

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 45365

A 33141

DISTRICT 4th

DATE 2/20/90

DATE SYSTEM APPROVED 2/1/90

INSPECTOR cwillan

Sweeney Plumbing, Inc. JACK Fyock IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 3340 Yowaiski Mill Road, Mechanicsville, Md. 20659 PHONE

SUBDIVISION Femiano Estates ROAD 14630 Triadelphia LOT 10, Sec.1, Area 3

PROPERTY OWNER Mr. and Mrs. Lloyd Pierce

ADDRESS

~~IF SANITARY GRINDER IS USED IN SEWER LINE, SEPTIC TANK CAPACITY, DRY WELL, AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER XXXXXXXXXX NO XXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 8 feet of stone below distribution pipe.

LOCATION - Beginning from the (361.97/313.30') lot corner, place the distribution box 150 feet down the front (313.30') line and 135 feet off the front line as seen when facing property from Triadelphia Road. Run trenches along contour towards the left (161.90') and right (471.57') lot lines. Maintain minimum 100 feet from well to septic.

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

PLANS APPROVED BY Bert Nixon/Mark Rifkin REVISED DATE 1/1/90

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

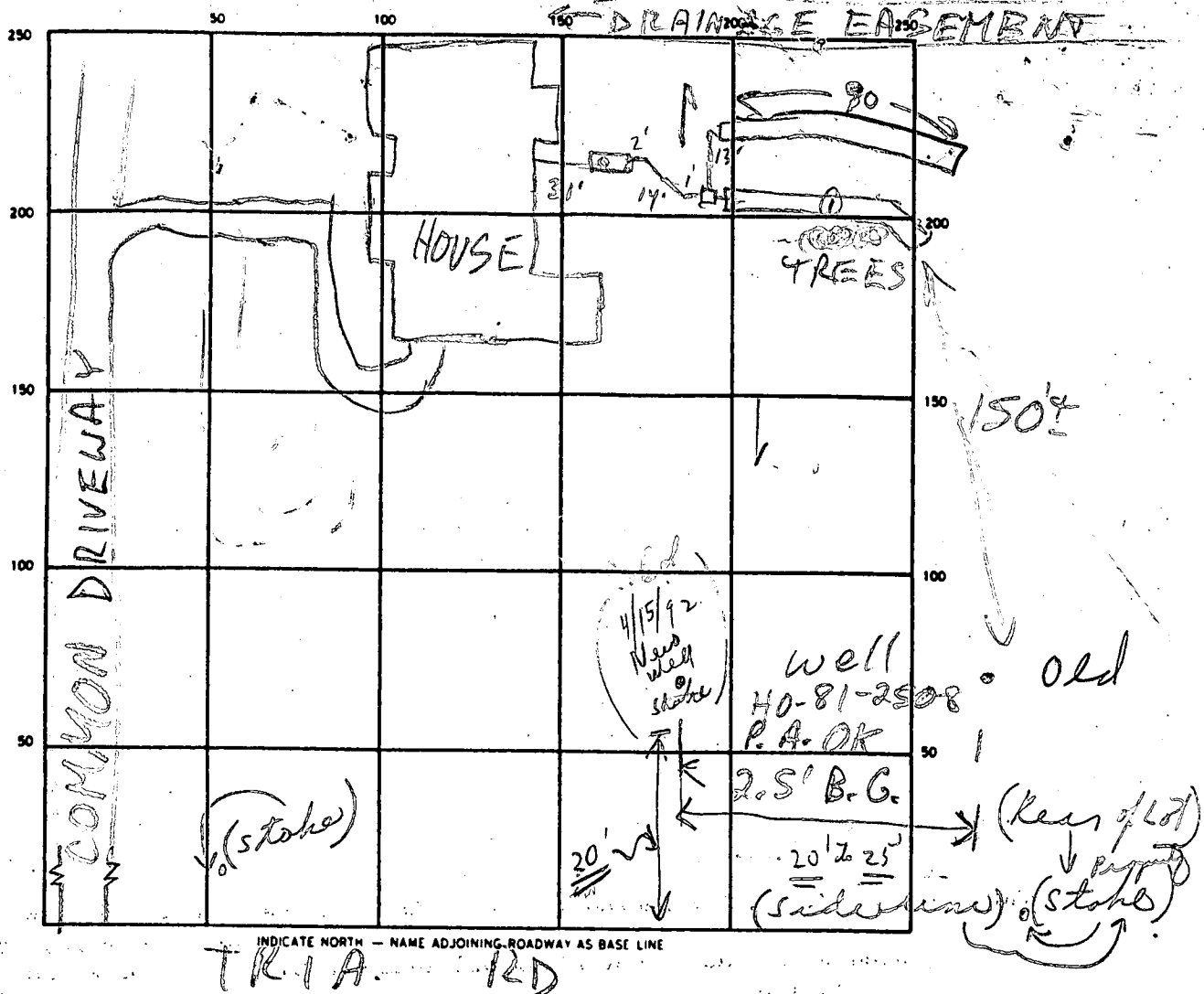
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 33141

H-T31

2
14
1
13

SEPTIC TANK. LEVEL

1250 GAL

CLEANOUTS

OK

DISTRIBUTION BOX. LEVEL

OK - BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH

8

FT.

TRENCH WIDTH

2

FT.

INLET DEPTH

4 1/2

FT.

EFFECTIVE GRAVEL DEPTH

4

FT.

TOTAL LENGTH

0900

FT.

NUMBER OF TRENCHES

2

ONE SIDEWALL/BOTTOM AREA

0360 SQ. FT.

DRYWELL INSIDE DIAMETER

1

FT.

EFFECTIVE DEPTH BELOW INLET

1

FT.

ABSORBENT AREA

720

SQ. FT.

REMARKS

2/1/90 OK TO BACKFILL HOUSE TO END OF TRENCH (1)
OK TO STONE TRENCH (2) MR

2/1/90 INSTALLATION COMPLETED w/o INSP. CW.

DATE SYSTEM APPROVED

2/1/90

INSPECTOR

Cwell

APPLICATION

9/26/83
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 33141

P _____

DISTRICT 4th

DATE Sept. 19, 1983

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 DOMINIC J FEMIANO Lloyd Dale Pierce

ADDRESS 14702 TRIADELPHIA RD PHONE 489-4477

PROPERTY LOCATION: GLEN ELG, MD 21737 953-1148 final LOT 10 SEC 1 AREA 3 per F 87218

SUBDIVISION / LOT NO. _____

ROAD AND DESCRIPTION same as above
14630 Triadelphia Road

SIZE OF LOT 3 ACRES TYPE BLDG. NA
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS NEED SUBDIVISION PLAT C. Williams 9-26-83

REASONS FOR REJECTION OR HOLDING _____

BOG. PERMIT SIGNED

AND RETURNED 9/26/83

Serial # 28580-SFD

THIS IS NOT A PERMIT

$\bar{x} = 6$
180 ϕ BR
Inlet 4
Bottom 8

46

A hand-drawn stratigraphic column. The top layer is labeled "CLAY". Below it is a horizontal line with the number "3" to its left. The bottom layer is labeled "SAPPHIRE" and "w/ SAND & CLAY".

122

#7-8-9

A hand-drawn stratigraphic column consisting of two rectangular boxes stacked vertically. The top box is labeled '3' CLAY' and the bottom box is labeled 'SAND'.

12-

DATE	TIME	LOCATION	DEPTH	REMARKS
11/1/54	11:00	1000	1000	BEST HOLES

TYPE OF SOIL

9 4-12 CLAY TO 4' THEN SAND 2M.U PER OK

Dominic FEMIANO

TESTED BY

ALSO PRESENT: SIR K

6701-71-113

C1 1470 SEQUENCE NO. (DENV USE ONLY)
1 2 3 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 33/41

ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED 04/17/92
Depth of Well 22 240 26
(TO NEAREST FOOT)
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-92-0052
OK MR 6/18/92

OWNER PIERCE DACE
last name first name
STREET OR RFD 14630 TANDERBURN first name TOWN GLENVIEW
SUBDIVISION SECTION LOT 10

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 Check if water bearing
SAND 0 15
GRAY M. P. Rock 15 210 ✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 24 NO. OF POUNDS 2250
GALLONS OF WATER 144
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50 ft.
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)
ST 6 100
OTHER CASING (if used) diameter inch depth (feet) from to

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE Air
WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 190
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ST BRASS BR OPEN HOLE HO
BRONZE PL PLASTIC PL OTHER OT
DEPTH (nearest ft.)
1 110 98 240
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to

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)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

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. 298
DRILLERS SIGNATURE
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

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)
Back lot

B 1 1456	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-92-0052 <small>fill in this form completely</small>
2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		B 3 LOCATION OF WELL	
Date Received (APA) 041692		8 COUNTY HOWARD	
OWNER INFORMATION 15 Last Name Pierce Owner First Name DALE		21 FEMIANO ESTATES	
36 Street or RFD 14630 FRIADCLPHIA RD		23 SUBDIVISION GLENELG	
57 Town MD		SECTION 44 46 LOT 10 48 50	
70 State 72 Zip 76		52 NEAREST TOWN GLENELG	
DRILLER INFORMATION Driller's Name Joseph P. Mayne 77 License No. 80 238		MILES FROM TOWN (enter 0 if in town) 2 MI	
Firm Name WELL DRILLING Address 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature Joseph P. Mayne Date 4/16/92		B 4 NEAR WHAT ROAD	
B 2 WELL INFORMATION		11 Triadelphia Road	
APPROX. PUMPING RATE (GAL. PER MIN.) 5		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/>	
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)		34 20 37 DISTANCE FROM ROAD ENTER FT or MI MI	
APPROXIMATE DEPTH OF WELL 300 FEET		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A33141	
APPROXIMATE DIAMETER OF WELL 6 INCH		STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED 041592 CO SIGNATURE Craig Williams EXP. DATE 12/15/92	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 3 CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL well (x) 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E 74X3 N 51X7	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP		FORCE CW WRITE INITIALS IN BOX PERMIT No. H0-92-0052	
SPECIAL CONDITIONS			

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # 45507
Date Feb 1, 1990

Name of Installer Robert A. Thurman Telephone 854-6202

License Number 17380
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Dale Pierce Telephone 953-1148
Subdivision Fernando Estates Lot # _____ Well Tag # 110-81-2508
Site Address 14630 Triadelphia Rd. Glenelg, MD

Pump

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

Motor

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

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

Tank

1. Capacity _____
2. Pressure relief valve? YES

Piping

1. Type Polyethylene
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line _____

Well data

1. Depth 225 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: Robert A. Thurman

Date: Jan. 31, 1990

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

Femiano Estates

Sec 1

Triadelphia Rd

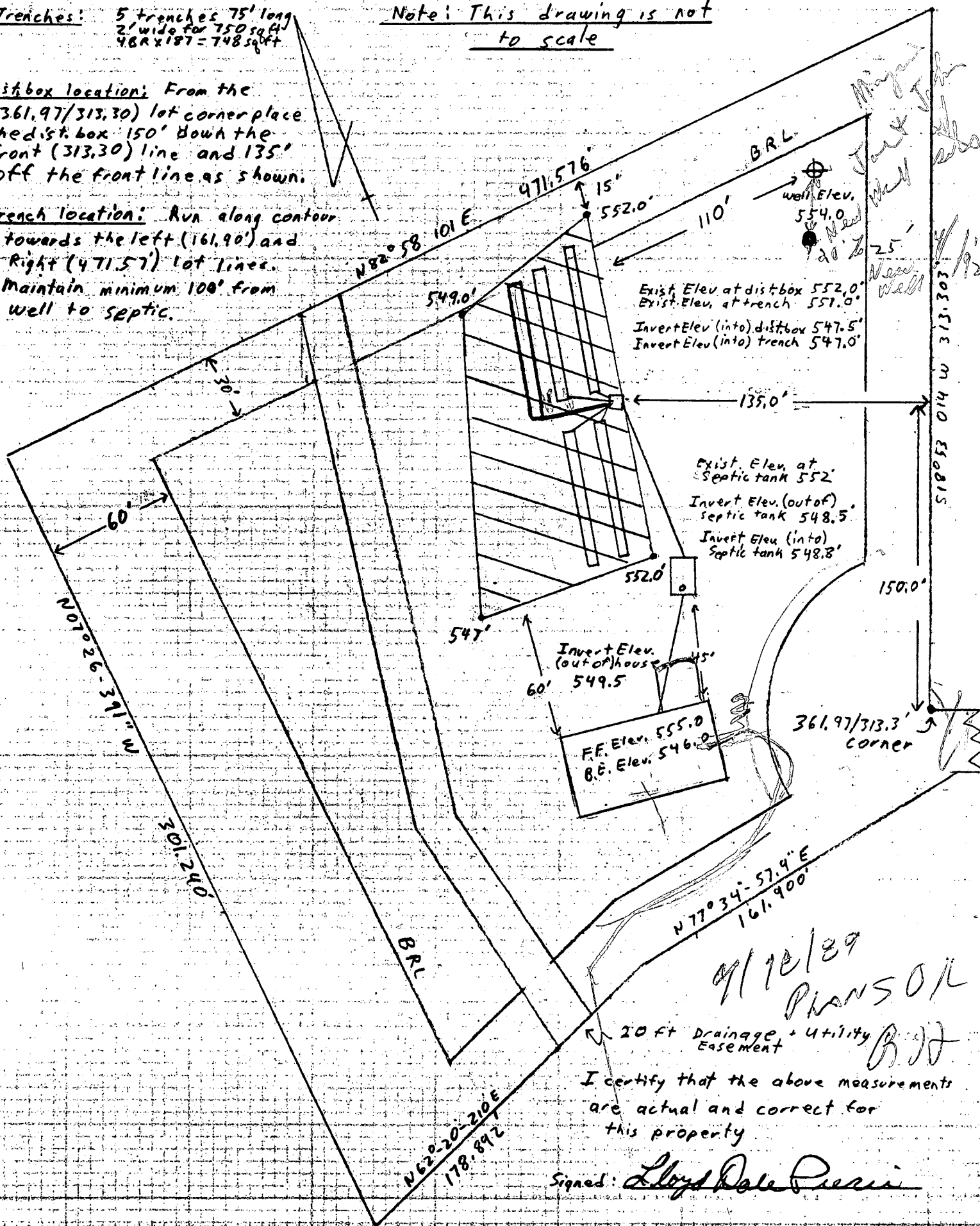
A 33141
Lot # 10 Area 3

Trenches: 5 trenches 75' long
2' wide for 750 sq ft
48" x 18" = 748 sq ft

Note: This drawing is not
to scale

Dist. box location: From the
(361.97/313.30) lot corner place
the dist. box 150' down the
front (313.30) line and 135'
off the front line as shown.

Trench location: Run along contour
towards the left (161.90') and
Right (471.57') lot lines.
Maintain minimum 100' from
well to septic.



C12122

SEQUENCE NO. (OEP USE ONLY)

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

A33141

DATE Received

DATE WELL COMPLETED

020388

Depth of Well

225

26

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HC-81-2508

OWNER

BASSLER

DAVID

STREET OR RFD

PHILADELPHIA ROAD

TOWN

GLENSIDE

SUBDIVISION

FEMIANO ESTATES

SECTION

1

AREA

3

LOT

10

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

Check if water bearing

Top Soil

0

2

Sandy

2

20

Sand Stone

20

25

Mica

25

50

Sand Stone

50

55

Mica

55

225

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS

19

NO. OF POUNDS

1900

GALLONS OF WATER

124

DEPTH OF GROUT SEAL (to nearest foot)

from

0

ft. to

50

ft.

48

52

54

58

(enter 0 if from surface)

CASING RECORD

casing types

insert appropriate code below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN CASING TYPE

PL

6

8

2

70

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

OTHER CASING (if used)

diameter inch

depth (feet) from to

screen type or open hole

insert appropriate code below

ST

BR

HO

STEEL

BRASS

OPEN HOLE

BRONZE

PL

OT

PLASTIC

OTHER

C2

DEPTH (nearest ft.)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

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B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">4913</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">40-81-2508</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">122387</div>		B 3 LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">BASSLER DAVID</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">HOWARD</div>	
15 Last Name Owner First Name 34		8 COUNTY 21	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">12733 FOLLY 24AFTER</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">FEMIANO EST</div>	
36 Street or RFD 55		23 SUBDIVISION 42	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">ELLICOTT CITY MD 21043</div>		SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">1</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">10</div> (AREA 3)	
57 Town 70 State 72 Zip 76		44 46 48 50 71	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">Ralph Mayne</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">ALEXELG</div>	
Driller's Name 77 License No. 80		52 NEAREST TOWN 71	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">Ralph Mayne Well Drilling</div>		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">2</div> M I	
Firm Name Date		73 76 77 78	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">9170 Brown Church Rd. Pk. Aving</div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
Address Date		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">Tandolph Rd.</div>	
Signature Date		11 NEAR WHAT ROAD 30	
B 2 WELL INFORMATION		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">5</div>		NORTH <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">N</div>	
1 2 8 12		WEST <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">W</div>	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">500</div>		SOUTH <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">S</div>	
14 20		EAST <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">E</div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">800</div>	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		ENTER FT or MI <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">54</div>	
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		34 37	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)		38 39	
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">HOWARD</div>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">150</div> FEET		COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">A 33141</div>	
24 28		STATE SIGNATURE _____ INSERT S <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">41</div>	
APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">6"</div> NEAREST INCH		DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">012588</div>	
METHOD OF DRILLING (circle one)		CO SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">R. Nifon</div>	
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN		EXP. DATE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">07/25/88</div>	
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)		NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">516000</div>	
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT		EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">0793000</div>	
30 37 other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		SOURCES OF DRILLING WATER	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		1. well	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		2.	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		3.	
<input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL		WRITE THE BOX NUMBER FROM THE MAP HERE	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">41</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">750 3</div>	
41 52		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">510 6</div>	
Not to be filled in by driller (OEP USE ONLY)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">GAP</div>		122 IN 81 BOX BERRY	
54 63		on short of road	
FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">60</div> WRITE INITIALS IN BOX		40-81-2508	
67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

Well Permit No. HO - 81-2508
Location of property (road) TRIADLPHIA ROAD
Subdivision FSMIAHO ESTATES Lot 10 Block Plat Sec. 1 AREA 3
Well Driller RALPH MAYNE Owner BASSLER, DAVID

Depth of well 225 ft
Distance of measuring point (M.P.) above ground 3 ft
Static water level (S.W.L.) below M.P. 33 ft

Time pump started 9:15 Pumping rate 10 c.f.m.
Total time 15 min to reach pumping water level 85 ft. below M.P.

[illegible]

N
WELL ABANDONMENT REPORT

DATE

4/17/92

Permit Number of abandoned well (if any)

HO-81-2508

Driller's Name

MAYNE
Last

JOSEPH
First

Owner's Name

PIERCE
Last

DALE
First

Well Location:

County HOWARD

Subdivision FEMIANO EST. lot 10

Section 14630 TRIAD Delphi RD.

Nearest Town GLENECH G

Show well location with (X)

X	

Maryland Grid Location

E	790
N	510

Type of Well

Drilled ☒

Jettied ☐

Bored or Augered ☐

Other, specify ☐

Depth of Well 265 Feet

Type of Casing

Steel ☐

Plastic ☒

Concrete ☐

Other, specify ☐

Size of casing 6 5/8 inches

Was any casing removed ☒ Yes ☐ No

If yes, state amount removed 4 ft.

Log of sealing material

Material	Feet	
	From	To
Cement + gravel	0	265

Was casing ripped or perforated

Yes ☒

No ☐