

5/2/78
1:30 p.m.
5/4/78 am. please

05-359397

6/1/78
27974
A 27003

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 4/28/78

6/9/78 6:00 a.m. to 6/12/78 12:00 p.m. after 12:00 please

INDEXED

G.R. Smith

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE 703-538-4210

SUBDIVISION Aintree Estates ROAD 6288 Linky Thorn Lane LOT 4, Sec. 1

PROPERTY OWNER G. Richard Smith
4662 N. Dittmar Rd., Arlington, Va.

ADDRESS _____

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

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

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA = 150 SQ. FT. sidewall area per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 8-9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 145 edge of Linky Thorn Lane 75 left LOT LINE AS SEEN WHEN

FACING LOT FROM the road.

9

TRENCH - to be 40 ft. long, inlet to be 3 ft., and maximum depth 10 ft.
Start the trench after a 5 ft. earth buffer with the dry well. Come off left side of drywell and proceed to dig trench on level ground running towards the left front corner of lot. Keep trench on approxiamte 460 ft. contour as taken from approved site plan.

*Call office when dry well hole is started - maximum depth may be subject to change, depending on type, amount, and depth of rock encountered.

PLANS APPROVED BY Frank Skinner DATE 11/14/77

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.

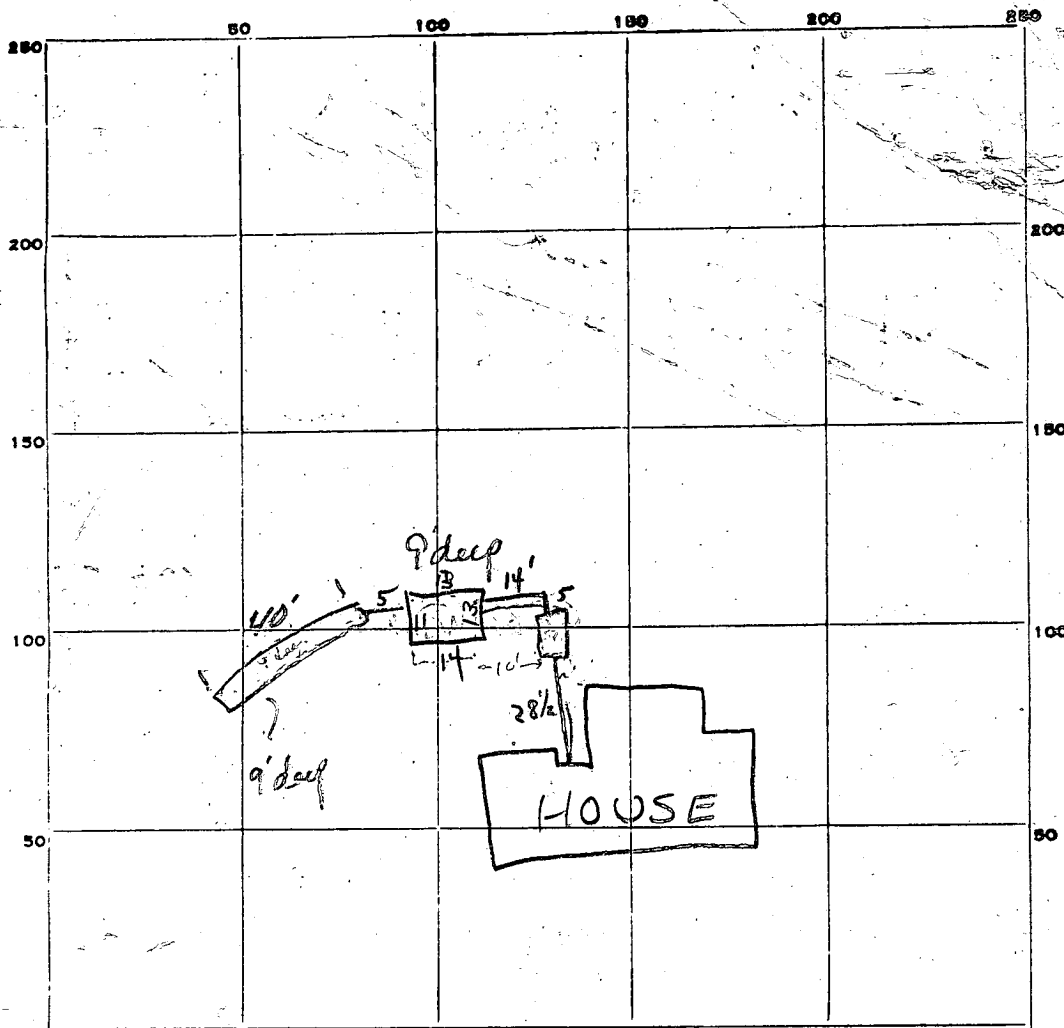
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

COTTA ACCEPTED:

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

HD - 23 NOTE: TRENCHES NOT TO BE CONNECTED IN SERIES. MUST USE DISTRIBUTION BOX OR T'S AND CONNECT TO END NEAREST SEPTIC TANK.

A 27003



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

450
 PERMIT CARD ☒ 06/4/78 Linky Thorn Lane
 SEPTIC TANK, LEVEL nk ingange window Pastoral C.B.S. S.T. D.W.
 CLEANOUTS 6/9/78 No 6/9/78
 DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 6+ IN. TOTAL LENGTH 40 FT. (1) 240'
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER 51 FT. DEPTH BELOW INLET 6' (2) 306'
 ABSORBENT AREA 546 SQ. FT.

REMARKS 5/2/78 Hole for S.T. dug, 8' deep, spoke to G.R. Smith, O.K'd a drywell & trench system as shown above. Drywell to be 9' deep 12' on each side, inlet at 3'; trench to be 30' long 9' deep & inlet at 3' F.S.

5/4/78 TSD: Ok to add stone to trench, 6/9/78 Need cleanout
at septic tank & dry well; pipe 4' needed & tree
from dry well towards septic tank. Partial
 DATE SYSTEM APPROVED 6/12/78 INSPECTOR P. Skinner C.B.S.

APPLICATION

A 27003

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 5thDATE 10/5/77PO BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.PROPERTY OWNER G. Richard SmithADDRESS 4662 N. Dittmar Road, Arlington, Virginia 22207 PHONE 703-538-4210

PROPERTY LOCATION:

SUBDIVISION Aintree Estates LOT NO. 4, Sec.1ROAD AND DESCRIPTION Linkythorn LaneBeghton DriveSIZE OF LOT 2 acres m/l TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

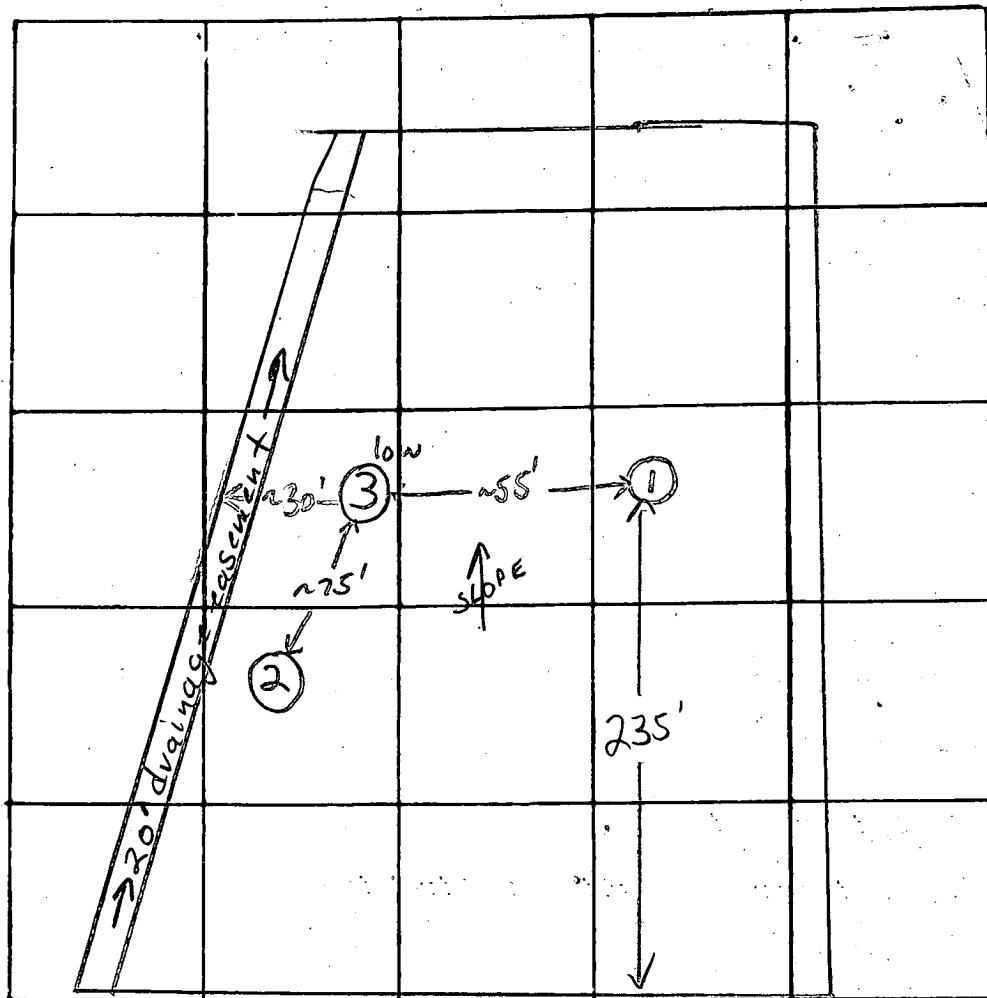
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.SIGNATURE OF APPLICANT /s/ G. Richard SmithBLDG. PERMIT SIGNED
AND RETURNED 11/29/77
Serial No. 33968APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Brighton Dam Rd,



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Linky Thorn Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/77	①	4'	2:50	@3:22 @4:00	~1/2" drop ~3/4" drop		FAILS
	1A	13'	Dry hole	Mica schist & mica loam below 6'			
	2	4'	3:36	4:01	4:01	4:45	44 min
	③	12 1/2'	4:06	pulled peg 4:33 ~3/4" drop			FAILS
	2A	11 1/2'	Dry hole	Mica schist & mica loam below 5'			

REMARKS holes were left open previous 1-2 weeks

TYPE OF SOIL clayey to 5-6'; mica schist loam below

TESTED BY F.S. ALSO PRESENT: G.R. Smith

Retest.
4/18/77 p.m.
2:00

APPLICATION

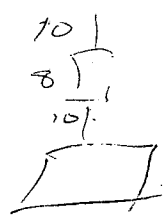
A 25645
P _____

SEWAGE DISPOSAL TESTING

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 5th
DATE 4/18/77



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 Aintree Estates, Inc.

ADDRESS 301 Cedar St., N.W., Washington, D.C. PHONE 465-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates LOT NO. 4, Sec. 1

ROAD AND DESCRIPTION Linkythorn Lane

SIZE OF LOT 2 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/ Lois Hammer L. B. Scott Silver Spring

APPROVED BY hal benson FOR DW + Shallow Trenches DATE Ap 19 1977
(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

Hole 1

Soil

5 1/2

12

Sandy Soil

4 Lot Line

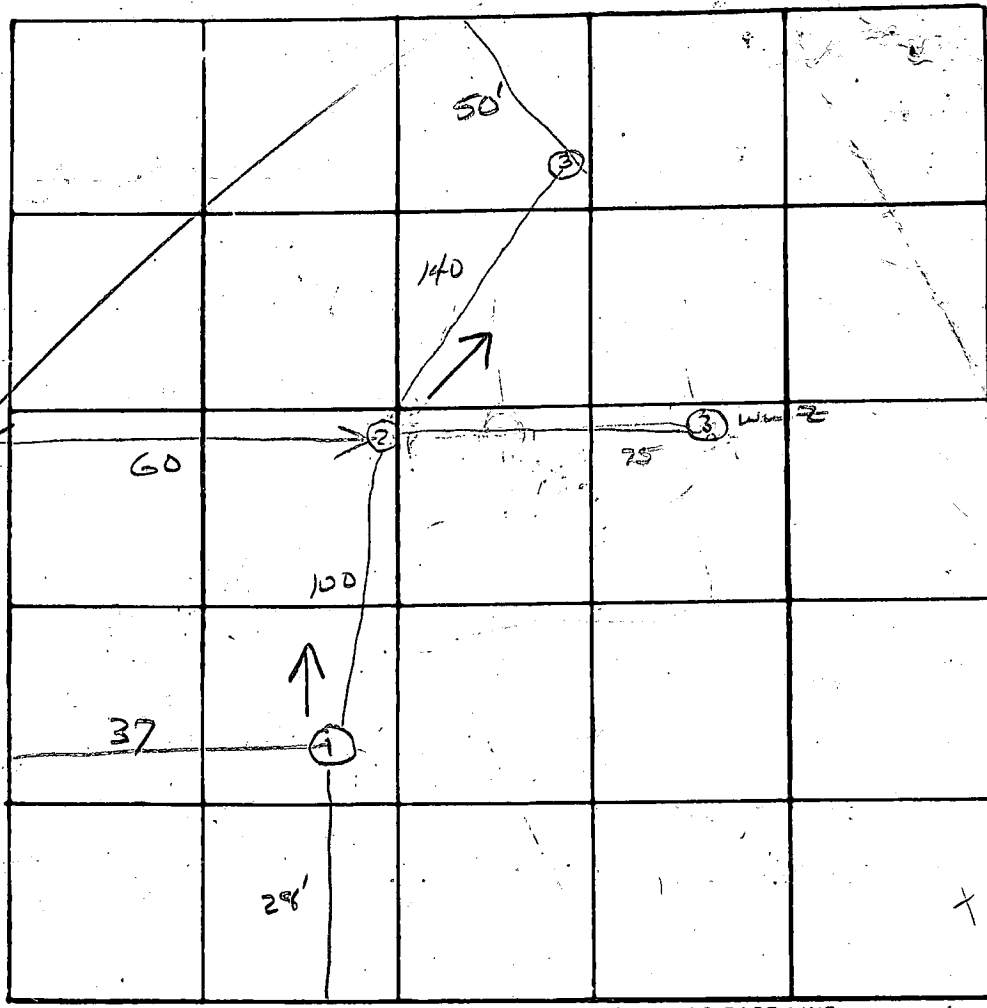
Hole 2

Soil

4

Sandy Soil

1 1/4



2 182

3

5 46

3 60

1 86 35

6 186

Hole 3

Clay

7 1/2

12

14

Water

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/18/77	1 s Hgh	6'	2:07	2:20	2:20	2:52	32
	1 ol	12'	2:07	2:10	2:10	2:20	10
	2 s	5 1/2	2:50	2:55	2:55	3:00	5
	2 ol	14'	2:50	2:55	2:55	3:20	20
Low	3	water at 12 Feet - clay to					7

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

Visual Hole
3/23/77
1:30 a.m.

APPLICATION

A 11651

P _____

SEWAGE DISPOSAL TESTING

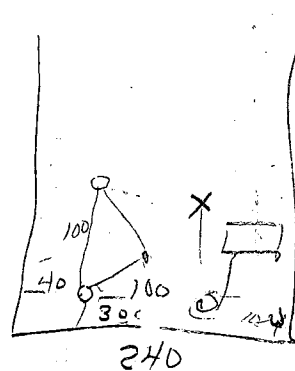
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 3/30/66



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 Aintree Estates, Inc.

ADDRESS 301 Cedar St., N.W. - Wash., D.C. PHONE 465-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 4, Sec. 1

ROAD AND DESCRIPTION Road "A"

SIZE OF LOT _____ 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 William H. Gapp FOR DW & trenches DATE 3/24/77
(KIND OF SYSTEM)

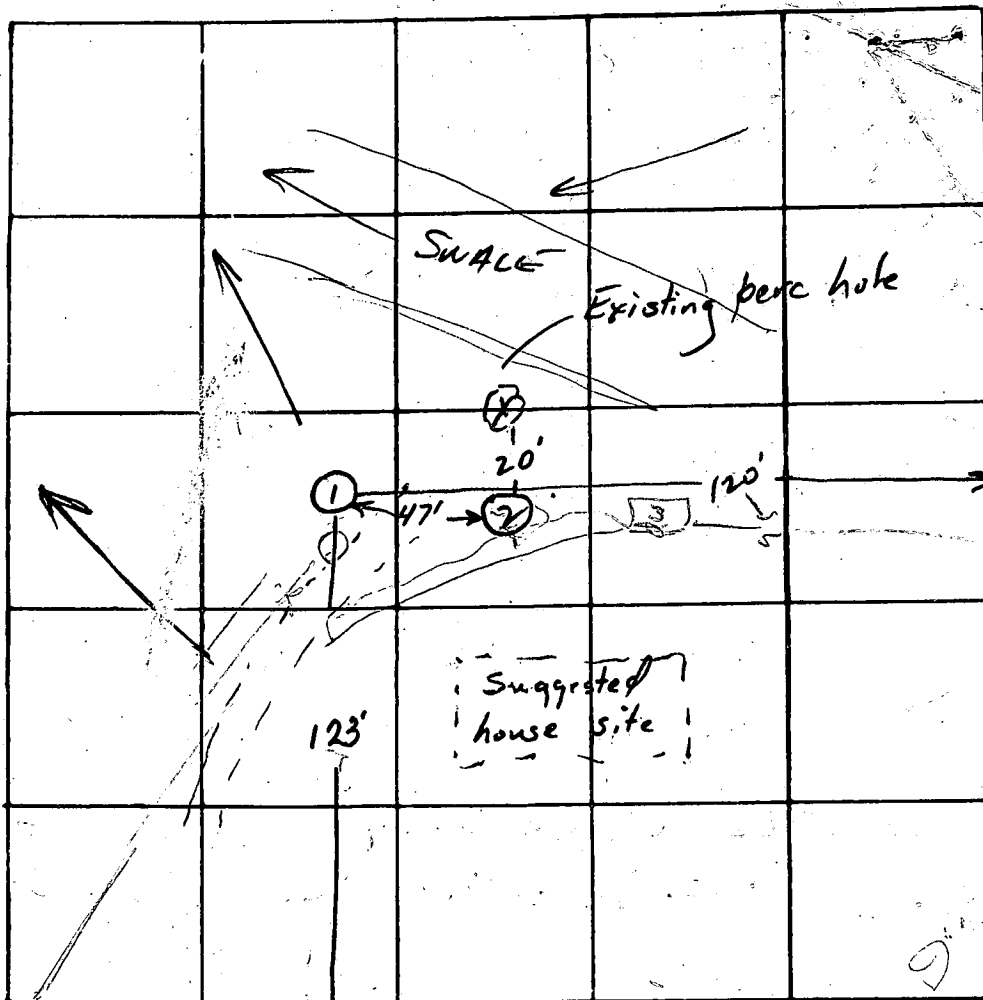
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/23/77 Disc w FF, DWM — OK to

approve for shallow DW & trenches. wwb.

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/23/77	1	7 1/2	Solid rock (sandstone type); soil fr ~ 3'					
	2	9'	Solid sandstone; good fr ~					

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

Rock @ 7, 9'

WZ

W. Hopkins

13~~th~~ visual hole
or system in first.

APPLICATION

A 11651

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/30/66

3 bedrooms - 1000 gal. septic Tank.

Drain well 12 ft. in dia. by 10 ft. deep below the inlet located 12 ft. from the front property line and 12 ft. from the right side property line as seen when facing the lot from road A. Locate inlet pipe 3 ft. below original grade.

4 bedrooms - 1400 gal. septic Tank.

Drain well 14 ft. in dia. by 12 ft. deep below the inlet with location and other specifications the same as for 3 bedrooms.

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 Aintree Estates, Inc.

ADDRESS 301 Cedar St., N. W.-Washington, D. C. PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 4, Sec. 1

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.0 acres + TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mr. Brincefield per Mr. Sutherland

APPROVED BY J. Hennigan FOR Drain well (KIND OF SYSTEM)

DATE 4-29-66

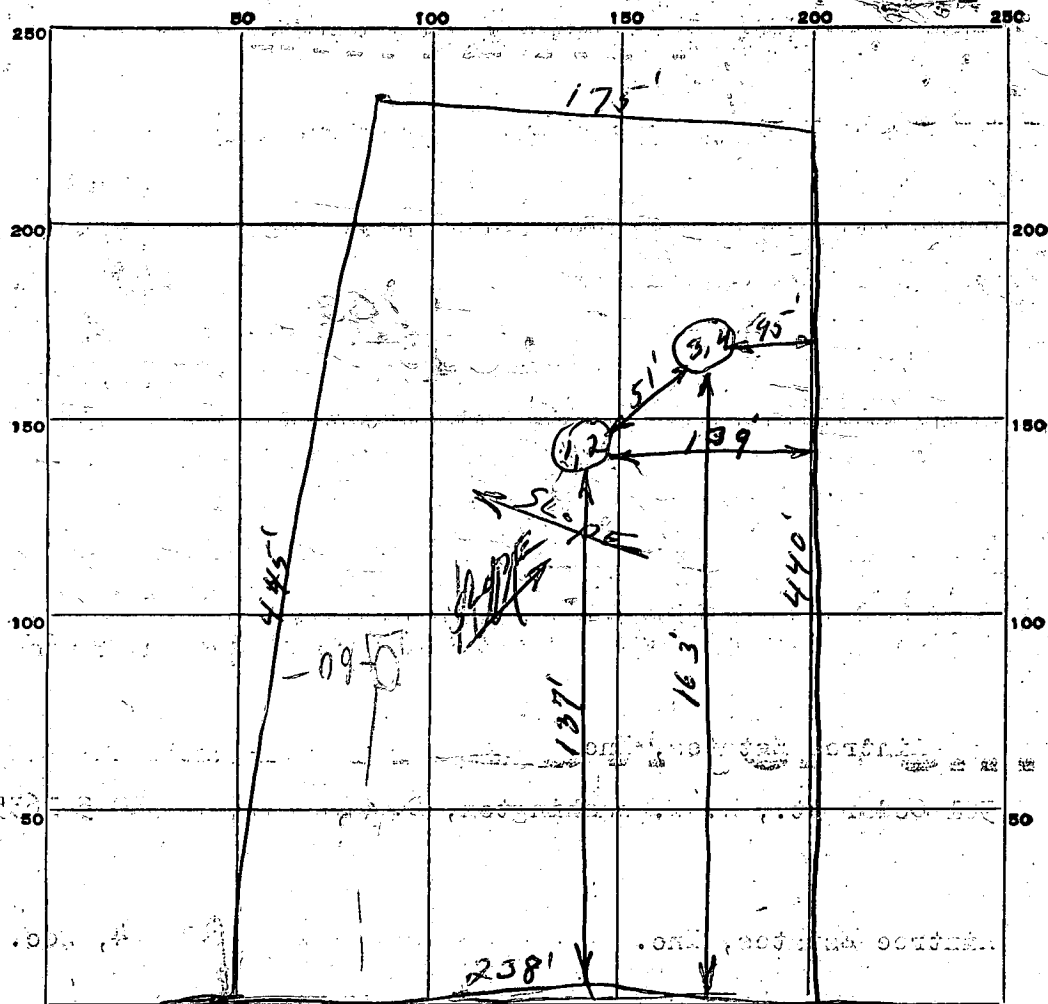
REJECTED BY _____ FOR _____ (KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



ROAD A

[illegible]

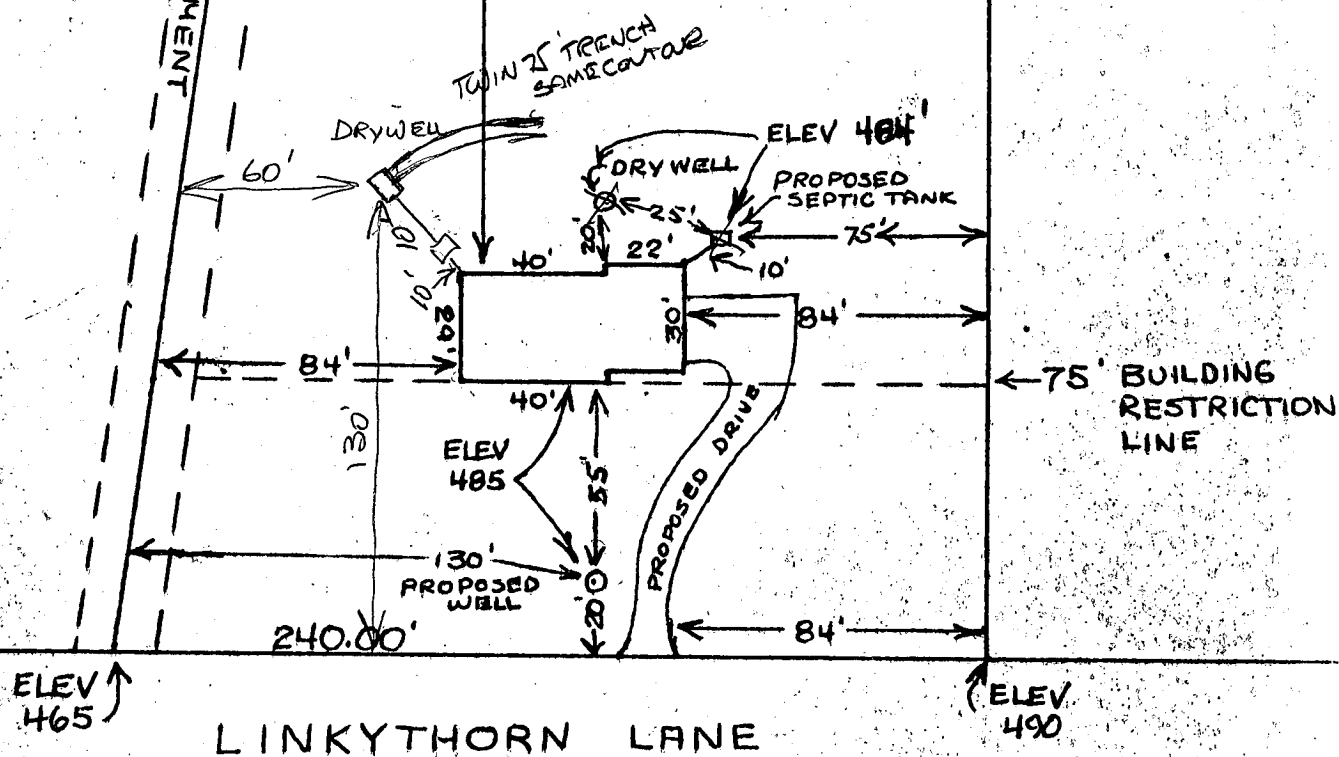
SOIL AUGER FINDING.

TESTED BY

REMARKS

ELEV 420
 175.00'
 ELEV 440
 25' UTILITIES EASEMENT
 LOT 4
 SECTION 1
 AINTREE ESTATES
 91.300 #
 2.097 AC±
 HOWARD COUNTY

LOT 5



11/29/77-9:30 a.m.
1st

FILE Well Shout DATE REPORTED 11/28/77

PROPERTY OWNER Richard Smith

P.O. ADDRESS Aintree Estates TELEPHONE _____

DIRECTIONS TO PROPERTY Lat 4, Sec. 1 - Linkythorn Lane

INFORMANT Well 71 Casing

69 Open

13 Bags

RAB 29-NOV-77

CONDITION FOUND _____

ACTION TAKEN _____

FINAL DISPOSITION _____

B 1 0404 1 2 3 (SEQ. NO.) 6 (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 HO-73-2406 FILL IN THIS FORM COMPLETELY
--	--------------------------------	--	---

DATE RECEIVED (WRA USE ONLY) 11/23/77 1:30 PM	OWNER <u>Smith, Richard</u> COL 15 LAST NAME STREET OR RFD <u>4622 W. Edmonson Rd.</u> COL 36 POST OFFICE <u>Arlington Va 22207</u> COL 57
--	---

B 1 CONTINUED 1 2 3 (SEQ. NO.) 6	DRILLER INFORMATION DATE <u>11/23/77</u> LICENSE NUMBER <u>42</u> COL 77 COL 80 FIRST NAME <u>Richard</u> DRILLER LAST NAME <u>Smith</u> SIGNATURE <u>Richard Smith</u>
-------------------------------------	--

B 2 1 2 3 (SEQ. NO.) 6	WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>3</u> COL 8 COL 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>6000</u> COL 14 COL 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 MUST HAVE STATE HEALTH DEPT. APPROVAL
---------------------------	--

APPROXIMATE DEPTH OF WELL	<u>150</u> FEET COL 24 COL 28
---------------------------	----------------------------------

APPROXIMATE DIAMETER OF WELL	<u>6"</u> (NEAREST INCH) COL 29 COL 33
------------------------------	---

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)	(Circled: AIR-ROTARY, CABLE)
--	------------------------------

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)	(Circled: THIS WELL WILL NOT REPLACE AN EXISTING WELL)
--	--

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>65</u> COL 54 COL 65 FORCE <u>1</u> WRITE INITIALS IN BOX <u>1</u> CONDITIONS <u>1</u> COL 57 COL 68 COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79	(Circled: 1, 1, 1)
--	--------------------

B 4 CONTINUED 1 2 3 (SEQ. NO.) 6	HEALTH DEPARTMENT APPROVAL DATE <u>10/26/77</u> COUNTY NAME <u>Howard</u> COUNTY NO. <u>W27110</u> COL 43 COL 48 COL 53 APPROVED BY <u>Fred Frommelt, Sanitarian</u>
-------------------------------------	--

B 5 1 2 3 (SEQ. NO.) 6	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
---------------------------	--

B 3 1 2 3 (SEQ. NO.) 6	LOCATION OF WELL COUNTY <u>Howard</u> COL 21 SUBDIVISION <u>Arundel</u> COL 23 COL 42 SECTION <u>44</u> LOT <u>4</u> COL 46 COL 50 NEAREST TOWN <u>Arundel</u> COL 52 COL 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>73</u> COL 76 COL 77 COL 78
---------------------------	--

B 4 1 2 3 (SEQ. NO.) 6	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) ☒ NORTH ☒ EAST ☐ NORTHWEST ☐ SOUTHWEST ☐ SOUTH ☐ WEST NEAR WHAT ROAD <u>Arundel Rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) ☒ NORTH ☐ SOUTH ☐ EAST ☐ WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>34</u> COL 37 COL 38 COL 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 TOWN 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.

BOX NUMBER E <u>79</u> N <u>490</u>	NORTH COORDINATE <u>494000</u> COL 60 COL 61 COL 62 COL 63 COL 64 COL 65 EAST COORDINATE <u>0799000</u> COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63 ELEVATION AT WELL HEAD (FEET) <u>0/0</u> COL 65 COL 66 COL 67 COL 68
---	---

C 1	8065	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 COMPLETION
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)				FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY)		11/29/77 DATE WELL COMPLETED		DEPTH OF WELL 185 (TO NEAREST FOOT)	
15 20				PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-2900 28 29 30 31 32 33 34 35 36 37	
8-13				DRILLERS IDENTIFICATION NO. 42	
OWNER <u>SMITH, RICHARD</u> LAST NAME			FIRST NAME		
STREET OR RFD <u>4662 N. DITMAR ROAD</u>			POST OFFICE <u>ARLINGTON, VA. 22207</u>		

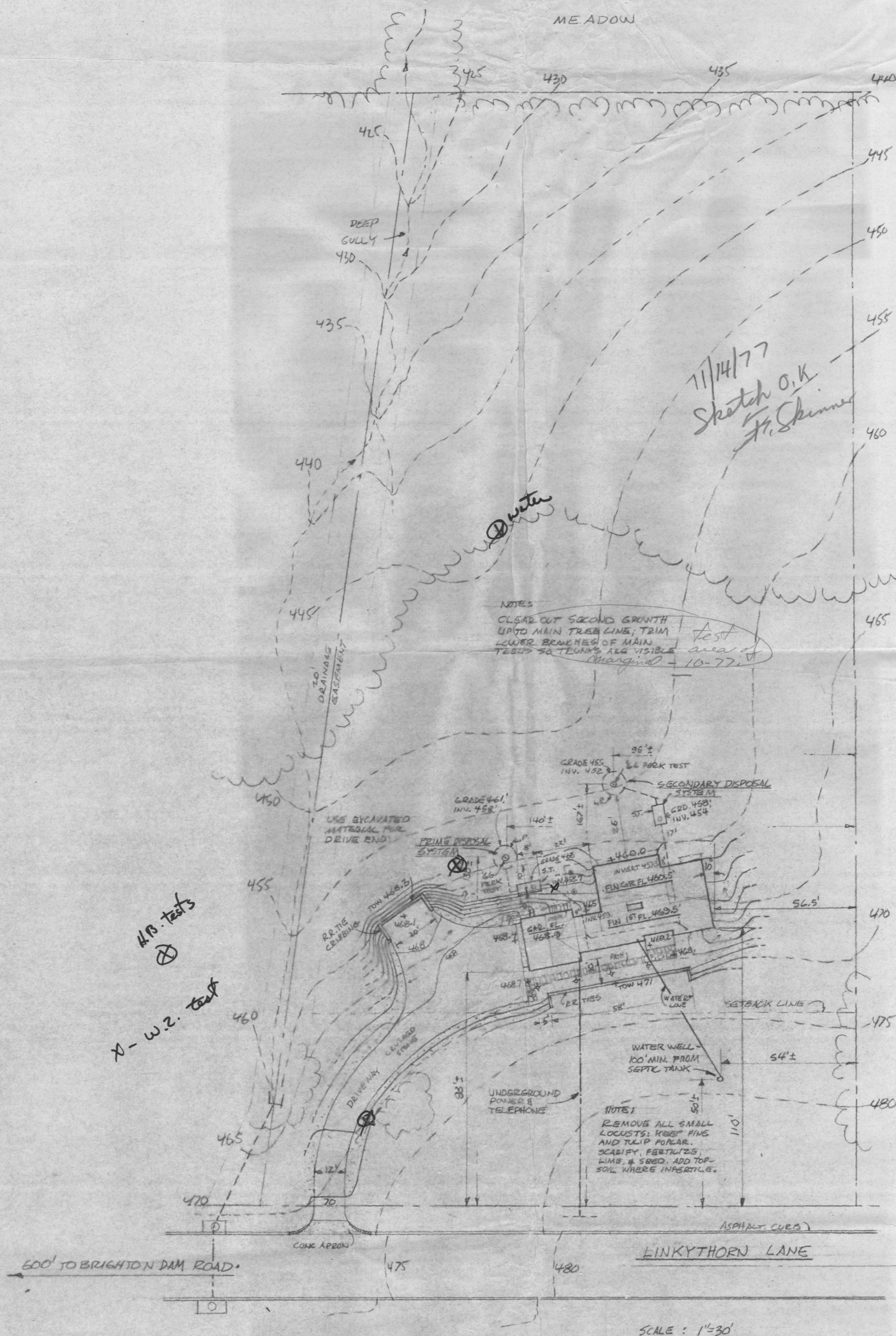
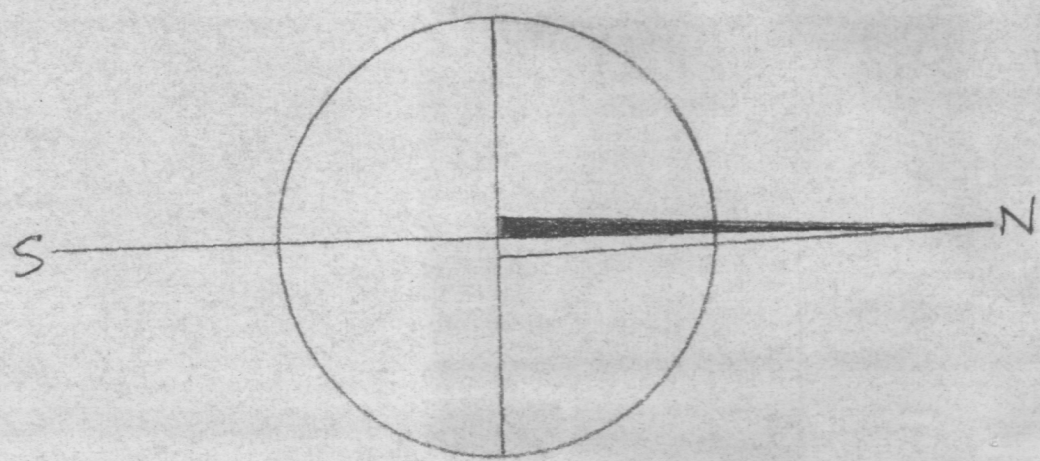
WELL DESCRIPTION		
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.	GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES ☒ NO ☐ TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT ☒ BENTONITE CLAY ☐ NO. OF BAGS <u>13</u> NO. OF POUNDS <u>1300</u> GALLONS OF WATER <u>65</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>70</u> FT. (ENTER 0 IF FROM SURFACE)	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CHECK IF WATER BEARING
TOP SOIL SHALET SHALE BROWN SLATE MICA	0 3 3 35 35 60 60 90 90 185	☐

CASING RECORD		
CASING TYPES (INSERT APPROPRIATE CODE BELOW)	STEEL ☐ CONCRETE ☐ PLASTIC ☐ OTHER ☐	
MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
5 T	6	71
EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM TO
SCREEN TYPE OR OPEN HOLE	STEEL ☐ BRASS OR BRONZE ☐ OPEN HOLE ☐ PLASTIC ☐ OTHER ☐	
SCREEN RECORD		
EACH SCREEN	DEPTH (NEAREST WHOLE FOOT) FROM 69 TO 185	
DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) FROM TO		
GRAVEL PACK ☐		
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX ☐		
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T ☐ W ☐ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE		

PUMPING TEST		
C 3 (SEQ. NO.) 6		
HOURS PUMPED (TO NEAREST HOUR) <u>2</u> <u>3</u>		
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>3</u>		
METHOD USED TO MEASURE PUMPING RATE <u>BUCKET</u>		
WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>40</u> (NEAREST FOOT) WHEN PUMPING <u>185</u> (NEAREST FOOT)		
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) ☒ AIR ☐ PISTON ☐ TURBINE ☐ CENTRIFUGAL ☐ ROTARY ☐ OTHER (DESCRIBE BELOW) ☐ JET ☐ 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) YES ☐ NO ☐		
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 ☐ BELOW LAND SURFACE <u>2</u> (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). R. J. T P. P. P WELL 20 26 FT. P. P. P. LINE red		

CIRCLE APPROPRIATE BOXES	
☐ 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>	

CROSS AND ADREON
ARCHITECTS
901 - 27th STREET, N. W.
WASHINGTON, D. C. 20037
TELEPHONE FE. 8-5766



SITE PLAN



CROSS AND ADREON
ARCHITECTS
901 - 27th STREET, N. W.
WASHINGTON, D. C. 20037
TELEPHONE FE. 8-5766

SITE PLAN OF UNIT TYPE LK-1 LOT 4, SECTION 1, AINTREE ESTATES LINKYTHORN LANE, CLARKSVILLE, MD. (HOWARD COUNTY)				FOR G. RICHARD SMITH, BUILDER	
DATE 11-20-77	DATE 10/13/77	DESIGNED BY EC	CHECKED BY SC	SHEET 1 S1	