

APPROVED
4/25/84
RH
P 33759
A 31974

4/19/84
if possible

4/23/84
a.m. if possible
4/25/84 check for sewerage

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

~~INDEX~~

ELLICOTT CITY
DISTRICT 4th
DATE 4/9/84

Jack Schulze IS PERMITTED TO INSTALL ALTER

ADDRESS 1685 St. Michael's Road, Woodbine, Md. 21797 PHONE 489-4062

SUBDIVISION (Gordon property) ROAD 2849 Florence Road LOT 1

PROPERTY OWNER Neil and Joy Smith

ADDRESS 1775 St. Michael's Road, Woodbine, Md. 21797 Phone: 854-6859

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

206
1030
511030

DEEP TRENCHES - 206 sq. ft. one sidewall area per bedroom. Ditch is to be 2 ft. wide, 8 ft. deep, with inlet at 3 ft. below original grade and filled with 5 ft. of stone. Length of the ditch depends on the number of sq. ft. needed. Start the ditch at perc hole #6 and run it along level ground toward perc hole #7. Perc hole #6 is located 250 ft. from the back lot line and 30 ft. from the right lot line as seen when facing the lot from St. Michael's Road. Perc hole #7 is located 375 ft. from the back lot line and 100 ft. from the right lot line as seen when facing the lot from St. Michael's Road.

4/19/84

1030 SQ FT BEQUIRED FOR 2 FT WIDE DITCH
1173 SQ FT BEQUIRED FOR 2 FT WIDE DITCH PERFS

PLANS APPROVED BY Raymond Hodges and Frank A. Skinner DATE 7/29/82 & 4/9/84

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 APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31974

Pad
6/18/82
9:30 A.M.

APPLICATION

A 31974

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 44

DATE 6/9/82

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 John + Noreen Gordon

ADDRESS Woodbine Md. 21797 PHONE 859-6859
489-4885

PROPERTY LOCATION: Neil + Joy Smith
1775 St. Michael Road

SUBDIVISION Woodbine, Md LOT NO. 1 John M. + Noreen Gordon

ROAD AND DESCRIPTION 2849 Florence Road
LOCATED ON SOUTH SIDE OF FLORENCE AND

APPROXIMATELY 150 FEET WEST OF ST. MICHAELS RD 4th ELECT. DIST

SIZE OF LOT 3 ACRE LOT TYPE BLDG. HOUSE 5 1/2 BEDROOMS

(NUMBER OF BEDROOMS)
with garbage grinder 5 BRM PER B.P. APPLK. OF 6-27-83

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. Neil Smith
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Ditch DATE 7/29/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/14/82 June 82 - FS said Per OK

7/123/82 - Plus Cert Plat OK per FF 7/26/82 Tella

A B15 plan to be signed by HO soon
7/29/82 HO has signed plat

BLDG. PERMIT SIGNED
AND RETURNED 7/6/83
Serial #54576 SF4

THIS IS NOT A PERMIT

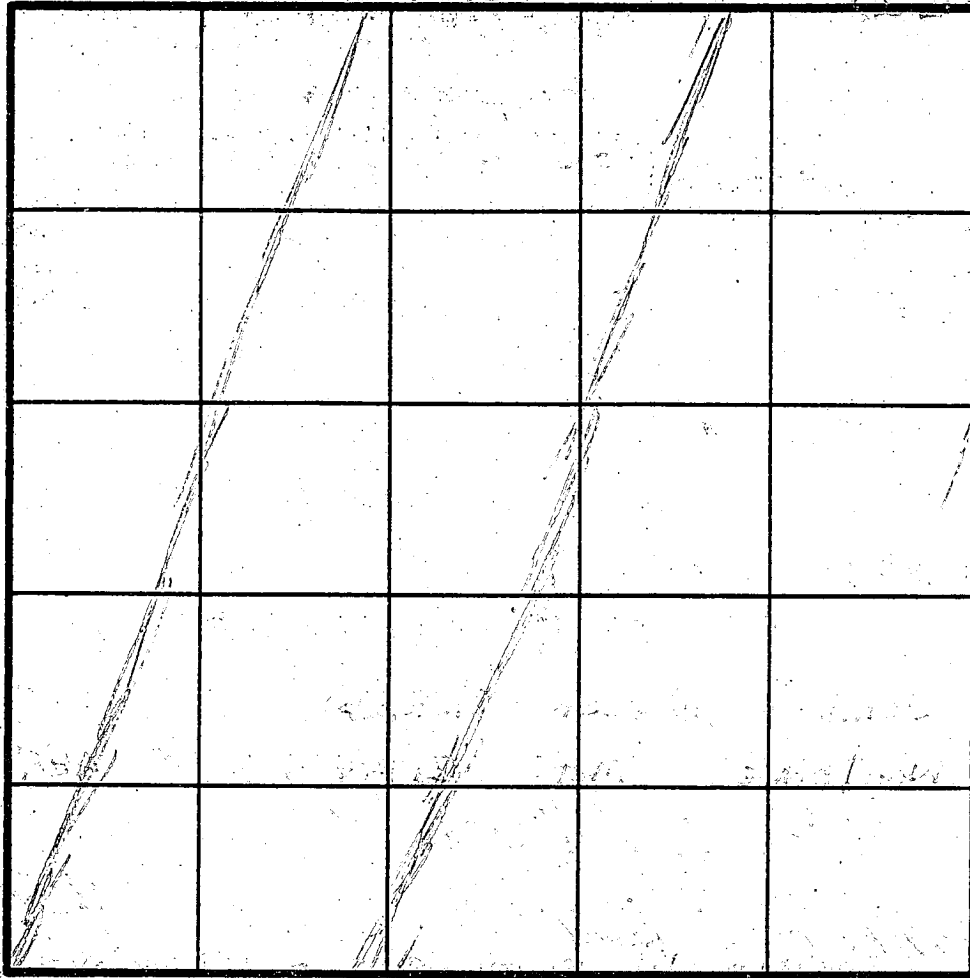
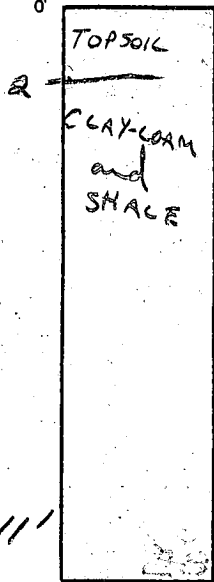
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5/19/83

1000
5/19/83

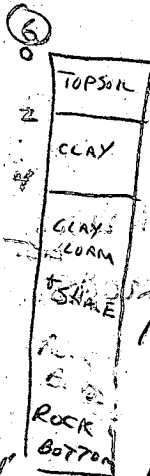
1000
12/3/82

SEE SECOND PAGE

14247
SOIL PROFILE



TO ↓ FLORENCE RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6-17-82	1A	4 1/2'	10:15:00	10:25	10:25			
	1B	7 1/2'	(1" SOAK FIRST / SECOND OK) 10:08:20	10:10:00	10:10:00	10:13:40	3:40	
	2A	4'	10:40:50	10:46:10	10:46:10	10:51:20	5:10	
	2B	8 1/2'	10:31:30	10:46:30	10:46:30	11:04:30	18 MIN	
	3/4/5	6'-8' 1/2'	SUAL - ABANDONED SHALE					
	6A	4'	10:23:45	10:30:45	10:30:45	10:43:45	13 MIN	
	6B	8'	10:22:40	10:30:45	10:30:45	10:44:15	13 1/2 MIN	
	7A	4'	12:01:30	12:15:00	12:15			
	7B	8'	12:04:10	12:06:10	12:06:10	12:09:40	3 1/2 MIN	
	8	CLAY TO 5' ROCK BOTTOM						

3" HOLE 3:37 - 3:40 - 3:40 3:46 6 MIN

REMARKS

TYPE OF SOIL

TESTED BY RN & CW

ALSO PRESENT

HERMAN CIRC & JR
ROBT F. SMITH

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 31974

P _____

DISTRICT 1101

DATE 6/1/74

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 John + Noleen Gordon
ADDRESS Woodbine Md. 21797 PHONE 489-9885

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION LOCATED ON SOUTH SIDE OF FLORENCE AND

APPROXIMATELY 150 FEET WEST OF ST. MICHAELS RD - 4th ELECT. DIST

SIZE OF LOT 3 ACRE LOT TYPE BLDG. HOUSE 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.

Neil Smith

(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

Copy this target

(5) ROCK - 20 PROP
120' (7)
110'
FENCE 27' (1) 45 - (6) 70 (2) 3 2' PROP LINE
1100
(4) - (3) ROCK

320 ROAD

FLORENCE RD
SHIPPERS

P 112

Chas. F. Layton Jr.

EXISTING HOUSE SYSTEM IS OK

HOUSE

SHED

TEST SITE

FLORENCE RD

ST. MICHAEL'S RD

See A15429
for Chas Layton
app'd 9/3/70

B 1 5038 SEQUENCE NO. (THIS NUMBER IS TO BE PUNCHED IN COES. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL 10:30 A.M. 6/14/83 please print or type

OEP PERMIT NUMBER HO-81-0124 fill in this form completely

Date Received 05/21/83 OWNER INFORMATION NEIL & JOY SMITH SMITH JOY 1775 ST MICHAELS RD WOODBINE MD 21797

LOCATION OF WELL HOWARD JOHN M. GORDON PROP. SECTION FLORENCE MILES FROM TOWN

DRILLER INFORMATION GEORGE F. EASTERDAY L.F. EASTERDAY, INC. 9265 Brown Church Rd. Mt. Airy, MD. 2/771

DIRECTION OF WELL FROM TOWN FLORENCE NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT or MI

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 5000

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME DATE ISSUED 060383 Frank Skinner 12/3/83

USE FOR WATER (CIRCLE APPROPRIATE BOX) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER PUBLIC OR PRIVATE WATER COMPANY TEST, OBSERVATION, MONITORING

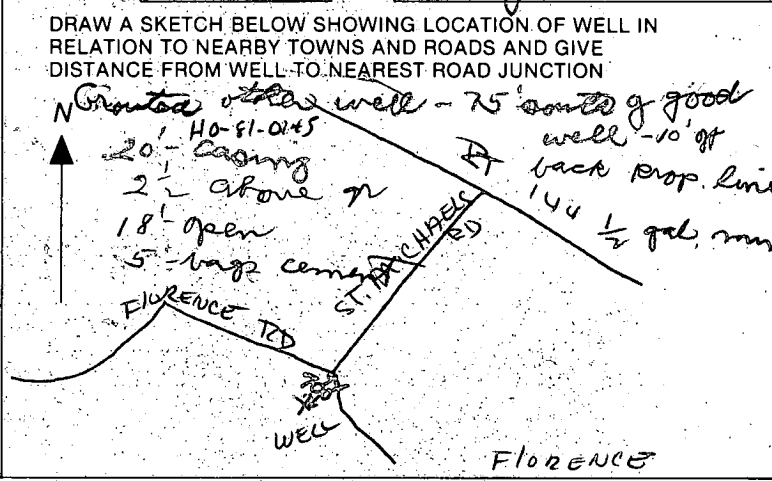
APPROXIMATE DEPTH OF WELL 200 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

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



Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER FORCE FS PERMIT No. HO-81-0124

SPECIAL CONDITIONS

1919
 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COPIES 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 31974**

DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **061783**
 Depth of Well **160** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-0134**

OWNER **Smith** **Joy**
 last name first name
 STREET OR RFD **Florence Rd.** TOWN **Florence**
 SUBDIVISION **John M. Gordon prop.** SECTION **---** LOT **1**

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	
CLAY	2	4	
BLUE SLATE	4	55	
BROWN SLATE & QUARTZ	55	60	✓
BLUESLATE	60	70	
FLINT	70	75	✓
BLUESLATE	75	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **300**
 GALLONS OF WATER **28**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** 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** **6** **21**
 Nominal diameter top (main) casing (nearest inch) 63 64 66 70
 Total depth of main casing (nearest foot) 21 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

C 2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **19** **160**
 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 [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

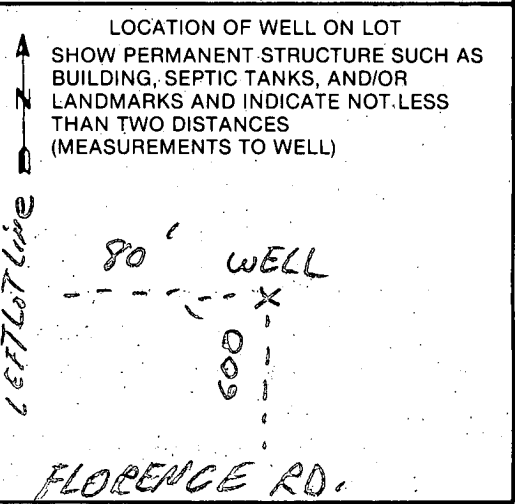
C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **15**
 WHEN PUMPING **83**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES OR 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) **2**
 (-) below }

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. **40**
 DRILLERS SIGNATURE *Charles K. Filburn*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 5065 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

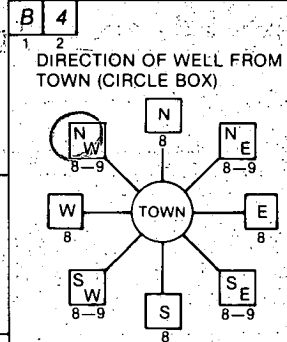
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
40-81-0145
fill in this form completely

Date Received: 061683
OWNER INFORMATION
SMITH JOY
1775 ST. MICHAELS RD.
WOODBINE MD 21797

LOCATION OF WELL
HOWARD
JOHN M. GORDON PROP.
FLORENCE
MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
GEORGE F. EASTERDAY
U.F. EASTERDAY, INC.
265 Brown Church Rd. Mt. Airy, MD. 21771
Signature: George F. Easterday Date: 6/14/83



FLORENCE
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
600
DISTANCE FROM ROAD
ENTER FT or MI FT

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 31974Y COUNTY NO.
OEP SIGNATURE: Frank Sherrin DATE ISSUED: 12/13/83
NORTH GRID: 541000 EAST GRID: 0765000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
[D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

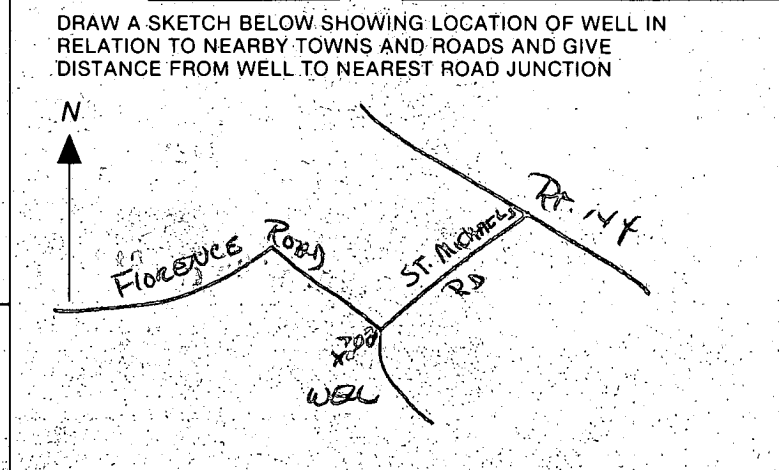
APPROXIMATE DEPTH OF WELL 200 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER: 1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
E 760 5
N 540 1
WELL X

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] 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)
APPROX. PERMIT NUMBER GAP
FORCE FS PERMIT NO. 40-81-0145

SPECIAL CONDITIONS

C1 0770 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 31974Y

DATE Received [] DATE WELL COMPLETED 06/14/83
 Depth of Well 220 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0145
 OWNER Smith last name Joy first name
 STREET OR RFD Florence Road TOWN Florence
 SUBDIVISION John M. Gordon property SECTION LOT 1

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	
SHALEY	2	10	
BLUE SLATE	10	35	
SAND STONE	35	38	✓
BLUE SLATE	38	190	
FLINT	190	195	
BLUE SLATE	195	220	

6' HAIR LEG

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 5 NO. OF POUNDS 300
 GALLONS OF WATER 28
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] ft. to [18] 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 [6] Total depth of main casing [20]
 (nearest inch) (nearest foot)

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

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

DEPTH (nearest ft.)
 EACH SCREEN N
 1 [HO] [19] [220]
 2
 3

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.

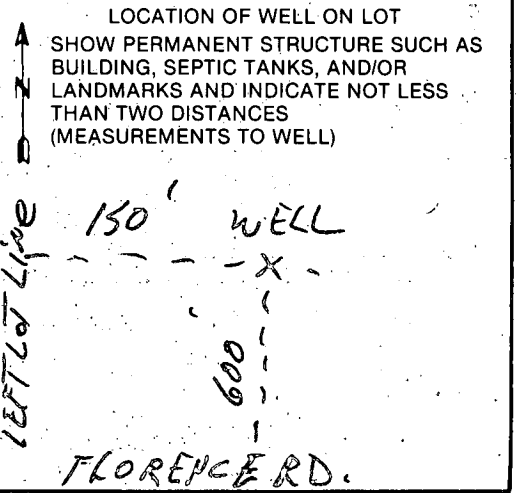
DRILLERS IDENT. NO. 40
 DRILLERS SIGNATURE
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

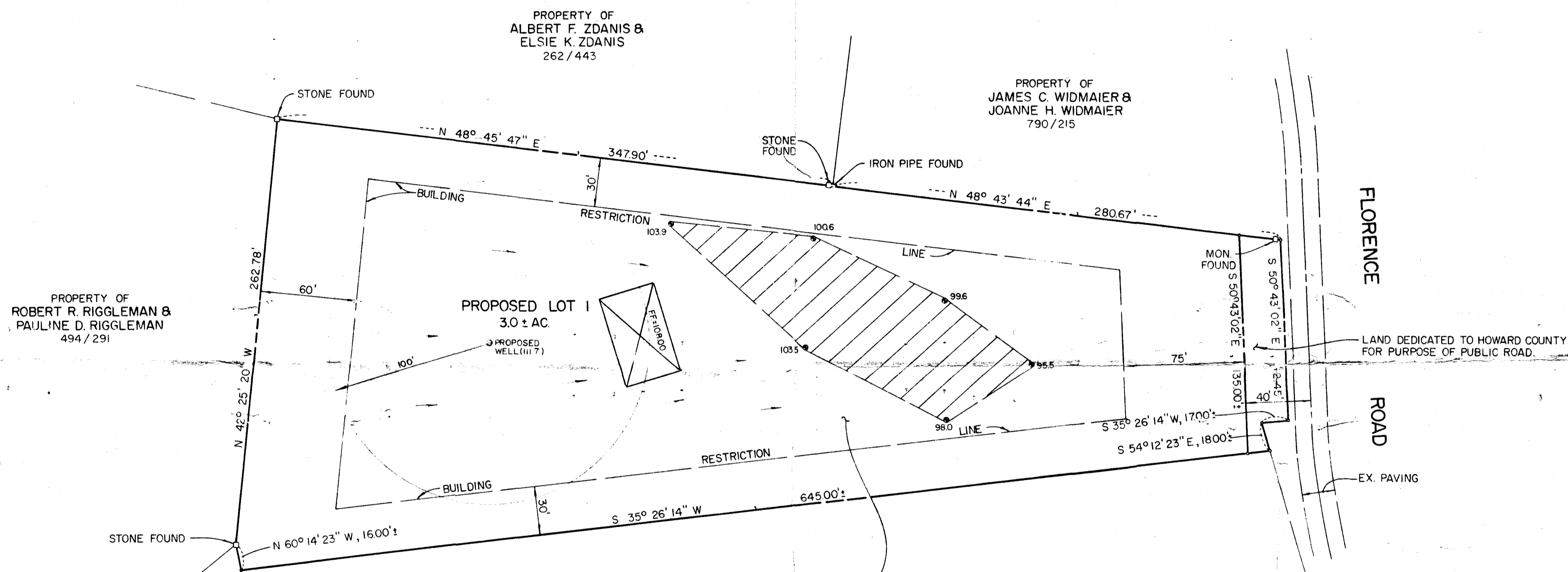
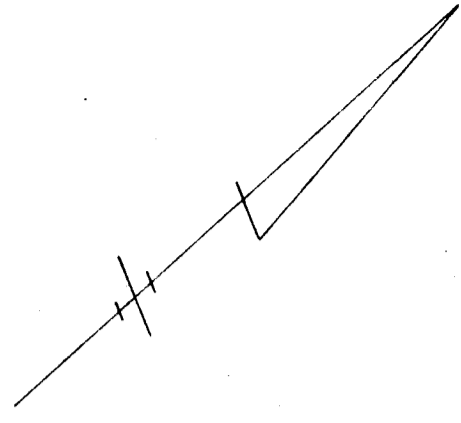
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 2
 PUMPING RATE (gal. per min. to nearest gal.)
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING
 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 [] below LAND SURFACE [] (nearest foot)





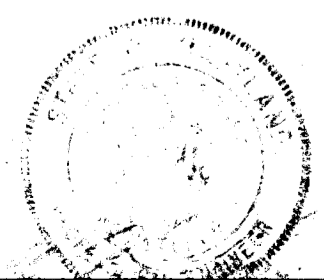
- NOTES:
1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
 2. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL 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.
 3. DENOTES FIELD LOCATION OF PERC TEST HOLE.
 4. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.

SIGNED BY H.O.
 PERC TEST CERTIFICATION DRAWING
 PROPERTY OF
**JOHN M. GORDON &
 NOREEN L. GORDON**
 4TH ELECTION DISTRICT HOWARD CO., MARYLAND
 TAX MAP NO. 7 PARCELS III & III 2
 SCALE: 1" = 50' APRIL 12, 1982

- LEGEND
- ☒ DENOTES LOCATION OF DWELLING
 - ⊙ DENOTES PROPOSED WELL
 - ⊙ DENOTES FIELD LOCATION OF PERC HOLES

FISHER, COLLINS AND CARTER, INC.
 CONSULTING ENGINEERS AND LAND SURVEYORS
 8388 COURT AVENUE 21043
 ELLICOTT CITY, MARYLAND
 TELEPHONE: (301) 461-2855

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT
Jayman Poyles 7-28-82
 COUNTY HEALTH OFFICER FR DATE



TERRELL A. FISHER, L.S., NO. 10692

Δ	CHORD BEARING & DISTANCE
1°-14'-52"	S 76°-18'-30"E, 210.03'
1°-54'-56"	S 38°-51'-55"E, 58.97'
1°-54'-18"	N 40°-58'-48"W, 36.84'
1°-14'-52"	N 76°-18'-30"W, 226.83'

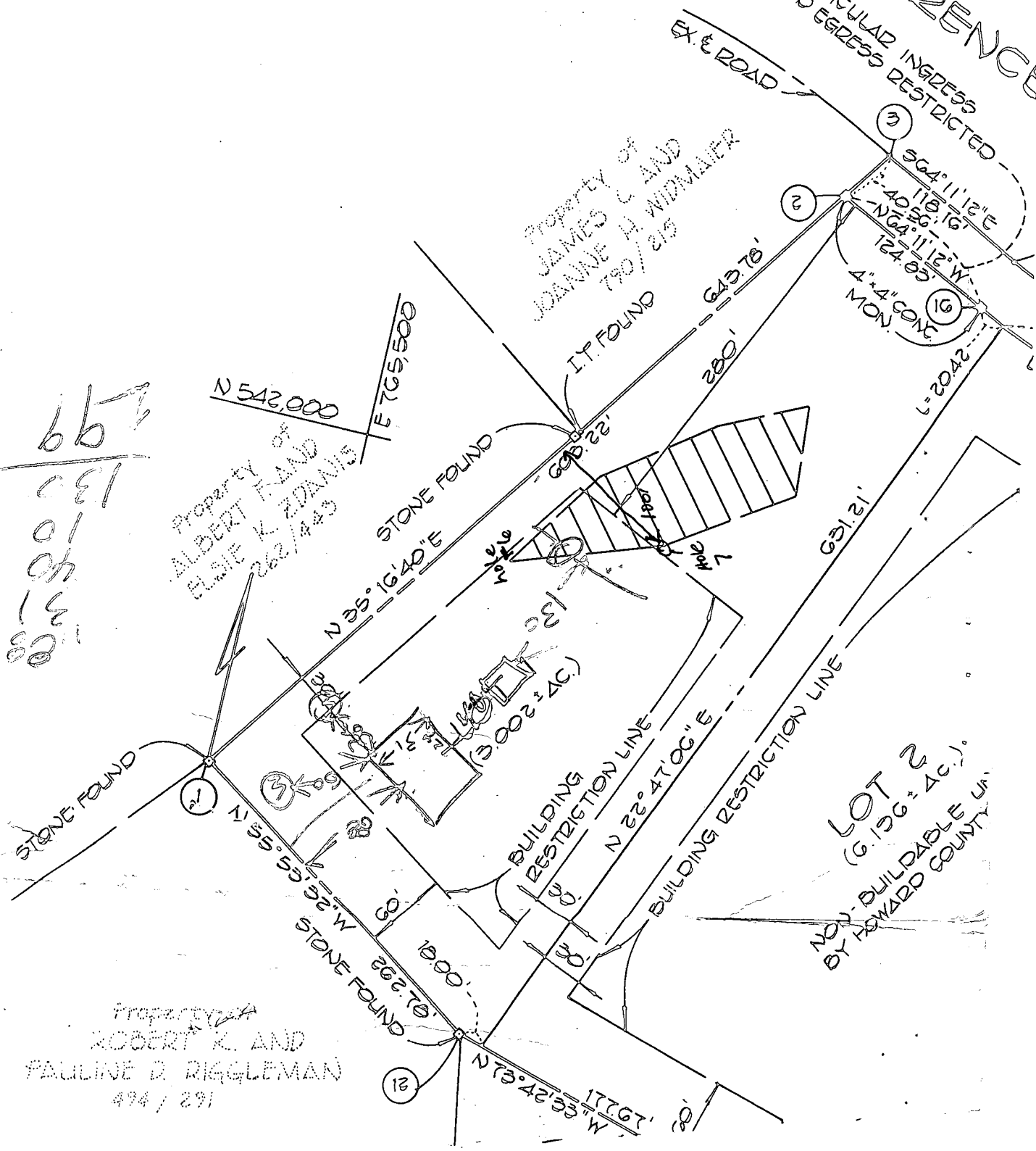
FLORENCE
VEHICULAR INGRESS
AND EGRESS RESTRICTED

EX. E. ROAD

Property of
JAMES C. AND
JOANNE H. WIDMAIER
770 / 215

Property of
ALBERT F. AND
ELMIE K. ZDANIS
262 / 443

667
131
10
04
13
33



Property of
ROBERT K. AND
PAULINE D. RIGGLEMAN
494 / 291

LOT 2
(6.156 ± AC.)
NON-BUILDABLE
BY HOWARD COUNTY, VA.

