

9/8/00 Late pm C.O.
9/20/00 House Conn. PH
10/24/00 House Conn. PH

Needs House Connection

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

P 514203

A 57610-J

ISSUE DATE 8/22/2000

APPROVAL DATE 10/24/00

INDEXED

04-362810

SK Backhoe & Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Spring Hollow LOT NUMBER 9 ADDRESS 17116 Spring Hollow Court

PROPERTY OWNER Brent Johnson PROPERTY OWNER'S ADDRESS 15108 Kalmia Drive

SEPTIC TANK CAPACITY 1250 GALLONS Laurel, MD 20707

PUMP CHAMBER CAPACITY GALLONS *** TOP SEAMED SEPTIC TANK REQUIRED ***

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

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: Beginning from the intersection of the 54.07' and 315.77' lot lines, begin
trenches 180 feet up the 315.77' lot line and 45 feet off that same lot line. Run trenches
on contour toward the rear (136.60') lot line. 7/19/00 OK ALL

PLANS APPROVED Amy McMillen DATE 4/21/2000

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

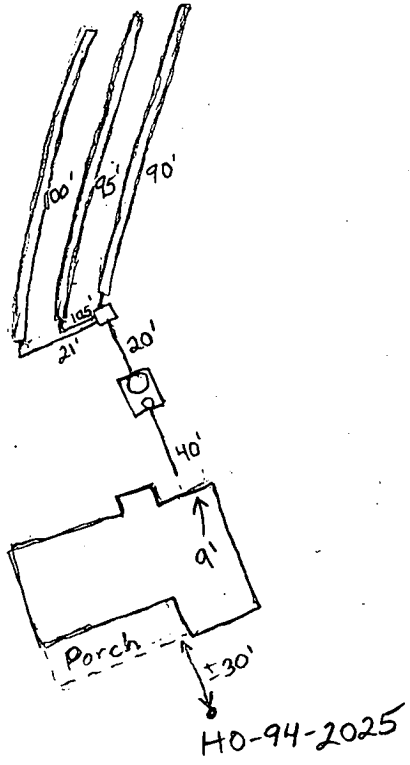
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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-J

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
TRENCH INLET DEPTH 2.0'
TRENCH BOTTOM DEPTH 4.0'
DEPTH OF STONE 2.0'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 285'
ABSORBENT AREA 855 sq. ft.
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT Yes
~~PUMP CHAMBER DATA~~ N/A
~~PUMP CHAMBER~~
~~GALLONS~~
~~MANHOLE RISER~~
~~ALARM~~
~~PUMP PERFORMANCE TEST~~

Paved Access to House Court
PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 9/8/00 Everything satisfactory. O.K. to cover. Final approval pending verification of house connection. BB
9/20/00 Well to verify house connection, No indoor plumbing working and recently excavated hole at house base is again full of hold from yesterday's rain PFP 9/20/00
10/24/00 House connection made X

INSPECTOR 10/24/00 DATE SYSTEM APPROVED A. M. M. M.

11/6/00 AM 87/28/00 pm

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Artisan Plumbing Inc Telephone #: 301 595-1891
Address: 7926 BENNETT BRANCH RD
MT AIRY MD 21777

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): BRENDON M HARRISON License# 62209

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: BRENT JOHNSON Telephone #: 301 362 5921
Subdivision: SPRING HOLLOW Lot #: 9 Well Tag #: HO-94-2025
Site Address: 1714 SPRING HOLLOW CH
MT. AIRY MD 21771

Submersible Pump Data

Make: Goulds
Model #: TGS07422
Pump Capacity: 7 GPM
Well Yield: 30 GPM

Pitless Adapter

Make: Campbell
Model #:
Depth: 48" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 95 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house

Type: 1" Polyethylene
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 4'
Sleeve caulked and sealed properly: Exterior outside Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Brendon M Harrison
Signature of company representative responsible for installation

Nov 1, 2000
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/6/2000

Date Insp. Approved: 7/20/00 DUS SRH

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

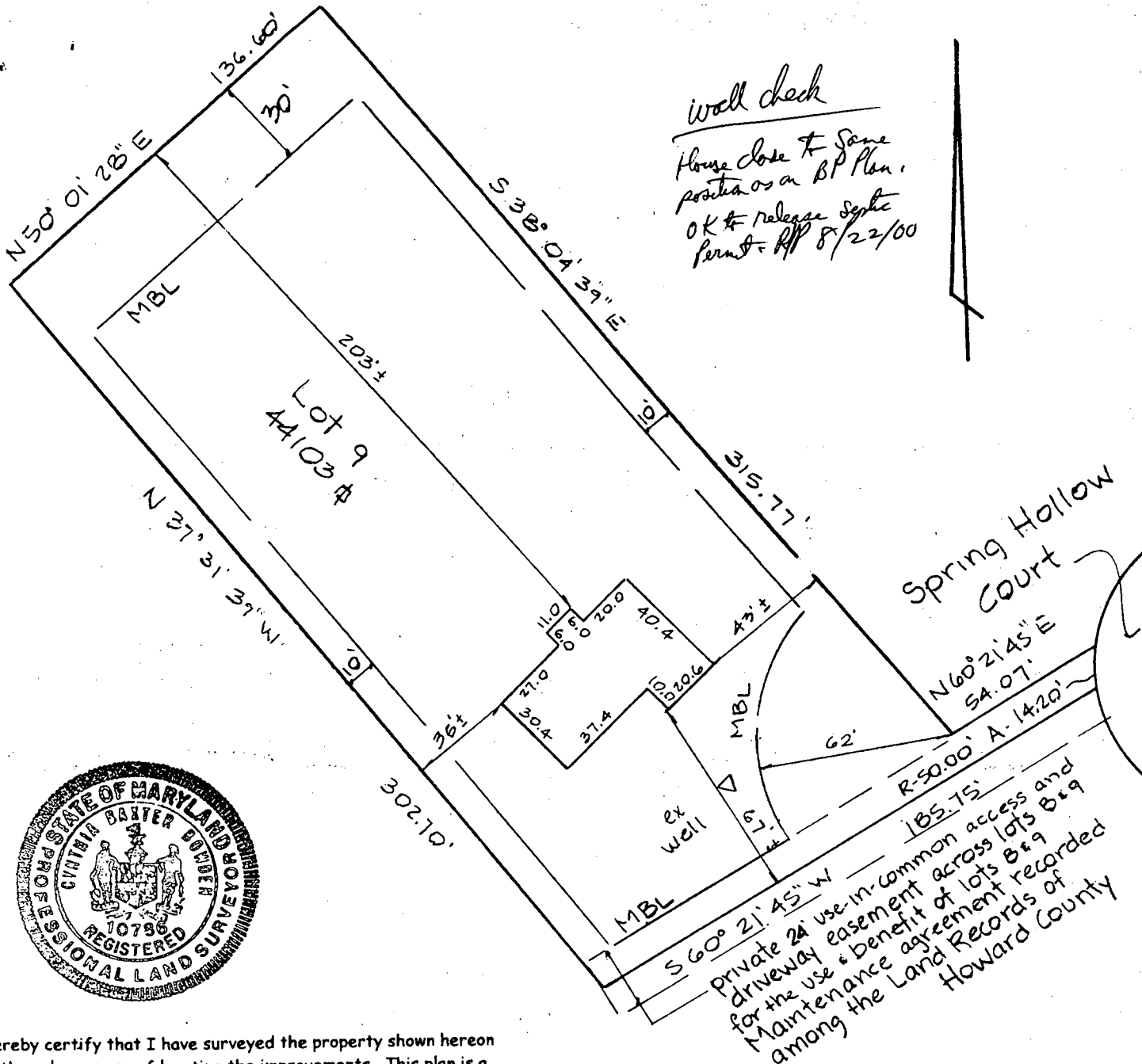
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

Safety rope installed inside of well casing ✓

Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓



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 a 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.

By Cynthia B. Bowden Date 6-14-00
Cynthia B. Bowden, Professional Land Surveyor No. 10786

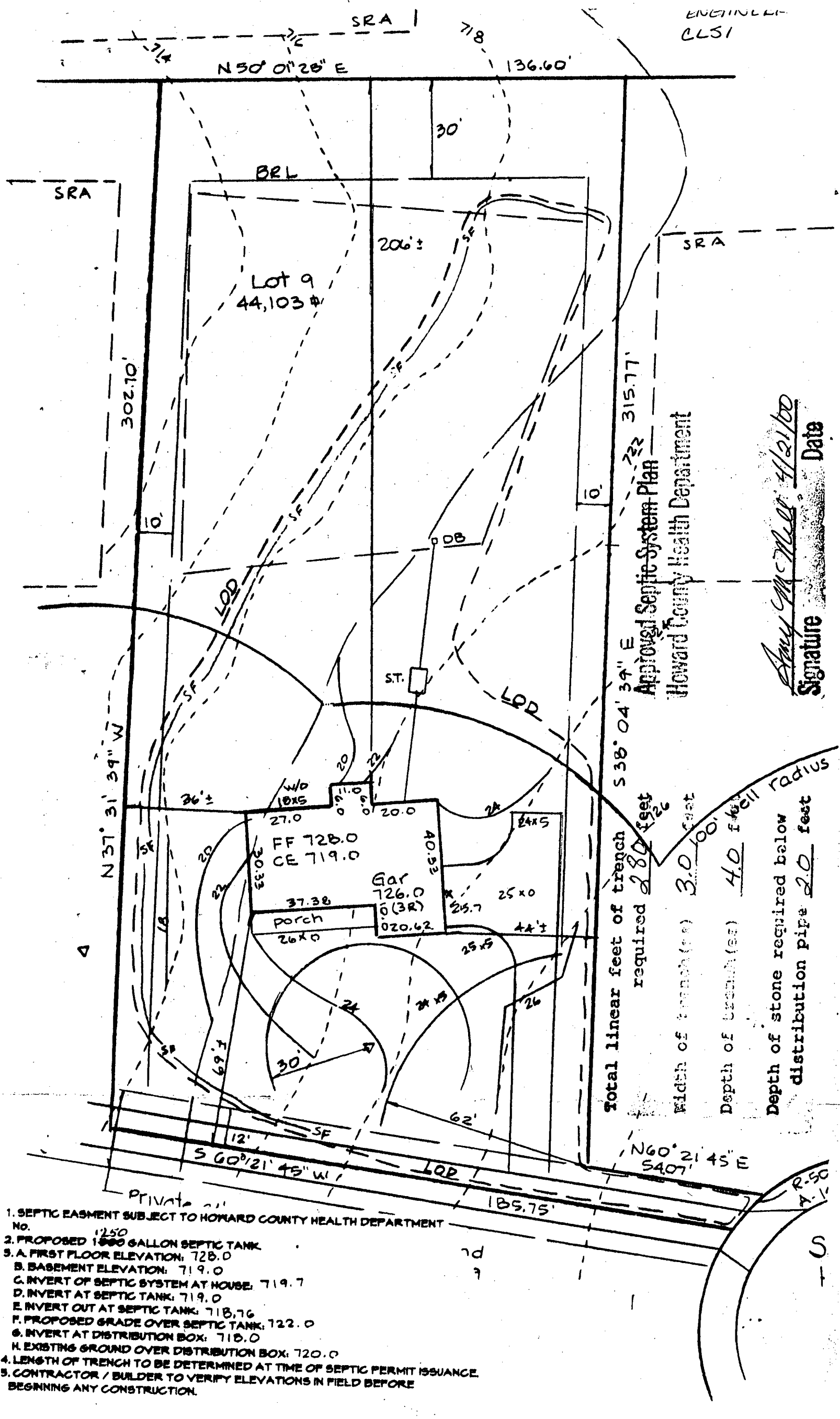
The improvements shown hereon lie within Flood Hazard Zone "C" (area of minimal flooding), as designated on National Flood Insurance Program Flood Insurance Rate Map, Panel 7 of 45 Community Panel Number 240044/0040 B Prepared by the Federal Emergency Management Agency.

Location Drawing Lot 9
Spring Hollow
4th election district
Howard County, MD
plat no. 13772

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

DRAWN BY:	CBB
DESIGN BY:	
REVIEW BY:	CBB
DATE:	6-13-00
SCALE:	1"=50'
JOB NO:	99167A
SHEET:	1 OF 1



ENGINEER
CLSI

Approved Septic System Plan
Howard County Health Department

Signature: Amy McMillan
Date: 4/21/00

Total linear feet of trench required 280 feet
Width of trench (ft) 3.0 feet
Depth of trench (ft) 4.0 feet
Depth of stone required below distribution pipe 2.0 feet

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

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO. 9

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

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

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

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

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

603

dark
orange
red
SiCLM

lgt
pink
SiLM
micaceous
25%
Saprolite

604

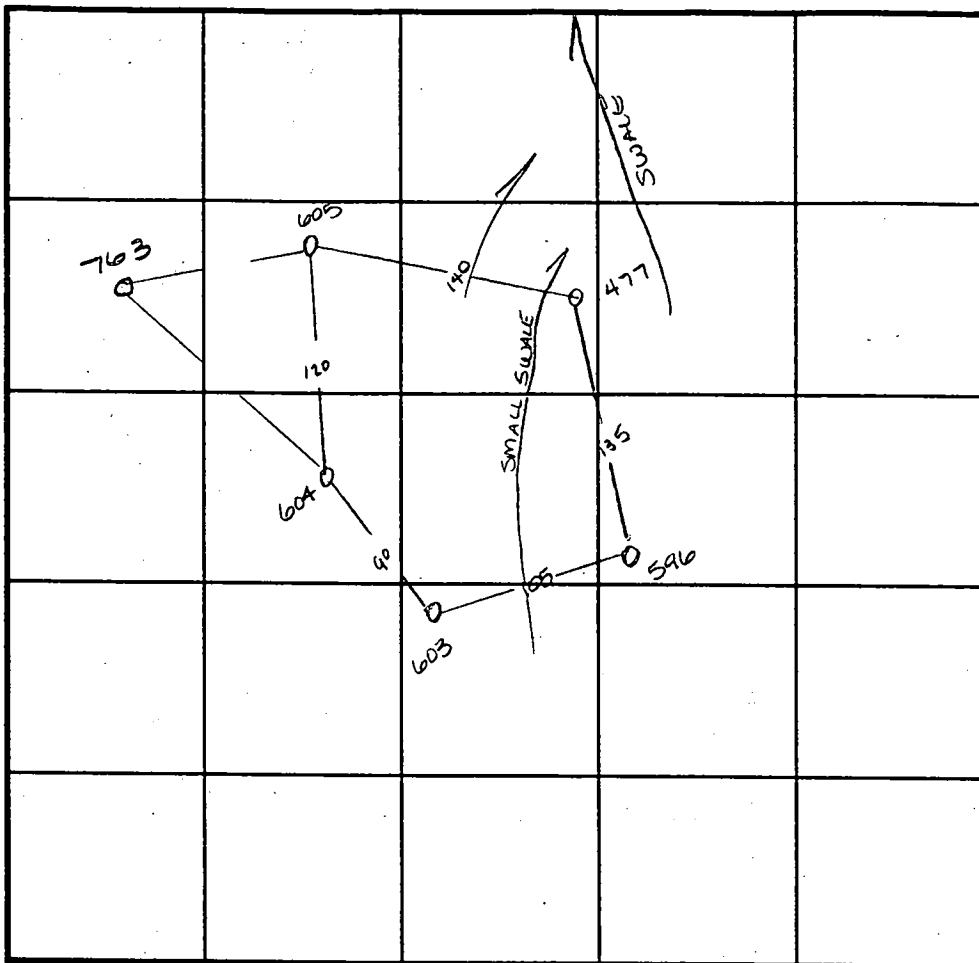
no
distinct
clay
layer
orange
brown
SiSalm
30%
Shale
through
out
refusal

477

beigh
SiCLM
5%
Shale

brn
SiLM
15%
Shale

pink
SiSalm
15%
rock



SOIL PROFILE

596

tan
beigh
SiCLM

lgt
brown
SiLM
25%
Shale

>50%
rock

refusal
at
11.5

763

orange
brown
SiCLM

dark
red orange
SiLM

>50%
rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hurdy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-96	605	Insufficient	depth to bedrock -				F
		>50% rock throughout					
	603	Visual to 11.0	— see profile				OK
	604	2.5 V10.0	12:08 ³⁰	12:10	12:10	12:13	3min
	477	3.0 V12.0	12:55	12:56	12:56	12:57	1min
	596	4.0 V11.5	12:42 ³⁰	12:46	12:46	12:55	9min
8-28-96	763	Visual only	see profile —				F
		Insufficient depth to bedrock					

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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(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' 478
tan
SiClm

2.5' orange
red
SiLm

9.0' pink
SiSaln
micaceous
10%
shale
supraline

12.0

479

tan
orange
SiClm

5.0' orange
brn
SiClm

6.5' mottled
pink
SiLm
micaceous
25%
shale
water

8.5

606

dark
red brn
SiClm

30

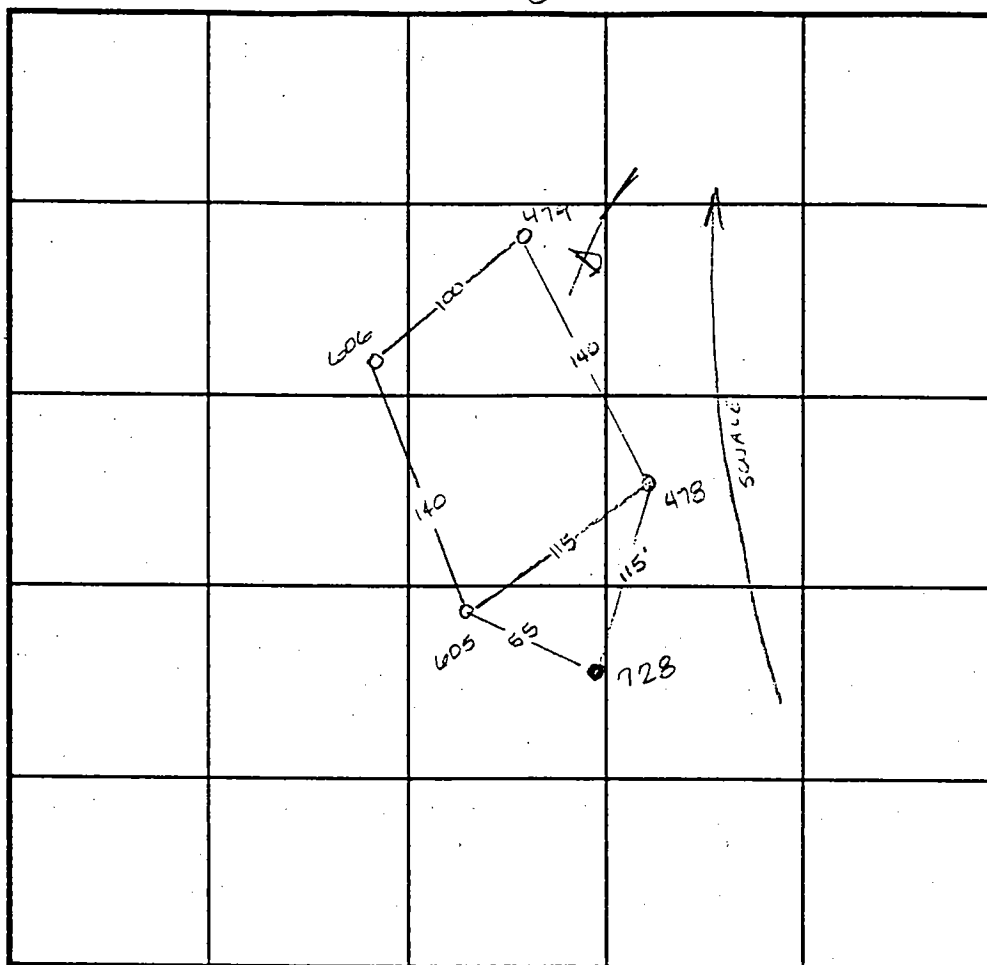
dark
brown
SiLm
10%
shale

9.0

20%
shale

1 1/2" white
tan
SiSaln
refusal

11.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

SOIL PROFILE

0' 728
orange
brn
SiClm

3.0' pink
SiLm
25%
very
decayed
shale

12.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-96	605	Insufficient depth to bedrock					—
		refusal at 8.0 > 50% R _v					F
	478	3.0 / 12.0	12:55	12:56	12:56	12:57	1 min
	479	Insufficient depth to water					
		table - see profile					F
	606	3.5 / 11.0	1:04 ³⁰	1:06 ³⁰	1:06 ³⁰	1:11	4 1/2 min
3-10-97	728	Visual to 12.0 - see profile					OK

REMARKS

TYPE OF SOIL

TESTED BY

Amy McMillen

ALSO PRESENT

Tim Feaga

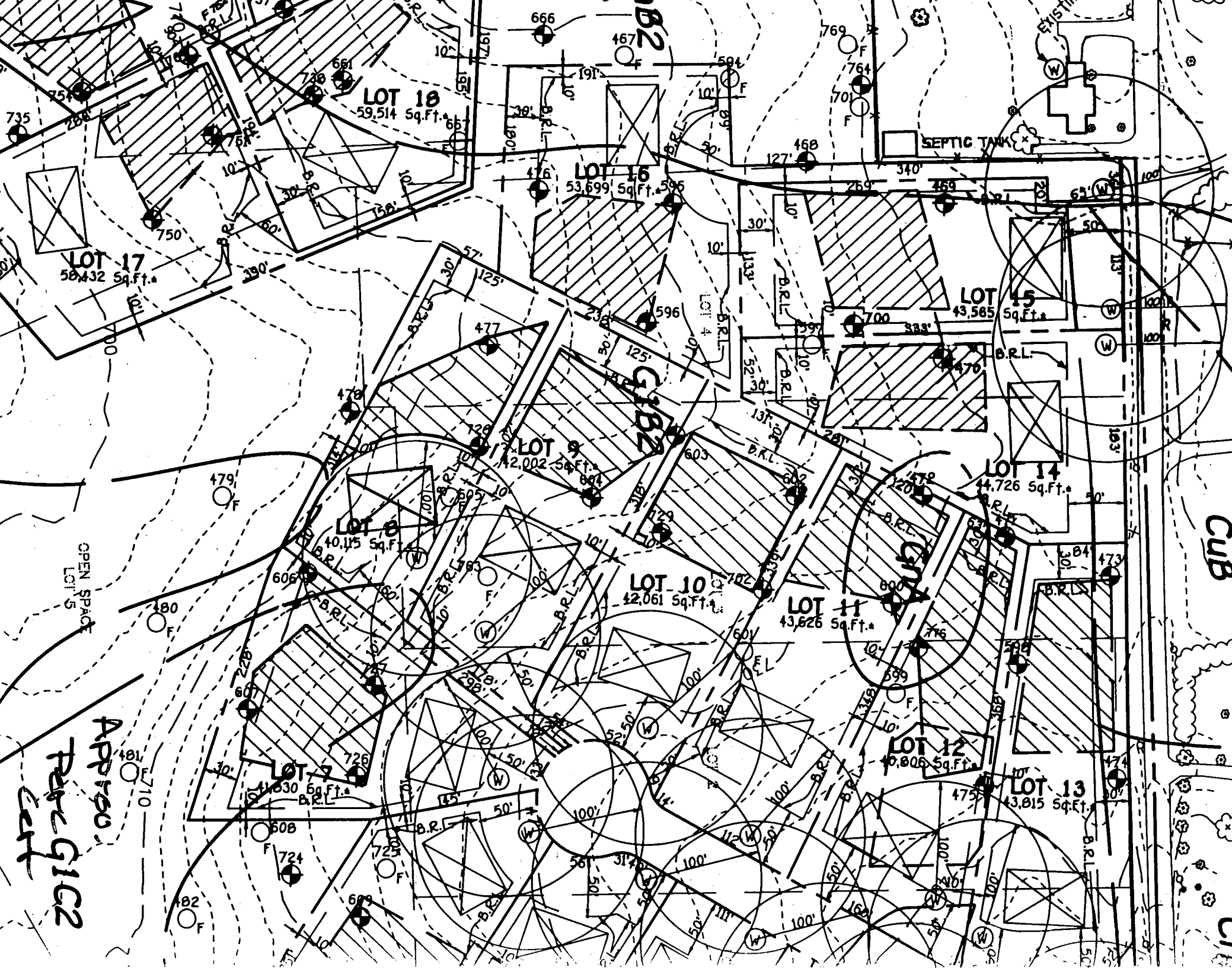
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

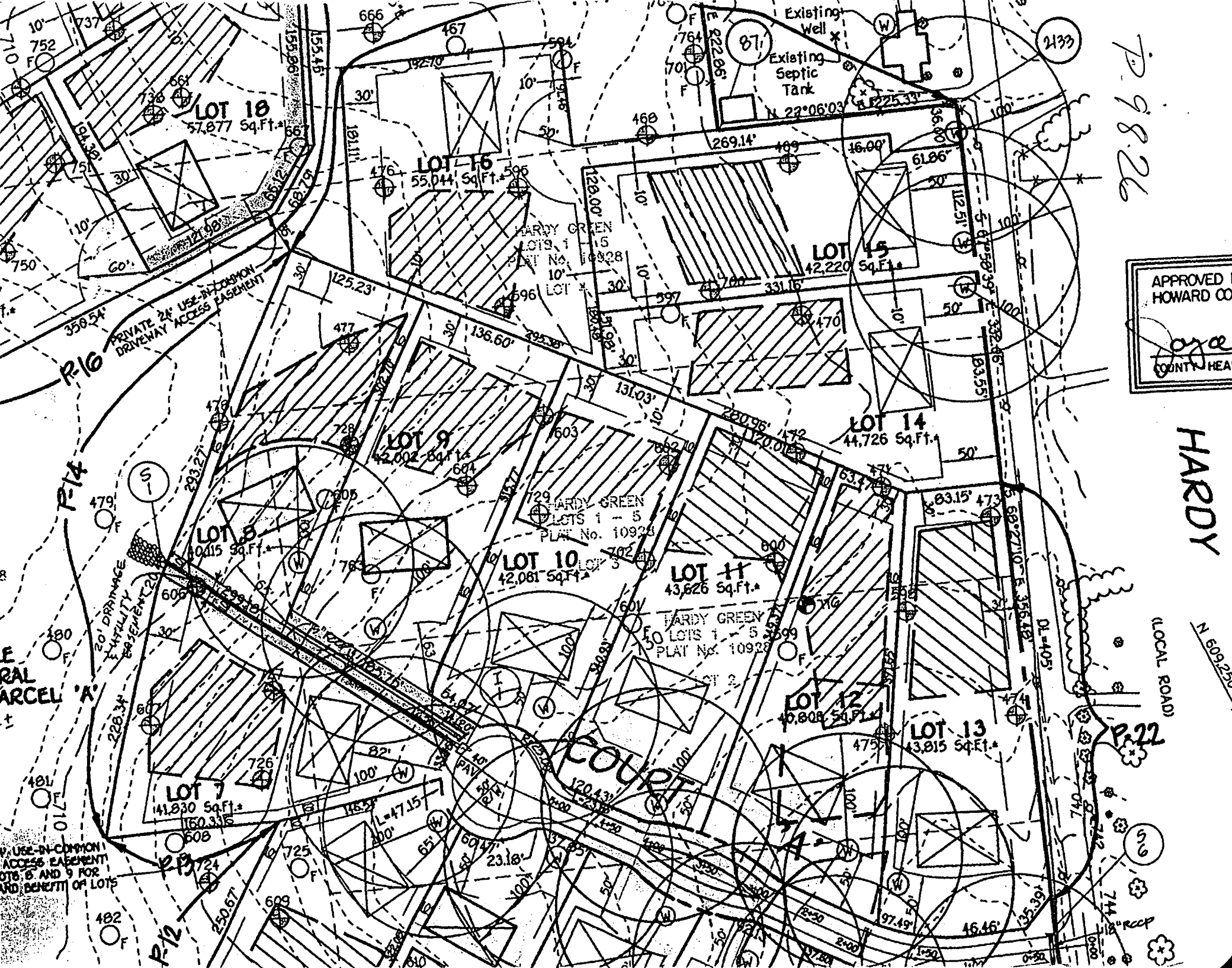
TRENCH WIDTH

INLET DEPTH

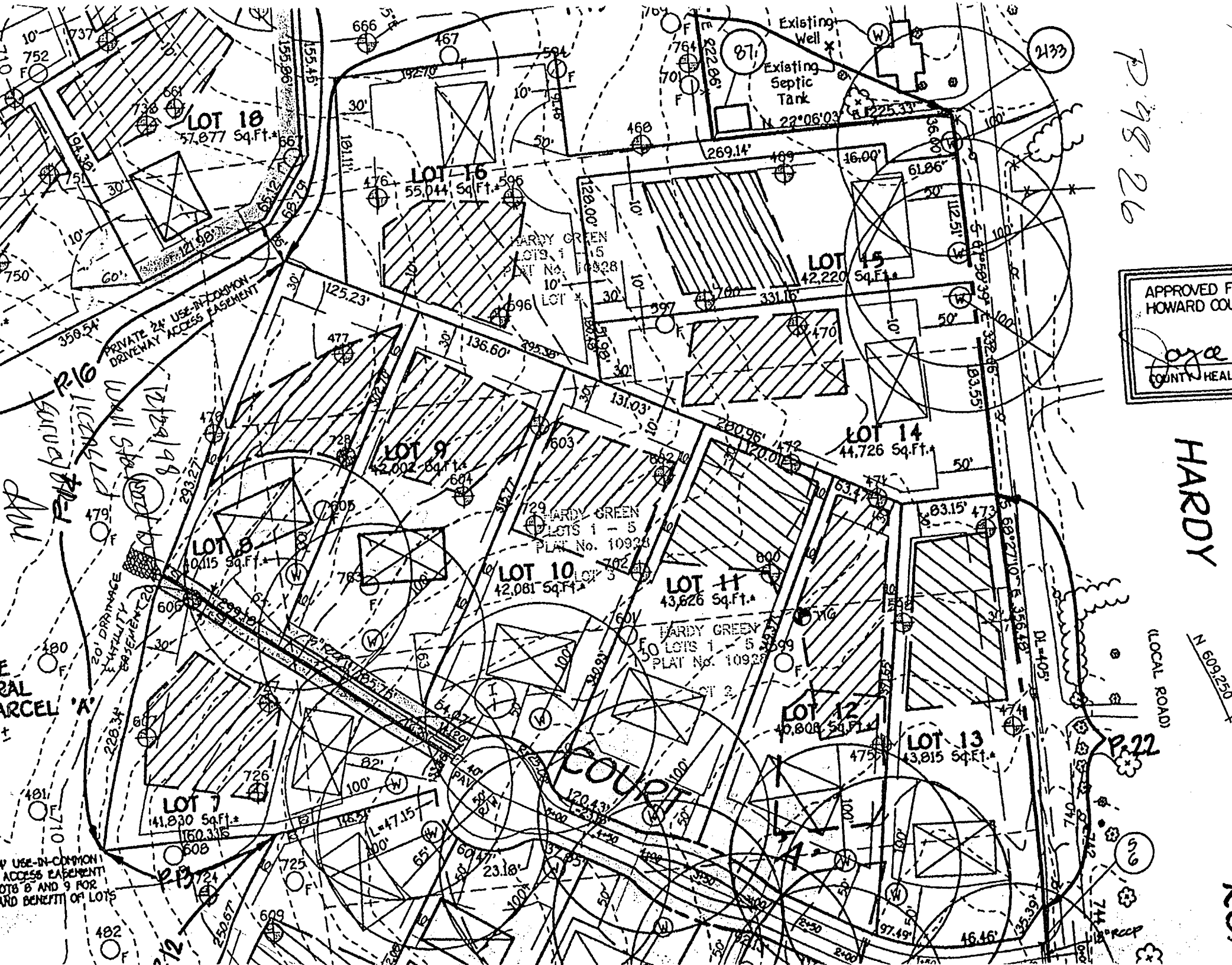
MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM





C 1		9818		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.	
1 2 3 6								COUNTY NUMBER <u>A57610 J</u>	
ST/CO USE ONLY DATE RECEIVED MM DD YY <u>08</u> <u>11</u> <u>99</u>		DATE WELL COMPLETED MM DD YY <u>06</u> <u>15</u> <u>99</u>		Depth of Well 22 <u>185</u> 26 (TO NEAREST FOOT)		4/21/00 02 AM		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0 - 94 - 2025</u>	
OWNER: <u>Cissel Lambert</u>		last name		first name		TOWN <u>Poplar Springs</u>		LOT <u>9</u>	
STREET OR RFD <u>Spring Hollow Ct</u>		SUBDIVISION <u>Spring Hollow</u>		SECTION		LOT			
WELL LOG Not required for driven wells		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GRROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)		yes <input checked="" type="radio"/> no <input type="radio"/>		C 3	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		TYPE OF GROUTING MATERIAL (Circle one)		PUMPING TEST	
Top Soil		0 2				CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input checked="" type="radio"/>		HOURS PUMPED (nearest hour) <u>3</u>	
Gneiss Shale		2 20				NO. OF BAGS <u>10</u> NO. OF POUNDS <u>1000</u>		PUMPING RATE (gal. per min.) <u>12</u>	
Brown Shale		20 25				GALLONS OF WATER <u>60</u>		METHOD USED TO MEASURE PUMPING RATE <u>bucket</u>	
Blue Shale		25 36				DEPTH OF GROUT SEAL (to nearest foot)		WATER LEVEL (distance from land surface)	
Brown Shale		36 40				from <u>0</u> ft. to <u>30</u> ft.		BEFORE PUMPING <u>37</u> ft.	
Blue Shale		40 185				(enter 0 if from surface)		WHEN PUMPING <u>39</u> ft.	
						CASING RECORD		TYPE OF PUMP USED (for test)	
						casing types insert appropriate code below		A air P piston T turbine	
						MAIN CASING TYPE		C centrifugal R rotary O other (describe below)	
						Nominal diameter top (main) casing (nearest inch) <u>6</u>		J jet S submersible	
						Total depth of main casing (nearest foot) <u>35</u>			
						OTHER CASING (if used)			
						diameter inch depth (feet) from to			
						SCREEN RECORD		PUMP INSTALLED	
						screen type or open hole		DRILLER INSTALLED PUMP (YES or NO) <input checked="" type="radio"/>	
						insert appropriate code below		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
						ST STEEL BR BRASS HO OPEN HOLE OT OTHER		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
						PL PLASTIC		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
						C 2		PUMP HORSE POWER 37 41	
						DEPTH (nearest ft.)		PUMP COLUMN LENGTH (nearest ft.) 43 47	
						1 <u>HO</u> 33 185		CASING HEIGHT (circle appropriate box and enter casing height)	
						2 8 9 11 15 17 21		+ above	
						3 23 24 26 30 32 36		- below	
						4 38 39 41 45 47 51		LAND SURFACE (nearest foot) <u>2</u>	
						5 56 60		LOCATION OF WELL ON LOT	
						6 70 72 74 75 76		SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
						7 70 72 74 75 76		TELESCOPE CASING LOG INDICATOR OTHER DATA	
						8 70 72 74 75 76			
						9 70 72 74 75 76			
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						100 70 72 74 75 76			



B 1 1 2 3 4 5 6 <div style="border: 1px solid black; padding: 5px; display: inline-block;">2411</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">HO-94-2625</div> <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px;">12 18 98</div> <small>8 MM DD YY 13</small> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;">CISSELL LAMBERT</div> <small>15 Last Name Owner First Name 34</small> <div style="border: 1px solid black; padding: 2px;">3425 HIPSLEY Mill Rd.</div> <small>36 Street or RFD 55</small> <div style="border: 1px solid black; padding: 2px;">PA Aing MD. 21797</div> <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;">Howard</div> <small>8 COUNTY 21</small> <div style="border: 1px solid black; padding: 2px;">Spring Hollow</div> <small>23 SUBDIVISION 42</small> <div style="border: 1px solid black; padding: 2px;">SECTION 44 46 LOT 9 48 50</div> <div style="border: 1px solid black; padding: 2px;">Poplar Springs</div> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px;">I</div> <small>73 76 77 78</small>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px;">RALPH MAYNE</div> <small>Driller's Name 76 License No. 81</small> <div style="border: 1px solid black; padding: 2px;">RALPH MAYNE well DRILLING</div> <small>Firm Name</small> <div style="border: 1px solid black; padding: 2px;">9120 Brown Church Rd Mt Aing</div> <small>Address</small> <div style="border: 1px solid black; padding: 2px;">Ralph Mayne</div> <small>Signature Date 12-5-98</small>		B 4 <div style="display: flex;"> <div style="flex: 1;"> <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) </div> <div style="flex: 1;"> <small>11 30</small> NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px;">Spring Hollow Ct.</div> <small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small> <div style="border: 1px solid black; padding: 2px;">150</div> <small>34 37</small> DISTANCE FROM ROAD <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____ </div> </div>	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px;">5</div> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px;">500</div> <small>14 20</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	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px;">150</div> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px;">6"</div> INCH <small>NEAREST</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px;">Howard CO</div> <small>COUNTY NAME</small> <div style="border: 1px solid black; padding: 2px;">A57610J</div> <small>COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ <small>DATE ISSUED 122998 A M C M L 00 122999</small> <small>43 MM DD YY 48</small> CO SIGNATURE _____ EXP. DATE _____ <small>NORTH GRID 50 55 57 63</small> EAST GRID <div style="border: 1px solid black; padding: 2px;">768 000</div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTARY Drive-POINT</small> other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <div style="border: 1px solid black; padding: 2px;">768</div> N <div style="border: 1px solid black; padding: 2px;">548</div> 000 000	
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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px;">HO-94-2025</div> <small>54 63</small> PERMIT No. <div style="border: 1px solid black; padding: 2px;">HO-94-2025</div> <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>			