

8/12/91  
Above  
8/13/91 DATE  
8-19-91 Room  
8/26/91

04-398907

# PERMIT

## SEWAGE DISPOSAL SYSTEM

P 47383

A 41240

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX TIME EXPIRED FOR F.C.O.P.

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

COMPLIANCE 7/15/93

DATE 8/01/91

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

C. Welby

DATE SYSTEM APPROVED 8/19/91

INSPECTOR M. Rifkin

Robert Reed

IS PERMITTED TO INSTALL X ALTER

ADDRESS 6954 Mink Hollow Road, Highland, MD PHONE 854-3008

SUBDIVISION Stirn Property LOT 2 ROAD 2233 McKendree Road

PROPERTY OWNER Robert Reed

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

Add-on Deck  
BLDG. PERMIT SIGNED  
~~AND RETURNED 7-17-96~~  
Serial # 1300101198

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 1/2 feet below original grade. Bottom mazimum depth 6 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 135' from the front lot line and 110' from the right lot line. Run trenches along contour toward front of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 01/3/4/91 R/H

PLANS APPROVED BY Craig Williams cm DATE 06/28/89

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

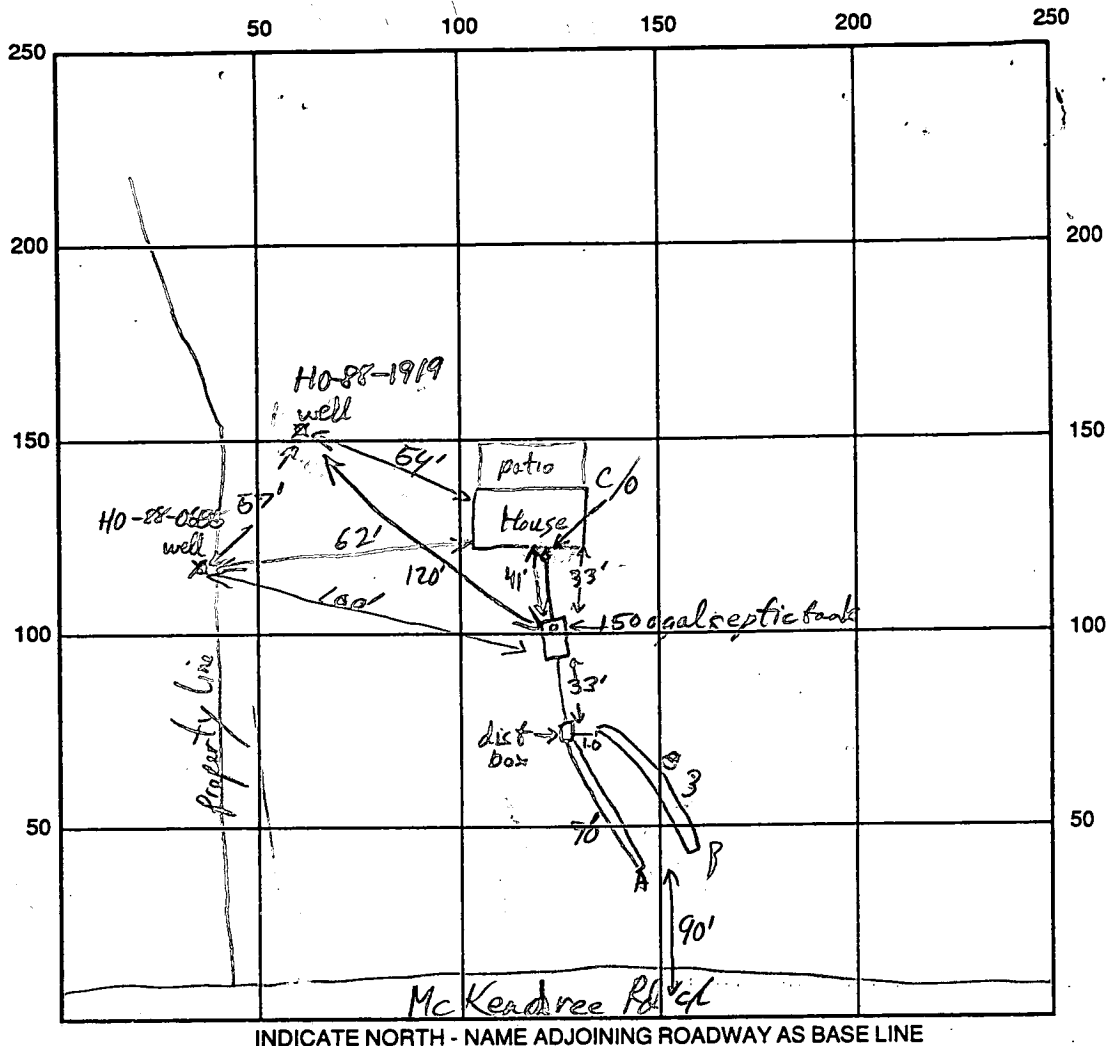
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED  
AND RETURNED 4/7/95  
Serial # 58882-  
3 can garage

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

P-41240



153  
 9  
 612  
 180  
 3  
 540

SEPTIC TANK LEVEL 1500 ✓ CLEANOUTS S.T. & INLINE OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. 6 1/2 TRENCH WIDTH 2 FT. INLET DEPTH 2'9" FT. 2.5

EFFECTIVE GRAVEL DEPTH 3'9" FT. 4 FT. TOTAL LENGTH 70 FT. 83 FT. 153

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 612 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 612 SQ. FT.

REMARKS: Trench OK to Add gravel R/P 8-12-91 Extra 5ft trench length makes up for 3" short on effective gravel depth. - Need to see second trench + db, cleanout etc. yet R/P 8-12-91

(Tank inside depth 6ft to bottom) (5'4" wide x 8'0" long dia.)

8/19/91 OK TO COVER TRENCH & BOX CALL FOR INSPECTION OF HOUSE HOOKUP & TANK CLEANOUT R/P

8/19/91 OK TO COVER ALL WORK MR

DATE SYSTEM APPROVED 8/19/91 INSPECTOR M. Rifkin

8/26/91 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 # ~~4008~~ 47384  
Date 8/1/91  
Name of Installer A & J DUBOINSKI Telephone 410-422-1507  
License Number \_\_\_\_\_  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner ROBERT REED Telephone 854-3008  
Subdivision STRW PROPERTY Lot # 2 Well Tag # HC-88-1919  
Site Address 2253 MCLENDRE RD WEST FREDRICK

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make \_\_\_\_\_  
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? \_\_\_\_\_

**Piping**  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

**Well data**  
1. Depth 160 ft.  
2. Yield 12 GPM  
3. Static water level 29 ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

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 Reed

Date: 8/1/91

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

# APPLICATION

PERCOLATION TESTING

A 41240  
P \_\_\_\_\_

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

DISTRICT 4th

DATE 3-16-88

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 Catherine C Spurrer

ADDRESS 2225 Mcbeardree Rd West Friendship PHONE Lanham 544-6052

PROSPECTIVE BUYER Homestead Builders Inc

ADDRESS 5581 Partholow Rd Sykesville, 21784 PHONE Lanham 544-6052

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 2

ROAD AND DESCRIPTION Mcbeardree Rd West Friendship

TAX MAP 10 PARCEL # 51

SIZE OF LOT 3.26 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.

Larry J. Thom Per Homestead Builders Inc  
(SIGNATURE OF APPLICANT)

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

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

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

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

**SEDS. PERMITS SIGNED**

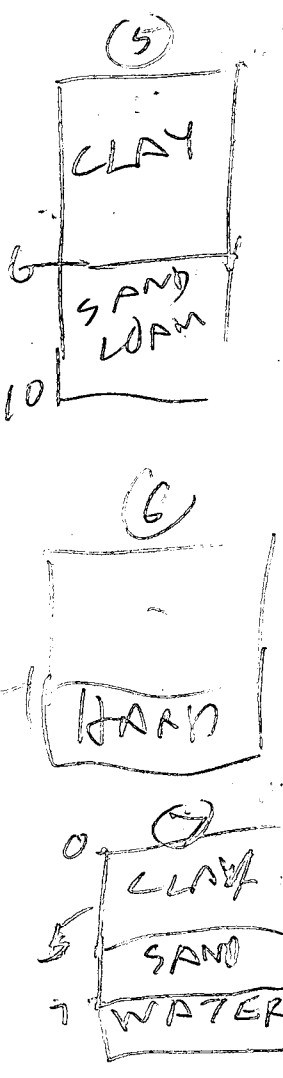
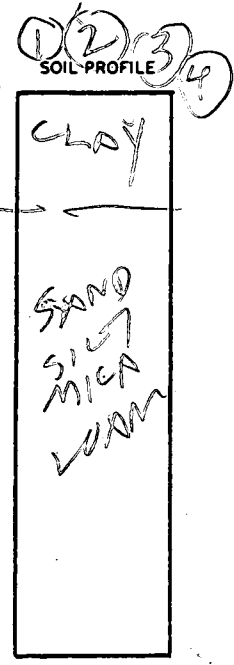
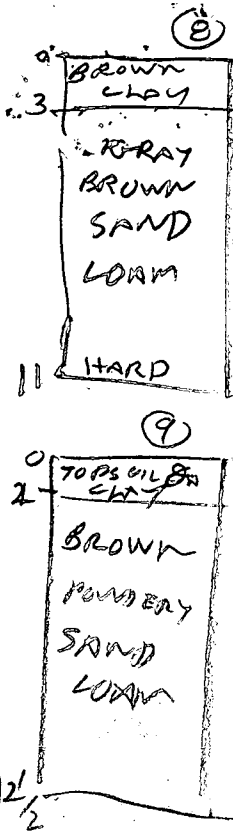
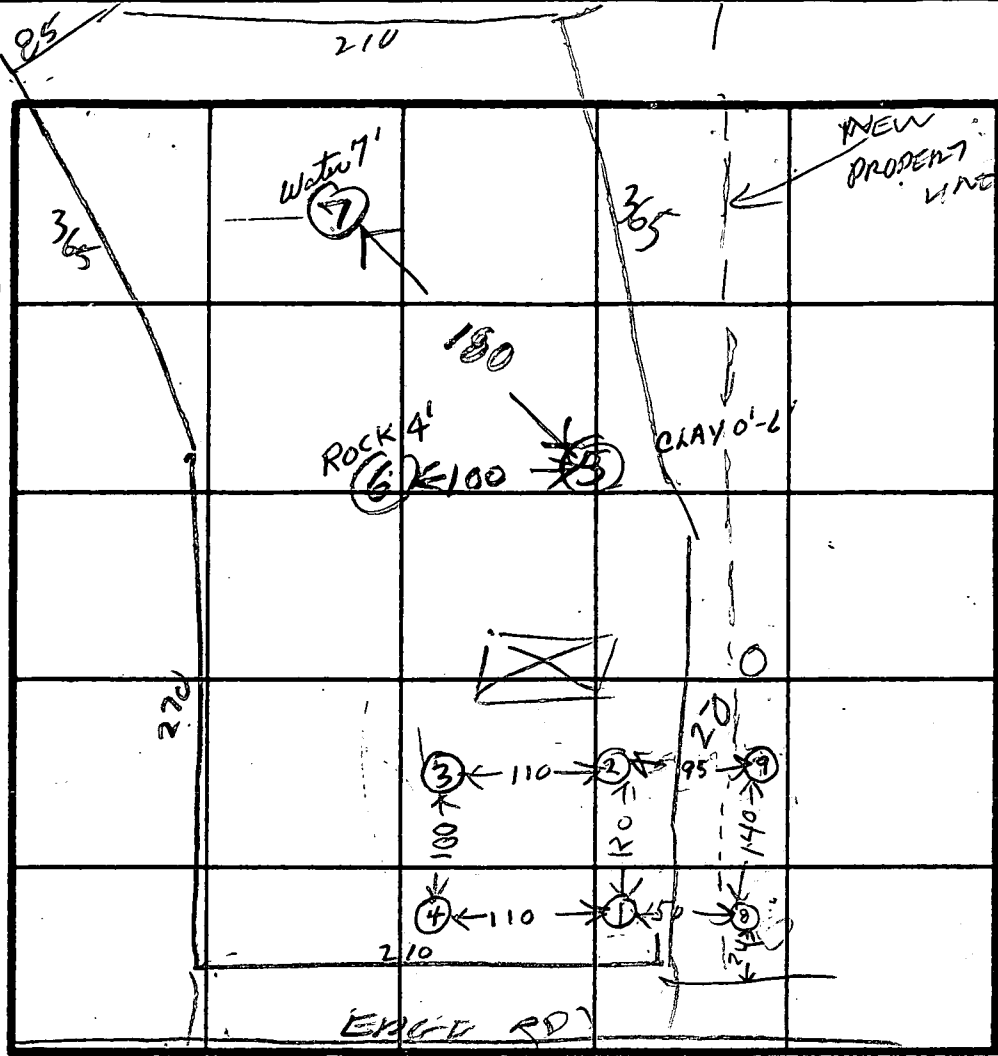
**AND RETURNED** 2-28-91

Sheet # 30342-  
SFD

HD-216

# THIS IS NOT A PERMIT

Lot 2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

McKENNREE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/13/88	1 S	3	1035	1037	1037	1041	4
	1 V	3	OK				
	2 S	9	1037	1038	1038	1042	4
	2 V	12	OK				
	3 S	3	1043	1044	1044	1048	6
	3 V	7	1043	1044	1044	1046	6
	3 V	13	OK				
10/13/88	4 V	12	OK				
	5 V	10	UNSAT		CLAY		X
	6 V	4	UNSAT		ROCK		X
	7 V	7	UNSAT		WATER 7 FT		X
10/13/88	8 S	4.5	951	953	953	957	4
	8 V	11	OK				
10/13/88	9 S	2	1008	1009	1009	1013	4
	9 V	12.5	OK				

HOLES ②③④ DOG AFTER LOT LINES CHANGED

HOLES ⑤⑥ PER SURVEYOR PLAT

HOLES ①②③④⑦ DIFFERENT

REMARKS

TYPE OF SOIL

TESTED BY

R. HODGES

ALSO PRESENT

SKIP STERN  
LARRY STERN  
JACK REYOLC

10/13/88

238.38

2-28-91  
elev & location of H. H.

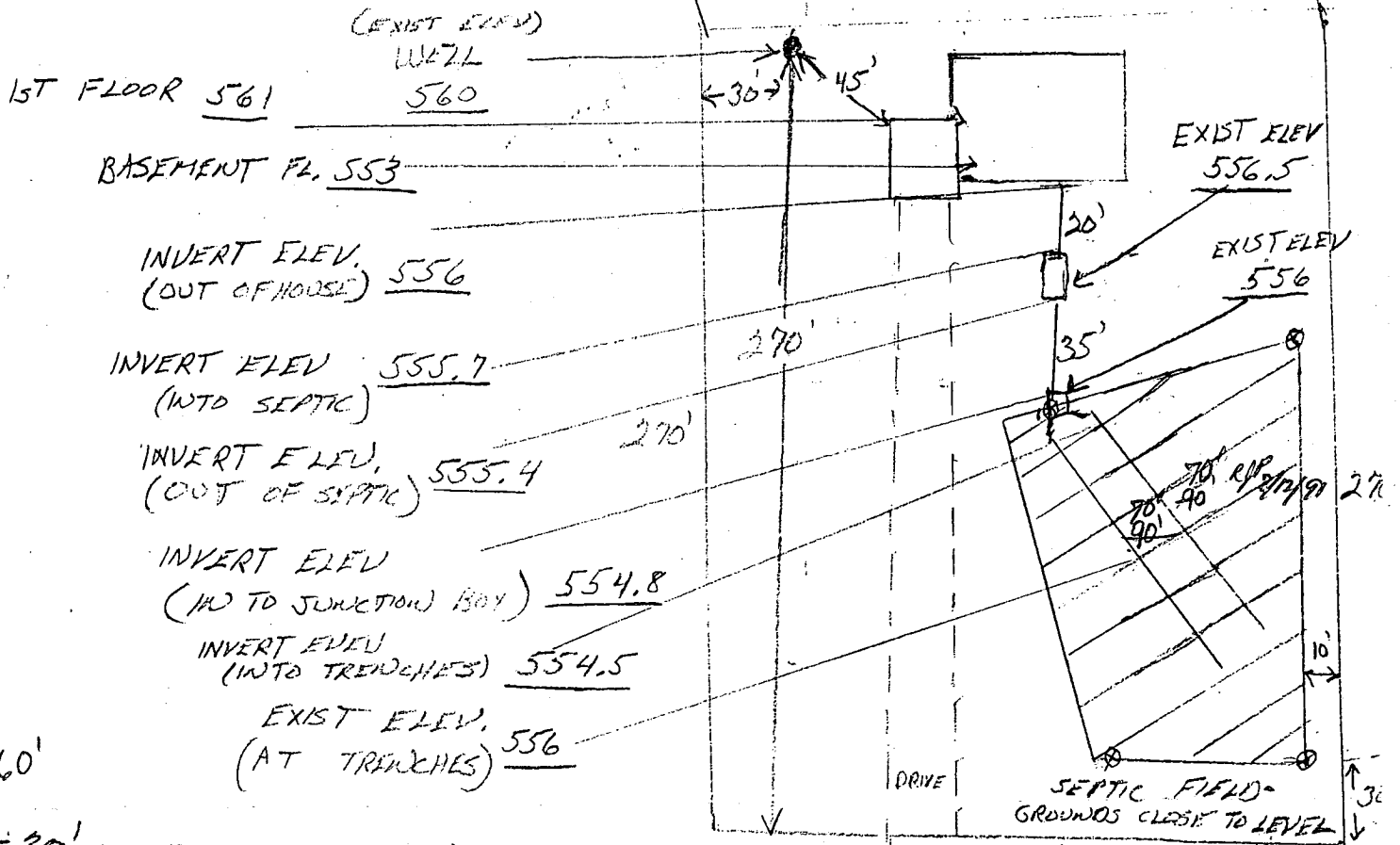
2/28/91

Elev. true and correct  
for this property  
Robert Reed

362.04

372.81

WELL TO SEPTIC 120'



1" = 60'  
1/4" = 30'

2233 MCKENDREE RD. 200'

B 1 1150 SEQUENCE NO. (DP USE-ONLY)  
1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

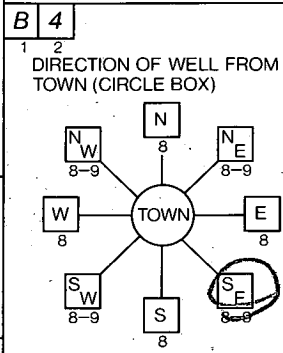
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type.

STATE PERMIT NUMBER  
HO-88-0655  
70 fill in this form completely 79

Date Received (APA) 09/18/89  
OWNER INFORMATION  
CHEMOWITH JIM  
328 KINGSTON CIRCLE  
SVKESVILLE MD 21784

B 3 LOCATION OF WELL R-44029  
HOWARD  
THE STERN PROPERTY  
COOKSVILLE  
MILES FROM TOWN 1 MI

DRILLER INFORMATION  
George F. Easterday  
L. Franklin Easterday, Inc.  
29265 Brown Church Rd., Mt. Airy, Md. 21771  
Signature: George F. Easterday Date: 4/14/89



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD: MC KENDREE RD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): EAST  
DISTANCE FROM ROAD: 300 FT

B 2 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

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)

Howard  
COUNTY NAME  
A41240  
COUNTY NO.  
STATE SIGNATURE: Mark E. Ripkin  
DATE ISSUED: 11/30/89  
NORTH GRID: 538000 EAST GRID: 0799000

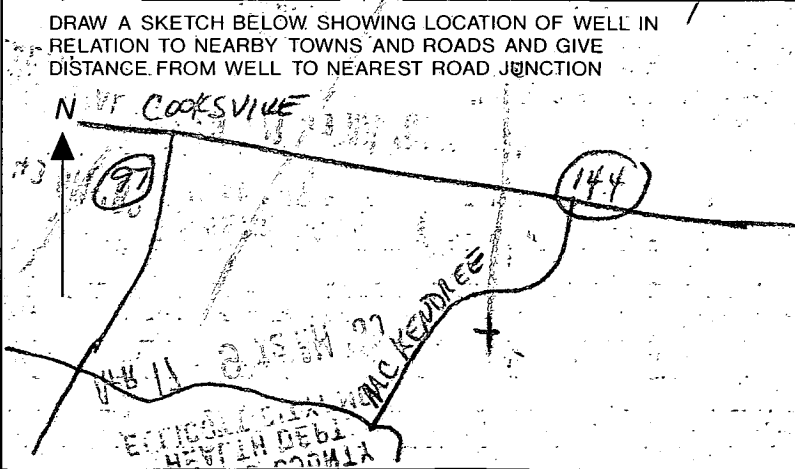
APPROXIMATE DEPTH OF WELL 200 FEET

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  
E 798 9  
N 538 8  
6/13/89 (3)  
16 BAGS GROUT  
37' OPEN OBS'D  
54' CASING  
1 1/2' CASING A.C. MR  
VYAGOK 6/13/89

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

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 DEEPEAN 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 INITIALS PERMIT No. HO-88-0655

SPECIAL CONDITIONS

**C1** 2491 SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

PERMIT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 41240**

DATE Received  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

DATE WELL COMPLETED  
**061389**

Depth of Well  
**15** (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-88-0655**

OWNER **CHENOWETH** last name **McKendree Rd** first name TOWN **Cooksville**  
 SUBDIVISION **WERN PROP** 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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Red clay	2	6	
BR. MICA	6	50	
GREEN MICA	50	60	
GRAVEL BED	60	65	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **16** NO. OF POUNDS **1600**  
 GALLONS OF WATER **80**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **37** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER

**MAIN CASING**  
 Nominal diameter top (main) casing (nearest inch) **5** **7**  
 Total depth of main casing (nearest foot) **6** **5** **6** **7**

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

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

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
**1** **11** **5** **9** **6** **5**  
**2** **23** **24** **26** **30** **32**  
**3** **38** **39** **41** **45** **47** **51**

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 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. **40**  
 DRILLERS SIGNATURE  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

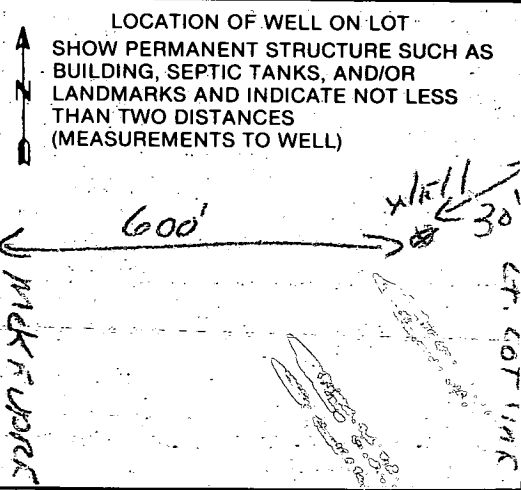
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) **5** **6**  
 from to

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.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **34**  
 WHEN PUMPING **40**  
 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 (nearest foot) **2**  
**-** below }



Howard County Health Department

To:

6/26/91

H60-88-1919

DRILLER NOTIFIED  
PUMP TEST NEEDED

1<sup>ST</sup> WELL WAS DRILLED OFF LOT

~~PRIOR TO CONSTRUCTION THIS  
WELL WAS TO BE~~

THIS WILL BE 1<sup>ST</sup> WELL  
ON THIS LOT FOR

From:

NEW CONSTRUCTION

Date:

HD-170

CW.



C 1 4586

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 41240

STACO USE ONLY, DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-1919

OWNER: Chenoweth, last name; McKendree, first name; TOWN: Cooksville; SUBDIVISION: ESTICKM SUB; SECTION: ; LOT: 2

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Includes entries for Top Soil, Clay, Shaley, Sand Stone, Mica, Mica + Quartz, and Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 12, NO. OF POUNDS: 1100.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: ST, Nominal diameter: 6, Total depth: 30.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. ST, BR, HO, PL, OT.

DEPTH (nearest ft.) table with columns for depth intervals and values: 160.

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

DRILLERS IDENT. NO. 40; DRILLERS SIGNATURE: Dennis F. ...

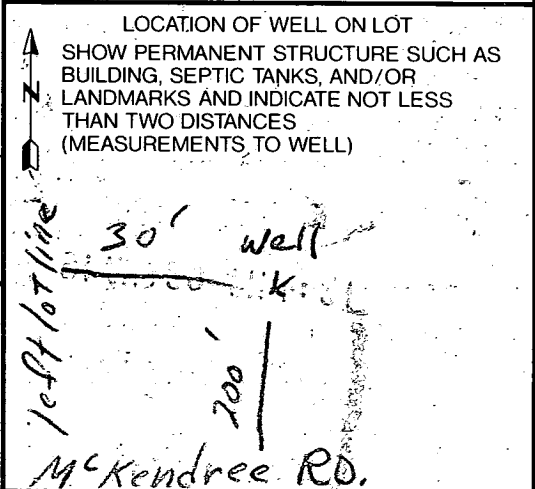
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): Charles R. ...

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min. to nearest gal.) 12; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: (distance from land surface) BEFORE PUMPING 29, WHEN PUMPING 30; TYPE OF PUMP USED (for test): S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO); 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): + above, - below; LAND SURFACE (nearest foot) 2.



B 1 **7341** SEQUENCE NO. (DP USE ONLY)  
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-1919**  
 fill in this form completely

Date Received (APA) **06/29/91**  
 OWNER INFORMATION  
 CHEMOWITH JIM  
 328 KINGSTON CIRCLE  
 SYKESVILLE MD 21789

B 3 LOCATION OF WELL  
 HOWARD  
 COUNTY  
 THE STERN PROPERTY  
 SUBDIVISION  
 SECTION LOT 2  
 COOKSVILLE  
 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) 7 MI

DRILLER INFORMATION  
 George F. Easterday  
 Driller's Name L. Frank Easterday, Inc.  
 Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771  
 Address  
 Signature Date 5-15-91

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 N, NE, E, SE, S, SW, W, NW

M'Kendree Rd  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH, WEST, SOUTH, EAST  
 200 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)  
 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 A41240 COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 062091 Mark E. Riffin 12/20/91  
 NORTH GRID 538000 EAST GRID 0799000

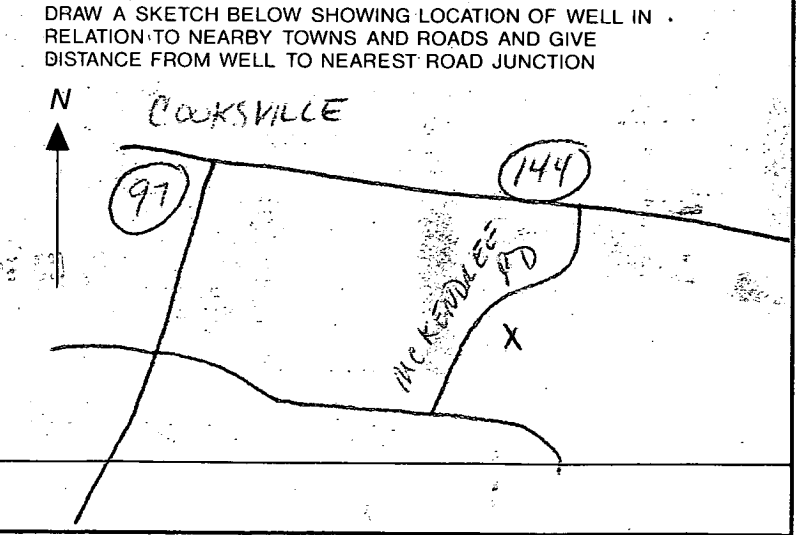
APPROXIMATE DEPTH OF WELL 200 FEET

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

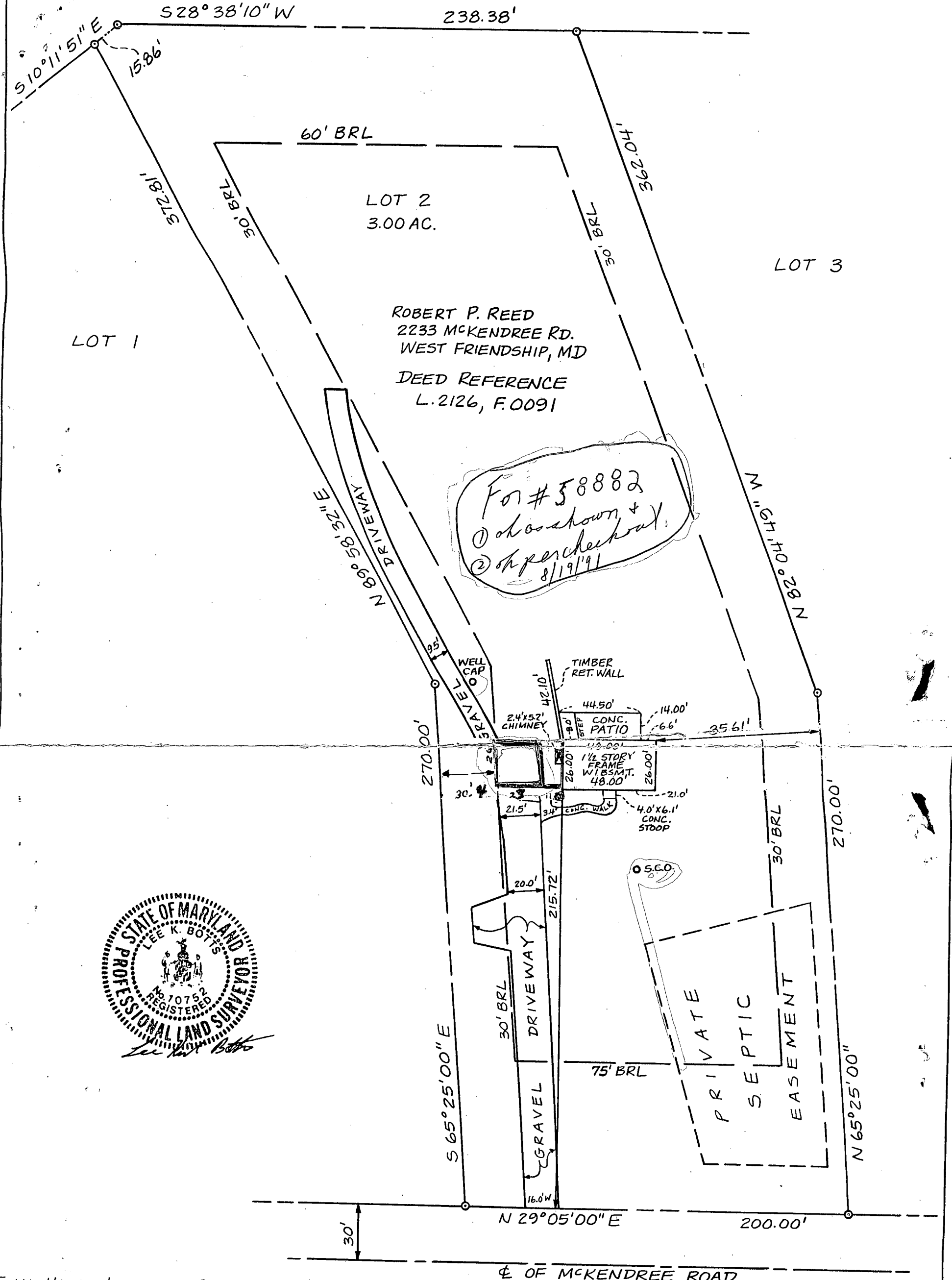
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 79X9  
 N 5308  
 2' CASING A.G.  
 MR 6/27/91

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)

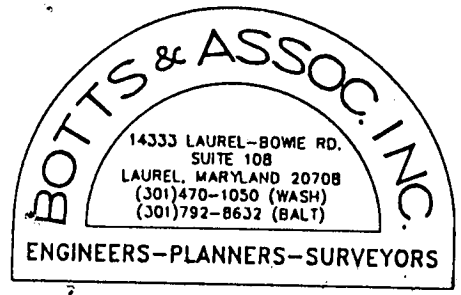


Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE MR PERMIT No. 40-88-1919

SPECIAL CONDITIONS

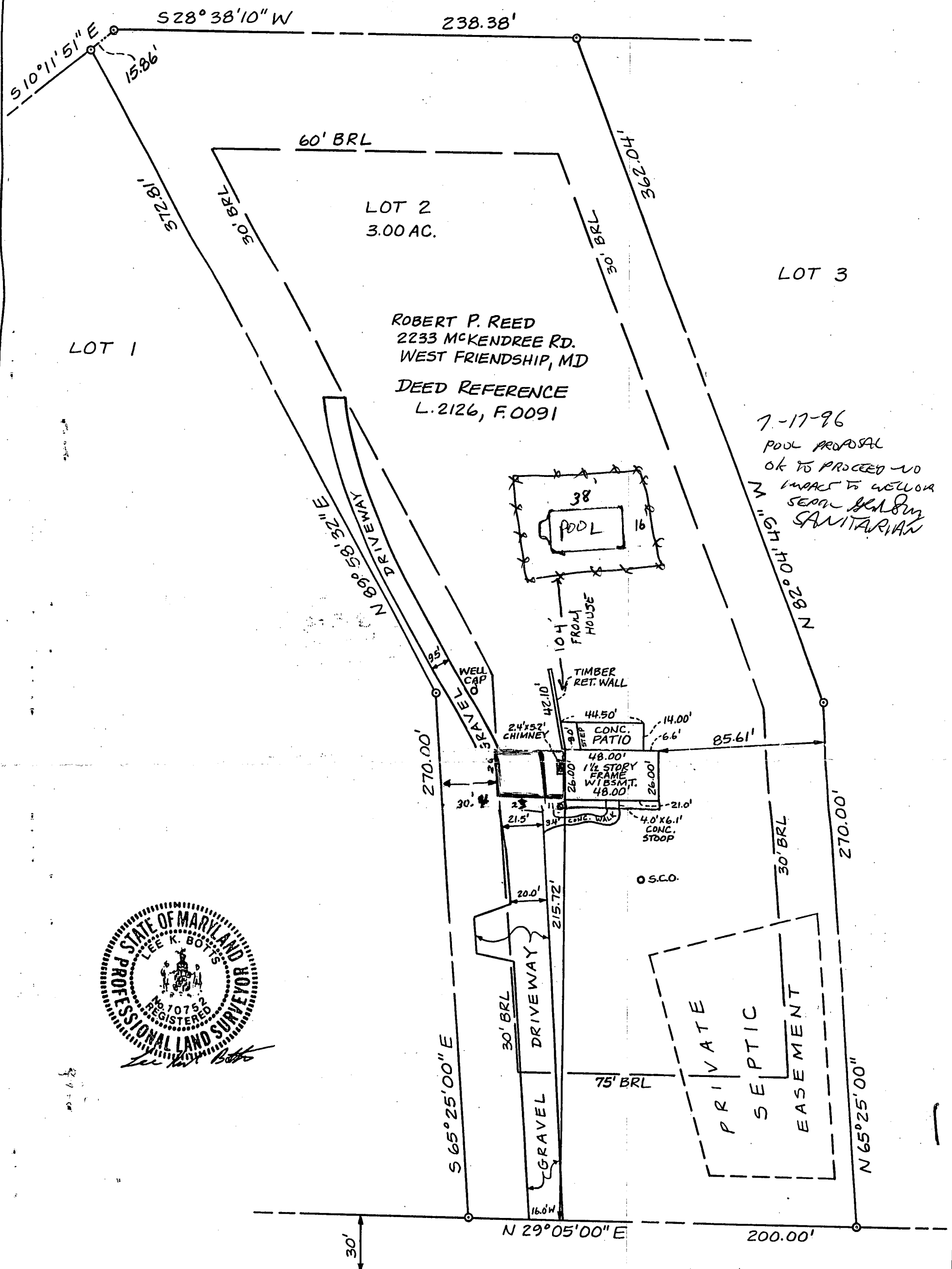


FINAL HOUSE LOCATION SURVEY : 30 OCT. 91



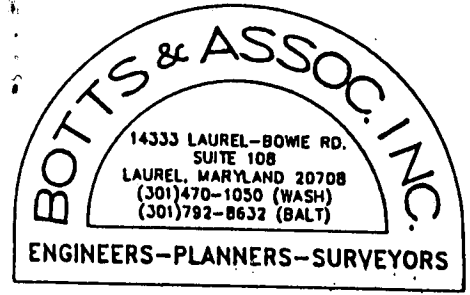
LOT 2  
 LOTS 1 THRU 4  
 STIRN PROPERTY  
 TAX MAP 14 PARCEL 61  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MD.  
 RECORDED AS PLAT NO. 8525

JOB NO: 91-041
SCALE: 1" = 50'
DATE: 01 NOV. 91
DRAWN BY: Rjm
CHECKED BY: JG



FINAL HOUSE LOCATION SURVEY: 30 OCT. 91

☐ OF MCKENDREE ROAD



LOT 2  
 LOTS 1 THRU 4  
 STIRN PROPERTY  
 TAX MAP 14 PARCEL 61  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MD.  
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