

12/20/83
12/19/83
4:00 P.M. imp.
approved
12-21-83
C. Williams

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

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} ft. below original grade and ~~dry well~~ ⁹ bottom to be ~~10~~ ft. below original grade.

~~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.

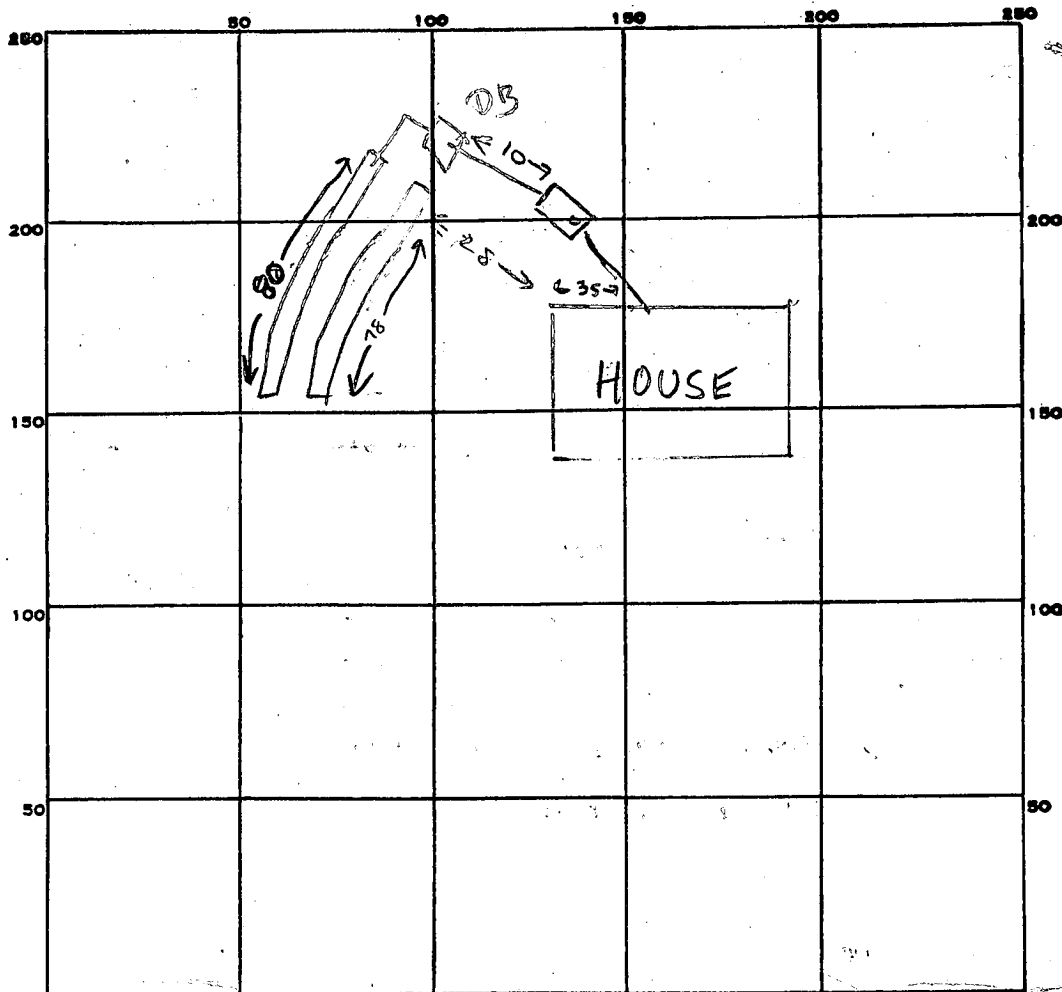
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR
PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

***CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082

A 31833



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Rd.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH 5 ^{FT} _{IN.} TOTAL LENGTH 80+78 = 158 FT.

NUMBER OF TRENCHES 2 ^{ONE SIDEWALL} TOTAL BOTTOM AREA 790

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 790 SQ. FT.

REMARKS 12/19/83 4¹⁴pm Trenches raving in OK. to gravel trench as it is dry, OK to have inlet @ 4' and bottom of trench @ 9'; 2 each 78' long, trenches needed. F.S.

12-20-83 FIRST TRENCH OK TO COVER. SECOND TRENCH ADD GRAVEL. CW

DATE SYSTEM APPROVED 12-20-83

INSPECTOR CW

APPLICATION

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 31833

P _____

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)

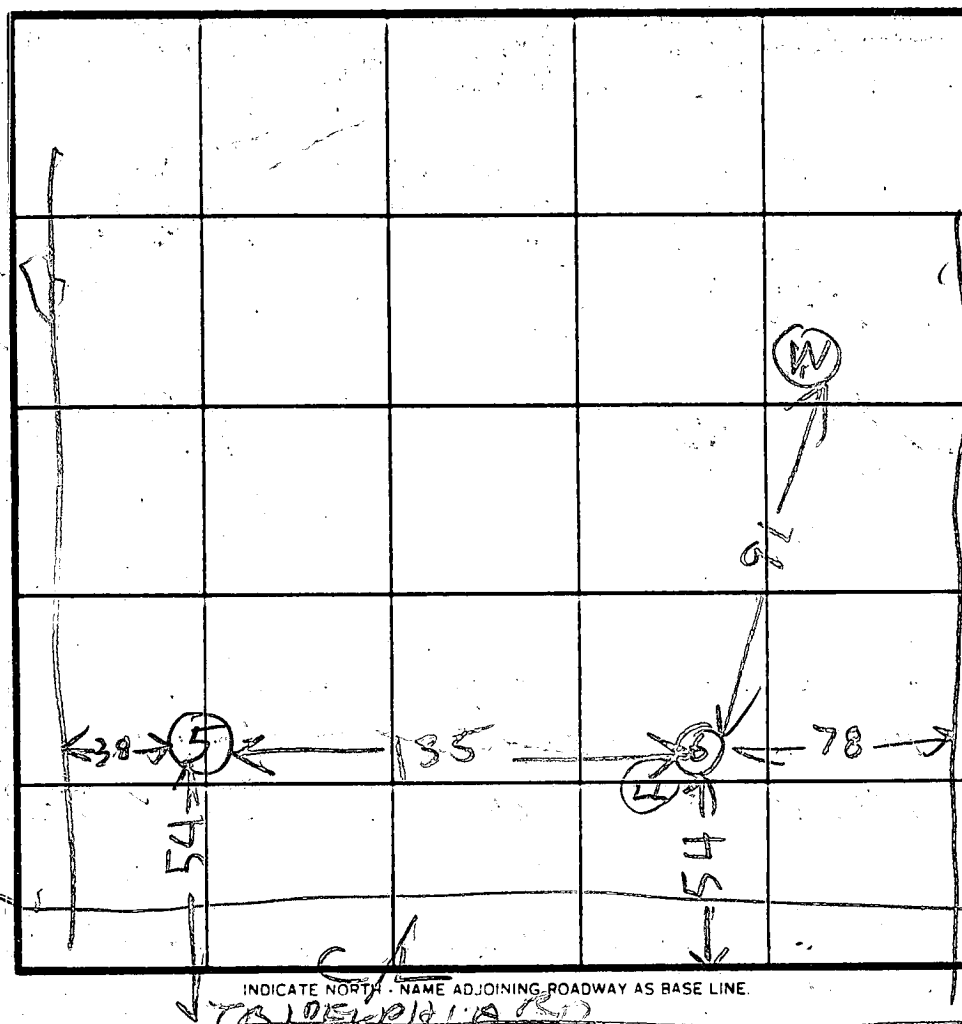
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY

2 HODGES & ODUM

JAMES G. G.

ALSO PRESENT

GOLIARDT JR
LI II SR

APPLICATION

A 21380

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 3P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 4/21/75TO: 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 John Mikalasko & A. A. KrometisMark J. Golibart Jr.ADDRESS 2205 Foxley Road, Timonium, Md. 21093PHONE Work 765-2930

(Westinghouse)

PROPERTY LOCATION:

SUBDIVISION Rosemary EstatesLOT NO. 24 DROAD AND DESCRIPTION Triadelphia RoadSIZE OF LOT 1.460 acresTYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

(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 ShennorFOR DrywellDATE 1/21/76

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____

(KIND OF SYSTEM)

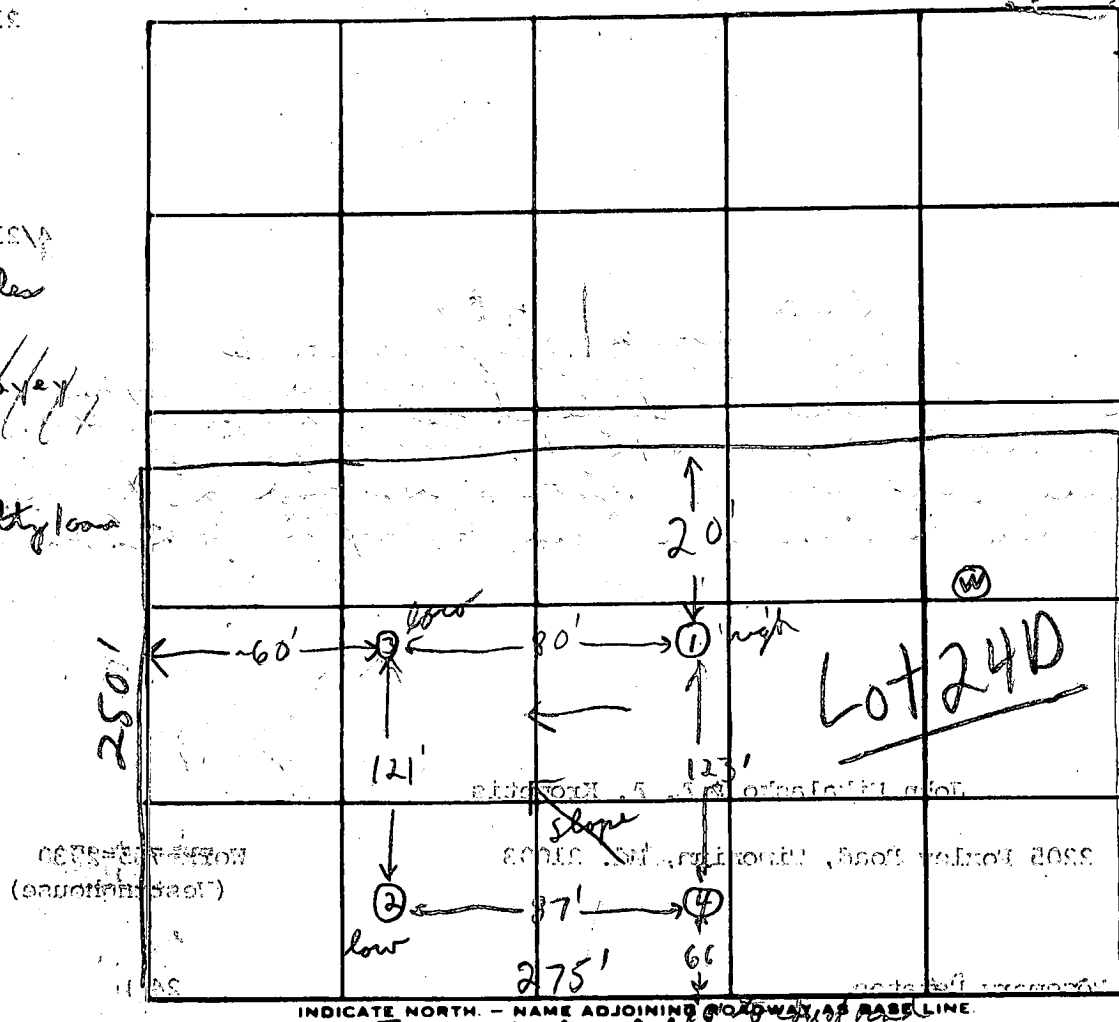
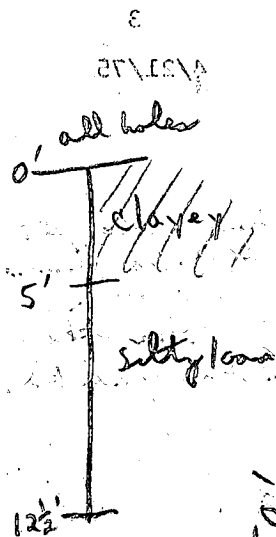
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROAD, RAIL LINE.

Triadelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
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.

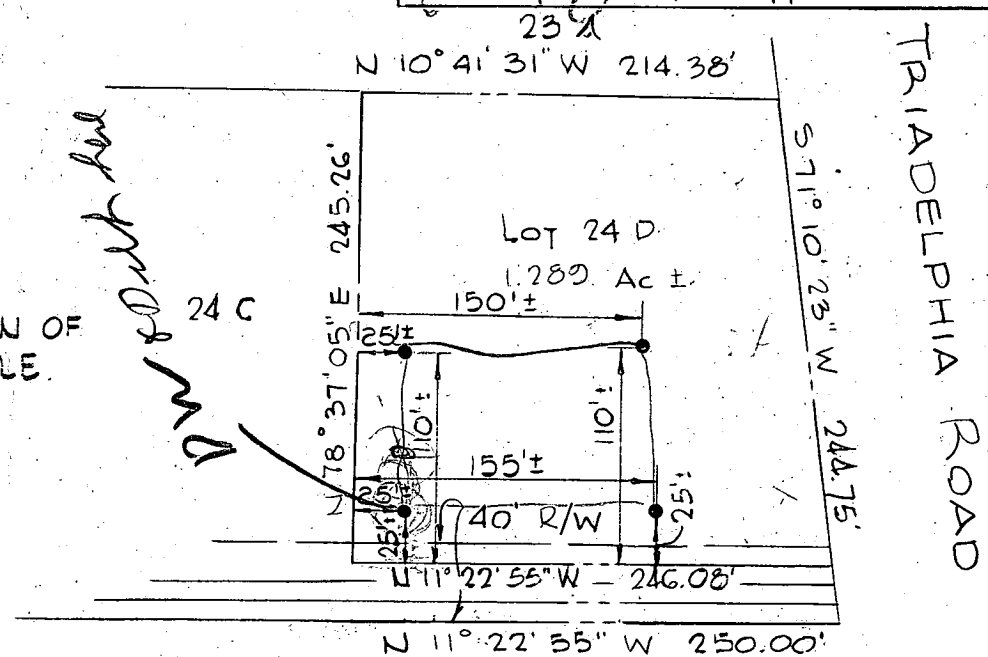
William M.D.
County Health Officer

6/10/75
Date

APPROVED:
William M.D.
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

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. 9-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

11/24/76

1:30 P.M.

OWNER

COL 15

LAST NAME

McLaney

COL 34

STREET OR RFD

COL 36

4210 Ethland Ave.

COL 55

POST OFFICE

COL 57

Baltimore Md.

21207

COL 76

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

A21380

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73-1737

FILL IN THIS FORM COMPLETELY

1

2

3

(SEQ. NO.)

6

DATE

Nov 1, 1976

77

LICENSE NUMBER

238

80

DRILLER

COL 57

Joseph L. Mayne

LAST NAME

SIGNATURE

Joseph L. Mayne

2

3

(SEQ. NO.)

6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE)

8

5

12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

14

750

20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

☐ FARMING, AGRICULTURE, IRRIGATION

☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

☐ MUNICIPAL WATER SUPPLY

☐ PRIVATE WATER COMPANY

☐ TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL

24

300

28

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)

☒ 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 DEEPEM AN EXISTING WELL

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

41

52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER

54

63

ENGINEER REVIEW

DISTRICT NO.

65

FORCE

67

68

WRITE INITIALS IN BOX

CONDITIONS

70

71

72

73

74

75

76

77

78

79

4

3

(SEQ. NO.)

6

HEALTH DEPARTMENT APPROVAL

Howard

W24423

STATE HEALTH (CIRCLE BOX)

MO.

DAY

YR.

DATE

11

10

17

6

COUNTY NAME

COUNTY NO.

APPROVED BY

Sanitarian

5

3

(SEQ. NO.)

6

SPECIAL CONDITIONS 8-63

(WRA USE ONLY)

3

3

(SEQ. NO.)

6

LOCATION OF WELL

COL 57

Howard

DO NOT ABBREVIATE COUNTY NAME

21

SUBDIVISION

23

Rose Mary Estates

42

SECTION

44

46

LOT

240

50

NEAREST TOWN

52

Blondy

71

MILES FROM TOWN (ENTER 0 IF IN TOWN)

73

2

76

77

78

4

3

(SEQ. NO.)

6

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

☒ N NORTH

☒ E EAST

☐ NE NORTHEAST

☐ SE SOUTHEAST

☐ S SOUTH

☐ W WEST

☐ NW NORTHWEST

☐ SW SOUTHWEST

NEAR WHAT

8

9

8

9

30

11

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

☒ N

☐ S

☐ E

☐ W

32

32

32

32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)

34

160

37

38

39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

51' casing

44' openhole

2 1/2' casing above gr

17 bags of ceme

11/24/76

O.K. F.S.

Bl.

Triadelphia Rd.

3 1/10 mi

well

OK

BOX NUMBER

E

800

N

520

0/5

5/5

0/0

5/0

C 1	9057	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER <u> </u>								
1 2 3 (SEQ. NO.) 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY) <u> </u> DATE WELL COMPLETED <u>7-23-76</u> DEPTH OF WELL <u>305</u> 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-83-1737</u> 28 29 30 31 32 33 34 35 36 37								
OWNER <u>McLanahan</u>		LAST NAME <u>McLanahan</u>		FIRST NAME <u>James</u>								
STREET OR RFD <u>4210 E. Highland Ave.</u>		POST OFFICE <u>Patuxent River, Md.</u>										
WELL LOG		WELL DESCRIPTION										
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <u>Y</u> <u>N</u> TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>17</u> NO. OF POUNDS <u>1598</u> GALLONS OF WATER <u>102</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>44</u> FT. (ENTER 0 IF FROM SURFACE)										
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CASING RECORD INSERT APPROPRIATE CODE BELOW STEEL <u>ST</u> CONCRETE <u>CO</u> PLASTIC <u>PL</u> OTHER <u>OT</u> MAIN CASING TYPE <u>ST</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>305</u>										
Sand 0-50 gravel 50-305		OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
SCREEN RECORD INSERT APPROPRIATE CODE BELOW STEEL <u>ST</u> BRASS <u>BR</u> OPEN HOLE <u>HO</u> PLASTIC <u>PL</u> OTHER <u>OT</u> C 2 1 2 3 (SEQ. NO.) 4 5 6 DEPTH (NEAREST WHOLE FOOT) FROM <u>0</u> TO <u>305</u> 1 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1. <u> </u> 2. <u> </u> 3. <u> </u>												
PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>2</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>1</u> METHOD USED TO MEASURE PUMPING RATE <u>Other</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>45</u> (NEAREST FOOT) WHEN PUMPING <u>5</u> (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <u>A</u> AIR <u>P</u> PISTON <u>T</u> TURBINE <u>C</u> CENTRIFUGAL <u>R</u> ROTARY <u>O</u> OTHER (DESCRIBE BELOW) <u>J</u> JET <u>S</u> 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) <u>Y</u> <u>N</u> CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>												
CIRCLES APPROPRIATE BOXES <u>A</u> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <u>E</u> ELECTRIC LOG OBTAINED <u>P</u> 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 <u>Joseph L. McLanahan</u> (PLEASE PRINT) <u>Joseph L. McLanahan</u> SIGNATURE <u>Joseph L. McLanahan</u>												
C 2 1 2 3 (SEQ. NO.) 4 5 6 DEPTH (NEAREST WHOLE FOOT) FROM <u>0</u> TO <u>305</u> 1 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1. <u> </u> 2. <u> </u> 3. <u> </u>												
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). <u>Back lot line</u> <u>100ft</u> <u>Well</u> <u>60ft</u> <u>Right lot line</u>												
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T <u>70</u> <u>72</u> <u>74</u> <u>75</u> <u>76</u> LOG INDICATOR OTHER DATA AVAILABLE												

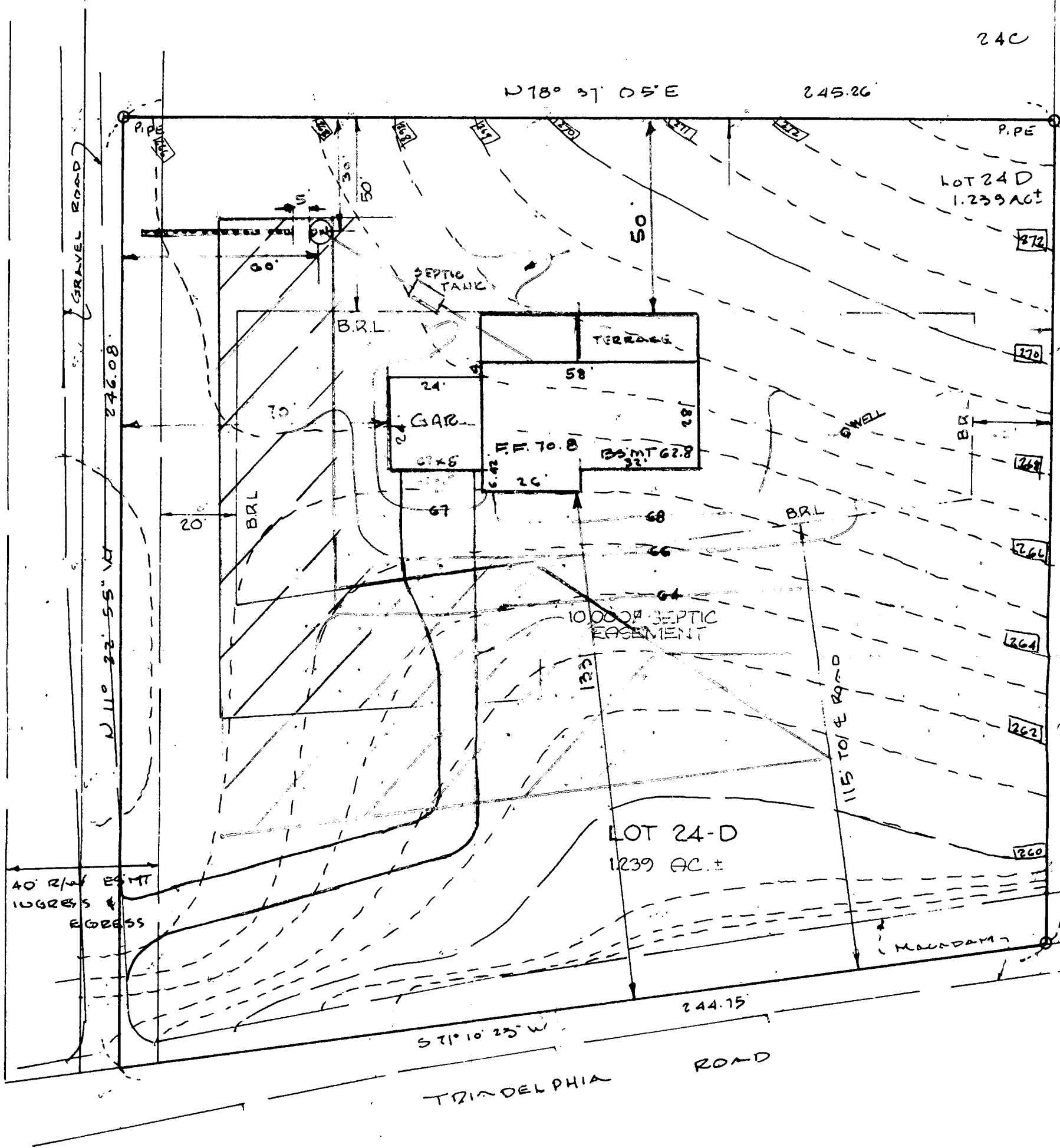
80
80
3.80

67.10
64.55
264.30

265.15

6.70
2.70
58.70

67.30



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

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 ROSEMONT

Lot # 14A

Well Tag # HO-92-0395

Site Address 12908 TRINDELPHIA RD.

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make Goulds

3. Model # 5ESD7412

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 3/4

2. RPM 3450

3. Voltage ☐

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make NAUVERD

2. Model # PT800

3. Depth 42"

Tank CAPTIVE AIR

1. Capacity 44.25

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 45 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: Robert L. Feezer

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

MC6T DRILLER

OWNER GOLIBET, MARK
 ADDRESS 12908 TRIADGLINIA RD
MAP 22 G4 P501 LOT 24

DATE REQUESTED 6/28/93 9:30
 DRILLER EASTGON
 old # HO-
 WELL TAG# HO-920395
 COUNTY# Howard

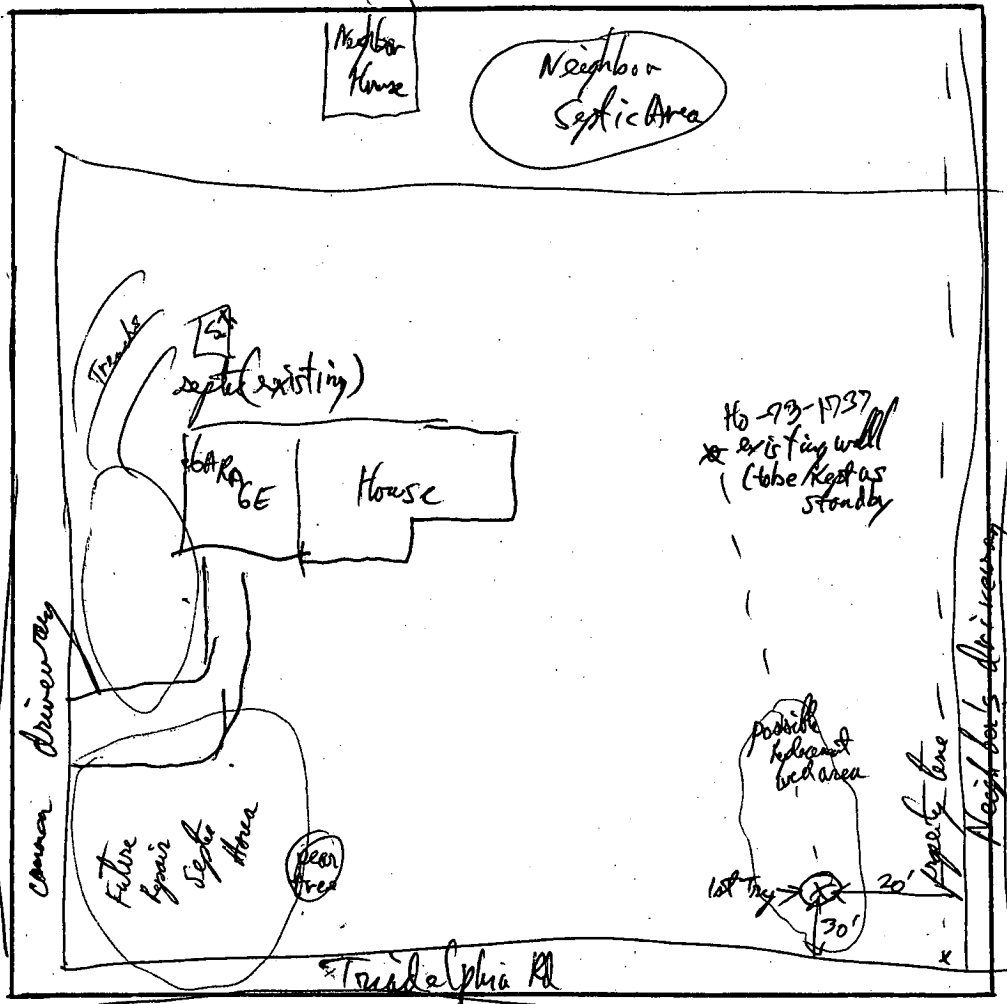
DRILLER REPORTS

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

C17647SEQUENCE NO. (DENV USE ONLY)

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

COUNTY
NUMBERA31433

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

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

DESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN
CASING
TYPE

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 RECORD

screen type
or open hole

insert
appropriate
code
below

STEEL

BRASS

BRONZE

PLASTIC

OPEN
HOLE

OTHER

DEPTH (nearest ft.)

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN

(NEAREST
INCH)

from

to

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.
to nearest gal.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

air

piston

turbine

centrifugal

rotary

other
(describe
below)

jet

submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE

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

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLER'S SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

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)

Well

25'

20'

B 1 09024 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(DP USE ONLY)</small> STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER MD-92-0395 <small>fill in this form completely</small>																																																																							
Date Received (APA) 062893 OWNER INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">15</td> <td style="width: 15%;">16</td> <td style="width: 15%;">17</td> <td style="width: 15%;">18</td> <td style="width: 15%;">19</td> <td style="width: 15%;">20</td> <td style="width: 15%;">21</td> <td style="width: 15%;">22</td> </tr> <tr> <td colspan="4">GOLIBART</td> <td colspan="4">JAY</td> </tr> <tr> <td colspan="4">12908</td> <td colspan="4">TRIADELPHIA</td> </tr> <tr> <td colspan="4">ELLICOTT</td> <td colspan="4">WMD21042</td> </tr> </table>	15	16	17	18	19	20	21	22	GOLIBART				JAY				12908				TRIADELPHIA				ELLICOTT				WMD21042				B 3 LOCATION OF WELL <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td style="width: 15%;">2</td> <td style="width: 15%;">3</td> <td style="width: 15%;">4</td> <td style="width: 15%;">5</td> <td style="width: 15%;">6</td> <td style="width: 15%;">7</td> <td style="width: 15%;">8</td> </tr> <tr> <td colspan="8">HOWARD</td> </tr> <tr> <td colspan="8">ROSEMARY ESTATES</td> </tr> <tr> <td colspan="4">SECTION 44</td> <td colspan="4">LOT 24D</td> </tr> <tr> <td colspan="8">WEST FRIENDSHIP</td> </tr> </table>	1	2	3	4	5	6	7	8	HOWARD								ROSEMARY ESTATES								SECTION 44				LOT 24D				WEST FRIENDSHIP							
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DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 6/25/93	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 																																																																								
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 52 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500	NEAR WHAT ROAD TRIADDELPHIA RD (12500) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">11</td> <td style="width: 15%;">12</td> <td style="width: 15%;">13</td> <td style="width: 15%;">14</td> <td style="width: 15%;">15</td> <td style="width: 15%;">16</td> <td style="width: 15%;">17</td> <td style="width: 15%;">18</td> </tr> <tr> <td colspan="8">WEST</td> </tr> </table> DISTANCE FROM ROAD 100 ENTER FT or MI FT		11	12	13	14	15	16	17	18	WEST																																																														
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USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A31833 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 6-28-94 43 NORTH GRID 523000 48 CO. SIGNATURE EXP. DATE 50 55 57 63																																																																								
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH	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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">E</td> <td style="width: 15%;">810</td> </tr> <tr> <td style="width: 15%;">N</td> <td style="width: 15%;">5203</td> </tr> </table>		E	810	N	5203																																																																			
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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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) MD-92-1737																																																																								
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APPROX. PERMIT NUMBER GAP FORCE K1 WRITE INITIALS IN BOX PERMIT No. MD-92-0395 67 68 70 71 72 73 74 75 76 77 78 79																																																																									
SPECIAL CONDITIONS																																																																									