

9/7/89 ASAP

05-409233

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 44878

A 38841

DATE 08/16/89

DATE SYSTEM APPROVED 9/7/89

INSPECTOR M. Rifkin

INDEXED

Cumberland & Company

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 16391 A. E. Mullinix Road, Woodbine, Maryland PHONE 854-6835

SUBDIVISION Ridgewood ROAD 13327 Springwood Ct LOT 7

PROPERTY OWNER Jonathan Scott Tom Hutchens

ADDRESS

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

GARBAGE GRINDER? YES ☒ NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 215 feet from the left front lot corner and 90 feet from the left lot line. Run trenches along contour in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK(CW)

PLANS APPROVED BY C. Williams DATE 12/09/88

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

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUDG. PERMIT SIGNED

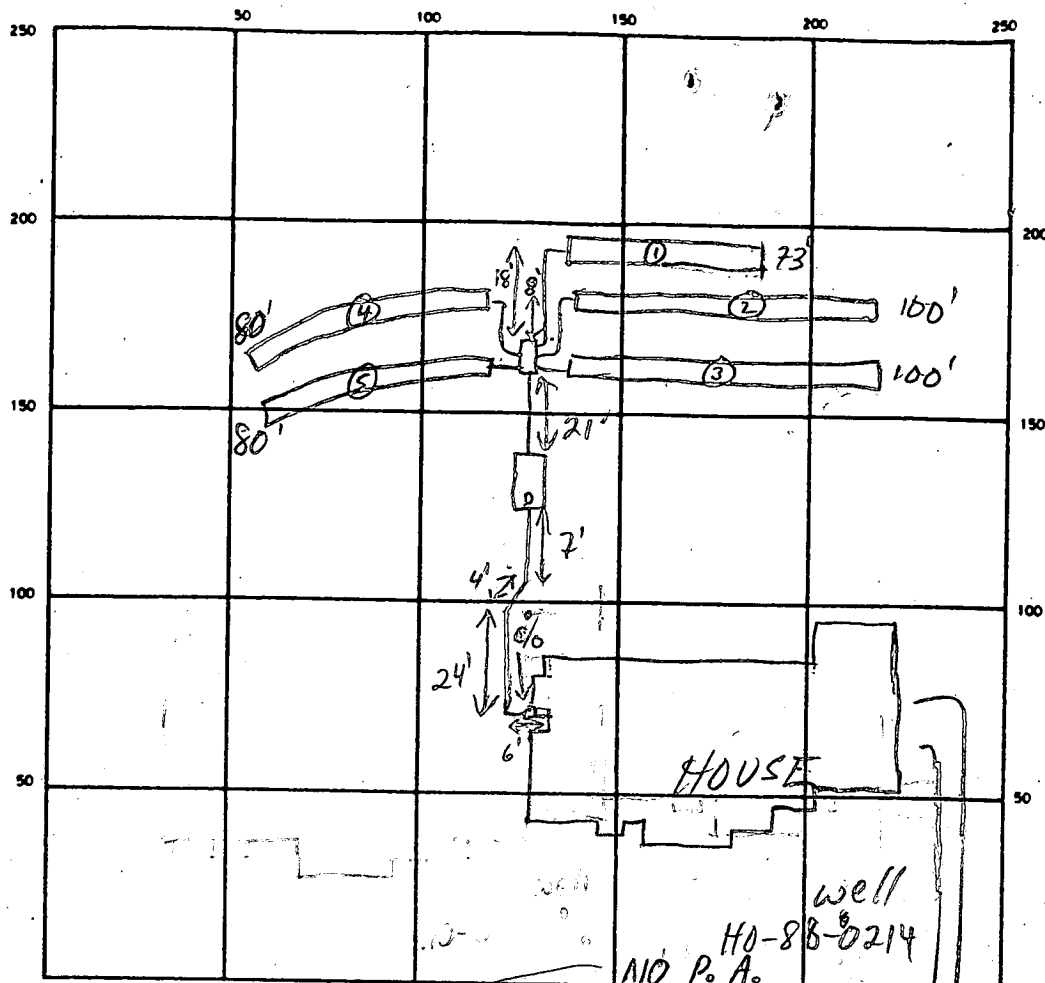
AND RETURNED 4/25/90

Serial # 32336

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

Interior Alteration



Springwood Ct

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

MATERIAL FELL IN

SPRINGWOOD Ct

WELL-DRILLER TO REMOVE W/RIG

SEPTIC TANK. LEVEL 2000 GAL CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK Baffle in

DRAIN FIELD/TILE FIELD. DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 73 100 80 100 80 FT. } 433

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 1299 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS 9/7/89 ALL WORK OK TO COVER MR

DATE SYSTEM APPROVED

9/7/89

INSPECTOR

M. Rifkin

APPLICATION

PERCOLATION TESTING

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

A 3884P

P _____

DISTRICT _____

DATE 2/26/87

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 Royden A. Blunt JONATHAN SCOTT
c/o F.A.M. Equities, Inc. 233 E. Redwood Street.
ADDRESS Baltimore, MD 21202 PHONE _____

PROSPECTIVE BUYER F.A.M. Equities, Inc.
802 Garrett Bldg., 233 E. Redwood Street
ADDRESS Baltimore, MD 21202 PHONE 301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road

SUBDIVISION Ridgewood LOT NO. LOT 7 on Prelim

ROAD AND DESCRIPTION Public CT. B 13327 Springwood Ct.

TAX MAP 22 PARCEL # 160

SIZE OF LOT 3.2 AC. TYPE BLDG. Single Family
(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. Wigand H. Theimer (Agent for FAM Etc.)
(SIGNATURE OF APPLICANT)

APPROVED BY B. Nuyon FOR SHALLOW ONLY DATE 10/27/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING FOR FIELD LOCATED HOLES BLDG. PERMIT SIGNED
AND RETURNED 4-14-89

INITIAL SYSTEM DEEP, ALL REPAIRS SHALL BE SHALLOW
10/27/87 ALL SYSTEMS TO BE SHALLOW

THIS IS NOT A PERMIT

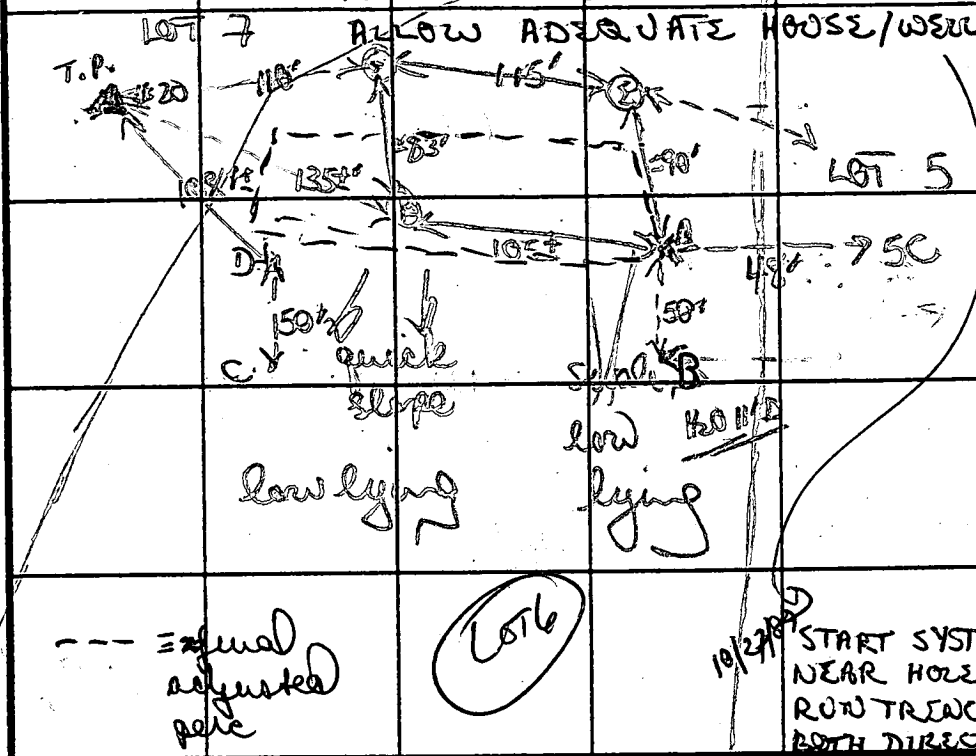
W/ 107-102.
longer
weathered
frag 3-6
+ 4-12' D

NOTE: ALLOW BOTTOM OF PERC
TO EXTEND TO W/IN 25' OF

NOTE D. INCLUDE OTHER GOOD
NOTE

10/27/82 GOOD HOLES & G EXCLUDED
FROM FINAL PERC SHAPE

ALLOW ADEQUATE HOUSE/WORK



B
 orange / tan
 silty mic
 clay loam
 3'
 to orange
 tan to grey
 silty mic
 loam
 w/ 5-10% s
 weathered
 frags 4'
 11' 16.8
 13' 11'

	orange/yellow
	setty clay
ME	lean
	to gray
il	brown
n/a	setty mica
	lean
n/a	w/ 10% <u>sandstone</u>
	12/D

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
FORLEY QUARTER ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/19/87	D	ROCK	9' (hand bottom)				
	C	H ₂ O	8'9"				fail
	A	3 1/2' S	141	142	142	144	2 MIN
		6 1/2' M	141	142	142	144	2 MIN
		12' D	bottom (see profile)				
	B	3 3/4' S	DID NOT TEST				
		13' D	bottom - H ₂ O 11' D				
	E	3 1/2' S	204	207	207	210	3 MIN
		7' M	204	206	206	209	3 MIN
		12' D	bottom (see profile)				

REMARKS

TYPE OF SOIL

TESTED BY

perc field adjusted due to HO + rock
 N. 1st line & structure for house/well
 orange/brown clay clay loam 3' mostly silt loam

Bahan

ALSO PRESENT

alkal, chin, jell

APPLICATION

PERCOLATION TESTING

A 38841

P _____

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

DISTRICT _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION RIDGEWOOD LOT NO. 6 (page 2)

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

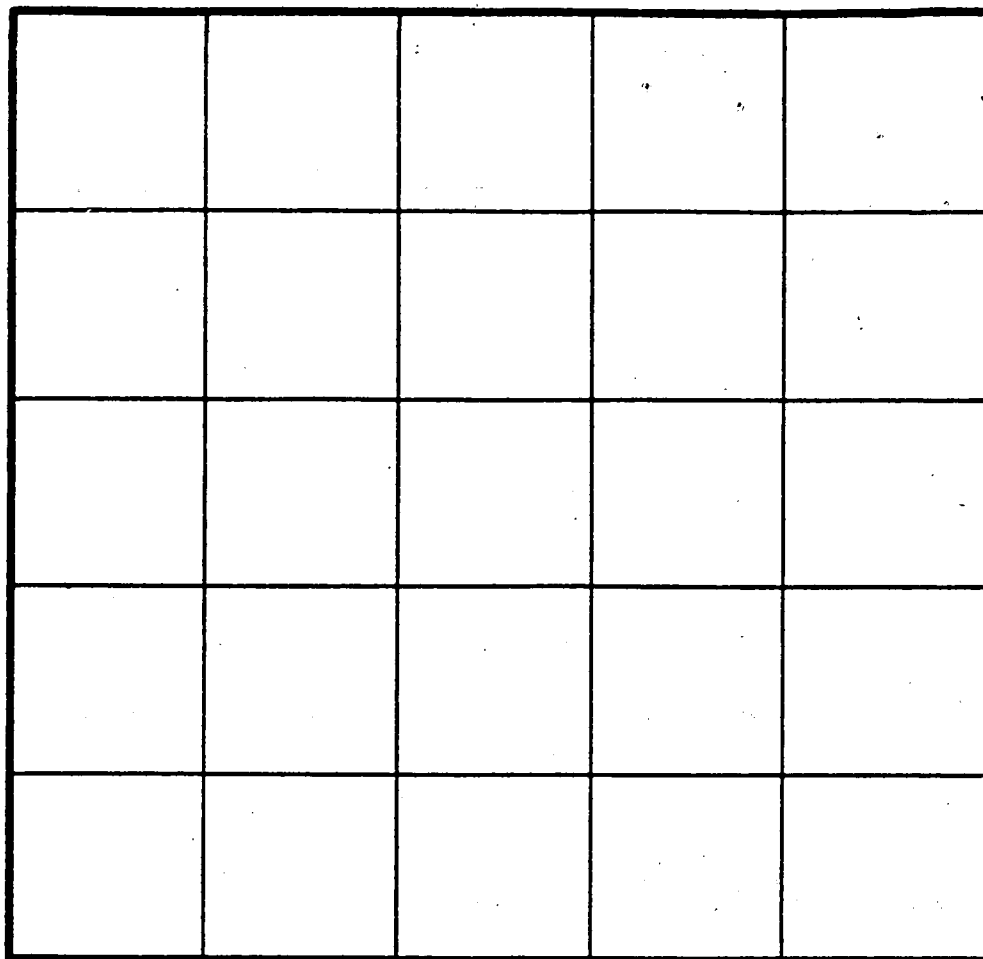
HD-216

THIS IS NOT A PERMIT

G
SOIL PROFILE

0'
orange
brown
clay 3'
changing
to tan
brown
fowdery
silly m
tan
↓

12'D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/19/77	F	VISUAL ONLY					
		12'D (see profile)					
	G	4'S	217	222	222	228	(6 min)
		12'D bottom (see profile)					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

REPLACEMENT WELL SITE INSPECTION

OWNER Jonathan Scott 301-421-1214

DATE REQUESTED _____

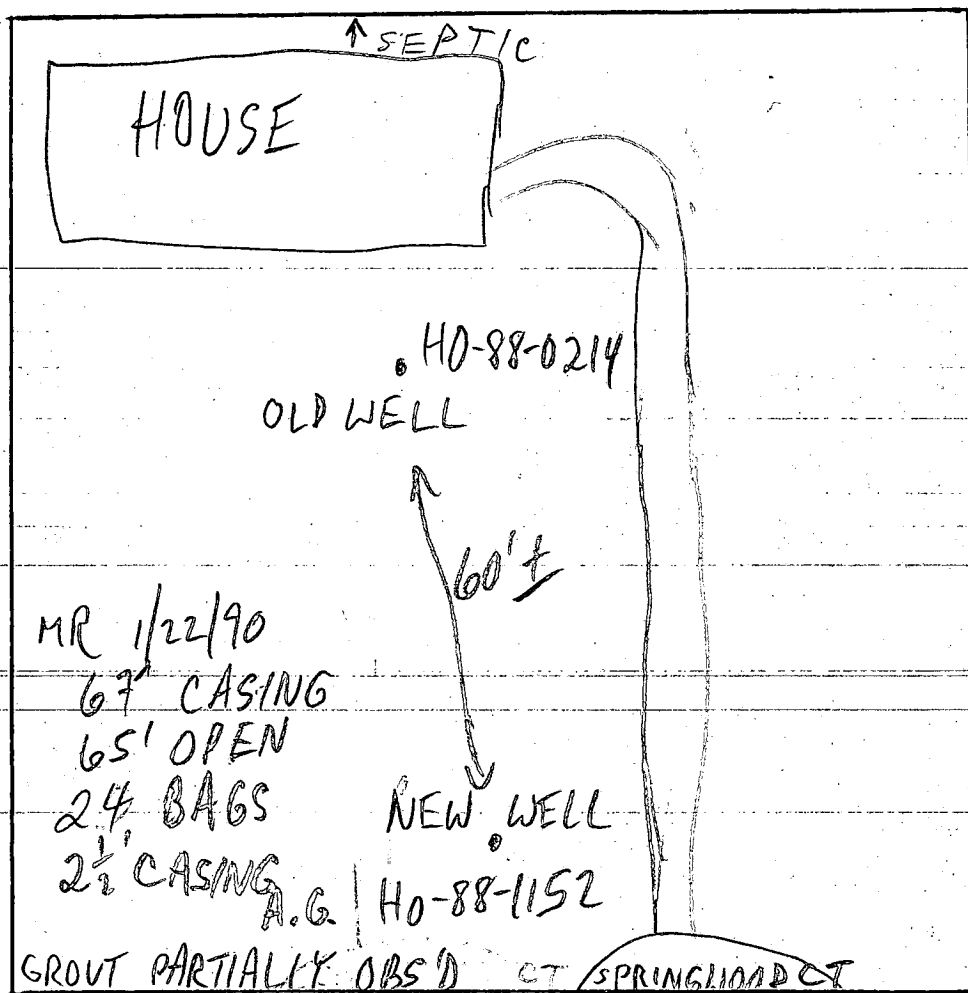
ADDRESS RIDGEWOOD Lot 7

DRILLER Easterday

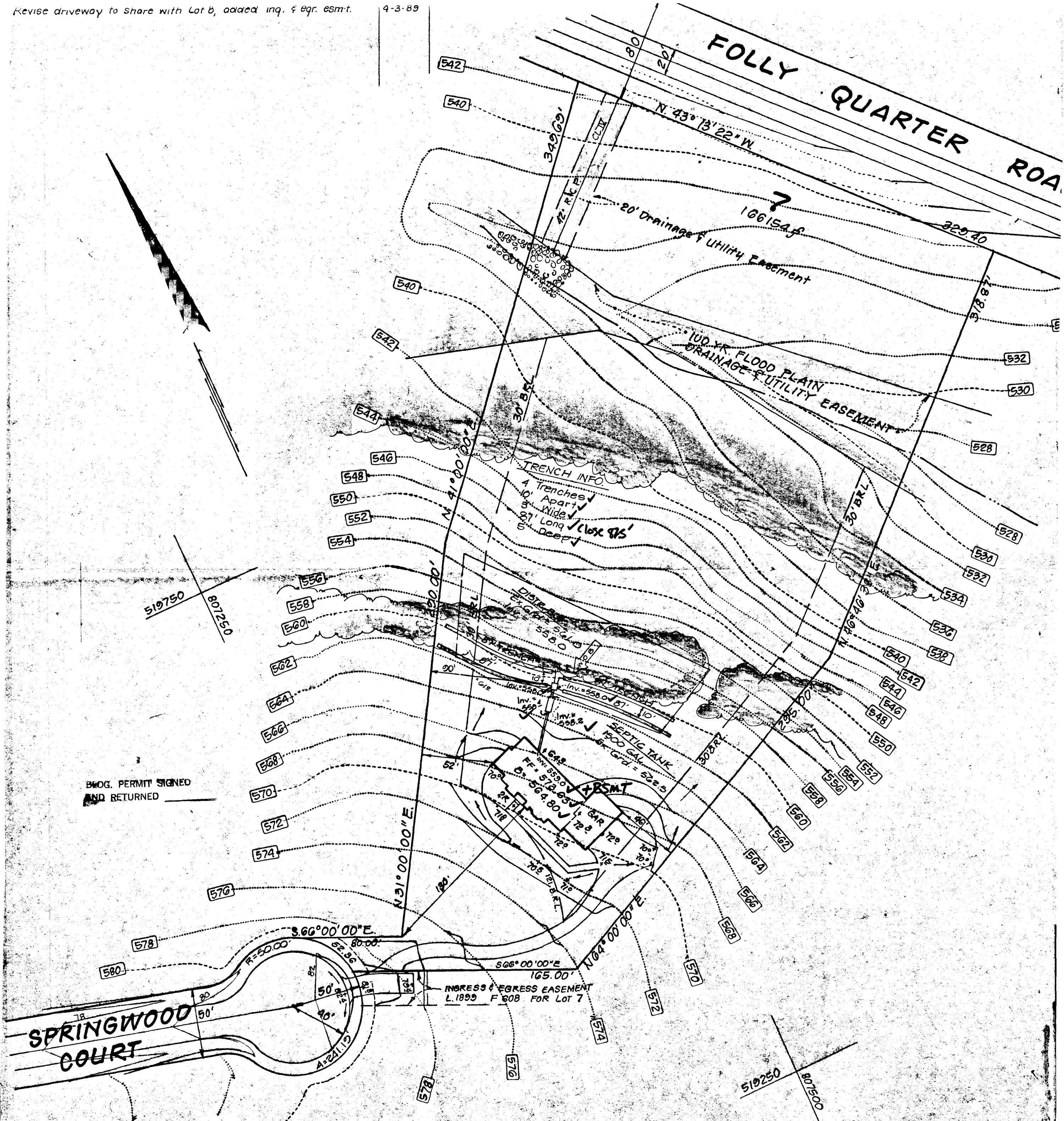
WELL TAG# H0-88-1152

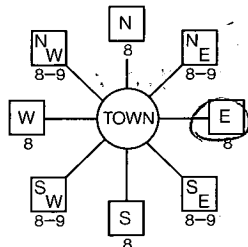
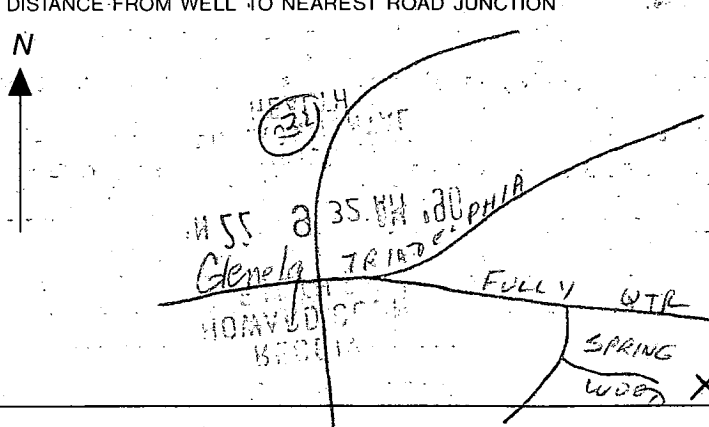
COUNTY# _____

LOCATION DIAGRAM



COMMENTS: 1/22/90 OLD WELL CAVED IN. YET TO BE ABANDONED
(REICHART); GROUT COMPLETED MR



B 1 5408 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1152 <small>fill in this form completely</small>
Date Received (APA) 012289		B 3 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION RIDGEWOOD SECTION 44 LOT 7 52 NEAREST TOWN GLENELK MILES FROM TOWN (enter 0 if in town) 1 M I	
OWNER INFORMATION 15 Last Name SCOTT Owner First Name JOHNATHAN 36 Street or RFD 1018 CADSTEN AVE 57 Town SILVER SPRING 70 State 72 MD Zip 76 0905		B 4 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI F 7	
DRILLER INFORMATION Driller's Name George F. Easterday 77 License No. 80 40 Firm Name L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature George F. Easterday Date		B 2 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. <input type="checkbox"/> 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. A38841 STATE SIGNATURE Mark E. Rifkin DATE ISSUED 7/22/90 43 012290 48 CO SIGNATURE Mark E. Rifkin EXP. DATE NORTH GRID 520000 EAST GRID 080700	
APPROXIMATE DEPTH OF WELL 300 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 E 80X7 N 520	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY 67 AIR-PERCussion ROTARY (Hydraulic Rotary) 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 40-88-1152 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER G A P FORCE MD WRITE INITIALS IN BOX PERMIT No. 40-88-1152 SPECIAL CONDITIONS	

C1 5601 SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER A 38841

ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED
01/22/90

Depth of Well
22 400 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-88-1152

OWNER SOTT, JOHN
STREET OR RFD last name first name TOWN
SUBDIVISION RINEWOOD SECTION LOT 7

WELL LOG
Not required for driven wells.
STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING
DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing
Top soil 0 1
Red clay 1 3
Br. mica 3 50
Thin mica 50 60
Blue mica 60 80
White mica 80 100
Blue mica 100 360
Green mica 360 400

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 24 NO. OF POUNDS 2400
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 65 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL (ST) CONCRETE (CO)
PLASTIC (PL) OTHER (OT)
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
37 6 67

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

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

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
1 HO 17 400
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 3
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50
WHEN PUMPING 40
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
above 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)

COUNTY

C1 0541 SEQUENCE NO. (DENY 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 TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A² - 38841

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

102087

22 300 26
(TO NEAREST FOOT)28 29 30 31 32 33 34 35 36 37
40-88-0214

OWNER SIGNATURE HOMES INC.

STREET OR RFD

last name

SPRINGWOOD COURT

first name

TOWN

GLENELE

SUBDIVISION

RIDGEWOOD

SECTION

LOT

7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

2

rolling ground

0

7'

gravel

brown shale

7'

46'

water

brown shale

46'

58'

water

brown shale

58'

82'

water

brown shale

82'

390'

water

brown shale

82'

390'

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water

brown shale

82'

390'

water

brown shale

82'

390'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 14

NO. OF POUNDS 1344

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 39 ft.
(enter 0 if from surface)

48 TOP 52 54 BOTTOM 58

casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

60 61

63 64

66 67

70

OTHER CASING (if used)

Diameter inch

Depth (feet) from to

EACH CASING

SCREEN

SCREEN

SCREEN

SCREEN

SCREEN

SCREEN

SCREEN

SCREEN

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SCREEN

SCREEN

SCREEN

SCREEN

SCREEN

SCREEN

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

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

C2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

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1 2

1 2

1 2

1 2

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1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

1 2

DEPTH (nearest ft.)

8 9

11 12

13 14

15 16

17 18

19 20

21 22

23 24

25 26

27 28

29 30

31 32

33 34

35 36

37 38

39 40

41 42

43 44

45 46

47 48

49 50

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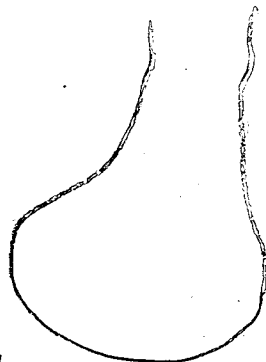
48

49

50

51

B 7 9329 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-0214 <small>fill in this form completely</small>
Date Received (APA) 09/22/88		B 3 LOCATION OF WELL 1 Howard 21 8 COUNTY 23 SUBDIVISION Ridgewood 42 SECTION 44 46 LOT 7 50 52 NEAREST TOWN Glenely 71 MILES FROM TOWN (enter 0 if in town) 1 73 M 76 I 77 78	
OWNER INFORMATION 15 Last Name Signature Homes Inc 34 36 PO Box 2840 55 Street or RFD 57 Columbia 70 State 72 MD 74 021045 76 Zip		B 4 1 Springwood Ct 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W WEST EAST SOUTH 34 160 37 DISTANCE FROM ROAD ENTER FT. or MI FT 38 4 39	
DRILLER INFORMATION Robert W. Reichart 353 Driller's Name 77 License No. 80 Wm. W. Reichart, Inc Firm Name 1772 Baltimore Pike Hanover PA 17331 Address Robert W. Reichart 9/2/88 Signature Date		WELL INFORMATION 1 5 8 12 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A38841 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 10/04/88 Remond Kordyla 04/07/88 43 48 LCO SIGNATURE EXP. DATE NORTH GRID 520000 50 55 EAST GRID 0807000 57 63 OVER	
APPROXIMATE DEPTH OF WELL 250 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Approved well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800 ? N 520 0	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30. AIR-ROTary <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) 37. CABLE <input type="radio"/> REVERSE-ROTary <input type="radio"/> Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER _____ 54 25612 63 FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. H0-88-0214 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			



↓
#0214
Well as per staked }
34' ~ ~ ~
x any hole to be
cemented 10/20/88

RECEIVED
HOWARD COUNTY
HEALTH DEPT
ELICOTT CITY, MD
SEP 15 9 08 AM '88

Page 1 of 1
Date 10/20/88

Review OK 12/9/88 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0214
Location of property (road) Springwood Court
Subdivision RIDGEWOOD Lot 7 Block - Plat - Sec. -
Well Driller R. REICHA Owner Signature Homes Inc.

Depth of well 300'
Distance of measuring point (M.P.) above ground 0' surface
Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 1:15 Pumping rate 8 1/2 G.P.M.
Total time 2 hrs to reach pumping water level 200 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 1 time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:15	40'	7 sec	N/A	8 1/2
1:30	57'	7 sec		8 1/2
1:45	67'	7 sec		8 1/2
2:00	99'	7 sec		8 1/2
2:15	128'	7 sec		8 1/2
2:30	153'	8 sec		7 1/2
2:45	173'	8 sec		7 1/2
3:00	198'	8 sec		7 1/2
3:15	200'	14 sec		4
3:30				
3:45				
4:00				
4:15				
4:30				
4:45				
5:00				
5:15				
5:30				
5:45				
6:00				
6:15	200'	14 sec		4

Well 11/12/90
C. Williams

1/31/89
1/30/90

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 44879
Date 08-16-89

Name of Installer CUMBERLAND CO.

Telephone 854-6838

License Number ~~249~~ 249

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Jonathan SCOTT

Telephone 421-1214

Subdivision RIDGEWOOD

Lot # 7

Well Tag # 40-88-0214

COMPASS 60

Site Address 13827 SPRINGWOOD CT GLENELG MD

NEW WELL HO-88-1152 DRILLED 1/90

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - 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

- Horsepower
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make
- Model #
- Depth

Tank

- Capacity
- Pressure relief valve?

Piping

- Type
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line

Well data

- Depth 300 ft.
- Yield 4 GPM
- Static water level 40 ft.
- Will water supply be disinfected by installer? ☒

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: William J. Cumberland

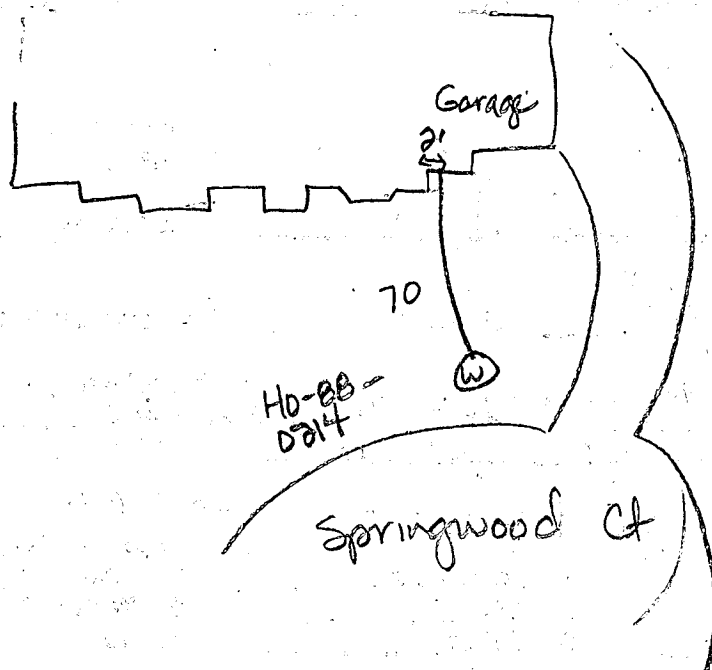
Date:

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

NO
TAG
↓
NOTIFIED
DRILLER

P.A. 5' B.G. MR 1/30/90

NEW LINE FITTED TO EX. WELL LINE W/ BRASS COUPLING



10-31-89

Pitless adaptor installed at 50 inches below grade. Well line in trench at 48 in. House connection ok. No ground connected yet. Pump tank not installed. JE Nadeau

A VACUUM BREAKER WILL BE
INSTALLED AS PER CODE

QUARTER RD.

FOLLY

6076

1077

3. 84 Ac. 1

Est. 100 YR. FLOOD
PLAIN DRAINAGE &
UTILITY ESMT.

EX. 2.0 WIDE
DRAINAGE F.
UTILITY E.S.M.T.

Lot 8

FENCE DATA:

5' HIGH BOARD ON BM
FENCE AS PER CODE
(BY OWNER)

Pool
(38' x 9')

✓ AFTER RAD

EX. WELL

SPRINGWOOD

COURT

SITE PLAN

SCALE: 1"=100'