

04-345452
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

7/13/88
HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 4/172

A 36674

DISTRICT 4th

DATE 2/18/88

DATE SYSTEM APPROVED 7/13/88

INSPECTOR BH

Alan Whitworth

IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland -21029 PHONE 531-5033

SUBDIVISION Gaither Sideling ROAD 607 SIDELING COURT LOT 3, Section 4
560 Gaither Road 1200 on final plat

PROPERTY OWNER Donald Stirn

ADDRESS William Bryson

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

3/30/88 Faulty top of
If soils OK,
will go to 2 125' long
trenches to leave repair

TRENCHES - 187 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the left front lot corner, place 1st trench 180 feet down the left (347.19') lot line and 220 feet off the left line as seen, when facing property from Sideling Court. Run trenches along contour towards the left (347.19') 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. OK

PLANS APPROVED BY Bert Nixon DATE 10/05/87

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

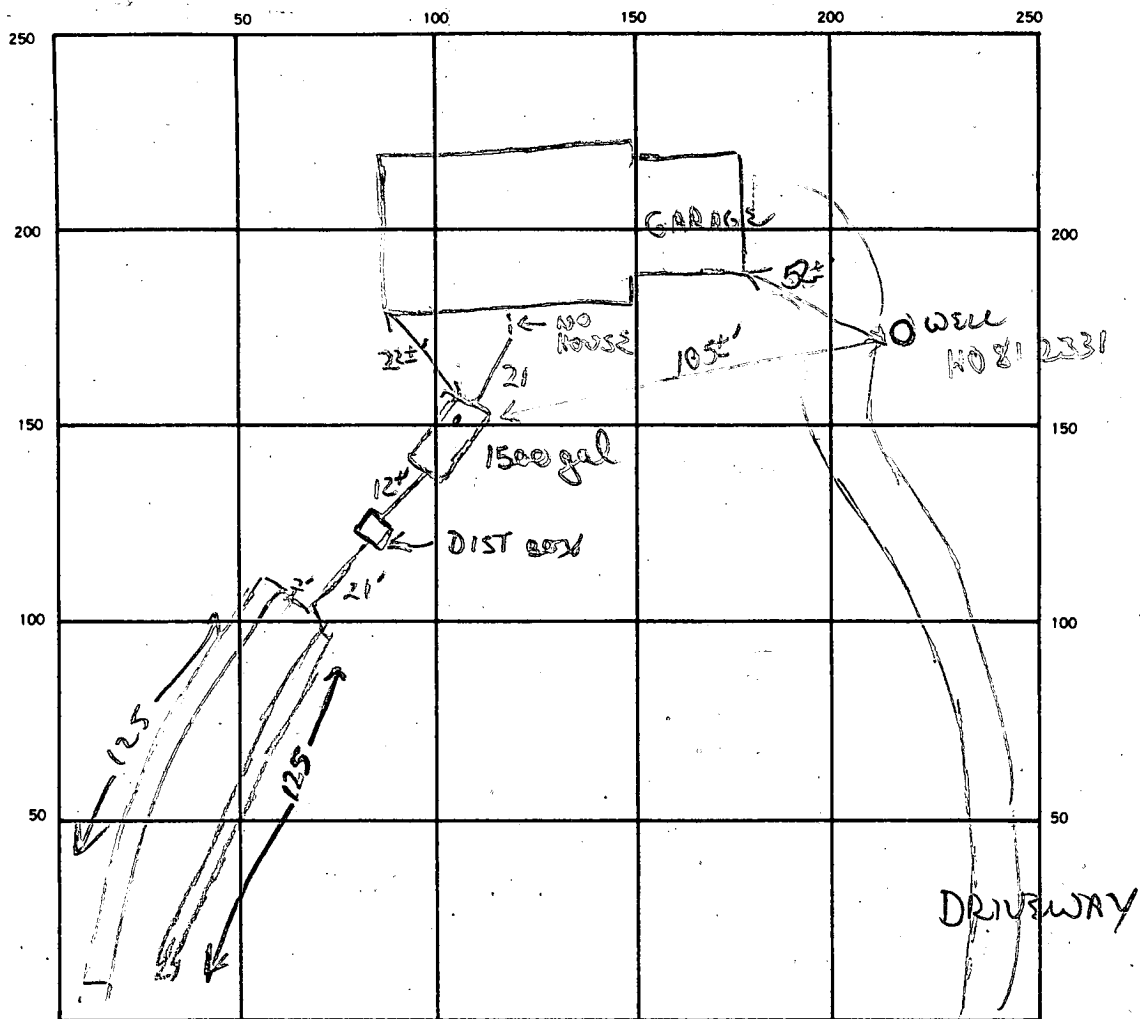
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EW - 2-1106

A 36674



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SIDELING COURT

SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 3+1 ✓

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 8 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 125 FT.

NUMBER OF TRENCHES 2+125' ONE SIDEWALL BOTTOM AREA 375'-375' SQ. FT.

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

ABSORBENT AREA 750 SQ. FT.

REMARKS 4/4/88 Soils good - OK to extend trench length to allow for
1 gravity repair. OK to finish storming paper + pipe trench #1
OK to start trench #2. Pump power + ground wire in. Poles
not yet installed.

4/5/88 HOUSE CONNECTION N66060 BEING FINAL. ALL EBBE OK. CW

7/13/88 House Hookup Confirmed by running NAB

DATE SYSTEM APPROVED 7/13/88

INSPECTOR B. Rodgers

187
4
748
249 MIN
3 748
14
12
28

10/5/87
②

GATNER SIDELING
SEE X 4 on final plat
SIDELING COURT

A 36674

SUBDIVISION:

LOT NUMBER: 3

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

187 sq. ft./bedroom

Trench to be 3 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 6 feet below original grade.

Effective area begins at 4 feet below original grade.

2 feet of stone below distribution pipe.

Alan
4-11-87

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: SHALLOW SYSTEM ONLY. BEGINNING FROM THE
LEFT FRONT LOT CORNER PLACE 1ST TRENCH 180' DOWN
THE LEFT (347.19') LOT LINE AND 220' OFF THE LEFT
LINE AS SEEN WHEN FACING PROPERTY/ FROM SIDELING
COURT. RUN TRENCHES ALONG CONTOUR TOWARDS THE
LEFT (347.19') LOT LINE.

3/3/88 NOTE:

APPLICATION

PERCOLATION TESTING

A 36675

P _____

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

DISTRICT _____

DATE 3/21/86

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 Arthur Dadian Donald STRAN

ADDRESS _____ PHONE 202-331-7120

PROSPECTIVE BUYER Gaither Rd. Joint Venture

ADDRESS 9 Carissa Ct. Owings Mills, MD 21117 PHONE 356-9351

PROPERTY LOCATION: GAITHER SIDING final lot 4 sect II

SUBDIVISION Dadian Property LOT NO. 8 20

ROAD AND DESCRIPTION Gaither Rd. + Potapscow River & 550 Gaither Rd.

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3 Acre 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.

Sany M. Emmel
(SIGNATURE OF APPLICANT)

APPROVED BY S. Ahl FOR dep Supt. DATE 11-25-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field verification of perc field
(might be discrepancy)

BLDG. PERMIT SIGNED AND RETURNED 11/25/87 15363

THIS IS NOT A PERMIT

3



12'D

2

12'D

③

2012

1280

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
SIDELING COURT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/86	①	3' S	223	242	242	304	22m
		7 1/2 M	218	232	232	258	26m
		12' O	bottom (see profile)				
	②	4' S	240	243	243	247	4min
		12' O	bottom (see profile)				
	③	4 S	324	325	325	327	2min
		8 M	321	324	324	328	4min
		12 1/2' O	bottom (see profile)				
	④	4' S	352	356	356	402	6min
		12' O	bottom (see profile)				

REMARKS

TYPE OF SOIL

TESTED BY

red & yellow clays up to 3 1/2 ft, silty soils w/
mice predominantly some small
slow part time in test hole based on clay/silt soils

B. Wilson

ALSO PRESENT

Sally / John / Phil

APPLICATION

PERCOLATION TESTING

A 34674

P _____

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

DISTRICT _____

DATE 3/20/86

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 Arthur Dadian Donald STARN

ADDRESS _____ PHONE 202 331-7120

PROSPECTIVE BUYER Gaither Road Joint Venture

ADDRESS 9 CARISSA CT. PHONE 301 356 9351

PROPERTY LOCATION: Owings Mills 21117 Final Lot 3 Sec. II

SUBDIVISION DADIAN Property LOT NO. 7

ROAD AND DESCRIPTION Gaither Road & Patapsco River 560 Gaither Rd.

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3 A.C.

BLT 11-25-87
AND BP15364
TYPE BLDG. S.F.D.

(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.

Sam M. Kimmel
(SIGNATURE OF APPLICANT)

103 NOTE Perc field adjusted on final plat from original test area
APPROVED BY Records of record ? FOR shallow system DATE 10/5/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/7/86 perc field not shown on prelim
final plat
rock outcrop in perc field - perc not acceptable
as is

THIS IS NOT A PERMIT

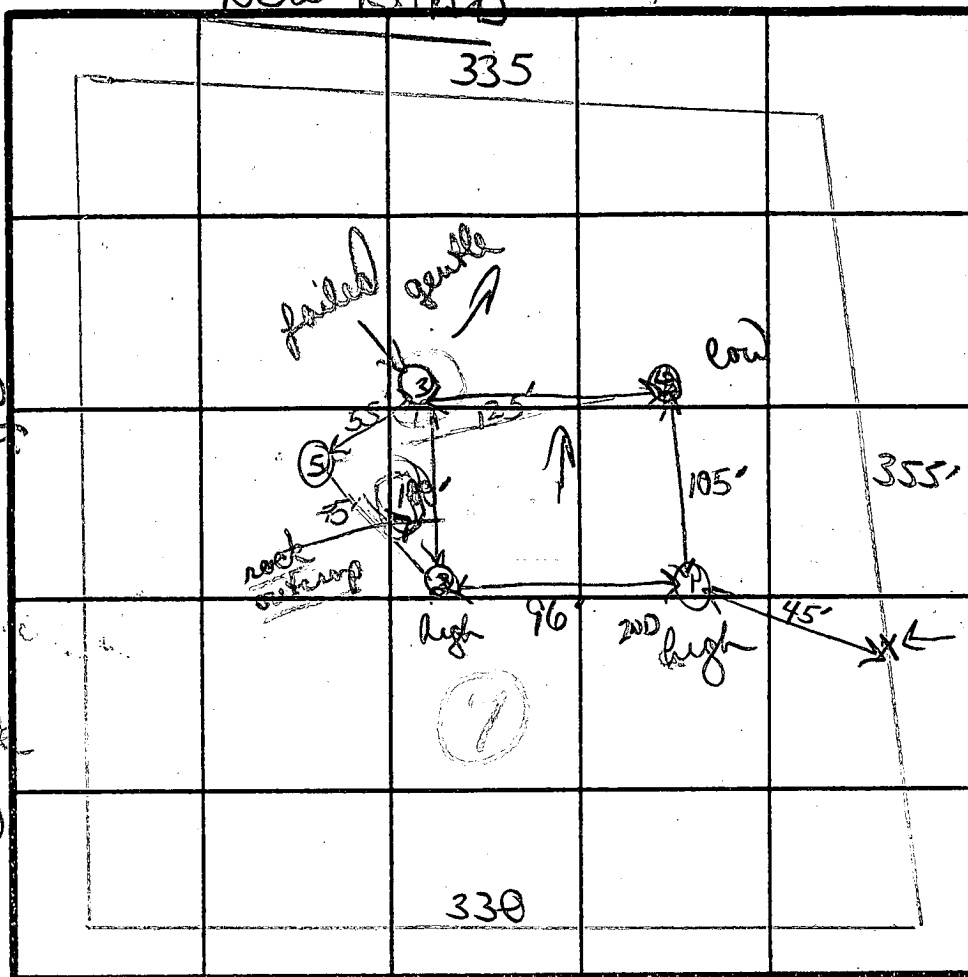
NEW ROAD

335

TO LOT 17

SOIL PROFILE

①
0' red clay to clay loam
4' red brown to grey brown gritty sandy loam
intermittent patches of hard rock (1-2" frags up to 15-25% to bottom)



corner stake Lot 20+17
TO LOT 20

330

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②
red clay loam with subsurface patches hard rock (15%) red to grey brown sandy silt loam mixed w/ 15% small frags rock
11' hard bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/25/86	①	4'S	1001	1005	1005	1010	5min
		8'M	957	1000	1000	1005	5min
		11'D	bottom (see profile)				
	②	3'	1023	1024			
		7'	1015	1019	1019	1025	6min
		11'D	bottom (see profile)				
	③	4 1/2'	1033	1103	stopped (solid)		
		12'D	bottom (see profile)				
	④	4'S	1039	1045	1045	1053	10min
		12'D	bottom see profile				

③
Brown organic 6" Yellow brown clay
red brown clay loam
to tan brown sandy loam
12'D

④
Red/brown clay to clay loam 4' red/brown sandy/silt loam (some mica) 12'D

REMARKS
TYPE OF SOIL
TESTED BY
SOME SURFACE ROCK & PATCHES OF ROCK IN PERC FIELD + AROUND INTERMITTENT PATCHES OF ROCK IN TEST HOLES #3
red clay + clay loams top 2-4'; below tan/grey sandy loam
NEW PERC FIELD NEEDED WHEREBY NO ROCK OUTCROPS ARE SEEN
B. Vujan
ALSO PRESENT Mary

APPLICATION

PERCOLATION TESTING

A 3/6/75

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 3/20/76

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 Arthur Dadian

ADDRESS _____ PHONE 202-331-7120

PROSPECTIVE BUYER Gaither Rd. Joint Venture

ADDRESS 9 Carissa Ct. Owings Mills, MD 21117 PHONE 356-9351

PROPERTY LOCATION:

SUBDIVISION Dadian Property LOT NO. 8 20

ROAD AND DESCRIPTION Gaither Rd. + Patapsco River

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3 Acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Sally M. Emmel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 36674

P _____

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

DISTRICT _____

DATE 3/20/84

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 ARTHUR DADIAN

ADDRESS _____ PHONE 202 331-7120

PROSPECTIVE BUYER GAITHER ROAD JOINT VENTURE

ADDRESS 9 CARISSA CT, OWINGS MILLS PHONE 301-356-9351
21117

PROPERTY LOCATION:

SUBDIVISION DADIAN Property LOT NO. 7

ROAD AND DESCRIPTION GAITHER RD & PATAPSCO RIVER

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3 A.C. TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Sam M. Hummel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

⑤

SOIL PROFILE

0'
brown/red
clay to
clay loam
3 1/2'
changing
into
red/brown
fine/coarse
grain
sandy/silt
loam
410% small
hard rock
frag (2-6")
from 6'
down
12'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/25	⑤	4'S	207	210	210	213	5min
		12'D	bottom - (see profile)				

REMARKS _____

TYPE OF SOIL _____

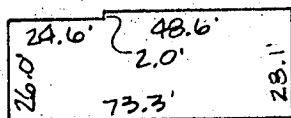
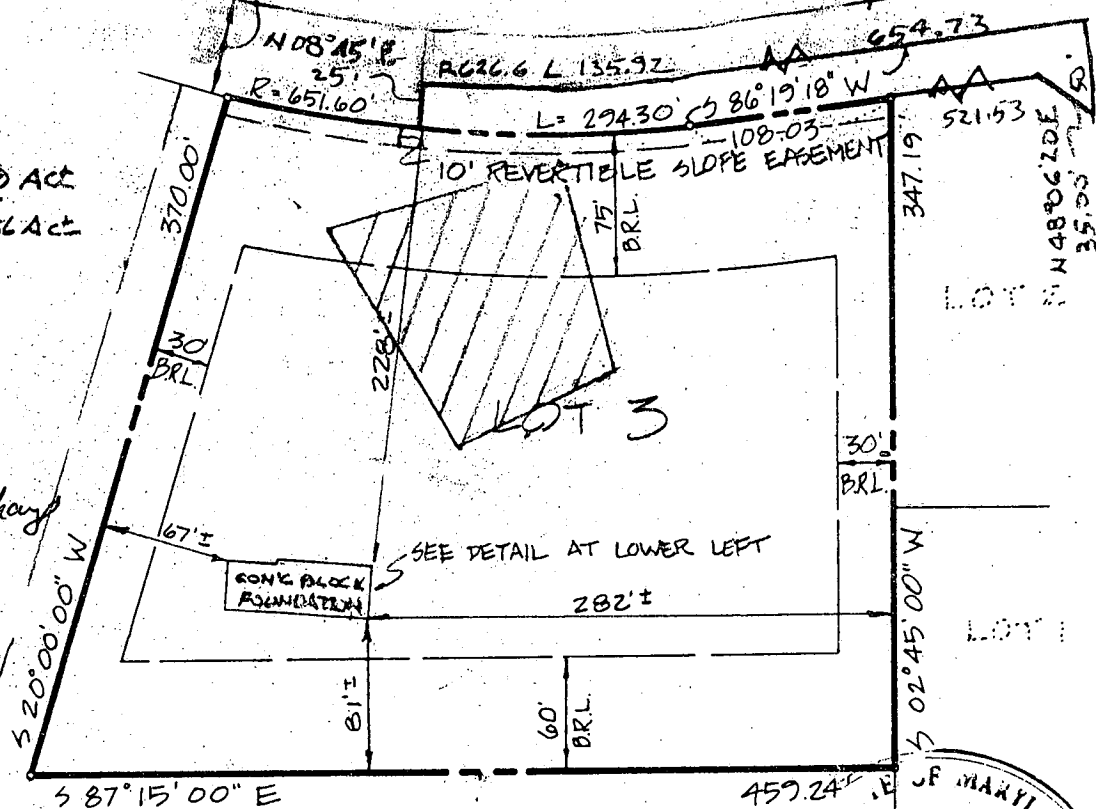
TESTED BY B. Wyman ALSO PRESENT Gary

50' Easement for Ingress and Egress
to lots 3 and 4 To be abandoned
upon construction of a public road

50' WIDE RESERVATION EASEMENT
FOR A PUBLIC ROAD

Total area of
easement: 0.4692 ac
Total area of LOT 3: 3.3619 ac
Total area of LOT 3 after
road construction: 3.156 ac

2/2/88
house size change
OK
8/16

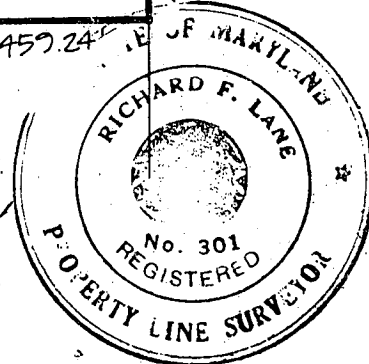


CONC. BLOCK FOUNDATION
TOP BLOCK EL. - 298.61
SCALE: 1" = 50'

GAITHER ROAD JOINT VENTURE
REVISED #15364

Date: 1-29-88

Comments:



I HEREBY CERTIFY THAT I HAVE LOCATED
THE IMPROVEMENTS AS SHOWN. THIS PLAT
DOES NOT REPRESENT A BOUNDARY SURVEY &
CANNOT BE USED TO ESTABLISH PROPERTY
LINES OR CORNERS.

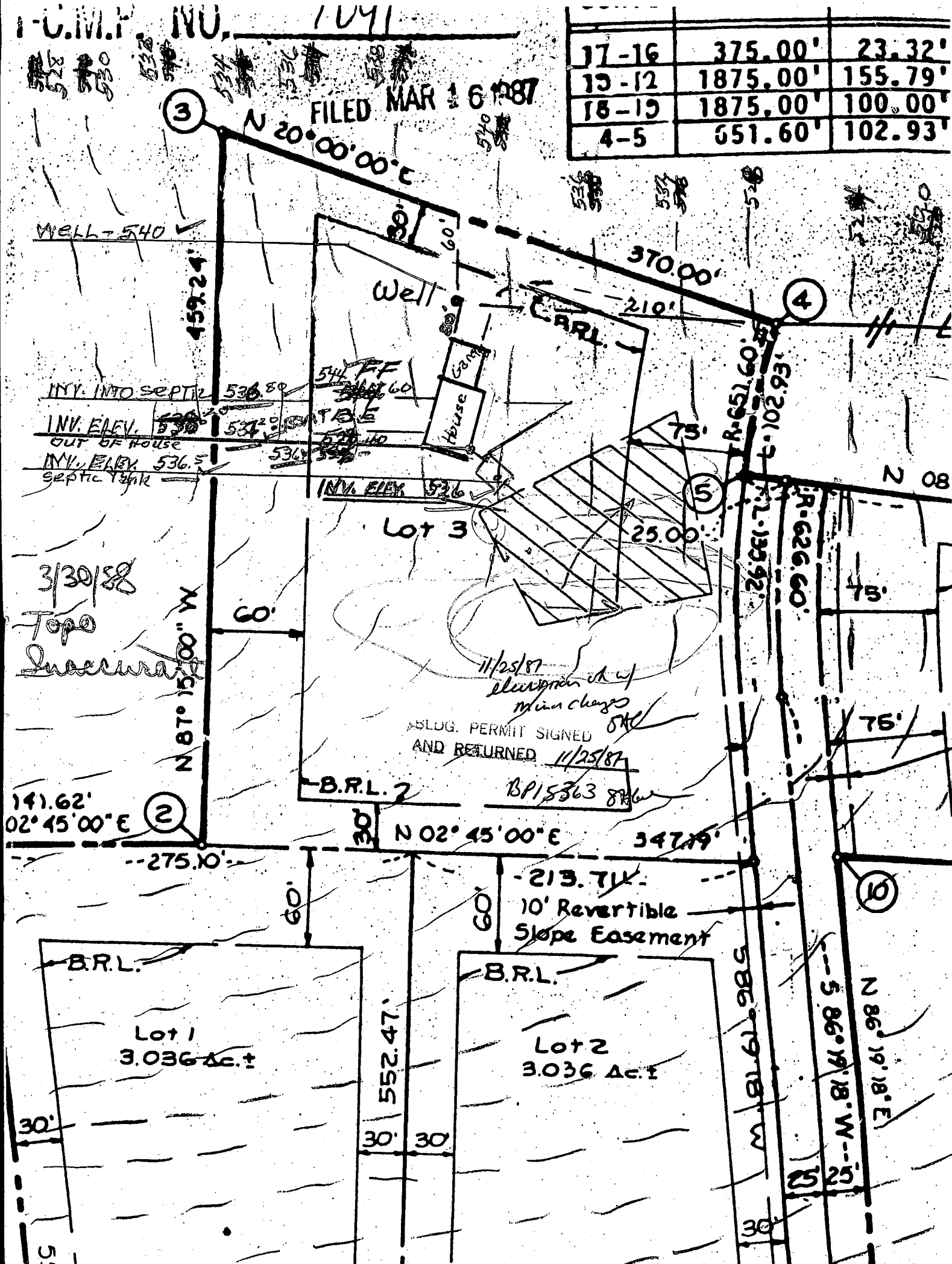
Richard F. Lane 1/14/88

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLCOTT CITY, MD. 21043
(301) 461-9563

FOUNDATION CERTIFICATION
GAITHERS SIDELING
LOT # 3
SECTION 2
PLAT # 7091

ELECTION DISTRICT: 4th
COUNTY: HOWARD
SCALE: 1" = 100'
DATE: 1-14-88

17-16	375.00'	23.32'
15-12	1875.00'	155.79'
18-12	1875.00'	100.00'
4-5	551.60'	102.93'



B 1 <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">2145</div> <small>THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">H0-81-2331</div> <small>fill in this form completely</small>
Date Received <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">09/29/87</div>		B 3 LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">FISHER PRODUCTS CORP</div> <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">3782 FOLLY QUARTER</div> <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">ELLICOTT CITY MD 21043</div>		<div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">HOWARD</div> <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">GAITHER'S SIDE LANE</div> <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">SECTION 2 LOT 3</div> <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">SYKESVILLE</div>	
DRILLER INFORMATION Ronald L. Kyker <small>Driller's Name</small> Westminster Rotary Well Drilling, Inc. <small>Firm Name</small> P.O. Box #861., Westminster, Md. 21157 <small>Address</small> Ronald L. Kyker <small>Signature</small> 8/17/87 <small>Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NEAR WHAT ROAD SIDDLING CREEK GAITHER'S RD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 220 ENTER FT or MI 27	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A-36674 COUNTY NO. OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> DATE ISSUED 09/29/87 CO-SIGNATURE B. A. J. EXPIRATION DATE 03/29/88 NORTH GRID 554000 EAST GRID 0801000	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6" INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. CITY 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E 8001 N 5504 </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30. AIR-ROTARY AIR-PERCussion. ROTARY (Hydraulic Rotary) 37. CABLE REVERSE-ROTARY Drive-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39. <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPM 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) APPROP. PERMIT NUMBER _____ GAP _____ FORCE A WRITE INITIALS IN BOX PERMIT NO. H0-S1-2331 SPECIAL CONDITIONS		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	

10/7/87

32 bags - not close
to coming up
added dry bag
resumed grouting
7 bags more
total 40

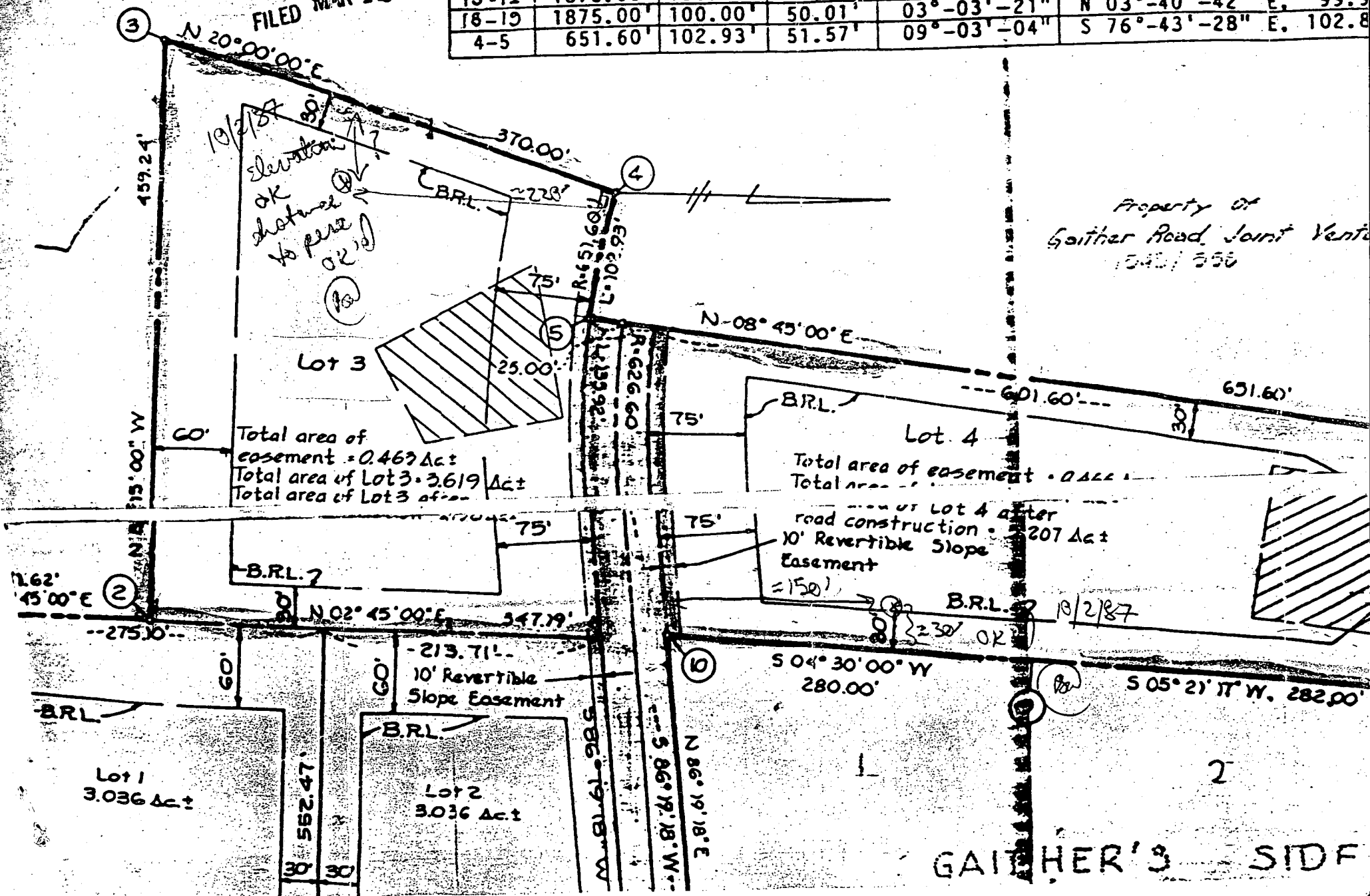
RECEIVED
HOWARD COUNTY
HEALTH DEPT
SEP 21 4 42 PM '87
DIVISION OF
ENVIRONMENTAL
HEALTH

LAT-C.M.P. NO. 7091

FILED MAR 16 1987

CURVE DATA

CURVE	RADIUS	LENGTH	TANGENT	DELTA	CHORD BEARING AND DIST
17-16	375.00'	23.32'	11.66'	03°-33'-48"	S 00°-49'-43" W. 23.3
15-12	1875.00'	155.79'	77.94'	04°-45'-38"	N 00°-13'-47" E. 155.7
18-15	1875.00'	100.00'	50.01'	03°-03'-21"	N 03°-40'-42" E. 99.9
4-5	651.60'	102.93'	51.57'	09°-03'-04"	S 76°-43'-28" E. 102.8



C1	1933	SEQUENCE NO. (OEP 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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A 36674		
DATE Received 8 13	DATE WELL COMPLETED 15 20 100787	Depth of Well 22 26 478 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2331 28 29 30 31 32 33 34 35 36 37	
OWNER CORPORATION FISHER PRODUCTS STREET OR RFD SIDELING COURT first name TOWN SYKESVILLE SUBDIVISION GATHER SIDELING SECTION 2 LOT 3				

WELL LOG Not required for driven wells			GROUTING RECORD yes no Y N 44 44		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC 45 46 45 46		
FEET FROM TO			NO. OF BAGS 40 NO. OF POUNDS 3760		
Check if water bearing			GALLONS OF WATER 240		
Dirt 0 1			DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 79 ft. 48 52 54 58 (enter 0 if from surface)		
Soft Brn. Schist 1 8			Casing types insert appropriate code below		
Hard Blue Granite 8 39 X			CASING RECORD ST CO STEEL CONCRETE PL OT PLASTIC OTHER		
Soft Brn. Schist 39 76			MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)		
Hard Blk. Granite 76 115			S T 6 81.4 60 61 63 64 66 70		
Hard Brn. Schist 115 116 X			OTHER CASING (if used) diameter depth (feet) inch from to		
Hard Blk. Granite 116 213			EACH CASING inch from to		
Hard Blk. Granite & Opening 213 214 X			screen type or open hole insert appropriate code below		
Hard Blk. Granite 214 320			SCREEN RECORD ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER		
Opening 320 321			C2		
Hard Black Granite 321 405			DEPTH (nearest ft.) HO 81.4 478 8 9 11 15 17 21		
Hard Granite & Fracture 405 406 X			EACH SCREEN 23 24 26 30 32 36		
Black Granite 406 421			SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60		
Fracture 421 422 X			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT FIN BOX 68		
Hard Black Granite 422 478			OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		

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			PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min. to nearest gal.) 9 11 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 80 17 20 WHEN PUMPING 282 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27		
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.			PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot) 49 51		
DRILLERS IDENT. NO. 296 Ronald L. Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ronald L. Kyker 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) PAD SIDELING CT. Gather Forsythe Rd.		

Well Permit No. HO - 81-2331
Location of property (road) SIDELING COURT
Subdivision GATHER SIDELING Lot 3 Block Plat Sec. 2
Well Driller RONALD KYKER Owner CORP., FISHER PRODUCTS

I. High rate pumping -- reservoir drawdown

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

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 # 41696
Date 5/12/88

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner FISHCO PRODUCTS CORP

Telephone _____

Subdivision GAITHER SIDELING IV Lot # 3 Well Tag # 410-81-2331

Site Address SIDELING CT

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. 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

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth 48"

ground well up - OK
(not mounted)

Tank

1. Capacity W XTRO
2. Pressure relief valve? ✓

Piping 3

1. Type _____
2. Size 1" Blue
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 4' 1"

Well data

1. Depth 478' ft.
2. Yield 10 GPM
3. Static water level 80' ft.
4. 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: _____

Date: _____

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

Howard County Health Department

11/22

To: BRIAN

1) PLEASE LOCATE FILE
AND PUT THIS
WPT SHEET IN IT,

11/24
Kenny
M.D. M.D.
not in

2) THE IDEA BEHIND THE
WELL LOG BOOK IS TO HAVE
AS COMPLETE AS POSSIBLE HISTORY.
WHEN ENTERING ICOP/FCOP'S,
IF YOU NOTICE SOMETHING ^{ENTRY} IS
MISSING, PLEASE FILL IT IN
WHenever POSSIBLE.

✓ on
11/27

From: EXAMPLE - THIS LOT

FCOP ENTERED,

Date: _____

HD-170 NO ENTRY FOR ICOP.

Craig

15

6-1-88
AM

140-81-2331

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 # 41478
Date 4/11/88

Name of Installer T.M. Baird

Telephone 410-6599

License Number #7248

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Donald Stein

Telephone

Subdivision Butter Lot # 34

Well Tag # 40-81-2331

Site Address 607 SIDELING CT.

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make Shultz

3. Model #

4. Capacity 6 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 #

3. Depth

Tank

1. Capacity 175 gal

2. Pressure relief

valve? yes

Piping

1. Type Crest

2. Size 1/2"

3. NSF and/or BOCA

Code approved yes

4. Depth of supply

line 190

Well data

1. Depth 190 ft.

2. Yield 6 GPM

3. Static water

level 80 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.

6/1/88 NOT YES
REDACTED RH

Signature of Applicant: Timothy M. Baird

Date: 3-36-88

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