

2-96
00 C.O.
4-196
have conn + WDE
afternoon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57372

A 49019

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

DATE 10/31/96

DATE SYSTEM APPROVED 4/24/98

INSPECTOR [Signature]

INDEXED

WTC III Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 1820 Gillis Falls Road, Woodbine, Maryland 21797 PHONE 489-4457

SUBDIVISION West Friendship Estates LOT 18 ROAD 3192 River Valley Chase

PROPERTY OWNER Dorsey Builders / Walsh

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

***CALL FOR INSPECTION PRIOR TO BEGINNING
INSTALLATION***

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

240
4
31800
25

TRENCHES - 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 - Beginning from the intersection of the 229.82' and 81.92' lot lines, place distribution box 195 feet up the 229.82' lot line and 20 feet off that same lot line as seen when facing the lot from River Valley Chase.

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

PLANS APPROVED BY Amy McMillen DATE 08/25/96

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

BLDG. PERMIT SIGNED

AND RETURNED 4-24-98

Serial # 250111242
2-10-10-10

A
49019

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3/5/93

A 49019

P _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Timothy & Heidi Lynn Walsh

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION W FASHP I LOT NO. 19

ROAD AND DESCRIPTION Hard Form 1/25/93

(3192 RIVER VALLEY CHASE)

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 4 Bedrooms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

~~AND RETURNED~~ 10/23/96

Serial # B0103415

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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49019

LOT #19

COUNTY #

SOIL PROFILE

HOLE ②

0' to 3'
CLAY

3' to 10'

Mostly
LOAM

10' SOLID

HOLE ③

0' to 3 1/2'
Clay

3 1/2' to

55%+

LOAM

45%

ROCKY

SOLID

9'-3"

HOLE ④

0' to 2' CLAY
OUTRevised
1:06 P.M.
1 1/2"

5 1/2'

to

75% LOAM

25%

Weathered
sandstone

9 1/2'

SOLID

SOIL PROFILE

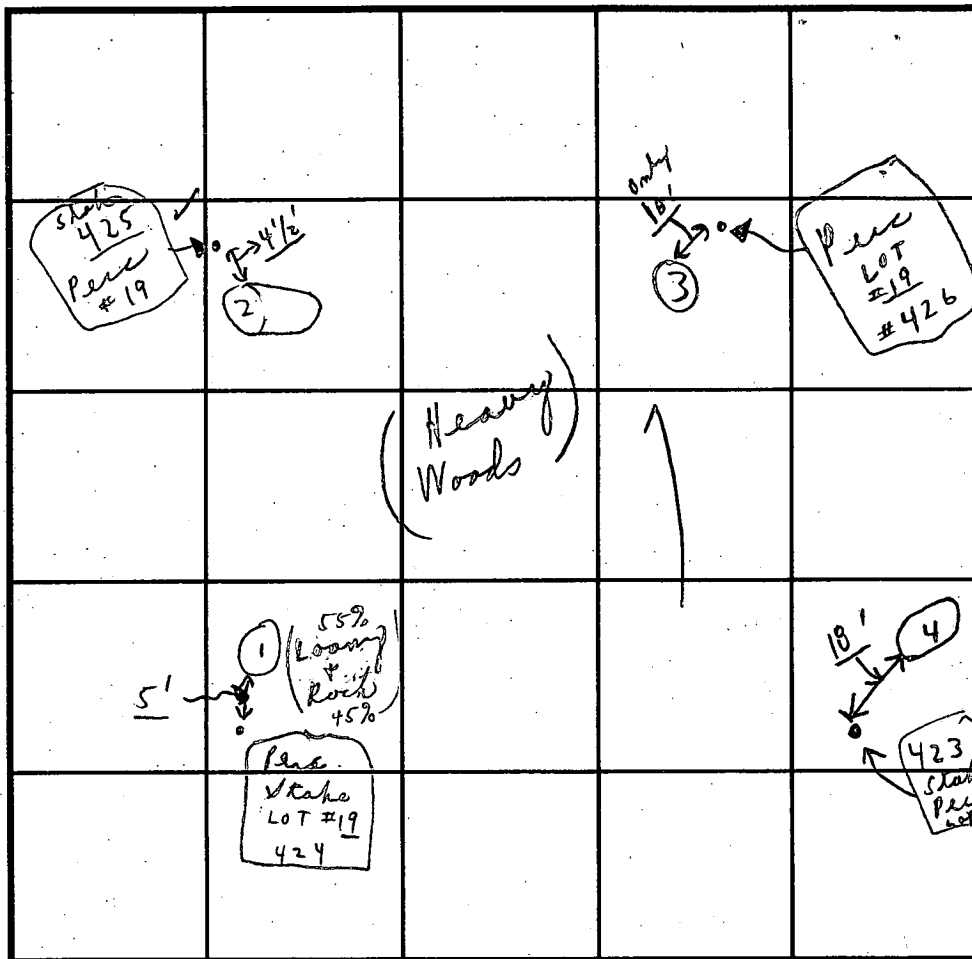
HOLE ①

Visual

similar

to

④



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/29/13	✓①	'	VISUAL				
(Wed.)	#424	8 1/2'	(Rocky)	3 1/2' 45%±	Rock to 55%± LOAM	No shelf (Visual)	
	✓②	3'	11:26	11:35	11:35	11:52	17m
	#425	10'	Solid	(Clayish)	Mostly	loam	
	✓③	3 1/2'	11:32	11:36	11:36	11:45	9m
	#426	9'3"		15' Rocky 55%±	LOAM	Loam to 9'-3"	12:40
	✓④	2'	11:58	12:10	12:10	12:XX	1 1/2" min
	#423	5 1/2'	11:58	12:04	12:04	12:30	26 min
		9 1/2'	(solid)	75% LOAM	25%± Weathered sandstone		

REMARKS Tests in Woods

"SHALLOW ONLY"

TYPE OF SOIL Loam

("ROCKY" - Perc ok)

TESTED BY C. Bo

ALSO PRESENT O.K. Jr. & assistant

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH 3'

INLET DEPTH

MAXIMUM BOTTOM DEPTH 5 1/2'

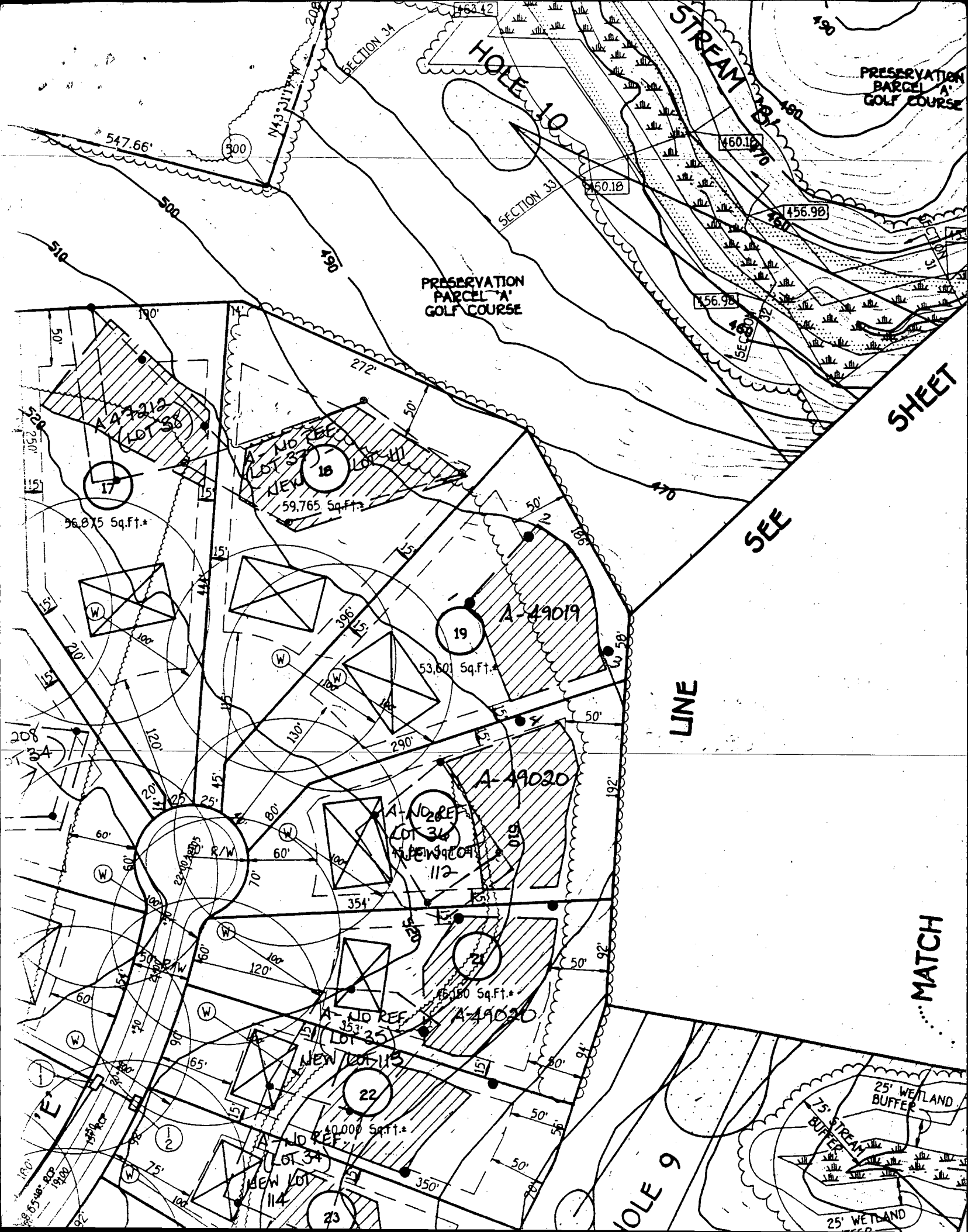
SQ. FT./BEDROOM

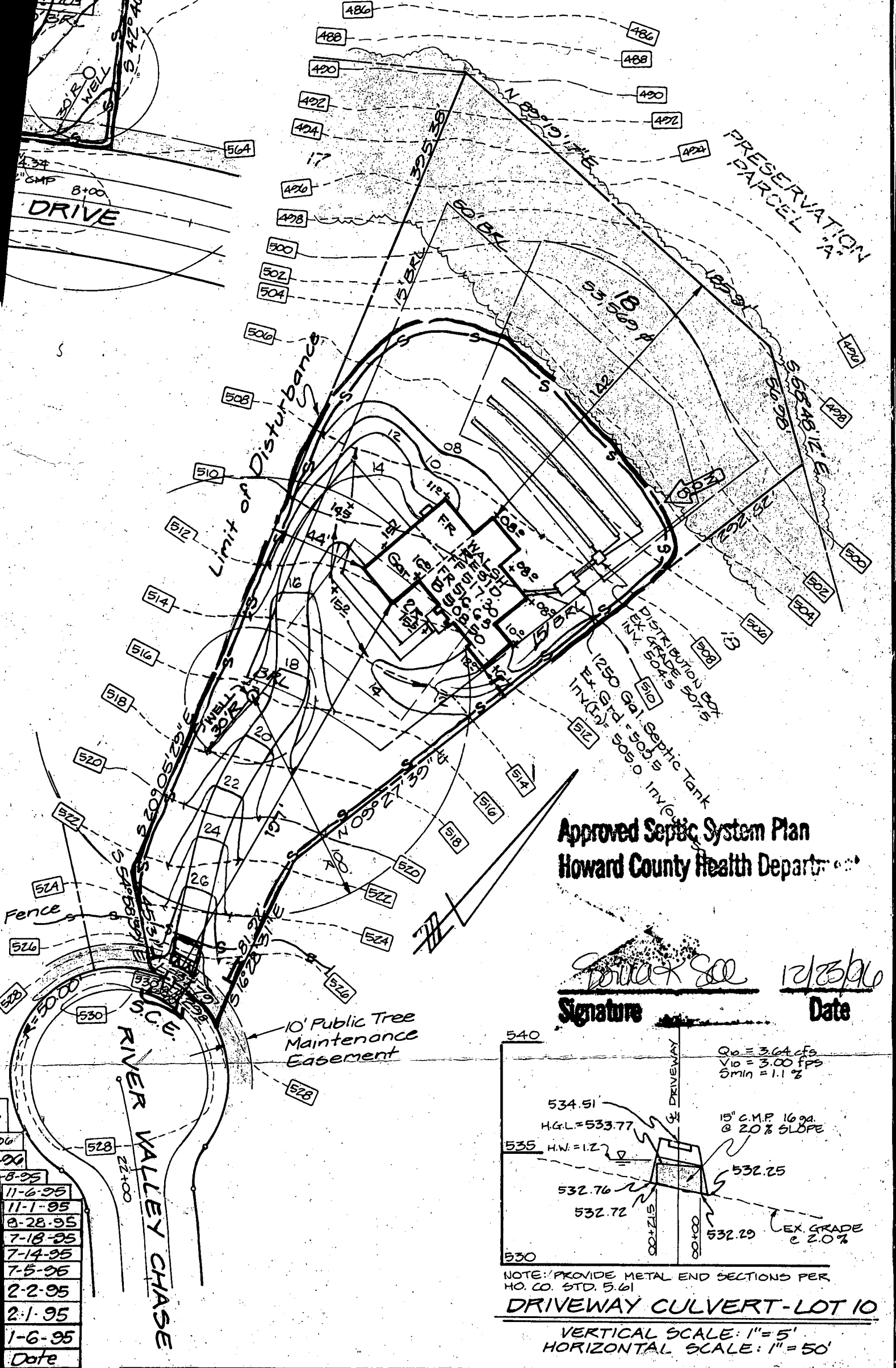
3' wide trenches

C1	7817	SEQUENCE NO. (MDE USE ONLY)	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-49019	
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13		15 20		22 26		28 37	
		092596		405		H0-94-0928	

OWNER DORSEY BUILDERS
STREET OR RD RIVER VALLEY CHASE TOWN
SUBDIVISION WEST FRIENDSHIP EST. SECTION LOT 18

WELL LOG Not required for driven wells			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>14</u> NO. OF POUNDS <u>1400</u> GALLONS OF WATER <u>84</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30</u> ft. (enter 0 if from surface)			C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>2</u> METHOD USED TO MEASURE PUMPING RATE <u>Buck</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>31</u> ft. WHEN PUMPING <u>220</u> ft. TYPE OF PUMP USED (for test) <u>A</u> air <u>P</u> piston <u>T</u> turbine <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below) <u>J</u> jet <u>S</u> submersible		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			CASING RECORD casing types insert appropriate code below <u>ST</u> STEEL <u>CO</u> CONCRETE <u>PL</u> PLASTIC <u>OT</u> OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) <u>PL</u> <u>6</u> <u>45</u>			PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES OR NO) <u>NO</u> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u></u> PUMP HORSE POWER <u></u> PUMP COLUMN LENGTH (nearest ft.) <u></u> CASING HEIGHT (circle appropriate box and enter casing height) <u>+</u> above <u>-</u> below <u>2</u> (nearest foot)		
DESCRIPTION (Use additional sheets if needed)			OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to			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) <u>15'</u> <u>150'</u>		
FEET FROM TO check if water bearing			SCREEN RECORD screen type or open hole insert appropriate code below <u>ST</u> STEEL <u>BR</u> BRASS BRONZE <u>HO</u> OPEN HOLE <u>PL</u> PLASTIC <u>OT</u> OTHER					
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			C 2 DEPTH (nearest ft.) <u>H0</u> <u>43</u> <u>405</u>					
WELL HYDROFRACTURED <u>Y</u> <u>NO</u>			SLOT SIZE 1 2 3 DIAMETER OF SCREEN <u></u> (NEAREST INCH) 56 60					
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			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u></u>					
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.			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76					
TYPE: MWD/MSD/MGD DRILLERS LIC. NO. <u>116</u> <u>Ralph Mayne</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>117</u> <u>Ralph E. Mayne</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE CASING LOG INDICATOR OTHER DATA					



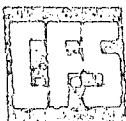
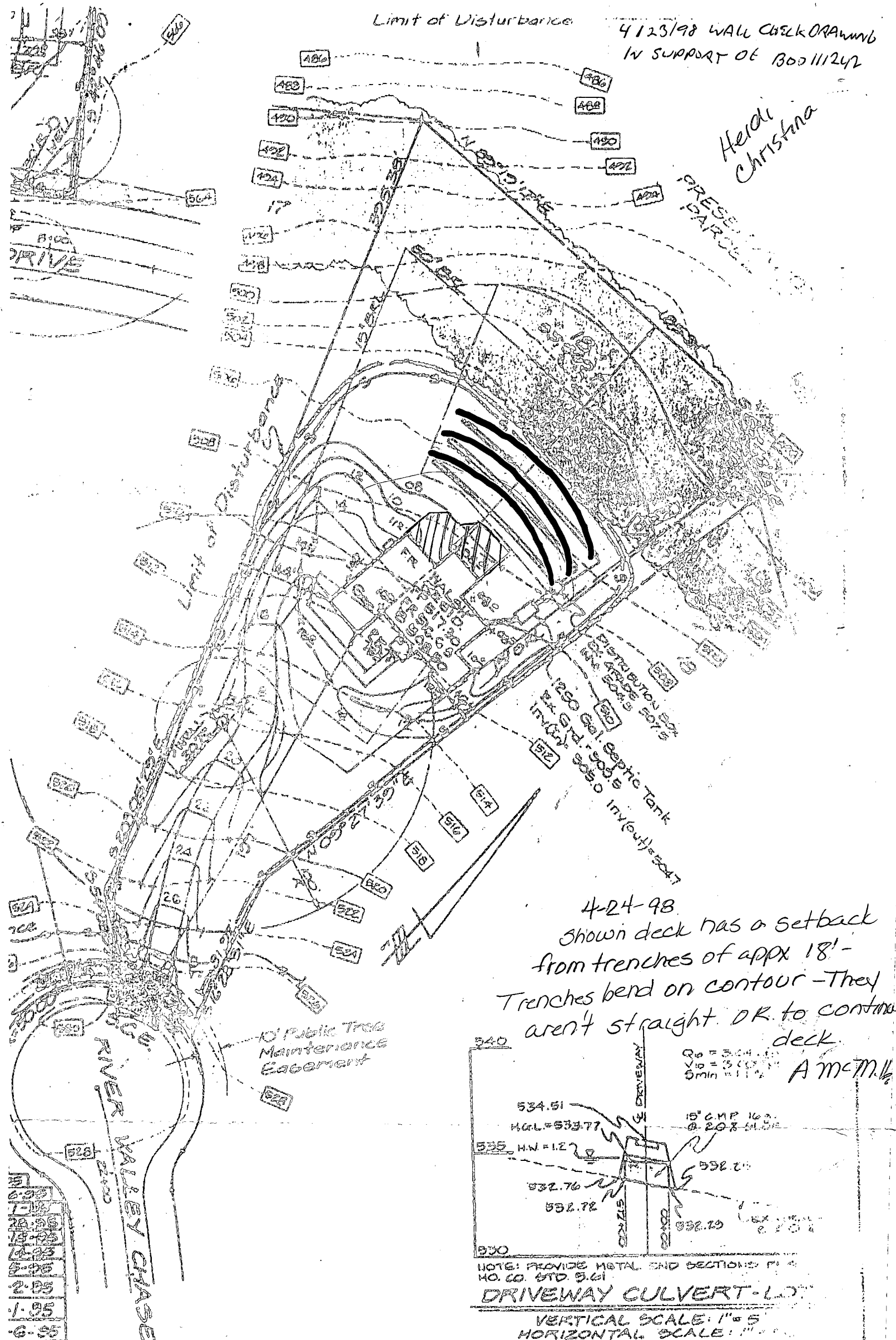


G.P. 95-27

Limit of Disturbance

4/23/98 WALL CHECK DRAWING
IN SUPPORT OF BOO 111242

Heidi
Christina



CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 361-7500 - BALTO. • (301) 621-8100

DESIGNED

SITE DEVELOPMENT, SEDIMENT



HOWARD COUNTY HEALTH DEPARTMENT

49019

WS 11055

DATE
10/20/98

Received
From

Timothy E. Walsh
3192 River Valley Chase W. Friendship Md

For

Well Permit Application - Replacement
3192 River Valley Chase

☐ CASH
☒ CHECK

NO.

179

Eighty and _____ *50/100* Dollars

\$

80 10

Received By

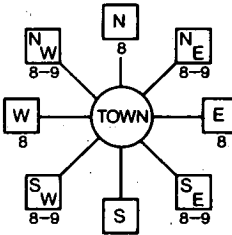
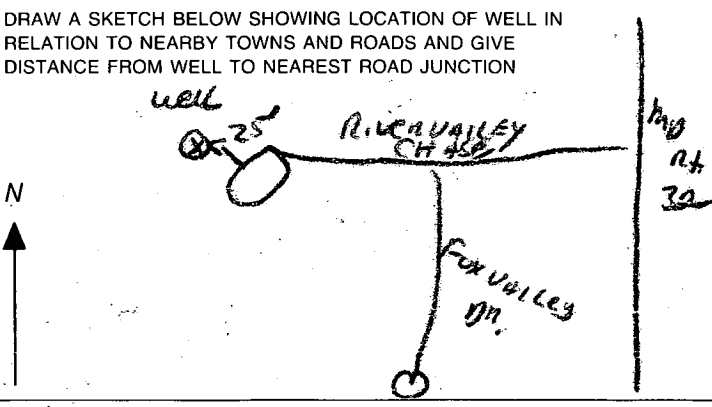
H. Jane Reese

B 1	4700	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER 70 fill in this form completely 79
Date Received (APA) 10/20/98 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name WALSH		Owner TIMOTHY E HEIDI		34 First Name
36 Street or RFD 3192 River Valley Chase		55		
57 Town West Friendship MD		70 State 21794		76 Zip
DRILLER INFORMATION				
Driller's Name RALPH MAYNE		MSD 116 76 License No. 81		
Firm Name RALPH MAYNE WELL DRILLING				
Address 9120 Brown Church Rd Mt Airy				
Signature Ralph Mayne				
Date 10/2/98				
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		8 500 12 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 150 FEET 24 28				
APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other				
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 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				
B 3		LOCATION OF WELL		
8 COUNTY Howard		21		
23 SUBDIVISION West Friendship Est.		42		
SECTION 1		LOT 18		
44 46		48 50		
52 NEAREST TOWN West Friendship		71		
MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78				
B 4		River Valley Chase		
1 2		11 NEAR WHAT ROAD 30		
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
34 25 37		DISTANCE FROM ROAD ENTER FT OR MI 38 39		
TAX MAP: BLK: PARCEL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 0 0 0 EAST GRID 0 0 0 50 55 57 63				
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 730 N 530				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 				

B 1	4700	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 70 <u>fill in this form completely</u> 79
Date Received (ADA) 10/20/98 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name WALSH		Owner TIMOTHY E HELOI		34 First Name
36 Street or RFD 3192 River Valley Chase		55		
57 Town West Friendship		70 State MD	72 Zip 21794	76
DRILLER INFORMATION				
Driller's Name Ralph Mayne		MSD 116 License No. 81		
Firm Name Ralph Mayne Well Drilling				
Address 9120 Brown Church Rd Mt Airy				
Signature Ralph Mayne				
Date 10/2/98				
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		5 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28				
APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH NEAREST				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVERSE-ROTARY DRIVE-POINT other _____				
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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ GAP _____ 63				
PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				
B 3		LOCATION OF WELL		
8 COUNTY Howard		21		
23 SUBDIVISION West Friendship		42		
SECTION <u>1</u>		LOT <u>18</u>		
44 46		48 50		
52 NEAREST TOWN West Friendship				
MILES FROM TOWN (enter 0 if in town) <u>I</u> M I 73 76 77 78				
B 4		RIVER VALLEY CHASE		
1 2		11 NEAR WHAT ROAD		
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		34 25 37		
		DISTANCE FROM ROAD <u>FT</u>		
		ENTER FT OR MI 38 39		
		TAX MAP: _____ BLK: _____ PARCEL _____		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME _____ COUNTY NO. _____				
STATE SIGNATURE _____ INSERT S _____ 41				
DATE ISSUED _____				
43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____				
NORTH GRID 50 55 EAST GRID 57 63				
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 <u>730</u>				
N <u>530</u>				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				

B 1	4700	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 70 fill in this form completely 79
Date Received (APA) 10/20/98		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name First Name		
WALSH Timothy & Heidi		34		
36 Street or RFD		55		
West Friendship MD 21794		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name		76 License No. 81		
Ralph MAYNE MS D 116				
Firm Name		Ralph MAYNE well Drilling		
Address		9120 Brown Church Rd. Mt Airy		
Signature		Date 10/2/98		
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		5 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 150 FEET				
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVERSE-ROTARY Drive-POINT other				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
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PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER 54 63				
PERMIT No. 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
8 COUNTY 21	
West Friendship Sh. Est.	
23 SUBDIVISION 3192 River Valley Chase 42	
SECTION 1 LOT 18	
44 46 48 50	
West Friendship	
52 NEAREST TOWN 71	
MILES FROM TOWN (enter 0 if in town) I M I	
73 76 77 78	
B 4	
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
11 NEAR WHAT ROAD 30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
34 25 37	
DISTANCE FROM ROAD Ft	
ENTER FT OR MI 38 39	
TAX MAP: BLK: PARCEL	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
COUNTY-NAME COUNTY NO.	
STATE SIGNATURE INSERT S 41	
DATE ISSUED	
43 MM DD YY 48 CO SIGNATURE EXP. DATE	
NORTH GRID 0 0 0 EAST GRID 0 0 0	
50 55 57 63	
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 730	
N 530	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	

B 1	4700 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 70 _____ 79
Date Received (APA) 10/20/98 8 MM DD YY 13 15 Last Name First Name WALSH TIMOTHY & HEIDI 3192 RIVER VALLEY CHASE 36 Street or RFD West Friendship MD 21794 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION West Friendship Est. 3192 RIVER VALLEY CHASE 42 SECTION 1 LOT 18 44 46 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78		
DRILLER INFORMATION 76 Driller's Name Ralph MAYNE 81 License No. MSD 116 Firm Name Ralph MAYNE Well Drilling 9120 Brown Church Rd. Mt Airy Address Ralph Mayne 10/2/98 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD River Valley Chase 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 34 25 37 EAST SOUTH DISTANCE FROM ROAD Ft ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____		
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME _____ COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED _____ 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____ NORTH GRID 50 000 55 EAST GRID 57 000 63		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		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 730 N 530 000 000		
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" INCH NEAREST		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		
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 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 PERMIT No. _____ 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

