

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-367581

INDEXED

24769

P 41873

A REPAIR

DISTRICT

DATE

DATE SYSTEM APPROVED

INSPECTOR

Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER ☒

ADDRESS

PHONE 988-9270

SUBDIVISION

ROAD 4852 Ten Oaks Road LOT

PROPERTY OWNER

Keith Smith
4852 Ten Oaks Road

ADDRESS

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

GARBAGE GRINDER?

YES

NO

☒

SEPTIC TANK CAPACITY

GALLONS

NUMBER OF BEDROOMS

4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

yellow/brown clay loam 3±' mostly tan/grey
silty mica loam below,
new trench off existing dry well

PLANS APPROVED BY

C. Williams

DATE

5/02/88

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(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 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.

BUDG. PERMIT SIGNED

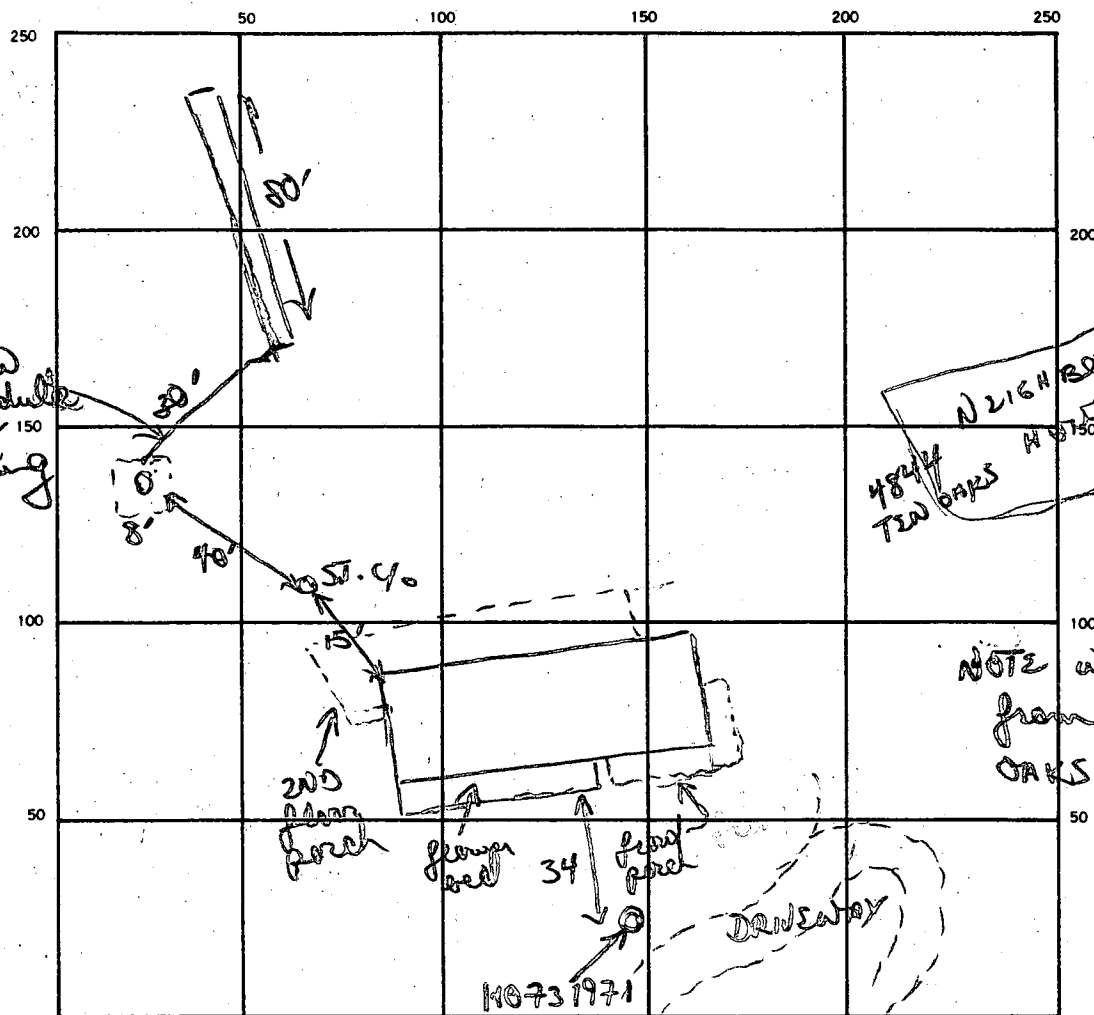
AND RETURNED

10/2/90
Serial # 39969 - Tech

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EW - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

LONG COMMON DRIVE
(PAST 3 LOTS OF SCARONE)
TO TEN OAKS RD.

EXISTING TANK

SEPTIC TANK, LEVEL _____

CLEANOUTS existing S.T., D.W.

DISTRIBUTION BOX, LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 560 SQ. FT.

DRYWELL INSIDE DIAMETER 8' x 8' FT. EFFECTIVE DEPTH BELOW INLET 4-12' better FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/2/88 OK to go 3-10' w/ stone, OK to finish piping trench, OK to cover trench & line to. OK to extend D.W. c/o to grade. OK.

DATE SYSTEM APPROVED

5/2/88

INSPECTOR

B. D. Wilson

9/13/77 ready
9/16/77

PERMIT

SEWAGE DISPOSAL SYSTEM

P 26217

A 24769

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 6/24/77

~~Gordon Walker~~ Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS R2496 Hall's Shop Rd.

PHONE 286-2306

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Dorton Estates

ROAD 4852 Ten Oaks Rd.

LOT Parcel 4

PROPERTY OWNER Mr. & Mrs. Keith L. Smith

ADDRESS 5185 Brookway, Columbia, Md. 528-7161

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 360 square feet sidewall area below inlet. Dry well inlet to be 4 feet deep and bottom of dry well to be 12 feet deep. Place the dry well 120 feet from the gas line and 75 feet from the rear corner of the house. See plans for location of Dry well.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE 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 ACCEPTED.

PLANS APPROVED BY Raymond Hodges

DATE 11/26/76

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

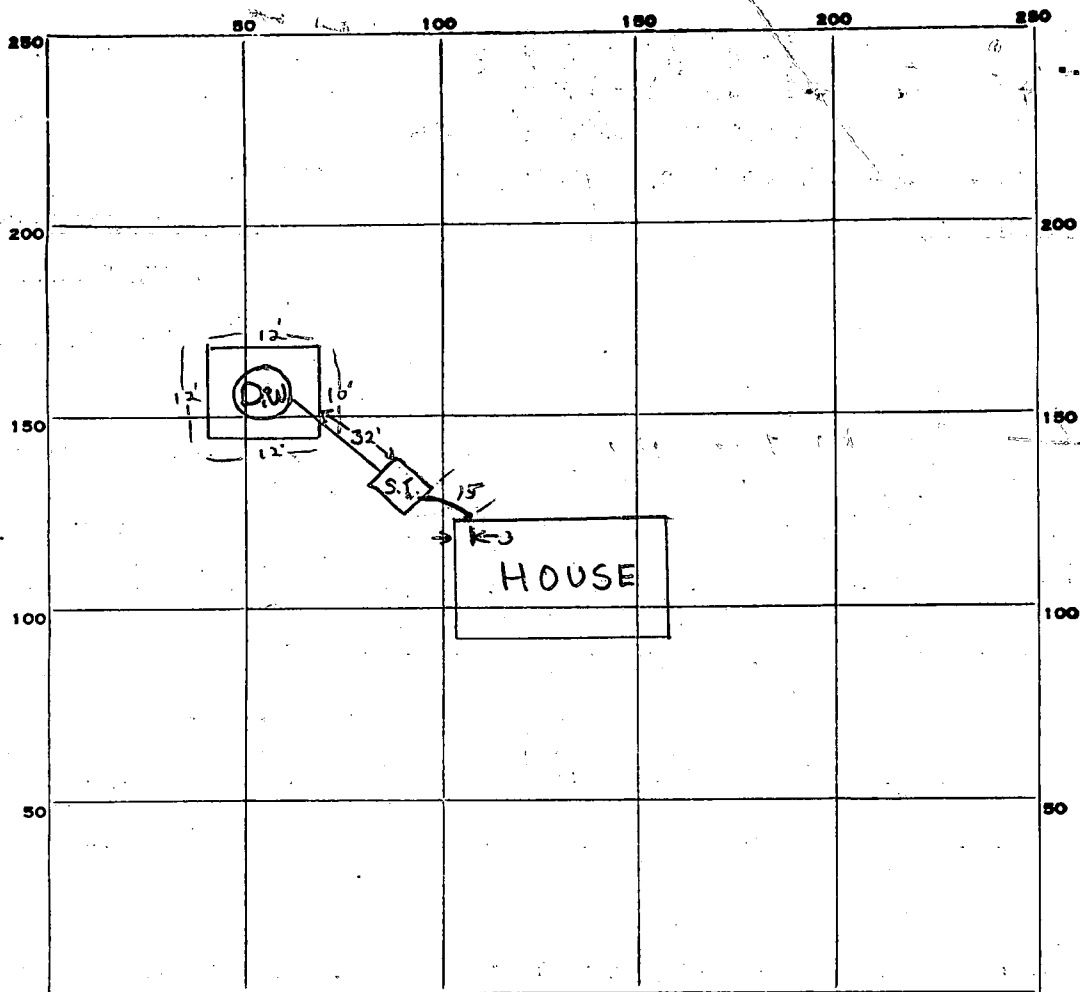
BLDG. PERMIT SIGNED
AND RETURNED 5/19/87

Serial # 12741

BLDG. PERMIT SIGNED
AND RETURNED 5/27/81

Storage Shed
Cane per B.P.O. 2/1/82

A 24769



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL ☒ _____

CLEANOUTS

S.T.	D.W.
☒	☒

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, ~~INSIDE DIAMETER~~ ^{OUTSIDE PERIMETER} 46 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA ±368 SQ. FT.

REMARKS 9/6/77 Call for final inspection when house is connected to septic tank S.T.

DATE SYSTEM APPROVED

13 Sept 77

INSPECTOR

[Signature]

APPLICATION

A 24769

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 1000 Gal Tank DISTRICT 5th
ENVIRONMENTAL HEALTH SERVICESDATE 11/18/76

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 465-5000, EXT. 356

Retest
11/26/76
9:30 A.M.
2nd

Dry Well - 360 sq ft sidewalk area below inlet
Dry Well inlet to be 4 ft deep and bottom
of dry well to be 12 ft deep
Place the dry well 120 ft from the
Gas Line and 75 Ft from the rear corner
of the house See plans

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.

*for Location of Dry Well*PROPERTY OWNER Mr. & Mrs. Keith L. SmithADDRESS 5185 Brookway, Columbia, Md.PHONE 528-7161

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 4ROAD AND DESCRIPTION 4852
Ten Oaks RoadSIZE OF LOT 6.0753 acres TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

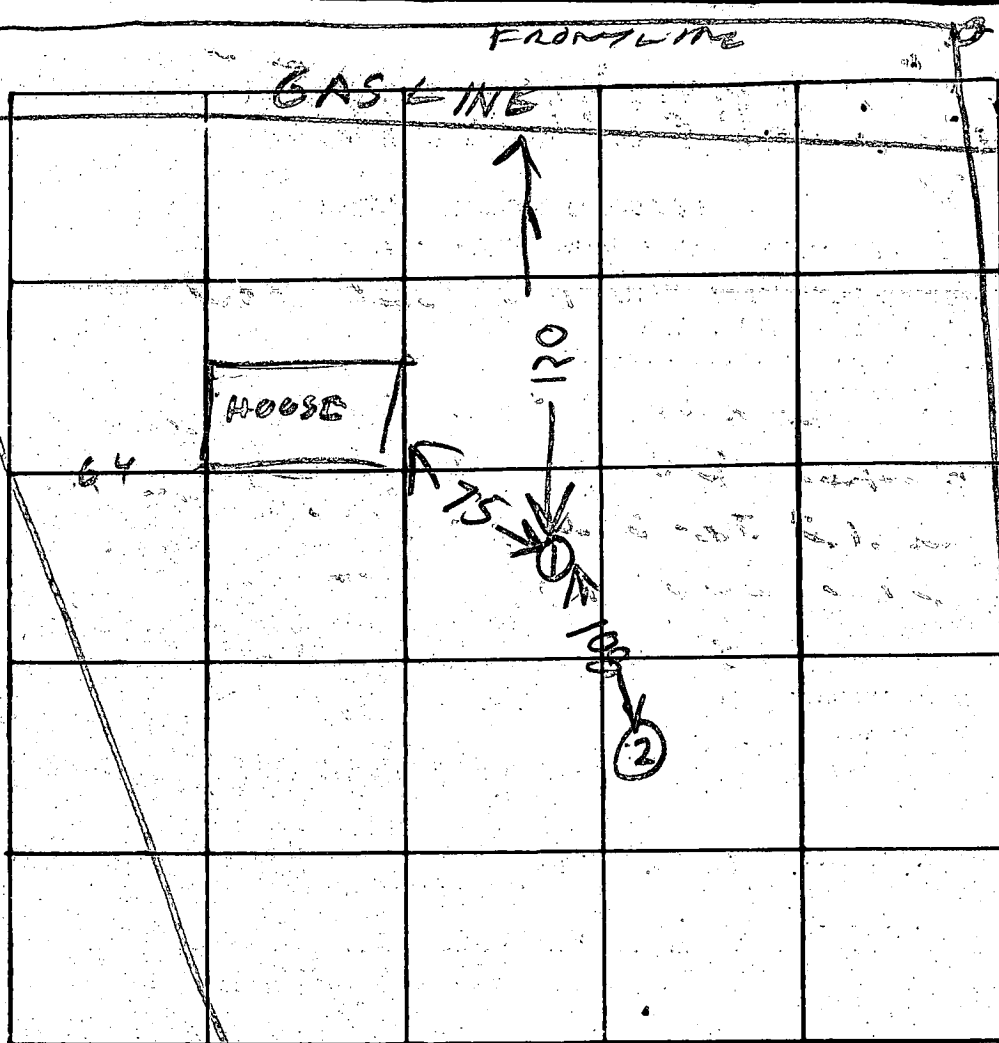
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Gordon F. WalkerBLDG. PERMIT SIGNED
AND RETURNED 12/14/76APPROVED BY Raymond Hodge FOR Dry Well DATE 11/26/76
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	HOLE ELEVATION
			START	STOP	START	STOP		
11/26/76	1S	4	1015	1018	1018	1020	2	HIGH
	1D	12	1020	1026	1026	1032	6	
	2D	13	1030	1035	1035	1044	9	LOW
11/26/76	2S	4	1031	1033	1033	1035	2	

REMARKS Inlet to be 10' deeper than 5 F7

TYPE OF SOIL Gravelly sand

TESTED BY Raymond Hodge ALSO PRESENT: Donald Taylor

APPLICATION

A 14128

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5DATE 11/20/68TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Wm. C. Swatek, et uxADDRESS 203 Hilltop Road, Silver Spring, Md. PHONE 588-8464

PROPERTY LOCATION:

SUBDIVISION Dayton Estates LOT NO. 6, Blk. B, Sec. 1ROAD AND DESCRIPTION Dayton Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 160' x 285' x 165' x 260' TYPE BLDG. 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Wm. C. Swatek

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

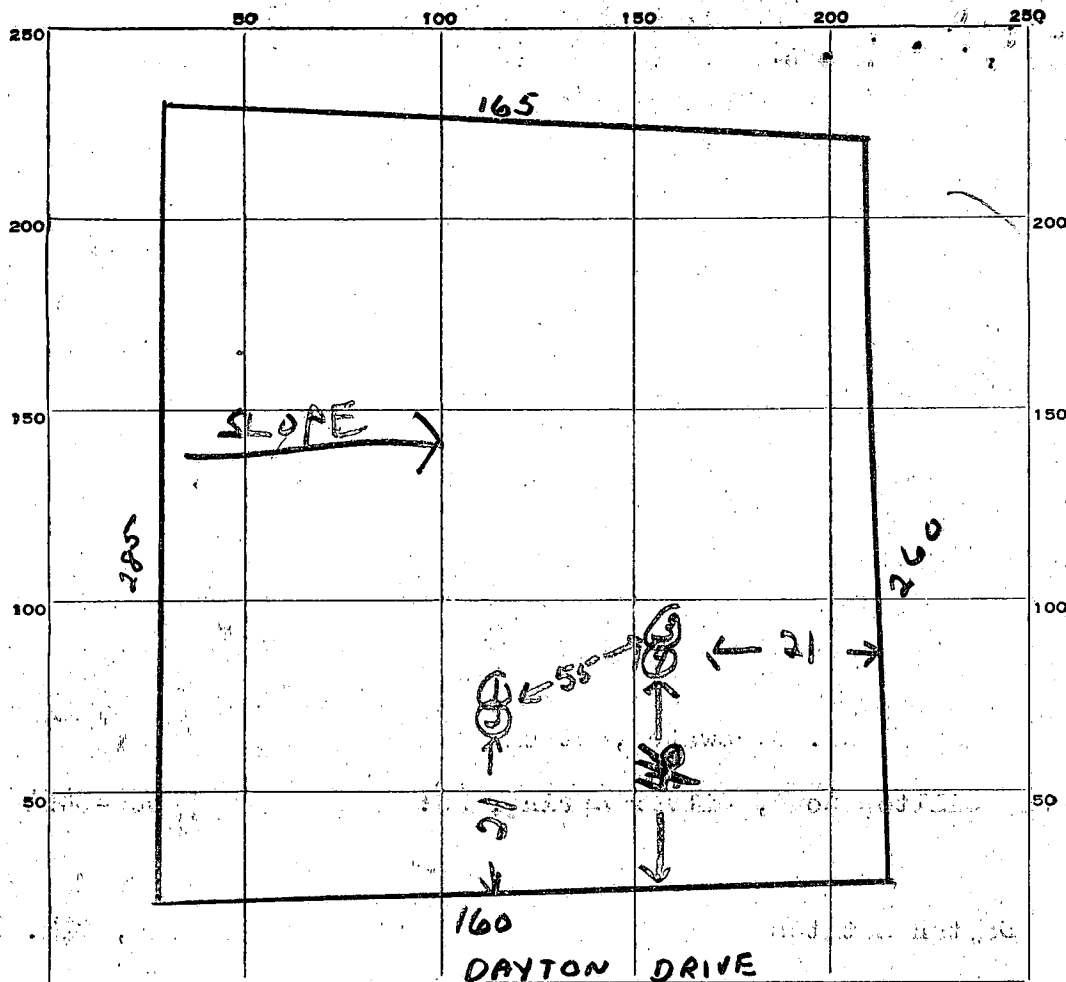
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/19/69	1	10 ft.	203	206	206	208	2 min
	2	4 ft.	205	208	208	212	4 min
	3	9 ft.	208	215	215	228	13 min
	4	4 ft.	208	215	215	223	8 min
12/1/72	10 ft.	water at lowest part of property.					
		Noticed where other holes were previously					
		tested at elevations 10-12 ft. higher					

27 min
7 min
av.

Parcel 4
68

SOIL AUGER FINDING

TESTED BY R. Ture

REMARKS

ALSO PRESENT

LOT NO.

APPLICATION

A 14129

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/20/68

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Wm. C. Swatek, et ux

ADDRESS 203 Hilltop Road, Silver Spring, Md. PHONE 588-8464

PROPERTY LOCATION:

SUBDIVISION Dayton Estates LOT NO. 7, Blk. B, Sec. 1

ROAD AND DESCRIPTION Dayton Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 165' x 260' x 165' x 235' TYPE BLDG 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Wm. C. Swatek

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

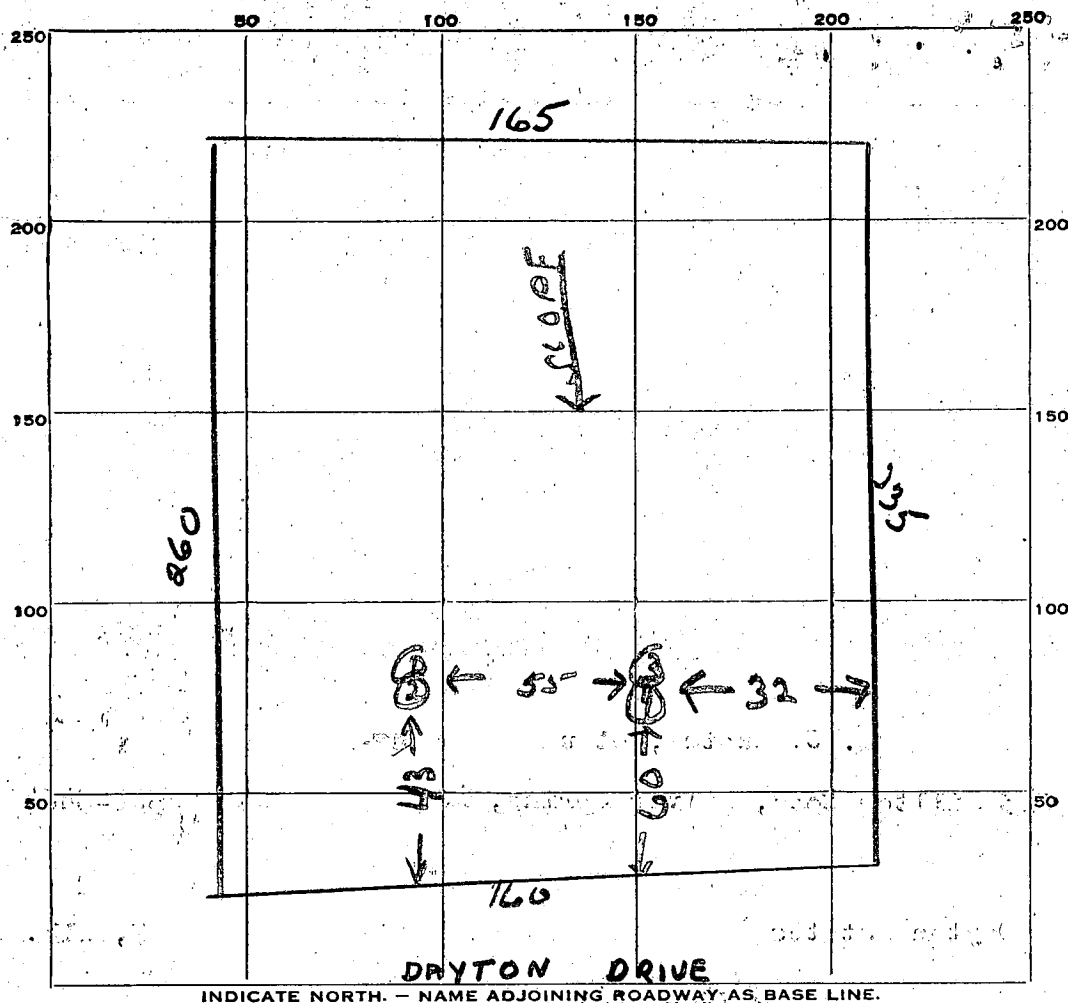
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

[illegible]

SOIL AUGER FINDING.

TESTED BY R. Tone

REMARKS:

ALSO PRESENT

LOT NO

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/20/68

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Wm. C. Swatek, et ux

ADDRESS 203 Hilltop Road, Silver Spring, Md. PHONE 588-8464

PROPERTY LOCATION:

SUBDIVISION Dayton Estates LOT NO. 8, Blk. A, Sec. 1

ROAD AND DESCRIPTION Dayton Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 150' x 370' x 190' x 305' TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Wm. C. Swatek

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

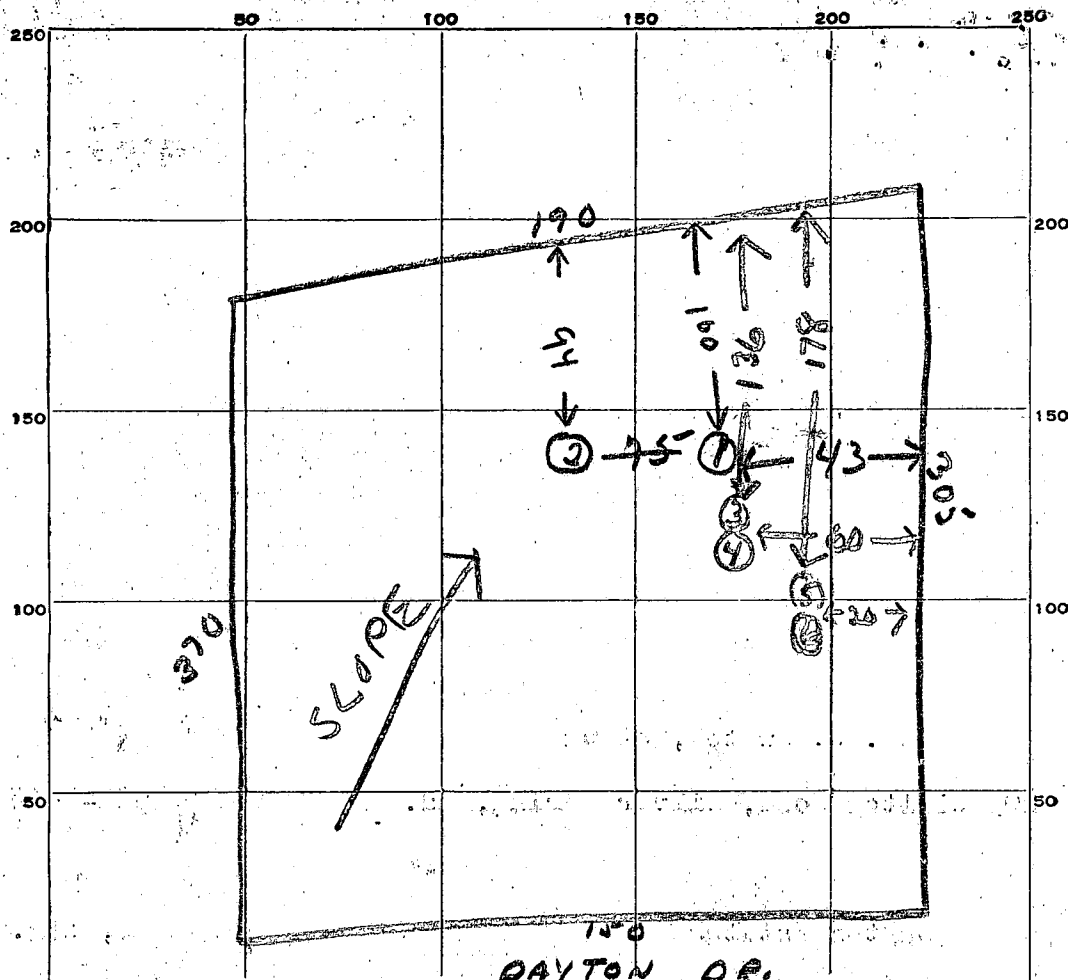
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/69	1	Water 6 ft.					
	2	Water 5 1/2 ft.					
7/16/69	3	12 1/2 ft.	10 ¹⁰	10 ¹⁷	10 ¹⁷	10 ³⁵	18 min
	4	7 ft.	10 ¹¹	10 ¹⁵	10 ¹⁵	10 ²³	8 min
	5	11 ft.	10 ²⁹	10 ³³	10 ³³	10 ⁴³	10 min
	6	6 ft.	10 ³⁵	10 ³⁸	10 ³⁸	10 ⁴⁴	6 min

42 min
11 min
av.

8 3

Now
7A

SOIL AUGER FINDING

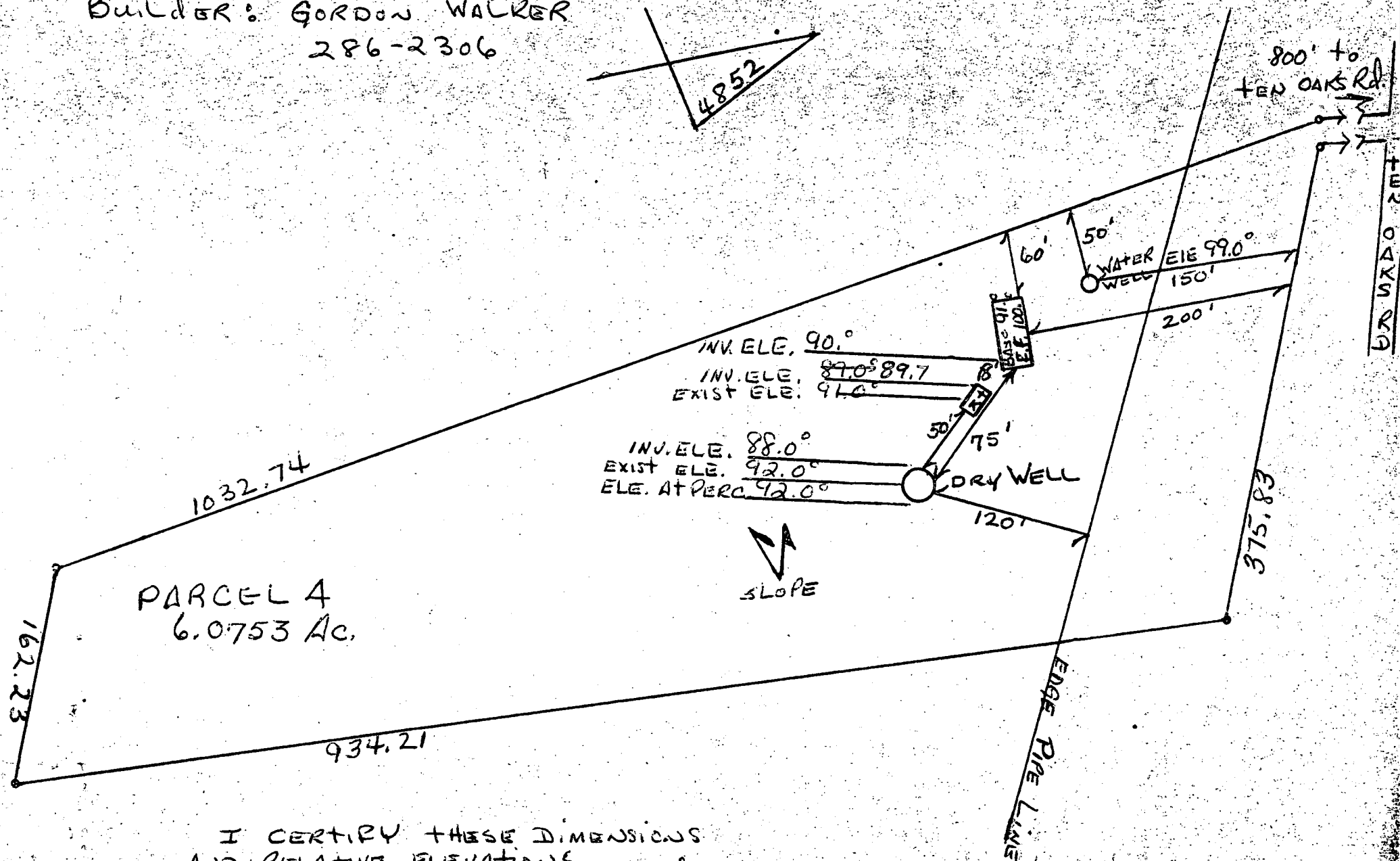
TESTED BY R. Tone

REMARKS

ALSO PRESENT

LOT NO.

OWNER: KEITH L. SMITH
BUILDER: GORDON WALKER
286-2306



I CERTIFY THESE DIMENSIONS
AND RELATIVE ELEVATIONS.

SCALE: 1"=100'

Gordon Walker
12/8/76 Revised Plans OK RJJ

OK 12-9-76 DUM

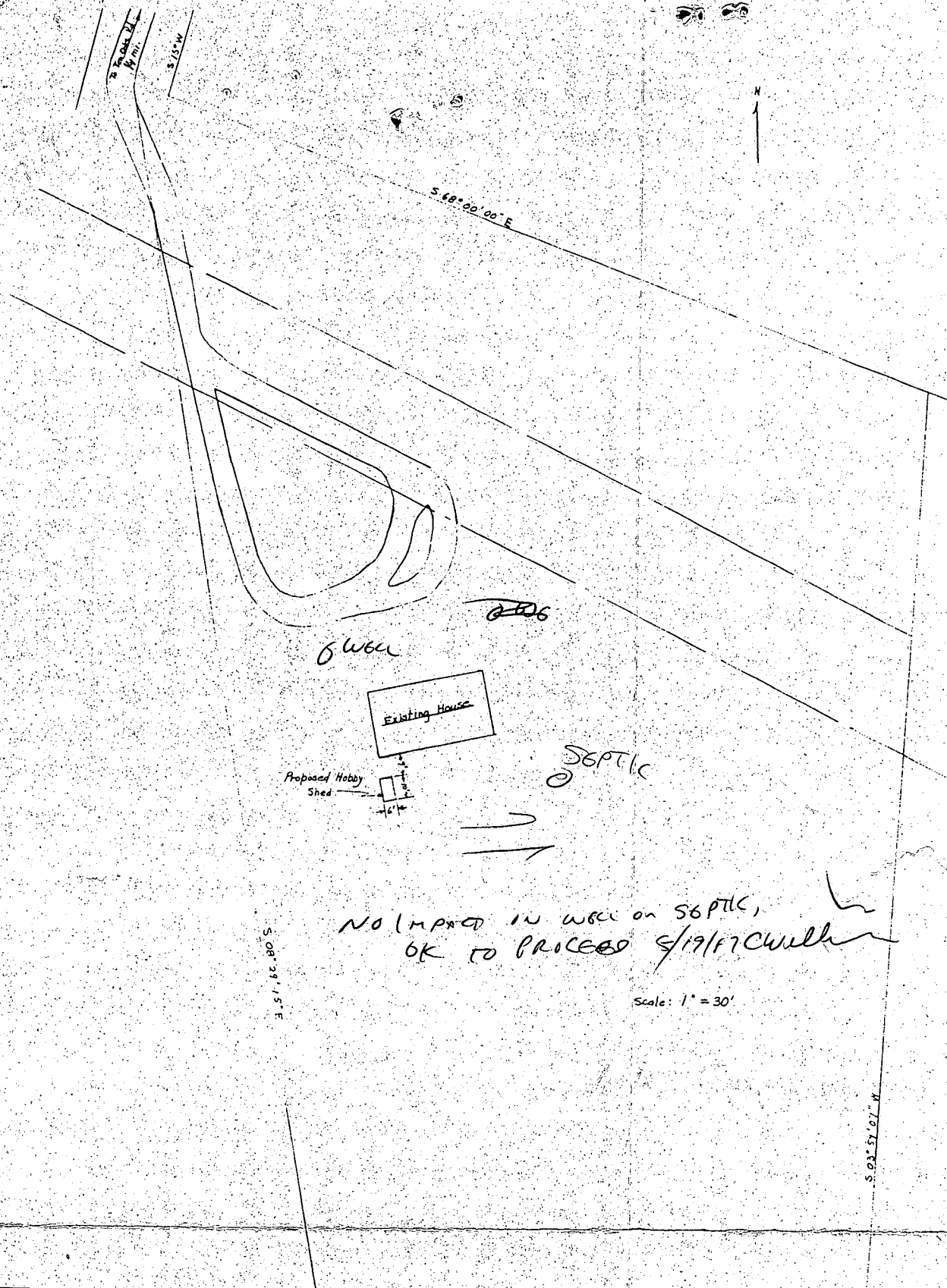
C 1	4651	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER <u>W25478</u>																														
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY) <u>JUNE 28 1977</u> DATE WELL COMPLETED 15 20		DEPTH OF WELL <u>205</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H-73-1971</u> 28 29 30 31 32 33 34 35 36 37																														
OWNER <u>WALKER Gordon</u> STREET OR RFD <u>12496 Hall Shop Rd</u> POST OFFICE <u>Fulton</u>			DRILLERS IDENTIFICATION NO. <u>223</u>																																
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.			GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) ☒ Y ☐ N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT ☒ CM BENTONITE CLAY ☐ BC NO. OF BAGS <u>7</u> NO. OF POUNDS <u>800</u> GALLONS OF WATER <u>48</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>31</u> FT. (ENTER 0 IF FROM SURFACE)																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Sandy</td> <td>2</td> <td>27</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>27</td> <td>40</td> <td></td> </tr> <tr> <td>M.ck A</td> <td>40</td> <td>45</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>45</td> <td>50</td> <td>✓</td> </tr> <tr> <td>M.ck A</td> <td>50</td> <td>205</td> <td></td> </tr> </tbody> </table>			DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	Top Soil	0	2		Sandy	2	27		Sand Stone	27	40		M.ck A	40	45		Sand Stone	45	50	✓	M.ck A	50	205		CASING RECORD Casing Types (INSERT APPROPRIATE CODE BELOW) ☒ ST STEEL ☐ CO CONCRETE ☐ PL PLASTIC ☐ OT OTHER MAIN CASING TYPE ☒ ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>31</u>		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET			CHECK IF WATER BEARING																															
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Top Soil	0	2																																	
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M.ck A	50	205																																	
OTHER CASING (IF USED) EACH CASING DIAMETER (INCH) DEPTH (FEET) FROM TO 60 61 63 64 66 70			SCREEN RECORD SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW) ☒ ST STEEL ☐ BR BRASS OR BRONZE ☒ HO OPEN HOLE ☐ PL PLASTIC ☐ OT OTHER																																
CIRCLE APPROPRIATE BOXES ☐ A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ☐ E ELECTRIC LOG OBTAINED ☐ P TEST WELL CONVERTED TO PRODUCTION WELL			PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>2</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>5</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>40</u> (NEAREST FOOT) WHEN PUMPING <u>205</u> (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) ☒ A AIR ☐ P PISTON ☐ T TURBINE ☐ C CENTRIFUGAL ☐ R ROTARY ☐ O OTHER (DESCRIBE BELOW) ☐ J JET ☐ S SUBMERSIBLE																																
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.			PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u>29</u> DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) ☐ Y ☒ N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>																																
DRILLERS NAME <u>Ralph MAYNE</u> (PLEASE PRINT) <u>Ralph Mayne</u> SIGNATURE			CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ☒ + ABOVE } LAND SURFACE (NEAREST FOOT) <u>5</u> ☐ - BELOW }																																
DIAMETER OF SCREEN <u>56</u> <u>60</u> (NEAREST INCH) FROM TO GRAVEL PACK ☐ J ☐ F IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX <u>68</u> ☐ F			LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). <u>well</u> <u>ac</u> <u>50'</u> <u>150'</u> <u>House</u>																																
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING ☐ T ☐ W ☐ Q LOG INDICATOR ☐ 70 ☐ 72 ☐ 74 ☐ 75 ☐ 76 OTHER DATA AVAILABLE			HEALTH																																

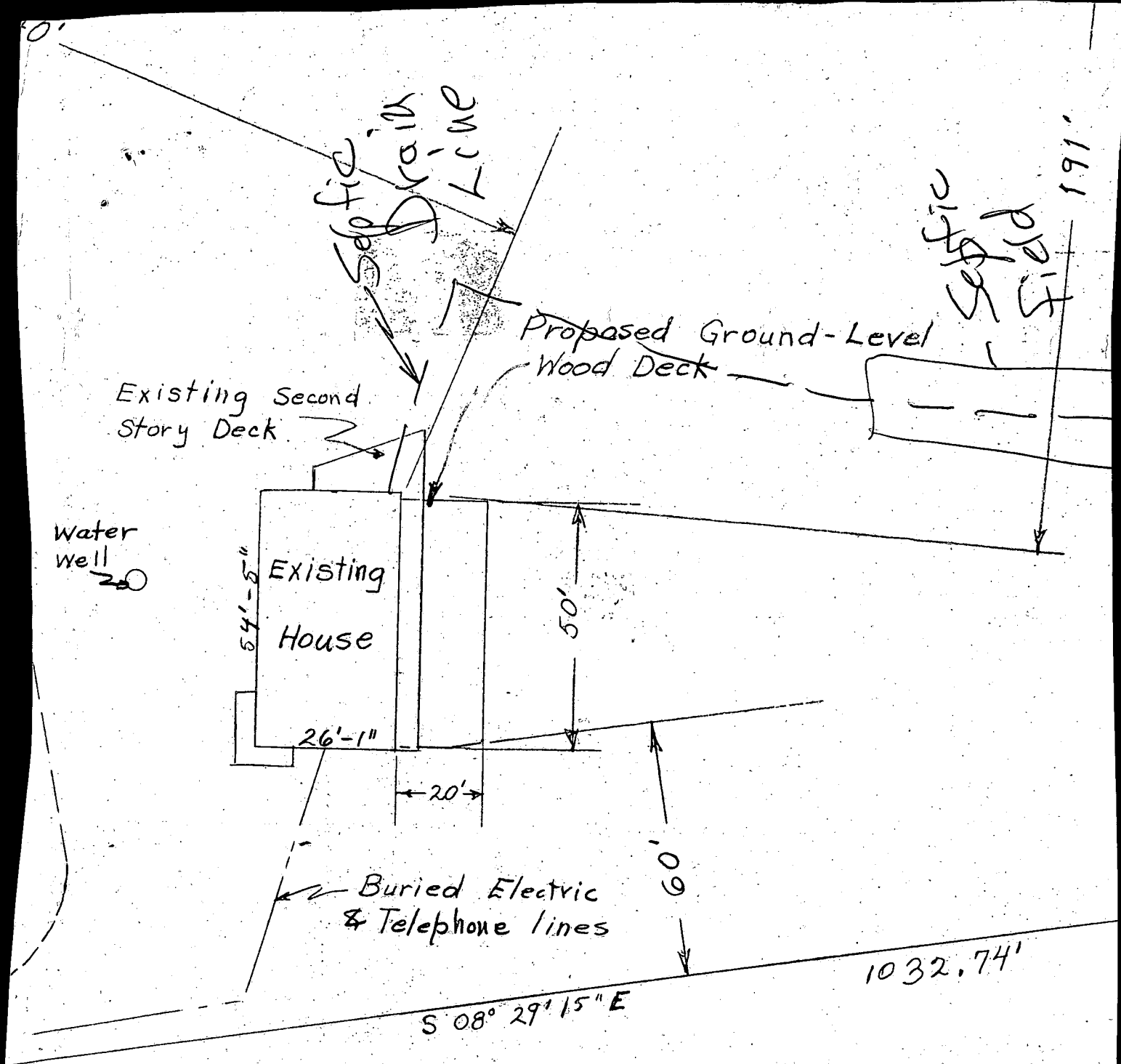
STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER <u>HO-23-1771</u>	
B 1 <u>9597</u> SEQUENCE NO. (WRA USE ONLY)		A 24769	
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) <u>6/28/77</u> <u>9:30 A.M.</u>		OWNER <u>WALKER Gordon</u> (owner - Keith Smith) COL 15 LAST NAME FIRST NAME COL. 34	
STREET OR RFD <u>12496 Hall Shop Rd.</u> COL 36		POST OFFICE <u>Fulton Md.</u> COL 57	
B-13		COL. 76	
B 1 CONTINUED		B 3	
DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE <u>3/22/77</u> LICENSE NUMBER <u>273</u> <u>Ralph</u> <u>Mayne</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>Ralph Mayne</u>		LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>WONE</u> 23 SECTION <u>WONE</u> 44 LOT <u>WONE</u> 48 NEAREST TOWN <u>Dayton</u> 52 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>0</u> 73 76 77 78	
B 2		B 4	
WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u> USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST MUST HAVE STATE HEALTH DEPT. APPROVAL		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) 1 2 3 (SEQ. NO.) 6 ☒ NORTH ☐ EAST ☐ NE ☐ SE ☐ SOUTH ☐ WEST ☐ NW ☐ SW NEAR WHAT ROAD <u>Ten Oaks Rd.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) ☒ NORTH ☐ SOUTH ☐ EAST ☐ WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>800</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGURED) <u>JETTED</u> <u>DRIVEN</u> 30-37 <u>AIR-ROTARY</u> <u>AIR-PERCUSSION</u> <u>ROTARY</u> (HYDRAULIC ROTARY) <u>CABLE</u> <u>REVERSE-ROTARY</u> <u>DRIVE-POINT</u> OTHER (DESCRIBE)		SKETCH N 37' casing - 2' above grade. 31' measured 8 bags cement 6/28/77 R.B. S.T.O. Ten Oaks Rd. Dayton Howard Rd. well 800' BOX NUMBER E 800 N 510	
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)		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u> CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u>	
B 4 CONTINUED		B 5	
HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 41 <u>S</u> STATE HEALTH (CIRCLE BOX) MO. DAY YR. <u>03</u> <u>23</u> <u>77</u> DATE APPROVED BY <u>Donald W. Monaghan, Sanitarian</u> 43		NORTH COORDINATE <u>510000</u> 50 51 52 53 54 55 EAST COORDINATE <u>070000</u> 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) <u>65</u> <u>66</u> <u>67</u> <u>68</u> 0/0 5/0	
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		HEALTH	



Placement of Outbuildings

4852 Ten Oaks Road
Dayton, Maryland





Proposed Ground-Level
Wood Deck addition

4852 Ten Oaks Road
Dayton, MD 21036