

03-304973
PERMIT

P 39976
A 32392

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/26/87

DATE SYSTEM APPROVED 9/2/87

INSPECTOR CW Williams

T. M. Moylan IS PERMITTED TO INSTALL X ALTER

ADDRESS 1603 Edmondson Avenue, Baltimore, MD 21228 PHONE 788-8466

SUBDIVISION Annandale ROAD 13373 Grinstead Court LOT 37, Sec. 2

PROPERTY OWNER General Products Susan Doreis

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 40 feet from the back (362.21') ~~side~~ line and 150 feet from the front (235 ft. radius lot line as seen when facing the property from Grinstead Court. Continue to dig the trench on level ground (more or less parallel to the back sideline) the necessary distance. Place the second trench if needed parallel to, 10 feet away from and down slope of the first trench.

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 F. Skinner DATE 6/27/83

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: 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.

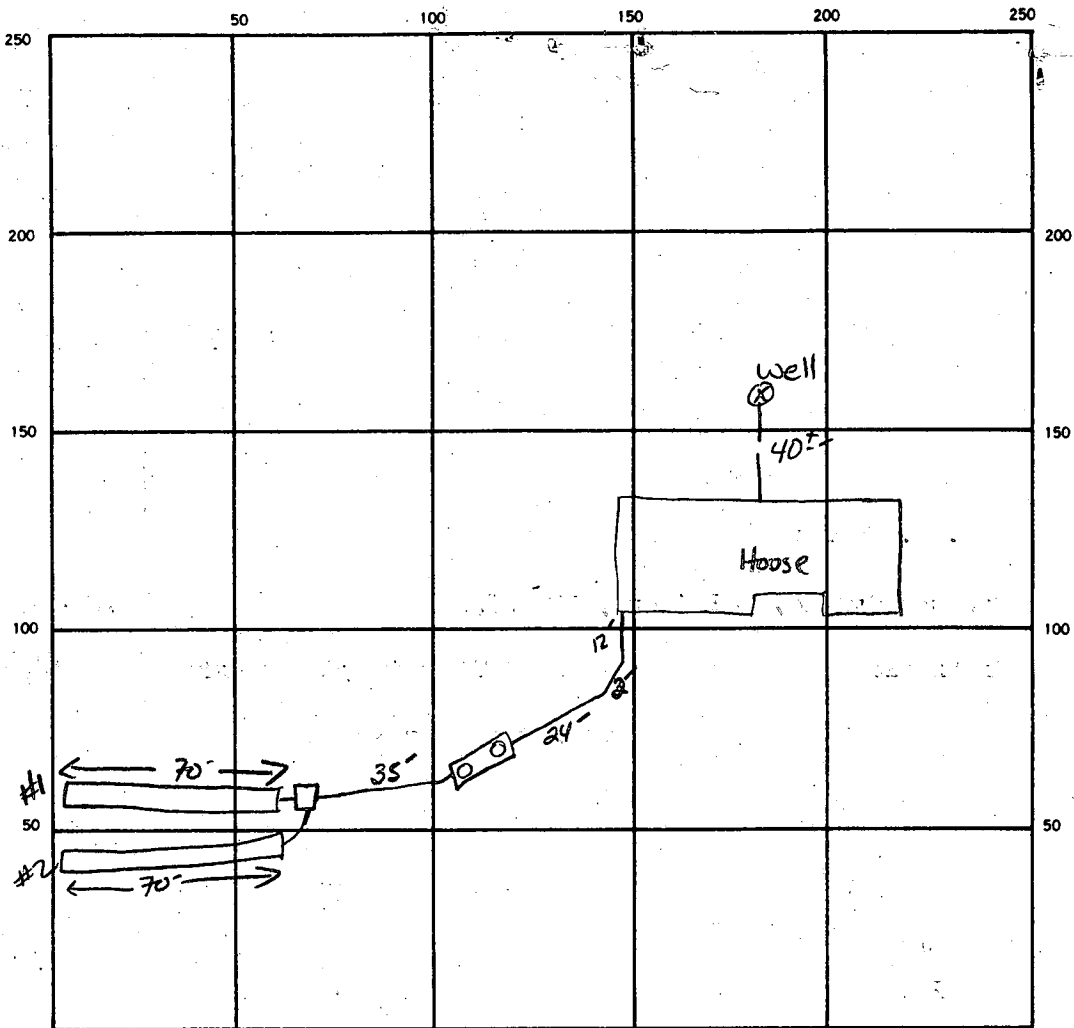
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED
AND RETURNED 10/6/84
Sub # 56739 - first paid

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

A 32392



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

GRINRAD CE

SEPTIC TANK. LEVEL ✓ 1500 GAL CLEANOUTS X2 ON SEPTIC TANK

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 350+350 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

TOTAL ABSORBENT AREA 700 SQ. FT.

REMARKS 9-3-87 OK TO STONE + PIPE #1 9-4-87 NO OTHER WORK DONE, OK TO STONE #2

9/9/87 SYSTEM COMPLETE

DATE SYSTEM APPROVED 9/9/87 INSPECTOR CWilliam

Retest

*12/30/82
10:30 A.M.*

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32392

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd

DATE 12/30/82

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 Fred J. Pipes

ADDRESS 13555 Old Frederick Road, Sykesville, Md. 21784 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. A 37 Sec. 2

ROAD AND DESCRIPTION Grinstead Court

SIZE OF LOT 40,000 sq. ft. 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/ Fred James Pipes
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

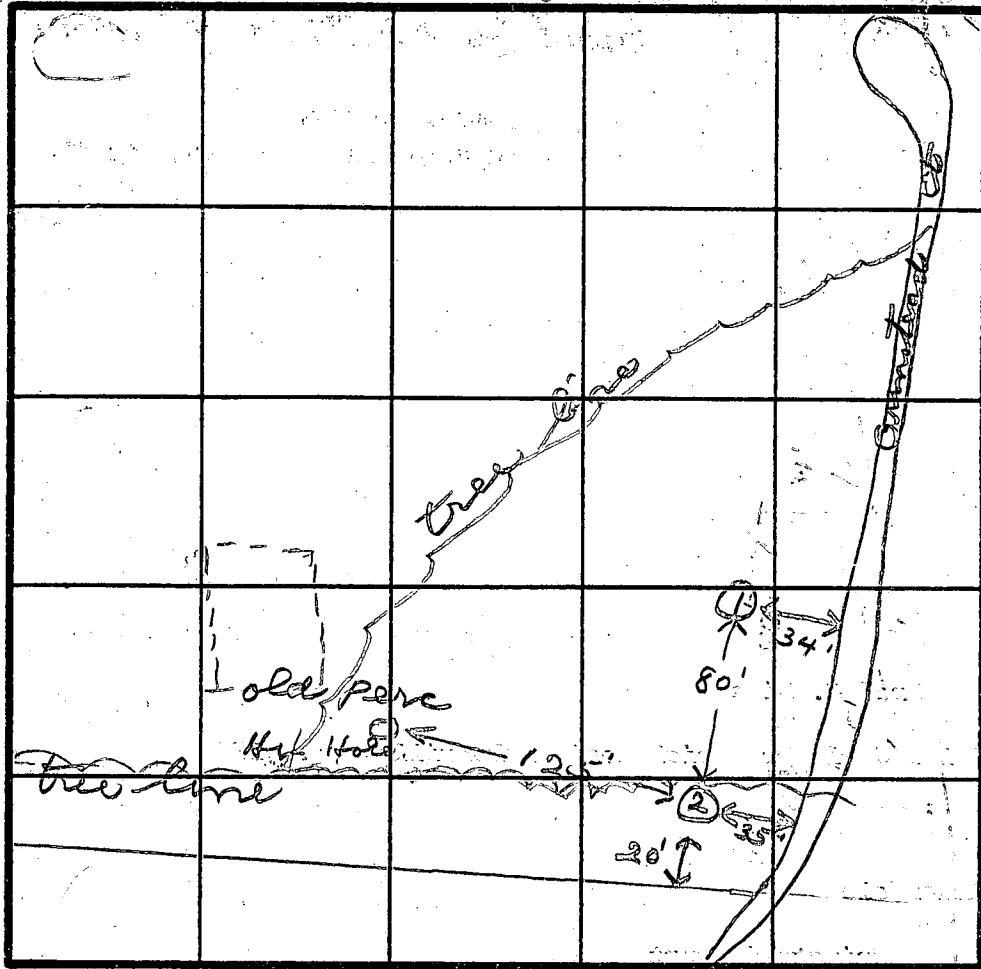
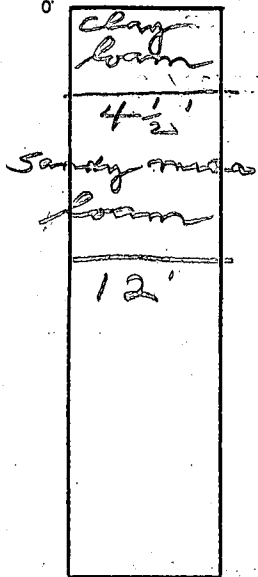
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

① ②

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/30/82	1 S	5	10:32	10:35	10:35	10:39	4
	1 V	12					
	2 V	12					

REMARKS Mr Pipes will submit new plat with proposed house & well location

TYPE OF SOIL _____

TESTED BY J.S.

ALSO PRESENT Mr. Pipes

EH-12-1079

APPLICATION

A 24/64

P _____

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: 465-5000, EXT. 356

DISTRICT 3rd

DATE 9/21/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Rd. Sykesville, Md. PHONE _____

21784

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 24

ROAD AND DESCRIPTION Grinstead Ct.

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

NUMBER OF BEDROOMS
single family dwelling

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

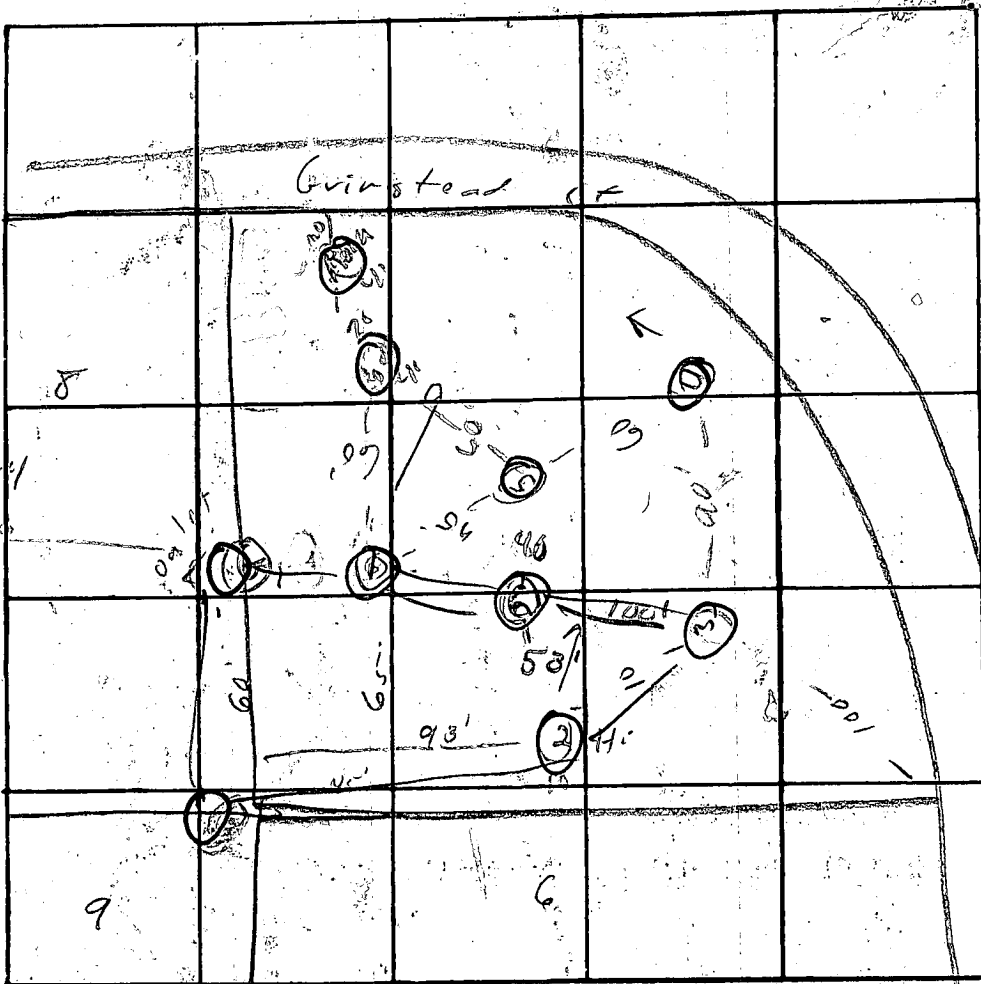
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



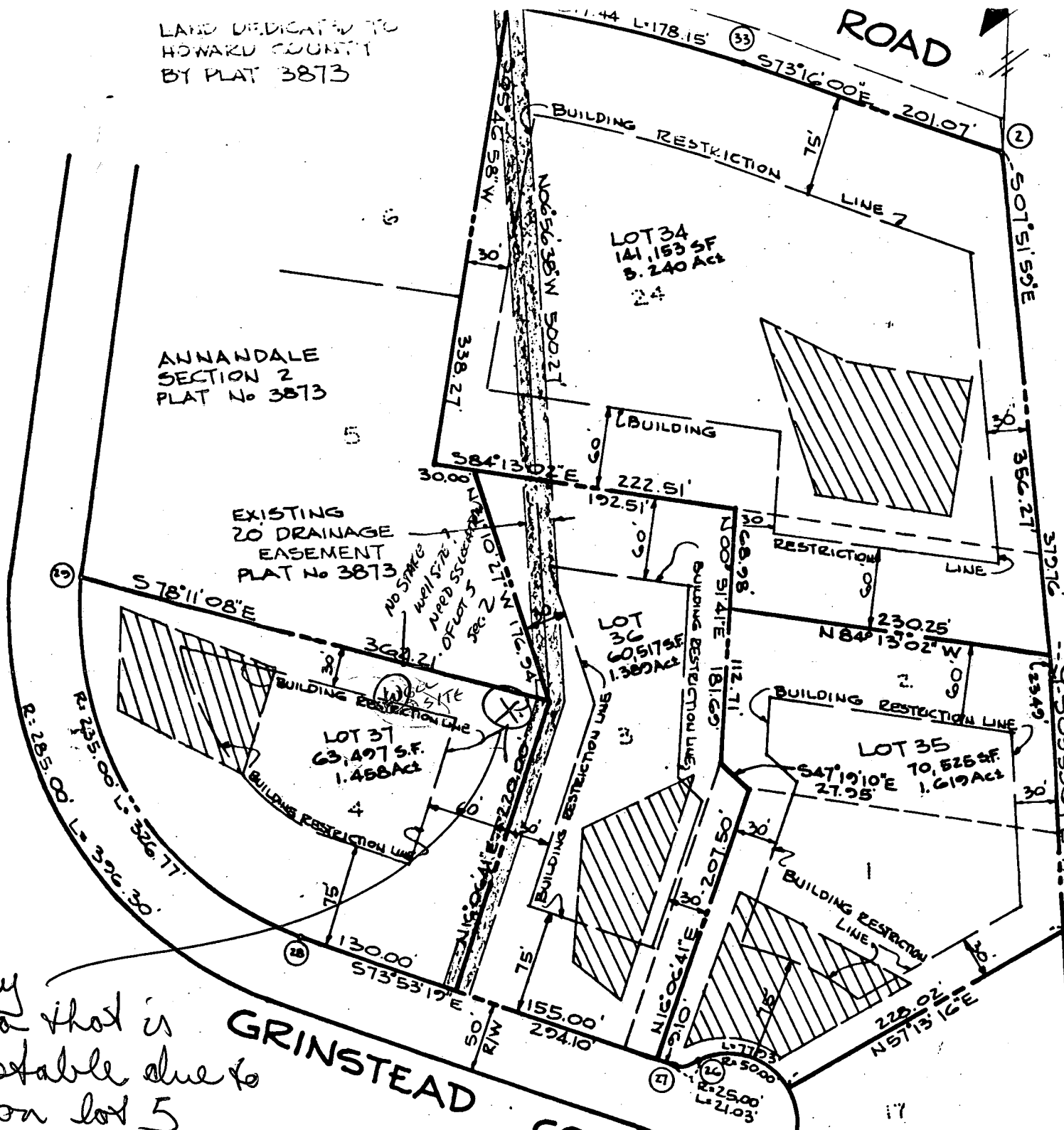
6 on lot 8 (2)
 9.48' dist 115' 115'
 dist 115' 115'

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
	2 S	3 1/2'	9:15			9:24	5
	d	12'	9:15	9:24	9:24	9:42	18
	3 U/S	4-12'	Sandy loam				
	4 S	4'	Surface water cap				
	d	12'	9:15	9:24	9:24	9:32	8
	5 U/S	Rock	12'				
	6 U/S	Under	6-14'	Sandy loam			
	1 S	4'	11:25	11:36	11:36	12:03	27
	d	12'	11:32	11:40	11:40	11:50	10

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT: _____

LAND DEDICATED TO
HOWARD COUNTY
BY PLAT 3873



JOHN T SWANN
580798

JOSEPH L SWANN
PARCEL 2
724/655

ANNANDALE
SECTION 2
PLAT No 3873

EXISTING
20 DRAINAGE
EASEMENT
PLAT No 3873

LOT 37
63,497 SF
1.458 Act

LOT 34
141,153 SF
3.240 Act

LOT 36
60,517 SF
1.389 Act

LOT 35
10,525 SF
27.95 Act

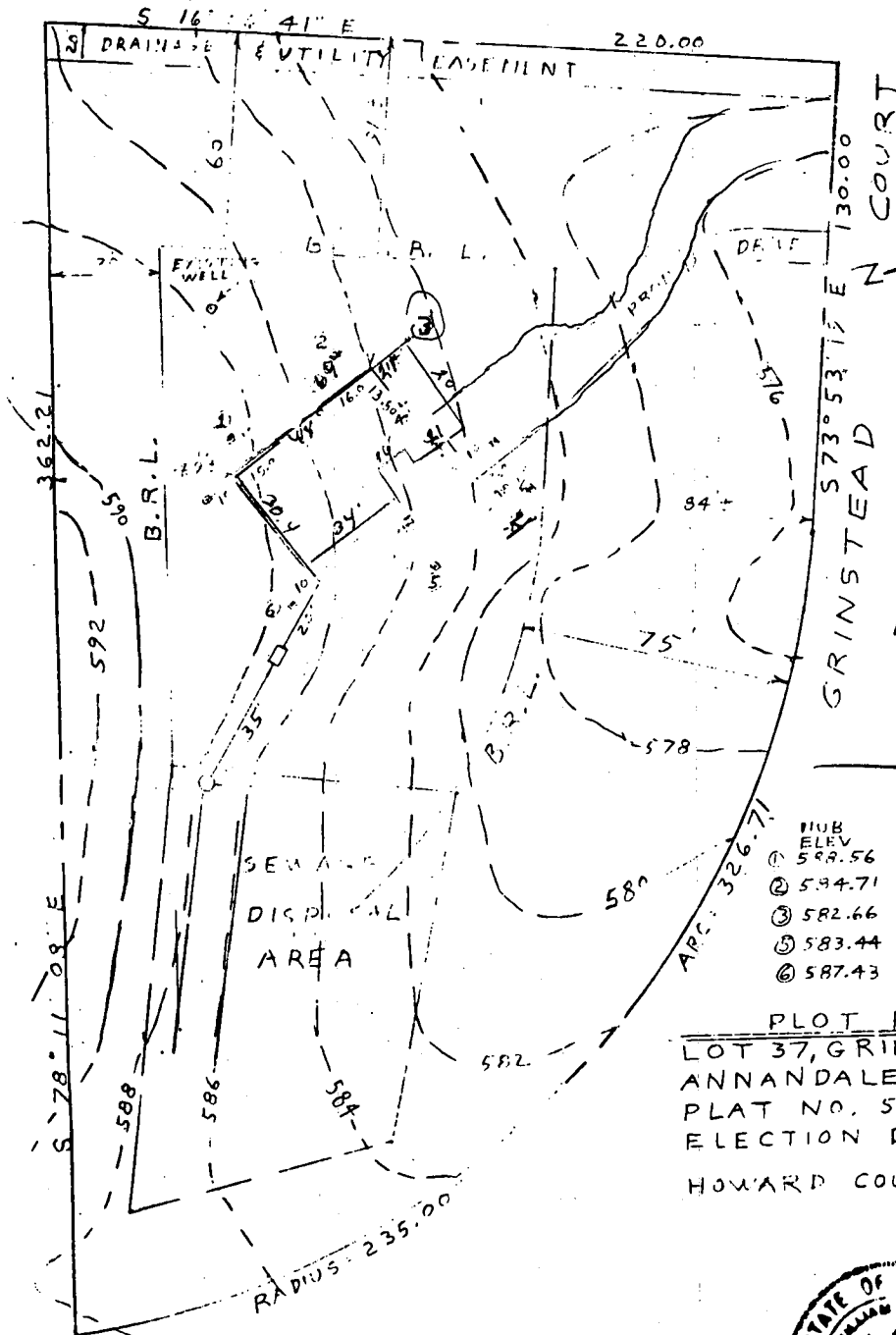
only area that is
acceptable due to
SS on lot 5

GRINSTEAD
CO.

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



AMGROSD BP OK
2/2/87
Cullinan

	HUB ELEV	PROP'D FE ELEV.	ALL FILLS
①	582.56	589.60	1.04
②	584.71	589.60	4.89
③	582.66	589.60	6.94
④	583.44	589.60	6.16
⑤	587.43	589.60	2.17

PLOT PLAN
LOT 37, GRINSTEAD COURT
ANNANDALE SECTION 2
PLAT NO. 5554
ELECTION DISTRICT 3
HOWARD COUNTY MARYLAND

EXIST, GEN. AT DISTR BOX	587.50
INV. IN DISTR. BOX	587.00
INV. OUT OF SEPTIC TANK	584.72
INV. INTO SEPTIC TANK	585.12
INV. OUT OF DWELLING	585.52
FIRST FLOOR ELEV.	587.60
CELLAR ELEV.	580.60
WELL ELEV.	587.50
NO. OF BEDROOMS	3
ACREAGE	0.3427 SQ. FT.



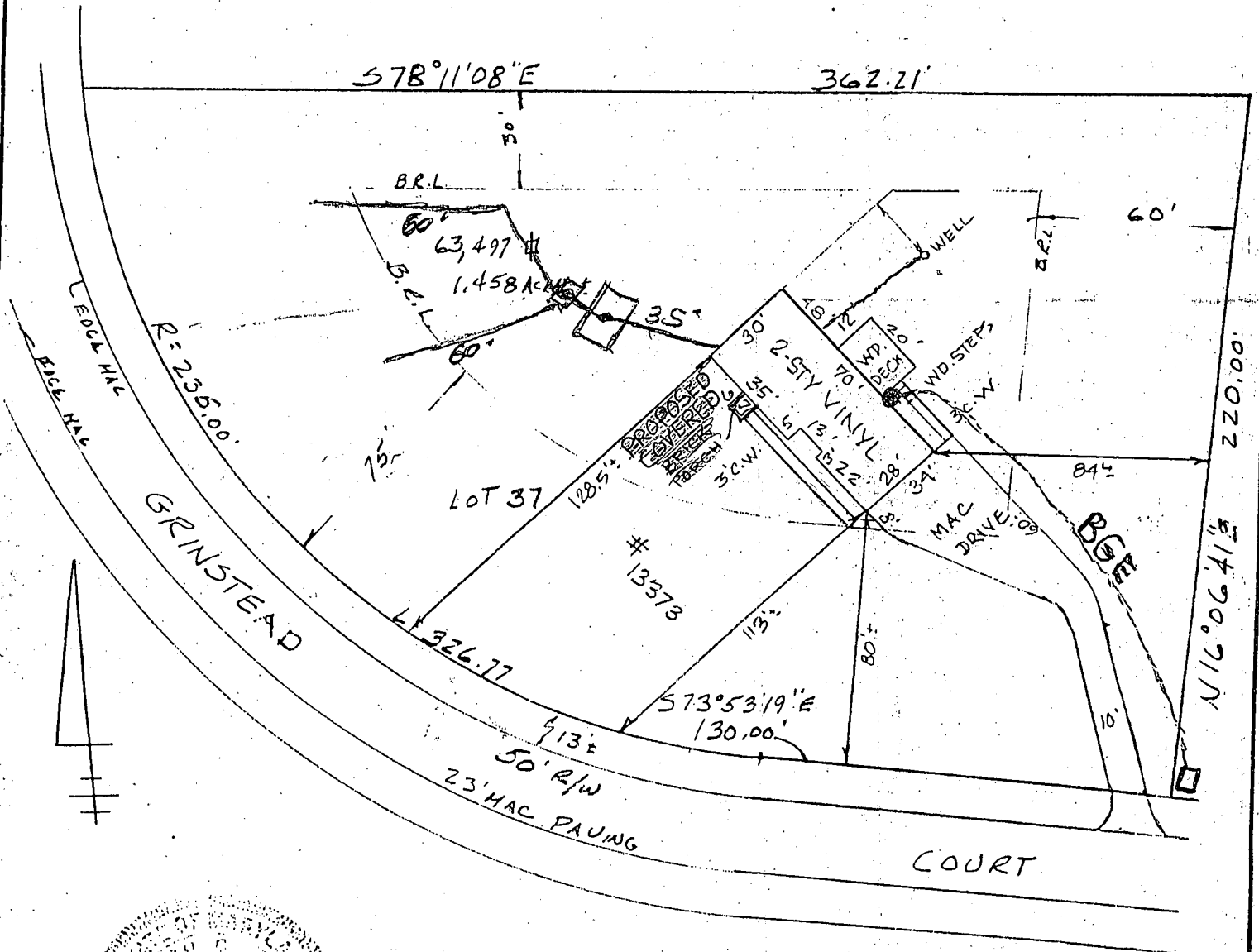
William E. Doyle
SCALE: 1" = 40'

DRAWN: OCTOBER 18, 1986
HOUSE STAKED & GRADES; DECEMBER 2, 1986

FILE NO. 606

Plat of Property known as #13373 Grinstead Court also known as Lot #37, as shown on Final Plat "ANNANDALE" Section 2, Lots 34-35-36-37 a resubdivision of Lots 1-2-3-4 & 24 Section Two, Plat 3873 and recorded among the Land Records of HOWARD COUNTY in Plat C.M.P. #5554.

***NOTE: THIS HOUSE IS NOT LOCATED IN THE FLOOD PLAIN.



10-6-94
 Proposed front porch over front door (7'x6'), replacement of old brick pad and reworking of sidewalk will have no impact to existing well or septic. OK to proceed.
 Amy M. Mullen

This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used as such.

THIS PLAT IS NOT INTENDED FOR THE USE IN THE ESTABLISHMENT OF PROPERTY LINES

DON LYNCH ASSOC., INC.
 4907 HARFORD ROAD
 BALTIMORE, MD. 21214

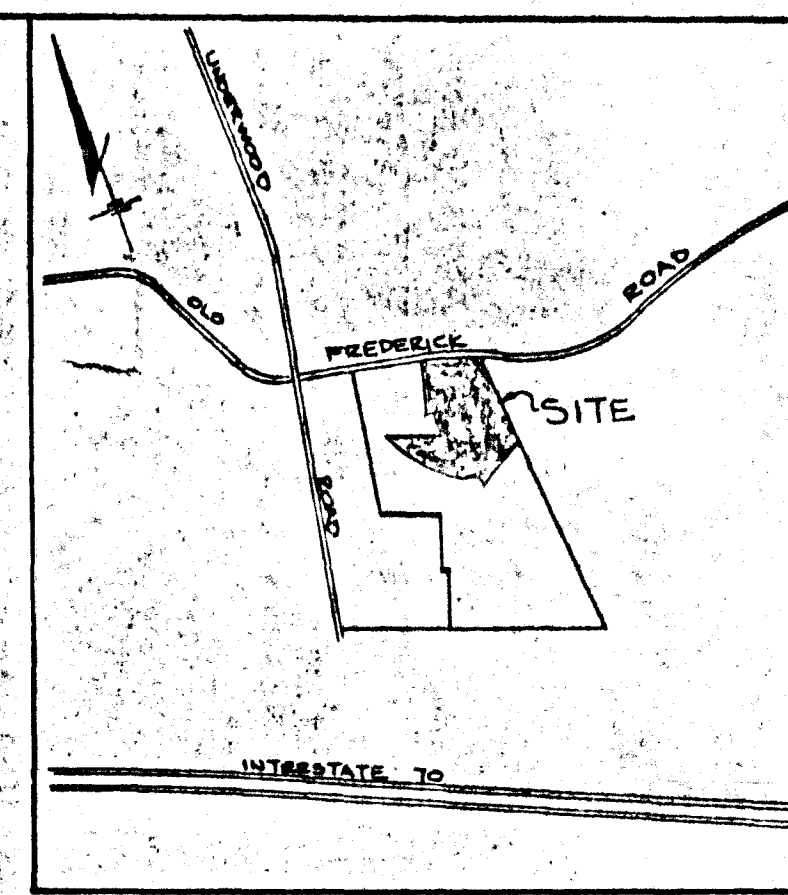
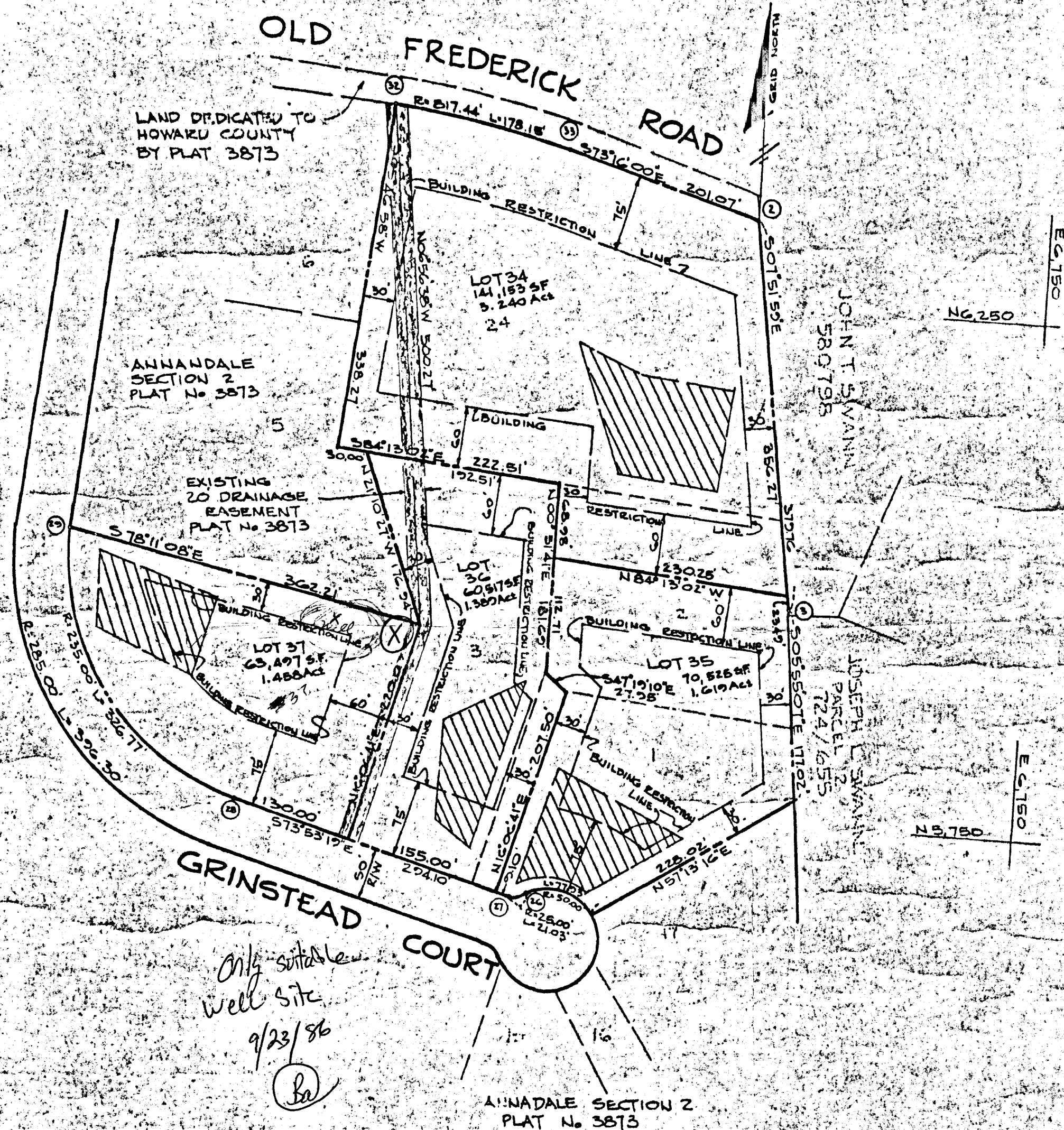
Scale: 1" = 50'

Date: 9/29/88

TABLE OF COORDINATES		
No.	NORTH	EAST
2	6,327.21	6,467.45
3	5,951.05	6,519.42
26	5,666.81	6,277.38
27	5,665.97	6,257.16
28	5,745.59	5,974.61
29	5,995.03	5,806.01
32	6,417.47	6,100.07
33	6,385.10	6,274.89

CURVE DATA					
No.	R	L	T	Δ	LCE
32-33	817.44	178.18	82.43	12°25'30"	579°50'37" E 177.80
26-27	25.00	21.03	11.18	48°13'25"	S62°00'59" W 22.01
28-29	238.00	326.77	196.04	75°40'17"	N54°03'11" W 501.08

DATUM: PLAT No. 5819



LOCATION MAP
SCALE: 1" = 2000'

- NOTE:**
- 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 SEWER 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 VARIANCE FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 - THIS PROPERTY ZONED "R" PER OCTOBER 3, 1977 COMPREHENSIVE ZONING PLAN.
 - THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
 - THE PURPOSE OF THIS PLAT IS TO MAKE LOT 4 PLAT 5819 PART OF NEW LOTS 34, 35 & 36 AND TO CHANGE PERC AREA AND BUILDING RESTRICTION LINES ON NEW LOT 37 (OLD LOT 4)
 - EXISTING HOUSES ON NEW LOTS 34, 35 & 36.

TABULATION
 1 TOTAL NUMBER OF LOTS = 4
 2 TOTAL AREA OF LOTS = 7.107 Acs
 3 AREA OF ROAD DEDICATION = 0
 4 TOTAL AREA OF PLAT = 7.107 Acs

*only suitable well site
9/23/86
[Signature]*

APPROVED: FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
James M. Boyd, M.D. per F.S. 7/19/83
 COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING & ZONING
Arthur Amalband 7/26/83
 DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS & PUBLIC ROADS. HOWARD COUNTY DEPT. OF PUBLIC WORKS.
John F. Neimey 7-21-83
 DIRECTOR DATE

SURVEYORS CERTIFICATE
 I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY FEDERAL LAND BANK OF BALTIMORE TO FRED J. PIPES AND WIFE, BY DEED DATED JUNE 5, 1941 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER 170 FOLIO 446; ALL OF LOT 3 BY DEED DATED JULY 10, 1972 IN LIBER 313 FOLIO 321; FRED J. PIPES, AND WIFE, TO THOMAS A. SHIVERS, CARL E. MANN, DIANE H. BRADY, AND WIFE, TO THOMAS A. SHIVERS, CARL E. MANN, DIANE H. BRADY, AND WIFE, TO LOUIS C. BRADY, AND WIFE, AND ALL OF LOT 24 BY DEED DATED MAY 6, 1978 IN LIBER 583 FOLIO 426; FRED J. PIPES, AND WIFE TO CARL E. MANN, AND WIFE, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.
Walter Park 6-1-1983
 WALTER PARK RES. PROF. L.S. No. 5653 DATE

ALTERNATE DEDICATION CERTIFICATE
 WE, FRED J. PIPES, HATTIE PIPES, THOMAS A. SHIVERS, CARL E. MANN, DIANE H. BRADY, CARL E. MANN AND ELFRIEDE MANN, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION; AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAT BY THE OFFICE OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES. ALL EASEMENTS & RIGHTS-OF-WAY AFFECTING THE PROPERTY ARE INCLUDED IN THIS PLAN OF SUBDIVISION.
 WITNESS OUR HANDS THIS DAY OF June 1983.
Fred J. Pipes 6/9/83 DATE
 FRED J. PIPES DATE
Hattie Pipes 6/9/83 DATE
 HATTIE PIPES DATE
Thomas A. Shivers 6/9/83 DATE
 THOMAS A. SHIVERS DATE
Carl E. Mann 6/9/83 DATE
 CARL E. MANN DATE
Elfriede Mann 6/9/83 DATE
 ELFRIEDE MANN DATE

RECORDED ON 7-29-83 AS PLAT No. 5554 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

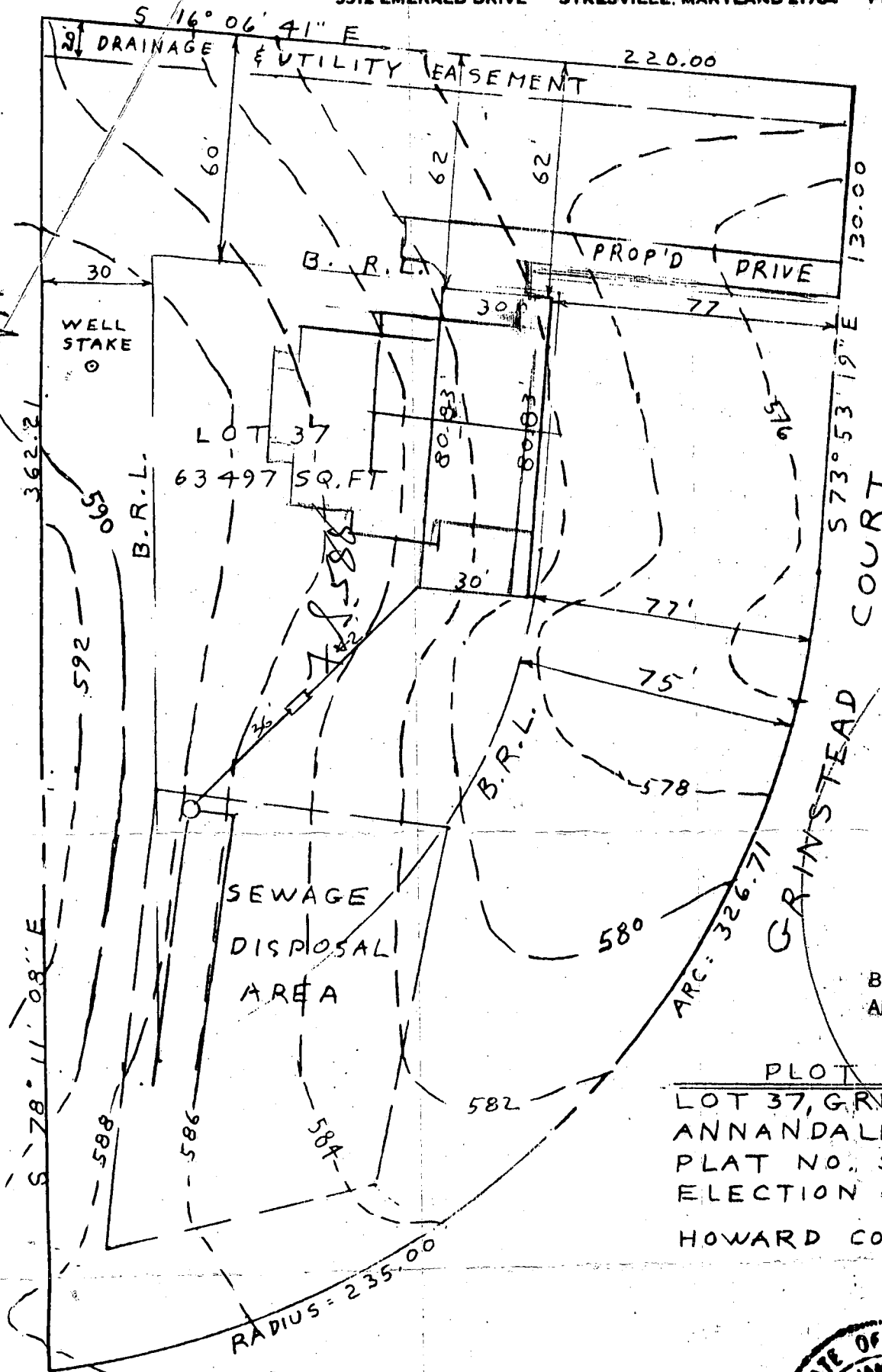
FINAL PLAT 6/27/83 Plat OK
ANNANDALE SECT. TWO
 LOTS 34, 35, 36 & 37 A RESUBDIVISION
 OF LOTS 1, 2, 3, 4 & 24 SECT. TWO
 PLAT No. 3873
 3RD ELECTION DISTRICT HOWARD COUNTY, MD
 P. 77-26 F. 78-36
 SCALE: 1" = 100' MAY 31, 1983
 TAX MAP 9 PARCEL 302

SURVEYORS
 HUDKINS ASSOCIATES INC.
 231 JOSEPH SQUARE, COLUMBIA, MD 21044

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



AMENDED
 JAN 27, 1987
 566 OF 766
 SHEET
 CW
 160 P/BK
 4-9
 11/7/86
 elevations ok
 P/BK

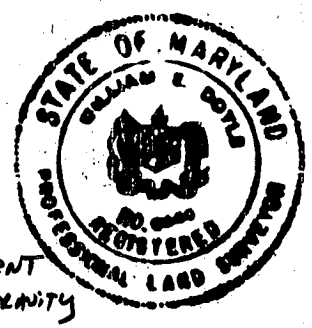
BLDG. PERMIT SIGNED
 AND RETURNED

S. Doyle

PLOT PLAN AP# 8759
 LOT 37, GRINSTEAD COURT
 ANNANDALE SECTION 2
 PLAT NO. 5554
 ELECTION DISTRICT 3
 HOWARD COUNTY MARYLAND

EXIST. GRN. AT DISTR. BOX _____
 INV. IN DISTR. BOX _____
 INV. OUT OF SEPTIC TANK _____
 INV. INTO SEPTIC TANK _____
 INV. OUT OF DWELLING _____
 FIRST FLOOR ELEV. _____
 CELLAR ELEV. _____
 WELL ELEV. _____
 NO. OF BEDROOMS _____
 ACREAGE _____

587.50 ✓ 583.5
 584.00 ✓ 583.5
 584.72 ✓
 585.12 ✓
 585.96 ✓ NO BASEMENT
 587.00 ✓ ON GRAVITY
 578.00 ✓
 589.00 ✓



3 - requires 95' of trench. w/ disposal
 63497 SQ. FT.
 William E. Doyle

I CERTIFY THE ABOVE MEASUREMENTS
 AND ELEVATIONS ARE ACTUAL AND
 CORRECT FOR THIS PROPERTY
 signed William E. Doyle

SCALE: 1" = 40
 DRAWN: OCTOBER 18, 1986

FILE NO. 606

C1 5359 SEQUENCE NO. (OEP USE ONLY)
 (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 32 392

DATE RECEIVED
 8 13

DATE WELL COMPLETED
 11 17 86

DEPTH OF WELL
 22 145 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 42-81-1720
 28 29 30 31 32 33 34 35 36 37

OWNER HALSOR J.W.
 STREET OR RFD GRINDSTEAD CT first name TOWN WEST FRIENDSHIP
 SUBDIVISION ANNANDALE SECTION 2 LOT 37

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	
Top Soil	0	2	
Sandy	2	25	
Sand Stone	25	30	✓
Micka	30	45	
Sand Stone	45	50	✓
Micka	50	145	

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 9 NO. OF POUNDS 900
 GALLONS OF WATER 54
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 3.5 ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)
 (P) 6 40

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

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

DEPTH (nearest ft.)
 1 40 38 145
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

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

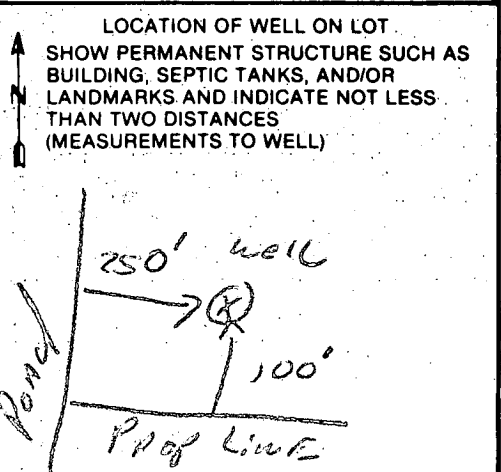
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 27
 WHEN PUMPING 65
 TYPE OF PUMP USED (for test)
 (A) air (P) piston (T) turbine
 (C) centrifugal (R) rotary (O) other (describe below)
 (J) jet (S) submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES (NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE (nearest foot)
 (-) below } 2

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. 273
 Kath S. Maguire
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 Kath S. Maguire
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - H6-81-1710

Location of property (road) _____

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller _____ Owner _____

Depth of well _____

Distance of measuring point (M.P.) above ground 2 ft

Static water level (S.W.L.) below M.P. 27 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:45

Pumping rate 10 G.P.M

Total time 30 min to reach pumping water level 65 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 \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	65 ft	10 sec	X	6 G.P.M
9:30	65	10		6
9:45	65	10		6
10:00	65 ft	10 sec		6 G.P.M
10:15	65	10		6
10:30	65	10		6
10:45	65 ft	10 sec		6 G.P.M
11:00	65	10		6
11:15	65	10		6
11:30	65 ft	10 sec		6 G.P.M
11:45	65	10		6
12:00	65	10		6
12:15	65 ft	10 sec	6 G.P.M	

40ft PL 35 open 9 bags

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 # 39974
 Date 8/26/87

Name of Installer TIM MOYLAN

Telephone 788-8466

License Number 3078

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner _____

Telephone _____

Subdivision ANNANDALE Lot # 37

Well Tag # HO-81-1710

Site Address 13373 CAINSTEAD CT

- | Pump | Motor | Pitless Adapter |
|---|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ 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 | Piping | Well data |
|---------------------------------|--|---|
| 1. Capacity _____ | 1. Type _____ | 1. Depth <u>278</u> ft. |
| 2. Pressure relief valve? _____ | 2. Size <u>1 1/2"</u> | 2. Yield <u>25</u> GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level <u>28</u> ft. |
| | 4. Depth of supply line <u>10</u> | 4. Will water supply be disinfected by installer? <u>no</u> |

WELL LING & ADAPTER 3' BELOW GRADE. TANK NOT IN 9/9/87 C.W.

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: Michael Law

Date: _____

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

B 1 **2598** 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
HC-31-1710
 fill in this form completely

Date Received _____
 OWNER INFORMATION
MALCOLM J. W. Owner First Name
411 LAFAYETTE AVE Street or RFD
BALTIMORE Town **MD 21228** State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
GREENDALE SUBDIVISION
 SECTION **2** LOT **32**
WESTFRIDOSHIA NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Ralph Mayne Driller's Name **273** License No.
Ralph Mayne Fuel Service Firm Name
9120 KENNEDY BLVD. BALDWIN Address
Ralph Mayne Signature **5/28/86** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **GUNSTEAD ST.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **250** FT or MI

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 **A 32392** COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **10/28/86** CO SIGNATURE **Stayer** EXP. DATE
 NORTH GRID **542000** EAST GRID **0806000**

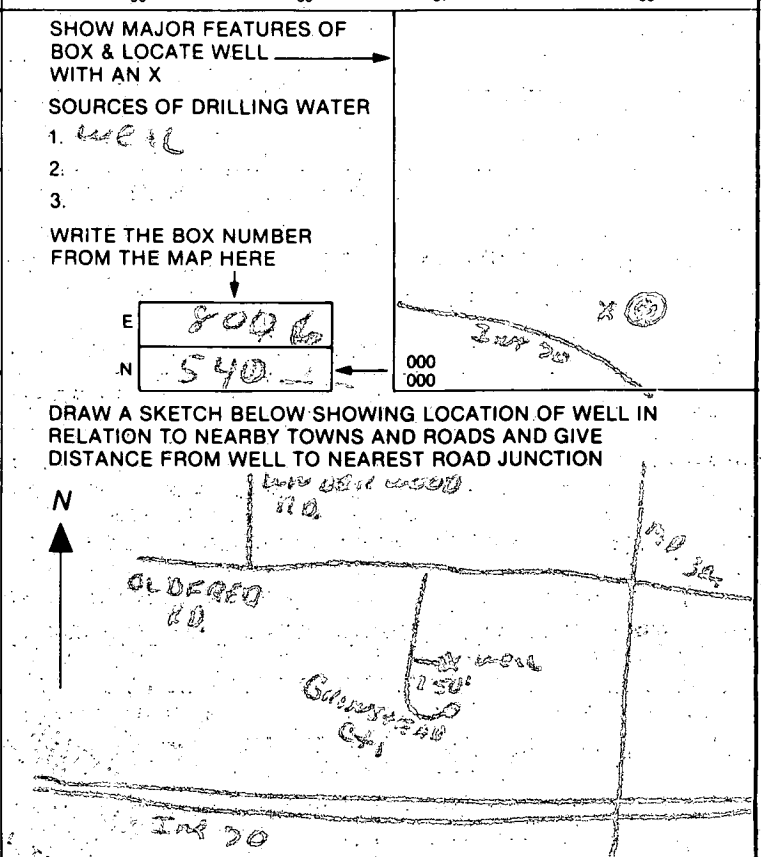
APPROXIMATE DEPTH OF WELL **150** FEET

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 _____

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 WRITE INITIALS IN BOX PERMIT No. **HC-31-1710**



SPECIAL CONDITIONS _____
 HEALTH

11/17 capped casing to 40'
(originally had been 20')
to cut off clay that was
entering well.

9 bags of cement to grout
did another pump test.
+ new yield between 6-7 gpm

11/23/86

New nitrate sample (turbidity)
came back in
acceptable limits

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
SEP 2 4 15 PM '86
DIVISION OF
ENVIRONMENTAL
HEALTH