

12/20/83
12/19/83
4.00 P. A. imp.
approved
12-21-83
C. Williams

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 33303

A 31833

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-300145
INDEX

ELLICOTT CITY

DISTRICT 3rd

DATE Dec. 1, 1983

Carroll Water System

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2316 Bollinger Mill Rd., Finksburg, MD 21048 PHONE 795-5715

SUBDIVISION Rosemary Estates ROAD 12908 Triadelphia Rd. LOT 24-D

PROPERTY OWNER Mark J. Golibrart, Jr.

ADDRESS 604 Braeside Road, Baltimore, MD Phone: 788-4294

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

Trench and ~~Dry Well~~ ¹⁵⁸ 120 sq. ft. sidewall area per bedroom. ~~Dry Well~~ ^{TRENCH} inlet maximum to

be ~~4~~ ^{TRENCH} 9 ft. below original grade and ~~dry well~~ ⁹ bottom to be 10 ft. below original grade.

~~START THE TRENCH~~
~~Place the dry well 30 ft. from the back lot line and 60 ft. from the left lot line as seen when facing the lot from Triadelphia Rd. Add a trench off dry well to make necessary additional absorbent area after a 5 ft. earth buffer. Ditch is to be 10 ft. deep below original grade, with inlet at 4 ft. deep below original grade and filled with 4 ft of stone. Run ditch on level ground toward perc hole #3 which is located 30 ft. from the left lot line and 30 ft. from the back lot line as seen when facing the lot from Triadelphia Road.~~

PLANS APPROVED BY Raymond Hodges ⁴⁹⁵ DATE 4/14/82

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
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 THREE 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.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 31833

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31833

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT ✓ 5RD

DATE ✓ 3-15-82

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 ✓ MARK J. GOLIBART JR.

ADDRESS ✓ 604 BRAESIDE RD. PHONE ✓ 788-4294

PROPERTY LOCATION:
SUBDIVISION ✓ Rosemary Estates LOT NO. ✓ Lot 24-11

ROAD AND DESCRIPTION ✓ 12908 TRIADELPHIA RD.

SIZE OF LOT ✓ 1.23 AC. TYPE BLDG. ✓ 3
(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.

Mark J. Golibart Jr.
(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

4-12' hole
on 10,000 ft.

APPLICATION

A 21380

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 4/21/75

Pre-issuance

3 B.R. 1000 gal. septic tank / 4 B.R. 1250 gal. septic tank
Drywell to have 125 sq. ft. effective sidewall absorption area per bedroom, to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for drywell is 12 ft. below original grade. Place the drywell 135 ft. from the right side line and 25 ft. from the rear lot line, as seen when facing the property from Triadelphia Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

VOID RETEST 2/24/82

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER John Mikalasko & A. A. Krometis *Mark J. Golibart Jr.*

ADDRESS 2205 Foxley Road, Timonium, Md. 21093 PHONE ~~765-2930~~
(Westinghouse)

PROPERTY LOCATION:

SUBDIVISION Rosemary Estates LOT NO. 24 D

ROAD AND DESCRIPTION Triadelphia Road

SIZE OF LOT 1.460 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ John Mikalasko

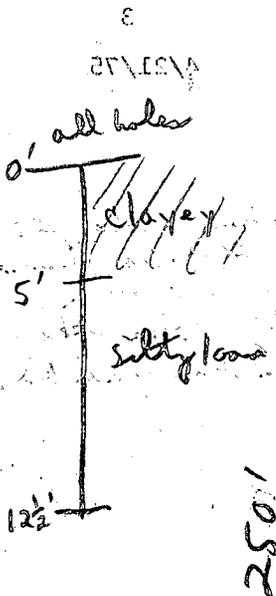
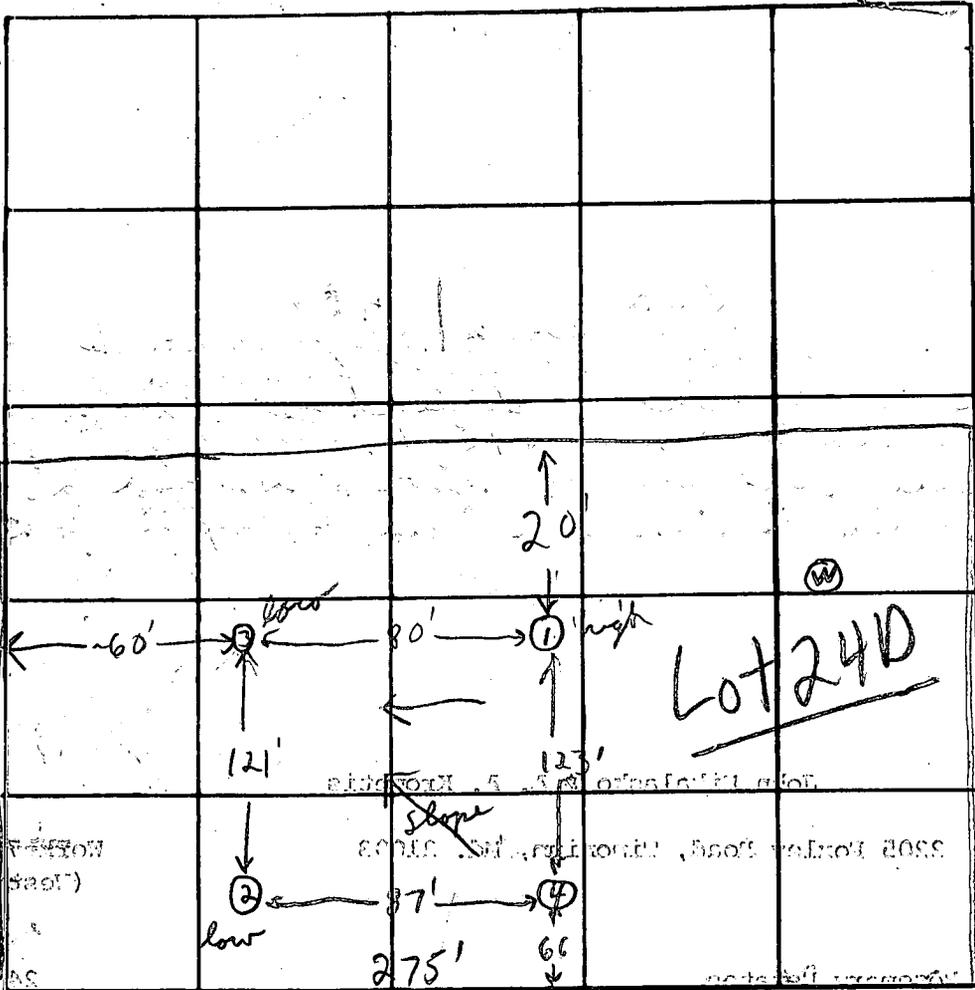
APPROVED BY Frank Sheenan FOR Drywell DATE 4/21/76
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DETERMINED SECTION (approximate)

INDICATE NORTH - NAME ADJOINING ROADWAY OF BASE LINE.

Triadelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/75	1 high	4 1/2'	11:31	11:34	11:34	11:38	4 min
	1 A	12 1/2'	11:31	11:34	11:34	11:38	4 min
	2	5 1/2'	11:34	11:36	11:36	11:39	3 min
	2A	12 1/2'	11:36	11:38	11:38	11:40	2 min
	3	12 1/2'	11:38	11:40	11:40	11:48	8 min
	4 (high)	11'	Visual	clayey to ~4'	silty loam below		
	3A	4'	11:49	11:58	11:58	12:14	16 min

7 min avg Inlet 4'

REMARKS Dia ~ 8 ft. higher than 4

TYPE OF SOIL clayey to ~5'; silty loam below

TESTED BY F.S. ALSO PRESENT: Fryock & Co.

NOTE: The lot shown hereon complies with minimum ownership width and lot area as required by the Maryland State Department of Health Regulations.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPT.

[Signature]
County Health Officer

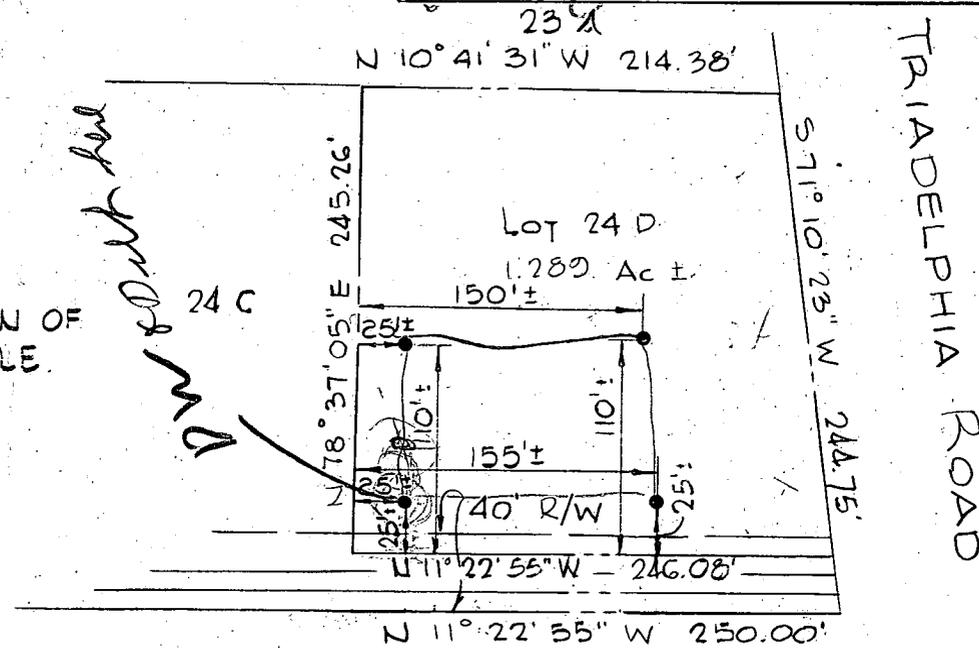
6/10/75
Date

APPROVED:
[Signature]
County Health Officer

9/24/75
Date



● DENOTES FIELD LOCATION OF PERCOLATION TEST HOLE.



PURDUM & JESCHKE
ENGINEERS &
LAND SURVEYORS
3697 PARK AVENUE
ELLCOTT CITY, MD. 21043

[Signature]

LOT 24 D
PROPERTY OF
ROSEMARY ESTATES
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
JAN. 28, 1975 Revised Sept. 1, 1975
SCALE: 1" = 100'

1551 SEQUENCE NO. (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER 40-73-1737 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 11/24/76 1:30 P.M.

OWNER COL 15 LAST NAME McElaney D. FIRST NAME James COL. 34 STREET OR RFD COL 36 4210 Chatham Ave. COL. 55 POST OFFICE COL 57 Baltimore Md. 21207 COL. 76

B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE Nov 1, 1976 LICENSE NUMBER 238 77 80 SIGNATURE Joseph L. Magee DRILLER LAST NAME

B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY Howard 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION Rose Mary Estates 23 42 SECTION 44 LOT 240 50 NEAREST TOWN Blenly 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 MI 73 76 77 78

B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

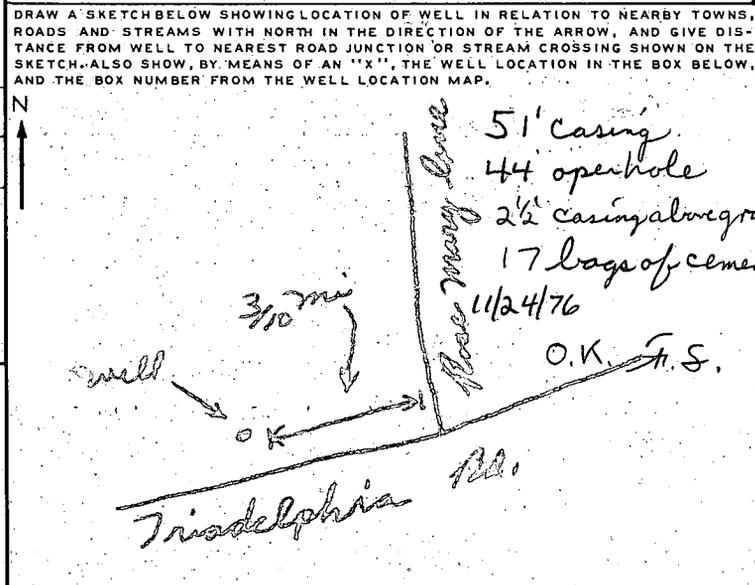
B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD Philadelphia Road ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 160 MI 34 37 38 39

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63 FORCE WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 HOWARD 42428 STATE HEALTH (CIRCLE BOX) S COUNTY NAME COUNTY NO. DATE 11/01/76 APPROVED BY Donald W. Montgomery Sanitarian



BOX NUMBER E 800 N 520 NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6

C 1 **9057** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

**STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY!

COUNTY NUMBER / /

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 7-23-76

DEPTH OF WELL 305 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-83-1737

DRILLERS IDENTIFICATION NO. 238

OWNER Melanes LAST NAME NO. FIRST NAME James

STREET OR RFD 4210 Ethelton Ave POST OFFICE Patuxent Md.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>50</u>	
<u>gravel</u>	<u>50</u>	<u>305</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 17 NO. OF POUNDS 1598

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 44 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 52

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T STEEL B R BRASS H O OPEN HOLE

P L PLASTIC O T OTHER

EACH SCREEN

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>NO</u>	<u>305</u>
2		
3		

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING T W O

LOG INDICATOR 70 72 74 75 76

OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT) 17 20

WHEN PUMPING 5 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

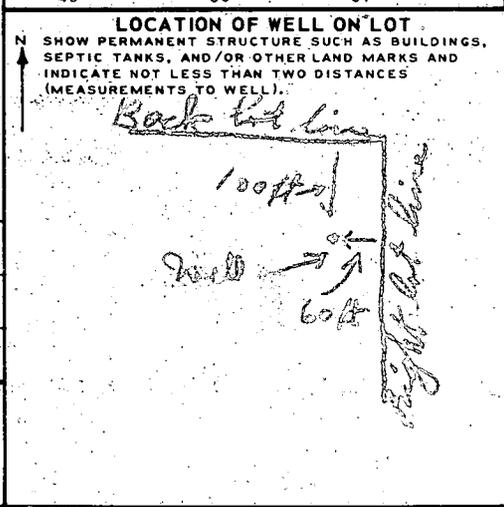
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)

- BELOW } 49 51



CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

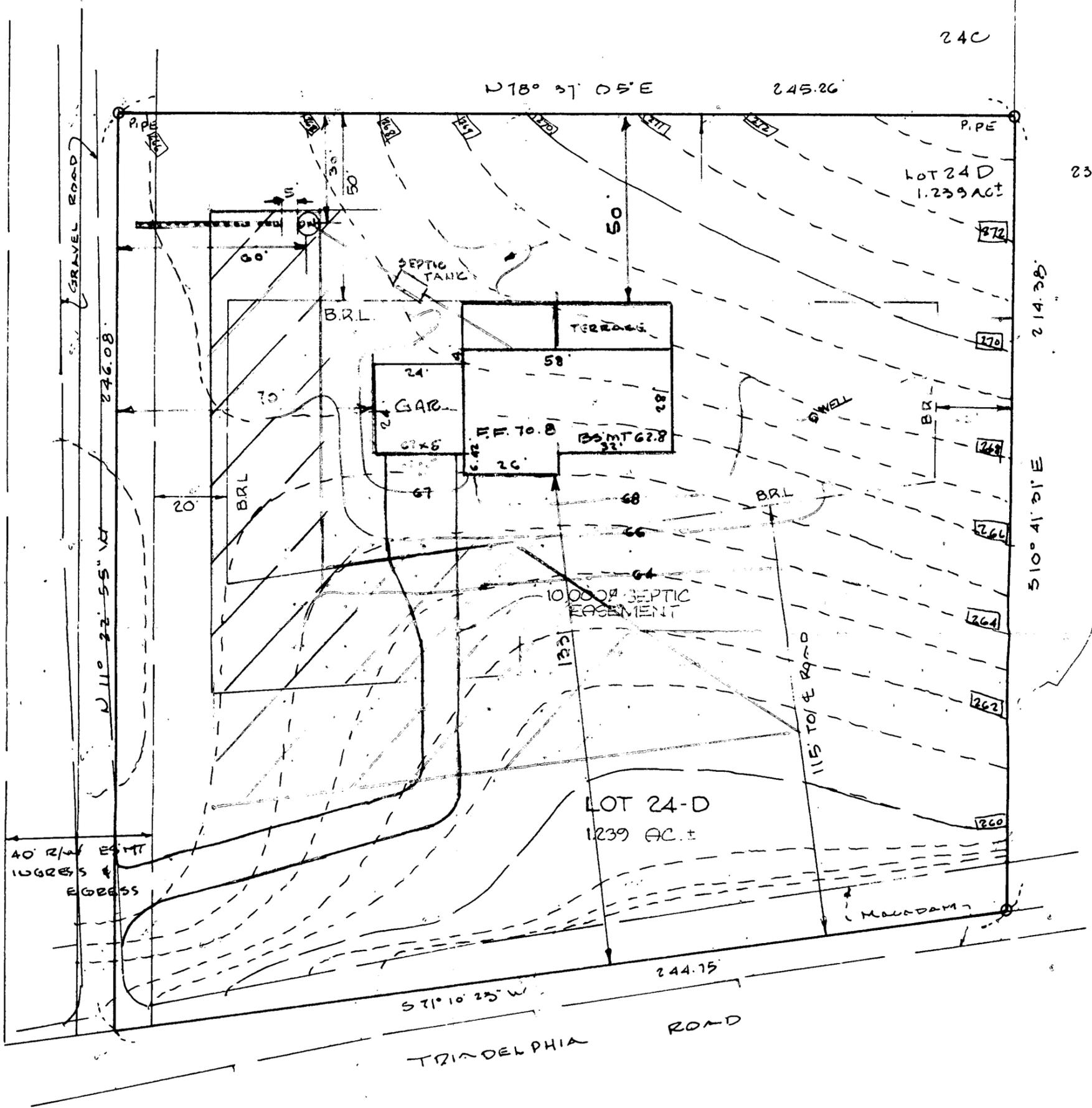
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Joseph L. Minner

(PLEASE PRINT) Joseph L. Minner

SIGNATURE Joseph L. Minner

80
 .80
 3.80
 61.10
 64.55
 264.30
 265.15
 6.70
 2.70
 58.70
 61.50



SITE PLAN
 LOT 24 D ROSEMARY ESTA
 3RD ELECTION DISTRICT HOW
 SCALE 1" = 30'

ASSOCIATES, INC.
 JOSEPH SQUARE
 ERS FARM ROAD
 MD 21046
 9060

OWNER:
 MR. & MRS. MARK GOLIBART
 604 BRASIDE ROAD
 BALTIMORE MD 21229

INSP
7/8/93 pm
110 43 1721

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
Replacement

Receipt # _____
Date 7/8/93

Name of Installer ROBT. L. FEEZER CO., INC.

Telephone 761-4655

License Number 2122

Certified Well Pump Installer Well Driller _____ Registered Plumber

Name of Property Owner W/M JAY GOLDBART

Telephone 531-3496

Subdivision ROSMANEST Lot # 4A

Well Tag # HO-92-0395

Site Address 12908 TRINDELPHIA RD. 04D

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

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

Pitless Adapter

- 1. Make HAUER
- 2. Model # PF800
- 3. Depth 42"

2. Make GULLDS

3. Model # 5507412

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 _____

Tank CAPTIVE AIR

1. Capacity 4x205

2. Pressure relief valve? YES

P.A. OK 3-4' B.G.
MR 7/8/93

Piping

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

Well data

- 1. Depth 405 ft.
- 2. Yield 4 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: [Signature]

Date: 7/8/93

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

REPLACEMENT WELL SITE INSPECTION

MCET DRILLER

OWNER GOLIBERT, MARK

DATE REQUESTED 6/28/93 9:30

ADDRESS 12908 TRIADGLINIA RD

DRILLER EASTON/

MAP 22 G4 P501 LOT 24

WELL TAG# HO-920395

COUNTY# Howard

DRILLER REPORTS

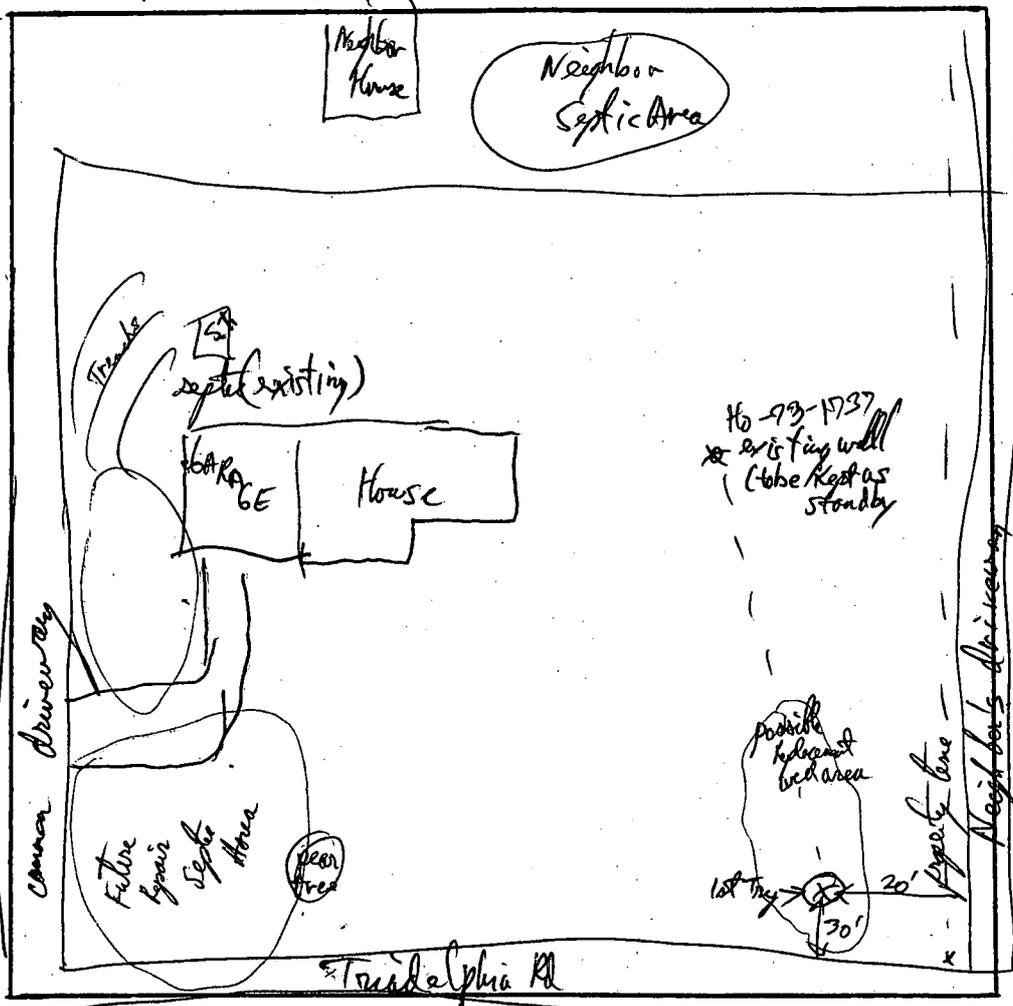
ORIGINAL WELL

HO-73-1737

305' D66P

HAS DECLINED FROM 16PM TO $\frac{1}{4}$ 6PM

LOCATION DIAGRAM



COMMENTS: although replacement well site is 100ft from Septic Areas (his + Neighbor's)
Septic encasements can only be maintained at 25' approximately from nearest septic repair areas.

RP 6/28/93

C1 7647 SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A31433

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 063093

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-92-0395

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS, AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Br. mica, Weathered Quartz, Tan mica, Gray mica, Tan mica, Gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter inch depth (feet) from to SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 400 DIAMETER OF SCREEN SLOT SIZE

PUMPING TEST HOURS PUMPED PUMPING RATE METHOD USED TO MEASURE PUMPING RATE WATER LEVEL BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

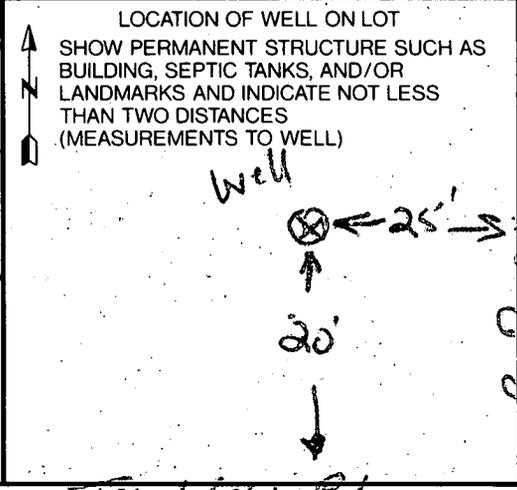
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. 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) TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 09024 SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-92-0395
70 fill in this form completely 78

B 2 OWNER INFORMATION
 Date Received (APA) 062893
 SOLIBART JAY
 12908 TRIADELPHIA RD
 ELLICOTT LITVMD 21042

DRILLER INFORMATION
 George F. Easterday
 L. Franklin Easterday, Inc.
 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address: George F. Easterday 6/25/93

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 52
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

APPROXIMATE DEPTH OF WELL 300 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 HO-92-1737 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE WRITE INITIALS IN BOX PERMIT No. HO-92-0395

SPECIAL CONDITIONS

B 3 LOCATION OF WELL
 HOWARD
 ROSEMARY ESTATES
 SECTION 44 46 LOT 48 50
 WEST FRIENDSHIP
 MILES FROM TOWN (enter 0 if in town) 1 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TRIADELPHIA RD (12500)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 100
 ENTER FT or MI ET

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard A31833
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 062893
 NORTH GRID 523000 EAST GRID 0810000
 EXP. DATE 6-28-94

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELLS
 WRITE THE BOX NUMBER FROM THE MAP HERE
 810
 5203

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