

5/14/84
AM please

APPROVED
5/16/84 RH
RH P 33882

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

02-229161
INDEX

ELLICOTT CITY
DISTRICT _____

DATE 5/14/84

4
1/4
2

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland PHONE 988-9270

SUBDIVISION North Farm ROAD 2543 North Farm Road LOT 2, Blk. A, Sec. 1

PROPERTY OWNER Mr. McFadden PHONE: 465-8168
2532 North Farm Road

ADDRESS Ellicott City, Maryland

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

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

REPAIR.

5/15/84 Public sewerage to be available within 1 year F.S.

400 SQ FT LEACHING BED 5 FT DEEP

2 FT STONE INLET 3 FT BELOW GRADE

PLANS APPROVED BY Frank Skinner DATE 5/14/84

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.

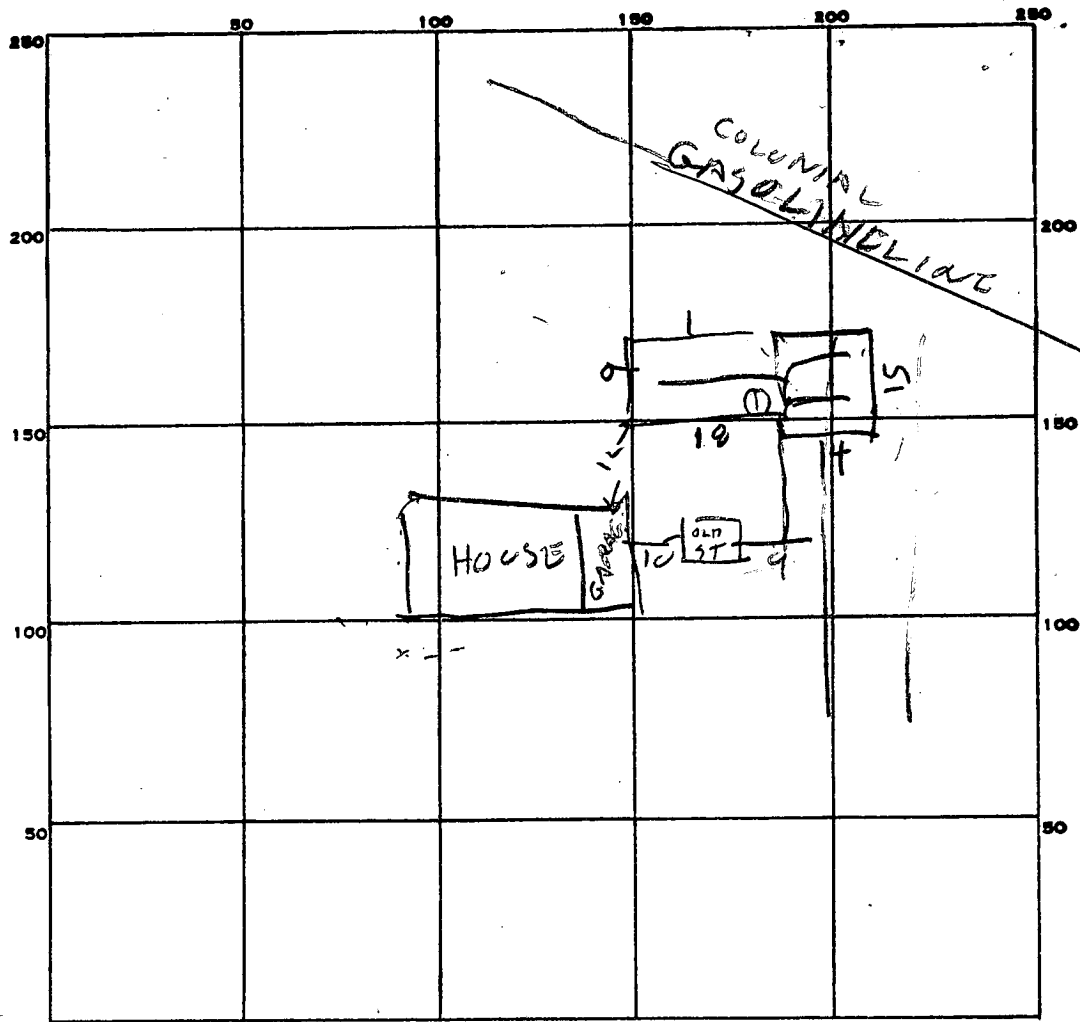
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

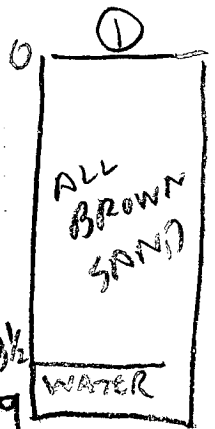
*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 33882



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
NORTH FARM RD



PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

600 FILE FIELD, DEPTH 5 FT. TRENCH WIDTH 9x12 | 14x15 FT.

GRAVEL DEPTH 2 FT IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 372

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/16/84. SOIL OK BUT WATER 8 1/2 FT FROM GRADE
CITY WATER NOW, CONFINED AREA GAS LINE
NEAR BY. L SHAPED BED - 372 SQ FT AREA

DATE SYSTEM APPROVED 5/16/84 INSPECTOR Raymond Hood

8/29/72

Approved
9/5/72
AS

on 99 near water tower
of Bethany Lane

PERMIT

P 17363

A 14553

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 2nd

DATE 8/21/72

Joel Construction IS PERMITTED TO INSTALL ALTER

ADDRESS 3937 Columbia Pike, Ellicott City, Md. PHONE 465-0520

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION North Farm ROAD Unnamed Road LOT 2, Blk. A, Sec. 1

PROPERTY OWNER Howard Baker

ADDRESS c/o Purdum & Jeschke (Mr. Carter)

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

ASW - 8/24/72

SEPTIC TANK CAPACITY 1200 GALLONS

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

OTHER *Silyfield - 400*
DRY WELL - 100 sq. ft. absorbent sidewall area ~~per bedroom.~~ *Silyfield*
to be located 33 ft. from front lot line and 14 ft. from right side line as
seen when facing lot from circle. ~~Inlet to be no deeper than 3 1/2 ft. below~~
original grade ~~and maximum depth no deeper than 10 ft. unless opened and in-~~
spected and approved by Health Department.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND ~~DRY WELL.~~

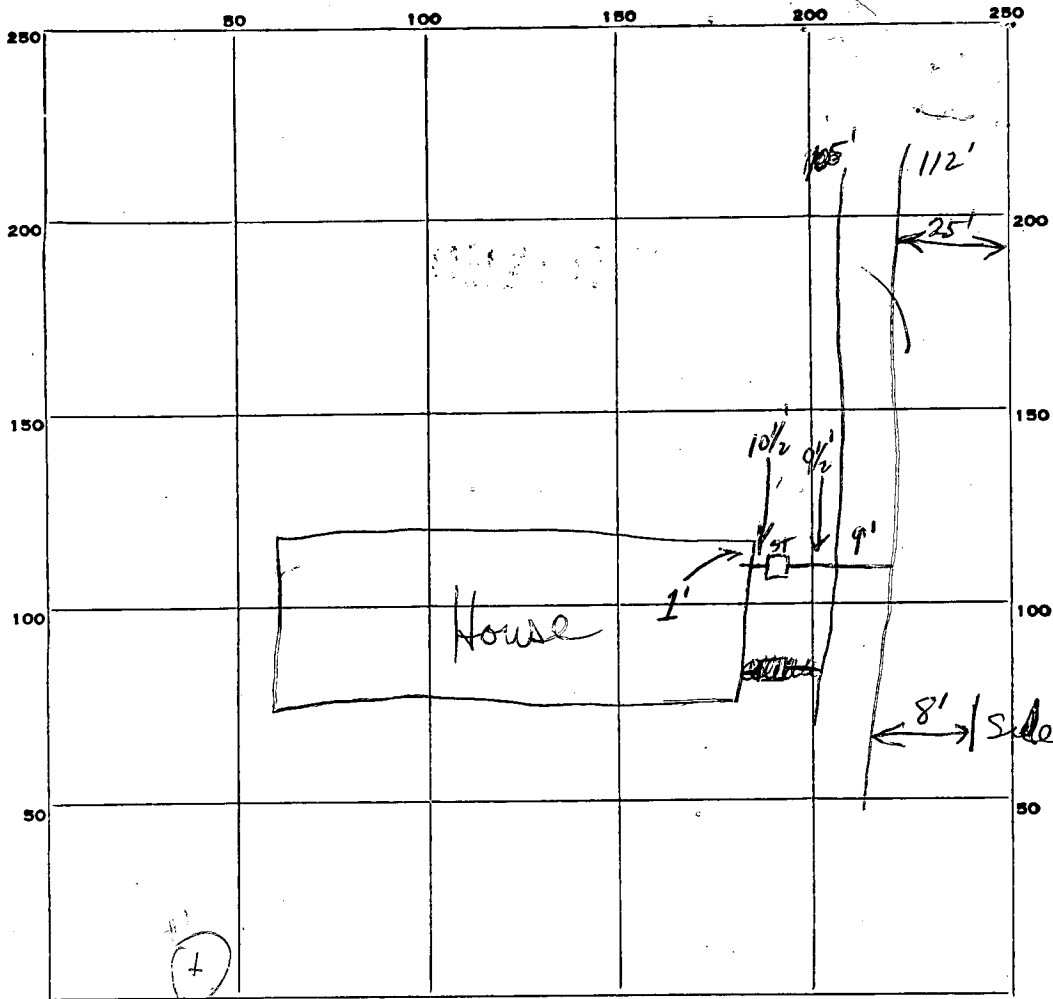
(Change due to water being lit)

PLANS APPROVED BY Fred Frommelt DATE 5/25/72

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

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

A 14553



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 3' FT. TRENCH WIDTH 2' FT.

GRAVEL DEPTH 3' IN. TOTAL LENGTH 217' FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 434 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 8/29/72

INSPECTOR H Snyder

Permit

APPLICATION

A 14553

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

*1600 3BR
1200 4BR
100 sq. ft. per bedroom*

DISTRICT 2

DATE 6/2/69

*drywell to be located 33 ft. from front lot line and
14 ft from right side line as seen when facing
lot from circle. Inlet to be no deeper than 3 1/2 ft.
below original grade and maximum depth no deeper than 10 ft.
unless opened and inspected and approved by H. D.*

size on back if needed

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Howard Baker

ADDRESS % Burdum & Jeschke (Mr. Carter) PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION North Farm LOT NO. 2 Blk. A, Sec. 1

ROAD AND DESCRIPTION Unnamed Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 57' x 202' x 261' x 160' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Ron Carter

APPROVED BY Plans FOR Drywell DATE 5/25/72
(KIND OF SYSTEM)

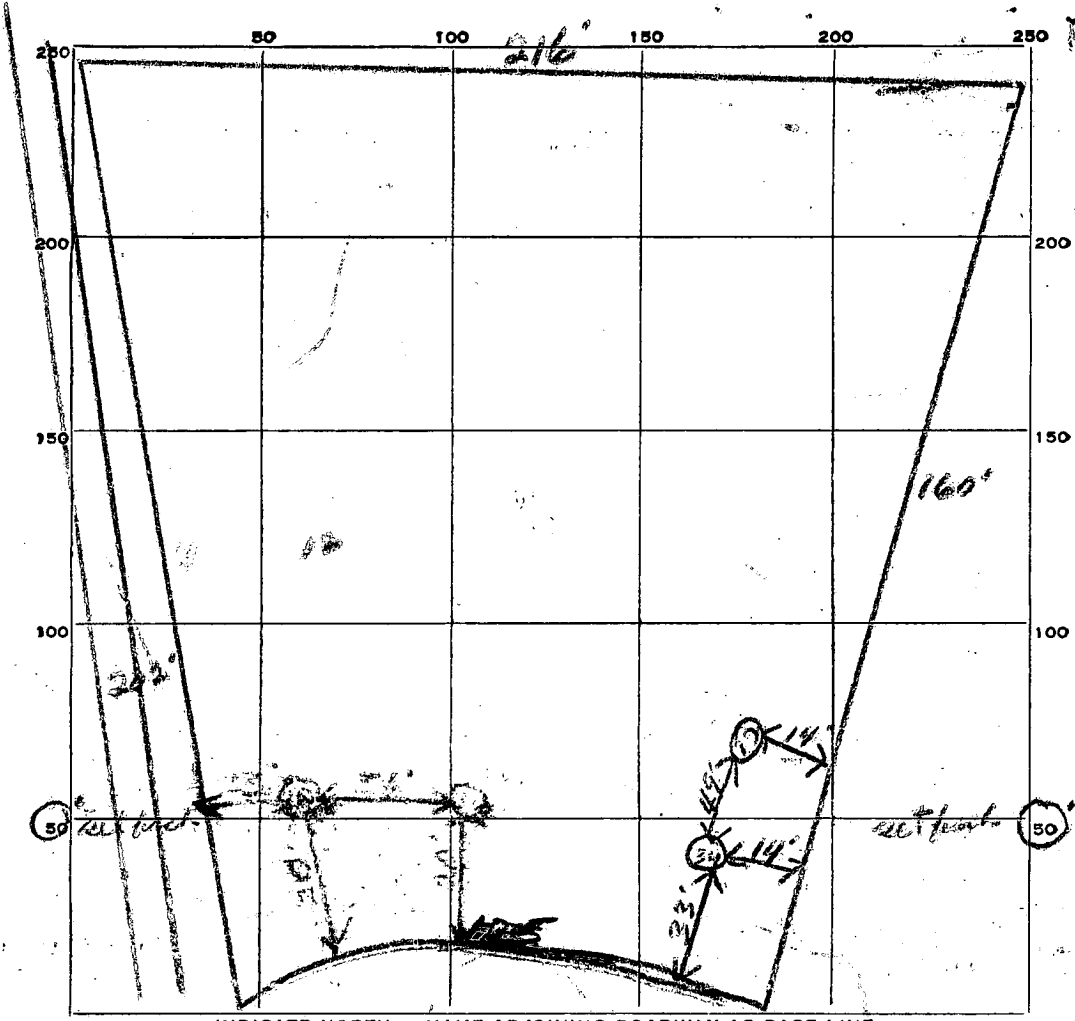
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

300 sq ft. 3 bedroom 12 ft. sq. 6 1/2 ft. off
 400 sq ft. 4 bedroom 12 ft. sq. with 11 ft. trench 6 1/2 ft. offset



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

U.N. Circle

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/10/6	1	9'	3:03	3:09	3:09	3:15	1 min
	2	4'	3:02	3:10	3:10	3:13	3 min
	3	9'	3:03	3:30	3:30	3:35	5 min
	4	4'	3:30	3:31	3:31	3:35	1 min
	1	10'	1:57	1:58	1:58	1:59	1 min
	2	4'	1:58	1:59	1:59	2:02	3 min
	3	10'	2:43	2:45	2:45	2:49	4 min
	4	4'	2:45	2:46	2:46	2:49	3 min

3 = A
 4 = 11 min
 3 min AV

SOIL AUGER FINDING

TESTED BY *JWD*

REMARKS

APPLICATION

A 14553

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

DATE 6/2/69

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Howard Baker

ADDRESS 200 Burdum & Jeschke (Mr. Carter) PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION North Farm LOT NO. 3, Blk. A, Sec. 1

ROAD AND DESCRIPTION Unnamed Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 57' x 202' x 261' x 160' TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Ron Carter

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

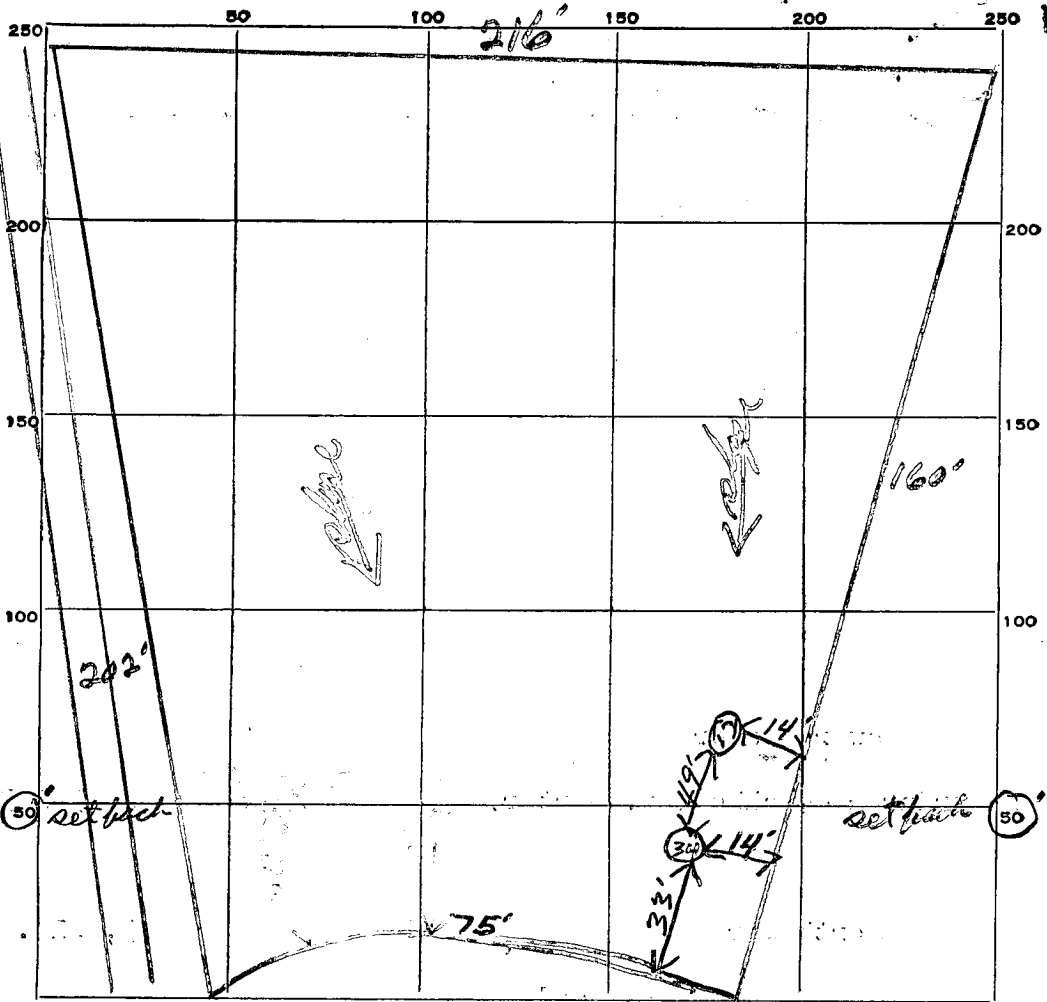
REJECTED BY _____ FOR _____ DATE _____

(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.

U.N. Circle

Lot - 2A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/10/2	1	9'	302	309	309	310	1m
	2	4'	302	310	310	313	3m
	3	9'	322	330	320	335	5m
	4	4'	330	331	331	332	1m
	1	10'	157	158	158	159	1m
	2	4'	158	159	159	282	3m
	3	10'	243	245	245	249	4m
	4	4'	245	246	246	249	3m

3 = Avg.
4 = 11 in
3 min AV

SOIL AUGER FINDING _____

TESTED BY *JTS*

REMARKS _____

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER
14553
FILL IN THIS FORM COMPLETELY

B 1 08259
SEQUENCE NO. (DWR USE ONLY)
1 2 3 4 5 6 (SEQ. NO.)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) *A 14 553*
OWNER *HOWARD INTERNATIONAL*
COL 15 - LAST NAME FIRST NAME COL: 34
STREET OR RFD *4609 EDMONDSON AVE*
COL 36 COL: 55
POST OFFICE *BALTO MD 27229*
COL 57 COL: 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE *10/13/72* LICENSE NUMBER *209*
77 80
HOWARD DILLON
FIRST NAME DRILLER LAST NAME
SIGNATURE *Howard Dillon*

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY *HOWARD* (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION *NORTH FARMS* 42
SECTION *A* LOT *2* 50
NEAREST TOWN *WOODSTOCK* 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) *3* 73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) *5* 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) *300* 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY
 TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD *NORTH FARMS DR*
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) *100* 34 37 38 39

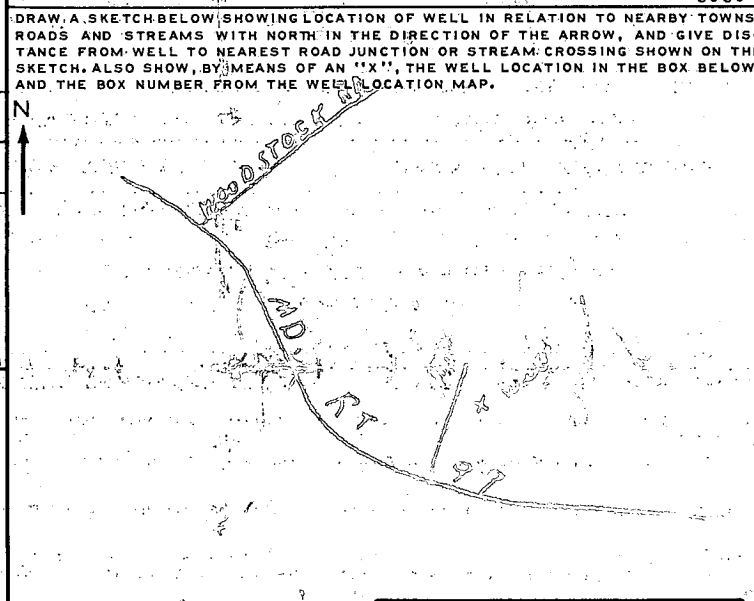
APPROXIMATE DEPTH OF WELL *100* FEET
APPROXIMATE DIAMETER OF WELL *6* (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

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)
41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER *54* ENGINEER REVIEW DISTRICT NO. *63*
FORCE *1* WRITE INITIALS IN BOX CONDITIONS *12*
67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) *S* COUNTY NAME *HOWARD* COUNTY NO. *12*
DATE *10/13/72* APPROVED BY *Howard Dillon*
43 48



BOX NUMBER *830*
530
NORTH COORDINATE *50 51 52 53 54 55*
EAST COORDINATE *57 58 59 60 61 62 63*
ELEVATION AT WELL HEAD (FEET) *0/0* *5/0*

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

November 3, 1972

G. Edgar Harr Sons Corporation
Falls Road
Cockeysville, Maryland 21030

Gentlemen:

Today, November 3, 1972 the Howard County Health Department granted a water well on Lot 2, Blk. A, North Farm Subdivision, North Farm Road, Ellicott City, Maryland. This water well appears to be within 50 ft. of Lot 3, Blk. A's dry well and is down grade on the lot. The well must be redrilled and first well must be filled in according to the Maryland State Health Department Regulations, unless, of course, you can show the Health Department that the well is more than 50 ft. away from the outer edge of the dry well on Lot 3, Blk. A.

Very truly yours,

Donald W. McLaughlin,
Sanitarian

DWM:jx

CC: Howard International
4009 Edmondson Avenue
Baltimore, Maryland 21229

B 1 01052 SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER
 H0 73-0065
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)
 10/30/72
 11/3/72
 10:30 AM

OWNER Howard International Company
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 4609 Edmondson Ave.
 COL 36 COL. 55

POST OFFICE Baltimore, Maryland 21229
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
 DATE September 6, 1972 LICENSE NUMBER 120
 77 80

G. Edgar Harr Sons' Corp
 FIRST NAME DRILLER LAST NAME

SIGNATURE [Signature]

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
 COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION North Park 23 42
 SECTION 44 LOT 46 48 50
 NEAREST TOWN Ellicott City 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 7.3 M I 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6
 NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST

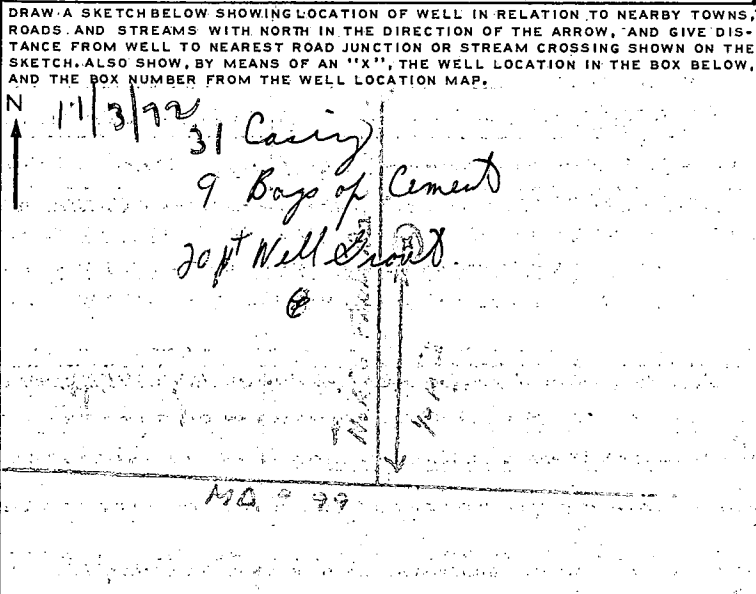
NEAR WHAT ROAD North Park Road
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 M I 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)



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 (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER [] ENGINEER REVIEW DISTRICT NO. []
 FORCE [] WRITE INITIALS IN BOX [] CONDITIONS []

BOX NUMBER E 240
 N 230

NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) [] [] [] [] [] [] [] [] [] []

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
 41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 3005
 DATE 090872 APPROVED BY [Signature]
 43 48

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

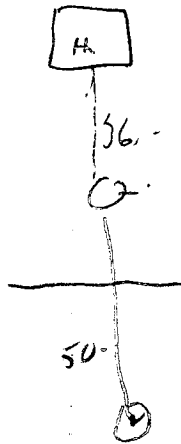
1 2 3 (SEQ. NO.) 6

11/3/72

as agent for How Well Drilling
that in the event that the well is
within 50 ft of neighbor Septic System
that a new well will have to be

drilled. This information will be passed on
to How Well Drilling officials + that this well
was granted at our risk.

Fred Caf



well must be drilled + first well
must be filled in according to State Health
Dept. Reg. unless in (H.W.) well in place.

C. C. Bodin

50 ft. away from outer edge
of d. w. ab. Art 3 A.

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 2005

C 1-04814 SEQUENCE NO. (DWR USE ONLY)

DATE RECEIVED (DWR USE ONLY) 10/17/72 DATE WELL COMPLETED 8-13 15 20

DEPTH OF WELL 100 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-0165 DRILLERS IDENTIFICATION NO. 120

OWNER Howard Interntal Co. LAST NAME Edmondson Ave. STREET OR RFD 4609 POST OFFICE Baltimore 21229

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: Overburden, Brown Shale, Grey Rock.

GROUTING RECORD section with checkboxes for YES/NO, material types (Cement, Bentonite Clay), and grout seal details.

CASING RECORD section with checkboxes for material types (Steel, Concrete, Plastic, Other) and casing dimensions.

OTHER CASING (IF USED) section with fields for diameter and depth.

SCREEN RECORD section with checkboxes for material types (Steel, Brass, Plastic, Other) and screen dimensions.

SCREEN table with columns for screen depth (NEAREST WHOLE FOOT) and slots.

DIAMETER OF SCREEN and GRAVEL PACK sections.

IF WELL DRILLED WAS A FLOWING WELL and DWR USE ONLY section.

PUMPING TEST section with fields for hours pumped, pumping rate, water level, and type of pump used.

PUMP INSTALLED section with fields for pump type, capacity, and casing height.

LOCATION OF WELL ON LOT section with a diagram and handwritten note 'Pitless Adapter'.

CIRCLE APPROPRIATE BOXES (A, E, P) and I HEREBY CERTIFY section.

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE DEPT. OF WATER RESOURCES

EMERGENCY NO. (If any) -

1 08273		SEQUENCE NO. (DWR USE ONLY)	STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	DWR PERMIT NUMBER
1 2 3 (SEQ. NO.) 6		FILL IN THIS FORM COMPLETELY		

DATE RECEIVED (DWR USE ONLY) 1/13/73

OWNER: HOWARD INTERNATIONAL INC
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: 4609 EDMONDSON AVE
 COL 36 COL. 55

POST OFFICE: BALTO MD 21228
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: 1/10/73 LICENSE NUMBER: 209
 77 80

FIRST NAME: HOWARD DRILLER: Dillon LAST NAME

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: NORTH FARMS 42

SECTION: 1 LOT: 24 44 48 60

NEAREST TOWN: WOODSTOCK

MILES FROM TOWN (ENTER 0 IF IN TOWN): 5 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 300 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL

OTHER

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH EAST NE NORTHNEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: MD RT 99

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 200 34 37 38 39

APPROXIMATE DEPTH OF WELL: 100 FEET

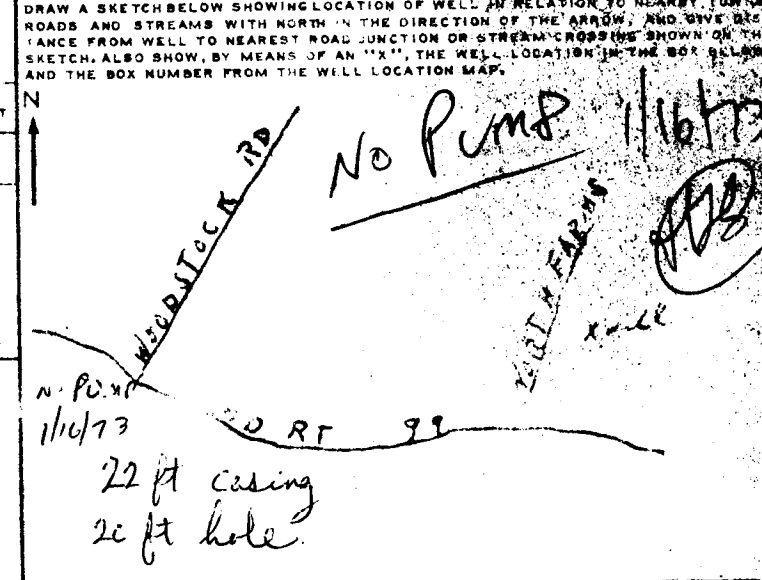
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR LIFT REVERSE ROTARY ROTARY (HYDRAULIC ROTARY) DRIVE-POINT

OTHER (DESCRIBE):



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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 (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63

FORCE: 67 WRITE INITIALS IN BOX: LT CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER

E: 840

N: 530

B 4 HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX): 3

NO. DAY YR. DATE: 11273

COUNTY NAME: HOWARD COUNTY NO.: 3097

APPROVED BY: Palmer F. Wine

Palmer F. Wine, Director

NORTH COORDINATE: 50 51 52 53 54 55

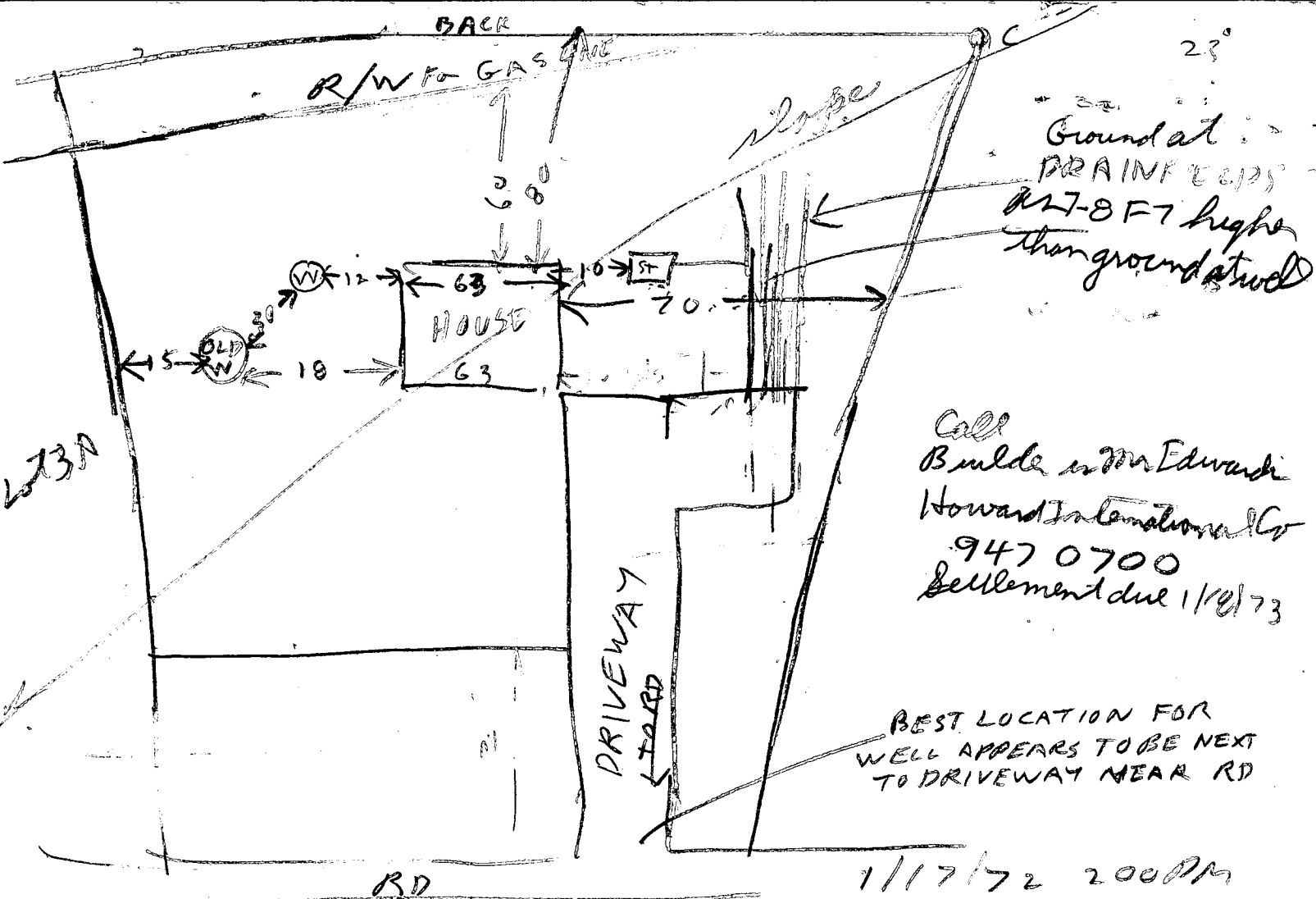
EAST COORDINATE: 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD FEET: 0/0 5/0

B 5 SPECIAL CONDITIONS (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

See other side



Call
 Builder or Mr. Edwards
 Howard International Co
 947 0700
 Settlement due 1/19/73

BEST LOCATION FOR
 WELL APPEARS TO BE NEXT
 TO DRIVEWAY NEAR RD

1/17/72 2:00 PM

- ① Dillion wants copy of H.C.W. Well Ground Requirements
 Send Copy to Howard Dillion 6514 3rd Vernon Ave
 Balto 21215
- ② 2 1/2 FT of open space to be grouted as
 measured with a copper pipe
- ③ Dillion said he had 2 1/2 FT of casing
 in well
- ④ Well is 75 FT deep
- ⑤ OLD well was abandoned because it was
 located too close to septic system on Lot 3A
 I could not see where septic system on 3A was
 Old well was said to be 50 FT from system
- ⑥ Ground at New Well is about 9 FT lower than ground
 at ground at septic tank for Lot 2A. Ground at New Well
 also lower than ground at septic tank on Lot 3A
- ⑦ Well pumps 15 gal/min said Dillion
- ⑧ There is shallow underground water at 10 FT from grade at New Well site
- ⑨ 11 Bags Cement used Well should be checked tomorrow A.M.
 to see if it settles

C 1 **6536** SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) _____ DEPTH OF WELL _____ PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-0159**

DATE WELL COMPLETED **2/15/73** 22 (TO NEAREST FOOT) 26
 75

DRILLERS IDENTIFICATION NO. **209**

OWNER **HOWARD INTERNAL INC** LAST NAME FIRST NAME
4609 EDMONDSON AVE STREET OR RD. POST OFFICE **21229**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Clay	0	20	
Shale Rock	20	75	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE-CLAY

CEMENT: CM 45 46 BC 45 46

NO. OF BAGS 11 NO. OF POUNDS 1020

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 20 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S STEEL C CONCRETE
 P PLASTIC O OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S STEEL B BRASS OR BRONZE H OPEN HOLE
 P PLASTIC O OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	6
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 72

LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE 4-T-1415

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 10 (NEAREST FOOT)
 WHEN PUMPING 60 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S; T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 _____ 35

PUMP HORSE POWER _____ 37 _____ 41

PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 _____ 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 2

LOCATION OF WELL ON LOT

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

Well ← 20' → house

FRONT

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

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

DRILLERS NAME _____

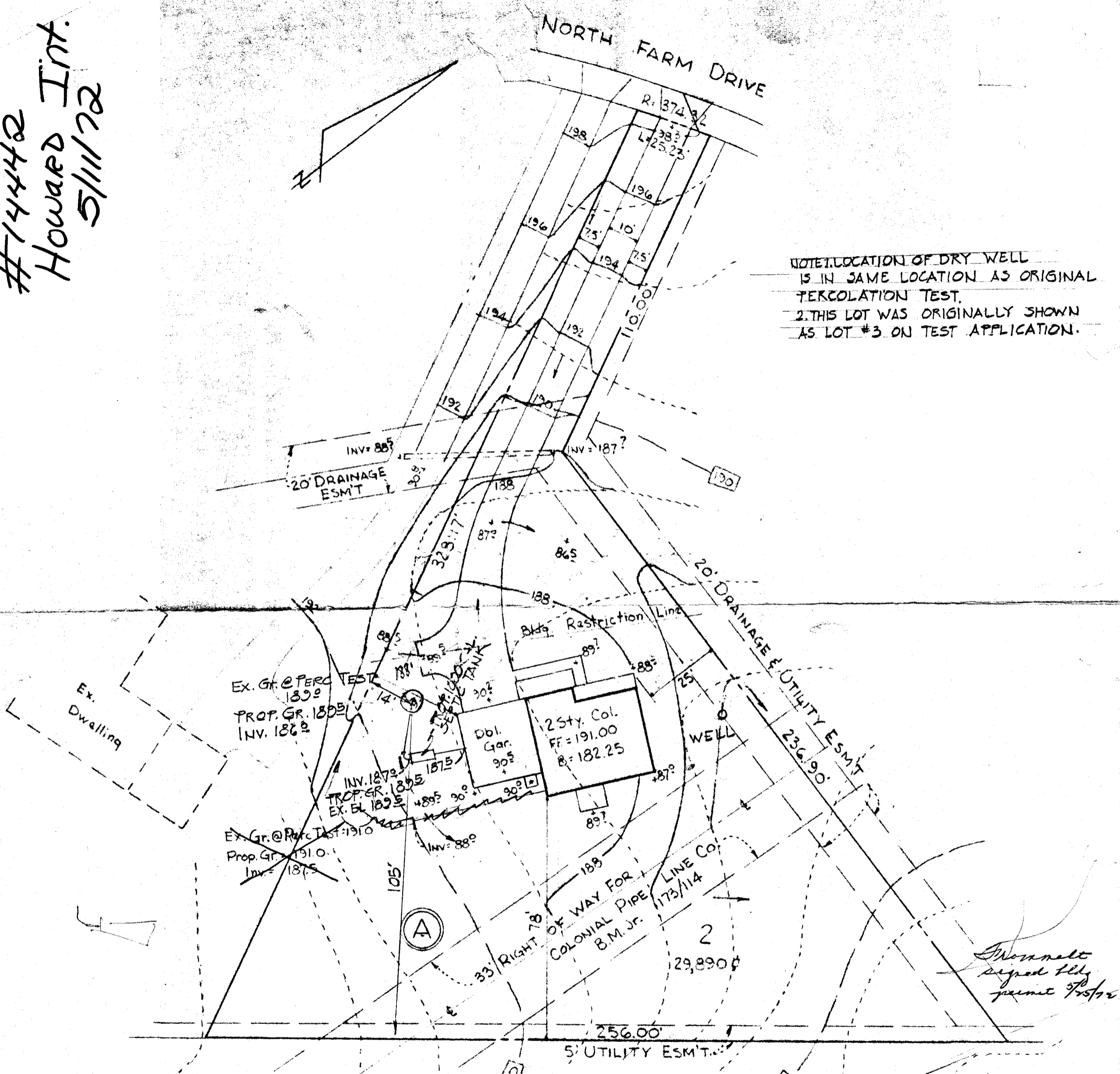
(PLEASE PRINT) HOWARD D. HED

SIGNATURE Howard Hed

#14442
Howard Int.
5/11/72

NORTH FARM DRIVE

NOTE: LOCATION OF DRY WELL IS IN SAME LOCATION AS ORIGINAL PERCOLATION TEST.
2. THIS LOT WAS ORIGINALLY SHOWN AS LOT #3 ON TEST APPLICATION.



Monmelt signed by permit 7/5/72

— DEVELOPER —
HOWARD INTERNATIONAL, INC.
4609 EDMONDSON AVE.
BALTO. MD. 21229

CERTIFIED FOR ACCURACY OF MEASUREMENTS SHOWN HEREON
Ronald B. Carter
Purdum Jesette

PLOT PLAN
LOT No. 2 BLOCK A
SECTION ONE
NORTH FARM
2ND ELECTION DIST. HOWARD Co. MD.
APRIL, 1972
SCALE: 1"=50'