

PERMIT

approved 8/13/81
Stayed P 31527
A 30485

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-286401

ELLICOTT CITY

DISTRICT 3rd.

INDEX

DATE 8/5/81

Mr. Paul Schissler

IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md.

PHONE 795-2642

Call Mr. Schissler

SUBDIVISION Benson

ROAD 3556 Lakeway Drive

LOT 2, Sec. 3

PROPERTY OWNER Christopher Stevens
~~Don Goldsmith~~

988-9633

ADDRESS 1422 Kent Avenue, Baltimore, Md. 21207

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT. per bedroom below inlet

INLET PIPE 3-4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9-10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT-LINE AND FT. FROM LOT LINE AS SEEN WHEN

FACING LOT FROM

AREA OF INITIAL SYSTEM CUT 7' 4" O/W TO 6-65 FEET IN LENGTH

LOCATION: 90 feet off left property line (66' in length to r/w) and 415' up from left rear corner point of lot when facing lot from r/w in as front of property. * Dry Well and Trench if used need (1) 2 inspections of trench - before and after stone installed. (2) Run trenches on contour (3) 5' earth buffer between dry well and trench

8/4/81

VOID

SON

BLDG. PERMIT SIGNED AND RETURNED 9/24/81
Serial # 56517 - Storage Unit

HOLD FOR REVISED HOUSE PLANS - INLET MUST STAY @ 3' OR LESS BELOW ORIGINAL GRADE

8/5/81
8/14/81

PLANS APPROVED BY C. B. Streaker & F. S. DATE 12/15/80

COVER NO WORK UNTIL INSPECTED AND APPROVED. 8/16/81 T/C from K. Schissler - ok'd to go ahead. However 14" pipes per bedroom now.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM. C.B.S.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

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

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

PERMIT VOID AFTER THREE YEARS.

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

BLDG. PERMIT SIGNED AND RETURNED 9/6/83
Serial # 52514 - Garage

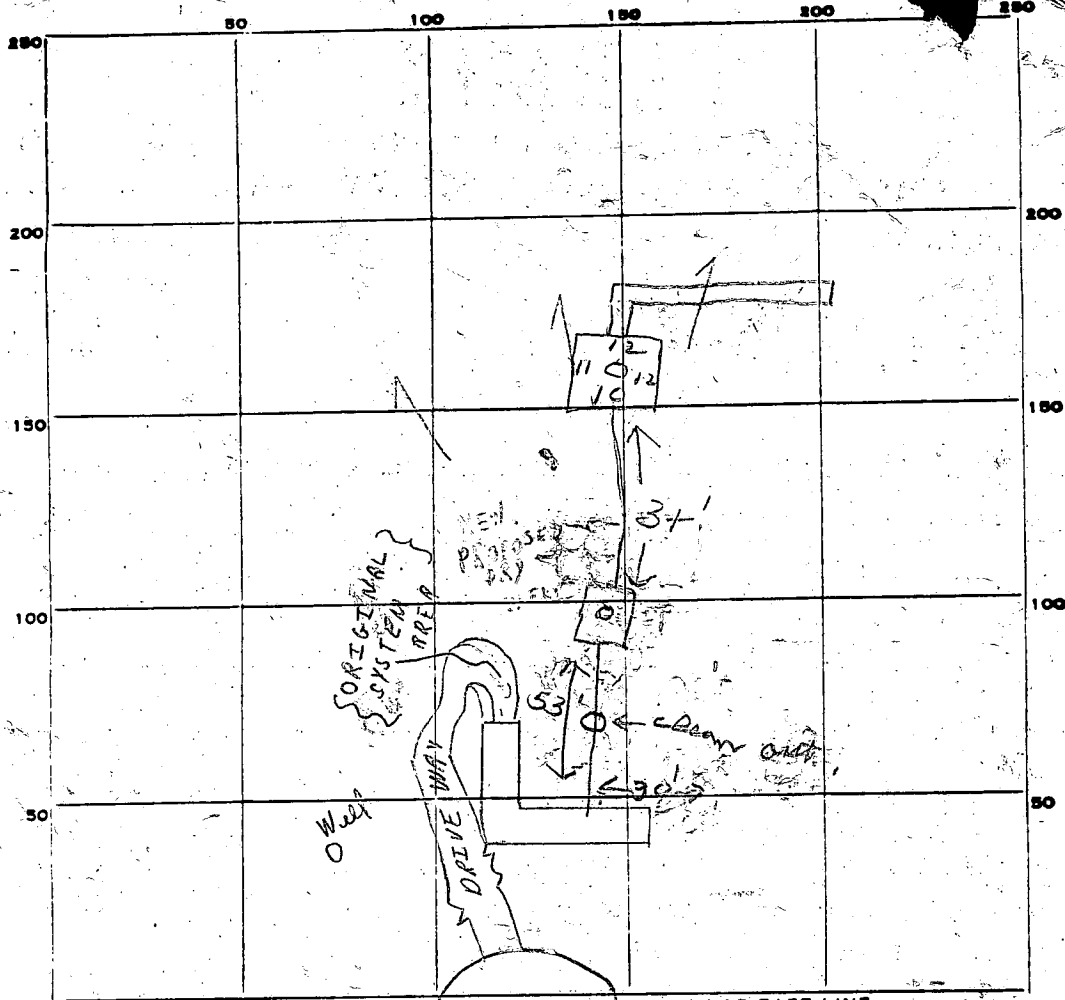
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

8/6/81 @ SITE @ CONTOURS NOT AS SHOWN ON HOUSE PLAN OF 8/5/81 + PLUMBING

@ HOUSE DEEPER THAN SHOWN. @ HOUSE SEE PLANS ALSO. @ HOUSE - NOT AS SHOWN. C.B.S.

2/6/81 P.M. Due to above Recommend dry well 90' behind house in 10' Hole. Inlet 4' Maximum depth 10'

A 30485



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST-DW

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH 28 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 168

SEEPAGE PITS, INSIDE DIAMETER 45 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 438 SQ. FT.

REMARKS: AM. 8/6/81 STOP WORK SECURED, RETEST { SOME HOLES } STARTED } P.M. Retested
 90' to right of house. hold for revised plans and
 set back discussion

8/13/81 OK to add stone in trench. OK to cover
 work to trench. J & SK

8/13/81 OK to cover all work J & SK

DATE SYSTEM APPROVED 8/13/81 INSPECTOR Stanger

145
 3
 433

28
 6
 168

45
 6
 270
 16.8
 438

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

✓ A 31550

P _____

DISTRICT 3rd.

DATE 8/6/81

8/6/81
9:15
RETEST

See attached specs on check-out + original perc test.

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 DON GOLDSMITH

ADDRESS 1422 KENT AVE.; BALTO, MD PHONE 744-5408

21207

PROPERTY LOCATION:

SUBDIVISION BENSON LOT NO. 2; SEC. 3

3556

ROAD AND DESCRIPTION LAKEWAY DRIVE 3556 LAKEWAY DRIVE

SIZE OF LOT 5 ± ACRES TYPE BLDG. 3
(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. ✓

Don Goldsmith
(SIGNATURE OF APPLICANT)

{ TENTATIVE }

APPROVED BY *[Signature]* FOR Dry Well + 1/2 DATE 8/6/81 + 8/7/81

REJECTED BY _____ FOR _____ DATE _____

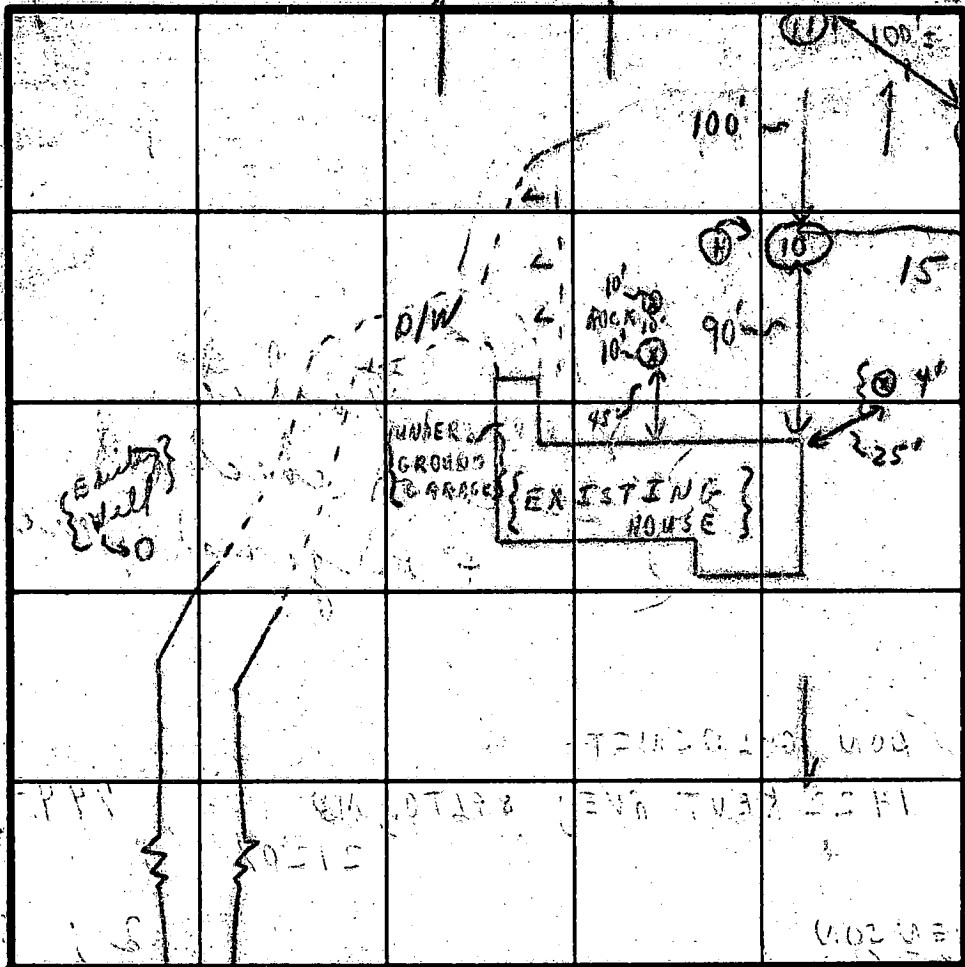
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/6/81 REVISED HOUSE PLANS. RETEST DUE TO

(1) INITIAL PERC. AREA BEING CUT 7' ± AND DRIVEWAY OVER PROPOSED INITIAL DRYWELL. 8/7/81
C.B.S.

THIS IS NOT A PERMIT

Retest
 of SEC 3
 BENSON SUB.
 SOIL PROFILE



SEE EACH HOLE
 BELOW
 FIELD SHEET

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SOIL PROFILE

1'-3" CLAY + SANDSTONE
 3' 13" MICA LOAM
 1'-3" CLAY
 3'-13" MICA LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/6/81	10 s	3'	2:25	2:31	2:36	3:04	2.5 min	
		13'	1/2" MICA LOAM TO SOLID AREA					
	11 s	1'	NOT TESTED					
	12 s	13 1/2'	LIGHT LOAM SIMILAR TO OTHER HOLES					
[TO UTILIZE 27% OF OLD TEST								
[HOLES OF 1/24/80 ALSO								
SEE (3,4), (8,9), + (5,6) TESTS								

REMARKS: 8/6/81 WOODED LOT Retested due to house location plumbing not shown on house plan of test

TESTED BY: C. B. D. ALSO PRESENT: KEN SCHLESER, MR. D. GOLDSMITH

EH-12-1079

APPLICATION

A 30485

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, MARYLAND 21043
TELEPHONE: 992-2330

{ Septic Tank - 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
3rd

Dry well inlet to be 3' DISTRICT: _____

below original grade & maximum depth 9' below original grade for drywell. Drywell to have 130 sq ft effective absorption area per bedroom location: 90' off left property line (66' in length to R/W) and 415' up from left rear corner pt. of lot when facing lot from R/W in as front of property.

DATE 1/16/80

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Carl C. Hall Contract Purchaser: Don Goldsmith-1422 Kent Ave., Balto. 21207

ADDRESS 1120 N.W. 94th Street, Gainesville, Fla. 32601 New Home 744-5408 Mr. Goldsmith
PHONE for work 988-9633

PROPERTY LOCATION:

For Dry Well & Trench if used need: (1) 2 inspections

SUBDIVISION Benson LOT NO. 2, Sec. 3

ROAD AND DESCRIPTION Lakeway Drive 3556 Lakeway Drive
(2) Run trenches on contour

SIZE OF LOT: 5.517 acres TYPE BLDG. 3 or 4 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.

BLDG. PERMIT SIGNED AND RETURNED 12/16/80
Seal # 45326

SIGNATURE OF APPLICANT Donna W. Goldsmith

APPROVED BY C. B. Streaker FOR Dry Well & Trench DATE 12/15/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS (1) CERTIFICATION OF HOLES DATE 1/24/80

REASONS FOR REJECTION OR HOLDING SEE ABOVE C.B. STREAKER

1/24/80 (1) send memo to Goldsmith

(2) " examples of house plans
C.B.S.

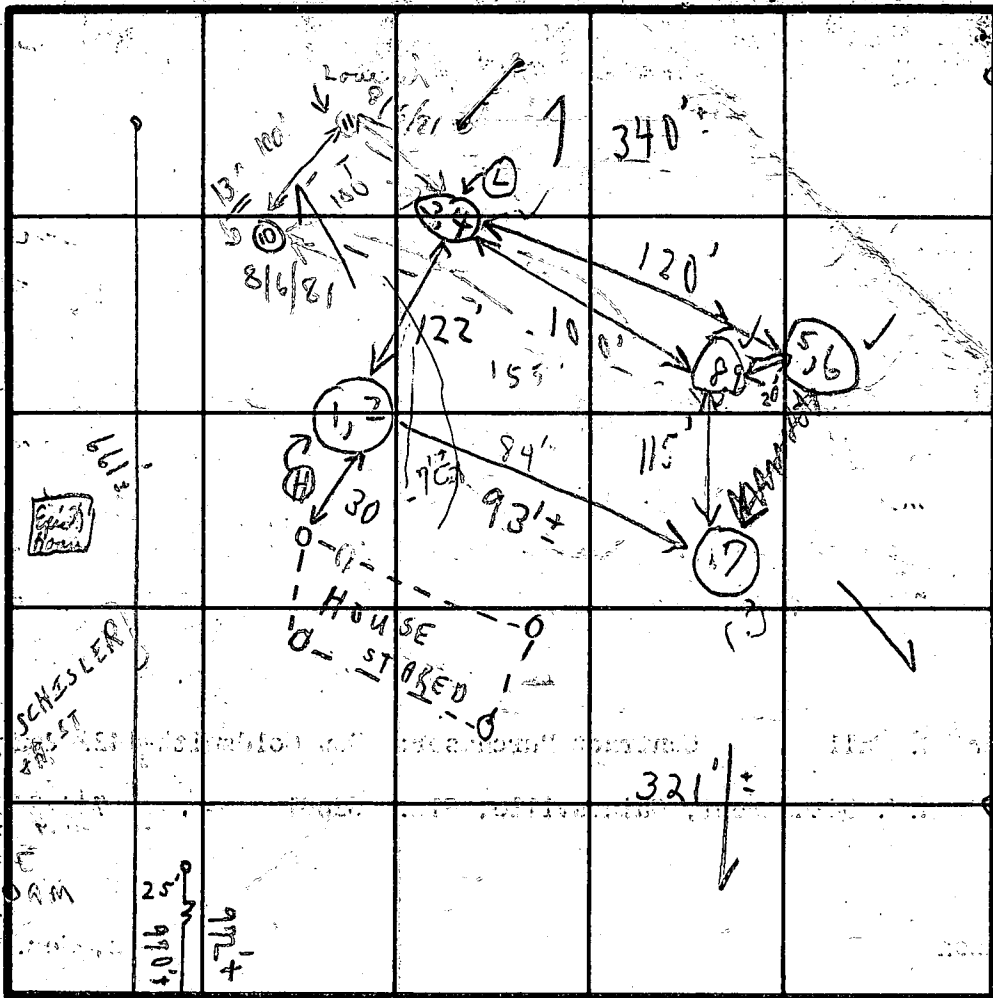
THIS IS NOT A PERMIT

#2
SOIL PROFILE

SEE EACH HOLE BELOW

↓

#10 SHELF TESTED



FIELD MEET

TESTS NOT PER STAKE

8/6/81 #10 Hole
1'-3" SAND
3"-13" MICALOAM

8/6/81 #11 Hole
1'-3" CLAY
3'-13 1/2" MICALOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LAKEMAN DR. 3' 2:25 | 2:36 | 2:36 | 3:01 25

Soil Profile

1' - 3" CLAY

3' - 12" SAND + MICAL SCHIST STONE

1' - 3" CLAY

3' SAND + MICAL SCHIST STONE

1' - 2 1/2" CLAY

2 1/2" - 11" REDDISH SANDY CLAY

1' - 2" CLAY SH

2 1/2" - 11" - 10" SANDY + MICAL SCHIST STONE

1' - 4" CLAY

4' - 12" MICAL SCHIST + SANDY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/6/81	1	3'	9:41	9:43	9:43	9:47	4 min
8/29/80	2 (H)	12'	9:41	9:43	9:43	9:49	6 min
	3	3'	10:31	10:36	10:36	10:42	6 min
	4	12'	10:38	10:46	10:41	10:45	4 min
	5 A	2'	10:52	11:08	11:08	11:38	3 1/2 min
	6	11'	11:04	11:07	11:07	11:13	6 min
	7	11'-10"	Used similar to (42)				7 min
	5 B	2 1/2'	11:20	11:30	11:30	11:59	29 min
	5 C	3'	11:42	11:47	11:47	11:57	15 min
	8	4'	11:52	11:54	11:54	11:57	3 min
	9	12'	12:18	12:30	12:30	12:59	29 min

REMARKS: Tests in wood

COPY NOT GIVEN TO MR. COLDSMITH SEND IT

HOLD FOR CERTIFIED HOLES

TYPE OF SOIL _____

TESTED BY: C.B. ✓

ALSO PRESENT: MR. GOLDSMITH, MR. FEAGA & SON

C1 4816

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND

WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
30 DAYS AFTER WELL IS COMPLETED

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

COUNTY NUMBER A30485

Date Received (WRA use only)

12/18/12

DATE WELL COMPLETED

Depth of Well

400

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-73-3742

OWNER Goldsmith

last name

Don

first name

STREET OR RFD 1429 KENT AVENUE

TOWN Baltimore Md. 21207

SUBDIVISION Benson

SECTION 3

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Sandstone	2	8	
Granite	8	80	
Brown Sandstone	80	85	11
Granite	85	400	

GROUTING RECORD

WELL HAS BEEN GROUTED YES NO

TYPE OF GROUTING MATERIAL

CEMENT BENTONITE CLAY

NO. OF BAGS 4 NO. OF POUNDS 374

GALLONS OF WATER 24

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 19 ft.

CASING RECORD

insert appropriate code below

STEEL CONCRETE
 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 RECORD

screen type or openhole HO insert appropriate code below

STEEL BRASS OPEN HOLE
 BRONZE PLASTIC OTHER

DEPTH (nearest ft.) 400

EACH SCREEN HO 0 400

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) _____

GRAVEL PACK _____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

WRA 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 (seq no)

PUMPING TEST HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 60

WHEN PUMPING 400

TYPE OF PUMP USED (for test) Air piston turbine

centrifugal rotary other (describe below)

jet submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

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

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

above LAND SURFACE

below 2 (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)



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

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 708

DRILLERS SIGNATURE [Signature]

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

B 1 11720 SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HO-73-3749 fill in this form completely

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

please print or type

DATE RECEIVED 11-21-80 8. (WRA USE ONLY) 13 OWNER INFORMATION

Goldsmith Don LAST NAME OWNER FIRST NAME 1422 Kent Avenue STREET OR RFD Baltimore MD 21207 TOWN STATE ZIP

B 3 LOCATION OF WELL COUNTY Howard SUBDIVISION Benson SECTION 3 LOT 2 NEAREST TOWN Glenelg MILES FROM TOWN 4 MI

B 1 CONTINUED DRILLER INFORMATION Stanley W. Bollinger 308 DRILLER'S NAME 77 LICENSE NO. 80 SIGNATURE DATE 11/19/80

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Lake Way Dr. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH 400 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) MI

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX WRITE THE BOX NUMBER FROM THE MAP HERE 810 520 well x 21' casing 2' above qt. 19' open hole 4' veg cement 12/8/80

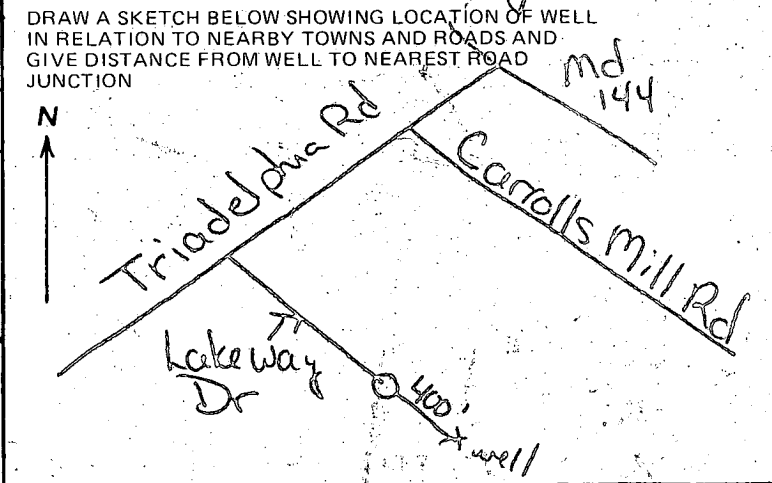
USE FOR WATER (CIRCLE APPROPRIATE BOX) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

APPROXIMATE DEPTH OF WELL 100 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

Method of Drilling (circle one) BORED (OR AUGERED) JETTED JETTED & DRIVEN AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC) CABLE REVERSE ROTARY DRIVE POINT ROTARY other

REPLACEMENT OR DEEPEMED WELLS (Circle Appropriate Box) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (WRA USE ONLY) APPROX. PERMIT NUMBER GAP FORCE INITIALS CONDITIONS



B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A30485 COUNTY NO. EHA SIGNATURE Fred Frommelt, Sanitarian STATE HEALTH SIGNATURE DATE 11 25 80 NORTH 523 EAST 9819 ELEV. (FT.) 333 GRID 50 55 GRID 57 63

B 5 SPECIAL CONDITIONS (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

FILL IN THIS FORM COMPLETELY

B 1 CONTINUED (SEQ. NO.) 6

DATE RECEIVED (WRA USE ONLY)

OWNER: COL 18 LAST NAME FIRST NAME COL. 34

STREET OR RFD COL 36 COL. 55

POST OFFICE COL 57 COL. 76

B 1 CONTINUED (SEQ. NO.) 6

DRILLER INFORMATION

DATE: 4/25/78 LICENSE NUMBER: 908 77 80

FIRST NAME DRILLER LAST NAME

SIGNATURE: [Signature]

B 3 (SEQ. NO.) 6

LOCATION OF WELL

COUNTY: 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: 29 42

SECTION: 44 46 LOT: 48 50

NEAREST TOWN: 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 79 76 77 78

B 2 (SEQ. NO.) 6

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY

T TEST

B 4 (SEQ. NO.) 6

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST N-E NORTHEAST S-E SOUTHEAST

S SOUTH W WEST N-W NORTHWEST S-W SOUTHWEST

NEAR WHAT ROAD: [Handwritten]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N NORTH S SOUTH E EAST W WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 34 21 37 38 39

APPROXIMATE DEPTH OF WELL: 24 28 FEET

APPROXIMATE DIAMETER OF WELL: (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

80-87 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE):

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): 41 52

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

APPROPRIATION PERMIT NUMBER: 54 63 65

ENGINEER REVIEW DISTRICT NO. A E N S G W Q C L U

FORCE: 67 68

CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED (SEQ. NO.) 6

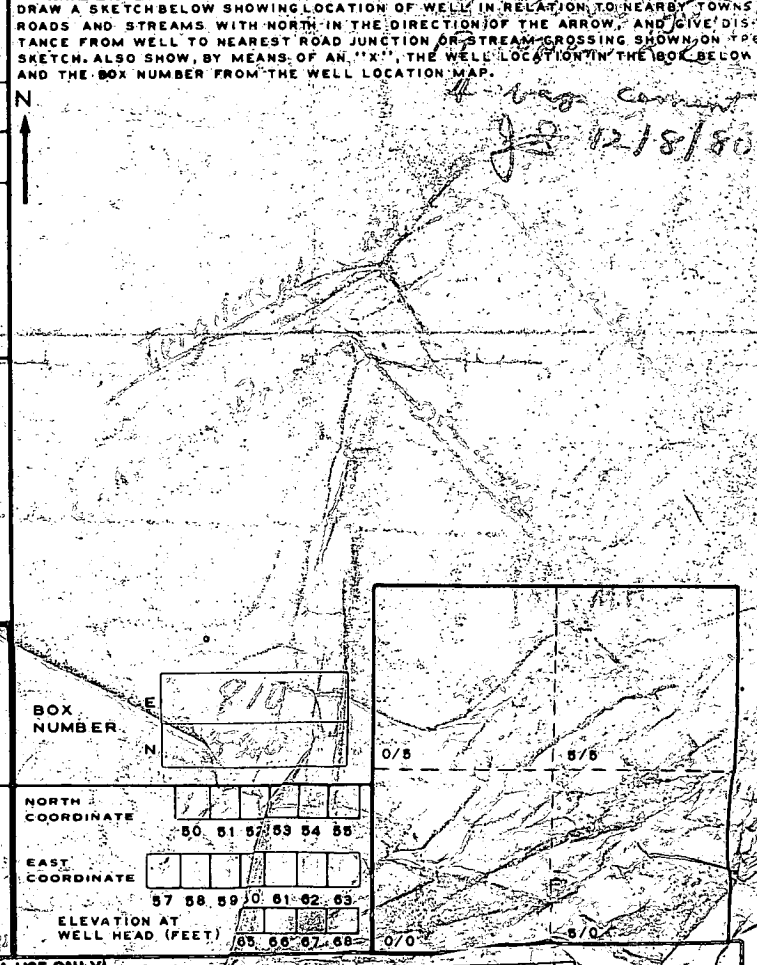
HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX): S

DATE: 5/1/78

COUNTY NAME: [Handwritten] COUNTY NO.:

APPROVED BY: [Signature]



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

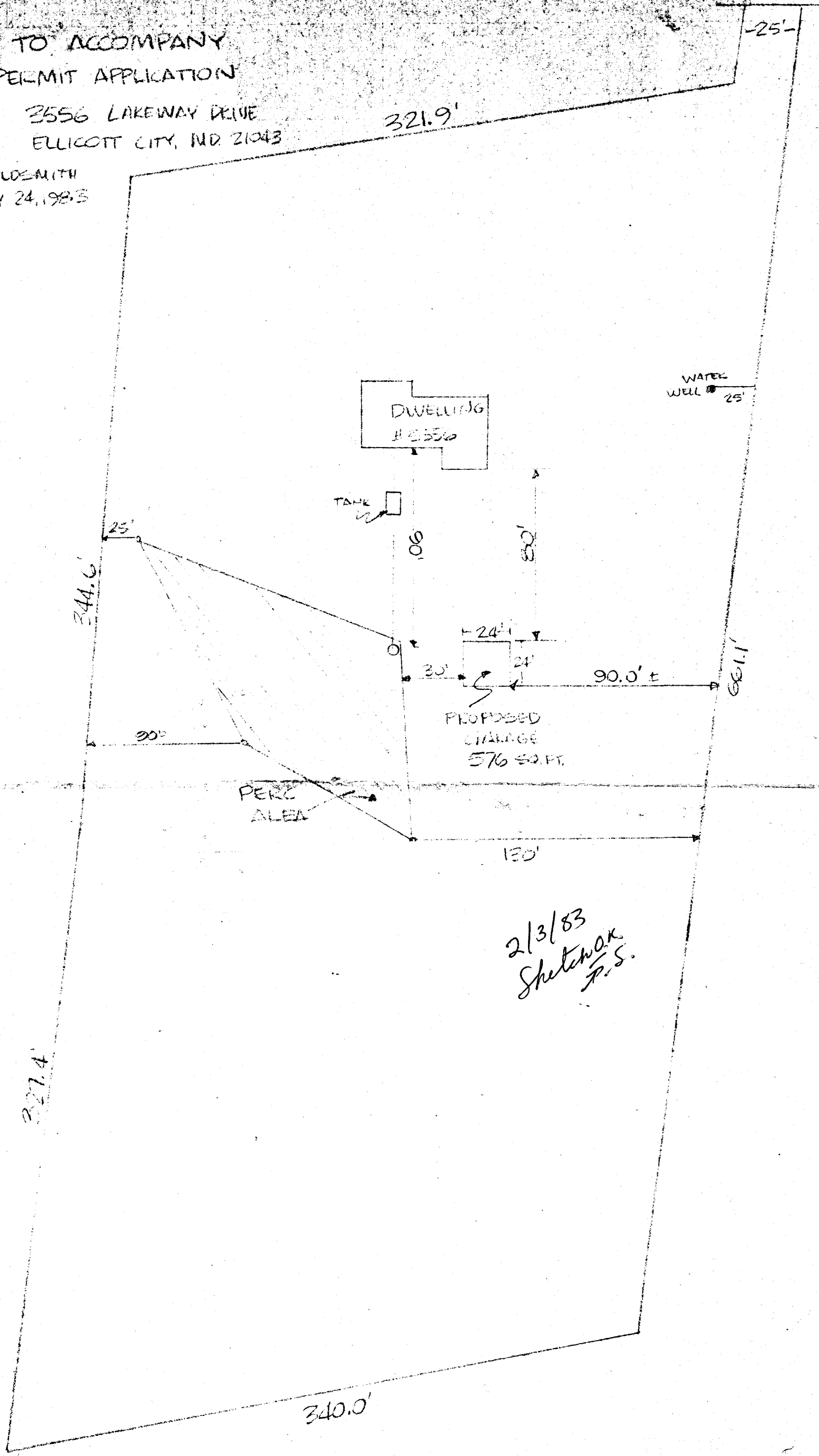
1 2 3 (SEQ. NO.) 6

DRILLER

PLOT PLAN TO ACCOMPANY
BUILDING PERMIT APPLICATION

LOT ADDRESS: 3556 LAKEWAY DRIVE
ELLICOTT CITY, MD 21043

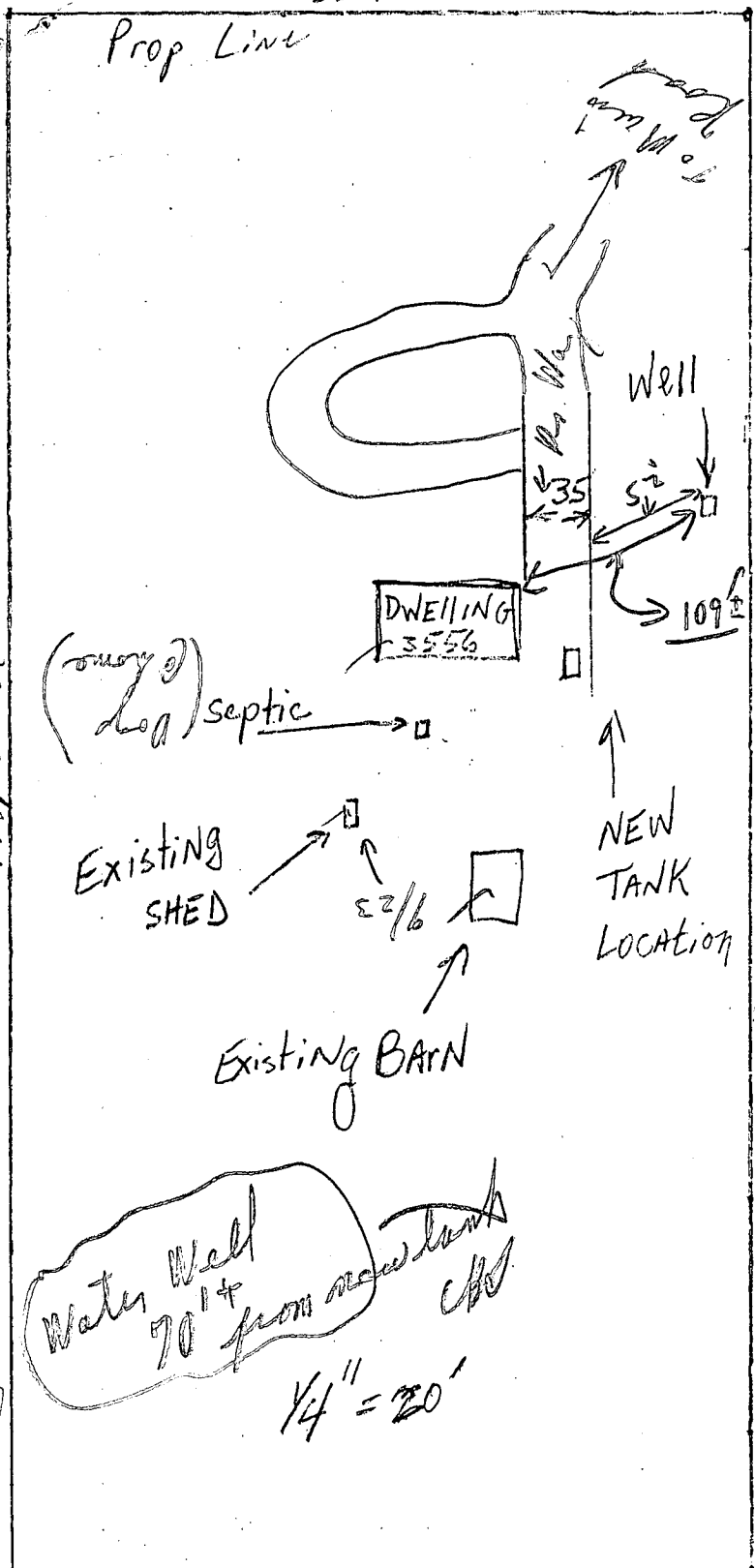
OWNER: DW GOLDSMITH
JANUARY 24, 1983



321.9'

Prop Line

Prop Line



HO-73-3749

9/23/94
CBL

6/1/94

9/26/94
CBL

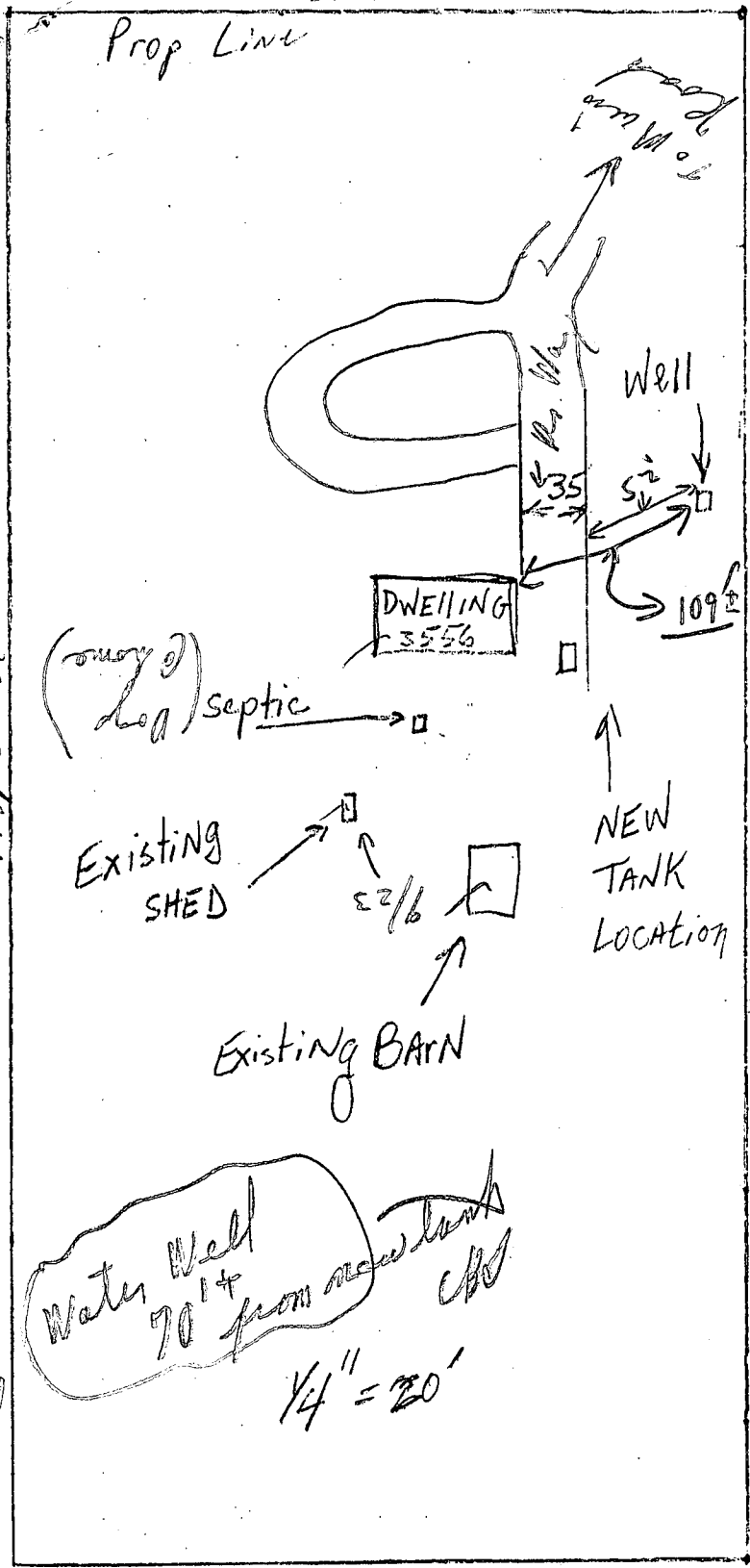
Water Well 70'± from new tank
1/4" = 20'

STEVENS
3556 LAKEWAY DR.

321.9'

Prop Line

Prop Line



HO-73-3949

9/23/94
CBL

11/1/94

9/26/94
CBL

STEVENS
3556 LAKEWAY DR.