

05-354048

PERMIT

P. 37364

A. Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330
XXXXXXXX

461-9933

INDEXED

ELLICOTT CITY

DISTRICT _____

DATE 7/18/86

~~GEORGE RICHARDSON~~

Blue Ribbon Construction Company IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4750 Ten Oaks Road, Dayton, Maryland 21036 PHONE 489-7035

SUBDIVISION _____ ROAD 4460 Linthicum Road LOT 4460

PROPERTY OWNER J. David Mullinix PHONE: 489-4363

ADDRESS 14530 Triadelphia Road

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 7/18/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

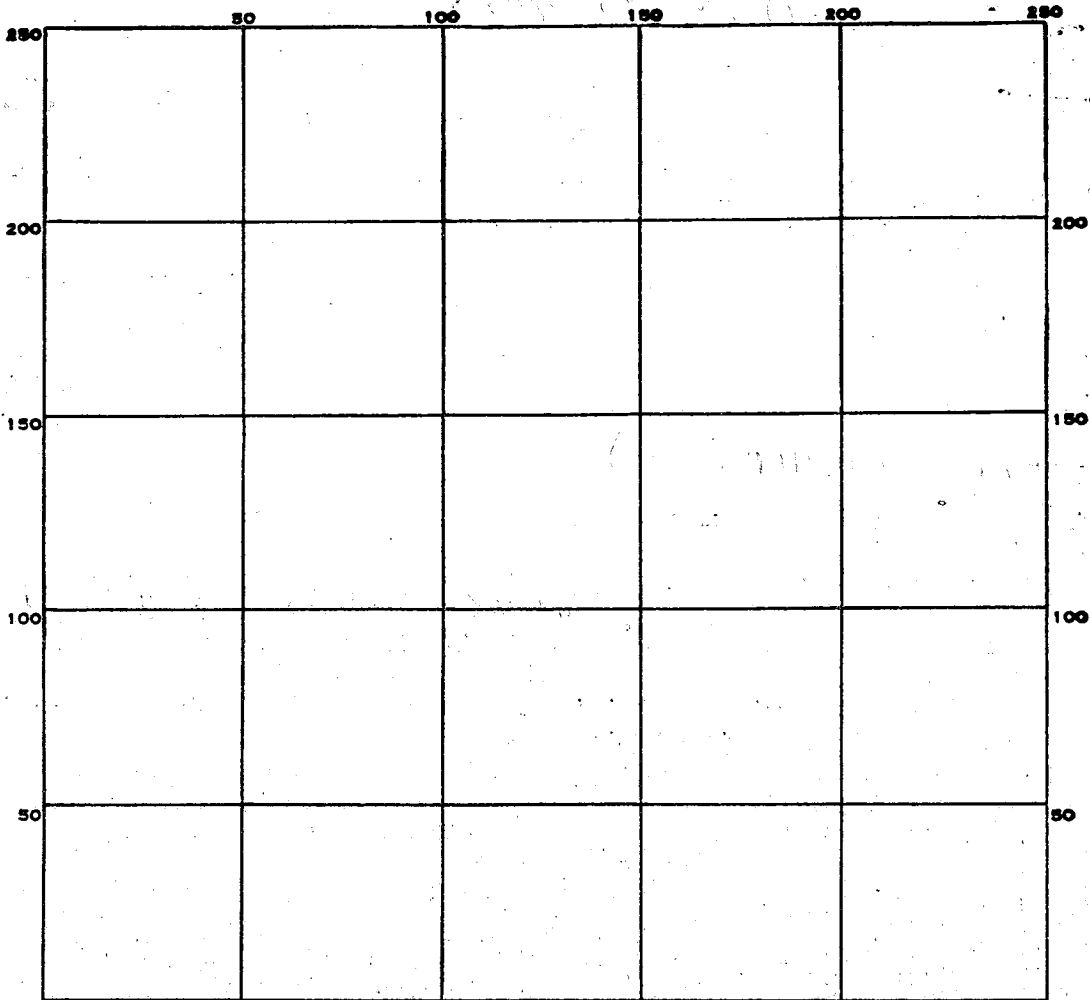
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 37364



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

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 X Replacement _____ Receipt # 38349
 Date 12-31-86
 Name of Installer TIMOTHY J. POLLMAN Telephone 725-2392
 License number 7079
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
 Name of Property Owner J. DAVID MULLINEX Telephone _____
 Subdivision _____ Lot # B/K 1 Well tag # _____
 Site Address 4464 LINTHICUM RD
DAYTON

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible X
 2. Make SACUZZI
 3. Model # _____
 4. Capacity 10 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 X

Pitless Adapter
 1. Make HARVARD
 2. Model # _____
 3. Depth 4'

Tank
 1. Capacity 42 equiv
 2. Pressure relief valve? yes

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

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ 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: Timothy J. Pollman
 Date: 12-31-86

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

11/10/86
1PM.

septic OK'd
11/10/86
(Signature)

PERMIT

P 37991
A REPAIR

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXXX~~
461-9933

ELLICOTT CITY
DISTRICT 5th
DATE 11/07/86

INDEXED

Kennedy Hatfield IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 4464 Linthicum Road LOT _____

PROPERTY OWNER David Mullinix

ADDRESS 4464 Linthicum Road (Howard Farm)

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Septic location to be approximately 1000 feet from Linthicum Road and approximately 350 feet from stream. Trenches to run on contour toward back of lot. Installer responsible for maintaining 100 feet from well with septic system.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(S) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 11/07/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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.

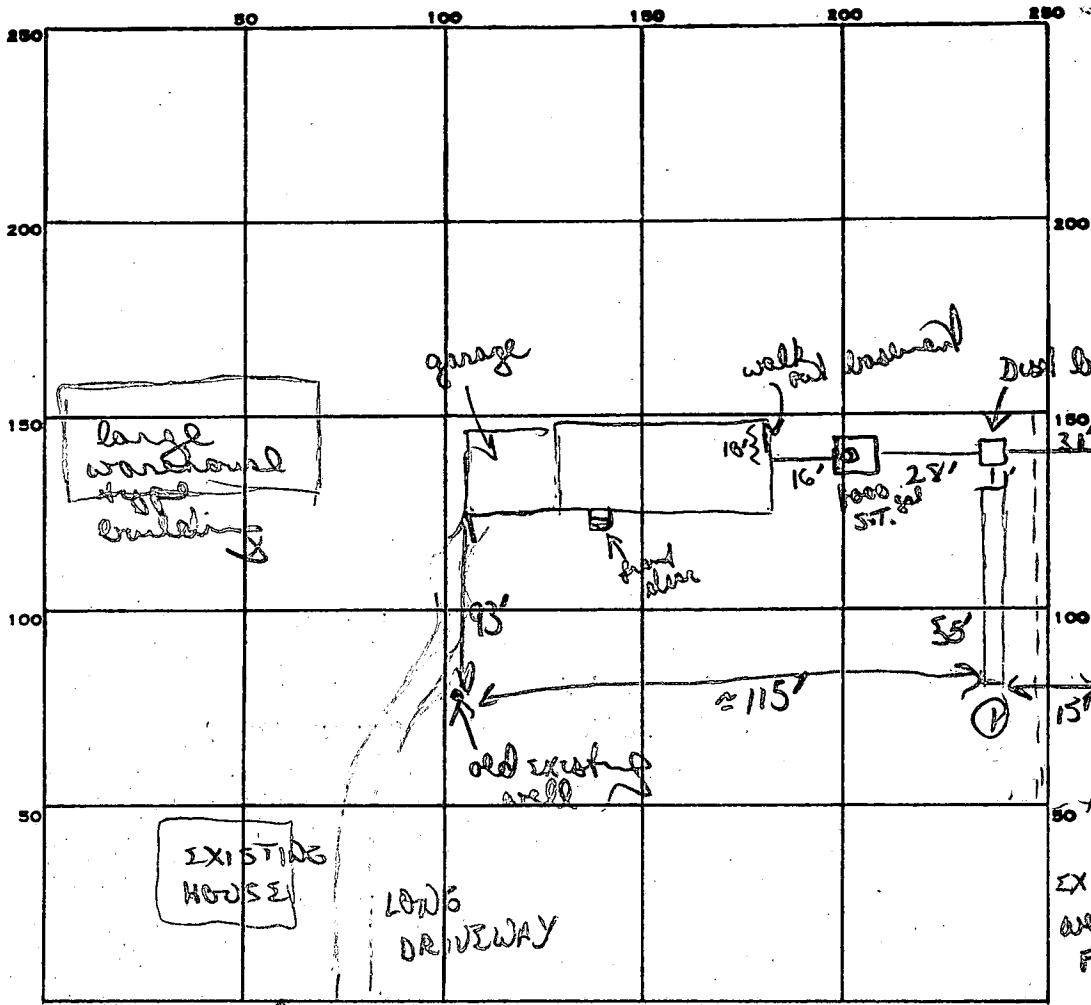
PERMIT VOID AFTER THREE YEARS.

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.

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

~~CALL 302-2120~~ FOR INSPECTION OF SEPTIC SYSTEMS.

REPAIR



PERMIT CARD cont final

LINTHICUM RD

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS S.T.

DISTRIBUTION BOX, LEVEL 1 2

TILE FIELD, DEPTH 8' 8' FT.

TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5' 5 IN.

TOTAL LENGTH 55 55 FT.

NUMBER OF TRENCHES 2

1 SIDE WALL

TOTAL BOTTOM AREA 275 + 275

SEEPAGE PITS, INSIDE DIAMETER — FT.

DEPTH BELOW INLET — FT.

ABSORBENT AREA 550 SQ. FT.

REMARKS

11/10/86 OK to add stone pipe + paper to both trenches. OK to cement all piping. (cement extra hole in shot box)
11/10/86 OK to cover both trenches + all other work

DATE SYSTEM APPROVED

11/10/86

INSPECTOR

B. W. Ryan

55' slopes of JY
 3005
 180
 3
 540
 100
 5
 550
 55
 5

SUBDIVISION: D. Mullinix

LOT NUMBER:

4464 LITHIUM DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: SEPTIC LOCATION TO BE APPROX. 1000 FE FROM LITHIUM ROAD AND APPROX 350 FT FROM STREAM. TRENCHES TO RUN ON CONTOUR TOWARD BACK OF LOT. INSTALLER RESPONSIBLE FOR MAINTAINING 100 FE FROM WELL WITH SEPTIC SYSTEM. 11/7/86 S. ADL

7/25/86
2 PM

APPLICATION

PERCOLATION TESTING

A 37991
P REPAIR

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 _____

ADDRESS 4460 LINTHICUM RD - TENANT HOUSE PHONE _____

PROSPECTIVE BUYER GEORGE RICHARDSON

ADDRESS 4750 TEN OAKS RD DAYTON MO PHONE 531-5260

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

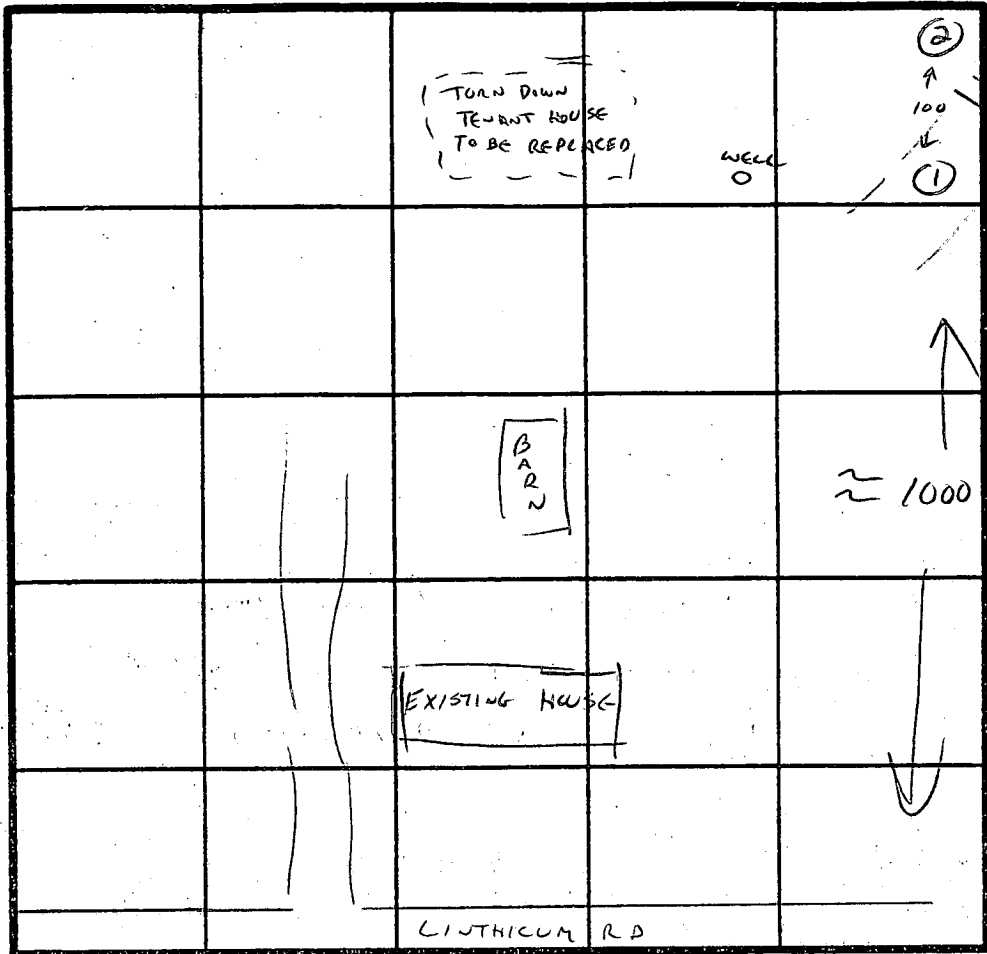
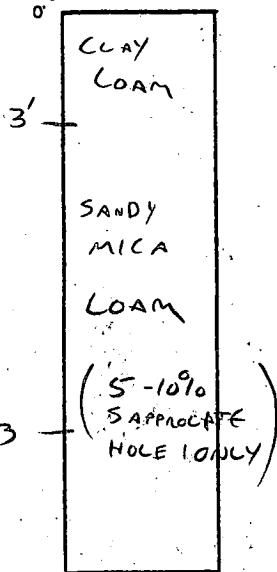
BLDG. PERMIT SIGNED
AND RETURNED 7/25/86 SA

BP # 72011

THIS IS NOT A PERMIT

HOLES 1-2-3

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLES 4

SIMILAR TO 1-2-3 EXCEPT SLIGHT MOTTLES BELOW 8'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/25/86	1	3 8	VISUAL		OK		✓	
		13	MICA LOAM 5-10% SAPPROLITE					
	2	3 8	2:41	2:43	2:43	2:45	2 MIN	
		13	MICA LOAM					
	3	3 8	2:50	2:53	2:53	2:57	4 MIN	
		13	MICA LOAM					
	4	3 8	VIS OK TO 8' ONLY - EXCLUDE FROM APPROVED AREA					
		13	MICA LOAM FAINT MOTTLES BELOW 8'					

REMARKS OWNER TO SUPPLY LOCATION DIAGRAM PRIOR TO BUILDING PERMIT

TYPE OF SOIL MICA LOAM

TESTED BY *C. Waller*

ALSO PRESENT RICHARDSON, HATFIELD

EH-12-1079

3/31/67
Handwritten initials

PERMIT

P 12193

A 12101

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 9/14/66

Wm. Schneider IS PERMITTED TO INSTALL ALTER

ADDRESS Sykesville, Maryland PHONE 787-2227

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Linthicum Rd. LOT _____

just off Ten Oaks Rd.

PROPERTY OWNER A. Leo Howard

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 468 sq. ft. absorbent sidewall area below the inlet pipe located 120 ft. from large hickory tree on edge of woods toward Linthicum Rd., and 48 ft. from barbed wire fence on right side property line as seen when facing lot from Linthicum Rd.

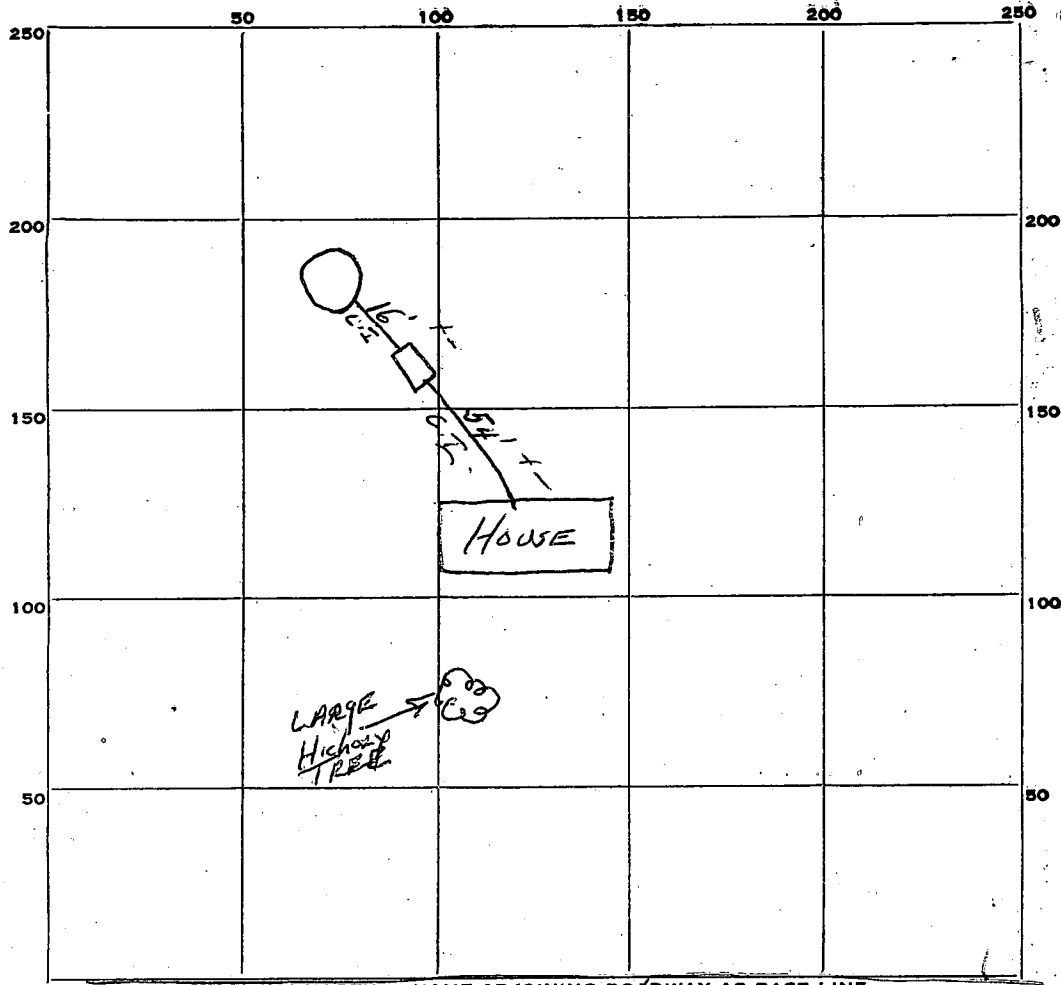
PLANS APPROVED BY J. H. Kilmore DATE 8/9/66

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A. 12101

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LINATHICUM Rd.

PERMIT CARD *yes*

SEPTIC TANK, LEVEL *concrete 760 gal*

CLEANOUTS *plug 6" stand pipe*

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER *15 1/2* FT. DEPTH BELOW INLET *10* FT.

ABSORBENT AREA *6 K.* SQ. FT.

3-31-67 REMARKS *Need about 2 ft. more of stone in dry well to come to underside of top. Need to cement inlet pipe into dry well. Checked wood to call for re-inspection. Need stand pipe on distribution box.*

4-5-67 *Nothing different from 3-31-67 JH.* 4-12-67 *Nothing different from 3-31-67 JH.*

4-17-67 *Nothing different from 3-31-67 JH.*

4-20-67 *All items above complied with JH.*

DATE SYSTEM APPROVED *4-20-67* INSPECTOR *J. Hennigan*

APPLICATION

A 12101

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

Septic Tank - 750 gallons

DATE 8/17/66

Dry well - 468 sq. ft. absorbent sidewall area below the inlet pipe located 120 ft. from large hickory tree on edge of woods toward Linthicum Rd. and 48 ft. from barbed wire fence on right side property line as seen when facing lot from Linthicum Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER A. Leo Howard

ADDRESS Linthicum Rd., Dayton, Md. PHONE AT 6-2657

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Linthicum Rd. - just off Ten Oaks Rd.

(Land mark will be a hedge row)

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.93 acres TYPE BLDG. 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Wm. Schneider

APPROVED BY J. H. Kaluore FOR Dry well DATE 8/19/66

(KIND OF SYSTEM)

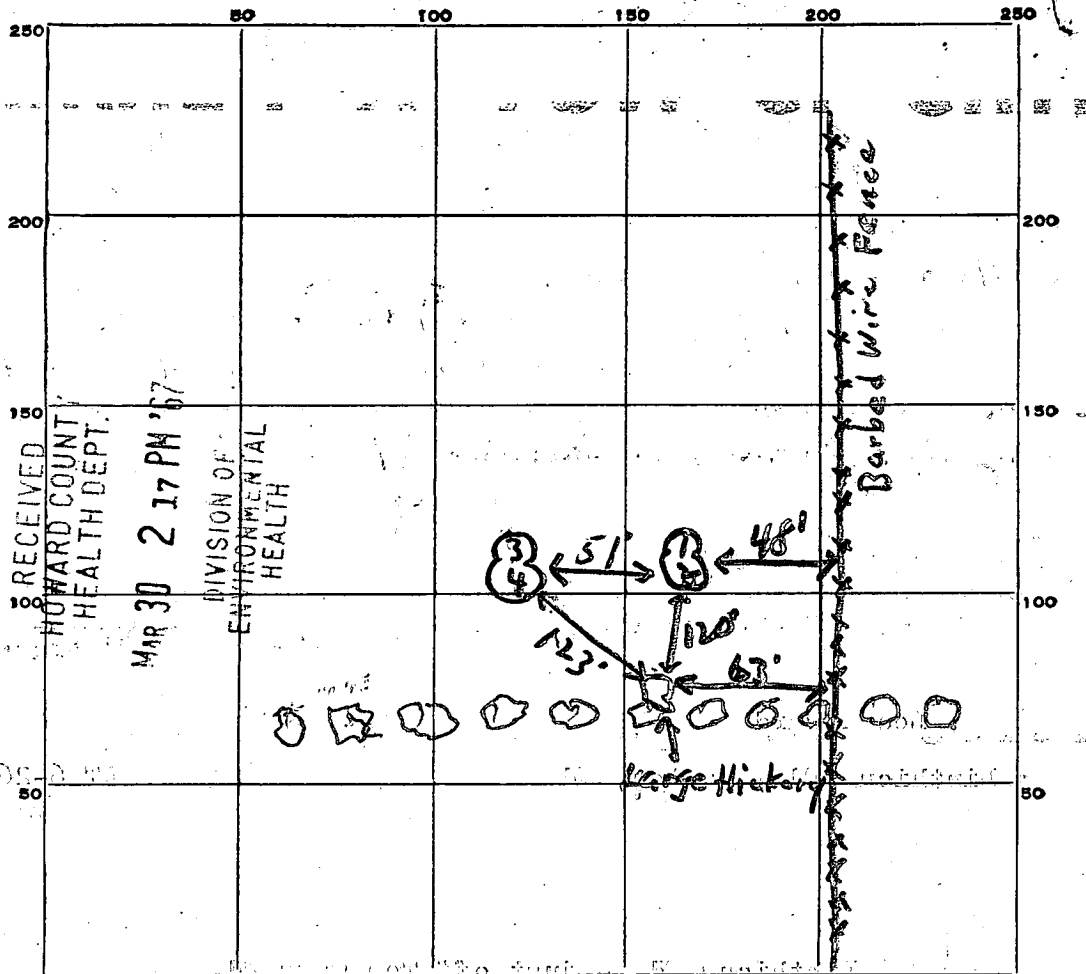
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Linthicum Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/19/66	1	9'	10:15	10:20	10:20	10:35	15 min
	2	4 1/2'	10:18	10:30	10:30	10:54	24 min
	3	9'	10:28	10:42	10:42	11:08	26 min
	4	4 1/2'	10:30	10:35	10:35	10:43	8 min

*922
18*

SOIL AUGER FINDING

TESTED BY *AHK*

REMARKS *A Les Howard*

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

20.821

Owner A Leo Howard
Street or R. F. D. Linthicum Rd
Post Office Dayton Md

Driller Willie Edmonds License Number 310
Street or R. F. D. Finksburg 1 Md.
Post Office Finksburg 1 Md.
Date Sept. 15 - 66

Quantity of Water to be Produced 5 Gallons Per Minute.
Total Quantity Needed For Use 500 Gallons Per Day.
Use for Water Home
Approximate Depth of Well (feet) 90
Method of Drilling to be used Spudder

Location of Well County Howard
Subdivision _____
Section _____ Lot _____
County _____
Nearest Town _____
Distance from Town 1/2 mile
Direction from Town N - W

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).
Near what road Linthicum Rd
On which side of road West
(North, East, South, West)
Distance from road 1200 Ft

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

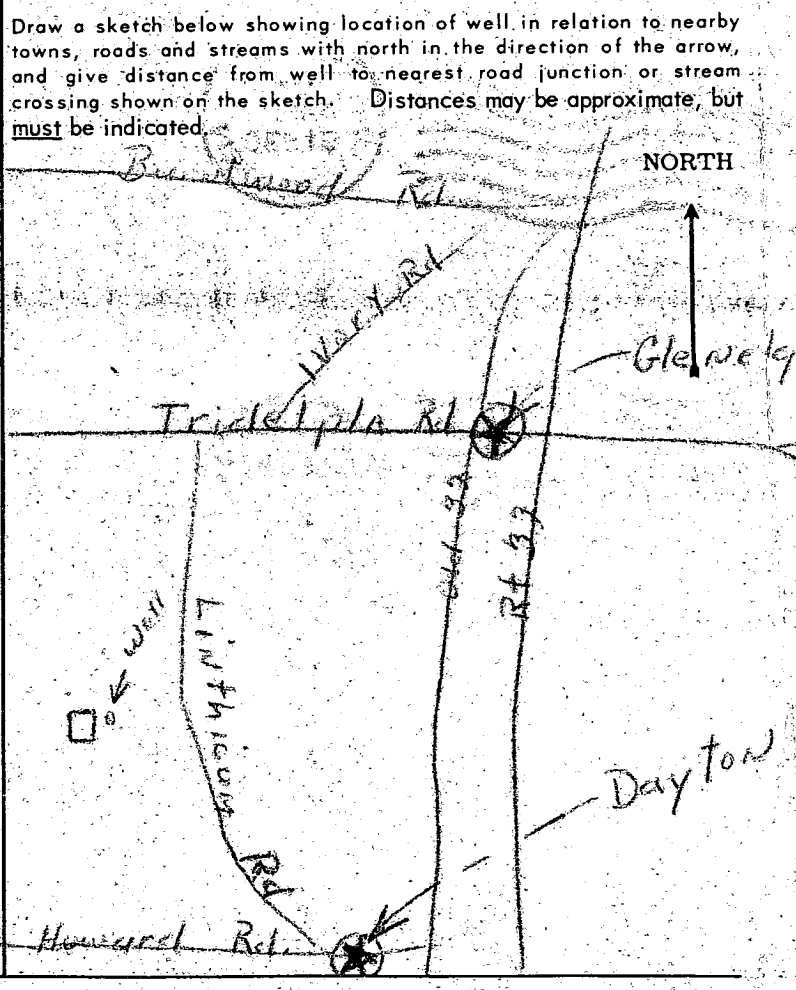
Well Permit No. Ho-67-W-114

Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Paul W. Meyer Sec. 9-20-66
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Palmer F. Wene
Title Director, Environmental Health
Date 9/19/66



**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

WELL LOG		CASING AND SCREEN RECORD	
FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Dirt	0 - 33	5 5/8	0 - 49
Dirt + Shale	33 - 45		
water light gray rock	45 - 30		
	51 Feet		

Permit Number Hu CT W 114
Owner Leo Howard
Address Doyton, Md
Subdivision _____
Section _____ Lot _____

PUMPING TEST
Hours Pumped ONE
Type of Pump Used Biler
Pumping Rate 2 Per Min
Gallons per Minute 14 Per Min

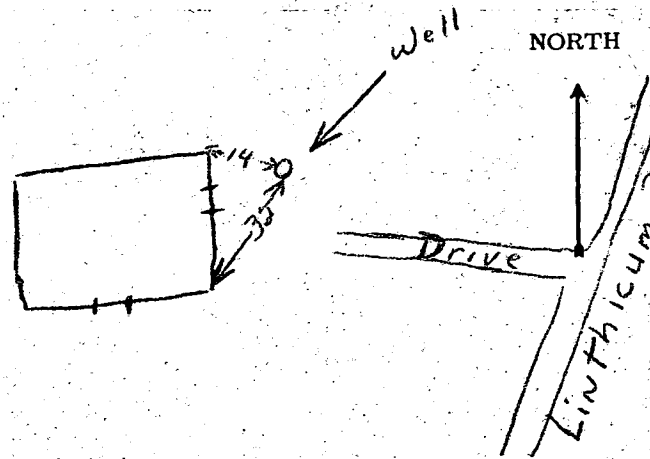
WATER LEVEL
(Distance from land surface to water)
Before Pumping 42 Ft.
When Pumping 48 Ft.

APPEARANCE OF WATER
Clear Cloudy _____
Taste OK
Odor NONE

Height of Casing Above Land
Surface 0 Ft.

PUMP INSTALLED
Type _____
Capacity
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



**DATE
WELL WAS
COMPLETED**

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Willie H. Colynson, Well Driller

Nov 4-66

Well Driller License No.: 310

**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Dirt	0 - 33	Water well Casing	5 ⁵ / ₈	0 - 49
Dirt + Shale	33 - 45			
light gray rock	45 - 30			
water	51 Feet			

Permit Number Hc (7 W) 114
Owner Leo Howard
Address Doyton, Md.
Subdivision _____
Section _____ Lot _____

PUMPING TEST

Hours Pumped ONE
Type of Pump Used Dieter
Pumping Rate 2 Per Min
Gallons per Minute 14 Per Min

WATER LEVEL

(Distance from land surface to water)
Before Pumping 42 Ft.
When Pumping 48 Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste OK
Odor None

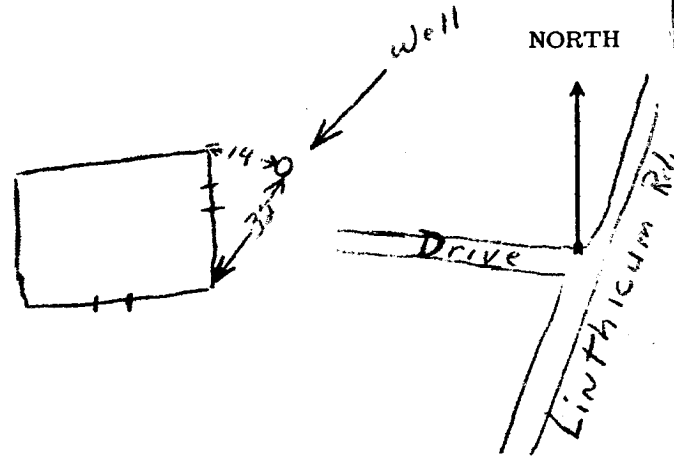
Height of Casing Above Land
Surface 0 Ft.

PUMP INSTALLED

Type _____
Capacity
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



**DATE
WELL WAS
COMPLETED**

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

William H. Edgerton, Well Driller

Well Driller License No.: 310

Nov 4-66