

APPROVED 8/16/78

JS

P 28220

A 26929

8/16/78
8/15/78
please
after
best please

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

04-337751

ELLICOTT CITY

DISTRICT 4th

DATE 6/15/78

INDEXED

Herman Sirb

Mr. & Mrs. Dyer Kenney

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS

PHONE

SUBDIVISION

17601
ROAD end of Timberleigh Drive LOT
(Route 94)

PROPERTY OWNER Dyer Kenney

ADDRESS

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 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

143

DRY WELL-to have 175 sq. ft. effective absorbent sidewall area per bedroom below inlet.
Inlet to be 3-3½ ft. below original grade and maximum depth 11 ft. Location per owners
plat: 486 ft. from front lot line and 175 ft. from left line when facing lot from road.
(Perc hole 7). Recommend 15X15 ft. dry well with 8 ft. below inlet and 30 ft. of trench.
If dry well and trench are used, 5 ft. earth buffer is needed between the dry well and
trench.

PLANS APPROVED BY Charles B. Staecker

DATE 1/19/78

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.

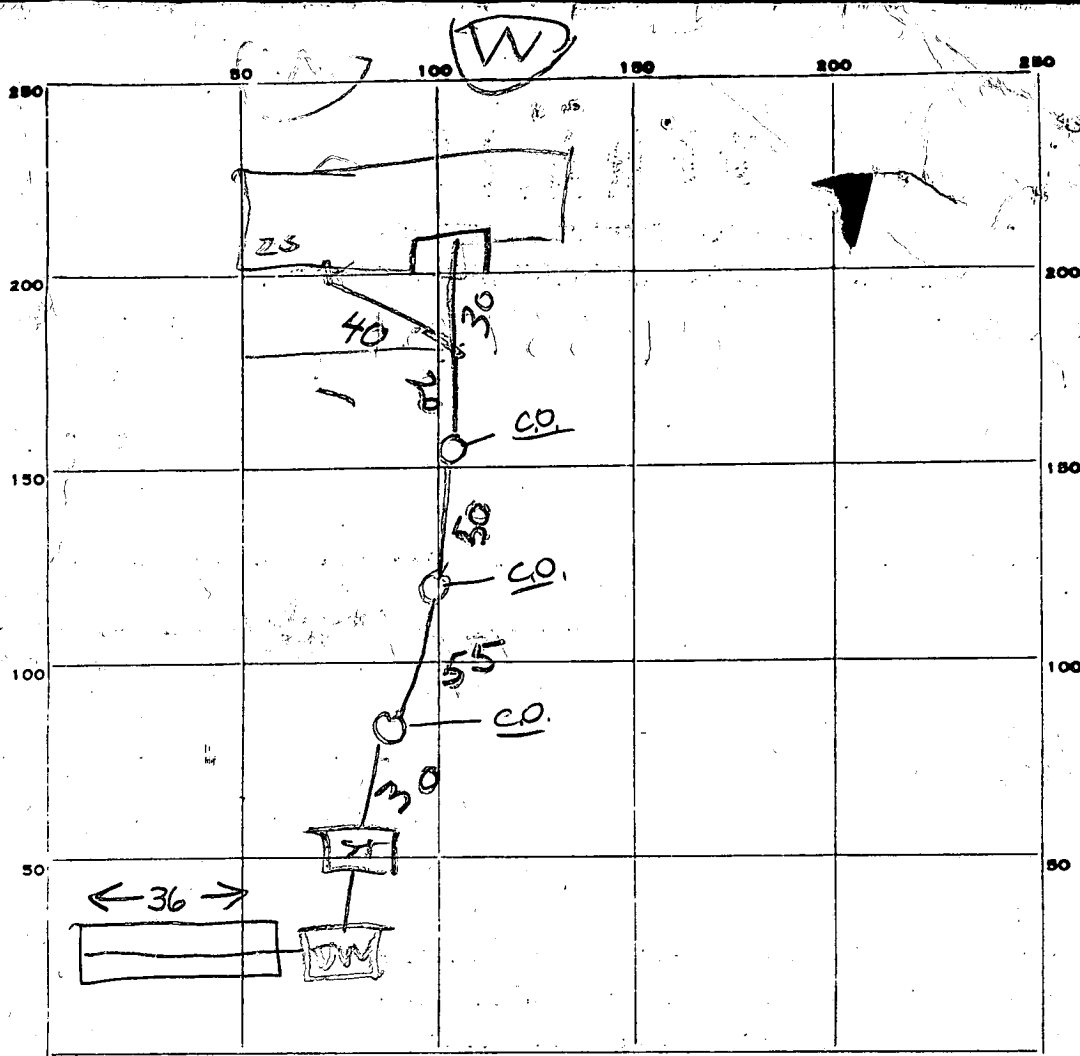
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

A 26929



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒ ST | DW | House
 SEPTIC TANK, LEVEL OK 1250 CLEANOUTS OK | OK | ☒
 DISTRIBUTION BOX, LEVEL TOP 2 FT BELOW GRADE
 TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 8 ft TOTAL LENGTH 36 FT. 288
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 288
 SEEPAGE PITS, INSIDE DIAMETER PERIMETER 59 FT. DEPTH BELOW INLET 8 FT. ± 472
 ABSORBENT AREA ± 760 SQ. FT.

REMARKS 8/15/78 - DW INLET 3 FT BELOW GRADE
ADD STONE TO DITCH & CALL US OIC
TO COVER TANK DW & SEWERS RH
8/16/78 - OK TO COVER TRENCH - JS
 Phone call to office: inquiry about use of terra cotta sections as
 distribution pipe. GLK + JS Final OK

DATE SYSTEM APPROVED 8-16-78 INSPECTOR J. Stager

Retest

10/19/77

APPLICATION

A 26929

10/28/77
10/4/77

9:30 A.M.

SEWAGE DISPOSAL TESTING

P

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

1-3 Bedrooms 1000 gallons
4th DISTRICT
4 Bedrooms 1250
DATE 9/23/77

Septic tank

Dry well to have 175 sq ft. effective

absorbent sidewall area per bedroom below inlet
inlet to be 3'-3 1/2' below original grade and maximum
depth 11'. Location per survey plat 486' from front lot line
and 175' from left centerline facing road 1/4" from road. See plat for
11/28. D.W.M. + C.B.D. Need to show extra

Recommended (15x15) with 8' below inlet
TO: THE COUNTY HEALTH OFFICER + 30' of trench
ELLICOTT CITY, MARYLAND effective

dry well + trench used - need:
① 5' each buffer between trench + dry well.
② 2 inspections of trench before
and after gravel in

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

PROPERTY OWNER Richard Hardy property - (Contract Purchaser - W. Dyer Kenney
ADDRESS 17505 Timberleigh Way, Woodbine, Md. 21797 PHONE 794-4151

PROPERTY LOCATION:

SUBDIVISION LOT NO.

ROAD AND DESCRIPTION end of Timberleigh Drive (Route 94)

SIZE OF LOT 27 acres m/1 TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Charyn Kenney

APPROVED BY C. Bolthecker FOR Dry well; 4' or
subject to approval of supervisor on by D.W.M. (KIND OF SYSTEM) DATE 1/19/78

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING 10/2/77 Rock + stones in wooded area.

Further test 10/19/77 Hold for further tests.

10/19/77 [Hold for certified holes] C.B.D. BLDG. PERMIT SIGNED
AND RETURNED 2/21/78
serial # 34693

THIS IS NOT A PERMIT

APPLICATION

A 25238

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 2/14/77

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 Richard Hardy

ADDRESS Route 94 - Florence Rd. PHONE Mr. Miller 489-4200

Woodbine, Md.

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION end of Timberlee Drives (Route 94)

SIZE OF LOT 27 acres $\pm$ TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

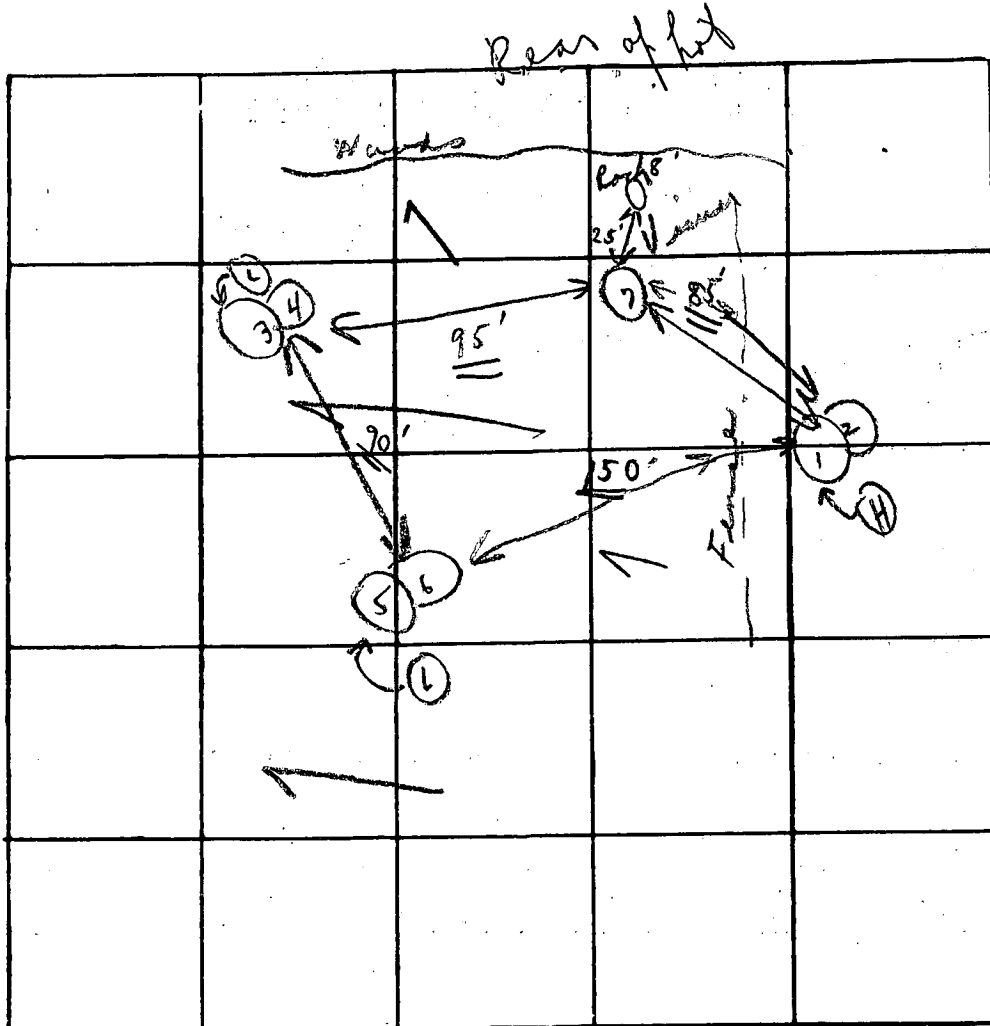
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/27	1	5'	11:28	11:36	11:36	11:51	15 min
	Ⓐ 2	12 1/2'	11:29	11:33	11:33	11:45	12 min
	3	4 1/2'	10:42	10:46	10:46	10:53	7 min
	Ⓓ 4	13'	10:40	10:49	10:49	11:06	17 min
	Ⓔ 5	4'	11:15	11:18	11:18	11:24	6 min
	Ⓕ 6	13'	11:11	11:14	11:14	11:20	6 min
	Ⓖ 7	5' soil changes 12'					
			all tests in open field - no woods				
			in test area				

REMARKS

Testify holes

TYPE OF SOIL

Loam to shale

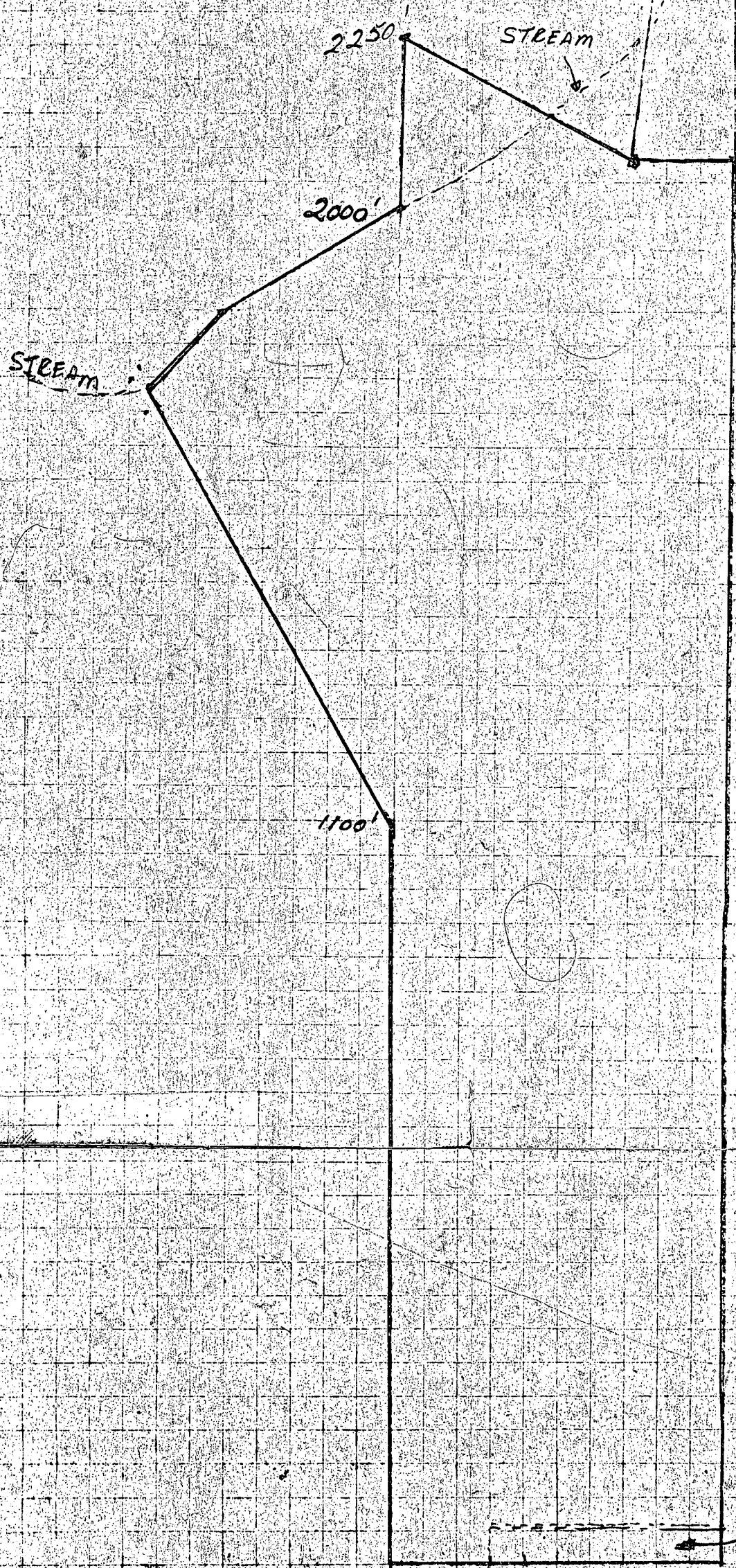
TESTED BY

C. B. Treake

ALSO PRESENT:

Mr. Kenney - Future owner
Mr. Dark & son

ATTACHMENT I



1" = 200'

HARDY FEE
SIMPLE

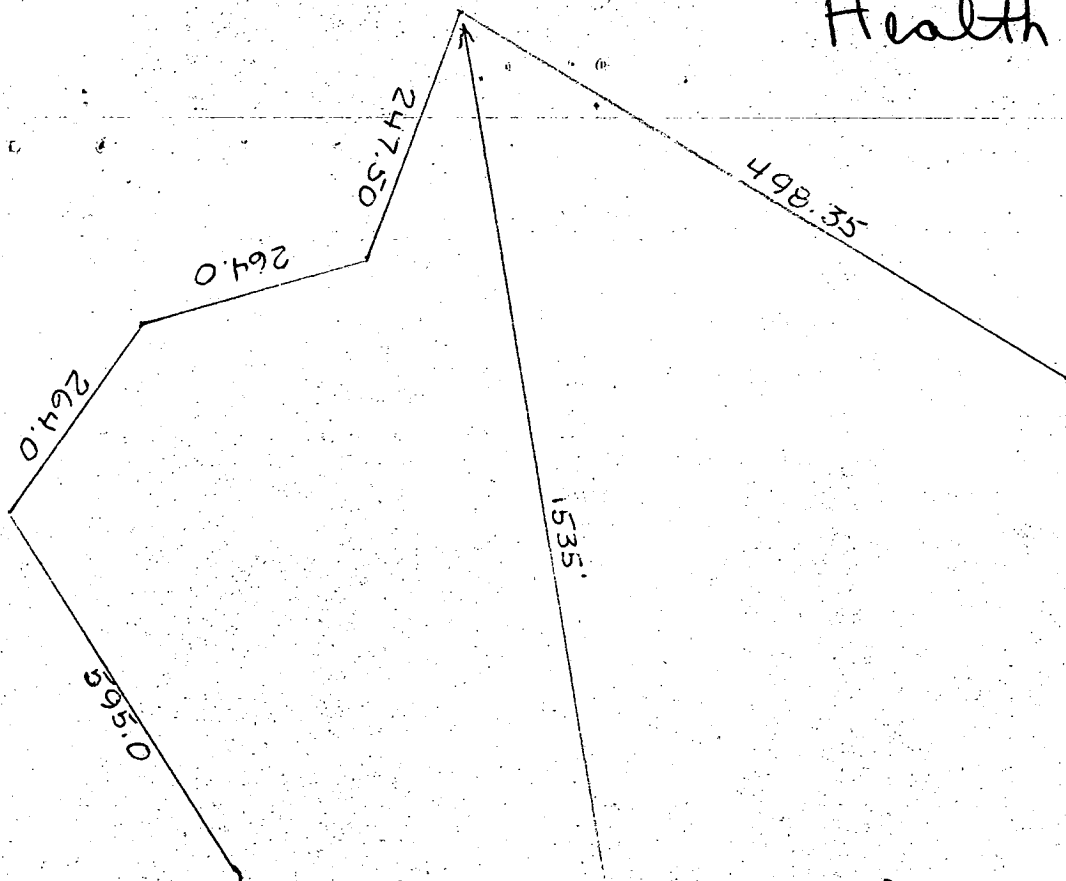
OWNER AND BUILDER CERTIFY ALL MEASUREMENTS SHOWN TO BE ACTUAL & CORRECT FOR THIS PROPERTY. IN ADDITION, OWNER & BUILDER REALIZE THAT ANY REPAIR TO SEPTIC SYSTEM MAY REQUIRE DISRUPTION OF GRAVEL DRIVEWAY

*William D. Kenny
Gunnar D. Sullivan (Builder)*

Health

PAGE 20F2 (NO SCALE)
FOR HOWARD COUNTY HEALTH DEPT.
LOT 1 BLOCK 7 4TH ELEC DIST
LIBER 846 FOLIO 402
28,066 AC I

2002.26



PROPOSED WATER WELL
EXIST ELEV 4.0

FF BASE 8.0
0

INV ELEV 4.0
INV ELEV 3'8"
EXIST ELEV 6.0
INV ELEV 0
ELEV AT PERC TEST 3.0
EXIST ELEV 3.0

UNACCEPTABLE TEST HOLE
DRYWELL TO 30' TRENCH WITH 5' EARTH BUFFER

EXTRA CLEANOUTS

THE OWNER AND BUILDER CERTIFY TO THE MEASUREMENTS AND THE AREA OF THIS DEC FIELD AND THE MEASUREMENTS TO ALL PROPERTY LINES SHOWN

Gunnar D. Sullivan (Builder)

FOR MRB MRS WILLIAM D KENNY
17505 TIMBERLY WAY
WOODBINE, MD.

TIMBERLY VILLAGE

TIMBERLY VILLAGE

TIMBERLY WAY

2/1/78

appears ok
C.B.D. DUM

D.W.N. states sewer line is not located as shown on plat. 0' trench has been located by owner. C.B.D. 4/1/78 P.M. Called Kenny to come in for mail a copy of record

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) - HO-78-E-8

1 2 3 4 5 6 4446 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		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 <u>A26929</u>	
FILL IN THIS FORM COMPLETELY							

DATE RECEIVED (WRA USE ONLY) <u>9/20/78</u> <u>9:30 A.M.</u>		OWNER COL 15 LAST NAME <u>Kennedy</u> FIRST NAME <u>Dyer</u> COL. 34	
STREET COL 36 <u>17505 Timberleigh Way</u> COL. 55		POST OFFICE COL 57 <u>Woodbine Md.</u> COL. 76	

B 1 CONTINUED		DRILLER INFORMATION	
1 2 3 (SEQ. NO.) 6 <u>8/31/78</u>		LICENSE NUMBER <u>40</u>	
DATE		77 80 <u>George Easterday</u>	
FIRST NAME		DRILLER LAST NAME	
SIGNATURE <u>George Easterday</u>			

B 2		WELL INFORMATION	
1 2 3 (SEQ. NO.) 6 <u>5</u>		MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u>		14 20	

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
☐ FARMING, AGRICULTURE, IRRIGATION	
☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
☐ MUNICIPAL WATER SUPPLY	
☐ PRIVATE WATER COMPANY	
☐ TEST	

APPROXIMATE DEPTH OF WELL <u>50</u> FEET	
APPROXIMATE DIAMETER OF WELL <u>6-1</u> (NEAREST INCH)	

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
☒ BORED (OR AUGERED) ☐ JETTED ☐ DRIVEN	
☒ AIR-ROTARY ☐ AIR-PERCUSSION ☐ ROTARY (HYDRAULIC ROTARY)	
☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT	
OTHER (DESCRIBE)	

REPLACEMENT OR DEEPEINED 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	
☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u>	
FORCE <u>57</u> WRITE INITIALS IN BOX <u>58</u> CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u>	

B 4 CONTINUED		HEALTH DEPARTMENT-APPROVAL	
1 2 3 (SEQ. NO.) 6 <u>Howard</u>		W28821	
41 5 STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.			
DATE <u>10/1/78</u> <u>Ired Frommelt</u> Sanitarian			

B 3		LOCATION OF WELL	
1 2 3 (SEQ. NO.) 6 <u>Howard</u>		COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21	
SUBDIVISION <u>23</u>		42	
SECTION <u>44</u>		LOT <u>48</u> 50	
NEAREST TOWN <u>Florence</u>		71	
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u>		76 77 78	

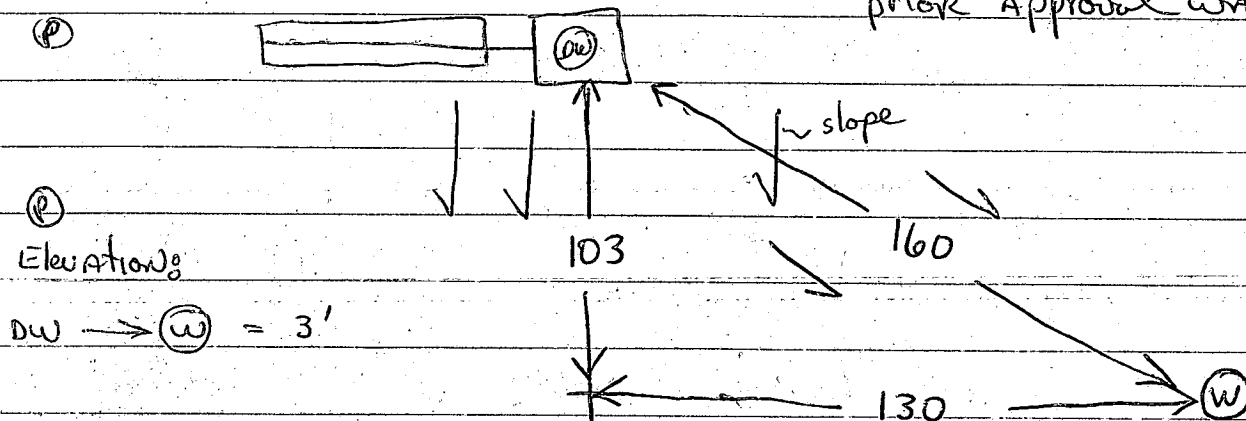
B 4		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
1 2 3 (SEQ. NO.) 6		N NORTH E EAST NE NORTHEAST SE SOUTHEAST	
☒ SOUTH W WEST NW NORTHWEST SW SOUTHWEST		8 9	
NEAR WHAT ROAD <u>RT 94</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>600</u>		34 37 38 39	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, 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.

N 60' casing 60' open 2' Above grade well + RT 94 11 bags cement 20 Sept 78 (GLK) see attached sheet for location procedure Florence Rd.		BOX NUMBER E 760 N 530	
NORTH COORDINATE <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u>		EAST COORDINATE <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u>	
ELEVATION AT WELL HEAD (FEET) <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u>		0/0	

20 Sept 78

Prior approval was given to us ^{by HCHO} to locate & drill the well as indicated below. Approval of this well is pending the acknowledgment of this approval. I assume ~~all~~ all responsibility & consequences if ~~the~~ prior approval was not given.



Dyer Kenney
17505 Timberleigh Way

3:30 per wine - great well but approval must stand up (GLK)

3:30 - 4:00 - Extended effort to get pipe to bottom of casing by jetting.

Est. Eaterday would not sign statement. ^{Kenney} ~~Eaterday~~ was not here. Builder (Berkin) showed location of old perc holes.

Also - no evidence that previous wells (dry) have been abandoned & sealed (GLK)

8/30/78
9:30 a.m.
1st

FILE Emergency Well

DATE REPORTED 8/24/78

PROPERTY OWNER Oyer Kenney

P.O. ADDRESS 17529 Timberleigh Way TELEPHONE 774-4151

DIRECTIONS TO PROPERTY Woodbine, Md.

INFORMANT Easterday HO-78-E8

30 August 78

21 feet casing

location OK

~ 225

20 feet open hole

1 foot above grade

5 bags cement - grouting OK

CONDITION FOUND

No other papers available

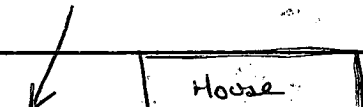
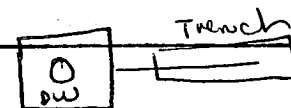
(GLK)

~ 150

(W) - old well

ACTION TAKEN

FINAL DISPOSITION



This information has already been transferred to well application sheet (GLK)

Manan William

HO-73-2818

200 feet deep 20 gpm

Rt 32 between 7965 + 7951

Across from 7936

28 feet casing

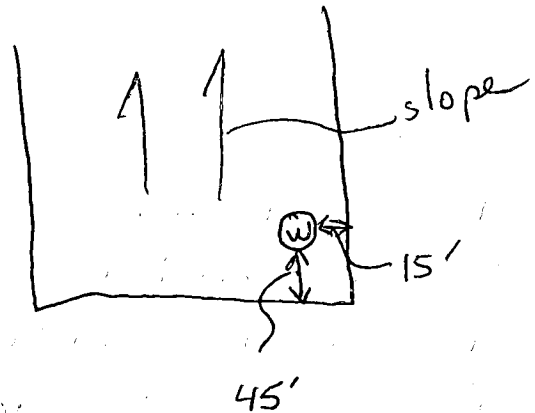
24 feet open hole

3 feet above grade

6 bags cement

(GLK)

location



Emergency No. (If any) -

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-816

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
2/16/78
9:30 a.m.

OWNER
COL 15 LAST NAME
Kempner
FIRST NAME
COL. 34
STREET OR RFD
COL. 36
WOODBINE RD.
POST OFFICE
COL. 57
COL. 76

DRILLER INFORMATION
DATE
10/6/77
LICENSE NUMBER
42
77
80
FIRST NAME
DRILLER
LAST NAME
SIGNATURE
J. H. Day

WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)
5
8
12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)
600
14
20
USE FOR WATER: (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
T TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

LOCATION OF WELL
COUNTY
Howard
SUBDIVISION
HARDY FARM
SECTION
44
46
LOT
48
50
NEAREST TOWN
Florence
MILES FROM TOWN (ENTER 0 IF IN TOWN)
1
73
76 77 78

DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)
N NORTH
E EAST
NE NORTHEAST
SE SOUTHEAST
S SOUTH
W WEST
NW NORTHWEST
SW SOUTHWEST
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
N NORTH
S SOUTH
E EAST
W WEST
DISTANCE FROM ROAD
(ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)
34
37
38 39

APPROXIMATE DEPTH OF WELL
150
24
28 FEET
APPROXIMATE DIAMETER OF WELL
6
(NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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
D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

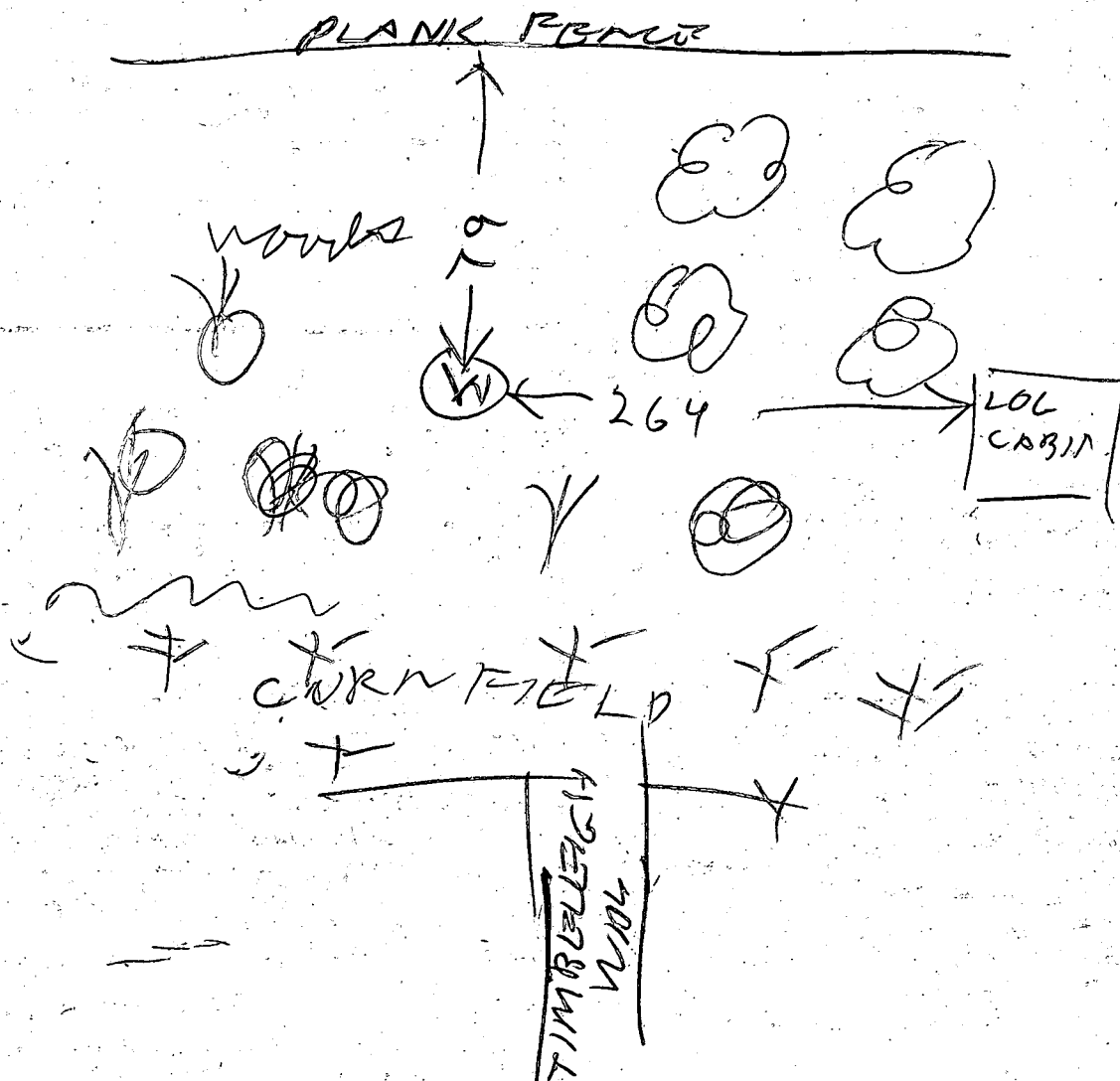
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER
54
63
65
FORCE
WRITE INITIALS IN BOX
CONDITIONS
A E N S G W Q C L U
70 71 72 73 74 75 76 77 78 79

HEALTH DEPARTMENT APPROVAL
COUNTY NAME
Howard
COUNTY NO.
W27044
DATE
10/1/77
APPROVED BY
Fred Frommelt, Sanitarian

BOX NUMBER
E 760
N 530
NORTH COORDINATE
50 51 52 53 54 55
EAST COORDINATE
57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET)
65 66 67 68
0/0 5/0

HEALTH

open Field



- ① Not sure of location of per holes
 - ② Must have engineer certify location of well & per area on plat
 - ③ 5 bags used
 - ④ Well Grout is OK but location in doubt
Does not appear that any peres are near well but ground is snow covered
- 2/17/78 PM said show well site R12 MB
& sewage disposal area on replan plans

C 1 6959 1 2 3 (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)	SEQUENCE NO. (WRA USE ONLY)	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 COMPLETE FILL IN THIS FORM COMPLETELY COUNTY NUMBER
DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED <u>2/19/78</u>	DEPTH OF WELL <u>145</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-2383 28 29 30 31 32 33 34 35 36 37
OWNER <u>KENNEY</u> <u>DUER</u> LAST NAME		FIRST NAME <u>WOODRINE</u> <u>MD. 21797</u> POST OFFICE	
STREET OR RFD			

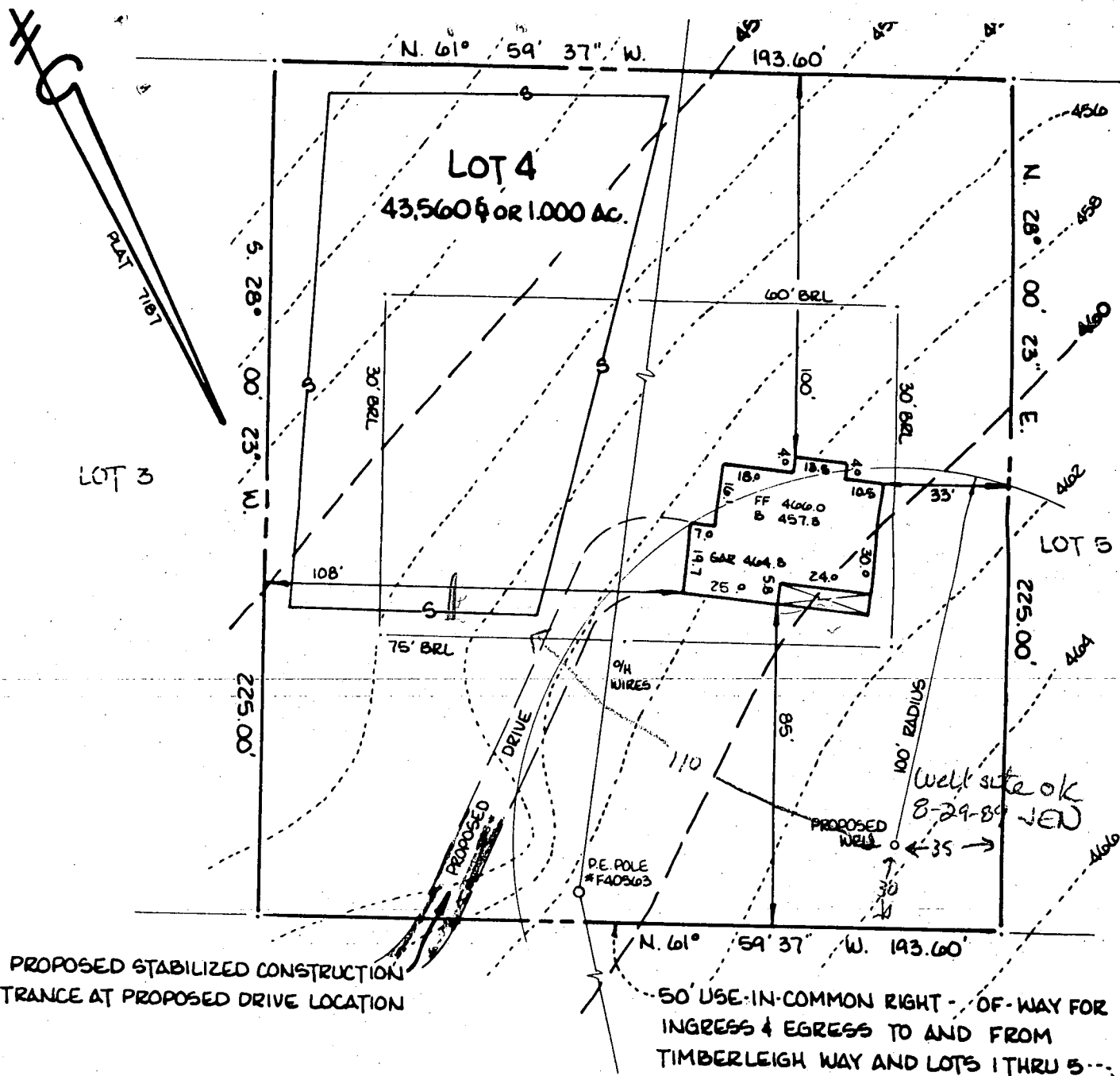
WELL LOG		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET	CHECK IF WATER BEARING
	FROM TO	
<u>TOP SOIL</u> 0 3 <u>SHALE</u> 3 10 <u>BROWN SLT</u> 10 65 <u>Blue SLT</u> 65 145		

GROUTING RECORD		
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) ☒ Y ☐ N		
TYPE OF GROUTING MATERIAL (CIRCLE BOX)		
CEMENT ☒ C ☐ M	BENTONITE CLAY ☐ B ☐ C	
NO. OF BAGS <u>5</u>	NO. OF POUNDS <u>500</u>	
GALLONS OF WATER <u>25</u>		
DEPTH OF GROUT SEAL (TO NEAREST FOOT)		
FROM <u>0</u> FT.	TO <u>19</u> FT.	
(ENTER 0 IF FROM SURFACE)		
CASING RECORD		
CASING TYPES		
INSERT APPROPRIATE CODE BELOW	☒ S ☐ T STEEL	☐ C ☐ O CONCRETE
	☐ P ☐ L PLASTIC	☐ O ☐ T OTHER
MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
☒ 5 ☐ 7	<u>6</u>	<u>21</u>
60 61 63 64 66 70		
OTHER CASING (IF USED)		
EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM TO
☐		
☐		
SCREEN RECORD		
SCREEN TYPE OR OPEN HOLE		
INSERT APPROPRIATE CODE BELOW	☐ S ☐ T STEEL	☐ B ☐ R BRASS OR BRONZE
	☐ P ☐ L PLASTIC	☐ O ☐ T OTHER
C 2	(SEQ. NO.) 6	
1 2 3	DEPTH (NEAREST WHOLE FOOT)	
1 <u>40</u>	FROM <u>19</u>	TO <u>145</u>
2		
3		
23 24 26 30 32 36		
38 39 41 45 47 51		
SLOT SIZE 1. <u> </u> 2. <u> </u> 3. <u> </u>		
DIAMETER OF SCREEN <u>56</u> (NEAREST INCH)		
FROM <u> </u> TO <u> </u>		
GRAVEL PACK <u> </u>		
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX ☐ F ☐ F		

PUMPING TEST		
HOURS PUMPED (TO NEAREST HOUR) <u>2</u>		
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>6</u>		
METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>		
WATER LEVEL: (DISTANCE FROM LAND SURFACE)		
BEFORE PUMPING <u>17</u>	<u>30</u>	(NEAREST FOOT) <u>20</u>
WHEN PUMPING <u>22</u>	<u>145</u>	(NEAREST FOOT) <u>25</u>
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)		
☒ 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)		
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) ☐ Y ☐ N		
CAPACITY:		
GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u>		
PUMP HORSE POWER <u>37</u> <u>41</u>		
PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>		
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)		
☒ ABOVE	LAND SURFACE (NEAREST FOOT) <u>50</u> <u>51</u>	
☐ BELOW		
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).		

CIRCLE APPROPRIATE BOXES	
☐ 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 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>L F EASTERDAY</u>	
SIGNATURE <u>L F Easterday</u>	

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



SITE, GRADING & SEDIMENT CONTROL PLAN

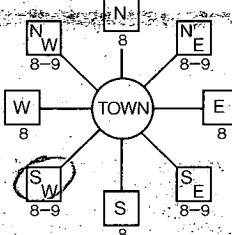
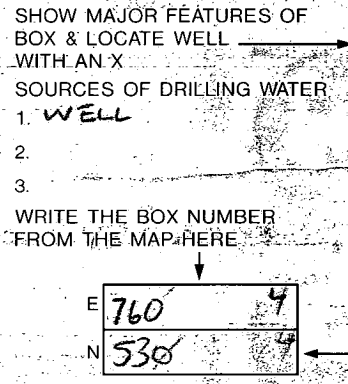
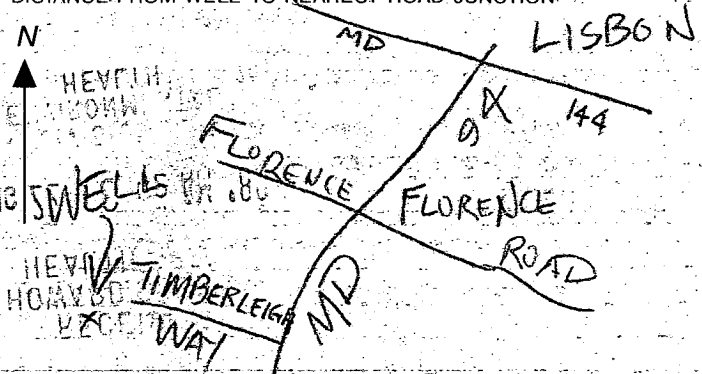
LOT 4

KENNEY SUBDIVISION

SITUATED OFF TIMBERLEIGH WAY
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SEPTIC INFORMATION

INV. OUT FROM HOUSE :
 _____ L.F. TO SEPTIC TANK
 INV. IN - SEPTIC TANK :
 INV. OUT - SEPTIC TANK :
 EX. GROUND AT SEPTIC TANK :
 SEPTIC TANK TO DISTRIBUTION BOX _____ L.F. ±
 INV. IN - DISTRIBUTION BOX :
 INV. OUT - DISTRIBUTION BOX : AND INTO
 TRENCH :
 EX. GROUND AT DISTRIBUTION BOX :
 EX. GROUND AT BEG. OF TRENCH :
 INV. EL AT END OF INITIAL TRENCH :
 EX. GROUND AT END OF INITIAL TRENCH :
 EX. GROUND ELEVATION AT WELL :

B 1 5178 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 10-88-1030 fill in this form completely
Date Received (APA) 082489 OWNER INFORMATION HUNT CLYDE 15 Last Name 13 Owner First Name 34 17601 TIMBERLEIGH WAY 36 Street or RFD 55 WOODBINE MD 21797 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL HOWARD 8 COUNTY 21 KENNEY SUB 23 SUBDIVISION 42 SECTION 44 46 LOT 4 48 50 FLORENCE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78
DRILLER INFORMATION William B. Quynn Driller's Name 77 License No. 80 303 Quynn-Cromwell Well Drilling Firm Name 6030 Keyser Ln., Frederick, MD Address Signature <i>W.B. Quynn</i> Date 8/18/89		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☐ WEST ☒ EAST ☐ SOUTH ☐ 11 TIMBERLEIGH WAY 30 34 50 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 083189 43 48 CO SIGNATURE EXP. DATE NORTH GRID 534000 50 55 EAST GRID 0764000 57 63
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY 37 AIR-PERCUSSION ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. 
REPLACEMENT OR DEEPEMED 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 ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 63 FORCE HD WRITE INITIALS IN BOX PERMIT No. 10-88-1030 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

C1 1144 SEQUENCE NO. (DENY USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED 091489
8 13 15 20

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A 36211
PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-88-1030
28 29 30 31 32 33 34 35 36 37

OWNER Hunt last name first name
STREET OR RFD. Timberleigh Way TOWN FLEXNER
SUBDIVISION KENNY SECTION LOT 41

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	
Brown shale	0	35	
Green slate	35	40	
Brown shale	40	45	
Green slate	45	60	
Brown shale	60	65	
Green slate	65	93	
Brown shale	93	96	X
Green slate	96	104	
Brown shale	104	107	X
Green slate	107	260	X

WATER @ 95-105-250

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 11 NO. OF POUNDS 1034
GALLONS OF WATER 166
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 11 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) 16
Total depth of main casing (nearest foot) 50
60 61 63 64 66 70

OTHER CASING (if used)
diameter inch depth (feet) from to
EACH CASING

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

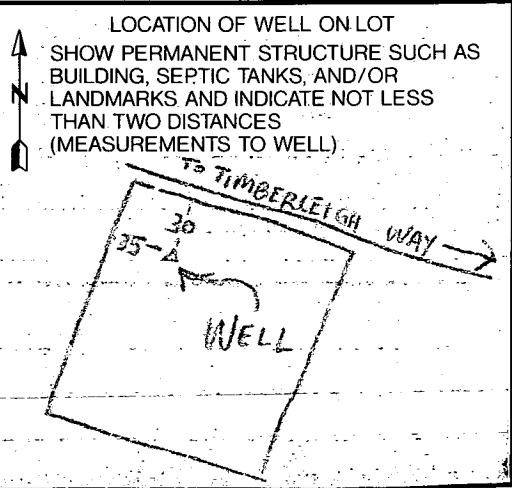
C2
DEPTH (nearest ft.)
1 HO 48 2160
2
3
EACH SCREEN
SLOT SIZE 1 2 3
DIAMETER OF SCREEN 16 (NEAREST INCH)
56 60
from to

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

OEP 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

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50
WHEN PUMPING 113
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 WILL INSTALL PUMP YES NO
(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
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 (nearest foot) 2



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 IDENT. NO. 3013
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)