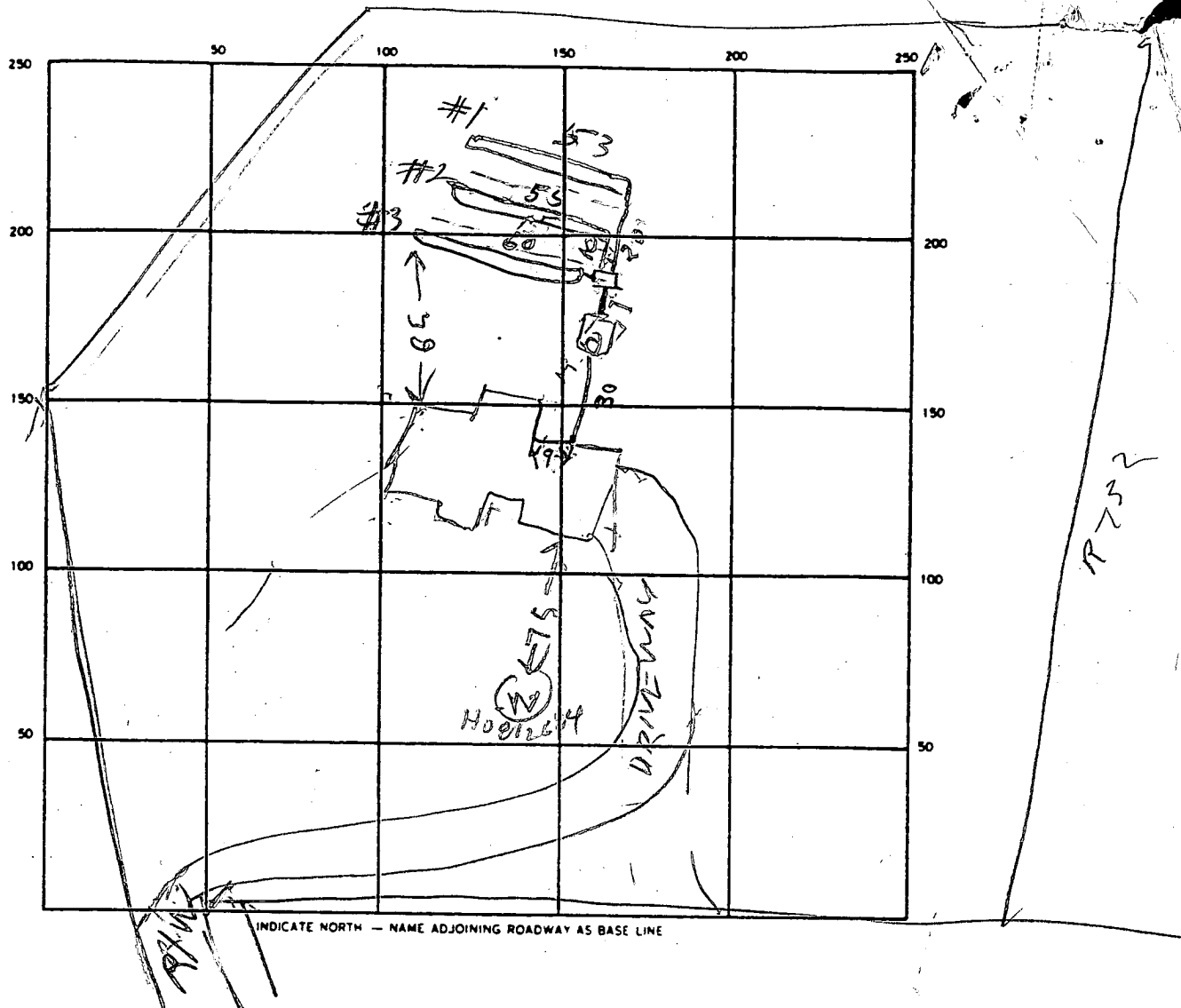


40045
A



SEPTIC TANK. LEVEL 1500 CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 8 1/2 - 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 | 4 1/2 | 4 1/2 FT. TOTAL LENGTH 53 | 55 | 60 FT. TOTAL 168

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 756 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 2/9/93 - COVER TRENCH #1 & ADD STONE TO TRENCH #2
DIG TRENCH #3 HOOK UP TANK & CALL RH
2/10/93 - TRENCH OK & TANK HOOKED UP RH

DATE SYSTEM APPROVED 2/10/93

INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A 40045

P _____

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

DISTRICT 5TH

DATE 9-1-87

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 Smith Roberts & Assoc Anthony Capitano

ADDRESS 8307 Main St Ellicott City PHONE 988-9178
465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: ENGLE POINT LANDING

SUBDIVISION Talbot Property LOT NO. 12

ROAD AND DESCRIPTION Few Oaks Rd 5421 Talon Court

TAX MAP 28 PARCEL # 46-A

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. Mark D. Rein
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/7/87 Perc OK Hold for Plat R/H

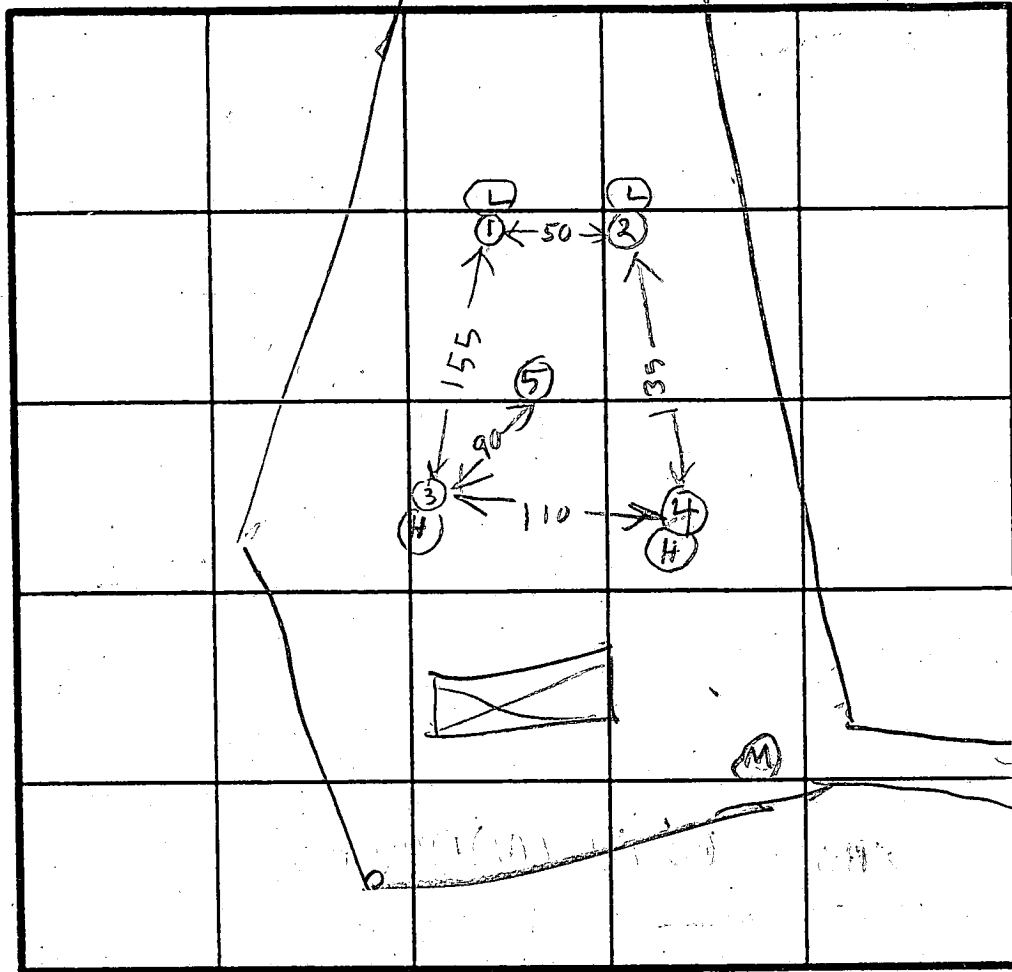
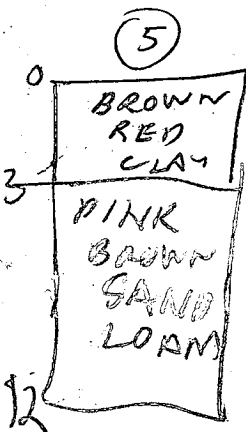
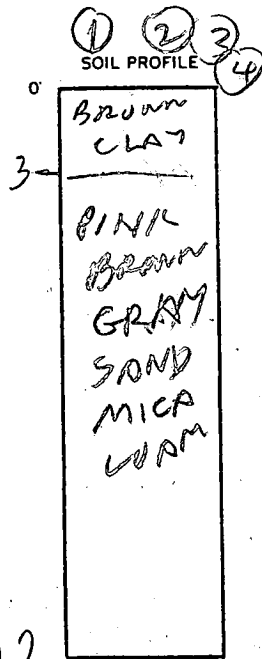
11/9/89 Prelim Plat OK

BLDG. PERMIT SIGNED
AND RETURNED 9/22/92
Serial # 45309 SFD

BLDG. PERMIT SIGNED
AND RETURNED 7/13/90
Serial # 32460 SFD-4 Bedroom

THIS IS NOT A PERMIT

Lot 12



XPRC
5min
180° BR
INLET 3 1/2'
BOTTOM 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN ORDS 227

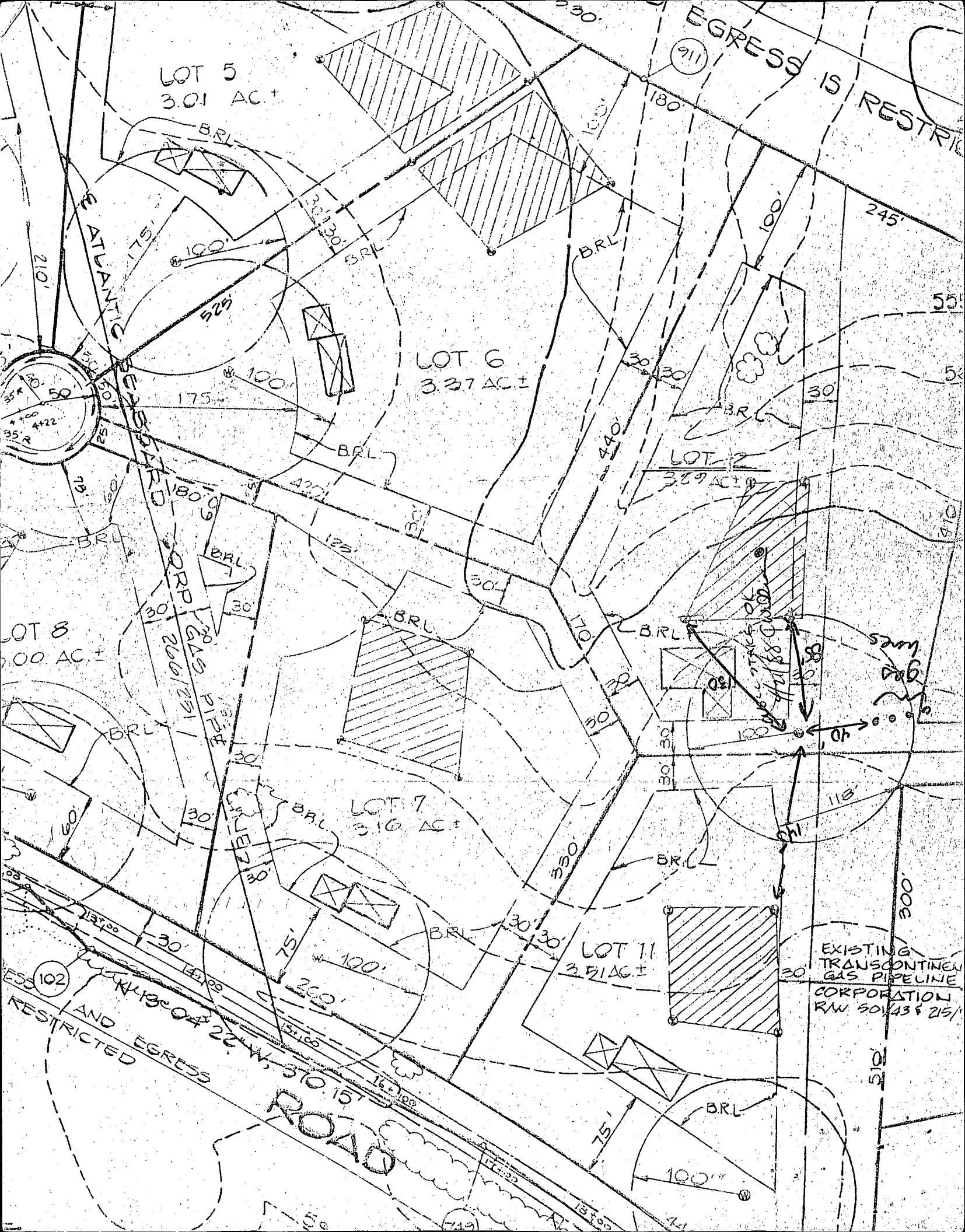
TO CLARKSVILLE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/7/07	1 S	4.5	1109	1111	1111	1116	5
	1 V	12	OK				
10/7/07	2 S	4	1111	1113	1113	1116	3
	2 V	11.5	OK				
	3 S	4	1122	1123	1123	1125	2
	3 V	8.5	1122	1123	1123	1126	3
	3 V	11.5	OK				
	4 V	12	OK				
	5	12	OK				

REMARKS See Plat
Holer Dug Per Survey of Plat except ⑤ which is extra Rpt

TYPE OF SOIL

TESTED BY B. Hodger ALSO PRESENT O. Kellerman



LOT 5
3.01 AC±

LOT 6
3.37 AC±

LOT 7
3.16 AC±

LOT 8
3.00 AC±

LOT 11
3.51 AC±

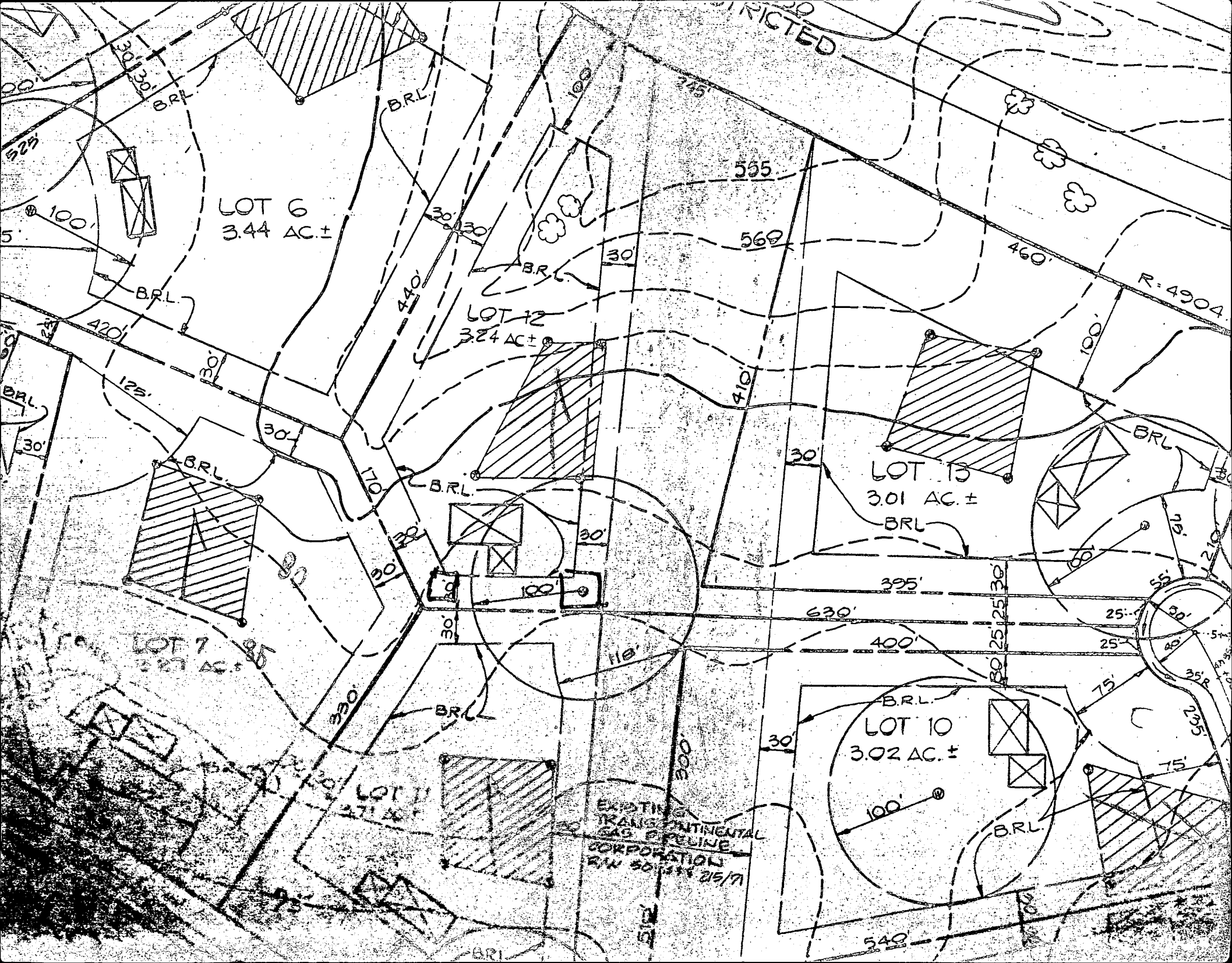
LOT 12
3.29 AC±

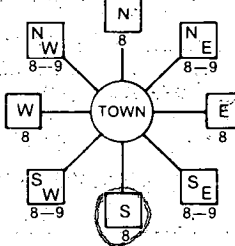
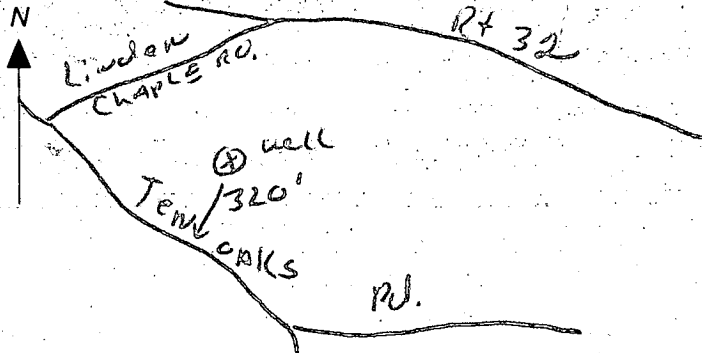
ATLANTIC BEACH ROAD

EGRESS IS RESTRICTED

EXISTING TRANSCONTINENTAL GAS PIPELINE CORPORATION
RW 50' / 43' & 215'

AND EGRESS
RESTRICTED
ROAD



B 1 7057 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT-NUMBER HO-81-2684 <small>fill in this form completely</small>
Date Received (APA) 04/17/88 AMERICAN OWNER INFORMATION TALBOTT PROPERTY 15 Last Name Owner First Name 34 8307 MAIN STREET 36 Street or RFD 55 ELLICOTT CITY MD 21043 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL HOWARD 8 COUNTY 21 TALBOTT VILLOP 23 SUBDIVISION 42 SECTION 1-1 LOT 134 44 46 48 50 DAYTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M 1 73 76 77 78	
DRILLER INFORMATION Ralph MAYNE Driller's Name 77 License No. 80 273 Ralph MAYNE Well Drilling Firm Name 9120 Brown Church Rd. Mt Airy Address Ralph Mayne 4/5/88 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD TALLIS COURT Temple Oaks Rd. 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> SOUTH <input type="radio"/> EAST <input type="radio"/> 34 525 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 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A40042 STATE SIGNATURE _____ INSERT S <input type="checkbox"/> 41 DATE ISSUED 07/22/88 CO SIGNATURE Canwell EXP. DATE 10/22/88 43 48 NORTH GRID 506000 EAST GRID 0807000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> 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 E 800 7 N 500 6 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" INCH 30 37 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) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> 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 _____ GAP _____ 54 63 FORCE CW WRITE INITIALS IN BOX PERMIT No. HO-81-2684 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS 4165-5855 American COUNTY	

C17767

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

A40045

DATE Received

DATE WELL COMPLETED

050488

Depth of Well

2230426

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0-81-2684

OWNER

last name

first name

TOWN

DAVID

STREET OR RFD

SUBDIVISION

TACONIC PARKWAY

SECTION

LOT 12

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

30

Sand Stone

30

35

MICKA

35

55

Sand Stone

55

60

MICKA

60

200

Sand Stone

200

205

MICKA

205

305

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

yes

no

Y

N

TYPE OF GROUTING MATERIAL

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS

8

NO. OF POUNDS

800

GALLONS OF WATER

48

DEPTH OF GROUT SEAL (to nearest foot)

from

0

ft. to

35

ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN

Nominal diameter

Total depth

CASING

top (main) casing

of main casing

TYPE

(nearest inch)

(nearest foot)

PL

6

42

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

DEPTH (nearest ft.)

H0

41

305

EACH

SCREEN

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

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.)

W.Q

70

72

74

75

76

TELESCOPE

CASING

LOG

INDICATOR

OTHER DATA

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.

223

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

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)

Septic

100'

60'

Gas Line

HEALTH