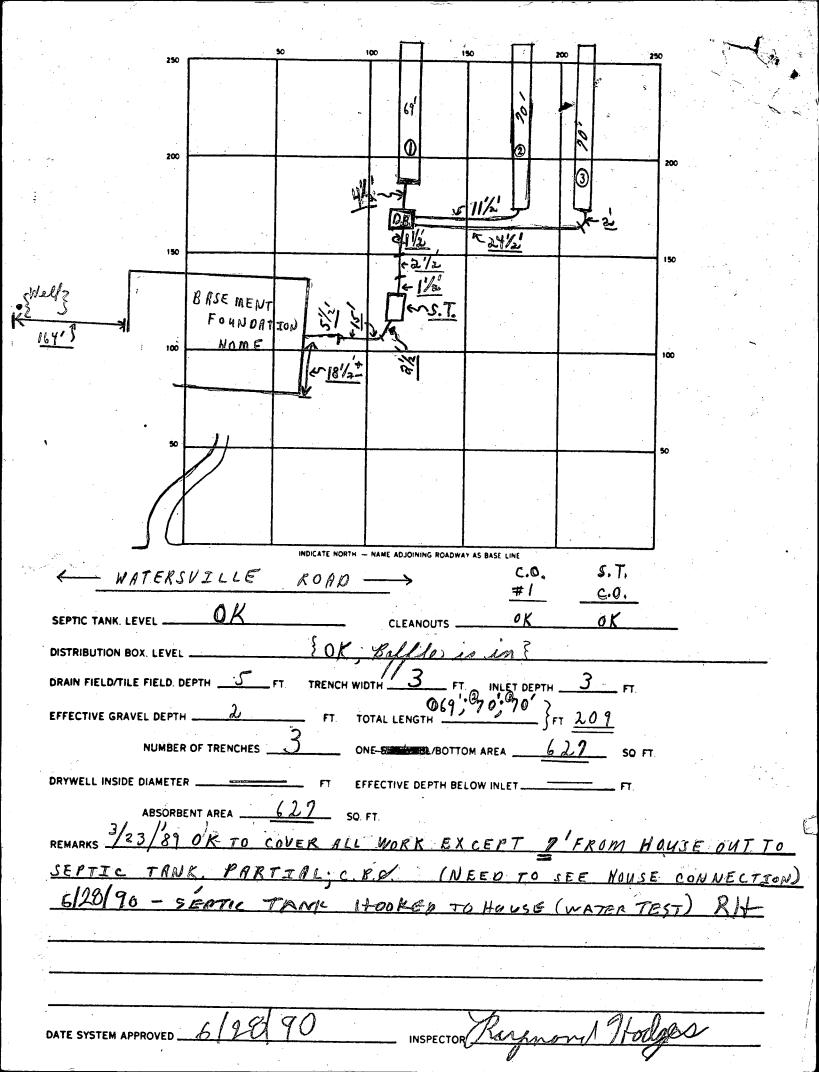
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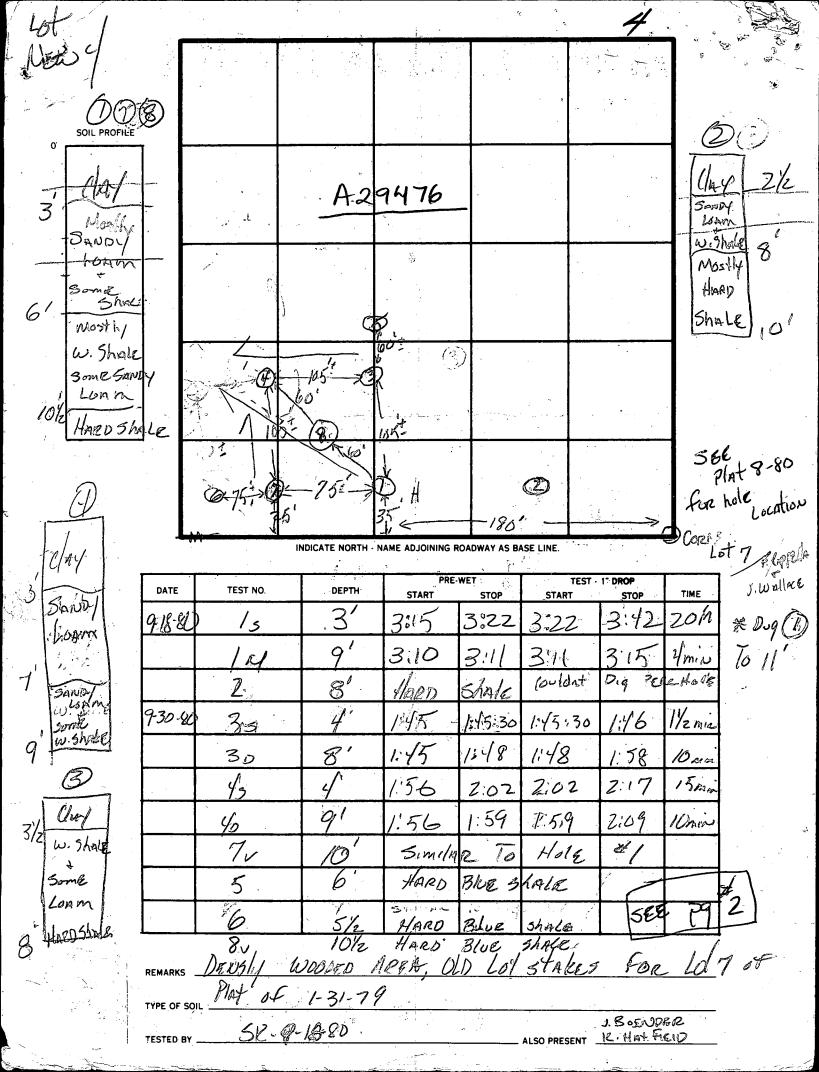
	D COUNTY IRONMENTAL HEALTH					D	ATE 13/19/	1
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Arnord Sepi	ic Service, In	с.	<u> </u>	IS	PERMITTED TO I	NSTALL	X ALTER	
DORESS P. O.	Box 15, Woodb	ine, Mary	land 217		PHONE _	705	7873	
JBDIVISION	Poplar Springs		Q	14 Watere	,			
BUIVISION			ROAD≾	14 Waters	ville Road	LOT	4	<u> </u>
ROPERTY OWNER _			Hoke Ro	sensteel				
DORESS	404 N.	Mais	CL	114	Aine Al	11 -	1 12001	
DURESS	7011	7 100111	<u> </u>	1907	TUY / 1	Q. Q	1///	<u> </u>
GARBAGE GRINDE	R IS USED INCREASE S	EPTIC TANK CA	PACITY BY 50	% AND ARSOR	PTON AREA BY	170	7	-
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	TION ANEX BY	. 4. 70 .		
ARBAGE GRINDER?	YES	NOX						
PTIC TANK CARAC	TY 1000 GAL	1.0110			•	* * * * * * * * * * * * * * * * * * *		
FILE IANK CAPACI	GAL	LONS N	IUMBER OF B	EDROOMS	<u>. </u>			
TRENCHES - 2	00 sq. ft. per	bedroom.	Trench	to be 3 fe	et wide.	Inlet 3	feet helo	1.7
, , ,	00 sq. ft. per riginal grade.	- ROLLOM W	IAXImum da	anth 5 foc	t halarr am	dadmal .		~
a	rea begins at	- ROLLOM W	IAXImum da	anth 5 foc	t halarr am	dadmal .		~
a	rea begins at 3	Bottom m 3 feet bel	ow origin	epth 5 fee nal grade.	et below or 2 feet o	iginal g f stone	grade. Ef below dis	fe tr:
a p LOCATION - B	rea begins at ipe. eginning from t 80') place the	Bottom m B feet bel the rear 1 first tre	eft corne	epth 5 fee nal grade. er (Inters	et below or 2 feet o	iginal g f stone left 33	grade. Ef below dis	fe tr:
a p LOCATION - B 5 o	rea begins at 3 ipe. eginning from t 80') place the ff the same lot	Bottom m 3 feet bel the rear 1 first tre line. R	eft corner to the corner to th	epth 5 fee nal grade. er (Inters eet acros	et below or 2 feet o sect of the s the rear	iginal g f stone left 33 lot lir	grade. Ef below dis 34.35' and ne and 135	fectr:
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*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES





A 29476 pg 2

	10-22-80	99	3/	1.4/	1:0/6	2:00	15 Air
		GM	81	1249		1.51	* 2min
	9	,					
· •		100	8'	2:02	2:04	207	3 mm
	(A)	103	311	2:06	2:10	2:17 2:27	
21/2	CITI	<u>/</u>		-			J
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	·	5.6					

CEURCIA CONINIGPROP WATERS VILLE RD Lot 7 see Plat BOCK BOTTOM SEE PLAT 475 319 NOTE: NOFEE FOR LOT#7 HOWEVER LOT 48 Lot 5 NOT YET TESTED 5/2/79 RH

I	c ₁ 2047	SEQUENCE NO		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
I	(THIS NUMBER IS TO BE P			WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY A-29476
4	TN COLS. 3-6 ON ALL CAR		<u></u>	PLEASE PRINT OR TYPE	NUMBER 4-29946 PERMIT NO.
	DATE Received	MGÖ JJAW ATAD	APLETE	D Depth of Well 22 4 5 26	FROM "PERMIT TO DRILL WELL"
	8 13	15	20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
	OWNER	FOREMOST last name			Operar spaings
	STREET OR RED	pulan S.	PRIN	Suille IZCI. first name TOWN F	LOT 4
Ì	WELL I Not required for	LOG		GROUTING RECORD	C 3
ł	STATE THE KIND OF	FORMATIONS		WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
١	PENETRATED, THEIR THICKNESS AND IF			TYPE OF GROUTING MATERIAL CEMENT C B C	HOURS PUMPED (nearest hour)
I	DESCRIPTION (Use additional sheets if needed)		Check if water bearing	AGENTAL STATE OF THE STATE OF T	PUMPING RATE (gal. per min. S
			4	NO. OF BAGS NO. OF POUNDS 200	to nearest gal.) 11 15
				DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
۱	Top Soil Brown Shalf	OZ		from 6 ft. to 3 2 ft.	BEFORE PUMPING 34
l		2 20	•	(enter 0 if from surface) casing CASING RECORD	WHEN PUMPING
		2 20		types insert ST CO	22 25
l	1 Class	20 25		appropriate STEEL CONCRETE CODE	TYPE OF PUMP USED (for test) A air P piston T turbine
	Blue Slate		100	below PLASTIC OTHER	27 27 27
	ALIC SLUTE			MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O other (describe
~ i		-O 55		TYPE (nearest inch) (nearest foot)	J jet Submersible
l	KAUNI SLARE	5 110		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	jet S shomersible
	Die State	55 /63		E OTHER CASING (if used)	
	Moun Slake Moun Slake Mue Slake Mint nock Mint Slake	160 165		A diameter depth (feet) C H From to	PUMP INSTALLED
١	perior Clark	165 245		CAS	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
	Blue SCANCE			N G L J L J L	IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS
-	:			screen type SCREEN RECORD	TYPE OF PUMP INSTALLED
١				or open hole ST BR (HO)	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
	e de la companya de l La companya de la co		in s	(appropriate code STEEL BRASS OPEN BRONZE HOLE	CAPACITY:
			• • •	below PLSTIC OTHER	(to nearest gallon)
	#30			C 2	PUMP HORSE POWER 137 41 PUMP COLUMN LENGTH
				DEPTH (nearest ft.)	(nearest ft.)
					CASING HEIGHT (circle appropriate box and enter casing height)
					LAND SURFACE
	CIRCLE APPROI	DRIATE I ETTER	-	S 23 24 26 30 32 36 R	- below b foot)
١	A A WELL WAS ABAND WHEN THIS WELL W	ONED AND SEAL	LED -	E ³ 38 39 41 45 47 51	LOCATION OF WELL ON LOT
ı	E ELECTRIC LOG OBTA		•	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
	P TEST WELL CONVER	TED TO PRODUC	TION	DIAMETER (NEAREST OF SCREEN INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
	I HEREBY CERTIFY THAT THIS WEL ACCORDANCE WITH COMAR 10.1			from to	(MEASUREMENTS TO WELL)
	AND IN CONFORMANCE WITH ALI ABOVE CAPTIONED PERMIT, AN	L CONDITIONS STATE! ID THAT THE INFOR	O IN THE	GRAVEL PACK	
	PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.		c 0E31	FLOWING WELL INSERT F IN BOX 68 68	16
ا -	DRILLERS IDENT, NO	273	٠.,	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Map HOLE PA
	DRILLERS SIGNATURE	engues -	·	T (E.R.O.S.) WQ	Live DRYHOLD WELL 200 1:00
	(MUST MATCH SIGNATUR	E ON APPLICATION		70 72 74 75 76	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
*	SITE SUPERVISOR (sign. o	f driller or journe		TELESCOPE LOG OTHER DATA	Jao' Jao'
٠	responsible for sitework if			CASING "INDICATOR	onot Link

•		u u
of	Review	6-1-88 5a oh
12/80/89		e'

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Subulvision	Popular SPRINGS	Lot 4 Block Plat Sec.
Well Driller	K. MAYAE	Owner FOREMOST IND. INC.
Distance	well 245 of measuring point (M vater level (S.W.L.) be	1.P.) above ground 2 F

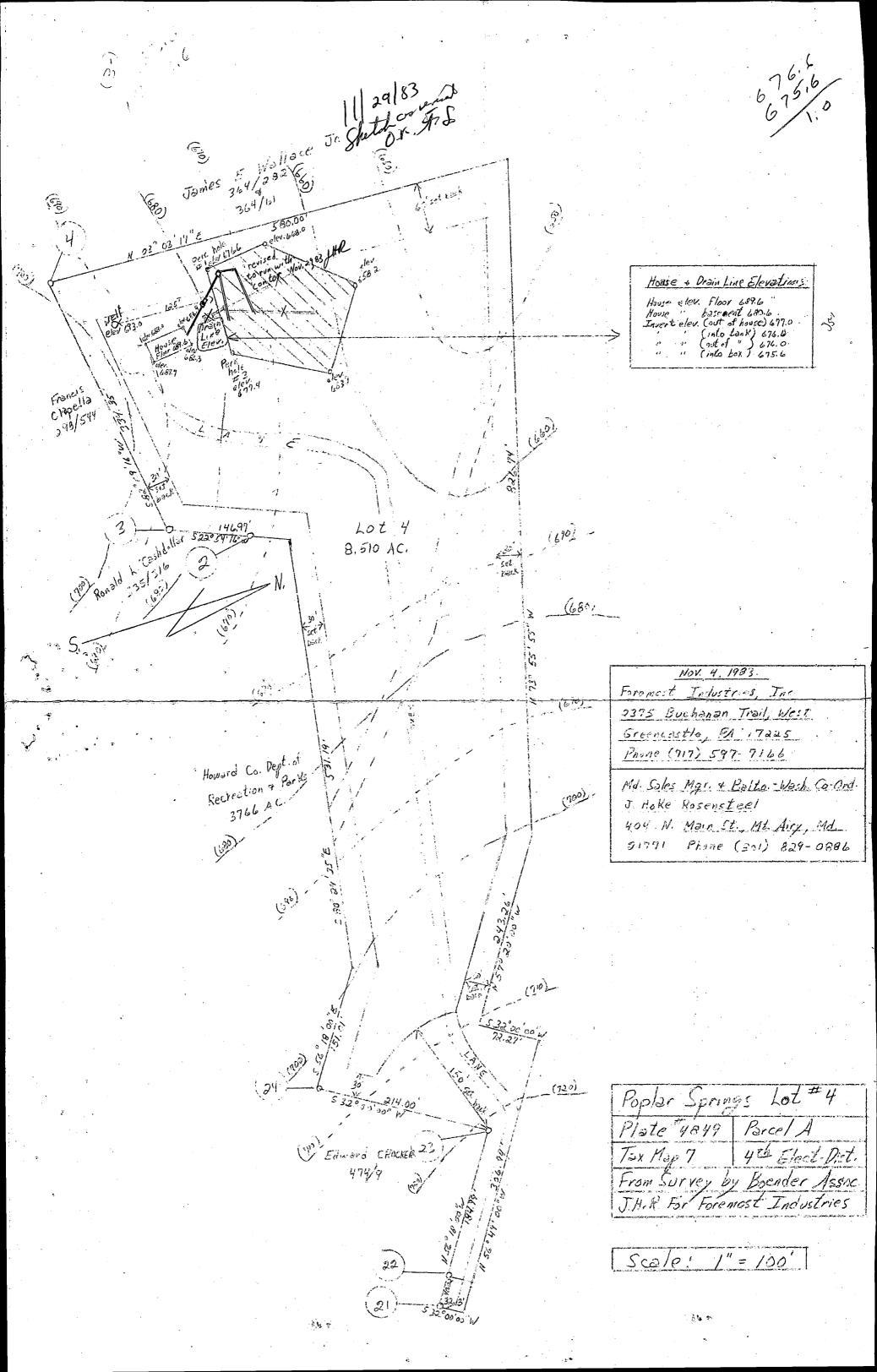
II. Recovery pump test data - observations to be recorded every 15 minutes

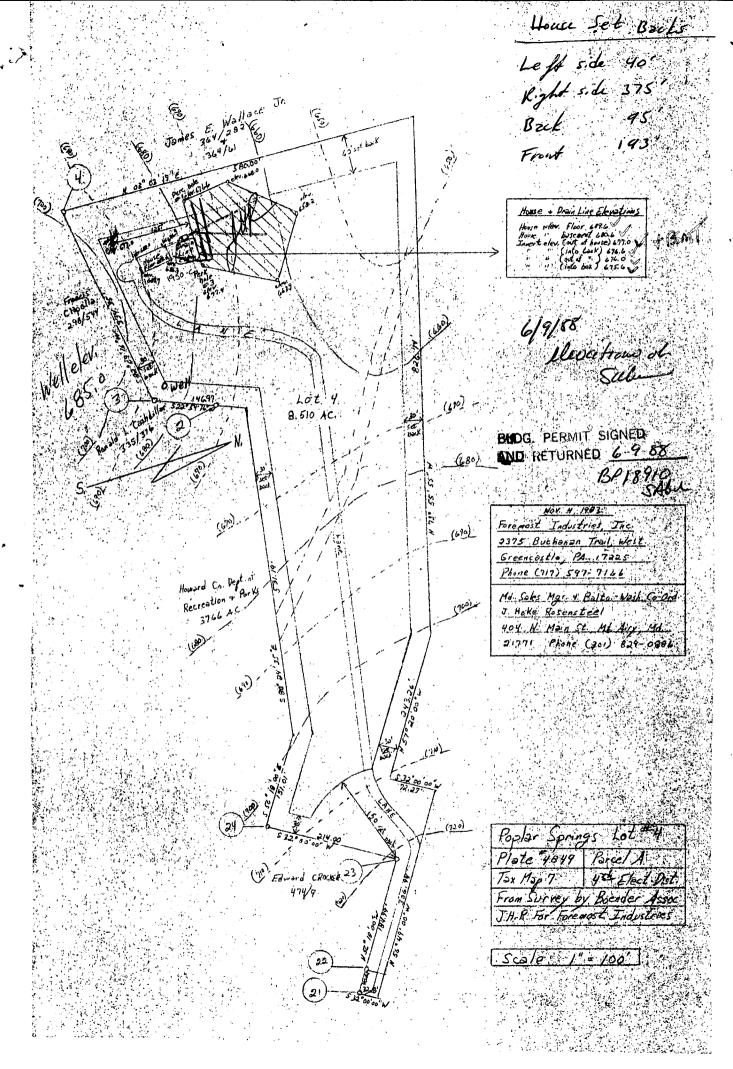
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill I	(if used)	(gallons per
tervals		gallon bucket		minute)
12:30	56 H	+ 8 See		8 GBM
12:45	56 A	k 8 Sec		8 GPM
1:00	56 K	+ 8 Sa		8 6/m
1:15	56 A	8 Sec		80 - GPM
1:30	56 A			8 - 6PM
. 1:45	56 B	8 Sec		8: GPM
2:00	SG A			8 6PM
2:15	56 6	× 8 Sec		8c Com
2:30	56 A			8 SM
2:45	56 1	+ 8 Sec		8 GOM
3:00	56 1			8 GBM
3:15	56 1	+ 8 Sec		8 Gem
3:30		- 8 Sac		8 6PM
	· · · · · · · · · · · · · · · · · · ·			
	+			
	 			
<u> </u>				

HD-224

	ZINZINGZING MIZINI NO: II ANT		· · · · · · · · · · · · · · · · · · ·	
B 7 5740 SEQUENCE NO. (OEP USE ONLY)	STATE OF	MARYLAND	OEP PERMIT NUMBER	٦
1 427 3 6	PERMIT TO	DRILL WELL	Ad-81-24	49
* (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pr	int or type	fill in this form complete	
Date Received	-	B 3	LOCATION OF WELL	
1019K 3 OWNER INFORM	ATION			
FORENGS & BAY	4 810	8 COUNTY	21	
15 Last Name Owner	First Name 34	1 C F G L A I	5001065	
36 Street or RFD	55	SECTION	LOT	42
n + r ing	MK 21 771	44 46	48 50	
	OState72 Zip 76	52 NEAREST TOWN	STAINGS	71
DRILLER INFORMATION OF STALON MATERIALS	ON TOTAL	MILES FROM TOWN (en	ter 0 if in town) 73 76 77 78	
Driller's Name	77 License No. 80	B 4		
Firm Names	ORICE MAGI	1 2 DIRECTION OF WELL FROM	11 NEAR WHAT ROAD	30
Address Anoward Charles	ild, my Alay	TOWN (CIRCLE BOX)	, TEAN WILL HOAD	NORTH
. That Mayre	10/1/87	NW 8 NE	ON WHICH SIDE OF ROAD	N W B E
Signature B 2 WELL INFORMATION	Date	8-9	(CIRCLE APPROPRIATE BOX)	WESTSEAST
APPROX. PUMPING RATE (GAL. PER MIN.)	*	TOWN E		SOUTH
AVERAGE DAILY QUANTITY NEEDED	B 12		34 J C C O 37 DISTANCE FROM ROAD	
(GAL. PER DAY)	90 1 20	S _W S _E S _E	ENTER FT or N	- P P
USE FOR WATER (CIRCLE APPR		8	NOT TO BE FILLED IN BY DRILLER	38 39
D HOME (SINGLE OR DOUBLE HOUSEH			HEALTH DEPARTMENT APPROVAL	
FARMING (LIVESTOCK WATERING &		HEWAN D	A- 2943	
INDUSTRIAL COMMERCIAL STATE A	AND FEDERAL GOV.	OEP	COUNTY STATE HE	
OTHER (REQUIRES APPROPRIATION - PUBLIC OF PRIVATE WATER COMPA	PERMIT)	SIGNATURE DATE ISSUED	INSERT S	41
PAPEROPRIATION PERMIT AND STATE	HEALTH DEPARTMENT	43 4 3 8 7 48 C		22-88 P. DATE
APPROVAL)	MAY REQUIRE	NORTH SS CO O	T EAST J. J. T.	0
한 문 취임 PROPRIATION PERMIT)		50	55 57	63
APPROXIMATE DEPTH OF WELL		SHOW MAJOR FEATUR BOX & LOCATE WELL	1.00 0.00 1.0	LUCKSTUCK CW
P. S. 24	28	WITH AN X SOURCES OF DRILLING		Ca
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. Well		
METHOD OF DRILLING	(circle one)	2.		
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u>	WRITE THE BOX NUME	BER	
3/	OTARY (Hydraulic Rotary)	FROM THE MAP HERE	I.17. 70	
<u>CABLE</u> <u>REVerse-ROT</u> ary	<u>DR</u> ive-POINT	E 700	7	
other		N ECO	000 (3)	
REPLACEMENT OR DEEPEND		DRAW A SKETCH BELO	OW SHOWING LOCATION OF WELL	IN
(CIRCLE APPROPRIATE B	,	RELATION TO NEARBY	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION	
THIS WELL WILL REPLACE A WELL T	and the second s	N	Tid >0	
ABANDONED AND SEALED 39 THIS WELL WILL REPLACE A WELL T	THAT WILL BE USED			
AS A STANDBY		L T HEYFILL		1
D THIS WELL WILL DEEPEN AN EXISTII PERMIT NUMBER OF WELL TO BE REPLA		- FARSTALL INF		interior
(IF AVAILABLE) 41	52		all le	A.
Not to be filled in by driller (OEP	USE ONLY).	THE ATTENTION	(D) 1000 / FR	7438
APPROP. PERMIT NUMBER		HEVELL ON ON	1 / V	
54	63	OWARD - WEREST IN	14	
FORCE SINITIALS PERMIT No. 10 - 70 71 72	73 74 75 76 77 78 79	YOPI AIL	Sylvience	
SPECIAL CONDITIONS. SQUAR FOR	15+ PINIA. 10		¥	٠.

E HEALTH







HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer February 4, 1991

Reply to:

Charles Streaker, Sanitarian 461-9933 or 461-9934

Mr. Hoke Rosensteel 404 N. Main Street Mt. Airy, Maryland 21771

> Re: Poplar Springs - Lot 4 914 Watersville Drive Well Permit No. HO-81-2449

Dear Mr. Rosensteel:

This is to advise you that the septic system was installed, inspected and approved on June 28, 1990.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2449.

January 29, 1991 Date of Final Sampling February 4, 1991
Date of Acceptance

Charles Streaker, Sanitarian Water and Sewerage Program

Water Sample Dates: November 16, 1990 January 29, 1991

CS:cm

