

4/13/00 C.O. EWP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513309

A 57610-N

DISTRICT _____

DATE 3/9/2000

DATE SYSTEM APPROVED 4/13/00

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 410-313-2640

04-362853

INDEXED

L. E. Feaga & Son Excavating IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 1625 Henryton Road, Marriottsville, MD 21104 PHONE 410-442-5623

SUBDIVISION Spring Hollow LOT 13 ROAD 17100 Spring Hollow Court

PROPERTY OWNER Dan & Karen Ellis

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 200 feet up the left lot line and 10 feet off that same lot line as seen when facing the lot from Spring Hollow Court. Run trenches on contour toward Hardy Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK 4/2/00

PLANS APPROVED BY Amy McMillen DATE 11-24-1999

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: 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. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

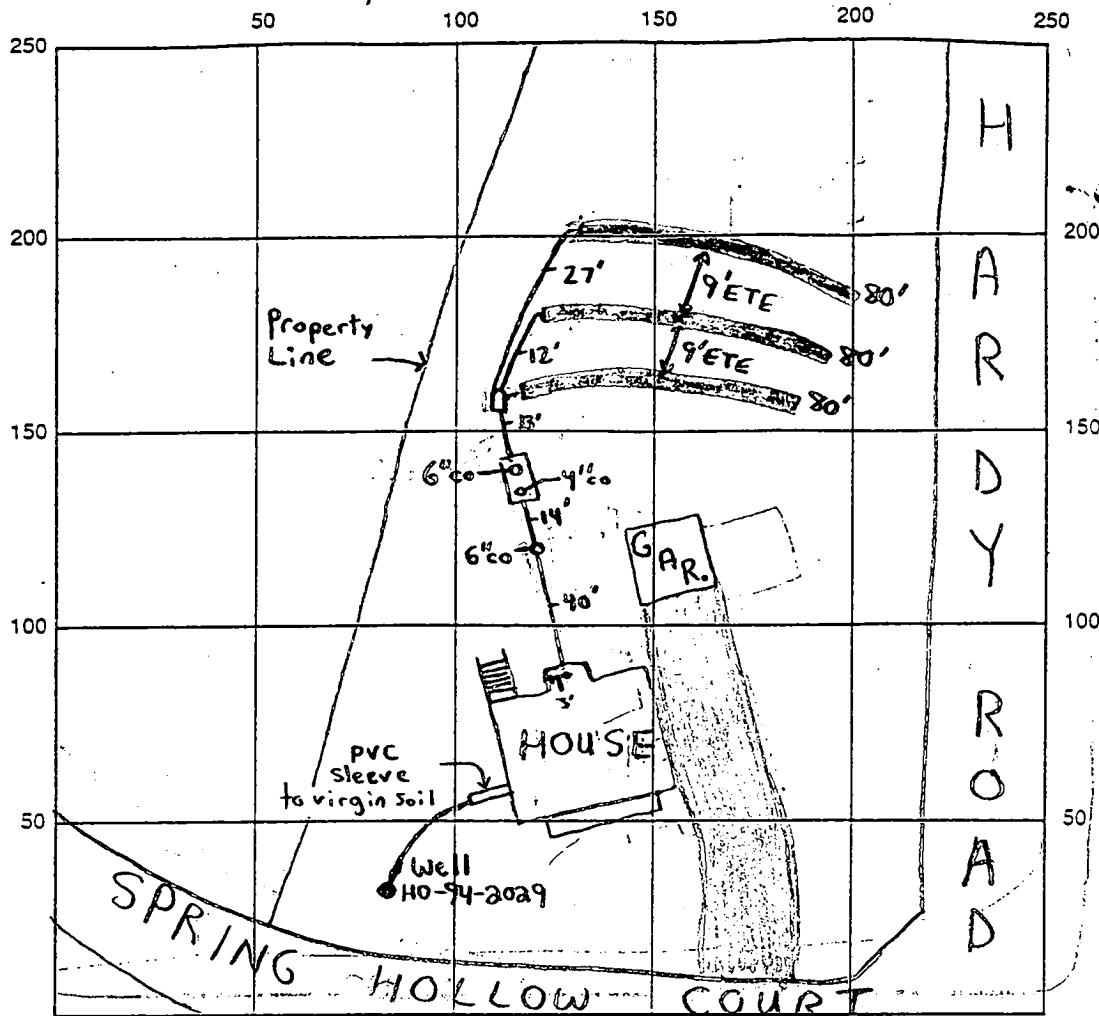
LOG. PERMIT SKIPPED

AND RETURNED 12/15/99

B00121774 Garage

A 57610-N

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ☒ 1500 gallon Top Seam Baffles front & rear CLEANOUTS 6" in line, 4" front of tank, 6" center of tank

DISTRIBUTION BOX LEVEL ☒ Baffle is in

DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

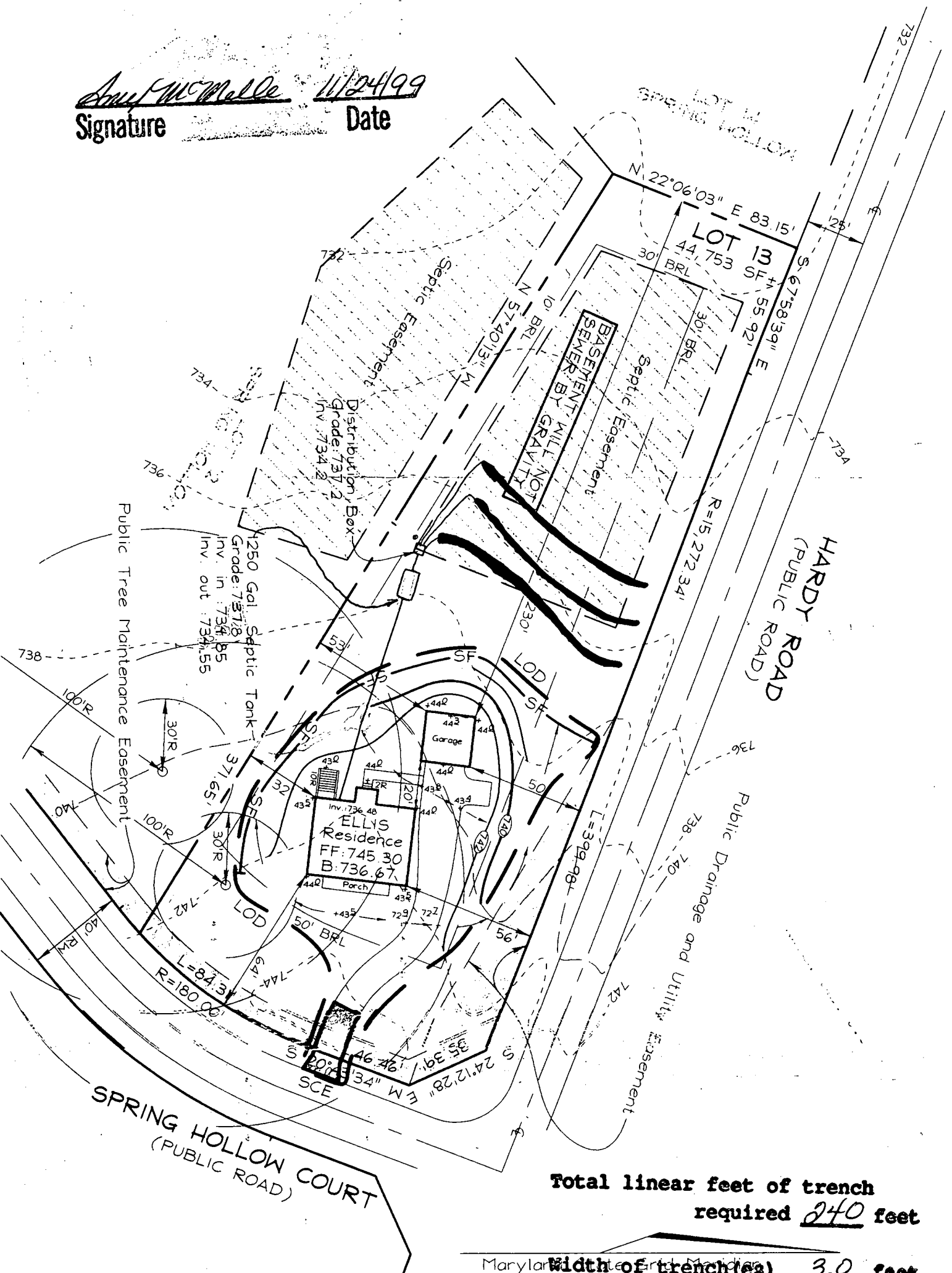
ABSORBENT AREA N/A SQ. FT.

REMARKS: 4/13/00-OK TO COVER ALL WORK-(SRK)

DATE SYSTEM APPROVED 4/13/00 INSPECTOR Steven R. Krieg

Approved Septic System Plan
Howard County Health Department

Amel M. Malle 11/24/99
Signature Date



Total linear feet of trench
required 240 feet

Maryland State and Local Regulations
Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Spring Hollow
Vogel & Assoc.
461 5828

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 Dan + Karen Ellis

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 13

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

(17110 Spring Hollow Court)

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

SIZE OF LOT 1 Acre TYPE BLDG SFD - 4 Bn
(SINGLE FAMILY DWELLING OR COMMERCIAL)

ENCL. PERMIT SIGNATURE

AND RETURNED 11-24-99

Serial # B10121447

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' 471
orange
red
silt
15% shale

2.0
1/2
yellow
pink
silt
20%
shale

11.0
30%
shale

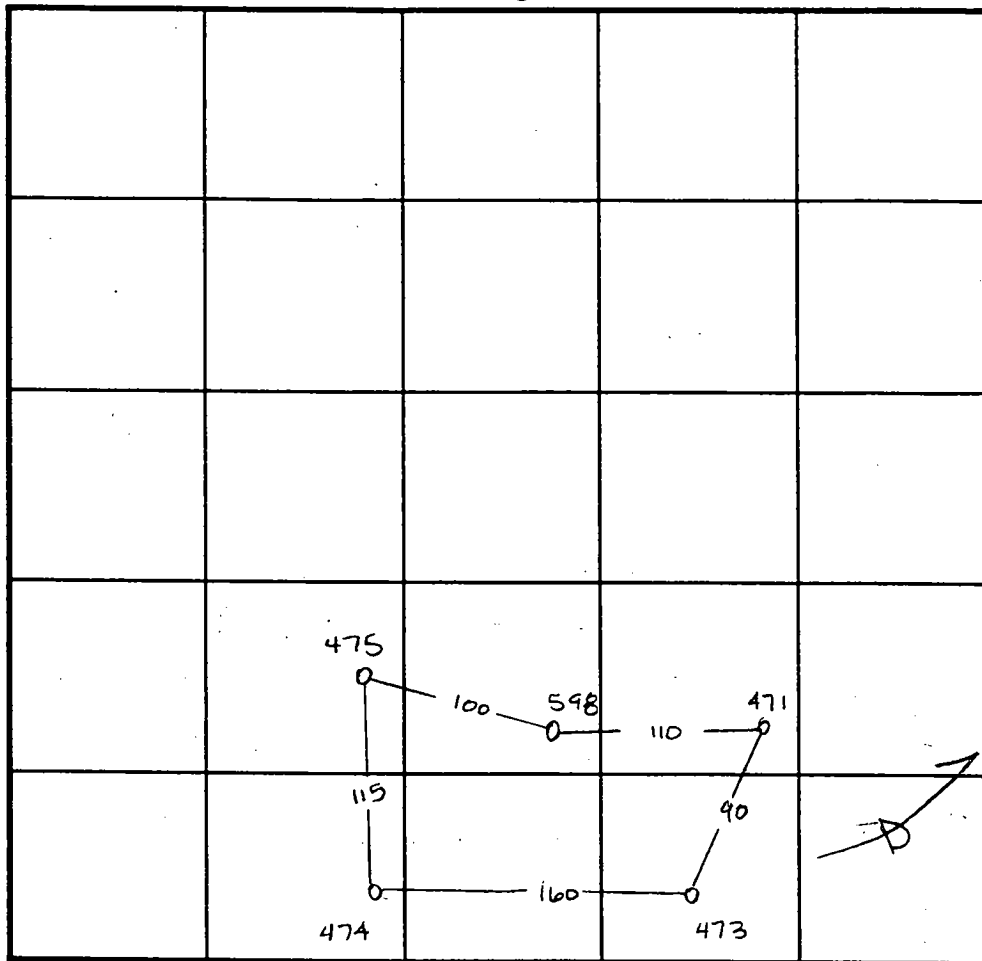
11.5
598
orange
red
silt
10% shale

2.0
1/2
orange
pink
silt
micaceous
20%
shale
refusal
at
10.5

473
dark
orange
silt
2.5
1/2
pink
tan
silt
micaceous
100%
saprolite

12.0

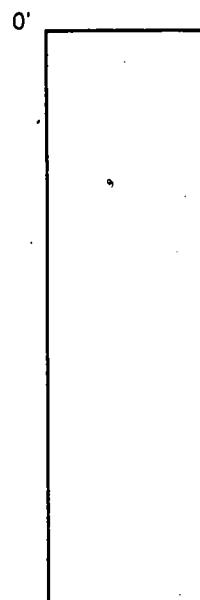
3



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Handy Road

SOIL PROFILE



475 474
orange
brown
silt
2.0
40%
shale
saprolite
tan
orange
silt
11.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-96	471	3.5 V11.5	10:01	10:01 ³⁰	10:01 ³⁰	10:02 ³⁰	1min
	598	3.5 V10.5	10:56	10:56 ³⁰	10:56 ³⁰	10:57 ⁴⁵	1 1/4 min
	475	2.5 V11.0	11:38 ³⁰	11:40	11:40	11:42	2min
	474	3.0 V12.0	12:01	12:04	12:04	12:10	6min
	473	3.0 V12.0	11:14	11:19 ³⁰	11:19 ³⁰	11:28 ³⁰	9min

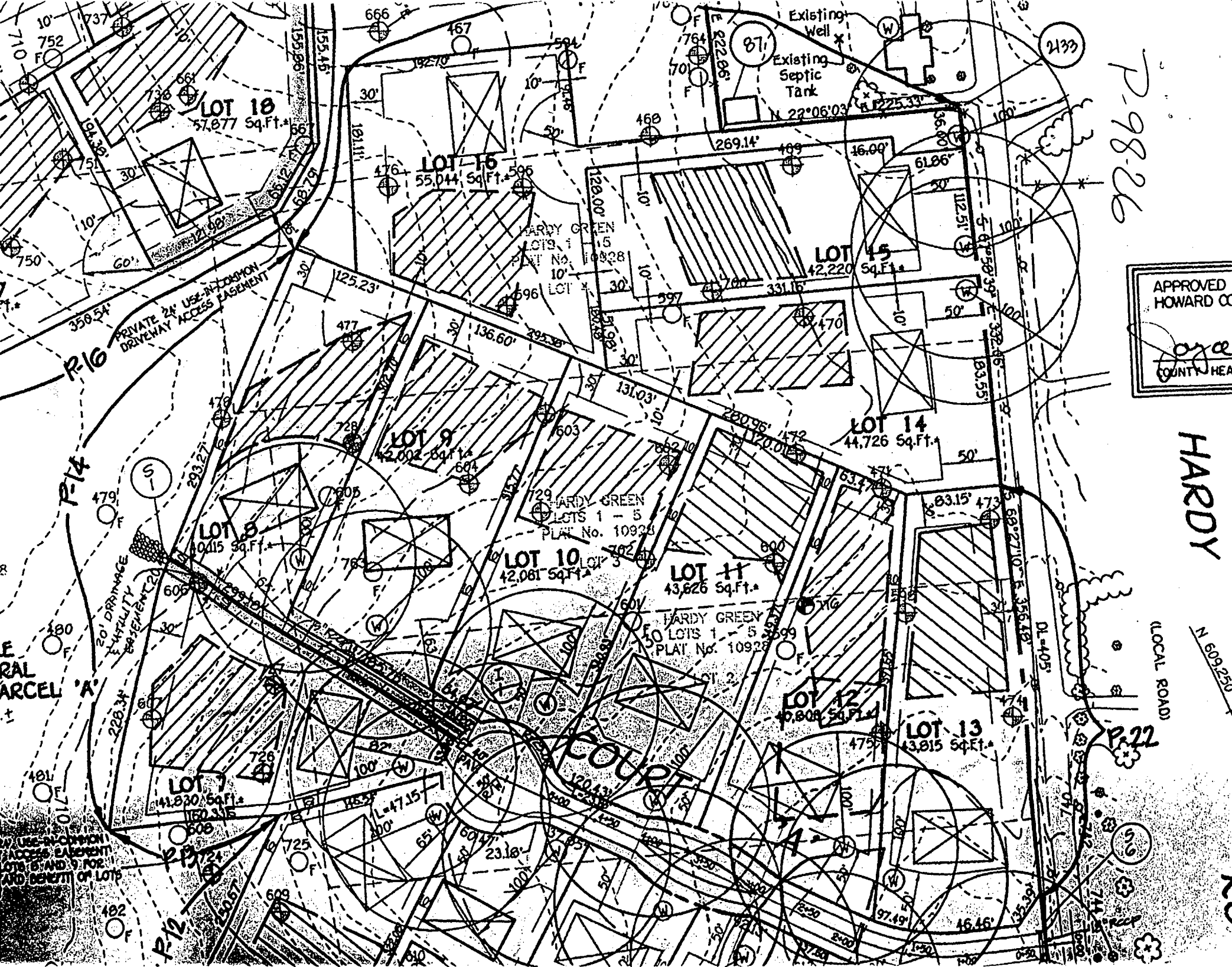
REMARKS

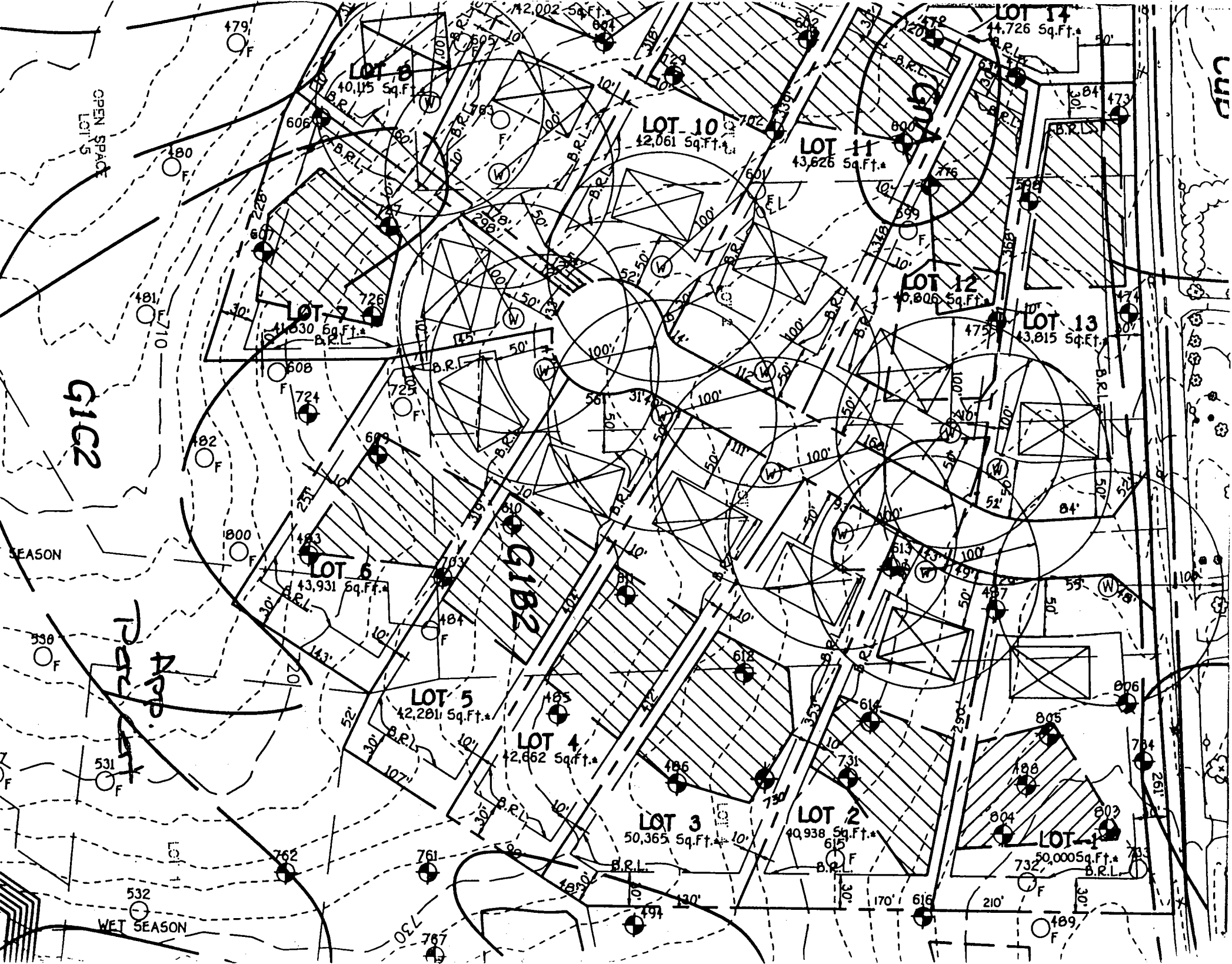
TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM





[illegible]

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00T21774
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Building Address <u>7100 Spring Hollow Ct</u> <u>MT Airy, Md 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6010</u> Subdivision <u>Spring Hollow</u> Section _____ Area _____ Lot <u>13</u> Tax Map <u>7</u> Parcel <u>1-11</u> Grid <u>8</u> Zoning <u>R-DCO</u> Map Coordinates <u>284</u> Lot size _____	Property Owner's Name <u>Daniel R. Ellis</u> Address <u>2838 Southview Rd</u> City <u>Ellicott City</u> State <u>Md</u> Zip Code <u>21042</u> Home Phone <u>(410) 465-6040</u> Work Phone <u>(410) 247-9500</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>New Single Family Dwelling</u> Proposed Use <u>Garage for Single Family Dwelling</u> Estimated Construction Cost <u>\$47,000</u> Description of Work <u>1 story detached</u> <u>20x20</u>	Contractor Company <u>Fraga Contracting Building Co</u> Contact Person <u>Dan Ellis / Dan Fraga</u> Address <u>P.O. Box</u> City <u>Ellicott City</u> State <u>Md</u> Zip Code <u>21042</u> License No. _____ Phone <u>(410) 313-8203</u> Fax _____
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Occupant or Tenant <u>Self</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	Utilities Water Supply: ☐ Public ☐ Private Sewage Disposal: ☐ Public ☐ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads	Building Characteristics SF Dwelling ☐ SF Townhouse ☐ Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Garage</u> Dimensions: <u>20 x 30</u> Footings: _____ Roof: _____ ☐ State Certified Modular ☐ Manufactured Home	Utilities Water Supply: ☐ Public ☐ Private Sewage Disposal: ☐ Public ☐ Private Electric: Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ☐ NFPA #13D ☐ NFPA #13R ☐ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Daniel R. Ellis</u> Applicant's Signature <u>Daniel R. Ellis</u> Title/Company	<u>Daniel R. Ellis</u> Print Name <u>12/15/99</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY ☒ Land Development DPZ ☐ State Highways ☒ Building Official ☒ Dev. Engineering DPZ ☒ Health ☐ Fire Protection Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	DATE <u>12/15/99</u>	SIGNATURE APPROVAL <u>Mark E. Risher</u>	DEP. SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES ☐ NO ☐ Is Entrance Permit required? YES ☐ NO ☐ Historic District? YES ☐ NO ☐ Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>44083</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>65</u> Balance due \$ _____ Check # <u>897</u> Validation # _____ Accepted by _____
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Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

GENERAL

1. Length of the Department in the
2. Topography taken from
3. Reference : Plat No. 131

REC'D 15 1990
-CEIVE

GARAGE

OK

MUR 12/15/99

HARDY ROAD
(PUBLIC ROAD)

Public Drainage and Utility Easement

Maryland State Grid Meridian

SPRING HOLLOW COURT
(PUBLIC ROAD)

LOT 14
SPRING HOLLOW

LOT 13
N 22°06'03" E 83.15'
S 67°58'39" E 55.92'
44,753 SF ±

Septic Easement

BASEMENT WILL NOT
SEWER BY GRAVITY

10' BRL
N 57°40'13" W

Septic Easement

Distribution Box
Grade 737.2
Inv. 734.2

LOT 12
SPRING HOLLOW

1250 Gal. Septic Tank
Grade 740.8
Inv. in 735.85
Inv. out 735.55

Public Tree Maintenance Easement

S 24°12'28" E 142.22'
S 35°39' 42.22'
L=399.98'

S 20°13'34" E 142.22'
L=84.3'
R=180.00'

30' R

100' R

100' R

40' RW

4/13/00 10 AM

313-2640

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~410-6003~~

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt #

Date

4/12/00

Name of Installer

J.A. Smith & Co.

Telephone

410-796-7532

License Number

5581

Certified Well Pump Installer

Well Driller

Registered Plumber

☒

Name of Property Owner

DAN & KAREN ELLIS

Telephone

410-465-6040

Subdivision

SPRING Hollow

Lot #

13

Well Tag #

HQ-94-2039

Site Address

17100 SPRING Hollow CT.

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible

☒

2. Make

Goulds

3. Model

5G505412

4. Capacity

5

GPM

5. Pump exceeds well capacity

Yes

No

☒

6. If Yes, is low pressure cutoff switch installed?

Yes

No

7. What methods are used to protect the pump and electrical wiring from vibrations?

Torque arrestors

☒

Cable guards

☒

Other

Motor

1. Horsepower

1/2 H.P.

2. RPM

3. Voltage

230V

a. 110

b. 220

☒

Pitless Adapter

1. Make

2. Model #

3. Depth

4'

Tank

1. Capacity

WX-250

2. Pressure relief

valve?

YES

Piping

1. Type

BLACK Poly

2. Size

1"

3. NSF and/or BOCA

Code approved

YES

4. Depth of supply

line

3-4'

Well data

1. Depth

125 ft.

2. Yield

15 GPM

3. Static water

level

40 ft.

4. Will water supply

be disinfected by

installer?

NO

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.

4/13/00-WPI ON (SRW)

Signature of Applicant:

Date:

4-12-00

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

C1 9822		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. ✓	
DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 22 99		Depth of Well 22 205 26 (TO NEAREST FOOT)		COUNTY NUMBER A57610N	
OWNER Cissel Lambert		STREET OR RFD Spring Hollow Ct		TOWN Doplan Springs		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2029	
SUBDIVISION Spring Hollow		SECTION		LOT 13			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 800 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 28 ft. (enter 0 if from surface)		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30 OTHER CASING (if used) diameter inch depth (feet) from to		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 63 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing			
Top Soil		0 2					
Brown Shale		2 18					
Brown Slate		18 20					
Blue Slate		20 50					
Brown Slate		50 55					
Blue Slate		55 205					
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		C 2 DEPTH (nearest ft.) 1 HO 28 205 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot) 50 51	
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		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.		DRILLERS LIC. NO. MS D L L 6 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MS D L L 6 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA	
						LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) well 20' 120' Road	

Well Permit No. HO - 94-2029
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 13 Block Plat Sec.
Well Driller Ralph Mayne Owner Lambert Cisset

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P. 55 ¹⁰

Time pump started 12:00

Pumping rate 126 p/m

Total time 15 min to reach pumping water level 63 ft. below M.P.

[illegible]

30 FT CASTING 25 OREW 8 BTJS

B 1 1 2 3 4 5 6 4732	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2029 fill in this form completely
Date Received (APA) 12/18/98 8 MM DD YY 13 OWNER INFORMATION CISSEL Lambert 15 Last Name Owner First Name 34 36 3425 Hipsley Mill Rd Street or RFD 55 57 Woodbine 70 MD. 21297 76		B 3 LOCATION OF WELL Howard 8 COUNTY 21 Spring Hollow 23 SUBDIVISION 42 SECTION 44 46 LOT 13 48 50 Poplar Springs 52 NEAREST TOWN 71 73 76 77 78	
DRILLER INFORMATION RALPH MAYNE Driller's Name 76 License No. 81 MSD 116 Ralph Mayne Well Drilling Firm Name 76 9120 Brown Church Rd. Mt Airy Address 76 Ralph Mayne 12-9-98 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 30 Steven's Delight NEAR WHAT ROAD 30 34 37 30 DISTANCE FROM ROAD 38 39 FT ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST, OBSERVATION, MONITORING ☐ GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH 6		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard CO COUNTY NAME COUNTY NO. A5761DN STATE SIGNATURE INSERT S 41 12/29/98 DATE ISSUED CO SIGNATURE EXP. DATE A.M. Miller 12/29/98 43 MM DD YY 48 CO SIGNATURE EXP. DATE 548 000 NORTH GRID EAST GRID 768 000 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN ☒ AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) ☐ CABLE REVERSE-ROTARY DRIVE-POINT 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 768 N 548	
REPLACEMENT OR DEEPEENED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 63 PERMIT No. HO-94-2029 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

