

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-340,078

ELLICOTT CITY

DISTRICT 4th

INDEX

DATE 4/30/82

Hy and Lowe

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 7000 Warfield Road, Gaithersburg, Md. 20760 PHONE 253-2663 or 926-5924

SUBDIVISION ROAD 1387 Route 94 LOT 8 p-F-83-561

PROPERTY OWNER Thomas Coombs

ADDRESS

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA 175 SQ. FT. per bedroom

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE 180 (450)

LOCATE DISPOSAL AREA 180 FT. FROM left (364) LOT LINE AND 230 FT. FROM rear LOT LINE AS SEEN WHEN FACING LOT FROM Rt. 94

DRY WELL &
TRENCH

TRENCH: Inlet 4 ft. Max. Depth 11 3 bedrooms - length 25 ft. Abs. Area 175 ft.

Begin trench after 5 ft. earth buffer and will be directed toward left (364) lot line following countour.

PLANS APPROVED BY G. Keller E.F. Skinn DATE 4/19/79 4/20/82

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.

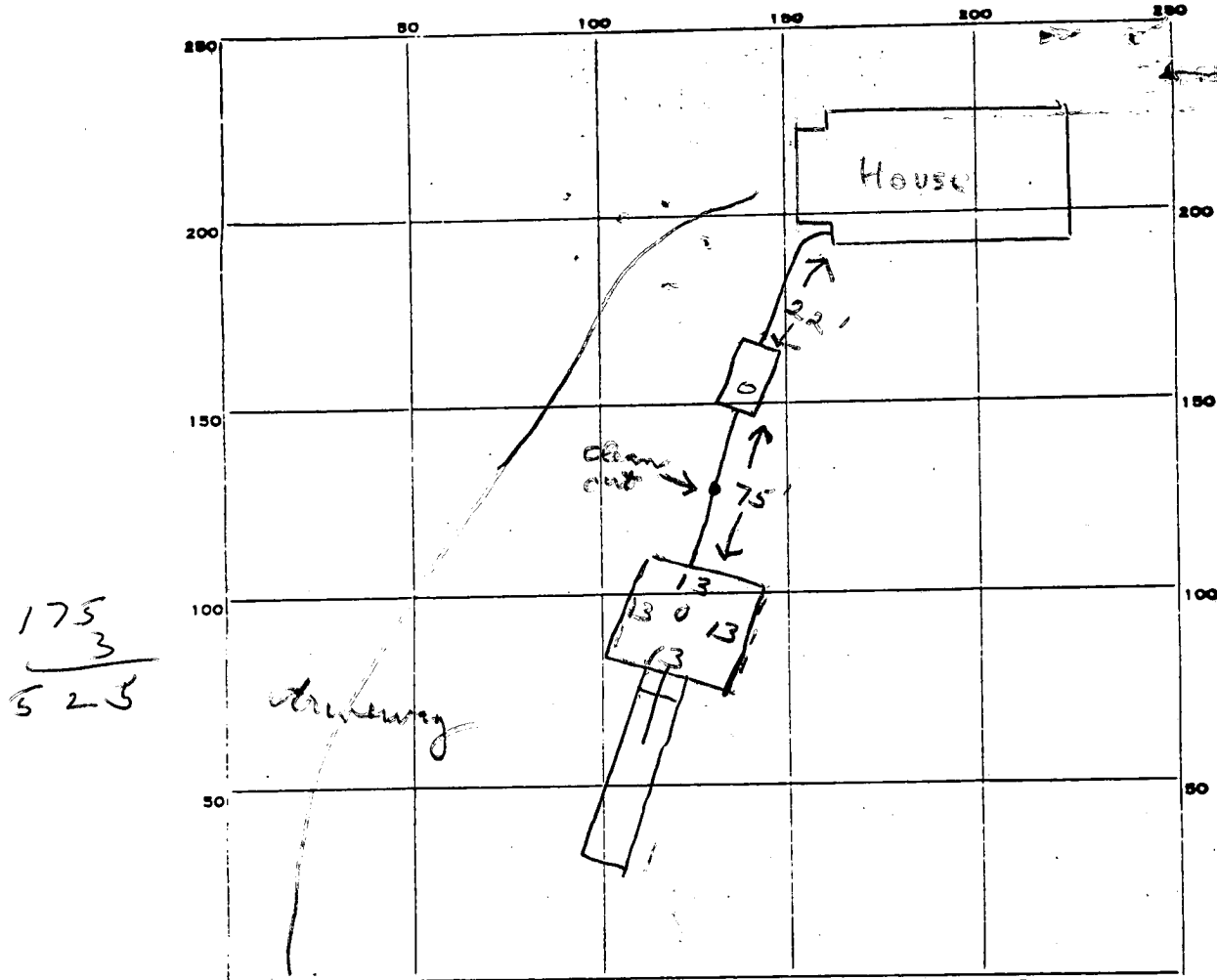
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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 TERRA COTTA ACCEPTED.

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



175
3
525

PERMIT CARD ✓ Rt 94

SEPTIC TANK, LEVEL ✓ CLEANOUTS ST / DW
✓ / ✓

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 210

SEEPAGE PITS, INSIDE DIAMETER 56 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 602 SQ. FT.

56
7
392
210
602

REMARKS 7/20/82 Visual hole 14" deep dug 75' ft from septic tank. Spec. location changed per 15. fl

7/20/82 OK to add stone in trench. fl

7/22/82 OK to cover all work. fl

DATE SYSTEM APPROVED 7/22/82 INSPECTOR Stayer

WELLER Lot 3

Thomas Coombs prop.

G.C. Keller 5/23/79

LOT NUMBER 3Absorbant Area/bedroom SEPTIC TANK 1000 gal 1250 gal 1500 gal
3 bdrms 4 bdrms 5 bdrms✓ DRY WELL 4 11 336
inlet Max. depth Abs. AreaAND Located 120' from left (364') prop. line AND 230' from the
REAR (450') prop line AS seen from RT. 94✓ TRENCH 4 11 # bedrooms Length Abs. Area
Inlet Max. depth 3 25 175
175 SQ. FT. absorbant Sidewall area per Bedroom 4 50 350Begin trench after 5' earth buffer and will be directed toward
left (364') lot line following contour.

If dry well and trench are used leave a 5' earth buffer between them.

If septic tank is 3' or more below grade, use manhole type cleanout to grade.

If more than one trench is used space them parallel, twice their depth apart.

Call office for inspection of trench before placing stone in trench.

All pipe from house to disposal area cast iron.

Install standpipe (6" min.) on septic tank and dry well. Cast iron, concrete, terra
cotta ok. Trench distribution lines may be clay, asbestos cement, orangburg type,
open joint cast iron or heavy duty plastic. (Commercial standard Cs228-61).

APPLICATION

A 28484

P _____

SEWAGE DISPOSAL TESTING

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

FINAL LOT 3

DISTRICT 4th

DATE 7/13/78

perm indicated
on 10/3

Part of Lot 1
on JP-79-24

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

LOT 3

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

PROPERTY OWNER Norman Weller

ADDRESS _____

PROPERTY LOCATION _____

SUBDIVISION _____

ROAD AND DESCRIPTION 1387
Route 94 & South Street

SIZE OF LOT 3.0 acres m/l

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/ Jack Boender

BLDG. DEPT. SIGNED
AND RETURNED 7/14/78
Signature

APPROVED BY G. Keller

FOR ANY

DATE 4/19/79

(KIND OF SYSTEM)

REJECTED BY _____

FOR _____

DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING 12/13/78 Hold for further review by
F.F. per F.F.

HOLD FOR ELEVATIONS C.B. 23 MAY 79 (GLK)

THIS IS NOT A PERMIT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

#5

ALSO PRESENT

Mr. Dennis Munk

son is Monk
of Albert School

Weller Prop - PT94 3 South
 LOT # Refer to ~~UD-79-24~~

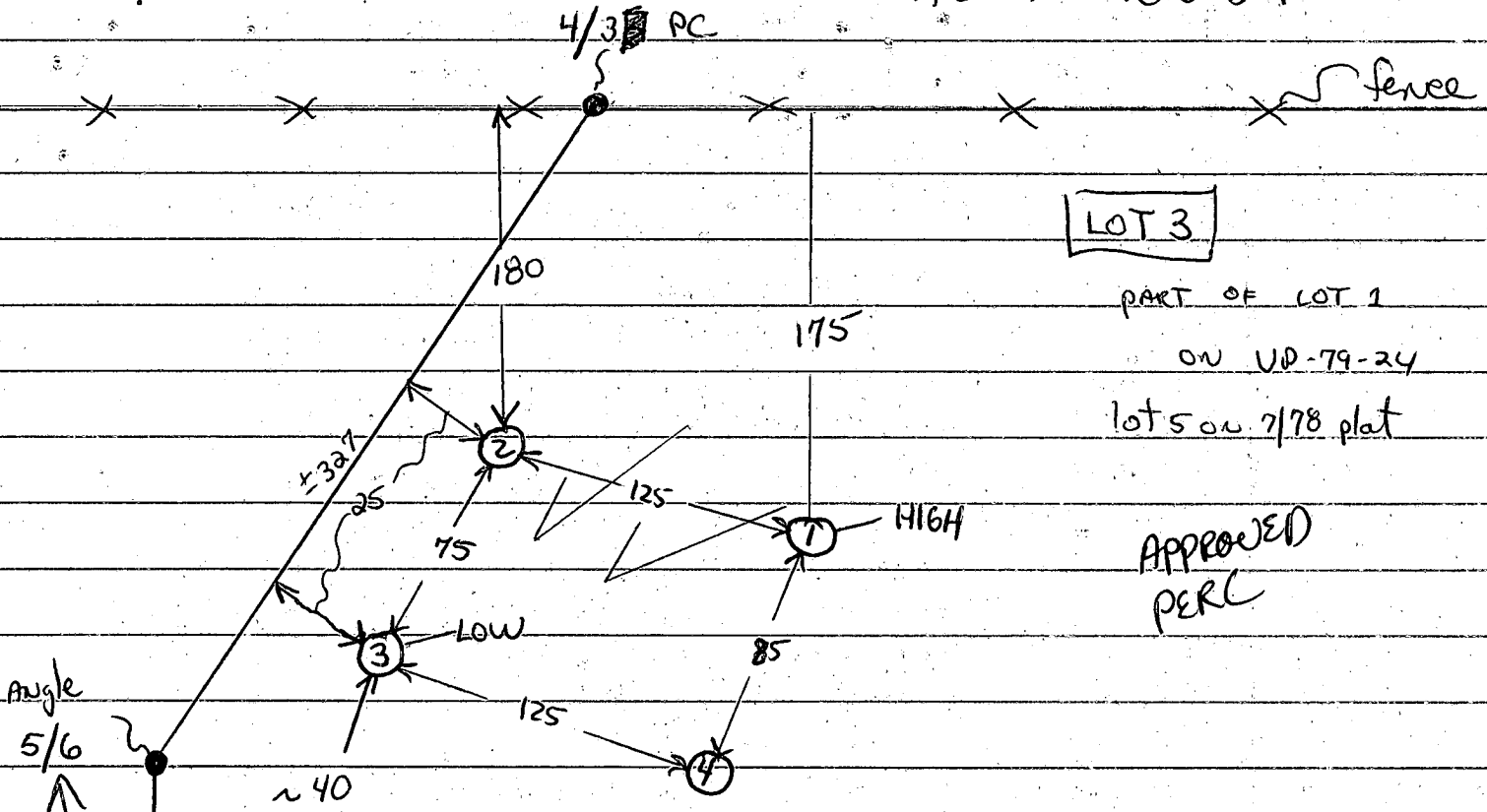
FINAL

LOT 3

AS ON SIGNED PLAT

17 Apr 79

(GCK)



PART OF LOT 1

ON UD-79-24

lots on 7/78 plat

APPROVED
 PERC

According
 to 7/78
 Plat

lot 4/5

Depth

Time 1st

Time and

06

ALL HOLES

15

4'

10 minutes

12 minutes

clayey

10

13

10

12

3-4

25

4 1/2

6

5

CLAYEY

20

13 1/2

12

24

SANDY

35

4

10

19

LOAM

30

13

4

10

13

45

4

7

10

40

13 1/2

9

20

9-5-78.

Weller Property

Rt. 94 & South St.

#5

holes #

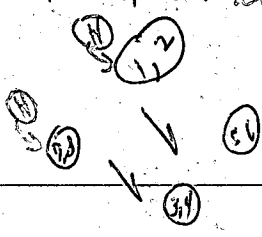
1	A 4' failed	B 5' ok	}	H
2		11' ok		
3	A 5' "	B 6' ok	}	L
4		12' ok		
5		3' "	}	L
6	11' "	B 8' "		
7		4' "	}	H
8		11 1/2' "		

problem - variable shallow tests 3'-4'-5'-6'

FROMMELT

12/6/78 (Holes dug + ready for testing)
(All four holes right beside old ones)
(See back)

Farm Rear 2m



UNAPPROVED

Zeit		Depth	Time			Total	Below clay bottom
			1 st	2 nd	2 nd stop		
12/6/78	(1A)	3'	10:20	10:42	11:13	1/4" at most min	
	2	11 1/2'	10:21	10:23	10:29	6 min	
	(3A)	(3)'	10:33	11:05 1/4" at most	11:13		
	4	12 1/2'	10:34	10:37	10:47	10 min	
	5	2 1/2'	10:35	10:39	10:44	5 min	
	6	✓ 11 1/2'	10:35	10:48	10:57	10 min	
	7	'	:	:	:		
	8	✓ ' : Visual	:	11 1/2'	:		

(Holes dug at time of arrival)
Side of old hole

(Penny + Belcher)

(3B)	4'	10:54	Dirt fall in; at 11:06 X X min fails		
1B	4'	11:02	11:13	11:36	23 min
(3C)	4 1/2'	11:10	11:22	11: X	X X fails
3D	5'	11:31	11:37	11:52	15 min

Hold for supervisor

APPLICATION

A 28480

P _____

SEWAGE DISPOSAL TESTING

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

PART OF LOT 3
FINAL

DISTRICT 4th

DATE 7/13/78

PART OF 3

Part of Lot 1
per U.P.-79-24

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 Norman Weller

ADDRESS Route 94, Lisbon, Md. 21765 PHONE Boender - 465-7777

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 100 lot 3 on 7/78

ROAD AND DESCRIPTION Route 94 & South Street

SIZE OF LOT 3 acres m/1 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/ Jack Boender

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY G. Keller FOR ANY DATE 9/1/78
(KIND OF SYSTEM) (KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

15/1

Lot #1

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/6/78	25 15	5 1/2 5	1139 1148	1145 1218	1145 3/4" drop	1200	5 fails
8/31/78	65	4'	140	155	No drop		fails
	5	visual	water	at	9 1/2		
9/1/78	75 70	5 1/2 11'	130 130	140 136	140 136	212 200 1/4" drop	fails - 2 min 3/4"
	95 90	5 12	200 200	218 208	1/4" drop 208	215	fails 7
	8+10	visuals					

REMARKS Water 3 holes out of 4 - Highest part of lot

TYPE OF SOIL _____

TESTED BY GLK ALSO PRESENT: Larry

LOT 1 (OLD) LOT 3 New

"Lowest Lot"

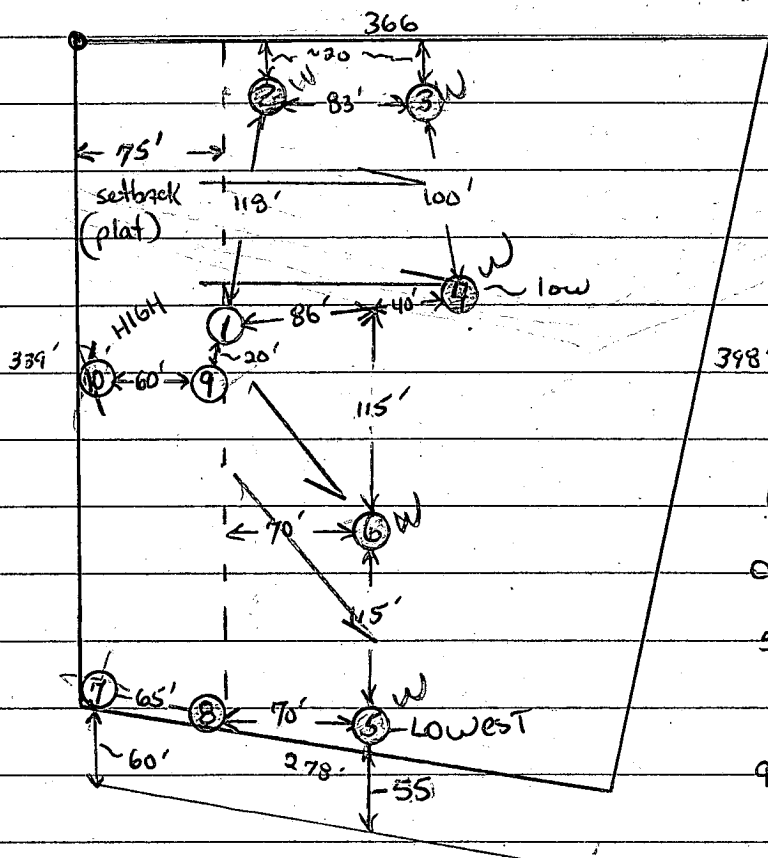
1" = 100'

⊙ = WATER

9 Aug 78

31 Aug 78

(GLK)



①-④ Relocated by stakes of
Raven on 31 Aug 78

Perc ①-④ Highest part of
lot

⑤

OG
CLAYEY
5
CLAYEY
LOAM

9 1/2
WATER

⑥

OG
CLAYEY
Throughout

10
WATER

①

Hole ②

Hole ③ + ④

⑦

⑧

OG
4' CLAY
CLAYEY
LOAM
12'

OG
4' CLAY
CLAYEY
LOAM
12'

OG
4' CLAY
CLAYEY
LOAM
7' CLAYEY LOAM
9' WEATHER SHALE

OG
4' CLAY
shaly
clay
11'

OG
8' WATER

WATER

WATER

⑨

⑩

Elevation

⑦ → ⑤ ≈ 3'

①② → ③④ ≈ 2'

OG
6' CLAY
CLAYEY
LOAM
12'

OG
11' SOLID
CLAY

APPLICATION

A 28481

P _____

SEWAGE DISPOSAL TESTING

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

PART OF LOT 3 DISTRICT 4th
FINAL DATE 7/13/78

part of 3

Part of Lot 1
10/24/78
UP-79-24

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 Norman Weller

ADDRESS _____ PHONE Boender - 465-7777

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. NEW Lot 1
X Lot 4 on 7/78 plat

ROAD AND DESCRIPTION Route 94 & South Street

SIZE OF LOT 3 acres m/1 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/ Jack Boender

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY G. Keller FOR ANY (KIND OF SYSTEM) DATE 9/1/78
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

500
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	
3/1/73	1S	4'	948	956	956	1011	15
	1D	12'	948	956	956	1020	24
	2S	4'	958	1015	1015	1046	31
	2D	12 1/2'	958	1015	1015	1047	32
	3S	4'	1057	1127	1/2" drop		fails
	3D	12 1/2'	1056	1117	1117	1148	31
	4S	4'	1046	1101	1101	1131	1/4 drop
	4D	13'	1051	1131 1/2"	drop fails		fails
9/1/73	6S	6'	322	342	1/4"		fails
	6D	12'	322	340	No drop		fails
	5S	5'	324	327	327	333	6
	5D	12'	324	337	337	357	20
	7S	5 1/2'	346	354	354	400	6
	7D	11 1/2'	346	354	354	405	11'

REMARKS

Report of water on 9/1/73

TYPE OF SOIL

TESTED BY

(GLK)

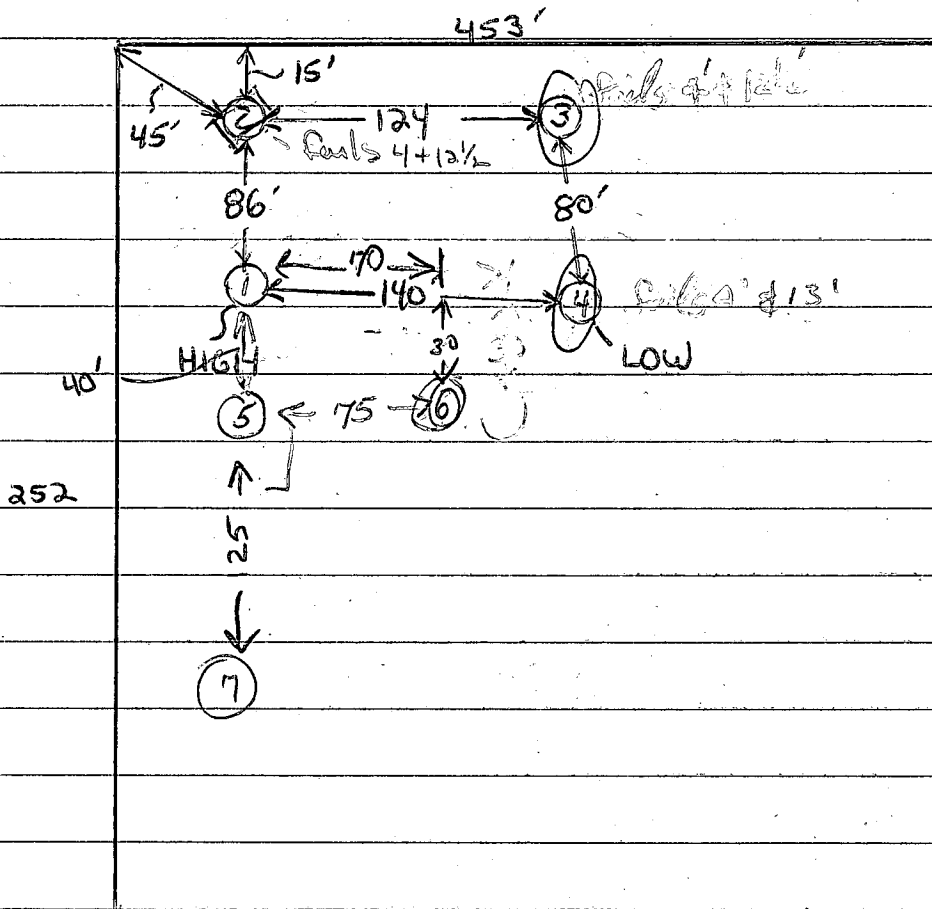
ALSO PRESENT: Larry

LOT 2 (old) LOT 4 new

TESTS PER STAKE

GLK

9 Aug 78



All holes (1-4)

CLAYEY 06 3-4

CLAYEY LORRY

333

12-13

① ③ ④ elevation difference = 2-3'

← RT 144

RT 94



C1	8171	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER: A28484

Date Received (WRA use only)	9/21/81	DATE WELL COMPLETED	Depth of Well 120	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3993
8-13		15	20	22 (TO NEAREST FOOT)

OWNER	Coombs	Thomas
last name	first name	
STREET OR RFD	Md Rte 94	TOWN Lisbon
SUBDIVISION	Weller Property	SECTION LOT 3

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 FROM TO	Check if water bearing
TOP SOIL	0 2	
SHALEY	2 10	
BLUESLATE	10 15	
BROWNSLATE	15 50	✓
BLUESLATE	50 55	
BROWNSLATE	55 65	✓
BLUESLATE	65 120	

WELL HAS BEEN GROUTED (Circle Appropriate Box)		
YES ☒ NO ☐		
TYPE OF GROUTING MATERIAL		
CEMENT ☒ BENTONITE CLAY ☐		
NO. OF BAGS 7	NO. OF POUNDS 700	
GALLONS OF WATER 35		
DEPTH OF GROUT SEAL (to nearest foot)		
from 0 ft. to 25 ft.		
(enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	ST	CO
	STEEL	CONCRETE
	PL	OT
	PLASTIC	OTHER
MAIN CASING TYPE		
Nominal diameter top(main) casing (nearest inch)		
6		
Total depth of main casing (nearest foot)		
28		

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

screen type or open hole	SCREEN RECORD		
	ST	BR	HO
	STEEL	BRASS	OPEN HOLE
	PL	OT	PLASTIC OTHER

EACH SCREEN	DEPTH (nearest ft.)		
	40	26	120
SLOT SIZE			
DIAMETER OF SCREEN (NEAREST INCH)			
from to			

GRAVEL PACK	
IF WELL DRILLED WAS	
FLOWING WELL	CIRCLE BOX ☐

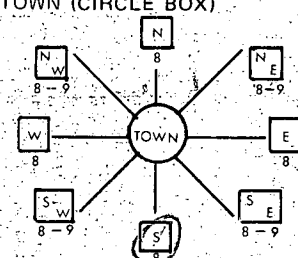
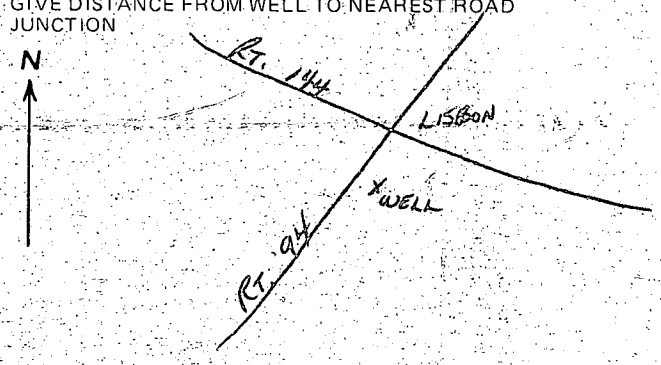
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T	(E.R.O.S.)	W.Q.
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C 3	(seq. no.)	
PUMPING TEST		
HOURS PUMPED (nearest hour) 2		
PUMPING RATE (gal. per min. to nearest gal.) 15		
METHOD USED TO MEASURE PUMPING RATE BUCKET		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 30		
WHEN PUMPING 120		
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		YES NO
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)		☐ ☒
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))		
CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
PUMP HORSE POWER		
PUMP COLUMN LENGTH (nearest ft.)		
CASING HEIGHT (circle appropriate box and enter casing height)		
+ above		
LAND SURFACE		
below 2 (nearest foot)		

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)	
RIGHT OF LINE	
WELL 100'	
900'	
RT. 94	

CIRCLE APPROPRIATE BOX	
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 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		8127	SEQUENCE NO. WRA USE ONLY	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>please print or type</i>		WRA PERMIT NUMBER HO-73-3993 <i>fill in this form completely</i>	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)							
DATE RECEIVED <u>8/31/81</u> <u>9/21/81</u> 9:30 A.M. (WRA USE ONLY) 13 OWNER INFORMATION <u>COOMAS, THOMAS</u> LAST NAME OWNER FIRST NAME <u>3212 CANTRELL LANE</u> STREET OR RFD <u>FAIRFAX, VIRGINIA 22031</u> TOWN STATE ZIP				B 3 LOCATION OF WELL COUNTY <u>HOWARD</u> SUBDIVISION <u>WELLER PROPERTY</u> SECTION <u>3</u> LOT <u>3</u> NEAREST TOWN <u>LISBON</u> MILES FROM TOWN (enter 0 if in town) <u>0</u> MI			
B 1 CONTINUED DRILLER INFORMATION <u>GENE F. EASTERDAY</u> DRILLER'S NAME <u>Gene F. Easterday</u> 77 LICENSE NO. <u>8128/81</u> SIGNATURE DATE				B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST ☐ EAST ☒ SOUTH ☐ NORTH ☐ NEAR WHAT ROAD <u>RT. 94</u> DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) <u>900</u> FT MI			
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 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) APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH Method of Drilling (circle one) ☒ BORED (OR AUGERED) ☐ JETTED ☐ JETTED & DRIVEN ☒ AIR ROTARY ☐ AIR PERCUSSION ☐ ROTARY (HYDRAULIC) ☐ CABLE ☐ REVERSE ROTARY ☐ DRIVE POINT ☐ ROTARY ☐ other _____ 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 (WRA USE ONLY) APPROP. PERMIT NUMBER _____ WRITE INITIALS CONDITIONS <u>HO-73-3993</u> FORCE <u>FS</u> IN BOX				SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX 770 9 540 6 28' casing 2' above grt 25' open 7' large cement 9/21/81 js DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 			
B 5 SPECIAL CONDITIONS (WRA USE ONLY) _____				B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> <u>A28484</u> COUNTY NAME COUNTY NO. EHA SIGNATURE _____ STATE HEALTH CIRCLE BOX ☒ MO DAY YR <u>09/04/81</u> <u>Frank Skinner</u> DATE <u>9/4/81</u> NORTH <u>546</u> EAST <u>0779</u> ELEV. (FT.) _____ GRID 50 55 GRID 57 63 65 68			

First Fl	436'
Base	428'
Inn. Elev. at House	433.20
Inn. Elev. at Tank	433.00
Exst. Elev. Tank	435
Inn. Elev. from Tank	432.75
Inn. Elev. to Drywell	438.00
Exst. Elev. Drywell	433.00
Elev. at Per.	434.00
Trench to Trench	429.00
Exst. Elev.	433

* Notes

NO BASEMENT FACILITIES

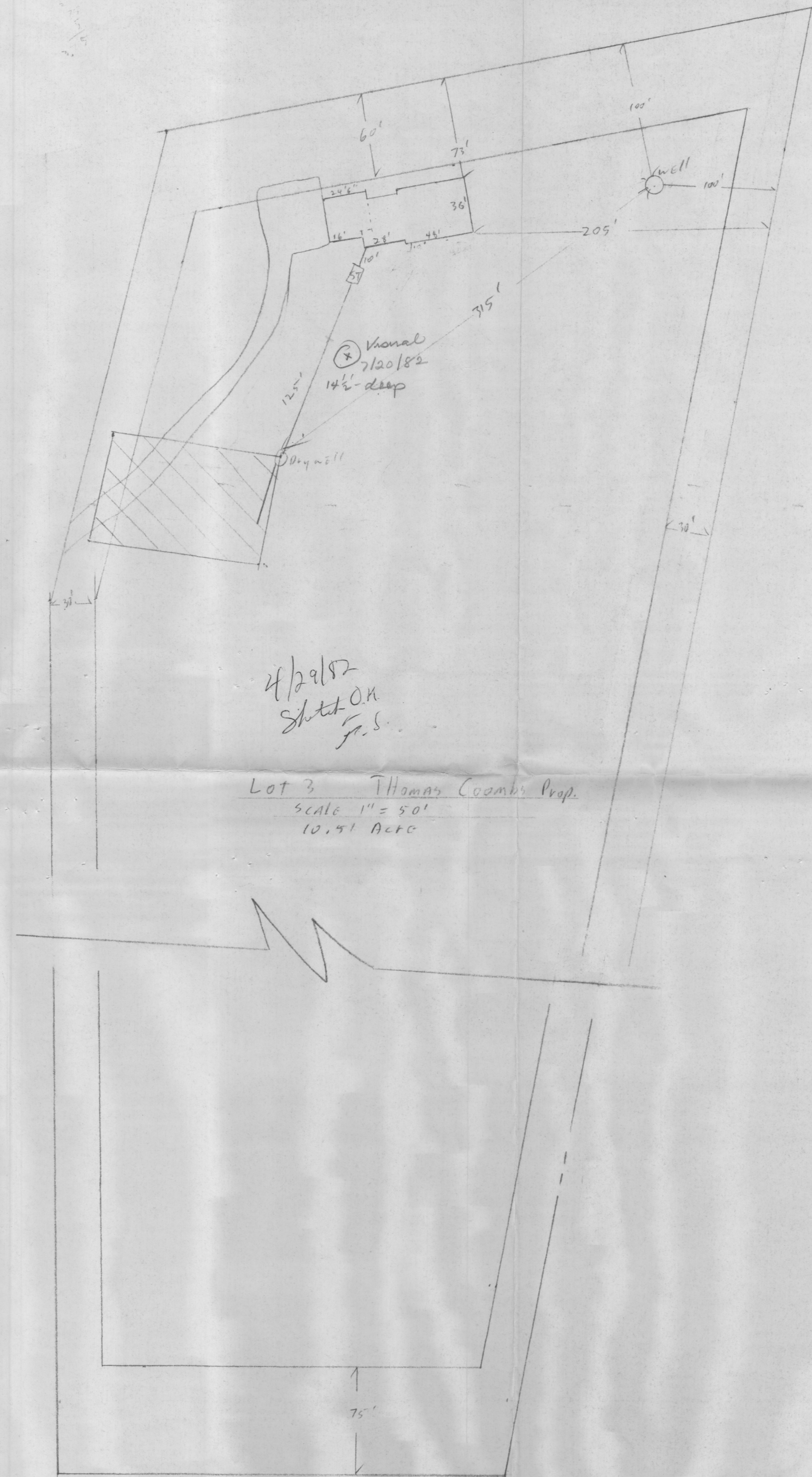
JACK Fyock will install system

I certify the above measurements and elev.
are actual & correct for this property.

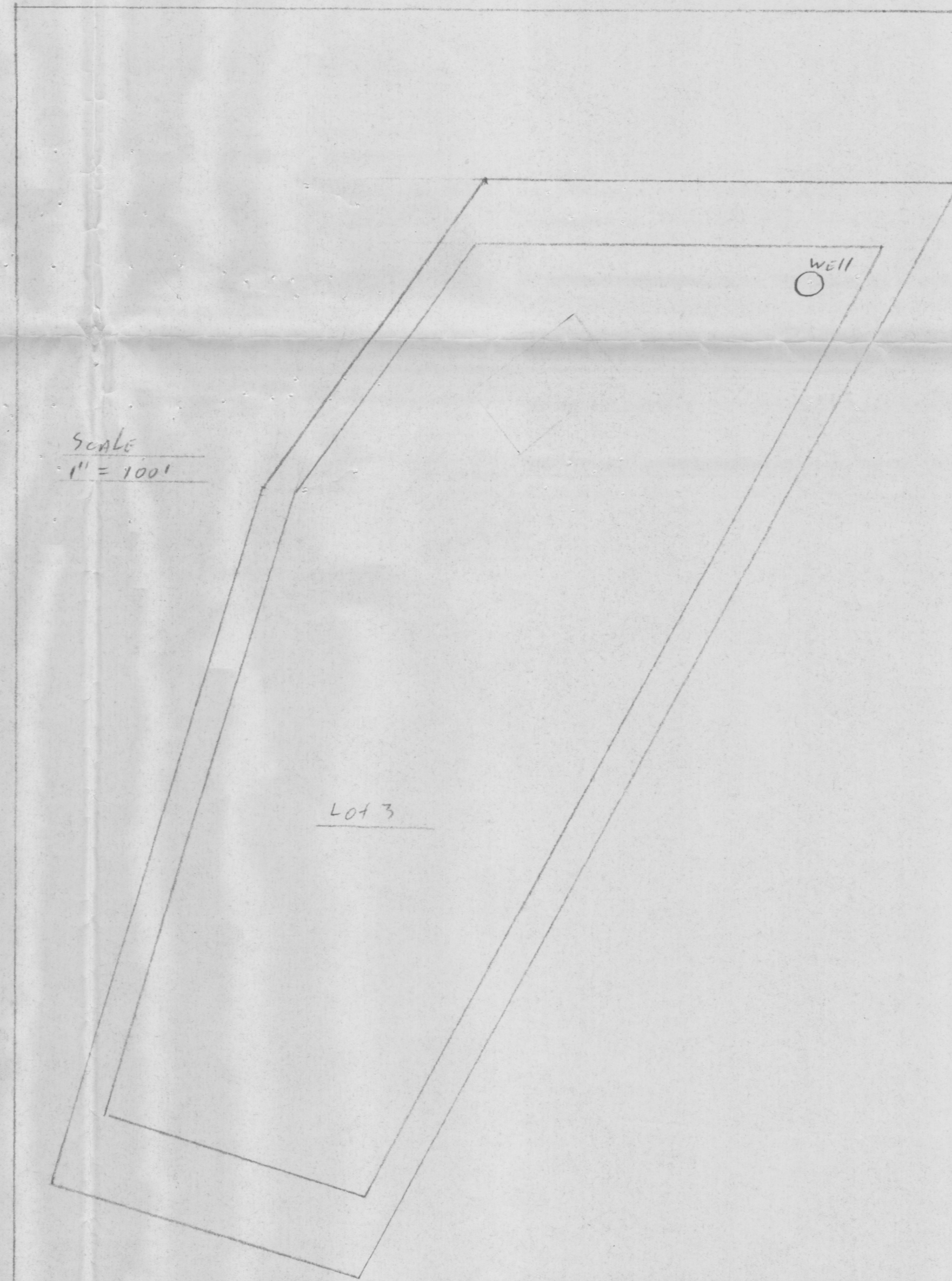
C. E. Fyock - 3/29/42

WILLSON DEVELOPMENT CORPORATION
BOX 41
SANDY SPRING, MARYLAND 20906

WILLSON DEVELOPMENT CORP
BOX 41 - SANDY SPRING, MD 20906
554-0500



Lot 3 Thomas Coombs Prop.
Scale 1" = 50'
10.51 AC +/-



Scale
1" = 100'

Lot 3

COPY off PLAT

LT 3 BON

RT 94