

10/10/84  
10/9/84 - AM.  
W.P.I.  
11/2/84  
anytime  
12/31/84  
anytime  
**PERMIT** approved 12-85 P 34073  
2H0265

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

ELLICOTT CITY

DISTRICT 5th.

DATE 7/9/84

INDEXED

John Wilkerson

IS PERMITTED TO INSTALL X ALTER       

ADDRESS 11895 Scaggsville Road, Fulton, MD PHONE 725-4613

SUBDIVISION Albert Brady ROAD 11895 Route 216 LOT       

PROPERTY OWNER John Wilkerson

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade with 18 inches of stone below distribution pipe. LOCATION: Start the first trench 70 feet from the rear lot line and 20 feet from the left lot line as seen when facing the property from Route 216. Run trench 90' toward back lot line. Trenches to be separated from each other by a distance of 10 feet. Center-to-center. notes; No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 5/29/84

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.

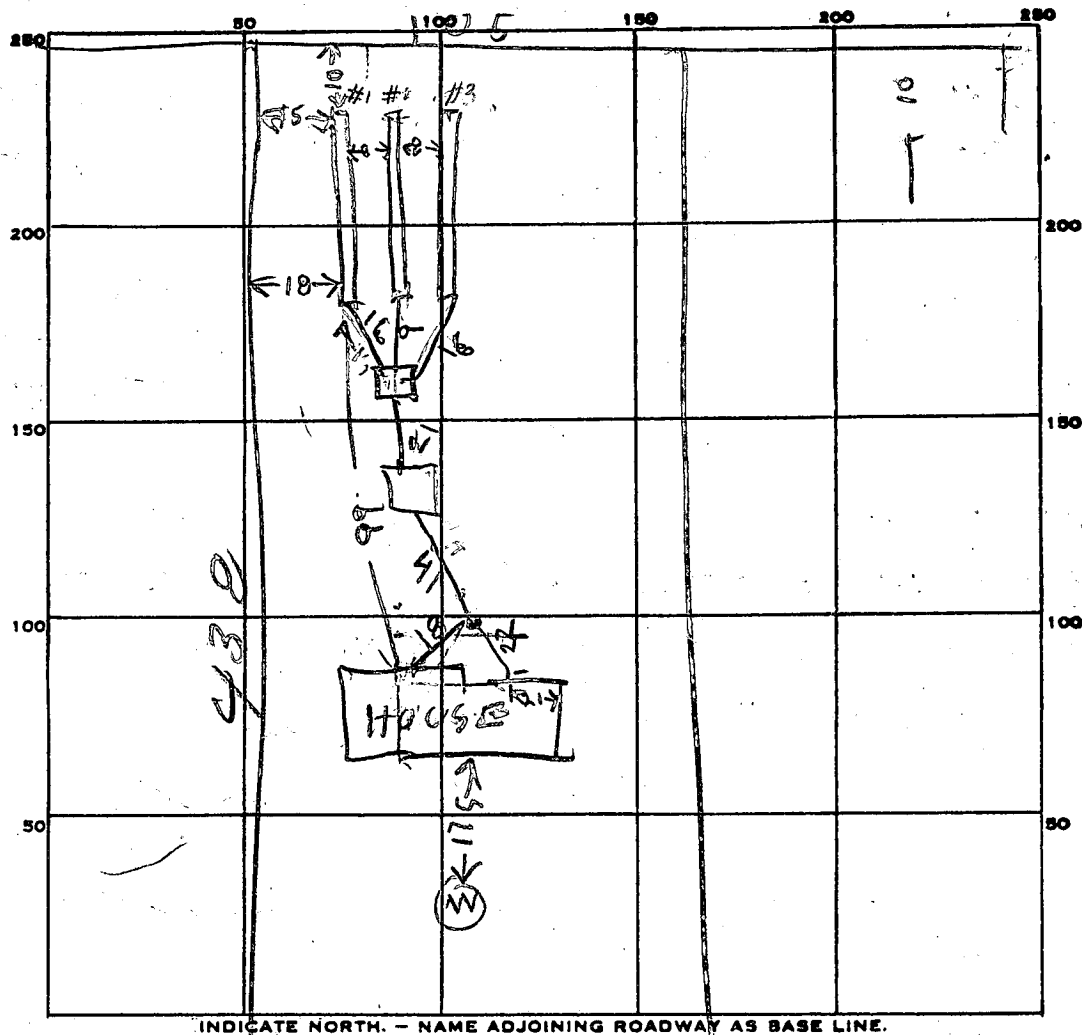
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33715



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 1000

CLEANOUTS ST NO OK 11/2/85

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 

#1	#2	#3
5 1/2	5 1/2	5 1/2

 FT.

TRENCH WIDTH 

#1	#2	#3
3	3	3

 FT.

GRAVEL DEPTH 

#1	#2	#3
1.5	1.5	2

 IN.

TOTAL LENGTH 

#1	#2	#3	TOTAL
80	61	59	180

 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 540

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 10/16/84 - ADD STONE TO TRENCHES, INSTALL TANK & SEWER PIPES & CALL RIT

10/31/84 - STONE ADDED 474 SQ FT REQUIRED 540 SQ FT ADDED. OK TO COVER TANK, TRENCHES SEWER LINES PUT CLEANOUT ON TANK & CALL RIT

11/2/85 - Cleanout installed RIT

DATE SYSTEM APPROVED 1/2/85

INSPECTOR Raymond G. Hodges



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 1, 2004

Thomas Wilkerson  
11895 Scaggsville Road  
Fulton, MD 20759

RE: **Replacement Well Issues**  
11895 Scaggsville Road  
Well Permit #: HO-94-3970

Dear Mr. Wilkerson:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

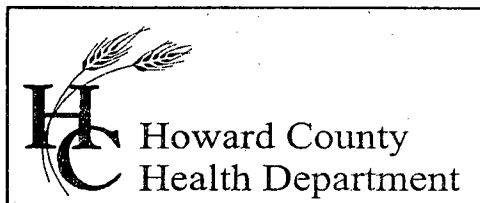
It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property.

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection. The driller will file an abandonment report with this office.

We must confirm that the old well is still being used as a water supply and not a possible source of contamination if it is to remain unsealed.

**Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**



7178 Columbia Gateway Drive, Columbia, MD 21046

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

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Penny E. Borenstein, M.D., M.P.H., Health Officer

The sampling is free of charge, and if you have any questions, or would like to discuss this matter further, please call Community Environmental Health or me at (410) 313-2643. Thank you for your attention to these important matters.

Sincerely,

*Brian Baker*

Brian Baker, R.S.

Well and Septic Program

cc: Community Environmental Health Program  
File

C1 3932

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

A33715

ST/CO USE ONLY

DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
6/23/04

Depth of Well

22 600 26  
(TO NEAREST FOOT)9/9/04  
O.K. (BA)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"H0-94-3970  
28 29 30 31 32 33 34 35 36 37

OWNER

WILKERSON, THOMAS

STREET OR RFD

11895 ROUTE 216

TOWN

SUBDIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOcheck  
if water  
bearing

Top Soil	0	2	
Brown Shale	2	10	
Brown Clay	10	40	
Brown Mica	40	58	✓
Gray Mica	58	490	
opening	490	491	✓
Gray Mica	491	600	

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 38 NO. OF POUNDS 3800

GALLONS OF WATER 228

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

ST

6

68

E  
A  
C  
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G

OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
belowST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
PLASTICOT  
OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E 1 2 3 4 5 6 7 8 9 10 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

S 1 2 3 4 5 6 7 8 9 10 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

R 1 2 3 4 5 6 7 8 9 10 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E 1 2 3 4 5 6 7 8 9 10 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

N 1 2 3 4 5 6 7 8 9 10 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

2.5

METHOD USED TO  
MEASURE PUMPING RATE

Buchot

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 600 ft.

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 INSTALLED PUMP (CIRCLE) (YES OR NO)

YES

NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29.CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

LAND SURFACE

- below

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)

House

Well

Front Lot Line

NUMBER OF UNSUCCESSFUL WELLS: 0

HYDROFRACTURED

yes

Y

no

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  
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 26.04.04 "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 LIC. NO. 1

MWD 040

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JSD 038

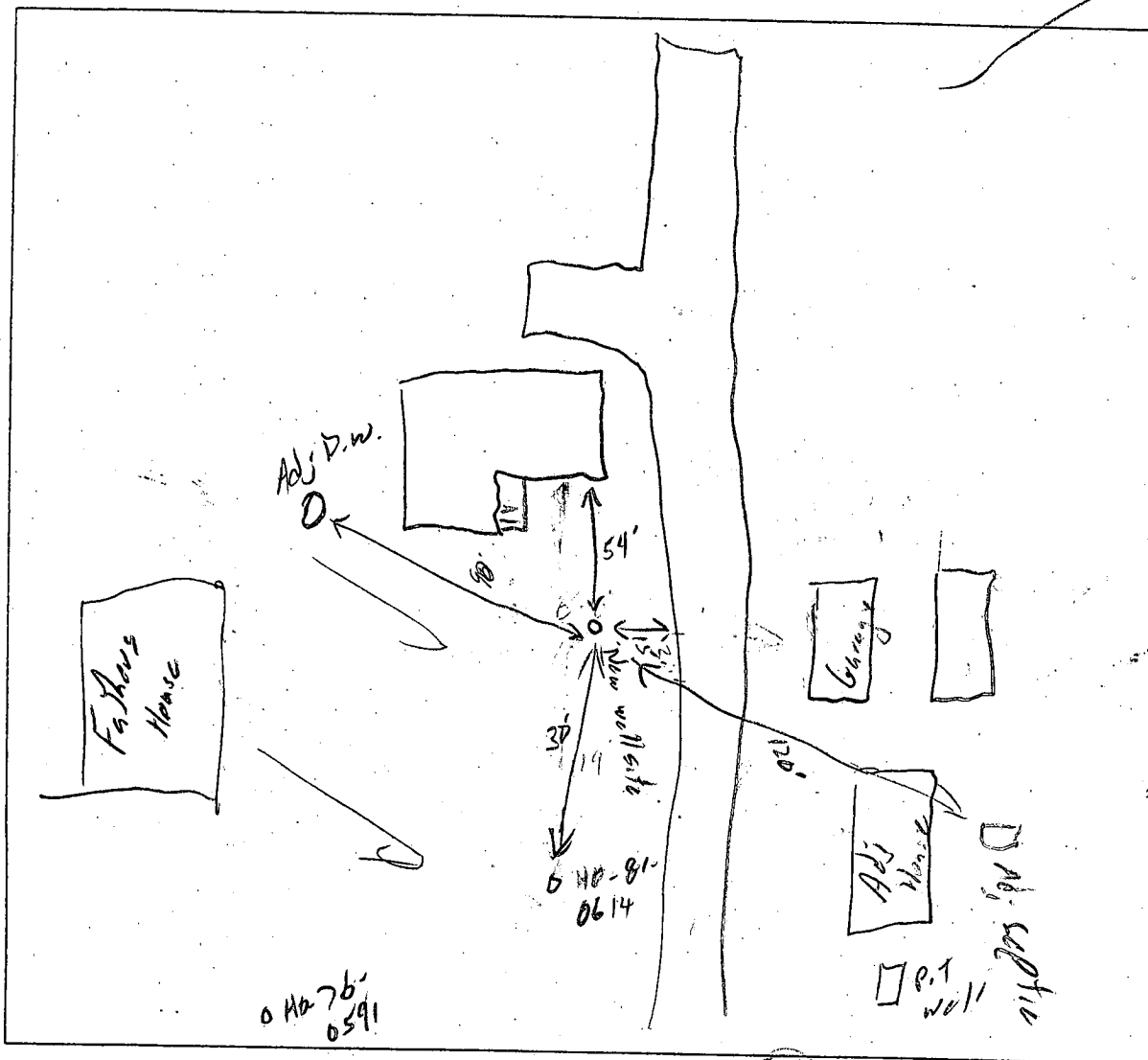
SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

B 1	<b>9760</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <b>520379</b> please type	STATE PERMIT NUMBER <b>HO - 94 - 3970</b> fill in this form completely
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION <b>9723</b>		
Last Name <b>WILKERSON</b> Owner First Name <b>THOMAS</b>		11895 ROUTE 216 <i>Seagrove Rd</i>		
Street or RD <b>FULTON, MD 21029</b>		Town <b>Fulton</b> State <b>MD</b> Zip <b>21029</b>		
DRILLER INFORMATION				
Driller's Name <b>George F. Easterday</b> MW <b>D</b> License No. <b>040</b>		Firm Name <b>L. Franklin Easterday, Inc.</b>		
Address <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b>		Signature <i>George F. Easterday</i> Date <b>5/22/04</b>		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b>		AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <b>Howard</b>		COUNTY NO. <b>A33715</b>		
STATE SIGNATURE <i>Howard</i>		INSERT S <i>Stat</i>		
DATE ISSUED <b>6/16/04</b>		EXP. DATE <b>6/16/05</b>		
NORTH GRID <b>481 000</b>		EAST GRID <b>821 000</b>		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
2. wells 3. <i>30 gal f bags</i> <i>1 brtite bag</i>				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E <b>821</b> N <b>480 481</b>				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <b>18 H 5</b>				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <b>41</b>				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <b>HO - 94 - 3970</b>				
SPECIAL CONDITIONS				

SITE INSPECTION SHEET

OWNER: Thomas Wilkerson PHONE #: \_\_\_\_\_  
ADDRESS: 11845 Seagoville Rd CONTRACTOR: Easterday  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
PROPOSAL: New well COUNTY #: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: Well location OK (circled)

DATE: 6/16/24 INSPECTOR: SO

# APPLICATION

4/9/84  
2:30 P.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33715

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT

5th

DATE

3/27/84

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

John DELMAN Wilkerson

ADDRESS

11885 Scaggsville Rd  
Fulton Md

PHONE

725-4613  
725-1418

PROPERTY LOCATION:

SUBDIVISION

John DELMAN Wilkerson

LOT NO.

6

ROAD AND DESCRIPTION

RT 216 High Road To Fulton

Just Below Pendell School Rdg East on 216

SIZE OF LOT

105' x 449.54"

TYPE BLDG.

(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.

John Wilkerson

(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

BLDG. PERMIT SIGNED

AND RETURNED

7/18/84

Serial # 6030 S.F.D.

## THIS IS NOT A PERMIT



① ②  
SOIL PROFILE

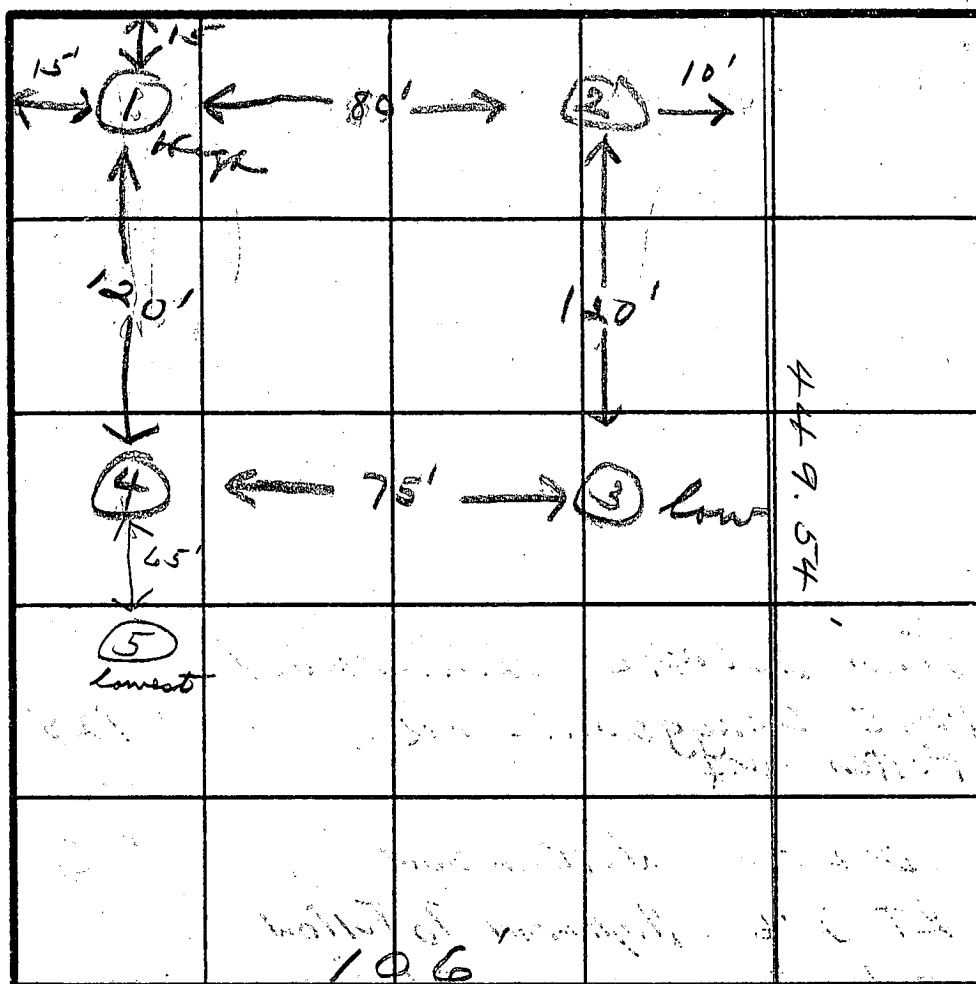
### SOIL PROFILE

10

clay 3'

mica sand from 13'

water 13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

22/6

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
4/7/84	1 S M	4 8	1:20 1:21	1:23 1:23	1:23 1:23	1:25 1:26	2 3
	2 S M	4 8	1:27 1:27	1:30 1:30	1:30 1:30	1:32 1:32	2 2
	3 S M	4 8	1:36 1:36	1:39 1:39	1:39 1:39	1:45 1:45	6
	4 V	13	water at 12 ft				
	3 A	3 1/2	1:50	1:52	1:52	1:55	3
	5	water at 10 ft					
to trenches		70 ft from back property line					

Inlet 3  
Manif 7  
Per F.S.

5 tent trenches 70 ft from back property line  
between holes #1 & #4 runs trenches toward back property.

REMARKS

TYPE OF SOIL

TESTED BY

### ALSO PRESENT

ALSO PRESENT Skip (Fyork)

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[illegible]

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 12/14/2004 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any):

H 0 8 1 0 6 1 4

\* PERMIT NUMBER OF REPLACEMENT WELL:

H 0 9 4 3 9 7 0

\* PERSON ABANDONING WELL: Bill Wilkerson

WELL DRILLERS LICENSE NUMBER:

CIRCLE: MWD/MSD/MGD

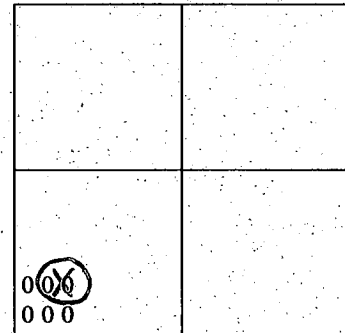
\* OWNER'S NAME: Bill Wilkerson

\* WELL LOCATION: 11895 Rt. 216 Fulton, MD 20759

COUNTY: Howard  
NEAREST TOWN: Fulton  
TAX MAP 41 BLOCK 20 PARCEL 88  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_

MARYLAND GRID COORDINATES

BOX NUMBER E 821  
N 481



SHOW WELL LOCATION  
BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGURED ☐ HAND DUG  
☐ OTHER (specify): \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION

\* TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify): \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 320 FEET DEEP

\* WAS ANY CASING REMOVED? ☐ YES ☒ NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

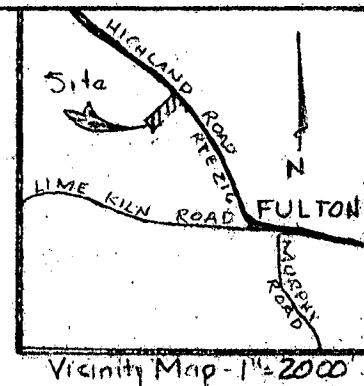
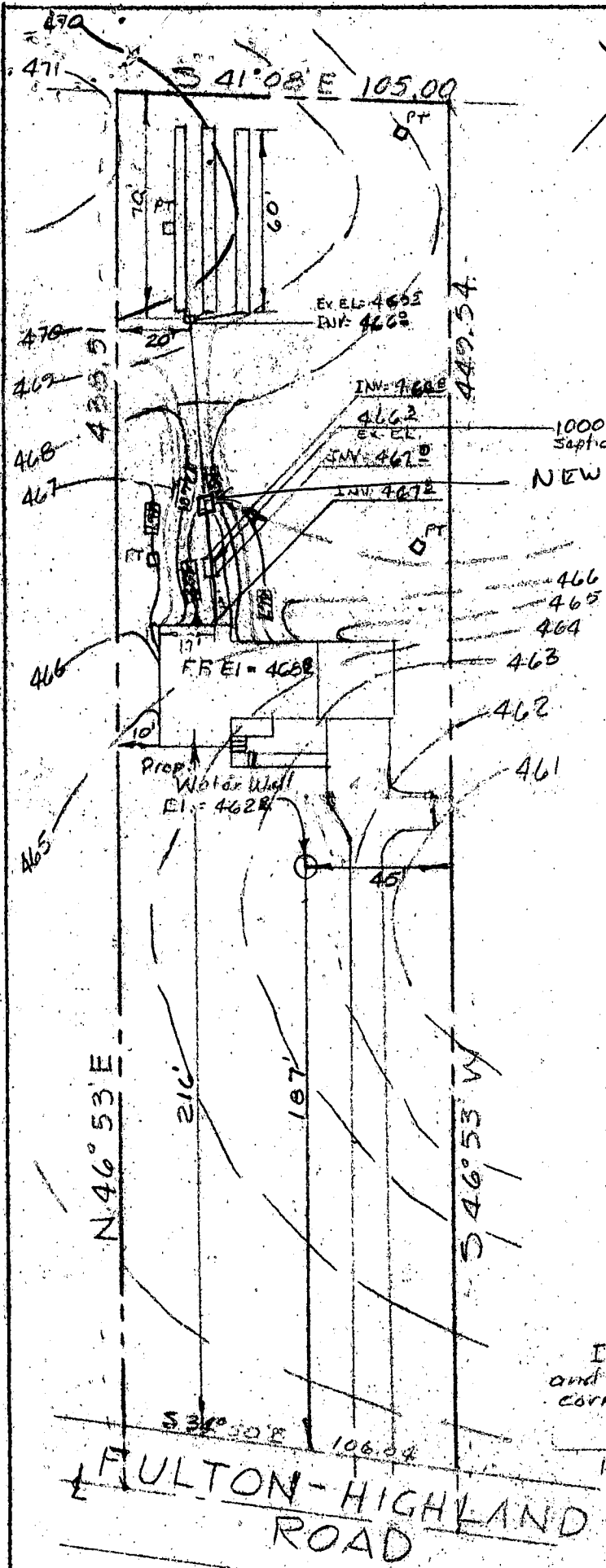
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Brian Baber R.S.

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE 12/14/2004



NEW SEPTIC TANK LOCATION

# TAX MAP 41 PARCEL 88

## FULTON

Howard County, Md.  
Scale: 1" = 50' May 1984

- Notes:
1. 3 B.R. House @ 158 sq ft = 474 sq ft.  
 $474 \text{ sq ft} / 3 \text{ ft} = 158 \text{ Lin. ft. of trench}$   
 $3 \times 60 = 180 \text{ Lin. ft. provided.}$
  2. Trenches to be 3' wide & 5' deep - 1 1/2 ft. of stone below pipe and pipe to be 3 1/2 ft. below original grade.
  3. Septic Tank to be 1000 Gal.

6/26/84 Keep Septic tank about  
30 ft. from rear of house  
Sketch OK.  
A.S.

I hereby certify that the  
and elevations shown here  
correct for this project.

*Jack E. Clark*  
Registered Land Surveyor



Prepared by  
The J.E. Clark Co.  
Laurel, Md.