7/11/00 12:00 7/12/00 Paid Ck. AH

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5136667

A 50265-B

DISTRICT

DATE 7/26/00

DATE SYSTEM APPROVED 7/13/00

INSPECTOR

TAX ID - 04-358589 INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 410-531-5033

SUBDIVISION O'Donnell Property LOT 5 ROAD 14230 Rover Mill Road

PROPERTY OWNER Charles A. Kasky **BUILDING PERMIT SIGNED AND RETURNED**

ADDRESS

7-2303 B00143137-DETACHED GARAGE

SEPTIC TANK CAPACITY 2000 GALLONS

NUMBER OF BEDROOMS 3 (PLUS SEPARATE IN-LAW APARTMENT)

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 360

TRENCHES - Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Starting from the right-rear lot corner, place the distribution box 110 feet up the right lot line and 60 feet from the right lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/6/00 DLS

PLANS APROVED BY Donna K. Soe DATE 12/21/99

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. 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

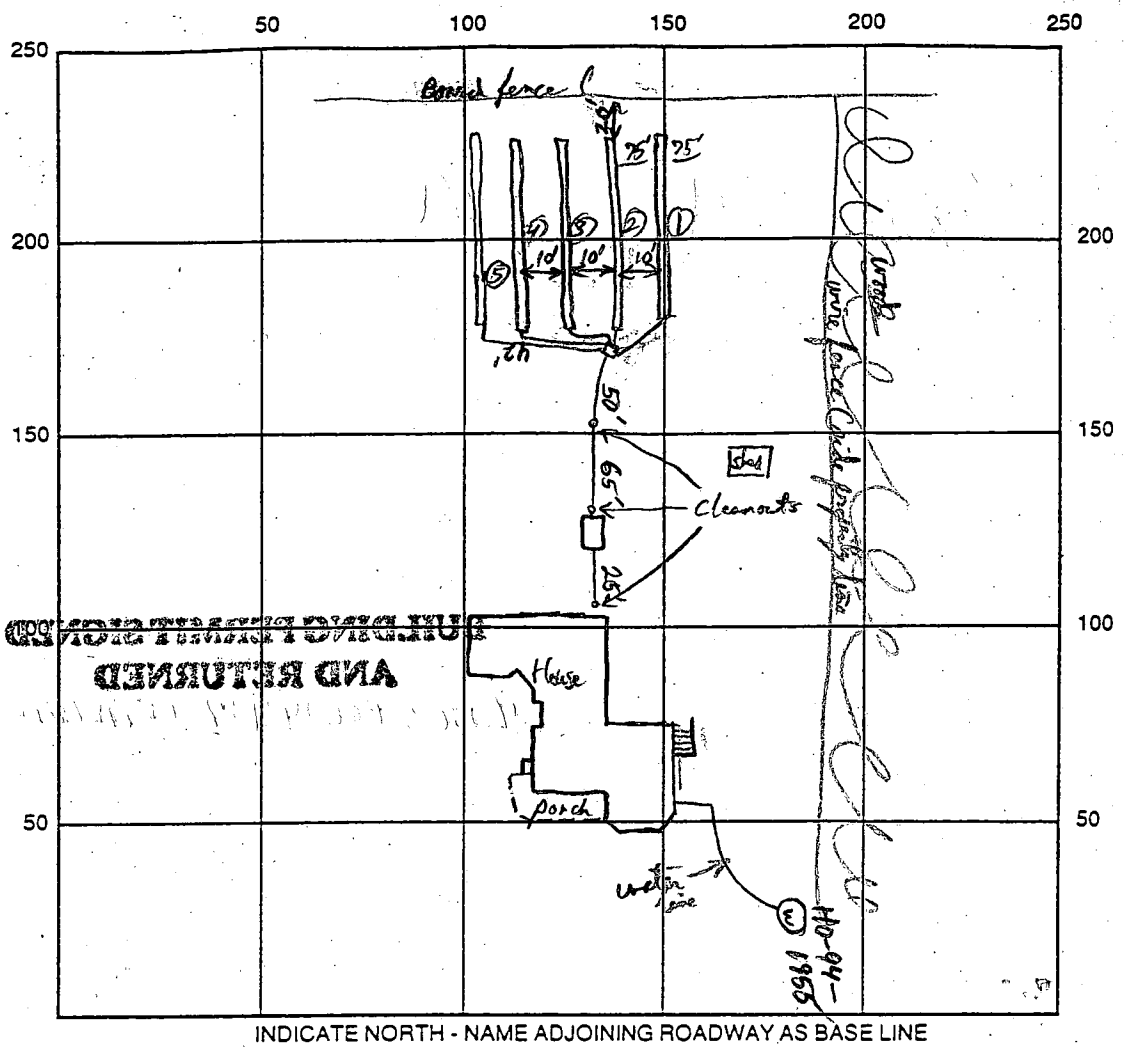
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 50265-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 gal Mid Seamed CLEANOUTS _____

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 7½ FT. TRENCH WIDTH 2 FT. INLET DEPTH 4½ FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 1: 75 | 2: 75 | 3: 75 | 4: 75 | 5: 60 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: S.T. OK, Needs cleanout pipe. Needs House Connection. 1st Trench OK to Cover, 2nd trench OK to cover when pipe laid. OK to proceed with other Trenches. RPP 7/11/00
3rd & 4th Trenches OK to Cover, 5th Trench began but stopped due to pipe problems call for final inspection Tomorrow RPP 7/11/00

DATE SYSTEM APPROVED 7/13/00 INSPECTOR Larry McNeill

7/13/00 add antenna

Kasky Residence

Mary Lou

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
313-2640 313-2648 (fax)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 4-21-00

Name of Installer JC Harris Plumbing
Telephone 301371-7674

License Number 8744
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Chuck Kasky
Telephone 4103324164
Subdivision Caldwell Acres Lot # 35 Well Tag # ____
Site Address 14430 Rover Mill road

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Pacuzzi
3. Model # 15SJ-15
4. Capacity ____ 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 1
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Campbell
2. Model #
3. Depth 40" 6" below grade

Tank
1. Capacity 30
2. Pressure relief valve? YES

Piping
1. Type polyethylene
2. Size ____
3. NSF and/or NSHA Code approved YES
4. Depth of supply line 375'

Well data
1. Depth 400 ft.
2. Yield 4 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

7/13/00 WPI

well line 4' bel grade
well casing 14" above
2pc cap ok
PVC conduit 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: [signature]

Date: 4/21/00

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

MD-216

APPLICATION

PERCOLATION TESTING

A 50265B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9/09/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Charles A. Kasky

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 35

ROAD AND DESCRIPTION (14230 Rover Mill Road)

BLDG. PERMIT SIGNED
AND RETURNED 12-21-99
Invoice # B00121703

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 4Bdrm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERCS FAST (SAND), HOLD FOR PLAT MR 10/14/94

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

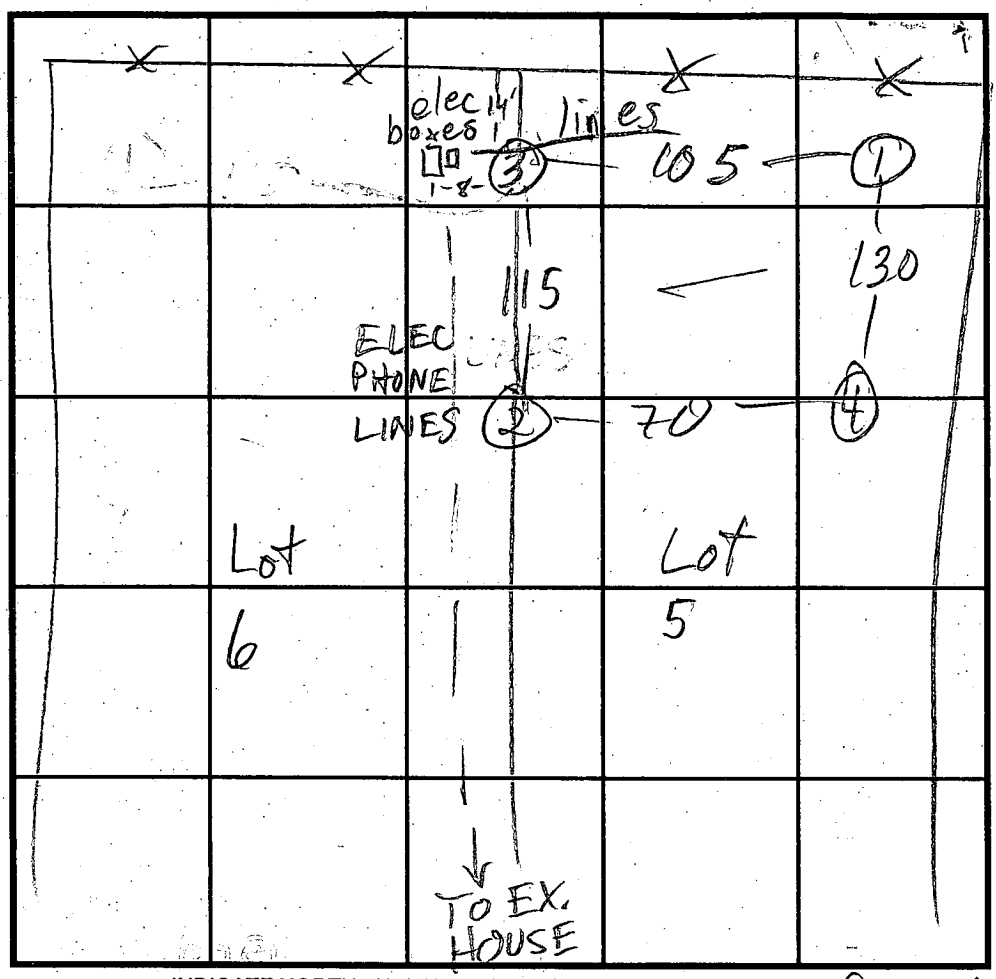
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

A50265B
COUNTY #

SOIL PROFILE
0'
org brn sacl lm (1)(3)(2)(4)
4½
beige tan pink sand 10-15% small frags
11½-12½



SOIL PROFILE
0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. ROKER MILL RD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/11/94	1 S	5	11:51 11:52:35	11:53:10	11:53:10	11:52 11:53:55	FAST 45 sec
	1 S V	5 12½	11:54:40	11:55:30	11:55:30	11:56:30	1 min
	4 V	12"	OK				
	3 S S	5 3	12:01:16 12:11	12:02:00 12:30	12:02:00 NO MOV	12:03:00 EMENT	1
	3 V	11½					
	2 S	4½	12:44	12:46	12:46	12:49	3
	2 M	8	12:41:15 12:43:00	12:41:50 12:43:40	12:41:50 12:43:40	12:42:15 12:44:20	25 sec 40 sec
	2 M V	8 11'9"	12:45:50	12:46:50	12:46:50	12:48:00	1+min

REMARKS

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 4½ MAXIMUM BOTTOM DEPTH 6½ SQ. FT/BEDROOM 180

Prel.

APPLICATION

A 30900

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

Septic Tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons

Dry Well to have 145 sq ft effective absorbant sidewall area per bedroom below inlet. Inlet to be 3.5' below original grade and dry well maximum depth 8.5'. location:

DISTRICT 4th

DATE 9/8 80

OLD TESTS VOID

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 Richard M. Hough and Barbara A. Hough
c/o Norman Weller, V. W. Palladi, Inc.

ADDRESS Lisbon, Maryland PHONE 489-4200

PROPERTY LOCATION NOW P/O O'Donnell Prop.

SUBDIVISION Tax Map 14, Parcel 54 - A portion being 20.00 Acres More or Less - Lot A

ROAD AND DESCRIPTION Rover Mill & McKendree Roads, West Friendship, Maryland 21794

SIZE OF LOT 20.00 Acres More or Less TYPE BLDG. Residential (1)

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 Harold T. Elmore Petitioner

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR ~~REJECTION~~ OR HOLDING 9/10/80 (1) CERTIFIED W&S AND (2) HOUSE SITE, W/OR C.B.C.

(3) WATER WELL SITE

THIS IS NOT A PERMIT

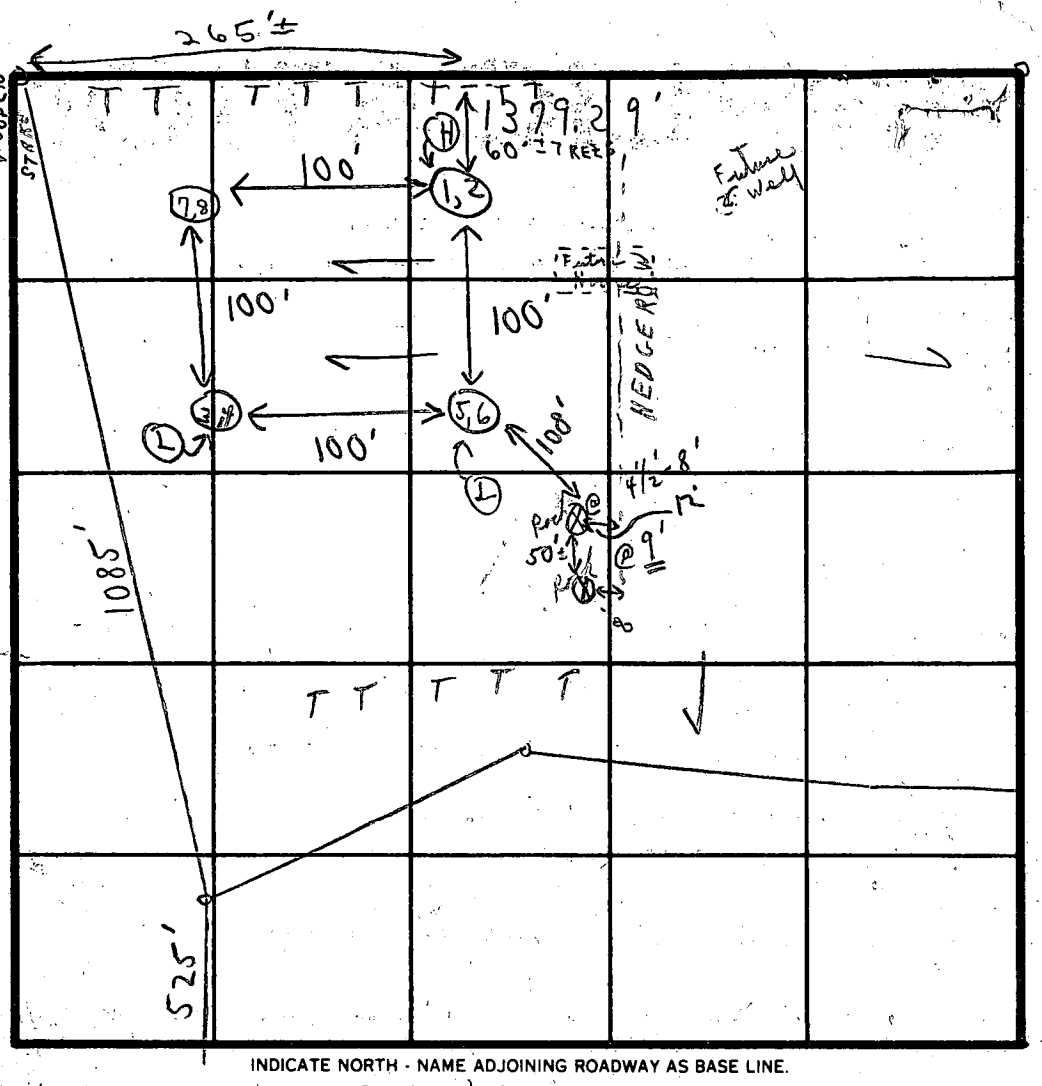
LOT A
PART OF
PARCEL #54
2.0 ACRES

SOIL PROFILE

0'

SEE
EACH
HOLE
BELOW

FIELD SHEET



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Mc KENDREE ROAD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/17/80	1	3½'	11:07	11:09	11:09	11:15	6m
SOME SAND STONE	(H) 2	12'	11:06	11:18	11:18	11:47	29m
	3	3½'	10:48	10:51	10:51	10:58	7m
	(L) 4	12'	10:47	10:50	10:50	10:55	5m
	5	3½'	10:57	10:59	10:59	11:01	2m
	(L) 6	12'	10:57	10:59	10:59	11:16	17m
	7	3.5'	Visual similar to other holes				(3+4) 11m
	8	13'	11:06	11:	11:	: 6	66

SOIL PROFILE
1'-3' CLAY
3'-12' LOAM
1'-3½' CLAY
3½'-12' LOAM
1'-3.5' CLAY
3.5'-13' LOAM

Casket 3.5'
Maximum depth of system 10'
145 sq ft.

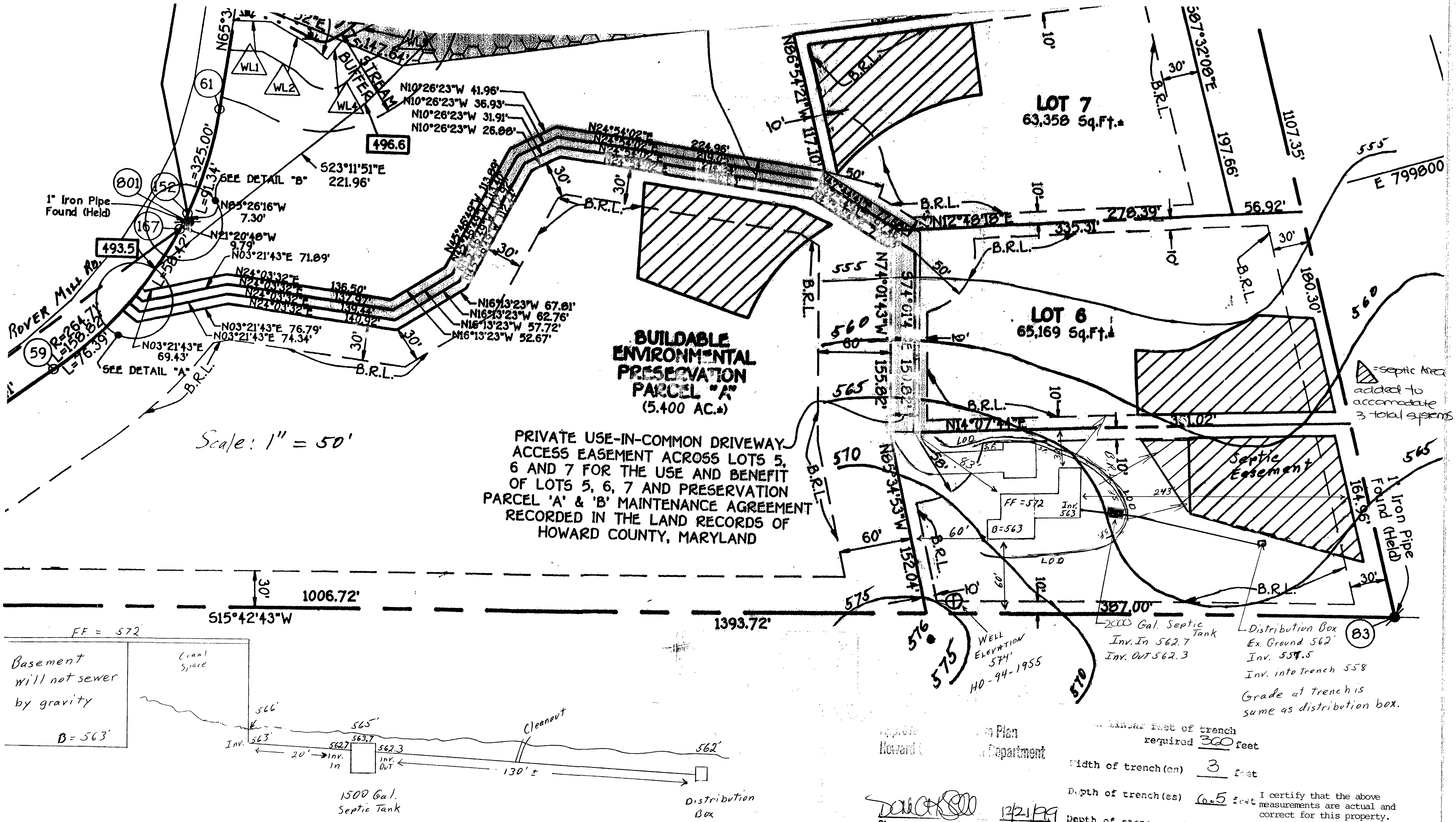
FIELD COPY GIVEN NORA McLAUGHLIN

REMARKS TESTS IN OPEN FIELD HOLD FOR CERTIFIED HOLES

TYPE OF SOIL

TESTED BY C. B. S

ALSO PRESENT O. KETTERMAN SR.
O. " JR. & SON
MR. & MRS. DAVIS



Linear feet of trench required 360 feet

Width of trench(es) 3 feet

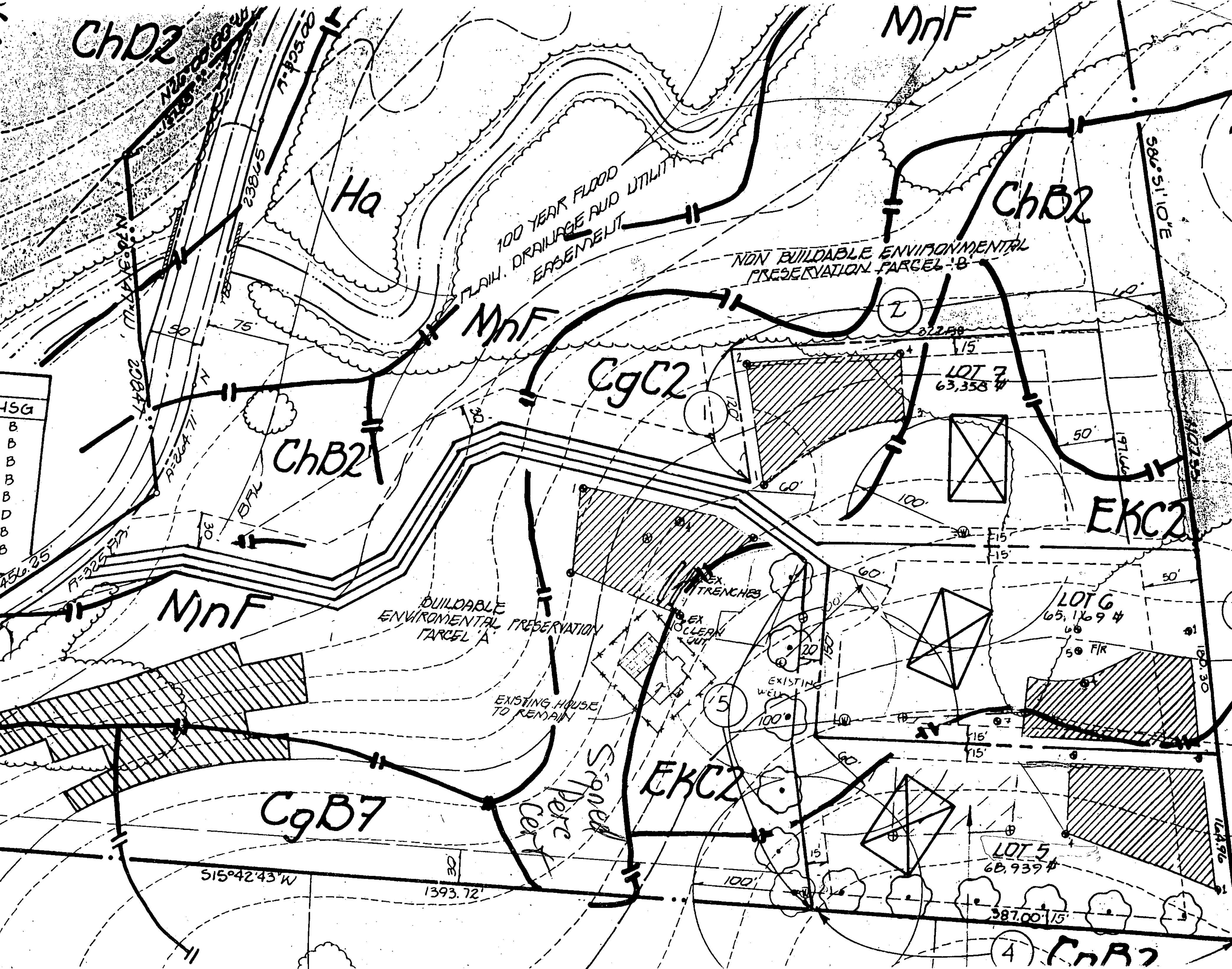
Depth of trench(es) 6.5 feet

Depth of stone required below distribution pipe 2 feet

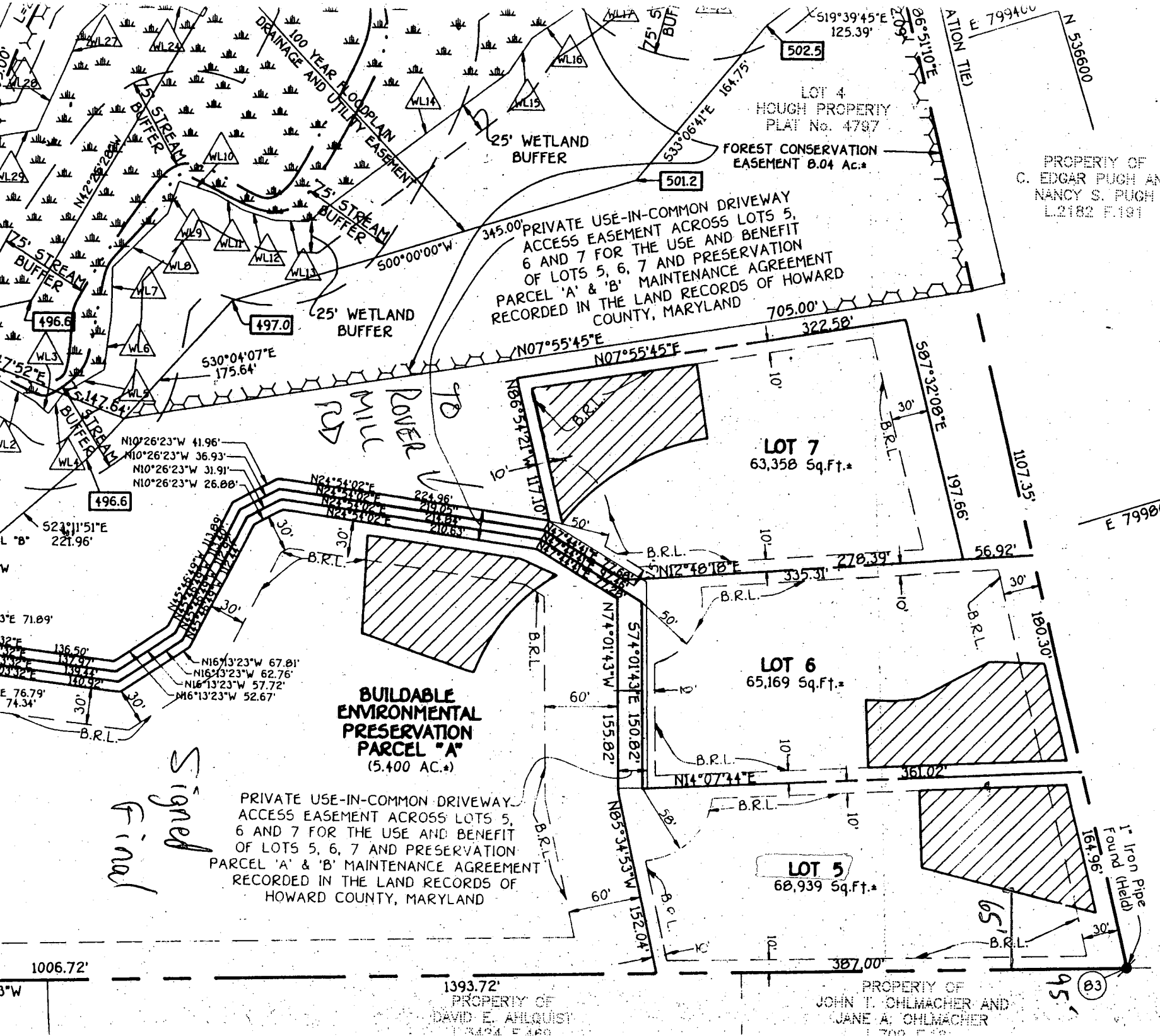
I certify that the above measurements are actual and correct for this property.

Signed: Charles A. Kasky

Signature 12/21/99 Date



ChD2
MnF
Ha
100 YEAR FLOOD PLAIN, DRAINAGE AND UTILITY EASEMENT
NON BUILDABLE ENVIRONMENTAL PRESERVATION PARCEL B
ChB2
CgC2
LOT 7
63,358 #
50'
EKC2
HSG
B
B
B
B
B
D
B
B
ChB2
NnF
BUILDABLE ENVIRONMENTAL PRESERVATION PARCEL A
EX TRENCHES
EX CLEAN OUT
EXISTING WELL
LOT 6
65,169 #
F/R
EXISTING HOUSE TO REMAIN
CgB7
EKC2
LOT 5
68,939 #
S15°42'43"W
1393.72'
387.00'
S86°51'10"E
CnB2



EASEMENTS SHA
SEWERAGE SYS
TO GRANT VARI
EASEMENT. REC
2. THE LOTS SHOW
AREA AS REQUI
3. SUBJECT PROPE
4. COORDINATES B
BY HOWARD CO
3433004
3433005
5. THIS PLAT IS B
ON OR ABOUT
6. B.R.L. DENOTES
7. ● DENOTES
8. ◪ DENOTES
9. ⊙ DENOTES
10. ▣ DENOTES
11. ◪ DENOTES
12. FOR FLAG OR P
MAINTENANCE T
ROAD R/W AND
13. DRIVEWAY(S) SHA
INSURE SAFE AC
FOLLOWING (MINI
a) WIDTH - 12
b) SURFACE -
AND CHIP C
c) GEOMETRY -
MINIMUM OF
d) STRUCTURES
TONS (H25 L
e) DRAINAGE E
WITH NO MO
f) STRUCTURE
g) MAINTENANC
14. ALL AREAS ARE
15. PRIOR DEPART
16. DE
CONSERVATION
OF SECTION 16.1
CLEARING, GRAD
CONSERVATION
IN THE DEED OF
17. 325.0 DENO
18. DENO
19. DENSITY TABUL
A. TOTAL AREA
B. TOTAL NUME
20.010 AC.±
C. TOTAL NUME
(LOTS 1, 2,
20. EXISTING HOUSE
PARCEL 'A'.
21. PRESERVATION
22. PRESERVATION
23. NO CLEARING, C
STREAM BUFFER
24. PRESERVATION
HOMEOWNER'S A
FURTHER SUBDIV
RESPONSIBILITIES
ON THEM.
25. HOMEOWNER'S AS
PROPERTY HOME
DEPARTMENT OF
ACCOUNT No. 44

C 1 | 9301 (1 2 3 4 5 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50265B

ST/CO USE ONLY
DATE Received MM DD YY (8 13)

DATE WELL COMPLETED: MM 11 DD 13 YY 98 (15 20)

Depth of Well: 400' (TO NEAREST FOOT) (22 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-1955 (28 29 30 31 32 33 34 35 36 37)

OWNER Whittington (last name) Elizabeth (first name)

STREET OR RFD Rover Mill Rd TOWN Glenwood

SUBDIVISION HUGH O'DONNELL SECTION _____ LOT 5

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
Brown Shale	0	56	
Blue Rock	56	400	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL 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 WELL

I 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.: MSD624

Joseph P Mangione
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD027

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] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 21 NO. OF POUNDS 1974

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 57 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	60 (66 70)

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 (1 2)

EACH SCREEN		DEPTH (nearest ft.)	
1	HO (8 9)	58 (11 15)	400' (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

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		(68)

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 4. (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 (17 20) ft.

WHEN PUMPING 304 (22 25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

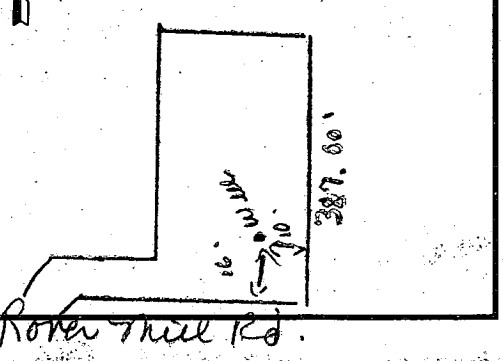
PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above (49) [–] below (49) LAND SURFACE 2 (nearest foot) (50 51)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 ② COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 6779 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1955

fill in this form completely

Date Received (APA): 09 24 98 (MM DD YY)

OWNER INFORMATION

Whittington (Last Name) Elizabeth (First Name)

10302 Coppermine Rd. (Street or RFD)

Woodsboro Md. 21798 (Town, State, Zip)

DRILLER INFORMATION

Joseph L. Mayne MD 0024 (Driller's Name, License No.)

Joseph L. Mayne Well Drilling (Firm Name)

5512 Ridge Rd. Mt. Airy 21771 (Address)

Joseph L. Mayne 9/19/98 (Signature, Date)

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 260 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- 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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

PERMIT No. HO-94-1955

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Hugh O'Donnell Property

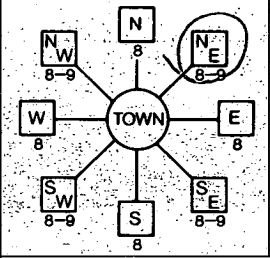
SECTION: LOT: 5

NEAREST TOWN: Glenwood

MILES FROM TOWN (enter 0 if in town): 2 1/2 M

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Rover Mill Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 650 FT

TAX MAP: 14 BLK: 12 PARCEL 39

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A50265B (COUNTY NAME, COUNTY NO.)

STATE SIGNATURE: A50265 INSERT S → S

DATE ISSUED: 11/6/98 Mark E. Rifkin 11/6/98 (DD YY, CO SIGNATURE, EXP DATE)

NORTH GRID: 535 000 EAST GRID: 0800 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. Well
2.
3.

11/13/98 9:30

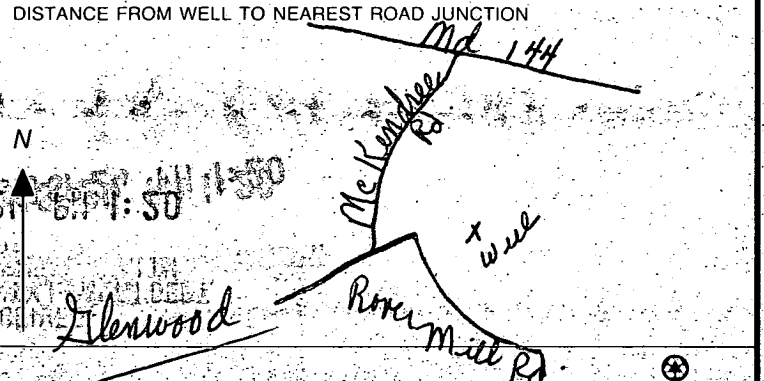
missed insp

WRITE THE BOX NUMBER FROM THE MAP HERE

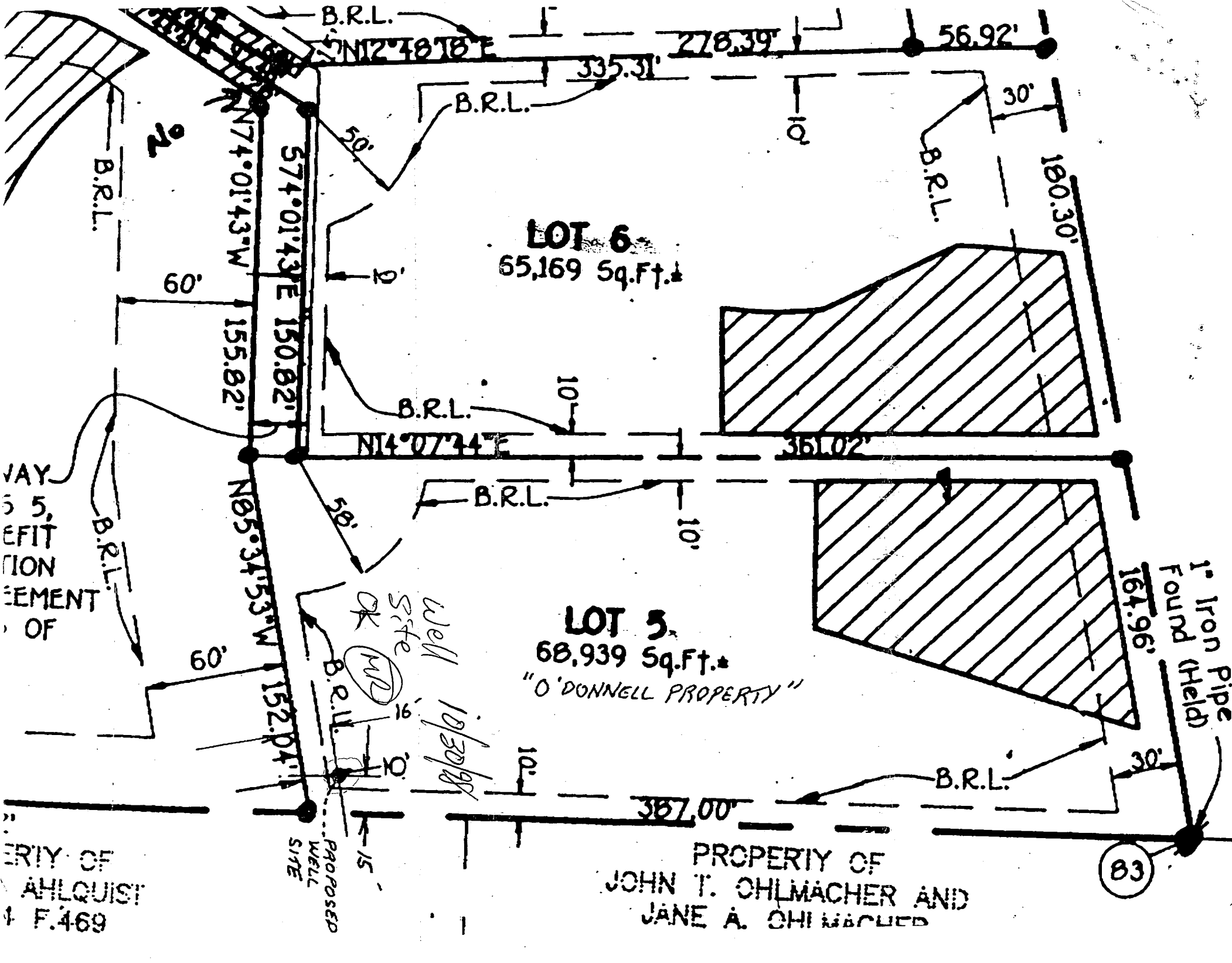
E 0800 000

N 5385 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



DENV-Permit 97 ② COUNTY


B.R.L.
N12°48'18"E
278.39'
56.92'
335.31'
B.R.L.
10'
30'
B.R.L.
180.30'
50'
N71°01'43"W
S71°01'43"E 150.82'
155.82'
10'
60'
LOT 6
65,169 Sq.Ft.±
B.R.L.
10'
N14°07'34"E
351.02'
B.R.L.
10'
50'
N85°34'53"W
152.94'
60'
B.R.L.
16'
10'
Well Site OK MD 10/30/98
LOT 5
68,939 Sq.Ft.±
"O'DONNELL PROPERTY"
164.96'
1" Iron Pipe Found (Held)
10'
B.R.L.
30'
387.00'
15'
PROPOSED WELL SITE
PROPERTY OF
JOHN T. OHLMACHER AND
JANE A. OHLMACHER
83
VAY
5 5,
EFIT
TION
EEMENT
OF
ERTY OF
AHLQUIST
F.469

February 2, 1999

MEMORANDUM

TO: Patty Dennis, Fiscal Clerk (cw)
Administration

FROM: Craig Williams, Program Director
Bureau of Environmental Health

SUBJECT: Request for refund of well permit fee
Lot 5 O'Donnell Property - Rover Mill Rd.
Receipt # (w5)11009 - dated 9/25/98 for $80.00.

COMMENT:

This is to request that Ms. Whittington's request for refund of her $80 well permit fee be honored.

She submitted a second permit fee to this office after receiving indication from her bank that the initial check would not clear. I would think that her claim that both checks were eventually cashed is accurate since no notice to the contrary was received from your department.

Please provide this office with written notification when this transaction has been completed so we may show the change in our records.

Thank you

cc: Elizabeth Whittington
file

I applied for a well permit in September for Lot #5 Rover Mill Rd through Wayne Wells. I bounced the check. ~~It was~~. When I received notification, I called the HCHD. I was told to send a new check in as the returned check would not be put through for payment again.

The check was put through & I have paid twice for the well permit.

I would like to be refunded $80

Thank you

Elizabeth Whittington
10302 Coppermine Rd.
Woodsboro MD 21798

301 898 0869