6/25/84 7/16/84 a.m. please approved 7/16/84 C Williams 57

7/10/84 7/13/84 around 3:00 p.m.

PERMIT

P 33967

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

05-3907160

INDEX

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th.

DATE 6/6/84

Hobbs Bros., Inc. IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 13709 Nichols Drive, Clarksville, MD 21029 PHONE 854-3259

SUBDIVISION CHERRY BANK GEORGE J SIMPSON 11965 ROAD Simpson Road LOT ONE

PROPERTY OWNER Geroge Simpson John McCoy
11965 Simpson Road

ADDRESS

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

GARBAGE GRINDER? YES ____ NO X

BLDG. PERMIT SIGNED AND RETURNED 6-5-97

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4 Sewer # B01060420
2-Story addition with Bdrm

REPAIR - TRENCHES - 158 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, with 6 feet of stone below distribution pipe. LOCATION: Run trench(s) along level ground roughly parrallel to and 100 feet from Simpson Road. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after stone is installed. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell. NO MR HOBBS SAID SOMEONE TAKEN MRS SKINNER & HAD IT CHANGED TO A DRY WELL between 6/6/84 & 7/12/84. CHECKED PERC DOES NOT MATTER ON THIS LOT WHETHER IT IS A DRY WELL OR DITCH BILL SWAN SUPPOSED TO HAVE REVISED PERMIT 2.?

PLANS APPROVED BY Frank Skinner, C. Williams DATE 6/6/84

7/13/84 CW & RH DECIDED DW OK SKINNER ABSENT

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 AND AFTER PLACING GRAVEL IN TRENCH.

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

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

BLDG. PERMIT SIGNED AND RETURNED 9/21/84 Sewer # 60982

PERMIT VOID AFTER THREE YEARS.

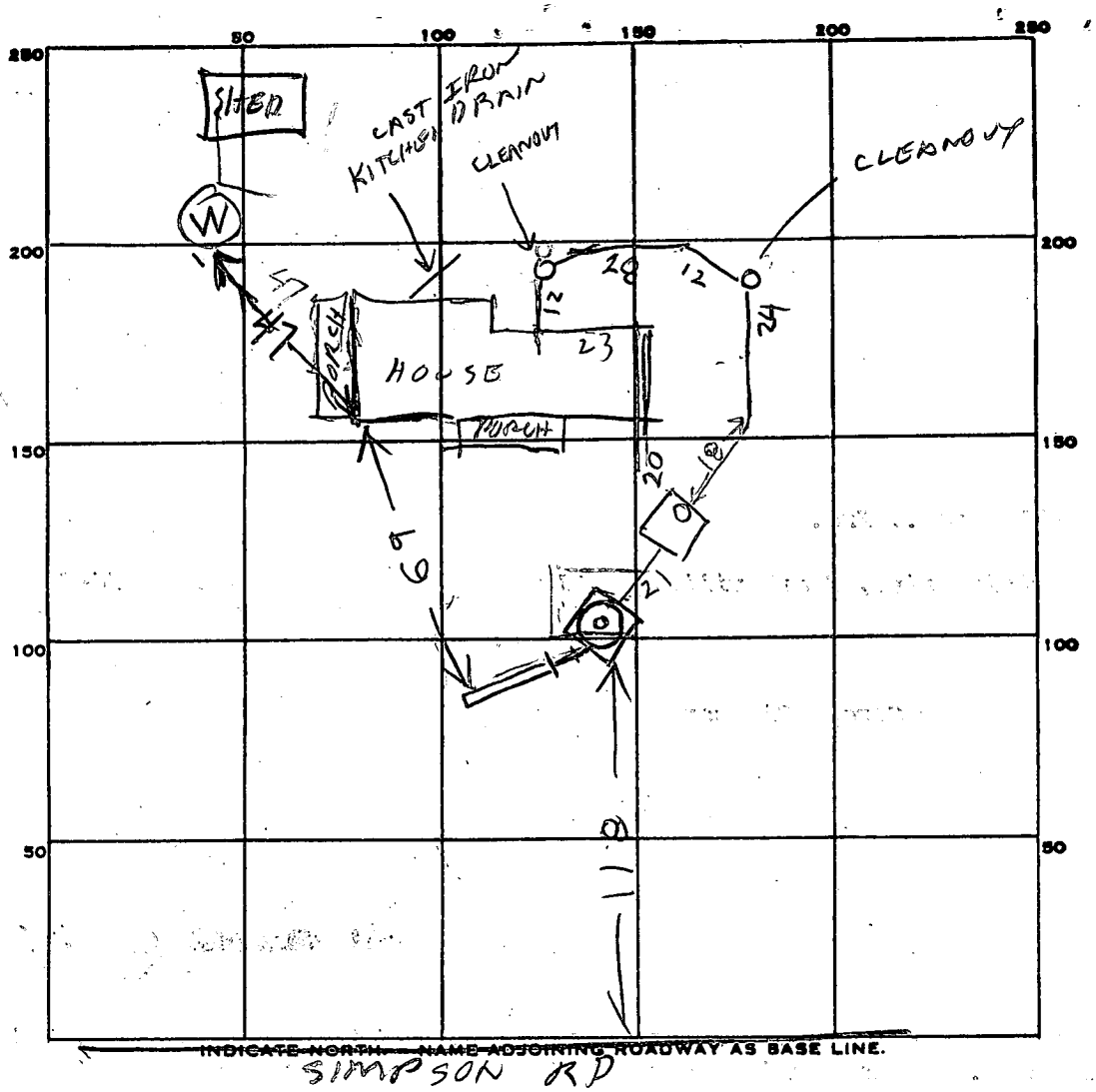
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED Interior alteration

A P 33967

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



PERMIT CARD _____

ST	DW	7/12/84
NO	NO	
NO	NO	

SEPTIC TANK, LEVEL 1500 CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9½ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6½ IN. TOTAL LENGTH 24 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 144

SEEPAGE PITS, INSIDE ~~DIAMETER~~ PERIMETER 59 FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 498 SQ. FT.

REMARKS 7/12/84 CHECKED PERC OK TO CHANGE TO DIM DW HOLE DUG 9½ B.D.G. OK TO COVER PART OF HOUSE SEWER ALREADY COVERED R.H. 7/13/84 11:30 AM - STONE ADDED TO DITCH FINISH DRY WELL & HOOKING UP SEWER LINES RH

7/16/84 SYSTEM COMPLETE. CW

DATE SYSTEM APPROVED 7/16/84 INSPECTOR CWilliams

APPLICATION

A 33431

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th.

DATE December 28, 1983

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 Cherry Brae Hothouse

ADDRESS 11961 Simpson Road
Clarksville, Maryland 21029 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. ~~"A"~~ (2 EAST)

ROAD AND DESCRIPTION Farm House

SIZE OF LOT 3 acres TYPE BLDG. _____
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Wm Swann Sargent 854 2608
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

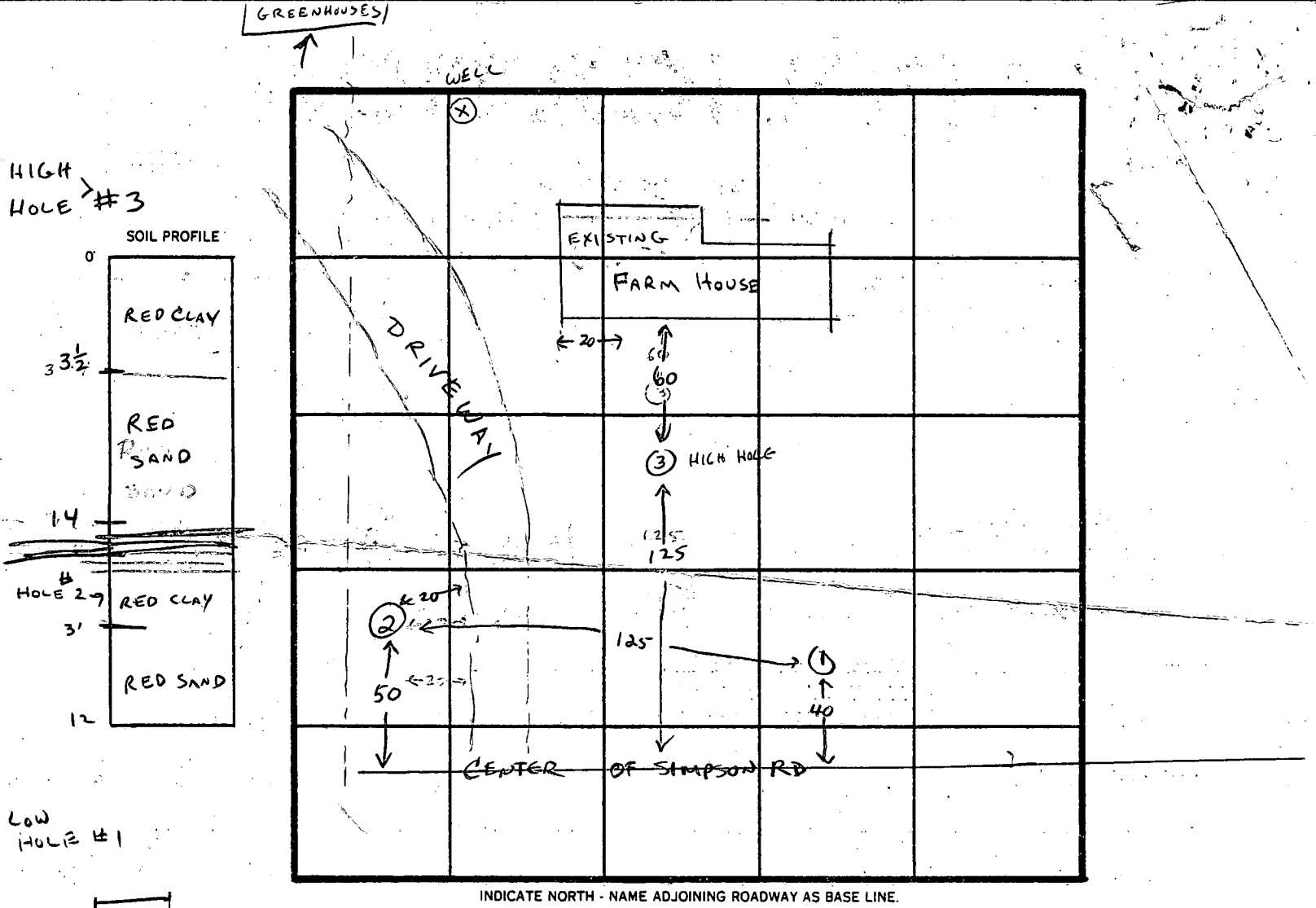
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING HOLD FOR FINAL SUBDIVISION PLAT 1-6-83 CWilliams

3/16/84 T.C.E Rec'd McCoy re Straight pipe & repair system specs F.S.

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

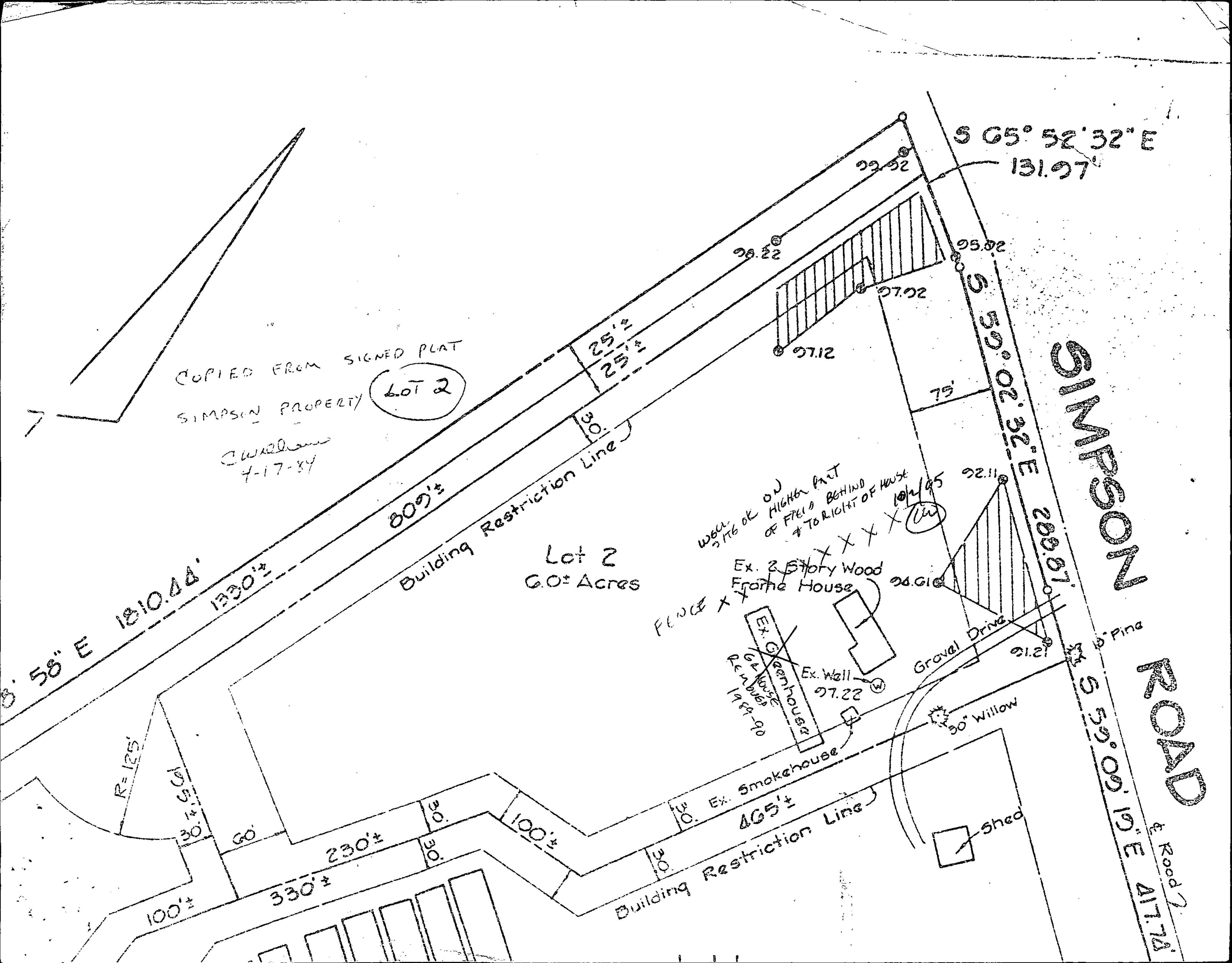
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1-5-84	1	4 8	2:03 V-SAND	2:06	2:06	2:10	4 MIN
		12	SAND	4-12 FT, WATER AT 12 FT.			
	2	4	2:09	2:14	2:14	2:19	5 MIN
		12	SAND	3-12 FT DRY			
	3	4 8	2:16 V.F. SAND	2:18	2:18	2:20	2 MIN
		14	SAND	4-14'	DRY		

REMARKS

TYPE OF SOIL RED CLAY 3-4' (THEN RED SAND)

TESTED BY C Williams ALSO PRESENT Bill Swann, Ol. Kettelman

EH-12-1079


S 65° 52' 32" E
131.97'
99.92
98.22
95.02
97.92
97.12
75'
S 59° 02' 32" E
288.87'
SIMPSON ROAD
COPIED FROM SIGNED PLAT
SIMPSON PROPERTY
LOT 2
4-17-84
25'±
25'±
30'
Building Restriction Line
809'±
1330'±
1810.44'
58" E
Lot 2
6.0± Acres
92.11
10/2/95
94.61
Ex. 2 Story Wood
Frame House
FENCE
Ex. Greenhouse
Ex. Well
97.22
Gravel Drive
91.21
10" Pine
30" Willow
Ex. Smokehouse
S 59° 09' 19" E 417.74'
R=125'
30'
60'
230'±
330'±
100'±
100'±
465'±
Building Restriction Line
Shed
& Road

10/18/95
No insp. made Phil

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ____
Replacement ✓

Receipt # ____
Date 10/17/95

Name of Installer ROBERT L. FEEZER CO., INC. Telephone 781-4655

License Number 2122
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ✓

Name of Property Owner M/M JOHN McCOY Telephone 795-1405
Subdivision N/A Lot # N/A Well Tag # HO-94-0689
Site Address 11965 SIMPSON ROAD

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make GOULDS
3. Model # 5GS05512
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ____ No ✓
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make HYDROWELL
2. Model # FTQ00
3. Depth 42"

Tank CAPTIVE AIR
1. Capacity 32 GAL
2. Pressure relief valve? YES

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 240 ft.
2. Yield 10+ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert L. Feezer

Date: 10/17/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

C 1 | 2848 | SEQUENCE NO. (MDE USE ONLY)

(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 P33967

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 10 07 95

Depth of Well: 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0689

OWNER: McCoy (last name) JOHN (first name)

STREET OR RFD: 11965 SIMPSON RD. TOWN: CLARKSVILLE

SUBDIVISION: CHERRY BAAE SECTION: LOT: 1

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 FROM	FEET TO	check if water bearing
Dirt	0	1	
Red Clay	1	4	
Soft Br. Mica & Sand	4	80	50 X
Soft & Hard Br. Sandstone	80	100	
Hard Br. & Blue Sandstone	100	120	X
Hard Blue & Br. Sandstone	120	160	X
Hard Blk. Sand-stone	160	181	
Hard Br. Sand-stone	181	187	X
Hard Br. & White Sandstone	187	200	
Hard Blkj & Blue Sandstone	200	280	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [N]

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 26.04.04 "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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 296

RONALD KYKER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 296

Ronald Kyker

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 27 NO. OF POUNDS 2538

GALLONS OF WATER 162

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 105 ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	107

OTHER CASING (if used)

EACH CASING		diameter (inch)	depth (feet) from	to
PL		4	0	110
		4	120	170
PL		4	180	260
		4	270	280

SCREEN RECORD

screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS [HO] OPEN HOLE [BRONZE] [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	PL	110	120
2	PL	170	180
3	PL	260	270

SLOT SIZE 1 .010 2 ____ 3 ____

DIAMETER OF SCREEN 4 (NEAREST INCH)

GRAVEL PACK from 280 to 28

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T ____ (E.R.O.S.) ____ W Q ____

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10.

METHOD USED TO MEASURE PUMPING RATE: submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.

WHEN PUMPING 55 ft.

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 (CIRCLE) (YES or NO): YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

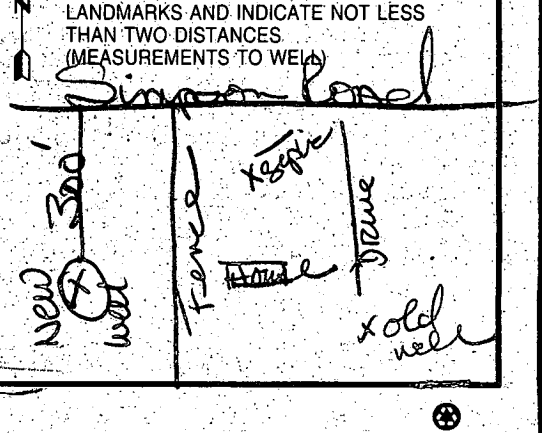
CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [–] below LAND SURFACE

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)



COUNTY

Page 1 of 1
Date 10/07/95

Review OK 10/23/95 DICS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0689
Location of property (road) 11965 SIMPSON RD.
Subdivision CHERRY BLADE Lot 1 Block ____ Plat ____ Sec. ____
Well Driller WESTMINSTER ROTARY Owner JOHN McCOY

Depth of well 280 feet
Distance of measuring point (M.P.) above ground 2 feet
Static water level (S.W.L.) below M.P. 32 feet

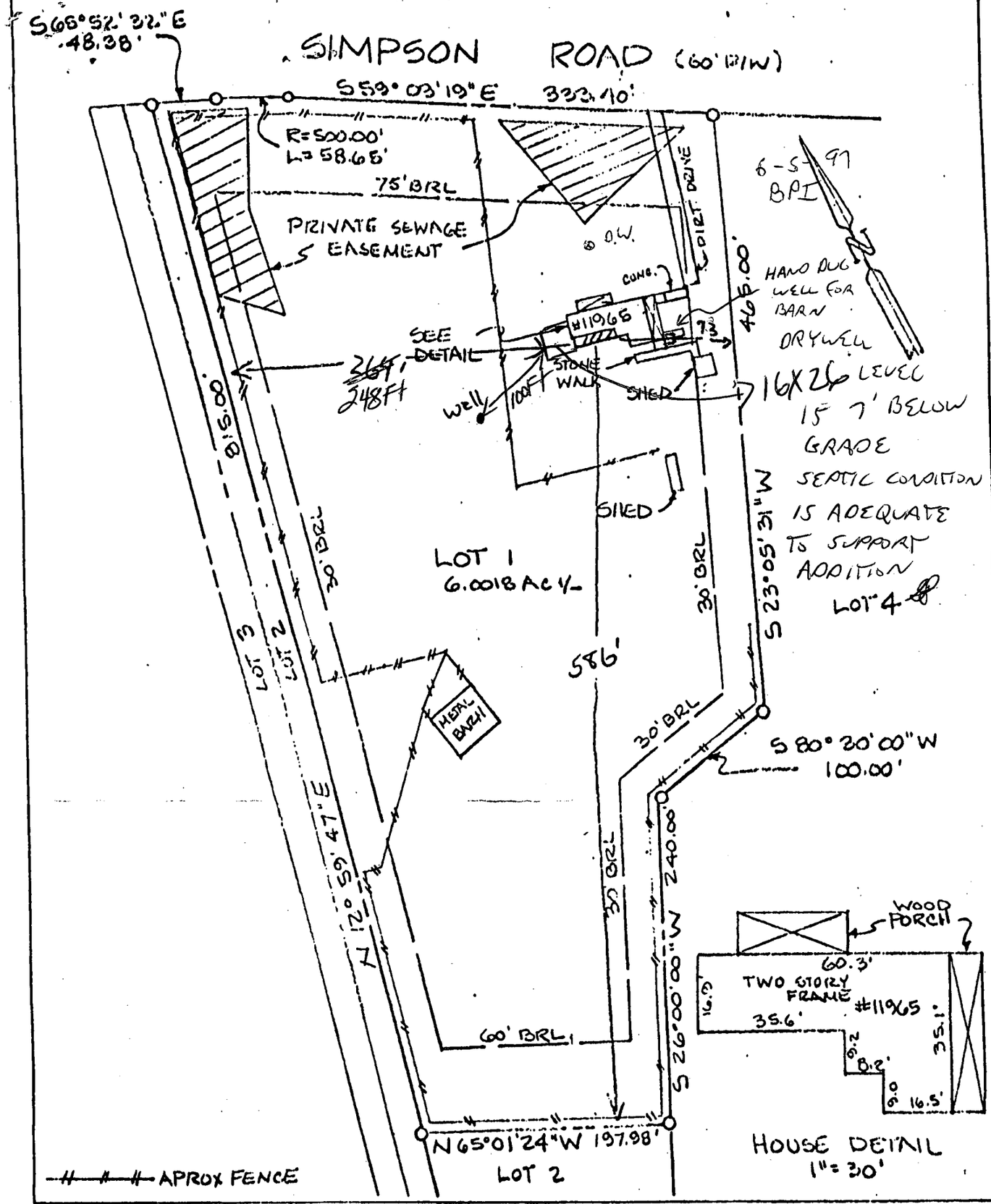
I. *High rate pumping -- reservoir drawdown*

Time pump started 7:45am Pumping rate 10 gpm
Total time 3 hrs to reach pumping water level 55 ft. below M.P.

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 X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	32'	6 sec.		10
8:00	39'	6 sec.		10
8:15	41'	6 sec.		10
8:30	53'	6 sec.		10
8:45	55'	6 sec.		10
9:00	55'	6 sec.		10
9:15	55'	6 sec.		10
9:30	55'	6 sec.		10
9:45	55'	6 sec.		10
10:00	55'	6 sec.		10
10:15	55'	6 sec.		10
10:30	55'	6 sec.		10
10:45	55'	6 sec.		10

HD-224



LOCATION DRAWING

11965 SIMPSON ROAD
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SUBJECT PROPERTY IS SHOWN IN ZONE C
ON THE NATIONAL FLOOD INSURANCE PROGRAM
FLOOD INSURANCE RATE MAP OF HOWARD
COUNTY, MARYLAND, PANEL # 55 OF 95
COMMUNITY PANEL # 240044 0028 B
EFFECTIVE DATE: DECEMBER 4, 1985

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY KNOWN AS LOT 1 - CHERRY BRAE
LOTS 1-1
RECORDED IN PLAT # 6881 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THERON.

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONECTION WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCINNG. IT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND IT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING, FINANCING OR RE-FINANCING.

STATE OF MARYLAND
RICARDO HERNANDEZ
No. 438
REGISTERED
PROPERTY LINE SURVEYOR

Ricardo Hernandez

RICARDO HERNANDEZ
PROP. LINE SURVEYOR LIC.# 438

SCALE: 1"=100' FILE # 950140
DATE: 12/31/95 JOB # RK95041

RH SURVEYS
LOCATION AND PROPERTY SURVEYS

1303 TENBROOK ROAD
ODENTON, MD. 21113
410-551-3328

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

****

WATER WELL ABANDONMENT-SEALING REPORT FORM

****

SUBMIT COPIES OF COMPLETED FORM TO:

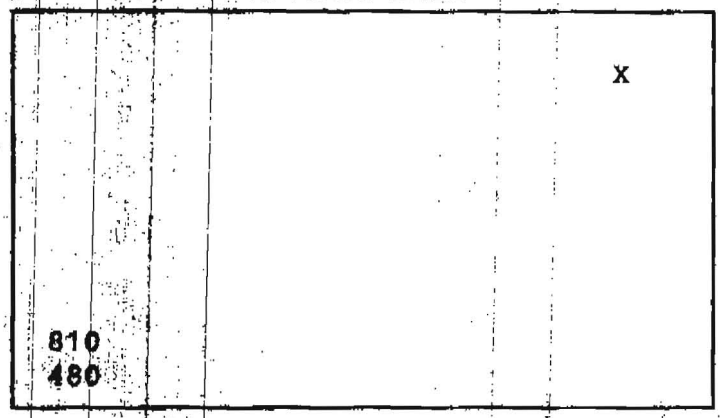
* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
* WELL OWNER
* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK 8/25/16 SC

DATE WELL ABANDONED: NOV 3 06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) — —
* PERMIT NUMBER OF REPLACEMENT WELL — —
* PERSON ABANDONING WELL: RONALD KYKER
WELL DRILLERS LICENSE NUMBER: 296
CIRCLE: (MWD) MSD/MGD
* OWNER'S NAME: JOHN & MARY MCCOY
* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: CLARKSVILLE MD
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 11965 SIMPSON RD

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
_____ BORED/AUGERED X HAND DUG
_____ OTHER (specify) _____

* USE CODE:

X DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify) STONE WALLS

* SIZE OF CASING: _____ INCHES IN DIAMETER
* DEPTH OF WELL: 31 FEET DEEP
* WAS ANY CASING REMOVED? ___ YES X NO
if yes, length removed, in feet: _____
* WAS CASING RIPPED OR PERFORATED? ___ YES X NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
DIRT	0	1
CEMENT	1	6
#6 STONE	6	31

VOLUME OF MATERIAL USED

Ronald Kyker — SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
296 — LICENSE #
(MWD) MSD/MGD — CIRCLE ONE
NOV 3 06 — DATE