1/14/00
1-2pm
1-18-00
am+p.

PERMIT

P 513157

~~A 20435~~

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE 12/3/1999

DATE SYSTEM APPROVED 1/18/00

INSPECTOR DKS

03-294390

Global Equipment IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 3595 Frederick, Maryland 21705 PHONE 301-261-4885

SUBDIVISION Roman Ridge Estates LOT 6 ROAD 14140 Rover Mill Road

PROPERTY OWNER Glen & Nancy Balick

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS **TOP SEAMED TANK**

NUMBER OF BEDROOMS 4

60 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 360.00' and 572.00' lot lines, begin trenches 225 feet up the 572.00' lot line and 95 feet off that same lot line. Run trenches on contour 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 6/21/99

PLANS APROVED BY Amy McMillen DATE 6-11-1999

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.

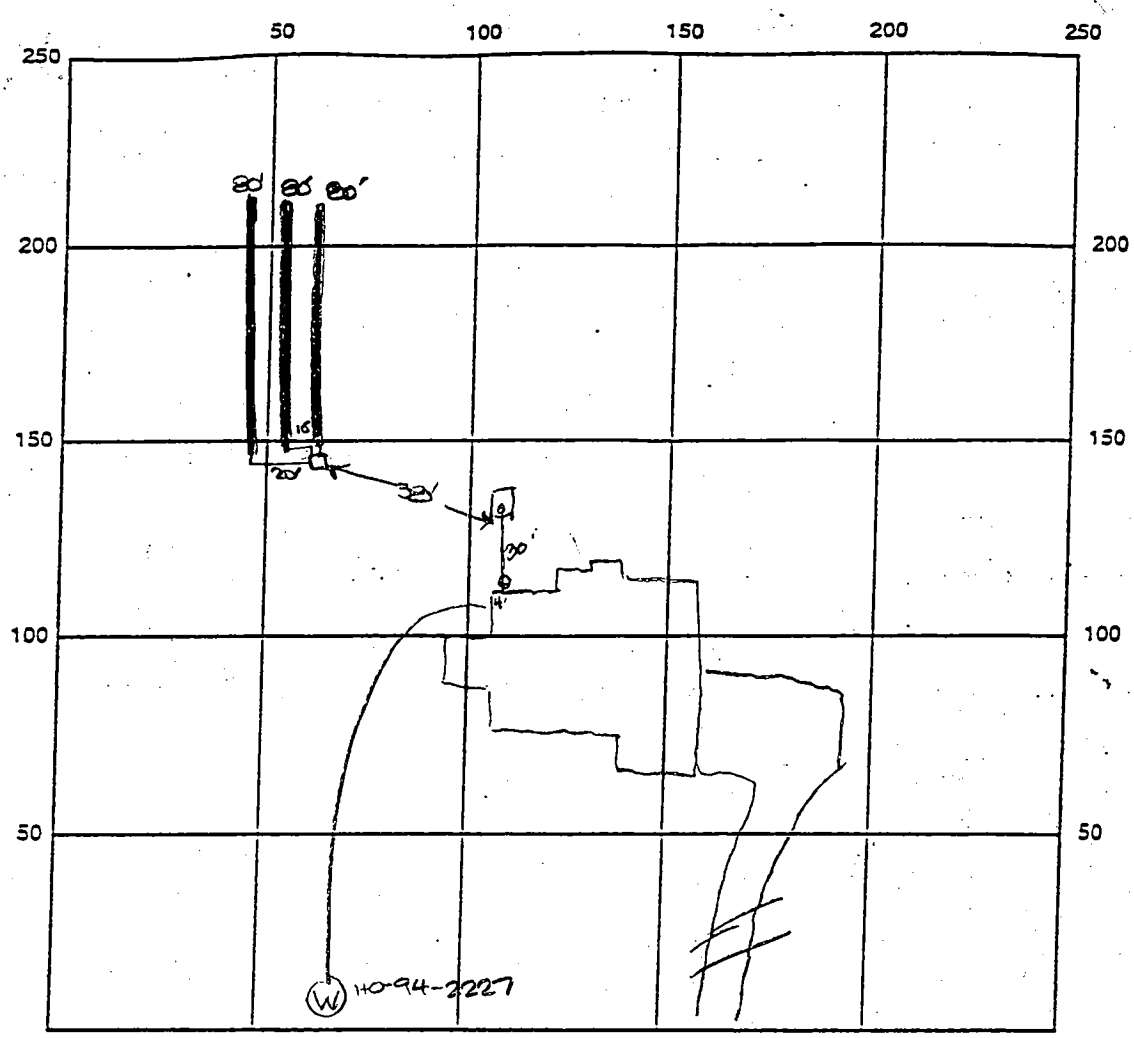
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

~~A 20435~~ P 513157



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS one at house one on s.t.

DISTRIBUTION BOX LEVEL ok - baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 1/14/00 Distribution box moved slightly downhill due to "bump" & topo different than on plan - new box placement will allow end of 1st trench to run into testhole "P" also

1/18/00 FINAL INSP - OK to cover all septic work. DLS

DATE SYSTEM APPROVED 1/18/00 INSPECTOR [signature]

APPLICATION

3/18/99 2 10:00

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

2/12/99
Purpose: Confirm septic area on existing lot of record
All

DISTRICT _____

DATE _____

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 ~~DAVID AHLQUIST~~ c/o PAT WEYMOUTH

ADDRESS OXWELL LANE LAUREL PHONE GLEN & NANCY BALICK

AGENT OR PROSPECTIVE BUYER PAT WEYMOUTH

ADDRESS 10805 HICKORY RIDGE RD SUITE 215 COLUMBIA 21044 PHONE 410 730 4343 x203

PROPERTY LOCATION:

SUBDIVISION ROMAN ESTATE LOT NO. LOT #6

ROAD AND DESCRIPTION 14140 RIVER MILL

BLDG. PERMIT SIGNED AND RETURNED 6-7-99
Serial # BRO 11897

TAX MAP 15 PARCEL # 203

SIZE OF LOT 5 ACRES TYPE BLDG. SFD - 4 bdrm
(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

HD-216 (3/92)

COUNTY #

SOIL PROFILE

A, G

0'

dark red SiCLm

4.0'

pink to dark red SiSaLm <10% Rx

12.0

M, B, F, K

dark red SiCLm

4.0

lgt brn to greyish brn SaLm

12.0

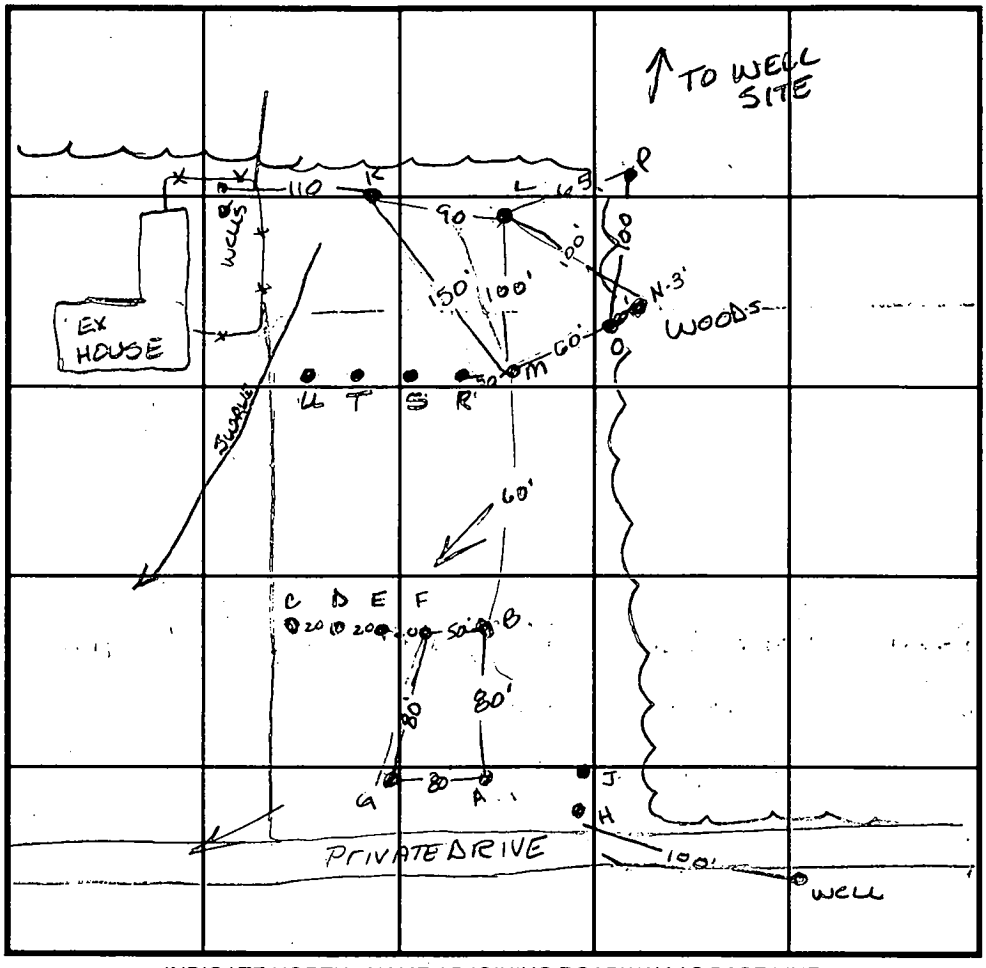
L, O, P

orange brn SiCLm

30% Rx

lgt tan to pink SiSaLm 10% Rx

11.5



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-2-99	A	4.5 / 12.0	2:17	no mvt	@ 2:35	—	slow
	J	Refusal	@ 2.0' - insufficient depth to bedrock			—	F
	B	4.5' / 12.0	2:21 30	2:25	2:25	2:31	6min
	C	Refusal	@ 8.0 - clay to 5.0 insufficient depth to bedrock				F
	H, D	Refusal	@ 6.0' - insufficient depth to bedrock				F
	E	Refusal	@ 7.0' - insufficient depth to bedrock				F
	F	4.5 / 12.0	2:54 30	3:05	No perc	@ 3:45	slow
	L	5.5' / 11.5'	3:52	3:53	3:53	3:56	3min
	K	6.0' / 12.0	3:45	3:52	3:52	4:05	13min
	M	5.5' / 12.0	3 57 30	3:59	3:59	4:02	3min

REMARKS Use holes K, L, P, O, M

TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT buyers

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6min TRENCH WIDTH 3.0

INLET DEPTH 4.0 MAXIMUM BOTTOM DEPTH 6.0 SQ. FT/BEDROOM 180

Roman Estates - Lot 6

COUNTY #

SOIL PROFILE
0'

SOIL PROFILE
0'

see attached for diagram

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-2.99	N	Refusal @ 3.0' -	Insufficient depth to bedrock				F
	O	Visual	to 12.0' - see profile				OK
	P	5.0 / V12.0	4.25	4.29	4.29	4.35	6min
	R	Refusal at 1.0'	Insufficient depth to bedrock				F
	S	Refusal at 3.0'	Insufficient depth to bedrock				F
	T	Refusal at 5.0'	Insufficient depth to bedrock				F
	U	Refusal at 6.0'	Insufficient depth to bedrock				F

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT buyers

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

RECORDED

APPLICATION

A 20435

P

SEWAGE DISPOSAL TESTING

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 3rd & 4th

DATE 7/30/74

1→3 B.R. | 4 B.R.
1000gal. septic tank | 1250gal. septic tank

Drywell to have 150 sq. ft. effective sidewall absorption area per bedroom below the first 5 ft. of non-absorbant soil. Maximum depth permitted for drywell is 12½ ft. below original grade. Place the drywell 175 ft. from the rear lot line and 30 ft. from the right lot line as seen when facing the lot from the right-of-way.

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 Ruth Thompson

ADDRESS _____ PHONE Any questions call Mr. Bernard Rome. 465-7700

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6

ROAD AND DESCRIPTION Rover Mill Road

SIZE OF LOT 5.003 acres TYPE BLDG 3 or 4 bedrooms
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 /s/ Bernard Rome

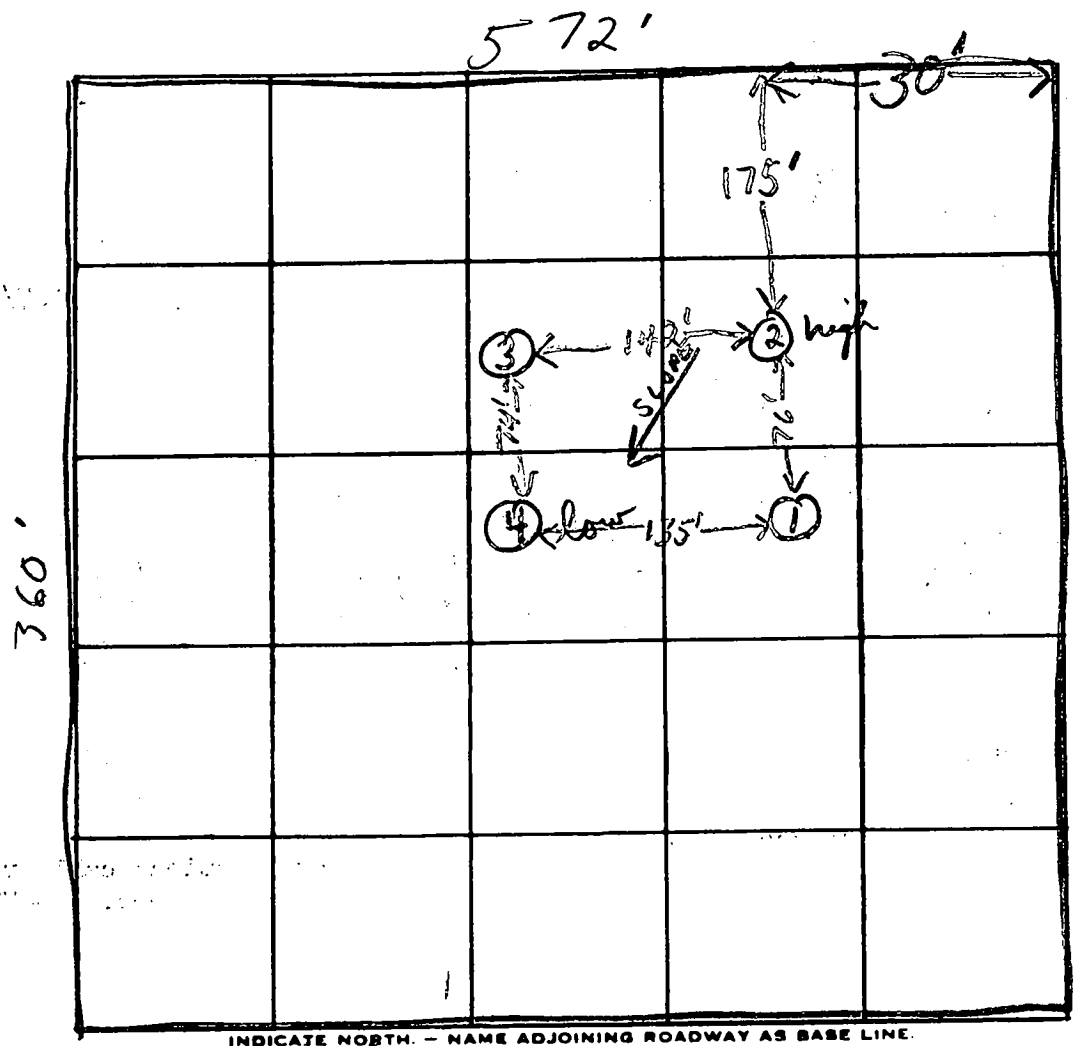
APPROVED BY Frank Shriner FOR DRYWELL (KIND OF SYSTEM) DATE 8/9/74

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.

R/W

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/6/74	1	5'	3:22	½" drop in 2.5 min drop			30 min
	1A	11½'	3:08	3:12	3:12	3:20	8 min
	2 high	5'	3:30	3:40	3:40	3:50	10 min
	2A	12½'	3:30	3:35	3:35	3:40	5 min
	3	11½'	Visual	clay to 5'	sandy loam below		
	4 low	4'	3:55	4:01	4:01	Sandy need longer hole	30 min
8/7/74	4A	12½'	10:30	10:34	10:34	10:42	8 min
8/7/74	4B	5'	10:28	10:30	10:30	10:33	3 min
	1B	5'	10:37	10:39	10:39	10:43	4 min

30 8 10 5 30 8 3 4 / 8 9 8

12 min AVG.

REMARKS _____

TYPE OF SOIL sandy loam & some shale, clay layer 3-5'

TESTED BY F.S. ALSO PRESENT: J. Brittingham C.B.S. 8/6 / R.B.?

EMERGENCY/TEMP NO. IF ANY

B 1 | 7822 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO - 94 - 2227

fill in this form completely

Date Received (APA): 04.26.99

OWNER INFORMATION

100 % Land LLC (Last Name / Owner / First Name)

8000 Main Street (Street or RFD)

Ellicott City, Md. 21043 (Town / State / Zip)

DRILLER INFORMATION

Michael Barlow | MWD355 (Driller's Name / License No.)

Michael Barlow Well Drilling Service (Firm Name)

912 Frwn Ct. Joppa 21085 (Address)

Signature | 4/21/99 (Date)

B 2 WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | (AIR-PERcussion) | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER: GAP

PERMIT No. HO - 94 - 2227

B 3 LOCATION OF WELL

Howard (COUNTY)

~~Howard~~ Roman Estates (SUBDIVISION)

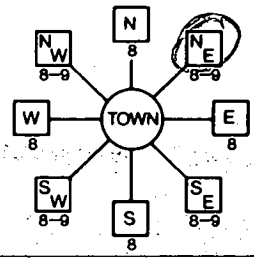
SECTION | LOT 6

Glenwood (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 1 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rover Mill Rd. (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) | WEST (W) (32) EAST (E) | SOUTH (S)

DISTANCE FROM ROAD: 2000 FT OR MI: 6

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard County | A20435 (COUNTY NAME / COUNTY NO.)

STATE SIGNATURE ____ INSERT S

DATE ISSUED: 042799 | A McMillen | 04/27/00 (CO SIGNATURE / EXP. DATE)

NORTH GRID: 530000 | EAST GRID: 800000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800

N 530

5/13/99

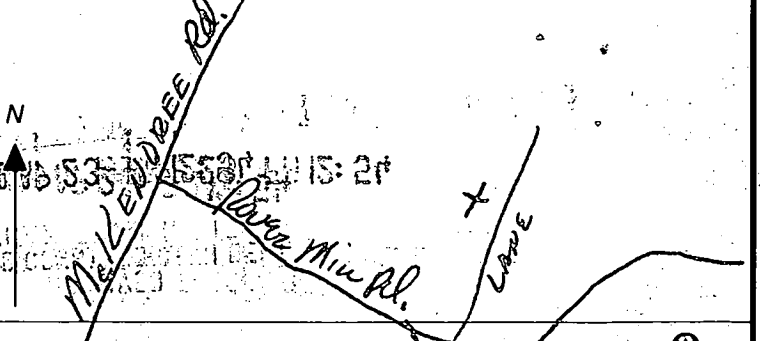
No insp

6

X

000
000

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

DENV-Permit 97 — ② COUNTY

C 1 | 06600 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 20435

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 5 DD 13 YY 99

Depth of Well: 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2227

OWNER 100% Land
STREET OR RFD Rover Mill Road (last name / first name) TOWN Glenwood
SUBDIVISION Roman Estates 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 FROM	FEET TO	check if water bearing
Brown Soil	0	45	
HARD GRAY GRANITE	45	225	
		60 ✓	
		105 ✓	
		185 ✓	

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. M D 355

DRILLERS SIGNATURES (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D JW 341

Max L. Jones

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 13 NO. OF POUNDS 1222
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 50 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	06	50

OTHER CASING (if used)

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

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

C 2 DEPTH (nearest ft.)

EACH SCREEN			
1	HO	50	225
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

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

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 12.
METHOD USED TO MEASURE PUMPING RATE: WATCH & BUCKET.

WATER LEVEL (distance from land surface)
BEFORE PUMPING 57' ft.
WHEN PUMPING 135' 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 (CIRCLE) (YES or NO): YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height): [+] above 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)

N

See Attached

COUNTY

Page 1 of 1
Date 5-13-99

Review 6/7/99 DK Ale

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 2227
Location of property (road) Rover Mill Road
Subdivision Roman Ridge Lot 6 Block ____ Plat ____ Sec. ____
Well Driller Michael Barlow Owner 100% Land

Depth of well 225
Distance of measuring point (M.P.) above ground ____
Static water level (S.W.L.) below M.P. 57

I. High rate pumping -- reservoir drawdown

Time pump started 10:15 Pumping rate 12
Total time ____ to reach pumping water level ____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	57'	2 sec		30
10:30	104'	2 sec		30
10:45	115'	3 sec		20
11:00	120'	4 sec		15
11:15	135'	5 sec		12
11:30	135'	5 sec		12
11:45	135'	5 sec		12
12:00	135'	5 sec		12
12:15	135'	5 sec		12
12:30	135'	5 sec		12
12:45	135'	5 sec		12
1:00	135'	5 sec		12
1:15	135'	5 sec		12

HD-224

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-8033

APPLICATION FOR PITLESS ADAPTOR WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement

Receipt # _____
Date _____

Name of Installer [illegible] Telephone [illegible]

License Number [illegible]
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner [illegible] Telephone [illegible]
Subdivision [illegible] Lot # 6 Well Tag # [illegible]
Site Address [illegible]

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible X
2. Make Goulds
3. Model # [illegible]
4. Capacity 12 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 X Cable guards X Other _____

Motor
1. Horsepower 1
2. RPM 3450
3. Voltage _____
   a. 110 _____
   b. 230 X

Pitless Adapter
1. Make _____
2. Model # [illegible]
3. Depth _____

Tank
1. Capacity [illegible]
2. Pressure relief valve? [illegible]

Piping
1. Type PVC
2. Size 1"
3. NSF and or BOCA Code approved Yes
   Depth of supply line 4'

Well data
1. Depth [illegible] ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? Yes

1/18/00 OK
well line, P.A. 3.5' belgrade
well casing 2' above grade
PVC conduit OK
2pc cap OK. (DO)

I understand that it is my responsibility to notify the Howard County Health Department when the system is ready for inspection. Otherwise this permit will void.

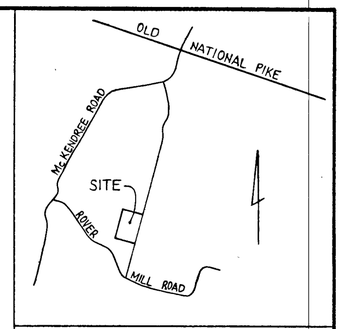
All information given above is true to the best of my knowledge.

Signature of Applicant [illegible]

Date 1-16-00

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

HD-215



VICINITY MAP 1" - 2000'

NORTH

N 25° 12' 00" E 572.00'

100'

Ex. Well

100'

Ex. Wells

Exist. Dwelling

LOT - 7

SEWAGE DISPOSAL EASEMENT (SEPTIC AREA)

96.8 K
101.7 L
105.6 P
106.6 N
104.5 O
102.0 M
93.8 U
95.1 T
98.0 S
100.2 R

DECK
PATIO
POOL
SUN RMM
PROP. HOUSE
PORCH

LOT - 6
5.003 Ac.±

WOODED

360.00'

N 64° 48' 00" W

370.00'

S 64° 48' 00" E

80.6 C
94.3 D
87.8 E
90.7 F
94.3 B
91.5 A
84.7 G

100'

PROP. WELL

S 25° 12' 00" W 1,201.39'

N25°12'00"E 629.47'

N 65°15'00"W 10.00'

ROVER MILL ROAD

Exist Stone Drive

100'

Ex. Well

NOTES:

1. The parcel shown hereon complies with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.
2. ▨ this area designates a private sewerage easement of ±10,000 square feet 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 sewer is available. This easement 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 plat shall not be necessary.
3. Unless otherwise shown, no wells or sewerage easements are located within 100 feet of this property.
4. Topography shown hereon is based on assumed datum
5. Percolation test holes shown hereon have been field located and shown as thus ○ .

LOT - 6
ROMAN RIDGE ESTATES
PERCOLATION TEST PLAN
DAVID AHLQUIST PROPERTY
NORTH OF ROVER MILL ROAD
3RD ELECT. DIST. HOWARD Co., MD

TAX MAP: 15 , PARCEL: 203

NOTE: FOR PERC TEST RESULTS SEE HOWARD COUNTY LETTER DATED MARCH 3, 1999, FROM AMY Mc MILLEN, HOWARD COUNTY, SANITARIAN

APPROVED: For private water and private sewerage systems.
Howard County Health Department.

Howard County Health Officer — Date 6/9/99

GEORGE A. STROUD III
PROPERTY LINE SURVEYOR No. 256

A. L. S. Inc.
SURVEYORS & LAND PLANNERS
194 EAST MAIN STREET
WESTMINSTER, MARYLAND 21157
410-857-0822

SCALE: 1" = 50' DATE: JUNE 3, 1999
JOB No. 35-99-22

S 64° 48' 00" E 370.00'

Approved Septic System Plan
Howard County Health Department

Signature 6/11/99 Date

required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.0 feet

Depth of stone required below distribution pipe 2.0 feet

LOT - 6
5.003 Ac.±

572.00'

N 25° 12' 00" E

1,201.39'

S 25° 12' 00" W

288'

228'

142'

175'

100'

NORTH

110

100

90

80

Ex. EL. 103.8
1000 GAL. TANK
INV. IN. 102.3
INV. OUT 101.8

DECK

PROP. HOUSE
F.F. = 106.5

PORCH

SUN ROOM

PATIO

POOL

INV. OUT 102.8

DISTRICTION BOX
Ex. EL. 105.0
INV. IN 101.0

SEWAGE DISPOSAL EASEMENT
(SEPTIC AREA)

Pool location ok patio 10' away from SDA ok as shown

Ex. Well

Exist Stone Drive

P O
O O
M O
O_L
OR
O_S
OK
O_T
O_U
A O
B O
F O
E O
G O
D O