6/11/87 11 AM

OS-400[illegible] 341

PERMIT

P 3899

A 34701

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

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

DATE 03/12/87

DATE SYSTEM APPROVED 8-17-87

INSPECTOR S. Abel

T & R Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 11974 Scaggsville Road, Fulton, Maryland 20769 PHONE 725-2392

SUBDIVISION Huntington Manor Estates ROAD 6000 Ten Oaks Road LOT 4

PROPERTY OWNER United Contractors

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 - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet from the front (465.47') lot line and 170 feet from the right (313.45') lot line as seen when facing the lot from Ten Oaks Road. Run trenches on contour toward the right front corner of property.

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

TRENCH TO BE COMPUTED ON 4' SIDEWALL AREA.

PLANS APPROVED BY S. Abel DATE 10/01/86

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.

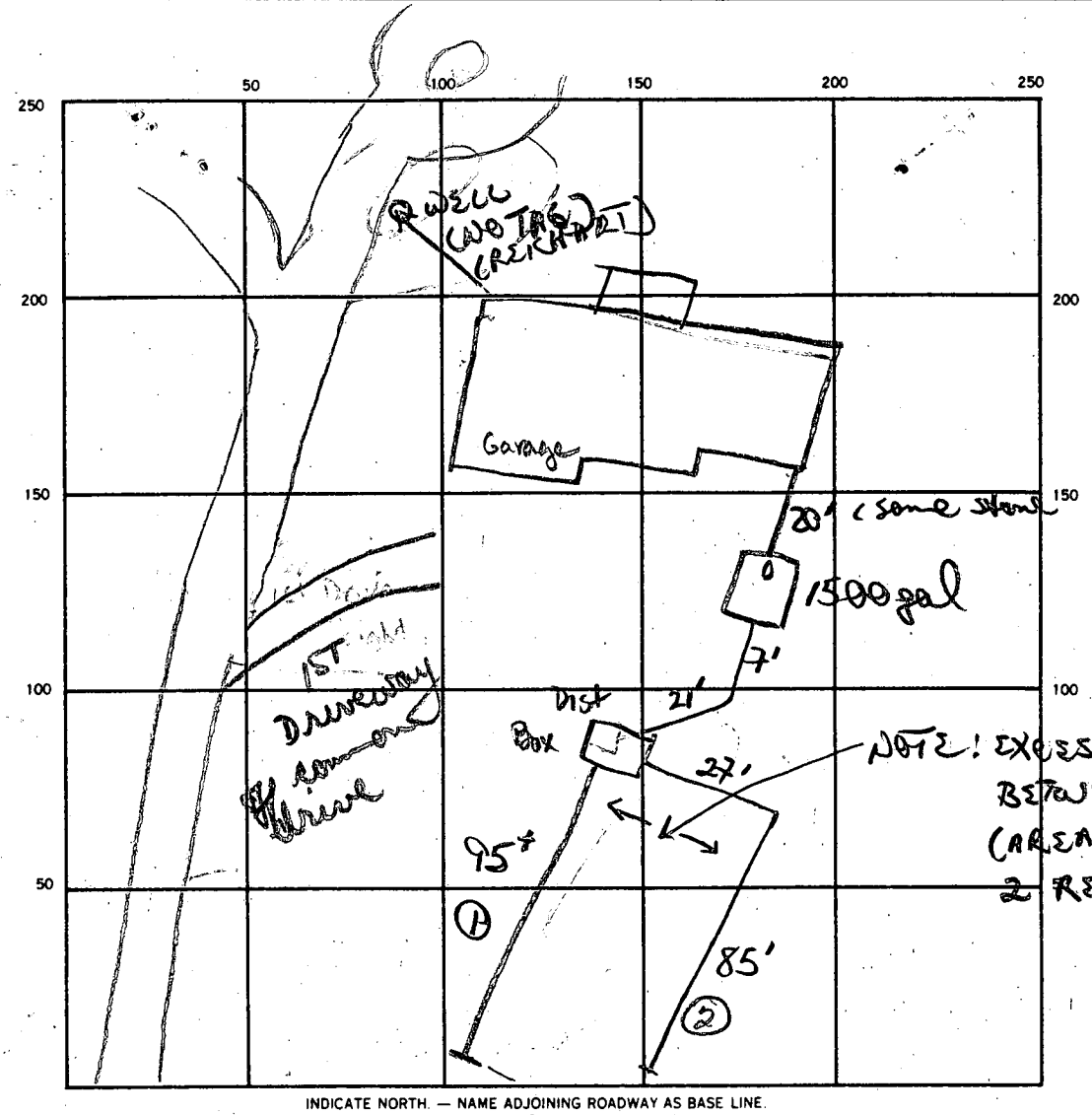
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A 34701

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



Permit
Continue
Final

SEPTIC TANK, LEVEL ✓ 1500 CLEANOUTS ✓ 1@ST

DISTRIBUTION BOX, LEVEL ✓ w/baffle

DRAIN FIELD/TILE FIELD, DEPTH ① 7-7½ ② FT. TRENCH WIDTH 2 FT. INLET DEPTH ① 3 ② 3' FT.

EFFECTIVE GRAVEL DEPTH ① 4 ② 4½ FT. TOTAL LENGTH ① 95 ② 85' FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 380 ~382 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

180
4
720 min

95
4
380

85
45
425
340

REMARKS OK to leave trench set up as is - sufficient area for repair (2x) in between. OK to add stone pipe pipe to both trenches. OK to cover lines from house to dist. box. 6-11-87 BN/JEN OK to cover trench 2, leaving ends open for final inspection. 6-11-87 BN/JEN

DATE SYSTEM APPROVED 8-17-87 INSPECTOR S. Abel

A 34701

SUBDIVISION: HUNTINGTON MANOR 1ST LOT NUMBER: 4

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

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 3 feet below original grade.

4 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: PLACE THE DISTRIBUTION BOX 160 Ft FROM THE FRONT (465.47') LOT LINE AND 170 Ft FROM THE RIGHT (313.45') LOT LINE AS SEEN WHEN FACING THE LOT FROM TENOAKS Rd. RUN TRENCHES ON CONTOUR TOWARD THE RIGHT FRONT CORNER OF PROPERTY. 10-1-86 S. Abel

APPLICATION

A 34701

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, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5TH

DATE 12/13/84

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 Teral International Corporation

ADDRESS 4951 Rockwood Parkway, N.W., Washington, D.C., 20016 PHONE 202-457-0727

PROPERTY LOCATION

NEW #1 10-1-86 per F-86-129 amt 5-20-86

SUBDIVISION Huntington Manor Estates- Section Two LOT NO. ~~8~~

ROAD AND DESCRIPTION West of intersection of Ten Oaks Road and Brighton Dam Road

FINAL LOT 4

SIZE OF LOT 3.8553 ~~3 Acres~~ (R Zoning) TYPE BLDG. Residential

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.

SIGNATURE OF APPLICANT Aldo M. Vitucci

APPROVED BY Sidney Abel FOR Dey Hinches DATE 10-1-86

REJECTED BY _____ FOR _____ DATE _____

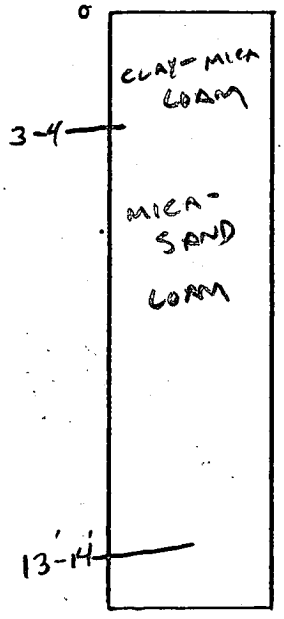
HOLD PENDING FURTHER TESTS _____ DATE _____

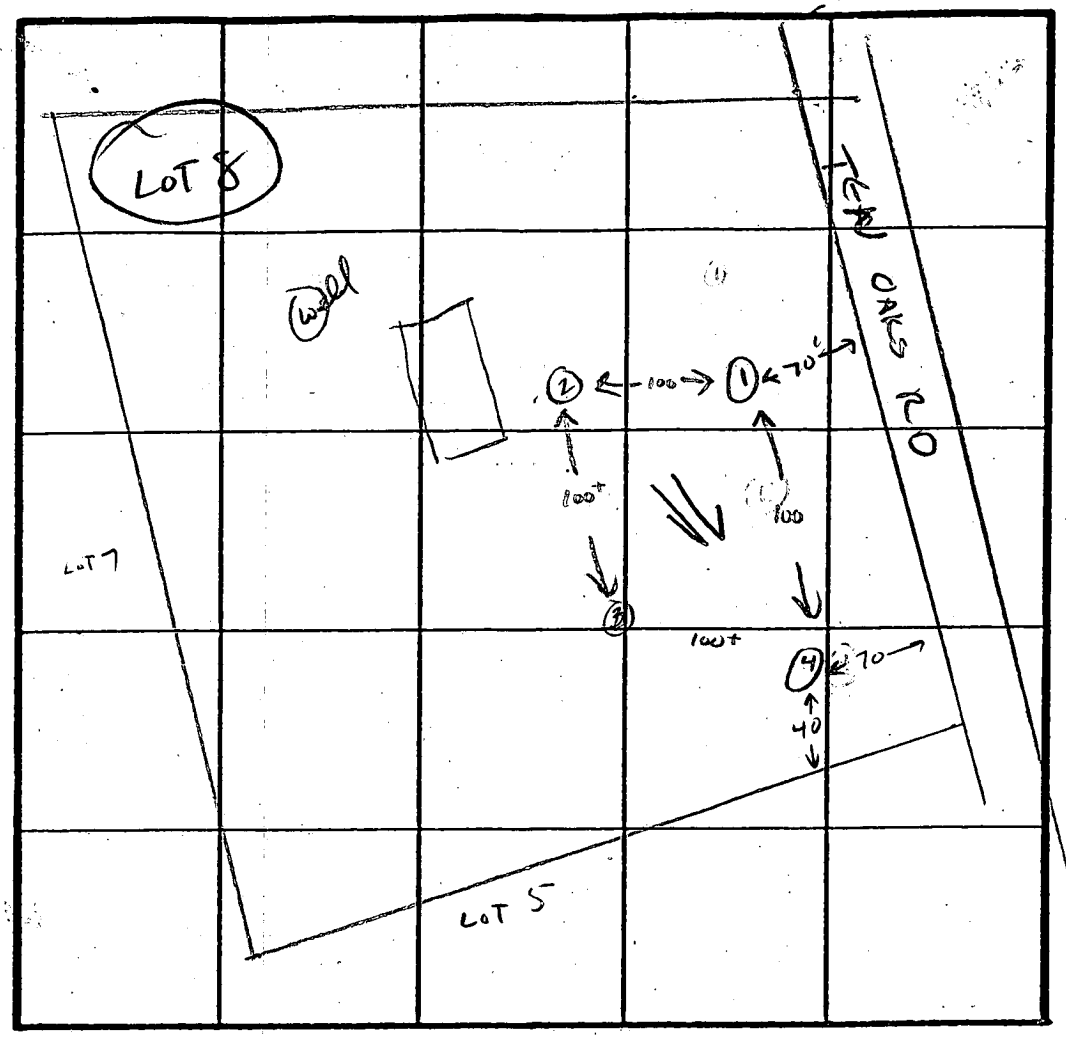
REASONS FOR REJECTION OR HOLDING _____

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
12/27/84	1	4 9	11:20 11:20	11:22 11:22	11:22 11:22	11:25 11:24	3 2 MIN
		14					
12/27/84	HIGH 2	3 7	10:45 10:45	10:47 10:46	10:47 10:46	10:50 10:48	3 MIN 2
12/27/84	3	3	V/S OK SAND LOAM				
		14					
12/27/84	4 LOW	3 8	10:42 10:42	10:45 10:44	10:45 10:44	10:49 10:47	4 3 MIN
		13	SAND-MICA LOAM		DRY		

REMARKS CERTIFIED LOCATIONS REQ'D

TYPE OF SOIL MICA-SAND LOAM

TESTED BY C. Williams ALSO PRESENT JOE MORGAN, SKIP, LARRY

APPLICATION

A 34701

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, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 5TH

DATE 12/13/84

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 Teral International Corporation

ADDRESS 4951 Rockwood Parkway, N.W., Washington, D.C., 20016 PHONE 202-457-0727

PROPERTY LOCATION

SUBDIVISION Huntington Manor Estates- Section Two LOT NO 8 ORIGINAL LOT 2 LOT 1 LOT 8 FINAL LOT 4

ROAD AND DESCRIPTION West of intersection of Ten Oaks Road and Brighton Dam Road

SIZE OF LOT 3 Acres (R Zoning) TYPE BLDG Residential

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.

SIGNATURE OF APPLICANT Aldo M. Vitucci

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

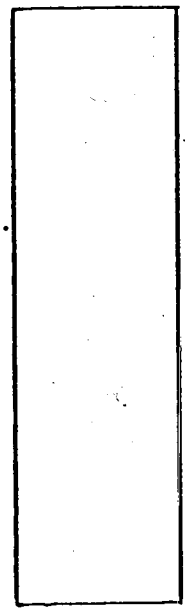
HOLD PENDING FURTHER TESTS _____ DATE _____

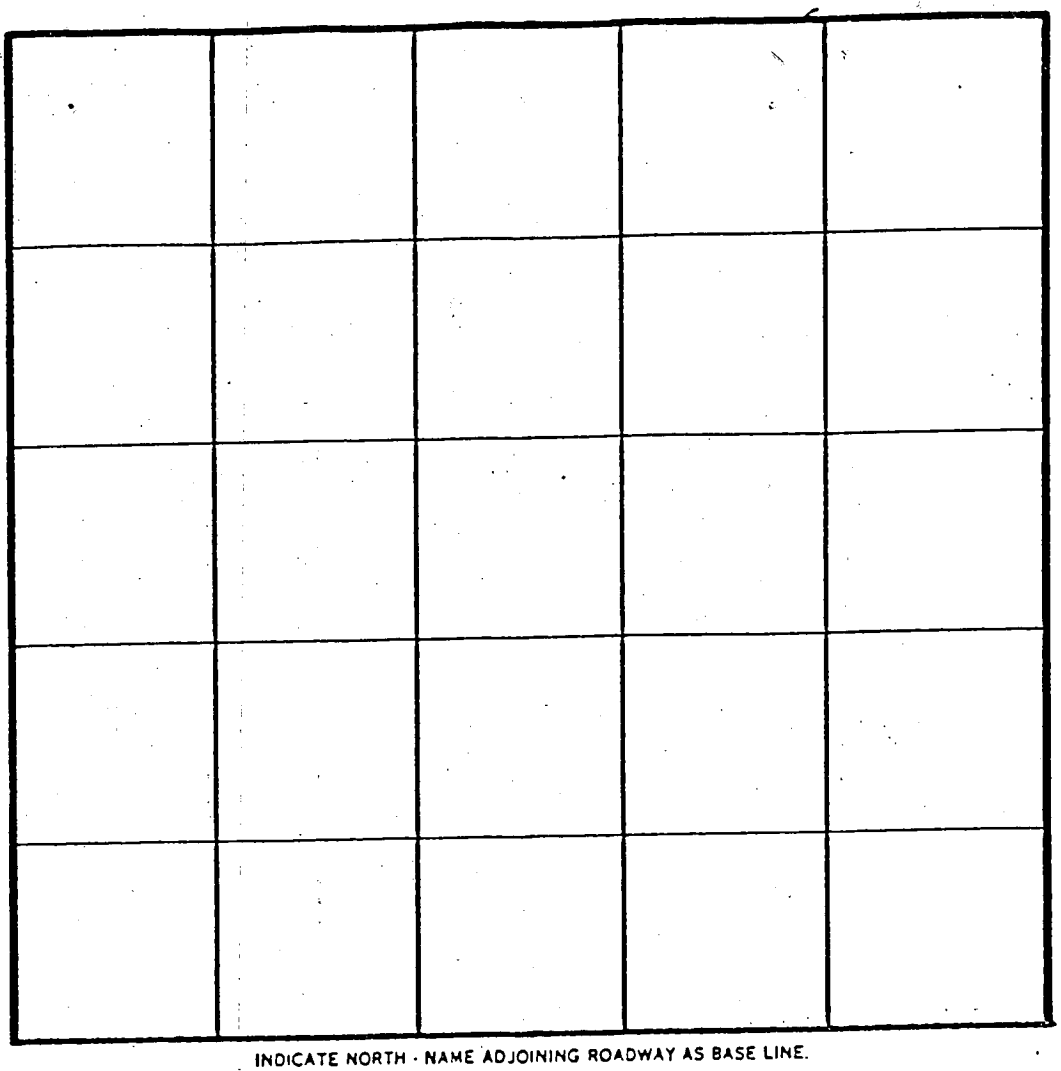
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'





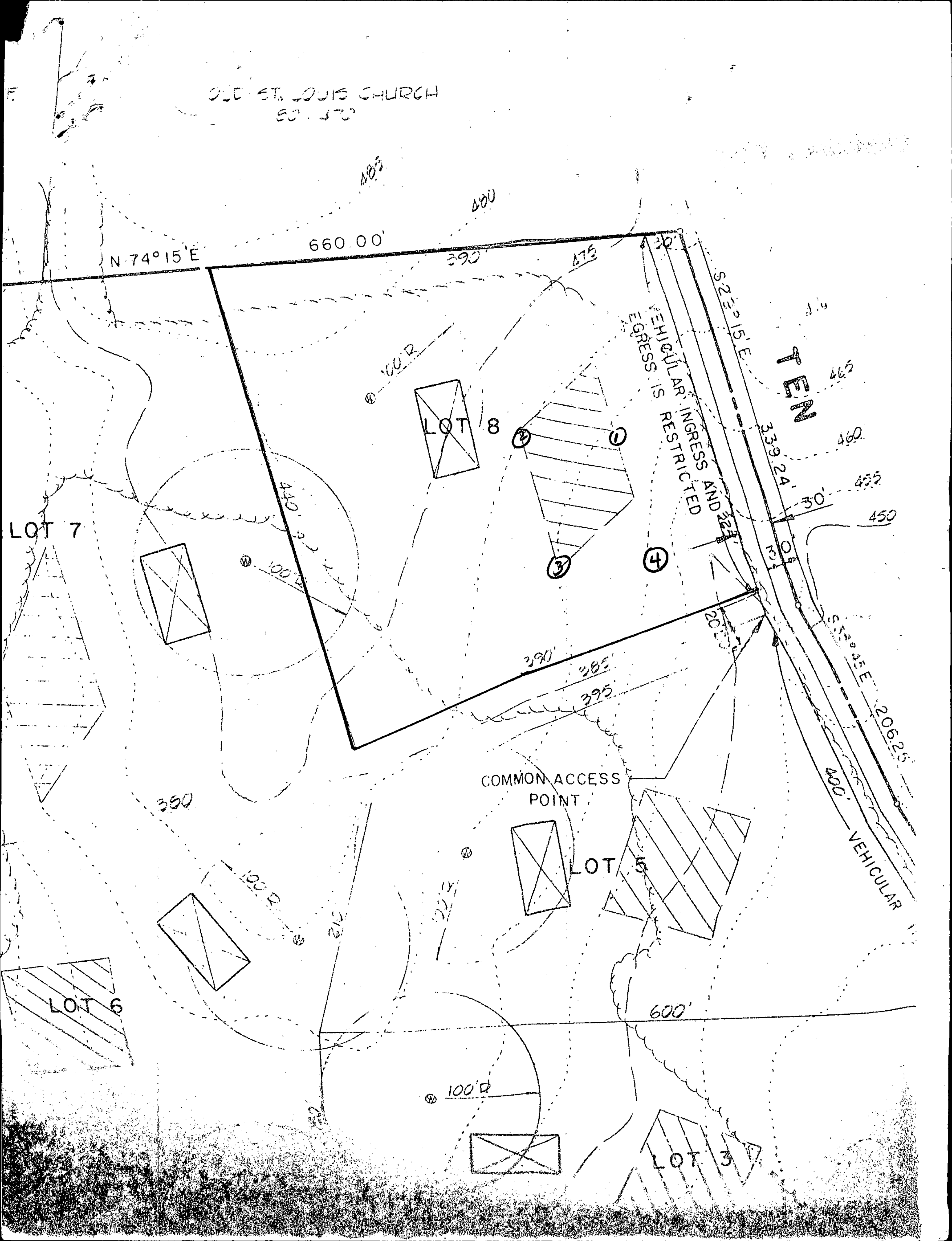
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



OLD ST. LOUIS CHURCH
N 74°15'E
660.00'
LOT 8
LOT 7
LOT 6
LOT 5
LOT 3
VEHICULAR INGRESS AND EGRESS IS RESTRICTED
COMMON ACCESS POINT
TEN
339.24'
206.25'
30'
600'
400'
390'
100'R
VEHICULAR

5/1/87 Norm

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

WELL & SEPTIC
4 BDR. NO GD

New Installation X
Replacement ____

Receipt # 38918
Date 3-9-87

Name of Installer TIMOTHY J. ROLLMAN

Telephone ~~461-2227~~ 725-2392

License number 7079
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner UGC Telephone 461-2727
Subdivision HUNNINGTON MANOR Lot # 4 Well tag # ____-____-____
Site Address 6000 TEN OAKS RD.
CLARKSVILLE, MD. 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make JACUZZI
3. Model # ____
4. Capacity 10 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 X

Pitless Adapter
1. Make HARVARD
2. Model # ____
3. Depth 4'

Tank
1. Capacity 42 gal EQUIV.
2. Pressure relief valve? YES

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

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

5-1-87 Well Cap & Pitless AT 44" below grade, Tank & Relief Valve Installed OK

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: Timothy J. Rollman

Date: 3-9-87

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

C1 3830 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 34701

DATE Received

DATE WELL COMPLETED 2007

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1866

OWNER CONTRACTORS UNITED
last name first name
STREET OR RFD 120 OAKS ROAD TOWN CLARKSVILLE
SUBDIVISION HUNTINGTON MANOR SECTION 2 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
soil, clay, gravel	0	88'	
gray schist	88'	110'	
water			—
gray schist	110'	165'	
water			—
gray schist	165'	250'	

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. 353

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 38 NO. OF POUNDS 3168
GALLONS OF WATER 231
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)
ST	6	101

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

C2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	101	250
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 TELESCOPE CASING (E.R.O.S.) LOG INDICATOR WQ OTHER DATA

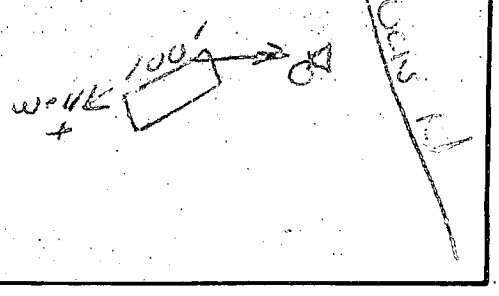
C3

PUMPING TEST
HOURS PUMPED (nearest hour) 4½
PUMPING RATE (gal. per min. to nearest gal.) 7
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 30
WHEN PUMPING 175

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)



HEALTH

Page ____ of ____
Date 2/2/87

Review dk S.Mel
3-4-87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1866
Location of property (road) TEN OAKS RD
Subdivision HUNTINGTON MANOR Lot 4 Block ____ Plat ____ Sec. 2
Well Driller Wm. W. Reichart, Inc Owner CONTRACTORS, UNITED

Depth of well 250'
Distance of measuring point (M.P.) above ground, surface
Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 AM Pumping rate 10 gpm
Total time 14hrs to reach pumping water level 175 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)
8:30	30'	30 sec		10
8:45	75'			10
9:00	100'			10
9:15	125'			10
9:30	155'			10
9:45	175'	↓		10
10:00	175'	33⅓ sec		9
10:15				
10:30				
10:45				
11:00				
11:15				
11:30				
11:45				
12:00				
12:15				
12:30				
12:45	↓	↓		↓
1:00	175'	33⅓ sec		9

Page ______ of ______ Review ______
Date ______

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1866
Location of property (road) ______
Subdivision HUNTINGTON MANOR Lot 4 Block ______ Plat ______ Sec. ______
Well Driller ______ Owner ______

Depth of well ______
Distance of measuring point (M.P.) above ground ______
Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started ______ Pumping rate ______
Total time ______ to reach pumping water level ______ 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)

EMERGENCY/TEMP NO. IF ANY

B 1 — 5079 — 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-81-1866
fill in this form completely

Date Received

OWNER INFORMATION

United General Contractors
Last Name / Owner / First Name

8370 Court Ave Suite 204
Street or RFD

Ellicott City MD 21043
Town / State / Zip

DRILLER INFORMATION

Robert W. Reichert — 353
Driller's Name — License No.

W W Reichert Inc
Firm Name

1772 Baltimore Pike Hanover PA 17331
Address

Signature — Date 11/6/87

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: 250 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: BA (WRITE INITIALS IN BOX) PERMIT No. HO-81-1866

B 3 — LOCATION OF WELL

Howard — COUNTY
Huntington Manor Estates — SUBDIVISION
SECTION — LOT 4
Clarksville — NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 1 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE (8–9)

Ten Oaks Rd — NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, 32, EAST, SOUTH

DISTANCE FROM ROAD: 275
ENTER FT or MI: Ft

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
H - 34701 — COUNTY NO.
OEP SIGNATURE
STATE HEALTH INSERT S

DATE ISSUED: 01/28/87 — CO SIGNATURE — EXP. DATE: 07/28/87

NORTH GRID: 500 000
EAST GRID: 08 1 1 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

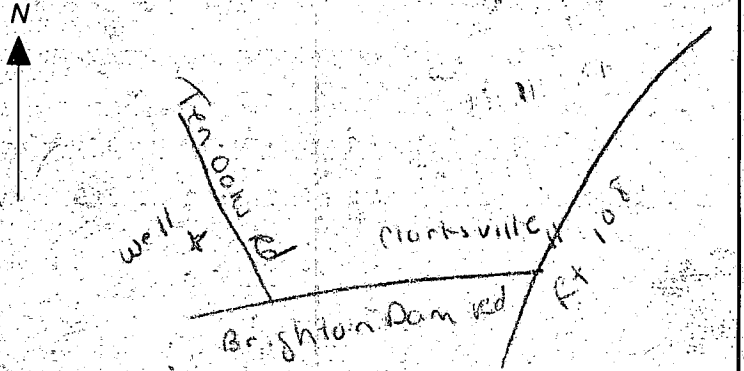
40' open hole

SOURCES OF DRILLING WATER
1. Approved well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8 1 0 1
N 4 5 5 5 0 0
000 000 X

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

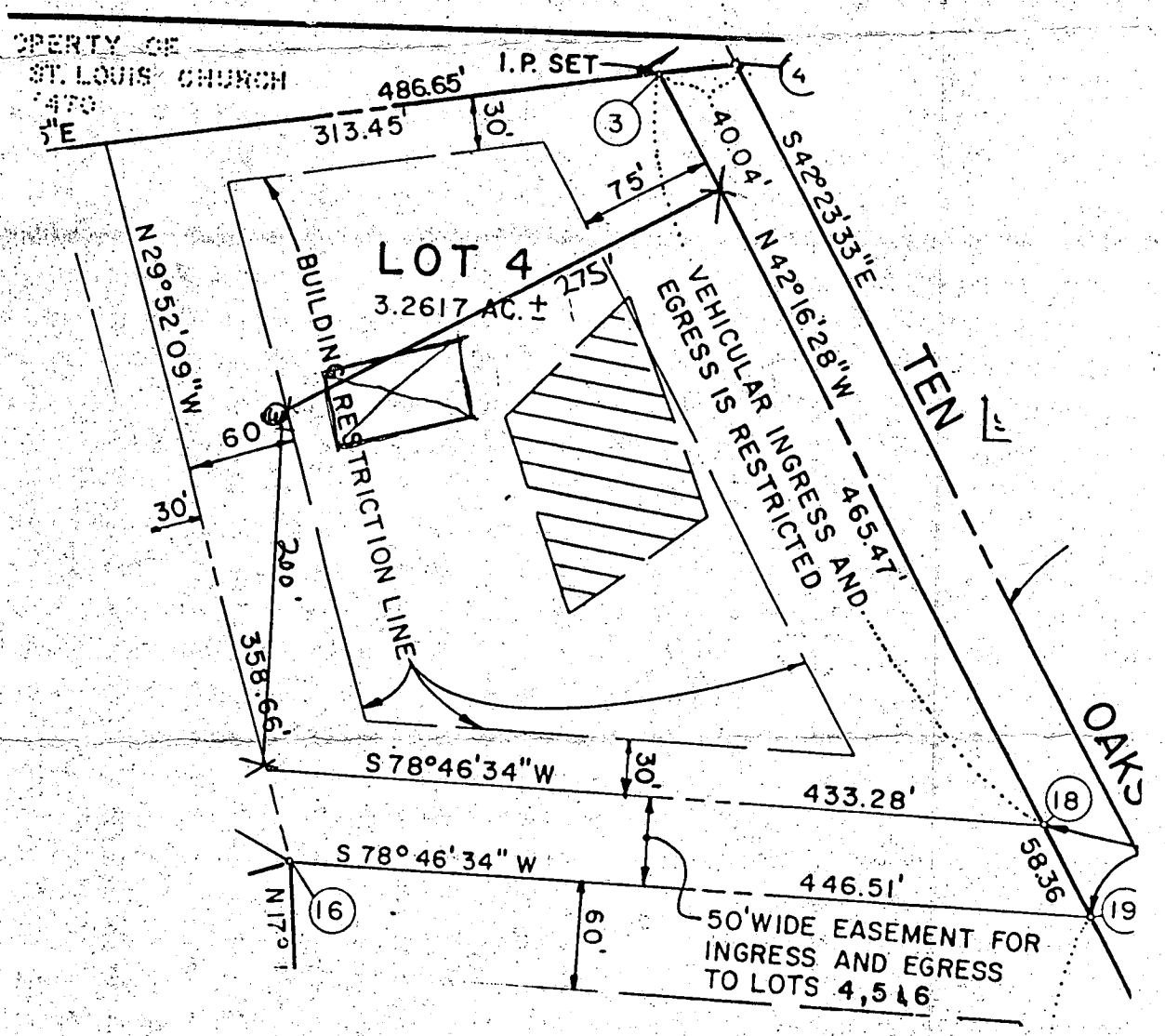


SPECIAL CONDITIONS

HEALTH

United General Contractors, Inc.

8370 Court Avenue
Ellicott City, Maryland 21043
(301) 461-2227

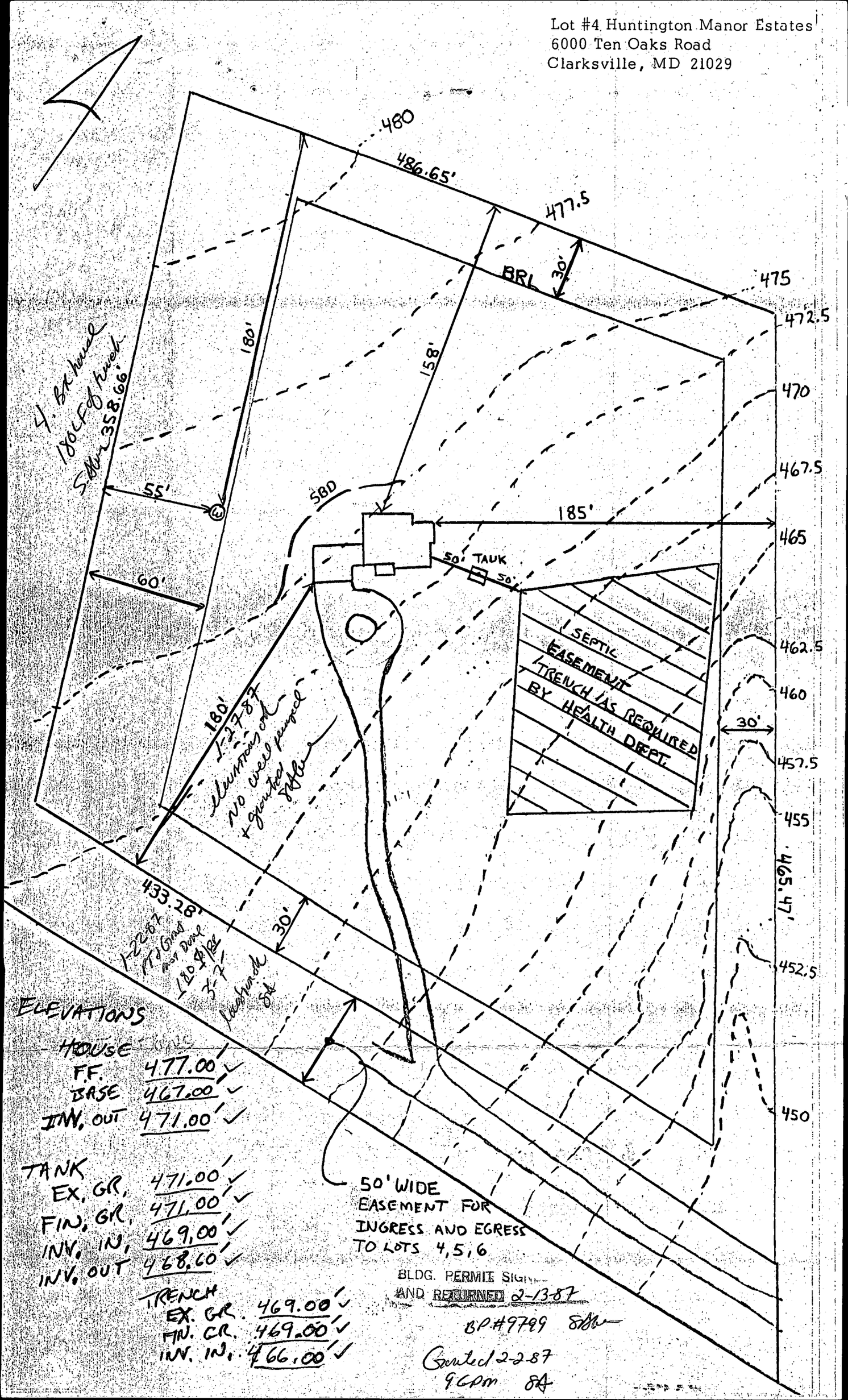


Lot #4 Huntington Manor Estates
6000 Ten Oaks Road
Clarcksville, MD 21029

Scale 1"=100'

LOT 4 SECT
A# 34701
HO 81 1866

Lot #4 Huntington Manor Estates
6000 Ten Oaks Road
Clarksville, MD 21029



ELEVATIONS

HOUSE
F.F. 477.00 ✓
BASE 467.00 ✓
INV. OUT 471.00 ✓

TANK
EX. GR. 471.00 ✓
FIN. GR. 471.00 ✓
INV. IN. 469.00 ✓
INV. OUT 468.60 ✓

TRENCH
EX. GR. 469.00 ✓
FIN. GR. 469.00 ✓
INV. IN. 466.00 ✓

BLDG. PERMIT SIGNED
AND RETURNED 2-13-87

BP#9799 SA

Granted 2-2-87
9 GPM SA