

34692
A

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34692

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 12/29/84

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 Bill Lounder

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. 2

ROAD AND DESCRIPTION Triadelphia Rd
near Carroll Mill Rd

SIZE OF LOT _____ TYPE BLDG. SFD
(NUMBER OF BEDROOMS)

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. Robert Joel

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SEE PLAT

OT = OLD TEST

HOLE ELEVATIONS

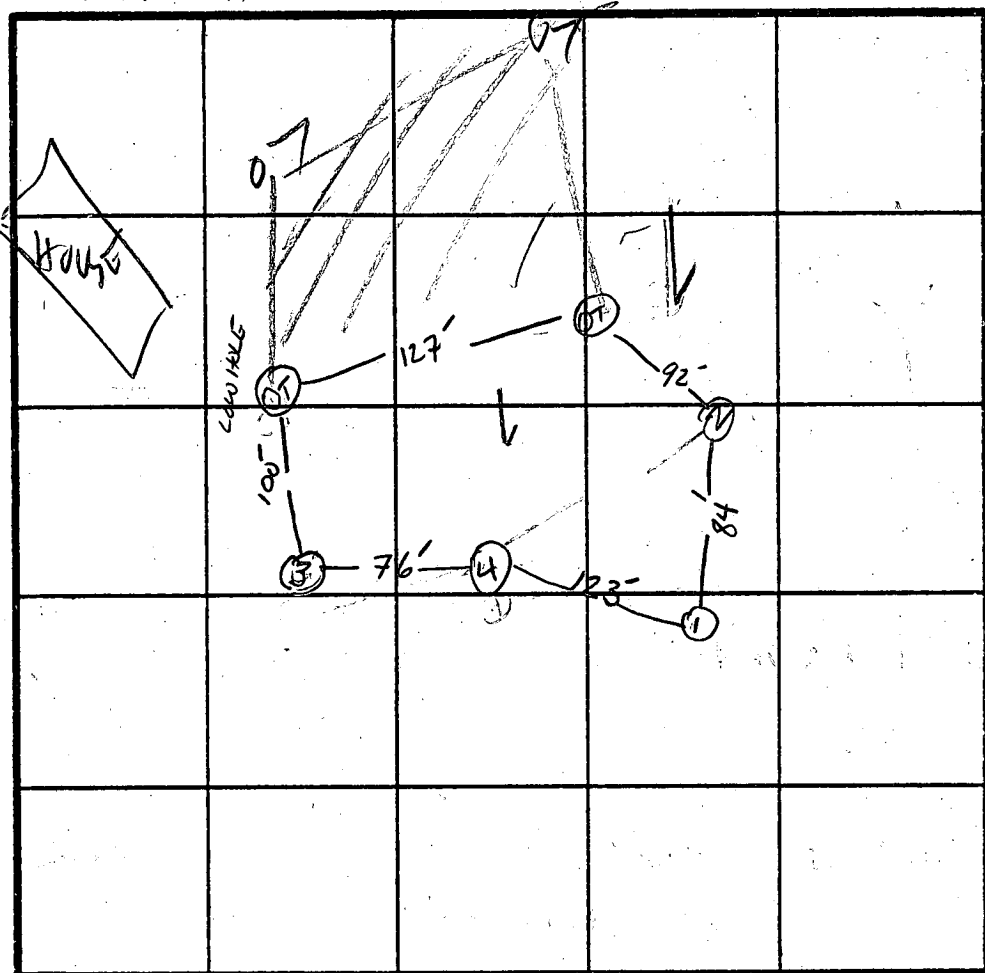
OT OT = HIGHEST

2 NEXT HIGHER

4 = MEDIUM

3 = LOWEST

1 NEXT LOWEST



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TRINELPHIA RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/26	1S	4'	1:06	1:18	1:18	1:39	21
	1V	12'	LOOKS OK	OK	BELW 3 FT		
12/26	2S	3'	1:11	1:22	1:45	1:50	3 min
	2V	13.5'	LOOKS OK	OK	BELW 2 FT		
12/26	3S	3'	1:26	1:34	1:34	2:05	over 30" slow hole
	3V	12.5'	LOOKS OK	OK	BELW 4 FT		
12/26	4V	13'	LOOKS OK	OK	BELW 3 FT		
12/26	3M	4'	2:10	2:13	2:13	2:20	7 min

REMARKS ENGINEER TO FIELD LOCATE HOLES

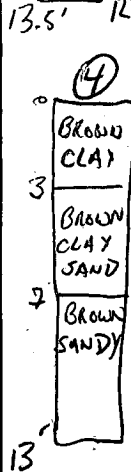
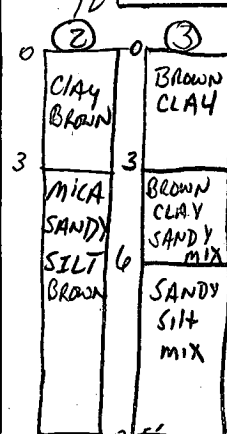
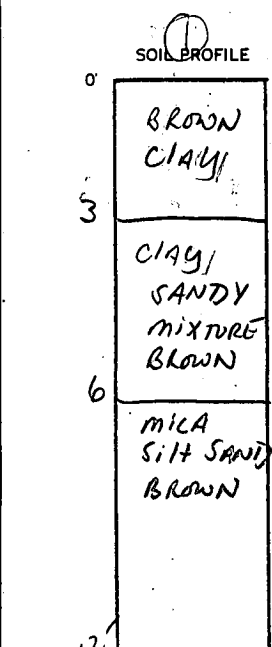
TYPE OF SOIL

TESTED BY B. HODGES & STD Abel

ALSO PRESENT

FRICK COMPANY
Robert, Skip

EH-12-1079



PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A 31140

P 110

DISTRICT 3rd

DATE 2/9/81

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 Carroll Mulholland

ADDRESS c/o Boender Associates Inc. PHONE 465-7777

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. Parcel 2

ROAD AND DESCRIPTION West side of Triadelphia Road at Carroll Mill Road

SIZE OF LOT 24.495 acres TYPE BLDG. 3 or 4 bedrooms

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.

SIGNATURE OF APPLICANT /s/ John A. Boender

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR ~~REJECTION~~ OR HOLDING Certified holes, house & well site sk 3/13/81

THIS IS NOT A PERMIT

131

Did not
Test

70

④

⑧

HARD

Mica 5'

STEEP SLOPE

Pol 1/2 600

Bot 1/2 400'

⑦ ③ ④

Chay
Very
Savely
~~Very~~
Bra
Mice
Copen

13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/13/81	15	3'	1:56	1:58	1:58	2:02	4
	1M	8'	1:56	1:58	1:58	2:02	
	10	13'					
	25	3'	2:07	2:09	2:09	2:13	4
	2M	8'	2:08	2:09	2:09	2:11	2
	20	13'					
	35	3'	2:25	2:26	2:26	2:29	3
	3M	8'	2:25	2:26	2:26	2:28	2
	30	13'					
	45	3'	2:45	2:46	2:46	2:49	3
	4M	8' 7'	2:53	2:54	2:54	2:58	2
	40	13'					
						8	24

Embry 3'
Maximum
depth, 2'
3 min
average

REMARKS WOODEN lot some lot lines staked every 200'

TYPE OF SOIL

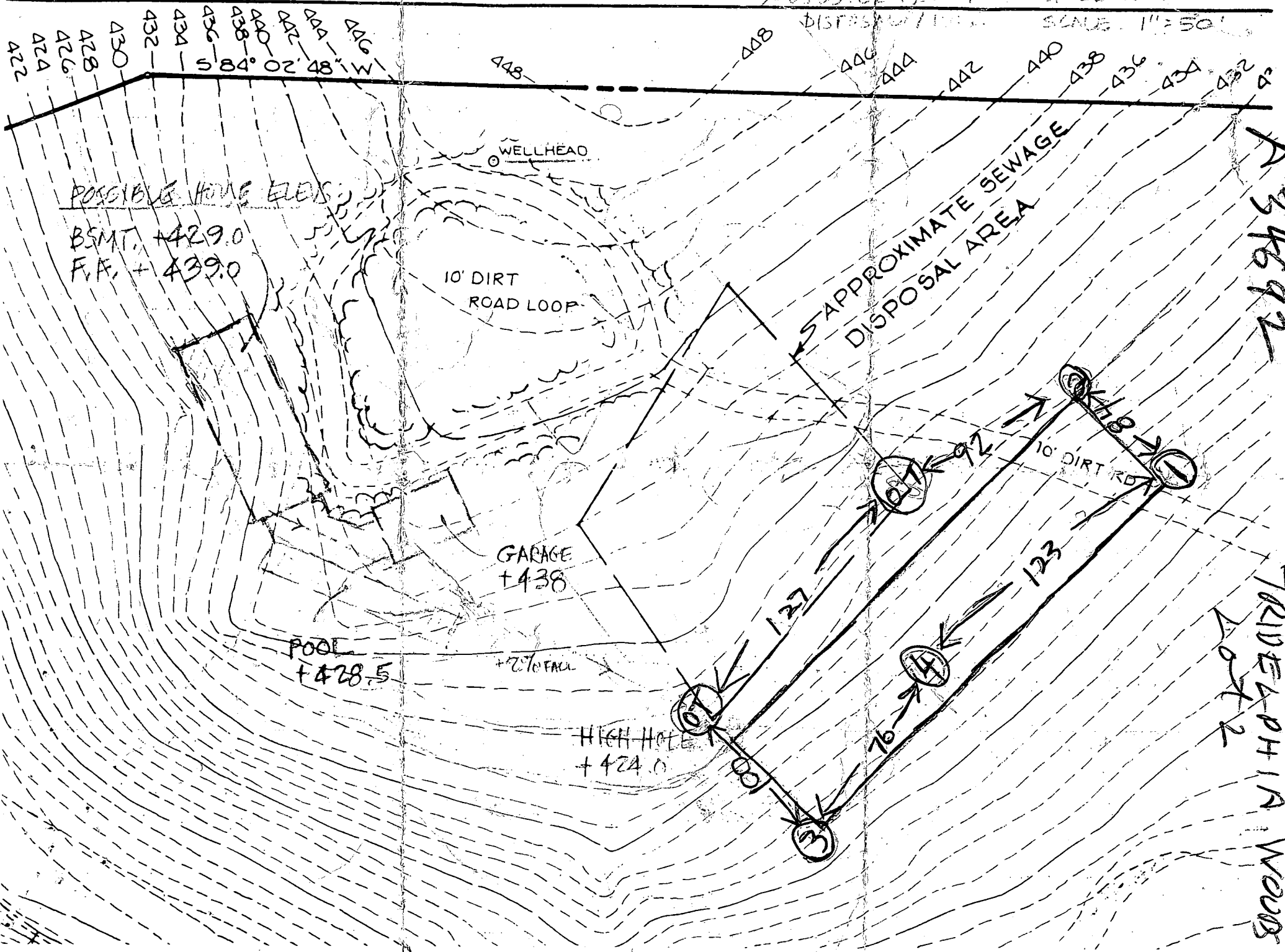
TESTED BY SLC

ALSO PRESENT DAVE NAYES
John Quick

992-522

LAUNCH L...
SUGGESTED PROPOSAL FOR SEWAGE

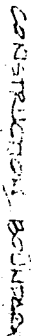
DISPOSAL AREA SCALE 1" = 50'



A 34692

TRADEPHIA Woods
Lot 2

12



change location unless
there is a conflict
if a conflict contact office
461-9933 Frommelt

59999

B 1	3496	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-0577 <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received <u>7/10/84 - 11:00</u> 052884 OWNER INFORMATION LAUNDER William J 12339 BENSON BE RD ELLICOTT CITY MD 21043		LOCATION OF WELL HOWARD TRIDELPHIA WOODS SECTION 44 46 LOT 2 MAYFIELD MILES FROM TOWN (enter 0 if in town) 1 MI		
DRILLER INFORMATION GEORGE F. EASTERDAY L.F. EASTERDAY, INC. 965 BROWN CHURCH RD. MT. AIRY, MD 21771 GEORGE F. EASTERDAY 5/22/84		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Tridelpia Road 800 DISTANCE FROM ROAD ENTER FT or MI FT		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 31140 COUNTY NAME COUNTY NO. OEP SIGNATURE DATE ISSUED 060184 Frank Skinner CW 12/1/84 NORTH GRID 528000 EAST GRID 0816000		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other				
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)				
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE E INITIALS IN BOX PERMIT No. 40-81-0577 SPECIAL CONDITIONS				

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

810
520

000 000

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

Location OK
22' - casing
20' - open
7' - Bag cement

7/10/84 JS

Review H 9674

Date of July 10, 1984

④

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0577
Location of property (road) Triadelphia Road
Subdivision Triadelphia Woods Lot 2 Block Plat Sec.
Well Driller George Easterday Owner William L. Launder

Depth of well 300'
Distance of measuring point (M.P.) above ground 15'
Static water level (S.W.L.) below M.P. 24'

High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 10 GPM
Total time 10:15 to reach pumping water level 90 ft. below M.P.

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

[illegible]

C1 3280
SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
(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 31140

DATE Received
8 13

DATE WELL COMPLETED
071084
15 20

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-81-0577
28 29 30 31 32 33 34 35 36 37

OWNER LAUNDER WILLIAM
last name first name
STREET OR RFD TRIDELPHIA RD TOWN MAYFIELD
SUBDIVISION TRIDELPHIA WOODS SECTION LOT 2

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
TOP Soil	0	2
Shale	2	8
Sand stone	8	15
Mica	15	35
Sand stone	35	40
Mica	40	105
Flint	105	107
Mica	107	300

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 7 NO. OF POUNDS 700
GALLONS OF WATER 38
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 20 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
5 6 22
OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ST BRASS BR BRONZE PL PLASTIC PL OTHER OT
DEPTH (nearest ft.)
H0 10 300
EACH SCREEN

SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60 (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.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 24 WHEN PUMPING 12
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 - below LAND SURFACE 2 (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)
Well 50'
Tridelpha Rd.

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 10.17.13 "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. 40
DRILLERS SIGNATURE George J. Fontuday
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0577
Location of property (road) TRIDELPHIA RD
Subdivision TRIDELPHIA WOODS Lot 2 Block Plat Sec.
Well Driller EASTERDAY Owner WM. LAUNDER

Depth of well 300 36PM
Distance of measuring point (M.P.) above ground 15"
Static water level (S.W.L.) below M.P. 24'

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 10.6 PM
Total time 10:15 to reach pumping water level 90' ft. below M.P.

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

Pump 280'

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 01 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	90'	20 sec		3.6 PM
10:30	90'	20 sec		3.6 PM
10:45	89'	20 sec		3.6 PM
11:00	89'	18 sec		3.5 G.P.M
11:15	89' 6"	18 sec		3.5 G.P.M
11:30	90'	18 sec		3.5 G.P.M
11:45	91'	18 sec		3.5 G.P.M
12:00	91'	20 sec		3.6 PM
12:15	91' 4"	20 sec		3.6 PM
12:30	91' 4"	20 sec		3.6 PM
12:45	91' 6"	20 sec		3.6 PM
1:00	91' 6"	20 sec		3.6 PM
1:15	91' 7"	20 sec		3.6 PM
1:30	91' 7"	20 sec		3.6 PM
1:45	91' 9"	20 sec		3.6 PM
2:00	91' 10"	20 sec		3.6 PM
2:15	91' 10"	20 sec		3.6 PM
2:30	92'	20 sec		3.6 PM
2:45	92'	20 sec		3.6 PM
3:00	92' 3"	20 sec		3.6 PM
3:15	92' 6"	20 sec		3.6 PM
3:30	92' 6"	20 sec		3.6 PM
3:45	92' 7"	20 sec		3.6 PM
4:00	92' 8"	20 sec		3.6 PM
4:15	92' 8"	20 sec	Bruce	3.6 PM

7/8/86 - anytime

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer David F. Rickle Plumbing + Heating Telephone 301-795-1220

License number Howard County #5335

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Dr. & Mrs. William Lavender Telephone _____
Subdivision Triadelphia Wood Lot # _____ Well tag # 40 - - 0577

Site Address 12350 Triadelphia Road
Ellicott City, Maryland 21043

Top partial because shot w/

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make Goulds
3. Model # SES07412
4. Capacity 5 gal/min, GPM
5. Pump exceeds well capacity Yes _____ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes _____ No ☒
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards _____ Other _____

Motor

1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter 90A

1. Make Martinson
2. Model # B-10X
3. Depth 5' - 4' from top
of well casing

Tank

1. Capacity 42 gallon rated
2. Pressure relief valve? Yes - 1/2"

ASTM #

Piping

1. Type Polybutylene
2. Size 1" I.P.
3. NSF and/or BOCA Code approved D-2662
4. Depth of supply line 4' - 5'

Well data

1. Depth 300 ft.
2. Yield 3 GPM
3. Static water level 24 ft.
4. Will water supply be disinfected by installer? No
by contractor

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).

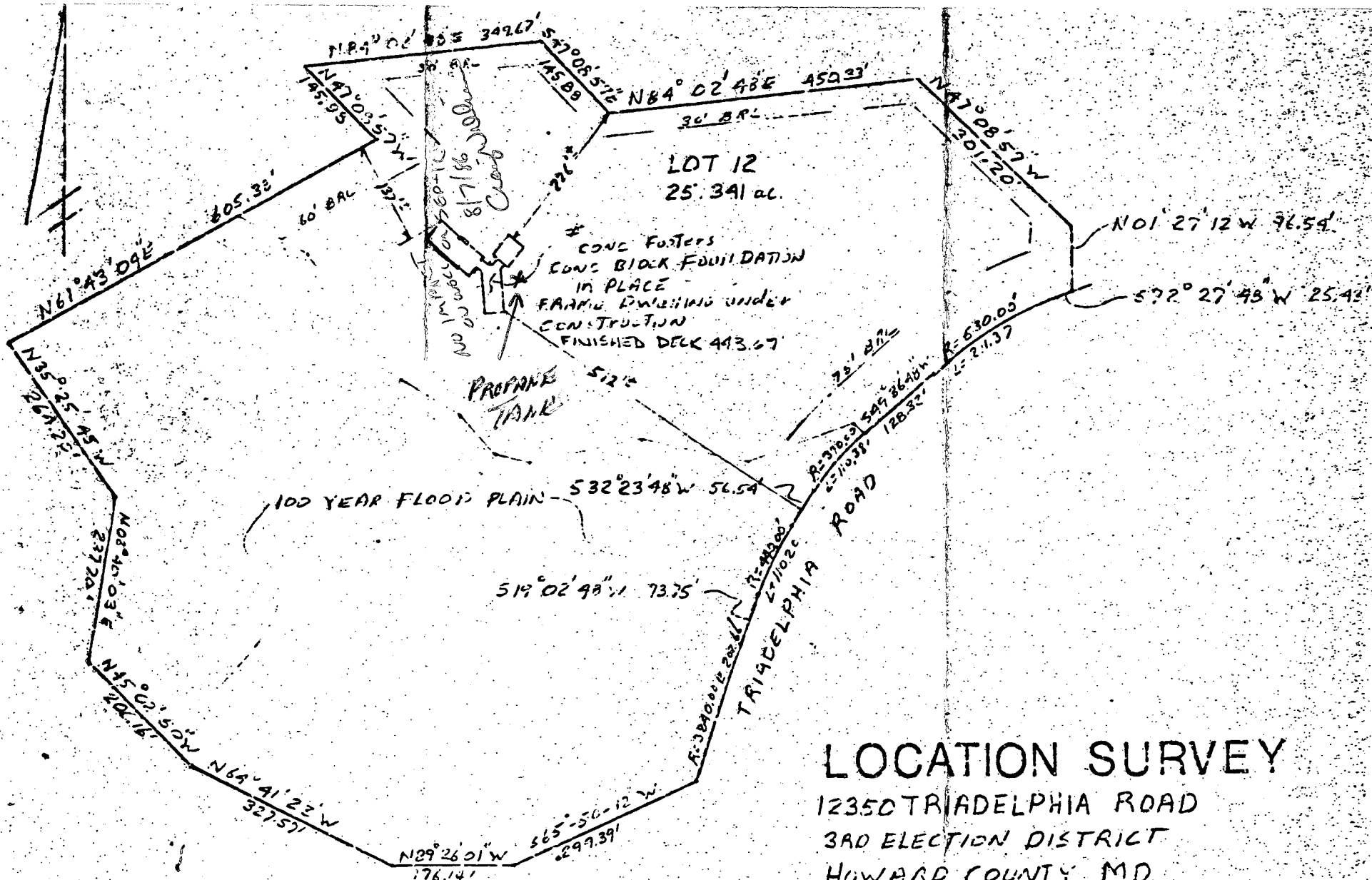
All information given above is true to the best of my knowledge.

Signature of Applicant: David F. Rickle

Date: 6-18-86

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

B 1 1586 <small>THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS</small>	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-81-2227 <small>fill in this form completely</small>
Date Received <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> LAUNDER WILLIAM <small>15 Last Name Owner First Name 34</small> </div> <div style="border: 1px solid black; padding: 2px;"> 12350 TRIADELPHIA RD <small>36 Street or RFD 55</small> </div> <div style="border: 1px solid black; padding: 2px;"> ELLICOTT CITY MD 21043 <small>57 Town 70 State 72 Zip 76</small> </div>	B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;"> HOWARD <small>8 COUNTY 21</small> </div> <div style="border: 1px solid black; padding: 2px;"> TRIADELPHIA WOODS <small>23 SUBDIVISION 42</small> </div> <div style="border: 1px solid black; padding: 2px;"> SECTION 44 46 LOT 2 (WELL #2) <small>44 46 48 50</small> </div> <div style="border: 1px solid black; padding: 2px;"> WEST FRIENDSHIP <small>52 NEAREST TOWN 71</small> </div> <div style="border: 1px solid black; padding: 2px;"> MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI </div>	
DRILLER INFORMATION Driller's Name <u>Paul M. Fabiszak</u> 999 <small>77 License No. 80</small> Firm Name <u>E. Edgar Harr Sons' Corp.</u> Address <u>12047 Falls Rd., Cockeysville 21030</u> Signature <u>Paul M. Fabiszak</u> 62357 <small>Date</small>	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div> NEAR WHAT ROAD <u>12350 TRIADELPHIA RD</u> <small>30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> </div> DISTANCE FROM ROAD 800 34 37 <small>ENTER FT or MI</small> F 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150 14 20	USE FOR WATER (CIRCLE APPROPRIATE BOX): <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN AIR-ROTARY <u>AIR-PERCUSION</u> ROTARY (Hydraulic Rotary) CABLE <u>REVERSE-ROTARY</u> <u>Drive-POINT</u> other _____	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>A34692</u> OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> DATE ISSUED <u>08/13/87</u> CO SIGNATURE <u>B. N. Nylan</u> EXP. DATE <u>02/13/88</u> NORTH GRID 527 000 50 55 EAST GRID 081 000 57 63	
REPLACEMENT OR DEEPEINED 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 checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <u>ADDITIONAL SUPPLY</u> <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 10px auto;"> E 810 6 N 520 7 </div> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 FORCE 10 68 IN BOX SPECIAL CONDITIONS <u>2ND WELL ON PROPERTY (OTHER HO 81 0577)</u>	EARTHWOOD BLDGS 988-9600 DRILLER	



LOCATION SURVEY

12350 TRIADDELPHIA ROAD
3RD ELECTION DISTRICT
HOWARD COUNTY MD.

This is to certify that I have surveyed the property known as lot # 12 TRIADDELPHIA WOODS ARE SUBDIVISION OF PARCELS 1 & 2 sheet 1 of 2 recorded AS PLAT among the land records of Howard County, Maryland for the purpose of locating the improvements thereon.

James Carl Hudgins
James Carl Hudgins PLS #96



THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.

NTT ASSOCIATES INC. 16205 OLD FREDERICK ROAD
MT. AIRY, MARYLAND PHONE 646-5521 or 442-2031

SCALE 1" = 200'
DATE 7/10/86

FIELD BY JCH
DRAWN BY JCH

DRAWING NUMBER

B 1 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 6114 </div>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>please print or type</i>	OEP PERMIT NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>
Date Received <u>1/25/85</u> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> BALTIMORE </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> COUNTY </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> SUBDIVISION </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">SECTION</div> <div style="border: 1px solid black; padding: 2px;">LOT</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> WEST FRIENDSHIP </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> 52 NEAREST TOWN </div> <div style="display: flex; align-items: center;"> MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; width: 50px; text-align: center;">1</div> MI </div>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> EARTHWOOD BUILDERS </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> 6911 SHEFFIELD DRIVE </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> SYKESVILLE </div>		DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> SANDY B. COCHRAN </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> G. EDGAR HARR SONS CORP. </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> 12047 FACES RD. COCKEYSVILLE 21030 </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Signature: <i>Sandy B. Cochran</i> Date: <u>11-20-85</u> </div>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u>		12350 TRIADELPHIA RD. NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">N</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">E</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">S</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">W</div> </div> DISTANCE FROM ROAD <u>80</u> FT or MI <u>FT</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) <u>HEAT PUMP</u>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME _____ COUNTY NO. _____ OEP SIGNATURE _____ STATE HEALTH INSERT S _____ DATE ISSUED _____ NORTH GRID _____ EAST GRID _____ EXP. DATE _____	
APPROXIMATE DEPTH OF WELL <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> E 810 N 520 </div> <div style="border: 1px solid black; padding: 5px;"> 000 000 </div> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 DEEPEMED 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 _____ FORCE _____ WRITE INITIALS IN BOX PERMIT NO. _____ SPECIAL CONDITIONS	

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Tawes Office Building
Annapolis, Maryland 21401

☐ Surface Water ☒ Groundwater ☒ New Application ☐ Change in Existing Permit

Number _____

APPLICATION

EARTHWOOD BUILDERS
(Owner's Name)

730-8766
(Telephone Number)

6911 SHEFFIELD DR.
(Owner's Address)

DUKESVILLE MD.
(Street) (Town)

21784
(State) (Zip Code)

WITHDRAWAL

GROUNDWATER

Appropriate and use a yearly average of

1000 gallons per day,
(total annual use ÷ 365 days)
and 1500 gallons
(highest total monthly use ÷ days in month)
for the average day of the maximum month, from

1 well(s) having a diameter of
(number)
6 inches, and a depth of
(estimate)
200 ft.
(estimate)

SURFACE WATER

Appropriate and use a yearly average of

_____ gallons per
(total annual use ÷ 365 days)
day, and a maximum use of _____
gallons in any one day, from:

_____ (name of stream)
_____ (exact location of withdrawal)

PROJECT LOCATION

12350 TRIDELPHIA ROAD
(Location — be specific)

County HOWARD Subdivision or town _____ Phone number _____

Name and type of business PRIVATE RESIDENCE

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE

- The water will be used for:
- ☐ Community Water Supply
 - ☒ Non-Potable supply (sanitary uses, not for drinking water)
 - ☐ Potable Supply (drinking water, etc.)
 - ☐ Cooling Water
 - ☐ Irrigation
 - ☐ Process Water
 - ☒ Other _____ (explain)

GROUNDWATER HEAT PUMP

WASTEWATER TREATMENT AND DISPOSAL

- ☐ Public Sewer _____ (name of system)
- ☒ Groundwater
 - ☒ Subsurface (tilefield, seepage pit, etc.)
 - ☐ Spray Irrigation
 - ☐ Other, explain _____
- ☐ Surface Water _____ (name of stream)

Discharge Permit # _____
or applied for _____

SIGNATURE

Please sign here

Sandy B. Cochran
(signature)
SANDY B. COCHRAN V.P. 12-2-85
(please print name, title and date here)

**THIS APPLICATION WILL NOT
BE PROCESSED
WITHOUT A SIGNATURE
AND A LOCATION MAP**

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?

☐ YES ☐ NO, explain _____

Signature of county
representative

_____ (signature)

_____ (title)

_____ (date)