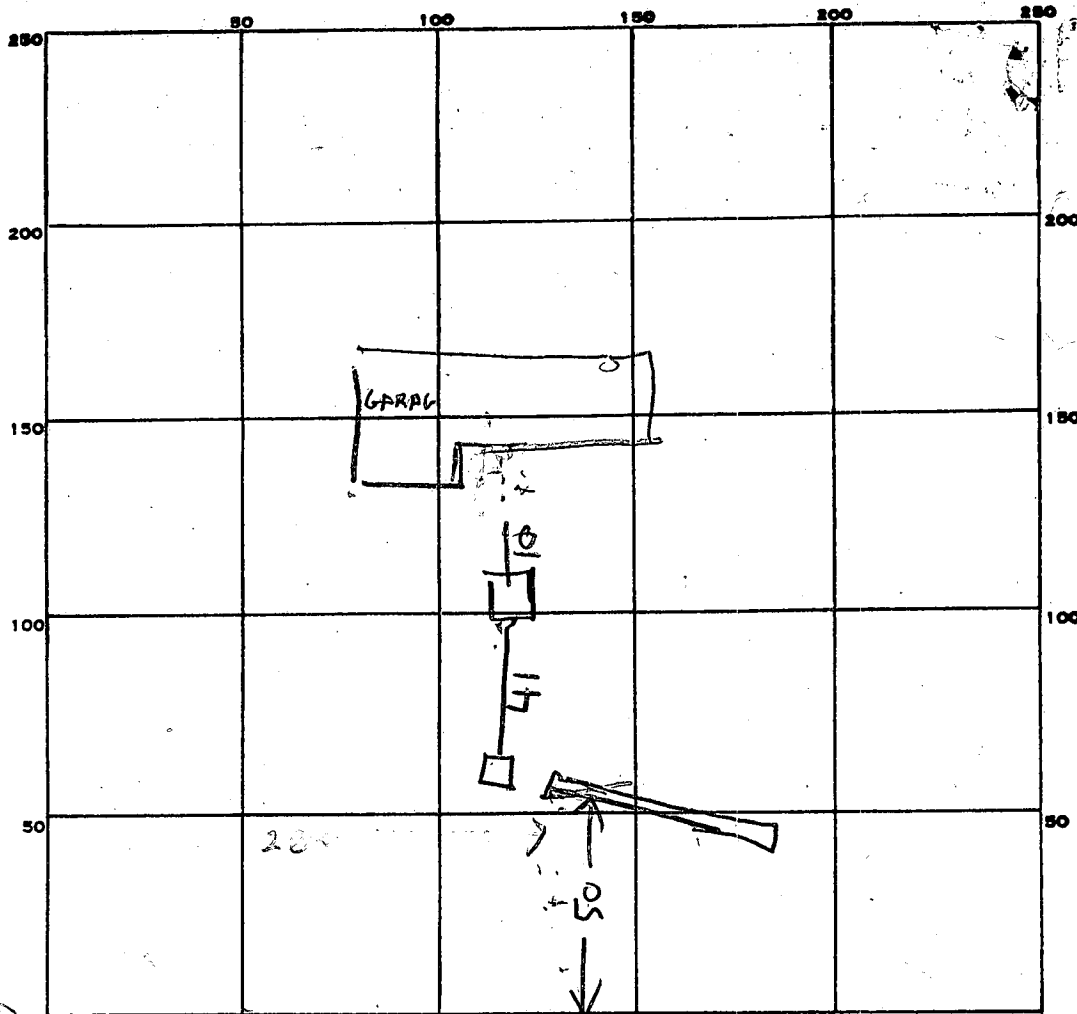
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 347993

TRIDELPHIA MILL RD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PASTURE GRAPL

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9.5 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5-5 1/2 FT IN. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 500 → 550

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

ABSORBENT AREA _____ SQ. FT.

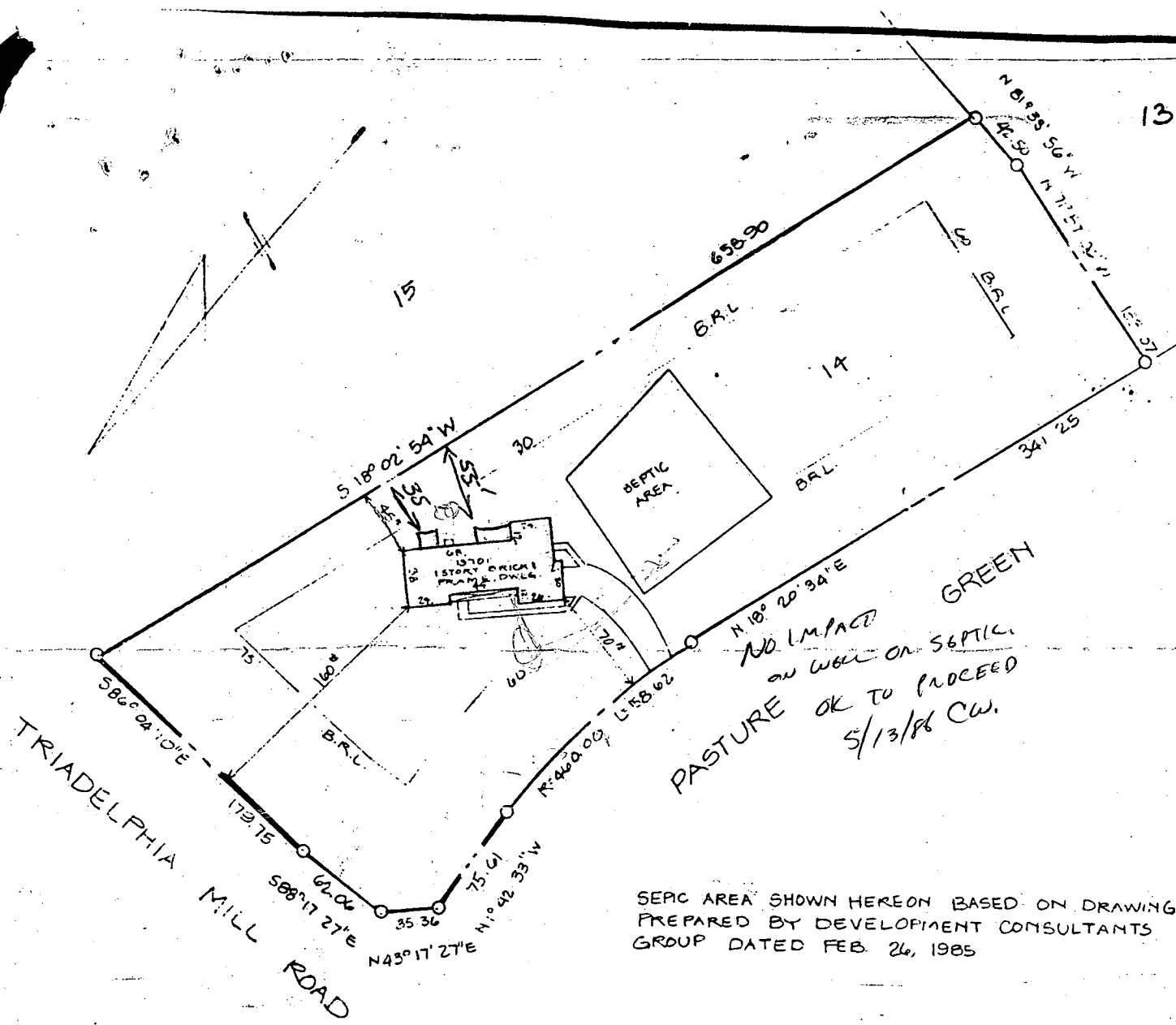
REMARKS 7/16/85 - LOCATION OK LENGTHEN DITCH &

ADD STONE OK TO COVER TANK TO BOX

7/16/85 - STONE ADDED AT

DATE SYSTEM APPROVED 7/16/85

INSPECTOR Raymond Hodges



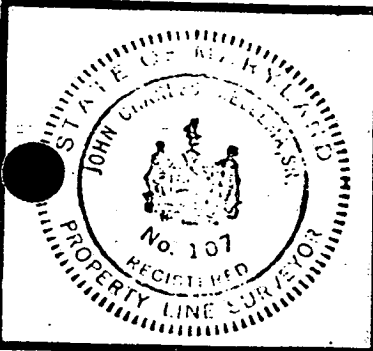
SEPTIC AREA SHOWN HEREON BASED ON DRAWING PREPARED BY DEVELOPMENT CONSULTANTS GROUP DATED FEB. 26, 1985

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN. THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES.

NOTE: I ALSO KNOWN AS LOT 14 AS SHOWN ON PLAT OF LOTS 1 THRU. 26 DUNFRETEN ESTATES RECORDED IN HOWARD CO MD ON PLAT C.M.P. # 5401

9-3-85 *John C. Mellema Sr.* REG. NO. 107

13701 PASTURE GREEN



LOCATION SURVEY
13701 PASTURE GREEN HOWARD CO MD.

SCALE
1" = 100'

JOHN C. MELLEMA SR., INC.
LAND SURVEYORS

DATE
9-3-85

6100 BALTIMORE NATIONAL PIKE - BALTIMORE, MARYLAND 21228

JOB NO.
85929

SUBDIVISION: DUMFRETTIN ESTATES

LOT NUMBER: 14

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180
~~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: 1/22/85 - PLACE THE TRENCHES BETWEEN PERC HOLE ORIGINAL TEST #1 AND PERC HOLE RETEST #1. PERC HOLE ORIGINAL TEST #1 IS LOCATED 280 FT FROM THE LOT LINE ALONG TRIDELPHIA MILL RD 50 FT FROM THE LOT LINE ALONG PASTURE GREEN PERC HOLE RETEST #1 IS LOCATED 380 FT FROM THE LOT LINE ALONG TRIDELPHIA MILL RD AND 55 FT FROM THE LOT LINE ALONG PASTURE GREEN RH LOT ALSO SUITABLE FOR DRY WELL RH

Retest

APPLICATION

A 34793

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 5th
DATE 1-15-85

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:

PAM & GILL THOMPSON

PROPERTY OWNER *S Turner Nicholas & James S Nicholas*

ADDRESS *Clarksville Md.* PHONE *531-2505*

PROPERTY LOCATION:

SUBDIVISION *Dunfretten Estates* LOT NO. *lot # 14*

ROAD AND DESCRIPTION *Friedelstein Mill Rd & Pasture Green*
13701 Pasture Green Rd.

SIZE OF LOT *3 AC. (Corner)* TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *James S. Nicholas & Lynn Nichol*

APPROVED BY *J. E. Dodge* FOR *Trench* DATE *1/1/85*
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING *1/22/85 Retest*
Specimen *P.P. 64770*

THIS IS NOT A PERMIT

APPLICATION

A 34793

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 1-15-85

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 S Turner Nichols + James S. Nichols

ADDRESS Clarksville Md. PHONE 531-2505

PROPERTY LOCATION:

SUBDIVISION Deerpfatter Estates LOT NO. Lot #14

ROAD AND DESCRIPTION Tradelphias Mill Rd + Pasture Green

SIZE OF LOT 3AC (Corner) TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT James Nichols S Turner Nichols

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

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: _____

APPLICATION

Pre

A 31727

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 11/24/87

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

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates - Triadelphia Mill Road LOT NO. #14

ROAD AND DESCRIPTION Triadelphia Mill Road (Macadam)

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 [Signature] FOR Trenchon Drywell DATE 5/23/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/23/83 Specs Under R/P

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 31727

P _____

DISTRICT 5th

DATE 11/24/87

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

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates - Triadelphia Mill Road LOT NO. #14

ROAD AND DESCRIPTION Triadelphia Mill Road (Macadam)

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

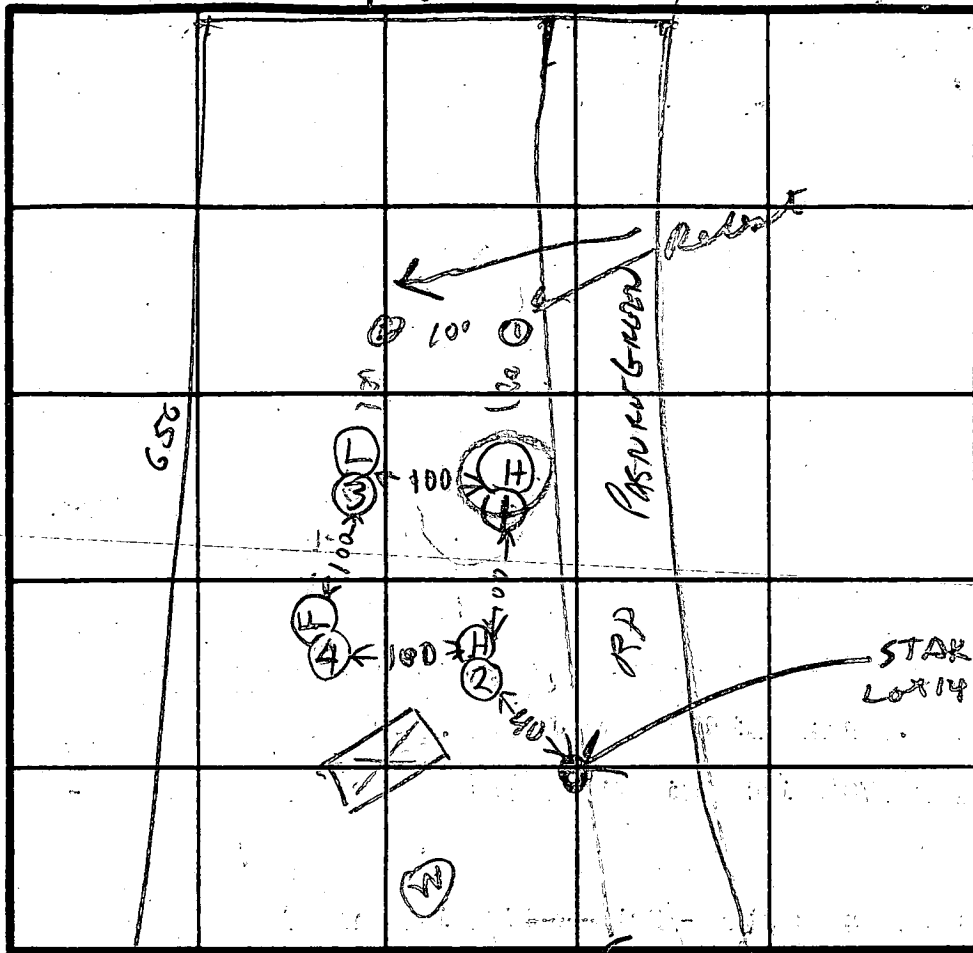
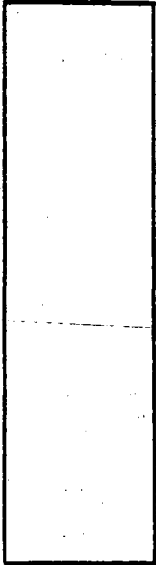
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#114

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FAIRFAX MILL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/11/81	1S	5	1033	1239	1239	1152	13
	1V	13	TOP	4FT	CLAYISH		
			BOT	9FT	SANDY	DRY	
	2S	4 1/2	1037	1041	1041	1049	8
	2V	13	TOP	4FT	CLAY		
			BOT	9FT	SANDY	DRY	
	3S	5	1041	1042	1042	1044	2
	3V	11 1/2	ALL SAND				
	4S	6	1050	1051	1051	1054	3
12/18/81	4V	13 1/2	TOP	4FT	CLAYISH		
			BOT	9 1/2 FT	SANDY	DRY	

artmeb
map 12/11/81

REMARKS

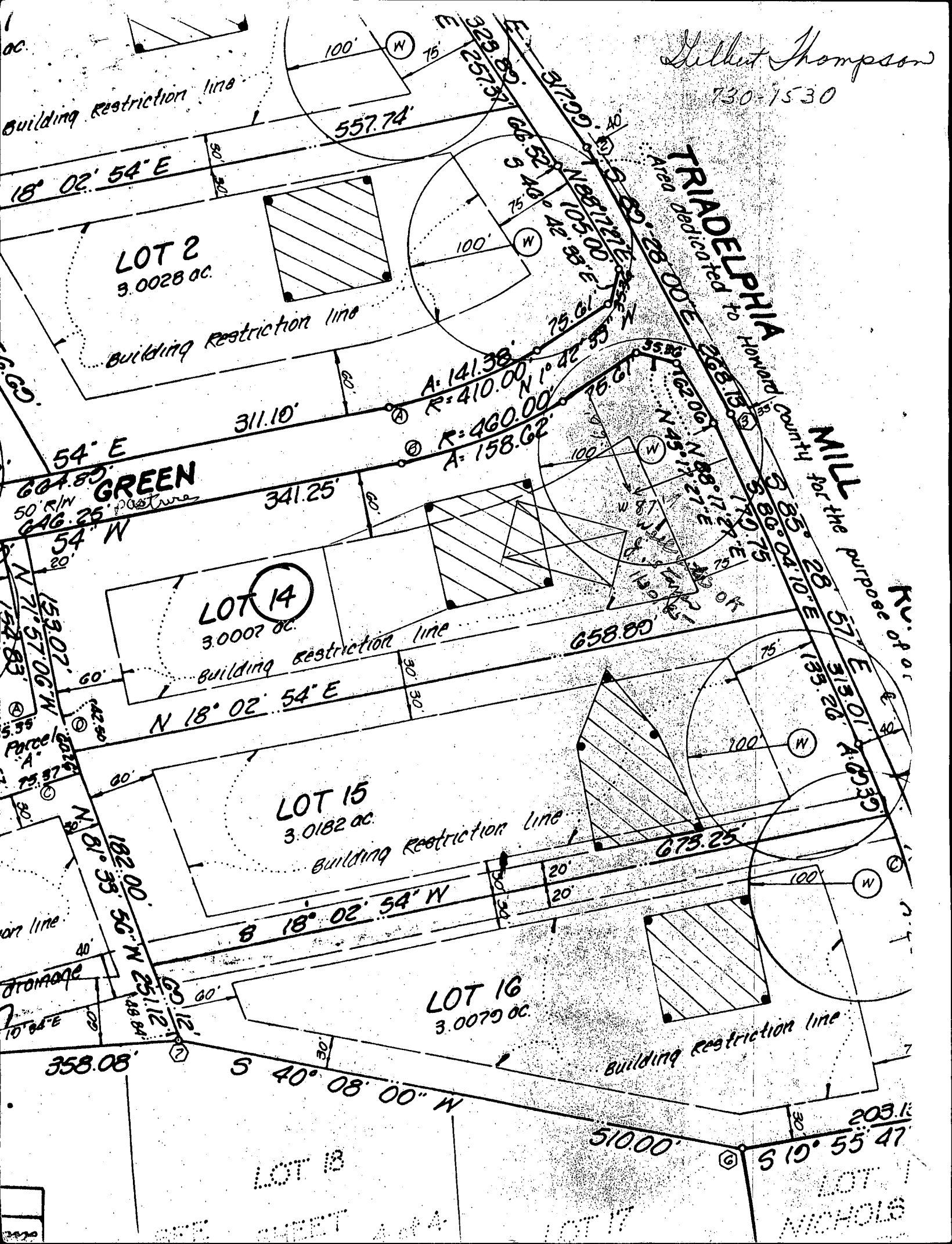
TYPE OF SOIL

TESTED BY R.H.

ALSO PRESENT
 ORNDORF
 J. NICHOLS
 JERRY
 J. NICHOLS

Delbert Thompson

730-1530



TRIADENPHIA

MILL

for the purpose of...

LOT 2
3.0028 ac.

LOT 14
3.0007 ac.

LOT 15
3.0182 ac.

LOT 16
3.0079 ac.

LOT 13

LOT 14

LOT 17

LOT NICHOLS

18° 02' 54" E

54° E

54° W

N 18° 02' 54" E

S 18° 02' 54" W

S 40° 08' 00" W

510.00'

S 19° 55' 47"

557.74'

311.10'

341.25'

658.80'

673.25'

571.13'

513.01'

571.13'

513.01'

571.13'

513.01'

571.13'

513.01'

571.13'

513.01'

571.13'

513.01'

571.13'

513.01'

571.13'

513.01'

100'

100'

100'

100'

100'

100'

100'

Building Restriction line

Building Restriction line

Building Restriction line

Building Restriction line

Building Restriction line

GREEN

pastures

Parcel A

Parcel B

Parcel C

Parcel D

Parcel E

Parcel F

Parcel G

Parcel H

Parcel I

Parcel J

Parcel K

Parcel L

Parcel M

Parcel N

Parcel O

Parcel P

Parcel Q

Parcel R

Parcel S

Parcel T

Parcel U

Parcel V

Parcel W

Parcel X

Parcel Y

Parcel Z

Parcel AA

Parcel AB

Parcel AC

Parcel AD

Parcel AE

Parcel AF

Parcel AG

Parcel AH

Parcel AI

Parcel AJ

Parcel AK

Parcel AL

Parcel AM

Parcel AN

Parcel AO

Parcel AP

Parcel AQ

Parcel AR

Parcel AS

Parcel AT

Parcel AU

Parcel AV

Parcel AW

Parcel AX

Parcel AY

Parcel AZ

Parcel BA

Parcel BB

Parcel BC

Parcel BD

Parcel BE

Parcel BF

Parcel BG

Parcel BH

Parcel BI

Parcel BJ

Parcel BK

Parcel BL

Parcel BM

Parcel BN

Parcel BO

Parcel BP

Parcel BQ

Parcel BR

Parcel BS

Parcel BT

Parcel BU

Parcel BV

Parcel BW

Parcel BX

Parcel BY

Parcel BZ

Parcel CA

Parcel CB

Parcel CC

Parcel CD

Parcel CE

Parcel CF

Parcel CG

Parcel CH

Parcel CI

Parcel CJ

Parcel CK

Parcel CL

Parcel CM

Parcel CN

Parcel CO

Parcel CP

Parcel CQ

Parcel CR

Parcel CS

Parcel CT

Parcel CU

Parcel CV

Parcel CW

Parcel CX

Parcel CY

Parcel CZ

Parcel DA

Parcel DB

Parcel DC

Parcel DD

Parcel DE

Parcel DF

Parcel DG

Parcel DH

Parcel DI

Parcel DJ

Parcel DK

Parcel DL

Parcel DM

Parcel DN

Parcel DO

Parcel DP

Parcel DQ

Parcel DR

Parcel DS

Parcel DT

Parcel DU

Parcel DV

Parcel DW

Parcel DX

Parcel DY

Parcel DZ

Parcel EA

Parcel EB

Parcel EC

Parcel ED

Parcel EE

Parcel EF

Parcel EG

Parcel EH

Parcel EI

Parcel EJ

Parcel EK

Parcel EL

Parcel EM

Parcel EN

Parcel EO

Parcel EP

Parcel EQ

Parcel ER

Parcel ES

Parcel ET

Parcel EU

Parcel EV

Parcel EW

Parcel EX

Parcel EY

Parcel EZ

Parcel FA

Parcel FB

Parcel FC

Parcel FD

Parcel FE

Parcel FF

Parcel FG

Parcel FH

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Parcel FJ

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Parcel FR

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Parcel HZ

Parcel IA

Parcel IB

Parcel IC

Parcel ID

Parcel IE

Parcel IF

Parcel IG

Parcel IH

Parcel II

Parcel IJ

Parcel IK

Parcel IL

Parcel IM

Parcel IN

Parcel IO

Parcel IP

Parcel IQ

Parcel IR

Parcel IS

Parcel IT

Parcel IU

Parcel IV

Parcel IW

Parcel IX

Parcel IY

Parcel IZ

Parcel JA

Parcel JB

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

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

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

Hubert Thompson
(Name)

730 1530
6220 RESTING SEA
(Address) COLUMBIA MO

H0-81-0850
(OEP Well Permit Number)

1/18/85
(Date)

B 1 1538

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0850

fill in this form completely

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

Date Received 2/20/85 11:00 A.M.

012285

OWNER INFORMATION

THOMPSON GILBERT

6222 Resting St

COLUMBIA MD 21045

B 3

LOCATION OF WELL

HOWARD COUNTY

DUNFREET

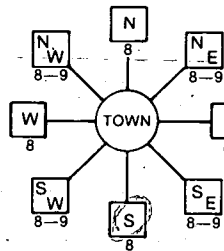
SECTION 44 46 LOT 14 50

DAYTON

MILES FROM TOWN (enter 0 if in town) 2 3/4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Philadelphia Mill Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



87 DISTANCE FROM ROAD

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 A 34793 COUNTY NO.

OEP SIGNATURE DATE ISSUED

012385 J. Stover 7/23/85

NORTH GRID 504000 EAST GRID 0802000

APPROXIMATE DEPTH OF WELL 220 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL 2. left site before grout poured

WRITE THE BOX NUMBER FROM THE MAP HERE

800 2 500 70

Location OK
69' casing
40' open
9' vap cement
2/20/85

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)

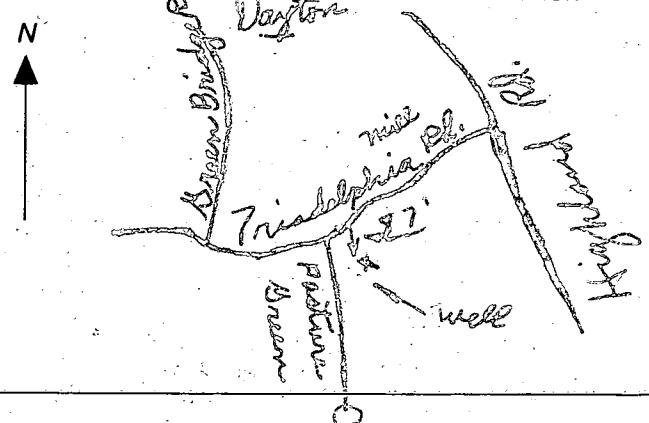
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE JS PERMIT No. 40-81-0850

SPECIAL CONDITIONS

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 **9487** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 34793**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **09 20 85** Depth of Well **185** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-0850**

OWNER **J THOMPSON GILBERT**
 STREET OR RFD **TRINDELPHIA MILL RD** TOWN **DAYTON**
 SUBDIVISION **DUNFRETEN** SECTION [] LOT **14**

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	
Yellow clay	30	65	
Gray blue rock	65	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1034**
 GALLONS OF WATER **26**
 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) **5 1/2**
 Total depth of main casing (nearest foot) **69**

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

C 2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 **A** **0** **68** **185**
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 4 [] [] [] [] [] [] [] []
 5 [] [] [] [] [] [] [] []
 6 [] [] [] [] [] [] [] []
 7 [] [] [] [] [] [] [] []
 8 [] [] [] [] [] [] [] []
 9 [] [] [] [] [] [] [] []
 10 [] [] [] [] [] [] [] []
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 97 [] [] [] [] [] [] [] []
 98 [] [] [] [] [] [] [] []
 99 [] [] [] [] [] [] [] []
 100 [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **4**
 WHEN PUMPING **125**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: []
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot) [] [] [] [] [] []
- below }

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

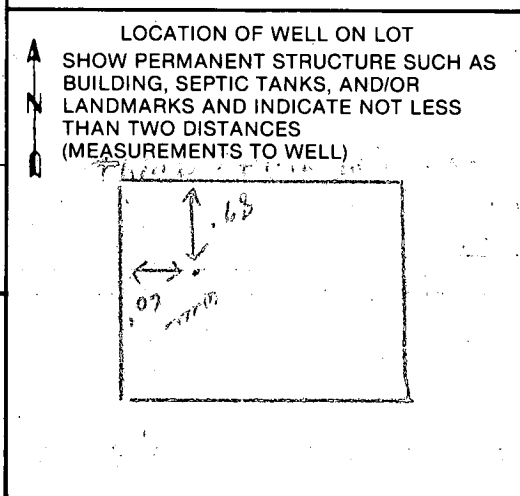
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 DRILLERS IDENT. NO. **238**

DRILLERS SIGNATURE **J Thompson**
 (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.) **WQ**
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



DRILLER

1" = 60'

B.P. # 64770

TRIDELPHIA MILL ROAD

DUNFRETEN ESTATES

LOT 14 (3.007 Ac)

ELEVATIONS

HOUSE

F.F. 539.00'
 BASE 531.00'
 INV OUT 530.80'

TANK

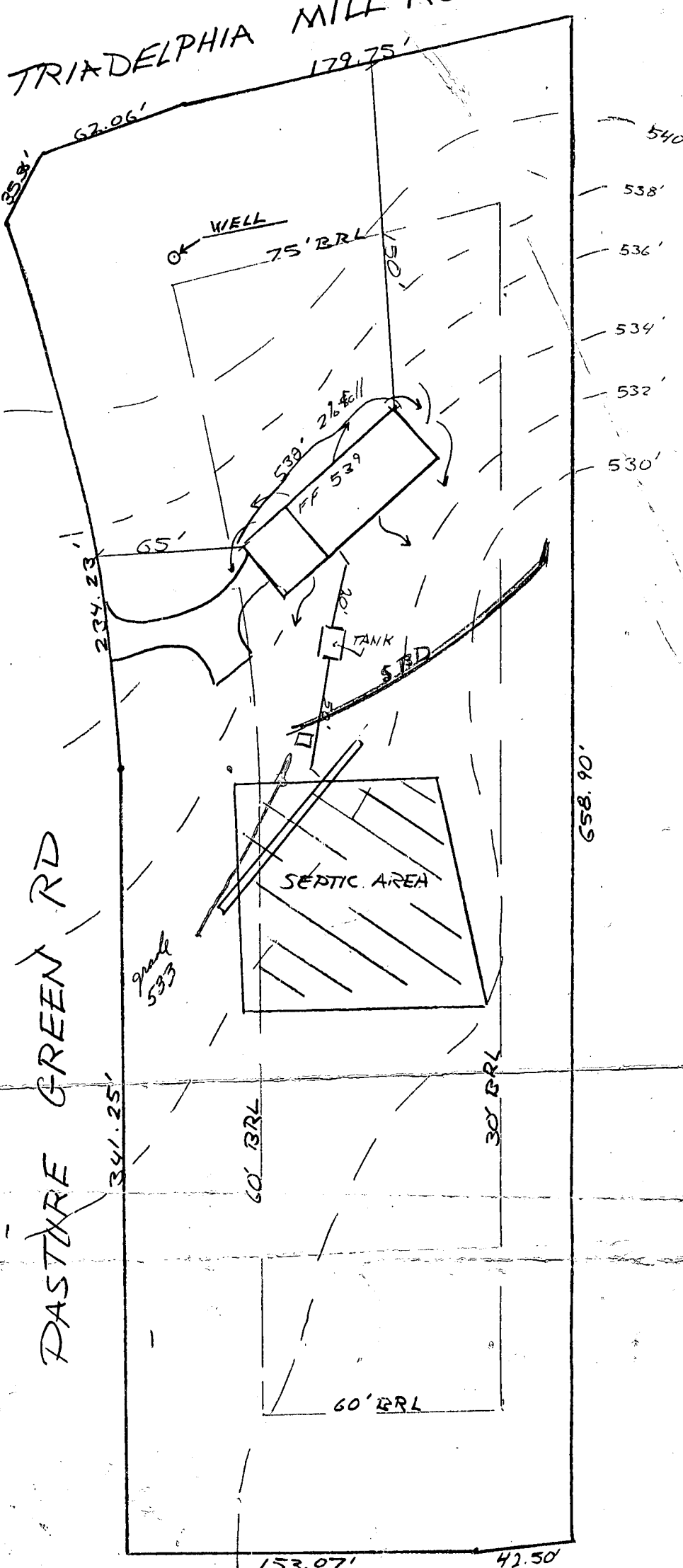
EX GR 533.00'
 FIN GR 533.00'
 INV IN 530.30'
 INV OUT 530.00'

DRAINFIELD

FIN GR 532.00'
 EX GR 532.00'
 INV IN 529.00'

WELL 542.00'

3/4
 534



Septic area's
 & slightly chgd location etc
 L.F. 5-31-85