

1/23/01

10 AM Layout

2/16/01 C.O. AM  
2/21/01 PUMP, ALARM, HOUSE CONN 10 AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

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

P 514748

A 511091

ISSUE DATE 1/22/2001

APPROVAL DATE 2/21/01

INDEXED 04-314808

WTC III Plumbing & Heating Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, MD 21797 PHONE 410-489-4457

SUBDIVISION Fine Subdivision LOT NUMBER 1 ADDRESS 1406 Morgan Station Road

PROPERTY OWNER Stephen & Dana Wingert PROPERTY OWNER'S ADDRESS 4926 Webbed Foot Way

SEPTIC TANK CAPACITY 1250 GALLONS ~~TOP~~ WATERTIGHT (ie TOPSEAM) Ellicott City, MD 21043

PUMP CHAMBER CAPACITY 1250 GALLONS \* PUMPED SYSTEM PROPOSED \* WATERTIGHT (ie Top seam)

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES: Trenches to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Place the distribution box 100 feet from the front lot line and 175 feet from the ~~right~~ lot line. Run trenches on contour to left side of lot.  
left Maintain a minimum of 100 feet from the well. 8/29/00 OK ALM

PLANS APPROVED Mark Rifkin DATE 8/16/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

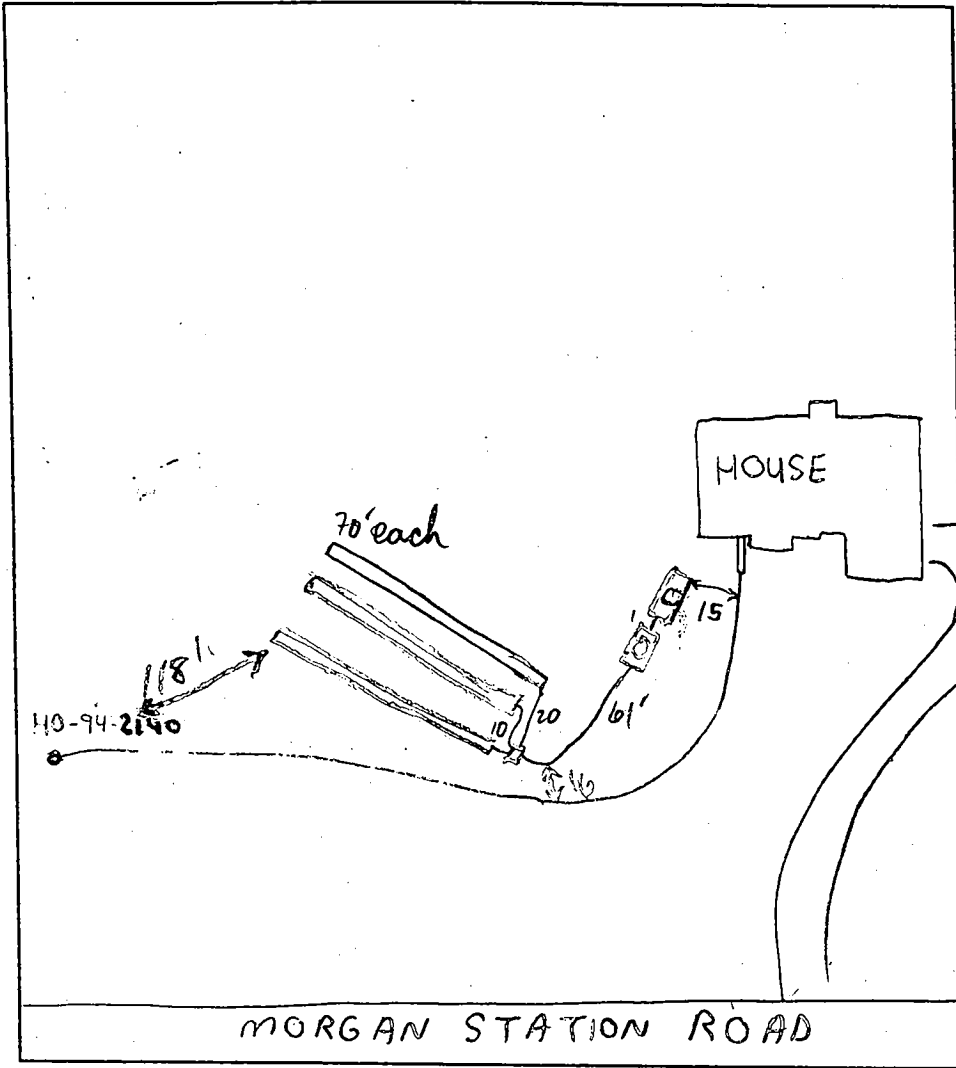
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

511091

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 2  
 TRENCH INLET DEPTH 4  
 TRENCH BOTTOM DEPTH 8  
 DEPTH OF STONE 4  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH \_\_\_\_\_  
 ABSORBENT AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER   
 6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250 TS  
 MANHOLE RISER   
 ALARM   
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 1/23/01 - INSTALL DBOX PER PLAN AND RUN TRENCHES ON CONTOUR - (SRK)

INSPECTION COMMENTS: 2/6/01 1:00 OK, CONTINUE (MR)  
2/6/01 3:30 OK TO COVER TANKS & TRENCHES; HOLD FOR HOUSE CONN, PUMP & ALARM INSP (MR)  
2/21/01 Pump test OK DCC

INSPECTOR

DCC

DATE SYSTEM APPROVED

2/21/01

# APPLICATION

PERCOLATION TESTING

A 511091 A  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 10/8/98

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 ESTATE OF RHODA FINE (JUDY RATUEFF, CONSERVATOR)

ADDRESS 2155 GOLF COURSE TR., RESTON, VA. 20191-3834 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER CARY CUMBERLAND

ADDRESS 712 CHESSIE CROSSING, WOODBINE MD. 25197 PHONE W (410) 799-6000  
HT (410) 489-5695

PROPERTY LOCATION:

SUBDIVISION ESTATE OF RHODA FINE LOT NO. (1)

ROAD AND DESCRIPTION WEST SIDE MORGAN STATION ROAD, N. OF RTE. 144, S. OF I-70

TAX MAP 8 PARCEL # 8

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SINGLE-FAMILY DWELLING  
(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.

Cary Cumberland  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

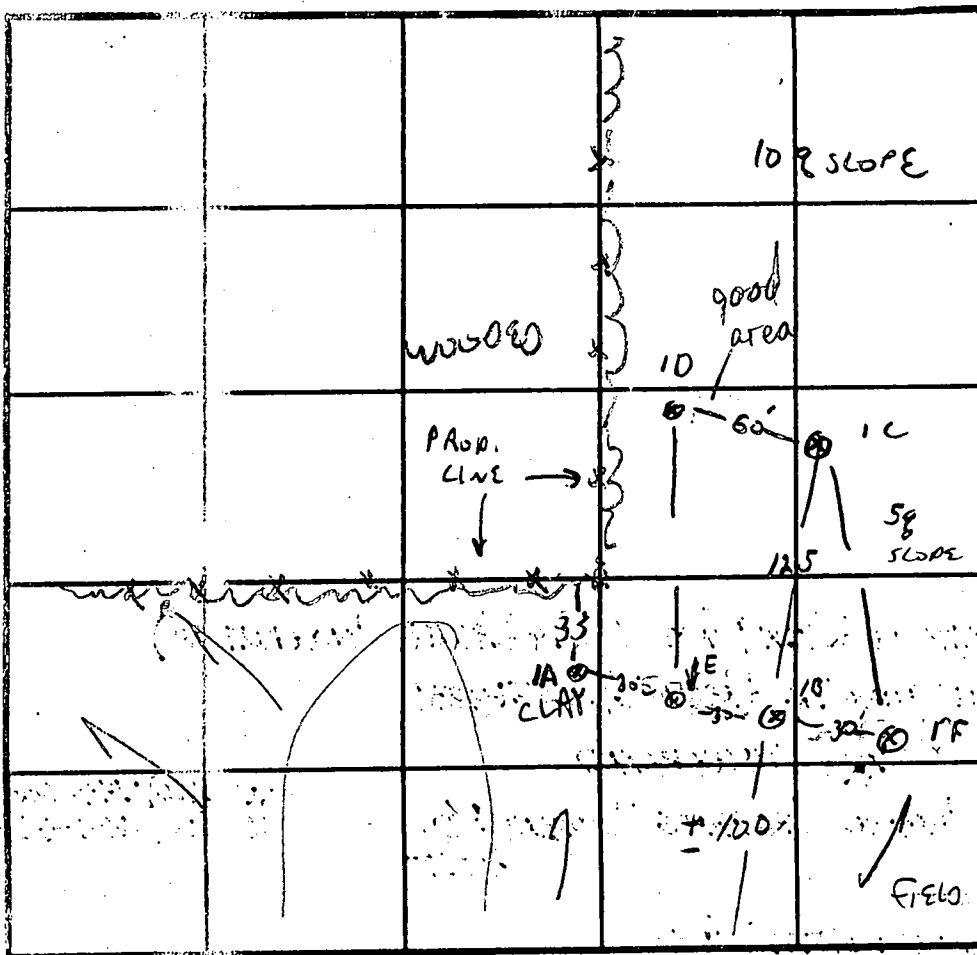
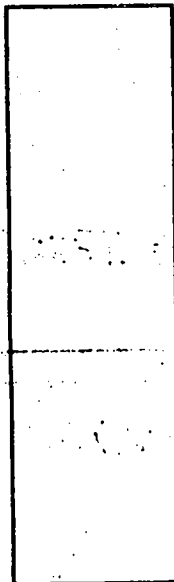
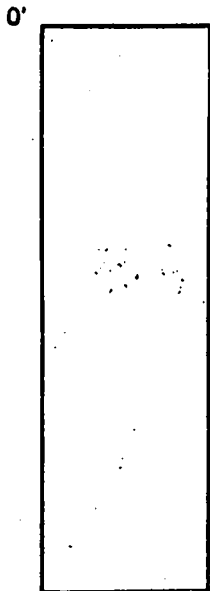
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

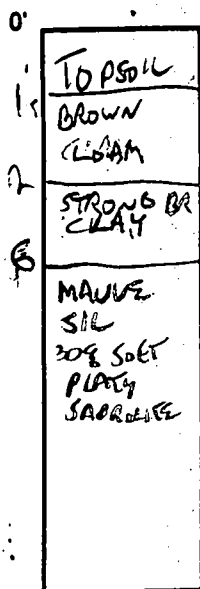
A511091A

COUNTY #

SOIL PROFILE



SOIL PROFILE

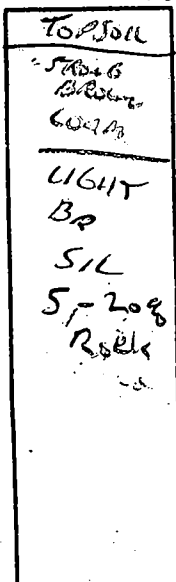


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MURRAY STATION ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/98	1A	6/11.5	11:36	11:51.6	3/4 inch	slow	FAIL
	1E	5/11.4	12:29	12:33	→	12:41	7 MIN
	1B	4.5/13	10:48	10:52	→	10:58	6 MIN
	1F						
	1C	4/12.5	10:58	11:09	→	11:23	16 MIN
	1D	8/12	11:15	11:22	→	11:35	13 MIN
		4	11:19	11:21	→	11:26	5 MIN
	1F	12V	OK				OK

1B-E



REMARKS: SIMILAR TO B w/ 10% soft Rock, DUG AT STAKES LOT 1

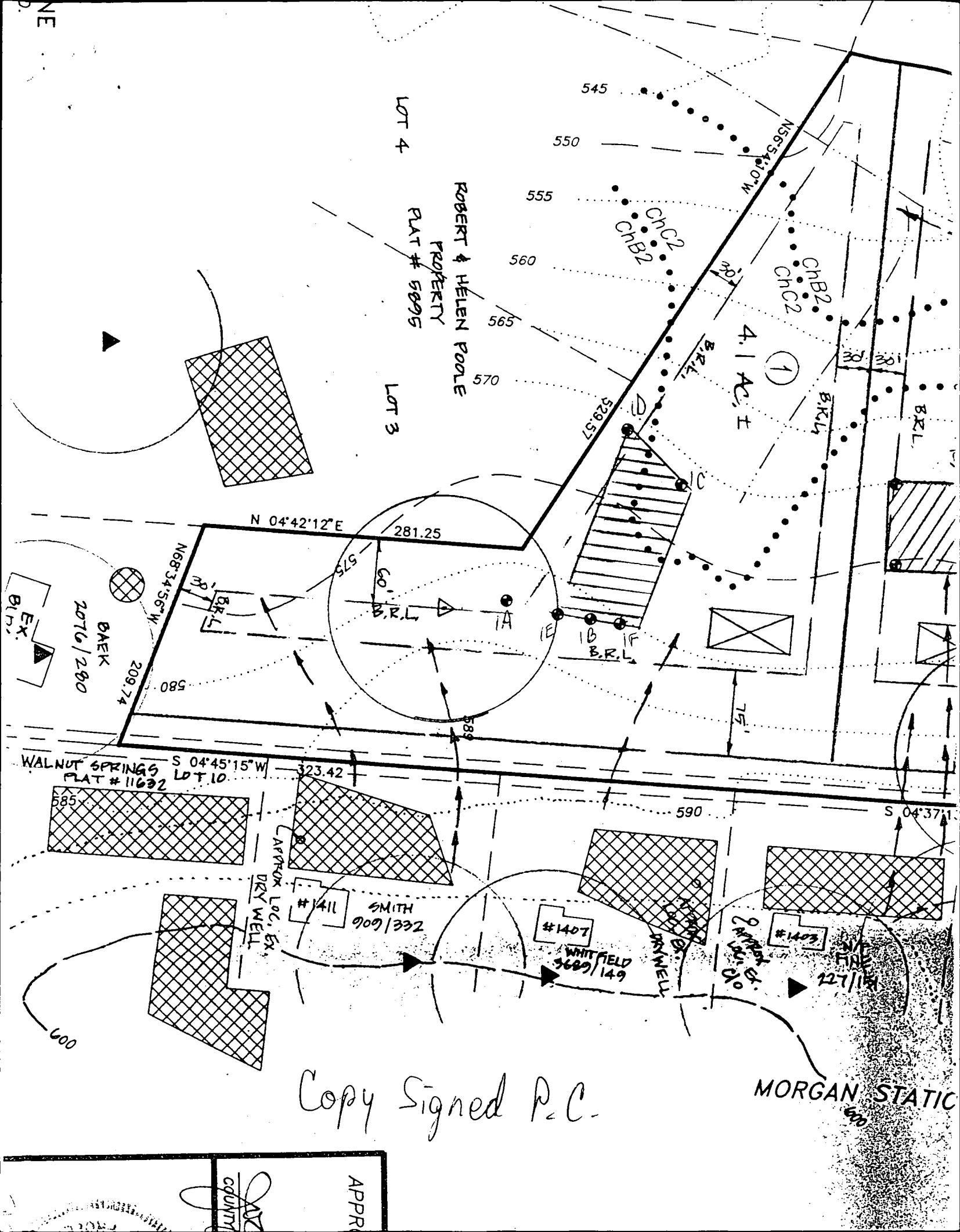
TYPE OF SOIL: VERY DRY, HAS LARGE ROCKS 1ST 3'

TESTED BY: G. SAVILE ALSO PRESENT C. QUABERLIN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9.5 TRENCH WIDTH 210"

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 210

13



LOT 4

ROBERT & HELEN POOLE  
PROPERTY  
PLAT # 5895

LOT 3

N 04°42'12"E 281.25

EX. B.R.L.  
2076/280  
DAEK

WALNUT SPRINGS S 04°45'15"W  
PLAT # 11632 LOT 10

SMITH  
909/332  
#1411  
APPROX LOC. EX. DRY WELL

#1407  
WHITFIELD  
3689/149

#1403  
N/F FIRE  
127/154

Copy Signed P.C.

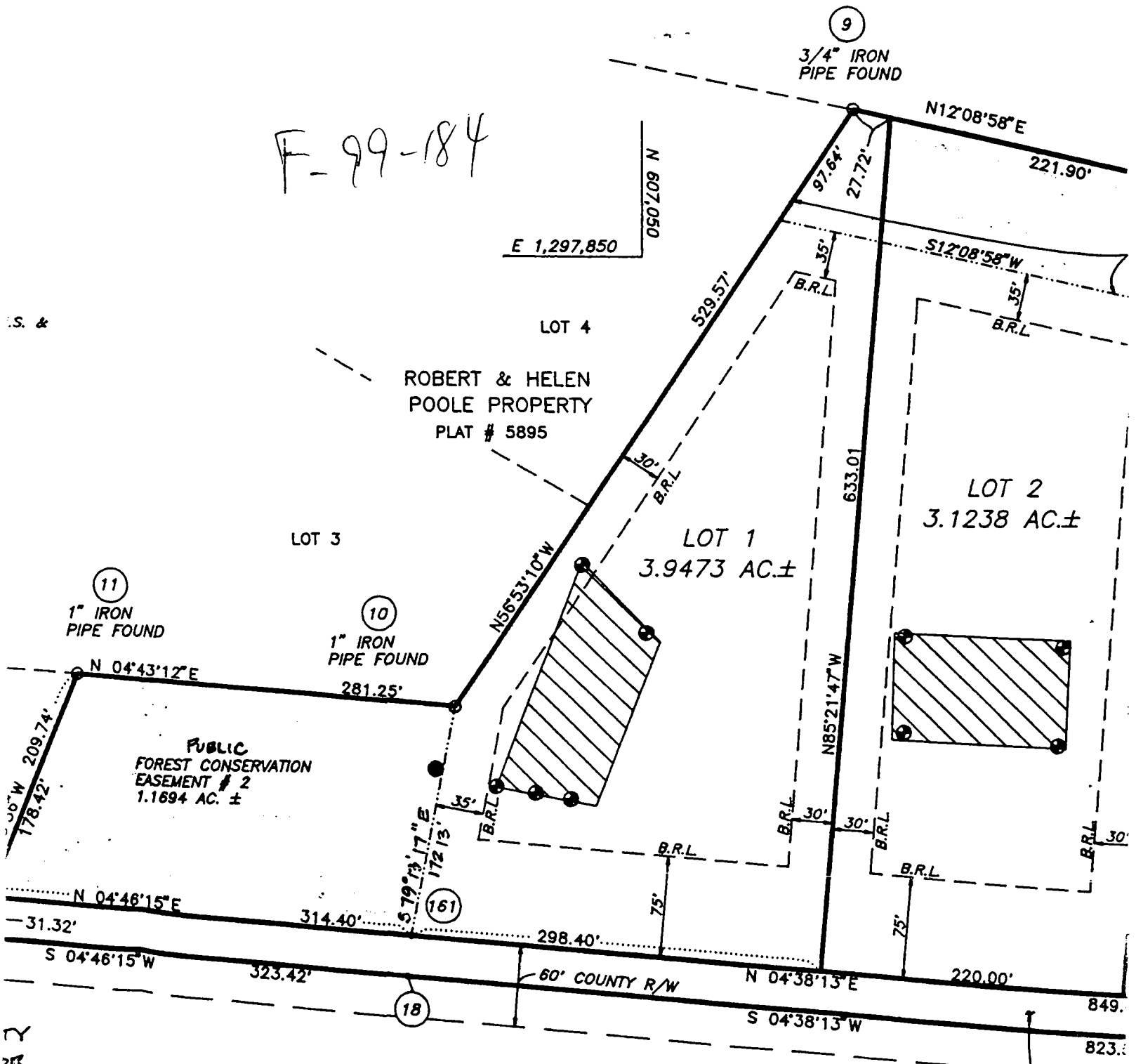
MORGAN STATIC

APPR  
COUNTY

UPON COMPLETION OF THE PUBLIC UTILITIES AND THEIR ACCEPTANCE BY HOWARD COUNTY, AND, IN CASE OF A FOREST CONSERVATION EASEMENT UPON COMPLETION OF DEVELOPERS OBLIGATION UNDER FOREST CONSERVATION INSTALLATION AND MAINTENANCE AGREEMENT EXECUTED BY THE DEVELOPER AND COUNTY, AND THE RELEASE OF THE DEVELOPERS SURETY POSTED WITH SAID AGREEMENT, THE COUNTY SHALL ACCEPT THE EASEMENTS AND RECORD THE DEED(S) IN THE LAND RECORDS OF HOWARD COUNTY.

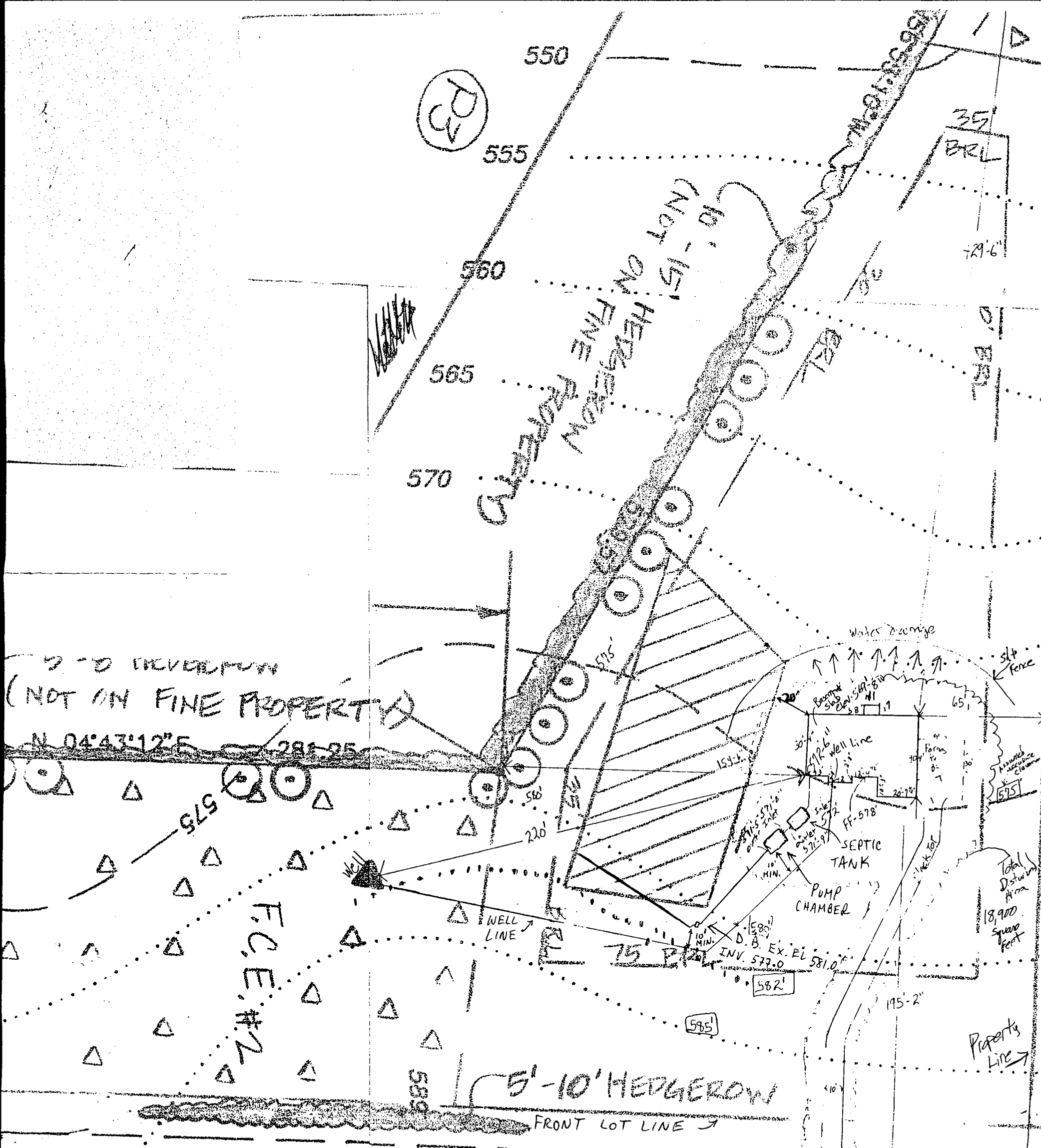
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18	606,879.2428
30	606,556.9429
52	607,949.4521
83	607,701.7168
84	607,753.1667
86	607,816.1682
106	607,700.1345
158	606,568.3867
161	606,881.7009
162	607,728.3738

F-99-184



4006 =  
= \$34,070.40)  
IS PROVIDED BY

MORGAN STATION ROAD  
COUNTY ROAD  
MINOR COLLECTOR



6'15" W — 323.42 —  
 Approved Septic System Plan  
 Howard County Health Department

Total linear feet of trench required 210 feet  
 PLAN BY CARY 590  
 CUMBERLAND

Width of trench(es) 2 feet

Depth of trench(es) 8 feet

Depth of stone required below distribution pipe 4 feet

Mark Ripkin 8/17/00  
 Signature Date

1:50

300025796

Building Address: 1406 MORGAN STATION RD Property Owner's Name: MR. STEPHEN & DANA WINKERT  
WOODSVIEW, MD 21797 Address: 4926 WEBBFOOT WAY  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_ City: ELLICOTT CITY State: MD Zip Code: 21043  
 Census Tract: 6046 Subdivision: Fine subdivision Home Phone: (410) 995-1805 Work Phone: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 1 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Tax Map: 8 Parcel: 53 Grid: 8 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Zoning: RGR Map Coordinates: 3510 Lot size: Half  
 Existing Use: Vacant lot Contractor Company: VIKING DEVELOPMENT CORP.  
 Proposed Use: Single Family Dwelling Contact Person: CARY K. CUMBERLAND  
 Estimated Construction Cost: \$ 125,000 Address: 815 WINDRIVER DRIVE  
 Description of Work: Custom Home, 4 Bedroom City: ESKESVILLE State: MD Zip Code: 21784  
1/2 bathroom, 2 story colonial single family dwelling, License No.: \_\_\_\_\_ Cell: 984-8164  
3 Rooms, 2 car garage attached W/R I Phone: (410) 442-2697 Fax: (410) 442-2085  
 Occupant or Tenant: MR. STEPHEN WINKERT Engineer or Architect Company: W/H  
 Contact Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>32'4" x 58'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>32'4" x 58'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>32'4" x 58'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	No. of Bedrooms: <u>4</u>	Sprinkler system: N/A <input checked="" type="checkbox"/>
		* W/ ROUGH-IN	
		No. of efficiency units: _____	
		No. of 1 BR units: _____	
		No. of 2 BR units: _____	
		No. of 3 BR units: _____	
		Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof: _____	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Cary K. Cumberland Print Name: CARY K. CUMBERLAND  
 Title/Company: PRESIDENT/VIKING DEVELOPMENT CORP Date: 8/2/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	47424
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ	8/16/00	Mark Pflum	Side St: _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Is Sediment Control approval required prior to issuance? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) !!!!! COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: WTC III Plumbing & Heating Telephone #: 410 489-4457  
Address: 1820 Gillis Falls Rd Woodbine Md 21797

(Must circle one) Licensed Plumber                      Licensed Well Driller                      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (print): William T Cumberland III License# 7979

**A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber t pump installer or well driller. Licenses may be subject to field verification.**

Name of Property Owner: Wingert Telephone #: 995-1805  
Subdivision: Fine Subdivision Lot #: 1 Well Tag #: HO - - - -  
Site Address: 1406 Morgan Station Rd Woodlawn MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit Make:
Make: <u>Myers</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>3ST52-8</u>	Model#: <u>B10 X</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity	GPM Depth:- (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>GPM</u>	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>

Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:- If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 Torque arrestors or Cable guards are required -Must circle one  
**Safety rope, if used, attached to inside of well casing with eye bolt -**

Piping to House	House Connection
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration <u>yes</u>
PSI: <u>160</u> (160psi Min)	Approximate Length of sleeve <u>5ft</u>
Depth of supply line: <u>48</u> (36"min)	Sleeve sealed and calked properly: <u>yes</u>

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

[Signature]  
Signature of company representative responsible for installation

2/21/01  
Date

**For Health Department Use Only -Not to be completed by Installer**

Date Insp. Requested: 1/23/01 Date Insp. Approved: 1/23/01

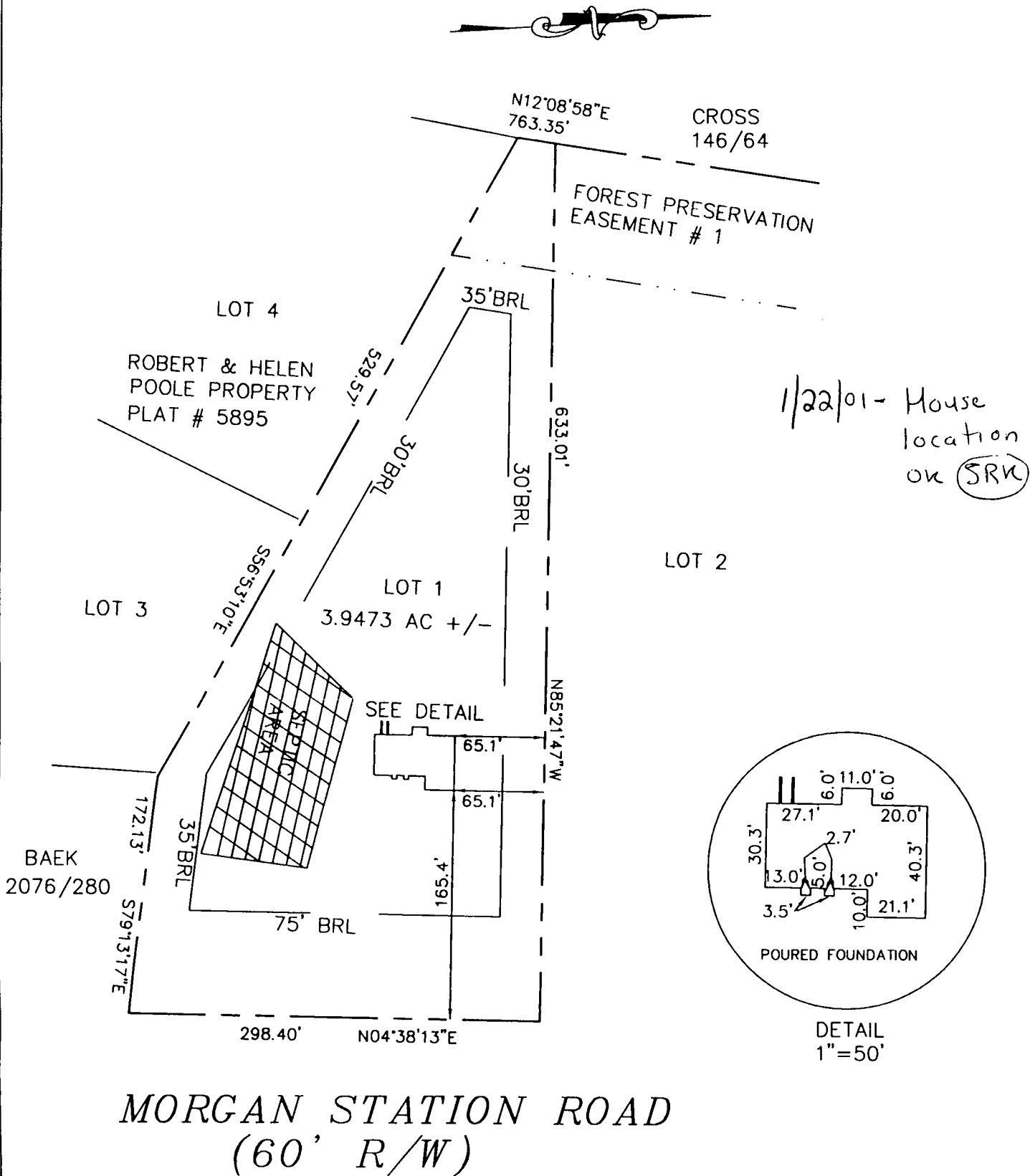
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

SRK  
5/2

PROPERTY KNOWN AS:

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

LOT 1 "FINE PROPERTY"  
PLAT NO# 14027  
HOWARD COUNTY, MD



LOCATION DRAWING

TOP WALL ELEVATION = 576.5'

CERTIFICATION

SEAL

SCALE 1"=100'

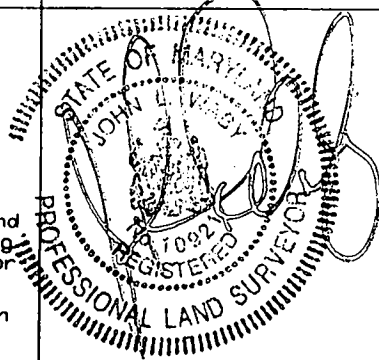
DATE 12/01/00

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

LOT 1 "FINE PROPERTY"

MORGAN STATION ROAD

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.



LDE Inc.

9250 Rumsey Road Suite 106  
Columbia, Maryland 21045

(410) 715-1070 (Balt.)  
(301) 596-3424 (Wash)  
(410) 715-9540 (Fax)

C1 9637 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 A 511091

ST/CO USE ONLY DATE Received 04 26 99 DATE WELL COMPLETED 04 20 99 Depth of Well 300 PERMIT NO. FROM "PERMIT TO DRILL WELL" No. 94 2140

OWNER Viking Development STREET OR RFD Maroon Station Rd TOWN Lisbon SUBDIVISION Estate of Rhoda Fine SECTION      LOT 1

**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		check if water bearing
	FROM	TO	
Overburden	0	30	
Soft Shale	30	65	
Gray Rock	65	300	x

water at 110'

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 14 NO. OF POUNDS 1400  
 GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 56 ft.  
 (enter 0 if from surface)

**CASING RECORD**

caseing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 69

**OTHER CASING (if used)**

diameter inch depth (feet) from to

E A C H I N G

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  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

**C 2** DEPTH (nearest ft.)

110 69 300

E 8 9 11 15 17 21  
 A 23 24 26 30 32 36  
 C 38 39 41 45 47 51  
 S  
 R  
 E  
 N

SLOT SIZE 1      2      3     

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
 from to

**C 3** PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 167

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 37 ft.  
 WHEN PUMPING 270 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 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 } 1 (nearest foot)

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

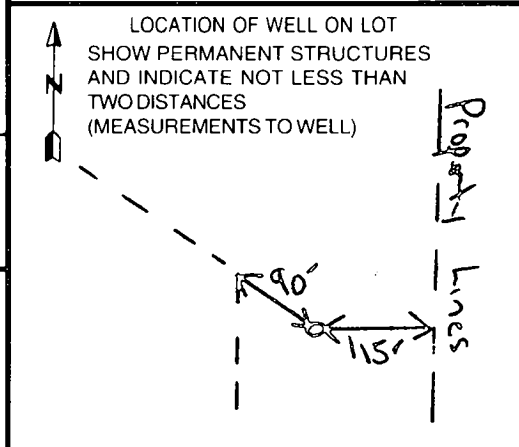
DRILLERS LIC. NO. M 41 D 399  
Tal  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 2 W D 241  
Warren Powell

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 (E.R.O.S.) W Q

70      72      74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-2140  
 Location of property (road) Morgan Station Road  
 Subdivision Estate of Rhoda Fine Lot 1 Block      Plat      Sec.       
 Well Driller P. Fabiszak (Harr) Owner Viking Development  
 Depth of well 300'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 37'

**I. High rate pumping -- reservoir drawdown**

Time pump started 0815 Pumping rate 1.67gpm  
 Total time 1hr 45 min to reach pumping water level 270 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0815	37'	4		15.00
0830	128'	6		10.00
0845	181'	7		8.57
0900	260'	13		4.62
0915	271'	23		2.61
0930	273'	27		2.22
0945	275'	36		1.67
1000	277'	47		1.28
1015	275'	45		1.33
1030	270'	36		1.67
1045	270'	36		1.67
1100	270'	36		1.67
1115	270'	36		1.67
1130	270'	36		1.67
1145	270'	36		1.67
1200	270'	36		1.67
1215	270'	36		1.67
1230	270'	36		1.67
1245	270'	36		1.67
1300	270'	36		1.67
1315	270'	36		1.67
1330	270'	36		1.67
1345	270'	36		1.67
1400	270'	36		1.67



B 1 8827

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO - 94 - 2140

Date Received (APA) 1/28/99

OWNER INFORMATION

Viking Development, 815 Wind River Drive, Sykesville MD 21784

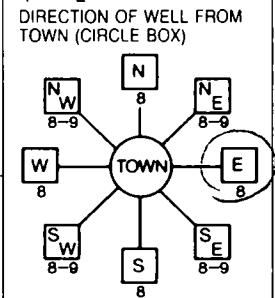
LOCATION OF WELL

Howard, Estate of Rhoda Fine, Lisbon, NEAREST TOWN

DRILLER INFORMATION

Paul M. Faliszak, G. Edgar Larr Sons' Corp, 12047 Falls Rd, Cockeysville 21030

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Morgan Station Rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 150 FT, TAX MAP 8, BLK 8, PARCEL 53

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 750 GAL PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, COUNTY NAME, STATE SIGNATURE, DATE ISSUED 2/26/99, CO SIGNATURE, EXP. DATE 3/26/00, NORTH GRID 546.000, EAST GRID 0985.000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

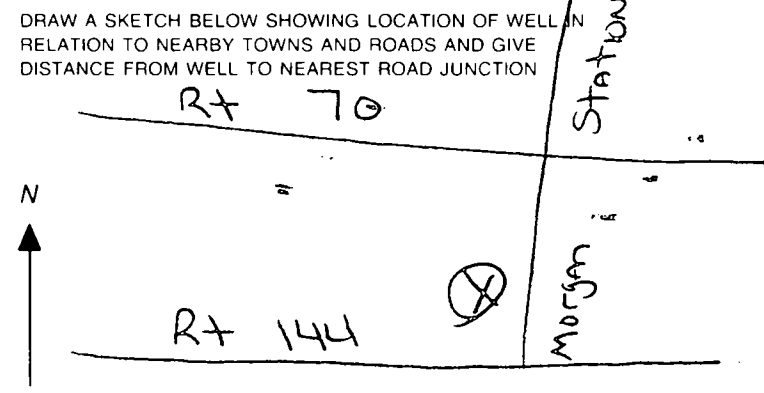
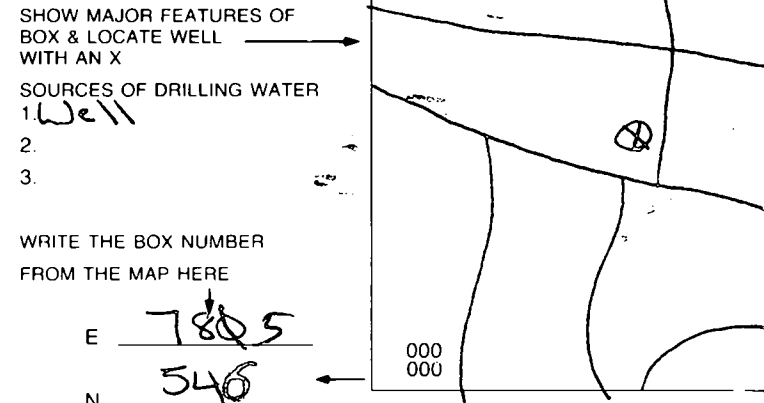
METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTary, CABLE, JETTED, AIR-PERCussion (circled), REVerse-ROTary, Jetted & DRIVEN, ROTARY (Hydraulic Rotary), DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

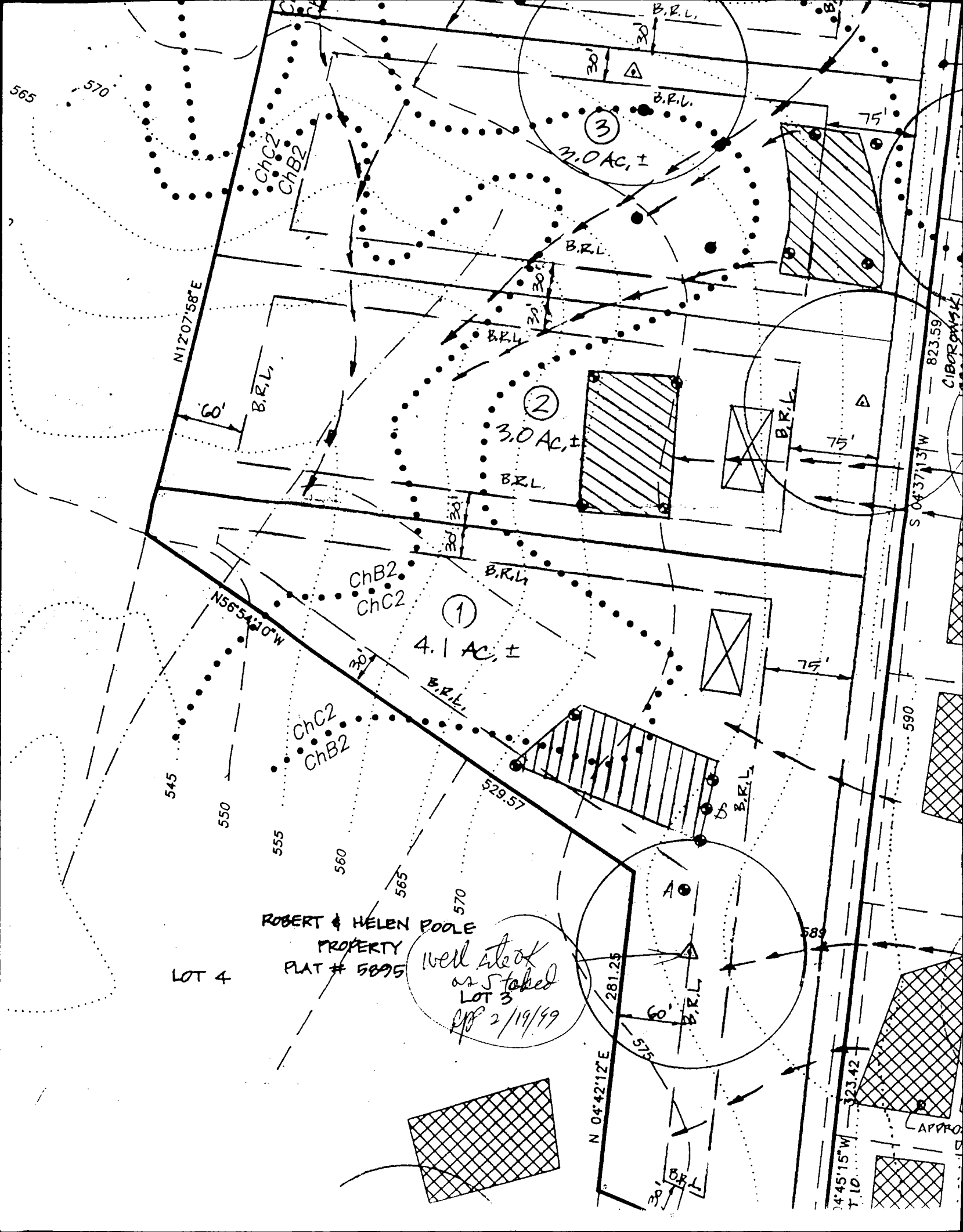
- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROP PERMIT NUMBER, PERMIT No. HO - 94 - 2140



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



N1207'58"E

60'

B.R.L.

ChC2  
ChB2

②

3.0 AC, ±

B.R.L.

①

4.1 AC, ±

B.R.L.

ChB2  
ChC2

ChC2  
ChB2

③

11.0 AC, ±

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

75'

75'

B.R.L.

75'

A

60'

B.R.L.

N 04°42'12"E

281.25

575

B.R.L.

N 04°45'15"W

323.42

T. 10

APPRO

LOT 4

ROBERT & HELEN POOLE  
PROPERTY  
PLAT # 5895

Well struck  
as stated  
LOT 3  
2/19/99

CIBOROWSK

823.59

S 04°37'13"W

590

565

570

545

550

555

560

565

570

585

590