PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50405
A 17968
A REPAIR

DISTRICT 5th

DATE 11/18/94

DATE SYSTEM APPROVED 11/21/94

INSPECTOR C.B.S

10/18/94 AM
11/2/94
1:00-1:30

HOWARD COUNTY HEALTH DEPARTMENT #354641

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

INDEXED

Arnold Backhoe & Septic Service IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Wm. Contrivance Estates LOT 11 ROAD 8349 Reservoir Road

PROPERTY OWNER Stephen Frank

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4
or C 125# / Bdrm with existing dry well connection
180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 63

$22\frac{1}{2}$ ft
@ 10:12
@ 10:15
5)

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED. (DRYWELL FULL)
Call for inspection when ground is opened so sanitarian can recommend repair. 11/10/94

Install one Trench 63 ft long, 2 ft wide, 10 ft Bottom, Inlet @ 28 ft, 8 ft of Stone ft, ll. connect to existing dry well. Install Trench on Contour begin @ Test Hole A (on hillside) 11/21 CBS RLP 11/18/94

PLANS APROVED BY See above please and back DATE 11/21/94 CBS

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.

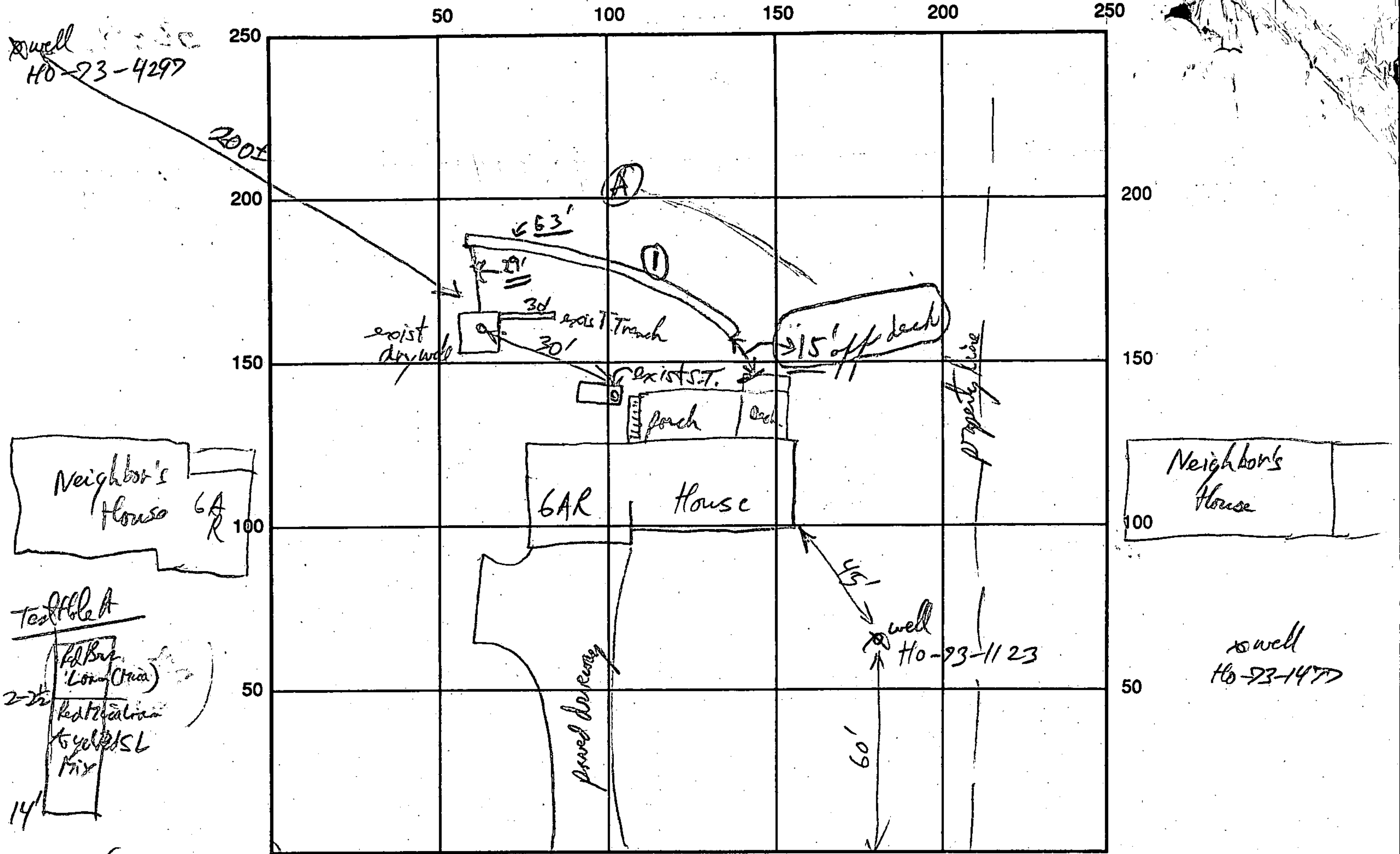
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

P 50405



← (To Limekiln Rd) Reservoir Rd

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing CLEANOUTS Existing

DISTRIBUTION BOX LEVEL Existing drywell

DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 8 (per contractor - min) FT. TOTAL LENGTH 63+ FT. (Plus old system)

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 504+ SQ. FT.

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

ABSORBENT AREA 504+ SQ. FT. (Plus old system)

REMARKS: P.M. 11/21/94 Trench - 63' completed @ stone in rain; Final ok to cover as finish putting new pipe in from septic tank to drywell → Material on site; CKd

DATE SYSTEM APPROVED 11/21/94 INSPECTOR Charles B. S[illegible]

9/10/75 ① P.C.O. CBA

4/10/75

PERMIT

P 220092

② P.C.O. CBA

A 17968

③ Hold for call

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

1/26/75 1/27/76 Ready

DATE 9/8/75

Neale & Neale IS PERMITTED TO INSTALL X ALTER

ADDRESS 2106 Arcola Avenue, Silver Spring, Md. 20902 PHONE 8-949-1547

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Williams Contrivance Estates ROAD 8349 Reservoir LOT 11

PROPERTY OWNER Neale & Neale

ADDRESS 2106 Arcola Ave., Silver Spring, Md. 20902

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,200 GALLONS

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

OTHER Dry well - 480 sq. ft. of absorbent sidewall area to be no deeper than 3 ft. below original grade. Max. depth permitted for dry well is 10½ ft., below original grade. Locate dry well 125 ft. from front lot line and 10 ft. from left side line as seen from road.

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.,

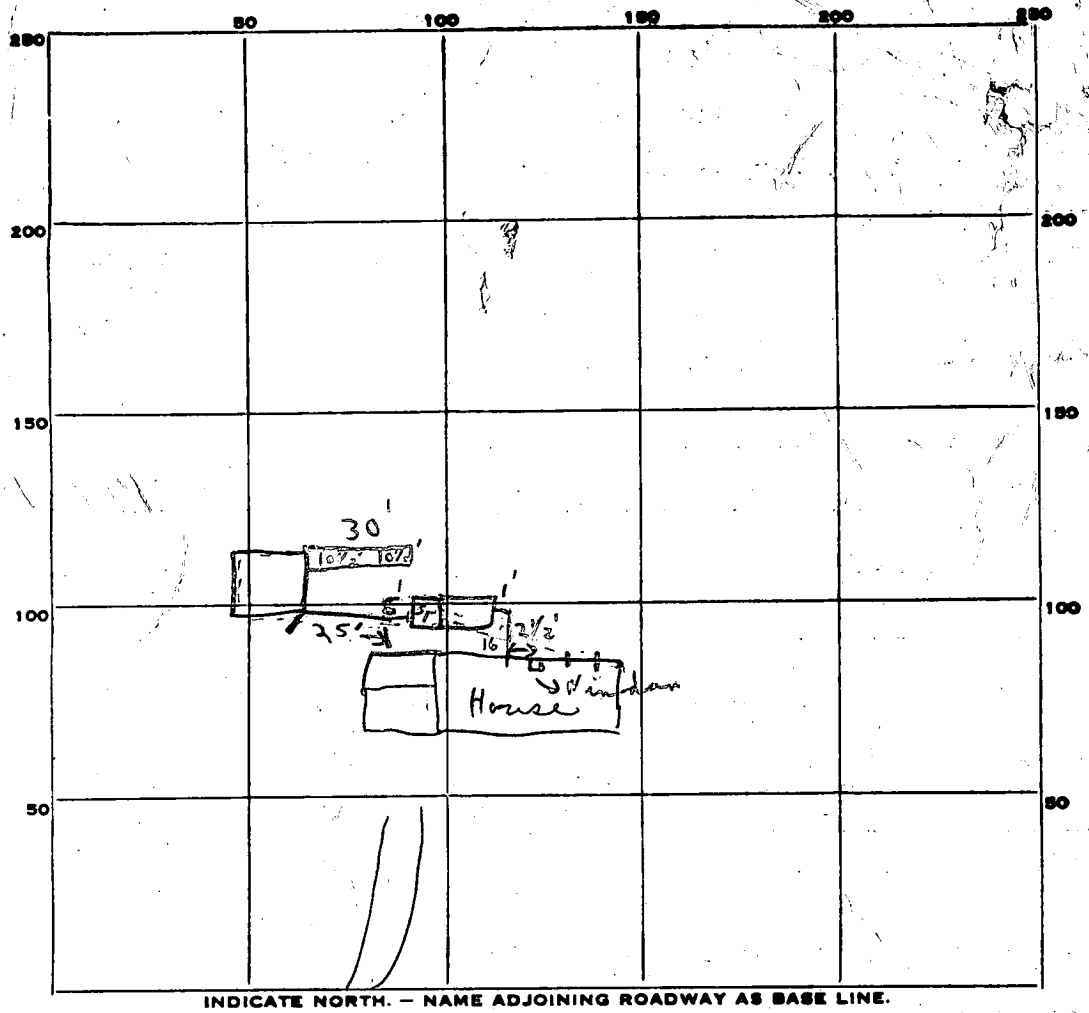
PLANS APPROVED BY Robert V. Torre DATE 12/5/73
CONCRETE, CAST IRON OR TERRA COTTA ACCEPTABLE.

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.

OK to use as an alternate: Drywell & Trench
D.W.: 10'x10', inv. @ 3', max depth 10½', with 7½' of stone
Trench: 5' buffer; trench 2' wide, 25' long, 10½' deep with 7½' stone
R.M. 9/8/75

17968



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ③ Not seen ① Not seen

SEPTIC TANK, LEVEL ok CLEANOUTS S.T. No (1+2) D.W. No (1+2)

DISTRIBUTION BOX, LEVEL —

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

① 22.5.0

GRAVEL DEPTH 7.5' IN. TOTAL LENGTH 30 FT. Inlet 3½'

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA — ②

SEEPAGE PITS, ~~INSIDE DIAMETER~~ outside perimeter — FT. DEPTH BELOW INLET 7.5' FT.

ABSORBENT AREA ± — SQ. FT.

REMARKS 9/10/75 ① Checked note extended trench 5' no. buff in - Trench now 30'; ok'd for gravel.

② Trench gravel to 3' from top - ok to cover C.B.O. all except dry well + cleanouts for Septic Tank + Dry Well! Hold tpx call on drywell ok. To cover all but dry well - no lid on dry well - all pipes connected from trench to D. Well + D Well to Tank to house.

DATE SYSTEM APPROVED 2/76 INSPECTOR see attached letter RJR.

PRELIMINARY

APPLICATION

A 17968

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank - 1250 gal. DISTRICT 5th
Dry Well - 488 sq. ft. DATE 2/20/73
of absorbent sidewall area to
no deeper than 3 ft. below original grade.
Max. depth permitted for dry wells is 10½ ft.
below original grade. Locate dry well
125 ft. from front lot line and 10 ft from
left side line as seen from Rd.

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 C. Ellsworth Iager, et. al.

ADDRESS Route 216, Fulton, Md. PHONE 725-2074

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance Estates LOT NO. 11

ROAD AND DESCRIPTION Reservior Road

SIZE OF LOT 43,600 sq. ft. TYPE BLDG. (4) or 5 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/ C. Ellsworth Iager

✓ APPROVED BY Robert V Tone FOR Dry Well (KIND OF SYSTEM) DATE 2/5/73

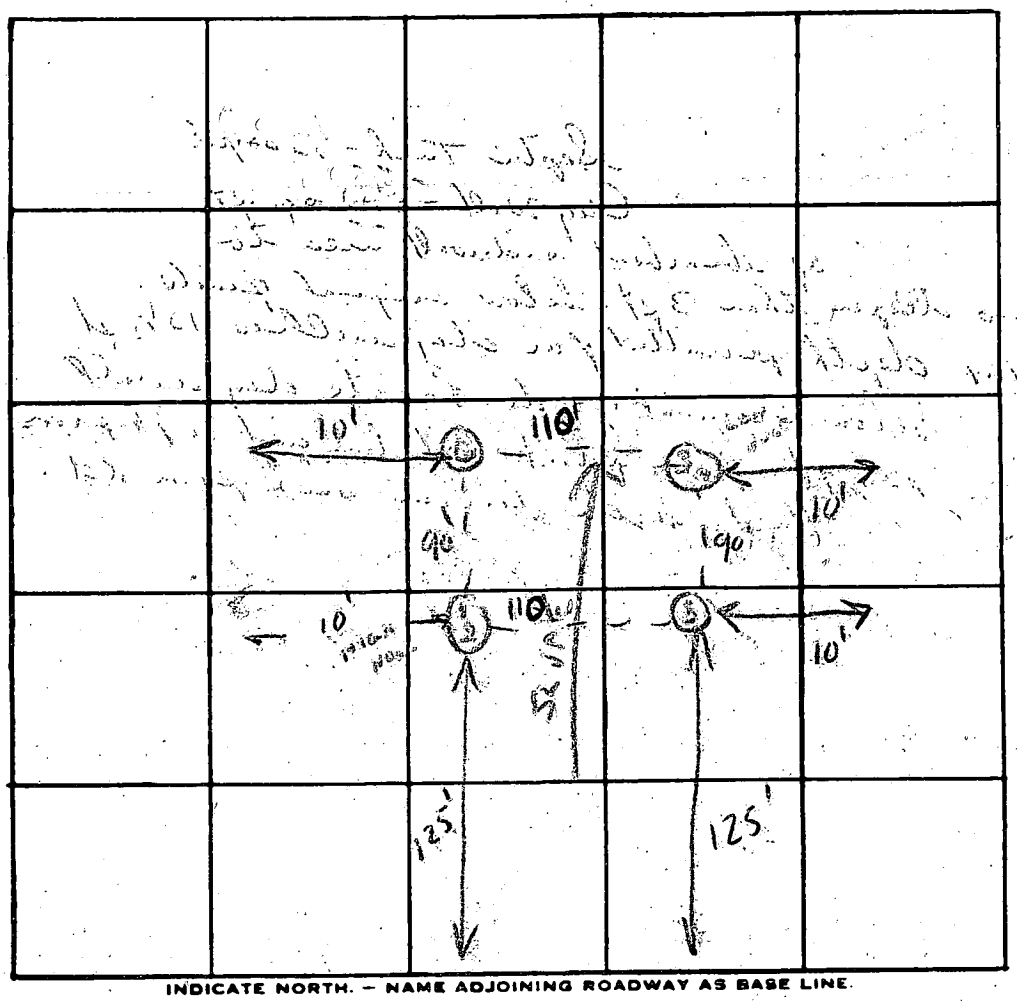
REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING Neale & Neale, Inc.
2106 Arcola Ave.
Silver Spring, Md.
20902

BLDG. PERMIT SIGNED AND RETURNED 7/1/73

THIS IS NOT A PERMIT



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	3½ ft	10 18	10 23	10 23	10 30	7 min
	2	10½ ft	10 18	10 21	10 21	10 26	5 min
	3	10 ft	10 20	10 23	10 23	10 30	7 min
	4	4½ ft	10 20			10 23	3 min
	5	10 ft	Same	Same			
	6	10 ft	Same	Same			

Holes Dug 11:00

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

Locations Certified 1263

PRELIMINARY

APPLICATION

A 17968

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank - 1500 gal DISTRICT 5th
Dry Well - 500 sq. ft. DATE 2/20/73
of absorbant sidewall area to
no deeper than 3 ft. below original grade.
Max. depth permitted for dry well is 10½ ft.
below original grade. Locate dry well
125 ft from front lot line and 10 ft from
left side line, as seen from Rd.

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 C. Ellsworth Iager, et. al.

ADDRESS Route 216, Fulton, Md. PHONE 725-2074

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance Estates LOT NO. 11

ROAD AND DESCRIPTION Reservior Road

SIZE OF LOT 43,600 sq. ft. TYPE BLDG. 4 or 5 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/ C. Ellsworth Iager

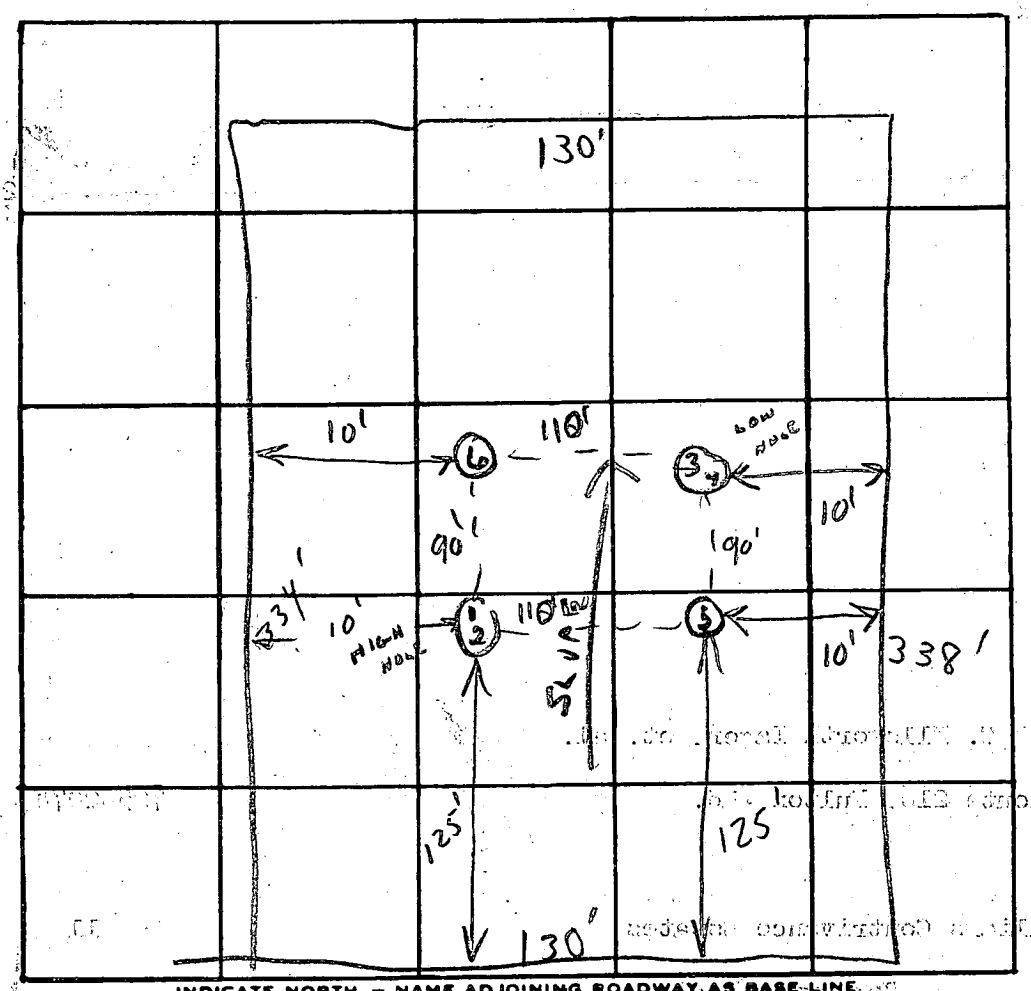
APPROVED BY Robert V. Tune FOR Dry Well (KIND OF SYSTEM) DATE 12/5/72

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.

Rd Lot #11

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/1/73	1	3½ pt	10 18	10 23	10 23	10 30	7 min
	2	10½ pt	10 18	10 21	10 21	10 26	5 min
	3	10 pt	10 20	10 23	10 23	10 30	7 min
	4	4½ pt	10 20			10 23	3 min
	5	10 pt	Same	Same			
	6	10 pt	Same	Same			

Holes Augered

Avg time for 6 holes 3½ pt.

REMARKS Certified Holes by Engineer

TYPE OF SOIL

TESTED BY R.T. ALSO PRESENT: & Locations Certified/REB

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

R21814

DNR-131 (7/73)

EMERGENCY NO. (If any) –

B 1 0250 — SEQUENCE NO. (WRA USE ONLY) — 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 9/11/75 2 PM

OWNER & NEBLE + NEBLE INC (COL 5 LAST NAME) (FIRST NAME COL. 24)

STREET OR RFD & 2106 ARCOLA AVE — JOB ADDRESS 8349 RESERVOIR RD (COL 36) (COL. 55)

POST OFFICE & SILVER SPRINGS MD 20902 — FULTON, MD (COL 57) (COL. 76)

8-13

B 1 CONTINUED (SEQ. NO.)

DRILLER INFORMATION

DATE 3/14/75 — LICENSE NUMBER 251 (77–80)

Arthur P. Edmondson (FIRST NAME) (DRILLER) (LAST NAME)

SIGNATURE Arthur P Edmondson

B 2 (SEQ. NO.)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 6 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 450 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. (22)
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
  } MUST HAVE STATE HEALTH DEPT. APPROVAL
- T TEST

APPROXIMATE DEPTH OF WELL 100 (24–28) FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)	JETTED	DRIVEN
(30-37) AIR-ROTARY	AIR-PERCUSSION	ROTARY (HYDRAULIC ROTARY)
(CABLE)	REVERSE-ROTARY	DRIVE-POINT

OTHER (DESCRIBE) _____

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 (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)
  (41–52)

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

APPROPRIATION PERMIT NUMBER G A P (54–63) — ENGINEER REVIEW DISTRICT NO. (65)

FORCE — WRITE INITIALS IN BOX (67 68) — CONDITIONS A E N S G W Q C L U (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (SEQ. NO.)

HEALTH DEPARTMENT APPROVAL

(41) (S) STATE HEALTH (CIRCLE BOX) — HOWARD COUNTY NAME — W21999 COUNTY NO.

DATE MO. 09 DAY 07 YR. 75 — APPROVED BY Donald W Maughan

B 3 (SEQ. NO.)

LOCATION OF WELL

COUNTY Howard (6 — DO NOT ABBREVIATE COUNTY NAME — 21)

SUBDIVISION K WILLIAMS CONTRIVANCE ESTATE (23–42)

SECTION K 6 (44–46) — LOT K 11 (48–50)

NEAREST TOWN Scaggsville (52–71)

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 (73–76) (77 78)

B 4 (SEQ. NO.)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH	E EAST	(NE) NORTHEAST	S E SOUTHEAST
S SOUTH	W WEST	(NW) NORTHWEST	S W SOUTHWEST

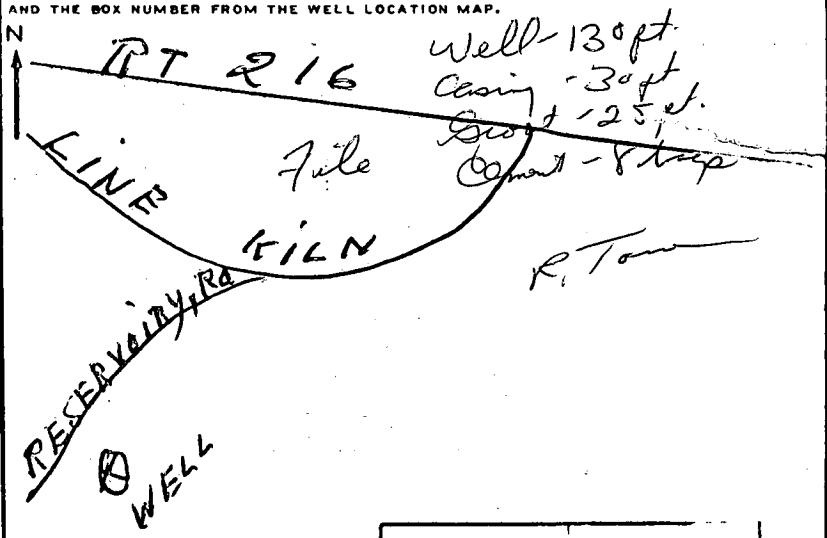
(8) (8) (8 9) (8 9)

NEAR WHAT ROAD — RT. 216 (11–30)

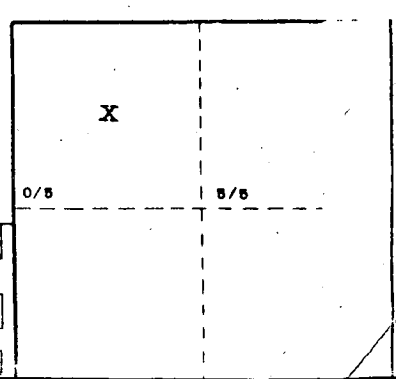
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) — NORTH (N) (32) — SOUTH (S) (32) — EAST (E) (32) — WEST (W) (32)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) (34–37)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 320 N 470



NORTH COORDINATE (50 51 52 53 54 55)

EAST COORDINATE (57 58 59 60 61 62 63)

ELEVATION AT WELL HEAD (FEET)

DNR 214 9/71

C 1 7319 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13 (15–20)

DATE WELL COMPLETED: 9/16/75

DEPTH OF WELL: 120 (TO NEAREST FOOT) (22–26)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-73-1123 (28–37)

DRILLERS IDENTIFICATION NO. 251

OWNER: Neale & Neale Inc. (LAST NAME) Williams Construction Est. (FIRST NAME)

STREET OR RFD: 2106 Arcola Ave. POST OFFICE: Silver Spring MD.

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
30 FT OF DIRT			
90 FT OF GRAY ROCK			

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES (Y) NO (N) (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
CEMENT (C M) (45 46) — BENTONITE CLAY (B C) (45 46)

NO. OF BAGS: 9 NO. OF POUNDS: 900

GALLONS OF WATER: 70

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM: 0 (48–52) FT. TO: 28 (54–58) FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW):
STEEL (S T) — CONCRETE (C O) — PLASTIC (P L) — OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
(60–61)	(63–64)	(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):
STEEL (S T) — BRASS OR BRONZE (B R) — OPEN HOLE (H O) — PLASTIC (P L) — OTHER (O T)

C 2 (1–3 (SEQ. NO.) 6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN		FROM	TO
1	MO (8–9)	30 (11–15)	90 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56–60) (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68) F

CIRCLE APPROPRIATE BOXES

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 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 (PLEASE PRINT): Arthur P. Smondson

SIGNATURE: Arthur P. Smondson

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

T (70) — TELESCOPE CASING
(E.R.O.S.) (72) — LOG INDICATOR
W Q (74 75 76) — OTHER DATA AVAILABLE

C 3 (1–3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 2 (8–9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 1½ (11–15)

METHOD USED TO MEASURE PUMPING RATE: Sand pump

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING: 40 (17–20) (NEAREST FOOT)
WHEN PUMPING: 80 (22–25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING 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

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES (Y) NO (N)

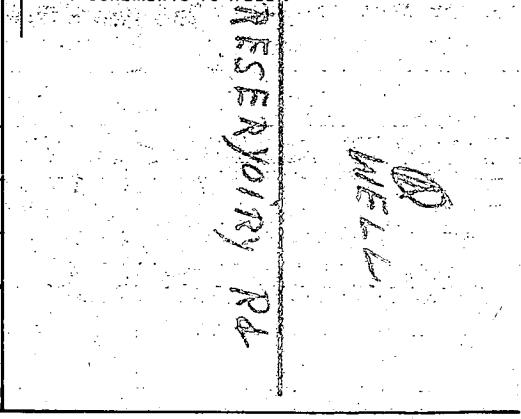
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) (31–35)
PUMP HORSE POWER (37–41)
PUMP COLUMN LENGTH (NEAREST FOOT) (43–47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE / (−) BELOW (49) — LAND SURFACE — 2 (50–51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N ↑ SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HEALTH

DNR-131 (7/73) EMERGENCY NO. (If any) –

B 1 0250 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER R NEALE & NEALE INC (COL 15 LAST NAME) (FIRST NAME) (COL. 34)

STREET OR RFD 2106 ARNOLD AVE (ADDRESS) (COL 36) (COL. 56)

POST OFFICE SILVER SPRING MD 20904 (COL 57) (COL. 76)

8-18

B 1 CONTINUED (1 2 3 (SEQ. NO.) 6)

DRILLER INFORMATION

DATE 8/14/75 LICENSE NUMBER 251 (77 80)

(FIRST NAME) (DRILLER) (LAST NAME)

SIGNATURE

B 2 (1 2 3 (SEQ. NO.) 6)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 6 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 150 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. (22)

M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL

T TEST

APPROXIMATE DEPTH OF WELL 100 FEET (24 28)

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

(30-37) AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

(CABLE) REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

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 (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)
(41 52)

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

APPROPRIATION PERMIT NUMBER G A P (54 63) ENGINEER REVIEW DISTRICT NO. (65)

FORCE (67 68) WRITE INITIALS IN BOX

CONDITIONS A E N S G W Q C L U (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (1 2 3 (SEQ. NO.) 6)

HEALTH DEPARTMENT APPROVAL

(41) S STATE HEALTH (CIRCLE BOX)

HOWARD (COUNTY NAME) 21000 (COUNTY NO.)

DATE MO. 8 DAY 20 YR. 75 (43 48)

APPROVED BY

B 3 (1 2 3 (SEQ. NO.) 6)

LOCATION OF WELL

COUNTY Howard (8 21) (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION (23 42)

SECTION (44 46) LOT (48 50)

NEAREST TOWN (52 71)

MILES FROM TOWN (ENTER O IF IN TOWN) (73) M I (76 77 78)

B 4 (1 2 3 (SEQ. NO.) 6)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

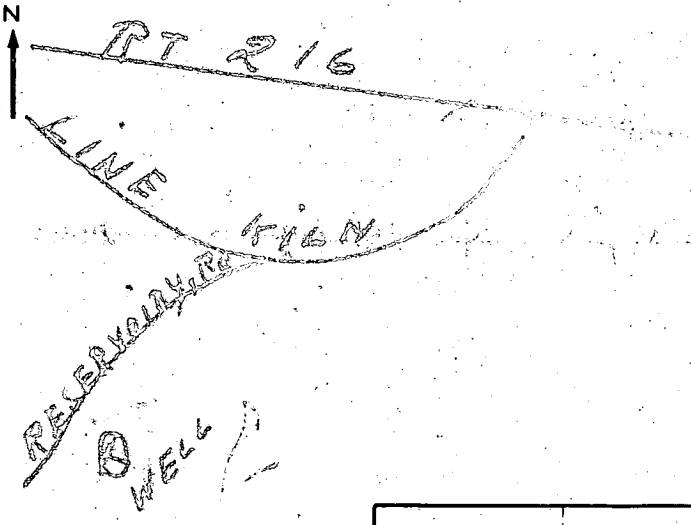
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
(8) (8) (8 9) (8 9)

NEAR WHAT ROAD Rt 216 (11)

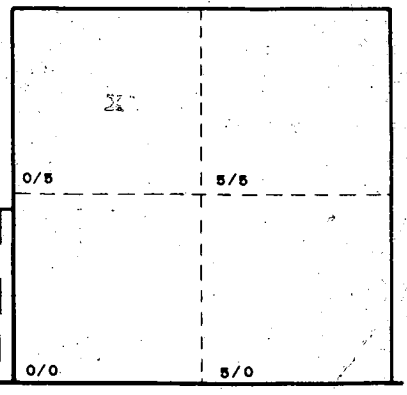
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) (32) SOUTH (S) (32) EAST (E) (32) WEST (W) (32) (30)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) F T M I (34 37) (38 39)

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 DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 820 N 470



NORTH COORDINATE (50 51 52 53 54 55)

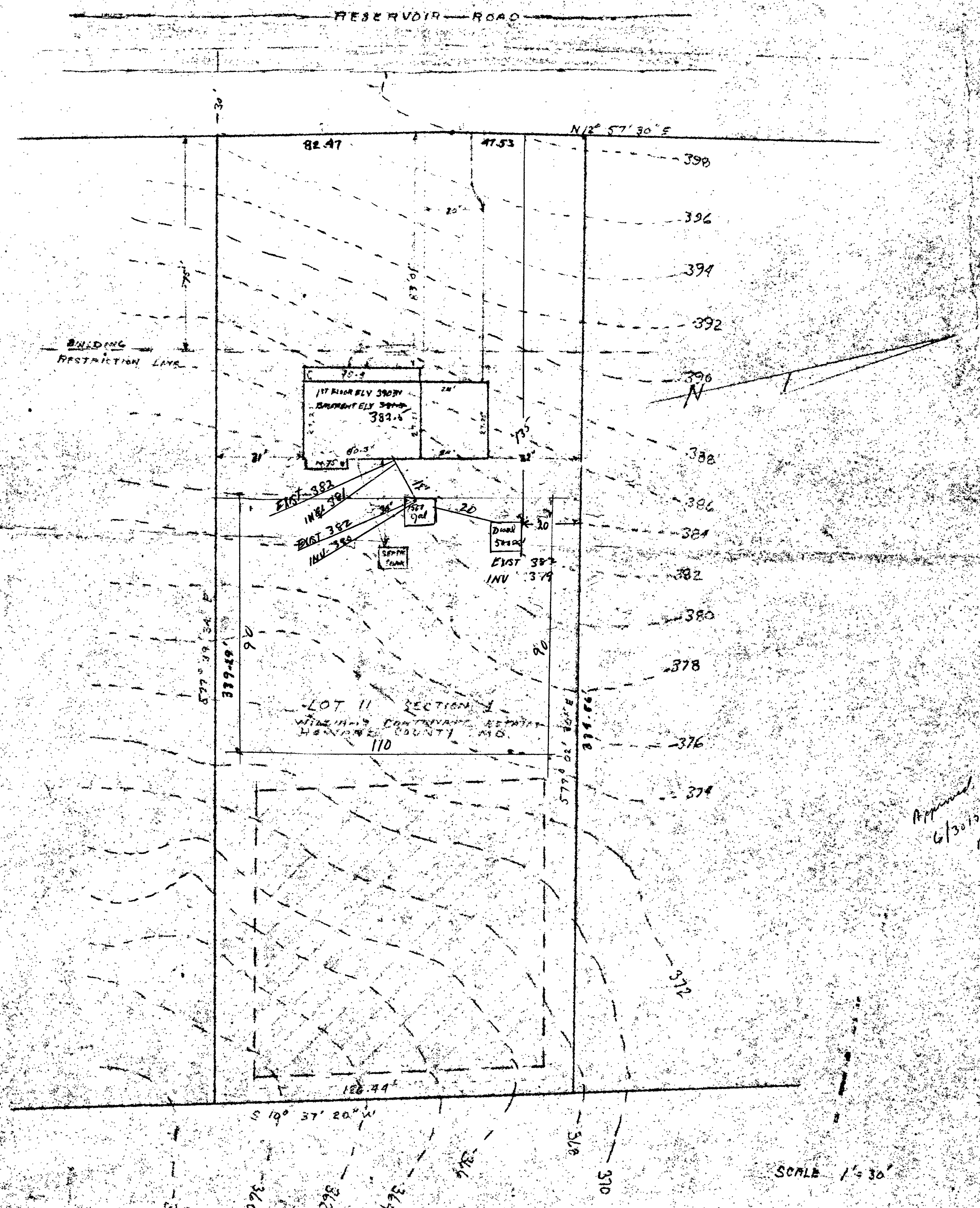
EAST COORDINATE (57 58 59 60 61 62 63)

ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

B 5 (1 2 3 (SEQ. NO.) 6)

SPECIAL CONDITIONS 8-63 (WRA USE ONLY) (8 63)

HEALTH



6/30/75 okd by CW

TOPOGRAPHIC SURVEY + HOUSE LOCATION
LOT 11 WILLIAMS CONTRIVANCE ESTATES

NEALE + NEALE INC
8106 ARCOLA AVE SILVER SPRING MD 20904
PH. 949-1547

949-1547

I certify the above measurement and elev. are actual & correct for this

6/27/75 [illegible]