

FORM 131 (2-77)

EMERGENCY NO. (if any) -

B 1	SEQUENCE NO. (WRA USE ONLY)	<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>	WRA PERMIT NUMBER
1 2 3 (SEQ. NO.) 4		FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	OWNER <u>RACHUBA, LOUISE</u> COL 18 LAST NAME	FIRST NAME	COL 34
	STREET OR RD. <u>3427 TYLER DRIVE</u> COL 36		COL 38
	POST OFFICE <u>ELLIOTT CITY, MD 21043</u> COL 37		COL 40

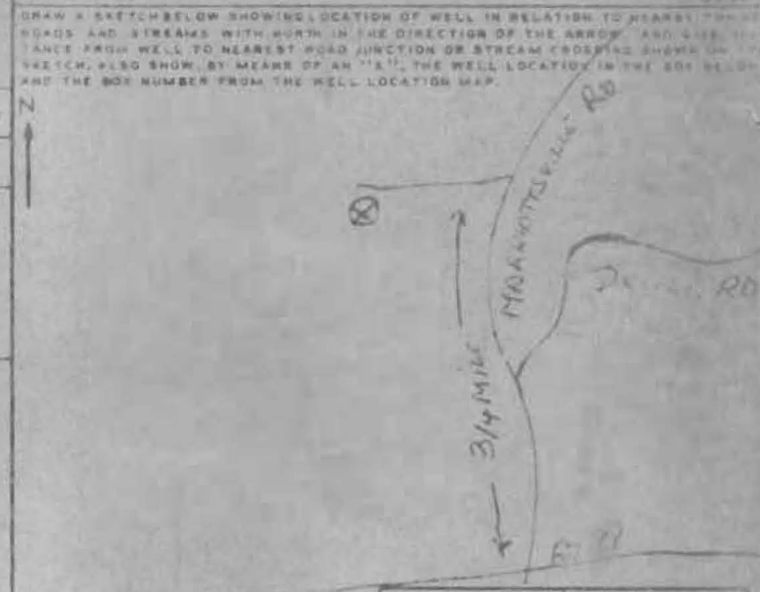
B 1 CONTINUED		DRILLER INFORMATION	
1 2 3 (SEQ. NO.) 4		1 2 3 (SEQ. NO.) 4	
DATE <u>MAY 2, 1980</u>	LICENSE NUMBER <u>120</u>		
FIRST NAME <u>BEDGER NAAR</u>		LAST NAME <u>SON'S CORP</u>	
SIGNATURE _____			

B 3		LOCATION OF WELL	
1 2 3 (SEQ. NO.) 4		1 2 3 (SEQ. NO.) 4	
COUNTY <u>HOWARD</u>	(DO NOT ABBREVIATE COUNTY NAME)		
SUBDIVISION <u>23</u>			
SECTION <u>44</u>	LOT <u>48</u>		
NEAREST TOWN <u>MARRIOTTVILLE</u>			
MILES FROM TOWN CENTER OR IF IN TOWN <u>1</u>			

B 2		WELL INFORMATION	
1 2 3 (SEQ. NO.) 4		1 2 3 (SEQ. NO.) 4	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>			
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u>			
USE FOR WATER (CIRCLE APPROPRIATE BOX)			
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)			
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION			
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT			
<input type="checkbox"/> MUNICIPAL WATER SUPPLY			
<input type="checkbox"/> PRIVATE WATER COMPANY			
<input type="checkbox"/> TEST			

B 4		DIRECTION FROM TOWN	
1 2 3 (SEQ. NO.) 4		1 2 3 (SEQ. NO.) 4	
<input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST
<input checked="" type="checkbox"/> SOUTH	<input type="checkbox"/> WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
NEAR WHAT ROAD <u>1652 MARRIOTTVILLE RD</u>			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
<input type="checkbox"/> NORTH	<input type="checkbox"/> SOUTH	<input type="checkbox"/> EAST	<input type="checkbox"/> WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>250</u>			

APPROXIMATE DEPTH OF WELL <u>24</u>	FEET
APPROXIMATE DIAMETER OF WELL <u>4</u>	INCHES (NEAREST)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input type="checkbox"/> BORED (ON AUGER) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN	
<input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY HYDRAULIC ROTARY	
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> DRIVE-POINT	
OTHER (DESCRIBE) _____	



REPLACEMENT OR DEEPEINED 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	
<input type="checkbox"/> 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	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW
FORCE	CONDITIONS

B 4 CONTINUED		HEALTH DEPARTMENT APPROVAL	
1 2 3 (SEQ. NO.) 4		1 2 3 (SEQ. NO.) 4	
DATE <u>05/07/80</u>			

B 5		WRA USE ONLY	
1 2 3 (SEQ. NO.) 4		1 2 3 (SEQ. NO.) 4	

DATE RECEIVED (WRA USE ONLY)  
 10:30 AM 5/5/80

OWNER RAONIRA LAURENCE (HOUSE)  
 COL 15 LAST NAME COL 34 FIRST NAME  
 STREET OR RFD 3427 TYLER DRIVE  
 COL 36 COL 55  
 POST OFFICE ELLICOTT CITY, MD 21043  
 COL 57 COL 76

**B 1 CONTINUED DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 DATE MAY 2, 1980 LICENSE NUMBER 120  
 COL 1 COL 2 COL 3 COL 4 COL 5 COL 6 COL 7 COL 8 COL 9 COL 10 COL 11 COL 12 COL 13 COL 14 COL 15 COL 16 COL 17 COL 18 COL 19 COL 20 COL 21 COL 22 COL 23 COL 24 COL 25 COL 26 COL 27 COL 28 COL 29 COL 30 COL 31 COL 32 COL 33 COL 34 COL 35 COL 36 COL 37 COL 38 COL 39 COL 40 COL 41 COL 42 COL 43 COL 44 COL 45 COL 46 COL 47 COL 48 COL 49 COL 50 COL 51 COL 52 COL 53 COL 54 COL 55 COL 56 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63 COL 64 COL 65 COL 66 COL 67 COL 68 COL 69 COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79 COL 80 COL 81 COL 82 COL 83 COL 84 COL 85 COL 86 COL 87 COL 88 COL 89 COL 90 COL 91 COL 92 COL 93 COL 94 COL 95 COL 96 COL 97 COL 98 COL 99 COL 100  
 FIRST NAME EDGAR HARR ORILLER LAST NAME SONS CORP  
 SIGNATURE [Signature]

**B 3 LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
 COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME) COL 21  
 SUBDIVISION 23 COL 42  
 SECTION 44 46 LOT 48 COL 50  
 NEAREST TOWN MARRIOTTVILLE COL 52 COL 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 COL 76 COL 77 COL 78 COL 79

**B 2 WELL INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL 8 COL 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750 COL 14 COL 20  
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 PRIVATE WATER COMPANY }  
 TEST

**B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**  
 1 2 3 (SEQ. NO.) 6  
 N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST  
 S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD 1652 MARRIOTTVILLE  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 350 COL 34 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL 150 FEET  
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**  
 BORED (OR AUGERED)  JETTED  DRIVEN  
 AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 OTHER (DESCRIBE) \_\_\_\_\_

**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)**  
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63  
 FORCE 67 WRITE INITIALS IN BOX [Initials] CONDITIONS [Initials]  
 COL 67 COL 68 COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
 41  STATE HEALTH (CIRCLE BOX) COUNTY NAME HOWARD COUNTY NO. W20601  
 MO. DAY YR. 5 5 80  
 DATE 5/5/80 APPROVED BY [Signature]  
 COL 43 COL 48



**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

DATE RECEIVED (WRA USE ONLY)  
 10-30 AM 6/5/80

OWNER COL 15 LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ COL. 34  
 STREET OR RFD COL 36 \_\_\_\_\_ COL. 55  
 POST OFFICE COL 57 \_\_\_\_\_ COL. 76

**B 1 CONTINUED DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 DATE \_\_\_\_\_ LICENSE NUMBER 77 80  
 FIRST NAME \_\_\_\_\_ DRILLER LAST NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

**B 3 LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
 COUNTY \_\_\_\_\_ (DO NOT ABBREVIATE COUNTY NAME) 21  
 SUBDIVISION 23 42  
 SECTION 44 46 LOT 48 50  
 NEAREST TOWN 52 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

**B 2 WELL INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 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 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**  
 1 2 3 (SEQ. NO.) 6  
 N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST  
 S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W 32 32 32 32  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 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  
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
 CABLE REVERSE-ROTARY DRIVE-POINT  
 OTHER (DESCRIBE) \_\_\_\_\_

DRAW A SKETCH BELDW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.  
 N 6/5/80  
 WELL OK  
 SEE OTHER SIDE RH

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

**NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)**  
 APPROPRIATION PERMIT NUMBER 54 63 65  
 ENGINEER REVIEW DISTRICT NO. \_\_\_\_\_  
 FORCE \_\_\_\_\_ WRITE INITIALS IN BOX \_\_\_\_\_ CONDITIONS \_\_\_\_\_  
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER \_\_\_\_\_  
 NORTH COORDINATE 50 51 52 53 54 55  
 EAST COORDINATE 57 58 59 60 61 62 63  
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68  
 0/5 5/5  
 0/0 5/0

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
 S STATE HEALTH (CIRCLE BOX) COUNTY NAME \_\_\_\_\_ COUNTY NO. \_\_\_\_\_  
 MO. DAY YR. \_\_\_\_\_  
 DATE 43 48 APPROVED BY \_\_\_\_\_

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

MAY 27 12 46 PM '80

Wade & Coy

Quoted by Wade & Coy

Inspected by R. Hodger  
S. Smith

6/5/80

- ① 60 FT CASING
- ② 200 FT deep well
- ③ 22 FT open hole with string
- ④ " " " " pipe jetted down
- ⑤ SYSTEM IS IN FRONT OF HOUSE  
WELL IS IN BACK OF HOUSE ALONG DISTANCE  
FROM THE WELL
- ⑥ 17 BAGS USED
- ⑦ WELL OK BLOCKAGE PREVENTED PIPE  
FROM GOING 30 FT DEEP

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
MAY 28 9 30 AM '80  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

Bill Gardiner

1650 Marrotoville Rd

6/6/80 Called about  
Septic system. He said  
He would install manhole  
to ground surface for  
tanks. He said tanks  
are connected to house  
but we have not seen  
that part of the house  
sewer where the tanks  
are hooked to the house  
However he said inside  
plumbing inspector  
has seen that part of sewer  
can we accept inside plumbing  
inspector's observations R.A.?

6/9/80 ref 1650 Manuotsoth  
R.H.

Discussed with DM

Told Mr Gardiner that  
a certified statement  
from the builder  
stating that the house  
sewer is put in according  
to regulation from the  
builder is necessary  
Letter must specify cast  
iron pipe

Have certified letter  
ready when manholes  
are inspected R.H.





NOTE: TOPOGRAPHY SHOWN IS BASED ON "BENCH MARK" ELEV. 100.00  
 LOCATION: - INTERSECTION OF  $\Phi$  OF PAVING OF MARRIOTTSVILLE RD. &  $\Phi$  OF DRIVEWAY LEADING INTO SUBJECT PROPERTY.

SITE PLAN

MR. & MRS. LAWRENCE R. RACHUBA RESIDENCE  
 MARRIOTTSVILLE RD.  
 HOWARD CO., MD.

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT  
ELLICOTT CITY, MD

JUN 12 10 54 AM '80

June 9, 1980

Mr. Lawrence R. Rachuba  
3427 Tyler Drive  
Ellicott City, Maryland 21043

Mr. Donald Monaghan  
Howard County Health Department  
Department of Water and Sewer  
3716 Court House Drive  
Ellicott City, Maryland 21043

RE: 1650 Marriottsville Road

Dear Mr. Monaghan:

This letter is to certify that the plumbing connection to the septic system at the above referenced address is built according to specifications, using a cast-iron pipe from the house to the septic tank.

Very truly yours,



Lawrence R. Rachuba

LRR:mke

OK  
ADM  
6/13/80

September 17, 1979

Howard County  
Environmental Health  
Howard County, Md.

Re: 1652 Marriottsville Road  
Permit #40935

Dear Sirs:

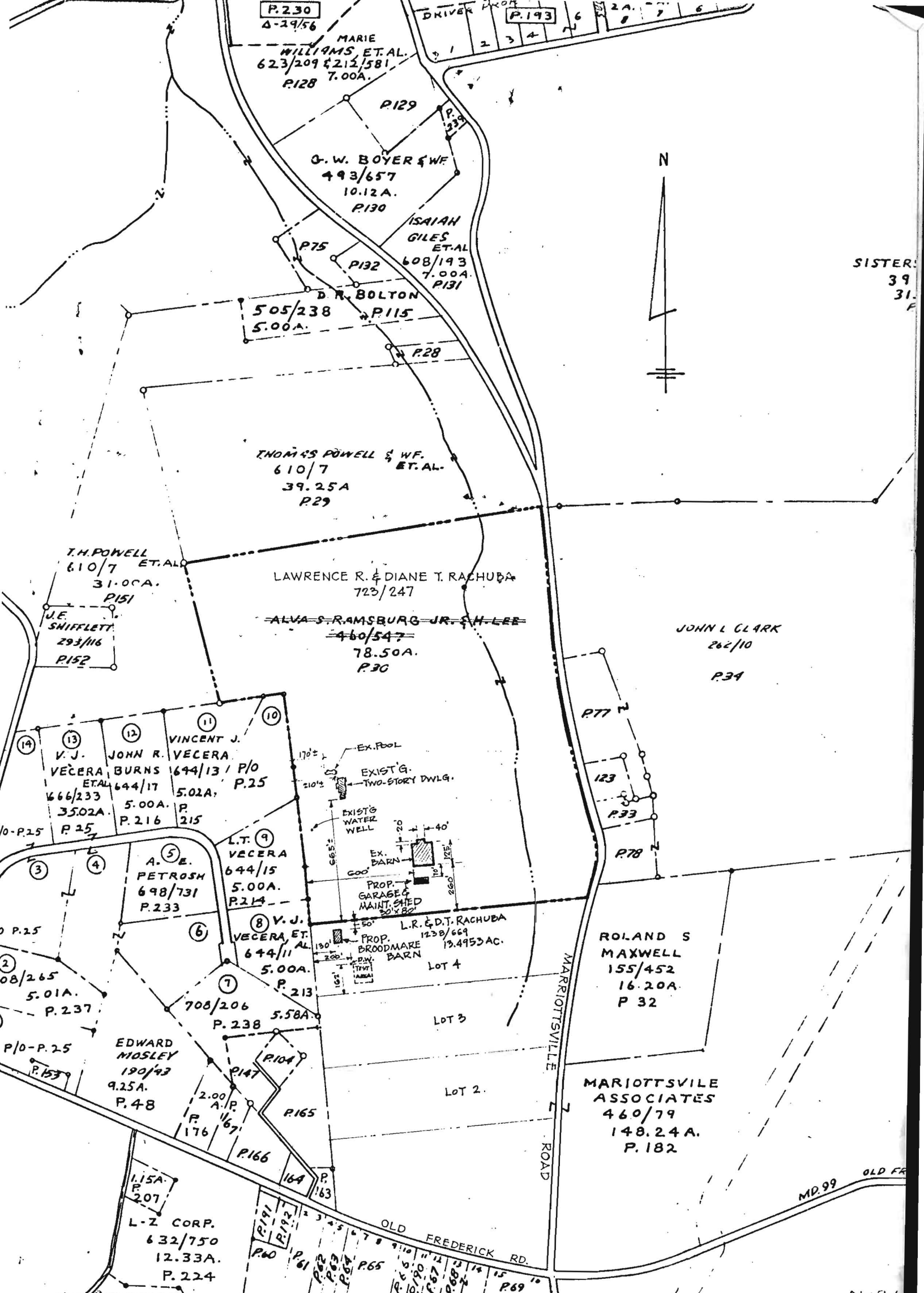
This is to advise that it is my intention to use existing well  
for the new home at the above referenced address.

Very truly yours,



Lawrence R. Rachuba

LRR:jp



SISTER:  
39  
31  
P

71684  
NO PROBLEM  
OK TO SIGN RA

HOWARD COUNTY, MD.  
TAX MAP NO. 10 827

COMPILED BY  
DEPT. OF ASSESSMENTS & TAXATION  
TAX MAP DIVISION  
THE INFORMATION SHOWN HEREON HAS BEEN COMPILED FROM DEED DESCRIPTIONS AND IS NOT AN ACTUAL SURVEY IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS USERS NOTING ERRORS ARE URGED TO NOTIFY DEPARTMENT OF ASSESSMENTS & TAXATION, 301 W. PRESTON ST., BALTO. 1, MD.

PROPERTY LINE ———  
SUB-DIVISION BOUNDARY ---  
CONTINUING OWNERSHIP - Z  
PARCEL NUMBER - P. 349

SCALE: 1" = 600'

REVISED TO:	DATE 11-15-74	LIBER 702	BY J. A.	LAST P. NO. 236	PHOTO 3DD-130 3DD-93
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