5/4/98
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513699

A REPAIR

DISTRICT

03-291502

HOWARD COUNTY HEALTH DEPARTMENT

DATE

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 5/4/98

INSPECTOR M. Ritkin

Jack Fyock Septic Service IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 13775 Triadelphia Rd, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION J. L. Miller Prop. LOT 1 ROAD 631 River Road

PROPERTY OWNER Paul & Janet Sabine

ADDRESS 631 River Road, Sykesville, Maryland 21784

SEPTIC TANK CAPACITY ____ GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 165 l.

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for an inspection when the ground is opened so a sanitarian can recommand repairs.
5-1-98.

INV 3' BOT 4'

PLANS APROVED BY ____ DATE ____

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)

BUILDING PERMIT SIGNED AND RETURNED 2/6/03 B00140236 GARAGE/POLE BARN

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.

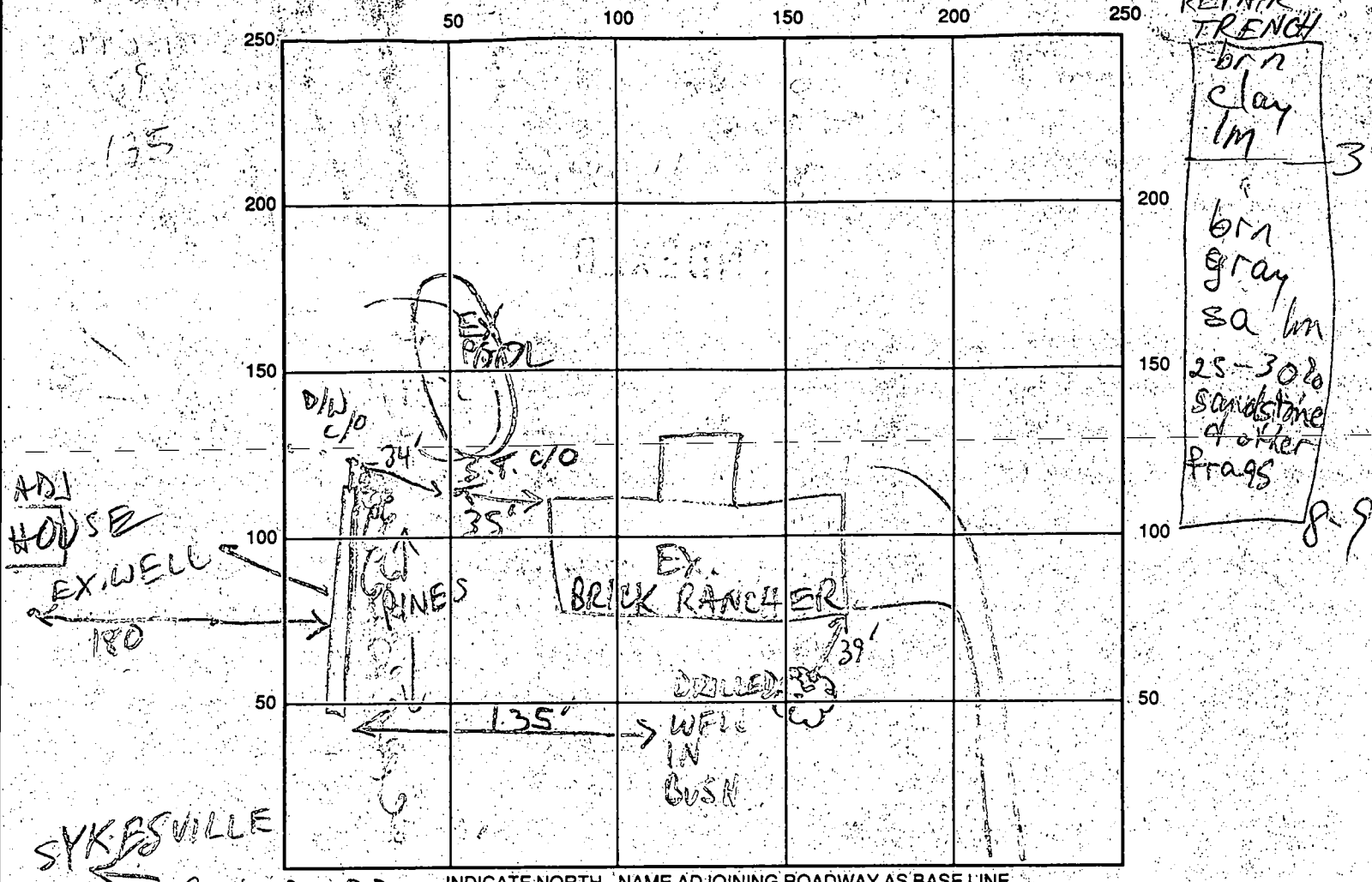
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 513699



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX. 750 GAL CLEANOUTS EX ON S.T. & D/W

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TITLE DEPTH 8-9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5-6 FT. TOTAL LENGTH 65 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 350± SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 350 SQ. FT.

REMARKS: 5/4/98 REVISED INSTALLER TO CONSIDER ADJ. WELLS WHEN INSTALLING REPAIRS. CONTINUE (MRF)

5/4/98 OK TO COVER (MRF)

DATE SYSTEM APPROVED 5/4/98 INSPECTOR M.R. Frain

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Howard County Health Officer

Resolved SRK

August 30, 2002

Paul Sabine
631 River Road
Sykesville, MD 21784

RE: **Replacement Well Issues**
631 River Road
Well Permit #: HO-94-3448

Dear Mr. Allen:

This office is requesting that you contact the Community Environmental Health Program at **(410) 313-1773** to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property.

The well abandonment process is best accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

HOWARD COUNTY HEALTH DEPARTMENT

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TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Howard County Health Officer

The sampling is free of charge, and if you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,

Mark E. Rifkin, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

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: L. FRANKLIN EASTERDAY Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License#_____
***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: PAUL SABINE Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag # : HO - 94 3448
Site Address: 6031 RIVER ROAD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: _____	Make: _____	Two piece watertight cap:_____
Model #: _____	Model#:_____	Screened, vented well cap:_____
Pump Capacity _____ GPM	Depth:____ (36" min)	Cap secured to casing:_____
Well Yield:_____GPM	NSF approved:____	Conduit min 18" B.G.:_____

Depth of well encountered at time of pump installation:_____(feet) Conduit secured to well cap:_____
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 ____

Piping to house	House Connection
Type: _____	PVC sleeved to undisturbed soil at wall penetration:_____
PSI: _____(160 psi min)	Approximate length of sleeve:_____
Depth of supply line: ___(36" min)	Sleeve caulked and sealed properly:_____

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.

_____ _____
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/30/02 9:10am Date Insp. Approved: 7/30/02
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	No tag
Water supply line sleeved adequately at house connection	✓
Adequate grout observed below pitless adapter	✓

7/30/02 SO

HD-215(Rev. 8/00)

C 1 09879 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.

COUNTY NUMBER A14706

ST/CO USE ONLY
DATE Received 08 28 05

DATE WELL COMPLETED 5/25/02

Depth of Well 200 (TO NEAREST FOOT)

OK 6/30/02 (KW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3448

OWNER Sabine Paul (last name / first name)
STREET OR RFD 631 River Rd TOWN SYKESVILLE
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 FROM	FEET TO	check if water bearing
Top Soil	0	2	
Brown Shale	2	15	
Sand Stone	15	30	
Gray Mica	30	65	
opening Gravel Bed	65	67	✓
Gray Mica	67	100	
	100	101	✓
Brown Mica	101	110	
Gray Mica	110	111	✓
Brown Mica	111	200	
Gray Mica			

NUMBER 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 040
Duane F. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JS D 038
Brad Thompson

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 48 NO. OF POUNDS 480
GALLONS OF WATER 288
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 40 ft. (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	72

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below: [ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 DEPTH (nearest ft.)

EACH SCREEN			
1	HO	70	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

	from	to
GRAVEL PACK		
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		68

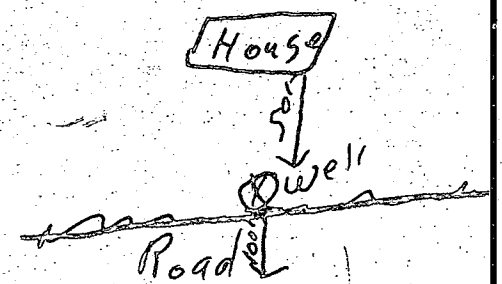
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 20.
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
WHEN PUMPING 200 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

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)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
[+] above [−] below LAND SURFACE
2 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 ② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 — 2198 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: Ho - 94 - 3448

fill in this form completely

Date Received (APA): 072602 — 9105

OWNER INFORMATION

SABINE PAUL (Last Name / Owner / First Name)

631 RIVER RD (Street or RFD)

SYKESVILLE, MD 21784 (Town / State / Zip)

DRILLER INFORMATION

George F. Easterday — M — W D — 040 (Driller's Name / License No.)

L. Franklin Easterday, Inc. (Firm Name)

9265 Brown Church Rd., MT. Airy, Md. 21771 (Address)

George F. Easterday — 7/24/2002 (Signature / Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- (I) INDUSTRIAL, COMMERICIAL, DEWATERING
- (P) PUBLIC WATER SUPPLY WELL
- (T) TEST, OBSERVATION, MONITORING
- (G) GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)

CABLE — REVerse-ROTary — DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: G

PERMIT No. Ho - 94 - 3448

B 3 LOCATION OF WELL

Howard — CC# (COUNTY)

J. L. Miller (SUBDIVISION)

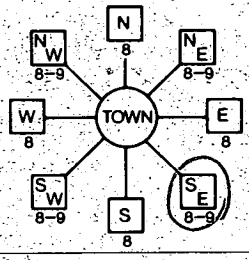
SECTION — LOT 1

Sykesville (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 2 M I

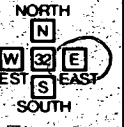
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



631 River Rd (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 50 Ft. (ENTER FT OR MI)

TAX MAP: 4 BLK: 23 PARCEL: 98

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — A14076 (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE — INSERT S

DATE ISSUED: 07 25 02 — Mark E. Hoffman — EXP. DATE: 7/25/03 (MM DD YY / CO SIGNATURE)

NORTH GRID: 554 000 — EAST GRID: 0814 000

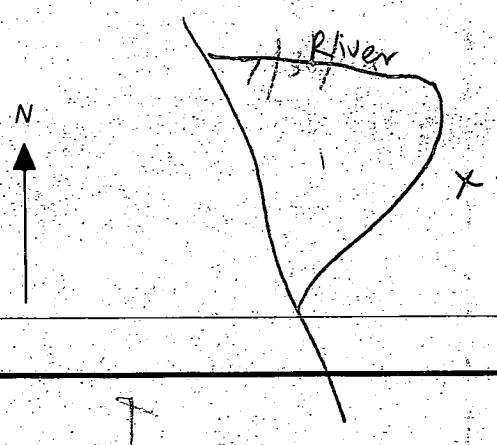
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814 000
N 554 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 5 D 6



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

SITE INSPECTION SHEET

OWNER: Sabine

DATE REQUESTED:

PHONE #:

CONTRACTOR: Easterday

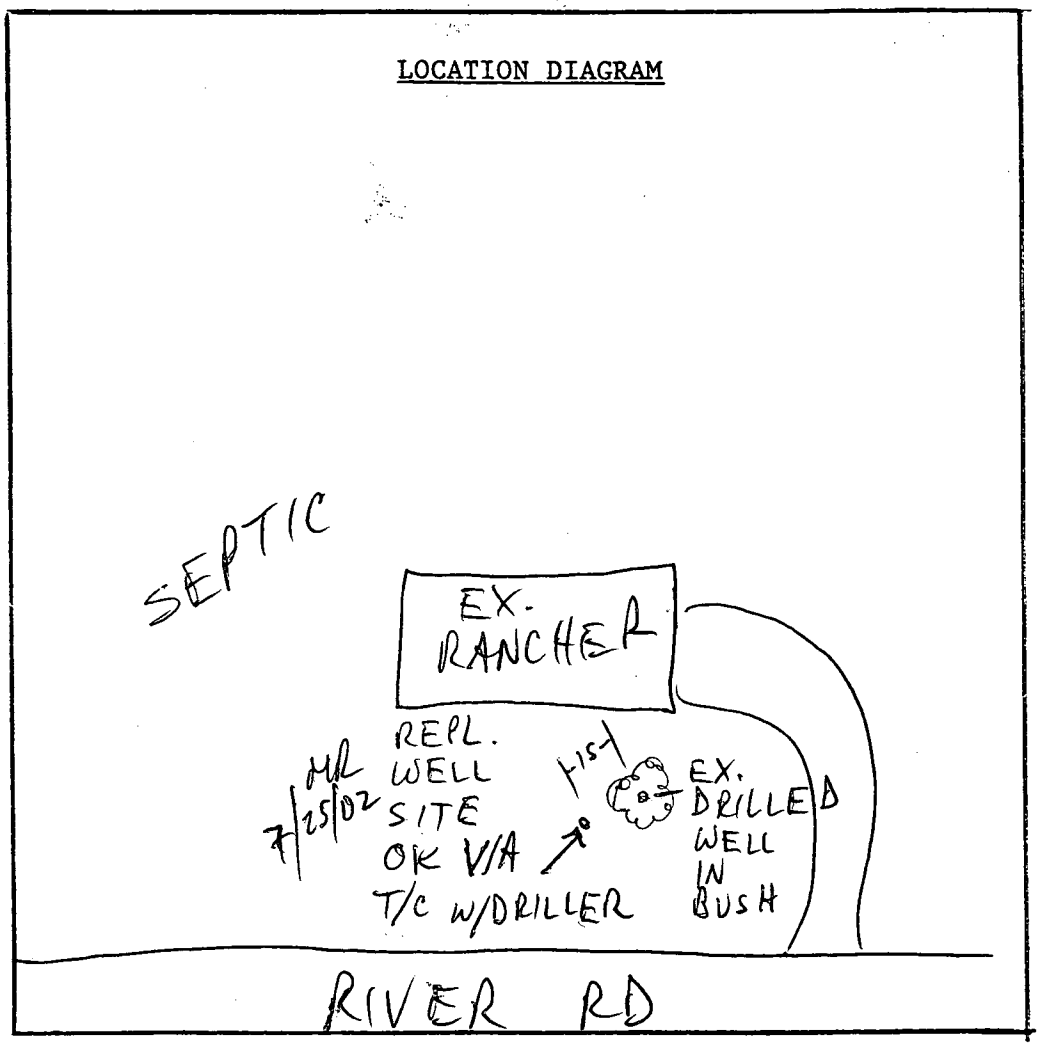
ADDRESS:

WELL TAG #: 94-3448

COUNTY #:

PROPOSAL: repl. well requested via T/C ~~Dry well~~

LOCATION DIAGRAM



COMMENTS:

DATE:

INSPECTOR:

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:

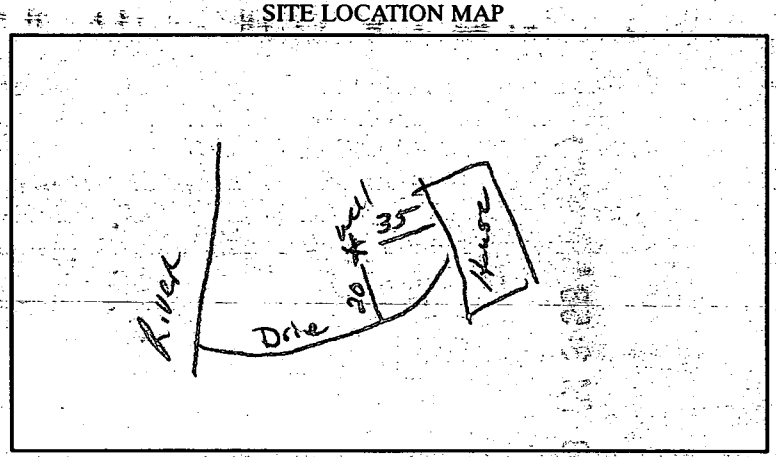
* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
* WELL OWNER
* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 11/29/02 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) No Tag?
* PERMIT NUMBER OF REPLACEMENT WELL 740 -94 -3448
* PERSON ABANDONING WELL: Richard A. Crummitt WELL DRILLERS LICENSE NUMBER: WRD 014
  CIRCLE: MWD/MSD/MGD
* OWNER'S NAME: PAUL SABINE

* WELL LOCATION:
  COUNTY: Howard
  NEAREST TOWN: SYKESVILLE
  TAX MAP _____ BLOCK _____ PARCEL _____
  SUBDIVISION: _____
  SECTION: _____ LOT: _____
  NEAREST ROAD: 631 River Rd

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: 54 FEET DEEP
* WAS ANY CASING REMOVED? ___ YES ✓ NO
  if yes, length removed, in feet: 3
* WAS CASING RIPPED OR PERFORATED? ___ YES ✓ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
Bentonite	54	1
Grount	1	0

VOLUME OF MATERIAL USED: 5 BAGS Bentonite

George F. Gantenbein D40 MWD/MSD/MGD 12-17-02
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE

12/5/69 Approved by Jito

12/5/69 after 10 a.m.

PERMIT

P [illegible]

A [illegible]

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

INDEXED

DA. [illegible]

Herman Hirt IS PERMITTED TO INSTALL X ALTER ____

ADDRESS Annapolis Rock Road, Woodbine, Md. PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT ____

SUBDIVISION ____ ROAD 631 River Rd. Sykesville LOT ____
approx. 2 mi. east of Rt. 32

PROPERTY OWNER ~~Maurice M. Miller, Jr. & wife~~ Mr. Paul & Janet Sabine

ADDRESS ____

SPECIFICATIONS 2 houses - 3 bed-rooms in each

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

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

SEPTIC TANK CAPACITY 750 GALLONS for each house.

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry wells for both houses to be 300 sq. ft. of absorbent sidewall area below the inlet pipe. House No. 1 locate dry well 294 ft. from right side line and 75 ft. from rear lot line with a maximum depth of 12 ft. Inlet pipe to be 3' below original grade. House No. 2 locate dry well 60 ft. from left side line and [illegible] 146 ft. from rear lot line as both house sites are seen from facing lot standing on River Road. NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

RECOMMENDED BY James T. Wright DATE 11/13/68

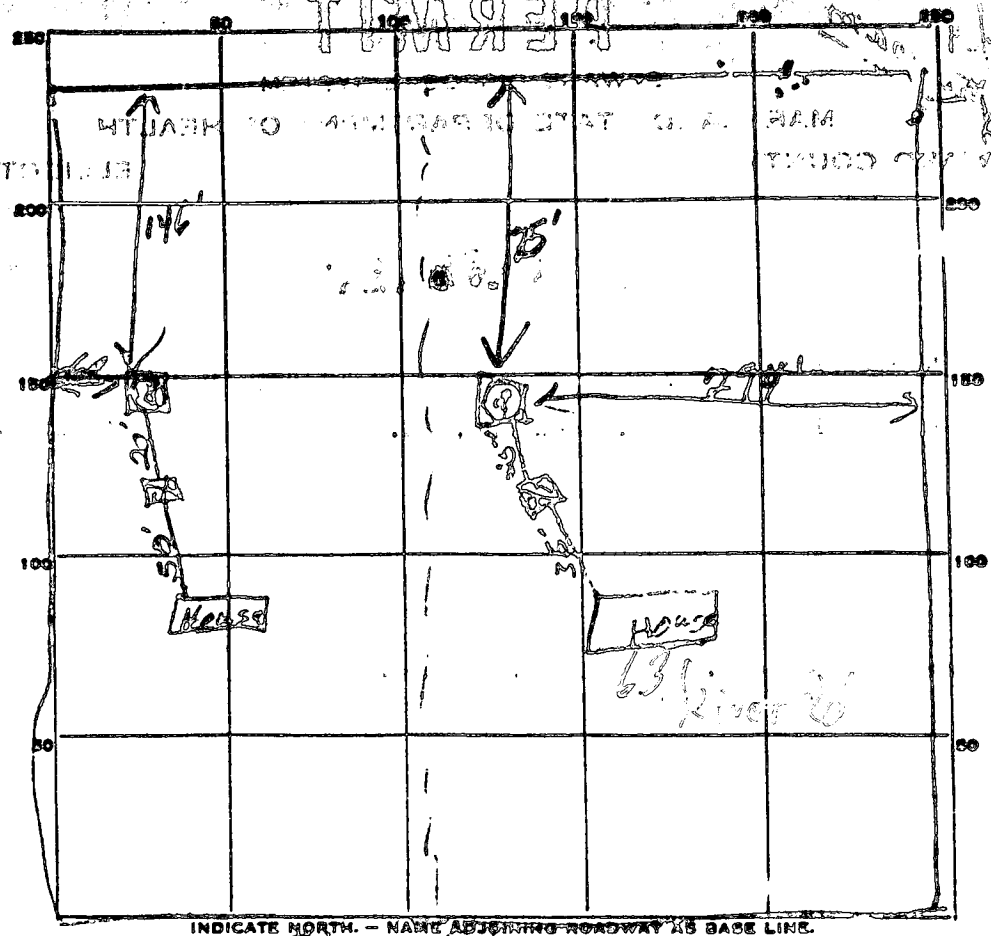
PERMIT VOID AFTER THREE YEARS.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED AND RETURNED 5/3/[illegible]
Serial # 70184 Prod

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Rives Rd

PERMIT CARD OK

SEPTIC TANK, LEVEL 1-750 Cement 2-750 Cement CLEANOUTS OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH ____ FT. TRENCH WIDTH ____ FT.

GRAVEL DEPTH ____ IN. TOTAL LENGTH ____ FT.

NUMBER OF TRENCHES ____ TOTAL BOTTOM AREA ____

SEEPAGE PITS, INSIDE DIAMETER 1.10 2.10 FT. DEPTH BELOW INLET 1-9 1-9 FT.

ABSORBENT AREA 1432 SQ. FT.

REMARKS

DATE SYSTEM APPROVED 12/5/69 INSPECTOR Jim T. Wright

APPLICATION

A 14078

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic tanks for Houses 1-2 75 yds ELLICOTT CITY

DISTRICT 3

DATE 11/13/68

Dry wells for both houses to be 30 ft deep
4 ft of impervious sidewall
area below the inlet pipe
House NO 1 Dry Well 184 ft from Right side line and 36 ft from rear lot line Must be drilled to 12 ft.
House No 2 Dry Well 60 ft from left side line and 35 ft from rear lot line
As both houses are also from facing lot standing on River Road.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Maurice M. Miller, Jr. & Wife, Janet L.

ADDRESS 423-G Town & Country Blvd., Ellicott City PHONE 465-4903

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION River Rd., Sykesville approx. 2 mi. east of Rt. 32

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5.0 acres TYPE BLDG. 2 houses
NUMBER OF BEDROOMS 3 in one house
2 in other house

IF NOT SINGLE RESIDENCE DESCRIBE (2 separate septic systems to be installed)

SIGNATURE OF APPLICANT Maurice M. Miller, Jr.

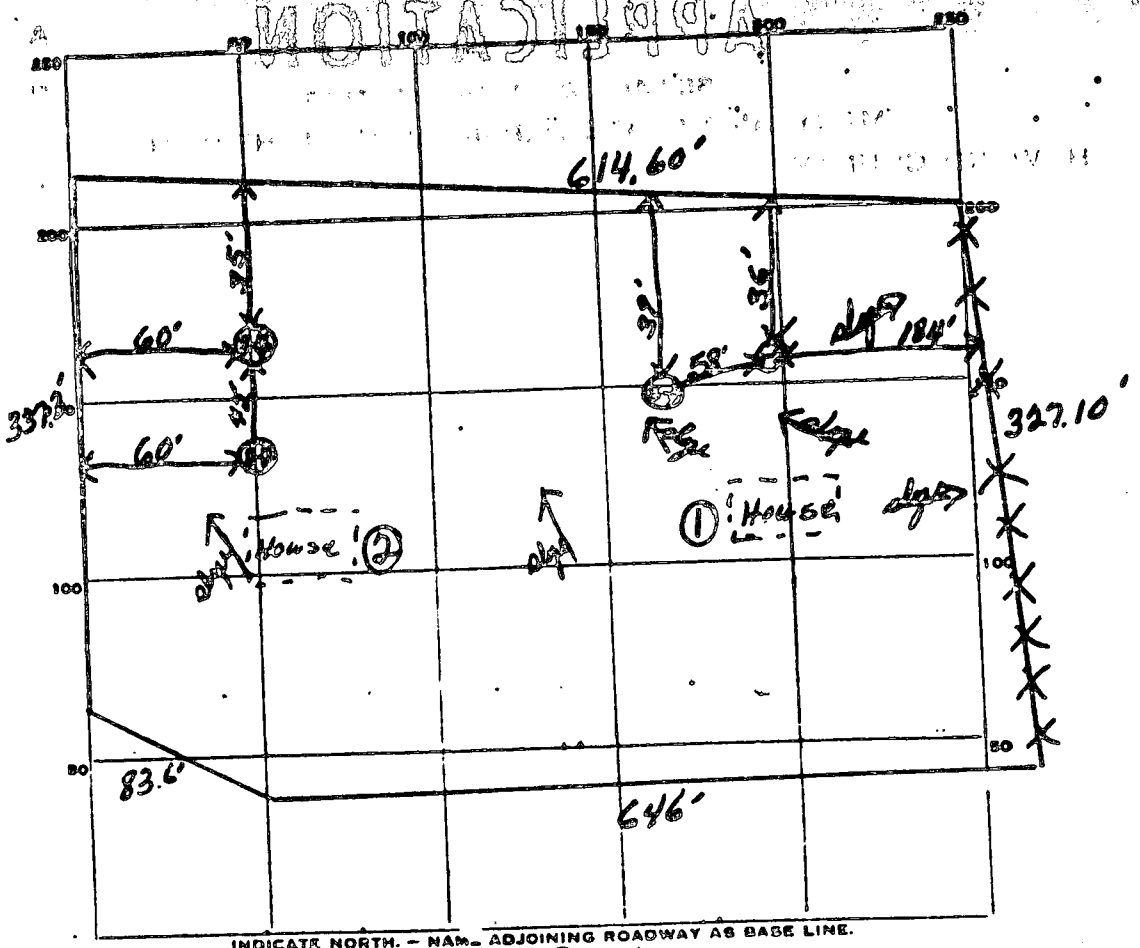
APPROVED BY James T. Christ FOR Dry Wells (KIND OF SYSTEM) DATE 11/13/68

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

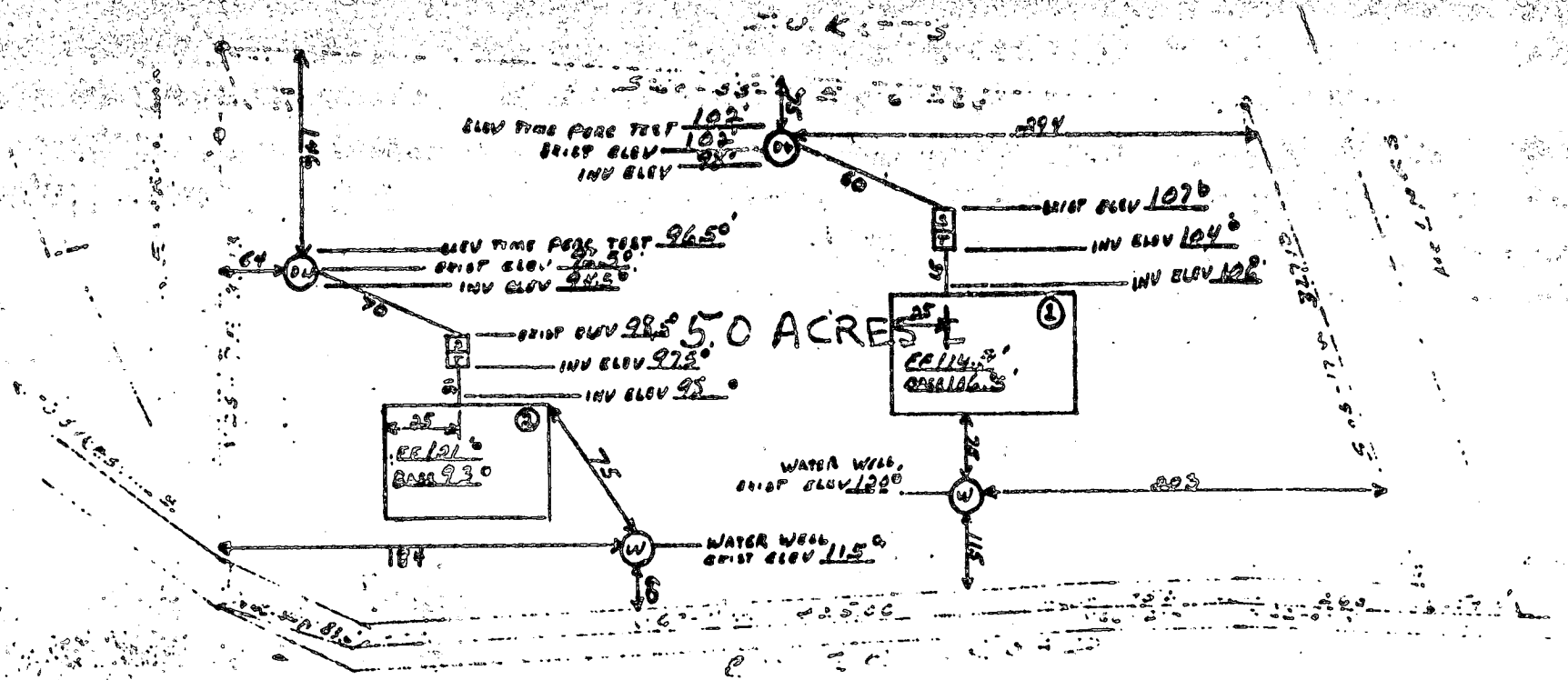
Roling Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
House ①								
11/13/61	1	10½'	11 36	11 39	11 39	11 44	5 min	
	2	4'	11 37	11 39	11 39	11 43	4 min	15
	3	10½'	12 06	12 09	12 09	12 13	4 min	4 min AV
	4	4'	12 10	12 11	12 11	12 13	2 min	
House ②								
	1	10'	11 59	12 00	12 00	12 02	2 min	
	2	4'	1 15	1 20	1 20	1 25	5 min	14
	3	12½'	1 36	1 37	1 37	1 39	2 min	4 min AV
	4	4½'	1 39	1 43	1 43	1 48	5 min	

SOIL AUGER FINDING Rock & Sand X Fence

TESTED BY Stu

REMARKS



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE CORRECT AND CORRECT FOR THIS PROPERTY

Robert W. Morris

23 MAY 1969

Part of the [illegible]

Sykesville Sanitary District, Howard Co., Md.

Scale 1 in. to 100 ft. Septic Layout

Robert C. Morris, Reg. Surveyor

Old Court Road, Baltimore, Md.

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (OFFICE USE ONLY)

DATE WELL COMPLETED: Apr 10 69

DEPTH OF WELL: 21 (TO NEAREST FOOT)

PERMIT NO. FROM EXISTING PARCEL WELL: 69-12-0422

DRILLERS IDENTIFICATION NO.: 238

OWNER: Miller (LAST NAME) Maurice (FIRST NAME)

STREET OR RFD: _____ POST OFFICE: Ellwell City

WELL LOG

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

DESCRIPTION (ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CASING & SCREEN RECORD
Fill	0	10	
Clay & Rock	10	21	

THIS WELL ON LOT 122

WELL DESCRIPTION

GROUTING RECORD

WELL WAS GROUTED (CIRCLE APPROPRIATE BOX): V (VES) H (NO)

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 8 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPE (INSERT APPROPRIATE CODE BELOW): ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP MAIN CASING (TO NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
PL	5½	18

OTHER CASING (IF USED)

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
EACH CASING 1			
2			
3			

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): ST STEEL, BR BRASS OR BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2 (CASING NO.)

	DEPTH (NEAREST WHOLE FOOT) FROM	TO
EACH SCREEN 1	0	18 17 21
2	22 24	26 30 32 36
3	38 42	41 45 47 51
4	60 64	90 60 63 66

SLOT SIZE 1. _____ 2. _____ 3. _____ 4. _____

WELL DRILLED AS A FLOWING WELL (CIRCLE BOX): OR F

C 3 (CASING NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 1½

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 10

METHOD USED TO MEASURE PUMPING RATE: Water

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 23 (NEAREST FOOT)

WHEN PUMPING: 0 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX): A AIR, P PISTON, T, C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW), J JET, S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (SITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON): 10

PUMP HORSE POWER: ½

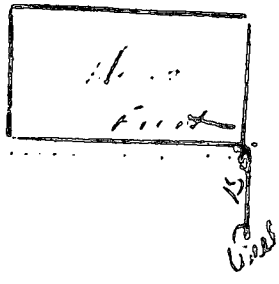
PUMP COLUMN LENGTH (NEAREST FOOT): 20

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE, − BELOW LAND SURFACE: 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

N



CIRCLE APPROPRIATE BOXES

WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

COPY OF ELECTRIC LOG ATTACHED

I CERTIFY THAT I HAVE COMPLIED WITH ALL REGULATIONS OF THE STATE OF MARYLAND AND THAT THE ABOVE-CAPTIONED "PERMIT WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

NAME: Joseph Maurice

Joseph Maurice

DNR USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING (TC)

LOG INDICATED (LI)

OTHER DATA AVAILABLE (OD)

HEALTH

C 1 - 5166 (THIS NUMBER TO BE PUNCHED IN GOLD, 1-5 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT

THIS REPORT MAY BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (OFFICE USE) 6-10

DATE WELL COMPLETED 10 76

DEPTH OF WELL 1-6 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL Ha-20-0042

DRILLERS IDENTIFICATION NO.

OWNER Wilson (LAST NAME) Wilson (FIRST NAME)

STREET OR RFD

POST OFFICE Baltimore

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	FEET TO	CHECK IF WATER BEARING
	0	1 6	
	1 6	1 8	
	1 8	1 1	

THIS WELL BELIEVED TO SERVE LOT 2

GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 1 1 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: L
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF ANY)
EACH CASING — DIAMETER (INCH) — DEPTH (FEET) FROM — TO

SCREEN RECORD
SCREEN TYPE OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
ST STEEL, BR BRASS OR BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2 (LOC. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM	TO
1	1 5	1 7
2	2 4	2 6
3	3 8	4 1
4	5 4	5 6

EACH SCREEN	FROM	TO
1	1 7	2 1
2	2 6	3 2
3	4 7	5 1
4	5 6	6 0

SLOT SIZE 1. ____ 2. ____ 3. ____ 4. ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE CODE 08 F

FOR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING
LOG INDICATED
OTHER DATA AVAILABLE

C 3 (LOC. NO.)

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR)
PUMPING RATE GALLONS PER MINUTE (TO NEAREST GALLON)
METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 1 7 FT. 2 0 (NEAREST FOOT)
WHEN PUMPING 2 2 FT.

TYPE OF PUMP USED (CIRCLE APPROPRIATE CODE)
A AIR, P PISTON, T TURBINE, C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW), J JET, S SUBMERSIBLE

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)
PUMP HORSE POWER
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE CODE AND ENTER CASING HEIGHT)
+ ABOVE, − BELOW LAND SURFACE (NEAREST FOOT)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, DEEPTH TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

N

125'

CIRCLE APPROPRIATE BOXES
- A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- ELECTRIC LOG OBTAINED
- COPY OF ELECTRIC LOG ATTACHED

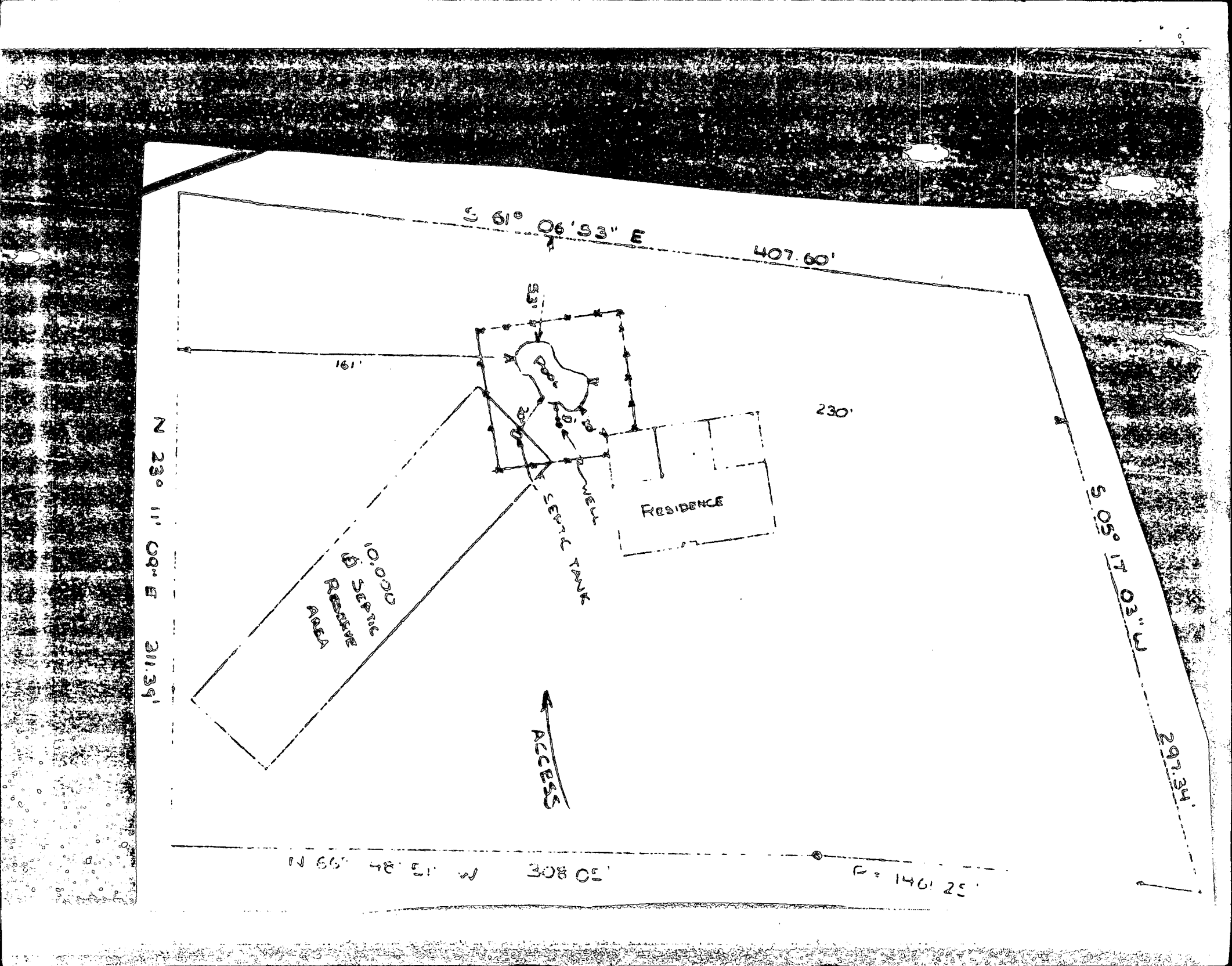
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL REGULATIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

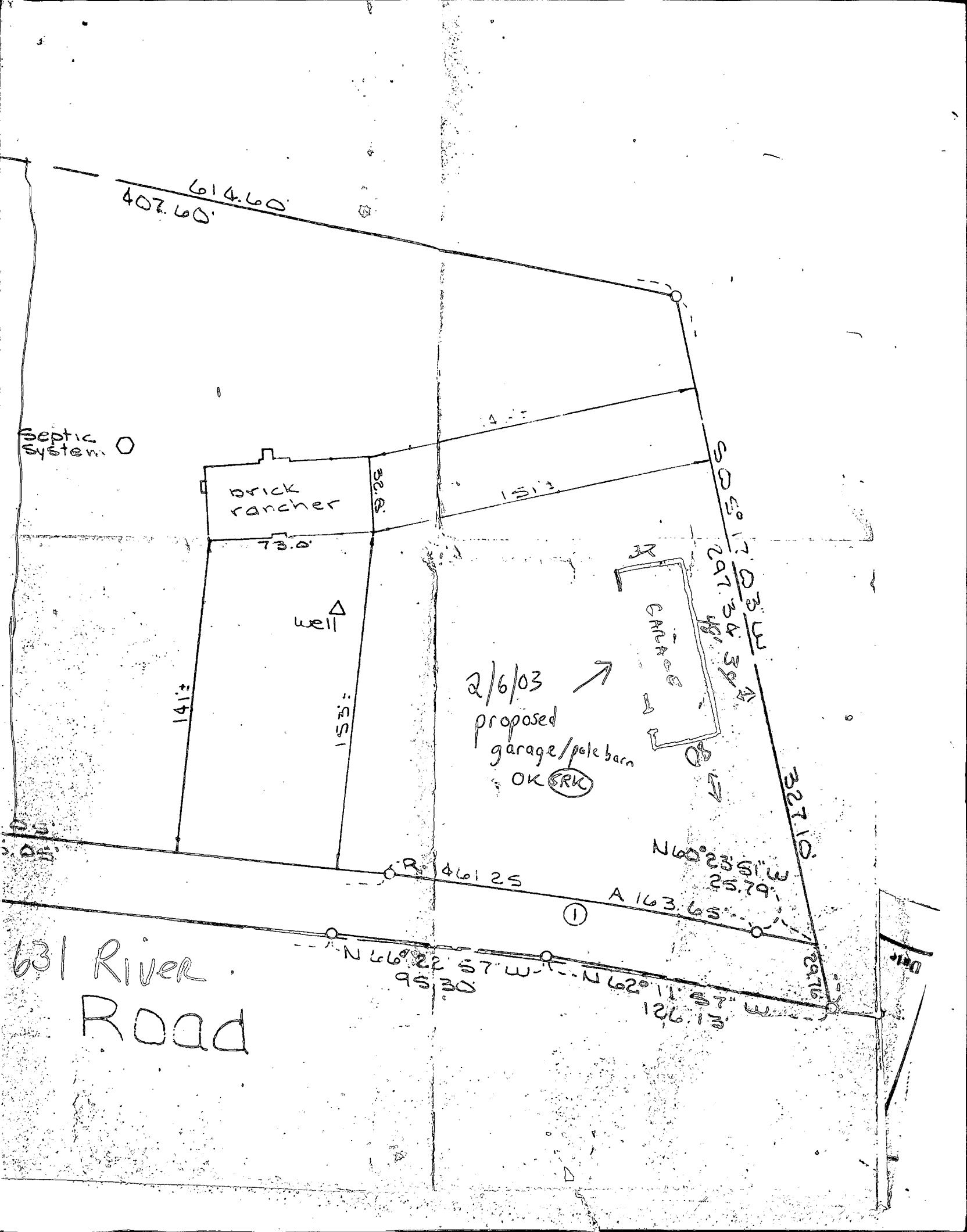
DRILLER'S NAME

DATE

SIGNATURE

HEALTH


S 61° 06' 53" E
407.60'
53'
161'
POOL
20'
10'
230'
N 23° 11' 08" E
211.34'
S 05° 17' 03" W
297.34'
WELL
SEPTIC TANK
RESIDENCE
10,000 ☐ SEPTIC RESERVE AREA
ACCESS
N 66° 48' 57" W
308.05'
C = 140.25'


614.60'
402.60'
Septic system
brick rancher
32.8'
151.1'
73.0'
well
141.1'
153.1'
SOUTH
297.34'
32'
GARAGE
48.3'
2/6/03
proposed
garage/pole barn
OK SRK
327.10'
N60°23'51"W
25.79'
R. 461.25
A 163.65'
N 66° 22' 57" W
95.30'
N 62° 11' 57" W
126.13'
29.76'
631 River
Road