

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-302504

ELLICOTT CITY

DISTRICT 3rd

DATE 3/24/77

P 25490

A 23910

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Mt. View & Sand Hill Roads LOT _____
PROPERTY OWNER Crest Lawn Cemetery 2190(?) MBUNT VIEW ROAD

ADDRESS Mt. View & Sand Hill Roads, Marriottsville, Md.

SPECIFICATIONS 4 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 480 sq. ft. sidewall area below inlet. Dry well inlet to be 3 ft. below original grade and dry well bottom to be 12 ft. below original grade. Place the dry well 120 ft. from the lot line which is 211.48 ft. long and runs S 45 degrees 00' 38" E and 200 ft. from the lot line which is 435.60 ft. long and runs S 44 degrees 59' 22" W.

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

PERMIT VOID AFTER THREE YEARS.

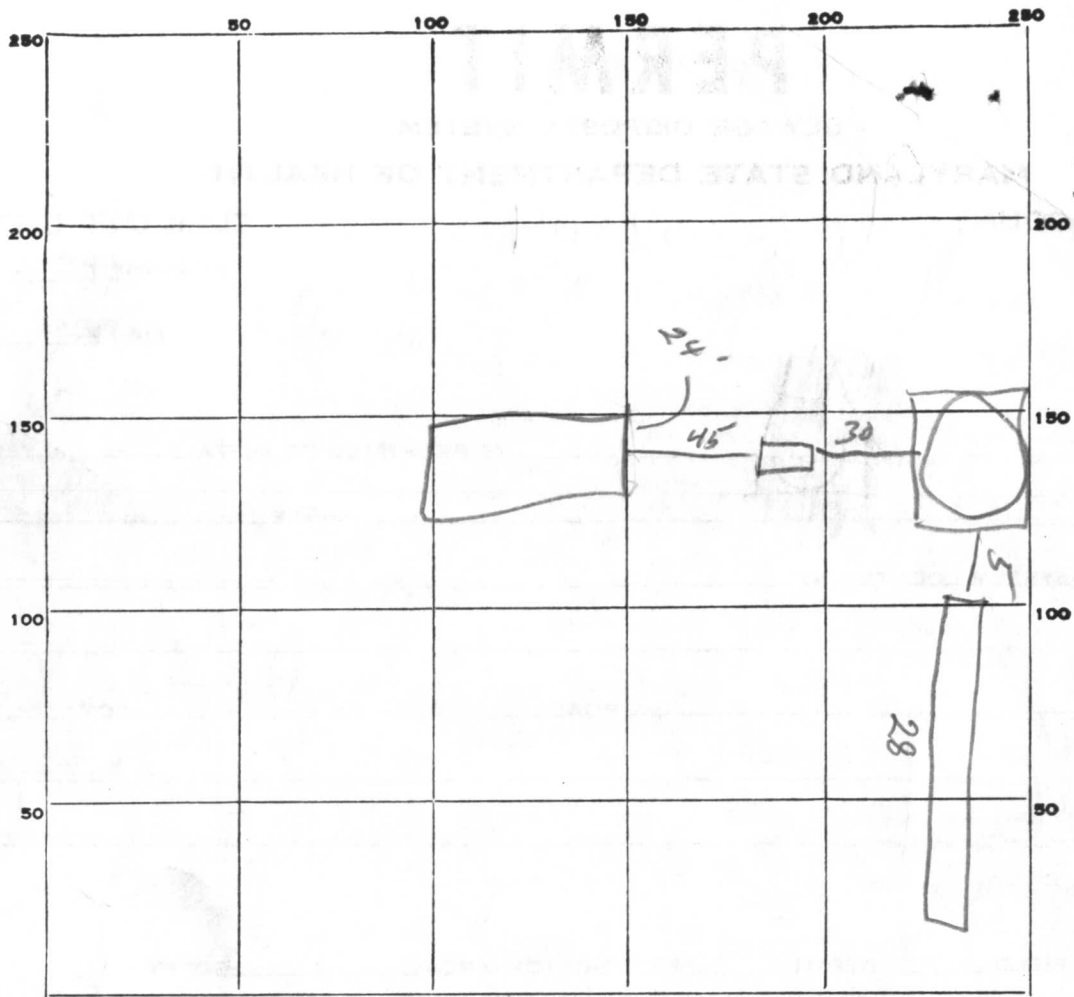
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Raymond Hodges DATE 10/13/76

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 23910



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD RT 40
 SEPTIC TANK, LEVEL CLEANOUTS DW ST Manhole
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 4 IN. TOTAL LENGTH 28 FT.
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 196
 SEEPAGE PITS, INSIDE DIAMETER outside 46 FT. DEPTH BELOW INLET 7 FT.
 ABSORBENT AREA 336 SQ. FT. + Trench @ 196 = 532

REMARKS _____

DATE SYSTEM APPROVED Jan 16 77 INSPECTOR R. Biggs

RECORDED

APPLICATION

A 23910

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3BR - 1000 Gal
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 4BR - 1250 Gal
TELEPHONE: 465-5000, EXT. 356

DATE 9/10/76

DRY WELL - 3 BR - 360 SQ FT SIDEWALL AREA BELOW INLET
4 BR - 480 SQ FT SIDEWALL AREA BELOW INLET

DRY WELL INLET TO BE 3 FT BELOW GRADE & DRY WELL
BOTTOM TO BE 12 FT BELOW GRADE

PLACE THE DRY WELL 120 FT FROM THE LOT LINE
WHICH IS 211.48' LONG & RUNS S 45° 00' 38" E

AND 200 FT FROM THE LOT LINE WHICH IS 435.60

TO: THE COUNTY HEALTH OFFICER

ELLICOTT CITY, MARYLAND 7' LONG AND RUNS S 49° 59' 22" W

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

PROPERTY OWNER Crest Lawn Cemetery

ADDRESS Mt. View & Sand Hill Rds., Marriottsville, Md.

PHONE 789-0150 (office)

328-2166 (site)

PROPERTY LOCATION:

647-4270 (Weaver home)

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION Mt. View and Sand Hill Roads

SIZE OF LOT 5 acres 50 ac

TYPE BLDG. 3 or 4 bedrooms.

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/ Charles Weaver

APPROVED BY R. Hodgson

FOR Agceall

(KIND OF SYSTEM)

DATE 10/19/76

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER _____

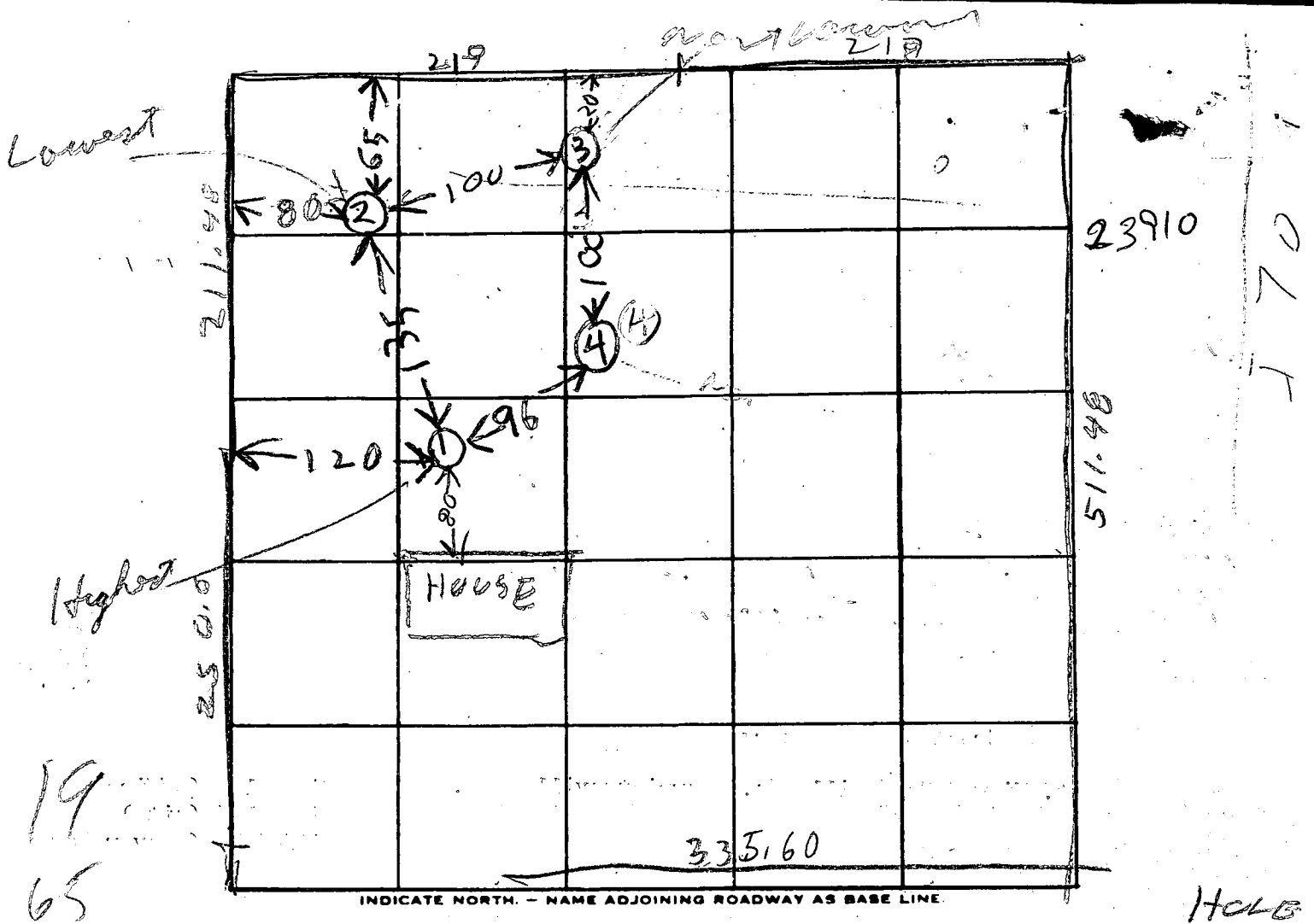
DATE _____

REASONS FOR REJECTION OR HOLDING Septic System Plans Needed Lot not

being subdivided at this time 10/6/76

BLDG. PERMIT SIGNED
AND RETURNED 10/19/76

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

19
65
top 3 ft clay

HOLE ELEVATION

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/6/76	1D	13	210	217	217	227	10	HIGHEST USE FOR RW
	1S	4	213	215	215	220	5	
	2S	3 1/2	244	247	247	250	3	LOWEST
	2D	13	246	247	247	250	4	
	3S	3	308	310	310	312	2	NEXT LOWEST
	3D	13	309	312	312	316	4	
10/6/76	4V	10	all sand		Boulton			NEXT HIGHEST

REMARKS Slow back hole broke on last hole at 320
Lot not being subdivided
 TYPE OF SOIL Sandy

TESTED BY B. Hodges 10/6/76 or 125
 ALSO PRESENT: Mr. Hutchinson Owner
Mr. C. Miller Builder

23910

50.0 AC ±

S 40° 30' 39" E
160.52'

S 41° 04' 54" E
323.79'

S 39° 35' 20" E
147.32'

S 37° 39' 14" E
128.57'

S 36° 18' 31" E
99.91'

S 34° 27' 27" E
77.60'

S 23° 58' 33" E
75.91'

TO MD. RTE. 99

SAND HILL ROAD

S 02° 49' 29" E
85.35'

S 02° 34' 01" W
29.25'

199.06'
721.53'

PIPE SET

PIPE SET

ROSS K. WIRT & WIFE
JOHN A. MURRAY & JR.
BRADLEY T. J. METTEE JR.
SEPT. 11, 1998
LAND RECORDS OF
HOWARD CO. - FOLIO 309
LIBER. R.H.M. 320

1350.00'

100.0'
335.60'

N 44° 59' 22" E

N 45° 00' 38" W

511.48'

PIPE SET

PIPE SET

PIPE SET

*Test
hole
5 acres*

250.0'
S 45° 00' 38" E

S 22° 47' 17" W

S 43° 13' 17" W

211.48'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

S 44° 59' 22" W

217.80'

217.80'

435.60'

C 1 2974 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN CGLS. 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 23910

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 11/2/76

DEPTH OF WELL 150 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-1709

DRILLERS IDENTIFICATION NO. 449

OWNER HUTCHINSON LAST NAME WILLIS FIRST NAME

STREET OR RFD 54 WHITTER PARKW. POST OFFICE Severna Park

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Moica soil 0-35</u>			
<u>Moica Rock 35-150 X</u>			

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)*

CEMENT BENTONITE CLAY

NO. OF BAGS 11 NO. OF POUNDS 1019

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 135 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 60

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 150

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PL OT

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 35 (NEAREST FOOT)

WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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.

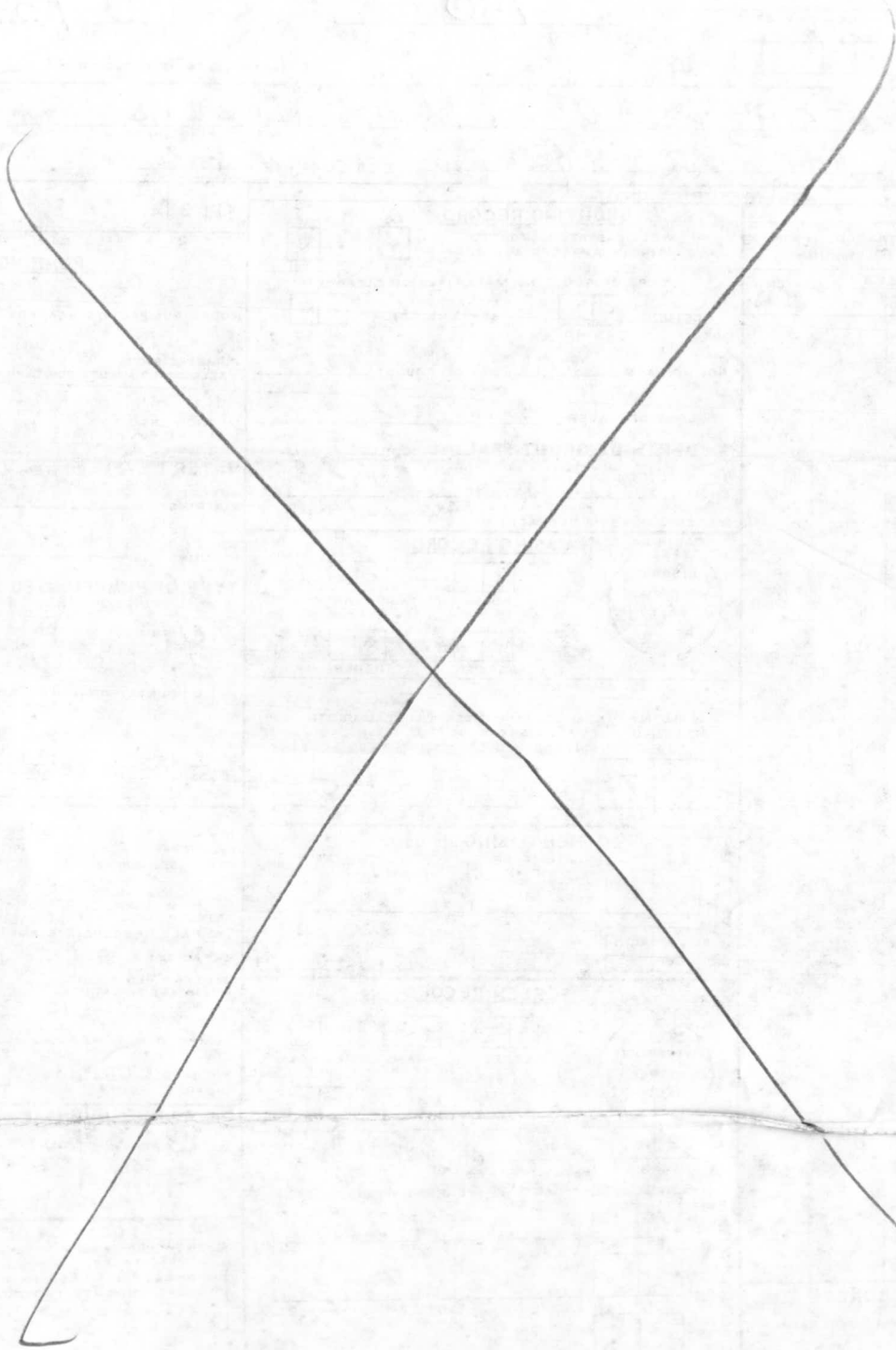
DRILLERS NAME Hutchinson

(PLEASE PRINT) Willis

SIGNATURE Willis

NOV 29 9 05 PM '76

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.



23810



TORREY C. BROWN, M.D.
SECRETARY
JOHN R. GRIFFIN
DEPUTY SECRETARY

JAMES W. PECK
DIRECTOR

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

APRIL 6, 1987

CERTIFIED MAIL - P 438 400 766
Return Receipt Requested

WILLIS S. HUTCHINSON
C/O CREST LAWN MEMORIAL
GARDENS
2189 MOUNT VIEW ROAD
MARRIOTTSVILLE MD 21104

RE: State Water Appropriation
Permit No. HO87G007
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements. PLEASE NOTE THAT IF THE WATER IS NOT PUT TO USE WITHIN TWO (2) YEARS, THE PERMIT WILL EXPIRE.

If you find the permit unacceptable, you may appeal within 30 days of the date of this transmittal letter. The appeal must be in writing and must specify the basis of the request for review.

If you have any questions, please contact this office at 974-2456.

Sincerely,

Mark W. Eisner

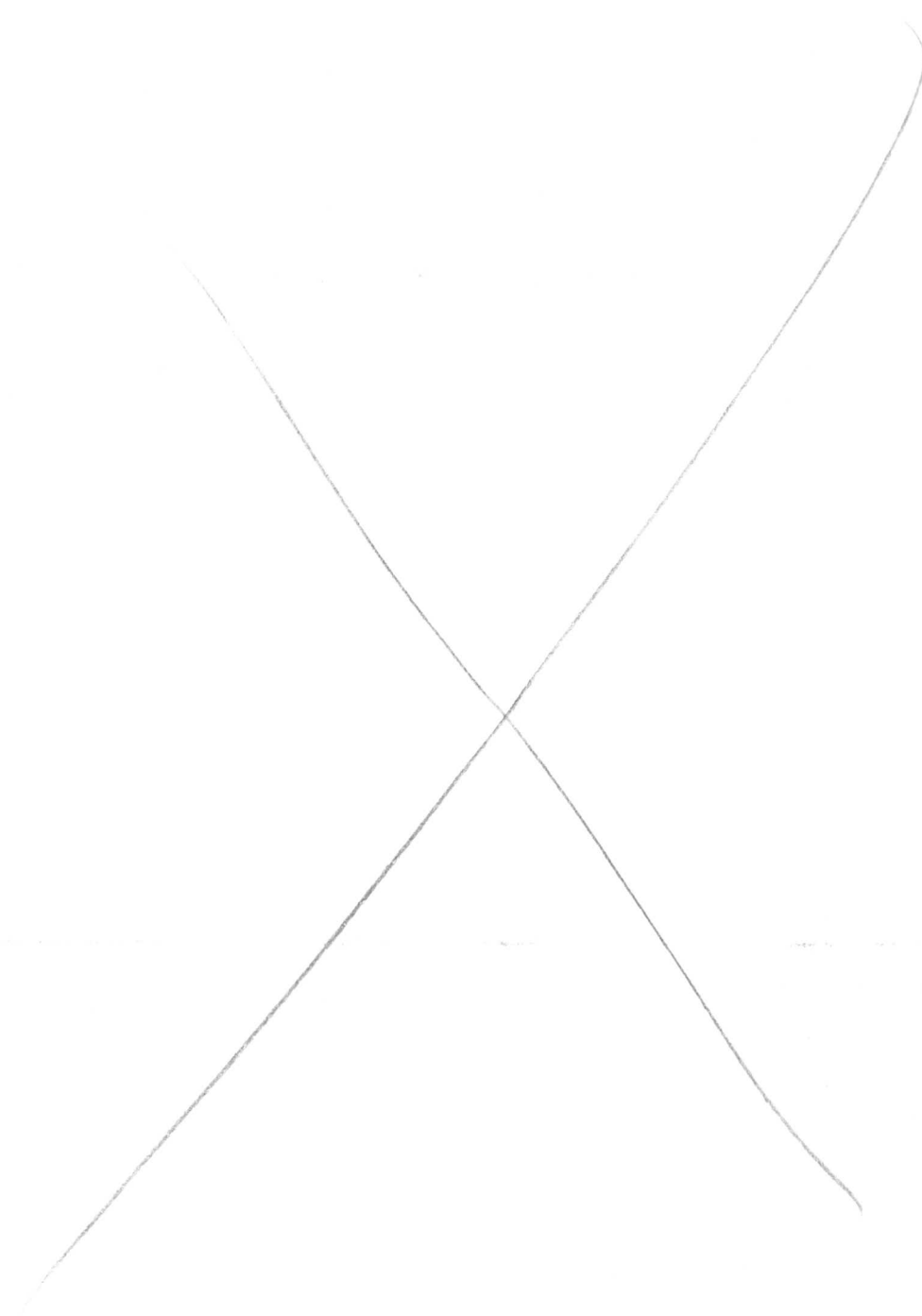
MARK W. EISNER
Water Supply Division
S

CC: Howard County Health Department

Telephone: _____

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELIC

APR 8 7 57 AM '87

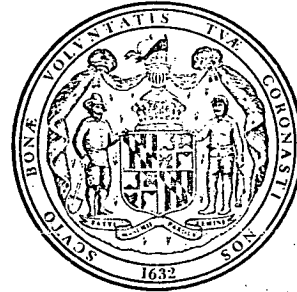


23910

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION

WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: H087G007 (01)



EFFECTIVE DATE: APRIL 1, 1987
EXPIRATION DATE: APRIL 1, 1999
FIRST APPROPRIATION: APRIL 1, 1987

WILLIS S. HUTCHINSON

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER RESOURCES ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1983 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO A DAILY AVERAGE OF 500 GALLONS ON A YEARLY BASIS AND A DAILY AVERAGE OF 750 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR A POTABLE SUPPLY FOR DRINKING AND SANITARY USE AT THREE OFFICES AT A CEMETERY.
3. SOURCE - THE WATER SHALL BE TAKEN FROM ONE WELL IN THE LOWER PELITIC SCHIST OF THE WISSAHICKON FORMATION.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED ON THE SOUTHWEST SIDE OF MOUNT VIEW ROAD AND ON THE WEST SIDE OF SAND ROAD, IMMEDIATELY NORTH OF THE BALTIMORE NATIONAL PIKE (I-70 AND US-40), HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 2

PERMIT NUMBER: HO87G007 (01)
PAGE NUMBER 2

- 5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO EFFECTIVELY AND SAFELY CONDUCT SUCH INSPECTIONS AND EVALUATIONS.
- 6. PERMIT REVIEW - THE PERMITTEE WILL BE QUERIED EVERY THREE YEARS (TRIENNIAL REVIEW) REGARDING WATER USE UNDER THE TERMS AND CONDITIONS OF THIS PERMIT. FAILURE TO RETURN THE TRIENNIAL REVIEW QUERY WILL RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT.
- 7. PERMIT RENEWAL - THIS PERMIT WILL EXPIRE ON THE DATE INDICATED ON THE FIRST PAGE OF THIS PERMIT. IN ORDER TO RENEW THE PERMIT THE PERMITTEE SHALL FILE A RENEWAL APPLICATION WITH THE ADMINISTRATION NO LATER THAN 45 DAYS PRIOR TO THE EXPIRATION.
- 8. PERMIT SUSPENSION OR REVOCATION - THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE ADMINISTRATION UPON VIOLATION OF THE CONDITIONS OF THIS PERMIT, OR UPON VIOLATION OF ANY REGULATION PROMULGATED PURSUANT TO TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1983 REPLACEMENT VOLUME) AS AMENDED.
- 9. CHANGE OF OPERATIONS - ANY ANTICIPATED CHANGE IN APPROPRIATION WHICH MAY RESULT IN A NEW OR DIFFERENT USE, QUANTITY, SOURCE, OR PLACE OF USE OF WATER SHALL BE REPORTED TO THE ADMINISTRATION BY THE PERMITTEE BY SUBMISSION OF A NEW APPLICATION.
- 10. ADDITIONAL PERMIT CONDITIONS - THE ADMINISTRATION MAY AT ANY TIME (INCLUDING TRIENNIAL PERMIT REVIEW OR WHEN A CHANGE APPLICATION IS SUBMITTED) REVISE ANY CONDITION OF THIS PERMIT OR ADD ADDITIONAL CONDITIONS CONCERNING THE CHARACTER, AMOUNT, MEANS AND MANNER OF THE APPROPRIATION OR USE, WHICH MAY BE NECESSARY TO PROPERLY PROTECT, CONTROL AND MANAGE THE WATER RESOURCES OF THE STATE. CONDITION REVISIONS AND ADDITIONS WILL BE ACCOMPLISHED BY ISSUANCE OF A REVISED PERMIT.


CONTINUED ON PAGE 3

PERMIT NUMBER: H087G007 (01)
PAGE NUMBER 3

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.

12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE *
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE USES *
* SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS PERMIT SHALL *
* EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED WITHIN TWO YEARS AFTER *
* THE EFFECTIVE DATE OF THIS PERMIT EXCEPT THAT UPON WRITTEN REQUEST *
* TO THE ADMINISTRATION PRIOR TO THE EXPIRATION OF THE TWO YEAR *
* PERIOD, THE TIME LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE *
* DISCRETION OF THE ADMINISTRATION. *

BY AUTHORITY OF THE DIRECTOR
WATER RESOURCES ADMINISTRATION

Robert D. Miller
ROBERT D. MILLER, ESQ. CHIEF
WATER SUPPLY DIVISION
MWE 

RECEIVED
HOWARD COUNTY
HEALTH DEPT

SEP 8 4 31 PM '87

DEPARTMENT OF
ENVIRONMENTAL
HEALTH

