

CO. 6-10-96  
MEDAL

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-316005

P 56970

A 50833

DISTRICT 3rd

DATE 6/6/96

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
313-2640

DATE SYSTEM APPROVED 6/10/96

INSPECTOR *[Signature]*

INDEXED

Donald Hays

IS PERMITTED TO INSTALL  ALTER

ADDRESS 419 Reckord Road, Fallston, MD 21047 PHONE 877-7484

SUBDIVISION Spring Valley Chase LOT 19 ROAD 12201 Woodford Drive

PROPERTY OWNER Edward and Karen Von Lange

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 290' right of the left front lot corner and 135' off that lot line (406') as seen from Woodford Drive. Run trenches on contour toward the front lot line.

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

OK *[Signature]* 12-13-95

PLANS APPROVED BY Glen Savage Revised DATE 11/30/95, 12/13/95

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

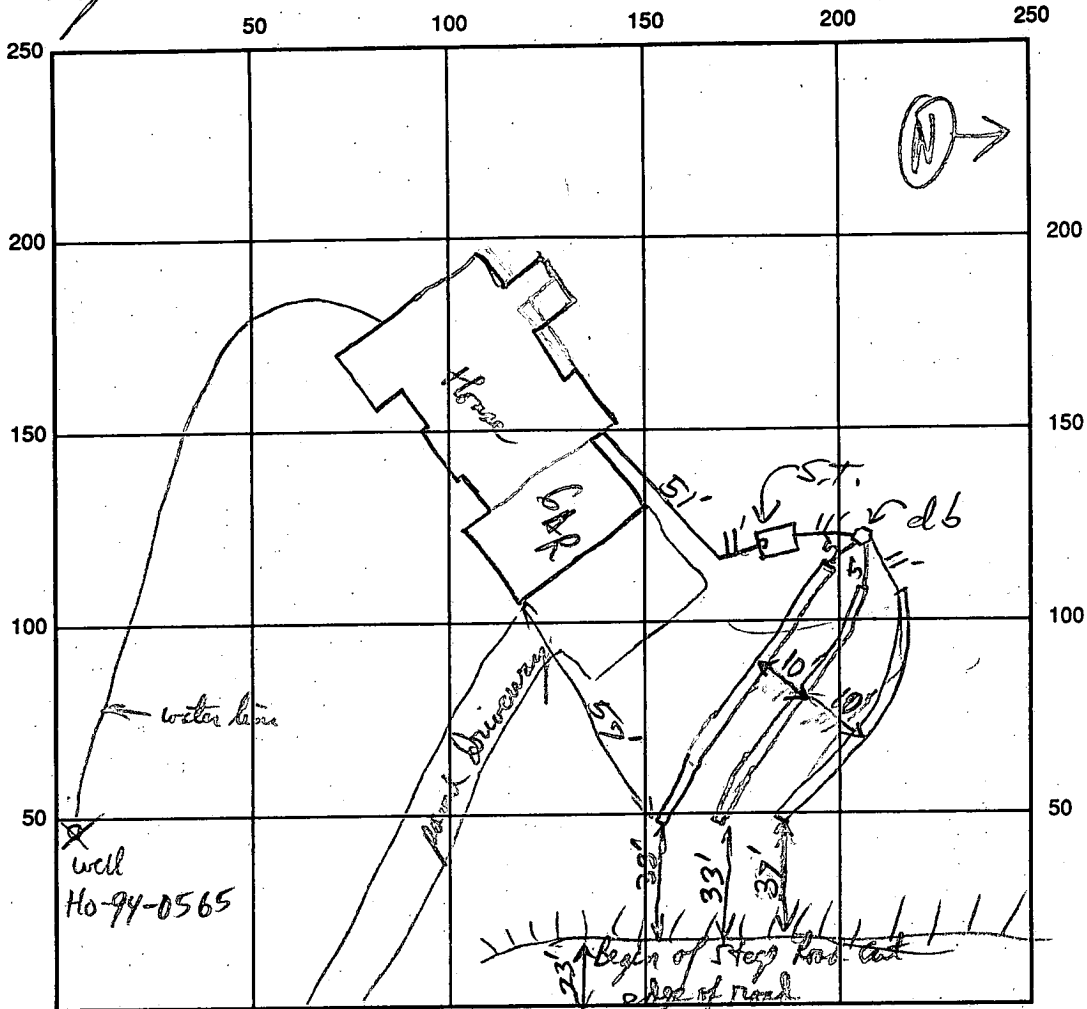
OLD PERMIT SIGNED AND RETURNED 4-23-96

Serial # 370111297

additional deck

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

Ready to 3rd try



SEPTIC TANK LEVEL 12509d CLEANOUTS \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL Level  
 DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.  
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 60/60/60 FT.  
 NUMBER OF TRENCHES 3 ~~ONE~~ SIDEWALL/BOTTOM AREA 640 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: ST. Set, all Three trench open, good nice Steep Road cut below 1/4' but he already had inlet pipes & d.b. set to 3 1/2 ft. OK to gravel fill Trenches R/P 6/10/96 House Connection OK. Trenches & rest of system OK to cover. House is Connected. R/P 6/10/96

WPI - At this location + water line OK @ 4' R/P 6/10/96  
 DATE SYSTEM APPROVED 6/10/96 INSPECTOR [Signature]

8/29/95  
103.00

# APPLICATION

REPERC

PERCOLATION TESTING

A 50833

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 8/18/95

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward & Karen von Lange

ADDRESS 5604 April Journey Columbia PHONE 410-740-6904

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Spring Valley Chase LOT NO. 19

ROAD AND DESCRIPTION 12201 Woodford Drive

BLDG. PERMIT SIGNED

AND RETURNED 11/20/95

Serial # 62789-SFD-4Bem

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 3.0 Acres TYPE BLDG. Single  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Edward von Lange  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

TO RT 99

COUNTY #

SOIL PROFILE (B)

0'  
1'  
3'6"  
12'

TOPSOIL  
RED  
BROWN  
SANDY  
CLAY  
LOAM

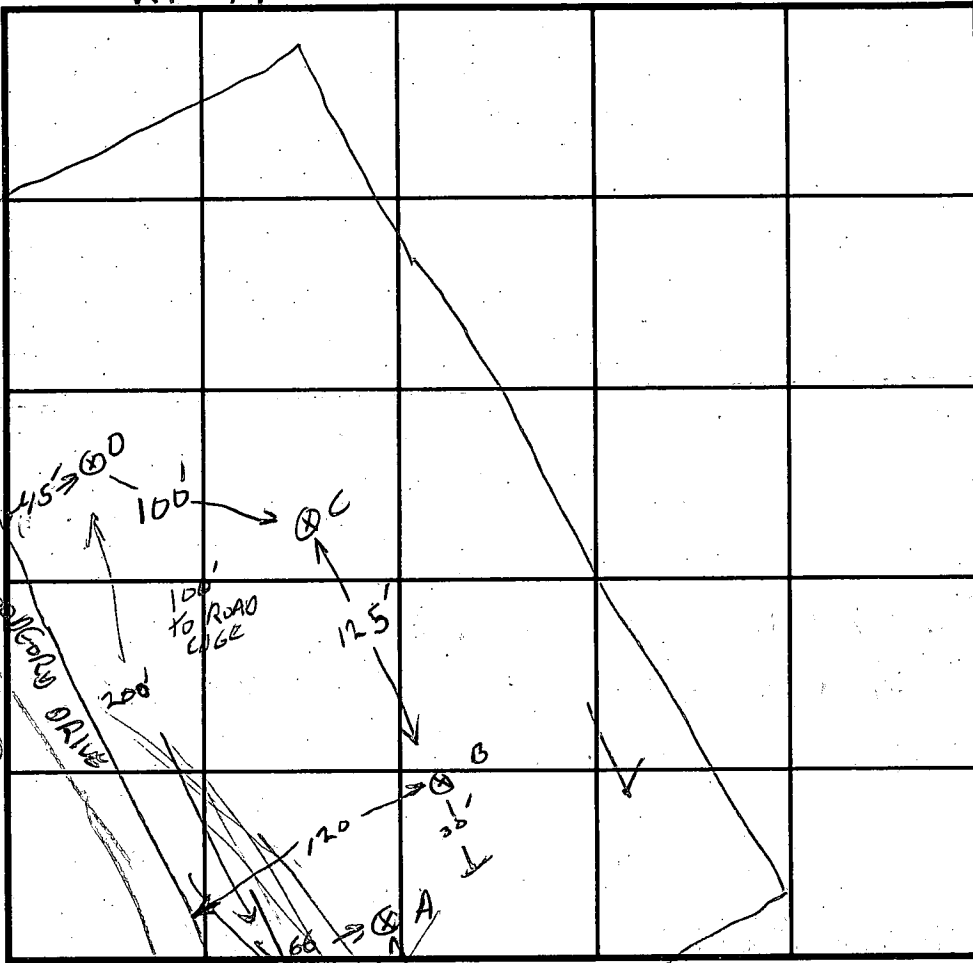
TAN  
MICA  
SILT  
CLAY

SOIL PROFILE (A)

0'  
4'6"  
12'

NO TOPSOIL  
GRADING  
TAN SANDY  
MICA  
SILT CLAY

SIMILAR TO  
ABOVE  
4'15"  
FRAGS



TOPSOIL (C)

1'  
12'

DARK BROWN  
MICA SANDY  
SILT CLAY  
LOAM

2-2.5 MM  
MICA  
FRAGS

SIMILAR TO B

(D)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/29/95	OK TO A 12'	2' 6"	10:46	10:47	10:47	10:48	
	REPAIR	↓	10:50	10:51	10:51	10:53	
	REPAIR	↓			10:54	10:56	2 MW
	OK B to 12'	2' 6"	11:03	11:08	11:08	11:15	7 MW
	OK C to 12'	3' 6"	11:19	11:21	11:21	11:23	2 MW
	OK D to 11'	3' 4"	11:43	11:45	11:45	11:48	3 MW

REMARKS SOIL EXTREMELY DRY, POWDERY 100%

TYPE OF SOIL \_\_\_\_\_ OWNER, BUILDER \_\_\_\_\_

TESTED BY GLEN SAVAGE ALSO PRESENT LARRY GIBBS

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 MW TRENCH WIDTH 3'

INLET DEPTH 3' 6" MAXIMUM BOTTOM DEPTH 5' 6" SQ. FT./BEDROOM 180

2/67  
3/20

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41715  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 3RD.  
DATE FEB. 16, 1988

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 ALBEE FARMS  
ADDRESS 12150 ROUTE 99 MARRIOTTVILLE MD. 21104 PHONE \_\_\_\_\_  
PROPERTY LOCATION: N/3 MD. ROUTE 99 WEST OF HEURINGTON ROAD  
SUBDIVISION ALBEE FARM Spring Valley Chase LOT NO. 10  
ROAD AND DESCRIPTION ROAD 'A'

SIZE OF LOT 3.0 AC± TYPE BLDG. S.F.D. - 4 BRMS  
(NUMBER OF BEDROOMS)

**BLDG. PERMIT SIGNED** Serial # 62789  
**NOT RETURNED** 11-30-95

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.

San D. Del  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 7-14-88 PUC SATISFACTORY - Hold for Subd. Plat. Seller

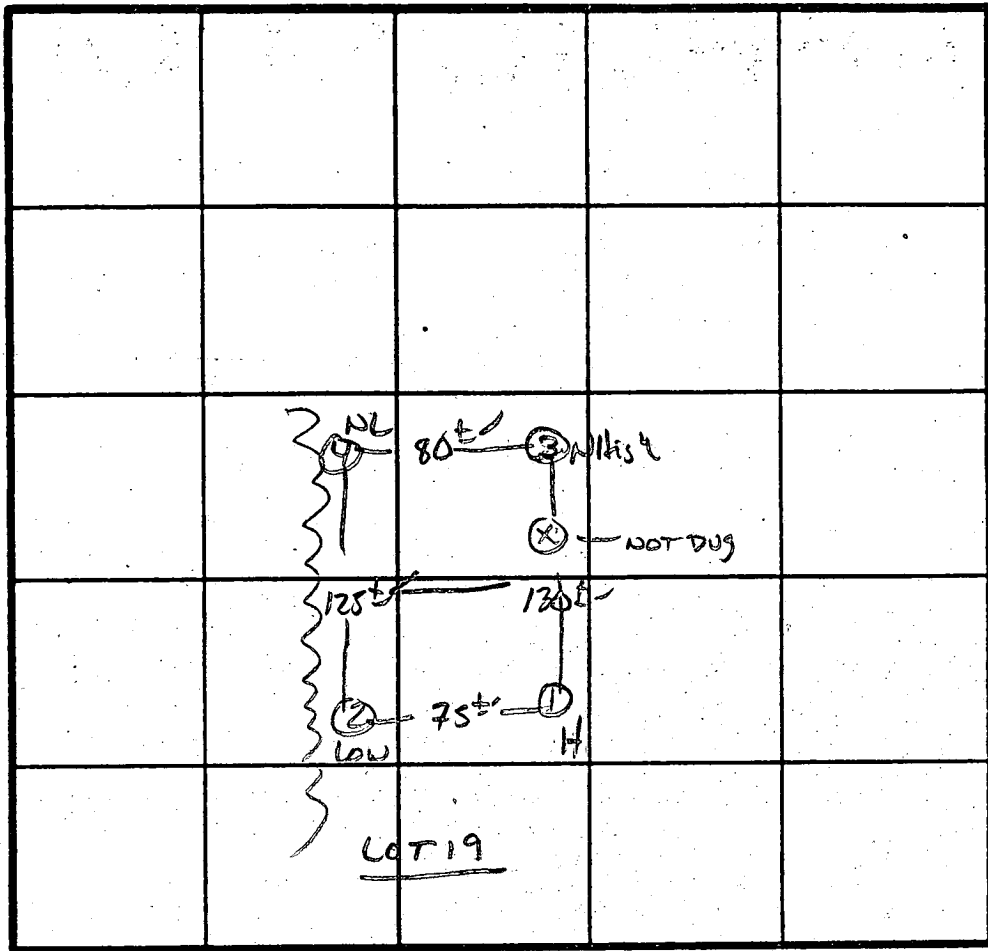
# THIS IS NOT A PERMIT

①  
SOIL PROFILE

0  
8"  
2'  
12"

AP  
Yellow br  
Si HCLAY  
LOAM  
10% FRAGS

Yellow br  
→ Mn  
Highly  
Micaceous  
Si LOAM  
20% FRAGS



̄ Perce 3 MIN  
160 ABR  
INlet 3  
Bottom 7

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
Rt 99

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14/88	1 S M	0.5	10:10	10:11	10:11	10:13	2 MIN
		7.0	10:09	10:11	10:11	10:14	3 MIN
	1V	12"	UNIFORM	Soil below 2.0'			
	2 S V	4" 12"	10:17	10:18	10:18	10:21	3 MIN
			SAME AS #1				
	3 S V	3" 12"	10:26	10:27	10:27	10:29	2 MIN
			UNIFORM Soil below 3.0'				
	4V	12"	SAME AS #1				

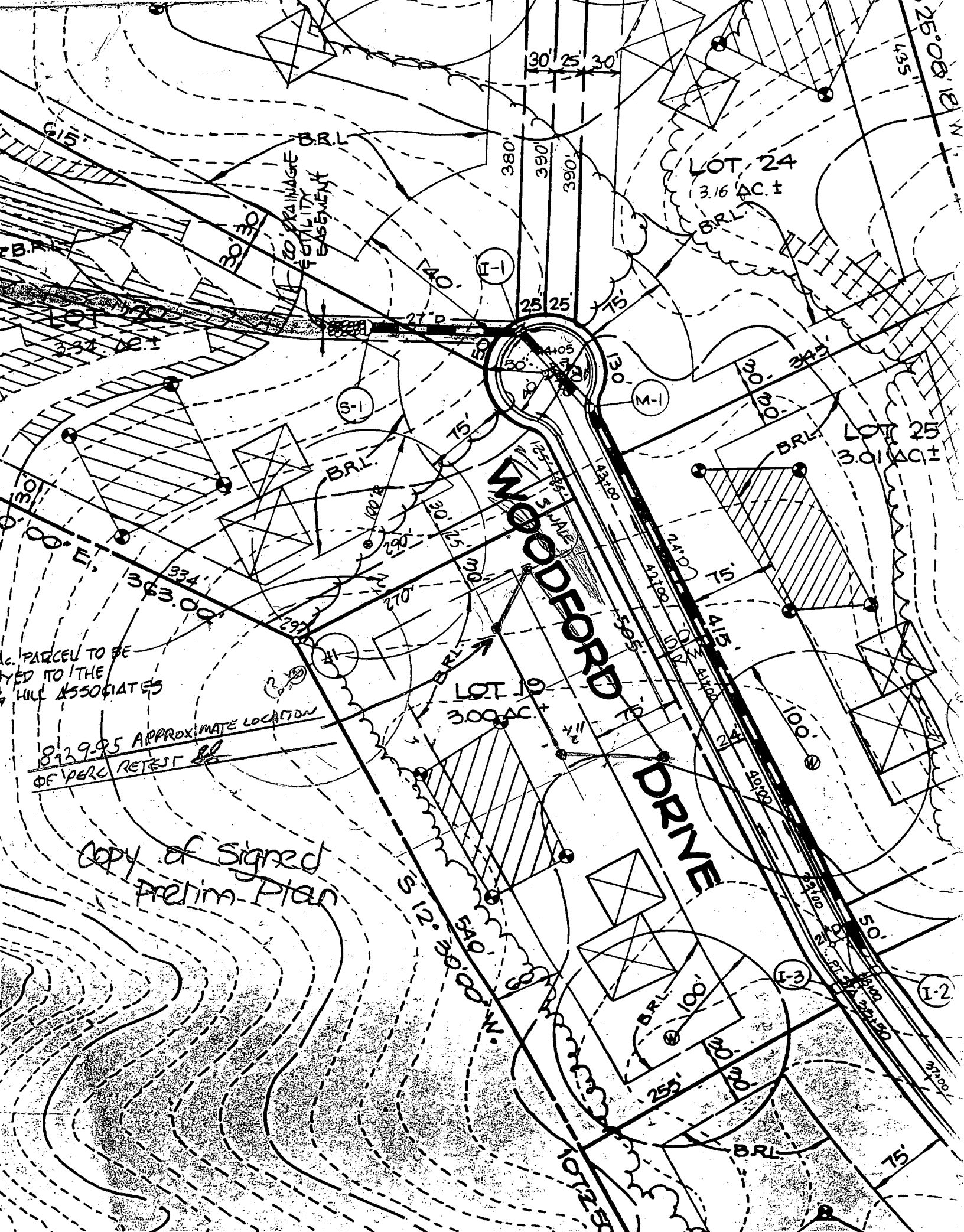
REMARKS Holes slightly different than PLAT

TYPE OF SOIL Gleavelly

TESTED BY S. Aul ALSO PRESENT SK IP, JOHN, MRS. BAKER

EH-12-1079





ac. PARCELS TO BE  
DEVELOPED TO THE  
SOUTH BY HILL ASSOCIATES

8139.95 APPROXIMATE LOCATION  
OF PERC RETEST

COPY of Signed  
Prelim Plan

LOT 24  
3.16 AC.±  
B.R.L.

LOT 25  
3.01 AC.±  
B.R.L.

LOT 10  
300 AC.±  
B.R.L.

WOODFORD DRIVE

25° 08' 18" N  
435'

30' 25' 30"

380'  
390'  
390'

615'

120' DRAINAGE  
UTILITY  
EASEMENT  
B.R.L.

(F-1)

(M-1)

(S-1)

B.R.L.

B.R.L.

B.R.L.

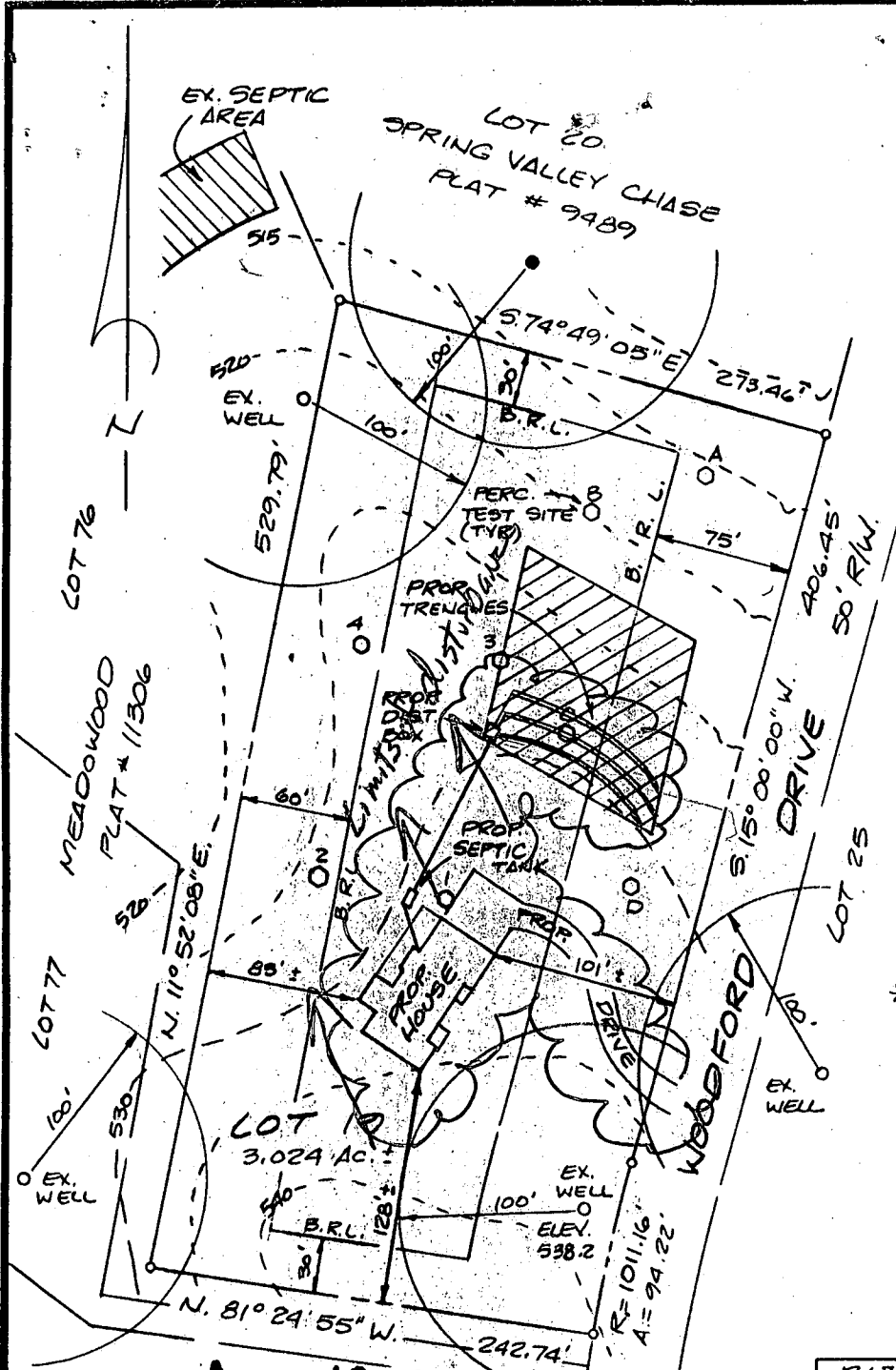
B.R.L.

B.R.L.

(I-3)

(I-2)

LOT 23



PROPOSED HOUSE  
 FF ELEV. 536.0  
 BSMT ELEV. 526.0  
 INV. OUT ELEV. 527.5

PROPOSED SEPTIC TANK  
 EX. ELEV. 530.5  
 INV. IN 527.2  
 INV. OUT 526.9

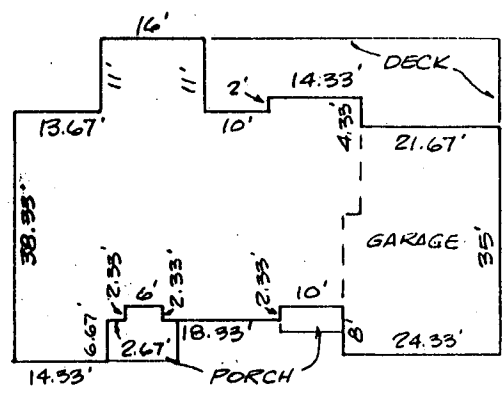
PROP. DISTRIBUTION BOX  
 EX. ELEV. 529.2  
 INV. IN 525.8  
 INV. OUT 525.7

PROPOSED TRENCHES \*  
 3 @ 80' = 240 L.F.  
 3' WIDE, 2.5' STONE  
 MAX. BOTTOM DEPTH = 6'  
 LINE 1: EX. ELEV. 529.2  
 INV. IN 525.7  
 LINE 2: EX. ELEV. 528.5  
 INV. IN 525.0  
 LINE 3: EX. ELEV. 527.8  
 INV. IN 524.3

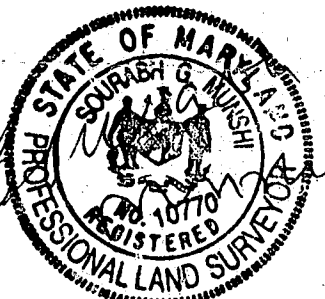
\* NOTE: ACTUAL LENGTH AND NUMBER OF TRENCHES FOR SEWERAGE TO BE DETERMINED AT THE TIME OF SEPTIC SYSTEM PERMIT ISSUANCE.

Approved Septic System Plan  
 Howard County Health Department

[Signature]  
 Signature      11/30/95  
 Date



PROP. HOUSE  
 N.T.S.



11/27/95

PLOT PLAN  
 LOT 19  
 SPRING VALLEY CHASE  
 SITUATED ON WOODFORD DRIVE  
 THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100'    NOVEMBER, 1995

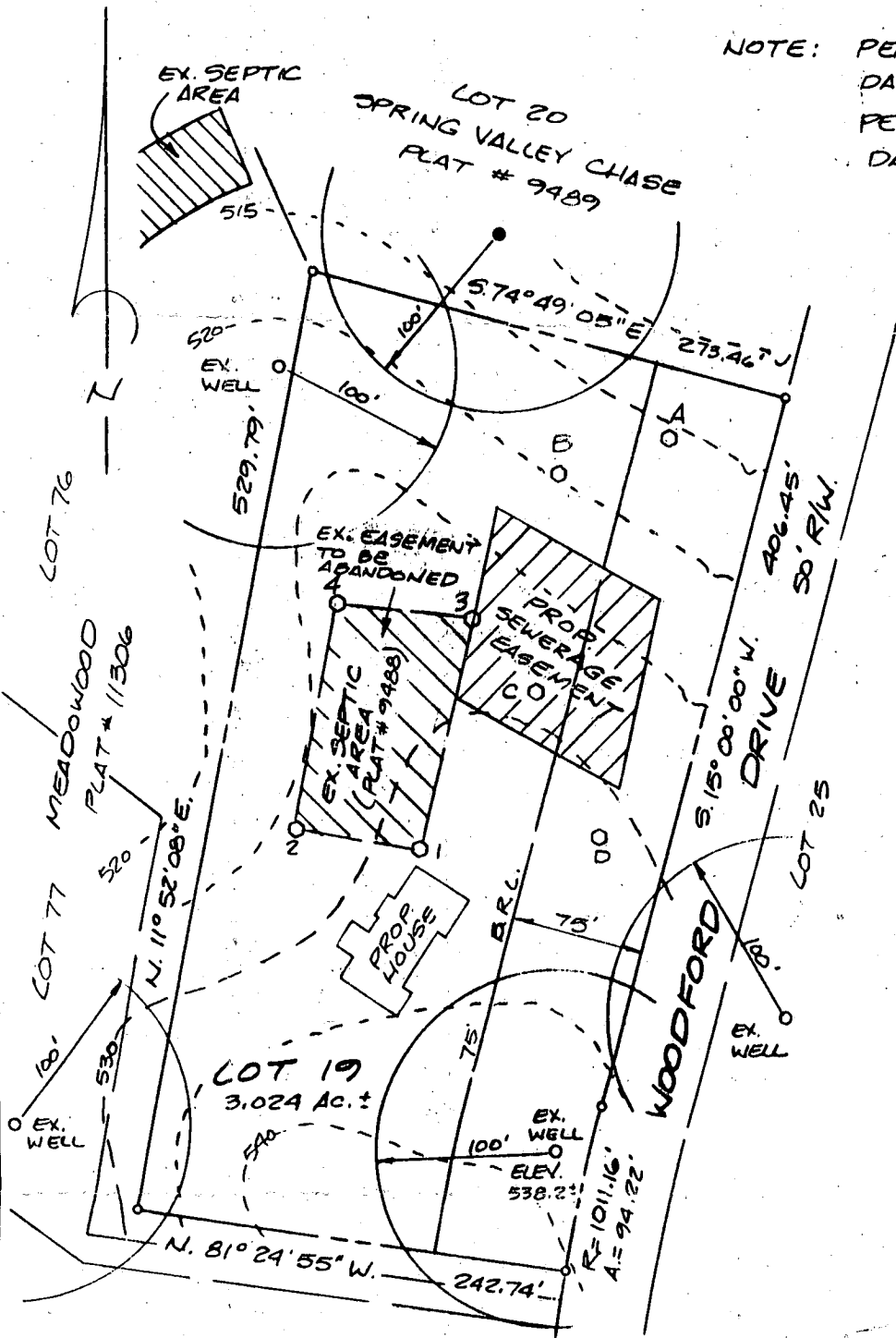
I CERTIFY THIS PLAN TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.







VANMAR ASSOCIATES INC.  
 Engineers · Surveyors · Planners  
 310 South Main Street, Mount Airy, Maryland 21771  
 (301) 829-2890    (301) 831-5015

REFERENCE	JOB NO.
PLAT # 9488	953955

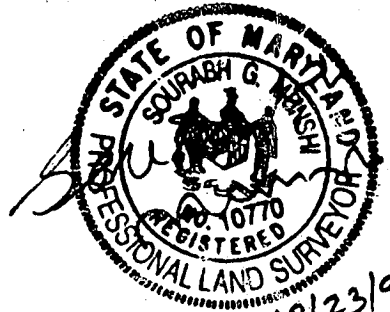
NOTE: PERC. TESTS 1, 2, 3 & 4  
 DATED 7/14/88.  
 PERC. TESTS A, B, C & D  
 DATED 8/29/95



 THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

-  EXISTING PERCOLATION TEST SITE
-  PROPOSED WELL SITE (UNLESS OTHERWISE NOTED)
-  PROPOSED HOUSE SITE

NOTE: THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.



APPROVED:

FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.  
 HOWARD COUNTY HEALTH DEPARTMENT  
*[Signature]* 11-16-95  
 HOWARD COUNTY HEALTH OFFICER DATE

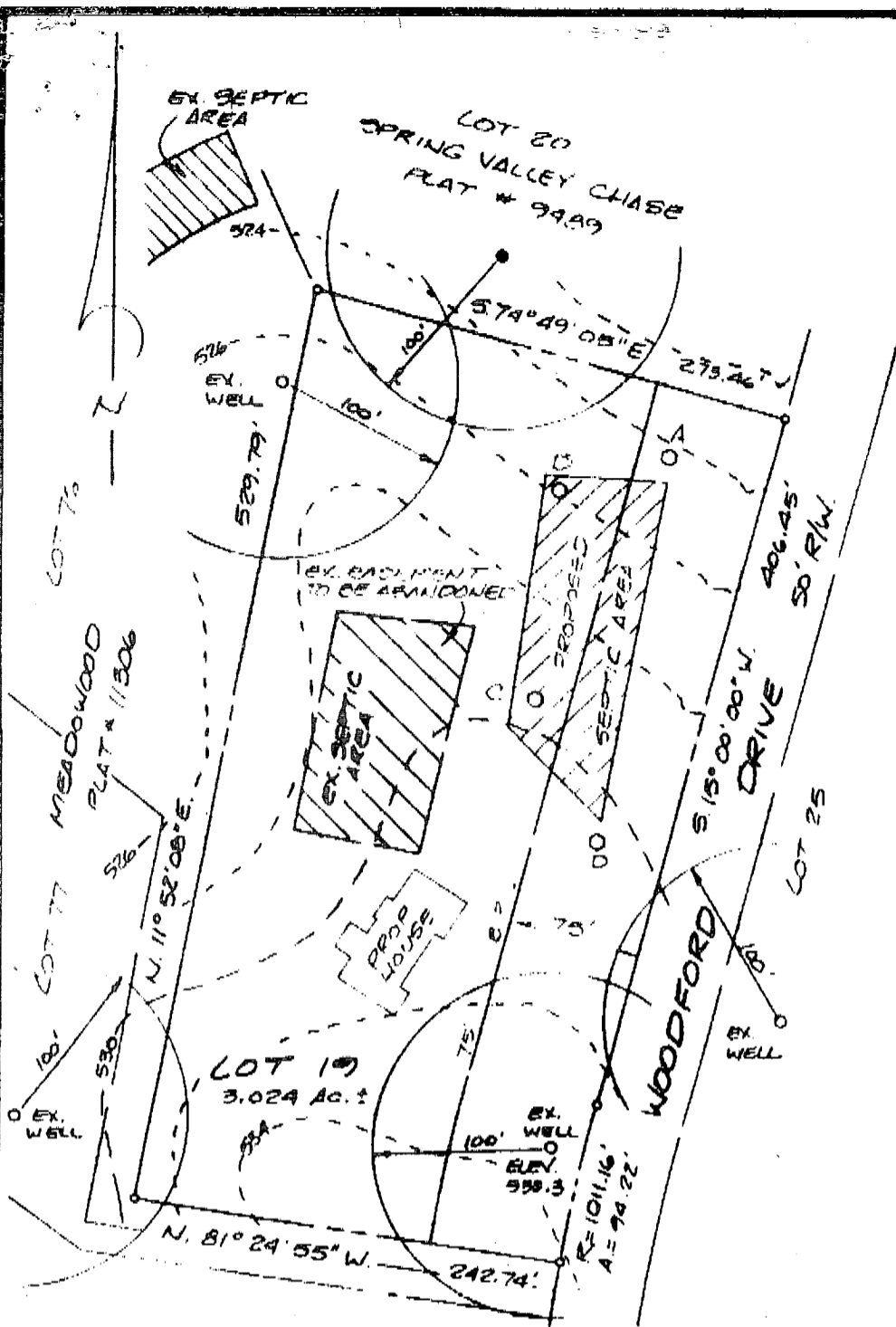
PERCOLATION TEST PLAT  
 LOT 19  
 SPRING VALLEY CHASE  
 SITUATED ON WOODFORD DRIVE  
 THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=100' OCTOBER, 1995  
 REV. 10/30/95 PER HEALTH DEPT. COMMENTS.

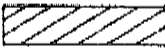
I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.






**VANMAR ASSOCIATES INC.**  
 Engineers • Surveyors • Planners  
 310 South Main Street, Mount Airy, Maryland 21771  
 (301) 829-2890 (301) 831-5015

REFERENCE	JOB NO.
PLAT # 9488	953955



 THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

-  EXISTING PERCOLATION TEST SITE
-  PROPOSED WELL SITE (UNLESS OTHERWISE NOTED)
-  PROPOSED HOUSE SITE

NOTE: THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.



APPROVED:

FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.  
HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER

DATE

PERCOLATION TEST PLAT  
LOT 19

SPRING VALLEY CHASE  
SITUATED ON WOODFORD DRIVE  
THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1"=100' OCTOBER, 1995

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



**VANMAR ASSOCIATES INC.**  
Engineers · Surveyors · Planners  
310 South Main Street Mount Airy, Maryland 21771  
(301) 829-2890 (301) 831-5015

REFERENCE

JOB NO.

PLAT # 9488

953955

6/10/96  
pm WPI

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 3/13/96

Name of Installer TOMCO INC. Telephone \_\_\_\_\_  
1345 Western Run Rd, Cockeysville, MD 21030

License Number M7348  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner ED VAN LANGE Telephone 410-740-6904  
Subdivision \_\_\_\_\_ Lot # 19 Well Tag # 170-94-0585  
Site Address 12201 Woodford Dr. Marriethsville, MD 21104

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>JACUZZI</u>	b. 220 _____	
3. Model # <u>T754518B-52</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>W x 252 well x 400</u>	1. Type <u>160 PSI</u>	1. Depth <u>300'</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>4</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>4'</u>	4. Will water supply be disinfected by installer? <u>YES</u>

6/10/96 pitless adapter + water line OK  
at 4 ft RPP.

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: Thomas M. Wall  
Date: 3/13/96

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

C1 2748

SEQUENCE NO. (MDE 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 A41715

DATE RECEIVED 080995

DATE WELL COMPLETED 062395

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0565

OWNER Von Lange Ed STREET OR RFD Woodford Dr TOWN Marriottsville SUBDIVISION SPRING VALLEY CHASE SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries for Overburden, Brown Shale, and Gray Rock.

GROUTING RECORD form including fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD form including fields for CASING TYPE (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, and Total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form including fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER) and screen diameter.

PUMPING TEST form including fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, and TYPE OF PUMP USED.

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. 399 and DRILLERS SIGNATURE section.

LIC. NO. 1009 and SITE SUPERVISOR section.

DEPTH (nearest ft.) form with grid for recording depth measurements.

GRAVEL PACK form with fields for diameter and length.

MDE USE ONLY form with fields for TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

PUMP INSTALLED form including fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, and CASING HEIGHT.

LOCATION OF WELL ON LOT form with a diagram area and instructions for showing permanent structures.



B 1 6251

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER

H0-94-0565 fill in this form completely

Date Received (APA)

060595

OWNER INFORMATION

Von Lange Ed

5604 Apple Junction

Elkoth City MD 21044

DRILLER INFORMATION

Paul M Fabiszak 399

G Edgar Harr Sons' Corp

12047 Falls Rd Cockeysville 21030

Signature Date 6-1-95

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 200 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)

- 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE MIR PERMIT No. H0-94-0565

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

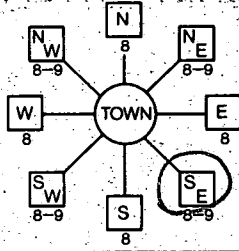
B 3

LOCATION OF WELL

Howard
8 COUNTY
Spring Valley Chase
23 SUBDIVISION
SECTION LOT 19 MARRIOTTSVILLE
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodford Drive
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 50
ENTER FT OR MI FT

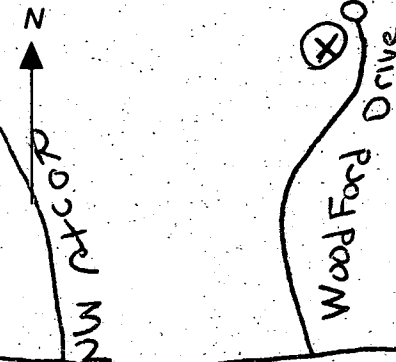
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A41715 COUNTY NO.
STATE SIGNATURE DATE ISSUED 061395 Mark E. R. Kin 6/13/96
NORTH GRID 545000 EAST GRID 0819000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER

groat 9:30 6/16/95
13 bags on site
groat complete at time of insp
Page 5 F-11

WRITE THE BOX NUMBER FROM THE MAP HERE
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION







**WATER ANALYSIS**

Do not write above this line.

**SAMPLE ID**

Bottle Number HC-2565 Name Eel Vanlung County Howard County Code 15

Source Spring Valley Chase Lot 19 Woodford Drive Date Category Code 4F

Collected: Date 6-16-95 Time 11 30 Collector & Phone A. M. M. 11-0 x2640 Submitter Code \_\_\_\_\_

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project 5

**FIELD**

Plant No. [ ] [ ] [ ] [ ] Sampling Station [ ] [ ] [ ] [ ] Preservation: Iced  Acid  Type of Acid H<sub>2</sub>SO<sub>4</sub>

pH [ ] [ ] [ ] Chlorine: Free [ ] [ ] Total [ ] [ ] Specific Conductance [ ] [ ] [ ] [ ]

Notes to Lab/Remarks: HC-94-0565

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
	Nitrate - Nitrate, N	00630					
	pH*, Ca CO <sub>3</sub> SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief \_\_\_\_\_

Date Reported \_\_\_\_\_