

8/31/79  
8/30/79 a.m. please  
ditch tarp  
after lunch

approved 8/31/79  
J. Stanga

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-386616

P 30109

A 26945

ELLICOTT CITY

DISTRICT 5th

DATE 8/22/79

**INDEXED**

Donald Parlette IS PERMITTED TO INSTALL  ALTER

ADDRESS 6575 Route 32, Clarksville, Md. 21029 PHONE 286-2140

SUBDIVISION Kalmia Farms ROAD 5249 Kalmia Drive LOT 13, Sec. 1

PROPERTY OWNER ~~Wesley R. Johnson~~ Richard Marshall

ADDRESS 2904 Enterprise Road, Mitchellville, Md. 20716 Phone: 464-1471

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 120 SQ. FT. per bedroom.

INLET PIPE 2 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 1/2 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 85 FT. FROM rear LOT LINE AND 325 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM Kalmia Drive.

OR TRENCH SYSTEM - Trench to be 60 ft. long, 10 1/2 ft. deep, with 8 ft. of stone under pipe. To be inspected before gravel is installed and to follow contour of the ground.

Add'l on - screen pack

**BLDG. PERMIT SIGNED**

**AND RETURNED** 10-4-95  
Serial # 62095

PLANS APPROVED BY Charles B. Streaker DATE 2/13/79

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE 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.

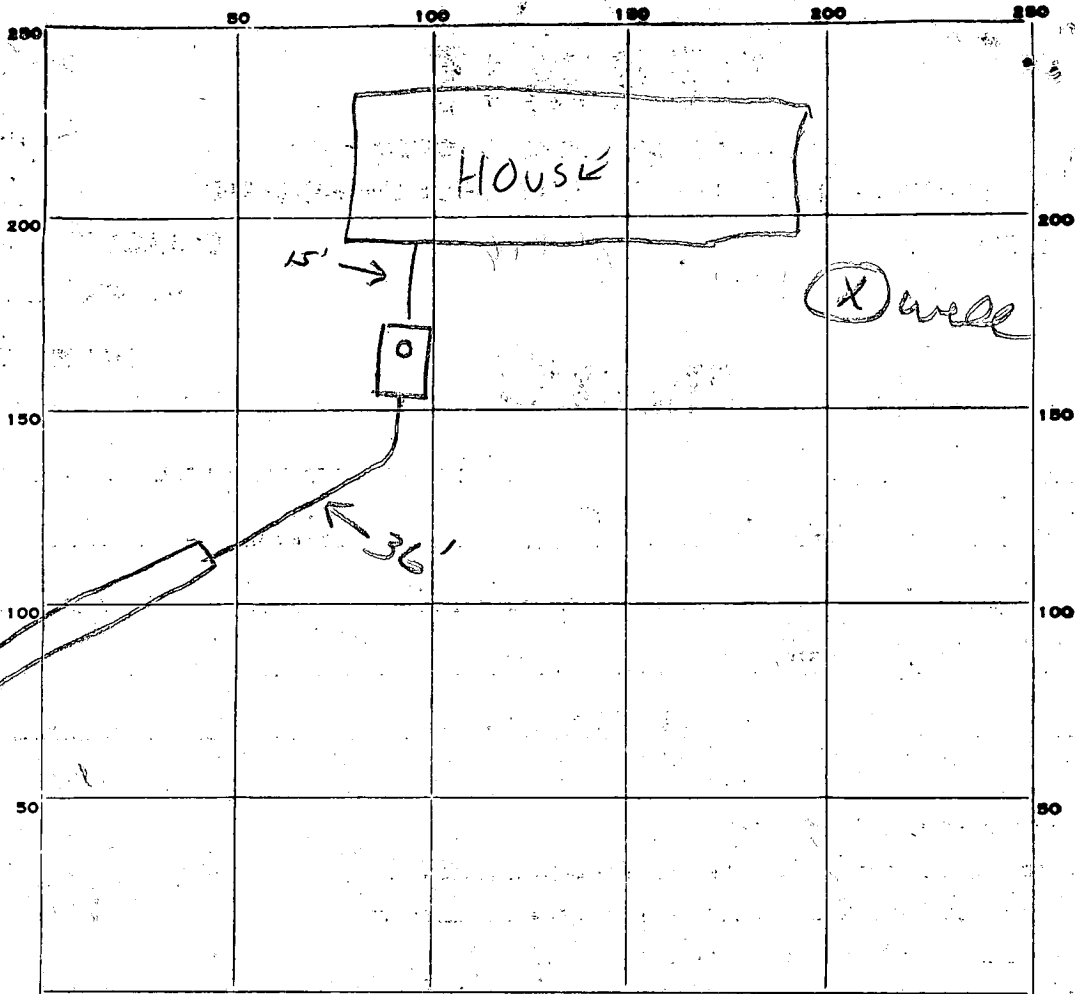
PERMIT VOID AFTER THREE YEARS.

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.

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

A 26945

Lot 13 Kalmia Farms



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

Term Cots

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 600

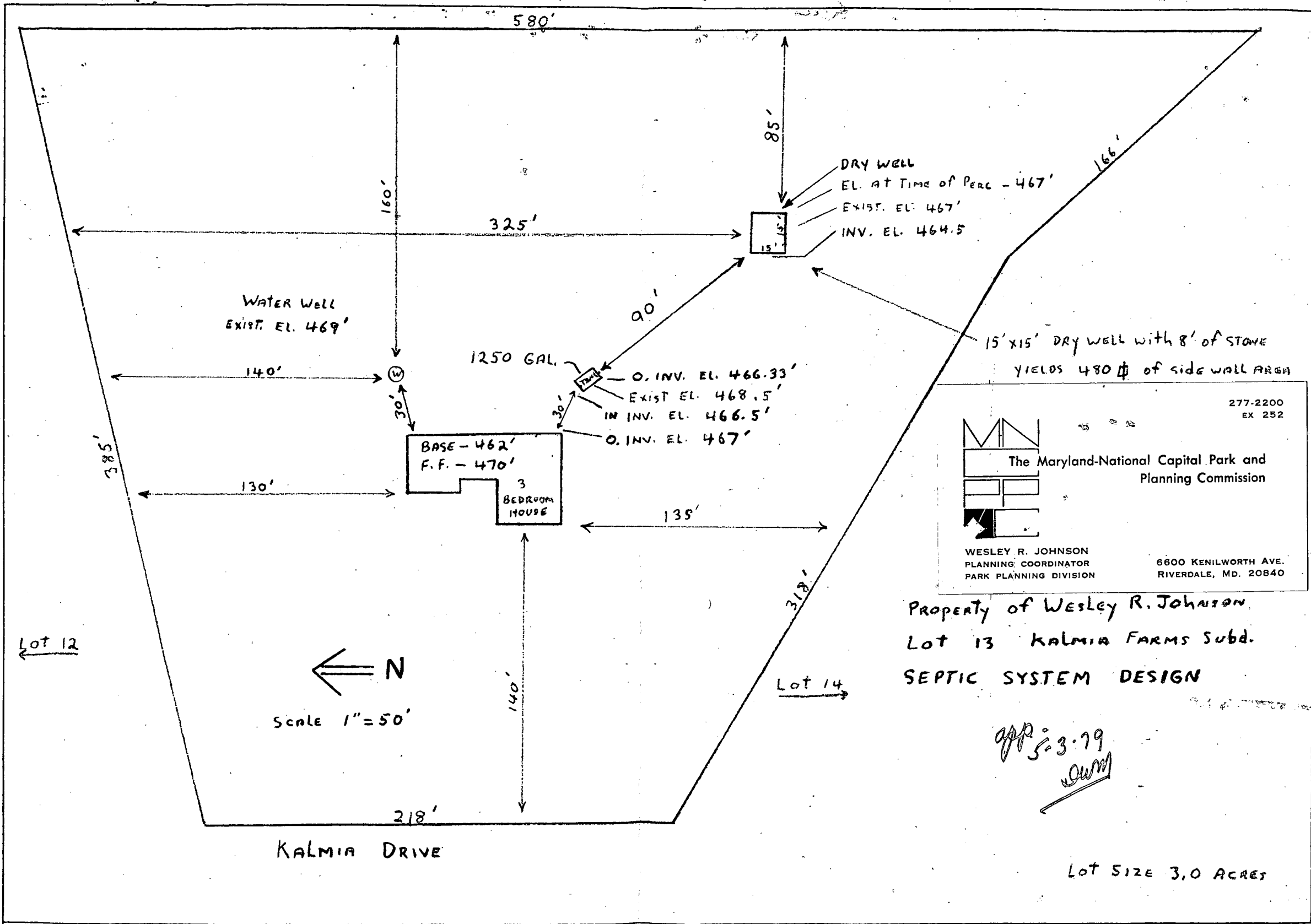
SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 600 SQ. FT.

REMARKS 8/30/79 - OK to add gravel to trench. JS  
8/31/79 - OK to core work. JS

DATE SYSTEM APPROVED 8/31/79

INSPECTOR J. [Signature]



DRY WELL  
 EL. AT TIME OF PERC - 467'  
 EXIST. EL. 467'  
 INV. EL. 464.5

WATER WELL  
 EXIST. EL. 469'

1250 GAL. TANK  
 O. INV. EL. 466.33'  
 EXIST. EL. 468.5'  
 IN INV. EL. 466.5'  
 O. INV. EL. 467'

15' x 15' DRY WELL with 8' of STONE  
 YIELDS 480 # of SIDE WALL AREA

277-2200  
 EX 252

The Maryland-National Capital Park and Planning Commission

WESLEY R. JOHNSON  
 PLANNING COORDINATOR  
 PARK PLANNING DIVISION

6600 KENILWORTH AVE.  
 RIVERDALE, MD. 20840

PROPERTY OF Wesley R. JOHNSON  
 Lot 13 KALMIA FARMS Subd.  
 SEPTIC SYSTEM DESIGN

*app*  
 5-3-79  
*WJM*

LOT SIZE 3.0 ACRES

# APPLICATION

well not drilled  
#39327 A 26945

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE <sup>1000 gallon</sup>

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

Septic tank { 1-3 Bedrooms 5th DISTRICT  
4 Bedrooms 1200 gallon  
DATE 9/29/77

Dry well to have 120 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 2 1/2' below original grade and maximum depth ~~10' location per engineer's plat~~ 8' 5" from rear property line and 325' from left rear <sup>sideline</sup> corner point when facing lot from Kalmia Drive. ~~Per hole 14.2'~~

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

excavate 60ft long, 10 1/2 ft deep with 8" of stones. To be inspected before ground is installed or plowed contour of ground.

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

PROPERTY OWNER Kimburthill, Inc. t/a Kalmia Farms Nursery Wesley R. Johnson

ADDRESS 2901 Olney Sandy Spring Road, Olney, Maryland PHONE 924-3668 464-1471

PROPERTY LOCATION: 2904 Enterprise Road, Mitchellville, Md. 20716

SUBDIVISION Kalmia Farms SEC. I. LOT NO. 13, Sec. 1

ROAD AND DESCRIPTION Triadelphia Mill Road, Howard County, Maryland

5249 Kalmia Drive

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. 3 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 [Signature] BLDG. PERMIT SIGNED AND RETURNED 5/14/79  
Serial No. 39327

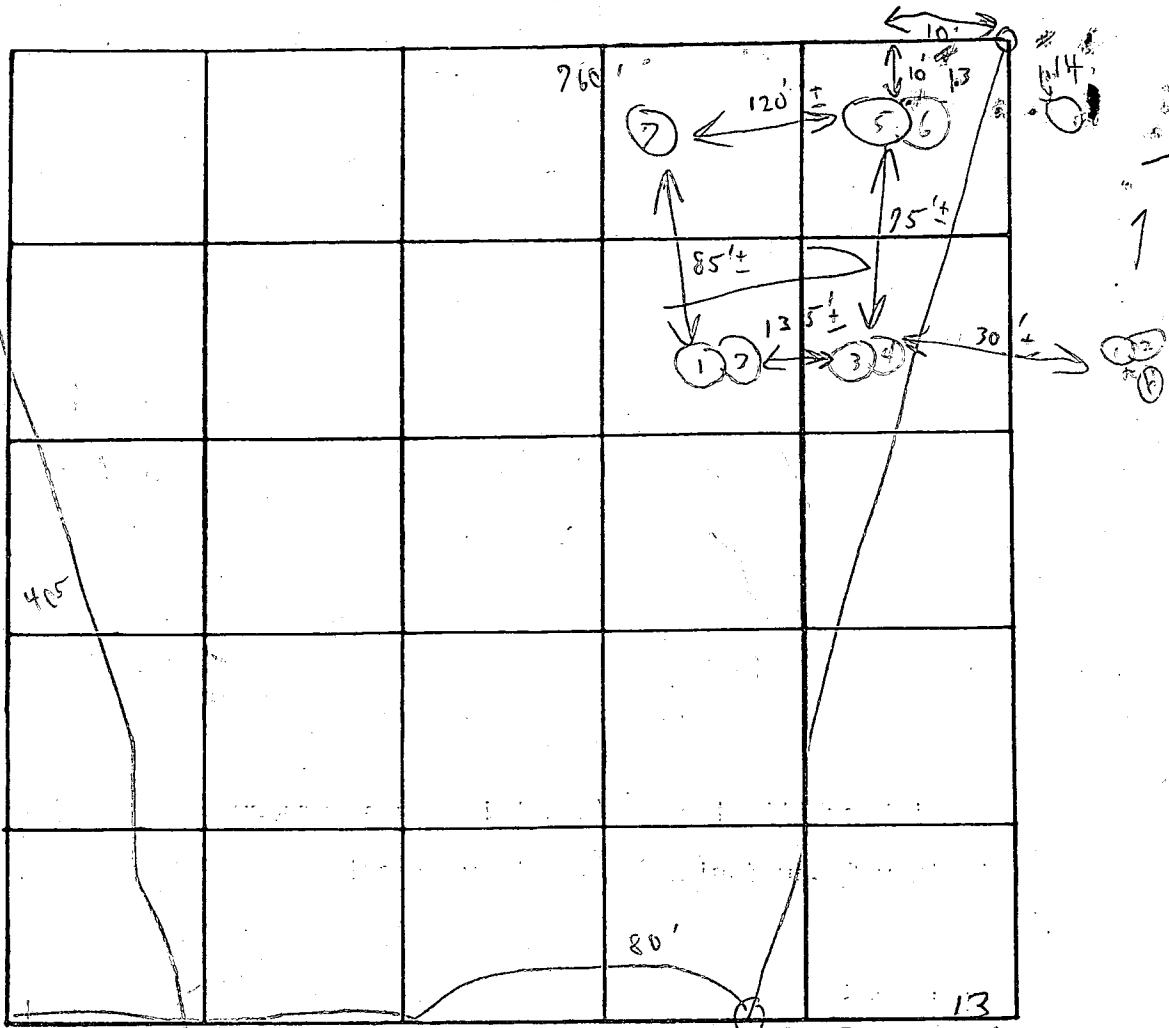
APPROVED BY C. B. [Signature] FOR Dry Well DATE 2/13/79  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/28	1	2 1/2'	1:30	1:32	1:32	1:35	3
	2	12' pl	1:31	1:35	1:35	1:46	11
	3	2 1/2'	1:33	1:35	1:35	1:38	3m
	4	11 1/2'	1:34	1:36	1:36	1:48	12
	5	3 1/2'	1:37	1:39	1:39	1:43	4m
	6	11 1/2'	1:37	1:41	1:41	1:48	7m
	7	10'	Visual similar		tooth		640
		=					

REMARKS

Hold for supervision 2'-10' low

TYPE OF SOIL

TESTED BY

C. Bell

ALSO PRESENT:

Bob Fyehman

Field sheet

S. Ridge

from  
In line  
etc.

dated 2 1/2'

7m

C 1 **5436** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED 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) 5/19/79 DEPTH OF WELL 280 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40

DATE WELL COMPLETED 5/19/79 22 (TO NEAREST FOOT) 26

DRILLERS IDENTIFICATION NO. 40

OWNER Johnson, Wesley LAST NAME FIRST NAME  
 STREET OR RFD 2904 Enterprise Road POST OFFICE Mitchellville, Md

**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	3	
Shaley	3	10	
SAND Stone	10	30	
MICA	30	40	
SAND Stone	40	50	
MICA	50	23	
SAND Stone	123	128	
MICA	128	230	
Flint	230	240	
MICA	240	280	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  BENTONITE CLAY

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 19 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES (INSERT APPROPRIATE CODE BELOW):  
 STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE  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 OPEN HOLE (INSERT APPROPRIATE CODE BELOW):  
 STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN

1	8	9	11	15	17	21
2						
3						

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE Bush

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING 30 (NEAREST FOOT)  
 WHEN PUMPING 280 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):  
 AIR  PISTON  TURBINE   
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)   
 JET  SUBMERSIBLE

**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) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

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

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

**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

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 George A. Fox

SIGNATURE Wesley Johnson

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION KALMIA FARMS SEC. I LOT NO. 13

ROAD AND DESCRIPTION TRIADELPHIA MILL ROAD

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_

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.

SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

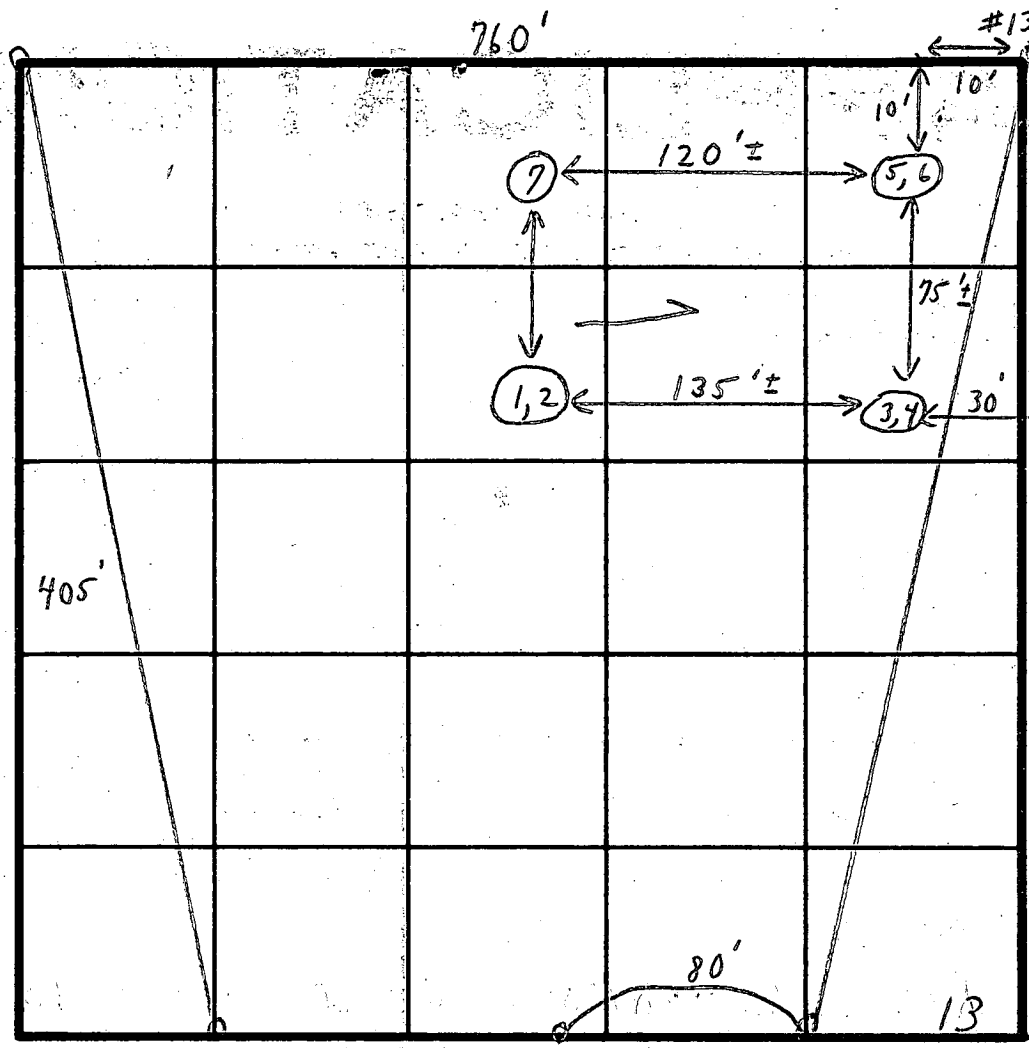
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/27/78 Res completed at office.  
C. B. S.

# THIS IS NOT A PERMIT

SOIL PROFILE

Below  
Clay  
↓  
loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/28/	1	2 1/2'	1:30	1:32	1:32	1:35	3 min	
	2	12 1/2'	1:31	1:35	1:35	1:46	11 min	
	3	2 1/2'	1:33	1:35	1:35	1:38	3 min	
	4	1 1/2'	1:34	1:36	1:36	1:48	12 min	
	5	3 1/2'	1:37	1:39	1:39	1:43	4 min	
	6	1 1/2'	1:37	1:41	1:41	1:48	7 min	
	7	10''	Visual similar to others					
						6	140 7 min	

Inlet  
2 1/2'  
7 min  
average

REMARKS → slopes indicated Hold for supervisor 2'-10' loam

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. B. M. ALSO PRESENT 3 of Fyock's men

SEPTIC TANK: 3 BEDROOM, 1000 GALLON ✓

4 BEDROOM, 1250 GALLON

DRY WELL TO HAVE 120 SQUARE FEET OF SIDEWALL AREA PER BEDROOM.

DRY WELL INLET TO BE 2 1/2 FEET BELOW ORIGINAL GRADE.

DRY WELL BOTTOM (MAXIMUM DEPTH) TO BE 10 1/2 FEET BELOW ORIGINAL GRADE.

PLACE THE DRY WELL 85 FEET FROM THE rear LOT LINE AND 325 FEET FROM THE left LOT LINE AS SEEN WHEN FACING THE LOT FROM ~~Palmer~~ ROAD.

or trench 60 ft long 10 1/2 ft deep with 8 ft of stone - follow contour of ground.

Trench to be inspected before gravel is installed

<b>B 1</b>	<b>5954</b>	<small>SEQUENCE NO. (WRA USE ONLY)</small>	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	<b>WRA PERMIT NUMBER</b> <b>40-73-3201</b>
<small>1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>			<b>FILL IN THIS FORM COMPLETELY</b>	

<small>DATE RECEIVED (WRA USE ONLY)</small> <b>5/9/79</b> <b>9:36 A.M.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>OWNER</small> <b>JOHNSON</b> <b>WESLEY</b></td> <td style="width:50%;"><small>FIRST NAME</small></td> </tr> <tr> <td><small>COL 15 LAST NAME</small></td> <td><small>COL. 34</small></td> </tr> <tr> <td colspan="2"><small>STREET OR RFD</small> <b>2404 ENTERPRISE ROAD</b></td> </tr> <tr> <td><small>COL 36</small></td> <td><small>COL. 55</small></td> </tr> <tr> <td colspan="2"><small>POST OFFICE</small> <b>MITCHELLVILLE, MD.</b></td> </tr> <tr> <td><small>COL 57</small></td> <td><small>COL. 76</small></td> </tr> </table>	<small>OWNER</small> <b>JOHNSON</b> <b>WESLEY</b>	<small>FIRST NAME</small>	<small>COL 15 LAST NAME</small>	<small>COL. 34</small>	<small>STREET OR RFD</small> <b>2404 ENTERPRISE ROAD</b>		<small>COL 36</small>	<small>COL. 55</small>	<small>POST OFFICE</small> <b>MITCHELLVILLE, MD.</b>		<small>COL 57</small>	<small>COL. 76</small>
<small>OWNER</small> <b>JOHNSON</b> <b>WESLEY</b>	<small>FIRST NAME</small>												
<small>COL 15 LAST NAME</small>	<small>COL. 34</small>												
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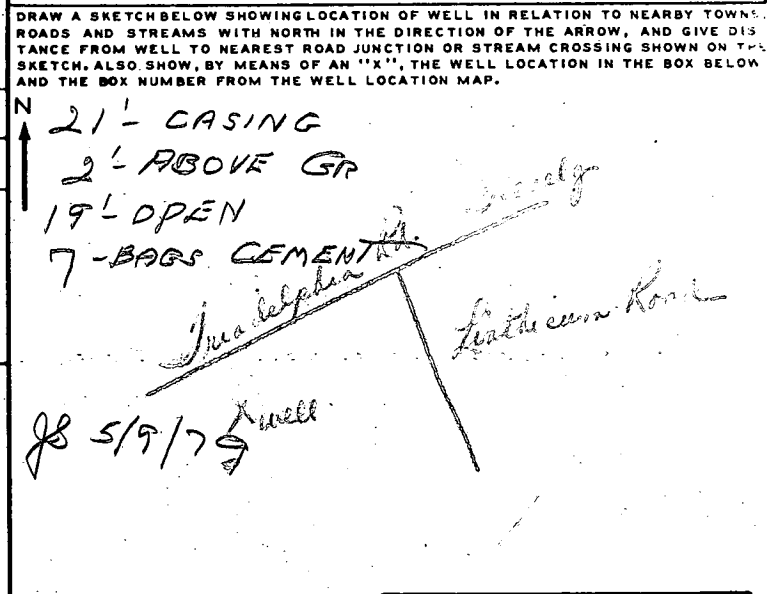
<b>B 1</b>	<b>CONTINUED</b>	<b>DRILLER INFORMATION</b>
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>DATE</small> <b>3/16/79</b>		<small>LICENSE NUMBER</small> <b>040</b>
<small>FIRST NAME</small> <b>GEORGE F. EASTERDAY</b>		<small>LAST NAME</small>
<small>SIGNATURE</small> <i>George F. Easterday</i>		

<b>B 3</b>	<b>116</b>	<b>LOCATION OF WELL</b>
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>COUNTY</small> <b>HOWARD</b>		<small>(DO NOT ABBREVIATE COUNTY NAME)</small>
<small>SUBDIVISION</small> <b>HEMLOCK FARM</b>		<small>21</small>
<small>SECTION</small>		<small>LOT</small> <b>13</b>
<small>NEAREST TOWN</small> <b>GLENELE</b>		<small>42</small>
<small>MILES FROM TOWN (ENTER 0 IF IN TOWN)</small> <b>3</b>		<small>71</small>
		<small>MI</small>

<b>B 2</b>	<b>WELL INFORMATION</b>
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</small> <b>5</b>	
<small>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</small> <b>1000</b>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>	
<input checked="" type="checkbox"/> <b>D</b> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> <b>F</b> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> <b>I</b> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> <b>M</b> MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> <b>P</b> PRIVATE WATER COMPANY	
<input type="checkbox"/> <b>T</b> TEST	
<small>MUST HAVE STATE HEALTH DEPT. APPROVAL</small>	

<b>B 4</b>	<b>DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)</b>								
<small>1 2 3 (SEQ. NO.) 6</small>									
<table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> N NORTH</td> <td><input type="checkbox"/> E EAST</td> <td><input type="checkbox"/> NE NORTHEAST</td> <td><input type="checkbox"/> SE SOUTHEAST</td> </tr> <tr> <td><input type="checkbox"/> S SOUTH</td> <td><input checked="" type="checkbox"/> W WEST</td> <td><input type="checkbox"/> NW NORTHWEST</td> <td><input type="checkbox"/> SW SOUTHWEST</td> </tr> </table>		<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST	<input type="checkbox"/> S SOUTH	<input checked="" type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST						
<input type="checkbox"/> S SOUTH	<input checked="" type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST						
<small>NEAR WHAT ROAD</small> <b>TRINDELPHIA RD.</b>									
<small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small> <input type="checkbox"/> N NORTH <input checked="" type="checkbox"/> S SOUTH <input type="checkbox"/> E EAST <input type="checkbox"/> W WEST									
<small>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)</small> <b>100</b>									
<small>MI</small>									

<small>APPROXIMATE DEPTH OF WELL</small> <b>150</b>	<small>FEET</small>
<small>APPROXIMATE DIAMETER OF WELL</small> <b>6</b> (NEAREST INCH)	
<b>METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)</b>	
<input checked="" type="checkbox"/> <b>BORED</b> (OR AUGERED) <input type="checkbox"/> <b>JETTED</b> <input type="checkbox"/> <b>DRIVEN</b>	
<input checked="" type="checkbox"/> <b>AIR-ROTARY</b> <input type="checkbox"/> <b>AIR-PERCUSSION</b> <input type="checkbox"/> <b>ROTARY</b> (HYDRAULIC ROTARY)	
<input type="checkbox"/> <b>CABLE</b> <input type="checkbox"/> <b>REVERSE-ROTARY</b> <input type="checkbox"/> <b>DRIVE-POINT</b>	
<small>OTHER (DESCRIBE)</small>	



<b>B 3</b>	<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b>
<input checked="" type="checkbox"/> <b>N</b> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> <b>Y</b> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> <b>S</b> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> <b>D</b> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

<b>NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)</b>	
<small>APPROPRIATION PERMIT NUMBER</small> <b>54</b>	<small>ENGINEER REVIEW DISTRICT NO.</small> <b>63</b>
<small>FORCE</small> <b>67</b>	<small>WRITE INITIALS IN BOX</small> <b>68</b>
<small>CONDITIONS</small> <b>70 71 72 73 74 75 76 77 78 79</b>	<small>A E N S G W Q C L U</small> <b>70 71 72 73 74 75 76 77 78 79</b>

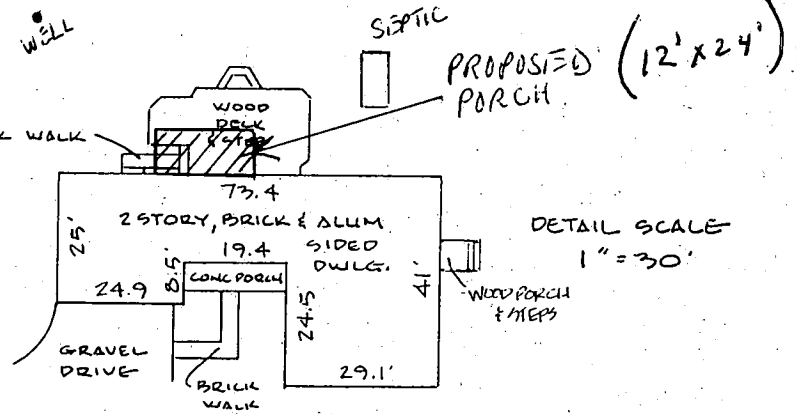
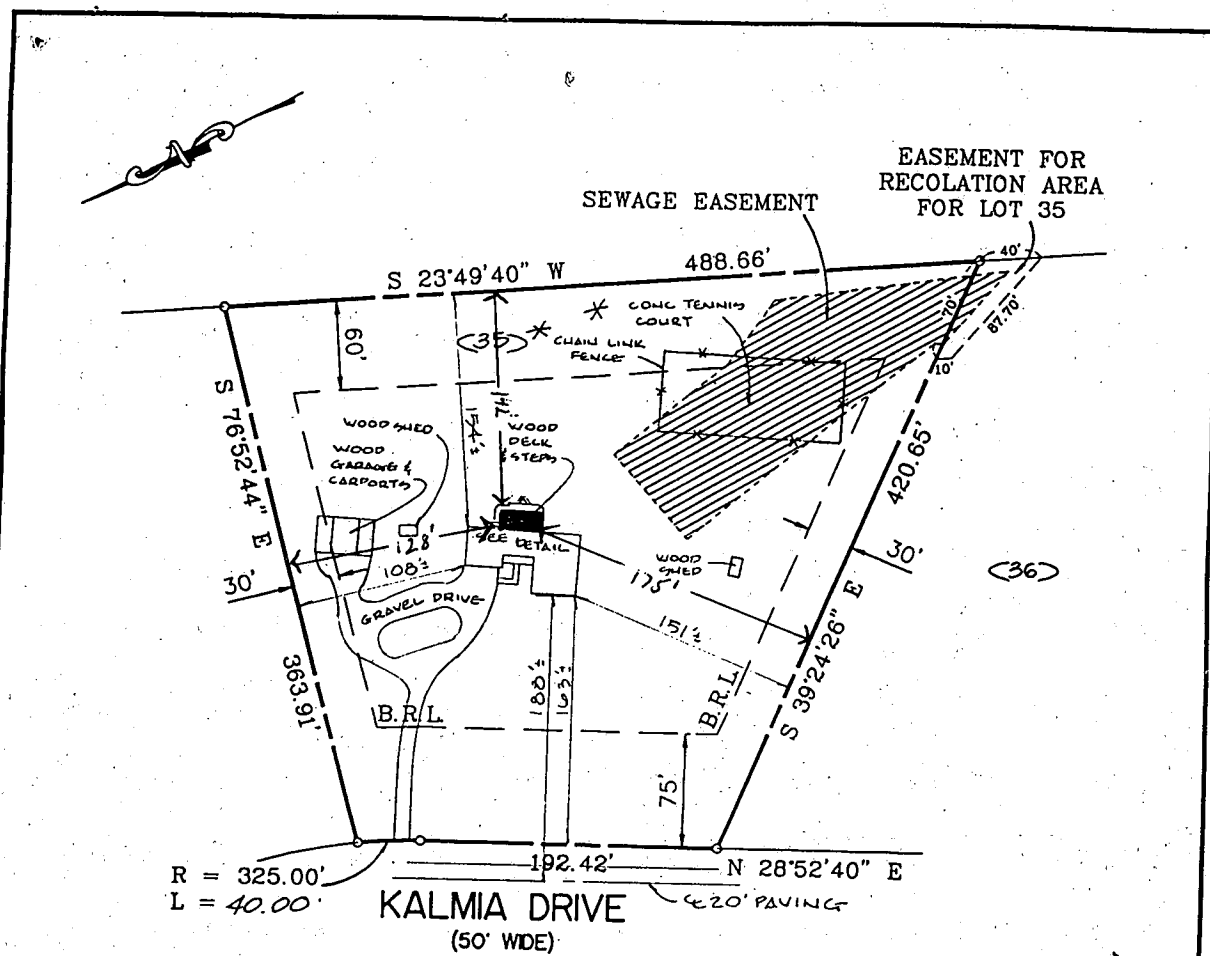
<b>B 4</b>	<b>CONTINUED</b>	<b>HEALTH DEPARTMENT APPROVAL</b>
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>STATE HEALTH (CIRCLE BOX)</small> <b>5</b>		<small>COUNTY NAME</small> <b>HOWARD</b>
<small>DATE</small> <b>05 20 79</b>		<small>COUNTY NO.</small> <b>11 20503</b>
<small>APPROVED BY</small> <b>Donald W. Monaghan, Sanitarian</b>		<small>ELEVATION AT WELL HEAD (FEET)</small> <b>65 66 67 68</b>

<b>B 5</b>	<b>SPECIAL CONDITIONS 8-63 (WRA USE ONLY)</b>
<small>1 2 3 (SEQ. NO.) 6</small>	

**A26945**      **HEALTH**



10-4-95  
 By copy of  
 this plan -  
 The health  
 deptment  
 accepts the  
 location of the  
 proposed porch.  
 No impact to  
 existing well  
 or septic  
 Amy McMele



\* NOTE: CONC. TENNIS COURT & CHAIN LINK FENCE APPEARS TO LIE PARTIALLY IN SEWAGE EASEMENT.

DEED REFERENCE: 1425/48  
 LOT No. 35  
 LOTS 35 & 36, SECTION I,  
 KALMIA FARMS  
 C.M.P. (6444)  
 5th. ELECT. DIST. HOWARD CO., MD.

I have examined Flood Insurance Rate Map Panel Number 240044-0025-B for the subject property and it appears to lie within Zone C per said Map. The information shown on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they are erected unless otherwise noted and is not to be used to establish property lines or corners.

**LOCATION SURVEY**

	#5249 KALMIA DRIVE		Date: 6.03.93
	<b>J.S. DALLAS, INC.</b>		Scale: 1" = 100'
Surveying & Engineering		Job Number: LTC-1157	
4932 Hazelwood Avenue Baltimore, Md. 21206		Drawn By: CAZ/TE	
(410)866-2001		Checked By: DWD	