

B 1 **5057** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2120
 fill in this form completely

INDEXED

Date Received [] [] [] [] [] []

OWNER INFORMATION

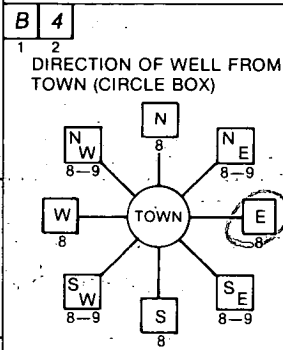
8 13
Miller, Timothy A
 15 Last Name Owner First Name 34
417 Woodbine Rd
 36 Street or RFD 55
Woodbine Md 21797
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

1 2
Howard 8 COUNTY 21
existing property 23 SUBDIVISION 42
 SECTION [] [] [] [] LOT **P.20 (MAP 3)** 44 46 48 50
Mount Airy 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **8** [] [] [] [] M I 73 76 77 78

DRILLER INFORMATION

Robert W. Reichart 353 [] [] [] []
 Driller's Name 77 License No. 80
Wm W. Reichart, Inc
 Firm Name
177 Baltimore Pike, Hanover, PA 17331
 Address
Robert W. Reichart 6/3/87
 Signature Date



417 Woodbine Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **45** 37 DISTANCE FROM ROAD.
 ENTER FT or MI **ft** 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5** [] [] [] [] [] [] 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** [] [] [] [] [] [] [] [] 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. **A 29443-W**
 OEP SIGNATURE **B. Nixon** STATE HEALTH INSERT S [] 41
 DATE ISSUED **12/09/87**
060987 CO SIGNATURE EXP. DATE
 NORTH GRID **555000** EAST GRID **0782.000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** [] [] [] [] FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 R THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED **(SPRING)**
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D 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)

APPROX. PERMIT NUMBER [] [] [] [] **G A P** [] [] [] [] 54 63
 FORCE **1** WRITE INITIALS IN BOX PERMIT No. **40-81-2120**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Approved well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

↓

E **780 2**
 N **550 5**

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

6/12/87 location as per plan
 \$42 casing
 38' open
 15' base cement

WILLIAM E. DOYLE

LAND SURVEYOR 0440

8312 EMERALD DRIVE

BYKESVILLE, MD.

TELEPHONE 703-2210

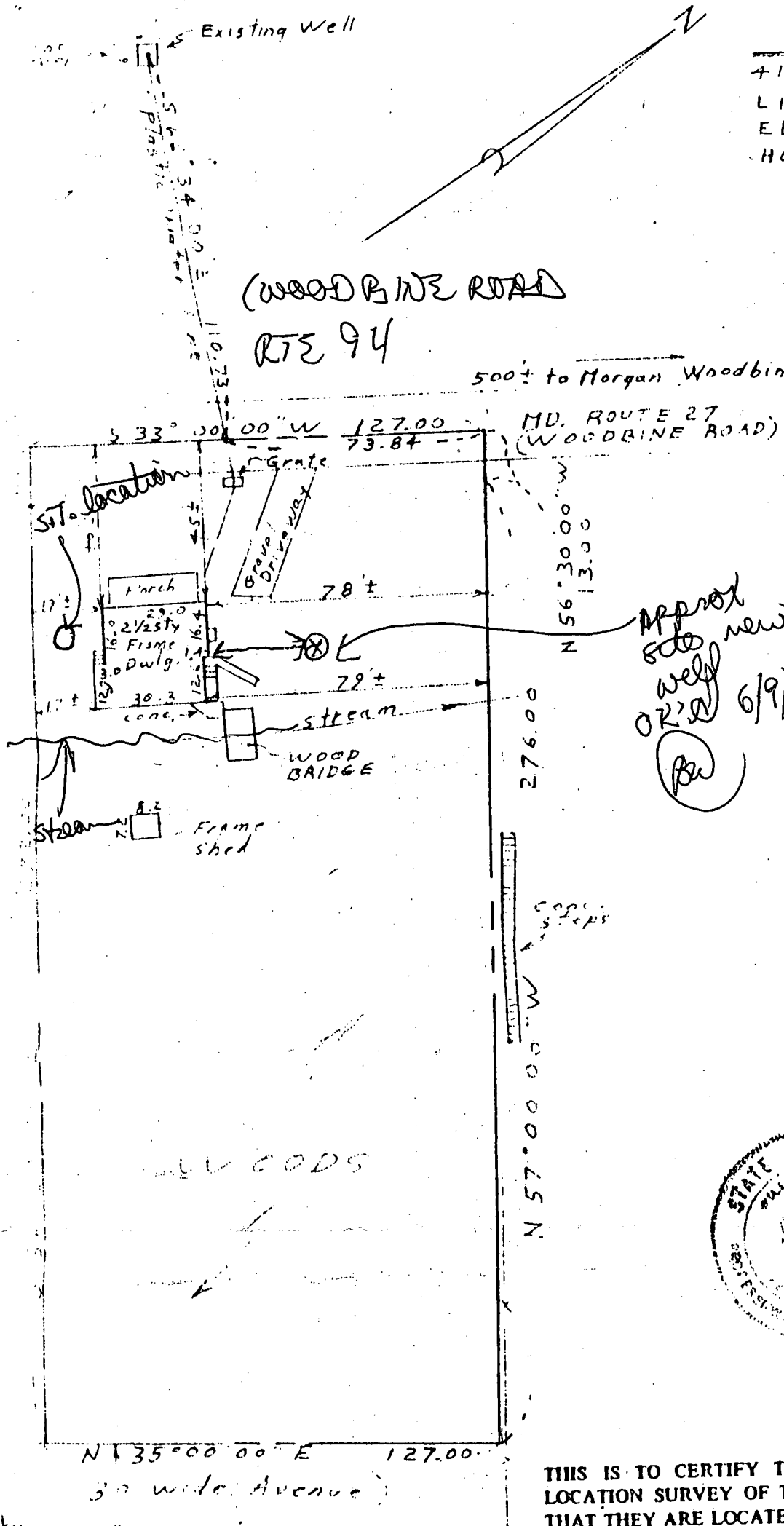
LOCATION SURVEY

417 WOODBINE ROAD
LIBER. 303, FOLIO 270
ELECTION DISTRICT 4
HOWARD COUNTY MD

MAP 3 Q13 P.20

(WOODBINE ROAD)
RTE 94

500± to Morgan Woodbine Rd



Approx
site new
well
OK'd 6/9/87
BW



THIS IS TO CERTIFY THAT WE HAVE MADE A
LOCATION SURVEY OF THE IMPROVEMENTS, AND
THAT THEY ARE LOCATED ON THE LOT AS SHOWN
HEREON.

with
Stephen P. Beauvais, Cof

MAP 3 Q13 P.20

D 555
E 782

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 417 WOODBINE ROAD (2ND HOUSE PRIOR TO WOODBINE INN) ZIP _____

OWNER OCCUPANT J. MILLER ADDRESS SAME PHONE (795-1095)

COMPLAINANT _____ ADDRESS _____ PHONE _____

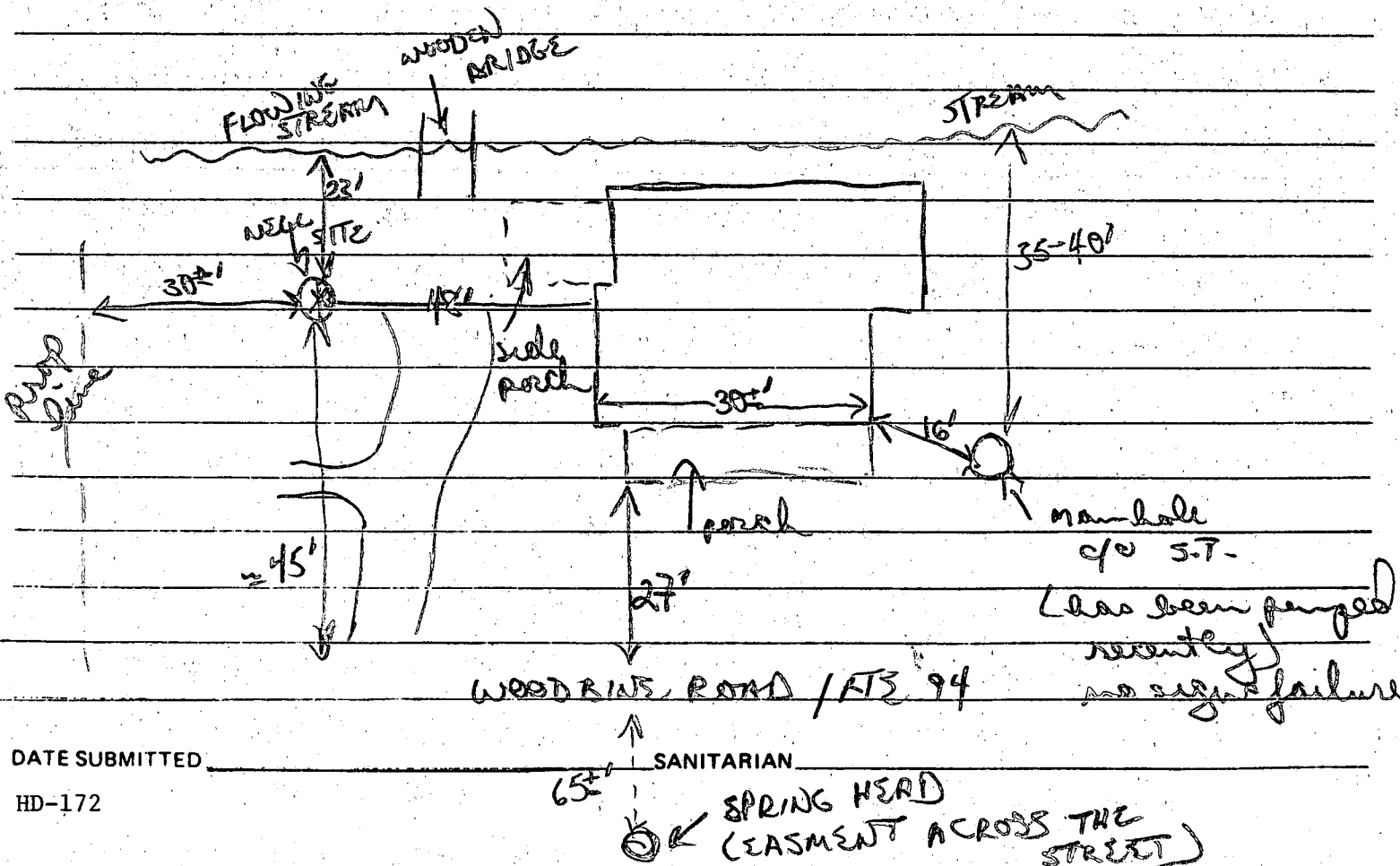
REASON FOR INVESTIGATION WELL RUN DRY - EMERGENCY REPLACEMENT WELL (REICHAERT TO DRILL)

CODES _____

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT LIMITED SITE LOCATION, SITE 2 ACRES



DATE SUBMITTED _____

HD-172

SANITARIAN _____

SPRING HEAD (LEASEMENT ACROSS THE STREET)

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 417 WOODBINE RD. ZIP _____

OWNER OCCUPANT LAWRENCE GRAY ADDRESS 417 WOODBINE RD. PHONE 442-2511

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION _____

RECEIVED BY J. J. [Signature] DATE 08/21/89 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT I visited the Gray residence to take a water sample. While there, Mrs. Gray complained about the polluted creek that runs behind her house. She stated that the odor of sewage was unbearable particularly after heavy rains and that she had forbidden her children to play in or around the creek. She also stated that it was necessary to clean out the septic tank about once every six months. She said that this might be contributing to the problem with the creek (the fact that the septic system filled so rapidly and might overflow into the creek) as well as the fact that sewage from houses across Woodbine Rd. come to overflow into the creek.

DATE SUBMITTED _____ SANITARIAN _____