

2/8/90 L 476

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-358639

P 45374

A 32255

DISTRICT 5th

DATE 2/2/90

DATE SYSTEM APPROVED 2/2/90

INSPECTOR R/H

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Glenelg Manor II ROAD 12719 12705 Folly Quarter Rd LOT 5D

PROPERTY OWNER Rock & Sulette Tiffault

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

GARBAGE GRINDER YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 3 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place distribution box 120 feet from the East (217.9') lot line and 120 feet from the South (200') lot line. Run trench(s) along level ground toward either side lot line, being certain to remain at least 100 feet from any well.

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 C. Williams DATE 11/06/85

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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 APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38855

SUBDIVISION: GLENELG MANOR

LOT NUMBER: 5D

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

~~SYSTEM TO BE INSTALLED BEFORE BUILDING PERMIT CW~~

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 2 1/2 feet below original grade.
 Bottom maximum depth 4 feet below original grade.
 Effective area begins at 3 feet below original grade.
1 1/2 feet of stone below distribution pipe.

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

LOCATION: PLACE DISTRIBUTION BOX 120' FROM THE EAST (217.9') LOT LINE AND 120' FROM THE SOUTH (200') LOT LINE.
RUN TRENCHES) ALONG LEVEL GROUND TOWARD EITHER SIDE LOT LINE, BEING CERTAIN TO REMAIN AT LEAST 100' FROM ANY WELL.

11/6/85 CW [Signature]

PRELIMINARY

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 32255

P _____

DISTRICT 5th

DATE 10/19/82

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 Howard Associates Rock & Sulette Tiffault - 845-2726

ADDRESS _____ PHONE Don Reuwer - 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor, Section 2 LOT NO. (?) 5D

ROAD AND DESCRIPTION off Folly Quarter Road 12705 Folly Quarter Road

SIZE OF LOT 1 acre m/l 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/ Don Reuwer for Howard Associates
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BY PG PERMIT SIGNED _____

AND RETURNED 11/27/82

Serial # 27967 - 5FD

THIS IS NOT A PERMIT

2553

SOIL PROFILE

0'

40
58

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	2'	10:10	10:25	10:25	10:40	2:30
		3'	10:25				
	2	3'	10:25	10:40	10:40	10:55	3:00
		4'					
	3	4'	10:40	10:55	10:55	11:10	3:30
		5'					
	4	5'	10:55	11:10	11:10	11:25	4:00
		6'					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

B. FLOWER
D. B. ...

EH-12-1079

PRELIMINARY

APPLICATION

(5D)

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32255

P _____

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

DISTRICT 5th

DATE 10/19/82

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS WET SEASON - Craig Williams DATE 11-8-82

REASONS FOR REJECTION OR HOLDING HEAVY MOTTLING IN HOLE TWO. OBSERVE

DURING WET SEASON FOR POSSIBLE STANDING WATER.

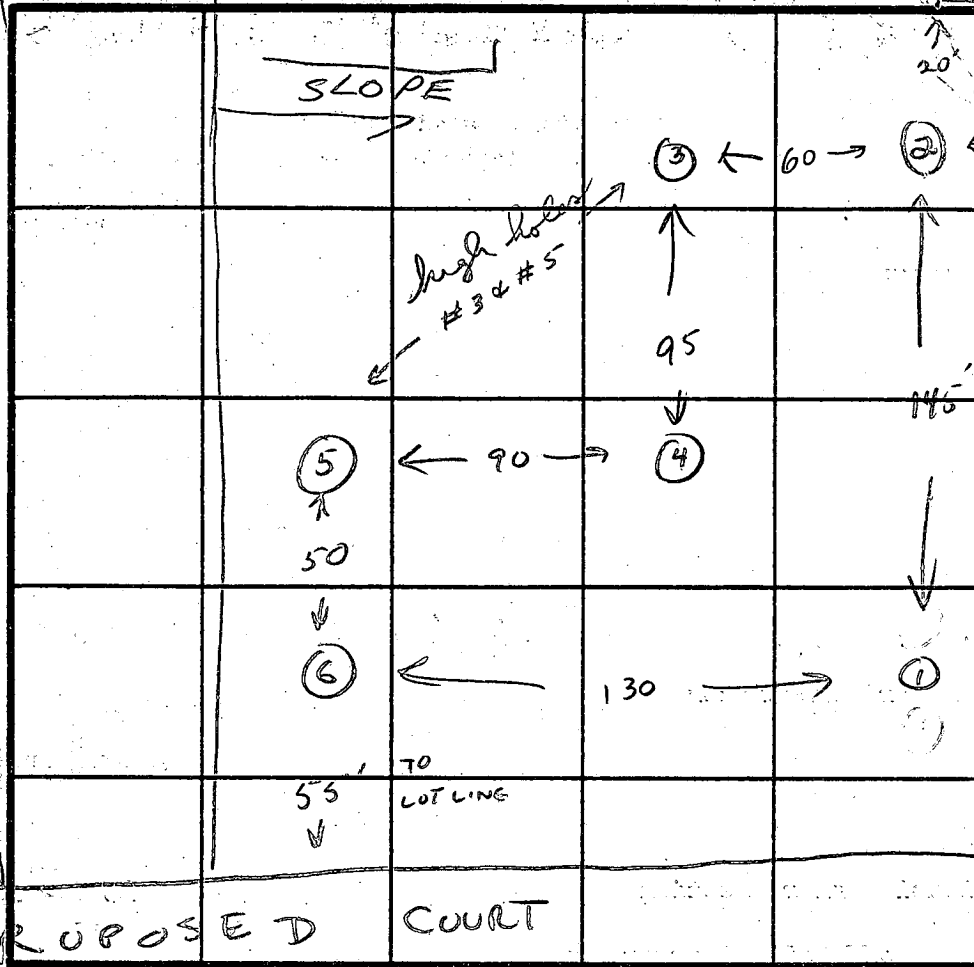
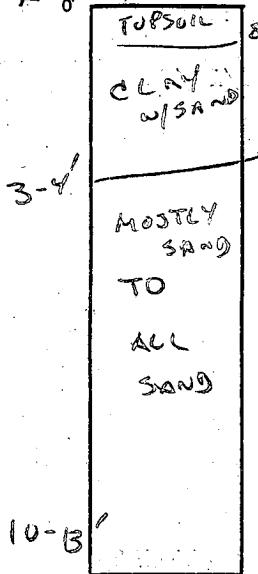
2/3/83 * OBSERVATION PIPE IN HOLE 2 IS DR7
AT 13 FT 2/15/83 Perc OK for tile field F.S.

THIS IS NOT A PERMIT

5D

TO lot SC ←

ALL HOLES SOIL PROFILE



PROPOSED COURT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

low #2 and #1
10/19/85
Slope of change of plot
2.5' low
Would hole
inter face of well site
2/26/86

TO FULLY QUARTER

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-8-82	1	4'	3:00	3:06	3:06	3:28	22 MIN
		10'	SAND				
11-8-82	*2		3:22	3:23	3:23	3:38	15 MIN
		10' 13' 5"	BLOTCHY SAND 5-9' THEN NOT DRY SAND		BLOTCHY		
11-8-82	3	4'	3:17	3:19	3:19	3:21	2 MIN
		10'					
11-8-82	4	3 1/2'	3:07	3:09	3:09	3:11	2 MIN
		10'					
11-8-82	5	3'	3:16	3:18	3:18	3:20	2 MIN
		10'					
11-8-82	6	4'	2:53	2:55	2:55	2:58	3 MIN

* HOLE #2 2/21/83 OBSERVATION PIPE 13 1/2 FT PEEP IS

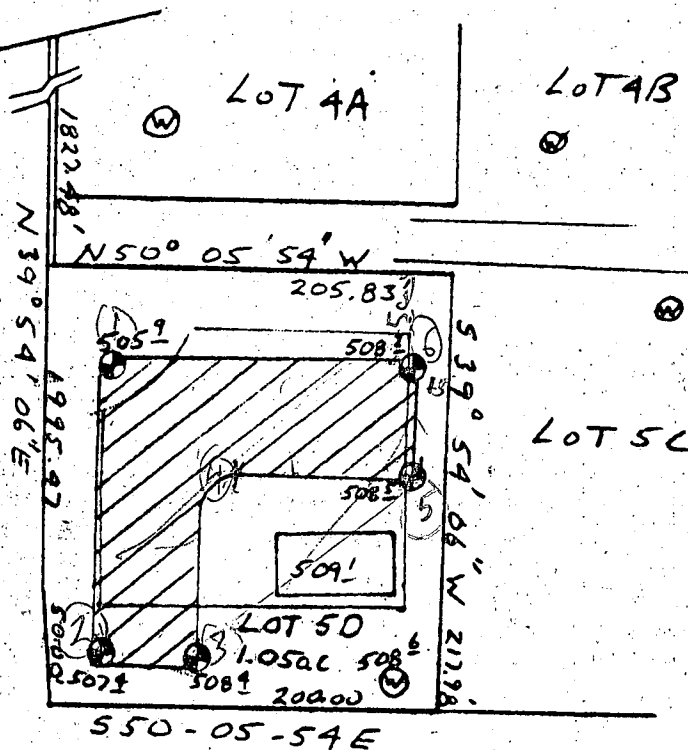
TYPE OF SOIL CLAY OVER SAND


TESTED BY C. Wallman

ALSO PRESENT OYO KETTERMAN

EH-12-1079

Folly
Quarter Road



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊙".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

County Health Officer *F.R.S.*

Date

PERCOLATION TEST PLAT

PARCEL 5 D

GLENELG MANOR
SECTION TWO

5th Election District
Howard County, Maryland
Scale: 1" = 100'
Date 11-24-82

WT Associates
Suite 307, Clark Bldg.
Columbia, MD 21044
321-0307

APPLICATION

A 26686

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 5th

DATE 8/16/77

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 Howard Associates

ADDRESS _____ PHONE Rhett Realty 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor - Section 2 LOT NO. 5D - Sec. 2

ROAD AND DESCRIPTION Off Folly Quarter Rd.

SIZE OF LOT 40,000 square feet ± TYPE BLDG. 3 or 4
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 /s/ Dale Maisel

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

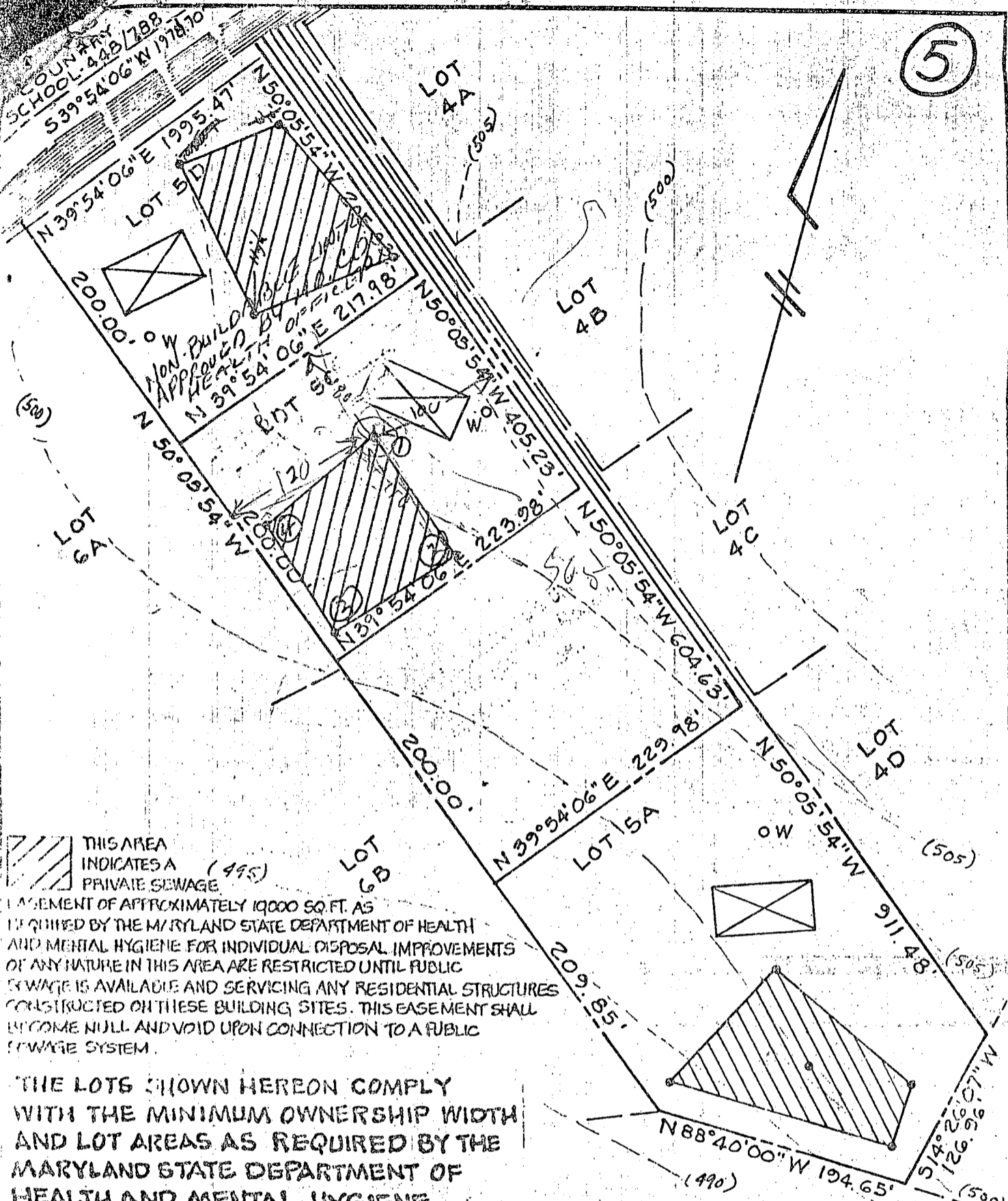
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)


HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/1/77 Pen OK Hold for Plans RHD

THIS IS NOT A PERMIT

5



 THIS AREA INDICATES A PRIVATE SEWAGE

EASEMENT OF APPROXIMATELY 10000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
[Signature] 1-15-79
 COUNTY HEALTH OFFICER DATE

PERCOLATION TEST PLAT

PROJECT LOT 5A, 5C & 5D GLENELG MANOR - SECTION TWO			
LOCATION 5TH ELECTION DISTRICT HOWARD COUNTY, MD.			
DATE: 6/27/77	DESIGN BY: W.H.N.	DRAWN BY: W.H.N.	CHECKED BY: D.R.
SCALE: 1" = 100'	JOB NO.: 7778	DRAWING NO.: 1 OF 1	

boenden associates

engineers
surveyors
planners

4/27/90

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

New Installation X Replacement _____ Receipt # 45800
Date 4/19/90
Name of Installer CARROLL BAUERLIEN Telephone 875 2206
License Number 3486 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Rock & Subette Tiffault Telephone 845 2726
Subdivision Glendale Mason II Lot # 5D Well Tag # HO-98-0320
Site Address 12947 Fallow Quarter Rd.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible X a. 110 _____
2. Make _____ b. 220 X
3. Model # _____
4. Capacity 11 GPM
5. Pump exceeds well capacity Yes _____ No X
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 Piping Well data
1. Capacity 10K 260 1. Type _____ 1. Depth 290 ft.
2. Pressure relief valve? YES 2. Size _____ 2. Yield 12 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 30 ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? YES

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: _____

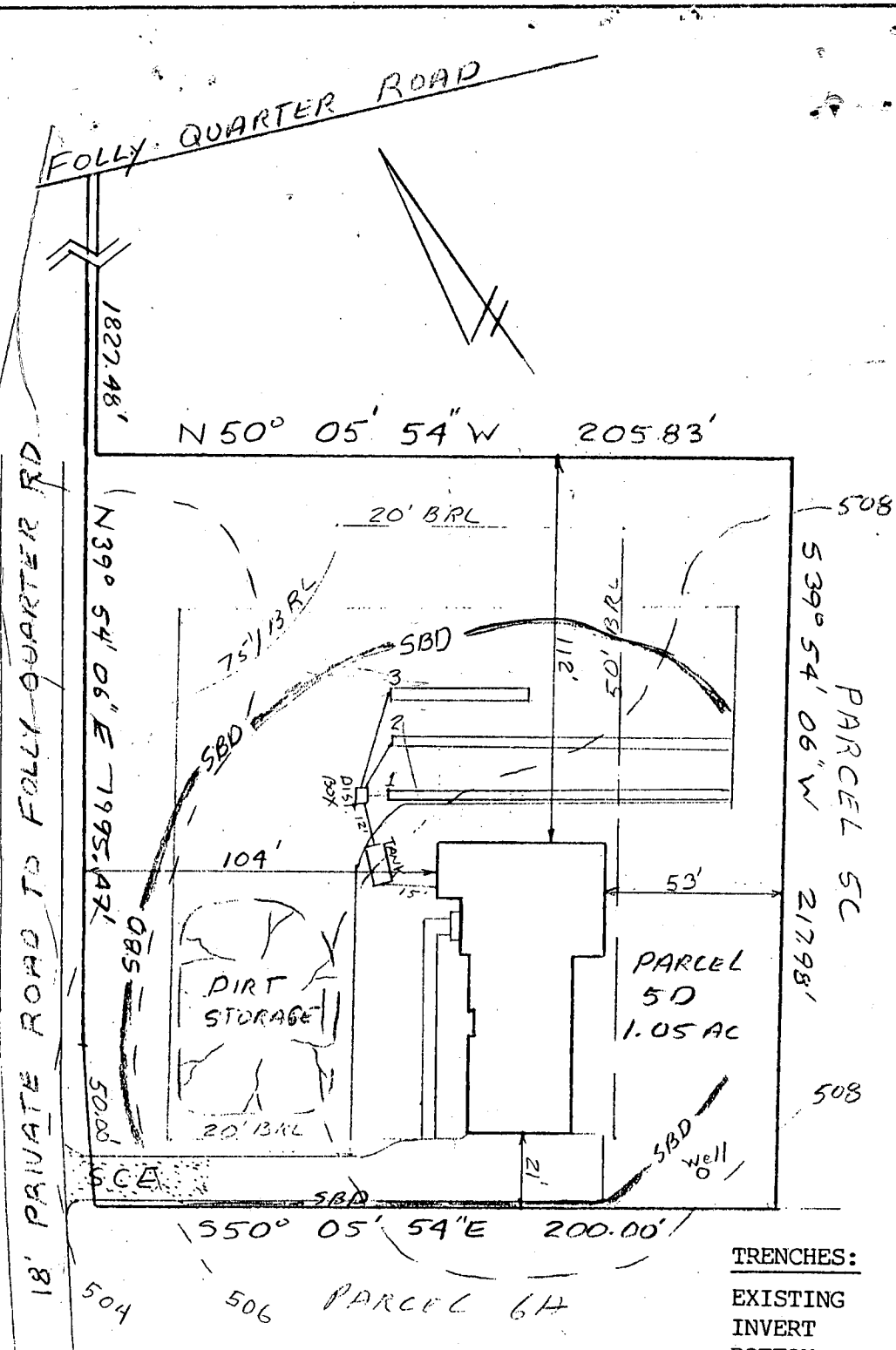
Date: _____

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

4/27/90 AM Not Ready

HD-215

4/27/90 PM - OK TO COVER OUTSIDE WORK PRESSURE TANK NOT IN STALL BY



HOUSE:

FIRST FLOOR	510.5
BASEMENT	501.5
INVERT	506.39

SEPTIC TANK:

EXISTING GRADE	508.0
PROPOSED GRADE	508.0
INVERT IN	506.08
INVERT OUT	505.83

DISTRIBUTION BOX:

EXISTING GRADE	507.9
INVERT IN	505.7
INVERT OUT	505.6

TRENCHES:

	#1	#2	#3
EXISTING	508.0	508.0	507.5
INVERT	505.5	505.5	505.0
BOTTOM	504.0	504.0	503.5
STONE	1.5	1.5	1.5
WIDTH	3	3	3
LENGHT	100	100	40

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

7/27/89 OK TO SIGN TALKED TO OLEN KETTERMAN HESALT HOUSE WILL BE INSTALLED PER PLANS & WELL LOCATED PER PLANS ALREADY

7/2/89 PLANS OK BUT SYSTEM FIRST

PLOT PLAN PARCEL 5D GLENELG MANOR SECTION TWO TAX MAP 22 PARCEL 343 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND SCALE 1"=50' DATE 6/6/89

C1 **6648** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 **A# 32255**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **1 2 2 8 8 8** Depth of Well **278** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-0330**

OWNER **TIEFELT ROGER G.** first name **ROGER G.** STREET OR RFD **12719 FULLY QUARTER RD** TOWN **WEST FRIENDSHIP** SUBDIVISION **GLEDEL'S MANOR EST** SECTION **2** LOT **5D**

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	
Dirt	0	1	
Soft Brown Clay & Sand	1	8	
Soft Brown Sand	8	33	X
Soft Brown Sandstone	33	54	
Hard Black & Blue Mica Schist laced w/Brown Sandstone	54	80	X
Hard Black Sandstone	80	140	
Hard Black Sandstone w/ Fracture & opening	140	150	X
Hard Blk. & Blue Mica	150	220	
Hard Black Sandstone & Opening	220	225	X
Hard Blue & Black Mica Schist	225	278	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1880**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **63** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **65**
 60 61 63 64 66 67 70

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 65 278	
2		
3		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 56 60

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **26**
 WHEN PUMPING **139**
 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: **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 } LAND SURFACE **2** (nearest foot)
 (-) below }

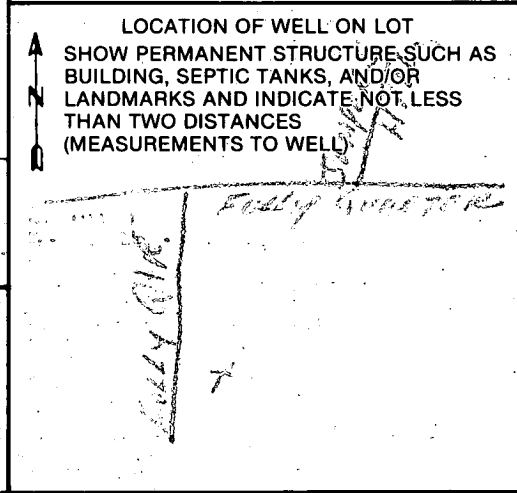
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **296**
Ronald L. Kyker
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR



B 1 **5997** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

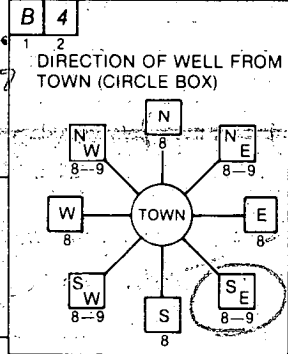
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0320
 fill in this form completely

Date Received (APA) **11-07-88**
 OWNER INFORMATION
T. FAULT ROCK G
8676 DISCOVERY BLVD.
WALKERSVILLE MD 21793

B 3 LOCATION OF WELL
HOWARD COUNTY
GLENELG MANOR ESTATE
 SECTION **2** LOT **50**
GLENELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Ronald L. Kyker **296**
 Driller's Name License No. 80
Westminster Rotary Well Drilling, Inc.
 Firm Name
P.O. Box #861., Westminster, Md. 21157
 Address
Ronald L. Kyker **11/17/88**
 Signature Date



FOLLY QUARTER NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **1800** FT
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **950**

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
A 32255 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **11 22 89**
 CO SIGNATURE **Ronald L. Kyker** EXP. DATE **5/24/89**
 NORTH GRID **516 000** EAST GRID **0811 000**

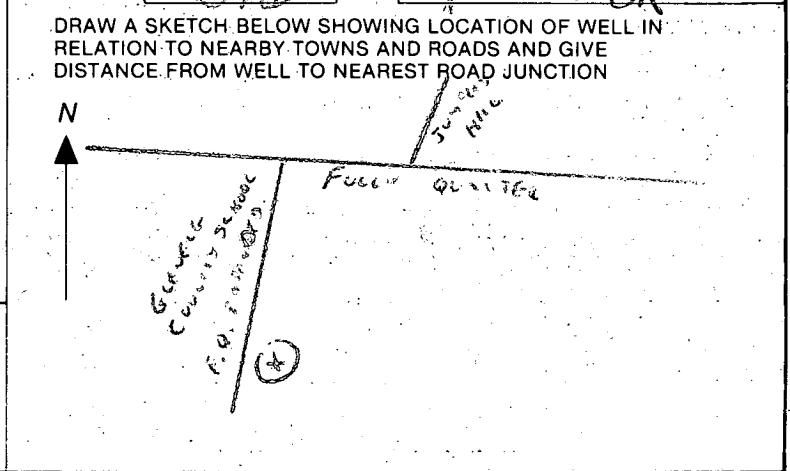
APPROXIMATE DEPTH OF WELL **400** FEET

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: **CITY**
 2:
 3:
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **811**
 N **516**
 12/28/88 10:30
 20 BAGS CEMENT
 65 FT CASING
 63 FT OPEN
 1.5 FT A.C.
 12/28/88 MR
 N 746 OK

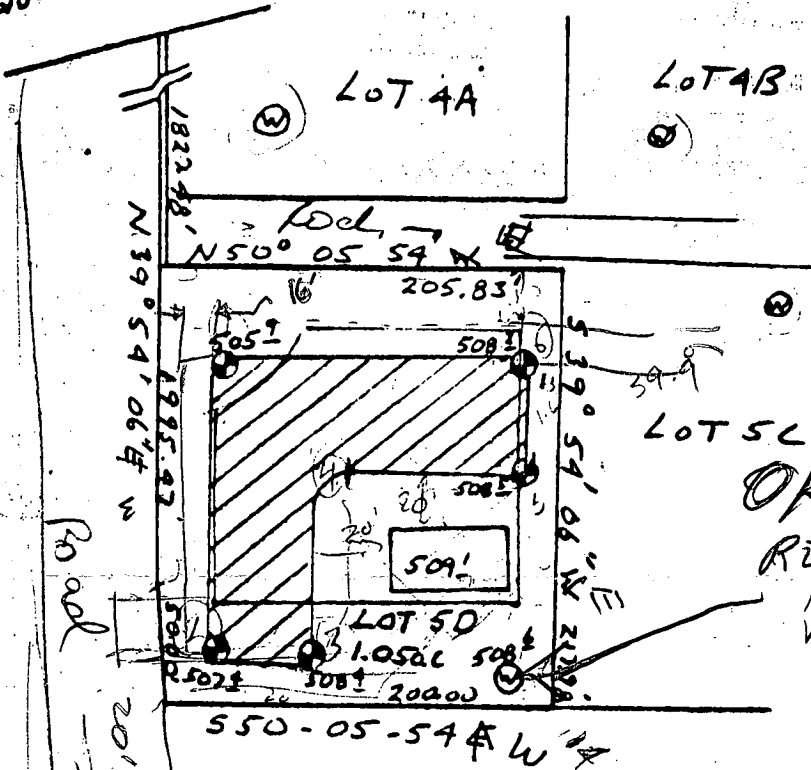
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



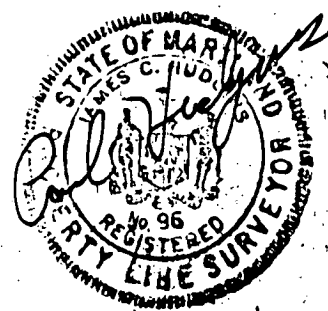
Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CH** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0320**


SPECIAL CONDITIONS
4-845-2726 (w) - 703-834-6604
 COUNTY

Folly
Quarterm Road



OK WELL SITE
RED STAKE FOUND NEAR
WOOD PILE
RIT



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "●".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

PERCOLATION TEST PLAT
PARCEL 5 D
GLENELG MANOR
SECTION TWO

5th Election District
Howard County, Maryland
Scale 1" = 100'
Date 11-24-82

WTT Associates
Suite 307, Clark Bldg.
Columbia, MD 21044
321-0307

County Health Officer JRS. Date _____