

3/2/93 ASD
3/3/93 11:00

"NOT A"

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

REPORT OF INSPECTION

P 49040

A REPAIR

DISTRICT

DATE 3/11/93

DATE SYSTEM APPROVED 3/2/93

INSPECTOR C.B.S.

Edward Linsen MYER IS PERMITTED TO INSTALL ALTER X

ADDRESS PHONE

SUBDIVISION Forsythe Heights LOT 19 ROAD 14315 Old Frederick Rd

PROPERTY OWNER Gregory Pitta
14315 Forsythe Road

ADDRESS

SEPTIC TANK CAPACITY GALLONS

NUMBER OF BEDROOMS

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED

REPAIR - PURPOSE - REPLACE EXISTING LINES AND CLEANOUTS. ALL LINES CLOGGED WITH GREASE;
DRYWELL AND DISPOSAL TRENCH APPEAR TO BE SERVICEABLE. 03/02/93

3/2/93
at site Plus at site - Pick Box added before existing trench/splurder
OK to cover as finish 3/2/93 or 3/3/93, C.B.S.

NOTE: "MINOR IMPROVEMENTS OF ABOVE ONLY"

PLANS APPROVED BY C.W./ + "C.B.S. at site" DATE 3/2/93

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

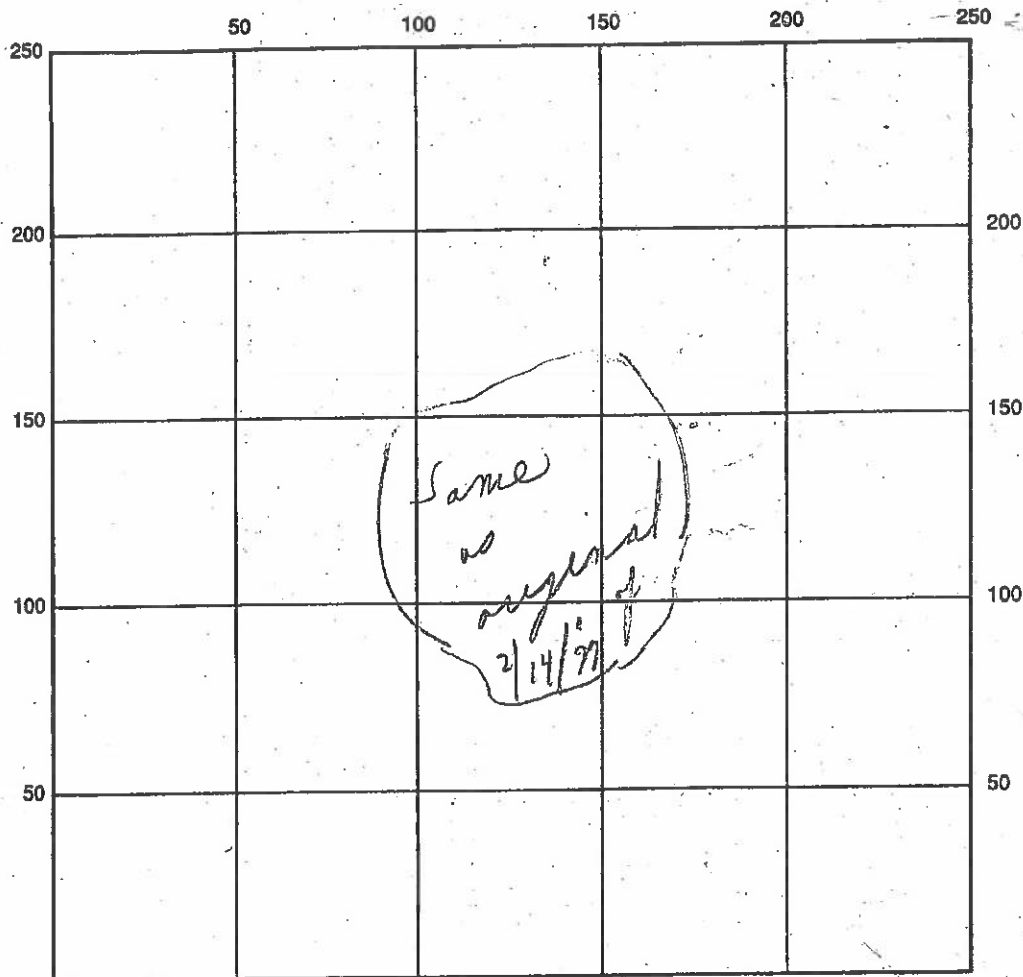
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 49040



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing CLEANOUTS (1) MAN AT S.T. NEW S.T. NEW NEW D.BOX C.O.
 DISTRIBUTION BOX LEVEL "See below" HOLE TYPE AT FAR END BEFORE D. WELL INLET DEPTH EXIST. FT.
 DRAIN FIELD/TITLE DEPTH FT. TRENCH WIDTH FT. EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA No change SQ. FT.

REMARKS: 3/2/93 ONLY LINES &/OR CLEANOUTS BEING REPLACED
AND (1) NEW DIST. BOX BEFORE ONLY TRENCH; C.O.
"OK TO COVER AS FINISH" - FINAL. (Both owners and plumber at
site.)

DATE SYSTEM APPROVED 3/2/93 INSPECTOR Charles Bryan Steak
as per (1) above
1/2 front + 1/2 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 9/30/76

INDEXED

Robert Penn, Sr.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 7409 Village Road, Sykesville, Md. 21784

PHONE 795-5039

A SEWAGE DISPOSAL SYSTEM LOCATED AT

here 442-2010

now 489-7020

SUBDIVISION (Forsythe Heights)

ROAD 14315 Forsythe Road

LOT 19

PROPERTY OWNER Robert Penn, Sr.

Gregory L. Pitts Gregory Pitta

ADDRESS

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL AND TRENCH - Dry well inlet 5 ft. and maximum depth 10 ft.; 200 ft. absorbent area. Locate 204 ft. from right side line and 113 ft. from front of lot (edge of road). Distribution box 20 ft. from dry well, connected to well by solid pipe to be located around 170 ft. from front of lot and 125 ft. from right side line. Maximum depth of trench 10 ft., 5 ft. of stone to run with contour, 50 ft. long. CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

PLANS APPROVED BY David J. O'Neill

DATE 7/8/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

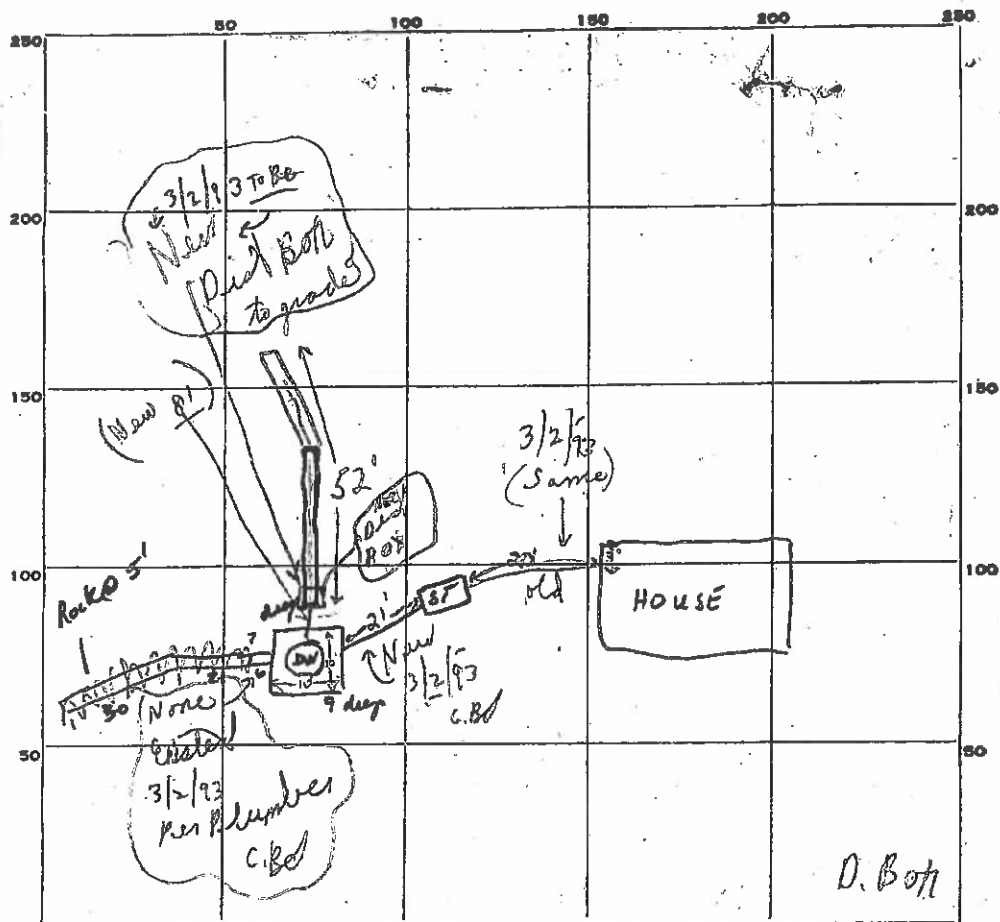
ENG. PERMIT SIGNED AND RETURNED 6/15/77

Serial # 27134 per

EA Hqs '01 9 January 1978

no dist. box necessary. WWS as per DWM

216663



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
Forsythe Road

PERMIT CARD verbal approval given via phone 5.5.

SEPTIC TANK, LEVEL 1000 gal.

S.T.	D.W.
O.K.	O.K.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2

GRAVEL DEPTH 6-6 1/2 FT. TOTAL LENGTH 62 FT.

NUMBER OF TRENCHES 1 1/2 SIDEWALL TOTAL BOTTOM AREA (3 1/2) 252' effective

SEE PAGE PITS, INSIDE PERIMETER 40 FT. DEPTH BELOW INLET 5' effective FT.

ABSORBENT AREA ± 452 SQ. FT.

REMARKS 12/10/76 DW pit is 9' deep @ upper side, 7' @ lower side. Since inlet is to be @ 5', suggested block be taken out, pit re-dug to 10-11' average depth (12' on upper, 9-9 1/2' on lower side). Trench dug to 9' deep, but is very rocky @ far end (last 15') for ~ 5' below grade. Suggested relocation. Bldr. will call if any problems develop. WW & PW appears deeper than trench @ 10' depth. R13 2/14/77 trench relocated, drywell dug deeper, O.K. to himself.

DATE SYSTEM APPROVED 2/14/77

INSPECTOR T. Skinner

3/2/93 (Some pipes replaced w/ on cleanouts + 1 Dist Box added.) C.B.

APPLICATION

A 21659⁶²

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4

DATE 6/12/75

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 Clifford Dye

ADDRESS _____ PHONE _____

Any questions call:
Madeline Connors

PROPERTY LOCATION:

SUBDIVISION (Forsythe Heights) LOT NO. 19

ROAD AND DESCRIPTION Forsythe Road

SIZE OF LOT 5.0820 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

NUMBER OF BEDROOMS
(Single Fmly. Dwlg.)

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

SIGNATURE OF APPLICANT /s/ Clifford Dye

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

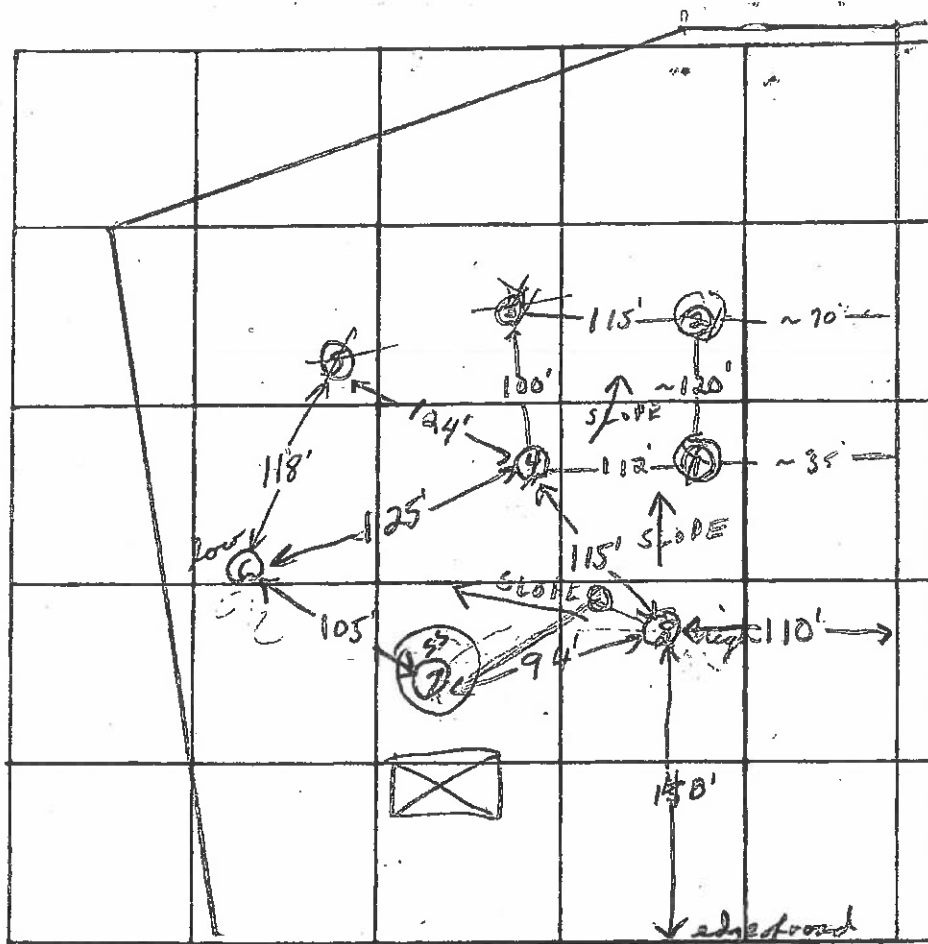
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASELINE.

Forsythe Road

8 h.s.
9 2nd h.s.
4 2nd low
6 low
5 lower
Rock 6'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/17/79	1	6'	Rocky at 6'	good soil 4'-6'			
	2	8'	Rocky at 8'	good soil below 5'			
	3	?	hole covered up	not seen			
	4	12'	Visual clay to 5'	sandy loam below			
	7	5'	10:20	10:23	10:23	10:27	4 min
	7A	12 1/2'	10:20	10:23	10:23	10:27	4 min
	6 low	3 1/2'	10:30	10:31	10:31	10:33	2 min
	6 A	12 1/2'	10:30	10:32	10:32	10:35	3 min
	5	10'	Clay to 6'	sandy loam below			
	8 high	5'	10:39	10:45	10:45	10:53	8 min
	8A	12'	10:39	10:47	10:47	10:59	11 min

135 ft
below

Rocky at 15'

REMARKS

TYPE OF SOIL

sandy loam below Top 3-5' clayey soil

TESTED BY

F.S. & D.O.N.

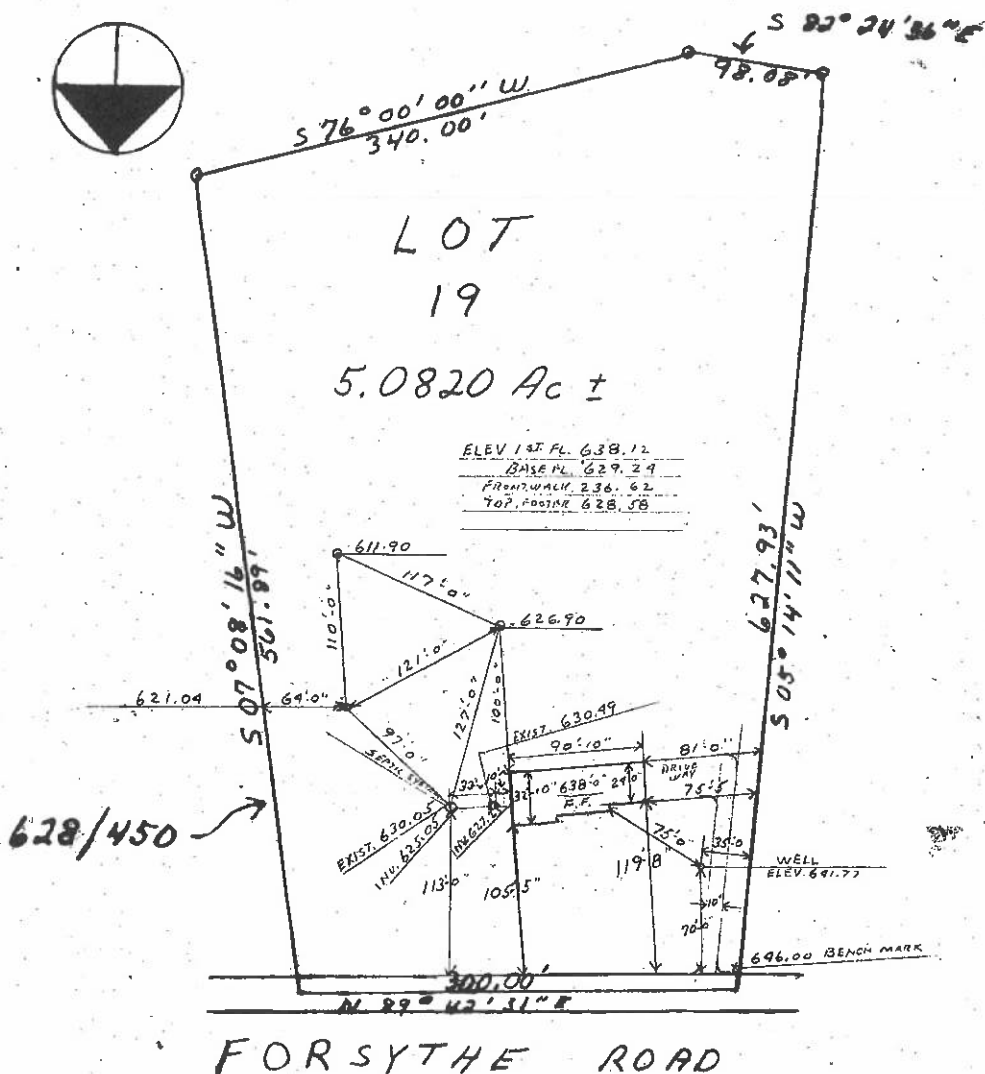
ALSO PRESENT:

P. Leudum M. Swann

Approved
 For Private Water and Private Sewer
J. Brett Zagar
 J. Brett Zagar
 County Health Officer

Date

The lot shown hereon complies with the minimum ownership width and lot areas as required by the Md. State Department of Health.



Prepared by:

Gifford Dye
 GIFFORD DYE
 REGISTER LAND SURVEYOR
 3111 MD
 Phone 942-5113

Lot 19
 Forsythe Estates
 4th Election District
 Howard County, Maryland
 Scale: 1" = 100'
 FEBRUARY 1993

B 1										SEQUENCE NO. 3323 WRA USE ONLY										STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL																				WRA PERMIT NUMBER HO-73-2010 FILL IN THIS FORM COMPLETELY									
DATE RECEIVED (WRA USE ONLY)										OWNER <u>PENN, ROBERT A.</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>14315 OLD FREDERICK ROAD</u> COL 36 COL. 58 POST OFFICE <u>COOKSVILLE, MD 21723</u> COL 57 COL. 76																																							
B 1 CONTINUED										DRILLER INFORMATION																				B 3 LOCATION OF WELL																			
1 2 3 (SEQ. NO.) 6										DATE <u>MARCH 10, 1977</u> LICENSE NUMBER <u>120</u> 77 80 <u>G. EDGAR HARK SONS' CORP</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>[Signature]</u>																				1 2 3 (SEQ. NO.) 6 COUNTY <u>HOWARD</u> 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>FORSYTH ESTATES</u> 23 42 SECTION <u>44</u> LOT <u>19</u> 44 48 50 NEAREST TOWN <u>COOKSVILLE</u> 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> M I 76 77 78																			
B 2										WELL INFORMATION																				B 4																			
1 2 3 (SEQ. NO.) 6										MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u> 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ F FARMING, AGRICULTURE, IRRIGATION ☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ M MUNICIPAL WATER SUPPLY ☐ P PRIVATE WATER COMPANY ☐ T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL																				1 2 3 (SEQ. NO.) 6 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) ☒ N NORTH ☐ E EAST ☐ NE NORTHEAST ☐ SE SOUTHEAST ☐ S SOUTH ☐ W WEST ☐ NW NORTHWEST ☐ SW SOUTHWEST 8 9 NEAR WHAT ROAD <u>14315 OLD FREDERICK ROAD</u> 11 NORTH SOUTH EAST WEST 30 (CIRCLE APPROPRIATE BOX) ☒ N ☐ S ☐ E ☐ W 32 32 32 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>80</u> F I 34 37 38 39																			
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28										APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) ☒ JETTED ☐ DRIVEN 30-37 AIR-ROTARY ☒ AIR-PERCUSSION ☐ ROTARY (HYDRAULIC ROTARY) CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT OTHER (DESCRIBE)																				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP. <u>Abandoned & Sealed</u> <u>10/11/77</u> <u>W. T. SO.</u> <u>MONTICELLO</u> <u>I-70</u> BOX NUMBER E <u>790</u> N <u>540</u> NORTH COORDINATE <u>50 51 52 53 54 55</u> EAST COORDINATE <u>57 58 59 60 61 62 63</u> ELEVATION AT WELL HEAD (FEET) <u>65 66 67 68</u> 0/0 5/0																			
REPLACEMENT OR DEEPEINED 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 DEEPEINED (IF AVAILABLE) <u>HO-73-1363</u> 41 52										NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER: <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>65</u> FORCE <u>67</u> WRITE INITIALS IN BOX CONDITIONS <u>70 71 72 73 74 75 76 77 78 79</u>																																							
B 4 CONTINUED										HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 41 <u>S</u> STATE HEALTH (CIRCLE BOX) <u>Howard</u> COUNTY NAME <u>722501</u> COUNTY NO. MO. DAY YR. DATE <u>032177</u> 43 48 <u>Donald W. Monaghan, Sanitarian</u> APPROVED BY																				SPECIAL CONDITIONS 8-63 (WRA USE ONLY)																			

C 1 7 9981

SEQUENCE NO.
(WRA USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBERDATE RECEIVED
(WRA USE ONLY)9-29-77
DATE WELL COMPLETED

DEPTH OF WELL

300
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-73-2010
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 120

OWNER PENN ROBERT

LAST NAME

STREET OR RFD 14315 OLD FREDERICK RDPOST OFFICE COHASSET, MD.

FIRST NAME

WELL LOG

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

DESCRIPTION
(USE ADDITIONAL SHEETS IF NECESSARY)FEET
FROM TOCHECK IF
WATER BEARING

WELL WAS DRILLED 125'
ON PERMIT # HO-73-1363

GRAY ROCK 125 300

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

YES NO

Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M 45 46 BENTONITE CLAY B C 45 46

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER N/A

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 48 52 FT. TO 54 58
(ENTER 0 IF FROM SURFACE)

CASING TYPES

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL

C O CONCRETE

P L PLASTIC

O T OTHER

MAIN CASING TYPE

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH)

DEPTH (FEET) FROM TO

EACH CASING

SCREEN TYPE OR OPEN HOLE

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL

B R BRASS OR BRONZE

H O OPEN HOLE

P L PLASTIC

O T OTHER

C 2

1

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B 1	0327	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER H40-75-2454
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DATE RECEIVED (WRA USE ONLY)	OWNER COL 15 LAST NAME PENN, ROBERT COL 36 FIRST NAME ROBERT COL 34
STREET OR RFD COL 36 14315 OLD FREDERICK ROAD COL 58	
POST OFFICE COL 57 COOKSVILLE, MD 21223 COL 76	

B 1	CONTINUED	DRILLER INFORMATION	B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6			1 2 3 (SEQ. NO.) 6	
DATE SEPTEMBER 21, 1977	LICENSE NUMBER 720		COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME)	21
G. EDGAR HARRIS CORP.			SUBDIVISION FORSYTHE ESTATES	42
FIRST NAME G. EDGAR	DRILLER HARRIS	LAST NAME CORP.	SECTION 44	LOT 19
SIGNATURE Barry B. Harris			NEAREST TOWN COOKSVILLE	71
			MILES FROM TOWN (ENTER 0 IF IN TOWN)	76 77 78

B 2	WELL INFORMATION	B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	5		
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	750		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		☒ NORTH ☐ EAST ☐ NE NORTHEAST ☐ SE SOUTHEAST ☐ SOUTH ☐ WEST ☐ NW NORTHWEST ☐ SW SOUTHWEST	
☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST		NEAR WHAT ROAD 14315 OLD FREDERICK ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) ☒ NORTH ☐ SOUTH ☐ EAST ☐ WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 20	

APPROXIMATE DEPTH OF WELL	150	FEET
APPROXIMATE DIAMETER OF WELL	6	(NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
☐ BORED (OR AUGERED) ☐ JETTED ☐ DRIVEN ☒ AIR-ROTARY ☒ AIR-PERCUSSION ☐ ROTARY (HYDRAULIC ROTARY) ☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT		
OTHER (DESCRIBE)		
REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)		

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)		HEALTH DEPARTMENT APPROVAL	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.	COUNTY NAME Howard COUNTY NO. H22901	
FORCE	CONDITIONS	DATE 100377 APPROVED BY Fred Frommelt, Sanitarian	
SPECIAL CONDITIONS B-68 (WRA USE ONLY)		NORTH COORDINATE 595000 EAST COORDINATE 079500 ELEVATION AT WELL HEAD (FEET)	

B 5	CONTINUED
1 2 3 (SEQ. NO.) 6	

C 1 5944 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER _____	
DATE RECEIVED (WRA USE ONLY) _____		DEPTH OF WELL DATE WELL COMPLETED <u>10-3-77</u> 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-73-2359</u> 28 29 30 31 32 33 34 35 36 37 120	
OWNER <u>PENN ROBERT</u> LAST NAME STREET OR RFD <u>14315 OLD FREDERICK ROAD</u> POST OFFICE <u>COOKSVILLE, MD 21723</u>		DRILLERS IDENTIFICATION NO. _____			
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) ☒ Y ☐ N TYPE OF GROUTING MATERIAL (CIRCLE BOX) ☒ C M ☐ B C CEMENT 45 46 BENTONITE CLAY 45 46 NO. OF BAGS <u>11</u> NO. OF POUNDS <u>1100</u> GALLONS OF WATER <u>66</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>42</u> FT. (ENTER 0 IF FROM SURFACE) 48 52 54 58			
WELL LOG DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) <u>OVERBURDEN</u> 0 8 <u>BROWN SHALE</u> 8 40 <u>GRAY ROCK</u> 40 300 X		CASING RECORD Casing Types: ☒ S T ☐ C O ☐ P L ☐ O T STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE ☒ S T <u>6</u> <u>42</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 60 61 63 64 66 70			
SCREEN RECORD SCREEN TYPE OR OPEN HOLE ☒ S T ☐ B R ☐ H O STEEL OR BRASS OPEN HOLE PLASTIC OTHER		PUMPING TEST C 3 1 2 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) <u>4</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>AIR</u> WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>56</u> (NEAREST FOOT) 17 20 WHEN PUMPING <u>250</u> (NEAREST FOOT) 22 25 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) ☒ A AIR ☐ P PISTON ☐ T TURBINE ☐ C CENTRIFUGAL ☐ R ROTARY ☐ O OTHER (DESCRIBE BELOW) ☐ J JET ☐ S SUBMERSIBLE			
OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO EACH CASING		PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) ☒ Y ☐ N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47			
CIRCLE APPROPRIATE BOXES ☐ A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ☐ E ELECTRIC LOG OBTAINED ☐ P TEST WELL CONVERTED TO PRODUCTION WELL		CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ☒ ABOVE ☐ BELOW LAND SURFACE (NEAREST FOOT) 49 50 51			
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS NAME (PLEASE PRINT) <u>G. EDGAR HARRIS, CORP.</u> SIGNATURE <u>G. Edgar Harris</u>		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). <u>PITTSBOROUGH</u>			
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T 70 ☐ E.R.O.S. 72 ☐ W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE		WELL COMPLETION REPORT HEALTH			

B 1 1 2 3 (SEQ. NO.) 6 9829 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER H0-73-1363 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) 5/11/76 2:30	OWNER <u>PENN ROBERT A</u> COL 15 LAST NAME FIRST NAME COL 34 STREET OR RFD <u>7409 VILLAGE RD, APT B</u> COL 36 COL 55 POST OFFICE <u>SIKESVILLE MD</u> COL 57 COL 76
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B 1 1 2 3 (SEQ. NO.) 6 CONTINUED	DRILLER INFORMATION DATE <u>MARCH 2, 1976</u> LICENSE NUMBER <u>120</u> COL 77 COL 80 <u>G. EDGAR HARRIS' CORP.</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>[Signature]</u>
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B 2 1 2 3 (SEQ. NO.) 6 CONTINUED	WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> COL 8 COL 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u> COL 14 COL 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL ☐ TEST
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B 3 1 2 3 (SEQ. NO.) 6 CONTINUED	APPROXIMATE DEPTH OF WELL <u>150</u> FEET COL 24 COL 28 APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) COL 30 COL 34 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE) _____
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B 4 1 2 3 (SEQ. NO.) 6 CONTINUED	REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____
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B 5 1 2 3 (SEQ. NO.) 6 CONTINUED	NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>84</u> ENGINEER REVIEW DISTRICT NO. <u>65</u> FORCE <u>87</u> WRITE INITIALS IN BOX <u>88</u> CONDITIONS <u>70 71 72 73 74 75 76 77 78 79</u>
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B 4 1 2 3 (SEQ. NO.) 6 CONTINUED	HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>172901</u> DATE <u>5/11/76</u> APPROVED BY <u>[Signature]</u> SPECIAL CONDITIONS 8-69 (WRA USE ONLY)
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B 5 1 2 3 (SEQ. NO.) 6 CONTINUED	SPECIAL CONDITIONS 8-69 (WRA USE ONLY)
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B 3 1 2 3 (SEQ. NO.) 6 CONTINUED	LOCATION OF WELL COUNTY <u>HOWARD</u> COL 8 COL 21 SUBDIVISION <u>FORSYTHE ESTATES</u> COL 23 COL 42 SECTION <u>44</u> LOT <u>19</u> COL 44 COL 50 NEAREST TOWN <u>COOKSVILLE</u> COL 52 COL 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> COL 73 COL 76
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B 4 1 2 3 (SEQ. NO.) 6 CONTINUED	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) NORTH EAST NE NORTHEAST SE SOUTHEAST SOUTH WEST SW SOUTHWEST NEAR WHAT ROAD <u>14315 OLD FREDERICK RD</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>S</u> DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>80</u> COL 34 COL 37
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DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N 5/11/76 32' casing ~30' open around casing 7 bags cement grout OK WWD MONTICELLO	OLD FREDERICK RD @WELL I-70
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BOX NUMBER E <u>790</u> N <u>540</u>	NORTH COORDINATE <u>50 51 52 53 54 55</u> EAST COORDINATE <u>07 08 09 10 11 12</u> ELEVATION AT WELL HEAD (FEET) <u>0/0</u>
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C 1	3926	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER
DATE RECEIVED (WRA USE ONLY)		DATE WELL COMPLETED		DEPTH OF WELL	
		5-5-76		125	
				22 (TO NEAREST FOOT) 26	
6-13		15 20		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1343 28 29 30 31 32 33 34 35 36 37	
OWNER		PENN, ROBERT A.		FIRST NAME	
STREET OR RFD		1409 VILLAGE RD APT 18		SUKESVILLE, MD.	
WELL LOG		GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)			
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		TYPE OF GROUTING MATERIAL (CIRCLE BOX)			
FEET		CEMENT ☒ BENTONITE CLAY ☐			
FROM TO		NO. OF BAGS 7 NO. OF POUNDS 700			
OVERBURDEN 0 8		GALLONS OF WATER 42			
BROWN SHALE 8 30		DEPTH OF GROUT SEAL (TO NEAREST FOOT)			
GRAY ROCK 30 125 X		FROM 0 FT. TO 32 FT.			
		(ENTER 0 IF FROM SURFACE)			
		CASING RECORD			
		CASING TYPES			
		INSERT APPROPRIATE CODE BELOW			
		STEEL ☐ CONCRETE ☐			
		PLASTIC ☐ OTHER ☐			
		MAIN CASING TYPE			
		NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)			
		TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)			
		S T 6 32			
		60 61 63 64 66 70			
		OTHER CASING (IF USED)			
		DIAMETER (INCH) DEPTH (FEET)			
		FROM TO			
		SCREEN RECORD			
		SCREEN TYPE OR OPEN HOLE			
		INSERT APPROPRIATE CODE BELOW			
		STEEL ☐ BRASS OR BRONZE ☐			
		PLASTIC ☐ OTHER ☐			
		C 2			
		1 2 3 (SEQ. NO.) 6			
		DEPTH (NEAREST WHOLE FOOT)			
		FROM TO			
		H O 32 125			
		8 9 11 15 17 21			
		23 24 28 30 32 36			
		38 39 41 45 47 51			
		SLOT SIZE 1. 2. 3.			
		DIAMETER OF SCREEN			
		58 60 (NEAREST INCH)			
		FROM TO			
		GRAVEL PACK			
		IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX			
		WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
		(E.R.O.S.)			
		70 72 74 75 76			
		TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE			
		PUMPING TEST			
		HOURS PUMPED (TO NEAREST HOUR)			
		PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)			
		METHOD USED TO MEASURE PUMPING RATE			
		WATER LEVEL: (DISTANCE FROM LAND SURFACE)			
		BEFORE PUMPING			
		WHEN PUMPING			
		TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)			
		A AIR P PISTON T TURBINE			
		C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)			
		J JET S SUBMERSIBLE			
		PUMP INSTALLED			
		TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)			
		DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)			
		CAPACITY:			
		GALLONS PER MINUTE (TO NEAREST GALLON)			
		PUMP HORSE POWER			
		PUMP COLUMN LENGTH (NEAREST FOOT)			
		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 BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).			
		PITLESS ADAPTER			
		CIRCLE APPROPRIATE BOXES			
		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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.			
		DRILLERS NAME			
		(PLEASE PRINT) G. EDGAR HARR SONS CORP.			
		SIGNATURE Sandy B. Pearson			

SET BACKS

REAR PL

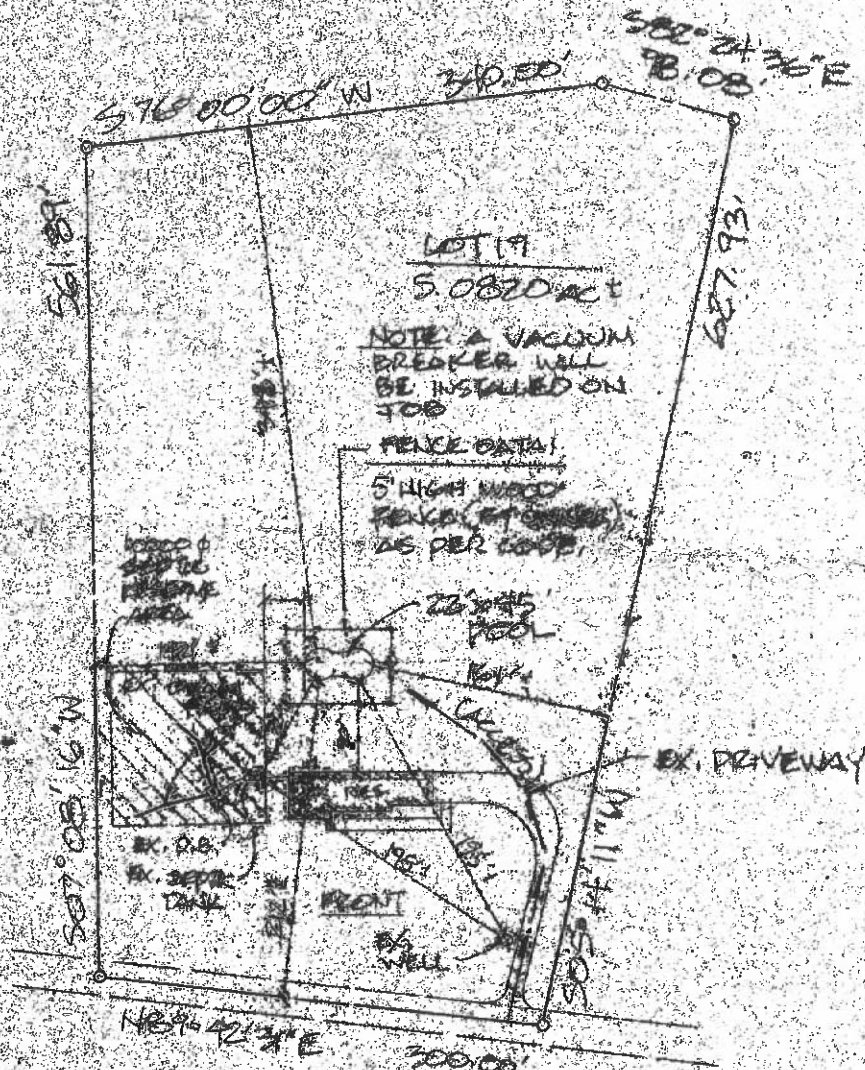
SIDE PL

HOUSE

SEPTIC

WELL

PRIVATE WELL & SEPTIC



FORSYTHE ROAD

SITE PLAN

1"=100'

LOT 19

"FORSYTHE ESTATES"

4th ELECTION DIST.

HEXARD COUNTY, MO