

10/1/84 10/3/84
ASAP
10/4/84 - AM

106- APPROVED
10/4/84

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P. 34412

A. REPAIR

original A# 18326

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

~~INDEXED~~

ELLCOTT CITY

DISTRICT _____

DATE 9/27/84

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 531-2939

SUBDIVISION Gwenlee Estates ROAD 3291 Ken: Allen Court LOT 2, B1KA, sec. 1

PROPERTY OWNER Bob Zachidny CORNER OF KEN ALLEN CT

ADDRESS 3291 Ken: Allen Court AND SHARD DR

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 5

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

10/4/84 - SOIL GOOD BETWEEN 4FT & 15FT
DEEP TRENCH 620 SQ FT SIDEWALL ARE
PER BED ROOM DITCH TO BE 12FT DEEP
WITH 6FT OF STONE INLE TO BE 5-6FT
DEEP BECAUSE OF DEPTH OF DRY WELL
RUN DITCH OFF OLD DRY WELL
PARALLEL TO SHARP RD

PLANS APPROVED BY Frank Skinner DATE 9/27/84

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.

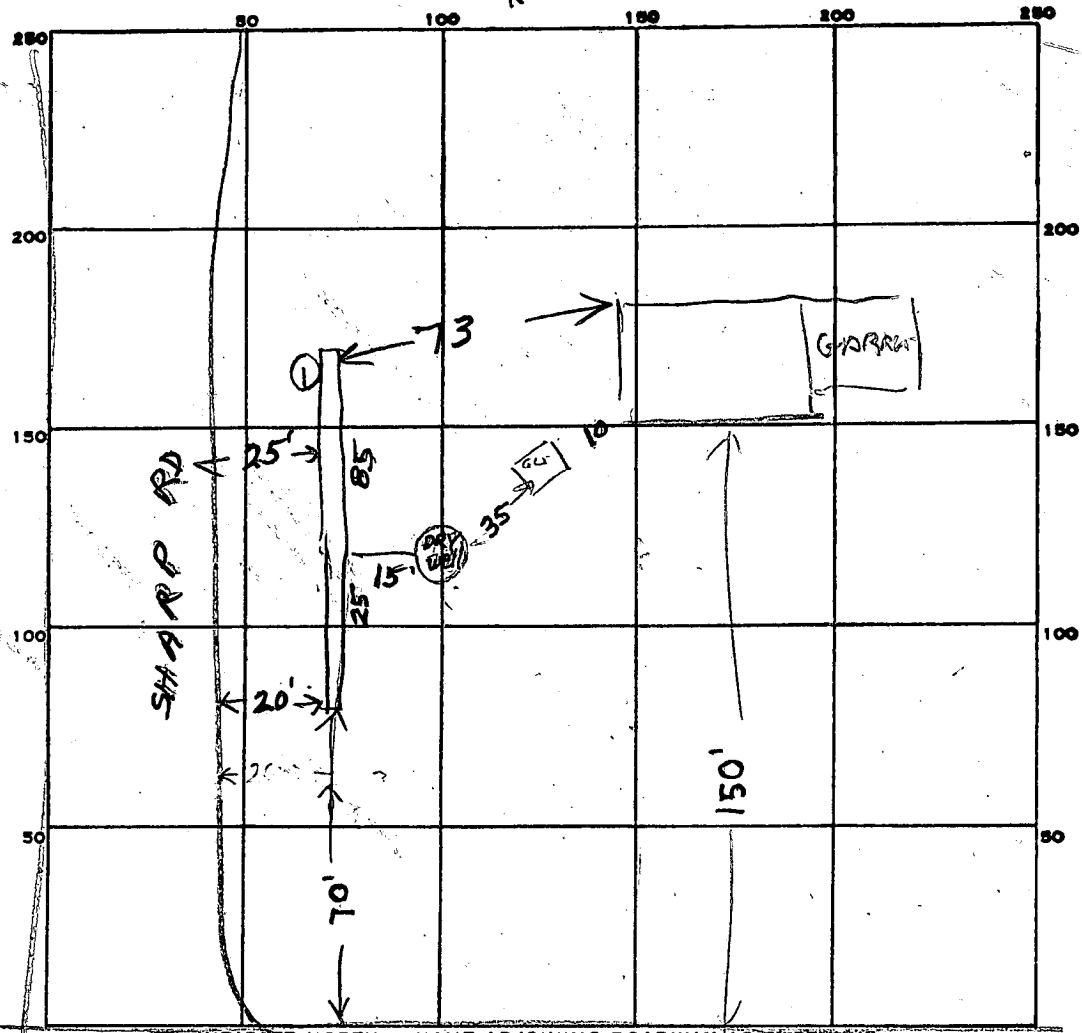
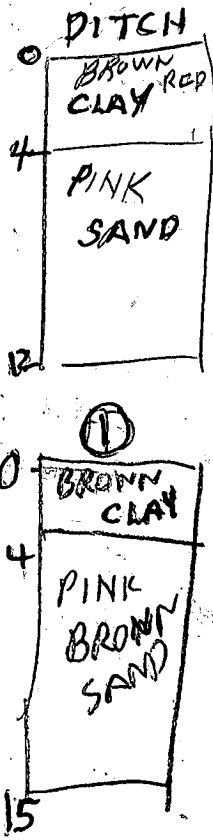
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

34412

REPAIR



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
KEN ALLEN CT

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 110 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 660

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/4/84 - BACK HOE NO SHOW. NO ONE HOME. DRY WELL FULL RH

10/4/84 1030 AM SOIL OK DEEP DITCH 625 SQ. FT. SIDEWALL

AREA 12 FT. DEEP 6 FT. STONE DITCH DUG & SOME STONE

ADDED A DITCH 15 110 FT. LONG

10/4/84 1230 PM - REST OF STONE ADDED OR TO COVER DITCH

DATE SYSTEM APPROVED 10/4/84 INSPECTOR Ramon Bridges

5
5 1/2
5 1/2

60

133

165
5
25

repair # 34412 10-4-84

10/8/74 after 1 PM

PERMIT

P 20789

A 18326

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3rd

DATE 10/3/74

Don Kramer, Allied Concrete Products X IS PERMITTED TO INSTALL ALTER

ADDRESS 9142 Bryant Avenue, Laurel, Md. 20810 PHONE 725-1471

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Gwenlee Estates ROAD Sharp Road LOT 2, Blk. A, Sec. 1

PROPERTY OWNER W. L. Boring

ADDRESS Burntwoods Road, Glenwood, Md.

SPECIFICATIONS 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 600 sq. ft. absorbent sidewall area to begin below the first 5 1/2 ft. of non-porous soil. Maximum depth is 12 1/2 ft. Locate dry well 181 ft. from left side line and 26 ft. from front lot line as seen from Sharp Road. (County only area below 5 1/2 ft. for effective area.)

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

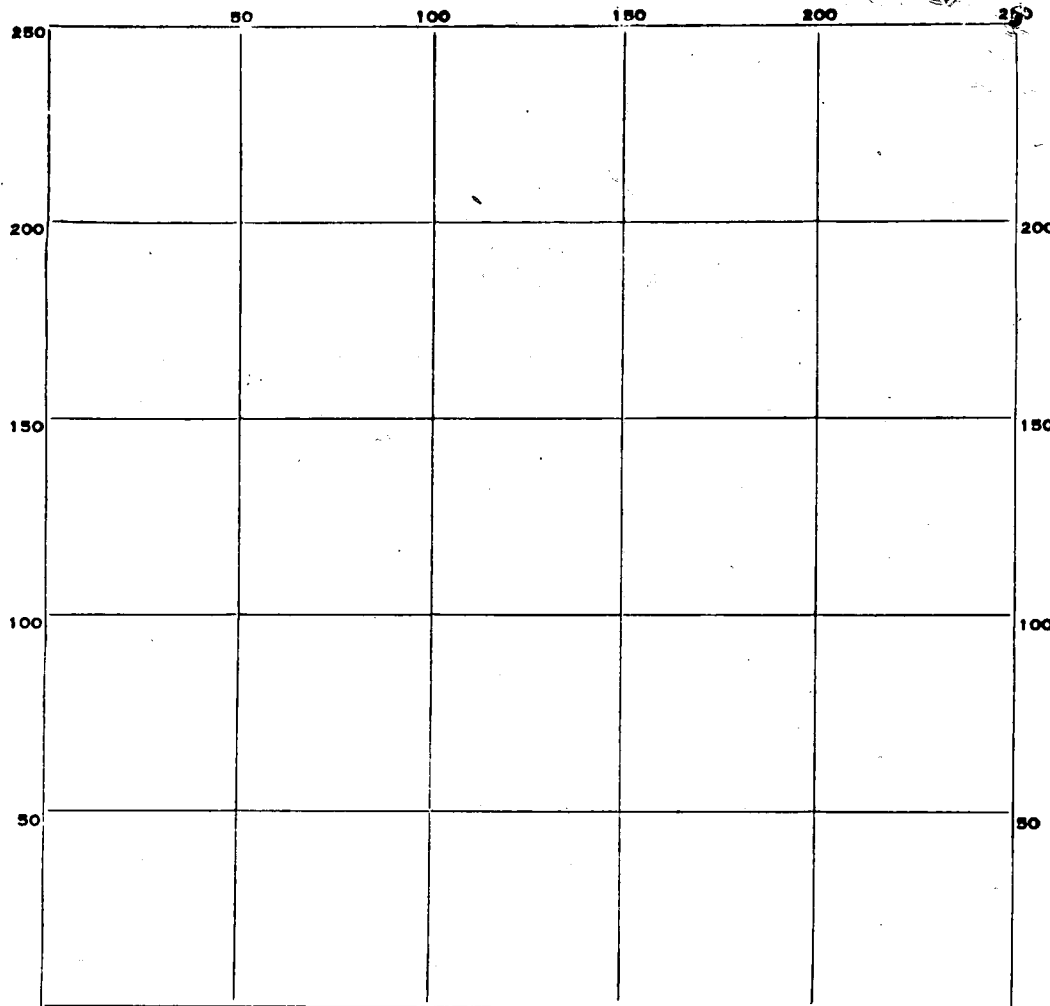
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPE MUST BE 6 INCHES - CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Robert V. Torre DATE 2/7/74

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 18326



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS

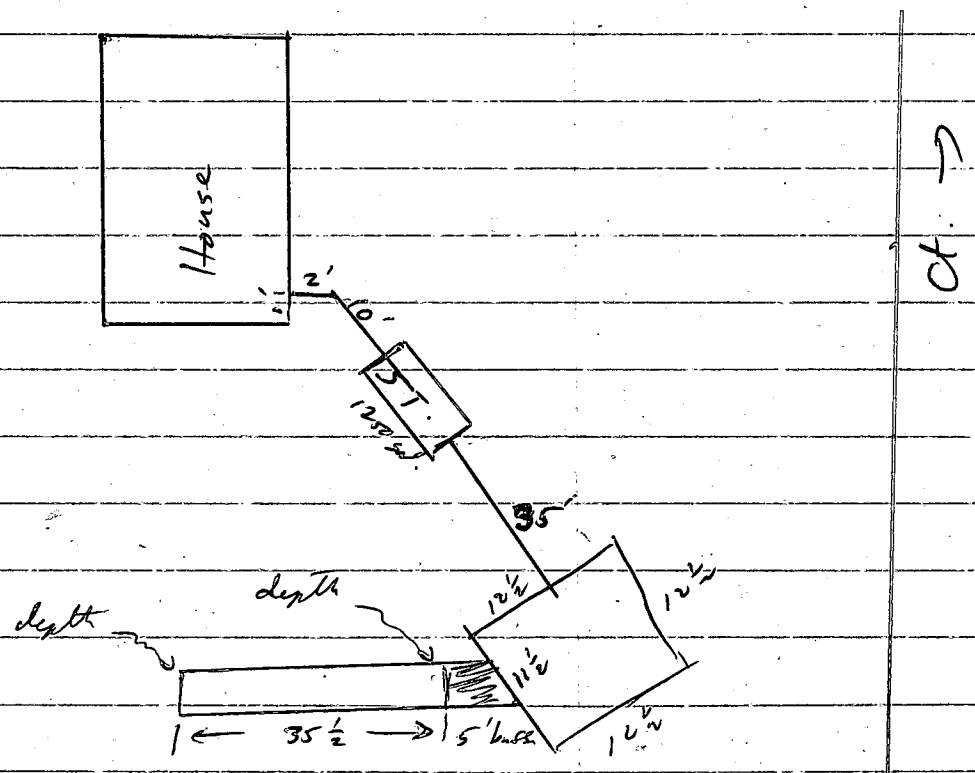
10/15 ~~do not~~ put gravel in trench
 10/15 change dist. pipe in trench R/W

DATE SYSTEM APPROVED 10/17/74 ^{as per} instruction INSPECTOR C. J. Stecker

10/17/94 File in final file!
 (after discuss) with R.M.
 OK'd 10/17/94
 4:15 P.M.
 C.B.D.

10/16/94

P# 20789 ✓
 Lot 2, B1KA, Sect 1, Sharp Rd.



← Sharp Rd →

? How deep trench

Gravel depth	7	Total Length	35.5
# of Trenches	1	Total Sidewall	T-248.5 DW-348
Seepage Pit Perimeter	49'	Depth Below Inlet	7'
Abasant Area			49

approved 10/17/94
 pls above drain
 4 pipes 11' old
 only comment on
 was to change pipe in trench
 35.5

10/16 R.M.
 10/17 French covered with gravel in
 paper - pipe in
 gravel to 6' from original
 AA-594.5
 illuminated file

APPLICATION

A 18326

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT *Septic Tank - 1250 gal* DISTRICT _____
ENVIRONMENTAL HEALTH SERVICES *Dry Well - 600 sq. ft.* DATE _____

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

*absorbent sidewalk area to begin below the first
5 1/2 ft. of non-porous soil. Max. depth is 12 1/2 ft. locate
dry well 18' ft from left side line and 26' ft
from front lot line as seen from Sharp Rd.*

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ 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 _____

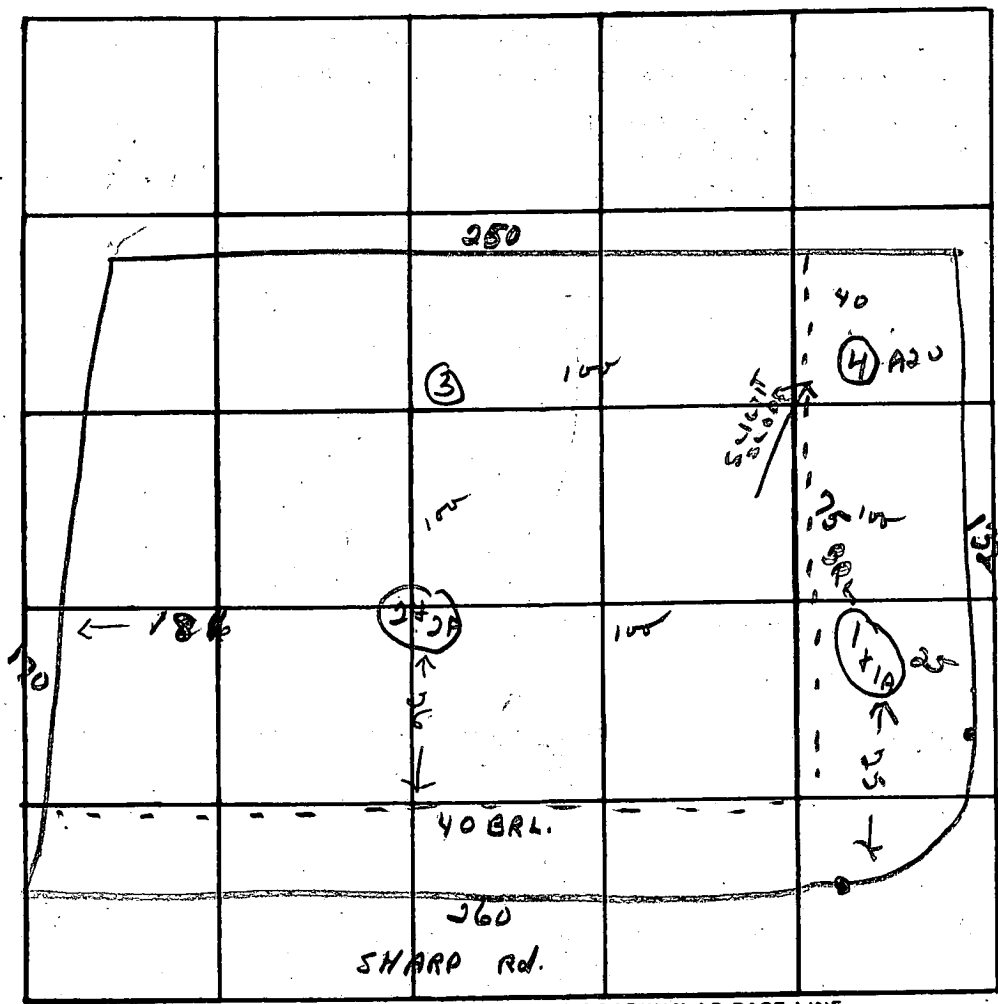
APPROVED BY *Robert V. Tonne* FOR *Dry Well* DATE *2/7/74*
(KIND OF SYSTEM)

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.

2072
BLA A

As certified on plat.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/22/73	1	12 ft.	2:42	2:47	2:47	2:58	11 min
	1A	5 1/2 ft.	2:43	2:46	2:46	2:50	4 min
	2	5 1/2 ft.	2:47	3:09	3:09	3:09	2 min and overture
	2A	11 1/2 ft.	3:00	3:05	3:05	3:17	12 min
	3	11 1/2 ft.	Pass	End	Deep	clay line	probe
	4	11 ft.	10:20	Best Hole	-	But lowest	
5/24/73	4	11 1/2 ft.	10:20	10:26	10:26	11:39	13 min
	4A	5 ft.	10:23	10:29	10:29	11:14	15 min
	3	5 ft.	10:24	10:29	10:29	10:42	11 min
	3A	11 ft.	10:24	10:31	10:31	10:42	11 min

Avg 14 min
inlet 5 1/2 ft.

OK
As certified

REMARKS R.T. Use 1+1A if other holes pass

TYPE OF SOIL Deep clay line varies between 5-7 ft.

PRELIMINARY

APPLICATION

A 18326

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT *Septic Tank - 1250 gal.* DISTRICT 3rd
 ENVIRONMENTAL HEALTH SERVICES *Dry Well - 600 sq. ft.* DATE April 18, 1973
 P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: 465-5000, EXT. 356

*absorbent sidewall area to begin below the first
 5 1/2 ft. of non-porous soil. Max. depth is 12 1/2 ft. Locate
 dry well 181 ft. from left side line and 26 ft.
 from front lot line as seen from Sharp Rd.*

*(Count only area below
 5 1/2 ft for effective area)*

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 W. L. Boring

ADDRESS Burntwoods Road PHONE 465-2483

PROPERTY LOCATION: Glenwood, Md.

SUBDIVISION Gwenlee Estates Sec. 1 LOT NO. 2, Blk. A, Sect. 1
X

ROAD AND DESCRIPTION Burntwoods Rd. west of Sharp Rd.

Sharp Road

SIZE OF LOT ~~150' x 200'~~ 41,600 sq. ft. TYPE BLDG. 3 or 4 bedrooms
single family dwelling
 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 /s/ John A. Boender

APPROVED BY Robert V. Tame FOR Dry Well DATE 2/7/74
 (KIND OF SYSTEM)

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

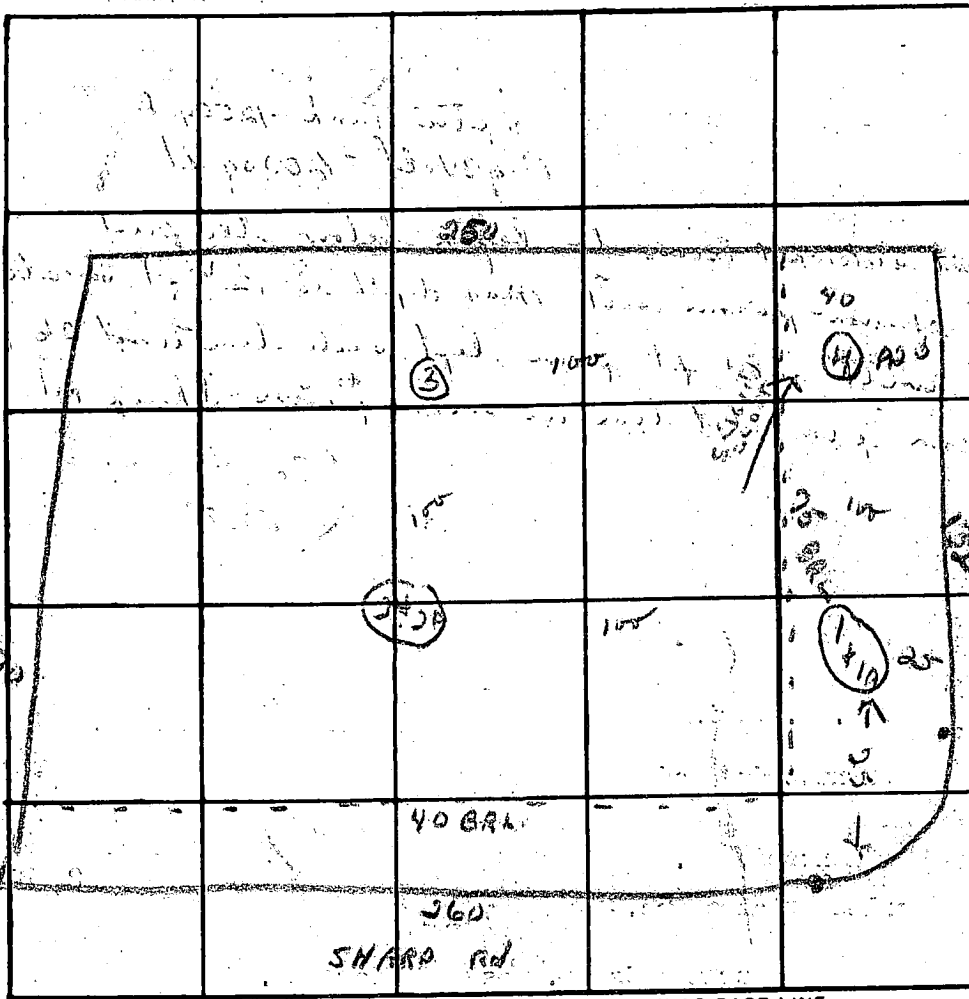
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT. SIGNED
 AND RETURNED 7/22/74

20789

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LOT 3
BL 5 A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/21/73	1	12ft	2 42	2 47	2 47	2 58	11 min
	1A	5 1/2 ft	2 43	2 46	2 46	2 50	4 min
	2	5 1/2 ft	2 47	3 47	3 47	3 50	12 min
	2A	11 1/2 ft	3 05	3 05	3 05	3 17	12 min
	3	11 1/2 ft	Poor	Soil	Deep	Clay line	poor
	4	11 ft	Best	Hole	-	But lowest	
5/24/73	4	11 1/2 ft	10 20	10 26	10 26	11 39	13 min
	4A	5 ft	10 23	10 29	10 29	11 14	15 min
	3	11 ft	10 27	10 31	10 31	10 42	11 min
	3A	11 ft	10 24	10 31	10 31	10 42	11 min

REMARKS

R.T. Use 1-1A as the holes from

TYPE OF SOIL

Deep clay line varies between 5-7 ft

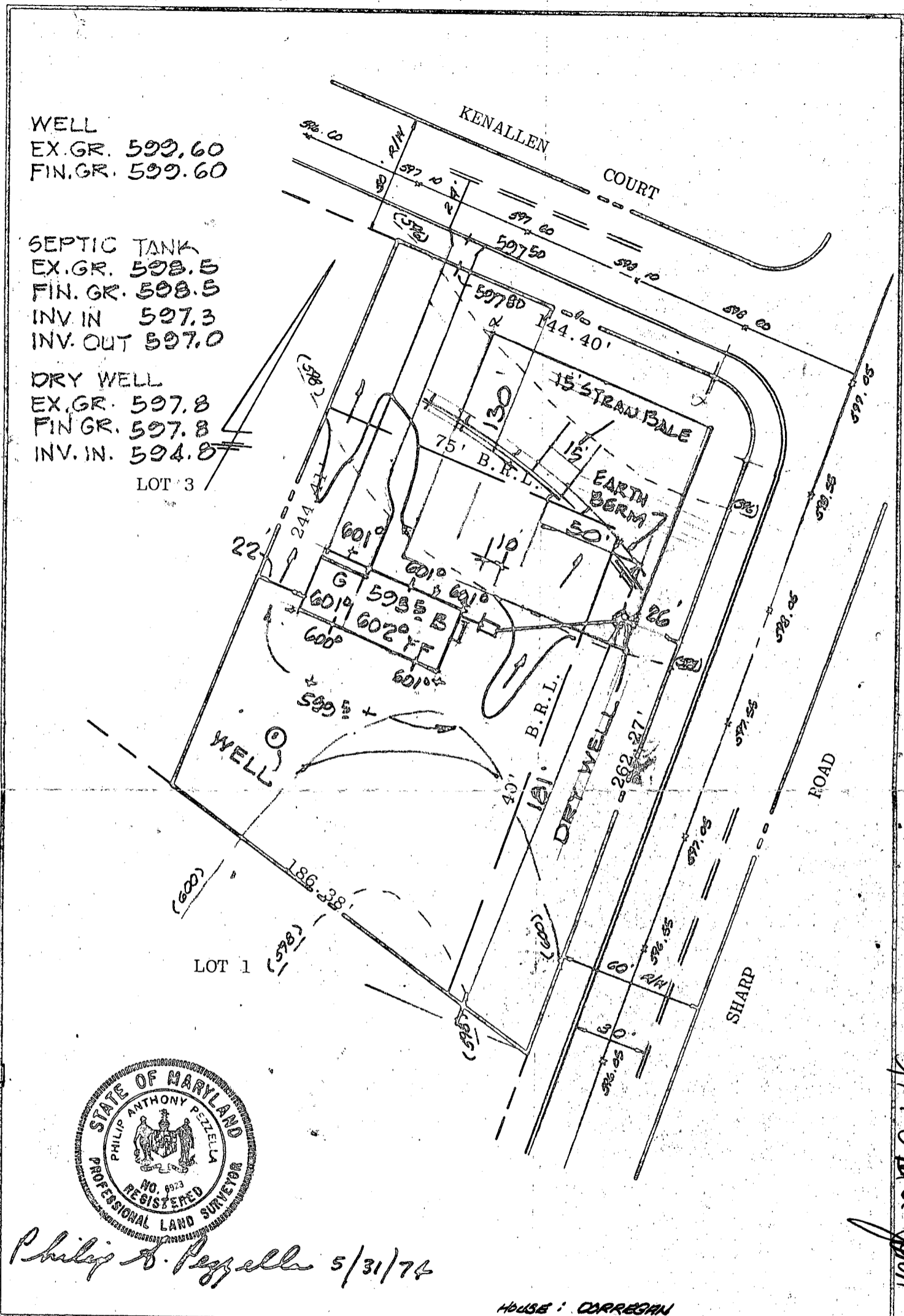
OK

WELL
 EX. GR. 599.60
 FIN. GR. 599.60

SEPTIC TANK
 EX. GR. 598.5
 FIN. GR. 598.5
 INV. IN 597.3
 INV. OUT 597.0

DRY WELL
 EX. GR. 597.8
 FIN. GR. 597.8
 INV. IN 594.8

LOT 3



6/10/74
 Plans approved
 P. Tamm



Philip A. Pezzella 5/31/74

HOUSE: CORRESGAN

TITLE GRADING STUDY				ENGINEERING PLANNING SURVEYING BY BOENDER ASSOCIATES INC. BALTIMORE, MD. 465-7777 SALISBURY, MD. 749-1286 WESTMINSTER, MD. 848-5628
PROJECT GWENLEE - SECTION 1 - LOT 2 - BLOCK A				
LOCATION 3rd & 4th ELECTION DISTRICT - HOWARD COUNTY, MD.				
DATE: MAY 1974	DES. BY: TKS	DRAWN BY: DMR	CHKD. BY: JLS	
SCALE: 1" = 50'	JOB NO. 7456	DRWG. NO.: 2		

#2778
 John
 Boender

B 1	3694	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER 140 33
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY) 7/19/74 9:30	OWNER <u>Finnegan Jack</u> <small>COL. 15 LAST NAME COL. 34 FIRST NAME</small> STREET OR RFD <u>5373 Hopwood Dr</u> <small>COL. 36 COL. 65</small> POST OFFICE <u>Elliott City Md. 21044</u> <small>COL. 57 COL. 76</small>
-------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE <u>6-11-74</u>		LICENSE NUMBER <u>42</u>
FIRST NAME <u>J F Pasterdak</u>		DRILLER LAST NAME <u>J F Pasterdak</u>
SIGNATURE <u>J F Pasterdak</u>		

B 3	CONTINUED	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6		
COUNTY <u>Howard</u>		<small>(DO NOT ABBREVIATE COUNTY NAME)</small>
SUBDIVISION <u>Hiverloo Estates</u>		<small>25 42</small>
SECTION <u>A1</u>		LOT <u>2</u>
NEAREST TOWN <u>Burtonwood</u>		<small>44 46 48 50</small>
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u>		<small>52 71</small>

B 2	CONTINUED	WELL INFORMATION
1 2 3 (SEQ. NO.) 6		
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>		<small>8 12</small>
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u>		<small>14 20</small>

B 4	CONTINUED	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)								
1 2 3 (SEQ. NO.) 6										
<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">E</td> <td style="border: 1px solid black; padding: 2px;">NE</td> <td style="border: 1px solid black; padding: 2px;">SE</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">W</td> <td style="border: 1px solid black; padding: 2px;">NW</td> <td style="border: 1px solid black; padding: 2px;">SW</td> </tr> </table>			N	E	NE	SE	S	W	NW	SW
N	E	NE	SE							
S	W	NW	SW							
NEAR WHAT ROAD <u>Shaw Rd</u>										
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>E</u>										
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>150</u>										

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> PRIVATE WATER COMPANY	
<input type="checkbox"/> TEST	

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

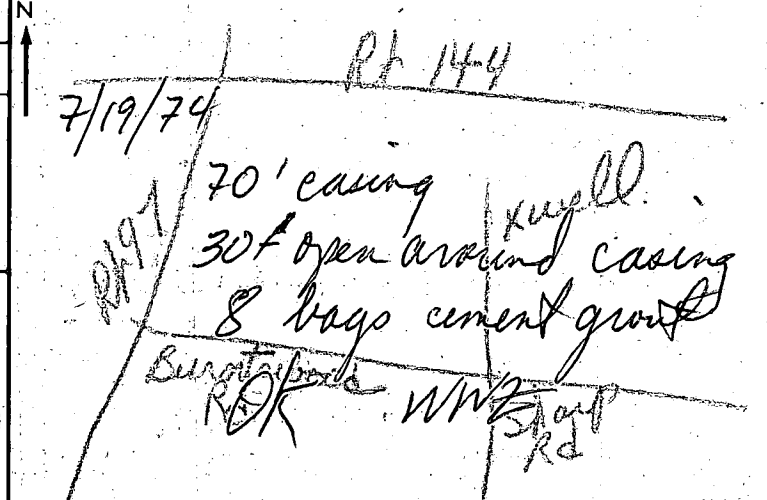
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED
<input type="checkbox"/> DRIVEN	
30-37 <input type="checkbox"/> AIR-ROTARY	<input checked="" type="checkbox"/> AIR-PERCUSSION
<input type="checkbox"/> CABLE	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
	<input type="checkbox"/> REVERSE-ROTARY
	<input type="checkbox"/> DRIVE-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER <u>54</u>	ENGINEER REVIEW DISTRICT NO. <u>65</u>
FORCE <u>70</u>	WRITE INITIALS IN BOX

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH <input checked="" type="checkbox"/> (CIRCLE BOX)		COUNTY NAME <u>HOWARD</u>
DATE <u>5 1 7 7 1</u>		COUNTY NO. <u>20160</u>
APPROVED BY <u>Donald Monaghan, Sanitarian</u>		

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



B 5	CONTINUED	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6		
NORTH COORDINATE <u>010000</u>		<small>80 81 82 83 84 85</small>
EAST COORDINATE <u>010000</u>		<small>57 58 59 60 61 62 63</small>
ELEVATION AT WELL HEAD (FEET) <u>0/0</u>		<small>65 66 67 68</small>

B 5	CONTINUED	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6		

1 2 3 (SEQ. NO.)

6441

SEQUENCE NO. (WRA USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

7-19-74

DATE WELL COMPLETED

DEPTH OF WELL 200

(TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-3-1-5

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER FINNEGAN JACK

LAST NAME FIRST NAME

STREET OR RFD 1373 HESPEREE DR. POST OFFICE ELlicott City Md.

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
SANDY	2	50	
SHALE	50	60	
BROWN SLATE	60	80	
BLUE SLATE	80	200	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 30 FT.

CASING RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 70

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OPEN HOLE OR BRONZE

PLASTIC OTHER

SCREEN TYPE OR OPEN HOLE

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM 68 TO 200

EACH SCREEN

1 HO 8 9 11 15 17 21

2

3

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 50 (NEAREST FOOT)

WHEN PUMPING 200 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

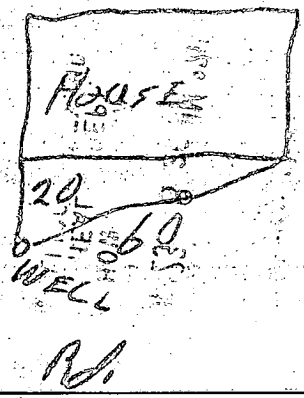
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) L. Easterday

SIGNATURE J. F. Easterday