7-29-91 3 pm cancelled due to rain
7-30-91 asap
8/26/91 WP I 2:00 pm

8/26/91 WPI NO INSP.
Tax ID - ?

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH•

P 47329

A 45289

DISTRICT ______

DATE 11/28/89

DATE SYSTEM APPROVED 7/30/91

INSPECTOR M. Rifkin

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

K & K Excavating IS PERMITTED TO INSTALL X ALTER ______

ADDRESS 14960 Frederick Road, Woodbine, Md. 21797 PHONE 442-1336

SUBDIVISION Dennis B. Malcolm Property ROAD 12044 Scaggsville Road LOT 2 Tenant House

PROPERTY OWNER ~~Mr. Kimber Burley~~

ADDRESS ______

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 20%~~XXX

~~GARBAGE GRINDER~~XXX~~YES~~XXXXXXXXXXXX~~NO~~XXXXXXX

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4 240' TRENCH

TRENCHES - 180 sq. ft. per bedroom. 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 560' from lot line that borders Pindell School Rd. and 85' from the north lot line. Run trenches along contour toward the north lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7-27-90 JEN

PLANS APPROVED BY Craig Williams cm DATE 03/30/90

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

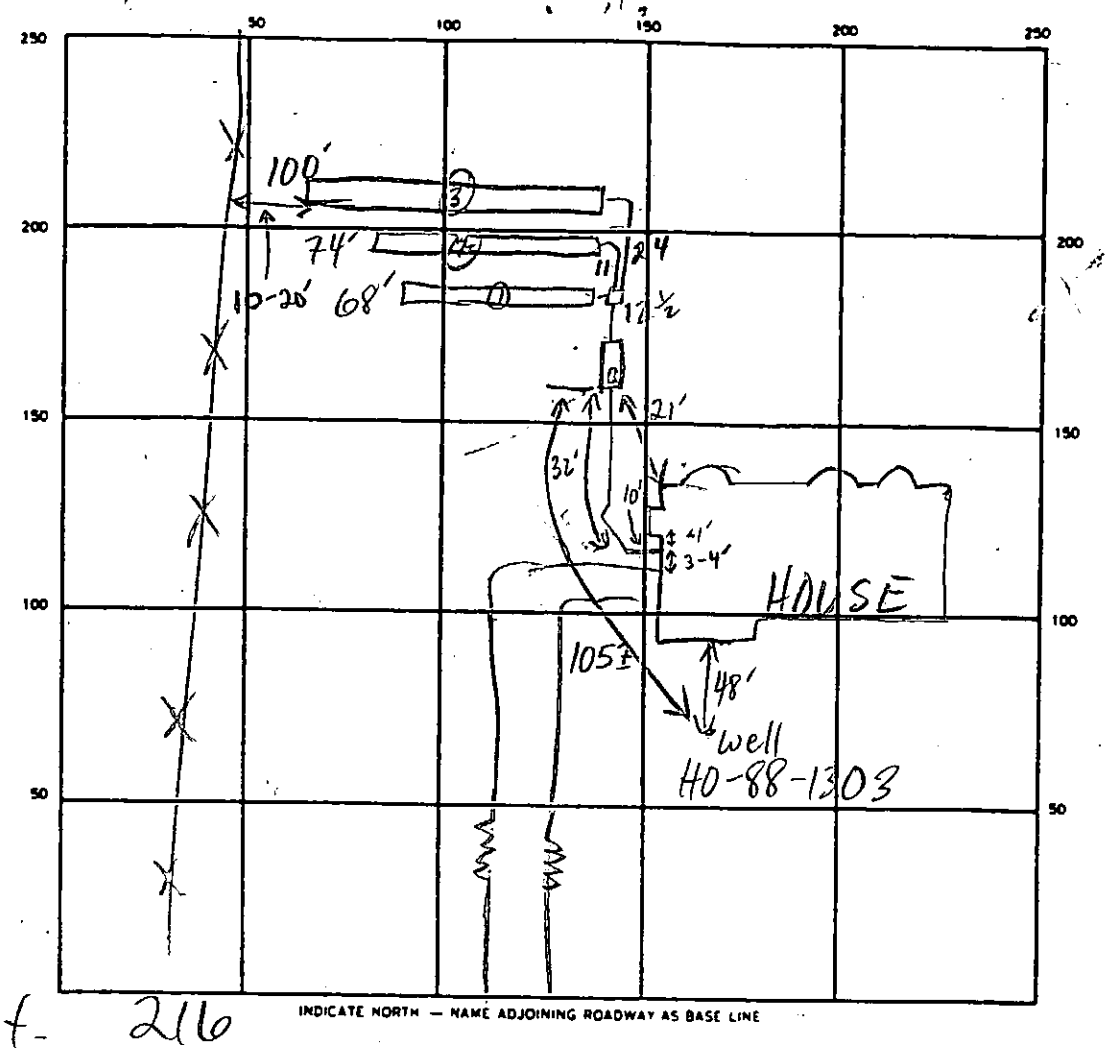
NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

A 45289

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



Rf- 216

SEPTIC TANK. LEVEL 2000 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK - BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 5~~6~~ FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 - 4 FT.

EFFECTIVE GRAVEL DEPTH 2± FT. TOTAL LENGTH ①68 ②74 ③100 FT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①204 ②222 ③300 SQ FT.

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

ABSORBENT AREA 726 SQ. FT.

REMARKS 7/30/91 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 7/30/91 INSPECTOR M. Rifkin

12/12/89
10100

APPLICATION

PERCOLATION TESTING

A 45289

P

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

11-28-89
Preview ok. 1 Ac lot.
Farmland Preservation
JEN

DISTRICT

DATE 11/27/89

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 DENNIS B MALCOLM

ADDRESS 2001 BRIGGS CHANEY Rd, S.S. MD 20904 PHONE ~~284-9172~~

PROSPECTIVE BUYER KIMBER + DIANE BURLEY

ADDRESS 12402 FELDON St., WHEATON, MD. 20906 PHONE (301) 933-6592

PROPERTY LOCATION: MALCOLM PROPERTY

SUBDIVISION LOT NO. 2 Tenant House

ROAD AND DESCRIPTION 12044 RT. 216 (Scaggsville Rd.) and ~~PINDELL SCHOOL Rd~~,

TAX MAP 41 PARCEL # 67

SIZE OF LOT 53.3174 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.

Jimber Burley
(SIGNATURE OF APPLICANT)

APPROVED BY FOR DATE

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS Hold for wet season testing DATE 12-12-89 JEN

REASONS FOR REJECTION OR HOLDING 2/27/90 WET SEASON TEST OK FOR SHALLOW DRAIN FIELD RT

BLDG. PERMIT SIGNED AND RETURNED 2/10/90
Permit #33697-
Tenant House - 2 car garage

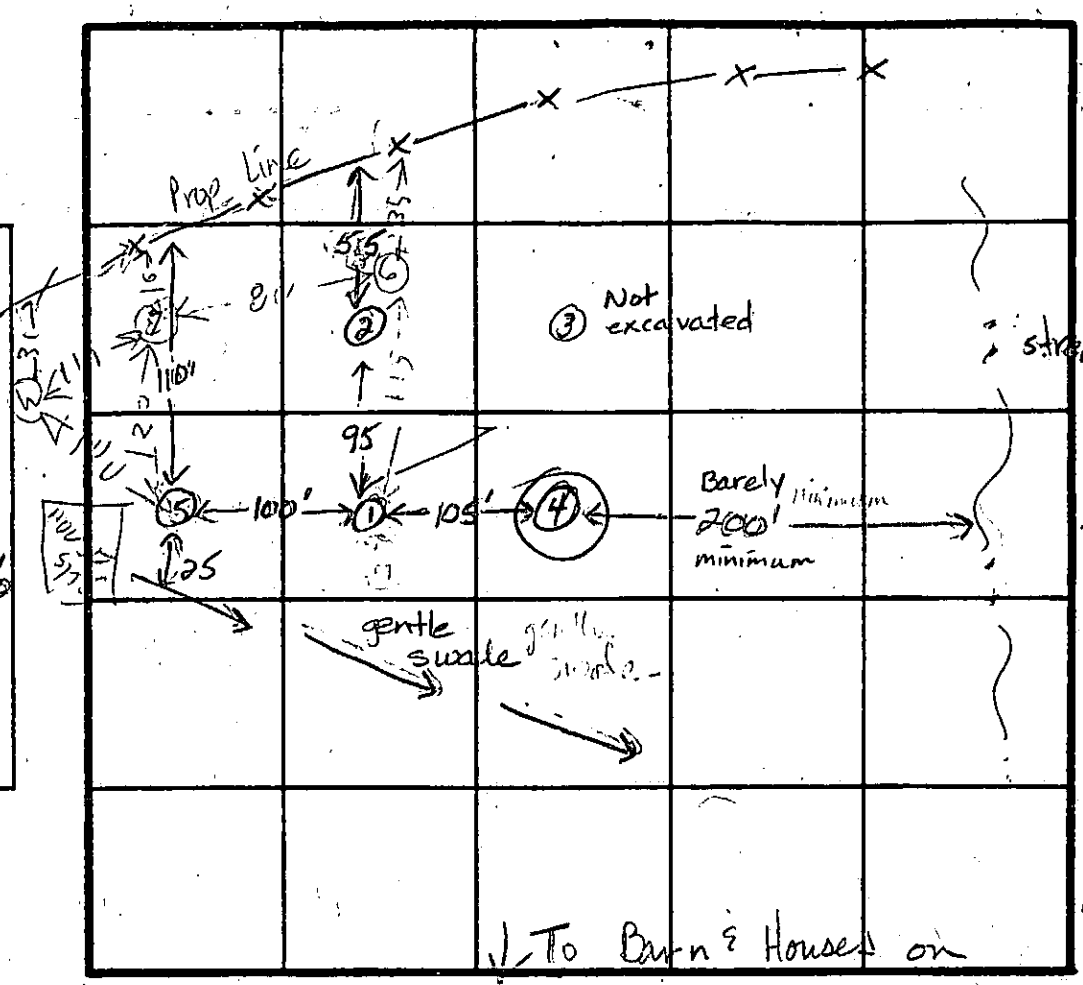
HD-216

THIS IS NOT A PERMIT

A 45289

(1)
SOIL PROFILE

0-4.5 Rd-br si cl lm
4.5-12.0 Rd-br sa si lm, some broken rock <15%
12.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(5)
0-5.5 Rd si cl lm
5.5-13.0 Rd sa si lm, little decomp rx <25%
13.0 Bottom

(4)
0-5.5 Rd-br si cl lm
5.5-8.5 Rd-br sa si lm
Water at 7.5 ft
8.5 Bottom

(2) (6)
0-5.5 Rd-br si cl lm
5.5-12.5 Rd-yellow sa si lm
12.5 Bottom

(7)
YELLOW BROWN CLAY
PINK BROWN SANDY LOAM

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12-12-89	1	4.6 S 6.0 M	11:05 10:59	11:26 11:01	½ inch 11:01	slow 11:05	4min
		12.0 D	Bottom	(see profile)		for	Hold wet
	(4)	8.5" V	Water	at 7.5 ft			season Failed
	2	6.0' S 12.5 D	11:45 Bottom	11:50 (see profile)	11:50	11:55	5min Hold for wet season
	5	5.0 S 13.0 D	12:14 Bottom	12:16 (see profile)	12:16	12:18	2min OK
2-27-90	6V	14	WATER	13 FT			
	1MV	5	115	1117	1117	1120	3
	1 REDUG	13½	WATER	13 FT			
	7D 7S	7 4	1127 1137	1128 1138	1128 1138	1129 1140	1 2
	N	13½	OK				

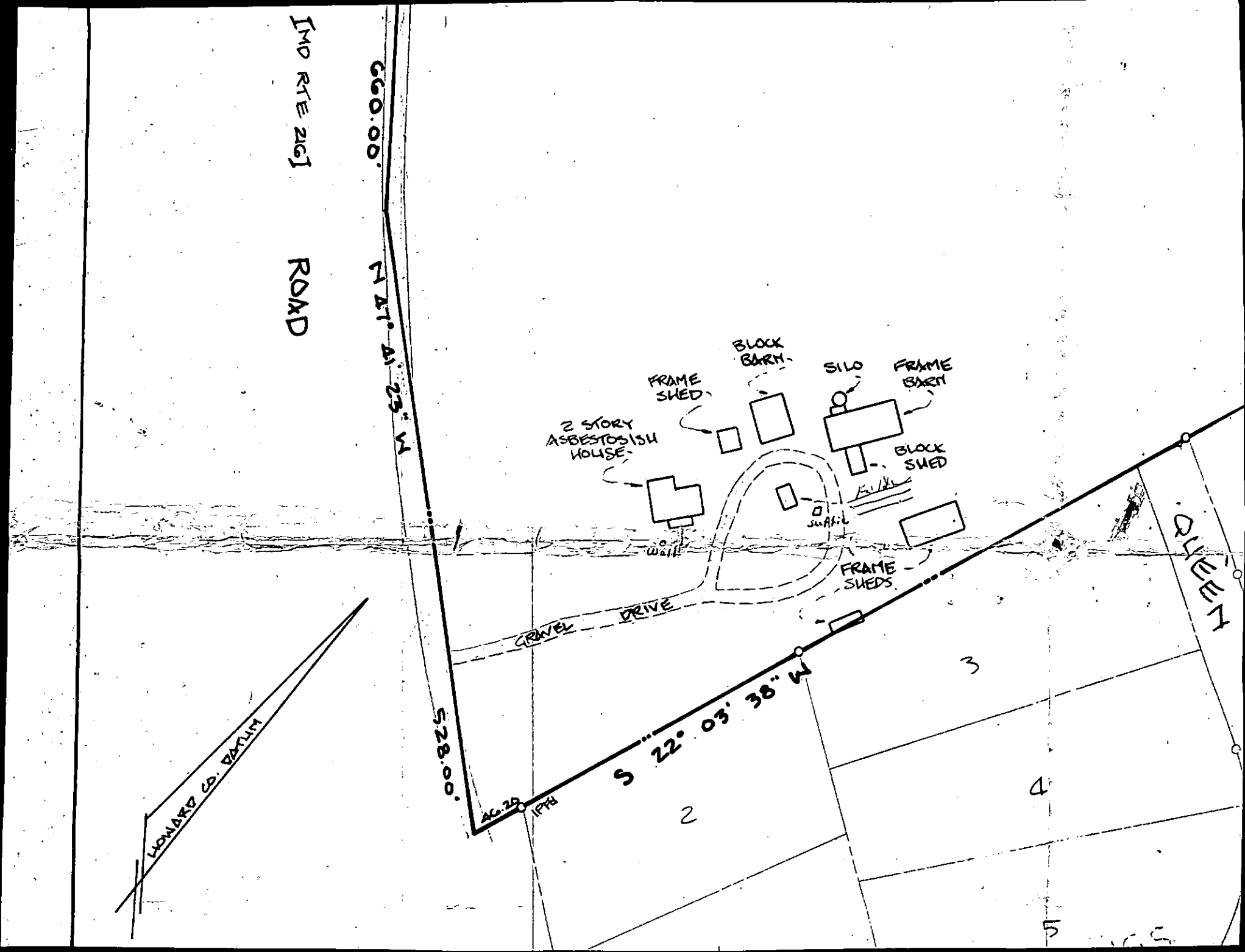
Quidan
Deadend off Pindell School Rd

INLET 3FT
BOTTOM 5FT
2FT SONC
3 MIN
180 sqft on BR

REMARKS Holes must be held for wet season testing

TYPE OF SOIL 0-5 Rd-br si cl lm, 5-12.5 Rd-yellow sa si lm, <25% rx

TESTED BY Jane Nadeau (RITA) GOST ALSO PRESENT K. Burley (K BURLEY LEON BACKHOE) Leon


IMD RTE 216
ROAD
660.00'
N 47° 49' 23" W
528.00'
S 22° 03' 38" W
HOWARD CO. DATUM
AC.20
IPF
2 STORY ASBESTOS SIDE HOUSE
FRAME SHED
BLOCK BARN
SILO
FRAME BARN
BLOCK SHED
WELL
SILAGE
FRAME SHEDS
GRAVEL DRIVE
QUEEN
2
3
4
5

Howard County Health Department

Contract Contingent upon well

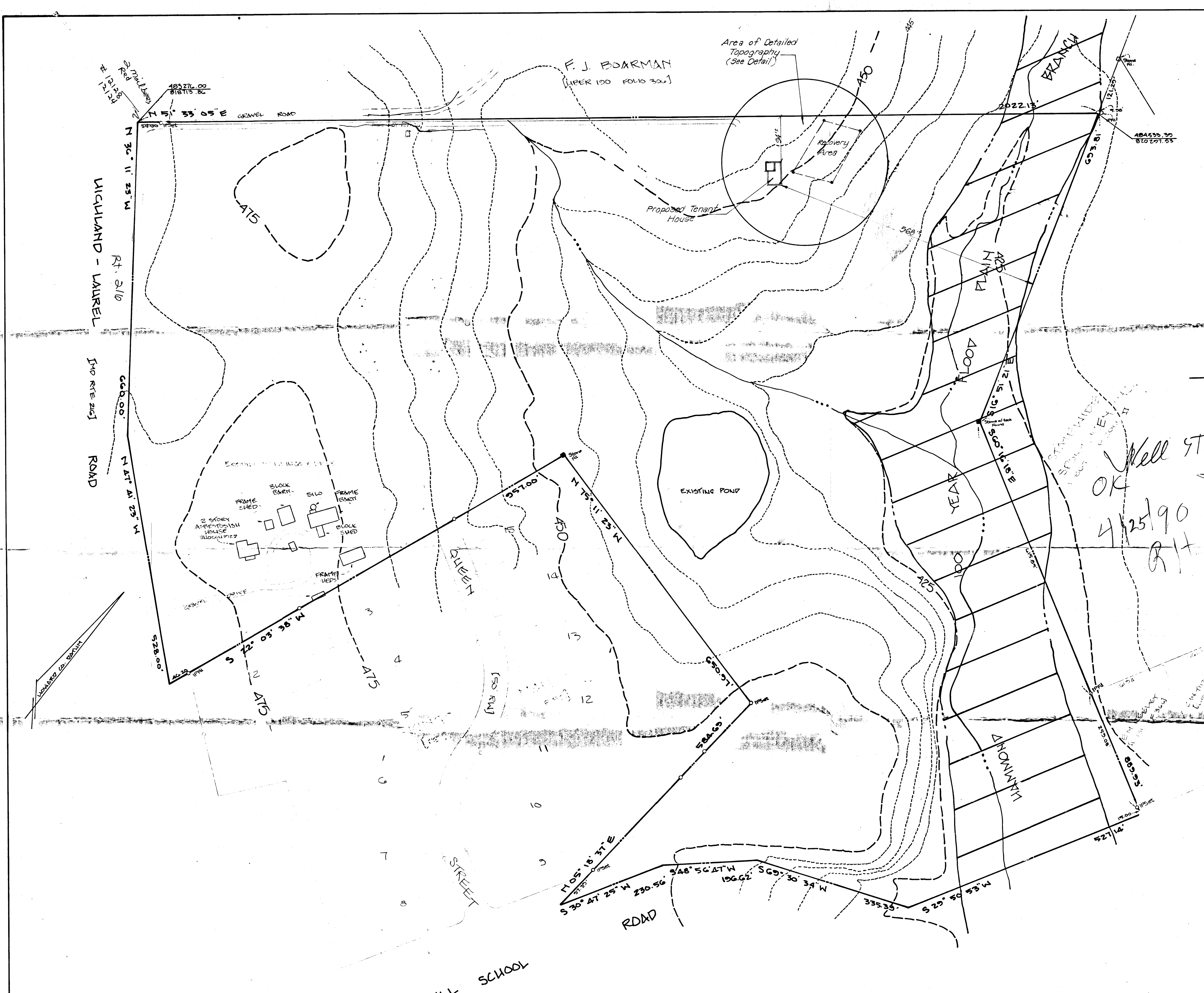
To: Inspector

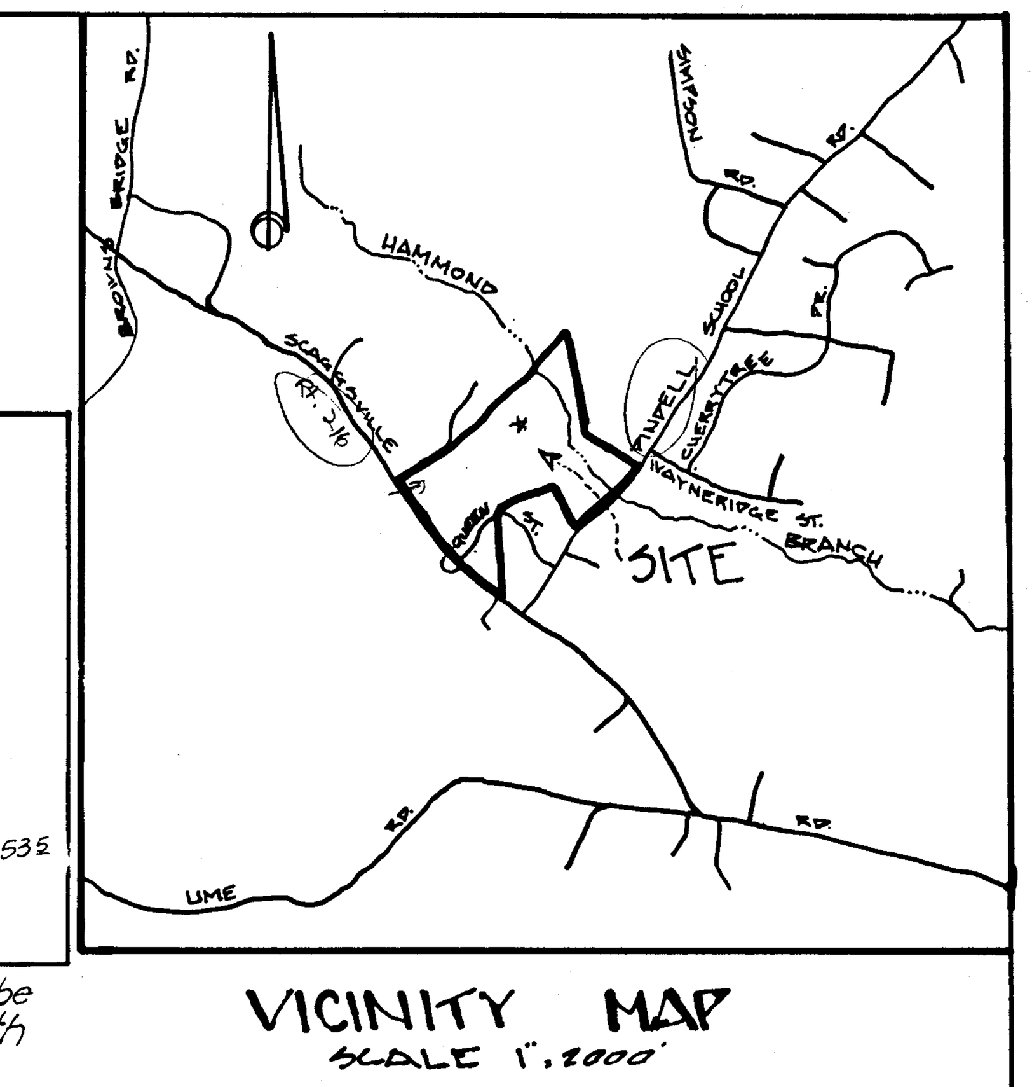
Look for gravel drive at red mailbox 12128 Rt. 216 OR 12124
follow gravel to "Y" & bear Right onto dirt road, then bear quick Left ~600' straight back along fence

From: M/E

Date:

HD-170

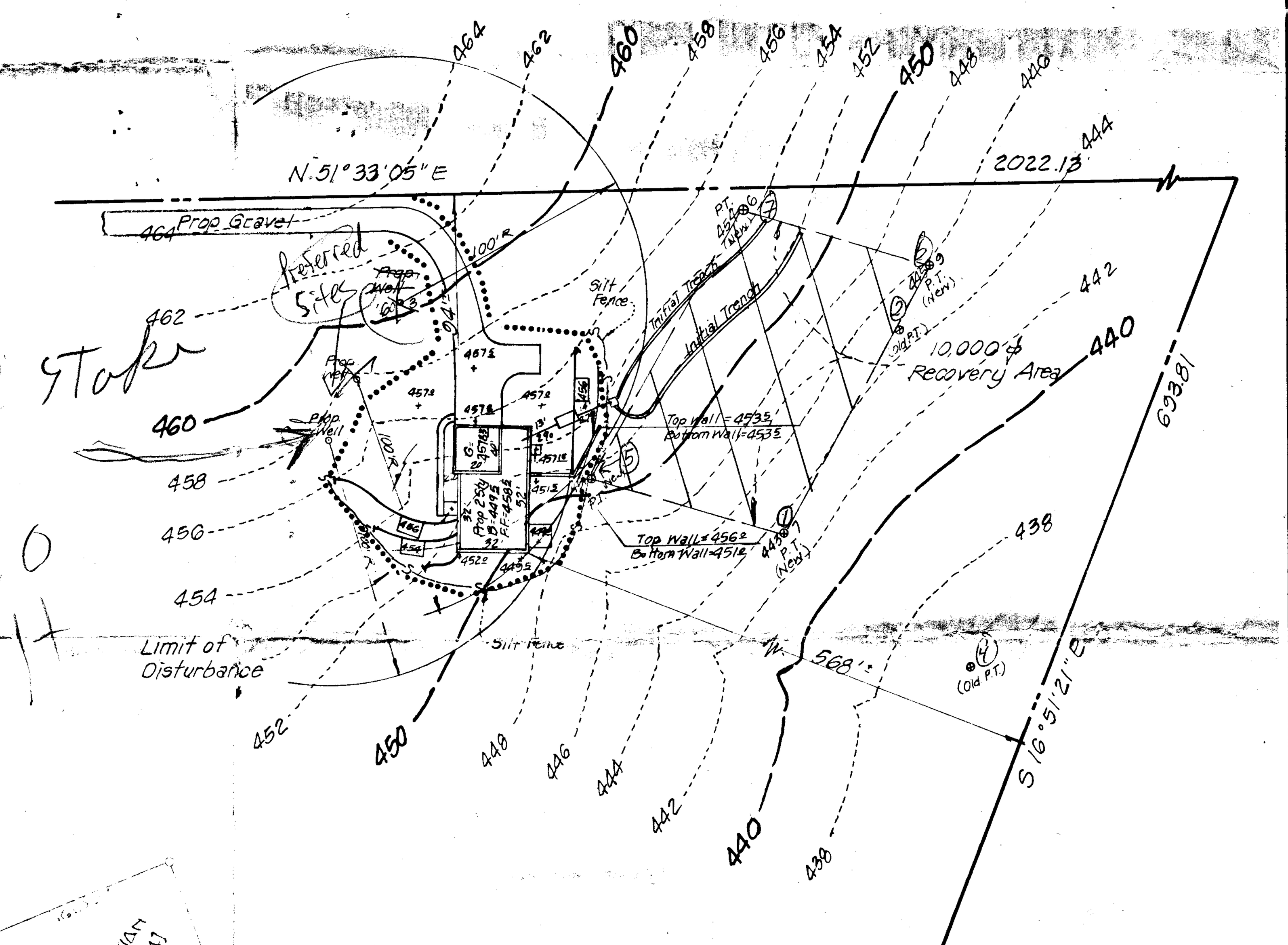




Elevations Required

Basement elevation · 449.5
First floor elevation 458.5
Invert out of house = 454.23
Invert into septic tank = 453.97
Invert out of septic tank = 453.72
Invert into distribution box = 452.50
Invert into trench(s) = 452.0
Existing grade at septic tank 454.50
Existing grade at distribution box = 453.5
Existing grade at trench(s) = 453.50
Elevation of well at grade · 457.40

NOTE: Length and detail of trenches to be determined by Howard County Health Department.



DETAIL

Scale: 1" = 50'

This area designates a private sewage easement of 10,000 sq.ft. as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Rev. Show detail topo, site plan for tenant House 3/16/90 ✓# 227-50
Rev. Move dwy. add old Perk Test

NOTES:

1. TOTAL AREA OF PROPERTY AS CONVEYED = 53.3174 ACRES.
2. PRESENT TITLE: DENNIS B. MALCOLM, et al, LIBER 1263, FOLIO 538.
3. ZONING = R
4. LOCATION: TAX MAP 41, PARCEL 67.
5. TOPOGRAPHY FROM HOWARD COUNTY TOPOGRAPHIC MAP (SHEETS NO. GC-0119 T 221-37 & 222-37)
6. SURVEY DATUM - HOWARD COUNTY GEODETIC CONTROL SURVEY: STATIONS 213 7003, 213 7002, 213 7008.

APPROVED: For private water and private sewerage systems, Howard County Department.

Joyce M Boyd ... 4/3/90
Howard County Health Officer c.w. Date

SURVEYOR'S CERTIFICATE

I hereby certify that I have carefully surveyed the property as shown hereon in accordance with recorded descriptions, that corners are in place as shown and that there are no encroachments except as indicated.

7-5-84
Date

[illegible]ESSON COOK, JR
Registered Land Surveyor
Maryland #8144

PLAT OF SURVEY
MALCOLM PROPERTY
MARYLAND RTE. 216 AT PINDELL SCHOOL ROAD
CLARKSVILLE DISTRICT
HOWARD COUNTY, MD.

DESIGNED BY	SCALE 1" - 100'	DATE 5-11-84	PHONE 422-6080
DRAWN BY JJC MJL	Light, Elliott, & Associates ENGINEERS PLANNERS SURVEYORS 8508 ADELPHI ROAD · ADELPHI MARYLAND 20783		
APPROVED BY	181-44		JOB NO. MD-408
			FILE NO. LS-1761

F. J. BOARMAN
[LIBER 130 FOLIO 302]

Area of Detailed Topography (See Detail)

Recovery Area

Proposed Tenant House

EXISTING POND

EXISTING DWELLING #215

2 STORY ASPHALT SIDING HOUSE W/BASEMENT

FRAME SHED

BLOCK BASEMENT

SILO

FRAME BASEMENT

BLOCK SHED

FRAME SHED

GRAVEL DRIVE

LOCUST POINT ROAD

N 51° 33' 05" E GRAVEL ROAD

N 36° 11' 23" W

HIGHLAND - LAUREL RT. 216

IMP RTE 216

ROAD

N 47° 41' 25" W 660.00'

S 28° 09' 38" W 528.00'

N 72° 11' 23" W 957.00'

QUEEN STREET

PINDELL SCHOOL ROAD

S 20° 47' 25" W 230.56'

S 48° 56' 47" W 156.62'

S 69° 30' 34" W 335.35'

S 29° 50' 53" W

N 05° 18' 37" E 91.55'

S 84° 15' 12" E 650.31'

S 84° 15' 12" E 1300.00'

S 84° 15' 12" E 527.14'

N 84555.39 E 810 207.55

2022.13'

GC 3 81

BRANCH

HAWTHORNE

ELEVEN

LILAC

LANE

ASH

ELM

OAK

445

450

425

400

375

475

568

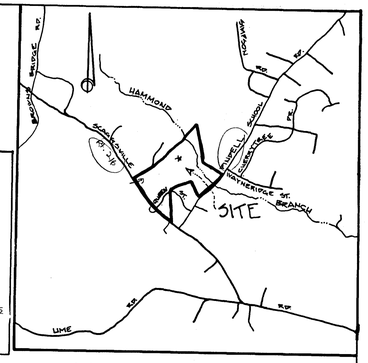
Well Tank

OK 4/25/90 RH

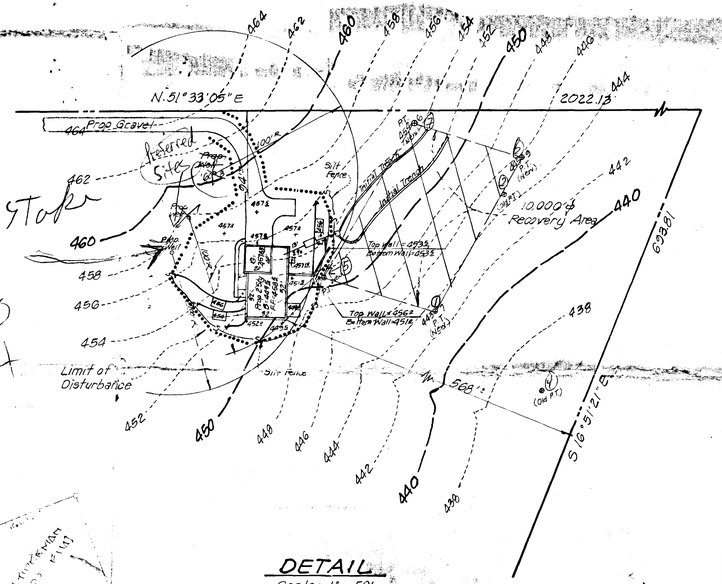
Elevations Required

- Basement elevation - 449.5
- First floor elevation 458.5
- Invert out of house = 454.83
- Invert into septic tank = 453.37
- Invert out of septic tank = 453.33
- Invert into distribution box = 452.83
- Invert into trench(s) = 452.8
- Existing grade at septic tank 454.8
- Existing grade at distribution box = 453.5
- Existing grade at trench(s) = 453.5
- Elevation of well at grade = 457.8

NOTE: Length and detail of trenches to be determined by Howard County Health Department.



VICINITY MAP
SCALE 1"=2000'



DETAIL

Scale: 1" = 50'

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Rev. Show detail, topo, site plan for tenant House 8/16/90 (#227-50
Rev. Move drwy. Add old Perk Test

SURVEYOR'S CERTIFICATE

I hereby certify that I have carefully surveyed the property as shown hereon in accordance with recorded descriptions, that corners are in place as shown and that there are no encroachments except as noted.

7-5-84
Date

THEODORE L. COOK, JR.
Registered Maryland Surveyor
Maryland #8144

PLAT OF SURVEY

MALCOLM PROPERTY

MARYLAND RTE. 216 AT PINDELL SCHOOL ROAD
CLARKSVILLE DISTRICT
HOWARD COUNTY, MD.

NOTES:

1. TOTAL AREA OF PROPERTY AS CONVEYED = 53.9174 ACRES.
2. PRESENT TITLE: DENNIS B. MALCOLM, et al, LIBER 1263, FOLIO 558.
3. ZONING - R
4. LOCATION: TAX MAP 41, PARCEL 47.
5. TOPOGRAPHY FROM HOWARD COUNTY TOPOGRAPHIC MAP (SHEETS NO. 6C-0113 & 221-57 & 222-57)
6. SURVEY DATUM - HOWARD COUNTY GEODETIC CONTROL SURVEY: STATIONS 213 7003, 213 7002, 213 7008.

APPROVED: For private water and private sewerage systems, Howard County Department.

Joyce M Boyd Anderson 4/3/90
Howard County Health Officer (C.W.) Date

DESIGNED BY	SCALE 1" = 100'	DATE 5-11-84	PHONE 422-6080
DRAWN BY JJC MMJ	Light, Elliott, & Associates ENGINEERS PLANNERS SURVEYORS 8508 ADELPHI ROAD - ADELPHI MARYLAND 20783		
APPROVED BY	181-84	JOB NO. MD-408	
		FILE NO. LS-1761	

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

October 21, 1991

Reply to:

Name: Mr. KIMBER BURLEY
Address: 12064 Rt 216
City, State and Zip Code:
Fulton, Md. 20759

RE: Subdivision Malcolm LOT-2
Address 12064 Rt. 216
Well Tag No. HO-88-1303

Dear:

This is to advise you that the septic system was installed, inspected and approved on 07/30/91.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was previously documented to be 10.4 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level is excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955 Director 461-9956 TDD 313-2323

C-1 1544 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 A 45289

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 05 07 96

Depth of Well 40 0 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-1303

OWNER Ripley last name Kimber first name

STREET OR RFD Rt 216 TOWN Fulton

SUBDIVISION MALCOLM PROP SECTION LOT 2 Tenant House

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	
Brown Shale	2	20	
Brown Mica	20	55	
Gray Mica	55	68	
Brown Mica	68	70	
Gray Mica	70	75	
Brown Mica	75	76	←
Gray Mica	76	230	
Green Mica	230	240	
opening	240	241	←
Green Mica	241	260	
Gray Mica	260	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 40 NO. OF POUNDS 400
GALLONS OF WATER 200
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 47 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)
ST	6	65

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

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	63	400
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) 6
PUMPING RATE (gal. per min. to nearest gal.) 1
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 20
WHEN PUMPING 204

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
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) 0

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)

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

N

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

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 0235 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

6/11/87 please print or type

OEP PERMIT NUMBER HO-81-2669
fill in this form completely

Date Received: 6/11/87 2602 INDEXED

OWNER INFORMATION

Malcolm Brothers
Last Name — Owner — First Name

2001 Briggs Chaney Rd
Street or RFD

Silver Spring MD 20904
Town — State — Zip

DRILLER INFORMATION

George F. Easterday
Driller's Name — 40 License No.

9265 Br. Ch.Rd., Mt. Airy, Md. 21771
Firm Name

L. Franklin Easterday, Inc.
Address

Signature — Date 5/12/87

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 200 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 GA-IP

FORCE (WRITE INITIALS IN BOX) PERMIT No. HO-81-2669

B 3 LOCATION OF WELL

8 COUNTY Howard

23 SUBDIVISION MAP 41 Q13 P.67

SECTION LOT

52 NEAREST TOWN Fulton

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW 8–9 | N 8 | NE 8–9
W 8 | TOWN | E 8
SW 8–9 | S 8 | SE 8–9

12044 [illegible] Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH (N) WEST (W) 32 (E) EAST SOUTH (S)

DISTANCE FROM ROAD 500

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME — A 3935-W COUNTY NO.

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED 051187 — CO SIGNATURE — EXP. DATE 11/11/87

NORTH GRID 48200 — EAST GRID 08170

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

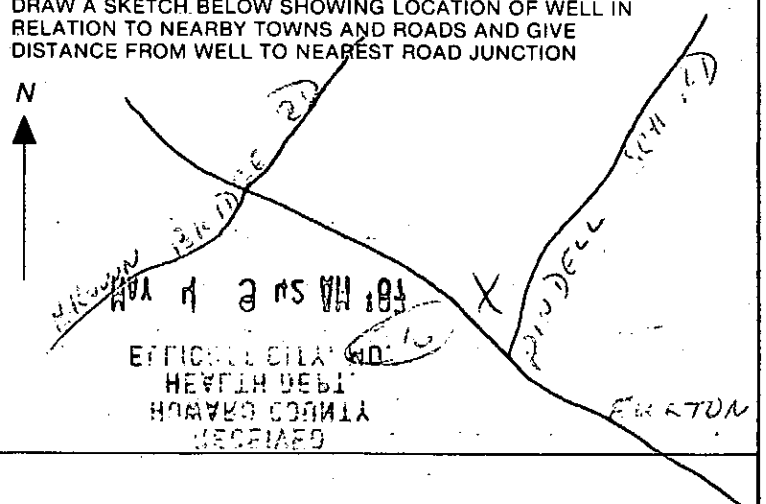
WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 19
N 480 2

000
000

6/11/87
No show for Grout

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



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HEALTH DEPT
HOWARD COUNTY
RECEIVED

SPECIAL CONDITIONS

HEALTH

C 1 2425 — 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-39315-W

DATE Received

DATE WELL COMPLETED 06/18/87

Depth of Well 360 (TO NEAREST FOOT)

OK/SA 12/8/87

PERMIT NO. FROM "PERMIT TO DRILL WELL" 80-81-2668

OWNER BROTHERS (last name) MALCOLM (first name)

STREET OR RFD 10644 SCAGGSVILLE RD TOWN FULTON

SUBDIVISION MAP 41 & 13 P 67 SECTION LOT

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	
Clay	2	6	
Shaley	6	15	
Sand Stone	15	60	
Mica	60	75	
Sand Stone	75	95	✓
Mica	95	360	

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 116 NO. OF POUNDS 11600
GALLONS OF WATER 64
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 65 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)
ST	6	70

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	68	360
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

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

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 4
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 95
WHEN PUMPING 360

TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

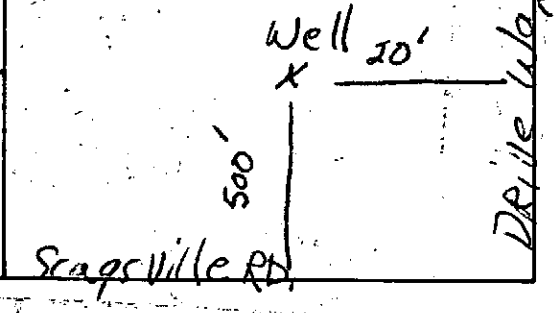
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above / − below LAND SURFACE (nearest foot) 2

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. 401
Hugh J Eberly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R Fellows
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)



HEALTH