

1/14/85
1-16-85
approved
Cavallana

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 34764

A REPAIR

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

05-346711

INDEXED

ELLICOTT CITY

DISTRICT _____

DATE 1/9/85

Fogles Septic IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6430 Woodbine Road, Woodbine, MD 21797 PHONE 795-5670

SUBDIVISION _____ ROAD 6668 Surrey Lane LOT _____

PROPERTY OWNER Bruce Moore

6668 Surrey Lane

ADDRESS Clarksville, Maryland 21029

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY Frank Skinner DATE 1/8/85

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. BLDG. PERMIT SIGNED

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. AND RETURNED 10/20/85
Serial # 57162
poach

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

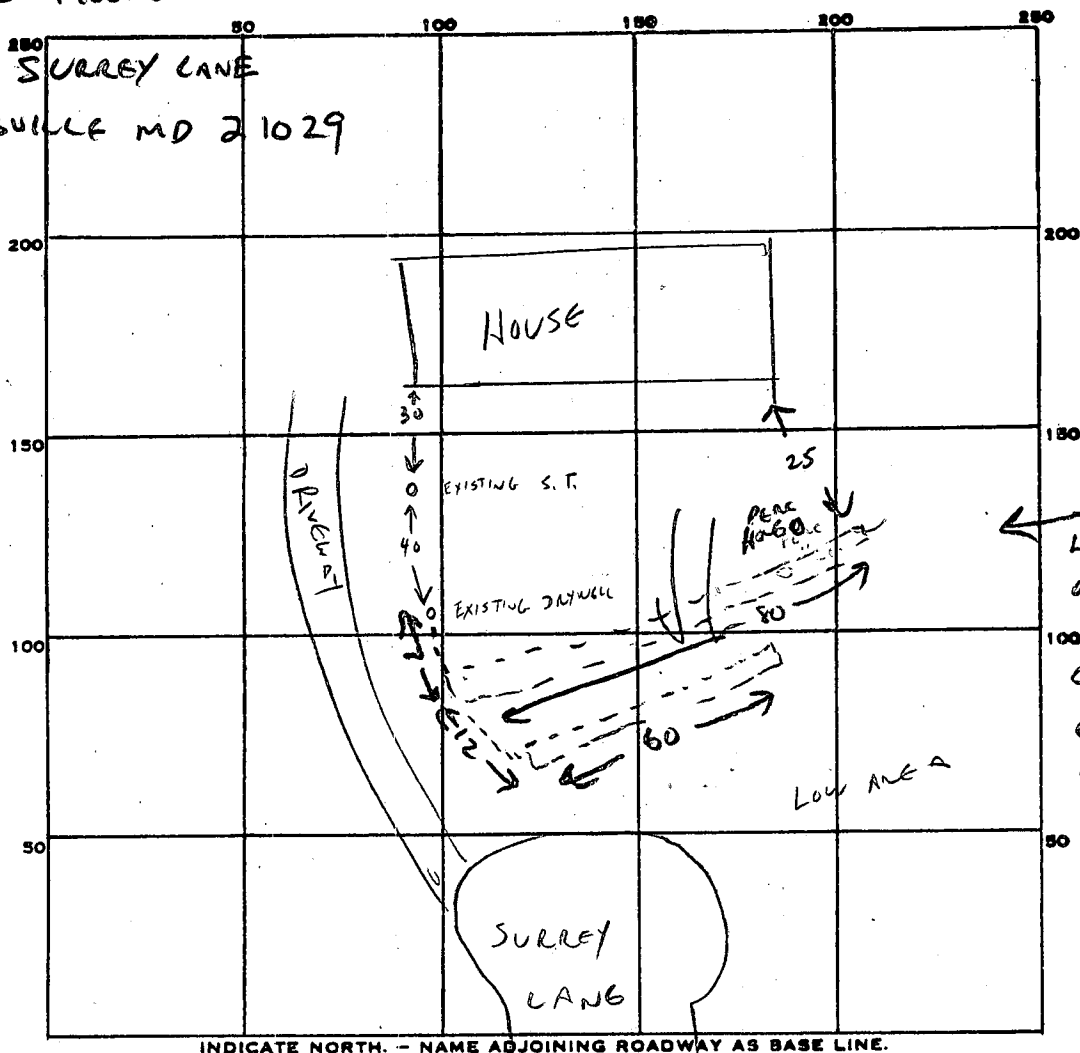
EH - 2-1082

A 34764
Repair

BRUCE MOORE

Owells

6668 SURREY LANE
CLARKSVILLE MD 21029



DOTTED LINES
REPRESENT
LOCATION OF
WIDE BED TRENCHES
100' INSTALLED &
COVERED UNDER
OWNER'S SUPERVISION
OF 1-15-85 C.W.

PERMIT CARD NO

SEPTIC TANK, LEVEL EXISTING

CLEANOUTS EXISTING

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 8 FT FT. TRENCH WIDTH 6 FT.

GRAVEL DEPTH 1 1/2 FT IN. TOTAL LENGTH 140 FT.

NUMBER OF TRENCHES 2(80+60) TOTAL BOTTOM AREA 840

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

ABSORBENT AREA 840 SQ. FT. + EXISTING D.W.

REMARKS 1-14-85 MICA LOAM TO 12', ROCK AT 12'. EXISTING D.W. TO DRYWELL 6 1/2'.

INSUFFICIENT SOIL TO INSTALL DRYWELL ON DEEP TRENCHES. THEREFORE INSTALL

130' OF TRENCH, 6' WIDE, WITH BOTTOM NO DEEPER THAN 8'. KEEP EXISTING D.W. HOOKED UP.

SYSTEM TO BE INSTALLED ON HOLIDAY DUE TO EMERGENCY. OWNER WILL DOCUMENT. THIS SYSTEM

WILL BE SUFFICIENT TO SUPPORT PLANNED EXPANSION TO 5 BR'S. C.W.

1-16-85 - OWNER WITNESSED REPAIR INSTALLATION. SIGNED STATEMENT ATTACHED. C.W.

DATE SYSTEM APPROVED 1-16-85

INSPECTOR Craig Waller

Bruce + Irene Moore
6668 Surrey Lane
Clarks ville Md. 21029

I saw the following system installed
Two trenches
80 + 60 coupled = 140 ft long
6 feet wide 12 feet apart
8 feet deep
1 1/2 feet gravel below pipe

Irene H Moore 1-16-85

(MAIL COPY OF DRAWING TO OWNER)

10/29/75
1029 HV
filebook

PERMIT

SEWAGE DISPOSAL SYSTEM

P 22221

A 21902

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 9/30/75

Jim Brittingham

IS PERMITTED TO INSTALL X ALTER

ADDRESS 3004 North Rogers Avenue, Ellicott City, Md. PHONE 461-1870

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Clarksville Meadows ROAD 6608 Surrey Lane LOT 5

PROPERTY OWNER ~~C. E. S. Builders~~ Bruce Moore 2/20/81

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well to have 125 sq. ft. effective absorbent sidewall area per bedroom

below inlet. Inlet to be 4 ft. below original grade and maximum depth of 11 ft. Location

67 ft. down from existing new house (see perc test of 8/5/75).

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" IN DIA.,
CAST IRON, CONCRETE OR TERRA COTTA ACCEPTABLE.

PLANS APPROVED BY C. B. Streaker DATE 9/30/75

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.

BLDG. PERMIT SIGNED
AND RETURNED 2/20/81
Serial # 45661
Addition

A 21902

APPLICATION

A 21902

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 5
DATE 7/29/75
1000 gallons
1250 gallonsSepter Tank { 1-3 Bedroom
4 Bedroom

Dry Well to have 125 sq ft. effective
absorbent sidewall also per bedroom below inlet. Inlet to
be 4' below original grade and maximum depth 11'. Location
67' down from existing new house (see perc test of 8/5/75
next page). C.B.S.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.

PROPERTY OWNER C F S Builders

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clarksville Meadows LOT NO. 5

ROAD AND DESCRIPTION Surrey Lane

SIZE OF LOT approx. 3 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.

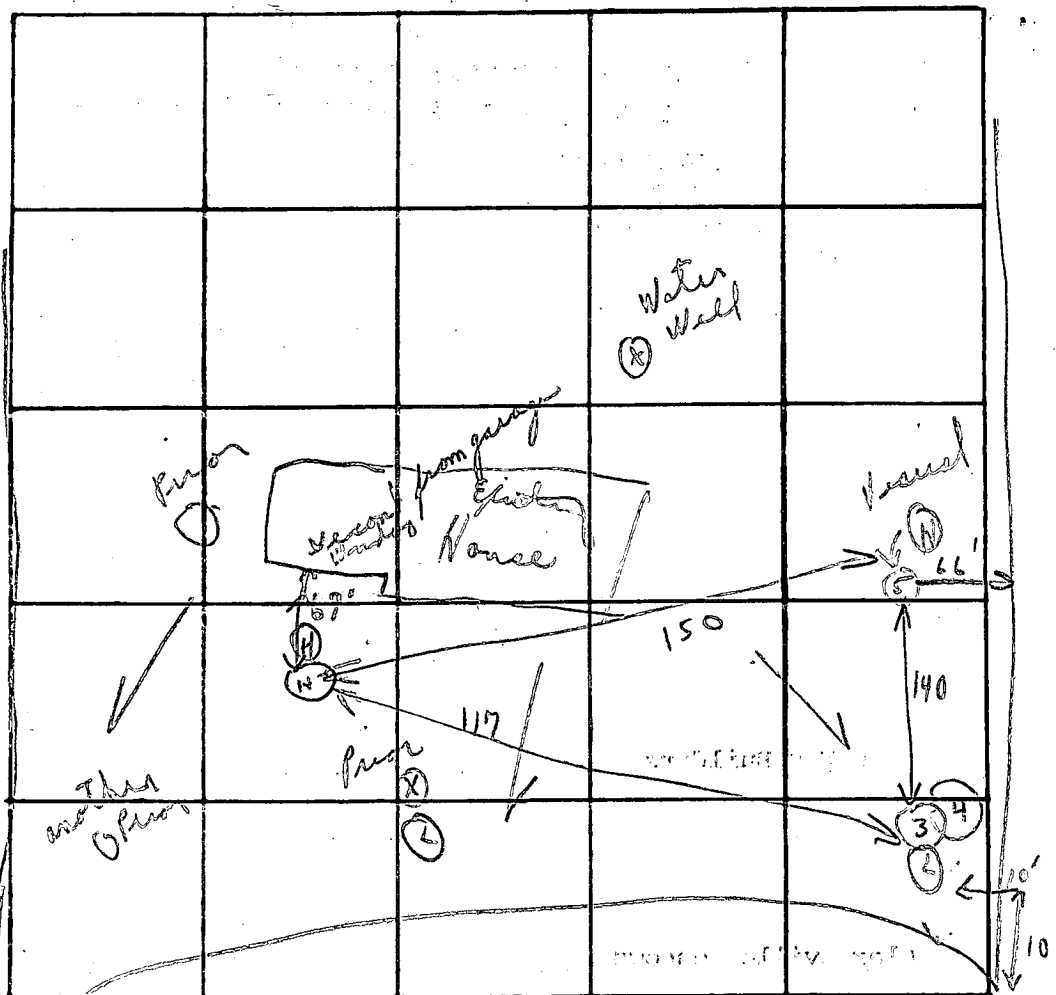
SIGNATURE OF APPLICANT //s// B. Paul Montgomery

APPROVED BY C. B. S. Break FOR Dry Well DATE 9/30/75
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/5/75	1	3 1/2 - 4'	11:22	11:25	11:25	11:31	6m
Foot of back	(H) 2	11 1/2' +	11:25	11:27	11:27	11:30	3m
	3	3 1/2'	10:44	10:47	10:47	10:51	4m
	(V) 4	10 1/2'	11:35	11:37	11:37	11:46	9m
	(H) 5	11'	Visual similar				
		Use of (1) low hole. tested p					

at crest grade

Water at 12 1/2'

REMARKS

Clay first 3-4'

TYPE OF SOIL

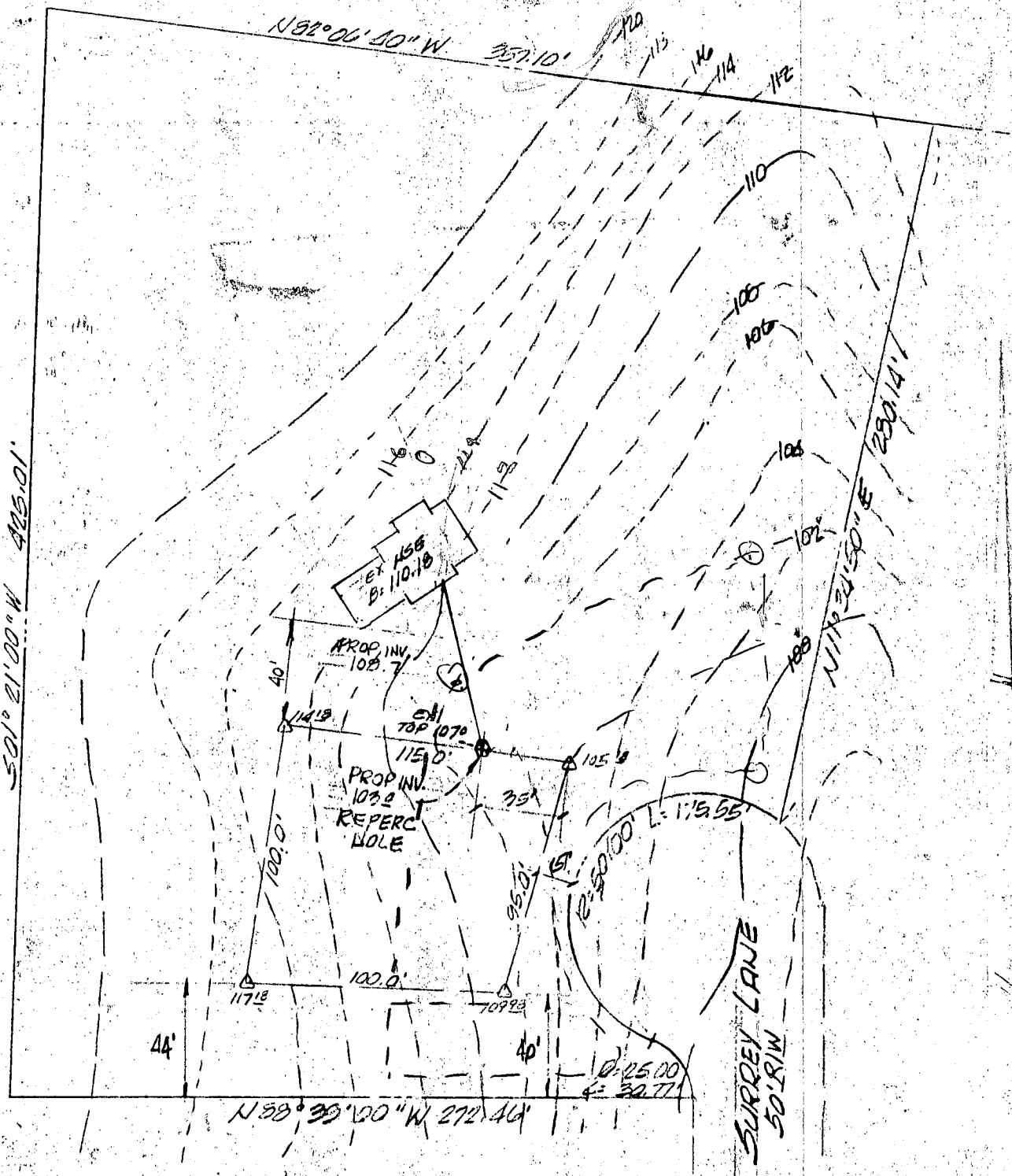
TESTED BY

C. B. B.

ALSO PRESENT:

Montgomery & Sperry

New house up tested for basement
Van der Meer below clay faulted



APPROVED: For private water and private sewerage systems. Howard County Health Department.

GARY AND ASSOCIATES, INC.
616 Old Edmondson Avenue
Catonsville, Maryland 21228

Builders - Engineers - Surveyors

Howard County Health Officer Date

Plot Plan Reperc Test
Lot Number 5
Clarksville Meadows
Section 1 Area 1
5th Election Dist. Howard County, Md.
SCALE: 1"=60 ft. 7/21/75

Le-test
4/1/75
9:30 AM

Preliminary
4-12' Loes
on 10,000 ft.

APPLICATION

A 21292

SEWAGE DISPOSAL TESTING

P

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT (1-3 Bedrooms 1000 gallons DISTRICT 5
ENVIRONMENTAL HEALTH SERVICES (4 Bedrooms 1250 gallons DATE 3/31/75
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

7/9/75 A.M.
① location 150' from rear property line + 185' from left property line when facing lot from (line 280.14) on plat approved 5/1/75 C.B.S.
② location 90' from rear property line + 145' from left property line when facing lot from (line 280.14) on plat approved 5/1/75 C.B.S.

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 Phase One, Ltd.

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION Clarksville Meadows LOT NO. 5, Sec. 1

ROAD AND DESCRIPTION Intersection Rt. 32 & Whitegate Lane (dead end of Surrey Lane)

SIZE OF LOT 2.84 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE (Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ John B. Gary BLDG. PERMIT SIGNED AND RETURNED 6/6/75

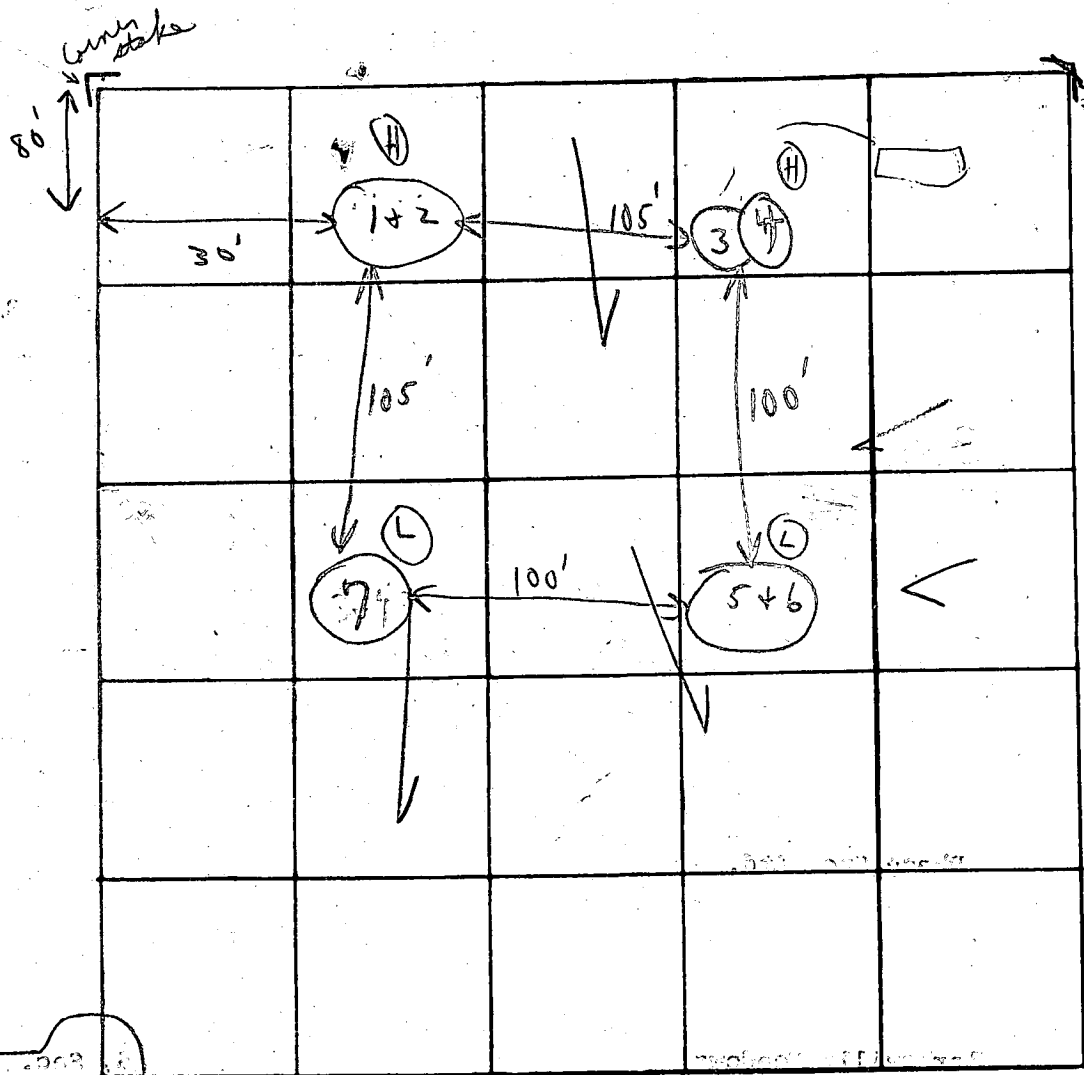
APPROVED BY C. B. Streak FOR Dry Well DATE 5/1/75 (KIND OF SYSTEM)

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING 4/2/75 Hold for house plans or system in first 11' C.B.S. & D.W.M. per discussion

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/75	1	3 1/2'	10:03	10:07	10:07	10:13	6m
	2	13'	10:04	10:13	10:13	10:35	22m
	3	3 1/2'	9:55	9:57	9:57	10:00	3m
	4	13'	9:56	9:58	9:58	10:01	3m
	5	3 1/2'	9:51	9:53	9:53	9:58	5m
	6	13'	9:52	9:54	9:54	9:59	5m
	7	12'	Visual similar to others				6 44

REMARKS

TYPE OF SOIL

TESTED BY

Hold for supervisor

Sandy mass

C. B. S.

ALSO PRESENT:

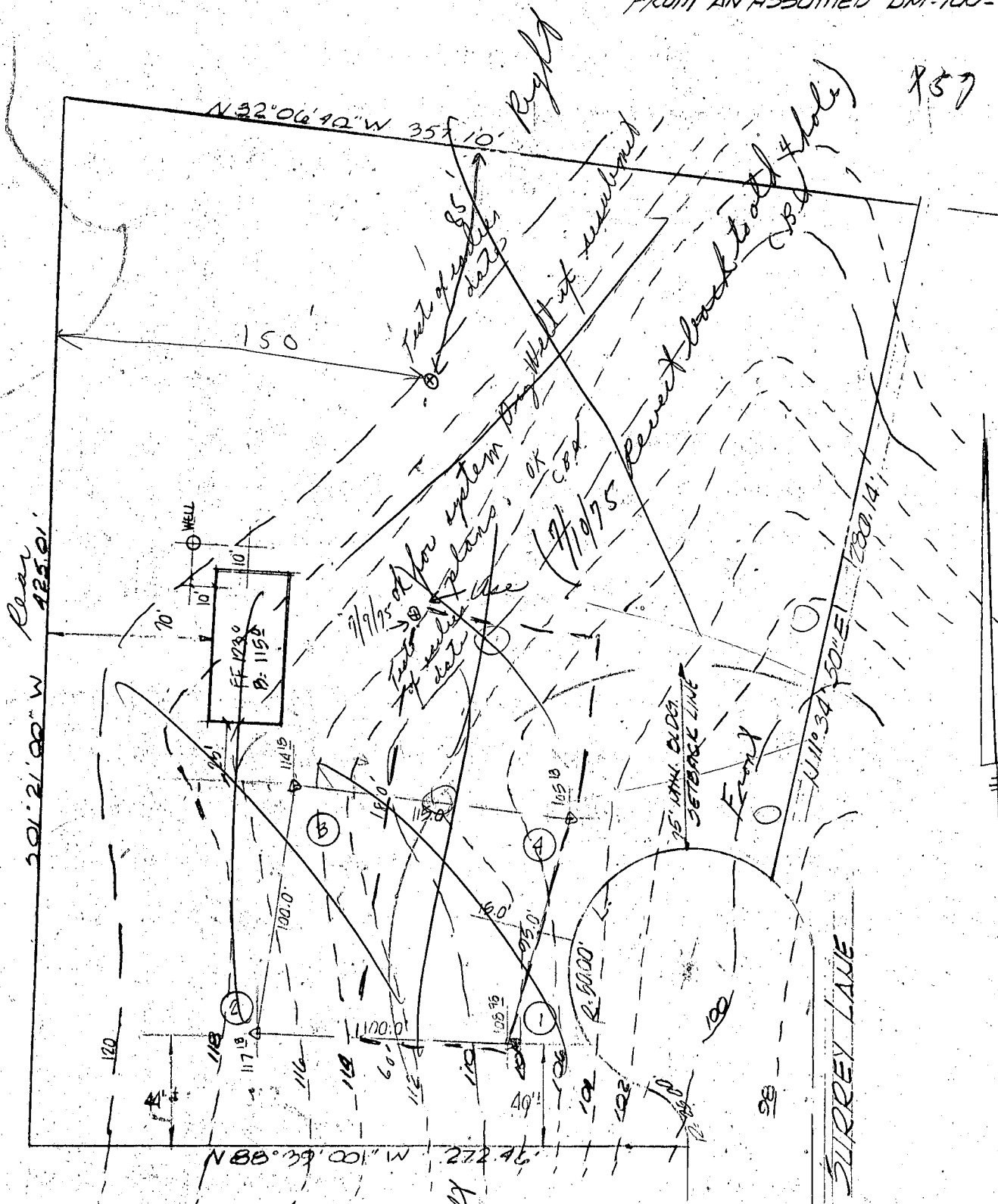
C. S. S. (Perched where holes dug 4/1/75) (Open lot)

Soil Mass below clay

8 mm

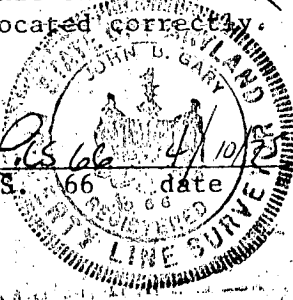
5/1/75 OK CBS

NOTE: ELEVATIONS AS SHOWN
HEREON ARE FIELD RUN
FROM AN ASSUMED BM=1000



I hereby certify that the holes
shown hereon are located correctly.

John B. Gary, P.L.S.



GARY AND ASSOCIATES, INC.
616 Old Edmondson Avenue
Catonsville, Maryland 21228
Builders - Engineers - Surveyors

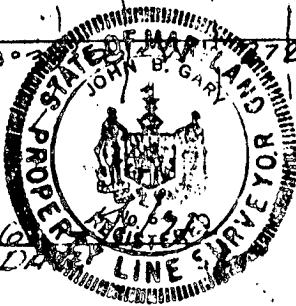
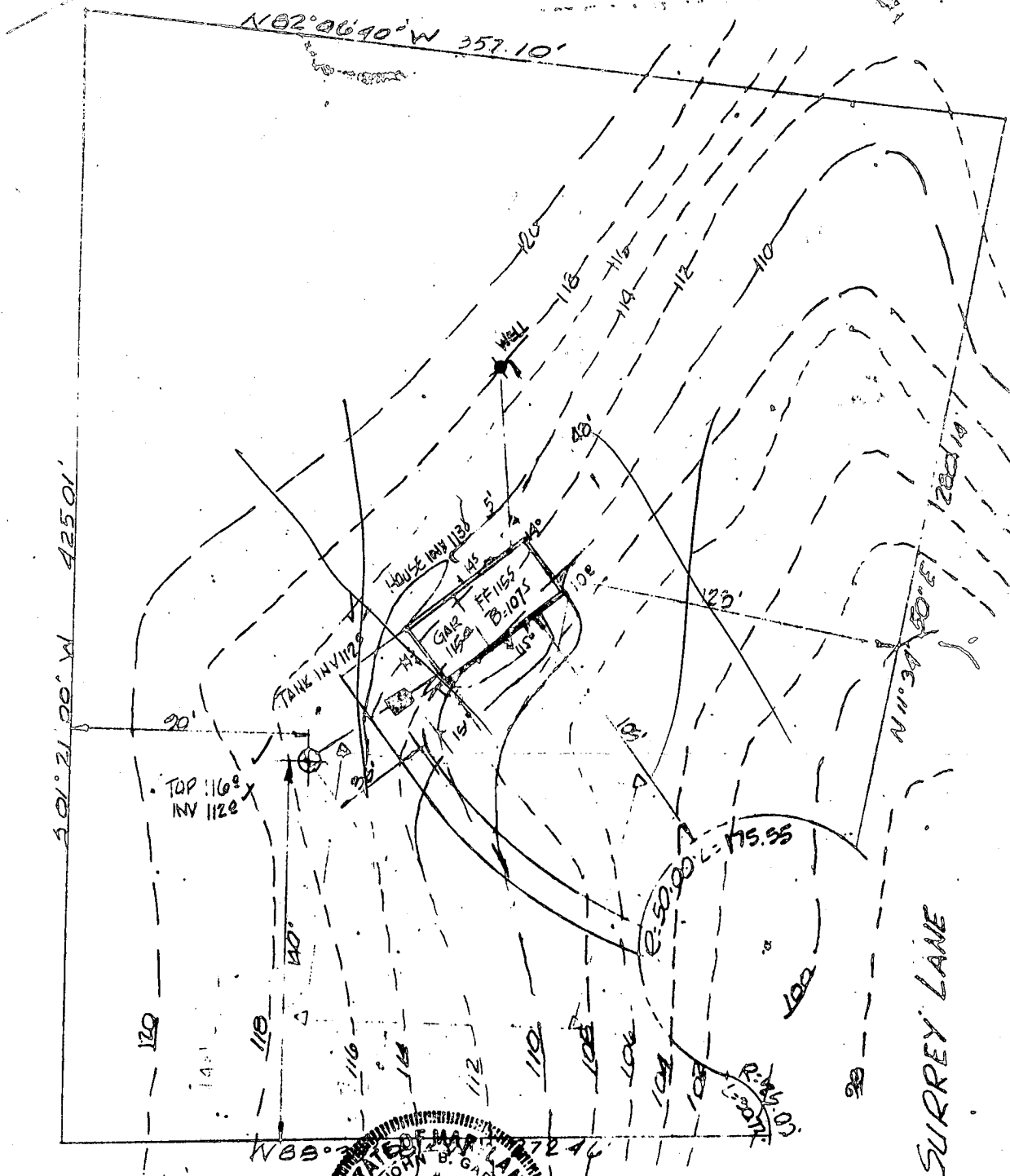
APPROVED: For private water and
private sewerage systems. Howard
County Health Department.

John B. Gary and *4/24/75*
Howard Co. Health Officer date

PERC TEST PLAT
LOT NUMBER 5
CLARKSVILLE MEADOWS
SECTION 1 AREA 1
5TH ELECT. DIST. HO. COMD.
SCALE: 1" = 60' 4.10.75

Lot 5
Meadow

Send this to Mr. Streaker of
Environmental Health Dept.



John B. Gary
JOHN B. GARY P.L.S. 66 DARY LINE SURVEYOR

OWNER:
Community Financial Service, Inc.
Suite 248 Office Building B
Joseph Square Village Center
Harpers Farm Road
Columbia, Maryland 21044

**GARY AND
ASSOCIATES
INC.**

BUILDERS-ENGINEERS-SURVEYORS
HOLZ BUILDING 616 Old Edmondson Ave.
Catonsville, Maryland 21228
301-788-2618

PLOT PLAN
LOT NUMBER 5
CLARKESVILLE MEADOWS
SECTION 1 AREA 1
5' ASSESSMENT DIST. NO. 1000 10.00
SCALE: 1" = 80' 5-1-75

APPLICATION

SEWAGE DISPOSAL TESTING

A 17503

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Septic Tank

1-3rd Bedroom 1000 gallons

4 Bedroom 1750 gallons

ELLICOTT CITY

DISTRICT 5th

DATE Aug 1972

Re test
4/1/75
9:30
Dry well to have 11th sq. ft. effective
above ground sidewalk area per floor plan below int'd.
Unit to be 4' below original grade and maximum
depth 12' location 18' from back property line
and 50' off left property line when facing lot
from Lane. Here hole (4 & 5)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Phase One, Ltd.

ADDRESS Urban Life Center, Columbia, Md.

PHONE 730-8200

PROPERTY LOCATION:

SUBDIVISION (Clarksville Meadows)
Adjacent to Clarksville Ridge

LOT NO. 5

ROAD AND DESCRIPTION Intersection Rt 32 & Whitegate Lane

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 3 acres +

TYPE BLDG. 4 Bedroom Res.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Alan C. Borg

Alan C. Borg, Pres.

APPROVED BY C. Shesker

FOR Big Well

(KIND OF SYSTEM)

DATE 11/2/74

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

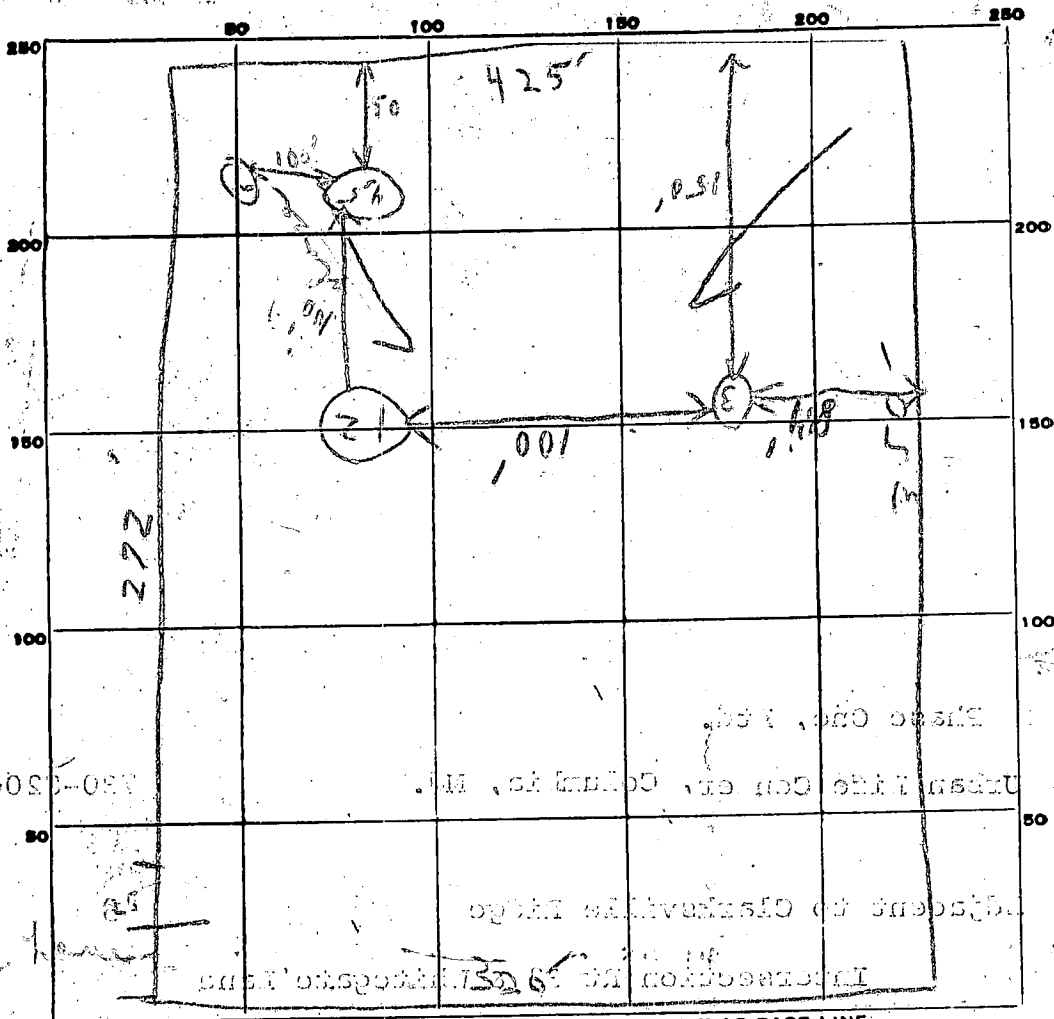
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Lot #5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/1/72	1	4'	17	2:20	220	223	3 min
10/1/72	2	12 1/2'	218	221	221	226	5 min
10/1/72	3	11'	No water		No water		2 min
11/1/72	4	4'	244	247	247	253	6 min
11/1/72	5	12 1/2'	244	247	247	255	8 min
	6						

SOIL AUGER FINDING

TESTED BY

REMARKS

Good soil - lower

Up to 4'

Use 4 & 5

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

A 17503

P _____

ELLICOTT CITY

DISTRICT 5th

DATE Aug 1972

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Phase One, Ltd.

ADDRESS Urban Life Center, Columbia, Md. PHONE 730-8200

PROPERTY LOCATION:

SUBDIVISION Adjacent to Clarksville Ridge LOT NO. 5

ROAD AND DESCRIPTION Intersection Rt 32 & Whitegate Lane

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3 acres + TYPE BLDG. 4 Bedroom Res.
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Alan C. Borg
Alan C. Borg, Pres.

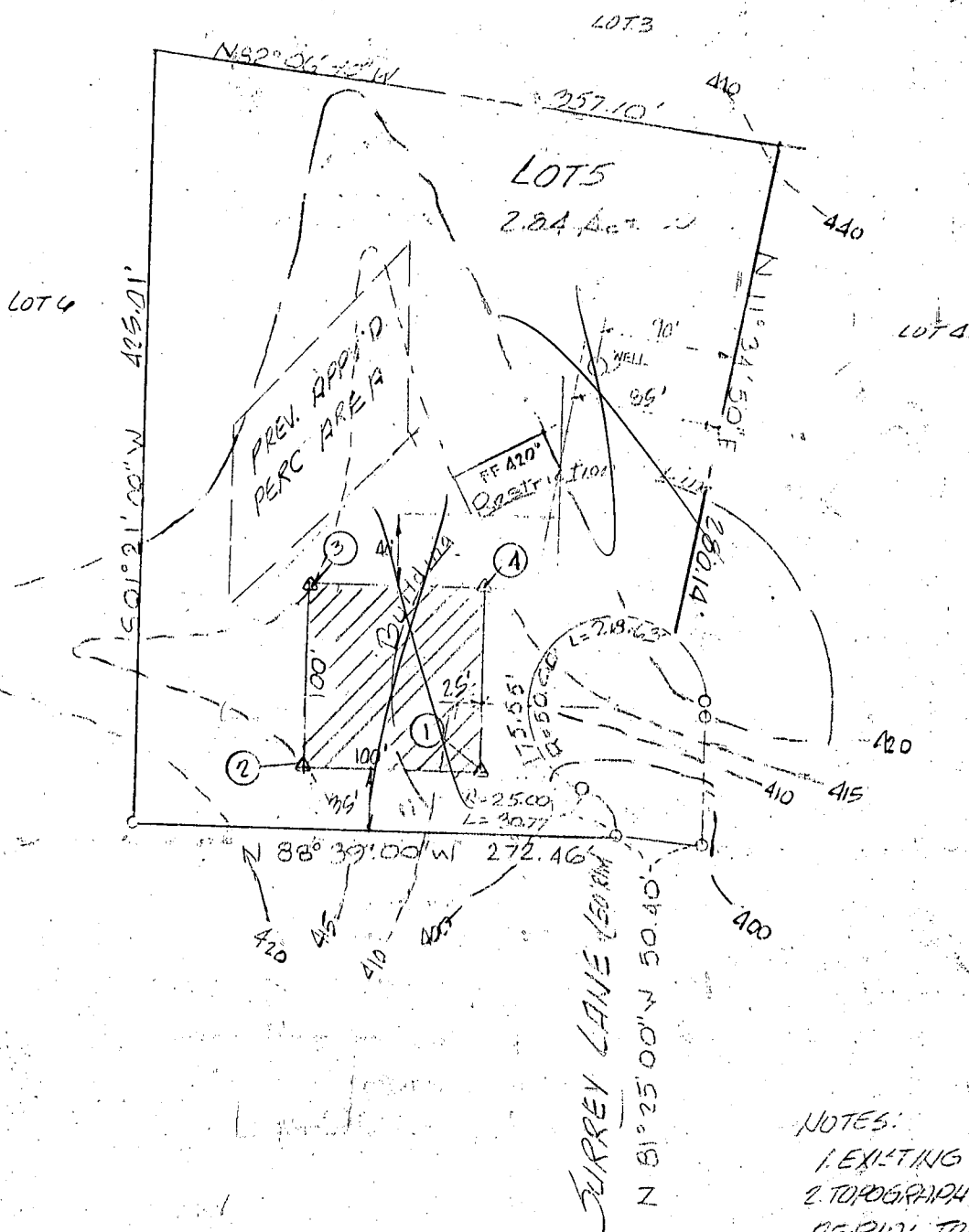
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



NOTES:

1. EXISTING ZONING R-40
2. TOPOGRAPHY BASED ON AERIAL TOPO BY HOWARD COUNTY MD.
3. RECORD PLAT REC. AT P.B. 26 FOLIO 42.

APPROVED: For private water and private sewerage systems. Howard County Health Department.

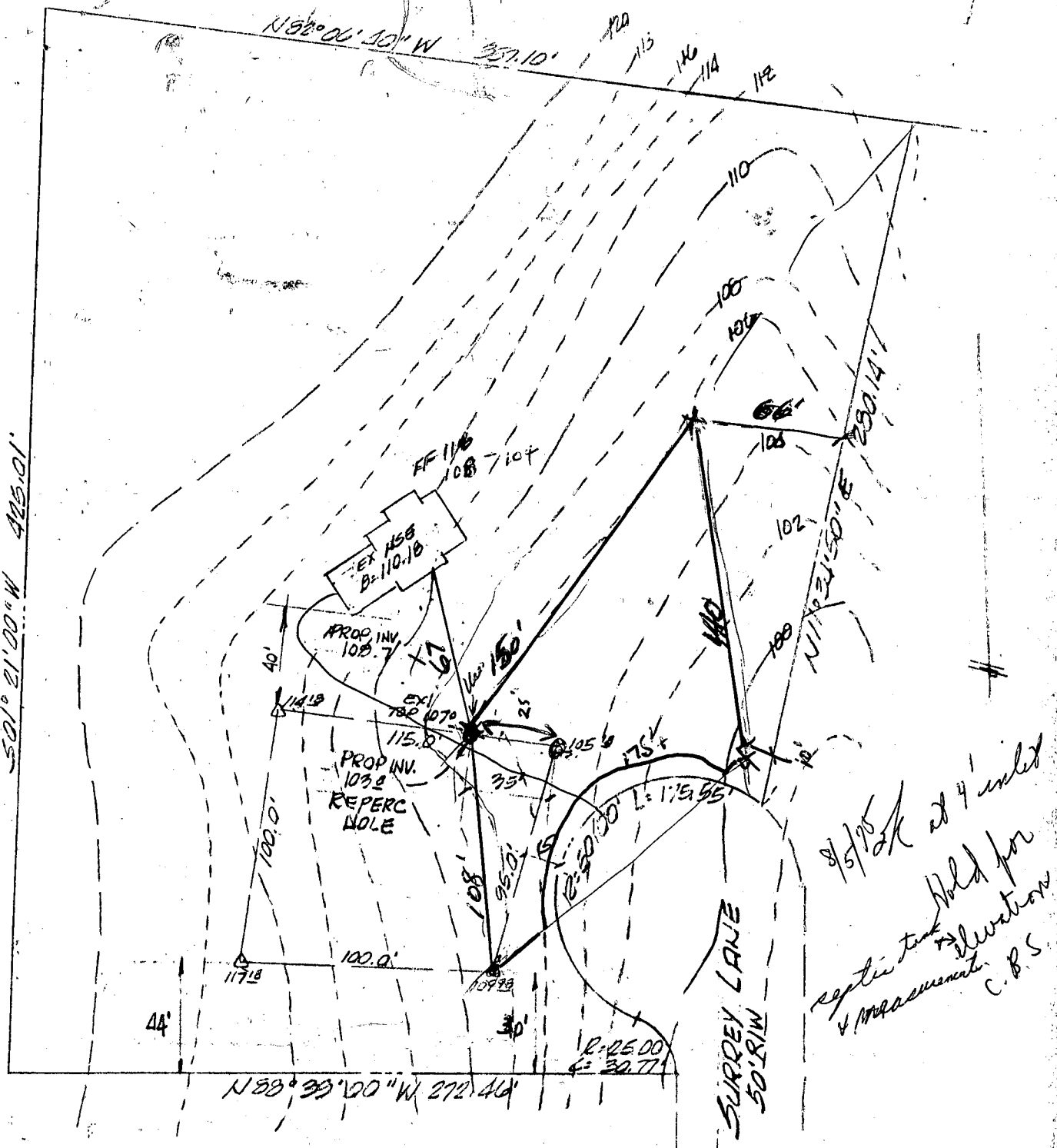
HOWARD CO HEALTH OFFICER

DATE

GARY AND ASSOCIATES INC.

BUILDERS-ENGINEERS-SURVEYORS
HOLZ BUILDING 616 Old Edmondson Ave.
Catonsville Maryland 21228
301-788-2618

PERC TEST PLAT
LOT NUMBER 5
CLARKSVILLE MEADOWS
SECTION 1 AREA 1
5TH ELECT. DIST. HO. CO. M.D.
SCALE: 1" = 100' 3.20.75



APPROVED: For private water and private sewerage systems. Howard County Health Department.

GARY AND ASSOCIATES, INC.
616 Old Edmondson Avenue
Catonsville, Maryland 21228

Builders - Engineers - Surveyors

Howard County Health Officer Date

Plot Plan Reperc Test
Lot Number 5
Clarksville Meadows
Section 1 Area 1
5th Election Dist. Howard County, Md.
SCALE: 1"=60 ft. 7/21/75

B 1		8070		SEQUENCE NO. (WRA USE ONLY)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER <u>HO-23-1040</u> FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) <u>8/8/75</u> <u>11AM</u>		OWNER <u>Montgomery</u> COL 15 LAST NAME		FIRST NAME <u>Paul</u> COL. 34		STREET OR RFD <u>5829 Bonnetts Beach</u> COL 36		COL. 55	
POST OFFICE <u>Columbia Md. 21044</u> COL 57		COL. 57		COL. 57		COL. 57		COL. 76	
B 1		CONTINUED		DRILLER INFORMATION		B 3		LOCATION OF WELL	
DATE <u>June 9, 1975</u> COL 1 FIRST NAME <u>Joseph</u> COL 2 DRILLER <u>Joseph L. Moore</u> COL 3 LAST NAME <u>Moore</u> COL 4		LICENSE NUMBER <u>238</u> COL 77		COUNTY <u>Howard</u> COL 8 (DO NOT ABBREVIATE COUNTY NAME) SUBDIVISION <u>Charlottesville</u> COL 23		SECTION <u>5</u> COL 44		LOT <u>5</u> COL 48	
SIGNATURE <u>Joseph L. Moore</u> COL 52		COL. 52		NEAREST TOWN <u>Charlottesville</u> COL 52		MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u> COL 73		COL. 76	
B 2		WELL INFORMATION		B 4		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)		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 DIS- TANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON T- SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> COL 8		AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u> COL 14		USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST MUST HAVE STATE HEALTH DEPT. APPROVAL		NORTH ☐ EAST ☐ NORTHWEST ☐ SOUTHWEST NEAR WHAT ROAD <u>Surrey Lane</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) ☒ NORTH ☐ SOUTH ☐ EAST ☐ WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>100</u> COL 34		NORTH ☐ EAST ☐ NORTHWEST ☐ SOUTHWEST NEAR WHAT ROAD <u>Surrey Lane</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) ☒ NORTH ☐ SOUTH ☐ EAST ☐ WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>100</u> COL 34	
APPROXIMATE DEPTH OF WELL <u>160</u> COL 24		APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) COL 26		METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) ☒ BORED (OR AUGERED) ☐ JETTED ☐ DRIVEN ☒ AIR-ROTARY ☐ AIR-PERCUSSION ☐ ROTARY (HYDRAULIC ROTARY) ☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT OTHER (DESCRIBE)		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <u>25-111821</u> COL 41		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> COL 64 ENGINEER REVIEW DISTRICT NO. <u>63</u> COL 65 FORCE <u>67</u> COL 67 WRITE INITIALS IN BOX <u>U</u> COL 68 CONDITIONS <u>U</u> COL 70	
B 4		CONTINUED		HEALTH DEPARTMENT APPROVAL		B 5		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)	
STATE HEALTH (CIRCLE BOX) <u>S</u> COL 41 DATE <u>8/6/75</u> COL 43		COUNTY NAME <u>Howard</u> COL 45 COUNTY NO. <u>037617</u> COL 48 APPROVED BY <u>P. Promelt, Sanitarian</u> COL 48		NORTH COORDINATE <u>40 00 00</u> COL 50 EAST COORDINATE <u>00 00 00</u> COL 57 ELEVATION AT WELL HEAD (FEET) <u>65</u> COL 65		BOX NUMBER <u>820</u> COL 59 <u>490</u> COL 60		O/S <u>5/5</u> COL 75 O/S <u>5/0</u> COL 76	
B 5		CONTINUED		HEALTH DEPARTMENT APPROVAL		B 5		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)	
DATE <u>8/6/75</u> COL 43		COUNTY NAME <u>Howard</u> COL 45 COUNTY NO. <u>037617</u> COL 48 APPROVED BY <u>P. Promelt, Sanitarian</u> COL 48		NORTH COORDINATE <u>40 00 00</u> COL 50 EAST COORDINATE <u>00 00 00</u> COL 57 ELEVATION AT WELL HEAD (FEET) <u>65</u> COL 65		BOX NUMBER <u>820</u> COL 59 <u>490</u> COL 60		O/S <u>5/5</u> COL 75 O/S <u>5/0</u> COL 76	

C 1	7591	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY _____ NUMBER _____
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED	DEPTH OF WELL 300 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" MO-23-1040 28 29 30 31 32 33 34 35 36 37
8-13	15	20	DRILLERS IDENTIFICATION NO. 238	

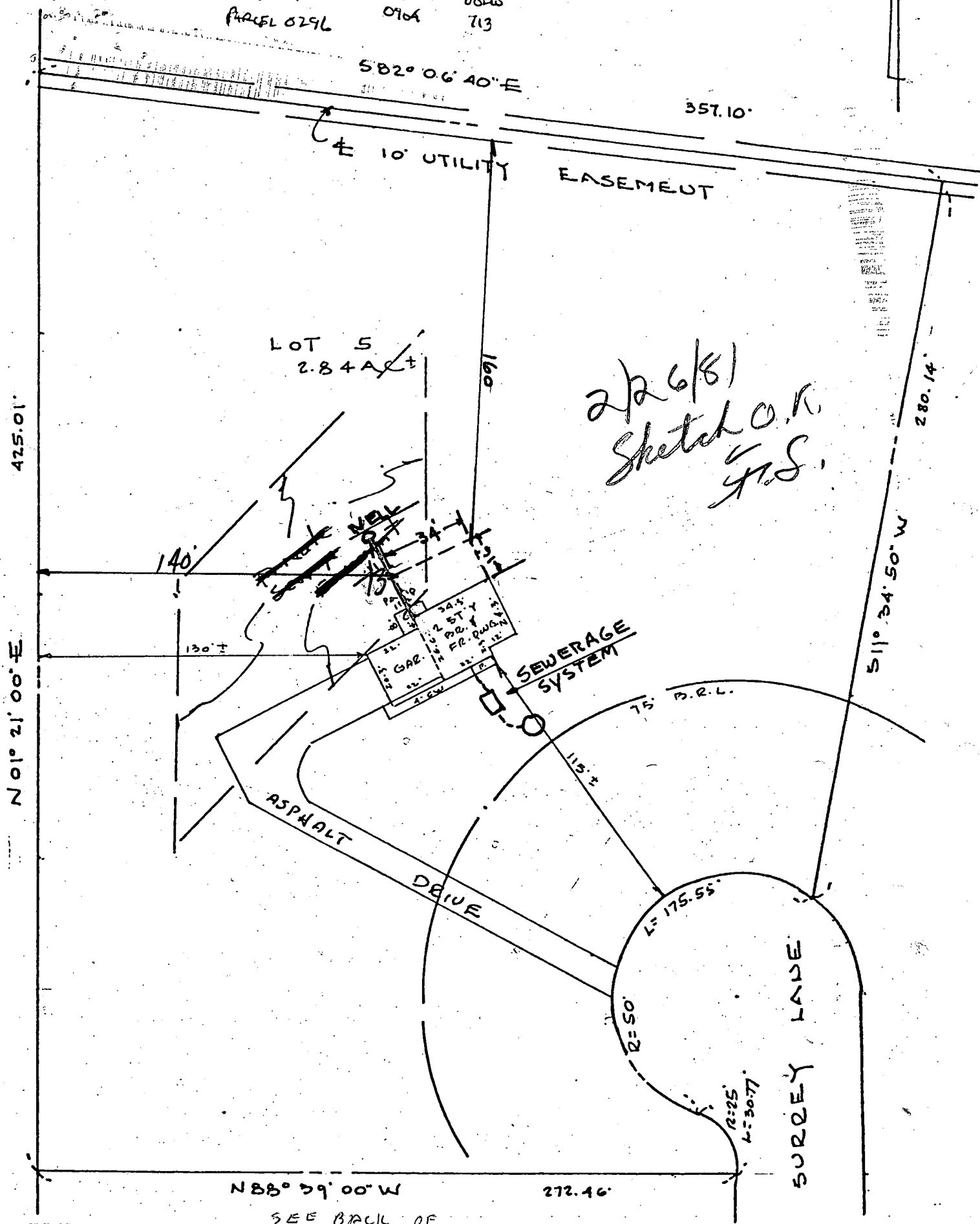
OWNER <u>Mom Teamen</u> LAST NAME	FIRST NAME <u>Paul</u>
STREET OR RFD <u>5829</u>	POST OFFICE <u>Bannock Rd. Columbia 21044</u>

WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td><u>Sand</u></td> <td>0</td> <td>62</td> <td></td> </tr> <tr> <td><u>Gray Muck</u></td> <td>62</td> <td>300</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	<u>Sand</u>	0	62		<u>Gray Muck</u>	62	300		WELL DESCRIPTION GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) ☒ YES ☐ NO TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT ☒ BENTONITE CLAY ☐ NO. OF BAGS <u>16</u> NO. OF POUNDS <u>1504</u> GALLONS OF WATER <u>96</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>40</u> FT. (ENTER 0 IF FROM SURFACE) CASING RECORD Casing Types: ☒ STEEL ☐ CONCRETE ☐ PLASTIC ☐ OTHER MAIN CASING TYPE: ☒ ST ☐ PL ☐ OT NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>65</u> OTHER CASING (IF USED) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">EACH CASING</th> <th colspan="2">DIAMETER (INCH)</th> <th colspan="2">DEPTH (FEET)</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	EACH CASING	DIAMETER (INCH)		DEPTH (FEET)		FROM	TO	FROM	TO	1					2					3					PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>2</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>3</u> METHOD USED TO MEASURE PUMPING RATE <u>Old</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>40</u> (NEAREST FOOT) WHEN PUMPING <u>5</u> (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) ☒ AIR ☐ PISTON ☐ TURBINE ☐ CENTRIFUGAL ☐ ROTARY ☐ OTHER (DESCRIBE BELOW) ☐ JET ☐ SUBMERSIBLE PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) ☒ YES ☐ NO CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> PUMP HORSE POWER <u>37</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ☒ ABOVE ☐ BELOW <u>2</u> (NEAREST FOOT) LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). <u>Right lot line</u> <u>210 ft to back</u> <u>750 ft to front</u>
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CIRCLE APPROPRIATE BOXES ☐ 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 NAME <u>Joseph Maude</u> (PLEASE PRINT) <u>Joseph Maude</u> SIGNATURE <u>Joseph Maude</u>	SCREEN RECORD SCREEN TYPE OR OPEN HOLE ☒ STEEL ☐ BRASS OR BRONZE ☐ OPEN HOLE INSERT APPROPRIATE CODE BELOW ☐ PL ☐ OT DEPTH (NEAREST WHOLE FOOT) FROM <u>1</u> TO <u>300</u> 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 SLOTS SIZE 1, <u>2</u> , <u>3</u> DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) FROM <u>56</u> TO <u>60</u> GRAVEL PACK <u>56</u> TO <u>60</u> IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX ☐ 68 ☐ F WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER). (E.R.O.S.) ☐ T ☐ W Q LOG INDICATOR ☐ 72 ☐ 74 75 76 OTHER DATA AVAILABLE	210 ft to back 750 ft to front
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DEAD
L45R
0904

FOLW
713



CERTIFICATION

This is to certify that I have surveyed
the property known as: 6668

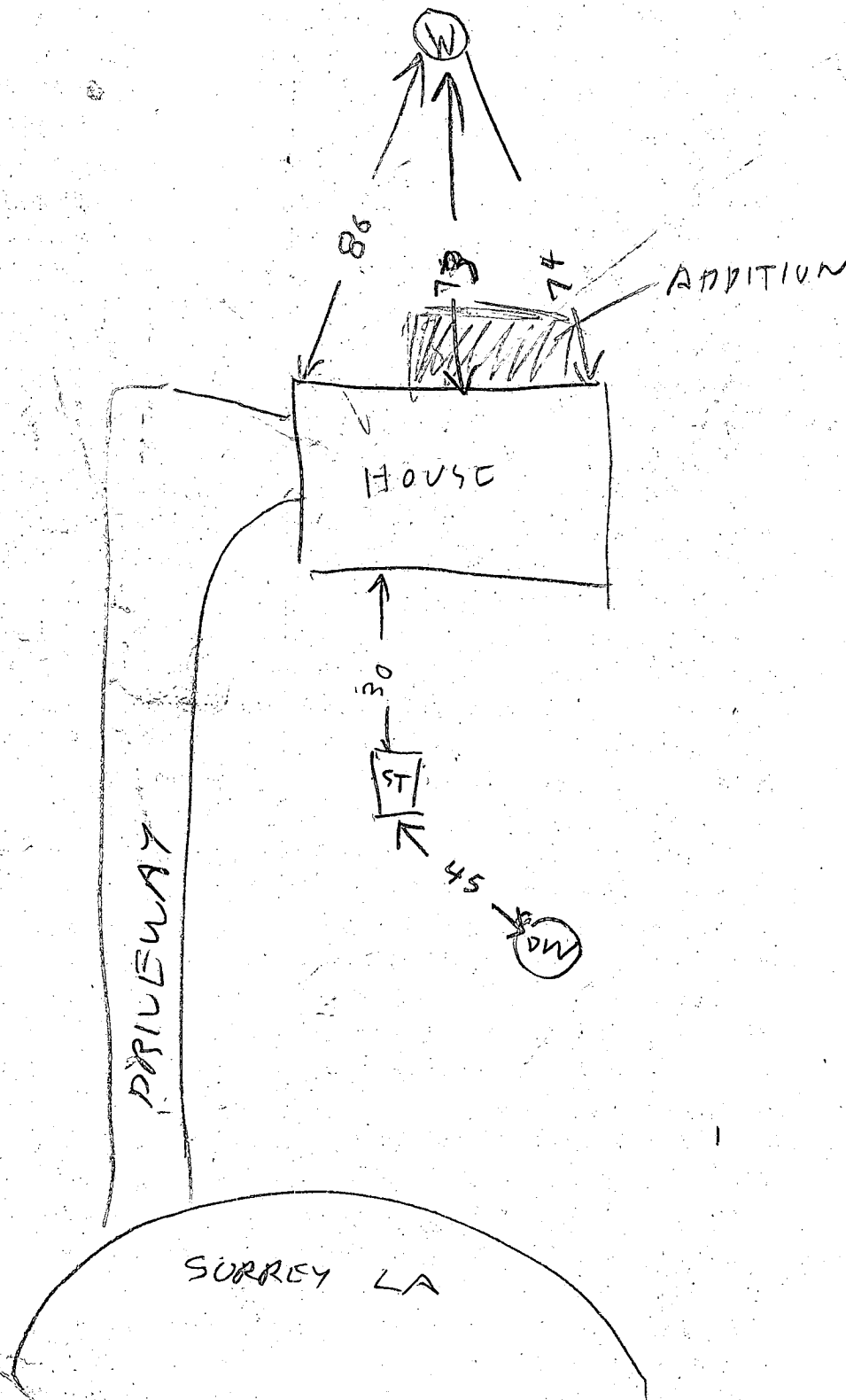
SEAL

SCALE: 1" = 50'

DATE: 8-17-1978

AXEL F. LOEN

- 2/19/81
- ① NO OVERFLOW SEEN
 - ② ADDITION TO HOUSE DOES NOT APPEAR TO INTRUDE ON WELL AREA OR SEPTIC AREA RH



February 26, 1981

Mr. Bruce Moore
6668 Surrey Lane
Clarksville, Maryland 21029

RE: Building Permit Application #45661

Dear Mr. Moore:

A 21902

This office cannot presently approve the building permit for the proposed addition of a new room, bathroom, kitchen and bedroom to the existing dwelling at 6668 Surrey Lane.

Approval would be granted however if the following conditions are met:

1. Secure a permit to expand the existing septic system. (An additional trench would be required.)
2. Since the proposed addition would be located within 30 feet of the existing water well, this office would require installation of termite shielding and the use of treated lumber along the base of the proposed structure.

If you have any questions regarding this matter please call me at 992-2330 weekdays 8:30 a.m. to 4:30 p.m.

Very truly yours,

Frank A. Skinner

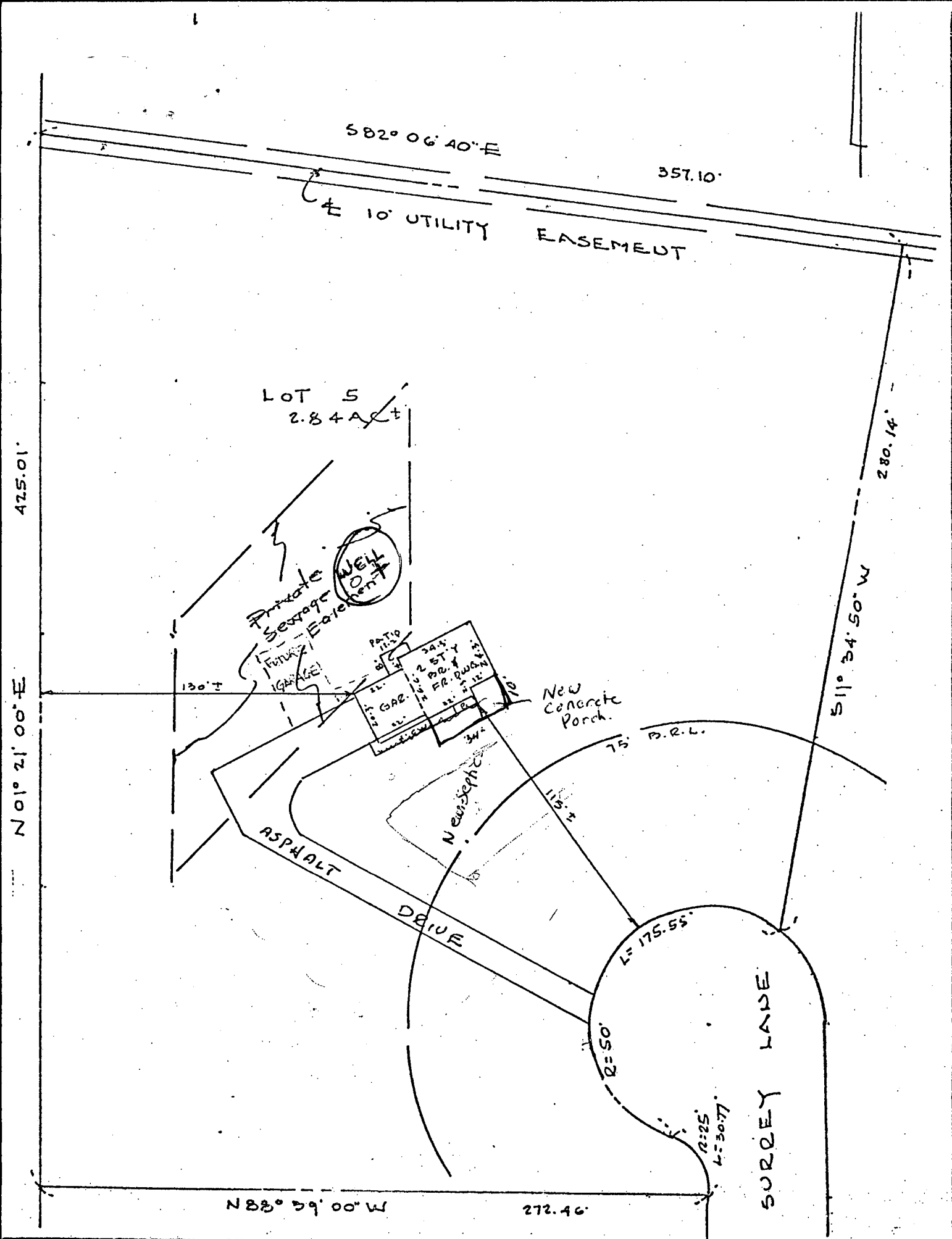
Frank A. Skinner, Sanitarian
Water and Sewerage Program

FAS:hs

2/26/81 Melvin Hedman, builder @ office says kitchen will be removed, this is not an additional opportunity & well is 60 to 70' from existing building. We will check site soon F.A.S.

2/26/81 T.C. to Mr. Moore; well is 73' away from existing house, see A 21902 for septic system sketch. No need for expansion of system
over →

Contd-at this time as there will be only a total
of 3 Bedrooms, 1 kitchen & 2 baths. Original
System was oversize anyway, called for 375#
in drywell and got 448# F.S.



CERTIFICATION

SEAL

SCALE: 1" = 50'

DATE: 8-17-1978

This is to certify that I have surveyed the property known as: 6668



1 CARPET
OVER UNFINISHED
OAK FLOORING
THROUGHOUT