PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5/3583

A 43083

DISTRICT

DATE 5/8/00

DATE SYSTEM APPROVED 5/10/00

INSPECTOR DKS

INDEXED

05-414725

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

C & C Utility Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 7398 Gaither Road Sykesville, MD 21784 PHONE (410) 549-4987

SUBDIVISION Brierly LOT 12 ROAD 13856 Russell Zepp Drive

PROPERTY OWNER Audrey Benford

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

BUILDING PERMIT SIGNED AND RETURNED
3-19-03 B00140754-Sun Room

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 3½ feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place distribution box 125 feet down the 297.00' lot line and 50 feet off the same lot line when facing the lot from Russell Zepp Drive. Run trenches along contour from both sides of the box.

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

CONFIRMATION TEST HOLES REQUIRED AT TIME OF INITIAL EXCAVATION. APP 1/12/00

5/9/00 confirmation perc hole OK (DKS)

PLANS APROVED BY Donna K. Soe/Amy McMillen DATE 12/27/99

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.

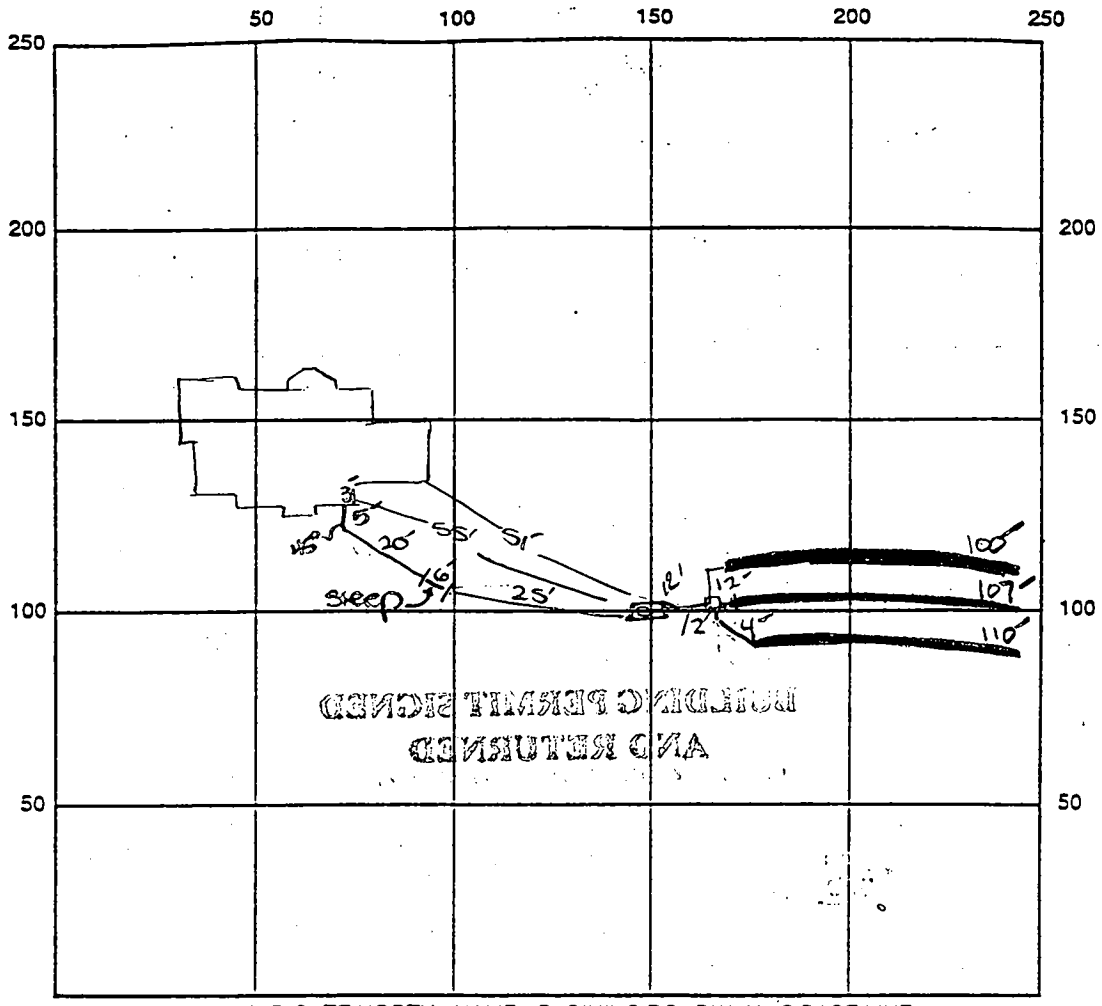
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P5/3583



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 317 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 951 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 5/10/00 FINAL INSP - OK to cover all septic work. DS

3/11/00 WPI - OK to cover. DS

DATE SYSTEM APPROVED 5/10/00 INSPECTOR DS

APPLICATION

PERCOLATION TESTING

A 43083

P

DISTRICT 5TH

DATE 9-20-88

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

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 RUSSELL ZEPP

ADDRESS 13790 HIGHLAND RD. PHONE 854-2797

PROSPECTIVE BUYER HENRY L. BIEVINS

ADDRESS 3600 WATERSVILLE RD MT. AIRY, MD 21771 PHONE 795-2337

PROPERTY LOCATION:

SUBDIVISION ZEPP SUBDIVISION LOT NO. 12

ROAD AND DESCRIPTION HIGHLAND ROAD HOWARD CO ZIP: 21039

TAX MAP 34 PARCEL # 7

SIZE OF LOT 3.00 AC ± TYPE BLDG SINGLE FAMILY
(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.

John C. Blevins
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING perc UNSAT, HOLD PENDING FURTHER TESTS

HD-216

THIS IS NOT A PERMIT

Lot 12

A43083

(7)

SOIL PROFILE

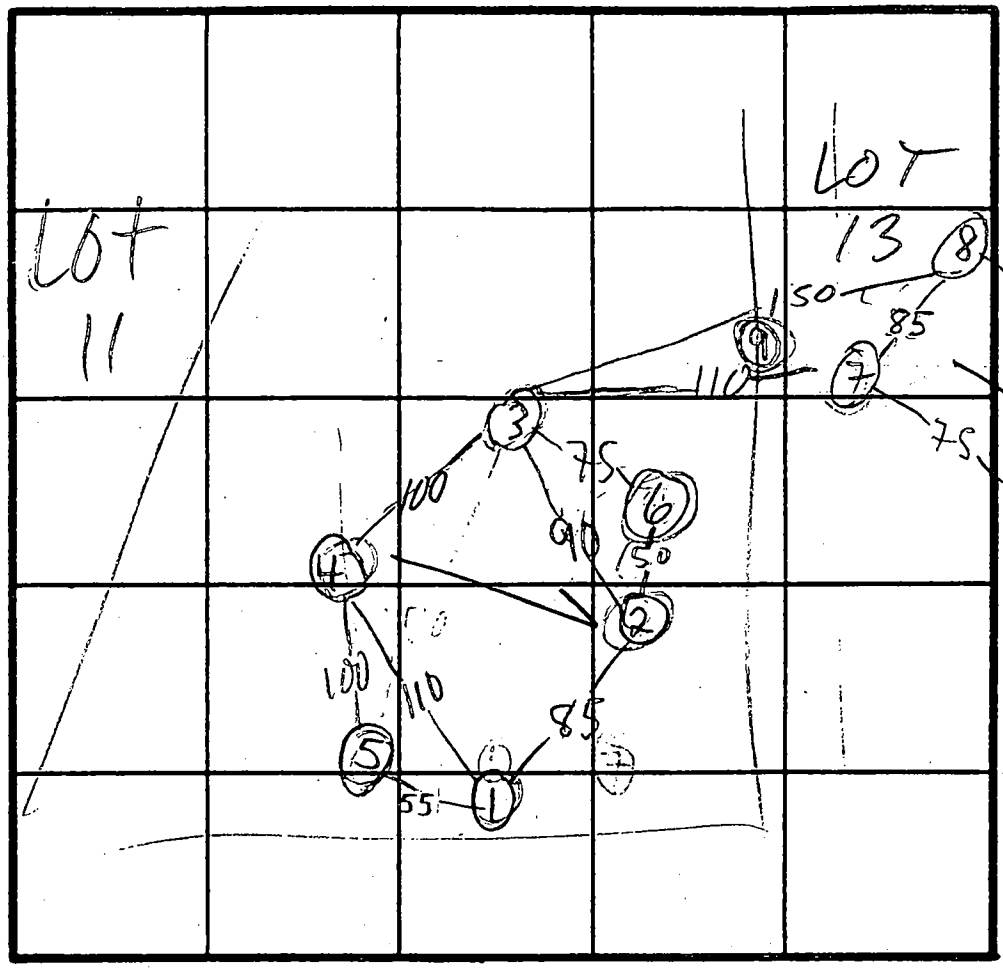
0"

6" topsoil
yellow
purple
pink +
orange
clay loam
some mica

7½

highly
micaceous
pink
silty
loam
5% frags

10



$\bar{X} = 8$ ~~20~~

Inlet ~~3½~~

Bottom 6½

240 ~~□~~ BR

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
3/3/89	1	9½	org/red	clay to	bottom	10% frags	very littlemica
	2	9	sim to	(1)			
	3	11	sim to	(9) clay to 6½		10% frags	highmica
	4	10½	org/red	yellow clay to 6½		org silt loam	5-10% frags below
	5	9	sim to	(1)			
	6	9	sim to	(3)			
	7S	7	2:43	2:53	2:53	3:23	30
	7V	10	"	"			
	8M	5½ 7½	2:47 2:47	2:49 2:49	2:49 2:49	2:53 2:55	4 6
	8V	10	sim to	(7) clay to		5'10% frags	

9

CLAY to Bottom FAIL

REMARKS HOLES ① ② ③ & ④ DUG PER PLAT MOVE UPHILL

DATA FOR ② - ④ ONLY / USE ③ - ④ - ⑦ - ⑧ LOT 13 SHEET.

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT

LOT 13
A43084

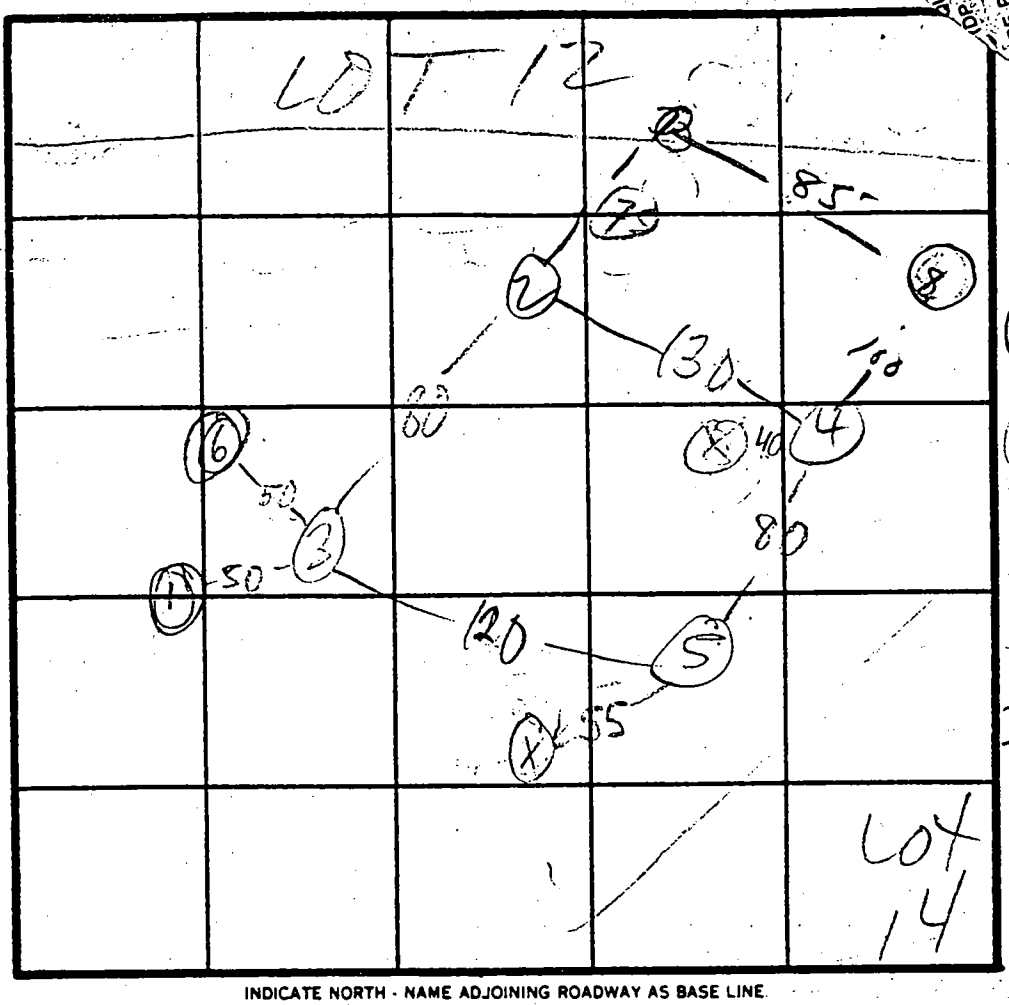
(3) SOIL PROFILE

6" topsoil

deepred yellow silt clay loam

5' dk red brn silt loam high mica 5% frags

13'



(2) HI
(4) MED HI
(3) (5) LO

X = 46
180 ∠ BR
Inlet 4'
Bottom 6'

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
3/3/89	1S		CLAY	to bottom			FAIL
11	1V	8'	clay	to 8	high mica post		8'
	2S/M	5	12:30 / 12:30	12:32 / 12:32	12:32 / 12:32	12:36 / 12:34	4 / 2
	2V	10	clay to	4½'	< 5% frags dk pink/org/purple		
	3S	6'	12:27	12:30	12:30	12:36	6
	3V	13'					
	4S	6	12:41	12:42	12:42	12:45	3
	4V	11	clay	to 4'	10% frags		
	5S	7	12:39	12:41	12:41	12:45	4
	5V	13½'	clay to	5½	5% frags		
(6)		8'	clay to bottom		FAIL		

REMARKS HOLES (1) & (2) AS STAKED; DATA FOR (7) & (8) ON SHEET FOR LOT 12

TYPE OF SOIL

TESTED BY M. Rittin ALSO PRESENT

C 1 07517 — SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A43083

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 11 DD 23 YY 89

Depth of Well: 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 10-94-2485

OWNER: Benford (last name) Audrey (first name)
STREET OR RFD: Russell Epp Drive TOWN: Highland
SUBDIVISION: Briery SECTION: LOT: 12

WELL LOG 1
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Top Soil	0	2	
Sandy	2	60	
Sand Stone	60	75	✓
Micka	75	90	
Sand Stone	90	100	✓
Micka	100	145	

100 gr Dry Hole Fillup with #2 Cement

NUMBER OF UNSUCCESSFUL WELLS: I

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.: MSD 116
Mark Mayer
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD 115
Mark E. Mayer

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 19 NO. OF POUNDS 190
GALLONS OF WATER 114
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (TOP) ft. to 40 (BOTTOM) ft.
(enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL	6	75

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 [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

C 2 DEPTH (nearest ft.)

EACH SCREEN			
1	HO	75	145
2			
3			

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

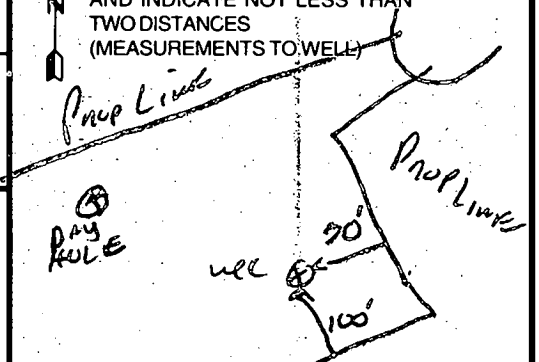
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	from	to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3 PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min.): 15.
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 75 ft.
WHEN PUMPING: 76 ft.
TYPE OF PUMP USED (for test)
[A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height): [+] above [−] below LAND SURFACE 2 (nearest) foot

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



DENV-CR97 ② COUNTY

Page ____ of ____
Date Nov 23 1999

Review 6/15/00 O.K. (BB)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2485
Location of property (road) Russell Tepp Drive
Subdivision Briely Lot 12 Block ____ Plat ____ Sec. ____
Well Driller R Hayek Owner Benfield

Depth of well 145'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 75

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 15 GPM
Total time 15 min to reach pumping water level 76 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	76 ft	4 Sec		15 GPM
9:15	76 "	4 Sec		15 GPM
9:30	76 "	4 Sec		15 GPM
9:45	76 "	4 "		15 GPM
10:00	76 "	4 "		15 "
10:15	76 "	4 "		15 "
10:30	76 "	4 Sec		15 GPM
10:45	76 "	4 Sec		15 GPM
11:00	76 "	4 Sec		15 GPM
11:15	76 "	4 "		15 "
11:30	76 "	4 "		15 "
11:45	76 "	4 Sec		15 GPM
12:00	76 "	4 Sec		15 GPM

HD-224

75 ft CASING 40 open 15 SAYS

EMERGENCY/TEMP NO. IF ANY

B 1 | 1978 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO 94 - 2485

fill in this form completely

Date Received (APA): 11/4/99

OWNER INFORMATION

BENFORD (Last Name) AUDREY (First Name)

3161 Emerald Valley DR. (Street or RFD)

Ellicott City MD. 21042 (Town / State / Zip)

LOCATION OF WELL

B 3

Howard (COUNTY)

BRIERLY (SUBDIVISION)

SECTION - LOT 12

HIGHLAND (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 3

DRILLER INFORMATION

Ralph Mayne MSDH 16 (Driller's Name / License No.)

Ralph Mayne well Drilling (Firm Name)

9120 Brown Church Rd. Mt Airy (Address)

Ralph Mayne 10-1-99 (Signature / Date)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW 8-9, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

Russell Zepp DR. (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 300 FT

TAX MAP: 34 BLK: ____ PARCEL: 7

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A43083 (COUNTY NO.)

STATE SIGNATURE _____ INSERT S

DATE ISSUED 11/8/99 (CO SIGNATURE) EXP. DATE 11/7/00

NORTH GRID 500 000 EAST GRID 0801 000

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

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

CABLE REVerse-ROTary DRive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1 well

2.

3.

11/23/99
9:30 grout
No insp

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800

N 500

000 000

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL

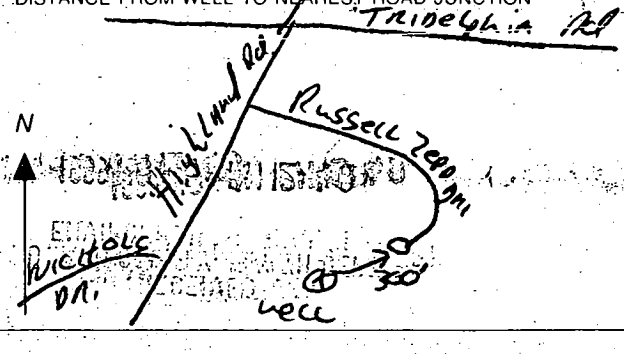
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

[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) ____-____-____

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: GAP

PERMIT No. HO-94-2485

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

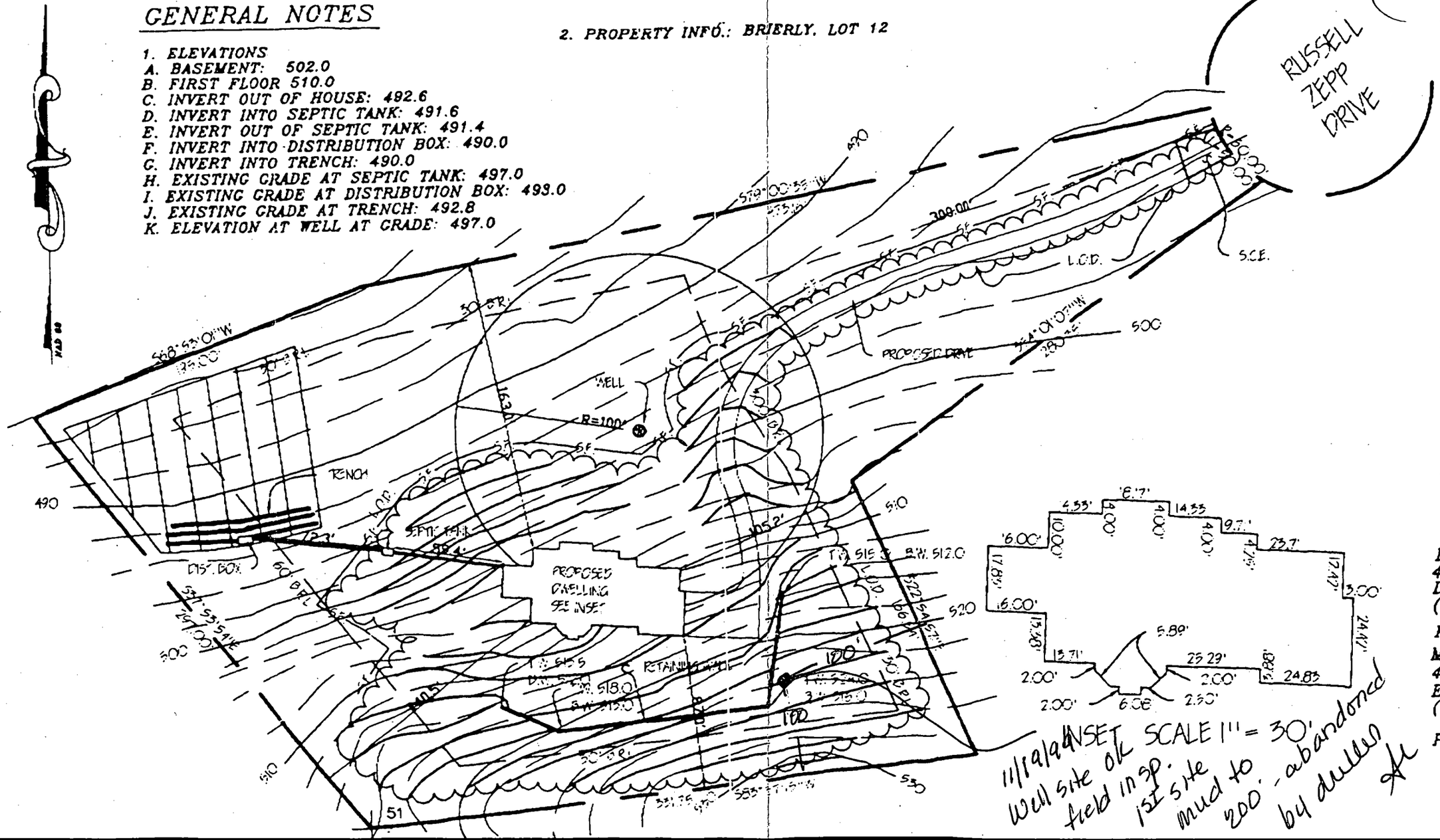
② COUNTY

11/8/99
Proposed well site...
OK as shown. DRS

GENERAL NOTES

1. ELEVATIONS
A. BASEMENT: 502.0
B. FIRST FLOOR 510.0
C. INVERT OUT OF HOUSE: 492.6
D. INVERT INTO SEPTIC TANK: 491.6
E. INVERT OUT OF SEPTIC TANK: 491.4
F. INVERT INTO DISTRIBUTION BOX: 490.0
G. INVERT INTO TRENCH: 490.0
H. EXISTING GRADE AT SEPTIC TANK: 497.0
I. EXISTING GRADE AT DISTRIBUTION BOX: 493.0
J. EXISTING GRADE AT TRENCH: 492.8
K. ELEVATION AT WELL AT GRADE: 497.0

2. PROPERTY INFO.: BRIERLY, LOT 12



11/19/99 INSET SCALE 1" = 30'
Well site OK
field in SP.
1st site
mud to
200' - abandoned
by owner

PLOT PLA
SINGLE F.

TAX MAP 34 I
PLAT NO. 100
DATE: 10/19/
SCALE: AS SH.

BUILDER: TRAI
4540 TEN OAKS
DAYTON, MARYL
(410) 531-920

PREPARED BY:
MARKS & ASSO
4531 COLLEGE
ELLICOTT CITY,
(410) 747-8736

PLAN SCALE: 1"

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 ✓ Receipt # _____
Replacement _____ Date _____

Name of Installer Gary Eikenberg Telephone 410-796-8583

License Number 3260
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner Audrey Benford Telephone _____
Subdivision Brierly Lot # 12 Well Tag # 110 - 94 - 2485
Site Address 13856 Russel Zepp Dr
Clarksville Md 21029

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible ✓
2. Make Gould's
3. Model # 7GS05
4. Capacity 7 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 3/4
2. RPM 1850
3. Voltage _____
   a. 110 _____
   b. 220 ✓

Pitless Adapter
1. Make Harvard
2. Model # PT800
3. Depth 48"

Tank
1. Capacity 80 gal
2. Pressure relief valve? Yes

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"

Well data
1. Depth 285 ft.
2. Yield 11 GPM
3. Static water level 60 ft.
4. Will water supply be disinfected 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: 12-12-2000

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

HD-215

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 ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer Gary Eikenberg

Telephone 410-796-8583

License Number 3260
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Andy Benford

Telephone ____

Subdivision Brierly Lot # 12 Well Tag # MO - 94 - 2485

Site Address 13856 Russell Zepp Dr
Clarksville Md 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 7SS05
4. Capacity 7 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 3/4
2. RPM 1850
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Harvard
2. Model # PT800
3. Depth 48"

Tank
1. Capacity 80 gal
2. Pressure relief valve? Yes

Piping
1. Type poly
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"

Well data
1. Depth 285 ft.
2. Yield 11 GPM
3. Static water level 60 ft.
4. Will water supply be disinfected 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).

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Signature of Applicant: [signature]

Date: 12-12-2000

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

HD-215

WALL CHECK FOR PROPOSED SINGLE FAMILY DWELLING

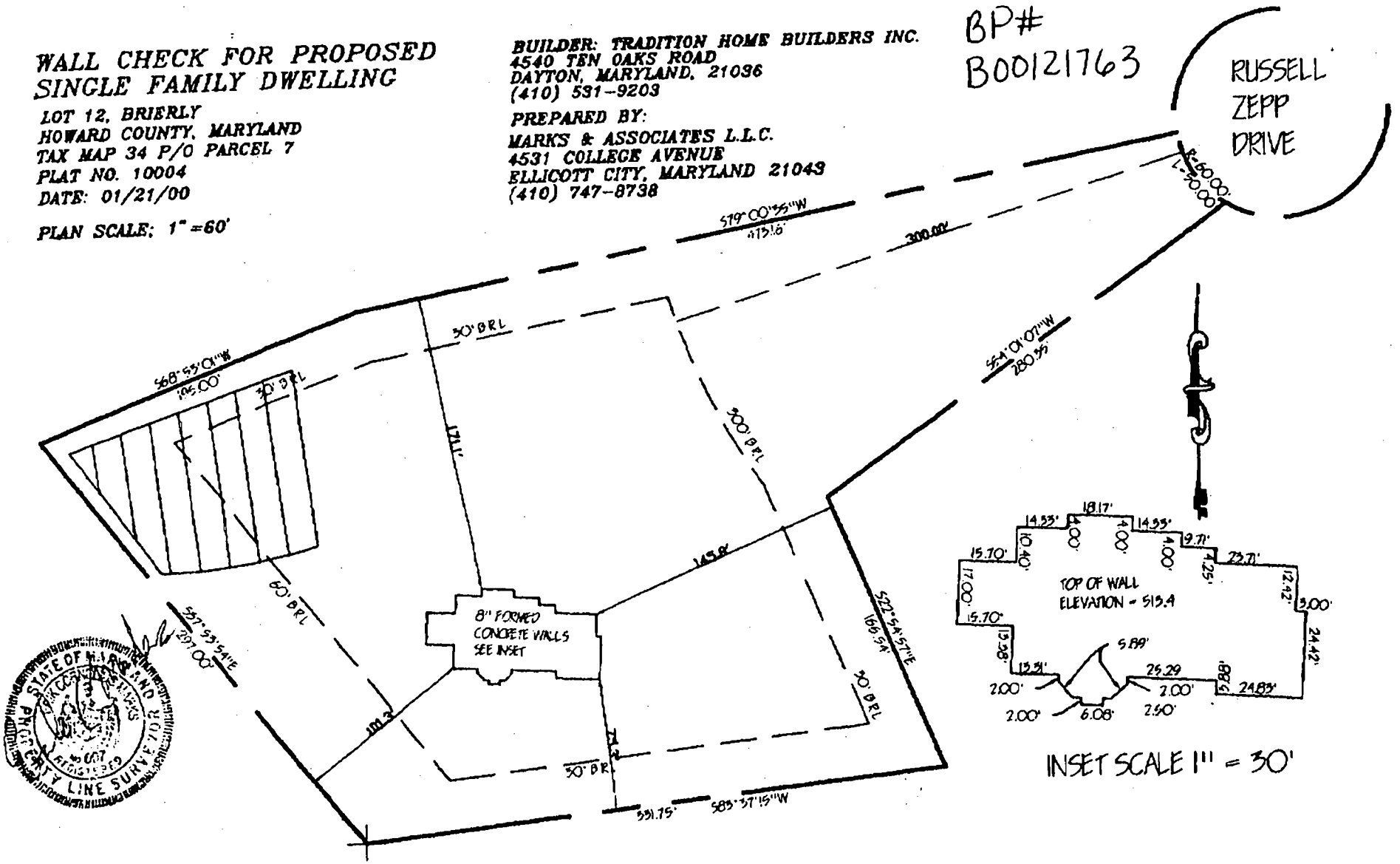
LOT 12, BRIERLY
HOWARD COUNTY, MARYLAND
TAX MAP 34 P/O PARCEL 7
PLAT NO. 10004
DATE: 01/21/00

PLAN SCALE: 1" = 60'

BUILDER: TRADITION HOME BUILDERS INC.
4540 TEN OAKS ROAD
DAYTON, MARYLAND, 21036
(410) 531-9203

PREPARED BY:
MARKS & ASSOCIATES L.L.C.
4531 COLLEGE AVENUE
ELLICOTT CITY, MARYLAND 21043
(410) 747-8738

BP#
B00121763



INSET SCALE 1" = 30'

5/8/00
House shifted 10'± towards 331.75' lot line - should not adversely impact septic system installation (TKS)

Total linear feet of trench required 320 feet

Width of trench(es) 3.0'

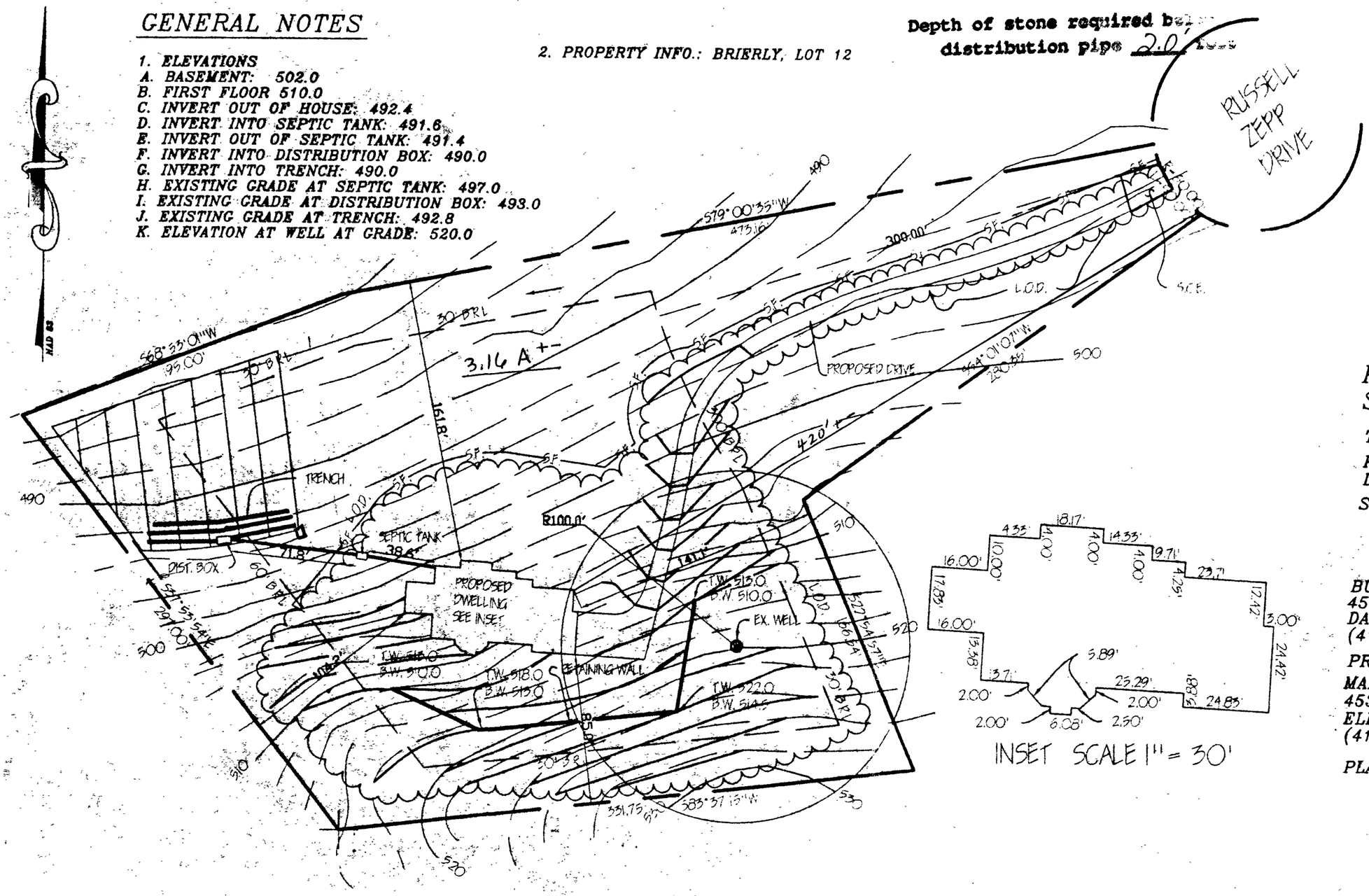
Depth of trench(es) 6.5'

Depth of stone required below distribution pipe 2.0' feet

GENERAL NOTES

1. ELEVATIONS
A. BASEMENT: 502.0
B. FIRST FLOOR 510.0
C. INVERT OUT OF HOUSE: 492.4
D. INVERT INTO SEPTIC TANK: 491.6
E. INVERT OUT OF SEPTIC TANK: 491.4
F. INVERT INTO DISTRIBUTION BOX: 490.0
G. INVERT INTO TRENCH: 490.0
H. EXISTING GRADE AT SEPTIC TANK: 497.0
I. EXISTING GRADE AT DISTRIBUTION BOX: 493.0
J. EXISTING GRADE AT TRENCH: 492.8
K. ELEVATION AT WELL AT GRADE: 520.0

2. PROPERTY INFO.: BRIERLY, LOT 12



INSET SCALE 1" = 30'

Approved Septic System Plan
Howard County Health Department

Signature 12/27/99 Date

PLOT PLAN FOR PROPOSED SINGLE FAMILY DWELLING

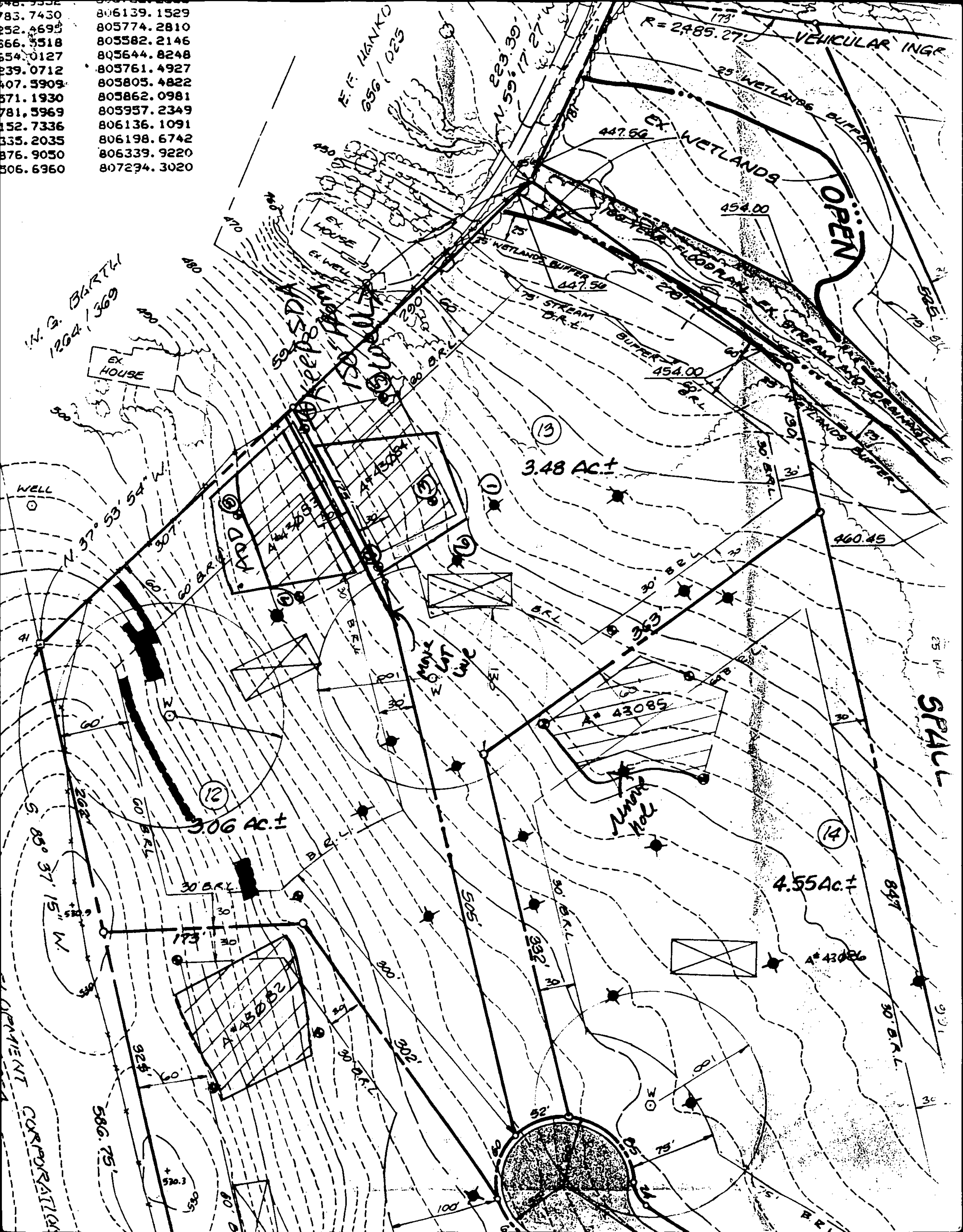
TAX MAP 34 P/O PARCEL 7
PLAT NO. 10004
DATE: 12/02/99
SCALE: AS SHOWN

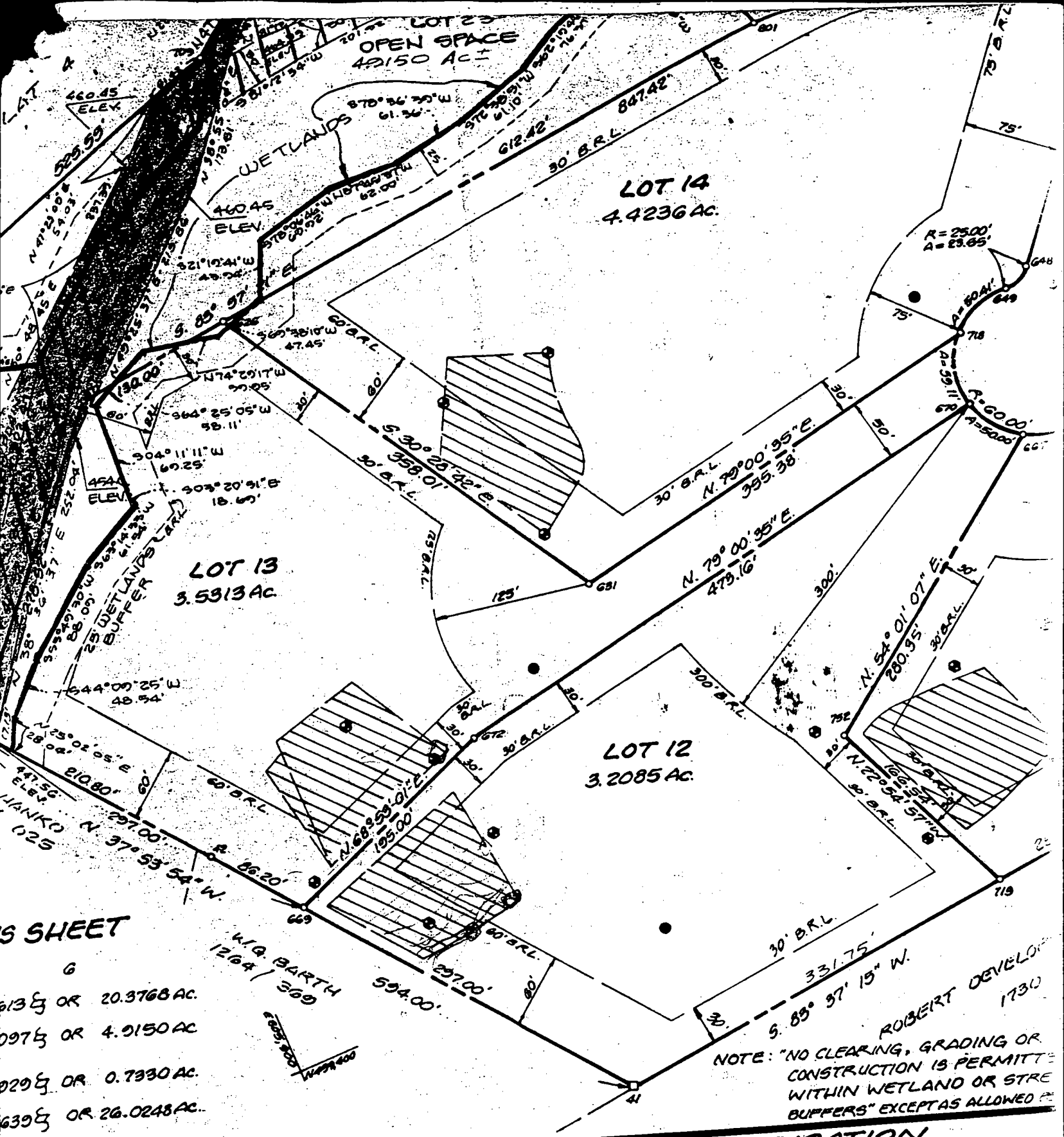
BUILDER: TRADITION HOME BUILDERS INC.
4540 TEN OAKS ROAD
DAYTON, MARYLAND, 21036
(410) 531-9203

PREPARED BY:
MARKS & ASSOCIATES L.L.C.
4531 COLLEGE AVENUE
ELLICOTT CITY, MARYLAND 21043
(410) 747-8738

PLAN SCALE: 1"=60'

783.7430	806139.1529
252.4695	805774.2810
666.5518	805582.2146
654.0127	805644.8248
239.0712	805761.4927
407.5909	805805.4822
571.1930	805862.0981
781.5969	805957.2349
152.7336	806136.1091
335.2035	806198.6742
876.9050	806339.9220
506.6960	807294.3020





S SHEET

6

613 ± OR 20.3768 Ac.

097 ± OR 4.9150 Ac.

029 ± OR 0.7330 Ac.

639 ± OR 26.0248 Ac.

W. A. BARTH
12.64 / 369

NOTE: "NO CLEARING, GRADING OR CONSTRUCTION IS PERMITTE WITHIN WETLAND OR STRE BUFFERS" EXCEPT AS ALLOWED

ROBERT DEVELO 1730

OWNERS DEDICATION

I, LAWRIE B. SARGENT, GENERAL PARTNER OF CLARKSVILLE ASSOCIATES, A GENERAL PARTNERSHIP OWNER OF THE PROPER AND DESCRIBED HEREON HEREBY ADOPT THIS PLAN OF SUBDIVISION, A ATION OF THE APPROVAL OF THIS PLAT BY THE OFFICE OF PLANNING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT COUNTY, MARYLAND; ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT AND MAINTAIN SEWERS, DRAIN, WATER PIPES AND OTHER MUNICIP SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT OF WAYS EASEMENT AREAS SHOWN HEREON (2) THE RIGHT TO REQUIRE DEDICA OF THE STREETS AND/OR ROADS AND FLOOD PLAINS A AND OTHER VALUABLE CONSIDER TO ACQUIRE THE F

PRIVATE WATER
WERAGE
ARD COUNTY
MENT

OFFICER / DATE

GENERAL NOTES

2. PROPERTY INFO.: BRIERLY, LOT 12

1. ELEVATIONS
A. BASEMENT: -502.0
B. FIRST FLOOR 510.0
C. INVERT OUT OF HOUSE: 492.6
D. INVERT INTO SEPTIC TANK: 491.6
E. INVERT OUT OF SEPTIC TANK: 491.4
F. INVERT INTO DISTRIBUTION BOX: 490.0
G. INVERT INTO TRENCH: 490.0
H. EXISTING GRADE AT SEPTIC TANK: 497.0
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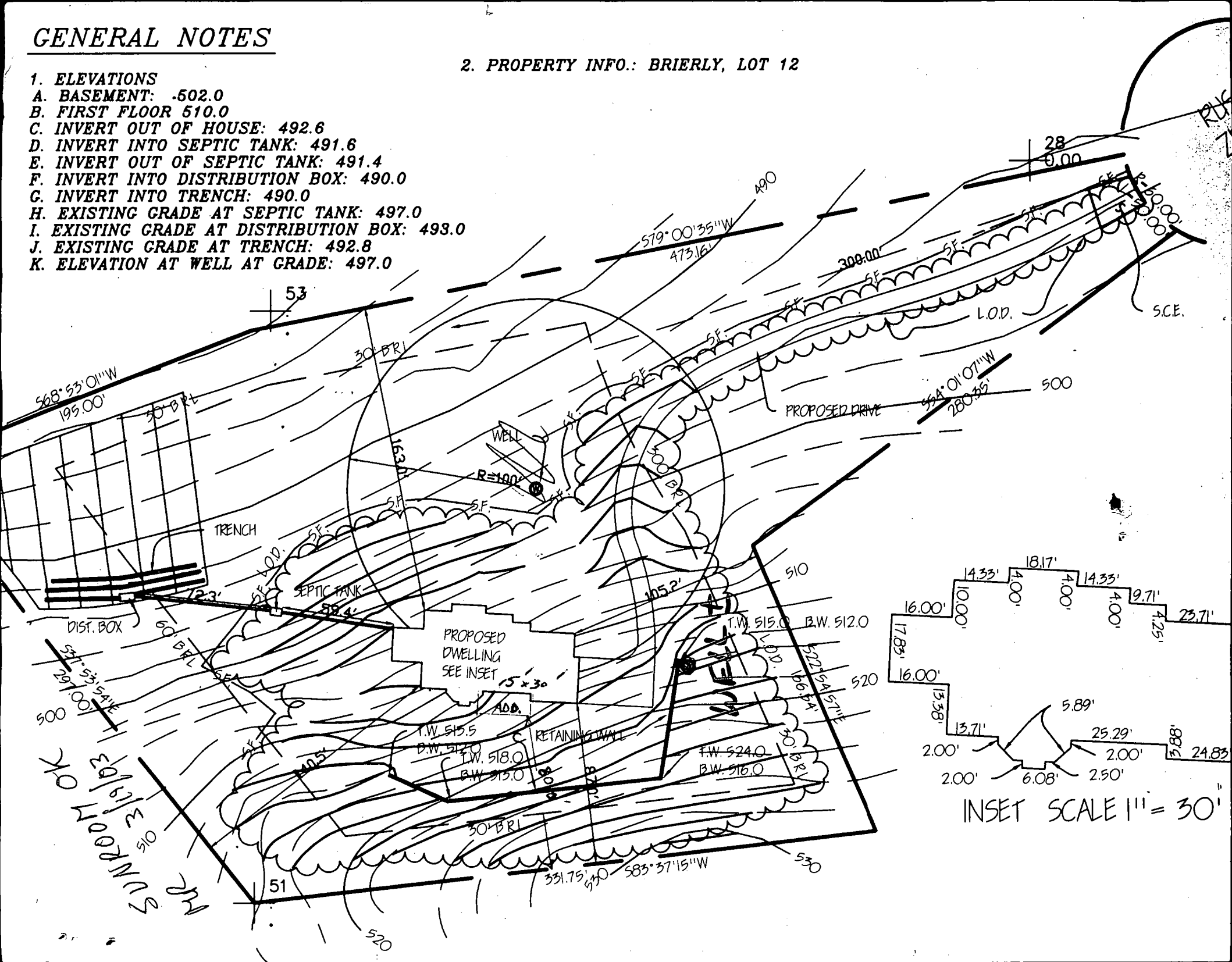

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00140754

Building Address 13856 Russell Zipp Dr Clarksville MD 21029

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

Census Tract 6051.01 Subdivision Beverly Dist. 1

Section _____ Area 5 Lot 12

Tax Map 34 Parcel 7 Grid 9B9

Zoning RR DEO Map Coordinates 13K7 Lot size

Property Owner's Name Audrey Bertucci

Address 13856 Russell Zipp Dr

City Clarksville State Md Zip Code 21029

Home Phone _____ Work Phone 410 584 1960

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

Phone _____ Fax _____

Existing Use Single Family Home

Proposed Use Same with Addition

Estimated Construction Cost $ 25,000

Description of Work Add 1 Story Sun Room of Room with 1 Step to grade. 15'x30' with

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
~~____ Public~~
✓ Private

Sewage Disposal:
~~____ Public~~
✓ Private

Electric ~~Yes~~ ✓ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ✓ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Steven Lof

Applicant's Signature

Print Name

Owner

Title/Company

3/19/03

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#: 44398