

1-27-88
AM NSAP
MEET. CONTRACTOR
TO DISCUSS SYST.
2-25-88

TAX# 05 405351

PERMIT

P 40896

A 37032

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 4/28/88

DATE SYSTEM APPROVED 2-25-88

INSPECTOR JEN

Frall Septic Service, Inc. IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION The Chase ROAD 116⁶ Log Jump Trail LOT 34

PROPERTY OWNER David Schwartz

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X 333.
3 1000

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 200 sq. ft. per bedroom. 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 - Place the distribution box 180 feet down the right (390') lot line and 45 feet off the right lot line as seen when facing the lot from Log Jump Trail. Run the trenches on contour toward the back lot line.

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

1-29-88 OK TO INSTALL 3- 112' TRENCHES (S) SK/SR

PLANS APPROVED BY S. Abel DATE 1/08/87

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.

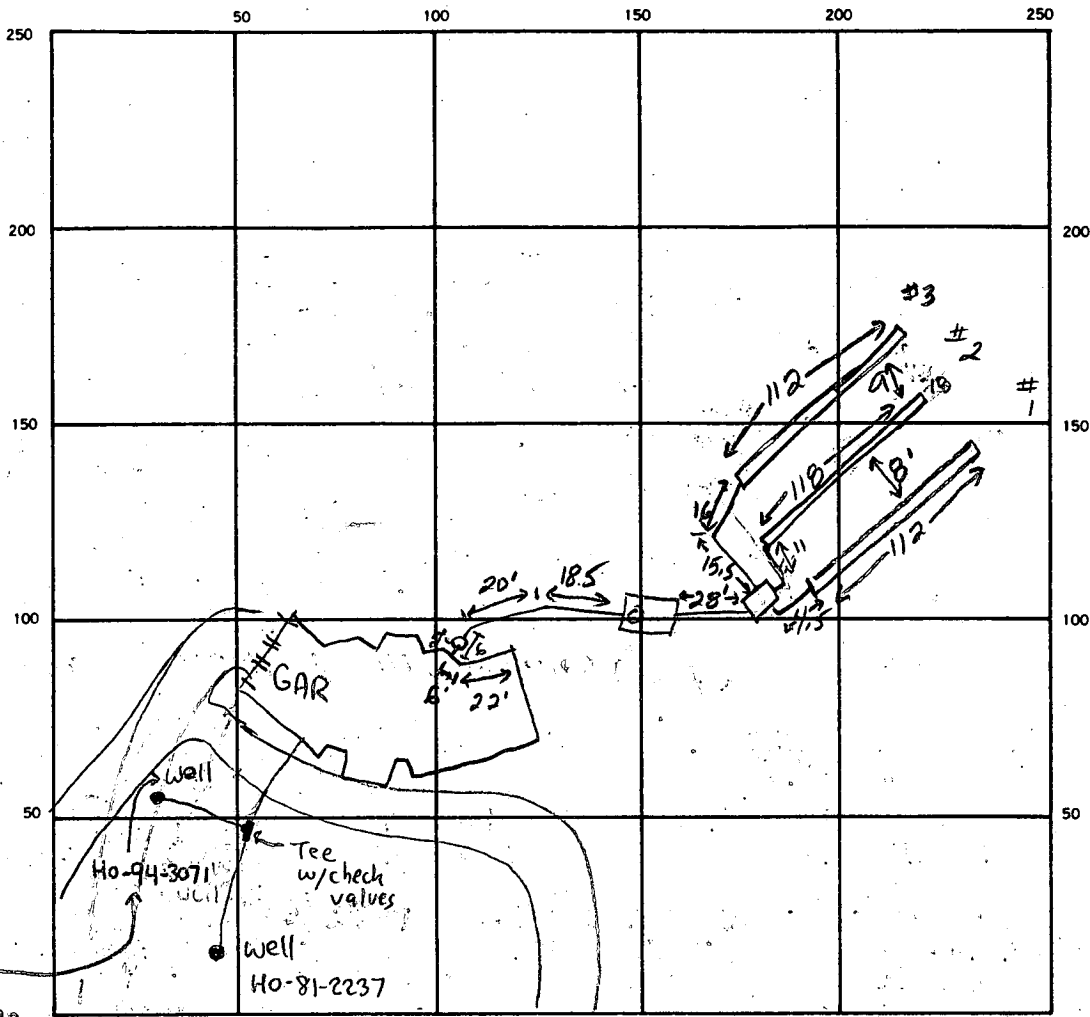
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A
37032



Detail Added on
4/30/01 (SRK)
at WPI Insp.

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Log Jump Trail

SEPTIC TANK LEVEL 1500 gal CLEANOUTS 1 on STank, 1 in line at house

DISTRIBUTION BOX LEVEL ok w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH 5 5 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 7.0 3.5 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.0 1.5 1.5 FT. TOTAL LENGTH 112 118 112 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 336 354 336 SQ. FT.

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

ABSORBENT AREA 1026 SQ. FT.

REMARKS 2-25-88 ok to cover all works. JEN

EM APPROVED 2-25-88 INSPECTOR Jane E. Anderson

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ROBERT L. FEEZER CO. Telephone #: 410-781-4655
Address: 6321 BARNETT AVE
SPRINGVILLE, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): ROBERT FEEZER License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: MIMI DAVID SCHUMER Telephone #: 410-597-0627
Subdivision: THE CHASE Lot #: 34 Well Tag #: HO-94-3071
Site Address: 11664 LOG JUMP TRAIL
ELICOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: LANCASTER Make: CAMPBELL Two piece watertight cap: [check]
Model #: 57T567m Model #: PA800 Screened, vented well cap: [check]
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: [check]
Well Yield: 2 GPM NSF approved: YES Conduit min 18" B.G.: [check]
Depth of well encountered at time of pump installation: 500 (feet) Conduit secured to well cap: [check]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt [check]

Tee'd into ex. well line

Piping to house Type: Polyethylene PSI: 160 (160 psi min) Depth of supply line: 42" (36" min)
House Connection PVC sleeved to undisturbed soil at wall penetration: N/A Approximate length of sleeve: N/A Sleeve caulked and sealed properly: N/A

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 4/27/01

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 4/30/01 Date Insp. Approved: 4/30/01
Inspection Data: Pitless adapter and water supply line at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope installed inside of well casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection NA
Adequate grout observed below pitless adapter [check]
(SRK)

C1 0713

SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
04 27 2001

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

Depth of Well
22 505 26
(TO NEAREST FOOT)

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

COUNTY NUMBER **(13) A37032** **(BB)**

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO 94 3071

OWNER **Lynn Schwartz**
STREET OR RFD **11004 Log Jump Trail** TOWN **Ellicott City**
SUBDIVISION **The Chase** SECTION _____ LOT **34**

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	1	
Soft Br. Sandstone w/Schist	1	17	
Soft Br. Mica Schist	17	31	X
Hard Br. & Blue Sandstone	31	35	
Hard Br. Sandstone	35	36	X
Hard Blue Sandstone	36	87	
Hard Blue Sandstone Mica Schist	87	112	
Blue Schist	112	113	X
Hard Blue Sandstone Schist	113	211	
Hard Blue Schist	211	213	
Hard Blue Sandstone	213	330	
Hard Blue Schist	330	360	
Quartz	360	361	X
Hard Blue Schist	361	409	
Hard Blue Schist	409	448	
Hard Blue M. Sch.	448	451	
Hard Blue Schist	451	471	
Hard Blk. Mica Schist	471	505	

GROUTING RECORD (yes no) **(Y) (N)**

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**

NO. OF BAGS **12** NO. OF POUNDS **1128**

GALLONS OF WATER **72**

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) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE Nominal diameter (top (main) casing (nearest inch)) Total depth of main casing (nearest foot)

S T 6 34

OTHER CASING (if used)

EACH CASING diameter (inch) depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

(ST) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS: **2**

WELL HYDROFRACTURED **(Y) (N)**

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 LIC. NO. **MWD 2961**

Ronald Kyker
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
JWD334

LIC. NO. **M D**

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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E																				
A																				
C																				
H																				
S																				
C																				
R																				
E																				
E																				
N																				

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from _____ to _____

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **2**

METHOD USED TO MEASURE PUMPING RATE **submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **18** ft.

WHEN PUMPING **424** ft.

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 INSTALLED PUMP YES **(NO)**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

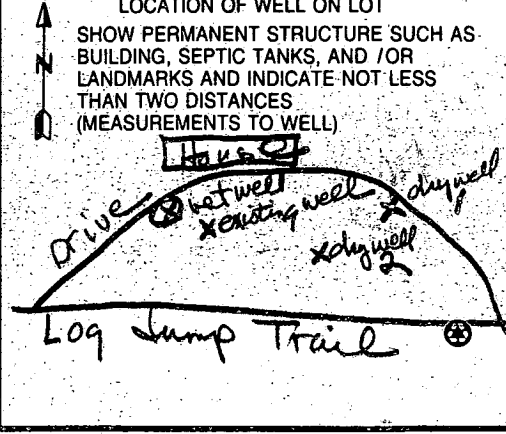
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above () below **2** (nearest foot)



FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-94-3071 Election District _____
 Location of Property (road) 11664 Log Jump Trail
 Subdivision The Chase Lot 34 Block _____ Plat _____ Sec. _____
 Well Driller Ronald Kyker Owner Lynn Schwartz

Depth of Well 505 feet
 Distance of Measuring Point (M.P.) above ground 2 feet
 Static Water Level (S.W.L.) below M.P. 18 feet

I. High Rate Pumping -- reservoir drawdown
 Time pump started 6:45 Pumping rate 12 GPM
 Total time 1 1/2 hrs to reach pumping water level 437 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
6:45	18'	5 sec.		12
7:00	109'	5 sec.		12
7:15	190'	6 sec.		10
7:30	255'	6 sec.		10
7:45	315'	6 sec.		10
8:00	364'	7 sec.		8.5
8:15	408'	7 sec.		8.5
8:30	437'	30 sec.		2
8:45	436'	30 sec.		2
9:00	435'	30 sec.		2
9:15	434'	30 sec.		2
9:30	433'	30 sec.		2
9:45	432'	30 sec.		2
10:00	431'	30 sec.		2
10:15	431'	30 sec.		2
10:30	430'	30 sec.		2
10:45	430'	30 sec.		2
11:00	430'	30 sec.		2
11:15	430'	30 sec.		2
11:30	430'	30 sec.		2
11:45	430'	30 sec.		2
12:00	430'	30 sec.		2
12:15	429'	30 sec.		2

B 1 4171 SEQUENCE NO. (MDE USE ONLY)

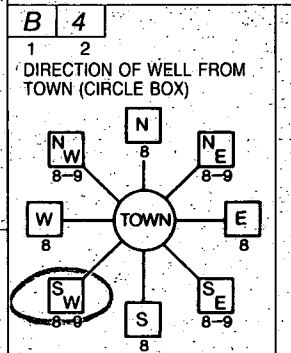
STATE OF MARYLAND PERMIT TO DRILL WELL 515037 please print or type

STATE PERMIT NUMBER Ho-94-3071 fill in this form completely

OWNER INFORMATION Schwartz Lynn 11664 Hog Jump Trail Elkton City Md 21042

LOCATION OF WELL Howard The Chase Edgemoor City 4 miles from town

DRILLER INFORMATION Ronald Kyker MWD 296 West Rotary Well Drill Inc P.O. Box 861 Westminster Md 21151 April 10 01



Log Jump Trail near what road on which side of road distance from road 75 FT TAX MAP: 829 BLK: 8 PARCEL 24

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A37032 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/11/2001 Brian Baber 4/11/2002 CO SIGNATURE EXP. DATE NORTH GRID 512 000 EAST GRID 823 000

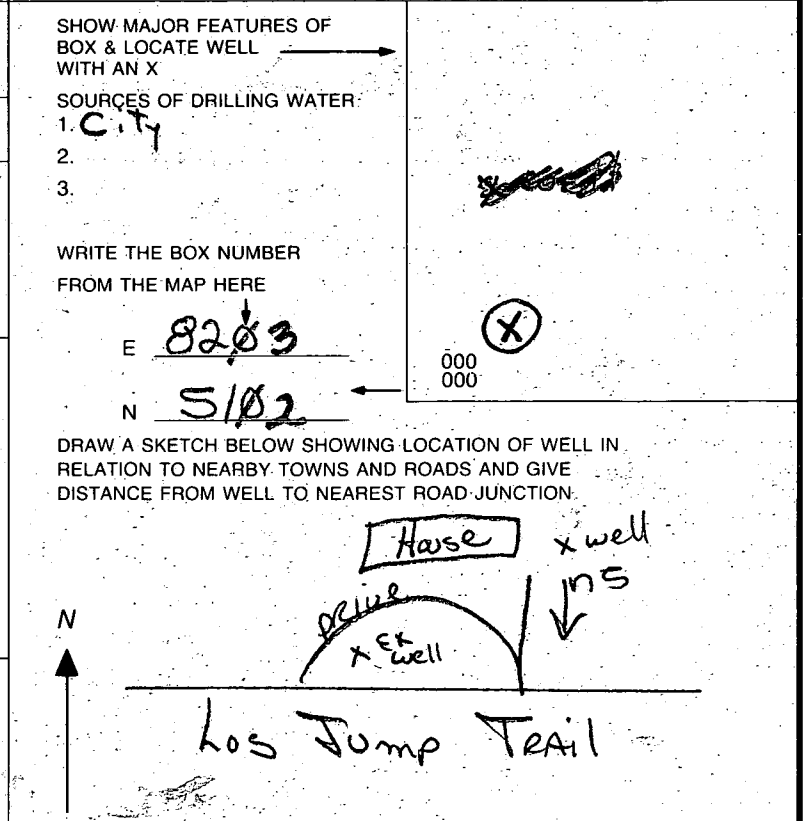
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 500 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

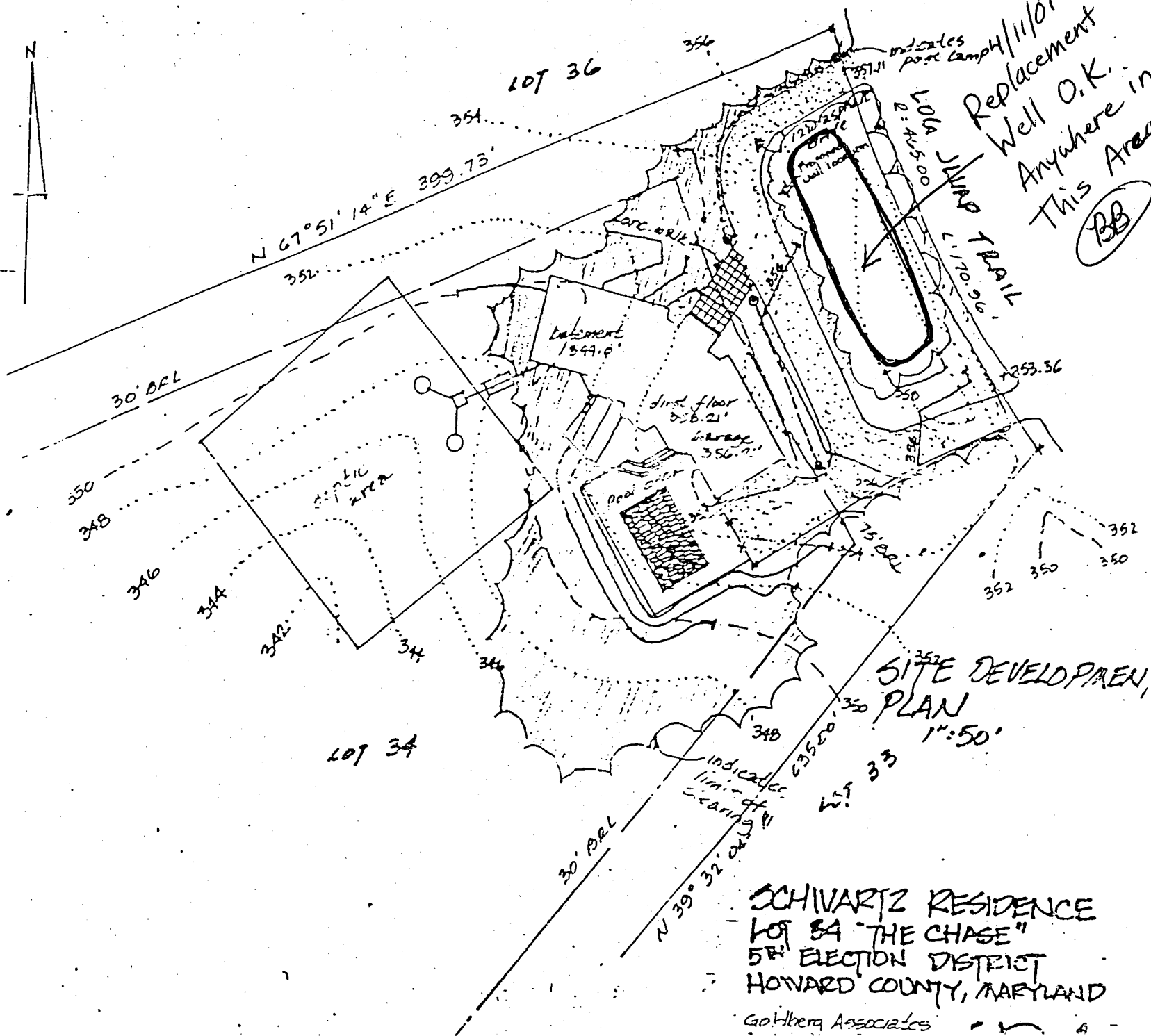
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. Ho-94-3071



Well #
170-81-2237



Replacement Well O.K. Anywhere in This Area
(BB)

SCHIVARTZ RESIDENCE
LOT 34 "THE CHASE"
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
Goldberg Associates

3-888

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement

Receipt # 40620
Date 12-8-87

Name of Installer P.A. WOOD PLUMBING

Telephone 381-4823

License number MO 7041

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner SCHWARTZ Telephone 997-5828

Subdivision THE CHASE Lot # 34 Well tag # HD-81-2237

Site Address 11664 LOG JUMP TRAIL
ELLICOTT CITY MD

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

- 1. Horsepower 1/40
- 2. RPM 1750
- 3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

- 1. Make PRESSURIZED
- 2. Model #
- 3. Depth 4'

2. Make GOULDS

3. Model # 10EH10

4. Capacity 3 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 TIES

Tank

- 1. Capacity 206AL
- 2. Pressure relief valve? 75PSI

Piping

- 1. Type PVC
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 4'

Well data

- 1. Depth 450 ft.
- 2. Yield 3 GPM
- 3. Static water level 350 ft.
- 4. Will water supply be disinfected by installer? yes

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: P.A. Wood

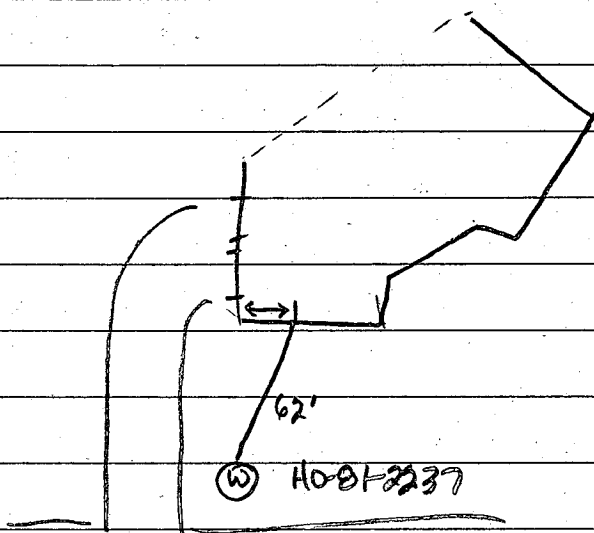
Date: 12/8/87

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

11664 Log Jump Trail
The Chase Lot 34

WPI
3-8-88

Roy A Wood
381-4823



House connection ok. Electric and water line in trench at 48 inches. Pitless adaptor at 56 inches.
Roy A. Wood Plumber. Asked builder to notify plumber of well pump inspection permit. Spoke to plumber.
Pump tank not installed yet. JE Nadeau

C1 6041

STATE OF MARYLAND
WELL COMPLETION REPORT

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

COUNTY NUMBER A-37032

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

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

15 20 082887

22 26 500 (TO NEAREST FOOT)

28 37 40-81-2237

OWNER CHAISSON + DORSEY BUILDERS
STREET OR RFD LOG JUMP TRAIL TOWN ELIOLAK
SUBDIVISION THE CHASE SECTION 1 LOT 34

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, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND - 0 to 25, Clay/Mica Rock - 25 to 500.

GROUTING RECORD
WELL HAS BEEN GROUTED (Y/N)
TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC
NO. OF BAGS 8, NO. OF POUNDS 750
GALLONS OF WATER 44
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 28 ft.

CASING RECORD
casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)
MAIN CASING TYPE: ST, Nominal diameter: 1 inch, Total depth of main casing: 39 feet.

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

SCREEN RECORD
screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

Table for SCREEN DEPTH (nearest ft.) with columns 1-51 and rows 1-3.

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. 238

DRILLERS SIGNATURE (Must match signature on application)

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

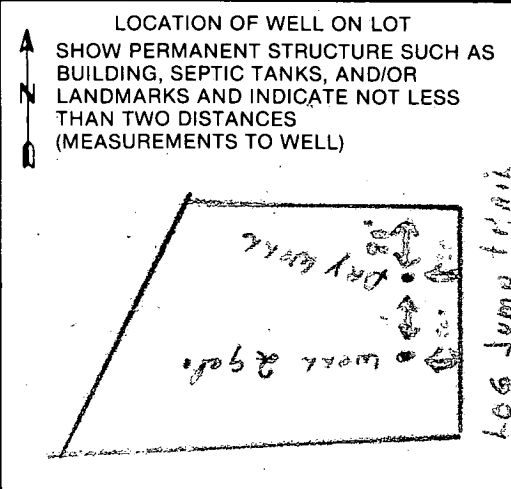
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to
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) 7
PUMPING RATE (gal. per min. to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 15, 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)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2237
 Location of property (road) LOG JUMP TRAIL
 Subdivision THE CHASE Lot 34 Block Plat Sec.
 Well Driller J. MAYNE Owner CHAISSON DORSEY

Depth of well 500'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 15'

I. High rate pumping -- reservoir drawdown
 Time pump started 7:30 Pumping rate 10
 Total time 60 min to reach pumping water level 301 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	120	5 sec		12
8:00	200	6		10
8:15	250	6		10
8:30	301	6		10
8:45	301	30		2
9:00	301	30		2
9:15	301	30		2
9:30	301	30		2
9:45	301	30		2
10:00	301	30		2
10:15	301	30		2
10:30	301	30		2
10:45	301	30		2
11:00	301	30		2
11:15	301	30		2
11:30	301	30		2
11:45	301	30		2
12:00	301	30		2
12:15	301	30		2
12:30	301	30		2
12:45	301	30		2
1:00	301	30		2
1:15	301	30		2
1:30	301	30		2
1:45	301	30		2
2:00	301	30		2

B 1 **3349** 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
HO-81-2237
 fill in this form completely

Date Received **08/13/87**
 OWNER INFORMATION
 CHAICSON & DORSEY ALDG.
 15 Last Name Owner First Name 34
 16347 HERRICK RD.
 36 Street or RFD 55
 WOODBINE MD 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 HOWARD COUNTY
 THE CHASE SUBDIVISION
 SECTION 44 46 LOT 34 48 50
 ELLOAK 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 3/4 MI 73 76 77 78

DRILLER INFORMATION
 Joseph L. Yarnes 238
 Driller's Name License No. 80
 Joseph L. Yarnes Well Drilling
 Firm Name
 5512 Ridge Rd. Md. River Md. 21771
 Address
 Joseph L. Yarnes 8/11/87
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 Log Jump Road NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 30 37 DISTANCE FROM ROAD
 ENTER FT or MI FT 38 39

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

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 37032 COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S 41
 DATE ISSUED 082187 Schuyler 02-20-88
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 511000 EAST GRID 0823000
 50 55 57 63

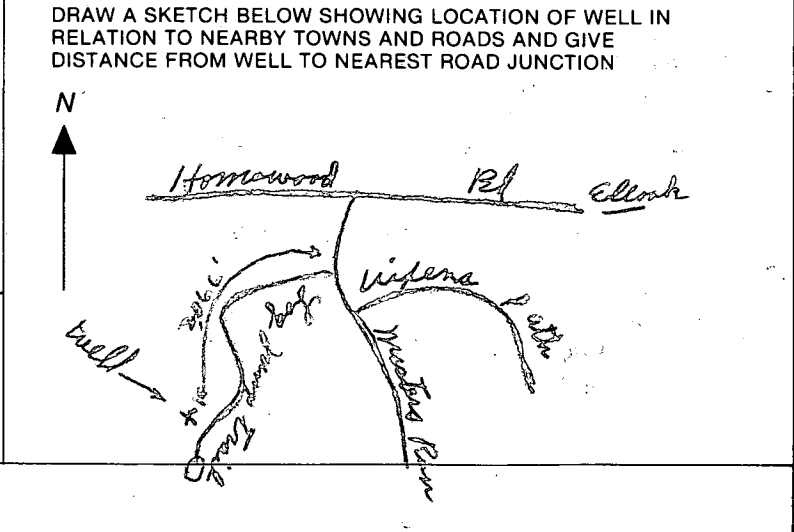
APPROXIMATE DEPTH OF WELL 300 24 28 FEET

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 8283
 N 5141
 000 H₂O sample taken (JLW)

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 DEEPM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP 54 63
 FORCE SA WRITE INITIALS IN BOX PERMIT No. HO-81-2237 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

APPLICATION

PERCOLATION TESTING

A 37032

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 DAVID SCHWARTZ

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. 31 Prelim & Final AS 34

ROAD AND DESCRIPTION Homewood Road 11684 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]
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Well Field DATE 1-8-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/2/86 Rec. SATISFACTORY; HOLD FOR Subdivision Plat; Shallow test

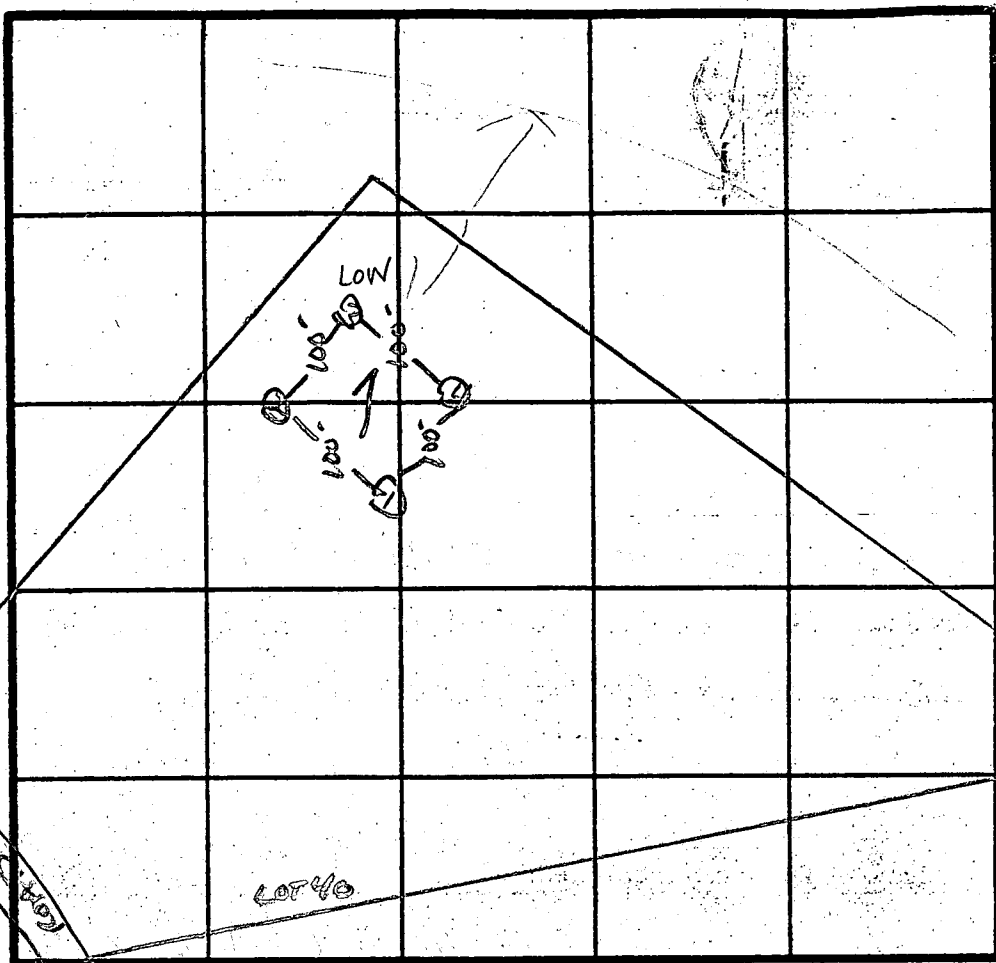
Only S.A.T.C. BLDG. PERMIT SIGNED AND RETURNED 11/16/87 Serial # 15438-PRH BLDG. PERMIT SIGNED AND RETURNED 9/8/87 BPA 14433
[Signature]

THIS IS NOT A PERMIT

③ ② ①

SOIL PROFILE

A-1-3
 Yellow BR
 SAND LOAM
 <10% FRAGS.
 59% CLAY
 3.5
 Yellow BR
 TO BROWN
 SAND
 LOAM
 <10%
 FRAGS.



X PERC
 10 MIN
 INLET
 3.5
 BOTTOM
 5.0
 200 #1 BR

12.5

LOT 40

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②

A-1-3
 Yellow BR.
 Very Gravely
 LOAM <9%
 CLAY
 50% FRAGS
 4
 Yellow BR
 SAND LOAM
 20-30%
 FRAGS.
 12

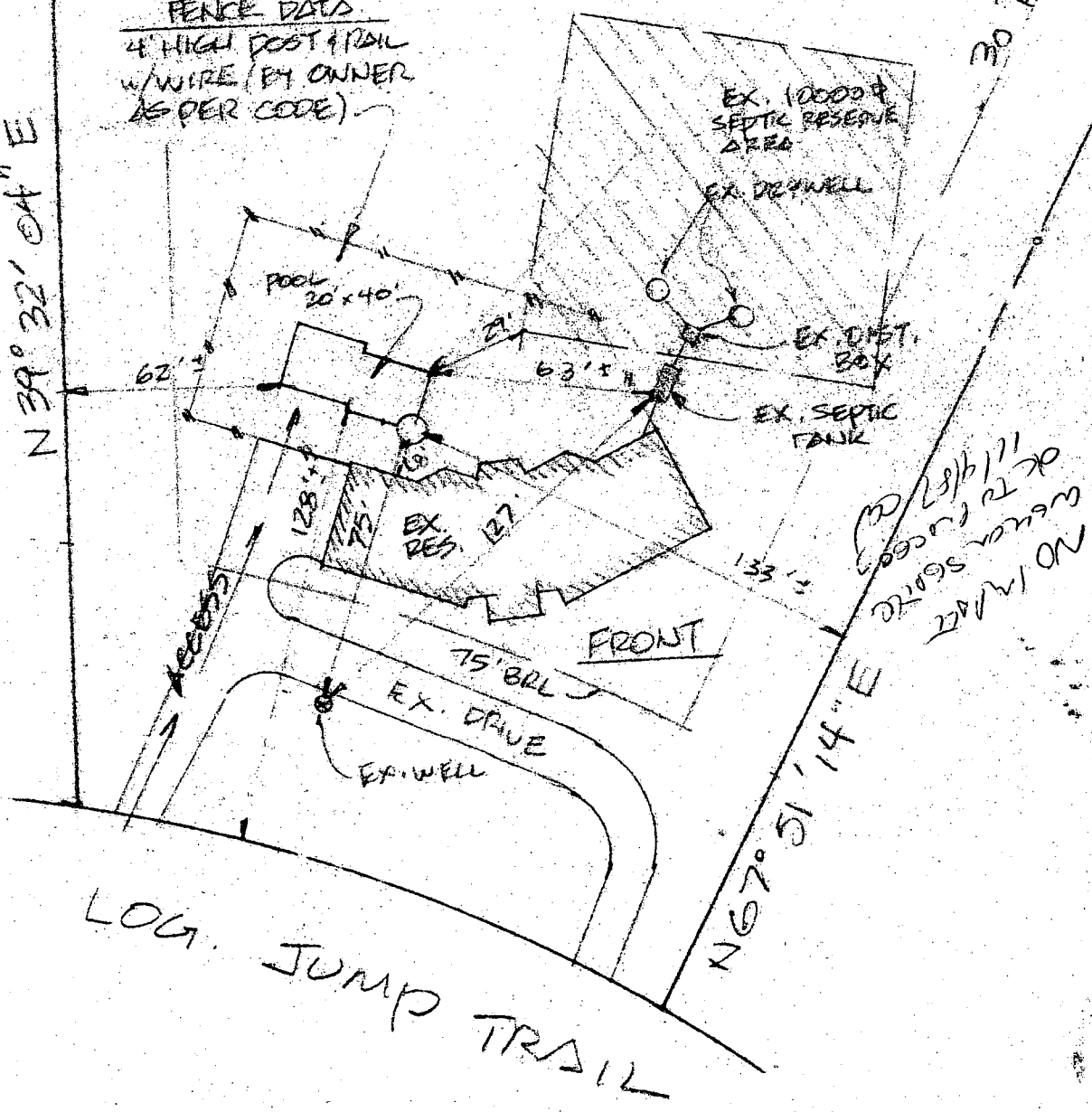
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/86	3 S	2.5'	2:40	2:53	2:53	3:22	29 MIN
	3 V	12.5'	DAY AT	12.5'	UNIFORM BELOW	3.5'	
	2 S	3'	2:43	2:44	2:44	2:45	1 MIN
	2 V	12'	SAME AS HOLE 3		W/ONLY 2" CLAY		
	1 S	3'	2:49	2:50	2:50	2:52	2 MIN
	1 M	9'	2:52	2:53	2:53	2:55	2 MIN
	1 V	13'	UNIFORM SOIL BELOW		3.5'		
	4 S	4.5'	2:48	2:55	2:55	3:10	15 MIN
	4 V	12'	UNIFORM SOIL BELOW		5'		

REMARKS Perc Per PLAT / Small test only -> LAND SCALE POSITION - TESTED
 M. ANON. LM. OUT OF WET SEASON.
 TYPE OF SOIL S. A-1-3 MATERIAL, BOB, TOM

EH-12-1079

N 39° 32' 04" E

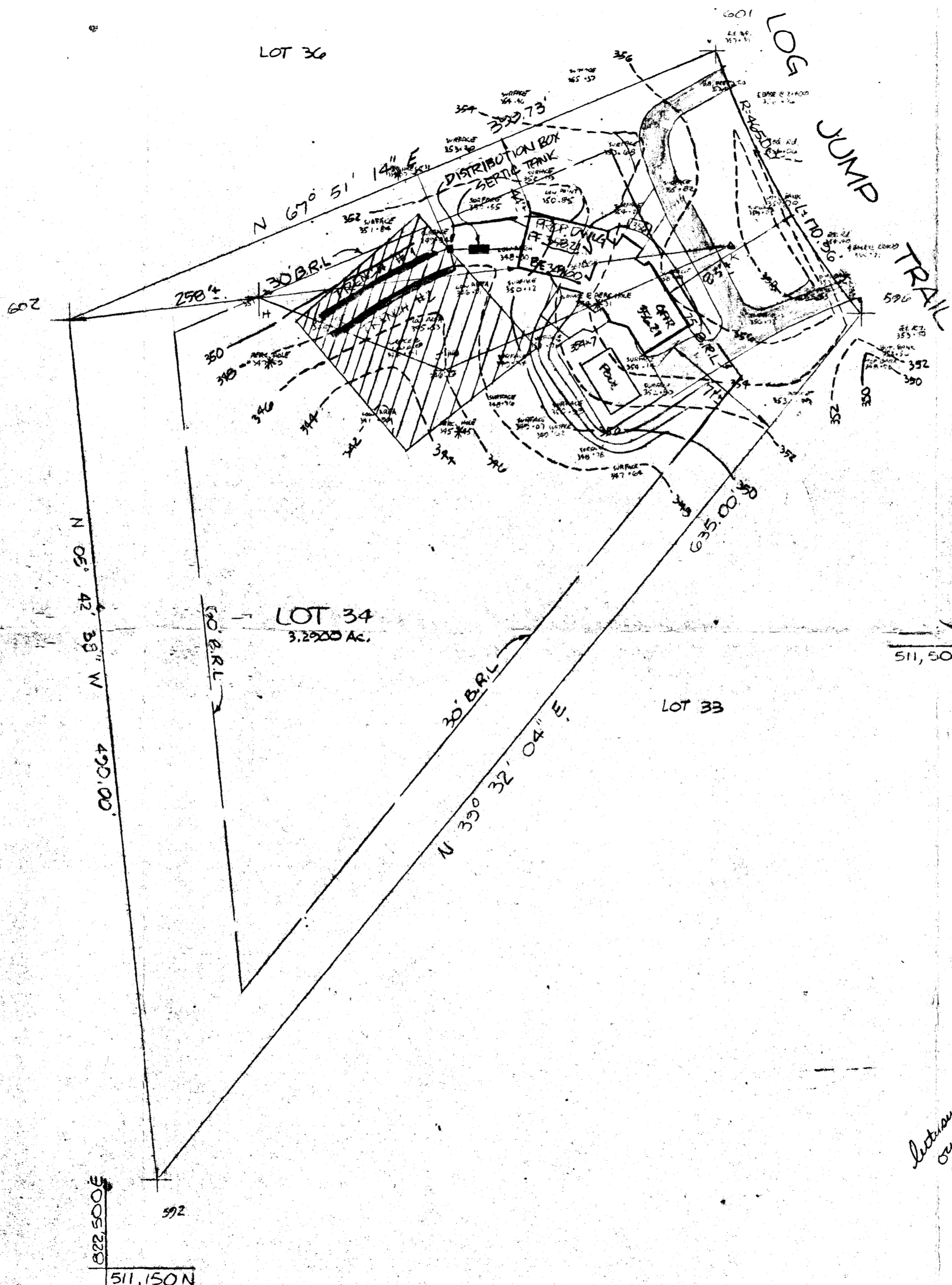
FENCE DATA
4' HIGH POST & RAIL
W/WIRE (BY OWNER
AS PER CODE)



SITE PLAN

1" = 50'
LOT 34
"THE CHASE"
5th ELECTION DIST.
HOWARD CO., MD

822,250 E
511,750 N



SEPTIC SYSTEM DATA

INV. @ HOUSE (5 BEDROOM) : 346.4 ✓ ⊕ BSMT

SEPTIC TANK	
EX. GR.	349.0 ✓
FIN. GR.	348.5 ✓
INV. IN	246.2 ✓
INV. OUT	245.9 ✓
DISTRIBUTION BOX	
EX. GR.	349.0 ✓
FIN. GR.	347.6 ✓
INV. IN	245.9 ✓
INV. OUT	245.6 ✓
TRENCH #1 (7' x 11')	
EX. GR.	349.0 ✓
FIN. GR.	349.0 ✓
INV. IN	345.5 ✓
BOTTOM OF STONE	347.0 344.0 ✓
TRENCH #2 (7' x 11')	
EX. GR.	348.0 ✓
FIN. GR.	348.5 ✓
INV. IN	244.5 ✓
BOTTOM OF STONE	343.0 343.0 ✓

Sections to owner of adjacent
elevations at
Apex shown incorrect
9/8/87
will require 3-11' trenches
if no garbage disposal.



SHANABERGER & LANE
 8726 TOWN AND COUNTY BLVD.
 SUITE 203
 ELLICOTT CITY, MD. 21043
 461-2563

BDDG. PERMIT SIGNED
 AND RETURNED 9/8/87
 BP# H433
 Sflur

SITE PLAN
THE CHASE
LOT 34
 TAX MAP 25 PARCEL 24
 5th ELECTION DISTRICT
 HOWARD COUNTY, MD
 SCALE: 1" = 50'
 DATE: 8-14-87
 9/3/87

D. SCHWARTZ RESIDENCE

Part 87-23