

4/14/99
2:00
4/16/99
2:00 CVO

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511476

A 510661

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

DATE 3/24/99

DATE SYSTEM APPROVED 4/20/99

INSPECTOR S.P.K.

05-348056

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER _____

4410 Salem Bottom Road; Westminster, MD 21157

PHONE 410-875-4197

ADDRESS _____

SUBDIVISION _____ LOT _____ ROAD 12012 Scaggsville Road

PROPERTY OWNER Nancy Lee Jones

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS MANHOLE CLEANOUT REQUIRED***

NUMBER OF BEDROOMS 4

300 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 400

TRENCHES - Trench to be 3 feet wide. Inlet 6 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet down the left (195.00') lot line and 110 feet off that same lot line as seen when facing the lot from Route 216. Run trenches on contour towards the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/21/99 DKS

PLANS APPROVED BY Kimberly Maiste DATE 01-14-1999

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.

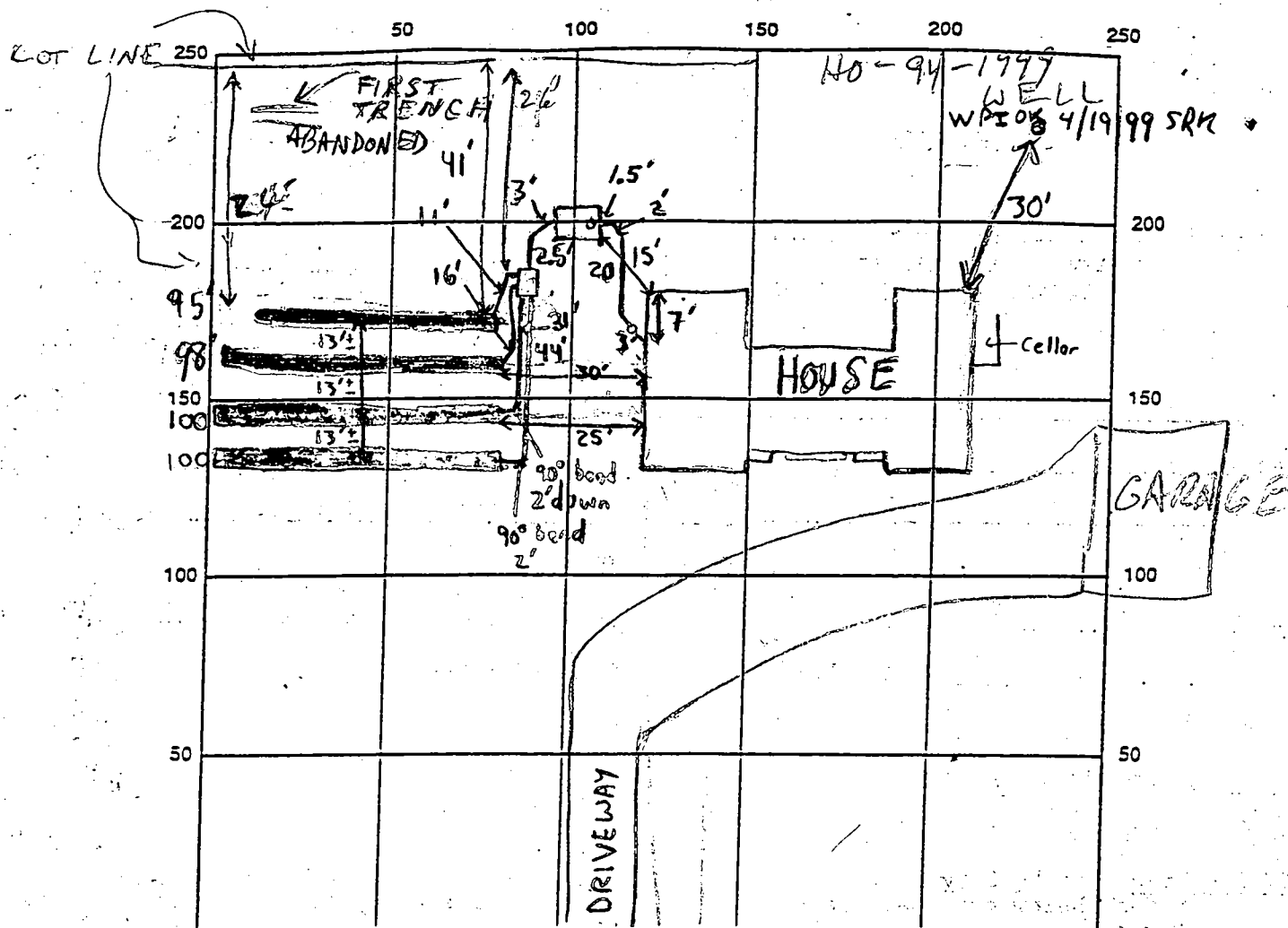
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

510661

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
RT. 216 SCAGGSVILLE ROAD

SEPTIC TANK LEVEL 1500 GAL TOP SEAMED CLEANOUTS INLINE 4" S.T. C/O OK

DISTRIBUTION BOX LEVEL ☒

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 3 FT. INLET DEPTH 6-6 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. / TOTAL LENGTH 4 @ 95, 98, 100, 100 FT.

NUMBER OF TRENCHES 4 ~~WIDE OPEN~~ / BOTTOM AREA 1179 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 4/14/99 CONTINUE (MR) 4/15/99 #1 INSTALLER TO
ABANDON FIRST TRENCH, DUG TOO CLOSE TO LOT LINE; CONTINUE (MR)
4/16/99 TRENCH (1) OK; TRENCH (2) OK TO FINISH & COVER DUE TO RAIN (MR)
4/19/99 #1 OK TO CONTINUE (MR) 4/19/99 - WPI OK 2 piece cap, conduit pipe, pitless
adapter, adequate grant below pitless adapter S.R.K. 4/20/99 OK TO COVER & FINISH
WORK S.R.K.

DATE SYSTEM APPROVED 4/20/99 INSPECTOR Steven K. Kueg

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 4/19/99

Name of Installer Robert L. Feezor Co. Inc. Telephone 410-781-4655

License Number 2122
Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Wray Brothers Construction Telephone 410-988-7702
Subdivision N/A Lot # Well Tag # HD-94-1999
Site Address 12012 ROUTE 216
SCAGSVILLE, MD.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible ☒
2. Make
3. Model # 7605412
4. Capacity 7 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
2. RPM 3450
3. Voltage
a. 110
b. 220 ☒
Pitless Adapter
1. Make HANWILL
2. Model # 22500
3. Depth 42"

Tank Wray Brothers
1. Capacity 32 GALS.
2. Pressure relief valve? YES

Piping
1. Type PVC
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 42"

Well data
1. Depth 230 ft.
2. Yield 15 GPM
3. Static water level 9 ft.
4. Will water supply be disinfected by installer? ☒

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.

WPI OK 4/19/99 (SRM)

Signature of Applicant: [Signature]

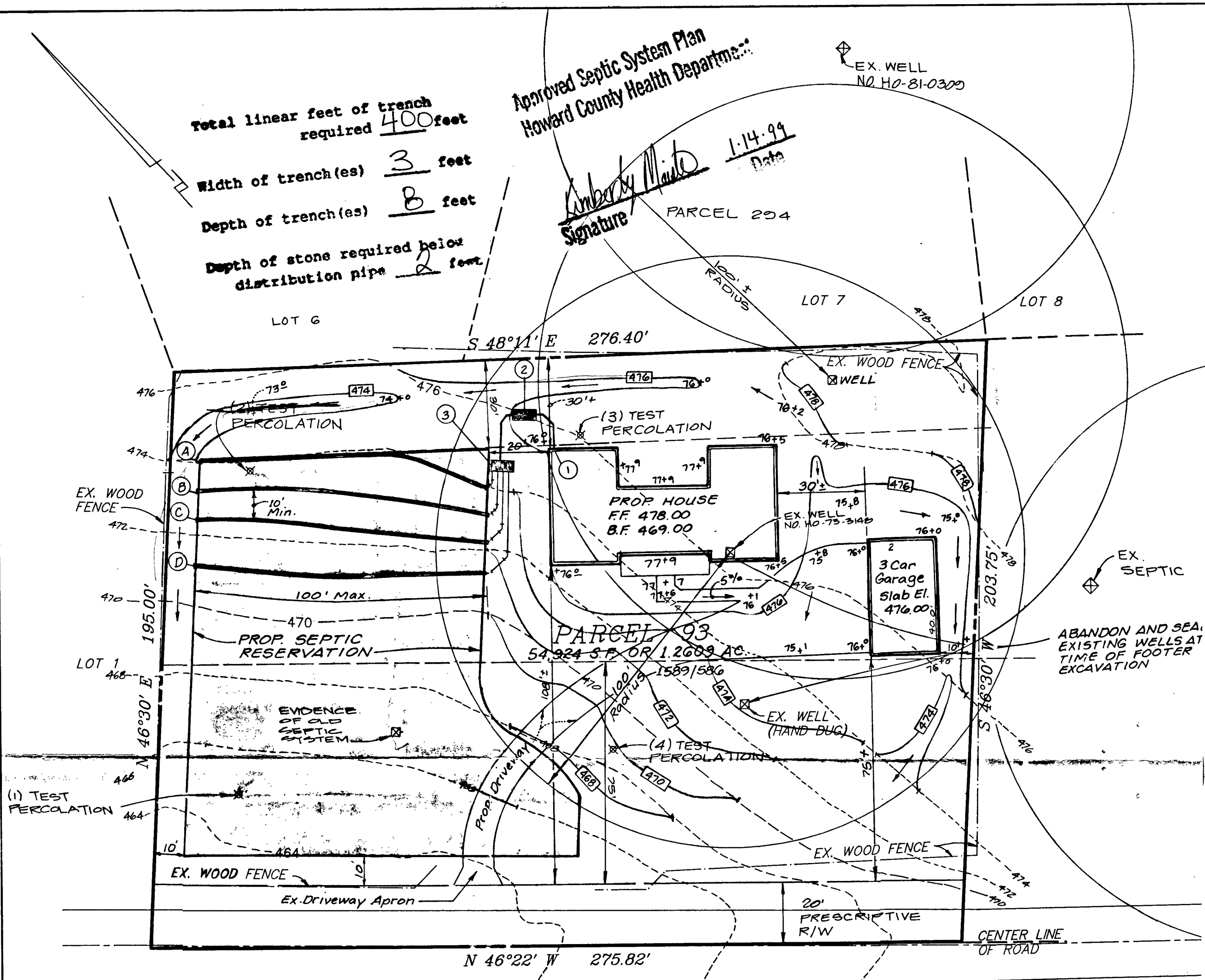
Date: 4/19/99

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

Approved Septic System Plan
Howard County Health Department

Signature
Date 1-14-99

Total linear feet of trench required 400 feet
Width of trench(es) 3 feet
Depth of trench(es) 8 feet
Depth of stone required below distribution pipe 2 feet



MARYLAND ROUTE 216

SEPTIC SYSTEM DESIGN DATA:

- ① INVERT @ WALL : 470.30
- ② 1250 GALLON SEPTIC TANK (4 Bedrooms)
Provide Manhole To Finished Grade
EX. GRADE @ TANK : 476.00
FIN. GRADE @ TANK : 476.00
INVERT IN : 470.00
INVERT OUT : 469.70
- ③ DISTRIBUTION BOX : (4 Outlets Minimum Req'd.)
EX. GRADE @ BOX : 474.60
FIN. GRADE @ BOX : 474.60
INVERT IN : 468.60
TRENCH DESIGN (300 Sq.Ft./ Bedroom)
300 Sq.Ft. x 4 BRM. = 1200 Sq.Ft. ÷ 3 Ft. = 400 LF Trench Req'd.

	(A)	(B)	(C)	(D)
EX. GRADE @ TRENCH :	474.00	473.15	472.40	471.20
INVERT @ TRENCH :	468.00	467.15	466.40	465.20
BOTTOM OF TRENCH :	466.00	465.15	464.40	463.20
TRENCH WIDTH :	3 ft.	3 ft.	3 ft.	3 ft.
TRENCH LENGTH :	100 ft. max.	100 ft. max.	100 ft. max.	100 ft. max.

May Brothers
P.O. Box 129
West Friendship, Maryland 21794
301-854-3575
410-988-9702
Fax 410-531-0132

January 13, 1999

Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544
By Fax and US Mail 410-313-2648

Attention Miss Kim Maiste, Sanitarian

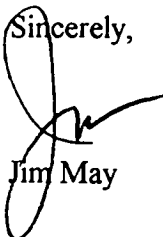
RE Building permit application number B00115583, 12012 Scaggsville Road, Fulton

Dear Miss Maiste,

I apologize for overlooking the necessary repairs we discussed for the adjoining house. We discussed and I agreed to disconnect the gray water drain (for the neighboring house) from the drywell adjacent to the new drilled well at 12012 Scaggsville Road. It is my expectation that I will be able to disconnect the gray water drain in the basement of the adjoining house and reconnect the same drain to the waste line connecting to the approved septic. I plan to accomplish this while completing the plumbing work on the home at 12012 Scaggsville Road. In the event we are unable to accomplish this chore in the basement of the house next door, I will dig down and make the connection outside the house. I hope this accurately represents our discussion and agreement. Please let me know if any additional discussion or paperwork will be necessary.

Thanks for your assistance.

Sincerely,



Jim May

WATER WELL ABANDONMENT-SEALING REPORT FORM

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: 3/16/99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Jim May

* OWNER'S NAME: Nancy Lee Jones

* WELL LOCATION: 12012 Scaggsville Rd

COUNTY: Howard
NEAREST TOWN: _____
TAX MAP 41 BLOCK _____ PARCEL 93
SUBDIVISION: _____
SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES

BOX NUMBER E _____
N _____

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 175 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 7

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

DATE

DENV 828

JULY 1993



February 11, 1999

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

RE 12012 Scaggsville Road

Attention Miss Kimberly Maiste, Sanitarian

Dear Miss Maiste,

This letter is to confirm our conversation on Tuesday February 9, 1999 at which time we discussed the grey water drywell located at 12008 Scaggsville Road. I believe we agreed that I would disconnect the waste line exiting the existing grey water drywell and connect it to the waste line running from the existing septic tank to the drain field distribution box. All of this work will be accomplished prior to the completion of the work at 12012 Scaggsville Road. I hope I have accurately stated our understanding and agreement. Thank you for your cooperation and assistance in resolving this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'John May', is written over the word 'Sincerely,'.

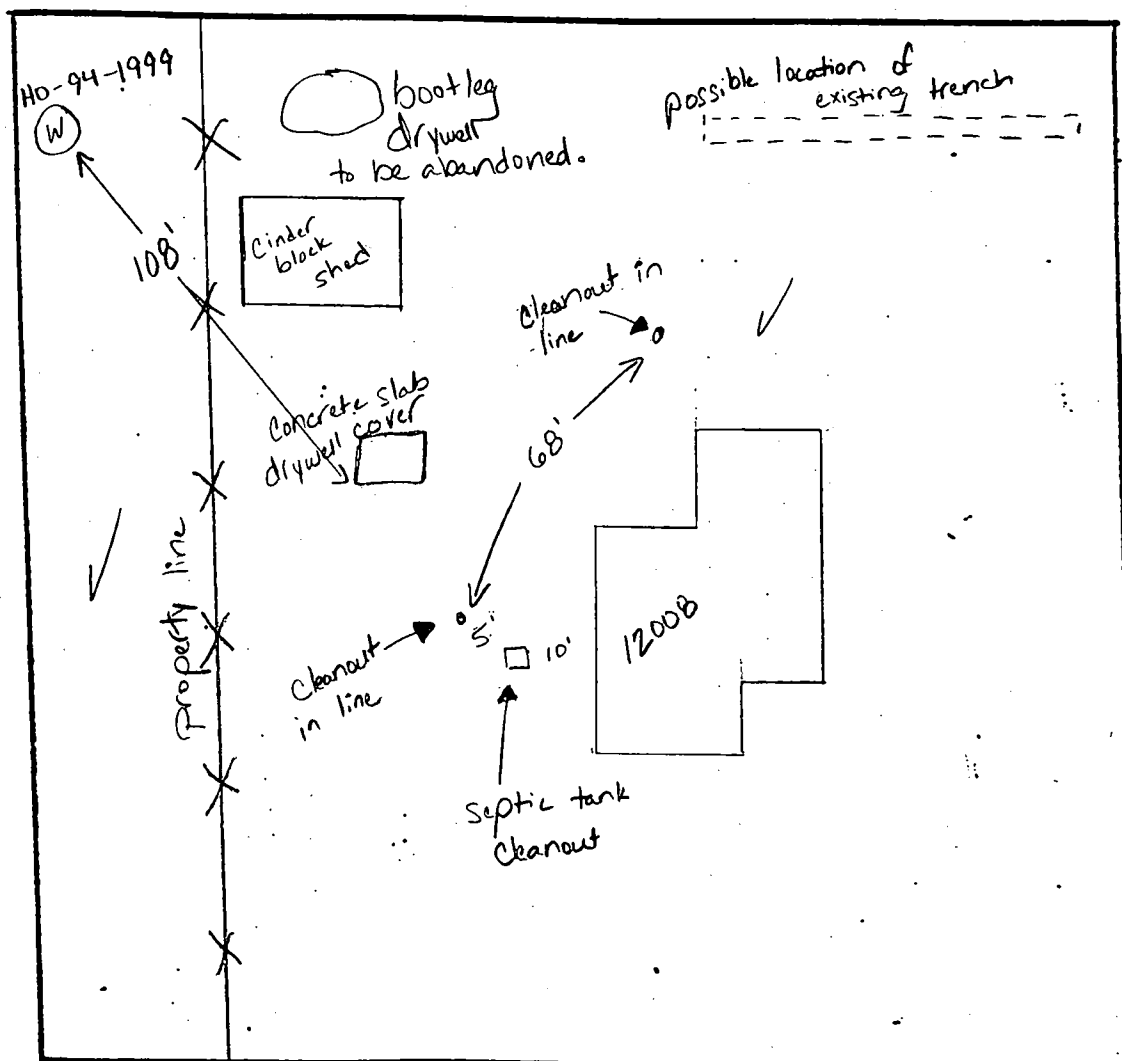
SITE INSPECTION SHEET

OWNER: Myers
 ADDRESS: 12008 Rt 216

DATE REQUESTED: 2.3.99
 DRILLER: N/A
 WELL TAG # N/A
 COUNTY # Howard (13)

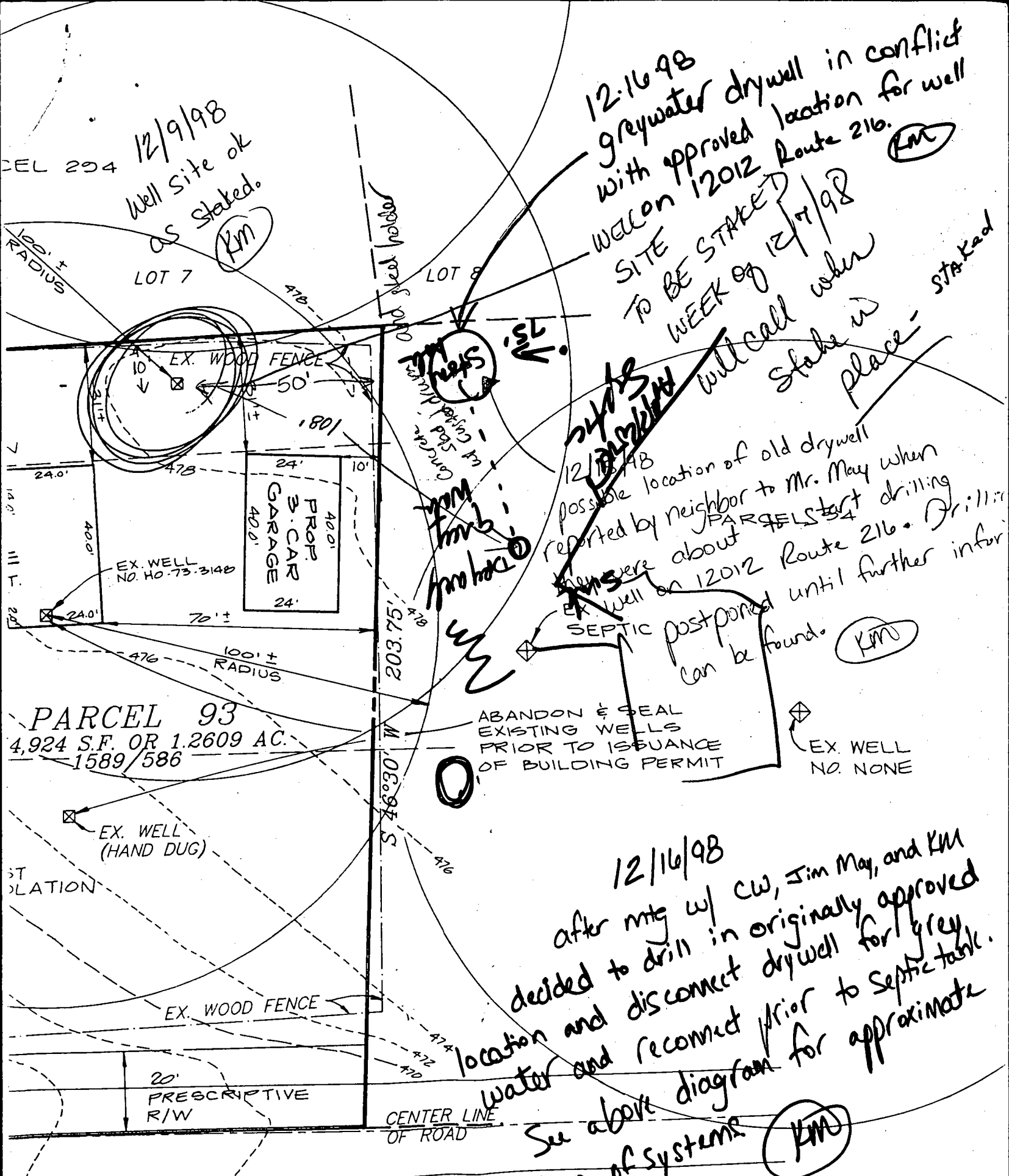
PROPOSAL: Verify location of drywell in relation to well (HO-94-1999) on neighboring property

LOCATION DIAGRAM



COMMENTS: 2.3.99 Verified location of drywell does not appear to conflict with neighboring well on Rt 216 with tag # HO-94-1999.
Bootleg drywell to be abandoned per letter from Mr. May.

DATE: 2.3.99 INSPECTOR: Kim Maiste



12/9/98
Well Site ok
as Staked.
KM

12.16.98
greywater drywell in conflict
with approved location for well
WELCON 12012 Route 216.
SITE TO BE STAKED
WEEK of 12/17/98
will call when
Stake is
place.
KM

12/16/98
possible location of old drywell
reported by neighbor to Mr. May when
they were about to start drilling
EX. Well on 12012 Route 216. Drilling
postponed until further info.
can be found.
KM

ABANDON & SEAL
EXISTING WELLS
PRIOR TO ISSUANCE
OF BUILDING PERMIT

12/16/98
after mtg w/ CW, Jim May, and KM
decided to drill in originally approved
location and disconnect drywell for grey
water and reconnect prior to septic tank.
See above diagram for approximate
location of systems.
KM

225

APPLICATION

PERCOLATION TESTING

A 510661

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

Try and establish
10,000 square foot
easement for existing
lot of record.

DISTRICT _____

DATE 9.3.98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER NANCY Lee Jones

ADDRESS _____ PHONE _____

AGENT ^{FOR} OR PROSPECTIVE BUYER MAY BROTHERS

ADDRESS P.O. Box 129, WEST FRIENDSHIP PHONE 410-988-9702
MD 21794

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel #33

ROAD AND DESCRIPTION 17012 Highland Road Fulton, MD 20759

Tax a/c # 05-348058

TAX MAP _____ PARCEL # P33

SIZE OF LOT 1.26 acres / 54,924 sq ft TYPE BLDG. Single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

~~AND RETURNED~~ 1-14-99

Serial # B10115583

SFD- 4Bm

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.

(SIGNATURE OF APPLICANT) James W. May

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

brown/
yellow
cl in

beigel
pink
SaClm
mica
flocs
10%
gravel

2

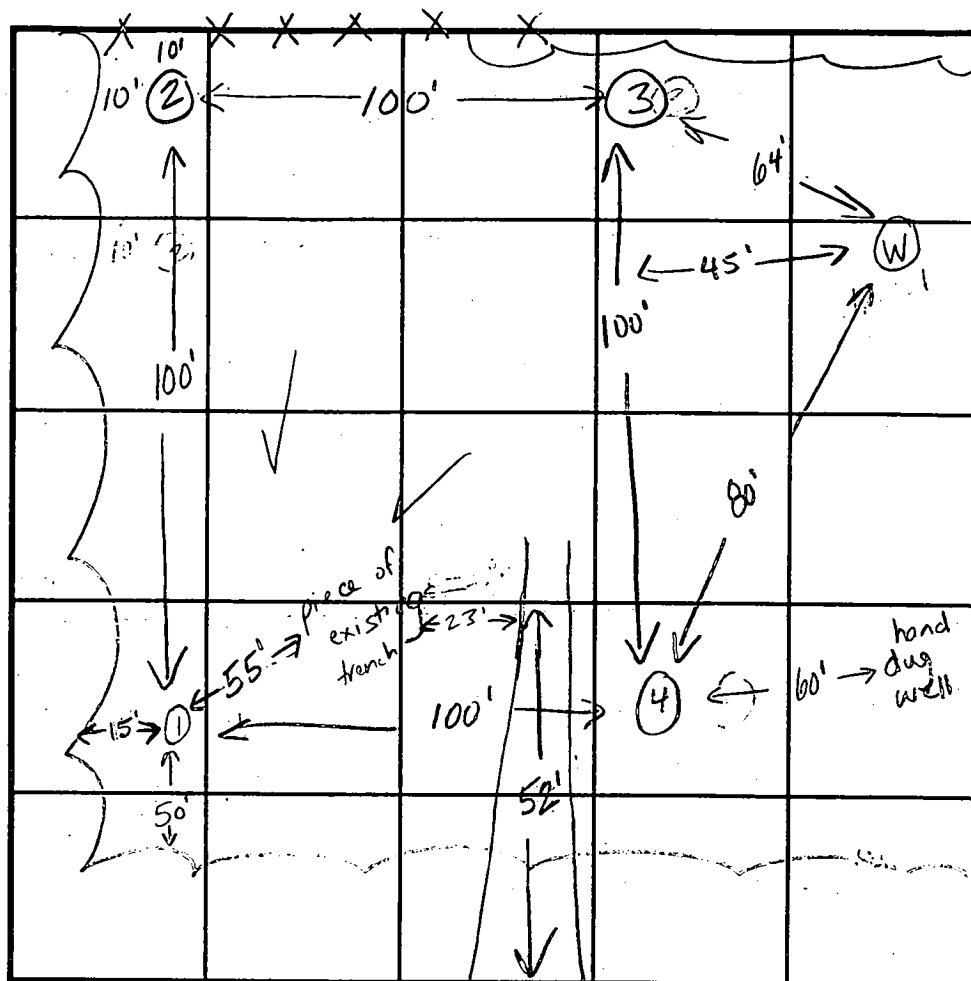
yellow/
brown
cl lm
15%
rock

pink /
brown
sacm
mica
fles
10%
shale

3

pink
brown
clim

pink/
beige/
orange
sichm
mica
flocs
15% quartz
shale frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Highland Rd.

SOIL PROFILE

brown/
red
Cl ion

red /
pink /
beige
Siclm
mica
flcs
10%
shale

14

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9.23.98	1	5.0'S	10:13 ₄₀	10:26 ₃₀	10:26 ₃₀	11:00	34	
	1	6.0'S	11:50 ₁₀	11:56	11:56 ₁₀	12:06	10	
	2	7.0'S	10:41 ₂₀	10:58	10:58	11:08 ₂₀	10	
	2	5.5'S	10:47 ₂₀	slow	- reducing deeper			
	3	6.5'S	11:15 ₃₀	slow	- reducing deeper			
		18.0'S	12:40 ₅₀	12:46 ₅₀	12:46 ₅₀	12:12 ₅₀	26	
	3	4.5'S	11:48 ₃₀	11:56	11:56	12:11	15	
	3	13.5'D	visual	ok - see profile				
	4	14.0'D	visual	ok - see profile				

REMARKS test holes staked

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

300



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 14, 1999

MEMORANDUM

To: Jim May

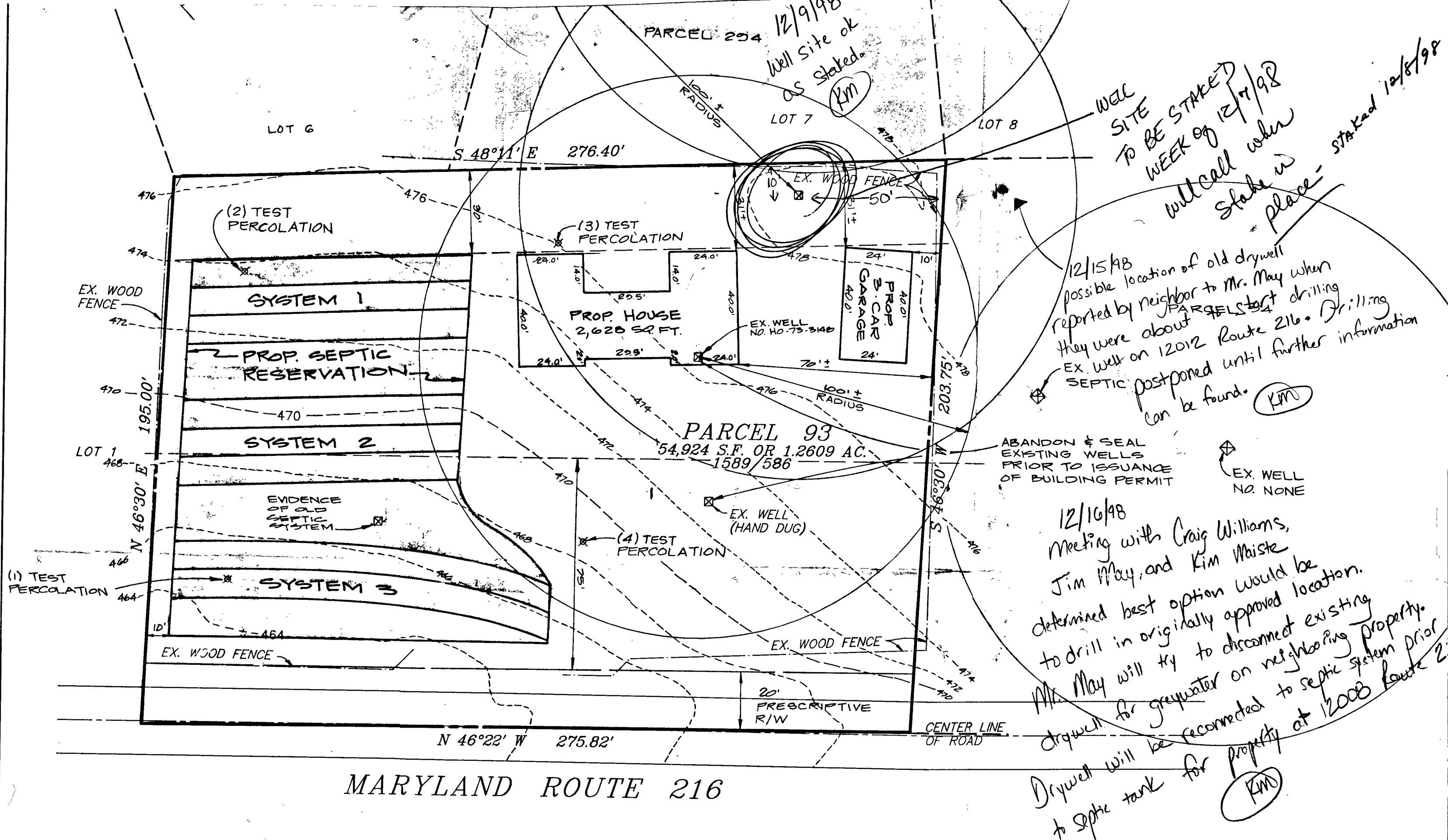
From: Kimberly Maiste, Sanitarian
Water and Sewerage Program

RE: 12012 Scaggsville Road

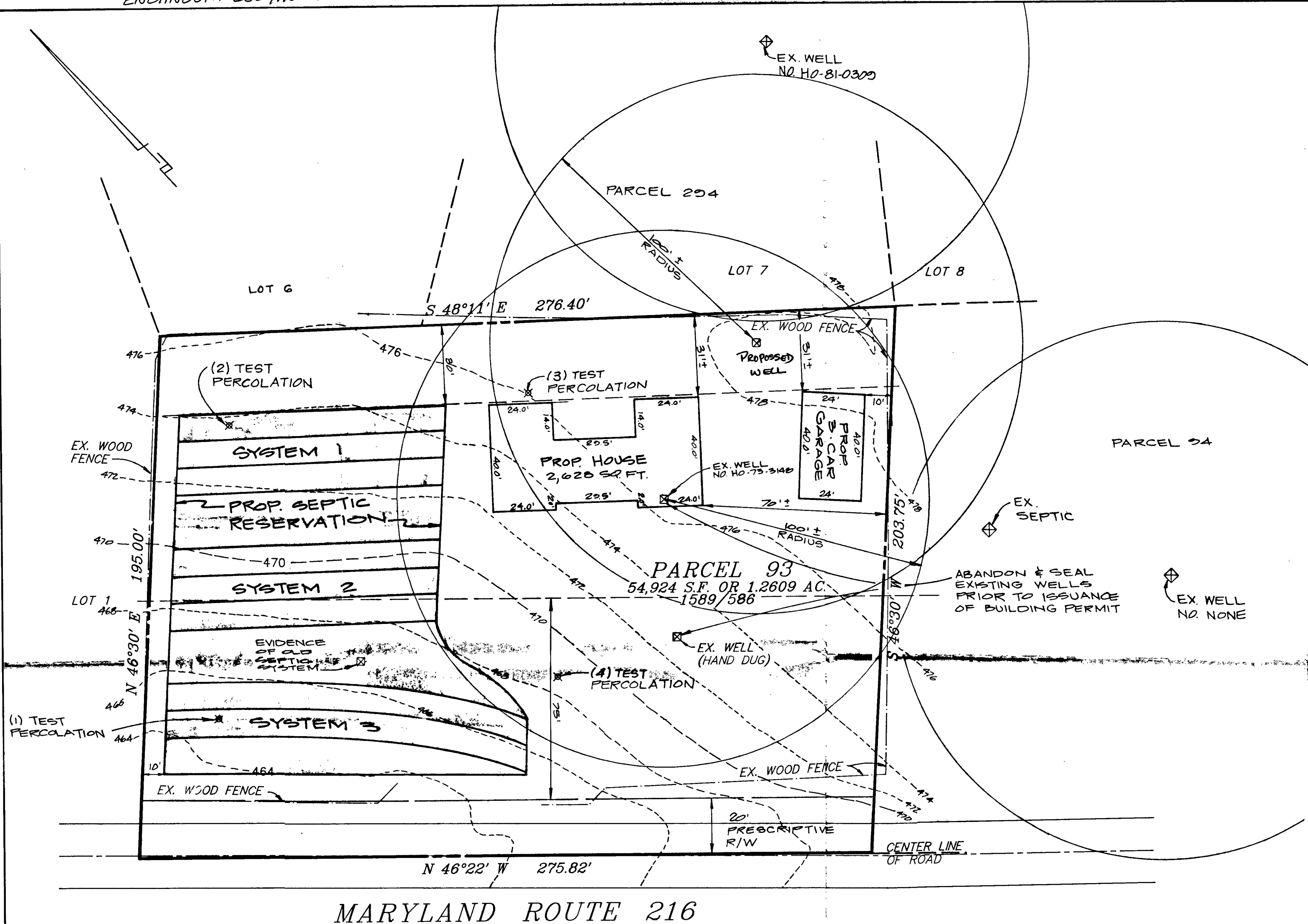
Please be advised that the grey water drywell for the neighboring property, 12008 Scaggsville Road, should be disconnected prior to the water well installed under permit number HO-94-1999, on the above referenced property, being placed into service. As a result, the Interim Certificate of Potability will not be issued for 12012 Scaggsville Road until this work has been completed.

KM:km

cc: file



MARYLAND ROUTE 216



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boydland per [signature]
HOWARD COUNTY HEALTH OFFICER CW

12/8/98
DATE

DEVELOPER:
MAY BROTHERS
P.O. BOX 129
WEST FRIENDSHIP,
MARYLAND 21794
TELE: 301-854-35
FAX: 410-531-013



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 25, 1998

May Brothers
P.O. Box 129
West Friendship, Maryland 21794
Attention: Mr. Jim May

RE: Percolation Certification Plat
12012 Route 216
Tax Map: 41 Parcel #93

Dear Mr. May:

A percolation certification plat has been submitted to this office for the above referenced property; however, the plat is not approvable at this time.

The proposed sewage disposal easement is not sufficient to accommodate an initial septic system and at least one repair system due to soil conditions and slow percolation test rates encountered.

In order to discuss resolutions to Health Department concerns, it is requested that you contact this office at (410) 313-2640 to schedule a review conference including all concerned parties.

Very truly yours,

Kimberly Maiste, Sanitarian
Water and Sewerage Program

KM
cc: file

AS DISCUSSED WITH JIM MAY:

- NEGOS SYSTEM
2 REPAIRS

- WILL ACCEPT
SEPTIC AREA
UP TO 100'

RADIUS FROM
EXISTING WELL,

WOULD PASS
110' FROM WEST
COT CORNER.

- EITHER APPROACH
WOULD BE
INCOMPATIBLE WITH
CURRENT
HOUSE PLANS.

11/30/98



**Maryland Department of Transportation
State Highway Administration**

Parris N. Glendening
Governor

David L. Winstead
Secretary

Parker F. Williams
Administrator

November 6, 1998

Mr. James May

RE: Howard County
Rte. 216
(Scaggsville Road)
West of Pindell School Road

Dear Mr. May:

As per our telephone conversation this morning, I am faxing you this correspondence to verify the necessary right of way along the above referenced section of Md. Rte. 216

After reviewing State Highway Administration long range planning documents it has been determined the area west of Pindell School Road is not identified as needing any additional right of way beyond that which exist today.

It is recommended that you check with the Howard County Planning and Zoning Office to make sure the existing right of way does or does not need to meet the Master Plan requirements.

If you have any other questions, please call me. 1-800-876-4742 (ext. 5584)

Very Truly Yours

Daniel Doherty, Area Engineer
Engineering Access Permits Division

My telephone number is _____

Maryland Relay Service for Impaired Hearing or Speech
1-800-735-2258 Statewide Toll Free

Mailing Address: P.O. Box 717 • Baltimore, MD 21203-0717
Street Address: 707 North Calvert Street • Baltimore, Maryland 21202



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

October 7, 1998

May Brothers
P.O. Box 129
West Friendship, Maryland 21794

RE: Percolation Test Results
Application #510661
12012 Route 216
Tax Map: 41 Parcel #93

Dear Mr. May:

Percolation testing was conducted September 23, 1998, on the above referenced property, with the intention of establishment of sufficient area to support the sewage disposal requirements for an existing lot of record. A copy of the test results is enclosed.

Due to the past history of this property, it is important that a number of issues be demonstrated on the percolation certification plat, in addition to the proposed septic easement. These issues are as follows:

- 1) The possible foundation location of the existing house that was demolished.
- 2) The location of the original septic system for the demolished house.
- 3) The location and tag number of the drilled well for the demolished house along with an evaluation of that well by a licensed well driller to confirm the integrity of that well.
- 4) The location of the existing hand dug well. The existing hand dug well on the property should be abandoned either by a licensed well driller or with Health Department supervision.

Further review is contingent upon submission by a registered engineer of a percolation certification plan showing actual locations and elevations of all excavated test holes and a suitable house site. The plan should also include the location of all existing wells 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.

If you have any questions regarding these matters, please do not hesitate to contact me at the address below or by calling (410) 313-2640.

Sincerely,

Kimberly Maiste
Kimberly Maiste, Sanitarian
Water and Sewerage Program



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 25, 1998

May Brothers
P.O. Box 129
West Friendship, Maryland 21794
Attention: Mr. Jim May

RE: Percolation Certification Plat
12012 Route 216
Tax Map: 41 Parcel #93

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The proposed sewage disposal easement is not sufficient to accommodate an initial septic system and at least one repair system due to soil conditions and slow percolation test rates encountered.

In order to discuss resolutions to Health Department concerns, it is requested that you contact this office at (410) 313-2640 to schedule a review conference including all concerned parties.

Very truly yours,

Kimberly Maiste, Sanitarian
Water and Sewerage Program

- 1) proposed SDA has barely enough room for 1 system and 1 repair area due to the fact that trenches need to be 15' apart due to deep system.
- 2) move existing drilled well to upper right corner of property and shift house to push SDA over towards perc hole #3.

KM

cc: file

- 3) Due to faster perc rate and better soils at hole #3 a per bedroom could be reduced to 240 per bedroom

A# 31374

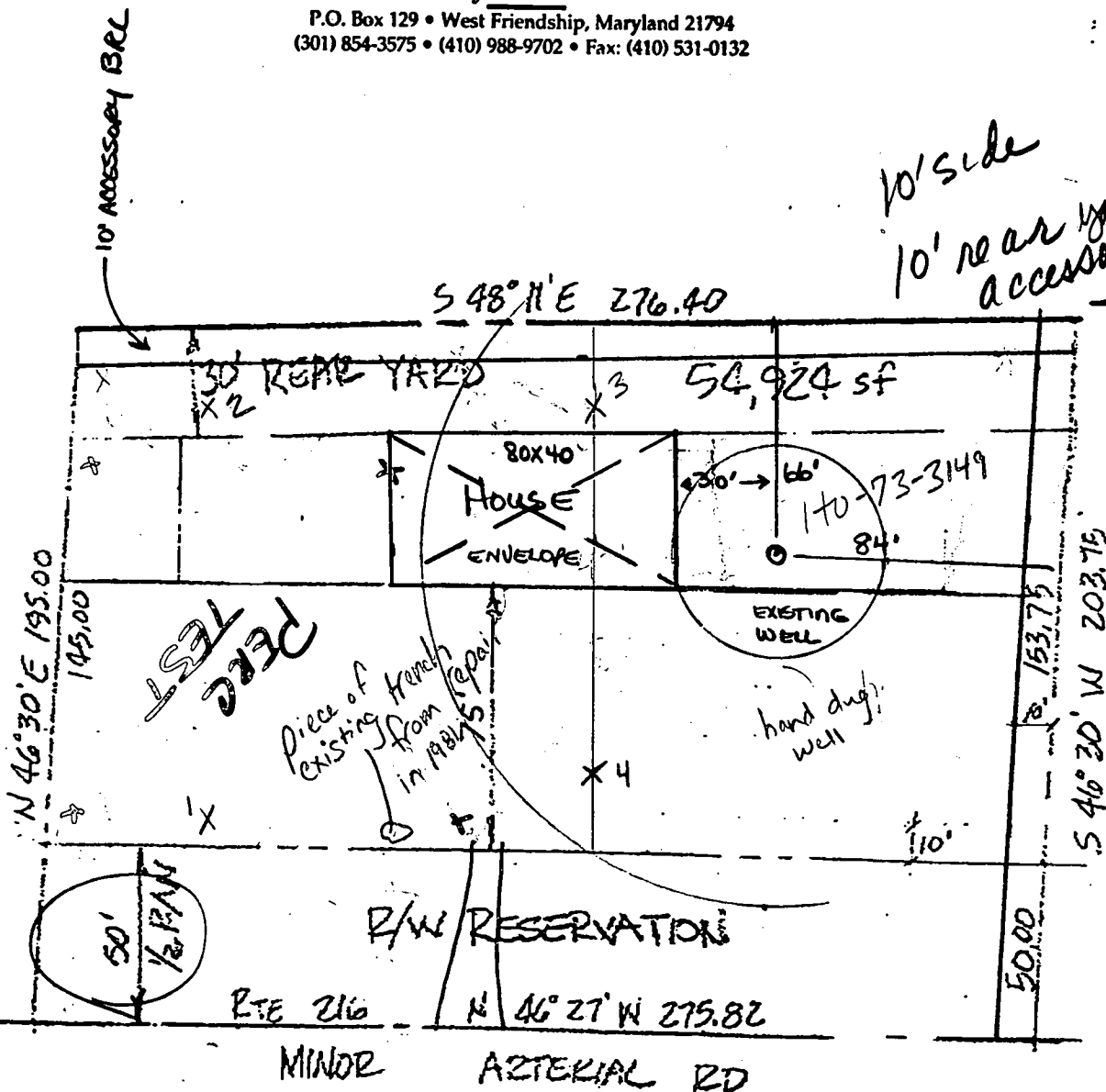
4 bedrooms

hand dug well how to abandon?

clean fill or new gravel up to #.2
Cement cap 2-5'



May Brothers
P.O. Box 129 • West Friendship, Maryland 21794
(301) 854-3575 • (410) 988-9702 • Fax: (410) 531-0132

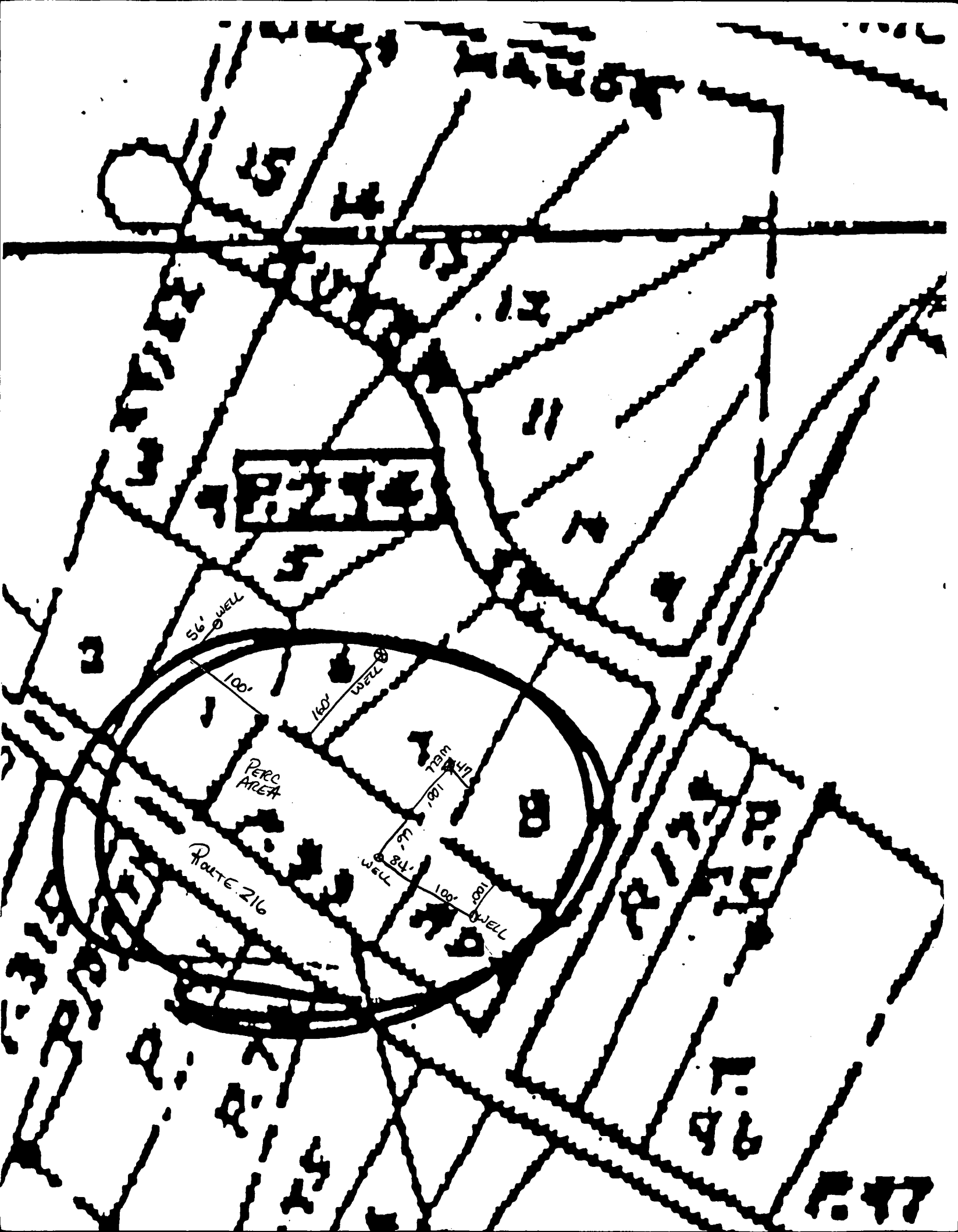


10' side
10' rear yard
accessory

LESS
223C

Piece of
existing fence
from 1981/5 repair

12012 HIGHLAND RD
1"=50' 8/17/08



Howard County Health Department

To: File

12012 Rt. 216

w/ Jim May

House prev. demo'd (3-4 yrs^{ago})

new house const. proposed

advised Jim May re-perc req'd
for system + 1 repair;

ex. system eval. @ time of perc

From: MP

Date: 8/3/98

HD-170

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th.

DATE 5/12/81

INDEXED

Zepp Plumbing and Heating, Inc.

IS PERMITTED TO INSTALL ALTER X

ADDRESS 6344 Ten Oaks Road, Clarksville, Md. 21029 PHONE 531-6712

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Eber

ADDRESS 12012 Route 216

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

REPAIR - CALL FOR APPOINTMENT WHEN GROUND IS OPENED UP SO SANITARIAN WILL RECOMMEND REPAIR
SYSTEM.

Trench long, 11 ft deep, inlet 3 ft with 8 ft of
stone. 5 ft buffer at start of trench. - Need clean out on DW

PLANS APPROVED BY Palmer F. Wine DATE May 12, 1981

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

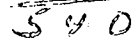
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON. CONCRETE OR TERRA
COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.



Stange

C 3271 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION. FILL IN THIS FORM COMPLETELY COUNTY NUMBER _____	
DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED <u>8/26/79</u> 8-13 15 20		DEPTH OF WELL _____ 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>1-C-2-13-0199</u> 28 29 30 31 32 33 34 35 36 37 DRILLERS IDENTIFICATION NO. <u>209</u>	
OWNER LAST NAME <u>BEAR</u> FIRST NAME <u>Ronald J.</u> STREET OR RFD <u>12012 Rt. 216</u> POST OFFICE <u>Fulton, Md. 20759</u>					
WELL LOG		WELL DESCRIPTION			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET FROM TO CHECK IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>25</u> NO. OF POUNDS <u>2275</u> GALLONS OF WATER <u>200</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>48</u> TO <u>54</u> (ENTER 0 IF FROM SURFACE)	
Clay 0 15 Mica Sand 15 65 Mica Rock 65 175		CASING RECORD INSERT APPROPRIATE CODE BELOW STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> MAIN CASING TYPE <u>S</u> NOMINAL DIAMETER <u>8</u> INCHES TOTAL DEPTH OF MAIN CASING <u>175</u> FEET OTHER CASING (IF USED) DIAMETER <u>6</u> INCHES DEPTH <u>15</u> FEET		PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>6</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>15</u> METHOD USED TO MEASURE PUMPING RATE <u>FLC</u> WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>175</u> FEET WHEN PUMPING <u>100</u> FEET TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) AIR <input type="checkbox"/> PISTON <input type="checkbox"/> TURBINE <input type="checkbox"/> CENTRIFUGAL <input type="checkbox"/> ROTARY <input type="checkbox"/> OTHER (DESCRIBE BELOW) <input type="checkbox"/> JET <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/>	
SCREEN RECORD INSERT APPROPRIATE CODE BELOW STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> SCREEN TYPE OR OPEN HOLE <u>C</u> DEPTH (NEAREST WHOLE FOOT) FROM <u>1</u> TO <u>175</u> 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u>29</u> DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CAPACITY (GALLONS PER MINUTE TO NEAREST GALLON) <u>31</u> PUMP HORSE POWER <u>37</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u>		CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE LAND SURFACE <input type="checkbox"/> BELOW LAND SURFACE <input checked="" type="checkbox"/> 49 50 51	
CIRCLE APPROPRIATE BOXES <input checked="" type="checkbox"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL		I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE CAPTIONED PERMIT TO DRILL WELL AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS NAME _____ (PLEASE PRINT) <u>Ronald J. Bear</u> SIGNATURE _____ (PLEASE SIGN) <u>Ronald J. Bear</u>			
TELESCOPE CASING <input type="checkbox"/> LOG INDICATOR <input type="checkbox"/>		GRAVEL PACK <input type="checkbox"/> IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) <input type="checkbox"/>			

B 1		5033		SEQUENCE NO. (WRA USE ONLY)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER 11-73-1141	
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY							
DATE RECEIVED (WRA USE ONLY)		OWNER <u>EBER</u> <u>ROVALD</u> COL 15 LAST NAME FIRST NAME COL. 34							
STREET OR RFD		<u>12012 RT. 216</u> COL 36 COL. 55							
POST OFFICE		<u>FULTON MD 20733-0759</u> COL 57 COL. 76							
B 1 CONTINUED		DRILLER INFORMATION				B 3 LOCATION OF WELL			
1 2 3 (SEQ. NO.) 6		DATE <u>1/29/79</u> LICENSE NUMBER <u>209</u> 77 80				COUNTY <u>HOWARD</u> (DO NOT ABBREVIATE COUNTY NAME) 21			
FIRST NAME <u>HOWARD</u> DRILLER <u>DILLON</u> LAST NAME		SUBDIVISION <u>12012 RT. 216</u> 23 42				SECTION <u>44</u> LOT <u>46</u> 48 50			
SIGNATURE <u>Howard Dillon</u>		NEAREST TOWN <u>FULTON</u> 52 71				MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> 73 76 77 78			
B 2		WELL INFORMATION				B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)			
1 2 3 (SEQ. NO.) 6		MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12				1 2 3 (SEQ. NO.) 6			
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>100</u> 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX)				N NORTH E EAST NE NORTHEAST SE SOUTHEAST			
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION				S SOUTH W WEST NW NORTHWEST SW SOUTHWEST			
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.		<input type="checkbox"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL				NEAR WHAT ROAD <u>MD RT 216</u>			
<input type="checkbox"/> PRIVATE WATER COMPANY		<input type="checkbox"/> TEST				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32			
APPROXIMATE DEPTH OF WELL <u>200</u> 24 28 FEET		APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)				DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>100</u> 34 37 38 39			
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		BORED (OR AUGERED) JETTED DRIVEN				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.			
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)		CABLE REVERSE-ROTARY DRIVE-POINT				N X PINDALLS MD RT 216 US RT 216 80-73-E-3			
OTHER (DESCRIBE)		REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)				BOX NUMBER E <u>810</u> N <u>480</u>			
<input 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				NORTH COORDINATE <u>80</u> 50 51 52 53 54 55			
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		<input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE)				EAST COORDINATE <u>57</u> 58 59 60 61 62 63			
41 52		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)				ELEVATION AT WELL HEAD (FEET) <u>65</u> 66 67 68			
APPROPRIATION PERMIT NUMBER <u>54</u> 63 65		ENGINEER REVIEW DISTRICT NO. <u>120453</u>				O/S 5/5			
FORCE <u>67</u> 68		WRITE INITIALS IN BOX				O/S 5/0			
CONDITIONS <u>70</u> 71 72 73 74 75 76 77 78 79		HEALTH DEPARTMENT APPROVAL				DATE <u>012979</u> 43 48			
B 4 CONTINUED		COUNTY NAME <u>Howard</u> COUNTY NO. <u>120453</u>				APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>			
1 2 3 (SEQ. NO.) 6		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)				HEALTH			
41 52		8 63				HEALTH			

WATER WELL ABANDONMENT-SEALING REPORT FORM

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: 3/19/99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Jim May

* OWNER'S NAME: Nancy Lee Jones

* WELL LOCATION: 12012 Scaggsville Rd

COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP 41 BLOCK PARCEL 9.5
SUBDIVISION:
SECTION: LOT:

MARYLAND GRID COORDINATES

BOX NUMBER
E 820
N 481

* TYPE OF WELL BEING ABANDONED:

 DRILLED JETTED
 BORED/AUGURED X HAND DUG
 OTHER (specify)

* USE CODE:

X DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION

* TYPE OF CASING:

 STEEL PLASTIC
 CONCRETE X OTHER (specify)
 Rock

* SIZE OF CASING: 36 INCHES IN DIAMETER

* DEPTH OF WELL: 35± FEET DEEP

* WAS ANY CASING REMOVED? YES X NO
if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES X NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Mark E. Robbins

LICENSE # 989

MWD/MSD/MGD

CIRCLE ONE

DATE

DENV 828 JULY 1993

HO-94-1499 - INITIAL LOCATION APPEARS
UNSUCCESSFUL;
OK TO DRILL;
WITHIN 20'
OF EXISTING
HAND DUG.

12/15/98

(CW)

294

LOT 7

LOT 8

EX. WOOD FENCE

PROPOSED
WELL

115'

Stone
graywater

PROP.
3-CAR
GARAGE

PARCEL 94

EX. WELL
NO. HO-73-314B

EX. SEPTIC
graywater drywell

PARCEL 93
1 S.F. OR 1.2609 AC.
-1589/586

ABANDON & SEAL
EXISTING WELLS
PRIOR TO ISSUANCE
OF BUILDING PERMIT

EX. WELL
NO. NONE

EX. WELL
(HAND DUG)

EX. WOOD FENCE

20'
PRESCRIPTIVE
R/W

CENTER LINE
OF ROAD

C 1 - 9373

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

A 510661

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

MM DD YY
12 18 9822 230 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Sandborn
STREET OR RFD 12012 Route 216 TOWN Highland
SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Dirt	0	1	
Soft Br. Mica	1	79	
Soft Br. Sand- stone	79	118	
Soft Blue Sand- stone	118	121	
Hard Blue Sand- stone	121	144	
Blue & Br. Sand- stone	144	145	X
Hard Blue Sand- Sandstone	145	191	
Blue Sandstone	191	193	X
Hard Blue Sand- stone	193	209	
Blue Sandstone	209	211	X
Blue & White Sand- stone	211	221	
Hard Blue Sand- stone	221	230	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 38 NO. OF POUNDS 3572GALLONS OF WATER 228

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 123 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE
S T 6 125
Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)

diameter depth (feet)
inch from to

SCREEN RECORD

screen type or open hole
insert appropriate code below
ST BR HO
STEEL BRASS OPEN
PL OT
PLASTIC OTHERNUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes Y no N

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. MWD 256

Dana Kyker Jr. II

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. MWD 334SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

DEPTH (nearest ft.)

HO 125 230
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
_____ from _____ to _____GRAVEL PACK _____
IF WELL DRILLED
WAS FLOWING WELL
INSERT "F" IN BOX "68"MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9PUMPING RATE (gal. per min.) 15
11 15METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.
17 20WHEN PUMPING 85 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NOIF 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)+ above LAND SURFACE
49
- below 2 (nearest foot)
49 50 51LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

HD-224