PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-319680

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXX998XX 313-2640

INDEXED

P 5 7538B

A 57077

DISTRICT 4th

DATE 11/19/96

DATE SYSTEM APPROVED /

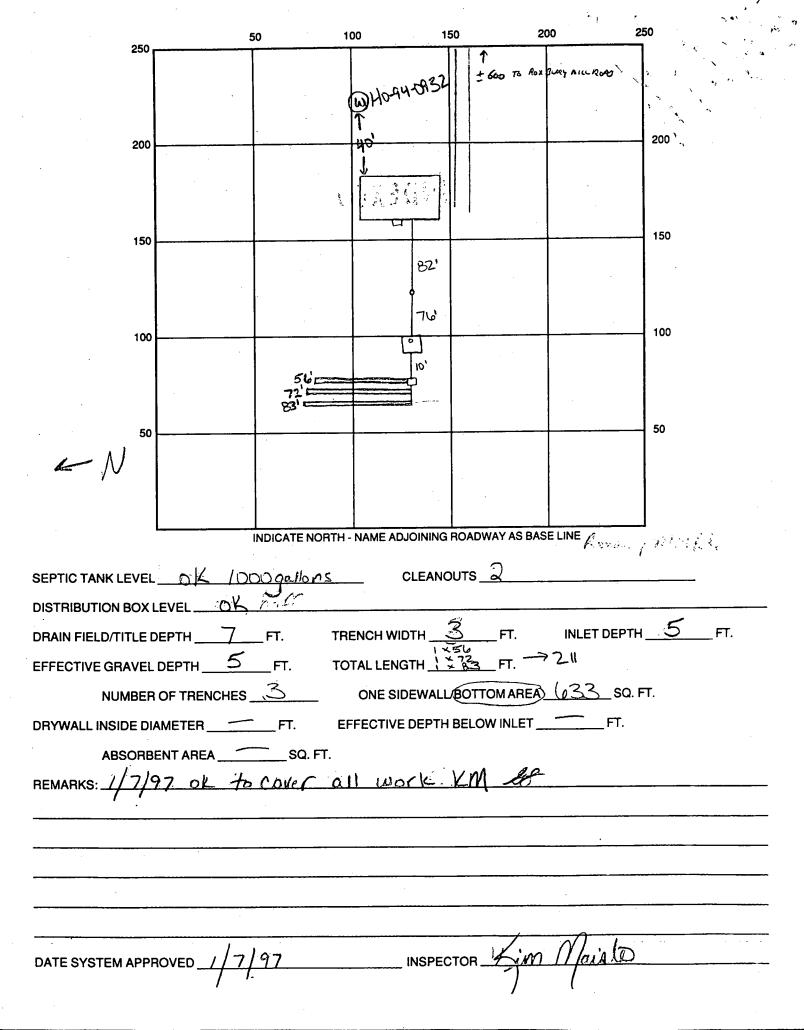
INSPECTOR (M)

Jack Fyock Septic Serv	ice	IS PERMITTED TO INSTALL _	XALTER	
ADDRESS 4105 Ten Oaks Road, Da	yton, Maryland 2103	6 PHONE 988-92	270	
SUBDIVISION Siron Property	LOT	ROAD 4554 Roxbury Road	1	
PROPERTY OWNER	William and	Nealie Siron		
ADDRESS				
SEPTIC TANK CAPACITY 1000 GALLOI NUMBER OF BEDROOMS 3		SEAM SEPTIC TANK REQUIREI HIN 20° OF DRAINFIELD***	D IF TANK NOT	
210 SQUARE FEET PER BEDROOM		•		
LINEAR FEET OF TRENCH REQUIRED 210	<u></u>			
TRENCHES - Trench to be 3 feet depth 7 feet below original grade. 2	original grade. Eff	ective area begins at 5	feet below	
original grade. 2 LOCATION - Place distribution line. Run trenches	box 175 feet from re on contour to right	ar lot line and 145 feet side of lot. Required	from right lot trench layout:	
NOTE - Provide 6" - 8" día	meter cleanout and c	ap to grade or above on s	septic tank.©K10/2=	
PLANS APROVED BY Mark R	ifkin	D	ATE 10/22/96	
COVER NO WORK UNTIL INSPECTED AND APPROVED)			
NEITHER THE HOWARD COUNTY COUNCIL NOR THE	HEALTH DEPARTMENT IS RESPONS	SIBLE FOR THE SUCCESSFUL OPERATION C	OF ANY SYSTEM	
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF ACCEPTABLE.	TE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.			
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANI AUTHORIZED)	K, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS	OTHERWISE SPECIFICALLY	
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR IN	SPECTION BEFORE AND AFTER PL	ACING GRAVEL IN TRENCH(ES)		
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIA	METER NO ABSORPTION TRENCH	TO EXCEED 100 FEET IN LENGTH		
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUS	ST BE CAST IRON OR SCHEDULE 35	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

PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

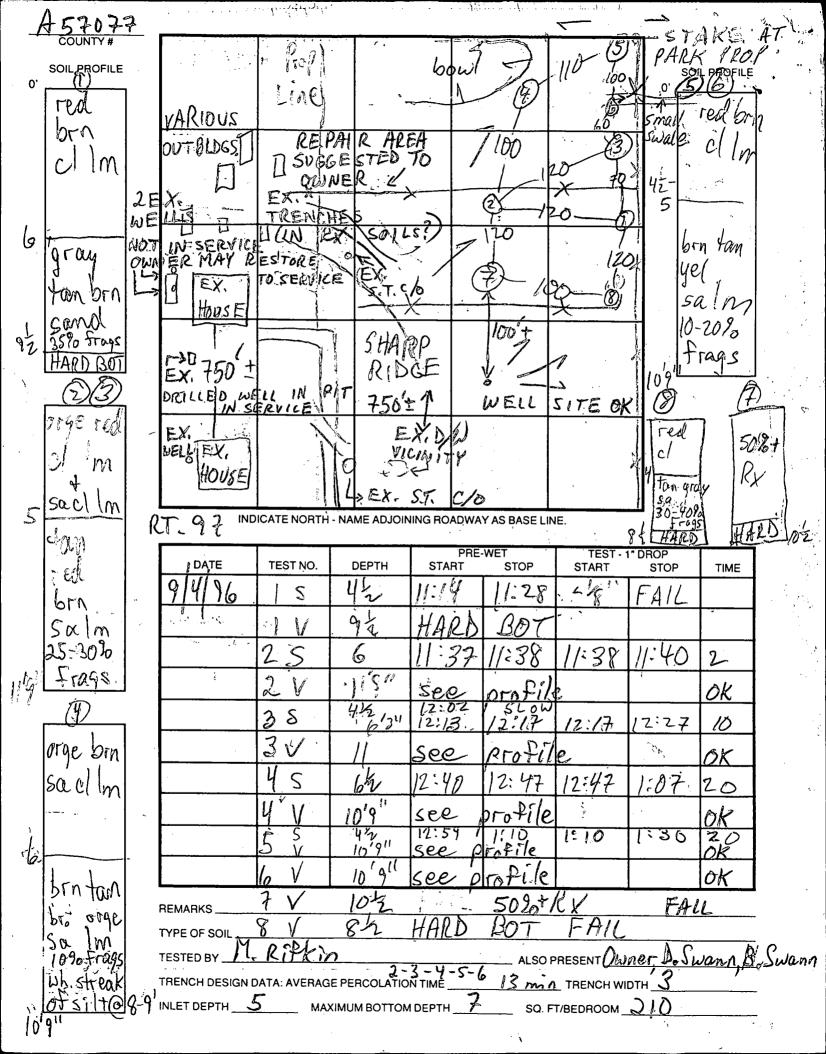


10/00 APPLICATION

	PERCOLATION TESTING	A 57077
HOWARD COUNTY HEALTH DEPARTME	TOTY, MARYLAND 21043 PAGUIGED OF LO VACAUT LO APPCICANT EAC EAC EAC EAC EAC EAC EAC EA	P
BUREAU OF ENVIRONMENTAL HEALTH	ANT WI	DISTRICT
3525-H ELLICOTT MILLS DRIVE/ELLICOT TELEPHONE: 313-2640	TCITY, MARYLAND 21043 APPCICANT ENGLE OF PROPE	DATE 9/6/94
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	ADJOINING OF E	WELL-SEPTIL T. B. P. CW
I HEREBY APPLY FOR THE NECESSARY	TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTR	UCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER MR & MRS	WM L. SIRON	
ADDRESS 4586 RT	77, BROOKUILLE, MP. Map 27 P.	6 410-489 5269
AGENT OR PROSPECTIVE BUYER BIL	LL SWANN OR DAYE	SWANN)
	108, #16HLAND, 2077 PHON	301 854 2608 4895217
PROPERTY LOCATION: 5 ACRES	FRONTING 200 FT WEST NORTH OF MONTG, CO.	410 925-6012 mobile SIDE OF RT 97 APPROX.
SUBDIVISION	LOT NO	
ROAD AND DESCRIPTION	Y Roxbury Road)	
TAX MAP 27 PARCEL #	TYPE BLDG. 5	SLDG. PERMIT SIGNED MID RETURNED 10/32/9/2 Sural # Bro 10 3000 F D - 3 Brm (SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS AF	PPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FAC	CILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF	THIS PERC TEST APPLICATION IS NON-REFUNDAE	BLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREM	ENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BY	FOR	DATE
DISAPPROVED BY	FOR	DATE
HOLD PENDING FURTHER TESTS		. /
REASONS FOR REJECTION OR HOLDING	HOLD FOR PLAT-PE	RC OK MR 9/9/96
PERCOLATION TEST PLAT/PRELIMINARY PLA	T - TITLE OR I.D. #	DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITL	E OR I.D. #	DATE

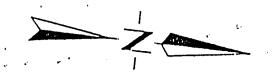
THIS IS NOT A PERMIT

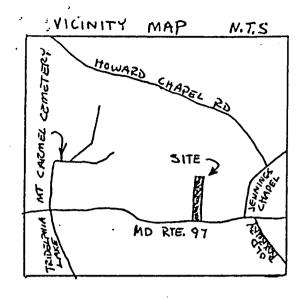
.HD-216 (3/92)



C 1 7840 SEQUENCE NO. (MDE USE-ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER A57077			
DATE WELL COMPL	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL" [4]			
OWNER : Siron last name	20 (TO NEAREST FOOT) William	28 29 30 31 (32 33 34 35 36 37			
STREET OR RFD Last name SUBDIVISION STRON PROP	SECTION TOWN 6	enwood LOT Map 27 Par 5			
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)			
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET check if water	CEMENT (CM) BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS 45/15-2	PUMPING RATE (gal. per min.) 1 2 •			
additional sheets if needed) FROM TO bearing	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket			
Brown Shale 0 24	from	WATER LEVEL (distance from land surface) BEFORE PUMPING 6 2 1 ft.			
Brown Shale 0 24 Blue Rock 24 240 v	casing types insert CASING RECORD CO	WHEN PUMPING 98 11.			
	appropriate STEEL CONCRETE CODE PL OT	TYPE OF PUMP USED (for test)			
	PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine			
	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)			
	ST 63 64 66 70	jet Submersible			
	OTHER CASING (if used) C diameter depth (feet) inch from to	PUMP INSTALLED			
	S N	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES of NO) IF DRILLER INSTALLS PUMP, THIS SECTION			
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED			
	or open hole ST BR HO insert appropriate STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: PLACE (A,C,J,P,R,S,T,O) 29			
NUMBER OF UNSUCCESSFUL WELLS:	code below BRONZE HOLE PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER			
WELL HYDROFRACTURED YES N	C 2	PUMP COLUMN LENGTH (nearest ft.)			
CIRCLE APPROPRIATE LETTER * A WELL WAS ABANDONED AND SEALED	E 1 HO 26 290	CASING HEIGHT (circle appropriate box and enter casing height)			
E ELECTRIC LOG OBTAINED	C 8 9 11 15 17 21 H S 2	dabove LAND SURFACE			
P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	C. 23 24 26 30 32 36 R E 3	below (nearest) foot)			
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	E 38 39 41 45 47 51 SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR			
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. TYPE: MWD/MSD/MGD	DIAMETER (NEAREST INCH) 56 60	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
DRILLERS LIC. NO.	GRAVEL PACK to				
DRILLERS SIGNATURE	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68				
(MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	97			
	70 72 74 75 76	S. S			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	<u> </u>			

LIBMIT CODIES OF COMPLETED FORM TO.			
COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)			
WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM			
DATE WELL ABANDONED: // 18/96 (month/day/year)		·	
(month/day/year)			
PERMIT NUMBER OF ABANDONED WELL (if any)			
PERMIT NUMBER OF REPLACEMENT WELL	0 94 0 9	732	
PERSON ABANDONING WELL: DAVE SWAWN WELL DRILL OWNER'S NAME:	LERS LICENSE NUMBER: _	_ <u>.</u>	
OWNER'S NAME:	CIRCL	E: MWD/MS	SD/MC
WELL LOCATION:			
COUNTY: NEAREST TOWN: TAX MAP BLOCK PARCEL PARCEL			
NEAREST TOWN: NAME OF TAX MAR TO BLOCK A PARCEL 6			
SUBDIVISION:			
SECTION: LOT:	*		
MARYLAND GRID COORDINATES			
BOX NUMBER N 5/4	000		,
TYPE OF WELL BEING ABANDONED:	SHOW WELL LOCAT	ION	
JETTED	BY X WITHIN BOX	K	
BORED/AUGUERED HAND DUG OTHER (specify)	LOG OF SEALING	3 MATERIAL	
USE CODE:		FEET	
DOMESTIC MUNICIPAL/PUBLIC	MATERIAL	EDOM	то
IRRIGATION INDUSTRIAL TEST/OBSERVATION	CONCRETE	550 C	OTO
TYPE OF CASING:			•
STEEL PLASTIC OTHER (specify)			
SIZE OF CASING: 6 INCHES IN DIAMETER			
DEPTH OF WELL: 55 FEET DEEP			
WAS ANY CASING REMOVED? YES X NO if yes, length removed, in feet:			
·			
WAS CASING RIPPED OR PERFORATED? YES X NO	MWD/MSD/MGD	,	





BSMT FLR 103.0
FIRST FLR 112.0
HOUSE INV OUT 101.0
SEPTIC TANK

INV IN 90.0 INV OUT 89.5 DISTRIBUTION BOX 77.5

EX. GRADE D.B. 82.0

DINV IN TRENCH 77.0

10' PIPE PRIOR TO S.T.

MUST BE AT 1-290 FALL;

TOPSEAM SEPTIC TANK IF

TANK NOT WITHIN ZO'

OF DRAINFIELD

Approval Septic System From

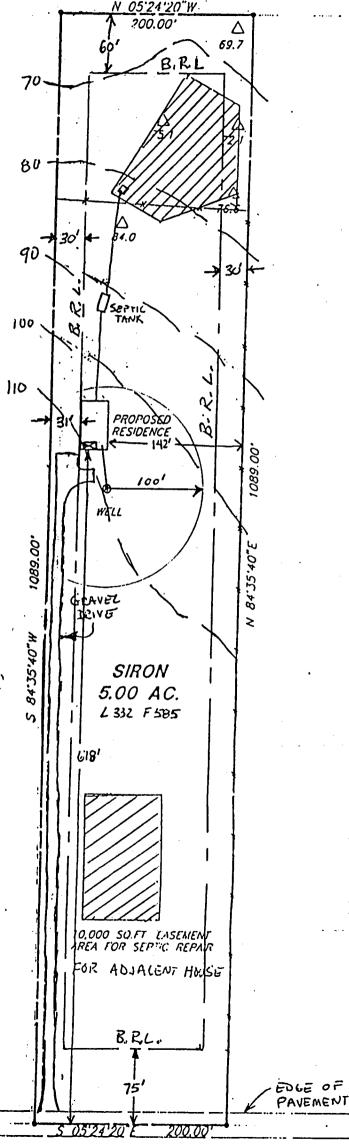
!isward County Health Department

Mark E-Riffin 10/22/9/2

PROPERTY OF
WILLIAM AND NEALIE SIRON
4th ELECTICN DISTRICT
HOWARD COUNTY, MARYLAND

SCALE 1" = 100' OCTOBER 3, 1996

PLAN BY DAVE SWANN 442-5937



MD RTE. 97

TO: HOWARD COUNTY HEALTH DEPT

FROM: BILL SWANN 3018542608 FOR MR4MRS. WM SIRON (CUSTOMEN)

RESIDING AT 4586 RT. 97 BROOKVILLE , MD.

RE: PERCOLATION TEST ADJACENT 5 AC (332/585) WHICH

IS ADJACENT TO SIRON'S RESIDENCE (332/581)

AND USE OF EXISTING WELL ON 332/581)

SIRONS DESIRE TO BUILD MODULAR HOME

(3 BEDROOM RAMBLER) ON 332/585 WHICH IS

UNIMPROVED. THEY WOULD LIKE TO USE

FRESH WATER WELL ON HIS PRESENT RESIDENCE

(332/581) LOCATED IN FRONT OF HOUSE INDICATED

AS #9 ON "BUILDING SCHEDULE" OF PLAT LABELED
AS "EXHIBIT A".

THEY CURRENTY RESIDE IN ONE OF TWO HOUSES

ON AN ADJACENT LOT. THE POTENTIAL FOR THE FRISTIAN

MALL TO SENUE THIS NEW-OFF SITE CONSTRUCTION AND POSSIBLEY TO

CONTINUE SELVING SOME OTHER PURPOSE

WILL REQUIRE FURTHER ELACUATION. (CC)



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer September 9. 1996

Mr. and Mrs. William Siron 4586 Route 97 Brookeville, Maryland 20833

RE: Percolation Test Results

Application Number: A57077 Proposed Use: Recorded Lot Property ID: Siron Property

Tax Map: 27 Parcel: 5

Dear Mr. and Mrs. Siron:

Percolation testing conducted September 4. 1996 on the above referenced property indicated limited satisfactory soil conditions. Although significant rocky soils were observed, better soils were located further downhill. Copies of the percolation test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well sites. The plat should also include the location of all existing well and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100 feet of property boundaries have been shown.

This is a unique proposal in that the intent is to replace an existing structure on to an adjoining property which is under common ownership. While these are separate parcels, there is still reason to be concerned with adequate resolution of the original structure's associated existing wells and septic system.

Please identify the location of each well and the septic system, and the proposed plans for each.

This plat should be submitted within sixty (60 days to allow field verification if necessary.

If you have any questions regarding this matter, please contact me at the above address or by calling 313-2640.

Very truly yours,

Mark Rifkin, R. S.

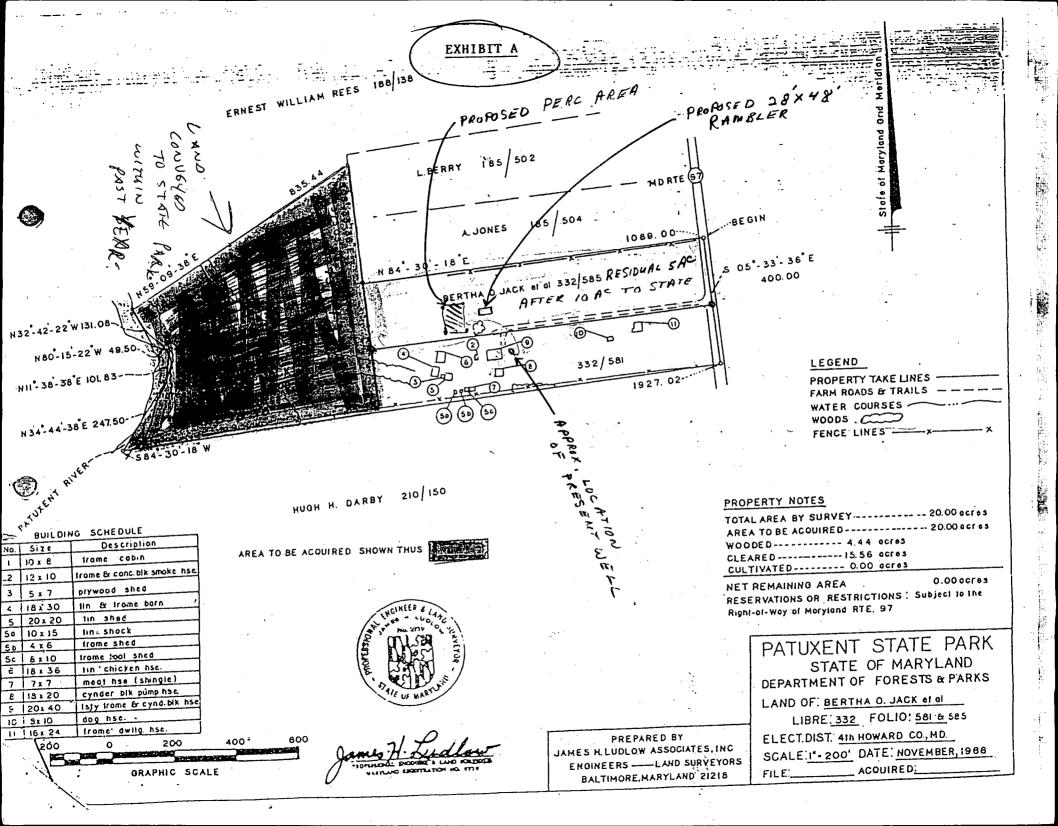
Water and Sewerage Program

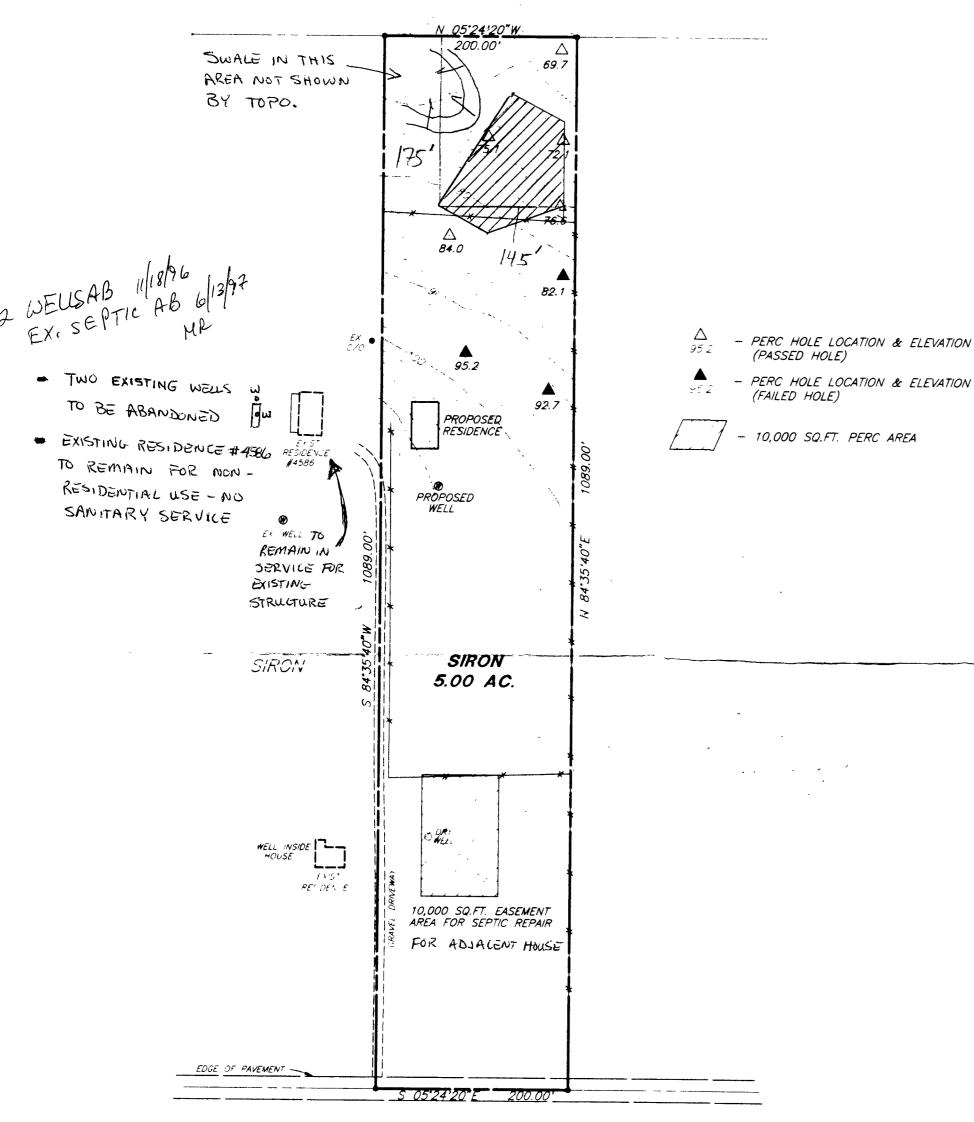
MR:jr

Enclosures

cc: Bill Swamn

File /





WESTMINSTER ROAD



APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT

10-3-96 DATE

NOTES:

- 1) TOPOGRAPHY SHOWN HEREON IS FIELD RUN BY LAVELLE & ASSOCIATES, INC., AND IS BASED UPON ASSUMED DATUM.
- 2) ALL VISIBLE WELLS AND SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARIES
- 3) CURRENT OWNERS: WILLIAM & NEALIE SIRON, 4586 RT. 97, BROOKEVILLE, MD, 20833
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY MD
 STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS
 OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

INTENT OF THIS DOCUMENT

- A ESTABLISH A NEW WELL AND PERC AREA FOR NEW RESIDENCE.
- B CREATE A SEPTIC EASEMENT FOR THE OLD HOUSE IN THE FRONT OF THE SOUTHERLY ADJOINING LOT PRIOR TO NEW RESIDENCE U & O.

C - SEQUENCE OF CONSTRUCTION

- 1. DRILL WELL FOR NEW RESIDENCE
 2. OBTAIN BUILDING PERMIT FOR NEW RESIDENCE
 3. ABANDON 2 OLD WELLS THAT ARE NOT IN SERVICE PRIOR TO U & O
- 4. ABANDON OLD SEPTIC SYSTEM W/IN 60 DAYS AFTER U & O 5. DISCONNECT FRESH WATER LINES IN EXISTING HOUSE, BUT ALLOW LINES TO FURNACE AND ONE OUTSIDE HOSE SPIGOT TO REMAIN.

MODIFICATIONS MADE BY: DAVE SWANN, Builder 410-442-5937

PERCOLATION CERTIFICATION PLAT ON THE REMAINING PROPERTY OF WILLIAM LYLE SIRON, ET AL

4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: SEPTEMBER 23, 1996

■ & ASSOCIATES INCORPORATED ENGINEERS . PLANNERS . SURVEYORS

336 EAST SECOND STREET • FREDERICK, MARYLAND 21701 . OFFICE • (30:) 695-9722 • FAX (301) 695-9766

WATER WELL ABANDONMENT -SEALING REPORT FORM SUBMIT COPIES OF COMPLETED FORM TO: COUNTY ENVIRONMENT AGENCY (content MDE, WMA if address needed) WELL OWNER MOE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM DATE WELL ABANDONED PERMIT NUMBER OF ABANDONED WELL (if any) PERMIT NUMBER OF REPLACEMENT WELL PERSON ABANDONING WELL: CAVE SWAW OWNER'S NAME: SUBJULIES LICENSE NUMBER: CIRCLE: MWDJ/MSD/MG WELL LOCATION: COUNTY: NEARST TOWN: REAGUEY TAX MAP 22 BLOCK PARCEL G SUBJULISION: SECTION: LOT: MARYLAND GRID COORDINATES BOX NUMBER N 5/4 TYPE OF WELL BEING ABANDONED: PORILLED SORIDAUGUERED HAND DUG OTHER (specify) LOG OF SEALING MATERIAL FEET MATERIAL FEET MATERIAL FROM TO COUNTY: FEET DEEP WAS ANY CASING: J STEEL CONCRETE OTHER (specify) SIZE OF CASING: SIZE OF CASING: WAS ANY CASING REMOVED? VES. J NO if yes, length removed, in feet: WAS CASING RIPPED OR PERFORATED? VES. J NO if yes, length removed, in feet: WAS CASING RIPPED OR PERFORATED? VES. J NO SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SMITARIAN LICENSE # CIRCLE ONE DATE OTHER CIPCLE ONE DATE CIRCLE ONE DATE CIRCLE ONE DATE CIRCLE ONE DATE CIRCLE ONE DATE		MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGER 2,500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224,			RATION		1
SUBMIT COPIES OF COMPLETED FORM TO: COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed) WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM DATE WELL ABANDONED: PERMIT NUMBER OF ABANDONED WELL (if any) PERMIT NUMBER OF REPLACEMENT WELL PERSON ABANDONING WELL: PARCEL OWNER'S NAME: SJROM WELL LOCATION: COUNTY: TAX MAP \$\frac{2}{2}\$ BLOCK PARCEL COUNTY: TAX MAP \$\frac{2}{2}\$ BLOCK PARCEL COUNTY: MARYLAND GRID COORDINATES BOX NUMBER N \$\frac{2}{2}\$ BLOCK PARCEL COUNTY: WELL DRILLED BORED/AUGUERED HAND DUG OTHER (specify) LOG OF SEALING MATERIAL LOG OF SEALING MATERIAL LOG OF SEALING MATERIAL FEET MATERIAL FEET MATERIAL FEET MATERIAL FEET FROM TO CONCRETE OTHER (specify) SIZE OF CASING: Y STEEL CONCRETE OTHER (specify) SIZE OF CASING: OFFICE OTHER (specify) SIZE OF CASING: WAS ANY CASING REMOVED? WAS	****	· • • • • • • • • • • • • • • • • • • •	*****	******	*****	****	****
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WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM DATE WELL ABANDONED: // /8 96 (month/dsy/year) PERMIT NUMBER OF ABANDONED WELL (if any) PERMIT NUMBER OF REPLACEMENT WELL PERSON ABANDONING WELL: OAVE SWAWN WELL LOCATION: COUNTY: // OWNER'S NAME: SUBDIVISION: WELL LOCATION: COUNTY: // OWNER'S NAME: SUBDIVISION: SECTION: LOT: MARYLAND GRID COORDINATES E 7 7 3 BOX NUMBER N 5/4 DEFILED JETTED BORED/AUGUERED HAND DUG OTHER (specify) USE CODE: LOG OF SEALING MATERIAL FEET MATERIAL FROM TO COMCRETE OTHER (specify) SIZE OF CASING: S. INCHES IN DIAMETER DEPTH OF WELL: 70 FEET DEEP WAS ANY CASING REMOVED? YES NO WAS CASING RIPPED OR PERFORATED? YES NO MWD/MSD/MGD //-18-96	SUBM	IT COPIES OF COMPLETED FORM TO:				4	1
MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM DATE WELL ABANDONED: // 8 / 96	*					•	· 1/24/12
PERMIT NUMBER OF ABANDONED WELL (if any) PERMIT NUMBER OF REPLACEMENT WELL PERSON ABANDONING WELL: OAVE SLAWN OWNER'S NAME: SIRON WELL LOCATION: COUNTY: HOLARO NEAREST TOWN: ROSABURY TAX MAP 2.7 BLOCK / PARCEL C SUBDIVISION: SECTION: MARYLAND GRID COORDINATES E 2 P.3 BOX NUMBER N 5/4 TYPE OF WELL BEING ABANDONED: BORED/AUGUERED HAND DUG OTHER (specify) USE CODE: X DOMESTIC MUNICIPAL/PUBLIC REGISTION INDUSTRIAL TEST/OBSERVATION INDUSTRIAL TYPE OF CASING: X STEEL PLASTIC CONCRETE OTHER (specify) SIZE OF CASING: X STEEL PLASTIC CONCRETE OTHER (specify) SIZE OF CASING: SIZE OF CASING: NUMBER (specify) WAS CASING REMOVED? YES NO WWD/MSD/MGD 1/-18-96 WAS CASING RIPPED OR PERFORATED? YES NO WWD/MSD/MGD 1/-18-96	*					•	<i>f 1</i>
PERSON ABANDONING WELL: OAVE SWAWN PERSON ABANDONING WELL: OAVE SWAWN OWNER'S NAME: SPANA WELL LOCATION: COUNTY: HOWARD NEAREST TOWN: ROAD NEAREST TOWN: ROAD NEAREST TOWN: ROAD SECTION: LOT: MARYLAND GRID COORDINATES E 7 8 3 BOX NUMBER N 5/Y TYPE OF WELL BEING ABANDONED: BORED/AUGUERED HAND DUG OTHER (specify) USE CODE: A DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TYPE OF CASING: FEET CONCRETE OTHER (specify) SIZE OF CASING: SIZE OF	DATE	WELL ABANDONED: // //8/96 (month/day/year)				•	
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OWNER'S NAME: WELL LOCATION: COUNTY: NEAREST TOWN: PARCEL SUBDIVISION: SECTION: LOT: MARYLAND GRID COORDINATES E 7 8 3 BOX NUMBER N 5/Y DRILLED BORED/AUGUERED BORED/AUGUERED OTHER (specify) USE CODE: A DOMESTIC IRRIGATION TEST/OBSERVATION TYPE OF CASING: Y STEEL CONCRETE OTHER (specify) SIZE OF CASING: WAS CASING REMOVED? WAS CASING RIPPED OR PERFORATED? WAS CASING RIPPED OR PERFORATED? WAS ANY CASING REMOVED? WAS CASING RIPPED OR PERFORATED? WAS ANY SAMURALM MWD/MSD/MGD MIND/MSD/MGD	*	PERMIT NUMBER OF REPLACEMENT WELL		94	09	732	
WELL LOCATION: COUNTY:	•		ERS LIC	CENSE NU		E. MWD/A	ASD/MC
COUNTY: ROWARD RO	*	OWNER'S NAME: SIRON			CINCLI	2. IATAA DA L	אי יחפיי
NEAREST TOWN:	*	WELL LOCATION:		<u>···</u>	·	j	
NEAREST TOWN:	.	COUNTY: HOWARD			·		. 1
SUBDIVISION: LOT:		NEAREST TOWN: ROXBURY			•		
SECTION: LOT:		· · · · · · · · · · · · · · · · · · ·					
MARYLAND GRID COORDINATES BOX NUMBER N 5/9 TYPE OF WELL BEING ABANDONED: DRILLED BORED/AUGUERED OTHER (specify) LOG OF SEALING MATERIAL LOG OF SEALING MATERIAL LOG OF SEALING MATERIAL LOG OF SEALING MATERIAL FEET MATERIAL FROM TO CONCRETE OTHER (specify) SIZE OF CASING: Y STEEL CONCRETE OTHER (specify) SIZE OF CASING: OTHER (specify) SIZE OF CASING: WAS ANY CASING REMOVED? WAS ANY CASING REMOVED? WAS CASING RIPPED OR PERFORATED? WAS CASING RIPPED OR PERFORATED? WAS AND SWITARIAM MWD/MSD/MGD 1-18-96		· - · · · · · · · · · · · · · · · · · ·			·		
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* TYPE OF WELL BEING ABANDONED: DRILLED		BOX NUMBER <———		-			
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DRILLED JETTED BORED/AUGUERED HAND DUG OTHER (specify) LOG OF SEALING MATERIAL USE CODE: ### DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TEST/OBSERVATION TYPE OF CASING: ### STEEL PLASTIC OTHER (specify) SIZE OF CASING: OTHER (specify) SIZE OF CASING: WAS ANY CASING REMOVED? YES MO If yes, length removed, in feet: WAS CASING RIPPED OR PERFORATED? YES MO ### NO ### MWD/MSD/MGD	*	TYPE OF WELL BEING ABANDONED:	SH	•			
USE CODE: DOMESTIC IRRIGATION TEST/OBSERVATION TYPE OF CASING: CONCRETE PLASTIC OTHER (specify) SIZE OF CASING: OTHER (specify) SIZE OF CASING: DEPTH OF WELL: DEPTH OF WELL: WAS ANY CASING REMOVED? YES NO WAS CASING RIPPED OR PERFORATED? WAS CASING RIPPED OR PERFORATED? YES NO MUNICIPAL/PUBLIC FROM TO CONCRETE AT TO CONCRETE NATERIAL FROM TO CONCRETE NO NO MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO 10 LOG OF SEALING MATERIAL MATERIAL FROM TO CONCRETE NO LOG OF SEALING MATERIAL FROM TO CONCRETE FROM TO CONCRETE FROM TO CONCRETE NO LOG OF SEALING MATERIAL FROM TO CONCRETE FROM TO TO CONCRETE FROM TO TO CONCRETE FROM TO TO TO TO TO TO TO TO T							
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MATERIAL MATERIAL FROM TO						MATERI	10
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TEST/OBSERVATION TYPE OF CASING: Y STEEL PLASTIC CONCRETE OTHER (specify) SIZE OF CASING: INCHES IN DIAMETER DEPTH OF WELL: 70 FEET DEEP WAS ANY CASING REMOVED? YES NO if yes, length removed, in feet: WAS CASING RIPPED OR PERFORATED? YES NO MWD/MSD/MGD 11-18-96				MATERI	AL	FROM	то
TYPE OF CASING:		•			~~~~	20	0
SIZE OF CASING: 6 INCHES IN DIAMETER DEPTH OF WELL: 70 FEET DEEP WAS ANY CASING REMOVED? YES NO if yes, length removed, in feet: NO WAS CASING RIPPED OR PERFORATED? YES NO MWD/MSD/MGD 11-18-96					C/ Z		12
CONCRETEOTHER (specify) SIZE OF CASING: INCHES IN DIAMETER DEPTH OF WELL: FEET DEEP WAS ANY CASING REMOVED? YES X NO if yes, length removed, in feet: WAS CASING RIPPED OR PERFORATED? YES NO HAD SANTARIAN MWD/MSD/MGD /1-18-96	*				4		
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WAS ANY CASING REMOVED? YES X NO if yes, length removed, in feet: WAS CASING RIPPED OR PERFORATED? YES NO ### Manual Company Santarian MWD/MSD/MGD 11-18-96	•	SIZE OF CASING: 6 INCHES IN DIAMETER					
if yes, length removed, in feet: * WAS CASING RIPPED OR PERFORATED? YES NO * SAUTARIA* MWD/MSD/MGD 11-18-96	*	DEPTH OF WELL: 70 FEET DEEP					
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Glad Jan SANITARIAN MWD/MSD/MGD 11-18-96				<u> </u>	1 : 1		
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JULY 1993