







B 1 7189

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

BA-94-7748  
fill in this form completely

Date Received (APA) 12 2 03  
OWNER INFORMATION  
Last Name Madden Owner Kandace First Name  
Street or RFD 723 Quaker Bottom Rd  
Town Sparks, MD State MD Zip 21152

DRILLER INFORMATION  
Driller's Name Wayne Caswell License No. MW 0320  
Firm Name C Wayne Caswell Inc  
Address Carrollville, MD 21084  
Signature [Signature] Date 9/29/03

WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 4  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered)  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; CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

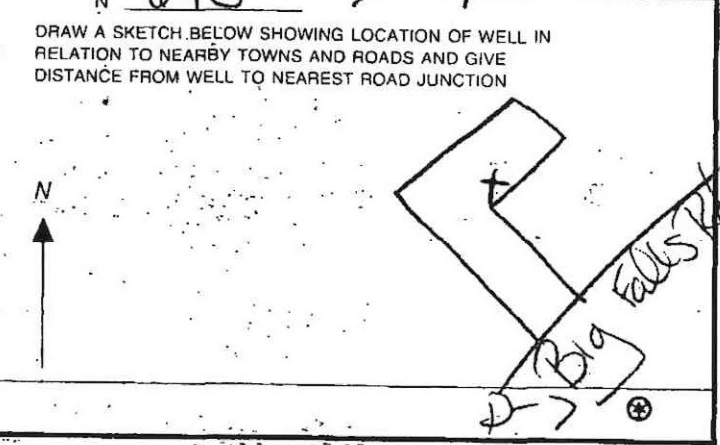
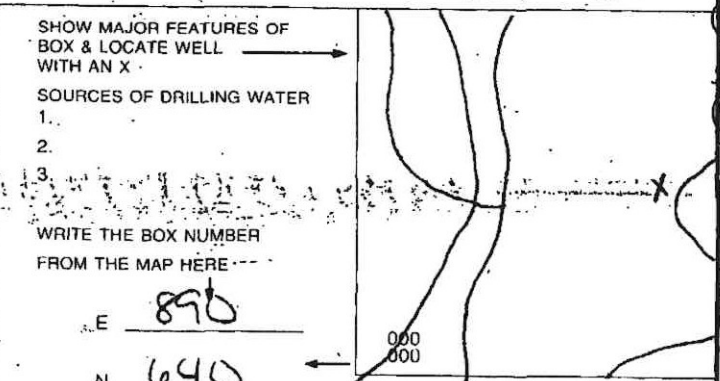
Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER \_\_\_\_\_ G.A.P. \_\_\_\_\_  
PERMIT No. BA-94-7748

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL  
COUNTY Baltimore  
SUBDIVISION Madder  
SECTION 44 LOT 48  
NEAREST TOWN Hereford  
MILES FROM TOWN (enter 0 if in town) 1 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHAT ROAD Big Falls Rd  
DISTANCE FROM ROAD 300'  
ENTER FT OR MI  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME Balto COUNTY NO. 003  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
DATE ISSUED 12 2 03  
CO SIGNATURE M. Epps EXP. DATE \_\_\_\_\_  
NORTH GRID 1245 EAST GRID 0899



470 1211 3430 413 413 4512

BALTIMORE COUNTY, MARYLAND  
DEPT. OF ENVIRONMENTAL PROTECTION AND RESOURCE MANAGEMENT  
Ground Water Management - 401 Bosley Ave., Towson, MD 21204

October 30, 2007



Mr. David Hum  
TREVOR BUILDERS INC  
15108 TANYARD RD  
SPARKS MD 21152

Dear Mr. Hum:

The following information pertains to Building Permit application number B672055, for a 4 Bedroom Dwelling located at 17346 Big Falls Road, Lot 1, Weems Madden, 21111, Election District 7:

**SEPTIC SYSTEM DESIGN**

1500 gallon two-compartment septic tank, 1 distribution box, 5 absorption trenches: 60 ft. long, 2 ft. wide, 7 ft. deep, with 5 1/2 ft. of stone.

**NEW REQUIREMENT: OBSERVATION PIPES SHALL BE INSTALLED FOR ALL ABSORPTION TRENCHES 4 FEET OR DEEPER AND PIPES SHALL BE BROUGHT TO GRADE AND CAPPED.**

A plumbing permit is required for installation of an on site sewage disposal system. Installation detail shall conform with the Baltimore County Plumbing and Gasfitting Code. This office must be contacted if any deviation to specification or location of the sewage disposal system is desired. Deviation requests must be accompanied by revised site plans showing all structures, water well, sewage disposal system and reserve area, for review and approval prior to system construction. Note: A sewage ejector pump may be required for basement plumbing. It is the owner's/builder's responsibility to make this determination and notify this office.

**IMPORTANT REQUIREMENT:** The minimum separation distance between absorption trenches, unless otherwise specified, will be the greater of : 9 feet on center or a separation distance equal to twice the depth of stone below the pipe. The septic system is to be installed as shown on the final approved site plan. The top of the septic tank shall not be deeper than 18 inches below grade. MANHOLE risers are to be installed to the surface over the septic tank and/or grease interceptor. The septic tank cover shall remain in place.

An inspection must be made by the Plumbing Inspection Division 410-887-3620 at the time the absorption trench is completely excavated to verify the final depth and grade of the trench. A transit or similar device must be provided.

**WATER SUPPLY SYSTEM**

The water well yield test for well #BA 94-7748, performed by Jones Well Drilling on 10/22/2007 indicates a yield of 10.3 gallons per minute after 3 hours of continuous pumping and well depth of 200 feet. In accordance with Section 34-2 of the Baltimore County Code, this test shall be valid until 10/22/2010, for the purpose of conveyance of the property. This does not constitute, in any form or manner, a guarantee by this office, of continuous water well yield.

**Prior to occupancy of any new building served by a water well, bacteriological and chemical samples must be collected for analysis. In order to avoid unnecessary delays, it is suggested that the water supply system be connected to the building and disinfected as soon as possible so that the necessary sampling can be accomplished. If assistance is required for water sample collection and analysis, please call 410-887-2762.**

If there are any questions regarding the above, please contact this office at 410-887-2762.

Sincerely,

Margaret A. Epps, R.S.

1 C            C 0-5' LRS 5-16'  
\*1 D 16 min. 6'    C 0-5' LRS 5-13'  
1 G            C 0-5' LRS 5-14'

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

01 0529 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)</small>	SEQUENCE NO. <small>(MDE USE ONLY)</small>	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER
ST/CO USE ONLY DATE RECEIVED <small>MM DD YY</small>	DATE WELL COMPLETED <small>MM DD YY</small> 12 18 03	Depth of Well <small>(TO NEAREST FOOT)</small> 200	PERMIT NO. FROM "PERMIT TO DRILL WELL" B.A. 94-7748
OWNER <u>Weems</u> STREET OR RFD <u>1475 Quaker Bottom Rd #2</u> TOWN <u>ISPAKKS</u> SUBDIVISION <u>Big Falls Rd</u> SECTION _____ LOT <u>1</u>			
<b>WELL LOG</b> <small>Not required for driven wells</small>		<b>GROUTING RECORD</b> <small>(Circle Appropriate Box)</small>	<b>C 3</b> <b>PUMPING TEST</b>
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED <small>(Circle Appropriate Box)</small> YES <input checked="" type="radio"/> NO <input type="radio"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/> NO. OF BAGS <u>36</u> NO. OF POUNDS <u>3384</u> GALLONS OF WATER <u>216</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>82</u> ft. <small>(enter 0 if from surface)</small>	HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>306pm Tested @ 12:00</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>50</u> ft. WHEN PUMPING <u>60</u> ft. TYPE OF PUMP USED (for test) <input type="radio"/> air <input type="radio"/> piston <input type="radio"/> turbine <input type="radio"/> centrifugal <input type="radio"/> rotary <input type="radio"/> other (describe below) <input type="radio"/> jet <input checked="" type="radio"/> submersible
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing	
BROWN loam Tan mica Gray Rock	0 55 55 79 79 200	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
RECEIVED JAN 26 2004 GROUND WATER MANAGEMENT		CASING RECORD casing types insert appropriate code below <input checked="" type="radio"/> ST STEEL <input type="radio"/> PL PLASTIC <input type="radio"/> CO CONCRETE <input type="radio"/> OT OTHER	
MAIN CASING TYPE <u>ST 4</u>		Nominal diameter top (main) casing (nearest inch) <u>6 5/8</u> Total depth of main casing (nearest foot) <u>82</u>	
OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____		SCREEN RECORD screen type or open hole <input checked="" type="radio"/> ST STEEL <input type="radio"/> BR BRASS <input type="radio"/> PL PLASTIC <input type="radio"/> HO OPEN HOLE <input type="radio"/> OT OTHER	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		DEPTH (nearest ft.) <u>DL 70 150</u> <u>HD 150 200</u>	PUMP INSTALLED DRILLER INSTALLED PUMP YES <input type="radio"/> NO <input checked="" type="radio"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above } LAND SURFACE <input type="checkbox"/> below } (nearest foot)
WELL HYDROFRACTURED YES <input type="radio"/> NO <input checked="" type="radio"/>		SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) from _____ to _____	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____	LOCATION OF WELL ON LOT (Diagram showing well location on lot with distances to structures and landmarks)
DRILLERS LIC. NO. <u>MWD 513</u> <u>Chris G. Davis</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.O.S.) _____ W O _____ TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____	COUNTY _____
SITE SUPERVISOR (signature of driller or journeyman responsible for sitework if different from permittee)			