

PERMIT

*approved
8-18-82
C. Williams*

P 32098

A 31297

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-388880

ELLICOTT CITY

DISTRICT 5th

INDEX

DATE August 13, 1982

Donald Parlette

IS PERMITTED TO INSTALL X ALTER

ADDRESS 6575 Route 32, Clarksville, Md. 21039 PHONE 286-2140

SUBDIVISION Simpson Woods ROAD 7310 Meadow Wood Way LOT 17, Sec. 3

PROPERTY OWNER William F. & Jeanne H. Eddy

ADDRESS 5167 Darting Bird Ln, Columbia, Md.

SPECIFICATIONS 4 Bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 4 FT. BELOW ORIGINAL GRADE

LOCATE DISPOSAL AREA 275' FT. FROM front (200) LOT LINE AND 30 FT. FROM left (585) LOT LINE AS SEEN WHEN

FACING LOT FROM Meadow Wood way s/c

NOTE: Manhole clean out needed on septic tank.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5' earth buffer between drywell and trench. No trench is to exceed 100' in length. Trench inlet to be same as dry well, with 6' of stone below distribution pipe.

PLANS APPROVED BY Stephen G. Kiel DATE 7/25/82

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

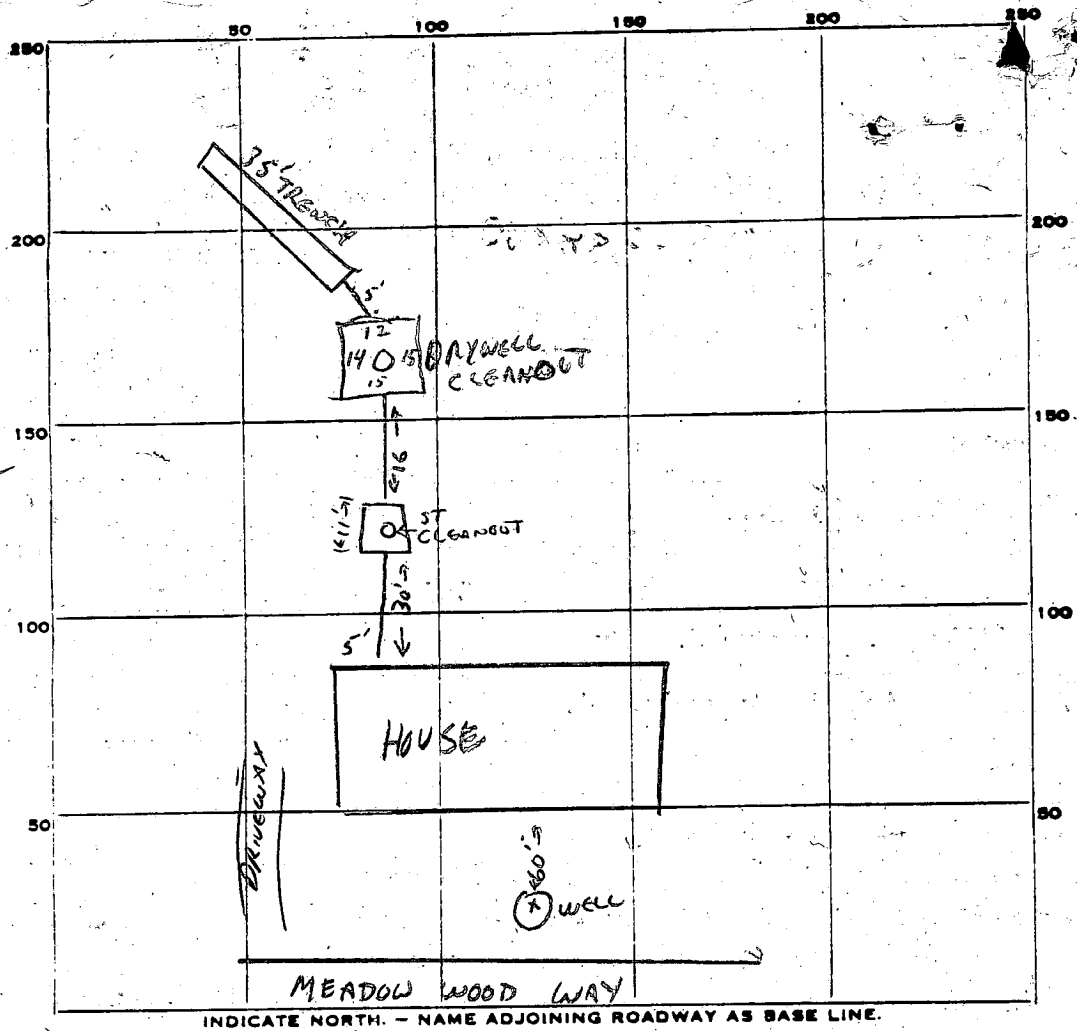
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

BLDG. PERMIT SIGNED AND RETURNED 8/12/82
Serial #72192
Genick basement

BLDG. PERMIT SIGNED AND RETURNED 8/12/82
Serial #54458
Prod. space

DRYWELL
14x15x15x12



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1500g

CLEANOUTS ST DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 35 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 210

SEEPAGE PITS, INSIDE DIAMETER 58 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 348 SQ. FT. TOTAL AREA 558

REMARKS 8-18-82 DRYWELL & S.T. OK, TRENCH LENGTH OK, ADD GRAVEL & CALL CW

8-18-82 PM - GRAVEL OK. COVER ALL WORK. CW

DATE SYSTEM APPROVED 8-18-82

INSPECTOR CW. Evans

Dry Well or Dry Well + Trench

125 sqft/bdrm

	<u>Septic Tank</u>	<u>Minimum Total sq ft</u>
3 Bdrm	1000 gal	375
<u>4 Bdrm</u>	1250 gal	500
5 Bdrm	1500 gal	625

Inlet 4 ft below original grade

Maximum depth 10 ft below original grade

Effective area begins at 4 ft below orig. grade

Note: IF Trench is used to make up absorbent area, run the trench on level ground and leave a 5' earth buffer between drywell and trench. No trench is to exceed 100' in length. Trench inlet to be same as Dry Well, with 6 ft of stone below distribution pipe.

Location: locate The Dry Well 275' from the front (200') property line and 30' from the left (585) ~~to~~ property line as seen when facing the lot from Meadow wood way. 5/2

Note: Manhole clean out needed on septic tank.

#48815 Whiteley will bring in 9 elev down after perc.

APPLICATION

Retest

2/25/82
9:30 A.M.

A 31297

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 4-2-81

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 WILLIAM F & JEANNE H. EDDY

ADDRESS 5167 DARTING BIRD LN, PHONE 547-3178
COLUMBIA MD PHONE 730-7431

PROPERTY LOCATION:

SUBDIVISION SIMPSON WOODS SEC. 3 LOT NO. 17

ROAD AND DESCRIPTION 7310 MEADOW WOOD WAY

SIZE OF LOT 3 ACRE TYPE BLDG. 4 BEDROOMS
SINGLE FAMILY RES
(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. Jeanne H Eddy
(SIGNATURE OF APPLICANT)

APPROVED BY Stephen G. Hill FOR Raywell Travel DATE 2/25/82

REJECTED BY _____ FOR _____ DATE _____

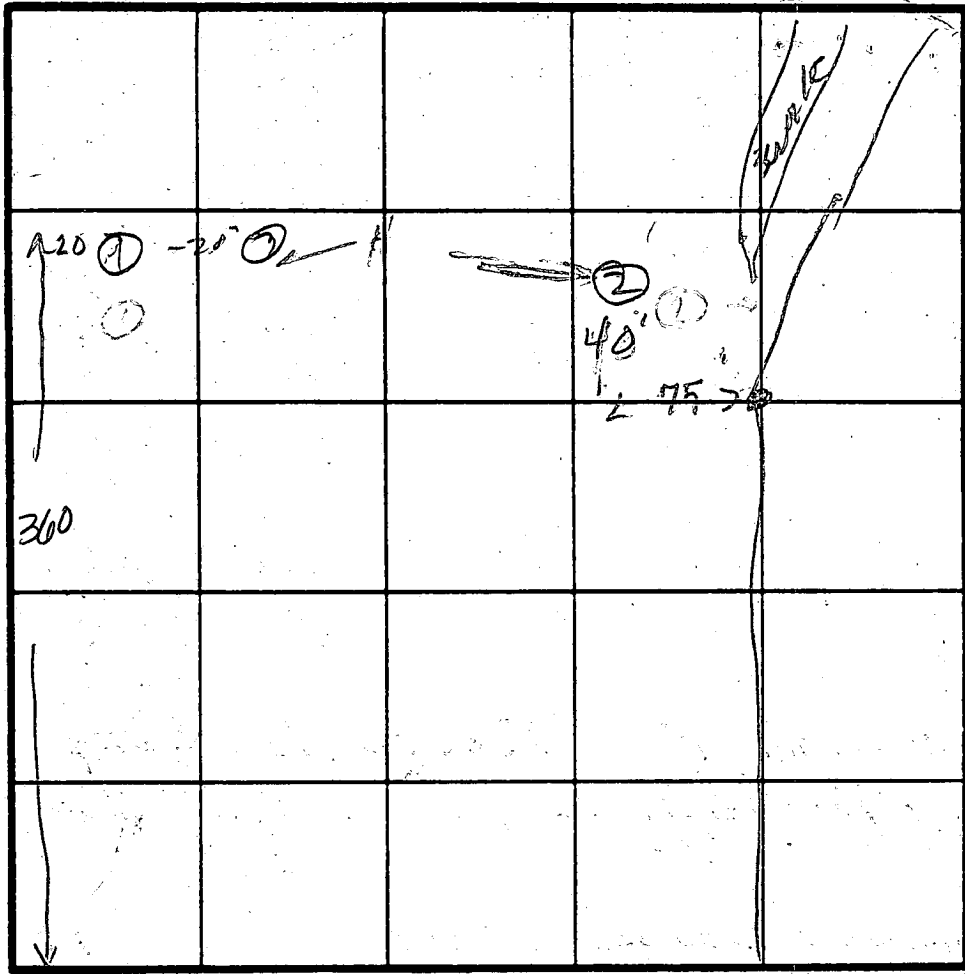
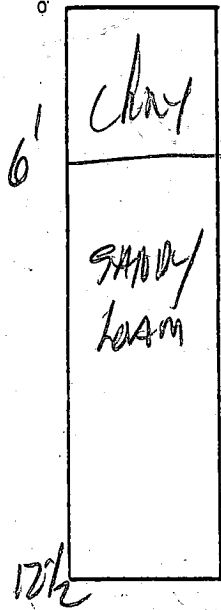
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Ray well location approved as shown
on Plat 9K 2/26/82

BLDG. PERMIT SIGNED
AND RETURNED 3/2/82
Serial # 48815

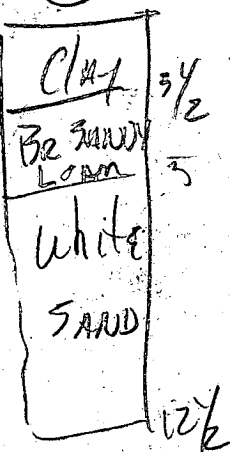
THIS IS NOT A PERMIT

SOIL PROFILE



$\bar{E} = 5m$
 outlet 4'
 Total $\bar{E} = 8$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/26/82	1 S	4 1/2	10:02				
	M	8 1/2	10:01	10:03	10:03	10:05	
	D	12 1/2					
	2 S	10 3 1/2	10:19	10:27	10:21	10:24	
	3 S	3 1/2	10:27	10:30	10:30	10:30	

REMARKS 20' back for first

TYPE OF SOIL _____

TESTED BY SK 2/26/82 ALSO PRESENT _____

APPLICATION

*Retest
9/18/80
9/30/80
9/30 AM*

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30942

P _____

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

DISTRICT 5th
DATE 9-18-80

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 Phase Two LTD.
✓ ADDRESS 304 Teachers Bldg PHONE 730-0500 or 997-3815
Columbia, MD 21044 (preferred #)
PROPERTY LOCATION:
✓ SUBDIVISION SIMPSON WOODS SEC 3 ✓ LOT NO. 17
✓ ROAD AND DESCRIPTION Meadow Wood

✓ SIZE OF LOT 3 acre TYPE BLDG. single fam. res.

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.

SIGNATURE OF APPLICANT Phase Two, Ltd, by James L. Newburn

APPROVED BY _____ FOR _____ DATE _____

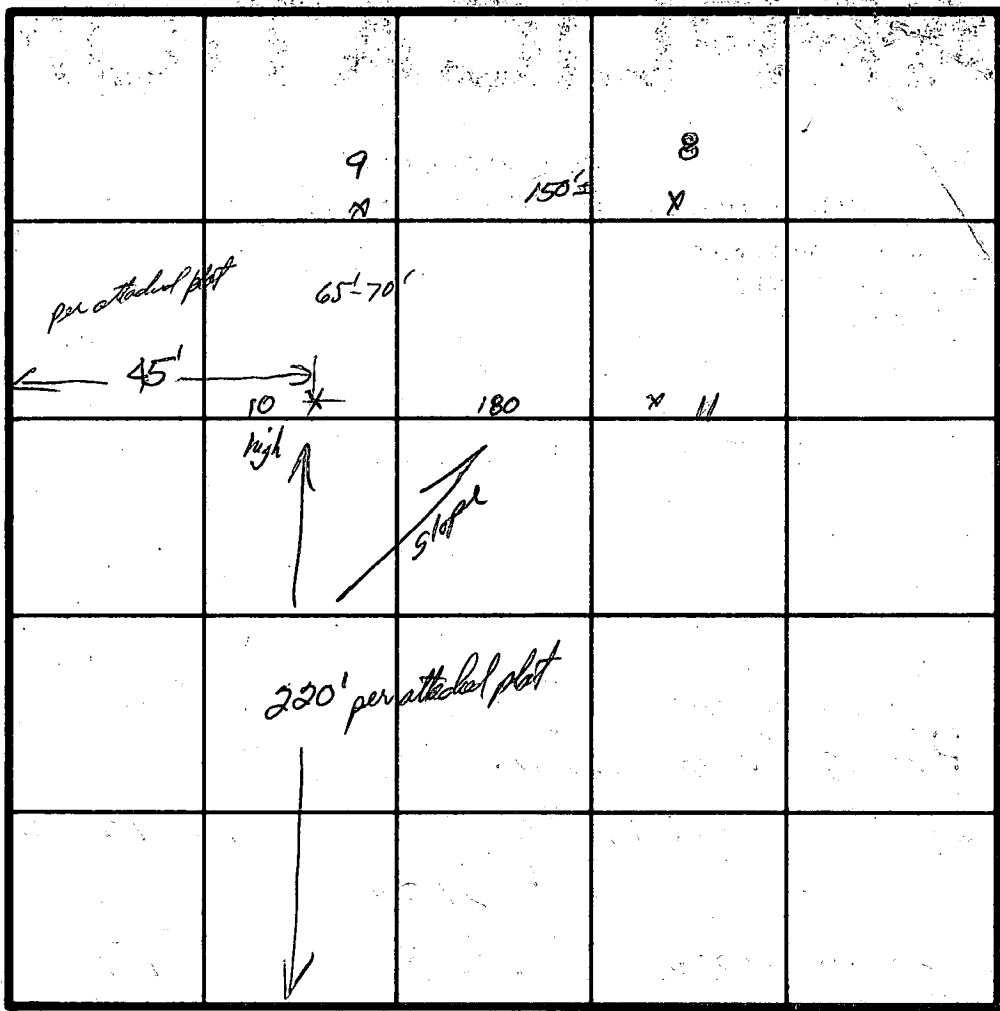
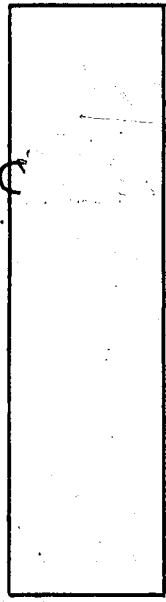
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

54°
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-30-80	8D	13	1053	1106	1106	1121	15
	8S	4	1056	20 min.	1/4 of 1st inch		Failed
	9D	13	1102	05	1105	1114	9
	9S	4	1109	15	1115	1124	9
	10D	13	1127	34	1134	1146	12
	10S	3 1/2	1130	34	1134	1140	6
	11D	13 v	Sandy clay loam				
	11S	3 1/2	Failed		Sandy clay loam 4 1/2' to 13'		
	8M	4 1/2	1153	54	1154	1156	2
	10XD	dry to	16'	rotten	rock & sandy - dry		

REMARKS

TYPE OF SOIL

TESTED BY

Frommelt

ALSO PRESENT *Orndorf's man.*

APPLICATION

A 26467

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

(17)

DISTRICT 5

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 4-27-77

Septic Tank - 3 bedroom - 1600 gal
4 " - 1250 gal

Es 9 man

Dry Well - 130 sq ft absorbent
sidewall area per bedroom to begin below Inlet @ 4'
the first $3\frac{1}{2}'$ of airt. grade. Max depth permitted for DW. is $2\frac{1}{2}'$ below airt. grade.

Place Dry Well 140 ft from front lot line and 45' from left
side as seen when facing from the front.

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

(17) Sec 3
COMBINED
WITH 19-E
184, BKE

SUBDIVISION Simpson Woods, Sec 3 LOT NO. 184, BKE

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 Phase II Sd Alan Berg Pres

APPROVED BY W.W. Murray Jr FOR DW. DATE 6-4-80
(KIND OF SYSTEM)

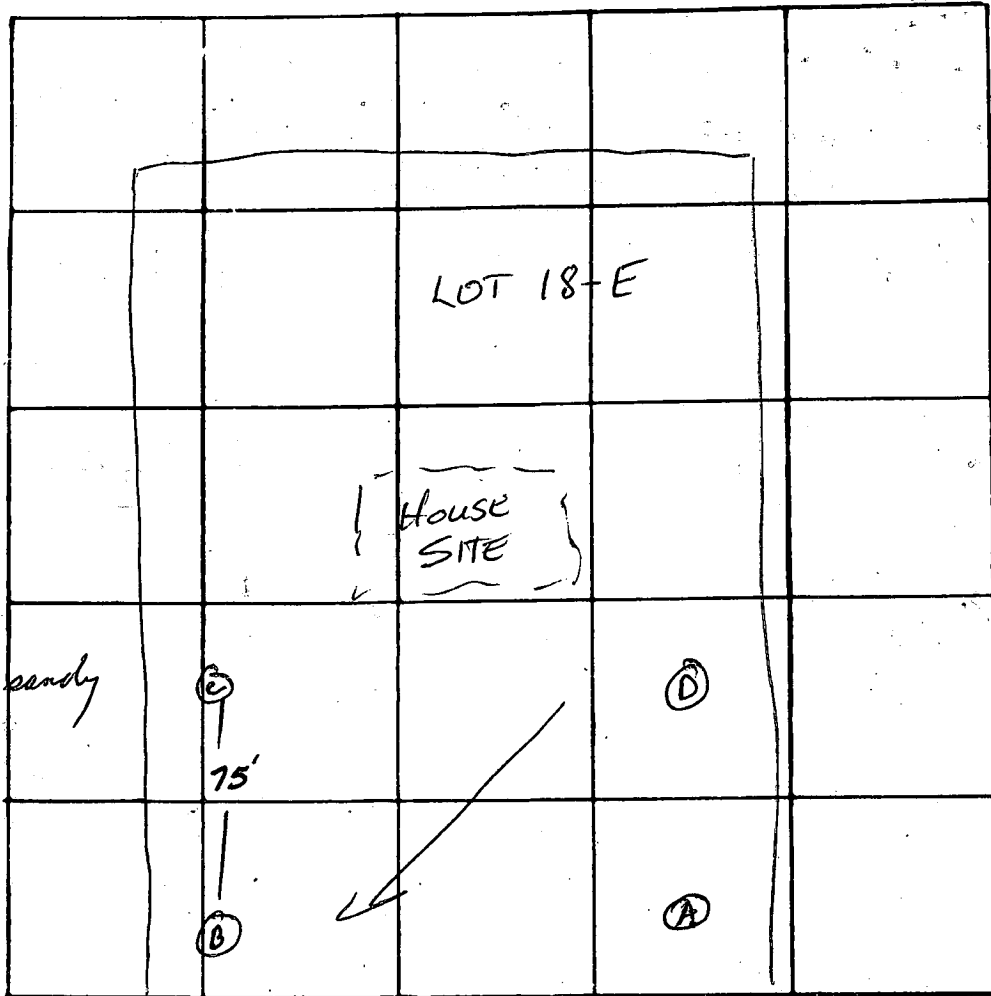
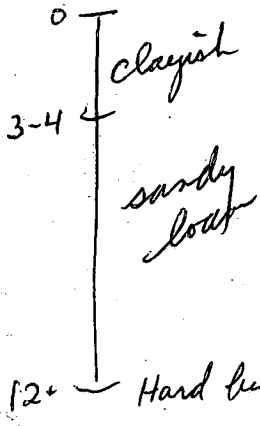
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS WWZ DATE 7/25/77

REASONS FOR REJECTION OR HOLDING prelim & final plans w certified, field-located test holes.

THIS IS NOT A PERMIT

All holes



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
UNNAMED RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/21/77	A	3 1/2	3:22	3:26	3:26	3:36	10
	A-1	13	3:22	3:32	3:32	3:48	16
	K16H D	11 1/2	3:54	3:57	3:57	4:02	5
		D-1	12 1/2	3:54	3:59	3:59	4:11
	C	12 1/2	VISUAL; GOOD SOIL		FROM		4'
7/22/77	B	4	11:56	12:00	12:00	12:07	7
	B-1	13	11:56	11:57	11:57	12:00	3

24
17

10
9
6/53

REMARKS System in D

TYPE OF SOIL Sandy loam

TESTED BY WWE ALSO PRESENT: Kettering Co

APPLICATION

A 26466

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE 6-27-1977

*E = 11/2000
Inlet @ 3 1/2*

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Simpson Woods, Sec 3 LOT NO. 19, B1K E

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 Phore H. Hill, also C. Bry, Pres.

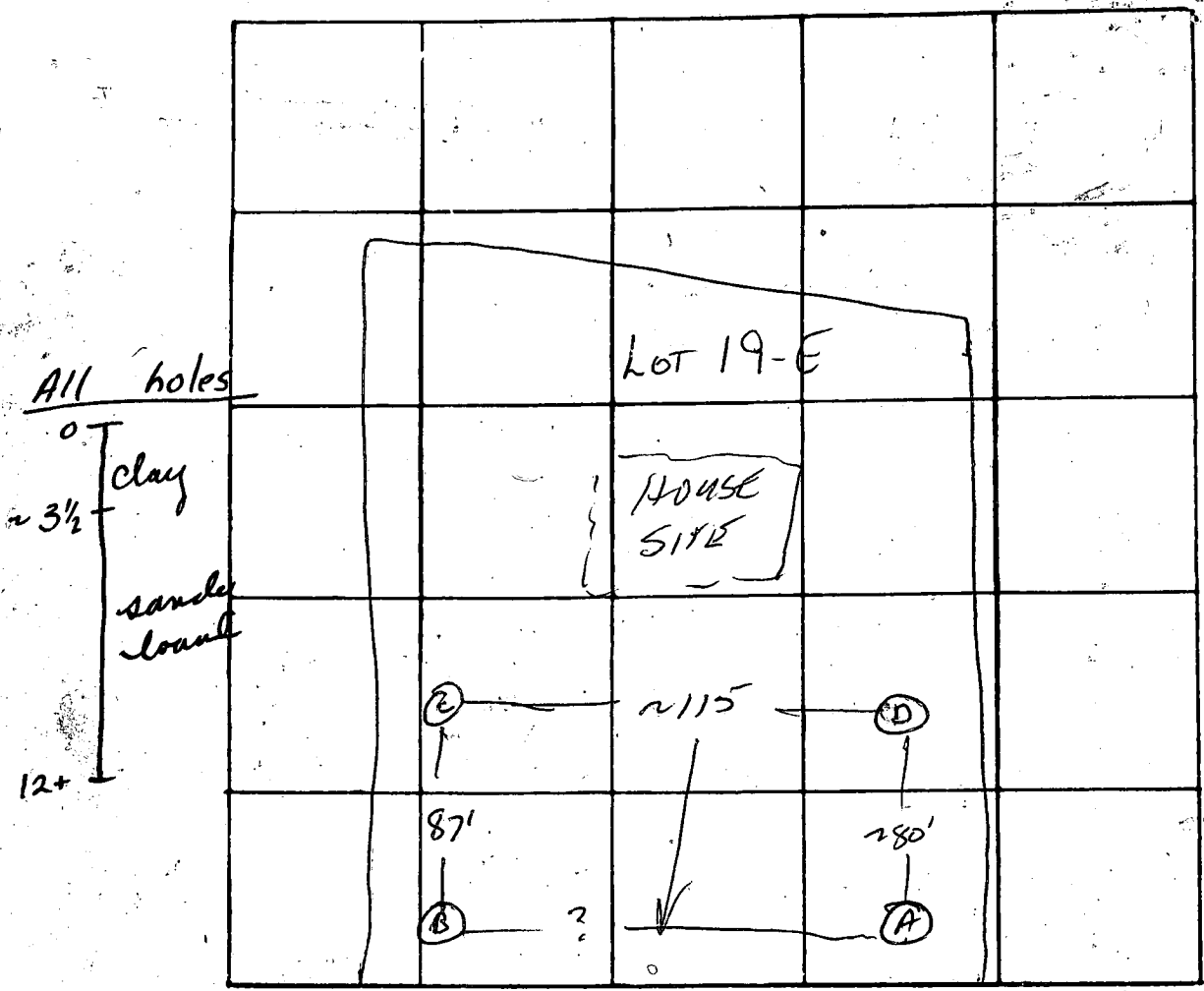
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS WWE DATE 7/25/77

REASONS FOR REJECTION OR HOLDING prelim & final plots to certified, field located test holes.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
UNNAMED ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/21/77	HIGH D	3 1/2	2:39	2:43	2:43	2:48	5
	D-1	12	2:35	2:48	2:48	3:15	27
	C	12	VISUAL ; GOOD FR.		4' - 12'		
	B	3 1/2	3:16	3:18	3:18	3:21	3
	B-1	12	3:16	3:18	3:18	3:28	10
LOW	A	4	3:33	3:39	3:39	3:50	11
	A-1	12 1/2	3:33	3:39	3:39	3:49	10

32
HARD SAND

13
21
11
6/66

REMARKS System in D or C w trench going to other one

TYPE OF SOIL Sandy loam

TESTED BY WWZ

ALSO PRESENT: Ketterman Co

205

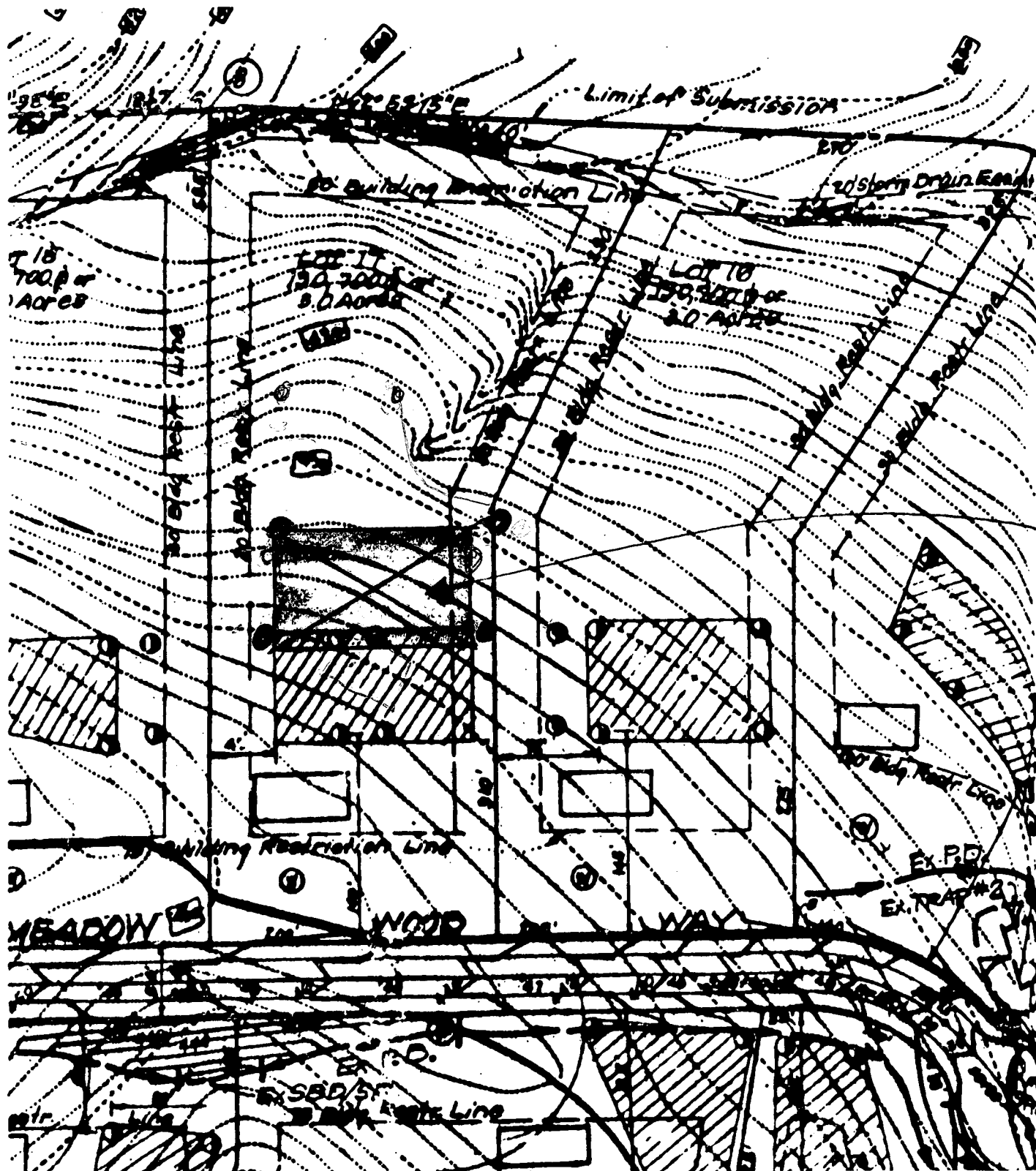
- 20

185 $\times 54.05 = 10,000$



$80 \times 140 = 11,200$

$\frac{10,000}{140} = 71.4$



Lot 17
SECTION III
SIMPSON WOODS

APPROXIMATE
LOCATION OF
NEW SEPTIC
AREA STATED IN THE ADDENDUM ;
OF WHICH THIS SHALL BE A PART OF ;
TO THE CONTRACT OF SALE DATED:
SEPT. _____, 1980 ; BETWEEN
JEANNE H. EDDY AND WILLIAM F. EDDY
AND PHASE II LTD. ON LOT 17
MEADOW WOOD WAY (SIMPSON WOODS III)

CCB

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

SEQUENCE NO. (WRA USE ONLY) **5816**

WRA PERMIT NUMBER **W-73-3705**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 9:30 AM
 11/17/80

OWNER **Landberg Inc.**
 COL 15 LAST NAME COL 16 FIRST NAME COL 17 COL 18 COL 19 COL 20

STREET OR RFD **Suite 304 Teachers Bldg.**
 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30

POST OFFICE **Columbia Md. 21044**
 COL 31 COL 32 COL 33 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40

B 1 CONTINUED DRILLER INFORMATION

DATE **Sept 26, 1980** LICENSE NUMBER **238**
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20

FIRST NAME **Joseph L.** DRILLER LAST NAME **Mayne**
 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30

SIGNATURE **Joseph L. Mayne**
 COL 31 COL 32 COL 33 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40

B 3 LOCATION OF WELL

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME)
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20

SUBDIVISION **Meadow Wood**
 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30

SECTION **3** LOT **17**
 COL 31 COL 32 COL 33 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40

NEAREST TOWN **Fulton**
 COL 41 COL 42 COL 43 COL 44 COL 45 COL 46 COL 47 COL 48 COL 49 COL 50

MILES FROM TOWN (ENTER 0 IF IN TOWN) **2 2/10**
 COL 51 COL 52 COL 53 COL 54 COL 55 COL 56 COL 57 COL 58 COL 59 COL 60

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **750**
 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 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)

NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD **Meadow Wood Road**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **350**
 COL 31 COL 32 COL 33 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40

APPROXIMATE DEPTH OF WELL **200** FEET
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)
 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30

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)
 COL 41 COL 42 COL 43 COL 44 COL 45 COL 46 COL 47 COL 48 COL 49 COL 50

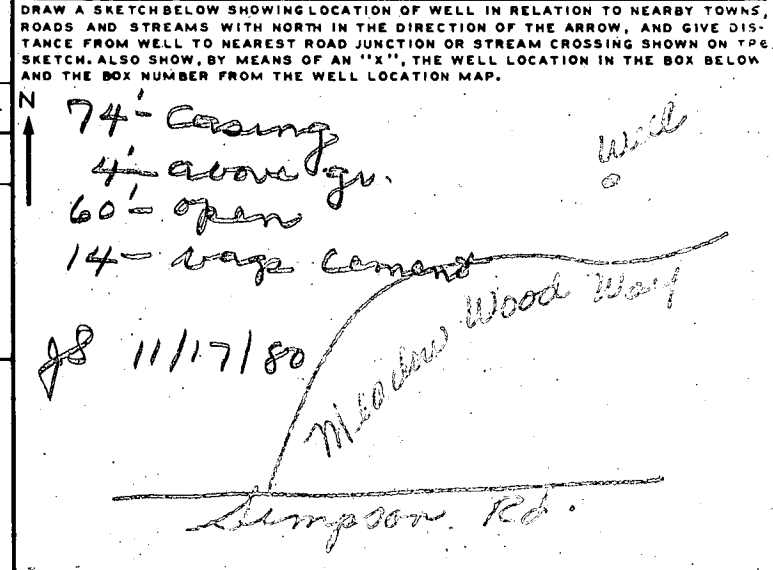
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20

FORCE **87** WRITE INITIALS IN BOX **88** CONDITIONS **70 71 72 73 74 75 76 77 78 79**

B 4 HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **Howard** COUNTY NO. **230942**
 MO. DAY YR. **09 30 80**
 DATE **09 30 80**
 APPROVED BY **J. Lawrence**
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20



BOX NUMBER **E 820**
N 480

NORTH COORDINATE **487000**
 COL 51 COL 52 COL 53 COL 54 COL 55 COL 56 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63 COL 64 COL 65 COL 66 COL 67 COL 68 COL 69 COL 70

EAST COORDINATE **0827000**
 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79 COL 80 COL 81 COL 82 COL 83 COL 84 COL 85 COL 86 COL 87 COL 88 COL 89 COL 90

ELEVATION AT WELL HEAD (FEET) **0/0**
 COL 91 COL 92 COL 93 COL 94 COL 95 COL 96 COL 97 COL 98 COL 99 COL 100

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

1 2 3 (SEQ. NO.) 6

H-30712

DATE RECEIVED (WRA USE ONLY) Nov 17, 1980 DATE WELL COMPLETED Nov 17, 1980 Depth of Well 205 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3705

OWNER LANDBORG INC. last name first name STREET OR RFD Suite 304 Lehigh Building TOWN Columbia Md. SUBDIVISION SIXMAN WOODS SECTION 3 LOT 17

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	
Sand	0	69	
Mica Rock	69	205	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1311

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD

caseing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST 6 Nominal diameter (top/main) casing (nearest inch) 74 Total depth of main casing (nearest foot)

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2 (Seq. no.)

DEPTH (nearest ft.) 40 72 205

EACH SCREEN diameter inch depth (feet) from to

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK _____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 (seq no)

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 8

METHOD USED TO MEASURE PUMPING RATE air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50

WHEN PUMPING 5

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 YES NO Y N

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

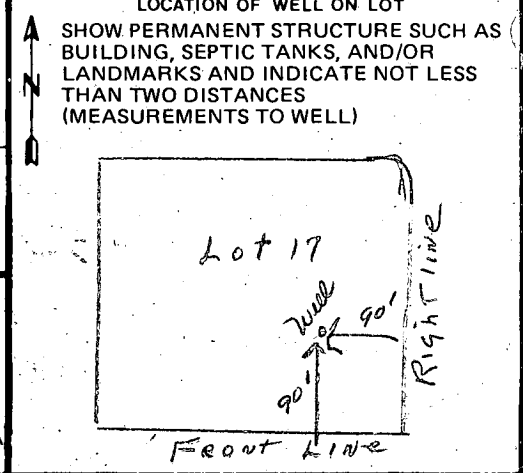
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above LAND SURFACE _____

(-) below _____ (nearest foot)



CIRCLE APPROPRIATE BOX

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

E ELECTRIC LOG OBTAINED

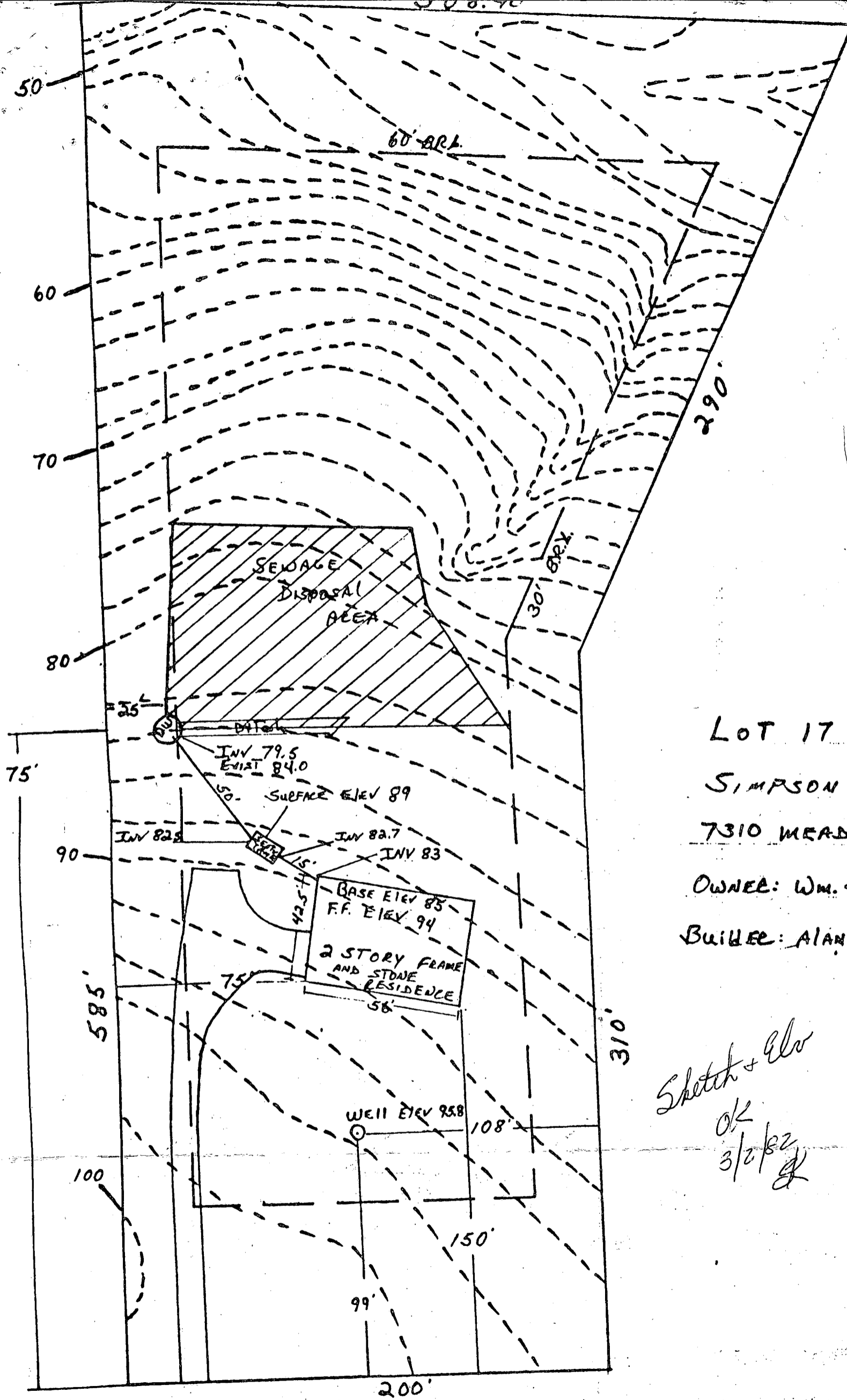
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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 IDENT. NO. 238

DRILLERS SIGNATURE [Signature]

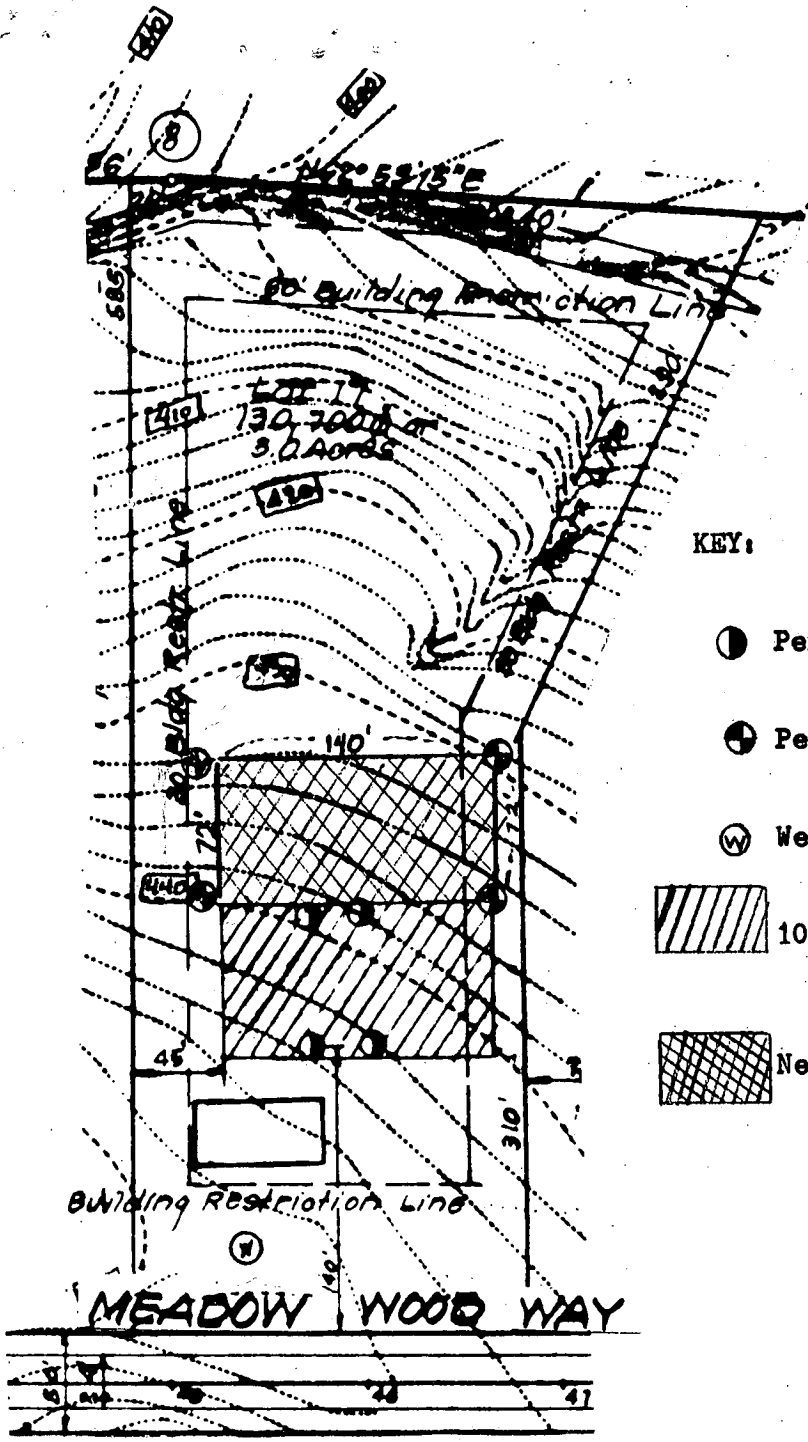
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)



LOT 17
 SIMPSON
 7310 MEAD
 OWNER: WM.
 BUILDER: ALAN

Sketch & also
 OK
 3/2/82
 [Signature]

MEADOW WOOD WAY





KEY:

● Perc Test (Good) 1977

● Perc Test (Good) 1980

⊙ Well (Prop.)

 10,000 sq. ft. septic area on original plat

 New 10,000 sq. ft. septic area

I hereby certify that the measurements for the sewage disposal area and the elevations are as designated.

James L. Newburn 10-30-80
James L. Newburn Date

Approved for private water and private sewerage systems. Howard Co. Health Department

J.A.
County Health Officer Date

SIMPSON WOODS SECTION 3 LOT 17

5th Election District Howard County, MD.
September 30, 1980 Scale 1"=100'

