

11/18/98
3:30
11/19/98
3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511106

A 50888

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9833~~ 410-313-2640

DATE 11-17-98

DATE SYSTEM APPROVED 11/19/98

INSPECTOR M.R. Pkin

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION River Downs LOT 12 ROAD 936 High Stepper Trail

PROPERTY OWNER Steve Smith

ADDRESS _____

FUTURE PUMPED SYSTEM

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

INSTALL: 1250 Gallon Pump Chamber-Top Seamed
- Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to Health Department approval of pumped septic system. **NO PUMP INSTALLED NOW (CR)**

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

LOCATION - Place the distribution box 110 feet off the front lot line and 100 feet off the left (202.23') lot line as seen when facing the lot from High Stepper Trail.

NOTES - Run trenches on contour in both directions.
- No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. **OR/MR**

BUILDING PERMIT SIGNED

AND RETURNED

PLANS APPROVED BY Donna K. Soe DATE 03/19/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

3/22/04-800147003-IG POOL

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

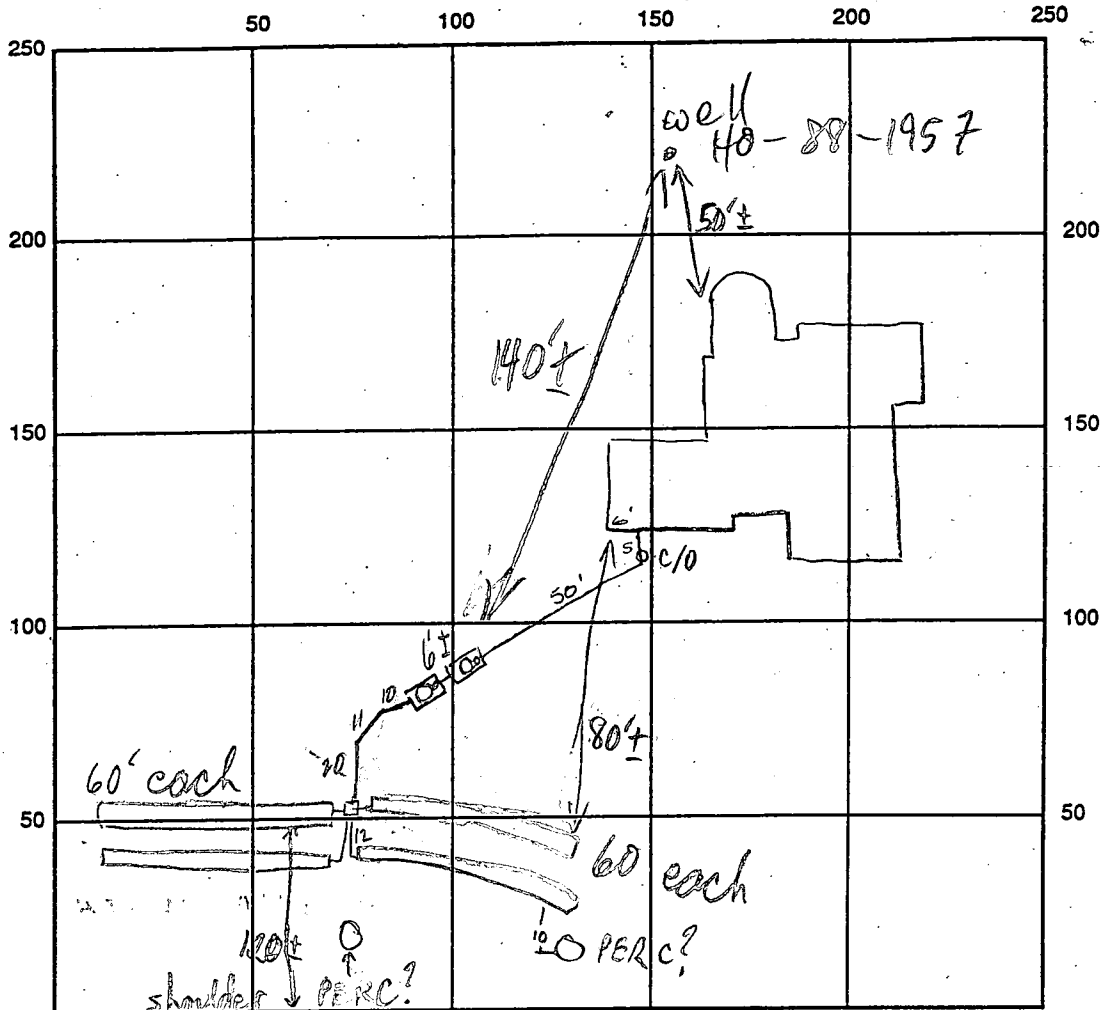
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

NO. PERMIT SIGNED
AND RETURNED 1-11-99
Seal # Bro 115581
purpanant

A 50888



HIGH STEPPER TRAIL ST.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal 1250 gal CLEANOUTS INLINE-OK 8" 4 EACH
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN TANK

DRAIN FIELD/TILE DEPTH 4 FT. TRENCH WIDTH BUILT IN FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 4 ONE-SIDE WALL/BOTTOM AREA 4 @ 180 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 11/18/98 tanks set - OK to continue
11/19/98 TRENCHES CURVE TO ROAD TO MATCH TOPO - OK TO COVER

(MR)

DATE SYSTEM APPROVED 11/19/98 INSPECTOR M. Ripkin

NETTIE A. DIEHL
LOT 2
PLAT 593

LOT 3

TRAIL

HIGH

STEPPER

SEPTIC

EXIST. ELEV. AT TRENCH
517.9
INV. ELEV. (INTO) TRENCH
515.8
(EXIST. ELEV. AT DIST. BOX
518.0
INV. ELEV. (INTO) DIST. BOX
515.7
(EXIST. ELEV. AT SEPTIC TANK
519.0
INV. ELEV. (OUT OF) SEPTIC TANK
515.8
INV. ELEV. (INTO) SEPTIC TANK
515.5
INV. ELEV. (OUT OF) HOUSE
515.5

PRIVATE EGRESS FOR
ACCESS EGRESS

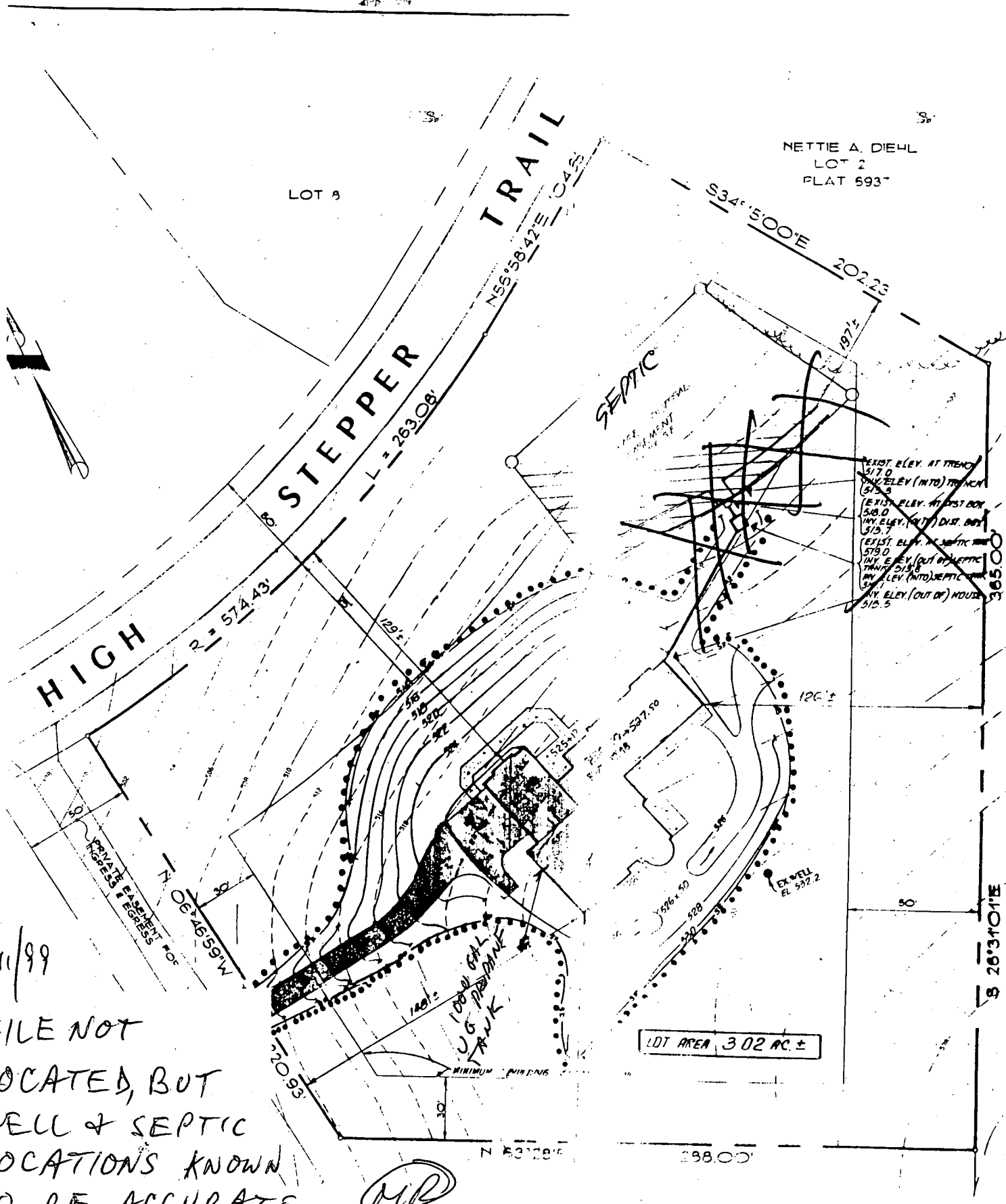
N. 06°46'59"W

100 GALLON
UG. PESTICIDE
TANK

LOT AREA 3.02 AC. ±

11/11/99
FILE NOT
LOCATED, BUT
WELL & SEPTIC
LOCATIONS KNOWN
TO BE ACCURATE
AS SHOWN - OK TO SIGN

MR



APPLICATION

PERCOLATION TESTING

A 50888
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER STEVE Smith

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Tammy Goebel CRCW consultants

ADDRESS _____ PHONE 410-298-0604

PROPERTY LOCATION:

SUBDIVISION River Downs LOT NO. 12 (Spec)

ROAD AND DESCRIPTION 936 High Stepper Rd

TAX MAP _____ PARCEL # _____
SIZE OF LOT _____ TYPE BLDG. SFD - 4Bum
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED
AND RETURNED 3-19-98
Serial # BR110317**

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

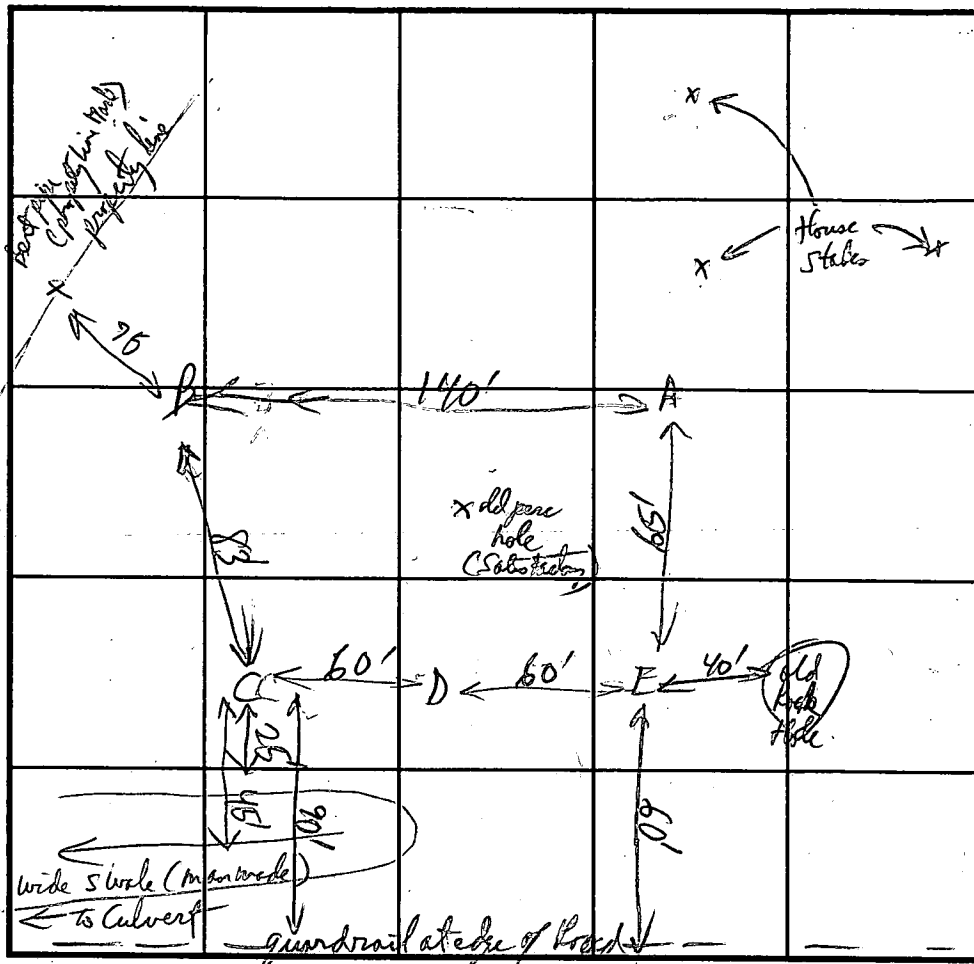
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE E
 0' Mix Orange & Brown
 1/2' hSL
 4 1/2' Financed Mix Neutral pale color SL
 12 1/2' pale Neutral brown to olive gray brown SL

D
 1 1/2' Strong Park Brn L-CL
 3-8 1/2' Red-Orange Brn SL
 13' Tan-orange SL-FSL

B
 6 1/4' Dark Brn Loam
 4 1/2' Mix Red SL
 4 1/2' sand Mid Brn - Neutral Brn L-SL
 9 1/2' Lt. Brn Tan SL
 11 1/2' gray FSL-LS (a few rocks)

SOIL PROFILE A
 0' Str Brn ht -hSL
 1 1/2' orange Tan SL
 3' grayish Brn Tan SL
 6 1/4' gray (pale) LS mix 50% prot of green rocks
 10' Refused Hole C
 4' Strong Brn + Red Brn L-SCL
 8' Tan Mic SL
 12 1/2' Mix Tan gray Brn FSL
 Near Hilltop

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/6/95	E	4'	10:21:19	10:23:20	10:23:20	10:25:53	2 1/2 min	OK
		12 1/2' 7 1/2' repair	10:20:49 10:25:42	10:21:44 10:31:52	10:22:49	stayed to	1 min - 4 min	
	D		Visual only					OK
	A	110' 3 1/2'	10:39:00	10:40:30		10:42:40	2 min	
		10' repair	10:46:00	Tubed 2 1/2" inch Fast 2" at begin slow to (after repair)		10:48:40	2 1/2 min	OK
	B	3 1/2'	10:50:40	2" in	4 1/2 min	10:55:00	2 min	OK
		11 1/2'	10:53:20	10:55:00		10:56:50	2 min	OK
	C	4 1/2'	11:03:10	11:05:00		11:07:05	2 min	OK
		112 1/2'						

REMARKS Shallow System Only (4' bottom Near Hole A)

TYPE OF SOIL _____

TESTED BY R.J. Pindley ALSO PRESENT Thomas McGuire

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 180

APPLICATION

new perc.

Post-It* Fax Note 1671	Date 9-13-95	# of Pages 1
To: TAMMY GOBEL	From: GLEN SAVAGE	
Co./Dept. KCW CONSULTANTS	Co. HOWARD CO. HEALTH	
Phone #	Phone # 313-2640	
Fax # 410-298-0604	Fax # 313-2648	

A 50888

P _____

HOWARD COUNTY HEALTH DE
BUREAU OF ENVIRONMENTAL
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2940

DISTRICT _____

DATE 9-20-95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER KCW Consultants, Inc., Tammy Goebel

ADDRESS 3104 Timonius Lane PHONE (410) 281-0030

PROPERTY LOCATION:

SUBDIVISION River Downs LOT NO. 12

ROAD AND DESCRIPTION High Stepper Trail
3rd Election District, Howard Co., Md.

TAX MAP 9 PARCEL # 66

SIZE OF LOT 3.02 Acres TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Tammy Goebel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

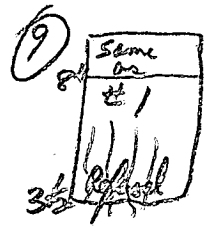
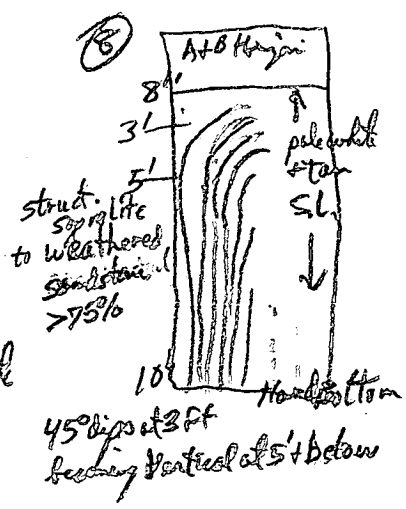
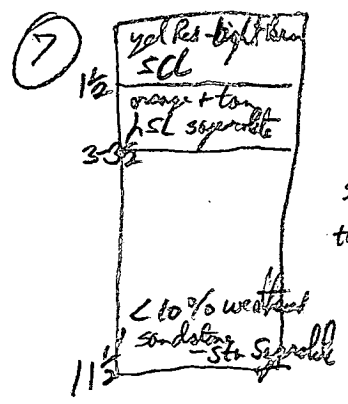
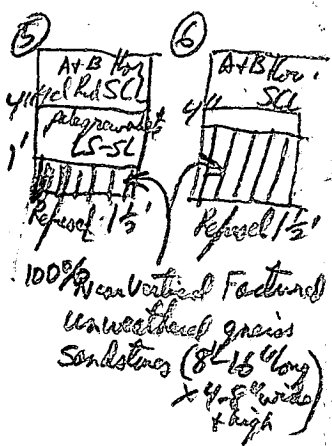
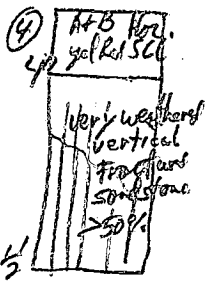
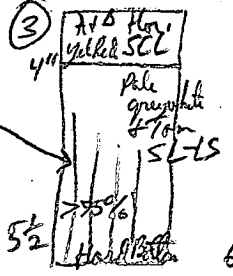
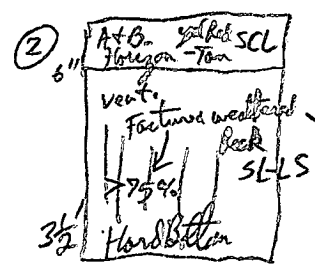
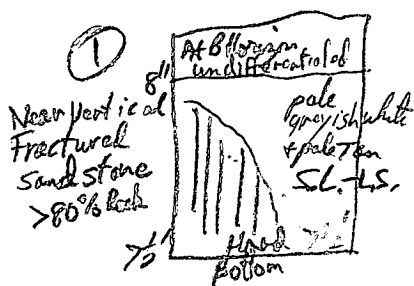
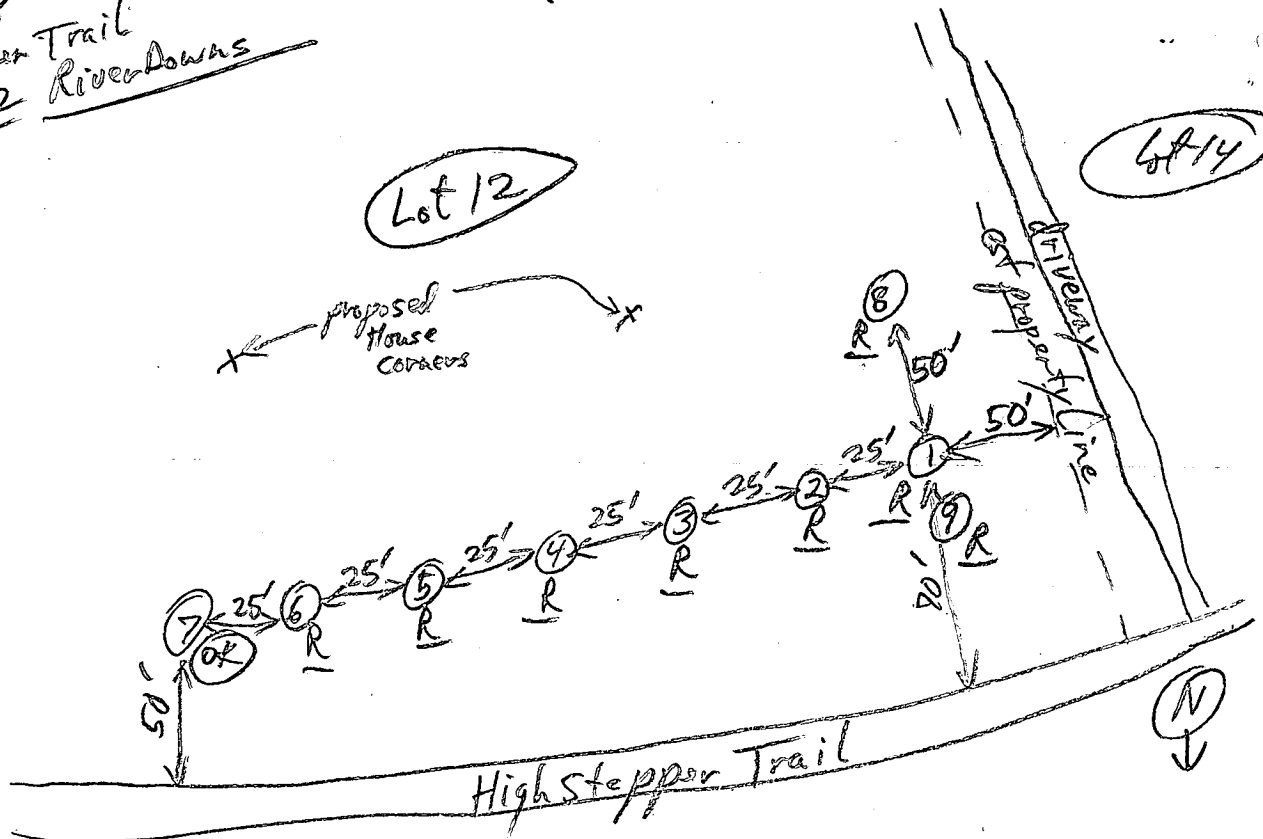
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Report
 A50888
 High Stepper Trail
 Lot 12 River Downs



No Perc Tests done.
 It appears there was extensive grading over entire area from Test Holes 1-6, 8 & 9. Most of original

A, B & C horizons were removed with only 4-8" of sandy clay loam cover left to control erosion & provide grass cover. Shallow depth to Fractured Rock & Sand, loam to loamy sands with assumed past park times make this area unsuitable for sewage disposal. Need to explore near park area.

9/25/95
 RJP

APPLICATION

old.

SEWAGE DISPOSAL TESTING

A 36257

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 _____

DATE 11/26/85

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 Chase Development Corporation

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100

PROPERTY LOCATION:

LOT 6 Preliminary

SUBDIVISION River Downs LOT NO. X

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(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.

William R. ...
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow tile fields DATE 1-2-87

REJECTED BY _____ FOR _____ DATE _____

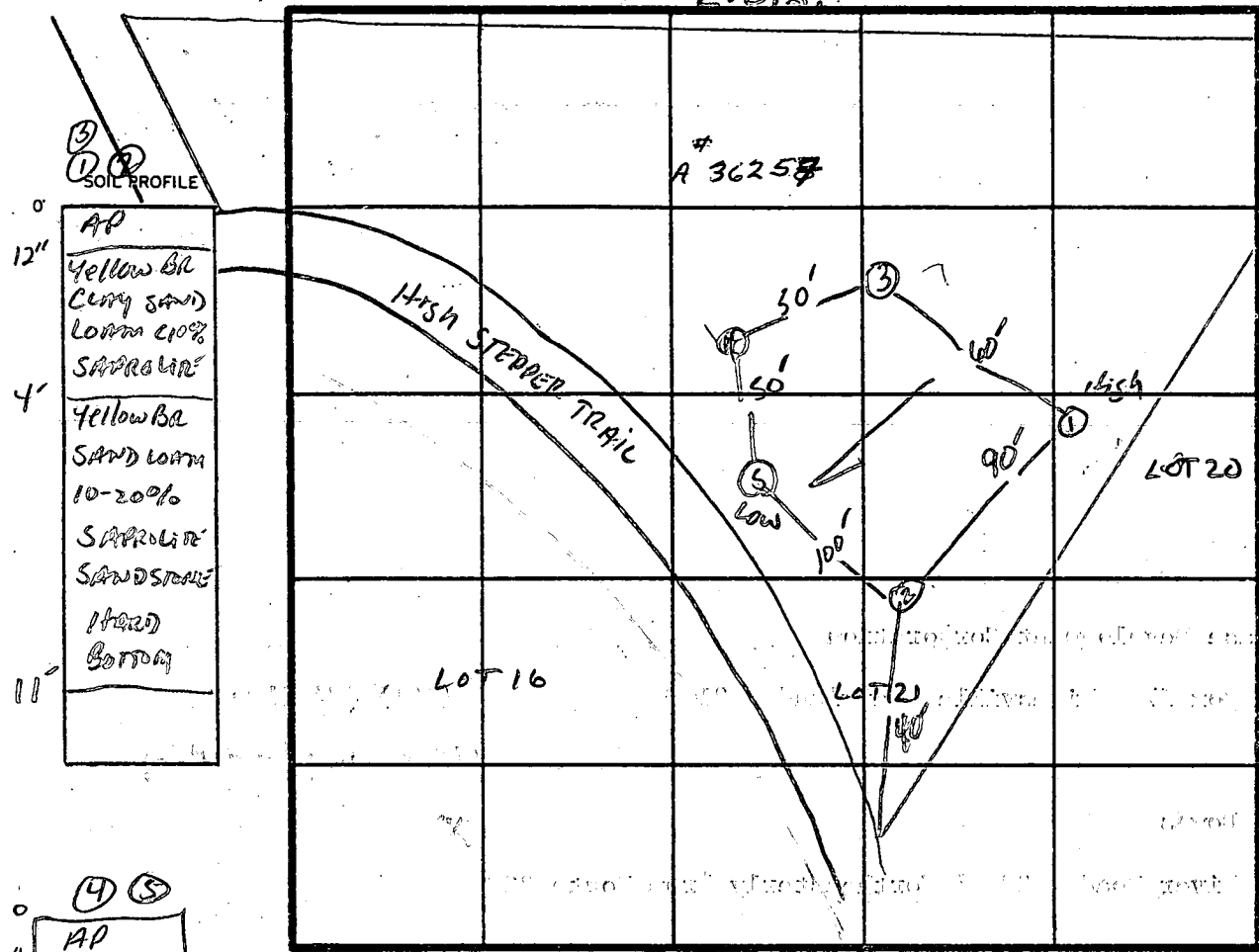
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85 Perc. SATISFACTORY; HOLD FOR CERTIFIED Subdivision
PLAT. S. Abel 4-11-86 Shallow System only. S. Abel

THIS IS NOT A PERMIT

old

L.O.S.



③ ① ②
SOIL PROFILE

0"	AP
12"	Yellow Br Clay sand Loam 10% SAPROLITE
4'	Yellow Br SAND LOAM 10-20% SAPROLITE SANDSTONE
11"	Hard Bottom

④ ⑤

0"	AP
12"	Yellow Br SAND CLAY Loam 16% SAPROLITE
3.5'	Yellow Br SAND LOAM 16% SAPROLITE
12"	SANDSTONE BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO RIVER Rd.

X Perc Time
2min
INLET 3"
BOTTOM 4.5"

160 #/R

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/85	1 S	4"	12:43	12:44	12:44	12:45	1min
		11"	ROCK BOTTOM		SANDSTONE		
	2 S	4"	12:44	12:47	12:47	12:48	1min
		10.5"	ROCK BOTTOM		10.5" SANDSTONE		
	3 S	3.5"	12:50	12:51	12:51	12:53	2min
		12"	ROCK BOTTOM AT 12"		SANDSTONE		
	4 S	3.5"	12:54	12:55	12:55	12:56	1min
		12"	UNIFORM SOIL STRUCTURE Below 8.5"				
	5 S	5"	12:57	12:58	12:58	12:59	1min
		12"	UNIFORM SOIL STRUCTURE Below 4.5"				

REMARKS Shallow System only

TYPE OF SOIL Clayey GRANOL Sand Loam

TESTED BY S. Abel

ALSO PRESENT Jeffy CURTIS, JOHN

EH-12-1079



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

October 4, 1995

Ms. Tammy Goebel
c/o KCW Consultants
3104 Timanus Lane, Ste. 101
Baltimore, MD 21244

RE: PERCOLATION TEST RESULTS
Application #A50888
Proposed Use: Adjustment to
Recorded Sewage Easement
River Downs, Lot #12
High Stepper Trail
Tax Map 9, Parcel 66

Dear Ms. Goebel:

Percolation testing conducted September 25, 1995 on the above referenced property indicated unsatisfactory soil conditions.

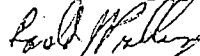
Limiting soil conditions were excessive rockiness at shallow depth. Soil profiles taken over much of the area tested indicate much of the previously approved sewage disposal area has been rendered unusable due to excessive grading. Copies of the test results are enclosed.

Prior to building permit application, additional testing will be necessary to establish the existence of a new sewage disposal area sufficient to at least accommodate one initial and at least one repair septic system to service this property. Please contact this office to schedule the additional percolation tests.

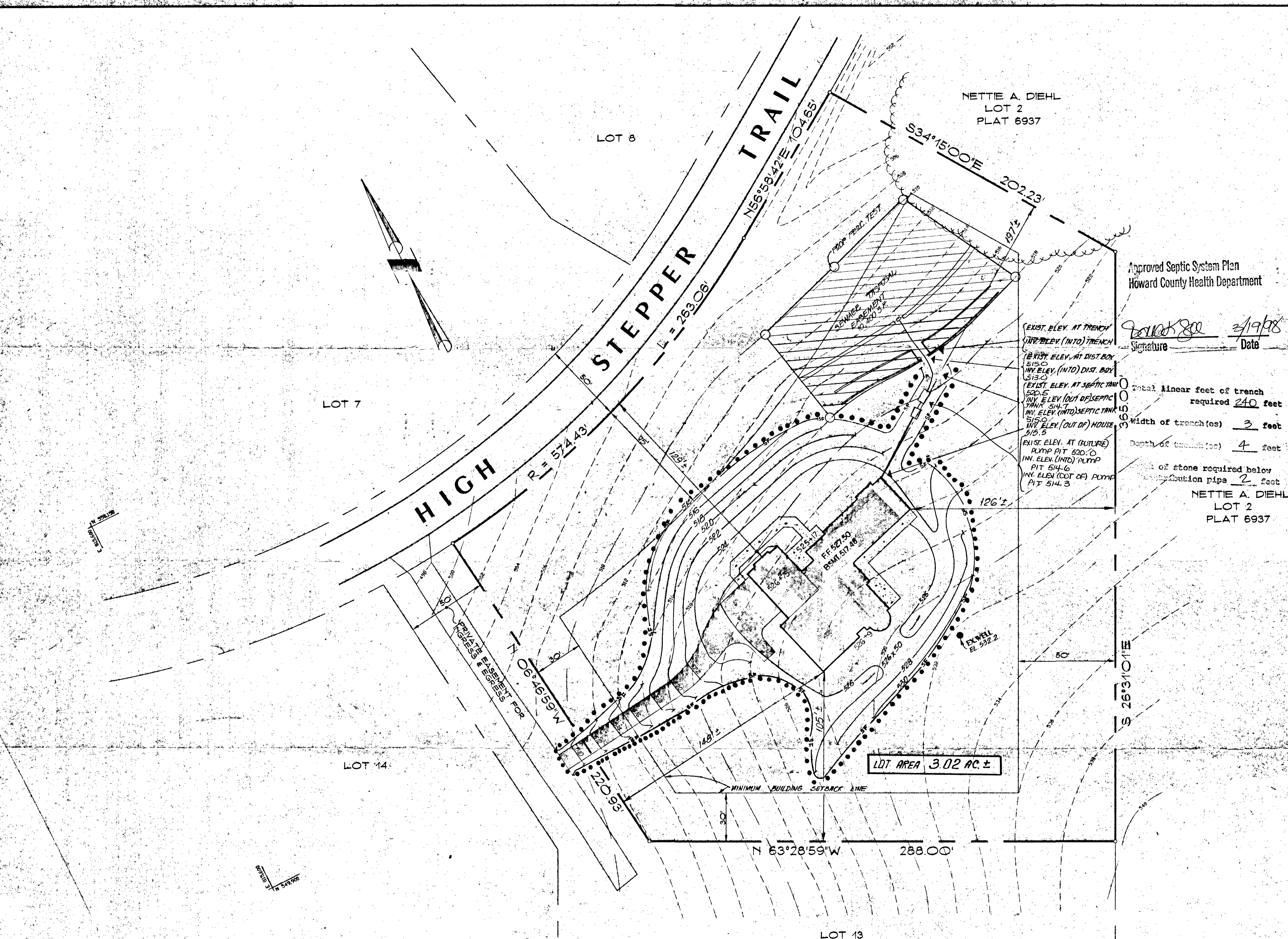
Further review is contingent upon submission by a registered engineer of a revised percolation test plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100' of property boundaries have been shown.

If you have any questions you can contact me at 313-2640.

Very truly yours,


Ronald J. Pinkley, Sanitarian
Water and Sewerage Program

RP:vr
Enclosure
cc: File



NETTIE A. DIEHL
LOT 2
PLAT 6937

Approved Septic System Plan
Howard County Health Department

[Signature] 3/19/98
Signature Date

EXIST. ELEV. AT TRENCH
(INTO) TRENCH
INV. ELEV. AT DIST. BOX
515.0
INV. ELEV. (INTO) DIST. BOX
513.0
EXIST. ELEV. AT SEPTIC TANK
520.5
INV. ELEV. (OUT OF) SEPTIC
TANK 514.7
INV. ELEV. (INTO) SEPTIC TANK
515.0
INV. ELEV. (OUT OF) HOUSE
515.5
EXIST. ELEV. AT (PUMP)
PUMP PIT 520.0
INV. ELEV. (INTO) PUMP
PIT 514.6
INV. ELEV. (OUT OF) PUMP
PIT 514.3

Total linear feet of trench
required 240 feet
width of trench (as)
3 feet
Depth of trench (as)
4 feet
of stone required below
distribution pipe 2 feet

NETTIE A. DIEHL
LOT 2
PLAT 6937

LEGEND

..... LIMIT OF DISTURBANCE
- - - - - SILT FENCE

TOTAL DISTURBED AREA
30,495 SQ. FT. = 0.7 AC ±

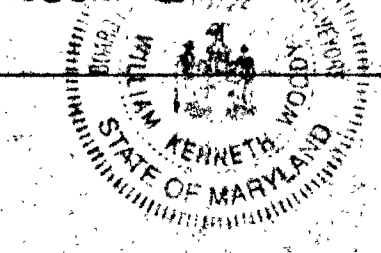
THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT OF
A MIN. OF 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND
STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL
SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS
AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE
AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON
THESE BUILDING SITES. 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 ENCRDACHMENTS INTO THE PRIVATE SEWER
EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT
SHALL NOT BE NECESSARY.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE
SYSTEM HOWARD COUNTY HEALTH DEPT.
[Signature] 11-20-95
HOWARD COUNTY HEALTH OFFICER DATE

KCW Consultants, Inc.
CIVIL ENGINEERS AND LAND SURVEYORS
3104 TIMANUS LANE
SUITE 101
BALTIMORE, MARYLAND 21244
PHONE: (410) 281-0030
FAX: (410) 298-0604

MR. STEVE SMITH & MRS. LYNN SMITH
P.O. BOX 573
ELLCOTT CITY MD. 21041
TEL. 410-461-9348

I CERTIFY THAT THE ABOVE MEASUREMENTS
ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
[Signature] 10/11/95
DATE



REVISED PERC PLAT #
SITE PLAN
"RIVER DOWNS"
LOT #12 HIGH STEPPER TRAIL
HOWARD COUNTY, MARYLAND

SCALE: 1" = 30' DATE: NOV. 7, 1995

REVISED 3/16/98 PER HEALTH DEPARTMENT COMMENT

C:\DWG\1RVDN\LOT12.DWG
DRAWN BY: R.D. DESIGNED BY: R.D. CHECKED BY: W.K.W. & P.McD.

C1 **4620** SEQUENCE NO. (DENV 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 36257**

ST/CO USE ONLY
 DATE Received

--	--	--	--	--	--

 DATE WELL COMPLETED **100891**

Depth of Well **220**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-1957

OWNER **Paris Harold**
 last name first name
 STREET OR RFD **Sykesville**
 TOWN
 SUBDIVISION **RIVER DOWNS** SECTION LOT **12**

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	
SANDSTONE	0	12	<input type="checkbox"/>
GRAYMICA Rock	12	220	<input type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **410**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** 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 **ST**
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **21**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **220**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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 26.04.04 "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. **038**
 DRILLERS SIGNATURE **Harold Paris**
 (MUST MATCH SIGNATURE ON APPLICATION)

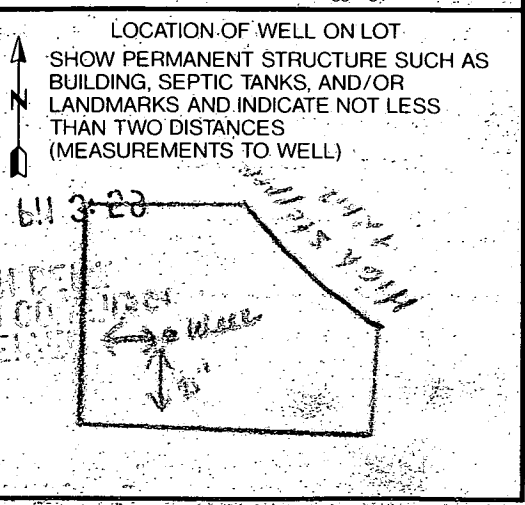
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q
 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 **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **50**
 WHEN PUMPING **53**
 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 **-** below LAND SURFACE (nearest foot)



B 1 **0095** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-11957
 fill in this form completely

Date Received (APA) **07/6/91**
 OWNER INFORMATION
PARIS HAROLD
 Last Name Owner First Name
PO Box 1422
 Street or RFD
ELLICOTT CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
RIVER DOWNS SUBDIVISION
 SECTION **2** LOT **12**
SYKESVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **238**
Joseph L. Mayne Well Drilling Co
 Firm Name
5512 RIDGE RD W. H. Aiky 21771
 Address
Joseph L. Mayne 7/15/91
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **High Stepper Trail**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **250** FT
 ENTER FT or MI **FT**

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
A36257 COUNTY NO.
 STATE SIGNATURE **Mark E. Kiffin** DATE ISSUED **2/2/92**
 NORTH GRID **550000** EAST GRID **0816000**

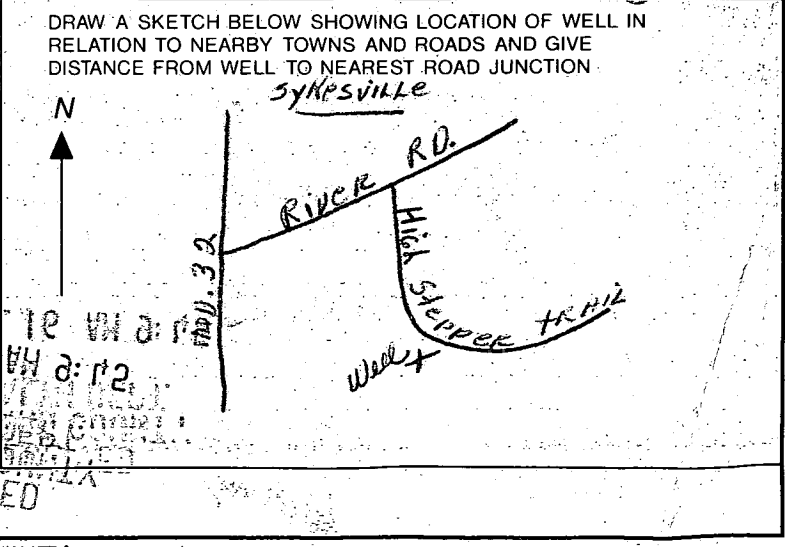
APPROXIMATE DEPTH OF WELL **200** FEET

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
 other _____

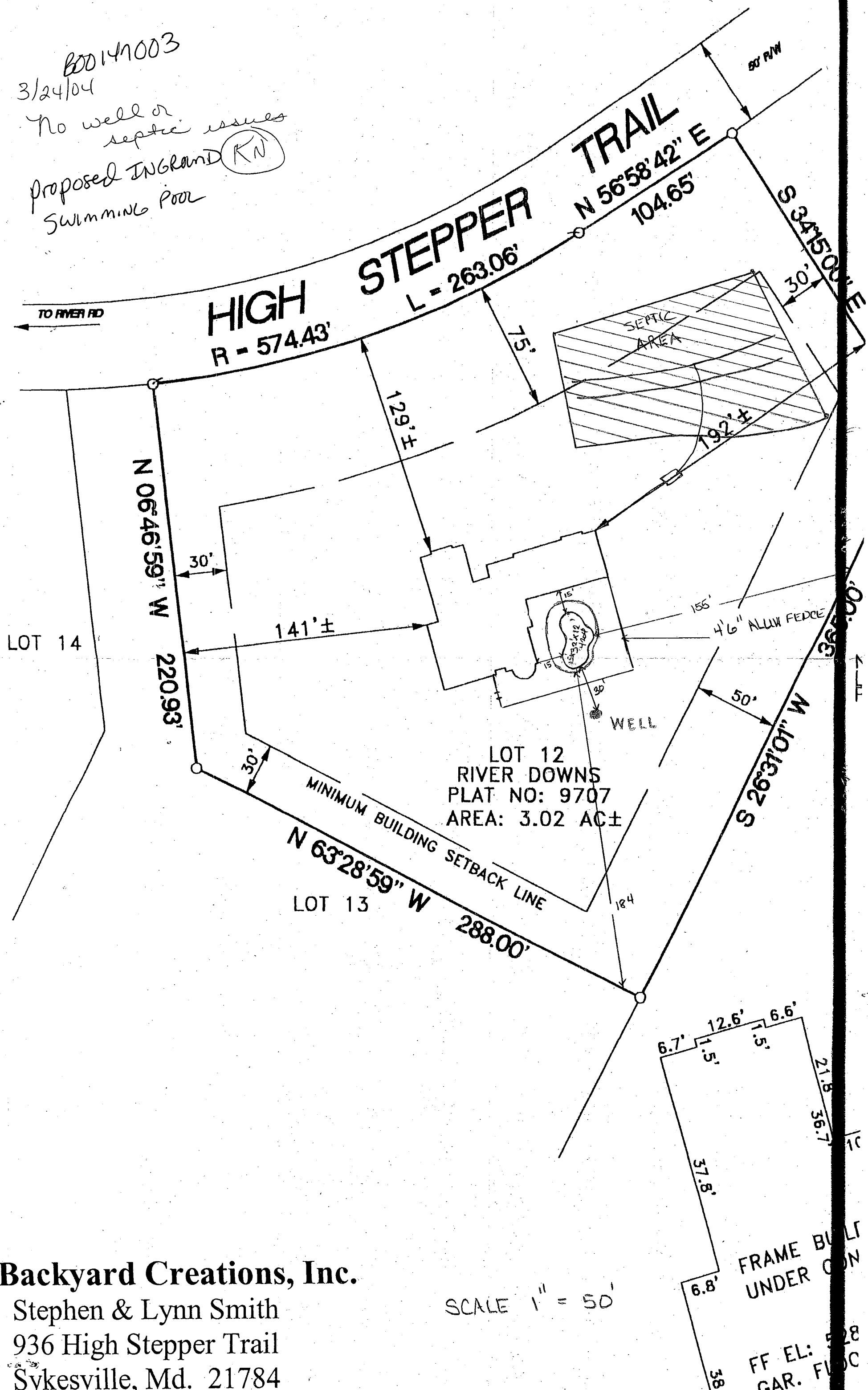
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **81X6**
 N **550**
 12-1 PM 10/8/91
 Location - OK
 casing - 21'
 hole - 20'
 grout - 6 bags
 RP-10-8-91
 well

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 DEEPEMED 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 **MD** WRITE INITIALS IN BOX PERMIT No. **HO-88-11957**
 SPECIAL CONDITIONS **997-1475**

3/24/04
 00147003
 No well or
 septic issues
 proposed INGLAND (KN)
 Swimming Pool



SCALE 1" = 50'

Backyard Creations, Inc.
 Stephen & Lynn Smith
 936 High Stepper Trail
 Sykesville, Md. 21784