9/22/93
$100
+
3.00

PERMIT

File

[Note: Not logged in well log; No well tag numbers. 9/23 CBS]

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49607

A 28107

03-281564

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT

DATE 9/10/93

BUREAU OF ENVIRONMENTAL HEALTH

[redacted] 313-2640

INDEXED

DATE SYSTEM APPROVED 9/22/93

INSPECTOR C.B.S.

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER ______

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Roy Patterson LOT 3 ROAD 479 Gaither Road

PROPERTY OWNER William J. Long

ADDRESS ______

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Trenches to start at a point 100 feet straight back from existing water well with a distribuiton box; Run trenches out both sides of distribution box, initially; Run trenches on the contour of the land surface.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and and cap to grade or above on septic tank. OK 6/24/93 RH

PLANS APROVED BY C. B. Streaker REVISED DATE 2/03/93

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° **ELBOWS** NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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

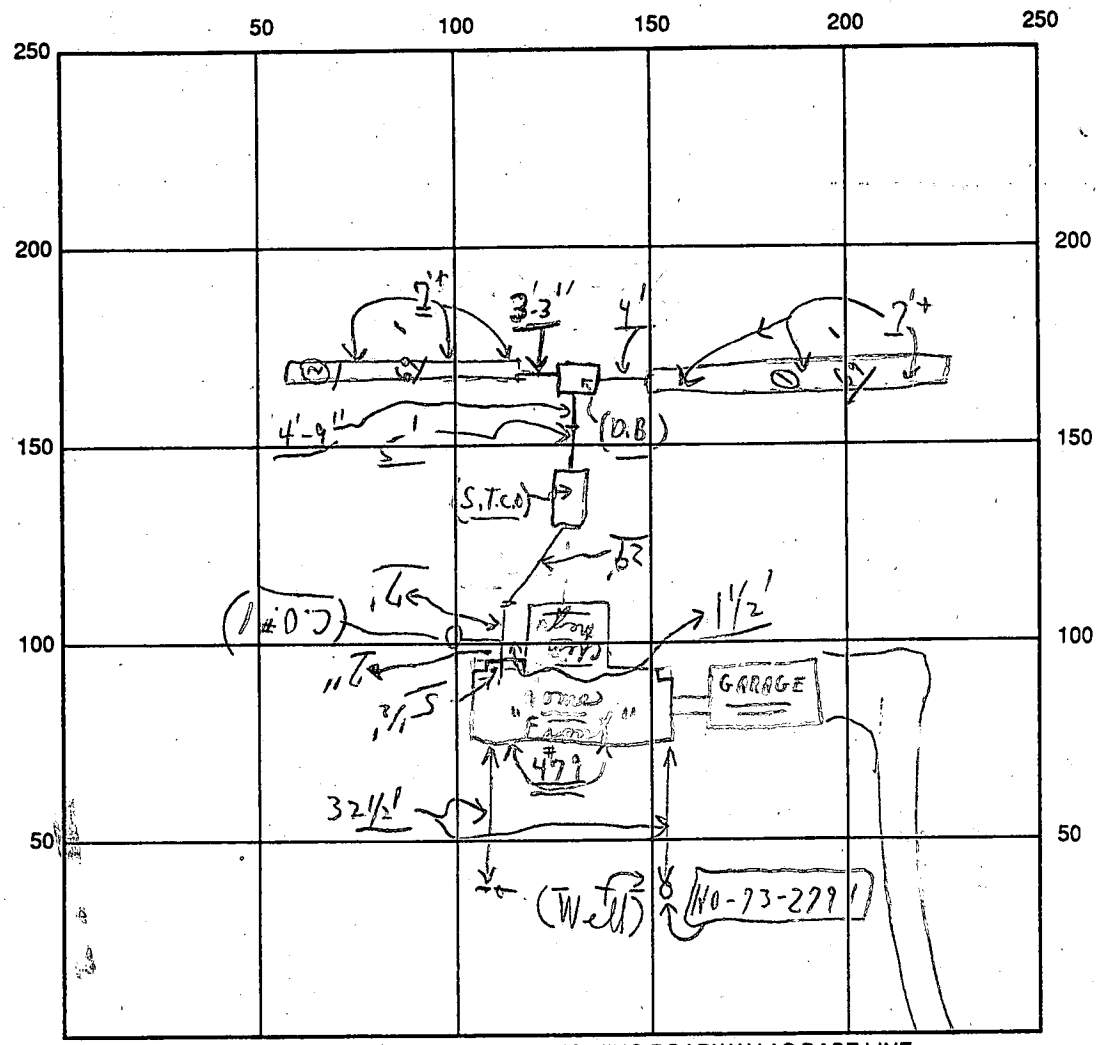
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

A28107

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

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

HD-260(6-90)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← Gaither Road →

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK / C.O. #1 OK

DISTRIBUTION BOX LEVEL OK (Baffles as in)

DRAIN FIELD/TITLE DEPTH 7 + average FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 average FT. TOTAL LENGTH ① 69' ② 69' 138 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 552+ SQ. FT.

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

ABSORBENT AREA 552+ SQ. FT.

REMARKS: 9/22/93 Partial P.M. reading. ① ok for stone in trenches; and ② ok to cover from stones to trenches; Later P.M. - Final all work is complete; C.B.O. (CBO)

DATE SYSTEM APPROVED 9/22/93 INSPECTOR Charles Lyman Streater

Retest

APPLICATION

A 28107

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 3rd

DATE 5/29/78

Revised (2) on trench May use Dry wells

Septic Tank { 1-3 Bedrooms 1000 gallons / 4 Bedrooms 1250 gallons } 240+

Dry well to have ~~120~~ sq ft. effective absorbant sidewall area per bedroom below inlet. Inlet to be 4' below original grade and maximum depth 9½'. location 19' from left front property corner and 24' off property line when facing lot from Gaither Road. [Perc hole (5+6)] used - need: ① 5' earth buffers between dry well & trench and 100'+ from any of the existing water wells ② 2 inspections of trench before and after stone in. ③ Run trench 3 on contour

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 Contract Purchaser - Roy Patterson

ADDRESS 8319-B Mindale Circle, Baltimore, Md. 21207 PHONE 922-3745

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Gaither Road

SIZE OF LOT 5 acres 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/ Diana E. Campe

APPROVED BY C. B. Steele FOR Dry Well & / or " & Trench DATE 6/23/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

Eilene to Mr Reeves

REASONS FOR REJECTION OR HOLDING 6/28/78 See original test sheets.

6/23/78 V & I sent to Ft. Lauderdale

7/12/78 Mr. Costello in field - note stated C.B.S.
of Highland Lake
Mr. Spencer engineer had not certified holes had just cleared line and found some old holes on other plat.

7/19/78 To send plat in per Mr. Costello & office

Hold for lot. C.B.S.

THIS IS NOT A PERMIT

1/20/93 (TENTH)

APPLICATION

PERCOLATION TESTING

A 22743

P _____

RE-TEST TO ESTABLISH NEW SEPTIC AREA NOT IN CONFLICT WITH WELL LOCATION.

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

(OK TO ACCEPT REPAIR TEST FEE RATHER THAN STANDARD TEST FEE, APPLICANT IS NOT WHOLLY RESPONSIBLE FOR LOCATION CONFLICT (CW).

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER JAMES BAKER

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROY PATTERSON PROPERTY LOT NO. 3

ROAD AND DESCRIPTION GAITHER RD.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Linda Sparks
(SIGNATURE OF APPLICANT)

"Plat submitted"

APPROVED BY Charles Bryan Threat + C.W./C.BS FOR Shallow system Trenches DATE 1/25/93

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

1/25/93
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # Hand delivered by Ms. Baker to office DATE 1/25/93

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

Continued

A 27743

COUNTY #

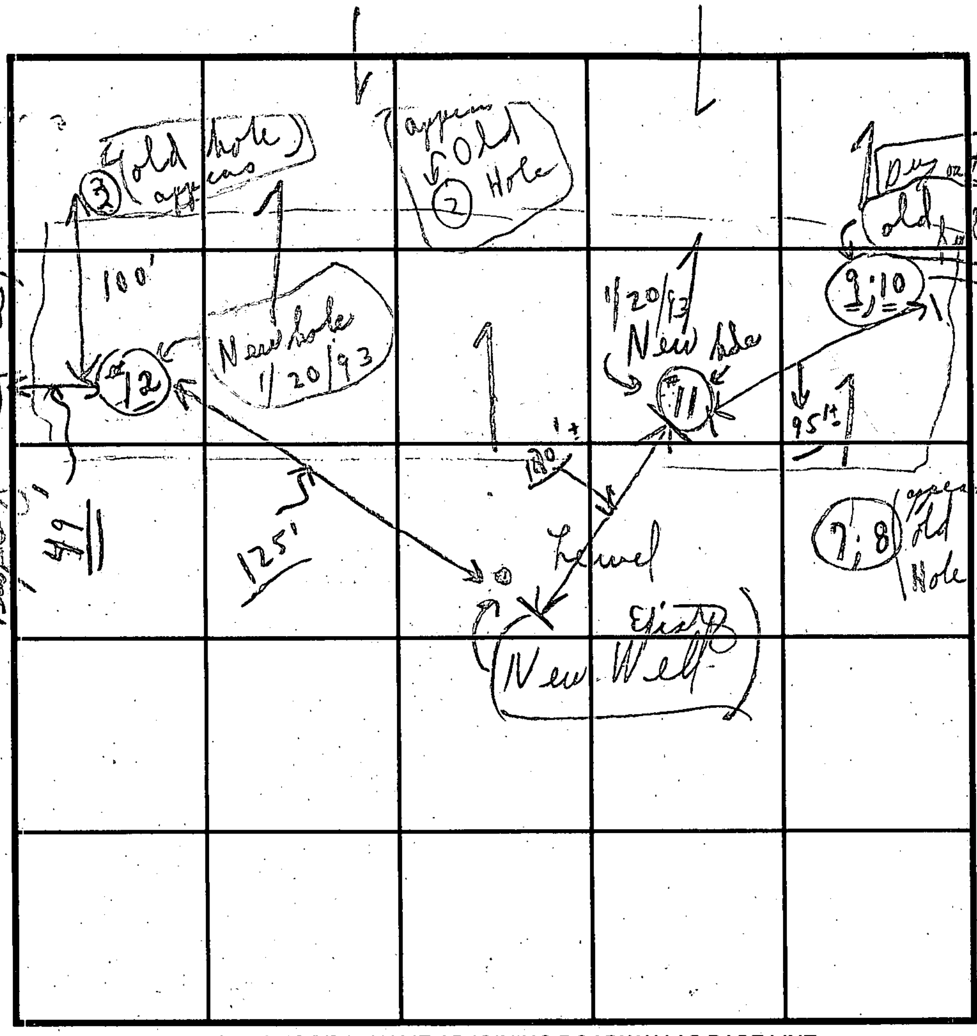
SOIL PROFILE #12

0'

0' to 3½' Clay

3½' to 8½' Sandy Loam

New House



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GAITHER ROAD

SOIL PROFILE Old

0'

9,10 Low hole

0' to 2' Clay

2'± Loam

12½' Bottom Dug

#11

0' to 4'± Clay

4' to 9' Sandy Loam

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/20/93	#11	4'	10:39	10:43	10:43	10:51	8 min
Wed	11	9'			(Sandy	Loam)	below shelf
	12	3½'	11:13	11:18	11:18	11:31	13 min
	12	8½'	Sandy Loam below shelf				
	Old	2±'	:	:	:	:	
Low	9,10	12½'	12½'	(Visual sandy loam)			
		'	:				
		'					
	1/20	(Start trench	100' straight back from existing			Note: Part → Back of (House) in area	80% 85' from septic well

REMARKS 1/20/93 Tests in Woods & Brush

TYPE OF SOIL Located bottom old hole (2 Baker owners)

TESTED BY C.B.D. ALSO PRESENT (Lendrum + Asst)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME ______ TRENCH WIDTH ______

INLET DEPTH ______ MAXIMUM BOTTOM DEPTH ______ SQ. FT/BEDROOM ______

APPLICATION

A 27743

P

4/13/78 9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3

DATE 3/31/78

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

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.

Roy Patterson

PROPERTY OWNER ~~Kazimieras M. Campe and Diana E. Campe~~

ADDRESS ~~6701 Pine Dr., Columbia, Md. 21046~~ PHONE ~~596-5023~~

Office 997-8100

PROPERTY LOCATION: 8319-B Mindale Circle Balto., Md. 21207 922-3745

SUBDIVISION None LOT NO. 3

ROAD AND DESCRIPTION Gaither Rd.

SIZE OF LOT 5 Acres 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 Diana E. Campe

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

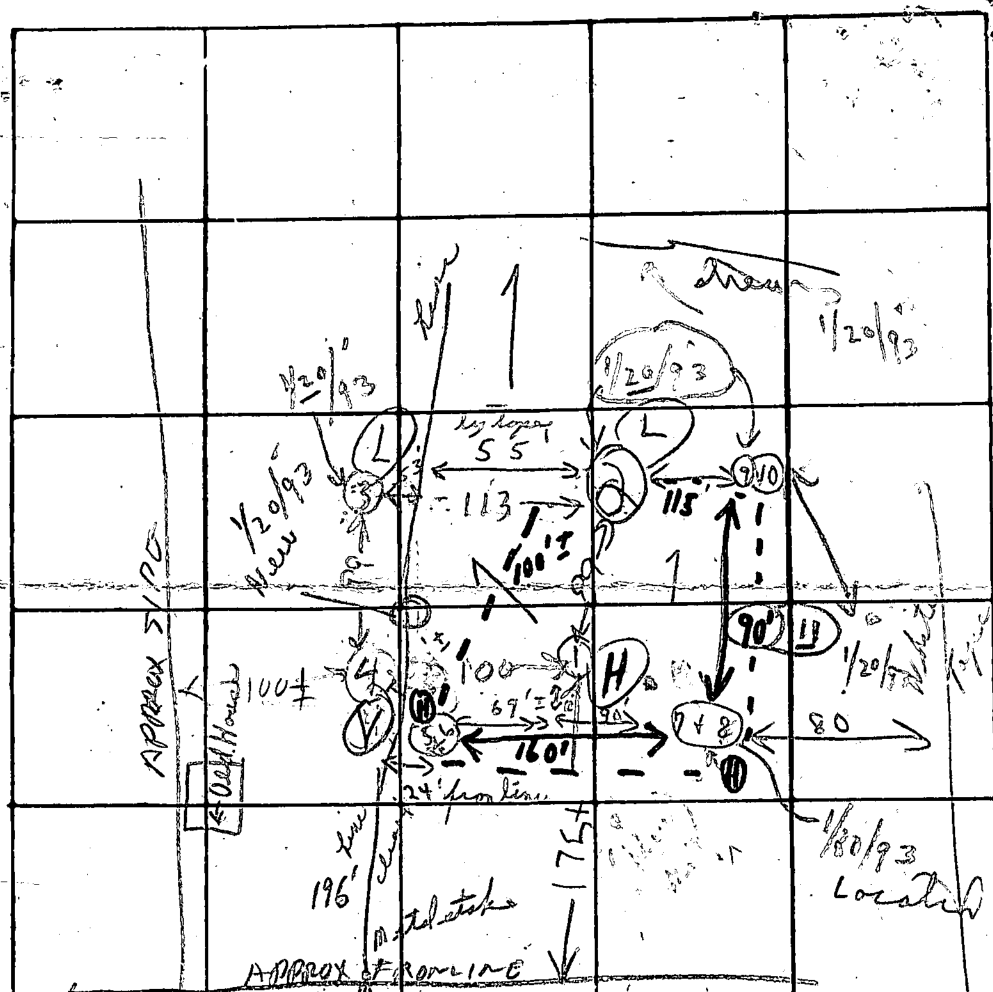
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/13/78 - PERC OK
HOLD FOR PLAT RH

THIS IS NOT A PERMIT

#3



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE

20 to edge of road

GAITHER

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/13/78	1D	13	1029	1035	1035	1042	7
	1S	3	1029	1035	1035	1042	7
	2S	3	1033	1034	1034	1035	1
	2D	11	1057	1100	1100	1105	4
	3D	14½	1047	1050	1050	1056	6
4/13/78	3S	3½	1047	1049	1049	1053	4
	4V	12	ALL SAND DRY				
6/28/78	5	4'	10:33	10:35	10:35	10:38	3m
	6	14'	10:32	10:36	10:36	10:40	4m
	7+8	3'-13'	Visual		Sandy	loam	
	9	2'	11:00	11:02	11:02	11:04	2m
	10	13'	10:58	11:01	11:01	11:07	6m
							10 44

Soil Profile: Below clay loam + sand + stone

174Fr

6/28/78 Hold for old cesspool(?) ... 174 from ...

Use (5,6) or 1 or ...

White flags

5 m avg

Heavily Wooded Hold for supervisor

Inlet 4'

125 sq ft per bedroom

REMARKS PROPERTY LINE MEASUREMENTS APPROXIMATE ENGINEER MUST CERTIFY LOCATION & ELEVATIONS OF HOLES

TYPE OF SOIL

TESTED BY RHODGES ALSO PRESENT: RICK OF FYOCK Co

(6/28/78 Heavily wooded - hold) CBJ.

2:30-3:00 Met Realtor
~~tentative~~ @ 10/1/91

SITE INSPECTION SHEET

OWNER: Baker

ADDRESS: Roy Patterson Prop Lot 3
Gaither Rd

DATE REQUESTED: _____

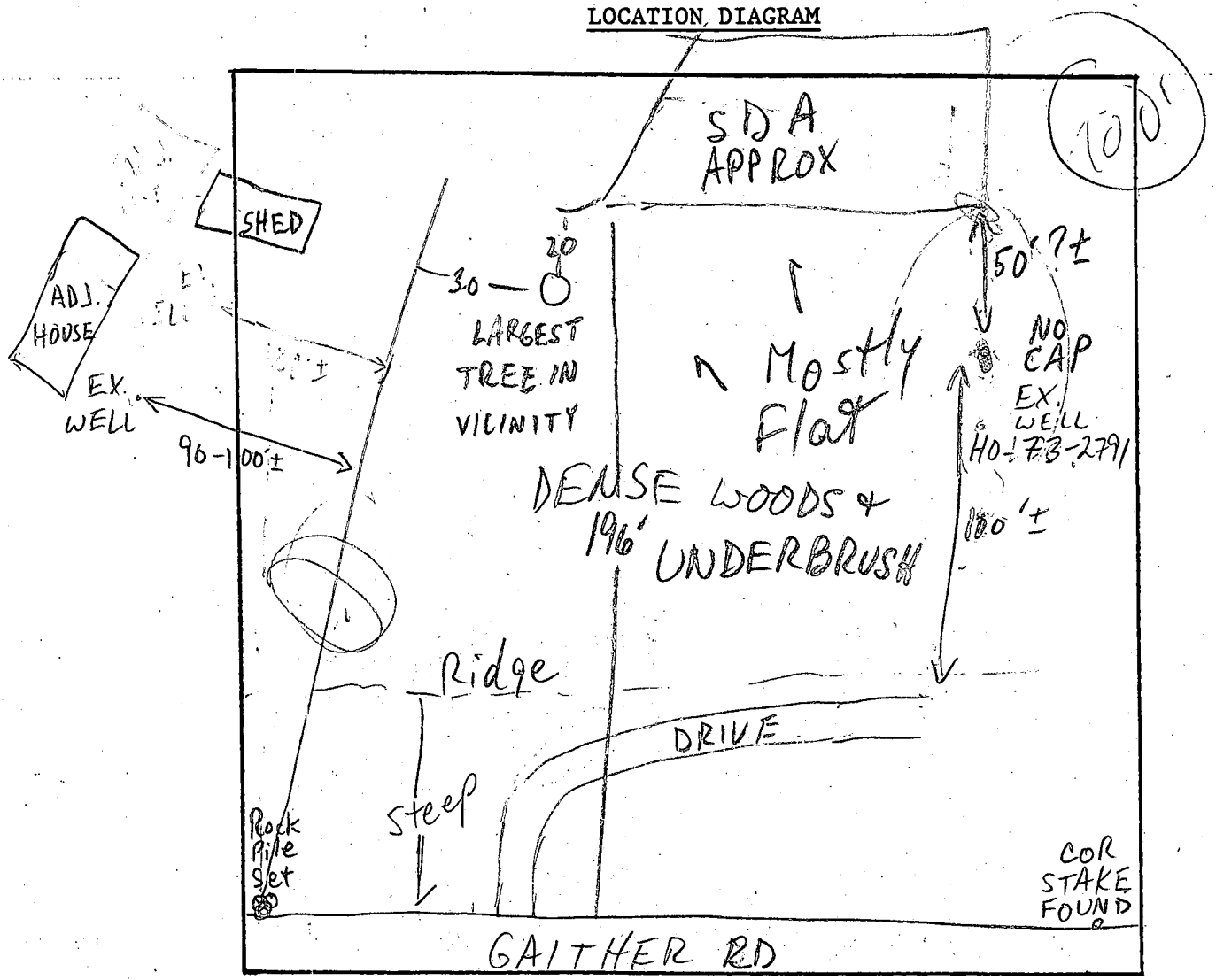
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: 10/1/91 Met Realtor, measurements difficult, but they indicate well is in unsuitable location; well location is probably no more than 50' from right front edge of SDA; well elev. OK? (difficult to determine); need site survey and poss. re-perc or new well; realtor to investigate MR

DATE: 10/1/91

INSPECTOR: M. Riffkin

SITE - LOT 3 ROY PATTERSON PROPERTY / GAITHER RD. 7/23/91

SITE INSPECTION SHEET

POT. BUYER

OWNER: JAMES BAKER — DATE REQUESTED: 7/24/91

PHONE #: — CONTRACTOR:

ADDRESS: 13961 HALLOWELL CT — WELL TAG #:

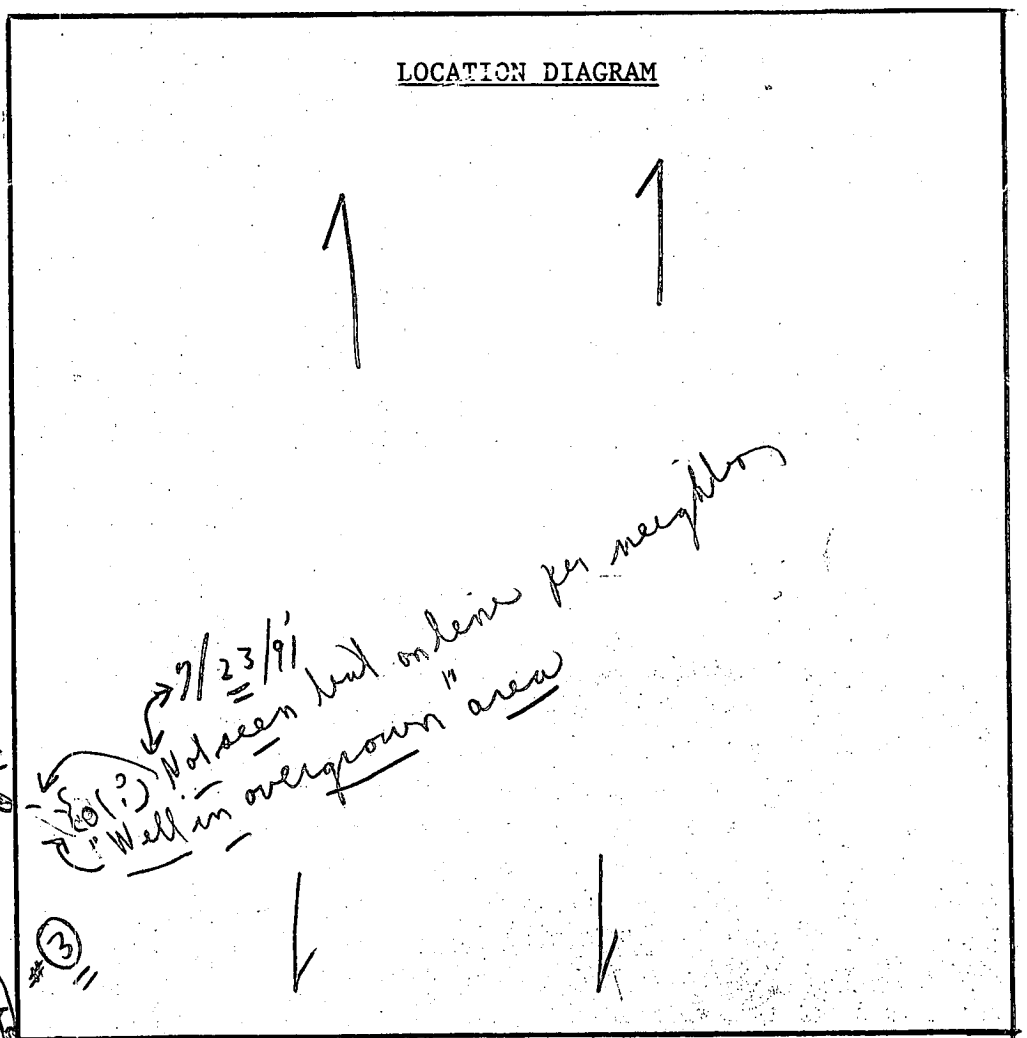
DAYTON — COUNTY #:

PROPOSAL: ✓ REALTOR REQUESTS LETTER: "WELL & PERC APPROVED."

— INSPECT SITE AND CONFIRM / REVISE SEPTIC SPECS

- IF SOME PROBLEM - NOTIFY APPLICANT OF HOW TO RESOLVE. C.B.

LOCATION DIAGRAM



— trees (Neighbor's Home)

COMMENTS: 7/23/91 P.M. Lot - overgrown - Keep trenches 100' + from operating water wells on LOT #3 and LOT #2. <- Only change on septic specs with a recommendation of Visual Mold on septic system before building permit - released. (Tentative - Water Well + Perc approved] C.B.

DATE: 7/24/91 <- "Late" — INSPECTOR: C.B. of Test

DNR-131 (7-77) EMERGENCY NO. (If any) –

B	1	3269	SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: HO-73-3791

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 7/~~27~~ 28/78 9:30 A.M. 2:30 p.M.

6-13

OWNER: Patterson, Ray 922-3745 (COL 15 LAST NAME — FIRST NAME COL. 34)

STREET OR RFD: 9317 B [illegible] Circle (COL 36 — COL. 55)

POST OFFICE: Baltimore, Md 21207 (COL 57 — COL. 76)

DRILLER INFORMATION

B 1 CONTINUED — 1 2 3 (SEQ. NO.) 6

DATE: 2/1/78 LICENSE NUMBER: 42 (77 — 80)

L. F. Easterday — FIRST NAME DRILLER LAST NAME

4H6

SIGNATURE: [signature]

WELL INFORMATION

B 2 — 1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 (8 — 12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 (14 — 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- 22 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
- P PRIVATE WATER COMPANY }
- T TEST

APPROXIMATE DEPTH OF WELL: 150 FEET (24 — 28)

APPROXIMATE DIAMETER OF WELL: 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

30-37 BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

39
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 — 52)

LOCATION OF WELL

B 3 — 1 2 3 (SEQ. NO.) 6

COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) (8 — 21)

SUBDIVISION (23 — 42)

SECTION (44 — 46) LOT (48 — 50)

NEAREST TOWN: Ellicott City (52 — 71)

MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 (79 — 76 77 78) M I

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

B 4 — 1 2 3 (SEQ. NO.) 6

N NORTH — E EAST — N E NORTHEAST — S E SOUTHEAST
S SOUTH — W WEST — N W NORTHWEST — (S W) SOUTHWEST
8 8 8 9 8 9

NEAR WHAT ROAD: Mether? Rd. (11 — 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): (N) NORTH 32 — S SOUTH 32 — E EAST 32 — W WEST 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 200 (34 — 37) (F) T / M I (38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

27 July 78 – Cancellation – Truck could not get up hill. (GLK)

Bridge

26 ft casing
(solid) "ROCK" 24 ft open
2 ft above grade

Truck could not go up hill. Frontloader did not arrive until 3:15.
(7) bags cement
Grouting began at 3:45
(GLK) 28 July 78

BOX NUMBER: E 500 — N 650

0/5 5/5 0/0 5/0

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

APPROPRIATION PERMIT NUMBER G A P (54 — 63) ENGINEER REVIEW DISTRICT NO. (65)

FORCE (67 68) WRITE INITIALS IN BOX

CONDITIONS A E N S G W Q C L U (70 71 72 73 74 75 76 77 78 79) ✓ ✓

NORTH COORDINATE (50 51 52 53 54 55)

EAST COORDINATE (57 58 59 60 61 62 63)

ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

HEALTH DEPARTMENT APPROVAL

B 4 CONTINUED — 1 2 3 (SEQ. NO.) 6

41 S STATE HEALTH (CIRCLE BOX) — Howard — COUNTY NAME — 028045 — COUNTY NO.

DATE (MO. DAY YR.): 0 5 1 5 7 8 (43 — 48)

APPROVED BY: [signature] Donald W. Monaghan, Sanitarian

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

HEALTH

DNR-214 (7-77)

C 1 0485 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 7/3/178 (15–20)

DEPTH OF WELL 200 (22 (TO NEAREST FOOT) 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-2791 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 42

OWNER PATTERSON (LAST NAME) ROY (FIRST NAME)

STREET OR RFD 8319-B MINDALE CIRCLE POST OFFICE BALTIMORE MD. 21207

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Top Soil	0	2	
Slate	2	30	
Granite	30	200	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [Y] (44) NO [N] (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT [C M] (45 46) BENTONITE CLAY [B C] (45 46)

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48) FT. TO 24 (54) FT. (58)

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	26 (66 70)

OTHER CASING (IF USED)

EACH CASING

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW

[S T] STEEL [B R] BRASS OR BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (1 2 3 (SEQ. NO.) 6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

	FROM	TO
1	140 (8 9)	174 (11 15)	200 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68) [F]

CIRCLE APPROPRIATE BOXES

[A] A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

[E] ELECTRIC LOG OBTAINED

[P] TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS NAME (PLEASE PRINT) L. F. EASTERDAY

SIGNATURE L. F. Easterday

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

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (17 20) (NEAREST FOOT)

WHEN PUMPING 200 (22 25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

[A] AIR (27) [P] PISTON (27) [T] TURBINE (27)

[C] CENTRIFUGAL (27) [R] ROTARY (27) [O] OTHER (DESCRIBE BELOW) (27)

[J] JET (27) [S] SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX – SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31 35)

PUMP HORSE POWER (37 41)

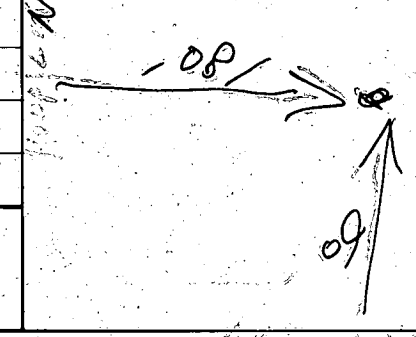
PUMP COLUMN LENGTH (NEAREST FOOT) (43 47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

[+] ABOVE / [–] BELOW LAND SURFACE (NEAREST FOOT) (49) (50 51)

LOCATION OF WELL ON LOT

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



HEALTH

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # 707
Date 9/28/93

Name of Installer PAUL E. LENNON

Telephone 781-6405

License Number 7611
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner William Long
Telephone ____
Subdivision ROY PATTERSON PROP Lot # 3 Well Tag # HO-73-2791
Site Address 479 Gaither Rd

200

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Saccuzzi
3. Model # ____
4. Capacity 24 GPM
5. Pump exceeds well capacity Yes ✓ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ✓ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower ½
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓ 230

Pitless Adapter
1. Make HARVARD
2. Model # ____
3. Depth 4'

Tank
1. Capacity 60 GAL
2. Pressure relief valve? 75

Piping
1. Type Black orange burg
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

Well data
1. Depth 200 ft.
2. Yield 2 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Paul E Lennon

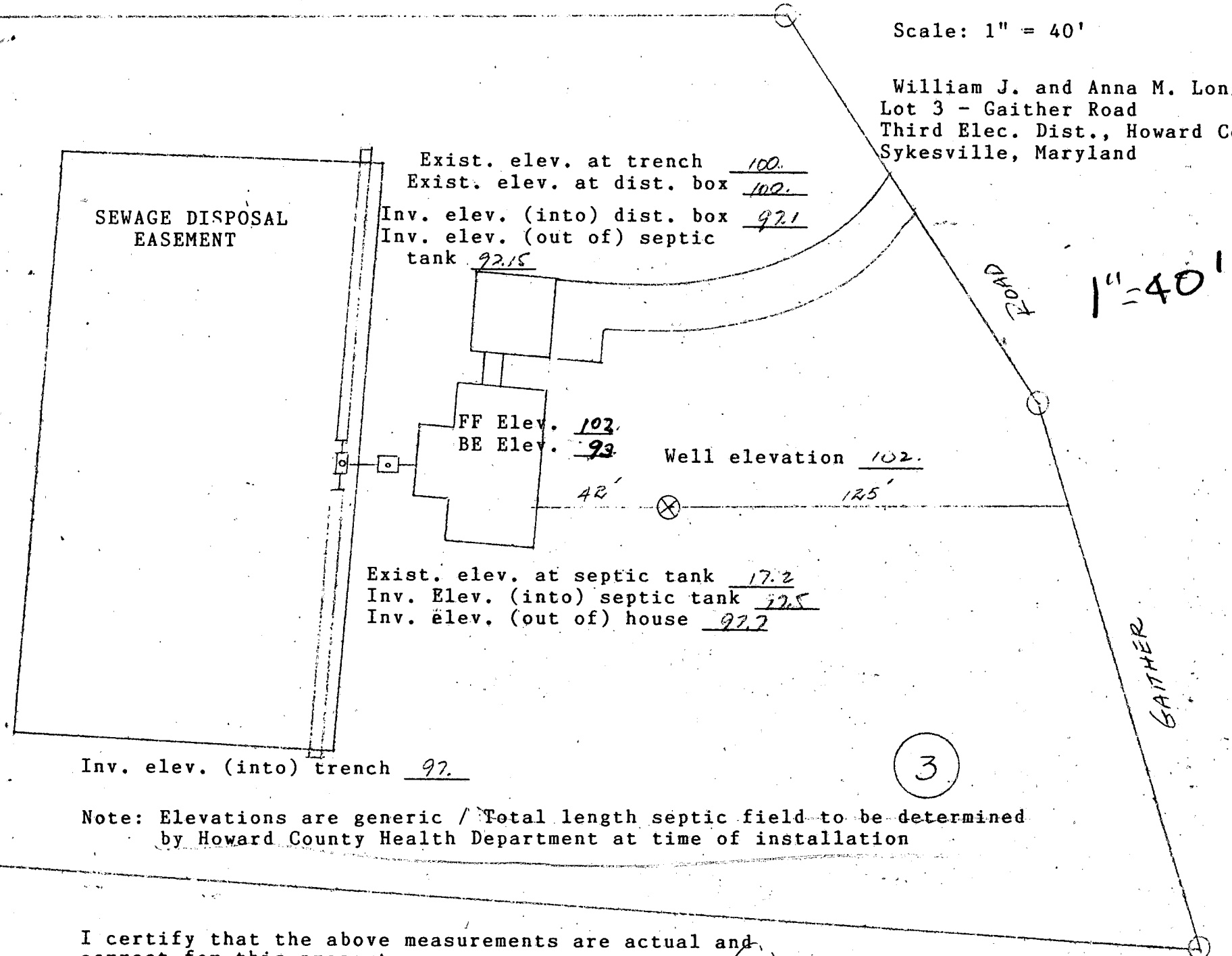
Date: 9/28/93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

Scale: 1" = 40'

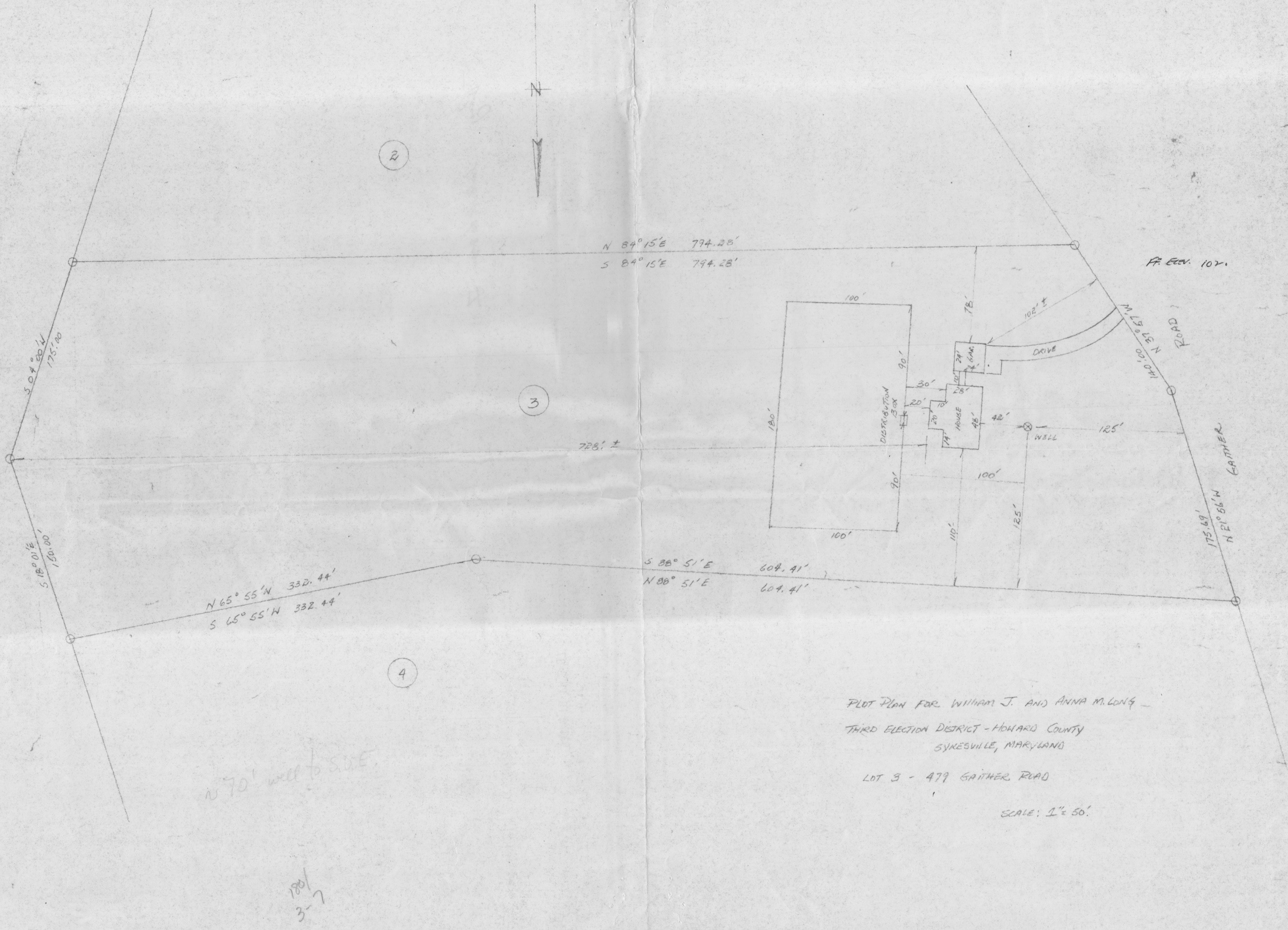
William J. and Anna M. Long
Lot 3 - Gaither Road
Third Elec. Dist., Howard Co.
Sykesville, Maryland



Note: Elevations are generic / Total length septic field to be determined by Howard County Health Department at time of installation

I certify that the above measurements are actual and correct for this property.

Signed: _____



N
2
3
4
N 84° 15'E 794.28'
S 84° 15'E 794.28'
S 04° 00' W
175.00
S 18° 01' E
150.00'
N 65° 55' W 332.44'
S 65° 55' W 332.44'
S 88° 51' E 604.41'
N 88° 51' E 604.41'
728' ±
100'
180'
90'
90'
100'
78'
102' ±
DRIVE
GAR.
24'
30'
28'
20'
20'
10
HOUSE
48'
74'
42'
DISTRIBUTION BOX
WELL
125'
100'
110'
125'
N 37° 00' 67 W
140.00'
175.69'
N 21° 56' W
ROAD
GAITHER
FF. ELEV. 107.
PLOT PLAN FOR WILLIAM J. AND ANNA M. LONG
THIRD ELECTION DISTRICT - HOWARD COUNTY
SYKESVILLE, MARYLAND
LOT 3 - 479 GAITHER ROAD
SCALE: 1" = 50'
N 70' well to S.D.E.
180
3-7