PERMIT NUMBER: B 2100225 DATE ACCEPTED:

RECEIVED
JUN 14 2021
LICENSES & PERMITS DIVISION

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: 855 WINDRIVER DRIVE			Unit:
City: SYKESVILLE	State: MD		Zip Code: 21784
Subdivision/Village/Complex Name: BERNDELL ESTATES		SDP/WP/BA #:	
Lot: 13	Tax Map:	Parcel:	Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*

Existing Use:	Proposed Use:	Estimated Cost: $

Trade Work to Be Completed *(Separate Permits Required)*: ☐ Mechanical (HVACR) ☒ Electrical ☐ Plumbing ☐ None

Free standing deck w/ pavilion - 12x14
22x12

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) *(As it appears on tax records)*: STEVEN + YVONNE RAWLEIGH		Primary Residence: ☒ Yes ☐ No
Owner's Street Address: 855 WINDRIVER DR.		
City: SYKESVILLE	State: MD	Zip Code: 21784
Phone: 443-690-3263	Email: SJRAWLEIGH@GMAIL.COM	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: SELF	Contact Name:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

CONTRACTOR INFORMATION *REQUIRED*

Business Name: SELF		
Licensee's Name:	License #:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: N/A	Name:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: ☒ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) Condo: ☐ Yes ☒ No

Utilities: ☒ Electric ☐ Gas | Water Supply: ☐ Public ☒ Private (Well) | Sewage Disposal: ☐ Public ☒ Private (Septic)

Heating System: ☒ Electric ☐ Natural Gas ☐ Propane ☐ Other: | Roadside Tree Project: ☒ No ☐ Yes: #

Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☒ None | Fire Alarm System: ☐ Yes ☒ No ☐ Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

Model Name & Options:

# of Bedrooms (SF): 4	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: 6	# Full Baths: 3	# Half Baths: 1	# Fireplaces: 1	

Garage/Carport Info: ☒ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None

Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☒ Finished Basement: ☐ Full or ☐ Partial

1st Fl Width: 46	1st Fl Depth: 28	2nd Fl Width: 46	2nd Fl Depth: 28	Bsmt Width: 46	Bsmt Depth: 28

Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI | Gross Area: 2540 sq ft | Occupiable Area: 3760 sq ft

AGREEMENT/ DISCLAIMER *REQUIRED*

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

APPLICANT'S ORIGINAL SIGNATURE — DATE SIGNED: 6/14/21

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

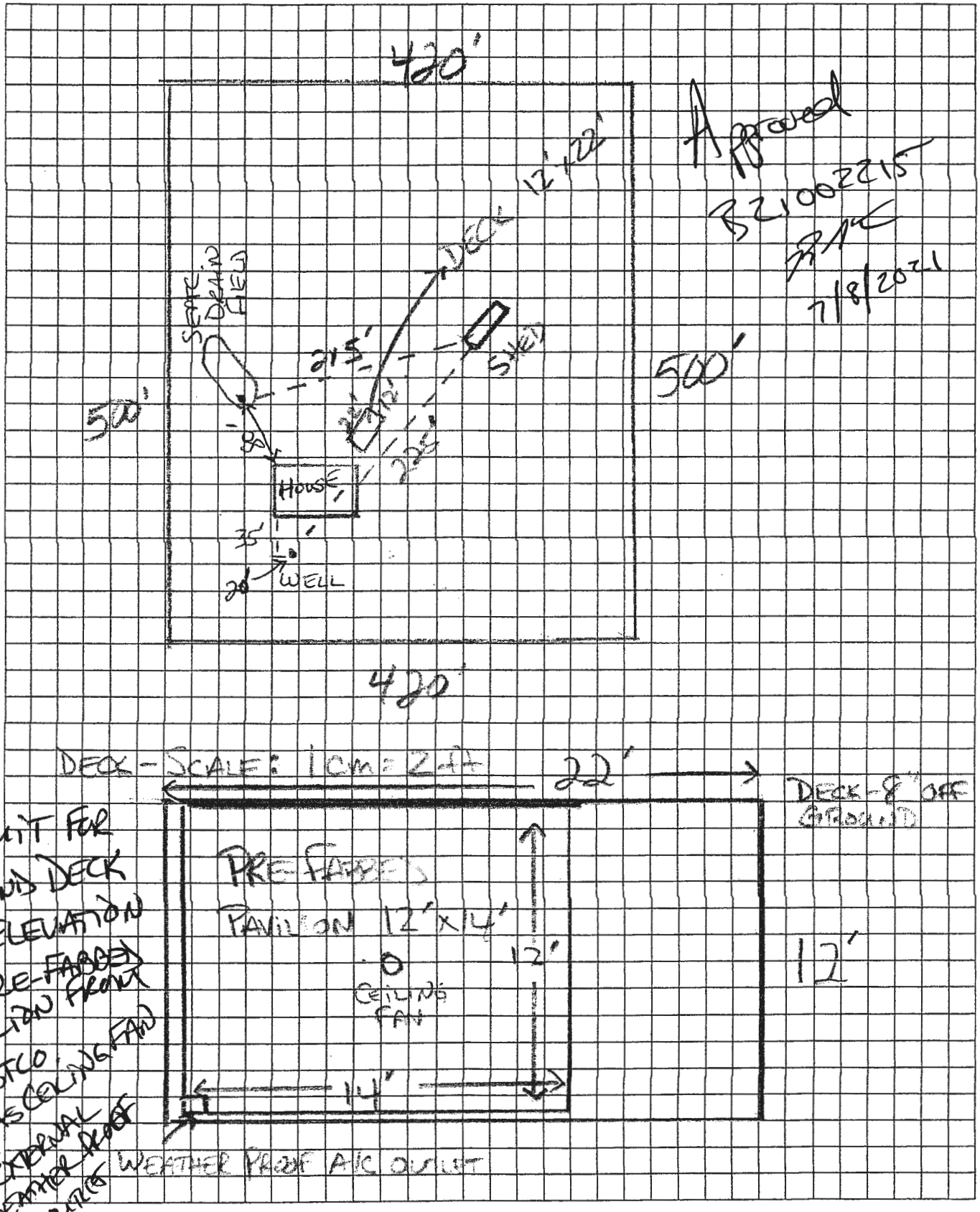
AGENCIES REQUIRED/APPROVALS:

☑ DPR	☐ DPZ	☑ DED	☑ Health 7/8/2021 RLC	☐ SHA	☐ CID

SUBMITTAL FEES: [redacted] PAYMENT: NO check ACCEPTED BY: Drop Box

SCALE: 1CM = 50ft

8. Sketch Area: Please show existing and proposed locations of utilities. You may also submit photos of your project.



PERMIT FOR GROUND DECK
NO ELEVATION
W/PRE-FABBED PAVILION FROM COSTCO
HAS CEILING FAN
+EXTERNAL WEATHER PROOF A/C OUTLET

Process for obtaining land plat to include house, well and septic. Information gathered is attached for reference. For all dimension locations, measurement tool on Google Earth was used.

1. Howard County Permits – person at counter pulled up property on computer at counter. Showed only subdivision of community with lot numbers. No house or well/septic locations.
2. I was sent to the Health Department from person working at Permit counter after they could not find any well/septic details. House was built in 1978. There were no records in the Health Department. Suggested using well tag number for State of Maryland records.
3. Well Tag Number HO-73-2224, provided Well Completion Report from State of Maryland records attached. No property drawing. Only well location relative to house.

C	1	7494	SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 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

DATE RECEIVED (WRA USE ONLY): 0.92877

DATE WELL COMPLETED: 8/3/77 — 080377 (14–19)

DEPTH OF WELL: 140 (TO NEAREST FOOT) (22–26)

PERMIT NO. (FROM PERMIT TO DRILL): BA-73-2224 (28–37)

DRILLERS IDENTIFICATION NO.: 42

OWNER: Roy Bennett Inc. (LAST NAME) (FIRST NAME)

STREET OR RFD: 5626 Southwestern Blv. POST OFFICE: Arbutus Md.

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Top Soil	0	2	
Shale	2	15	
Granite	15	140	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES **(Y)** NO N (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT **(C M)** (45 46) BENTONITE CLAY B C (45 46)

NO. OF BAGS: 5 NO. OF POUNDS: 500

GALLONS OF WATER: 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. (48–52) TO 19 FT. (54–58) (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): S T STEEL; C O CONCRETE; P L PLASTIC; O T OTHER

MAIN CASING TYPE (60–61)	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) (63–64)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) (66–70)
S T	6	21

OTHER CASING (IF USED) — EACH CASING: DIAMETER (INCH); DEPTH (FEET) FROM / TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): S T STEEL; B R BRASS OR BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C	2		(SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	TYPE	FROM	TO
1	H O (8 9)	19 (11–15)	140 (17–21)
2	(23 24)	(28–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

PUMPING TEST

C	3		(SEQ. NO.)

HOURS PUMPED (TO NEAREST HOUR): 2 (8–9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 10 (11–15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 40 (17–20) (NEAREST FOOT)

WHEN PUMPING: 140 (22–25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): **(A) AIR** (27); P PISTON (27); T TURBINE (27); C CENTRIFUGAL (27); R ROTARY (27); O OTHER (DESCRIBE BELOW) (27); J JET (27); S SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES Y NO **(N)**

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) (31–35)

PUMP HORSE POWER (37–41)

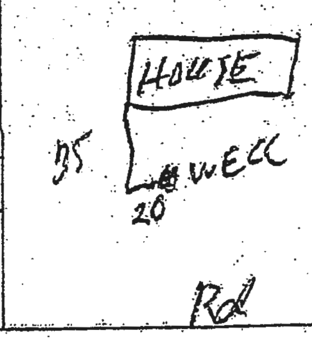
PUMP COLUMN LENGTH (NEAREST FOOT) (43–47)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): **(+) ABOVE** / − BELOW (49) LAND SURFACE: 2 (50–51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N ↑ 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 — 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 (PLEASE PRINT): L. F. EASTERDAY

SIGNATURE: L. F. Easterday

ORIGINAL

B 1 1713 — SEQUENCE NO. (WRA USE ONLY) 3
(THIS NUMBER IS TO BE PUNCHED IN CARD B+S ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: HO-73-2224
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 07 19 72

OWNER: Bennett, Roy, Jr. (COL. 12 LAST NAME / FIRST NAME COL. 34)
STREET OR RFD: 5626 Southwestern Blvd. (COL. 35 / COL. 55)
POST OFFICE: Arbutus, Md 21227 (COL. 57 / COL. 76)

B 1 — CONTINUED (1 2 3 SEQ. NO. 5 6)

DRILLER INFORMATION
DATE: 7/6/72 — LICENSE NUMBER: 42 (77 80)
FIRST NAME: L. F. — DRILLER — LAST NAME: Eastaday
SIGNATURE: L. F. Eastaday

B 2 — (1 2 3 SEQ. NO. 5 6)

WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 6 (8 12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
  (M and P MUST HAVE STATE HEALTH DEPT. APPROVAL)
- T TEST

APPROXIMATE DEPTH OF WELL: 150 FEET (24 26)
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)	JETTED	DRIVEN
AIR-ROTARY	AIR-PERCUSSION	ROTARY (HYDRAULIC ROTARY)
CABLE	REVERSE ROTARY	DRIVE POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL
  PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER (54 63) — ENGINEER REVIEW DISTRICT NO. (55)
FORCE (87 88) — WRITE INITIALS IN BOX
CONDITIONS (70 71 72 73 74 75 76 77 78 79) — A E N S G W Q C V U

B 4 — CONTINUED (1 2 3 SEQ. NO. 5 6)

HEALTH DEPARTMENT APPROVAL
41 B STATE HEALTH (CIRCLE BOX)
COUNTY NAME: Howard — COUNTY NO.: W26421
DATE (MO. DAY YR.): 7 18 77 (43 48)
APPROVED BY: Donald W. Monaghan, Sanitarian

B 5 — SPECIAL CONDITIONS B+S5 (WRA USE ONLY) (1 2 3 SEQ. NO. 5 6)

B 3 — (1 2 3 SEQ. NO. 5)

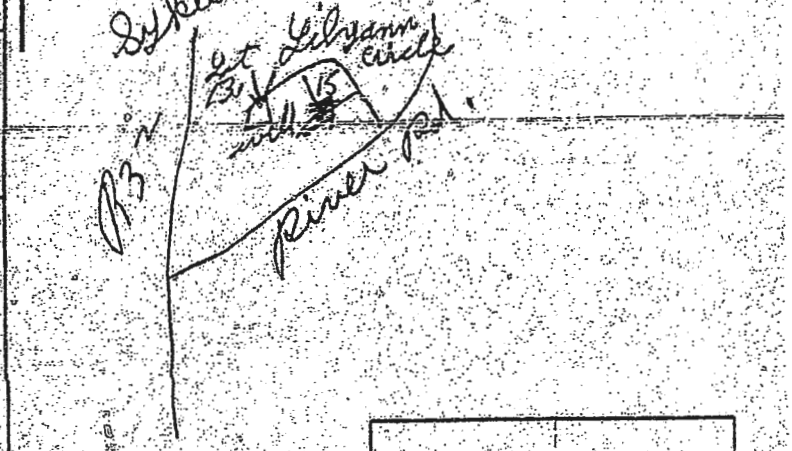
LOCATION OF WELL
COUNTY: Howard (8 21) (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION: Berndell Estates (23 42)
SECTION: (44 46) — LOT: 13 (48 50)
NEAREST TOWN: Sykesville (52 71)
MILES FROM TOWN (ENTER 0 IF IN TOWN): .3 (73 76 77 78)

B 4 — (1 2 3 SEQ. NO. 5 6)

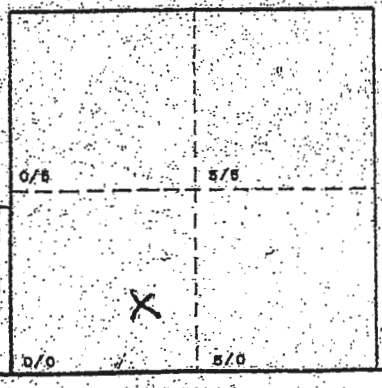
DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH; E EAST; NE NORTHEAST; SE SOUTHEAST
S SOUTH; W WEST; NW NORTHWEST; SW SOUTHWEST
(8 8 8 8 8 8 8 8)

NEAR WHAT ROAD: River Rd. (11 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) SOUTH EAST WEST (32 32 32 32)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1000 (34 37) — FT (MI 38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS, AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 818 / N 550
NORTH COORDINATE: 550000 (50 51 52 53 54 55)
EAST COORDINATE: 818000 (57 58 59 60 61 62 63)
ELEVATION AT WELL HEAD (FEET): (65 66 67 68)



ORIGINAL

C 1 7494 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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

DATE RECEIVED (WRA USE ONLY)

0.928 7 7

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: HO-73-2224

PERMIT NO. (FROM "PERMIT TO DRILL") ~~HO-73-2267~~

28 29 30 31 32 33 34 35 36 37

DATE WELL COMPLETED: 8/3/77 — 080377

DEPTH OF WELL: 140 (TO NEAREST FOOT) 22 26

DRILLERS IDENTIFICATION NO. 42

OWNER: Roy Bennett Inc. (LAST NAME / FIRST NAME)

STREET OR RFD: 5626 Southwestern Blv — POST OFFICE: Arbutus Md.

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Top Soil	0	2	
Shale	2	15	
Granite	15	140	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES [Y] (circled) NO [N] 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT [C M] (circled) 45 46; BENTONITE CLAY [B C] 45 46

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 19 FT. (48 52 54 58)

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW: [S T] STEEL; [C O] CONCRETE; [P L] PLASTIC; [O T] OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	21 (66 70)

OTHER CASING (IF USED)

EACH CASING — DIAMETER (INCH); DEPTH (FEET) FROM / TO: (blank)

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW: [S T] STEEL; [B R] BRASS OR BRONZE; [H O] OPEN HOLE; [P L] PLASTIC; [O T] OTHER

C 2 — 1 2 3 (SEQ. NO.) 6

EACH SCREEN — DEPTH (NEAREST WHOLE FOOT)

	TYPE	FROM	TO
1	H O (8 9)	19 (11 15)	140 (17 21)
2	(23 24)	(28 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH) 56 60

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 [F]

C 3 — 1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10 (11 15)

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT) 17 20

WHEN PUMPING 140 (NEAREST FOOT) 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): [A] AIR (circled) 27; [P] PISTON 27; [T] TURBINE 27; [C] CENTRIFUGAL 27; [R] ROTARY 27; [O] OTHER (DESCRIBE BELOW) 27; [J] JET 27; [S] SUBMERSIBLE 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) [ ] 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX): YES [Y] NO [N] (circled)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) ____ 31 35

PUMP HORSE POWER ____ 37 41

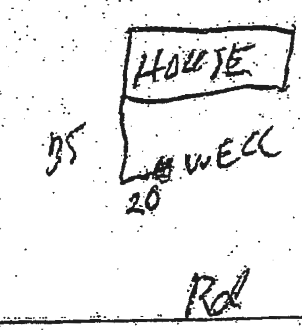
PUMP COLUMN LENGTH (NEAREST FOOT) ____ 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

[+] ABOVE (circled) / [−] BELOW LAND SURFACE 2 (NEAREST FOOT) 49 50 51

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] 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 (PLEASE PRINT): L.F. EASTERDAY

SIGNATURE: L. F. Easterday

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

ORIGINAL

EMERGENCY NO. (IF ANY) →

B 1 1713 (SEQ. NO.) 6 — SEQUENCE NO. (WRA USE ONLY) 3

(THIS NUMBER IS TO BE PUNCHED IN CELL 3-5 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: HO-73-2224

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): 07 19 77

OWNER (COL 13 LAST NAME): Bonnett, Ray, Inc. (FIRST NAME COL. 34)

STREET OR RFD (COL 35): 5626 South Western Blvd. (COL. 55)

POST OFFICE (COL 57): Arbutus, Md 21227 (COL. 76)

B 1 (CONTINUED) (SEQ. NO.) 6

DRILLER INFORMATION

DATE: 7/6/77 LICENSE NUMBER (77–80): 42

FIRST NAME: L. F. DRILLER: Easterday LAST NAME

SIGNATURE: L. F. Easterday

B 2 (SEQ. NO.) 6

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) (8–12): 6

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) (14–20): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
- } MUST HAVE STATE HEALTH DEPT. APPROVAL
- T TEST

APPROXIMATE DEPTH OF WELL (24–28): 150 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) (29–37)

BORED (OR AUGERED) — JETTED — DRIVEN

(AIR-ROTARY) — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)

CABLE — REVERSE ROTARY — DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) (38)

- (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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41–52)

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

APPROPRIATION PERMIT NUMBER (54–63): G A P

ENGINEER REVIEW DISTRICT NO. (55)

FORCE (67–68) WRITE INITIALS IN BOX

CONDITIONS (70–79): A E N S G W Q C V U

B 4 (CONTINUED) (SEQ. NO.) 6

HEALTH DEPARTMENT APPROVAL

41 (B) STATE HEALTH (CIRCLE BOX)

Howard (COUNTY NAME) W26421 (COUNTY NO.)

DATE (MO. DAY YR.) (43–48): 7 18 77

APPROVED BY: Donald W. Monaghan, Sanitarian

B 5 (SEQ. NO.) 6

SPECIAL CONDITIONS B-65 (WRA USE ONLY)

B 3 (SEQ. NO.) 6

LOCATION OF WELL

COUNTY (8–21): Howard (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION (23–42): Berndill Estates

SECTION (44–46):

LOT (48–50): 13

NEAREST TOWN (52–71): Sykesville

MILES FROM TOWN (ENTER 0 IF IN TOWN) (73–76): 3 (M I)

B 4 (SEQ. NO.) 6

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

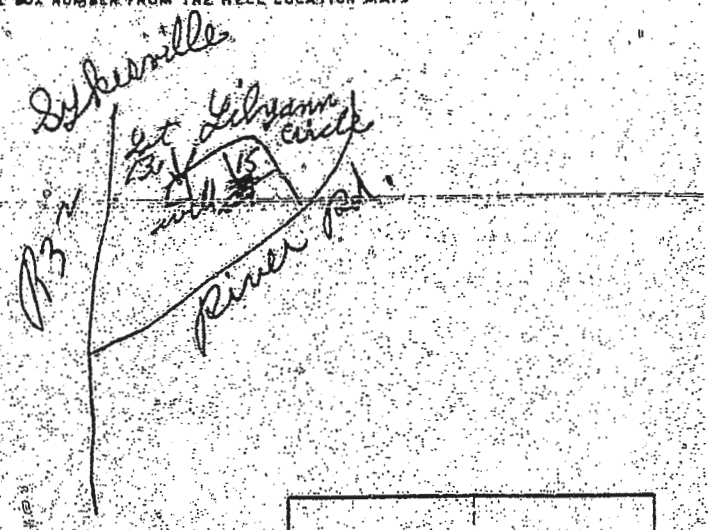
- (N) NORTH
- E EAST
- N E NORTHEAST
- (S E) SOUTHEAST
- S SOUTH
- W WEST
- N W NORTHWEST
- S W SOUTHWEST

NEAR WHAT ROAD (11–30): River Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): (N) S E W (32)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) (34–37): 1000 (F) T (M) I (38–39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

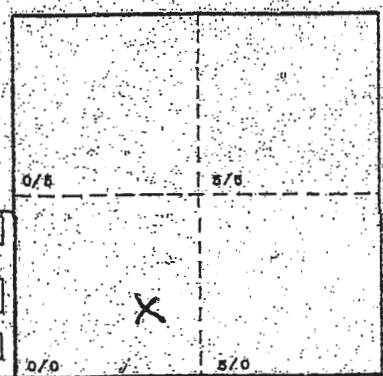


BOX NUMBER: E 816, N 550

NORTH COORDINATE (50–55): 550000

EAST COORDINATE (56–63): 0811000

ELEVATION AT WELL HEAD (FEET) (65–68):



ORIGINAL

DNR 137

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

PERMIT TO DRILL WELL

ISSUE DATE- 07/19/77
MO DA YR

PERMIT NUMBER- HO-78-2224

ISSUED TO DRILLER-

EASTERDAY, LOUIS F
RFD 3
MT AIRY MD 21771

DRILLER ID. NUMBER- 42

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL TO BE OWNED BY-

ROY BENNETT INC
5626 SOUTHWESTERN BV
ARBUTUS MD

THIS WELL IS TO BE LOCATED IN HOWARD COUNTY, BERNDELL ESTATES SUBDIVISION, SECTION- , LOT- 13 , NEAR THE TOWN OF SYKESVILLE

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID.

1. A TAP FOR RAW WATER SAMPLES MUST BE PLACED BEFORE WATER ENTERS A TREATMENT FACILITY, PRESSURE OR STORAGE TANK.
2. NOTIFY COUNTY HEALTH DEPT. 24 HOURS BEFORE GROUTING WELL.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL 01/19/78. A WELL COMPLETION REPORT MUST BE SUBMITTED TO THE ADMINISTRATION WITHIN 30 DAYS AFTER COMPLETION OF THE WELL.

HERBERT M. SACHS
DIRECTOR, MARYLAND
WATER RESOURCES
ADMINISTRATION

WRA COPY