

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-354323

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

Needs Pump Test 3/13/98
OK 5/5/98
P 59825
59825
A 09205

DISTRICT 5th

DATE 2-13-98

DATE SYSTEM APPROVED 5/5/98

INSPECTOR DKS

INDEXED

J. Joseph Gartland

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 1835 West Old Liberty Road, Westminster, Md 21157 PHONE 410-875-2400

SUBDIVISION Mooresfield LOT 6B ROAD 11725 Wayneridge Street

PROPERTY OWNER Thomas E. Huber

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS TOP SEAMED TANK INSTALL: 1000 Gallon Top Seamed Tank with 1000 Gallon Pump Pit.

NUMBER OF BEDROOMS 3
180 SQUARE FEET PER BEDROOM
Contractor to supply pump detail prior to issuance of septic permit

LINEAR FEET OF TRENCH REQUIRED 108
HEALTH DEPARTMENT MUST BE PRESENT FOR LAYOUT CONFIRMATION PRIOR TO THE START OF ANY WORK.

TRENCHES - Trench to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 8-8 1/2' depth 7 feet below original grade. Effective area begins at 2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 5 feet down the left lot line and 5 feet off that same lot line as seen when facing the lot from Wayneridge Street. Run trenches on contour towards the right 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. MAINTAIN AT LEAST 75 FEET FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM. 1/2/97 OK ALM

PLANS APPROVED BY Donna K. Soe DATE 12/03/97

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.

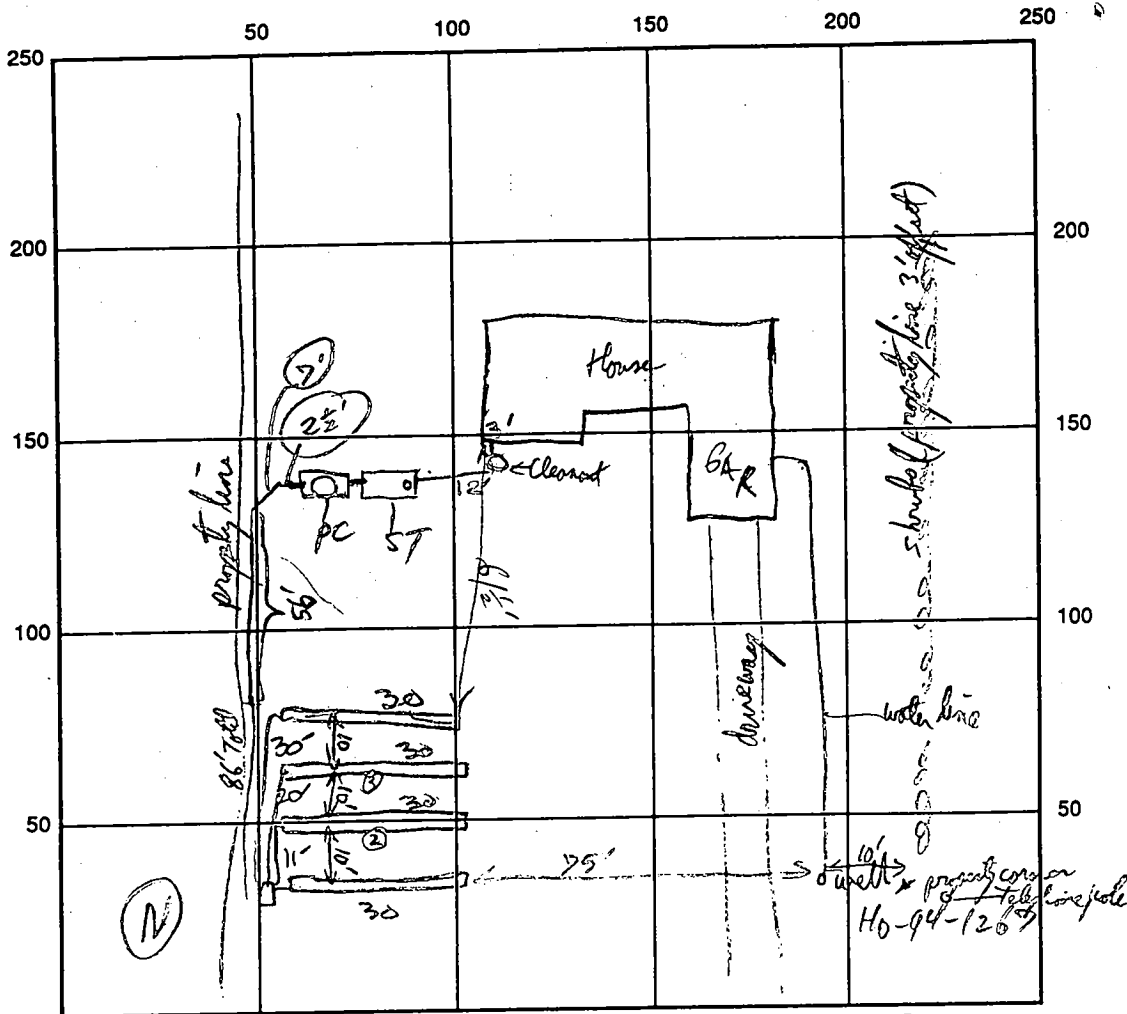
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

RECEIVED PERMIT SIGNED
AND RETURNED 6-23-99

Signed ABA 11/8/99
ded

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 59825



Wayneridge St INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1000 gal top same as 1st CLEANOUTS made on pump pit

DISTRIBUTION BOX LEVEL OK 1000 gal top same as P.P.

DRAIN FIELD/TILE DEPTH 8 1/2' 9' FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 6" (51 in better soil) FT. TOTAL LENGTH 120 FT. (12/30/30/30)

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 600 (effective) SQ. FT. (720 sq ft gravel)

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: Septic tank OK - well pump. 33' long Septic trenches at least 75 ft from well. OK 3/11/98
Site has 1-1 1/2 ft above original grade - good soil begins @ 3 1/2 ft below current grade no change bottom
+ inlets accordingly. OK to begin stone fill. Open Septic Hole OK - No water table below to 8 ft. 3/11/98
3/12/98 OK to cover first three trenches and continue. DCS
3/13/98 House connection, for main pipe OK to cover, OK to last trench. Need Pump Test (1 1/2 hp pump) 3/13/98 P/P
WPI - Poles installed, OK @ 4 ft - OK to cover when water line laid. 3/14/98 P/P

DATE SYSTEM APPROVED

5/5/98

INSPECTOR

[Signature]

APPLICATION

5/23/97

10:00 a.m.

PERCOLATION TESTING

A 09205

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

5/12/97
No fee - perc
requested by
this office.

ALM

DISTRICT _____

DATE 10/15/64

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 Schuber Thomas E. Huber

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Moorestfield LOT NO. 6B

ROAD AND DESCRIPTION 11725 Wayneridge St

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____

BLDG. PERMIT SIGNED

AND RETURNED 10-5-97

Serial # 200108989

SFD-3Bm

(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. _____

(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

COUNTY #

STREAM

(NOT ON
PROPERTY)

SOIL PROFILE

SOIL PROFILE

0' ①/②/③/④

top oil
red org
brn
cl m

lt org
brn
to
lt brn
si sa m
w/ some
mica

10%
frags

topsoil
red org
brn
cl lm

brn si
sa lm
w/mica
flecs

5'9" SEE PAGE

8.5' WATER

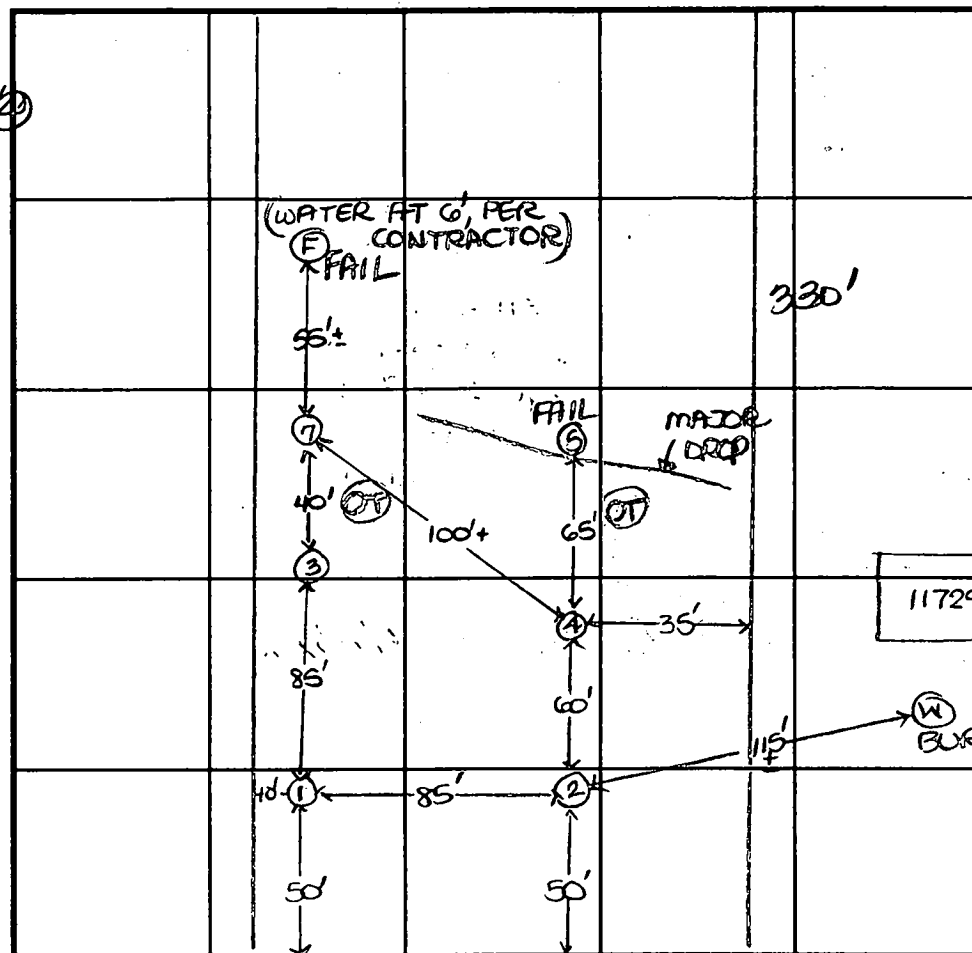
d. ⑦

topsoil
red org
brn
cl. 1. m

14 org brn
to med
brn
Si 3a
lrm

8 CAVE-IN

10.5 WATER



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Wayneridge Street

*
 (OT) = perc test performed 10/64

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-23-97	1	2.5'S	10:01	10:01 ₃	10:01 ₃	10:03 ₃	2
		10.5'D	Visual	OK			
	2	2'8"S	9:59	10:01 ₃	10:01 ₃	10:04	3
		11.5'D	Visual	OK			
	3	3.0'S	10:09 ₃	10:11 ₃	10:11 ₃	10:17 ₃	6
		11.0'D	Visual	OK			
	4	2'8"S	10:21 ₃	10:22	10:22	10:24	2
		11.0'D	Visual	OK			
	5	8.5'D	(Water seepage @ 5'9")				FAIL
	7	10'8"D	(Water seepage @ 8.0')				OK

REMARKS test holes not staked

TYPE OF SOIL

TESTED BY D. Soe

ALSO PRESENT *m. Reich*

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 34 TRENCH WIDTH 2'

INLET DEPTH 2.0 MAXIMUM BOTTOM DEPTH 7.0 SQ. FT./BEDROOM 180

* specs for lowest third \rightarrow inlet 2', bottom 4', trench ^{3'} wide

5/18/73- 12' visual hole needed.

APPLICATION

A 09205

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

750 Gallon Tank

ELLICOTT CITY

DISTRICT 5

DATE 10/15/64

Dry Well - 300 sq ft sidewall
area below the inlet OR

Leaching Bed - 300 sq ft bottom area
installed at a depth of 4 to 6 ft

Place the dry well or leaching bed
130 ft to 150 ft from the edge of
Wayneridge Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER McHenry Co.

ADDRESS Clarksville, Maryland PHONE

PROPERTY LOCATION:

SUBDIVISION Mooresfield LOT NO. 6, Sec. B Plat II

ROAD AND DESCRIPTION Wayneridge St.

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 41,250 sq. ft. TYPE BLDG. 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ David Scaggs

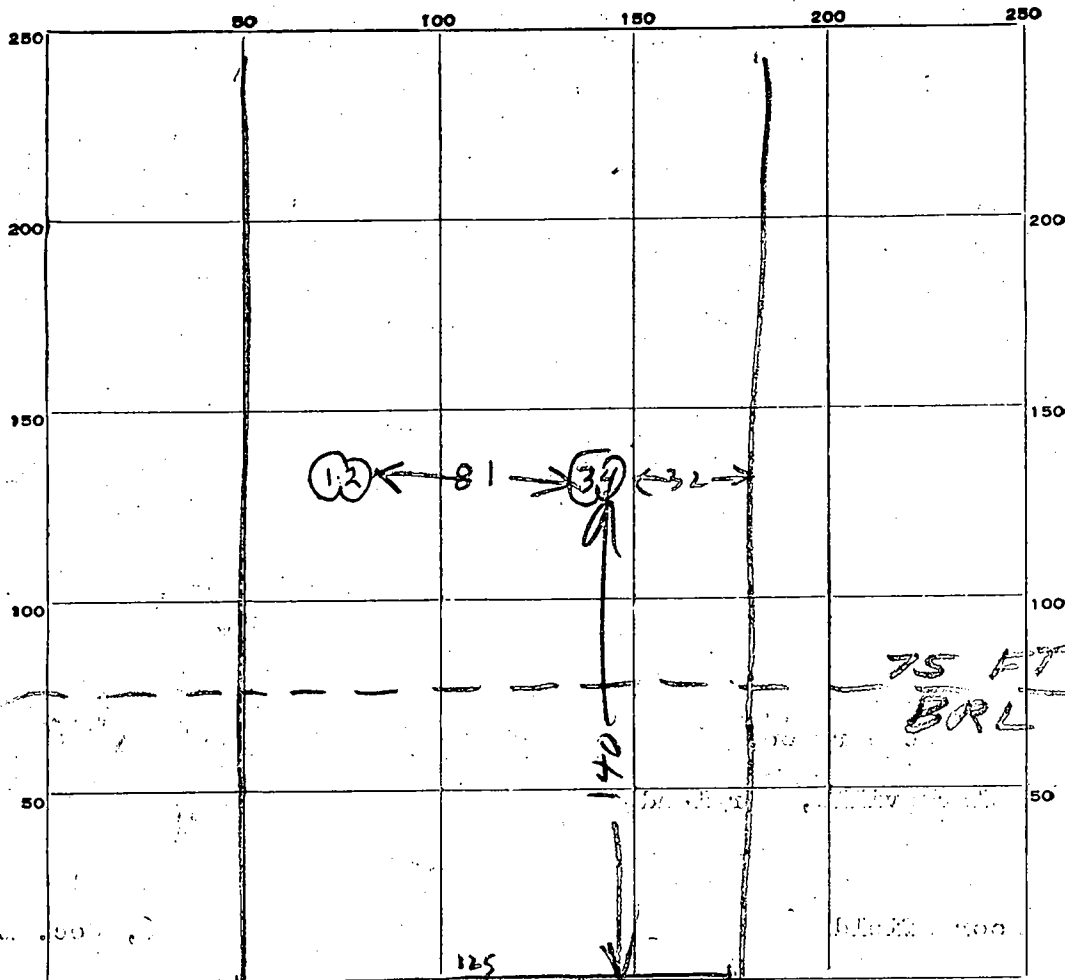
APPROVED BY Raymond H. Hays FOR Dry Well DATE 20 Oct 64

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 ROADWAY AS BASE LINE

WAYNERIDGE RD

TO MINDELL SCHOOL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
20/1/64	1	8	1035	1037	1037	1039	2
" "	2	4	1036	1037	1037	1038	1
" "	3	8	1041	1044	1044	1051	7
" "	4	4	1041	1045	1045	1058	13

SOIL AUGER FINDING

TESTED BY

Raymond Hodges

REMARKS

ALSO PRESENT

LOT NO.

6 B plat II

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 11-26-63

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

TYPE BLDG.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

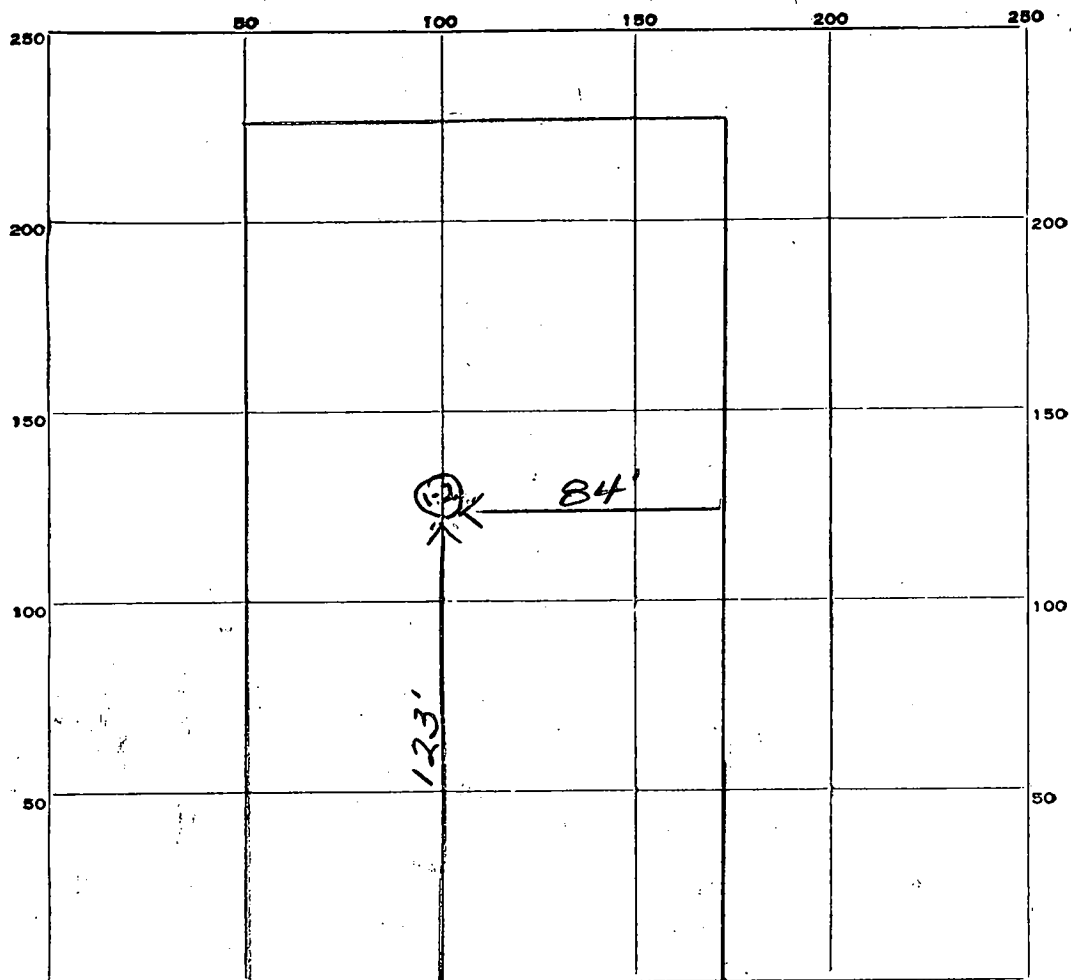
DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



TH. - NAME ADJOINING ROADWAY
Wayne ridge Rd.

[illegible]

SOIL AUGER FINDING_____

TESTED BY _____

REMARKS _____

ALSO PRESENT _____ LOT NO. _____

28
4

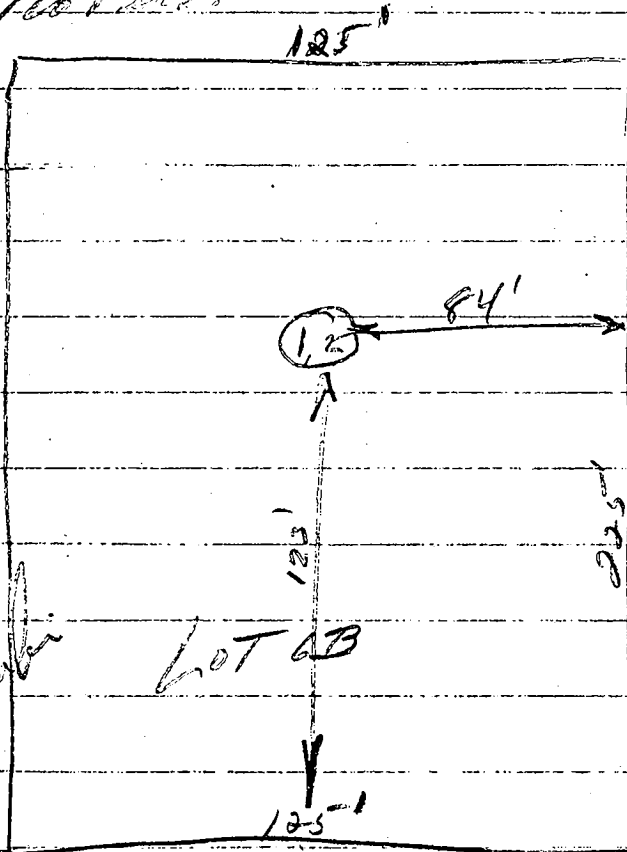
Start Stop

Test #1 10:47 38 Min 7/8" - 1" - 55 Min.

" #2 10:48 No P. 2. 2.

Permeability
Test Run
11-27-63
W. R. Duke

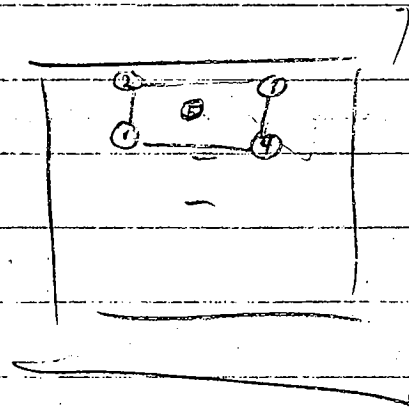
Permeability

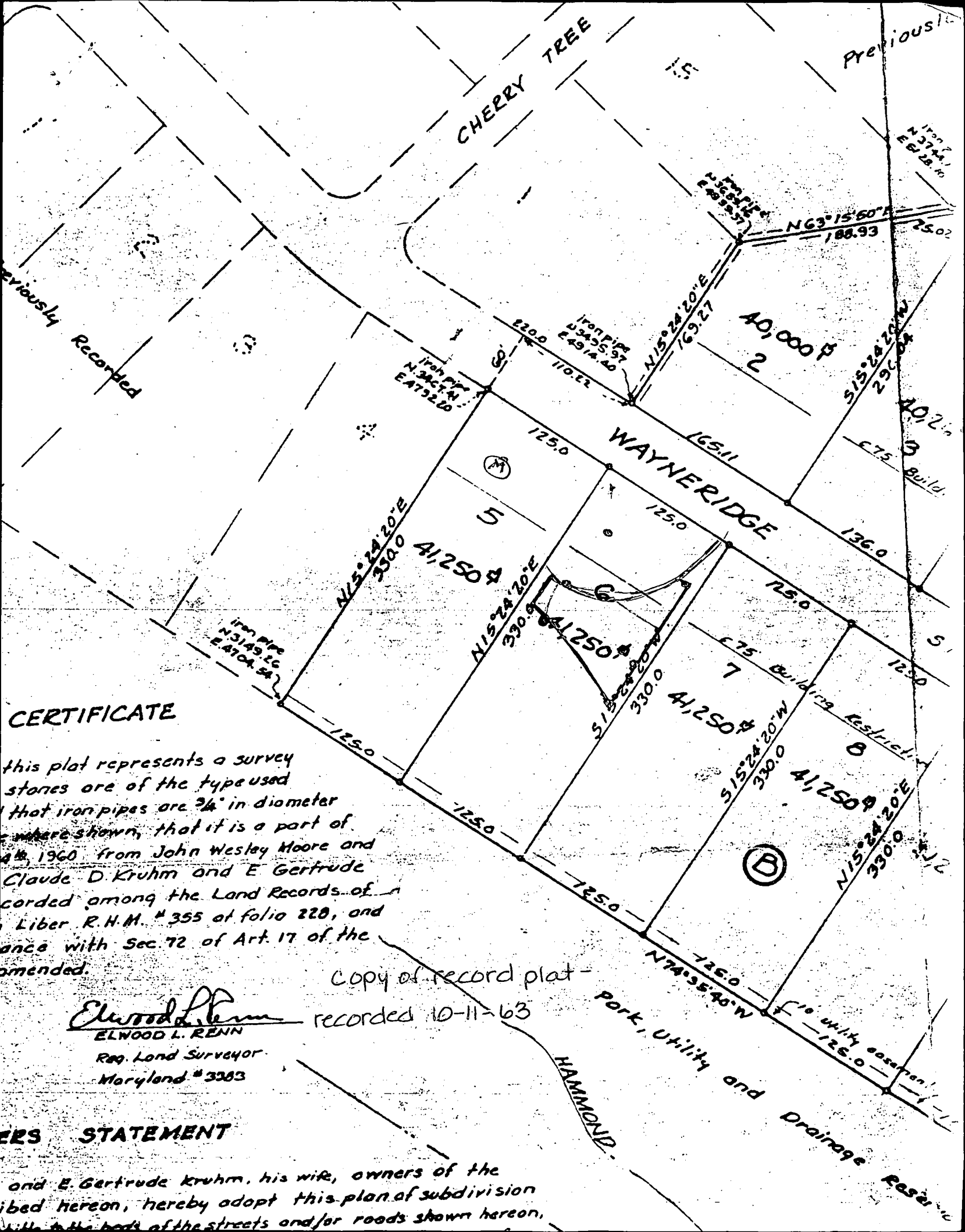


75
75
20
12.3

WAGNER RIDGE Rd.

1725 80
56 2 2
38 1 17





CERTIFICATE

this plat represents a survey
 stones are of the type used
 that iron pipes are 3/4" in diameter
 where shown, that it is a part of
 1960 from John Wesley Moore and
 Claude D. Kruhm and E. Gertrude
 corded among the Land Records of
 Liber R.H.M. #355 at folio 220, and
 ance with Sec 72 of Art. 17 of the
 amended.

Copy of record plat -
 recorded 10-11-63

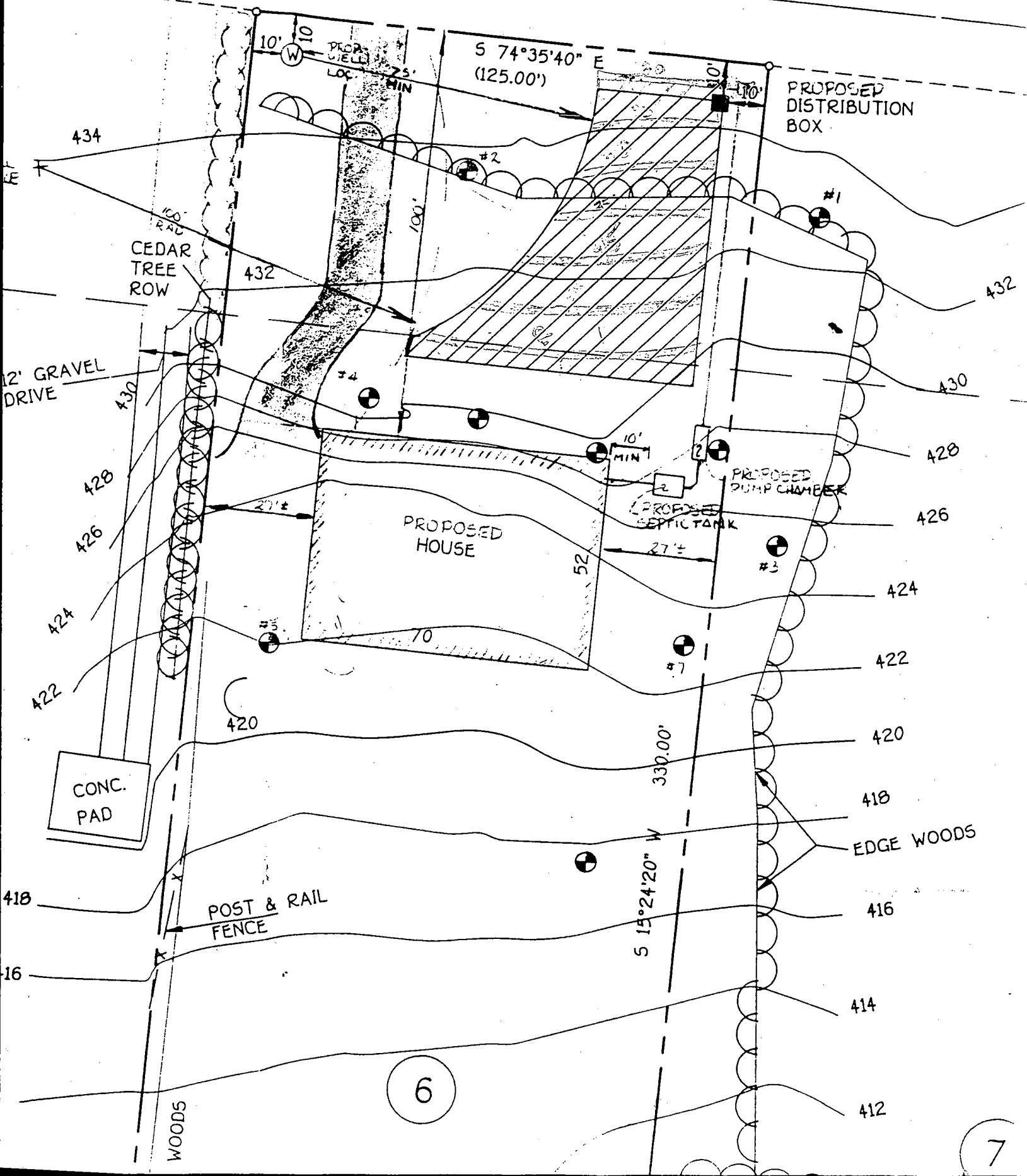
Elwood L. Renn
 ELWOOD L. RENN
 Reg. Land Surveyor
 Maryland #3383

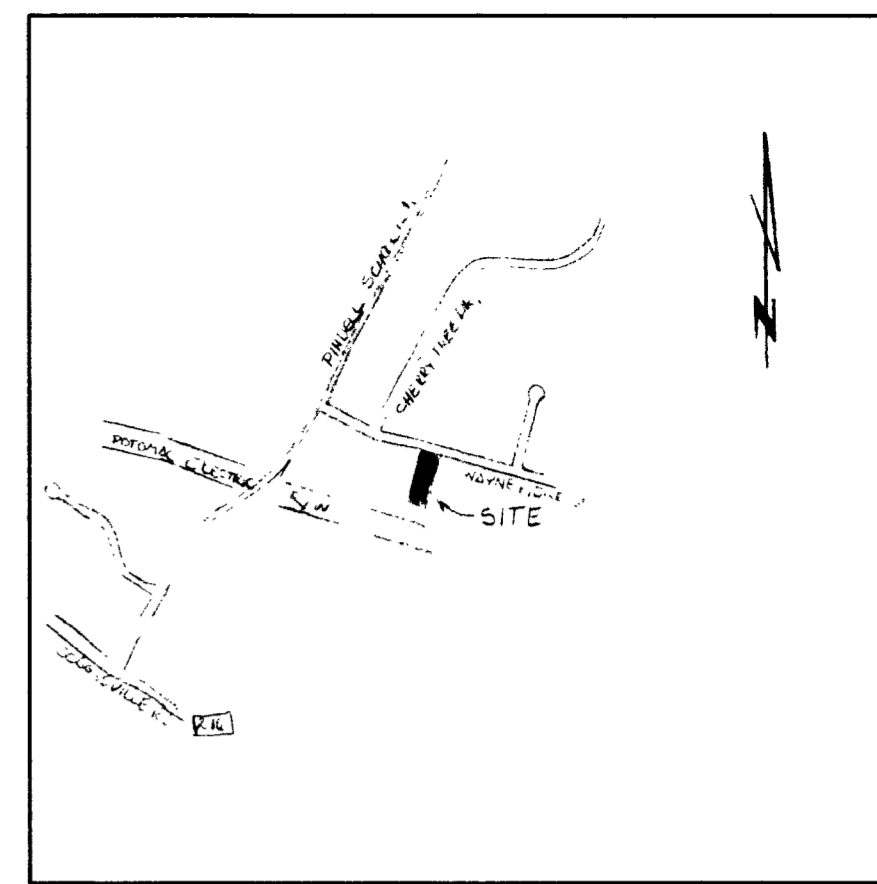
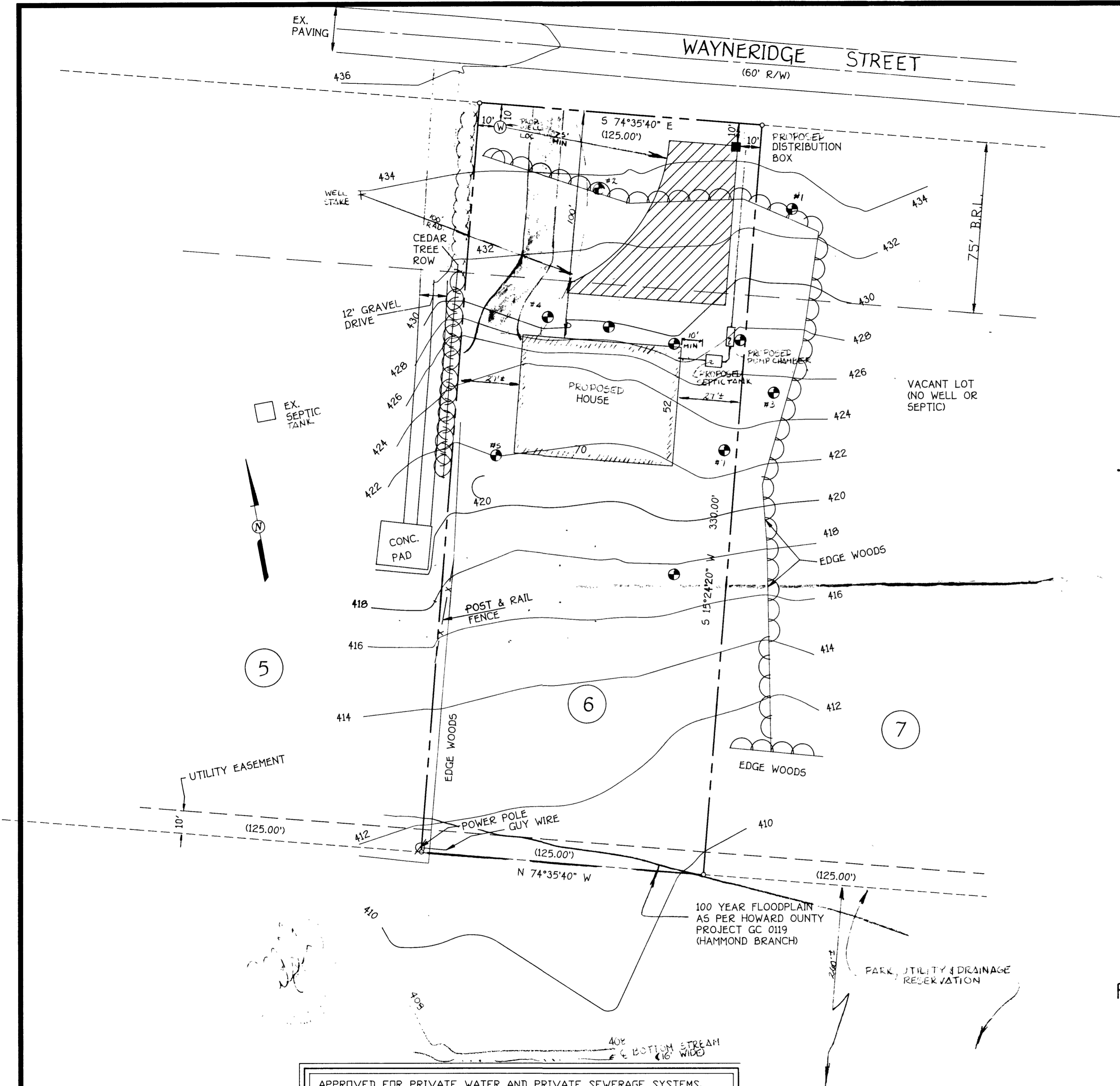
OWNERS STATEMENT

and E. Gertrude Kruhm, his wife, owners of the
 ized hereon, hereby adopt this plan of subdivision
 with the beds of the streets and/or roads shown hereon.

WAYNERIDGE STREET
(60' R/W)

36





VICINITY MAP
SCALE 1" = 400'

GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT 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 ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. THE PURPOSE OF THIS PLAT IS TO EXPAND THE SEWER AREA ESTABLISHED IN 1964 TO THE LOCATION SHOWN HEREON.
4. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
5. DENOTES WELL LOCATION.
6. DENOTES PERC HOLE LOCATION.
7. OWNER & DEVELOPER:

BARBARA BAKER
500 EQUUS DRIVE
ELDERSBURG, MARYLAND 21784
PHONE (410) 541-4624

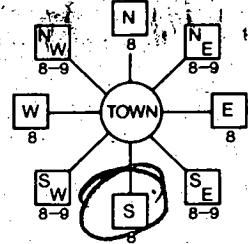
1. DEED REFERENCE: LIBRARY, FOLIO 388
2. PLAT REFERENCE: PLAT # 1, FOLIO 41
3. THE PROPOSED DRIVEWAY MUST BE CONSTRUCTED IN THE WESTERN PORTION OF LOT #6. NO PORTION OF THE DRIVEWAY MAY ENCRUCH INTO THE SEWER RESERVE AREA.

SIGNED
PERC CERTIFICATION PLAT
PLAT #2
MOORESFIELD
LOT 6
BLOCK "B"

TAX MAP 41 ZONED: RR DEO PARCEL(S): 293
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: AUGUST 27, 1997
REVISED: 9-3-1997

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - .0276 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461-2855

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
[Signature]
COUNTY HEALTH OFFICER
9-8-97
DATE

B 1 8751 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1267 <small>fill in this form completely</small>
Date Received (APA) 092297 OWNER INFORMATION HURBER THOMAS 7401 OLD SPAIN SPRING LAUREL MD 20708 Town State Zip		B 3 LOCATION OF WELL HOWARD COUNTY MOORESTFIELD 23 SUBDIVISION SECTION 44 46 LOT 48 50 CLARKSVILLE 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78	
DRILLER INFORMATION Ronald Keyler Driller's Name Westminister Drilling Well Drilling Firm Name P.O. Box 86, Westminister, MD 20758 Address Ronald Keyler (USA) 9/13/97 Signature Date License No. 80 296		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  LOCATION OF WELL WAYNES RIDGE NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 AD 37 DISTANCE FROM ROAD ENTER FT OR MI 40 TAX MAP 41 BLK. PARCEL 293	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 450 12 20		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)	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28		APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER GAP FORCE 15 WRITE INITIALS IN BOX PERMIT No. HO-94-1267 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

COUNTY

C1 09473 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A09205

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

MM DD YY
10 02 97

Depth of Well

22 505 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1267
28 29 30 31 32 33 34 35 36 37OWNER Huber Thomas
STREET OR RFD last name first name Wayneridge St. TOWN Fulton
SUBDIVISION Mearesfield SECTION LOT 6

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		check if water bearing
	FROM	TO	
Dirt	0	1	
Red Clay & mica	1	6	
Soft Br Sand & Mica	6	14	
Soft Br. Mica	14	25	X
Soft Br. Mica	25	37	X
Hard Br. Mica	37	44	
Hard Blue Mica	44	80	
Hard Br. Mica	80	81	
Hard Blue Mica & Schist	81	260	X
Hard Blk. Schist	260	270	
Hard Blue Mica & Schist	270	455	
Fracture	455	456	
Hard Blue Mica & Schist	456	505	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no
Y 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. 1 MW D 296

Ronald Kyker
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 296

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

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 23 NO. OF POUNDS 45 46 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 46 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)Casing types
insert
appropriate
code
belowMAIN CASING TYPE S T 6 48
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type or open hole
insert
appropriate
code
belowDEPTH (nearest ft.)
C 2 H O 48 505SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from toGRAVEL PACK IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9PUMPING RATE (gal. per min.) 4
11 15METHOD USED TO
MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.
17 20WHEN PUMPING 338 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)+ above
49 LAND SURFACE
- below 2 (nearest foot)
49 50 51

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)

Building Address 11725 WAYNERIDGE RD Fulton MD 20759	Property Owner's Name Thomas Edward Huber
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address 11725 Wayneridge Rd
Census Tract _____ Subdivision _____	City Fulton State MD Zip Code 20759
Section _____ Area _____ Lot _____	Home Phone 410 888 0509 Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use HOME	Contractor Company SELF
Proposed Use _____	Contact Person Edward Huber
Estimated Construction Cost \$ 1500	Address 11725 Wayneridge Rd
Description of Work ADD DECK TO HOUSE L side 28' x 28' Slab to back	City Fulton State MD Zip Code 20759
Occupant or Tenant Thomas Edward Huber	License No. _____
Contact Name Edward Huber	Phone 410 888-0509 Fax _____
Address 11725 Wayneridge Rd	Engineer or Architect Company SELF
City Fulton State MD Zip Code 20759	Contact Person _____
Phone 410 888-0509 Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
		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 _____	

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 Thomas E Huber	Print Name Thomas E Huber
Title/Company AGENT FOR OWNERS	Date 6/23/99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY Land Development, DPZ	DATE 6/23/99	SIGNATURE APPROVAL [Signature]	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: 33356 Filing fee \$ _____ Permit fee \$ 30 Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ 100 Balance due \$ _____ Check # 5031 Validation # 23003
Health Fire Protection	6/23/99	Agreement		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

EX. PAVING

WAYNERIDGE ROAD
(80' R/W)

S.C.E.

S 74°35'40" E

DISTRIBUTION BOX

75' B.R.L.

300118899

DECK -

NO CONSEQUENCE
TO WELL OR
SEPTIC

OK 15/12/0560,
6/23/99

C. Will

EX. SEPTIC

CEDAR TREE ROW

CONC PAD

POST & RAIL FENCE

PUMP TANK

SEPTIC TANK

VACANT LOT
NO WELL OR
SEPTIC

PF 433.70
DE 424.70

28'

EDGE WOODS

EDGE WOODS

EDGE WOODS

POWER POLE GUY WIRE

N 74°35'40" W

100 YEAR FLOODPLAIN
AS PER HOWARD COUNTY
PROJECT GC 0119
CHAMOND BRANCH

UTILITY EASEMENT

5

6

7

STATE OF MARYLAND

*Mossfield
Lot 4*

1999 JUN 23 PM 3:03
RECEIVED
COUNTY OF HOWARD
ENGINEERING