

11/17/88
Loto pm
5/18/89

File

11-7-88 Needs house connection JEN
5/18/89

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-399742
INDEXED

P 45566
A 33664
DISTRICT 5th
DATE 2/21/90
DATE SYSTEM APPROVED 5/18/89
INSPECTOR CBC

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Buckskin Woods ROAD 4205 Buckskin Lake Dr LOT 38

PROPERTY OWNER Dwight Fletcher

ADDRESS _____

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

GARBAGE GRINDER? YES NO _____

220
4
3(380)
293 ft trench

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 245 feet up the right (469.4') lot line and 125 feet from the right (469.4') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the right back lot corner.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok (CW)

PLANS APPROVED BY Sid Abel DATE 7/28/88

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 TWO YEARS

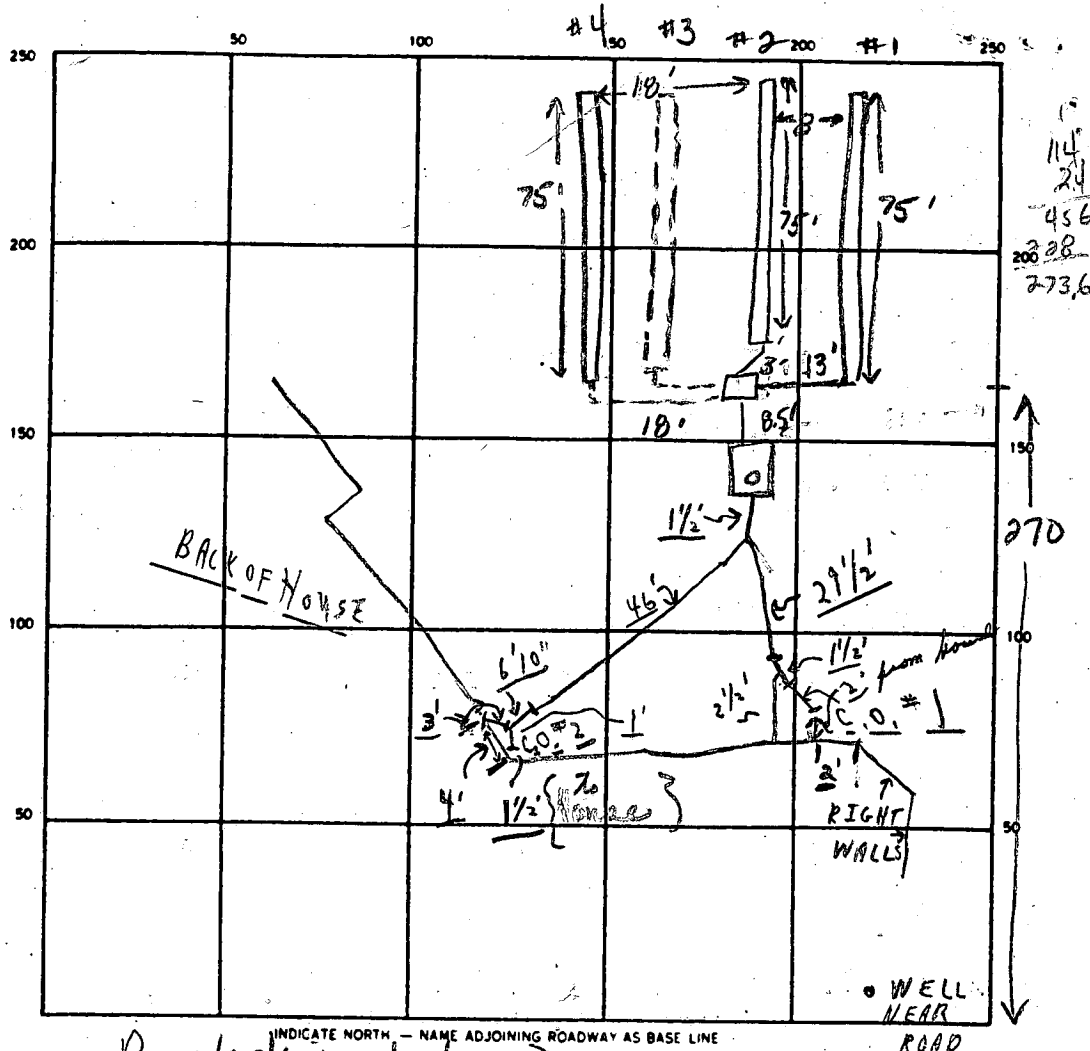
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
33664



293
275
300

114
24
456
208
273.6

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Buckskin Lake Drive

SEPTIC TANK LEVEL 2000 gal CLEANOUTS 1 on septic tank C.O. #1 / C.O. #2
 DISTRIBUTION BOX LEVEL OK OK-YES / OK-YES
 DRAIN FIELD TILE FIELD DEPTH 6' 6' 6' 6' TRENCH WIDTH 3 INLET DEPTH 4 4 4 4
 EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 75 75 75 75
 NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 225 225 225 225 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 900 SQ. FT.

REMARKS 11-7-88 OK to cover all work once fourth trench has been completed. Needs line from tank to house. Foundation not started. JEN 5/18/89 HOUSE CONNECTION ON 2 LINES TO SEPTIC TANK OK - FILE - FINAL NOTE - MAY CHANGE RIGHT WALLS PER INSTALLER, C.B.D.

DATE SYSTEM APPROVED 5/18/89 INSPECTOR Charles Bryan Stecker

APPLICATION

PRELIMINARY

SEWAGE DISPOSAL TESTING

A _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE 3/14/84

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.

Glenelg Manor Associates

PROPERTY OWNER _____

ADDRESS 12789 Folly Quarter Road, Ellicott City, Md., 21043 PHONE 531-5252

PROPERTY LOCATION:

SUBDIVISION Buckskin Farms LOT NO. ~~20~~ NEW LOT 37
38

ROAD AND DESCRIPTION Folly Quarter Road - use entrance to Glenelg Dehydrators and lots are
located behind the old sawmill.

SIZE OF LOT ? TYPE BLDG. 3 or 4 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. /s/ Olen Ketterman for Lois M. Maisel
(SIGNATURE OF APPLICANT)

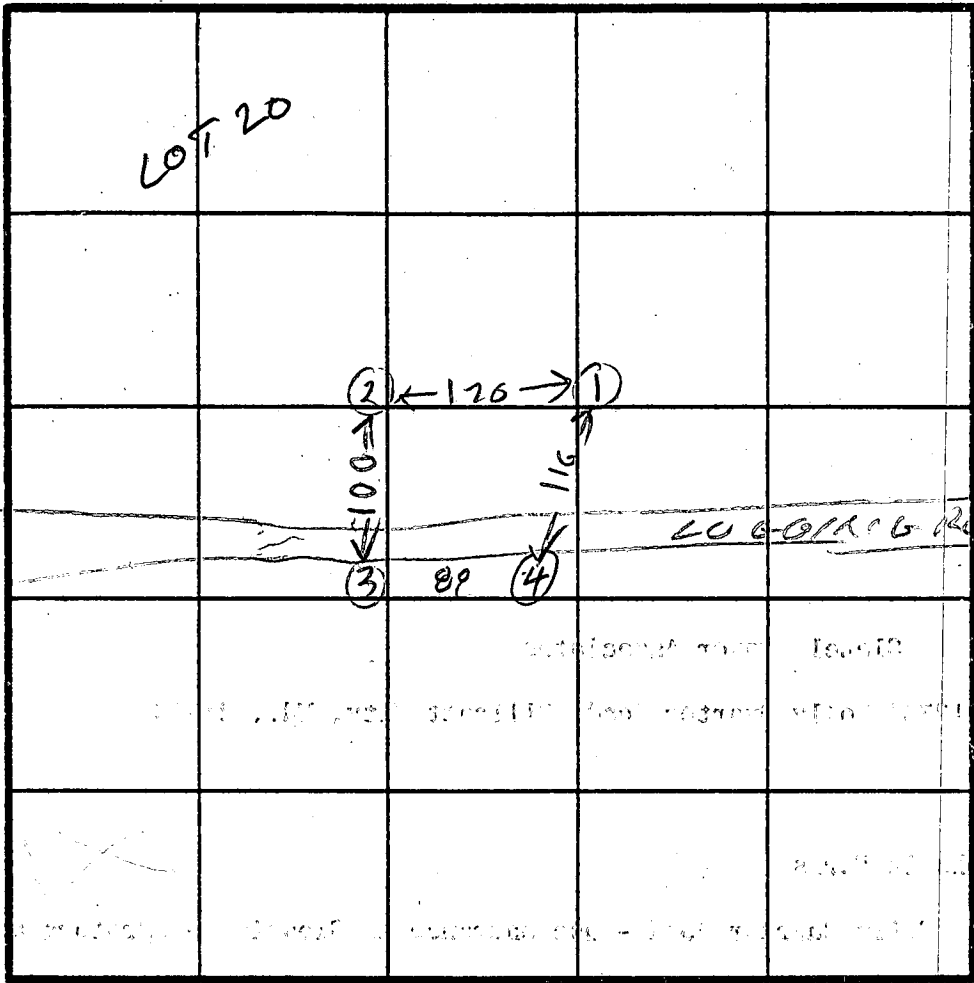
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



HOLES ELEVATION

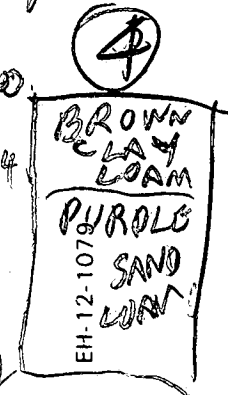
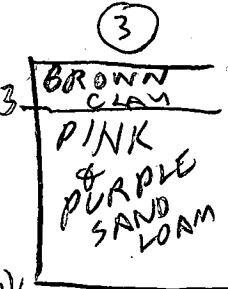
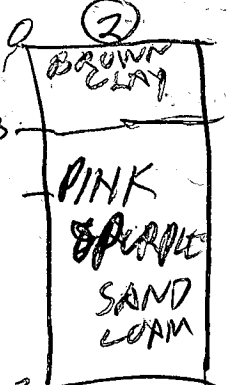
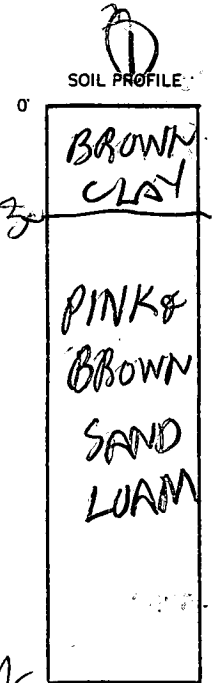
(1) = HIGHEST

(2) = NEXT HIGHEST

(3)(4) = LOW

TIME 6
INLET 4'
BOTTOM MAX 9'

158 #/BR



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/20/84	1 S	4 1/2	311	313	313	315	2
	1 V	12	LOOKS	OK			
	2 S	5	319	332	332	342	10
	2 V	13	LOOKS	OK			
	3 S	5 1/2	340	341	341	343	2
	3 V	12 1/2	LOOKS	OK			
+	4 S	5	355	400	400	410	10
	4 V	12					

REMARKS NOT PER PLAN CHUDGINS TO SUBMIT NEW PLAN

TYPE OF SOIL _____
 TESTED BY B. HODGES ALSO PRESENT C. HUDGINS
D. REWER
O. KETTERMAN & PUI

APPLICATION

PRELIMINARY

SEWAGE DISPOSAL TESTING

A 33660

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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TELEPHONE: 992-2330

DISTRICT 5th

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

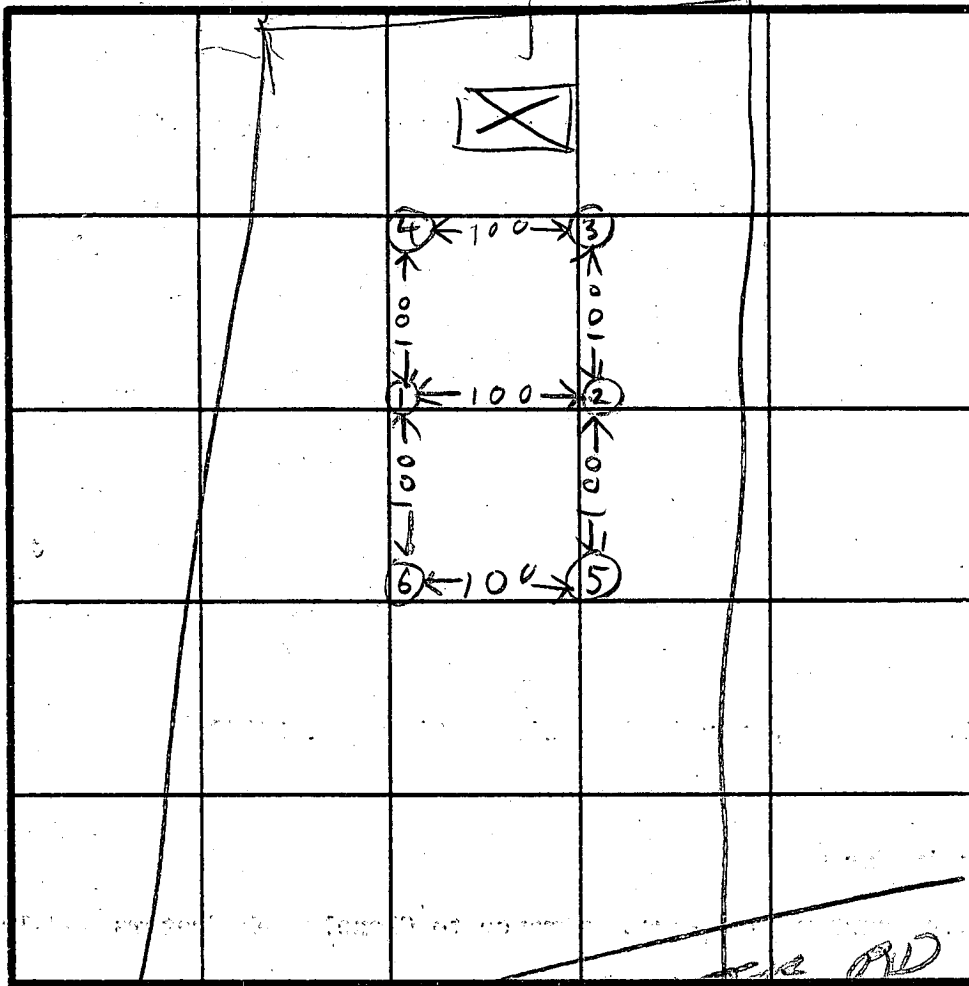
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

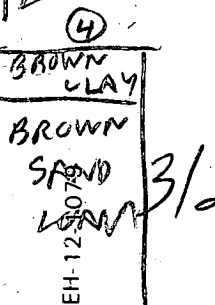
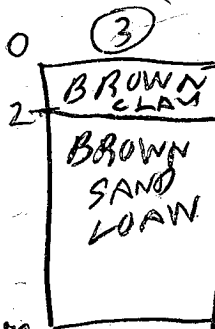
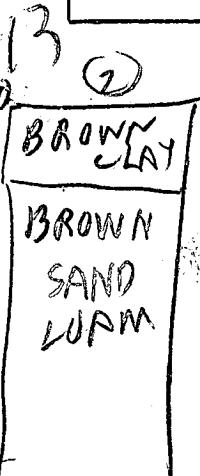
Lot 19

SOIL PROFILE



HOLE ELEVATION

- ③④ HIGH
- ② NEXT HIGH
- ① MEDIUM
- ⑤⑥ LOW



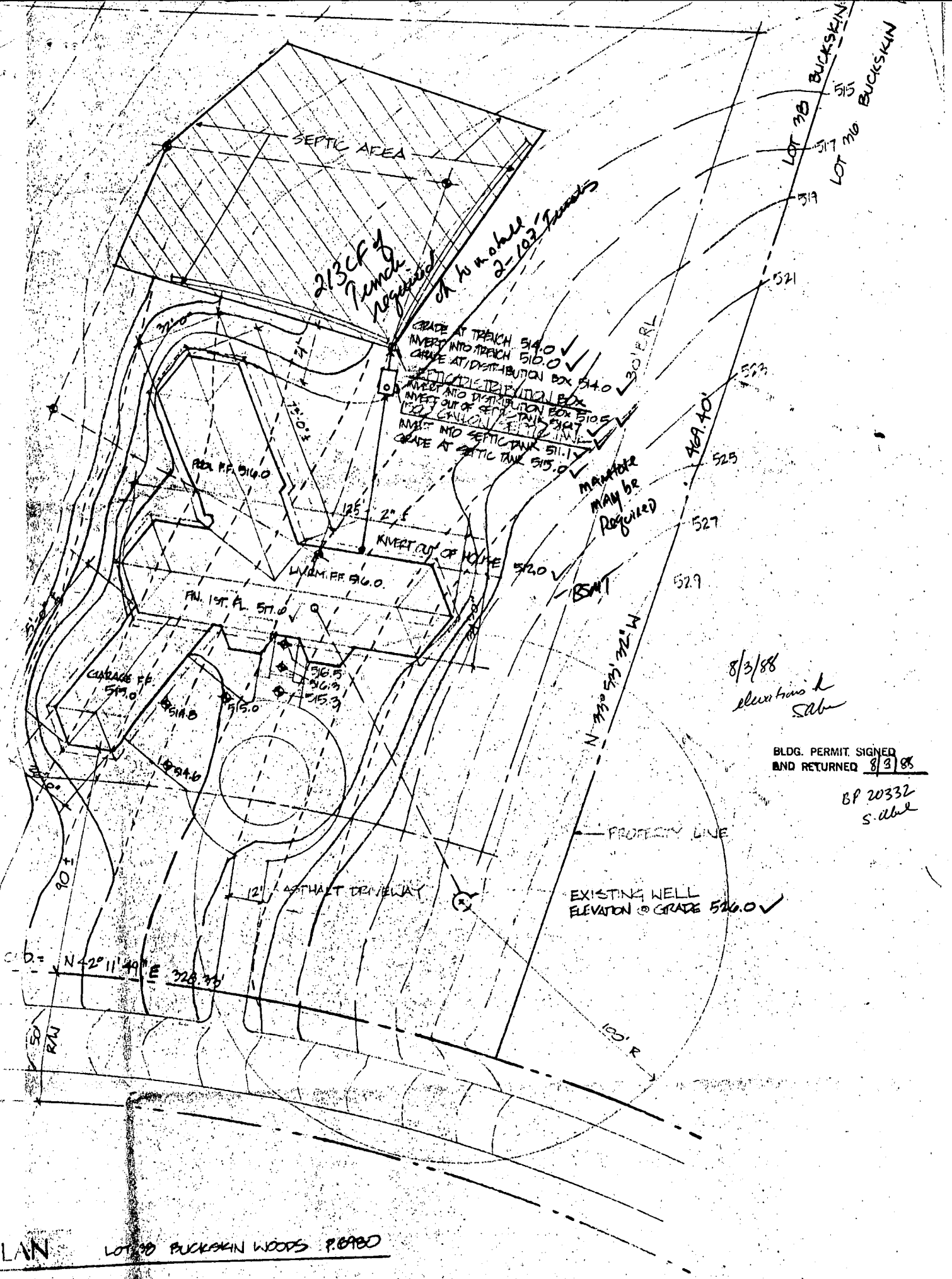
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/19/04	1S	6	403	410	410	424	14	
	1V	13	LOOKS	OK				
3/20/04	2S	4	248	250	250	253	3	
	2V	12	LOOKS	OK				
3/20/04	3S	4	255	256	251	257	1	
	3V	12	LOOKS	OK				
3/20/04	4S	4 1/2	259	302	302	304	1	
	4V	12 1/2	LOOKS	OK				
3/20/04	5V	10	NOT TESTED WATER					
3/20/04	6V	10	NOT TESTED WATER					

REMARKS: 3/20/04 NOT PER PLAT 2 LOW HOLES ON PLAT HAD WATER AT 10 FT

TYPE OF SOIL

TESTED BY R. HODGES

ALSO PRESENT D. KETTERMAN & SON D. REWER



213 CF of trench required
 or 2-102' trenches

GRADE AT TRENCH 514.0 ✓
 INVERT INTO TRENCH 510.0 ✓
 GRADE AT DISTRIBUTION BOX 514.0 ✓
 SEPTIC DISTRIBUTION BOX
 INVERT INTO DISTRIBUTION BOX
 INVERT OUT OF SEPTIC TANK 510.5 ✓
 150' GALLON SEPTIC TANK
 INVERT INTO SEPTIC TANK 511.1 ✓
 GRADE AT SEPTIC TANK 515.0 ✓

MANHOLE
 MAY BE
 REQUIRED

8/3/88
 elevations &
 S. Able

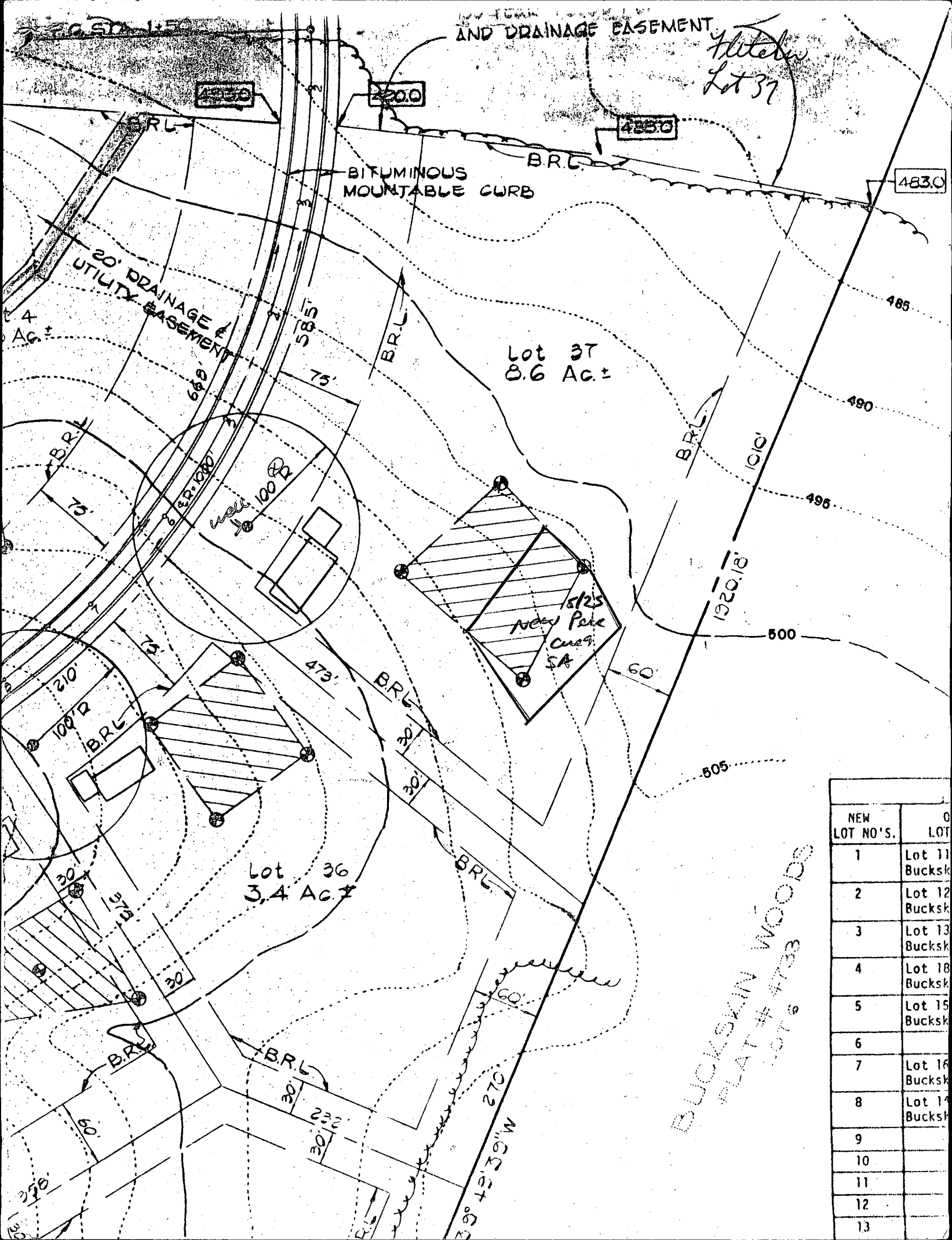
BLDG. PERMIT SIGNED
 AND RETURNED 8/3/88

BP 20332
 S. Able

EXISTING WELL
 ELEVATION @ GRADE 526.0 ✓

LAN LOT 38 BUCKSKIN WOODS P. 6980

NOTES:
 MAY SLOPE OF SEWER PIPES: 1/4" PER 1'-0"



AND DRAINAGE BASEMENT

Hitcher
Lot 39

BITUMINOUS MOUNTABLE CURB

Lot 37
8.6 Ac.±

1525
New Park
Cres.
SA

Lot 36
3.4 Ac.±

BUCKSKIN WOODS
PLAT # 473
LOT 6

NEW LOT NO.'S.	OLD LOT
1	Lot 11 Bucksk
2	Lot 12 Bucksk
3	Lot 13 Bucksk
4	Lot 18 Bucksk
5	Lot 15 Bucksk
6	
7	Lot 16 Bucksk
8	Lot 17 Bucksk
9	
10	
11	
12	
13	

C 1 1673

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 45566

ST/CO USE ONLY DATE Received 10 28 99

DATE WELL COMPLETED 10 13 99

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 94-2459

OWNER Fletcher Dwyer STREET OR RFD 4205 Buckskin Lake Drive TOWN Ellicott City 21045 SUBDIVISION Buckskin Woods SECTION LOT 38

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, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Micaceous Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 62 NO. OF POUNDS 5828 GALLONS OF WATER 372 DEPTH OF GROUT SEAL 0 to 106 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 150

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE Dwyer, Mays LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table with columns for depth intervals (1-21, 23-32, 38-47, 51-59) and values (149, 200).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

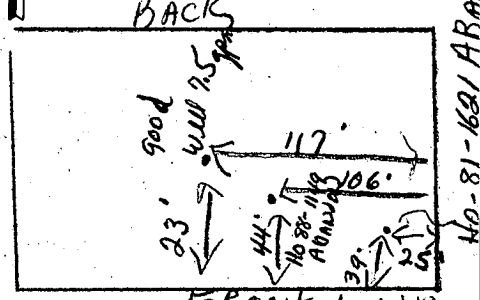
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE air WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 91 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 14370

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

10-94-2459 fill in this form completely

Date Received (APA) 10/12/99

OWNER INFORMATION

Frletcher Dwight 4205 Buckskin Lake Drive Ellicott City Md. 21045

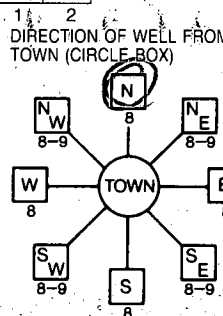
B 3 LOCATION OF WELL

Howard Buckskin Woods Dayton 3 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Mayne MS D24 5512 Ridge Rd. Mt Airy Md. 21771 10/8/99

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



4205 Buckskin Lake Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 35 FT DISTANCE FROM ROAD

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A35664 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10/8/99 EXP. DATE 10/7/00

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

APPROXIMATE DEPTH OF WELL 280 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

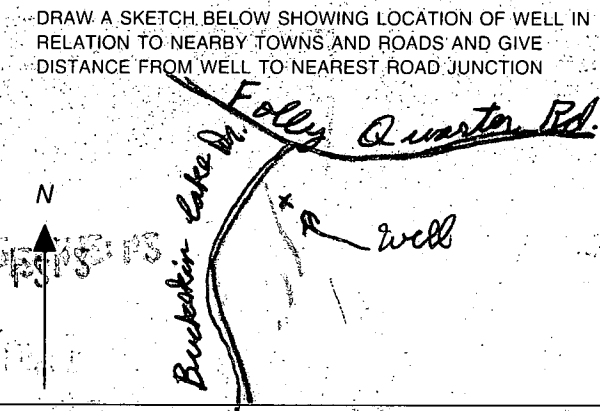
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 well WRITE THE BOX NUMBER FROM THE MAP HERE E 80010 N 5100

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 10-94-2459 PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

* REPLACEMENT WELL -
SITE INSPECTION SHEET *

OWNER: _____

DATE REQUESTED: 10/8/99 (insp request not in sch book)

ADDRESS: 4205 Buckskin Lake Dr.
Ellicott City, MD

DRILLER: J. Mayne

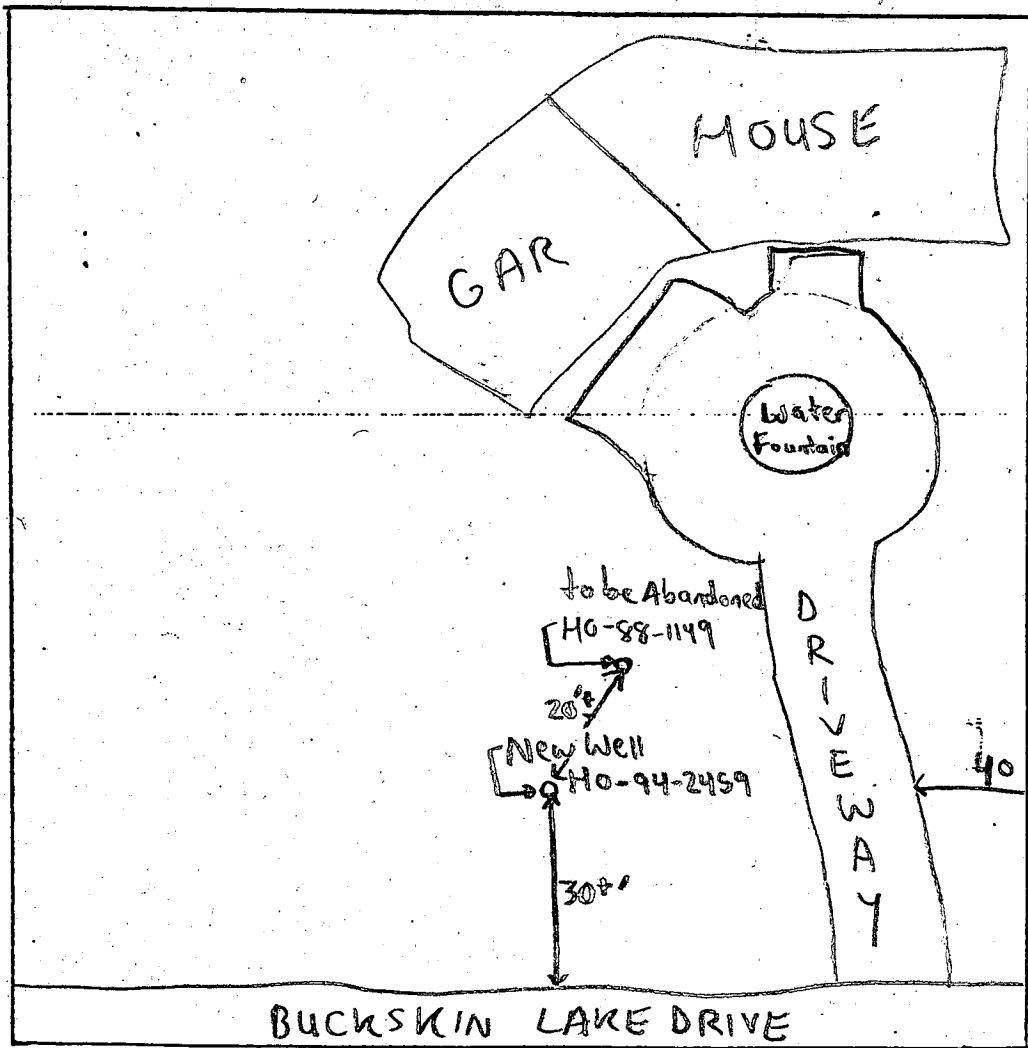
WELL TAG # HO-94-2459

COUNTY # A33664

PROPOSAL: to replace 2 failing drilled wells (both failing wells shall be abandoned)

SEPTIC
SYSTEM

LOCATION DIAGRAM



COMMENTS: Spoke to driller - insp request made by phone, but no record made - I gave verbal approval to drill repl well w/o inspection. OK to proceed 10/13/99 - Observed end of grout - 62 Bags, 100 open hole - (SRW) * REPLACES PRIOR REPL WELL SITE INSP SHEET DATED 1/16/90 - (SRW)

DATE: 10/9/99

INSPECTOR: [Signature]

WATER WELL ABANDONMENT-SEALING REPORT FORM

45566

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/27/99 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 88 - 1149

PERMIT NUMBER OF REPLACEMENT WELL

Ho - 94 - 2459

PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD / MSD / MGD

OWNER'S NAME: Dwight Fletcher

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Oxton
 TAX MAP BLOCK PARCEL
 SUBDIVISION: Buckskin Woods
 SECTION: LOT: 38
 NEAREST ROAD: 4205 Buckskin Lake Dr.

	+
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 800
 N S10

TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

DEPTH OF WELL: 55 FEET DEEP

WAS ANY CASING REMOVED? YES 1000 CC 50' @ 15:23 NO
 if yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>
<u>Washed gravel</u>	<u>40</u>	<u>55</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE #: MSD024 CIRCLE ONE: MWD / MSD / MGD DATE: 10/27/99

C1 1292

SEQUENCE NO. (DENV 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 33664

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 020290

22 26 200

28 37 40-88-1199

OWNER Fletcher Dwight. STREET OR RFD Buckskin Lake Dr. TOWN Elkton City. SUBDIVISION BUCKSKIN LAKE SECTION LOT 34

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 FROM TO Check if water bearing

Table with 3 columns: Description, Feet (From/To), and Check if water bearing. Rows include Top Soil, Shaly, Sandstone, and Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 19 NO. OF POUNDS 1700

GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter Total depth

OTHER CASING (if used) diameter depth

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC GREEN HOLE OTHER

C2

Table for screen record with columns for depth (nearest ft.) and rows for each screen.

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

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

C3

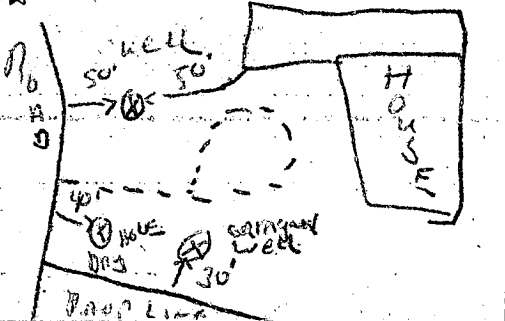
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HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Pump WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 27 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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 26.04.04 "WELL CONSTRUCTION"

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

COUNTY

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1149
 Location of property (road) Buckskin Lake Dr
 Subdivision BUCKSKIN LAKE Lot 37 Block _____ Plat _____ Sec. _____
 Well Driller R Mayne Owner Dwight Fletcher

Depth of well 200 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 27 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	27 ft	30 Sec	Flow meter reading (if used)	10 GPM
8:30	27 ft	30 Sec		10 GPM
8:45	27 ft	30 Sec		10 GPM
9:00	27 "	30 "		10 "
9:15	27 "	30 "		10 "
9:30	27 "	30 "		10 "
9:45	27 ft	30 Sec		10 GPM
10:00	27 ft	30 Sec		10 GPM
10:15	27 ft	30 Sec		10 GPM
10:30	27 "	30 "		10 "
10:45	27 "	30 "		10 "
11:00	27 ft	30 Sec		10 GPM
11:15	27 ft	30 Sec		10 GPM

1/16/90

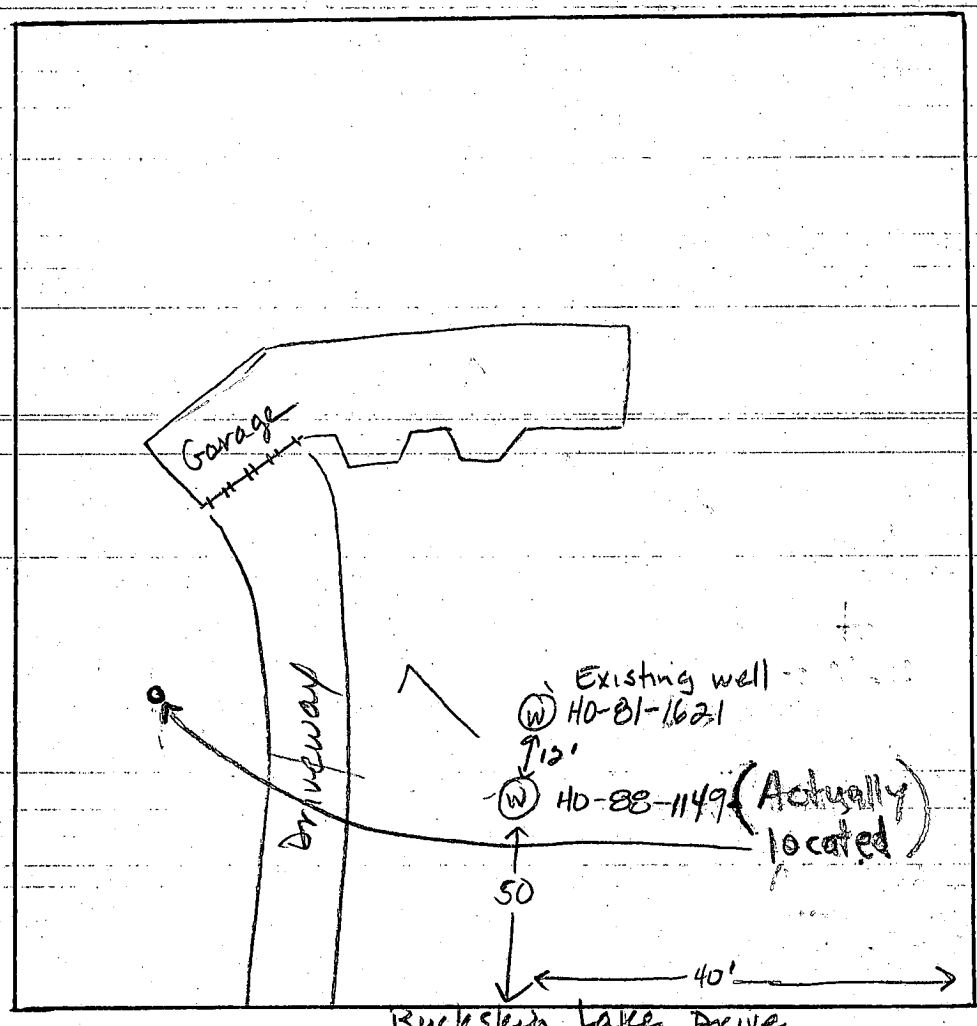
REPLACEMENT WELL SITE INSPECTION

OWNER Dwight Fletcher
ADDRESS 4205 Buckskin Lake Dr
Lot-38 Buckskin Lake
Map 22, Grid 22, Parcel 535

DATE REQUESTED 1-16-90
DRILLER Ralph Mayne
WELL TAG# HO-88-1149
COUNTY# A 33664

Replacement well for
HO-81-1621
Completed 8-21-86

LOCATION DIAGRAM



COMMENTS: Old permit HO-81-1621 for Dwight Fletcher Lot-37 Buckskin Lake. New well is higher in elevation than existing well. 1-16-90 DEN 1-18-90 see back.

1-18-90. to locate well to left downhill of existing
approved site $\approx 50'$ elevation permitting $\frac{1}{2}$ ft.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

10/27/99
 45566

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/13/99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) 70 - 81 - 1621

* PERMIT NUMBER OF REPLACEMENT WELL 70 - 94 - 2459

* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Dwight F. Fletcher

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Dayton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Buckskin Woods
 SECTION: _____ LOT: 38
 NEAREST ROAD: 4205 Buckskin Lakes Dr.

			+
000			
000			

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 800
 N 510

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 40 FEET DEEP

* WAS ANY CASING REMOVED? YES

if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne LICENSE # 024 CIRCLE ONE MWD/MSD/MGD DATE 10/27/99

C1 5251

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A 33664

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER: FLETCHER DWIGHT last name first name STREET OR RFD: BUCKSKIN DR TOWN: GAITHERSBURG SUBDIVISION: BUCKSKIN LAKE SECTION: LOT: 37

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. Includes handwritten entries: Top Soil (0-2), Sandy (2-80), Sandstone (80-85), M.C. 114 (85-105), Sandstone (105-110), M.C. 114 (110-120).

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 to 0 ft.

CASING RECORD casing types insert appropriate code below: STEEL (S), CONCRETE (C), PLASTIC (P), OTHER (O)

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

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

SCREEN RECORD screen type or open hole insert appropriate code below: STEEL (ST), BRASS (BR), BRONZE (PL), OPEN HOLE (HO), HOLE (OT), OTHER (O)

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen.

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. 223

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour)

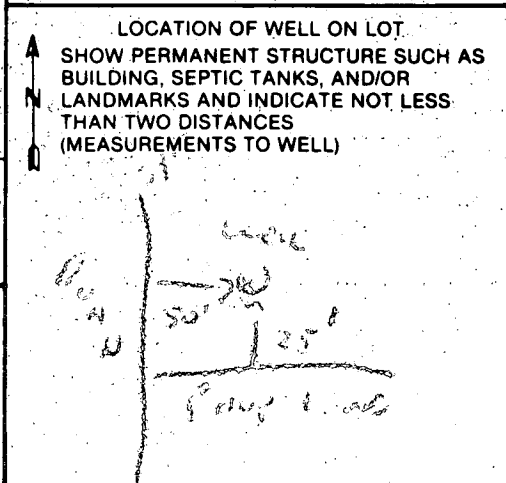
PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING

TYPE OF PUMP USED (for test) air, piston, turbine, centrifugal, rotary, other, jet, submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)



5/25/89

WAF 5/18/89 AM

5/18/89 Partial
see below
AMN already C.B.S.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

5/25/89 - OK TO COVER OUT SIDE WORK
PRESSURE TANK NOT YET INSTALLED

New Installation Replacement
Name of Installer ACKERT + SOOS, INC Telephone 301-897-0700
License Number 11637
Certified Well Pump Installer Well Driller Registered Plumber

Receipt # 44135
Date 4.27.89

Name of Property Owner C. Dwight + Shirley Fletcher Telephone 301-334-4000
Subdivision BURKSKIN WOODS Log # 38 Well Tag # 10-01-162
Site Address 4205 BURKSKIN LAKE DRIVE WELL ABANDONED - COL & MS 50

Pump
1. Type SEE OTHER SIDE Motor Pitless Adapter
a. Deep well jet 1. Horsepower 1/2 1. Make DICKISON
b. Shallow well jet 2. RPM 1750 2. Model # JRS1IP
c. Submersible 3. Voltage 110 3. Depth 170'
2. Make JACUZZI 220
3. Model # SBS479-S2
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank
1. Capacity 82 Gal
2. Pressure relief valve?
Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"
Well data
1. Depth 170 ft.
2. Yield 10 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: Bradley Lactor
Date: 4.6.89

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

only Trench 3/5/89 AM 5/18/89 Partial pitless adapter being dug Not ready. not in A.M. and no line is in C.B.S.

NEW WELL 110881149

2/8/90-1137 AM - NOT READY PHEN DC

2/8/90 - HOOK UP OK RH

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
APR 31 10 26 AM '89
DIVISION OF
ENVIRONMENTAL
HEALTH