

3/5/98

11:00 # 10:00 C.O.

3/6/98 11:00 AM 200 + 3-330

3/10/98 10:30
+ later

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-380855

P 59801

A 22405

DISTRICT 5th

DATE 2-2-98

DATE SYSTEM APPROVED 3/10/98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX 410-313-2640

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION The Heritage LOT 53 ROAD 4094 Sharp Road

PROPERTY OWNER Linda A. Van-Vechten

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS ***MANHOLE CLEANOUT REQUIRED ON TANK IF EXISTING GRADE

NUMBER OF BEDROOMS 4

IS GREATER THEN 3 FEET.***

BUILDING PERMIT SIGNED

AND RETURNED

10-2-03 B00144503-16 POOL

4 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 175 feet down the left (300.00') lot line and 90 feet off that same lot line as seen when facing the lot from Sharp Road. Run trenches on contour toward the right lot line first, and then in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/27/98 DCS

PLANS APPROVED BY Kim Maiste

DATE 12/18/97

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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

1000 PERMITS SIGNED

12-20-01

B00133367

16x20 Addition, Sun room

9/22/05 B00156149-DECK

P 59801

4-12' Lateral
at 10,000 ft.
Preliminary

APPLICATION

A 22405

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5

DATE 10/27/75

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 Linda Van Vleet
Waldgreen - Forest Ventures Co.

ADDRESS 4005 Penn Cross Court
Glenelg, Md. 21737 PHONE 439-7633

PROPERTY LOCATION: The Heritage
SUBDIVISION Waldgreen Estates LOT NO. 7270

ROAD AND DESCRIPTION 4094 Sharp Road
Glenelg, Md. 21737 BLDG. PERMIT SIGNED 12/18/97
Serial # DD0108907

SIZE OF LOT _____ TYPE BLDG. SFD-4Bwp
3 in 4 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT John Schneider

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 5/2/94
Serial # 58518
Utility Building & House
Burn

THIS IS NOT A PERMIT

Lot 75 ↑

Lot 79 ←

Lot 76 →

Lot 77

⊗ = not tested
 due to consistency
 of soil & terrain, as
 OK'd by FF
 Rm.
 4/14/76

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sharp Bend to R/C

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/18	1	5					13
	2A	12					5
	3	4	202	210	210	220	10
	3A	12	202	208	208	215	7
	4	4	215	217	217	220	3
	4A	12	215	218	218	225	7
	2	6					4
	2A	12					9

REMARKS

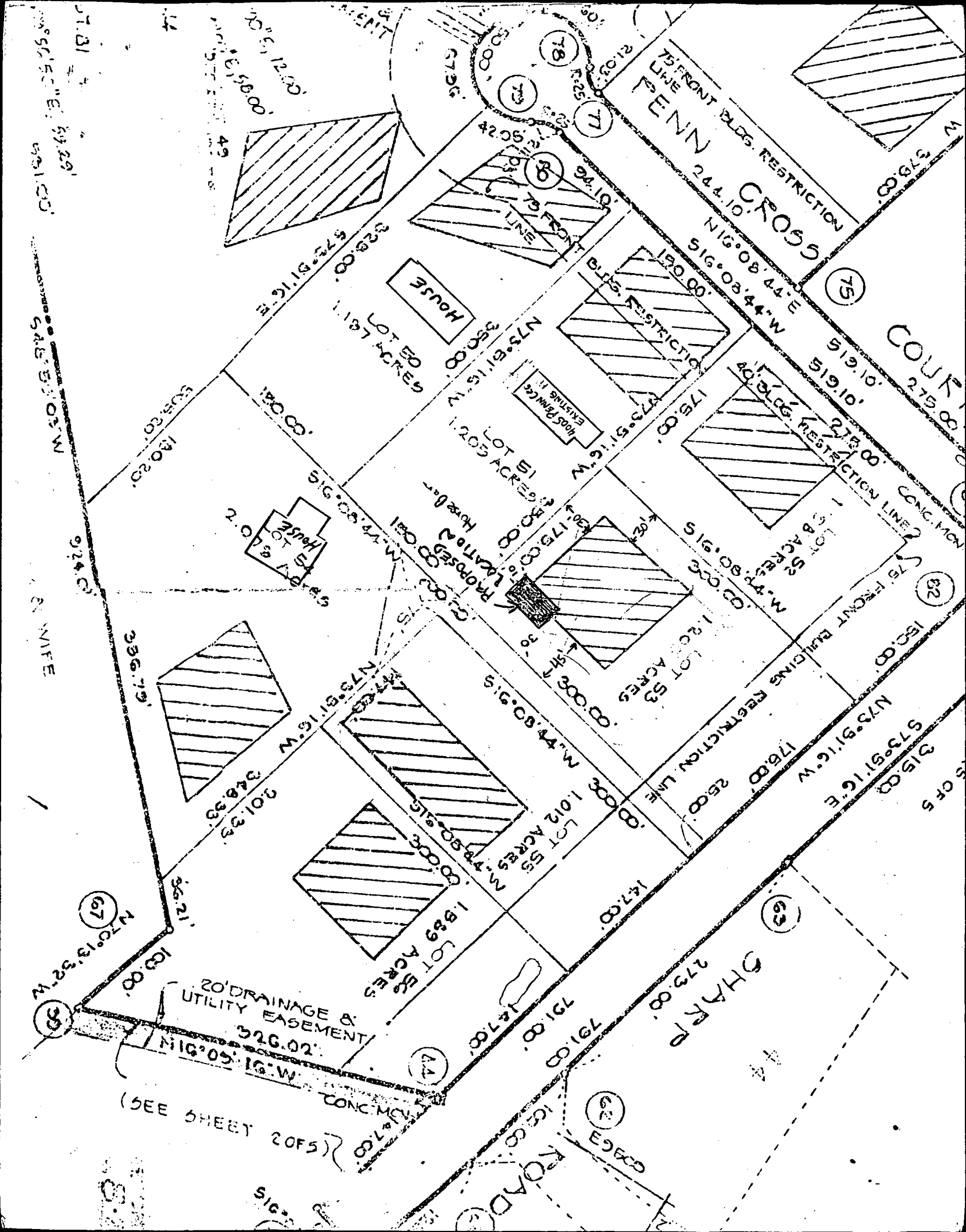
identical soil & similar elevations as on lot 76

TYPE OF SOIL

TESTED BY

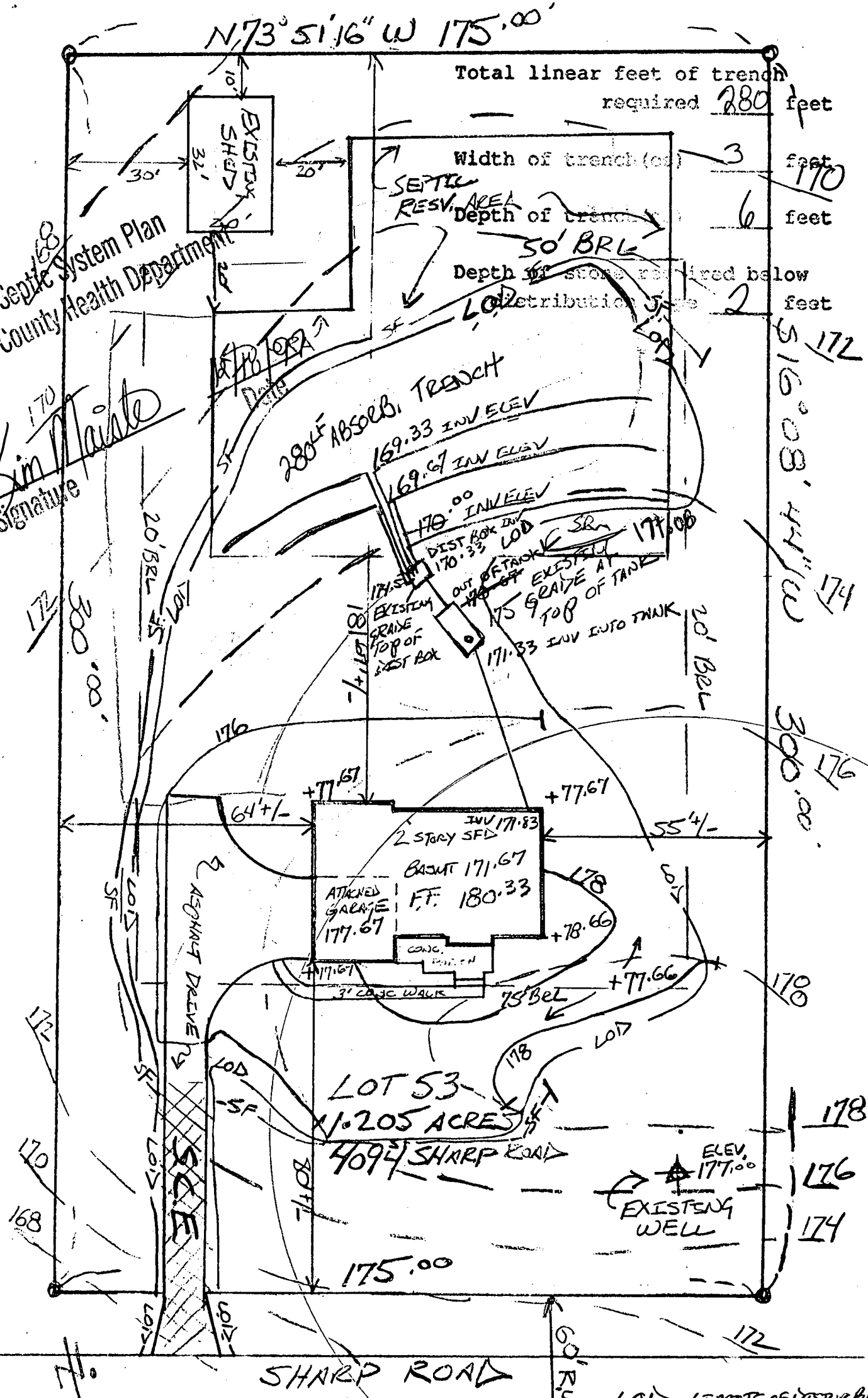
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Approved Septic System Plan
Howard County Health Department

Kim Maisto
Signature



I CERTIFY THAT THE ABOVE MEASUREMENTS ARE
ACTUAL & CORRECT FOR THIS PROPERTY

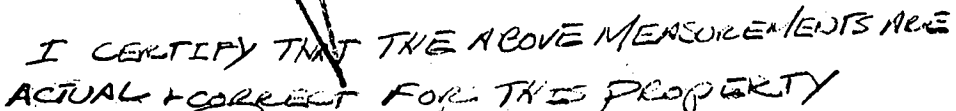
[Signature]
OWNER/BUILDER

MUELLER HOMES, INC.
12800 FREDERICK RD SUITE 201
P.O. BOX 115
WEST FRIENDSHIP, MD 21794
410 442-1455

BUILDING PERMIT PLAT
LOT 53 THE HERITAGE SECT 1, AREA 2

SCALE 1" = 30'-0"

10/31/97



MUELLER HOMES, INC.
12800 FREDERICK RD SUITE 201
P.O. BOX 115
WEST FRIENDSHIP, MD 21794
410 442-1455

BUILDING PERMIT PLAT
LOT 53 THE HERITAGE SITE, AREA
SCALE 1" = 30'-0"

Howard County Health Department

To: File

11/13/97

→ owner confirmed no existing well on property (file reflects there is a well under permit number HO-73-2851)

→ existing barn on property to remain Septic area to be added, due to barn encroaching on existing septic easement. Addition to septic easement will be shown on building permit.

From: Kim Maisto

Date: 11/13/97

HD-170

RECEIVED
MAR 11 1998

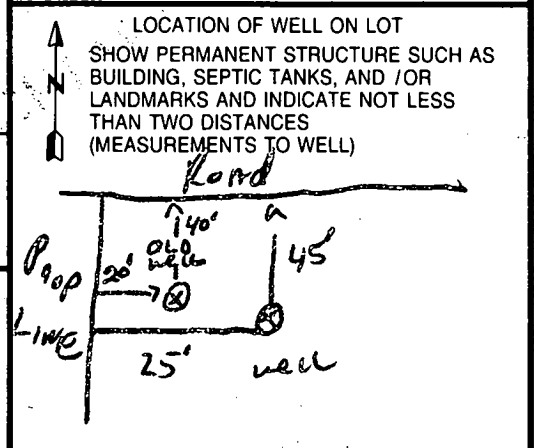
05024		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED 04 29 98		Depth of Well 125		COUNTY NUMBER A 22405
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED 04 29 98		Depth of Well 125		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1526

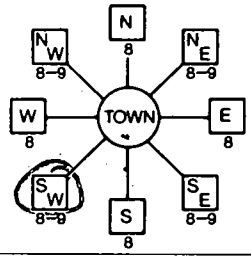
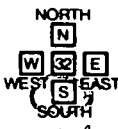
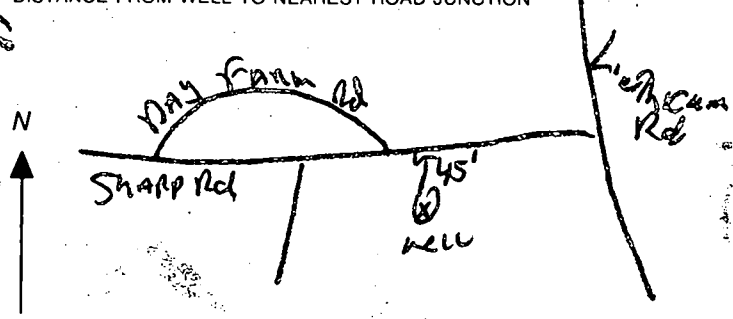
OWNER Mueller Homes		STREET OR RFD Sharp Road		TOWN Glenady	
SUBDIVISION The Heritage		SECTION		LOT 53	

WELL LOG Not required for driven wells			GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)		
FEET FROM TO			CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>		
Top Soil 0 2			NO. OF BAGS 12 NO. OF POUNDS 1200		
Brown Shale 2 40			GALLONS OF WATER 72		
Brown SLATE 40 45			DEPTH OF GROUT SEAL (to nearest foot)		
Blue SLATE 45 65			from 0 ft. to 30 ft.		
Brown SLATE 65 70			(enter 0 if from surface)		
Blue SLATE 70 125			Casing RECORD		
check if water bearing			casing types insert appropriate code below		
			STEEL <input checked="" type="checkbox"/> CONCRETE <input checked="" type="checkbox"/>		
			PLASTIC <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/>		
			MAIN CASING TYPE PL		
			Nominal diameter top (main) casing (nearest inch) 6		
			Total depth of main casing (nearest foot) 50		
			OTHER CASING (if used)		
			diameter inch depth (feet) from to		
			EACH CASING		
			screen type or open hole		
			STEEL <input checked="" type="checkbox"/> BRASS <input checked="" type="checkbox"/> HOLE <input checked="" type="checkbox"/>		
			BRONZE <input checked="" type="checkbox"/> PLASTIC <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/>		

PUMPING TEST		
HOURS PUMPED (nearest hour) 8		
PUMPING RATE (gal. per min.) 12		
METHOD USED TO MEASURE PUMPING RATE Buck		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 44 ft.		
WHEN PUMPING 45 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 WILL INSTALL PUMP (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) 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 2 (nearest foot)		
- below 49 50 51		

NUMBER OF UNSUCCESSFUL WELLS: 1			DEPTH (nearest ft.)		
WELL HYDROFRACTURED YES NO			HO 48 125		
CIRCLE APPROPRIATE LETTER			A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		
E ELECTRIC LOG OBTAINED			S 23 24 26 30 32 36		
P TEST WELL CONVERTED TO PRODUCTION WELL			C 3 38 39 41 45 47 51		
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.			SLOT SIZE 1 2 3		
DRILLERS LIC. NO. M S D 116			DIAMETER OF SCREEN (NEAREST INCH) 56 60		
DRILLERS SIGNATURE			from to		
(MUST MATCH SIGNATURE ON APPLICATION)			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
LIC. NO. M S D 117			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			T (E.R.O.S.) W Q		
			70 72 74 75 76		
			TELESCOPE LOG INDICATOR OTHER DATA		



B 1 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY) 5450	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-15260 <small>fill in this form completely</small>
Date Received (APA) 4/20/98 <small>8 MM DD YY 13</small> MUELLER Howes INC <small>15 Last Name Owner First Name 34</small> 12800 Fred Rd. Suite 201 <small>36 Street or RFD 55</small> West Friendship MD. 21754 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL Howard <small>8 COUNTY 21</small> The Heritage <small>23 SUBDIVISION 42</small> SECTION - LOT 53 <small>44 46 48 50</small> GLENELG <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 <small>M I</small> <small>73 76 77 78</small>	
DRILLER INFORMATION Ralph MAYNE M S D 116 <small>Driller's Name 76 License No. 81</small> Ralph MAYNE well Drilling <small>Firm Name</small> 9120 Brown Church Rd. Mt Airy <small>Address</small> Ralph Mayne 4/20/98 <small>Signature Date</small>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Sharp Rd <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  45 <small>34 37</small> DISTANCE FROM ROAD ENTER FT OR MI PL <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>(GAL. PER DAY) 14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A22405 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ DATE ISSUED 4/20/98 <small>43 MM DD YY 48</small> 4/19/99 <small>EXP. DATE</small> NORTH GRID 518 000 <small>50 55</small> EAST GRID 0798 000 <small>57 63</small>	
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) <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. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 806-798 52218- DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 1/2 INCH <small>NEAREST INCH</small>		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <small>30 37</small> <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> DRIVE-POINT CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <small>52</small>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER DS <small>WRITE INITIALS IN BOX</small> HO-94-15260 <small>PERMIT No.</small> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: April 24 1998 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: lost well pump

* OWNER'S NAME: MUELLEN HOMES INC

* WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: GLENELG
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: THE Heritage
SECTION: 53 LOT: 53

MARYLAND GRID COORDINATES

E 798
BOX NUMBER
N 518

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☐ STEEL ☒ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

* DEPTH OF WELL: 205 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 4 ft.

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

CIRCLE ONE

DATE

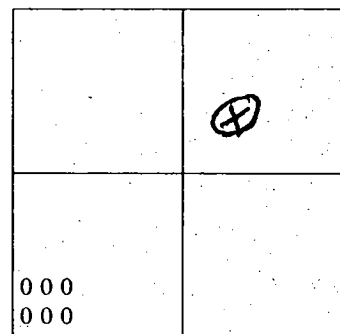
DENV 828 JULY 1993

2) COUNTY ENVIRONMENTAL AGENCY

40-94-1323

40-94-1526

WELL DRILLERS LICENSE NUMBER: 116
CIRCLE: MWD/MSD/MGD



SHOW WELL LOCATION
BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	205	20
#2 Cement	20	0

CIRCLE ONE

DATE 4-24-98

5/7/98
log destroyed
40-94-1323
116

C 1 09403 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 **A22405**

ST/CO USE ONLY
DATE RECEIVED: **12/18/92**

DATE WELL COMPLETED: **12 16 92**
Depth of Well: **22 205 26**
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
140-94-1323

OWNER: **Mueller Homes, Inc.**
STREET OR RFD: **Shirley Rd.** TOWN: **Glenn**
SUBDIVISION: **The Heritage** SECTION: **53** LOT: **53**

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
Top Soil	3	2
Sandy	2	45
Sand/Stone	45	50
MICK4	50	80
Sand/Stone	80	85
MICK4	85	205

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: **45 42** NO. OF ROUNDS: **10 40**
GALLONS OF WATER: **72**
DEPTH OF GROUT SEAL (to nearest foot)
from: **8** ft. to: **30** ft.
TOP 48 52 54 58
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ☐ ST CONCRETE ☐ CO
PLASTIC ☒ PL OTHER ☐ OT
MAIN CASING TYPE: **PL**
Nominal diameter top (main) casing (nearest inch): **6**
Total depth of main casing (nearest foot): **54**
60 61 63 64 66 70

OTHER CASING (if used)
diameter (nearest inch) depth (feet)
from to
6 2 **2** **2**

SCREEN RECORD
screen type or open hole
STEEL ☐ ST BRASS ☐ BR
BRONZE ☐ PL PLASTIC ☐ PL
OTHER ☐ OT
insert appropriate code below

NUMBER OF 'UNSUCCESSFUL' WELLS: **0**
WELL HYDROFRACTURED: ☒ 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

DEPTH (nearest ft.)
52 205
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

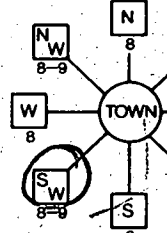
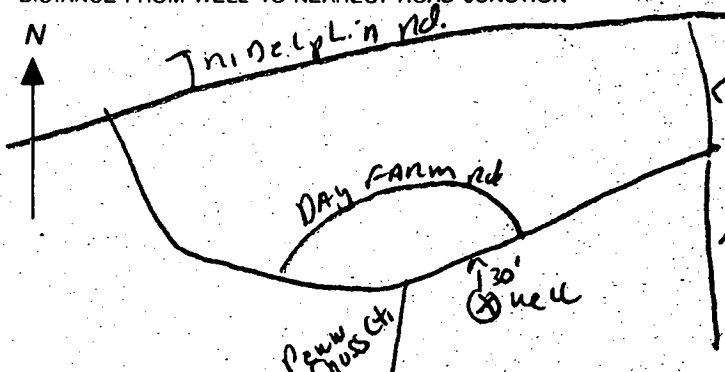
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
DRILLERS LIC. NO.: **M SD 116**
DRILLERS SIGNATURE: **[Signature]**
LIC. NO.: **M SD 116**
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): **[Signature]**

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour): **3 15 9**
PUMPING RATE (gal. per min.): **15**
METHOD USED TO MEASURE PUMPING RATE: **Bucher**
WATER LEVEL (distance from land surface)
BEFORE PUMPING: **50** ft.
WHEN PUMPING: **52** ft.
TYPE OF PUMP USED (for test)
A air ☐ P piston ☐ T turbine ☐ other (describe below)
C centrifugal ☐ R rotary ☐ O (describe below)
J jet ☐ S submersible ☒

PUMP INSTALLED
DRILLER WILL INSTALL 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: **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 2 (nearest foot)
- below }

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)
[Diagram showing well location on lot with distances 20' and 40' to structures]

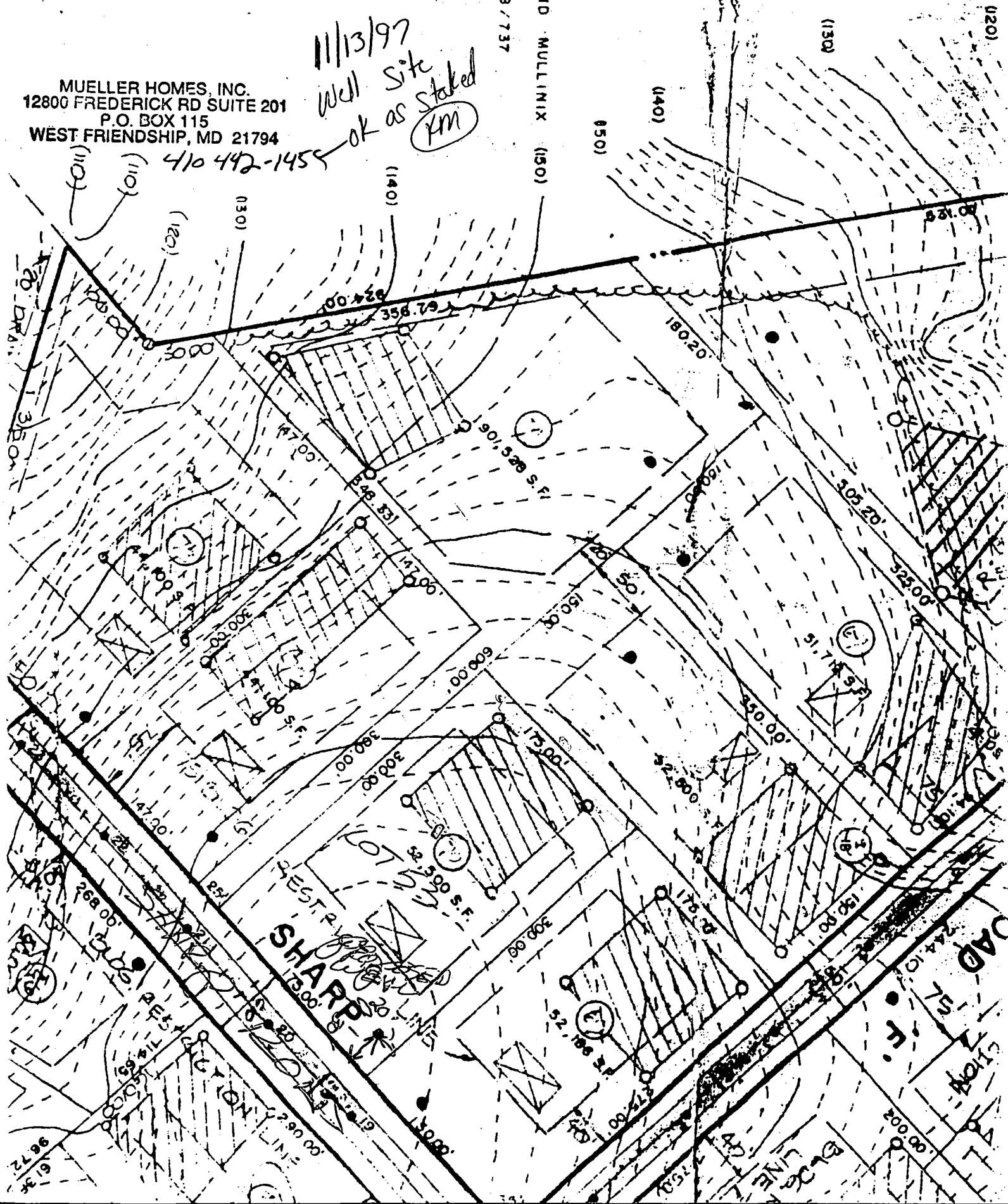
B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">3789</div> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-94-1323</div> <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">103097</div> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">MUELLER HOMES INC</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12800 Fred RD STE201</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">W 95th AVE NASH MD 21994</div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">TVAE HERITAGE</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SECTION 44 LOT 53</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">52 NEAREST TOWN</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MILES FROM TOWN (enter 0 if in town) 1 MI</div>	
DRILLER INFORMATION DRILLER'S NAME: <u>Ralph Mayne</u> FIRM NAME: <u>Ralph Mayne (Well Drilling)</u> ADDRESS: <u>9120 Brown Church Rd. Mt Airy</u> SIGNATURE: <u>Ralph Mayne</u> DATE: <u>10/28/97</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;">Sharp Rd.</div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px; display: inline-block;">40</div> DISTANCE FROM ROAD ENTER FT OR MI <u>40</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>540</u>		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) <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 HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: <u>Howard</u> COUNTY NO.: <u>H 22405</u> STATE SIGNATURE: <u>Kim Maisto</u> DATE ISSUED: <u>11/13/98</u> NORTH GRID: <u>518000</u> EAST GRID: <u>0798000</u>	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>DRIVEN</u> AIR-PERCussion <u>ROTARY (Hydraulic Rotary)</u> CABLE <u>REVERSE-ROTARY</u> <u>DRIVE-POINT</u> other:		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">27078</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">52018</div>	
REPLACEMENT OR DEEPEMED 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 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41:		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>GAP</u> FORCE <u>LM</u> WRITE INITIALS IN BOX PERMIT No. <u>H0-94-1323</u>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Formerly lot 70

11/13/97
Well Site
OK as Staked
Km

MUELLER HOMES, INC.
12800 FREDERICK RD SUITE 201
P.O. BOX 115
WEST FRIENDSHIP, MD 21794

410 442-1458



well line
any time
3-6-98
OK *gf*

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer Vantage mech

Telephone 410-761-4411

License Number MPLO5563
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber X

Name of Property Owner Mueller Homes Inc
Subdivision The Heritage Lot # 53
Site Address 4094 SHARPA

Telephone 442-1455
Well Tag # NO 41-1323

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
2. Make JACUZZI
3. Model # 7547-12
4. Capacity 7 GPM

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

1. Make Campbell
2. Model # B300X
3. Depth 42"

5. Pump exceeds well capacity Yes _____ No X
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 X Cable guards X Other _____

Tank

1. Capacity 42 gal
2. Pressure relief valve? YES

Piping

1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42"

Well data

1. Depth 205 ft.
2. Yield 17 GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? NO

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: _____

Date: 2/23/98

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

B 1		6571		SEQUENCE NO. (WRA USE ONLY)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL				WRA PERMIT NUMBER 40-73-2851 FILL IN THIS FORM COMPLETELY			
DATE RECEIVED (WRA USE ONLY) 7/13/78 1:30 P.M.		OWNER: <u>Walgrow Joint Venture Company</u> COL 15 LAST NAME: _____ FIRST NAME: _____ COL. 34											
STREET OR RFD: <u>14251 Philadelphia Road</u> COL 36		POST OFFICE: <u>Glenelg, Maryland 21737</u> COL 57											
B 1 CONTINUED		DRILLER INFORMATION				B 3 LOCATION OF WELL				B 4 DIRECTION FROM TOWN			
DATE: <u>June 7, 1978</u> DRILLER: <u>Ronald L. Kyker</u> FIRST NAME: _____ LAST NAME: _____ SIGNATURE: <u>Ronald L. Kyker</u>		LICENSE NUMBER: <u>296</u> 77 80				COUNTY: <u>Howard</u> SUBDIVISION: <u>"The Heritage"</u> SECTION: <u>1</u> <u>2</u> LOT: <u>70</u> NEAREST TOWN: <u>Glenelg</u> MILES FROM TOWN (ENTER 0 IF IN TOWN): <u>73</u> MI				NORTH: <input type="checkbox"/> EAST: <input type="checkbox"/> NE: <input type="checkbox"/> SE: <input type="checkbox"/> SOUTH: <input type="checkbox"/> WEST: <input type="checkbox"/> NW: <input type="checkbox"/> SW: <input type="checkbox"/> NEAR WHAT ROAD: <u>Sharo Road</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): <u>N</u> <u>S</u> <u>E</u> <u>W</u> DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): <u>160</u> MI			
B 2		WELL INFORMATION				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.							
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): <u>600</u> 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST											
APPROXIMATE DEPTH OF WELL: <u>175</u> FEET APPROXIMATE DIAMETER OF WELL: <u>6 3/4</u> (NEAREST INCH)		METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) <input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT OTHER (DESCRIBE): _____											
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER: _____ ENGINEER REVIEW DISTRICT NO.: _____ FORCE: <input type="checkbox"/> WRITE INITIALS IN BOX CONDITIONS: _____ 67 68 70 71 72 73 74 75 76 77 78 79											
B 4 CONTINUED		HEALTH DEPARTMENT APPROVAL				NORTH COORDINATE				EAST COORDINATE			
STATE HEALTH (CIRCLE BOX): <u>S</u> MO. DAY YR.: <u>06 14 78</u> DATE: _____ APPROVED BY: <u>Palmer F. Wine</u>		COUNTY NAME: <u>Howard</u> COUNTY NO.: <u>028205</u>				NORTH COORDINATE: <u>117950000</u> EAST COORDINATE: <u>117950000</u> ELEVATION AT WELL HEAD (FEET): _____				BOX NUMBER: <u>790</u> <u>520</u>			
B 5		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)											
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6											

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH
TIBER PLACE
8308B FORREST STREET
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

May 3, 1984

Ms. Linda VanVechten
4005 Penn Cross Court
Glenelg, Maryland 21737

RE: Building Permit Serial
Number 58518
Pole bar, 4094 Sharp Road

Dear Ms. VanVechten:

This office has received your request to construct a stable for horses on your property.

Section 12.106 of the Howard County Health Code requires any person intending to construct a stable or kennel to obtain a permit from the Health Department if that structure is to be placed within 300 feet of the nearest residence. The section leaves the formalities of the permit such as siting requirements, to the discretion of the Health Officer after appropriate evaluation of the application is made.

In this case we have evaluated all the pertinent information and have decided to issue you a permit for a structure at the proposed location. You will find the permit and the appropriate conditions attached to the permit to assure that the facility is maintained in a sanitary manner.

If you have any questions regarding this matter, please contact me at 992-2330.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Frank Skinner".

Frank Skinner, Director
Water and Sewerage Program

FS:jr

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH
TIBER PLACE
8308B FORREST STREET
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

May 2, 1984

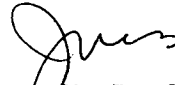
This permit is issued in accordance with an application from Linda Van Vechten dated April 13, 1984 and is subject to the following conditions:

- (1) The permit holder must obtain a building permit from the Howard County Bureau of Licenses and Permits to construct this facility.
- (2) The facility must be constructed at the location proposed in the plans submitted in the application.
- (3) The structure shall be constructed in such a manner as to prevent the harborage of rodents. Insect activity shall be controlled by the screening of openings or some other method acceptable to this office.
- (4) All animal feed must be stored in covered metal rodent proof containers. The area where food is stored must be rodent-proofed.
- (5) Manure cannot be stockpiled on the property. Manure must be removed on a daily basis and stored in insect and rodent proof containers until it is removed from the premise. Manure must be disposed of in an approved manner.
- (6) The stable must be cleaned as frequently as necessary to prevent the occurrence of nuisance odors.
- (7) The permittee shall permit the Health Officer or their authorized representative at reasonable times and under presentation or credentials: to enter upon the permittee's premise to investigate and gather information regarding an official complaint received by this office.

May 2, 1984

This permit is subject to revocation should health hazards, environmental degradation or nuisance conditions develop as a result of this operation. If operations are not conducted in accordance with the terms of this permit, the Health Department shall require necessary remedial action.

Very truly yours,



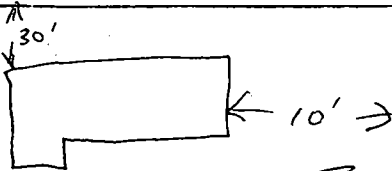
Joyce M. Boyd, M.D.
County Health Officer

JMB/FAS:hs

4100
Sharp Rd.

WRIGHT'S
4096 SHARP RD.

110'

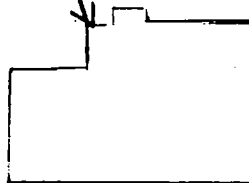


NEW LOCATION

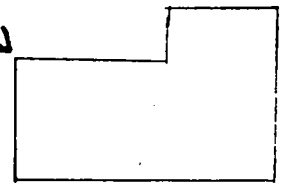
PROPOSED
BUILDING

106'

155'



VAN VECHTEN'S
4005 PENN CROSS CT



LAFFERTY'S
4009 PENN CROSS CT

4090
Sharp Rd.

PENN CROSS CT.

MOVED TO NEW LOCATION
DUE TO COMPLIANCE WITH
BOUNDARY RESTRICTIONS.

Frank Skinner

MARCH 18, 1984

It is our understanding that the Van Vechten's are requesting a building permit to be issued in order that they may construct a utility building on their lot. This building will be located on the north east corner of their lot as shown on the attached drawing. The building will be located about 110 feet from our house and will be occupied in part by horses.

The Howard County Health Department requires that structures constructed for the purpose of housing animals that are greater than 100 feet but less than 300 feet from occupied dwellings must have written approval of the occupants. The signatures below signify our approval of the construction of such a building.

APPROVED: Robert A. Wright

APPROVED: Carey B. Knight

ADDRESS: 4096 Sharp Rd.

Glenely, MD 21737

MARCH 18, 1984

It is our understanding that the Van Vechten's are requesting a building permit to be issued in order that they may construct a utility building on their lot. This building will be located on the north east corner of their lot as shown on the attached drawing. The building will be located about 155 feet from our house and will be occupied in part by horses.

The Howard County Health Department requires that structures constructed for the purpose of housing animals that are greater than 100 feet but less than 300 feet from occupied dwellings must have written approval of the occupants. The signatures below signify our approval of the construction of such a building.

APPROVED: Walter Lafferty

APPROVED: Harvey Lafferty

ADDRESS: 4009 PENN CROSS CT.

GLENELG, MARYLAND 21737

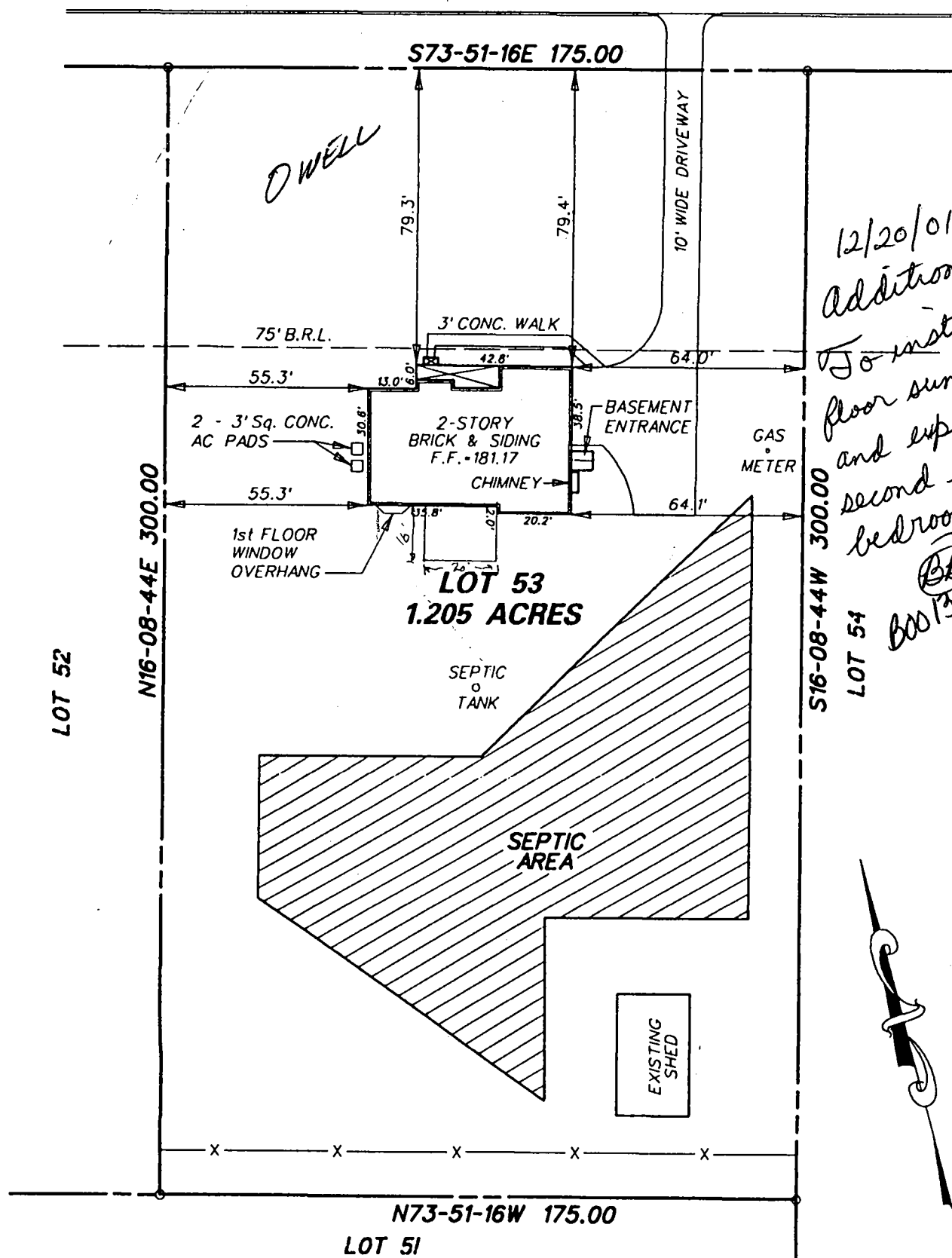
KCI TECHNOLOGIES, INC.

SURVEYORS ENGINEERS PLANNERS

14409 GREENVIEW DRIVE, SUITE 102 LAUREL, MARYLAND 20708

BALT. (301) 792-8086 WASH. (301) 953-1821

SHARP ROAD (60' R/W)



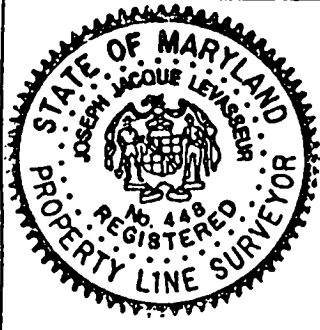
12/20/01
Addition O.K.
To install first
floor sunroom
and expand
second floor
bedroom.
BB
800/33367

DRAWN BY
NRB

CHECKED BY
JUL

SCALE
1" = 40'

DATE
MAY 14, 1998



I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded, not appearing on the record plat.

J. J. LeVasseur

J.J. LeVASSEUR, MD PROPERTY LINE SURV. NO. 448

6/9/98
DATE

SHARP ROAD

60' RIGHT-OF-WAY

S73°51'16"E 175.00'

LOT 53
52,489.8 Sq. Ft.
01.205 Ac.

EXISTING WELL

EXISTING 10' DRIVEWAY

FRONT

75' BRL

89'

141'

EXISTING RESIDENCE

DECK

DECK PROPOSED

26'x43'-9" POOL

27'

122'

SEPTIC RESERVE AREA

EXISTING CONC. PATIO

EXISTING GAS METER

604 Sq. Ft. OF SEPTIC
RESERVE AREA REDISTRIBUTED TO
THIS AREA TO ALLOW
FOR INSTALLATION OF
SWIMMING POOL.

SEPTIC TANK

LOT 54

EXISTING 48' HIGH WOOD
FENCE TO CADE

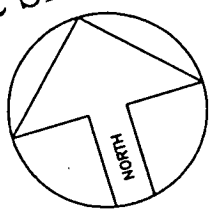
EXISTING SHED

125'

N73°51'16"W 175.00'

11/9/03
POOL
OK
10K REMAINS

PRIVATE WELL
& SEPTIC



ZONE 1

SITE PL

1"=40'

LOT 5

THE HEF

ZONING
ACOUN
MAP 21, GRIT
ELECTION
HOWARD CO

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00144503

Building Address 4094 Sharp Rd

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

Census Tract 605101 Subdivision The Heritage

Section 1 Area 2 Lot 53

Tax Map 21 Parcel 21 Grid 12

Zoning R-2 Map Coordinates 9511 Lot size 1/2 Acre

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 25,000

Description of Work INSTALL SWIMMING POOL

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name HANS & MICHELLE KRATZNER

Address 4094 Sharp Rd

City ELICOTT CITY State MD Zip Code 21043

Home Phone 301-345-1116 Work Phone _____

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

Phone _____ Fax _____

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height _____

No. of stories _____

Gross area, sq. ft. per floor _____

Use group _____

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

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

Utilities

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

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 _____

Print Name _____

Title/Company _____

Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY _____

DATE _____

SIGNATURE APPROVAL _____

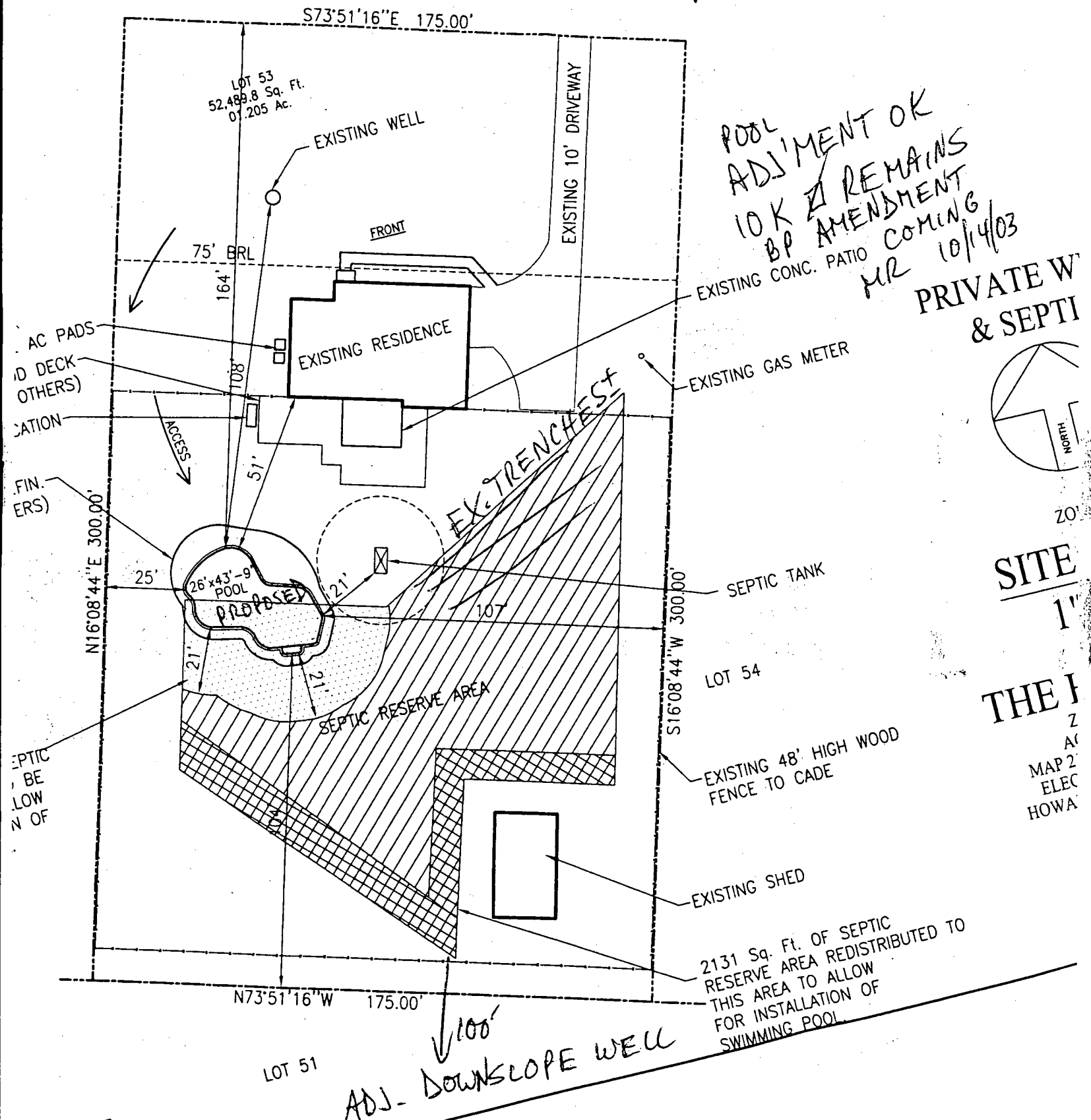
DPZ SETBACK INFORMATION _____

PROPERTY ID#:

33112

60' RIGHT-OF-WAY

Rec'd 10/14/03
JR



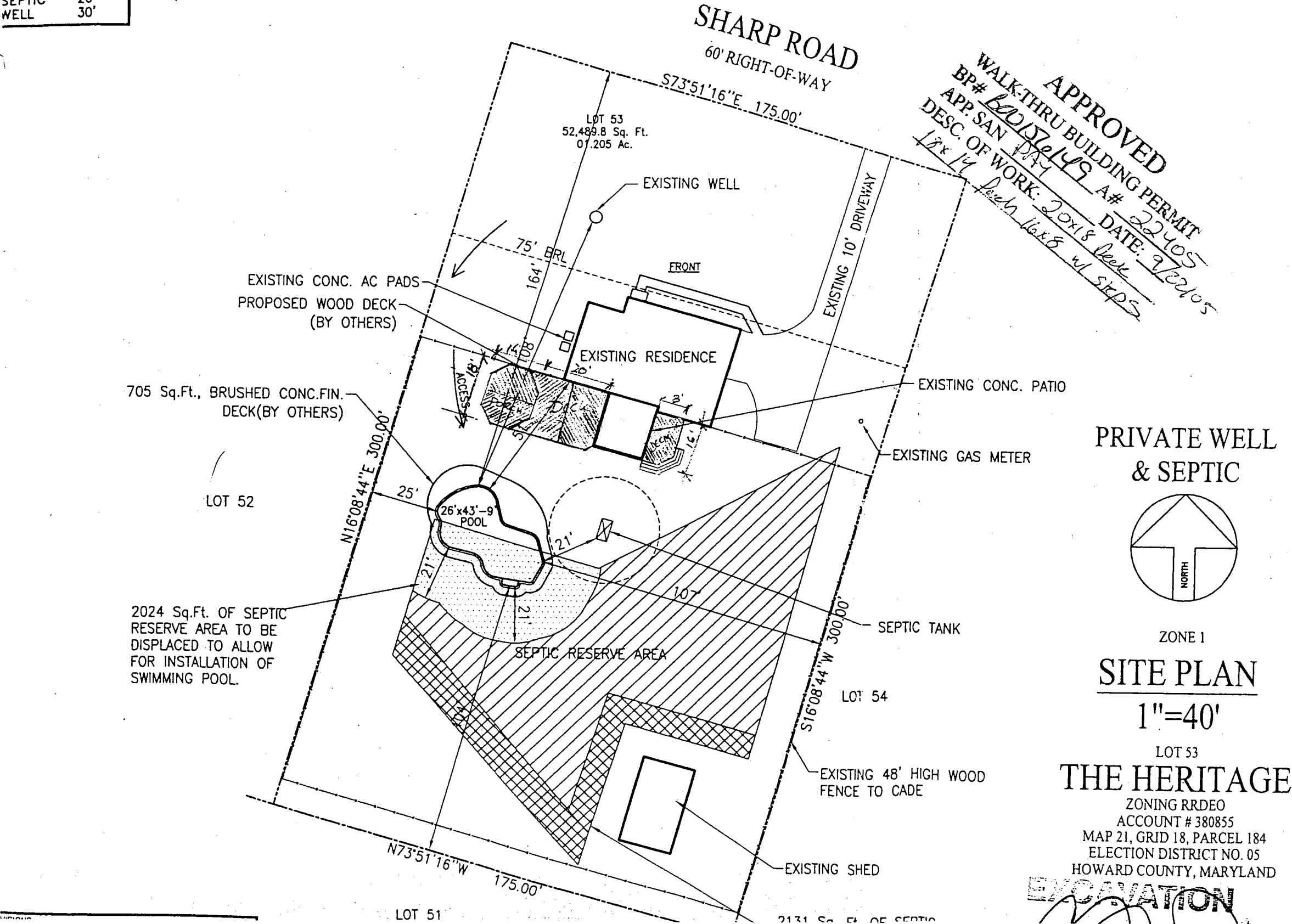
SITE
1"

THE I

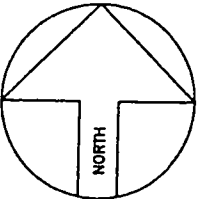
Z
AC
MAP 2
ELEC
HOWA

Z
AC
MAP 2
ELEC
HOWA

SETBACKS:	
REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	30'



PRIVATE WELL
& SEPTIC



ZONE 1

SITE PLAN

1"=40'

THE HERITAGE

LOT 53
ZONING RRDEO
ACCOUNT # 380855
MAP 21, GRID 18, PARCEL 184
ELECTION DISTRICT NO. 05
HOWARD COUNTY, MARYLAND

EXCAVATION

Maryland
POOLS

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
800-252-SWIM
WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

- DIRT/GRADING: HAUL
- SPA: NONE
- RAISED BEAM: NONE
- TILE: FRC-11R
- COPING: 9" R/N PACIFIC ROSE BRICK
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP
- CLEANING SYS: POLARIS 380 W/TIMER
- TREATMENT SYS: MINERAL SPRINGS
- CONTROL SYS: NONE
- HEATER: PROPANE @ 400,000 BTU
- LIGHTS: ONE WATTS: 500 VOLTS: 120
- LOVESEAT: (1) - OUTSIDE @ 6'
- AQUA BENCH: (2) @ 5' W/UMBRELLA SOCKETS
- RAIL GOODS: NONE
- DECKING: BRUSHED CONC. FIN. @ 774 Sq.Ft.
- FENCE: BY OWNER
- POOL COVER: NONE TYPE: N/A
- CHEMICALS: \$50 CHEMICAL ALLOWANCE
- OTHER ITEMS: NONE

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 26' x 43'-9" - CUSTOM
POOL AREA: 800 SPA: OTHER: 12
TOTAL AREA: 812
PERIMETER: 127 SPA:
GALLONAGE: 33,100 DEPTH: 3'-0" TO 8'-0"

DIRECTIONS TO SITE

RT-32 N. L/T ON BURATWOODS RD. L/T IMMEDIATELY ON IVORY RD. R/T ON TRIADLPHIA RD. L/T ON LITHICUM RD. R/T ON SHARP RD. (SUBDIVISION - "THE HERITAGE")
****SITE ON LEFT****

MAP #
9
GRID
F-11

HANS & MICHELE KRATZMEIER
4094 Sharp Road
Glenelg, Md 21737
Howard County

HOME PHONE: 301-854-5260
OFFICE PHONE 1:
OFFICE PHONE 2:

SITE PLAN