12/4/92 AM & PM 12:40
10:30
12-4-92 ASAP 12 noon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 4895 8

A 45673

DISTRICT 5th

DATE 2/22/93

INDEXED
05-379253

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXX[redacted]X 313-2640

DATE SYSTEM APPROVED 12/4/92

INSPECTOR CW/JN

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Sabine Property LOT 11 ROAD 13720 Triadelphia Mill Road

PROPERTY OWNER Ronald L. Hines

ADDRESS ____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 263

210
5
4(1050
263

B
98
24
3 9 2
196
235.2

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the inside lot corner at the end of the pipe-stem access, place the distribution box 235 feet down the front (623') lot line and 10 feet off that lot line. Run trenches along contour toward rear (861') 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/cw

PLANS APROVED BY C. Williams DATE 6/12/92

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

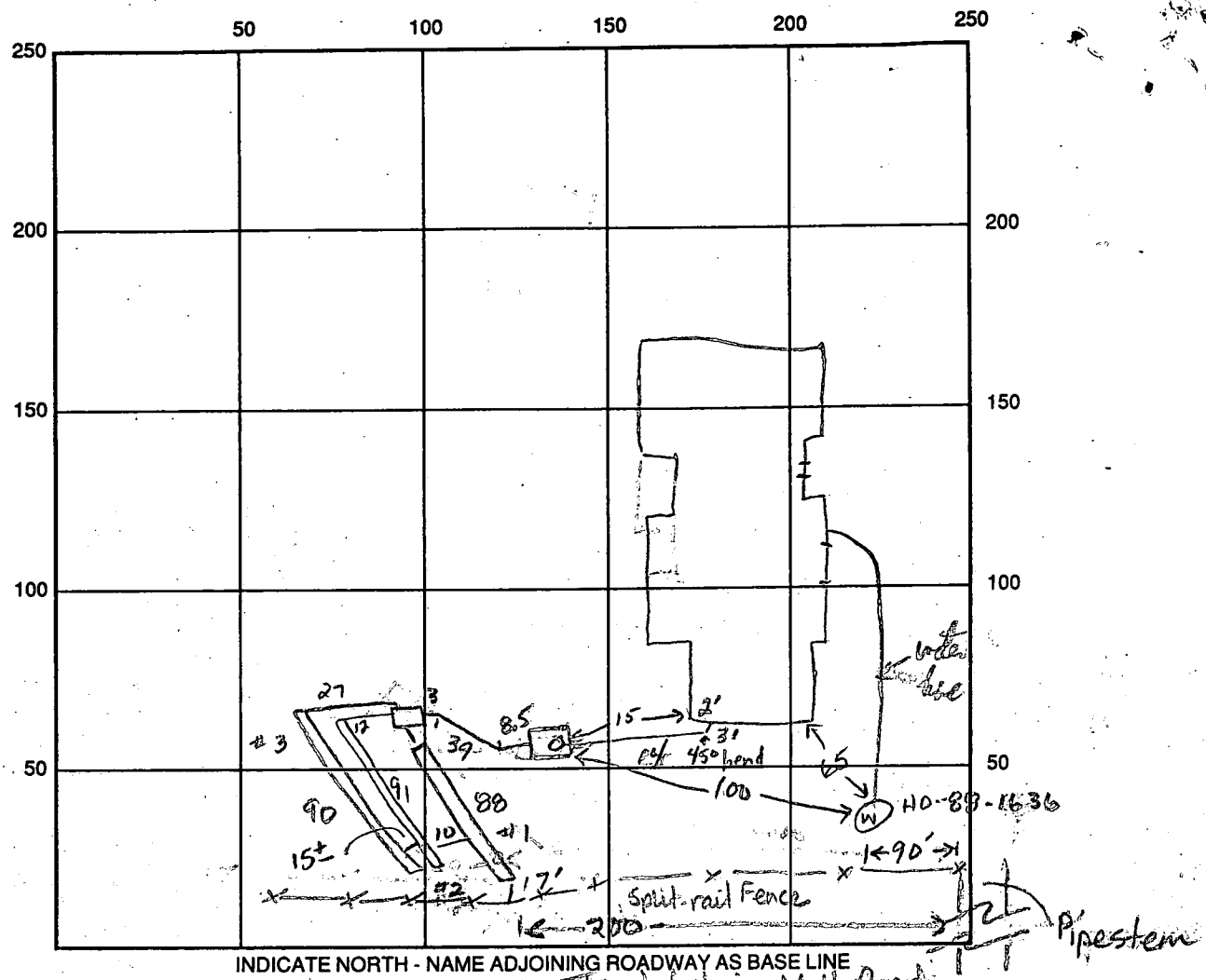
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 45673



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Philadelphia Mill Road

SEPTIC TANK LEVEL 1500 gal CLEANOUTS 1 on septic tank

DISTRIBUTION BOX LEVEL OK (w/ divider)

DRAIN FIELD/TITLE DEPTH ① 7 ② ? ③ 7.0 FT. TRENCH WIDTH 2 FT. INLET DEPTH ① 3 ② 3 ③ 3 FT.

EFFECTIVE GRAVEL DEPTH ① 4 ② 4± ③ 4.0 FT. TOTAL LENGTH ① 88 ② 91 ③ 90 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ① 362 / ② 364 / ③ 360 SQ. FT.

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

ABSORBENT AREA 1086 SQ. FT.

REMARKS: 10:30am 12-3-92 OK to cover tank. JEN. 10:45pm 12-3-92 Trench full of stone except last 15 feet. OK to lay paper and cover trench #3. OK to add stone to trench #2 leaving openning to bottom at middle and end of trench. JEN 4:45pm 12-3-92 Trench #2 full of stone and covered w/ fill except for 5 ft at beginning of trench. 5 x (d± 1 ft diam. boulders evident at top of fill cover. Bottom of trench unobserved. JEN 9:30am 12-4-92 OK to add stone to trench #1, pipe & paper. OK to cover leaving tail end open JEN 12-4-92 10:45 ok to cover trench #1. JEN

DATE SYSTEM APPROVED 12/4/92 INSPECTOR C. William (J.N.)

3/28/90
20.00

APPLICATION

PERCOLATION TESTING

A 45673

P

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

DISTRICT

DATE 3/13/90

RETEST OF A23198 (OLD LOT 4)
LOT LINE ADJUSTMENT
PLATTED PERC AREA POSSIBLE
BUT HOUSE SITE IMPROVED IF
MOVED DOWNHILL. C.W.

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 ~~ROBERT L. ORNDORFF & JOYCE M. ORNDORFF~~ Ronald L. Hines

ADDRESS P.O. Box 57, Dayton, MD. 21036 PHONE ~~596-9490~~ 531-6367

PROSPECTIVE BUYER —

ADDRESS — PHONE

PROPERTY LOCATION:

SUBDIVISION Sabine Property LOT NO. 11 (OLD LOT # 4 ON PLAT #3710)

ROAD AND DESCRIPTION ~~North Side of Triadelphia Mill Rd.~~
3500' West of Highland Rd. (13720 Triadelphia Mill Road)

TAX MAP 28 PARCEL # 300

SIZE OF LOT 1.090947 AC 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] 3/7/90
(SIGNATURE OF APPLICANT)

APPROVED BY CW FOR Trenches DATE 4/11/90

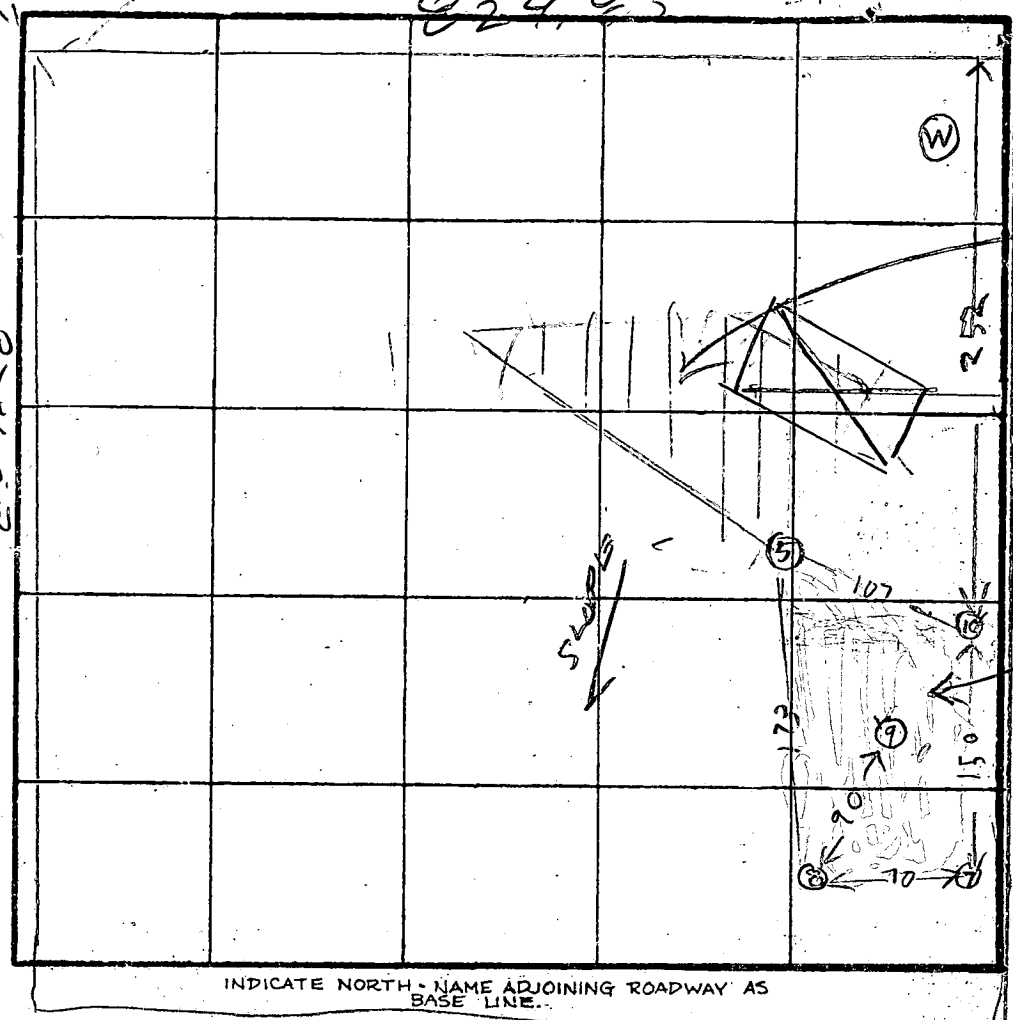
REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING 3/28/90 - RETEST OK HOLD FOR REVISED PLAT RH

BLDG. PERMIT SIGNED AND RETURNED 4/19/90
Serial # 93817 - SFD-3 Bedroom

THIS IS NOT A PERMIT



(7) SOIL PROFILE
0 BROWN CLAY
3 ORANGE BROWN FLAKEY SAND MICA LOAM
12

(8)
3 BROWN CLAY
DULL BROWN LUMPY SAND LOAM
12

(9)
4 ORANGE BROWN CLAY
DULL BROWN FLAKEY SAND MICA LOAM
14

(10)
4 ORANGE BROWN CLAY
BROWN FINE SAND LOAM
13

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/29/90	5	13	OK BELOW		4 hr+	(SEE OTHER TEST)	
	7 S	4	1235	1244	1244	110	26
	7 M	8	1235	1240	1240	1254	14
	7 V	12	OK				
	8 O	8	1241	1244	1244	1253	9
	8 S	14	1242	1256	1256	127	14
	9 V	12	OK DEEP		SYSTEM BELOW ST		
	9 V	14	OK				
	10 S	5	101	140	140	126	16
	10 D	8½	100	140	140	120	10
	10 V	13	OK				

210 SQ FT PER BR

REMARKS

TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT B. ORNDORFF

APPLICATION

A 23198

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5

DATE 4/16/76

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 Walter M. Sabine

ADDRESS Triadelphia Mill Road Clarksville Md. PHONE 988-9437 office 531-5115

PROPERTY LOCATION:

SUBDIVISION Sabine Estates LOT NO. 4

ROAD AND DESCRIPTION Triadelphia Mill Road, Clarksville

SIZE OF LOT 1/6 acres TYPE BLDG. 4 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 Walter M Sabine

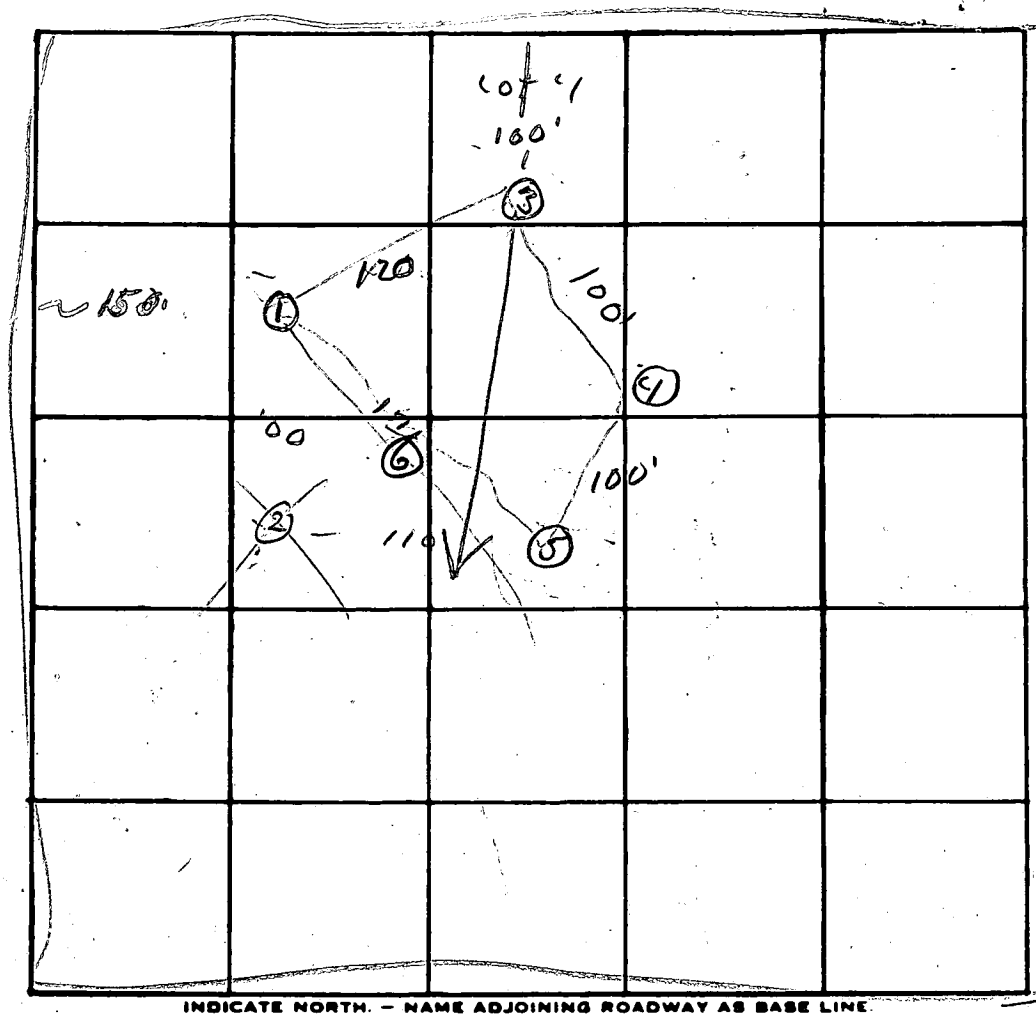
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

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 START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
	1s	4' soil 5' test	2 50	2 50	2 51	2 51	1
	1d	11'	2 50	2 52	2 52	2 58	6
	2	Rock	11'				
	5s	4½' soil 5½' test	3 01	3 07	3 07	3 15	8
	5d	13'	2 56	3 01	3 01	3 12	11
	4s	4'	3 15	3 16	3 16	3 17	1
	4d	13'	3 17	3 19	3 19	3 23	3
	3s	4	3 10	3 12	3 12	3 17	5
	3d	13	3 08	3 12	3 12	3 20	8
	6	Disturbed	— 12	At sandy loam 4		— 12	

REMARKS _____

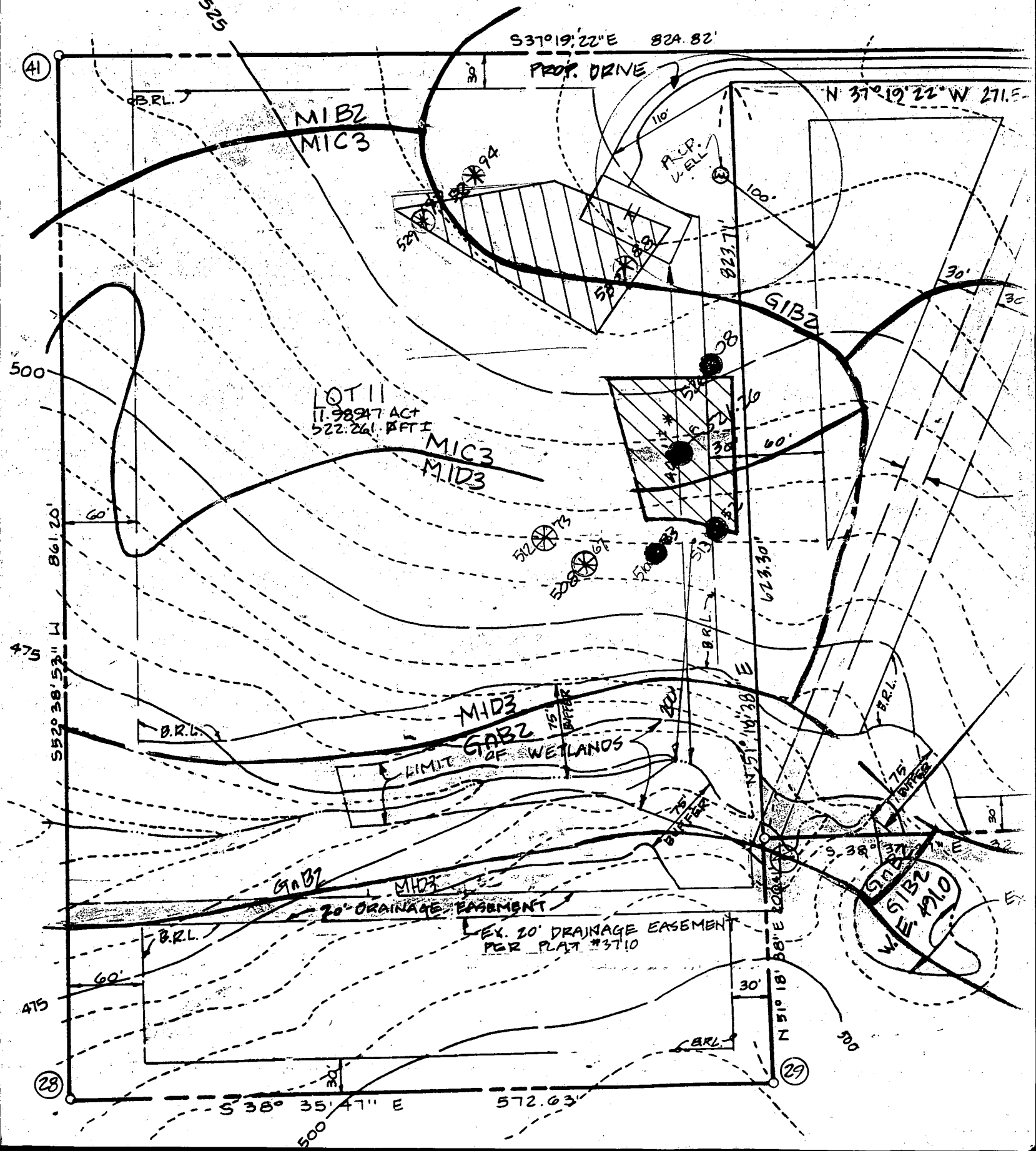
TYPE OF SOIL _____

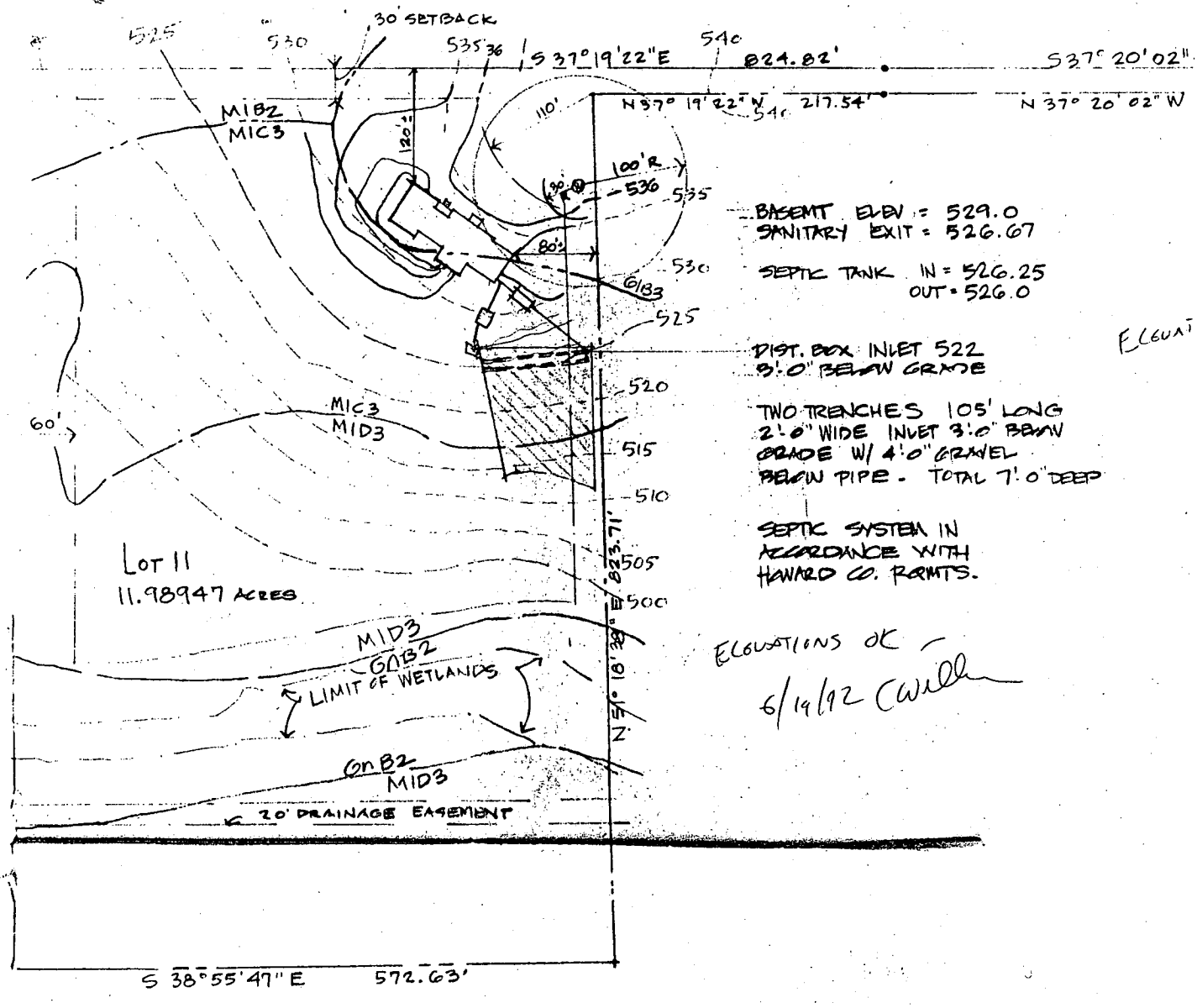
NOTE:

* LOT 11 VERTICAL ELEVATION DIFFERENCE BETW HOUSE AND STREAM = 60'

* LOT 12 VERTICAL ELEVATION DIFFERENCE BETW HOUSE AND STREAM = 40'

SABINE PROP.
Blue Cert. Signed
Shanabergers Lane





BASEMT ELEV = 529.0
SANITARY EXIT = 526.67

SEPTIC TANK IN = 526.25
OUT = 526.0

DIST. BOX INLET 522
3'-0" BELOW GRADE

TWO TRENCHES 105' LONG
2'-0" WIDE INLET 3'-0" BELOW
GRADE W/ 4'-0" GRAVEL
BELOW PIPE. TOTAL 7'-0" DEEP

SEPTIC SYSTEM IN
ACCORDANCE WITH
HOWARD CO. REGMTS.

ELEVATIONS OK
6/19/92 CWill

ELEVATI

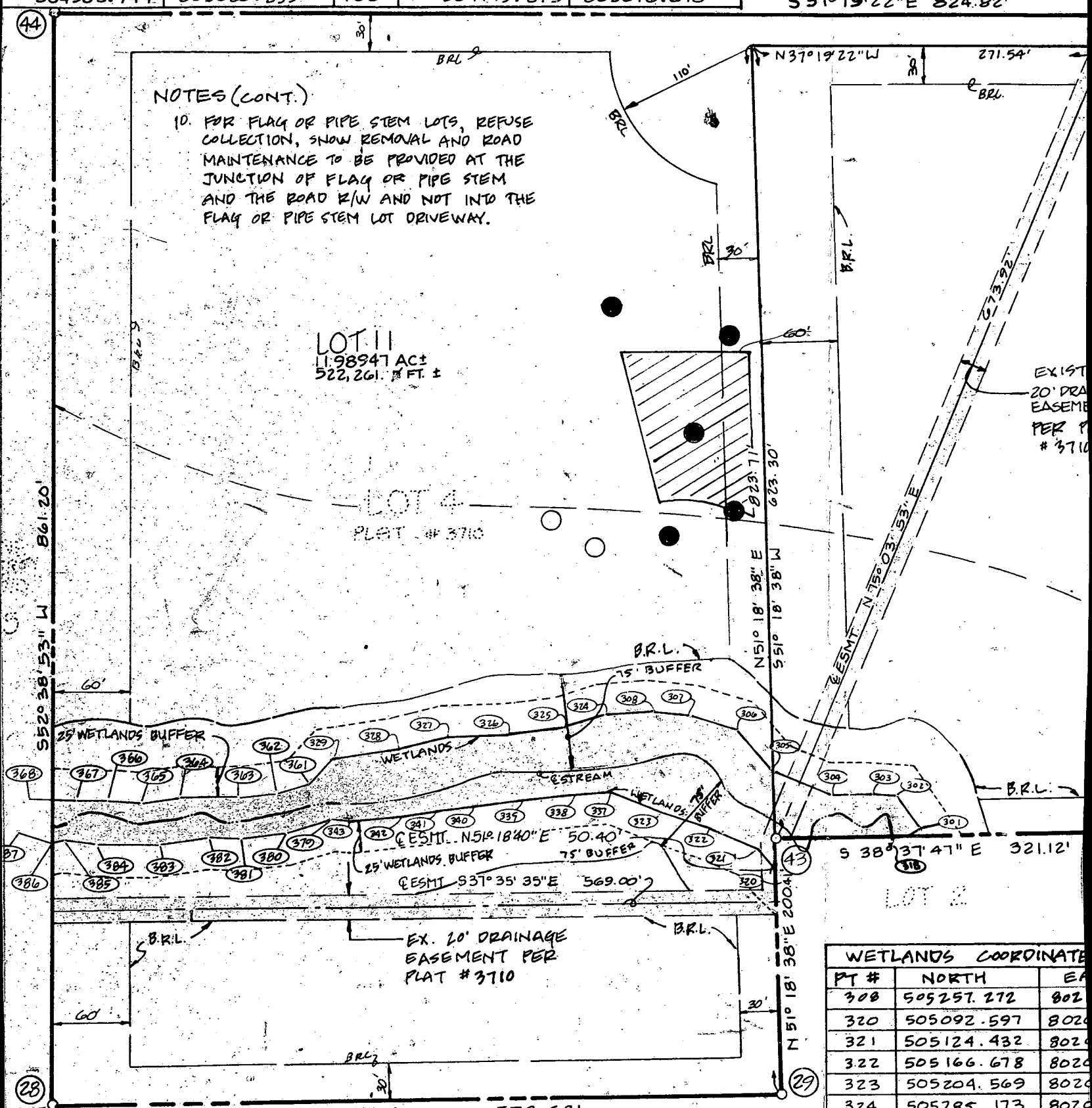
North

SITE PLAN Scale 1" = 100'-0"

INFORMATION FOR THIS SITE PLAN
WAS TAKEN FROM FINAL PLAT
SABINE PROPERTY DATED 2.5.90
PREPARED BY SHANABERGER & LANE

505119.745	802093.690	182	504680.558	802931.704
505308.592	802764.721	194	504735.036	803202.190
504583.744	803220.259	196	504119.275	803016.248

S 37° 19' 22" E 824.82'



WETLANDS COORDINATE		
PT #	NORTH	EA
308	505257.272	802
320	505092.597	802
321	505124.432	802
322	505166.678	802
323	505204.569	802
324	505285.173	802
325	505303.935	802
326	505335.162	802
327	505372.404	802
328	505398.338	801
329	505433.580	801

F-90-159
Signed
8-29-90

TABULATION OF FINAL PLAT

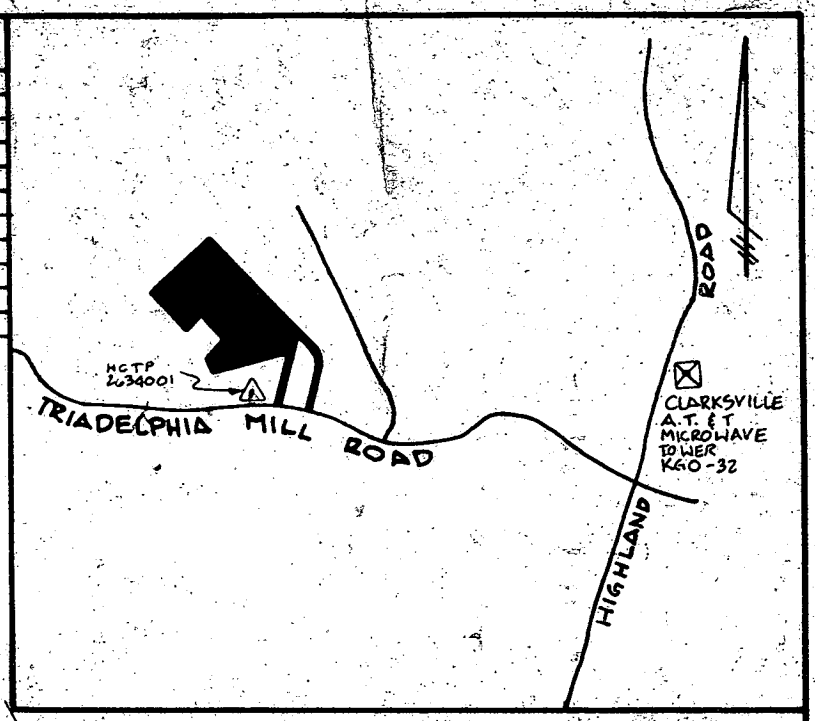
TOTAL NUMBER OF LOTS AND/OR PARCEL TO BE RECORDED:	2
BUILDABLE	
OPEN SPACE:	ϕ
TOTAL AREA OF LOTS AND/OR PARCEL: BUILDABLE:	25.58309 AC±
TOTAL OPEN SPACE: (AREA AND % OF DRY GROUND USABLE OPEN SPACE):	ϕ
TOTAL AREA OF ROAD RIGHT OF WAY TO BE RECORDED	ϕ

CURVE			
NO.	RADIUS	ARC	DELTA
150 TO 157	125.00'	133.18'	61°02'48"
194 TO 195	150.00'	159.82'	61°02'48"

LOT #	GROSS AREA ACRES	FLOOD PLAIN/ STEEP SLOPES

38			
656			
324			
.096			
.741			
.134			
.856			
.832			

FROM PT#	TO PT#	WETLANDS BEARING	DIST.
318	301	S 71°30'31" E	14.77'
301	302	N 11°50'06" E	32.11'
302	303	N 30°51'39" W	14.09'
303	304	N 38°28'56" W	34.32'
304	305	N 14°25'29" W	50.61'
305	306	N 12°16'22" E	41.03'
306	307	N 27°33'53" W	40.97'
307	308	N 19°37'20" W	25.06'
308	324	N 41°10'26" W	37.07'
324	325	N 57°46'32" W	35.19'
325	326	N 45°39'28" W	44.68'



VICINITY MAP
SCALE: 1"=2000'

FROM PT#	TO PT#	WETLANDS BEARING	DIST.
326	327	N 38°7'45" W	47.34'
327	328	N 49°46'02" W	40.15'
328	329	N 46°59'0" W	51.66'
329	343	S 40°3'42" W	50.02'
343	342	S 42°51'5" E	43.64'
342	341	S 42°07'52" E	29.40'
341	340	S 51°22'36" E	28.70'
340	339	S 46°46'45" E	39.17'
339	338	S 43°46'47" E	38.86'
338	337	S 42°39'34" E	28.39'
337	323	S 13°37'41" E	44.51'
323	322	S 14°48'33" E	39.19'
322	321	S 15°36'40" E	43.86'
321	320	S 13°7'1" W	32.69'

FROM PT#	TO PT#	WETLANDS BEARING	DIST.
329	361	N 81°15'14" W	27.54'
361	362	N 57°10'27" W	25.95'
362	363	N 41°58'18" W	28.67'
363	364	N 38°55'09" W	47.39'
364	365	N 44°51'14" W	28.02'
366	367	N 42°32'10" W	25.87'
367	368	N 36°37'40" W	38.87'
387	386	S 24°25'13" E	32.66'

47.825	802045.940
68.706	802026.699
96.764	801999.811
23.590	801971.265
41.504	801948.843
63.304	801929.124

12/7/92

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 ✓ Receipt # 48390
Replacement ____ Date 7/31/92

Name of Installer Allan M. VanSant Inc Telephone 442-2221

License Number 1862
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Ronald L Hines Telephone 596-9090
Subdivision Saline Property Lot # 11 Well Tag # HO-88-1636
Site Address 13720 Philadelphia Mill Rd.

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 7EH10412
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 1HP.
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Harvard
2. Model # ____
3. Depth 3FT

Tank
1. Capacity 42
2. Pressure relief valve? Yes
   Pitless adapter @ 4ft + water line OK to Cover AP 12/7/92

Piping
1. Type #160
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3FT

Well data
1. Depth 400 ft.
2. Yield 4½ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? Yes

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: _____

Date: 7-28-92

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

HD-215

C 1 0973 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 45673

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 1/12/90

Depth of Well 400 (TO NEAREST FOOT)

OR MR 4/2/91

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-80-1636

OWNER Hines Donald (last name first name)
STREET OR RFD Philadelphia Mill Rd TOWN Dayton
SUBDIVISION CARINE PROP SECTION 1 LOT 11

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	FEET TO	Check if water bearing
SAND Stone	0	58	
Granite Rock	58	400	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 15 NO. OF POUNDS 1400
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50+ ft. (enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	183

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	60	400
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

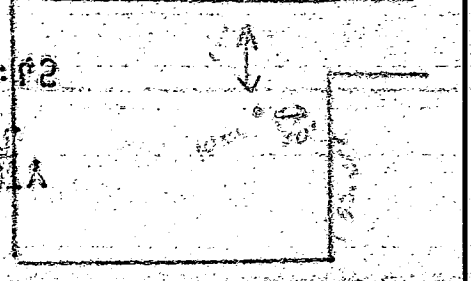
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 5½
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 28
WHEN PUMPING 165

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 (CIRCLE) (YES or NO) 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 / − below LAND SURFACE (nearest foot) 1

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)

N



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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W.O. RECEIVED

TELESCOPE CASING	LOG INDICATOR	OTHER DATA
70	72	WELL

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 2629 SEQUENCE NO. (DP USE ONLY)
(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: HO-88-1636
fill in this form completely

Date Received (APA): 10/30/90

OWNER INFORMATION

Hines L Ronald
Last Name — Owner — First Name

43 Otem Oaks Rd
Street or RFD

Dayton MD
Town — State — Zip

DRILLER INFORMATION

Joseph R. Mayne
Driller's Name — License No. 238

Joseph R. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771
Address

Joseph R. Mayne 10/29/90
Signature — Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (O) 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)

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: MR (WRITE INITIALS IN BOX) PERMIT No. HO-88-1636

SPECIAL CONDITIONS

LOCATION OF WELL

B 3

Howard
COUNTY

Sabine Prop.
SUBDIVISION

SECTION — LOT 11

Dayton
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

Triadelphia Mill Road
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) 32 (E) EAST (S) SOUTH

DISTANCE FROM ROAD: 3/4 MI

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard — COUNTY NAME
A45673 — COUNTY NO.

STATE SIGNATURE
INSERT S

DATE ISSUED: 11/20/90
Mark E. Pitkin 5/20/91
CO SIGNATURE — EXP. DATE

NORTH GRID: 505000
EAST GRID: 0803000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

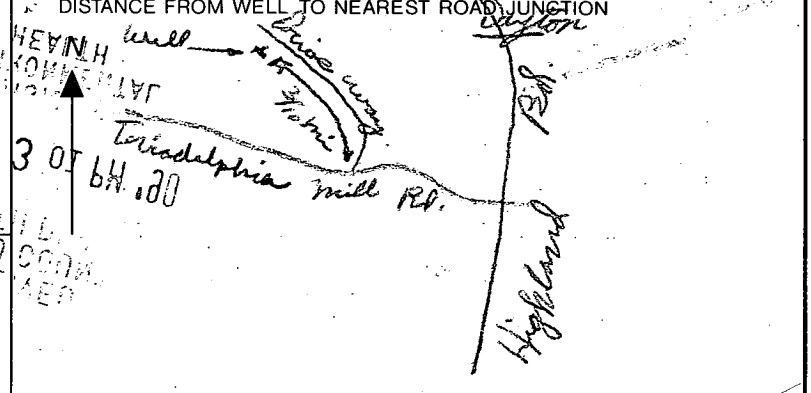
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80X3
N 50X5
000 000

11/28/90 Grad/Well drilled still grouting
14+ # Bags of cement
63' Casing
50'+ Open
1' Casing above ground C.B.S.
(Tag on site)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



COUNTY