

6/26/00 12:00
~~6/26/00~~
8/20/00
12:00

PERMIT

05-410436

SEWAGE DISPOSAL SYSTEM

P 513293

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A39151

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

INDEXED

DATE 2/29/2000

DATE SYSTEM APPROVED 6/26/00

INSPECTOR DJS

Kenneth Mayne IS PERMITTED TO INSTALL ALTER _____

ADDRESS 11723 Legore Bridge Road, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Clarksville Manor LOT 13 ROAD 6332 Morning Dew Court

PROPERTY OWNER Nwadiliko

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 (320LF. Finally installed)

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 470 feet down the left lot line and 15 feet off that same lot line as seen when facing the lot from Morning Dew Court. Run trenches on contour toward the center of the property (421.35') lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/10/99 SRK

PLANS APPROVED BY Amy McMillen DATE 9-29-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

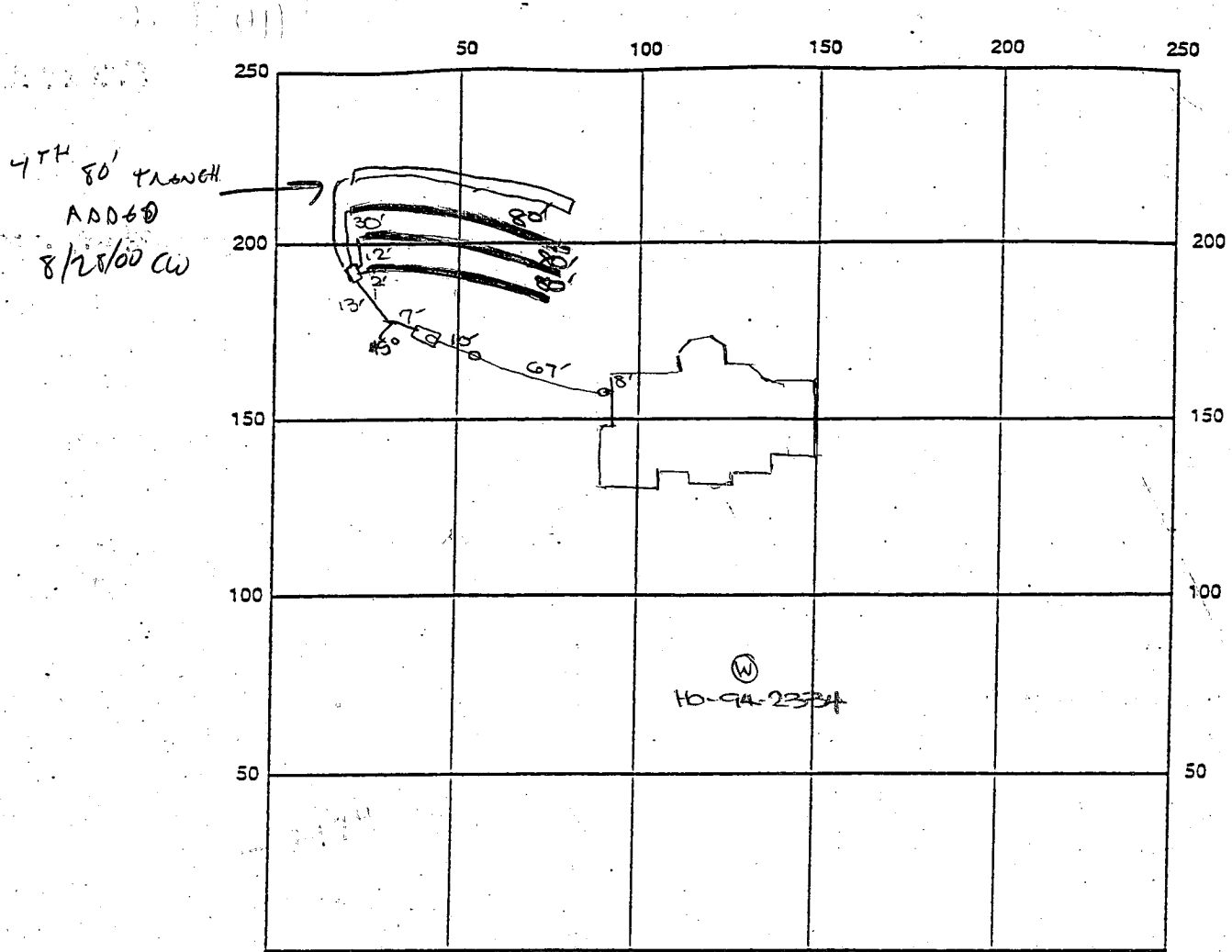
PERMIT VOID AFTER TWO YEARS

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 PVA 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 APPROVAL ON THIS PERMIT**

39151



SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one in line, one on s.t.
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT. (+80 = 320 CW)
 NUMBER OF TRENCHES 3(+1) ONE SIDEWALL/BOTTOM AREA 720 SQ. FT. (+240 = 960 CW)
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 6/26/00 FINAL INSP - OK TO COVER all septic
work. DCS
8/28/00 Fourth 80' TRENCH ADD'D. (CW)

DATE SYSTEM APPROVED 6/26/00 INSPECTOR DCS

6/27/00 10-10:30

John George

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 1-31-2000

Name of Installer FRANK EMMAUELE

Telephone 301-674-5726

License Number MPL 24866

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Kady Williams

Telephone 301-352-9830

Subdivision CLACKSVILLE COMMONS Lot # 13

Well Tag # _____

Site Address 6332 Morning Dew Ct.

Well permit # 94-2334

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Jacuzzi
- 3. Model # 9253-3876
- 4. Capacity 5 GPM
- 5. Pump exceeds well capacity Yes No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- 1. Horsepower 3/4
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220 230V

Pitless Adapter

- 1. Make MARTINSON
- 2. Model # B-300x
- 3. Depth 4 ft

Tank

- 1. Capacity _____
- 2. Pressure relief valve?

Piping

- 1. Type PolyETH
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

Well data

- 1. Depth 400 ft.
- 2. Yield 1.2 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? no

10/11/00 casing now extends > 8" above existing grade. RPP 10/14/00

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.

Follow up INSP:

2 PIECE CAP

3" ABOVE GRADE
8/28/00 CW

Signature of Applicant: George J. Duv...

Date: 1-31-2000

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

ALM - REPORT OF SEPTIC INSPECTION; CLARKSVILLE MANOR 13.

MEET CONTRACTOR - HE REPORTED INSTALLING 80' ADDITIONAL TRENCH. (INSPECTION OK) NO REPAIR PERMIT TAKEN OUT.

I ASKED HIM HOW HE KNEW WHAT HE WAS TO INSTALL. HE SAID HE ASKED KIM. ~~(NAME)~~
(ONE ADDITIONAL TRENCH IS CONSISTENT WITH TERMS OF YOUR LETTER OF 7/20)

I WROTE "ONE ADDITIONAL TRENCH INSTALLED" ON HIS ORIGINAL PERMIT CARD & ON OUR ORIGINAL INSPECTION SHEET.

DECISION AS TO:
* APPROVAL AS IS", OR FURTHER ACTION NEEDED IS UP TO YOU...

2/26/00 12:00
2/28/00 12:00

(CW) 8/28

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513293
439151

8/29/00
System installed for a 5 bedroom house.
House actually has 6 bedrooms, but OK to approve for 4.0 w/ current system in place.
Any future increase would require further upgrade.

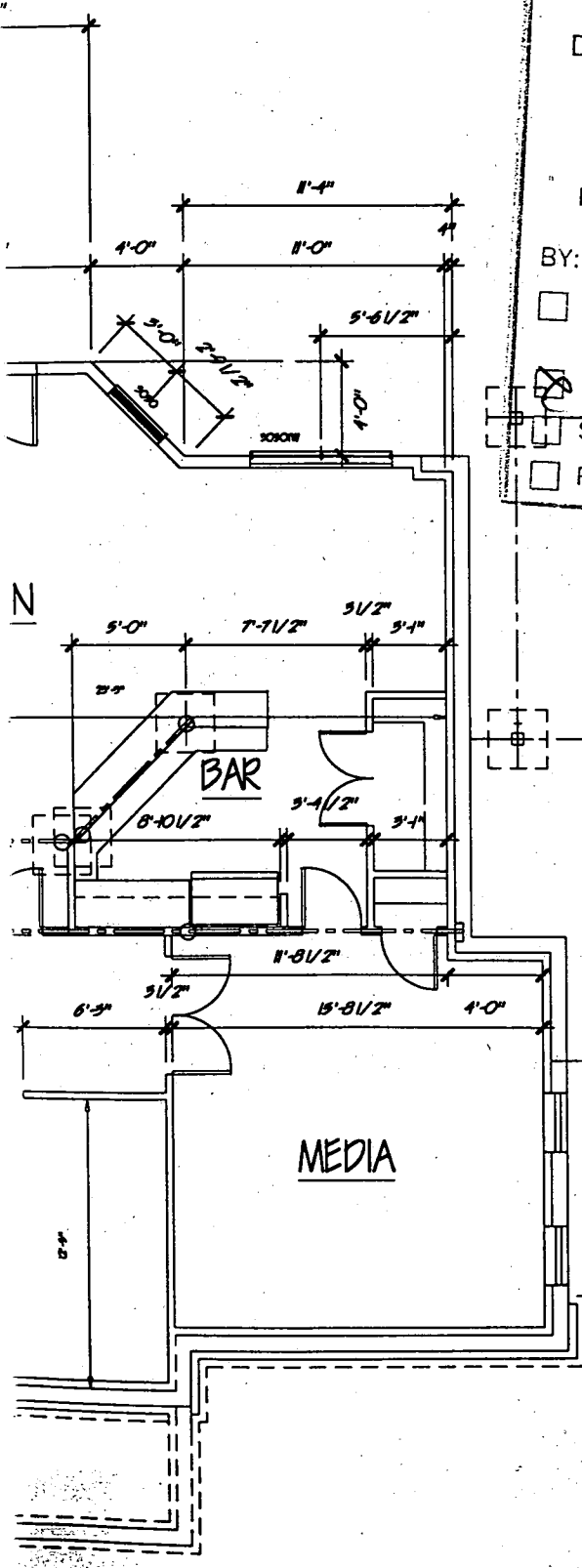
DISTRICT _____ DATE 2/29/2000
INSPECTOR DKS
DATE SYSTEM APPROVED 8/26/00

Kenneth Mayne
ADDRESS 11723 Legore Bridge Road, Keymar, MD 21757
SUBDIVISION Clarksville Manor LOT 13 ROAD 232 Morning Dew Court
PROPERTY OWNER Nwadiliko
ADDRESS _____
SEPTIC TANK CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4
180 SQUARE FEET PER BEDROOM
LINEAR FEET OF TRENCH REQUIRED 240

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



AMENDMENT
 APPROVED BY
 DEPARTMENT OF INSPECTIONS,
 LICENSES AND PERMITS
 HOWARD COUNTY

DATE: *7/20/00*

BY: *[Signature]*

- SUBJECT TO COMMENTS OF REVIEW SHEET
- SUBJECT TO FIELD INSPECTION
- SUBJECT TO COMMENTS ON PLANS
- PRELIMINARY FINAL

amend to finish basement and add bedroom
6-8-00
[Signature]

*7/20/00
 Health Dept has no
 objection to amendment
 provided additional
 septic capacity for
 additional bedroom
 is added to septi
 prior to u&o.*

General Notes

No.	Revision/Issue	Date

Firm Name and Address
**KADY WILLIAMS
 ASSOCS. INC.**
 P. O. BOX 130 LANHAM MD 20703-0130
 TEL. (301) 552-9830 FAX (301) 552-9830

Project Name and Address
Dr. & Mrs. RAY NWADILKO
 6522 MORNING DEW COURT
 CLARKSVILLE
 MD 20729

Date	<i>03/12/99</i>	Sheet 05
Scale	<i>1/8" = 1'-0"</i>	

AMENDMENT PLAN



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

July 20, 2000

Mr. Nwadiiko
6332 Morning Dew Court
Clarksville, Maryland 21029

RE: Revised Building Permit Application: B00117474
6332 Morning Dew Court

Dear Mr. Nwadiiko,

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the capacity of the existing septic system to handle the potential increase in flow associated with this proposal.

Since septic systems are sized based on the number of bedrooms in the dwelling, the proposed addition of a bedroom represents a potential increase in flow to the septic system. The installation of additional drainfield capacity would be necessary.

A Health Department recommendation for approval is contingent upon the installation of additional drainfield and septic tank capacity via a suitable septic system repair (permit fee \$25). The process is best completed through a professional septic contractor prior to building permit issuance.

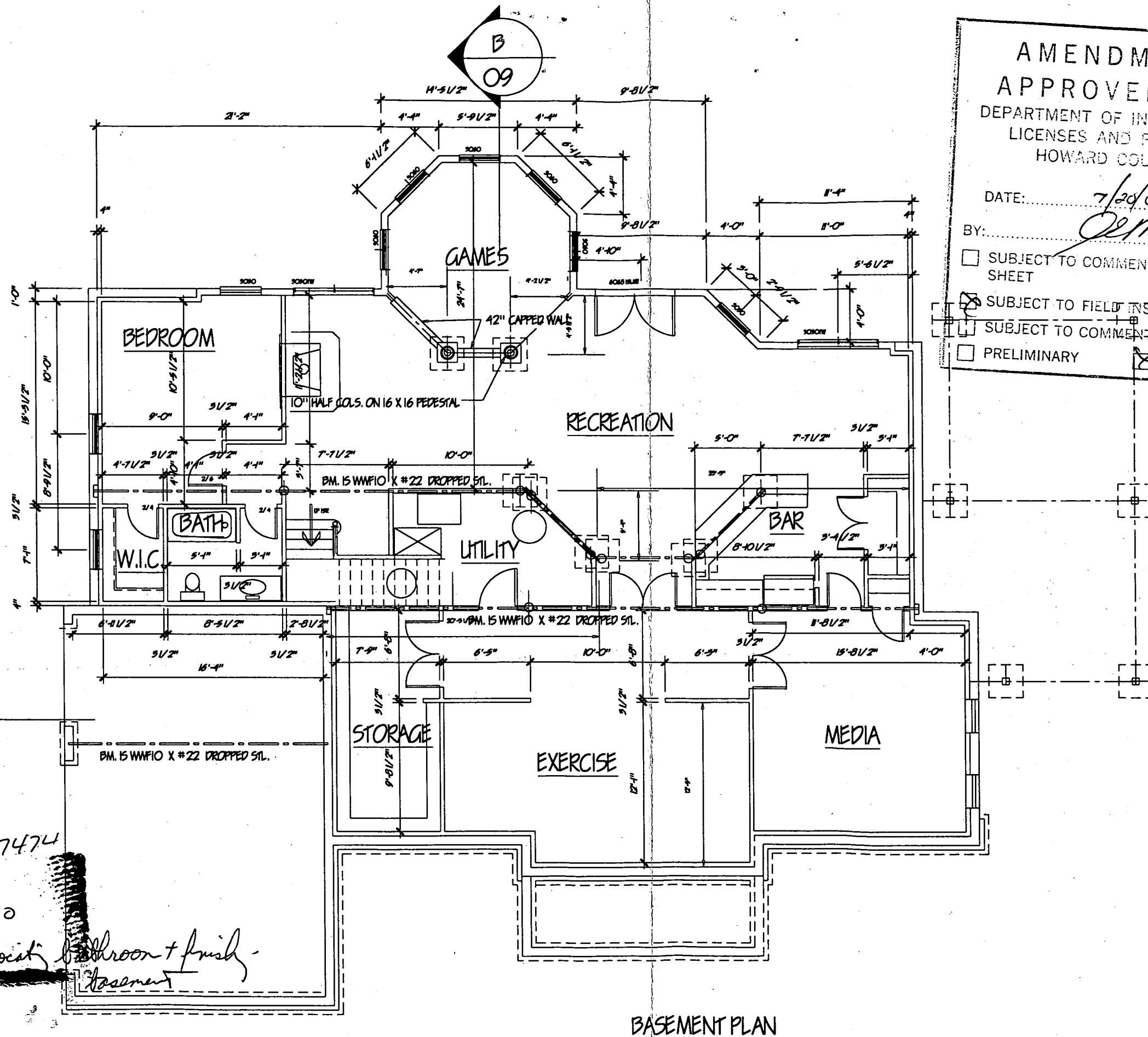
If there are any questions regarding this matter, I may be contacted at the address below or by calling (410) 313-2640.

Very Truly Yours,

Amy Mc Millen, R.S.
Water & Sewerage Pogram

ALM

Cc: file



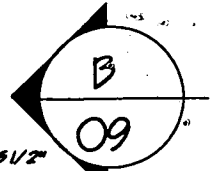
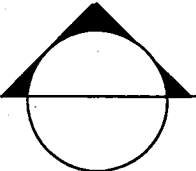
**AMENDMENT
APPROVED BY**
DEPARTMENT OF INSPECTIONS,
LICENSES AND PERMITS
HOWARD COUNTY

DATE: 7/20/00
BY: [Signature]

SUBJECT TO COMMENTS OF REVIEW SHEET
 SUBJECT TO FIELD INSPECTION
 SUBJECT TO COMMENTS ON PLANS
 PRELIMINARY FINAL

General Notes		
<p style="font-size: small;">No. Revision/Issue Date</p>		

*amend to finish basement w/ bath
and add bedroom*
[Signature]
6-8-00



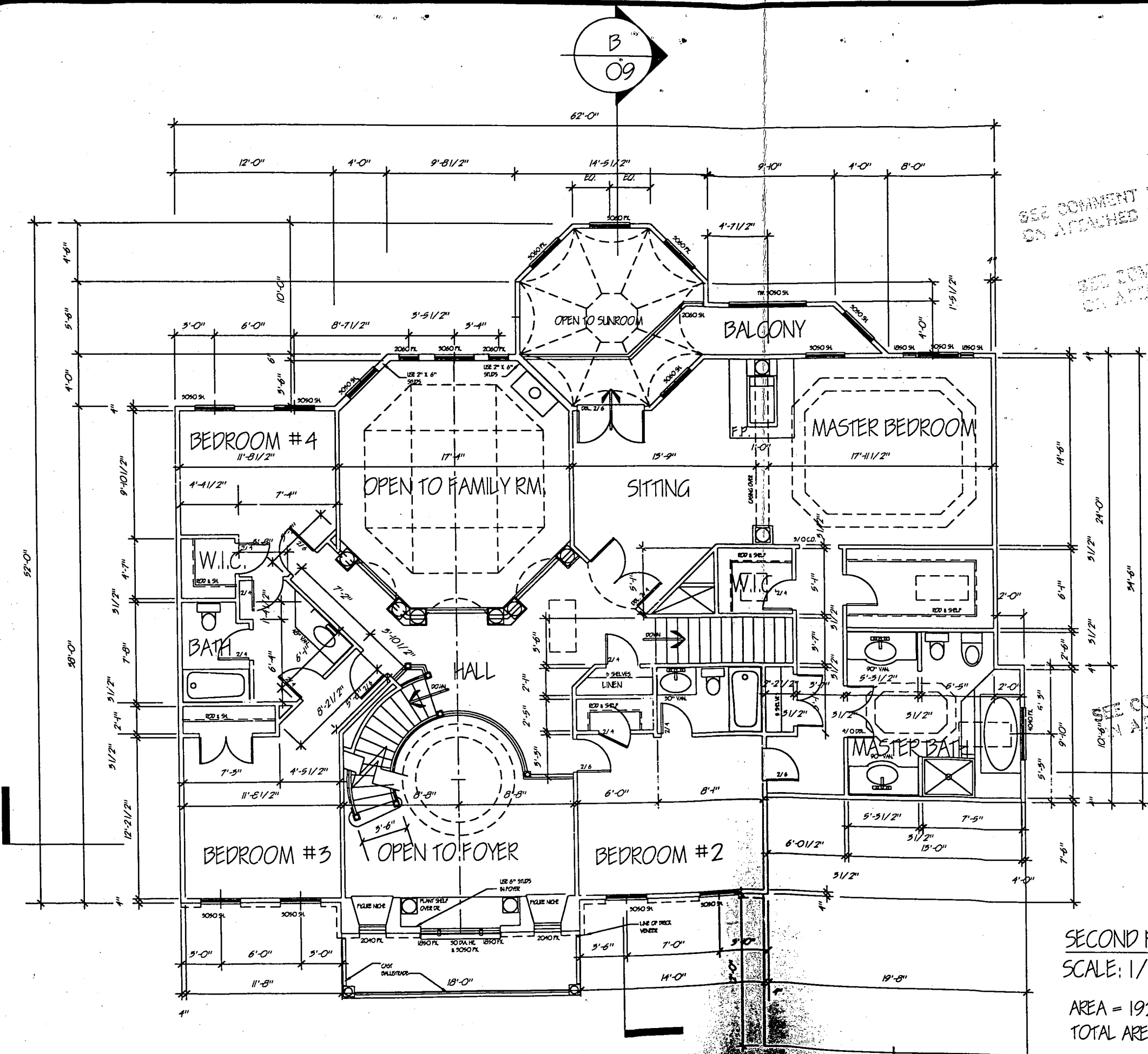
000117474
REVISED
Date: 7-20-00
Comments: Relocating Bathroom + finish basement

Firm Name and Address
**KADY WILLIAMS
ASSOCS. INC.**
P. O. BOX 150 LANHAM MD 20705-0150
TEL. (301) 952-9850 FAX (301) 952-9851

Project Name and Address
Dr. & Mrs. RAY NWADILKO
6922 MORNING DEW COURT
CLARKSVILLE
MD 20229

Date	09/12/99	05
Scale	1/8" = 1'-0"	

BASEMENT PLAN



SEE COMMENT NO. 15-C-2
ON ATTACHED REVIEW SHEET

SEE COMMENT NO. 21
ON ATTACHED REVIEW SHEET

SEE COMMENT NO. 27-B-15
ON ATTACHED REVIEW SHEET

SECOND FLOOR PLAN
SCALE: 1/8" = 1'-0"
AREA = 1922.528 SF.
TOTAL AREA = 4331 SF.

General Notes

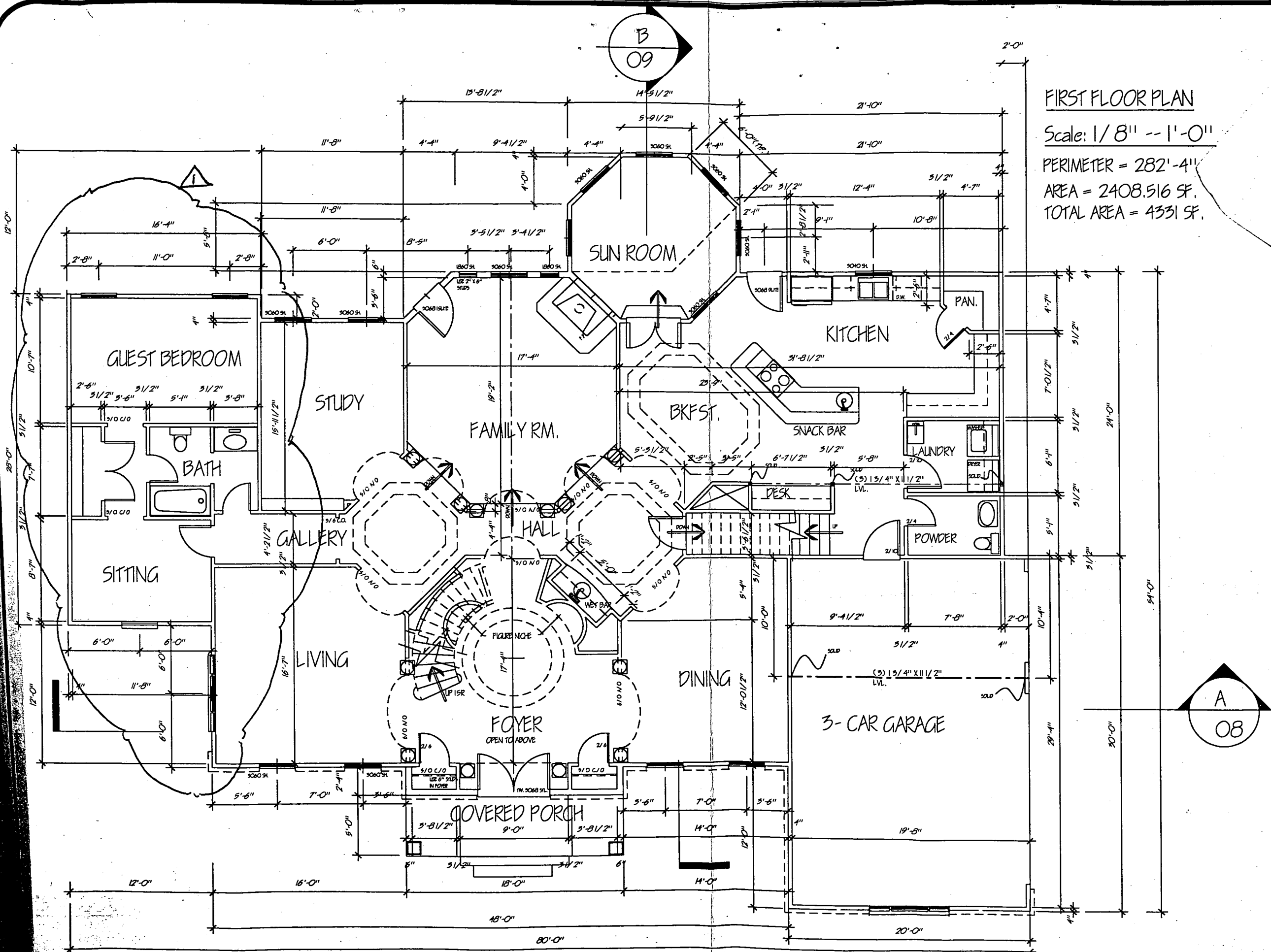
No.	Revision/Issue	Date

Firm Name and Address
KADY WILLIAMS ASSOC'S, INC.
 P. O. BOX 15C LANHAM MD 20703-0150
 TEL. (301) 352 9830 FAX. (301) 352 9831

Project Name and Address
Dr. & Mrs. RAY NWADILKO
 6522 MORNING DEW COURT
 CLARKSVILLE
 MD 21029

Date	05/12/99	Sheet 07
Scale	1/8" = 1'-0"	

B
09



FIRST FLOOR PLAN
 Scale: 1/8" = 1'-0"
 PERIMETER = 282'-4"
 AREA = 2408.516 SF.
 TOTAL AREA = 4331 SF.

General Notes

No.	Revision/Issue	Date

Firm Name and Address
KADY WILLIAMS ASSOC'S. INC.
 P. O. BOX 150 LANHAM MD 20703-0150
 TEL. (301) 352 9850 FAX (301) 352 9851

Project Name and Address
Dr. & Mrs. RAY NWADIUKO
 6522 MORNING DEW COURT
 CLARKVILLE
 MD 21029

Date	05/12/99	Sheet 06
Scale	1/8" = 1'-0"	

A
08



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 13, 1999

Amanda Barrert
4201 Morrison Drive
Greenbelt, MD 20775

RE: Building Permit #BOO117474
Clarksville Manor - Lot 13
6332 Morning Dew Court

Dear Mrs. Barrert:

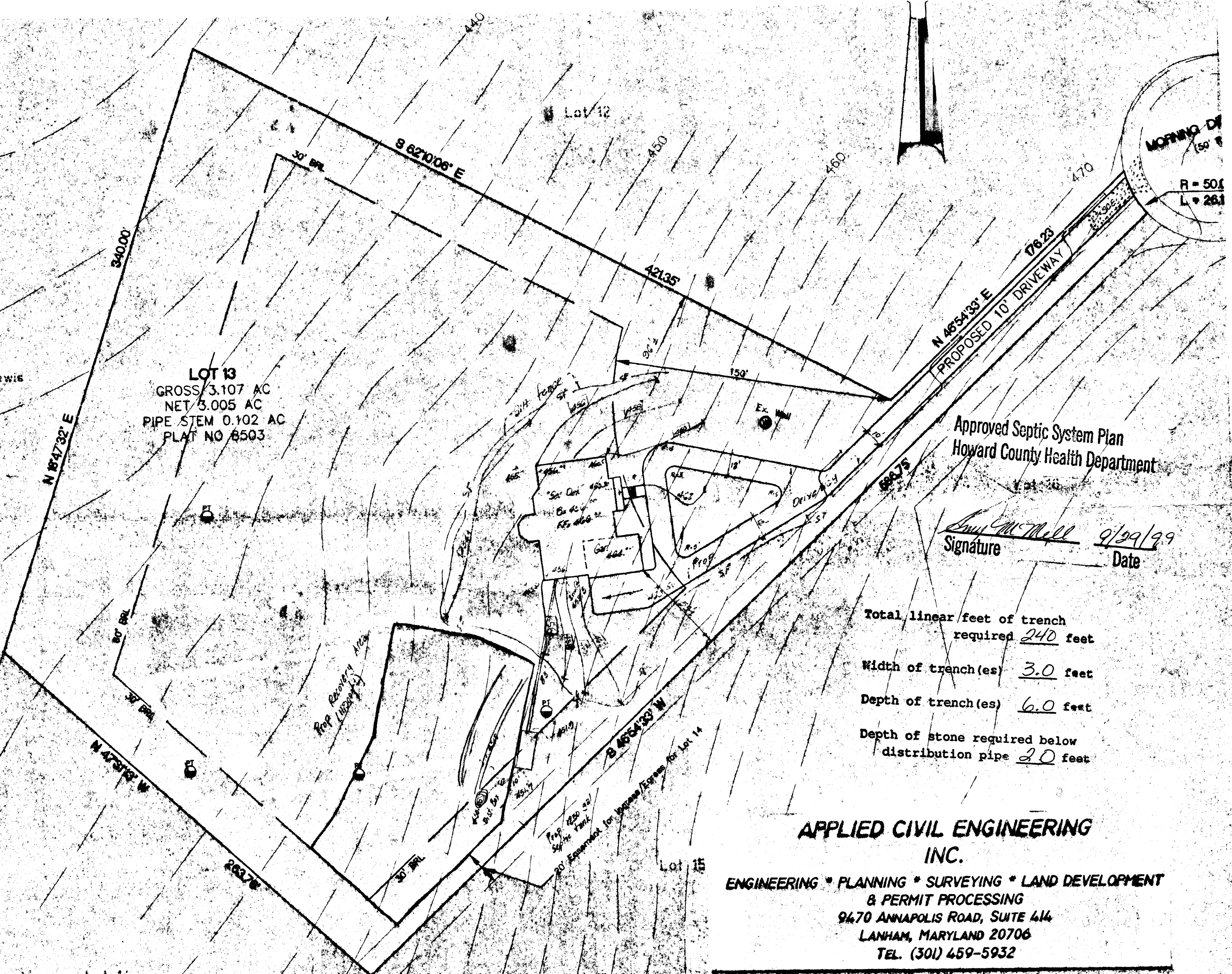
On July 2, 1999, a field inspection was conducted on the above referenced property in order to approve the proposed well site location.

At the time of inspection, the proposed well site was not staked nor clearly marked. This makes it difficult for us to determine if the proposed well location is appropriate. Please contact your well driller and notify him of our concern.

Thank you for your cooperation in this matter.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
cc: file ✓



LOT 13
 GROSS 3.107 AC
 NET 3.005 AC
 PIPE STEM 0.102 AC
 PLAT NO 8503

Approved Septic System Plan
 Howard County Health Department

Smy McMill 9/29/99
 Signature Date

Total linear feet of trench
 required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 6.0 feet
 Depth of stone required below
 distribution pipe 20 feet

**APPLIED CIVIL ENGINEERING
 INC.**

ENGINEERING * PLANNING * SURVEYING * LAND DEVELOPMENT
 & PERMIT PROCESSING
 9470 ANNAPOLIS ROAD, SUITE 414
 LANHAM, MARYLAND 20706
 TEL. (301) 459-5932

Lot 14

MORNING DR
 R = 50.1
 L = 26.1

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 39151

P _____

DISTRICT 54

DATE 3/10/87

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 DR. FRED LEWIS + C. Ellsworth Jager *DR. MRS. RAY Nyadiliko*

ADDRESS 1001 ROUTE 108 COLUMBIA, MARYLAND 21044 PHONE 730-6062

PROPERTY LOCATION:

SUBDIVISION CLARKSVILLE MANOR / LEWIS PROPERTY LOT NO. LOT 13

ROAD AND DESCRIPTION NORTH OF TEN OAKS ROAD AND SOUTH OF MD. ROUTE 32
6332 MORNING DEW COURT

SIZE OF LOT PLEASE ATTACHED LIST 9.00 ACRES TYPE BLDG. RESIDENTIAL PROPOSED
(NUMBER OF BEDROOMS)

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.

C. Ellsworth Jager
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-9-87 PERC SATISFACTORY - HOLD FOR SUBDIVISION PART. S. ROL

ALL FEES PAID
AND RETURNED 9-29-88
Serial # 117474
SFD-4Bum

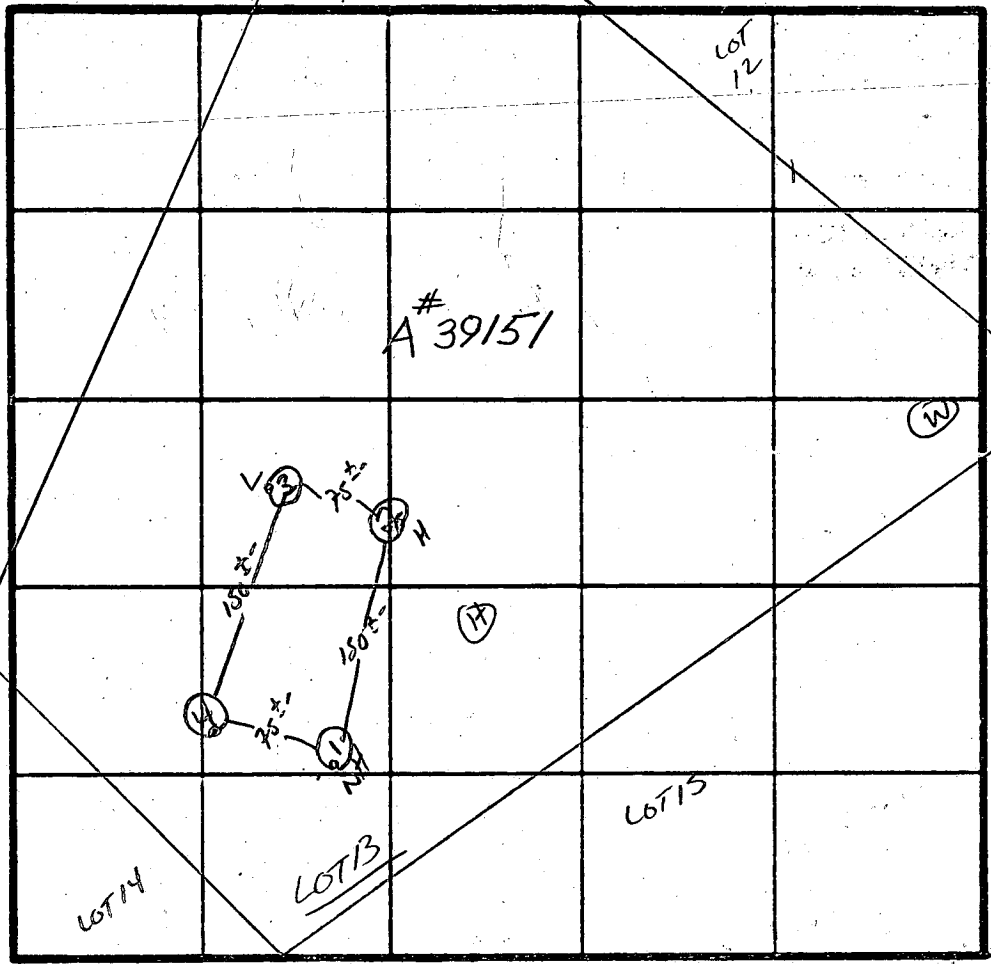
THIS IS NOT A PERMIT

① → ②
SOIL PROFILE

10"
AP
Yellow RED
Silty CLAY
LOAM 10-15%
FLAGS -
FEW SMALL
STONES - QUARTZ

3.5'
RED SILT
LOAM
15-20%
FLAGS
Highly
MICACEOUS

12.5'



2 Perc 6 min
180 φ 1 BR
INLET 3.5'
BOTTOM 5.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

↓ TEN OAKS Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/9/87	1 S	4"	10:27	10:29	10:29	10:34	5 MIN	
	1 V	12.5"	UNIFORM soil below 3.5"					
	2 S	4"	10:46	10:47	10:47	10:52	5 MIN	
	2 M	3.5"	10:46	10:47	10:47	10:52	5 MIN	
	2 N	12"	UNIFORM soil below 3.5"					
	3 S	4"	10:55	10:56	10:56	10:58	2 MIN	
	3 V	13"	UNIFORM soil below 3.5"					
	4 S	5.0"	11:12	11:15	11:15	11:26	11 MIN	
	4 V	13"	UNIFORM soil below 4.5"					

REMARKS Holes for Plat - Shallow Syst only

TYPE OF SOIL Chester-Glenely

TESTED BY SJD Abel ALSO PRESENT Rock, Criss

6/12/10/87

SCALE
1:100

Property of
FRED T. LEVY, DVM
1741 70th

430

440

7700'

LOT 13
301 Ac.

LOT 12
301 Ac.

LOT 11
300 Ac.

HOUSE

HOUSE

WELL

WELL

9

8

32474'

N 33° 42' 40" E

20' DRAINAGE &
UTILITY EASEMENT

12

21

22

25

21

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6/22/99
10:00 am

APPLICATION

PERCOLATION TESTING

A _____

P _____

5/10/99

Preview OR-Relaxation
of ex. SDA, shallow depth
to H₂O may be encountered.

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

for perc date
Contact mohammed
301-459-5932

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Dr + Mrs. Aquilillo

ADDRESS 6322 Morning Dew Ct. PHONE 301 910-1648

AGENT OR PROSPECTIVE BUYER Same as above

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

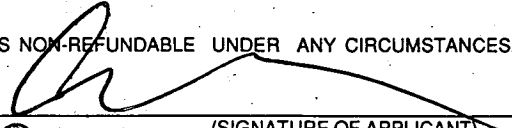
SUBDIVISION Cherryville Manor LOT NO. 13

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. Single family Dwelling
(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.


(SIGNATURE OF APPLICANT)
Amanda Barrett 301 910-1648

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

06643

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A3915 19A199

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 08/25/99

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2334

OWNER Kady Williams last name first name TOWN Clarksville
STREET OR RFD Morning Dew Ct
SUBDIVISION Clarksville Manor SECTION LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, red Shaler clay, Sand Stone, White Mica, gray Mica.

GROUTING RECORD form with fields for WELLS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter, depth (from, to).

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, DEPTH (nearest ft.).

WELL HYDROFRACTURED (YES/NO), CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

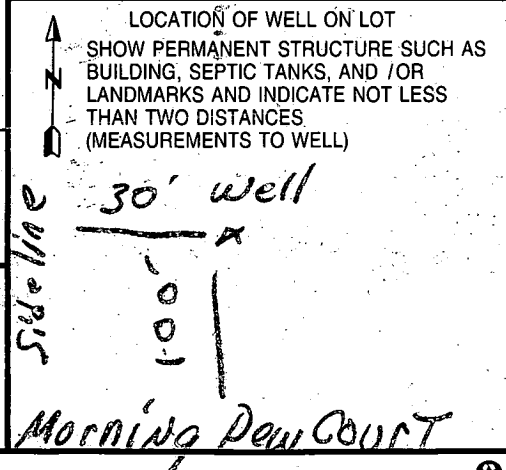
DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE, LIC. NO. 1 MWD 501, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Table with columns for casing depth (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51) and slot size (1, 2, 3).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, MEASURE PUMPING RATE (Bucket), WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, jet, submersible).

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above/below LAND SURFACE).



8-27-99

8-27-99

8:30

Review OK 9/9/99 RPP

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

TESTED BY
Dickie

Well Permit No. HO - 94 2334
 Location of property (road) Morning Dew Ct
 Subdivision Clarksville Manor Lot 13 Block _____ Plat _____ Sec. _____
 Well Driller George Easterday Owner Kady Williams

Depth of well 400 1 GPM
 Distance of measuring point (M.P.) above ground 1 FT
 Static water level (S.W.L.) below M.P. 37 FT

I. High rate pumping -- reservoir drawdown

Time pump started 8:20 am Pumping rate 15 GPM
 Total time 25 min to reach pumping water level 176 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 4 gallon bucket	FLOW METER READING (if used) Pump SET	CALCULATED FLOW (gallons per minute)
8:45 am	175 FT	40 sec	385 FT	1.5 GPM
9:00 am	175 FT	40 sec	385 FT	1.5 GPM
9:15 am	175 FT	40 sec	385 FT	1.5 GPM
9:30 am	175 FT	40 sec	385 FT	1.5 GPM
9:45 am	175 FT	40 sec	385 FT	1.5 GPM
10:00 am	175 FT	40 sec	385 FT	1.5 GPM
10:15 am	175 FT	40 sec	385 FT	1.5 GPM
10:30 am	175 FT	40 sec	385 FT	1.5 GPM
10:45 am	175 FT	40 sec	386 FT	1.5 GPM
11:00 am	175 FT	40 sec	385 FT	1.5 GPM
11:15 am	175 FT	40 sec	385 FT	1.5 GPM
11:30 am	176 FT	50 sec	385 FT	1.5 GPM
11:45 am	176 FT	50 sec	385 FT	1.26 GPM
12:00 pm	176 FT	50 sec	385 FT	1.2 GPM
12:15 pm	176 FT	50 sec	385 FT	1.2 GPM
12:30 pm	176 FT	50 sec	385 FT	1.2 GPM
12:45 pm	176 FT	50 sec	385 FT	1.2 GPM
1:00 pm	176 FT	50 sec	385 FT	1.2 GPM
1:15 pm	176 FT	50 sec	385 FT	1.2 GPM
1:30 pm	176 FT	50 sec	385 FT	1.2 GPM
1:45 pm	176 FT	50 sec	385 FT	1.2 GPM
2:00 pm	176 FT	50 sec	385 FT	1.2 GPM
2:15 pm	176 FT	50 sec	385 FT	1.2 GPM
2:30 pm	176 FT	50 sec	385 FT	1.2 GPM
HD-2242 4:45 pm	176 FT	50 sec	385 FT	1.2 GPM

B 1 16311

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2334 fill in this form completely

Date Received (APA) 06 22 99

OWNER INFORMATION RN 7895

B 3 HOWARD LOCATION OF WELL CCH

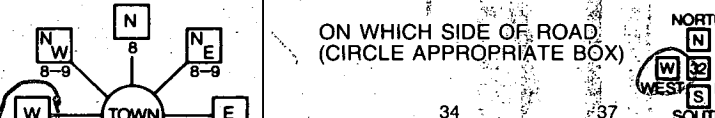
Kady Williams Assoc P. O. Box 130 Lanham, Md 20703-0130

8 COUNTY Clarksville Manor 23 SUBDIVISION SECTION 44 46 LOT 48 50 CLARKSVILLE 52 NEAREST TOWN

DRILLER INFORMATION George F. Easterday M W D 040

Driller's Name L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4 6322 Morning Dew Court 11 NEAR WHAT ROAD 30



ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

- USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO A 39151 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 0720 99 A McMillen 0720 00

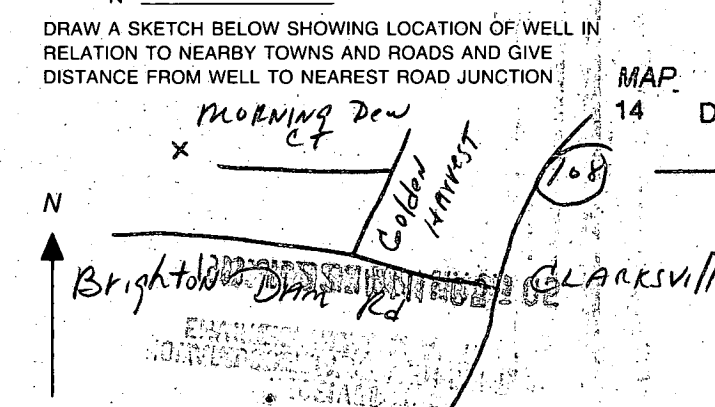
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G A P PERMIT No. HO-94-2334

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 810 N 500



SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 9183
1 2 3 4 5 6
(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-88-0980
70 fill in this form completely 79

Date Received (APA)
062189
OWNER INFORMATION
RZEPAKOWSKI
212 DRUM AVE
PASADENA Md 21122

B 3
LOCATION OF WELL 40.00
6/21/89
12-4558
HOWARD
CLARKSVILLE MANOR
SECTION 13
LOT 13
CLARKSVILLE
MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
George F. Easterday
Franklin Easterday, Inc
9265 Brown Church Rd. Mt Airy Md
Margaret Easterday

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
GOLDEN HARVEST DR
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 37
ENTER FT OR MI FT

B 2
WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000

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)

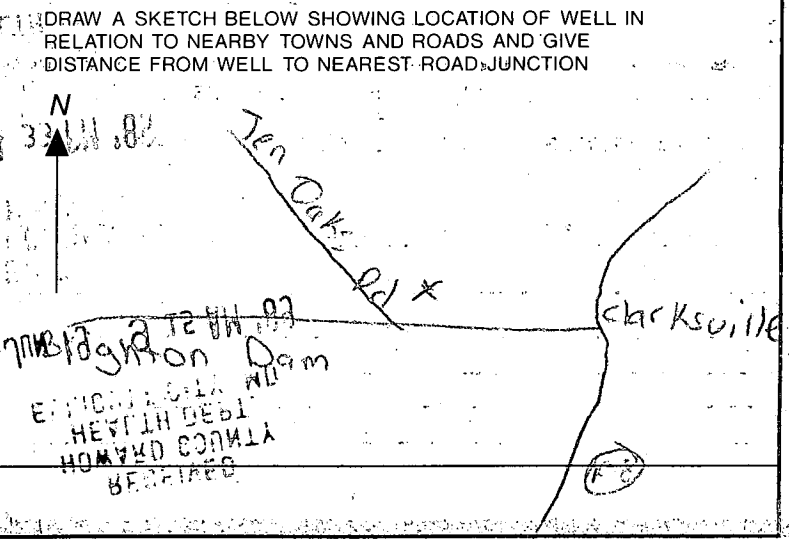
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A-39151
STATE SIGNATURE DATE ISSUED 080489
CO SIGNATURE EXP. DATE 0814000
NORTH GRID 501000 EAST GRID 0814000

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
WRITE THE BOX NUMBER FROM THE MAP HERE
E 814
N 501

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-88-0980



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE CW PERMIT No. HO-88-0980

SPECIAL CONDITIONS

