8/20/87 01-185063
PM

PERMIT

P 39892

A 35363

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 1st

DATE 8/19/87

DATE SYSTEM APPROVED 8-20-87

INSPECTOR S. Abel

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

{ I.C.O.P. issued only
Time expired }

Dave Hopkins IS PERMITTED TO INSTALL X ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Talbot's Last Shift ROAD 5200 Talbot's Landing LOT 7-B

PROPERTY OWNER Consolidaded Home Building Corp.

ADDRESS

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

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place distribution box 115 feet from the East (174') lot line and 85 feet from the South (302') lot line. Run trench(s) along contour toward North Lot line.

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

OK'd PW

PLANS APPROVED BY C. Williams DATE 8/25/86

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.

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

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

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

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

PERMIT VOID AFTER TWO YEARS.

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

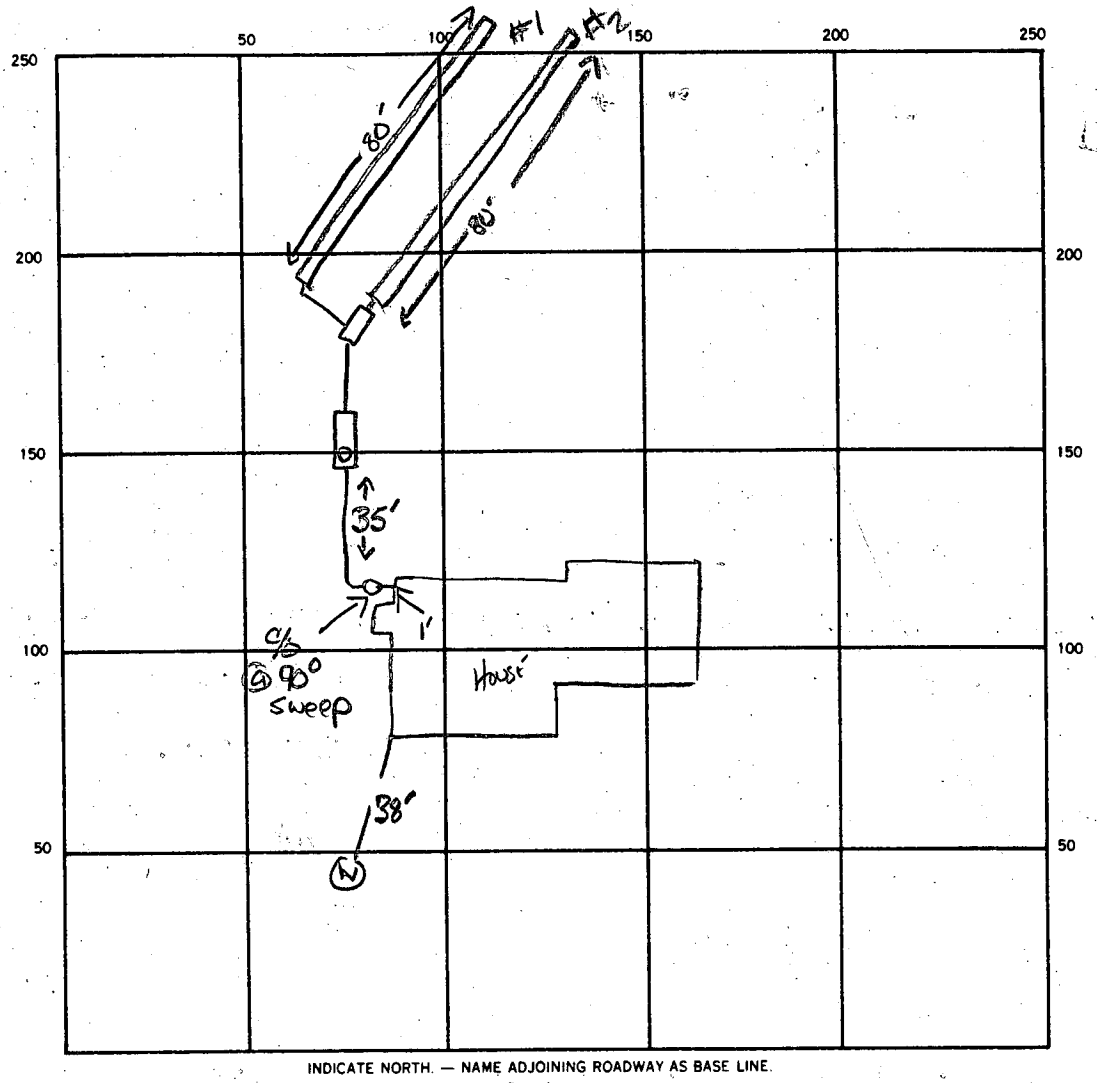
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A-35363

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

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

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

R. Rd.

3-8
140
S 800 W
300

SEPTIC TANK. LEVEL ✓ 1250 CLEANOUTS : ✓ ST + 90° SWEEP AT HOUSE

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH ① 5 ② 5' FT. TOTAL LENGTH ① 80' ② 80' 160 TLF FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 800 SQ. FT.

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

ABSORBENT AREA 800 SQ. FT.

REMARKS 8-20-87 OK TO STONE # & COVER PARTIAL to Dig #2 SA

DATE SYSTEM APPROVED 8-20-87 INSPECTOR S. Ahl

A 35363

SUBDIVISION: TALBOTT'S LAST SHIFT
ICHESTER RD.

LOT NUMBER: 7B

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

200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

4BR/BP

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 absorbant sidewall area by 22%.

LOCATION: PLACE DISTRIBUTION BOX 115' FROM THE EAST (174') LOT LINE AND 85' FROM THE SOUTH (302') LOT LINE, RUN TRENCH(S) ALONG CONTOUR TOWARD NORTH LOT LINE.

8/25/86 C Wallace

APPLICATION

5/21/85 9:30 AM

A 35363

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 4/29/85

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 ~~American Properties~~ Consolidated Home Building Corp.

ADDRESS _____ PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION Talbots Last Shift LOT NO. 7-B

ROAD AND DESCRIPTION Ilchester Rd

5200 Talbots Landing Rd.

SIZE OF LOT ~1.25 acres TYPE BLDG. S.F.D.
(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. Charlotte Shedgin
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

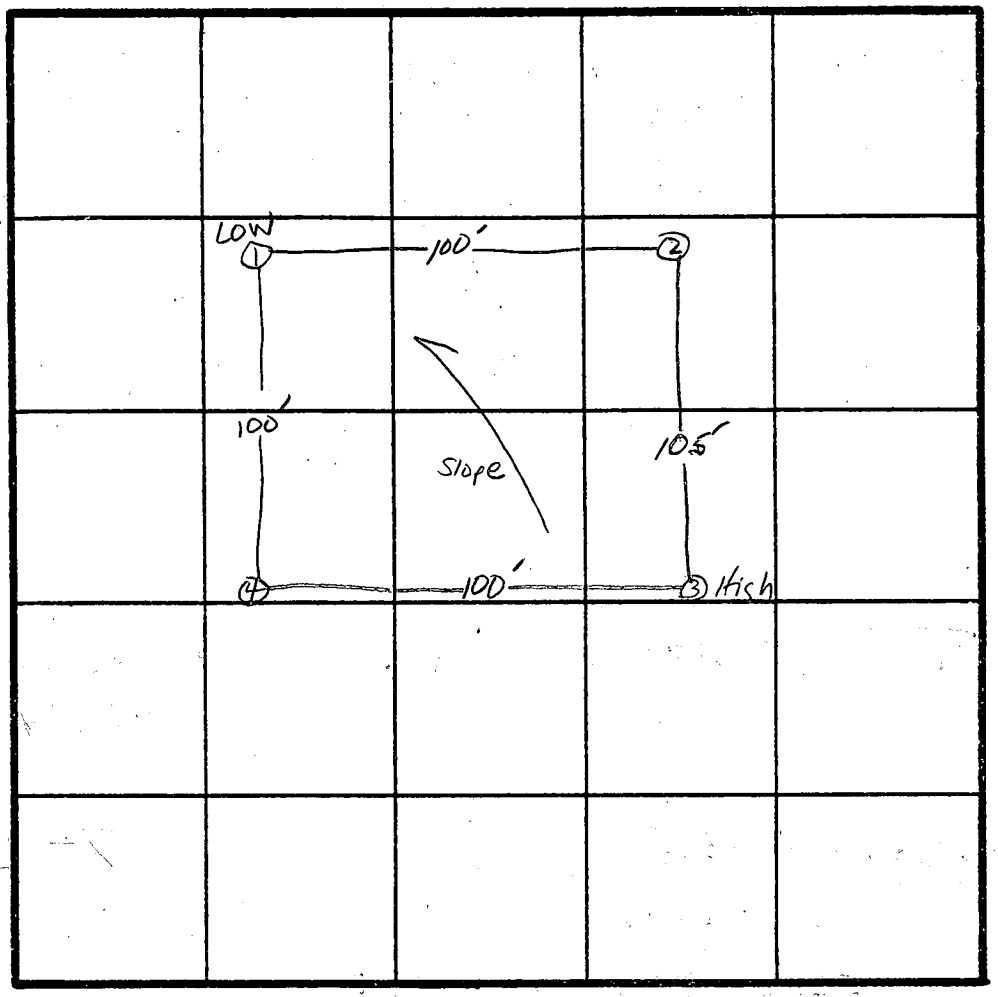
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-21-85 Perc. SATISFACTORY; HELD FOR certified Hole Location, House and well site. JAH

~~BLDG. PERMIT SIGNED~~
AND RETURNED 2/6/87
BP 13062

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROW

① SOIL PROFILE

0'
9" A1-3 RED Yellow CLAY LOAM 10-20% SAPROLITE
5' Yellow BROWN SAND LOAM 20% SAPROLITE WITH SMALL STONES.
14'

③ ④
0
6" A1-3 BROWN CLAY LOAM 10% SAPROLITE
2.5'-3.5' Yellow BROWN SAND LOAM Slight micaceous content
12.5'

②
4" A1-3 RED Yellow SAND LOAM 10% SAPROLITE
5' Yellow BROWN SAND LOAM 10-20% SAPROLITE
12.5'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/21/85	1 S V	5.5' 14'	10:29	10:40	10:40	11:04	24min
		UNIFORM SOIL STRUCTURE Below 6'					
	2 S V	5' 12.5'	10:50	10:55	10:55	11:09	14min
		UNIFORM SOIL STRUCTURE Below 5'					
	3 S V	3' 12.5'	10:36	10:38	10:38	10:41	3min
		UNIFORM SOIL STRUCTURE Below 3'					
	4 S V	4' 12.5'	11:09	11:10	11:10	11:13	3min
		UNIFORM SOIL STRUCTURE Below 3.5'					

REMARKS

TYPE OF SOIL

TESTED BY SAM

ALSO PRESENT Olen KOTTERMAN, Georgia

EH-12-1079

DNR-131 (2-77)

EMERGENCY NO. (if any) –

B 1 5093 — 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-73-3962
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 7/15/81, 8/1/81, I 8/6/81, 9:30 A.M.

OWNER: Clinton Thomas A. (COL 15 LAST NAME / FIRST NAME / COL. 34)
STREET OR RFD: 7292 Mossy Brink Ct. (COL. 36 / COL. 55)
POST OFFICE: Columbia, Md 21045 230-7949 (COL. 57 / COL. 76)

8-13

B 1 — DRILLER INFORMATION
CONTINUED (SEQ. NO.)

DATE: July 10 1981 — LICENSE NUMBER: 972 (77–80)
Ralph Wayne Taylor Maynard
FIRST NAME / DRILLER / LAST NAME
SIGNATURE: Ralph Maynard

B 2 — WELL INFORMATION
(SEQ. NO.)
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 (8–12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 (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: 100 (24–28) FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

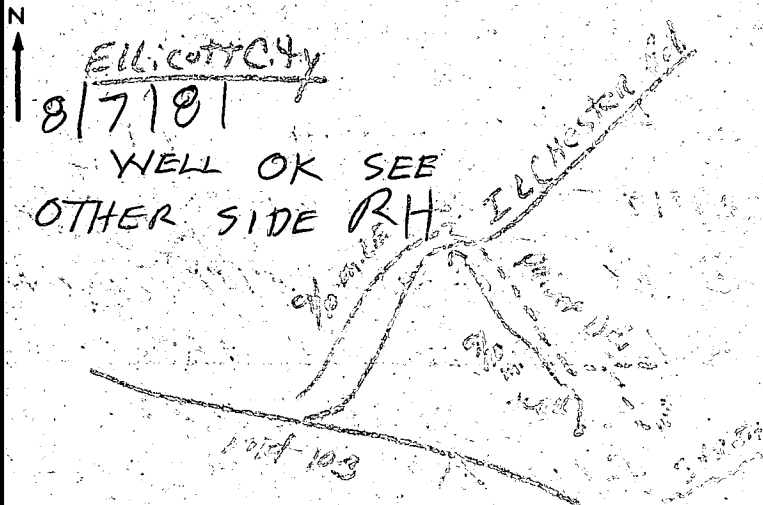
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) — JETTED — DRIVEN
30-37 AIR-ROTARY — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE-ROTARY — DRIVE-POINT
OTHER (DESCRIBE)

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)
(41–82)

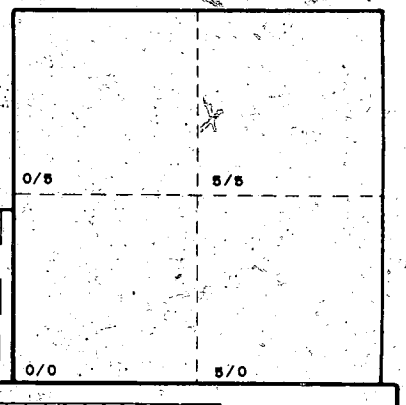
B 3 — LOCATION OF WELL
(SEQ. NO.)
COUNTY: Howard (8–21) (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: Talbots East Sect (23–42)
SECTION: AB (44–46) LOT: 7 (48–50)
NEAREST TOWN: Ellicott City (52–71)
MILES FROM TOWN (ENTER 0 IF IN TOWN): .4 (73) M I (76 77 78)

B 4 — DIRECTION FROM TOWN
(SEQ. NO.) (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: Tylchester Rd (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): 9/10 (34–37) (F T) (M I) 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.



BOX NUMBER: E 8 6 5 — N 5 8 0 7



NORTH COORDINATE: 5 0 7 0 0 0 (50–55)
EAST COORDINATE: 0 8 6 5 0 0 0 (57–63)
ELEVATION AT WELL HEAD (FEET): (65–68)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: G A P (54–63)
ENGINEER REVIEW DISTRICT NO. (65)
FORCE: F S (67 68) WRITE INITIALS IN BOX
CONDITIONS: A E N S G W Q C L U — H L 72 – 3 0 4 6 2 (70–79)

B 4 — CONTINUED — HEALTH DEPARTMENT APPROVAL
(SEQ. NO.)
41 (S) STATE HEALTH (CIRCLE BOX)
COUNTY NAME: Howard — COUNTY NO.: A31283
DATE: MO. DAY YR. (43–48)
APPROVED BY:

B 5
(SEQ. NO.)
SPECIAL CONDITIONS 8–63 (WRA USE ONLY)

HEALTH

8/6/81

WELL GROUT DID NOT SHOW UP CALLED. FS. HE SAID GROUT TO BE 8/7/81

(1) 40 FT CASING 1 FT OUT OF GROUND

(2) 17 FT OPEN HOLE MEASURED WITH A STRING

(3) 25 FT PLASTIC PIPE JAMMED DOWN WELL &

(4) LOCATION PROBABLY OK NO STAKE FOUND NEAR WELL. BUT STAKE FOUND NEAR R/W AT FRONT OF LOT SEVERAL 100 FT FROM WELL. HIGH WEEDS & WET

(5) 11 BAGS USED

N

C 1 8138 SEQUENCE NO. (WRA 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 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A 31283

Date Received (WRA use only)

DATE WELL COMPLETED Aug 7, 1981

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3963

OWNER Clopton Thomas A
(last name) (first name)

STREET OR RFD Elchester Road TOWN Ellicott City

SUBDIVISION Talbots Last Shift SECTION LOT 7AB

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	
Sandy	2	30	✓
Sand Stone	30	40	
Micka	40	45	
Sand Stone	45	50	✓
Micka	50	185	

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 11 NO. OF POUNDS 1100

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	42

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 (seq. no.)

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	40	185
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

C 3 (seq no) SUP

PUMPING TEST
HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 185

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 APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

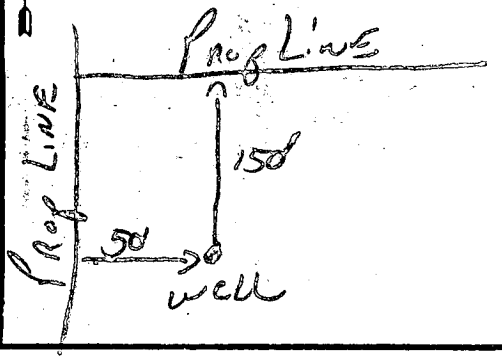
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above — below LAND SURFACE 2 (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)



CIRCLE APPROPRIATE BOX
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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 273

Ralph Maynard
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

HEALTH

C 1 | 2384 | SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A35363

DATE Received

DATE WELL COMPLETED 08 06 85

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-1127

OWNER KOSKOVICH (last name) SANDRA (first name)

STREET OR RFD LCHESTER RD TOWN ELLICOTT CITY

SUBDIVISION TALBOTT'S LAST SHIFT SECTION LOT 78

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	
Sandy	2	30	
Sand Stone	30	40	✓
Micka	40	55	
Sand Stone	55	60	✓
Micka	60	200	

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 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 35 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	44

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	42	200
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

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273

Ralph Mayo

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Ralph E. Mayo

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

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

T (E.R.O.S.) WQ

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 8

METHOD USED TO MEASURE PUMPING RATE Buckets

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 40

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)

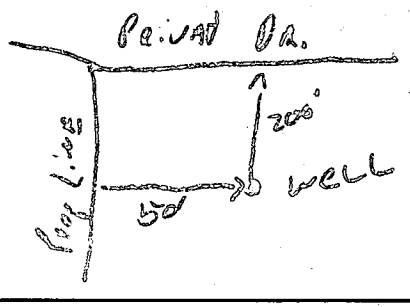
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / − below LAND SURFACE 2 (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)



HEALTH

Page ____ of ____ [redacted] County Well No. ____

Date 8/6/85 Howard Reviewed By ____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Sander Kookovich

Maryland Well Permit No. HO-81-1127 Owner or Applicant ~~[redacted]~~

Location of Property (road) Exeter Rd.

Subdivision Talberts 1st Shift Lot 7B Block ____ Plat ____ Sec. ____

Well Driller Ralph Mayne

Depth of Well 200 ft
Distance of Measuring Point (M.P.) above ground 2 ft
Static Water Level (S.W.L.) below M.P. 35 ft

I. High Rate Pumping -- reservoir drawdown
Time pump started 6:15 Pumping rate 10 G.P.M.
Total time 15min to reach pumping water level 40 ft. below M.P.

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

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
6:30	40 ft	8 sec		8 G.P.M.
6:45	40 ft	8 sec		8 G.P.M.
7:00	40 ft	8 sec		8 G.P.M.
7:15	40 ft	8 sec		8 G.P.M.
7:30	40 ft	8 sec		8 G.P.M.
7:45	40 ft	8 sec		8 G.P.M.
8:00	40 ft	8 sec		8 G.P.M.
8:15	40 ft.	8 sec		8 G.P.M.
8:30	40 ft	8 sec		8 G.P.M.
8:45	40 ft	8 sec		8 G.P.M.
9:00	40 ft	8 sec		8 G.P.M.
9:15	40 ft	8 sec		8 G.P.M.
9:30	40 ft	8 sec		8 G.P.M.

44 ft PL & Page 35 of

EMERGENCY/TEMP NO. IF ANY

B 1 | 8915 | SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER: HO-81-1127
fill in this form completely

Date Received: 2/17/85

OWNER INFORMATION
KOSKOVICH SANDRA
Last Name / Owner / First Name
2437 HILKORY LOG CIR.
Street or RFD
COLUMBIA MD 21045
Town / State / Zip

DRILLER INFORMATION
Ralph Mayne 273
Driller's Name / License No.
RALPH MAYNE WELL DRILLING
Firm Name
9120 Brown Church Rd. Mt. Airy
Address
Ralph Mayne 7/10/85
Signature / Date

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

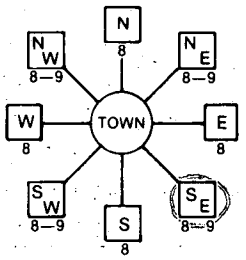
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
(AIR-ROTary) AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE CW (WRITE INITIALS IN BOX) PERMIT No. HO-81-1127

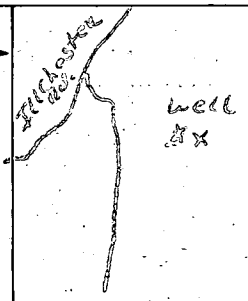
B 3 LOCATION OF WELL
8 COUNTY: HOWARD
23 SUBDIVISION: TALBOT LAST SHIFT
SECTION LOT 78
52 NEAREST TOWN: ELLICOTT CITY
MILES FROM TOWN (enter 0 if in town) 4 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


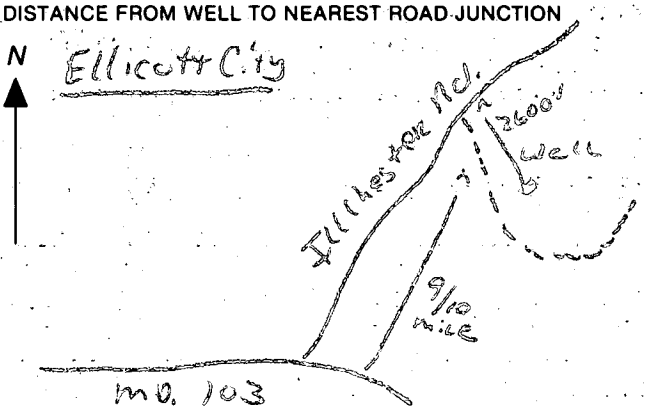
NEAR WHAT ROAD: ILLCHESTER Rd.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) 32 (E) EAST (S) SOUTH
DISTANCE FROM ROAD 2600
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME: A35363 COUNTY NO.
OEP SIGNATURE: _____ STATE HEALTH INSERT S
DATE ISSUED 080785 Craig Willson
CO SIGNATURE EXP. DATE
NORTH GRID 506000 EAST GRID 0865000

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 860 5
N 500 6
000
000

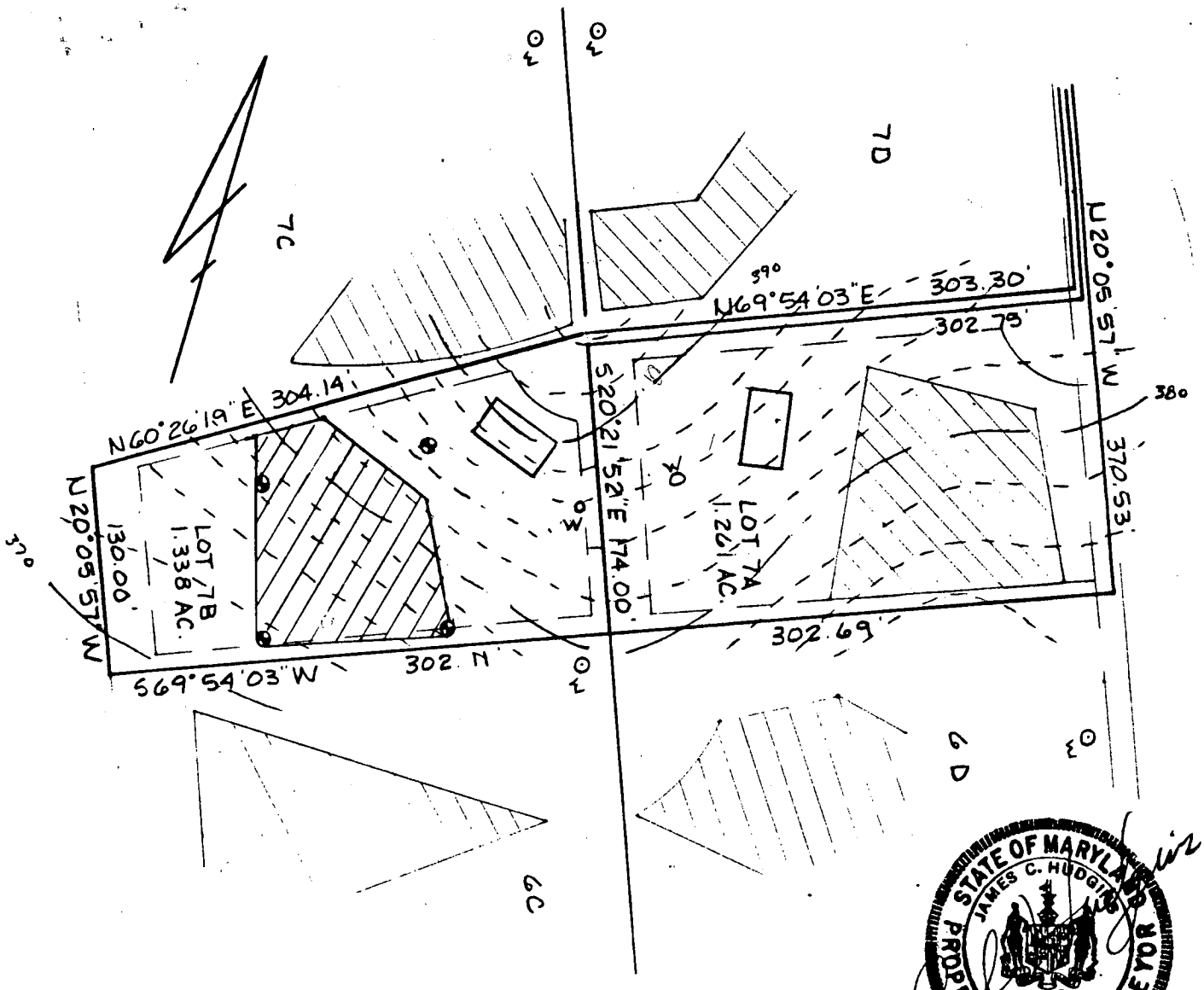


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

HEALTH



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

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

8-12-81

County Health Officer for Date

STATE OF MARYLAND
JAMES C. HUDGINS
No. 99
REGISTERED
PROPERTY LINE SURVEYOR

PERCOLATION TEST PLAT

PARCEL 7B

TALBOTS LAST SHIFT

ILCHESTER ROAD

1st Election District
Howard County, Maryland
Scale 1"=100'
Date 7/30/85

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 2031

8/21/87 PM

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ✓
Replacement _____

Receipt # 39819
Date 8/5/87

Name of Installer R.A. WOOD PLUMBING SERVICE Telephone 381-4823

License number MD 7040
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner CONSOLIDATED HOME BUILDERS Telephone 995-0065
Subdivision TALBOTTS LAST SHIFT Lot # 7-B Well tag # ___-___-___
Site Address 5200 TALBOTTS LANDING ROAD
ELLICOTT CITY

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible ✓
2. Make ✓ACUZZUI
3. Model # 7EH
4. Capacity 5 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 WIRE TIES

Motor
1. Horsepower 1/2
2. RPM 1750
3. Voltage _____
   a. 110 _____
   b. 220 ✓

Pitless Adapter
1. Make GOULDS
2. Model # PRESSUREIZED
3. Depth 4' DEEP

Tank
1. Capacity 20 GAL
2. Pressure relief valve? 75 PSI

Piping
1. Type POLYBUTYLENE
2. Size 1" IPS
3. NSF and/or BOCA Code approved ✓yes
4. Depth of supply line 3'

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disenfected by installer? yes

8/21/87 PITLESS AT 46" WELL LINE 38-50"; NO INSIDE WORK DONE SAB

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).

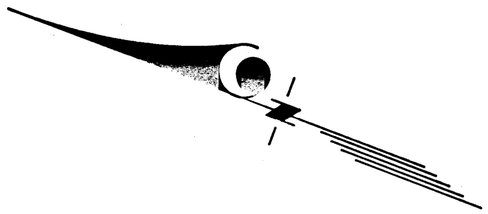
All information given above is true to the best of my knowledge.

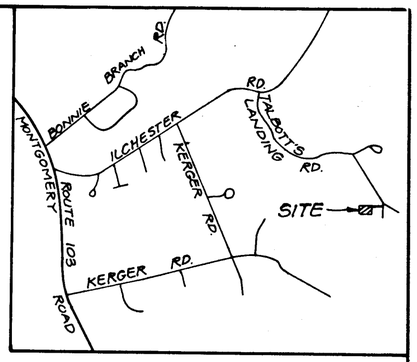
Signature of Applicant: Roy A Wood

Date: 7-29-87

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

TALBOTT'S LANDING ROAD



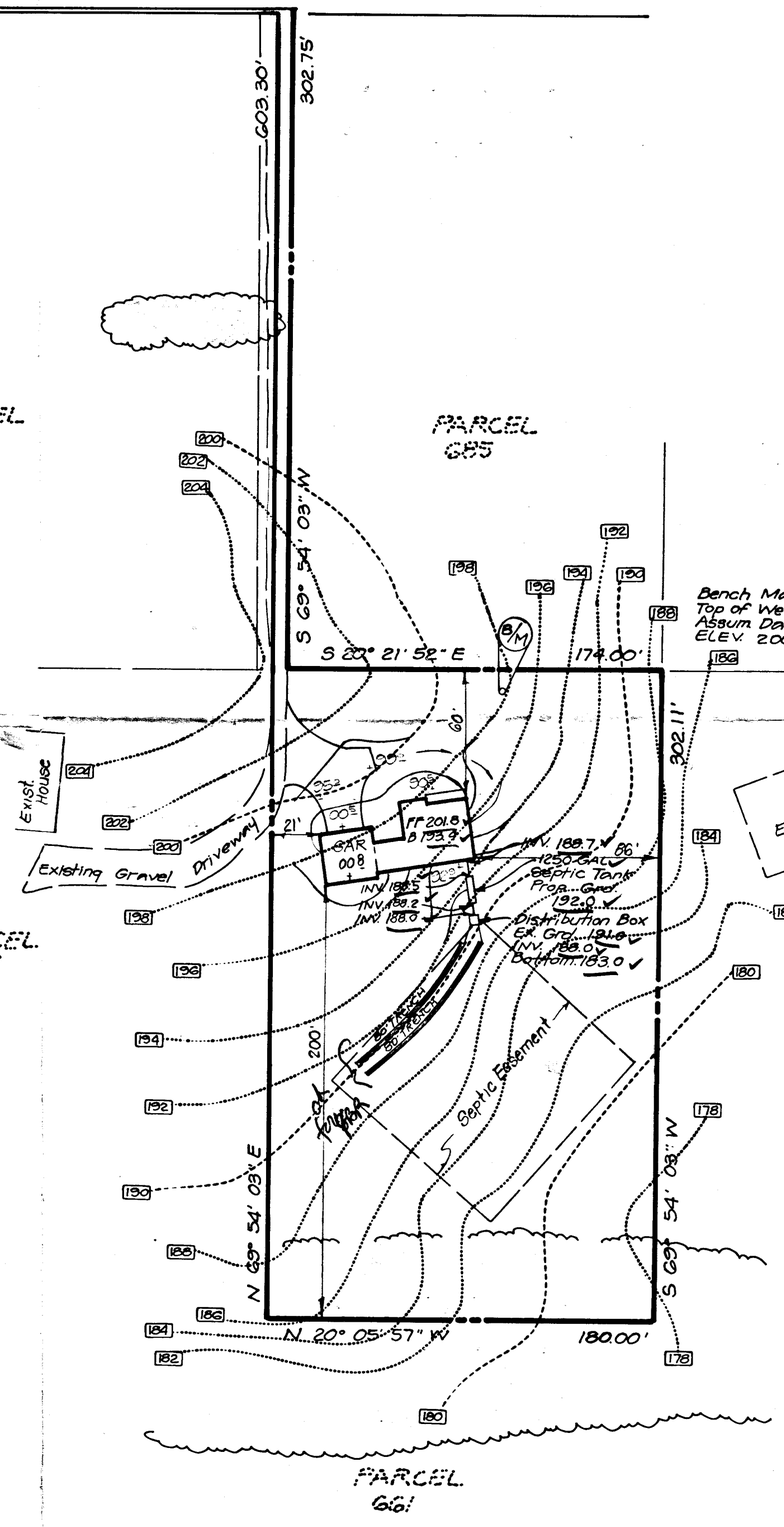


VICINITY MAP

Scale: 1" = 2000'

LEGEND

Contour Interval	2 ft.
Existing Contour	190
Proposed Contour	190
Spot Elevation	+872
Direction of Drainage	→



56,194 ☐

7/6/87
Elevations ok
S Mc

BLDG. PERMIT SIGNED
AND RETURNED 7/6/87
S Mc
BP 13062

CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7200 – BALTO. • (301) 621-8100 – WASH.

DESIGNED JME	SITE DEVELOPMENT PLAN LOT 7-B TALBOTT'S LAST SHIFT	SCALE 1" = 50'
DRAWN BAL		DRAWING 1 of 1
CHECKED JME	1ST ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO. 87-058
DATE JUNE, 1987	FOR: CONSOLIDATED HOME BUILDERS INC. 8950 ROUTE 108 COLUMBIA, MARYLAND 21045	FILE NO. 87-058X