

5/26/99
10:00 C.O.
6/16/99
2/10
6/21/99
amco

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511574

A 511379

DISTRICT _____

DATE 5/11/99

DATE SYSTEM APPROVED 6/21/99

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED
04-315669

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 580 Obrecht Road, Ellicott City, MD 21784 PHONE 410-795-5674

SUBDIVISION Brendel LOT _____ ROAD 15259 Union Chapel Road

PROPERTY OWNER Phillip Brendel

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

PERMIT SIGNED
AND RETURNED 2-8-99
Serial # B70119183
deck

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 105 feet off Union Chapel Road and 105 feet off the left lot line as seen when facing the lot from Union Chapel Road. Run trenches on 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 4/13/99 DK

PLANS APPROVED BY Amy McMillen DATE 4-01-1999

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

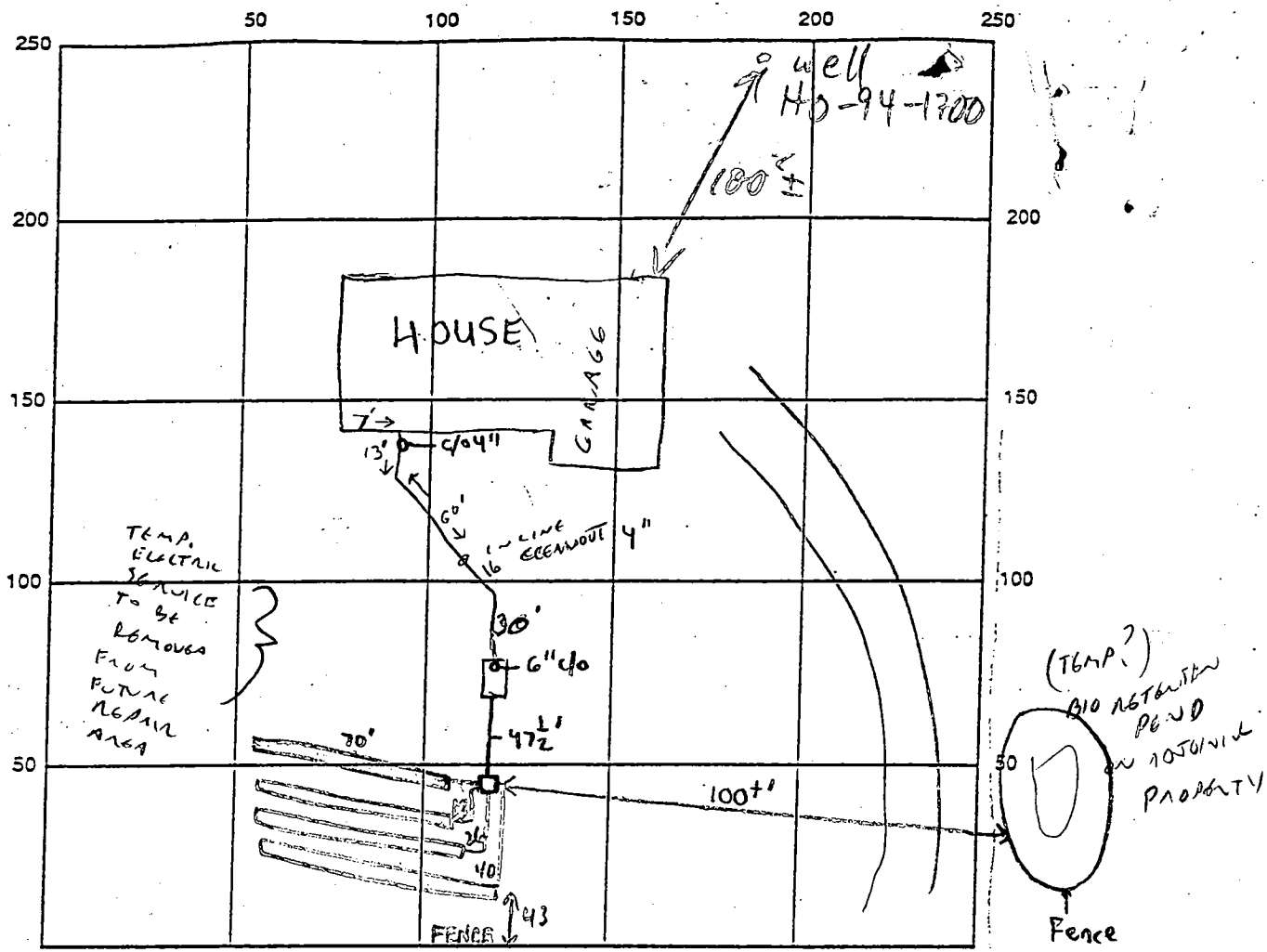
PERMIT SIGNED
AND RETURNED 5-11-99
Serial # B700117573
[Signature]

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**

4-511379



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 UNION CHAPEL ROAD

SEPTIC TANK LEVEL 1250 midseam CLEANOUTS 4" @ house, 4" in line, 6" @ Tank

DISTRIBUTION BOX LEVEL Baffle 15 in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/18/99- SYSTEM INSTALLED 20-25' ABOVE TARGET LOCATION TO IMPROVE SEPARATION

FROM SEDIMENT CONTROL POND ON ADJACENT PROPERTY. (CW) 6/18/99- OK TO COVER FROM HOUSE TO BOX & CONTINUE WORK (SRK)

6/21/99 OK TO COVER (MR)

6/21/99 WPI - INSTALLATION COMPLETE, COVERED; 2-PC CAP OK

NO RECORD OF INSPECTION REQUEST (MR)

DATE SYSTEM APPROVED 6/21/99 INSPECTOR M. Riskin

2/17/99
10:00

APPLICATION

PERCOLATION TESTING

A 571379

P _____

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

2/1/99

DISTRICT 4TH

Purpose: Establish
10,000 sq SDA for existing
house on an existing
lot
AM

DATE 1/29/99

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 ~~G&L~~ LIMITED PARTNERSHIP BRENDEL

ADDRESS 15298 UNION CHAPLE RD PHONE 410-442-2101
WOODBINE MD 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 15259 UNION CHAPLE ROAD

BLDG. PERMIT SIGNED

AND RETURNED 4/1/99

Serial # B00116944

TAX MAP 14 PARCEL # 67

SIZE OF LOT 1.97 AC ± TYPE BLDG. SINGLE FAMILY - 4 BR
(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. G&L limited Partnership Pub & All Gen Ptnr
(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

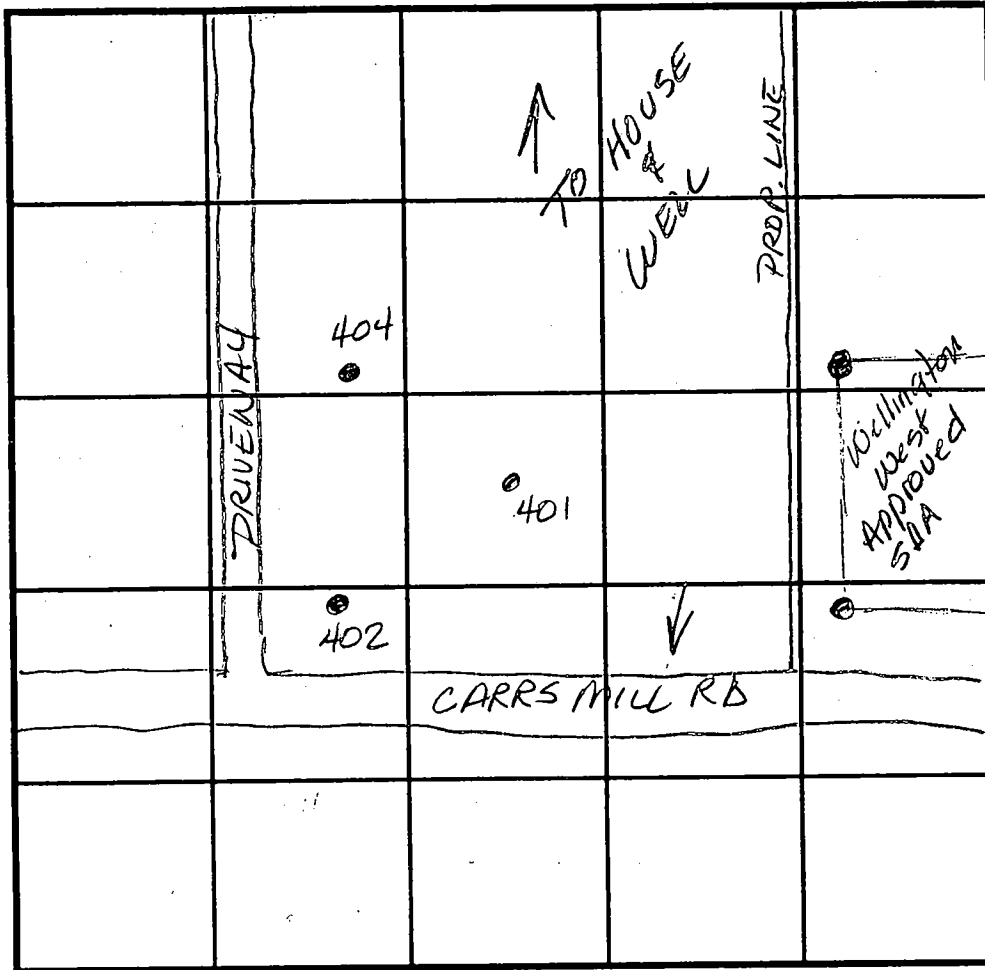
COUNTY #

SOIL PROFILE
TYPICAL

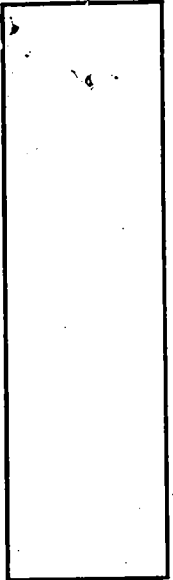
orange
brn
Sicilm

dark
brown
Sicilm
some
decayed
quartzite

12.0



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-18-99	404	3.5 V RD	10:06	10:13	10:13	10:32	19min
	402	Visual to 12.5	see profile				OK
	401	Visual to 12.5	see profile				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Bruce & Phil Brandie

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 15 min TRENCH WIDTH 3.0

INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT./BEDROOM 210

COUNTY #

SOIL PROFILE

0' 5320 5319

bright orange brown SiCLM

bright red SiCLM

bright red SiLM

5321

orange brown SiCLM

pockets of white cleaved SiLM

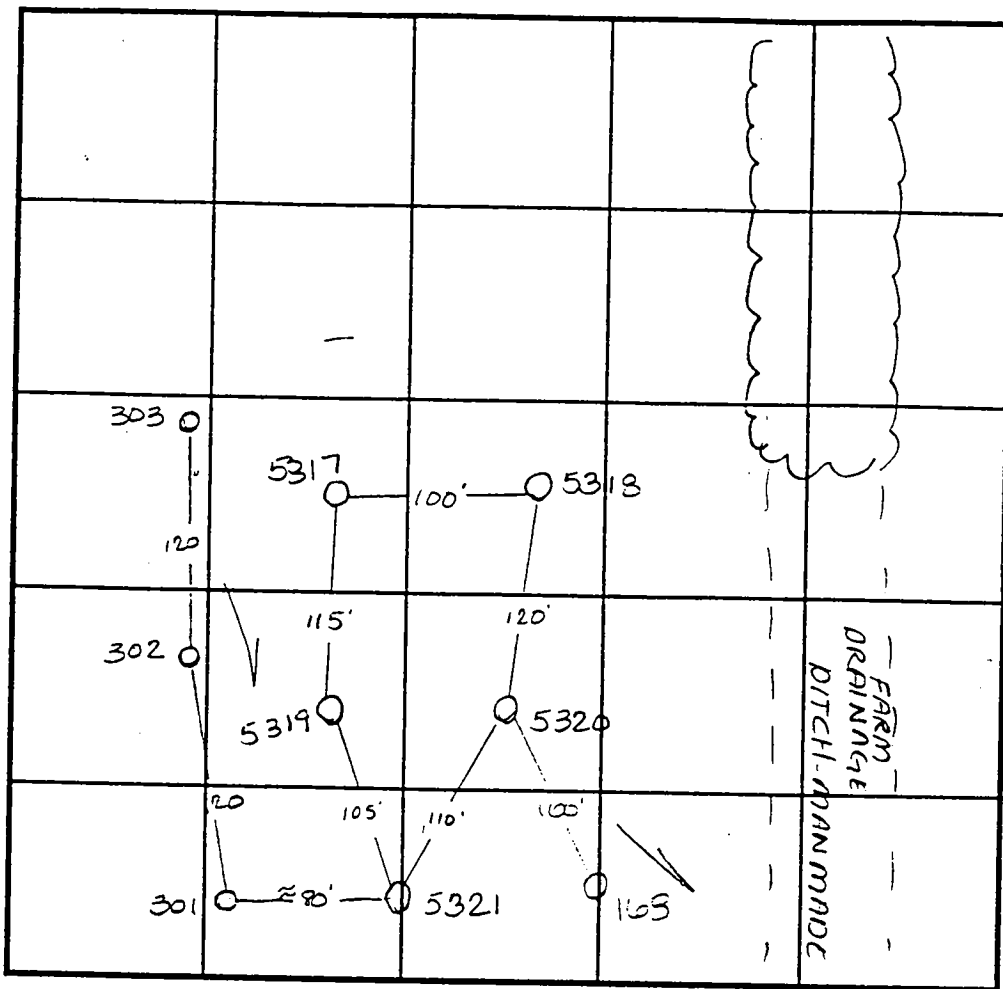
red brown SiSaLM <5%

5318

dark orange SiCLM

lgt. orange brown SiSaLM <5%

Rx



SOIL PROFILE

0' 5317

orange bright SiCLM

dark red cILM

lgt orange tan SiSaLM

163

topsoil dk red brn cILM

lgt org red brn SiSaLM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNION CHAPEL ROAD

10' 8"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-18-97	5320	3.5 V12.0	11:47	11:50	11:50	11:55	5min
	5319	3.0 V11.0	12:00	12:04	12:04	12:13 ³⁰	9 1/2 min
	5321	Visual	to 120 - see profile		—		OK
	5318	4.0 V12.0	12:12	12:29	12:29	12:40	11min
	5317	3.0 V12.5	12:00	12:04	12:04	12:15	9min
5-18-97	163	Visual	to 10' 8" - see profile		—		OK

REMARKS Test holes 300-302 on attached sheet

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

COUNTY #

SOIL PROFILE

301

beigh
SiCLM

red &
white
mottled
SiLM
no H₂O

dark brn
SaSiLM
w/ packets
of red &
white
mottled
SiLM

302

dark
red
brn
SiCLM

lgt tan
yellow
SiLM

<5%
R_x

303

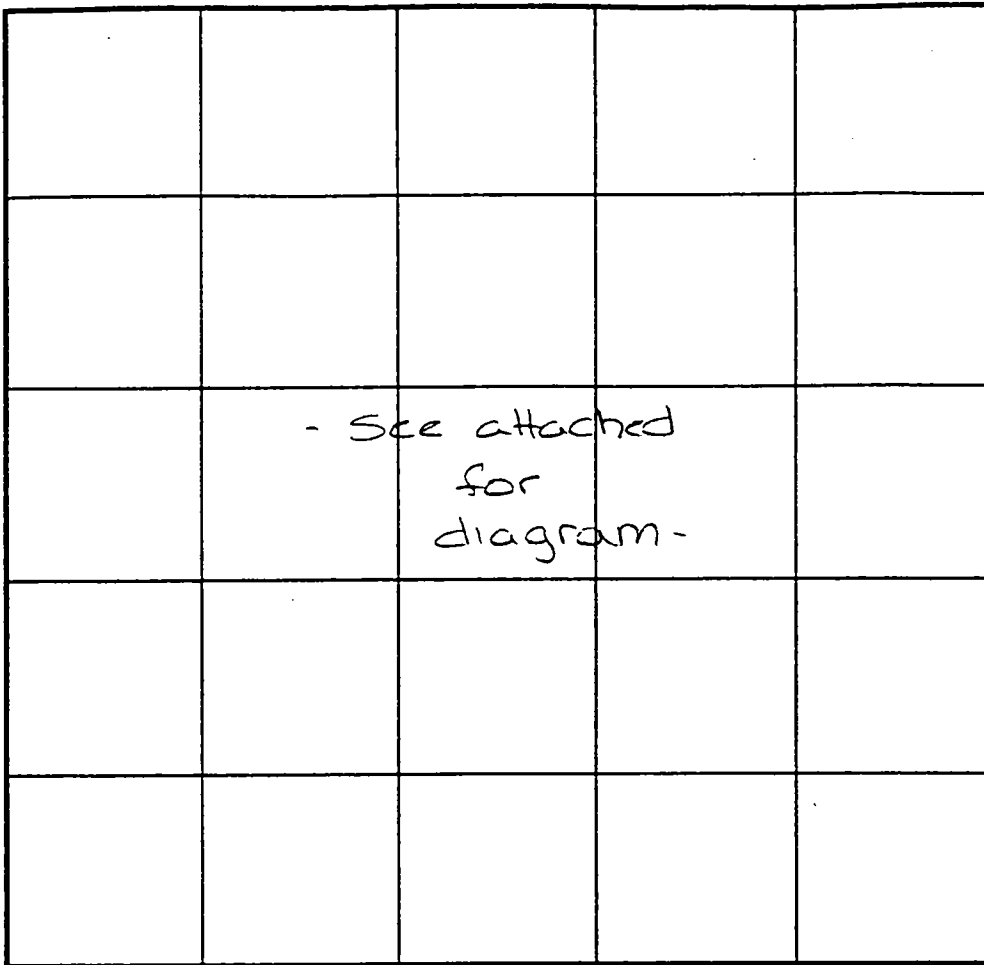
red
brown
SiCLM

bright
red
SiSaLM

lt brn
beigh
SiSaLM

<5%
R_x

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-9-97	300	4.0 v12.0	10:03	10:06	10:06	10:12	6min
	301	3.0 v12.0	10:15	10:22	10:22	10:34	12min
	302	4.0 v11.5	10:20 ³⁰	10:26	10:26	10:36	10min

REMARKS _____

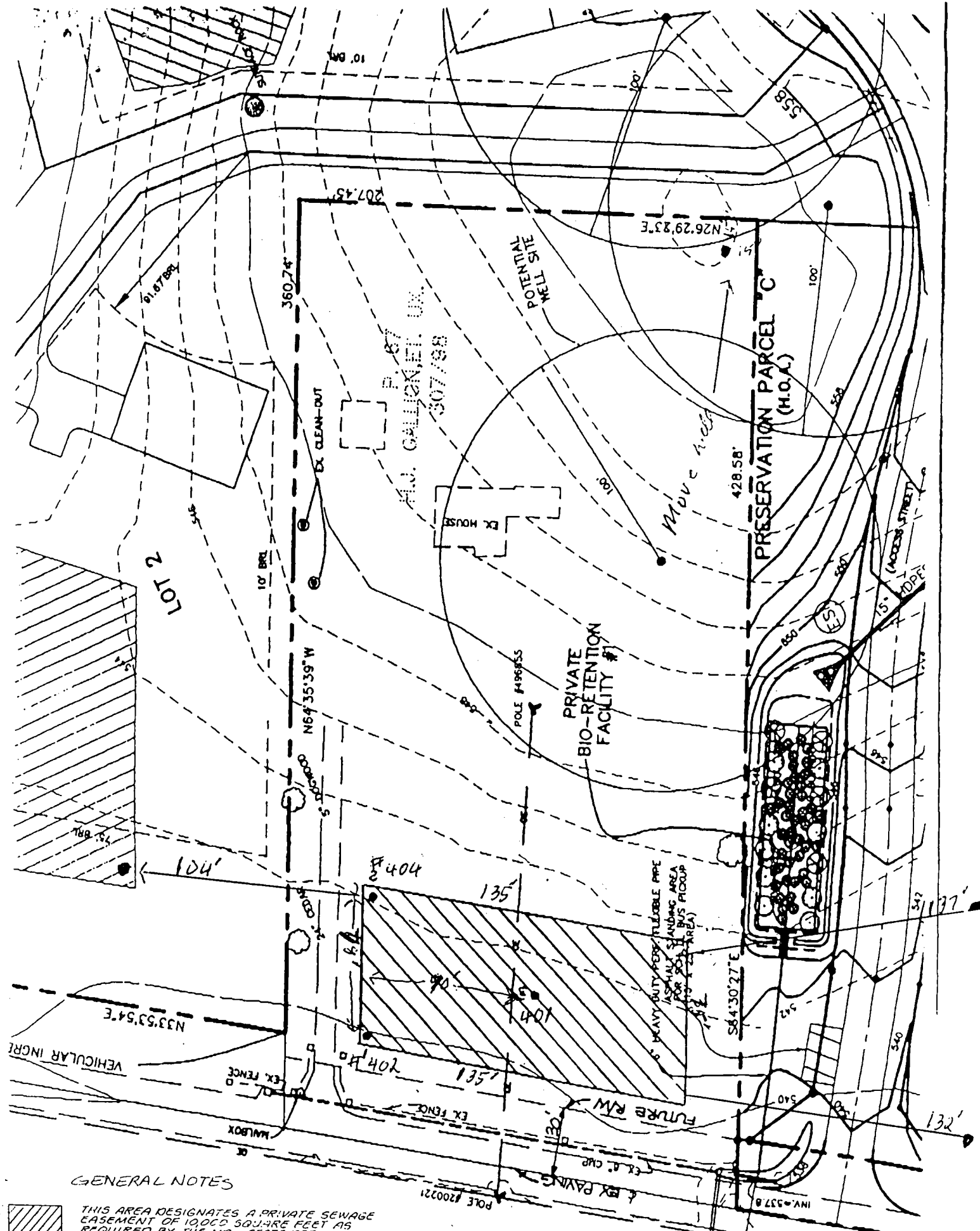
TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

15



GENERAL NOTES

- 1. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10000 SQUARE FEET AS REQUIRED BY THE MD. STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- 2. ALL PERCOLATION TESTS HAVE BEEN LOCATED TO THE BEST OF OUR ABILITY.
- 3. ALL EXISTING WELLS AND SEPTIC SYSTEMS HAVE BEEN SHOWN WITHIN 100 FEET OF PROPERTY BOUNDARY WHICH MAY IMPACT THE LOT.

Tox Map 14
Parcel 67

Approved For Private water & sewer systems Howard County Health Department

Owner
G & L Limited Partnership
15298 Union Chapel Rd,
Woodbine, Md. 21797
Phone: 442-2101

John W. Fox 2/23/77
Howard County Health Officer Date

Scale 1" = 50' W. Philip Brendel Jr.

TAX MAP 14 PARCEL 67
SCALE 1"=50' DATE 1/29/99

75' ROAD
4' PAVED

EX. 15" CMP
EX. 12" CMP
(TO BE REMOVED)

POLE #200221

EX. PAVING
EX. 6" CMP

MAILBOX
UNION CHAPLE ROAD
VEHICULAR
EX. FENCE

N33°53'54"E

FUTURE R/W

6" HEAVY DUTY PERF. FLEXIBLE PIPE
ASPHALT STANDING AREA
FOR SCHOOL BUS PICKUP
(13' x 25' AREA)

S64°30'27"E

75' BRL

LOT 2

N64°35'39"W

PRIVATE
BIO-RETENTION
FACILITY #1

POLE #496855

428.58'
PRESERVATION PARCEL "C"
(H.O.A.)

EX. HOUSE
#15259

P. 87
M.J. GALLON, ET. UX.
307/88

15" RIDGE
(ACCESS STREET)

EX WELL

N26°29'23"E

207.45'

360.74'

91.67' BRL

10' BRL

24" CEDAR

5" DOGWOOD

INV. = 537.8

53.38

540

540

542

546

546

548

550

550

558

100'

SUR

Building Address 15259 UNION chapel Rd
Woodbine, MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6640 Subdivision N/A

Section N/A Area N/A Lot N/A

Tax Map 1-1 Parcel 67 Grid 14

Zoning RC1TH Map Coordinates _____ Lot size _____

Property Owner's Name Bruce + Phillip Brindle
 Address 15258 Union chapel Rd
 City Woodbine State MD Zip Code 21797
 Home Phone 4104422101 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Single Family Home / model
 Estimated Construction Cost \$ 3300.00

Description of Work Bury a 1,000 Gallon
Underground PROPANE TANK

Contractor Company Suburban Propane
 Contact Person Mike DeVincent
 Address 31 Derwood Circle P.O. Box 1766
 City Rockville State MD Zip Code 20850
 License No. _____
 Phone 301251 0606 Fax 301251 0608

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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

Applicant's Signature Michael DeVincent Print Name Michael DeVincent
 Title/Company Residential Energy Rep Date 4/26/99

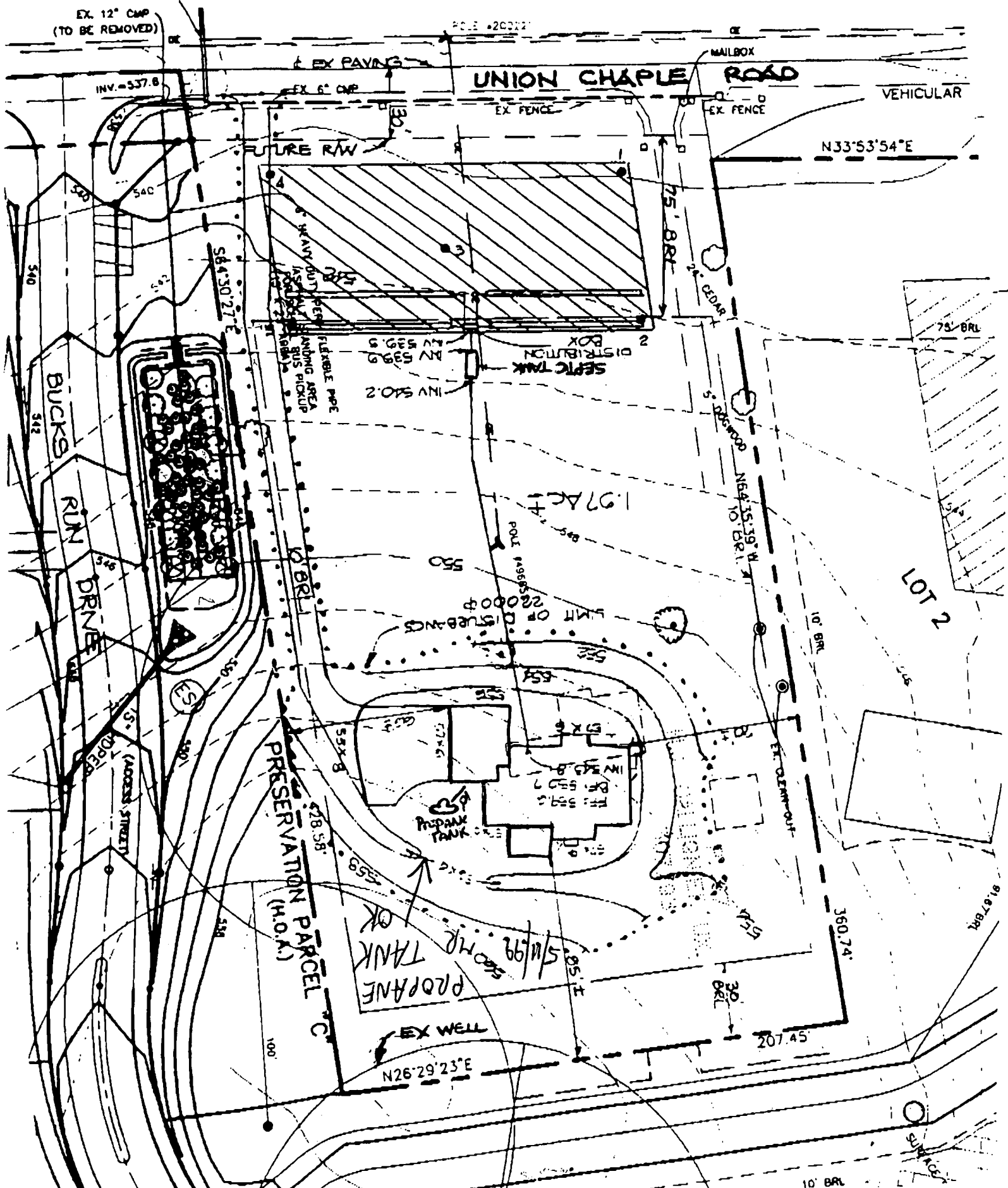
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

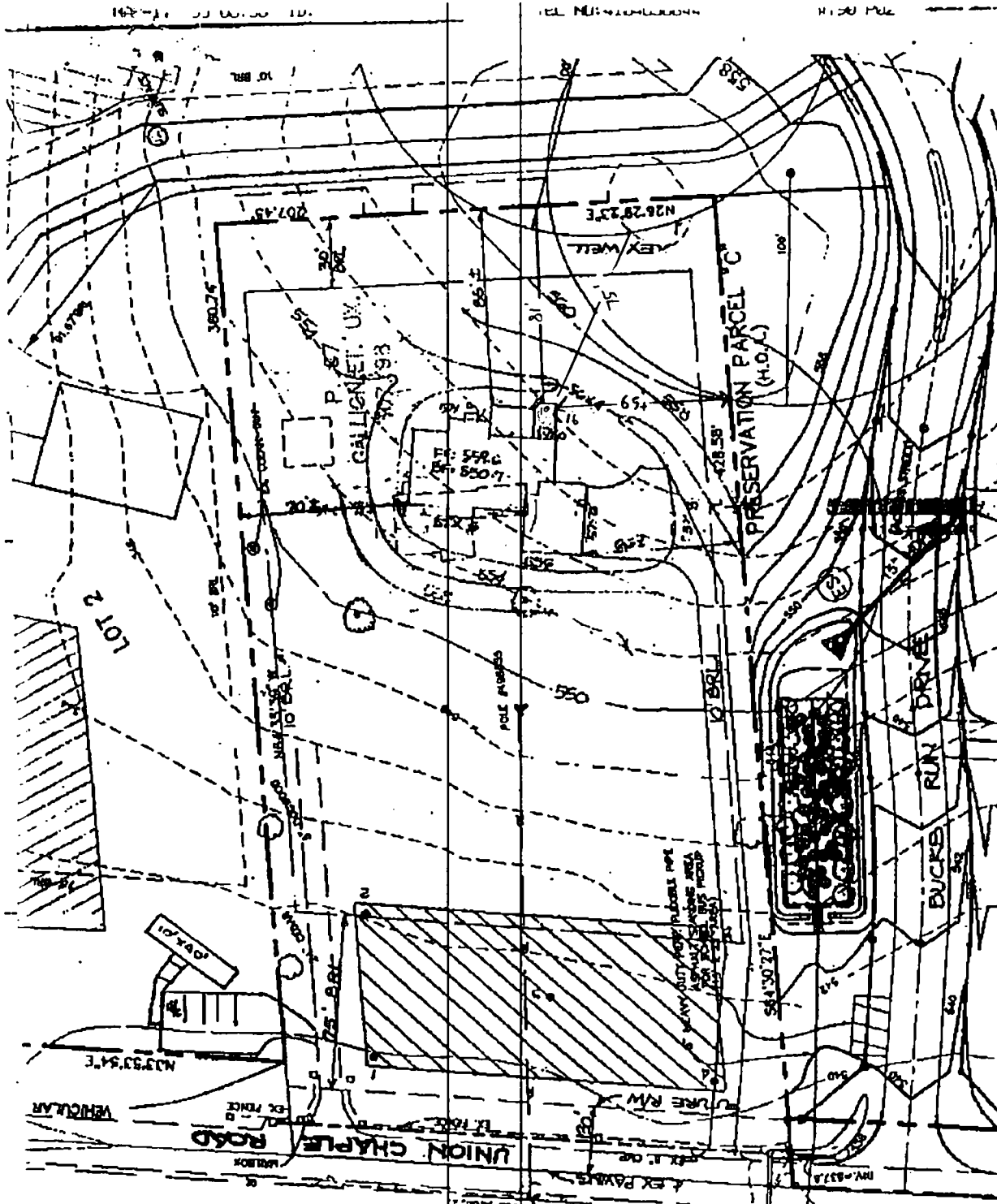
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	46280
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St: _____	
Health	<u>5/11/99</u>	<u>Mark E. Kiffin</u>	All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date: _____	Accepted by: _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 10/13/98

15259 Wood





7/8/99
 Deck
 location
 as
 shown
 (Signature)

✓ 16 → APPROVED.

SEPTIC ON FRONT OF HOUSE. / NO AFFECT ON DECK

WELL → REAR OF PROPERTY

B00116944
 15259 UN. CHAPEL RD.

Blue KNIGHT Home Co.

1-410-313-1864
 1-410-313-1861 FAX



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 24, 1999

MEMORANDUM

TO: G&L Limited Partnership
15298 Union Chapel Road
Woodbine, Maryland 21797

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AMM*

RE: Demolition Permit
15259 Union Chapel Road

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The septic tank and drywell was pumped on March 22, 1999 and the owner has advised that the septic tank and drywell will be collapsed in the immediate future.

On September 8, 1998, the existing well was properly abandoned and replaced by a licensed well driller. The abandonment of the new well is not necessary for the issuance of the demolition permit.

AM
cc: file

HATFIELD'S SEPTIC SERVICE

SEPTIC CERTIFICATION

Swindel Farms PHONE *410-442-2101*
15259 Union Chapel Rd

INSPECTION

COMMENTS

CLEAN OUTS	<i>March 22 1999</i>
BAFFLES	
GROUND SETTLEMENT	<i>Pumped both tank &</i>
BACK UP IN TANK OR DRYWELL	<i>dry well dry</i>
OUTSIDE ODOR	
SURFACE LEACH WATER	
OTHER	
DATE TANK LAST PUMPED	

INSPECTION DATE

3-22-99

INSPECTION TIME

INSPECTED BY:

McH... ..

**FOGLE'S SEPTIC CLEAN, INC.
FOGLE'S REFUSE SERVICE, INC.
D & D ENTERPRISE**

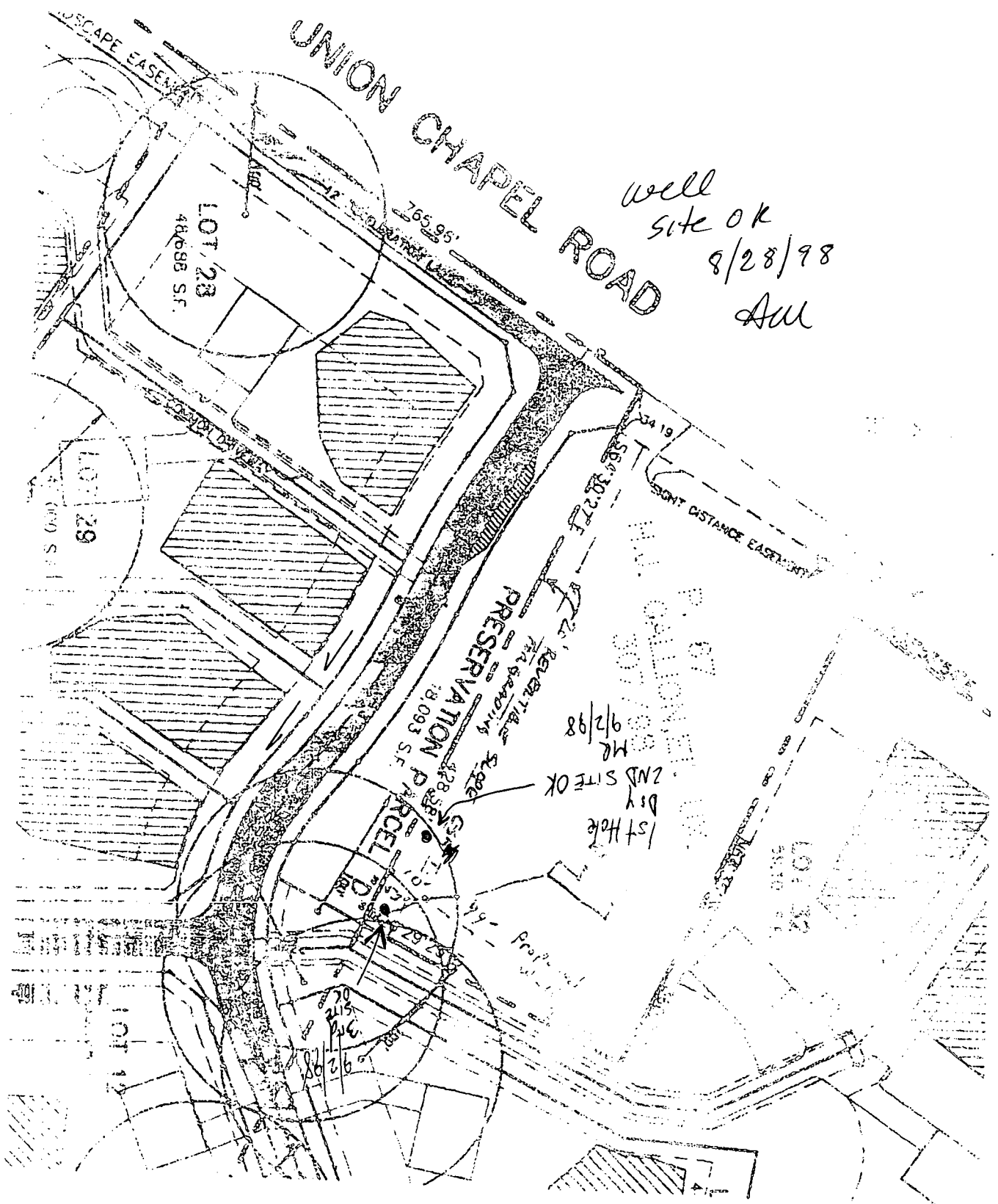
**580 Obrecht Road
Sykesville, Maryland 21784
(410) 795-5670**

March 22, 1999

TO WHOM IT MAY CONCERN:

*FOGLE'S SEPTIC CLEAN, INC., IS SCHEDULED TO PUMP, CRUSH, AND FILL IN THE
EXISTING TANK AND DRYWELL WITH RESULTING FILL AT 15259 UNION CHAPEL
ROAD FOR PULTE HOMES.*

Kurt Casell
KURT CASSELL
PROJECT MANAGER



well
 site OK
 8/28/98
 All

1st Hole
 2nd Site OK
 9/2/98

wallpaper work

BRENDEL FARMS INC.

FACSIMILE TRANSMITTAL SHEET

TO: Amy McMillan	FROM: Bruce Brendel
COMPANY:	DATE: 8/31/98
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Dear Amy -

Re: Wellington West Sec 2

Philip spoke with you about the well site on the Gallian Property to replace the existing well. We have staked our proposed well site. The following 2 pages hopefully give you the info needed to issue a permit - The proposed well site is -

- 99 ft S ~~E~~ of existing house
- 10 ft N of property line
- 53 ft NW of rear property corner

If you need additional information please let us know

Thanks,
Bruce

B 1	3650	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1700 <small>fill in this form completely</small>
Date Received (APA) 090198 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name ASSOCIATES		Owner First Name B P m B		
Street or RFD 15298 Union Chapel Rd		Town State Zip Woodbine Md 21797		
DRILLER INFORMATION				
Driller's Name DANA KIRK TRU M D 256				
License No. Westminster Rotary Well Drilling				
Firm Name P.O. Box 861 Westminster, Md				
Address Don't forget				
Signature Date 9-1-98				
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		6		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		400		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL		200 FEET		
APPROXIMATE DIAMETER OF WELL		6 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 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 DEEPEM AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER 54 GAP 63				
FORCE AM WRITE INITIALS IN BOX PERMIT No. HO-94-1700				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **GALLIOW PROPERTY** 42

SECTION **44 46** LOT **48 50** **Parcel 67**

52 NEAREST TOWN **Greenwood** 71

MILES FROM TOWN (enter 0 if in town) **2** M I 73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **Union Chapel Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **225** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **14** BLK: PARCEL **222**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME **13** COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **090198** **A M M D O O** **9/1/99**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **530 000** EAST GRID **790 000**

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- city**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**

N **530**

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Union Chapel Rd

x Well

x Well

N ↑

C1 4196 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

ST/CO USE ONLY DATE RECEIVED 9/17/98 DATE WELL COMPLETED 09 08 98 Depth of Well 378 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1700

OWNER BEMP Assoc. last name Union Chapel Rd. TOWN Glenwood SUBDIVISION Gallion Property SECTION Parcel 67

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Blue Mica Schist, Soft Br. Mica, Hard Blue Schist, Hard Blue Sandstone, Hard Br. Sandstone, Hard White Sandstone, Hard Blk. Sandstone, Hard Blue Sandstone, Hard Br. Sandstone, Hard Blue Sandstone, Hard White Sandstone, Hard Blue Sandstone, Hard White Sandstone, Hard Blue Sandstone, Hard Blue Sandstone, Hard Blue & White Sandstone.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (12), NO. OF POUNDS (1128), GALLONS OF WATER (72), DEPTH OF GROUT SEAL (0 to 33 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter top (main) casing (6), Total depth of main casing (34).

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 34, 378.

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL (31 ft. before, 319 ft. when), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above).

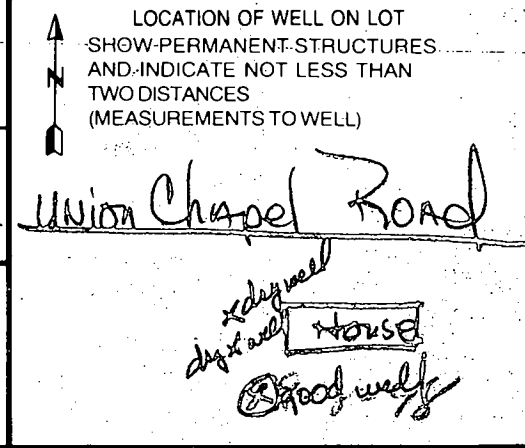
WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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...

DRILLERS LIC. NO. 1 M WD 256 Dana Kyker Jr. II LIC. NO. 1 JWD 334 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Table with columns: E, A, C, H, S, R, E, E, N. Rows 1-3 showing casing details and slot size.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1700
 Location of property (road) Union Chapel Rd
 Subdivision Gallion Property ~~Lot~~ 67 Block Plat Sec.
 Well Driller Dana Ryker Owner BPMP ASSOC

Depth of well 378 feet
 Distance of measuring point (M.P.) above ground 1 foot
 Static water level (S.W.L.) below M.P. 31 feet

I. High rate pumping -- reservoir drawdown

Time pump started 8:50am Pumping rate 4 gpm
 Total time 3hrs to reach pumping water level 319 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 X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:50	31'	5 sec.		12
9:05	111'	5 sec.		12
9:20	171'	5 sec.		12
9:35	214'	6 sec.		10
9:50	252'	7 sec.		8.5
10:05	287'	8 sec.		7.5
10:20	310'	8 sec.		7.5
10:35	332'	15 sec.		4
10:50	330'	15 sec.		4
11:05	328'	15 sec.		4
11:20	326'	15 sec.		4
11:35	324'	15 sec.		4
11:50	322'	15 sec.		4
12:05	321'	15 sec.		4
12:20	320'	15 sec.		4
12:35	319'	15 sec.		4
12:50	319'	15 sec.		4
1:05	319'	15 sec.		4
1:20	319'	15 sec.		4
1:35	319'	15 sec.		4

 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: September 8, 1998 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

HO — 94 — 1700

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Dana Kyker Jr II

WELL DRILLERS LICENSE NUMBER: MWD256

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: BPMB Assoc.

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Glenwood

TAX MAP 14 BLOCK _____ PARCEL 67 ~~XXX~~

SUBDIVISION: Gallion Property

SECTION: _____ LOT: _____

NEAREST ROAD: Union Chapel Road

Dry Well #1

MARYLAND GRID COORDINATES

E 790

BOX NUMBER 530

N _____

0 0 0 ☒	
0 0 0	

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) _____
- NONE

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 20 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO 1229 26 11 5:30
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (470 lbs)	0	20

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Dana Kyker Jr II LICENSE # MWD256 CIRCLE ONE 9-8-98 DATE

 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

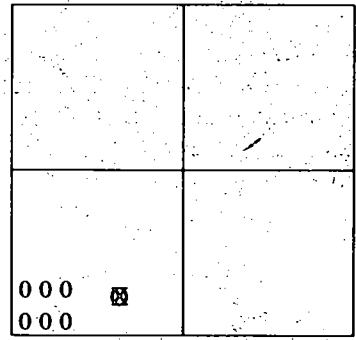
DATE WELL ABANDONED: September 8, 1998 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO — 94 — 1700

* PERMIT NUMBER OF REPLACEMENT WELL — —

* PERSON ABANDONING WELL: Dana Kyker Jr. II WELL DRILLERS LICENSE NUMBER: MWD256
 * OWNER'S NAME: BPMB Assoc. CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Glenwood
 TAX MAP 14 BLOCK — PARCEL 67
 SUBDIVISION: Callion Property
 SECTION: — LOT: —
 NEAREST ROAD: Union Chapel Road
Dry Well #2
 MARYLAND GRID COORDINATES
 BOX NUMBER E 790
 N 530 ←



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) NONE

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 150 FEET DEEP

* WAS ANY CASING REMOVED? YES 1200b 11, 5HIS: 300?
 if yes, length removed, in feet: —

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (1316 lbs)	0	38
Well Cuttings	38	150

Dana Kyker Jr. MWD256 MWD/MSD/MGD 9-8-98
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE
 DENV 828 JULY 1993 2) COUNTY ENVIRONMENTAL AGENCY

 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: December 8, 1998 (month/day/year)

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Dana Kyker Jr II
 OWNER'S NAME: BPMB Assoc.
 WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Glenwood
 TAX MAP 14 BLOCK _____ PARCEL 67
 SUBDIVISION: Gallion Property
 SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES

E 790
 BOX NUMBER 530
 N _____

TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 122 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 Dana Kyker

U	N	K	N	O	W	N			

WELL DRILLERS LICENSE NUMBER: MWD256
 CIRCLE: MWD/MSD/MGD

⊗	
0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (1 1/2 yds)	0	122

MWD256

MWD/MSD/MGD
 CIRCLE ONE

12-11-98
 DATE

LICENSE # _____

SITE INSPECTION SHEET

OWNER: Phil Brendle

DATE REQUESTED: 8/28/98

ADDRESS: Union Chapel Rd

DRILLER: _____

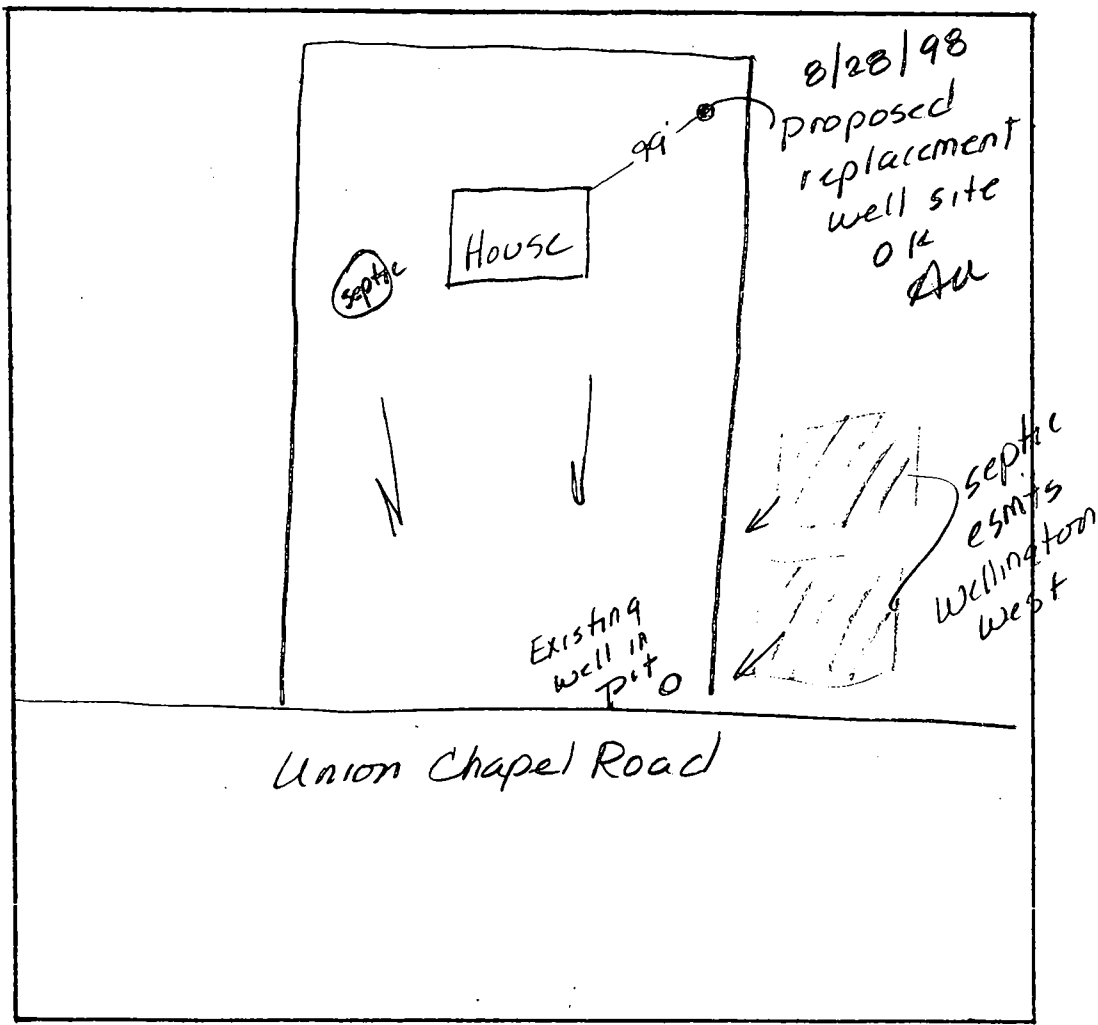
Parcel 69

WELL TAG # _____

COUNTY # _____

PROPOSAL: Replacement well - existing well directly down-hill of proposed septic easements in Wellington West II subdivision

LOCATION DIAGRAM



COMMENTS: Replacement well site OK - Existing well in pit to be abandoned.

DATE: 8/28/98

INSPECTOR: AU