

11/9/88 AM

05-415160

WPI
N

PERMIT

P 43142

SEWAGE DISPOSAL SYSTEM

A 41233

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 11/30/88

DATE SYSTEM APPROVED 11/9/88

INSPECTOR RH

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Westland Property ROAD 12525 Lime Kiln Road LOT _____

PROPERTY OWNER Marcwood Homes Perry Westland

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from the left front corner, place the distribution box 325 feet down the left (1264.36') lot line and 170 feet off the left line as seen when facing property from Lime Kiln Road. Run trenches along contour towards the right (1310.01') and left (1264.36') lot lines. NOTE: MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

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

PLANS APPROVED BY Bert Nixon DATE 7/13/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

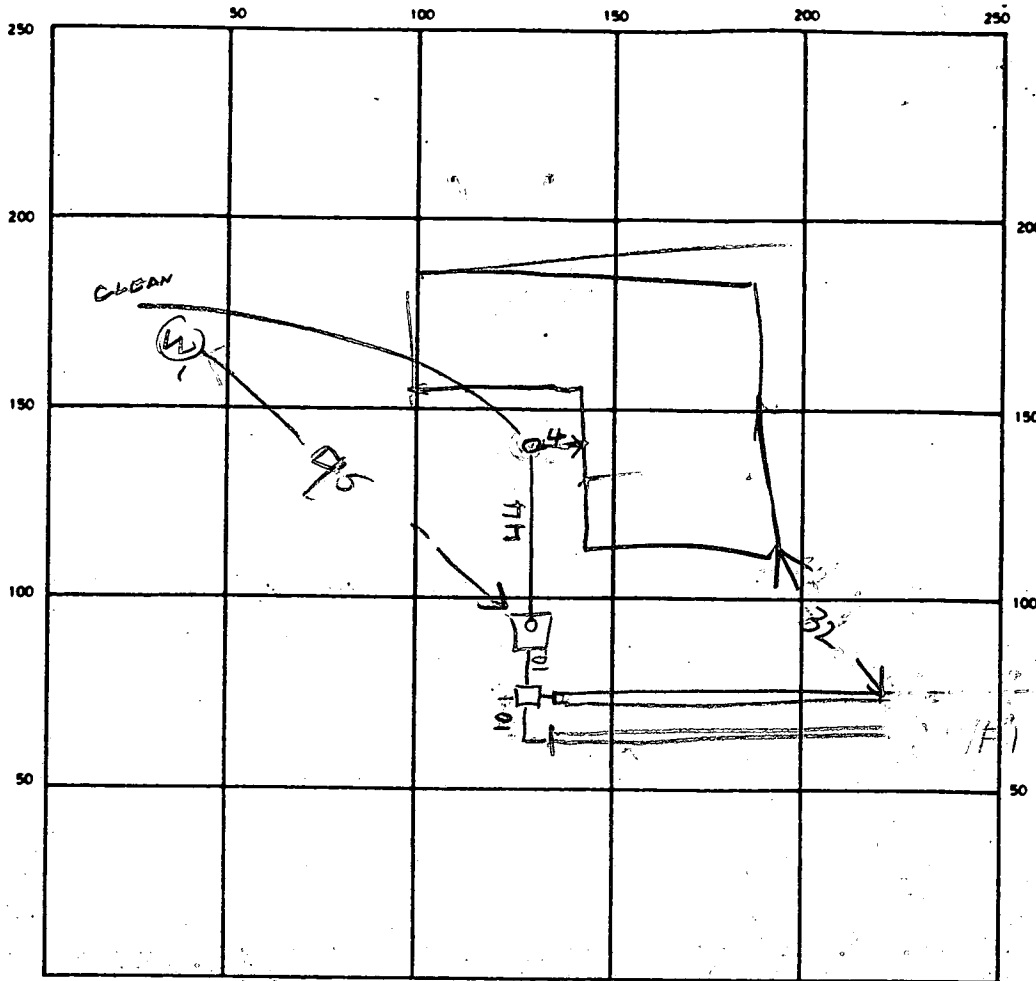
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

PERMIT SIGNED AND RETURNED 7-22-88
Serial # B70 119384

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. *sunpro*

A
41233



SEPTIC TANK LEVEL 1250

CLEANOUTS 35/OK

104
720

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH $\frac{1}{2}$ | $\frac{1}{2}$ FT. TRENCH WIDTH $\frac{1}{2}$ | $\frac{1}{2}$ FT. INLET DEPTH $\frac{1}{4}$ | $\frac{1}{4}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{2}$ | $\frac{1}{2}$ FT. TOTAL LENGTH $\frac{1}{2}$ | $\frac{1}{2}$ FT. EN STONE REQUIRED

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 751 | 720 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

16.7
4.5
835
668
7515

REMARKS 11/9/88 LOCATION OK FINISH ADDING STONES TO ENDS OF TRENCHES & COVER

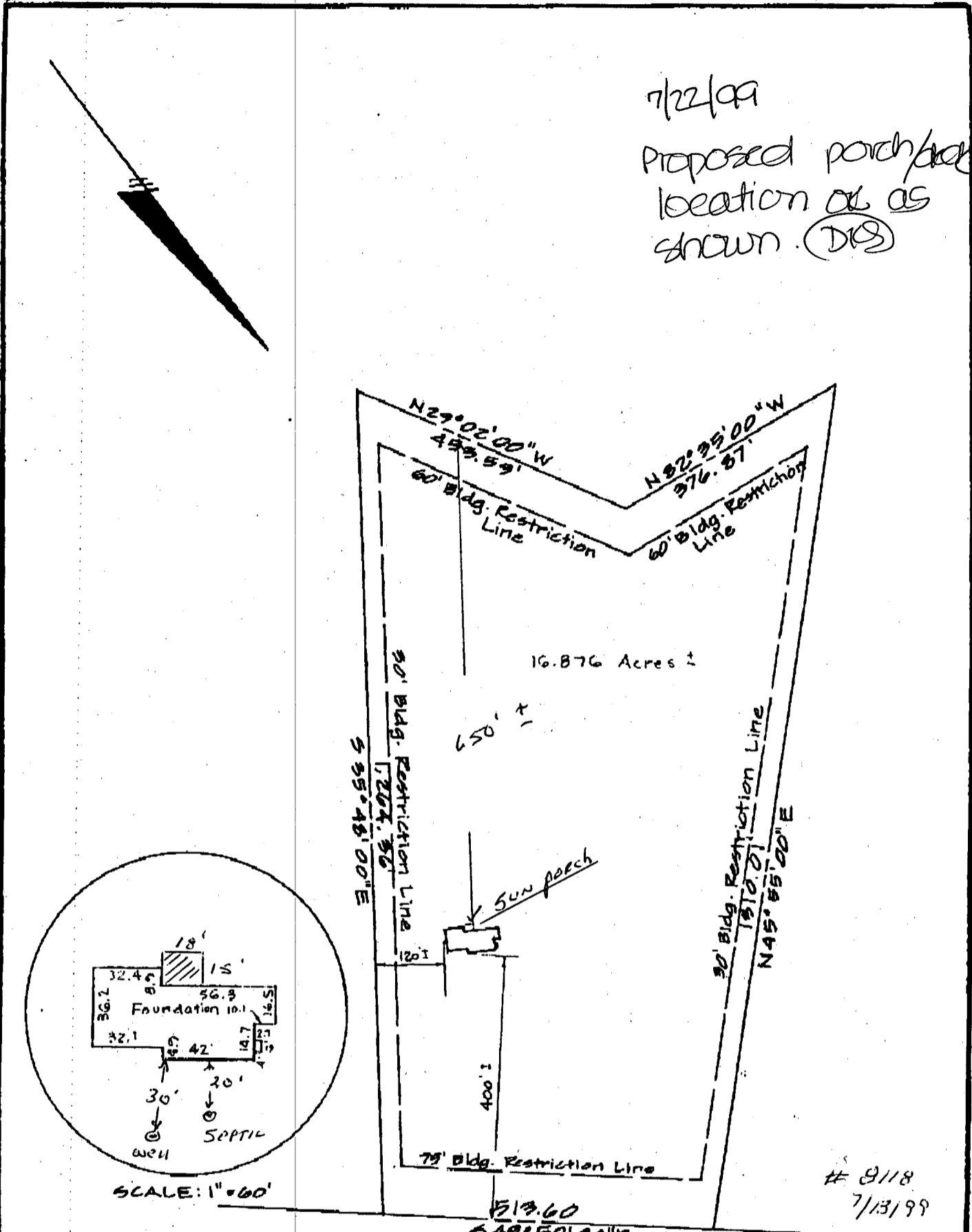
DATE SYSTEM APPROVED 11/9/88

INSPECTOR Raymond Hodge

410 760-1989

7/22/99

Proposed porch location as shown (D/S)



9118
7/13/99

LIME KILN ROAD

Note: I hereby certify that the information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.



Wall Check

THE WESTLAND PROPERTY
 17525 LIME KILN RD.
 PARCEL 28, TAX MAP NO. 45

5th Election District HOWARD County, Md.
 Scale: 1" = 200' Date: OCT. 25, 1982

The RBA ENGINEERS-ARCHITECTS-PLANNERS
 Group

5560 STERRETT PLACE
 SUITE 200
 COLUMBIA, MD. 21044

APPLICATION

PERCOLATION TESTING

A 41233
P _____

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

DISTRICT FIFTH

DATE MARCH 21, 1988

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 PERRY C. WESTLAND

✓ ADDRESS 12549 LIME KILN ROAD, FULTON, MD 20759 PHONE (301) 953-7085

✓ PROSPECTIVE BUYER _____ PHONE (301) 384-7700

✓ ADDRESS _____ PHONE (301) 421-1483

PROPERTY LOCATION:

✓ SUBDIVISION N/A LOT NO. _____

✓ ROAD AND DESCRIPTION LIME KILN ROAD

✓ TAX MAP 45 PARCEL # 28 (GRID 5) TENANT HOUSE

✓ SIZE OF LOT 50 ACRES IN COMMON TYPE BLDG SINGLE FAMILY DWELLING
(EXISTING 66M² 33.7 x 16.9 ACRE PARCELS) (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. Perry C. Westland
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

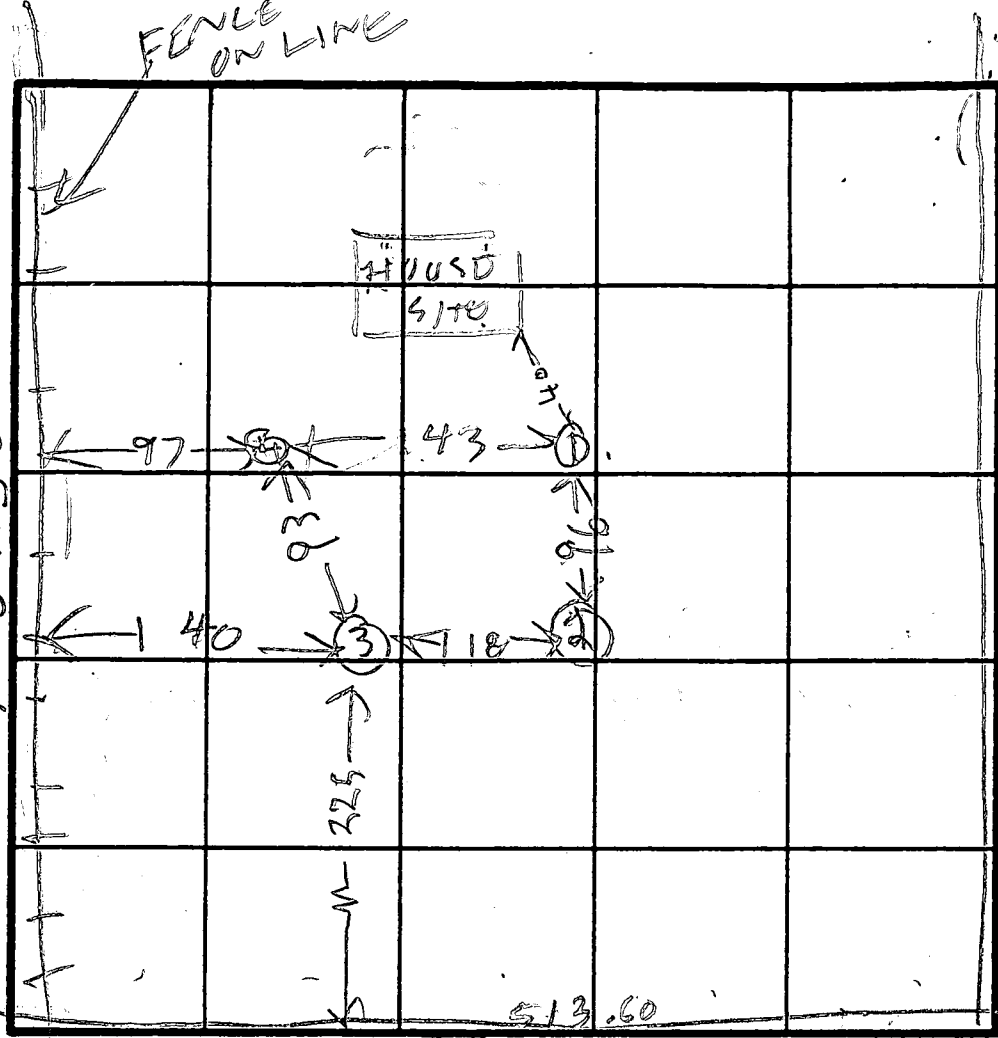
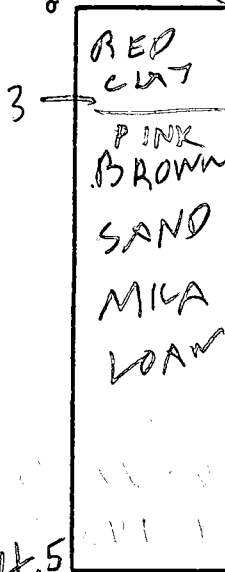
BLDG. PERMIT SIGNED
AND RETURNED 9-6-88
Serial # 21197

HD-216

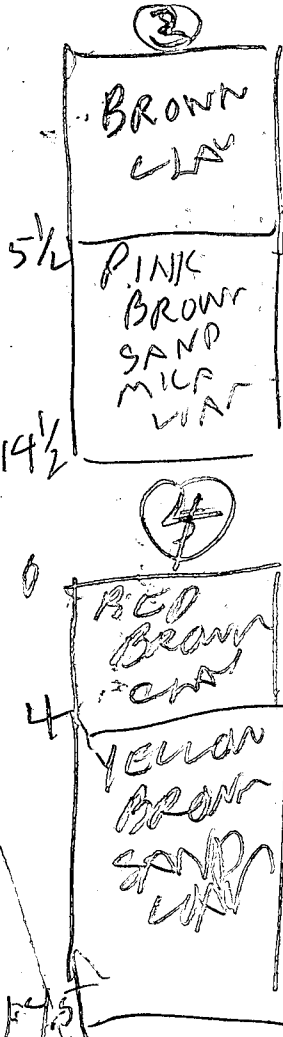
THIS IS NOT A PERMIT

INLET 4'
 MAX D 8 1/2'
 187 B
 X = 5 MIN

SOIL PROFILE ②



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 LIME KILN RD TO BROWN BRIDGERN



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/16/88	1 S	4	203	205	205	210	5
	1 D	7	203	205	208	209	5
5/16/88	1 V	14.5	OK				
	2 S	4	214	216	216	223	7
	2 V	13	OK				
	3 S	6	228	230	230	233	5
	3 V	14.5	OK				
	4 V	14.5	OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. HODGES SKIP OWNER

ALSO PRESENT FERRY WEBSTER
CONSULTANT RON MARC

93
 13
 4
 HOLE ELEVATION
 HIGH ④
 MEDIUM ③
 LOW ③

B 1 **6332** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLES 36 ON ALL CARDS)

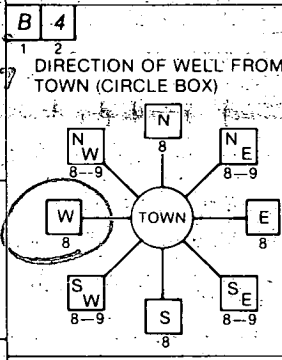
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0042
 fill in this form completely

Date Received (APA) **8/17/88**
060788 OWNER INFORMATION
MARCOOD HOMES INC
4008 HERITAGE HILL LA
ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL
HOWARD COUNTY
WESTLAND 12549 SUBDIVISION
 SECTION **44** LOT **46**
EMITON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Dana Kyker, Jr. II
Westminster Rotary Well Drilling, Inc
P.O. Box #361, Westminster, Md. 21157
08/26/88 Date



Line Kila NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
390 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) **550**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
441233 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **070888**
B NIXON CO SIGNATURE
11/21/89 EXP. DATE
 NORTH GRID **479000** EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **200** FEET

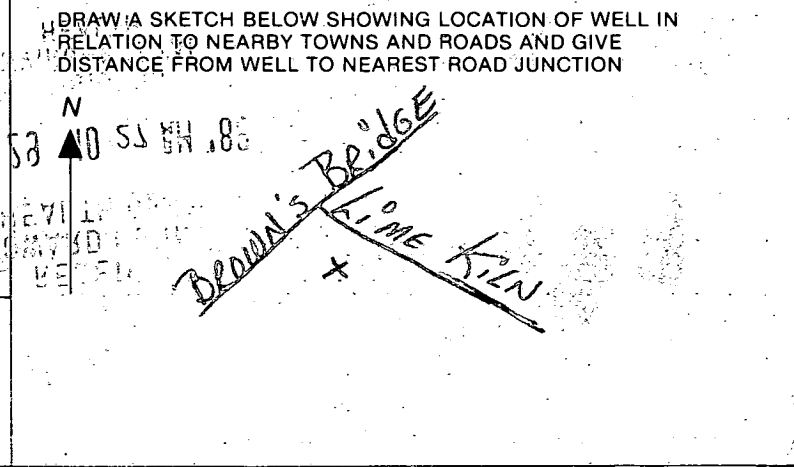
APPROXIMATE DIAMETER OF WELL **6** INCH. NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic, Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

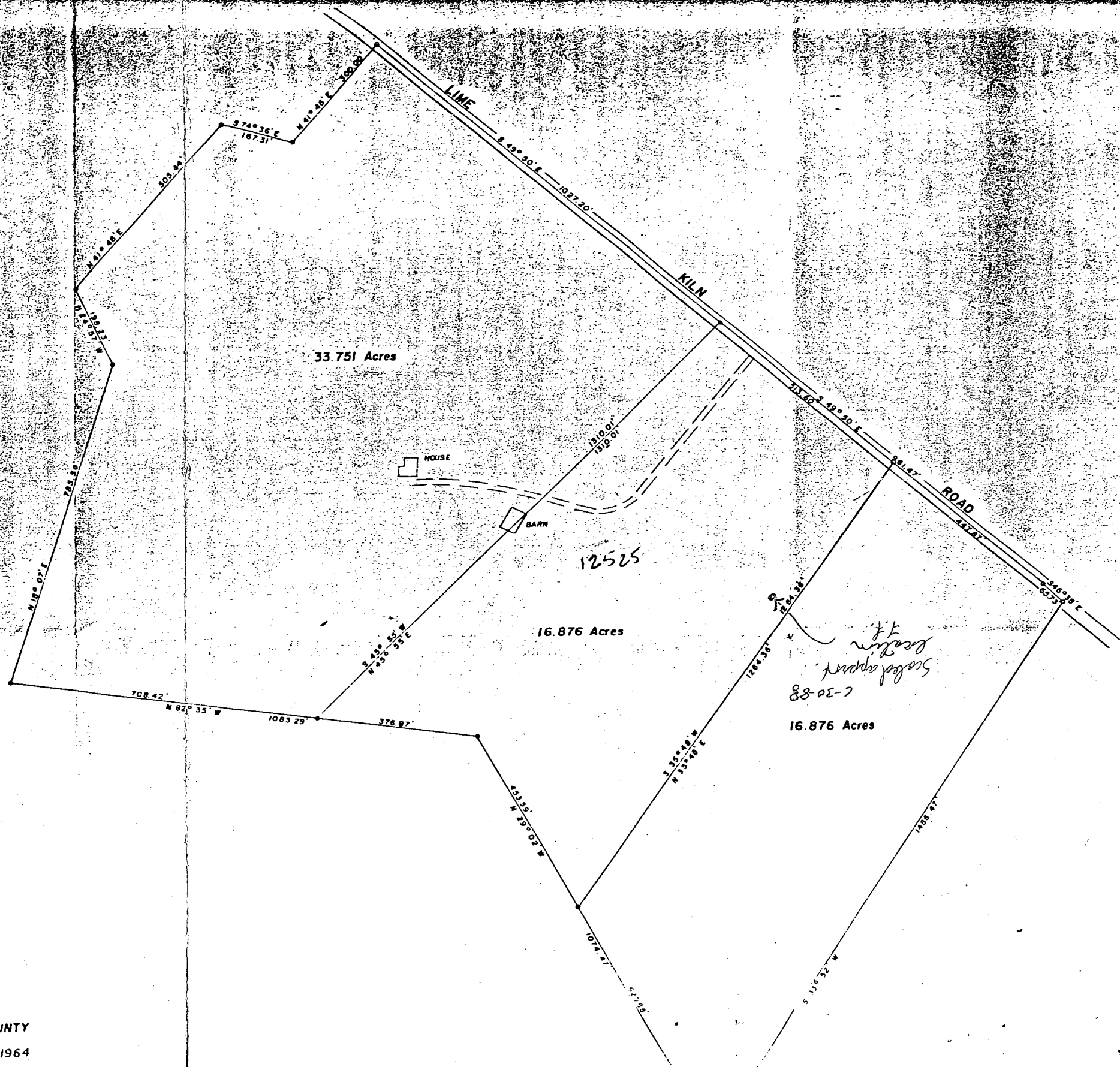
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **BN** INITIALS IN BOX PERMIT No. **40-88-0042**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **City**
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE



SPECIAL CONDITIONS
40-531-2071
 COUNTY



PLAT OF SURVEY
FOR
PERRY C. WESTLAND
FIFTH ELECTION DISTRICT OF HOWARD COUNTY
FULTON, MARYLAND
SCALE: 1 IN. = 200 FT. DECEMBER 2, 1964

B 1 9383 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-88-0042
fill in this form completely

Date Received (APA) 531-2071
060788

OWNER INFORMATION

15 Last Name: Homes
Owner: Mark Wood
First Name: 34

41008 Hillside Hill
Street or RFD: 55

Ellicott City MD 21043
Town: 57 State: 70 Zip: 76

DRILLER INFORMATION

Driller's Name: Harry Edmondson 252
77 License No. 80

Firm Name: Edmondson Well Drilling

Address: 241 Klee Mill rd Westminster 21157

Signature: Harry Edmondson Date: 6-6-88

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

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 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- Drive-POINT
- other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

FORCE INITIALS IN BOX PERMIT No. 40-88-0042

SPECIAL CONDITIONS

LOCATION OF WELL

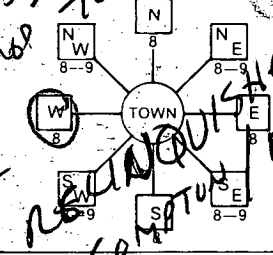
Howard
8 COUNTY

Westland 12549 (MRP 45)
23 SUBDIVISION

SECTION _____ LOT _____
52 NEAREST TOWN: FULTON

MILES FROM TOWN (enter 0 if in town) 1.4 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lime KLAN ROAD
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 380

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A41233 COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____

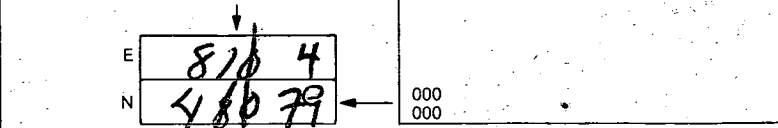
CO SIGNATURE B Nufan 1-08-89

NORTH GRID: 479 0 0 0 EAST GRID: 0814 0 0 0

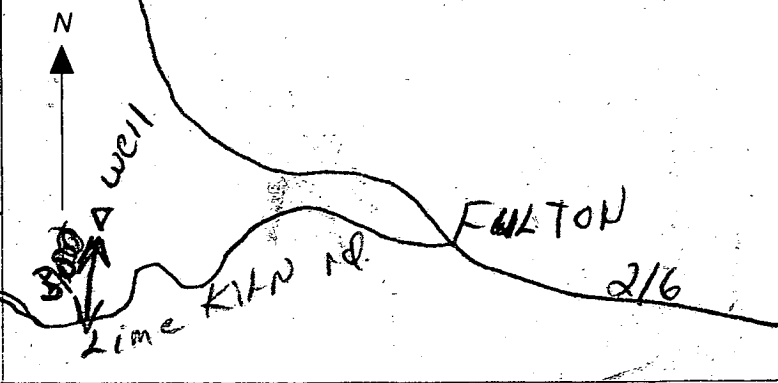
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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



41233

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 # 42772
Date 10/11/88

Name of Installer Crouse P+H

Telephone 531-3311

License Number 4450

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Mr. Westland

Telephone 953-4346

Subdivision Westland Lot # Well Tag #

Site Address 12525 Lime Kiln Rd, Fulton, md 21036

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

Tank	Piping	Well data
1. Capacity <u>100gal.</u>	1. Type <u>Plastic</u>	1. Depth <u> </u> ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>1"</u>	2. Yield <u> </u> GPM
	3. NSF and/or BOCA Code approved <input type="checkbox"/>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <input type="checkbox"/>

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: Robert Hopfetter

Date: 10-11-88

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

C1-95800 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS)

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 41233**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **7 9 9 1 8 8** Depth of Well **2 0 0** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **MC-103-0042**

OWNER **HOMES INC. MARC WOODS**
 STREET OR RFD **ELMS KILN ROAD** TOWN **FULTON**
 SUBDIVISION **MAP 45 GS 9th P. 28** SECTION **1** LOT

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	
Dirt	0	10	
Soft Brown Mica	10	63	X
Blue & Brown Mica Schist	63	80	
Brown Mica	80	81	X
Blue Mica Schist	81	195	
Fracture	195	197	X
Blue Mica Schist	197	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **34** NO. OF POUNDS **3196**
 GALLONS OF WATER **204**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **6 9** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO **PL OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN Casing TYPE Nominal diameter top (nearest inch) Total depth of main casing (nearest foot)
S T **6** **7 1**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
P L **4** **0**
P L **4** **63** **163**

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO **PL OT**
 STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.)
 EACH SCREEN
1 **FL** **4 3** **6 3**
 8 9 11 15 17 21
2 **2 3** **2 4** **2 6** **3 0** **3 2** **3 6**
 23 24 26 30 32 36
3 **3 8** **3 9** **4 1** **4 5** **4 7** **5 1**
 38 39 41 45 47 51

CIRCLE APPROPRIATE LETTER
A 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **256**
Dona Kyker, Jr. II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

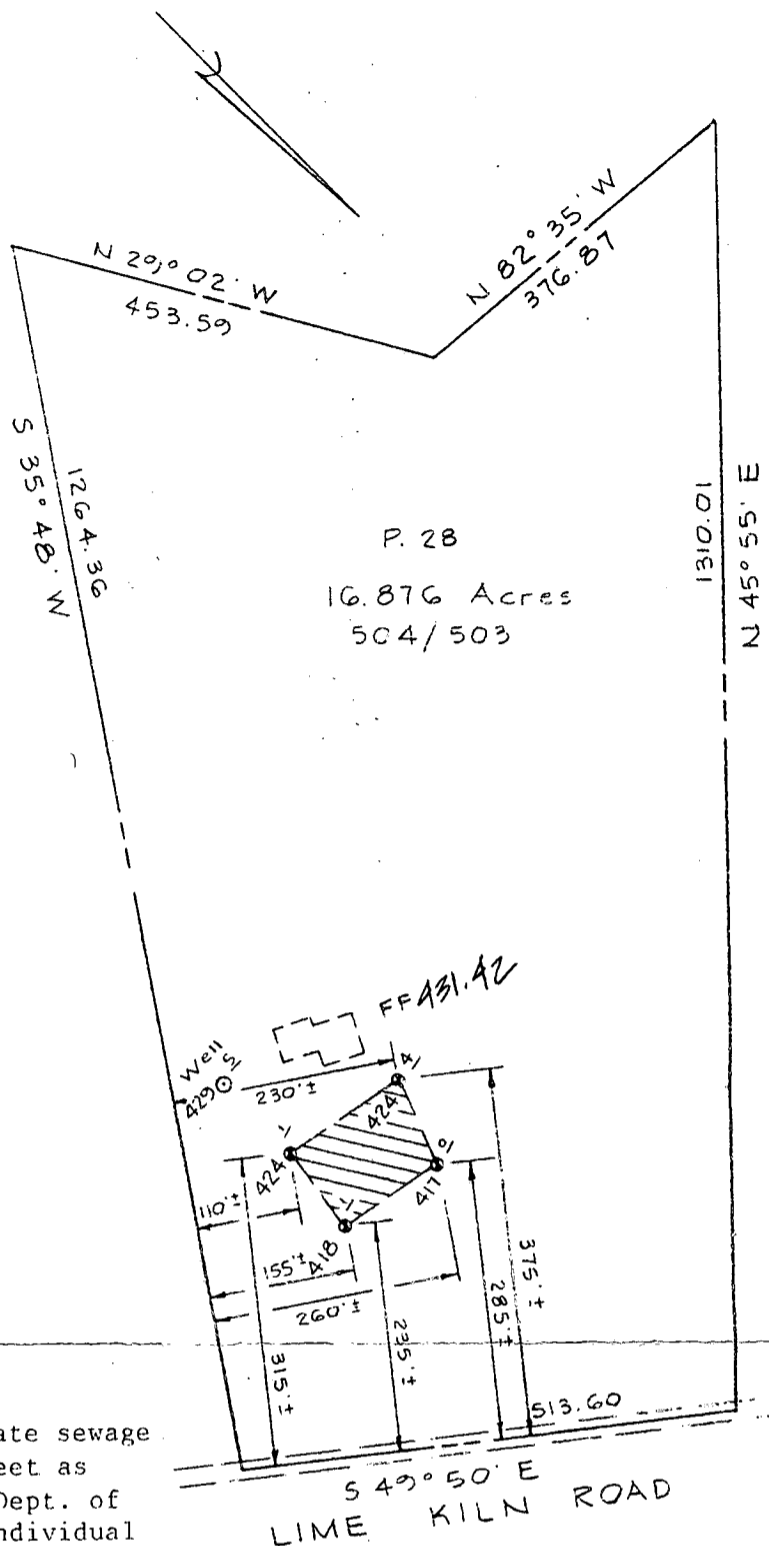
SLOT SIZE **1.020**
 DIAMETER OF SCREEN (NEAREST INCH)
2 0 0
 GRAVEL PACK **63**
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX **68**

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
70 **72** **74 75 76**
 TELESCOPE CASING LOG INDICATOR OTHER DATA


C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **1 5**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **3 3**
 WHEN PUMPING **4 8**
 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: **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** **2** (nearest foot)
- below **50 51**

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)
Brown's Grove
ELMS KILN



John M. Christman
 PROFESSIONAL ENGINEER
 STATE OF MARYLAND

 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Dept. of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

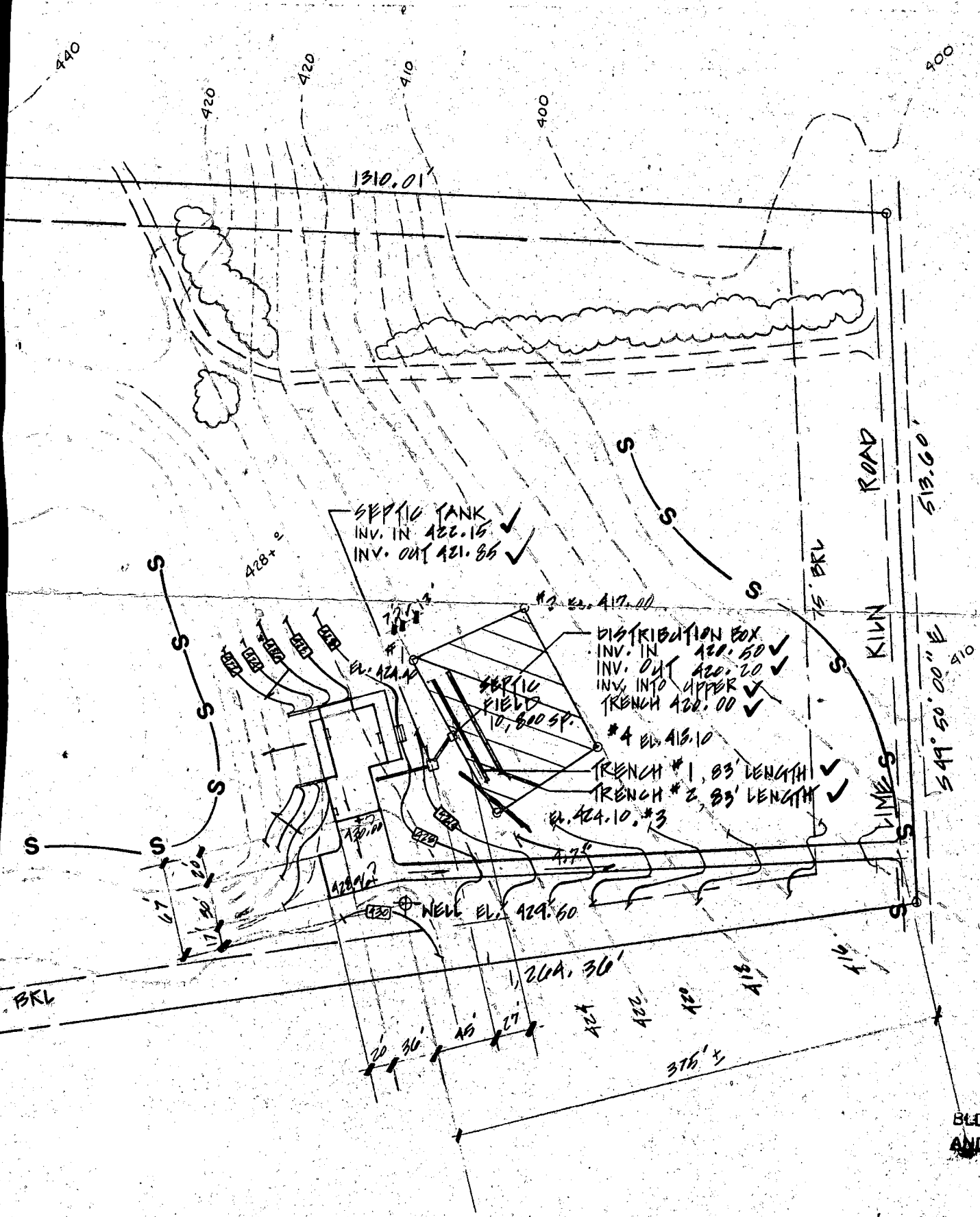
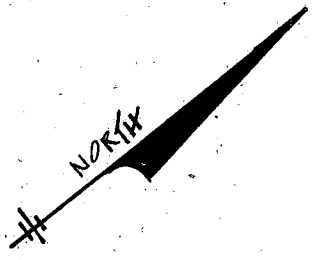
Percolation test holes shown hereon have been field located and shown as ●
 The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Dept. of Health and Mental Hygiene.
 Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems
 HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D.
 County Health Officer *OK'd* *7/28/88*
 Date

PERCOLATION TEST PLAT
 12525 LIME KILN ROAD
 P. 28 TAX MAP 45 ZONED R
 Property of Perry C. & Barbara L. Westland
 5th Election District Howard County, Md.
 Scale: 1" = 200' Date: July 19, 1988

The RBA Group ENGINEERS · ARCHITECTS · PLANNERS
 5485 HARPER'S FARM ROAD
 SUITE 200
 COLUMBIA, MARYLAND 21044



WESTLAND RESIDENCE

PARCEL 28, TAX MAP 45, ZONING R
5TH ELECTION DISTRICT, HOWARD COUNTY, MD.

12525 LIME KILN ROAD, FULTON, MD
SCALE: 1"=100'
DATE 01/28/88