

5/4/84
around
NMM.

approved
5/4/84
J. Williams

Builder's
Permit # 57512
P 33851
A REPAIR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

ELLICOTT CITY
DISTRICT 5th.
DATE 5/04/84

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION Flamewood ROAD 11281 Johns Hopkins LOT 2, Block 1

PROPERTY OWNER Mr. William J. Short

ADDRESS 11281 Johns Hopkins Road
Clarksville, Maryland 21029

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 - move the septic tank approximately 10 feet.

PLANS APPROVED BY Frank Skinner DATE 5/04/84

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.

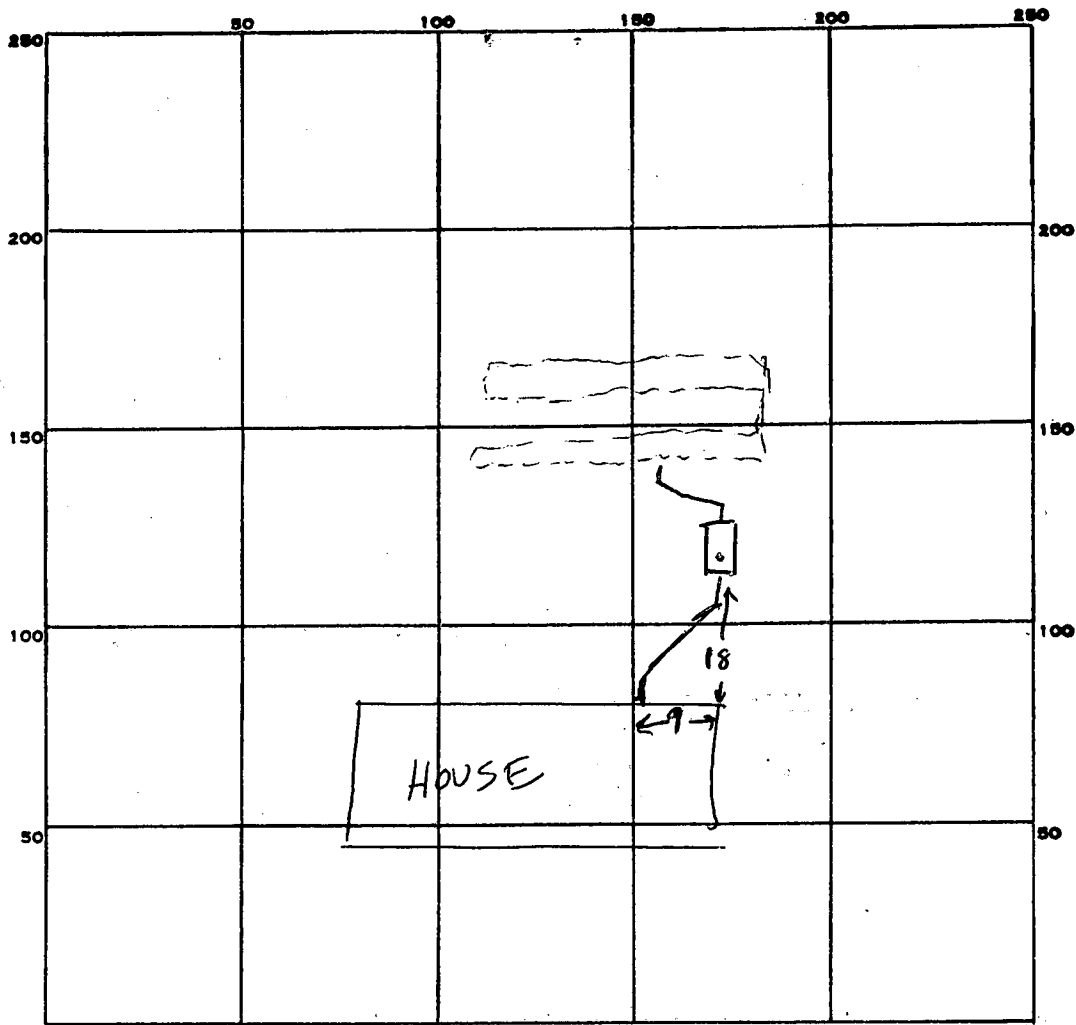
BLDG. PERMIT SIGNED
AND RETURNED 5/7/84
Quinn 57512
addition of a
patio room

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 33851



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA EXISTING

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 5/4/84 INSPECTOR C. Williams

file ok - 8-12-75 HV

PERMIT

P 21845

A 20200

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 7/17/75

4/31/75
8/11/75
after 2 PM
8/11/75
between 10
& 11 A.M. if possible
8/11/75

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS Ten Oaks Road, Glenelg, Maryland PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Flamewood ROAD 11281 Johns Hopkins Road LOT 2, Block 1

PROPERTY OWNER Henry Dryfoos, III

ADDRESS 4330 42nd Street, N.W., Washington, D.C. 20016 Phone: 363-3167

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

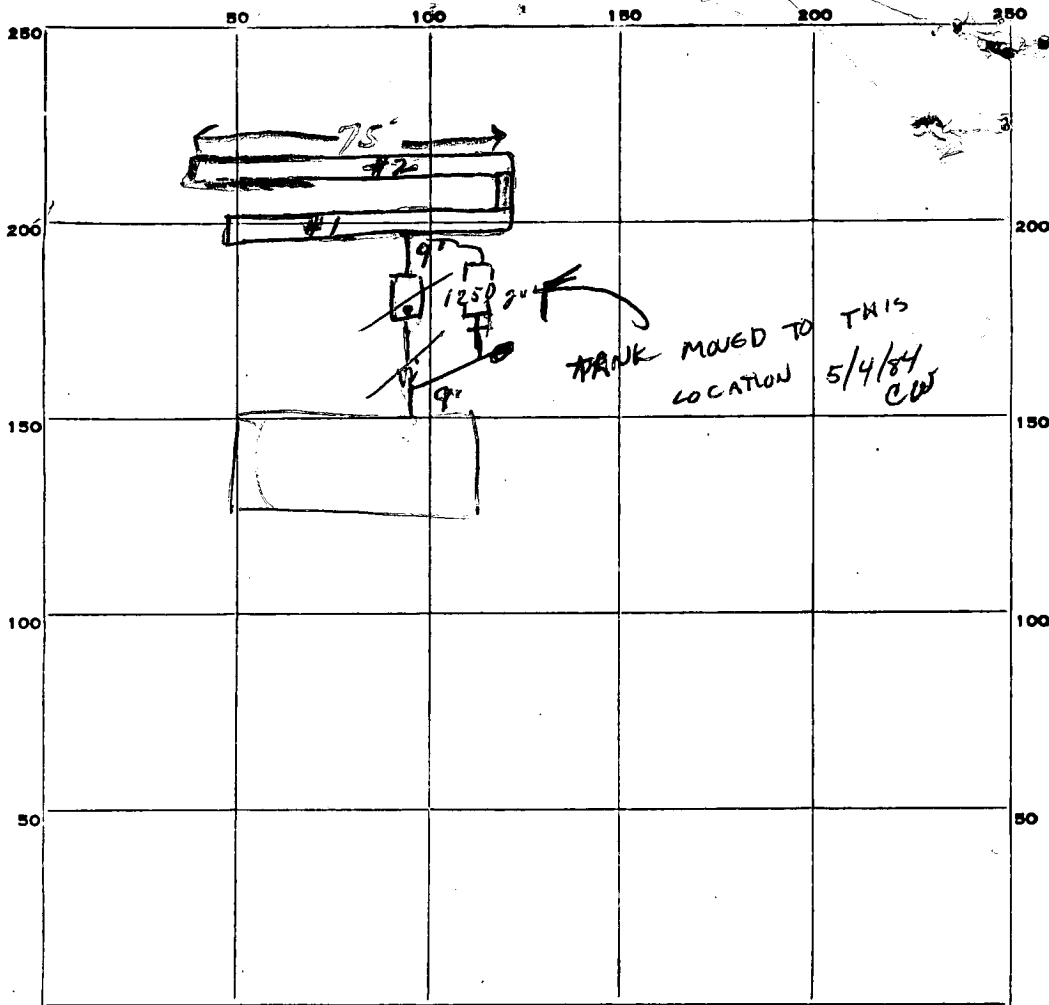
OTHER TRENCH - To have 775 sq. ft. effective sidewall absorption area to begin below the first 5 1/2 ft. of non-porous soil. Maximum depth permitted for trench is 12 ft. below original grade. Place the first trench parallel to Johns Hopkins Road 190 ft. from the front lot line. Place the second trench in series with the first trench and parallel to the first trench 202 ft. from the front lot line as seen when facing the property from Johns Hopkins Road. Call for inspection of trenches before gravel is installed.
NOTE; ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS. NOTE: INSTALL STAND PIPES ON SEPTIC TANK. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Frank Skinner DATE 7/16/75

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 20200



LOCATION
 APPROX
 200'-E
 from
 road
 OK
 HW

PERMIT CARD PRESENT

SEPTIC TANK, LEVEL

CLEANOUTS ST 1

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 175 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 384 SQ. FT. 834

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

ABSORBENT AREA — SQ. FT.

REMARKS Septic tank only installed 7/31/75 DJOY
 8/11/75 am. Trench #1 64' long, 11' deep, w 6' gravel.
 pm Trench #2 50' long 11' deep - to be extended
 to 70-75' long w 6' of gravel. Final inspt needed 8/12.
 TRENCH #2 75' w 6' GRAVEL
 job OK TO Cover
 8-12-75

DATE SYSTEM APPROVED 8-12-75 INSPECTOR H. Z. BAR

4-12' Loles
on 10,000 ft

APPLICATION

A 20200

Preliminary

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/20/74

4 B.R. 1250 gal. septic tank

Trench to have 775 sq. ft. effective sidewall absorption area to begin below the first 5 1/2 ft. of non-porous soil. Maximum depth permitted for trench is 12 ft. below original grade. Place the first trench parallel to Johns Hopkins Road, 190 ft. from the front lot line. Place the second trench in series with the first trench and parallel to the first trench 202 ft from the front lot line as seen when facing the property from Johns Hopkins Road.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Note: Call for inspection of trenches before gravel is installed.

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

PROPERTY OWNER Henry Dryfoos III

ADDRESS 4330-42nd St. N.W., Washington, D.C. 20016 PHONE 363-3167

PROPERTY LOCATION:
SUBDIVISION Flamewood LOT NO. 1st 2 Block 1
2 Block 2

ROAD AND DESCRIPTION John Hopkins Road

SIZE OF LOT 40,000 square feet TYPE BLDG. 3-4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Henry Dryfoos III

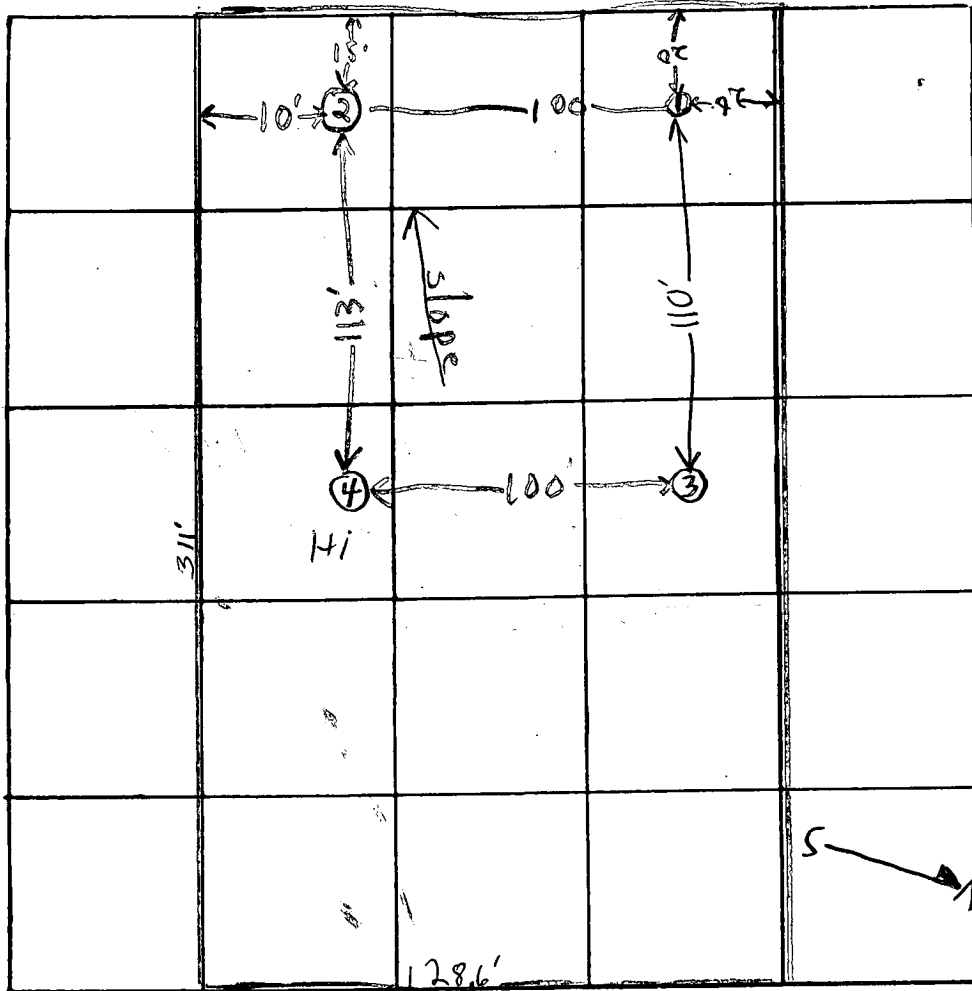
APPROVED BY Frank Skinner FOR Trench (S) DATE 7/16/75
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



BK 1
on 7/11/75
BK 2

Lot 2

E = 13

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Johns Hopkins Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/11/74	1	12'	1:31	1:51	1:51	2:12	21 min	
	2	4'	1:39	1:44	1:44	1:54	11 min	
	2 A	12'	1:39	1:42	1:42	1:46	4 min	
	1 A	5'	1:46	1:59	1:59	2:20	21 min	
	3	11 1/2'	Visual; some type soil					
	4 hi	4 1/2'	2:06	NO PRC				
	4	12'	2:06	2:09	2:09	2:14	5 min	
	4	5 1/2'	2:16	2:25	2:25	2:42	17 min	

Nancy Johnson
 49702 237

REMARKS Hole #1 has a lot of clay; Hole 4 has clay to 5-5 1/2'

TYPE OF SOIL _____

TESTED BY F.S. ALSO PRESENT: _____

C 1 **6372** SEQUENCE NO. (WRA USE ONLY)

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 11/10/77

DEPTH OF WELL 300

(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-23972

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 209

OWNER TALLORED HOMES INC LAST NAME FIRST NAME

STREET OR RFD 9469 Good Lion Road POST OFFICE Columbia, Md. 21045

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Mica Sand	0	46	
Mica Rock	46	300	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) *
 CEMENT CM BC
 BENTONITE CLAY BC CM

NO. OF BAGS 17 NO. OF POUNDS 1615

GALLONS OF WATER 136

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 42 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)

INSERT S T C O
 STEEL CONCRETE

P O
 PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 46

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW)

S T B R H O
 STEEL BRASS OR BRONZE OPEN HOLE

P O
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 16 TO 300

1 2 3 (SEQ. NO.) 6

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1, 3/8 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T 70 LOG INDICATOR 72

W 74 OTHER DATA AVAILABLE 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE TRIS

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 35 (NEAREST FOOT)

WHEN PUMPING 22 (NEAREST FOOT) 200 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT) 2

- BELOW } 49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Harold Dillon

SIGNATURE Harold Dillon

B 1 2764
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 HO-73-2092
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 11/8/77
 9:30 am
 1st

OWNER TAYLOR HOES INC
 COL 15 LAST NAME
 STREET OR RFD 9469 Good Lion Road
 COL 36
 POST OFFICE Columbia, Maryland 21045
 COL 57
 FIRST NAME John
 COL 34
 LAST NAME Taylor
 COL 58
 COL 59
 COL 60
 COL 61
 COL 62
 COL 63
 COL 64
 COL 65
 COL 66
 COL 67
 COL 68
 COL 69
 COL 70
 COL 71
 COL 72
 COL 73
 COL 74
 COL 75
 COL 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 4 5 6
 (SEQ. NO.)
 DATE 10/24/77
 LICENSE NUMBER 209
 77 80
 FIRST NAME Howard
 DRILLER
 LAST NAME Dillon
 SIGNATURE

B 3 LOCATION OF WELL
 1 2 3 4 5 6
 (SEQ. NO.)
 COUNTY HOWARD
 (DO NOT ABBREVIATE COUNTY NAME)
 SUBDIVISION Plainwood
 SECTION 1 LOT 2
 NEAREST TOWN Scaggsville
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2
 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 4 5 6
 (SEQ. NO.)
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300
 14 20
 USE FOR WATER (CIRCLE APPROPRIATE BOX):
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY
 TEST
 MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 4 5 6
 (SEQ. NO.)
 NORTH
 EAST
 NORTHWEST
 SOUTH
 WEST
 SOUTHWEST
 NEAR WHAT ROAD John Hopkins Road
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 SOUTH
 EAST
 WEST
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100
 34 37 38 39

APPROXIMATE DEPTH OF WELL 150
 24 28 FEET
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED)
 JETTED
 DRIVEN
 AIR-ROTARY
 AIR-PERCUSSION
 ROTARY (HYDRAULIC ROTARY)
 CABLE
 REVERSE-ROTARY
 DRIVE-POINT
 OTHER (DESCRIBE)
 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, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.
 N
 46' casing
 44' open hole
 17 bags cement
 11/8/77
 SAWNER
 U.S. RT
 T.S.O.
 TOWN OF PLAINWOOD

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER
 FORCE
 WRITE INITIALS IN BOX
 CONDITIONS
 ENGINEER REVIEW DISTRICT NO.
 A E N S G W Q C L U

BOX NUMBER
 E 820
 N 180
 NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 4 5 6
 (SEQ. NO.)
 STATE HEALTH COUNTY NAME Howard COUNTY NO. 027070
 MO. DAY YR. 10 17 77
 DATE APPROVED BY
 48 Paul Emmelt, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 4 5 6
 (SEQ. NO.)

C 1 **3098** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 7/3/75 DEPTH OF WELL 210 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-1031

DATE WELL COMPLETED 7/3/75 (TO NEAREST FOOT) 22 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 209

OWNER TAILORED HOMES INC LAST NAME FIRST NAME

STREET OR RFD 9469 GOOD LION RD POST OFFICE COLUMBIA 21045

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>Offica Sand</i>	0	60	
<i>Offica Rock</i>	60	210	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 10 NO. OF POUNDS 957

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 30 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 35

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM 35 TO 210

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

SLOT SIZE 1. 2. 3.

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 24 (NEAREST FOOT)

WHEN PUMPING 210 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

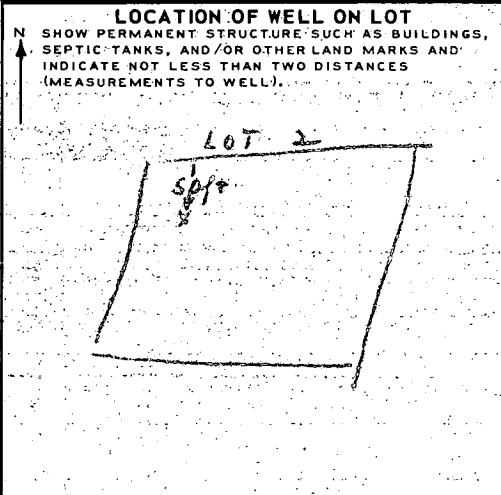
GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE (NEAREST FOOT) 2



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: HOWARD DILLON

(PLEASE PRINT) Howard Dillon

SIGNATURE Howard Dillon

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

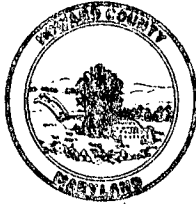
TELESCOPE CASING 70 72

LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. ROYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH
TIBER PLACE
8306B FORREST STREET
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: 892-2330

May 2, 1984

Mr. William J. Short
11281 Johns Hopkins Road
Clarksville, Maryland 21029

RE: Building Permit Serial #58512
11281 Johns Hopkins Road

Dear Mr. Short:

This office has received the above referenced building permit application to construct a patio room on your property.

As we had previously discussed the septic tank is within two feet of the proposed addition.

Prior to our approval of this permit, you must secure a permit to repair the septic system and replace or relocate the septic tank so that it is 10 feet or more from the proposed structure.

If you have any questions regarding this matter or want to obtain a septic system repair permit, contact this office at 992-2330.

Very truly yours,

Frank A. Skinner, Director
Water and Sewerage Program

FAS:hs

cc: Licenses and Permits