

W.P.I. - 8/29/84 - P.M.

approved 11/21/84

8/28/84 P.M.
A.S.A.P.
11/21/84
(anytime)

Stayed
P 34246
A 33649

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

05-392233

INDEXED

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th

DATE 8/20/84

60
65
120

C. C. Cissel IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Jocelyn Acres ROAD 6520 Mink Hollow Road LOT 7, Section 1

PROPERTY OWNER ~~Patrick Rowan~~ KENNETH / KAREN VANDYK
19213 Seneca Ridge Court

ADDRESS Giathersburg, Maryland 20760

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 3

TRENCHES - 244 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 1/2 - 3 feet below original grade. Bottom maximum depth 4-4 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade with 1 1/2 feet of stone below distribution pipe. LOCATION: 1st. trench located starting 220 ft. from the 320 ft. lot line and 180 feet from the 788 ft. lot line. Running along a level contour toward the left rear corner. The second trench starting 210 feet from the 320 ft. lot line and 120 feet from the 788 ft. lot line and running parallel more less to the 1st trench, 6 feet apart, along a level contour.

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 gravel is installed. Provide 6' - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED

AND RETURNED 6-9-84
Serial # B10118259
Remond Bucher

PLANS APPROVED BY Fred Frommelt/Craig Williams DATE 6/14/84

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.

BLDG. PERMIT SIGNED

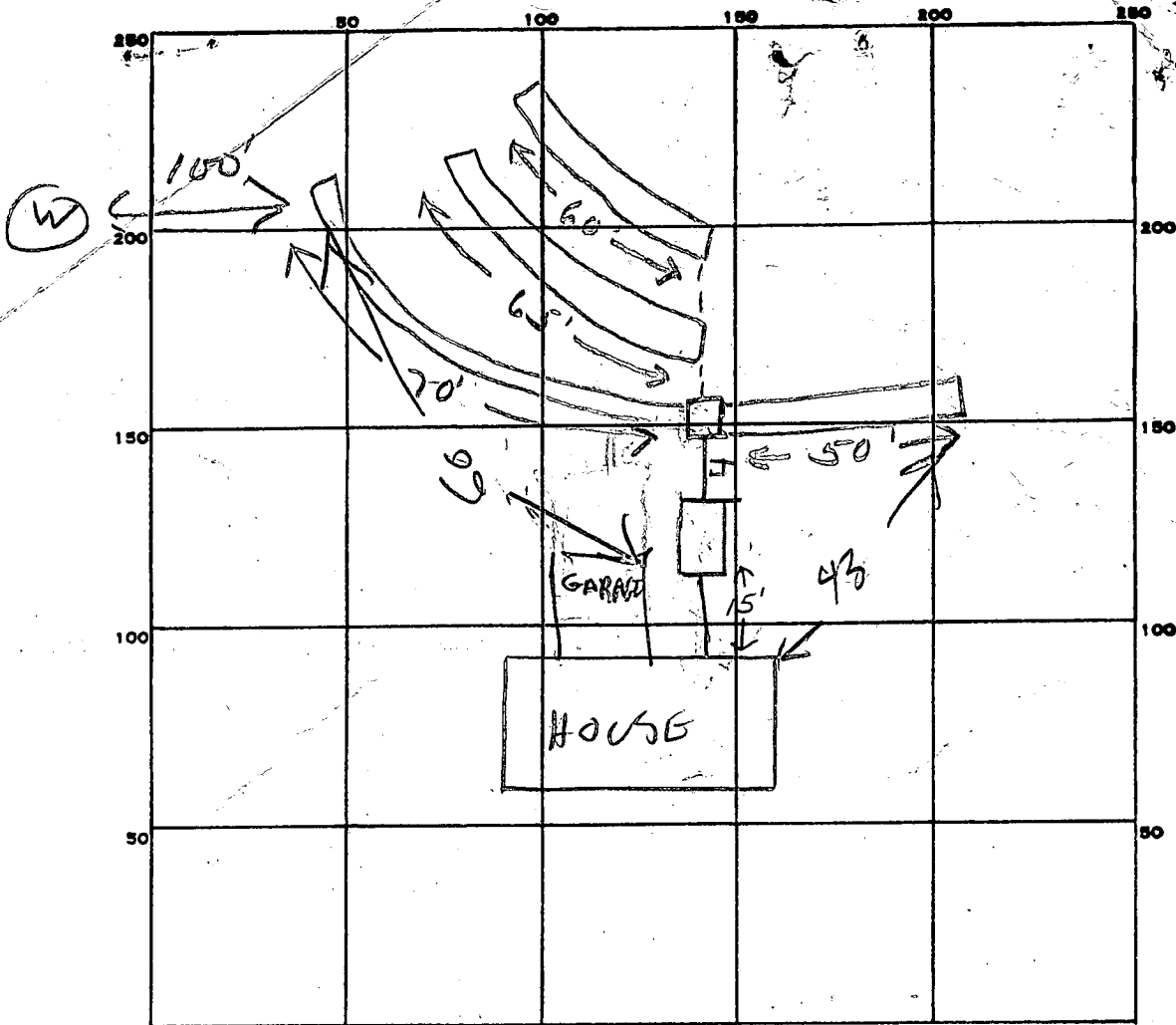
AND RETURNED 11-28-84
Serial # B10108303

Interior alterations
on garage & garden shed

A 33649

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 4 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1/2-2 FT IN. TOTAL LENGTH 245 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/27/84 OK to add stone in trenches of
8/29/84 - STONE ADDED R.H.
3 BR = 3 x 244 = 732 SQ FT NEEDED
3 x 245 = 735 SQ FT INSTALLED (R1)
OK TO COVER TANK & TRENCH CALL FOR INSPECTION OF HOUSE SEWER

11/21/84 Water test done for house connection. OK

DATE SYSTEM APPROVED 11/21/84 INSPECTOR Stacy D. Johnson

1' cube
3/23/84
9:32 Re-test

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 33649

P _____

DISTRICT 5TH

DATE 3/8/84

PLEASE CALL OR SEND DATE & TIME OF INSPECTION.

BLDG. PERMIT SIGNED
AND RETURNED 4/13/84
Serial #594585FD

Thank you
Tim Rowan
434-5518

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 ✓ PATRICK JOSEPH ROWAN & JANICE ROWAN.

ADDRESS ✓ 19213 Seneca Ridge Ct. Gaithersburg MD. 20760
PHONE 301-948-1744

PROPERTY LOCATION:
SUBDIVISION ✓ JOCELYN ACRES LOT NO. ✓ 7 sec. 1

ROAD AND DESCRIPTION ✓ ~~13400~~ 0520 Mink Hollow Rd.
Corner of Mink Hollow Rd & Highland Rd. (wooded lots)

SIZE OF LOT ✓ 3 ACRE TYPE BLDG. House (3 bedrooms)
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Tim Rowan
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/21/84 Re-test to allow for home site encroaching into recorded sewer easement f.s.
3/23/84 HOLD FOR REVIEW WITH FS TIGHT AREA HOLES NOT DUG 200 DEEP

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33649

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5TH

DATE 3/8/84

Please Call on Send Date & Time of Inspection

*Thank you
Tim Rowan
434-5518*

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 ✓ PATRICK Joseph Rowan & Janice Rowan

ADDRESS ✓ 19213 Seneca Ridge Ct. PHONE ✓ 301-948-1744
Gaithersburg MD, 20760

PROPERTY LOCATION:

SUBDIVISION ✓ Jocelyn Acres LOT NO. ✓ 7

ROAD AND DESCRIPTION ✓ Mint Hollow Rd
Corner of Mint hollow & Highland Rd. (Wooded Lots)

SIZE OF LOT ✓ 3 Acre TYPE BLDG. ✓ House (3 Bedrooms)
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. *Patrick J. Rowan*
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

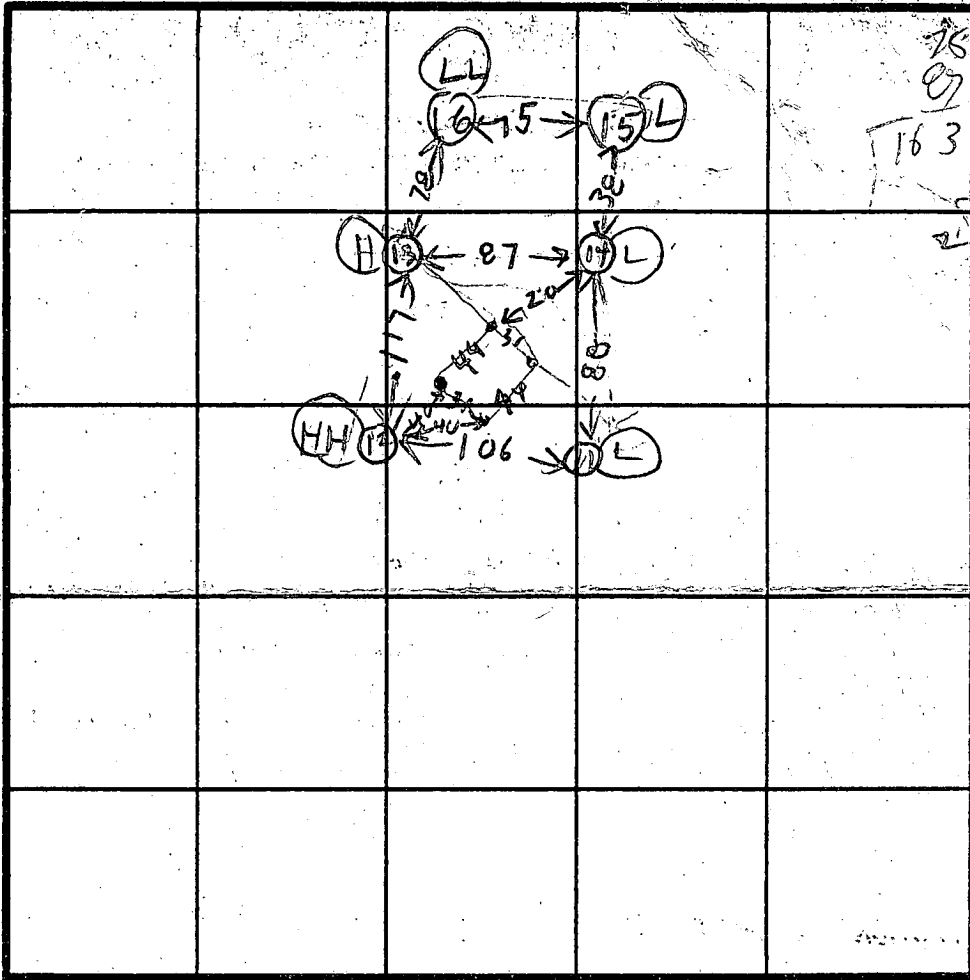
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

CLAY
TAN
SANDY
SHALEY
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MINK HOLLOW RD

CLAY
TAN
SHALEY
SANDY
LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/23/84	15S	3	1023	1041	1041	1101	20	
	15D	5	1025	1038	1035	1050	15	
	15V	7 1/2	LOOKS OK BUT SHALLOW					
	16S	3 1/2	1038	1046	1046	1057	11	
	16D	6 1/2	1039	1043	1043	1054	9	
3/23/84	16V	8 1/2	LOOKS OK BUT SHALLOW					
	(13) (14) (12) (11)	are old tests						

3 B.R.
79 gr.
1500 gal.
septic tank
firefall
2445671 / B.R.

REMARKS HOLES NOT DUG DEEP BECAUSE THE BACK HOES WAS SMALLER THAN USUAL

TYPE OF SOIL

TESTED BY

A. HODGES

ALSO PRESENT

MRS MRS ROWAN

Free

APPLICATION

A 31354

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE APRIL 29, 1981

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 MANGLITZ AND ASSOCIATES

ADDRESS P.O. BOX 701 ADELPHI, MARYLAND 20783 PHONE 653-0804

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES LOT NO. 6 *New 1 SEIT I*

ROAD AND DESCRIPTION NORTHWEST CORNER OF HIGHLAND ROAD AND MINK HOLLOW ROAD

SIZE OF LOT 3.2 AC. ± TYPE BLDG. SINGLE FAMILY
(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. Charles J. Conrad Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY Stephen Krel FOR TRENCHES DATE 1-26-82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS Stephen Krel DATE 5-11-81

REASONS FOR REJECTION OR HOLDING 5-11-81 Possible High water table - SK/JS
Well Season Test 8/18/81 Retest Area OK Hold
for Centrifugal Holes, House + well site, Lot redesign - SK/
8/18/81 New Perk area has no house site unless lot lines change - SK/

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31354
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MANGLITZ & ASS.

ADDRESS P O Box 701 ADELPHI MD 20783 PHONE 653-0804

PROPERTY LOCATION:

SUBDIVISION Jocelyn Acres LOT NO. 6

ROAD AND DESCRIPTION _____

SIZE OF LOT 3.2 Ac. ± 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

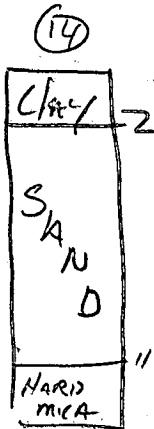
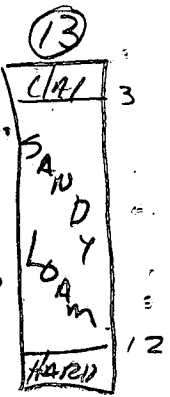
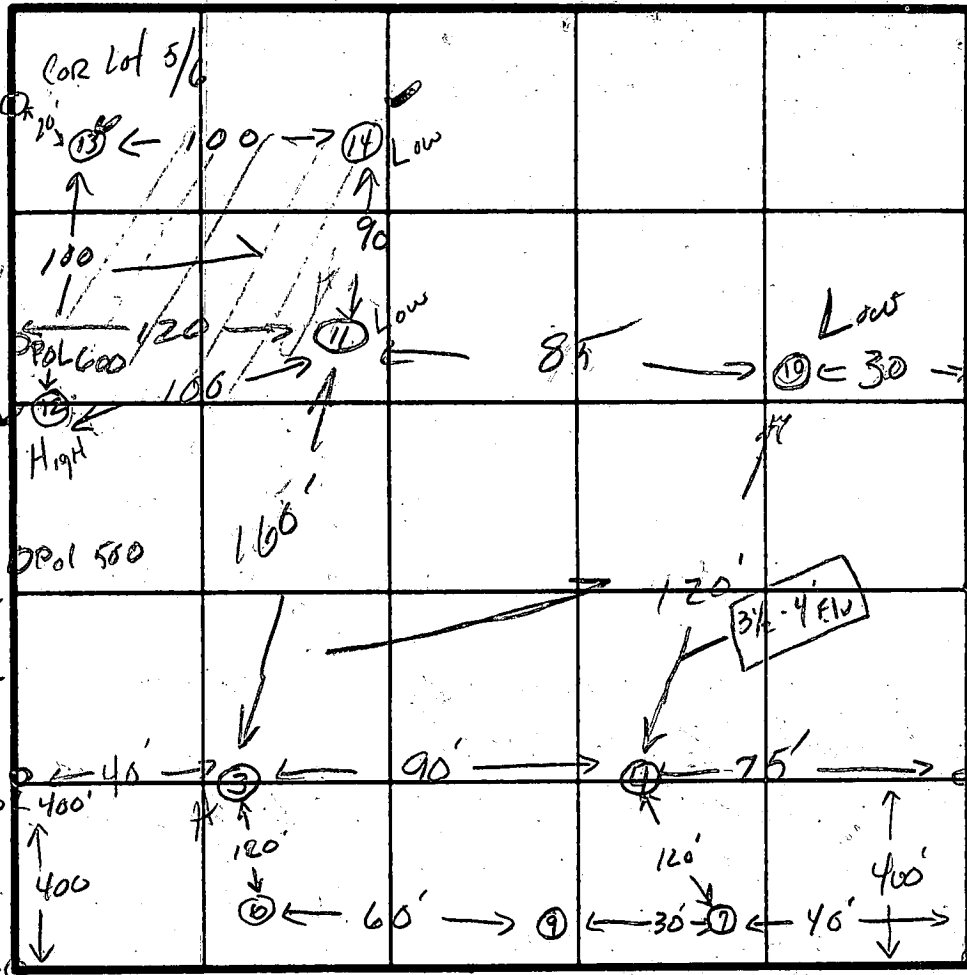
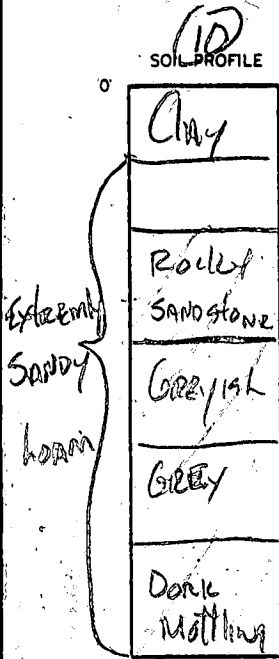
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

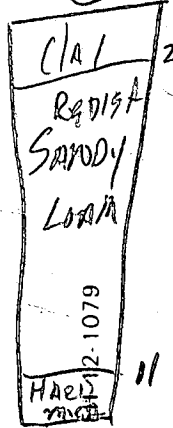
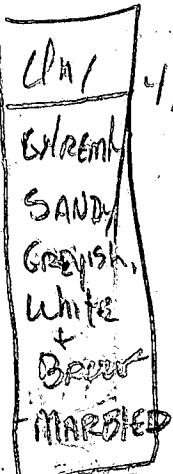
THIS IS NOT A PERMIT

#6

SHEET #2



11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Mud Hollow Rd

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/8/81	10	5'	11:12	XXXXXXX		11:30	LITTLE
	D	15'	NO TEST		TO SANDY		
	SA	6'	11:32	11:44	11:44	12:04	20
8/18/81	11	11 1/2'	11:57	11:58	11:58	12:01	5
	M	13'	NO TEST		TO SANDY		
	D	2 1/2'	11:51	11:53	11:53	11:57	4
8/18/81	12	7'	11:54	11:55	11:55	11:59	3
	M	11'	HARD MICA				
	D	4'	12:19	12:20		12:24	4
8/18/81	13	1'					
	D	13'					
	M	2'	12:36	12:37	12:37	12:40	3
8/18/81	14	7'	12:39	12:40	12:40	12:42	2
	D	11'					
	M						

Per 1/4" Fall

URE hole (12) -> (13)

● -> ●

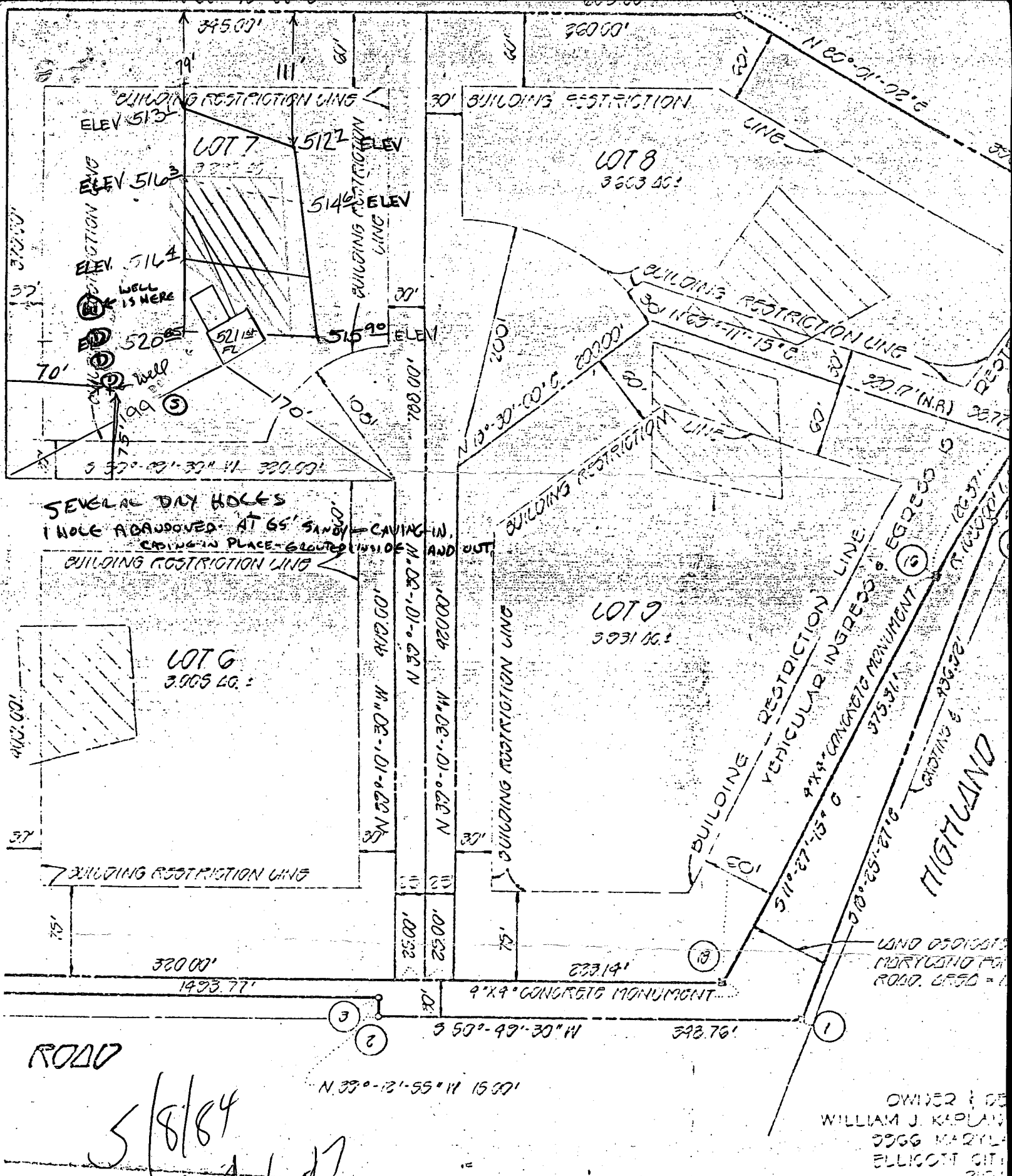
E = 4

inlet 3'

REMARKS: Wooded lot all lines staked every 100'

TYPE OF SOIL: SANDY LOAM Shallow Systems

TESTED BY: SK 5/8/81 SK 8/18/81 ALSO PRESENT: SKPT Bob of Froch, JOE Moreau of FC+C, B+J OENDOFF, P. NAECKER + MAGLITE



SEVERAL DRY HOLES
 1 HOLE ABANDONED AT 65' SANDY CAVING IN,
 CASING IN PLACE - GROUTED INSIDE AND OUT

5/8/84
 Well site Lot 7
 OK. J.S.

OWNER: DR
 WILLIAM J. KAPLAN
 3966 MADYLA
 ELLICOTT CITY
 21114

PATRICK + JANICE Rowan

19213 Seneca Ridge Ct.

Gaithersburg, MD. 20879

948-1744 - Home #

568-0500 - work #

HEALTH
ENVIRONMENTAL
DIVISION OF

APR 30 9 11 AM '80

HEALTH DEPT.
HOWARD COUNTY
HEAD OFFICE



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

October 21, 1997

Kenneth and Karen Van Dyk
6520 Mink Hollow Road
Highland, MD 20777

RE: Building Permit Application B00108303
6520 Mink Hollow Road
Jocelyn Acres Lot 7
Proposed Addition and Interior Modifications

Dear Mr. and Mrs. Van Dyk:

This office is in receipt of the above referenced building permit application, but cannot recommend approval at this time. A building permit inspection was conducted by this inspector on October 17, 1997. Although the exact nature of your proposal is not clear, the proposed construction would appear to generate potential impacts to the existing septic system.

Septic systems are sized based on potential house capacity, the best indicator of which is usually the total number of bedrooms, including rooms which could legitimately be used as a bedroom. Although any one particular owner may assign a non-bedroom use to such a room, its fundamental construction would indicate potential use as a bedroom.

Due to the apparently complex nature of the proposal, it is suggested that a meeting in this office be arranged to discuss this matter. Please call me at (410) 313-2640 to schedule this meeting or if you have any questions.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

MR
cc: Potts Construction
File ✓

SPACE ABOVE GARAGE
TO BE WORKSHOP/CRAFT ROOM

APPLICATION *33649*
Callout

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

125
30008303

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
6520 Mink Hollow Rd. 22606
Highland Md. 20777

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED *Finish SDR #*
Add bath & studio
over existing garage
Finish off existing space
Add 6' x 10' attached garage
shed. Interior finish existing

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO
7 308 - - 21 - -

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.
Jocelyn Heers RR-4 34 5 6051.01

OWNER NAME AND ADDRESS PHONE NO.
Kenneth / Karen Van Dyk 301
6520 Mink Hollow Rd. 854-3025
Highland Md 20777

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	<i>21</i>	<i>25</i>	<i>14</i>

OCCUPANT'S NAME AND ADDRESS PHONE NO.
Same.

TYPE OF BLDG.	AREA	VOLUME	ROOF

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
N/A.

FOOTINGS	FOUNDATION	S. WALLS
<i>Existing</i>		

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
Potts Const. Co. Inc. 410
6542 Mink Hollow Rd. 531-6050
Highland Md. 20777

UTILITIES					
WATER WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
				<i>Ele.</i>	

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE PROPOSED USE
S.F.D. S.F.D.

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
5,000 5711

SIGNATURE DATE
[Signature] 10/9/97 Ptes

W/S CODE **FOR OFFICE USE ONLY**

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____
TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET _____
BACK (CORNER LOT ONLY) _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<i>X</i>	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	<i>X</i>	
WATER & SEWER		
HEALTH DEPT.	<i>X 10/28/97</i>	<i>Mark E. Kiffin</i>
FIRE PROTECTION		
STORM WATER MGMT	<i>X</i>	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591 *ck 1199*

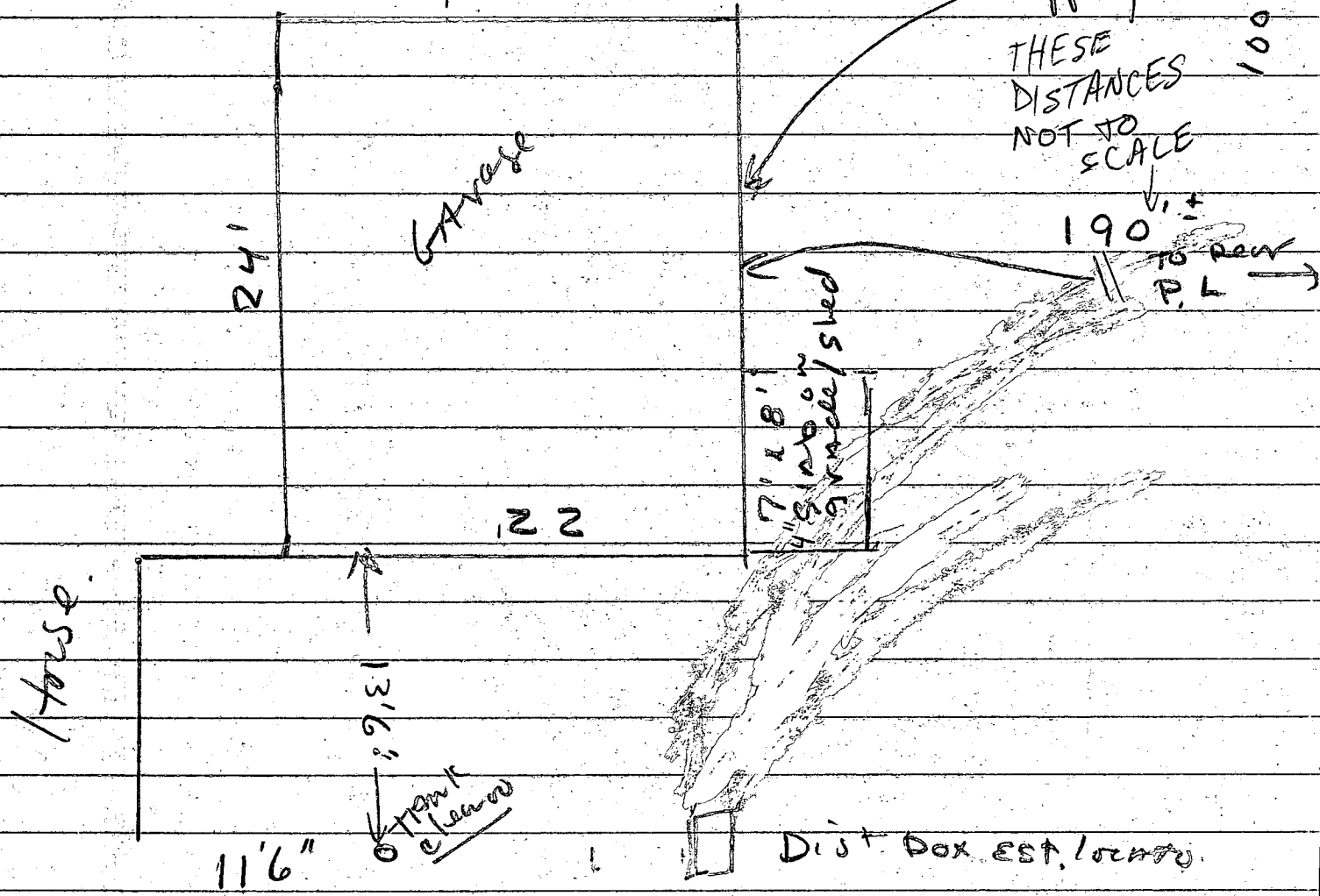
APPROVED _____ DATE _____
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

6520 mink hollow Rd.
Jocelyn Peters Lot 7

10/28/97 PROPOSED SHED ON
4" SLAB OK,
CONTRACTOR AWARE
(AND HE REPORTS OWNERS
AWARE) THAT SEPTIC
TRENCH MAY BE
VERY CLOSE (<10') TO
EX. GARAGE

1" = 8'

P.L.
158'
THIS DISTANCE
NOT TO SCALE



B 1 **3014** SEQUENCE NO. (OEP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

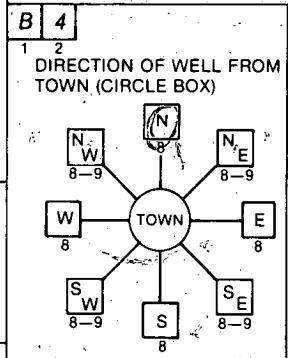
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-0529
 fill in this form completely

Date Received **5/22/84 - 9:30**
043084 OWNER INFORMATION
ROWAN **PATRICK**
 Last Name Owner First Name
19213 Seneca Bridge
 Street or RFD
GAITHERSBURG MD 20879
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
JOCELYN ACRES SUBDIVISION
 SECTION **1** LOT **7**
HIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
Joseph H. Wayne Driller's Name License No. **238**
Joseph H. Wayne Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph H. Wayne Signature **5/13/84** Date



Mink Hollow Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 DISTANCE FROM ROAD **560** FT
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A33649 COUNTY NO.
 OEP SIGNATURE **Frank Skerian** STATE HEALTH INSERT S
 DATE ISSUED **050884** EXP. DATE **11/3/84**
 NORTH GRID **495000** EAST GRID **0806000**

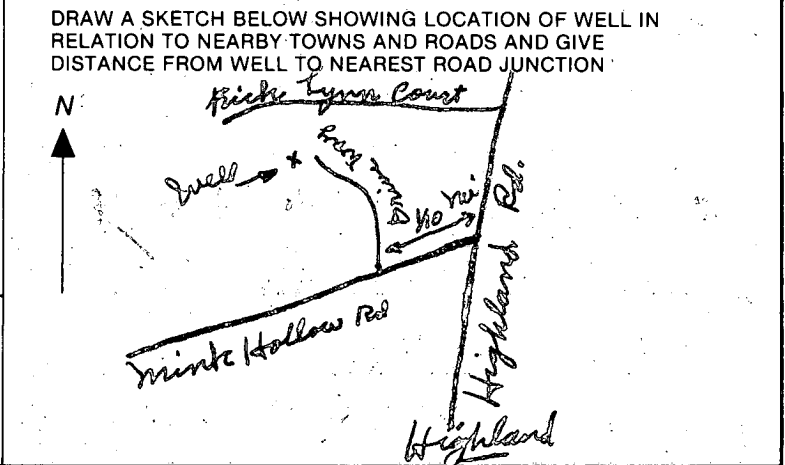
APPROXIMATE DEPTH OF WELL **180** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **800 6**
 N **490 5**
 NOT PRESENT FOR GROUT. LOCATION OK
41 FT CASING
1 1/2 FT ABOVE GRX
10 BAGS CEMENT
5/22/84 CW

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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **FS** WRITE INITIALS IN BOX PERMIT NO. **HO-81-0529**

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0529
 Location of property (road) Monte Hollow Rd
 Subdivision Jocelyn Perez Lot 7 Block _____ Plat _____ Sec. 1
 Well Driller Joseph L. Mayne Owner Patrick Rowan

Depth of well 320
 Distance of measuring point (M.P.) above ground 18'
 Static water level (S.W.L.) below M.P. 15'

High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 9
 Total time 60min to reach pumping water level 240 ft. below M.P.

1. 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	85	500		12
8:30	140	6		10
8:45	190	7		9
9:00	240	7		9
9:15	240	30		2
9:30	240	30		2
9:45	240	30		2
10:00	240	30		2
10:15	240	30		2
10:30	240	30		2
10:45	240	30		2
11:00	240	30		2
11:15	238	30		2
11:30	237	30		2
11:45	237	30		2
12:00	237	30		2
12:15	237	30		2
12:30	237	30		2
12:45	237	30		2
1:00	237	30		2
1:15	237	30		2
1:30	237	30		2
1:45	237	30		2
2:00	237	30		2
2:15	237	30		2
2:30	237	30		2

KASTNER
PLUMBING AND HEATING, INCORPORATED
13556 ARGON DRIVE, DAYTON, MARYLAND 21036
725-5000 — 596-9828

Date August 29, 1984

Dept. of Environmental Health
P. O. Box 476
Ellicott City, Maryland 21043

A-33649

Dear Sir:

We are presently installing a well pump
in the following location:

Mr. Dan Rowan, Owner
6520 Mink Hollow Road
Highland, Maryland 20777

Very truly yours,

Michael J. Kastner
Michael J. Kastner

4/5/84 OK. to proceed with well pump installation
J. Sherrin

ACCOUNT PAYABLE WHEN STATEMENT RENDERED