

5/25/94
2/0 12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49938

A 49880

DISTRICT 5th

DATE 03/24/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 5/25/94

INSPECTOR ALMR

05-420792

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Koandah Gardens LOT ¹³ Parcel A ROAD 13120 Isle Of Mann

PROPERTY OWNER Trinity Custom Homes Bonnie Sink

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

Handwritten calculations:
210/5 = 42
350/5 = 70
10/5 = 2

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 275.60' and 509.83' lot lines, place distribution box 70 feet down the 275.60' lot line and 115 feet off the same lot line. Run trenches along contour lines towards 275.60' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 5/16/94

PLANS APPROVED BY Donna Soe/Mark Rifkin REVISED DATE 4/18/94

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.

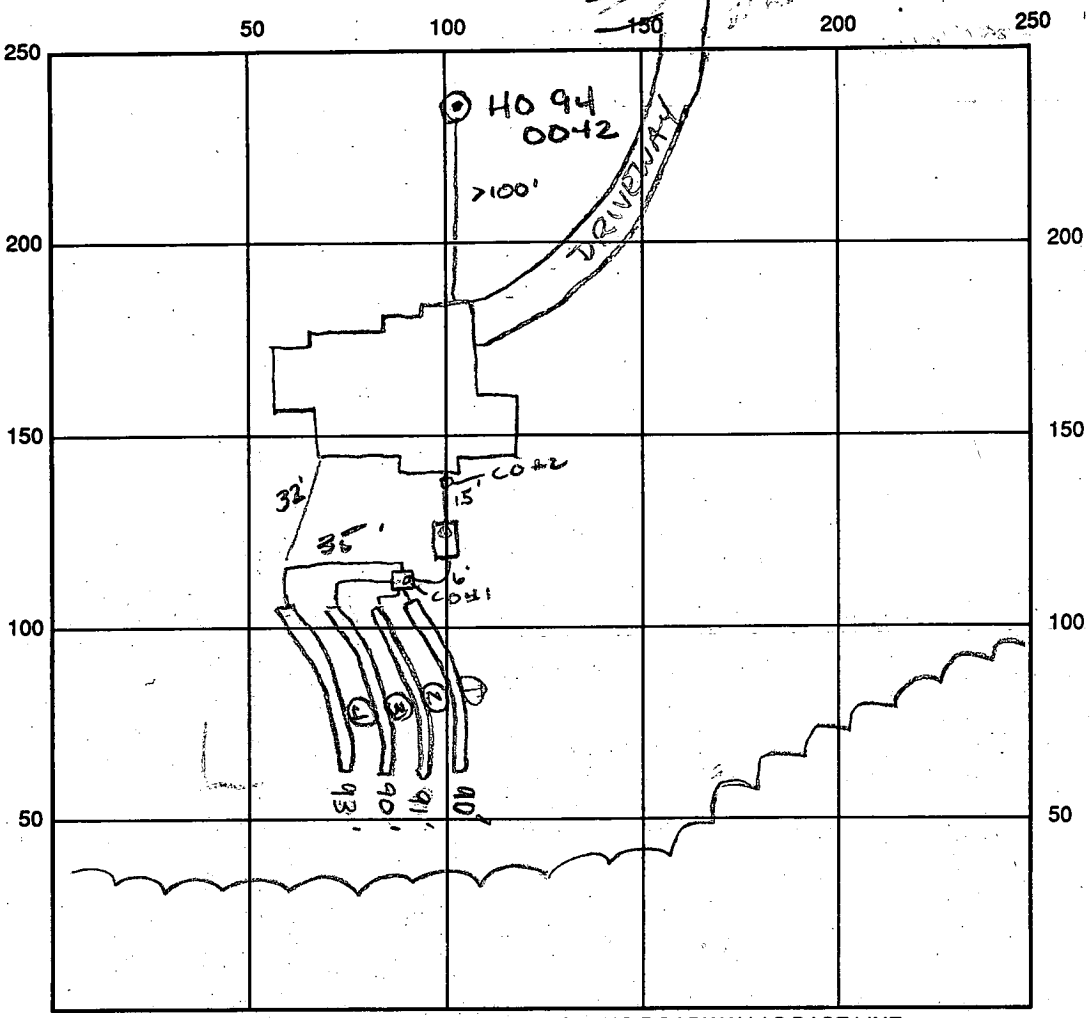
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

ADD. PERMIT SIGNED
BY BLANKED 7-29-99
Serial # 119616
dec

A 49880

360
3 1/2
5 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS #1 OR #2 OR

DISTRIBUTION BOX LEVEL OR baffles in

DRAIN FIELD/TILE DEPTH 5 1/2' FT. TRENCH WIDTH 3' FT. INLET DEPTH 2 1/2' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 90' 90' 91' 90' FT. 364 linear ft

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 1092 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

11
364
3
1092

REMARKS: 5/25/94 Trenches 1-4 ok to cover house connection made -
OR to cover all work final ALM

DATE SYSTEM APPROVED 5/25/94 INSPECTOR Amy M. Miller

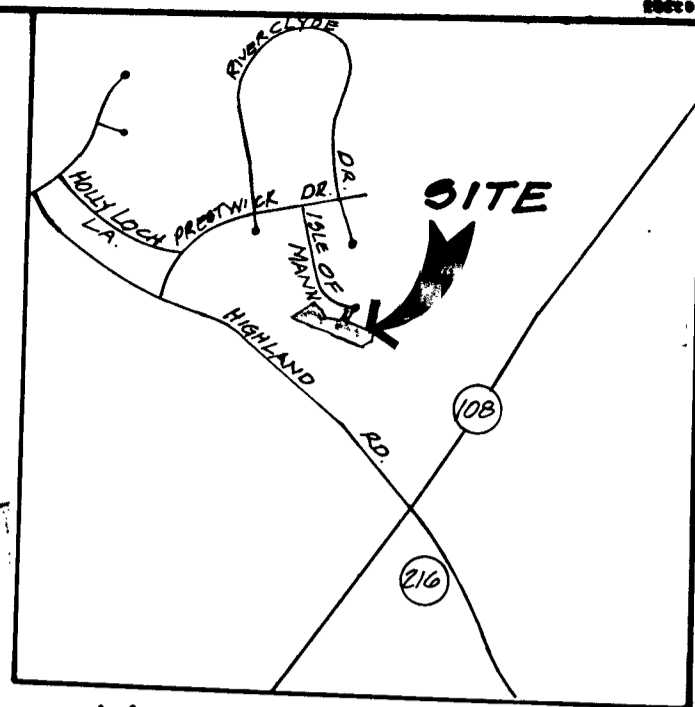
MATCH LINE THIS SHEET

GENERAL NOTES

- Existing topography was field run by CLARK, FINEFROCK & SACKETT 2-8-94 supplemented with topography field run by Sinsinger & Lane.
- Reference record plat Number 2625
- Length of trenches to be determined at time of permit issuance.
- Bench Mark (B.M.) Rebar & Cap Elev. 465.8
- Basement will not Sewer by Gravity

LEGEND

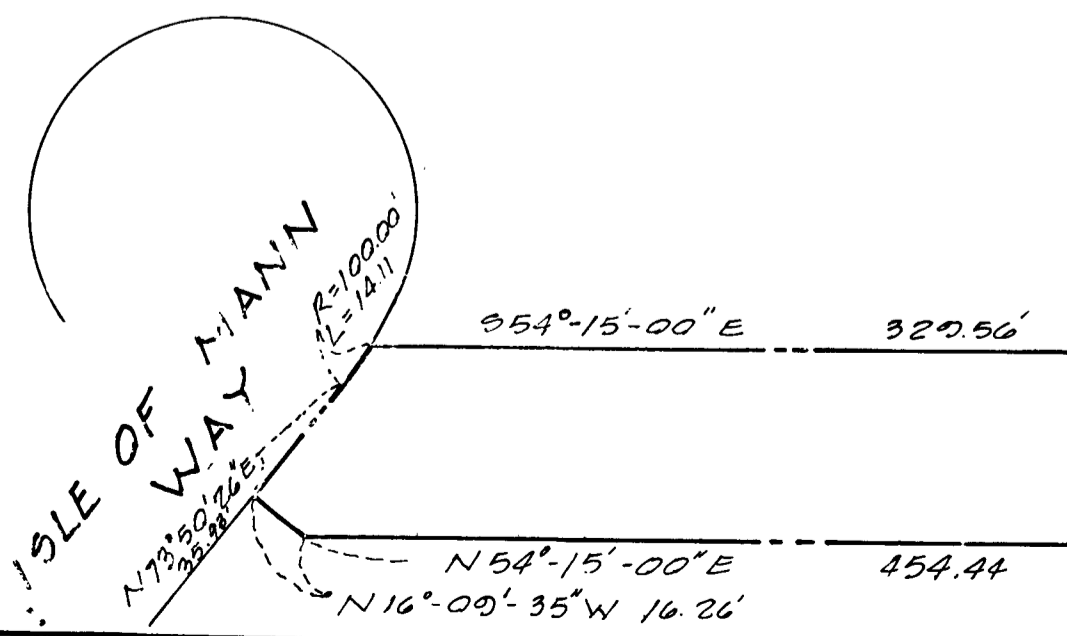
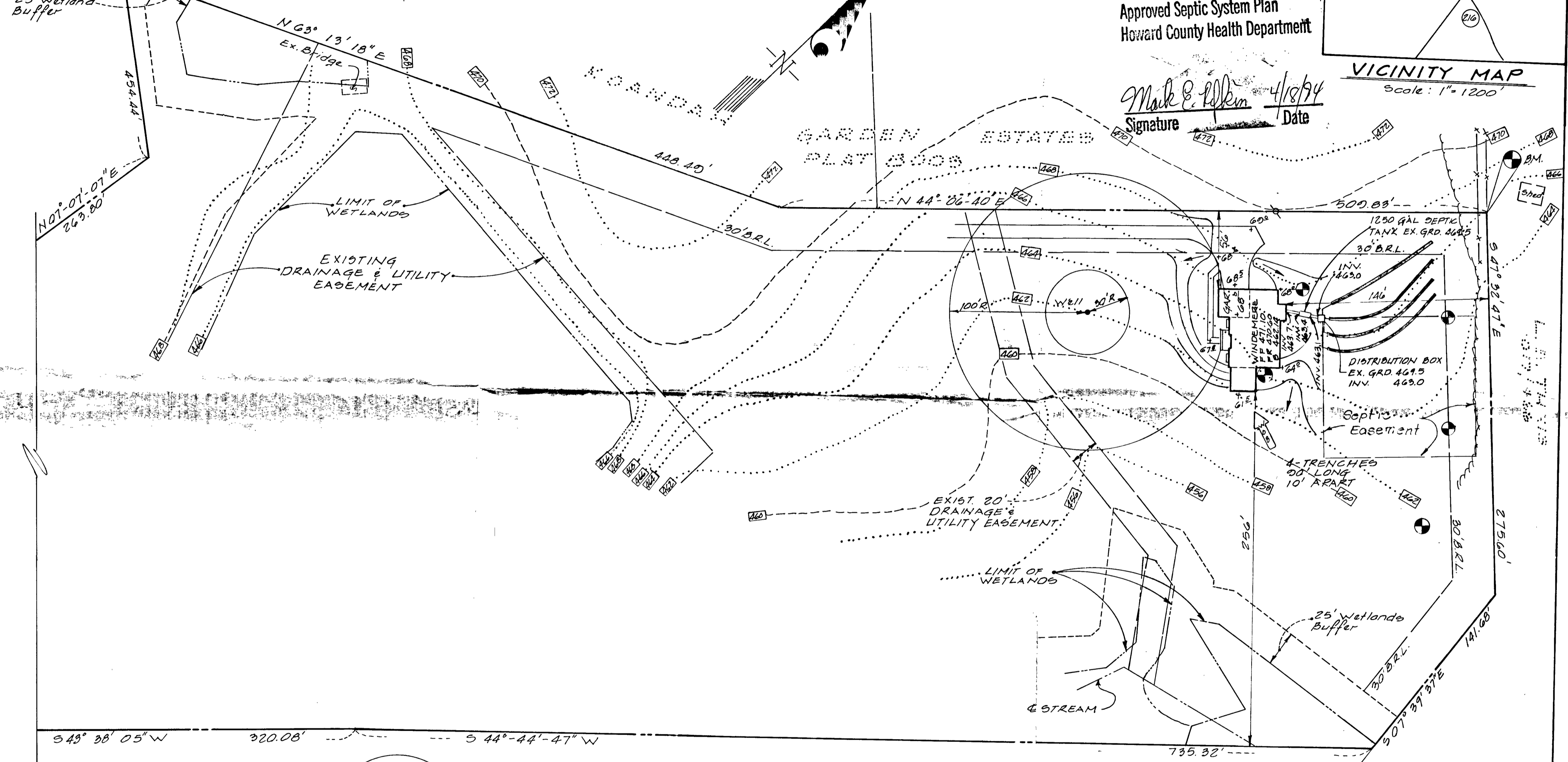
- Contour Interval 2 Ft.
- Existing Contour 190
- Proposed Contour 190
- Spot Elevation +195
- Direction of Drainage →
- Existing Trees to be Saved
- Walkout Basement



Approved Septic System Plan
Howard County Health Department

Mark E. Wilkin 4/18/94
Signature Date

25' Wetland Buffer



MATCH LINE THIS SHEET

No.	REVISIONS	DATE
1.	Rev. Trenches, Invert Elevations & Well Location As Per Ho. Co. Comments	4-15-94

<p>CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 881-7500 BALTO. • (301) 621-8100 WASH.</p>		
DESIGNED J.M.E.	<p>SITE DEVELOPMENT PLAN PARCEL A KOANDAH GARDENS 5TH ELECTION DISTRICT HOWARD COUNTY MARYLAND</p>	SCALE 1" = 50'
DRAWN C.A.F.		DRAWING 1 of 1
CHECKED J.M.E.		JOB NO. 24-010
DATE 2-8-94		FOR: TRINITY BUILDERS 6212 Devon Drive Columbia, Md 21044

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

52660

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

13120 ISLE OF MANN
HIGHLAND, MD 20777

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

WINDERMERE W/SUNROOM &
NANNY'S QUARTERS
2 STORY FULL BSMT, 10R, 4FIS
FR CANAGE (5BR)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
8	78	—	—	22	—	—

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
ROANDAN GARDENS ESTATES	RR	34	5	BOSIOL

OWNER NAME AND ADDRESS PHONE NO.

TRINITY CUSTOM HOMES
6212 DEVON DR 410-513-8722
COLUMBIA, MD 21044

OCCUPANT'S NAME AND ADDRESS PHONE NO.

N/A

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

SAME

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

SAME

EXISTING USE PROPOSED USE

VACANT LOT S.F.D.

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
120,000	397481	163

W/S CODE UF 5254 FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	72	48	10
	56	44'	10
	72	31'6"	10

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2153	20530	FLC
ROOMS	2168	21650	GABLI
BATHS			
FIREPLACES	1947	19470	6367

FOOTINGS	FOUNDATION	S. WALLS
20X10	12" CONC	WOOD FR / 3DINI

UTILITIES			
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY
			TYPE OF HEAT <u>FHA</u> <input type="checkbox"/> AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

Sally J. Hodge agent
SIGNATURE
U.P. Hodge 2/23/94
TITLE DATE

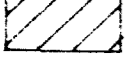

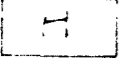


FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/18/94	Mark E. Kiffin
FIRE PROTECTION		
STORM WATER MGM		

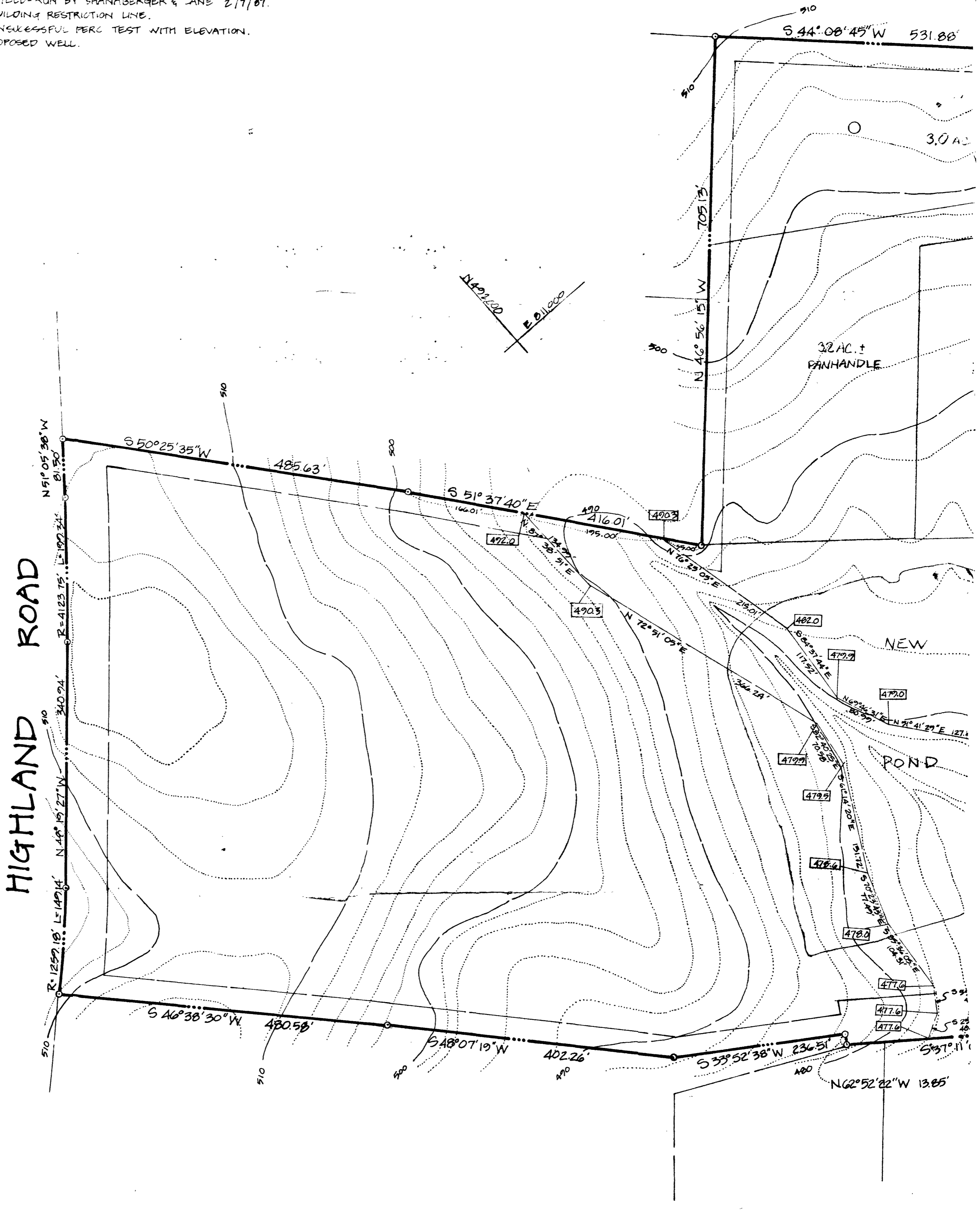
APPROVED

DATE

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

NOTES

1.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 GPD AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT 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 PLAT SHALL NOT BE NECESSARY.
2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
3.  DESIGNATES SUCCESSFUL PERC TEST WITH ELEVATION.
4.  DESIGNATES PROPOSED HOUSE SITE.
5. TOPOGRAPHY SHOWN FIELD-RUN BY SHANABERGER & LANE 2/7/07.
6. BRL DESIGNATES BUILDING RESTRICTION LINE.
7.  DESIGNATES UNSUCCESSFUL PERC TEST WITH ELEVATION.
8.  DESIGNATES PROPOSED WELL.



APPROVED: FOR PRIVATE WATER & PRIVATE SEWER SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT.

Joan [Signature]
COUNTY HEALTH OFFICER

12-8-88
DATE



G. SCOTT SHANABERGER
PROFESSIONAL LAND SURVEYOR
#10849

DATE

Sid, Since I will not be in town please do not schedule perk test

APPLICATION

between
Oct 20th &
Nov 15
Thank you, Jim S.

PERCOLATION TESTING

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

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 ~~James W. Santora~~ Trinity Custom Homes

ADDRESS 4967 Ten Oaks Rd, Dayton, MD 21025 PHONE 410-313-8722
531-5444

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Pandah Gardens Estates Parcel A (Lot 10)
~~RESUB OF LOT 10~~
Parcel A

ROAD AND DESCRIPTION Isle of Mann Way & Highland Rd (13120 Isle of MANN)

TAX MAP 34 PARCEL # 278

SIZE OF LOT _____ TYPE BLDG Single Family Dwelling
(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.

(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 4/18/94
Serial # 52660
SFD-5Bms

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

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 JAMES M SANDBORN

ADDRESS 4967 TEN OAKS RD DAYTON 21036 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION KOANDAH GARDENS ESTATES LOT NO. LOT 10 PERC AREA A

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 50 ACRES 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

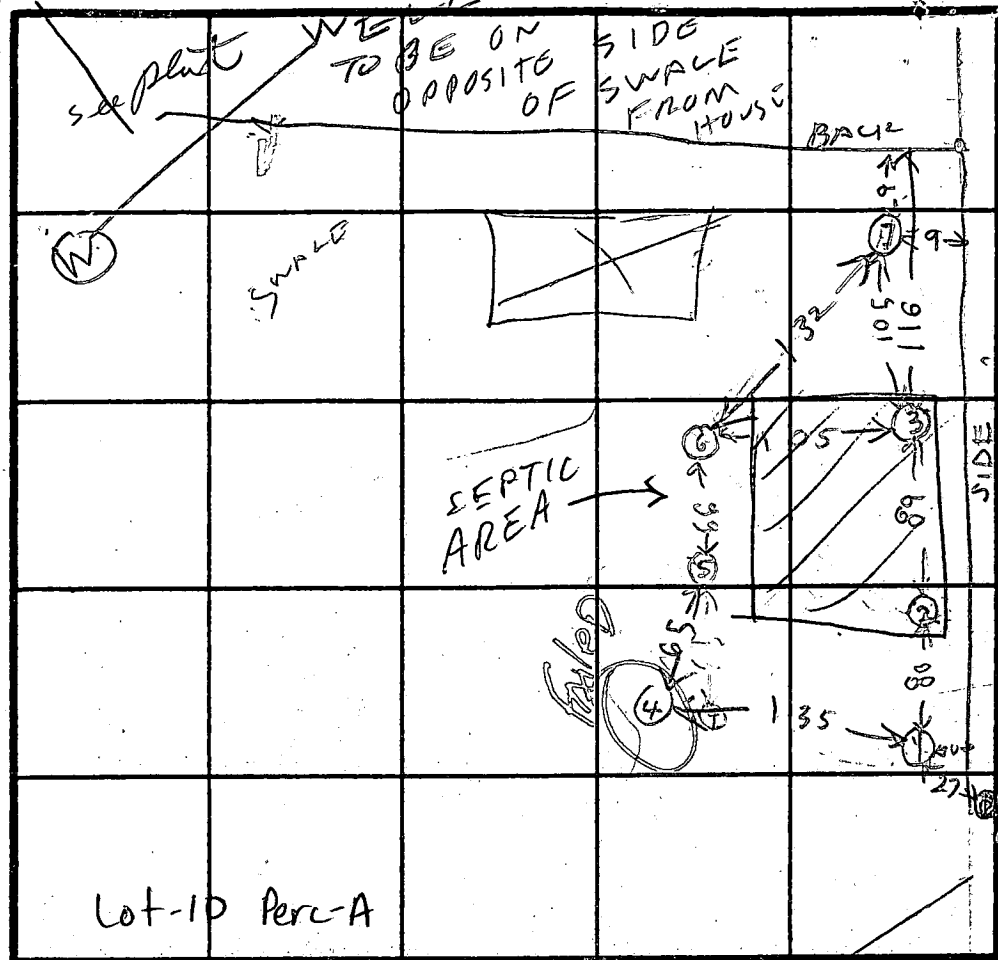
REASONS FOR REJECTION OR HOLDING LOT 10 IS TO BE DIVIDED INTO

SEVERAL SMALLER LOTS

HD-216

THIS IS NOT A PERMIT

PER TEST
 A LOT 10
 KOAN DAH GARDEN
 SOIL PROF



- ⑤
 0-3 BROWN RED CLAY
 GRAY BROWN SAND LOAM
- ⑥
 4-12 BROWN RED CLAY
 GRAY BROWN SAND LOAM
- ⑦
 0-4 BROWN CLAY
 LIGHT BROWN SAND

SURVEYOR CONTROL STAKE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

- 4-12.5 HARD BROWN CLAY
- 11 LIGHT BROWN SAND LOAM
- 12.5 HARD

- ②
 0-3 RED BROWN CLAY
 BROWN GRAY SAND LOAM

- ③
 4-11 HARD BROWN CLAY
 BROWN GRAY SAND LOAM

- ④
 4-11.5 HARD BROWN CLAY
 DARK GRAY SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/19/88	1S	4.5	1041	1042	1042	1045	3
	1V	12.5	OK				
	2S	4.5	1047	1049	1049	1051	2
	2V	16	OK				
	3S	5	1054	1059	1059	1010	11
	3V	12.5	OK				
	X 4V	12 1/2	WATER 11 FT		UNSATIS.		
	5V	12 1/2	OK BELOW TOP 3 FT				
	6V	12	OK				
	7S	5	1257	1259	1259	102	3
	7D	10	1257	1259	1259	102	3
	7V	14	OK				

HOLE ELEVATION
 ④ LOWEST
 ① NEXT LOWEST

REMARKS: Holes (1)(2)(4)(5) dug per plat Hole (3)(6)(7) dug differently
 Well site & House site changed from plat
 TESTED BY: R. HODGES
 ALSO PRESENT: O. KETTERMAN & POP
 OWNER: JIM SAND BURN

9/26/09

R6-SUB
KONWANT GARDENS 11-13

ENGINEER CONFIRMS LOT 12 & 13
AND BACKUP OF ORIGINAL LOT 10
NO NEW TESTS
POND BUILT AFTER ORIGINAL TESTS.

^{R6} WILL SUBMIT BETTER DETAIL POND CERT PLAT
ALREADY SIGNED,

OBJECT IS TO BREAK AWAY RESIDUE
FROM ~~THE~~ THE "ESSENTIAL" PART OF LOT 10
AND RESERVE NOT FOR BUILDING PURPOSES.

ZONING OBJECTS TO BREAKUP WITH A POND AREA
WE COULD CONSENT IF APPROPRIATE "NOT FOR DEVELOPMENT"
LANGUAGE WAS INCLUDED

PRELIMINARY PLAT IS NOT FOR FULL SIGNATURE
ZONING REQUIRES ONLY FINAL PLAT.

HOLD FURTHER REVIEW UNTIL ENGINEER CLARIFIES
HOW HE WISHES TO PROCEED.

~~POTENTIAL OBJECTION TO~~ WE SHOULD DISAPPROVE THIS AND A
CANNOT ACCOUNT FOR FLUCTUATIONS IN WATER TABLE ^{EVEN IF IT IS BROUGHT UP TO 10,000 FEET.}
~~WE WILL OBJECT TO THIS AREA OR REQUIRING LOT SEPARATION~~ ^{CWILLIAMS}
COMPLETELY) ^{CWILLIAMS}



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 28, 1994

Trinity Custom Homes
6212 Devon Drive
Columbia, Maryland 21044

Attention: Lynn Covey

RE: Well Permit Application
Koandah Gardens - Lot 16
Isle of Mann Way
Driller: Joseph Mayne

Dear Mr. Covey:

This is to request confirming percolation test holes be dug prior to issuance of the well drilling permit for the above referenced property.

The cause for concern is water table encountered at a similar (higher) elevation during septic installation on an adjacent property. Should there be cause to modify the septic location, it would best be accomplished prior to commitment to a specific well location.

Please contact this office to resolve this matter so we may complete the review of your application. Thank you.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:ir

cc: Joseph Mayne
File

C1 **8744** 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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **W49880**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
032494

Depth of Well
265
 (TO NEAREST FOOT)

PERMIT NO.
 FROM PERMIT TO DRILL WELL
46-94-0042

OWNER **Trinity Custom Homes**
 STREET OR RFD **last name** **W. MARY WAY** first name TOWN **Highland**
 SUBDIVISION **Kendall Garden Estates** SECTION LOT **16**

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	
SAND Stone	0	32	
GRAY MICA Rock	32	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1034**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **32** 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 (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **37**

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**
 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2
 DEPTH (nearest ft.)
 1 **40** **35** **265**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **28 NOV 59 11 3:33**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **3** WHEN PUMPING **139**
 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 (CIRCLE) (YES OR NO) 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:
 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 **-** 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)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **24**
 DRILLERS SIGNATURE **Joseph Wayne**
 (MUST MATCH SIGNATURE ON APPLICATION)

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

See Attached Well location

B 1 **08708** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

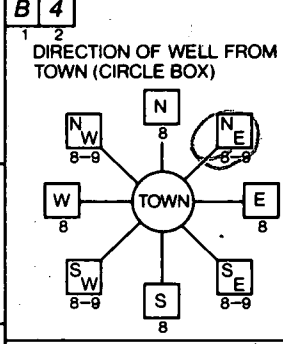
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0042
fill in this form completely

Date Received (APA)
8 13
OWNER INFORMATION
15 **FRINITY** 21 **CUSTOMER** 27 **HCCM** 34
36 **6912 DEVON DRIVE** 55
57 **COLUMBIA** 63 **MD21044** 76

B 3 **LOCATION OF WELL**
1 **HOWARD** 21
8 COUNTY
KOONDAH GARDENS EST 42
23 SUBDIVISION
SECTION LOT **16**
44 46 48 50
HIGHLAND 71
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **1 1/2** MI
73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne 77 License No. **24** 80
Driller's Name
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy MD 21771
Address
Joseph L. Mayne **2/14/94**
Signature Date



ISLE OF MANN WAY 30
11 NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **800** 37
DISTANCE FROM ROAD
ENTER FT or MI **FT**
38 39

B 2 **WELL INFORMATION**
1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 12
14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **W49850**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED **031494** **C. J. Wilkins** 3/13/95
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **493000** EAST GRID **0812000**
50 55 57 63

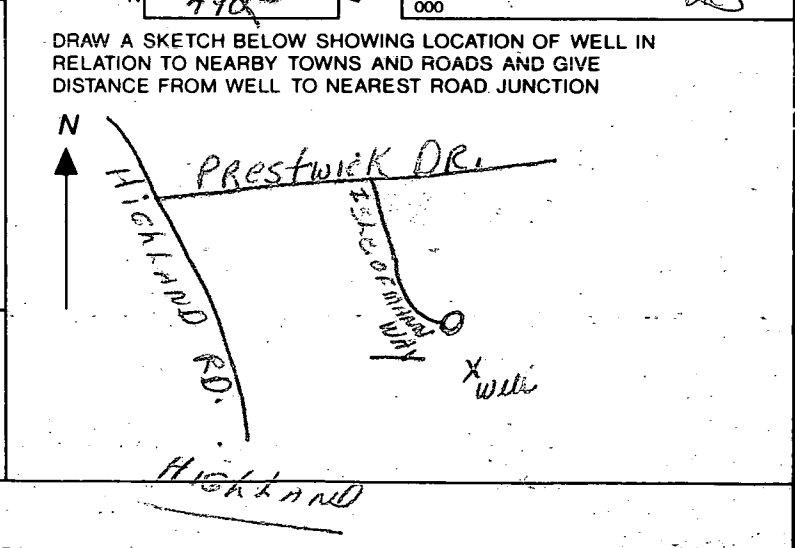
APPROXIMATE DEPTH OF WELL **260** FEET
24 28

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

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary DRIVE-POINT
other _____

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 **8102**
N **4903**
000
000
3/24/94 9130
above grade: 11' P.
open hole: 32'
depth casing 37'
bags: 11
X
tag checked 3/24/94
JCS

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
39 **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER **GAP** 54 63
FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **40-94-0042**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

