

9-11-98
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03 - 314332

P 510682-B

A REPAIR

DISTRICT _____

DATE 9-14-98

DATE SYSTEM APPROVED 9-14-98

INSPECTOR du

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL _____ ALTER

ADDRESS P.O. Box 89 Triadelphia Road Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION Crystal Clear LOT 2 ROAD 13810 Kennard Drive

PROPERTY OWNER Ms. Greenberger

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS N/A

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO INSTALL SEPTIC SYSTEM TO SERVE THE PROPOSED BARN.

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

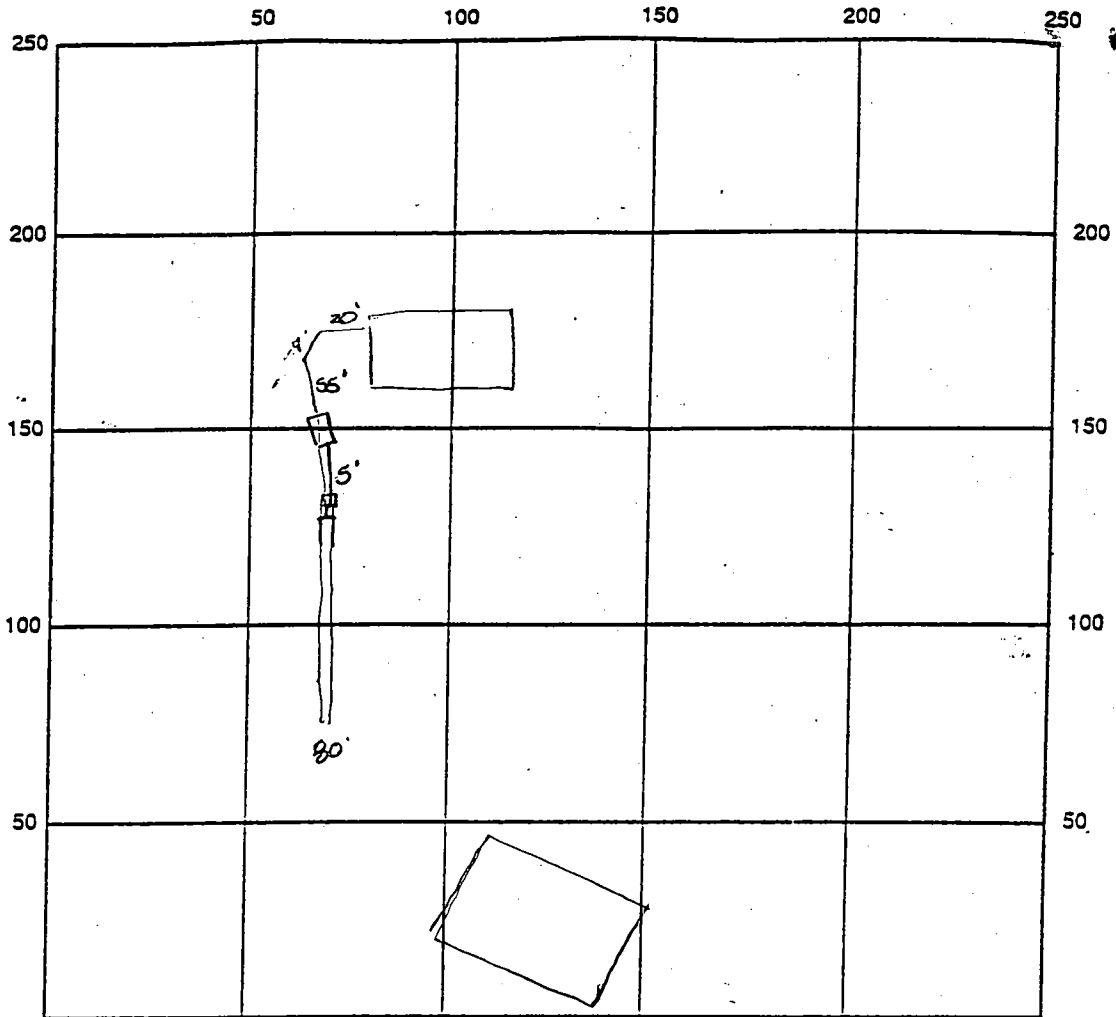
PERMIT VOID AFTER TWO YEARS

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**

P510682
-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000gal OK CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 240 SQ. FT. $\frac{80}{1/3}$

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 9-14-98 OK to cover all work

DATE SYSTEM APPROVED 9-14-98 INSPECTOR A. M. (M.D.)

11 AM
9/21/93

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49619

A 39559

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DATE 9/16/93

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED 9/21/93

INDEXED

INSPECTOR M. Rifkin

Dennis Feaga IS PERMITTED TO INSTALL X ALTER

ADDRESS 1625 Henryton Road, Marriottsville, Maryland 21104 PHONE 442-5623

SUBDIVISION Crystal Clear LOT 2 ROAD 13810 Kennard Road

PROPERTY OWNER Crystal Clear General Partnership BEREDICTE GREENBERG

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

***CONTRACTOR TO REQUEST SITE INSPECTION
PRIOR TO BEGINNING ANY INSTALLATION***

NUMBER OF BEDROOMS 5

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 335

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the front lot line and 145 feet from the left lot line. Run trenches along contour toward ^{front} rear of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 8/25/93

PLANS APPROVED BY C. Williams DATE 08/14/89

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

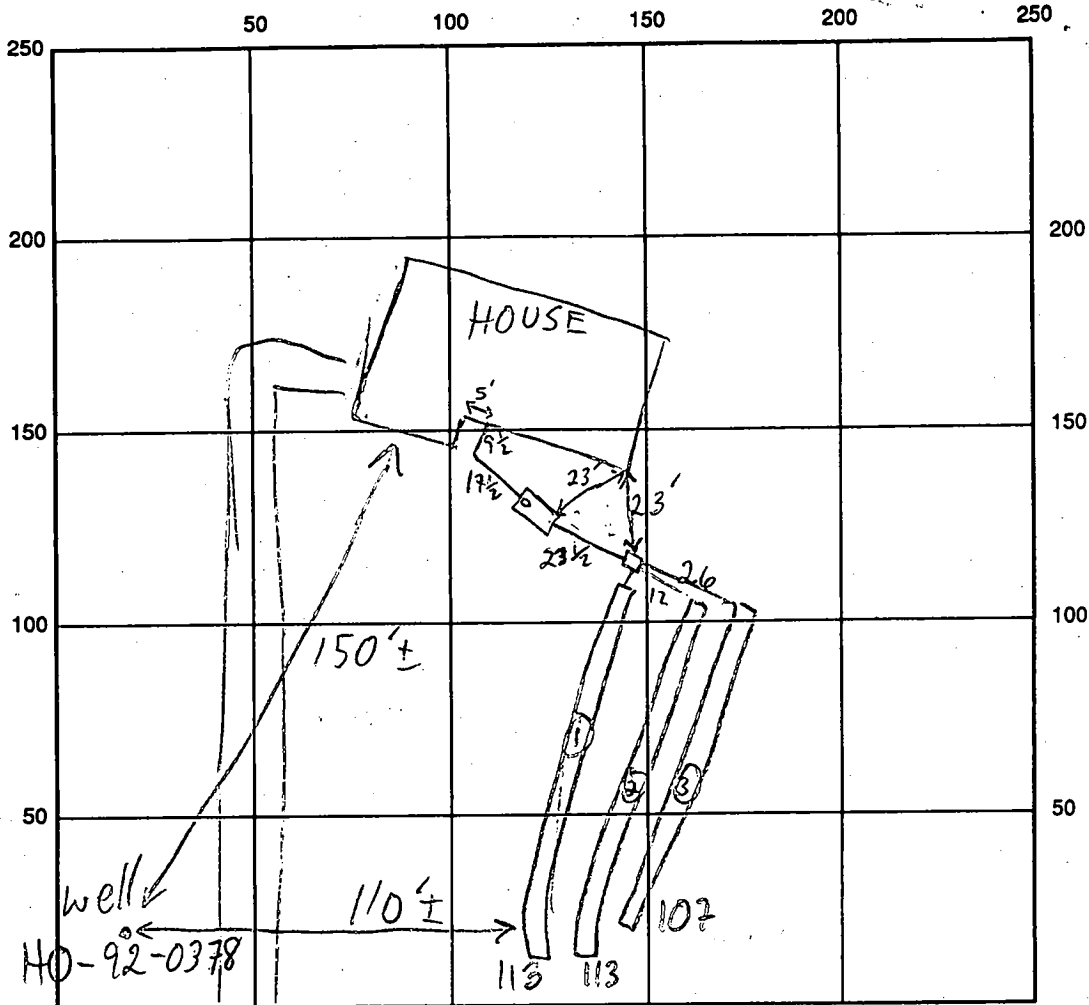
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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SKIPPED
AND RETURNED 7-24-98
Serial # B10713195
House

A
39559



KENNARD DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①113 ②113 ③109 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①339 ②339 ③327 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1005 SQ. FT.

REMARKS: 9/21/93 OK TO COVER MR

DATE SYSTEM APPROVED 9/21/93

INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 89559

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 571

DATE 6-12-87

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 Kennard Warfield Jr. Crystal Clear General Partnership

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337
953-2083

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: LOT 2 Preliminary

SUBDIVISION Crystal Clear LOT NO. X

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd
(13810 Kennard Road)

TAX MAP 22 PARCEL # 533

SIZE OF LOT 3 1/2 acres TYPE BLDG SFD
(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. Matt Kei
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

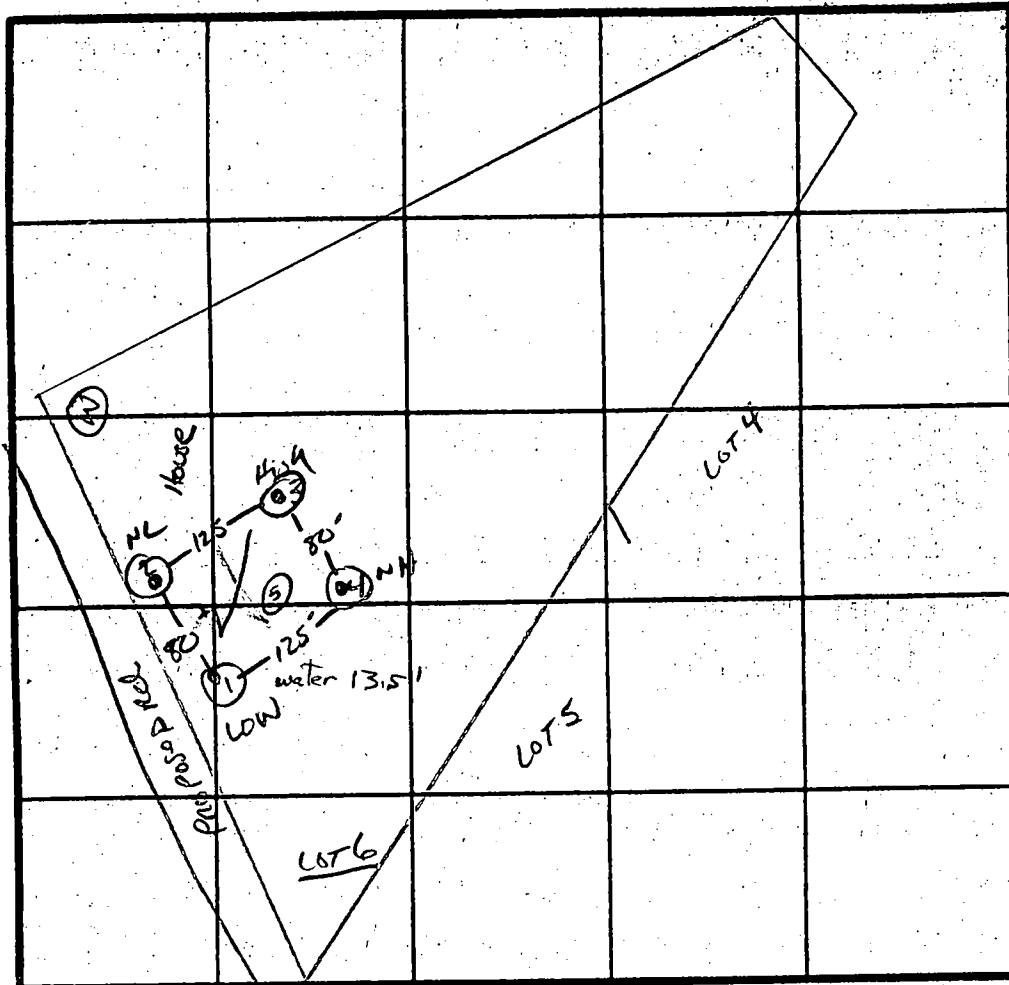
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/28/87 Pure Sumpstersony, hold for Subcl. Per AT S. Alw

THIS IS NOT A PERMIT

① → SOIL PROFILE

8"	AP
	RED BK SILTY CLAY LOAM 10% FRAGS
2-2.5'	RED BK SILT LOAM MICACEOUS 15-20% FRAGS
13-14'	



X Perc 6 min
180 φ/OR
INLET 3
BOTTOM 5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
EVERY RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/24/87	1 S 1 V	2.5' 14'	3:22	3:24	3:24	3:27	3 MIN	
		UNIFORM SOIL BELOW 2" H ₂ O AT 13.5'						
	2 S 2 V	3' 13'	3:37	3:46	3:46	3:59	13 MIN	
		UNIFORM SOIL BELOW 2.5'						
	3 S 3 M	3' 7.5'	3:52	3:53	3:53	3:57	4 MIN	
			3:48	3:50	3:50	3:52	2 MIN	
	3 V	13'	UNIFORM	SOIL BELOW 2"				
	4 V							
7/19/89	15	VIS RE INSP APPROXIMATELY 30' UPHILL FROM						
		HOLES 1 & 4 - WATER AT 12 1/2' OK						Chilled

REMARKS: Holes Per Plat - Shallow Syst. only

TYPE OF SOIL: ELIOAK

TESTED BY: S. Abel

ALSO PRESENT: KHL, MARRL

EH 12-1079

APPLICATION

PERCOLATION TESTING

A 39557

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 6-12-87

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 Kennard Warfield Jr.

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Crystal Clear LOT NO. 4

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd

TAX MAP 22 PARCEL # 533

SIZE OF LOT 3 1/2 acres TYPE BLDG. SFD
(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.

Mal S Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

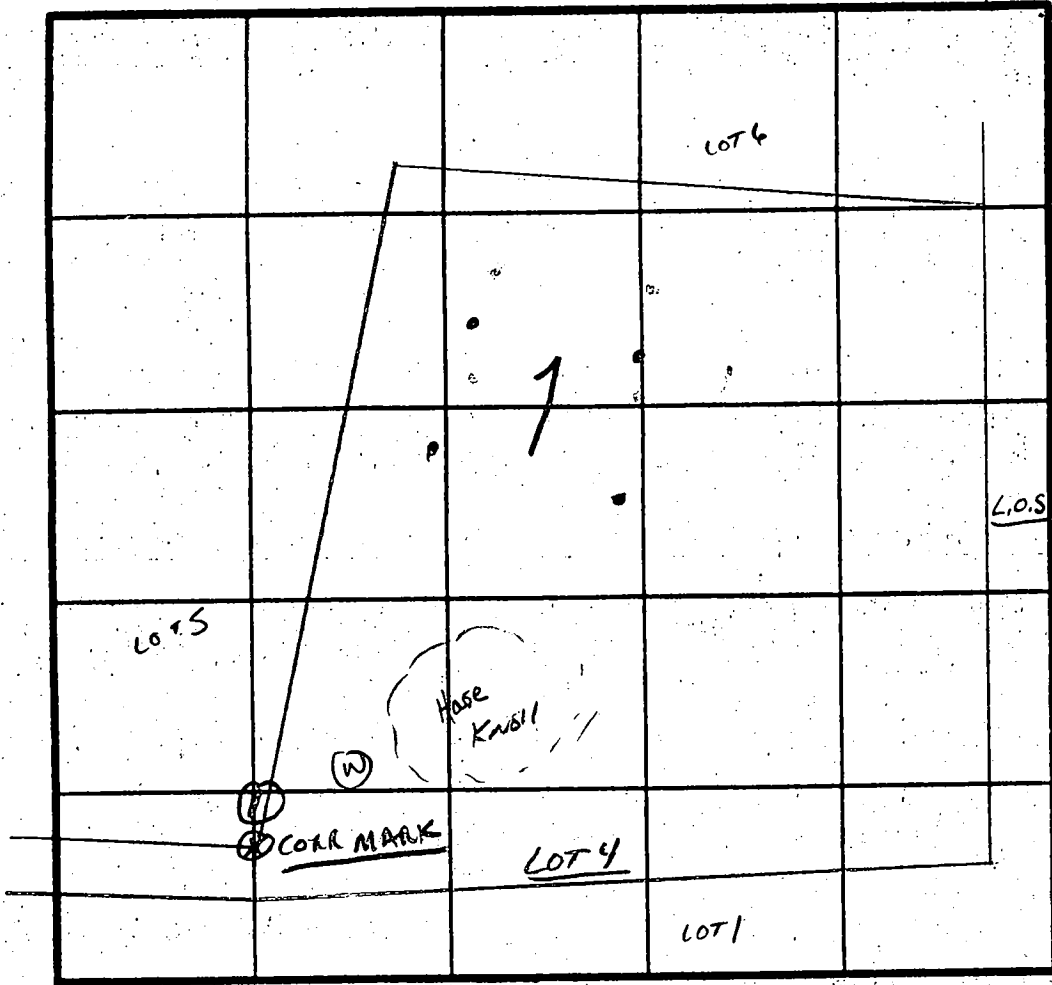
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/30/87 Highest testable point of lot H₂O at 10.5' unsat-
isfactory. SAbel

THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
Ivory Rd.

DATE	TEST NO.	DEPTH	PRE WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/30/87	(N)	CLAY TO APPROX 4"					

REMARKS _____

TYPE OF SOIL Keypot

TESTED BY S. Abel ALSO PRESENT KHL MARK

APPLICATION

PERCOLATION TESTING

A 39558

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 6-12-87

WET SEASON TEST
ONLY
AS LOT DESIGNED

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 Kennard Warfield Jr.

ADDRESS 14603 Tridelphia Rd Glenely 21737 PHONE 442-2337

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Crystal Clear LOT NO. 5

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd

TAX MAP 22 PARCEL # 533

SIZE OF LOT 3 1/2 acres TYPE BLDG. SFD
(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.

Matt Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

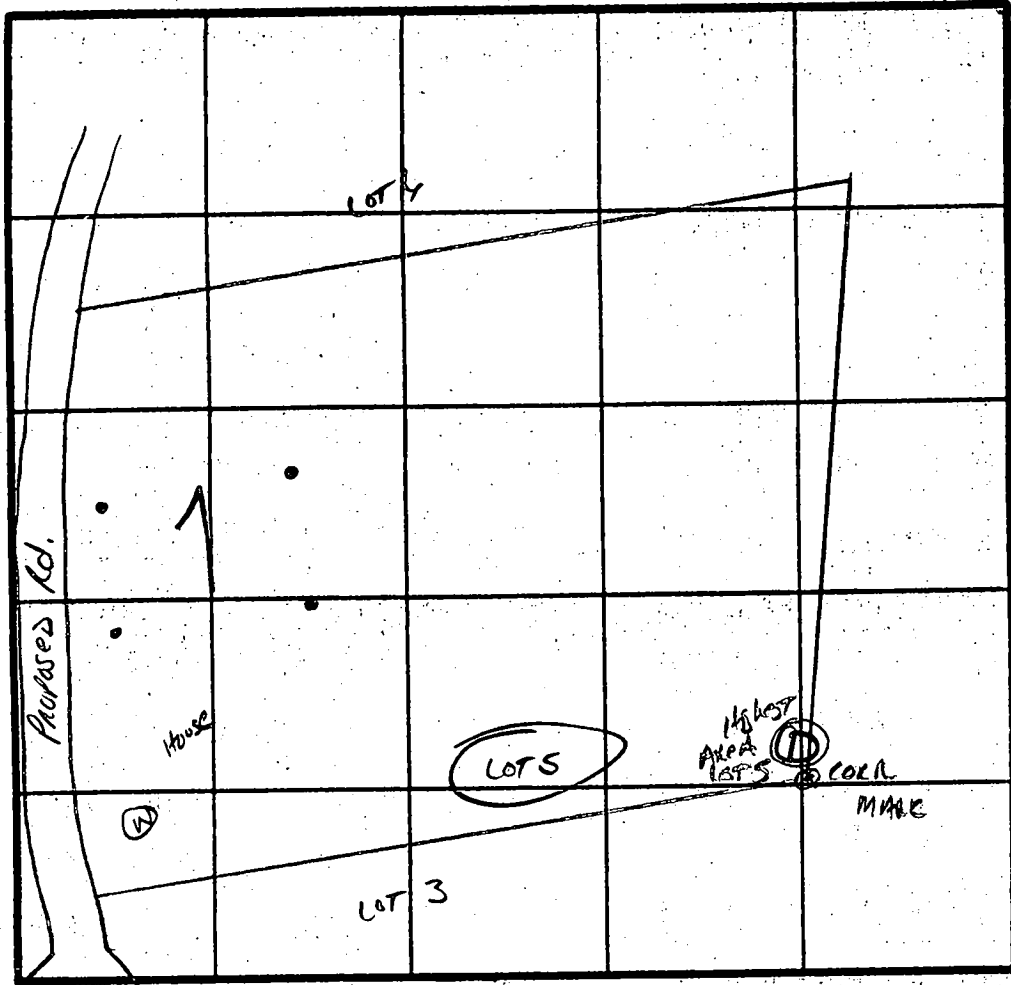
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/30/87 Highest Part of Lot H₂O at 10.5" unsatisfactory - SAG

THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Ivory Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/31/87	(10)	CLAY TO APPROX 4 FT	H ₂ O AT 10.5				

REMARKS _____

TYPE OF SOIL Keypack

TESTED BY S. Abel ALSO PRESENT KTK, MARE

EH 12-1079

B 1 05452

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

MD-92-0350 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (APA)

052493

OWNER INFORMATION

PETTIT BRIEFIN

18205-D FLOWER HILL W

LAITHERS BLRG MD 20879

B 3

LOCATION OF WELL

HOWARD

CRYSTAL CLEAR

SECTION LOT 2

BLWELLS

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

George F. Easterday 40

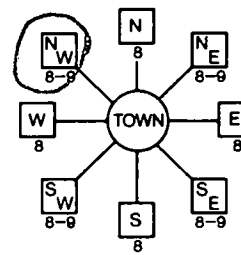
L. Franklin Easterday, Inc.

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address: George F. Easterday 5/22/93

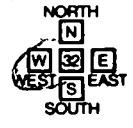
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



KENNAUD DR NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 700 37 DISTANCE FROM ROAD

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)

- 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A39559 COUNTY NO.

STATE SIGNATURE DATE ISSUED 052793

43 522000 48 GO SIGNATURE EAST GRID 0802000

NORTH GRID 522000 EAST GRID 0802000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jettied & DRIVEN
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

6/15/93 2:00 PM 11-9P.

SOURCES OF DRILLING WATER

- 1. well
2.
3.

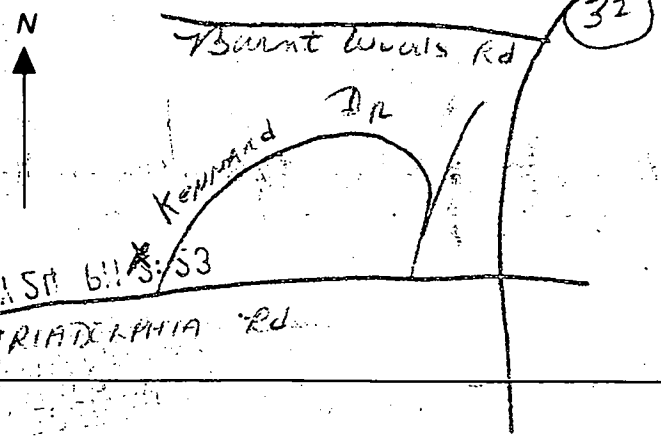
WRITE THE BOX NUMBER FROM THE MAP HERE

8002 5202

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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 RP PERMIT No. MD-92-0350

SPECIAL CONDITIONS

COUNTY

C-1 3214

SEQUENCE NO. (DENV USE ONLY)

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-29559

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

06/5/93

22 400 26 (TO NEAREST FOOT)

40-92-0379

OWNER: BETTIE G. GRIFFIN, JR. last name first name TOWN STREET OR RFD SUBDIVISION SECTION LOT 2

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 FROM TO Check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Includes entries like Top Soil, Red Clay, Sandstone, etc.

Note: 7.6 gpm

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 27 NO. OF POUNDS 2700

GALLONS OF WATER 135 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE BRONZE HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) 40 145 400

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

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO MEASURE PUMPING RATE

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)

LAND SURFACE (nearest foot)

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)

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

DRILLERS IDENT. NO. 46

DRILLERS SIGNATURE

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

COUNTY

Handwritten notes: 20' well, KENNARD PR.

6-10-93
9:00

OK MR 7/1/93

DATE _____ OF _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA WELL YIELD TEST

Job # P-007-881-003
 MARYLAND WELL PERMIT NO. HO-92-0378 ELECTION DISTRICT _____
 LOCATION OF PROPERTY (road) Kennard Dr.
 SUBDIVISION Crystal Clear LOT 2 BLOCK _____ SEC. _____
 WELL DRILLER Easterday OWNER Pettit & Griffin
 DEPTH OF WELL 400 - 2'
 DISTANCE OF MEASURING POINT (M.P.) ABOVE GROUND 2'
 STATIC WATER LEVEL (S.W.L.) BELOW M.P. 16'

I. HIGH RATE PUMPING--RESERVOIR DRAWDOWN

TIME PUMP STARTED 8:15 PUMPING RATE 10 G.P.M.
 TOTAL TIME 45 min TO REACH PUMPING WATER LEVEL _____ FT. BELOW M.P.

II. RECOVERY PUMP TEST DATA- OBSERVATIONS TO BE RECORDED EVERY 15 MINUTES

TIME	WATER LEVEL BELOW M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW GPM
9:00	212'	23 sec		2.6
9:15	"	"	Pump 380'	"
9:30	"	"	D.E.	"
9:45	"	"		"
10:00	"	"		"
10:15	"	"		"
10:30	"	"		"
10:45	"	"		"
11:00	"	"		"
11:15	"	"		"
11:30	"	"		"
11:45	"	"		"
12:00	"	"		"
12:15	"	"		"
12:30	"	"		"
12:45	"	"		"
1:00	"	"		"
1:15	"	"		"
1:30	"	"		"
1:45	"	"		"
2:00	"	"		"
2:15	"	"		"
2:30	"	"		"
2:45	"	"		"
3:00	212	23 sec		2.6

Date: 6-21-93

UNIT NUMBER OF ABANDONED WELL (if any)

H 0 - 8 8 - 0 9 9 5

DRILLER'S NAME

Easterday, George
LAST FIRST

OWNER'S NAME

Pettit - Griffin
LAST FIRST

Post-It™ brand fax transmittal memo 7871 # of pages 3

To <u>Ray Hodges</u>	From <u>SALA</u>
Co.	Co. <u>Easterdays</u>
Dept.	Phone #
Fax # <u>410-313-2648</u>	Fax #

WELL LOCATION:

COUNTY: Howard

SUBDIVISION: CRYSTAL CLEAR

SECTION: _____ LOT: 2

NEAREST TOWN: Glenn

ADDRESS: KENNARD Drive

MARYLAND GRID LOCATION:

E	<u>800</u>
N	<u>520</u>

	0/5	5/5
X	0/0	5/0

SHOW WELL LOCATION BY (X) WITHIN BOX

TYPE OF WELL

- DRILLED
- JETTED
- BORED OR AUGERED
- OTHER, SPECIFY

DEPTH OF WELL 400 FT.

TYPE OF CASING

- STEEL
- PLASTIC
- CONCRETE
- OTHER, SPECIFY

SIZE OF CASING 6 IN.

IS ANY CASING REMOVED YES NO

IF YES, AMOUNT REMOVED 5 FT.

IS CASING RIPPED OR PERFORATED YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Gravel</u>	<u>400</u>	<u>100</u>
<u>Bentonite</u>	<u>100</u>	<u>95</u>
<u>Cement</u>	<u>95</u>	<u>0</u>

DRILLER

George L. Easterday
SIGNATURE

Joe
MWD 482

CC 6/23/93

LICENSE # MWD 040

B 1 9131

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0995

please print or type

Date Received (APA)

052489

OWNER INFORMATION

GOSHEN LAND CO INC

21006 BRINK CT

GAITHERSBURG MD 20879

DRILLER INFORMATION

George F. Easterday

40

C. Franklin Easterday, Inc.

77 License No. 80

9265 Brown Church Rd., Mt. Airy, Md. 21771

George F. Easterday 5-24-89

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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 CW PERMIT No. 40-88-0995

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD

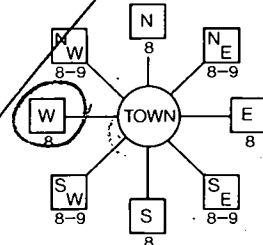
CRYSTAL CLEAR

SECTION LOT 2

GLENELG

MILES FROM TOWN (enter 0 if in town) 1 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13810 KENNARD DR NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 180

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 139559 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE INSERT S

081489 Craig Will 4/14/89 DATE ISSUED CO SIGNATURE EXP. DATE

NORTH GRID 523000 EAST GRID 0401000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

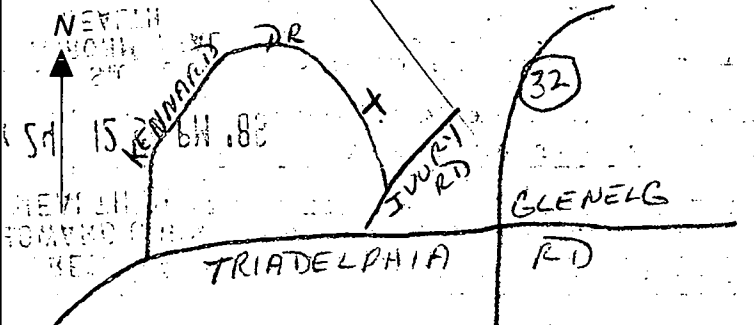
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800 1
520 2

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



10:00
9-19-89

Frased

Review OK 10/4/89 CW

Page _____ of _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88 - 0995
 Location of property (road) 13810 KENNARD DR.
 Subdivision CRYSTAL CLEAR Lot 2 Block _____ Plat _____ Sec. _____
 Well Driller EASTEN RAY Owner GOSHEN LAND CO.

Depth of well 400 1 1/2 GPM
 Distance of measuring point (M.P.) above ground 3 FT.
 Static water level (S.W.L.) below M.P. 17 FT.

I. High rate pumping -- reservoir drawdown
 Time pump started 9:15 Pumping rate 1.0 GPM
 Total time 45 min to reach pumping water level 305 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	205'	25 sec	380 F1.	2.40 GPM
10:15	205'	25 sec		2.40 GPM
10:30	205'	25 sec		2.40 GPM
10:45	205'	25 sec		2.40 GPM
11:00	205'	25 sec		2.40 GPM
11:15	205'	25 sec		2.40 GPM
11:30	205'	25 sec		2.40 GPM
11:45	205'	25 sec		2.40 GPM
12:00	205'	25 sec		2.40 GPM
12:15	205'	25 sec		2.40 GPM
12:30	205'	25 sec		2.40 GPM
12:45	205'	25 sec		2.40 GPM
1:00	205'	25 sec		2.40 GPM
1:15	205'	25 sec		2.40 GPM
1:30	205'	25 sec		2.40 GPM
1:45	205'	25 sec		2.40 GPM
2:00	205'	25 sec		2.40 GPM
2:15	205'	25 sec		2.40 GPM
2:30	205'	25 sec		2.40 GPM
2:45	205'	25 sec		2.40 GPM
3:00	205'	25 sec		2.40 GPM
3:15	205'	25 sec		2.40 GPM
3:30	205'	25 sec		2.40 GPM
3:45	205'	25 sec		2.40 GPM
4:00	205'	25 sec		2.40 GPM
4:15	205'	25 sec		2.40 GPM
4:30	205'	25 sec		2.40 GPM
4:45	205'	25 sec		2.40 GPM
5:00	205'	25 sec		2.40 GPM

BUREAU OF ENV: HEALTH TEL No. 4103132648

Sep 23, 93 9:16 No. 001 P. 01

9/23/93
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date _____
Name of Installer BEN LEWIS INC Telephone 3014283900
License Number 11202 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Jacobsen Bldgs Telephone 953 2083
Subdivision CRYSTAL CLEAR Lot # 2 Well Tag # HO-92-0378
Site Address 13810 KENWARD DR

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Cooulds
3. Model # 5ES10422
4. Capacity 2.6 GPM
5. Pump exceeds well capacity Yes No _____
6. If Yes, is low pressure cutoff switch installed? Yes No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____
Motor
1. Horsepower 1
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220
Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 42"

Tank
1. Capacity 80
2. Pressure relief valve?
Piping
1. Type BIK ~~40~~
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 385'
Well data
1. Depth 400 ft.
2. Yield 2.6 GPM
3. Static water level 150 ft.
4. Will water supply be disinfected by installer? yes
P.A. OK 4' B.G.
MR 9/24/93
H₂O line ~ 4-5' from sewer line @ house

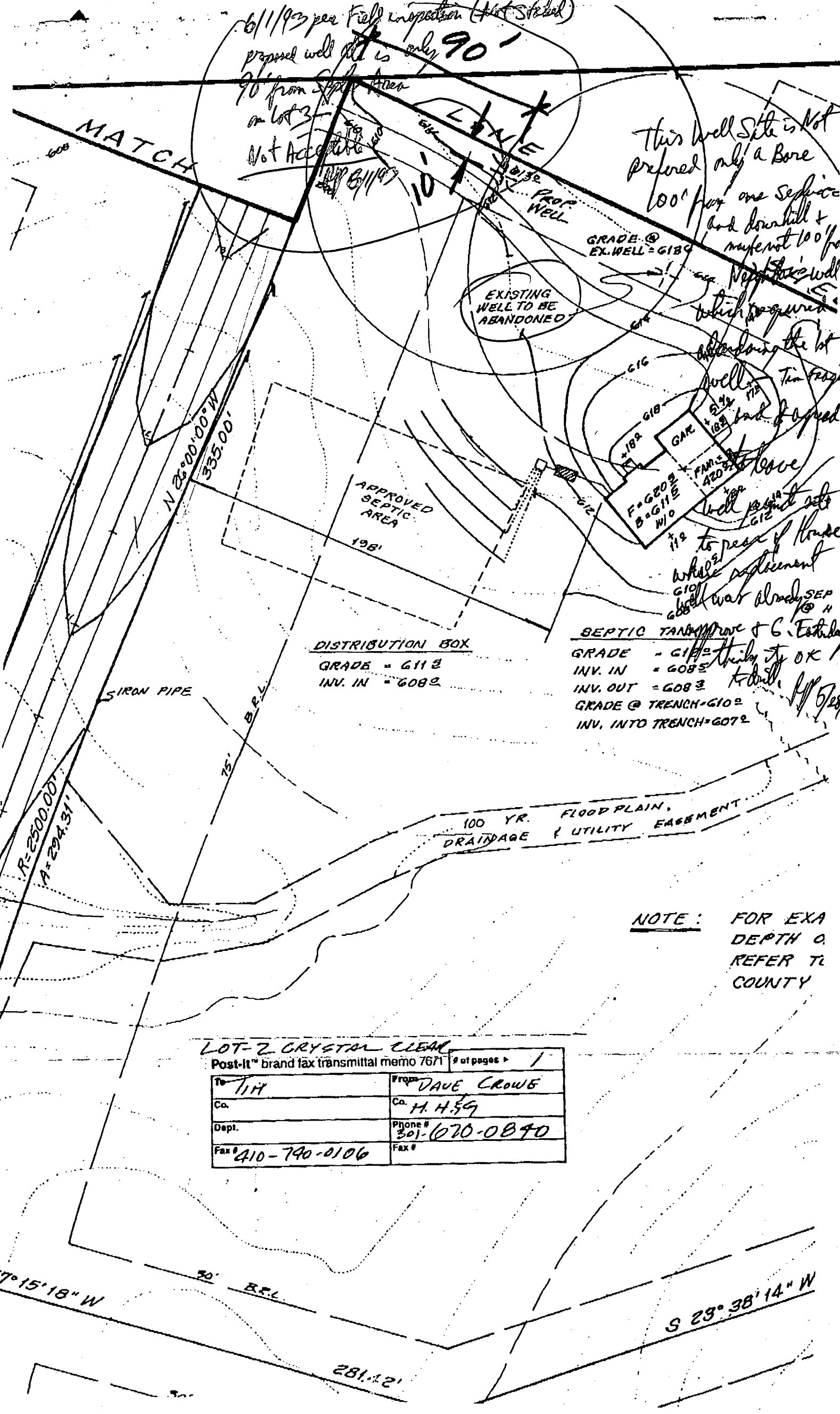
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: [Signature]
Date: 9-23-93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

6/1/93 per Field inspection (Not Stated)
 proposed well site is only 90'
 90' from Septic Area
 on lot 3
 Not Acceptable
 6/1/93

This well site is Not
 preferred only a Bore
 100' for one service
 had downhill &
 may not 100' for
 neighbor's well
 which requires
 abandoning the lot
 well. Tin fence
 182' had to be
 well permit sets
 to rear of house
 where replacement
 well was already SEP
 688



DISTRIBUTION BOX
 GRADE = 6112
 INV. IN = 6082

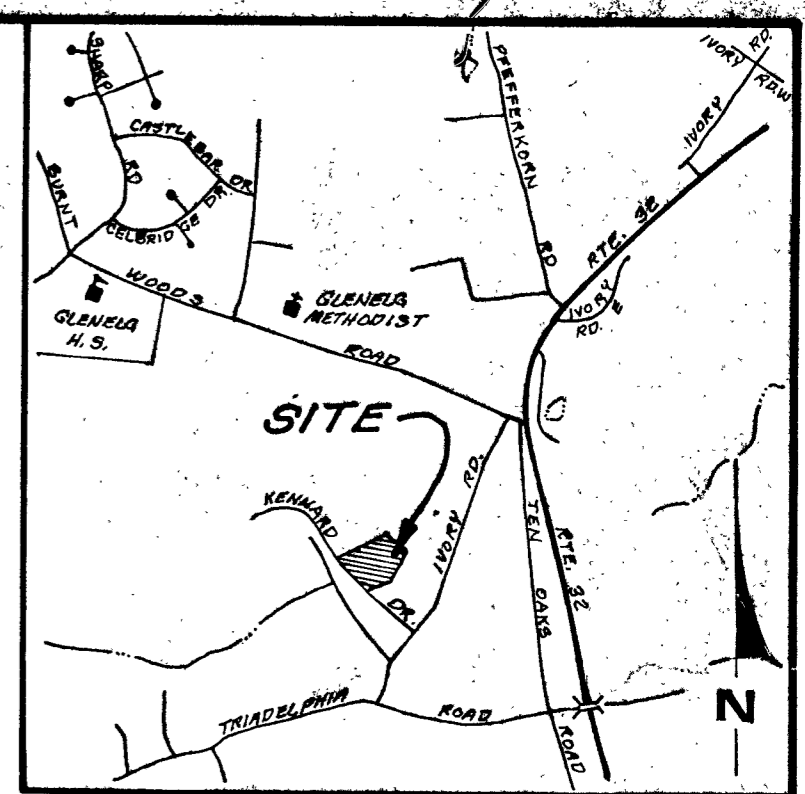
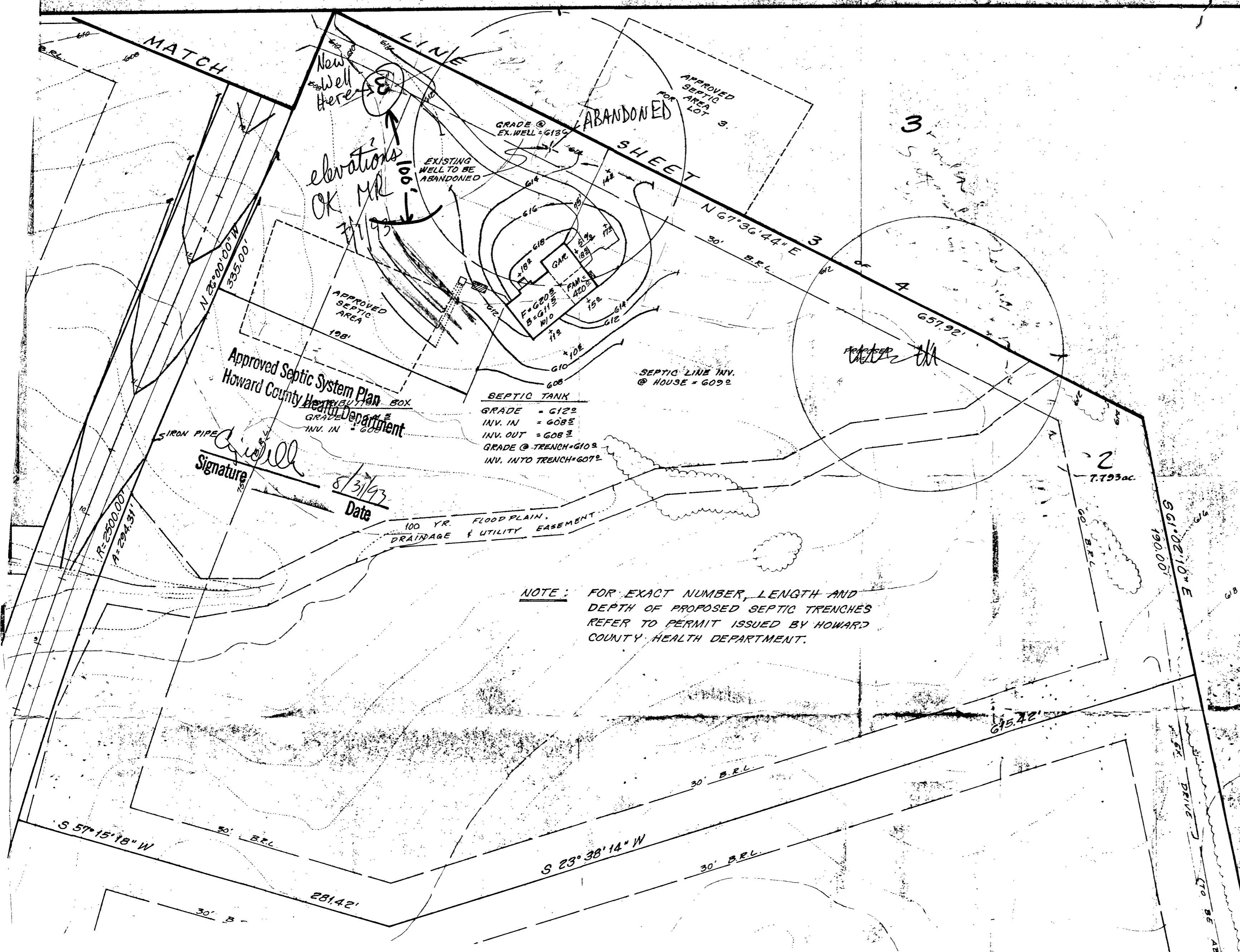
SEPTIC TANK
 GRADE = 6112
 INV. IN = 6085
 INV. OUT = 6083
 GRADE @ TRENCH = 6102
 INV. INTO TRENCH = 6072

NOTE: FOR EXA
 DEPTH O.
 REFER TO
 COUNTY

LOT-2 CRYSTAL CLEAR

Post-It™ brand fax transmittal memo 7671 # of pages 1

To: T/H	From: DAVE CROWB
Co.	Co. H. H. 39
Dept.	Phone # 301-670-0840
Fax # 410-740-0106	Fax #



VICINITY MAP

GENERAL NOTES

1. BOUNDARY FROM RECORD PLAT ENTITLED CRYSTAL CLEAR, LOTS 1-29, RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS PLAT NO. 8443.
2. TOPOGRAPHY FROM PLAN PREPARED BY LANIER/WITMER ASSOCIATES DATED APRIL, 1993.
3. ZONE: R
 SETBACKS: 75' FRONT
 30' SIDE
 60' REAR

NOTE: FOR EXACT NUMBER, LENGTH AND DEPTH OF PROPOSED SEPTIC TRENCHES REFER TO PERMIT ISSUED BY HOWARD COUNTY HEALTH DEPARTMENT.

Approved Septic System Plan
 Howard County Health Department

Signature: *[Handwritten Signature]*

Date: 8/31/93

Handwritten notes: elevations OK MR 7/1/93

Handwritten note: New Well here

FRANK BORLESK
 F. 188

C1 05044

SEQUENCE NO. (MDE USE ONLY)

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 A49619

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED 5-8-98

DATE WELL COMPLETED 04 13 98

DEPTH OF WELL 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK KM 5-13-98 HO-94-1501

OWNER Greenberg Benedicte STREET OR RFD Kennard Dr TOWN Glenelg SUBDIVISION Crystal Clear SECTION LOT 2

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shill clay, Brown Mica, Gray Mica, Brown Mica, Gray Mica, Brown Mica, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth, OTHER CASING (if used)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N. Rows for depth measurements at various intervals.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

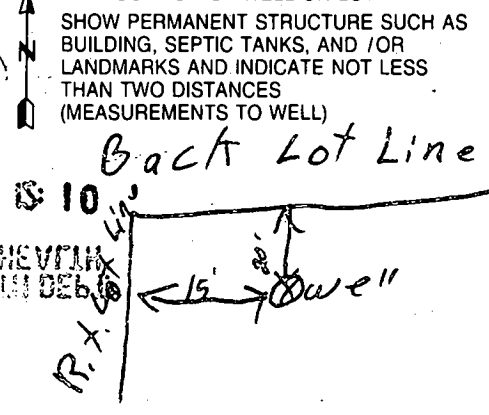
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 12, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 50, WHEN PUMPING 200, TYPE OF PUMP USED (for test) A piston

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35, PUMP HORSE POWER 37 41, PUMP COLUMN LENGTH (nearest ft.) 43 47, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE, - below 2 (nearest foot)

LOCATION OF WELL ON LOT

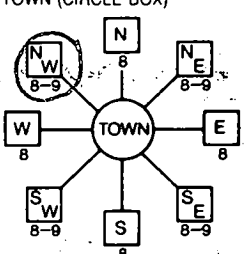

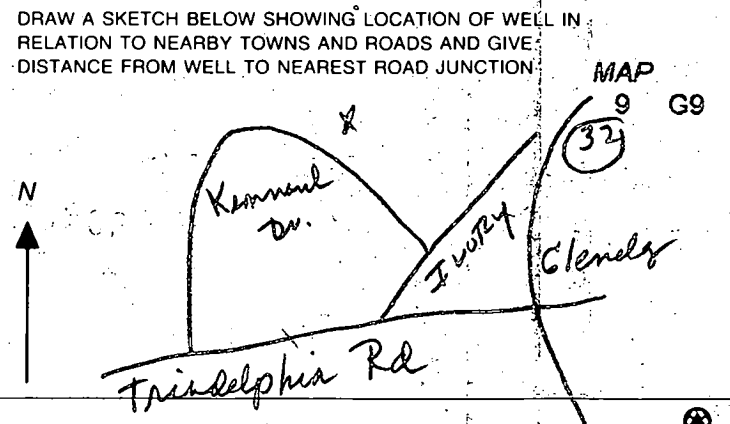


NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (Y) (N), CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), E (Electric log obtained), P (Test well converted to production well)

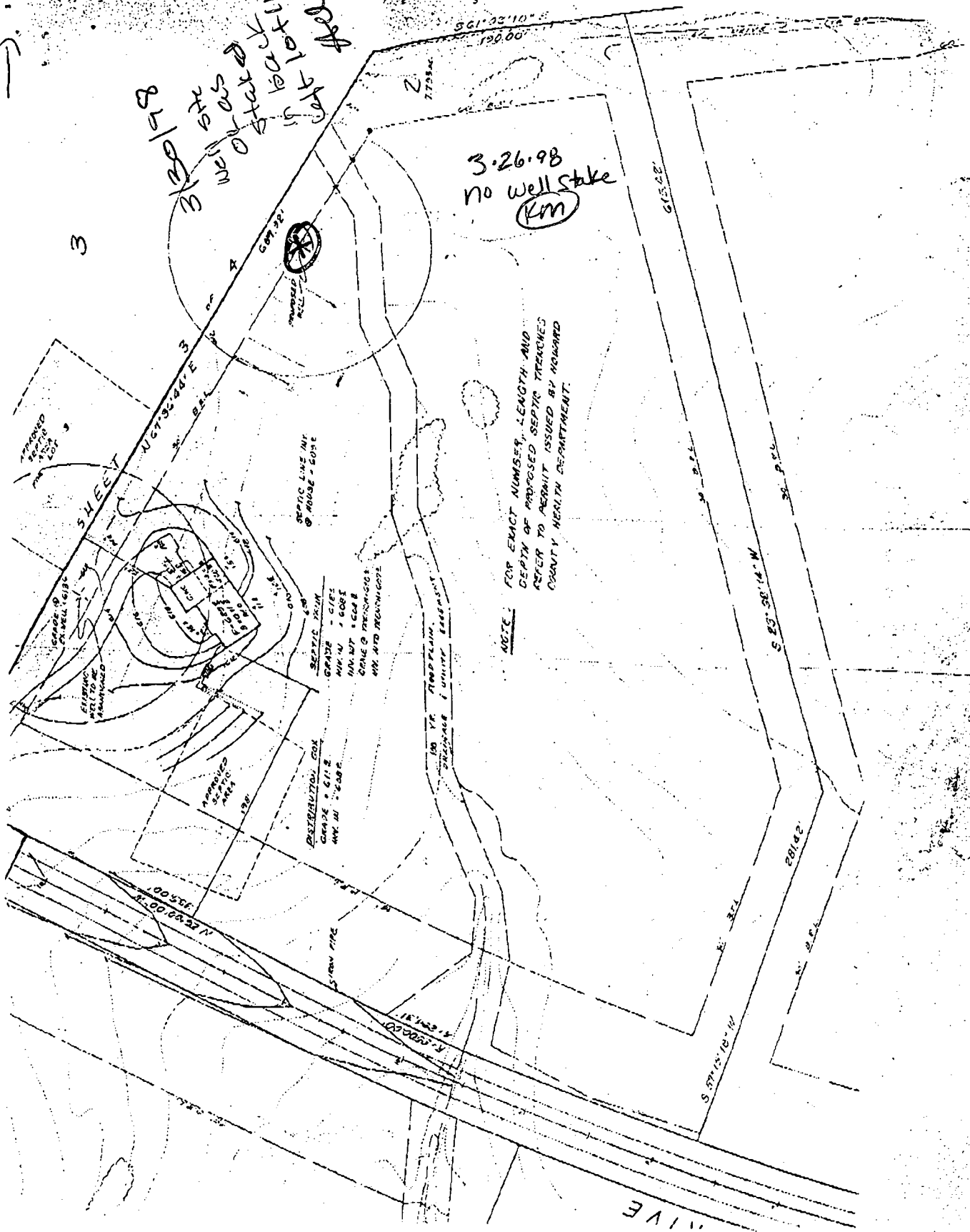
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MW 040, DRILLERS SIGNATURE Deane F. Eustenley, LIC. NO. 1 MW D 038, DRILLERS SIGNATURE Bruce Thompson

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

B 1 1 2 3 4 5 6 5415	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1501
Date Received (ARA) 3-23-98		LOCATION OF WELL B 3 Howard COUNTY Crystal Clear SUBDIVISION Glenelg NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
OWNER INFORMATION RN 7406 Last Name Greenberg Owner Benedicte First Name (410)442-5535 Address 13810 Kennard Drive Glenelg, Md 21737		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Driller's Name George F. Easterday License No. M W D 040 Firm Name L. Franklin Easterday, Inc. Address 9265 Brown Church Rd., MT. Airy, Md. 21771 Signature George F. Easterday Date 3/20/98		NEAR WHAT ROAD 13810 Kennard Drive ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 600 FT ENTER FT OR MI FL	
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 A49619 COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 03 30 98 EXP. DATE 3/30/99 NORTH GRID 523 000 EAST GRID 0801 000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input checked="" type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. Glenelg 3. 2am MAP 32 9 G9	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		WRITE THE BOX NUMBER FROM THE MAP HERE E 801 N 523	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jettied & DRIVEN AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P. _____ WRITE INITIALS IN BOX AM PERMIT No. HO-94-1501			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

3/28/98
 well site
 of
 star
 19 10 10 10
 10 10 10 10



NOTE: FOR EXACT NUMBER, LENGTH AND DEPTH OF PROPOSED SEPTIC TRENCHES REFER TO PERMIT ISSUED BY HOWARD COUNTY HEALTH DEPARTMENT.

NIVE

6-25-98
WPI
anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

6-25-98
P.A. 4.0' below grade
casing was 2.5' above grade
2 piece cap (KAD)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # 0
 Date 11-8-95
 Name of Installer Mark Brew P+H Inc Telephone 301-854-0609
 License Number 16761
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner Joseph Blowin Telephone 410-549-0271
 Subdivision _____ Lot # 1 Well Tag # HO-94-1501
 Site Address 13860 Kennard Dr, Glenelg

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Goulds
 3. Model # _____
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor
 1. Horsepower _____
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make _____
 2. Model # _____
 3. Depth _____

Tank
 1. Capacity _____
 2. Pressure relief valve? yes

Piping
 1. Type 7" PE 160#
 2. Size 1"
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line 150'

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
 Signature of Applicant: Mark Brew
 Date: 11/8/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

9/8/98

Proposed baim w/ a bathroom

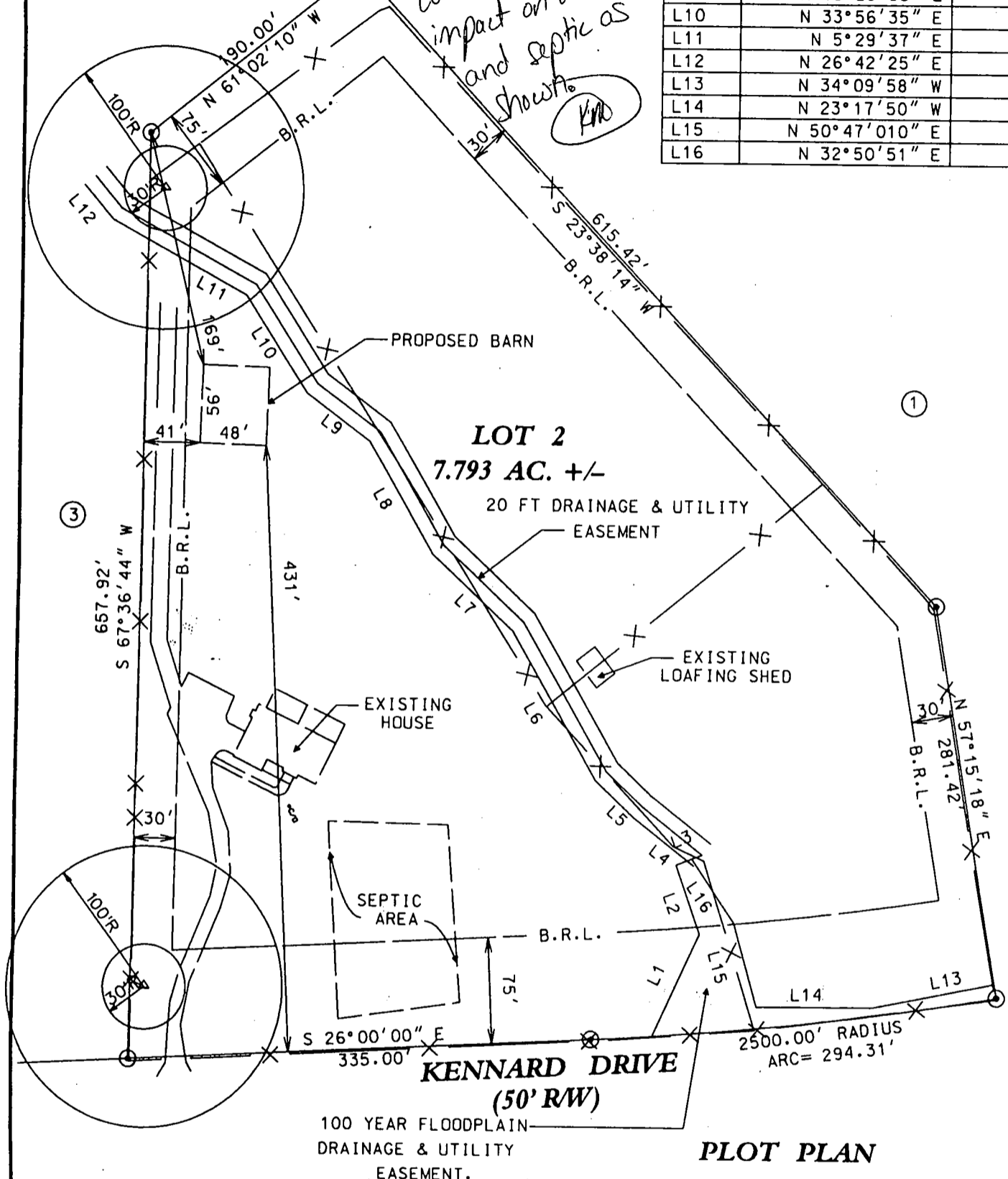
Advised owner that a small septic system should be ~~not~~ installed - testing & installation can be accomplished in same day - Have contractor (Jack Frock) call for arrangements

A McMillen

Ref #	Bearing	Distance
L1	S 88°22'50" E	79.74
L2	N 47°14'11" E	52.38
L3	S 43°59'26" E	20.13
L4	N 14°37'09" E	54.12
L5	N 19°56'43" E	36.98
L6	N 36°41'55" E	122.17
L7	N 19°32'28" E	79.25
L8	N 36°35'28" E	93.02
L9	N 13°28'55" E	56.82
L10	N 33°56'35" E	83.75
L11	N 5°29'37" E	110.96
L12	N 26°42'25" E	30.53
L13	N 34°09'58" W	89.44
L14	N 23°17'50" W	83.60
L15	N 50°47'010" E	61.57
L16	N 32°50'51" E	53.28

N/F
FRANK BORLESKE
230/188

7.24.98
Proposed barn
will have no
impact on well
and septic as
shown



LOT 2
7.793 AC. +/-

20 FT DRAINAGE & UTILITY
EASEMENT

EXISTING
LOAFING SHED

EXISTING
HOUSE

SEPTIC
AREA

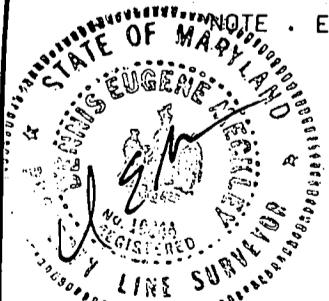
KENNARD DRIVE
(50' RW)

100 YEAR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT.

PLOT PLAN

LOT 2
CRYSTAL CLEAR

THIRD ELEC. DIST. HOWARD CO. MD
TAX MAP 22 ZONED "R"
AS RECORDED PLAT C.M.P.NO. 8443



NOTE . ESMT DOES NOT CLOSE MATHEMATICALLY (17' +/-)

THERE ARE NO WELLS OR SEPTICS WITHIN
100 FT. OF ABOVE PROPERTY EXCEPT AS SHOWN

By Eugene A. Meckley Date 7/22/98
Eugene A. Meckley/Property Line
Surveyor No. 10844

<p>Carroll Land Services Incorporated Engineers • Surveyors • Land Development Consultants Landscape Architects • Environmental Specialists 439 East Main Street Westminster, MD 21157-5539 (410) 876-2017 FAX (410) 876-0009</p>	DRAWN BY: D.L.A.
	DESIGN BY: D.E.M.
	REVIEW BY: D.E.M.
	DATE: 7/21/98
	SCALE: 1"=100'
	JOB NO: 98146
SHEET: 1 OF 1	