PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48965
A 24986
A REPAIR

DISTRICT

DATE 2/23/93

DATE SYSTEM APPROVED 1/25/93

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

Jack Fyock IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS ____ PHONE 988-9270

SUBDIVISION Slack Property LOT 5A ROAD 1919 Route 32

PROPERTY OWNER William T. Krebs

ADDRESS 1919 Route 32

SEPTIC TANK CAPACITY existing 1500 gal GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 65

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for inspection when ground is opened so sanitarian can recommend repair. 1/25/93

Install one 65' long 2ft wide Trench tied into existing drywell.
Make Trench inlet @ 4½ ft below existing grade, 11ft deep max., 6½ Ft gravel fill.
Install Trench on contour.

PLANS APROVED BY ____ DATE ____

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

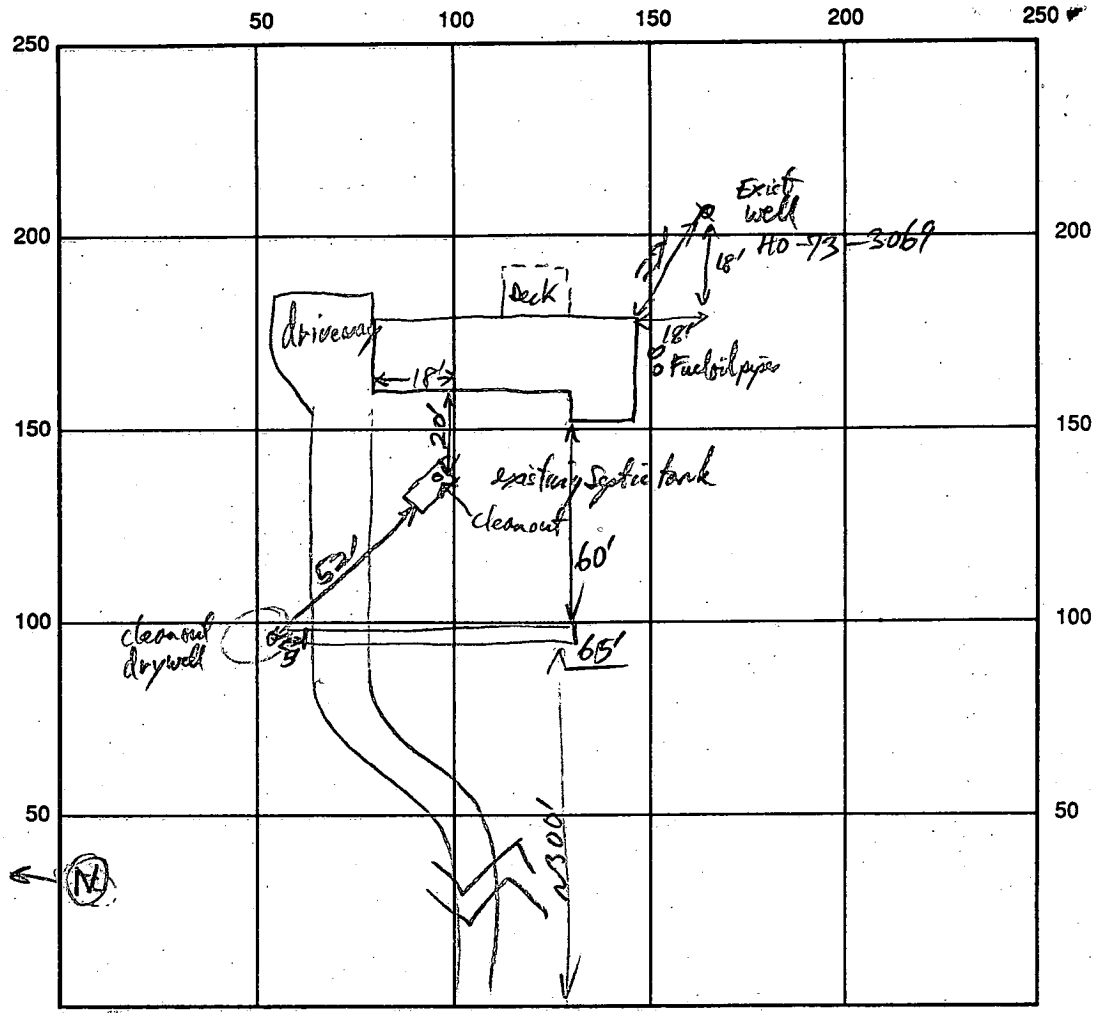
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRICT BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 48965



ft 32 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL existing 1000gal CLEANOUTS existing (New cleanout for D.W.)

DISTRIBUTION BOX LEVEL None - Tie in to Trench From dry well

DRAIN FIELD/TITLE DEPTH 11' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4½ FT.

EFFECTIVE GRAVEL DEPTH 6½ FT. TOTAL LENGTH 65' FT.

$$\begin{array}{r} 6\tfrac{1}{2} \\ \times 65 \\ \hline 422.5 \end{array}$$

NUMBER OF TRENCHES one ONE SIDEWALL/BOTTOM AREA ~430 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Trench full of fine Sandy loam from 4-8" below present grade (at the site there is 1-1½ ft of fill over original A horizon. OK to fill, then cover System when complete RP Talley 1-25-93

DATE SYSTEM APPROVED 1-25-93 INSPECTOR RP Talley

APPROVED 12/10/79
R.D.

~~12/5/79~~ ~~10:00 A.M.~~ ~~12/4/79~~ ~~11:30~~ 12/7/79 on after 2:00 P.M. on 12/10/79

PERMIT

P 30359

A 24986

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 11/14/79

J. Joseph Gartland 875-2490? IS PERMITTED TO INSTALL X ALTER

ADDRESS PHONE

SUBDIVISION (Slack Property) ROAD 1919 Route 32 LOT 5A

PROPERTY OWNER William T. Krebs

ADDRESS 802 Roundtop Court, Apt. 1B, Lutherville, Md. 21093

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

DEEP TRENCH ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 130 SQ. FT. per bedroom in system.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 20 FT. FROM left LOT LINE AND 435 FT. FROM front LOT LINE AS SEEN WHEN FACING LOT FROM Route 32. (Perc hole LG2).

If trench is used, with dry well, need a 5 ft. earth buffer between dry well and trench.

Inspections before and after gravel is installed. Trench to follow contour of land.

A.M. { 12/5/79. Recommended 13'x13' BW; 8' effective; depth 3½'-4' at sites with Mr. Gartland, C.B.d "

PLANS APPROVED BY C.B. Streaker DATE 5/2/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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

PERMIT VOID AFTER THREE YEARS.

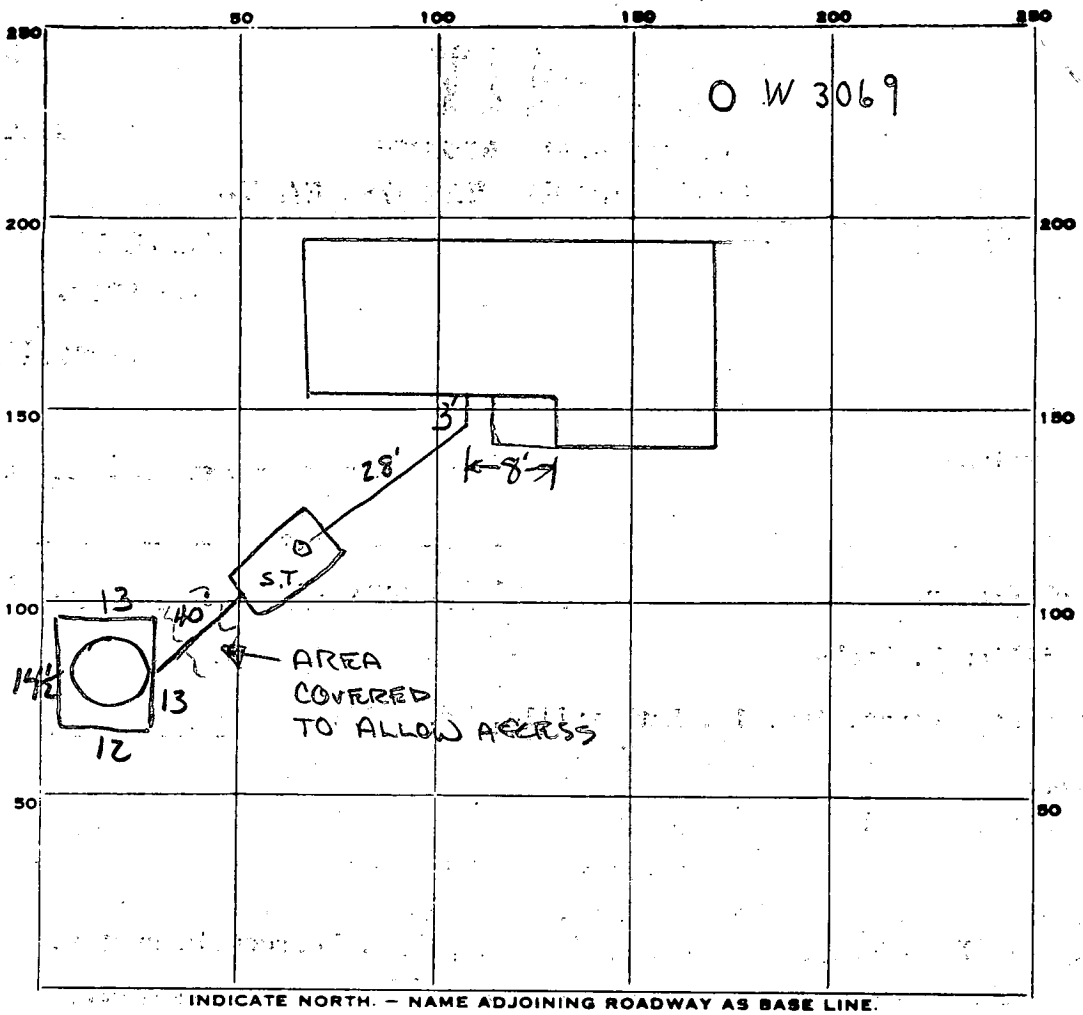
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

HD - 23

A24986

390 NEEDED



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

RT. 32

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ CLEANOUTS S.T. (CAST IRON ✓) | D.W. (CAST IRON ✓)

DISTRIBUTION BOX, LEVEL —

TILE FIELD, DEPTH — FT. TRENCH WIDTH — FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH — FT.

NUMBER OF TRENCHES — TOTAL BOTTOM AREA 52.5

SEEPAGE PITS, INSIDE DIAMETER 52.5 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 422 SQ. FT.

REMARKS 12/4/79 No WORK DONE. , 12/5/79 NO WORK DONE - SEE FRONT.
12/7/79 - 1 CLEANOUT NEEDED AT 45° WITH CLEANOUT IN BASEMENT 3' AWAY. C.B.S. + J.S. C.B.S.
OK TO COVER SYSTEM EXCEPT HOUSE CONN. R.D. 12/10/79 HOUSE CONN OK NO CLEANOUT NEEDED CBS & D.W.M.

DATE SYSTEM APPROVED 12/10/79 INSPECTOR R. DeMarco

J. Joseph Gartland

APPLICATION

A 24986

P _____

SEWAGE DISPOSAL TESTING

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

1000 gallons
Septic Tank { 1-3 Bedroom / 4 Bedroom 1250 gallon
DISTRICT 3rd
DATE 12/15/76

*Dry well to have 130 sq.ft. effective absorbant sidewall area per bedroom below inlet. Inlet to be 4' and maximum depth 12'. Location as platted 20' opp ~~left~~ property line and 435' from front ~~left~~ property line when per lot plan R132 (Rev July 1976)

* If trench used with drywell Need 05' earth buffer

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 William J. Krebs
~~Mr. George W. Slack~~ - Estate of Ethel Slack

ADDRESS ~~Route 32~~ 802 Roundtop Court Apt. 1B, Lutherville, Md. 21093 PHONE ~~823-3535~~ Spellman

PROPERTY LOCATION

SUBDIVISION SLACK PROPERTY LOT NO. 5A

1919
ROAD AND DESCRIPTION Route 32

SIZE OF LOT 2.65 acres ± TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

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

SIGNATURE OF APPLICANT /s/ Mr. George Slack

APPROVED BY C. B. Thrasher FOR *Dry well or Dry well & trench (KIND OF SYSTEM) DATE 5/2/77

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

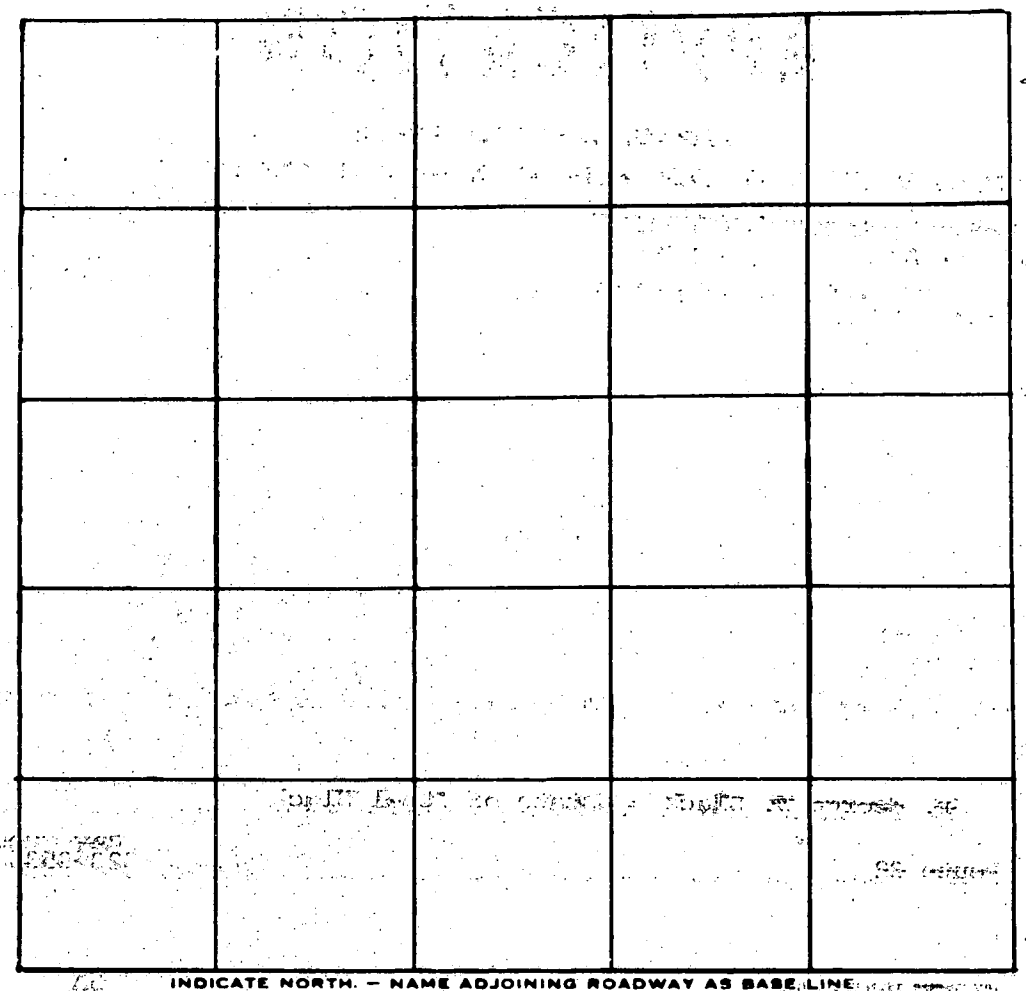
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING

B.P. Appl. # 39790 - Has bldg. permit

THIS IS NOT A PERMIT

If any questions call: Mr. Spellman
gravel in for inspection of trench



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST DROP START	TEST DROP STOP	TIME

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A_____

P_____

SEWAGE DISPOSAL TESTING

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 3rd

DATE 12/15/76

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 Mr. George W. Slack - Estate of Ethel Slack

ADDRESS Route 32 PHONE any questions call: Mr. 823-3535 Spellman

PROPERTY LOCATION:

SUBDIVISION SLACK PROPERTY LOT NO. 5A

ROAD AND DESCRIPTION Route 32

SIZE OF LOT 2.65 acres ± TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Mr. George Slack

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

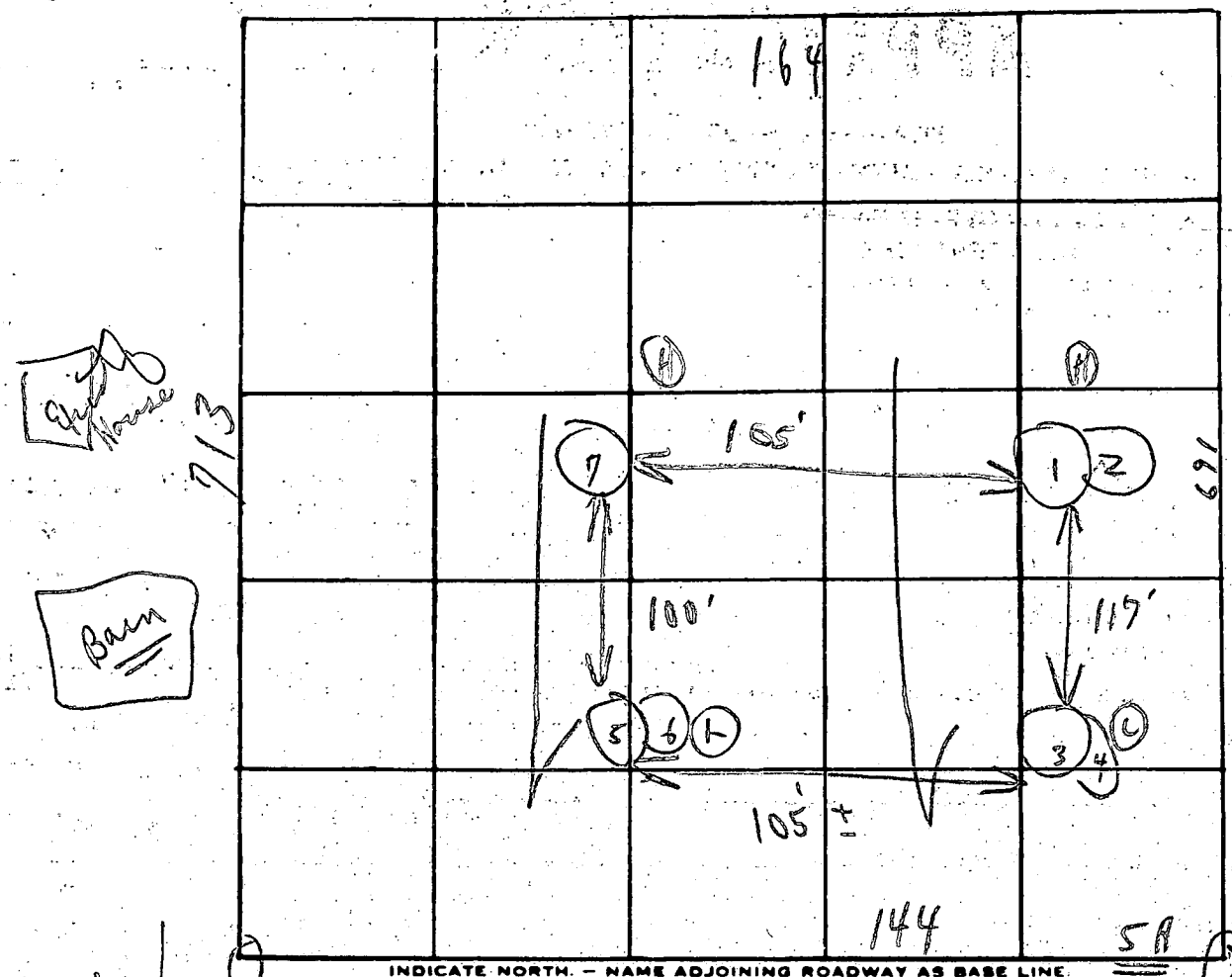
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

5A



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/24/71	1	4'	10:03	10:05	10:05	10:08	3m
	2 (H)	13½'	10:04	10:06	10:06	10:10	4m
	3	6½'s	10:07	10:08	~~10:08~~	10:10	2m
clay	4 (L)	13'+	10:07	10:08	10:08	10:10	2m
	5	5½'s	10:08	10:09	10:09	10:11	2m
	6 (L)	13½'	10:08	10:11	10:11	10:16	5m
	7 (H)	12½'	Visual				Ts
						18	3m

REMARKS Hold for certified holes Right grass

TYPE OF SOIL

TESTED BY C.B.S. ALSO PRESENT: Fyock

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) –

B A1 4638 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
11/29/78
9:30 A.M

OWNER Krebs t. William
COL. 15 LAST NAME — FIRST NAME COL. 34

STREET OR RFD 3309 Truscott Lane Apt. 2A
COL. 36 — COL. 55

POST OFFICE Baltimore Md - 21207
COL. 57 — COL. 76

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

DRILLER INFORMATION

DATE Nov 13, 1978 — LICENSE NUMBER 238 (77–80)

Joseph L. Mayne
FIRST NAME — DRILLER — LAST NAME

SIGNATURE Joseph L. Mayne

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

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 250 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) 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
  } MUST HAVE STATE HEALTH DEPT. APPROVAL
- [T] TEST

(22)

APPROXIMATE DEPTH OF WELL 200 FEET (24–28)

APPROXIMATE DIAMETER OF WELL 6 (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) _____

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
(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 DEEPENED (IF AVAILABLE)
(41–52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (C A P) (54–63) — ENGINEER REVIEW DISTRICT NO. (65)

FORCE (67 68) WRITE INITIALS IN BOX — CONDITIONS (A E N S G W Q C L U) (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (1 2 3 (SEQ. NO.) 6)

HEALTH DEPARTMENT APPROVAL

(41) [5] STATE HEALTH (CIRCLE BOX)

Howard — COUNTY NAME — W29232 — COUNTY NO.

DATE (MO. DAY YR.) 11 15 78 (42–47)

APPROVED BY Donald W. Monaghan
Donald W. Monaghan, Sanitarian

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

LOCATION OF WELL

COUNTY Howard (8–21) (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION George Stack Property (23–42)

SECTION A (44–46) — LOT 5 (48–50)

NEAREST TOWN West Friendship (52–71)

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 (73–76) (M I 77 78)

B 4 (1 2 3 (SEQ. NO.) 6)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

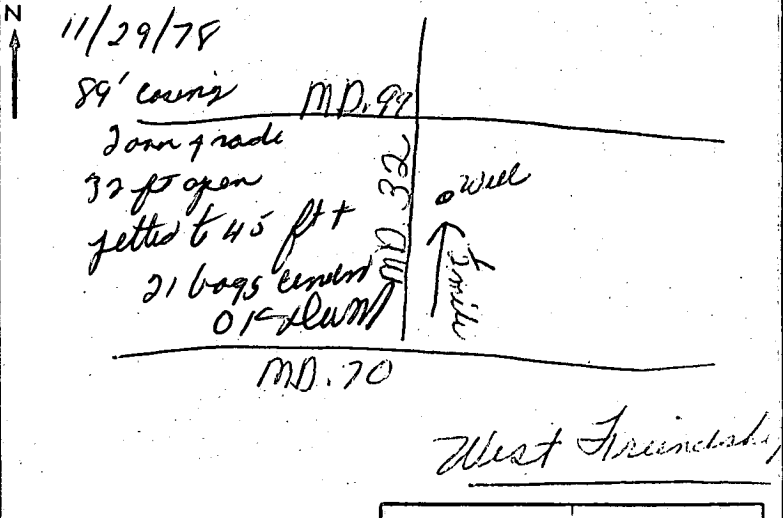
(N) NORTH — [E] EAST — [NE] NORTHEAST — [SE] SOUTHEAST
[S] SOUTH — [W] WEST — [NW] NORTHWEST — [SW] SOUTHWEST
(8) (8) (8 9) (8 9)

NEAR WHAT ROAD MD. 32 (11–30)

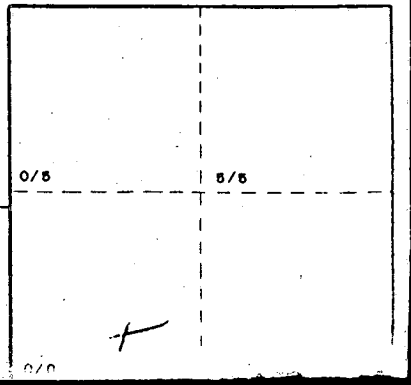
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): [N] (82) NORTH — [S] (32) SOUTH — (E) (32) EAST — [W] (32) WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 400 (34–37) (F T M I 38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN 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 SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 810 N 540



NORTH COORDINATE (50 51 52 53 54 55)

EAST COORDINATE (57 58 59 60 61 62 63)

ELEVATION AT WELL HEAD (FEET) (66 67 68 69)

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 4638 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-3069
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER Krebs t. William
COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 9309 Tuscotte Lane Apt. 2A
COL 36 COL. 55

POST OFFICE Baltimore Md. - 21207
COL 57 COL. 76

8-13

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

DRILLER INFORMATION

DATE Nov 13, 1978 LICENSE NUMBER 238
77 80

Joseph L. Mayne
FIRST NAME DRILLER LAST NAME

SIGNATURE Joseph L. Mayne

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

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5-
8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 250
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING, AGRICULTURE, IRRIGATION
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
22
[M] MUNICIPAL WATER SUPPLY
[P] PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL
[T] TEST

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 (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) _____

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
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 DEEPENED (IF AVAILABLE)
41 52

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

LOCATION OF WELL

COUNTY Howard
8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION George Stark Property
23 42

SECTION A LOT 5
44 46 48 50

NEAREST TOWN West Friendship
52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 M I
73 76 77 78

B 4
1 2 3 (SEQ. NO.) 6

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

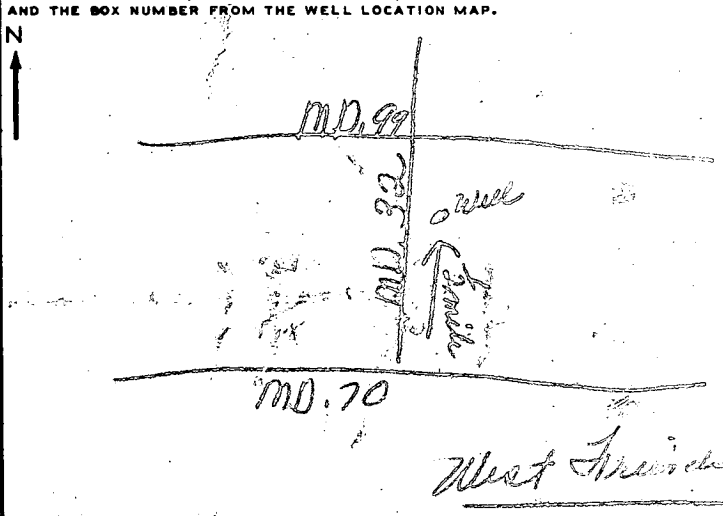
(N) NORTH [E] EAST [N E] NORTHEAST [S E] SOUTHEAST
[S] SOUTH [W] WEST [N W] NORTHWEST [S W] SOUTHWEST
8 8 8 9 8 9

NEAR WHAT ROAD MD. 32
11

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 400 (F) (T) (M) (I)
34 37 38 39

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.



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (C A P)
54 69

ENGINEER REVIEW DISTRICT NO. 65

FORCE WRITE INITIALS IN BOX
67 68

CONDITIONS A E N S G W Q C L U
70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 810 N 540

0/5 5/5 0/0 5/0

NORTH COORDINATE -40000
50 51 52 53 54 55

EAST COORDINATE
57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET)
65 66 67 68

B 4 CONTINUED
1 2 3 (SEQ. NO.) 6

HEALTH DEPARTMENT APPROVAL

41 [S] STATE HEALTH (CIRCLE BOX)

Howard COUNTY NAME N29232 COUNTY NO.

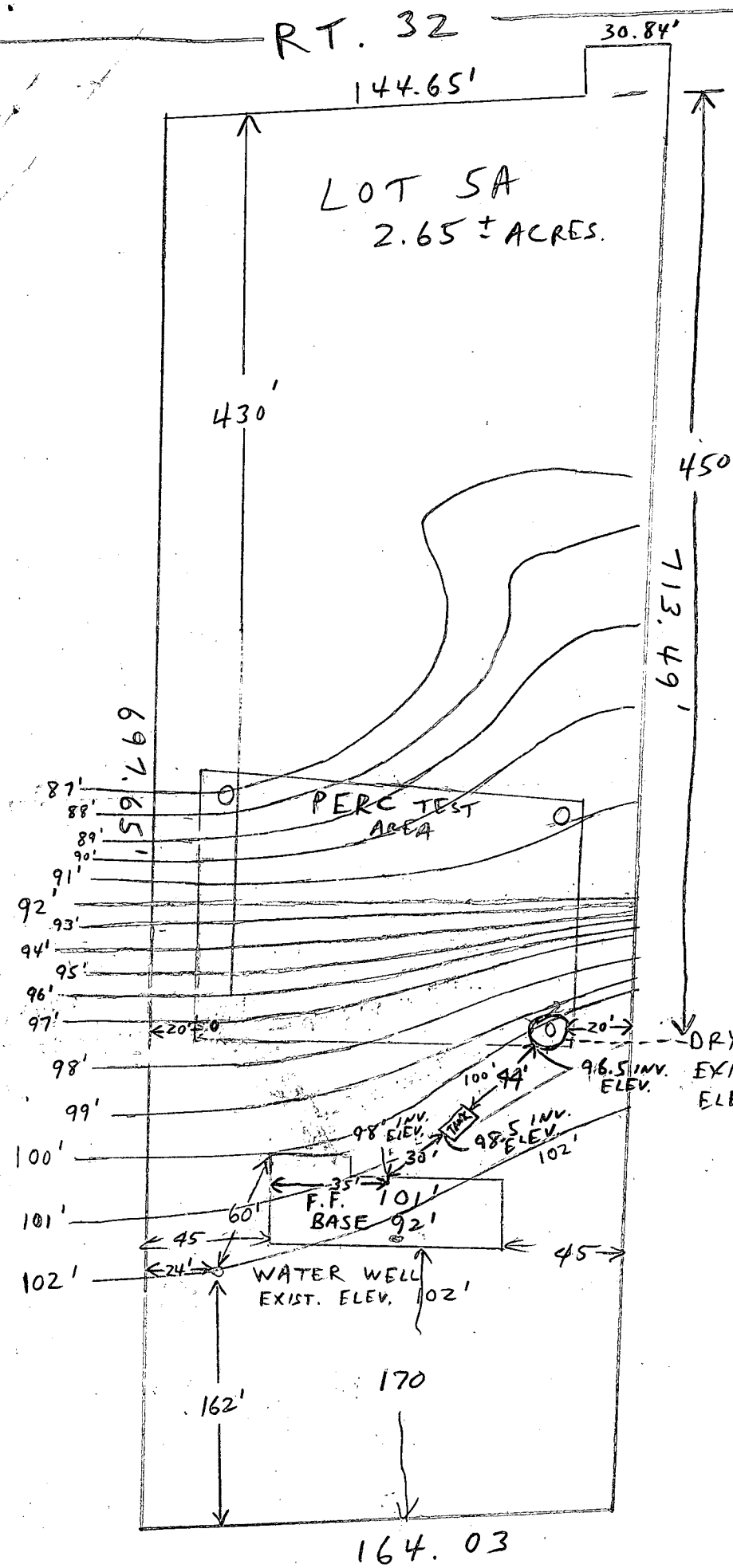
DATE MO. 11 DAY 15 YR. 78
43 48

APPROVED BY Donald W. Monaghan, Sanitarian

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

SPECIAL CONDITIONS 8-69 (WRA USE ONLY)
8 63

A24986 HEALTH



NO SCALE
APROX. PROPORTIONS

N

MAP FOR APPLICATION OF BUILDING PERMIT

WILLIAM KREBS
802 ROUNDTOP CT.
LUTHERVILLE, MD. 21093

William J. Krebs

8-6-79.
elev & location ok
from ES