9-13-85
approved
S. Abel

PERMIT

P 35978

A 34411

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-28536
INDEXED

ELLICOTT CITY
DISTRICT 3rd

DATE 9/13/85

Olen Ketterman IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 14960 Frederick Road, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION (Roman Ridge Estates) ROAD 14132 Rover Mill Road LOT 11

PROPERTY OWNER Roger D'Andrea (former Ruth Thompson property)

ADDRESS 13431 Chris Mar Court, Highland, Md. 20777

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

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1,000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom sidewall area. Trench to be 2 ft. wide. Inlet 5 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 5 feet below original grade. 5 feet of stone below distribution pipe. Start the trench 148 ft. from the front lot line (along right-of-way) and 65 ft. from the 300 ft. lot line. Run trench on contour toward front lot line.

PLANS APPROVED BY Sid Abel DATE 9/10/85

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

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

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 THREE YEARS.

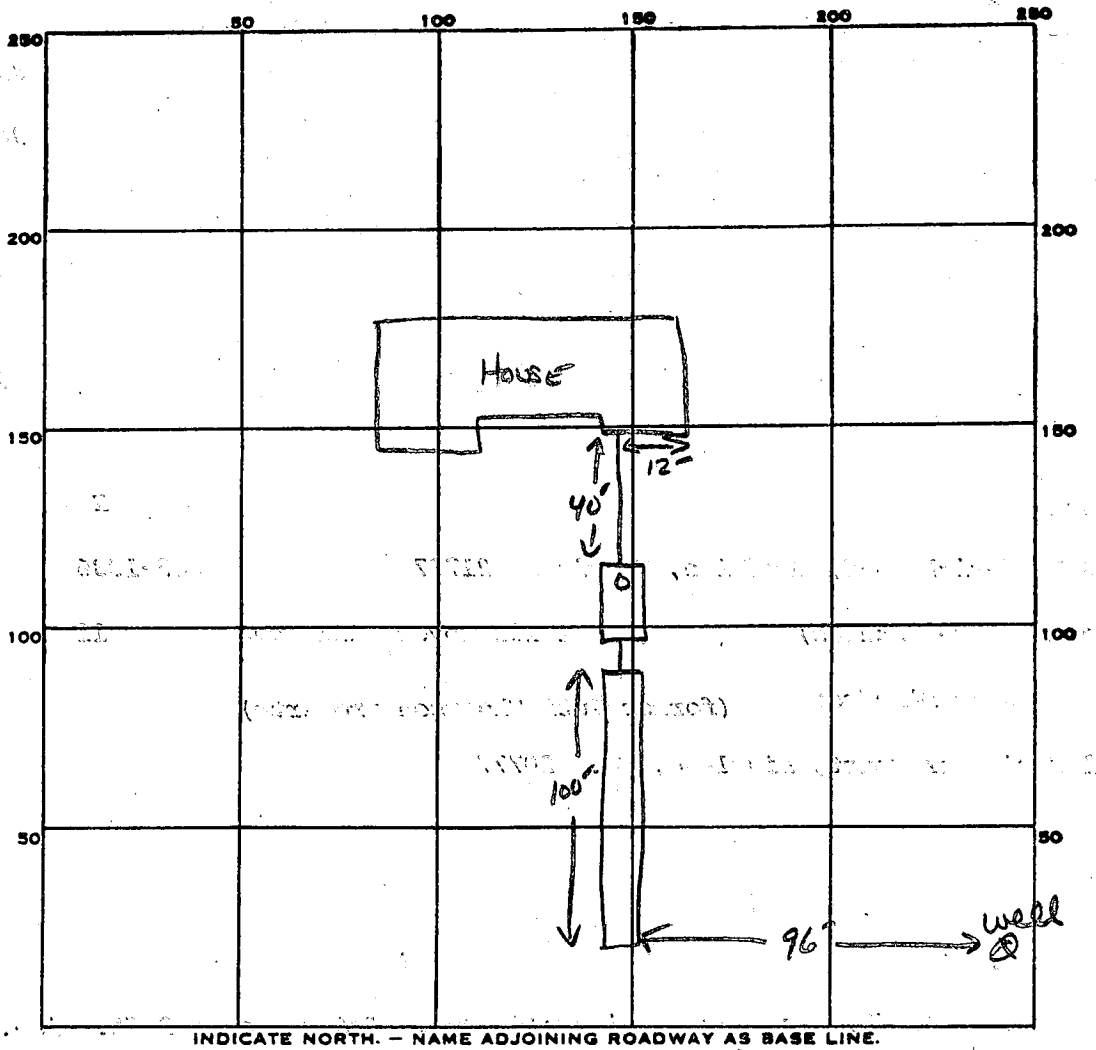
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

A 34411

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL 1500 GAL CLEANOUTS ✓ ST

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 Ft TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ONE SIDE WALL ~~TOTAL BOTTOM~~ AREA 500 ✓

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 500 SQ. FT.

REMARKS 9-13-85 OK TO ADD STONE TO TRENCH

DATE SYSTEM APPROVED 9-13-85 INSPECTOR S. Abel

A 34411

SUBDIVISION: Roman Ridge Estates LOT NUMBER: 11

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

158 sq. ft./bedroom

3BR
NO DISPOSAL

Trench to be 2 wide.

Inlet 5 feet below original grade.

Bottom maximum depth 10 feet below original grade.

Effective area begins at 5 feet below original grade.

5 feet of stone below distribution pipe.

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: START THE TRENCH 148 Ft FROM THE FRONT LOT LINE (ALONG R.O.W.) AND 65 FT FROM THE 300 Ft LOT LINE. RUN TRENCH ON CONTOUR TOWARD FRONT LOT LINE. SA

Olen Ketterman promises to bring plat of Lot 9/27/84

APPLICATION

A 34411

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 9/27/84

RUTH THORNTON Lot 11

PREVIOUS A2 0439

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Mr. & Mrs. Herbert Fox~~ / ROGER D'ANDREA NEW OWNER

ADDRESS 14132 Rover Mill Road
West Friendship, Maryland 21794 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 14132 Rover Mill Road

SIZE OF LOT lot had existing house that has burned down TYPE BLDG. 3 or 4 bedrooms
(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. /s/ Olen Ketterman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS C Wilson DATE 5/31/85

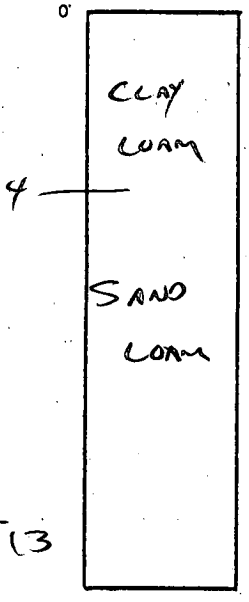
REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT PROVING POSSIBLE HOUSE AND WELL SITE. C,W)

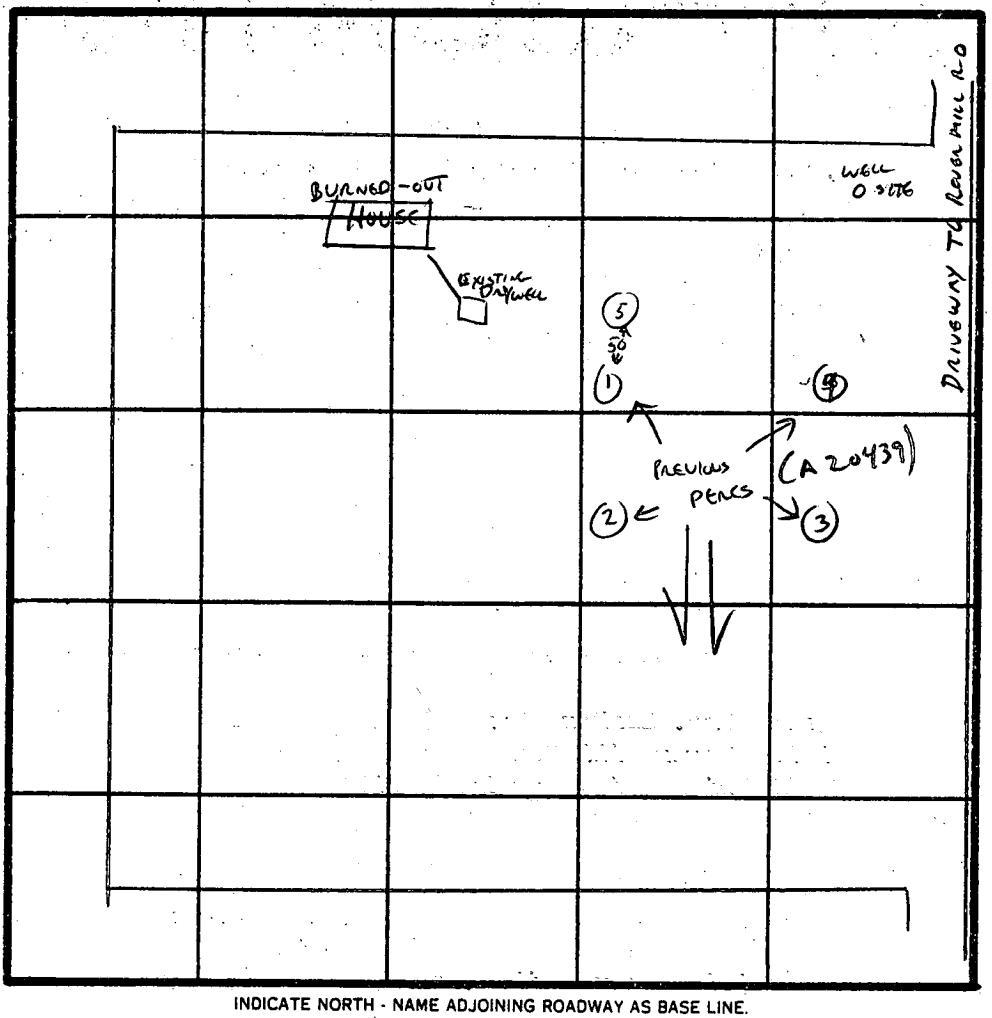
B.P. # 66018

BLDG. PERMIT ISSUED
AND RETURNED 7-25-85

THIS IS NOT A PERMIT

ALL HOLES
SOIL PROFILE





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

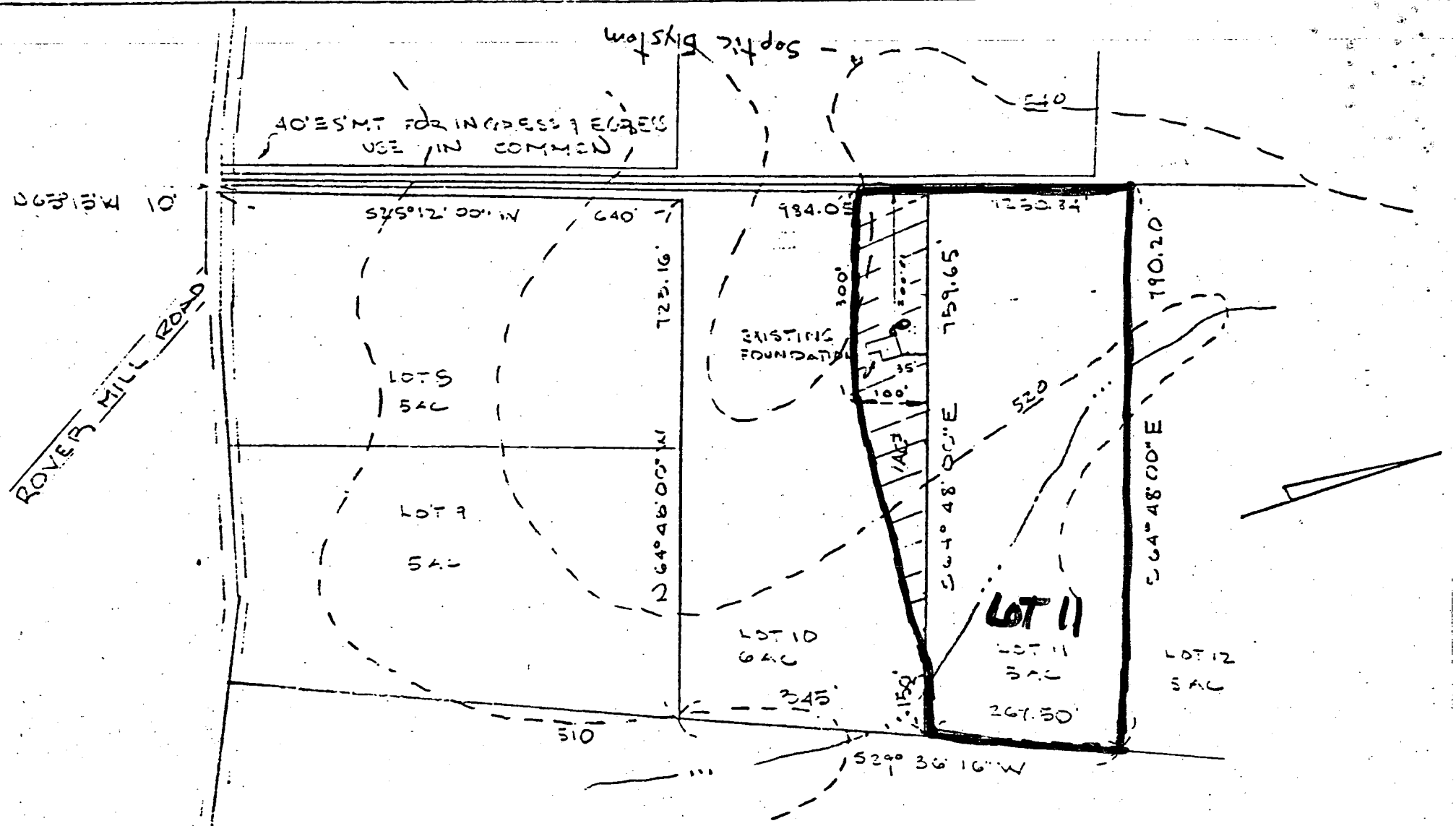
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1974	1-4	OK 4-12	SAND				<7 MIN AVG
	(TESTED BY F.S.)						
5/31/85	5	4 13'	VISUAL	SAND BELOW 4'			

REMARKS HOLD FOR PLAT SHOWING PROPOSED SEPTIC EASEMENT WELL 5176 & HOUSE SITE WITH ELEVATIONS.

TYPE OF SOIL SAND

TESTED BY C Williams ALSO PRESENT KETTERMAN, D'ANDRE

EH-12-1079



PROPOSED CONVEYANCE
1AC FROM LOT 10 TO LOT 11
PROPERTY OF JAMES & AUD JONES
DEED 697-82 - BOTH LOTS
TAX MAP 15 P. 207 & 208
3RD ELECTION DISTRICT

HUDK & ASSOCIATES

[redacted] INSTALLED FIRST
[redacted] NG PE[redacted] IS

Rod 725-0665 792.8086 T92-2330

PERMIT

mrs. Smoot P 3178

SEWAGE DISPOSAL SYSTEM

A 20430

3/7/75 Approved

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd & 4th

DATE 3/5/75

INDEXED

Pat Jendrin IS PERMITTED TO INSTALL X ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Md. 21784 PHONE 442-2419

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD Rover Mill Road and Old Rover Mill Road LOT 10 & 11 combine

PROPERTY OWNER James L. Jones

ADDRESS 14136 Rover Mill Rd (EXISTING HOUSE BURNED THIS SPRING)

SPECIFICATIONS 4 bedrooms.

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

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

SEPTIC TANK CAPACITY ~~1250~~ 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - To have 120 sq. ft. effective sidewall absorption area per bedroom below inlet. Dry well inlet at 3 ft. below original grade with maximum depth of dry well at 12 ft. below original grade. Place the dry well 40 ft. to the left of the existing house and 25 ft. from the front of the house as seen when facing the existing house from the right-of-way.

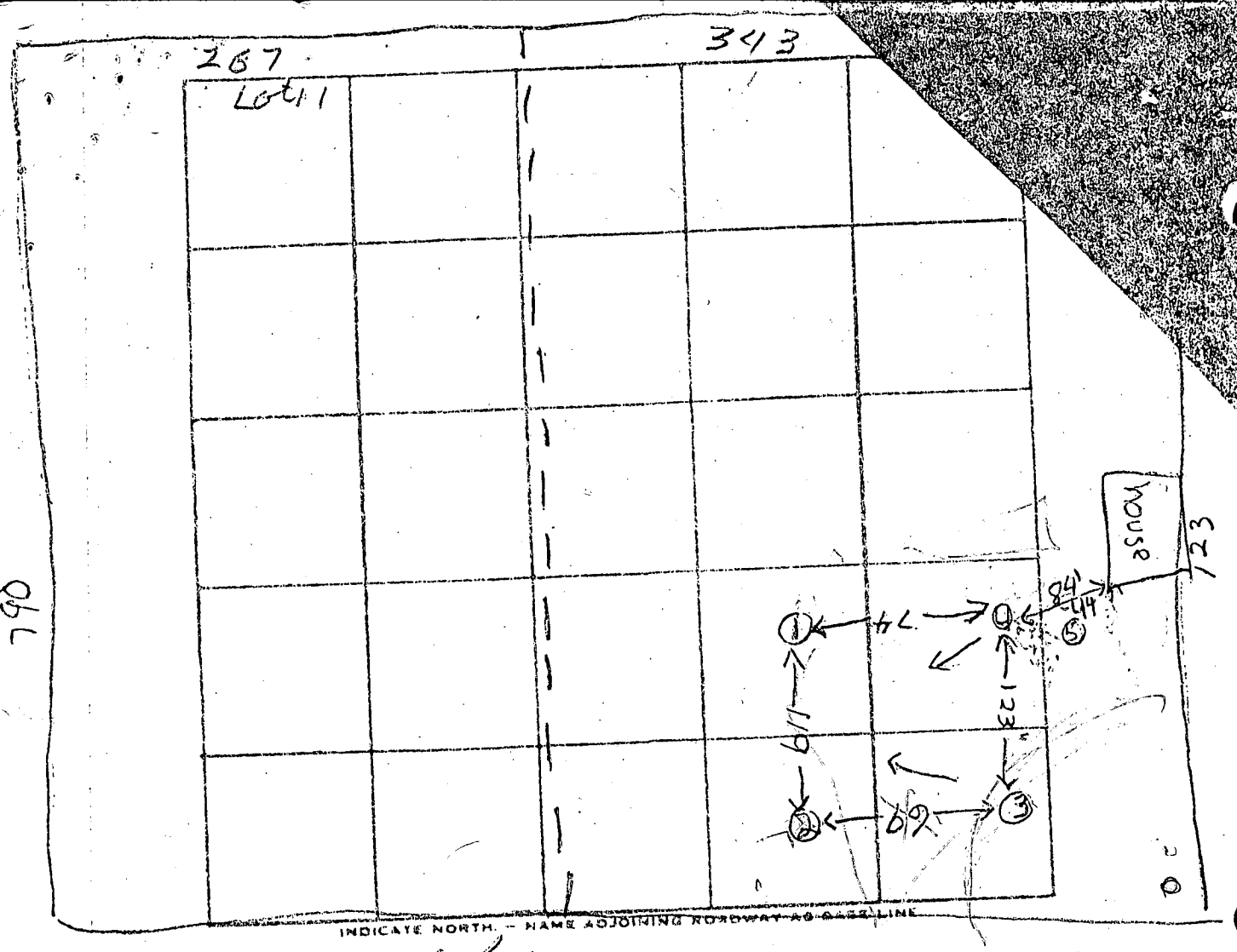
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.
NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Frank Skinner DATE 8/9/74

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

Soil @ site
Chester
Manor
Ellicott



B/W

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/7/74	1 low	4'	11:12	11:13	11:13	11:16	3 min
	1A	10½'	11:12	11:15	11:15	11:19	4 min depth 6'
	2	5'	11:15	11:16	11:16	11:18	2 min
	2A	12½'	11:15	11:22	11:22	11:38	16 min
	3	11½'	Visual	Sandy	loam below	top 5' layer	
	4	4'	11:30	11:31	11:31	11:33	2 min
	4A	12½'	11:30	11:34	11:34	11:45	11 min
	5 high	12'	Visual	Clay to 5'	sandy loam	below	

ROGER D'ANDRE

3 4 2 16 2 11 4 38 Tm

REMARKS

TYPE OF SOIL Sandy loam

TESTED BY F.S. & R.H ALSO PRESENT:

PATRICK J. LENDRIM CO.

14010 Forsythe Road
SYKESVILLE, MARYLAND 21784
Phone 442-2416

AL SUBMITTED TO MR. JAMES L. JONES	PHONE 730-5145	DATE JAN 6 1975
2547 TOLLING CLOCK WAY	JOB NAME JONES	
ATE AND ZIP CODE OLUMBIA Md 21044	JOB LOCATION River Mill Rd	
CT	DATE OF PLANS	JOB PHONE

ereby submit specifications and estimates for:

ONE SEPTIC SYSTEM:

ONE 1250 GAL SEPTIC TANK
ONE DRYWELL 480 Sq FT.
CAST IRON PIPE WILL BE INSTALLED FROM 3' OUTSIDE HOUSE TO SEPTIC TANK AND FROM TANK TO DRYWELL
CLEAN OUT PIPES WILL BE INSTALLED ON TANK + DRYWELL.

ONE DRAINFIELD: FOR WASHER & LAUNDRY TUB.

CAST IRON WILL BE RUN FROM 3' OUTSIDE HOUSE TO A 30' TRENCH WITH 3' of STONE (#2) IN BOTTOM WITH 30' of PERFORATE CONCRETING TO CAST IRON TO DISTRIBUTE WATER IN DITCH.

ALL WORK WILL BE DONE TO HEALTH DEPT SPECS
ALL WORK WILL BE GUARANTEED FOR ONE YEAR FROM DATE of FINAL INSPECTION of HEALTH DEPT.

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:
TWO THOUSAND ONE HUNDRED NINETY AND NO CENTS dollars ($ 2190.00).
to be made as follows:
1 PAYMENT UPON COMPLETION of JOB

al is guaranteed to be as specified. All work to be completed in a workmanlike ording to standard practices. Any alteration or deviation from above specifica- ing extra costs will be executed only upon written orders, and will become an e over and above the estimate. All agreements contingent upon strikes, accidents eyond our control. Owner to carry fire, tornado and other necessary insurance. s are fully covered by Workmen's Compensation Insurance.

Authorized Signature Patrick J. Lendrim

Note: This proposal may be withdrawn by us if not accepted within 30 days.

ature of Proposal — The above prices, specifications tions are satisfactory and are hereby accepted. You are authorized work as specified. Payment will be made as outlined above.

Signature _____

PATRICK J. LENDRIM CO.
14010 Forsythe Road
SYKESVILLE, MARYLAND 21784
442-2416

DATE 3/20 1975

NAME Mr. James L. Jones
ADDRESS 10547 Tolling Clock Way
CITY Columbia Md. 21044
JOB LOCATION Rover Mill Rd

No. 1117

Frank Castey Day
Mt. Airy

	1	190 00
Paid by CK.# 2795 on 4-2-75		600 00
Balance		590 00
Paid by CK# 2829 4/30/75		590 00

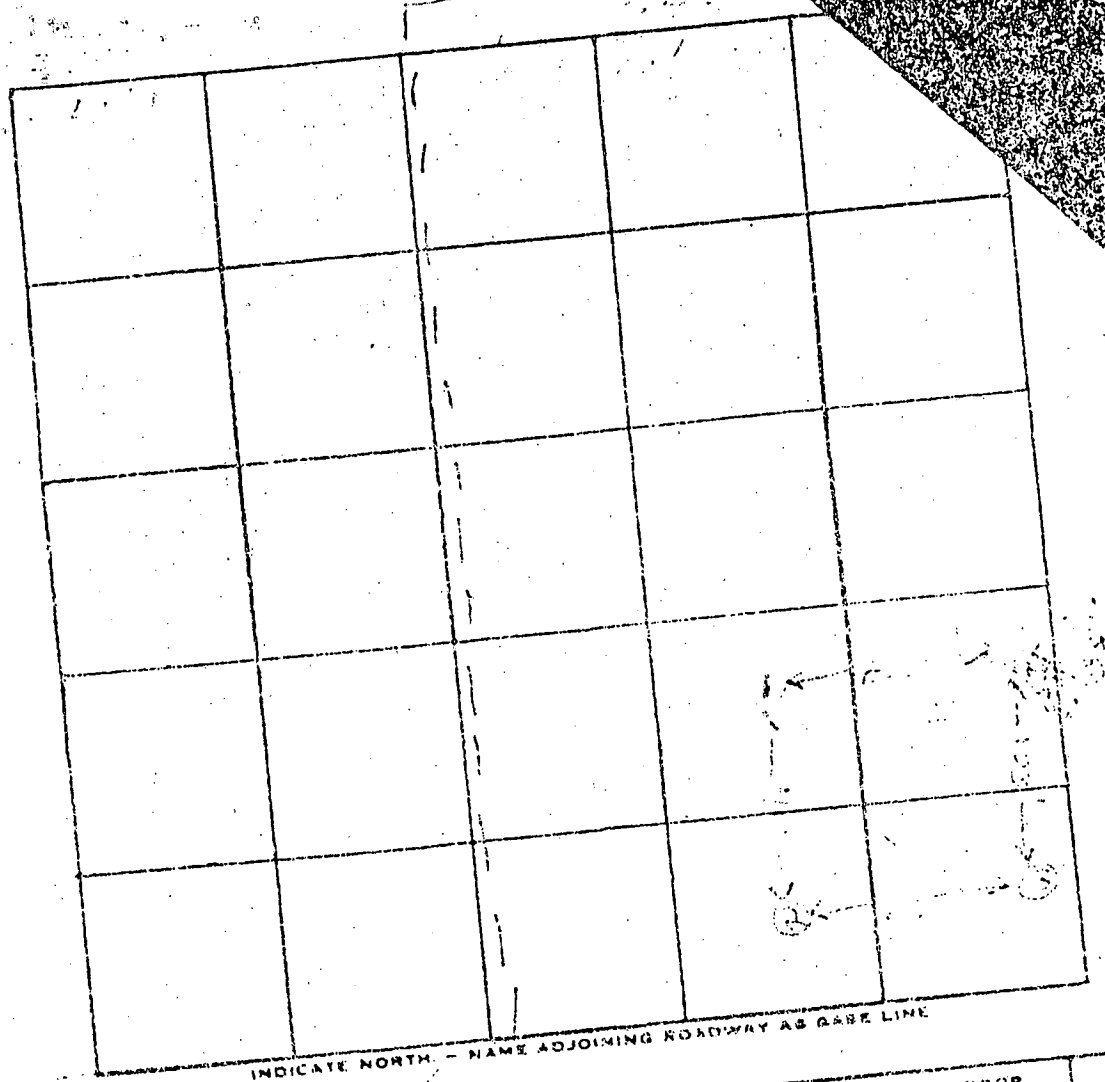
Install septic system & drain field for [illegible]

Paid in Full
ON 4/30/75

TOTAL MATERIAL
TOTAL LABOR
TAX

DATE COMPLETED

Thank You PAY THIS AMOUNT ⇨ 1190.00



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
	1 low	4'					
	1						
	2						
	2A						
	3						
	4						
	5 high	12'					

REMARKS _____

TYPE OF SOIL _____ ALSO PRESENT: _____

TESTED BY _____

APPLICATION

A _____

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
BOX 476, ELLICOTT CITY, MARYLAND 21043
PHONE: 465-5000, EXT. 356

DISTRICT 3rd & 4th

DATE 7/30/74

1-3 BR | 4 BR
1000 gal septic tank | 1250 gal septic tank
Drywell to have 120 sq. ft. effective sidewall absorption area for bedroom below and drywell inlet at 3 ft. below original grade with maximum depth of drywell at 12 ft below original grade. Place the drywell 46 ft. to the left of the existing house, and 25 ft. from the front of the house as seen when facing the existing home from the right of way.
9' mot.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAG DISPOSAL SYSTEM.

PROPERTY OWNER Ruth Thompson - Tom L. Thomas

ADDRESS _____ Any questions call Mr. Bernard PHONE Rome, 465-7700

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 10 & 11 Section 1

ROAD AND DESCRIPTION Rover Mill Road and Old Rover Mill Road

SIZE OF LOT ~~&~~ 6.041 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ James Brittingham

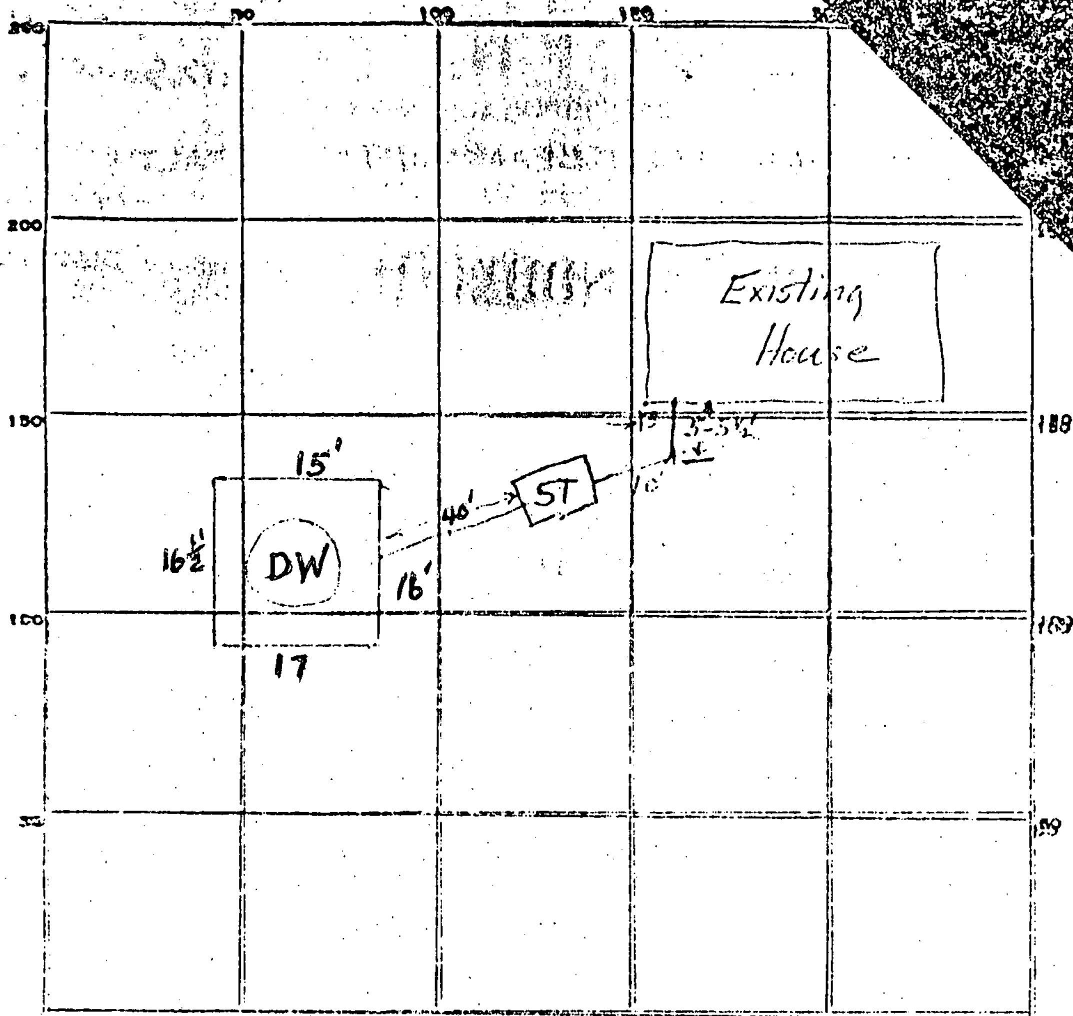
APPROVED BY [illegible] FOR DRYWELL (KIND OF SYSTEM) DATE 8/1/74

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

R of W → [illegible]

PERMIT CARD

SEPTIC TANK, LEVEL ________ CLEANOUTS ________

DISTRIBUTION BOX, LEVEL ________

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

GRAVEL DEPTH ________ IN. TOTAL LENGTH ________ FT.

NUMBER OF TRENCHES ________ TOTAL BOTTOM AREA ________

SEEPAGE PITS, INSIDE DIAMETER ________ FT. DEPTH BELOW INLET 9½ FT.

ABSORBENT AREA 548 SQ. FT.

REMARKS 3/7/75 Max depth of DW is 11½' [illegible] in @ 3'. No pipe from house [illegible] installed from ST → house. [illegible]

8/6/75 House → ST connection completed.

DATE SYSTEM APPROVED 8/6/75 INSPECTOR [illegible signature]

HOWARD COUNTY HEALTH DEPARTMENT

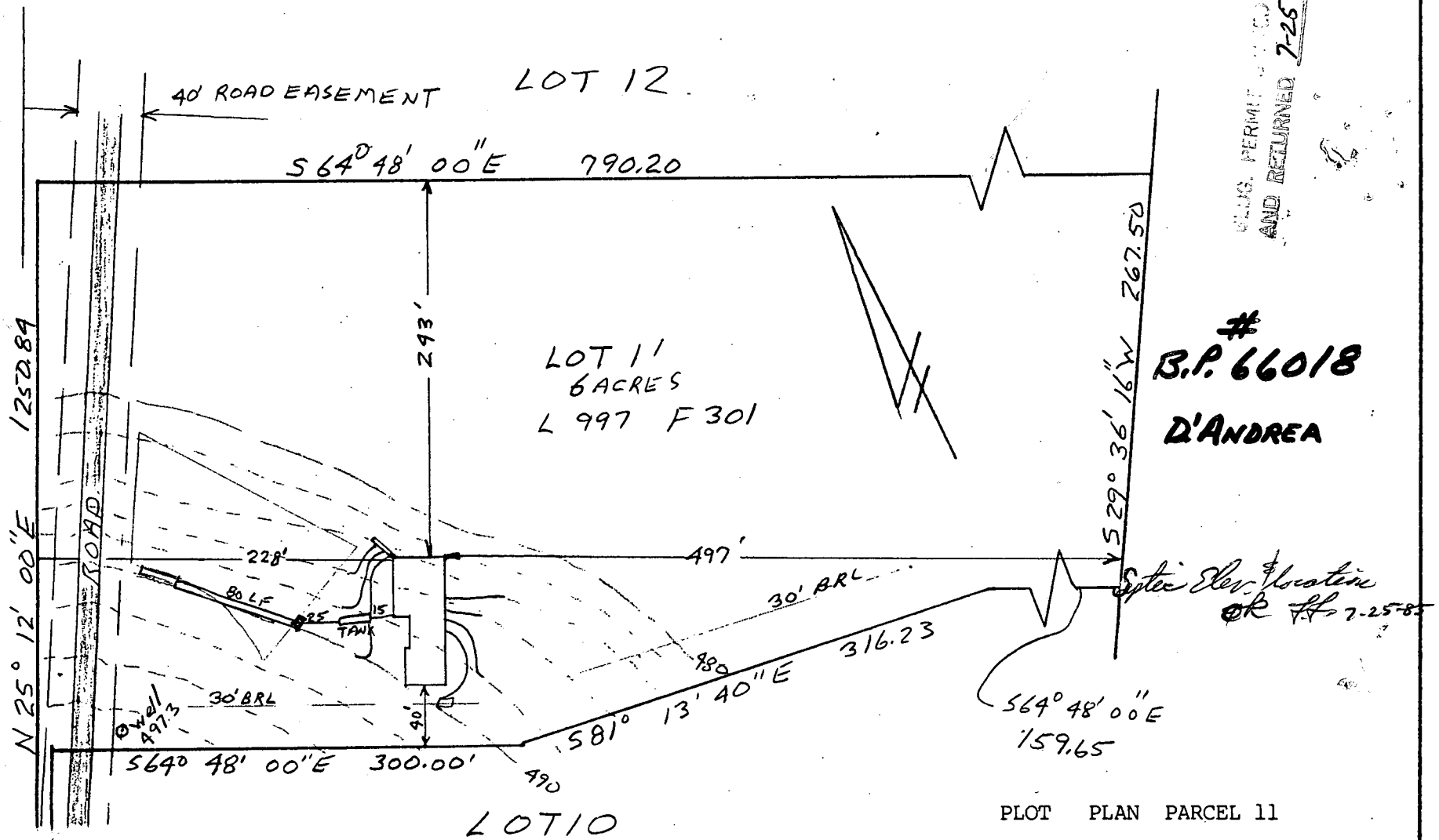
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

Judith A. Kettermann
(Name)
R&K Excavating Inc.
For Roger Dandrea
13431 Chris Mar Ct.
(Address)
Highland, Md. 20777
HO-81-1094
(OEP Well Permit Number)
July 5, 1985
(Date)



PLOT PLAN PARCEL 11

ROMAN RIDGE ESTATES

TAX MAP #15 PARCEL 208

3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=100' DATE 7/15/85

HOUSE:

FIRST FLOOR	492.0	
BASEMENT	483.0	
INVERT	~~486.32~~	486.82

SEPTIC TANK:

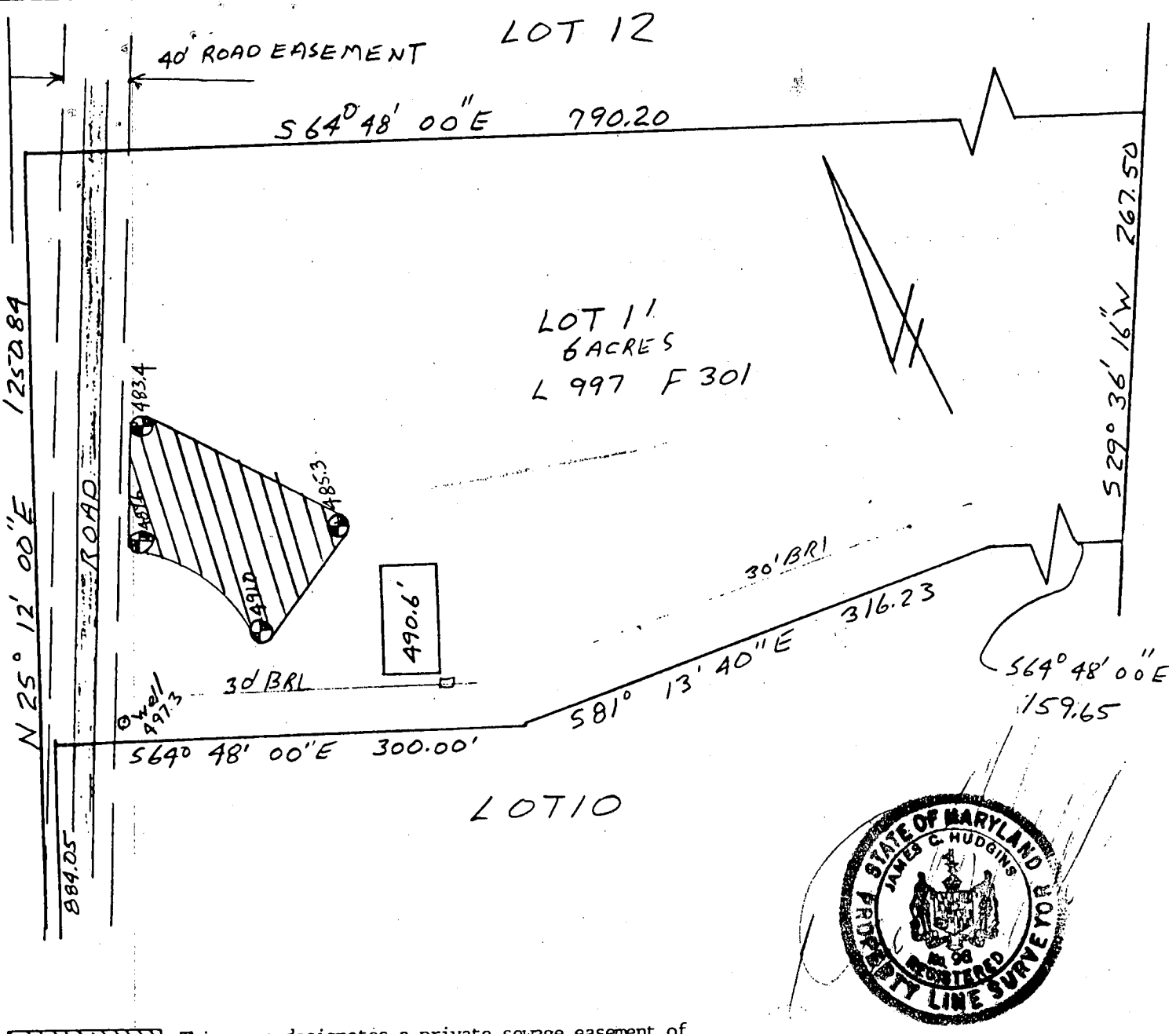
EXISTING GRADE	488.5	
PROPOSED GRADE	489.0	
INVERT IN	~~486.01~~	486.51
INVERT OUT	~~485.76~~	486.26

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins

TRENCH:

EXISTING	INVERT	BOTTOM	STONE	LENGHT	WIDTH
490.0	~~485.5~~ 486.0	480.0	5.5'	80'	2'



▨ 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

Joyce M. Boyd M.D. for F.S. 7/5/85

County Health Officer Date

PERCOLATION TEST PLAT

LOT 11

ROMAN RIDGE ESTATES

TAX MAP #15 PARCEL #208

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 6/13/85

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 7031

EMERGENCY/TEMP NO. IF ANY

B	1	8923	SEQUENCE NO. (EP 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-81-1094

fill in this form completely

Date Received: 070584 — 7/10/85 9:30 AM

OWNER INFORMATION

Last Name: DANDREA Owner First Name: ROGER

Street or RFD: 13431 CHRIS MAE CT

Town: HIGHLAND State: MD Zip: 20777

DRILLER INFORMATION

Driller's Name: RALPH MAYNE License No.: 273

Firm Name: Ralph Mayne Well Drilling

Address: 9128 Browns Church Rd Mt Airy

Signature: Ralph Mayne Date: July 5/85

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 580

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 [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: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

30-37 AIR-ROTary (circled) | 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 — circled
- [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): ______

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: CW (WRITE INITIALS IN BOX) PERMIT No.: HO-81-1094

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

TAX MAP 15 PARCEL 205

COUNTY: HOWARD

SUBDIVISION: ROMAU RIDGE ESTATES

SECTION: ______ LOT: [illegible] — LOT 11

NEAREST TOWN: COOKSVILLE

MILES FROM TOWN (enter 0 if in town): 1 1/4 MI

B 4

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

NEAR WHAT ROAD: MCKENDREE

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

DISTANCE FROM ROAD: 2000 ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: A34411

OEP SIGNATURE ______ STATE HEALTH INSERT S

DATE ISSUED: 070585 CO SIGNATURE: Frank Shumer EXP. DATE

NORTH GRID: 536000 EAST GRID: 0800000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

7-10 Well LOCATION OK
10 BAGS CEMENT
40 OPEN ANNULUS
45 Ft CASING
TAG PRESENT
SAbel

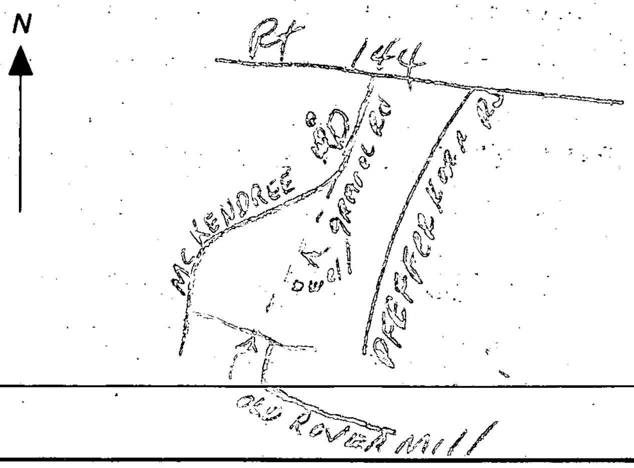
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 0
N 530 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



HEALTH

C 1 | 2353 | 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 A 34411

DATE Received: 7/1/85

DATE WELL COMPLETED: 07/1/85

Depth of Well: 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": AO-81-1079

OWNER: D'ANDREA ROGER (last name / first name)

STREET OR RFD: MCKENDREE RD TOWN: COCKSVILLE

SUBDIVISION: ROMAN RIDGE ESTATES SECTION: TAX MAP 15 PARCEL 208 LOT: 11

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	35	
Sand Stone	35	48	✓
Micka	48	70	
Sand Stone	70	75	✓
Micka	75	165	

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 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 40 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	45

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	43	165
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 ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 9

METHOD USED TO MEASURE PUMPING RATE: Buckets

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45

WHEN PUMPING 46

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 ____

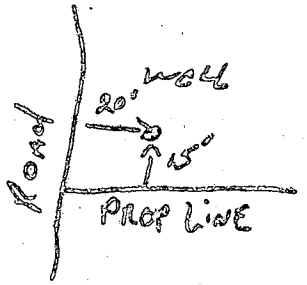
PUMP COLUMN LENGTH (nearest ft.) ____

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)

N



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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): Ralph Mayne

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 (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

WQ (74 75 76) OTHER DATA

HEALTH

Page ____ of ____ Review ____

Date July 11, 1986

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1094

Location of property (road) McKENDREE RD

Subdivision ROMAN RIDGE ESTATES Lot 11 Block ____ Plat ____ Sec. ____

Well Driller RALPH MAYNE Owner ROGER D'ANDREA

Depth of well 165 ft

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

Static water level (S.W.L.) below M.P. 45 Ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 9 G.P.M

Total time 15 MIN to reach pumping water level 46 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	46 ft	7 sec	—	9 G.P.M.
8:15	46 ft	7 sec		9 G.P.M
8:30	46 ft	7 sec		9 G.P.M
8:45	46 ft	7 sec		9 G.P.M
9:00	46 ft	7 sec		9 G.P.M.
9:15	46 ft	7 sec		9 G.P.M
9:30	46 ft	7 sec		9 G.P.M
9:45	46 ft	7 sec		9 G.P.M
10:00	46 ft	7 sec		9 G.P.M
10:15	46 ft	7 sec		9 G.P.M.
10:30	46 ft	7 sec		9 G.P.M
10:45	46 ft	7 sec		9 G.P.M
11:00	46 ft	7 sec		9 G.P.M

45 ft PL. 10 Bags

7:30 AM - 3 hrs

Page ____ of ____ Review ____

Date July 10, 1985

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1094

Location of property (road) McKENDREE RD

Subdivision ~~COCKSBURG~~ ROMAN RIDGE EST Lot 11 Block ____ Plat ____ Sec. ____

Well Driller RALPH MAYNE Owner ROGER D'ANDREA

Depth of well 165

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

Static water level (S.W.L.) below M.P. 45 Ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 9GPM

Total time 15 min to reach pumping water level 46 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)
9:15	46	7 sec		~9GPM
9:30	46	7 sec		~9GPM
9:45	46	7 sec		~9GPM
10:00	46	7 sec		~9GPM
			120' water Column	
				9-28