

3/29/95 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50605

A REPAIR

DISTRICT 5th

DATE 3/27/95

DATE SYSTEM APPROVED 3/29/95

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

Awkard Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 17403 Old Baltimore Road, Olney, Maryland 20832 PHONE 774-3869

SUBDIVISION 7469 Country Lane S/D LOT Parcel: 16 ROAD 7469 Country Farm Lane

PROPERTY OWNER Bruce Holland

ADDRESS LAST PAVED LANE ON LEFT BECOME RIVER

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 100

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so that a sanitarian can recommend repair.
03/27/95

Run 3 35' trenches to right when facing back of house. PLACE

5 FEET OF STONE - INLET AT 3' BOTTOM AT 8'. MAINTAIN 25' OFF 25%

OPTIONAL: slope. Reconnect last 65 FEET OF TRENCH THAT WASNT USED AND

PLANS APPROVED BY _____ DATE _____

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, 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.

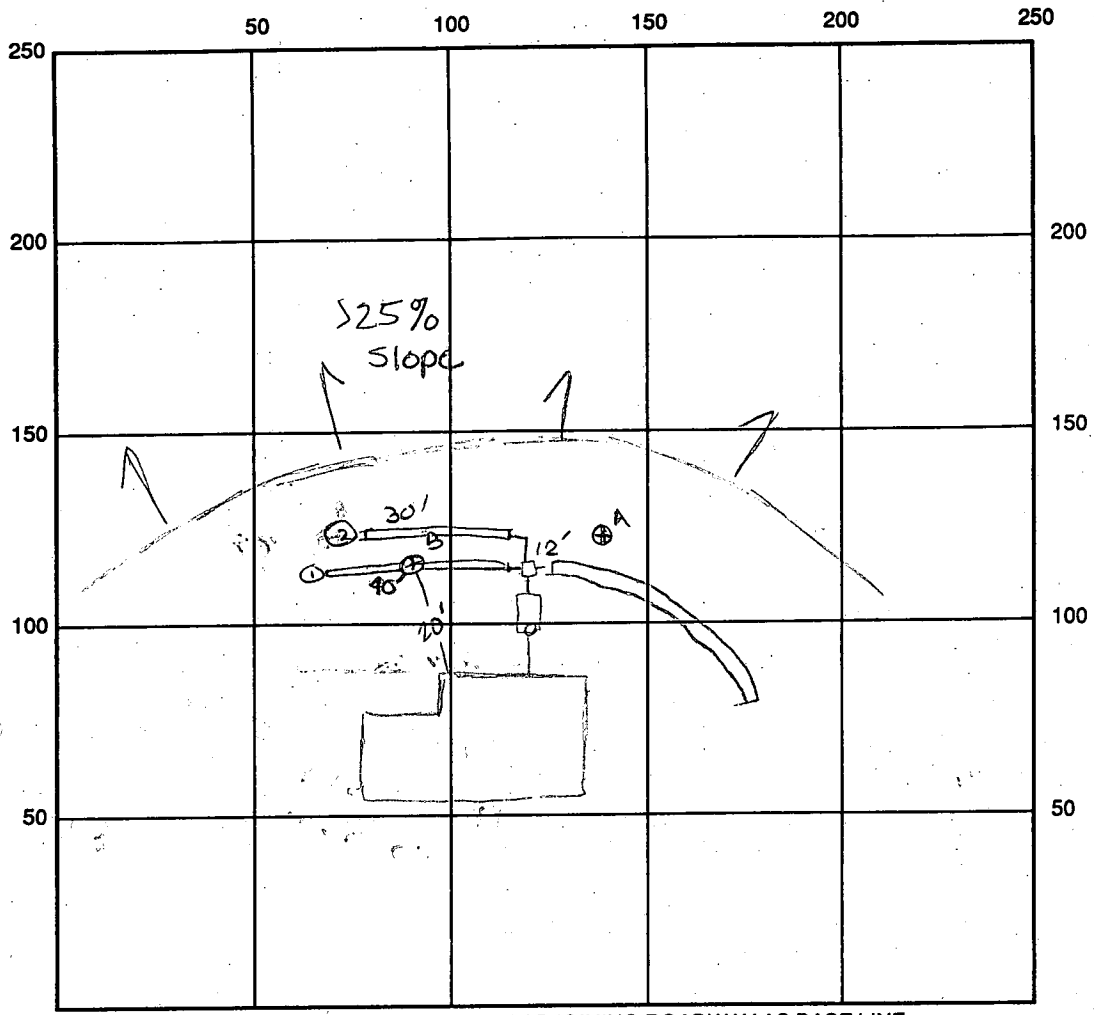
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

2 TRENCHES OK
IF ONE EXISTING
IS STILL SERVICEABLE
3/27/95 (CW)

P
50605
Repair

A-
 FILL
 TO 8'
 FAIL



$\frac{125}{500}$
 $\frac{12}{4780}$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing - 1250 gal CLEANOUTS one on d.b.
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH ① 45' FT. → 70' total
 NUMBER OF TRENCHES 2 + existing ONE SIDEWALL/BOTTOM AREA 350 SQ. FT. + existing
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 350 SQ. FT. + existing

REMARKS: 3/29/95 a.m. OK to stone trench ① and continue DKS
3/29/95 p.m. OK to cover trench ① and continue DKS
3/29/95 later final - OK to cover all work. DKS

DATE SYSTEM APPROVED 3/29/95 INSPECTOR [Signature]

8/22/75 file app'd WWZ

PERMIT

P 21518

A 18678

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 5/15/75

Edwin G. Willson

IS PERMITTED TO INSTALL ALTER

ADDRESS 14507 Gilpin Road, Silver Spring, Md. PHONE 774-9698

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Country Lane S/D ROAD Country Farm Lane LOT Parcel 16

PROPERTY OWNER Edwin G. Willson Bruce Holland end of Munk Hollow Rd

ADDRESS same as above

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

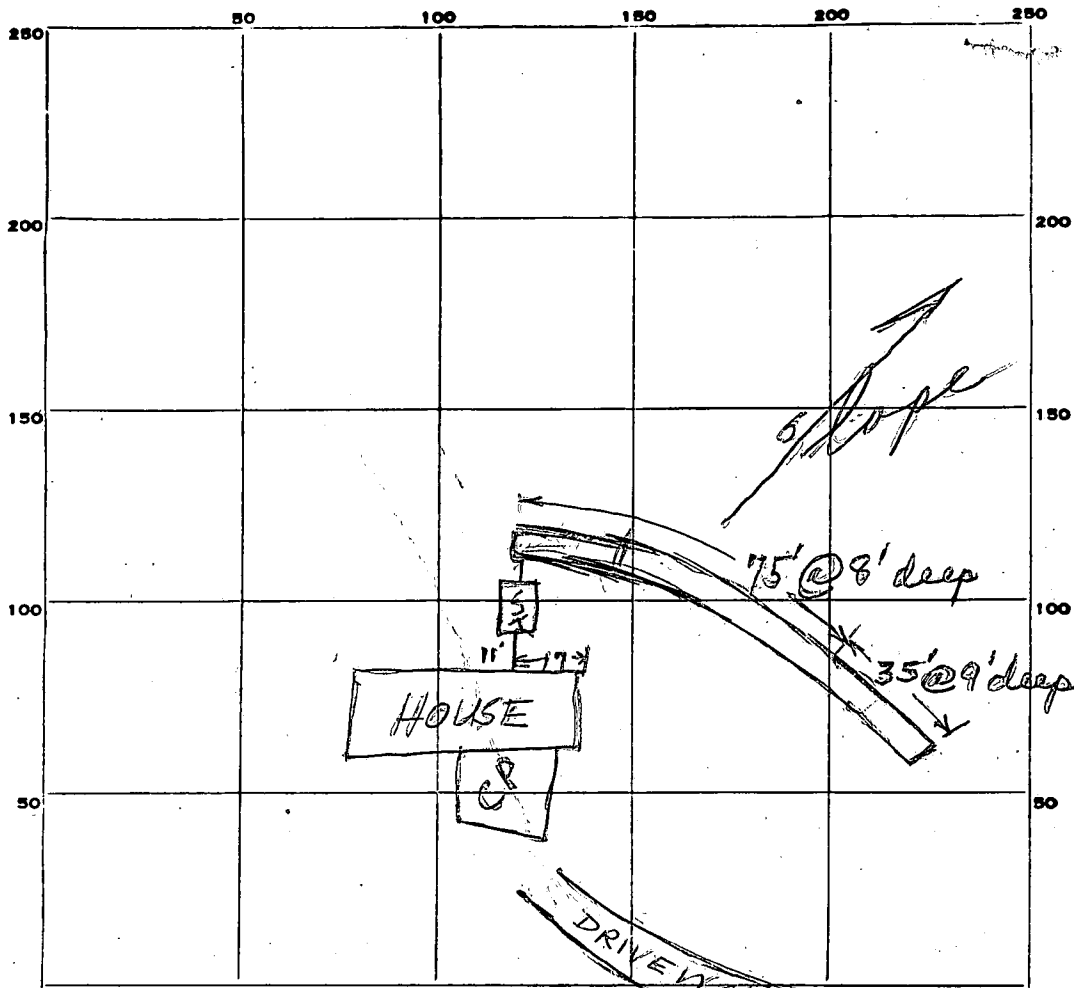
TRENCH - 150 sq. ft. effective absorbent sidewall area per bedroom. Dig trench(es) 90 ft. long, 8 ft. deep, 2 1/2 ft. wide, with 5 ft. gravel under distribution pipe. Begin first trench approximately 20 ft. off left (548.10) property line, at a point 485 ft. from the left rear corner of the lot. Run trench diagonally across the lot toward the right rear corner of lot, passing through perc test hold that is 90 ft. from the 548.10 property line and 250 ft. from the 586.50 (back) lot line, following approximately the same contour. If a second trench is needed, place it 15 ft. downslope from the first and parallel to the first. Call for inspection of trenches before any gravel is installed. If any questions, call office. NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON PERMIT VOID AFTER THREE YEARS. NOTE: INSTALL STAND PIPE ON SEPTIC TANK. STAND PIPES MUST BE # 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY William W. Zepp DATE 9/11/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 18678



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

85
5
125
6 130
25
6
75
5
395
210
585

PERMIT CARD

SEPTIC TANK, LEVEL 1250 gpl CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH 2 1/2 FT.

GRAVEL DEPTH 5-6 FT. TOTAL LENGTH 110 FT.

NUMBER OF TRENCHES 1 SIDEWALL TOTAL BOTTOM AREA 585

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/22/75 Question location of system, and it is not according to drawing Willcox submitted, but soil is good.

DATE SYSTEM APPROVED 8/22/75 INSPECTOR William H. Gupp

PRELIMINARY

APPLICATION

A 18678

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE 6/29/73

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 Edwin G. Willson

ADDRESS 14507 Gilpin Road, Silver Spring, Md. PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION Country Farm Lane S/D LOT NO. Parcel 16

ROAD AND DESCRIPTION Country Farm Lane

SIZE OF LOT 5 acres 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/ Edwin G. Willson

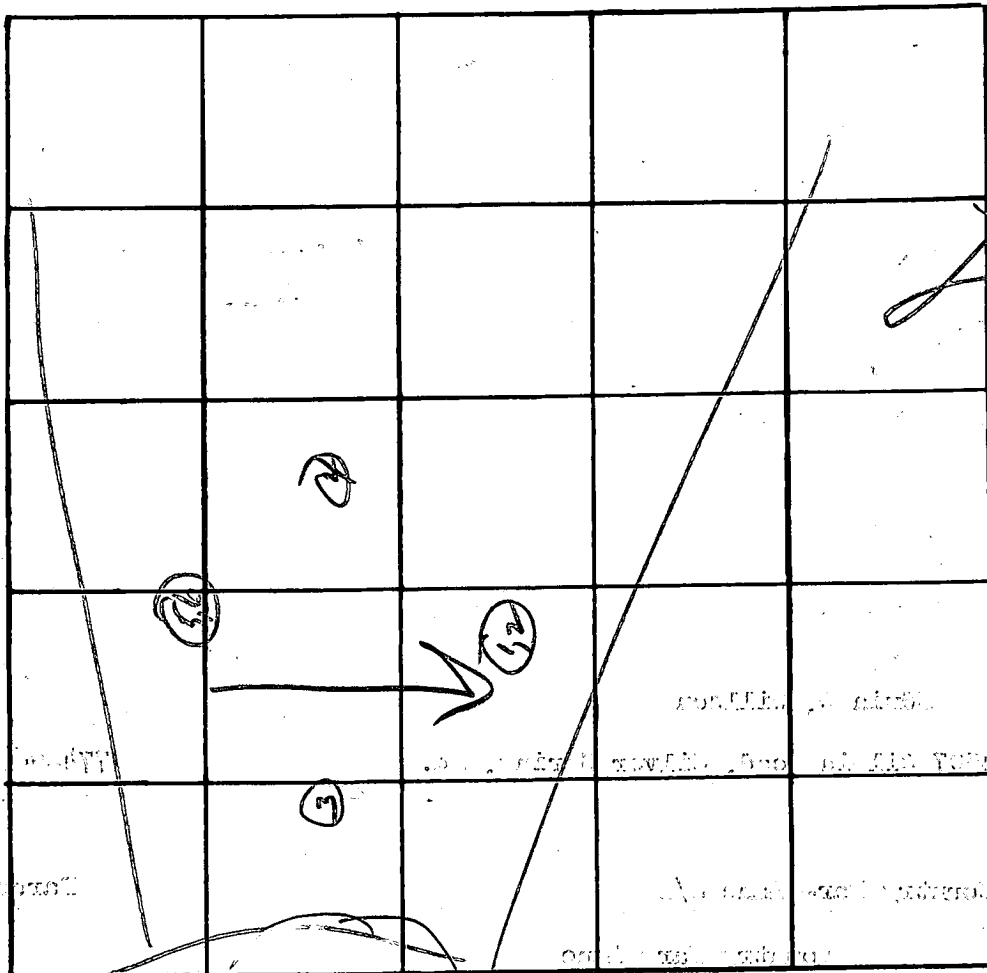
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/24/73	1	3 1/2	9:58	9:59	9:59	10:02	3	
	2	10 1/2	9:57	10:01	10:01	10:11	10	
	3	10 1/2	Visual; sim to 1 & 2					
	4	11 1/2	Visual; sim to 1 & 2					
	5	4	10:06	10:07	10:07	10:08	1	
	6	11	10:08	10:19	10:19	10:40	21	

Rock @ bot

T = 11
Inlet @ 3 1/2

REMARKS Cent. spec holes. Rock (shale) 10-11'

TYPE OF SOIL _____

APPLICATION

A 18678

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 br - 1000 gal ST DISTRICT 5th
 ENVIRONMENTAL HEALTH SERVICES 4 br - 1250 gal ST DATE 6/29/73
 P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: 465-5000, EXT. 356

Dry well is to have 125 sq. ft. effective absorbent sidewall area ^{per bed room} below the first 3 1/2 ft. of non-absorbent ground at original grade. Maximum depth of DW to be 11 1/2 ft. Locate dry well 90 ft. from the 548.10' lot line and 250 ft. from the 586.50' (back) lot line.

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 Edwin G. Willson

ADDRESS 14507 Gilpin Road, Silver Spring, Md. PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION Country Farm Lane S/D LOT NO. Parcel 16

ROAD AND DESCRIPTION Country Farm Lane

SIZE OF LOT 5 acres 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/ Edwin G. Willson

APPROVED BY W.W. Zepp FOR deep trenches DATE 9/11/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS Wwz DATE 7/24/73

REASONS FOR REJECTION OR HOLDING Certif of pen holes.

BLDG. PERMIT SIGNED
 AND RETURNED 5/2/75

THIS IS NOT A PERMIT

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 _____

B 1	0701	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-1025
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY) 8/6/75 1:30-1:45	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size:8pt;">OWNER COL 15 LAST NAME</td> <td style="width:50%; font-size:8pt;">FIRST NAME</td> <td style="width:5%; font-size:8pt;">COL. 34</td> </tr> <tr> <td colspan="3" style="font-size:24pt; font-family: cursive;">Ed. Wilson</td> </tr> <tr> <td style="font-size:8pt;">STREET OR RFD COL 36</td> <td colspan="2" style="font-size:8pt;">COL. 55</td> </tr> <tr> <td colspan="3" style="font-size:24pt; font-family: cursive;">Rt 32</td> </tr> <tr> <td style="font-size:8pt;">POST OFFICE COL 57</td> <td colspan="2" style="font-size:8pt;">COL. 76</td> </tr> <tr> <td colspan="3" style="font-size:24pt; font-family: cursive;">Annapolis, Md 20702</td> </tr> </table>	OWNER COL 15 LAST NAME	FIRST NAME	COL. 34	Ed. Wilson			STREET OR RFD COL 36	COL. 55		Rt 32			POST OFFICE COL 57	COL. 76		Annapolis, Md 20702		
OWNER COL 15 LAST NAME	FIRST NAME	COL. 34																	
Ed. Wilson																			
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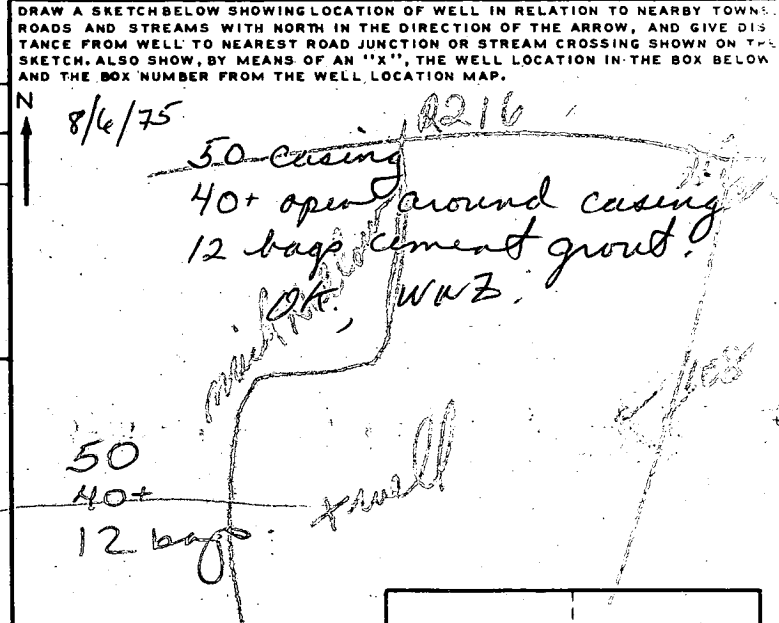
B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	LICENSE NUMBER	77 80
7-10-75 42		
FIRST NAME	DRILLER	LAST NAME
J. Eastwood		
SIGNATURE		
J. Eastwood		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	21 (DO NOT ABBREVIATE COUNTY NAME)
Harwood	
SUBDIVISION	42
Crescent	
SECTION	LOT
44 46 48 50	
NEAREST TOWN	
Highland	
MILES FROM TOWN (ENTER 0 IF IN TOWN)	
3	

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	8 12
500	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	14 20
14	
USE FOR WATER (CIRCLE APPROPRIATE BOX.)	
<input type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="radio"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="radio"/> MUNICIPAL WATER SUPPLY	
<input type="radio"/> PRIVATE WATER COMPANY	
<input type="radio"/> TEST	
} MUST HAVE STATE HEALTH DEPT. APPROVAL	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)		
1 2 3 (SEQ. NO.) 6			
NORTH	EAST	NORTHWEST	SOUTHWEST
SOUTH	WEST	NORTHEAST	SOUTHEAST
NEAR WHAT ROAD			
Mick Hollow Rd			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
N	S	E	W
E			
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)			
900			

APPROXIMATE DEPTH OF WELL	24 28 FEET
150	
APPROXIMATE DIAMETER OF WELL	(NEAREST INCH)
6"	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input type="radio"/> BORED (OR AUGERED)	
<input type="radio"/> JETTED	
<input type="radio"/> DRIVEN	
<input checked="" type="radio"/> AIR-ROTARY	
<input type="radio"/> AIR-PERCUSSION	
<input type="radio"/> ROTARY (HYDRAULIC ROTARY)	
<input type="radio"/> CABLE	
<input type="radio"/> REVERSE-ROTARY	
<input type="radio"/> DRIVE-POINT	
OTHER (DESCRIBE)	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
54 63 65	
FORCE	CONDITIONS
67 68 70 71 72 73 74 75 76 77 78 79	
HEALTH DEPARTMENT APPROVAL	
1 2 3 (SEQ. NO.) 6	
STATE HEALTH (CIRCLE BOX)	COUNTY NAME
S Caroline	
DATE	APPROVED BY
7 25 75 [Signature]	

B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	
NORTH COORDINATE	50 51 52 53 54 55
800	
EAST COORDINATE	57 58 59 60 61 62 63
480	
ELEVATION AT WELL HEAD (FEET)	
0/0	

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

C 1 **6729**
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PURCHASED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY.
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)
 8-13

DATE WELL COMPLETED 8-31-76
 DEPTH OF WELL 225
 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-23-1085
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 42

OWNER Ed Wilson Builder
 LAST NAME PO BOX 32
 STREET OR RFD Ashton Md.
 POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shaley	2	25	
SHALE	25	40	
Brown Slate	40	80	✓
Blue Slate	80	225	✓

GROUTING RECORD

WELL HAS BEEN GROUTED? YES NO
 (CIRCLE APPROPRIATE BOX)
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S T C O
 STEEL CONCRETE
 P L O T
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 45 (NEAREST FOOT)
 WHEN PUMPING 225 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 S T B R H O
 STEEL BRASS OR BRONZE
 P L O T
 PLASTIC OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE
 BELOW } 2 (NEAREST FOOT)

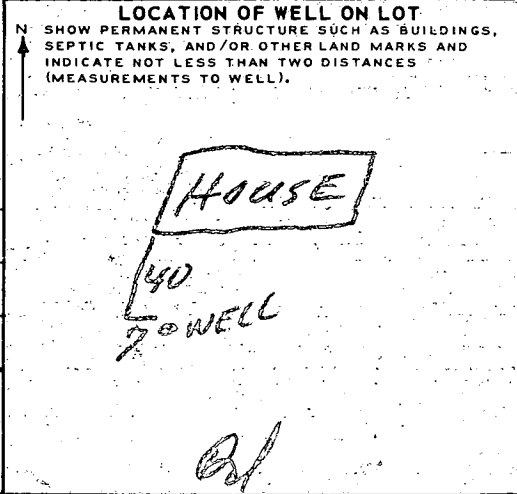
CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO
 1 HO 48 225
 2
 3
 SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO



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 NAME
 (PLEASE PRINT) L. Easton
 SIGNATURE [Signature]

GRAVEL PACK

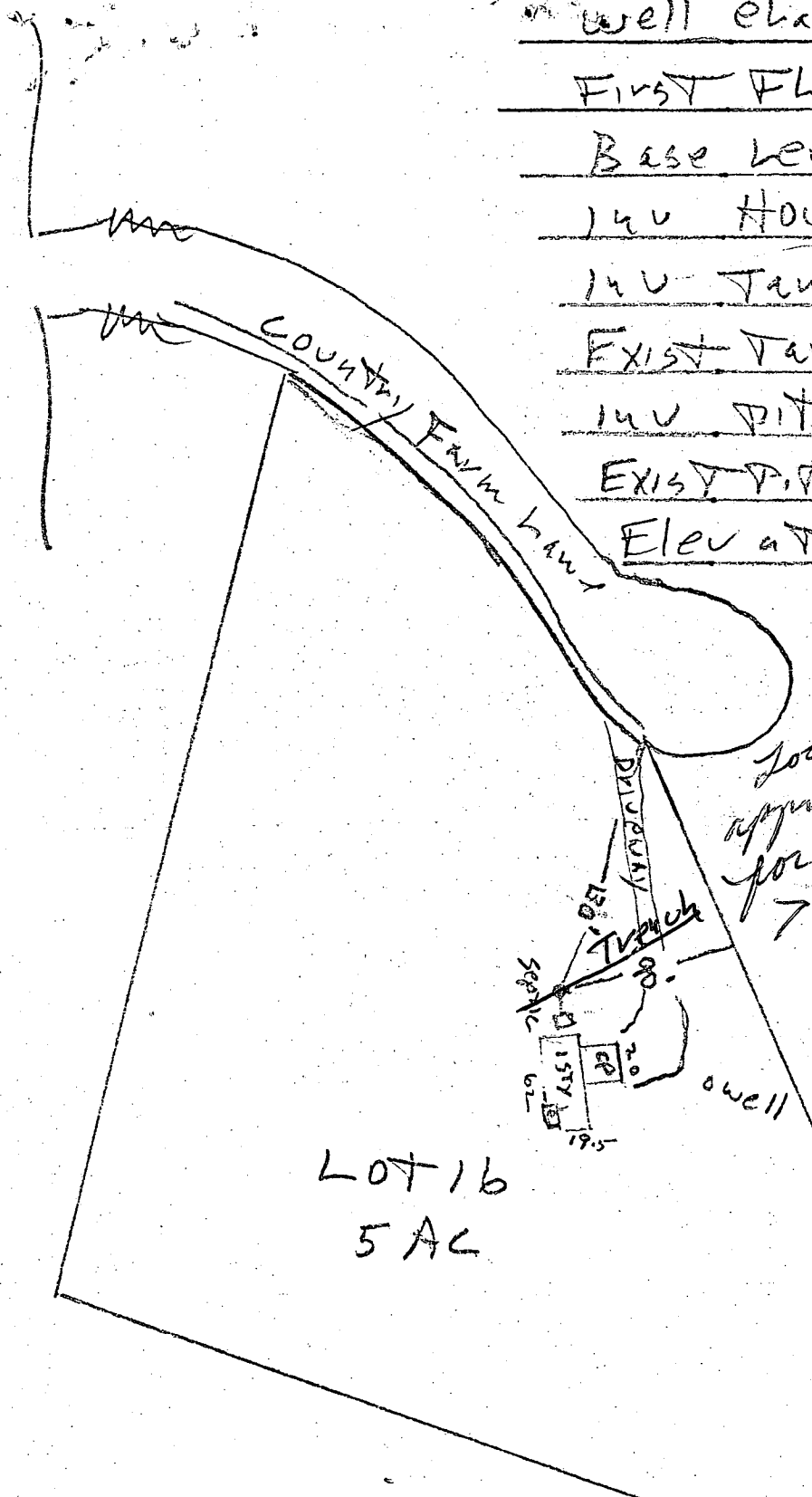
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

MIN 5 FOLLOW RD

Well elev	502'
FIRST FL	500'
Base Level	492'
1st HOUSE	491'
1st TANK	490'
EXIST TANK	494'
1st PIT	489'
EXIST PIT	493'
Elev at Test	493'



4/30/75
 Location and elevations
 approved. Manhole req'd
 for ST if top of tank is
 73' below top of ground
 WWS
 WWS

LOT 1b
 5 AC

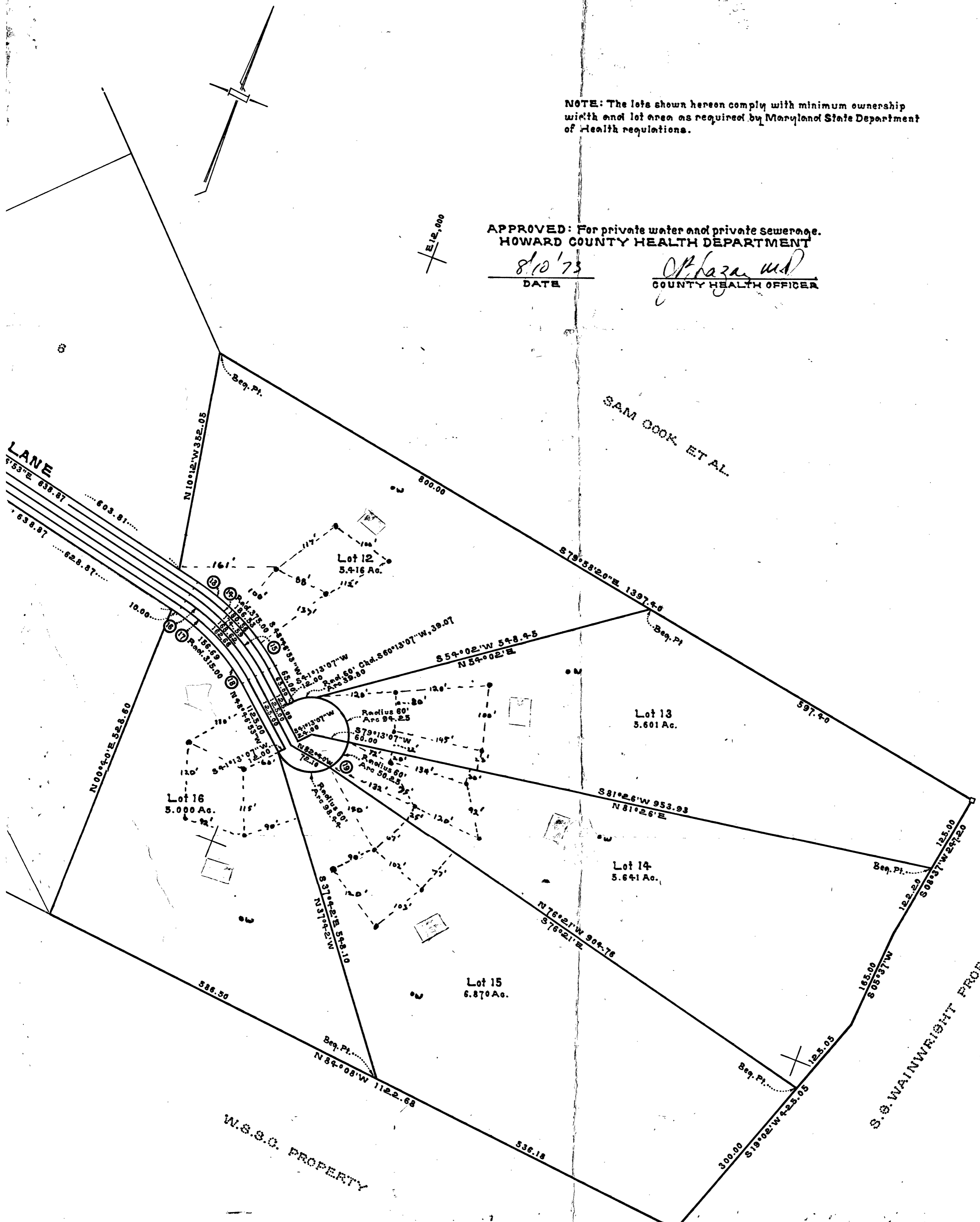
I certify the above measurements and elevations
 are correct & correct for this property
 E. J. Miller

NOTE: The lots shown hereon comply with minimum ownership width and lot area as required by Maryland State Department of Health regulations.

APPROVED: For private water and private sewerage.
HOWARD COUNTY HEALTH DEPARTMENT

8/10/73
DATE

J. P. Haza, md
COUNTY HEALTH OFFICER



COUNTRY FARM LANE
SUBDIVISION

Howard County, Maryland
June, 1973 Scale: 1"=100'