

C.O. ~~Harvey~~  
4/27/89 2:00

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-325318

P 59337A+B

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 1-27-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 7/9/99

INSPECTOR AA

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Lyndonbrook LOT 25 ROAD 2128 Whitman Way

PROPERTY OWNER Jacobsen Homes, LLC PHONE: 301-953-2083  
9409 Elizabeth Court

ADDRESS Fulton, Maryland 20759

NUMBER OF BEDROOMS: 4

SEPTIC TANK CAPACITY: 1250 GALLONS

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include grinder pump installation, connection from grinder pump to common effluent line and house and shared disposal fields.

- This permit is limited to installation of the individual house sewer line and grinder pump installation only as per the signed building permit site plan, copy attached.

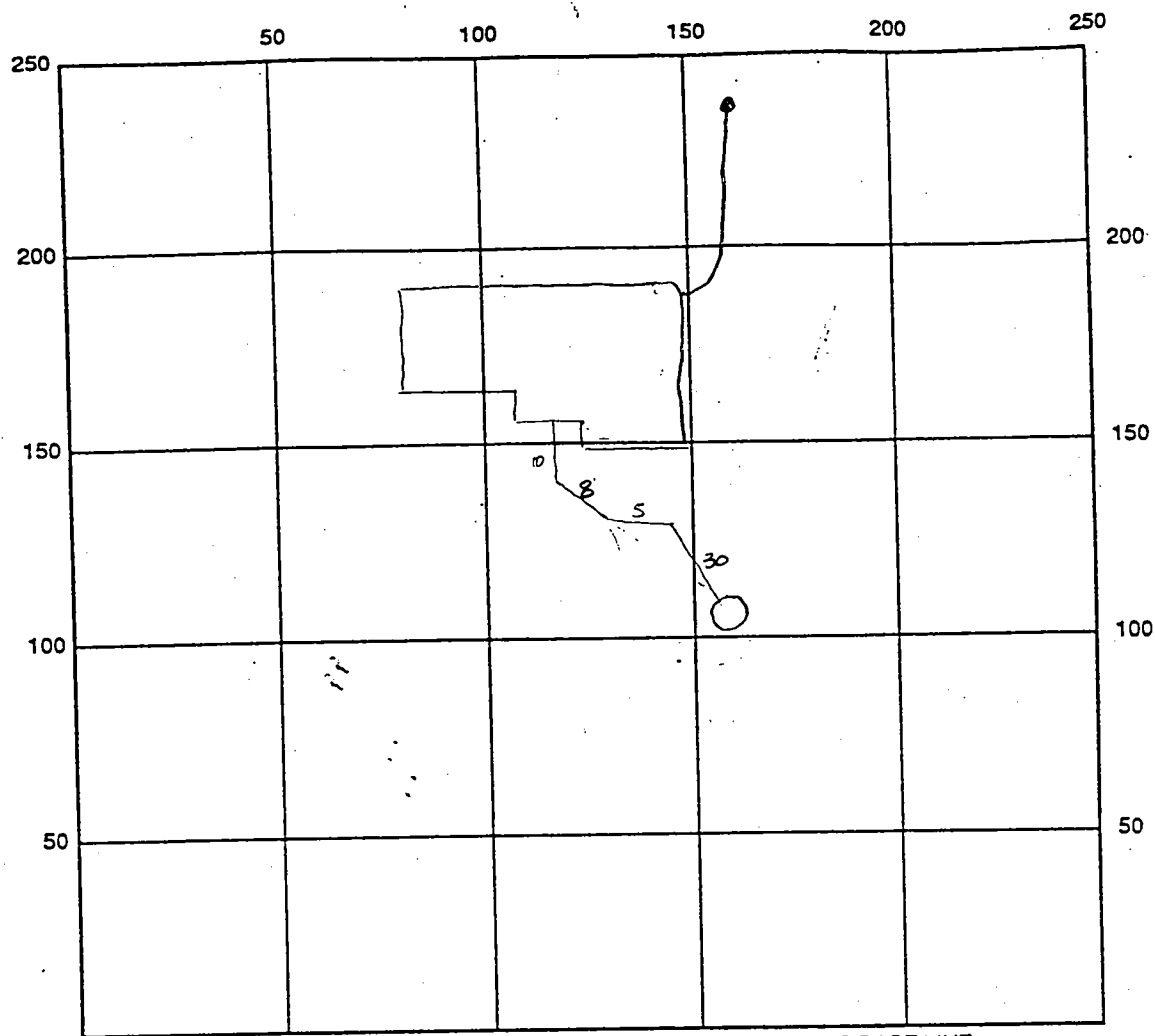
PLANS APPROVED BY

Kimberly Maiste

DATE

11/9/98

59337A+B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

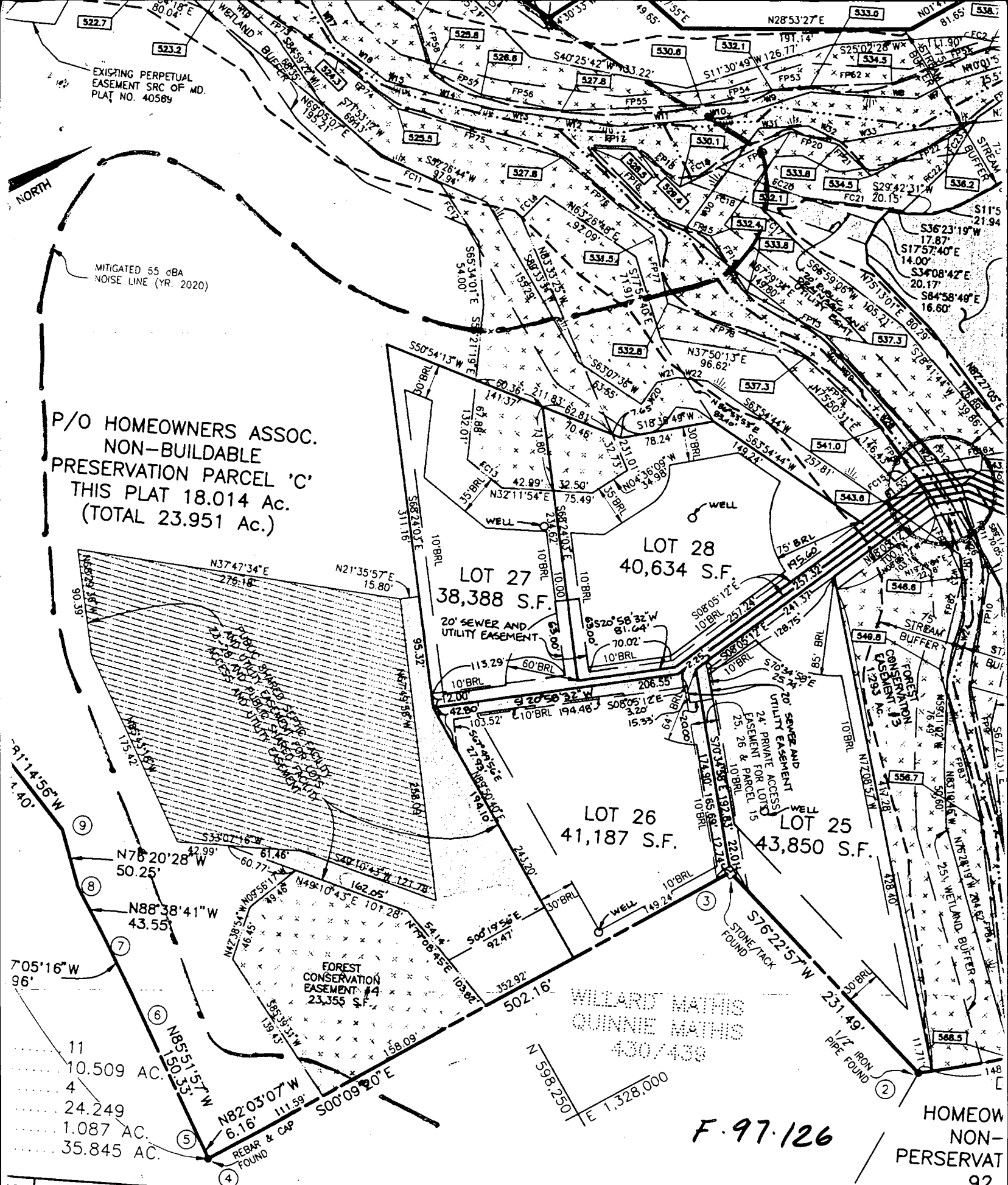
SEPTIC TANK LEVEL N/A CLEANOUTS \_\_\_\_\_

REMARKS: 4/27/99 OK as installed (line & grinder pump) Public  
works insp needed prior to covering - WPI OK to cover

7/9/99 <sup>Emirxler</sup> Pump set, full cycle on pump (chamber filled, pump  
alarm checked) ran, Public works gave verbal OK

DATE SYSTEM APPROVED 7/9/99 INSPECTOR A Mc Mill





P/O HOMEOWNERS ASSOC.  
NON-BUILDABLE  
PRESERVATION PARCEL 'C'  
THIS PLAT 18.014 Ac.  
(TOTAL 23.951 Ac.)

- 11
- 10.509 AC.
- 4
- 24.249
- 1.087 AC.
- 35.845 AC.

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THAT THE FINAL PLAT IS CORRECT; THAT IT IS A SUBDIVISION OF ALL OF THE LAND CONVEYED BY ANNELORE I. STIEGLER, TO SDC GROUP, INC. BY DEED DATED 4-21-2005, AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, IN BOOK 0085, PAGE 10.

SDC GROUP, INC., BY JAMES R. MOXLEY, HEREON, HEREBY ADORTS THAT THE

**F.97.126**

HOMEOW  
NON-  
PERSERVAT  
92,  
2.

# ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER

9/2/98  
DATE

## DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF DEVELOPER

9/21/98  
DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE

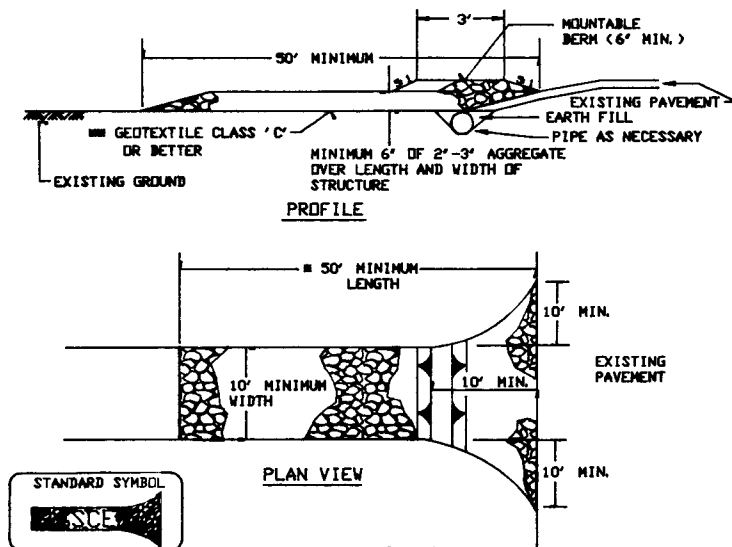
THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD COUNTY SOIL CONSERVATION DISTRICT.

APPROVED  
HOWARD COUNTY SOIL CONSERVATION DISTRICT

### SEDIMENT CONTROL NOTES

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (31-109).
- ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL REVISIONS, THEREOF.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN: a) 7 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1, b) 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
- ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE FENCED AND WARNING SIGNS POSTED AROUND THEIR PERIMETER IN ACCORDANCE WITH VOL. 1, CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.
- ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDING (SEC. 50), SOIL (SEC. 54), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
- ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS:
 

TOTAL AREA OF SITE	1.000 ACRES
AREA DISTURBED	0.20 ACRES
AREA TO BE ROOFED OR PAVED	0.23 ACRES
AREA TO BE VEGETATIVELY STABILIZED	0.57 ACRES
TOTAL CUT	400 CU.YDS.
TOTAL FILL	400 CU.YDS.
OFFSITE WASTE/BORROW AREA LOCATION	CU.YDS.
- ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
- ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR, ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES.
- APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
- TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHICHEVER IS SHORTER.



- Length - minimum of 30' (±30') for single residence lot.
- Width - 10' minimum, should be placed at the existing road to provide a turning radius.
- Geotextile Fabric (Filter cloth) shall be placed over the existing ground prior to placing stone. The plan approval authority may not require single family residences to use geotextile.
- Stone - crushed aggregate (2" to 3") or reclaimed or recycled concrete equivalent shall be placed at least 6" deep over the length and width of the entrance.
- Surface Water - all surface water flowing to or diverted toward construction entrances shall be piped through the entrance, maintaining positive drainage. Pipe installed through the stabilized construction entrance shall be protected with a nountable berm with 5:1 slopes and a minimum of 6" of stone over the pipe. Pipe has to be sized according to the drainage. When the SCE is located at a high spot and has no drainage to convey a pipe will not be necessary. Pipe should be sized according to the amount of runoff to be conveyed. A 6" minimum will be required.
- Location - A stabilized construction entrance shall be located at every point where construction traffic enters or leaves a construction site. Vehicles leaving the site must travel over the entire length of the stabilized construction entrance.

### STABILIZED CONSTRUCTION ENTRANCE - 2

NOT TO SCALE

FISHER, COLLINS & CARTER, INC.

CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE

ELLICOTT CITY, MARYLAND 21042

(410) 461-2855

### SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT.
- INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN. (1 day)
- PERFORM NECESSARY GRADING AND STABILIZE THE SITE. (2 days)
- CONSTRUCT DWELLING ON SITE. (90 days)

AFTER THE SITE IS STABILIZED AND PERMISSION IS GRANTED FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE SEDIMENT CONTROLS AND STABILIZE ANY REMAINING DISTURBED AREAS.

### TEMPORARY SEEDING NOTES

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

### SEEDBED PREPARATION

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

### SOIL AMENDMENTS

APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER (4 LBS./1000 SQ. FT.)

### SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (32 LBS./1000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14, SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (37 LBS./1000 SQ.FT.). FOR THE PERIOD NOVEMBER 16 THRU FEBRUARY 28, PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OR USE SOD.

### MULCHING

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 200 GALLONS PER ACRE (5 GAL./1000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 8 FEET OR HIGHER, USE 348 GALLONS PER ACRE (6 GAL./1000 SQ.FT.) FOR ANCHORING.

REFER TO THE 1986 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

### PERMANENT SEEDING NOTES

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

### SEEDBED PREPARATION

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

### SOIL AMENDMENTS

APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (44 LBS./1000 SQ.FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 30-0-0 UREAFORM FERTILIZER (9 LBS./1000 SQ.FT.) AND 500 LBS. PER ACRE 0.15 LBS./1000 SQ.FT.) OF 10-20-20 FERTILIZER.

### SEEDING

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (23 LBS./1000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE. FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (4 LBS./1000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 16 THROUGH FEBRUARY 28, PROJECT SITE BY: OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING, OPTION (2) - USE SOD, OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEED.

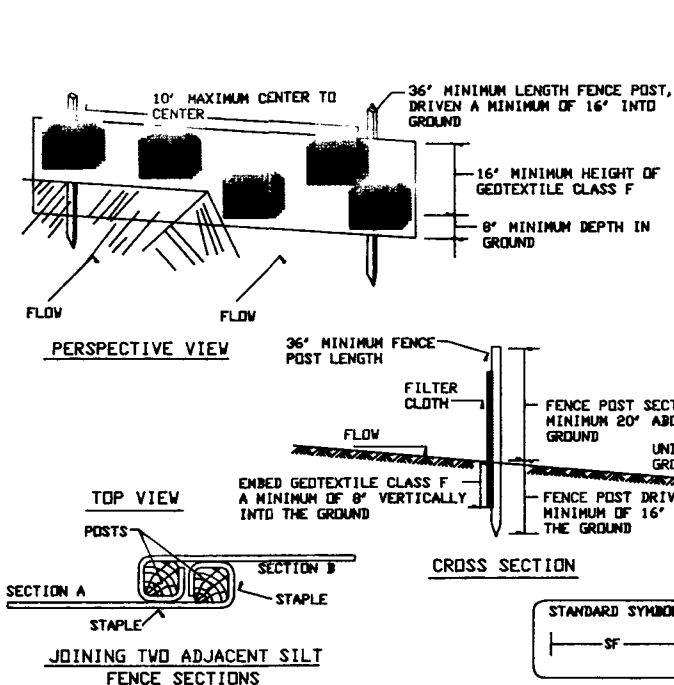
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### MAINTENANCE

INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

\* FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWN VETCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



### CONSTRUCTION SPECIFICATIONS

- Fence posts shall be a minimum of 36" long driven 16" minimum into the ground. Wood posts shall be 1 1/2" x 1 1/2" square (minimum) cut, or 1 3/4" diameter (minimum) round and shall be of sound quality hardwood. Steel posts will be standard T or U section weighting not less than 1.00 pound per linear foot.
- Geotextile shall be fastened securely to each fence post with wire ties or staples at top and mid-section and shall meet the following requirements for Geotextile Class F:

Tensile Strength	30 lbs/in (min.)	Test: MSMT 509
Tensile Modulus	0.3 gal (psi) minute (max.)	Test: MSMT 382
Flow Rate	75% (min.)	Test: MSMT 382

- Where ends of geotextile fabric come together, they shall be overlapped, folded and stapled to prevent sediment bypass.

- Silt Fence shall be inspected after each rainfall event and maintained when bulges occur or when sediment accumulation reached 50% of the fabric height.

### SILT FENCE

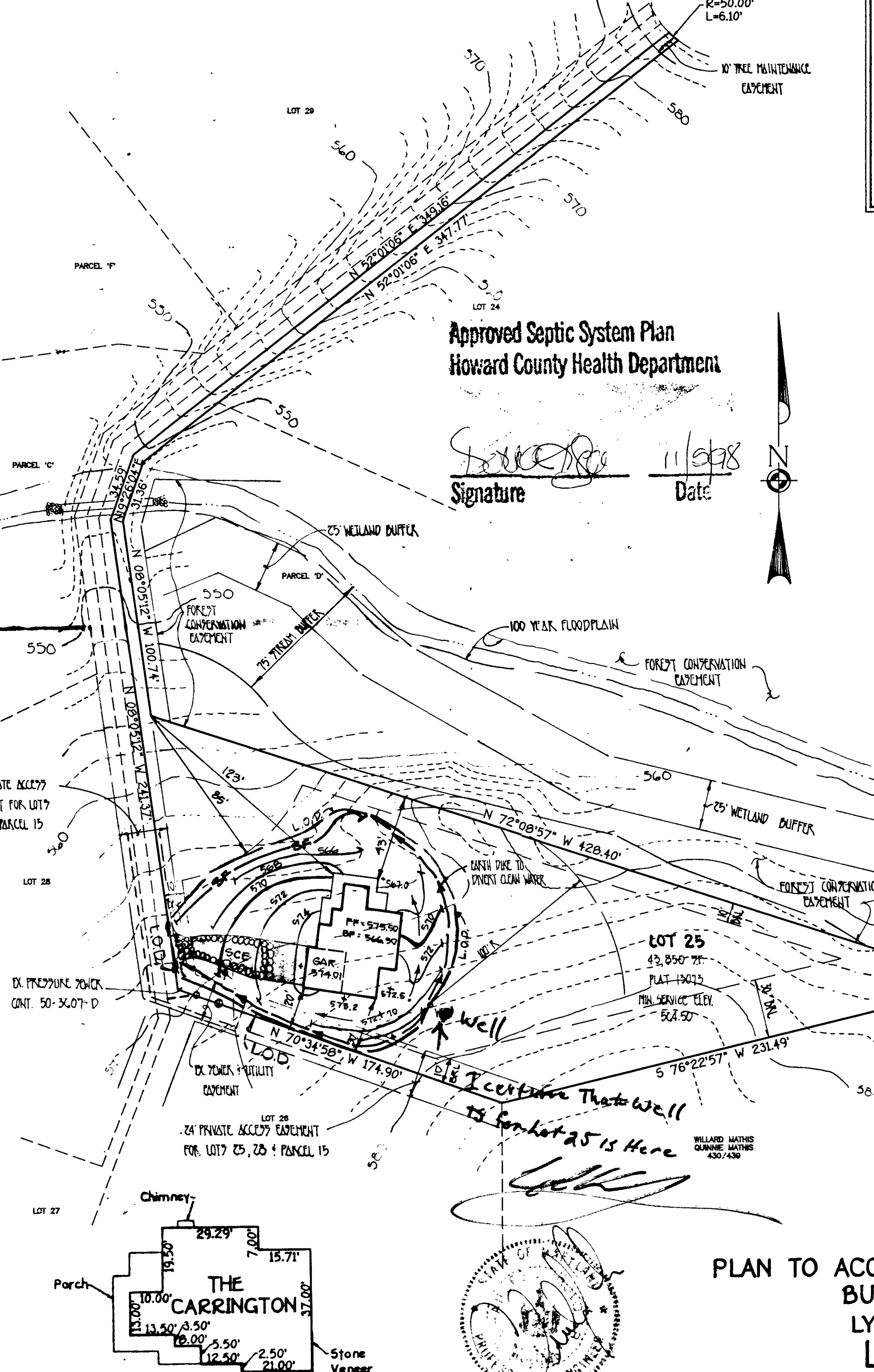
NOT TO SCALE

### TOPSOIL SPECIFICATIONS - SOIL TO BE USED AS TOPSOIL MUST MEET THE FOLLOWING:

TOPSOIL SHALL BE A LOAM SANDY LOAM, CLAY LOAM, SILT LOAM, SANDY CLAY LOAM, LOAMY SAND. OTHER SOILS MAY BE USED IF RECOMMENDED BY AN AGRONOMIST OR SOIL SCIENTIST AND APPROVED BY THE APPROPRIATE APPROVAL AUTHORITY. REGARDLESS, TOPSOIL SHALL NOT BE A MIXTURE OF CONTRASTING TEXTURE SUBSOILS AND SHALL CONTAIN LESS THAN 5% BY VOLUME OF CINDERS, STONES, SLAG, COARSE FRAGMENTS, GRAVEL, STICKS, ROOTS TRASH, OR OTHER MATERIALS LARGER THAN 1 1/2" IN DIAMETER.

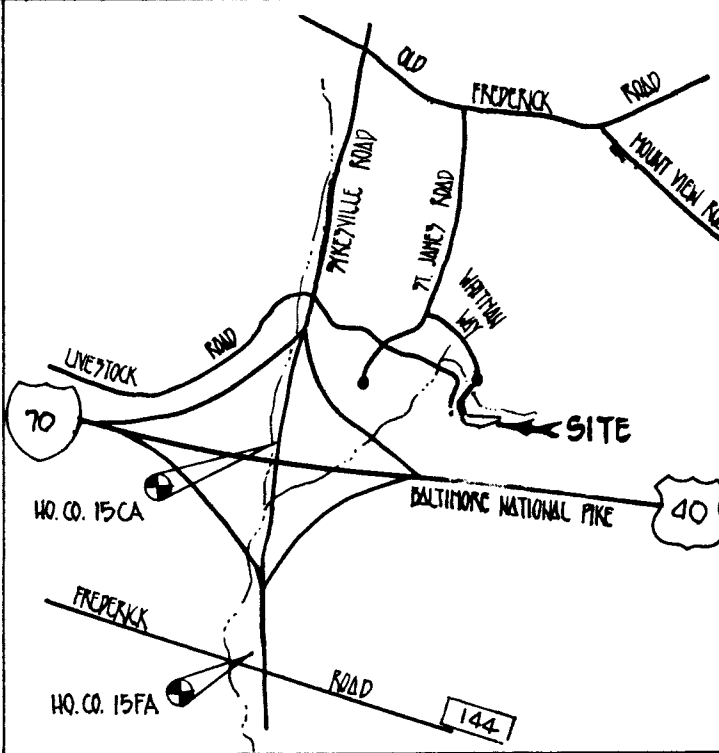
TOPSOIL MUST BE FREE OF PLANTS OR PLANT PARTS SUCH AS BERMUDA GRASS, QUACKGRASS, JOHNSONGRASS, NUTSEDGE, POISON IVY, THISTLE, OR OTHERS AS SPECIFIED.

WHERE THE TOPSOIL IS EITHER HIGHLY ACIDIC OR COMPOSED OF HEAVY CLAYS, GROUND LIMESTONE SHALL BE SPREAD AT THE RATE OF 4-8 TONS/ACRE (200-400 POUNDS PER 1000 SQUARE FEET) PRIOR TO THE PLACEMENT OF TOPSOIL. LIME SHALL BE DISTRIBUTED UNIFORMLY OVER DESIGNATED AREAS AND WORKED INTO THE SOIL IN CONJUNCTION WITH TILLAGE OPERATIONS AS DESCRIBED IN THE FOLLOWING PROCEDURES.



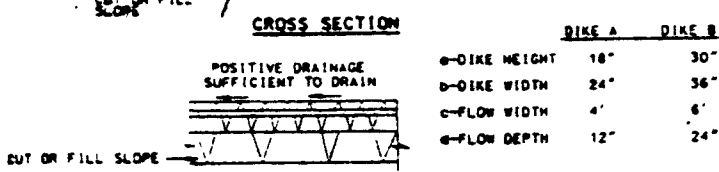
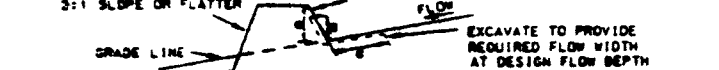
## Approved Septic System Plan Howard County Health Department

Signature  
Date



### VICINITY MAP

SCALE: 1"=2000'



- Seed and cover with straw mulch.
- Seed and cover with Erosion Control Matting or lime with sod.
- 4" - 6" stone or recycled concrete equivalent placed into the soil 1" minimum.

### CONSTRUCTION SPECIFICATIONS

- All temporary earth dikes shall have uninterrupted positive grade to an outlet. Spot elevations may be necessary for grades less than 1%.
- Runoff diverted from a disturbed area shall be conveyed to a sediment trapping device.
- Runoff diverted from an undisturbed area shall outlet directly into an undisturbed, stabilized area at a non-erosive velocity.
- All trees, brush, stumps, obstructions, and other objectionable material shall be removed and disposed of so as not to interfere with the proper functioning of the dike.
- The dike shall be excavated or shaped to line, grade and cross section as required to meet the criteria specified herein and be free of bare projections or other irregularities which will impede normal flow.
- Fill shall be compacted by earth moving equipment.
- All earth removed and not needed for construction shall be placed so that it will not interfere with the functioning of the dike.
- Inspection and maintenance must be provided periodically and after each rain event.

### EARTH DIKE

NO SCALE

## GP-99-54 PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT LYNDONBROOK LOT 25

TAX MAP 15  
THIRD ELECTION DISTRICT  
SCALE: 1" = 50'

PARCEL 40  
HOWARD COUNTY, MARYLAND  
DATE: SEPTEMBER, 1998



APPLICATION

HOWARD COUNTY

SERIAL NUMBER

## PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

B0014539

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA) Lot # 25  
2128 Whitman Way Lyndonbrook  
West Friendship MD 21794-3808GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Single Family Home  
4 Bedroom, 2 1/2 Bath, 1 Roughed In Bath  
2 Car GarageLOT NO. 25 PARCEL NO. 40 SEC. - AREA - BLOCK NO. 6 LIBER - FOLIO -SUB DIVISION Lyndonbrook ZONE RE-20 ZONE MAP 15 ELEC. DIST. 3 CENSUS TR. 6030OWNER NAME AND ADDRESS Jacobsen Homes, LLC PHONE NO. 301  
9409 Elizabeth Court 953-2083  
Fulton MD 20759

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

E. Jacobsen HomesEXISTING USE Vacant Lot PROPOSED USE Single Family HomeSingle Family HomeEST. CONSTRUCTION COST 200000 LICENSE NUMBER PERMIT/FEEUTILITIES  
WATER/WELL ☐ SEWER/SEPTIC ☐ GAS ☐ ELECTRICITY ☐ TYPE OF HEAT Forced Air AC Yes

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE [Signature] TITLE 10/5/98 DATE

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE  
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP#

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

## CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

CK 523

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 11/5/98	Boucek
FIRE PROTECTION		
STORM WATER MGMT.	X	

APPROVED

DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & ZoningYellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

A

C1

9749

SEQUENCE NO.  
(MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.  
COUNTY  
NUMBER A50560

ST/CO USE-ONLY  
DATE Received  
7-29-97  
813

DATE WELL COMPLETED  
MM DD YY  
7 25 97  
1520

Depth of Well  
22 445' 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-94-1183  
28293031323334353637

OWNER S D C  
STREET OR RFD Whitman Way  
SUBDIVISION Stigler Property SECTION TOWN West Friendship Md. LOT 25

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 TO

check if water bearing

Sand 0 50  
Gray Mica Rock 50 445 ✓

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 18 NO. OF POUNDS 1692  
GALLONS OF WATER 108  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 51 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 St  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 55

OTHER CASING (if used)  
diameter depth (feet)  
inch from to

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

C3  
PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 1.7  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 38 ft.  
WHEN PUMPING 353 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

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. 1 MS D024  
DRILLERS SIGNATURE Joseph L. Mayne  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. 1 M D

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

C2  
DEPTH (nearest ft.)  
H0 53 445  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to  
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68  
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED  
DRILLER WILL INSTALL PUMP (CIRCLE) (YES) YES (NO) 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 29  
CAPACITY:  
GALLONS PER MINUTE (to nearest gallon) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
+ above LAND SURFACE  
- below 2 (nearest foot)  
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)  
Whitman Way  
30' well 35'

Page 7 of 25  
Date 7/25/97

Review OK 14M 7-30-97

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-1183  
Location of property (road) Whitman Way  
Subdivision Stiegler Property Lot 25 Block        Plat        Sec.         
Well Driller Joseph Malone Owner SNC

Depth of well 445'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 38'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:30 Pumping rate 20 gpm  
Total time 45 min. to reach pumping water level 35.3 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	168'	3 sec.		20 gpm
8:00	271	4		15
8:15	353	4		15
8:30	340	40		1.5
8:45	335	35		1.7
9:00	334	35		1.7
9:15	332	35		1.7
9:30	332	35		1.7
9:45	332	35		1.7
10:00	332	35		1.7
10:15	332	35		1.7
10:30	332	35		1.7
10:45	332	35		1.7
11:00	332	35		1.7
11:15	332	35		1.7
11:30	332	35		1.7
11:45	332	35		1.7
12:00	331	35		1.7
12:15	331	35		1.7
12:30	331	35		1.7
12:45	331	35		1.7
1:00	331	35		1.7
1:15	331	35		1.7
1:30	331	35		1.7
HD-22445	331	35		1.7
2:00	331	35		1.7
2:15	331	35		1.7



# SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratory Administration  
201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehsen Joseph, Ph.D., Director

Lab No. \_\_\_\_\_ Date Received July 23 1997  
C300407-23

## WATER ANALYSIS

Do not write above this line.

**SAMPLE ID**

Bottle Number HO-2797 HO-94-1183 Name SOC County HOWARD County Code 13

Source STIEGLER PROP LOT 25 Data Category Code 4E

Collected: Date 7/25/97 Time 1200 Collector & Phone G. SAVAGE 410-317-2640 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"/>	Federal Project <u>5</u>
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"/>	

**FIELD**

Plant No.        Sampling Station        Preservation: Iced ☐ Acid ☒ Type of Acid H2SO4

pH        Chlorine: Free        Total        Specific Conductance       

Notes to Lab/Remarks: WATERMAN WAY  
WELL TAG HO-94-1183

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					
<input checked="" type="checkbox"/>	Nitrate - Nitrite, N	00630			2.1	7-29-97	BK
	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  
DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa  
SUBMITTER'S COPY

Date Reported JUL 30 1997

STATE OF IOWA DEPT. OF ENVIRONMENTAL HEALTH

### Partial List of Submitter Codes

1997 AUG -4 A 8:29

#### Code Description

1-30 County Codes  
 41 Individual Septics & Wells Program  
 42 Water Supply Program  
 43 Recreational Sanitation & Migrant  
     Camps, DHMH  
 44 STP Inspection Division  
 45 Hazardous & Solid Waste Admin.  
     (Landfill Samples)  
 46 Pre-Treatment Enforcement Division  
 48 Licensing and Certification, DHMH  
 52 Water Quality Monitoring Program

#### Code Description

53 Chesapeake Bay & Special Projects  
 59 Standards & Certification Program  
 63 Division of Food Control  
 64 Engineering & Maintenance, DHMH  
 65 Division of Community Services  
 66 Office of Attorney General  
 67 Dept. of General Services  
 77 E.P.A.  
 91 State Highway Administration  
 96 L.U.S.T./U.S.T./CERCLA  
 99 Unknown

### Codes for Federally Funded Projects (leave box blank if not federal)

#### Code Description

S Safe Drinking Water Act (SDWA)  
  
 R Resource Conservation and  
     Recovery Act (RCRA)

#### Code Description

N National Pollution Discharge  
     Elimination System (NPDES)  
  
 M Miscellaneous (Other)

### Partial List of Data Category Codes

#### Code Description

1F Sediment Samples  
 2A Industrial Effluents/Compliance  
 2B Industrial Grab  
 2C Municipal Compliance  
 2D Municipal Grab  
 4A MCL Surveys  
 4B Routine Monitoring & Other  
     Communities  
 4D Potable - County Community  
 4E Potable - Non Community  
 4F Potable - Private Wells  
 4G Real Estate Trans./Charge Samples

#### Code Description

2F Innovative Disposal  
 5A Solid Waste/Landfills  
 5B Kidney Dialysis  
 5C Commercial Bottled Waters  
 5D Misc. Wastewaters  
 5E Misc. River/Stream  
 5F Misc. Drinking Water  
 5G Swimming Pools  
 5H Marine or Estuarine Natural Bathing  
     Areas

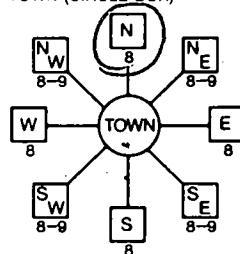
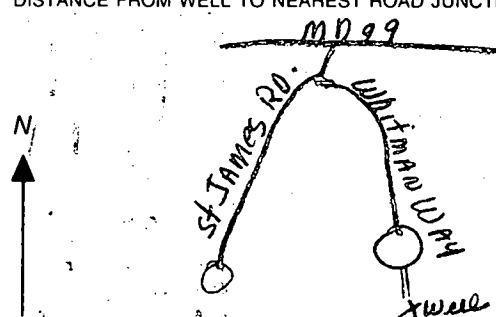
### Partial List of Error Codes

#### Code Description

A Laboratory Accident  
 C Mechanical/Materials failure  
 D Insufficient Sample  
 E Sample past holding time

#### Code Description

J Wrong sample type  
 RR No sample received  
 X Improper preservation  
 LL Misabeled sample

B 7 <b>9410</b> 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-1183</b> 70 fill in this form completely 79
Date Received (APA) <b>4/22/97</b> 8 MM DD YY 13 <b>SDC</b> 15 Last Name Owner First Name 34 <b>P.O. Box 417</b> 36 Street or RFD 55 <b>Ellicott City MD 21041</b> 57 Town 70 State 72 Zip 76		B 3 <b>HOWARD</b> LOCATION OF WELL 8 COUNTY 21 <b>Stiegler Property</b> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>25</u> 48 50 <b>West Friendship</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION <b>Joseph L. Mayne</b> M S D 024 Driller's Name 76 License No. 81 <b>Joseph L. Mayne Well Drilling</b> Firm Name <b>5512 Ridge Rd. Mt. Airy MD. 21771</b> Address <b>Joseph L. Mayne 4/21/97</b> Signature Date		B 4 <b>4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <b>Whitman Way</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <b>520</b> 37 DISTANCE FROM ROAD ENTER FT OR MI <b>FT</b> 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 <b>2</b> WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 <b>500</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard Co.</b> <b>A50560</b> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <b>5/29/97</b> <b>A McMellea</b> <b>5/29/98</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>538</b> 000 EAST GRID <b>814</b> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>814</b> N <b>538</b> 000 000	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> 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"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  <b>West Friendship</b>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>54</u> GAP <u>63</u> FORCE <b>Am</b> WRITE INITIALS IN BOX PERMIT NO. <b>HO-94-1183</b> 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3626-B Ellicott Mills Drive  
Ellicott City, MD 21043

401-4833

410 313 2640

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Name of Installer Ben Lewis

Telephone 301 438 3116

License Number 11202

Certified Well Pump Installer ☐

Well Driller ☐

Registered Plumber ☒

Name of Property Owner Jacobson & Sons

Telephone 301

Subdivision Lyonsville

Lot # 25

Well Tag # HO-99-1183

Site Address 2108 Whisman Way

Pump

1. Type

- a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible ☒

2. Make Grundfos

3. Model # 525440

4. Capacity \_\_\_\_\_ 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 1/3

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220 \_\_\_\_\_

Fitness Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth \_\_\_\_\_

Tank

1. Capacity 180

2. Pressure relief valve? Yes

Piping

1. Type PVC 160

2. Size 1 1/2

3. NSF and/or EPCA

Code approved Yes

4. Depth of supply line \_\_\_\_\_

Well data

1. Depth 140 ft.

2. Yield \_\_\_\_\_ GPM

3. Static water level 35 ft.

4. Will water supply be disrupted 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: [Signature]

Date: 4/26/99

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

HD-215