

Approved (GLK)  
17 Oct 78

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

05-385504

ELLICOTT CITY

DISTRICT 5th

DATE 10/16/78

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS

PHONE

SUBDIVISION

Woodall Subd.

ROAD

7440 Grace Drive  
Route 32

LOT

1

PROPERTY OWNER

John C. Davis

ADDRESS

6621 Seneca Drive, Columbia, Md.

SPECIFICATIONS

4 bedrooms

SEPTIC TANK CAPACITY 1500 GALLONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 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

600 sq. ft. for trench. Trench to follow the contour of the land.

Location: 110 ft. from right property line and 400 ft. from front property line when  
facing lot from road. (Perc hole 1&2). Trench to be 75 ft. long.

PLANS APPROVED BY

C.B. Streaker/D.W. Monaghan

DATE

5/17/78/10/16/78

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.

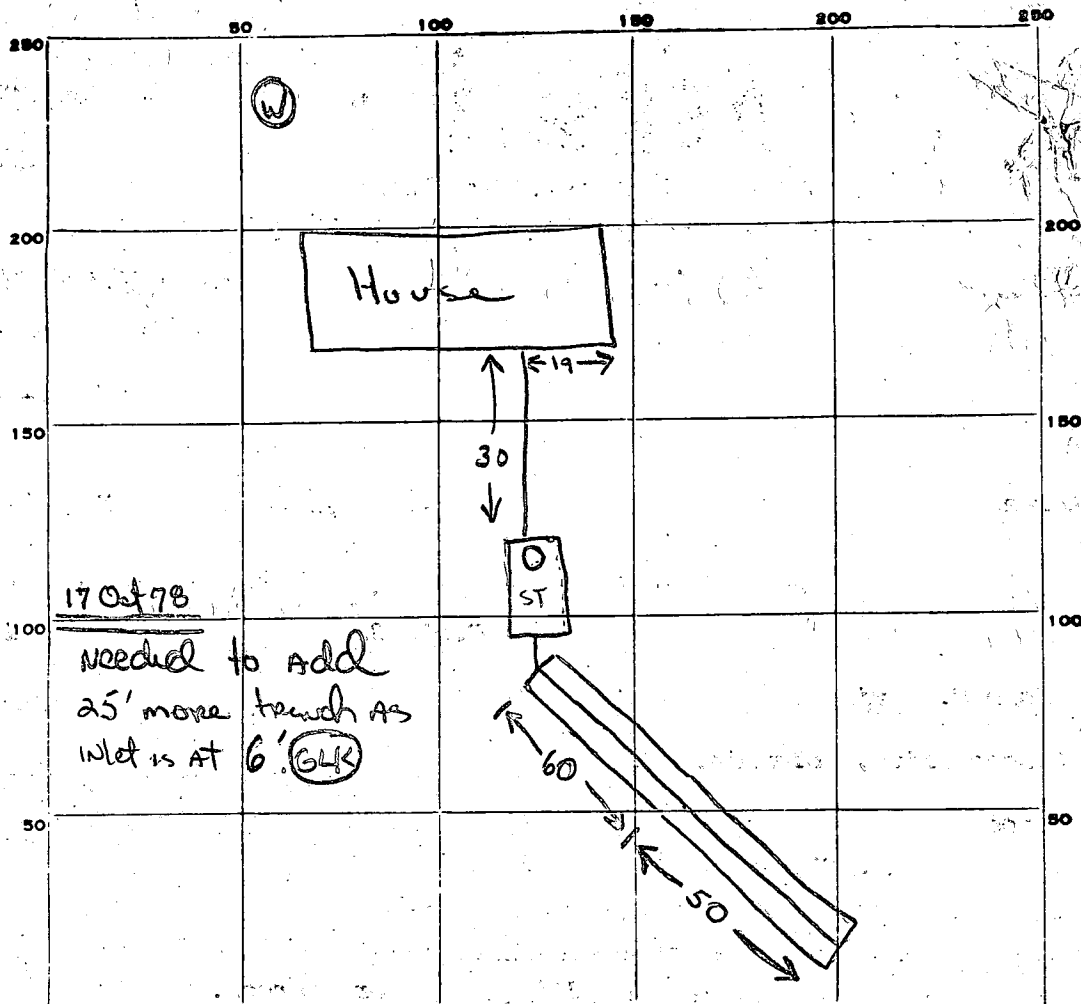
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 27226



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RT 32

PERMIT CARD

dw ✓

ST

SEPTIC TANK, LEVEL

✓

1500 2 spacer

CLEANOUTS

manhole to grade

DISTRIBUTION BOX, LEVEL

Na

TILE FIELD, DEPTH

12

FT.

TRENCH WIDTH

2

FT.

GRAVEL DEPTH

6'

IN

TOTAL LENGTH

110

FT.

NUMBER OF TRENCHES

1

TOTAL

1/2 SW

660

SEEPAGE PITS, INSIDE DIAMETER

FT.

DEPTH BELOW INLET

FT.

ABSORBENT AREA

± 660

SQ. FT.

REMARKS

16 Oct 78 - Call for next inspection when work on

septic tank (manhole needed) & trench excavated. OK to backfill

house sewer. (GLK) 17 Oct 78 - OK to add gravel to 1st 60' of trench's

to backfill septic tank. Call when remaining portion of trench is

excavated (GLK) 17 Oct 78 - FINAL OK. (GLK)

DATE SYSTEM APPROVED

19 Oct 78

INSPECTOR

G. Keller

PRELIMINARY

## APPLICATION

A 27226

P

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICESP.O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 3561000 gallons  
DISTRICT 5th  
DATE 11/16/77  
1-3 Bedrooms  
4 Bedrooms

Septic Tank

Dry well to have 125 sq ft. effective  
absorbent sidewall area per bedroom below inlet.  
Inlet to be 4' below original grade and maximum depth 12'.  
Location: 110' from right property line and 400'  
from front property line when facing lot from road (R13)  
(Per hole #12) per engineers plat.

TO: 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 Robert E. Woodall &amp; Wife

ADDRESS 6621 Seneca Drive, Columbia

PHONE

997-8140

PROPERTY LOCATION

SUBDIVISION

LOT NO.

Parcel A

ROAD AND DESCRIPTION

Route 32 - just before Pindell School Road - on right hand side

going west.

SIZE OF LOT

6.5 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. PERMIT SIGNED  
FACILITIES BECOME AVAILABLE. AND RETURNED 6/15/78

SIGNATURE OF APPLICANT Patricia A. Davis, Columbia Real Estate, Ltd. serial # 35921

APPROVED BY

C.B. Treasler

FOR

Dry well & trench  
Dry well & trench  
(KIND OF SYSTEM)

DATE

5/17/78

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

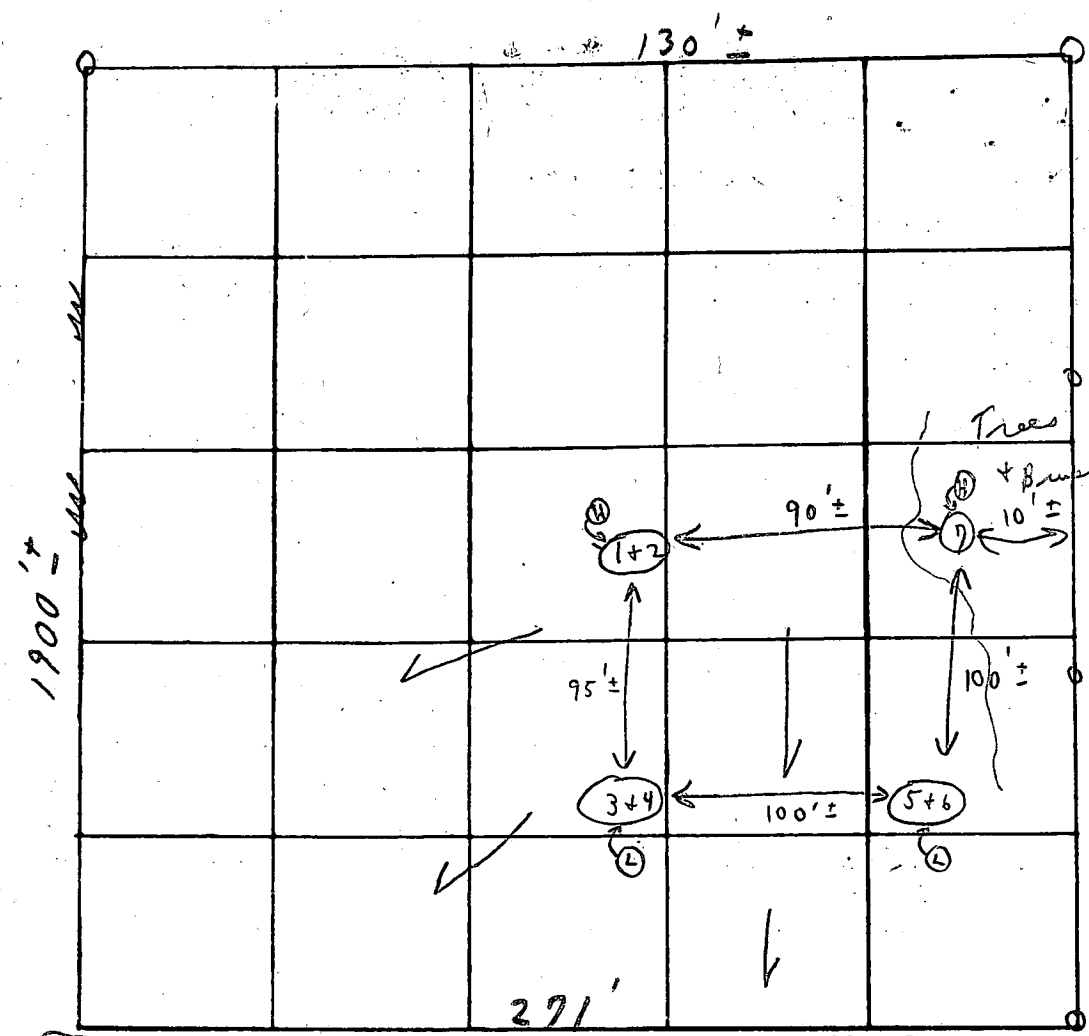
for certified poles.

[Note - lot is a good distance from existing house.]

12/1/77 Hold for plat with certified poles & signature  
block. C.B.D. Called Engineer - need by 12/16/77

THIS IS NOT A PERMIT

Exist Brick  
House



EX. 32

Soil Profile

| DATE     | TEST NO. | DEPTH  | PRE-WET |       | TEST - 1" DROP |       | TIME  |
|----------|----------|--------|---------|-------|----------------|-------|-------|
|          |          |        | START   | STOP  | START          | STOP  |       |
| 11/29/29 | 1        | 4'     | 1:10    | 1:12  | 1:12           | 1:15  | 3 min |
|          | (H) 2    | 13'    | 1:10    | 1:13  | 1:13           | 1:18  | 5 min |
|          | 3        | 4'     | 12:55   | 12:57 | 12:57          | 1:04  | 7 min |
|          | (L) 4    | 13'    | 12:55   | 12:57 | 12:57          | 1:06  | 9 min |
|          | (L) 5    | 3 1/2' | 1:27    | 1:29  | 1:29           | 1:32  | 3 min |
|          | 6        | 13'    | 1:27    | 1:30  | 1:30           | 1:34  | 4 min |
|          | (H) 7    | 11'±   | Visual  |       | 3'-11"         | Loose | 21    |
|          |          |        |         |       |                |       | 5 min |
|          |          |        |         |       |                |       |       |
|          |          |        |         |       |                |       |       |

Below  
clay  
sandy  
loam

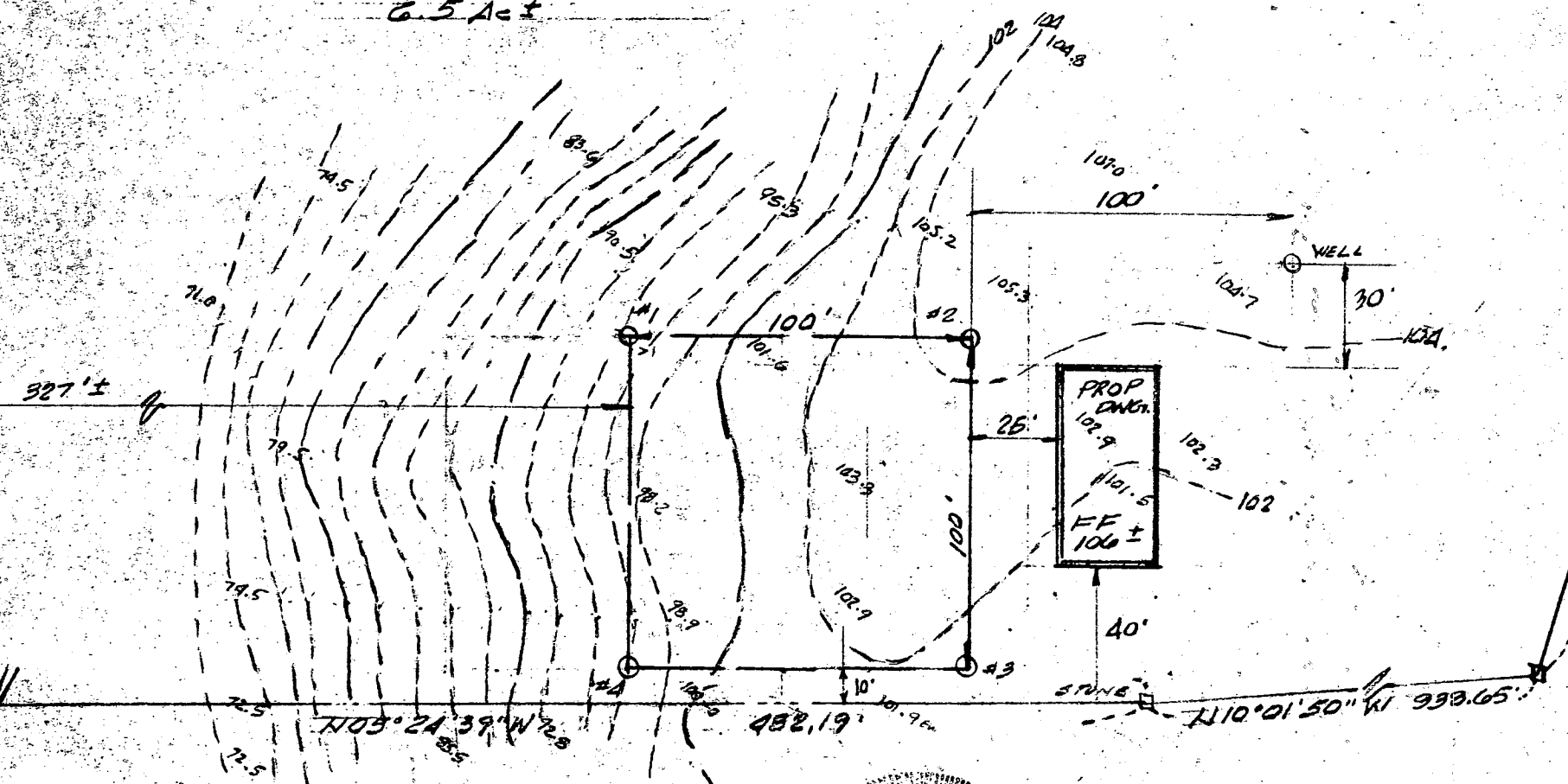
REMARKS (Hold for certified holes when tested)  
 TYPE OF SOIL Tested in open field  
 TESTED BY C.B.A.  
 ALSO PRESENT: Ketterman + Von



RESIDUE - 10.5 AC ±  
 ROBERT E. WOODALL EWR  
 L 244 F 202

Final  
 (Now Lot 1)  
 PARCEL "A"  
 6.5 AC ±

MARYLAND ROUTE 92  
 30' ±



130' ±  
 HOWARD COUNTY MD  
 L 708 F 507  
 Existing house on  
 adjacent 10 acre 1952  
 lot constructed in  
 1952

just before  
 Pindell School Rd.  
 on right hand  
 side going west

NOTES:  
 1. TOPO AS SHOWN HEREON IS FIELD  
 RUN ON ASSUMED DATUM.  
 2. BOUNDARY LINES AS SHOWN  
 HEREON ARE SHOWN TO TRUE  
 DISTANCES BUT ARE NOT TO  
 SCALE EXCEPT ALONG ROUTE 92.

STATE OF MARYLAND  
 JOHN B. GARY  
 PROFESSIONAL SURVEYOR  
 No. 11157  
 11/15/77

PERC TEST PLAN  
 PARCEL "A" ROBERT E. WOODALL  
 5TH ELEC. DIST. HOWARD CO. MD.  
 TOPO SCALE: 1" = 50' 11-14-77

JOHN B. GARY  
 ENGINEERING-SURVEYING  
 6210 BALTIMORE AVE  
 BALTO. MD. 21207  
 301-744-8133

11/30/77  
 G. 30' ±

| C 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0739 | SEQUENCE NO.<br>(WRA USE ONLY)                                              | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br><b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401</b><br><b>WELL COMPLETION REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION<br>FILL IN THIS FORM COMPLETELY<br>COUNTY NUMBER <u>W27-985</u> |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|------|----|----------|---|---|--|-------|---|----|--|------------|----|----|-------------------------------------|-------|----|-----|--|------------|-----|-----|-------------------------------------|-------|-----|-----|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1 2 3 (SEQ. NO.) 6<br>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | DATE RECEIVED (WRA USE ONLY)<br><u>June 13, 1978</u><br>DATE WELL COMPLETED |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DEPTH OF WELL<br><u>305</u><br>22 (TO NEAREST FOOT) 26             | PERMIT NO. FROM "PERMIT TO DRILL WELL"<br><u>H0-A5-6173</u><br>28 29 30 31 32 33 34 35 36 37                                       |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | LAST NAME <u>DAVID</u><br>FIRST NAME <u>John C</u>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET OR RFD <u>1221 Seweca Dr</u><br>POST OFFICE <u>Columbia</u> |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| <b>WELL LOG</b><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                             | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br>TYPE OF GROUTING MATERIAL (CIRCLE BOX)<br>CEMENT <input checked="" type="checkbox"/> C M BENTONITE CLAY <input type="checkbox"/> B C<br>NO. OF BAGS <u>10</u> NO. OF POUNDS <u>1000</u><br>GALLONS OF WATER <u>60</u><br>DEPTH OF GROUT SEAL (TO NEAREST FOOT)<br>FROM <u>0</u> FT. TO <u>33</u> FT.<br>(ENTER 0 IF FROM SURFACE)                                                                                                                                                                                                              |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION<br/>(USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Sandy</td> <td>2</td> <td>24</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>24</td> <td>50</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Micka</td> <td>50</td> <td>110</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>110</td> <td>112</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Micka</td> <td>112</td> <td>305</td> <td></td> </tr> </tbody> </table> |      |                                                                             | DESCRIPTION<br>(USE ADDITIONAL SHEETS IF NECESSARY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FEET                                                               |                                                                                                                                    | CHECK IF WATER BEARING | FROM | TO | Top Soil | 0 | 2 |  | Sandy | 2 | 24 |  | Sand Stone | 24 | 50 | <input checked="" type="checkbox"/> | Micka | 50 | 110 |  | Sand Stone | 110 | 112 | <input checked="" type="checkbox"/> | Micka | 112 | 305 |  | <b>CASING RECORD</b><br>CASING TYPES<br>INSERT APPROPRIATE CODE BELOW<br><input checked="" type="checkbox"/> S T STEEL <input type="checkbox"/> C O CONCRETE<br><input type="checkbox"/> P L PLASTIC <input type="checkbox"/> O T OTHER<br>MAIN CASING TYPE <input checked="" type="checkbox"/> S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>35</u> |  |  |
| DESCRIPTION<br>(USE ADDITIONAL SHEETS IF NECESSARY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEET |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CHECK IF WATER BEARING                                             |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FROM | TO                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0    | 2                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Sandy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2    | 24                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Sand Stone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 24   | 50                                                                          | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Micka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 50   | 110                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Sand Stone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 110  | 112                                                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Micka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 112  | 305                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                             | <b>OTHER CASING (IF USED)</b><br>DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____<br>E A C H C A S I N G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                             | <b>SCREEN RECORD</b><br>INSERT APPROPRIATE CODE BELOW<br><input checked="" type="checkbox"/> S T STEEL <input type="checkbox"/> B R BRASS OR BRONZE <input type="checkbox"/> H O OPEN HOLE<br><input type="checkbox"/> P L PLASTIC <input type="checkbox"/> O T OTHER                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| <b>CIRCLE APPROPRIATE BOXES</b><br><input type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><input type="checkbox"/> E ELECTRIC LOG OBTAINED<br><input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                             | C 2<br>1 2 3 (SEQ. NO.) 6<br>DEPTH (NEAREST WHOLE FOOT)<br>FROM <u>33</u> TO <u>305</u><br>E A C H S C R E E N<br>1 <u>H 6</u> 8 9 11 15 17 21<br>2 23 24 26 30 32 36<br>3 38 39 41 45 47 51<br>SLOT SIZE 1, _____ 2, _____ 3, _____                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                             | D I A M E T E R O F S C R E E N <u>56</u> (NEAREST INCH)<br>FROM _____ TO _____<br>G R A V E L P A C K _____<br>IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <input type="checkbox"/> F <input checked="" type="checkbox"/> F                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| DRILLERS NAME <u>RALPH MAYNE</u><br>(PLEASE PRINT) <u>Ralph Mayne</u><br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                             | WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>(E.R.O.S.)<br>T <input type="checkbox"/> 70 LOG INDICATOR <input type="checkbox"/> 72<br>W Q <input type="checkbox"/> 74 75 76 OTHER DATA AVAILABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                             | <b>PUMPING TEST</b><br>HOURS PUMPED (TO NEAREST HOUR) <u>8</u><br>PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>4</u><br>METHOD USED TO MEASURE PUMPING RATE <u>Rocket</u><br>WATER LEVEL (DISTANCE FROM LAND SURFACE)<br>BEFORE PUMPING <u>50</u> (NEAREST FOOT)<br>WHEN PUMPING <u>305</u> (NEAREST FOOT)<br>TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> A AIR <input type="checkbox"/> P PISTON <input type="checkbox"/> T TURBINE<br><input type="checkbox"/> C CENTRIFUGAL <input type="checkbox"/> R ROTARY <input type="checkbox"/> O OTHER (DESCRIBE BELOW)<br><input type="checkbox"/> J JET <input type="checkbox"/> S SUBMERSIBLE |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                             | <b>PUMP INSTALLED</b><br>TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)<br>DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>CAPACITY:<br>GALLONS PER MINUTE (TO NEAREST GALLON) _____<br>PUMP HORSE POWER _____<br>PUMP COLUMN LENGTH (NEAREST FOOT) _____                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                             | <b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)<br><input checked="" type="checkbox"/> + ABOVE } LAND SURFACE<br><input type="checkbox"/> - BELOW } <u>2</u> (NEAREST FOOT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                             | <b>LOCATION OF WELL ON LOT</b><br>SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).<br><div style="text-align: center;"> <p>50' 70' 125'</p> <p>House</p> <p>Property Line</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                                                    |                        |      |    |          |   |   |  |       |   |    |  |            |    |    |                                     |       |    |     |  |            |     |     |                                     |       |     |     |  |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |

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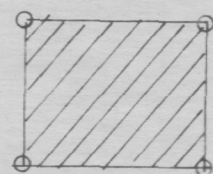
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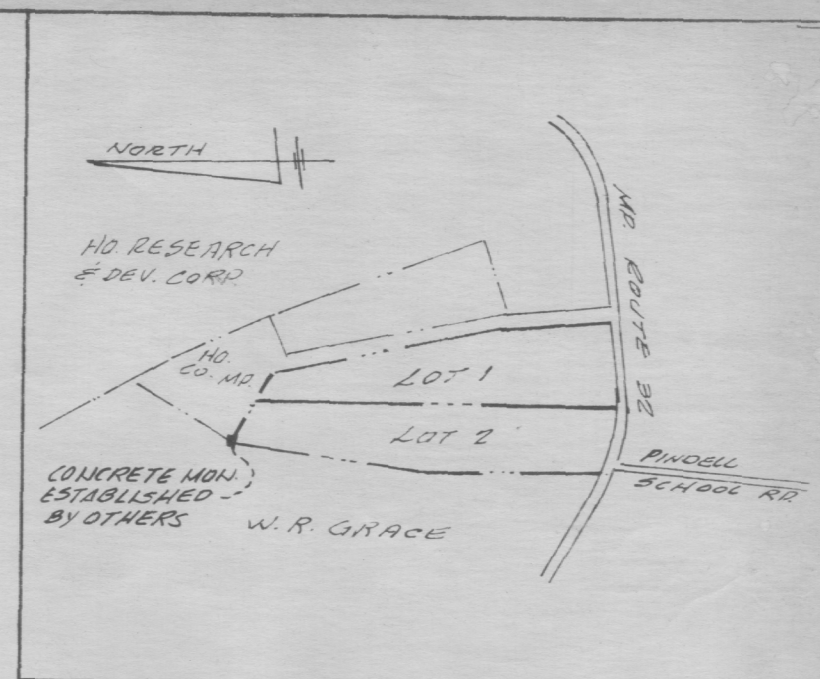
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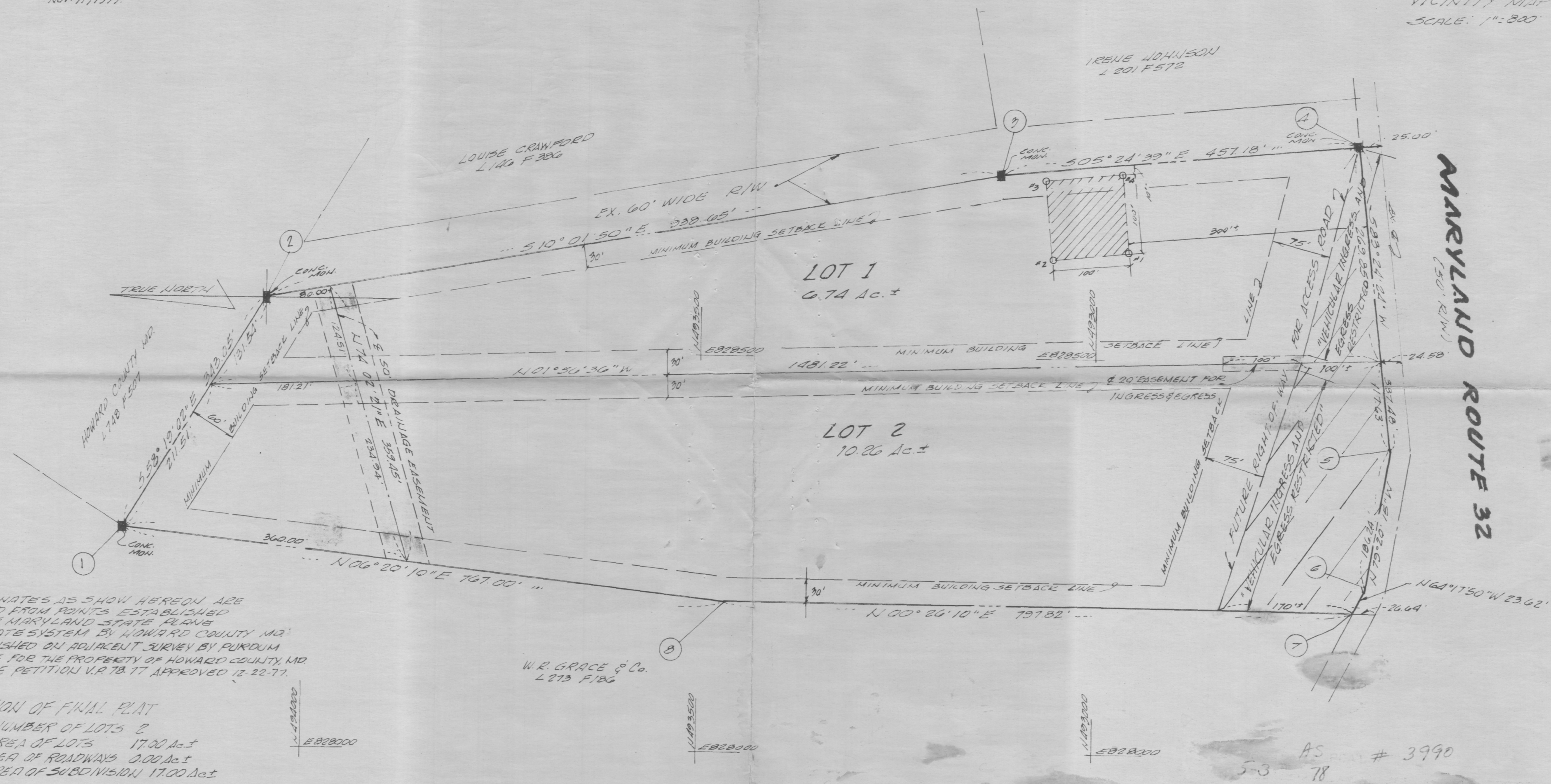
| COORDINATES |           |           |
|-------------|-----------|-----------|
| NO.         | NORTH     | EAST      |
| 1           | 494230.72 | 828271.56 |
| 2           | 494250.54 | 828566.49 |
| 3           | 49386.24  | 828729.97 |
| 4           | 492670.59 | 828773.08 |
| 5           | 492635.64 | 828200.72 |
| 6           | 492660.25 | 828205.13 |
| 7           | 492670.50 | 828183.84 |
| 8           | 493468.80 | 828189.91 |



NOTE: INDICATES 10,000 SQ. FT. AREA FOR PRIVATE SEPTIC SYSTEM AS REQUIRED BY THE MARYLAND STATE HEALTH DEPARTMENT AND NO STRUCTURES ARE PERMITTED IN THIS AREA. LOCATION OF HOLES AS SHOWN WERE FIELD LOCATED NOV. 11, 1977.



VICINITY MAP  
SCALE: 1"=800'



NOTE 5: COORDINATES AS SHOWN HEREON ARE EXTENDED FROM POINTS ESTABLISHED FROM THE MARYLAND STATE PLANS COORDINATE SYSTEM BY HOWARD COUNTY MD. AS ESTABLISHED ON ADJACENT SURVEY BY PURDUM & WESCHKE FOR THE PROPERTY OF HOWARD COUNTY, MD. 2. VARIANCE PETITION V.R. 78-17 APPROVED 12-22-77.

TABULATION OF FINAL PLAT  
1. TOTAL NUMBER OF LOTS 2  
2. TOTAL AREA OF LOTS 17.00 Ac. ±  
3. TOTAL AREA OF ROADWAYS 0.00 Ac. ±  
4. TOTAL AREA OF SUBDIVISION 17.00 Ac. ±

|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS<br>HOWARD COUNTY HEALTH DEPARTMENT<br><i>Joseph Rogers</i><br>COUNTY HEALTH OFFICER<br>DATE 4-14-78 | DECLARATION FOR INDIVIDUALS: We Robert E. Woodall and Hilda S. Woodall owners of the property shown and described hereon hereby adopt this plan of subdivision, and in consideration of the approval of this final plat by the office of planning and zoning, establish the minimum building restriction lines, all easements or rights of way affecting this property are included on this plan of subdivision.<br>WITNESS OUR HANDS THIS 28TH DAY OF DECEMBER 1977.<br>ROBERT E. WOODALL<br>HILDA S. WOODALL | SURVEYORS CERTIFICATE: I HEREBY CERTIFY THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY FRENCH FUGATE AND MAUD J. FUGATE HIS WIFE TO ROBERT E. WOODALL AND HILDA S. WOODALL HIS WIFE BY DEED DATED 29 MAY 1953 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER 244 FOLIO 202 AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE AS AMENDED.<br><i>John B. Gary</i><br>JOHN B. GARY, P.L.S. 66<br>DATE 12/27/77 | FINAL SUBDIVISION PLAT<br><b>ROBERT E. WOODALL ETUX.</b><br>LOTS ONE AND TWO<br>5TH ELECTION DISTRICT HOWARD COUNTY, MD.<br>SCALE: 1"=100'<br>DECEMBER 27, 1977<br>JOHN B. GARY<br>ENGINEERING & SURVEYING<br>6016 BALTIMORE AVENUE<br>BALTIMORE MARYLAND 21207<br>301-744-4133 |
| APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING<br><i>Richard E. Freudenberger</i><br>DIRECTOR<br>DATE 4/21/78                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
| APPROVED: DEPARTMENT OF PUBLIC WORKS<br><i>Richard E. Freudenberger</i><br>DIRECTOR<br>DATE 4/21/78                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |

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