8/28/00 WPI - pm
8/29/00 1 pm
9/8/00 C.O Late pm
10/17/01 2-3:00 Repair Septic System Partially off-Lot

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 514203
A 57610 D
ISSUE DATE 8/22/2000
APPROVAL DATE 9/8/00

INDEXED 04-362764

SK Backhoe & Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Spring Hollow LOT NUMBER 4 ADDRESS 17113 Spring Hollow Court

PROPERTY OWNER ~~Trinity Builders~~ JAY + HELEN MILLER PROPERTY OWNER'S ADDRESS 7320 Grace Drive Columbia, MD 21044

SEPTIC TANK CAPACITY 1250 GALLONS (Top Seamed Tank)

PUMP CHAMBER CAPACITY ____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be ~~4~~ 4 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 ~~4~~ feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin Trenches 220 feet down the left lot line and 10 feet off the same lot line as seen when facing the lot from Spring Hollow Court. Run trenches on contour in both directions. 7/18/00 OK ALM

PLANS APPROVED Amy McMillen DATE 6/9/2000

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

BLDG. PERMIT SIGNED AND RETURNED 2/28/2001
B00128700 – FINISH BASEMENT

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

BLDG. PERMIT [redacted] AND RETURNED 7/11/01
B00131459 - deck

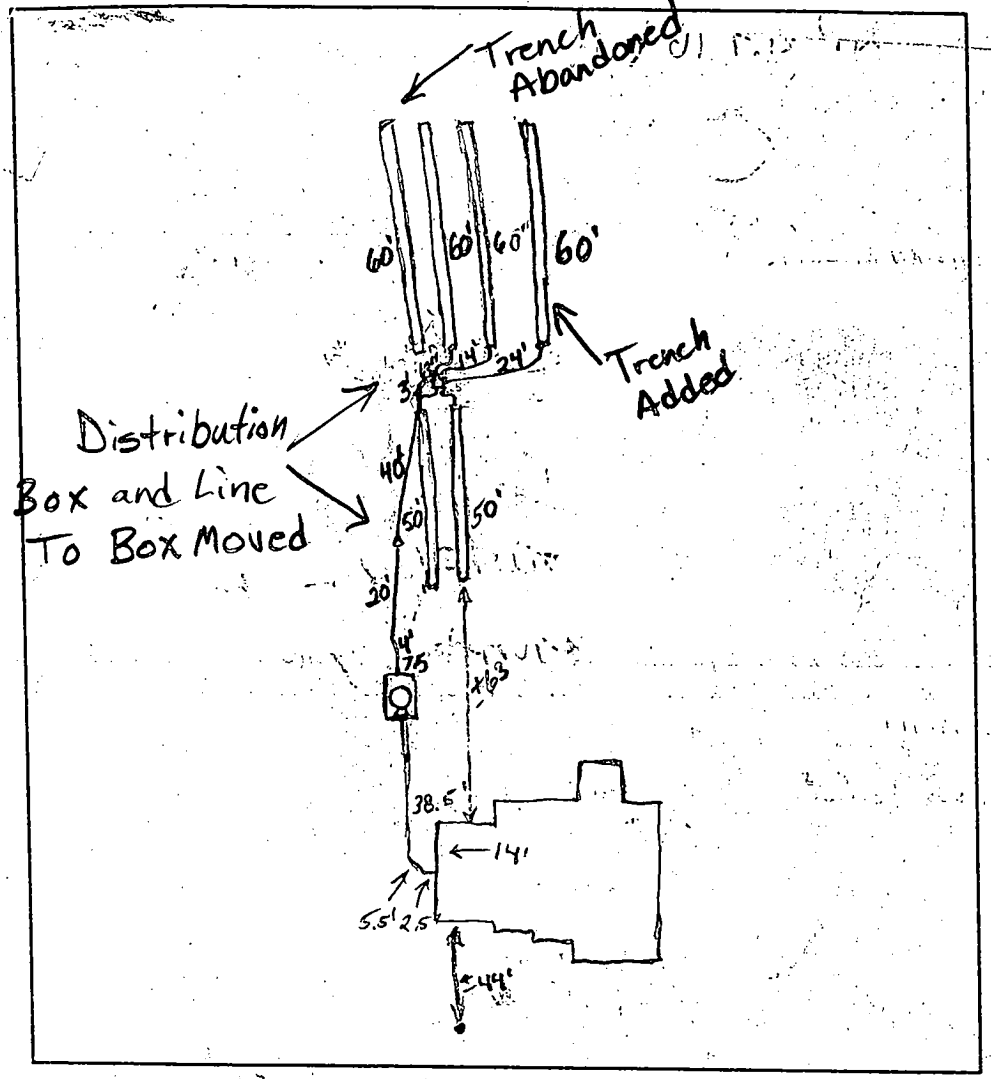
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 57610 D

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'

TRENCH INLET DEPTH 3.5'

TRENCH BOTTOM DEPTH 5.5'

DEPTH OF STONE 2.0'

NUMBER OF TRENCHES 5

TOTAL TRENCH LENGTH 280'

ABSORBENT AREA 840 sq ft

DISTRIBUTION BOX LEVEL OK

BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS

MANHOLE RISER Yes

6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~ N/A

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 8/29/00 Trenches to be installed at 6.0 depth. Can't make gravity to D.B. with 3.0' inlet depth (BB)

INSPECTION COMMENTS: 9/8/00 House connection made. O.K. to cover everything. Trenches installed at 3.5'-5.5'.

* Asked installer to put a 4" cleanout on line between tank and distribution box. *

10/17/01 Installer abandonded one 60' trench and added one 60' trench. Distribution box and line to box moved. These components were installed on neighbor's lot. O.K. to cover. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 9/8/00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: S.K. Plumbing + Heating Inc Telephone #: 410-775-0562
Address: 1220 E.S. Rt 1 Hwy
Laurel MD 20707

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Vinnie Kaur License# 12285
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Trinity Homes Telephone #: 410-313-6722
Subdivision: Spring Hollow Lot #: 4 Well Tag # : HO - 94 - 2020
Site Address: 13115 Spring Hollow Ct.
Mt. Airy MD 21771

Submersible Pump Data
Make: Jacuzzi
Model #:
Pump Capacity 5 GPM
Well Yield: 4 GPM
Depth of well encountered at time of pump installation: 340 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Pitless Adapter
Make: Bruner
Model#:
Depth: 42" (36" min)
NSF approved: yes

Well Cap and Electric Conduit
Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Torque arrestors or Cable guards are required – Must circle one Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt yes
Note: Low Water Switch installed.

Piping to house
Type: P.E.
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5' to 7'
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

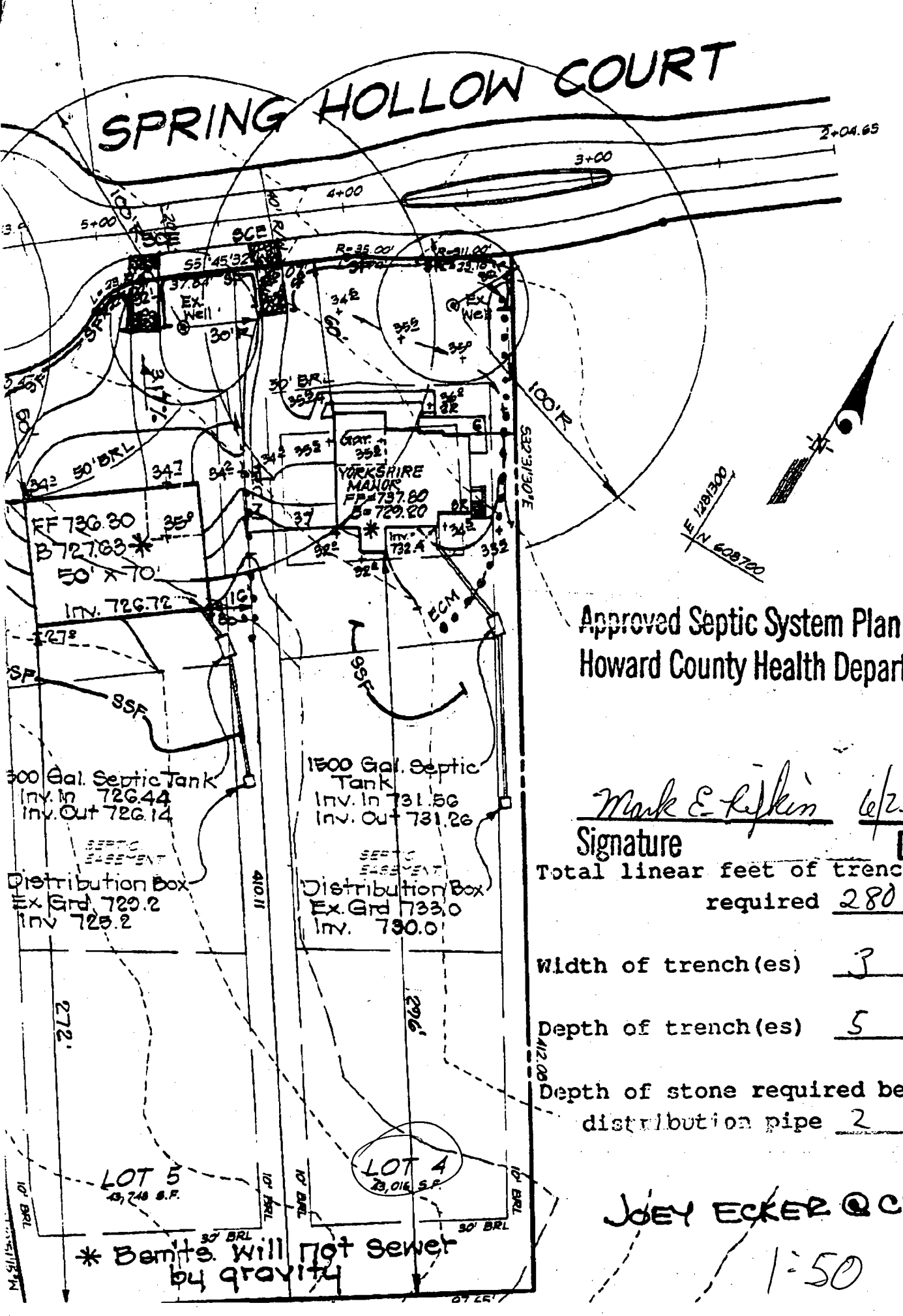
Signature of company representative responsible for installation 12/19/2000 date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 8/28/00 Date Insp. Approved: 8/28/00

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓
- Safety rope installed inside of well casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓

OK MR



Approved Septic System Plan
Howard County Health Department

Mark E. Rifkin 6/23/00

Signature Date

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1610
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00124454

Building Address 17113 SPRING HOLLOW CT
MT. AIRY 21771

Suite/Apt. #: _____ SDP/WP/Petition #: SP00-35

Census Tract 6046 Subdivision SPRING HOLLOW

Section — Area — Lot 4

Tax Map 7 Parcel 144 Grid 8

Zoning RCDL Map Coordinates 2K9 Lot size 43,016 ac

Property Owner's Name Trinity Builders

Address 7320 Grace Dr.

City Columbia State MD Zip Code 21044

Home Phone _____ Work Phone 410-313-8722

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

Phone _____ Fax 410-313-3731

Existing Use Vacant Lot

Proposed Use S.F.D

Estimated Construction Cost $ 100,000

Description of Work CUSTOM YORKSHIRE MANOR W/CHANNELS - 2 STORY, FULL BSMT 2 FB - 1 HB - 4R - FR GARAGE (4 BR)

Contractor Company Same

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Same

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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 4

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
☒ Private
Sewage Disposal:
____ Public
☒ 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.

Sally L Hodge
Applicant's Signature

Sally Hodge
Print Name

VP Operations - Trinity
Title/Company

2/25/00
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
X State Highways		
X Building Official		
X Dev. Engineering, DPZ		
X Health	4/23/00	Mark Rifkin
X Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
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 _____

PROPERTY ID#: 46396

Filing fee	$ 25.00
Permit fee	$ _____
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ _____
Balance due	$ _____
Check	# 9777
Validation	# 38452

Accepted by: _____

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

Rev. 10/15/98

s:\permit.frm

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P O BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO _____

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG 4
(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. Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

13

COUNTY #

SOIL PROFILE

612

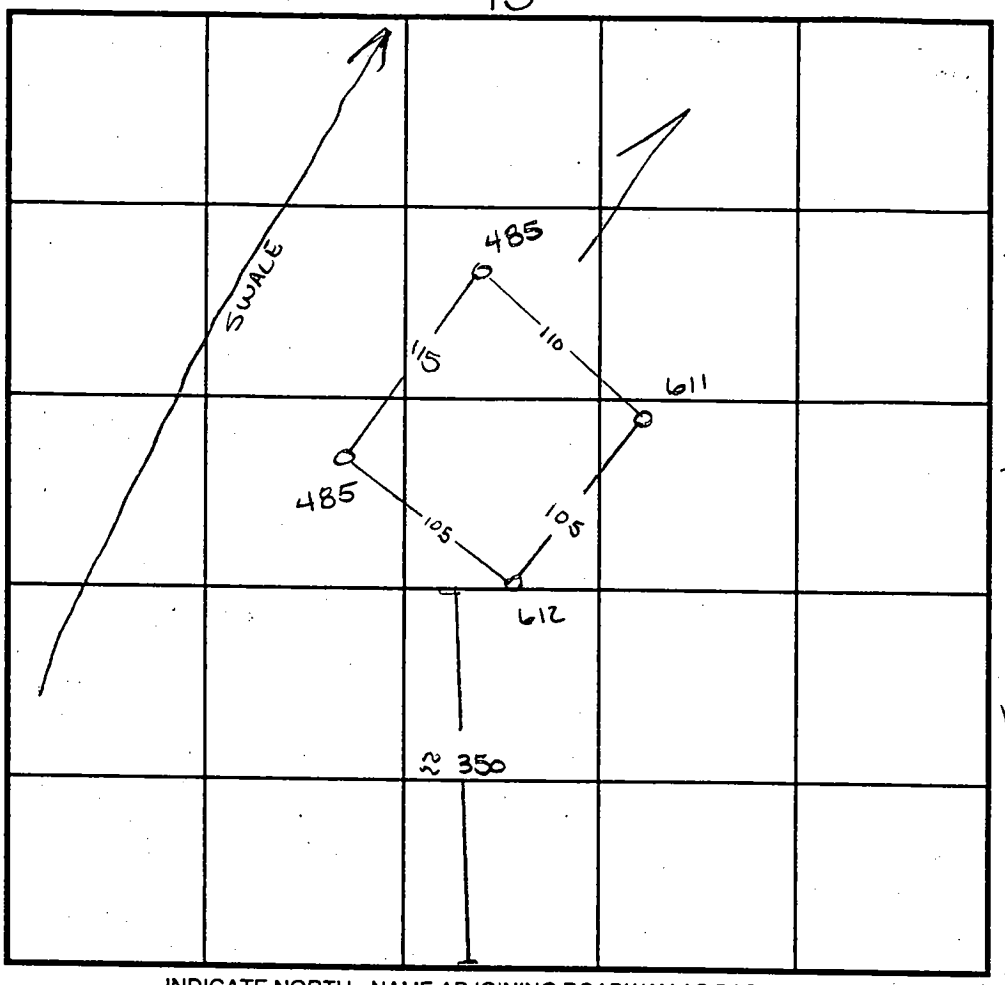
0'
dark brown red SiCLm 30% Shale
3.5
red SiLm 20% Shale
7.0
Yellow tan SiLm 20% Shale
11.0

486

3.0
lgt orange SiCLm 10% Rx
12.0
lgt orange SaLm 25-30% Shale saprolite mix

611

2.0
tan brown SiCLm
10.0
red SiLm 5% Shale
12.0
dark pink red SiSaLm micaceous 20% saprolite



SOIL PROFILE

485

0'
lgt tan orange SiCLm
3.5
lgt orange SaCLm 20% Shale
7.0
lgt orange SiLm pockets of 35% Shale
12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hardy Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8-20-96	612	3.0 / 11.0	2:44 30	2:46 30	2:46 30	2:50	3½m
	486	3.0 / 12.0	8:49 30	8:50 30	8:50 30	8:52 30	2min
	611	3.0 / 12.0	10:40	10:41 30	10:41 30	10:43 15	1¾min
8-21-96	485	3.0 / 12.0	10:10	>30min	—	—	slow
8-21-96	485	4.0 / 12.0	10:37	10:44	1044	10:54	10min

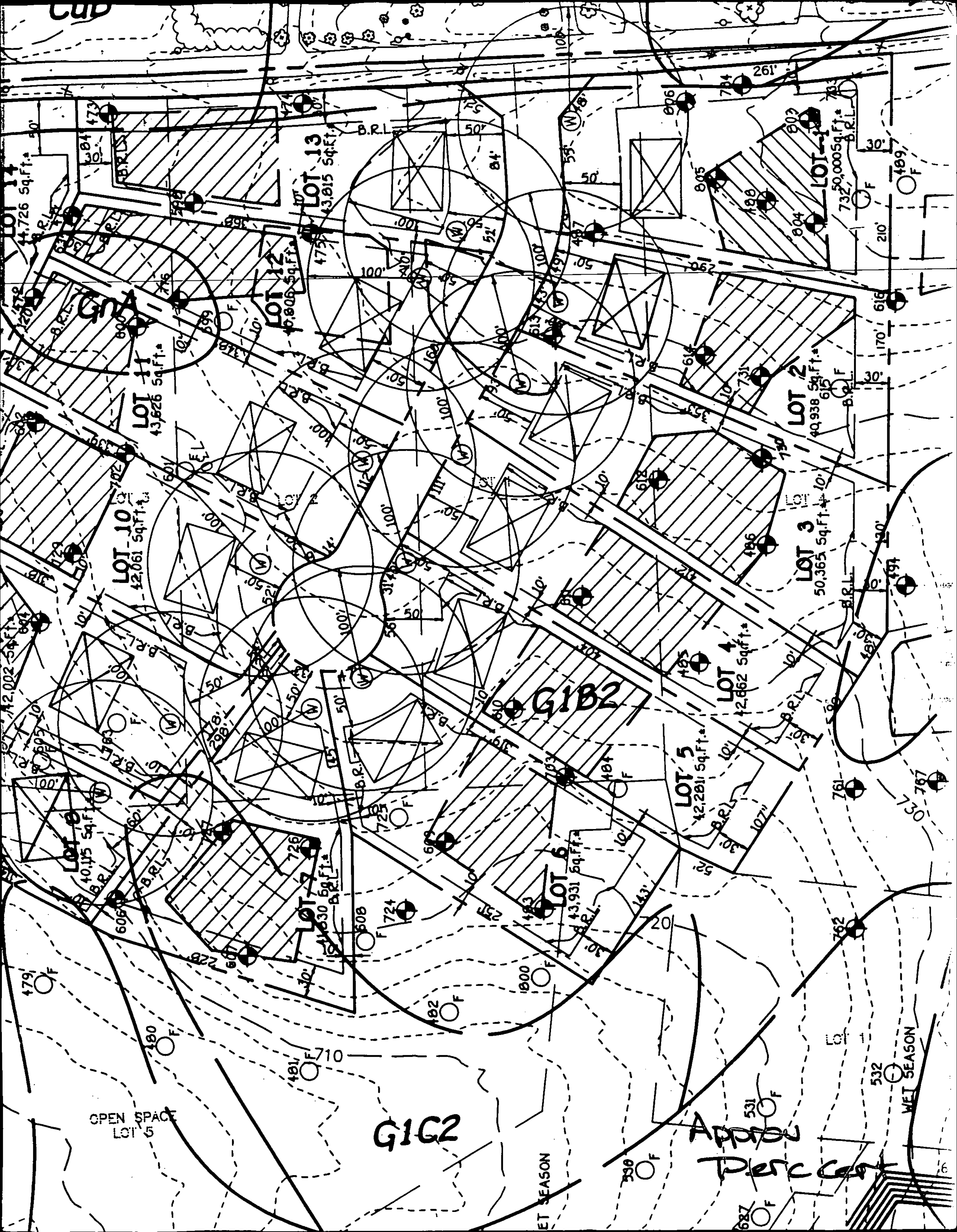
REMARKS

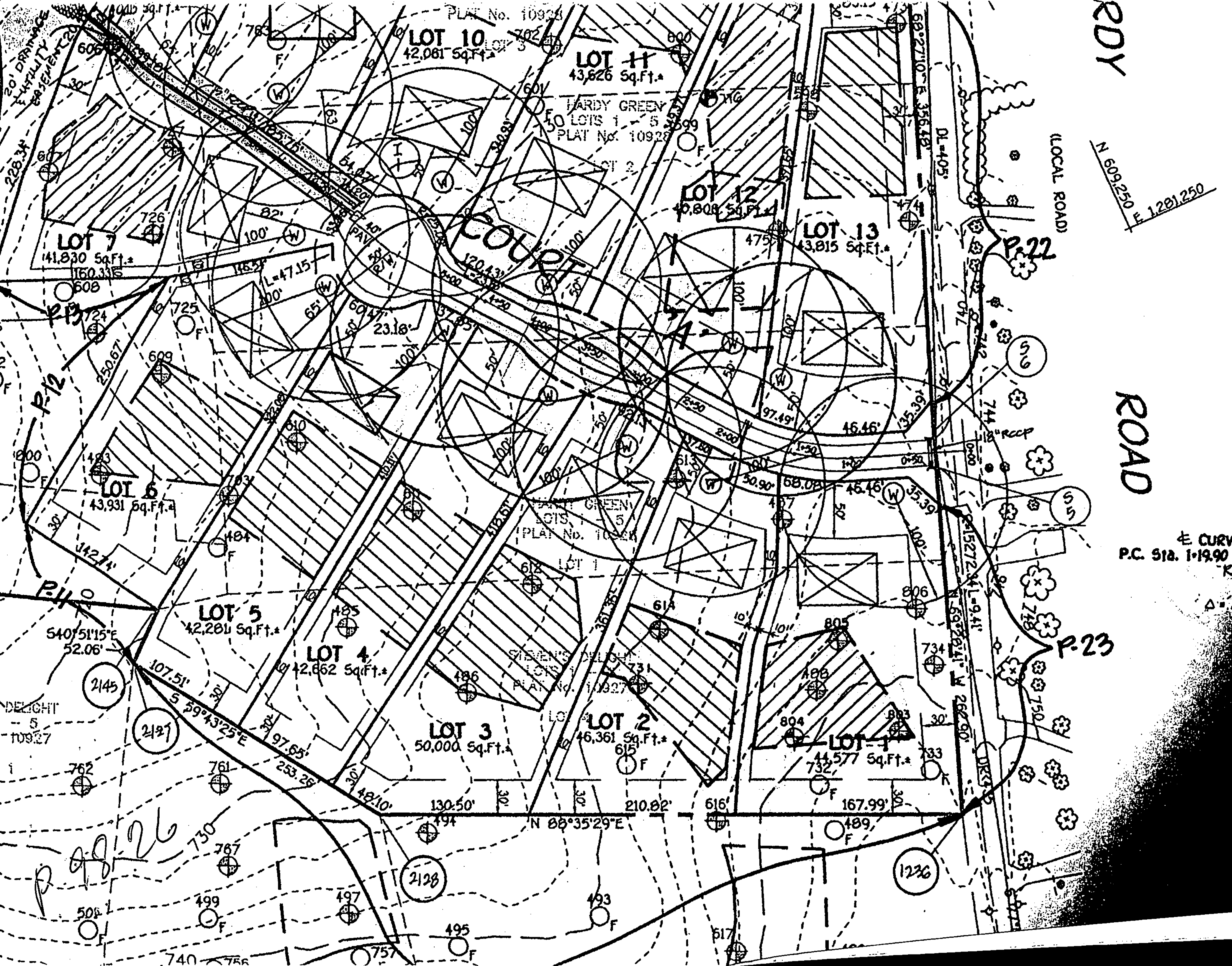
TYPE OF SOIL

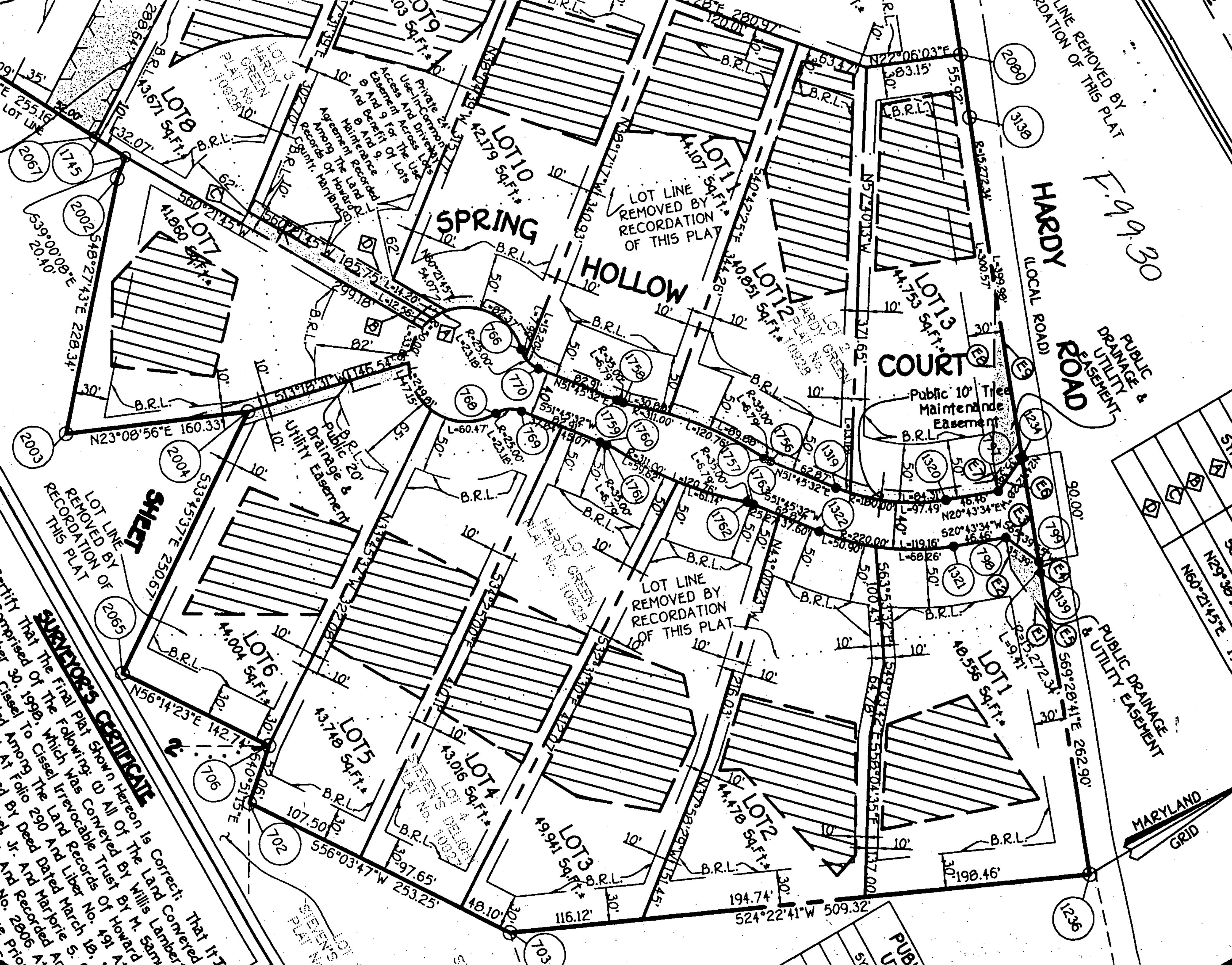
TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____


LOT 14
44,726 Sq.Ft.±
LOT 13
43,815 Sq.Ft.±
LOT 12
40,806 Sq.Ft.±
GnA
LOT 11
43,626 Sq.Ft.±
LOT 10
42,061 Sq.Ft.±
LOT 2
40,938 Sq.Ft.±
LOT 3
50,365 Sq.Ft.±
LOT 4
42,662 Sq.Ft.±
G1B2
LOT 5
42,281 Sq.Ft.±
LOT 6
43,931 Sq.Ft.±
LOT 7
LOT 8
40,115 Sq.Ft.±
50,005 Sq.Ft.±
B.R.L.
OPEN SPACE
LOT 5
G1C2
WET SEASON


LOT 10
42,081 Sq.Ft.±
LOT 11
43,626 Sq.Ft.±
HARDY GREEN
LOTS 1 - 5
PLAT No. 10928
LOT 12
40,808 Sq.Ft.±
LOT 13
43,815 Sq.Ft.±
LOT 7
41,830 Sq.Ft.±
COURT
LOT 6
43,931 Sq.Ft.±
LOT 5
42,281 Sq.Ft.±
LOT 4
42,862 Sq.Ft.±
LOT 3
50,000 Sq.Ft.±
LOT 2
46,361 Sq.Ft.±
LOT 1
44,577 Sq.Ft.±
20' DRAINAGE & UTILITY EASEMENT
ROAD
(LOCAL ROAD)
N 609,250
E 1,281,250
P-22
P-23
P-13
P-12
P-11
S 40°51'15" E
52.06'
S 59°43'25" E
253.25'
N 88°35'29" E
210.82'
167.99'
130.50'
18" RCCP
℄ CURV
P.C. Sta. 1+19.90



SPRING HOLLOW COURT
HARDY ROAD (LOCAL ROAD)
LOT 1 48,556 Sq.Ft.±
LOT 2 44,478 Sq.Ft.±
LOT 3 49,941 Sq.Ft.±
LOT 4 43,016 Sq.Ft.±
LOT 5 43,748 Sq.Ft.±
LOT 6 44,004 Sq.Ft.±
LOT 7 41,860 Sq.Ft.±
LOT 8 43,671 Sq.Ft.±
LOT 10 42,179 Sq.Ft.±
LOT 11 44,107 Sq.Ft.±
LOT 12 40,851 Sq.Ft.±
LOT 13 44,753 Sq.Ft.±
LOT LINE REMOVED BY RECORDATION OF THIS PLAT
Private 24' Use-In-Common Access And Driveway Easement Across Lots 8 And 9 For The Use And Benefit Of Lots 8 And 9. Maintenance Agreement Recorded Among The Land Records Of Howard County, Maryland.
Public 20' Drainage & Utility Easement
Public 10' Tree Maintenance Easement
PUBLIC DRAINAGE & UTILITY EASEMENT
MARYLAND GRID
S24°22'41"W 509.32'
S56°03'47"W 253.25'
N56°14'23"E 142.74'
S33°45'37"E 250.67'
N23°08'56"E 160.33'
S48°27'43"E 228.34'
S69°28'41"E 262.90'
SURVEYOR'S CERTIFICATE
SHEET 2
F.99.30

C 1 | 9813 | SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓

COUNTY NUMBER A57610 D

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 04 DD 19 YY 2020

Depth of Well: 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2020

OWNER: Lambert (last name) Cissel (first name)
STREET OR RFD: Spring Hollow Ct TOWN: Poplar Springs
SUBDIVISION: Spring Hollow SECTION: LOT: 4

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	50	✓
Brown Slate	50	64	
Blue Slate	65	90	
Brown Slate	90	95	✓
Blue Slate	55	245	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no (N)

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 LIC. NO.: MSD116
Mark Mayo
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD112
Noah G. Wampler

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 22 NO. OF POUNDS 2200
GALLONS OF WATER 132
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft. to 30+ (BOTTOM) 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	6	23

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

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

EACH SCREEN	DEPTH (nearest ft.)		
1	HO	71	245
2			
3			

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

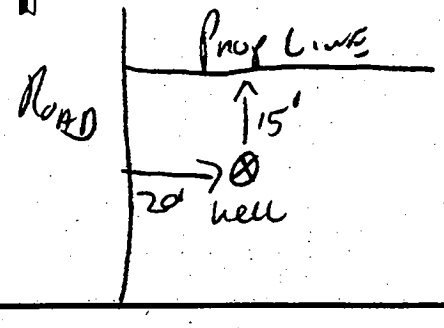
	from	to
GRAVEL PACK		
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 — PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min.): 4
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 49 ft.
WHEN PUMPING: 125 ft.
TYPE OF PUMP USED (for test)
- (A) air
- (P) piston
- (T) turbine
- (C) centrifugal
- (R) rotary
- (O) other (describe below)
- (J) jet
- (S) submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES (NO)
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)
(+) above / (–) below LAND SURFACE
2 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



DENV-CR97 COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 4724 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-2020

fill in this form completely

Date Received (APA): 12/18/98

OWNER INFORMATION

Last Name: Cissel | Owner: Lambert | First Name:

Street or RFD: 3425 Hipsley Mill Rd

Town: Woodbine | State: MD. | Zip: 21797

DRILLER INFORMATION

Driller's Name: Ralph Mayne | License No.: MSD 116

Firm Name: Ralph Mayne Well Drilling

Address: 9120 Brown Church Rd Mt Airy

Signature: Ralph Mayne | Date: 12-9-98

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

PERMIT No. HO-94-2020

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Spring Hollow

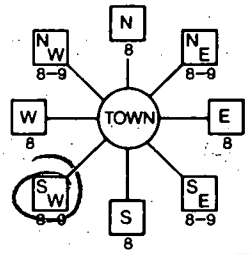
SECTION: | LOT: 4

NEAREST TOWN: Poplar Springs

MILES FROM TOWN (enter 0 if in town): I M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Spring Hollow Ct, ~~Stevens Detright~~

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 20 | ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard Co | COUNTY NO.: A57610D

STATE SIGNATURE _____ INSERT S →

DATE ISSUED: 12/29/98 | CO SIGNATURE: A McMullen | EXP. DATE: 12/29/98

NORTH GRID: 548000 | EAST GRID: 768000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

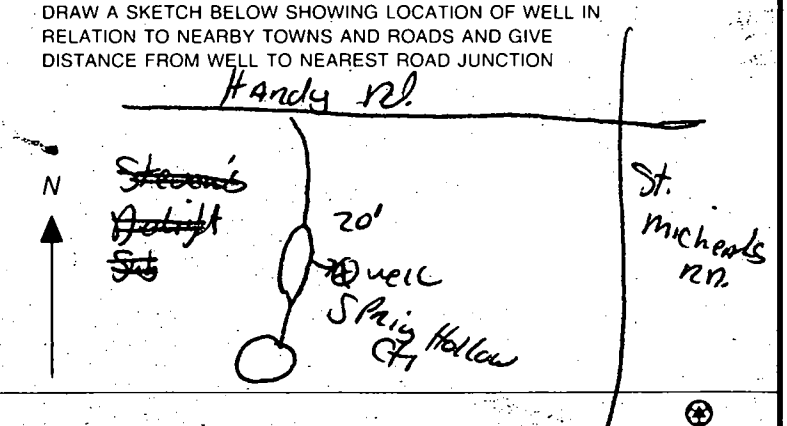
SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 768 000

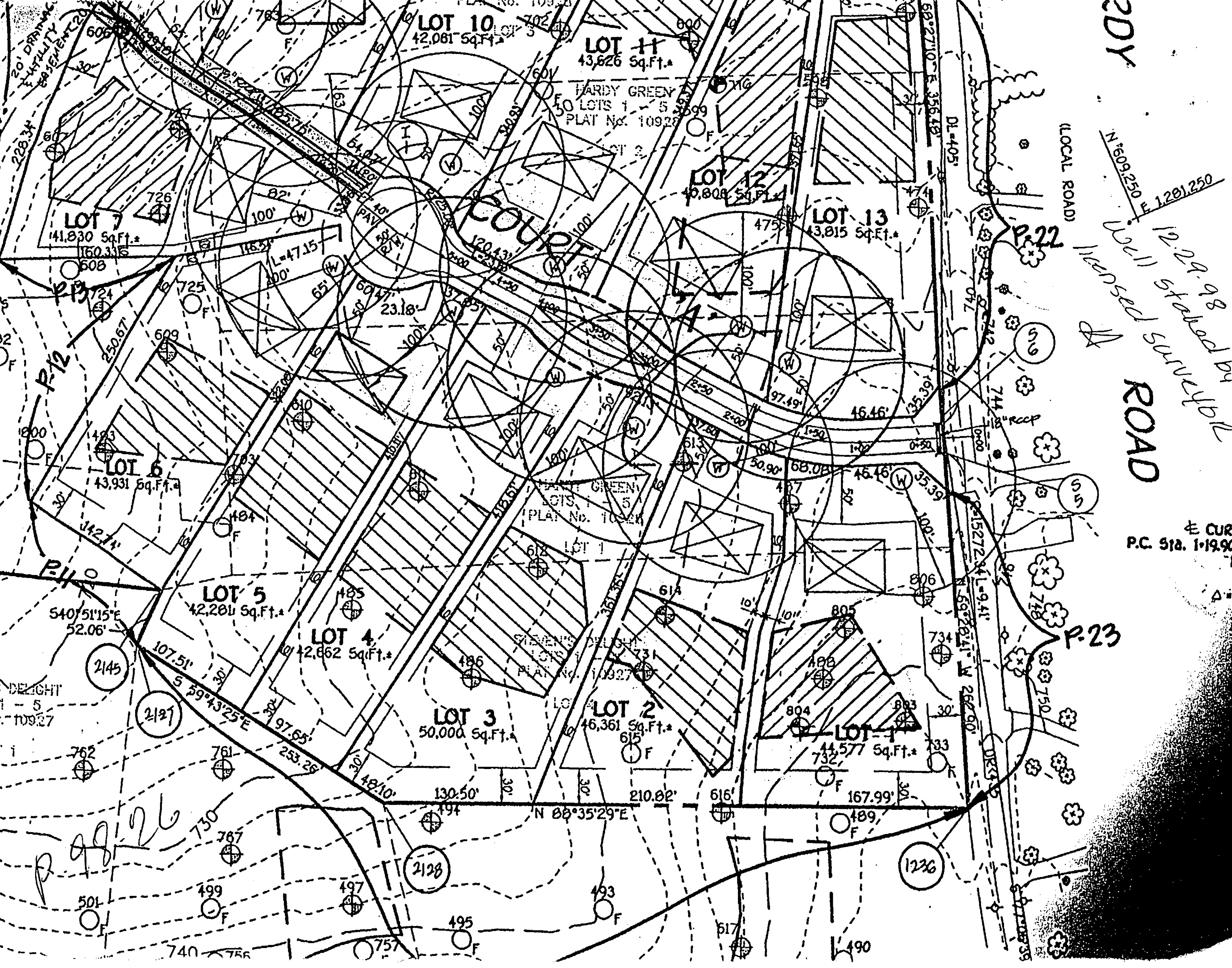
N 548 000

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



DENV-Permit 97

② COUNTY


LOT 10
42,061 Sq.Ft.±
LOT 11
43,626 Sq.Ft.±
HARDY GREEN
LOTS 1 - 5
PLAT No. 10927
LOT 7
41,830 Sq.Ft.±
COURT
LOT 12
40,808 Sq.Ft.±
LOT 13
43,815 Sq.Ft.±
(LOCAL ROAD)
ROAD
N 609,250 E 1,281,250
12-29-98
Well staked by
licensed surveyor
P-22
P-13
P-12
P-11
P-23
LOT 6
43,931 Sq.Ft.±
LOT 5
42,281 Sq.Ft.±
LOT 4
42,662 Sq.Ft.±
LOT 3
50,000 Sq.Ft.±
LOT 2
46,361 Sq.Ft.±
LOT 1
44,577 Sq.Ft.±
S40°51'15"E
52.06'
S 59°43'25"E
N 88°35'29"E
18" RCCP
℄ CUR
P.C. Sta. 1+19.90
20' DRAINAGE & UTILITY EASEMENT
P 98 26

Page 1 of _____
Date April 12 1993

Review OK MR 10/19/93

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2020
Location of property (road) Spring Hollow Ct
Subdivision Spring Hollow Lot 4 Block _____ Plat _____ Sec. _____
Well Driller Ralph Mayne Owner Lambert Cissel

Depth of well 245 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 49 ft

I. *High rate pumping -- reservoir drawdown*

Time pump started 8:00 Pumping rate 12 Gpm
Total time 15 min to reach pumping water level 125 ft. below M.P.

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

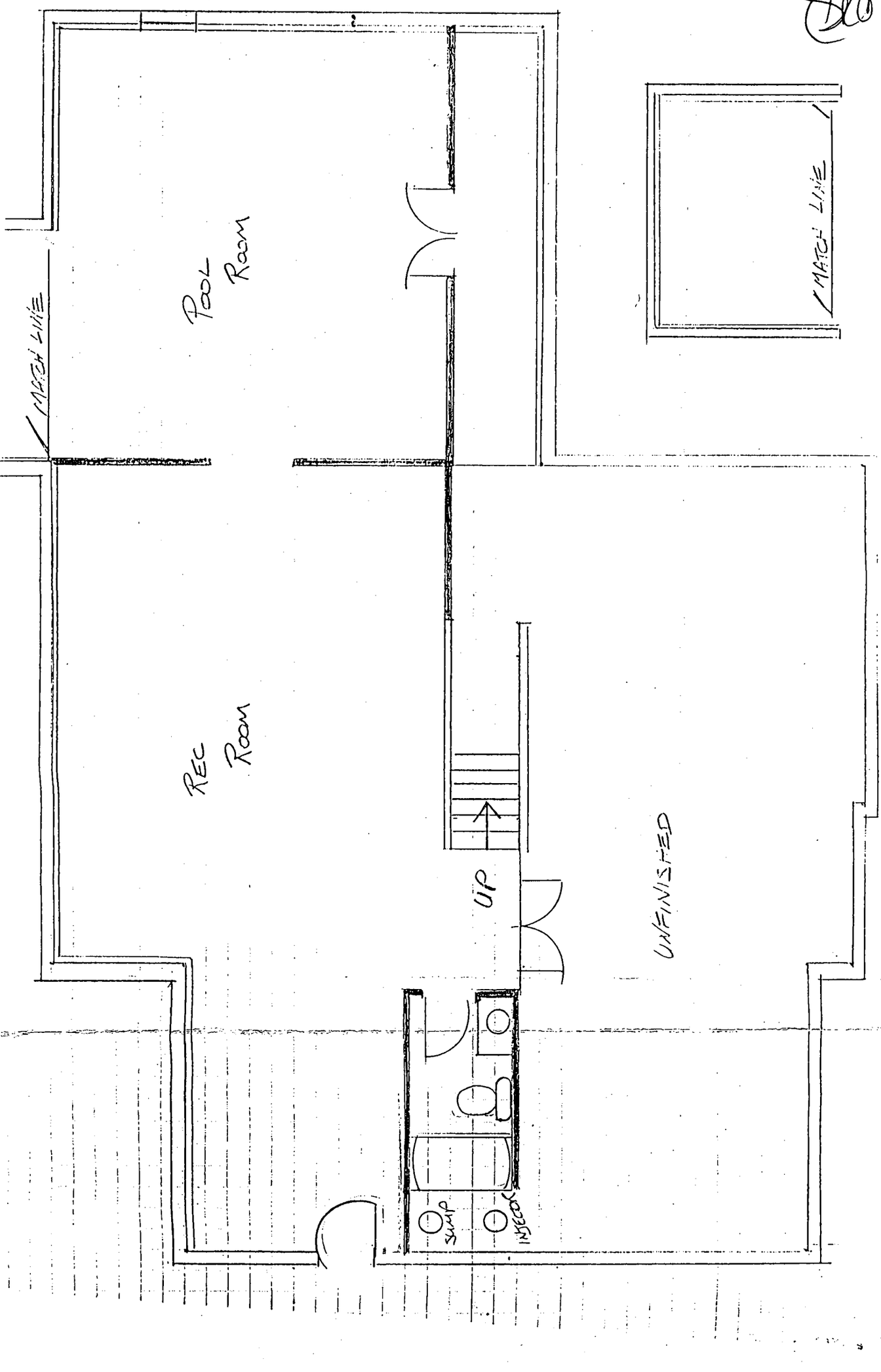
TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	125 ft	15 Sec		4 Gpm
8:30	125 ft	15 Sec		4 Gpm
8:45	125 ft	15 Sec		4 Gpm
9:00	125 "	15 "		4 "
9:15	125 "	15 "		4 "
9:30	125 "	15 "		4 "
9:45	125 ft	15 Sec		4 Gpm
10:00	125 ft	15 Sec		4 Gpm
10:15	125 ft	15 Sec		4 Gpm
10:30	125 "	15 "		4 "
10:45	125 "	15 "		4 "
11:00	125 ft	15 Sec		4 Gpm
11:15	125 ft	15 Sec		4 Gpm

HD-224 73 ft Casing 30+ open 22 Bags

2/20/01

Proposal to finish basement OK as shown

DLO



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 B-00128700

Building Address 17113 SPRING HOLLOW CT MT AIRY, MD 21771

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

Census Tract 6040 Subdivision Spring Hollow

Section _____ Area _____ Lot 4

Tax Map 7 Parcel 144 Grid 8

Zoning RC-DEO Map Coordinates 2K9 Lot size

Property Owner's Name JAY & MELISSA MEESE

Address 17113 SPRING HOLLOW CT

City MT AIRY State MD Zip Code 21771

Home Phone _____ Work Phone 410-707-7251

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

MELISSA REESE
7001 LANDSDOWN RD
LAUREL MD 20707

Phone 410-925-2707 Fax 301-725-2707

Existing Use HOME - UNFINISHED BASEMENT

Proposed Use FINISHED BASEMENT

Estimated Construction Cost $ 7500.00

Description of Work FINISH EXISTING WALLS
INSTALL FULL BATH

Contractor Company MTR HOME IMPROVEMENTS

Contact Person MIKE RAUKNECK

Address 3516 WHISPERING DR

City FREDERICK State MD Zip Code 21701

License No. 105742

Phone 301-695-1162 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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 _____

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
✕ Private
Sewage Disposal:
____ Public
✕ 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.

Applicant's Signature

MELISSA REESE
Print Name

Title/Company

2-28-01
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	3/5/01	
Dev. Engineering, DPZ		
Health	2/28/01	
Fire Protection		

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

CONTINGENCY CONSTRUCTION START ☐

ONE STOP SHOP ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
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 _____

PROPERTY ID# 46396

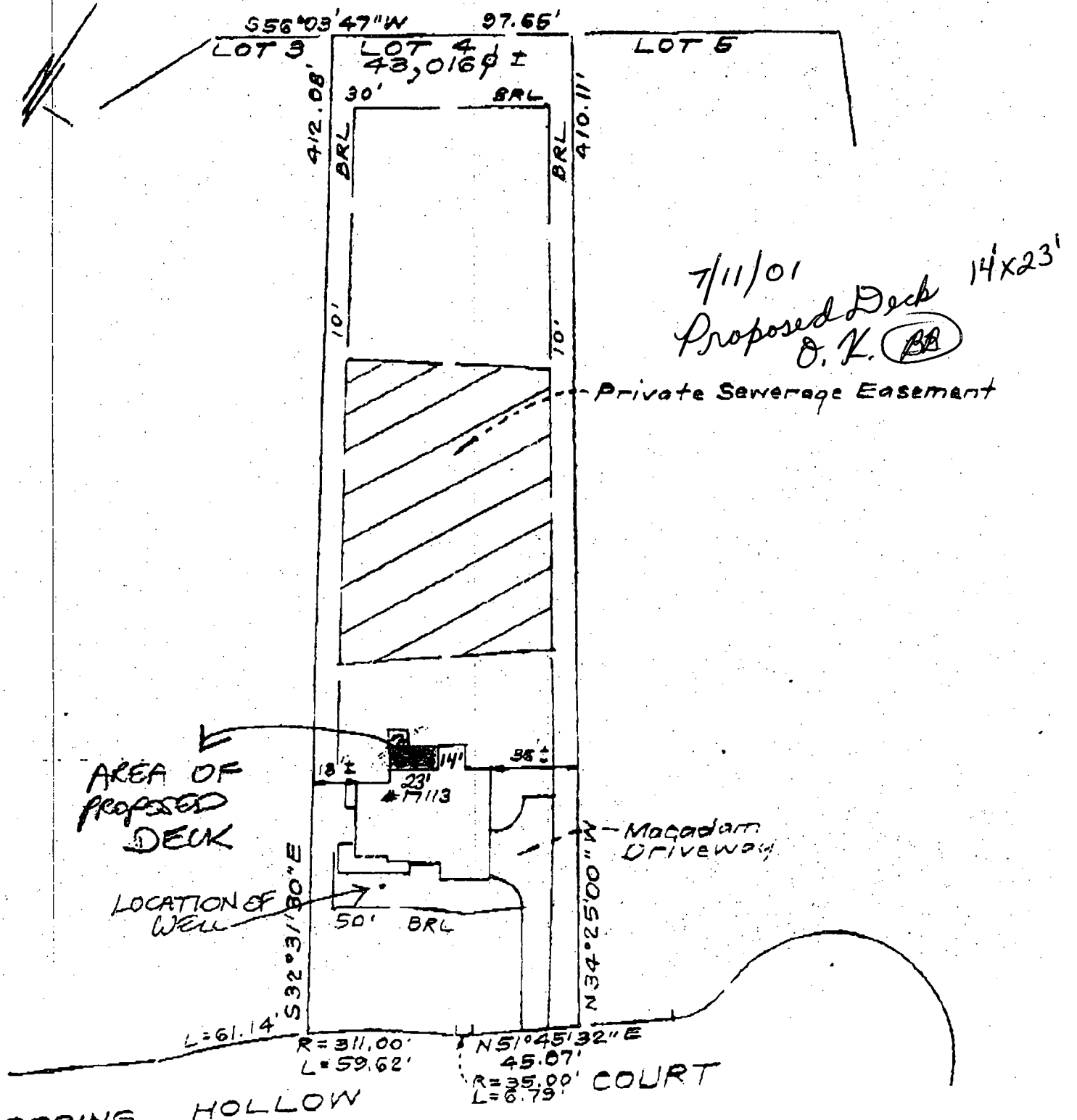
Filing fee	$
Permit fee	$ 75.00
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$ 75.00
Sub-total paid	$
Balance due	$
Check	# 26650
Validation	# 302098

Accepted by

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

T:\forms\PERMIT.FRM

Rev. 5/17/00


S56°03'47"W 97.65'
LOT 3
LOT 4
43,016 ± ☐'
LOT 5
412.08'
410.11'
30'
BRL
BRL
BRL
10'
10'
7/11/01
Proposed Deck
O.K.
14'x23'
Private Sewerage Easement
AREA OF PROPOSED DECK
18' ±
14'
23'
#1113
96' ±
Macadam Driveway
LOCATION OF WELL
50'
BRL
S32°31'30"E
N34°25'00"W
L=61.14'
R=311.00'
L=59.62'
N51°45'32"E
45.07'
R=35.00'
L=6.79'
COURT
SPRING HOLLOW