

12-22-88
PM

TAX # 05 405289

PERMIT

P 42962

SEWAGE DISPOSAL SYSTEM

A 37022

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEX-TIME EXPIRED FOR DATE 11/7/88

F.C.O.P. INDEXED COMPLIANCE DATE SYSTEM APPROVED RH

INSPECTOR 12/27/88

7/15/93 C. Williams / C. Bel

Frall Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION The Chase ROAD 11635 Log Jump Trail LOT 27

PROPERTY OWNER Residential Homes, Inc.

ADDRESS Sessomes ~~Frank & Janet Kling~~ ^{old} phone 774-8032

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - INSPECTION TO BE MADE BY THE HEALTH DEPARTMENT PRIOR TO INSTALLATION. LOCATION OF SEPTIC SYSTEM TO BE DETERMINED AT THAT TIME.

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

PLANS APPROVED BY Sid Abel DATE 1/06/87

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

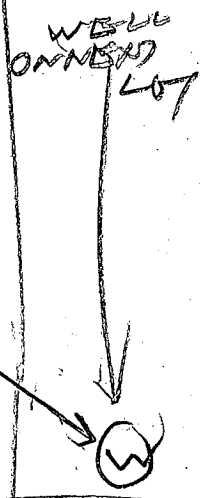
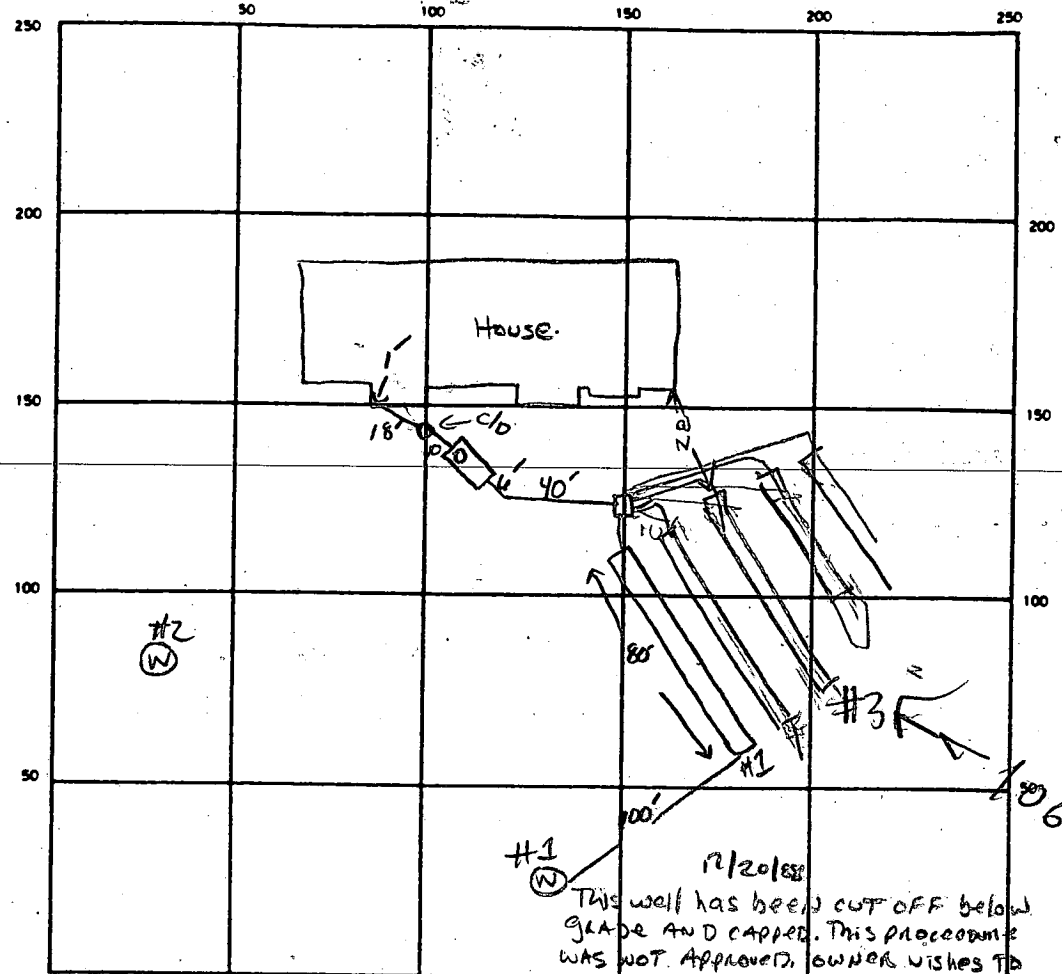
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 37022

P 42962
A 37022

11635 Log Jump Trail
The Chase Lot 27



φ 1100

#1 (W) This well has been cut off below grade and capped. This procedure was not approved. Owner wishes to

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE Save well, he will need a public The casing 8" above grade and connect to be serviced. SA

SEPTIC TANK LEVEL 12000 CLEANOUTS ST AND ENGINE

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH

0	#2	3	4	5	TOTAL
80	91	92	80	FT 36	379

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA

0	TOTAL
40	137

 SO FT. 1100 REQUIRE

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

ABSORBENT AREA 1137 SO. FT.

REMARKS 12/22/88 (OUT. WORK SA
12/27/88 SYSTEM OK TO COVER RH
1/18/89 #1 well CASING ABOVE GRADE 8" Pitless AT 4' LINE IN 4'; well #2
Pitless AT 4.5' well LINE 4.0-4.5' TAG ON #2 NOT ON #1

DATE SYSTEM APPROVED 12/27/88 INSPECTOR Raymond Hodges

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 # 43520
 Date 1/19/89

Name of Installer Mr. Donald Desmont

Telephone 380-6493

License Number 276

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner RES Const Co

Telephone 946 7201

Subdivision 7th Chase Lot # 27

Well Tag # HO-88-0331

Site Address Lot 27

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
2. Make MUON
3. Model # 152J72-74
4. Capacity 4-5 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 3/4
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make BPIO
2. Model # _____
3. Depth 48"

Tank

1. Capacity 60
2. Pressure relief valve? Yes

Piping

1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 5'

Well data

1. Depth 380 ft.
2. Yield 5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? Yes

1/18/89 well # 1 Above GRADE 8" - well lines OK + Pitless OK. OK

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: Donald Desmont

Date: 1-18-20

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 37022

P _____

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

DISTRICT 5

DATE 5/15/86

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 ~~Wayback Corporation~~ RES. Homes, INC.

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 24 Prelim + Final
36 27

ROAD AND DESCRIPTION Homewood Road 11635 Log Jump Trail

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(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 Sickey Abel FOR Shallow tile fields DATE 1-6-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/3/86 Perc. Satisfactory, Hold For Subdivision Permit, Shallow

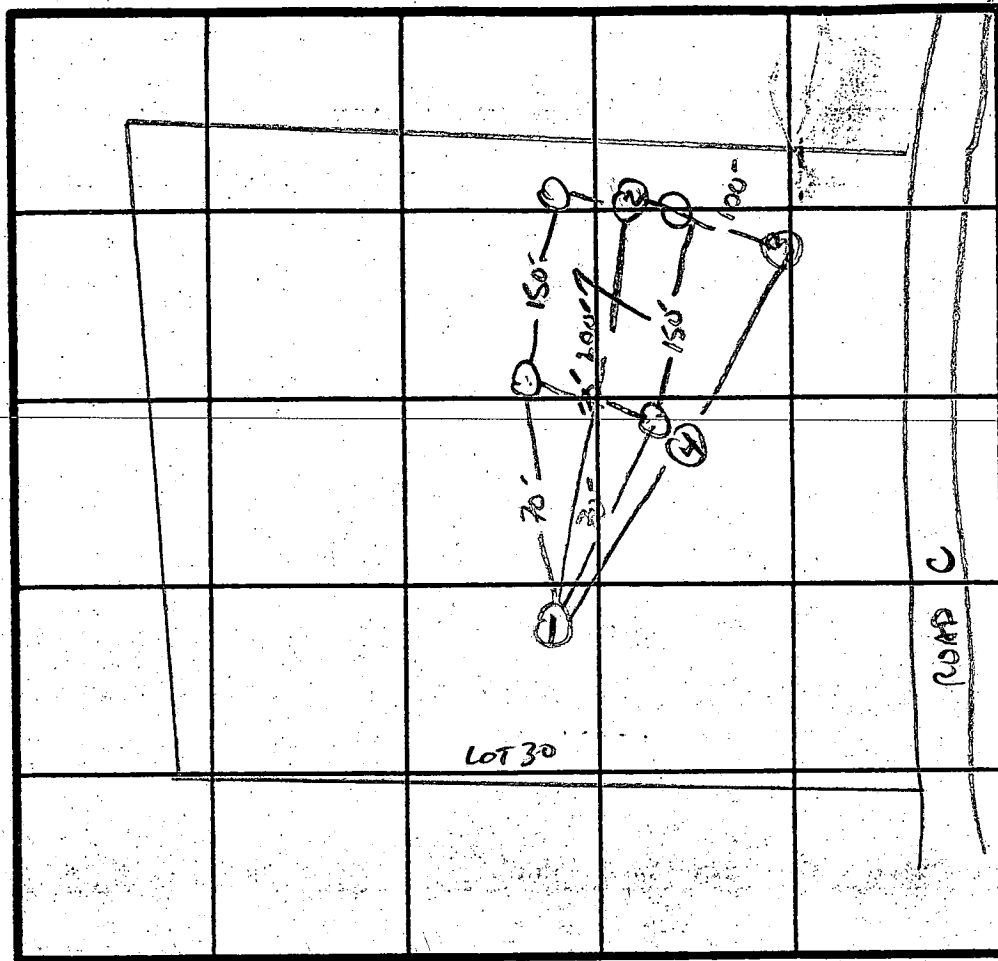
Siggy Andy S. M...

BLDG. PERMIT SIGNED
AND RETURNED 4-26-86 BP18090
SAH

THIS IS NOT A PERMIT

SOIL PROFILE

4'-0"	A-3 yellowish silt loam <10% clay <10% fragm.
3'-0"	yellowish silt loam <10% fragments



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ HOMEWOOD Rd.

X Perc
2 min
INLET
3.5'
BOTTOM
5.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/3/86	1 S	4"	2105	2106	2106	2107	1 MIN
	1 M	9"	2109	2110	2110	2111	1 MIN
	1 V	12.5"	uniform	soil below 3"			
	2 S	3"	2114	2116	2116	2119	3 MIN
	2 V	12"	uniform	soil below 3"			
	3 S	3.5"	2119	2120	2120	2121	1 MIN
	3 V	13"	uniform	soil below 3"			
	4 V	11'	uniform	below 3.5"	NO 16	NO 16	NO 16

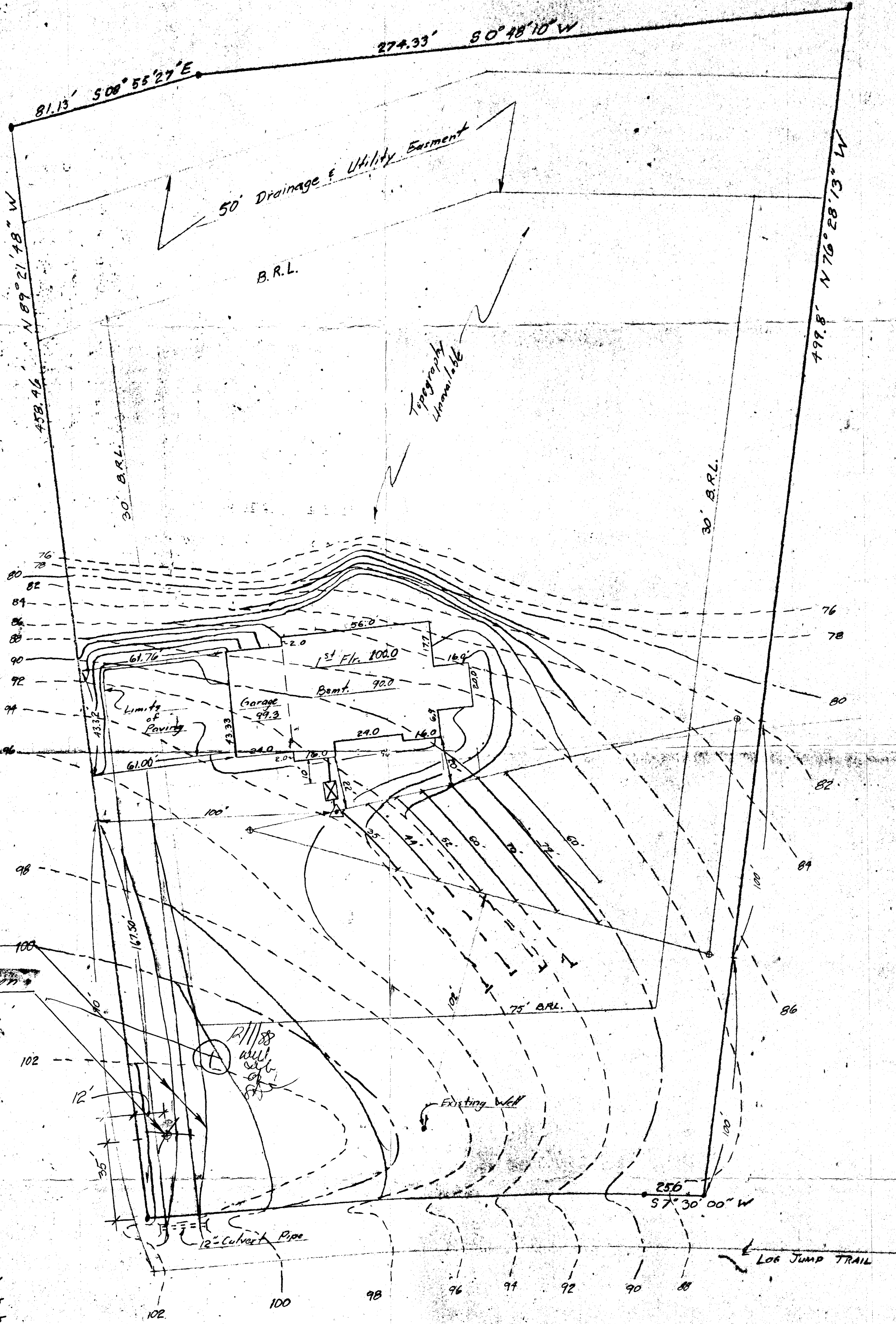
180 #/BR

REMARKS: Holes diff than PNT / shallow syst only

TYPE OF SOIL: mixed loam

S. Abel

MAT, 6 INCH, 150 LB, WARE



SYSTEM SPECIFICATIONS

- I. SEPTIC TANK: 2500 Gal. Min.
- II. TRENCH SYSTEM:
 - Width: 3'-0"
 - Depth: 5'-0" below original grade
 - Effective Area: begins at 3'-6"
 - Stone: 1'-6" below distribution pipe
 - Length: As shown 367 lf. min.
- III. Elevations:

Bsm't. Elevation: "No Service"	
First Floor Elev.:	100.0'
Invert. Out of House:	92.95
Invert. Into Septic Tank:	92.75
Invert. Out of Septic Tank:	92.50
Invert. Into Distribution Cui:	92.20
Invert. Into Trench:	92.15
Existing Grade At Tank:	93.00
Existing Grade At Distribution	93.70
Existing Grade At Trench	95.65

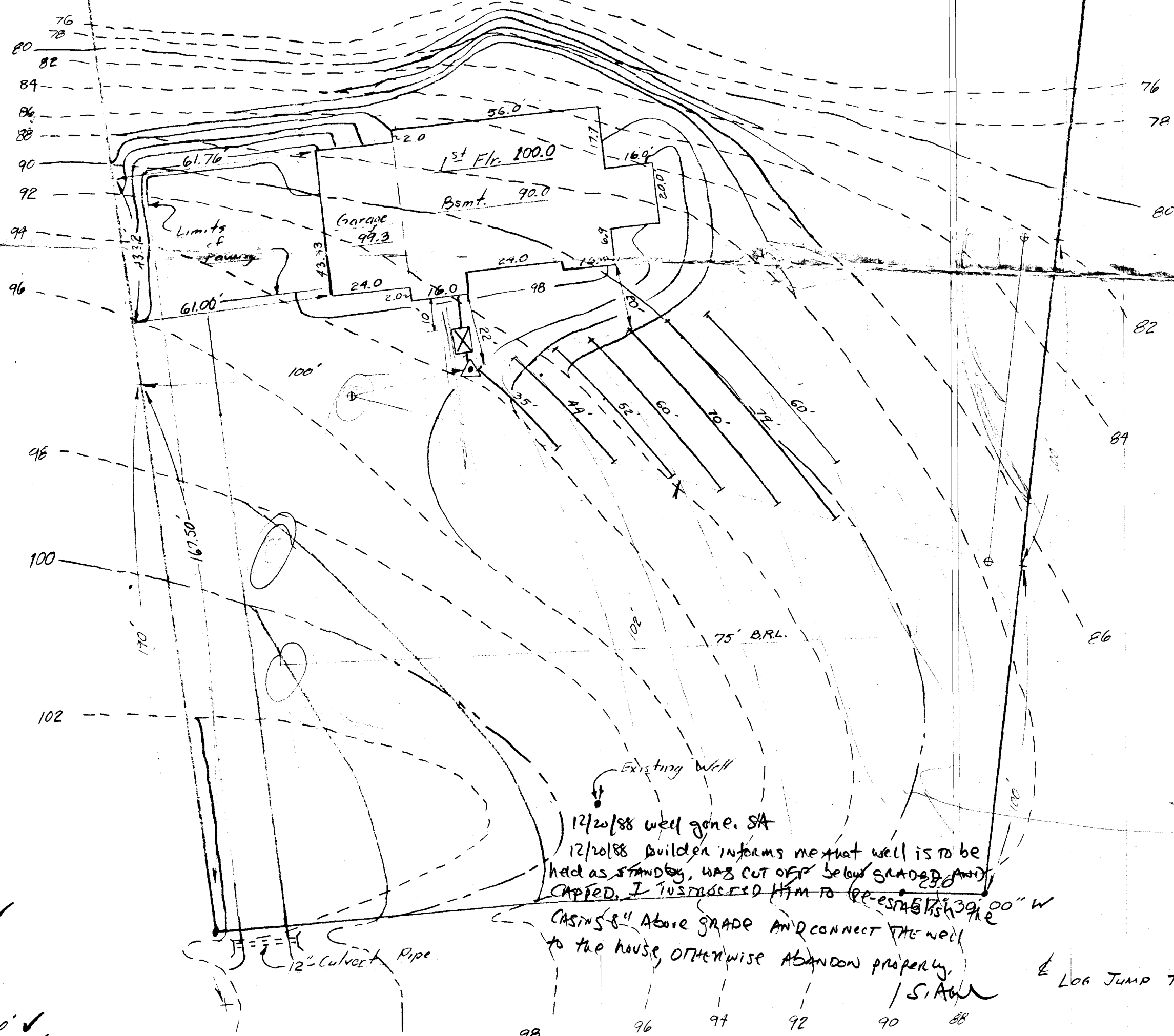
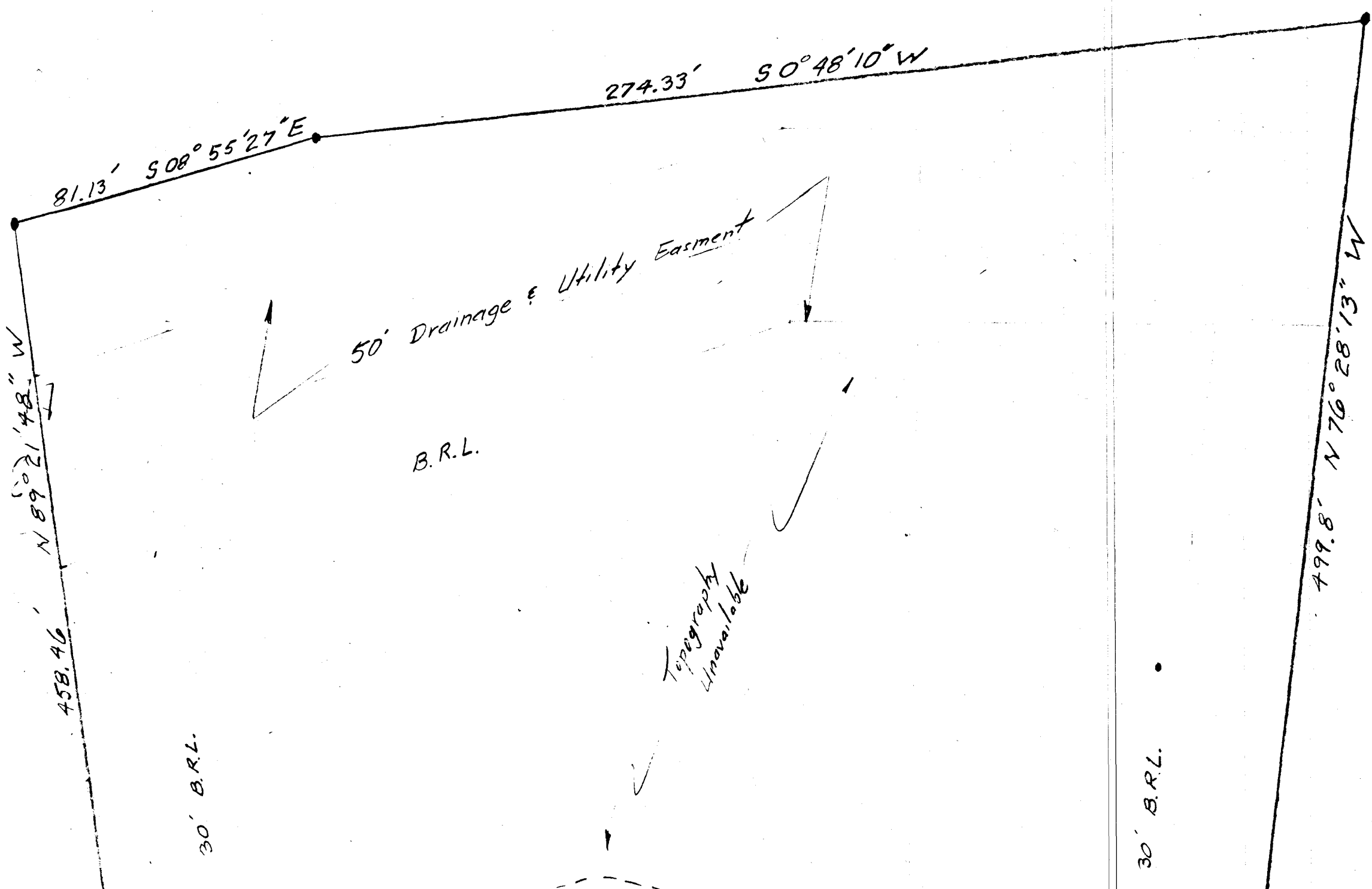
SITE PLAN: LOT 27 "THE CHASE"

Scale: 1" = 30'

(2270-18)

Howard County Health
Department
Elliott City
(301) 461-9933

"THE CHASE" LOT 27
1635 Log Jump Trail
Owner Developer: Res Homes, Inc.
10730 Connecticut Ave, Kensington
-946-7200-



SYSTEM SPECIFICATIONS

- I. SEPTIC TANK: 1,500 Gal. Min.
- II. TRENCH SYSTEM:
 - Width: 3'-0" ✓
 - Depth: 5'-6" below original grade ✓
 - Effective Area: begins at 3'-6" ✓
 - Stone: 1'-6" below distribution pipe ✓
 - Length: As shown 367 ft. min.
- III. Elevations:
 - Bsm't Elevation: "No Service" ✓
 - First Floor Elev: 100.0 ✓
 - Invert Out of House: 92.95 ✓
 - Invert Into Septic Tank: 92.75 ✓
 - Invert Out of Septic Tank: 92.50 ✓
 - Invert Into Distribution Box: 92.20 ✓
 - Invert Into Trench: 92.15 ✓
 - Existing Grade At Tank: 93.00 ✓
 - Existing Grade At Distribution: 93.70 ✓
 - Existing Grade At Trench: 95.65 ✓

4/26/89 elevations
S.A.

SITE PLAN: LOT 27 "THE CHASE"

Scale: 1" = 30'

BLDG. PERMIT SIGNED
AND RETURNED 7-26-88

BP 18090
S.A.

LOG JUMP TRAIL

C1 6680 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# 37025

DATE RECEIVED: [] [] [] [] [] [] DATE WELL COMPLETED: 12/4/88

DEPTH OF WELL: 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 10-88-0337

OWNER: RES. CONTRACTORS last name: LOG JUMP TAIL first name: TOWN: GLENELF SUBDIVISION: THE CHASE SECTION: LOT: 27

WELL LOG table with columns: DESCRIPTION (USE additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: TOP SOIL 0-1, RED CLAY 1-3, RR. MICA 3-30, GREEN MICA 30-60, GRAY MICA 60-400.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC), NO. OF BAGS: 10, NO. OF POUNDS: 1000, GALLONS OF WATER: 50, DEPTH OF GROUT SEAL: 32 ft.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE: ST, Nominal diameter: 60, Total depth of main casing: 37, 70.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE: 1, 2, 3.

DEPTH (nearest ft.): 110, 37, 400

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

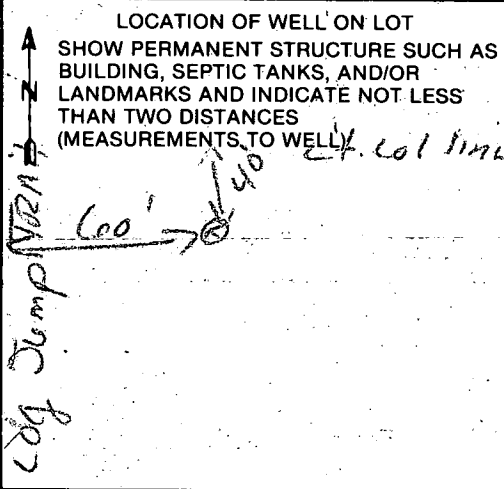
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

SCREEN RECORD: SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN: [] (NEAREST INCH); GRAVEL PACK: []

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), WQ (74, 75, 76), LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 3 gal. per min., METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: 40, WHEN PUMPING: 400, TYPE OF PUMP USED: A (air)

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, PUMP HORSE POWER: []



DRILLERS IDENT. NO.: 40; DRILLERS SIGNATURE: [Signature]; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): [Signature]

COUNTY

B 1 **9891** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

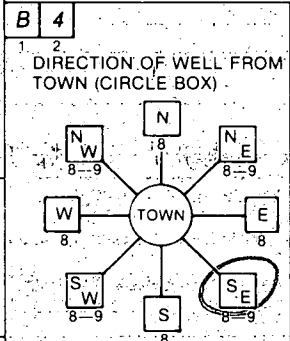
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

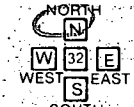
STATE PERMIT NUMBER
10-50-0331
 fill in this form completely

Date Received (APA) *Wale Thompson*
RES CONTRACTORS OWNER INFORMATION
 15 Last Name 13 Owner First Name 34
PTSD COMM AVE Street or RFD 55
KEENINGSTON MD 20845 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **R-42990**
HOWARD COUNTY 8
THE CHASE SUBDIVISION 23
GLENEIG NEAREST TOWN 52
 SECTION 44 46 LOT 48 50
 MILES FROM TOWN (enter 0 if in town) **3** M.I. 73 76 77 78

DRILLER INFORMATION
George F. Easterday 40 77 License No. 80
E. Franklin Easterday, Inc. Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771; Address
George F. Easterday 11-11-88 Signature Date



LOG JUMP TRAIL NEAR WHAT ROAD 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **30** ENTER FT or MI **7**

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)

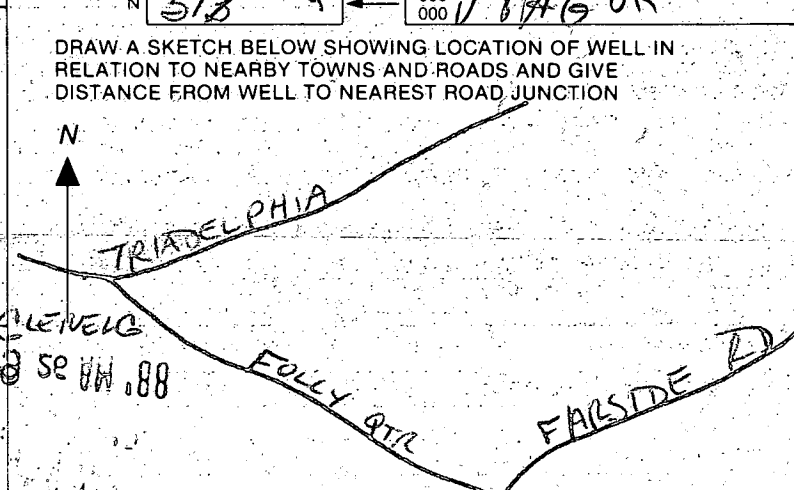
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A-37022 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **12/14/88** *Sid, Alvin* CO SIGNATURE EXP. DATE **05/30/89**
 NORTH GRID **51A000** EAST GRID **0323000**

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~~
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **824** 3
 N **518** 2
 000 11 TAG OK

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 (DP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **A** WRITE INITIALS IN BOX PERMIT NO. **10-50-0331**

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2221
 Location of property (road) 606 Jump Trail
 Subdivision THE COURSE Lot 27 Block Plat Sec. 1
 Well Driller R. MAYNE Owner DAIR THOMPSON

Depth of well 405'
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 28'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 9 G.P.M
 Total time 1 hr 15 min to reach pumping water level 320 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	320 ft	60 sec		1 G.P.M
9:15	320	60		1
9:30	320	60 sec		1
9:45	320 ft	60		1
10:00	320	60		1 G.P.M
10:15	320	60 sec		1
10:30	320 ft	60		1
10:45	320	60		1
11:00	320 ft	60 sec		1 G.P.M
11:15	320	60		1
11:30	320	60		1
11:45	320	60		1
12:00	320 ft	60 sec		1 G.P.M
12:15	320	60		1
12:30	320	60		1
12:45	320	60		1
1:00	320 ft	60 sec		1 G.P.M
1:15	320	60		1
1:30	320	60		1
1:45	320	60		1
2:00	320	60 sec		1 G.P.M
2:15	320 ft	60		1
2:30	320 ft	60		1
2:45	320	60		1

3:00 320 60 sec 1 G.P.M
 30 PL JAZZ 7 Boys

C1 6027 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 37022

DATE RECEIVED

DATE WELL COMPLETED 08/4/87

DEPTH OF WELL 405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" #0-81-2221

OWNER THOMPSON DALL last name first name STREET OR RFD LOG JUMP TRAIL TOWN Glenely SUBDIVISION THE CHASE SECTION 1 LOT 27

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 700

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS OPEN PLASTIC HOLE OTHER

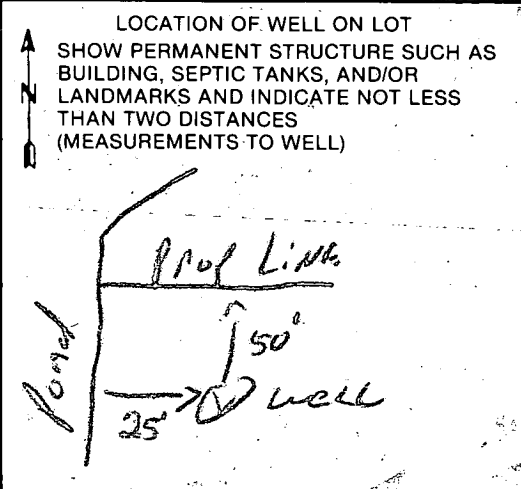
DEPTH (nearest ft.) HOLE 98 405 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

PUMPING TEST HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min. to nearest gal.) 1 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 320 TYPE OF PUMP USED (for test) C centrifugal R rotary O other (describe below) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) YES OR 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot)



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. 273 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **7381** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
40-81-2221
 fill in this form completely

Date Received _____
 OWNER INFORMATION
THOMPSON DALE
 Last Name Owner First Name
5519 RESERVOIR RD
 Street or RFD
FULTON **MORZOS**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
THE CHASE SUBDIVISION
 SECTION **4** LOT **27**
GLENELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **5** M I

DRILLER INFORMATION
Ralph Mayne License No. **203**
Ralph Mayne (Lucy Driller) Firm Name
9120 Brown Church Rd, Mt. Airy Address
Ralph Mayne 5/6/87 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Loy Jump TRAIL**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **25** FT or MI **FL**

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
 County Name **Howard** County No. **A37022**
 OEP SIGNATURE **C. Williams** STATE HEALTH INSERT S
 DATE ISSUED **080687** EXP. DATE **4/6/87**
 NORTH GRID **512000** EAST GRID **0822000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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 _____

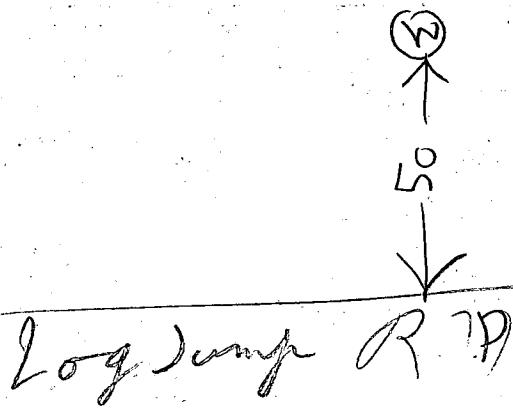
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8262**
 N **5182**

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) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 8/14/87
 WELL OK
 SEE OTHER SIDE
 well BH
 HEALTH DEPT
 HOWARD COUNTY
 SESE Folley Quarter
 Homeewood rd
 FAIR SIDE
 well

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT NO. **40-81-2221**

SPECIAL CONDITIONS **H 226-1312**
W-202-9621404



2/14/87

- ① Well LOCATION 01
- ② 30 FT casing 2 FT out of ground
- ③ 12 FT open hole measured with weighted string
- ④ 21 ft jetter
- ⑤ 7 Bags
- ⑥ Needed well 01

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 MAR 8 8 33 AM '87
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

B. J. Hodges

