

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT INDEXED

P W49214 _____

A Index _____

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: 2600 Woodbine Road LOT NUMBER: _____

ADDRESS: _____ PROPERTY OWNER: _____

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR 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

W49214

B 1 05292 SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER 40-92-0362
 (THIS NUMBER IS TO BE PUNCHED IN CACES. 3-8 ON ALL CARDS) fill in this form completely

INDEXED
B 3 OWNER INFORMATION
 Date Received (APA) 050793
 15 Last Name ROEVE 13
 Owner LAMON, J. TV
 34 First Name
 36 Street or RFD 32753 FARM LGS LADAPL 55
 57 Town DOORLINE 70 State 72 ZIP 1797 76

LOCATION OF WELL
 8 COUNTY HOWARD 21
 23 SUBDIVISION
 SECTION 44 46 LOT 48 50
 LISBON 71
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78 MI

DRILLER INFORMATION
 Driller's Name Joseph L. Wayne 238 77 License No. 80
 Firm Name Joseph L. Wayne Well Drilling
 Address 5512 Ridge Rd. Mt. Airy, Md. 21771
 Signature Joseph L. Wayne Date 5/7/93

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 N W 8-9 N E 8-9 W 8 S W 8-9 S E 8-9
 2998 Florence Road
 NEAR WHAT ROAD
 2000 FLORENCE RD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST SOUTH
 34 40 37 DISTANCE FROM ROAD
 ENTER FT or MI FT 38 39

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600
 14 20

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 W-49214
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED INSERT S
 051193 Mark E. Peltier 5/1/94
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 537000 EAST GRID 0769000
 50 55 57 63

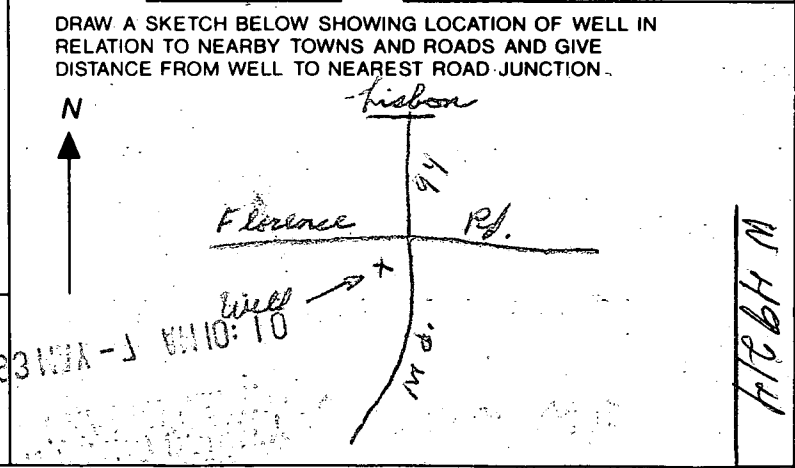
APPROXIMATE DEPTH OF WELL 200 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 760
 530
 96' CASING
 73' OPEN MR
 30 BAGS T/C W/
 185' DEEP MAYNE
 10 GPM 5/12/93

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) 41 42



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 GAP 63
 FORCE MTR WRITE INITIALS IN BOX PERMIT No. 40-92-0362
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 COUNTY

C1 **7880** 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 **W-49214**

DATE RECEIVED **05/29/93**
 DATE WELL COMPLETED

Depth of Well **185**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
110-92-0362

OWNER **Keeve Landon**
 last name first name
 STREET OR RFD **2998 Florence** TOWN **Lisbon**
 SUBDIVISION SECTION LOT

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	
Brown shale	0	93	
Blue Rock	93	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **30** NO. OF POUNDS **180**
 GALLONS OF WATER **180**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **73** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **96**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **110** **75** **185**
 2
 3

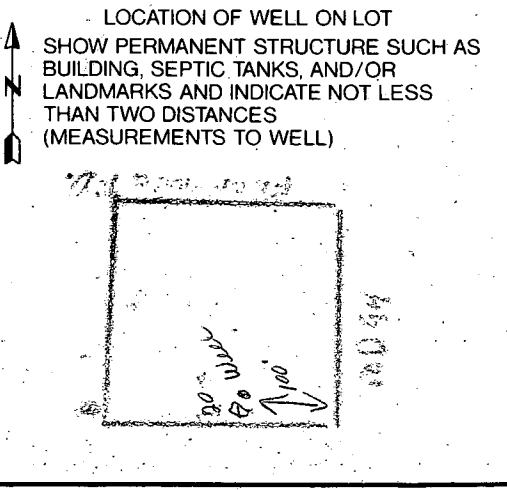
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

OEP USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Dis**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **46**
 WHEN PUMPING **145**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE (nearest foot)
 (-) below } **1**



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

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

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE **Robert May**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

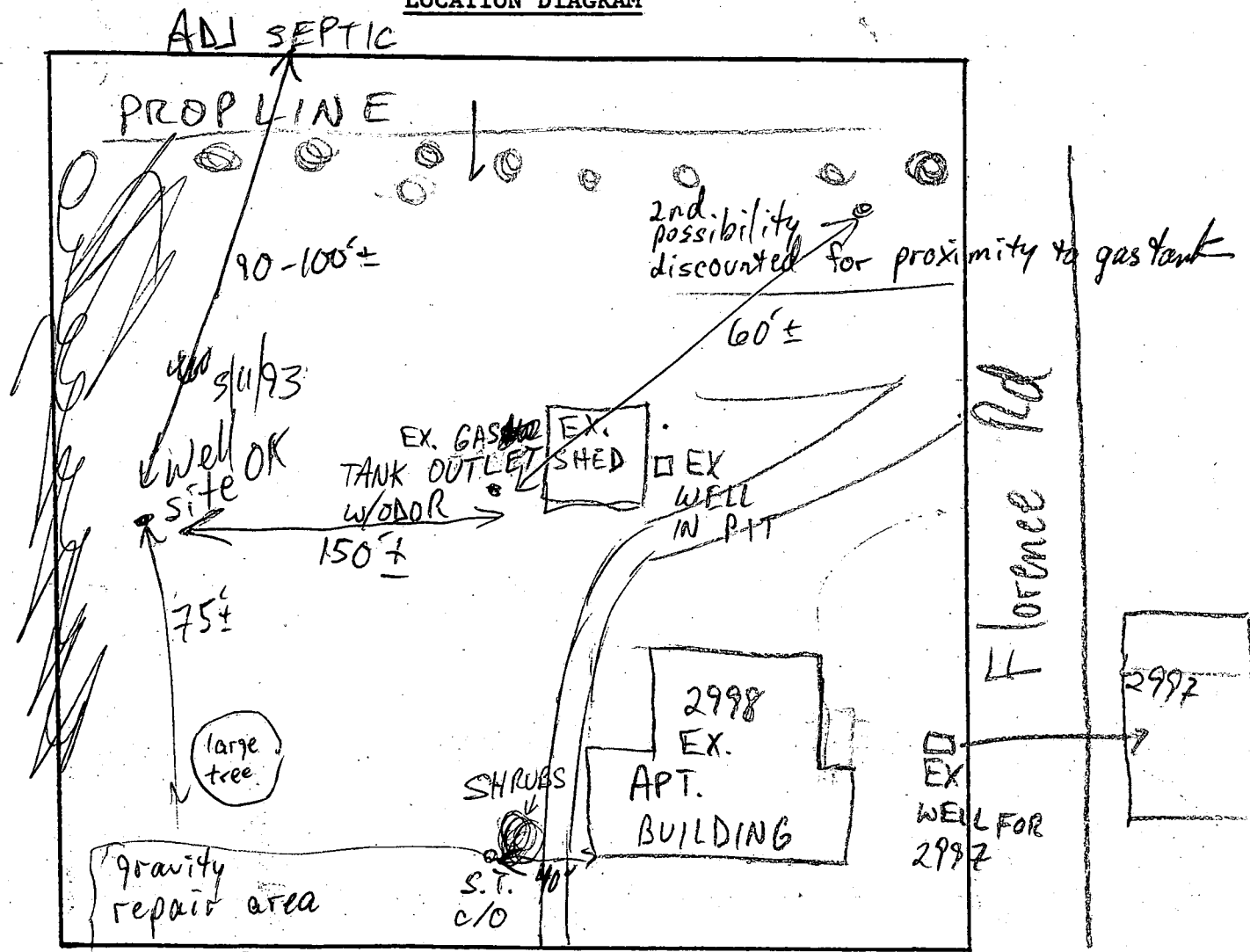
SITE INSPECTION SHEET

owner's address: 3275 Jennings Chapel Rd
OWNER: J. Landon Reeve (442-2161)
SITE ADDRESS: 2998 ~~XXXX~~ Florence Rd (NOT 94)

DATE REQUESTED: 5/7/93
DRILLER: J. Mayne
WELL TAG # _____
COUNTY # _____

PROPOSAL: Ex. drilled well collapsing, water muddy; desire additional well (not replacement)

LOCATION DIAGRAM



COMMENTS: 5/7/93 GAS PUMP OUTLET RESTRICTS WELL SITE; MTC. NEEDED W/OWNER HR

DATE: _____ INSPECTOR: _____