

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34703

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT Fourth

DATE 12/17/84

*MONDAY
JAN - 7 - 1985
9:30*

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 William B. and Phyllis Martin

ADDRESS 3268 Route 94 PHONE 489-4983

PROPERTY LOCATION

SUBDIVISION Martin Property

LOT NO. Final 6
3

ROAD AND DESCRIPTION Timberleigh Way off of Maryland Route 94

SIZE OF LOT 40,000 s.f. TYPE BLDG. single family

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.

SIGNATURE OF APPLICANT Anthony J. Borden

APPROVED BY _____

FOR _____

DATE _____

REJECTED BY _____

FOR _____

DATE _____

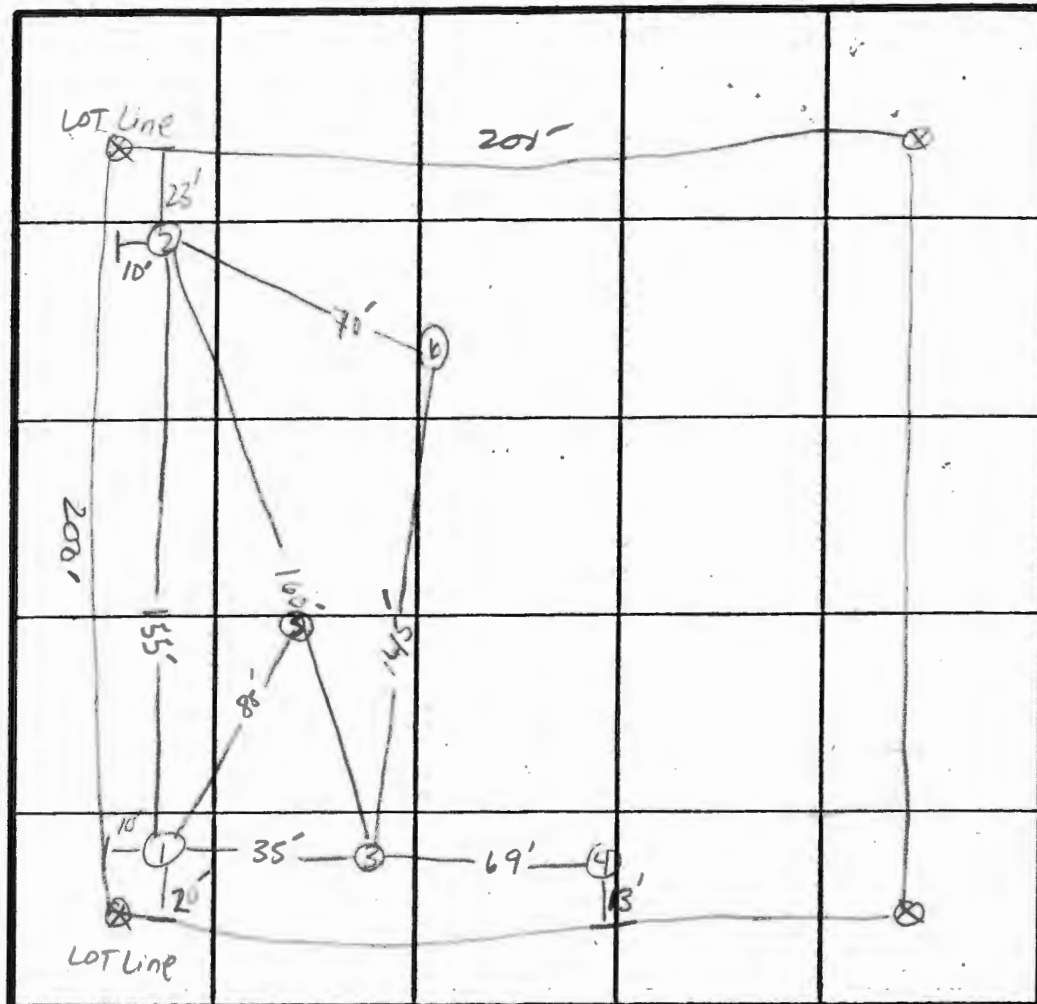
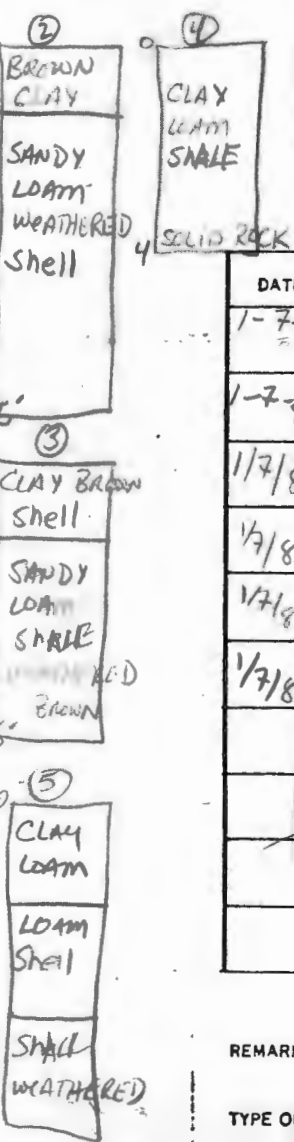
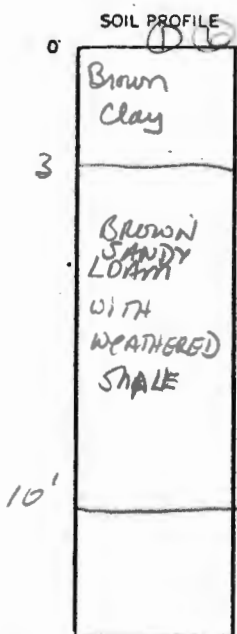
HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING

1-7-85 Perc. test looks ok hold for engineers certification of
holes, holes different from original perc. plat. S&BQ. hole area
approximately 9000 sq ft

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Timberline

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-7-85	1 S	3'	10:14	10:19	10:19	10:30	11min
	1 M	8'	10:11	10:14	10:14	10:21	7min
1-7-85	1 V	10'	WEATHERED SHALE - hole ORIGINALLY 11' -> collapsed				
	2 S	3.5'	10:44	10:50	10:50	11:03	13min
1/7/85	2 M	7.5'	10:39	10:41	10:41	10:46	5min
	2 V	11.5'	WEATHERED shale + loam mix AT 11.5' LOOK OK				
1/7/85	3 S	3'	11:27	11:34	11:34	11:47	13min
	3 M	6.5'	11:25	11:27	11:27	11:32	5min
1/7/85	3 V	9.5'	WEATHERED shale to 9.5' LOOK OK				
	4 V	SOLID ROCK - shale AT 4 FEET UNSATISFACTORY					
1/7/85	5 V	10'	LOOK OK TO 10'				
	6 S	30.5'	12:08	12:12	12:12	12:26	14min
	6 M	7'	11:58	12:04	12:04	12:16	12min
	6 V	10'	LOOK OK TO 10' shale WEATHERED LOOK OK				

10
8/80

X time
10min

INLET
3'-
BOTTOM
MAX
7'

REMARKS

TYPE OF SOIL SANDY LOAM PROGRESSING TO SHALE LOAM

TESTED BY S. Abel, R. Hodges

ALSO PRESENT HERMAN SIRK

MR MART

B	1	2832	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER
		(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		please print or type	fill in this form completely
Date Received <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> OWNER INFORMATION <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">15 Last Name</div> <div style="width: 30%;">Owner</div> <div style="width: 30%;">First Name</div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">36 Street or RFD</div> <div style="width: 30%;">55</div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">57 Town</div> <div style="width: 30%;">70 State</div> <div style="width: 30%;">72 Zip</div> </div>				B 3 LOCATION OF WELL <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">8 COUNTY</div> <div style="width: 30%;">21</div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">23 SUBDIVISION</div> <div style="width: 30%;">42</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">SECTION</div> <div style="width: 30%;">LOT</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">44</div> <div style="width: 30%;">46</div> <div style="width: 30%;">48</div> <div style="width: 30%;">50</div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">52 NEAREST TOWN</div> <div style="width: 30%;">71</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">MILES FROM TOWN (enter 0 if in town)</div> <div style="width: 30%;">73</div> <div style="width: 30%;">76</div> <div style="width: 30%;">77</div> <div style="width: 30%;">78</div> </div>	
DRILLER INFORMATION George F. Easterday Driller's Name F. Easterday, Inc. Firm Name 9265 Brown Ch. Rd., Mt. Airy, Md. 21771 Address Signature Date				B 4 <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">11</div> <div style="width: 30%;">NEAR WHAT ROAD</div> <div style="width: 30%;">30</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) </div> <div style="width: 30%;"> NORTH N WEST W EAST E SOUTH S </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">34</div> <div style="width: 30%;">37</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">DISTANCE FROM ROAD</div> <div style="width: 30%;">ENTER FT or MI</div> </div>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED EXP. DATE NORTH GRID EAST GRID	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
APPROXIMATE DEPTH OF WELL 350 FEET APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other				APPROXIMATE DEPTH OF WELL 350 FEET APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)				APPROXIMATE DEPTH OF WELL 350 FEET APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE WRITE INITIALS IN BOX PERMIT No.				APPROXIMATE DEPTH OF WELL 350 FEET APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other	
SPECIAL CONDITIONS				APPROXIMATE DEPTH OF WELL 350 FEET APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other	

C108880SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBERA 34703PERMIT NO. 10-81-11981

DATE Received

DATE WELL COMPLETED050286

Depth of Well350 (TO NEAREST FOOT)

WELL # 2

HEAT PUMP

OWNER MARTIN, ANDREW

STREET OR RFD

SUBDIVISIONTIMBERLEIGH

SECTION

TOWN

LOT3

WELL LOG

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

DESCRIPTION (Use additional sheets if needed)

FEET

Check if water bearing

topsoil01

red shale14

brown shale4110

brown slate1065

blue slate6580

brown slate8090

blue slate90120

brown slate120125

blue slate125350

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS600

NO. OF POUNDS600

GALLONS OF WATER30

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to18ft.

CASING RECORD

casing types insert appropriate code below

STEELSTCONCRETECOPLASTICPLOTHOTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

51620

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

STEELSTBRASSBROPEN HOLEHOPLASTICPLOTHOTHER

DEPTH (nearest ft.)

19350

SLOT SIZE 123

DIAMETER OF SCREEN

(NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.)

WQ

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A airP pistonT turbine

C centrifugalR rotaryO other (describe below)

J jetS submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

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

(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)

Timberleigh Blown Lot 6

TIMBERLEIGH LOT 6

WELL LOCATION OK

— AS PER PRELIM. PLAT

PER^{TEL.} CONV. WITH BETH TAYLOR

9/9/85

C. Williams

C1 00469	SEQUENCE NO. (OEP USE ONLY)	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	A-34703

DATE Received 8 13	DATE WELL COMPLETED 05/01/82	Depth of Well 22 24 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 11-21-1415
OWNER last name first name		TOWN	
STREET OR RFD		LOT	
SUBDIVISION		SECTION	

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 TO	Check if water bearing
topsoil	0 1	
Red shale	1 4	
brown shale	4 8	
brown slate	8 65	OK
blue slate	65 90	
brown slate	90 100	
blue slate	100 110	
brown slate	110 112	
blue slate	112 130	
brown slate	130 145	
blue slate	145 320	
blue slate	320 330	
blue slate	330 340	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS	NO. OF POUNDS
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from 48 52	ft. to 54 58
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST <input checked="" type="checkbox"/> CO	
	STEEL CONCRETE	
	<input checked="" type="checkbox"/> PL <input checked="" type="checkbox"/> OT	
	PLASTIC OTHER	
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> T	6 63 64	20 66 70

OTHER CASING (if used)	
diameter inch	depth (feet) from to
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SCREEN RECORD	
screen type or open hole	<input checked="" type="checkbox"/> ST <input checked="" type="checkbox"/> BR <input checked="" type="checkbox"/> HO
insert appropriate code below	STEEL BRASS OPEN HOLE
	<input checked="" type="checkbox"/> PL <input checked="" type="checkbox"/> OT
	PLASTIC OTHER

C2	
DEPTH (nearest ft.)	
1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
23 24	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
68	

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

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour)		
8 9		
PUMPING RATE (gal. per min. to nearest gal.)		
11 15		
METHOD USED TO MEASURE PUMPING RATE		
Bench		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
17 20		
WHEN PUMPING		
22 25		
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input checked="" type="checkbox"/> P piston	<input checked="" type="checkbox"/> T turbine
<input checked="" type="checkbox"/> C centrifugal	<input checked="" type="checkbox"/> R rotary	<input checked="" type="checkbox"/> O other (describe below)
<input checked="" type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES NO	
(CIRCLE) (YES or NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:	
CAPACITY: GALLONS PER MINUTE	
31 35	
PUMP HORSE POWER	
37 41	
PUMP COLUMN LENGTH (nearest ft.)	
43 47	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input checked="" type="checkbox"/> - below	(nearest foot)
50 51	

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)	
Road	
20'	
30'	
well	

CIRCLE APPROPRIATE LETTER 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 10.17.13 "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.	
DRILLERS IDENT. NO. 40	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
Robert K. Newman	
SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

B 1 0753 SEQUENCE NO.
(OEP USE ONLY)(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)5-1-86
Growth
2ND
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Basterday
Driller's Name 77 License No. 80
L. F. Basterday, Inc.
Firm Name
1265 Brown Ch. Rd., Mt. Airy, Md. 21771
Address
Signature Date 3/25/86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☐ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE Reverse-ROTary Drive-POINT

other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 G A P 63

FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

8 COUNTY 21 36740

23 SUBDIVISION 42

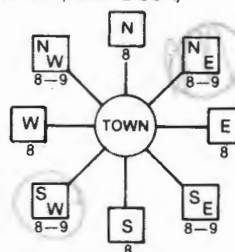
SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD 37

ENTER FT or MI 38 39

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME

COUNTY NO.

OEP
SIGNATURESTATE HEALTH
INSERT S

DATE ISSUED

040780 EXP. DATE 11/07/86

NORTH GRID

50 0 0 0 55

EAST GRID

57 0 0 0 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 76/5

N 76/4

000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



5-6-86
8:00

Review OK'd @ 7/21/88

Well Permit No. HO - 81-1413
Location of property (road) RTE 94
Subdivision TIMBERLEIGH VILLAGE Lot 3 Block Plat Sec. 1
Well Driller GEORGE EASTERDAY Owner MARTIN, ANDREW B.

Depth of well 340 2 GPM
Distance of measuring point (M.P.) above ground 1 ft
Static water level (S.W.L.) below M.P. 65 ft

Time pump started 8:15 Pumping rate 12 GPM
Total time 1 hr 15 min to reach pumping water level 111 ft. below M.P.

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	111 ft	15 sec		4 GPM
9:45	111 ft	15 sec		4 GPM
10:00	111 ft	15 sec		4 GPM
10:15	111 ft	15 sec		4 GPM
10:30	111 ft	15 sec		4 GPM
10:45	111 ft	15 sec		4 GPM
11:00	111 ft	15 sec		4 GPM
11:15	111 ft	15 sec		4 GPM
11:30	111 ft	15 sec		4 GPM
11:45	111 ft	15 sec		4 GPM
12:00	111 ft	15 sec		4 GPM
12:15	111 ft	15 sec		4 GPM
12:30	111 ft	15 sec		4 GPM
<p style="text-align: center;">Date _____ Pump set at 300 ft</p> <p style="text-align: center;">end 7:11 Start 6:54 46' drop</p> <p style="text-align: right;">Pumped 1 in. 15 min @ 12 ft 175 min x .8 = 140 gal 400'</p>				

Page _____ of _____
Date May 6, 1986

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - SI-1413
Location of property (road) Route 94
Subdivision Timberline Village Lot 3 Block Plat Sec. 1
Well Driller George Casaday Owner Andrew K. Martin

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

∴ High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]

Timberleigh Ridge

A 34703

SUBDIVISION: MARTIN, William

LOT NUMBER: ~~LOT #3~~

Rt 94

DRY WELL OR DRY WELL AND TRENCH

Final Lot-6

OFF Timberleigh Way

sq. ft./bedroom

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

168 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 3 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START TRENCH 125 FT FROM THE BACK LOT LINE AND
35 FT LEFT LINE AS SEEN WHEN FACING LOT FROM Rt 94.
RUN TRENCH ON LEVEL GROUND TOWARDS RIGHT LOT LINE AS
SEEN WHEN FACING LOT FROM Rt 94. NOTE MAINTAIN 100 FT
FROM WELL WITH SEPTIC TANK AND DRAIN FIELDS.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34703

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

PO BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT Fourth

DATE 12/17/84

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 William B. and Phyllis Martin

ADDRESS 3268 Route 94 PHONE 489-4983

PROPERTY LOCATION

SUBDIVISION Martin Property LOT NO. 3

ROAD AND DESCRIPTION Timberleigh Way off of Maryland Route 94

SIZE OF LOT 40,000 s.f. TYPE BLDG. single family

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.

SIGNATURE OF APPLICANT Anthony J. [Signature]

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT


55

Adolf

5000

~~SECRET~~

7



1000

11

Don

2

10

10

1997

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Tawes Office Building
Annapolis, Maryland 21401

☐ Surface Water ☒ Groundwater ☒ New Application ☐ Change in Existing Permit

Number _____

APPLICATION

ANDREW B MARTIN

(Owner's Name)

X 301-449-5012

(Telephone Number)

3268 Rt 4-1

(Owner's Address)

Woodbine

(Street)

MD

(Town)

21297

(State)

21297

(Zip Code)

WITHDRAWAL

GROUNDWATER

Appropriate and use a yearly average of CREAK UNIT TYPE SYSTEM

_____ gallons per day,

[total annual use ÷ 365 days]

and _____ gallons

[highest total monthly use ÷ days in month]

for the average day of the maximum month, from

1 well(s) having a diameter of

(number)

6" inches, and a depth of

(estimate)

350 ft.

(estimate)

Domestic Drinking Water

SURFACE WATER

Appropriate and use a yearly average of

_____ gallons per

[total annual use ÷ 365 days]

day, and a maximum use of _____

gallons in any one day, from:

_____ [name of stream]

_____ [exact location of withdrawal]

PROJECT LOCATION

about 75 ft out from back of property and 20 ft from left side
[Location — be specific]

County HOWARD

Subdivision or town TIMBERLEIGH WAY

Phone number 449-5012

Name and type of business Andrew & Debbie Martin (Home)

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE

The water will be used for:

- ☐ Community Water Supply
- ☐ Non-Potable supply (sanitary uses, not for drinking water)
- ☐ Potable Supply (drinking water, etc.)
- ☐ Cooling Water
- ☐ Irrigation
- ☐ Process Water
- ☐ Other HEAT PUMP WELL

(explain)

is the first one which has permit pending

WASTEWATER TREATMENT AND DISPOSAL

- ☐ Public Sewer _____ [name of system]
- ☐ Groundwater
 - ☐ Subsurface (tilefield, seepage pit, etc.)
 - ☐ Spray Irrigation
 - ☐ Other, explain _____
- ☐ Surface Water _____ [name of stream]

Discharge Permit # _____
or applied for _____

SIGNATURE

Please sign here

Andrew B Martin
(signature)

Andrew B Martin 10/15/86
(please print name, title, and date here)

THIS APPLICATION WILL NOT
BE PROCESSED
WITHOUT A SIGNATURE
AND A LOCATION MAP

MAP 13
Q. 13
P. 319
Lot 3

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?

☒ YES ☐ NO, explain _____

Signature of county
representative

Craig Williams
(signature)

Squireman
(title)

11/19/87
(date)

LOT 3

Timberleigh Ridge.

TAX MAP 13 Parcel 39

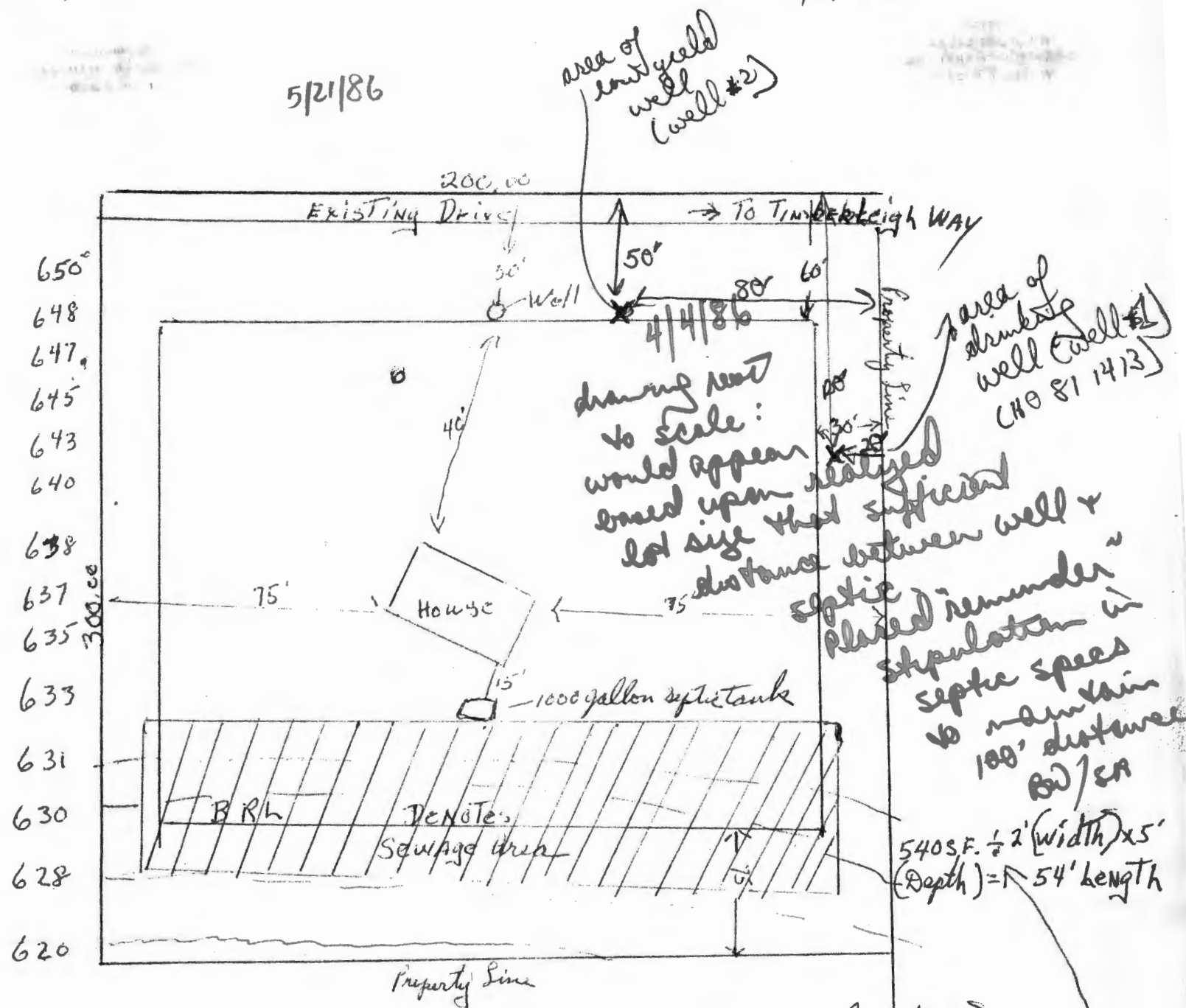
Andrew B. MARTINI

3268 Rt. 94

Woodbine Md. 21797

489-4983

5/21/86



Septic System-Design DATA

1- INV. @ Well: El. 648

2- 1000 gallon Septic tank - 3 bedrooms

Ex. Grade over Tank El. 633.65

Fin. Grade over Tank El. 633.65

INV. IN: El. 631.50

INV. Out: El. 631.20

3. Distribution Box (4 outlets)

Ex. Grade over Box El. 632.75

Fin. Grade over Box El. 632.75

INV. IN: El. 630.75

INV. Out: El. 630.15

4. TRENCHES (180/B.F.) - 540 S.F.

Ex. Grade over Trench El. 632.75

Fin. Grade over Trench El. 632.75

INV. El. 630.75

Bottom TRENCH El. 625.75

State Application
Mailed 5/2/86

Please return

them

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

JANUARY 30, 1987

CERTIFIED MAIL - P 438 400 640
Return Receipt Requested

ANDREW B. MARTIN
3268 ROUTE 94
WOODBINE

MD 21797

RE: State Water Appropriation
Permit No. H087G001
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.

PLEASE NOTE THE CONDITION ON YOUR PERMIT REQUIRING WATER USED FOR A HEAT PUMP SYSTEM TO BE RETURNED TO THE AQUIFER FROM WHICH IT WAS WITHDRAWN.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Kenneth M. Miller".

KENNETH M. MILLER
Water Supply Division
S

CC: Howard County Health Department

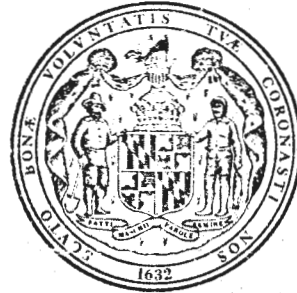
Telephone: _____

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION

WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: H087G001 (01)

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



ANDREW B. MARTIN

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 100 GALLONS ON A YEARLY BASIS AND A DAILY AVERAGE OF 100 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR A RESIDENTIAL CLOSED LOOP GROUND WATER HEAT PUMP SYSTEM.
3. SOURCE - THE WATER SHALL BE TAKEN FROM ONE WELL IN THE WISSAHICKON FORMATION, UPPER PELITIC SCHIST.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED 1200 FEET WEST OF ELLICOTT ROAD (MD 94), 1.1 MILES SOUTH OF FLORENCE ROAD, WOODBINE, HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 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.

PERMIT NUMBER: HO87G001 (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. *

13. RETURN TO AQUIFER - THE WATER WITHDRAWN AND USED FOR GROUNDWATER HEAT PUMP PURPOSES SHALL BE RETURNED TO THE AQUIFER FROM WHICH IT IS WITHDRAWN.

BY AUTHORITY OF THE DIRECTOR
WATER RESOURCES ADMINISTRATION

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