

6-12-86
10:30 AM

approved
6/2/86 B.M.

PERMIT

P 37142

A 30133

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

~~992-2330~~

461-9933

INDEXED

05-353998

ELLICOTT CITY

DISTRICT 5th

DATE 6/10/86

Dave Hopkins

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Horrell Property ROAD 14305 Triadelphia Mill LOT Front Lot

PROPERTY OWNER Carl A. Thompson

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 225 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 250 feet from the front (548.51') lot line and 210 feet from the left (2042.42') lot line as seen when facing the lot from Triadelphia Mill Road. Run trenches on contour toward left front lot line.

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. alcw

PLANS APPROVED BY S. Abel DATE 5/20/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

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

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

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

PERMIT VOID AFTER THREE YEARS.

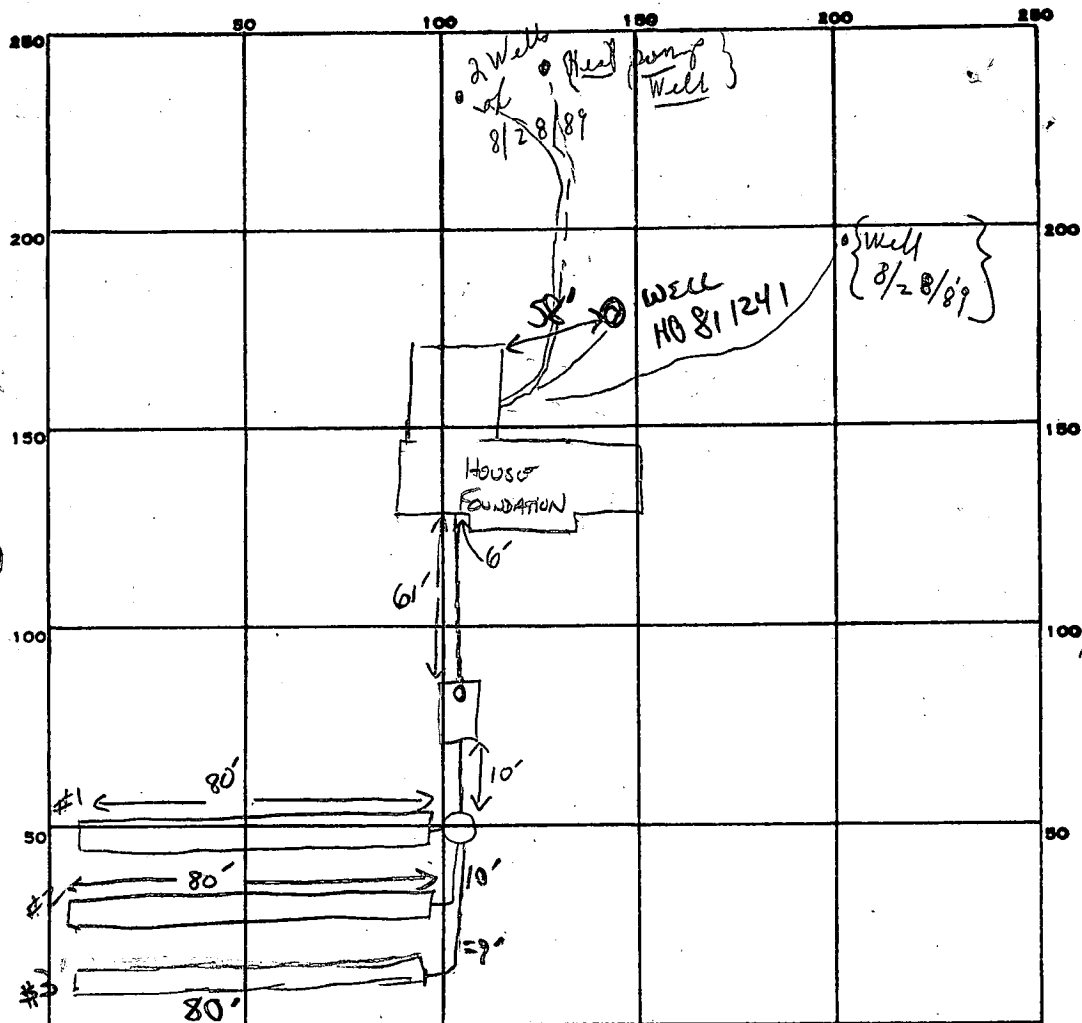
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30133



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

TRIADAPHA Mill Rd.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ 2000 GAL

CLEANOUTS S.T.

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 9 9 9 FT. TRENCH WIDTH 2 FT. INLET 4

GRAVEL DEPTH 5, 5, 5 IN. TOTAL LENGTH 80 80 80 FT.

NUMBER OF TRENCHES 3 ONE SIDE WALL TOTAL BOTTOM AREA 400 + 400 + 400

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

ABSORBENT AREA 1200 SQ. FT.

REMARKS 6/11/86 OK TO ADD STONE TO TRENCH #1 & 2; Dig #3; Call 6/11/86 OK TO COVER TRENCH #1

6/12/86 OK to cover trench #2 & finish adding stone pipe paper to trench #3. OK to cover trench #3. OK to finish cementing piping & cover. OK to cover all work

DATE SYSTEM APPROVED

6/12/86

INSPECTOR

B. Nelson

FRONT
LOT

(4)
SOIL PROFILE

CLAY

SAND

FENCE

A30133

HOLE
ELEVATION

(4) = HIGHEST

(1) = NEXT HIGH

(2) = MEDIUM

(5) = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TRIDELPHIA MILL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/11/29	1D	12	1036	1052	1052	1116	18
9/11/29	1S	4	1030	1034	1034	1039	5
	2D	11 1/2	1039	1059	1059	1125	26
	2S	3 1/2	1039	1042	1042	1046	4
	3D	12	1043	1102	1102	1120	18
	3S	3 1/2	1044	1050	1050	1054	8
	4D	13	1053	1100	1100	1109	9
	4S	4 1/2	1100	1103	1103	1108	5
	5V	12	ALL SANDY				
	6V	10	WATER 10 FT				
			TOP 6 FT CLAY OF 4 FT SAND				
			WATER 9 FT				
10/17	7S	3	9:40	9:43	9:43	9:47	4
	8S	3	9:39	9:46	9:46	9:50	17

REMARKS (3) IS ABOUT 5" HIGHER THAN (5) } C.B.S.

TYPE OF SOIL

TESTED BY

B.H.

10/17/29 Hold for supervisor - water on lot. C.B.S.
CARL THOMPSON
LOUISE ADAMS
H. SIKK JR

ALSO PRESENT



MARYLAND DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway • Baltimore, Maryland 21224

(410) 631-3000 • 1-800-633-6101 • [http:// www. mde. state. md. us](http://www.mde.state.md.us)

Parris N. Glendening
Governor

Jane T. Nishida
Secretary

April 2, 2001

CARL A. & SANDY A. THOMPSON
14305 TRIADELPHIA ROAD
DAYTON, MD 21036-1221

RE: State Water Appropriation
Permit No. HO1989G003(02)
Revision 02

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements.

PLEASE NOTE THE CONDITION ON YOUR PERMIT REQUIRING WATER USED FOR A HEAT PUMP SYSTEM TO BE RETURNED TO THE AQUIFER FROM WHICH IT WAS WITHDRAWN.

If you have any questions, please contact this office at (410) 631-3591.

Sincerely,

MARK T. FILAR
Water Rights Division

cc: HOWARD COUNTY HEALTH DEPARTMENT

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT
WATER MANAGEMENT ADMINISTRATION

WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: HO1989G003(02)

EFFECTIVE DATE: APRIL 1, 2001

EXPIRATION DATE: APRIL 1, 2013

FIRST APPROPRIATION: FEBRUARY 1, 1989



CARL A. & SANDY A. THOMPSON

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER MANAGEMENT ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO:
A DAILY AVERAGE OF 3,000 GALLONS ON A YEARLY BASIS AND
A DAILY AVERAGE OF 6,000 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR A RESIDENTIAL GROUND WATER HEAT PUMP.
3. SOURCE - THE WATER SHALL BE TAKEN FROM FROM ONE WELL IN THE WISSAHICKON OLIGOCLASE-MICA SCHIST AND RETURNED TO THE SAME FORMATION IN ONE WELL.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED AT 14305 TRIADELPHIA MILL ROAD, DAYTON, HOWARD COUNTY, MARYLAND.


CONTINUED ON PAGE 2

5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO EFFECTIVELY AND SAFELY CONDUCT SUCH INSPECTIONS AND EVALUATIONS.
6. PERMIT REVIEW - THE PERMITTEE WILL BE QUERIED EVERY THREE YEARS (TRIENNIAL REVIEW) REGARDING WATER USE UNDER THE TERMS AND CONDITIONS OF THIS PERMIT. FAILURE TO RETURN THE TRIENNIAL REVIEW QUERY WILL RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT.
7. PERMIT RENEWAL - THIS PERMIT WILL EXPIRE ON THE DATE INDICATED ON THE FIRST PAGE OF THIS PERMIT. IN ORDER TO RENEW THE PERMIT THE PERMITTEE SHALL FILE A RENEWAL APPLICATION WITH THE ADMINISTRATION NO LATER THAN 45 DAYS PRIOR TO THE EXPIRATION.
8. PERMIT SUSPENSION OR REVOCATION - THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE ADMINISTRATION UPON VIOLATION OF THE CONDITIONS OF THIS PERMIT, OR UPON VIOLATION OF ANY REGULATION PROMULGATED PURSUANT TO TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED.
9. CHANGE OF OPERATIONS - ANY ANTICIPATED CHANGE IN APPROPRIATION WHICH MAY RESULT IN A NEW OR DIFFERENT USE, QUANTITY, SOURCE, OR PLACE OF USE OF WATER SHALL BE REPORTED TO THE ADMINISTRATION BY THE PERMITTEE BY SUBMISSION OF A NEW APPLICATION.
10. ADDITIONAL PERMIT CONDITIONS - THE ADMINISTRATION MAY AT ANYTIME (INCLUDING TRIENNIAL PERMIT REVIEW OR WHEN A CHANGE APPLICATION IS SUBMITTED) REVISE ANY CONDITION OF THIS PERMIT OR ADD ADDITIONAL CONDITIONS CONCERNING THE CHARACTER, AMOUNT, MEANS AND MANNER OF THE APPROPRIATION OR USE, WHICH MAY BE NECESSARY TO PROPERLY PROTECT, CONTROL AND MANAGE THE WATER RESOURCES OF THE STATE. CONDITION REVISIONS AND ADDITIONS WILL BE ACCOMPLISHED BY ISSUANCE OF A REVISED PERMIT.

PERMIT NUMBER: HO1989G003(02)
PAGE NUMBER THREE

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
12. RETURN TO AQUIFER - THE WATER WITHDRAWN AND USED FOR GROUNDWATER HEAT PUMP OR HEAT EXCHANGE PURPOSES SHALL BE RETURNED TO THE AQUIFER FROM WHICH IT IS WITHDRAWN.
13. WATER LEVEL MEASUREMENTS - FOR ALL THE APPLICANT'S WELLS FOUR (4) INCHES IN DIAMETER OR LARGER, PUMPING EQUIPMENT SHALL BE INSTALLED SO THAT WATER LEVELS CAN BE MEASURED DURING PUMPING AND NONPUMPING PERIODS WITHOUT DISMANTLING ANY EQUIPMENT. ANY OPENING FOR TAPE MEASUREMENTS OF WATER LEVELS SHALL HAVE A MINIMUM INSIDE DIAMETER OF 0.5 INCHES AND BE SEALED BY A REMOVABLE CAP OR PLUG. THE PERMITTEE SHALL PROVIDE A TAP FOR TAKING RAW WATER SAMPLES BEFORE WATER ENTERS A TREATMENT FACILITY, PRESSURE TANK, OR STORAGE TANK.
14. PERMIT SUPERSESSION - THIS PERMIT HAS BEEN REVIEWED AND REVISED AND SUPERSEDES THE APPROPRIATION AND USE GRANTED BY THE FOLLOWING PRIOR PERMIT ISSUED TO:
CARL A. THOMPSON ON FEBRUARY 1, 1989 (HO89G003(01))

BY AUTHORITY OF THE DIRECTOR
WATER MANAGEMENT ADMINISTRATION

 4/6/01
Matthew G. Pajerowski, Chief
WATER RIGHTS DIVISION

HTS

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

8

13

15

20

22

26

28

29

30

31

32

33

34

35

36

37

010886

300

FROM "PERMIT TO DRILL WELL"

HO-81-1241

(TO NEAREST FOOT)

OWNER Thomson, CARL A

STREET OR RFD 14303 TRIDELPHIA TOWN DARTON

SUBDIVISION _____ SECTION _____ LOT _____

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

FROM

TO

Topsoil

0

1

Sandy

1

60

Sandstone

60

87

✓

Mica

87

300

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

ST 6 52

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

insert appropriate code below

ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C2

DEPTH (nearest ft.)

H0 50 300

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.)

WQ

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 93

WHEN PUMPING 61

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

PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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)

well 100'

350'

Prop

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

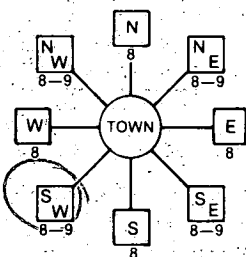
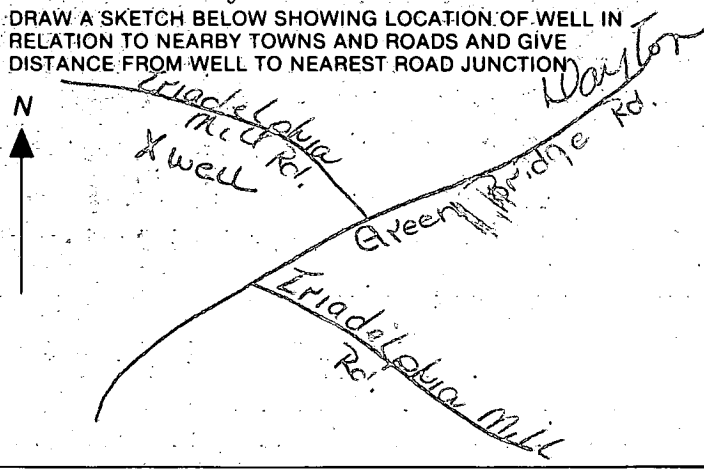
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE Heorie J. Easterday

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

[illegible]

B 1 4566 1 2 3 4 5 6 (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 10-81-1241
Date Received 100785 8 13 OWNER INFORMATION 15 Last Name 21 Owner 34 First Name 5725 Frederick Ave 36 Street or RFD 55 ROCKVILLE MD 20852 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Naughton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78	
DRILLER INFORMATION Driller's Name George F. Easterday 77 License No. 80 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd. Mt. Airy, MD 21771 Address George F. Easterday 10/4/85 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 30 14305 Iriadelphia Mill NEAR WHAT ROAD NORTH N WEST W EAST E SOUTH S 34 37 DISTANCE FROM ROAD ENTER FT or MI 11 38 39	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME OEP A 30133 SIGNATURE COUNTY NO. DATE ISSUED 112285 B. Nilton 05/22/86 CO SIGNATURE NORTH GRID 507000 50 55 EAST GRID 0796000 57 63	
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)		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 798 N 500 000 000	
APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 DEEPEMED 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 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER 54 GAP 63 FORCE 32 WRITE INITIALS IN BOX PERMIT NO. 10-81-1241 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Tawes Office Building
Annapolis, Maryland 21401

☐ Surface Water ☒ Groundwater ☒ New Application ☐ Change in Existing Permit

Number _____

APPLICATION

CARL A. THOMPSON

(Owner's Name)

933-0276

(Telephone Number)

2704 JENNINGS RD. KENSINGTON MD.

(Owner's Address)

(Street)

(Town)

(State)

20895
(Zip Code)

WITHDRAWAL

GROUNDWATER

Appropriate and use a yearly average of

10,000 gallons per day,
(total annual use ÷ 365 days)

and 300,000 gallons
(highest total monthly use ÷ days in month)

for the average day of the maximum month, from

1 well(s) having a diameter of
(number)

6" inches, and a depth of
(estimate)

300 ft.
(estimate)

SURFACE WATER

Appropriate and use a yearly average of

_____ gallons per
(total annual use ÷ 365 days)

day, and a maximum use of _____

gallons in any one day, from:

_____ (name of stream)

_____ (exact location of withdrawal)

PROJECT LOCATION

TAX MAP 27 PARCEL 66

14305 TRIDELPHIA MILL RD. DAYTON, MD. 21036

(Location - be specific)

County HOWARD Subdivision or town DAYTON MD. Phone number _____

Name and type of business PRIVATE HOME UNDER CONSTRUCTION

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE

The water will be used for:

- ☐ Community Water Supply
- ☐ Non-Potable supply (sanitary uses, not for drinking water)
- ☐ Potable Supply (drinking water, etc.)
- ☐ Cooling Water
- ☐ Irrigation
- ☐ Process Water
- ☐ Other GROUND WATER

(explain)

HEAT PUMP (CLOSED SYSTEM)

1-301

WASTEWATER TREATMENT AND DISPOSAL

- ☐ Public Sewer _____ (name of system)
- ☐ Groundwater
 - ☐ Subsurface (tilefield, seepage pit, etc.)
 - ☐ Spray Irrigation
 - ☐ Other, explain _____
- ☐ Surface Water _____ (name of stream)

Discharge Permit # _____
or applied for _____

SIGNATURE

WORK 88-2636 HOME 933-0276

Please sign here

Carl A. Thompson
(signature)

CARL A. THOMPSON OWNER/BUILDER
(please print name, title, and date here)

THIS APPLICATION WILL NOT
BE PROCESSED
WITHOUT A SIGNATURE
AND A LOCATION MAP

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?

☒ YES ☐ NO, explain _____

Signature of county
representative

Craig Williams
(signature)

SANITARIAN
(title)

1/27/89
(date)

C1 6777 SEQUENCE NO. (DENV 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 A# 30433

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

041889

22 400 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
A0-88-0460

OWNER T. H. M. S. O. G. C. S. L.
STREET OR RFD last name 1405 T. L. L. first name RD TOWN MYTON HP
SUBDIVISION TAY MAP 27 PARCEL 66 SECTION LOT WELL #1

WELL LOG

Not required for driven wells

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

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

Top Soil 0 2
Br Shale 2 48
Tan Mica 48 77
Br Mica 77 78
Tan Mica 78 82
Gray Mica 82 130
opening 230 231
Gray Mica 231 400

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 6

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 54 ft.

(enter 0 if from surface)

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 58 58

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

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

DEPTH (nearest ft.)
1 H0 56 400
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 26066 OK 8/25/89 CW

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE Built

WATER LEVEL (distance from land surface)

BEFORE PUMPING 78

WHEN PUMPING 400

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

(CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

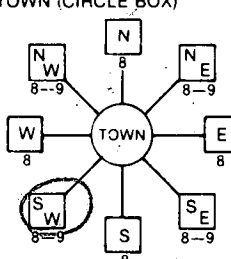

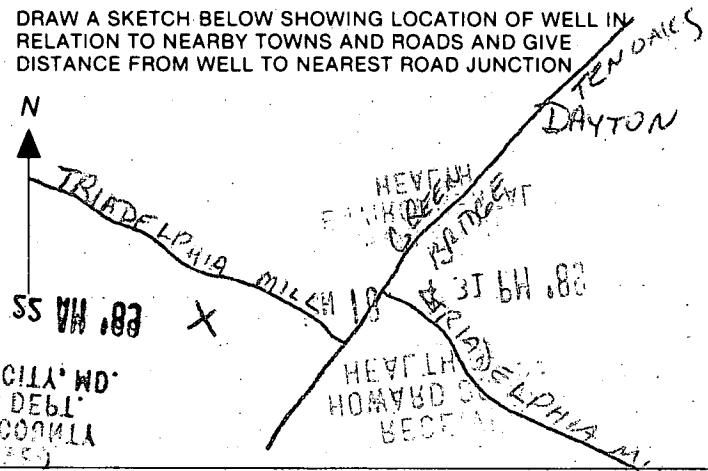
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

100' RT

300'

TRIANGLE

COUNTY

B 1 7857 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-0460 <small>fill in this form completely</small>
Date Received (APA) 011889 OWNER INFORMATION T H O M P S O N C A R L <small>Last Name Owner First Name</small> 2704 JENNING S RD <small>Street or RFD</small> K E M S I N G T O N M D 20895 <small>Town State Zip</small>		LOCATION OF WELL #1 H O W A R D <small>COUNTY</small> T A X M A P 27 P R C L 66 <small>SUBDIVISION</small> SECTION 44 LOT 48 D A Y T O N <small>NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) 4 M I <small>73 76 77 78</small>	
DRILLER INFORMATION George F. Easterday <small>Driller's Name</small> L. Franklin Easterday, Inc. <small>Firm Name</small> 9265 Brown Church Rd., Mt. Airy, Md. 21771 <small>Address</small> George F. Easterday 1/17/89 <small>Signature Date</small>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 300 <small>ENTER FT or MI</small>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 43600 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 03 22 89 x C. J. W. J. 9/22/89 <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 507000 EAST GRID 079600 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input 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 checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) HEAT PUMP		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 790 N 500 000 000	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 _____		REPLACEMENT OR DEEPEMED 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 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 _____ <small>54 63</small> FORCE CW WRITE INITIALS IN BOX PERMIT No. H0-88-0460 <small>70 71 72 73 74 75 76 77 78 79</small>		SPECIAL CONDITIONS TH 10 2 55 AM '89 EGGCO. 1 CITY MD HEALTH DEPT HEALTH DEPT HEALTH DEPT	

852

SEQUENCE NO.
(DENV 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.

COUNTY
NUMBER
A 30133

DATE Received
DATE WELL COMPLETED
04/18/89

Depth of Well
140
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-88-0550

OWNER THOMAS CARL
STREET OR RFD 1100 S. TRINITY AVE. first name TOWN LANTANA
SUBDIVISION SECTION LOT HP well # 3

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
Top Soil	0	2
Br Shale	2	50
B1 Mica	50	64
Gray Mica	64	74
B1 mica	74	75
Gray Mica	75	110
B1 Mica	110	111
Gray Mica	111	140

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes ☒ Y no ☐ N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 19 NO. OF POUNDS 1900

GALLONS OF WATER 95

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 55 ft.

CASING RECORD

casing types insert appropriate code below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

H 0 6 58

OTHER CASING (if used)

depth (feet) from to

EACH CASING

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO
STEEL BRASS OPEN HOLE
PL PL
PLASTIC OTHER

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)

from to

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.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.) WQ

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 22

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 64

WHEN PUMPING 140

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 PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:

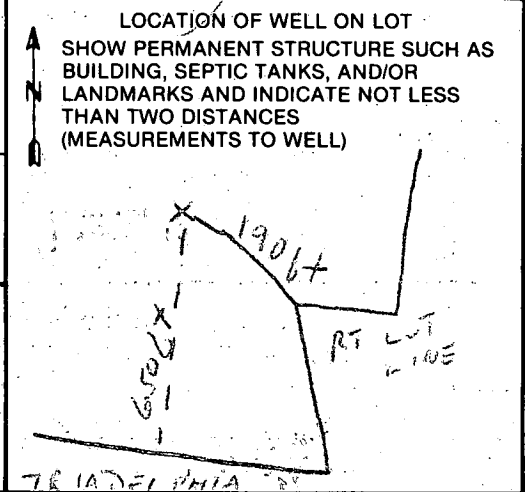
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

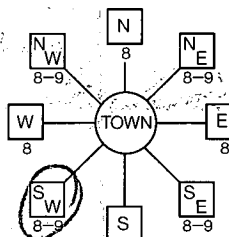
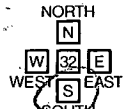
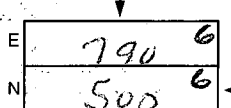
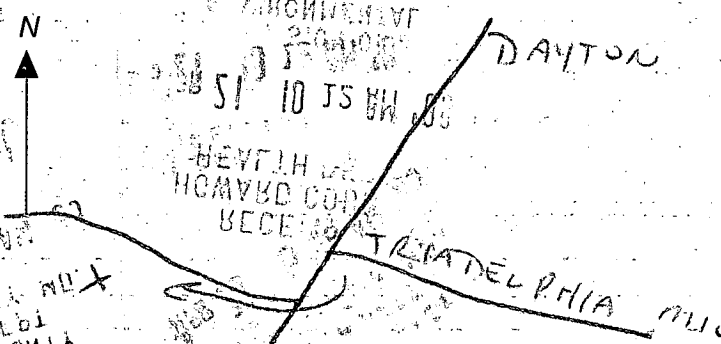
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)



B 1 9139 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type:	STATE PERMIT NUMBER HO-88-0550 <small>fill in this form completely.</small>
Date Received (APA) 042189		B 3 LOCATION OF WELL	
OWNER INFORMATION 8 THOMPSON 13 Owner First Name 2704 JENNINGS RD Street or RFD KENSINGTON 57 Town MD 20895 70 State 72 Zip 76		1 HOWARD 21 8 COUNTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 WELL # 3 DAYTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78	
DRILLER INFORMATION Driller's Name GEORGE F. EASTEDAY 77 License No. 80 40 Firm Name L. FRANKLIN EASTEDAY, INC. Address 9265 BROWN CHURCH RD, MT. HAIN 21771 Signature George F. Easteday 4-19-89 Date		B 4 1. 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		11 4305 TRIADELPHIA MILL 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 1100 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input checked="" type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) HEAT PUMP		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 30133 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 042189 10/21/89 43 48 CO SIGNATURE EXP. DATE NORTH GRID 506000 50 55 EAST GRID 0796000 57 63	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		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 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY 30 37 AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP 54 63 FORCE CW 67 68 WRITE INITIALS IN BOX PERMIT No. HO-88-0550 70 71 72 73 74 75 76 77 78	
SPECIAL CONDITIONS			

C1 6851 SEQUENCE NO. (DENV USE ONLY)
1 2 3 4 5 6
(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 A 30133

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
H0-88-0549

OWNER Thompson CARL

STREET OR RFD last name 14305 TRAPPEL HILL first name DAYTON TOWN

SUBDIVISION SECTION LOT W11 H 2 HP

WELL LOG

Not required for driven wells

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

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

Top Soil 0 2
Bolter 2 3
Br Shale 3 30
Br Mica 30 65
Gray Mica 65 100

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 65

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 41 ft.
(enter 0 if from surface)

casing types insert appropriate code below

CASING RECORD

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)

ST 6 44

EACH CASING

OTHER CASING (if used)

diameter depth (feet)
inch from to

screen type or open hole

SCREEN RECORD

insert appropriate code below

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

EACH SCREEN

DEPTH (nearest ft.)

1 H0 42 100
2
3

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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 REV 16W OK 8/25/97 CW

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 102

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 65

WHEN PUMPING 100

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

PLACE (A,C,J,P,R,S,T,O)

IN BOX-SEE ABOVE:

CAPACITY:
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

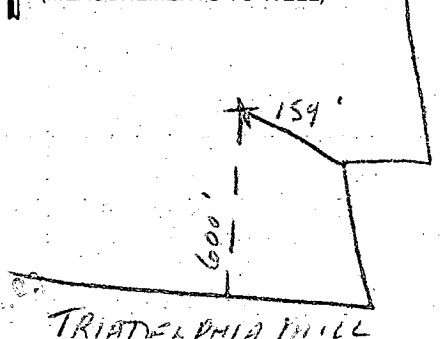
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE (nearest foot)
below }

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)



A CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELL

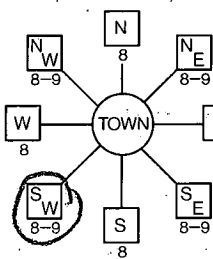
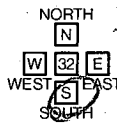
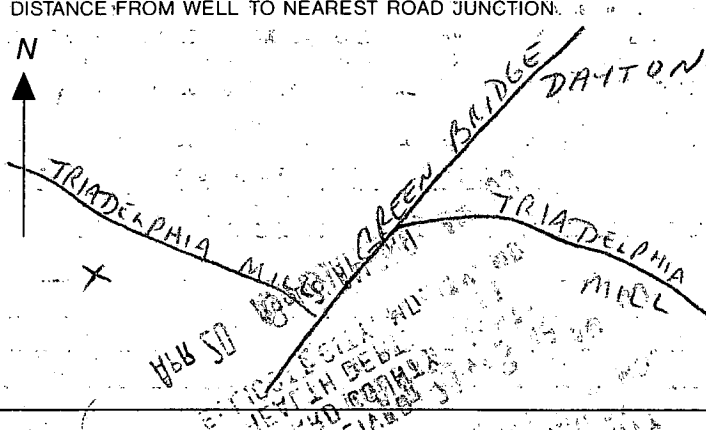
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST
OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 41

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY 30133

B 1 9138 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP-USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0549 <small>fill in this form completely</small>
Date Received (APA) 042189 OWNER INFORMATION THOMPSON CARL 15 Last Name Owner First Name 2764 TENNINGS RD 36 Street or RFD KENSINGTON MD 20895 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL HOWARD 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Well # 2 DAYTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78
DRILLER INFORMATION GEORGE F. EASTERDAY Driller's Name 77 License No. 40 L. FRANKLIN EASTERDAY, INC. Firm Name 3205 BROWN CHURCH RD, MT AIRY Address George F. Easterday Signature 4-19-89 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 30 14305 TRIADDELPHIA MILL NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 900 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input 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 checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) HEAT PUMP		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A30133 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 042189 Chris W. Odom 10/21/89 43 48 CO SIGNATURE EXP. DATE NORTH GRID 507000 EAST GRID 0796000 50 55 57 58 59 60 61 62
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37 METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRIVE-POINT other _____		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 7906 N 5006 000 000 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 DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ 54 63 FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-88-0549 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

HEAT-PUMP
REPLACEMENT WELL SITE INSPECTION

OWNER CAL THOMPSON

DATE REQUESTED _____

ADDRESS 14305 TRIADDELPHIA MILL RD
~~2214 JEFFERSON CHASE RD~~

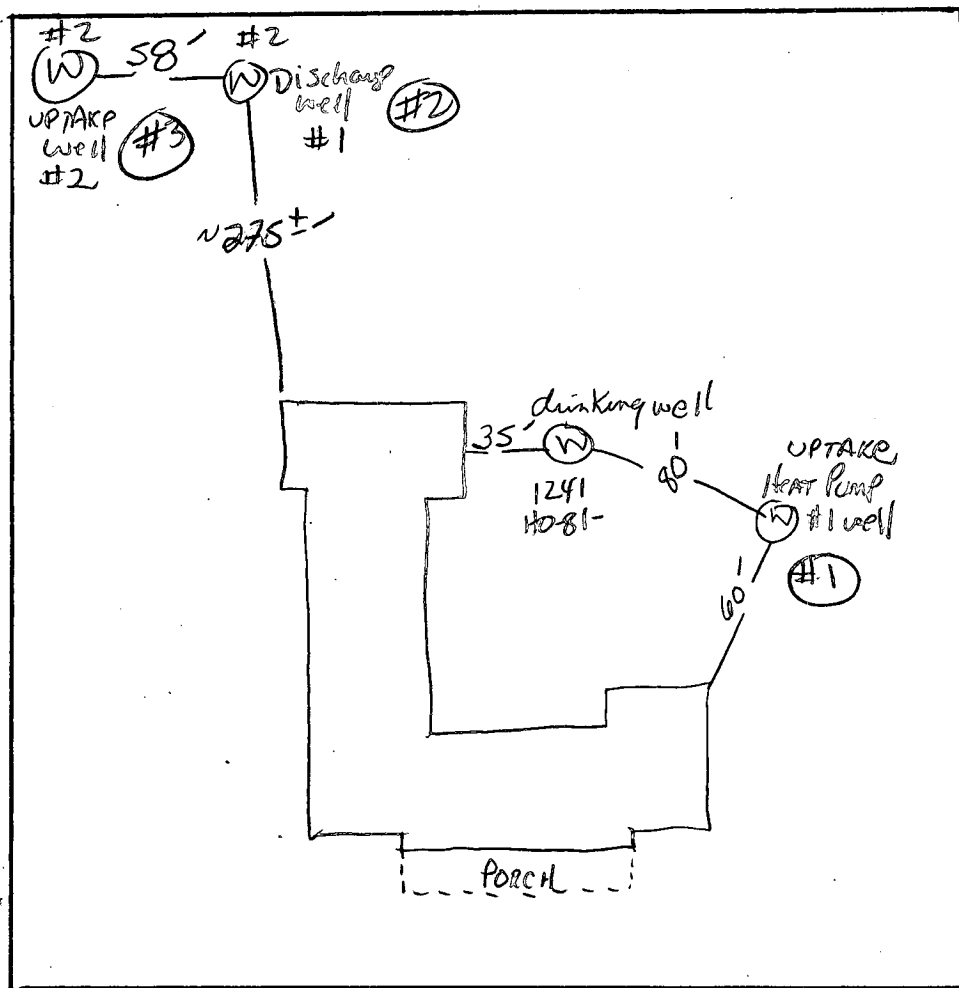
DRILLER EASTDAY

DAYTON

WELL TAG# _____

COUNTY# _____

LOCATION DIAGRAM



Triadelphia Mill Rd.

COMMENTS:

APPLICATION

PRELIMINARY

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

PERC HOLES NOT LOCATED

*INCLUDED ON FINAL PLAT
NO SPECS WRITTEN*

A 30134

P _____

DISTRICT 5th

DATE 8/31/79

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 Joseph Horrell

Louise Adams

ADDRESS Lexington, Virginia

PHONE 531-5458

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. MIDDLE LOT

ROAD AND DESCRIPTION Triadelphia Mill Road - land not to be subdivided at present time.

SIZE OF LOT 26.6 acres

TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Louise Adams for Joseph Horrell

APPROVED BY C.R. Theaker FOR shallow trenches only

DATE 10/17/79

REJECTED BY _____ FOR _____

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING

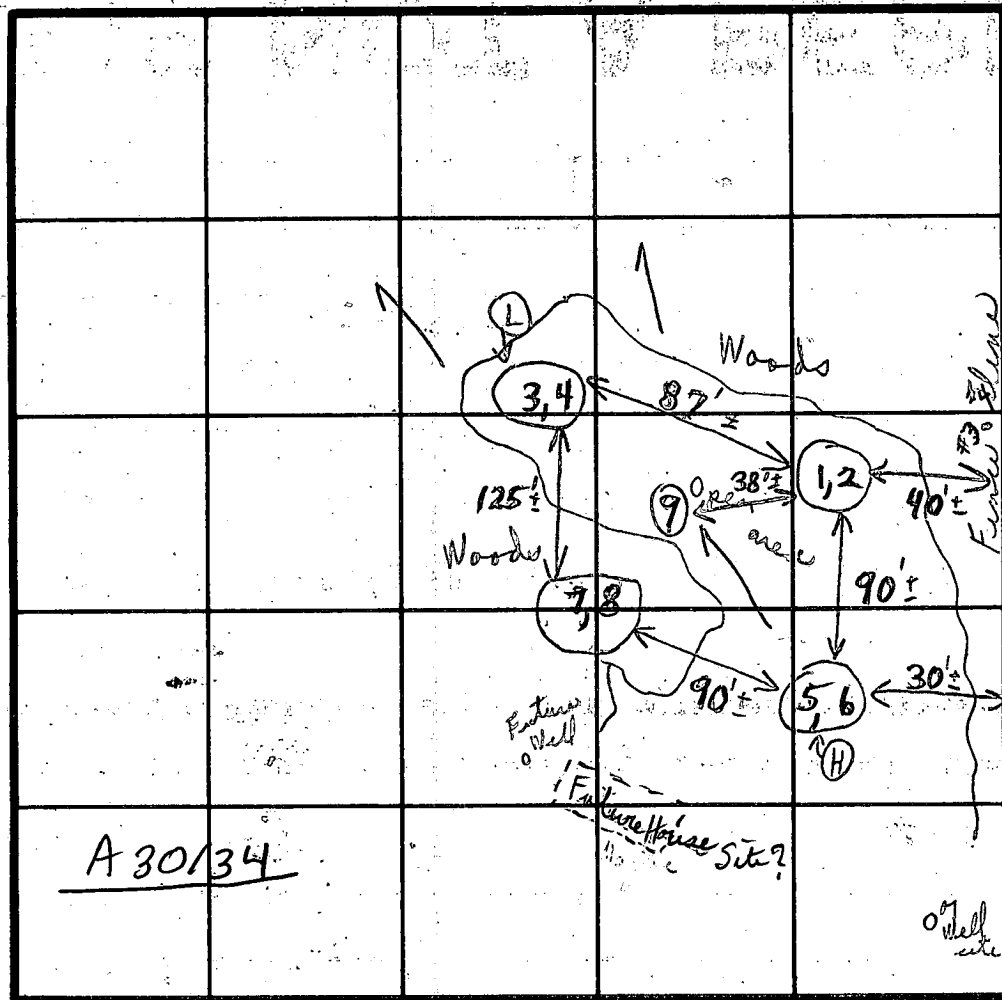
for house site + well (water) site; and
requirements for back
copy given Mrs Adams at site.
12/26/79 - FR SIGNED PLAT BUT THIS PERC TEST
AREA NOT INCLUDED RH

THIS IS NOT A PERMIT

Proposed
MIDDLE
LOT

SOIL PROFILE

Below
clay
sandy
micaceous
loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Soil Profile	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1-2' Clayish	10/17/79	1	2'	10:21	10:28	10:28	10:48	20 in out.
sandy micaceous loam to 10'		2	6'	11:02	11:08	11:08	11:17	9 in
10' micaceous rock		3	4'	10:30	10:33	10:33	10:37	4 in
1-4' Clayish		4	12 1/2'	10:29	10:49	10:49	11:07	18 in
4'-12 1/2' micaceous loam		5	2 1/2'	10:42	10:44	10:44	10:47	3 in
1-2' Clayish		6	7'	10:52	10:56	10:56	11:07	11 in
2'-10' micaceous loam		7	2'	11:12	11:16	11:16	11:24	8 in
10' Rock -		8	12'	Micaceous loam				
1'-2' Clayish		9	3'-4'	Micaceous loam				
2'-5 1/2' rather light loam			12 1/2'	2 Holes dug at times of arrival on lot.				
5 1/2' light loam -				(Note location per Mr. Thompson)				

Woods, High grass + brush 10/17/79 Mr. Monaghan recommends shallow tests at the date
 10/12/79 No boundary plat. submitted at time of purchase
 Test hole for lot lines, well site, house site +
 ① certified stakes & ② superior rock
 TESTED BY: C.B. ALSO PRESENT: Mr. Dick & son, Mrs. Adams
 Check per area of lot 3 & 2 of Kalmia Farms Sec I.

proposed water cuts on this lot.

STATE DEPARTMENT OF HEALTH AND
MENTAL HYGIENE.
WELLS FOR ADJOINING LOT WILL BE SHOWN WHEN
PERTINENT.

SAVE FOR HISTORICAL
RECORD.

NBW LOT 2 ESTABLISHED
~~HERE~~ THIS VICINITY 6/2000

N 15° 28' E, 1,127.15

PLNC
TEST A30134
AT REAR OF LOT - NOT USED

REC PLAT BY FCC
FOR JOSEPH & JOYCE HONNELL
SIGNED BY HEALTH OFFICE 12/24/79

PROP. BLDG
SITE

PROP WELL








26.631 AC. \pm

HOUSE ON THIS PROPERTY
LOT 1

14305 TALAD. MILL RD
IS AT FRONT OF LOT

S 12°09' W, 2,051.30'

NOTES:

1. SUBJECT PROPERTY IS ZONED RR-DEO.
2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
3.  THIS AREA DESIGNATES A PROPOSED PRIVATE SEWAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. A REVISED PLAT SHALL NOT BE NECESSARY.
4. B.R.L. DESIGNATES BUILDING RESTRICTION LINE.
5.  DESIGNATES PROPOSED WELL LOCATION.
6.  DESIGNATES PROPOSED HOUSE LOCATION.
7.  DESIGNATES APPROVED PERC TEST LOCATION.
8.  DESIGNATES INTERMITTENT STREAM PER U.S.D.A. SOIL SURVEY OF HOWARD COUNTY, MD.
9.  DESIGNATES WOODS LINE.
10.  DESIGNATES SEPTIC AREAS FROM AVAILABLE PLANS OF RECORD.

NOTES (CONT.)

9. THE TOPOGRAPHY & ELEVATIONS SHOWN HEREON ARE BASED ON HOWARD COUNTY 1"=200' AERIAL PHOTOGRAMMETRY.
10. ALL KNOWN WELLS & SEPTIC SYSTEMS WITHIN 200' OF PROPERTY ARE SHOWN HEREON.

APPROVED: FOR PRIVATE WATER & PRIVATE SEWER SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

Dina Matusz 6/14/00
COUNTY HEALTH OFFICER DATE

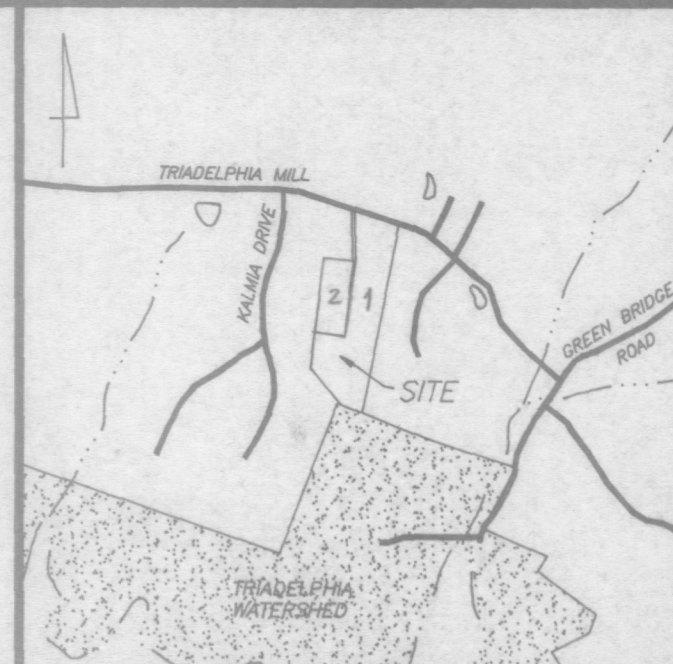
SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
(410) 461-9563

Erin Handberg 5/12/00

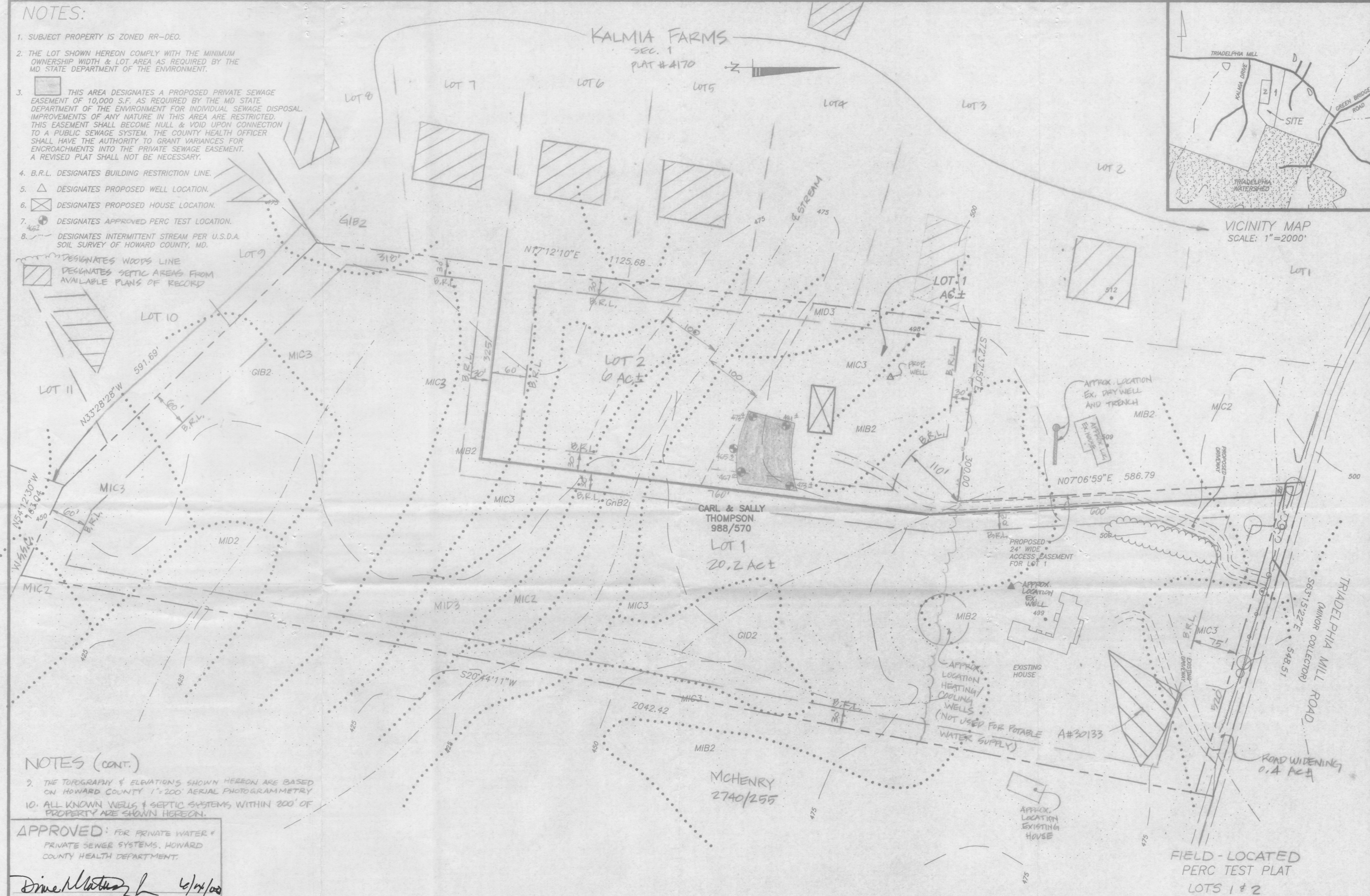


KALMIA FARMS

SEC. 1
PLAT #4170



VICINITY MAP
SCALE: 1"=2000'



CARL THOMPSON PROPERTY

L. 988, F. 570
SECOND ELECTION DISTRICT, HOWARD COUNTY, MD
TAX MAP 27 PARCEL 66

ZONED: RR-DEO
SCALE: 1"=100'
MAY 11, 2000

8551PRC.DWG