

4/1/87 3pm
7/27/87 noon
7/31/87 am
04-346114

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P. 38685

A. 38026

DISTRICT 4th

DATE 2/11/87

DATE SYSTEM APPROVED 7/31/87

INSPECTOR *BAW*

T & R Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 11974 Scaggsville Road, Fulton, Maryland 20759 PHONE 725-2392

SUBDIVISION Femiano Estates ROAD 14650 Triadelphia Road LOT FINAL LOT 2
Lot 9 - Sec 1 Area 3

PROPERTY OWNER Robert A. Thurman

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 5.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet from the back (280.27') lot line and 115 feet from the left lot line as seen when facing the lot from Triadelphia Road. Run trenches on contour toward the left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 2/06/87

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

PERMIT VOID AFTER TWO 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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 38026

C1 3871

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.COUNTY
NUMBER

A 38026

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

NO-81-1556

DATE Received

8 13

DATE WELL COMPLETED

020282

Depth of Well

22 140 26
(TO NEAREST FOOT)

OWNER

THURMAN

BOB

STREET OR RFD

TRIANGLE RD

TOWN

GLENELG

SUBDIVISION

FEMINGHAM ESTATES

SECTION

1

LOT

8 9

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

Top Soil	0	2	
Brown Shale	2	20	
Brown Slate	20	25	
Blue Slate	25	30	
Brown Slate	30	45	OK
Blue Slate	45	120	
Brown Slate	120	125	
Blue Slate	125	140	

2 Dry Holes
HO-81-1904
HO-81-1905
HO-81-1903

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 ft. to 22 54 BOTTOM 58

CASING RECORD

casing types insert appropriate code below

STEEL ☒ ST CONCRETE ☒ CO
PLASTIC ☒ PL OTHER ☒ OT

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

PL 6 30

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

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

DEPTH (nearest ft.)

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 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

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

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 air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet 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 (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)

Prop Line

25' 15'

well

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 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. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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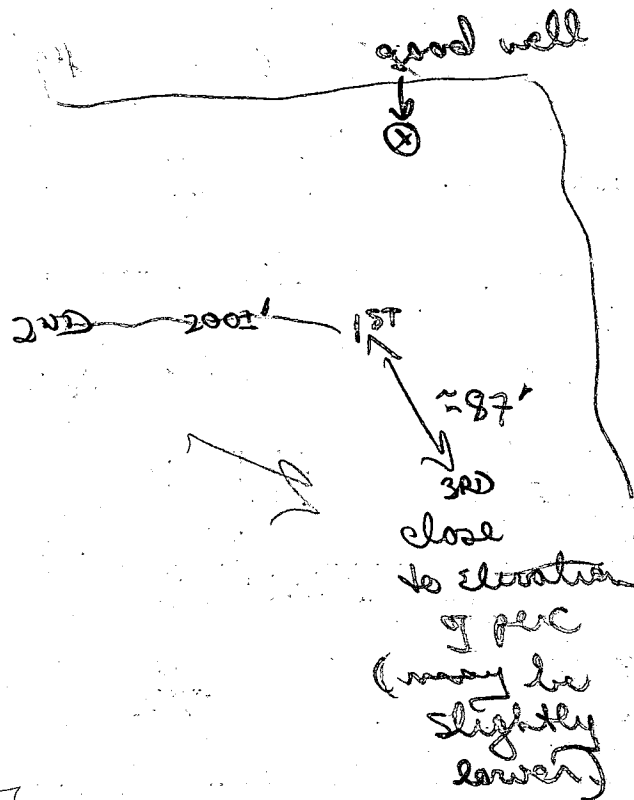
82

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2019



2/2/87

30' casing
27 open hole
7 bags

location 10-15 ft off back
line; ~60' off right
OK

150 sample taken

possible heat pump wells { 3 additional wells - to be grouted

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

JAN 9 16 AM '87

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

C1 3853

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 38026

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

DATE Received

8 13

DATE WELL COMPLETED

020282

Depth of Well

22 140 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

KC-81-14015

OWNER

STREET OR RFD

SUBDIVISION

THURMAN
last name
PHILADELPHIA RD
FARMANO STATESfirst name
BOB

TOWN

GLANSIDE

SECTION

1

LOT

9 WELL #2

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

Top Soil 0 2
Sandy 2 20
Sand Stone 20 25
Mica 25 140

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 7 NO. OF POUNDS 200

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 48 52 ft. to 54 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

PL 6 3.2

OTHER CASING (if used)
diameter inch depth (feet) from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL OT
PLASTIC OTHERDEPTH (nearest ft.)
EACH SCREEN
1 40 30 140
2
3SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from toGRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP 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

PUMPING TEST

HOURS PUMPED (nearest hour)

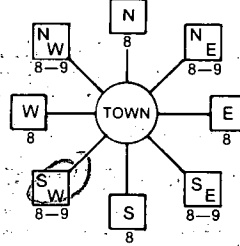
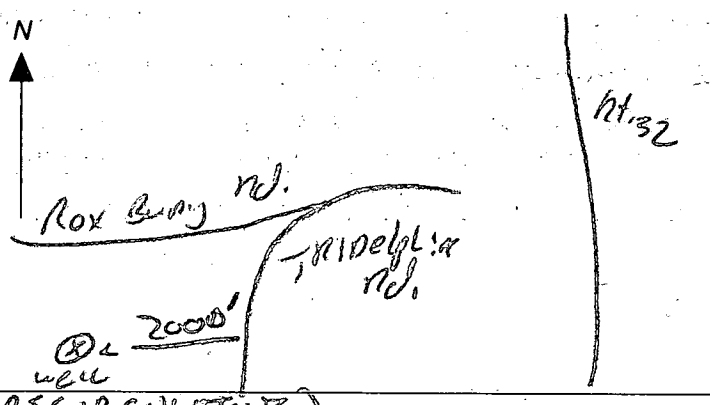
PUMPING RATE (gal. per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

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 (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
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)Prop Line
200'
Prop Line
30'
DRY HOLE @ 140'CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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. 273
Ralph W. MayDRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. MaySITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

B 1 2200 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-1903 <small>fill in this form completely</small>
Date Received <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; margin: 5px;"> 15 Last Name TURNER 34 Owner BOB 36 Street or RFD CLARK BROWN RD 55 57 Town COLUMBIA 70 State 72 MD 74 Zip 76 21042 </div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; margin: 5px;"> 1 2 HOWARD 21 8 COUNTY 23 SUBDIVISION FENIANO EST 42 SECTION 1 44 46 LOT 98 48 50 WELL #2 52 NEAREST TOWN GLENELG 71 MILES FROM TOWN (enter 0 if in town) 0 73 76 77 78 MI </div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; margin: 5px;"> Driller's Name Ralph Mayne 77 License No. 80 223 Firm Name Ralph Mayne (well drilling) Address 5129 Brown Church Rd. W4, 7, 8 Signature Ralph Mayne Date Feb 2, 1987 </div>		B 4 <div style="border: 1px solid black; padding: 2px; margin: 5px;"> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  </div> <div style="border: 1px solid black; padding: 2px; margin: 5px;"> 11 Tridelpia rd. 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> NORTH N WEST W EAST E SOUTH S </div> <div style="margin: 0 10px;"> 34 2000 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39 </div> </div> </div>	
B 2 WELL INFORMATION <div style="border: 1px solid black; padding: 2px; margin: 5px;"> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 14 20 </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; margin: 5px;"> HOWARD COUNTY NAME A 38026 COUNTY NO. OEP SIGNATURE _____ STATE HEALTH INSERT S _____ DATE ISSUED 02/13/87 CO SIGNATURE B. N. ... EXP. DATE 08/13/87 NORTH GRID 516000 50 55 EAST GRID 0792000 57 63 </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</div> <div style="width: 50%;"><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</div> <div style="width: 50%;"><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</div> </div>		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 <div style="border: 1px solid black; padding: 2px; margin: 5px;"> E 800 792 N 520 16 </div>	
APPROXIMATE DEPTH OF WELL 280 24 28 FEET APPROXIMATE DIAMETER OF WELL _____ 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 <div style="border: 1px solid black; padding: 10px; margin: 5px;">  </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> BORED (or Augered)</div> <div><input type="checkbox"/> JETTED</div> <div><input type="checkbox"/> Jetted & DRIVEN</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> AIR-ROTary</div> <div><input type="checkbox"/> AIR-PERCussion</div> <div><input type="checkbox"/> ROTARY (Hydraulic Rotary)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> CABLE</div> <div><input type="checkbox"/> REVERSE-ROTary</div> <div><input type="checkbox"/> Drive-POINT</div> </div> other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div style="width: 50%;"><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div style="width: 50%;"><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</div> <div style="width: 50%;"><input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL</div> </div> 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 4087 GAP 000 64 63 FORCE 1A WRITE INITIALS IN BOX PERMIT NO. 40-81-1903 60 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS Heat Pump (CLOSED LOOP RECIRCULATING)			

C1 3854

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-38026

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

10-81-1904

DATE Received

8 13

DATE WELL COMPLETED

020282

Depth of Well

22 200 26
(TO NEAREST FOOT)

OWNER

STREET OR RFD

SUBDIVISION

THURMAN

last name PHILADELPHIA RD

BOR

first name

TOWN

GLENELG

SECTION

1

LOT

WELL #3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

Top Soil

0 2

Sandy

2 20

Sand Stone

20 25

M.C.K.A.

25 50

Sand Stone

50 55

M.C.K.A.

55 200

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL

CEMENT CEMENT BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS 200

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 48 52 54 58 ft. to 28 32 36 40 ft.

(enter 0 if from surface)

casing
types
insert
appropriate
code
below

CASING RECORD

ST CO

STEEL CONCRETE

PL OT

PLASTIC OTHER

MAIN CASING Nominal diameter. Total depth
TYPE top (main) casing of main casing
(nearest inch) (nearest foot)

PL 6 35

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

insert
appropriate
code
below

ST BR HO

STEEL BRASS OPEN

PL OT

PLASTIC OTHER

C2

DEPTH (nearest ft.)

1 HO 28 200

2 23 24 26 30 32 36

3 38 39 41 45 47 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

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)

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 air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet 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 (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

above

LAND SURFACE

below

(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)

B 7 2086 SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER

HO-81-1904
fill in this form completely

Date Received

8 13

OWNER INFORMATION

THURMAN BOB
8360 CLARK BROWNE RD
COLUMBIA MD 21047

DRILLER INFORMATION

Ralph Mayne
Ralph Mayne (well drilling)
9120 Brown Church Rd. N. Hwy
Ralph Mayne 2/2/87

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 0 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 260 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 DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
☐ THIS WELL WILL DEEPEMED 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 HO87 GAP 006

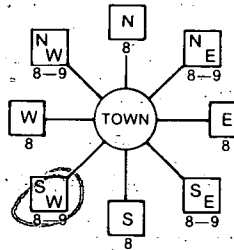
FORCE ☒ WRITE INITIALS IN BOX PERMIT No. HO-81-1904

SPECIAL CONDITIONS HEAT Pump (CLOSED LOOP RECIRCULATING)

LOCATION OF WELL

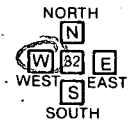
HOWARD
8 COUNTY
FEMIANO 434
23 SUBDIVISION
SECTION 1 LOT 20 WELL #3
GLEWELG
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



TRIDELPHIA Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1900 34 37
DISTANCE FROM ROAD
ENTER FT or MI 1/2

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD
COUNTY NAME
OEP
SIGNATURE
DATE ISSUED 02/13/87
COUNTY NO. A 38026
STATE HEALTH INSERT S
NORTH GRID 516000 EAST GRID 0792000
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

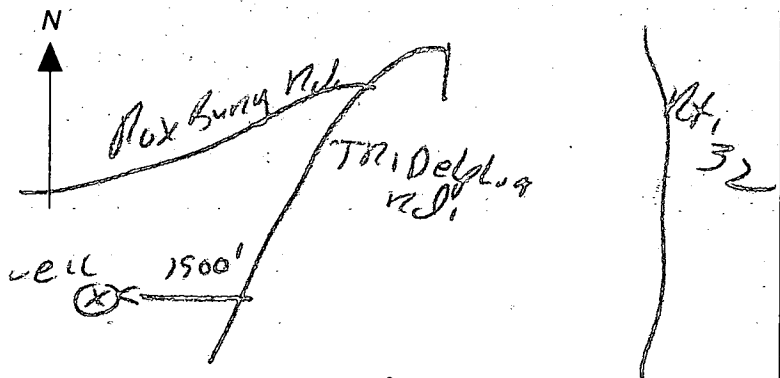
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 500 792
N 520 516

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



C1 3855	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	A 38026
DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13	15 20	22 26 (TO NEAREST FOOT)	100-81-1905

OWNER	THORMAN	last name	first name	TOWN	GLEWELG
STREET OR RFD	INDIANA RD.				
SUBDIVISION	FEMIANO STATES	SECTION	1	LOT	9
				WELL	84

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
Top Soil	0 2	
Sandy	2 20	
Sand Stone	20 28	
MICKA	28 50	
Sand Stone	50 55	
MICKA	55 280	

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box)		
yes	no	
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL		
CEMENT	BENTONITE CLAY	
<input checked="" type="checkbox"/> CM	<input type="checkbox"/> BC	
NO. OF BAGS	NO. OF POUNDS	
42	20	
GALLONS OF WATER		
DEPTH OF GROUT SEAL (to nearest foot)		
from	ft. to	
0	28	
48	52	
(enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	STEEL CONCRETE PLASTIC OTHER	
<input checked="" type="checkbox"/> ST	<input type="checkbox"/> CO	
<input checked="" type="checkbox"/> PL	<input type="checkbox"/> OT	
MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)		
<input checked="" type="checkbox"/> PL	<input type="checkbox"/> 6	<input type="checkbox"/> 30
60 61	63 64	66 70

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)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible	

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

OTHER CASING (if used)																									
diameter inch	depth (feet) from to																								
<input type="checkbox"/>	<input type="checkbox"/>																								
SCREEN RECORD																									
screen type or open hole insert appropriate code below	STEEL BRASS OPEN BRONZE HOLE PLASTIC OTHER																								
<input checked="" type="checkbox"/> ST	<input type="checkbox"/> BR	<input type="checkbox"/> HO																							
<input type="checkbox"/> PL	<input type="checkbox"/> OT																								
DEPTH (nearest ft.)																									
1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	21 22	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 52
1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	21 22	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 52
SLOT SIZE 1 2 3																									
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																							
70	72	74 75 76																							
TELESCOPE CASING	LOG INDICATOR	OTHER DATA																							

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)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	<input checked="" type="checkbox"/> 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)	

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. 223
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

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)	

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">2085</div>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-81-1985</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		fill in this form completely	
OWNER INFORMATION Date Received <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> THIRMAN BOB Owner First Name </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 8360 CLARK BROWN RD Street or RFD </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> COLUMBIA Town MD 21047 State Zip </div>		LOCATION OF WELL B 3 <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> HOWARD 8 COUNTY </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> FENIANO EST 23 SUBDIVISION </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> SECTION 1 LOT 20 WELL #4 </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> GLENELK 52 NEAREST TOWN </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 0 MI </div>	
DRILLER INFORMATION Driller's Name <u>Ralph Mayne</u> Firm Name <u>Ralph Mayne Well Drilling</u> Address <u>9120 Brown Church Rd. P.A. Hwy</u> Signature <u>Ralph Mayne</u> Date <u>2/2/87</u>		WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 	
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 checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING. (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HARVARD</u> COUNTY NO. <u>A38026</u> OEP SIGNATURE _____ STATE HEALTH INSERT S _____ DATE ISSUED <u>02/13/87</u> CO SIGNATURE <u>B.A. Mayne</u> EXP. DATE <u>08/13/87</u> NORTH GRID <u>516000</u> EAST GRID <u>0792000</u>	
APPROXIMATE DEPTH OF WELL 140 FEET APPROXIMATE DIAMETER OF WELL _____ INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> E 800 712 000 </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> N 520 165 000 </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
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) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <u>H087 GAP 006</u> FORCE <u>RA</u> WRITE INITIALS IN BOX PERMIT NO. <u>H0-81-1985</u> SPECIAL CONDITIONS <u>Heat Pump (CLOSED LOOP RECIRCULATING)</u>	

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

MARCH 20, 1987

CERTIFIED MAIL - P 438 400 738
Return Receipt Requested

ROBERT ALAN THURMAN
8360 LARK BROWN ROAD
COLUMBIA MD 21045

RE: State Water Appropriation
Permit No. H087G006
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,

Mark W. Eisner

MARK W. EISNER
Water Supply Division
S

CC: Howard County Health Department

Telephone: _____

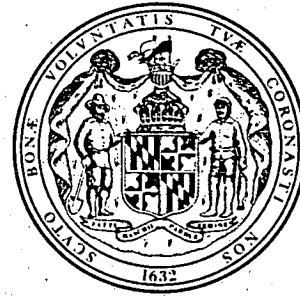
TTY FOR DEAF-BALTIMORE 269-2609 WASHINGTON METRO 565-0450

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION

WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: HO87G006 (01)

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



ROBERT ALAN THURMAN

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 THREE WELLS IN THE BOULDER GNEISS OF THE WISSAHICKON FORMATION.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED AT LOT #10 OF FEMIANO ESTATES, ON THE WEST SIDE OF TRIADELPHIA ROAD, 1/4 MILE SOUTH OF ROXBURY ROAD, 2.5 MILES SOUTHWEST OF MD-32 AT GLENELG, HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 2

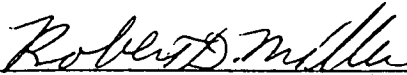
5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO 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: HO87G006 (01)
PAGE NUMBER 3

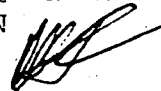
11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL 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, ESQ. CHIEF
WATER SUPPLY DIVISION

HWE



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 W0876AP006

APPLICATION

Robert Alan Thuman
(Owner's Name)

796-3915
(Telephone Number)

8360 Lack Brown Rd Columbia Md 21045
(Owner's Address) (Street) (Town) (State) (Zip Code)

WITHDRAWAL

GROUNDWATER

Appropriate and use a yearly average of

0 gallons per day,
[total annual use ÷ 365 days]
and 0 gallons
[highest total monthly use ÷ days in month]

for the average day of the maximum month, from

three well(s) having a diameter of
[number]
6 inches, and a depth of
[estimate]

380, 140, & 200 ft.
[estimate]

SURFACE WATER

Appropriate and use a yearly average of

0 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

14650 Triadelphia Rd (LOT #0 FEMIANO ESTATES)
[Location - be specific]

County Howard Subdivision or town Glenely Phone number 796-3915

Name and type of business Singel Family 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 to Run loop pipe
[explain]

down in well for Heat pump

WASTEWATER TREATMENT AND DISPOSAL

- ☐ Public Sewer 2
[name of system]
☐ Groundwater
☐ Subsurface (tilefield, seepage pit, etc.)
☐ Spray Irrigation
☐ Other, explain No Disposal Needed
☐ Surface Water _____
[name of stream]

Discharge Permit # _____

or applied for _____

SIGNATURE

Please sign here

Robert A. Thuman
[signature]

Robert A. Thuman (owner) 2/16/87
[please print name, title, and date here]

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

MAP 21
22
Paul of
P. 33

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

Best Mufson
[signature]

Sanitarian
[title]

3/2/87
[date]

APPLICATION

PERCOLATION TESTING

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

A 38026
P _____

DISTRICT _____

DATE 11-8-86

12/3/86
perc OK'd pending
approved
pld

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 Dominic Femiano Patricia Bassler

ADDRESS 14702 TRIADELPHIA RD 21731 PHONE 489-4477

PROSPECTIVE BUYER Patricia Bassler

ADDRESS 4994-Sheppard -1A 21043 PHONE 531 2193

PROPERTY LOCATION:

SUBDIVISION Femiano Estates LOT NO. re perc LOT 1

ROAD AND DESCRIPTION Triadelphia Rd 14650 PARTIAL FINAL LOT 5

BLDG. PERMIT SIGNED
AND RETURNED 2-9-87 LOT 9

TAX MAP 21+27 PARCEL # 33

BP# 9924 S. Blvd

SIZE OF LOT 23.665 AC TYPE BLDG SINGLE FAMILY
(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. David C Bassler
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes (all holes)

12/3/86 SHALLOW SYSTEM ONLY
AND OTHER AREA ON PROPERTY FOR ANY ADJUSTMENTS

THIS IS NOT A PERMIT

TRIADENPHIA RD

SOIL PROFILE

①
Brown clay
2-24"
gravelly orange
clay to clay
con 42'
changing to
yellow orange
gully silty clay
con 11'
gray layer
to 14" rock
bottom 11'

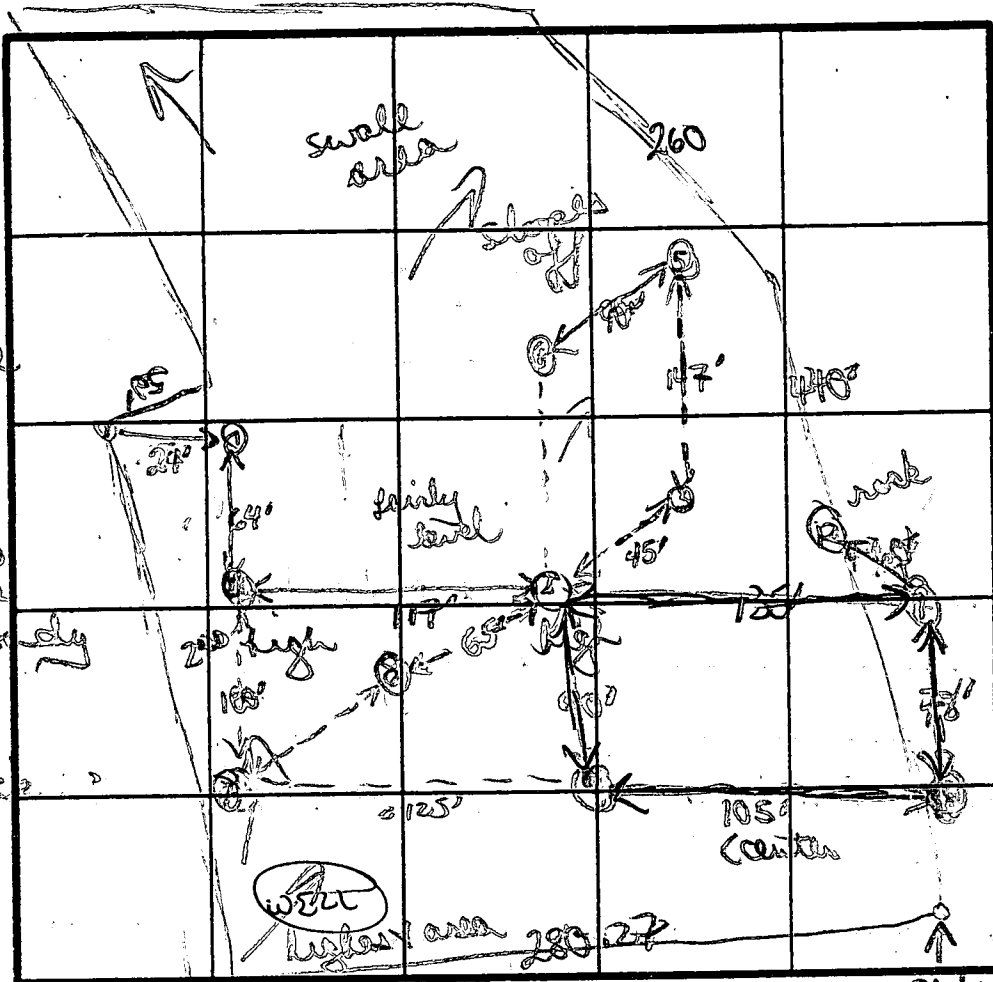
③
red orange
clay / clay con
4'

gully brown
sandy area
con w/ layers
small size
fragments
slight
to 40% 71

hard water

⑤
heavy red
to red orange
clay 5'

con +
hard rock
layer 6'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑥
brown clay
clay con 4'
red clay
con
red / brown
silty gully
con 32'
small red
fragments
15%
83' hard
water

④
brown clay
clay con 2'
red clay / con 5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/86	①	4'5	200	232	232 (made 210 pg)		
		11'D	bottom (see profile)				
	②	2'5	210	240	240 (made 210 pg)		
		5' m	209	212	212	216	4 min
		10'D	hard bottom (see profile)				
	③	rock	4' → 93' hard water				fail
	⑤	hard rock	bottom 6'				fail
	⑥	NOT TESTED (see profile)					
		6'5	306				
		14'D	(bottom - see profile)				

⑦ 7' deep not tested

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

PERC FIELD NOTES 2, 9, 10 + 11

B. Wilson

HD - 81

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Ellicott City, Maryland 21043

Phone: 461-_____

To: FEMINAND EST
RETEST 1 LOT

1ST FIELD ON
RIGHT PAST
ROXBURY

From: _____

Date: _____

APPLICATION

PERCOLATION TESTING

A 38026
P _____

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

DISTRICT _____

DATE 11-7-86

*Reviewed 11/5/86
OK to process*

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 Dominic FEMIANO

ADDRESS 14702 TRIADDELPHIA RD 21737 PHONE 489-4477

PROSPECTIVE BUYER Patricia Bassler

ADDRESS 4994 SHEPPARD E.C. 21043 PHONE 531-3589

PROPERTY LOCATION:

SUBDIVISION FEMIANO ESTATES LOT NO. 1E PERK LOT 1

ROAD AND DESCRIPTION 14702 TRIADDELPHIA RD

TAX MAP 21+27 PARCEL # 33

SIZE OF LOT 23.665 AC TYPE BLDG. SINGLE FAMILY
(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. David C Bassler
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Page 2

728
SOIL PROFILE

(We Rock)

25% small frog 11# D

92 - stand
rock, 10'
hard rock

10'D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TIME	orange red
1	clay to
2	clay sh
3	4'
4	to yellow
5	setty
6	low
7	9' sand
8	sand
9	frag
10	↓
11	purple 11' D
12	low
13	and
14	get

brown / tan
brown silty
clay 23
to red to
clay / clay
do 42
to grey tan
pinkish silty
do
↓
~~stage of hard~~
~~soil~~
11 + D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/3/86	7	5 1/2 S	310	355	< 1/2"		fail	
		14' D	bottom (see profile)					
	8	6 1/2 S	329	352	< 1/2"		fail	
		12 1/2 D	bottom (see profile)					
	9	4 1/2 S	348	352	352	359	7 min	
		11' D	hard bottom (see profile)					
	10	5 S	402	405	405	410	5 min	
		10' D	hard rock bottom (see profile)					
	11	4 1/2 S	420	424	424	430	6 min	
		11' D	bottom (see profile)					

465

REMARKS

TYPE OF SOIL

TESTED BY

SHALLOW SYSTEM ONLY

hole 10 + 11 over original lot lines - read just lot
will be needed

B. Alexan.

ALSO PRESENT

Dee Carter

ZIMMERMAN
603/330

N 08° 21' 30" E
280.27±

560.55

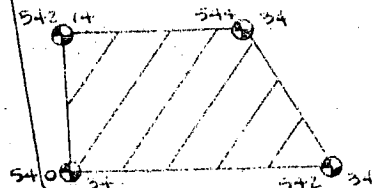
280.21±

LOT 9

S 83° 34' 20" E

LOT 8

241.00±



544.54

542.04

539.04

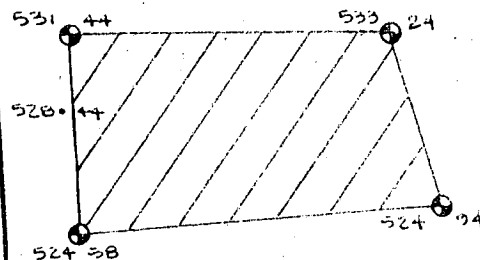
397.05

535.04

500.00±

N 07° 20'

N 20° 21' 05" W



540.44

541.34

535.04

LOT 1
PLAT 5178

512.58

510.08

512.56

516.86

522.46

509.36

524.06

526.06

518.56

515.16

521.66

S 17° 27' 00" W 253.00'

S 72° 33' 00" E
100.00'

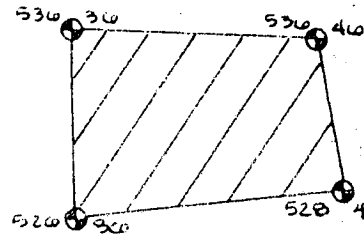
272.00±

LOT 7

3.25 AC.±

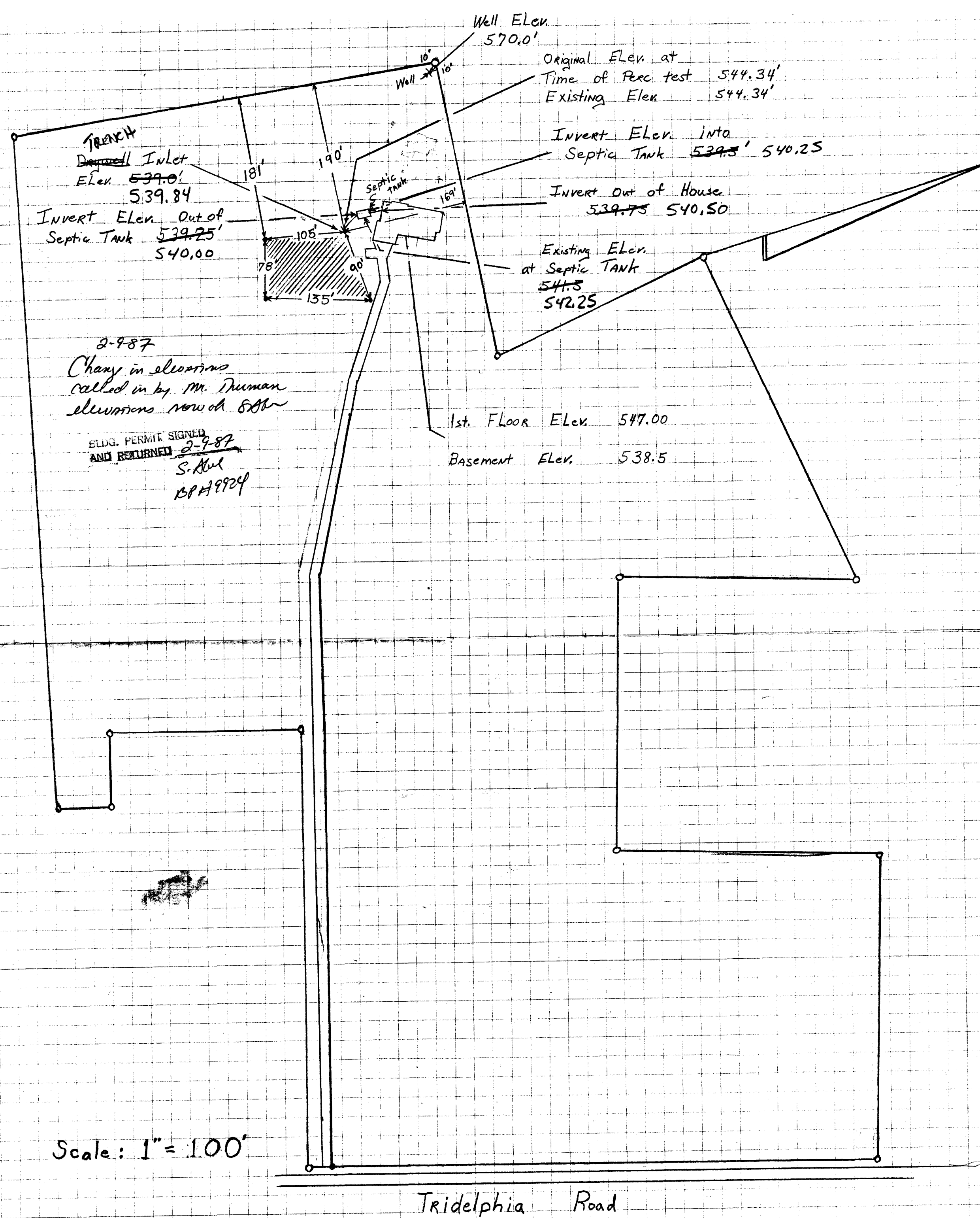
320.00±
150.00

358.00±



NO ESTATES
LOT 2
11. AREA 3
5178

888.64±



I certify these measurements and Elevations are Actual & Correct For this Property.

Robert A. Thuman

Femiano Estates

Lot 1

Section 1 Area 3

Tax Map 21

Parcel 33

Scale: 1" = 100'

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

7/31/87
W. P. OK

New Installation ☒
Replacement ☐

Receipt # 39801
Date 7/30/87
Telephone 725 2392

Name of Installer T. R. Plumbing

License number 7079
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Robert A. Thurman Telephone 796-3915
Subdivision Fennell Estates Lot # 9 Well tag # HO-81-1856
Site Address 14650 Trindell Rd, Glenegl, MD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Marlinson</u>
a. Deep well jet	2. RPM <u>3450</u>	2. Model # <u>BP10X</u>
b. Shallow well jet	3. Voltage	3. Depth <u>135'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110	<u>~5' below grade</u>
2. Make <u>IACUZZI</u>	b. 220 <input checked="" type="checkbox"/>	<u>(no ground wire needed)</u>
3. Model # <u>ES410R8-S2/A</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>120 gallon</u>	1. Type <u>Big Blue</u>	1. Depth <u>140</u> ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>1/2 inch</u>	2. Yield <u>35</u> GPM
	3. NSF and/or BOCA Code approved <u>yes</u>	3. Static water level <u>120</u> ft.
	4. Depth of supply line <u>5 foot</u>	4. Will water supply be disinfected by installer? <u>yes</u>

power line in
OK

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 A. Thurman

Date: July 27, 1987

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