

7/3/00
layout
check
11:00
7/5/00
10:00 pm
9/7/00
pump test
after HM lot 5

INDEXED PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513643

A 57610-A

ISSUE DATE 6/20/2000

APPROVAL DATE 9/7/00

04-362721

Eagle's Septic Clean, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Spring Hollow LOT NUMBER 1 ADDRESS 17101 Spring Hollow Court

PROPERTY OWNER C&P Homes Inc. PROPERTY OWNER'S ADDRESS 16013 Lady Camarin Court

SEPTIC TANK CAPACITY 1250 (X2) GALLONS Mt. Airy, MD 21771

PUMP CHAMBER CAPACITY GALLONS ** Contractor to request pre-installation trench

NUMBER OF BEDROOMS 4 layout inspection - Object: Field decision

SQUARE FEET PER BEDROOM 180 on best method to achieve trenches on contour

LINEAR FEET OF TRENCH REQUIRED 240 and relatively equal trench lengths. **

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth

4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 15.5' from front lot line and 70' from left lot line, as seen when facing property from Spring Hollow Court. Run trenches along contour toward right rear corner of lot. ok/cw

** INSTALL 2 - 1250 GALLON SEPTIC TANKS IN SERIES.

* INLET WOULD BE TOO DEEP FROM FIRST FLOOR, SWITCH TO PUMPED SYSTEM.

INSTALL TRENCHES AT HIGHEST POINT OF DESIGNATED SEPTIC AREA. 7/2/00 CW

PLANS APPROVED Craig Williams DATE 2-1-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

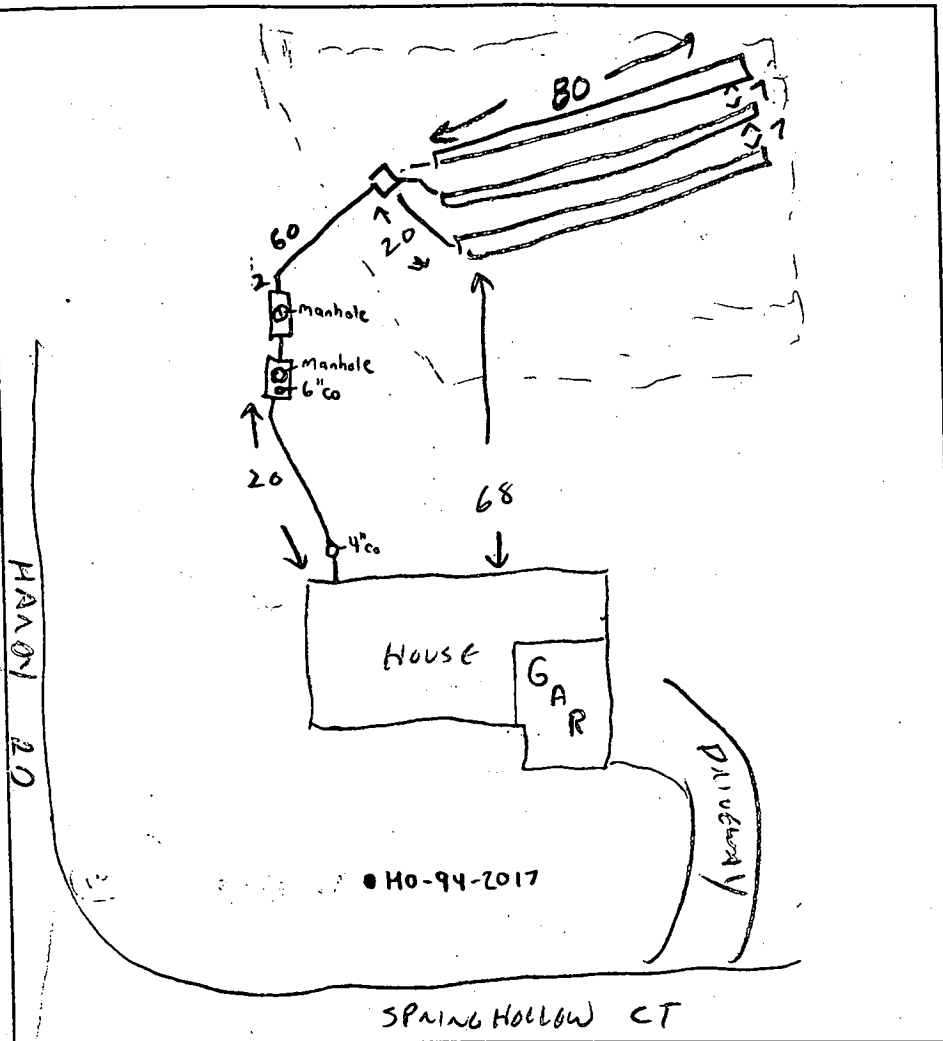
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 57610-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
TRENCH INLET DEPTH 2
TRENCH BOTTOM DEPTH 4
DEPTH OF STONE 2
NUMBER OF TRENCHES 3(a) 80
TOTAL TRENCH LENGTH 240
ABSORBENT AREA 720
DISTRIBUTION BOX LEVEL ☒
BAFFLE IN DISTRIBUTION BOX ☒

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
MANHOLE RISER ☒
6 INCH INSPECTION PORT ☒

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250
MANHOLE RISER ☒
ALARM ☒
PUMP PERFORMANCE TEST ☒

PRE-CONSTRUCTION INSPECTION: UNABLE TO ACHIEVE SPECIFIED TRENCH LOCATION AND DEPTHS BY GRAVITY. PERC RESULTS SUGGEST TRENCH DEPTH CANNOT BE LOWERED.

INSPECTION COMMENTS: THREE-TO-SWITCH TO PUMPED SYSTEM WITH TRENCHES AT HIGHEST EDGE OF DESIGNATED SEPTIC BASINMENT 7/3/00

7/5/00 TANK, PUMPT, TRENCHES COMPLETE.

7/5/00 NEED HOUSE CONNECTION & PUMP PERFORMANCE FOR FINAL APPROVAL (CW)

(FUTURE REPLACEMENT AREA EXISTS ABOVE & BELOW EXISTING SYSTEM)

9/7/00- HOUSE CONN. & PUMP TEST CONFIRMED (SRK)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 9/7/00

6/2/00
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date 6/1/2000

Name of Installer ROBERT L. FEEZER CO. INC.

Telephone 410-781-4655

License Number 2122

Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner C. P. HONES

Telephone 410-795-1800

Subdivision SPRING HOLLOW Lot # 1

Well Tag # HO-94-2017

Site Address 17101 SPRING HOLLOW CT.

Pump

- Type
 - Deep well jet ☐
 - Shallow well jet ☐
 - Submersible ☐
- Make RO JACKET
- Model # 75F211-8516
- Capacity 8 GPM

Motor

- Horsepower 3/4
- RPM 3450
- Voltage ☐
 - 110 ☐
 - 220 ☒

Pitless Adapter

- Make HARVARD
- Model # 77800
- Depth 42"

- Pump exceeds well capacity Yes ☒ No ☐
- If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☐ Other None

Tank CAPTIVE AIR

- Capacity CMC
- Pressure relief valve? YES

Piping

- Type POLY.
- Size 1" 160"
- NSF and/or BOCA Code approved YES
- Depth of supply line 42"

Well data

- Depth 345 ft.
- Yield 2 GPM
- Static water level ft.
- Will water supply be disinfected by installer? YES

6/2/00 P.A. OK 4' B.G.
2-PC CAP, CONDUIT OK (MR)

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).

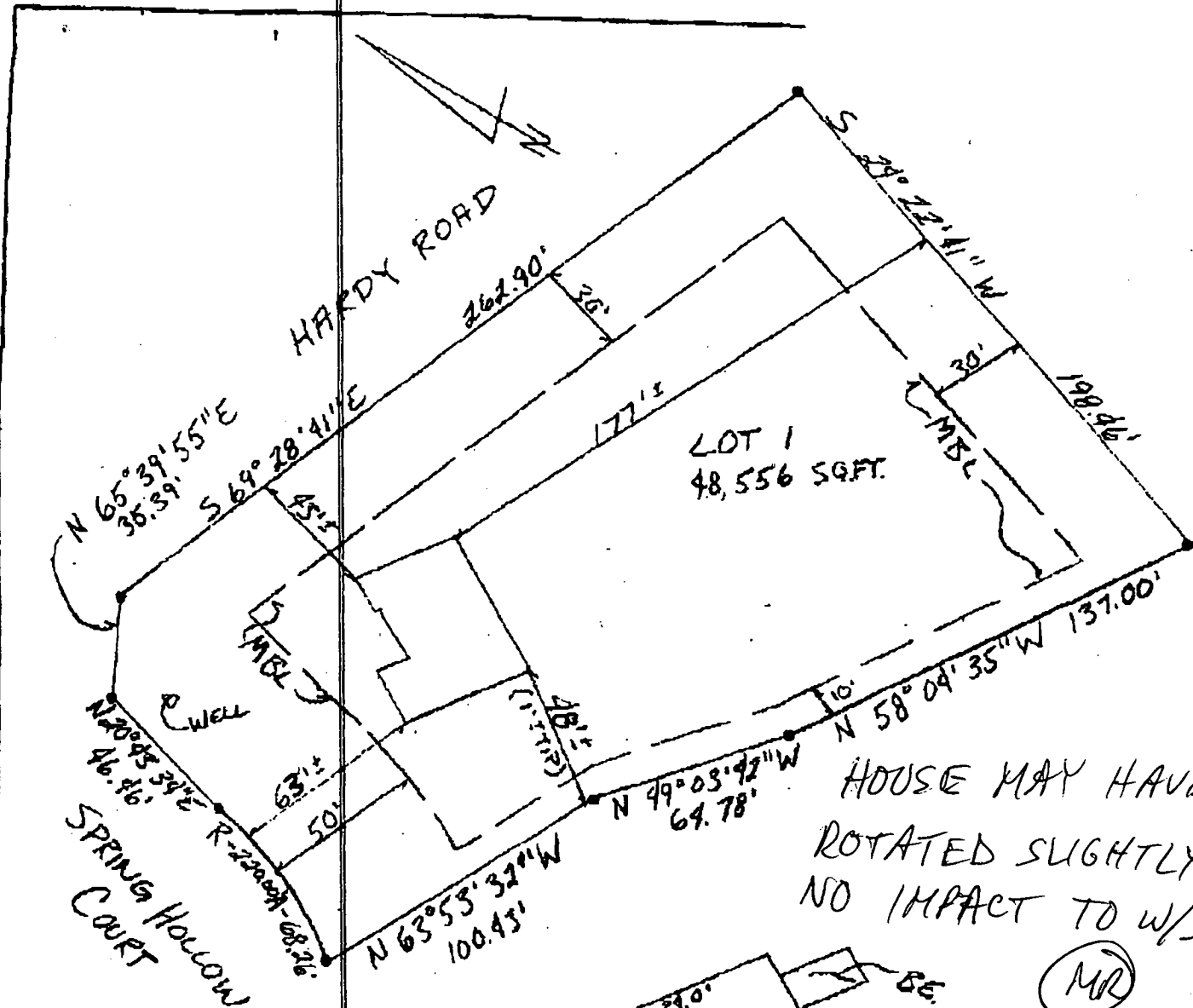
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 6/1/2000

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

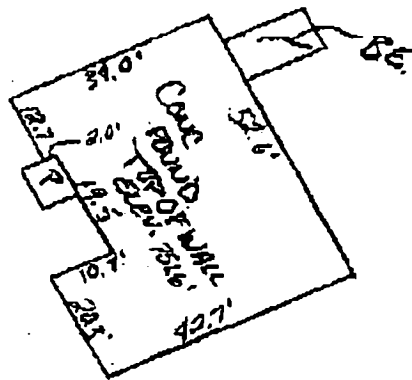
DATE OF SURVEY



HOUSE MAY HAVE
ROTATED SLIGHTLY
NO IMPACT TO W/S

MR

6/20/00



I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the consumer only in so far as it is required by a lender or title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements.

C&P Homes

LOCATION DRAWING
LOT 1

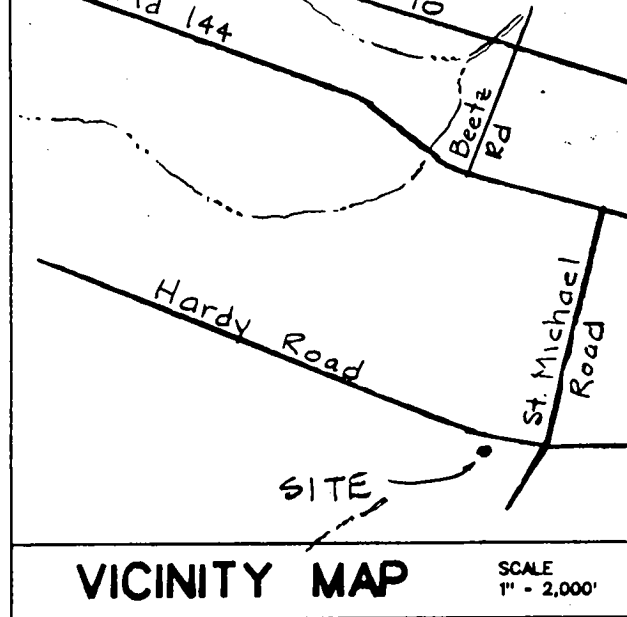
SPRING HOLLOW

RECEIVED
HOWARD COUNTY HEALTH DEPT.
7499 ENVIRONMENTAL HEALTH
74612000 MR -1 AM 10:32
217

GENERAL NOTES

1. SEPTIC EASMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 752.0
B. BASEMENT ELEVATION: 743.0
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 748.5
D. INVERT AT SEPTIC TANK: ST#1 IN 748.0 OUT 747.7
E. INVERT AT SEPTIC TANK: ST#2 IN 749.5 OUT 747.2
F. PROPOSED GRADE OVER SEPTIC TANK: 749.25
G. INVERT AT DISTRIBUTION BOX: 746.8
H. EXISTING GROUND OVER DISTRIBUTION BOX: 749.5 prop grade 750.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

BUILDER TO VERIFY AVAILABILITY OF
BASEMENT SEWER SERVICE PRIOR TO
DWELLING STAKEOUT.



Standards and Specifications for Topsoil

Construction and Material Specifications

I. Topsoil salvaged from the existing site may be used provided that it meets the standards as set forth in these specifications. Typically, the depth of topsoil to be salvaged for a given soil type can be found in the representative soil profile section in the Soil Survey published by USDA-SCS in cooperation with Maryland Agricultural Experimental Station.

II. Topsoil Specifications

Soil to be used must meet the following:

1. Topsoil shall be a loam, clay loam, silt loam, sandy clay loam, loamy sand. Other soils may be used if recommended by an agronomist or soil scientist and approved by the appropriate approval authority. Regardless, topsoil shall not be a mixture of contrasting textured subsoils and shall contain less than 5% by volume of cinders, stones, slag, coarse fragments, gravel, roots, sticks, trash, or other materials larger than 1 1/2 inch in diameter.

2. Topsoil must be free of plants of plant parts such as bermuda grass, quackgrass, Johnsongrass, nutsedge, poison ivy, thistle, or others as specified.

3. Where the subsoil is either highly acidic or composed heavy clays, ground limestone shall be spread at the rate of 4 to 8 tons/acre (200-400 lbs/1000 sq ft) prior to the placement of topsoil. Lime shall be distributed uniformly over designated areas and worked into the soil in conjunction with tillage operations as described in the following procedures.

III. For sites having disturbed areas under 5 acres:

1. Place topsoil (if required) and apply soil amendments specified in Vegetative Stabilization Methods and Materials on this sheet.

IV. For sites having disturbed areas over 5 acres:

V. Topsoil Application

1. When topsoiling, maintain needed erosion and sediment control practices such as diversion, Grade Stabilization Structures, earth dikes, slope silt fence, and sediment traps and basins.

2. Grades on the areas to be topsoiled, which have been previously established, shall be maintained, albeit 6 to inches higher in elevation.

3. Topsoil shall be uniformly distributed in a 4 to 8 inch layer and lightly compacted to a minimum thickness of 4 inches. Spreading shall be performed in such a manner that sodding or seeding can proceed with a minimum of additional soil preparations and tillage. Any irregularities in the surface resulting from topsoiling or other operations shall be corrected in order to prevent the formation of depressions or water pockets.

4. Topsoil shall not be placed while the topsoil or subsoil is in a frozen or muddy condition, when the subsoil is excessively wet or in a condition that may otherwise be detrimental to proper grading and seedbed preparation.

VI. Alternatives for Permanent Seeding

Instead of applying the full amounts of lime and commercial fertilizer, composted sludge and amendments may be applied as specified below.

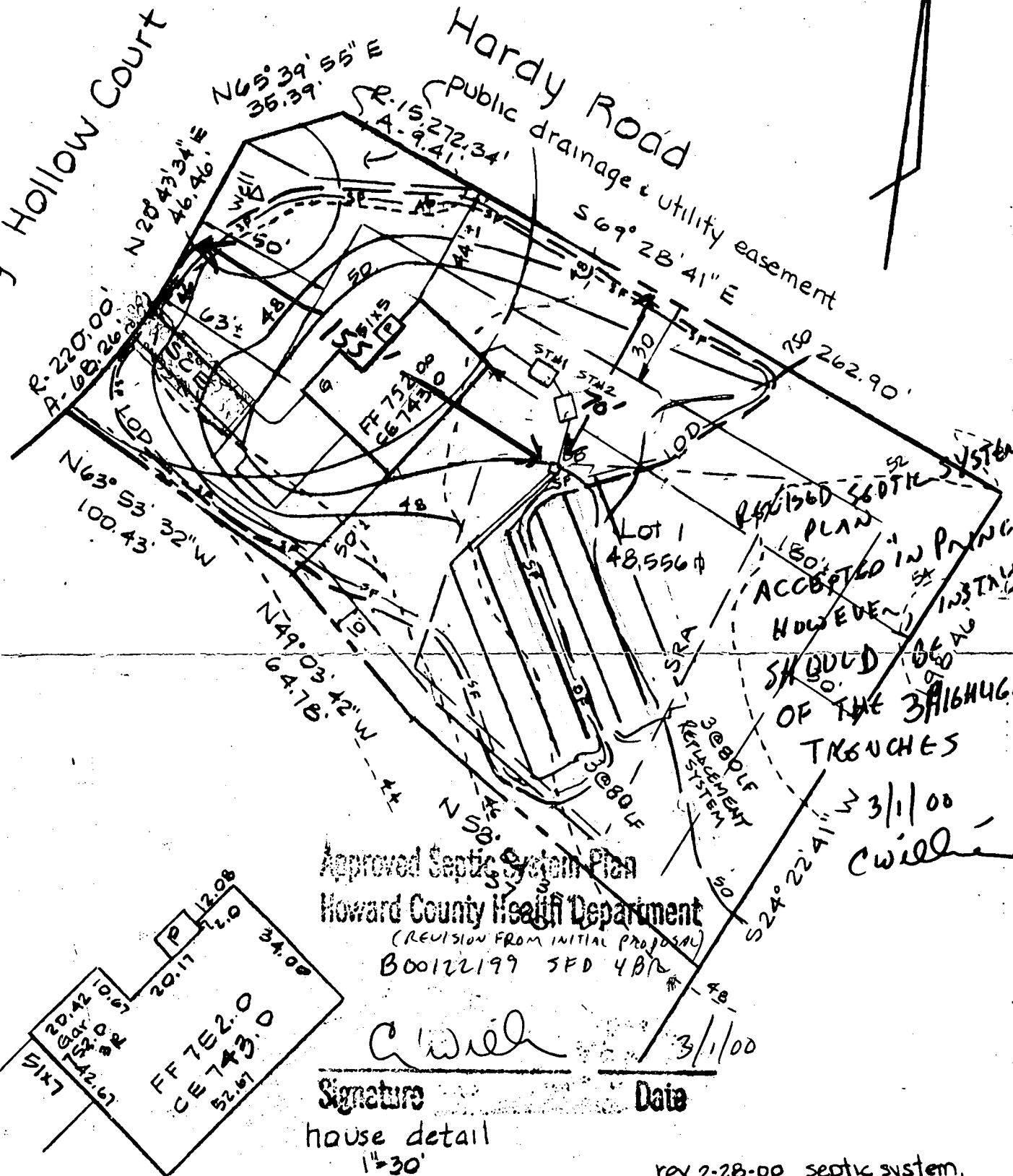
1. Composted sludge material for use as a soil conditioner for sites having disturbed areas over 5 acres shall be tested to prescribe amendments and for sites having disturbed areas under 5 acres shall conform to the following requirements:

a. Composted sludge shall be supplied by, or originate from, a person or persons that are permitted (at the time of acquisition of the compost) by the Maryland Department of the Environment under COMAR 26.04.06.

b. Composted sludge shall contain at least 1 percent nitrogen, 1.5 percent phosphorus, and 0.2 percent potassium and have a pH of 7.0 to 8.0. If compost does not meet these requirements, the appropriate constituents must be added to meet the requirements prior to use.

c. Composted sludge shall be applied at a rate of 1 ton/1000 sq ft.

4. Composted sludge shall be amended with a potassium fertilizer applied at the rate of 4 lbs/1000 sq ft, and 1 the normal lime application rate.



Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

rev 2-28-00 septic system, grading, remove E/pump

rev. 2-11-00 correct extopo, regrade, septic system elev.

rev 1-20-2000
SCO comments

TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
SPRING HOLLOW

LOT 1

ON DISTRICT * HOWARD COUNTY. MARYLAND 1-84 0002

K MAP: 7

scale 1"=50'

PARCEL: 30, 144, 341

103341 52210000 01/10/01

CLSI

Carroll Land Services
Incorporated

Engineers * Surveyors * Land Development Consultants
Landscape Architects * Environmental Specialists

439 East Main Street Westminster, MD 21157-5539

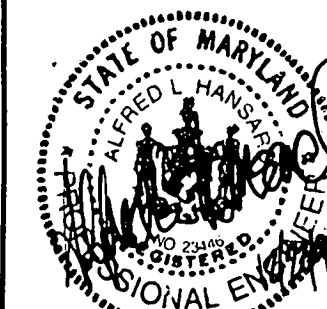
(410) 876-2017 FAX (410) 876-0009

Surveyed By:

Computed By: CBB

Drawn By: CBB

Checked By:



Date: 12-22-99

Drawing No.: 99167

County File No.:

LINE REMOVED BY
RECORDATION OF THIS PLAT

F.99.30
HARDY

(LOCAL ROAD)

PUBLIC
DRAINAGE &
UTILITY EASEMENT
ROAD

PUBLIC DRAINAGE
& UTILITY EASEMENT

COURT

LOT 13
44,753 Sq.Ft.*

LOT 1
48,556 Sq.Ft.*

LOT 12
44,851 Sq.Ft.*

LOT 2
44,478 Sq.Ft.*

LOT 10
42,179 Sq.Ft.*

SPRING

HOLLOW

LOT 3
49,941 Sq.Ft.*

LOT 4
43,016 Sq.Ft.*

LOT 5
43,748 Sq.Ft.*

LOT 6
44,004 Sq.Ft.*

LOT 8
43,671 Sq.Ft.*

LOT 7
41,860 Sq.Ft.*

SHEET

SURVEYOR'S CERTIFICATE

LOT LINE
REMOVED BY
RECORDATION OF
THIS PLAT

That It
Comprised Of The Following: (1) All Of The Land Conveyed
By M. Sam
Cissel To Cissel Irrevocable Trust By M. Sam
Among The Land Records Of Howard No. 491 A
At Folio 290 And Liber No. 491 A
By Deed Dated March 18,
Jr. And Marjorie S.
No. 2806 A
Prior

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

A _____

P _____

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELICOTT CITY, MARYLAND

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

PROPERTY OWNER Lambert Cissel (C+P HOMES INC.)
(16013 LADY CAMARIN CT, MT AIRY, MD 21771)
ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671 410-795-1808

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga
ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property (SPRING HOLLOW) LOT NO 1

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road
(17101 SPRING HOLLOW COURT)

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG SFD - 4 BEDROOMS
(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.

Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 489
red
orange
Sicilm
35%
Rx
5.0
40%
Rx
orange
brown
Silm
9.0 refusal

614

beigh
to
orange
Sicilm
10% Rx

1.0
1st
orange
Sicilm
10% Rx

7.0
pocket to
10%
rock

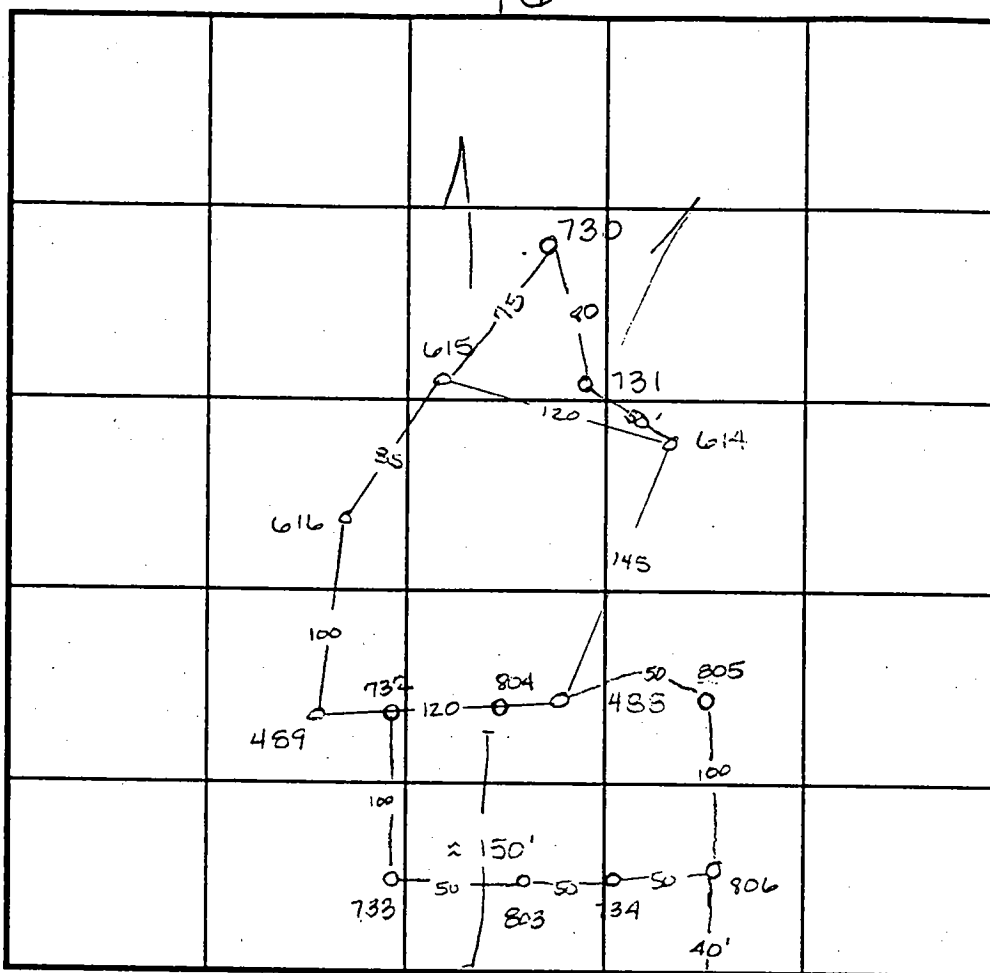
8.0
1st orang
Sicilm 10%

488

3.0
30%
Shale
beigh
Sicilm

7.0
dark
orange
red
Silm
30%
Shale

9.0
40% Rx
dark
orange
Silm



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

SOIL PROFILE

0' 731 730
1st
brn
Sicilm
3.5
pink
Silm
20%
shale
12.0
dark
orange
Silm
25-30%
shale
through
out

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-21-96	489	3.5 / 9.0	7:37	7:51 ³⁰	> 30 min	—	
	489	insufficient	depth	to bedrock			F
	616	3.5 / 10.0	7:44	8:01 ³⁰	8:01	8:16	14 1/2 min
	615	3.0 / 11.0	8:46	8:53 ³⁰	> 30 min	—	slow
	615	6.5 / 11.0	8:48	8:10 ³⁰	> 30 min	—	slow
	614	3.5 / 11.0	7:41 ³⁰	7:50 ³⁰	7:50 ³⁰	8:02	11 1/2 min
	488	3.0 / 9.0	7:36	7:37	7:37	7:38 ³⁰	1 1/2 min
3-10-97	730	Visual	to 12.0 - see profile				OK
	731	Visual	to 12.0 - see profile				OK

REMARKS

TYPE OF SOIL

TESTED BY

Amy McMillen

ALSO PRESENT

Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

3.0

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO 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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

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SIZE OF LOT 1 Acre TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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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. Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

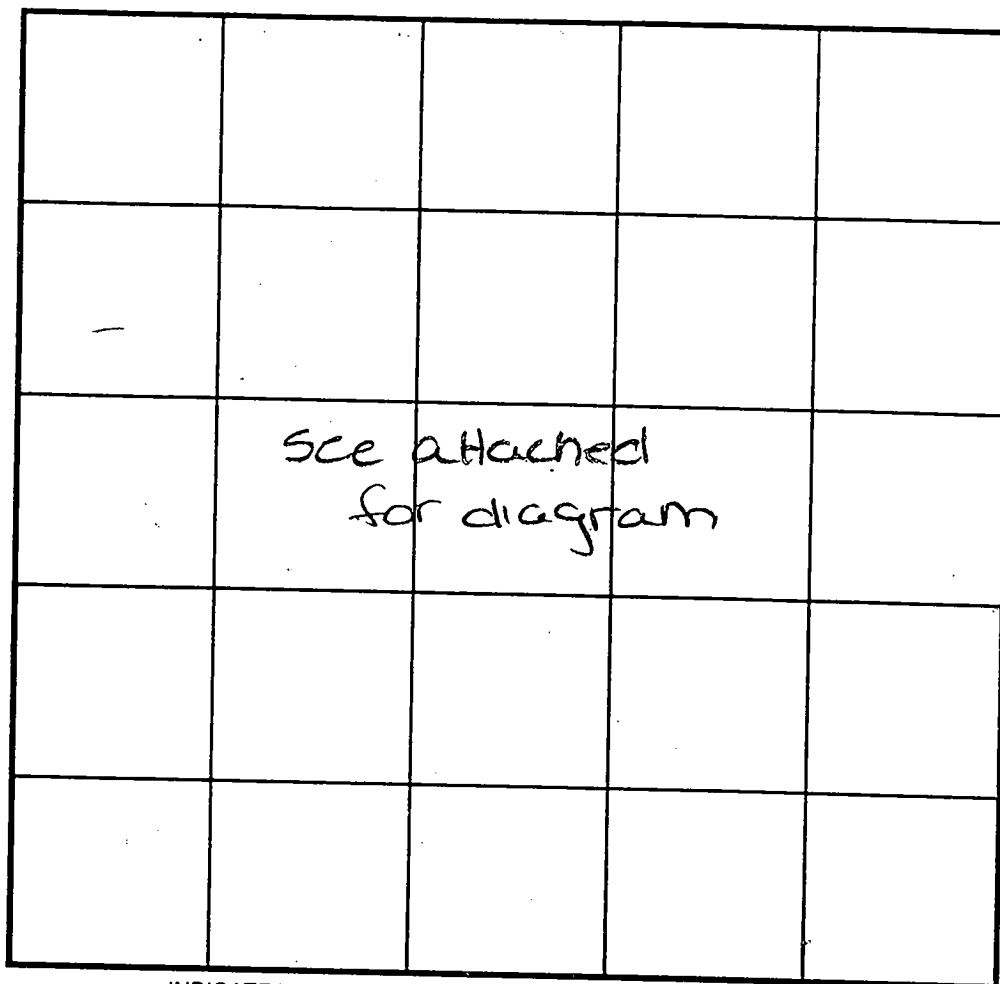
SOIL PROFILE

804

dark
orange
SiClmdark
orange
brown
SiLm
20%
Shale

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

805 806

no
distinct
clay
layer
pink
SiSCLm<5%
rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-10-97	732	>50% rock at 5.0					F
	733	>50% rock at 5.0					F
	803	Visual to 12.0 - see profile					OK
	804	Visual to 11.0 - see profile					OK
	805	Visual to 12.0 - see profile					OK
	806	Visual to 12.0 - see profile					OK
	734	Visual to 12.0 - see profile					OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

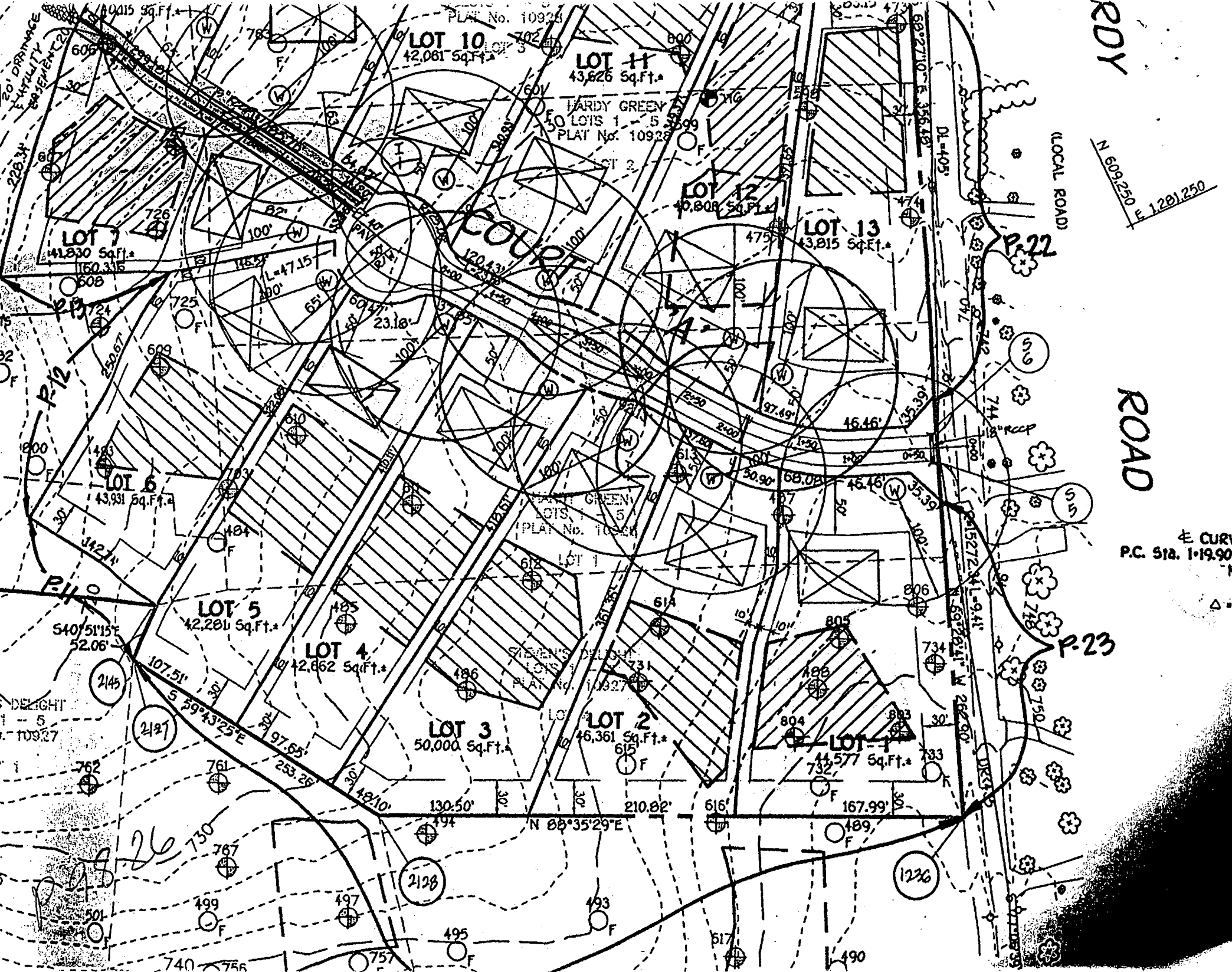
TRENCH WIDTH

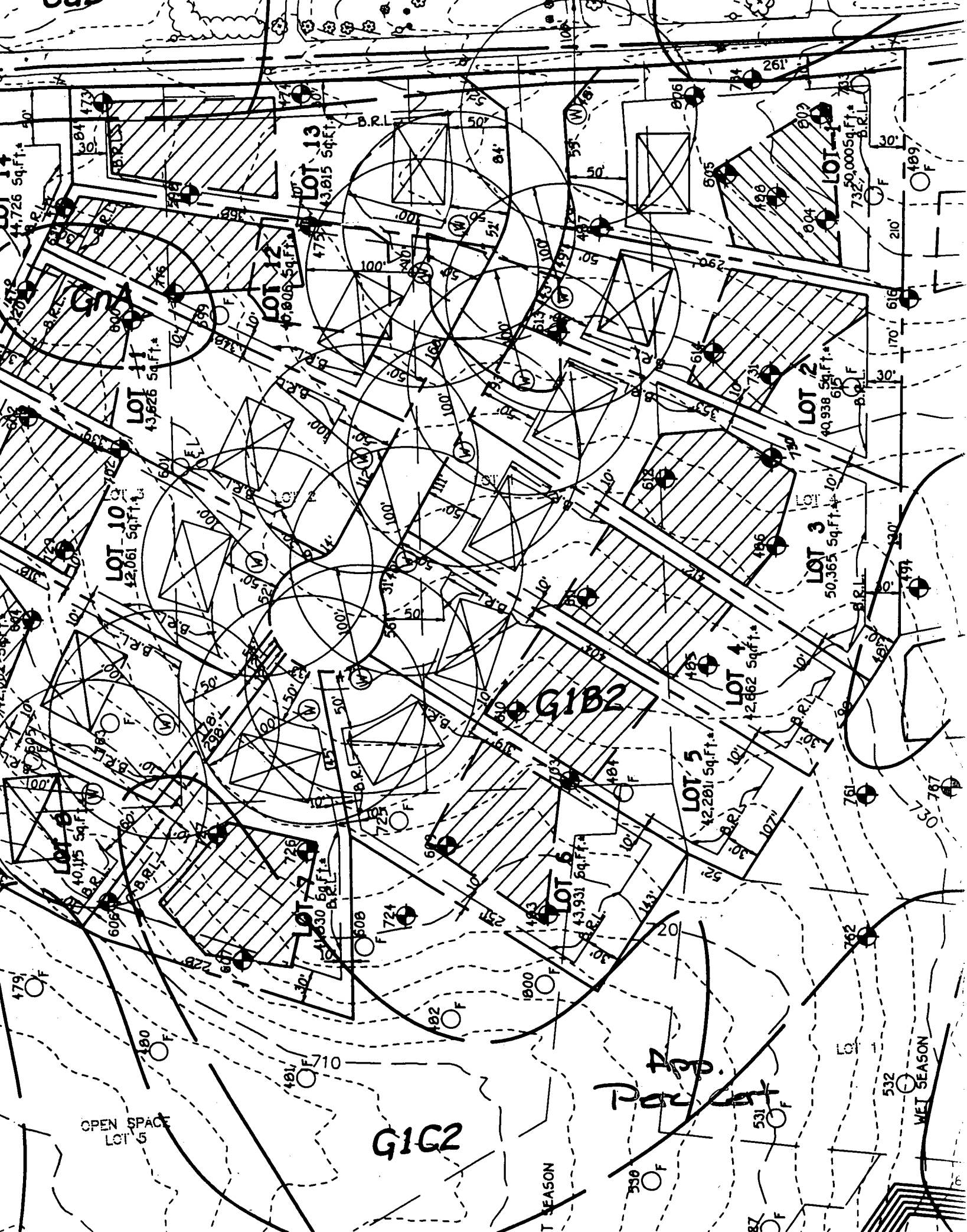
INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

E CURV
 P.C. 512. 1-19-90





OPEN SPACE
LOT 5

G1C2

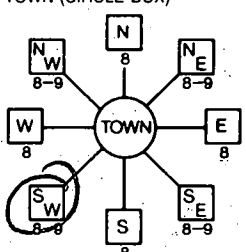
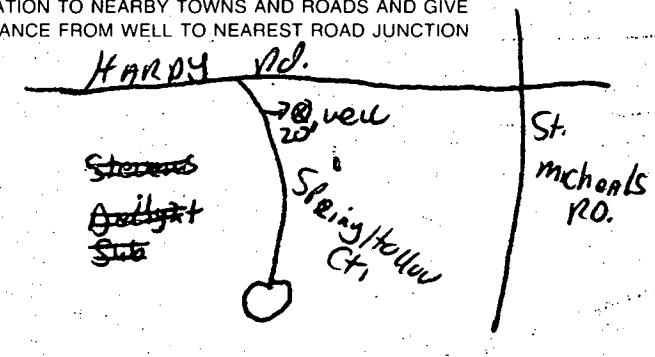
T SEASON

P 23

WET SEASON

C1	9810	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT -FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. <input checked="" type="checkbox"/>
		COUNTY NUMBER <u>A57610A</u>		
ST/CO USE ONLY DATE Received MM DD		DATE WELL COMPLETED MM DD		
8 13		15 20		
		Depth of Well 22 <u>345</u> 26 (TO NEAREST FOOT)		
PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-2017</u>				
OWNER <u>Cissel Lambert</u> STREET OR RFD <u>Spring Hollow Ct</u> TOWN <u>Paplan Springs</u> SUBDIVISION <u>Spring Hollow</u> SECTION <u>1</u> LOT <u>1</u>				
WELL LOG Not required for driven wells		GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one)		
FEET FROM TO		CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>		
check if water bearing		NO. OF BAGS <u>1</u> NO. OF POUNDS <u>45</u>		
Top Soil 0 2 Brown SLATE 2 30 Brown SLATE 30 50 Blue SLATE 50 55 Brown SLATE 55 60 Blue SLATE 60 75 Brown SLATE 75 80 Blue SLATE 80 345		GALLONS OF WATER <u>114</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>52</u> ft. to <u>30+</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		
		CASING RECORD		
		casing types insert appropriate code below		
		STEEL <input checked="" type="checkbox"/> CONCRETE <input checked="" type="checkbox"/> PLASTIC <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
		MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch)! <u>6</u> Total depth of main casing (nearest foot) <u>63</u>		
		OTHER CASING (if used) diameter inch depth (feet) from to		
		P		
		SCREEN RECORD		
		screen type or open hole		
		STEEL <input checked="" type="checkbox"/> BRASS <input checked="" type="checkbox"/> HOLE <input checked="" type="checkbox"/> BRONZE <input checked="" type="checkbox"/> PLASTIC <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
		screen type or open hole (insert appropriate code below)		
		DEPTH (nearest ft.) <u>HO</u> <u>61</u> <u>345</u>		
		NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		
		WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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		CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } <u>2</u> (nearest foot)		
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.		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
DRILLERS LIC. NO. <u>M S D 116</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>M S D 116</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		
		TELESCOPE CASING LOG INDICATOR OTHER DATA		

Pond
 20' well

B 1 1 2 3 4 5 6 <u>4721</u>	SEQUENCE NO. (MDE USE ONLY) _____	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2017</u> <small>fill in this form completely</small>
Date Received (APA) <u>12 18 98</u> <small>8 MM DD YY 13</small> OWNER INFORMATION <u>CISSEL</u> <u>Lambert</u> <small>15 Last Name Owner First Name 34</small> <u>3425 Hip sley mill Rd.</u> <small>36 Street or RFD 55</small> <u>Wood Bine MD. 21757</u> <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>Spring Hollow</u> <small>23 SUBDIVISION 42</small> SECTION <u>44</u> LOT <u>I</u> <small>44 46 48 50</small> <u>POPLAR Springs</u> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <u>I</u> <small>73 76 77 78</small>	
DRILLER INFORMATION <u>Ralph MAYNE</u> <u>MS D 116</u> <small>Driller's Name 76 License No. 81</small> <u>Ralph MAYNE well Drilling</u> <small>Firm Name</small> <u>9120 Brown Church Rd. Wt Army</u> <small>Address</small> <u>Ralph Mayne</u> <u>12-9-98</u> <small>Signature Date</small>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>Spring Hollow Ct</u> <u>Staten's Rd</u> <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 37</small> DISTANCE FROM ROAD <u>20</u> <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co</u> <u>A57610A</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ <small>DATE ISSUED 41</small> <u>12 29 98</u> <u>A McW...</u> <u>12/29/99</u> <small>43 MM DD YY 48 CO SIGNATURE EXP DATE</small> NORTH GRID <u>548 000</u> EAST GRID <u>768 000</u> <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>720068</u> N <u>50048</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>66</u> INCH <small>NEAREST INCH</small> METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTary Drive-POINT</small> other _____		4-12-99 9:00 AM NO INSP 	
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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ <small>41 52</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Hardy Rd. Spring Hollow Ct. St. Michaels Rd. 20' well	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROX. PERMIT NUMBER _____ G A P _____ <small>54 63</small> PERMIT No. <u>HO-94-2017</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

