

Tape D# 04-316339

# PERMIT

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

512781-B

P \_\_\_\_\_

A ~~512781-B~~

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

INDEXED

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS 4152 Roxbury Mills Rd

PROPERTY OWNER John Cremeans PROPERTY OWNER'S ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

BUILDING PERMIT SIGNED

AND RETURNED

102704 BDD 150663 - Home Office

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_  
feet below original grade. feet of stone below distribution box.

LOCATION: \_\_\_\_\_

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

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

1512781

NOT TO SCALE

**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

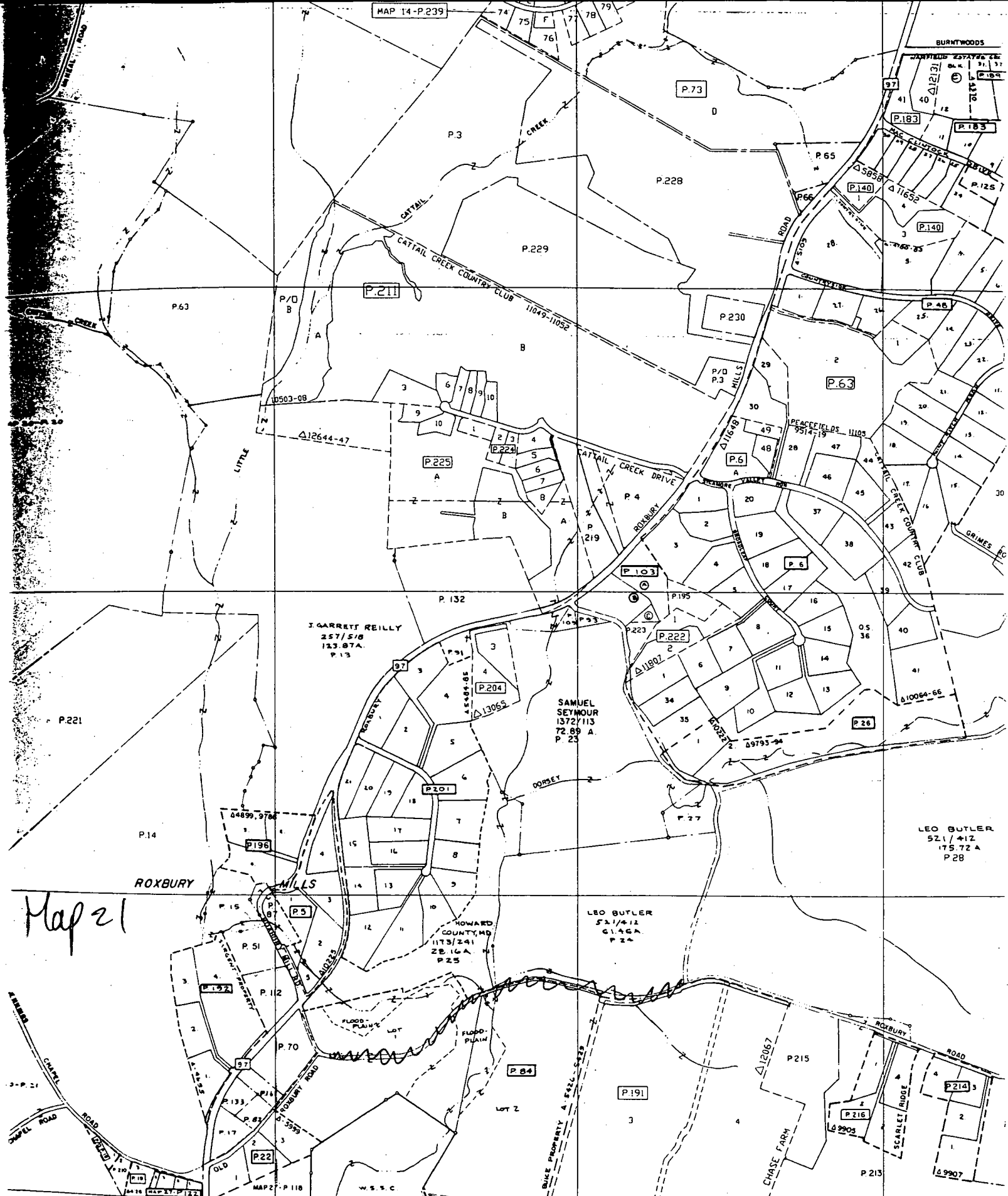
ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_



Map 21

C 1		1903		SEQUENCE NO. (MDE USE ONLY) 99-217		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 W 512781B			
ST/CO USE ONLY DATE Received MM DD YY 8 1 13		DATE WELL COMPLETED 08/25/99		Depth of Well 22 200 26 (TO NEAREST FOOT)		OK MR 10/27/99		PERMIT NO. FROM "PERMIT TO DRILL WELL" H6-94-2370			
OWNER Cremeans		STREET OR RFD 4152 Roxbury Hills Rd		TOWN Glenwood		SUBDIVISION		SECTION LOT			
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) yes (Y) no (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 60 17 20 ft. WHEN PUMPING 200 22 25 ft. TYPE OF PUMP USED (for test) A air 27 P piston 27 T turbine 27 C centrifugal 27 R rotary 27 O other (describe below) 27 J jet 27 S submersible 27					
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		C 2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 38 39 41 45 47 51 H 2 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 60 17 20 ft. WHEN PUMPING 200 22 25 ft. TYPE OF PUMP USED (for test) A air 27 P piston 27 T turbine 27 C centrifugal 27 R rotary 27 O other (describe below) 27 J jet 27 S submersible 27			
TOP Soil 0 2						C 2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 38 39 41 45 47 51 H 2 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 60 17 20 ft. WHEN PUMPING 200 22 25 ft. TYPE OF PUMP USED (for test) A air 27 P piston 27 T turbine 27 C centrifugal 27 R rotary 27 O other (describe below) 27 J jet 27 S submersible 27			
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NUMBER OF UNSUCCESSFUL WELLS: 0						C 2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 38 39 41 45 47 51 H 2 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 60 17 20 ft. WHEN PUMPING 200 22 25 ft. TYPE OF PUMP USED (for test) A air 27 P piston 27 T turbine 27 C centrifugal 27 R rotary 27 O other (describe below) 27 J jet 27 S submersible 27			
WELL HYDROFRACTURED yes (Y) no (N)						C 2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 38 39 41 45 47 51 H 2 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 60 17 20 ft. WHEN PUMPING 200 22 25 ft. TYPE OF PUMP USED (for test) A air 27 P piston 27 T turbine 27 C centrifugal 27 R rotary 27 O other (describe below) 27 J jet 27 S submersible 27			
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						C 2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 38 39 41 45 47 51 H 2 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 60 17 20 ft. WHEN PUMPING 200 22 25 ft. TYPE OF PUMP USED (for test) A air 27 P piston 27 T turbine 27 C centrifugal 27 R rotary 27 O other (describe below) 27 J jet 27 S submersible 27			
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.						C 2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 38 39 41 45 47 51 H 2 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 60 17 20 ft. WHEN PUMPING 200 22 25 ft. TYPE OF PUMP USED (for test) A air 27 P piston 27 T turbine 27 C centrifugal 27 R rotary 27 O other (describe below) 27 J jet 27 S submersible 27			
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HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

## APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☐  
Replacement ☒

Receipt #

Date

9-29-99

Name of Installer

Darien Wilson (Easterday)

Telephone

301-831-7057

License Number

JSD065

Certified Well Pump Installer

Well Driller ☒

Registered Plumber

Name of Property Owner

John Cremeans

Telephone

301-854-5416

Subdivision

Lot #

Well Tag #

10-99-2370

Site Address

4152 Koxlaw mill rd

## Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

Goulds

3. Model #

70300032

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

2. RPM

3450

3. Voltage

a. 110

b. 220 ☒

## Pitless Adapter

1. Make

Matheson

2. Model #

B-10X

3. Depth

3 1/2

## Tank

1. Capacity

32

2. Pressure relief valve?

yes

## Piping

1. Type

PE

2. Size

1"

3. NSF and/or BOCA Code approved

yes

4. Depth of supply line

3 1/2

## Well data

1. Depth

200 ft.

2. Yield

12 GPM

3. Static water level

ft.

4. Will water supply be disinfected by installer?

yes

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:

Darien Wilson (Signature)

Date:

9-28-99

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

B 1. <b>14730</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO 94-2370</b> fill in this form completely
Date Received (APA) <b>8/19/99</b> 8 MM DD YY 13 <b>Cremeans John C</b> 15 Last Name Owner First Name 34 <b>4142 Roxbury Mill Rd</b> 36 Street or RFD 55 <b>Brookeville, Md 20833</b> 57 Town 70 State 72 Zip 76		B 3 <b>Howard</b> LOCATION OF WELL <b>CC#</b> 8 COUNTY 21 23 SUBDIVISION 42 SECTION <b>44</b> LOT <b>46</b> <b>Glenwood</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>2</b> M I 73 76 77 78	
DRILLER INFORMATION <b>George F. Easterday</b> M <b>WD 040</b> Driller's Name 76 License No. 81 <b>L. Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., MT. Airv. Md. 21771</b> Address <b>George F. Easterday</b> <b>8/19/1999</b> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <b>4152 Roxbury Mill Rd</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 100 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: <b>21</b> BLK: <b>19</b> PARCEL <b>51</b>	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>W512781-6</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED <b>8/19/99</b> <b>8/19/00</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>518</b> 0 0 0 EAST GRID <b>0784</b> 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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. <b>wells</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>780.4</b> N <b>510.8</b> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  MAP. <b>8</b> H-11	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <b>AIR-ROTARY</b> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 39 <input checked="" 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) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>54</b> G A P <b>63</b> PERMIT No. <b>HO - 94 - 2370</b> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTL - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

8/19/99  
HAT  
1:30

SITE INSPECTION SHEET

OWNER: Cremins

DATE REQUESTED: \_\_\_\_\_

PHONE #: \_\_\_\_\_

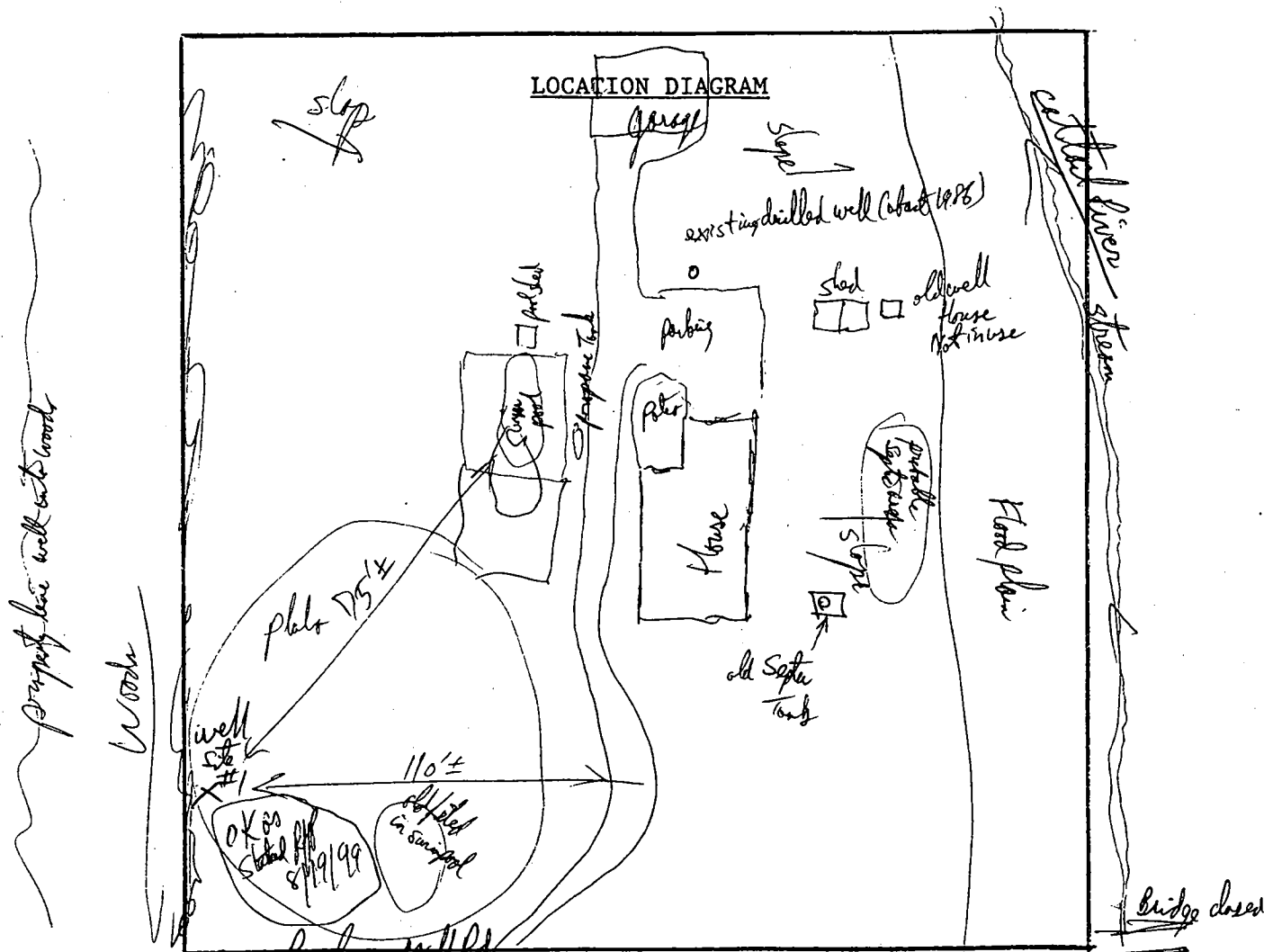
CONTRACTOR: Easterday

ADDRESS: 4152 Roxbury Mills Rd

WELL TAG #: \_\_\_\_\_

COUNTY #: W512781B

PROPOSAL: repl. well requested  
prev. owner Gross, Goshen, Shaw



COMMENTS: well is reported to be drilled in 1986 about 200 ft deep. Getting only about 50 gal/day, now  
water level is @ 50-60 ft right now. No log found on well casing, thinking low yield per owner.

DATE: 8/19/99

INSPECTOR: [Signature]

FILE Emergency Well DATE REPORTED 8/15/75

PROPERTY OWNER Neil Gross

P.O. ADDRESS Roxbury Mill Rd. TELEPHONE \_\_\_\_\_

DIRECTIONS TO PROPERTY Glenwood, Md.

INFORMANT # H0-75-E-6

L. J. Easterday - Driller

8/13/75

28' case

22' open

CONDITION FOUND 1 bag already in

OK

8 bags + 1

200 deep

9 bags total OK

RJM.

ACTION TAKEN \_\_\_\_\_

FINAL DISPOSITION \_\_\_\_\_



SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

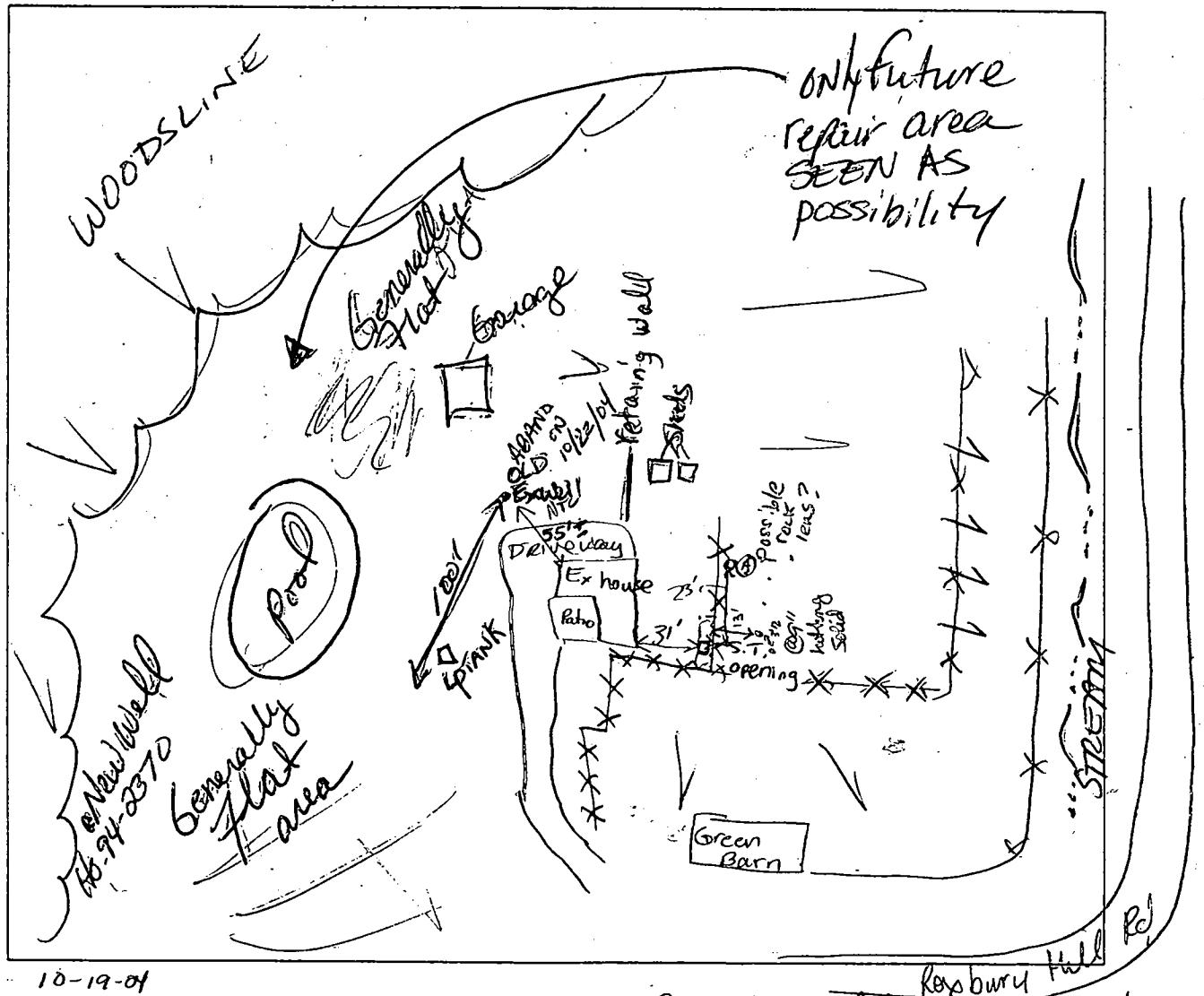
ADDRESS: 4152 Roxbury Mill Rd CONTRACTOR: B.

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: BP-add on study den. Verify septic location  
& future repair area

LOCATION DIAGRAM



10-19-04

COMMENTS: S.T Lid approx 8" below grade, Effluent level (scum) 2' below  
grade ON 10-22-04 and well abandoned and sealed by  
Fogles

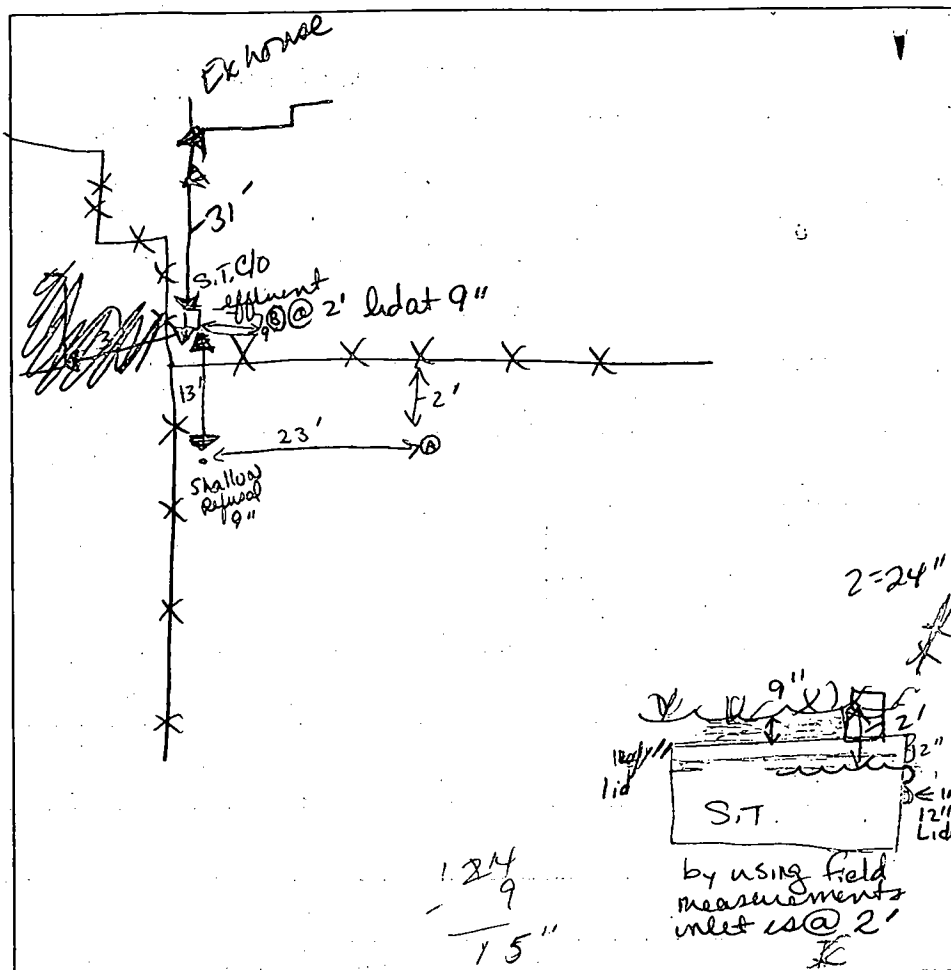
DATE: 10/25/04 INSPECTOR: Kacie Thomas / Peter

SEE PERC NOTE SHEET

Refusal  
@  
34"

cu

Refusal  
@ 64.1

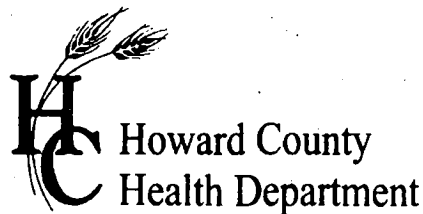
[illegible]

REMARKS \_\_\_\_\_

SANITARIAN \_\_\_\_\_ BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

AGENCY REVIEW: \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:

- ☐ RESIDENTIAL WITH \_\_\_\_\_ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

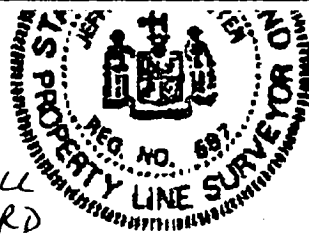
SIGNATURE OF APPLICANT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

FURST

4152 ROXBURY MILL  
RD

GLENWOOD, MD



BP# 150663

For Home office  
on second floor

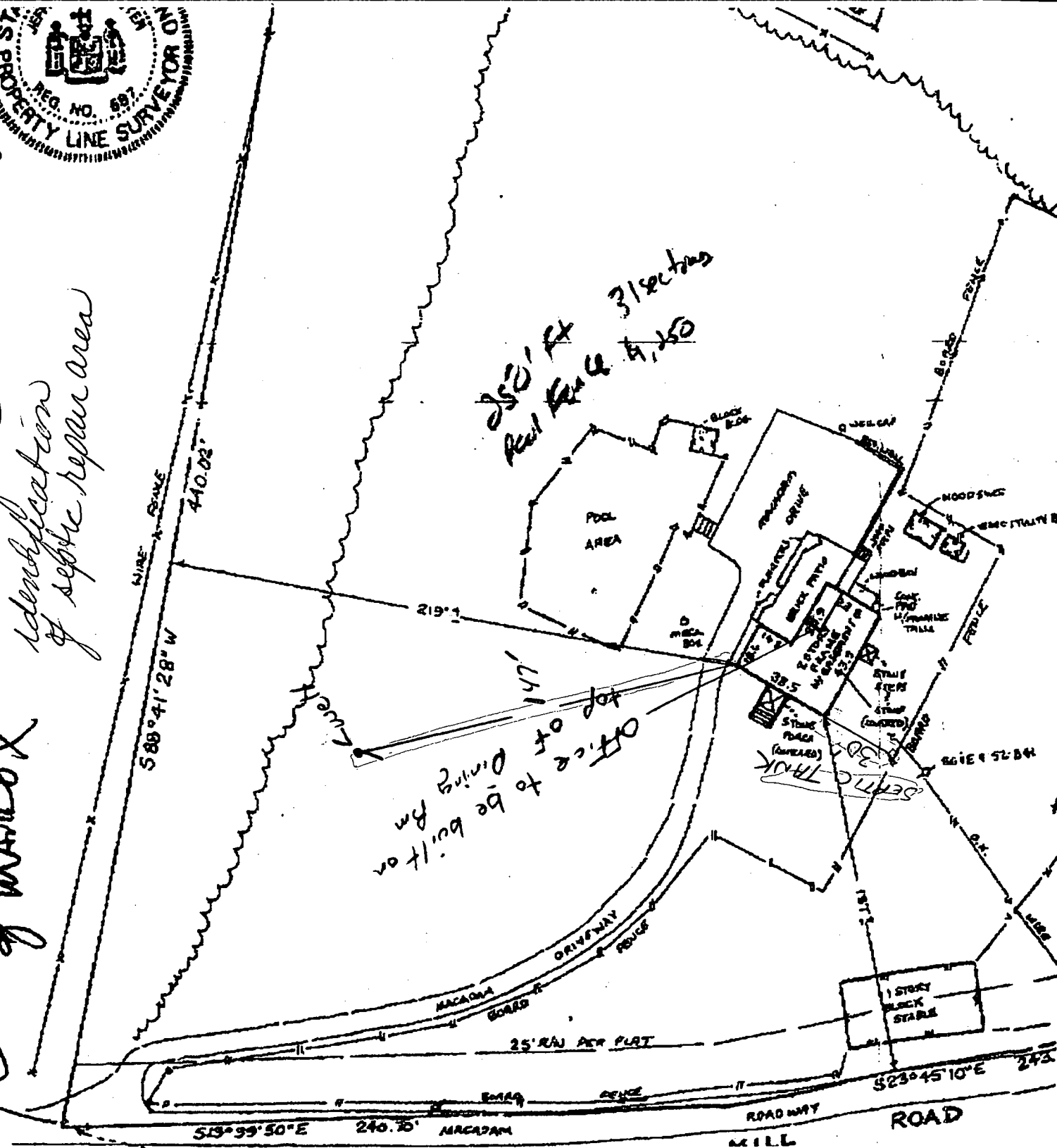
OK (KN)

Future additions  
will require  
identification  
of septic repair area

2 ft. sheet  
of wall box

SCALE

1" = 50'



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

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: 10-22-04 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009  
CIRCLE: MWD/MSD/MGD

OWNER'S NAME: Marybeth Forest

WELL LOCATION:

COUNTY: Hanover

NEAREST TOWN: Glennwood

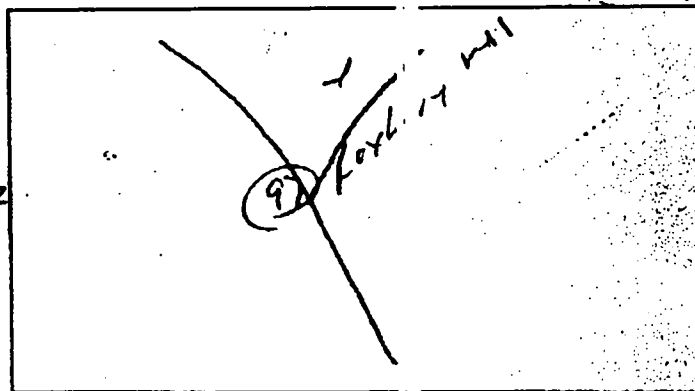
TAX MAP BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

NEAREST ROAD: Roxbury Mill rd 4152

SITE LOCATION MAP



TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED/AUGERED ☐ HAND DUG
- ☐ OTHER (specify) \_\_\_\_\_

USE CODE:

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

TYPE OF CASING:

- ☒ STEEL ☐ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6" INCHES IN DIAMETER

DEPTH OF WELL: \_\_\_\_\_ FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO  
If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>150</u>
VOLUME OF MATERIAL USED		
<u>25 bags</u>		

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 009

MWD/MSD/IGD  
CIRCLE (IE)

DATE 10-22-04

DENV-228 11/1/007

21 COUNTY ENVIRONMENTAL AGENCY