

7/18/83  
9:30 A.M.

# PERMIT

*approved*  
7-18-83  
*William*

P 32815  
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

ELLICOTT CITY  
DISTRICT 4th.  
DATE 6/01/83

## INDEX

*Glen Ketterman*  
~~Mrs. William Barrow~~

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER  X  
ADDRESS 14512 MacClintock Court PHONE 489-4320  
SUBDIVISION Warfield Estates ROAD 14512 MacClintock Ct. LOT 14A, Sec. 4  
PROPERTY OWNER Mrs. William Barrow  
ADDRESS \_\_\_\_\_

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

INSTALL APPROXIMATELY 600' SQ FT TRENCH SYSTEM.  
INLET 4 1/2' BOTTOM 4' - 6 1/2' GRAVEL = 90' FT TRENCH. 7-18-83  
William

PLANS APPROVED BY Frank Skinner DATE June 1, 1983

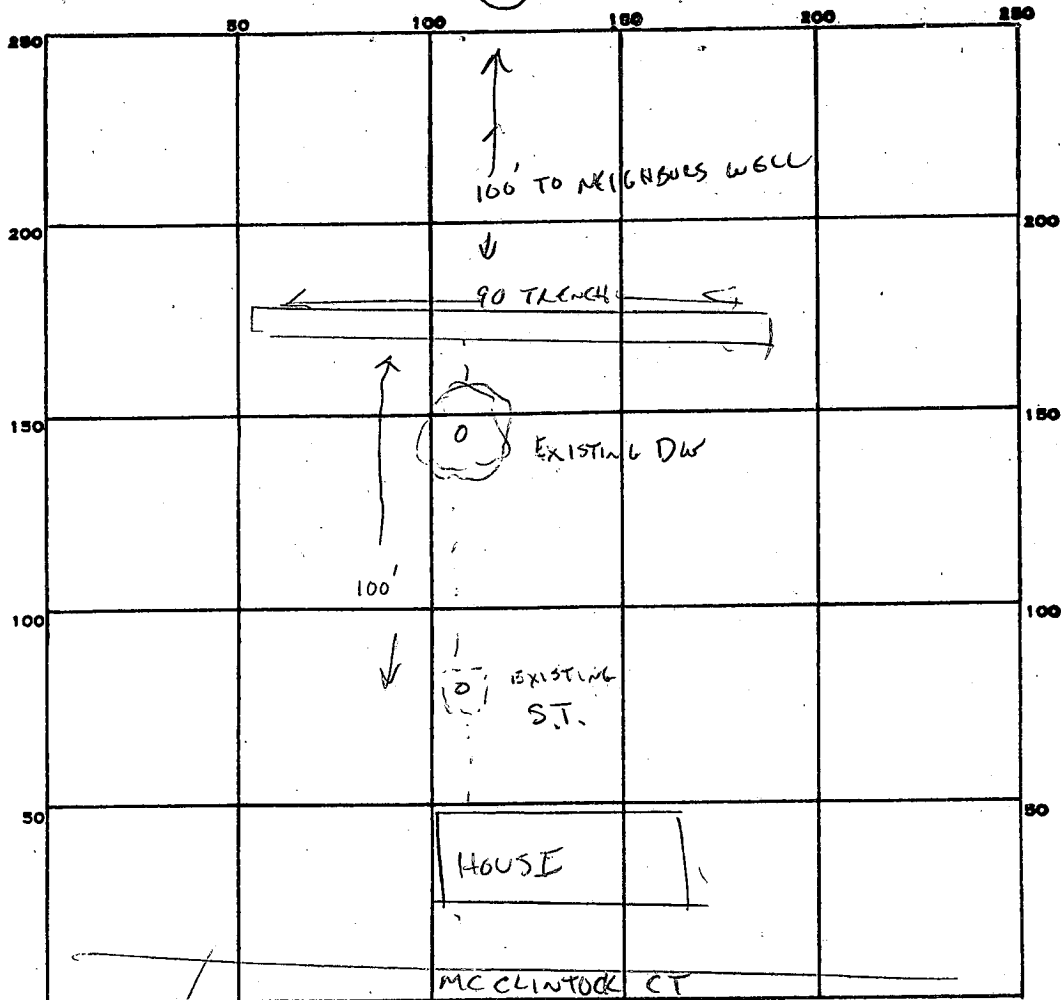
- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. 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

*P 32815*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

4  
 $6.5 \overline{) 600} \quad 92.5$   
 $\underline{585}$   
 150

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

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

INLET 4 1/2  
 GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS VISUAL SAND 4'-14'

TRENCH OK ADD GRAVEL, CW 7-18-83

SYSTEM OK, 7-18-83 CW

DATE SYSTEM APPROVED 7-18-83 INSPECTOR C. Williams

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 1/22/73

W. E. Winkler

IS PERMITTED TO INSTALL  ALTER

ADDRESS Box 386, Mt. Airy, Md.

PHONE 795-2049

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Warfield Estates

14512

ROAD MacClintock Rr Ct.

LOT 14A, Sect. 4

PROPERTY OWNER ~~Maple Hill Farm Associates~~ Mrs. William Barrow

ADDRESS 9300 E Fontana Avenue, Seabrook, Md. 20801

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER DRY WELL - 480 sq. ft. sidewall area below the inlet. Dry well inlet to be no deeper than 4 1/2 ft. and dry well bottom to be no deeper than 11 ft. Place the dry well 81 ft. from the back lot line and 30 ft. from the left side of the lot as seen when facing the lot from MacClintock Court.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges

DATE 10/7/71

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

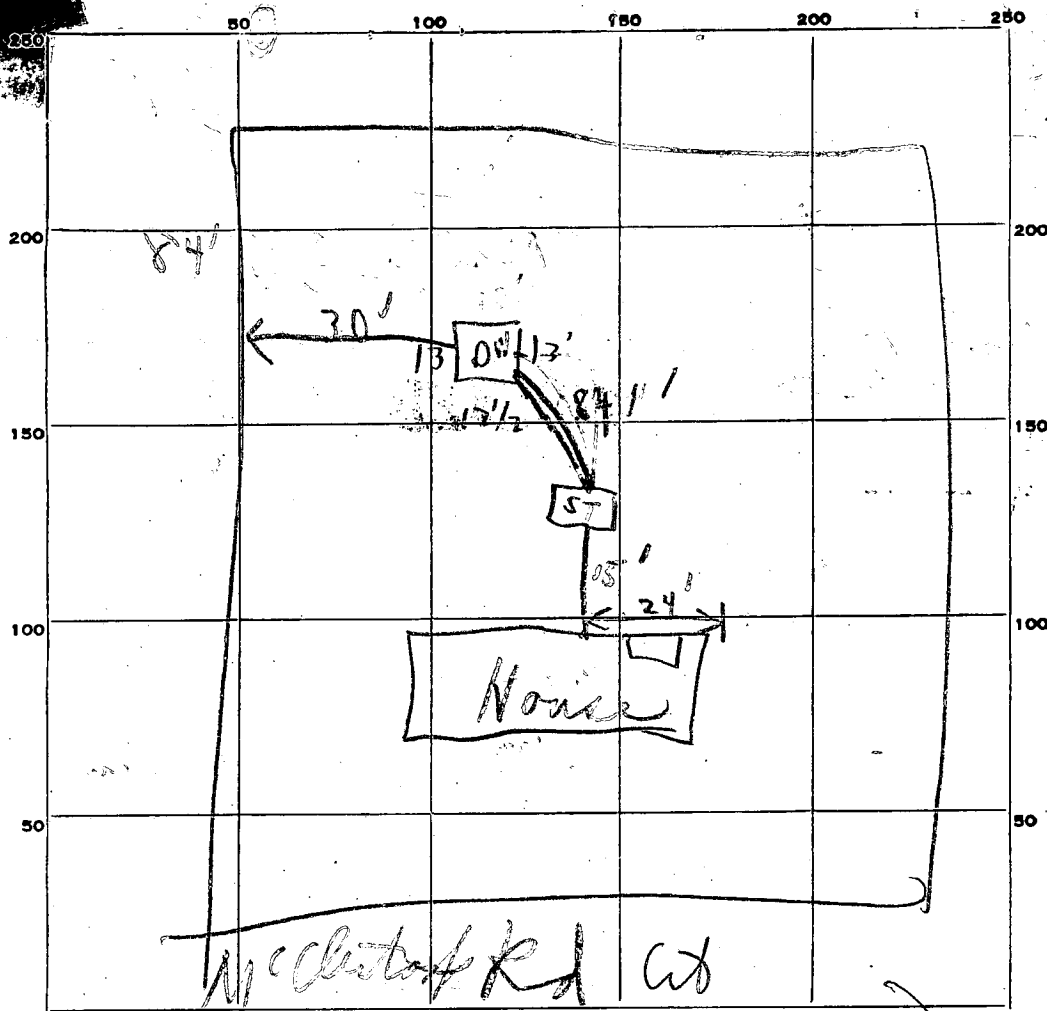
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

3/27/73 Final  
54  
486 (dry floor)  
CBO P  
17887  
14927

Winkler  
13/12

INDEXED

A 14927



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Signed stop all work (Signed approved back side) + comments on back side OK

PERMIT CARD

SEPTIC TANK, LEVEL

OK

CLEANOUTS

ST

OK  
D.W.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

FT.

TRENCH WIDTH

FT.

GRAVEL DEPTH

IN.

TOTAL LENGTH

FT.

NUMBER OF TRENCHES

54

TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER

OUTSIDE PERIMETER 54  
5 1/2 FT.

DEPTH BELOW INLET

9

FT.

ABSORBENT AREA

463

SQ. FT.

486

REMARKS

2/9/73 (Hold for more area)

+ Supervisor decision C.B.S. Partially covered from S.T. to Dry Well

2/14/73 - to come off dry well front back - 60ft long  
2 1/2 ft wide 8 ft deep - 3 1/2 ft gravel under pipe D.W.

3/7/73 ~~to stop front work~~

M. Wankler + supervisor over front

DATE SYSTEM APPROVED

2/9/73

INSPECTOR

C. Stricker

D.W.  
51  
9  
459  
4 1/2  
463

162  
138  
11/10/71 Needs additional hole.  
Wiggin  
Cofcity  
Co. Hough

# APPLICATION

11/20/71  
Receipt  
will be disp.  
A 14927  
P

SEWAGE DISPOSAL TESTING  
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 3BR

4BR

ELLICOTT CITY

1000 gal tank

1250 Gal Tank

DISTRICT 4

Dry Well 480 soft sidewall  
area below the inlet

Dry Well 620 soft sidewall  
area below the inlet

DATE 10/30/69

Dry Well Inlet to be no deeper than 4 1/2 FT  
and Dry Well bottom to be no deeper than  
11 FT

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

of the lot as seen when facing  
lot line and 30 FT from the left side

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

PROPERTY OWNER Maple Hill Farms Associates

Any questions call:  
Mr. Silberman  
243-2584

ADDRESS 9300 Fontana Ave., Seabrook, Md. 20801 PHONE

PROPERTY LOCATION:

SUBDIVISION Maple Hill Estates

LOT NO. 14 Sect 4  
85, Sec. 2

ROAD AND DESCRIPTION Circle 6 MacClintock Ct

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 276' x 128' x 264' TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ MacClintock & Huster

APPROVED BY Raymond Hodge FOR Dry Well DATE 10/7/71  
(KIND OF SYSTEM)

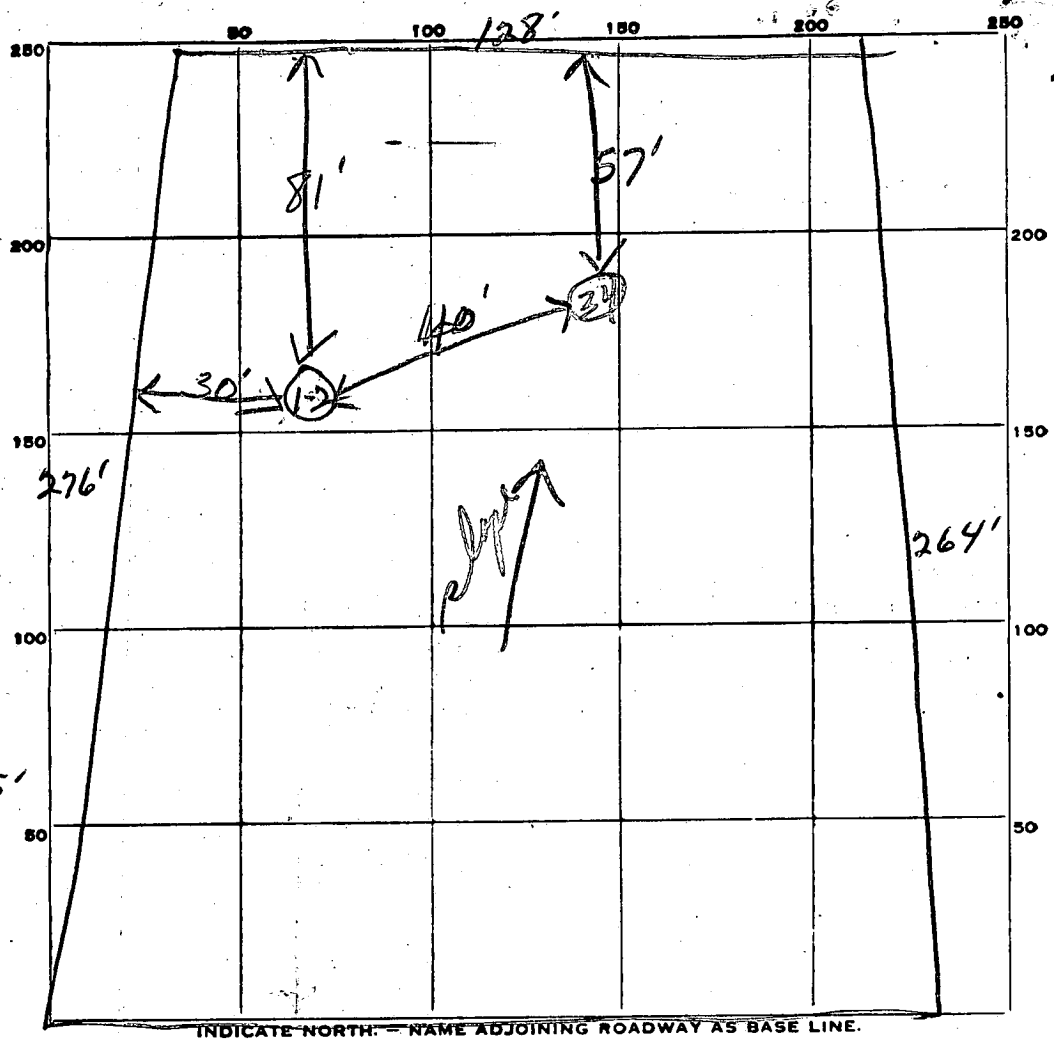
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS? \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

306/027  
 100/03  
 30/04  
 19  
 5



Outback 75'

*Circle 6*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/28/69	1	10'	233	240	240	250	10 in
	2	4 1/2'	233	No	percolation clay muddeger		
	3	11'	242	248	248	254	6 in
	4	5'	242	247	247	255	8 in

lat  
85  
Sec 2

SOIL AUGER FINDING \_\_\_\_\_  
 TESTED BY *[Signature]* \_\_\_\_\_  
 REMARKS \_\_\_\_\_

# APPLICATION

A 14927

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 10/30/69

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 Maple Hill Farms Associates

ADDRESS 9300 Fontana Ave., Seabrook, Md. 20801 PHONE Mr. Silberman

Any questions call:

243-2584

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 85 Sec 2 85, Sec. 2

ROAD AND DESCRIPTION Circle 6

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 276' x 128' x 264' TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ MacClintock & Huster

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

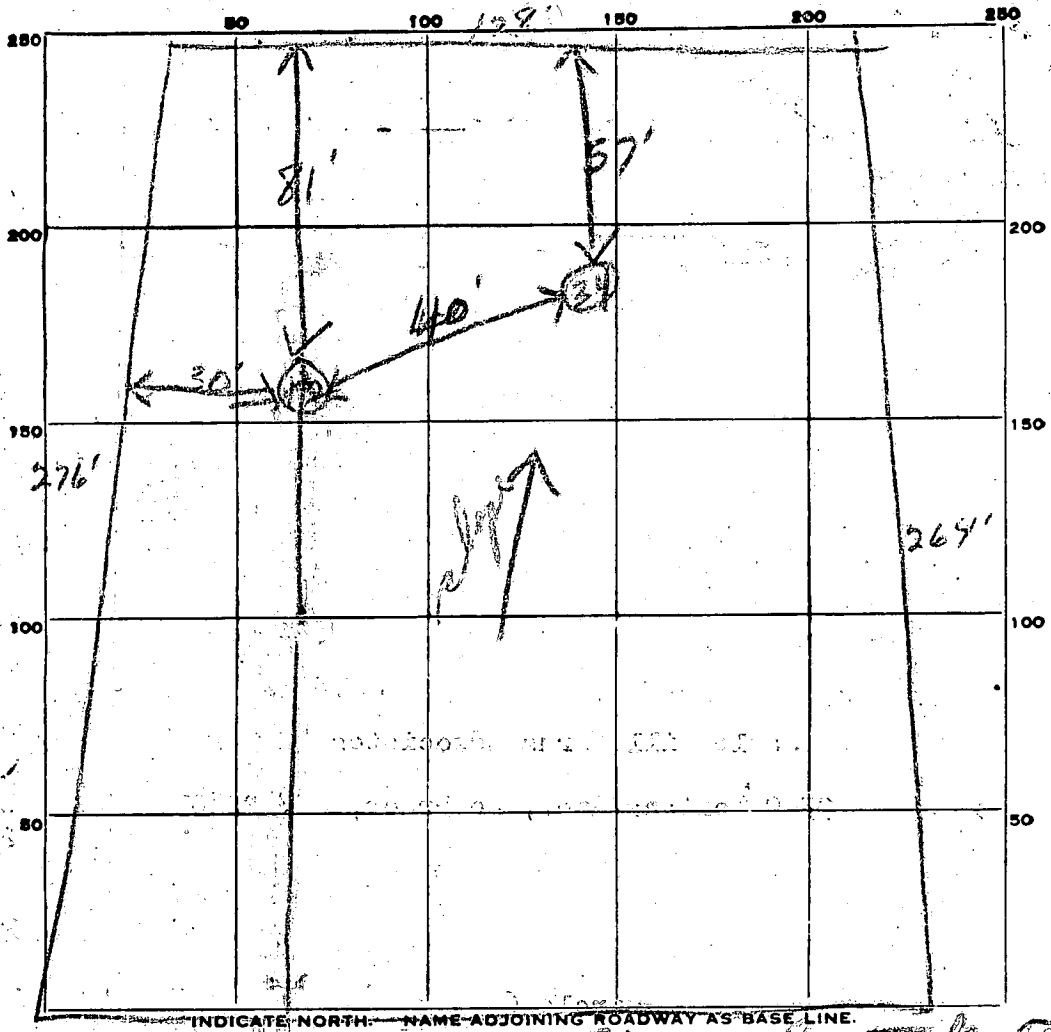
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



5/11/19

RC back 75'

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.  
*L. M. Macdonald*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/28/69	1	10'	233	240	240	250	10 in
	2	4 1/2'	233		No percolation clay mud layer		
	3	11'	242	248	248	256	6 in
	4	5'	242	247	247	255	8 in

Donor  
 area  
 with  
 4 1/2'

SOIL AUGER FINDING \_\_\_\_\_

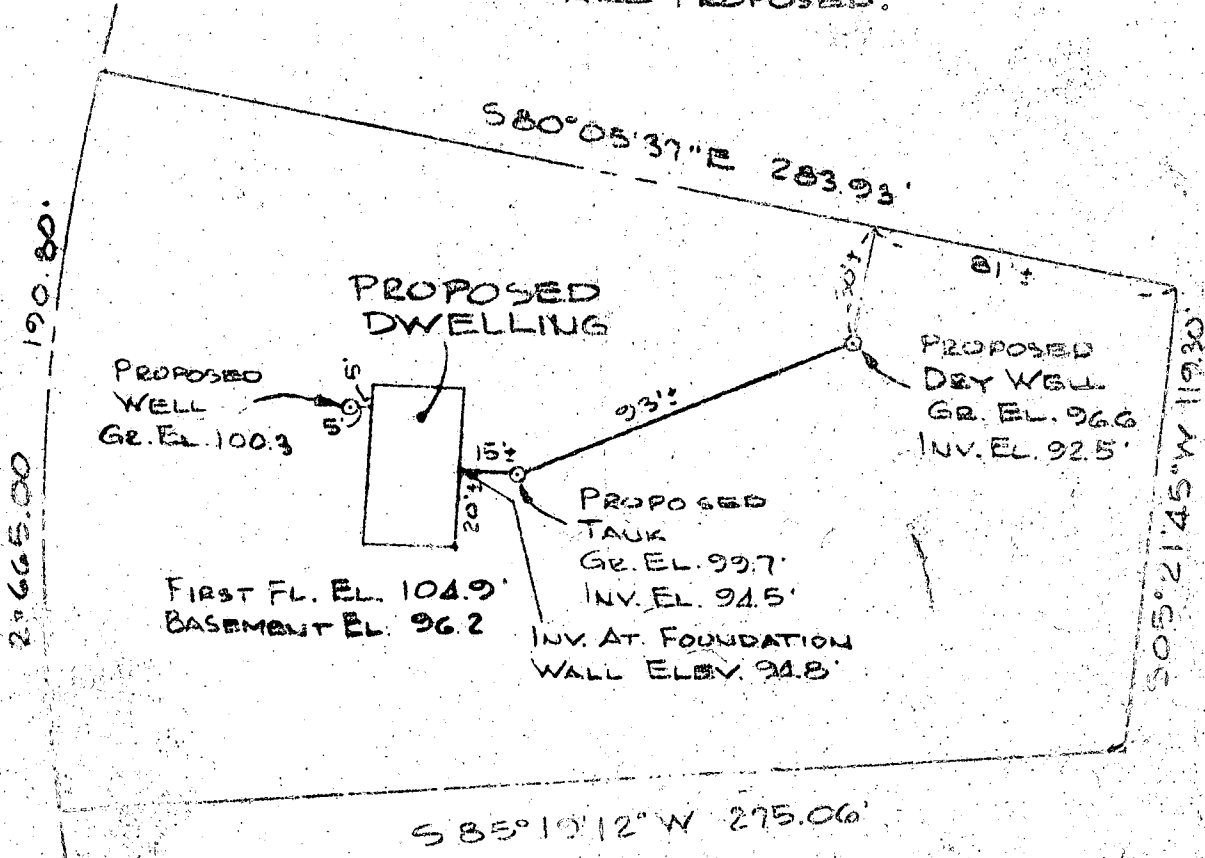
TESTED BY *JTA*

REMARKS \_\_\_\_\_

**NOTE:**

1. GROUND ELEVATIONS SHOWN ARE EXISTING - BASED UPON AN ASSUMED DATUM.
2. FLOOR ELEVATIONS AND INVERT ELEVATIONS SHOWN ON PLAN ARE PROPOSED.

MAC CLINTOCK COURT



I hereby certify that I have made a survey of this lot for the purpose of locating the improvements thereon and that they are located as shown. and elevation differences are actual and correct.

*William T. Sadler*

REG. NO. 7730

*Deep Hole Approved by PM on 12/29/72*

*Plans OK 12/31/72 R.H.*

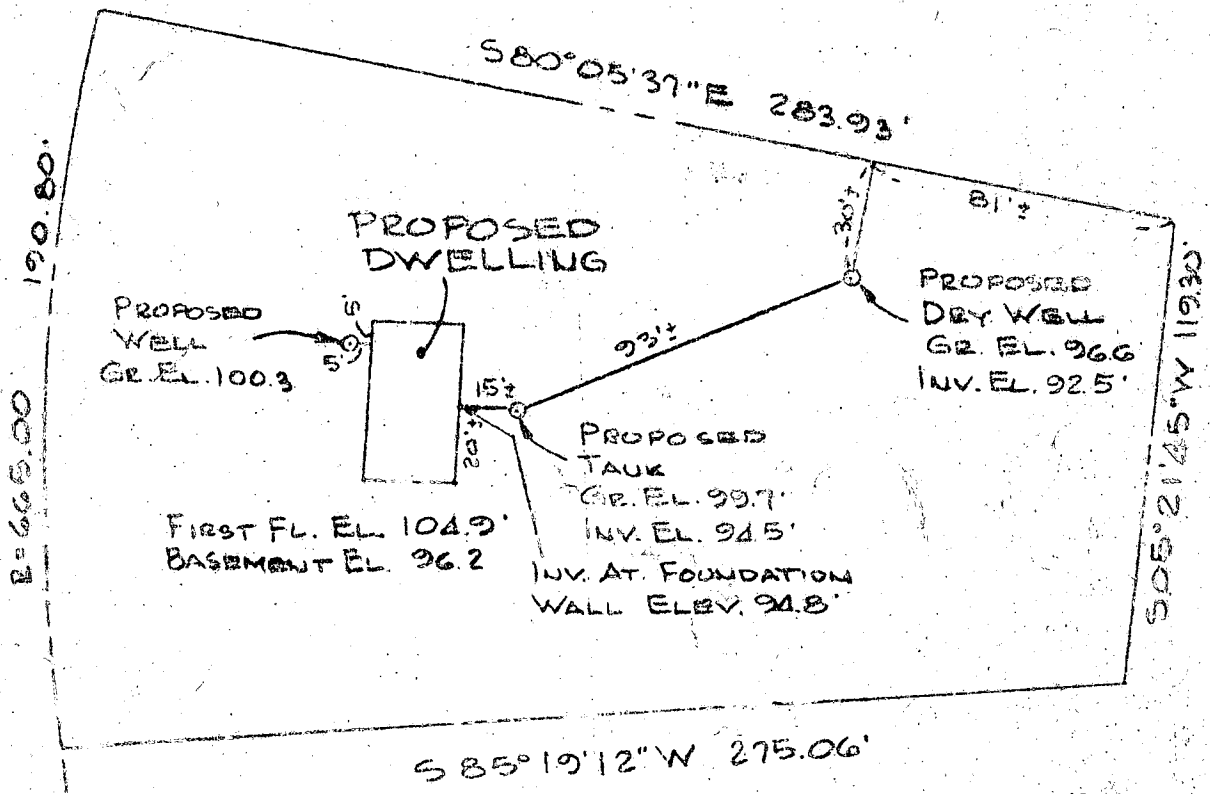
LOT 14, BLOCK 5  
SECTION 5  
WARFIELD ESTATES  
4TH ELECTION DIST.  
HOWARD COUNTY, MD.

<p><b>SCALE</b></p>	<p><b>LOCATION SURVEY</b> SHOWING PROPOSED WELL &amp; SEPTIC SYSTEM LOCATION</p>	<p><i>M.W. Wright</i> 833-8410</p> <p><i>Bldg permit released 1-26/72</i></p>
<p><b>DATE</b> 1-25-72</p>	<p><b>WILLIAM T. SADLER</b> REGISTERED LAND SURVEYOR 11610 TERRYTOWN DRIVE REISTERSTOWN, MD.</p>	
<p><b>JOB No.</b> 45872</p>		

**NOTE:** This plot is not intended for use in establishing property lines.

MAC CLINTOCK COURT

- NOTE:
1. GROUND ELEVATIONS SHOWN ARE EXISTING - BASED UPON AN ASSUMED DATUM.
  2. FLOOR ELEVATIONS AND INVERT ELEVATIONS SHOWN ON PLAN ARE PROPOSED.



*Deep hole Approved by DMM on 11/29/72  
Plans OK 12/5/72 B72*

I hereby certify that I have made a survey of this lot for the purpose of locating the improvements thereon and that they are located as shown and elevation differences are actual and correct.

*William T. Badler*

LOT 14, BLOCK A,  
SECTION FOUR  
WARFIELD ESTATES  
4TH ELECTION DIST.  
HOWARD COUNTY, MD.

REG. NO. 7730

<p><b>SCALE</b> 1" = 50'</p>	<p><b>LOCATION SURVEY</b> SHOWING PROPOSED WELL &amp; SEPTIC SYSTEM LOCATION</p>	
<p><b>DATE</b> 11-25-72</p>	<p><b>WILLIAM T. BADLER</b> REGISTERED LAND SURVEYOR 11610 TERRAYTOWN DRIVE REISTERSTOWN, MD.</p>	
<p><b>JOB No.</b> 45972</p>		

NOTE: This plot is not intended for use in establishing property lines.

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

DWR PERMIT NUMBER

HO-73-006  
FILL IN THIS FORM COMPLETELY

B 1 01050  
SEQUENCE NO. (DWR USE ONLY)  
1 2 3 4 5 6 (SEQ. NO.)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY)  
OWNER: Angus Construction Co.  
STREET OR RFD: 24 Westminister Pike  
POST OFFICE: Reisterstown, Maryland 21135

OWNER: Angus Construction Co. COL 15 LAST NAME FIRST NAME COL. 34  
STREET OR RFD: 24 Westminister Pike COL 36 COL. 55  
POST OFFICE: Reisterstown, Maryland 21135 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION  
1 2 3 (SEQ. NO.) 6  
DATE: September 6, 1972 LICENSE NUMBER: 120  
FIRST NAME: Edgar Hop Sons Corp DRILLER LAST NAME: Stanley B. Cochran

B 3 LOCATION OF WELL  
1 2 3 (SEQ. NO.) 6  
COUNTY: Howard  
SUBDIVISION: Warfield Estates  
SECTION: 23 LOT: 14  
NEAREST TOWN: West Friendship  
MILES FROM TOWN (ENTER O. IF IN TOWN): 3

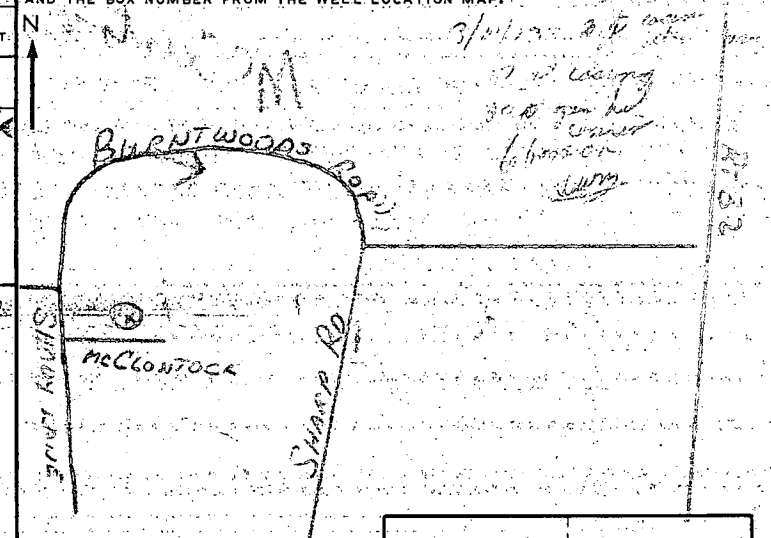
B 2 WELL INFORMATION  
1 2 3 (SEQ. NO.) 6  
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5  
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500  
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 PRIVATE WATER COMPANY }  
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)  
1 2 3 (SEQ. NO.) 6  
N NORTH E EAST NE NORTHEAST SE SOUTHEAST  
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST  
NEAR WHAT ROAD: McClootock Drive  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): E  
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 80

APPROXIMATE DEPTH OF WELL: 150 FEET  
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)  
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
BORED (OR AUGERED) JETTED DRIVEN  
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
CABLE REVERSE-ROTARY DRIVE-POINT  
OTHER (DESCRIBE):

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.

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):



NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)  
APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 65  
FORCE: WRITE INITIALS IN BOX CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 790 N 520  
NORTH COORDINATE: 525000  
EAST COORDINATE: 0700000  
ELEVATION AT WELL HEAD (FEET): 0/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL  
1 2 3 (SEQ. NO.) 6  
41 STATE HEALTH (CIRCLE BOX) 5 COUNTY NAME: Howard COUNTY NO.: 3007  
DATE: 09 08 72 APPROVED BY: E Palmer F. Fine, Director

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

B 1 <b>05275</b> <small>1 2 3 (SEQ. NO.) 6</small> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DWR USE ONLY) <small>1 2 3 (SEQ. NO.) 6</small> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	<b>STATE OF MARYLAND</b> DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	DWR PERMIT NUMBER <i>10-12-11-73</i> <b>FILL IN THIS FORM COMPLETELY</b>
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DATE RECEIVED (DWR USE ONLY) <b>3/14/73</b> <i>1:30 P.M.</i>	OWNER <u>August C. Johnston</u> <small>COL 15 LAST NAME FIRST NAME COL. 34</small> STREET OR RFD <u>24 Westminister Rd.</u> <small>COL 36 COL. 58</small> POST OFFICE <u>Reston</u> <small>COL 57 COL. 76</small>
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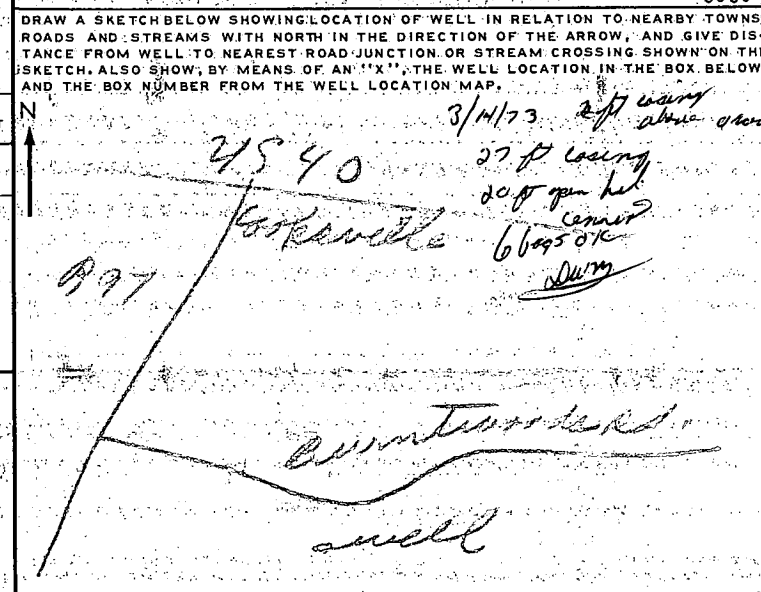
B 1	CONTINUED	<b>DRILLER INFORMATION</b> <small>1 2 3 (SEQ. NO.) 6</small> DATE <u>Feb. 9, 73</u> LICENSE NUMBER <u>42</u> <small>77 80</small> FIRST NAME <u>J.P. Tatum</u> DRILLER LAST NAME SIGNATURE <u>J.P. Tatum</u>
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B 3	CONTINUED	<b>LOCATION OF WELL</b> <small>1 2 3 (SEQ. NO.) 6</small> COUNTY <u>Dorchester</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>22</u> 42 SECTION <u>0</u> LOT <u>19</u> 50 NEAREST TOWN <u>Crossville</u> 52 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>4</u> 71 <small>76 77 78</small>
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B 2	CONTINUED	<b>WELL INFORMATION</b> <small>1 2 3 (SEQ. NO.) 6</small> MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u> 14 20 <b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT <input type="checkbox"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> PRIVATE WATER COMPANY } <input type="checkbox"/> TEST
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B 4	CONTINUED	<b>DIRECTION FROM TOWN</b> (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NE <input type="checkbox"/> SE <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NW <input type="checkbox"/> SW NEAR WHAT ROAD <u>Burrows</u> <small>11 NORTH SOUTH EAST WEST 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <small>32 32 32 32</small> DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>300</u> 34 37 <small>38 39</small>
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APPROXIMATE DEPTH OF WELL	<u>110</u> FEET <small>24 28</small>
APPROXIMATE DIAMETER OF WELL	<u>6</u> (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input type="checkbox"/> 30-37 <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A-STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
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NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)	
APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> <small>67 68</small>	FORCE <input type="checkbox"/> WRITE INITIALS IN BOX <input type="checkbox"/> CONDITIONS <u>W</u> <small>70 71 72 73 74 75 76 77 78 79</small>

BOX NUMBER	E <u>790</u> N <u>520</u>	NORTH COORDINATE <u>535000</u> <small>50 51 52 53 54 55</small> EAST COORDINATE <u>070000</u> <small>57 58 59 60 61 62 63</small> ELEVATION AT WELL HEAD (FEET) <u>65</u> 66 67 68 <small>0/0 5/0</small>
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B 4	CONTINUED	<b>HEALTH DEPARTMENT APPROVAL</b> <small>1 2 3 (SEQ. NO.) 6</small> STATE HEALTH (CIRCLE BOX) <input checked="" type="checkbox"/> <u>Howard</u> 3116 <small>41</small> COUNTY NAME <u>Howard</u> COUNTY NO. DATE <u>021573</u> APPROVED BY <u>Palmer F. Minn, Director</u> <small>43 48</small>
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B 5	CONTINUED	SPECIAL CONDITIONS 8-63 (DWR USE ONLY) <small>1 2 3 (SEQ. NO.) 6</small>
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C 1 **6167** SEQUENCE NO. (DWR USE ONLY)  
 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 5-6 ON ALL CARDS)

STATE OF MARYLAND  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
**FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (DWR USE ONLY) 3/10/72 DEPTH OF WELL 200 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-78-01/78  
 DATE WELL COMPLETED 3/10/72 22 (TO NEAREST FOOT) 20  
 8-13 15 20 DRILLERS IDENTIFICATION NO. 42

OWNER ANGUS LAST NAME CONST. CO. FIRST NAME  
 STREET OR RFD 24 WESTMINSTER Road POST OFFICE KEISTERSTOWN, Md.

**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	
TAP Soil	0	2	
SANDY	2	19	
SANDSTONE	19	23	✓
GRAVEL	23	300	✓

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 25 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES (CIRCLE APPROPRIATE)  
 INSERT APPROPRIATE CODE BELOW  
 STEEL  CONCRETE  
 PLASTIC  OTHER

MAIN CASING TYPE  S  F  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 27

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE)  
 INSERT APPROPRIATE CODE BELOW  
 STEEL  BRASS OR BRONZE  OPEN HOLE  
 PLASTIC  OTHER

**EACH SCREEN**

DEPTH (NEAREST WHOLE FOOT) FROM \_\_\_\_\_ TO \_\_\_\_\_

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK  IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  68

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

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 40 (NEAREST FOOT)  
 WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)  
 AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

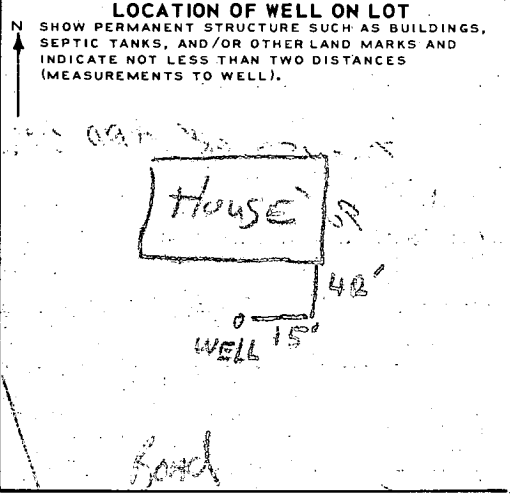
**PUMP INSTALLED**

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) 31 35  
 PUMP HORSEPOWER 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 ABOVE } LAND SURFACE (NEAREST FOOT) 2  
 BELOW }



**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

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 J.P. [Signature]

(PLEASE PRINT) J.P. [Signature]

SIGNATURE J.P. [Signature]