

11/85 3/12/85 2:30 pm 3:12/85 9:30 am 3/14/85 9:30 am

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

03-307050
INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 3/6/85

P 35098

A 28397

Merit Construction Company

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2526 Tolley Street, Baltimore, Maryland 21230 PHONE 525-3884

SUBDIVISION Farside ROAD 11686 Foxspur Court LOT 29

PROPERTY OWNER G.Y.C. Builders, Inc. Roger & Jackie Norden

ADDRESS 11065 Little Patuxent Parkway

Columbia, Maryland 21044

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 6

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 11 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 6 1/2 feet of stone below distribution pipe. LOCATION: Start the first trench 175 feet from the front lot line and 125 feet from the left side line, as seen when facing the lot from Foxspur Court. Continue to dig the trench on level ground running towards the right side of the lot. Place the second trench parallel to and 14 feet away from the first trench. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED

AND RETURNED 5/18/84

Serial # 37758 - Garage

BLDG. PERMIT SIGNED

AND RETURNED 4/14/85

Serial # 17460 - Pool
17505

PLANS APPROVED BY Frank Skinner

DATE 9/18/84

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS. BLDG. PERMIT SIGNED

PERMIT VOID AFTER THREE YEARS.

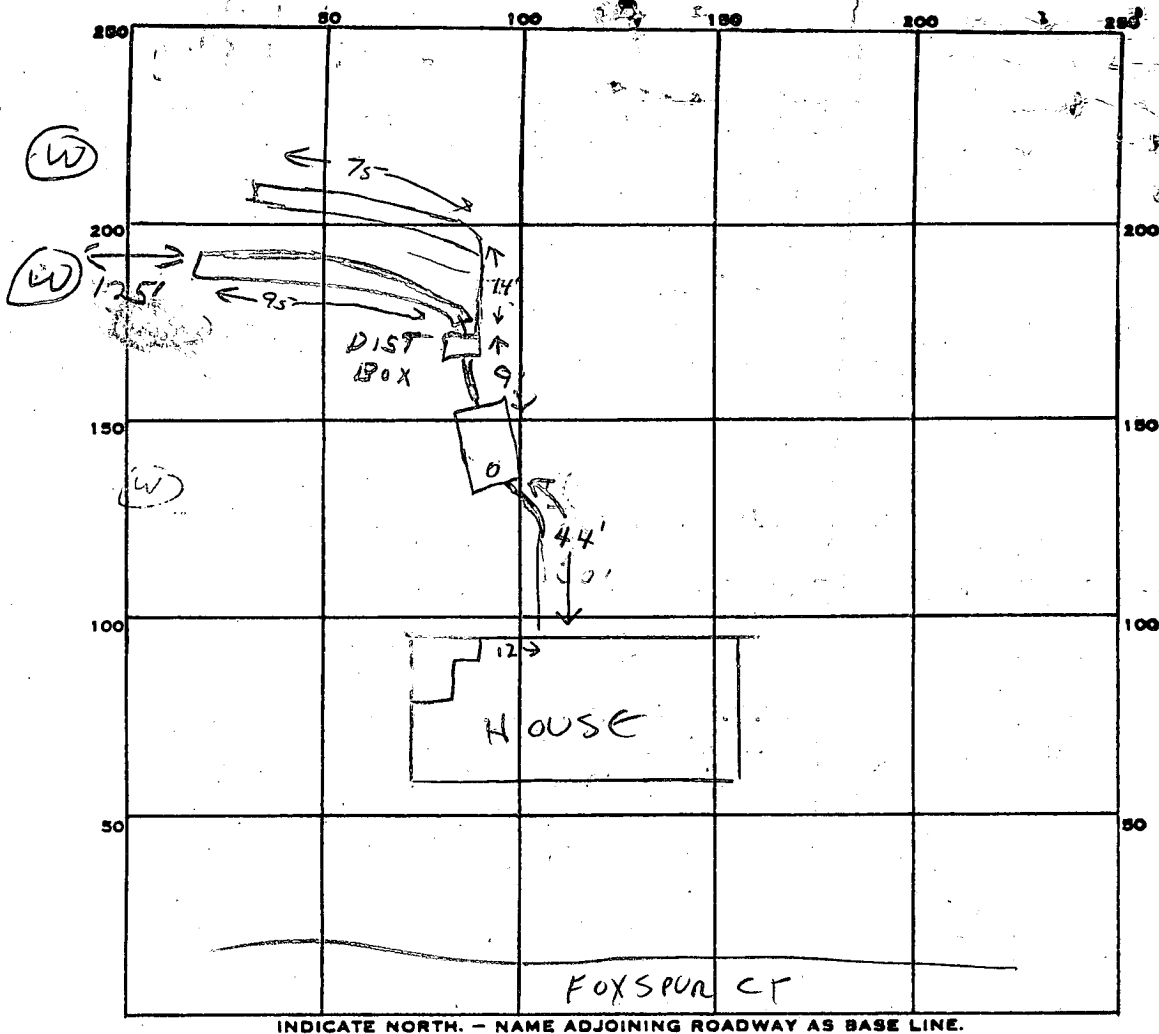
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED. pool house

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A-28397



PERMIT CARD _____

SEPTIC TANK, LEVEL 2000 gal

CLEANOUTS 57

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 170 FT.

NUMBER OF TRENCHES 2 (75' x 95') ONE SIDEWALL TOTAL BOTTOM AREA 1185 SQ FT

170
6.5
850
1020
1185.0

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

ABSORBENT AREA 1185 SQ. FT.

REMARKS 3/11/85 OK to cover to dist. box. OK to add stone in first trench if

3/13/85 OK TO COVER TANK AND FIRST TRENCH CW

3/14/85 SYSTEM COMPLETE. OK TO COVER. CW

DATE SYSTEM APPROVED 3/14/85

INSPECTOR CW

Resolved
2/13/01



2/13/01- T/C with Mr. Norden
All 4 wells are connected
to Dwelling and being
used. HO-94-2301 also
has COP. Resolved
SRK

HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 5, 2001

Robert Norden
11686 Foxspur Court
Ellicott City, MD 21042

RE: **Replacement Well Issues**
11686 Foxspur Court

Dear Mr. Norden:

File review indicates that this office has no documentation or inspection record of the installation and connection of the well pump, well water line and related plumbing in the referenced replacement well. (Well HO-94-2301 completed on 6/25/99, 1000' deep and yielding 3 GPM). In addition, no Certificate of Potability has been issued for this well as required by COMAR 26.04.04. If the well has been connected to the dwelling, it is suggested that you notify the licensed installer so that they may submit the appropriate documentation to this office. Enclosed is a copy of the required documentation.

In addition to this issue, file review also indicates that there are three other wells located on your property all of which were designated to serve as standby supplies. They are:

Well HO-81-0006, drilled in 1983, 400 ft. deep, yielding 2 GPM at that time (Certificate of Potability Issued)
Well HO-81-0210, drilled in 1983, 500 ft. deep, yielding ¾ GPM at that time (No Certificate of Potability)
Well HO-94-0075, drilled in 1994, 400 ft. deep, yielding 2 GPM at that time (Certificate of Potability Issued)

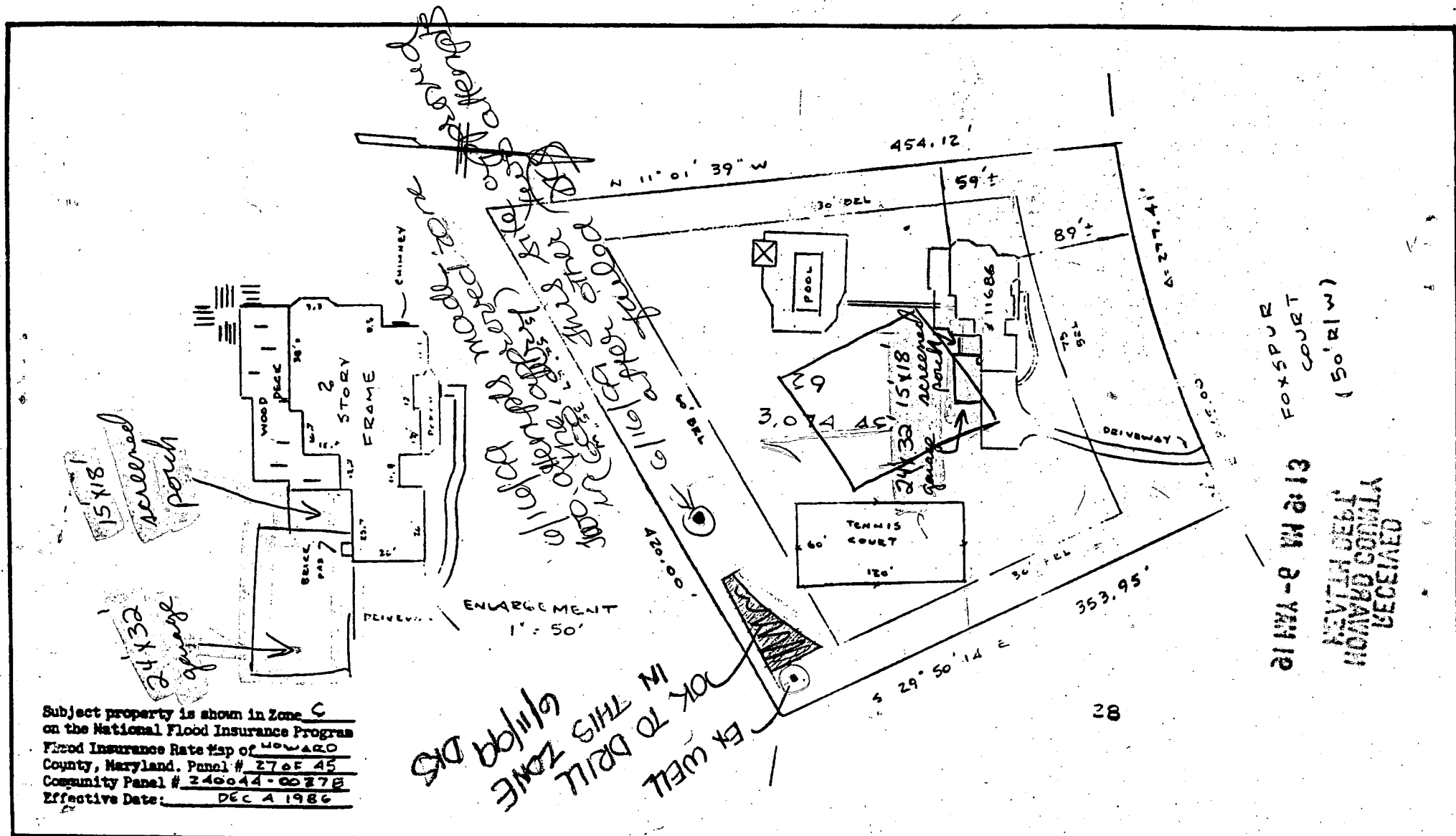
If any of these above referenced wells are not in service (Not connected to the house and being used or have been documented to be "dry") they are considered abandoned and need to be properly sealed by a licensed individual as required by COMAR 26.04.04 (MD Well Construction Standards). This sealing process is important in that it helps to restore the subsurface geologic conditions which existed before the well(s) were drilled, and protects the groundwater resource from potential contamination.

In order to comply with all appropriate State regulations and local policies, please contact me directly at (410) 313-2669 so that these issues can be addressed. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
Enclosure
cc: File



21171-8 W 2:13
FOXSPUR COURT
(50' R/W)
RECEIVED
HOWARD COUNTY
MAY 11 1990

C1 8440	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER		A 28397	
Date Received (OEP use only)	DATE WELL COMPLETED 07/28/89	Depth of Well 400 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0002	

OWNER last name <u>Sharma</u> first name <u>INDER K.</u>	STREET OR RFD <u>FOXSONA COURT</u>	TOWN <u>ELIOLAK</u>
SUBDIVISION <u>FAR SIDE</u>	SECTION <u>29</u>	LOT <u>29</u>

Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	Check if water bearing
Shale	0 15	
Gray mica rock	15 400 ✓	
Dry wells - 1. 300' 2. 380' 3. 300' 4. 300' 5. 200'		
Dry wells sealed with 40 bags cement + drilling materials		

WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC	
NO. OF BAGS <u>5</u> NO. OF POUNDS <u>470</u>	
GALLONS OF WATER <u>30</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft to <u>22</u> ft (enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
STEEL ST CONCRETE CO PLASTIC PL OTHER OT	
MAIN CASING TYPE	
Nominal diameter top/main casing (nearest inch) <u>6</u>	
Total depth of main casing (nearest foot) <u>24</u>	
OTHER CASING (if used) diameter inch depth (feet) from to	
EACH CASING	
SCREEN RECORD	
screen type or openhole	
insert appropriate code below	
STEEL ST BRASS BR OPEN HOLE HO BRONZE PL PLASTIC OT	
C2	
DEPTH (nearest ft.)	
EACH SCREEN	
SLOT SIZE	
DIAMETER OF SCREEN (NEAREST INCH)	
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	
W Q	
TELESCOPE CASING	
LOG INDICATOR	
OTHER DATA	

C 3	
PUMPING TEST	
HOURS PUMPED (nearest hour) <u>8</u>	
PUMPING RATE (gal. per min. to nearest gal.) <u>2</u>	
METHOD USED TO MEASURE PUMPING RATE <u>submersible</u>	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING <u>25</u>	
WHEN PUMPING <u>183</u>	
TYPE OF PUMP USED (for test)	
A air P piston T turbine	
C centrifugal R rotary O other (describe below)	
J jet S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))	
CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u>	
PUMP HORSE POWER <u>37</u>	
PUMP COLUMN LENGTH (nearest ft.) <u>41</u>	
CASING HEIGHT (circle appropriate box and enter casing height)	
above + below -	
LAND SURFACE (nearest foot)	

CIRCLE APPROPRIATE BOX	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	
E ELECTRIC LOG OBTAINED	
P TEST WELL CONVERTED TO PRODUCTION WELL	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS IDENT. NO. <u>238</u>	
DRILLERS SIGNATURE <u>David L. Mayne</u>	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	

LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
75.0' 100.0' 120.0' 130.0' 140.0' 150.0' 160.0' 170.0' 180.0' 190.0' 200.0' 210.0' 220.0' 230.0' 240.0' 250.0' 260.0' 270.0' 280.0' 290.0' 300.0'	
Back 5.0' on mm	

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0006Location of property (road) Foxspur CourtSubdivision FarsideLot 29 Block — Plat — Sec. —Well Driller Joseph MayneOwner Inder SharmaDepth of well 300Distance of measuring point (M.P.) above ground 1'Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00Pumping rate 10 galTotal time 30 min to reach pumping water level 140 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	85	5 sec.		12
8:30	140	6		10
8:45	139	30		9
9:00	140	30		9
9:15	145	30		9
9:30	150	40		14
9:45	155	40		14
10:00	158	48		14
10:15	162	48		14
10:30	162	60		1
10:45	162	60		1
11:00	162	60		1
11:15	163	60		1
11:30	163	60		1
11:45	165	60		1
12:00	166	60		1
12:15	167	60		1
12:30	168	60		1
12:45	169	60		1
1:00	170	60		1
1:15	171	60		1
1:30	172	60		1
1:45	173	60		1
2:00	174	60		1

Well Permit No. HO - 81-0006
Location of property (road) Lotsper Court
Subdivision Parade Lot 29 Block Plat Sec.
Well Driller Joseph Mayne Owner Linder Shanna
Depth of well 400
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 25'

1. High rate pumping -- reservoir drawdown

Time pump started 1:00 Pumping rate 10
Total time 1:50 to reach pumping water level 190 ft. below M.P.

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

[illegible]

B 1	0254	SEQUENCE NO. (OEP USE ONLY)	<u>Grant</u> STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER HO-81-0006
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) 7/1/83 - 11:00 A.M. please print or type				
Date Received		LOCATION OF WELL		
0 2 2 2 8 3 (OEP Use Only)		COUNTY <u>Howard</u> SUBDIVISION <u>Forside</u> SECTION <u>23</u> LOT <u>29</u> NEAREST TOWN <u>Elbrook</u> MILES FROM TOWN (enter 0 if in town) <u>9/10</u>		
OWNER INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
SHAKERMAK <u>INDER</u> Last Name 15 Owner 34 Name 110073 SHAKER DRIVE 36 Street or RFD 55 101210BVA MD 21046 Town 57 State 76 Zip		11 NEAR WHAT ROAD <u>Foppers Cr.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 DISTANCE FROM ROAD <u>50</u> (CIRCLE APPROPRIATE BOX)		
B 7 Continued DRILLER INFORMATION		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
Joseph B. Mayner <u>238</u> Driller's Name 77 License No. 80 Joseph B. Mayner Firm Name 551 1/2 Ridge Rd. Mt. Airy, Md. Address Signature <u>Joseph B. Mayner</u> Date <u>Feb 22, 83</u>		SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8204</u> N <u>5104</u>		
B 2 WELL INFORMATION		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>550</u>		LOCATION <u>WELL</u> , BUT SEVERAL DRY HOLES 24' CASING 1 1/2' ABOVE GR 20' OPEN 5 DAYS CEMENT 7/1/83 CLW Home wood Rd. Elbrook		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <input type="checkbox"/> 30. AIR ROTARY <input checked="" type="checkbox"/> AIR PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> 37. CABLE <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> DRIVE POINT <input type="checkbox"/> other _____		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD <u>A28397</u> COUNTY NAME COUNTY NO. OEP SIGNATURE <u>Frank Skinner</u> STATE HEALTH CIRCLE BOX <input checked="" type="checkbox"/> DATE ISSUED <u>020383</u> CO SIGNATURE _____ NORTH GRID <u>514</u> EAST GRID <u>0824</u> EXPIRES <u>082383</u>		
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER <u>GAP</u> FORCE <u>F3</u> WRITE INITIALS IN BOX PERMIT NO. <u>HO-81-0006</u>		SPECIAL CONDITIONS 8-63 1 2 3 6		

C1 4372 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER A28397Z

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

080383

22 300 26
(TO NEAREST FOOT)

10-81-0210
28 29 30 31 32 33 34 35 36 37

OWNER Woodmark Inc.
STREET OR RFD last name Foxspur Court first name
SUBDIVISION Farside SECTION LOT 29

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use
additional sheets if needed) FEET Check
if water
bearing

Shale 0 26
gray mica
rock 26.500

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 27 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

5 4 30
60 61 63 64 66 67 70

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

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

C2
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 075

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 63

WHEN PUMPING 224

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
IN BOX - SEE ABOVE:

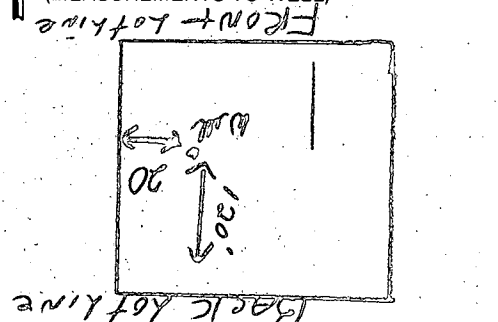
CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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



CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED.
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST
OF MY KNOWLEDGE.

DRILLER'S IDENT. NO. 238
Joseph L. Mayne
DRILLER'S SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

Page 1 of 1
Date Aug 3, 1983

Review 8/12/83 OK for Study Well
J.S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0210
Location of property (road) Foxspur Court
Subdivision Farside Lot 29 Block Plat Sec.
Well Driller Joseph Mayne Owner Woodmark Inc.

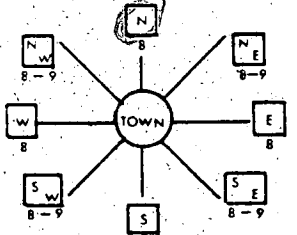
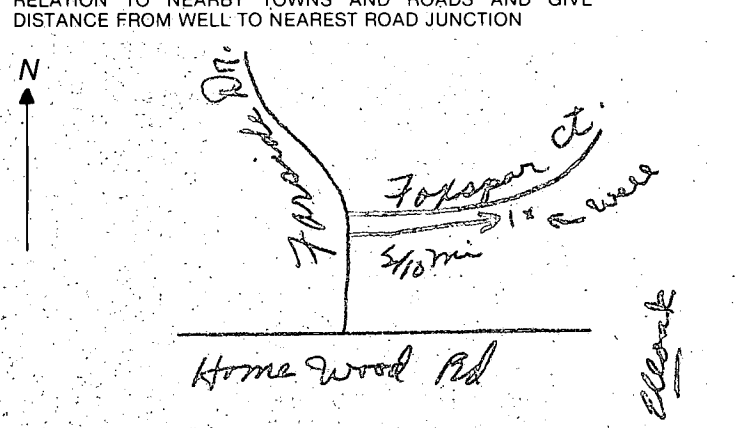
Depth of well 500
Distance of measuring point (M.P.) above ground 1
Static water level (S.W.L.) below M.P. 65

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 12
Total time to reach pumping water level 224 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:45	135	5 sec.		12
10:00	190	7 sec.		9
10:15	193	60 sec.		1
10:30	197	60		1
10:45	201	60		1
11:00	204	60		1
11:15	205	75 sec.		3/4
11:30	207	75		3/4
11:45	207	75		3/4
12:00	208	75		3/4
12:15	210	75		3/4
12:30	211	75		3/4
12:45	211	75		3/4
1:00	212	75		3/4
1:15	215	75		3/4
1:30	219	75		3/4
1:45	218	75		3/4
2:00	218	75		3/4
2:15	221	75		3/4
2:30	222	75		3/4
2:45	223	75		3/4
3:00	224	75		3/4
3:15	224	75		3/4
3:30	224	75		3/4

B 1 0228 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-81-0210 fill in this form completely
Date Received 072783 (OEP Use Only)		LOCATION OF WELL COUNTY Howard SUBDIVISION Farside SECTION 23 LOT 29 NEAREST TOWN Elloake MILES FROM TOWN (enter 0 if in town) 9/10	
OWNER INFORMATION Last Name WOODMARK First Name TIM Street or RFD 12150 Mt. ALBERTA ROAD Town ELLICOTT CITY State MD Zip 21043		DRILLER INFORMATION Driller's Name Joseph L. Mayne License No. 238 Firm Name Joseph L. Mayne Address 5512 Ridge Rd. Mt Airy Md Signature Joseph L. Mayne Date 7/27/83	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 300 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E 8204 N 5104 </div>	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <input type="checkbox"/> AIR ROTARY <input checked="" type="checkbox"/> AIR PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> DRIVE POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) H0-81-0006		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A283972 OEP SIGNATURE Frank Skinner STATE HEALTH CIRCLE BOX S DATE ISSUED 080183 CO SIGNATURE _____ NORTH GRID 514 EAST GRID 0824 EXPIRES 020184	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE F5 WRITE INITIALS IN BOX MD-81-0210 PERMIT NO. MD-81-0210		SPECIAL CONDITIONS 8-63	

C1 5154

SEQUENCE NO.
(ENV USE ONLY)(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A = 28372

OK 9/20/94
DKS

ST/CO USE ONLY

DATE Received

1	2	3	4	5	6
8					13

DATE WELL COMPLETED

05/17/94

Depth of Well

22 400 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HA-94-0025

OWNER

MORRIS

RULER

STREET OR RFD

last name: HARRIS FOXSPUR

first name

TOWN

CLARKVILLE

SUBDIVISION

FRASIDE

SECTION

LOT 27

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearingSAND STONE
GRAVELLY
ROCKFROM TO
0 25
25 400

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES NO
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 7

NO. OF POUNDS 658

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 25 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST

CO

STEEL CONCRETE

PL

OT

PLASTIC OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

57

63 64

28 66 70

EACH
CASING

OTHER CASING (if used)

diameter
inchdepth (feet)
from to

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

C2
EACH
SCREEN

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
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41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62
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47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67
48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
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50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71
52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72
53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73
54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74
55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77
58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78
59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79
60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
61	62	63	64																	

B 1 09813

SEQUENCE NO.
(DP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

H0-94-0075

fill in this form completely

Date Received (APA)

042994

OWNER INFORMATION

NORDEN

ROGER

15 Last Name

Owner

First Name

11686 FOXSPUR CT

Street or RFD

ELLICOTT

Town

CITY

MD

21771

70 State

Zip

DRILLER INFORMATION

Joseph L. Mayne

24

Driller's Name

77 License No.

Joseph L. Mayne Well Drilling

Firm Name

5512 Ridge Rd. Mt Airy, Md 21771

Address

Joseph L. Mayne

4/29/94

Signature

Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- ☒ BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN
- ☐ AIR-ROTARY ☐ AIR-PERCUSION ☐ ROTARY (Hydraulic Rotary)
- ☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT
- other _____

REPLACEMENT OR DEEPEMED WELLS

(CIRCLE APPROPRIATE BOX)

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

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

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

APPROP. PERMIT NUMBER

FORCE ☒ WRITE INITIALS IN BOX PERMIT No. H0-94-0075

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD

8 COUNTY

FAR SIDE

23 SUBDIVISION

SECTION

LOT 29

CLARKSVILLE

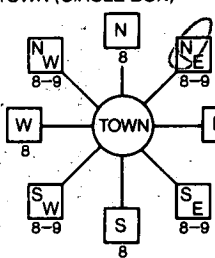
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11686 Foxspur Ct.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD

ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

COUNTY NO.

STATE

SIGNATURE

INSERT S

DATE ISSUED

050994

Charles Egan

CO SIGNATURE

EXP. DATE

NORTH GRID

514000

EAST GRID

0824000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

2.

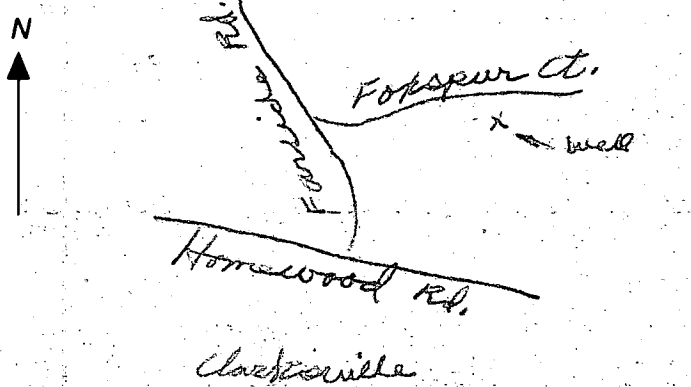
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 4

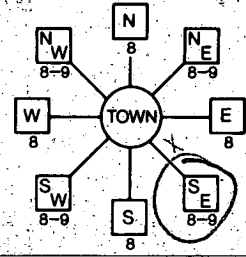
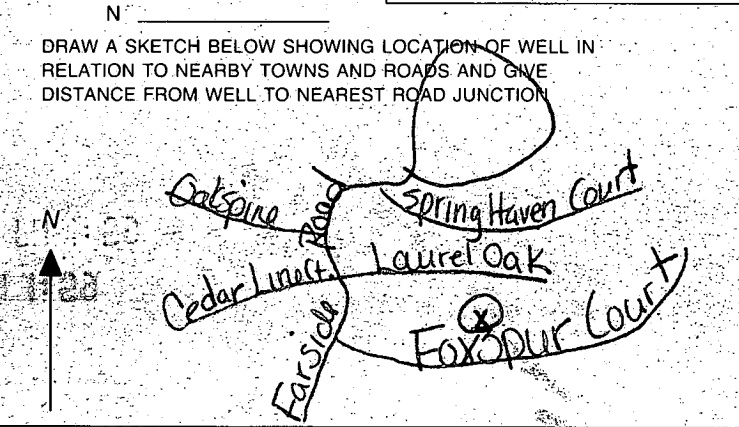
N 510 1

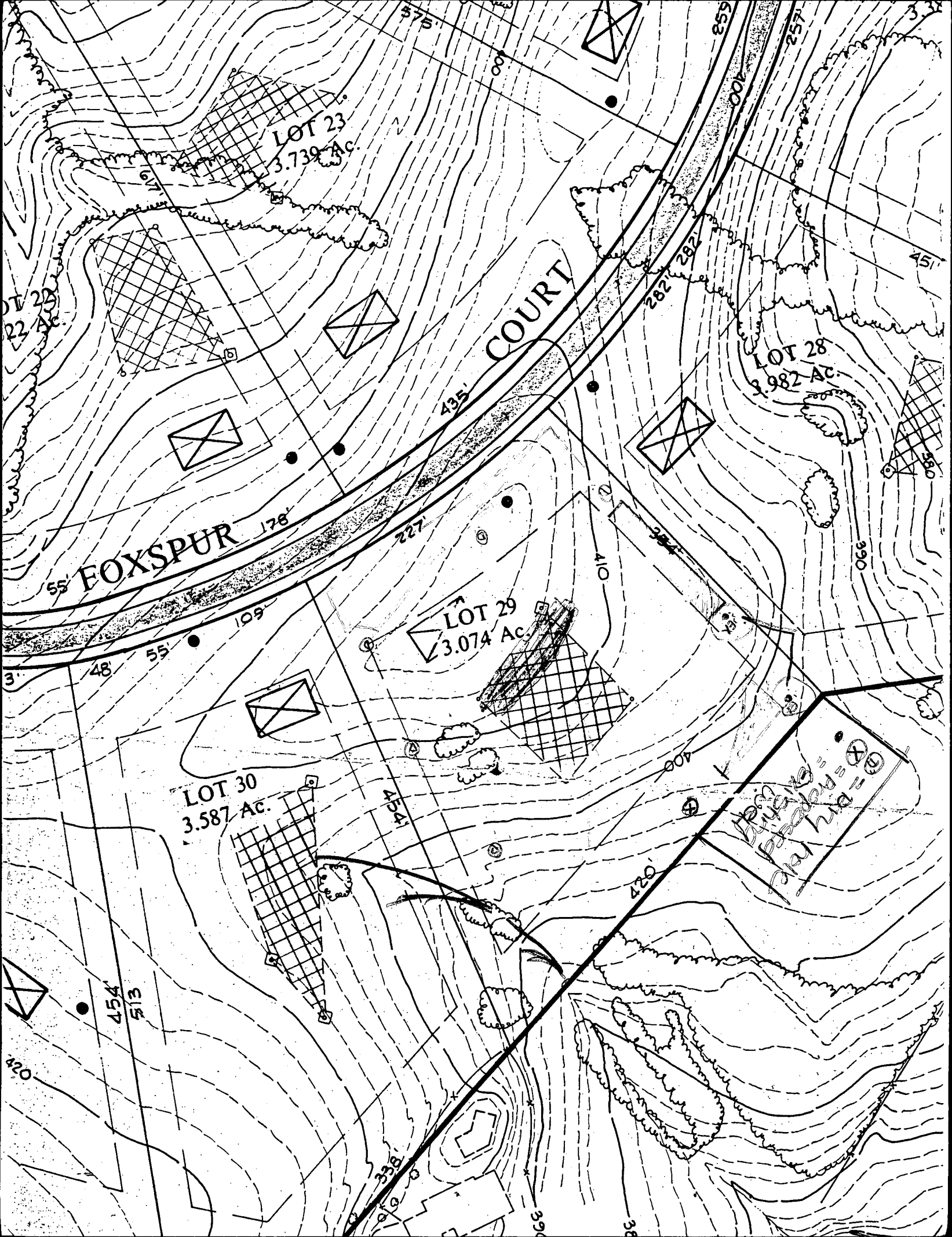
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

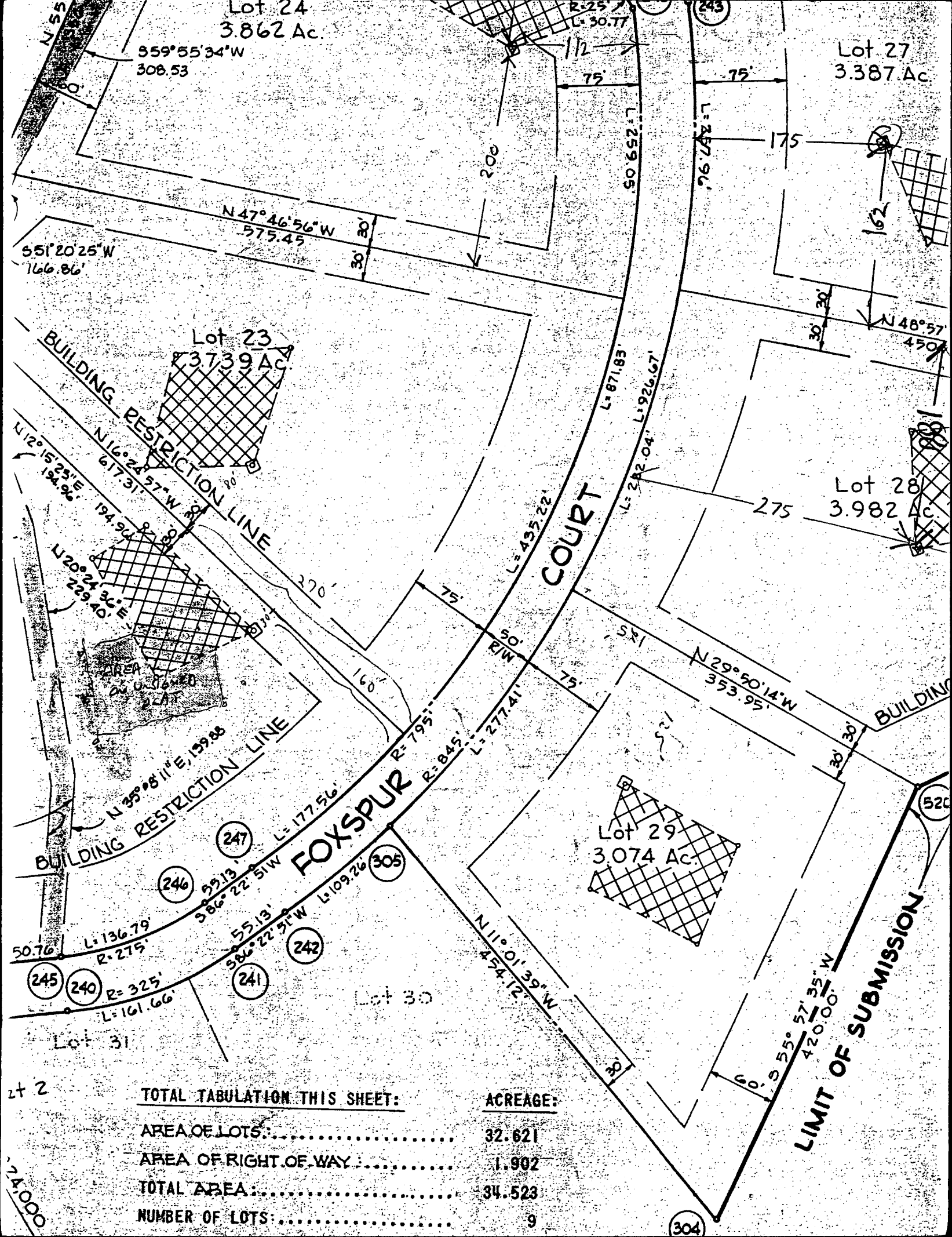


COUNTY

C 1 03542		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 6 25 99		Depth of Well 22 1000 26 (TO NEAREST FOOT)		COUNTY NUMBER A 28397 PERMIT NO. FROM "PERMIT TO DRILL WELL" 2/25/00 HO-94-2201	
ST/CO USE ONLY DATE Received MM DD YY 8 13		OWNER Norden Roger STREET OR RFD 11086 Fox Spur Ct SUBDIVISION		TOWN ELLICOTT SECTION		LOT	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 40 BOTTOM 58 ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 1 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE air WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 1000 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO 0 30 30 1000		CASING RECORD casing types insert appropriate code below ST CO PL OT MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40			
				OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to			
				SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT			
NUMBER OF UNSUCCESSFUL WELLS: 2		C 2 DEPTH (nearest ft.) HO 40 1000		CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 1			
WELL HYDROFRACTURED Y N		E A C H S C R E E N 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47			
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
DRILLERS LIC. NO. MSD 101 Robert Halland Jr. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		Farside Rd Fox Spur Ct.			
LIC. NO. M D		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q.		X			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA					

B 1 1 2 3 6 9578	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2301
Date Received (APA) 6/19/99		B 3 Howard LOCATION OF WELL	
OWNER INFORMATION 8 MM DO 13 Norden Roger 15 Last Name Owner First Name 34 11686 Fox Spur Ct 36 Street or RFD 55 Ellicott City MD 21042 57 Town 70 State 72 Zip 76		8 COUNTY Howard 23 SUBDIVISION Forside SECTION 29 LOT 29 44 46 48 50 Ellicott City 52 NEAREST TOWN 71	
DRILLER INFORMATION Leo R. Holland Jr. M S D 101 Driller's Name 76 License No. 81 SEC Well Drilling & Pump Co. Firm Name P.O. Box 1143 Hagerstown, MD Address Leo R. Holland Jr. 6-16-99 Signature Date		MILES FROM TOWN (enter 0 if in town) 10 M I 73 76 77 78 B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD FOX SPUR 30 34 1000 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 10 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 28397 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 6/21/99 1999 06 21 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 514 000 EAST GRID 0824 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST-OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E _____ N _____ DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 500 FEET 24 28 APPROXIMATE DIAMETER OF WELL _____ INCH NEAREST		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52 _____		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 _____ G A P PERMIT No HO-94-2301 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			





TOTAL TABULATION THIS SHEET:

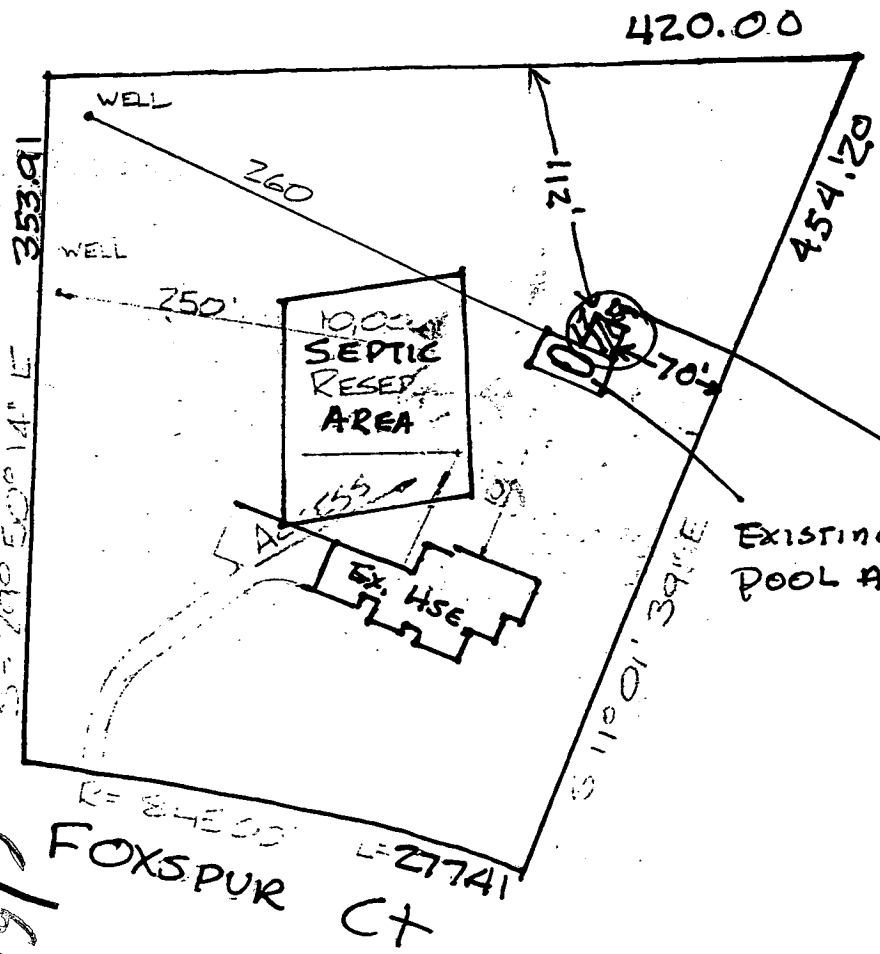
ACREAGE:

AREA OF LOTS:..... 32.621

AREA OF RIGHT OF WAY..... 1.902

TOTAL AREA:..... 34.523

NUMBER OF LOTS:..... 9



SCALE
1" = 100' 0"

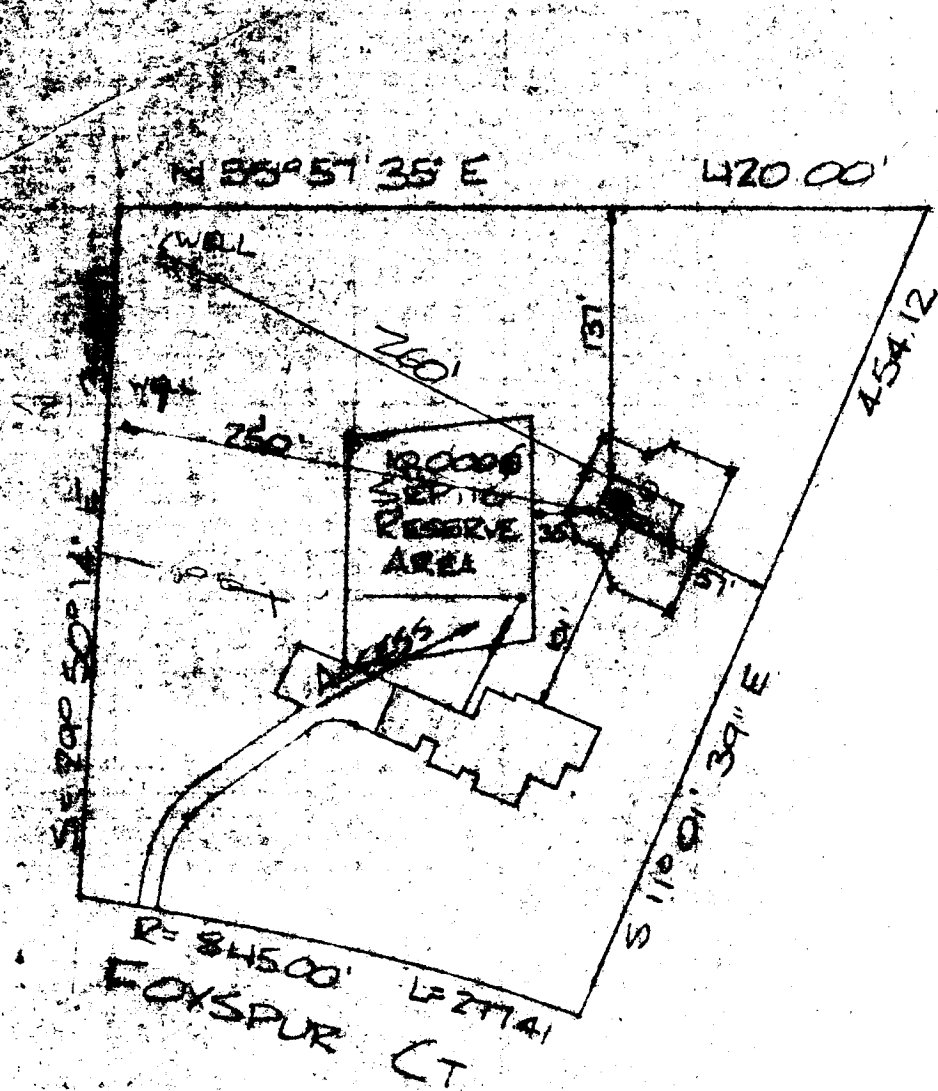
PROPOSED
17'x18' POOL HOUSE

EXISTING
POOL AREA

OK
6/6/89
R. Hodge

R-84500
FOXSPUR CT
L-27741

Norden Plat



4/4/88

OK to sign

RH (per drawings)

SCALE
1" = 100' 0"



SITE INSPECTION SHEET

OWNER: Roger Nordin

DATE REQUESTED: 6/9/99 2:30-3:00

ADDRESS: 11686 Foxspur Ct

DRILLER: SEC

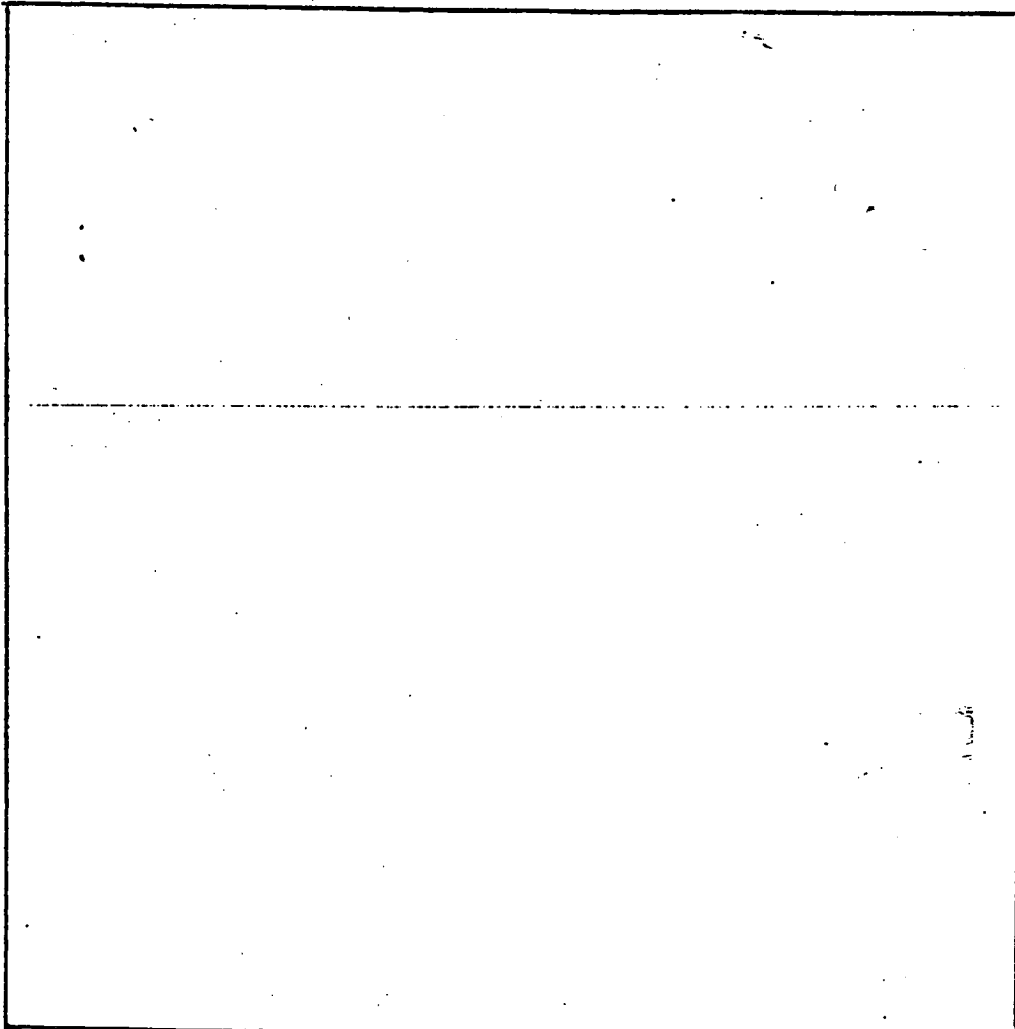
Fairside - Lot 29

WELL TAG # _____

COUNTY # _____

PROPOSAL: inspection requested to find an approvable site
for a replacement well - existing well is dry

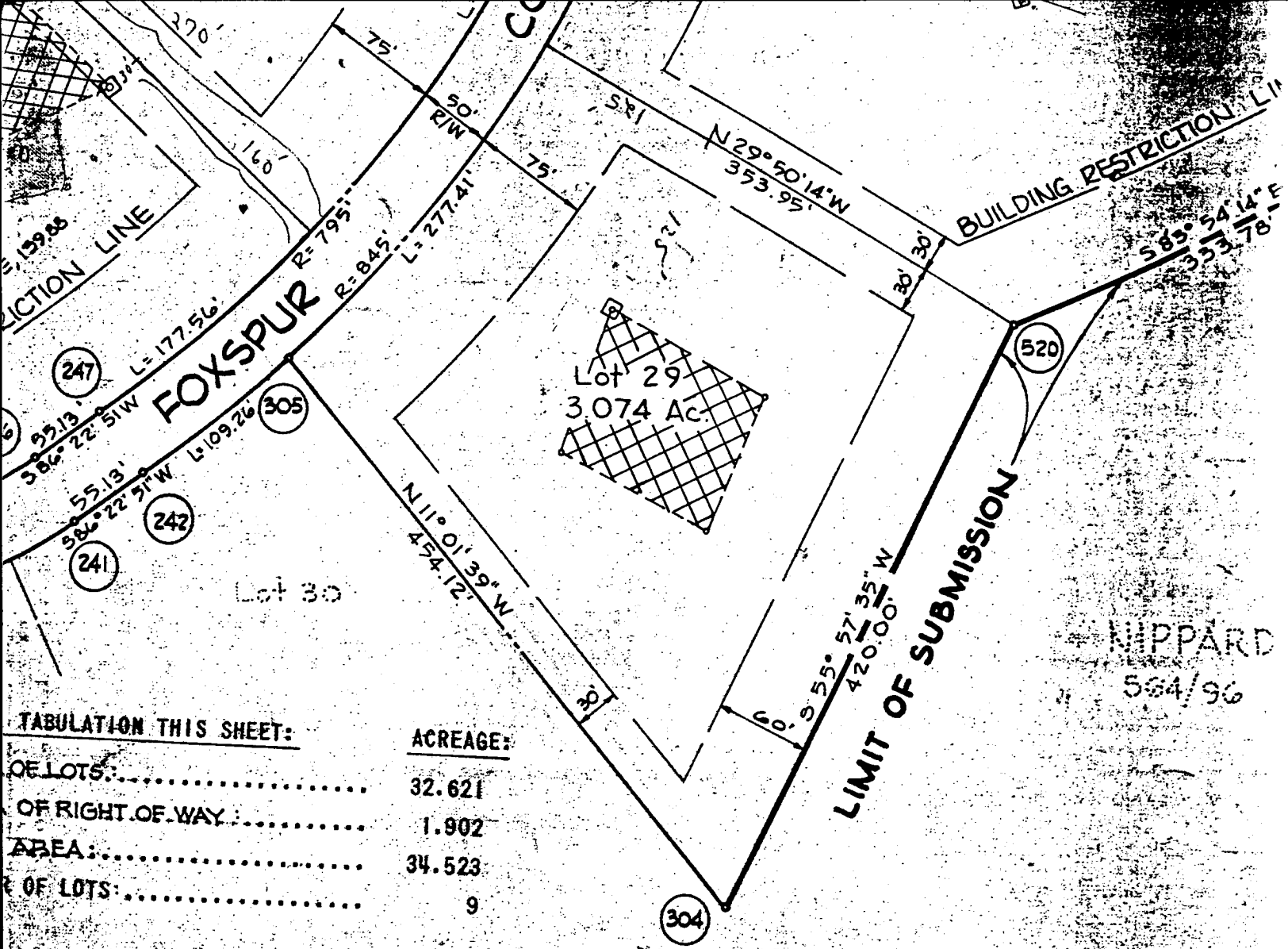
LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____



TABULATION THIS SHEET:

	ACREAGE:
OF LOTS:.....	32.621
OF RIGHT OF WAY:.....	1.902
AREA:.....	34.523
OF LOTS:.....	9

■ DENOTES 4"x4" CONCRETE MONUMENT

OWNER'S CERTIFICATE

OPERATION BY MARK A. WAKEFIELD JR., PRESIDENT, OWNER OF THE PROPERTY SHOWN ON THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAN AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT TO SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET AND OPEN SPACE WHERE APPLICABLE, AND FOR ONE DOLLAR (\$1.00) TO THE CITY AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE LAND APPLICABLE TO THE TIME OF BUILDING OR SIMILAR STRUCTURE OF ANY KIND OR ERECTION AND EIGHT MONTHS THEREAFTER, IT IS HEREBY AGREED THAT THE BUILDING RESTRICTIONS AND/OR FLOODPLAIN SHOWN HEREON ARE THE RESPONSIBILITY OF THE OWNER AND HIS SUCCESSORS.

WOODMARK, INC.
12150 Neust Albert Court
ELLICOTT CITY, MARYLAND 21043

SEAL *Mark A. Wakefield Jr.*
MARK A. WAKEFIELD JR., PRESIDENT

RECORDED AS PLAT NUMBER **4407**
ON **OCT 11**, 19 **79**
LAND RECORDS OF HOWARD COUNTY, MARYLAND

FAR SIDE
LOTS 19-24, & 27-29
TAX MAPS 23 & 25

SHEET 3 OF 10
3rd. ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1" = 100'

F-79-182

B 1 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 40-73-3643 FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY)		OWNER COL 15 LAST NAME <u>Woodcock</u> FIRST NAME <u>Franklin</u> COL. 34 STREET OR RFD <u>12450 WOODCOCK RD</u> COL. 36 POST OFFICE <u>ELLICOTT CITY, Md.</u> COL. 57				
B 1 1 2 3 (SEQ. NO.) 6 CONTINUED		DRILLER INFORMATION DATE <u>7/7/80</u> LICENSE NUMBER <u>308</u> 77 80 <u>Stanley W. Dollinger Jr.</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>Stanley W. Dollinger Jr.</u>				
B 2 1 2 3 (SEQ. NO.) 6 CONTINUED		WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u> 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST MUST HAVE STATE HEALTH DEPT. APPROVAL APPROXIMATE DEPTH OF WELL <u>200</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN 30-37 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT OTHER (DESCRIBE) _____ REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ 41 52 NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>69</u> FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u> CONDITIONS <u>70</u> 71 72 73 74 75 76 77 78 79				
B 4 1 2 3 (SEQ. NO.) 6 CONTINUED		LOCATION OF WELL COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>Faurside</u> 23 42 SECTION <u>44</u> LOT <u>29</u> 46 50 NEAREST TOWN <u>Columbia</u> 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u> 73 76 77 78 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) NORTH EAST NORTHWEST SOUTHWEST SOUTH WEST NEAR WHAT ROAD <u>Foxspar Ct</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>22</u> 34 37 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. BOX NUMBER <u>820</u> <u>510</u> 4 NORTH COORDINATE <u>50</u> 51 52 53 54 55 EAST COORDINATE <u>02</u> 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) <u>70</u> 65 66 67 68 0/0 5/0				
B 5 1 2 3 (SEQ. NO.) 6 CONTINUED		HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>225397</u> DATE <u>07/15/80</u> MO. DAY YR. APPROVED BY <u>Fred Frommelt, Sanitarian</u> SPECIAL CONDITIONS 8-63 (WRA USE ONLY)				

APPLICATION

A 28397

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 1000 gallon
3DATE May 12, 1978Septic Tank { 1-3 Bedrooms
4 Bedrooms 1250 gallon

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 Woodmark, Inc.ADDRESS 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 3029ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 111, left on Folly Quarter, left on
Homewood, 1 mile to property on leftSIZE OF LOT 3 plus acres TYPE BLDG. 1
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

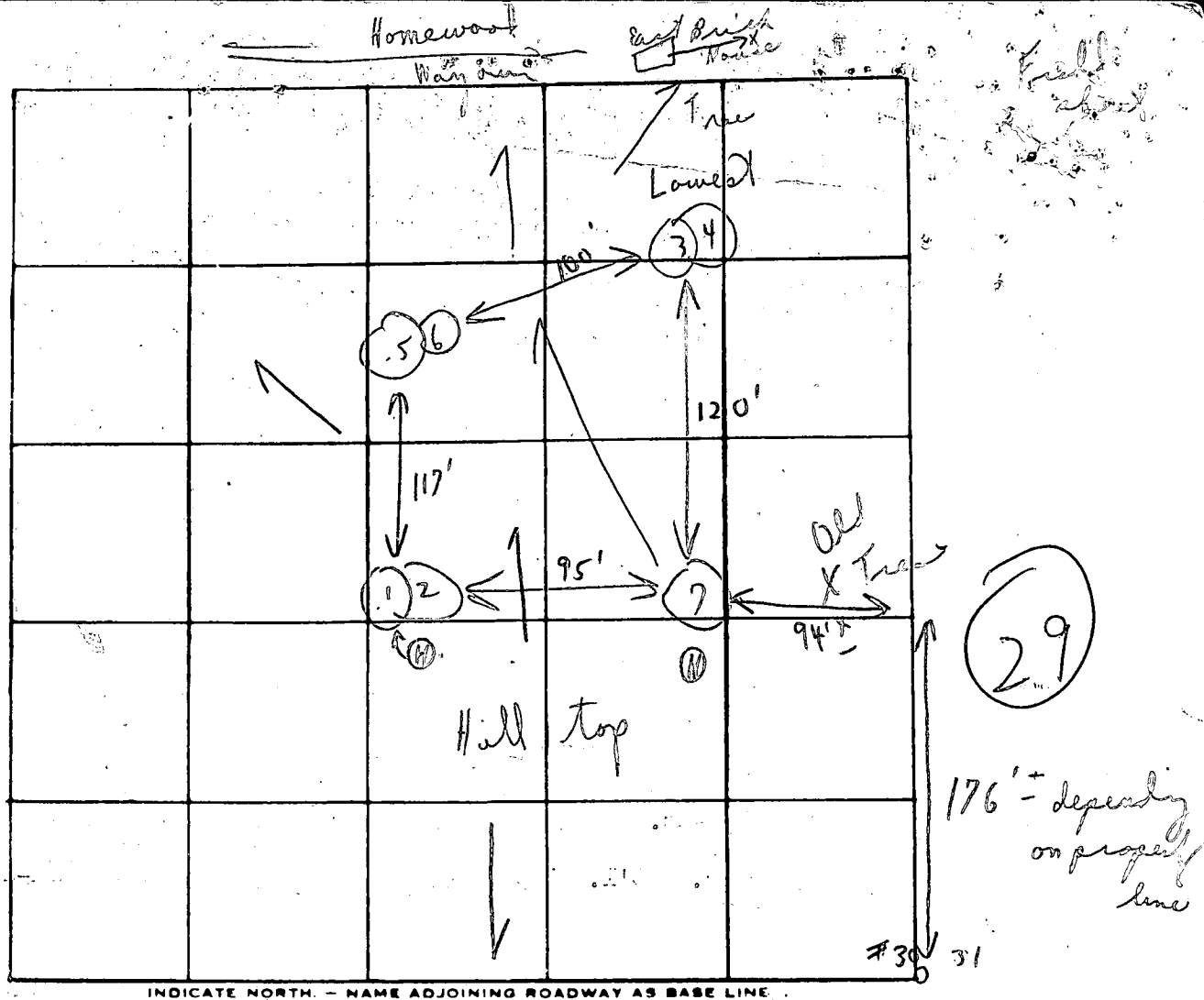
SIGNATURE OF APPLICANT [Signature]APPROVED BY _____ FOR _____ DATE 11
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

29



Soil Profile

Below clay mixed + sandy loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/5/78	1	6'	11:08	11:09	11:09	11:10	1 1/2 min
	(H) 2	12'	11:09	11:11	11:11	11:13	2 min
	3	7'	11:16	11:18	11:18	11:20	2 min
	(L) 4	14' 3"	11:16	11:18	11:18	11:21	3 min
	5	4 1/2'	11:14	11:16	11:16	11:19	3 min
	(L) 6	12'	11:14	11:17	11:17	11:24	7 min
	7	5 1/2'	Visual			6:19	

Use still (1, 2 or 3)

Soil 4' Good ground 6'

4 min 150 yd ft pushed room

REMARKS

Tested in open field

Testers: Stok

TYPE OF SOIL

TESTED BY

Same as 32

ALSO PRESENT:

Same all day

Permit

5/12/83
9:30 A.M.

APPLICATION

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: 992-2330

A 32750

P _____

DISTRICT 3rd

DATE 5/10/83

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 ARTHUR L. JONES
3501 SPLIT RAIL LANE
ADDRESS ELLICOTT CITY, MD 21043 PHONE 465-9136

PROPERTY LOCATION:

SUBDIVISION FAR SIDE LOT NO. 29

ROAD AND DESCRIPTION FOXSPUR COURT

SIZE OF LOT 3.074 Acres TYPE BLDG. 4
(NUMBER OF BEDROOMS)

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. Ben D. Jones
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

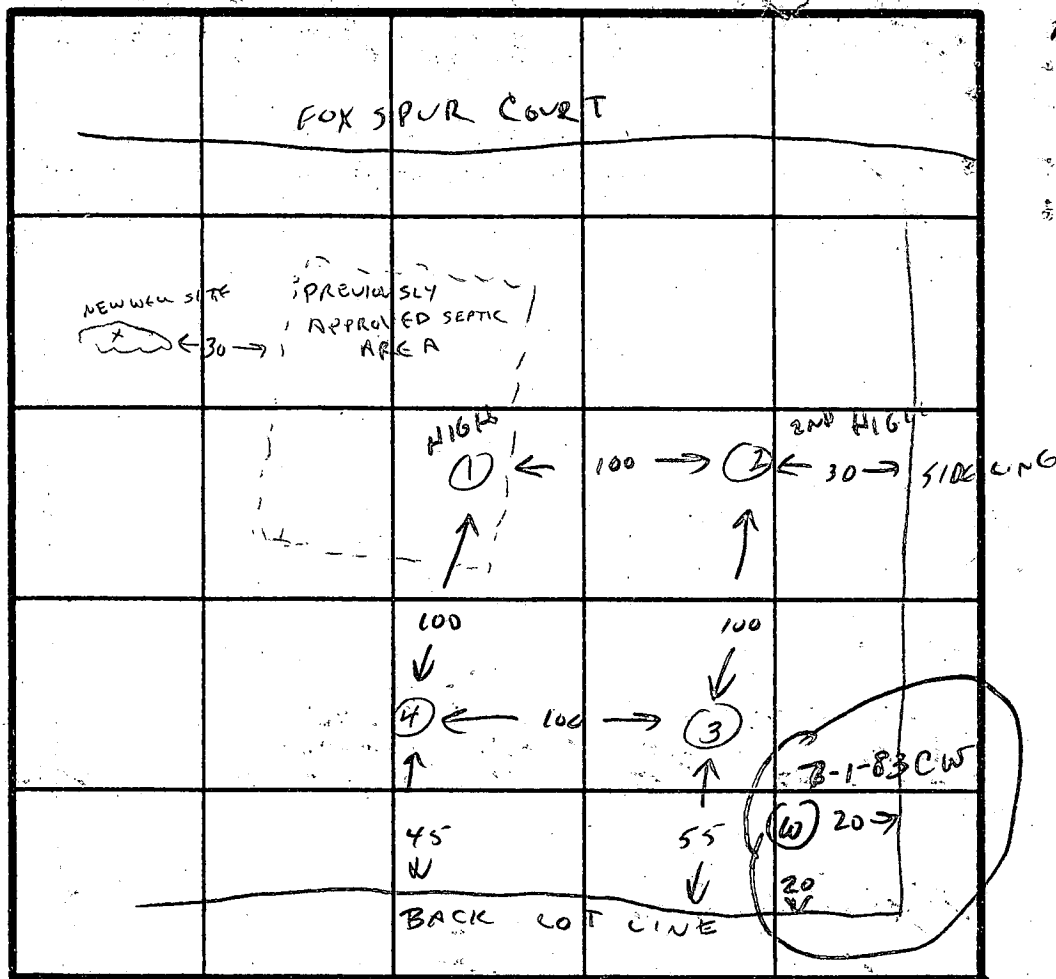
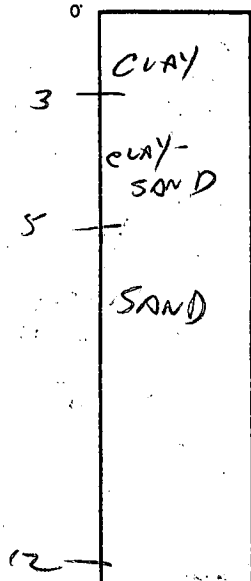
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

ALL HOLES SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-12-83	1	4	9:50	9:57	9:57	10:07	10 MIN
		8	9:50	9:53	9:53	9:57	4 MIN
		12					
5-12-83	2	4	VLS.	SAND			
		8					
		12				9:4	
5-12-83	3	4	9:41	9:42	9:42	9:44	2 MIN
		8	9:41	9:42	9:42	9:44	2 MIN
		12					
5-12-83	4	4	9:47	9:52	9:52	10:05	13 MIN
		8	9:47	9:49	9:49	9:52	3 MIN
		12					

REMARKS

TYPE OF SOIL SAND, SMALL AMT CLAY MIXED IN

TESTED BY C. Williams

ALSO PRESENT BEN JONES

