

3-22-89 Needs house connection JEN

3 PM
3/20/89
AM

PERMIT

P 43817

SEWAGE DISPOSAL SYSTEM

A 27981

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3/20/89

INDEXED

DATE SYSTEM APPROVED 3/20/89

05-360951

INSPECTOR [Signature]

Jack Fyock Herman Silk

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Rudd's Wood Shop ROAD 13813 Wayside Drive LOT Tax Map 34

PROPERTY OWNER Reuben Rudd Parcel 193

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

2180
3
61640
1071

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

SITE INSPECTION PRIOR TO EXCAVATION.

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the first trench 75 feet from the front lot line and 60 feet from the left lot line as seen when facing the property from Wayside Drive. Trench(s) to follow contour toward left side of lot. NOTE: Maintain minimum 100 feet from drinking well to septic; 75 feet from heat pump well to septic.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok/cw*

PLANS APPROVED BY C. Williams DATE 5/16/85

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

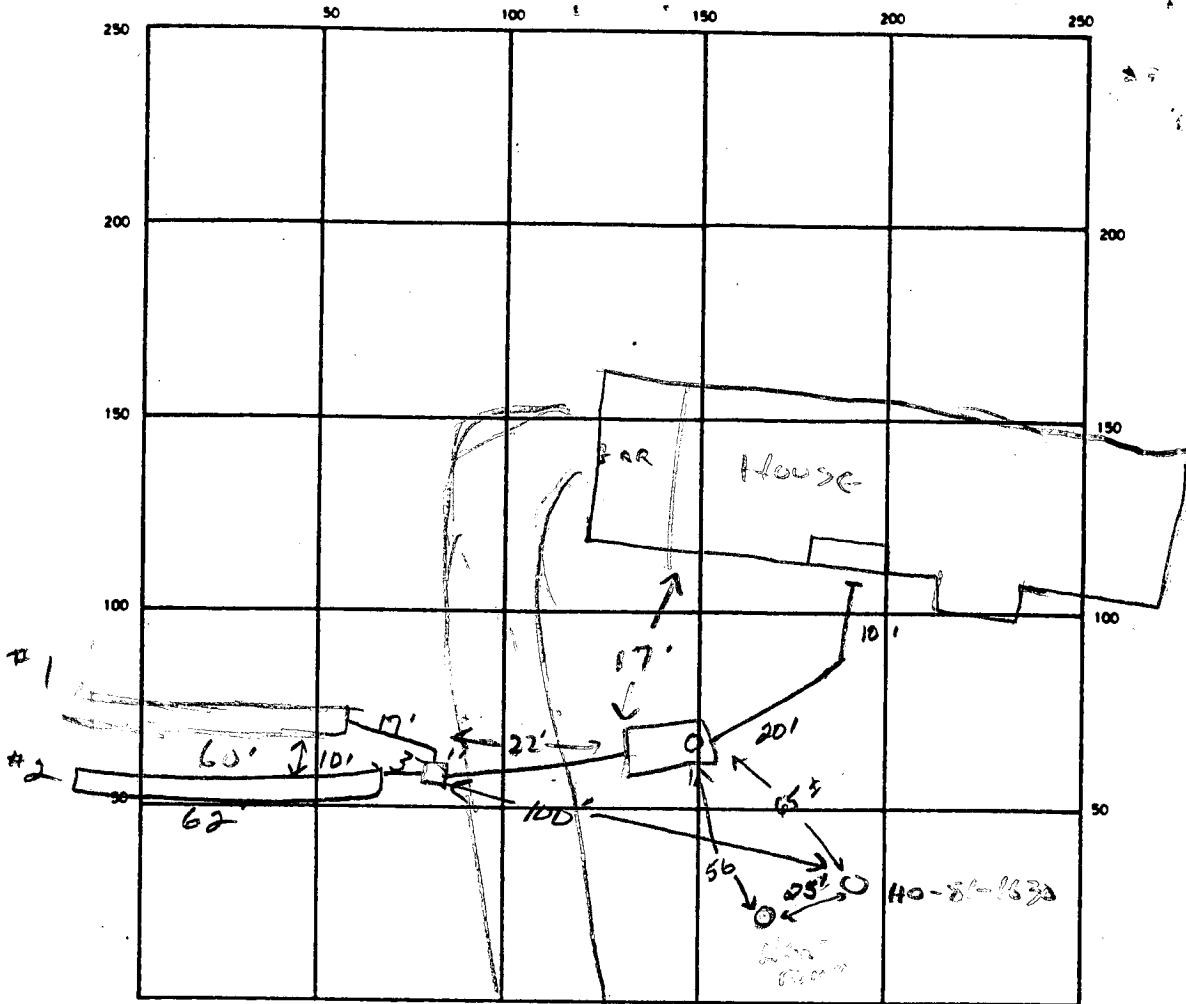
BUILDING PERMIT SIGNED

AND RETURNED 5-8-02
800 135996 RD TO DECK

27981

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

Wayside Drive

SEPTIC TANK LEVEL 1500 gal CLEANOUTS 1 on s. tank

DISTRIBUTION BOX LEVEL OK w/ baffle

DRAIN FIELD/TILE FIELD DEPTH 9' 10' FT. TRENCH WIDTH 2 FT. INLET DEPTH 25' 25' FT.

EFFECTIVE GRAVEL DEPTH 6' 6' FT. TOTAL LENGTH 60' 62' FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL / BOTTOM AREA 360 372 SQ. FT.

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

ABSORBENT AREA 732 SQ. FT.

REMARKS ~~12/3/88~~ lines to be above sewer lines AND Sloped with a 20 FT ~~AND RETURN~~ pipe. S.A. 3/16/89 SITE + SOIL CONDITIONS REQUIRE TRENCHES TO BE STONED ~~AS~~ AS DUG. S.A. 3-21-89 OK to finish stone pipe & paper in trench #2. OK to cover all work Make sure to fill a minimum of 18 inches over sewer line from house to and including tank. JEN

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

A. 27981

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE May 3, 1978

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

Retest
5/10/78
9:30 A.M.
1st

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.

Reuben Rudd.

PROPERTY OWNER Frank Pajerski (Contract Purchaser - Mr. & Mrs. Fred J. Goldsmith)

ADDRESS 12339 Shadetree Lane, Laurel, Md. 20811 PHONE 776-3393

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Liber 792 Folio 750 Parcel 19³

13813 Wayside Drive (See subdivision plat attached)

SIZE OF LOT 3.02 acres TYPE BLDG Four

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 Fred J. Goldsmith

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

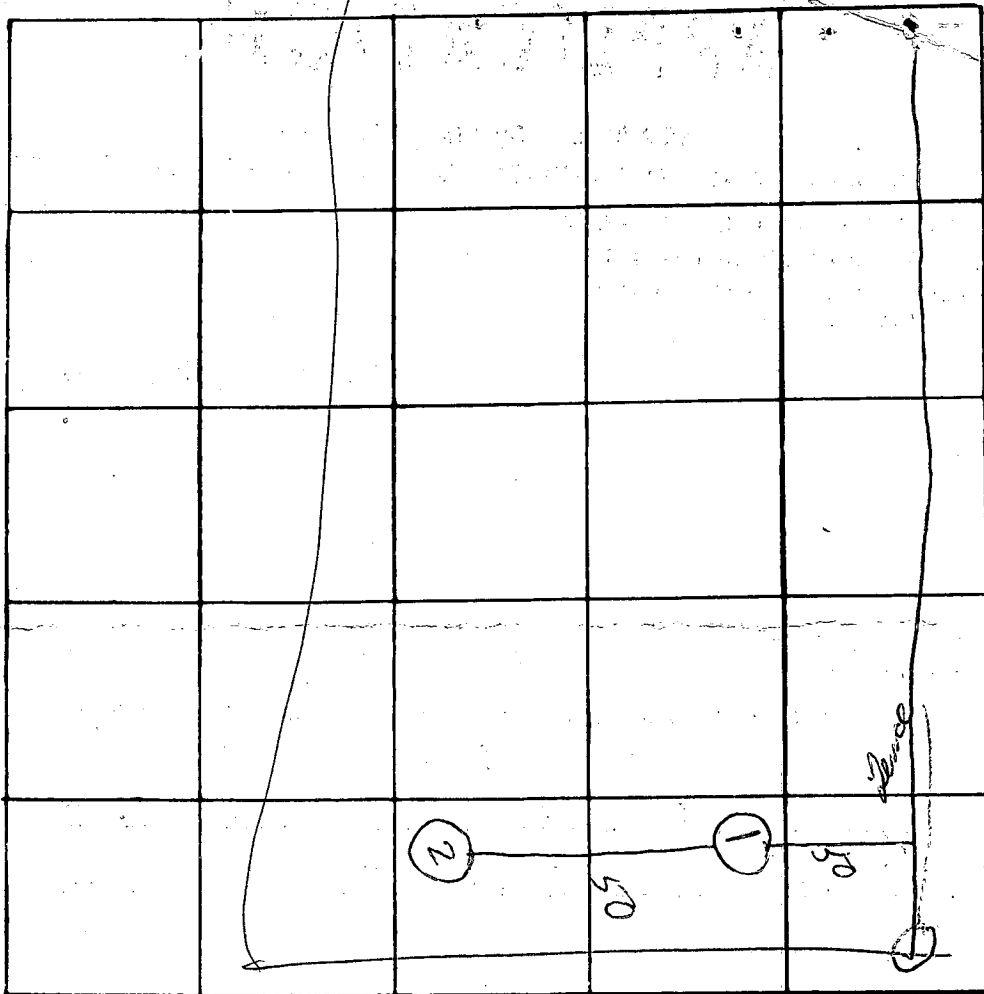
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT, SIGNED AND RETURNED 6/16/82

BPP2038

800

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	
10/10/79	1	3	10:46	10:51	10:51	10:52	1
10/10/79	1a	13	10:46	10:50	10:50	10:52	2
"	2	2	10:37	10:40	10:40	10:45	5 min
"	2a	14	10:37				
"	2b	13	11:00	11:10	11:10	11:30	20

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

Preliminary

APPLICATION

A 23739

*4-13' Poles
on 10,000 ft.*

SEWAGE DISPOSAL TESTING

P _____

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

DISTRICT _____

DATE 8/17/76

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 Edward B. Nowry

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Davilland Mills Road

SIZE OF LOT Will be 3 acres off of 10 acre tract. TYPE BLDG. 3 or 4 bedroom
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 _____

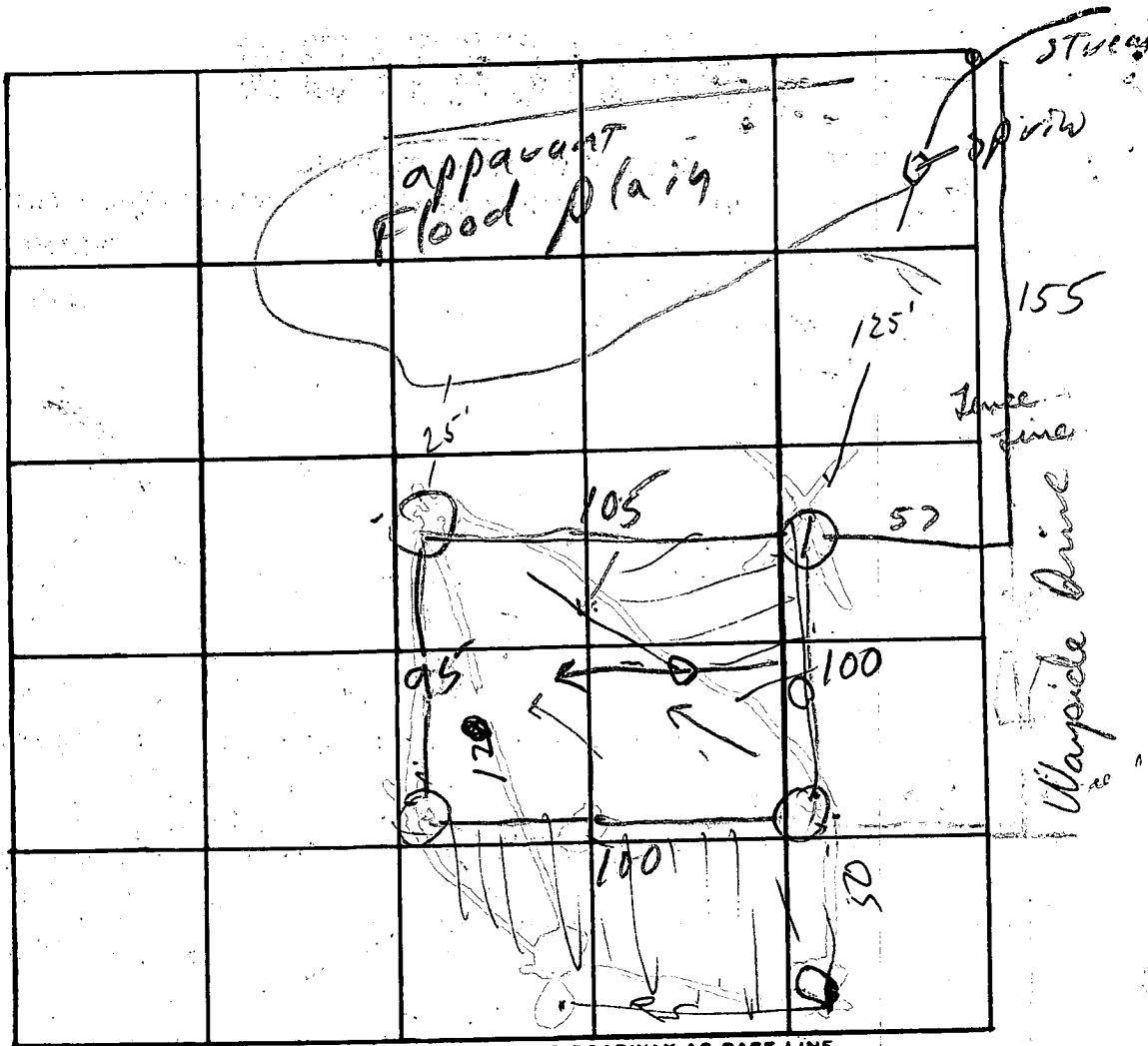
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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	
8/17/26	1	6 ft	144	149	149	203	14
"	1a	13 ft	145	145.5	145.5	146.5	1
"	2	3 ft	204	205	205	207	2
"	2a	11.5 ft	203	212	212	224	12
"	3	2 ft	213	214	214	216	2
"	3a	13 ft	215	220	220	233	13
	4	13.6	Visual				

est test core in

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. Bepp ALSO PRESENT: Fyock

2-13 ft. deep vertical holes

8/17/76
9:30 A.M.

Preliminary

APPLICATION

A 23738

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

224

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 8/17/76

System to be located 155 ft from road facing lot from wayside, DW to have 240 sq ft of absorbent area below first 6 ft of original grade. Inlet to be 5 ft below original grade max DW depth to be 12 ft. Come off DW w/5 ft earth buffer + solid pipe begin trench. Trench to follow contour and be 25 ft long, 12 ft deep with 6 ft of gravel under pipe. If 4 bedroom trench will be 50 ft long 12 ft deep w/6 ft of stone under pipe. Call for trench inspection before gravel is installed.

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 Edward B. Mowry

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Havilland Mills Road

SIZE OF LOT 10 acres TYPE BLDG. existing house
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 _____

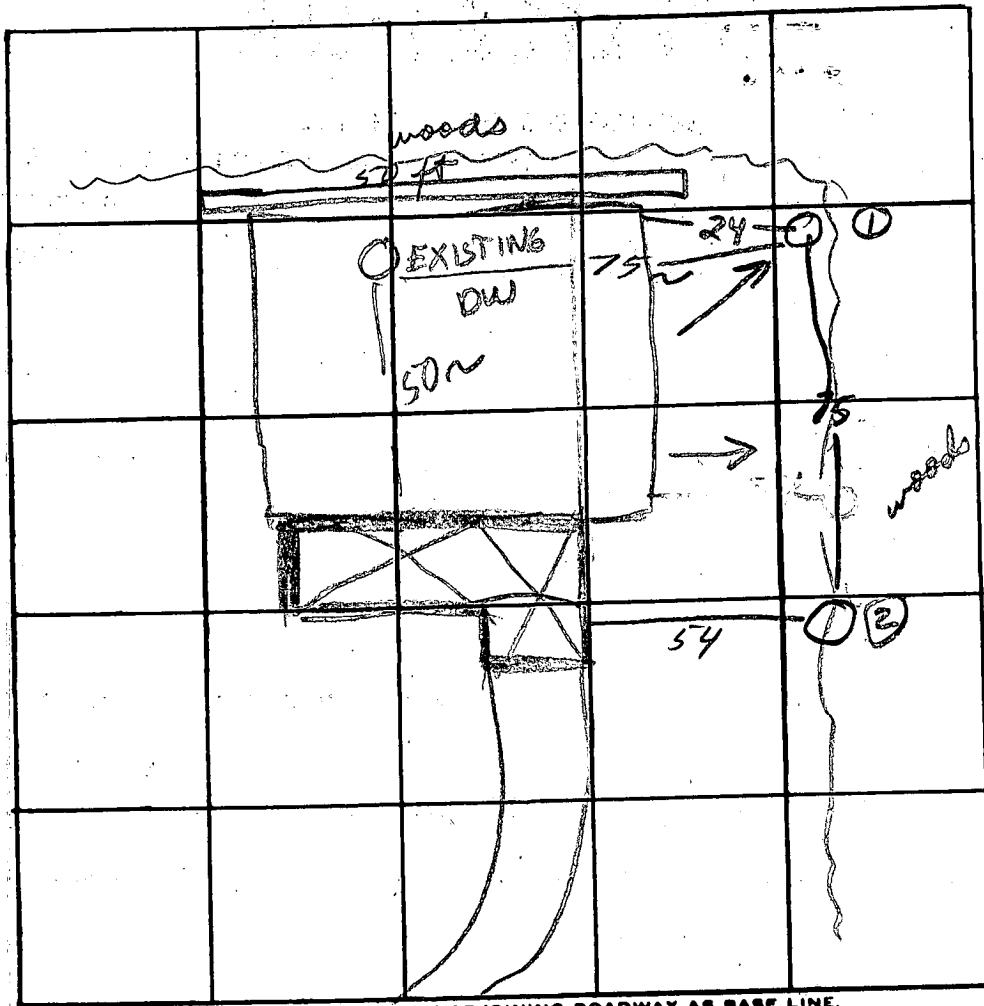
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	11	Visual		land		
	2	11.5		all			

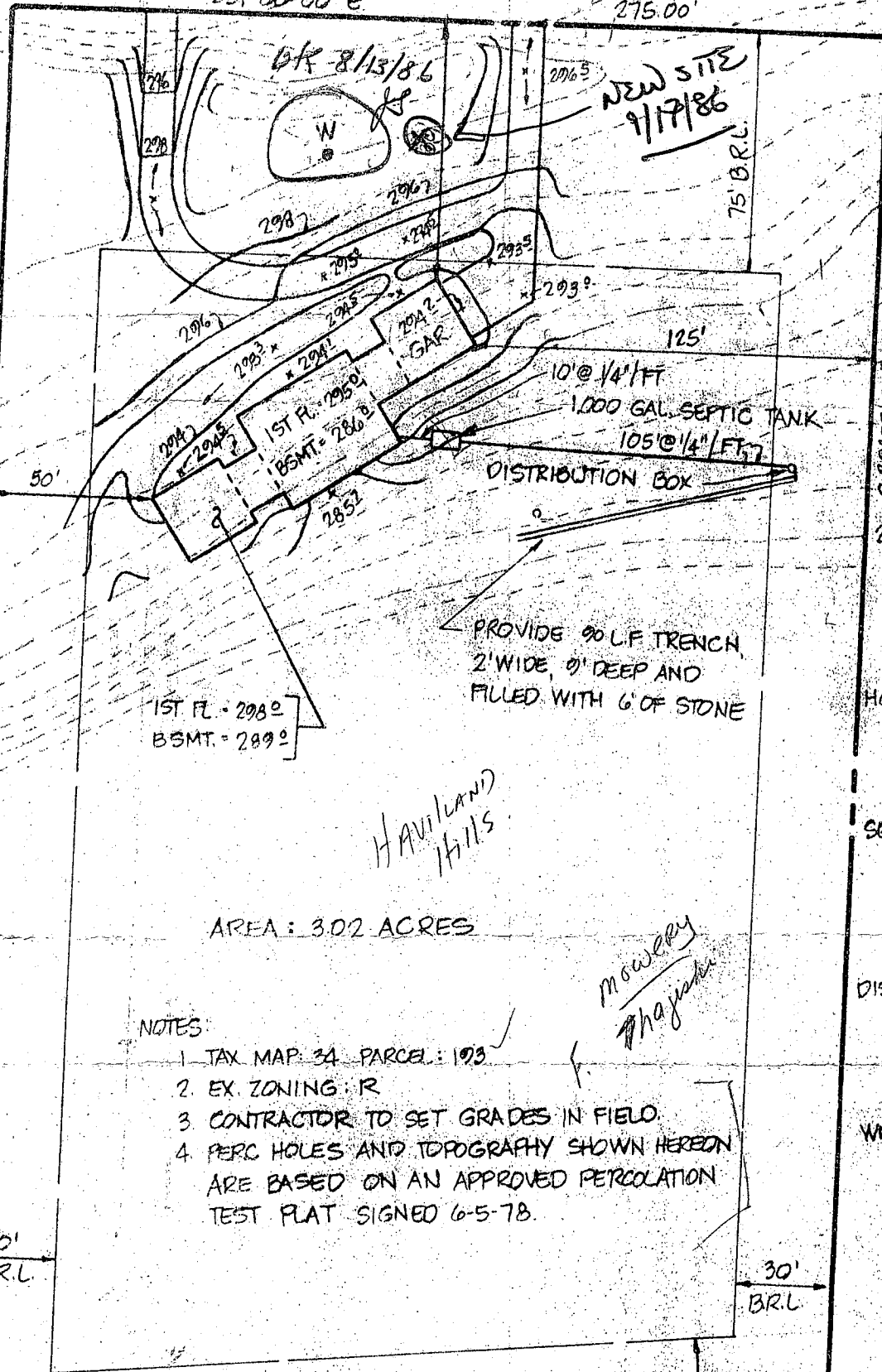
REMARKS _____

TYPE OF SOIL _____

TESTED BY R. Briggs ALSO PRESENT: J. York

WAYSIDE DRIVE EX. 50' R/W

9/17/86
owner called
4 OK to
well = 300
laterally.
well not
be any
further
from



- NOTES:
1. TAX MAP: 34 PARCEL: 193
 2. EX. ZONING: R
 3. CONTRACTOR TO SET GRADES IN FIELD.
 4. PERC HOLES AND TOPOGRAPHY SHOWN HEREON ARE BASED ON AN APPROVED PERCOLATION TEST PLAT SIGNED 6-5-78.

- HOUSE
1ST FL. = 295.0
BSMT. = 286.0
INV. OUT = 282.65
- SEPTIC TANK
EX. GR. = 288.0
FIN. GR. = 288.0
INV. IN = 282.44
INV. OUT = 282.10
- DISTRIBUTION BOX
EX. GR. = 283.0
FIN. GR. = 283.0
INV. IN = 280.0
- WELL
EX. GR. = 290.0
FIN. GR. = 290.0

RECEIVED
JUL 24 1986
L.F. EASTERDAY, INC.

C1 5261

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 27 981

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 10/7/86

DEPTH OF WELL grid: 240 (TO NEAREST FOOT)

PERMIT NO. grid: 40-81-1630

OWNER: RUDOLPH REUBEN last name first name STREET OR RFD: WAYSIDE DRIVE TOWN: HIGHLAND SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: Top soil (0-2), Clay (2-5), Shale (5-12), Sand stone (12-36), Mica (36-55), Sand stone (55-60), Mica (60-90).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS: 10 NO. OF POUNDS: 1000 GALLONS OF WATER: 50 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 3 ft.

CASING RECORD casing 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): 41

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

SCREEN RECORD screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)

DEPTH (nearest ft.) grid: 240

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

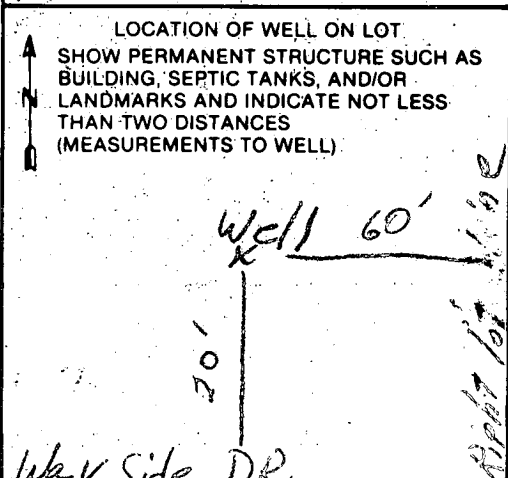
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE: Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 170 TYPE OF PUMP USED (for test): S (Submersible)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES/NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 **4560** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-1630
 fill in this form completely

Date Received **1:30 PM - 10/17/86**

OWNER INFORMATION
Buddy Wood Owner
1776 LA WIKEMK AVE
ROCKVILLE Town **AD 20852** Zip

B 3 LOCATION OF WELL **R-37931**
UNMAD COUNTY
MAP 34 PARCEL 191 SUBDIVISION
HIGHLAND NEAREST TOWN
3 MILES FROM TOWN

DRILLER INFORMATION
George F. Rastorfer Driller's Name
Franklin Rastorfer, Inc. Firm Name
9265 Broad Ch. Rd., Mt. Airy, Md. 21771 Address
George F. Rastorfer Signature **9/16/86** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
W (circled)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
W (circled)
W (circled) NEAR WHAT ROAD
W (circled) DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **700**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

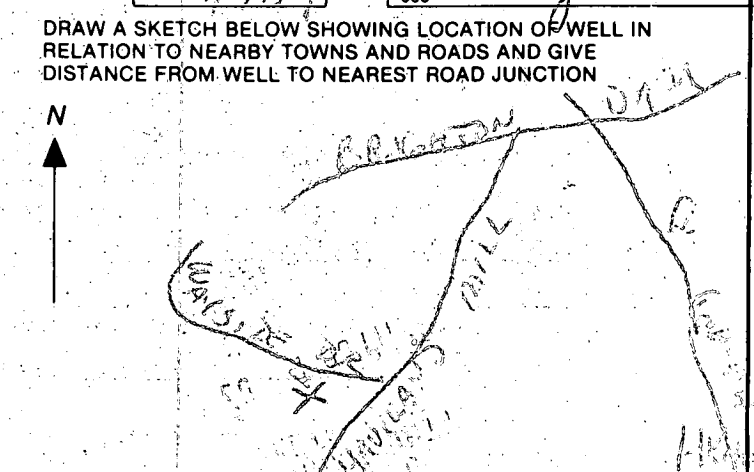
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME _____ COUNTY NO. _____
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **10/17/86**
 NORTH GRID **494000** EAST GRID **0801000**

APPROXIMATE DEPTH OF WELL **700** FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. 41' casing
 3. 1' above gr
 38' open
 10' bags cement
 WRITE THE BOX NUMBER FROM THE MAP HERE
8001
4904
10/17/86

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **PS** WRITE INITIALS IN BOX PERMIT No. **HO-81-1630**

SPECIAL CONDITIONS

WAYSIDE DRIVE

S 51° 00' 00" E

T. POLE

275.00'

Prop = 15'

75' BRL

± 100' from edge of drive to prop corner

62' to edge of road

2nd SITE

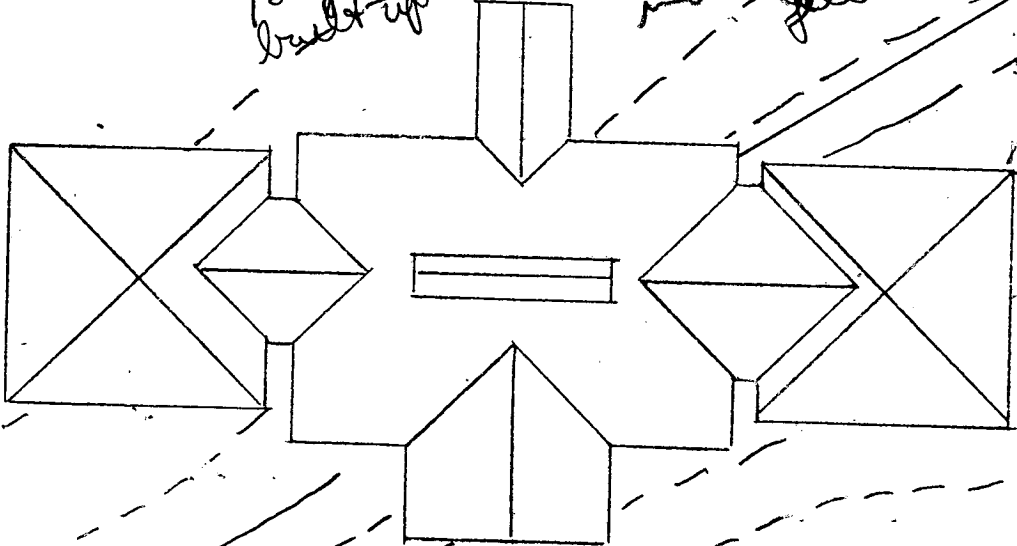
THICK WOODS

50 ±'

WELL HU-81-1635

DRIVE

6/20/38 house on "stilts" 1st floor elevation built up several feet needed to make gravity feed



1500G SEPTIC TANK

DIST. TANK

only sufficient for 3 BR no di

SEPTIC FIELD 10' PER ME

OPERC

OPERC

(100)

C1 9679 SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A-27981

DATE Received

DATE WELL COMPLETED 092298

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0022

OWNER RUDD last name JUDY first name TOWN HIGHLAND

STREET OR RFD SUBDIVISION SECTION LOT

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	
Top Soil	0	1	
Red mica	1	16	
Pr. mica	16	70	
Gray mica	70	400	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
CEMENT NO. OF BAGS 8 NO. OF POUNDS 200
GALLONS OF WATER 40
DEPTH OF GROUT SEAL (to nearest foot) from 3 ft. to 44 ft.

CASING RECORD
casing types insert appropriate code below
STEEL (ST) CONCRETE (CO)
PLASTIC (PL) OTHER (OT)

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

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL (ST) BRASS (BR) OPEN HOLE (HO)
BRONZE (PL) OTHER (OT)
PLASTIC (PL) OTHER (OT)

C2
DEPTH (nearest ft.)
EACH SCREEN 1 2 3
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 8 9
PUMPING RATE (gal. per min. to nearest gal.) 11 15
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20
WHEN PUMPING 22 25
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 WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,G,J,P,R,S,T,O) IN BOX: SEE ABOVE
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 - below LAND SURFACE (nearest foot) 50 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 40
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 8473

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-88-0022

fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (APA)

0621.88

OWNER INFORMATION

RUDD JUDY

12266 W WILKENS AVE

ROCKVILLE MD 20852

DRILLER INFORMATION

George F. Easterday

40

Driller's Name

77 License No. 80

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21171

Address

George F. Easterday

6-17-84

Signature

Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 0

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) HEAT PUMP

APPROXIMATE DEPTH OF WELL 400 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-88-0022

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD COUNTY

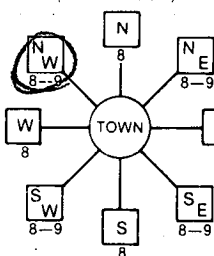
23 SUBDIVISION

SECTION LOT

HIGHLAND

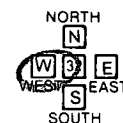
MILES FROM TOWN (enter 0 if in town) 4 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WAYSIDE DR. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A-27981 COUNTY NO.

STATE SIGNATURE DATE ISSUED

062388 Sidney Abel 12-22-88

NORTH GRID 495000 EAST GRID 080000

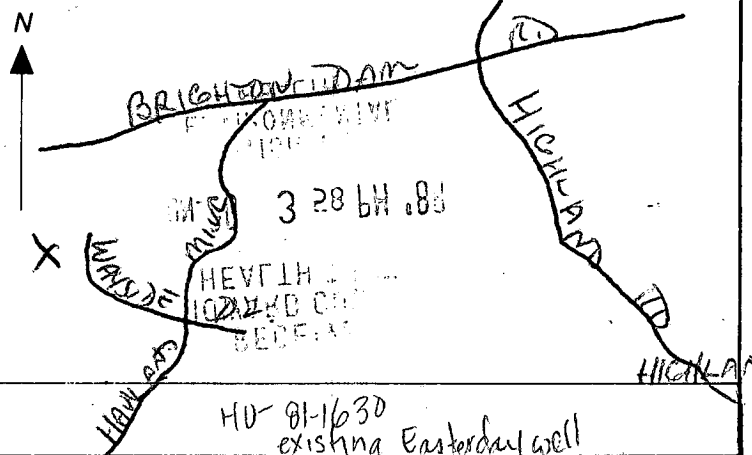
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8040
4905

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



Page of
Date 10/18/86

Review OK'd 11/6/86 [initials]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1630
Location of property (road) Wayside Dr
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller Geo. Easterday Owner Rexson Rudd

Depth of well 240 2 3/4 GPM
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown
Time pump started 6:40 AM Pumping rate 12 GPM
Total time 20 min. to reach pumping water level 120' ft. below M.P.
Pump set at 270'

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

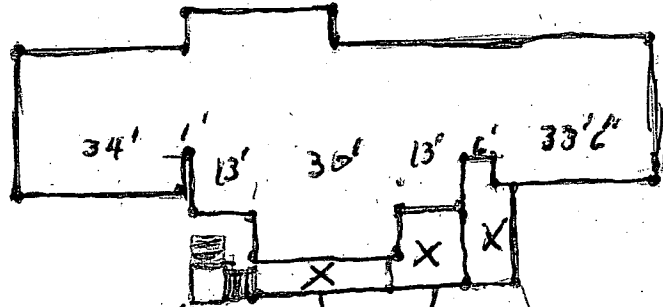
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	120'	50 sec.		6 GPM
7:15	120'	50 sec.		6 GPM
7:30	120'	50 sec.		6 GPM
7:45	120'	50 sec.		6 GPM
8:00	120'	50 sec.		6 GPM
8:15	120'	50 sec.		6 GPM
8:30	120'	50 sec.		6 GPM
8:45	120'	50 sec.		6 GPM
9:00	120' 6"	50 sec.		6 GPM
9:15	120' 6"	50 sec.		6 GPM
9:30	120' 6"	50 sec.		6 GPM
9:45	120' 6"	50 sec.		6 GPM
10:00	120' 6"	50 sec.		6 GPM

Sonny

13813 Wayside Drive



Scale 1" = 50'



New Stairs
8' high

(Existing Deck) (New Addition to Deck)
11' x 13'3"
8' high