8/21/00 Septetind Layout

### PERMIT

#### SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

INDEXED BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

ISSUE DATE 8/14/2000

P 514187

06-449425

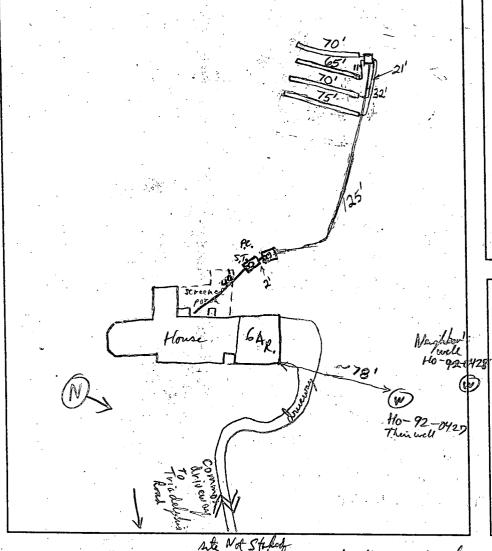
APPROVAL DATE 10/10/00

Fogle's Septic Clean. Inc.	IS PERMITTED TO INSTALL _X ALTER
ADDRESS 580 Obrecht Road, Sykesville, MD 21784	PHONE 410-795-5670
SUBDIVISION Woodmark Section 13 LOT NUMBER 6	ADDRESS 12495 Triadelphia Road
SEPTIC TANK CAPACITY 1250 GALLONS *** TOP SEA	NER'S ADDRESS <u>5308 Nightshade Court</u> Columbia, MD 21045 AMED COMPARTMENTED SEPTIC TANK REQUIRED* P SEAMED PUMP CHAMBER REQUIRED ***
NUMBER OF BEDROOMS4	• • •
SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED	
RENCHES: Trenches to be 3 feet wide. Inlet 3 feet below ori	ginal grade. Bottom maximum depth
5 feet below original grade. 2 feet of stone below di	
OCATION: From the right front lot corner, place the	distribution box 200 feet down the
right lot line and 75 feet off that lot line. Run for contour, toward front left portion of lot.	ir trenches of equal length, along
Tank and pump pit to be set lower than site installation. Pumped effluent line to run through the	septic area approximately as shown
on approved site plan. Intent being to preserve suffice the frenches 7' edge to edge (10' center to Center)	
future septic repair area	
PLANS APPROVED Craig Williams On SRN 8/13/00	DATE 7/6/2000 ~
PERMIT VOID AFTER 2 YEARS	
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPE	CTION FOR ALL INSTALLATIONS
NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH	GRADE
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED	
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEP ARE NOT ACCEPTABLE	S IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELD: OTHERWISE SPECIFICALLY AUTHORIZED	S) TO BE 100 FEET FROM ANY WATER WELL UNLESS
NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFIC	ALLY AUTHORIZED
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE	35/40 PVC OR ABS
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS	
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES	

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

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

A 32227



TRENCH DATA
TRENCH WIDTH 3.0'
TRENCH INLET DEPTH 3.0'
TRENCH BOTTOM DEPTH 5.0
DEPTH OF STONE
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 280'
ABSORBENT AREA 840'
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA
SEPTIC TANK 1250 GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT Yes
PUMP CHAMBER DATA
PUMP CHAMBER 125 Bgs Top Sessed
MANHOLE RISER Yes, 6"Cleanout
ALARM
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: will tring Sungle. Line up North sold SDA act district on when corner on Nun 4-90 his in Content Toront Southwest properly him. OK EMBELLION.

INSPECTION COMMENTS: System Teach + Purp Chamber Sot, Supply line sot; Needs flower Connection. System satisfactory. O.K. to cover. Final approval pending connection to house, pump and a larm performance. BB

10/10/00 Pump test OK per NKS SA

INSPECTOR of MC Mullo

\_ DATE SYSTEM APPROVED \_/0/10/00

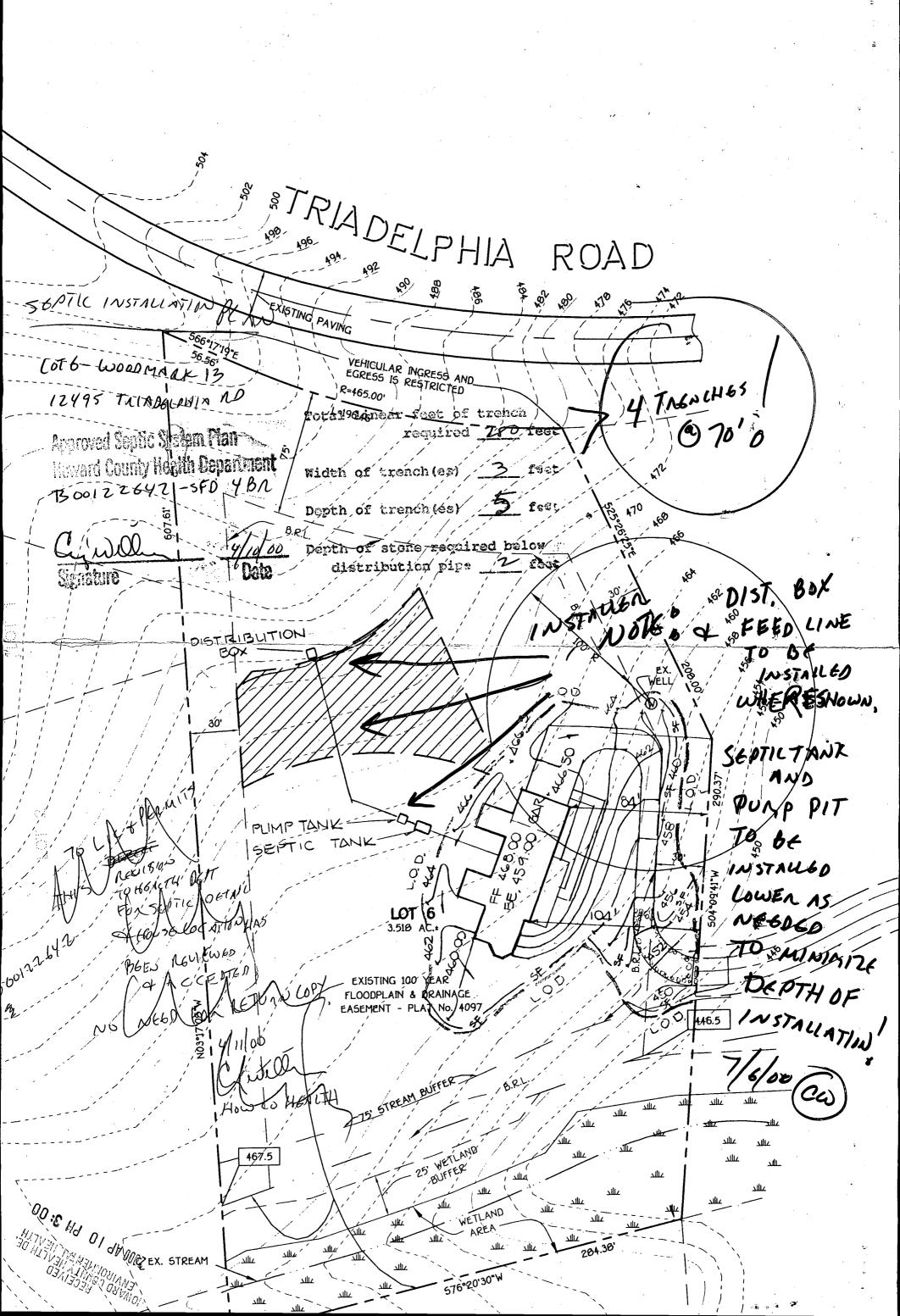
K:\Orawings 6\61479 Wood Mark\61479 LOT 6 hl.dwg Tue May 16 11:40:44

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: Potent L. Free on Co. Tortelephone #: 410-711-465-
	Address: 6321 Topec Deter AVE
	11K=10:4E. 11.2.784
	(Must circle out) Licensed Plumbes Licensed Well Driller Licensed Well Pump Installer
	License # and have of individual responsible for the field installation:
	Name (Print): POBER-1. FEE-7.5- Licenses 2122
	*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. J S / TS W. Dr. G Telephone #: 41 0 -
	Subdivision: woodungst ???. Lot #: 6 Well Tag #: HO - 12 0427 Site Address: 1 2495 TELADE CONTA TEL
	Site Address: 12495 TRIADETOHILA TCL.
	Submersible Pump Data Pilless Adapter Well Cap and Electric Conduit
	Make: Make: HREVAN Two piece watertight cap: 1 ->
	Model #: 5 P4602HL-by Model#: P7700 Screened, vented well cap: y = S
	Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: 45
	Well Yield: 3 GPM NSF approved: YC Conduit min 18" B.G.: VE
	Depth of well encountered at time of pump installation: Sin (feet) Conduit secured to well cap: well
	If pump capacity exceeds wall-yield, a low water cut off switch is required by NSPC 1990 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 /
	The Same Annual Comments of
	Piping to house  House Connection  Type: Pally #TH-Clane  PVC sleeved to undisturbed soil at wall penetration: y ex
	PSI: 160 (160 psi min) Approximate length of sleeve: 2 Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: y
	Deput of supply time. 35 (30 mm)
	The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping,
	distribution box, drainfields, and sowage reserve area. If this cannot be accomplished, contact this office for
	approved price to installation
	Nullet 2. Kook 9/7/2001
	/ naven - Kook
	Signature of company representative responsible for installation date
	For Health Department Use Only - Not to be completed by Installer
<b>&gt;</b>	Date Insp. Requested: 9800 Date Insp. Approved: 9/8/60 BB
	Inspection Data: Pitiess adabter and water supply line at least 10 below grade
	Two piece can installed and attached to casing securely
-	Elec. conduit extends at least 18" below grade/attached to cap properly
	Safety rope installed inside of well 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



APPLICATION

SEWAGE DISPOSAL TESTING

32227

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

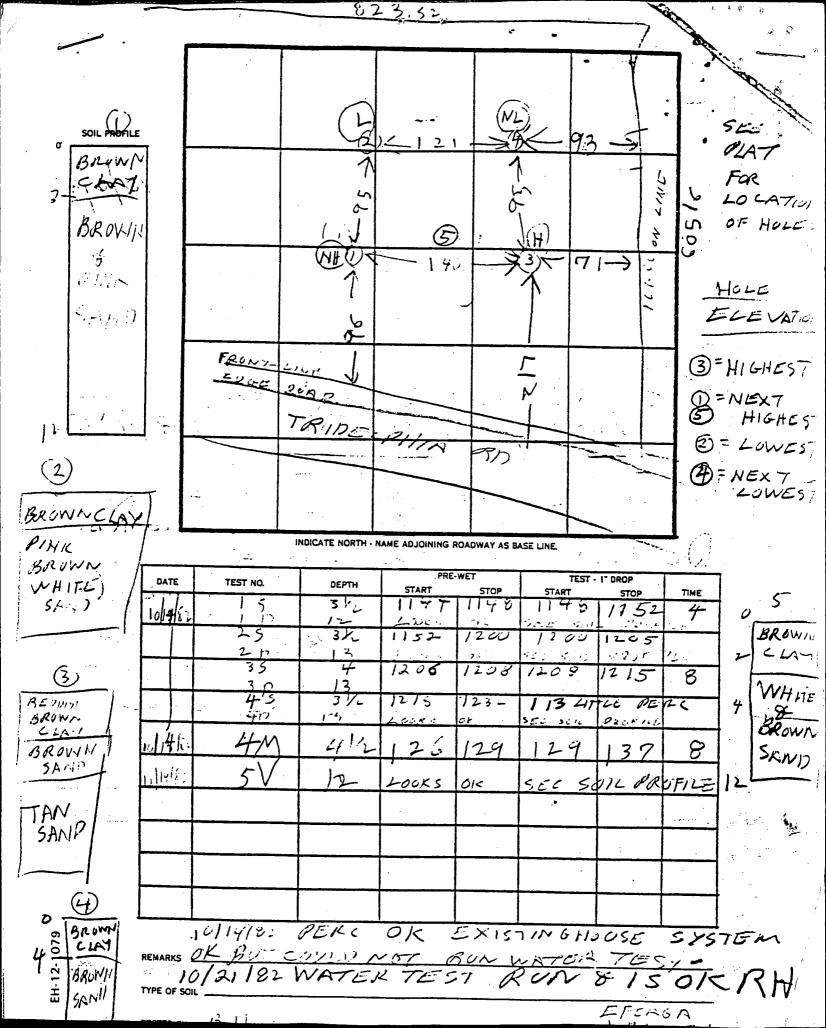
ENE P \_\_\_\_\_

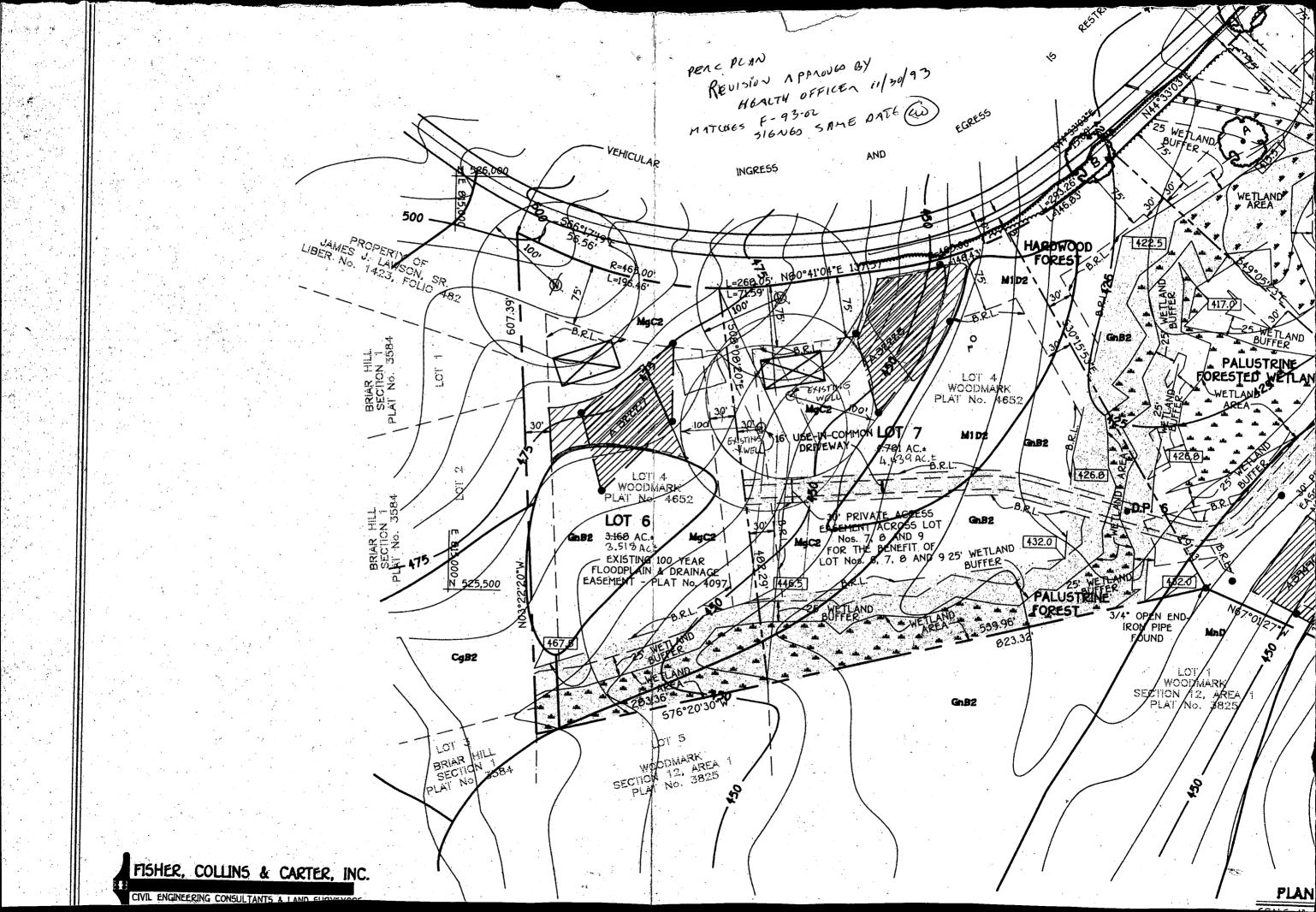
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DATE 10/6/82

	•		
TO: THE COUNTY HEALTH OFFICER			
ELLICOTT CITY, MARYLAND			• • • • • • • • • • • • • • • • • • • •
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT	T IOR RECONSTRUCTI SEWAGE	DISPOSAL SYSTEM.	
Tools F. of the	far K. 151	RINKER	•
PROPERTY OWNER			
ADDRESS 12205 CARROLL	ThILL KD.	PHONE 9	2-9513
ELLICOLD CI	/hh	2	LOTE)
PROPERTY LOCATION:	, , , , , ,	Kemifle	viiim of
WOOD MARK	· /	OTNO Sot 4	0
SUBDIVISION		Γ'	
ROAD AND DESCRIPTION TRIADE LA PALIA	IX & A	AROLL THIL	<u> </u>
WE SUBDIVIZION	O= Lo:	. <i>L</i> /	÷
		11	('./\
SIZE OF LOT APPROX 5/2	TYPE	BLOG. Tom	15 (4)
		(NUMBER	OF BEDROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABL	F ONLY UNTIL PUBLIC PACILIT	TIES BECOME AVAILABLE. I	FULLY UNDERSTAND THE
ME 3/3/2M M3/AZZZZ GIBZK MIS AL ZIGMON S ASSZ MAZZ	$\sqrt{1}$		/ /
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICAN	ON IS NON-REFUNDABLE UN	ER ANY CIRCUMSTANCES I	AVSO AGREE TO COMPLY
		كره به ( -	e -
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNA	ATURE OF APPLICANT)	
	V		
APPROVED BY	FOR	OATE	
	FOR	DATE	
REJECTED BY	PUR	.•	
HOLD PENDING FURTHER TESTS		DATE	
10/21/22	11:20 8	ルバ・・・・	· ·
REASONS FOR REJECTION OR HOLDING			
Who they are	Land Land		
1/2			

# THIS IS NOT A PERMIT







### HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Reply to:

March 11, 1993

TO:

Elmina Hilsenrath, ASLA, Chief

Division of Community Planning and Land Development

FROM:

Craig Williams, Director

Water and Sewerage Program

SUBJECT: F-

F-93-02

Woodmark, Lots 6-12

The engineer for the above referenced project has requested that we provide him with a status report for the above referenced project.

Health Department approval signature is contingent upon successfully establishing a well on each of two lots (Lot 6 and Lot 7). If a well cannot be established on either of these lots, then that lot would have to be deleted from the proposal.

To this date, two unsuccessful attempts have been made. Some additional time is required to complete the effort. Once a successful well is established, the well constructed regulation affords the driller 45 days to submit a completion report.

CW:hs

cc: Zacharia Y. Fisch



Terrell A. Fisher, P.E., L.S. Earl D. Collins, P.E. Ronald B. Carter, L.S. Charles J. Crovo, Sr., P.E., L.S.

March 10, 1993

Howard County Health Department Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

> **RE:** Woodmark Lot Nos. 6-12 F 93-02

ATTN: Mr. Craig Williams

Dear Mr. Williams:

In regard to the above referenced project as you are well aware, the owners are in a process of drilling wells on Lot Nos. 6 and 7. So far after two or three attempts on each of the lots, an acceptable well was still not found.

It is imperative that under these conditions the Health Department will not sign on the final record plat unless acceptable wells are found on the two (2) lots.

Since the due date to submit the original record plat for signature is on March 16, 1993, and since the well driller is still out on the site testing without any success, we would appreciate you forwarding a letter to The Department of Planning and Zoning in which you will state your department's position on signing final plats while knowing the existing conditions on the site. This letter will assist us in getting an extension which will allow additional time for testing and resolving the problem.

Your assistance in this matter will truly be appreciated.

Very truly yours, FISHER, COLLINS & CARTER, INC.

Pacharia y fisch Zacharia Y. Fisch

sak

### FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS and LAND SURVEYORS

Terrell A. Fisher, P.E., L.S. Earl D. Collins, P.E. Ronald B. Carter, L.S. Charles J. Crovo, Sr., P.E., L.S.

April 26, 1993

Ms. Elmina Hilsenrath, ASLA, Chief Division of Community Planning and Land Development George Howard Building 3430 Court House Drive Ellicott City, Maryland 21043

> RE: Woodmark Lot Nos. 6-12 F 93-02 (A resubdivision of Lot Nos. 4 and 5)

ATTN: Ms. Cindy Delzoppo

Dear Ms. Delzoppo:

On behalf of our client, we are transmitting herewith a request for an additional extension to the submission due date of April 30, 1993, which was assigned for this project in your March 18, 1993 letter for the following reasons:

- 1) The wells on Lot Nos. 6 and 7 can still not be approved by the Health Department since it is still not established, if they meet the turbidity standard and are free of sediment.
- 2) To determine if the concerns in Item No. 1 have been resolved will require further development of the well by the well driller.

When the well water will be cleaned up to its maximum extent a water sample will have to be analyzed for sediment, iron and turbidity.

As per Mr. Craig Williams at the Health Department this process can take as much as thirty (30) days.

Until all this is completed the wells can not be approved by the Health Department and they will not sign on the plats.

Therefore, we would appreciate your Department to grant an additional forty-five (45) days extension to allow us complete the outlined requirements in this letter.

Should you have any questions, please let me know.

Very truly yours, FISHER, COLLINS & CARTER, INC.

cc: Craig Williams

c1 . 7668	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE P IN COLST 6 ON ALL CARI	PUNCHED	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER
ST/©O-USE ONLY DATE Received*	DATE WELL COMPLETE	Depth of Well  22 3 0 26  (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER	Krinker last name T:	laha	
STREET OR RFD	DODMARK	SECTION 13 TOWN L	lest Friendship
WELL L Not required for	<u>.og</u>	GROUTING RECORD yes no	C 3
STATE THE KIND OF PENETRATED, THEIR	FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL	1 2 PUMPING TEST
THICKNESS AND IF	WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)		NO. OF BAGS 76 NO. OF POUNDS 7144	PUMPING RATE (gal. per min. 11 75 15 to nearest gal.)
#3 rating ground	0' 236	GALLONS OF WATER  DEPTH OF GROUT SEAL (to nearest foot)  from	METHOD USED TO MEASURE PUMPING RATE With the section will be a section will be a section with the section will be a secti
Flint & Smist	226 395	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)  Casing CASING RECORD	17 20
		types insert ST CO	WHEN PUMPING 1/22 25
water		appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air  P piston  27 turbine  ather
fline a schiat	295 300	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O other (describe below)  J jet S submersible
		\$\frac{1}{60} \frac{1}{61} \frac{1}{63} \frac{1}{64} \frac{1}{66} \frac{3}{70}	27 27
		OTHER CASING (if used) C diameter depth (feet)	PUMP INSTALLED
"I writ	0 200	inch from to	DRILLER WILL INSTALL PUMP YES (NO (CIRCLE) (YES or NO)
occh filted a		N G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
Stated		screen type SCREEN RECORD or open hole ST PP (HO)	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
		insert appropriate STEEL BRASS OPEN BRASS	IN BOX - SEE ABOVE: 29
uy well	0' 194'	code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon)
bookfored -	,	PLASTIC OTHER	PUMP HORSE POWER 37 41
Seul+, t		DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
`		E 1 1 1 0 5330 1 300 1 3	CASING HEIGHT (circle appropriate box and enter casing height)
	-	8 9 11 15 17 21 H 2	LAND SURFACE
CIRCLE APPROPI	RIATELETTER	S 23 24 26 30 32 36	below below foot) (nearest foot)
A A WELL WAS ABAND WHEN THIS WELL W	ONED AND SEALED	H 3	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTA		SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P WELL CONVER	RTED TO PRODUCTION	DIAMETER (NEAREST INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.0	04.04 "WELL CONSTRUCTION"	56 60	
AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE AND MY KNOWLEDGE.	THAT THE INFORMATION PRE-	GRAVEL PACK L	Triadel phia
DRILLERS IDENT, NO.	<i>್ರ</i> ಚಿತ ,	FIN BOX 68 68	
port Charles St. John John Co. C		(NOT, TO BE FILLED IN BY DRILLER)	56 80'
DRILLERS SIGNATURE (MUST MATCH SIGNATURE	ON APPLICATION)	T (E.R.O.S.) W Q 74 75 76 70 72	3 4,
SITE SUPERVISOR (sign. o responsible for sitework if o	f driller or journeyman	TELESCOPE LOG OTHER DATA CASING INDICATOR	to the second of
September 10. Shower II C		COUNTY	

3/4/93 11 AM 34-5

13	H	PATT		
3	#	5	Review	

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

	No. HO - 92-0307 property (road)	Trindelphia ld	
Subdivision	WOODMAKK	Lot 6 Block Plat Sec. 13	
Well Driller	Reichart	Owner Brinker John	
Dista	n of well 300 ance of measuring point (M.P ic water level (S.W.L.) belo	2.) above ground 2	
_	oump started <u> 0:00</u> time 45 min to reach pu	Pumping rate $86M$ mping water level $68$ ft. below M.P.	

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

\_ of \_\_\_

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 8	(if used)	(gallons per
tervals		gallon bucket		,minute)
10:45	108"	35 sec		1.716PM
111:15	107.5	34 sec	Constitution of the Consti	1.756PH
11:45	107'	J. t.		1. + GPM
12:00	107.5	Ė		11
12:15	108.5			b1 02
12:30	108.5	N. F.		iy ce
12:45	108'	V g		11 75 0
				2.7
······································	326/93 Hz	0 HAS HIGH	TURBIDITY W	SEDIMENT
	N)	TRATE 40-2283	TAKEN @ 1:00	PM
	TU	RBIDITY SAMP		#RI)
		· ·		MR
,				
	, 1			
	13/1/93 WEL	L BEING PUM	PED TO CLEAR T FROM H2O TAKEN MR	
	-VELL	OW/WHITE SIL	T FROM HOD	
	NO	MEASUREMENTS	TAKEN MR	
				<del> </del>

SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A32337
ST/CO USE ONLY DATE_Received DATE WELL COMPLETE	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 18 15 20	22 CTO NEAREST FOOT)	HO-92-0427 28 29 30 31 32 33 34 35 36 37
OWNER last name	first name TOWN	
STREET OR RED	SECTION / 3	LOT
* WELL LOG	GROUTING RECORD yes no	C 3
Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT C M BENTONITE CLAY B C NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min.
	GALLONS OF WATER	to nearest gal.) 11 15 METHOD USED TO
Br. Schist 1,200	from from ft. to ft.	MEASURE PUMPING RATE LANGUAGE WATER LEVEL (distance from land surface)
	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 39
Br. Johist 100	casing <u>CASING RECORD</u>	17 20
Grandist 20-23.  Grandist 20-23.  Cimeston 230 410  Franties 410 42  Cineta 412 65  Contractor 456 560	types insert appropriate STEEL CONCRETE	WHEN PUMPING [2] 25
Cranduiste 9	code below PL OT	TYPE OF PUMP USED (for test)  A air  P piston  T turbine
250 410	PLASTIC OTHER	27 27 27 other
1/ imestor	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe below)
410 412	TYPE (nearest inch) (nearest foot)	J jet S submersible
Fractures		27
1 1260	E OTHER CASING (if used) C diameter depth (feet)	
660	H inch from to	PUMP INSTALLED
Contract (150 700	C S	DRILLER WILL INSTALL PUMP YES (NO (CIRCLE) (YES or NO)
	NG L	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert appropriate STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  29
	code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE  31 35
	PLASTIC OTHER	PUMP HORSE POWER
y a surprise of the second	C 2	PUMP COLUMN LENGTH 37 41
	DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box
	A 8 9 11 15 17 21	and enter casing height)  LAND SURFACE
	s <sup>2</sup>	below LAND SURFACE (nearest foot)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED		49 50 51
WHEN THIS WELL WAS COMPLETED	E N 38 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED.  TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 123 DIAMETER	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P WELL  THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	OF SCREEN 1 1 1 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-	from to to gravel PACK	+20'>@ bull
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS FLOWING WELL INSERT	<u> </u>
DRILLERS IDENT. NO. 40	F IN BOX 68 1 68 OEP USE ONLY 1	Aprox
DRIVERS SIGNATURE	(NOT TO BE FILLED IN BY DRILLER)	¿ 200
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) , W Q	1
SITE SUPERVISION OF THE STATE O	70 72 TELESCOPE LOG OTHER DATA	*
SITÉ SUPÉRVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee)	CASING INDICATOR	
<u></u>	COUNTY	trout lot line

1.1		
* age :	of	
√Date		4

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

ec
<del></del>
ATED FLOW
ons per
:e)

minute in- tervals	below M.P.	time to fill # \ gallon bucket	(if used)	(gallons per minute)
9:45	368	15 Sec	Pump Set/390'	4
10:00	368	15 Sec		4
10:15	369	18 SEC	)(()	3.3
10:30	369	185-		
10:45	369	18 Sec		3,3
11:00	369	18 Sec		<b>3</b> . ? 3. 3
11:15	369	18 Sec		
11:30	369	18 Sec		3.3
11:45	369	18 Sec		3.3
17:00 12:15	369 369 369	18 500		3.3
12:30	369	18 Sec		33
1245	369	18 Sec		3.5
1:00	369	18 SEC		3.3
1:15	369	.18 5= (		3,3
1:30	369	18 Sec.		33 33
1:45	369	18 Sec		33
2:00	369	185ec		3.3
2:15	3 69	18500		7 7
2:30	369	18 Sec		3.3
2:45	369	18 Sec		2.2
3:00	369	18 Sec		7.3
3:15	369	18 200	·	3.3 3.3
3:30	369	18 Sec		3,3
3:45	369	18 Sec		3.3

OEP USE ONLY

age of			Review _	
Date		FIELD DATA S	HEET	
•		HOWARD COUNTY WELL	YIELD TEST	
Well Permit No. Location of pro	HO - 92-0 operty (road)	YZ7 TRIADELON ET 13 Lot	A RD  6 Block Plat  T BAINKEA	Sec.
well Driller	EASTERDAY	Owne	r Brinker	
Depth of Distance Static w	well <u>560</u> e of measuring po vater level (S.W.	oint (M.P.) above gr L.) below M.P. 3	ound Z	
!. High rate Time pump Total tin	pumping reserved started 8: ne 2 % hrs to	rvoir drawdown 45 reach pumping water	Pumping rate 1061 level 368 ft.	drop h => 5 6 Ph below M.P.
			recorded every 15 minu	
minute in-	WATER LEVEL below M.P.	PUMPING RATE time to fill	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
tervals 1/./5	368"	gallon bucket		4 GPM
17:00	7/35	18 Sec		226PM
12:30	360	18 Sec		2 2/P M
	2 Ø 1	10 300		S. S. (S. )
				<u> </u>
				<u> </u>
-				
!				
	5/2/2 = 17	A Cinata	11, 11, 1.2A	
	19/7/13 tz	U SL16141	LY LLOUD,	10-82 10-27
	1 1 3 CH	EM SAMPLE	LY CLOUD,	1250 175
	2 SAMF	LES SENT, 1	KEPT @ OFFICE	<b>5</b>
0.1.	T 1:1-4.1 Fo -	- HA-1278 1		

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Lab No. **Date Received** SEND REPORT TO: **Laboratories Administration** . Health 201 W. Preston St. 14 9-10-93 P.O. Box 2355, Baltimore, Maryland 21203 J. Mehsen Joseph, Ph.D., Director MULTI-ELEMENT LABORATORY Do not write above this line. **Metals Analysis Report Form** INV. NO. Bottle Number: HD-2328 Name: Brinker, John \_\_\_\_\_ County: Howard Source of Sample: Lot 6, Woodmark, Sec 13, Tria. Rd Collector: Data Category 4 F Drinking Water Sample Community Source (Raw Water) Code **TYPES** Landfill Distribution (Treated) Non-Community (See Reverse) (Circle): Stream (Private) MCL Other Other Sediment (10f2) Remarks: Field Preserved Date & Time are Required Yes No No for Valid Samples Plant No. **Date Collected** Sampling Station Preservative Used: Submitter Code (If different than County Code) Specify Program: SDWA: 🗶 NPDES: \_\_\_\_\_ CODE RESULTS CODE RESULTS **Element** Element 01097 **Antimony** 01105 Aluminum 01002 00916 **Arsenic** Calcium Iron 9-14-01007 01045 **Barium** 01012 Beryllium 00927 Magnesium 01027 Cadmium 01055 Manganese 01034 Chromium 00937 **Potassium** 01042 Copper 00929 Sodium 01051 Lead 01092 Zinc 71900 Mercury

* Results re	eported in milligrams	per liter (ppm)				
Analyet		Section Chief	<b>D.S.</b>	Data Papartad	9-21-93	

01067

01147

01077

01059

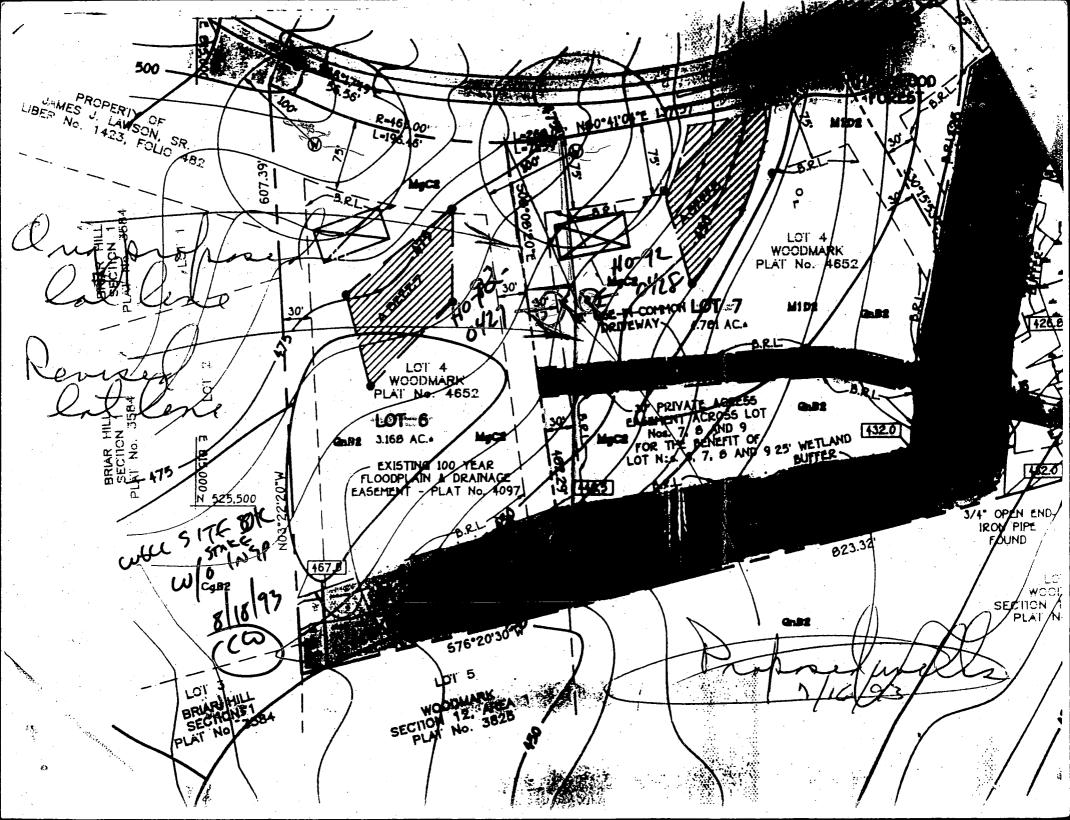
Nickel

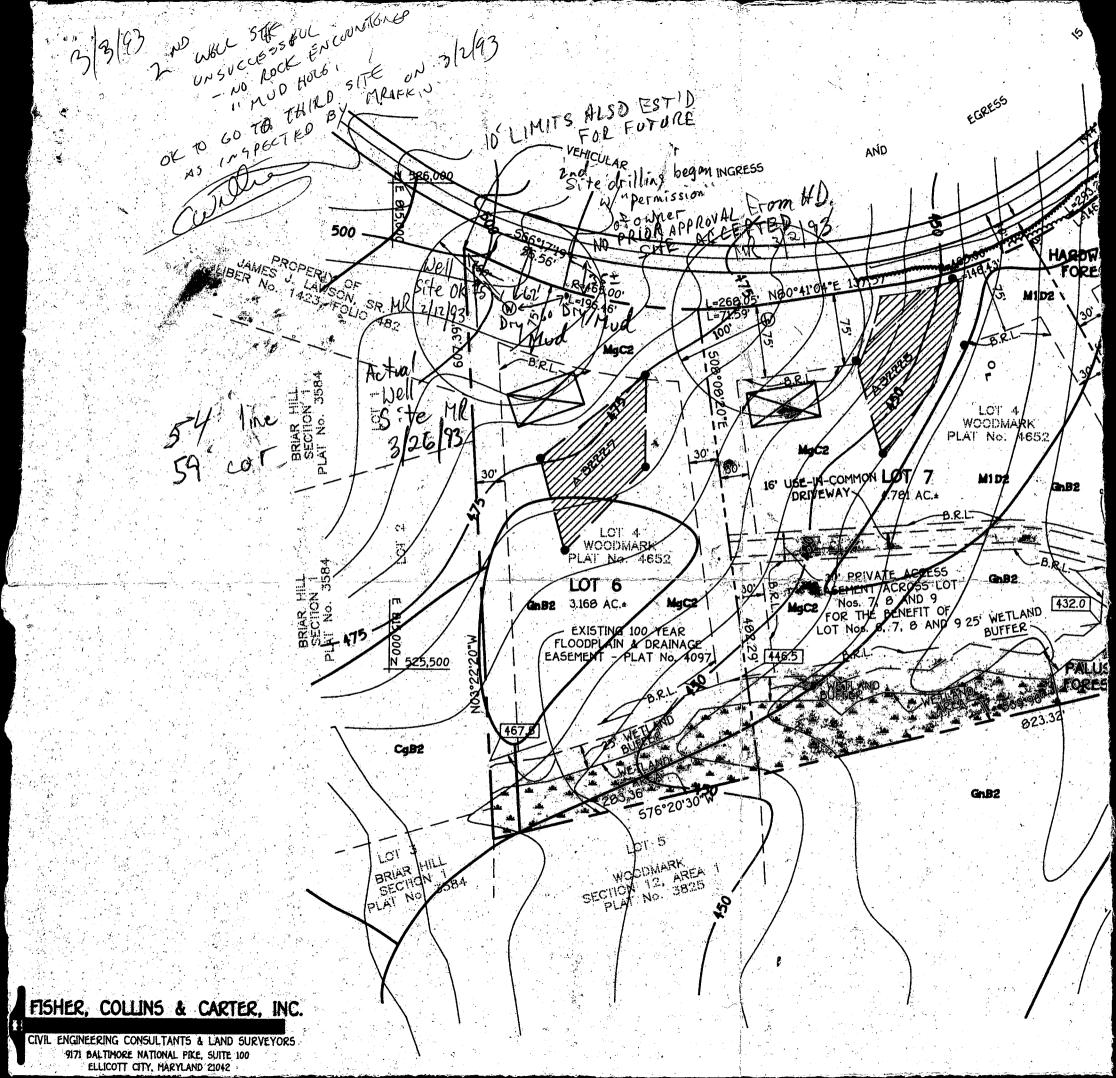
Silver

**Thallium** 

Selenium

B 1 09919 SEQUENCE NO. (DP USE ONLY)	STATE OF	MARYLAND	STATE PEHMIT NUMBER
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DRILL WELL	H0-92-0927
IN COLS. 3-6 ON ALL CARDS)	please pr	rint or type	<sup>70</sup> fill in this form completely <sup>79</sup>
Date Received (APA)		B 3	LOCATION OF WELL
OF 1873 OWNER INFORMA	ATION	1 2	<del></del>
13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	<del></del>	8 COUNTY	21
15 Last Name Owner	First Name 34	WOODWAL	K
1 DIETOKI KARKALLI	MILLERY	23 SUBDIVISION	42
38 Street or RFD	55 ØA \ 0 / 0 / 0	SECTION 44 46	LOT 48 50
57 Town 70	7(A)   A   A   A   A   A   A   A   A   A	DESTER	TIPINĀMĀMIT
DRILLER INFORMATIO		52 NEAREST TOWN	71
George F. Basterday	<b>4</b> 0	MILES FROM TOWN (ente	er 0 if in town) 73 76 77 78
Driller's Name L. Franklin Easterday, Inc.	77 License No. 80	B 4	
Firm Name		DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
9265 Brown Church Rd., MT.Air	y, Md. 21771	TOWN (CIRCLE BOX)	NEAR WHAT HOAD SO NORTH
Address	8/18/93		ON WHICH SIDE OF ROAD
Signature	Date	8-9 8-9	(CIRCLE APPROPRIATE BOX) WEST TO LEAST
B 2 WELL INFORMATION	1	(TOWN)—E	SOUTH
APPROX. PUMPING RATE (GAL. PÉR MIN.)			
AVERAGE DAILY QUANTITY NEEDED 8	12		34 2 0 37 DISTANCE FROM ROAD
(GAL PER DAY)			ENTER FT or MI
USE FOR WATER (CIRCLE APPRO		8	38 39
			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
D HOME (SINGLE OR DOUBLE HOUSEHO		HOWAAD	A 32227
FAHMING (LIVESTOCK WATERING & AGI	AICULTONAL	COUNTY NAME	COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND		STATE SIGNATURE	INSERT S
22 Lil OTHER (REQUIRES APPROPRIATION PE PUBLIC OR PRIVATE WATER COMPANY		DATE ISSUED	0 1.00
P APPROPRIATION PERMIT AND STATE HE		081893	Canulla 0/17/94
APPROVAL)  TEST, OBSERVATION, MONITORING (MA	Y REQUIRE	NORTH 5 3 COO	O SIGNATURE? EXP. DATE  O EAST S / S O O O  GRID
APPROPRIATION PERMIT)	1	GRID 50	GRID 57 83
	<del></del> ,	SHOW MAJOR FEATURE	1 / -
APPROXIMATE DEPTH OF WELL	FEET 28	BOX & LOCATE WELL WITH AN X	9/3/93 NOT INSPECTED
	MEADEST	SOURCES OF DRILLING	WATER 9/3/93 NOT INSPECTED
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1.11/2/1	·
METHOD OF DRILLING (cir	role one)	2.	
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u>	3. WRITE THE BOX NUMBI	nep .
30 AIR-ROTary AIR-PERcussion R	ROTARY (Hydraulic Rotary)	FROM THE MAP HERE	
<u>CABLE</u> <u>REV</u> erse <u>-ROT</u> ary	<u>DR</u> ive- <u>POINT</u>	ļ <u>, , , , , , , , , , , , , , , , , , ,</u>	
other		E 51.55	5 ]
other		N STON	000
REPLACEMENT OR DEEPENEL		DRAW A SKETCH BELO	W SHOWING LOCATION OF WELL IN
(CIRCLE APPROPRIATE BOX	·	RELATION TO NEARBY	TOWNS AND ROADS AND GIVE
THIS WELL WILL NOT REPLACE AN EX			TO NEAREST ROAD JUNCTION
ABANDONED AND SEALED		NURST	
39 S THIS WELL WILL REPLACE A WELL TH	IAT WILL BE USED	A GMENDAR	
D THIS WELL WILL DEEPEN AN EXISTING	3 WELL		
PERMIT NUMBER OF WELL TO BE REPLACE			en with the
(IF AVAILABLE) 41 41 0 - 7 2 - 0	<b>307</b> 52		
Not to be filled in by driller (OEP U	JSE ONLY)		
APPROP. PERMIT NUMBER	<del>ттта</del> й усон	D. 1445: 908 350	21
APPHUP, PEHMIT NUMBER 54	A P 63	history process	
FORCE WRITE INITIALS PERMIT NO. 14 15 - 19	27 27	The second second	
67 68 FORCE TO INTOLS PERMIT NO. 17 17 72 7	73 74 75 76 77 78 79	Contract of the second	
SPECIAL CONDITIONS			
	·	*	





MATERIAL	FEET		
INTENTAL	FROM	TO	
Bentonite	207	0	
•			
•		1	

DRILLER Josef Chisles
SIGNATURE:

IF YES, AMOUNT REMOVED \_\_\_\_\_FT.

HAS CASING RIPPED OR PERFORATED \_\_\_\_YES \_\_\_ NO

STEEL.

☐ PLASTIC ☐ CONCRETE

OTHER, SPECIFY

WAS ANY CASING REMOVED 🔲 YES 🔼 NO

LICENSE# MWD 7482

CC 9/10/93 hand carriel



## KAPPE ASSOCIATES, INC. SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT • FREDERICK, MD 21701 • (301) 846-0210 • FAX 301-846-0808

September 9, 1993

L.F. Easterday 9265 Brown Church Road Mt. Airy, MD 21771

Subject: Report of Analysis

Gentlemen:

The results of the analyses performed on the two (2) water samples received from you on September 8, 1993 are given below.

<u>Parameter</u>	Turbidity (NTU's)	Total Suspended Solids (mg/L)
HO-92-0427	1.0	3
HO-92-0428	5.0	4

Thank you for this opportunity to serve you. Should you have any questions concerning this report, please do not hesitate to give us a call.

Very truly yours,

KAPPE ASSOCIATES, INC. Scientific Research Division

Julia M. Patel Laboratory Manager