10/17/86 Approved S. Abel

10/16/86 RM

10/17/86 11AM

PERMIT

P 37P30

A 36699

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 3rd

DATE 10/09/86

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Boswell Property ROAD 11765 ~~Route 99~~ Old Frederick Road LOT 10

PROPERTY OWNER ~~Mike Palencar~~ DONALD MOOCK

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 5 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 70 feet from the rear (492') lot line and 150 feet from the left (782') lot line. Run trench(s) along contour toward rear 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 before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

BLDG. RECORD CHECKED AND RETURNED 6/21/2000
B00124966
INGROUND POOL W/ DECK+FENCE

PLANS APPROVED BY C. Williams DATE 8/09/86

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.

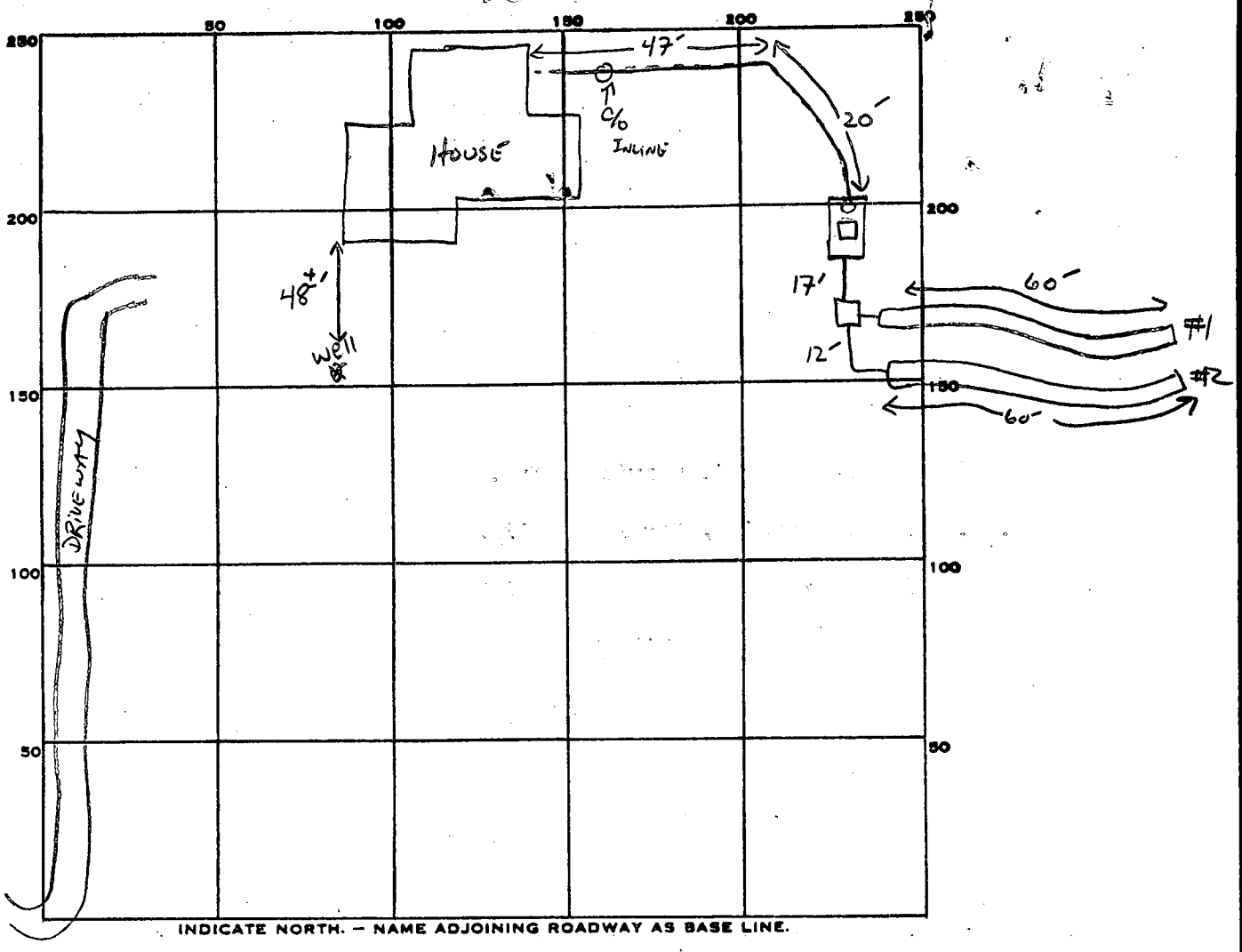
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

A 36699

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



120

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ 1000 GAL

MANHOLE ~~CLEANOUTS~~ ✓ + C/OST C/O INLINE

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. INLETS

GRAVEL DEPTH 5 ft IN. TOTAL LENGTH ① 60' ② 60' FT. TOTAL 120

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 600 ft

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

ABSORBENT AREA 600 SQ. FT.

REMARKS 10/16/86 OK TO ADD STONE TO #1 - D/S #2 OK TO ADD STONE IF INSPECTOR RUNNING LATE: S. Abel

DATE SYSTEM APPROVED 10-17-86 INSPECTOR S. Abel

HO 81-1430 Boswell Lot 10

10/29/86

Boswell Lot 10

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

36699

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer D.R. BOUNDS Telephone _____

License number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision _____ Lot # _____ Well tag # ____-____-_____
Site Address 11765 ROUTE 99
(WEST OF MARRIOTSVILLE RD - WOODEN SIGN, DRIVEWAY TO LOG CABIN)

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

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
   a. 110 _____
   b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disenfected by installer? _____

10/29/86 - Pitless + Lines 4 ft below grade JS

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

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

Signature of Applicant: _____

Date: _____

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

C 1 00486 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 R-36699

DATE Received

DATE WELL COMPLETED 05 06 86

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1936

OWNER DALENCAR (last name) MIKE (first name)

STREET OR RFD RT 99 TOWN WOODSTOCK

SUBDIVISION SECTION LOT 10

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	FEET TO	Check if water bearing
OVERBURDEN	0	6	
BROWN SHALE	6	58	
GRANITE	58	300	X

HOLE 1 (300' DRY) BACKFILLED

HOLE 2 (100' DRY) BACKFILLED

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. 120

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) L. Floyd Price

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

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 12 NO. OF POUNDS 1200

GALLONS OF WATER 72 (Gravity)

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	60

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

(ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	60	300
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK from _____ to _____

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 143

METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28

WHEN PUMPING 280

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) (YES or NO) 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 / (−) below LAND SURFACE 1 (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)

N

NO MAP AVAILABLE

HEALTH

Page 1 of 2
Date 6/4/86

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 - 1430
Location of property (road) RT 99
Subdivision _____ Lot 10 Block _____ Plat _____ Sec. _____
Well Driller Edgar Harr Owner Mike Dalencar

Depth of well 300'
Distance of measuring point (M.P.) above ground 30"
Static water level (S.W.L.) below M.P. 28'6"

I. High rate pumping -- reservoir drawdown

Time pump started 0815 Pumping rate 14.29
Total time 45 to reach pumping water level 280 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)
0830	141'	25		12.0
0845	244'	30		10.0
0900	280'	55 1GAL		1.09
0915	276'6"	55 1GAL		1.09
0930	278'6"	38 1GAL		1.58
0945	277'8"	47 1GAL		1.28
1000	276'6"	47 1GAL		1.28
1015	275'6"	47 1GAL		1.28
1030	276'2"	44 1GAL		1.36
1045	275'8"	44 1GAL		1.36
1100	275'5"	44 1GAL		1.36
1115	276'3"	41 1GAL		1.46
1130	276'11"	41 1GAL		1.46
1145	277'6"	41 1GAL		1.46
1200	278'	41 1GAL		1.46
1215	278'6"	41 1GAL		1.46
1230	278'10"	41 1GAL		1.46
1245	279'2"	41 1GAL		1.46
1300	279'8"	41 1GAL		1.46
1315	280'3"	41 1GAL		1.46
1330	280'8"	41 1GAL		1.46
1345	281'3"	41 1GAL		1.46
1400	281'3"	42 1GAL		1.43
1415	281'4"	42 1GAL		1.43

6/7/86
~~6/3/86 8 AM pump = 6 HRS~~

6/5/86
8:10

Page ______ of ______
Date ~~June 5, 1986~~

Review H7735
JS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1430
Location of property (road) 11805 ROUTE 99
Subdivision BOSWELL PROPERTY Lot 10 Block ______ Plat ______ Sec. ______
Well Driller HARR Owner PALENCAR

Depth of well 300'
Distance of measuring point (M.P.) above ground 2 1/2'
Static water level (S.W.L.) below M.P. 28' 6"

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 5
Total time 45 min to reach pumping water level 280 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	277' 8"	47 sec		1 1/4
10:00	277' 6"	47 sec		1 1/4

PUMP RESULTS CONFIRMED BY Hart. 6/11/86 [signature]

EMERGENCY/TEMP NO. IF ANY

B 1 (1 2 3 6) 5804 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER (70 79) W0-81-1430
fill in this form completely

Date Received (8 13) 03/24/86

OWNER INFORMATION

(15 Last Name / Owner / First Name 34) PALENCAR MIKE
(36 Street or RFD 55) 2419 FOREST HILL DR
(57 Town / 70 State 72 / Zip 76) HARRIOTTSVILLE MD 21104

DRILLER INFORMATION

Driller's Name: Sandy B. Cochran (77 License No. 80) 1201
Firm Name: G. EDGAR HARR SONS CORP.
Address: 12047 Falls Rd Cockeysville 21030
Signature: Sandy B Cochran Date: 3-21-86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) (8 12): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) (14 20): 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL (24 28): 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
(30 37) AIR-ROTary — (AIR-PERcussion) — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other

REPLACEMENT OR DEEPENED 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
- (39) [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

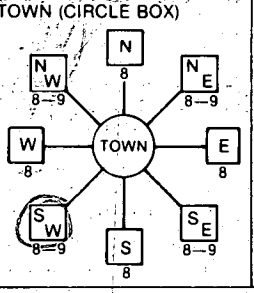
APPROP. PERMIT NUMBER (54 63): GAP
FORCE (67 68): 8-5 WRITE INITIALS IN BOX
PERMIT No. (70 71 72 73 74 75 76 77 78 79): W0-81-1430

B 3 LOCATION OF WELL

(8 COUNTY 21) HOWARD
(23 SUBDIVISION 42)
SECTION (44 46) LOT (48 50): LOT 10
(52 NEAREST TOWN 71) WOODSTOCK
MILES FROM TOWN (enter 0 if in town) (73 76 77 78): 3 MI

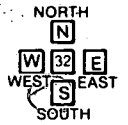
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



(11 30) 11805 Route 99 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD (34 37): 100
ENTER FT or MI (38 39): FT

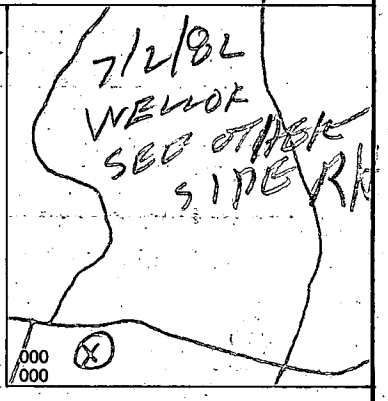
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME — R-36699 COUNTY NO.
OEP SIGNATURE — STATE HEALTH INSERT S (41)
DATE ISSUED (43 48): 04/18/86 — CO SIGNATURE — EXP. DATE: 10/18/86
NORTH GRID (50 55): 570000
EAST GRID (57 63): 0822000

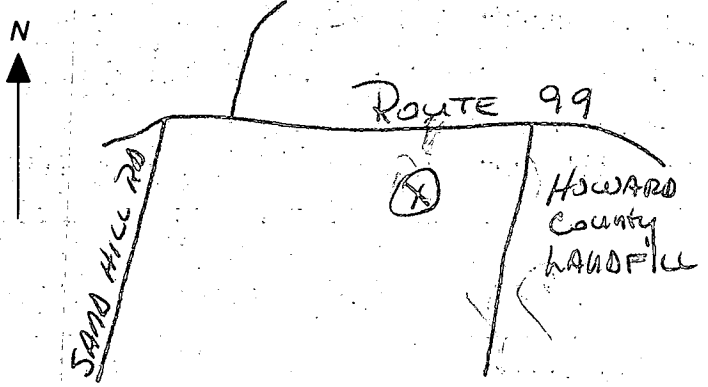
SHOW MAJOR FEATURES OF BOX. & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8202
N 540

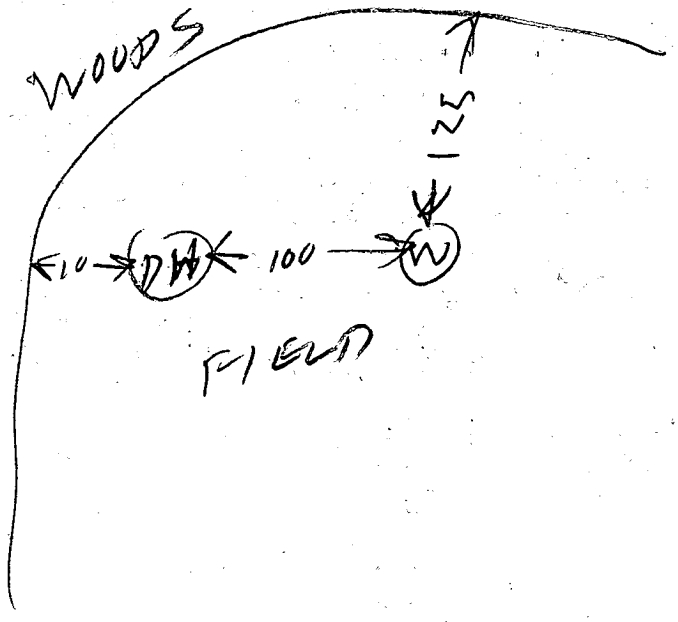


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

HEALTH



7/2/86
1023 AM

(1) 33 FT OPEN HOLE

(2) 60 FT CASING 3 FT OUT OF GROUND

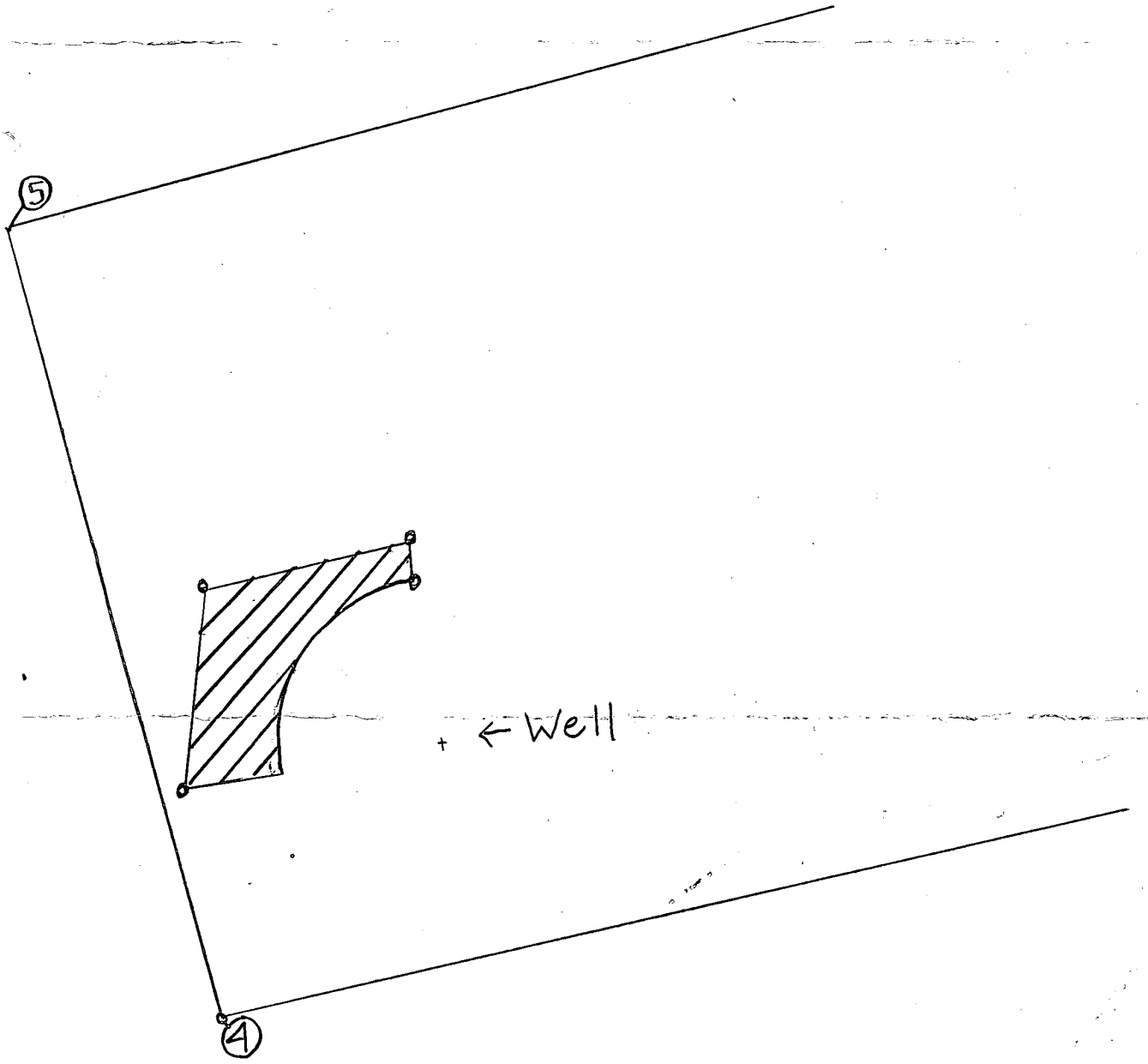
(3) ARRIVED EARLY WELL GROUTER LATE

(4) 12 BAGS USED TODAY

(5) DRY HOLE ALSO FILLED WITH 3 BAGS OF CEMENT

(6) NOT ABSOLUTELY SURE ABOUT WELL LOCATION PUT PROBABLY OK

R Rodger

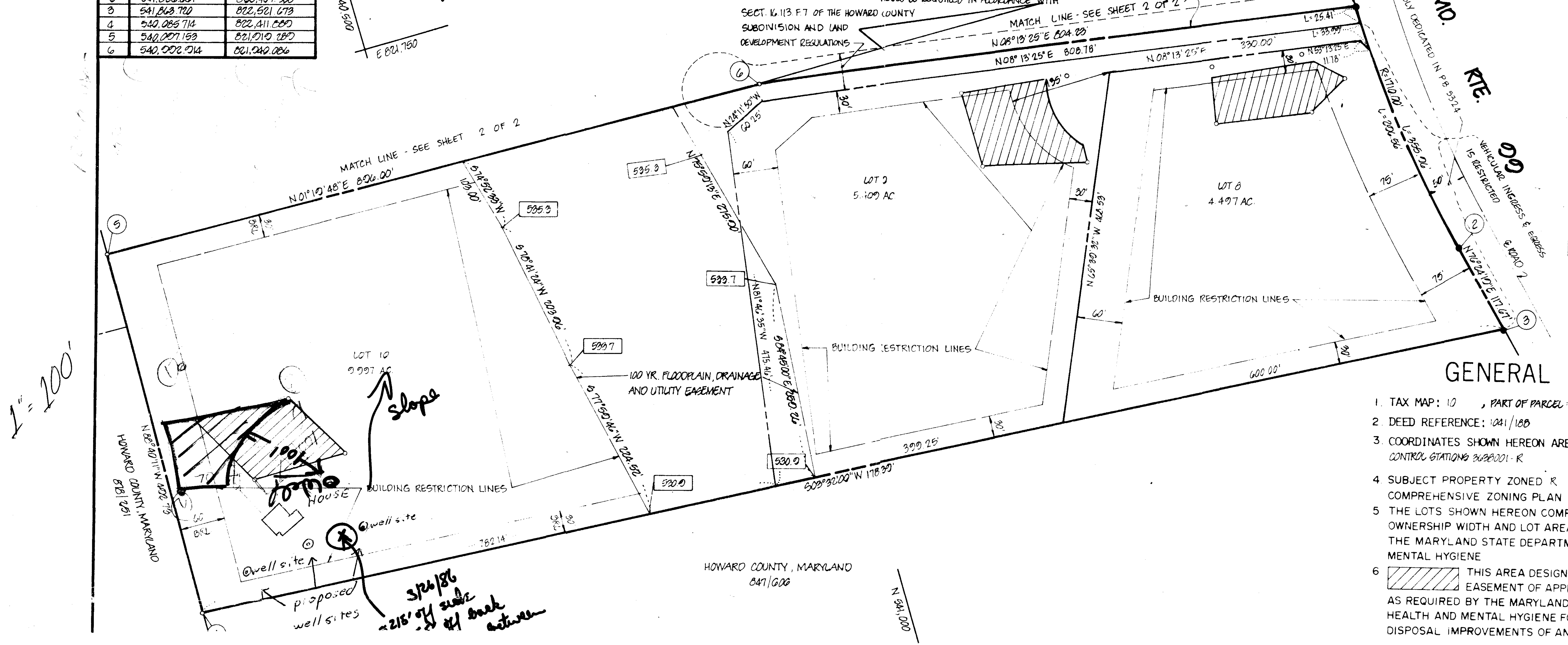


Modified Sewerage Easement
Liber 1041 Folio 188 Lot 10
Mike Palencar 7-16-86 Scale 1" = 100'
11805 RT. 99

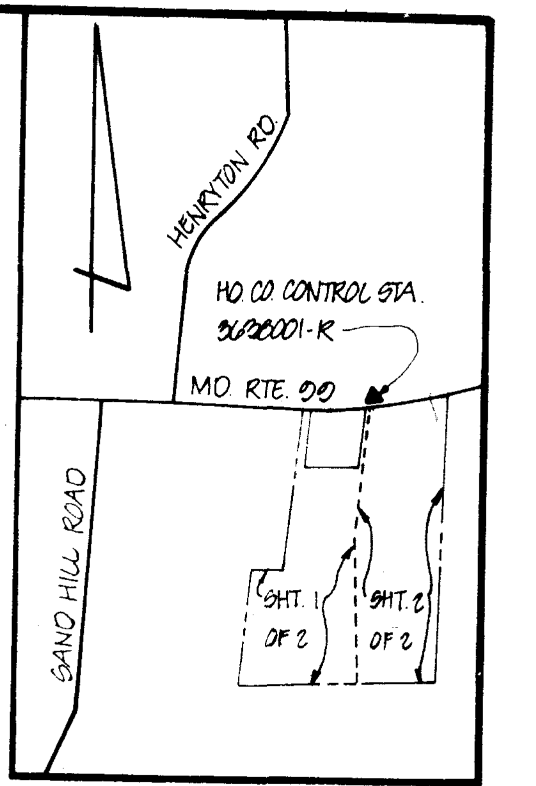
COORDINATE SCHEDULE		
NO.	NORTH	EAST
1	541,788.876	822,055.121
2	541,836.061	822,407.300
3	541,863.720	822,521.673
4	540,085.714	822,411.889
5	540,097.153	821,919.289
6	540,992.914	821,940.086

CURVE DATA					
CURVE	RADIUS	LENGTH	Δ	TAN	CHO. BEARING & DIST.
1-2	1710.00	355.06	11° 55' 37"	178.63'	N82° 22' 08"E 355.33'

50' R/W RESERVATION FOR INGRESS AND EGRESS FOR LOTS 2, 8, 9, 10, 11, 12 AND 13 TO ALLOW FOR THE FUTURE TRANSFER FOR A PUBLIC STREET SHOULD AT ANY TIME LOTS 2, 8, 9, 10, 11, 12 OR 13 BE FURTHER SUBDIVIDED. AT SUCH TIME THE R/W WILL REVERT TO HOWARD COUNTY AND A PUBLIC ROAD WOULD BE REQUIRED IN ACCORDANCE WITH SECT. 16.113 F.7 OF THE HOWARD COUNTY SUBDIVISION AND LAND DEVELOPMENT REGULATIONS



MATCH LINE - SEE SHEET 2 OF 2
N 08° 13' 25"E 804.23'
N 08° 13' 25"E 808.78'
N 08° 13' 25"E
330.00'
MATCH LINE - SEE SHEET 2 OF 2
N 01° 10' 48"E 806.00'
LOT 9
5.409 AC
LOT 8
4.497 AC
LOT 10
BUILDING RESTRICTION LINES
100 YR. FLOODPLAIN, DRAINAGE AND UTILITY EASEMENT
MO. RTE. 99
PREVIOUSLY DEDICATED IN PB 5324
VEHICULAR INGRESS & EGRESS IS RESTRICTED
R=1710.00'
L=355.06'
N 70° 24' 10"E 117.67'
600.00'
399.25'
S03° 32' 00"W 178.30'
HOWARD COUNTY, MARYLAND 847/606
HOWARD COUNTY, MARYLAND 818/281
N 540,500
E 821,750
N 541,000
535.3
533.7
530.0
HOUSE
slope
proposed well sites
well site
3/26/86
1" = 200'

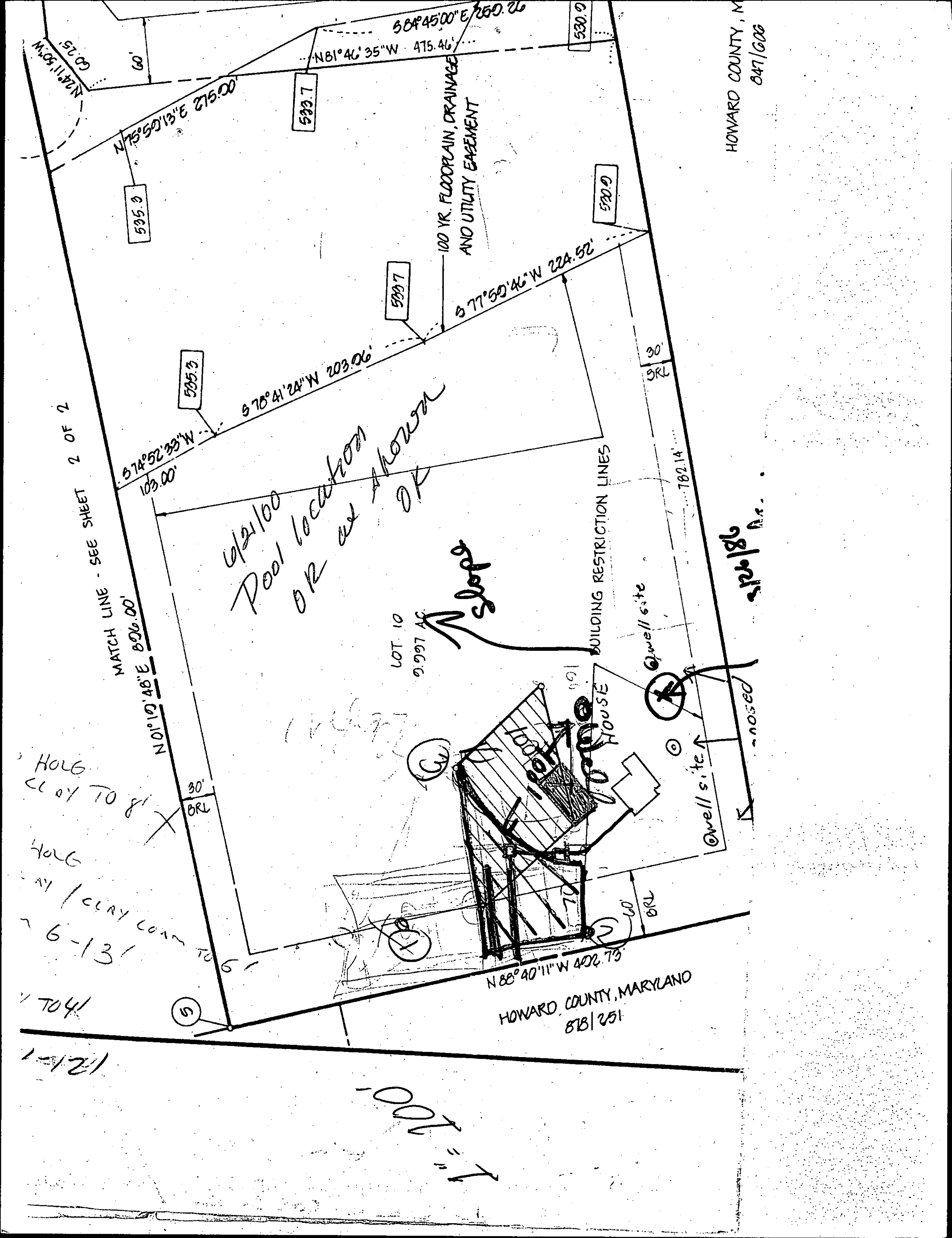


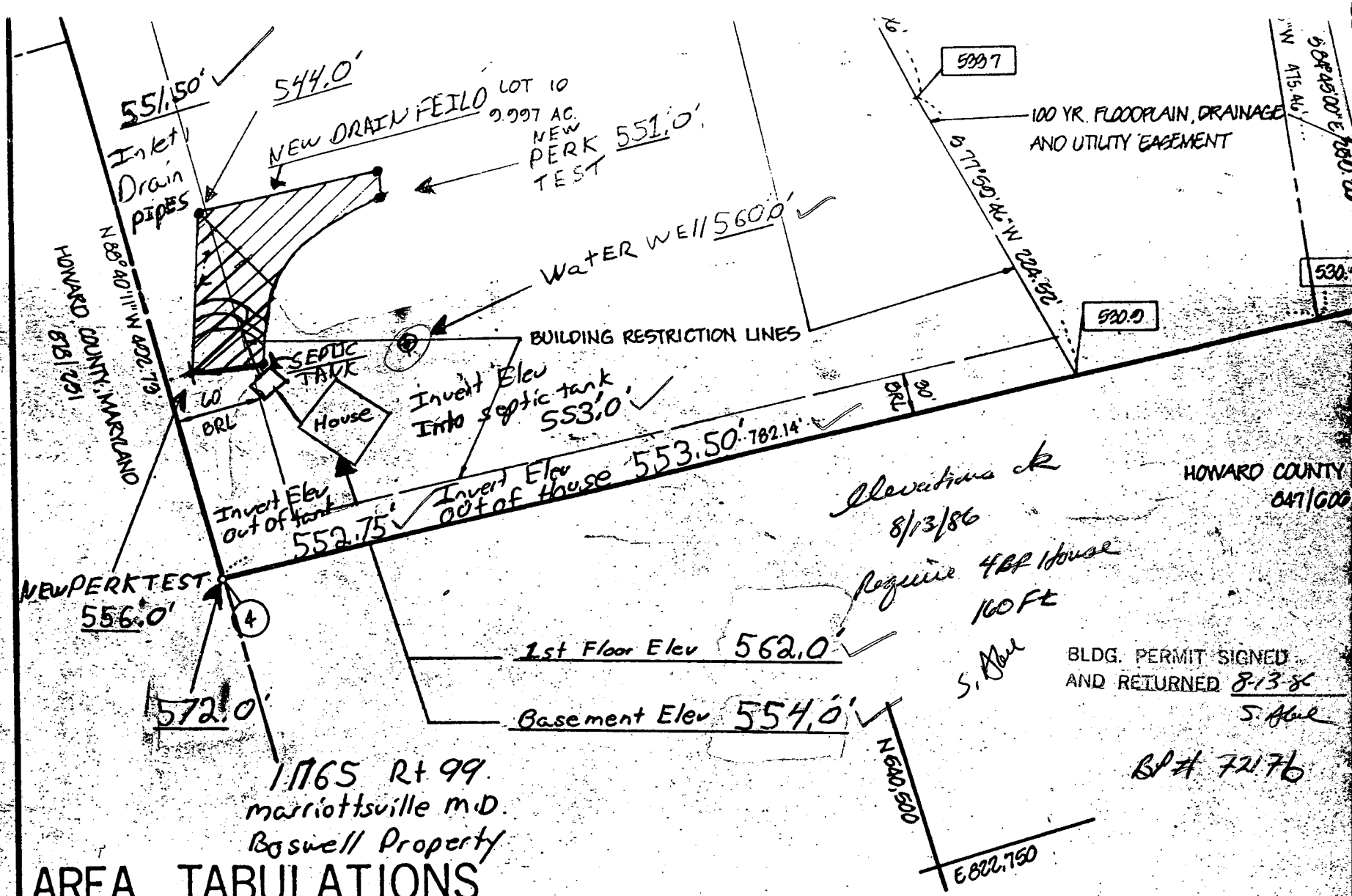
VICINITY MAP

SCALE 1" = 1200'

GENERAL NOTES

1. TAX MAP: 10 , PART OF PARCEL: 22
2. DEED REFERENCE: 1041/188
3. COORDINATES SHOWN HEREON ARE BASED ON HOWARD COUNTY CONTROL STATIONS 3638001-R
4. SUBJECT PROPERTY ZONED R , PER 10-3-77 COMPREHENSIVE ZONING PLAN
5. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
6. [hatched area] THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS


S84°45'00"E 250.26'
N81°46'35"W 475.46'
N24°11'50"W 60.25'
60'
530.0
533.7
N75°50'13"E 275.00'
535.3
100 YR. FLOODPLAIN, DRAINAGE AND UTILITY EASEMENT
530.0
HOWARD COUNTY, M
847/606
S77°50'46"W 224.52'
533.7
S78°41'24"W 203.06'
535.3
S74°52'33"W
103.00'
30'
BRL
MATCH LINE - SEE SHEET 2 OF 2
N01°10'48"E 826.00'
6/21/00
Pool location
OK as shown
OK
slope
LOT 10
9.991 AC
BUILDING RESTRICTION LINES
782.14'
HOUSE
well site
well site
30'
BRL
60'
BRL
N88°40'11"W 402.73'
HOWARD COUNTY, MARYLAND
878/251
1" = 100'



AREA TABULATIONS

TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED THIS SHEET: 3
TOTAL AREA OF LOTS AND/OR PARCELS THIS SHEET: 19.903 AC.
TOTAL AREA OF ROADWAYS TO BE RECORDED THIS SHEET: NONE
TOTAL AREA OF SUBDIVISION TO BE RECORDED THIS SHEET: 19.903 AC.

TOTAL AREA TABULATIONS

TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED: 6
TOTAL AREA OF LOTS AND/OR PARCELS TO BE RECORDED: 38.16
TOTAL AREA OF ROADWAYS TO BE RECORDED: NONE
TOTAL AREA OF SUBDIVISION TO BE RECORDED: 38.167 AC.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS. HOWARD COUNTY HEALTH

OWNERS STATEME

I, MICHAEL O. BOSWELL

APPLICATION

R 36699

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 0

DATE _____

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 MIKE PALENCAR

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BOSWELL PROPERTY LOT NO. 10

ROAD AND DESCRIPTION ~~11805~~ ROUTE 99 11765

TAX MAP _____ PARCEL # _____

BLDG. PERMIT SIGNED AND RETURNED 8/13/86 BP# 72174

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

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

APPROVED BY C Williams FOR TRENCHES DATE JUNE 1986

REJECTED BY _____ FOR _____ DATE _____

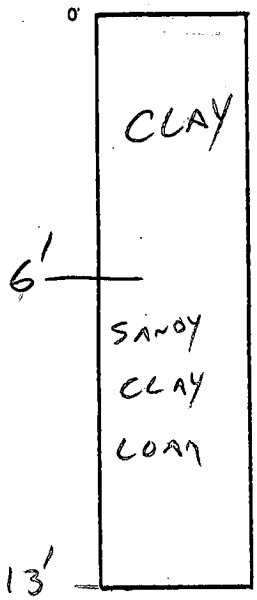
HOLD PENDING FURTHER TESTS PLAT SIGNED 6/6/86 DATE _____

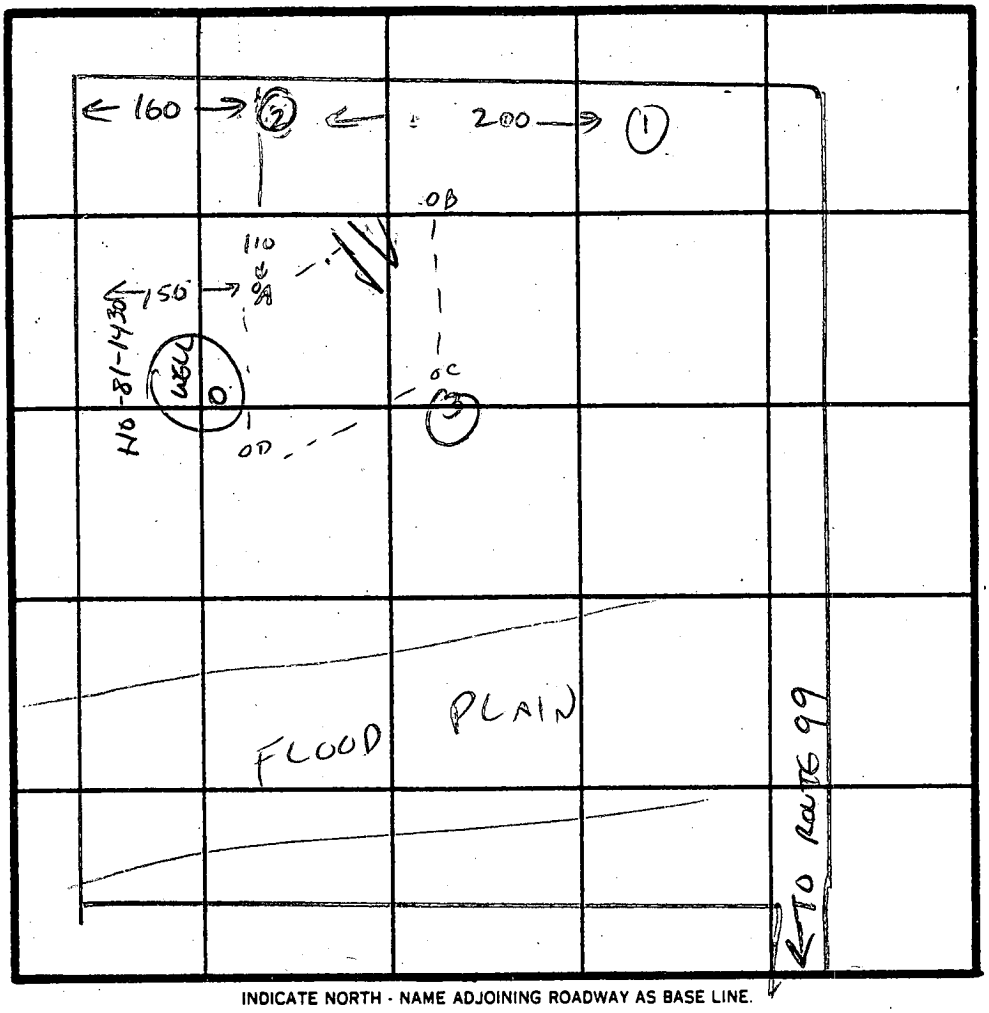
REASONS FOR REJECTION OR HOLDING ORIGINAL TEST RESULTS NOT LOCATED; WELL WAS DRILLED IN INCORRECT LOCATION; LOT RETESTED JUNE 1986 TO ESTABLISH ALTERNATE SEPTIC AREA WITHOUT FORFEITING WELL.

THIS IS NOT A PERMIT

#2

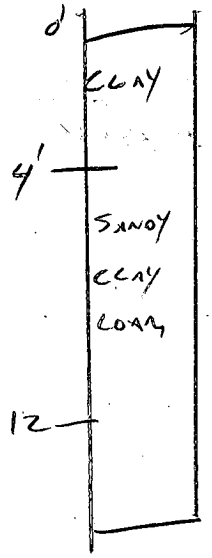
SOIL PROFILE





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#3



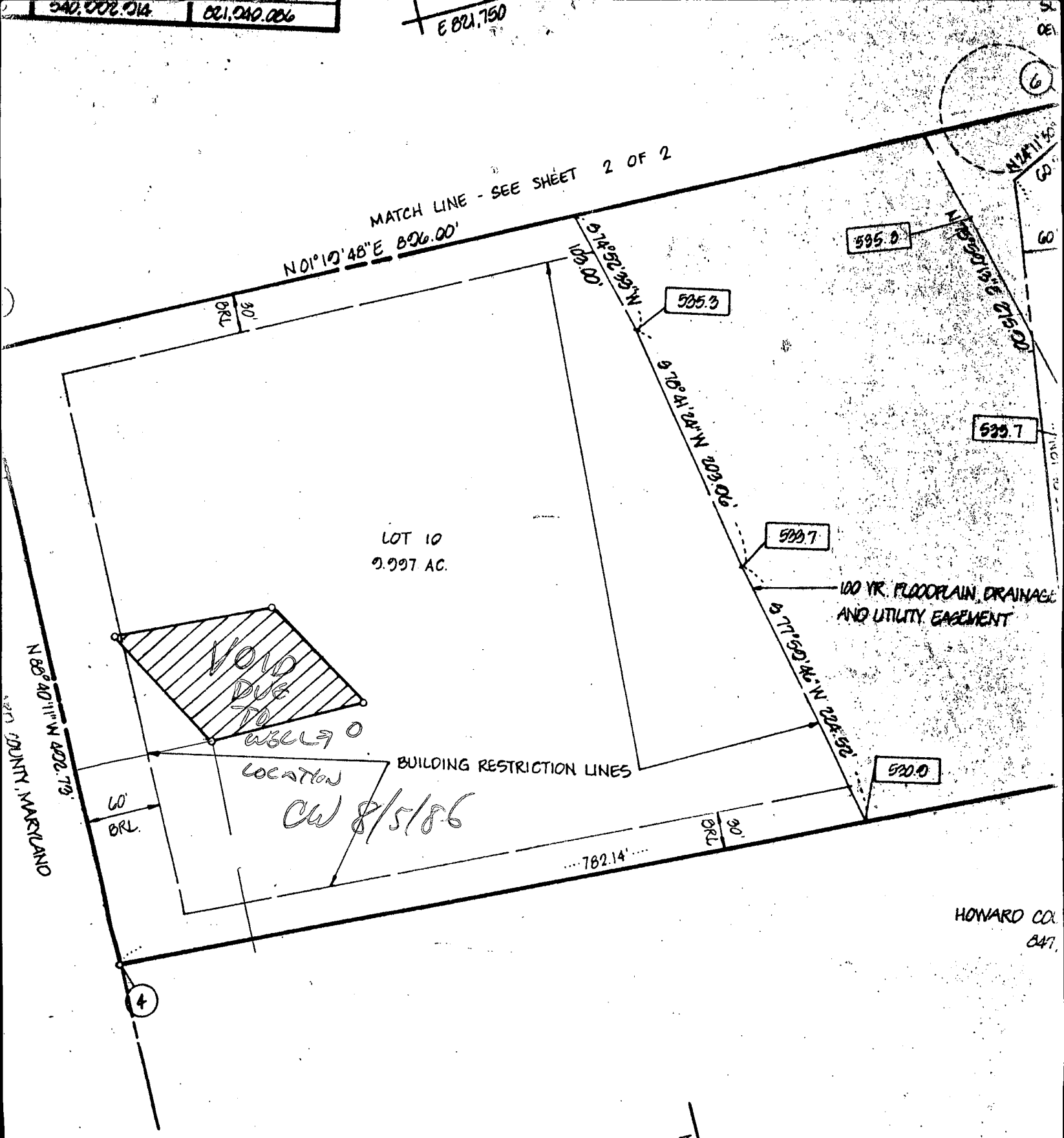
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
	ABCD	PREVIOUSLY	APPROVED	- DATA NOT LOCATED.			
JUNE 86	1	CLAY	TO 8'	X			
JUNE 86	2	6 10	2:15 VIS	2:25 OK	2:25	2:40	15 MIN ✓
		13	VIS	OK LOAM			
							✓
JUNE 86	3	4 8	2:52 VIS	2:55 OK	2:55	2:58	3 MIN
		13	VIS OK LOAM				

REMARKS OK TO ADJUST PERC AREA TO 100' FROM WELL.

TYPE OF SOIL SANDY LOAM BELOW CLAY

TESTED BY C Wellman ALSO PRESENT SIRK, PALENCAR

EH-12-1079



A TABULATIONS

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- AREA OF LOTS AND/OR PARCELS THIS SHEET: 19.903 AC.
- AREA OF ROADWAYS TO BE RECORDED THIS SHEET: NONE
- AREA OF SUBDIVISION TO BE RECORDED THIS SHEET: 19.903 AC.

TOTAL AREA TABULATIONS

TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED:
TOTAL AREA OF LOTS AND/OR PARCELS TO BE RECORDED: 38

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

****

WATER WELL ABANDONMENT-SEALING REPORT FORM

****

SUBMIT COPIES OF COMPLETED FORM TO:

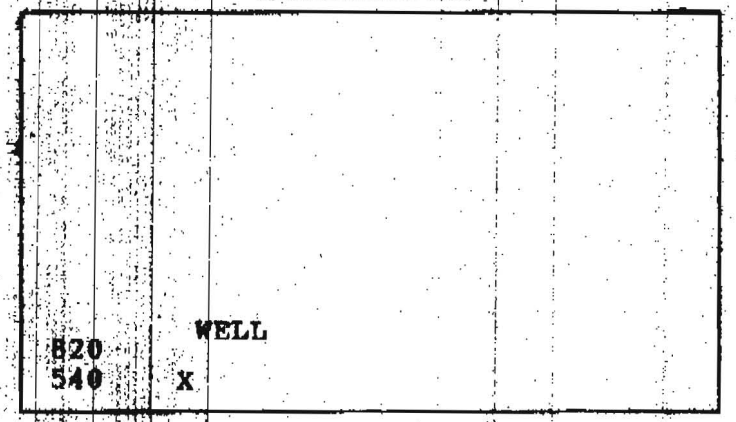
* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
* WELL OWNER
* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
9/1/165C

DATE WELL ABANDONED: MAY 23 07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) — —
* PERMIT NUMBER OF REPLACEMENT WELL — —
* PERSON ABANDONING WELL: RONALD KYKER — WELL DRILLERS LICENSE NUMBER: MWD 296
CIRCLE: MWD/MSD/MGD
* OWNER'S NAME: DONALD MOOCK
* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: WEST FRIENDSHIP
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 11765 OLD FREDERICK RD

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

X DRILLED _____ JETTED
_____ BORED/AUGERED _____ HAND DUG
_____ OTHER (specify) _____

* USE CODE:

X DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

X STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify)
_____

* SIZE OF CASING: 6 INCHES IN DIAMETER
* DEPTH OF WELL: 346 FEET DEEP
* WAS ANY CASING REMOVED? ___ YES ___X___ NO
if yes, length removed, in feet: _____
* WAS CASING RIPPED OR PERFORATED? ___ YES X NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
CONCRETE	0	346

VOLUME OF MATERIAL USED: 3½ yards concrete

Ronald Kyker — 296 — (MWD) MSD/MGD — 5-23-07
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN — LICENSE # — CIRCLE ONE — DATE