

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 TANK; 1000 GAL PUMP PIT CLEANOUTS STONE PUMP PIT - MANHOLE

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 210 FT.

NUMBER OF TRENCHES 3 @ 70 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT. 840

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1ST TRENCH 8' DEEP, 2ND TRENCH 8' DEEP OK TO ADD STONE 4/28/93 CW

1ST & 2ND TRENCH OK TO ADD GRAVEL 4/30/93 CW

OK TO COVER DISTR. BOX AND ALL TRENCHES - 2 TANKS IN SERIES TO BE INSTALLED

TANK & PUMP PIT OK

5/10/93 OK TO COVER HOUSE CONNECTION w/ 12" x 12" AND CALL IN DIMENSION (CW)

9/14/93 (HOUSE CONNECTION LOCATION NOT PROVIDED - SYSTEM APPROVED) (CW)

DATE SYSTEM APPROVED SEPT 14, 1993

INSPECTOR CWJ

5/10/93 pm

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # 0
Date 4/27/93

Name of Installer J. JOSEPH GARTLAND, Inc.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner DANA CAROL

Telephone 531-6791

Subdivision WELLINGTON Lot # 25 Well Tag # -

Site Address 2821 Woodside Rd.

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goulds
- Model # 10EJOS422
- Capacity 10 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make Howard
- Model # PT800
- Depth 42"

Tank

- Capacity 42 gal
- Pressure relief valve? 75 PSI

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- Will water supply be disinfected by installer? NO

PITLESS ADAPTER ALSO DRILLED 3' BG.
NO LINE YET INSTALLED.
3/10/93 CW

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: [Signature]

Date: 4/21/93

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

APPLICATION

PERCOLATION TESTING

A 42656
P _____

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

*5/19/88
perc OK'd
pending approved
plat*

DISTRICT _____

DATE _____

NOT PAID FOR

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 DAVA + Eunice Card

ADDRESS _____ PHONE 410-740-2642

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Wellington
SUBDIVISION LONG WOOD

*NEW LOT
? LOT 25 Preliminary
Sec. 1*

ROAD AND DESCRIPTION 2821 Woodside Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

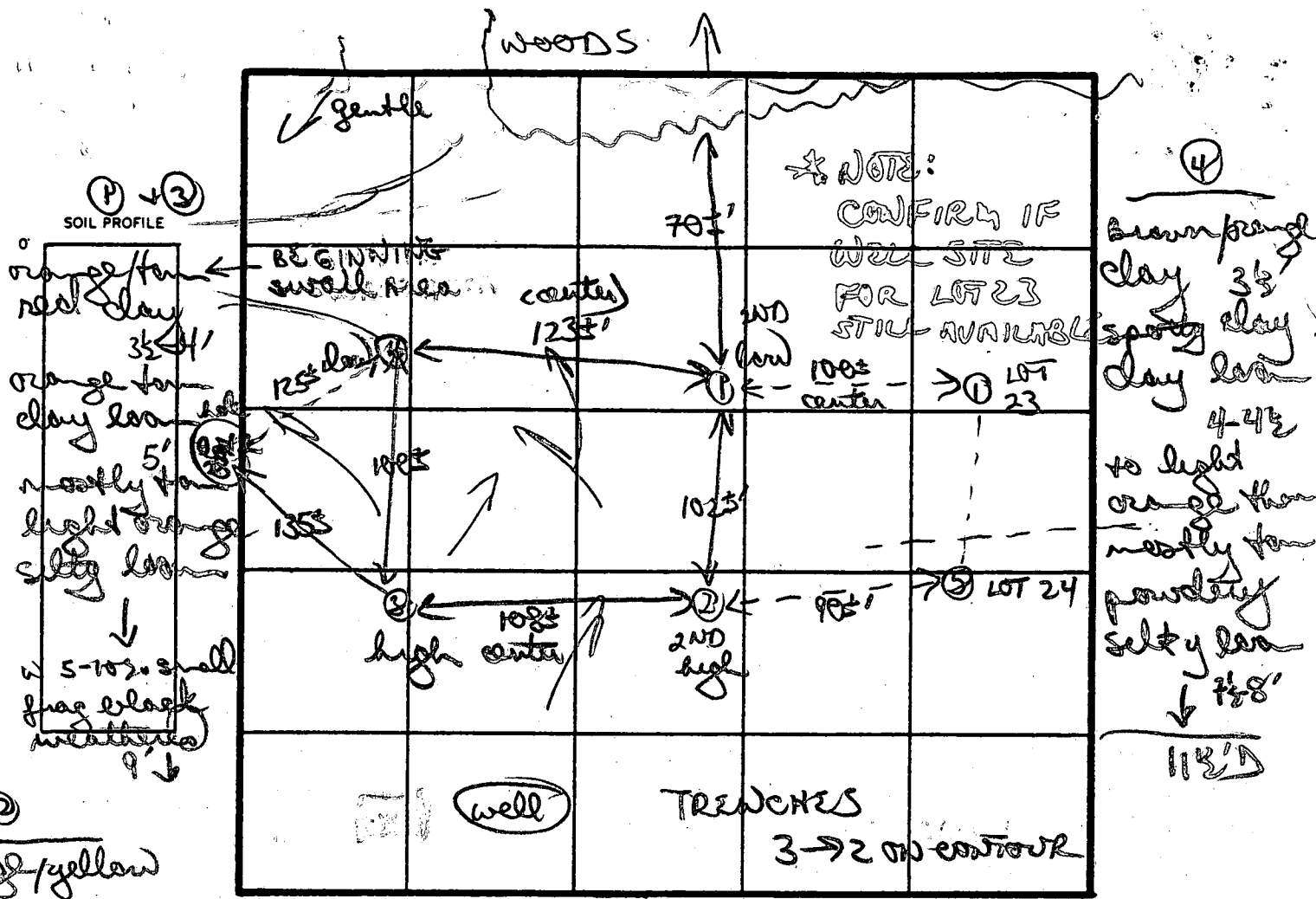
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING UNDETERMINED LOT # ; perc field somewhere
between 23/24 + 28

BLDG. PERMIT SIGNED
AND RETURNED 12/16/92
Serial # 96205-SFD
4 Bedroom

THIS IS NOT A PERMIT

HD-216



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

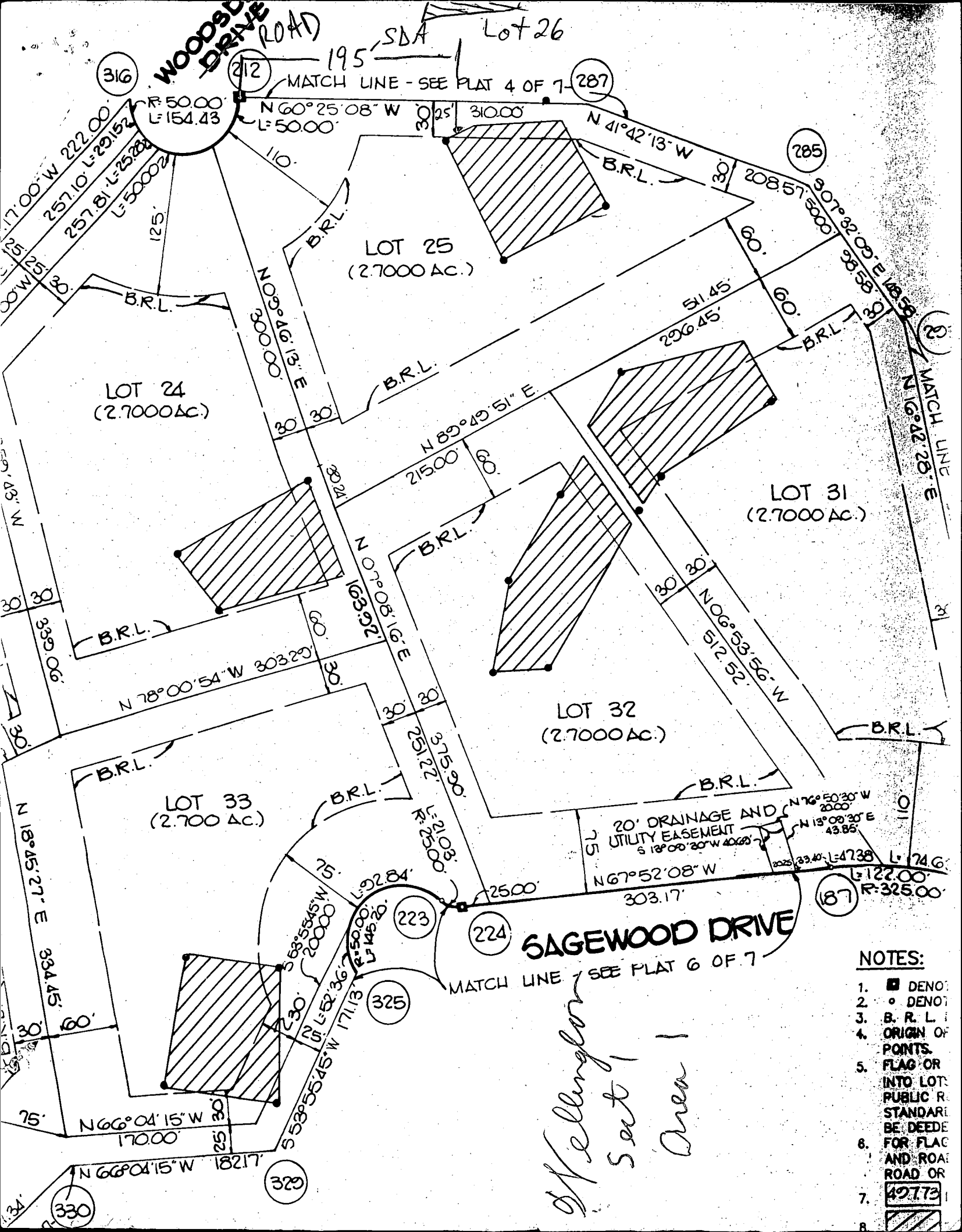
②
orange/yellow clay 2 1/2'
orange/tan silty clay mix 4 1/2'
mostly tan brown silty loam
w/ few small scattered black rock frags
12' D

WELL 4'
MAX D 8'
X = 10 1/2 MIN
1948/BD
210 soft

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/19/86	①	4 1/2 S	1109	1117	1117	1128	11 MIN	
		12' D	bottom (see profile)					
	②	3 1/2 S	1110	1114	1114	1124	10 MIN	
		12' D	bottom (see profile)					
	③	4' S	1111	1116	1116	1125	9 MIN	
		12' D	bottom (see profile)					
	④	4 1/2 S	1112	1119	1119	1136	17 MIN	
		7' M	1113	1116	1116	1121	5 MIN	
		11 1/2 D	bottom (see profile)					

REMARKS: perc field placed between previously approved lots house, well site + well site on part on lot 28 to be confirmed prior to approval

TESTED BY: B Nijan ALSO PRESENT: Kern, Chip



WOODS DRIVE ROAD

195 SDA Lot 26
MATCH LINE - SEE PLAT 4 OF 7

SAGEWOOD DRIVE

MATCH LINE - SEE PLAT 6 OF 7

*Wellington
Sect 1
Area 1*

- NOTES:**
1. ■ DENOT
 2. ° DENOT
 3. B. R. L.
 4. ORIGIN OF POINTS.
 5. FLAG OR INTO LOT PUBLIC R. STANDAR BE DEEDE
 6. FOR FLAG AND ROAD OR
 7. 49773
 - 8.

B 1 7906 SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

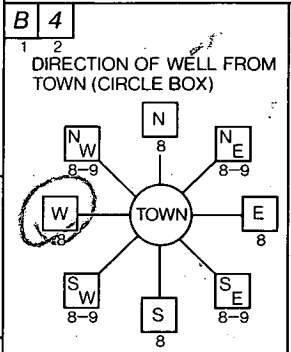
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H0-92-0252
70 fill in this form completely 79

Date Received (APA) 11/07/92
OWNER INFORMATION
CLARK ASSOCIATES
15 Last Name Owner First Name 34
11356 Homewood RD
36 Street or RFD 55
ELICOTT CITY MD 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2 HOWARD
8 COUNTY 21
WELLINGTON
23 SUBDIVISION 42
SECTION 44 46 LOT 25 48 50
GLENWOOD
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1/2 MI
73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne 238
Driller's Name 77 License No. 80
Joseph L. Mayne Well Drilling
Firm Name
5519 Ridge Rd. Mt. Airy 21771
Address
Joseph L. Mayne 11/9/92
Signature Date



Woods Dale Rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
W 32 E
WEST EAST
S SOUTH
34 30 37
DISTANCE FROM ROAD
ENTER FT OR MI FF
38 39

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME A # 42556 COUNTY NO.
STATE SIGNATURE DATE ISSUED INSERT S
11/23/92 Charles Bryan Howard 5/23/92
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 531000 EAST GRID 0790000
50 55 57 63

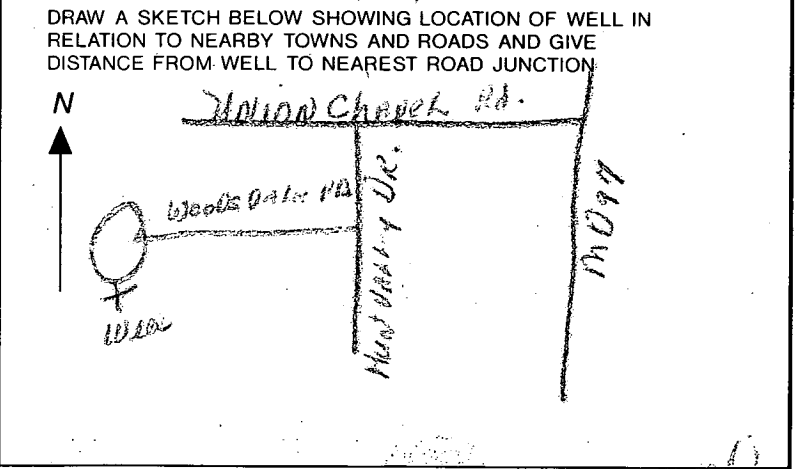
APPROXIMATE DEPTH OF WELL 200 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

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 790
N 531

11/30/92 C road 9:30
88" CASING MR
55' OPEN 11/30/92
14 BAGS
1/2" CASING AG
GROUT OK NOT OBS'D
LOC OK
000 / TAG OK
000

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN 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 54 GAP 63
FORCE C/A WRITE INITIALS IN BOX PERMIT No. H0-92-0252
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 489-9331-Wellington Office
COUNTY Colwood

C1 6665 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 42655

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
 113092

Depth of Well
 22 340 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 H0-92-0252

OWNER CLARK ASSOCIATES
 last name WOODS first name DALE ROAD TOWN GLENWOOD
 SUBDIVISION WELLINGTON SECTION LOT 25

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		Check if water bearing
	FROM	TO	
SPUD Stone	0	84	
CONCRETE Rock	84	340	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 14 NO. OF POUNDS 1316
 GALLONS OF WATER 20
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 55 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 98

OTHER CASING (if used)
 diameter inch depth (feet) from to

screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

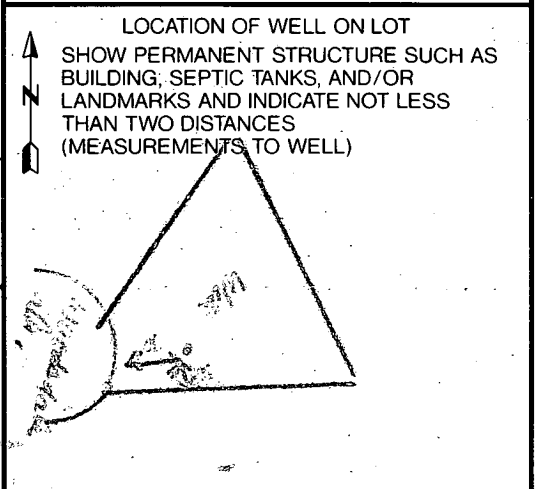
C2
 DEPTH (nearest ft.)
 1 H0 34 340
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE R.H. test
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 50
 WHEN PUMPING 20
 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**
 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)



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 26.04.04 "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. 238
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY