

PERMIT

File

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49029

A REPAIR

DISTRICT _____

DATE 3/5/93

DATE SYSTEM APPROVED 3/11/93

INSPECTOR C.B.D.

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
461-9933 313-2640

Zepp Plumbing & Heating, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 12447 Route 108, Clarksville, Maryland 21029 PHONE 531-6712

SUBDIVISION _____ LOT _____ ROAD 13994 Wainwright Road

PROPERTY OWNER James & Sally Timko

ADDRESS Buck ranch

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 90'

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED. (Note: (1) Swale and Rain spouts run towards D. Well area.)

Call for inspection when ground is opened so sanitarian can recommend repair. 03/05/93

Note: To come off existing dry well + go towards back of home

(1 Trench) 2' Wide inlet 4 1/2' Maximum depth 10 1/2'

6' of stone 90' + Long 540' of effective

absorbent area. (Keep trench 100' from HOME's only water well) +/-

[100' + from any water well] Also recommend

PLANS APPROVED BY C.B.D. in field for C.W. to Mr. Zepp DATE 3/8/93 P.M.

COVER NO WORK UNTIL INSPECTED AND APPROVED [redirection of rain water from septic area.]

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM C.B.D.

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**

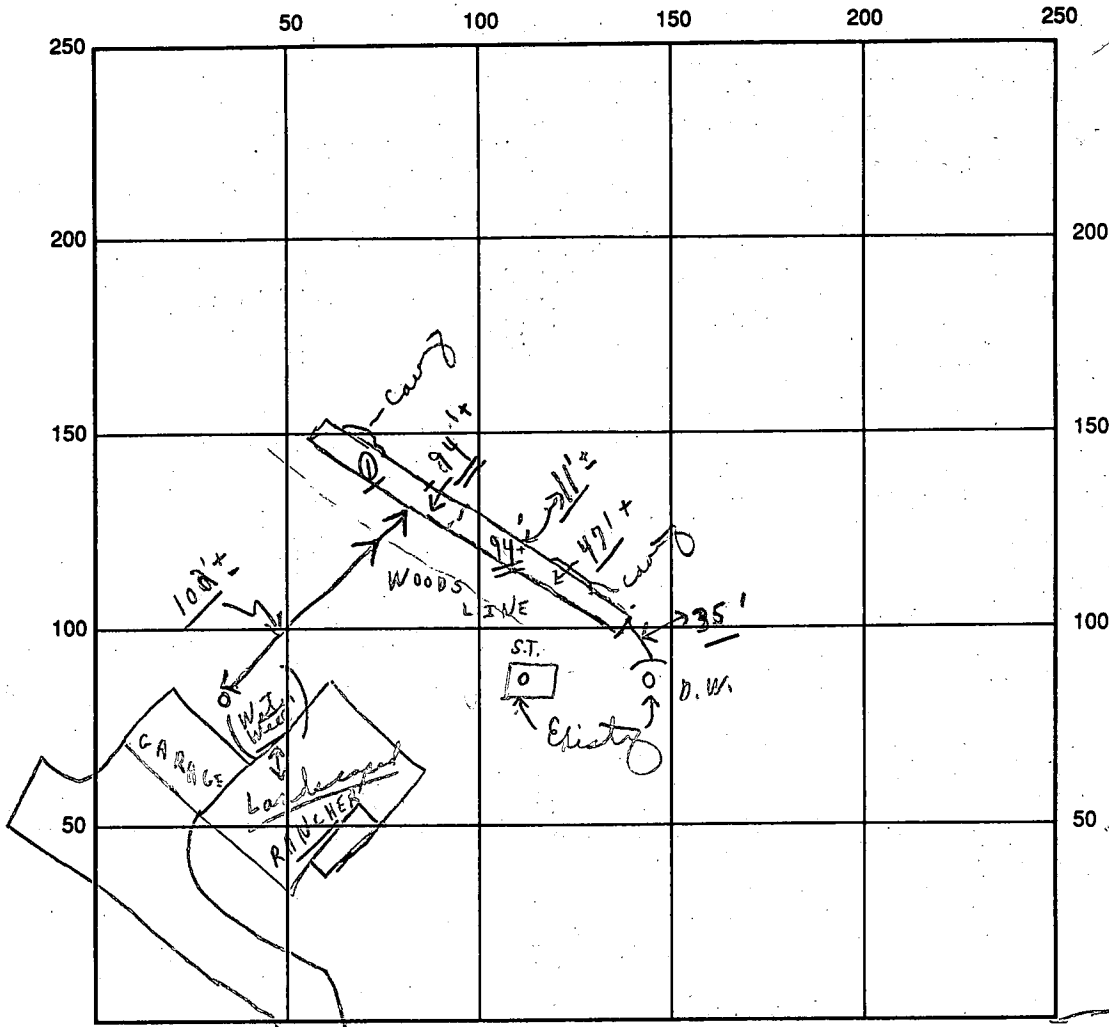
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

P 49029

3/8/93 1 pm
3/11 ✓
3/10/93
1:00
+ 3:30

M66760N RAN EDN

@
3/8/93
Left card



SEPTIC TANK LEVEL Existing CLEANOUTS Existing

DISTRIBUTION BOX LEVEL (Using existing dry well)

DRAIN FIELD/TITLE DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 94 ± FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 564 ± SQ. FT. (plus old system)

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

ABSORBENT AREA 564 ± [Existing System] SQ. FT.

REMARKS: P.M. 3/8/93 ok to continue; No inspection; (dry well almost full)

3/10/93 P.M. Trench cover - 42'± C.B. dug - ok to start; so go - posted.

3/10/93 Later P.M. → Machine broke down; ^{Plumb. Co} follow machine ^{Part}

3/10 Need to see end of trench; measure all of it yet. C.B.

3/11/93 Trench 94'± covered; material on site; ok to cover as finish - Final. (System in between trees)

DATE SYSTEM APPROVED 3/11/93 INSPECTOR Charles Bryan

*I inspection
1st Morning
4/10/80
2nd Afternoon*

*approved 4/10/80
J Stayer*

PERMIT

P 30570

SEWAGE DISPOSAL SYSTEM

A 27919

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 3/18/80

Paul Schissler
South Carroll Backhoe Service

IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION _____ ROAD 13994 Wainwright Road LOT _____

PROPERTY OWNER James J. Timko and Sally W. Timko

ADDRESS 2213 Wees Lane, Silver Spring, Md. 20904 Phone: 384-8352 Work: 776-7776

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

DRY WELL AND TRENCH - Locate the dry well 175 ft. from the front (645 ft. on plat) and 155 ft. from the right property line as seen from the road. The invert will enter the dry well at 4 ft. below original grade and the maximum depth of the dry well will not exceed 11 ft. below original grade. The dry well will be constructed 12 ft. x 12 ft. square for a sidewall area of ~~144~~³³⁶ sq. ft. Begin the trench after a 5 ft. earth buffer from the edge of the dry well. The trench will be dug 2 ft. wide, 11 ft. deep, 15 ft. long, and contain ~~15~~¹⁶ ft. of stone. The trench will follow the contour of the land.

PLANS APPROVED BY James Stayer DATE 8/10/78

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

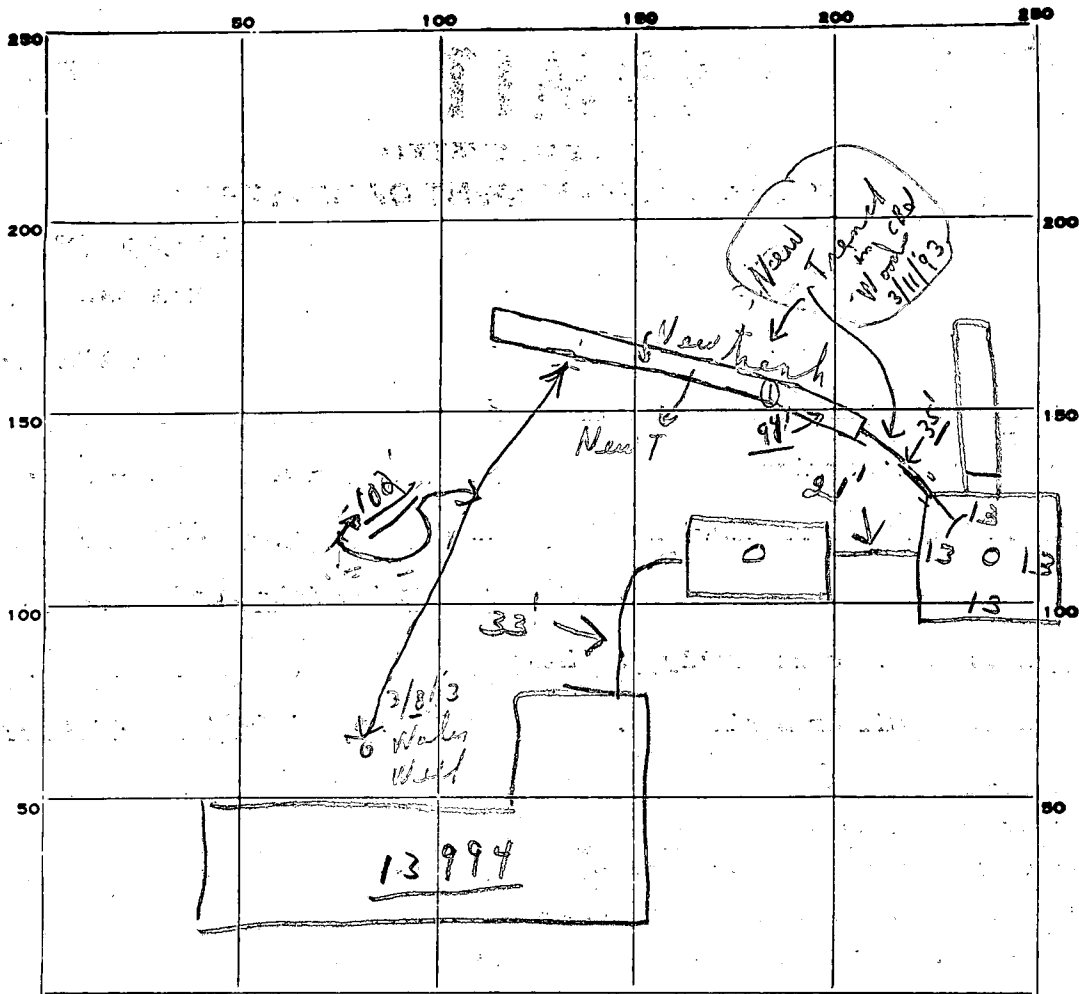
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A 27919



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

ST | DW

DISTRIBUTION BOX, LEVEL

| cast iron

TILE FIELD, DEPTH

11

FT.

TRENCH WIDTH

2

FT.

GRAVEL DEPTH

7

IN.

TOTAL LENGTH

15

FT.

105

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

105

364

SEEPAGE PITS, INSIDE DIAMETER

52

FT.

DEPTH BELOW INLET

7

FT.

ABSORBENT AREA

469

SQ. FT.

REMARKS

4/10/80 - OK to add gravel in trench J & SK

4/10/80 - OK to cover all work J & SK

DATE SYSTEM APPROVED

4/10/80

INSPECTOR

J. Stager

APPLICATION

A 27919

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE 4/20/78

P O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

*Cancelled
5/19/78 (too wet for eq. off)
1:30 p.m.
6/22/78 (too wet)
9:30 a.m.*

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 James J. Timko & Sally W. Timko

ADDRESS 2213 Wees Lane, Silver Spring, Maryland 20904 PHONE (h) 384-8352
(w) 776-7776

PROPERTY LOCATION:

SUBDIVISION P-291 Tax Map 40 Block 14 LOT NO. _____

ROAD AND DESCRIPTION 13994 Wainwright Road
Off 108 and Wainwright Road, Highland Maryland

108 to Wainwright Rd - turn left & follow new gravel rd to house
new gravel rd off Wainwright Rd. from sign

SIZE OF LOT 5.029 acres TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ James J. Timko

APPROVED BY J. Stays FOR dry well & trench DATE 8/10/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

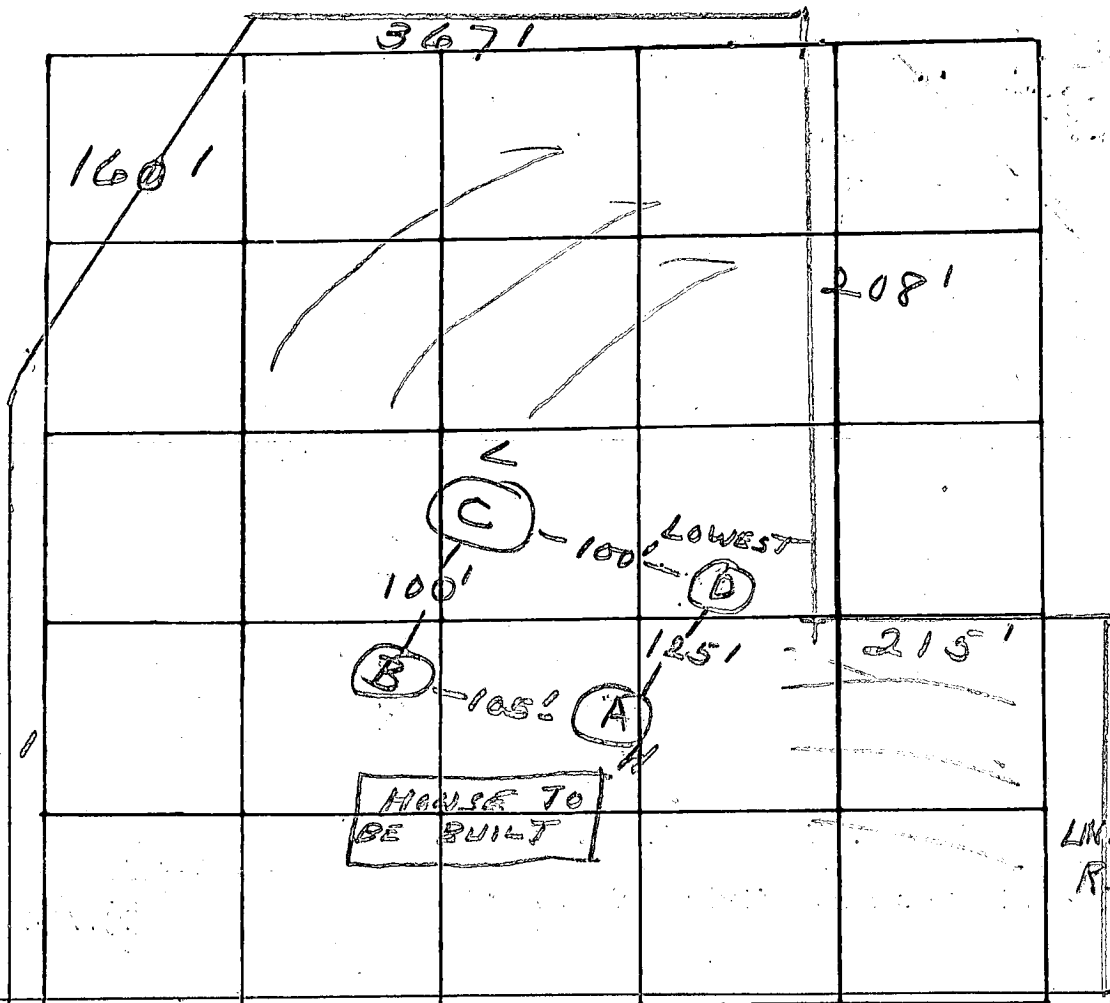
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 5/31/79
serial # 39318

THIS IS NOT A PERMIT

PROFILE

SAND
CLAY
MICA



N ↑

295'

156 28 ft

3'-11"

15'-to

30'-to

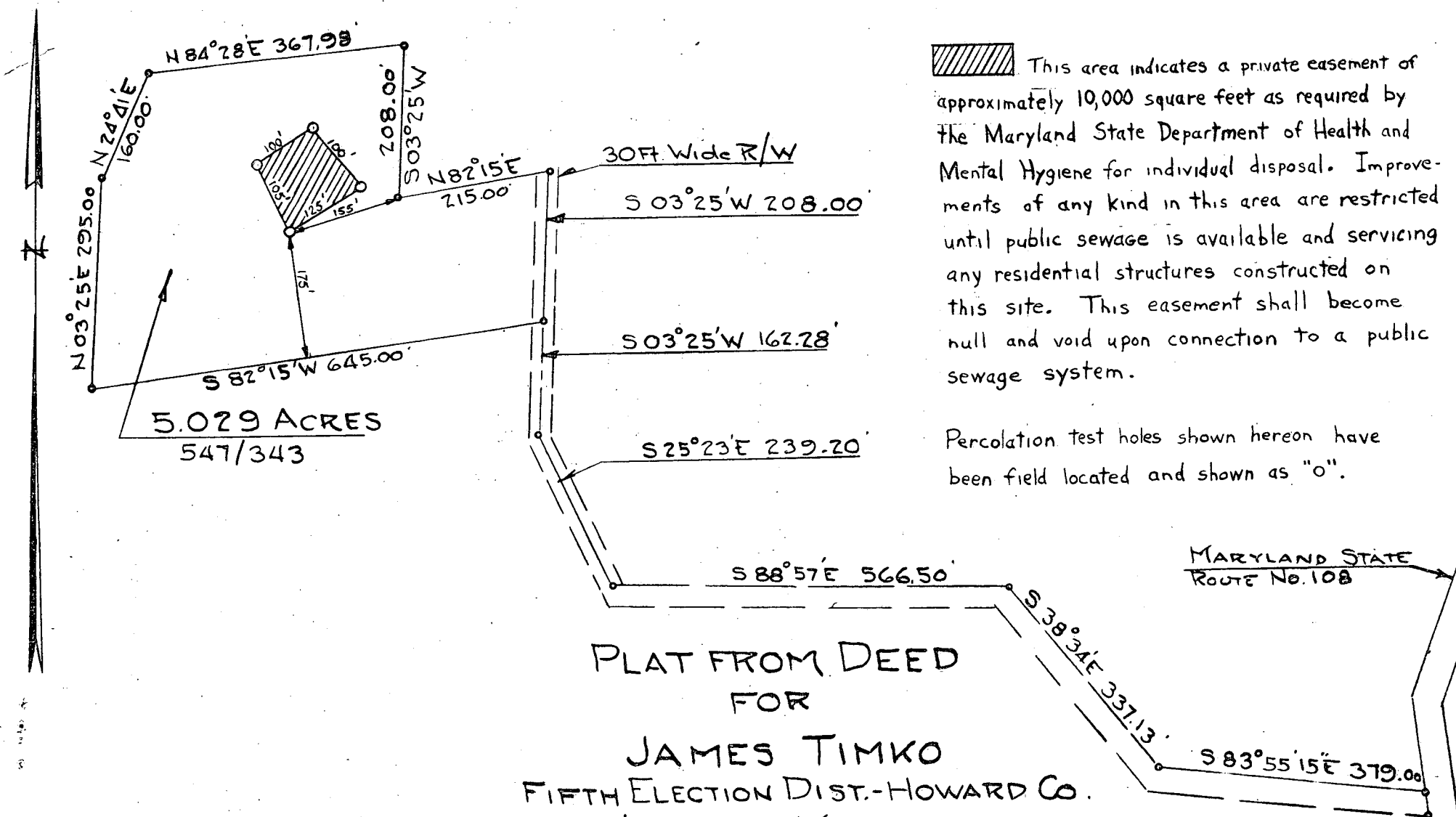
DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
7/27/8	AS	4	2:17	2:20	2:20	2:24	4
	AD	12	2:17	2:30	2:30	2:46	16
	BS	4	2:47	2:49	2:49	2:51	2
	BD	12½	2:47	2:51	2:51	3:00	9
	CS	4	3:20	3:22	3:22	3:25	3
	CD	12	3:20	3:23	3:23	3:29	6
	DS	4	3:46	3:52	3:52	3:56	4
	DD	12	3:46	3:51	3:51	3:56	5


156
3
468

REMARKS THREE HOLES IN HEAVY WOODED AREA

TYPE OF SOIL CONSISTEN TYPE THROUGHOUT - GOOD PERC.

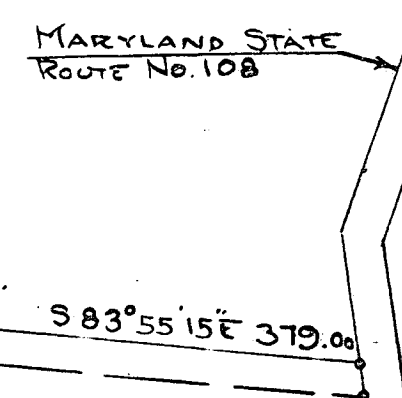
TESTED BY [Signature] ALSO PRESENT MR. TIMKO



 This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

Percolation test holes shown hereon have been field located and shown as "o".

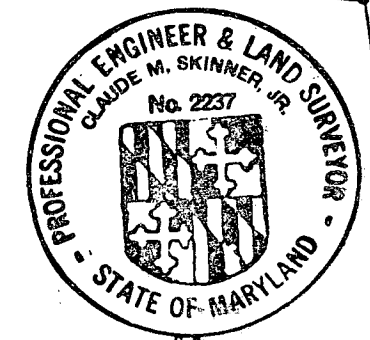
PLAT FROM DEED
FOR
JAMES TIMKO
FIFTH ELECTION DIST.-HOWARD CO.
HIGHLAND, MARYLAND.
SCALE: 1 IN = 200 FT APRIL 19, 1978



Notes: The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Dept. of Health & Mental Hygiene.

Approved: Private Water & Private Sewer

James Boyles 5-28-77



Claude M. Skinner, Jr.
A-4154

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

WRA 171 (5-77)

EMERGENCY NO. (If any) -

1 2 3 (SEQ. NO.) 6 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS	SEQUENCE NO. (WRA USE ONLY) 8587	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HS-73-3016 on well <i>ground</i> FILL IN THIS FORM COMPLETELY
--	--	---	--

DATE RECEIVED (WRA USE ONLY) <i>10/25/78</i> <i>9:30 a.m.</i>	OWNER COL 15 LAST NAME <i>Tinko, James</i> FIRST NAME COL. 34 STREET OR RFD COL 36 <i>2213 Nees Lane</i> COL. 55 POST OFFICE COL 57 <i>Silver Spring, Md. 20904</i> COL. 75
---	--

1 2 3 (SEQ. NO.) 6 CONTINUED	DRILLER INFORMATION
DATE <i>10/10/78</i>	LICENSE NUMBER <i>144</i>
FIRST NAME <i>Keyser-Garner, Inc</i>	DRILLER LAST NAME
SIGNATURE <i>Austin N. Garner</i>	

1 2 3 (SEQ. NO.) 6 CONTINUED	LOCATION OF WELL
COUNTY <i>Howard</i>	(DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION	42
SECTION <i>Block 14</i>	LOT 50
NEAREST TOWN <i>Highland</i>	52
MILES FROM TOWN (ENTER 0 IF IN TOWN)	73 MI

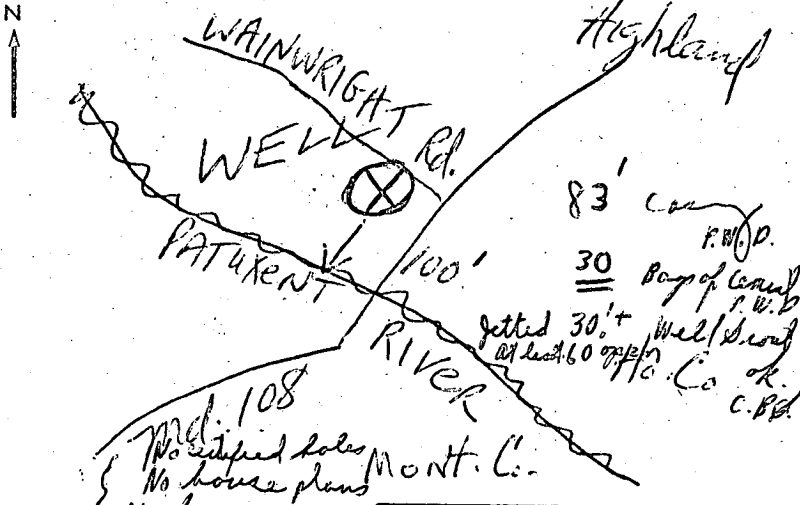
1 2 3 (SEQ. NO.) 6 CONTINUED	WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	8 <i>3</i> 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	14 <i>900</i> 20

1 2 3 (SEQ. NO.) 6 CONTINUED	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
<input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> N E NORTHEAST <input type="checkbox"/> S E SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> N W NORTHWEST <input checked="" type="checkbox"/> S W SOUTHWEST	
NEAR WHAT ROAD <i>Wainwright Rd</i>	8 9 10
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	11 NORTH SOUTH EAST WEST 30 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	34 <i>50</i> 37 MI

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> PRIVATE WATER COMPANY	
<input type="checkbox"/> TEST	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL	24 <i>200</i> 28 FEET
APPROXIMATE DIAMETER OF WELL	<i>6</i> (NEAREST INCH)



METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input type="checkbox"/> BORED (OR AUGERED)	<input checked="" type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input type="checkbox"/> AIR-ROTARY	<input checked="" type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS

BOX NUMBER E <i>800</i> N <i>480</i>	(2' casing) out of ground 0/8 8/0
--	---

1 2 3 (SEQ. NO.) 6 CONTINUED	HEALTH DEPARTMENT APPROVAL
STATE HEALTH (CIRCLE BOX)	COUNTY NAME <i>HOWARD</i> COUNTY NO. <i>W28055</i>
DATE <i>10 15 78</i>	APPROVED BY <i>Donald W. Monaghan</i> Sanitarian

NORTH COORDINATE	60 61 62 63 64 65
EAST COORDINATE	57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET)	65 66 67 68

B 1 2097
 SEQUENCE NO. (WRA USE ONLY)
 2 3 4 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COXS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 HO-73-2795
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 OWNER: Timko JAMES
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD: 2213 NEES LANE
 COL 36 COL. 55
 POST OFFICE: SILVER SPRING 5 MD. 20904 304-8350
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE: May 15, 1978 LICENSE NUMBER: 273
 77 80
 FIRST NAME: Ralph DRILLER LAST NAME: MAYNE
 SIGNATURE: Ralph Mayne

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY: Howard 21
 (DO NOT ABBREVIATE COUNTY NAME)
 SUBDIVISION: P-291 TARMAGUO BLOCK 11 42
 SECTION: none LOT: none 50
 NEAREST TOWN: Highland 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 5 MI 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD: Whitworth Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N 32 S 32 E 32 W 32 (F T)
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 300 34 37 MI 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

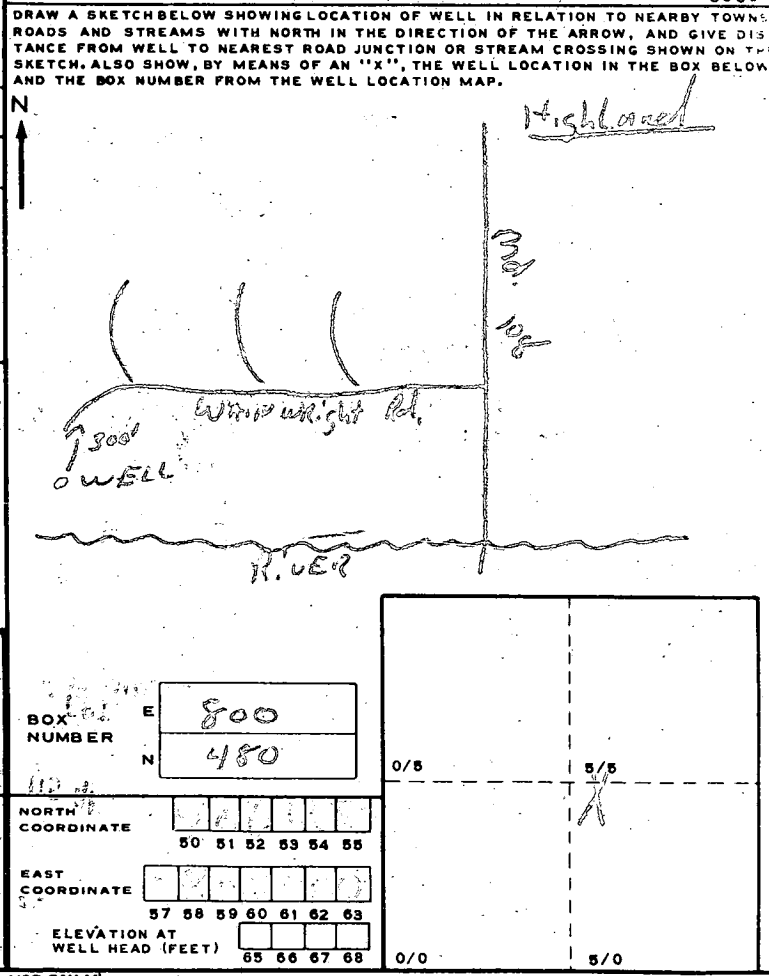
APPROXIMATE DEPTH OF WELL: 150 FEET
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE):

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 65
 FORCE: 67 WRITE INITIALS IN BOX: 68 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 COUNTY NAME: Howard COUNTY NO.: W28055
 DATE: 05 17 78 APPROVED BY: Donald W. Monaghan, Sanitarian



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

627919

HEALTH

B 1 8687 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG. ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-3016
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: James E. O'Connell
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD: 22950 I-495 Near Laurel
COL 36 COL. 55
POST OFFICE: Silver Spring Md. 20904
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 10/10/78 LICENSE NUMBER: 144
77 80
FIRST NAME: James E. O'Connell DRILLER LAST NAME
SIGNATURE: James E. O'Connell

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: _____ 42
SECTION: Block 14 LOT: _____ 50
NEAREST TOWN: Highland 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): _____ 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 900 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: Wainwright Rd.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N 32 S 32 E 32 W 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 50 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

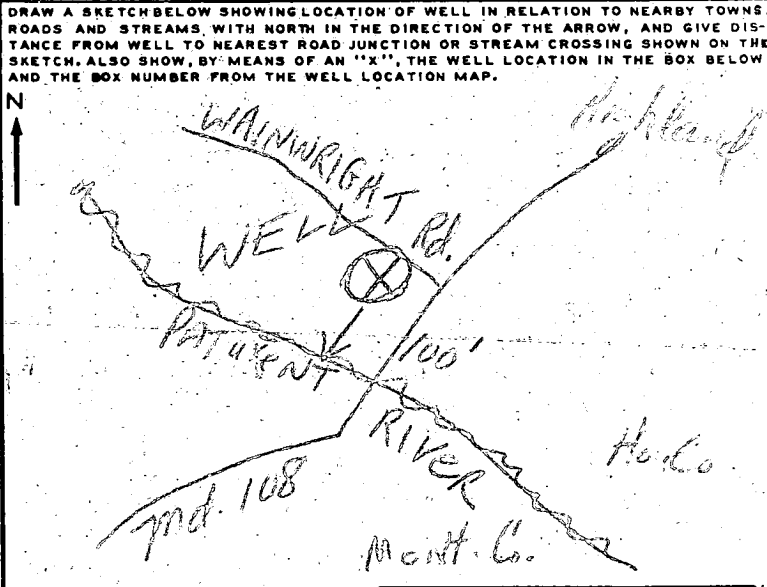
APPROXIMATE DEPTH OF WELL: 200 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE): _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): _____

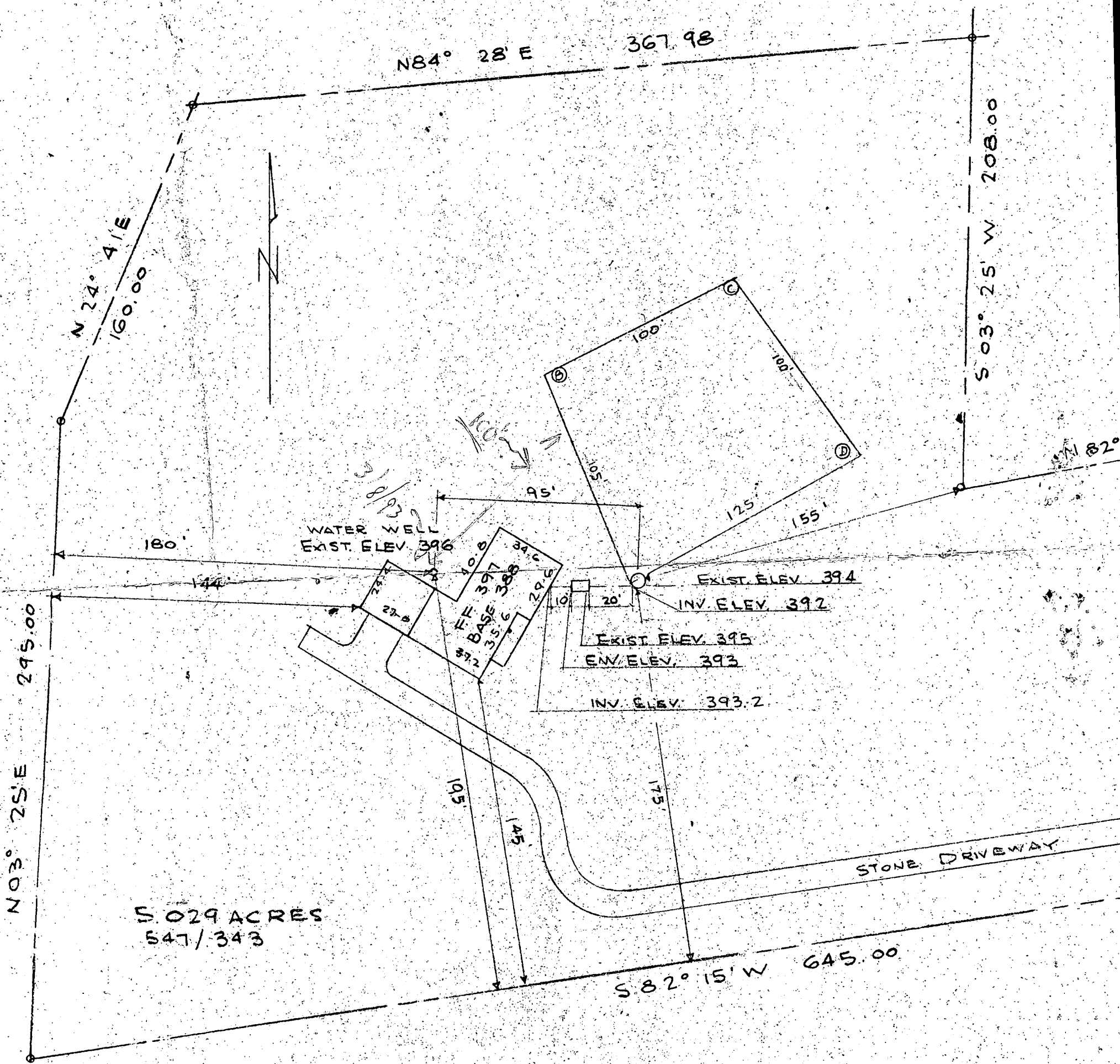
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: _____ ENGINEER REVIEW DISTRICT NO.: _____
FORCE: _____ CONDITIONS: _____
WRITE INITIALS IN BOX

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: HOWARD COUNTY NO.: 022055
DATE: 10 13 78 APPROVED BY: Donald H. Monaghan, Sanitarian



BOX NUMBER: E 800 N 480
NORTH COORDINATE: 12900000
EAST COORDINATE: 22250000
ELEVATION AT WELL HEAD (FEET): _____

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6



I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY

PLOT PLAN
 MR & MRS TIMKO
 FIFTH ELECTION DIST. HOWARD CO
 HIGHLAND MARYLAND
 SCALE 1" = 50' APRIL 16, 19