

APPLICATION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

PERCOLATION TESTING

9-4-87 Percs ok
pending plat approval JEN

A 39916

P _____

DISTRICT 5TH

DATE 8-19-87

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 Alfred Bassler

ADDRESS 4994 Shepherd Lane PHONE 531-2193

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Twelve Hills Sec III LOT NO. 33-24

ROAD AND DESCRIPTION Linden Church Rd

TAX MAP 28 PARCEL # 49

SIZE OF LOT 3 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

M. S. Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

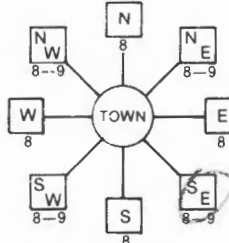
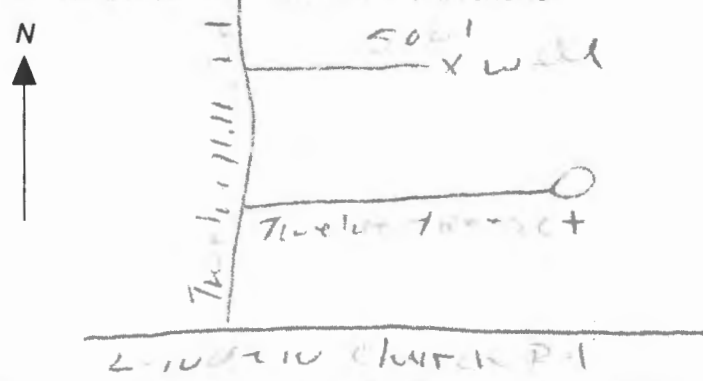
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-4-87 for perc hole location & subdivision plat approval JEN.

THIS IS NOT A PERMIT

Open K , Mark R

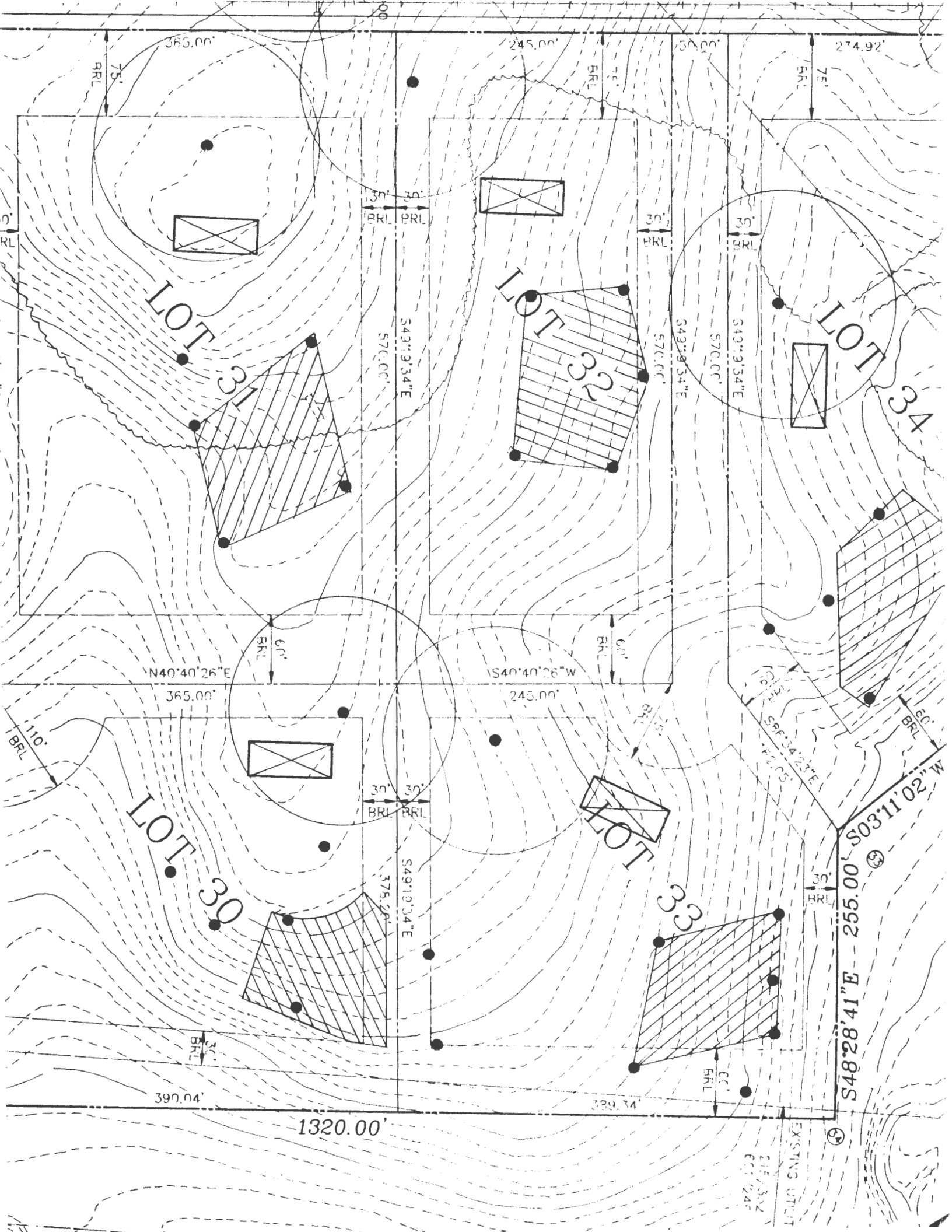
B 1 1 2 3 4 5 6 6834 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-0547 <small>70 fill in this form completely 79</small>
Date Received (APA) 121688 8 13 OWNER INFORMATION ALTOGETHER LTD PART 15 Last Name 20 Owner 25 First Name 34 10176 BALTIMORE PIKE 36 55 ELLICOTT CITY MD 21043 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 TWELVE HILLS 23 SUBDIVISION 42 SECTION 3 44 46 LOT 833 48 50 DAYTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI	
DRILLER INFORMATION Frank Delph Driller's Name 77 License No. 80 483 Frank Delph Well Drillers Inc. Firm Name 18234 Penn Shop Rd. Mt Airy Md Address Frank Delph 121488 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  TWELVE HILLS Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 500 37 DISTANCE FROM ROAD ENTER FT or MI F+ 38 39	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME STATE SIGNATURE Mark E. Phipps 43 DATE ISSUED 10/14/89 46 CO SIGNATURE Mark E. Phipps 48 EXP. DATE 10/14/89 49 NORTH GRID 512000 50 55 EAST GRID 0812000 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input 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 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 812 E 512 N 000 000	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30- AIR-ROTary <input type="checkbox"/> AIR-PERcussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input checked="" type="checkbox"/> 37 CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE MR WRITE INITIALS IN BOX 67 68 PERMIT NO. HO-88-0547 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

Well Permit No. HO - 88-0547

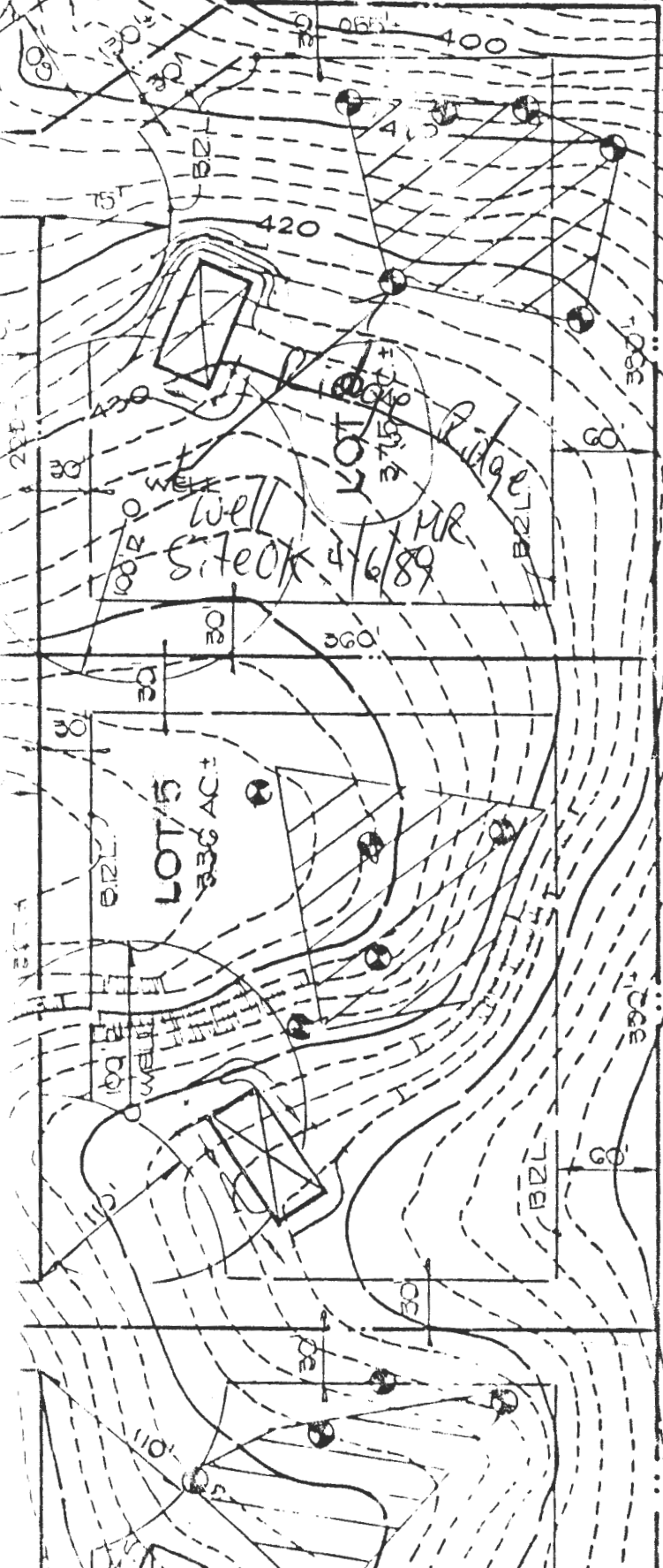
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

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

[illegible]



S48°28'41" E
255.00'



ZONED
CASSLETS
5/6/89

S41°31'15" W, 1320.00'

Chapman