

4/8/79
1/9/79
please
4/2/79

File

0/9/79 P.C.O
0/7/79 P.C.O

PERMIT

P 29081
A 26503

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

04-314239

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 10/19/78

Mr. Duwall
Mr. William Dwyer

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 3267 Florence Road LOT 29B

PROPERTY OWNER William Dwyer

ADDRESS 601 Lincoln Street, Rockville, Md.

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 185 SQ. FT. per bedroom.

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Locate dry well 125 ft. from first rear corner point from left side and 125 ft.

in from left side. If a dry well and trench are used, need a 5 ft. earth buffer

between dry well and trench.

PLANS APPROVED BY C.B. Streaker DATE 9/22/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

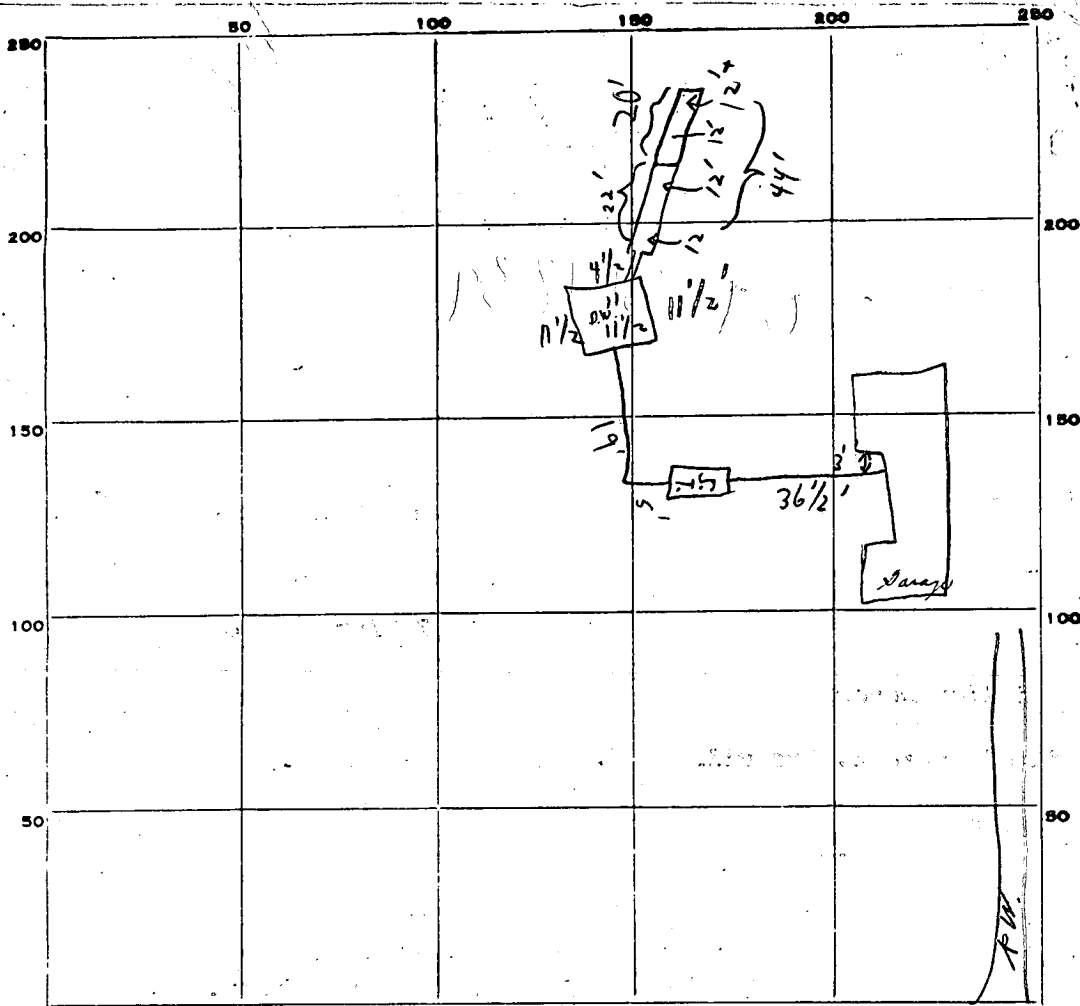
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

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

A 26503



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Yes partial Florence Rd
 SEPTIC TANK, LEVEL OK 4/2/79 N. S. C. B. S. CLEANOUTS

1	No	1	No
2	No	2	No

 DISTRIBUTION BOX, LEVEL N/A
 TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 22 FT. 4/2/79 Yes C.I. 4/2/79 Yes C.I.
 GRAVEL DEPTH 8.5 IN. TOTAL LENGTH 44 FT. (1) 374
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA -
 SEEPAGE PITS, INSIDE DIAMETER 4.5 1/2 FT. DEPTH BELOW INLET 8.5 FT. (2) 386.75
 ABSORBENT AREA 761 SQ. FT.

REMARKS 1/9/79 (1) Partial - need cleanouts at Septic Tank & Dry Well
 Trench only first 22' dug!! -
 (2) Partial - 20' more of trench dug Total of 44' ok for
 stone.
4/2/79 (3) Checked - found cleanouts on & paper on trench to 3 1/2'
 any of surface. C.B.S.

DATE SYSTEM APPROVED 4/2/79 as per above INSPECTOR C.B. Shreeley

APPLICATION

A 26503

SEWAGE DISPOSAL TESTING

P _____

Retest
8/4/77
1:30 P.M.

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21044
TELEPHONE: 465-5000, EXT. 356

Septic tank { 1-3 Bedrooms } 1000 gallons
 { 4 Bedrooms } 1250 gallons
DATE 8/28/77

Dry well to have 185 sq ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3 1/2' below original grade and maximum depth 12'. Location per latest tests 8/4/77. locate Dry well 125' x 125' e from near ^{front} corner of house on left side. here hole (1+2)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

^{up} Dry well & trench need:

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mordecai Hoseh property (Contract Purchaser - JWM Dwyer)

① 5' earth chuffes between dry well & trench
② 2 inspections of trench before and after ground installed.

ADDRESS 601 Lincoln St., Rockville, Md. 20850 PHONE 762-3951

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 29B

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 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 William E. Dwyer

APPROVED BY C.B. Steaker FOR Dry well on Septic tank & trench DATE 9/22/77
(KIND OF SYSTEM)

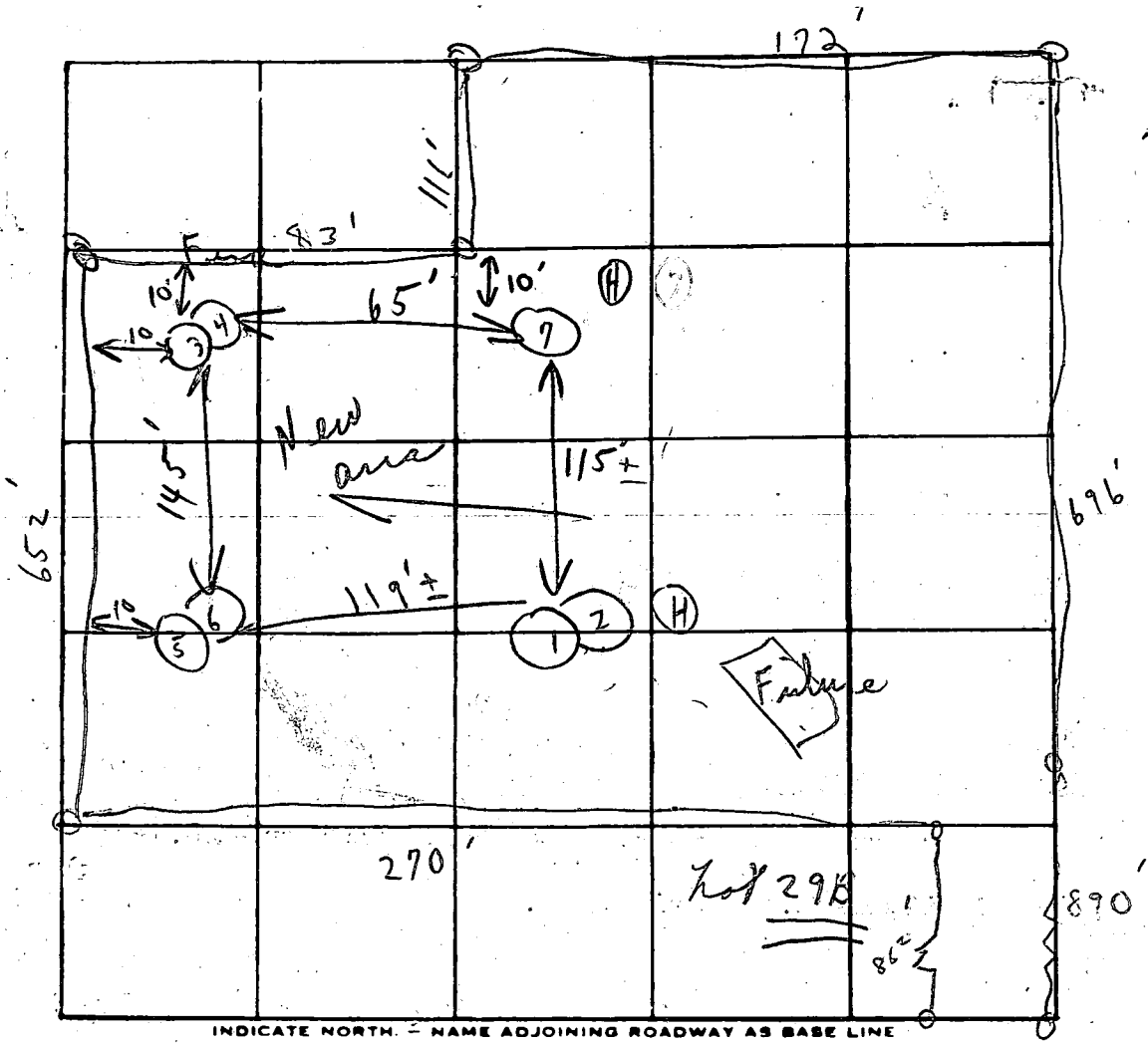
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified holes {new area} in for house plans elevations & measurements.

C.B.D. BLDG. PERMIT SIGNED AND RETURNED 3/30/78 serial # 33861

THIS IS NOT A PERMIT



Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/4/97	1	3 1/2'	2:10	2:13	2:13	2:20	7m
	2	14'	2:05	2:07	2:07	2:15	8m
	3	4 1/2'	2:29	2:33	2:33	2:47	14m
	4	13 1/2'	2:35	2:41	2:41	3:07	26m
	5	4'	3:00	3:05	3:05	3:20	15m
	6	10'	3:41	3:22	3:22	3:51	29m
	7	12'	Visual similar to (4,2)				
						6:59	

*loom
& weathered
shale*

*lined
3 1/2'*

*180 sq ft
open
bedroom*

*17 mm
average*

REMARKS New area in mostly open space

TYPE OF SOIL _____

TESTED BY C. B. [initials] ALSO PRESENT: Sink & son
Mr. Dwyer

APPLICATION

A 18042

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3/14/73
9:30
4-1/2' holes
100 ft. apart
or 10, 800 ft.

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank { 1000 gallons 3 Bedrooms
1250 gallons 4 Bedrooms
DISTRICT _____
DATE 3/7/73

*Dry Well to have 145 sq. ft. effective
absorbent sidewall area per bedroom below, inlet
to be 4' below original grade & maximum depth 11 1/2'.
Location 160' in from left property line and 55' in from
back corner property line where track line is 85' long from left
side to middle of property (See sketch of original perc. plan)
when passing lot from Florence Road*

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 Mordecai Hosh *See new test area 2/4/77*
ADDRESS Woodbine, Maryland PHONE 531-5448
Any questions call Louise Adams

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 29B

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 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/ Louise H. Adams

APPROVED BY C. Steaker FOR Dry Well DATE 3/28/73
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A 18042

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

Septic Tank { 1000 gallon 3 bedroom
1250 gallon 4th
DATE 3/7/73

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

Dry Well to have 145 sq ft effective absorbent sidewall area per bedroom below inlet, inlet to be 4' below original grade & maximum depth 11 1/2'. Location 160' in from left property line and 155' in from back property line where track line is 83 long from left side to middle of property (See sketch of original perc of parcel when platting lot from Florence Road).

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 Mordecai Hoseh

ADDRESS Woodbine, Maryland PHONE 531-5448

Any questions call Louise Adams

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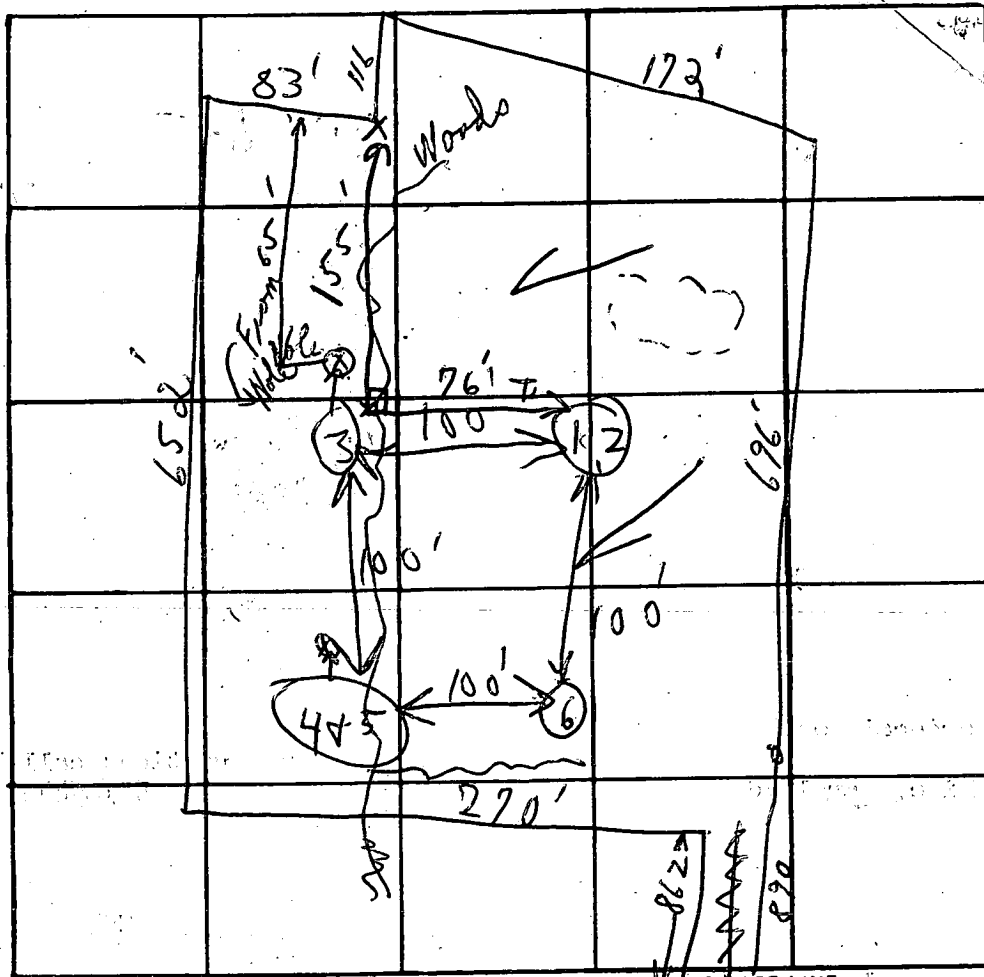
APPROVED BY C. Stecker FOR Dry Well DATE 3/28/73
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



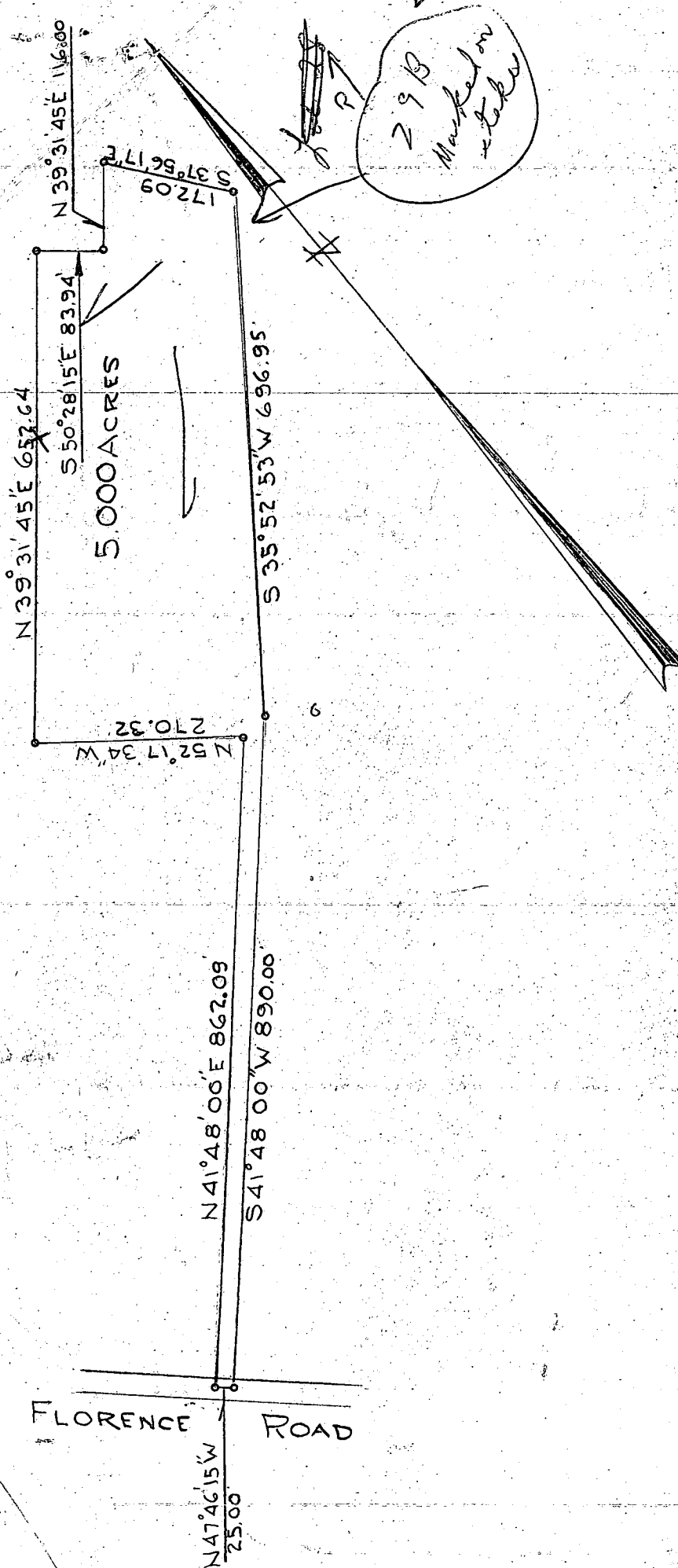
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/13/93	1	4 1/2'	11:32	11:36	11:36	11:42	6 min
	2	11'	11:33	11:35	11:35	11:39	4 min
	3	11 1/2'	(Similar to 1 & 2)				
	4	4'	11:37	11:45	11:45	11:59	14 min
	5	11'	11:37	11:46	11:46	12:00	14 min
	6	11 1/2'	(Similar to 3 & 4)				
							4:30 10 min

REMARKS Partially Warded; Lot well engineered

TYPE OF SOIL land boundary

TESTED BY B. S. ALSO PRESENT: Link & Company



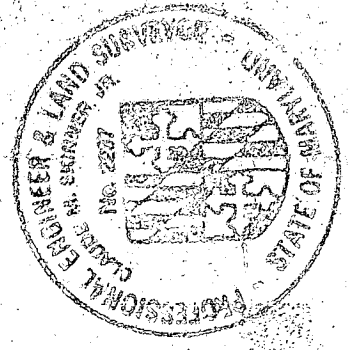
29B
Marked on
+ books

PLAT OF SURVEY
FOR
MORDECAI HOSEH
FOURTH ELECTION DISTRICT, HOWARD COUNTY
WOODBINE, MARYLAND.

SCALE: 1 IN. = 200 FT. JANUARY 31, 1973

Claude M. Skinner, Jr.

Claude M. Skinner, Jr.
Reg. Professional Engineer &
Land Surveyor No. 2237



B 1 1313
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 4 5 6 (SEQ. NO.)
 (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
 HO-73-2307
 A26503
 301-768-3951
 COL. 34 COL. 58 COL. 76
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 9/28/77
 9:30am

OWNER: Dwyer William
 COL 15 LAST NAME COL. 34 FIRST NAME COL. 34
 STREET OR RFD: 601 Lincoln St
 COL 36 COL. 58
 POST OFFICE: Rockville Md 20850
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 4 5 6 (SEQ. NO.)
 DATE: Aug 31, 1977 LICENSE NUMBER: 273
 77 80
 FIRST NAME: Ralph LAST NAME: MAINE
 DRILLER
 SIGNATURE: Ralph Maine

B 3 **LOCATION OF WELL**
 1 2 3 4 5 6 (SEQ. NO.)
 COUNTY: Howard COL. 21
 (DO NOT ABBREVIATE COUNTY NAME)
 SUBDIVISION: NONE COL. 42
 SECTION: NONE LOT: NONE
 44 46 48 50
 NEAREST TOWN: DAISY COL. 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 COL. 76
 MI

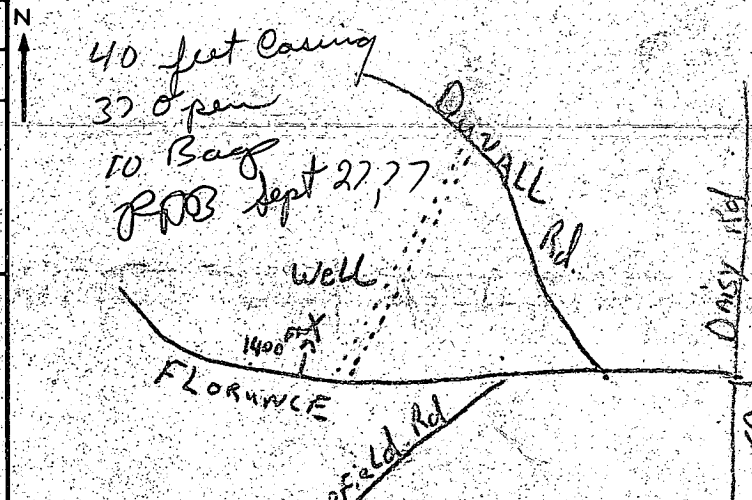
B 2 **WELL INFORMATION**
 1 2 3 4 5 6 (SEQ. NO.)
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500
 14 20
 USE FOR WATER (CIRCLE APPROPRIATE BOX):
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 **DIRECTION FROM TOWN**
 1 2 3 4 5 6 (SEQ. NO.)
 NORTH EAST NORTHWEST SOUTHWEST
 SOUTH WEST
 NEAR WHAT ROAD: FLORANCE Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N
 NORTH SOUTH EAST WEST
 30 32 32 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1400
 34 37 38 39
 FT MI

APPROXIMATE DEPTH OF WELL: 150 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):

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN 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.

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 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
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):
 41 52



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 70
 FORCE: 5 WRITE INITIALS IN BOX: MM CONDITIONS: 149
 67-68 70 71 72-73 74 75 76 77-78 79

BOX NUMBER: 1700 530
 NORTH COORDINATE: 50 51 52 53 54 55
 EAST COORDINATE: 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET): 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 4 5 6 (SEQ. NO.)
 STATE HEALTH (CIRCLE BOX): S COUNTY NAME: Howard COUNTY NO.: W26835
 DATE: 09/27/77 APPROVED BY: Donald W. Monaghan, Sanitarian
 43 48

B 5 SPECIAL CONDITIONS 6-63 (WRA USE ONLY)
 1 2 3 4 5 6

C 1 1744 (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) Sept 28, 1977 DEPTH OF WELL 205
 (DATE WELL COMPLETED) (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-713-2307
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. WR26-835

OWNER Dwyer William FIRST NAME William
 LAST NAME Dwyer
 STREET OR RFD 601 Lincoln St. POST OFFICE Rockville Md. 20850

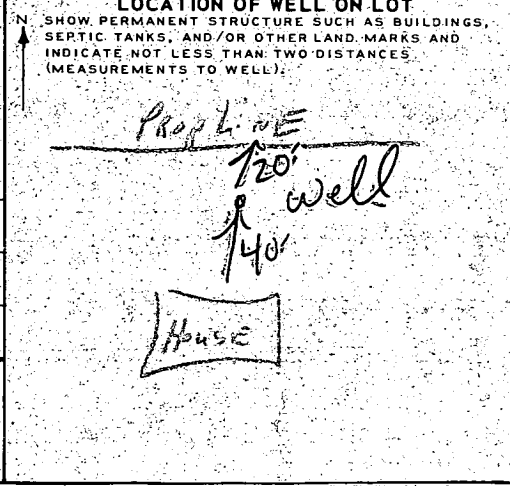
WELL LOG			GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		TYPE OF GROUTING MATERIAL (CIRCLE BOX)		
	FROM	TO	CEMENT <input checked="" type="checkbox"/> C M	BENTONITE CLAY <input type="checkbox"/> B C	OTHER
Top Soil	0	2	NO. OF BAGS <u>10</u>	NO. OF POUNDS <u>1000</u>	
Brown Shale	2	30	GALLONS OF WATER <u>60</u>	DEPTH OF GROUT SEAL (TO NEAREST FOOT)	
Brown Slate	30	70	FROM <u>0</u> FT. TO <u>39</u> FT.	(ENTER 0 IF FROM SURFACE)	
Blue Slate	70	170	CASING RECORD		
Brown Slate	170	180	CIRCUIT TYPES: <input checked="" type="checkbox"/> S T STEEL, <input type="checkbox"/> C O CONCRETE		
Blue Slate	180	205	MAIN CASING TYPE: <input checked="" type="checkbox"/> S T, NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> , TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>140</u>		
			OTHER CASING (IF USED): DIAMETER (INCH) _____, DEPTH (FEET) FROM _____ TO _____		
			SCREEN TYPE OR OPEN HOLE: <input checked="" type="checkbox"/> S T STEEL, <input type="checkbox"/> B R BRASS, <input type="checkbox"/> H O OPEN HOLE OR BRONZE		
			SCREEN RECORD: <input checked="" type="checkbox"/> S T STEEL, <input type="checkbox"/> B R BRASS, <input type="checkbox"/> H O OPEN HOLE OR BRONZE		
			DIA. OF SCREEN (NEAREST INCH) FROM _____ TO _____		
			GRAVEL PACK _____		
			IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) <input type="checkbox"/> F		

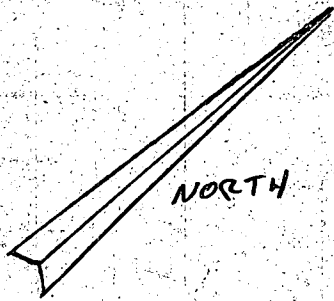
C 3 (SEQ. NO.) 6
 PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 2+
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 45 (NEAREST FOOT) 17 20
 WHEN PUMPING 205 (NEAREST FOOT) 22 25
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)
 A AIR, P PISTON, T TURBINE
 C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW)
 J JET, S SUBMERSIBLE

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) Y 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 } LAND SURFACE 2 (NEAREST FOOT) 49 50 51

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 Ralph Mayne
 (PLEASE PRINT) Ralph Mayne
 SIGNATURE

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T TELESCOPE CASING, W Q LOG INDICATOR, 74 75 76 OTHER DATA AVAILABLE





NO SCALE

652.64'

15' 170' 15'

PERCOLATION FIELD 69'

83.94'

118' 116.0'

INV. ELEV. = (-19.4')

OUTLET ELEV. = (-14.05')

EXIST. ELEV. = (-8.9')

GRADE TO (-11.0')

INV. ELEV. = (-13.8')

INV. ELEV. = (-13.0')

TANK
F.F. = (-3')
BASE = (-12')

EXIST. ELEV. = (-11.1')

3/30/78
or
C.B.S.

FLORENCE RD.

270.32'

862.09'

WW

WATER WELL
ELEV. = (0')

51'

25'

40'

40'

37'

26'

219'

261'

270'

172.09'

696.95'

890'

3267 FLORENCE RD.
WOODBINE, MD.
A 3357-29 B

I, CERTIFY THE ABOVE MEASUREMENTS & ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY

William E. Coyne

601 LINCOLN ST.
ROCKVILLE, MD.

20850