

Frank has all the paperwork - plans to drill a sand well
with heat pump. 7/18/84

HOUSE CONNECTION approved 10/3/84
Curham

and final insp. - p.m.
a.m. please.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 34090
A 33223

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-303934
(INDEXED)

ELLICOTT CITY
DISTRICT 3rd.
DATE 7/11/84

Claude Cissel

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Briar Hill ROAD 3572 Blackberry Lane LOT 12

PROPERTY OWNER Mr. & Mrs. Joseph J. Nastasi
ADDRESS 464 Kenilworth Court
Glen Burnie, Maryland 21061

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 163 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 with 6 feet of stone below distribution pipe. LOCATION: Start the first trench 190 feet from the front lot line and 90 feet from the right side line, as seen when facing the lot from Blackberry Lane. Continue to dig the trench on level ground running towards the left rear side of lot 1 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 before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Frank Skinner DATE 11/8/83

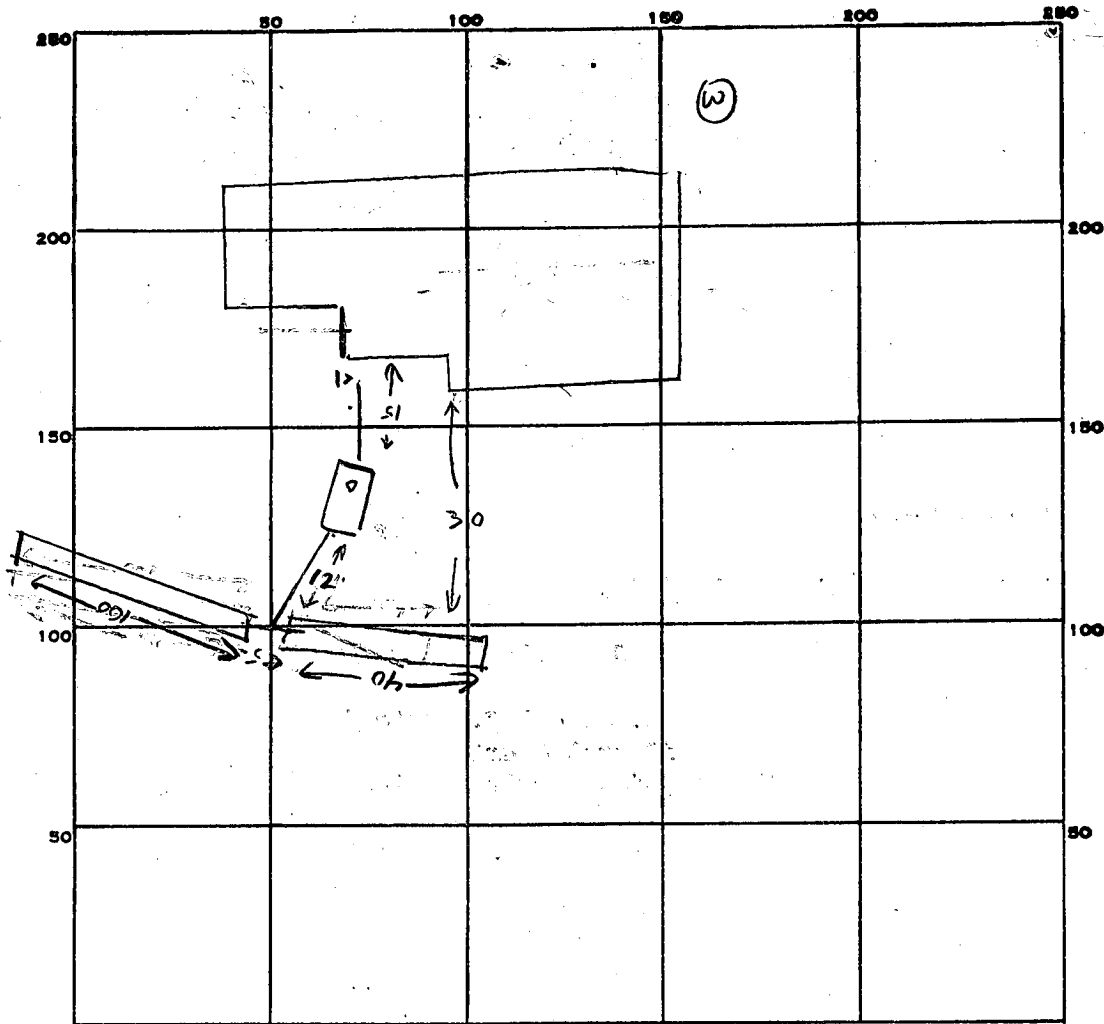
COVER NO WORK UNTIL INSPECTED AND APPROVED.
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. 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.

PERMIT SIGNATURE AND RETURNED
5/16/85
Seval #64909 Prod

33223

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL 1500 g ✓

CLEANOUTS ST ✓

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 1.40 FT.

NUMBER OF TRENCHES 2 (100x40) ONE SIDEWALK TOTAL BOTTOM AREA 840

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

ABSORBENT AREA 840 SQ. FT.

REMARKS

7/26/84 TANK & TRENCHES COMPLETE. HOUSE CONNECTION REQUIRED. C. Williams

10/3/84 CONNECTION INFERRED BY WATER TEST TO TANK, C. Williams

DATE SYSTEM APPROVED

10/3/84

INSPECTOR

C. Williams

Permit

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33223

P _____

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

9:30 A.M.
Oct 21, 1983

DISTRICT 3rd

DATE 13 OCT 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 JOSEPH J. NASTASI

ADDRESS 464 KENILWORTH CT. GLEN BURNIE MD PHONE H 969-8415
21061 W 765-6943

PROPERTY LOCATION:

SUBDIVISION BRIAR HILL LOT NO. 12

ROAD AND DESCRIPTION 3572 BLACKBERRY LANE, OFF TRIDELPHIA ROAD

SIZE OF LOT 4.1 A PROPOSED: TYPE BLDG. 2 STORY COLONIAL S BR.
(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.

Joseph J. Nastasi
(SIGNATURE OF APPLICANT)

APPROVED BY Frank Shinn FOR Coyne/T/Smith DATE 11/2/83

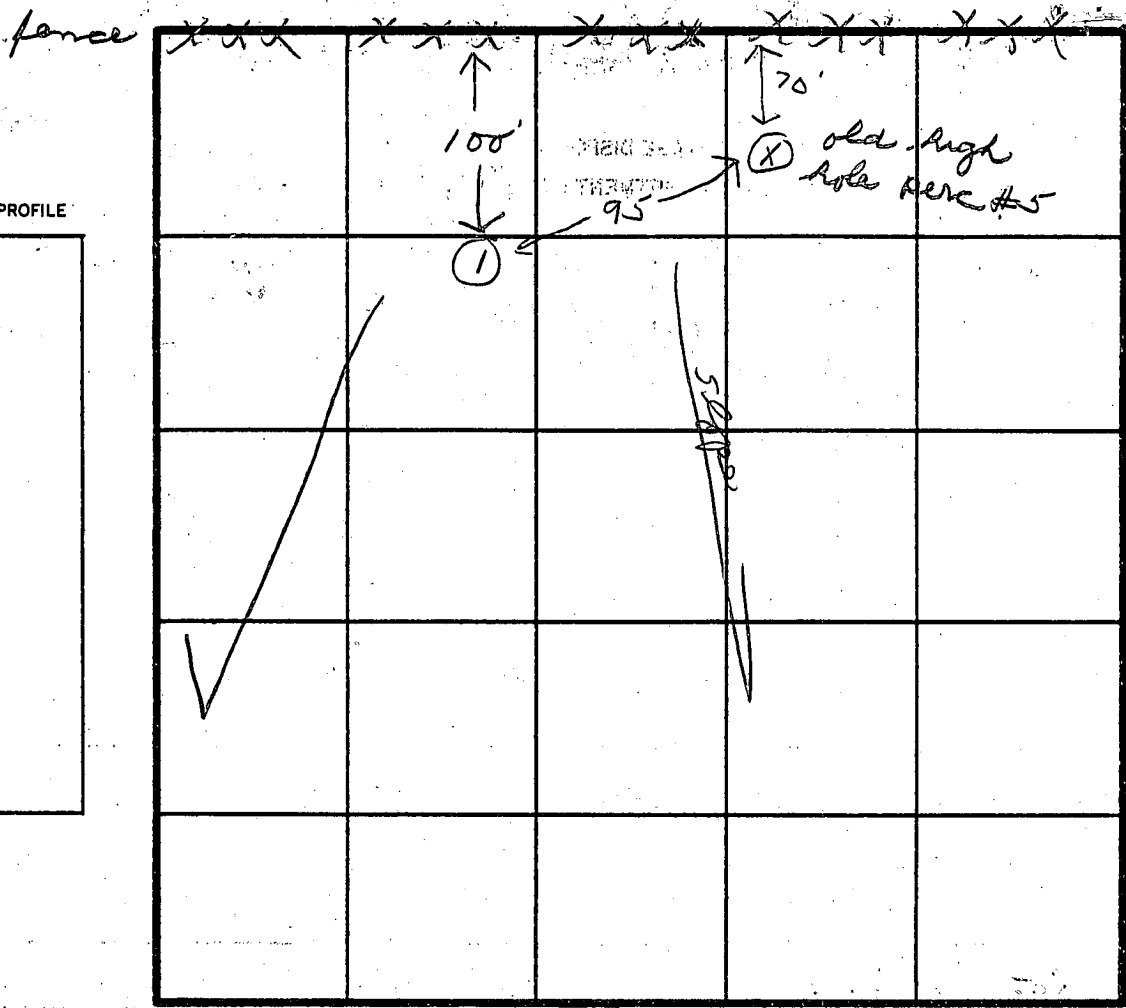
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 1/24/83
Serial # 57131 SFD

THIS IS NOT A PERMIT



SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Blackberry Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/21/83	1 V	14	2 ft. clay - then sandy loam					

REMARKS *Old perc hole #5 will not be used in septic area. New hole #1 will be new high hole.*

TYPE OF SOIL _____

TESTED BY *[Signature]* ALSO PRESENT *Pat Lindrum*

EH-12-1079

APPLICATION

A 20775

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 3rd
DATE 9-11-74

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 Briar Hill Corporation

ADDRESS 3901 Gelding Lane Olney, Md 20832 PHONE 301-774-0647

PROPERTY LOCATION:

SUBDIVISION ~~Blackberry~~ Briar Hill LOT NO. 12

ROAD AND DESCRIPTION ~~Blackberry Hill Drive~~ Lane

SIZE OF LOT 60,000 sq ft TYPE BLDG. 4/5 BR
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE N/A

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

SIGNATURE OF APPLICANT Mike Lee Suttland VP

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

APPLICATION

A 20796

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 3rd
DATE 9-11-74

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 Briar Hill Corporation

ADDRESS 3901 Gelding Lane Olney, Md 20832 PHONE 301-774-0647

PROPERTY LOCATION: Briar Hill
SUBDIVISION ~~Blackberry~~ Hill LOT NO: 13
22

ROAD AND DESCRIPTION Black Berry Hill Drive Lane

SIZE OF LOT 60,000 ± TYPE BLDG. A/5BR
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE N/A

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

SIGNATURE OF APPLICANT Wilma Lee Suttula VP

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

APPLICATION

A 20777

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 3rd
DATE 9-11-74

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 Briar Hill Corporation

ADDRESS 3901 Gelding Lane Olney, Md 20832 PHONE 301-774-0647

PROPERTY LOCATION: Briar Hill
SUBDIVISION ~~Blackberry~~ Hill LOT NO. 13 ~~23~~

ROAD AND DESCRIPTION Blackberry Hill Drive Lane

SIZE OF LOT 60,000 ± TYPE BLDG. 4/5 BR
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE N/A

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

SIGNATURE OF APPLICANT Mike Lee Sutteland VP

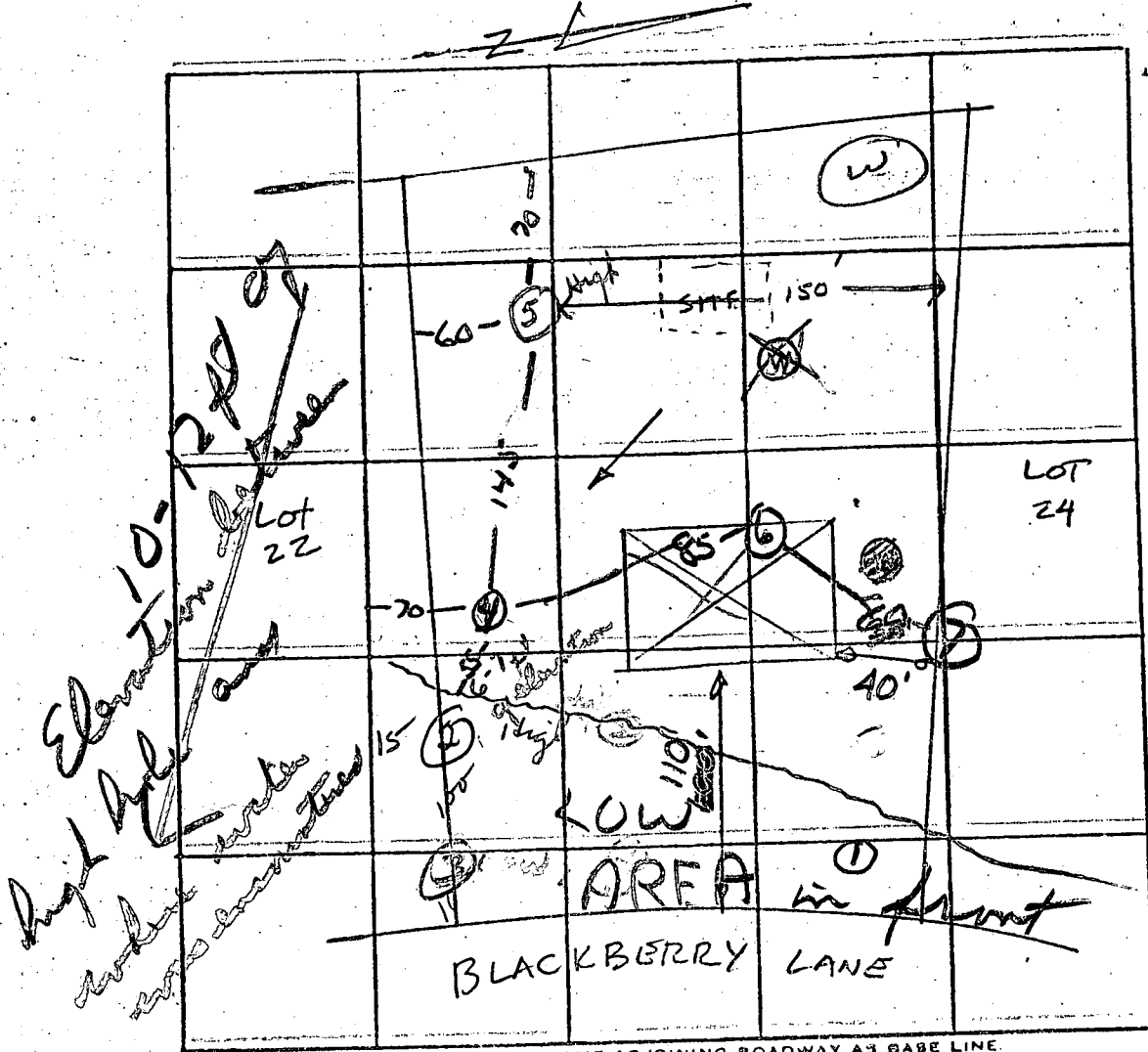
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/10/74	1	11 1/2'	Water	-			
	2	9 1/2'	Water	- Clay for 5' - 5' deep			
	3	Lowest Hole	-	Not dug			
10/31/74	4	10'	2 58	3 00	3 00	3 05	5 min
	4A	4 1/2'	2 58			3 02	4 min
	Use 5	13 1/2'	3 16			3 20	4 min
	the hole 5a	14'	3 16			3 21	5 min
	6	12'	3 40			3 45	5 min
	6A	4'	3 40			3 47	2 min
	7	12'	Some hole				

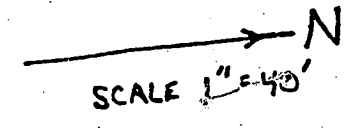
Avg time 5 min

slit 3 1/2

REMARKS: Excellent soil in 4, 5, 6 & 7 (Locate in no. 5)
 TYPE OF SOIL: Good soil
 TESTED BY: R.T. ALSO PRESENT:

BRIAR HILL LOT #12
JOE NASTASI
464 KENILWORTH Ct.
GLEN BURNIE MD 21061
301-969-8415

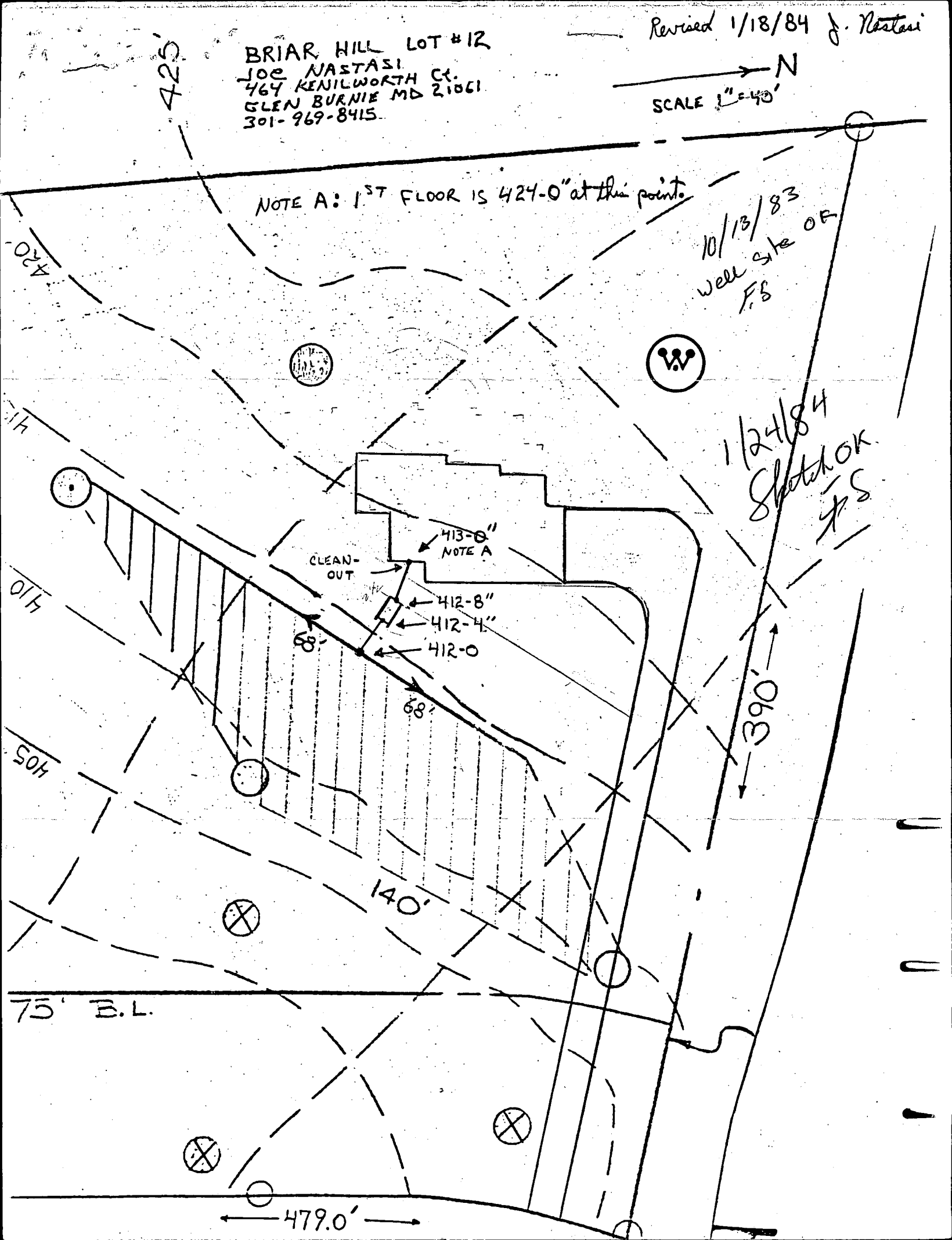
Revised 1/18/84 J. Nastasi



NOTE A: 1ST FLOOR IS 424'-0" at this point.

10/13/83
well site OF
FS

1/24/84
Sketch OK
FS



34

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HD-81-0323

fill in this form completely

Date Received

11/3/83 - 9:30 AM

001783

OWNER INFORMATION

MHS + ASI UOSEPH

464 KENILWORTH CT.

GLEN BURNIE MD 21061

DRILLER INFORMATION

Joseph L. Wayne 238

Joseph L. Wayne

5512 Ridge Rd. Mt Airy Md.

Joseph L. Wayne 08/17/83

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)

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. HD-81-0323

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD COUNTY

BREAR HILL SUBDIVISION

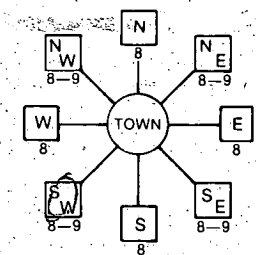
SECTION 44 46 LOT 48 50

MAYFIELD NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Blackberry Lane NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 310

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME

A33223 COUNTY NO.

OEP SIGNATURE DATE ISSUED

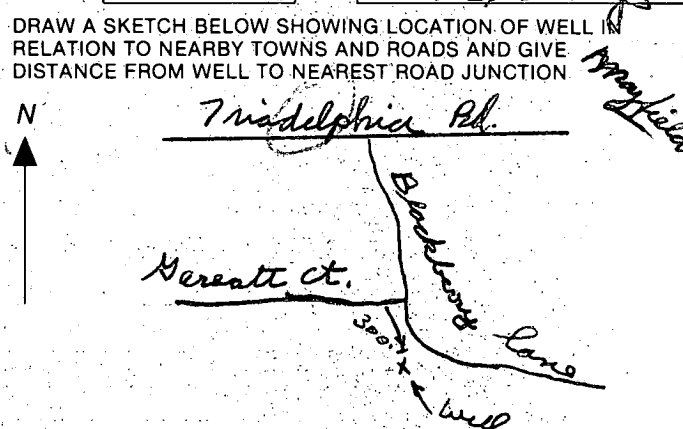
102783 Frank Shim 4/27/84

NORTH GRID 524000 EAST GRID 0814000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL Location OK Tridelpia Rd.
2. 48' casing
3. 45' open

WRITE THE BOX NUMBER FROM THE MAP HERE 12 - Page Comment Papers & tag given to Larry Wayne on site



C1 0835 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 33223

DATE Received DATE WELL COMPLETED 11/03/83

Depth of Well 163 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0323

OWNER Nastasi Joseph last name first name STREET OR RFD Blackberry Lane TOWN Mayfield SUBDIVISION Briar Hill SECTION LOT 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Brown Shale and Grey mica rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 12, NO. OF POUNDS 1128.

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

MAIN CASING TYPE: ST, Nominal diameter 6, Total depth 48.

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 casing and screen, including values 47 and 163.

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. 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...

DRILLERS IDENT. NO. 238. DRILLERS SIGNATURE Joseph L. Maize.

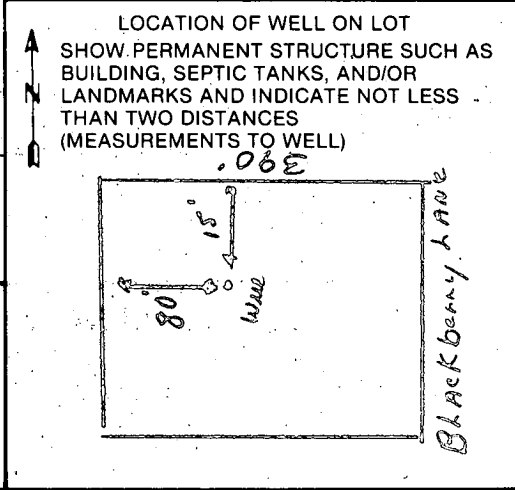
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER). T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, MEASURE PUMPING RATE bucket, WATER LEVEL 28, WHEN PUMPING 31, TYPE OF PUMP USED S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT above, LAND SURFACE below.



TORREY C. BROWN, M.D.
SECRETARY

JOHN R. GRIFFIN
DEPUTY SECRETARY



JAMES W. PECK
DIRECTOR

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

JULY 25, 1984

CERTIFIED MAIL - P 354 514 655
Return Receipt Requested

JOSEPH NASTASI
464 KENILWORTH COURT
GLEN BURNIE MD 21061

RE: State Water Appropriation
Permit No. HO84GAP008
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements. PLEASE NOTE THAT IF THE WATER IS NOT PUT TO USE WITHIN TWO (2) YEARS, THE PERMIT WILL EXPIRE.

If you find the Permit unacceptable, you may appeal within 30 days of the effective date, pursuant to the provisions of Title 1 of the Natural Resources Article, Annotated Code of Maryland (1983 Replacement Volume) as amended. The appeal must be in writing and must specify the basis of the request for review.

If you have any questions, please contact this office at 269-2456.

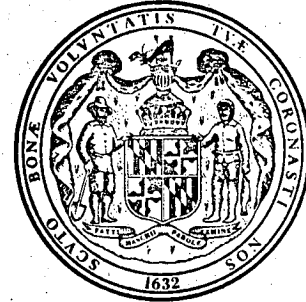
Sincerely,

Cynthia B. Powell
CYNTHIA B. POWELL
Water Supply Permits
S13

Telephone: (301) 269-2456

TTY FOR DEAF-BALTIMORE 269-2509 WASHINGTON METRO 565-0450

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
WATER APPROPRIATION AND USE PERMIT



PERMIT NUMBER: HO84G008 (01)

EFFECTIVE DATE: JULY 26, 1984

EXPIRATION DATE: JULY 26, 1996

FIRST APPROPRIATION: JULY 26, 1984

JOSEPH NASTASI

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER RESOURCES ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1983 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO A DAILY AVERAGE OF 7,000 GALLONS ON A YEARLY BASIS AND A DAILY AVERAGE OF 8,000 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR A GROUNDWATER HEAT PUMP SYSTEM.
3. SOURCE - THE WATER SHALL BE TAKEN FROM ONE WELL IN THE WISSAHICKON FORMATION (LOWER PELITIC SCHIST).
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED ON THE WEST SIDE OF BLACKBERRY LANE, BRIAR HILL, HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 2

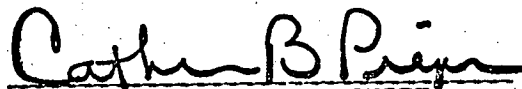
5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO EFFECTIVELY AND SAFELY CONDUCT SUCH INSPECTIONS AND EVALUATIONS.
6. PERMIT REVIEW - THE PERMITTEE WILL BE QUERIED EVERY THREE YEARS (TRIENNIAL REVIEW) REGARDING WATER USE UNDER THE TERMS AND CONDITIONS OF THIS PERMIT. FAILURE TO RETURN THE TRIENNIAL REVIEW QUERY WILL RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT.
7. PERMIT RENEWAL - THIS PERMIT WILL EXPIRE ON THE DATE INDICATED ON THE FIRST PAGE OF THIS PERMIT. IN ORDER TO RENEW THE PERMIT THE PERMITTEE SHALL FILE A RENEWAL APPLICATION WITH THE ADMINISTRATION NO LATER THAN 45 DAYS PRIOR TO THE EXPIRATION.
8. PERMIT SUSPENSION OR REVOCATION - THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE ADMINISTRATION UPON VIOLATION OF THE CONDITIONS OF THIS PERMIT, OR UPON VIOLATION OF ANY REGULATION PROMULGATED PURSUANT TO TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1983 REPLACEMENT VOLUME) AS AMENDED.
9. CHANGE OF OPERATIONS - ANY ANTICIPATED FACILITY WHICH MAY RESULT IN A NEW OR DIFFERENT USE, OR A CHANGE IN APPROPRIATION OR SOURCE OF WATER, SHALL BE REPORTED TO THE ADMINISTRATION BY THE PERMITTEE BY SUBMISSION OF A NEW APPLICATION OR BY WRITTEN NOTICE.
10. TRANSFER OF PERMIT - THIS PERMIT MAY BE TRANSFERRED PROVIDED THAT PRIOR TO ANY SUCH TRANSFER THE PERMITTEE SHALL NOTIFY THE ADMINISTRATION THAT THE PERMIT IS TO BE TRANSFERRED, AND THE NAME AND ADDRESS OF THE TRANSFEREE. IN ORDER TO COMPLETE THE TRANSFER IT WILL BE NECESSARY FOR THE TRANSFEREE TO FILE A CHANGE APPLICATION WITH THE ADMINISTRATION.
11. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE *
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE USES *
* SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS PERMIT SHALL *
* EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED WITHIN TWO YEARS AFTER *
* THE EFFECTIVE DATE OF THIS PERMIT EXCEPT THAT UPON WRITTEN REQUEST *
* TO THE ADMINISTRATION PRIOR TO THE EXPIRATION OF THE TWO YEAR *
* PERIOD, THE TIME LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE *
* DISCRETION OF THE ADMINISTRATION. *

PERMIT NUMBER: H084G008 (01)

PAGE NUMBER 3

12. RETURN TO AQUIFER - THE WATER WITHDRAWN AND USED FOR GROUNDWATER HEAT PUMP PURPOSES SHALL BE RETURNED TO THE AQUIFER FROM WHICH IT IS WITHDRAWN.

BY AUTHORITY OF THE DIRECTOR
WATER RESOURCES ADMINISTRATION



CATHERINE B. PIEPER, CHIEF

WATER SUPPLY DIVISION

S13

cbp

B. 1 **35.89** SEQUENCE NO. (O&P 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

O&P PERMIT NUMBER

H0-81-0655
fill in this form completely

Date Received

062589

OWNER INFORMATION

MASTASI Owner **JOSEPH** First Name

464 KENILWORTH COURT Street or RFD

GARNBURNE Town **MD** State **70** Zip **76**

DRILLER INFORMATION

Joseph H. Mayne Driller's Name **238** License No. **80**

Joseph H. Mayne Firm Name

5512 Ridge Rd. Mt. Airy, Md. Address

Joseph H. Mayne Signature **6/21/84** Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **8**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **7000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) *Heat Pump*
- 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)

APPROXIMATE DEPTH OF WELL **300** 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (O&P USE ONLY)

APPROP. PERMIT NUMBER **H084GAP008**

FORCE **ES** INITIALS PERMIT NO. **H0-81-0655**

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD COUNTY

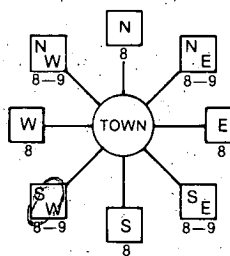
BRIAR HILL SUBDIVISION

SECTION _____ LOT **12**

MAYFIELD NEAREST TOWN

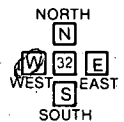
MILES FROM TOWN (enter 0 if in town) **2** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Blackberry Lane NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **310**

ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME

GW33223HP COUNTY NO.

O&P SIGNATURE _____ STATE HEALTH INSERT S _____

DATE ISSUED **072484** CO SIGNATURE **Frank Shinn** EXP. DATE **1/2/85**

NORTH GRID **524000** EAST GRID **0814000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

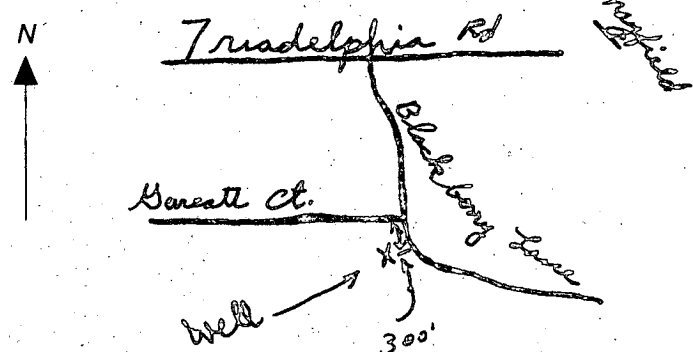
SOURCES OF DRILLING WATER

1. WELL
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

810 4
520 4

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Well grout 8/1/84
30' 34" pump test

J. Wayne

HO-81-0655

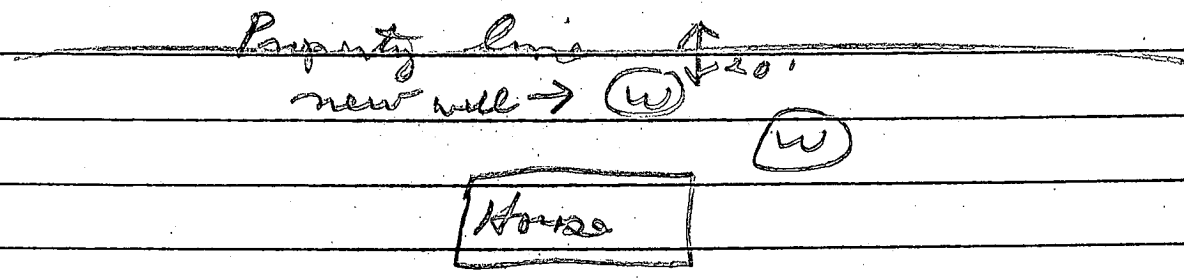
FILE Well grout & Pump test DATE REPORTED _____

PROPERTY OWNER Joseph Nastasi PHONE NO. _____

P. O. ADDRESS Blackberry Lane Lot 12

DIRECTIONS TO PROPERTY _____

INFORMANT _____



CONDITION FOUND: _____

Blackberry Ln

ACTION TAKEN: 8/1/84 well grouted

- 42' - casing
- 34' - open
- 8 - bags cement

Filler dry hole (3 bags)

FINAL DISPOSITION: _____

C1 3019 SEQUENCE NO. (OEP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN CIRCLES 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 GW 33223 HP

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 080189 Depth of Well 103 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0058

OWNER Joseph Nastasi last name Blackberry Lane first name TOWN Marble
 STREET OR RFD SUBDIVISION Briar Hill SECTION LOT 12

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	
<u>Brown Shale</u>	<u>0</u>	<u>38</u>	
<u>Gray mica sand</u>	<u>38</u>	<u>105</u>	<input checked="" type="checkbox"/>

*Revised 220 ft.
 Filled in with
 Cement & Chulling
 materials.*

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 8 NO. OF POUNDS 732
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 34 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter 6 inch top (main) casing (nearest inch) Total depth of main casing (nearest foot) 42

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>40</u>	<u>103</u>
2	[]	[]
3	[]	[]

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

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 Joseph Nastasi
 (MUST MATCH SIGNATURE ON APPLICATION)

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

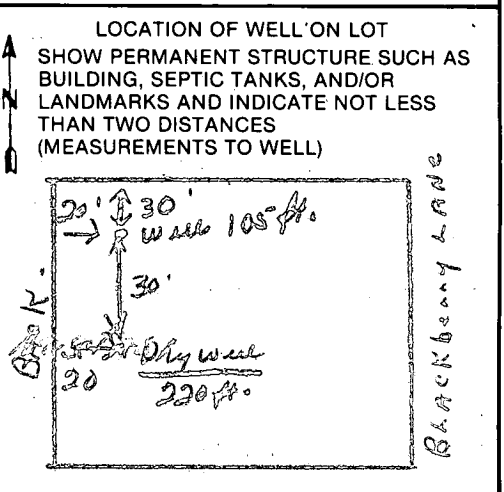
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] WQ []
 TELESCOPE CASING LOG INDICATOR OTHER DATA [] [] []

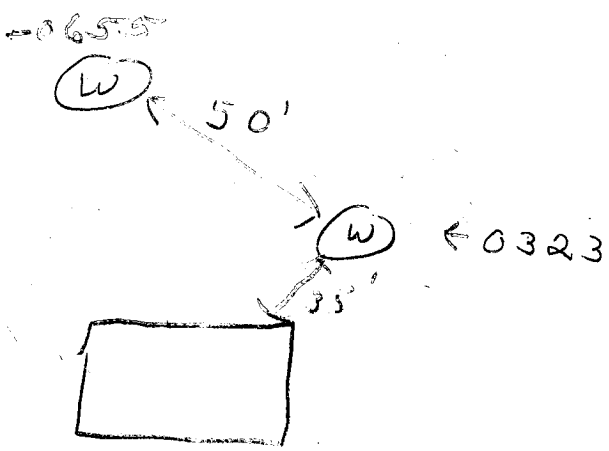
C3

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 27
 WHEN PUMPING 30
 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 }



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
AUG 6 10 27 AM '88



Blackberry Jar

8/30/84 - Two (2) wells both completely installed with pitless & pumps. Line is 3 1/2 ft below grade. work inside completed. JS

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
AUG 6 12 19 PM '88
DIVISION OF
ENVIRONMENTAL
HEALTH