

LAYOUT 2/15/05 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 02/14/2005

APPROVAL DATE: 2/19/05

P 521990

A 46642

**PERMIT  
INDEXED**

*TAX ID # 03-317129*

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Mercer Custom Homes, LLC IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 13787 Rover Mill Rd, W. Friendship PHONE NUMBER: 410-489-5438

SUBDIVISION: Pipes Property LOT NUMBER: 1

ADDRESS: 1722 Underwood Road PROPERTY OWNER: Michael Mercer

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☒

NUMBER OF BEDROOMS: 4 *2-Comp.*

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 175 HOUSE SERVED BY PUBLIC WATER ☐

|           |   |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box exactly 105' from the well at the left front corner of the staked SDA. Run (2) trenches on contour to right side of lot.   |
| NOTES:    | Install the tank exactly 100' from the well, and with 18-36" cover.<br>Contractor encouraged to extend trenches to 100' each for maximum use and efficiency.<br><i>Inline cleanout required between house and tank.</i> |

PLANS APPROVED: MER DATE: 7/19/04

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

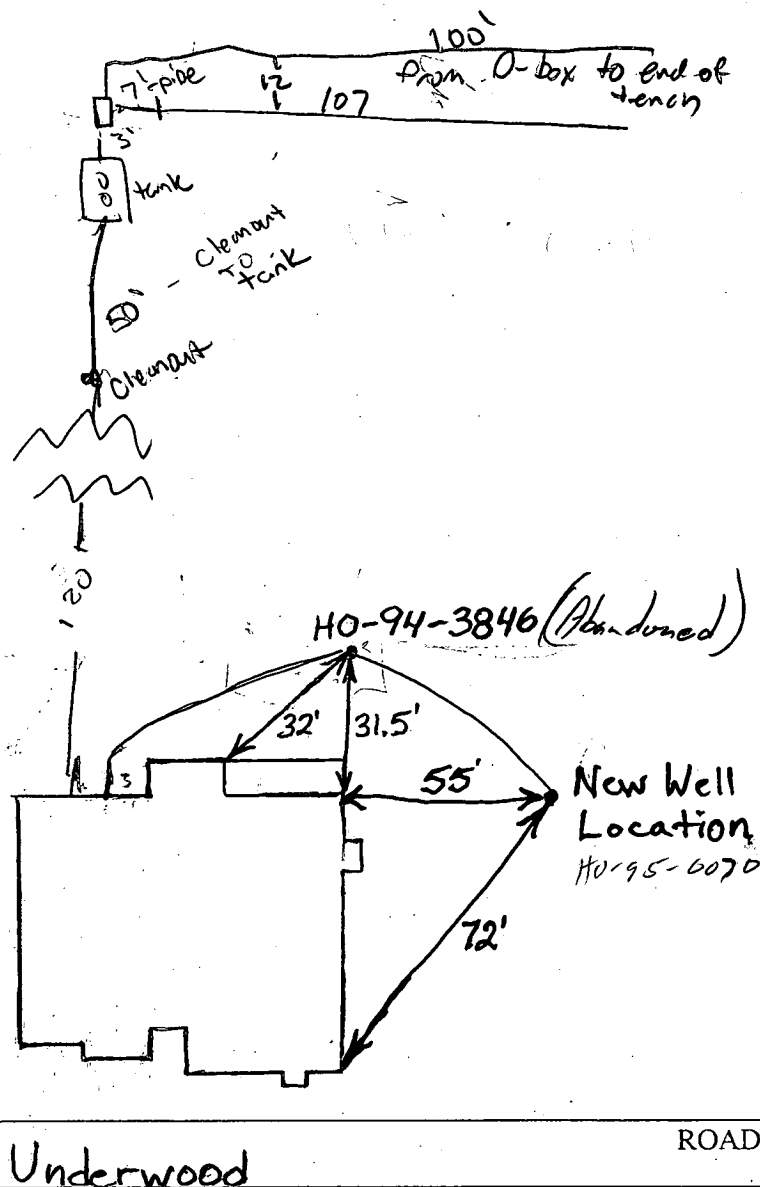
**BUILDING PERMIT SIGNED AND RETURNED**

**AND RETURNED**

*2-7-05 600 152068-46 LP TANK*

*446642*

NOT TO SCALE



| TRENCH/DRAINFIELD DATA  |                   |        |
|-------------------------|-------------------|--------|
| WIDTH                   | INLET             | BOTTOM |
| 3'                      | 4'                | 6'     |
| NUMBER OF TRENCHES      | 2                 |        |
| TOTAL LENGTH            | 207'              |        |
| ABSORPTION AREA         | 621 $\text{ft}^2$ |        |
| DISTRIBUTION BOX LEVEL  | ✓                 |        |
| DISTRIBUTION BOX BAFFLE | ✓                 |        |
| DISTRIBUTION BOX PORT   | ✓                 |        |

| SEPTIC TANK DATA    |          |     |
|---------------------|----------|-----|
| SEPTIC TANK 1 LEVEL | ✓        |     |
| CAPACITY            | 1500     | GAL |
| SEAM LOC            | T&D      |     |
| TANK LID DEPTH      | 1'       |     |
| BAFFLES             | ✓        |     |
| BAFFLE FILTER       | ✓        |     |
| MANHOLE LOC         | interior |     |
| 6" PORT LOC         |          |     |
| WATERTIGHT TEST     | N/A      |     |
| SEPTIC TANK 2 LEVEL |          |     |
| CAPACITY            |          | GAL |
| SEAM LOC            |          |     |
| TANK LID DEPTH      |          |     |
| BAFFLES             |          |     |
| BAFFLE FILTER       |          |     |
| MANHOLE LOC         |          |     |
| 6" PORT LOC         |          |     |
| WATERTIGHT TEST     |          |     |

PRE-CONSTRUCTION 2/15/05 Septic easement staked. Contour similar to plans. To install 2 - 100' trenches. O.K. to install

INSTALLATION trenches to avoid 2 very large trees near the top of the easement. Maintain 100' separation from the well with the tank and trenches. To use a 1500 gallon 2 - compartment topseam tank (BB) 2/17/05 Spoke with installer and went over trench and tank specs. and placement. (BB) Well line OK.

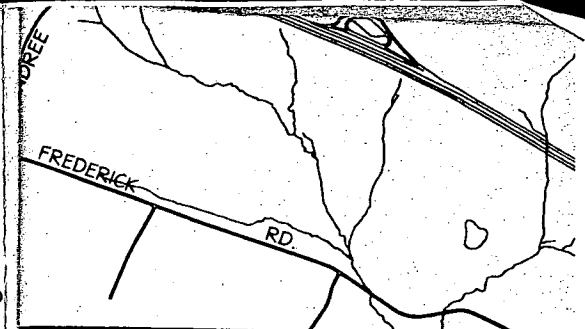
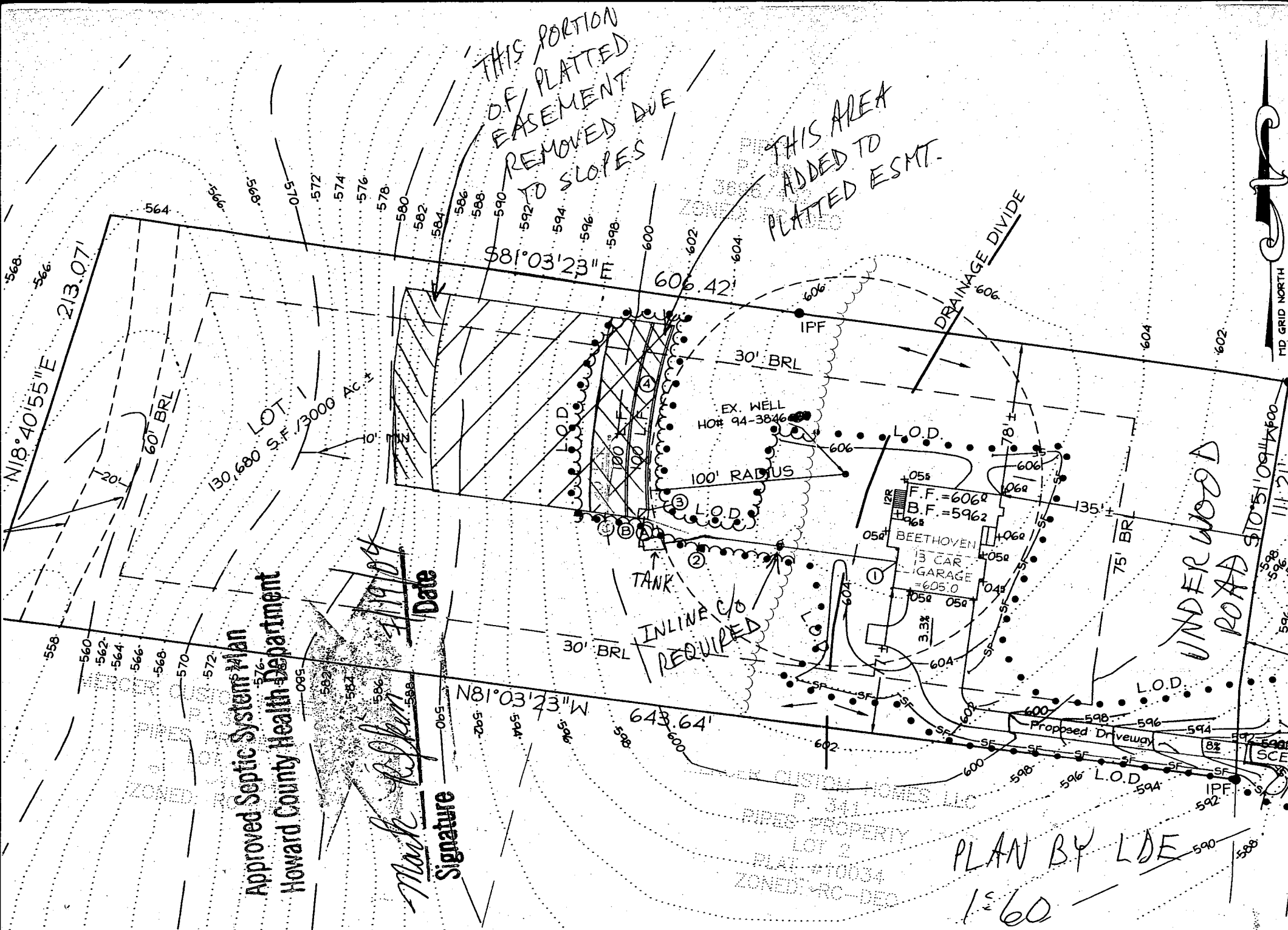
OK to cover tank. trench 1. OK to cover everything installed to plan.

(240-674-2553)

BUILDING PERMIT SIGNED  
AND RETURNED

FINAL INSPECTOR Steve J. 57 DATE OF APPROVAL 2/19/05





VICINITY MAP  
1" = 2000'

SEWAGE SYSTEM DESIGN DATA

- ① Invert @ Foundation Wall: 604.00 (Wall Hung)  
(Interior Pump Required for Basement Service/  
First Floor Gravity Service Only)
  - ② 1250 Gallon Septic Tank (4 Bedrooms)  
Provide Manhole to Finished Grade  
A. Ex. Ground Over Tank: ~~604.00~~ 602.00  
B. Prop. Grade Over Tank: ~~604.00~~ 602.00  
C. Invert In: ~~604.00~~ 598.60  
D. Invert Out: ~~604.00~~ 598.30
  - ③ Distribution Box: (Provide 3 Outlets Minimum)  
A. Ex. Ground Over Box: 602.00  
B. Prop. Grade Over Box: 602.00  
C. Invert In: ~~599.00~~ 598.00
  - ④ Trench Design: 60 LF/Bedroom X 4 Bedrooms
- |                  | (A)    | (B)    | (C)    |
|------------------|--------|--------|--------|
| Ex. Ground       |        |        |        |
| Over Trench:     | 602.00 | 601.00 | 600.00 |
| Inv. of Trench:  | 599.00 | 598.00 | 597.00 |
| Botm. of Trench: | 596.00 | 595.00 | 594.00 |
| Trench Length:   | 100 LF | 100 LF | 40 LF  |
| Trench Width:    | 3 FT.  | 3 FT.  | 3 FT.  |

NOTE: Trench design may be revised at installation base conditions.

Approved Septic System Plan  
Howard County Health Department  
  
Signature: *Mark [illegible]*  
Date: *11/19/04*

PLAN BY LDE  
1-60

LEGEND

STABILIZED CONSTRUCTION ENTRANCE

- NOTES:
1. Existing Zoning: RC-DEO
  2. Plat Reference: Plat # 10034

THIS AREA DESIGNATES A PRIV. SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISIMPROVEMENTS OF ANY NATURE IN THIS AREA RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE RIGHT TO GRANT ADJUSTMENTS TO THE PRIVATE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

6 8956

|  |   |   |
|--|---|---|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELICOTT CITY, MD 21043<br>PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3800 | <b>HOWARD COUNTY</b><br><b>PERMIT APPLICATION</b> | <b>PERMIT NUMBER</b><br><u>B0049041 MGR</u> |
|--|---|---|

|  |  |
|--|--|
| Building Address <u>1722 Underwood Rd.</u><br><u>Sykesville, MD 21784</u>  | Property Owner's Name <u>Michael Merrier</u>                             |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____   | Address <u>13787 Rover Mill Rd.</u>                                      |
| Census Tract _____ Subdivision <u>Pipe Line</u>  | City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21789</u>        |
| Section _____ Area _____ Lot <u>1</u>  | Home Phone <u>410 489 6632</u> Work Phone <u>410 489 5438</u>            |
| Tax Map <u>9</u> Parcel <u>341</u> Grid <u>14</u>  | Applicant's Name & Mailing Address, (if other than stated hereon): _____ |
| Zoning <u>RC-DEP</u> Map Coordinates <u>4512</u> Lot size <u>3.0 ac.</u>   | Phone _____ Fax <u>410 489 5435</u>                                      |
| Existing Use <u>Vacant</u>   | Contractor Company <u>Merrier Custom Homes</u>                           |
| Proposed Use <u>Single Family Dwelling</u>   | Contact Person <u>Mike Merrier</u>                                       |
| Estimated Construction Cost \$ <u>350,000</u>  | Address <u>13787 Rover Mill Rd.</u>                                      |
| Description of Work <u>Construction of new</u><br><u>single family detached dwelling.</u><br><u>1 BR 1.5 bath 2 car garage</u> | City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21789</u>        |
| Occupant or Tenant <u>3 car garage</u>   | License No. <u>2751</u>  |
| Contact Name _____   | Phone <u>410 489 5435</u> Fax <u>410 489 5438</u>                        |
| Address _____  | Engineer or Architect Company <u>LDM</u>                                 |
| City _____ State _____ Zip Code _____  | Contact Person <u>Bruce Barker</u>                                       |
| Phone _____ Fax _____  | Address <u>2250 Runway Rd. Suite 106</u>                                 |
|  | City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u>               |
|  | Phone <u>410 715 1070</u> Fax <u>410 715 9940</u>                        |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u>   |   | BUILDING DESCRIPTION - <u>RESIDENTIAL</u>  |  |
|--|---|--|--|
| <b>Building Characteristics</b>  | <b>Utilities</b>  | <b>Building Characteristics</b>  | <b>Utilities</b>   |
| Height: _____  | Water Supply: _____<br>Public _____ Private _____   | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>              | Water Supply: _____<br>Public _____ Private <input checked="" type="checkbox"/>  |
| No. of stories: _____  | Sewage Disposal: _____<br>Public _____ Private _____  | 1st floor: <u>54'</u> <u>57'4"</u>   | Sewage Disposal: _____<br>Public _____ Private <input checked="" type="checkbox"/>   |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>   | 2nd floor: <u>54'</u> <u>57'4"</u>   | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Use group: _____   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  | Basement: <u>54'</u> <u>57'4"</u>  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input checked="" type="checkbox"/> |
| State Certified Modular _____  | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____  | Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                        | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____   |
|  |   | No. of Bedrooms <u>4</u>   |  |
|  |   | Multi-family dwellings: _____  |  |
|  |   | No. of efficiency units: _____   |  |
|  |   | No. of 1 BR units: _____   |  |
|  |   | No. of 2 BR units: _____   |  |
|  |   | No. of 3 BR units: _____   |  |
|  |   | Other Structure: _____   |  |
|  |   | Dimensions: _____  |  |
|  |   | Footings: _____  |  |
|  |   | Roof: _____  |  |
|  |   | State Certified Modular _____  |  |
|  |   | Manufactured Home _____  |  |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

|   |                                      |
|---|--------------------------------------|
| <u>Michael Merrier</u><br>Applicant's Signature | <u>Michael Merrier</u><br>Print Name |
| <u>Merrier Custom Homes</u><br>Title/Company    | <u>6/22/04</u><br>Date               |

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

|  |                |                           |  |                           |
|--|----------------|---------------------------|--|---------------------------|
| <b>AGENCY</b>  | <b>DATE</b>    | <b>SIGNATURE APPROVAL</b> | <b>DPZ SETBACK INFORMATION</b>                           | <b>PROPERTY ID#</b>       |
| Land Development, DPZ                                    |                |                           | Front: _____   | 52153                     |
| State Highways   |                |                           | Rear: _____  | Filing fee \$ _____       |
| Building Official  |                |                           | Side: _____  | Permit fee \$ _____       |
| Dev. Engineering, DPZ                                    | <u>7/19/04</u> | <u>Mark Riffe</u>         | Side St.: _____  | Excise tax \$ _____       |
| Health   |                |                           | All minimum setbacks met?                                | Add'l per. fee \$ _____   |
| Fire Protection  |                |                           | YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____       |
| Is Sediment Control approval required prior to issuance? |                |                           | Is Entrance Permit required?                             | Sub-total paid \$ _____   |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                           | YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____      |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> |                |                           | Historic District?                                       | Check # <u>10005</u>      |
| ONE STOP SHOP: <input type="checkbox"/>                  |                |                           | YES <input type="checkbox"/> NO <input type="checkbox"/> | Validation # <u>20415</u> |
|  |                |                           | Lot Coverage for NewTown Zone _____                      |                           |
|  |                |                           | SDP/Red-line approval date _____                         | Accepted by _____         |

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ENVIRONMENTAL HEALTH

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**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: J.C. Harris Plumbing Telephone #: 301-371-7574  
Address: 3120 A Old Nash PKD  
Middletown MD 21109

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Jerry C. Harris, Jr License # 8744

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Mike Mercer Telephone #: 410-541-5408  
Subdivision: Pipes Property Lot #: 1 Well Tag #: HO-95-0070  
Site Address: 1722 Underwood Rd

**Submersible Pump Data**

Make: Goulds  
Model #: 75007422  
Pump Capacity: 7 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Campbell  
Model #: 6300X  
Depth: 36 (36" min)  
NSF approved:

**Well Cap and Electric Conduit**

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing: X  
Conduit min 18" B.G.:   
Conduit secured to well cap: X

Depth of well encountered at time of pump installation:  (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1999 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

**Piping to house**

Type: Black well  
PSI:  (160 psi min)  
Depth of supply line: 36 (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 10  
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature]

7/21/05  
date

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 7/19/05

Date Insp. Approved: 7/19/05

Inspection Data: Pitless adapter and water supply line at least 36" below grade X  
Two piece cap installed and attached to casing securely X  
Elec. conduit extends at least 18" below grade/attached to cap properly X  
Safety rope installed inside of well casing X  
Correct well tag attached properly and casing 8" above finished grade X  
Water supply line sleeved adequately at house connection X  
Adequate ground observed below pitless adapter X

WELL ALREADY COMPLETED AND BACKFILLED, Tying into existing well line from abandoned well.

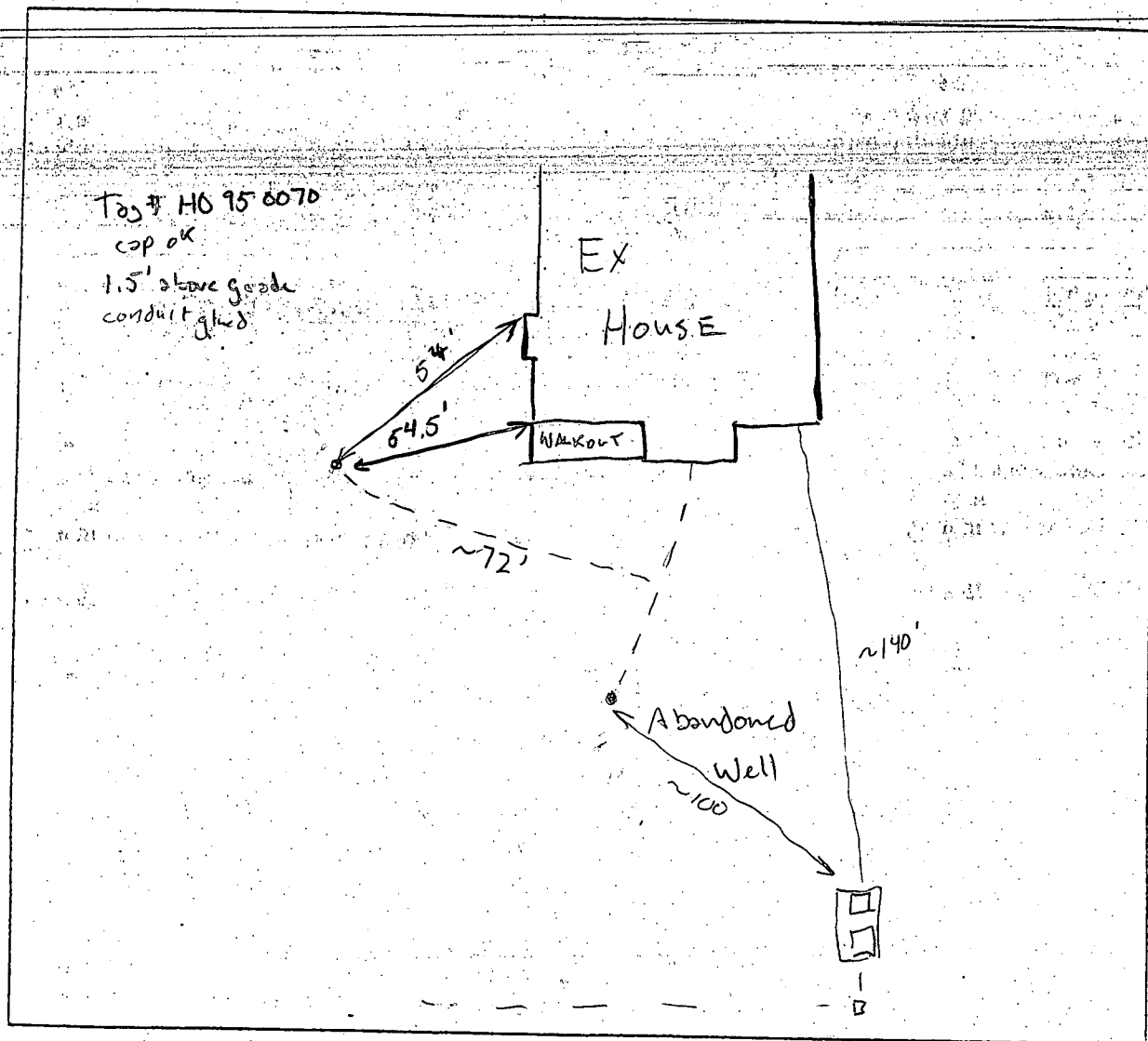
(GAC)

Approved

# SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 1722 Underwood Rd CONTRACTOR: Joe Maynes  
SUBDIVISION: \_\_\_\_\_ LOT: 1 WELL TAG #: 95 0070  
PROPOSAL: Connect replacement well to existing well line COUNTY #: HO

## LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 7/19/05 INSPECTOR: G. Crayth

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(Must circle one) Licensed Plumber: \_\_\_\_\_ Licensed Well Driller: \_\_\_\_\_ Licensed Well Pump Installer: \_\_\_\_\_

License # and name of individual responsible for the field installation: \_\_\_\_\_

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope not seen outside of well cap/casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_



|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| C1 1115  |  | SEQUENCE NO.<br>(MDE USE ONLY)  |  | STATE OF MARYLAND<br>WELL COMPLETION REPORT<br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE   |  | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED.   |  |
| 1 2 3 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS)                         |  |   |  |  |  | COUNTY<br>NUMBER A 46642   |  |
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>8 13  |  | DATE WELL COMPLETED<br>MM DD YY<br>7 13 05  |  | Depth of Well<br>22 200 26<br>(TO NEAREST FOOT)  |  | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>Ho 95 0070  |  |
| OWNER<br>Mencen  |  | STREET OR RFD<br>1722 Wyndover Rd   |  | TOWN<br>West Friendship  |  | SUBDIVISION<br>Pipes Property  |  |
| WELL LOG<br>Not required for driven wells  |  | GROUTING RECORD<br>WELL HAS BEEN GROUTED<br>(Circle Appropriate Box)<br>TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT CM BENTONITE CLAY BC<br>NO. OF BAGS 7 NO. OF POUNDS 658<br>GALLONS OF WATER 42<br>DEPTH OF GROUT SEAL (to nearest foot)<br>from 48 TOP 0 52 ft. to 54 BOTTOM 58 ft.<br>(enter 0 if from surface)   |  | C 3<br>PUMPING TEST<br>HOURS PUMPED (nearest hour) 13<br>PUMPING RATE (gal. per min.) 7.5<br>METHOD USED TO MEASURE PUMPING RATE Bucket<br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING 40 ft.<br>WHEN PUMPING 184 ft.<br>TYPE OF PUMP USED (for test)<br>A air P piston T turbine<br>C centrifugal R rotary O other (describe below)<br>J jet S submersible   |  |  |  |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR<br>COLOR, DEPTH, THICKNESS AND IF WATER BEARING |  | C 2<br>CASING RECORD<br>casing types insert appropriate code below<br>MAIN CASING TYPE<br>P.L. 6 24<br>Nominal diameter top (main) casing (nearest inch)<br>Total depth of main casing (nearest foot)<br>OTHER CASING (if used)<br>diameter inch depth (feet) from to<br>SCREEN RECORD<br>screen type or open hole<br>insert appropriate code below<br>ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER |  | PUMP INSTALLED<br>DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO<br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29<br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35<br>PUMP HORSE POWER 37 41<br>PUMP COLUMN LENGTH (nearest ft.) 43 47<br>CASING HEIGHT (circle appropriate box and enter casing height) 49 above 49 below LAND SURFACE 2 (nearest foot)  |  |  |  |
| DESCRIPTION (Use additional sheets if needed)  |  | FEET<br>FROM TO<br>Brown Shale 0 20<br>Gray Granite 20 200  |  | NUMBER OF UNSUCCESSFUL WELLS: 0<br>WELL HYDROFRACTURED YES Y NO N<br>CIRCLE APPROPRIATE LETTER<br>A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br>E ELECTRIC LOG OBTAINED<br>P TEST WELL CONVERTED TO PRODUCTION WELL<br>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. |  | LOCATION OF WELL ON LOT<br>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)<br>250' 20' |  |
| DRILLERS LIC. NO. 1 MSD 024  |  | DRILLERS SIGNATURE<br>(MUST MATCH SIGNATURE ON APPLICATION)   |  | LIC. NO. 1 D   |  | SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  |  |
| GRAVEL PACK<br>IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68                             |  | MDE USE ONLY<br>(NOT TO BE FILLED IN BY DRILLER)<br>T (E.R.O.S.) W Q  |  | TELESCOPE CASING   |  | LOG INDICATOR OTHER DATA   |  |

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0070  
Location of property (road) 1722 Underwood Rd.  
Subdivision Pipes Property Lot 1 Block      Plat      Sec.       
Well Driller Joseph Mayne Owner Michael Mercer

Depth of well 200'  
Distance of measuring point (M.P.) above ground 2  
Static water level (S.W.L.) below M.P. 40'

### I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm  
Total time 30 min to reach pumping water level 184 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

8147

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

H0-95-0070  
fill in this form completely

Date Received (APA)

7/12/2005

## OWNER INFORMATION

8 MM 9D YY 13

Mercer

Michael

15 Last Name

Owner First Name

13787 Raven Mill Rd

Street or RFD

West Friendship Md 21794

Town State Zip

## DRILLER INFORMATION

Joseph L. Mayne

MS DO 24

Joseph L. Mayne well Drilling

License No.

5512 Ridge Rd Mt Airy Md 21771

Address

Joseph L. Mayne

7/12/05

Signature

Date

## B 2 WELL INFORMATION

APPROX. PUMPING RATE

(GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED

(GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

APPROXIMATE DEPTH OF WELL

APPROXIMATE DIAMETER OF WELL

## METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted &amp; DRIVEN

AIR-ROTARY

AIR-PERCUSION

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEN AN EXISTING WELL

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

H0-94-3846

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER

H0 95-0070

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

## LOCATION OF WELL

Howard

8 COUNTY

23 SUBDIVISION

SECTION

LOT

West Friendship

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

4

73 76 77 78

1722 Enderwood Road

11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

WEST

EAST

SOUTH

34 250 37

DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: 9 BLK: 14 PARCEL 341

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL

Howard

COUNTY NAME

STATE

SIGNATURE

DATE ISSUED

7/12/2005

BRIAN BAKER

7/12/2006

NORTH GRID

542 000

EAST GRID

805 000

SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 805

N 542

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

7/13/05

Yield + Grout

No Insp.

BB

X

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MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-13-05 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 94 - 3846

\* PERMIT NUMBER OF REPLACEMENT WELL

Ho - 95 - 0070

\* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Michael Mercen

SITE LOCATION MAP

\* WELL LOCATION:

COUNTY: Howard

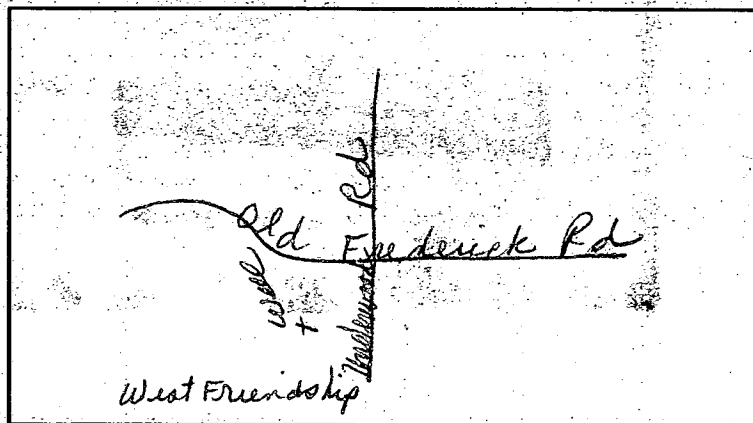
NEAREST TOWN: West Friendship

TAX MAP 9 BLOCK 14 PARCEL 3 & 1

SUBDIVISION: Pipes Property

SECTION: 1 LOT: 1

NEAREST ROAD: 1722 Underwood Rd



\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGERED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

☐ STEEL ☒ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 440 FEET DEEP

\* WAS ANY CASING REMOVED? ☒ YES ☐ NO

if yes, length removed, in feet: 2

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

| MATERIAL                | FEET |     |
|-------------------------|------|-----|
|                         | FROM | TO  |
| Cement                  | 0    | 30  |
| gravel + cement mixed   | 30   | 440 |
| VOLUME OF MATERIAL USED |      |     |

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

Joseph Mayne  
LICENSE #

024  
MWD/MSD/MGD

CIRCLE ONE

DATE

DENV 828

JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY

7-13-05

C1 1116

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

ST/CO USE ONLY

DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
7 11 05  
15 20

Depth of Well

22 440 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"HO-94-3846  
28 29 30 31 32 33 34 35 36 37OWNER Michael  
STREET OR RFD 1732 Underwood Rd TOWN West Friendship  
SUBDIVISION Pipes Property SECTION 1 LOT 1

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearing

Drilled in existing  
well from 180'  
to 440' no water  
Gray Granite 180 440  
abandon existing  
well 7-13-05  
Copy of abandon  
attached

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CMBENTONITE CLAY BCNO. OF BAGS 45 46 NO. OF POUNDS 45 46

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
below

ST

STEEL

BR

BRASS

HO

OPEN

PL

BRONZE

OT

HOLE

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

1 2

E 8 9 11 15 17 21

A 23 24 26 30 32 36

H 38 39 41 45 47 51

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

56 60

from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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)

## 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)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes no  
Y 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 LIC. NO. 1 MSD 024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>C1</b> 3876  |  | SEQUENCE NO.<br>(MDE USE ONLY)              | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE  |   | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED.      |
| 1 2 3 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS)  |  |   |   |   |   |
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>8 13   |  | DATE WELL COMPLETED<br>MM DD YY<br>12 10 03 |   | Depth of Well<br>22 185 26<br>(TO NEAREST FOOT) | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>1/28/04<br>O.K. BB<br>HO-94-3846 |
| OWNER <u>Mercer Homes</u><br>STREET OR RFD <u>1722 Underwood Road</u> first name TOWN <u>Sykesville</u><br>SUBDIVISION <u>Pipes Property</u> SECTION LOT <u>1</u>   |  |   |   |   |   |
| <b>WELL LOG</b><br>Not required for driven wells  |  |   | <b>GROUTING RECORD</b>  |   |   |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR<br>COLOR, DEPTH, THICKNESS AND IF WATER BEARING  |  |   | WELL HAS BEEN GROUTED<br>(Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |   |   |
|   |  |   | TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> BC   |   |   |
| DESCRIPTION (Use<br>additional sheets if needed)  |  |   | NO. OF BAGS <u>5</u> NO. OF POUNDS <u>470</u>   |   |   |
|   |  |   | GALLONS OF WATER <u>30</u>  |   |   |
| FEET<br>FROM TO check<br>if water<br>bearing  |  |   | DEPTH OF GROUT SEAL (to nearest foot)<br>from <u>0</u> TOP 52 ft. to <u>20</u> BOTTOM 58 ft.<br>(enter 0 if from surface)   |   |   |
|   |  |   | Casing types<br>insert<br>appropriate<br>code<br>below  |   |   |
| Top Soil 0 2<br>Brown Shale 2 9<br>Brown Slate 9 26<br>Blue Slate 26 40<br>Blue Slate 40 41 ✓<br>Blue Slate 41 58<br>Blue Slate 58 59 ✓<br>Blue Slate 59 154<br>Flint 154 156 ✓<br>Blue Slate 156 185   |  |   | <b>CASING RECORD</b>  |   |   |
|   |  |   | MAIN CASING TYPE <u>PC</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>21</u>   |   |   |
| NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>  |  |   | OTHER CASING (if used)<br>diameter inch depth (feet) from to  |   |   |
|   |  |   | EACH CASING   |   |   |
| WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |  |   | <b>SCREEN RECORD</b>  |   |   |
|   |  |   | screen type or open hole <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> H-O<br>insert appropriate code below STEEL BRASS OPEN HOLE<br>PLASTIC OTHER  |   |   |
| CIRCLE APPROPRIATE LETTER<br>A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br>E ELECTRIC LOG OBTAINED<br>P TEST WELL CONVERTED TO PRODUCTION WELL  |  |   | DEPTH (nearest ft.)   |   |   |
|   |  |   | 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 |   |   |
| 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. |  |   | SLOT SIZE 1 2 3   |   |   |
|   |  |   | DIAMETER OF SCREEN (NEAREST INCH)<br>56 60  |   |   |
| DRILLERS LIC. NO. <u>M5D081</u><br>DRILLER SIGNATURE<br>(MUST MATCH SIGNATURE ON APPLICATION)<br>LIC. NO. <u>D</u>  |  |   | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68   |   |   |
|   |  |   | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q  |   |   |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)   |  |   | TELESCOPE CASING LOG INDICATOR OTHER DATA   |   |   |
|   |  |   |   |   |   |
| PUMPING TEST  |  |   | C 3   |   |   |
|   |  |   | HOURS PUMPED (nearest hour) <u>3</u>  |   |   |
| PUMPING RATE (gal. per min.) <u>10</u>  |  |   | METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>   |   |   |
|   |  |   | WATER LEVEL (distance from land surface)  |   |   |
| BEFORE PUMPING <u>38</u> ft.  |  |   | WHEN PUMPING <u>110</u> ft.   |   |   |
|   |  |   | TYPE OF PUMP USED (for test)  |   |   |
| A air P piston T turbine<br>C centrifugal R rotary O other (describe below)<br>J jet S submersible  |  |   | PUMP INSTALLED  |   |   |
|   |  |   | DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |   |   |
| IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.   |  |   | TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  |   |   |
|   |  |   | CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  |   |   |
| PUMP HORSE POWER 37 41  |  |   | PUMP COLUMN LENGTH (nearest ft.) 43 47  |   |   |
|   |  |   | CASING HEIGHT (circle appropriate box and enter casing height)  |   |   |
| 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)  |   |   |

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3846  
Location of property (road) 1722 Underwood Rd  
Subdivision Pipes Property Lot 1 Block      Plat      Sec.       
Well Driller Stan's Well Drilling Owner Mercer Homes

Depth of well 185'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 38'

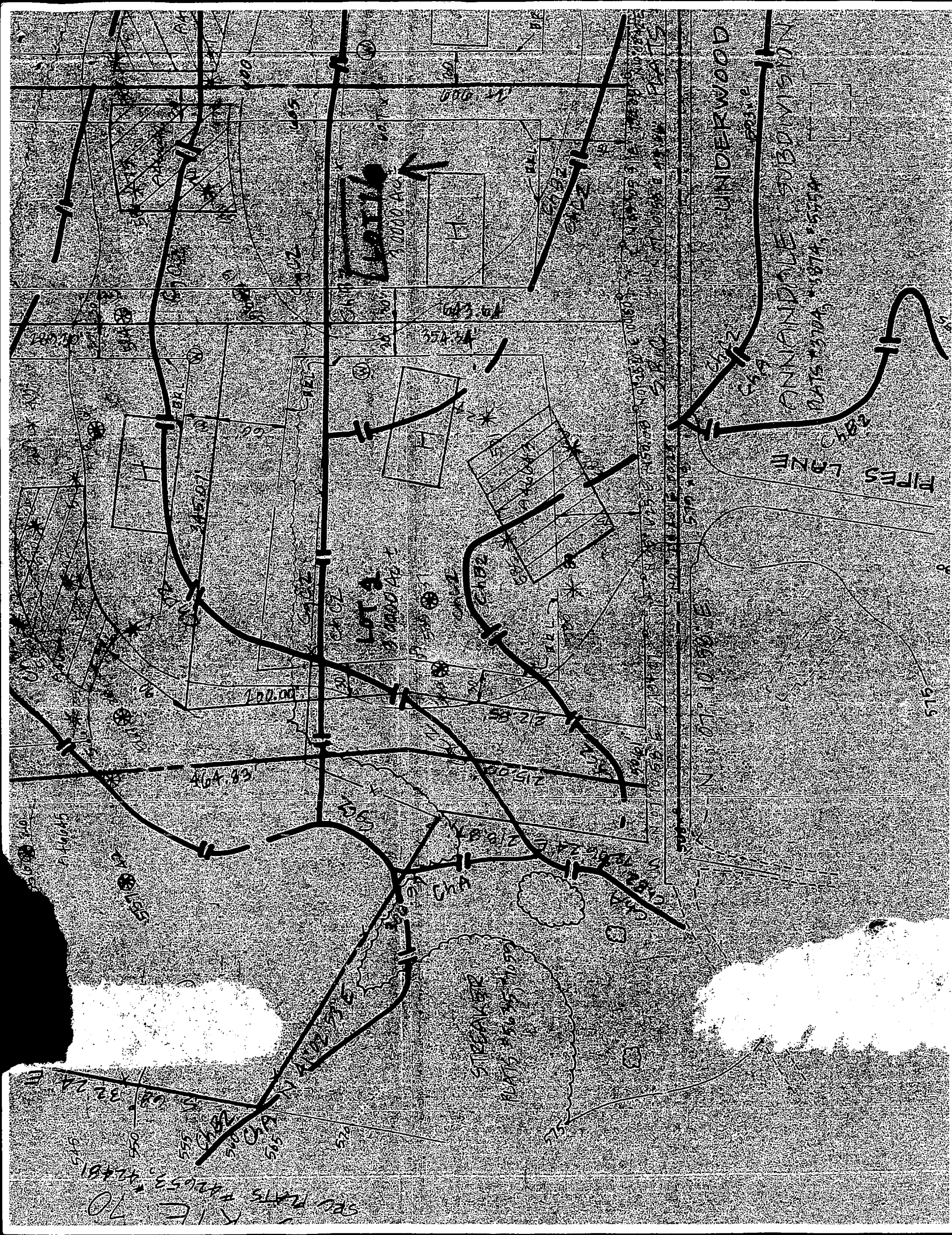
### I. High rate pumping -- reservoir drawdown

Time pump started 1400 Pumping rate 15 GPM  
Total time 30 min to reach pumping water level 110' ft. below M.P.

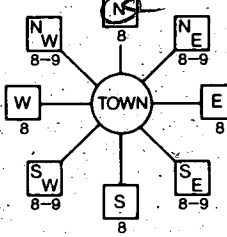
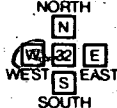
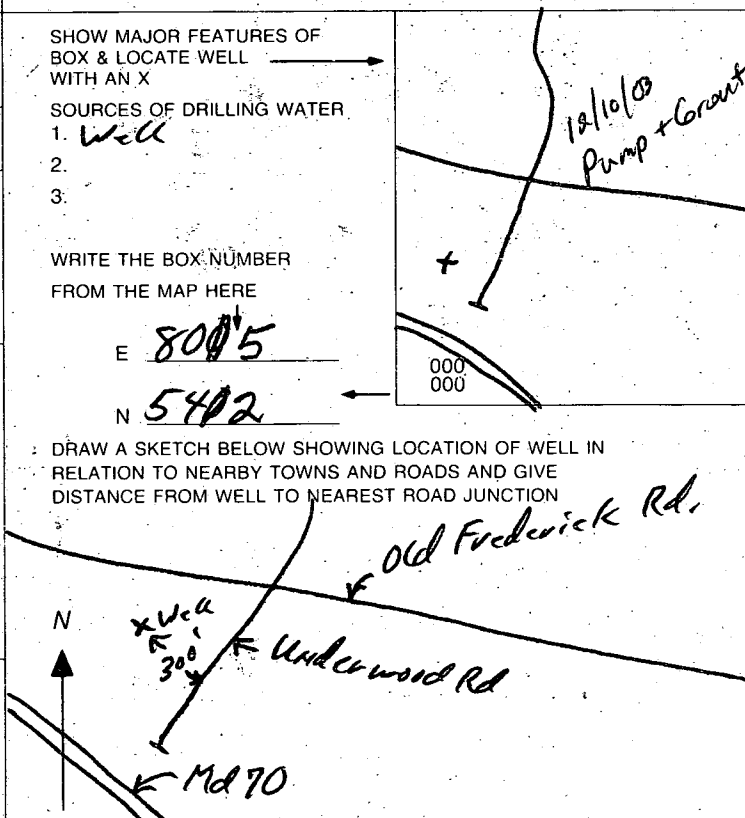
II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]







|   |                                |  |   |
|---|--------------------------------|--|---|
| 1 2 3 6<br><b>9586</b>  | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br>PERMIT TO DRILL WELL<br><b>519643</b> please print or type  | STATE PERMIT NUMBER<br><b>HO-94-3846</b><br><small>fill in this form completely</small> |
| Date Received (APA)<br><b>10/29/2003</b><br><small>8 MM DD YY 13</small>  |                                | B 3 LOCATION OF WELL<br><b>Howard</b><br><small>8 COUNTY</small>   |   |
| OWNER INFORMATION<br><b>Mercer Homes</b><br><small>15 Last Name Owner First Name 34</small><br><b>13787 Rover Mill Rd.</b><br><small>36 Street or RFD 55</small><br><b>West Friendship, Md. 21794</b><br><small>57 Town 70 State 72 Zip 76</small>  |                                | 23 SUBDIVISION<br><b>Fred &amp; Hattie Piper Rupp</b><br><small>42</small><br>SECTION: <b>1</b> LOT: <b>1</b><br><small>44 46 48 50</small><br><b>West Friendship</b><br><small>52 NEAREST TOWN 71</small><br>MILES FROM TOWN (enter 0 if in town) <b>2</b> M I<br><small>73 76 77 78</small>  |   |
| DRILLER INFORMATION<br><b>Stanley Bollinger</b> <b>MS D 081</b><br><small>76 License No. 81</small><br><b>Stan's Well Drilling</b><br><small>Firm Name</small><br><b>PO Box 2035, West Friendship, Md. 21158</b><br><small>Address</small><br><b>Stanley Bollinger</b> <b>10/29/03</b><br><small>Signature Date</small>   |                                | B 4<br>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br><br>11 NEAR WHAT ROAD<br><b>Underwood</b><br><small>30</small><br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br><br>34 <b>300</b> 37<br>DISTANCE FROM ROAD <b>FT</b><br><small>ENTER FT OR MI 38 39</small><br>TAX MAP: <b>9</b> BLK: <b>14</b> PARCEL: <b>341</b> |   |
| B 2 WELL INFORMATION<br>APPROX. PUMPING RATE <b>5</b><br><small>(GAL. PER MIN.) 8 12</small><br>AVERAGE DAILY QUANTITY NEEDED <b>500</b><br><small>(GAL. PER DAY) 14 20</small>   |                                | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL<br><b>Howard</b> <b>(13)</b> <b>A46642</b><br><small>COUNTY NAME COUNTY NO.</small><br>STATE SIGNATURE <b>Brian Baber</b> <b>11/12/2004</b><br><small>DATE ISSUED CO SIGNATURE EXPI. DATE</small><br>NORTH GRID <b>542</b> 000 EAST GRID <b>805</b> 000<br><small>50 55 57 63</small>   |   |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)<br><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="radio"/> PUBLIC WATER SUPPLY WELL<br><input type="radio"/> TEST, OBSERVATION, MONITORING<br><input type="radio"/> GEO-THERMAL   |                                | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. <b>Well</b><br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <b>8005</b><br>N <b>5402</b><br>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>   |   |
| APPROXIMATE DEPTH OF WELL <b>165</b> FEET<br><small>24 28</small><br>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH<br><small>NEAREST INCH</small>  |                                | METHOD OF DRILLING (circle one)<br>BORED (or Augered) JETTED Jettied & DRIVEN<br>30 AIR-ROTary <b>AIR-PERCussion</b> ROTARY (Hydraulic Rotary)<br>37 CABLE REVERSE-ROTary Drive-POINT<br><small>other</small>  |   |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____ |                                | Not to be filled in by driller (MDE OR COUNTY USE ONLY)<br>APPROX. PERMIT NUMBER _____ G _____<br>PERMIT No. <b>HO-94-3846</b><br><small>70 71 72 73 74 75 76 77 78 79</small>   |   |
| SPECIAL CONDITIONS<br><small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>  |                                |  |   |

**CASELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Mike Mercer  
Mercer Custom Homes  
13787 Rover Mill Road  
West Friendship, Maryland 21794

REPORT DATE: Jul 8, 2005

County Howard

Lab Number T-0527

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

Property Sampled: U&O: 1722 Underwood Road

Station Sampled: Powder room tap

Tax Map #:

Date/Time Sampled: Jul 7, 2005 12:05 pm

Parcel #:

Owner, Telephone No.: Chang

Sampler: 0887LF

Subdivision Name:

Lot Number:

Building Permit No.: B00149041

Well Number: HO-94-3846

Observation: 2-Piece Cap  
Satisfactory

**RESULTS OF ANALYSIS:**

| PARAMETER                 | RESULT        | METHOD    | *MCL/**SMCL     |        |
|---------------------------|---------------|-----------|-----------------|--------|
| Nitrate                   | 2.9 mg/L as N | SM 4500D  | *10 mg/L as N   | Pass   |
| Turbidity                 | <1.0 NTU      | EPA 180.1 | *10 NTU         | Pass   |
| pH                        | 6.1 Units     | EPA 150.1 | **6.5-8.5 Units | ***    |
| Sand                      | Negative      |           | Negative        |        |
| Total Coliform            | PRESENT       | SM 9223B  | *Absent         | UNSAFE |
| E. coli<br>(18 Hour Test) | Absent        |           |                 |        |

Treatment/Conditioning: None

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Sharon K. Cassell

\*MCL = Maximum Contamination Level  
\*\*SMCL = Secondary Maximum Contamination Level

# APPLICATION

PERCOLATION TESTING

A 44642

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 11/23/90

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 FRED J. PIPES

ADDRESS 13555 OLD FREDERICK RD PHONE 442-2144

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION PIPES PROPERTY LOT NO. 3 on F- 91-126

ROAD AND DESCRIPTION SOUTHWEST SIDE OF THE INTERSECTION  
OF OLD FREDERICK ROAD AND UNDERWOOD RD

TAX MAP 2 PARCEL # 98

SIZE OF LOT 3.00 ACRES TYPE BLDG. SINGLE FAMILY  
(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. Fred J. Pipes  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING PERC OK-HOLD FOR PLAT MR 12/28/90

THIS IS NOT A PERMIT

Lot 3  
A46642

Lot 2  
(2) (3)

### SOIL PROFILE

orig  
spiky  
along bottom

---

orig yel  
tan  
sand  
bottom  
10%  
fragr.  
shale  
at bottom

Hand-drawn geological map on a 5x5 grid. The map is divided into three lots: Lot 5 (top-left), Lot 4 (bottom-left), and Lot 2 (bottom-right). A diagonal line runs from the top-left to the bottom-right, separating Lot 5 and Lot 4. The map includes labels for 'marble', 'slate', 'Low', 'HIGH', 'Rocky', and '100' foot elevations. Circled numbers 1, 2, 3, and 4 are placed at various grid intersections, with arrows pointing to them from the 'Rocky' label. A diagonal line runs from the top-left to the bottom-right, separating Lot 5 and Lot 4.

dense  
org sandy  
clay  
loam

dense  
tan &  
brn  
sand  
loam  
25%  
frags

$\bar{X} = 14$   
210 ~~13~~ 12  
Inlet 4'

Bot 6  
175' Tr  
1st system

to  $4\frac{1}{2}$

EST  
LOT 2  
LOT 2

UNDERWOOD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

| DATE     | TEST NO.    | DEPTH  | PRE-WET     |       | TEST - 1" DROP |                  | TIME |
|----------|-------------|--------|-------------|-------|----------------|------------------|------|
|          |             |        | START       | STOP  | START          | STOP             |      |
| 12/19/90 | (1) S       | 4      | 1:18        | 1:20  | 1:20           | 1:26             | 6    |
|          | (1) V       | 12     | see profile |       |                |                  |      |
| 12/30/90 | (2) S       | 5 1/2  | 10:19       | 10:25 | 10:25          | 10:40            | 15   |
|          | (2) V       | 10 1/2 | sim to (1)  | 15:20 | 20% frags      | clay             |      |
|          | 3           | 5 1/2  | 10:21       | 10:24 | 10:24          | 10:27            | 3"   |
|          | 3           | 11 1/2 | see profile |       | 40-50%<br>same | FAIL             |      |
|          | 4 S         | 5      | 10:23       | 10:28 | 10:28          | 10:37            | 9    |
|          | 4 V         | 11 1/2 | see profile |       | FAIL           | L (40-50% shale) |      |
| 12/19/90 | LOT 2 (3) S | 6      | 12:46       | 12:58 | 12:58          | 1:30             | 32   |
|          | (3) V       | 11 1/2 | see profile |       | 20% frags      | 5' clay          |      |
|          | LOT 2 (2) S | 4 1/2  | 11:28       | 11:37 | 11:37          | 11:50            | 13   |
|          | (2) M       | 8      | 12:10       | 12:13 | 12:13          | 12:18            | 5    |
|          | (2) V       | 13 1/2 | see profile |       | 20-25% frags   |                  |      |

REMARKS USE (1)-(2) FROM Lot 3 & (2)-(3) FROM Lot 2  
ALL HOLES PER PLAT

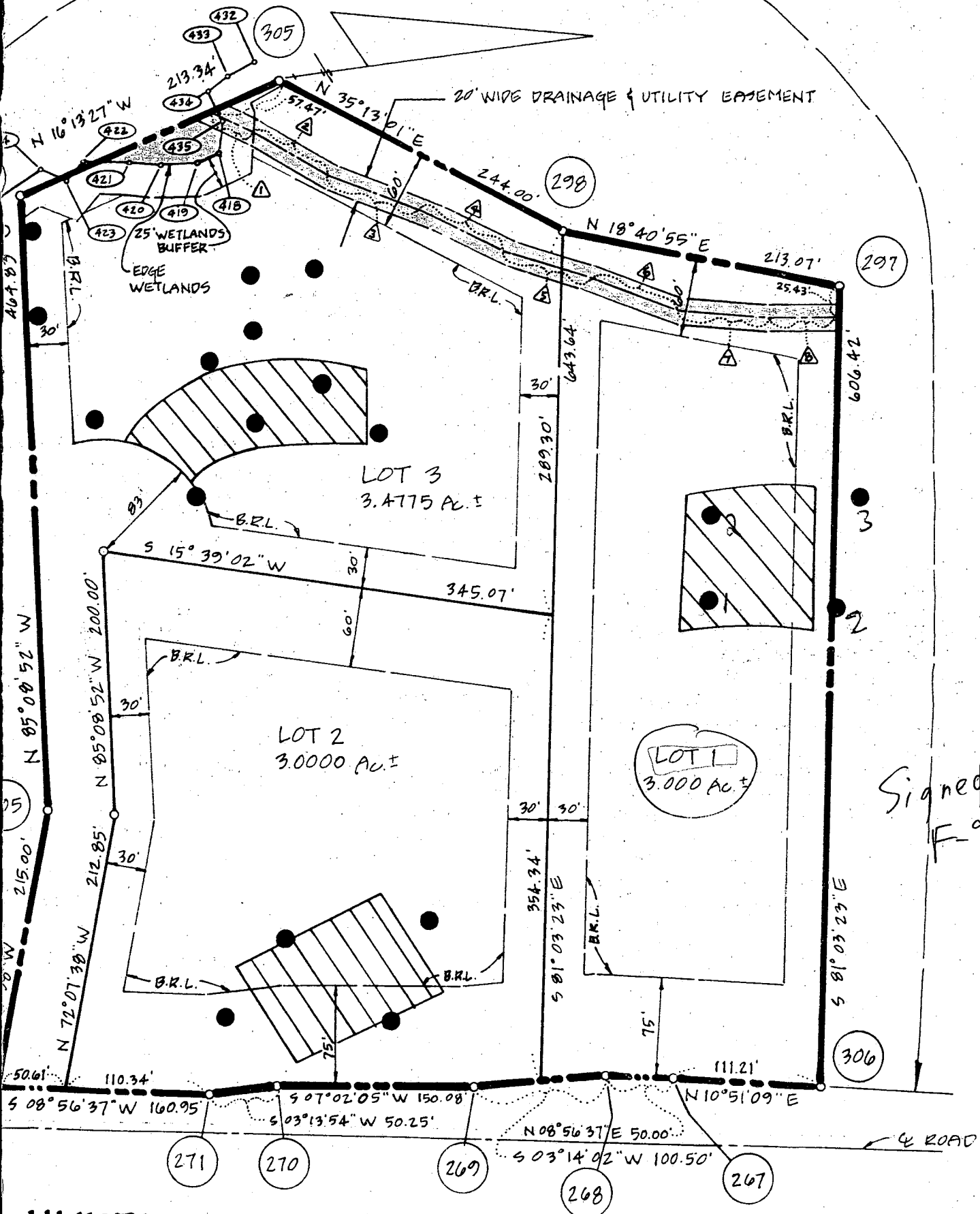
TYPE OF SOIL

TESTED BY M. R. Fkin

ALSO PRESENT Owner, son, son-in-law

off  
red  
sand  
clay loam  
4  
off  
tan  
brn  
sand  
loam  
8  
5% frags  
strong  
shale  
formation  
11 1/2 40% - 50%  
in part  
of hole

FRED J. PIPES  
921/372



Signed  
F-91-126

MD RTE 70

SRC PLATS #42653, #42481

STREAKER  
PLATS #5635, #7059

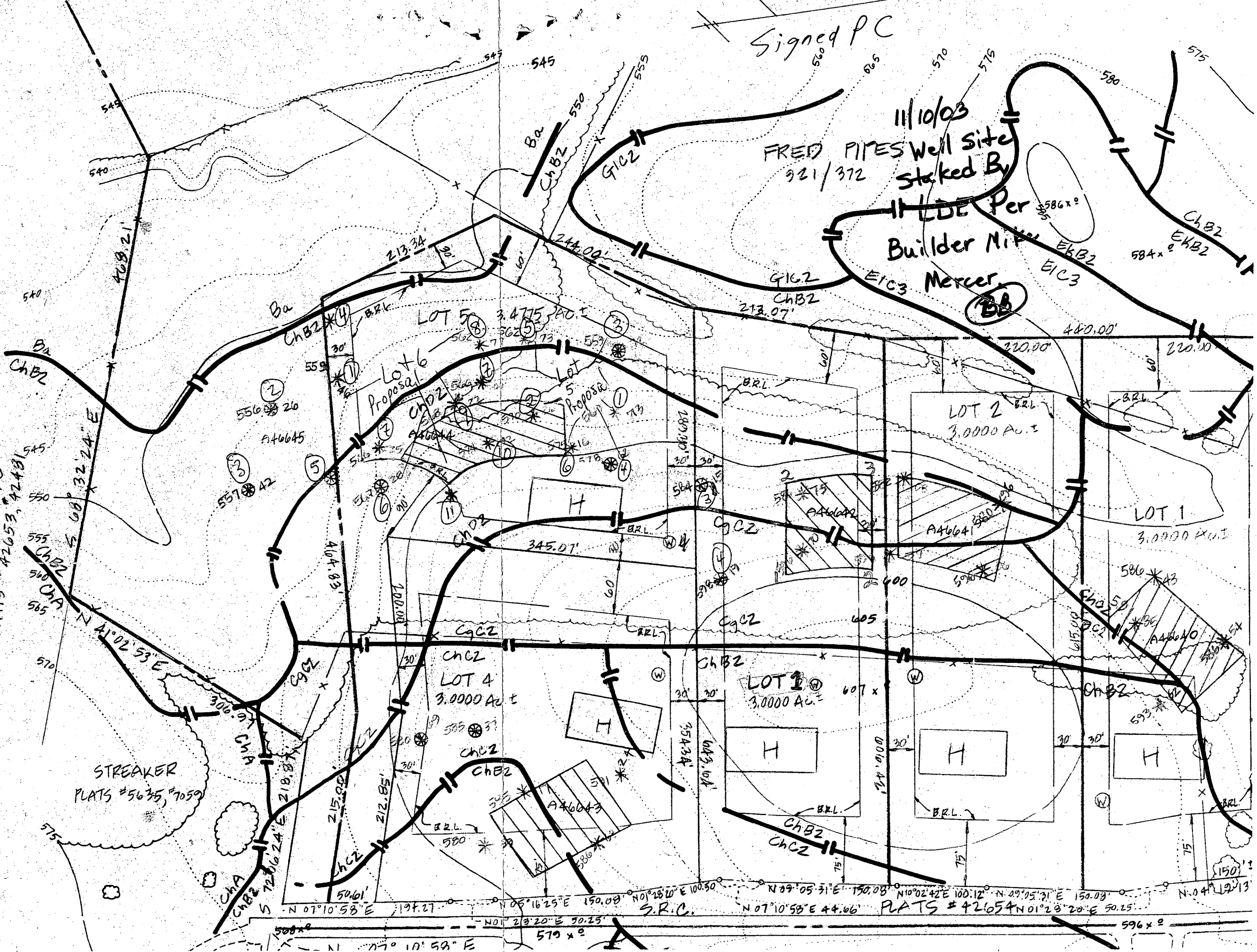
Signed PC

11/10/03

FRED PIPES Well site  
921/372

Per  
Builder N  
Mercer

BB



**LDE** INC.

Planning ♦ Engineering ♦ Surveying

July 9, 2004

Ms. Avis L. Corbin, Chief  
Licenses and Permits Division  
Department of Inspections, Licenses and Permits  
3430 Courthouse Drive  
Ellicott City, Maryland 21043

Re: Revised Plot Plan for the Pipes Property, Lot 1  
Tax Map 9, Parcel 341  
Building Permit No. B00149041

Dear Ms. Corbin:

We are herewith submitting revised plot plans for the above referenced property. We are writing to explain the reasons for the plan revisions. During the initial review of the plan, both the Health Department and the Development Engineering Division made comments that required revisions to the plot plan.

The Health Department requested that the septic system and easement be moved uphill out of the steep slope areas. They also requested that the proper well tag number be labeled on the plan. Lastly, they requested that the septic line from the house be moved to the north such that it comes out from the house and not the garage. These revisions also resulted in a re-design of the septic system. All of these revisions are shown on the enclosed revised plot plans.

The Development Engineering Division requested that we demonstrate how the Environmentally Sensitive Development Stormwater Credit is applicable to the subject lot. Particularly, they requested that we demonstrate the disconnected flowpaths and slopes. Due to this comment, the entire house elevation was lowered by 2.0 feet in order to achieve flowpaths from all roof drain outfalls that are equal to or less than 5%. All of these revisions, including the locations of the roof drain outfalls, are shown on the enclosed revised plans.

Please accept the enclosed \$25.00 revision fee and revised plot plan package for immediate processing. Thank you for your attention to this revision.

Very truly yours,  
LDE, Inc.

*Bruce D. Burton*

Bruce D. Burton, P.E.  
Vice President

pipesrevplot.doc

RECEIVED

JUL 09 2004

LICENSES & PERMITS  
DIVISION

CK 4500

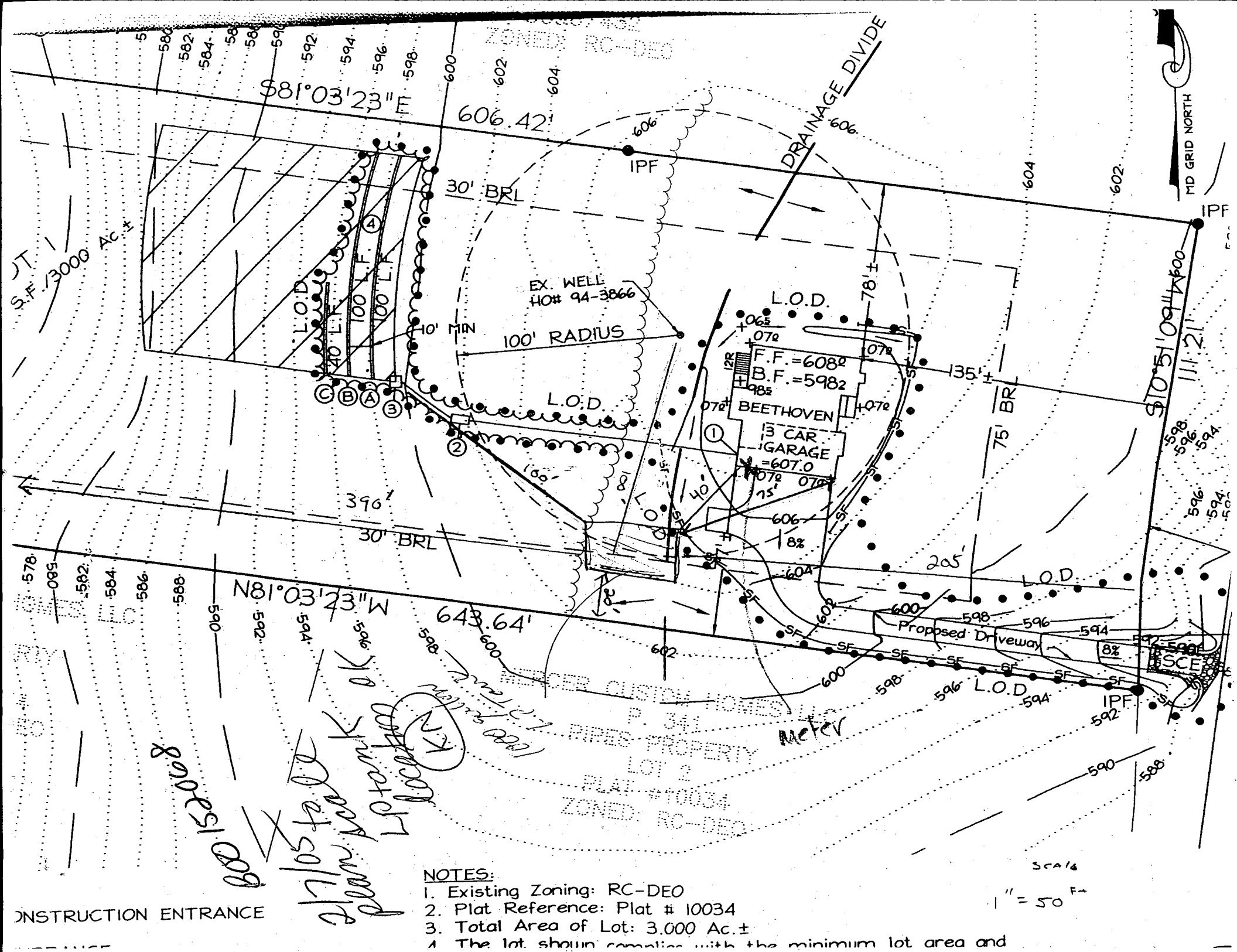
CR 71758

\$ 25.00

OK Ho Co Health

MR 7/19/04

cc: Eng  
Health Dept  
Pls - Review  
Sedimen - This Tr





**CASSELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Mike Mercer  
Mercer Custom Homes  
13787 Rover Mill Road  
West Friendship, Maryland 21794

REPORT DATE: Jul 19, 2005

County Howard

Lab Number T-0717

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L NO 0.1 MG/L

cc: County Health Dept. Yes

Property Sampled: U&amp;O: 1722 Underwood Road, NEW WELL

Station Sampled: Powder Room Tap

Tax Map #: 9

Date/Time Sampled: Jul 19, 2005 12:30 pm

Parcel #: 341

Owner, Telephone No.: Chang

Sampler: 5226SB

Subdivision Name: Pipes Property

Lot Number: 1

Building Permit No.: B00149041

Well Number: HD-95-0070

Observation: 2-Piece Cap  
Satisfactory**RESULTS OF ANALYSIS:**

| PARAMETER | RESULT        | METHOD    | *MCL/**SMCL     |      |
|-----------|---------------|-----------|-----------------|------|
| Nitrate   | 2.2 mg/L as N | SM 4500D  | *10 mg/L as N   | Pass |
| Turbidity | 4.9 NTU       | EPA 180.1 | *10 NTU         | Pass |
| pH        | 6.5 Units     | EPA 150.1 | **6.5-8.5 Units | ***  |
| Sand      | Negative      |           | Negative        |      |

Residual Chlorine Level: 0.1 mg/L

Treatment/Conditioning: None

\*\*\*A non-enforceable parameter that may cause cosmetic effects or  
aesthetic effects (such as taste, odor, or color) in drinking water.



Sharon K. Cassell

\*MCL = Maximum Contamination Level  
\*\*SMCL = Secondary Maximum Contamination Level

**CASSELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21031-2211  
(410) 252-7742

REPORT DATE: Jul 21, 2005

County Howard

Lab Number T-0747

Sample iced Yes  
Residual  $Cl_2$  <0.1 mg/L NO

cc: County Health Dept. Yes

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Mike Mercer  
Mercer Custom Homes  
13787 Rover Mill Road  
West Friendship, Maryland 21794

Property Sampled: U&amp;O: 1722 Underwood Road, NEW WELL, Bacteria Test

Station Sampled: Powder Room Tap

Tax Map #: 9

Date/Time Sampled: Jul 20, 2005 12:25 pm

Parcel #: 341

Owner, Telephone No.: Chang

Sampler: 6724GP

Subdivision Name: Pipes Property

Lot Number: 1

Building Permit No.: B00149041

Well Number: HQ-95-0070

Observation: 2-Piece Cap  
Satisfactory**RESULTS OF ANALYSIS:**

| PARAMETER      | RESULT | METHOD   | *MCL/**SMCL |      |
|----------------|--------|----------|-------------|------|
| Total Coliform | Absent | SM 9223B | *Absent     | SAFE |
| E. coli        | Absent | SM 9223B | *Absent     | SAFE |

Treatment/Conditioning: None



Heather R. Beam

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

July 21, 2005

Michael Mercer  
13787 Rover Mill Road  
West Friendship, MD 21794

RE: Pipes Property, Lot 1  
1722 Underwood Road  
Sykesville, MD 21784  
BP #: B00149041  
Well Permit # HO-95-0070

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 02/19/2005. Final approval of the well line connection to the dwelling was approved on 07/19/05.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0070. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 07/19/2005 & 07/20/2005  
Date of Well Completion: 07/13/2005

Approving Authority,

Bert Nixon, R. S.  
Well & Septic Program

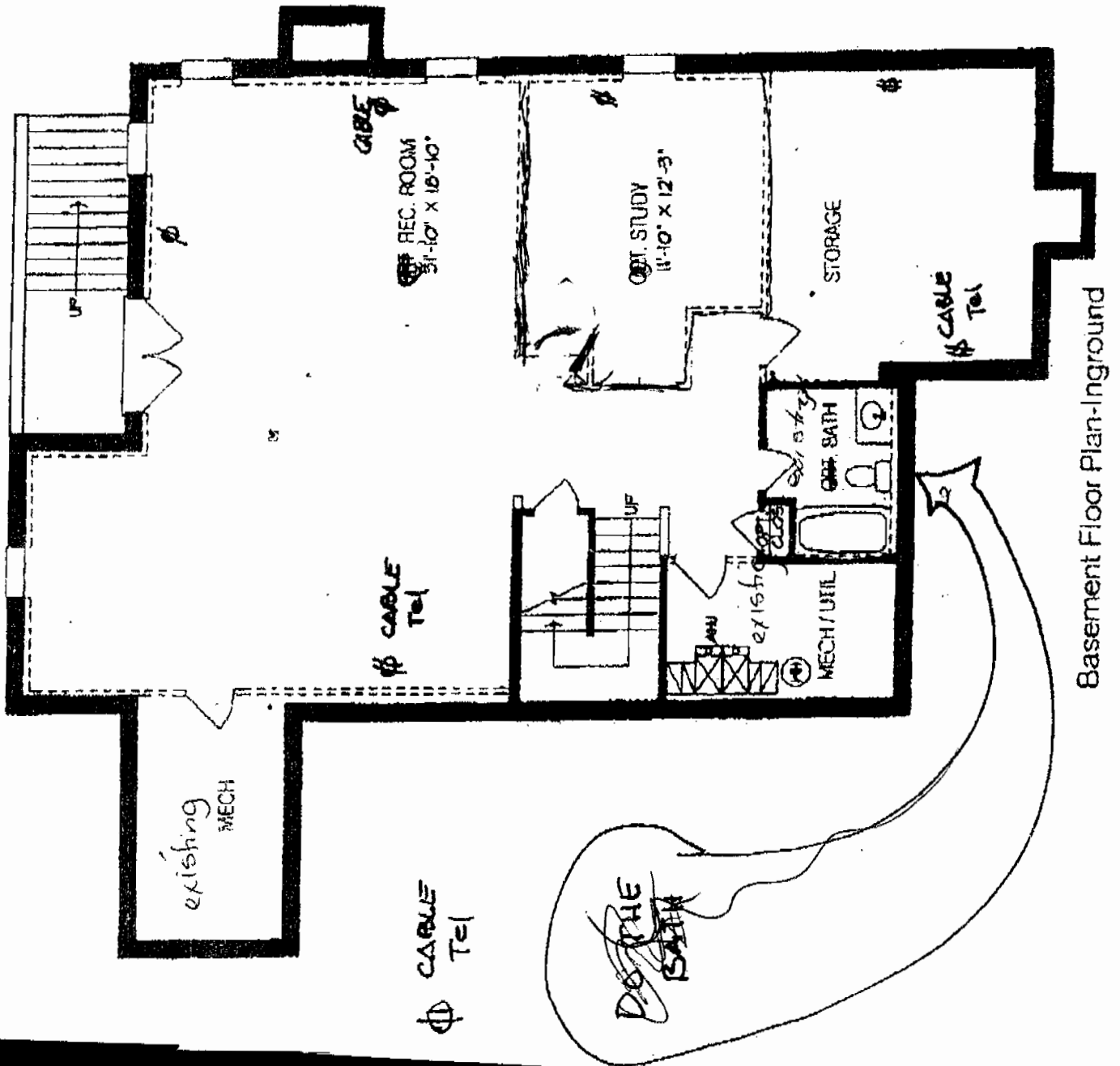
cc: Building Inspector's Office  
Community Health Services  
File

ok as shown  
 5/17/06 of finished basement  
 BOB R9414

FROM : LIPMG

FAX NO. : 6263307994

Mar. 17 2005 04:20PM P4



Basement Floor Plan-Inground