

05-383463

Approved 11/13/84 S. Abel
C. Williams

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 33317
A 24060

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th
DATE 11/21/83

INDEXED

Oskar Schulz, Inc. IS PERMITTED TO INSTALL X ALTER _____
ADDRESS 6610 Blackwatch Lane, Highland, Md. 20777 PHONE 531-2000
SUBDIVISION Highland Lake ROAD 13135 Isle of Mann Way LOT 63, Sec. 2
PROPERTY OWNER Oskar Schulz, Inc.
ADDRESS same as above

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 4 ft. below original grade. Bottom maximum depth 9 ft. below original grade. Effective depth begins at 4 ft. below original grade. 5 feet of stone below distribution pipe. Start the first trench 120 ft. from the rear lot line and 60 feet from the right side line as seen when facing the lot from Isle of Mann Way. Continue to dig the trench on level ground running towards the rear of the lot. Place the second trench parallel to and down slope of the first trench.

PLANS APPROVED BY Frank A. Skinner DATE 11/29/83

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

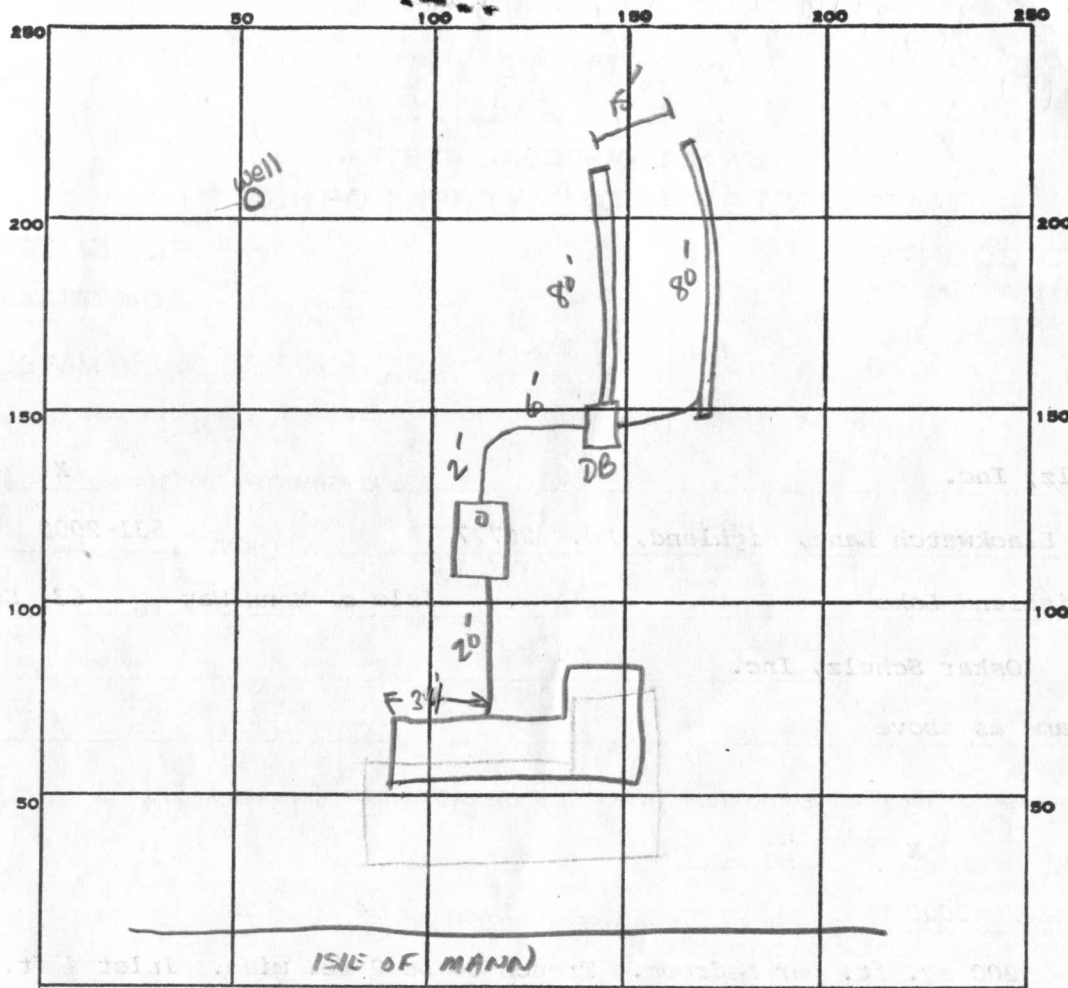
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

AD 241110



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒ ST

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 ft IN. TOTAL LENGTH 160 FT.

NUMBER OF TRENCHES 2 (80' + 80') one side wall TOTAL BOTTOM AREA 800

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 800 SQ. FT.

REMARKS 11/13/84 Trenches OK to ADD Gravel SA/CW

11/13/84 Approved SA/CW

DATE SYSTEM APPROVED 11/13/84 INSPECTOR Sid Abel / C. Williams

4-13' holes
on 10,000 ft.

Preliminary

APPLICATION

Final
#63

A 24060

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

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

DATE 9/15/76

66

use this

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 Mr. Walter Bucher
Highland Partnership
ADDRESS 8777 First Avenue PHONE (8)-588-3100
Silver Spring, MD 20901

PROPERTY LOCATION:

SUBDIVISION Highland Lake LOT NO. 118

ROAD AND DESCRIPTION Isle of man Way

SIZE OF LOT one acre m/1 TYPE BLDG. 3 or 4 bedroom
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/ Mr. Walter Bucher

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 3/2/84
Serial # 57541

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A 24060

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fifth

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TELEPHONE: 465-5000, EXT. 356

DATE 9/15/76

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

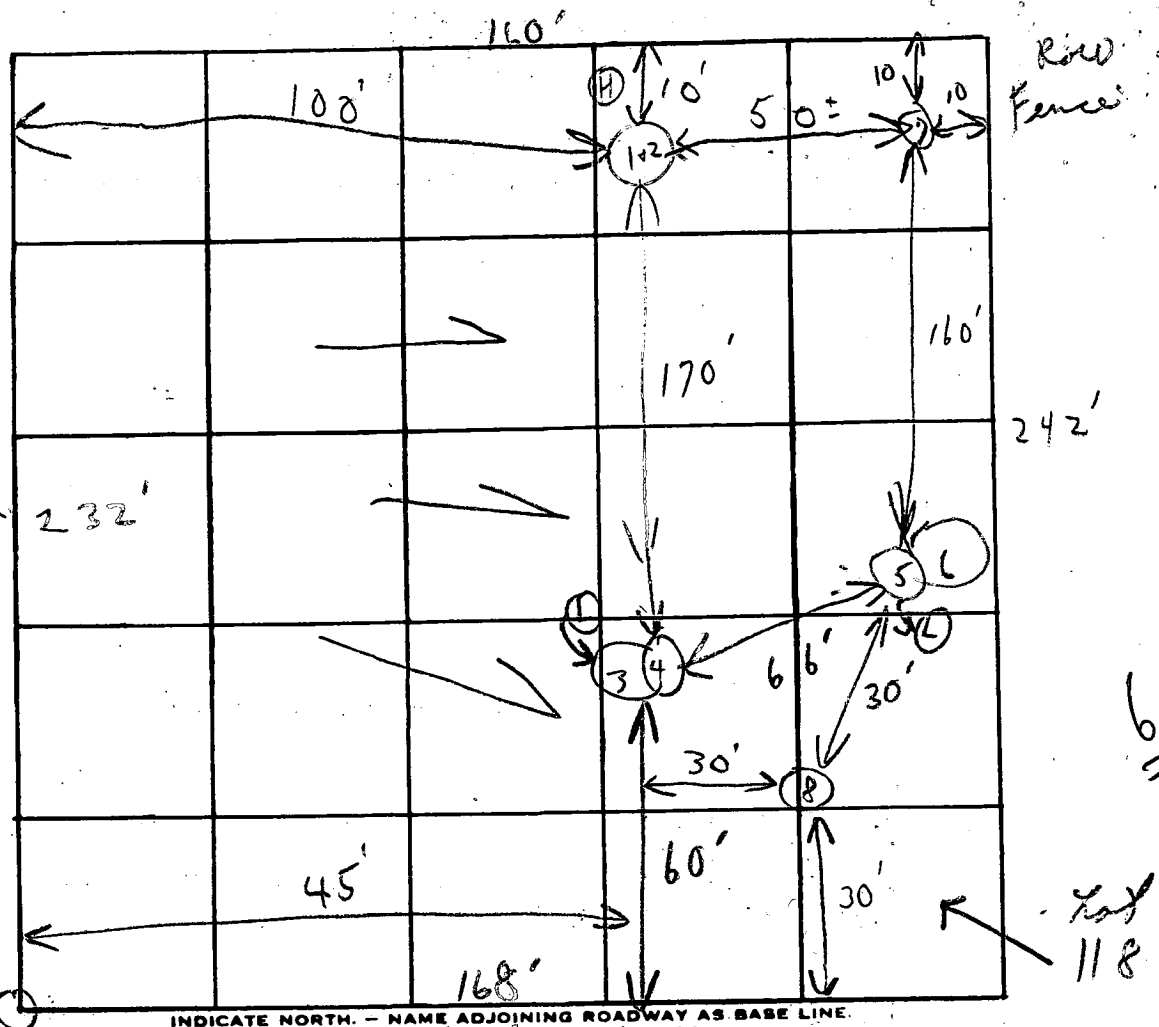
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

1-5' Clay pit
12 1/2' hoam
7 1/2'
50' previous in
H AM
119



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Soil Profile

Gate of Man

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/15/76	1	5' s	1:25	1:27	1:27	1:30	3m
	2	13' d	1:25	1:28	1:28	1:34	6m
	3	4' s	12:44	12:47	12:49	12:59	10m
	4	13' d	12:44	12:45	12:45	12:48	3m
	5	4 1/2' s	1:05	1:06	1:06	1:12	6m
	6	13' d	1:05	1:07	1:07	1:12	5m
	7	12 1/2'	Visual		1-5 Clay pit 5-12 1/2' hoam		
	8	12 1/2'	Visual		1-5 Clay pit 5-12 1/2' hoam		
							6 33

unleth
good
ground
5'

6m

REMARKS

Open field

TYPE OF SOIL

Sandy loam below clay

TESTED BY

C.B.D.

ALSO PRESENT:

Olson
Ketterman
Hedon

Preliminary

APPLICATION

A 20264

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE 6/27/74

System first

66

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 J. T. Barnes of Washington, D.C. Inc., & D. Gunberg

ADDRESS 152 New Mark Esplanade, Takville Md. PHONE 340-8979

PROPERTY LOCATION:

SUBDIVISION Highland Lake LOT NO. 170-Phase 7

ROAD AND DESCRIPTION Isle of Man Way

SIZE OF LOT 40000 +/- TYPE BLDG. 34

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 *[Signature]*

APPROVED BY _____ FOR _____ (KIND _____)

REJECTED BY _____ FOR _____ (KIND _____)

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

Copy both sides just in case
(KN)

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

170

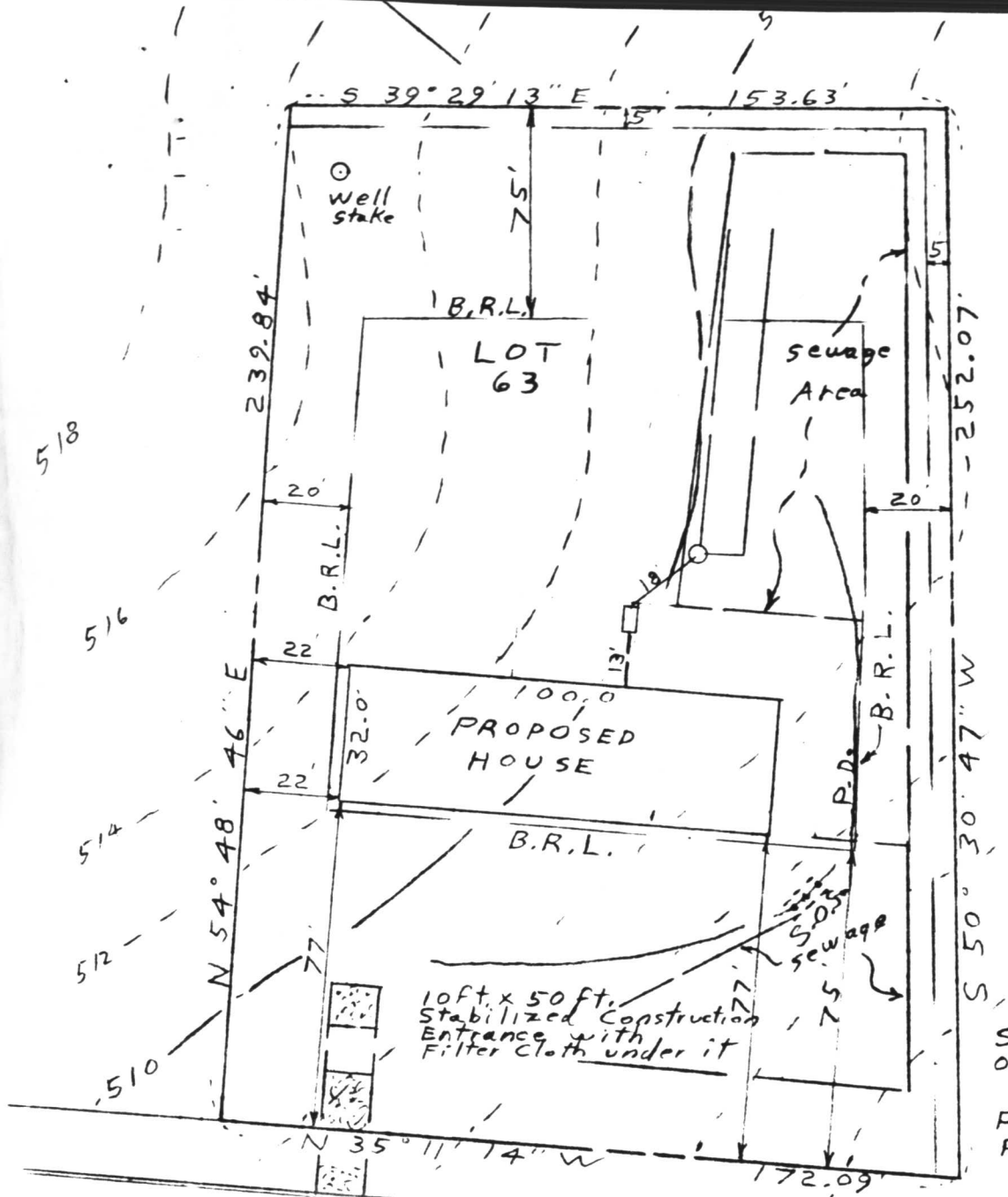
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/2/74	1	13 ft	1 55	—	—	1 59	4 min
	1A	4 1/2 ft	2 08	2 16	2 16	2 33	17 min
	2	11 1/2 ft	Good Soil				
	3	11 ft	Same Soil				
	4	4 ft	2 33	—	—	2 35	2 min
	5	11 1/2 ft	2 37	2 40	2 40	2 44	4 min
						4 27	7 min

Outlet 4'

REMARKS _____

TYPE OF SOIL _____

TESTED BY R.T. ALSO PRESENT: _____



3/2/84
Sketch for
P.D.

S.O.S. Denotes Stone
outlet structure

P.D. Denotes Earthen
Perimeter Dike

EXIST. GRN. AT DISTR. BOX	509.80
INV. IN DISTR. BOX	506.30
INV. OUT OF SEPTIC TANK	506.66
INV. IN SEPTIC TANK	507.06
INV. OUT OF DWELLING	507.32
FIRST FLOOR FLY	516.00
SECOND FLOOR FLY	507.00
THIRD FLOOR FLY	515.20
NO. 6	
	33 ACRES

PLOT PLAN
LOT 63 ISLE OF MANN
SHEET 1 OF 3, SECTION 2
PLAT 3875, HIGHLAND LAKE
ELECTION DISTRICT 5
HOWARD COUNTY MD.



SCALE: 1" = 40'
DRAWN: NOV. 19, 1983

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

FEB 16 9 31 AM '80

DIVISION OF
ENVIRONMENTAL
HEALTH



B 1 2445 SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

H0-81-0343

please print or type

fill in this form completely

Date Received

11/21/83

12/9/83 3:10 P.M.
OWNER INFORMATION

Oskar Schulz Inc

6610 Blackwatch Lane

Highland MD 20777

DRILLER INFORMATION

Wm. W. Reichart 064

Wm. W. Reichart, Inc 77 License No. 80

RD #2 Box 54 Hanover PA 17331

Wm W Reichart 11/14/83

Signature Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 500

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)

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

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 DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX PERMIT NO. H0-81-0343

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

Howard

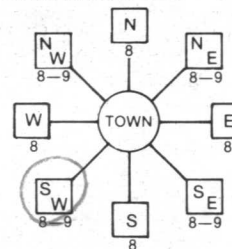
Highland Lake

SECTION 2 LOT 63

Clarksville

MILES FROM TOWN (enter 0 if in town) 1.25 MI

B 4

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

Isle of Mann

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)225
225
DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

A24060

COUNTY NO.

OEP

STATE HEALTH

SIGNATURE

INSERT S

DATE ISSUED

11/21/83

Frank Shinn 5/21/84

CO SIGNATURE

EXP. DATE

NORTH GRID 493 0 0 0

EAST GRID 081 1 0 0 0

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

SOURCES OF DRILLING WATER

1. Approved well
- 2.
- 3.

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 810 1

N 490 3

Location OK

40' - casing

35' - open

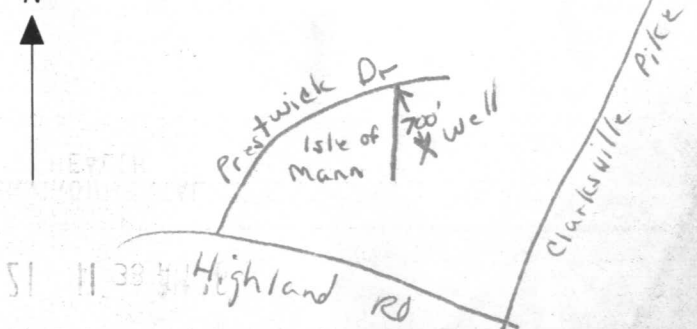
9' - bags cement

X

12/9/83

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

N



RECEIVED
HOWARD COUNTY
HEALTH DEPT.

Nov 21 11 38 AM '83

DIVISION OF
ENVIRONMENTAL
HEALTH

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THIS IS A COPY OF THE RECORDS OF THE
DIVISION OF ENVIRONMENTAL HEALTH
FOR THE YEAR 1983.

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C1 0866	SEQUENCE NO. (OEP USE ONLY)	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A 24060	

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 . . . 13	15 120983 20	22 375 26 (TO NEAREST FOOT)	40-81-0343 28 29 30 31 32 33 34 35 36 37

OWNER Oskar Schulz Inc.	last name Isle of Mann	first name	TOWN Clarksville
STREET OR RFD	SUBDIVISION Highland Lake	SECTION 2	LOT 63

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 TO	Check if water bearing
rolling ground + gravel	0 34'	
schist	34' 95'	
water		✓
schist	95' 345'	
water		✓
schist	345' 375'	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 9	NO. OF POUNDS 864
GALLONS OF WATER 63	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 35 ft.	
(enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
ST CO STEEL CONCRETE	
PL OT PLASTIC OTHER	
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
ST 6 38	
OTHER CASING (if used)	
diameter inch	
depth (feet) from to	
screen type or open hole	
insert appropriate code below	
ST BR HO STEEL BRASS OPEN HOLE	
PL OT PLASTIC OTHER	

C 3	PUMPING TEST	
1 2	HOURS PUMPED (nearest hour) 6	
	PUMPING RATE (gal. per min. to nearest gal.) 1.5	
	METHOD USED TO MEASURE PUMPING RATE watch bucket	
	WATER LEVEL (distance from land surface)	
	BEFORE PUMPING 35	
	WHEN PUMPING 350	
	TYPE OF PUMP USED (for test)	
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

C 2	SCREEN RECORD	
1 2	DEPTH (nearest ft.)	
1 40	38	375
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SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
from to		

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES 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)	
LAND SURFACE (nearest foot)	

CIRCLE APPROPRIATE LETTER	
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 10.17.13 "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. 064	
DRILLERS SIGNATURE Wm W. Reichart	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

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.)	
WQ	
TELESCOPE CASING	
LOG INDICATOR	
OTHER DATA	

LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
Isle of Mann	
8' 100'	
well	

1. NAME OF PERSON
2. ADDRESS
3. CITY
4. STATE
5. ZIP

DATE OF BIRTH
SEX
RACE
RELIGION
EDUCATION
OCCUPATION

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
DEC 14 2 00 PM '83

6. OCCUPATION
7. PRESENT ADDRESS
8. PRESENT PHONE
9. PRESENT MAILING ADDRESS
10. PRESENT MAILING PHONE

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DIVISION OF
ENVIRONMENTAL
HEALTH

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99. PRESENT MAILING ADDRESS
100. PRESENT MAILING PHONE

Page 1 of 1
Date 12/19/83

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Review 12/16/83 dr. F.S.

Checked
in field
yield;
AS stated

Well Permit No. HO - 81-0343
Location of property (road) Isle of Mann
Subdivision Highland Lake Lot 63 Block Plat Sec. 2
Well Driller William W. Reichart Owner Oskar Schulz Inc.

Depth of well 375'
Distance of measuring point (M.P.) above ground Surface
Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 AM Pumping rate 10 gpm
Total time 1 3/4 hrs. to reach pumping water level 250 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	35'	30 sec		10
9:15	80'	"		"
9:30	120'	"		"
9:45	175'	"		"
10:00	235'	"		"
10:15	275'	"		"
10:30	345'	"		"
10:45	350'	200 sec		1 1/2
11:00	"	"		"
11:15	"	"		"
11:30	"	"		"
11:45	"	"		"
12:00	"	"		"
12:15	"	"		"
12:30	"	"		"
12:45	"	"		"
1:00	"	"		"
1:15	"	"		"
1:30	"	"		"
1:45	"	"		"
2:00	"	"		"
2:15	"	"		"
2:30	"	"		"
2:45	"	"		"
3:00	350'	200 sec		1 1/2

Over

time	water level	time to fill 5 gal bucket	gpm
3:15	350'	200 sec	1 1/2
3:30	"	"	"
3:45	"	"	"
4:00	"	"	"
4:15	"	"	"
4:30	"	"	"
4:45	350'	200 sec	1 1/2

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 DEC 14 2 00 PM '83
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

~~10~~ XEROXED 7/18/85; ANALYST 8/9/85
 STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration

~~12~~
BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

Community Non-Community Private ☒
 Routine Check Sample Special
 Source GIBBONS, 13135 72ND ST. MAN
 Bottle No. RR 810 Time Collected 11:20
 Treated 5058 Raw
 Iced: Yes ☒ No ☐ Collector STAYER County HOWARD

13 County 1111 Plant No. 1111 Sampling Station

071584 Date Collected 11 Card No.

pH 7.0 Res. Cl: Free 0.0 Total 0.0

Laboratory Record

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE TEST*

ml. of Sample	10ml.
Gas, 24 hours	<u>1</u> <u>1</u> <u>1</u> <u>1</u>
Gas, 48 hours	<u>1</u> <u>1</u> <u>1</u> <u>1</u>

CONFIRMED TEST

ml. of Sample	10ml.	No. of Pos.
Coliforms †	<u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>0</u>
Fecal Coliforms ‡	<u>1</u> <u>1</u> <u>1</u> <u>1</u>	

Coliforms/100 ml. (Membrane Filter) = 1111

Dilution: 1- | Col. Counted:

Standard Plate Count #/ml. 1111

- ** using m Endo-Agar LES at 35°C. incubation
 * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
 † using Brilliant Green Lactose Bile Broth at 35°C. incubation
 ‡ using EC Broth at 44.5°C. incubation
 § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. JUL 15 1985 Exam JUL 15 1985
 Rept. JUL 17 1985 ³ _{45pm} Bacteriologist Rud

Remarks
 CENTRAL Laboratory Lab No. 119

RECEIVED
HOWARD COUNTY
HEALTH DEPT
ELICOTT CITY, MD.
AUG 13 4 17 PM '85

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community _____ Non-Community _____ Private ☒
 Routine _____ Check Sample _____ Special ☒
 Source SCHULTZ, 13135 TELL OF MAN
 Bottle No. PP511 Time Collected 11:00
 Treated _____ 5058 Raw ☒
 Iced: Yes ☒ No ☐ Collector STANLEY County HOWARD

13

County

000000

Plant No.

000000

Sampling
Station

081385

Date Collected

00

Card No.

pH

7.0

Res. Cl: Free

0.0

Total

0.0

Laboratory Record

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.
Gas, 24 hours	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>
Gas, 48 hours	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>

ml. of Sample	10ml.
Coliforms †	<u>+</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>
Fecal Coliforms ‡	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>

No. of Pos.
<u>0</u>

Coliforms/100 ml. (Membrane Filter) =

000

Dilution: 1-

Col. Counted:

Standard Plate Count §/ml.

00000

** using m Endo-Agar LES at 35°C. incubation

* using Lauryl Sulfate Trypticase Broth at 35°C. incubation.

† using Brilliant Green Lactose Bile Broth at 35°C. incubation

‡ using EC Broth at 44.5°C. incubation

§ using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. AUG 13 1985 2:10

Exam. AUG 13 1985

Rept. AUG 15 1985 2:15

Bacteriologist Comi

Remarks

CENTRAL

Laboratory

Lab No.

03863

AUG 20 4 05 PM '85

RECEIVED
HOWARD COUNTY
HEALTH DEPT
ELICOTT CITY, MD.

RECEIVED
HEALTH DEPT

AUG 21 9 15 AM '85

RECEIVED
HOWARD COUNTY
HEALTH DEPT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

Community _____ Non-Community _____ Private ☒
 Routine _____ Check Sample _____ Special ☒
 Source Schultz - 13135 Cole of Man
 Bottle No. 6077 VV951 Time Collected 1:20 p.m.
 Treated _____ Raw _____
 Iced: Yes ☒ No ☐ Collector Singer County Howard

13

County

11 07 89

Plant No.

11 07 89

Sampling
Station

11 07 89

Date Collected

11 07 89

Card No.

pH 7.5

Res. Cl: Free 0.0

Total 0.0

Laboratory Record

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.
Gas, 24 hours	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>
Gas, 48 hours	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>

ml. of Sample	10ml.
Coliforms †	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>
Fecal Coliforms ‡	<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>

No. of Pos.
<u>0</u>
<u> </u>

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count $\frac{\text{cfu}}{\text{ml}}$.

- ** using m Endo-Agar LES at 35°C. incubation
 * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
 † using Brilliant Green Lactose Bile Broth at 35°C. incubation
 ‡ using EC Broth at 44.5°C. incubation
 § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. NOV 7 1984

Exam. NOV 7 1984

Rept. 235

Bacteriologist Cani

Remarks _____

CENTRAL

Laboratory

Lab No. 10440

Nov 16 8 52 PM '94

ENVIRONMENTAL HEALTH

NOV 16 2 27 PM '94

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H842 Name: Schultz County: Howard

Source of Sample: 13133 Isle of MAN Collector: Singer
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

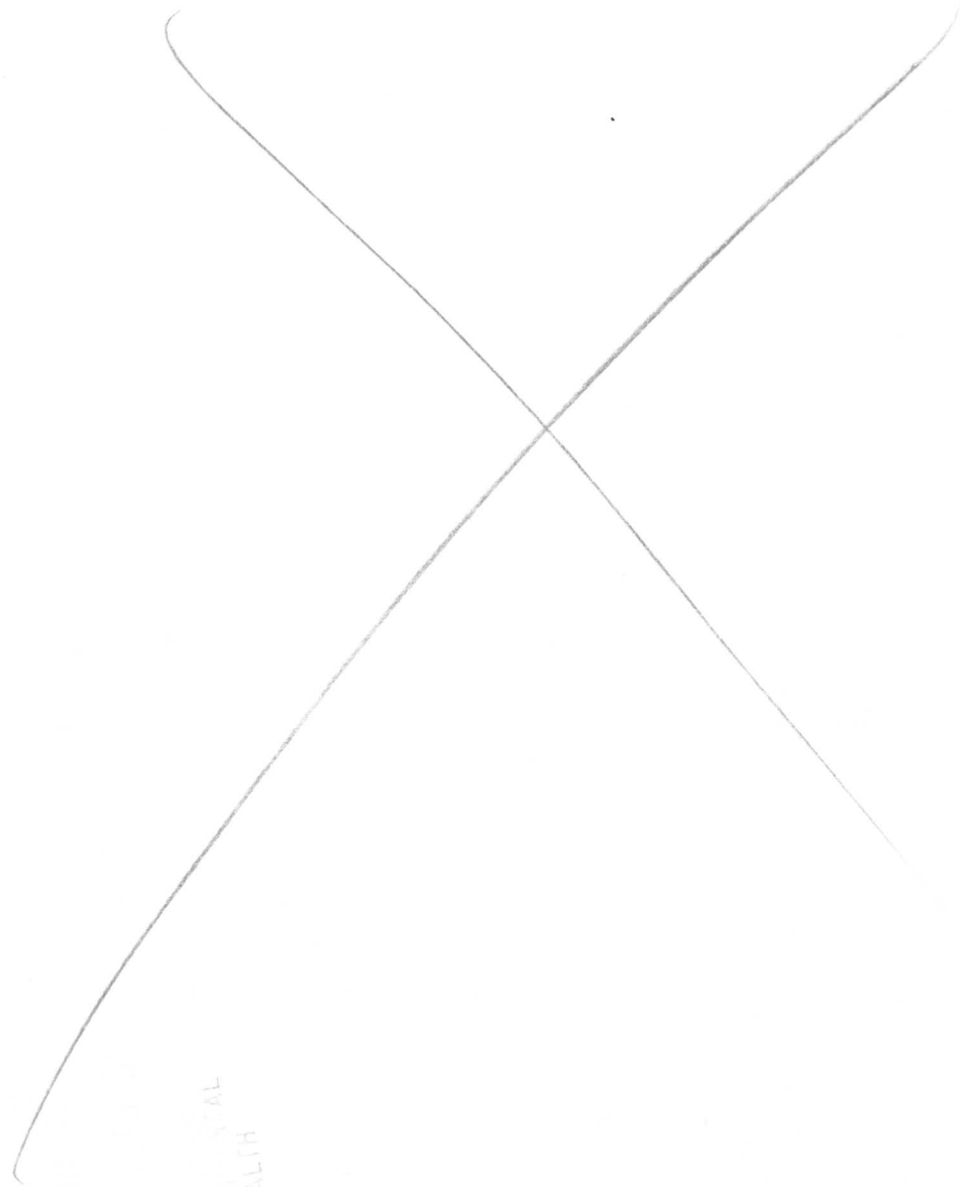
Remarks: _____

County: 13 Plant No.: + Sampling Station: + Date Collected: 11/07/84 Time: 12:00 PM Acid: ☐ Iced: ☒
Field Data: pH*: 6.5 Chlorine Residual: 0.0 Free: 0.0 Total: 0.0 Specific Conductance:

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
✓	pH*	011	<u>6.6</u>		Arsenic	253	<u> </u>
✓	Alkalinity (Total)	040	<u>31</u>		Barium	262	<u> </u>
	Alkalinity (HCO ₃)	050	<u> </u>		Cadmium	273	<u> </u>
	Alkalinity (CO ₃)	060	<u> </u>		Chromium	283	<u> </u>
	pH*, Ca CO ₃ SAT.	071	<u> </u>		Lead	302	<u> </u>
	Alkalinity, Ca CO ₃ SAT	080	<u> </u>		Mercury	314	<u> </u>
	Hardness	110	<u> </u>		Selenium	323	<u> </u>
	Ammonia-N	143	<u> </u>		Silver	333	<u> </u>
✓	Nitrate-Nitrite N	162	<u>0.2</u>		Aluminum	192	<u> </u>
	Nitrite N	173	<u> </u>		Calcium	231	<u> </u>
	MBAS	182	<u> </u>		Copper	241	<u> </u>
✓	Chloride	091	<u>17</u>	✓	Iron	122	<u>3.72</u>
	Fluoride	101	<u> </u>		Magnesium	241	<u> </u>
	Color*	020	<u> </u>		Manganese	133	<u> </u>
	Turbidity*	031	<u> </u>		Nickel	391	<u> </u>
	Conductance*, SPEC.	201	<u> </u>		Potassium	361	<u> </u>
	Silica	210	<u> </u>		Sodium	371	<u> </u>
	Sulfate	220	<u> </u>		Zinc	342	<u> </u>
	Total Residue	381	<u> </u>				<u> </u>
			<u> </u>				<u> </u>
			<u> </u>				<u> </u>
			<u> </u>				<u> </u>
			<u> </u>				<u> </u>

Nov 20 4 21 PM '84

RECEIVED
HOSPITAL
ENVIRONMENTAL
HEALTH



ENVIRONMENTAL
HEALTH

NOV 20 1984

PUB. SEWER STATUS VERIFIED BY _____

05-383443

ISSUE DATE: _____

PERMIT

P 33317

APPROVAL DATE: _____

A 24060

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Isle of Mann LOT NUMBER: 63

ADDRESS: 13135 Isle of Mann PROPERTY OWNER: Robert Cole

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**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**

424060

Click here for a plain text ADA compliant screen.



Maryland Department of Assessments and Taxation
HOWARD COUNTY
Real Property Data Search

Go Back
View Map
New Search

Account Identifier: District - 05 Account Number - 383463

Owner Information

Owner Name: COLE ROBERT LEWIS JR Use: RESIDENTIAL
Principal Residence: YES
Mailing Address: 13135 ISLE OF MANN Deed Reference: 1) / 3732/ 352
HIGHLAND MD 20777-9788 2)

Location & Structure Information

Premises Address 13135 ISLE OF MANN
HIGHLAND 20777
Zoning RRDEO
Legal Description LOT63 .918AR S 2
13135 ISLE OF MANN
HIGHLAND LAKE

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:
34	22	373					63	81	Plat Ref:
Special Tax Areas			Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX					
Primary Structure Built			Enclosed Area		Property Land Area		County Use		
1985			5,600 SF		39,988.00 SF				
Stories		Basement		Type				Exterior	
2		YES		STANDARD UNIT				BRICK	

Value Information

	Base Value	Value As Of	Phase-in Assessments	
		01/01/2002	As Of	As Of
			07/01/2002	07/01/2003
Land:	96,780	135,580		
Improvements:	370,550	442,010		
Total:	467,330	577,590	504,083	540,836
Preferential Land:	0	0	0	0

Transfer Information

Seller: GIBBONS MICHAEL C	Date: 05/21/1996	Price: \$538,000
Type: IMPROVED ARMS-LENGTH	Deed1: / 3732/ 352	Deed2:
Seller: SCHULZ OSKAR INC	Date: 02/15/1985	Price: \$237,446
Type: IMPROVED ARMS-LENGTH	Deed1: / 1326/ 563	Deed2:
Seller: YORKRIDGE SER CORP INC	Date: 05/31/1984	Price: \$36,000
Type: IMPROVED ARMS-LENGTH	Deed1: / 1254/ 206	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
Exempt Class:

Special Tax Recapture:

* NONE *

C 1 4149		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.			
1 2 3 6								COUNTY NUMBER 13 A 24060			
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 12 7 98		Depth of Well 22 460 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-1988 28 29 30 31 32 33 34 35 36 37			
OWNER COLE, ROBERT											
STREET OR RFD 13135 ISLE OF MANA										TOWN	
SUBDIVISION HIGHLAND LAKE										SECTION LOT 63	
WELL LOG Not required for driven wells				GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) [Y] [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft. (enter 0 if from surface)				C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 60 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 460 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 46 60 61 63 64 66 70 OTHER CASING (if used) EACH CASING diameter depth (feet) from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
DESCRIPTION (Use additional sheets if needed)				SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER DEPTH (nearest ft.) 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
NUMBER OF UNSUCCESSFUL WELLS: 0				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
WELL HYDROFRACTURED yes no [Y] [N]				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
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 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
DRILLERS LIC. NO. 1 M D 140 George F. Easterning DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 Jw D 038 Brenda Wanner				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			
TELESCOPE CASING LOG INDICATOR OTHER DATA				C 2 1 2 40 460 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [X] 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) 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above [X] LAND SURFACE (nearest foot) [-] below 50 51			

