



Howard County
Health Department

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 7/29/19

ONSITE SEWAGE DISPOSAL SYSTEM

P 565573

APPROVAL DATE: _____

**PERMIT: REPAIR w/ whole-
house R.O.**

A _____

PROPERTY ADDRESS: 1649 Woodstock Road

SUBDIVISION: _____

LOT: _____

TAX ID: 03-280616

CONTRACTOR: J & A Construction Services

EMAIL: jpoe@jandaconstruction.net

CONTRACTOR ADDRESS: 7991 Bennett Branch Road, Mt. Airy, MD 21771

PHONE: 410-635-2484

PROPERTY OWNER: Todd Luke

EMAIL: _____

OWNER ADDRESS: 1649 Woodstock Road, Woodstock, MD 21163

PHONE: 301-674-6730

SEPTIC TANK SIZE: Existing

PUMP SIZE: n/a

PUMP TANK CAPACITY: n/a

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 4

APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>78</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>n/a</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Install 1 x 78' trench above perc test A. Set Dist. Box @ start of trench just outside 100ft well radius. Trench staked/flagged in field at time of perc test. R.O. Design = <u>Trench Inlet = 3' / Trench Bottom = 8.5' / Trench width = 3' / Trench length = 55'</u> 1:1 system based on user demand. 2x3/4" discharge lines for RO will connect to new 4" sch 40 coming out of front corner of house where treatment is located. 4" will run to new trench approximately 55ft long just below perc test B.	

ISSUED BY: Kevin Wolf

ISSUE DATE: 7/29/19

EXPIRATION DATE: 7/29/20

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADE FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

☒ ELECTRICAL PERMIT ISSUED E n/a

NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

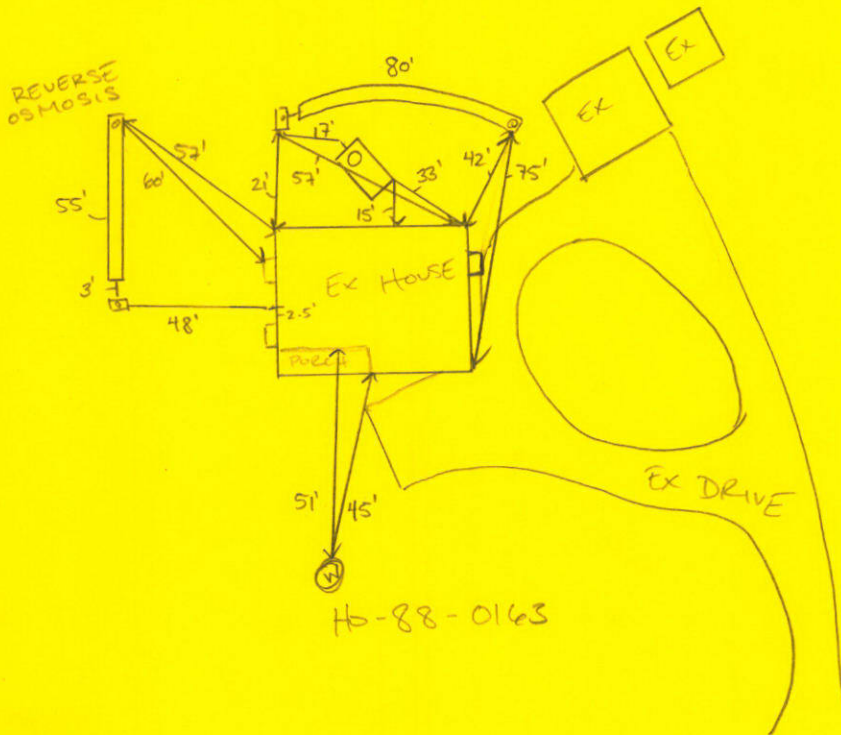
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH 3 INLET 4 BOTTOM 8

NUMBER OF TRENCHES 2

TOTAL LENGTH 80' / 55' (R/O)

ABSORPTION AREA 240 SF / 165 SF (R/O)

DISTRIBUTION BOX LEVEL SPEN/A

DISTRIBUTION BOX BAFFLE YES

DISTRIBUTION BOX PORT YES

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER UNKNOWN

CAPACITY _____ GAL

SEAM LOC UNKNOWN

TANK LID DEPTH < 3'

BAFFLES OUTLET (NEW)

BAFFLE FILTER _____

MANHOLE LOC OUTLET

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

ROAD NAME

WOODSTOCK ROAD

PRE-CONSTRUCTION:

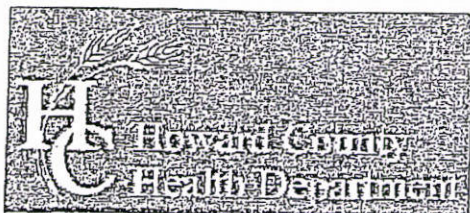
08/02/2019 INSTALL 1x80' TRENCH FOR MAIN SEWER FROM EX. SEPTIC TANK AS STAKED OUT IN FIELD. TRENCH IS APPROX 6"-8" OFF CONTOUR. OK TO HOLD LEVEL BOTTOM DURING INSTALL. WHOLE HOUSE R/O SYSTEM TO BE DISCONNECTED FROM MAIN SEWER INSIDE HOUSE, SEPERATE TRENCH TO RUN NEAR PERG (B). MUST HAVE SMALL STYLE D BOX. CALL FOR INSPECTIONS KMA

INSTALLATION: 08/13/2019 TRENCH (SEPTIC) COMPLETE. R/O TRENCH NEARING CONSTRUCTION COMPLETION. FINALED DURING INSPECTION. D BOXES SET. SEWER LINE FOR R/O SYSTEM INSTALLED. OK TO BACKFILL (+)

FINAL INSPECTOR

DATE OF APPROVAL

08/21/2019



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☒ Failing System
☐ System relocation for proposed addition
☐ System upgrade for proposed addition
☐ Inadequate treatment zone
☐ Collapsed septic tank
☐ Collapsed drywell

Has the septic tank been pumped within the last month?

- ☐ Yes
☒ No

Date pumped: _____

Was a visual inspection of the septic tank and/or drain fields conducted?

- ☒ Yes
☐ No

Explain observations: _____

Existing system design

- ☒ Drywell
☐ Trench
☐ Mound
☐ Unknown
☐ Other: _____

Was a visual inspection of the sewage line conducted?

- ☐ Yes

Blockage leading to the tank

- ☐ Yes. Explain: _____
☒ No

Blockage leading to the field

- ☐ Yes. Explain: _____
☒ No

Is discharge surfacing on the ground?

- ☐ Yes
☒ No

- ☐ No

Additional Comments: _____

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: JTA Const. Services, Inc. Contractor's Phone: 301-674-6730

Contractor's Address: PO Box 870 MT. Airy MD 21771

Property Address: 1649 Woodstock Rd. Woodstock, MD 21163 County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Todd Luke Owner's Phone: 443-829-8189

Name of previous owners: _____

Existing bedrooms: 4

Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): Kevin Wolf

Public Sewer available/nearby: NO

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

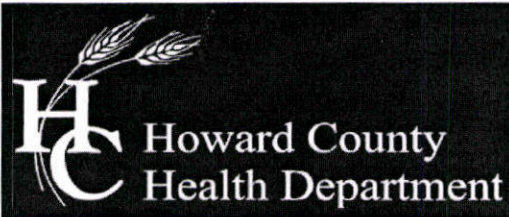
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

45513

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 1649 Woodstock Rd. Woodstock 21163
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Todd Luke

DAYTIME PHONE _____ CELL 443-829-8189 EMAIL _____

MAILING ADDRESS 1649 Woodstock Rd. Woodstock, MD 21163
STREET CITY, STATE ZIP

APPLICANT J+A Construction Services RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE _____ CELL 301-674-6730 EMAIL JPOE@JandAConstruction.NET

MAILING ADDRESS PO Box 870 MT. AIRY, MD 21771
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- ☐ SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) ☐ MAJOR ☐ MINOR
- ☒ CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- ☒ REPAIR OR REPLACE FAILING OSDS
- ☐ UPGRADE EXISTING OSDS

BUILDING:

- ☒ RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- ☐ COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- ☐ YES
- ☒ NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

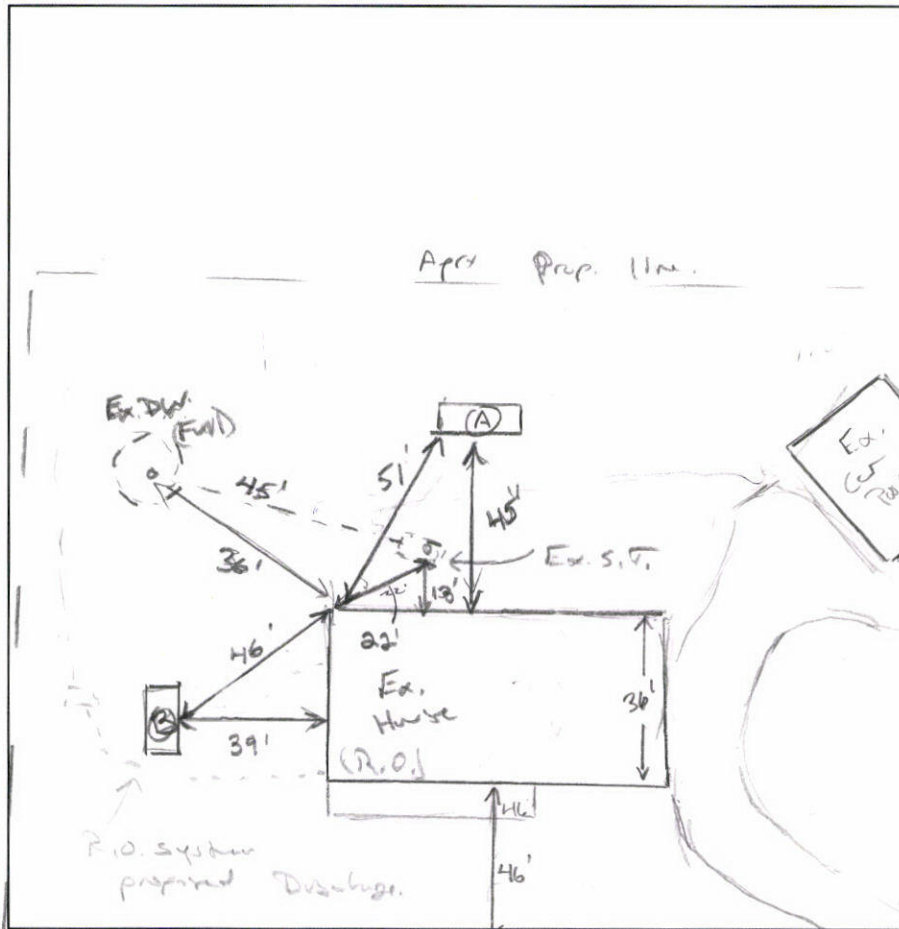
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

SIGNATURE OF APPLICANT

DATE



Woodstock Rd -

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/2/19	(A)	4' / 14'	00:58	01:09	01:19	10	P
		6'	00:24	00:26	00:28	2	P
		H2O pound @ 14'				5-7mp	P
	(B)	visual		OK			P

REMARKS will size the system for 1.2 gpd/ft²

SANITARIAN K. Wolf BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR 1.2 gpd/ft²

TRENCH WIDTH 3 INLET DEPTH 4' MAX. BOT DEPTH 8 EFFECTIVE SW 4.5-8
(.45)

$$YBR = \frac{600}{1.2} = 500 \div 3.162 (-45) = 76 LF$$

Cavvy Ln -



Howard County
Health Department

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 7/29/19

ONSITE SEWAGE DISPOSAL SYSTEM

P 565573

APPROVAL DATE: _____

PERMIT:

REPAIR w/ whole-
house R.O.

A _____

PROPERTY ADDRESS: 1649 Woodstock Road

SUBDIVISION: _____

LOT: _____

TAX ID: 03-280616

CONTRACTOR: J & A Construction Services

EMAIL: jpoe@jandaconstruction.net

CONTRACTOR ADDRESS: 7991 Bennett Branch Road, Mt. Airy, MD 21771

PHONE: 410-635-2484

PROPERTY OWNER: Todd Luke

EMAIL: _____

OWNER ADDRESS: 1649 Woodstock Road, Woodstock, MD 21163

PHONE: 301-674-6730

SEPTIC TANK SIZE: Existing

PUMP SIZE: n/a

PUMP TANK CAPACITY: n/a

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 4

APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>78</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>n/a</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<p>Install 1 x 78' trench above perc test A. Set Dist. Box @ start of trench just outside 100ft well radius. Trench staked/flagged in field at time of perc test.</p> <p>R.O. Design = Trench Inlet = 3' / Trench Bottom = 8.5' / Trench width = 3' / Trench length = 55' 1:1 system based on user demand. 2x3/4" discharge lines for RO will connect to new 4" sch 40 coming out of front corner of house where treatment is located. 4" will run to new trench approximately 55ft long just below perc test B.</p>	

ISSUED BY: Kevin Wolf

ISSUE DATE: 7/29/19

EXPIRATION DATE: 7/29/20

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

☒ ELECTRICAL PERMIT ISSUED E n/a

NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

1649 Woodstock Road – site evaluation for impact of elevated sodium, chloride and TDS resulting from likely road salt contamination. The property is on the corner of Woodstock Road and Cavey Lane. Sample information was collected October 2017.

2/21/2018 – inspection done by Kevin Wolf @ approximately 11:00am – weather mostly sunny, light winds, temp 75°F.

Upon arrival of the site, property was assessed for existing features including the well and septic locations, topography, elevations, swales, etc... The current well (HO-88-0163) is a drilled well, steel casing 2 ft. above grade, 51 ft. from the house and 60 ft. from Woodstock Road. Elevation at the well is approximately 8-9 ft. higher than Woodstock Road. At the time of yield test (1988), the well had a yield of 2 gallons per minute. No road-side swale is present on the side of Woodstock Road directly in front of 1649 Woodstock Road.

The existing septic system on the property was found via 4" pvc clean/out at the back of the property approximately 12 ft. of the house. Topography and elevations are true to Howard County GIS topo 2017 where the highest points lie at the south most part of the property around the existing paved drive. The potential for a replacement well site may exist in this area adjacent to Cavey Lane (between the existing driveway and Cavey Lane). A replacement well in this area may more directly be exposed to potential salt intrusion from Cavey Road treatment applications. The majority of the property lies on a knoll, with the northern half (including the current well location) falling to the north at about 10% grade.

During the visit, the property owner (Mr. Luke) expressed to me that he did not want to drill a replacement well and was opting instead to install a whole-house Reverse Osmosis system. I explained to Mr. Luke that installing a treatment system like this will put added flow on the existing septic system and could potentially stress it to a point of pre-mature failure. I mentioned in brief that this could require further testing for soil suitability for future design and placement.

FILE INQUIRY NOTES

1649 Woodstock Road.

DATE	RESULTS OF REVIEW FOR FILE
4/18	Phone call made to Mr. Luke. Conversation was an exhaustive, extensive conversation. Mr. Luke went on and on explaining how detrimental the effects of the road salt has been on W's well. I basically explained that if he chooses to replace the well
4/18	Phone call rec'd from Mr. Luke. Explained to me contact was made back to county admin office but no further info was given to him regarding compensation on High road salt issue w/ well. Got permission to go out to property from Mr. Luke to visually see site layout (i.e. topo, stream, Ex well/spdz, neighbor's well/spdz etc...).
4/18	Many site visit made. Assessed property and current locations of features on property. Ex well sits approx 60' off Woodstock Road, w/ 10' elevation difference from Woodstock Road. Water flows north on Woodstock, starting @ intersection of Curry Ln/Woodstock. Also looked for possible RWS. Septic is found @ back of property. System unknown. (RWS)

Wolf, Kevin

From: Fielhauer, Grace
Sent: Wednesday, February 14, 2018 4:04 PM
To: Nixon, Bert F; Wolf, Kevin
Cc: Lasser, Caryn
Subject: Woodstock Rd.

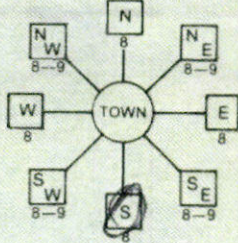
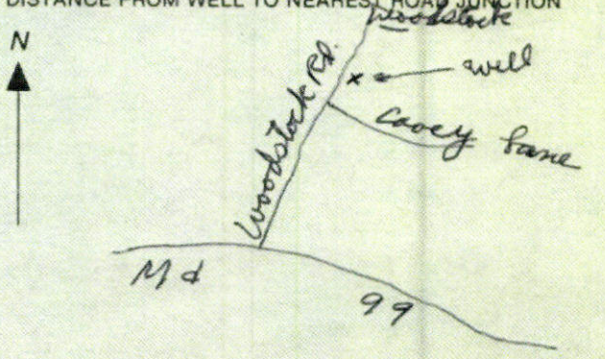
I spoke with both Mr. Luke and Ms. Mamula this afternoon. They are both expecting to hear from your office regarding next steps. Not sure if you have it, but contact information for both is located below. Thank you both for your assistance in this matter. If I can be of additional assistance, please don't hesitate to contact me.

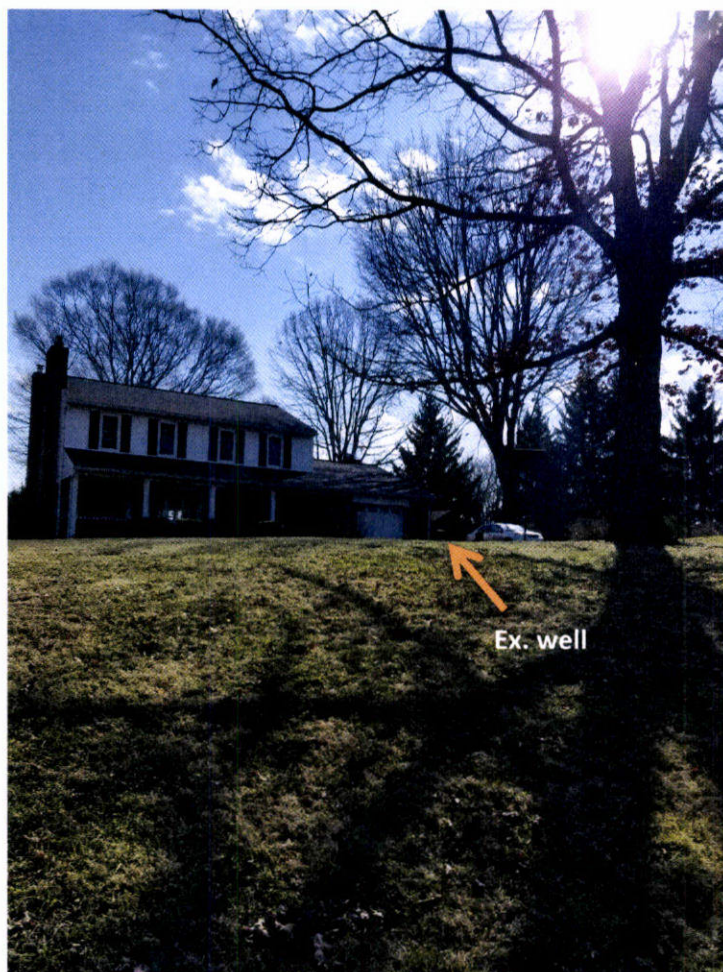
Grace

Todd Luke
1649 Woodstock Road
Woodstock, MD 21163
443-829-8189
ktluke7304@gmail.com

Gina Mamula
1670 Woodstock Road
Woodstock, MD 21163
(443)864-2096
ginamamula@northropteam.com

0001 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE			45 DAYS AFTER WELL IS COMPLETED.					
DATE Received SEP 22 1988			DATE WELL COMPLETED 090288			Depth of Well 22 365 26 (TO NEAREST FOOT)			PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0163		
OWNER last name BOERSCHEL first name PAUL			STREET OR RFD 1649 WOODSTOCK			TOWN WOODSTOCK			SUBDIVISION		
SECTION			LOT								
WELL LOG Not required for driven wells			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)			C 3			PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC			HOURS PUMPED (nearest hour) 6			PUMPING RATE (gal. per min. to nearest gal.) 2		
DESCRIPTION (Use additional sheets if needed)			NO. OF BAGS 5 NO. OF POUNDS 470			METHOD USED TO MEASURE PUMPING RATE AIR			WATER LEVEL (distance from land surface)		
FEET FROM TO			GALLONS OF WATER 30			BEFORE PUMPING 57			WHEN PUMPING 280		
Check if water bearing			DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft. (enter 0 if from surface)			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		
SAND stone			Casing types insert appropriate code below			DRILLER WILL INSTALL PUMP YES NO			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
GRAY Mica Rock			MAIN CASING TYPE			CAPACITY: GALLONS PER MINUTE (to nearest gallon)			PUMP HORSE POWER		
			Nominal diameter top (main) casing (nearest inch)			PUMP COLUMN LENGTH (nearest ft.)			CASING HEIGHT (circle appropriate box and enter casing height)		
			Total depth of main casing (nearest foot)			LAND SURFACE (nearest foot)			LOCATION OF WELL ON LOT		
			OTHER CASING (if used) diameter inch depth (feet) from to			SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)					
			SCREEN RECORD								
			screen type or open hole insert appropriate code below								
			C 2								
			DEPTH (nearest ft.)								
			EACH SCREEN								
			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. 238								
			DRILLERS SIGNATURE Joseph L. Mayne								
			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								

B 1 1337	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0163 <small>fill in this form completely</small>
Date Received (APA) 082988		B 3 LOCATION OF WELL	
OWNER INFORMATION Last Name: Boerschel Owner: PAUL First Name: 1649 Street or RFD: WOODSTOCK ROAD Town: WOODSTOCK State: MD Zip: 21163		8 COUNTY: HOWARD 23 SUBDIVISION: _____ SECTION: 44 LOT: 1.16 A 52 NEAREST TOWN: WOODSTOCK MILES FROM TOWN (enter 0 if in town): 1/2 MI	
DRILLER INFORMATION Driller's Name: Joseph L. Mayne License No. 80: 238 First Name: Joseph L. Mayne Well Drilling: Well Drilling Address: 5512 Ridge Rd. Net. Hwy. Md. 21771 Signature: Joseph L. Mayne Date: 8/30/88		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500		NEAR WHAT ROAD: Woodstock Road ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): E DISTANCE FROM ROAD: 40 FT or MI FT	
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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: WP 42521 STATE SIGNATURE: _____ DATE ISSUED: 090288 EXP. DATE: 03-01-89 NORTH GRID: 543000 EAST GRID: 0835000	
APPROXIMATE DEPTH OF WELL: 280 FEET APPROXIMATE DIAMETER OF WELL: 6 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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E 830 N 540 </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input 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 <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 DEEPEMED 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 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: SA PERMIT NO.: 40-88-0163	
SPECIAL CONDITIONS			



Pictures above show house front view from North corner of property line from Woodstock Road.



430

430

420

440

440

440

430

430

440

WOODSTOCK RD

WOODSTOCK RD

WOODSTOCK RD

WOODSTOCK RD

CAVEY LN

CAVEY LN

CAVEY LN

CAVEY LN

1639

1630