04-3449804

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513600
A 31255
ISSUE DATE 5/23/2000
APPROVAL DATE

A. E. Haspert Contracting LLC IS PERMITTED TO INSTALL x ALTER ___

ADDRESS 45 Gina Court, Sykesville, MD 21784 PHONE 410-781-6777

SUBDIVISION Patapsco Overlook II LOT NUMBER 21 ADDRESS 655 Weller Drive

PROPERTY OWNER P. Todd & C. Wojciechowski PROPERTY OWNER'S ADDRESS 9112 Avenue A
Baltimore, MD 21219

SEPTIC TANK CAPACITY 1000 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 157.5

TRENCHES: Trenches to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5feet below original grade. 4 feet of stone below distribution box.

LOCATION: Place the distribution box 60 feet from the breakpoint in the left lot line (120.00'/390.00' intersection). Run trenches along contour toward front of property.

PLANS APPROVED Mark E. Rifkin DATE 1-24-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION 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° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY 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

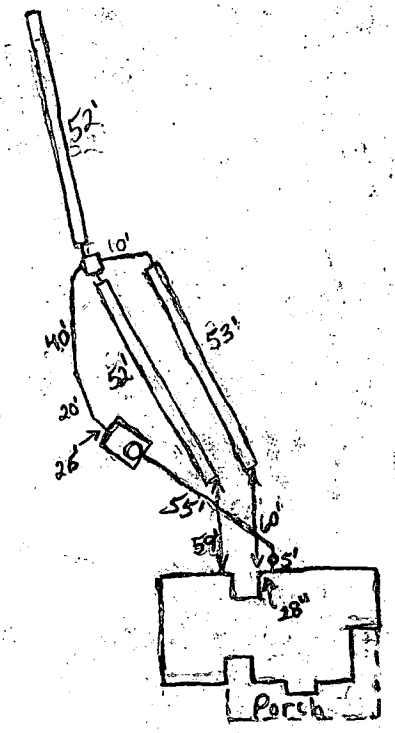
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

9612.55

NOT TO SCALE



HO-92-0347

TRENCH DATA

TRENCH WIDTH 2.0'
TRENCH INLET DEPTH 3.5'
TRENCH BOTTOM DEPTH 7.5'
DEPTH OF STONE 4.0'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 157'
ABSORBENT AREA 628 sq. ft.
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1000 MS GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT Yes
~~PUMP CHAMBER DATA~~
PUMP CHAMBER GALLONS
MANHOLE RISER
ALARM
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 6/28/00 House connection made. O.K. to cover up to D.B. after clearouts are installed on tank. O.K. to cover well line, pitless. Pump not installed yet. 20' sleeve across driveway. BB 6/29/00 WPI O.K. Trenches dug. Distribution box needs baffle (contractor said he would install levelers). To leave one trench open and the ends of the other trenches after stoned. BB 6/30/00 Everything satisfactory. O.K. to cover. BB

INSPECTOR Brian Baker DATE SYSTEM APPROVED 6/30/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ___

Receipt # ___
Date 6/27/2000

Name of Installer ROBT. L. FEEZER CO. INC. Telephone 410-781-4655

License Number 2122
Certified Well Pump Installer ✓ Well Driller ___ Registered Plumber ✓

Name of Property Owner BUYER: AL HASBELT Telephone 410-781-6777
Subdivision PATAPSCO OVERLOOK Lot # 21 Well Tag # HO-92-0347
Site Address 655 WELLER DRIVE

Pump
1. Type
   a. Deep well jet ___
   b. Shallow well jet ___
   c. Submersible ✓
2. Make GOULDS
3. Model # 5GS05412
4. Capacity 5 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 1/2
2. RPM 3450
3. Voltage ___
   a. 110 ___
   b. 220 ✓

Pitless Adapter
1. Make HARVARD
2. Model # PT800
3. Depth 42"

Tank WELL-X-TROL WX 203
1. Capacity 32 GAL.
2. Pressure relief valve? YES

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 300 ft.
2. Yield 1.5 GPM
3. Static water level ___ ft.
4. Will water supply be disinfected by installer? YES

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 L. Feezer

Date: 6/27/2000

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

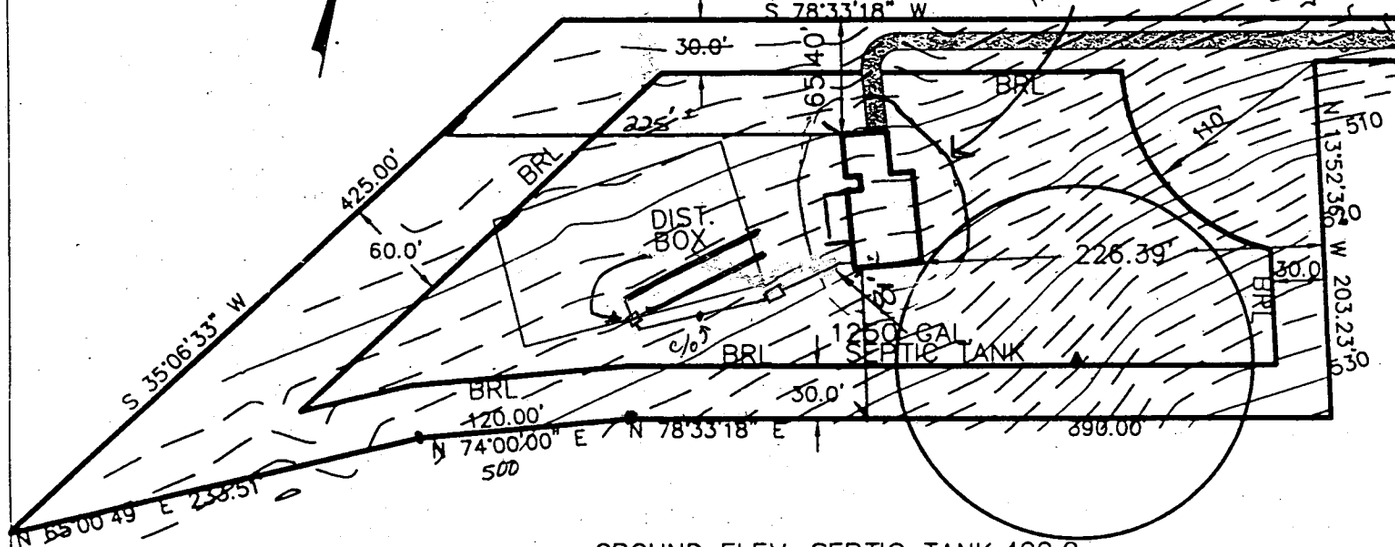
HD-215

Approved Septic System Plan
Howard County Health Department

Mark E. Rifkin 1/24/00
Signature Date

~~475 GOLDE~~
SU
~~WESTMINS~~
~~410 876-~~

BPR INC
475 Goldenrod Terrace #103
Westminster, MD 21157
410-876-0333



WELLER DRIVE

Total linear feet of trench required 158 feet

Width of trench(es) 2 feet

Depth of trench(es) 7½ feet

Depth of stone required below distribution pipe 4 feet

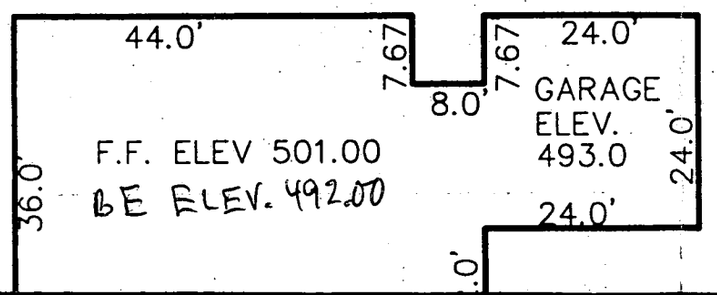
Rec'd
HCHD
Jan 13 '00

HOUSE INV. 497.0.
S. TANK INV. 496.3
S. TANK OUT 496.0

GROUND ELEV. SEPTIC TANK 499.0
~~TOP ELEV. SEPTIC TANK~~ ~~495.5~~
~~TOP~~ ELEV. DIST. BOX 492.5
GROUND ELEV. DIST. BOX 496.0

MINIMUM 18" FINISHED COVER AT SEPTIC TANK

1" = 100'



PLOT PLAN
LOT 21 PATAPSCO OVERLOOK

655 Weller Drive

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0022095

Building Address 1055 WELLER DRIVE
Woodbine MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6046 Subdivision PATAPSCO OVERLOOK

Section 2 Area N/A Lot 21

Tax Map 2 Parcel 227 Grid 24

Zoning RC-DD Map Coordinates 3F6 Lot size

Property Owner's Name PATRICIA TODD + CHUCK WOJTKIEWSKI

Address 9112 AVENUE A

City BALTO. State MD Zip Code 21219

Home Phone 410-477-2642 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

N/A

Phone _____ Fax _____

Existing Use BARE LOT

Proposed Use SFD W/ ATTACHED GARAGE

Estimated Construction Cost $ 100,000.00

Description of Work BUILD SFD W/ PORCH, 2 car GARAGE AND REAR DECK 12'X30' 3 BR 2½ bath unfinished bsmt W/ RI

Contractor Company A.E. HASPERT CONTRACTING

Contact Person AL HASPERT

Address 45 GINA COURT

City SYKESVILLE State MD Zip Code 21784

License No. 31598

Phone 410-781-6777 Fax 410-552-5073

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company GBL CUSTOM HOME DESIGN

Contact Person GREG LITTLE

Address 4317 HOLLYWOOD DR

City HAMPSTEAD State MD Zip Code 21074

Phone 410-833-8320 Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☑
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 3

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X Private

Electric Yes ☑ No ☐
Gas Yes ☐ No ☑

Heating System:
Electric ☑ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☑
_____ NFPA #13D
_____ NFPA #13R
_____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Albert E Haspert
Applicant's Signature

A.E. HASPERT CONTRACTING L.L.C.
Title/Company

ALBERT E. HASPERT
Print Name

JANUARY 12 2000
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	1/24/00	Mark E. Riffkin
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☒ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: 11' Min
Rear: 60' Min
Side: 30' Min
Side St.: N/A
All minimum setbacks met?
YES ☒ NO ☐
Is Entrance Permit required?
YES ☐ NO ☒
Historic District?
YES ☐ NO ☒
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 44687

Filing fee	$ 45
Permit fee	$ _____
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ _____
Balance due	$ _____
Check	# 3156
Validation	# 21379

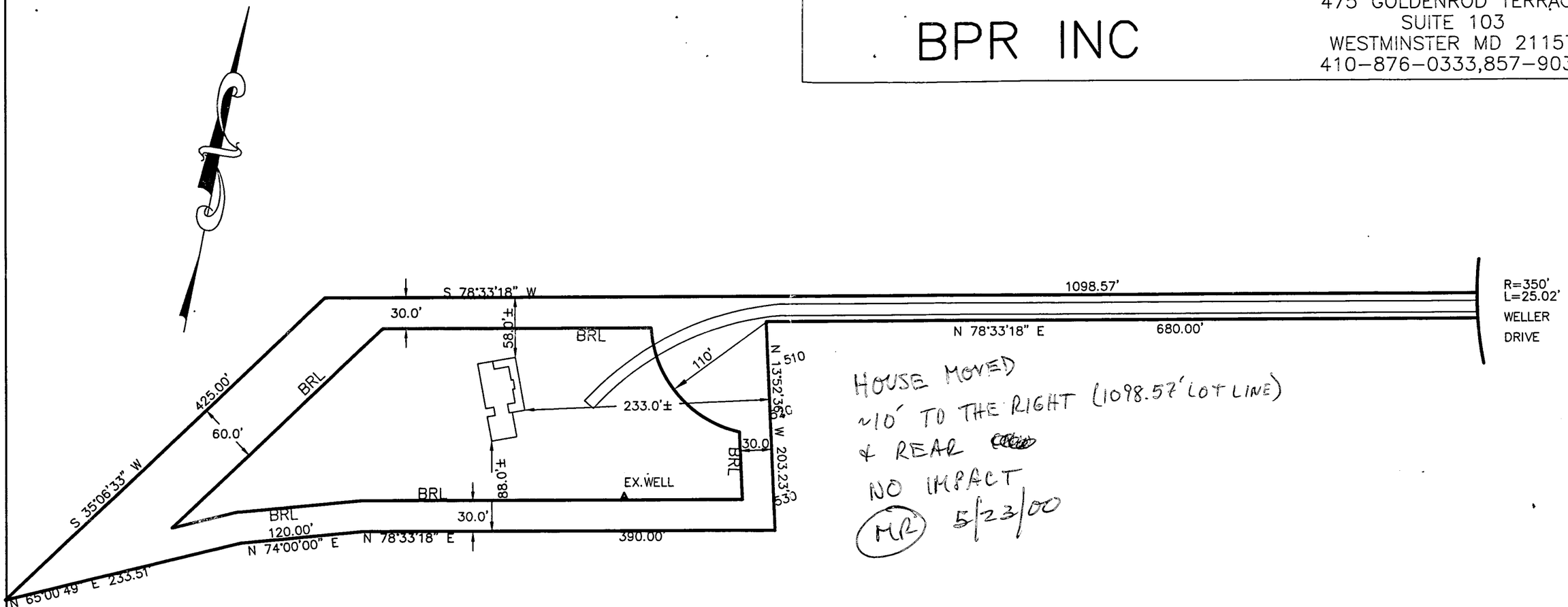
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

a:\permit.frm

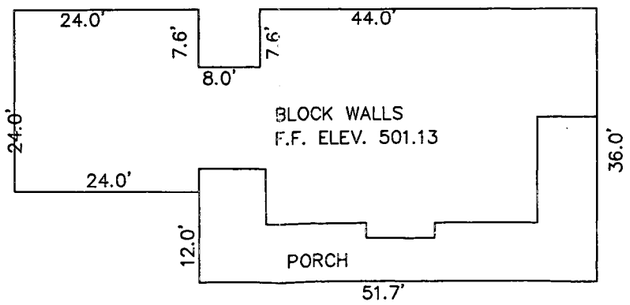
Rev. 10/15/98

BPR INC

475 GOLDENROD TERRACE
SUITE 103
WESTMINSTER MD 21157
410-876-0333,857-9030



HOUSE MOVED
~10' TO THE RIGHT (1098.57' LOT LINE)
& REAR
NO IMPACT
MR 5/23/00



DETAIL SCALE: 1"=20'

LOCATION DRAWING
LOT 21 PATAPSCO OVERLOOK
SECTION 2 RECORDED AS PLAT 6783
4TH ELECTION DISTRICT
655 WELLER DRIVE
HOWARD COUNTY MD.

4/18/00

SCALE 100 ft.=1 inch.
Revisions and Updates

PRELIMINARY

APPLICATION

31255

A ~~31159~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P

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

DISTRICT 4th

DATE ~~2/9/81~~ 3/26/81

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 Georgia Avenue Properties, Inc. (PATRICIA TODD & CHUCK WOJCIECHOWSKI)

ADDRESS c/o E. Brooke Lee III, 13838 Georgia Avenue, Wheaton, Md. PHONE Boender - 465-7777

PROPERTY LOCATION

SUBDIVISION _____ LOT NO. ~~15~~ 21

ROAD AND DESCRIPTION Md. Rte. 94 and Old Frederick Road (655 WELLER DRIVE)

CNTY. PERMIT SERVICES AND RETURNED 1/24/2000 Serial# B00122095

SIZE OF LOT 3 acres m/l TYPE BLDG. SFD - 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, Agent

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

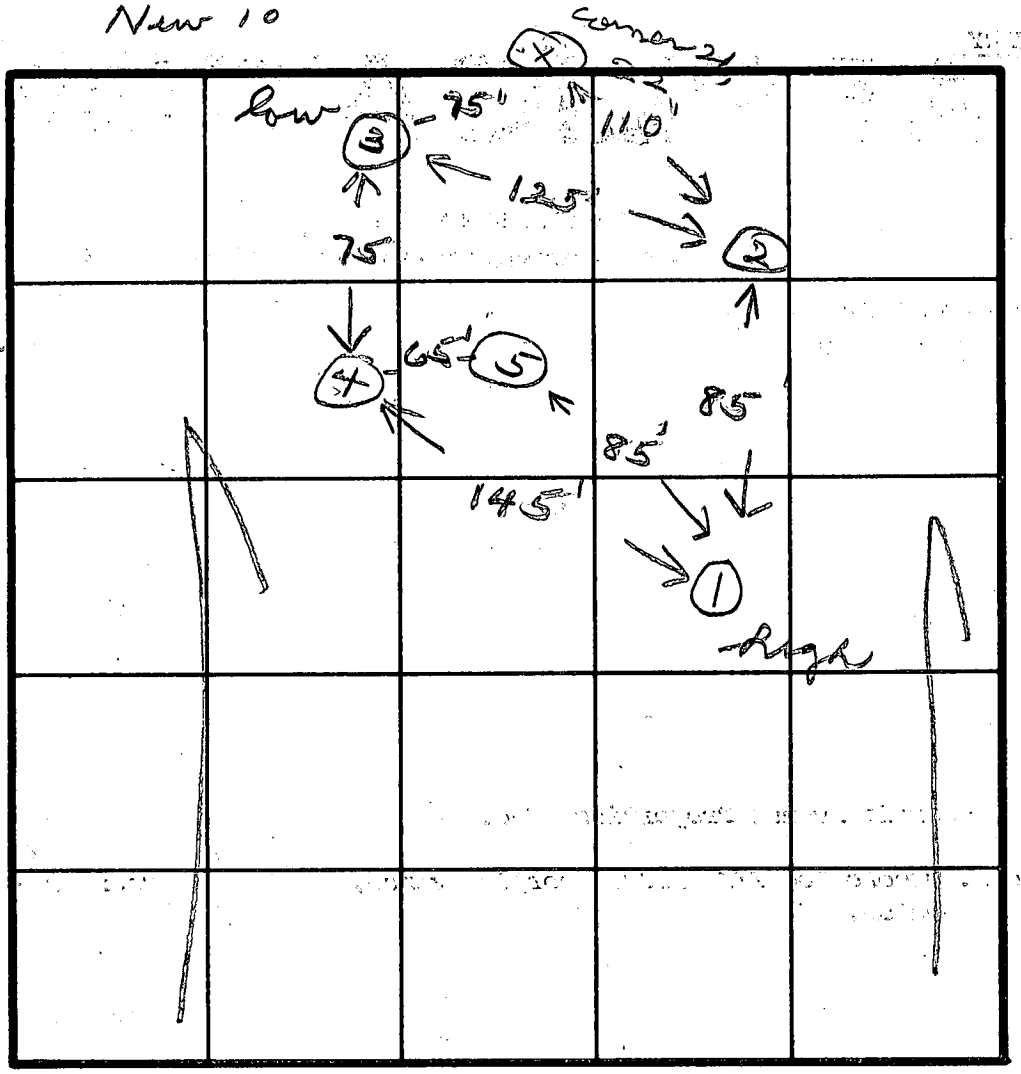
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

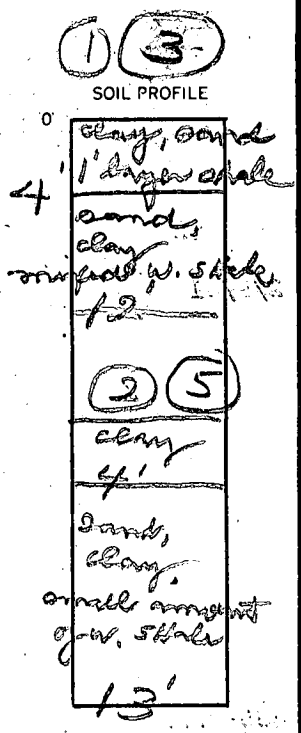
LOT 21

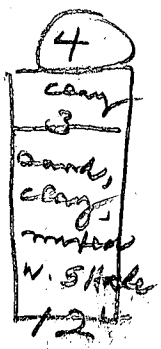
New 10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



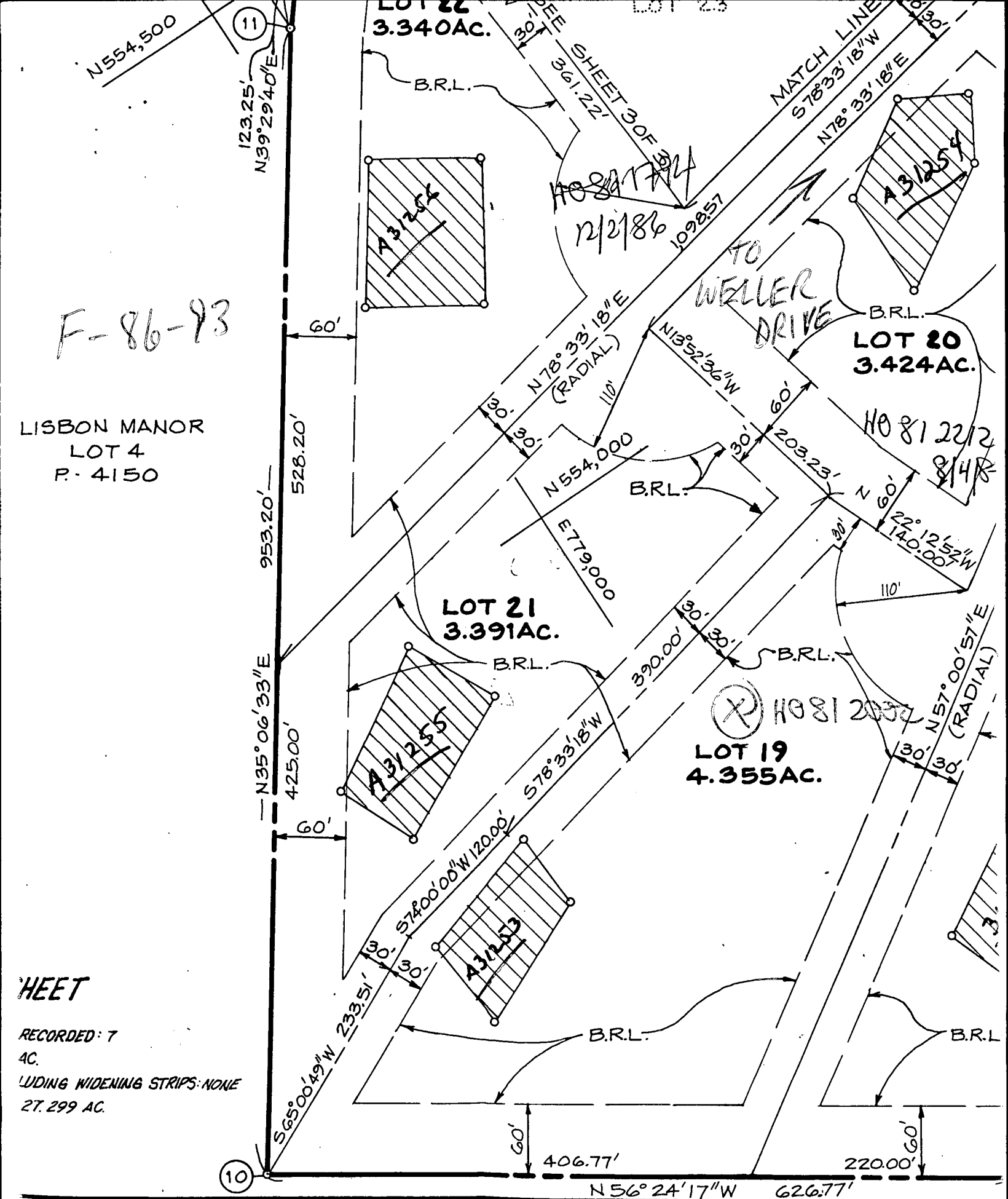


DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
3/27/81	1S 1M	3½ 8	10:55 10:55	— 11:00	11:00	11:06	failed 6	
	2S 2M	3½ 8	11:04 11:04	— 11:15	11:15	11:31	failed 16	
	3S 3M	3 7	11:17 11:17	11:23 11:19	11:23 11:19	11:30 11:23	7 4	4' under
	4S 4M	3 7	11:27 11:30	11:32 11:32	11:32 11:32	11:36 11:35	4 3	
	1SA	4	11:52	12:00	12:00	12:06	6	8 mm
	2SA	4	11:57	12:07	12:07	12:23	16	
	5L	13						

REMARKS OK

TYPE OF SOIL

TESTED BY JB ALSO PRESENT Dave Noyes



SHEET

RECORDED: 7
AC.
LUDING WIDENING STRIPS: NONE
27.299 AC.

IVATE
ALTH

OWNERS STATEMENT

WE, GEORGIA AVENUE PROPERTIES INC. A MARYLAND CORPORATION BY: E. BROOKE LEE PRESIDENT AND E. BROOKE LEE III, TREASURER, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF

C 1 | 7831 — SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER MS 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 = 3/A 55

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED: 05 04 93

Depth of Well: 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": #0-93-0347

OWNER MARSH ROBERT
STREET OR RFD last name WELLER DR. first name TOWN WOODBINE
SUBDIVISION PATRICK OVERLOOK SECTION — LOT 21

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	FEET TO	Check if water bearing
Top Soil	0	2	
Brown Shale	2	20	
Brown Slate	20	25	
Blue Slate	25	40	
Brown Slate	40	45	✓
Blue Slate	45	120	
Flint Rock	120	125	✓
Blue Slate	125	225	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)
TYPE OF GROUTING MATERIAL
CEMENT CM (45 46) BENTONITE CLAY BC (45 46)
NO. OF BAGS 8 NO. OF POUNDS 808
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 TOP 52) ft. to 27 (54 BOTTOM 58) 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	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	28 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C 2

	DEPTH (nearest ft.)	
1	HO (8 9)	28 (11 15) to 225 (17 21)
2	(23 24)	(26 30) to (32 36)
3	(38 39)	(41 45) to (47 51)

EACH SCREEN

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

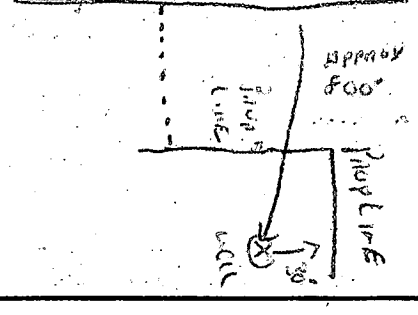
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)
PUMPING RATE (gal. per min. to nearest gal.) 5 (11 15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 42 (17 20)
WHEN PUMPING 112 (22 25)

TYPE OF PUMP USED (for test)
A air (27); P piston (27); T turbine (27)
C centrifugal (27); R rotary (27); O other (describe below) (27)
J jet (27); S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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: (29)
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 (49); − below (49) LAND SURFACE
2 (nearest foot) (50 51)

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)



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. 273
Kathy Thayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 00226 | SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-92-0347
fill in this form completely

Date Received (APA): 04/16/93

OWNER INFORMATION
MARSH ROBERT
Last Name — Owner — First Name
16113 PATASCO OVER
Street or RFD
MT AIRY MD 21771
Town — State — Zip

DRILLER INFORMATION
Ralph MAYNE — 203 — License No.
Driller's Name
Ralph MAYNE well DRILLING
Firm Name
9120 Brown Church RD. MT. AIRY
Address
Ralph Mayne 4/10/93
Signature — Date

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST 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 DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE [ ] WRITE INITIALS IN BOX — PERMIT No. HO-92-0347

SPECIAL CONDITIONS 489-3650

LOCATION OF WELL
HOWARD
8 COUNTY — 21
23 SUBDIVISION: ~~WOODS~~ PATASCO OVER (Cook 42)
SECTION 2 — LOT 21
WOODBINE
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 1 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

WELLER DR.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) 32 EAST (E) SOUTH (S)

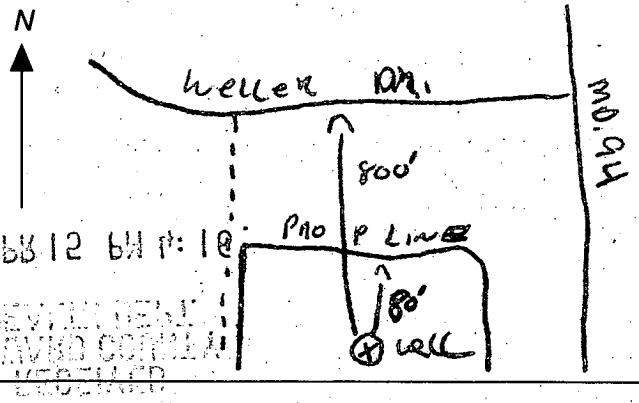
DISTANCE FROM ROAD: 800
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD — COUNTY NAME — A# 31255 — COUNTY NO.
STATE SIGNATURE — INSERT S
DATE ISSUED 042293 — Charles Brown Sheets — EXP. DATE 4/22/94
NORTH GRID 553000 — EAST GRID 0779000

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
E 7780
N 5503
000 000

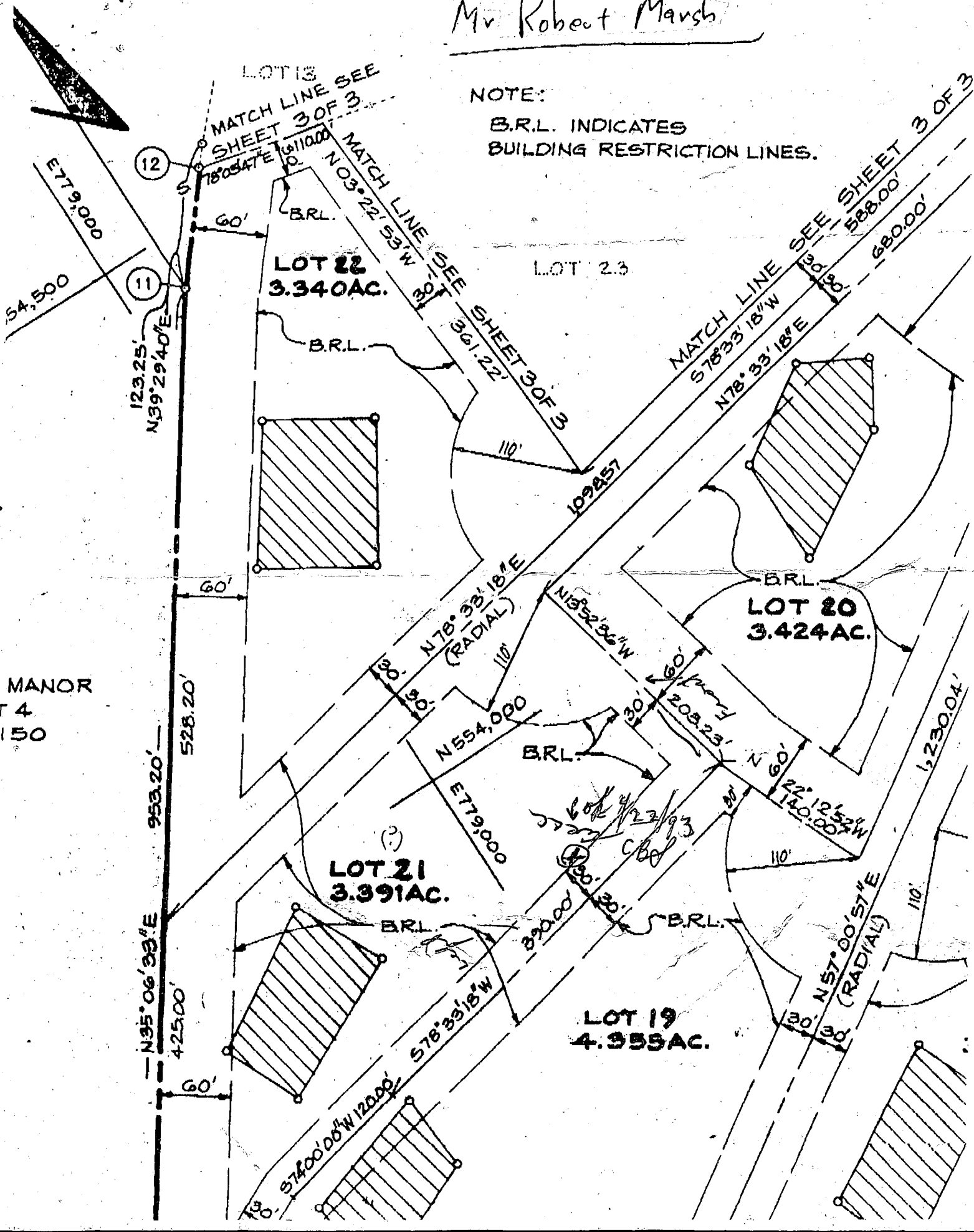
5-4-93 9:30 grout
Unable to inspect

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



COUNTY

Mr Robert Marsh



Page ____ of ____
Date May 4, 1993

Review OK 6/14/93 (AW)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0347
Location of property (road) MILLER DR.
Subdivision PATAPSCO OVER LOOK Lot 21 Block — Plat — Sec. —
Well Driller RALPH MAYAR Owner MARSH, Robert

Depth of well 225'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
Total time 15 min to reach pumping water level 136 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	136'	15 Sec		4 GPM
9:15	136'	15 Sec		4 GPM
9:30	136'	15 Sec		4 GPM
9:45	136'	15 "		4 "
10:00	136'	15 "		4 "
10:15	136'	15 "		4 "
10:30	136'	15 Sec		4 GPM
10:45	136'	15 Sec		4 GPM
11:00	136'	15 Sec		4 GPM
11:15	136'	15 "		4 "
11:30	136'	15 "		4 "
11:45	136'	15 Sec		4 GPM
12:00	136'	15 Sec		4 GPM

HD-224

30' Casing 20 open 8 Bays