10/2/90 P.M. Late P.M.

File

10/2/90 (1) P.C.O. C.B.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 465-03

A 36239

03-311473

DISTRICT

DATE 10/2/90

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 10/2/90

INSPECTOR C.B.I.

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS PHONE 988-9270

SUBDIVISION Diehl Property LOT 4 ROAD 805 River Road

PROPERTY OWNER Charles B. Irwin, III

ADDRESS

SEPTIC TANK CAPACITY ~~1000~~ In ground 1250 + 10/2/90 at site C.B.I. GALLONS

NUMBER OF BEDROOMS ~~3~~ (4) ~~(5)~~ 10/2/90 at site C.B.I.

180 SQUARE FEET PER BEDROOM (3) (4) 10/2/90 C.B.I.

LINEAR FEET OF TRENCH REQUIRED 180 / 240 10/2/90 C.B.I.

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet from the front (171.38') lot line and 160 feet from the left lot line as seen when facing the lot from River Road. Run trenches on contour toward the front (373') 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. O/K 9/27/90 RH

PLANS APROVED BY Sid Abel DATE 12/18/86

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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

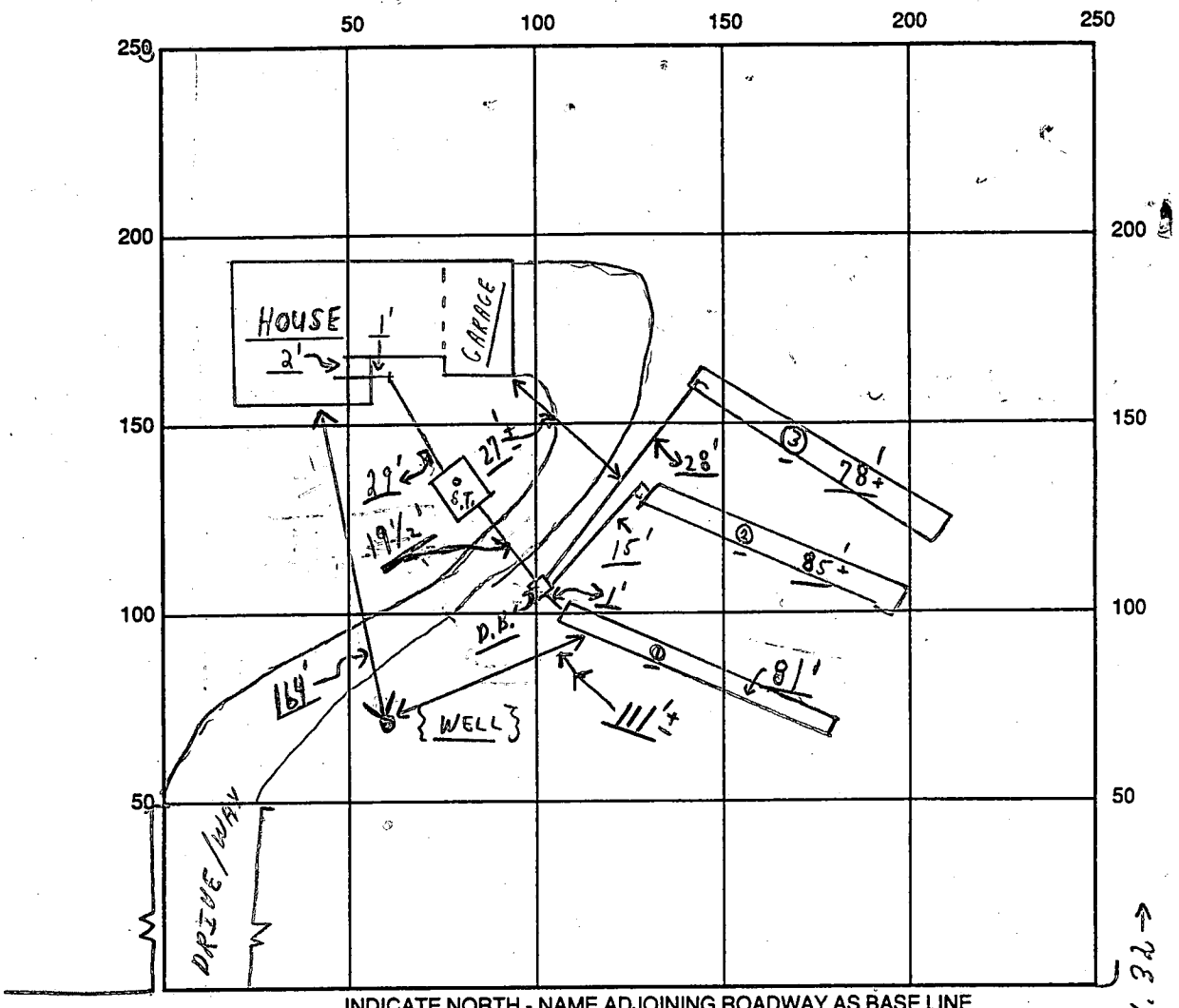
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 36239



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH ① 5.5+ avg FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1.5+ FT. TOTAL LENGTH ①81'; ②85'+; ③78'+ } = 244+ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 732+ SQ. FT.

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

ABSORBENT AREA 732+ SQ. FT.

REMARKS: 10/2/90 P.M. - Partial - septic is in trees; note system leaves than original specs; ok to cover from house to distribution box and #① trench; ok to cover #② and #③ trenches except both ends and middle as finish. 10/2/90 Late P.M. - Final - ok to cover all work as finish #③ trench - material on site.

DATE SYSTEM APPROVED 10/2/90 INSPECTOR C. B. Hooker

APPLICATION

A 36239

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/26/85

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 ~~Chase Development Corporation~~ Charles B. Irwin III

ADDRESS ~~P.O. Box 5780 Pikesville, Maryland 21208~~ 4441 Stonecrest Drive, Ellicott City 21043 PHONE ~~(301) 484-3100~~ 465-4241

PROPERTY LOCATION:

SUBDIVISION ~~River Downs~~ DIEHL PROPERTY LOT NO. ~~X~~ LOT 4 ON FINAL LOT 4 Prelim'n. 11/86

ROAD AND DESCRIPTION 805 River Road - 2800' Northeasterly From Route 32

Sykesville, MD

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(NUMBER OF BEDROOMS)

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. Carlton Rasch for Purdum & Teschke
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

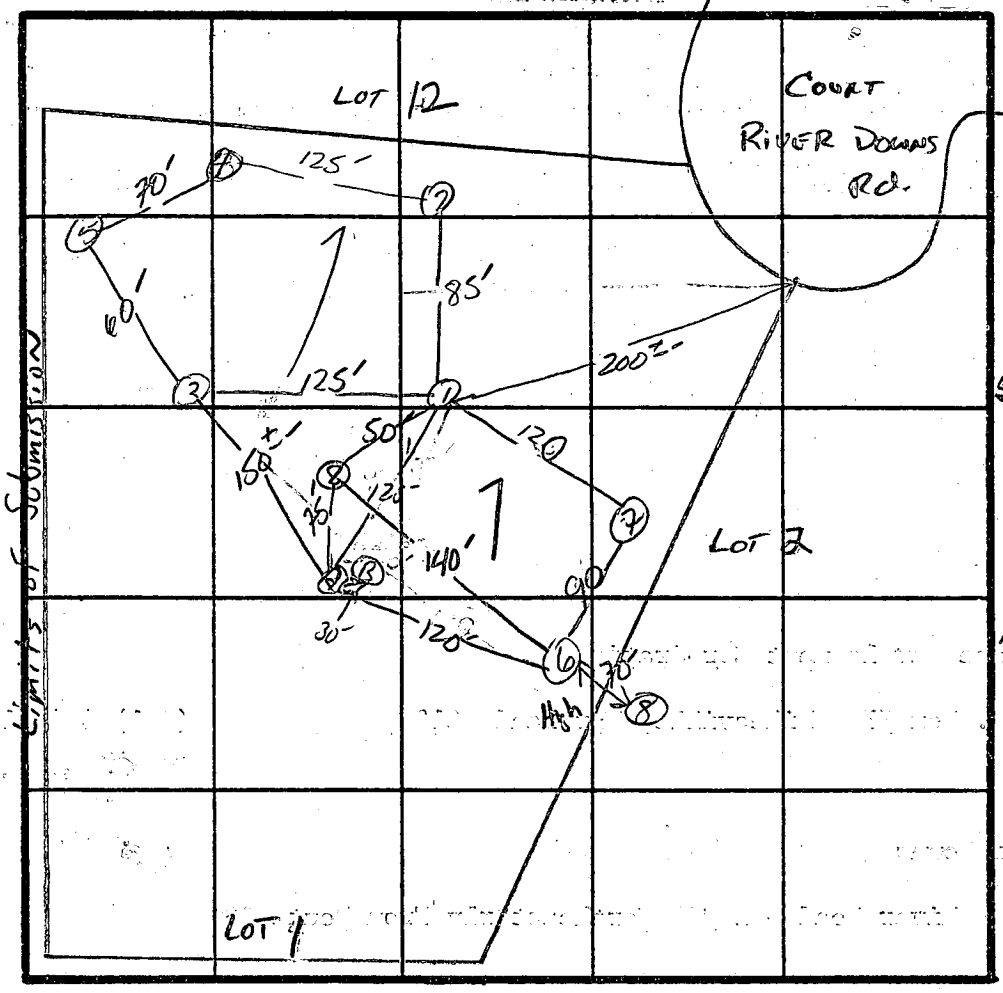
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85. FURTHER TESTING REQUIRED - REDESIGNING REQUIRED. 4-11-86 Perc. SATISFACTORY FOR SHALLOW SYSTEM ONLY; HOLES LOCATED DIFF THAN PLAT S. Abel

Hold For Certified Subdivision Plat. S. Abel BLDG. PERMIT SIGNED AND RETURNED 9-22-87

BP # 29669 3 bdrms

THIS IS NOT A PERMIT



① SOIL PROFILE

0'
- A1-3 Yellow BR. Silt CLAY LOAM 40%
- 6" SAPROLITE
- 4' Yellow BR w/ Grey Silt SAND LOAM 40% SAPROLITE
- 12.5'

② 0'
- A1-3 Yellow BR CLAY LOAM 40% SAPROLITE
- 6" Yellow BR SAND LOAM LARGE ROCK FRAGMENTS NO TEST
- 6'
- 10'

④ 0'
- A1-3 Yellow BR Silt CLAY LOAM
- 6" Yellow BR. SAND LOAM ROCK
- 6'
- 8' BOTTOM

③ ⑤ 0'
- A1-3 Yell. BR CLAY 40% SAPROLITE
- 3' STRUCTURED SAPROLITE
- ROCK
- 5' BOTTOM

⑥ ⑦ 0'
- Yellow BR. SILTY CLAY LOAM 10% FRAGMENT
- 5' Yellow BR SAND LOAM 10-30% FRAGMENTS HARD BOTTOM
- 13'

X PERC
5 MIN
INLET
4.0
BOTTOM
5.5'

160 @ BR

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/3/85	OK 1 S	4.5'	12:06	12:10	12:10	12:16	6 MIN
	1 V	12.5'	UNIFORM SOIL STRUCTURE BELOW 4'				
	2-5	ROCK AT VARYING DEPTH 5'-10'					
4/11/86	OK 6 S	6'	11:48	11:50	11:50	11:53	3 MIN
	6 M	13'	HARD BOTTOM AT 13'				
	OK 7 S	6'	12:02	12:04	12:04	12:08	4 MIN
	7 V	13'	SAME AS HOLE # 6				
	OK 8 S	4'	12:27	12:30	12:30	12:34	4 MIN
	8 M	7'	12:39	12:41	12:41	12:46	5 MIN
	OK 8 V	9.5'	ROCK BOTTOM - NOT HARD BUT CLOSE				
	A	ROCK 6'	SOLID	BOTTOM	STRUCTURED	4'	
	B	ROCK 8'	SOLID	BOTTOM	STRUCTURED	5'	

4-11-86 Shallow System only.

REMARKS NEED REDESIGNING - ROCK IN ALL BUT ONE hole

TYPE OF SOIL SHALLOW SYSTEM ONLY

TESTED BY Sid Abel ALSO PRESENT Jeff, John, CURTIS

EH-12-1079

APPLICATION

A 36246

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/26/85

failed

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 Chase Development Corporation

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100

PROPERTY LOCATION:

NOW PART OF LOT #4 DIEHL PROPERTY

SUBDIVISION ~~River Downs~~ LOT NO. 11

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(NUMBER OF BEDROOMS)

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. William G. Kasch for Purdum & Leschke
(SIGNATURE OF APPLICANT)

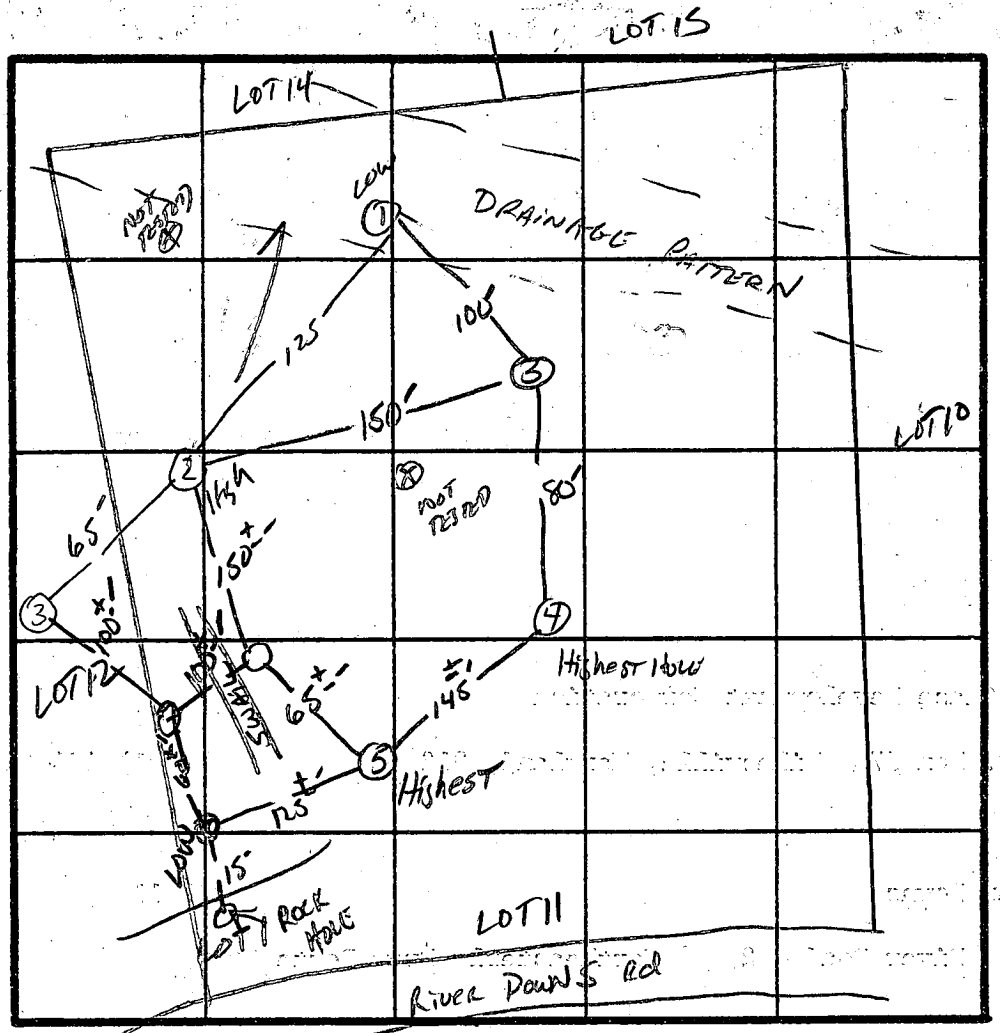
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85 WET SEASON RETEST AND REDESIGN REQUIRED. S. Abul
4-9-86 - PERC UNACCEPTABLE HIGHWATER TABLE All holes NO ROOM FOR REDESIGN OF PERC AREA AS LOT SHOWN. S. Abul

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

V RIVER RD

① SOIL PROFILE

0'
9" A1-3 Yellow Grey Clay Loam <10% SAPROLITE
7' Olive Green Yellow w/Grey MOTTLES <10% SAPROLITE
HARD BOTTOM 10'

② 0
9" A1-3 Yellow BR Clay Loam <10% SAPROLITE
4' Yellow BR Silt SAND Loam <10% SAPROLITE Soil wet at 18
11'

⑤ 0
4" A1-3 Yellow Red Silty Clay Lm. <10% COARSE FRAGMENTS
4.5' Yellow BR Silt SAND Lm. 10-20% FRAGMENTS
12.5'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/3/85	1V	WATER AT 7'	HARD BOTTOM - 4	86	STANDING SURFACE WATER (RUNNING STREAM)		
	2V	Glenville Soil -	Soil WET AT 10' CLAY TO 4'		NO WATER AFTER 40 min		
	3V	Baile Soil	WATER ENTERING HOLE		AT 47" AFTER 24 HRS		
	4V	Baile Soil	WATER TABLE AT 8'		AFTER 24 HRS. CLAY TO 5'		
4/24/86	5V	12.5'	WATER AT 10'				
	6V	12.5'	WATER AT 7'		CLAY TO 5.5'		
	7V	NOT TESTED	NEXT TO HOLE		WHERE ROCK WAS	AT 10' → HARD BOTTOM	

REMARKS Wet Season Retest / Redesign Up Hill

TYPE OF SOIL Glenville - Glendale Mix On This Lot

TESTED BY S. Abel ALSO PRESENT Jeldo-County Sanit

EH-12-1079

APPLICATION

A 36248

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/26/85

failed

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 Chase Development Corporation

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100

PROPERTY LOCATION:

NOW PART OF LOT 4 DIEHL PROPERTY

SUBDIVISION River Downs LOT NO. 12

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known
(NUMBER OF BEDROOMS)

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. William J. Rancke Purdum & Leschke
(SIGNATURE OF APPLICANT)

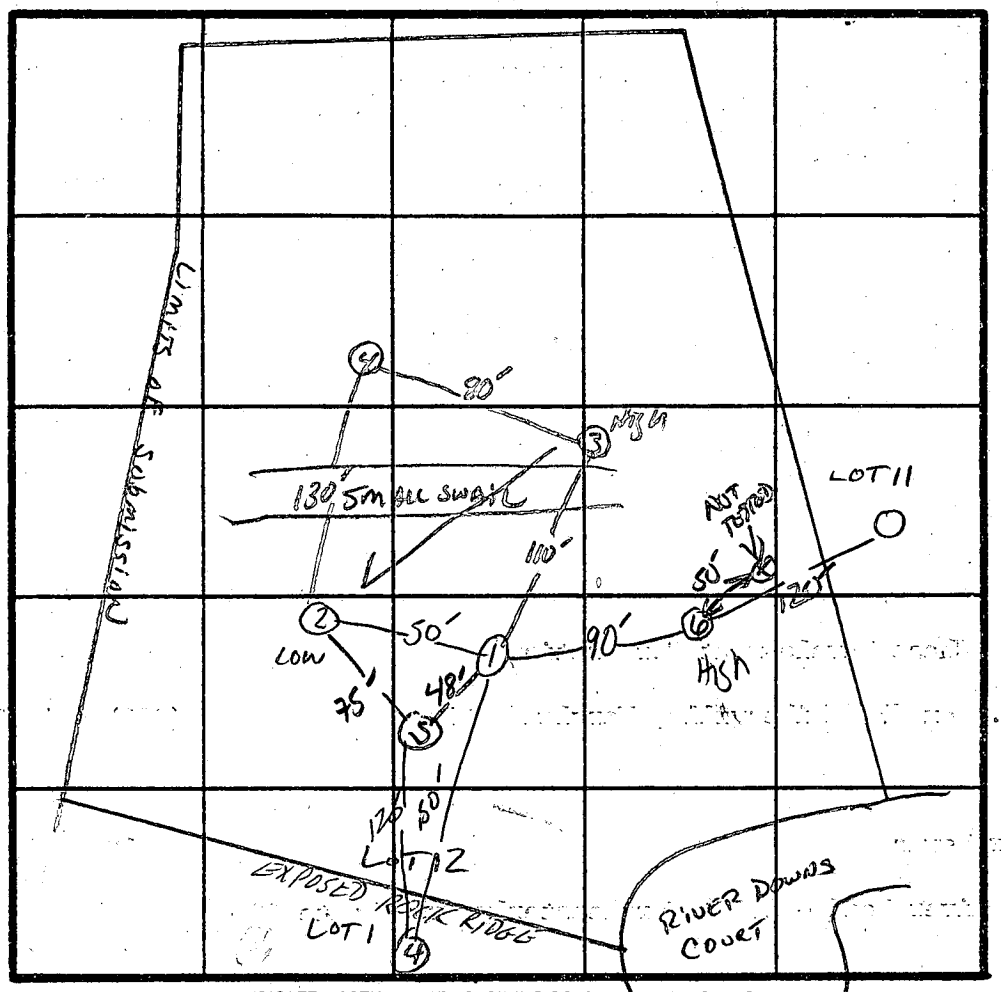
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-5-85 WET SEASON RETEST. S. Abel 4-11-86 PERC UNSATISFACTORY. HIGH WATER TABLE, UNABLE TO REDESIGN HIGHER AND PRESERVE HOUSE & WELL SITES. S. Abel

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(3) (4)
(1) (2)

SOIL PROFILE

0'
9" A1-3 Yellow Red Silt Clay Loam <10% Saprolite
4' Olive Green Silt Loam w/ Grey Mottles From 6 Down Highly Micaceous
11' No Hard Rock 1 Water Hole 2

0 (5)
4" A1-3 Yellow BR Silty Clay Loam w/ Grey Mottles
6' Yellow BR Silty Sand Loam

(6)
0
4" A1-3 Yellow Red Clay Loam <10% Fragments
7.5' Olive Green Silty Sand Loam <10% Fragments

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/3/85	1 V Glenville Silt Loam			11' NO WATER			
	2 V Glenville Silt Loam WATER 11'						
	3 S V	5' 12'	11:23	11:25	11:25	11:29	4 MIN
			See Profile - Tested for Suitability				
	4 S V	4' 12'	11:14	11:17	11:17	11:24	7 MIN
			Glenville Soil - Tested for			Suitability	
4/9/86	5 V		WATER ENTERING HOLE AT 6'		AFTER 24 HRS. CLAY		TO 6'
	6 V	13	Soil Wet Beyond Clay Layer WATER ENTERING HOLE		AT 10'		

REMARKS Glenville Silt Loam → Wet Season Retest or Redesign Uphill

TYPE OF SOIL Glenville Silt Loam w/ Mottles 6' - 12'

TESTED BY S. Abel ALSO PRESENT Jeff, Curtis, John

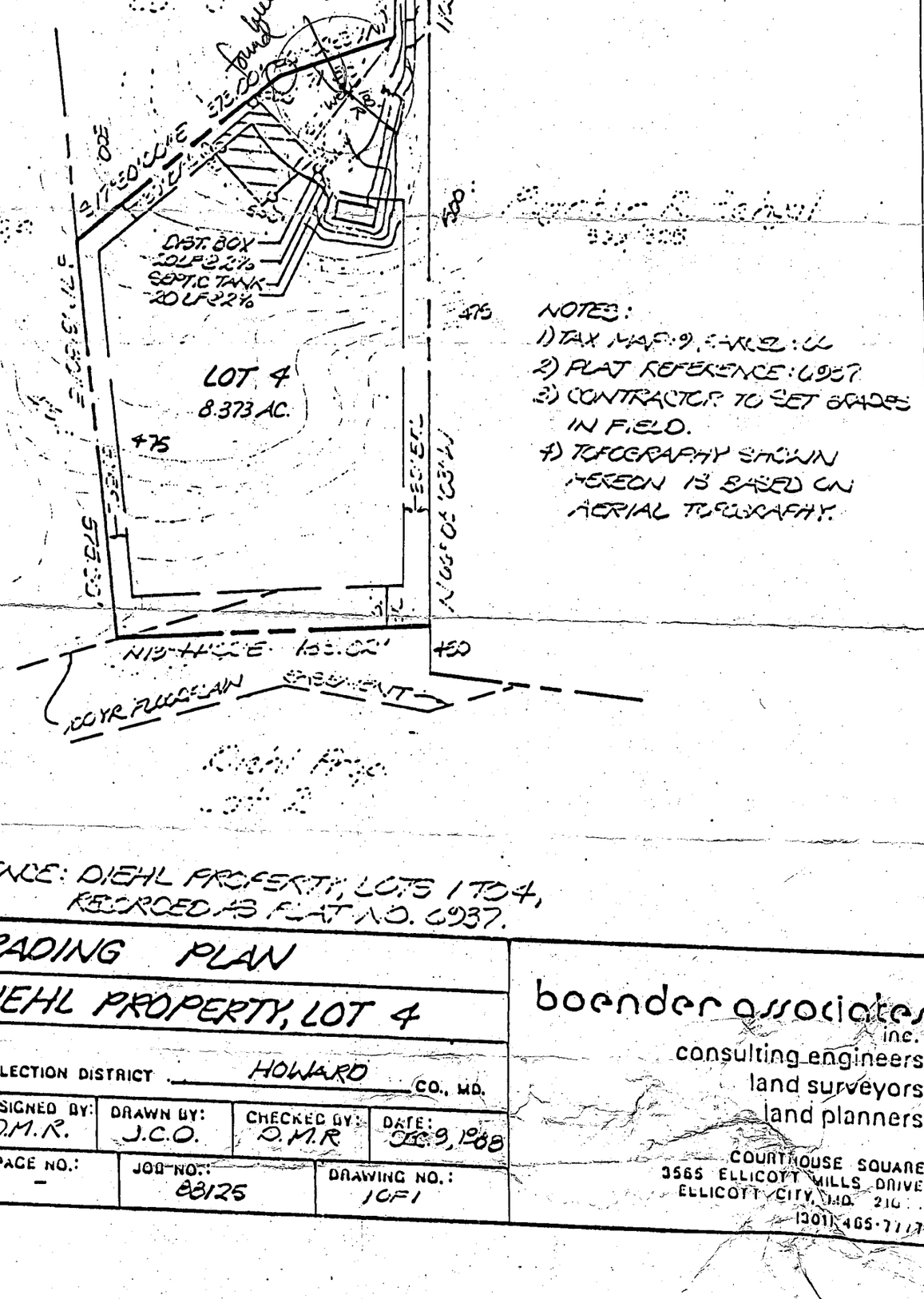
EH-12-1079

HOUSE:
F.F. = 516.20
BSMT. = NO BASEMENT SERVICE
INV. OUT = 513.20

SEPTIC TANK:
EX. G.R. = 515.5
FIN. G.R. = 515.5
INV. IN. = 512.70
INV. OUT = 512.50

DIST. BOX
EX. G.R. = 515.6
FIN. G.R. = 515.6
INV. IN = 512.0

WELL:
EX. G.R. = 517.0
FIN. G.R. = 517.0



NOTES:
1) TAX MAP: 9, PARCEL: 4
2) PLAT REFERENCE: 6937
3) CONTRACTOR TO SET GRADES IN FIELD.
4) TOPOGRAPHY SHOWN HEREON IS BASED ON AERIAL TOPOGRAPHY.

REFERENCE: DIEHL PROPERTY, LOTS 1 TO 4, RECORDED AS PLAT NO. 6937.

TITLE: GRADING PLAN				
PROJECT: DIEHL PROPERTY, LOT 4				
LOCATION: 9TH ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=200'	DESIGNED BY: O.M.R.	DRAWN BY: J.C.O.	CHECKED BY: O.M.R	DATE: DEC. 9, 1988
FIELD BOOK: —	PAGE NO.: —	JOB NO.: 88125	DRAWING NO.: 1 OF 1	

boender associates inc.
consulting engineers
land surveyors
land planners
COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD. 21043
(301) 465-7117

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 # 46211
Date 8/7/90

Name of Installer CLARKe P+H Inc

Telephone 489-4029

License Number ____
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber 3808

Name of Property Owner Charles Irwin

Telephone 465-4241

Subdivision ____ Lot # 4 Well Tag # HO-88-0997

Site Address 805 River Rd

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
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
1. Horsepower ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make ____
2. Model # P.T. 800
3. Depth ____

Tank
1. Capacity 66gal
2. Pressure relief valve? 75lb

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42"

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

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: Kenneth C. Clarke

Date: 7-26-90

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

HD-215

Note: 10/2/90 No work started. C.B.G

Page ____ of ____
Date Aug 31 1988

Review OK 9/26/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0997
Location of property (road) River Rd.
Subdivision Diehl Property Lot 9 Block ____ Plat ____ Sec. ____
Well Driller R. Mayer Owner Bennett Roy

Depth of well 305'
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 34 ft

I. High rate pumping -- reservoir drawdown

Time pump started 12:45 Pumping rate 10 GPM
Total time 15 min to reach pumping water level [redacted] 65 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 time to fill [redacted] gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:00	[redacted] 65 ft	[redacted] 7 Sec		8.5 GPM
1:15	65 ft	[redacted] 7 Sec		8.5 GPM
1:30	65 ft	[redacted] 7 Sec		8.5 GPM
1:45	65 "	[redacted] 7 "		8.5 "
2:00	65 "	[redacted] 7 "		8.5 "
2:15	65 "	7 "		8.5 "
2:30	65 ft	7 Sec		8.5 GPM
2:45	65 ft	7 Sec		8.5 GPM
3:00	65 ft	7 Sec		8.5 GPM
3:15	65 "	7 "		8.5 "
3:30	65 "	7 "		8.5 "
3:45	65 ft	7 Sec		8.5 GPM
4:00	65 ft	7 Sec		8.5 GPM

HD-224 30 ft Casing 28 open 8 BAGS

C 1 | 1120 | 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-36239

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: OCT 31 89

Depth of Well: 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-88-0917

OWNER: Bennett (last name) Ray (first name)
STREET OR RFD: River Road TOWN: Sykesville
SUBDIVISION: Patuxent Heights SECTION: — LOT: 4

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	
Known Shale	2	20	
Brown Shale	20	25	
Blue Shale	25	33	
Brown Shale	33	38	✓
Blue Shale	38	210	
Brown Shale	210	215	✓
Blue Shale	215	250	
Brown Shale	250	251	✓
Blue Shale	251	305	

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. 223
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 6 NO. OF POUNDS 600
GALLONS OF WATER 45
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 28 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)
PL	6	30

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	28	305
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 (70) TELESCOPE CASING | (E.R.O.S.) (72) LOG INDICATOR | W Q (74 75 76) OTHER DATA

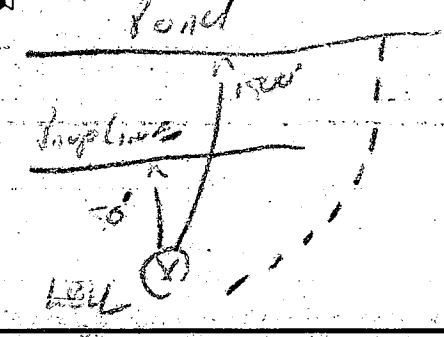
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 9
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 34
WHEN PUMPING 65

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)

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

8/31/89 LATE AM

Page _____ of _____ Review _____

Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0997

Location of property (road) River Rd.

Subdivision Diehl Prop Lot 4 Block _____ Plat _____ Sec. _____

Well Driller L. Mayne Owner Bennett Ray

Depth of well 305

Distance of measuring point (M.P.) above ground 2FT

Static water level (S.W.L.) below M.P. 34FT

I. High rate pumping -- reservoir drawdown

Time pump started 1245 Pumping rate 10 GPM

Total time 15 to reach pumping water level 65 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 time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
145	65 ft	7 SEC		8.5 gpm
200	65 ft	7 SEC		8.5 gpm
	Not sampled			
	Thursday Afternoon			
		8/31/89		

HD-224

EMERGENCY/TEMP NO. IF ANY

B	1	7978	SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER: 40-88-0997

fill in this form completely

Date Received (APA): 08 01 89

OWNER INFORMATION

Last Name / Owner / First Name: RENNETT ROY

Street or RFD: 9692 OAK HILL DR

Town: ELLICOTT CITY State: MD Zip: 21043

DRILLER INFORMATION

Driller's Name: Ralph Mayne License No.: 273

Firm Name: Ralph Mayne well Drilling

Address: 9120 Brown Church Rd. Mt Airy

Signature: Ralph Mayne Date: 6/23/89

LOCATION OF WELL

B 3

COUNTY: HOWARD

SUBDIVISION: DIEHL PROPERTY

SECTION: LOT: 4

NEAREST TOWN: SYKESVILLE

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE (circled), S, SW, W, NW — TOWN

NEAR WHAT ROAD: RIVER RD

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

DISTANCE FROM ROAD: 1500

ENTER FT or MI: FT

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D (circled) 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)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: A 36239

STATE SIGNATURE: INSERT S

DATE ISSUED: 08 14 89 CO SIGNATURE: [signature] EXP. DATE: 02.13.89

NORTH GRID: 551000 EAST GRID: 0815000

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

8/31/89 ~~Early~~ Late AM PM
30 ft casing
20 ft open hole
8 Bags
WELL ALREADY GROUTED

WRITE THE BOX NUMBER FROM THE MAP HERE

E: 810 5
N: 550 1

000
000

METHOD OF DRILLING (circle one)

BORED (or Augered)	JETTED	Jetted & DRIVEN
AIR-ROTary (circled)	AIR-PERcussion	ROTARY (Hydraulic Rotary)
CABLE	REVerse-ROTary	DRive-POINT

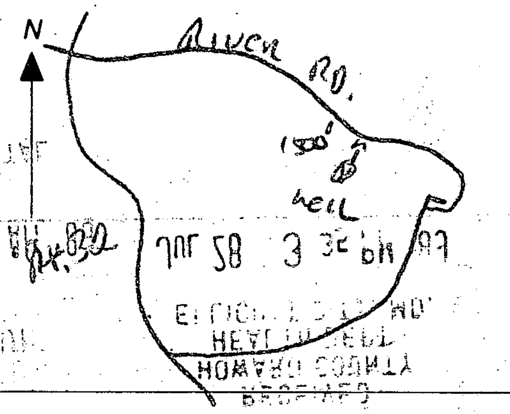
other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- N (circled) 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 DEEPENED (IF AVAILABLE)

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 (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: 5A (WRITE INITIALS IN BOX) PERMIT No.: 40-88-0997

HEALTH DEPT. HOWARD COUNTY RECEIVED JUL 28 3 35 PM '89

AUG 31 10 53 AM '89

SPECIAL CONDITIONS

COUNTY