

12/21/83 Appl. Fee

12/21/83  
H-30  
300

# PERMIT

P 33280

A 35101

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

04-323998

ELLICOTT CITY

DISTRICT 4th

INDEX

DATE 11/3/83

William Hopkins IS PERMITTED TO INSTALL  ALTER

ADDRESS 2724 Jennings Chapel Road, Woodbine, MD 21797 PHONE 489-4711

SUBDIVISION Tax Map 8, Parcel 82 ROAD 14825 Frederick Rd LOT \_\_\_\_\_

PROPERTY OWNER Calvin Livesay & Grace Ruby Livesay

ADDRESS 14809 Frederick Road,

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

Trenches - 225 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 4 ft. below original grade. Bottom maximum depth 8 1/2 ft. below original grade. Effective area begins at 4 ft. below original grade. 4 ft. of stone below distribution pipe.

LOCATION: Start trench 205 ft. from the front lot line and 55 ft. from the left lot line as seen when facing the property from Route 144. Run trench(s) along level

ground as possible toward back of property. NOTE: 1. No trench to exceed 100 ft. 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, increased septic tank capacity by 50% and increase absorbant sidewall area by 22%.

PLANS APPROVED BY Craig Williams & J. Sturman DATE November 1, 1983

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.

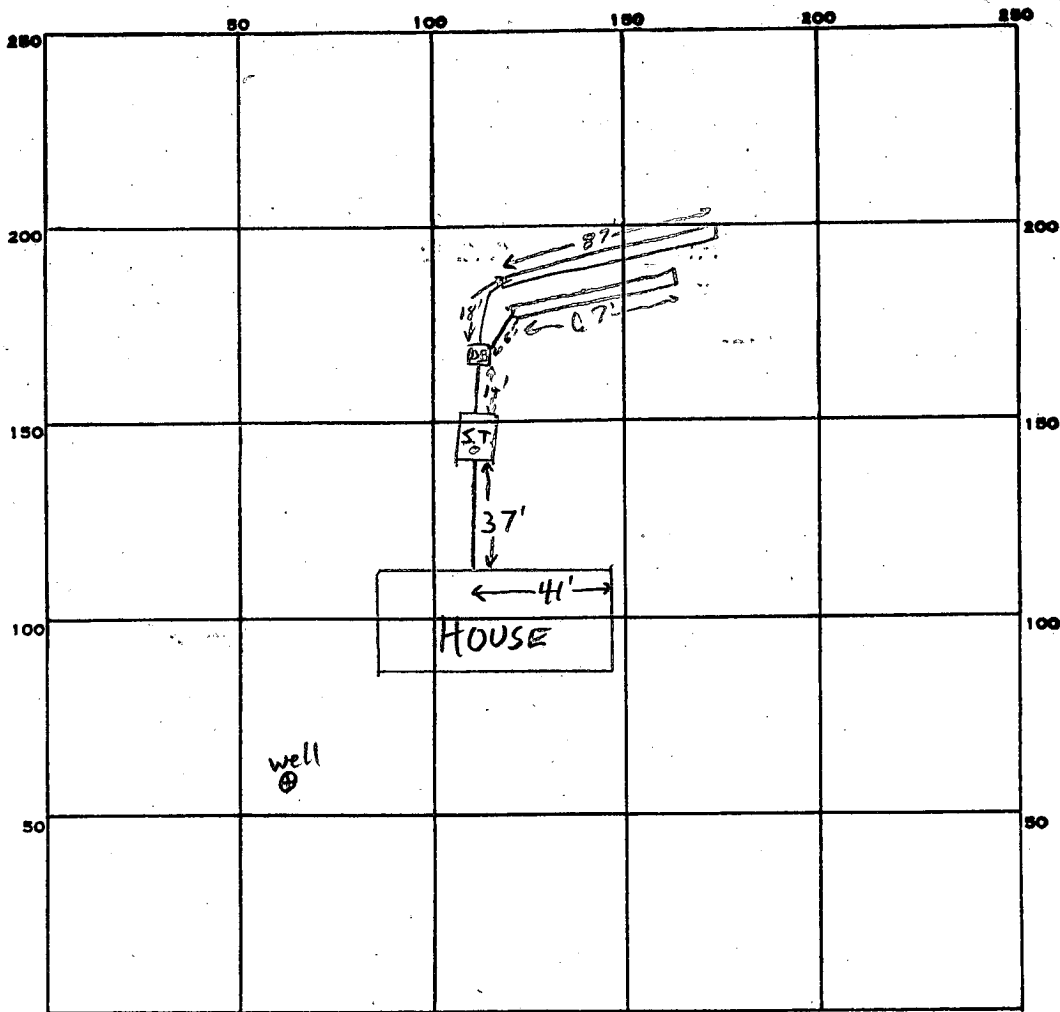
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

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

EH - 2-1082

A 33101



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Md. Rte 144

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

SEPTIC TANK, LEVEL  \_\_\_\_\_

CLEANOUTS S.T. O.K. \_\_\_\_\_

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

TILE FIELD, DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 1/2 FT. IN. TOTAL LENGTH 87 FT. #1 | #2 67

NUMBER OF TRENCHES 2 ONE SIDEWALL TOTAL BOTTOM AREA ± 693

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET 4 1/2 FT.

ABSORBENT AREA ± 693 SQ. FT.

REMARKS 12/21/83 OK to continue F.S.

12/21/83<sup>pm</sup> Trench almost completed. give OK to Williams to finish & cover system this evening as rain expected F.S.

87  
67  
154  
4.5  
770  
616  
6930

DATE SYSTEM APPROVED 12/21/83

INSPECTOR J. Sherrin

A 33101

SUBDIVISION: CALVIN LIVESAY PROP.

LOT NUMBER: TAX MAP 8 PARCEL 82

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank <sup>w/o Gender</sup>	sq. ft./bedroom
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

225 sq. ft./bedroom

Trench to be 2 wide.  
 Inlet 4 feet below original grade.  
 Bottom maximum depth 8 feet below original grade.  
 Effective area begins at 4 feet below original grade.  
4 feet of stone below distribution pipe.

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

LOCATION: START TRENCH 205' FROM THE FRONT LOT LINE  
AND 55' FROM THE LEFT LOT LINE AS SEEN WHEN FACING  
THE PROPERTY FROM ROUTE 144, RUN TRENCH(S) ALONG AS  
LEVEL GROUND AS POSSIBLE TOWARD BACK OF PROPERTY,

11-1-83 Chillian

B 7 6902 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER HO-81-0293 fill in this form completely

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

please print or type

Date Received 10/14/83 100383 OWNER INFORMATION

BARNARD CONST. MICHEALS RD MT AIRY MD 21171

DRILLER INFORMATION Ralph MAYNE 273 License No. 80 Ralph MAYNE (well Drilling) 9120 Brown Church Rd. Mt. Airy

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)

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED 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 DEEPEN 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 PS WRITE INITIALS IN BOX PERMIT No. HO-81-0293

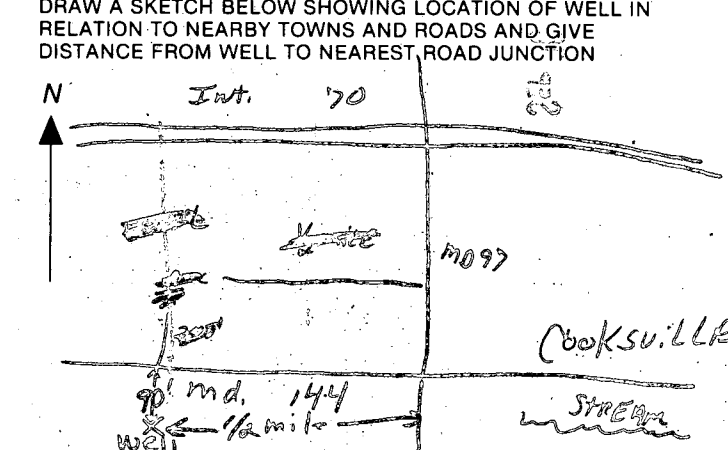
SPECIAL CONDITIONS

LOCATION OF WELL HOWARD 8 COUNTY TAX MAP 8 PAR 82 23 SUBDIVISION SECTION 44 46 LOT 48 50 COOKSVILLE 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 0 MI

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NW NE W E SW S SE ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) MD 144 NEAR WHAT ROAD 4000 DISTANCE FROM ROAD ENTER FT or MI 77 78

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 33101 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 100683 Frank Shinn 4/6/84 CO SIGNATURE EXP. DATE NORTH GRID 542000 EAST GRID 0791000

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 790 540





Skinner 992-2330 FROMMELT

# APPLICATION

*Per*

A 33101

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

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

DATE 9-6-83

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 Calvin Livesay & Grace Ruby Livesay  
14809 Frederick Road.  
ADDRESS 481 Rt. 32 Spikesville Md 21784 PHONE 489-4494

PROPERTY LOCATION: Fourth Election District

SUBDIVISION Howard County Tax Map #8 LOT NO. Parcel #82

ROAD AND DESCRIPTION Md. St. Rt. 144 (old National Pike), 4<sup>th</sup> lot west  
of Bushy Park Rd. on south side. 14825 Frederick Road

SIZE OF LOT 1.99 Acres TYPE BLDG. 3 B.R. per B.P 56130  
(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. Calvin Livesay Grace R. Livesay  
(SIGNATURE OF APPLICANT)

APPROVED BY C. Willman FOR TRENCHES DATE 9-23-83

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

HOLD PENDING FURTHER TESTS C. Willman DATE 9-14-83

REASONS FOR REJECTION OR HOLDING NEED PLAT FOR HOUSE & WELL SITE, CW  
PLAT RE

BLDG. PERMIT SIGNED  
AND RETURNED 10/24/83  
Blat # 56130  
SFD.

# 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

SKINNEY 992-2330 FROM HUBBET

# 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 33101  
P \_\_\_\_\_  
DISTRICT 4  
DATE 9-6-83

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 Calvin Livesay & Grace Ruby Livesay  
ADDRESS 481 Rt. 32 Sykesville Md 21784 PHONE 489-4494

PROPERTY LOCATION: Fourth Election District  
SUBDIVISION Howard County Tax Map #8 LOT NO. Parcel #82

ROAD AND DESCRIPTION Md. St. Rt. 144 (Old National Pike), 4<sup>th</sup> lot west of Bushy Park Rd. on south side.

SIZE OF LOT 1.99 Acres TYPE BLDG. 3  
(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.

Calvin Livesay Grace R. Livesay  
(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



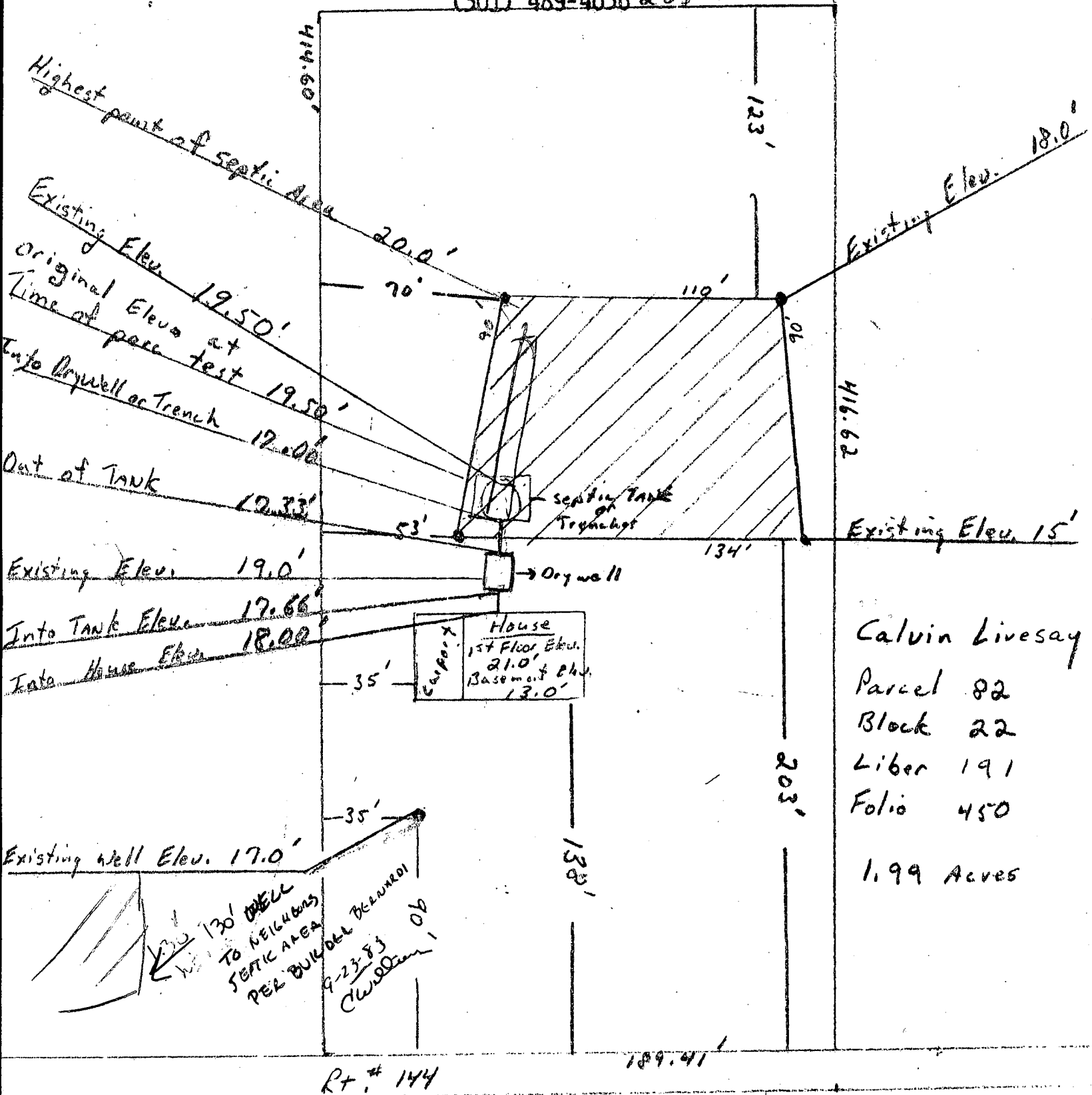
**BARNARD CONSTRUCTION**

**CUSTOM BUILT HOMES**

1035 ST. MICHAEL ROAD  
MOUNT AIRY, MARYLAND 21771

(301) 489-4036 205-71

PLAT OK  
9-23-83  
C. Williams



I certify the above measurements and elevations are actual and correct for this property

Signed: \_\_\_\_\_

*A boundary plot signed by Reg. Engr. w/ long surveyor's notes to be submitted.*

# APPLICATION

A 21352

Fill out in triplicate.  
Make \$30.00 check payable:  
Howard County Health Dept. - Sanitation

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5/6/75  
9:30

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4<sup>th</sup>  
DATE 4/15/75

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 James Albert Musgrove  
ADDRESS ~~St. 144~~ Rt. 144, Cooksville, Md PHONE 795-5019

PROPERTY LOCATION:

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

ROAD AND DESCRIPTION MD. State Rt. 124 ~~St. 144~~ South Side  
Single Lane - 1/4 mile West Bushy Park Rd.

SIZE OF LOT 1.99 ACRES more or less TYPE BLDG. 3  
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 Stanley Barry Livesay - Buyer

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

A 21352

## 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 4th  
DATE 4/15/75

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 James Albert Musgrove

ADDRESS Rt. 144 Cooksville, Md PHONE 795-5019

PROPERTY LOCATION:

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

ROAD AND DESCRIPTION Md. State Rt. 144 South Side  
Single LAWE 1/4 mile West Bushy Park Road

SIZE OF LOT 1.99 Acres more or less TYPE BLDG. 3  
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 Stanley Garry Livesay - Buyer

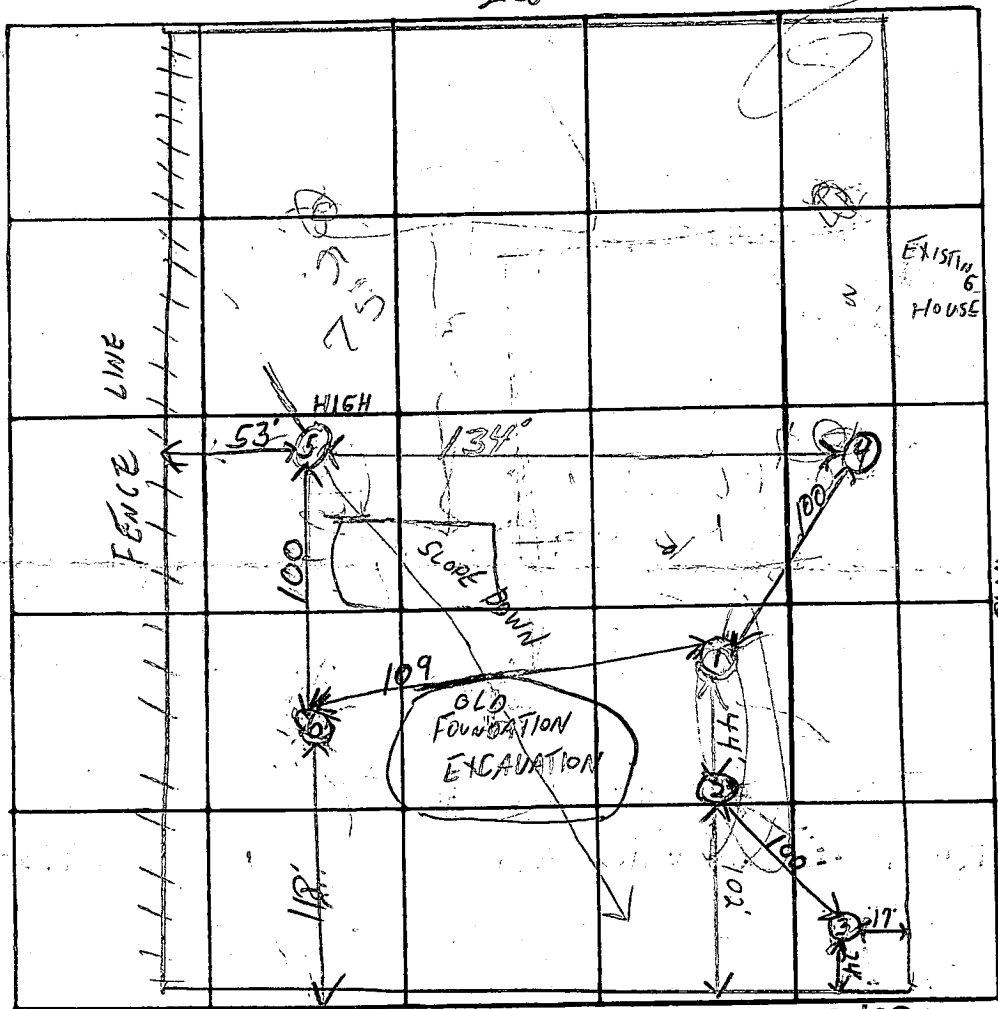
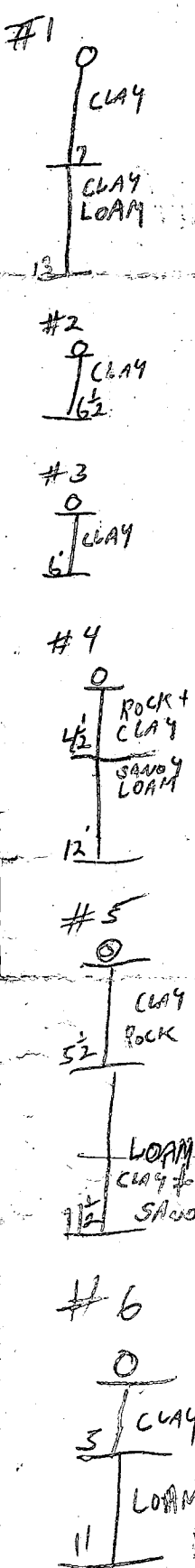
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

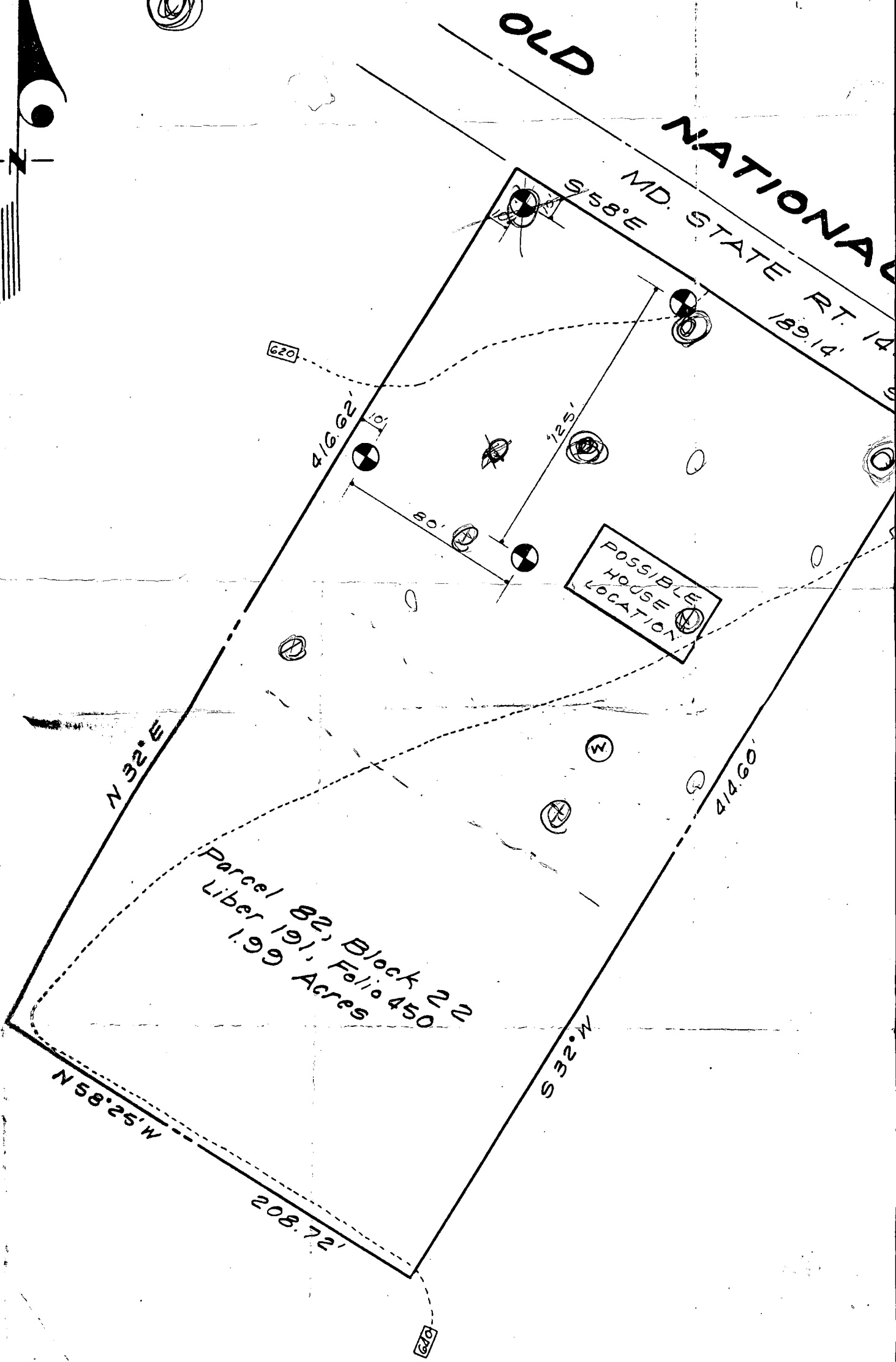
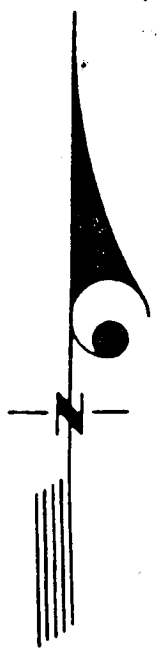


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE 189  
RT. 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-6-75	15	7'	10 <sup>03</sup>	10 <sup>07</sup>	10 <sup>07</sup>	10 <sup>20</sup>	13
↑	LOW 10	13'	10 <sup>00</sup>	10 <sup>04</sup>	10 <sup>07</sup>	10 <sup>12</sup>	5
	(2)	6 1/2'	ALL	CLAY	STOPPED	DIGGING	(-)
	(3)	6'	10 <sup>40</sup>	0 MOVEMENT		10 <sup>57</sup>	(17 NO DEK)
	LOW 45	4 1/2'	11 <sup>20</sup>	11 <sup>25</sup>	11 <sup>25</sup>	11 <sup>40</sup>	15
	40	12'	11 <sup>12</sup>	11 <sup>15</sup>	11 <sup>15</sup>	11 <sup>23</sup>	8
	HIGH 55	5 1/2'	11 <sup>45</sup>	11 <sup>53</sup>	11 <sup>53</sup>	12 <sup>15</sup>	22
	50	11 1/2'	11 <sup>41</sup>	11 <sup>44</sup>	11 <sup>44</sup>	12 <sup>05</sup>	21
5-6-75	6	11' VISUAL	SAME AS	AS	#4 AND	#5	-

REMARKS Carefully all holes, cut lenses and elevations  
 TYPE OF SOIL 200 Profiles 17 MIN. AVG.  
 TESTED BY H.Z. ALSO PRESENT: H. SIRK

- ⊗ holes that failed previously
- ⊙ presently approved holes
- ⊕ proposed holes to relocate area to front



**SURVEYOR'S CERTIFICATE**

I hereby certify that the Lot shown hereon complies with minimum ownership width and length

C1 0819 PERMIT NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 33101

DATE RECEIVED

DATE WELL COMPLETED 101883

DEPTH OF WELL 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0293

OWNER Barnard Construction last name first name TOWN Cooksville
STREET OR RFD Md Rte 144
SUBDIVISION tax map 8 SECTION LOT Parcel 8a

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Mic KA, Sand Stone, Mic KA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 5 NO. OF POUNDS 500

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

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

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

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

DEPTH (nearest ft.) H0 18 280

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.

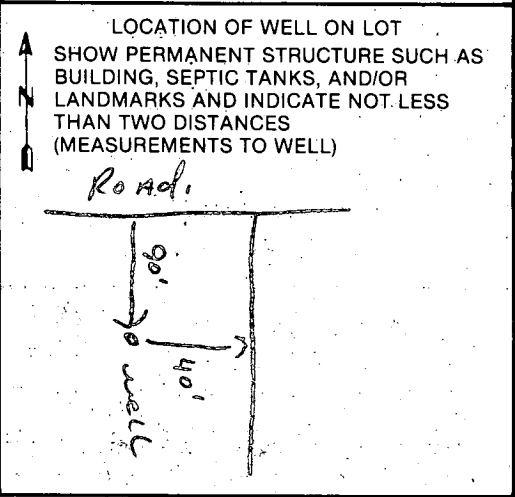
DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph E. Wagner SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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) LAND SURFACE (nearest foot)



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0293  
 Location of property (road) #144  
 Subdivision Tax Map 8 Parcel 82 Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller RALPH MAYNE Owner BARNARD CONSTRUCTION

Depth of well 280 ft  
 Distance of measuring point (M.P.) above ground 1 ft  
 Static water level (S.W.L.) below M.P. 28 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 9 G.P.M.  
 Total time 30 min to reach pumping water level 130 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 4 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	130 ft	45 sec	-	1 1/2 G.P.M.
8:45	130 ft	45 sec	-	1 1/2 G.P.M.
9:00	130 ft	45 sec	-	1 1/2 G.P.M.
9:15	130 ft	45 sec	-	1 1/2 G.P.M.
9:30	130 ft	45 sec	-	1 1/2 G.P.M.
9:45	130 ft	45 sec	-	1 1/2 G.P.M.
10:00	130 ft	45 sec	-	1 1/2 G.P.M.
10:15	130 ft	45 sec	-	1 1/2 G.P.M.
10:30	130 ft	45 sec	-	1 1/2 G.P.M.
10:45	130 ft	45 sec	-	1 1/2 G.P.M.
11:00	130 ft	45 sec	-	1 1/2 G.P.M.
11:15	130 ft	45 sec	-	1 1/2 G.P.M.
11:30	130 ft	45 sec	-	1 1/2 G.P.M.
11:45	130 ft	45 sec	-	1 1/2 G.P.M.
12:00	130 ft	45 sec	-	1 1/2 G.P.M.
12:15	130 ft	45 sec	-	1 1/2 G.P.M.
12:30	130 ft	45 sec	-	1 1/2 G.P.M.
12:45	130 ft	45 sec	-	1 1/2 G.P.M.
1:00	130 ft	45 sec	-	1 1/2 G.P.M.
1:15	130 ft	45 sec	-	1 1/2 G.P.M.
1:30	130 ft	45 sec	-	1 1/2 G.P.M.
1:45	130 ft	45 sec	-	1 1/2 G.P.M.
2:00	130 ft	45 sec	-	1 1/2 G.P.M.
2:15	130 ft	45 sec	-	1 1/2 G.P.M.
2:30	130 ft	45 sec	-	1 1/2 G.P.M.