Real Property Data Search

Search Result for HOWARD COUNTY

View Map **View GroundRent Redemption** **View GroundRent Registration**

Tax Exempt: None **Special Tax Recapture:** None

Exempt Class: None

Account Identifier: **District -** 05 **Account Number -** 408121

Owner Information

Owner Name:	BALTIMORE GAS AND ELECTRIC CO ATTN TAX ACCOUNTING	**Use:** **Principal Residence:**	RESIDENTIAL NO
Mailing Address:	PO BOX 1475 BALTIMORE MD 21203-1475	**Deed Reference:**	/01943/ 00094

Location & Structure Information

Premises Address:	TEN OAKS RD CLARKSVILLE 21029-0000	**Legal Description:**	LOT 5 1.3138 A. TEN OAKS RD TALBOTT PROPERTY

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	8214
0028	0015	0046	5010101.14	1001			5	2020	Plat Ref:	

Special Tax Areas: None **Town:** None

Ad Valorem: 100

Tax Class: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
			1.3138 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
			/				

Value Information

	Base Value	Value	Phase-in Assessments	
		As of 01/01/2017	As of 07/01/2019	As of 07/01/2020
Land:	0	0		
Improvements	0	0		
Total:	0	0	0	
Preferential Land:	0			

Transfer Information

Seller: EAGLE POINT LANDING PARTNERSHIP	**Date:** 01/12/1989	**Price:** $460,000
Type: NON-ARMS LENGTH OTHER	**Deed1:** /01943/ 00094	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**
Seller:	**Date:**	**Price:**

APPLICATION

A 40233

PERCOLATION TESTING

P _____

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

DISTRICT 5TH

DATE 10/5

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 Smith Roberts + Assoc

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Preliminary 10/23/87

SUBDIVISION Talbott Property Sec I LOT NO. X 5

ROAD AND DESCRIPTION Ten Oaks Rd

TAX MAP 28 PARCEL # 46 B

SIZE OF LOT 3 acres TYPE BLDG. SFD
(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. Mark S Reid
(SIGNATURE OF APPLICANT)

APPROVED BY Jane E Nadeau FOR Deep trenches DATE 8-18-88

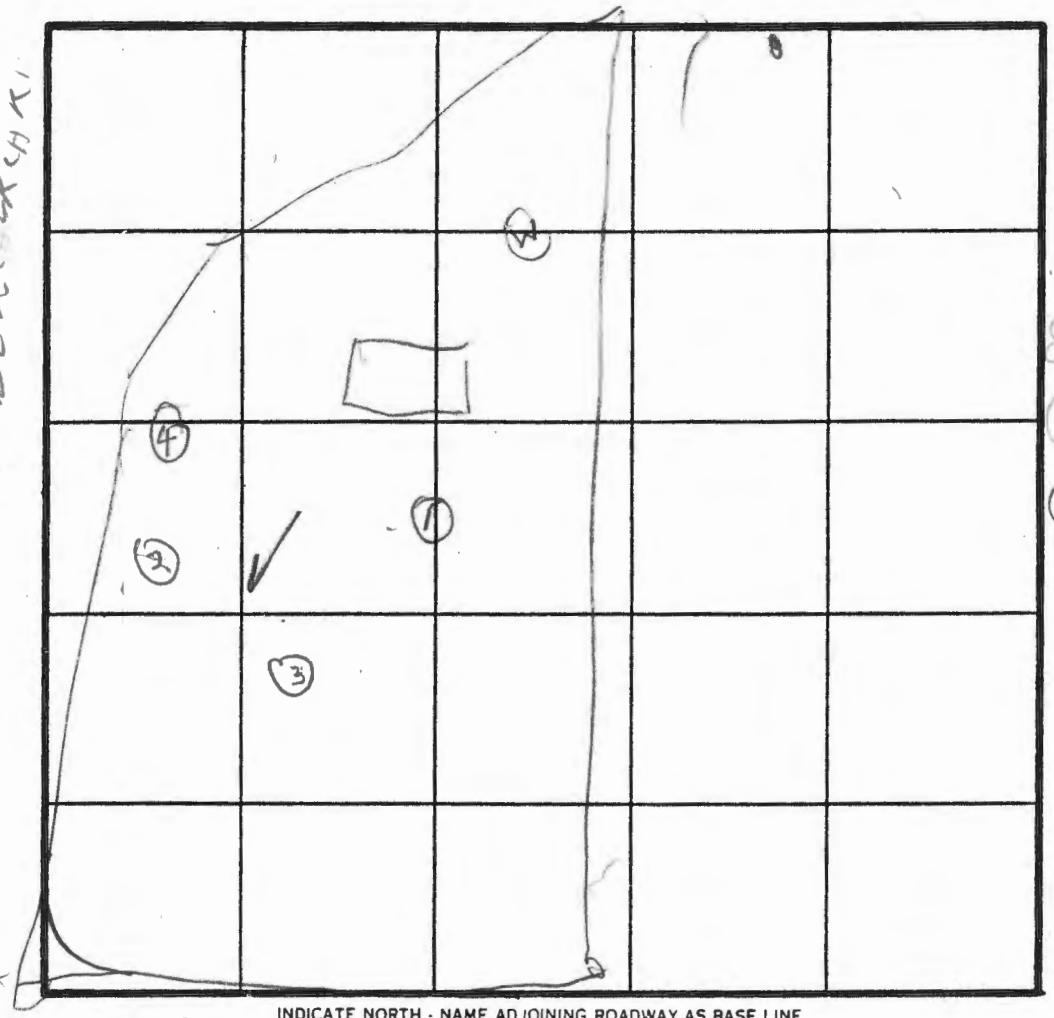
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/6/87 Perc OK Hold for Plat BH

THIS IS NOT A PERMIT

Lot 1



Hole Elevation
(1)(4) = High
(2)(3) = Low

X PERC
5 MIN
INLET 3'
BOTTOM 8'
160 ℄ IBR
180 ℄

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN ONES RD

SOIL PROFILE

(1)
0' BROWN CLAY
3 ORANGE PINK BROWN SAND LOAM
12

(2)
0 TAN CLAY
3 TAN BROWN PINK SAND LOAM
13

(3)
TAN CLAY
PINK BROWN SAND LOAM

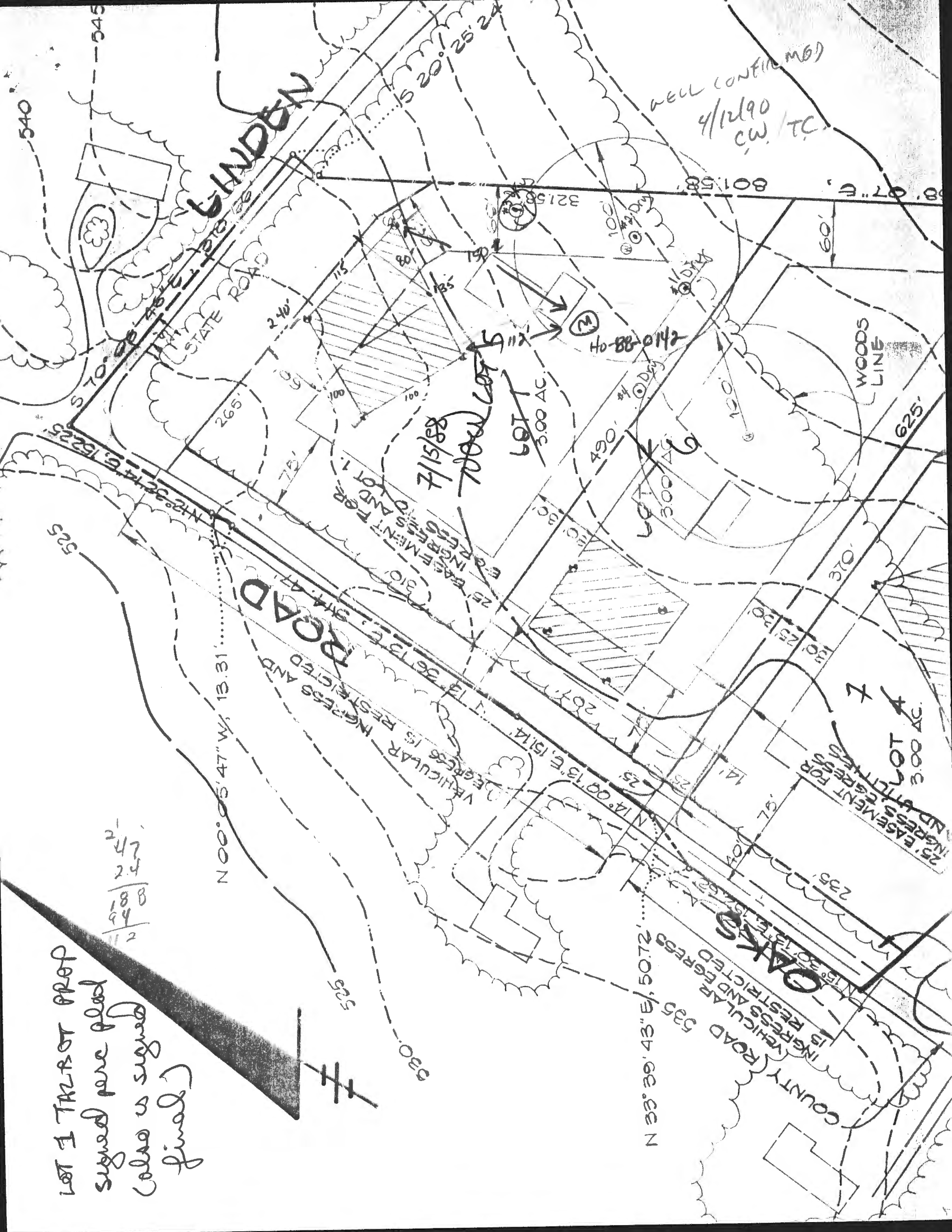
(4)
BROWN CLAY
PINK BROWN SAND LOAM ROCKS
PH 12-10-87

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/2/87	1S	4	437	439	439	442	3
	1V	8	437	442	442	452	10
10/2/87	1V	12	OK				
	2S	4	446	451	451	456	5
	2V	13	OK				
	3S	5.5	503	501	501	503	2
	3V	13	OK				
	4V	12	OK				

REMARKS Holes Dug Per Surveyor Test Plat

TYPE OF SOIL

TESTED BY R HODGES ALSO PRESENT OWEN ROP DAL MARK



LINDEN
STATE ROAD
S 70°08'48"E, 310.00'
S 20°25'24
N 12°32'14"E, 152.25
S 36°13'E, 314.47
N 14°00'13"E, 151.14'
ROAD
VEHICULAR INGRESS AND EGRESS IS RESTRICTED
25' EASEMENT FOR INGRESS AND EGRESS TO LOT 1
LOT 1
3.00 AC.
7/15/88
NOW LOT 5
Ho-88-0142
LOT 6
3.00 AC.
LOT 4
3.00 AC.
25' EASEMENT FOR INGRESS, EGRESS AND UTILITIES
WOODS LINE
OAKS
COUNTY ROAD 535
VEHICULAR INGRESS AND EGRESS IS RESTRICTED
N 33°39'43"E, 50.72
N 00°05'47"W, 13.31
540
545
525
535
530
WELL CONFIRMED
4/12/90
C.W. / T.C.
LOT 1 TALBOT PROP
signed perc plat
(also is signed final)

PERCOLATION TEST DATA

PREVIOUS LOT NO.	AVERAGE PERC TIME IN MINUTES PER SECOND INCH.	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEVATION WITH REFERENCE TO EXISTING GRADE AT TIME OF PERC. TEST.	
		INLET	BOTTOM
	3	3.0	8.0
	4	3.0	7.0
	9	3.5	8.0
	7	4.0	8.0

APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

COUNTY HEALTH OFFICER — DATE 10-26-87

TES:

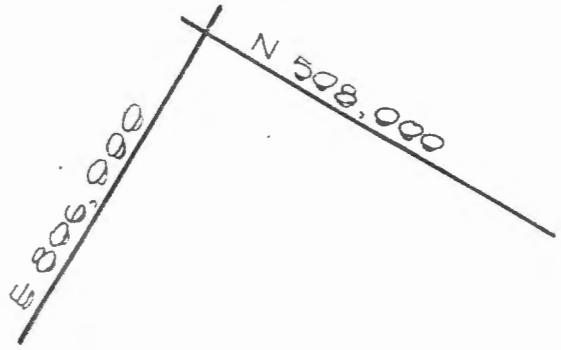
▨ THIS AREA DESIGNATES A PRIVATE SEWAGE SEMENT OF 10,000 SQUARE FEET AS REQUIRED BY E MARYLAND STATE DEPARTMENT OF HEALTH AND NTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL.

DENOTES PROPOSED WELL.

DENOTES LOCATION OF FIELD PERCOLATION TESTS.

E LOTS SHOWN HEREON COMPLY WITH THE NIMUM OWNERSHIP WIDTH AND LOT AREA AS QUIRED BY THE MARYLAND STATE DEPARTMENT HEALTH AND MENTAL HYGIENE.

R FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, OW REMOVAL AND ROAD MAINTENANCE TO BE OVIDED AT THE JUNCTION OF FLAG OR PIPE STEM THE ROAD R/W AND NOT ONTO THE FLAG OR ESTEM DRIVEWAY.



N 33° 39'

C 1 | 0645 | 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 40233

DATE Received

DATE WELL COMPLETED 09/15/88

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" AC-88-0142

OWNER CAPITANO CONSTRUCTION

STREET OR RFD 1703 OAKS RD (last name / first name) TOWN DAYTON

SUBDIVISION TALBOT PROPERTY SECTION 1 LOT 5

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
Top Soil	0	2	
SANDY	2	45	✓
SAND/STONE	45	50	
MICKA	50	65	
SAND/STONE	65	70	✓
MICKA	70	305	

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. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Mark Mayo

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 13 NO. OF POUNDS 1300

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 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)
PL	6	58

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to
1			
2			

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	+0	55 / 305
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 — TELESCOPE CASING (E.R.O.S.) — LOG INDICATOR — WQ — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 154

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)

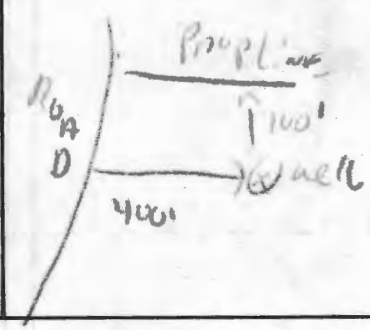
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
- (+) above
- (−) below

LAND SURFACE 3 (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)



COUNTY

C 1 04988 — 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 A 40233

DATE Received

DATE WELL COMPLETED 090688

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2611

OWNER VISION (last name) BUILDERS (first name)

STREET OR RFD 100 OAKS RD. TOWN DAYTON

SUBDIVISION Talbot Property SECTION 1 LOT 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	FEET TO	Check if water bearing
Sand	0	35	
Clay Mica Rock	35	400	

4 dry wells - 400', 400', 340', 400' filled in with cement + drilling materials.

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 16 NO. OF POUNDS 150
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot)
from 2 ft. TOP to 35 ft. BOTTOM (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)

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		
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

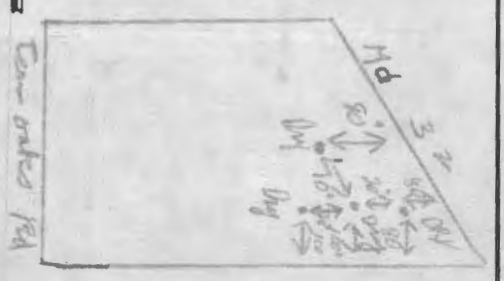
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 1
PUMPING RATE (gal. per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING

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 (nearest foot)

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



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

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

DRILLERS IDENT. NO. 238
Joseph L. Mayo
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 - 3639 SEQUENCE NO. (DP 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

STATE PERMIT NUMBER: HO-81-2611
fill in this form completely

Date Received (APA): 030388

OWNER INFORMATION

Last Name / Owner / First Name: VISION BUILDERS
Street or RFD: 11 VOKE D BRANCH ROAD
Town / State / Zip: CCVINGTCH MD 21045

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne — License No.: 238
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy Md. 21771
Signature: Joseph L. Mayne — Date: 2/29/88

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) (circled)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [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)

CANCELED

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN
AIR-ROTary (circled) | 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 (circled)
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): ______

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

APPROP. PERMIT NUMBER: GAP

FORCE: [initials] WRITE INITIALS IN BOX — PERMIT No. HO-81-2611

B 3 LOCATION OF WELL

COUNTY: HOWARD
SUBDIVISION: TALBOT PROPERTY
SECTION: 1 — LOT: 1 → 2 Now Lot 5
NEAREST TOWN: DAYTON — ADJUSTED FINAL
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW — TOWN (SE circled)

NEAR WHAT ROAD: Ten Oaks Road

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

DISTANCE FROM ROAD: 345 — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD — COUNTY NO.: A-40233

STATE SIGNATURE ______ INSERT S

DATE ISSUED: 031588 — CO SIGNATURE: B Nyhan — EXP. DATE: 09/15/88

NORTH GRID: 508000 — EAST GRID: 807000

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

4 DAY HAGS PERMIT RETURNED 8/12/88 CW

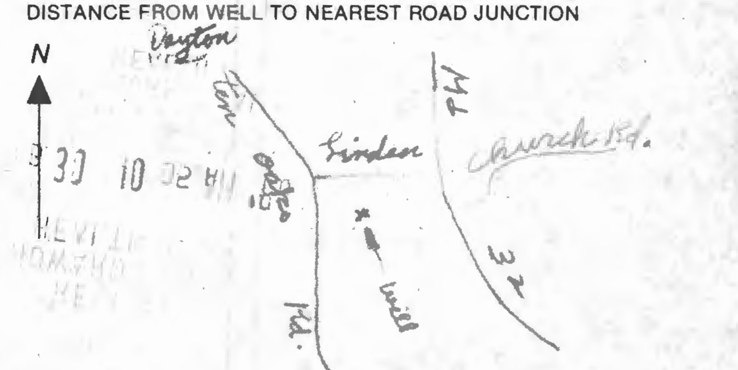
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E	807	7
N	508	8

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



MAR 30 10 52 AM '88

SPECIAL CONDITIONS

COUNTY

Page ______ of ______ Review ______________
Date ______________

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81- 2611
Location of property (road) TEN OAKS ROAD / LINDEN CHURCH RD
Subdivision TALBOT PROPERTY Lot 1 Block ______ Plat ______ Sec. 1
Well Driller JOSEPH MAYNE Owner BUILDERS, VISION

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

I. High rate pumping -- reservoir drawdown

Time pump started ______________ Pumping rate ______________
Total time ______ to reach pumping water level ______ 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)

HD-224

Page ____ of ____
Date Sept 15, 88

Review ac 2/13/89 cw

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0142
Location of property (road) TEN OAKS Rd.
Subdivision TALBOT Property Lot 5 Block ____ Plat ____ Sec. 1
Well Driller R. Mayne Owner CAPITANO

Depth of well 305'
Distance of measuring point (M.P.) above ground 3ft
Static water level (S.W.L.) below M.P. 75ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 10 G.P.M
Total time 1 hr to reach pumping water level 193 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)
8:45	193ft	30 sec		2 G.P.M
9:00	193 ft	30 sec		2 G.P.M
9:15	193 ft	30 sec		2G.P.M
9:30	193 ft	30 sec		2G.P.M
9:45	193 ft	30 sec		2 G.P.M
10:00	193 ft	30 Sec		2. GPM
10:15	193 ft	30 sec		2. GPM
10:30	193 ft	30 Sec		2 GPM
10:45	193 ft	30 Sec		2 GPM
11:00	193 ft	30 Sec		2 GPM
11:15	194	30 sec		2 GPM
11:30	194 ft	30 Sec		2 GPM
11:45	194 ft	30 Sec		2 GPM
12:00	194 ft	30 Sec		2 GPM
12:15	194 ft	30 Sec		2 GPM
12:30	194 ft	30 Sec		2 GPM
12:45	194ft	30 Sec		2 GPM
1:00	194 ft	30 sec		2 GPM
1:15	194 ft	30 sec		2 GPM
1:30	194 ft	30 Sec		2 GPM
1:45	194 ft	30 Sec		2 GPM
2:00	194 ft	30 Sec		2 GPM
2:15	194 ft	30 sec		2 G.P.M
2:30	194 ft	30 sec		2 G.P.M
HD-224 2:45	194ft	30 sec		2 G.P.M

58' PL 50 gal — 13 Bags

EMERGENCY/TEMP NO. IF ANY

B 1 3503 SEQUENCE NO. (DP 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

STATE PERMIT NUMBER 40-88-0142
fill in this form completely

Date Received (APA) 08/16/88

OWNER INFORMATION

Capitano Const.
Last Name / Owner / First Name

4280 Tem Oaks Rd
Street or RFD

Dayton MD 21036
Town / State / Zip

DRILLER INFORMATION

Ralph Mayne 223
Driller's Name / License No.

Ralph Mayne Well Drilling
Firm Name

9120 Town Church Rd. Mt Airy
Address

Ralph Mayne 8/24/88
Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [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 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
(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
- [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)

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

APPROP. PERMIT NUMBER GAP

FORCE SA (WRITE INITIALS IN BOX) PERMIT No. 40-88-0142

B 3 LOCATION OF WELL

HOWARD
COUNTY

TALBOTT PROPERTY
SUBDIVISION

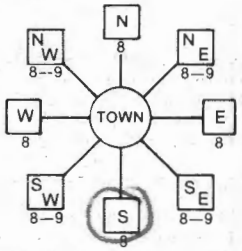
SECTION H LOT 105

DAYTON
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Tem Oaks Rd.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 400

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME

A-40233
COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED 08/26/88

CO SIGNATURE

EXP. DATE 02-25-89

NORTH GRID 508000

EAST GRID 0807000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

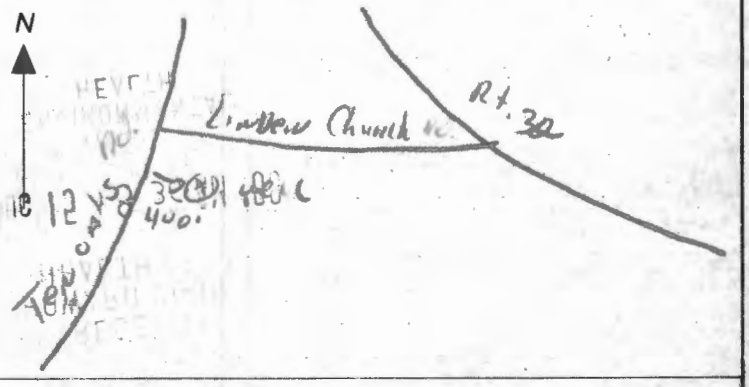
WRITE THE BOX NUMBER FROM THE MAP HERE

E 8 of 7
N 5 of 8

000
000

9/15/88 11:15 am well location ok (E) Grout not observed.
58 ft casing
50 ft open hole
13 bags cement
2 ft above grade
JENadeau

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

COUNTY

9/15/88 7:30 GMS

Page _____ of _____ Review _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

33

Well Permit No. HO - 88-0142
Location of property (road) TEN OAKS Rd.
Subdivision TALBOT Property Lot 5 Block ____ Plat ____ Sec. 1
Well Driller R. Mayle Owner CAPITANO

Depth of well 305 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 25 ft

1.81
33)60
33
270
264
60

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 am Pumping rate 10 gpm
Total time 60 min to reach pumping water level 193 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:20	194 ft	33 sec		1.8 gpm
11:34	194 ft.	33 sec		1.8 gpm
			9-15-88 water sample	
			taken at 11:18 am. H 1647.	
			Measured 1 gal to upper rim of	
			frag. Location ok. JE Nadeau	

HD-224

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

Lab No. CD03762 019 B

WATER ANALYSIS

Bottle Number: H 1647 Name: Capitano County: Howard

Source of Sample: Ten Oaks' Road (Street) (Town or City) Collector: J. Nadeau

Sample Type (Circle): Community Source | Non-Community Distribution | **Private** MCL | Emergency Recheck | **Routine**

Remarks: Talbot Property Lot-5 Sec 1
HO-88-0142

County: 13 | Plant No.: | Sampling Station: | Date Collected: 09 19 88 | Time: 11 18 AM | Acid: | Iced: ✓

Field Data: pH*: | Chlorine Residual: Free: | Total: | Specific Conductance:

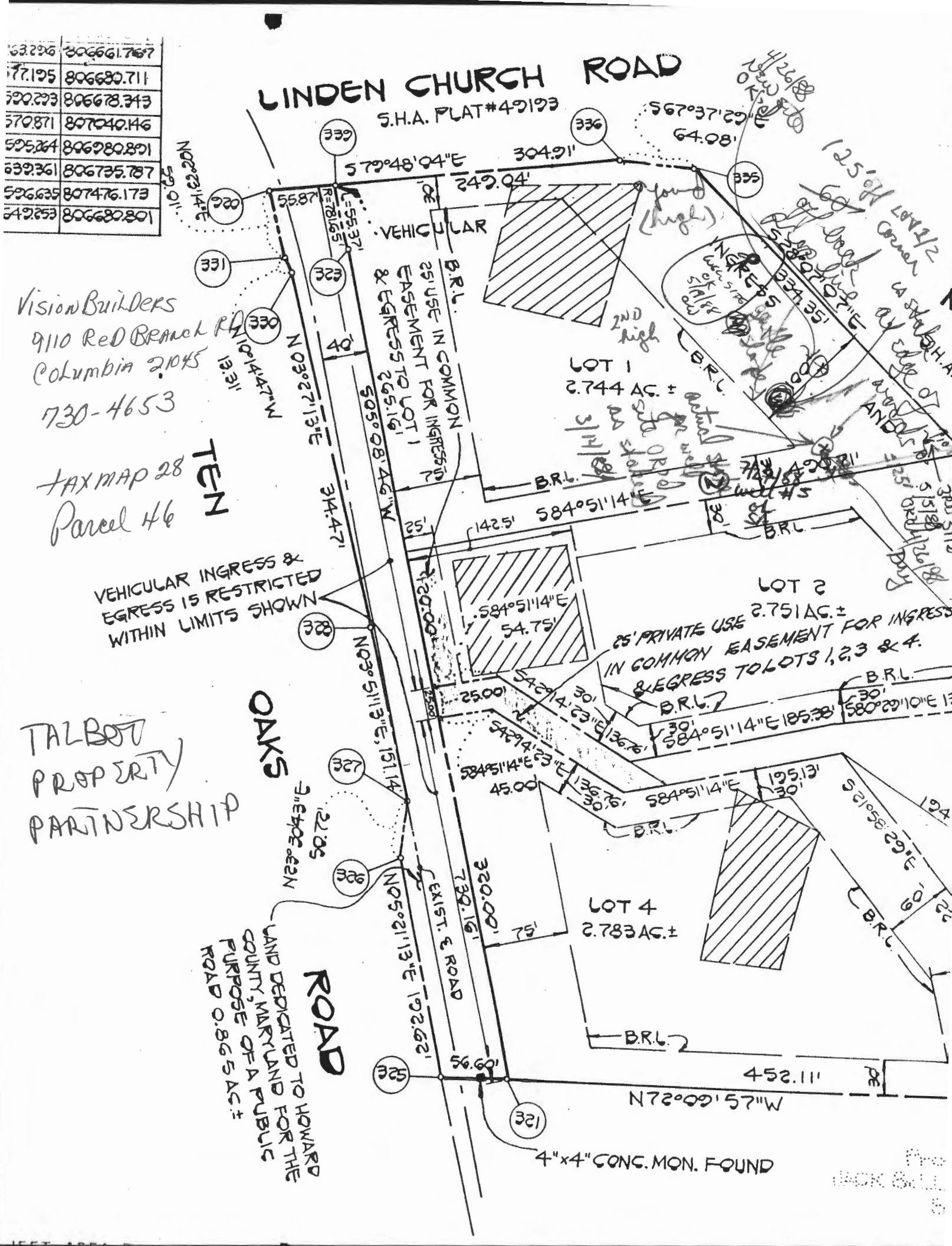
✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO_3 SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO_3 SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630	1.9		Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081			Copper	01042	
✓	Turbidity*	00076	.23		Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

OCT 3 88 AM (stamp)

*Results reported in units, all others in milligrams per liter (ppm)

Date Received ____ Date Reported SEP 2 6 1988 Chemist DAVID A. SEVDALIAN

DHMH 90-A (10-87) PROGRAM COPY 50M



63.296	806661.767
77.195	806680.711
520.293	806678.343
570.871	807040.146
525.264	806980.891
632.361	806735.787
526.635	807476.173
542.253	806680.801

3/15/88

TALBOT PROPERTY
SEC 1

A 40233

SUBDIVISION: TEN OAKS RD/ LINDSEY CHURCH LOT NUMBER: 1 5 OW REVISED FINAL

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3½ feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3½ feet below original grade.

4½ feet of stone below distribution pipe.

NOTE:
(1) No trench to exceed 100 feet in length.
(2) If more than one trench used, a distribution box is required.
(3) Trenches to be installed on level ground.
(4) Call for inspection of trench before gravel is installed.
(5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
(6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: BEGINNING FROM THE LEFT FRONT LOT CORNER PLACE THE DISTRIBUTION BOX 240' DOWN THE LEFT (265') LOT LINE AND 80' OFF THE LEFT LINE AS SEEN WHEN FACING PROPERTY FROM TEN OAKS ROAD. RUN TRENCHES ALONG CONTOUR TOWARDS THE LEFT (265'/60') AND RIGHT (490') LOT LINES. ok BN 8-18-88 JEN

HD-191