

6-21-91
2:50 pm

PERMIT

File

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47/80

A 46025

DISTRICT 4th

DATE 6/21/91

DATE SYSTEM APPROVED 6/21/91

INSPECTOR C.B.

04-326687

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

Wayde Souder/Wesmar Corporation IS PERMITTED TO INSTALL ALTER

ADDRESS 13990 Triadelphia Mill Road, Clarksville, Md. 21029 PHONE 531-2166

SUBDIVISION Wellington North LOT Par. 147 ROAD 14888 Union Chapel Road

PROPERTY OWNER Mr. & Mrs. Edward D. Sabol

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.5 feet of stone below distribution pipe.

LOCATION - Place the first trench 100 feet down the right (287.65') lot line and 25 feet off the same lot line when facing the lot from Union Chapel Road. Run trenches along contour toward the front lot line. Maintain a minimum of 100 feet to all wells.

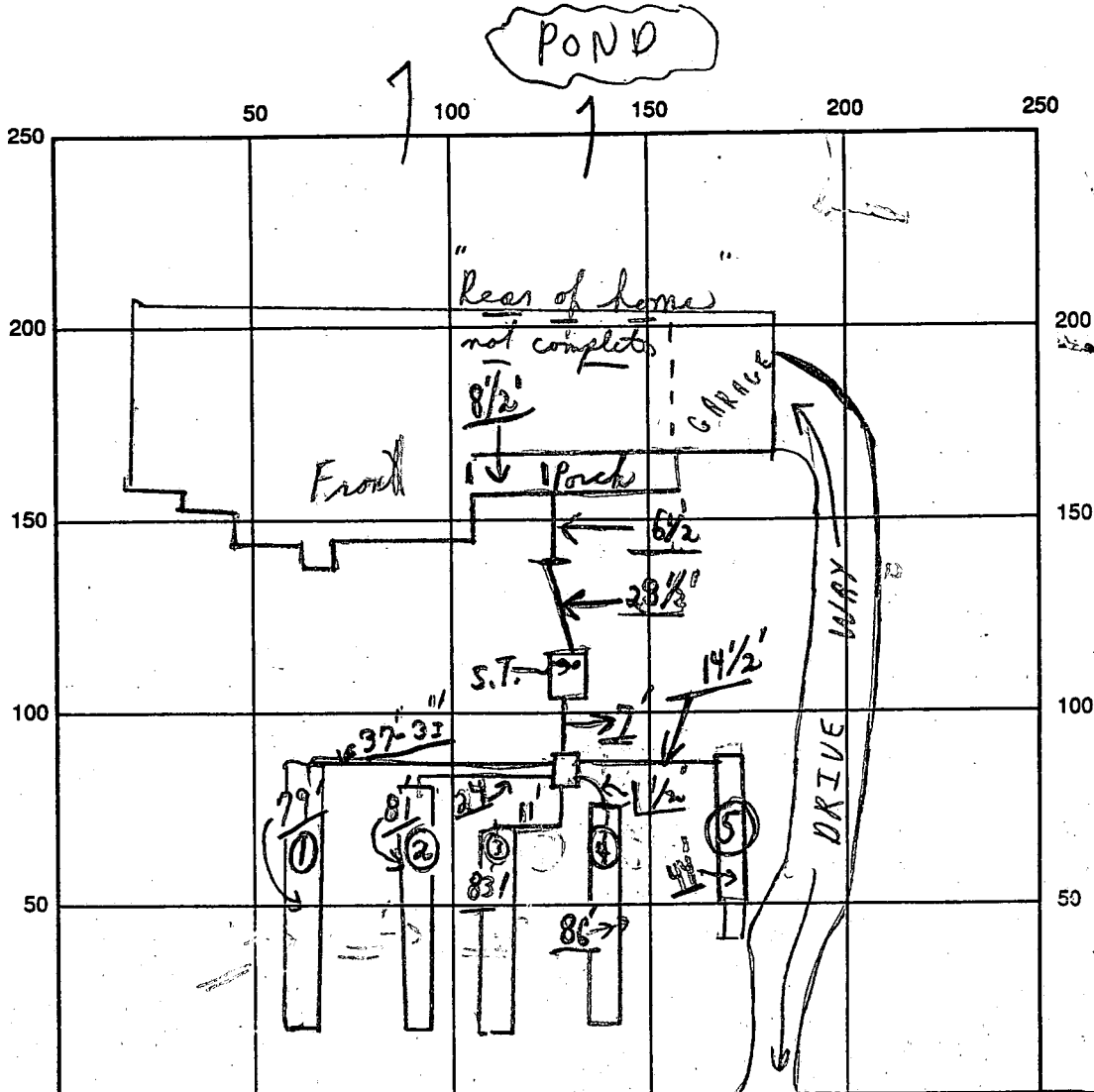
NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/23/91

PLANS APPROVED BY Jane E. Nadeau cm DATE 04/08/91

- 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**

A
46025



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Union Chapel Road

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 5 (average) FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH $\left. \begin{array}{l} \textcircled{1} 79' \\ \textcircled{2} 81' \\ \textcircled{3} 83' \\ \textcircled{4} 86' \\ \textcircled{5} 44' \end{array} \right\} = 373' +$

NUMBER OF TRENCHES 5 ONE ~~SQUARE~~ BOTTOM AREA 1119 SQ. FT.

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

ABSORBENT AREA 1119 SQ. FT.

REMARKS: 6/21/91 P.M. Final on septic system; all work done.
Note - water well not seen or located. (3) C.B.C.

DATE SYSTEM APPROVED 6/21/91 INSPECTOR Charles Bryan Steaker

← 1199 →

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 X Replacement _____
Receipt # 47359
Date 7/25/91
Name of Installer Carroll Water Systems Telephone 876-6880
License Number PT 074
Certified Well Pump Installer X Well Driller _____ Registered Plumber _____
Name of Property Owner G.Y.C. Telephone _____
Subdivision Wellington North Lot # _____ Well Tag # _____
Site Address 14888 Main Chapel rd

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make N.A. #1-SK
a. Deep well jet _____ 2. RPM 3450 2. Model # 7510X
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 4
c. Submersible X a. 110 _____
2. Make GoULDs b. 220 X
3. Model # SES07422
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes X No _____
6. If Yes, is low pressure cutoff switch installed? Yes X No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank Piping Well data
1. Capacity 120 1. Type Plastic 1. Depth 325 ft.
2. Pressure relief valve? yes 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
4. Depth of supply line 4' 4. Will water supply be disinfected by installer? NO

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: 7/21/91

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

8-21-90
10:00am

APPLICATION

PERCOLATION TESTING

A 46025

P _____

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

DISTRICT _____

DATE _____

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.

Mr. + Mrs. Edward D. Spabol

PROPERTY OWNER Security Development Corporation

ADDRESS P.O. Box 417, Ellicott City, MD PHONE 465-4244
717-795-8171

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Wellington North LOT NO. Parcel 147

ROAD AND DESCRIPTION 14888 Union Chapel Road

TAX MAP 14 PARCEL # 72

SIZE OF LOT 1.82 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8-21-90 Pending perc hole locations

and plat approval. SHALLOW SYSTEM if lot is approved JEN

BLDG. PERMIT SIGNED
AND RETURNED 5/13/91

THIS IS NOT A PERMIT

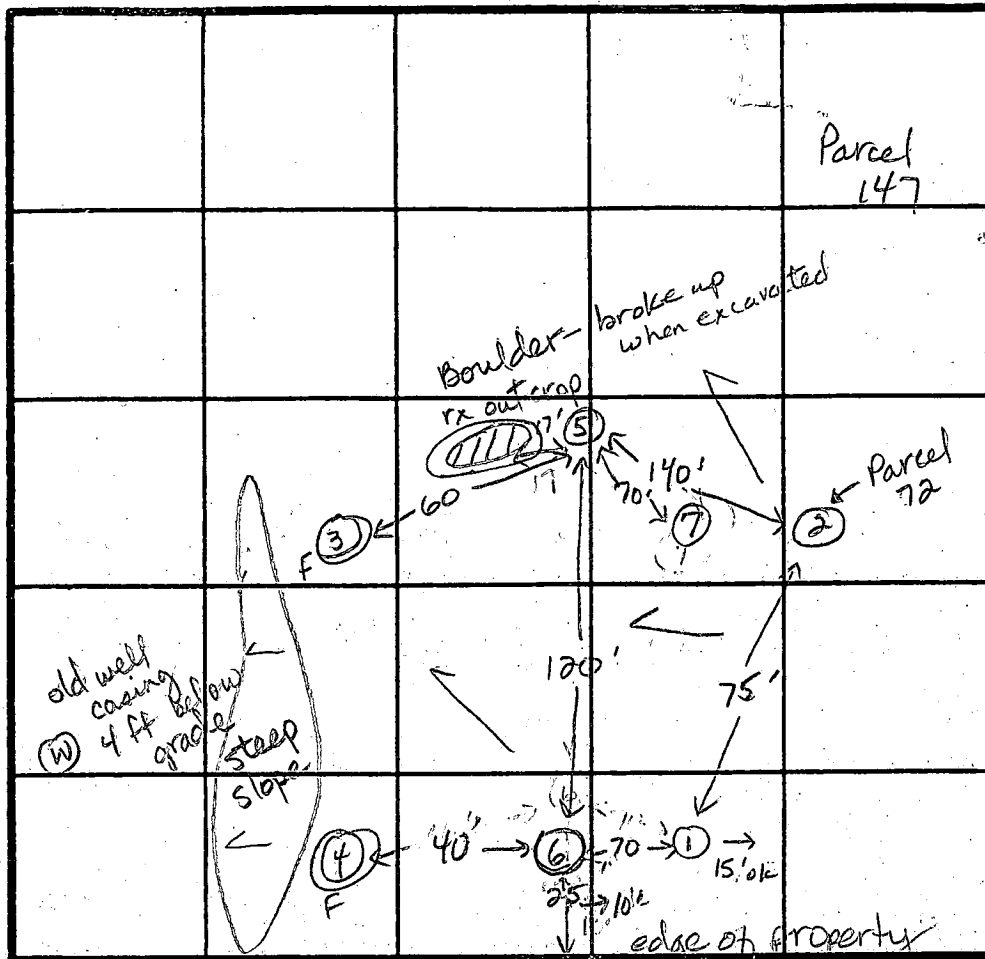
Serial # 37382 - SFD

HD-216

A 46025

(5) SOIL-PROFILE

0-1.5 Br scl
 1.5-5.0 Rd sas
 1, trc of decomposed rock
 5.0-13.5 Tan sa
 sl, trc of decomp rock
 <5%
 13.5 Bottom



Hole # 2 is probably the one excavated on parcel 72 6-18-90 JEN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Union Chapel Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-21-90	5	2.0 S	11:11	11:13	11:13	11:18	5min
		5.0 M	11:11	11:13	11:13	11:16	3min
		13.5 D	Bottom (see profile)				
	6	2.5 S	11:33	11:56	1 inch		slow
		4.0 M	11:31	11:40	11:40	18:09	29min
	7	11.5 D	Refusal - Rock at 10.5'		at high end		Marginal
		10.0 V	Refusal at 10.0'		No structure ok		
✓							

Move 10ft toward #1

Old well was 4ft below grade w/cap. To be abandoned.

REMARKS Move 10-15 ft uphill from hole # 6. Unclear if 10,000 square feet is available.

TYPE OF SOIL

TESTED BY

J. Nadoan

ALSO PRESENT

Chuck Hatfield

(6)
 0-5.5 Rd br scl
 5.5-9.0 R sa sl
 9.0-11.5 Tan sa sl, little decomp rock frags
 <5%
 10.5-11.5 Refusal on rock

(7)
 0-3.0 Rd-brs cl
 3.0-10.0 Rd sas
 1, some weathered rock pieces
 <10%
 10.0 Refusal

APPLICATION

6-18-90
10:00pm

PERCOLATION TESTING

A 46025

P _____

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

DISTRICT 4

DATE JUNE 5, 1990

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 SECURITY DEVELOPMENT CORPORATION

ADDRESS P.O. BOX 417, ELLICOTT CITY, MD. 21043 PHONE 465-4244

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Wellington North LOT NO. Parcel 147

ROAD AND DESCRIPTION UNION CHAPEL ROAD

TAX MAP 14 PARCEL # 147

SIZE OF LOT 79,282 sq ft or 1.82 Ac. TYPE BLDG. S.F. 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]
SIGNATURE OF APPLICANT

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-18-90 Recommend disapproval, Rocky soils at shallow depths, less than 10,000 sq ft SDA, JEN

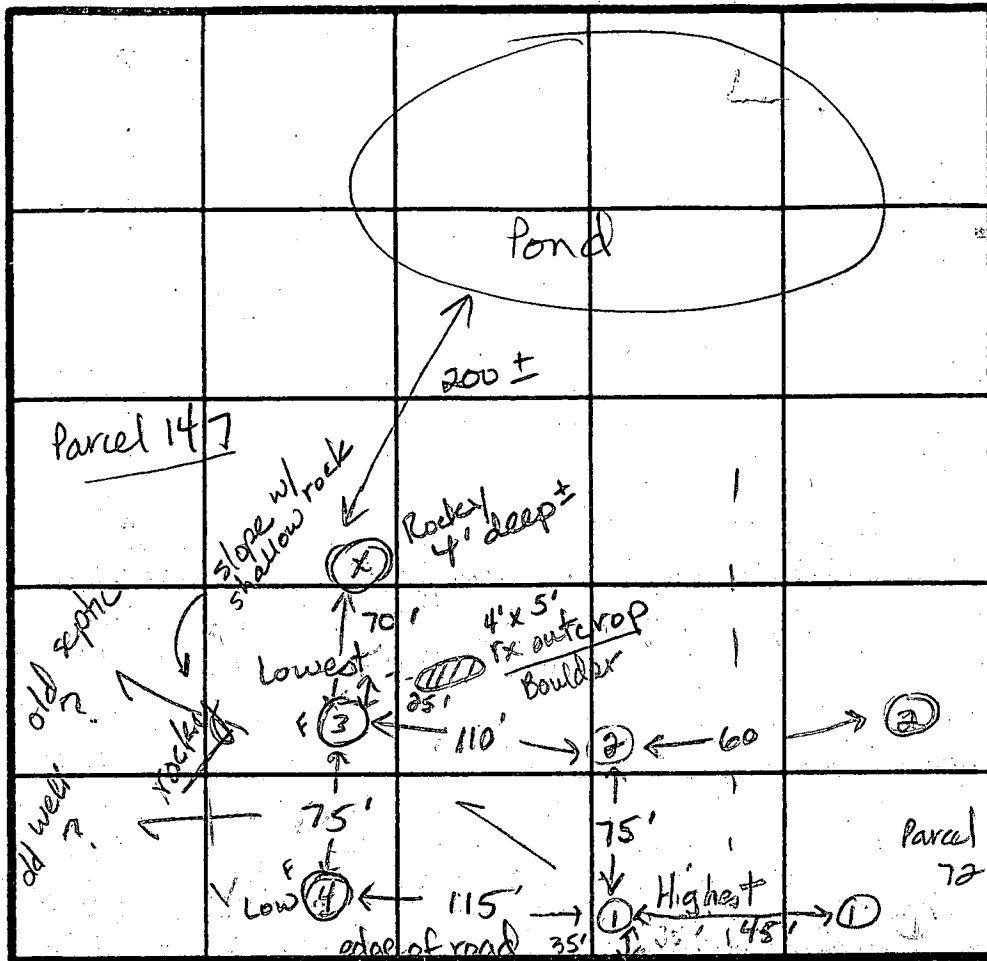
HD-216

THIS IS NOT A PERMIT

A46025

①
SOIL PROFILE

0-5.5 Rd-br s c l
5.5-12.0 Rd-br sa s l, little broken rock < 10%
12.0 Bottom Dry



③

0-5.0 Rd-br sa s c l
5.0-9.5 Rd-br sa s l, some broken rock, < 35% structured at 7.5 ft
9.5 Refusal

- 1 Highest
- 2
- 4
- 3 Lowest

$\bar{x} = 8.0$ min
Inlet = 2.5
Bottom = 5.0
210 sq ft / bdr m

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Union Chapel Road

②
0-5.0 Rd s c l
5.0-11.0 Tan mica sa s l, little broken rock < 5%
11.0 Refusal

④
0-5.0 Rd sa s c l
5.0-11.0 Rd-br sa l, some broken rock < 25%, some structure at 8.0 ft
11.0 Refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-18-90	1	5.5 S	11:19:38	11:22:18	11:22	11:26	4 min
		8.5 M	11:18:40	11:20:11	11:20:11	11:23:40	3 min
		12.0 D	Bottom				ok
	2	4.5 S	11:32:13	11:34:12	11:34	11:37	3 min
		11.0 D	Rock at 11.0 ft (not structured)				ok
	4	4.5 S	11:44:00	11:45:18	11:45:18	11:49:21	4 min
		4.5 S	11:39:56	11:40:26	11:40:26	11:41:33	1 min
		11.0 D	Rock at 11.0' struct. at 8.0 ft				No
	3	4.0 S	11:59:39	12:08:37	12:02:37	12:05:51	3 min
		4.0 S	11:54:19	11:56:04	11:56:04	11:58:32	2 min
	✓	9.5 D	Rock at 9.5', structured at 7.5 ft				No

Retest in same hole

Retest in same hole

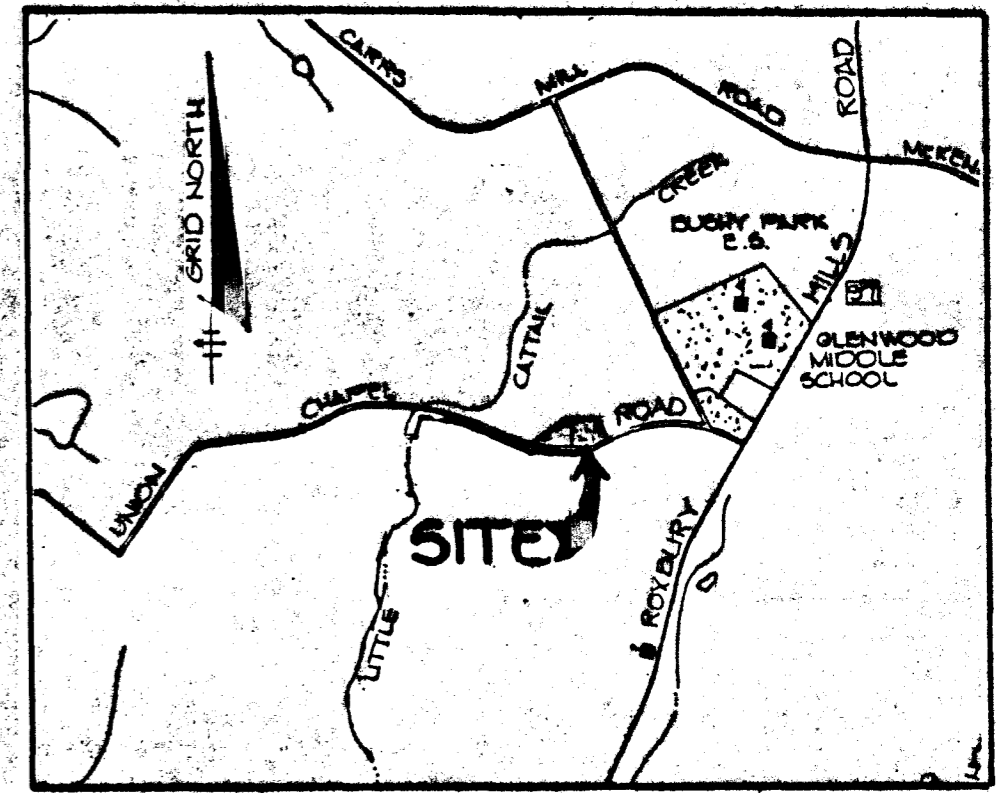
REMARKS Less than 10,000 sq ft acceptable area. Rocky soils not shallow depths. All buildings have been razed.
TYPE OF SOIL Wells & septic need to be abandoned properly

TESTED BY Jane E. Nadeau ALSO PRESENT Chuck (Hatfield) Developer Tracy, Shulte survey crew

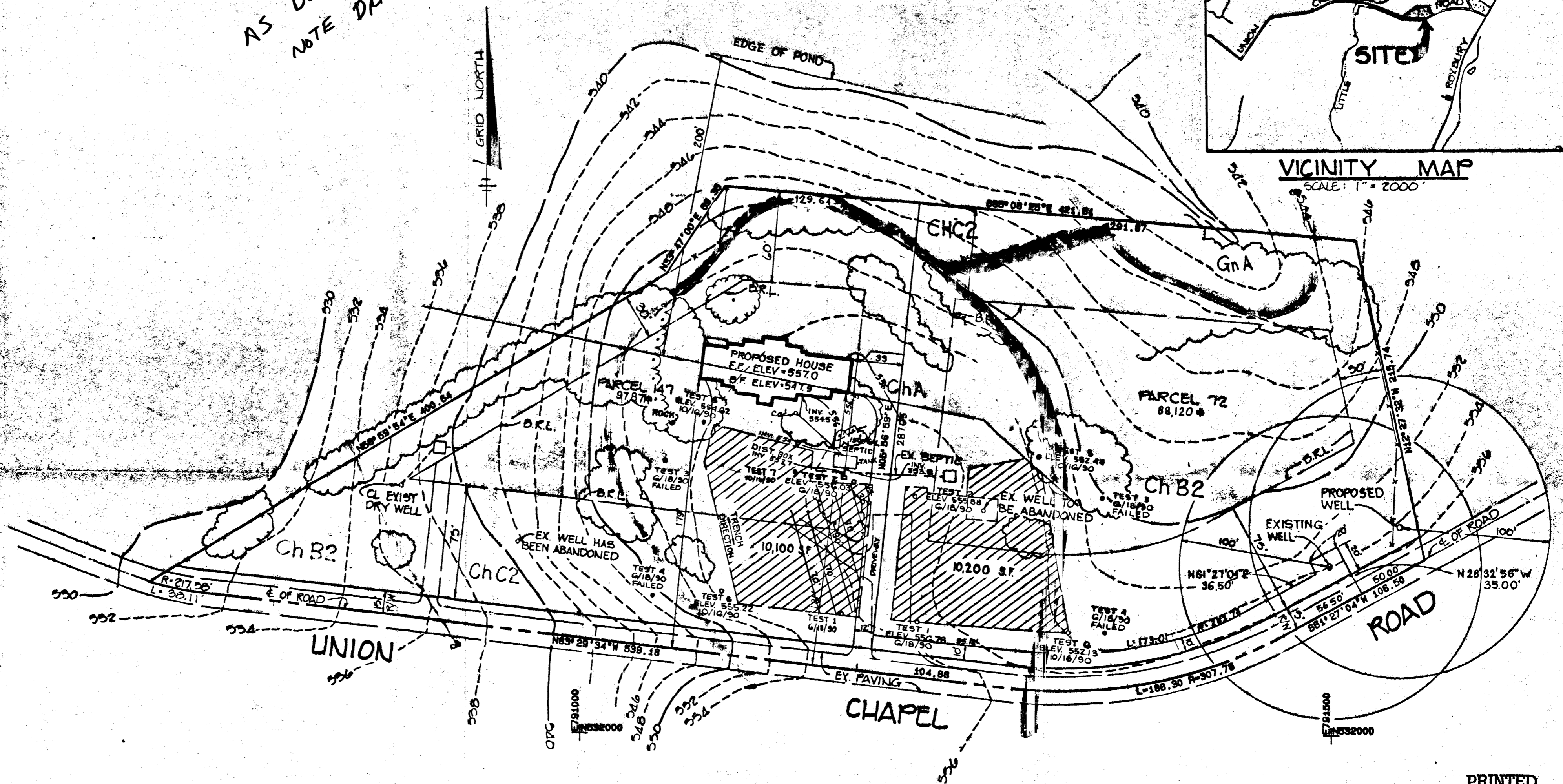
NOTES:

1. DISTURBED AREA - 9,500 s.f.
2. SEPTIC TRENCHES TO RUN ALONG CONTOUR
3. EXACT LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF PERMIT ISSUANCE BY THE HEALTH DEPARTMENT

AS BUILT
NOTE DRIVEWAY CHANGE
CHANGE

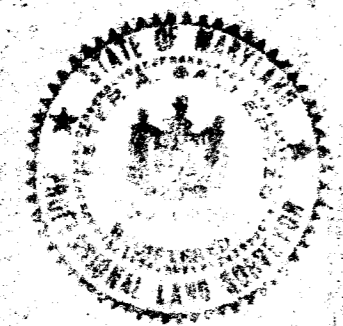


VICINITY MAP
SCALE: 1" = 2000'



70' + 70' + 90' + 70' + 35' + 15' + 350' TOTAL TRENCH LENGTH

PRINTED
JUL 24 1991



SURVEYOR'S CERTIFICATE
I CERTIFY THAT THE ABOVE MEASUREMENTS
ARE ACTUAL AND CORRECT FOR THIS PROPERTY
Peter A. Gallerizzo 05/01/91
PETER A. GALLERIZZO DATE
MARYLAND PROFESSIONAL LAND SURVEYOR #10705

TSA GROUP INC.
5300 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND. 21043
(301)-463-6105

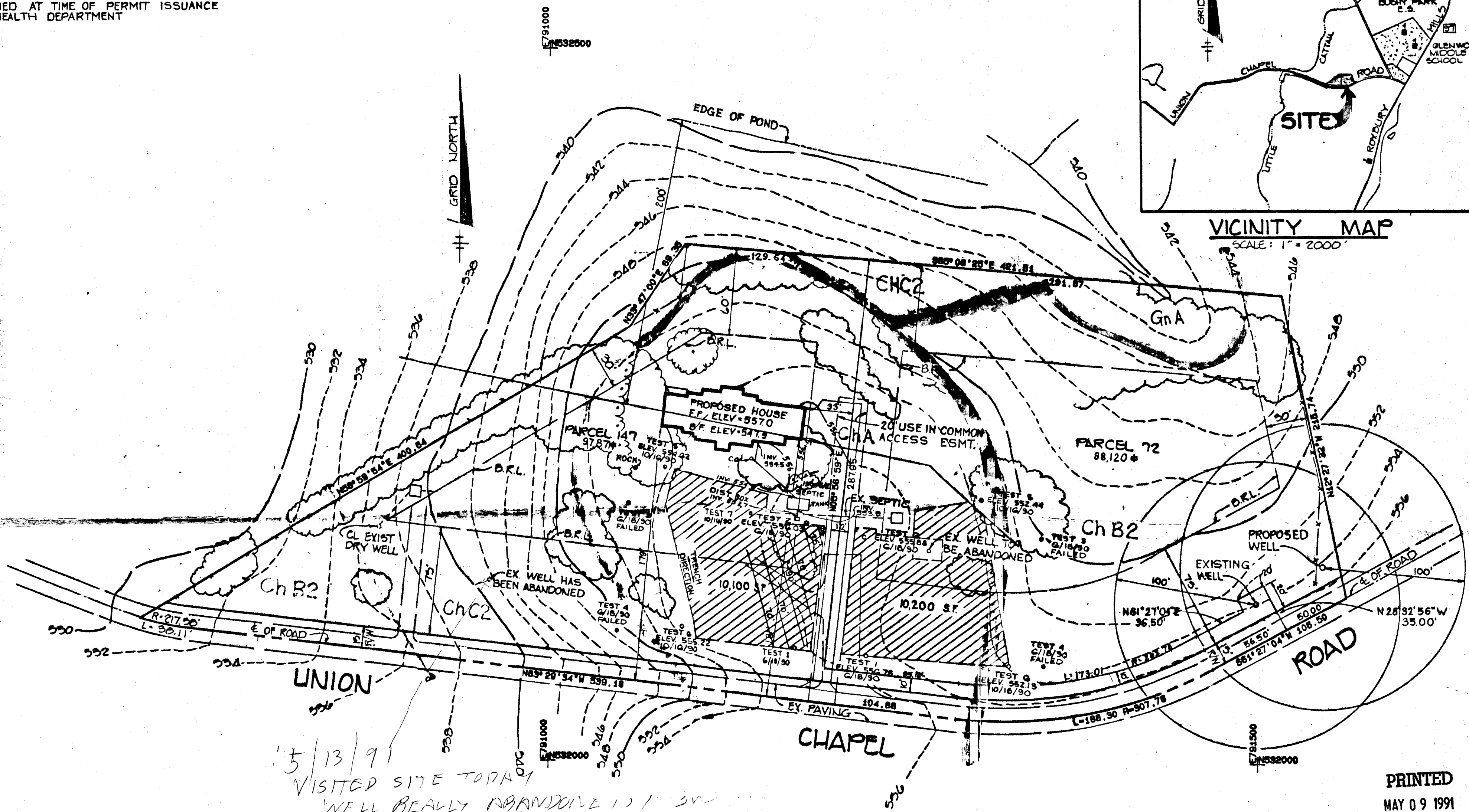
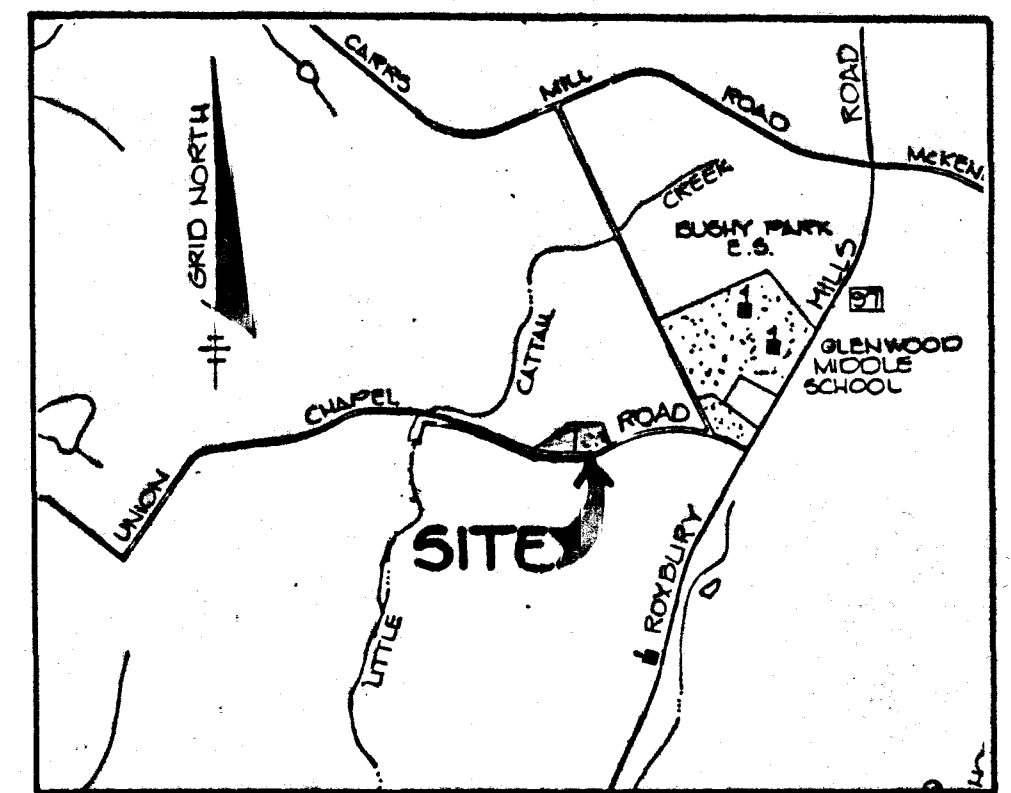
PLOT PLAN
TAX MAP 14 PARCEL 147

PROPERTY OF
GYC BUILDERS, INC.
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: 1" = 50' DATE: 05/01/1991

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUL 24 AM 11:16 '91

NOTES:

1. DISTURBED AREA - 9,500 s.f.
2. SEPTIC TRENCHES TO RUN ALONG CONTOUR
3. EXACT LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF PERMIT ISSUANCE BY THE HEALTH DEPARTMENT



5/13/91
 VISITED SITE TODAY
 WELL BEALLY ABANDONED 12/90
 P/H

PRINTED
 MAY 09 1991

70' + 70' + 90' + 70' + 35' + 15' + 350' TOTAL TRENCH LENGTH

5/13/91
 Revised Plans OK
 P/H




SURVEYOR'S CERTIFICATE
 I CERTIFY THAT THE ABOVE MEASUREMENTS
 ARE ACTUAL AND CORRECT FOR THIS PROPERTY
Peter A. Gallerizzo 05/01/91
 PETER A. GALLERIZZO DATE
 MARYLAND PROFESSIONAL LAND SURVEYOR #10705

PLOT PLAN
TAX MAP 14 PARCEL 147

TSA GROUP INC.
 2480 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND. 21043
 (301)-465-6105

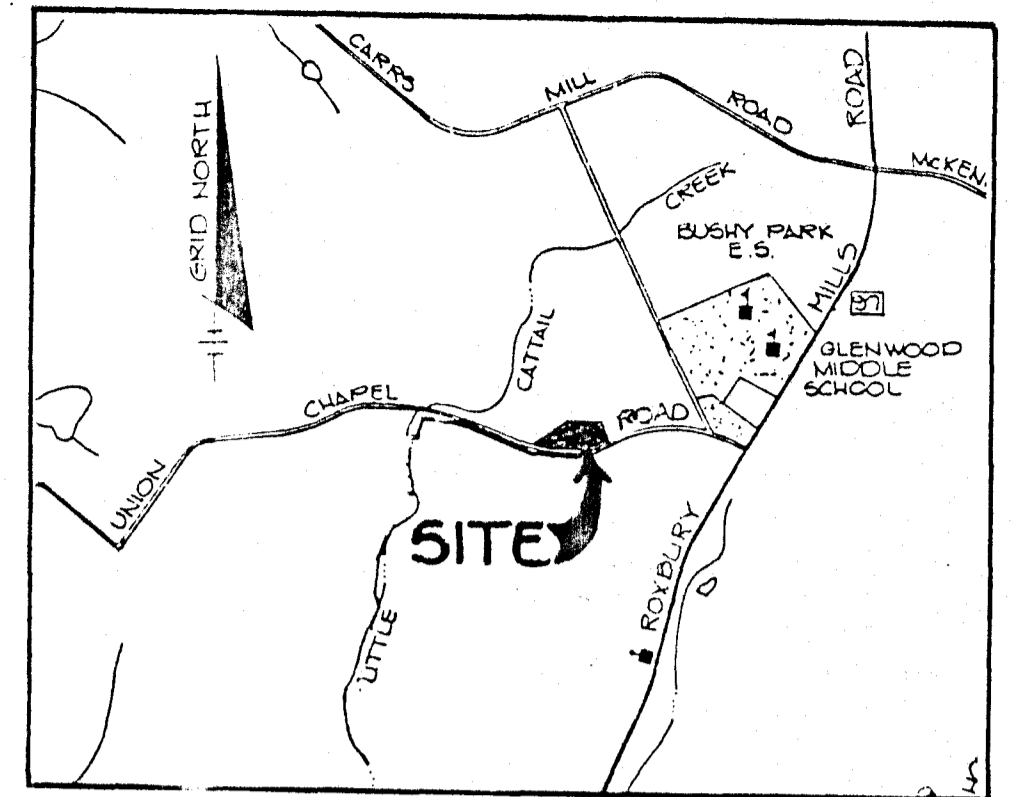
PROPERTY OF
 GYC BUILDERS, INC.
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MD.
 SCALE: 1" = 50' DATE: 05/01/1991

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

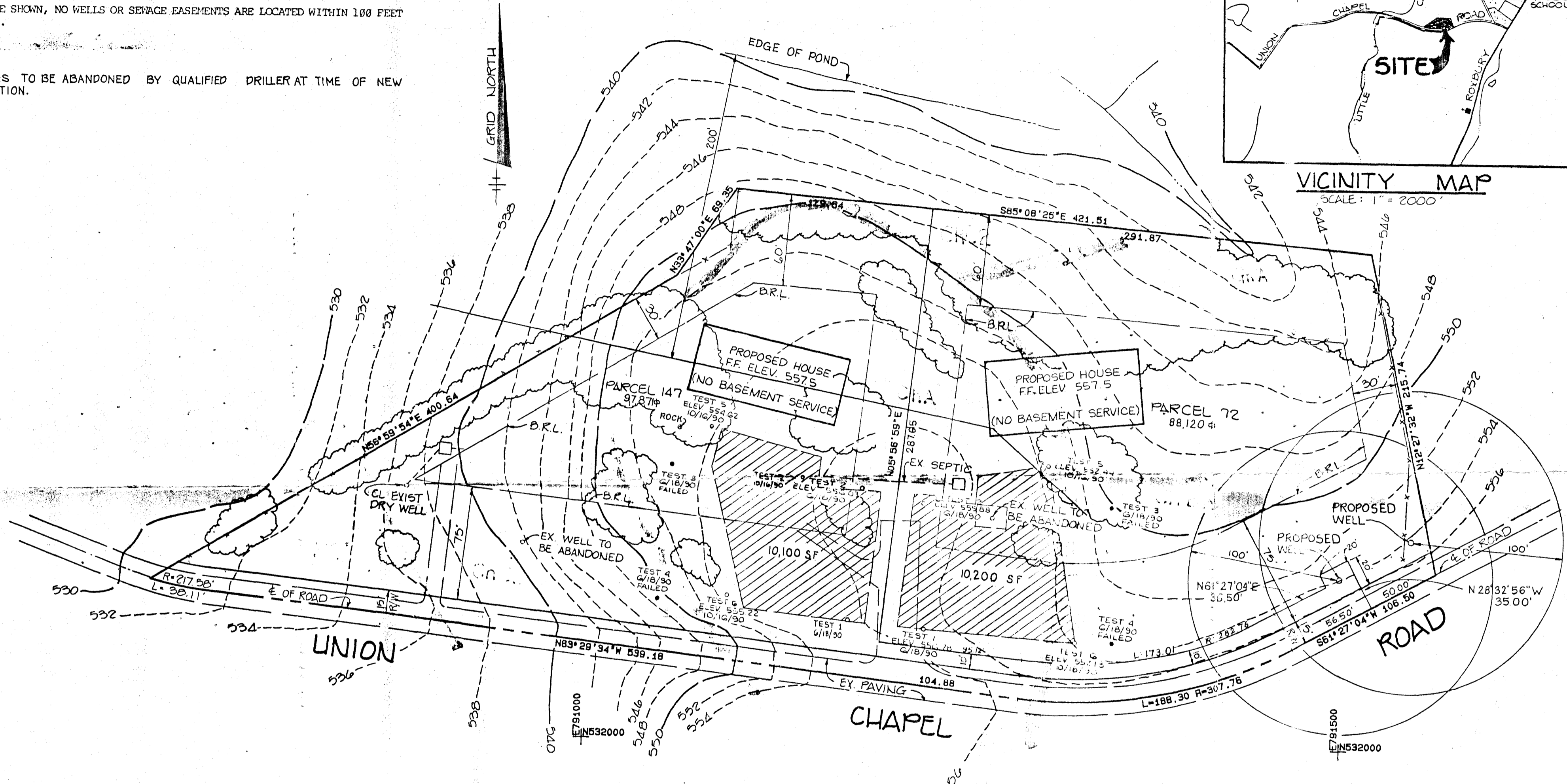
 THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.


UNLESS OTHERWISE SHOWN, NO WELLS OR SEWAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.

EXISTING WELLS TO BE ABANDONED BY QUALIFIED DRILLER AT TIME OF NEW WELL INSTALLATION.




VICINITY MAP
SCALE: 1" = 2000'




Peter A. Haller 1-31-91

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT

 2/5/91
C.W. HOWARD COUNTY HEALTH OFFICER DATE

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUL 24 AM 11:06 '91

PERCOLATION
CERTIFICATION PLAN
TAX MAP 14
PARCEL 72 & PARCEL 147

PROPERTY OF
SECURITY DEVELOPMENT CORP.

4TH ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: 1" = 50' DATE: 3/13/90

TRACY, SCHULTE AND ASSOCIATES INC.
8480 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND. 21043
(301)-465-6105

WELL ABANDONMENT REPORT

notag

Date 3/25/91

Permit Number of abandoned well (if any)

--	--	--	--	--	--	--	--

Driller's Name Maime Joseph
Last First

Owner's Name GVC BUILDERS
Last First

Well Location:

County Howard
Subdivision Wellington North
Section _____ Lot Parcel 147
Nearest Town Colewood
Maryland Grid Location _____

Box Number E 790
N 530

	0/5
X	0/0

Show well location by within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify _____

Depth of Well 100 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify _____

Size of Casing 5 5/8 Inches

Was any case removed Yes No
if yes amount removed _____ (feet)

Was casing ripped or perforated Yes No

Log of Sealing Material

Material	Feet	
	From	To
<u>Cement + gravel</u>	<u>0</u>	<u>100</u>

LIC 238
Joseph Maime

C1 4547 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 46005

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
04 11 90

Depth of Well
345
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-88-1686

OWNER GYC Builders
 STREET OR RFD Union Chapel Rd last name first name TOWN Stenwood
 SUBDIVISION Washington North SECTION LOT Parcel 147

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	
<u>SANDSTONE</u>	<u>0</u>	<u>43</u>	
<u>GRAY MICR. ROCK</u>	<u>43</u>	<u>345</u>	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 7128
 GALLONS OF WATER 72
 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

<input checked="" type="checkbox"/> ST	<input type="checkbox"/> CO
STEEL	CONCRETE
<input type="checkbox"/> PL	<input type="checkbox"/> OT
PLASTIC	OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

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

screen type or open hole. insert appropriate code below

<input checked="" type="checkbox"/> ST	<input type="checkbox"/> BR	<input type="checkbox"/> HO
STEEL	BRASS	OPEN HOLE
<input type="checkbox"/> PL	<input type="checkbox"/> OT	
PLASTIC	OTHER	

C2

DEPTH (nearest ft.)

<u>H0</u>	<u>45</u>	<u>345</u>
8-9	11	15
17	21	
23	24	26
30	32	36
38	39	41
45	47	51

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

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 59
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 5
 WHEN PUMPING 132
 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
 (CIRCLE) (YES or 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 (nearest foot)
 - below }

CIRCLE APPROPRIATE LETTER
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

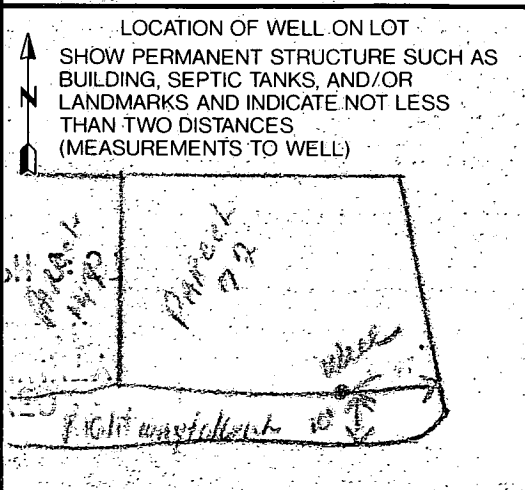
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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 O
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **0070** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

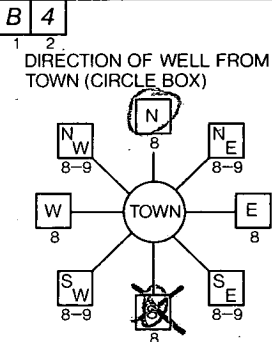
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-98-1686
 fill in this form completely

Date Received (APA) **032291**
 OWNER INFORMATION
GVC BUILDERS
 Last Name Owner First Name
PO BOX 1710
 Street or RFD
ELLICOTT + CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
WELLINGTON NORTH SUBDIVISION
 SECTION **44** LOT **48** parcel 147
GLENWOOD NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **5.0** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **238**
Joseph L. Mayne Well Drilling
 Firm Name
5512 RIDGE RD. Mt. Airy 21771
 Address
Joseph L. Mayne Date **3/21/91**
 Signature



Union Chapel Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **20** FT
 ENTER FT or MI **FT**

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

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

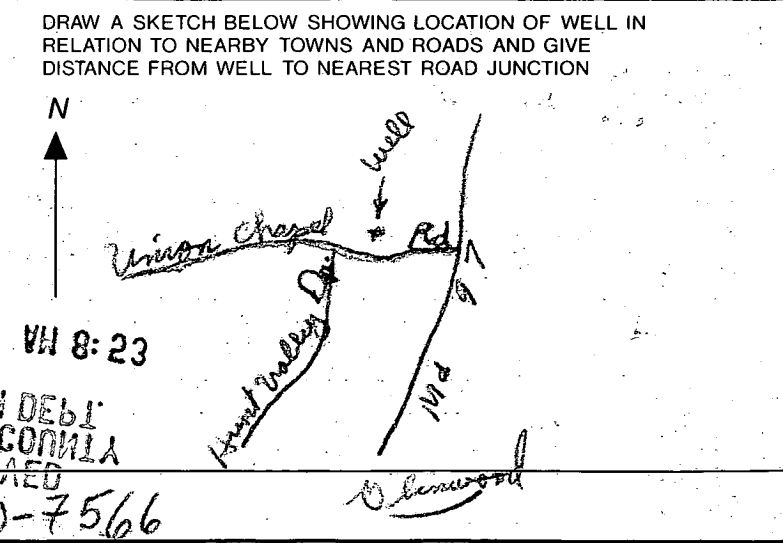
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A46025 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
040891 Jane E. Nadeau 10-8-91
 NORTH GRID **532000** EAST GRID **0791000**

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
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **790**
 N **530**
 4-11-91 10:25 am
 1 ft above grade
 46 ft casing
 35 ft open hole
 12 bags cement
 * Location ok JENadeau

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 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **JN** WRITE INITIALS IN BOX PERMIT No. **HO-98-1686**
 SPECIAL CONDITIONS **Diane Kenworthy 750-7566**
 COUNTY