

11/4/83 - 2 Septics.  
noon  
later

approved  
11-4-83  
C Williams

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 33210

A 32928

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-374545

ELLICOTT CITY  
DISTRICT 3rd

## INDEX

DATE Oct 3, 1983

Paul Schissler IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 4410 Shellbottom Dr., Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Gleneig Manor ROAD 12771 Folly Quarter Rd. LOT 15-A Sec. 2

PROPERTY OWNER Paul C. Heins

ADDRESS 9664 Corn Tasul Court, Columbia, MD 21046 Phone: 498-3834, Wk. 730-7222

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 - 158 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 3 ft. below original grade. Bottom maximum depth 9 ft. below original grade. Effective area begins at 3 ft. below original grade. 6 ft. of stone below distribution pipe.

LOCATION: Start first trench 95 ft. from the back (241 ft.) lot line and 110 ft. from the right (244 ft.) lot line as seen when facing the property from the road. Run trench(s) along level ground toward left property line. Maintain at least 75 ft. from well for trench.

PLANS APPROVED BY Craig Williams DATE August 17, 1983

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.

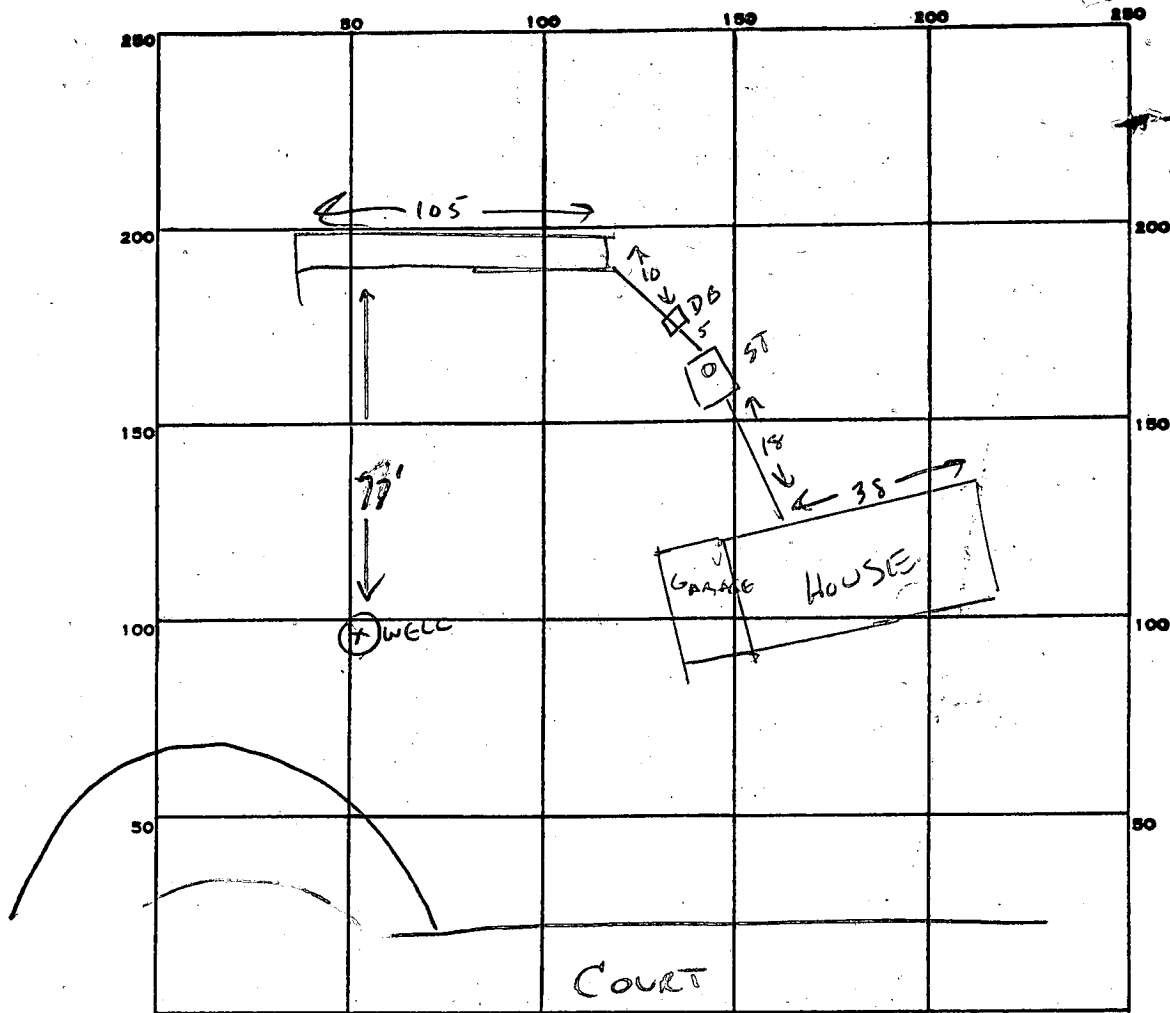
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

**\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082

A 32928



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓

CLEANOUTS ST ✓

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 105 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 630

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 630 SQ. FT.

REMARKS \_\_\_\_\_

DATE SYSTEM APPROVED 11-4-83

INSPECTOR CW [Signature]

27  
158  
4  
61832  
105

SUBDIVISION: GLENELG MANOR SECTION 2

LOT NUMBER: 15A

A 32928

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.

TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3 feet below original grade.

6 feet of stone below distribution pipe.

BLDG. PERMIT SIGNED AND RETURNED 8/31/83

Serial No. 55437  
4 bedrooms according to bldg. permit.

- 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: START FIRST TRENCH <sup>95'</sup>~~10'~~ FROM THE BACK (241') LOT LINE

AND 1.10' FROM THE RIGHT (244') LOT LINE AS SEEN WHEN

FACING THE PROPERTY FROM THE ROAD. RUN TRENCH(S)

ALONG LEVEL GROUND TOWARD LEFT PROPERTY LINE.

Maintain at least 75' from well to trench. 8-17-83 CWilliam

*Permit  
7/8/83  
7/11/83  
9:30 AM*

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32928

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd

DATE 7/06/83

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 Paul C. Heins  
9664 ~~Conatussel Court~~ Corn Tassel Court  
ADDRESS Columbia, Maryland 21046 PHONE 498-3834  
work - 730-7222

PROPERTY LOCATION:  
SUBDIVISION Glenelg Manor Section 2 LOT NO. 15-A

ROAD AND DESCRIPTION ~~Pleasant Prospect~~  
12771 Jolly Quarter Road

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/ Don Reuwer  
(SIGNATURE OF APPLICANT)

APPROVED BY *[Signature]* FOR *all* DATE 7-11-83

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# THIS IS NOT A PERMIT

SOIL PROFILE

0'


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH-12-1079

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 32928

P \_\_\_\_\_

DISTRICT 3rd

DATE 7/06/83

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 Paul C. Heins  
9664 Corntussel Court  
ADDRESS Columbia, Maryland 21046 PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Gleneig Manor Section 2 LOT NO. 15-A

ROAD AND DESCRIPTION Pleasant Prospect

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/ Don Reuwer

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

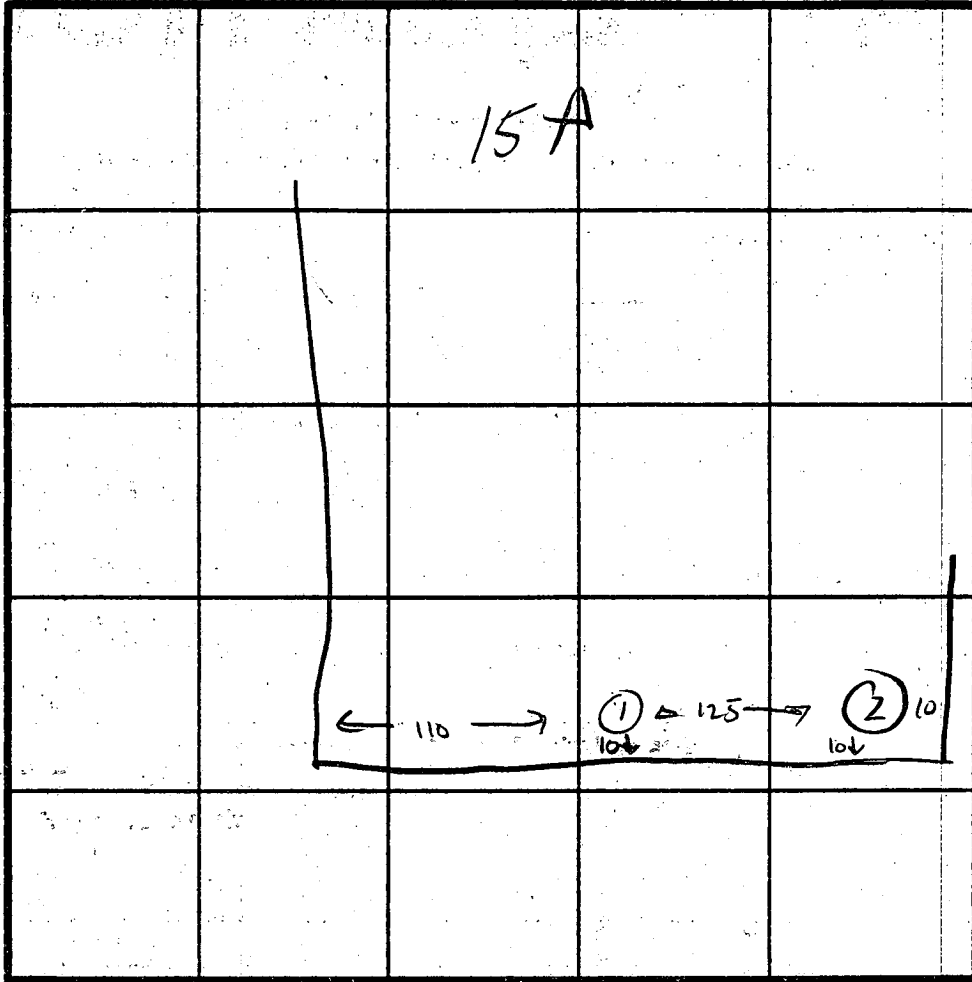
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

1+2

15A

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-11-83	1	13'	SANDY LOAM		TOP TO BOTTOM		
7-11-83	2	13'	SANDY LOAM		TOP TO BOTTOM		
			PERCABLE	WT 2'			
COMBINE WITH RESULTS OF TEST							
OF 7-78							
TO EXTEND PERC AREA TO REAR OF PROP.							

REMARKS OK TO EXTEND AREA TO BACK OF LOT; CAN

DRILL WELL REAR TOP OF OLD PERC AREA

TYPE OF SOIL

TESTED BY

C. Wilbur

ALSO PRESENT

Olenkottgerman

PRELIMINARY

# APPLICATION

A 28237

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 6/21/78

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 Glenelg Manor Associates

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 15A, Section 2

ROAD AND DESCRIPTION Folly Quarter Road

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT /s/ John Rettaliata

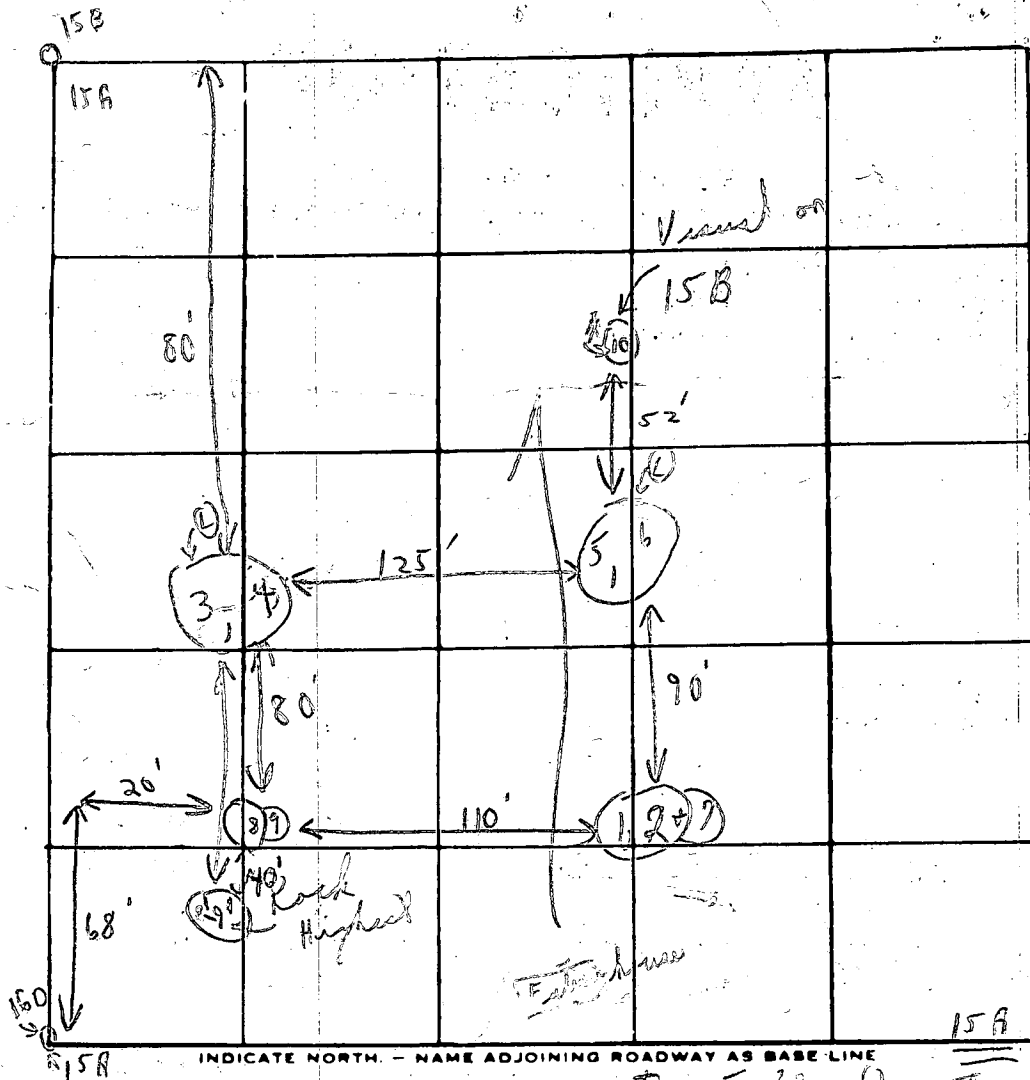
APPROVED BY [Signature] FOR dry well trench DATE 2/16/83  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 2/16/83 Hold  
For [unclear]

# THIS IS NOT A PERMIT



Lot 15A

To Folley Quarter

Sand  
Below  
clay  
loam  
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/28/28	1	1'					
	2	Same as 1					
	3	4'	10:00	10:01	10:01	10:04	3m
	④ 4	12 1/2'	10:00	10:01	10:01	10:05	4m
	5	5'	9:58	9:59	9:59	10:03	4m
	④ 6	13'	9:56	9:57	9:57	9:59	2m
	7	4 1/2' - 13'	Room	Visual			
	8	4'	11:49	11:52	11:52	11:59	7m
	9	12 1/2'	11:49	11:53	11:53	12:08	15m
		(Hold for another hole)					

Use either  
(1, 2 + 7)  
or  
(8 + 9)

REMARKS: Tests in even field

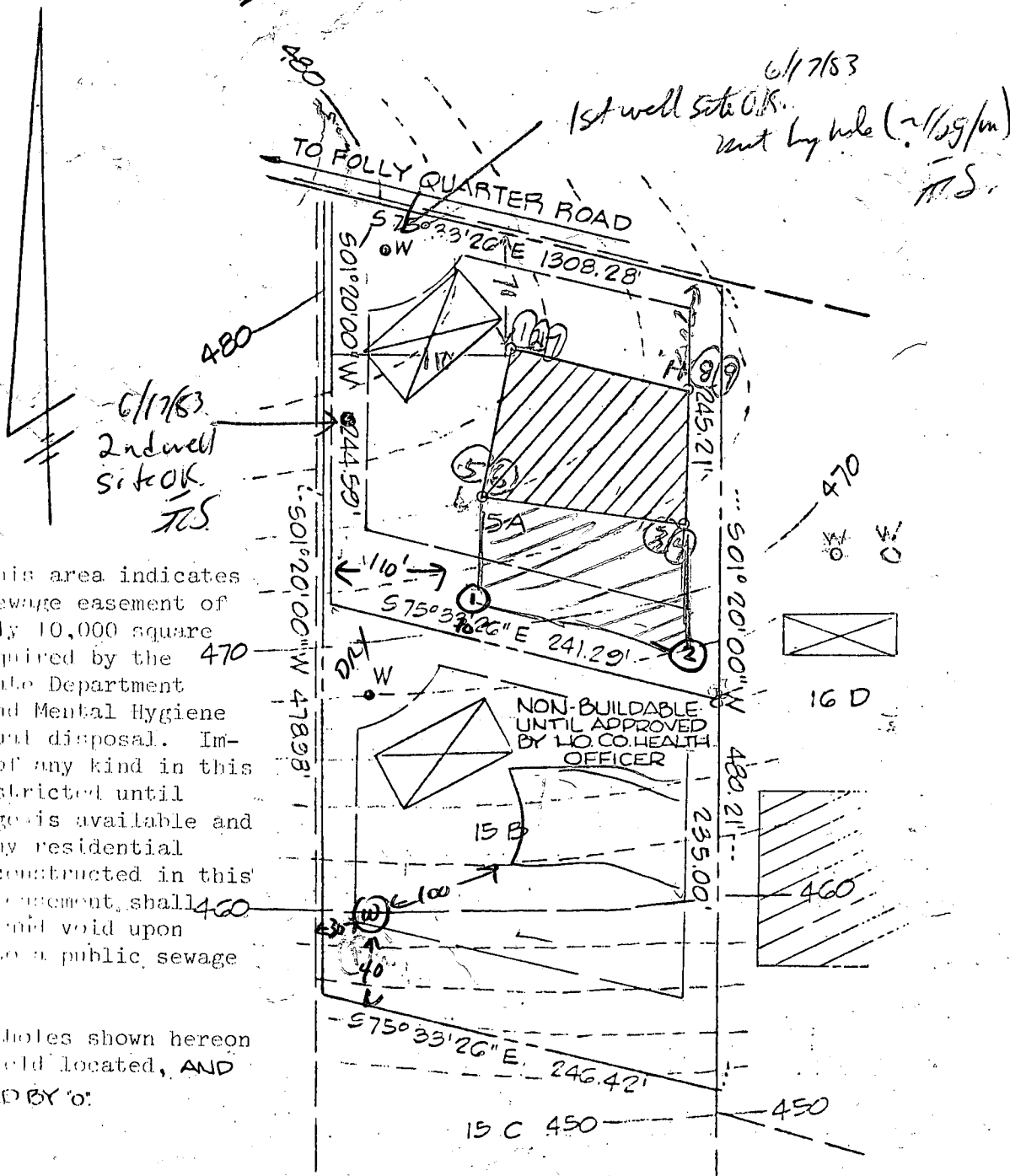
TYPE OF SOIL: \_\_\_\_\_

TESTED BY: C. [Signature]

ALSO PRESENT: Mr. Retallier and [Signature]

T.O. 10

A (15) Signed

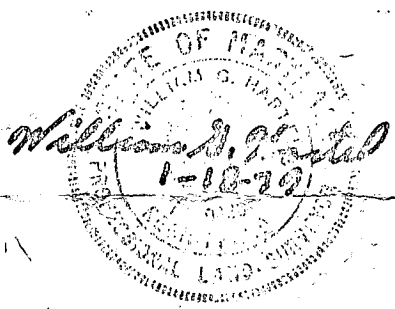


This area indicates a private sewage easement of approximately 10,000 square feet, as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed in this area. This easement shall become null and void upon connection to a public sewage system.

Percolation holes shown hereon have been field located, AND ARE INDICATED BY 'O'.

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.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM



*William D. Boender*  
HOWARD COUNTY HEALTH OFFICER      3-21-79      DATE

TYPE PERCOLATION TEST PLAT			
PROJECT GLENELG MANOR-SECTION 2 - LOTS 15A			
LOCATION THIRD ELECTION DISTRICT - HOWARD COUNTY, MARYLAND			
DATE DEC 9, 1977	DESIGN BY:	DRAWN BY: DMR	CHECKED BY: DMR
SCALE 1" = 100'	JOB NO.: 7778	DRAWING NO.: 1 OF 1	

boender associates  
7/8/83 - 9:30 am

engineers  
surveyors  
planners

C1 **4383** 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 32928**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **07 22 83** Depth of Well **223** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **H0-81-0128**

OWNER **Heins Paul** last name first name  
 STREET OR RFD **Pleasant Prospect** TOWN **Glennely**  
 SUBDIVISION **Glennely Manor** SECTION **2** LOT **15-A**

**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	
<i>Brown shale</i>	0	24	
<i>Gray mica rock</i>	24	223	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **6** NO. OF POUNDS **364**  
 GALLONS OF WATER **54**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **24** 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 **PL** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **27**

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	3
1	<b>H0</b>	<b>23</b>	<b>223</b>
2			
3			

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

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 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. **238**  
**Joseph L. Mays**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

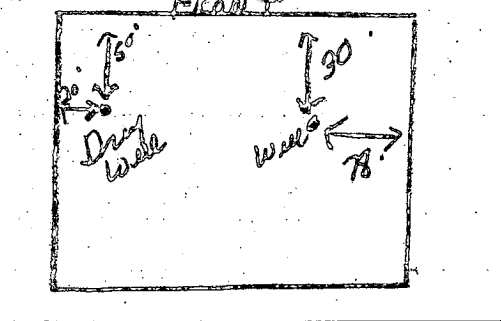
GRAVEL PACK \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T \_\_\_\_\_ (E.R.O.S.) WQ \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **12**  
 METHOD USED TO MEASURE PUMPING RATE **sub bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **26**  
 TYPE OF PUMP USED (for test) **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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: **S**  
 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 }

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)







GROUT

LOCATION OK

27' CASING

1' ABOVE GR.

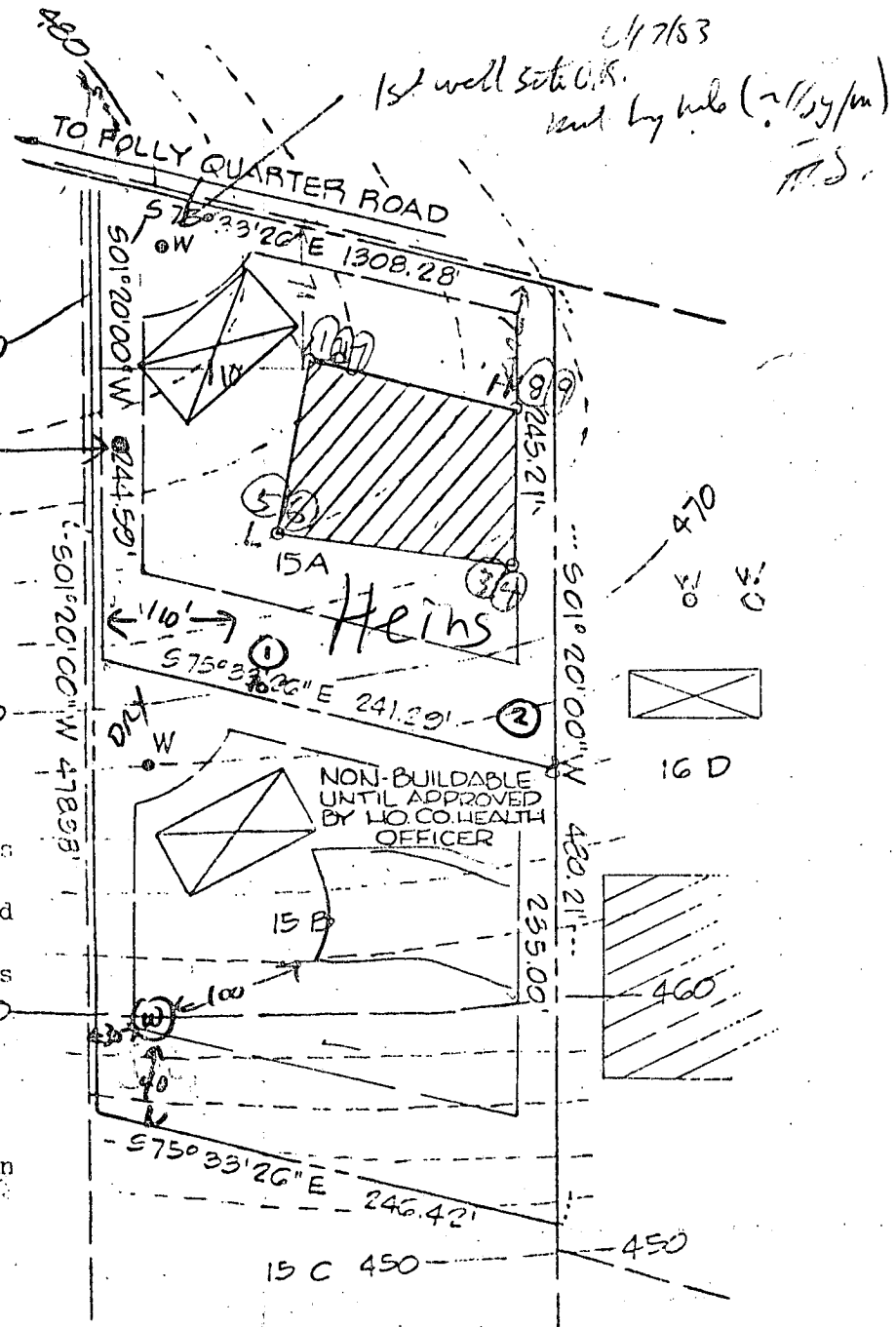
24' OPEN

6 BAGS CEMENT

7-22-83 *Chulhans*

TOTO

A (15)  
Signed



6/17/83  
2nd well  
Site OK  
T.S.

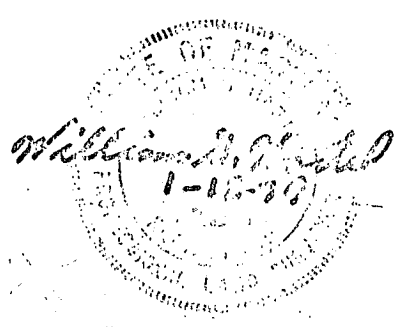
6/17/83  
1st well site OK.  
sent by hls (~1/31/83)  
T.S.

This area indicates private sewage easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewerage is available and being an residential structure constructed in this area. This easement shall terminate and be void upon connection to a public sewerage system.

Percolation holes shown hereon are to be a field located, AND AS INDICATED BY 'O'.

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.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM



William H. H. H. 3-21-79  
HOWARD COUNTY HEALTH OFFICER DATE

PERCOLATION TEST PLAT

PROJECT: GLENELG MANOR-SECTION 2 - LOTS 15A			
LOCATION: THIRD ELECTION DISTRICT - HOWARD COUNTY, MARYLAND			
DATE: FEB 1977	DESIGN BY:	DRAWN BY: DMR	CHECKED BY: DMR
SCALE: 1" = 100'	JOB NO.: 7778	DRAWING NO.: 1 OF 1	

boender associates  
7/8/83 - 9:30 AM  
BALTIMORE 301-465-7777 • SA • Y 301-749-1288

engineers  
surveyors  
planners

<b>B 1</b> 2182	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND PERMIT TO DRILL WELL</b> <i>please print or type</i>	OEP PERMIT NUMBER <b>HO-81-0128</b> <i>fill in this form completely</i>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)</small>			

**Date Received** 05 27 83  
(OEP Use Only)

**OWNER INFORMATION**

Last Name 15 Heinzel Owner C 34 Name PAUL

36 9644 CORNFIELD ST 55 CL

Town 57 COLUMBIA State MD 76 Zip 21046

**LOCATION OF WELL**

COUNTY HOWARD

SUBDIVISION Glenely MANOR

SECTION 2 LOT 15-A

NEAREST TOWN Glenely

MILES FROM TOWN (enter 0 if in town) 3

**B 1 Continued DRILLER INFORMATION**

Driller's Name Joseph L. MAYNE 77 License No. 80 238

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy MD. 21771

Signature Joseph L. Mayne Date 5/27/83

**B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

Pleasant Prospect  
NEAR WHAT ROAD

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

34 DISTANCE FROM ROAD 25 37 **FT**  
(CIRCLE APPROPRIATE BOX) **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)

**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**

SOURCES OF DRILLING WATER

- Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

810 3  
510 5

APPROXIMATE DEPTH OF WELL 180 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

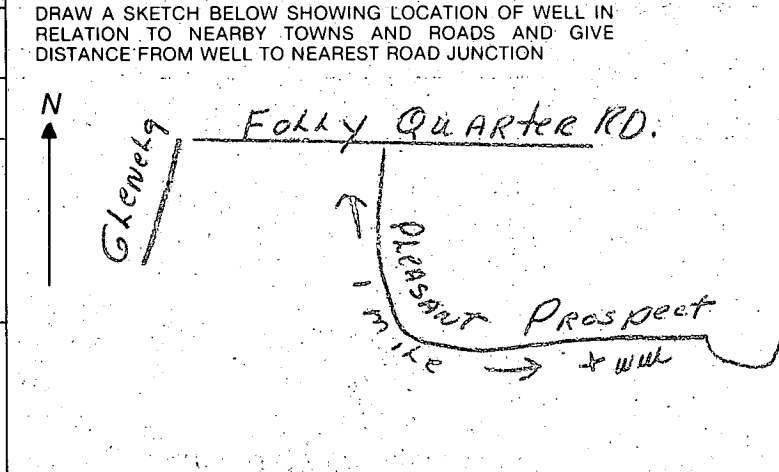
**METHOD OF DRILLING (circle one)**

BORED (OR AUGERED)  JETTED  JETTED & DRIVEN

30. AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)

37 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

39  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) 41 \_\_\_\_\_ 52

**B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME HOWARD COUNTY NO. A-32928

*Not to be filled in by driller (OEP USE ONLY)*

APPROX. PERMIT NUMBER G A P

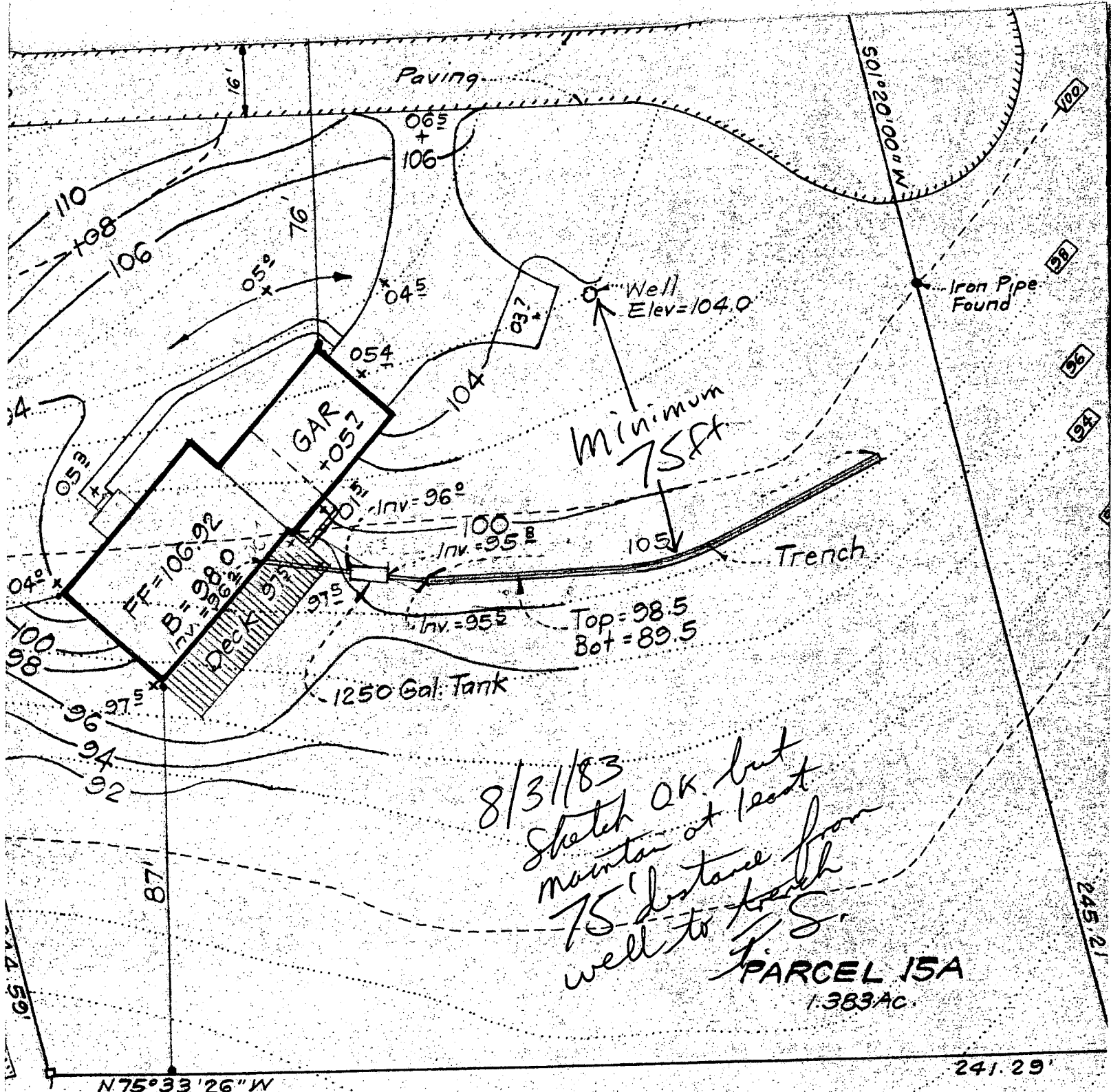
FORCE ES WRITE INITIALS IN BOX PERMIT NO. HO-81-0128

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH DEPARTMENT SIGNATURE \_\_\_\_\_

DATE ISSUED 06 07 83 CO SIGNATURE Fred Shum

NORTH GRID 510 EAST GRID 0813 EXPIRES 12 07 83

**B 5 SPECIAL CONDITIONS 8-63**



8/31/83  
 Sketch OK. but  
 maintain at least  
 75' distance from  
 well to trench  
 J.S.

PARCEL 15A  
 1.383 AC.