8/9/00 11:00 meet builder 10/23/00 Dump am

PERMIT

INDEXED 10/23/00

P 574194

SEWAGE DISPOSAL SYSTEM

A 59815-L

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Not Found Avalde

DISTRICT

DATE 8/16/2000

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 410-313-2640

DATE SYSTEM APPROVED 10/23/00

INSPECTOR BB

S K Backhoe & Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION The Woods at Ridgeview LOT PP-A ROAD 15094 Route 144, Woodbine, MD 21797

PROPERTY OWNER Steve Scheuch

ADDRESS Same

***** Top seamed pump chamber required *****
***** Top seamed septic tank required *****

Starting from the intersection of the 785.92' and 280.47' lot lines, place the distribution box 90' up the 785.92' lot line and 90' off this same lot line. Run (2) 75' trenches in each direction. 8/16/00 O.K. BB

TRENCH to be 3 feet wide.
INLET 3.5 feet below original grade
BOTTOM MAXIMUM DEPTH 5.5 feet below original grade.
EFFECTIVE AREA begins at 4 feet below original grade.

2 FEET OF STONE below distribution pipe.
SEPTIC TANK CAPACITY 1250 GALLONS
PUMPED SEPTIC SYSTEM 1250 GALLONS
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 225
TOTAL LINEAR FEET OF TRENCH 300

PLANS APROVED BY Mark E. Rifkin DATE 3-22-2000

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.

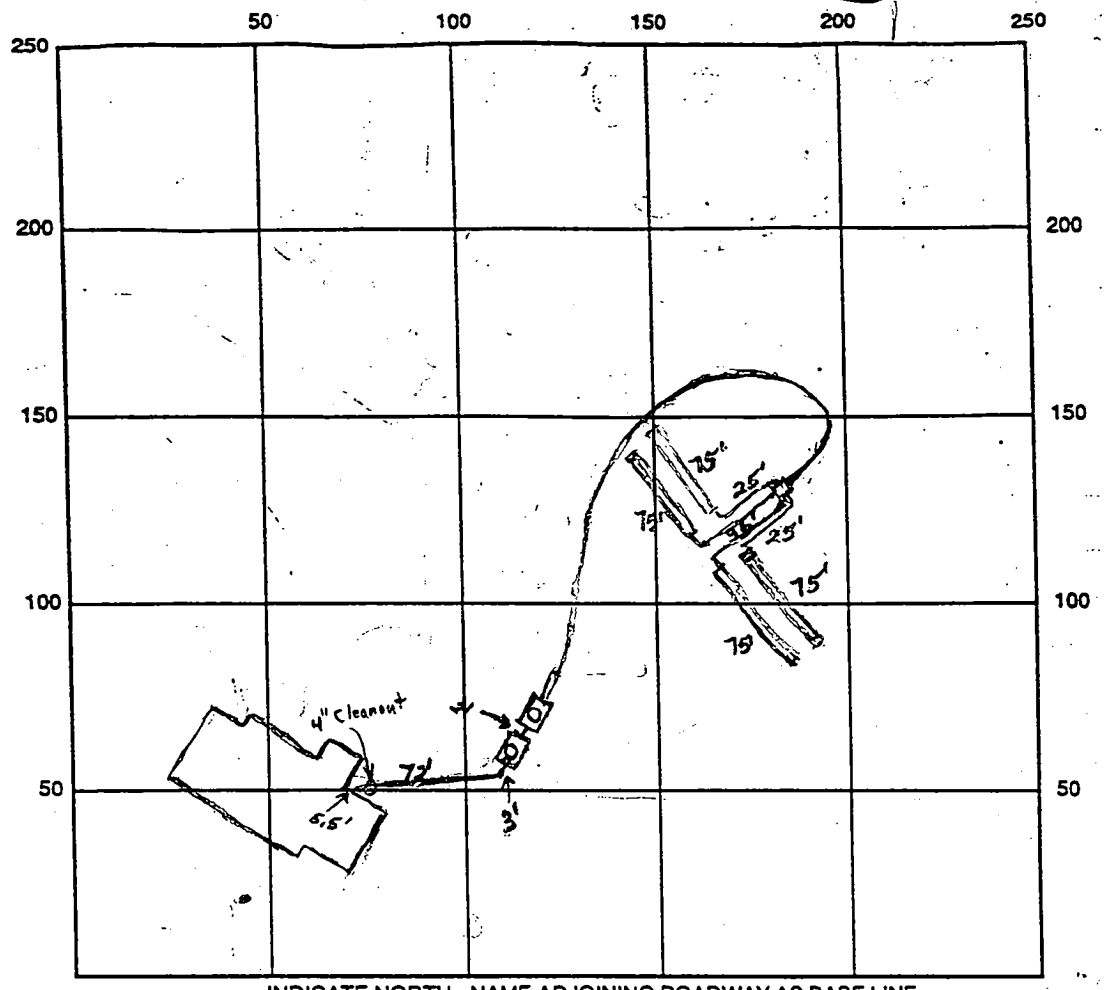
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 514194



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Frederick Road

SEPTIC TANK LEVEL 2-1250 TS

CLEANOUTS 1-4" Line Cleanout, 1-6" Manhole on Septic Tank, 1-Manhole on Pump Chamber

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3.0' FT. INLET DEPTH 3.5' FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 4x75' FT. (300' Total)

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/22/00 4-75' trenches at top of easement. Distribution box to be placed to allow 1 repair above trenches to be installed. Well location closer to easement than on plan. Tanks to be installed at corner of easement closest to house to maintain 100' distance from well and facilitate shallow installation (BB) 8/25/00 House connection made. Tanks set at 5' below grade. Everything O.K. Satisfactory to cover. Supposed to install cleanout on distribution box. Final approval pending

DATE SYSTEM APPROVED 10/23/00 INSPECTOR Brian Baker

pump and alarm performance. (BB) 10/23/00 Pump and alarm working. (BB)

Approved Septic System Plan
Howard County Health Department

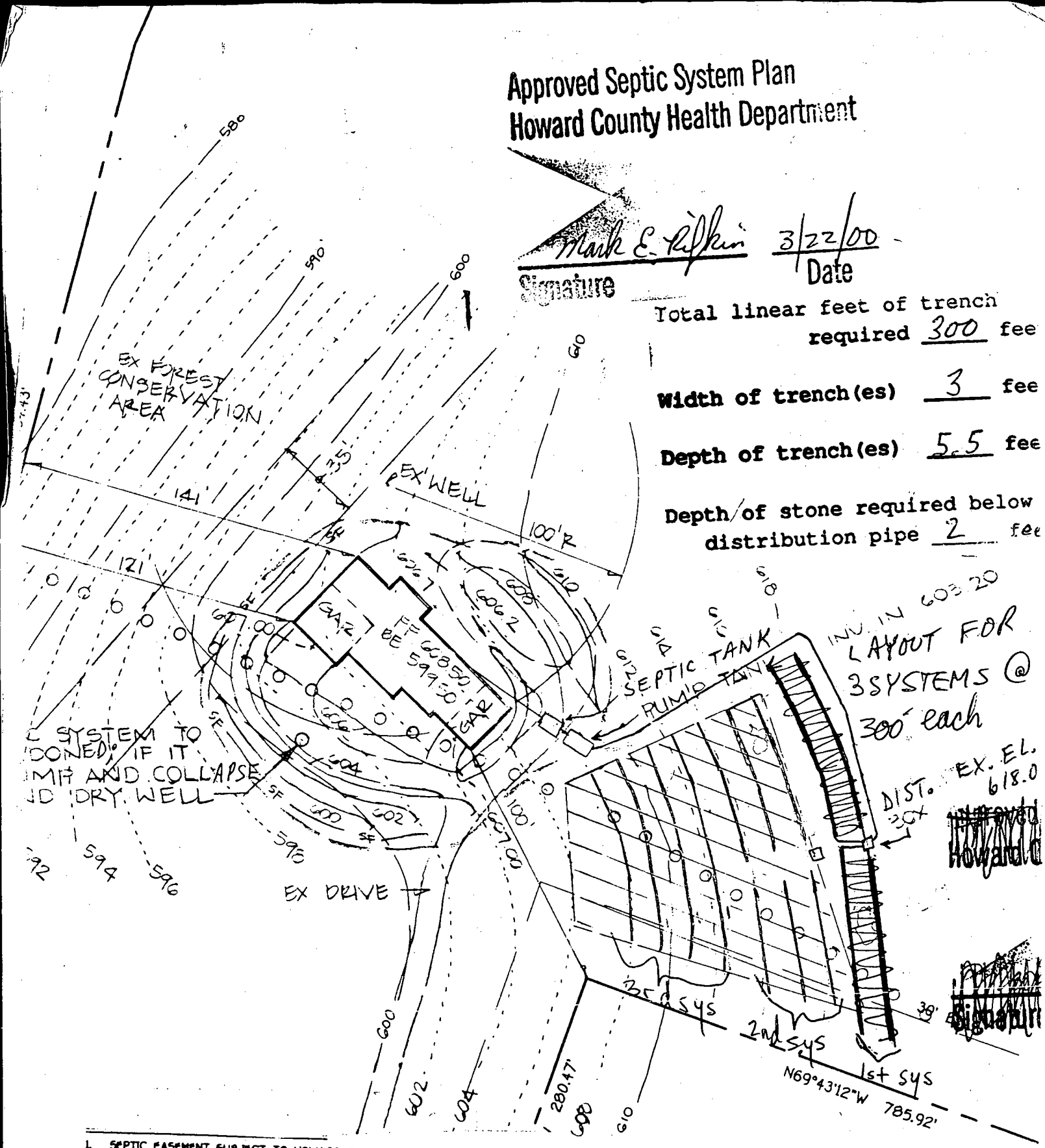
Mark E. Ripkin 3/22/00
Signature Date

Total linear feet of trench required 300 fee

Width of trench(es) 3 fee

Depth of trench(es) 5.5 fee

Depth of stone required below distribution pipe 2 fee



1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 608.50
   B. BASEMENT ELEVATION: 599.50
   C. INVERT OF SEPTIC SYSTEM AT HOUSE: 604.50
   D. INVERT IN AT SEPTIC TANK: 603.80
   E. INVERT OUT AT SEPTIC TANK: 603.50
   F. PROPOSED GRADE OVER SEPTIC TANK: 608.00
   G. INVERT AT DISTRIBUTION BOX: 614.50
   H. EXISTING GROUND OVER DISTRIBUTION BOX: 618.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

PLAN BY FCC

PLAN
SCALE: 1"=50'

APPLICATION

PERCOLATION TESTING

A 59815 L

P _____

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

DISTRICT _____

DATE 2/10/98

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 CHARLES A SHARP

ADDRESS 3779 SHARP Road PHONE 410 4894630

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Old Frankfort Road LOT NO. ~~Parc 12 + 13 + 2 Ex. Home~~ PP-A

ROAD AND DESCRIPTION Ridgeview Estates

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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. Charles A Sharp
(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)

59815L
COUNTY #

SOIL PROFILE

A

0'

or/br Clay lm

3.0'

brown/yellow silty clay lm 20%-30% shale frags at bottom of hole

12.0'

B

or/br Clay loam damp sticky water seeping in at 3.5'

10.0' WATER

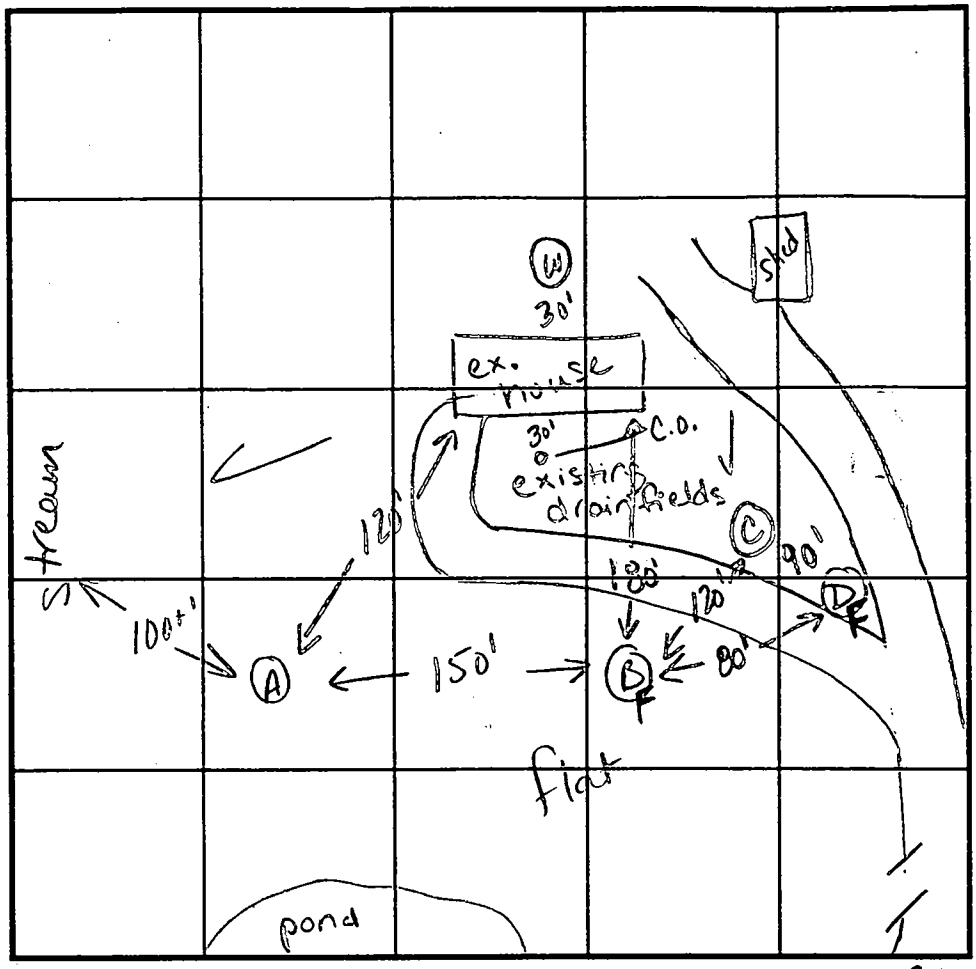
C

or/br Clay lm

4.0'

br/or green clay silt loam damp sticky 15% shale

13.0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

R+ 144

SOIL PROFILE

D

0'

or/lbr Clay lm

Water Seeping in at 5.5'

or/yellow/green sticky damp Clay lm 15% shale

WATER

13.0'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2-25-98	A	3.0'S	1:26 30	1:29	1:29	1:34 30	5 30
		12.0'D	visual ok-see profile				
	B	10.0'D	FAILED DUE TO WATER F				
		WATER AT 9.5'			AT 3:00		
	C	13.0'D	visuals only-see profile				
			(hole left open 1.5 hrs and no H2O)				
	D	13.0'D	FAILED DUE TO WATER F				
		WATER AT 12.0'			AT 3:00		

REMARKS test holes staked

TYPE OF SOIL

TESTED BY Kim Maiste ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11-12 minutes TRENCH WIDTH 3.0'

INLET DEPTH 4.0' MAXIMUM BOTTOM DEPTH 6.0' SQ. FT/BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 59815 L

P _____

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

DISTRICT _____

DATE 2/10/98

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 CHARLES A SHARP

ADDRESS 3779 SHARP Blvd. PHONE 410 4894630

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Old Frederick Road LOT NO. ~~Par 12 & 13 + 2 Ea. Homes~~ ~~Parcel 10~~ PP-A

ROAD AND DESCRIPTION Ridgeview Estates

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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. Charles A Sharp
(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)

59815 L
COUNTY #

SOIL PROFILE

E

0'

or/lbr clay lm

4.0

or/br/red clay silt loam 10% shale frags

11.0'

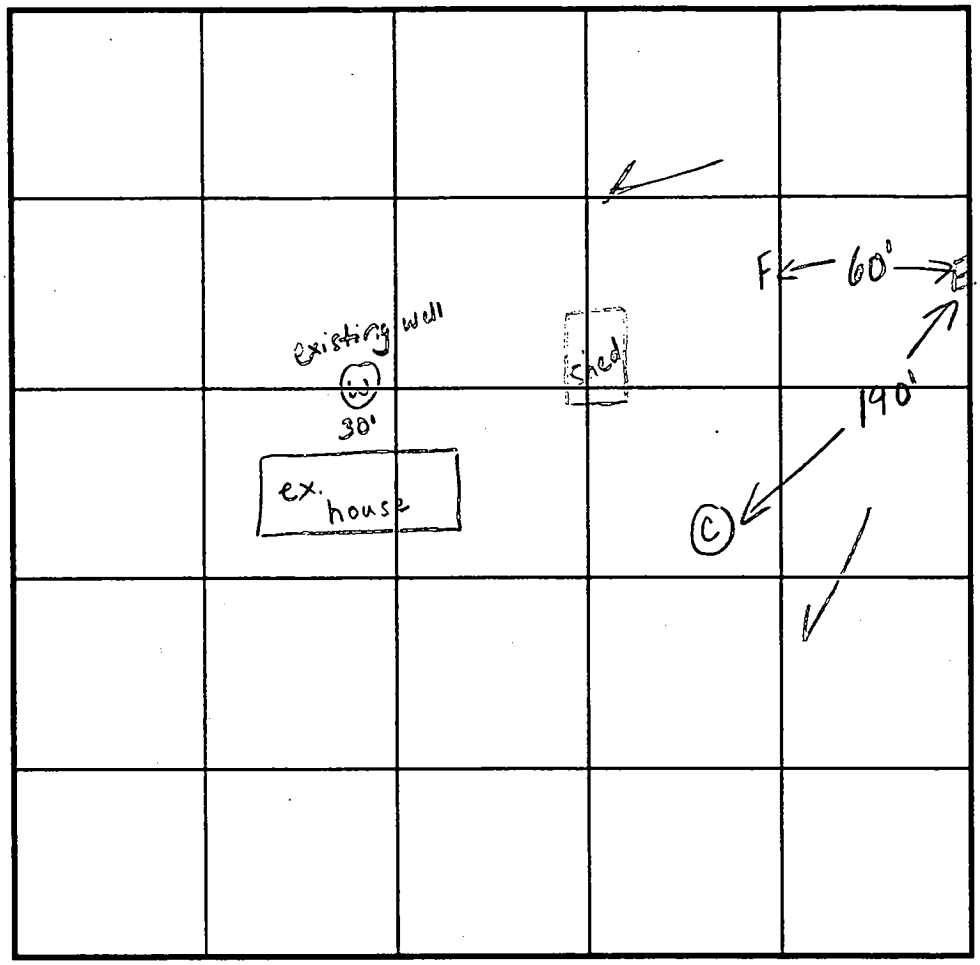
F

or/br clay lm

4.0'

or/br Cl silm rock outcrop at 6.0' 30% shale frags HARD BOTTOM

10.0'



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
2-25-98	E	3.5'	2:43	2:50	2:50	3:08	18min
		11.0'D	visual	ok - see profile			
	F	10.0'	Visual	only - hard	bottom		

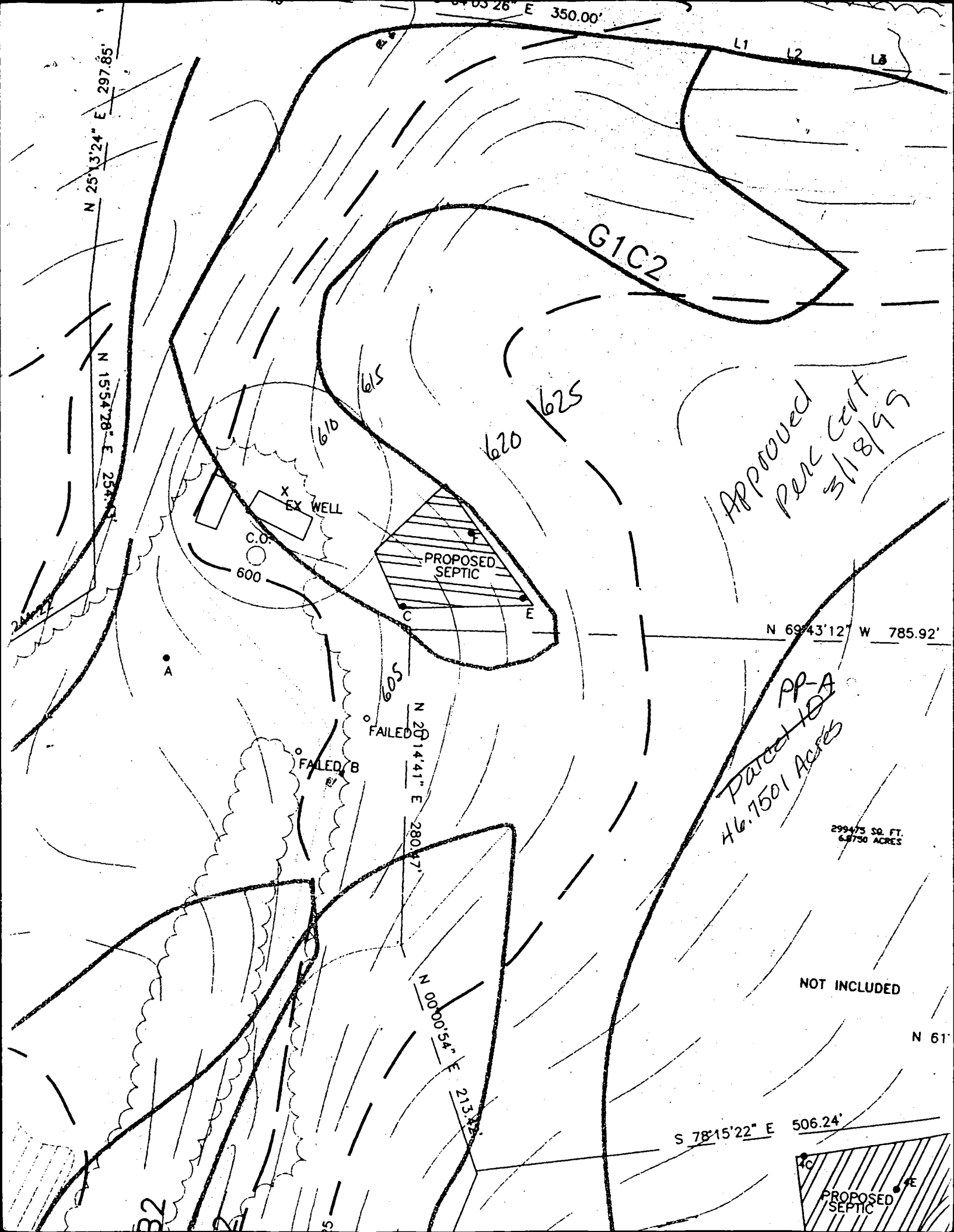
REMARKS test holes staked

TYPE OF SOIL

TESTED BY Kim Maiste ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11-12 Minutes TRENCH WIDTH 3.0'

INLET DEPTH 4.0' MAXIMUM BOTTOM DEPTH 6.0' SQ. FT/BEDROOM 210


E 350.00'
L1
L2
L3
N 25°13'24" E 297.85'
N 15°54'28" E 254.43'
G1C2
615
610
620
625
Approved Perc Cert 3/18/95
X EX WELL
C.O.
600
PROPOSED SEPTIC
F
C
E
N 69°43'12" W 785.92'
A
605
FAILED
FAILED B
N 20°14'41" E 280.47'
PP-A
Parcel 10
46.7501 Acres
299473 SQ. FT.
6.8750 ACRES
NOT INCLUDED
N 61°
N 00°00'54" E 213.42'
S 78°15'22" E 506.24'
C
E
PROPOSED SEPTIC

3-13-2000

Attached Original Permit

STEPHEN F. FORNEY
FOR
STEPHEN SCHEUCH
HOME TO BE RENAVATED
AT 15094 FREDERICK Rd.

HOME WAS TO BE RAISED AND FOUNDATION WAS TO REMAIN. IN MY OPINION THE FOUNDATION SHOULD COME DOWN BECAUSE OF NUMEROUS CRACKS AND DEFECTS. THE HOME TO BE BUILT IS THE SAME SIZE + SHAPE AS THE EXISTING FOUNDATION. WE WISH TO AMEND THE PERMIT APPLICATION # B00 122402 TO SHOW NEW HOME ON EXISTING LOCATION, SAME LOCATION. WE DO NOT WISH TO SAVE FOUNDATION, WE WILL GET ALL NECESSARY INSPECTIONS-
THANK YOU

Stephen F Forney

RHSAP

cc Health Dept

Planning & Zoning

3/22/00
NO OBJECTIONS
M. Rifkin
Ho. Co. Health

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 B00122402

Building Address 15084 FREDERICK RD. Woodbine MD 21797

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

Census Tract 6041 Subdivision Woods at Ridgeview

Section N/A Area 1/4 Lot Pres Parcel A

Tax Map 8 Parcel 386 Grid 15 Plat 10

Zoning RC-DF Map Coordinates 3F10 Lot size 40+AC

Property Owner's Name STEPHEN SCHEUCH

Address 15094 Frederick Rd

City _____ State md Zip Code _____

Home Phone _____ Work Phone 410-740-4074

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

Phone 410-740-4074 Fax 410-740-4422

Existing Use Single Family Home

Proposed Use Single Family Home

Estimated Construction Cost $ 200,000

Description of Work Refurbish Existing Home 4BR

Contractor Company STEPHEN SCHEUCH

Contact Person STEPHEN SCHEUCH

Address 15904 FREDERICK RD

City _____ State md Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant STEPHEN SCHEUCH

Contact Name _____

Address 15904 Frederick Rd

City _____ State md 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:	27'	50'
2nd floor:	31'	32'
Basement:	87'	50'

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

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 HEREIN; (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* Steve Scheuch

Title/Company — *Date* 2/11/2000

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
X State Highways		
X Building Official		
X Dev. Engineering, DPZ		
X Health	3/22/00	Mark E. Hoffer
X Fire Protection		

X Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone:
SDP/Red-line approval date:

PROPERTY ID# 4-5-761
Filing fee $ 225.00
Permit fee $
Excise tax $
Sub-total paid $
Add'l permit fee $
TOTAL FEES $
Balance due $
Check # 6497
Validation # 257551
Accepted by

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

e:\permit.fmr

Rev. 10/13/98

9/6/00 • Spoke w/ owner - he asked if he could use ~~a well~~ the ungrouted well if he could get good water samples. I said no - not properly constructed and liability in the future.

• Spoke w/ F. Skinner he agreed w/ me, said at a minimum they can grout open hole - if it exists then try for good water sample. If this dosn't work, they will have to drill a new well

•

9/7/00 Eric Doughtry - phone msg

9/11/00 Paged Dave Kerr - maybe he will have an answer. ✓

He agrees w/ me (Dave Kerr).

TO: GARY
The Woods at
Ridgeview - Pcl. A

1/19/89
Spoke w/ Lee Hewitt (924-4800) re status of well upgradings of Administration well & Sand well

Purchase request (RC6798) done on 12/6/88 for upgrading wells to H. Dept specifications
1/4/89 he spoke w/ S. Easterday. Basically, its when they get to it.

In addition, further discussion re proper/full abandonment of old photo well was held. It appears this will be more entirely addressed after the other 2 wells are corrected
Lee will send copy of completion/requisition once work is done. I expressed interest in wanting to be present during upgrading procedures.

5/11/89
Lee H called. Sand both Admin well & well for Sands house (Green) had the casing extended w/in past week by Easterday. Did not know if grouting also done.

5/11/89 12:30 pm
Visited site - looked at both wells. Sands well now approx 1' above grade w/ proper cap. No grouting done. No gutters installed though wiring for pump

looked to be intact/hooked up. Appeared as though plastic was around base/floor. Cement block which originally acting as pit/housing for well still present.

* Adman well extended 3-4+' above ground level. Here too no grout evident.
Pictures of both wells taken. See in monitor/well folder of file.

Lee indicated both wells had been reabbreviated.

Will discuss w/ Craig y/or Frank whether grouting is warranted or not.

9/6/00 From this dialog it appears the well was drilled & in a pit prior to '89. In '89 they re-worked the well, i.e. extended the casing but never grouted due

To Steve Schleich
Copy of what we Sent County

Easterday Well & Pump, Inc.

Fax

To:	Amy	From:	Lester Simmons Sr.
Fax:	410-313-2648	**Pages:**	1
Phone:		**Date:**	10/04/00
		CC:	

☐ **Urgent** ☑ **For Review** ☐ **Please Comment** ☑ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Amy – On 10/3/00 we worked on the well located on 15094 Frederick Rd., Woodbine, Md and found the following:

1) 52 Ft deep to top of casing

2) The static water level was 31 ft to top of casing

3) We installed a 4" packer to 29 ft and sealed with bentonite.

Call me if you have any questions

10/23/00
Called Easterday Drilling. Grouting depth & said to be below bottom of well casing. BB

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer CLARKE P+H INC Telephone 410-489-4029

License Number 3808
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber 3808

Name of Property Owner Stephen Schenck Telephone 443-324-9508
Subdivision The Woods at Ridgeview Lot # ____ Well Tag # N/A Drilled prior to 1980
Site Address 15094 Frederick Rd
PP-A

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jacuzzi
3. Model # ____
4. Capacity ____ GPM
5. Pump exceeds well capacity Yes ____ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make ____
2. Model # PT 800
3. Depth 42"

Tank
1. Capacity 42
2. Pressure relief valve? 75lb

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

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ 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.

8/25/00 - WPI Signature of Applicant Kenneth C. Clarke

OK (BB) SRN Date: 8-24-00

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

MD-218

State of Maryland
Laboratories Administration
J. Mehsen Joseph, Ph.D., Director
201 W. Preston Street, Baltimore, MD 21201

TRACE ORGANICS SECTION

Drinking Water VOCs Analysis Report

Method: EPA 502.2
Date Analyzed: 08/21/98
Sample Name: 990297 HO-BLANK-10

Contaminant	EPA ID	MCL*	DL*	Results*^
TRIHALOMETHANES				
Bromodichloromethane	2943	na	0.5	ND
Bromoform	2942	na	0.5	ND
Chloroform	2941	na	0.5	ND
Dibromochloromethane	2944	na	0.5	ND
TOTAL THMs	2950	100		
REGULATED				
Benzene #2	2990	5	0.5	ND
Carbon Tetrachloride	2982	5	0.5	ND
Chlorobenzene	2989	100	0.5	ND
1,4-Dichlorobenzene #2	2969	75	0.5	ND
1,1-Dichloroethene	2977	7	0.5	ND
1,2-Dichloroethane	2980	5	0.5	ND
1,2-Dichlorobenzene #2	2968	600	0.5	ND
1,2-Dichloropropane	2983	5	0.5	ND
Cis-1,2-Dichloroethylene #2	2380	70	0.5	ND
Trans-1,2-Dichloroethylene	2979	100	0.5	ND
Ethyl Benzene #2	2992	700	0.5	ND
Styrene #2	2996	100	0.5	ND
Tetrachloroethylene #2	2987	5	0.5	ND
Trichloroethylene	2984	5	0.5	ND
1,1,1-Trichloroethane	2981	200	0.5	0.8
Toluene #2	2991	1000	0.5	ND
Vinyl Chloride	2976	2	0.5	ND
O-Xylene #2	2997	na	na	ND
M-Xylene #2	2995	na	na	ND
P-Xylene #2	2962	na	na	ND
Total Xylenes	2955	10000	1.0	ND
Methylene Chloride	2964	5	0.5	ND
1,1,2-Trichloroethane	2985	5	0.5	ND
1,2,4-Trichlorobenzene	2378	70	0.5	ND

UNREGULATED				
Dichlorodifluoromethane	2212	na	0.5	ND
Chloromethane	2210	na	0.5	ND
Bromomethane	2214	na	0.5	ND
Chloroethane	2216	na	0.5	ND
Trichlorofluoromethane	2218	na	0.5	ND
1,1-Dichloroethane	2978	na	0.5	ND
1,3-Dichlorobenzene	2967	na	0.5	ND
Dibromomethane	2408	na	0.5	ND
1,1-Dichloropropene #2	2410	na	0.5	ND
Trans-1,3-Dichloropropylene	2224	na	0.5	ND
1,1,2,2-Tetrachloroethane	2988	na	0.5	ND
1,3-Dichloropropane	2412	na	0.5	ND
2,2-Dichloropropane	2416	na	0.5	ND
Cis-1,3-Dichloropropylene	2413	na	0.5	ND
2-Chlorotoluene	2965	na	0.5	ND
4-Chlorotoluene	2966	na	0.5	ND
Bromobenzene #2	2993	na	0.5	ND
1,3,5-Trimethylbenzene #2	2424	na	0.5	ND
1,2,4-Trimethylbenzene #2	2418	na	0.5	ND
1,2,3-Trichlorobenzene	2420	na	0.5	ND
n-Propylbenzene	2998	na	0.5	ND
n-Butylbenzene #2	2422	na	0.5	ND
Naphthalene #2	2248	na	0.5	ND
Hexachlorobutadiene #2	2246	na	0.5	ND
Isopropylbenzene #2	2994	na	0.5	ND
1,2,3-Trichloropropane	2414	na	0.5	ND
1,2-Dibromo-3-chloropropane	2931	na	5.0	ND
p-Isopropyltoluene #2	2030	na	0.5	ND
tert-Butylbenzene #2	2426	na	0.5	ND
sec-Butylbenzene #2	2428	na	0.5	ND
Bromochloromethane	2430	na	0.5	ND
1,1,1,2-Tetrachloroethane	2986	na	0.5	ND
1,2-Dibromoethane	2946	na	0.5	ND
MTBE #2	2251	na	0.5	ND

*All results are in parts per billion

^ND in results column denotes less than detection limit

MCL = maximum contaminant level

na = not applicable

#1 = ELCD detector

#2 = PID detector

Chemist: K. Jones Date Reviewed: 8/24/98

Section Head: L W Date Approved: 8/24/98

Sample Name: 990297 HO-BLANK-10

UNREGULATED				
Dichlorodifluoromethane	2212	na	0.5	ND
Chloromethane	2210	na	0.5	ND
Bromomethane	2214	na	0.5	ND
Chloroethane	2216	na	0.5	ND
Trichlorofluoromethane	2218	na	0.5	ND
1,1-Dichloroethane	2978	na	0.5	ND
1,3-Dichlorobenzene	2967	na	0.5	ND
Dibromomethane	2408	na	0.5	ND
1,1-Dichloropropene #2	2410	na	0.5	ND
Trans-1,3-Dichloropropylene	2224	na	0.5	ND
1,1,2,2-Tetrachloroethane	2988	na	0.5	ND
1,3-Dichloropropane	2412	na	0.5	ND
2,2-Dichloropropane	2416	na	0.5	ND
Cis-1,3-Dichloropropylene	2413	na	0.5	ND
2-Chlorotoluene	2965	na	0.5	ND
4-Chlorotoluene	2966	na	0.5	ND
Bromobenzene #2	2993	na	0.5	ND
1,3,5-Trimethylbenzene #2	2424	na	0.5	ND
1,2,4-Trimethylbenzene #2	2418	na	0.5	ND
1,2,3-Trichlorobenzene	2420	na	0.5	ND
n-Propylbenzene	2998	na	0.5	ND
n-Butylbenzene #2	2422	na	0.5	ND
Naphthalene #2	2248	na	0.5	ND
Hexachlorobutadiene #2	2246	na	0.5	ND
Isopropylbenzene #2	2994	na	0.5	ND
1,2,3-Trichloropropane	2414	na	0.5	ND
1,2-Dibromo-3-chloropropane	2931	na	5.0	ND
p-Isopropyltoluene #2	2030	na	0.5	ND
tert-Butylbenzene #2	2426	na	0.5	ND
sec-Butylbenzene #2	2428	na	0.5	ND
Bromochloromethane	2430	na	0.5	ND
1,1,1,2-Tetrachloroethane	2986	na	0.5	ND
1,2-Dibromoethane	2946	na	0.5	ND
MTBE #2	2251	na	0.5	ND

*All results are in parts per billion

^ND in results column denotes less than detection limit

MCL = maximum contaminant level

na = not applicable

#1 = ELCD detector

#2 = PID detector

Chemist: K. Jones Date Reviewed: 8/24/98

Section Head: L. Wilson Date Approved: 8/24/98

Sample Name: 990298 HO-RIDGEVIEW-10

State of Maryland
Laboratories Administration
J. Mehsen Joseph, Ph.D., Director
201 W. Preston Street, Baltimore, MD 21201

TRACE ORGANICS SECTION

Drinking Water VOCs Analysis Report

Method: EPA 502.2
Date Analyzed: 08/21/98
Sample Name: 990298 HO-RIDGEVIEW-10

Contaminant	EPA ID	MCL*	DL*	Results*^
TRIHALOMETHANES				
Bromodichloromethane	2943	na	0.5	ND
Bromoform	2942	na	0.5	ND
Chloroform	2941	na	0.5	1.1
Dibromochloromethane	2944	na	0.5	ND
TOTAL THMs	2950	100		

REGULATED				
Benzene #2	2990	5	0.5	ND
Carbon Tetrachloride	2982	5	0.5	ND
Chlorobenzene	2989	100	0.5	ND
1,4-Dichlorobenzene #2	2969	75	0.5	ND
1,1-Dichloroethene	2977	7	0.5	ND
1,2-Dichloroethane	2980	5	0.5	ND
1,2-Dichlorobenzene #2	2968	600	0.5	ND
1,2-Dichloropropane	2983	5	0.5	ND
Cis-1,2-Dichloroethylene #2	2380	70	0.5	ND
Trans-1,2-Dichloroethylene	2979	100	0.5	ND
Ethyl Benzene #2	2992	700	0.5	ND
Styrene #2	2996	100	0.5	ND
Tetrachloroethylene #2	2987	5	0.5	ND
Trichloroethylene	2984	5	0.5	ND
1,1,1-Trichloroethane	2981	200	0.5	ND
Toluene #2	2991	1000	0.5	ND
Vinyl Chloride	2976	2	0.5	ND
O-Xylene #2	2997	na	na	ND
M-Xylene #2	2995	na	na	ND
P-Xylene #2	2962	na	na	ND
Total Xylenes	2955	10000	1.0	ND
Methylene Chloride	2964	5	0.5	ND
1,1,2-Trichloroethane	2985	5	0.5	ND
1,2,4-Trichlorobenzene	2378	70	0.5	ND

SEND REPORT TO:

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

MULTI-ELEMENT LABORATORY
Metals Analysis Report Form

Lab No. M790114 Date Received 9 21 98
Do not write above this line.

INV. NO.

Bottle Number: HO-Ridgeview-10 Name: Amy McMillen County: Howard

Source of Sample: Ridgeview Est - Lot 10 (Pres Prel A) Collector: Amy McMillen
Street Town or City (Include Telephone Number)

Sample TYPES (Circle):	(Drinking Water)	Community	(Source (Raw Water))	Data Category Code (See Reverse) 4 F
	Landfill	Non-Community	Distribution (Treated)	
	Stream	(Private)	MCL	
	Other	Other	Sediment	

Remarks: Please Run Full Scan

13						
County	Plant No.	Sampling Station	Date Collected	Time	Field Preserved Yes X No	

Date & Time are Required for Valid Samples

Submitter Code (If different than County Code) (See Reverse)

Specify Program: Date collected should be Entered! Orig Preservative Used: Baseline HNO3

SDWA: ✓ NPDES: OTHER:

✓	CODE	Element	RESULTS *	✓	CODE	Element	RESULTS *
✓	01097	Antimony 9/10/98 QA	<0.005	✓	01105	~~Aluminum 9-1-98 AA~~	~~<0.10~~
✓	01002	Arsenic 9-1-98 QA AA	<0.01	✓	00916	Calcium 8-28-98 FTJ	~~16.4~~ QA 16
✓	01007	Barium 9-1-98 AA	0.10	✓	01045	Iron 9-2-98 AA	2.98
✓	01012	Beryllium 8-25-98 AA	<0.001	✓	00927	Magnesium 8-28-98 FTJ	~~12.1~~ QA 12
✓	01027	Cadmium 8-25-98 AA	<0.0025	✓	01055	Manganese 9-2-98 AA	<0.05
✓	01034	Chromium 9-1-98 AA	<0.05	✓	00937	Potassium 8-28-98 FTJ	1.6
✓	01042	Copper 9-1-98 AA	<0.05	✓	00929	Sodium 8-28-98 FTJ	~~32~~ QA 32
✓	01051	Lead 8/31/98 QA	<0.005	✓	01092	Zinc 9-2-98 AA	0.26
✓	71900	Mercury 8/27/98 ST	<0.0005			~~9-1-98 AA Aluminum~~	~~0.21~~
✓	01067	Nickel 9-1-98 AA	<0.05			Aluminum 9-1-98 AA	<0.10 AA
✓	01147	Selenium 9/14/98 QA	<0.025				
✓	01077	Silver 9-3-98 AA	<0.10				
✓	01059	Thallium 9/11/98 QA	<0.001				

* Results reported in milligrams per liter (ppm)

Analyst _____ Section Chief D. Swedlen Date Reported 9/14/98

DHMH 4432 (9/91) SUBMITTER'S COPY 50 M

JOSEPH L. MAYNE WELL DRILLING
5512 Ridge Road
MT. AIRY, MARYLAND 21771

6/8/98

Mr. Craig Williams
Howard County Health Department
Unit H 3525 Ellicott Mills Dr.
Ellicott City MD. 21043-4544

PP-A?

Dear Mr. Williams:

I did inspect wells, Parcel 1,2,and 10 at The Woods At Ridgeview. The wells had well caps on them, they were 18 in. above ground,and appear to be in good condition.

Richard Demmitt told me he would test pump them if ncessary.

Sincerely,

Joseph L Mayne

(301) 829-2164

Page ___ of ___ Review _____

Date 8/20/98

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - [redacted] PPA

Location of property (road) Md 144

Subdivision The Woods At Ridgeview Lot ___ Block ___ Plat ___ Sec. ~~Parcel 10~~

Well Driller Joseph Mayer Owner Highland Development

Depth of well 50'

Distance of measuring point (M.P.) above ground 4'

Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 20 gpm.

Total time 2 min to reach pumping water level 35 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)
7:30	35	3 sec	N/A	20 gpm
7:45	35	3		20
8:00	35	3		20
8:15	35	3		20
8:30	35	3		20
8:45	35	3		20
9:00	35	3		20
9:15	35	3		20
9:30	35	3		20
9:45	35	3		20
10:00	35	3		20
10:15	35	3		20

HD-224

4/25/00 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement

Receipt # _____
Date _____

Name of Installer ARDO CONTRACTING (LES SIMMONS JR) Telephone 410-290-9899

License Number 30132
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner STEVE SCHERCH Telephone 410-740-4074
Subdivision The Woods at Ridgeview Lot # PP-100A Well Tag # MO-94-2617
Site Address 15094 OLD FREDERICK ROAD

Pump
Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make Grundfos
3. Model # 75V5 SB5RMB
4. Capacity 5 GPM GPM
Exceeds well capacity Yes ✓ No ____
Is low pressure cutoff switch installed? Yes ✓ No ____
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 3450
3. Voltage _____
a. 110 _____
b. 220 ✓

Pitless Adapter
1. Make SIMMONS
2. Model # PT800
3. Depth 42"

90
relief
Yes

Piping
1. Type POLYETHELYNE
2. Size 1"
3. NSF and/or BOCA Code approved Y
4. Depth of supply line 36"

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level 12
4. Will water ... 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: Leslie M. Simmons

Date 4/17/00

4/25/00 - pitless on
Depth of well line on
Grout on
Tag on
Safety rope protruding through 2piece cap (SRW)
Note: A sticker indicating approval/date of the installation will be placed on the well casing at the time of the inspection.
Telephone conversation with Installer, he will fix and knows about it for future jobs (SRW)
5/5/00
10/18/00 - Casell's observation reports safety rope fixed (SRW)

WELL LINE

SITE INSPECTION SHEET

OWNER: Stephen Scheuch

DATE REQUESTED: 4/25/00

ADDRESS: 15094 RT. 144 (Frederich Rd) Woodbine, MD 21797

~~DRILLER~~/CONTRACTOR: Ardo Contracting

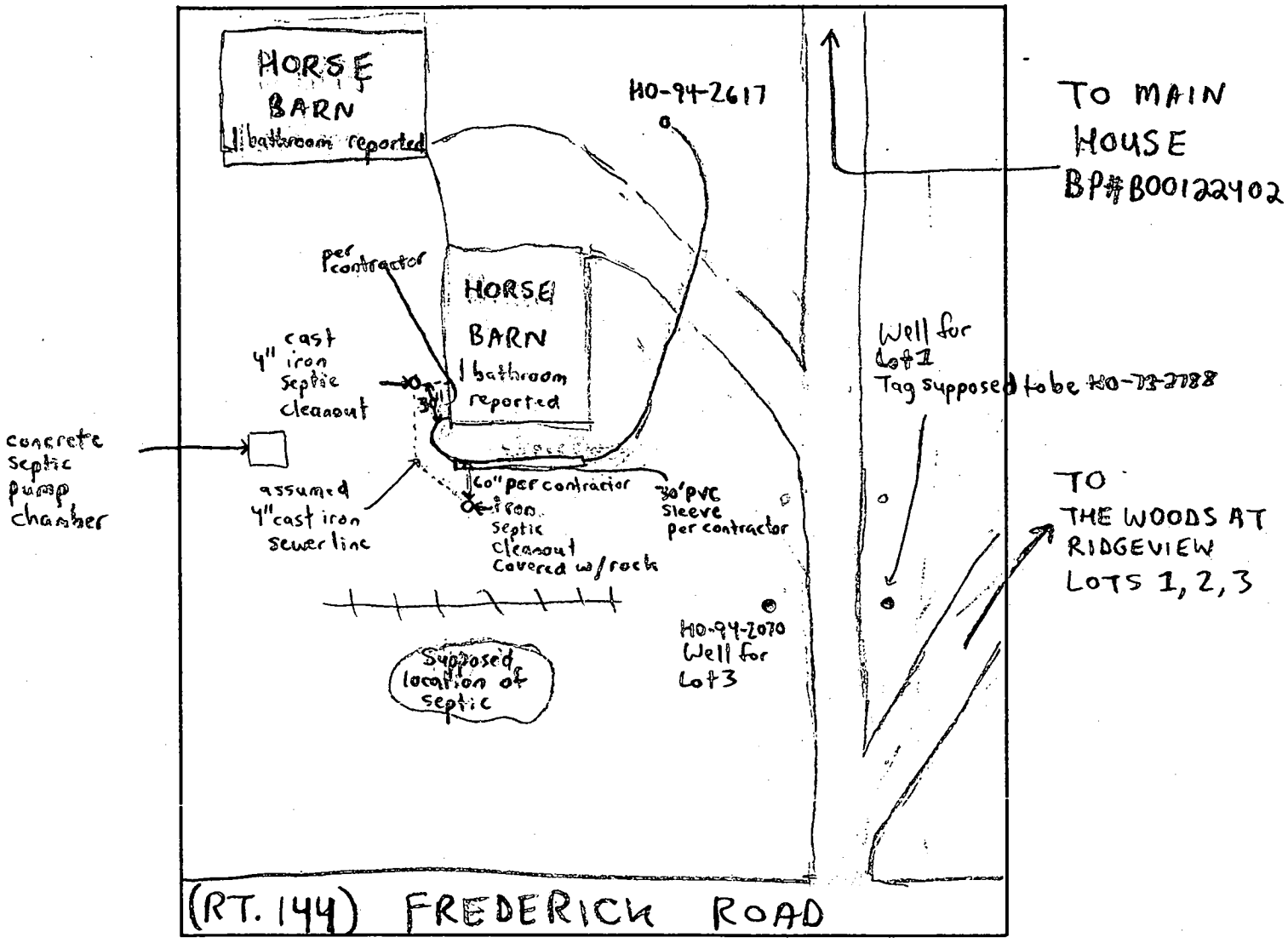
WELL TAG NUMBER: HO-94-2617

TAX & PARCEL: Pres. Parcel A

COUNTY: Howard

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: 4/25/00 - MET W/ MR. SCHEUCH AT SITE, DISCUSSED ISSUES WITH WELL LINE INSPECTION, SPOKE TO INSTALLER VIA PHONE (DISCUSSED SAFETY ROPE ISSUE), ALSO SPOKE TO MR. SCHEUCH REGARDING STATUS OF EX. SEPTIC SYSTEMS FOR BARNS AND OTHER RELATED ISSUES - SRW

DATE: 4/25/00

INSPECTOR: Steven R Krieg

C1 4251 (1–6) SEQUENCE NO. (OEP 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 13A59815-L

DATE Received (8–13)

DATE WELL COMPLETED: 03 15 80 (15–20)

Depth of Well (22–26): 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": AC-94-261 (28–37)

OWNER Hamelton Reed → 15094 Frederick Rd. Woods at Ridgeview
STREET OR RFD 10822 Hickory Ridge (last name / first name) TOWN Columbia MD Pan 10
SUBDIVISION SCHENCK Prop SECTION — LOT — PP-A

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
Top Soil	0	2	
Brown Slate	2	20	
Brown Slate	20	25	✓
Blue Slate	25	50	
~~Blue~~ Slate	50	55	✓
~~Brown~~ Blue Slate	55	400	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) (44) no (N) (44)
TYPE OF GROUTING MATERIAL
CEMENT (C M) (45–46) BENTONITE CLAY (B C) (45–46)
NO. OF BAGS 8 NO. OF POUNDS 800
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48) TOP (52) ft. to 28 (54) BOTTOM (58) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60–61)	6 (63–64)	30 (66–70)

OTHER CASING (if used) (EACH CASING)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
(S T) STEEL (B R) BRASS BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

C2 (1–2)

DEPTH (nearest ft.) (EACH SCREEN)

1 (8–9)	28 (11–15)	400 (17–21)
2 (23–24)	(25–30)	(32–36)
3 (38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56–60) (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) TELESCOPE CASING (E.R.O.S.) (72) LOG INDICATOR WQ (74–76) OTHER DATA

C3 (1–2)

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8–9)
PUMPING RATE (gal. per min. to nearest gal.) 2 (11–15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25 (17–20)
WHEN PUMPING 265 (22–25)
TYPE OF PUMP USED (for test)
(A) air (27) (P) piston (27) (T) turbine (27)
(C) centrifugal (27) (R) rotary (27) (O) other (describe below) (27)
(J) jet (27) (S) submersible (27)

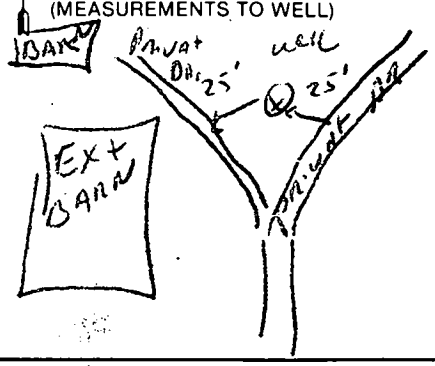
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: (29)
CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)
PUMP HORSE POWER (37–41)
PUMP COLUMN LENGTH (nearest ft.) (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above (49) (−) below (49) LAND SURFACE 9 (50–51) (nearest foot)

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 10.17.13 "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 IDENT. NO. MSO 117
Charles E. Wagner
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SAME
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)



HEALTH

Howard

Date 2-15-00 WELL YIELD TEST DATA SHEET - [redacted] County Reviewed By 4/19/00 O.K. BB

Maryland Well Permit No. HO-94-2617 Owner or Applicant Hamelton Reed

Location of Property (Road) off MD. 144 SCHEUCH Prop

Subdivision — Lot — Block — Plat — Sec. —

Depth of Well 400 Height of Measuring Point Above Ground 2 ft

Static Water Level Below Measuring Point 25 ft

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins. Test Started At 7:30 Pumping 12 GPM TOTAL TIME 30 min to Reach 285'

TIME (CHRONOLOGICAL)	WATER LEVEL Below M.P.	PUMPING RATE Time to Fill 1 Gal. Bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	285 ft	30 Sec		2 GPM
8:15	285	30		2
8:30	285 ft	30 Sec		2 GPM
8:45	285	30		2
9:00	285 ft	30 Sec		2 GPM
9:15	285	30		2
9:30	285 ft	30 Sec		2 GPM
9:45	285	30		2
10:00	285 ft	30 Sec		2 GPM
10:15	285	30		2
10:30	285 ft	30 Sec		2 GPM
10:45	285	30		2
11:00	285 ft	30 Sec		2 GPM
11:15	285	30		2
11:30	285 ft	30 Sec		2 GPM
11:45	285	30		2
12:00	285 ft	30 Sec		2 GPM
12:15	285	30		2
12:30	285 ft	30 Sec		2 GPM
12:45	285	30		2
1:00	285 ft	30 Sec		2 GPM
1:15	285	30		2
1:30	285 ft	30 Sec		2 GPM
1:45	285	30		2
2:00	285 ft	30 Sec		2 GPM

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

Signature of Well Driller

EMERGENCY/TEMP NO. IF ANY

B 1 | 18600 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND PERMIT TO DRILL WELL please print or type | STATE PERMIT NUMBER HO - 94 - 2617 | fill in this form completely

Date Received (APA) 030900 (MM DD YY)

OWNER INFORMATION

Hamelton Reed
Last Name Owner First Name

10805 Hickory Ridge
Street or RFD

Columbia MD 21044
Town State Zip

DRILLER INFORMATION

Ralph Mayne M S D 117
Driller's Name License No.

Ralph Mayne well Drilling
Firm Name

17024 Hardy Rd. Mt. Airy MD. 21771
Address

Signature 2-17-00 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 - 2617

B 3 LOCATION OF WELL

Howard
COUNTY

Wolfe Schleich Rep
SUBDIVISION

SECTION — LOT —

Cooksville
NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW 8-9 | N 8 | NE 8-9
W 8-9 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

Md. 144
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH (N) WEST (W) 32 (E) EAST (S) SOUTH

DISTANCE FROM ROAD 500 ENTER FT OR MI

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE ____ INSERT S

DATE ISSUED 030900 Amy McMull 3/9/01
(MM DD YY) CO SIGNATURE EXP. DATE

NORTH GRID 550 000 EAST GRID 780 000

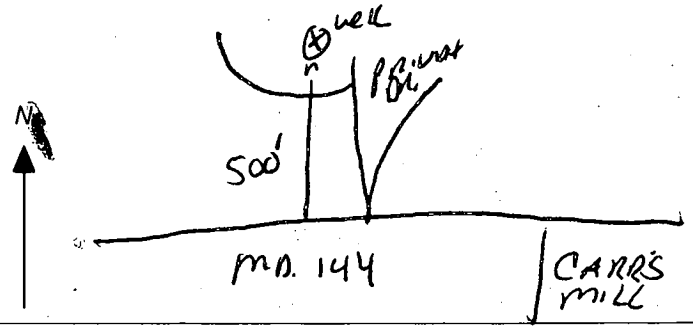
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 000
N 550 000

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

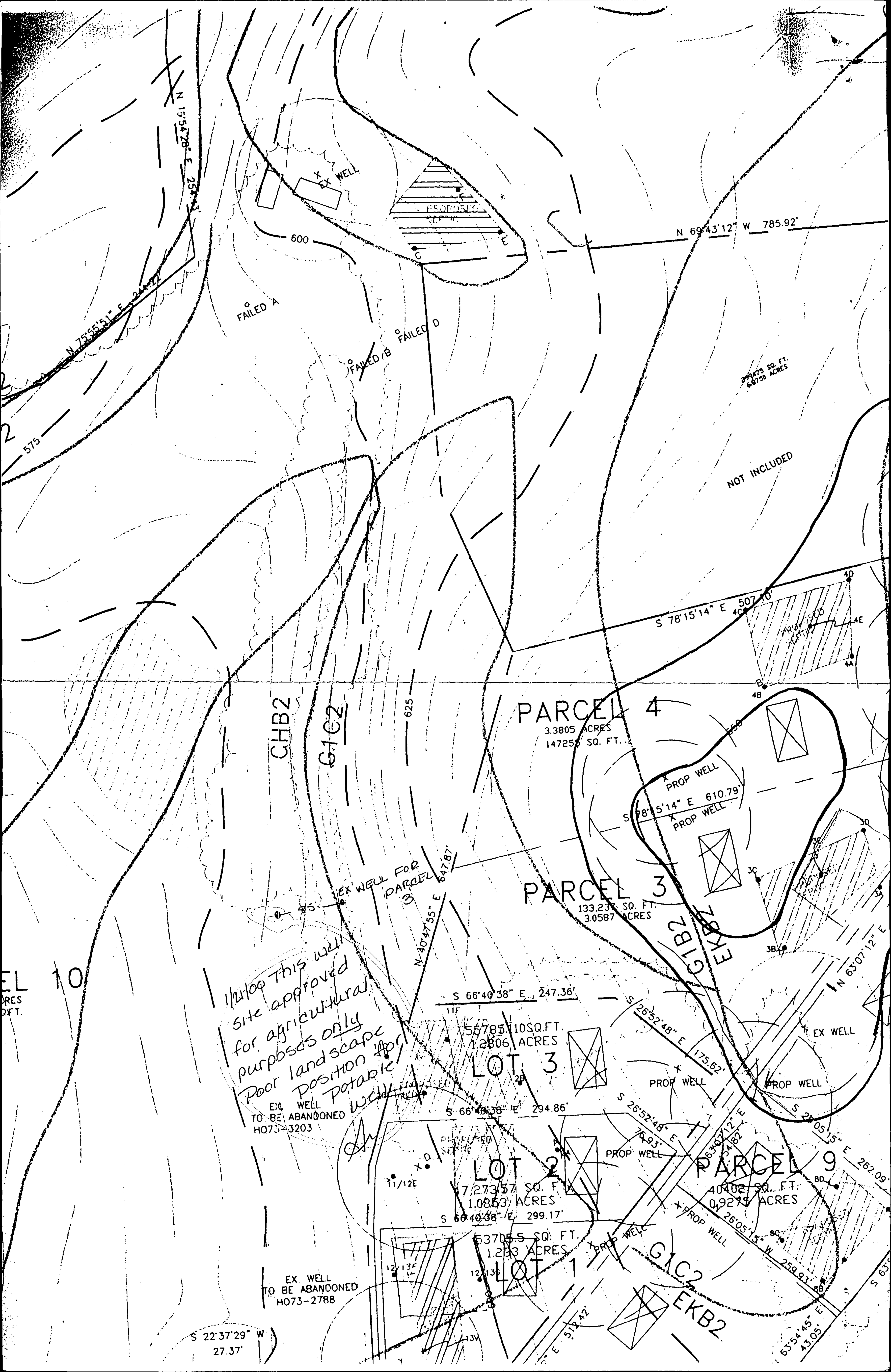
The Woods @ Ridgeview ~~Parcel ID~~ PPA

1/18/00 Left message w/ Steve Forney that there is already an existing well on the property - Need to know what they are going to do w/ it if they drill another well

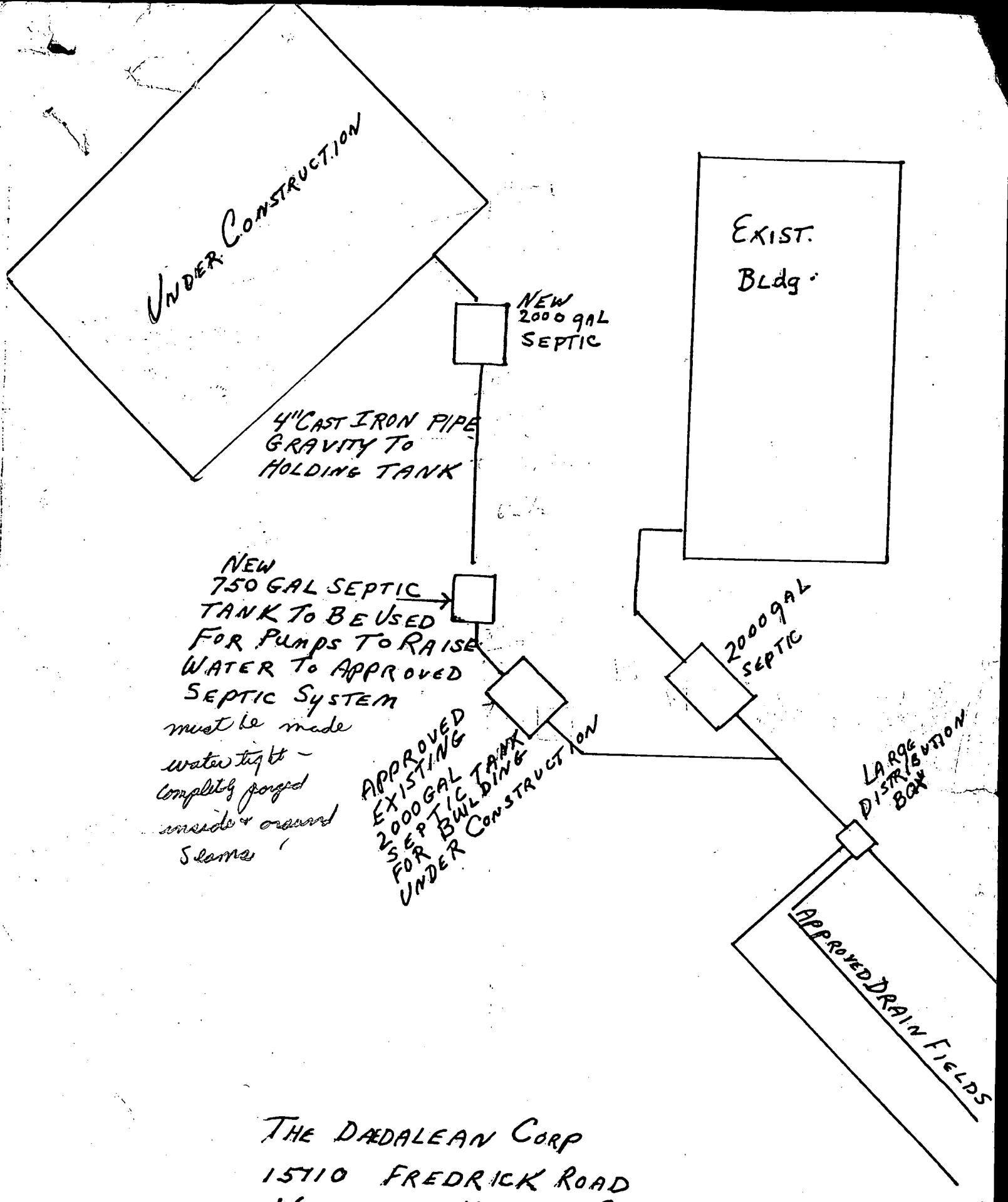
A McNeil

1/19/00 Spoke to Steve F. the new well is for a barn to water horses - we agreed to change the use to agricultural

A McNeil



N 15°54'28" E 254.43'
X EX WELL
PROPOSED SEPTIC
600
C
E
N 69°43'12" W 785.92'
N 75°55'51" E 244.22
FAILED A
FAILED B
FAILED D
575
299475 SQ. FT.
6.8750 ACRES
NOT INCLUDED
S 78°15'14" E 507.10'
4C
4D
4E
4A
4B
PARCEL 4
3.3805 ACRES
147255 SQ. FT.
CHB2
G1C2
625
PROP WELL
S 78°15'14" E 610.79'
PROP WELL
3D
3E
3C
3A
3B
PARCEL 3
133,237 SQ. FT.
3.0587 ACRES
G1B2
EKB2
EX WELL FOR PARCEL 3
647.87'
N 40°47'55" E
EL 10
ACRES
SQ.FT.
1/21/00 This well site approved for agricultural purposes only Poor landscape position for potable well
N 63°07'12" E
S 66°40'38" E 247.36'
11F
55785.10SQ.FT.
1.2806 ACRES
LOT 3
2B
S 26°52'48" E 175.62'
EX WELL
PROP WELL
PROP WELL
EX WELL
TO BE ABANDONED
H073-3203
S 66°40'38" E 294.86'
S 26°52'48" E 76.93'
PROP WELL
N 63°07'12" E 54.82'
S 26°05'15" E 262.09'
LOT 2
47273.57 SQ. FT.
1.0853 ACRES
11/12E
D
PARCEL 9
40402 SQ. FT.
0.9275 ACRES
8D
S 66°40'38" E 299.17'
N 26°05'15" W 259.93'
PROP WELL
8C
53705.5 SQ. FT.
1.233 ACRES
LOT 1
PROP WELL
G1C2
12/13E
12/13G
EKB2
8B
EX. WELL
TO BE ABANDONED
H073-2788
S 22°37'29" W
27.37'
E 512.42'
63°54'45" E
43.05'
13V



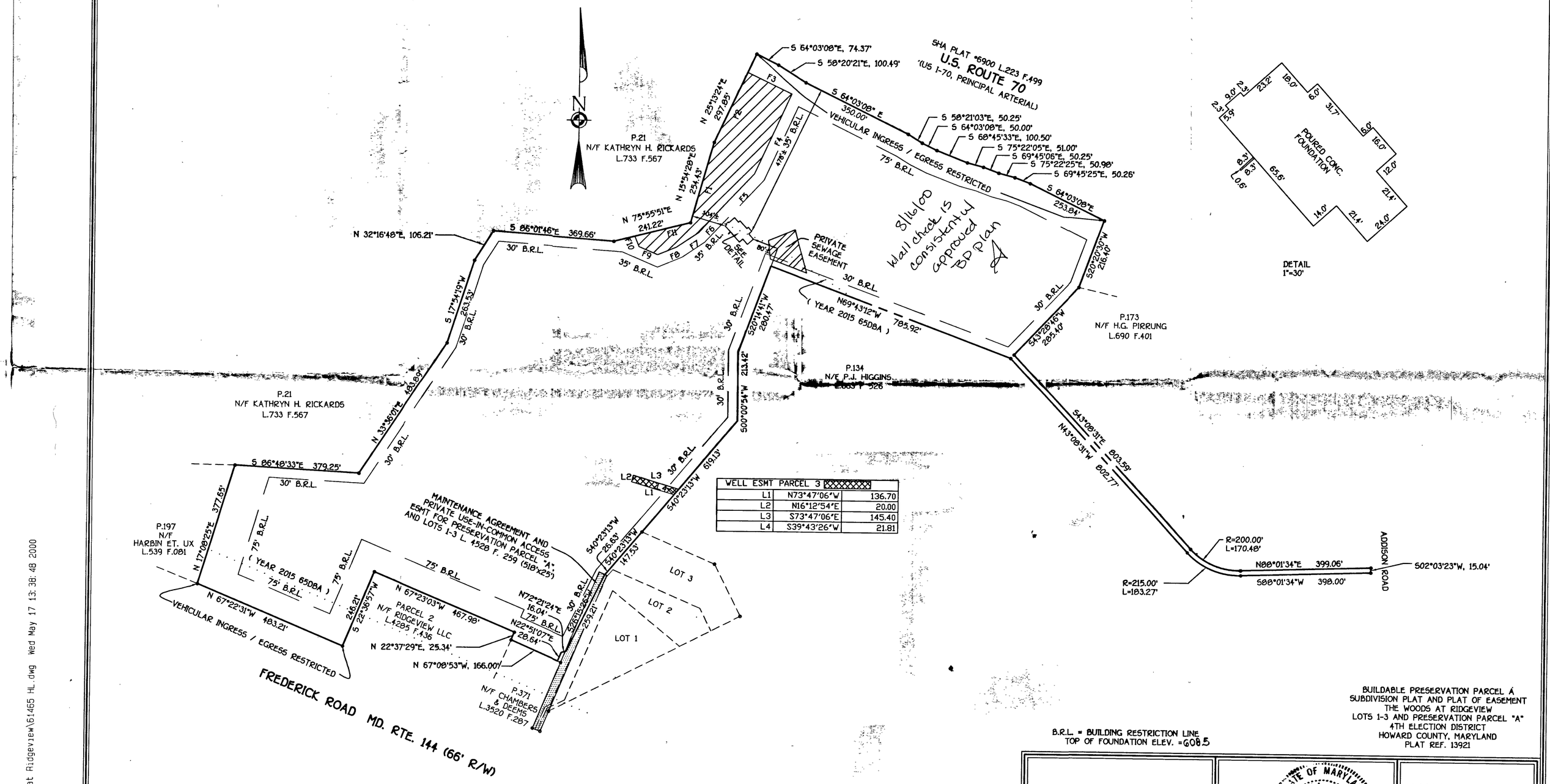
THE DAEDALEAN CORP
15710 FREDRICK ROAD
WOODBINE, HOWARD COUNTY MD.
21797

442-2620

FOREST CONSERVATION AREA "A"		
LINE	BEARING	LENGTH
F1	N15°54'28"E	254.43
F2	N25°13'24"E	235.81
F3	S64°46'36"E	149.12
F4	S24°37'19"W	268.37
F5	S43°25'41"W	148.79
F6	S42°45'03"W	97.78
F7	S56°27'18"W	80.69
F8	S67°37'29"W	62.13
F9	N67°22'31"W	62.13
F10	N22°22'31"W	33.58
F11	N75°55'51"E	175.45

GENERAL NOTES:

1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0009 B, EFFECTIVE DATE: DEC. 4, 1986.
3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



WELL ESMT PARCEL 3		
L1	N73°47'06"W	136.70
L2	N16°12'54"E	20.00
L3	S73°47'06"E	145.40
L4	S39°43'26"W	21.81

B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. =608.5

BUILDABLE PRESERVATION PARCEL A
SUBDIVISION PLAT AND PLAT OF EASEMENT
THE WOODS AT RIDGEVIEW
LOTS 1-3 AND PRESERVATION PARCEL "A"
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13921

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855
61465\61465 HL.DWG

FISHER, COLLINS & CARTER, INC.
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CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855
FCC •

STATE OF MARYLAND
CHARLES J. CROVO
No. 10763
REGISTERED
PROFESSIONAL LAND SURVEYOR

PROFESSIONAL LAND SURVEYOR REG. #10763 — 5/16/00 DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 5/16/00
FINAL LOCATION: ____
BOUNDARY SURVEY: ____

SCALE: 1"=200'
DATE: 5/17/00
DRAWN BY: T.P.F.
CHECKED BY: T.P.F.
PROJECT No.: 61465

K:\Drawings 6\61465 Woods at Ridgeview\61465 HL.dwg Wed May 17 13:38:48 2000

SHA PLAT #6900 L.223 F.499
U.S. ROUTE 70
(US I-70, PRINCIPAL ARTERIAL)

S 64°03'08"E, 74.37'
S 58°20'21"E, 100.49'
S 64°03'08" E 350.00'
S 58°21'03"E, 50.25'
S 64°03'08"E, 50.00'
S 60°45'33"E, 100.50'
S 75°22'05"E, 51.00'
S 69°45'06"E, 50.25'
S 75°22'25"E, 50.98'
S 69°45'25"E, 50.26'
S 64°03'08"E 253.84'
S20°20'30"W 216.40'
N 25°13'24"E 297.85'
N 15°54'28"E 254.43'
N 75°55'51"E 241.22'
S 86°01'46"E 369.66'
N 32°16'48"E, 106.21'
S 17°54'19"W 263.53'
N 33°36'01"E 483.89'
S 86°48'33"E 379.25'
N 17°08'25"E 377.65'
N 67°22'31"W 483.21'
S 22°36'57"W 246.21'
N 67°23'03"W 467.98'
N 22°37'29"E, 25.34'
N 67°08'53"W, 166.00'
N 22°38'27"E, 218.29'
N 67°22'20"W, 24.06'
S 63°07'13"W 53.46'
S 22°37'29"W 66.92'
S20°14'41"W 280.47'
N69°43'12"W 785.92'
S43°28'46"W 285.40'
S43°08'31"E 803.59'
N43°08'31"W 802.77'
S40°23'13"W 619.13'
S00°00'54"W 213.42'
S66°40'38"E 242.43'
S 26°52'48"E 177.24'
R=215.00'
L=183.27'

AREA OF DETAIL
SEE PLAN VIEW BELOW

P.21
N/F KATHRYN H. RICKARDS
L.733 F.567

P.21
N/F KATHRYN H. RICKARDS
L.733 F.567

P.173
N/F H.G. PIRRUNG
L.690 F.401

P.134
N/F P.J. HIGGINS
L.663 F 526

P.197
N/F
BIN ET. UX
539 F.081

PARCEL 2
N/F RIDGEVIEW LLC
L.4285 F.436

P.371
N/F CHAMBERS & DEEMS
L.3520 F.287

LOT 1
LOT 2
LOT 3

FREDERICK ROAD MD. RTE. 144 (66' R/W)

KEY MAP
SCALE: 1"=200'

Approved Septic System Plan
Howard County Health Department

Mark E. Pilkin 3/22/00
Signature Date

Total linear feet of trench required 300 feet
Width of trench(es) 3 feet
Depth of trench(es) 5.5 feet
Depth of stone required below distribution pipe 2 feet

17.67'
6.00'
6.00'
10.00'
51.33'
GAR.
24.00'
38.00'
GAR.
25.33'
5.00'
15.67'
2.00'
21.33'
7.00'
24.67'

FOOTPRINT
SCALE: 1"=20'

EX FOREST CONSERVATION AREA
EX WELL
100' R
141'
121'
35'
YEAR 2015
65 dBA
PLAT 13921
N75°55'51"E 241.22'
N15°54'28"E 254.43'
EX SEPTIC SYSTEM TO BE ABANDONED, IF IT EXISTS PUMP AND COLLAPSE TANK AND DRY WELL
EX DRIVE
GAR.
FF 606.50
BE 599.50
SEPTIC TANK
PUMP TANK
INV. IN 603.20
TRENCHES @ THIS LOCATION TO PROVIDE ROOM FOR 3 SYS. @ 300' EA.
EX. EL. 618.0
DIST. BOX
Approved Howard Co
Signature
39'
N69°43'12"W 785.92'
280.47'

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT APPROVAL
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 606.50 599.50
   B. BASEMENT ELEVATION:
   C. INVERT OF SEPTIC SYSTEM AT HOUSE: 604.50 603.80
   D. INVERT IN AT SEPTIC TANK: 603.50 603.00
   E. INVERT OUT AT SEPTIC TANK:
   F. PROPOSED GRADE OVER SEPTIC TANK: 614.50 618.00
   G. INVERT AT DISTRIBUTION BOX:
   H. EXISTING GROUND OVER DISTRIBUTION BOX:
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO GROUNDWATER INTERFACE TO SEPTIC SYSTEM.

PLAN BY FCC

PLAN
SCALE: 1"=50'

all. Trenche + initial system approved for #1 @ 10/10/78 C.B.S.
B&D. Have to approve site list for #2, #2 Tank (2) C.B.S.
10/13/78 A.M. V.C.B.
P.M.

PERMIT for #3 building as soon as installed

P 28249

A 26536

SEWAGE DISPOSAL SYSTEM C.B.S. 10/13/78

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 6/23/78

Carroll Co. Plumbing & Heating

~~Bill Cumberland (Heating & Plumbing)~~ IS PERMITTED TO INSTALL X ALTER

ADDRESS ~~A.E. Mullinix Road~~ PHONE

SUBDIVISION ROAD Morgan Station Route 97 & Route 144 Rd. LOT

PROPERTY OWNER Ambrose Hochrein

ADDRESS 15110 Frederick Road, Woodbine, Md.

SPECIFICATIONS lab building $ ~~(2) 1500~~ → 2000 C.B.S. + D.W.M.

SEPTIC TANK CAPACITY ~~2000~~ GALLONS

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

DEEP TRENCH ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

INLET PIPE ____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH ____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA ____ FT. FROM ____ LOT LINE AND ____ FT. FROM ____ LOT LINE AS SEEN WHEN FACING LOT FROM ✓

650 × 4 = 2600 — 130 × 4 = 520 — 500 — 5 = 2500

2560 C.B.S. + D.W.M.

Need 5' of stone under pipe + 2" stone over pipe

Shallow trenches, 2 ft. wide, to be used with ~~1560~~ sq. ft. effective absorbent sidewall needed between ~~2~~ ft. and ~~9~~ 15 ft. of original grade at test, starting from point 45 ft. out from right front corner point of building when facing lot and building from Rt. 144. Run trenches with contour. Inlet to be 4 ft. and maximum depth 2 ft. To have 10 ft. between trenches. Maximum length ~~100~~ ft. on each trench. Distribution box needed if 2 or more trenches used.

~~130~~ 125 ft C.B.S. 10/11/78

10/6/78 OK to install system according to approved plans ✓ 4 trenches 130 long due to lower elevation of public water problem see field corrections 10/11/78 C.B.S.

PLANS APPROVED BY Charles B. Streaker/DWM DATE 5/25/78

COVER NO WORK UNTIL INSPECTED AND APPROVED.

(Note clay barrier varies on each trench + at beginning + end of each trench) C.B.S.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

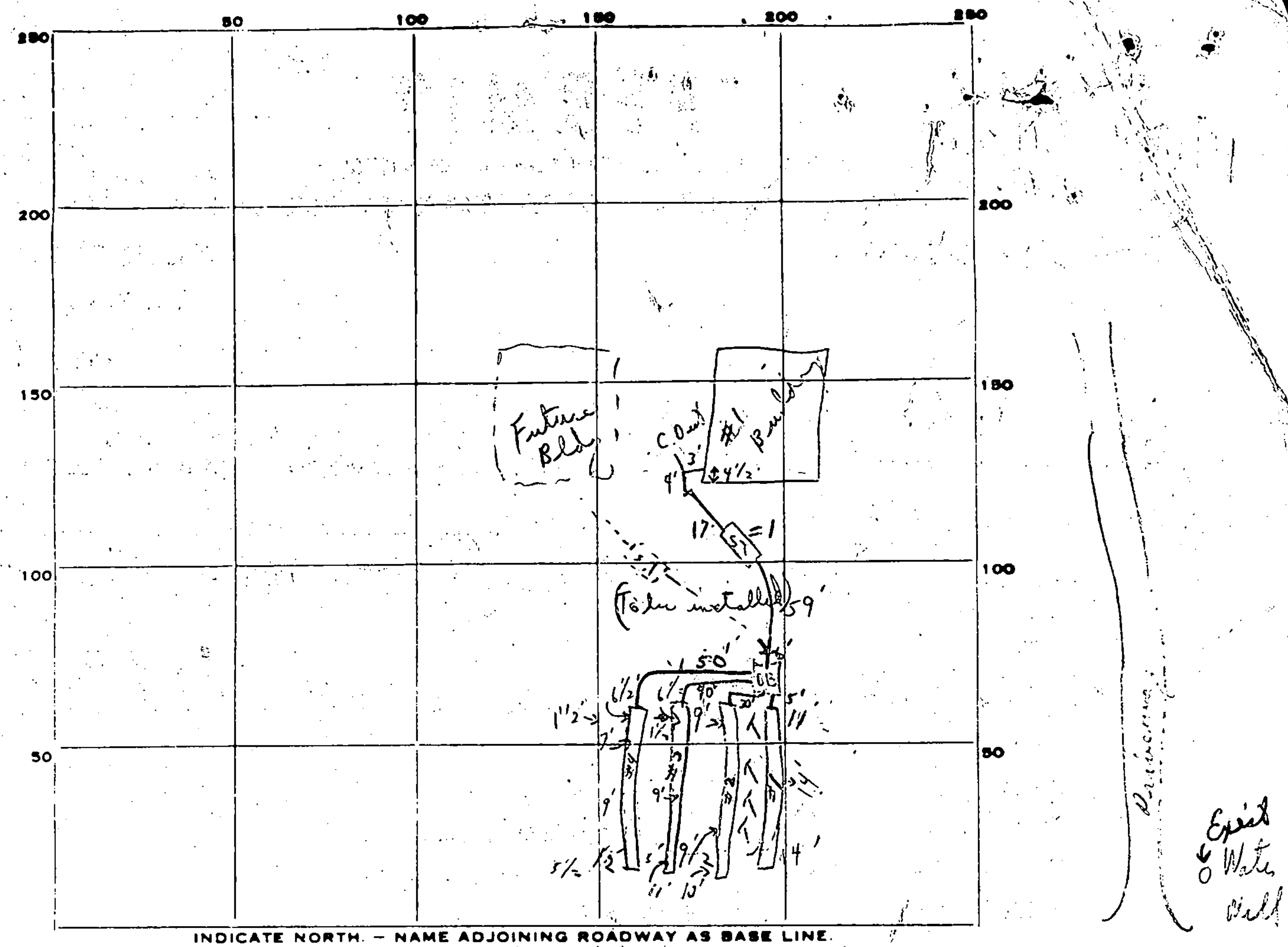
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

HD - 23

Note { No final can be given on this system until #2 septic tank is installed + approved + pipes from #3 Building to Y near D. Box is inspected. C.B.S. + D.W.M.



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Bldg #1 S.T. | #2 S.T. Bldg future to connect to Y ... RX. 144

PERMIT CARD Yes (1)

SEPTIC TANK, LEVEL ok CLEANOUTS ok

(1) 10/11/78

DISTRIBUTION BOX, LEVEL ok No pipes connected at time of inspection. D.W.M. C.B.

TILE FIELD (Trenches), DEPTH Varies FT. TRENCH WIDTH 2 FT. { #1 #2 ✓

To have 4'+ under pipe

GRAVEL DEPTH 5' IN. TOTAL LENGTH 522 FT. { 1 130' 2 130' 3 132 4 130 = 522

NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA —

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 2610 SQ. FT. + Each trench to be 125'-130' long

REMARKS 10/11/78 #1 Trench 130' Inlet at D.B. 6' 10/13/78 5'+ under pipe

(1) Partial #2 Trench 130' Inlet at trench 3' 5'+ under pipe

(2) To have separate pipes for each trench from D. Box; Y & cleanout plugged at time of inspection. C.B.

#3 Trench 132' 10/13 Inlet at trench 2' Depth to bottom

10/13 #4 Trench 130'+ 10/13 Inlet at trench 2' Depth to bottom of trench

P.M. (2) Stop trench #2 ok to backfill 5' plus of stone in this trench only. C.B.

10/13/78 { (3) Stop 8:30 AM { #3 #4 measured see above ok for stone. see above ok for stone.

ok to backfill to distribution box

DATE SYSTEM APPROVED INSPECTOR C. B. [illegible]

10/13/78 (4) Stop P.M. #3 #4 5' plus of stone in trench & pipes on. 3 C.B.

Prel. 8/19/77 4/12/78 9:30 A.M. 9:30 A.M. Hold for corr

6/78 Hold for plans OK 5/25/78

APPLICATION

OWM + A 26536

SEWAGE DISPOSAL TESTING { For Restrooms in Lab Building P 6/23/78

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 4th Plans o/k C.B.A.
DATE August 9, 1977

8/22/77 (See P.W.M. comments)

2000 gallon Septic Tank { 6/7/78 2' wide C.B.A.

(*) Shallow trenches to be used (*) starting from point 45' out from right front corner point of building when facing lot & building from 28.144° Run trenches with contour. Outlet to be 4' + max depth 9'. to have 10' between trenches Maximum length 100' on each trench

(*) (with 1,560 sq ft. effective absorbing sidewall needed between 4' + 9' of original grade at test.)

6/7/78 Hold for site plans - elevations + measurements 1/8" dry per perc. Mr. Yeager called to C.B.A.

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.

Distribution box needed if 2 or more trenches used.

PROPERTY OWNER ✓ Ambrose A. Hachem & Alagu P. Thirumengadam C.B.A.

ADDRESS ✓ 15110 Frederick Road Woodbine, Md. PHONE ✓ 442-2620

Also (*)(1) Need 2 inspections on trench

PROPERTY LOCATION

SUBDIVISION ✓ 4th election district, Howard County Tax Map No. 8 LOT NO. ✓ (a) Between lots

Parcel No. 130 & 174 (b)

ROAD AND DESCRIPTION ✓ Between State Highway #144 & Interstate 70 N approx. 1/2 miles West of Route 97 and 144 (Cooksville) stone in.

SIZE OF LOT ✓ 31.27 AC TYPE BLDG. ✓ Lab. Bldg.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE Laboratory Bldg 100'x50'x16'.

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

SIGNATURE OF APPLICANT ✓ Alagu P. Thirumengadam

APPROVED BY C.B.A. + P.W.M. FOR Shallow trenches (KIND OF SYSTEM) DATE 5/25/78

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

HOLD PENDING FURTHER TESTS _____ DATE _____

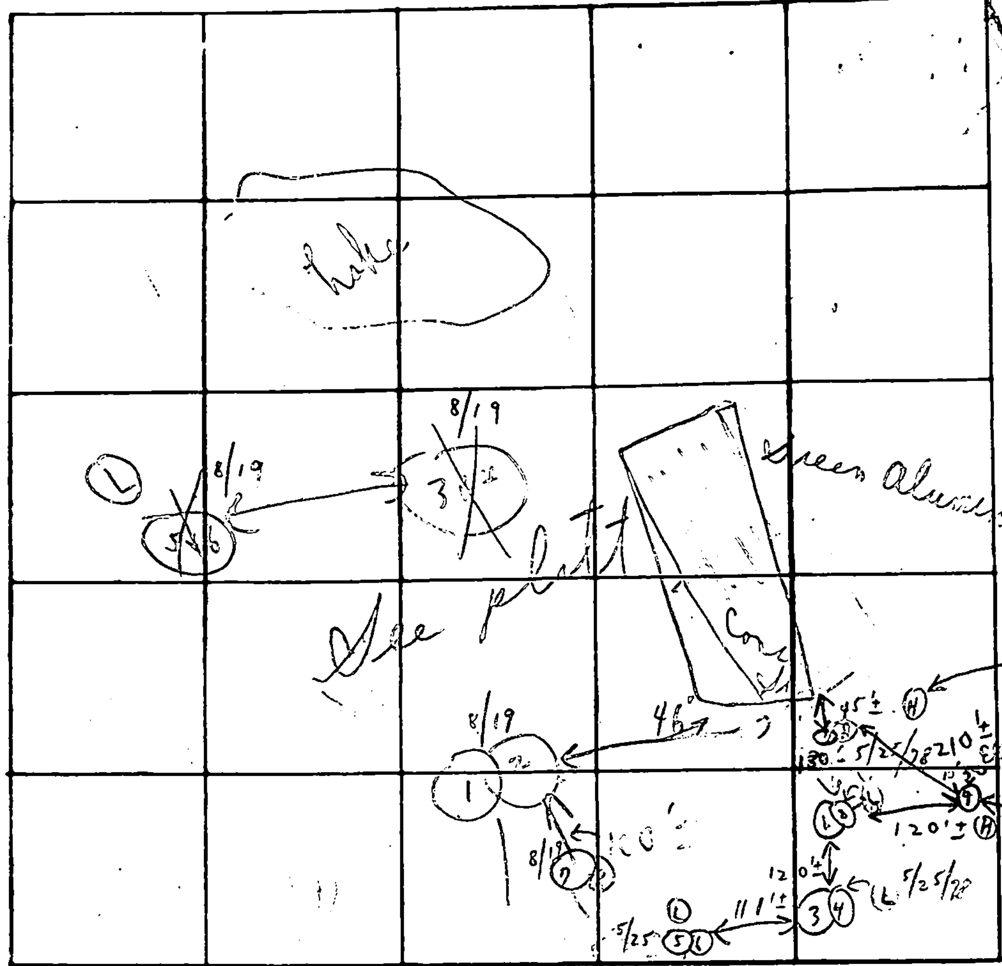
~~REASONS FOR REJECTION~~ OR HOLDING 8/19/77 for supervision + comments see on back

(5/25/78 3 Tested in different area + for further test. C.B.A.

(Note deed not in corrected Mr. test area) 8/22/77 Hold for perk tests per P.W.M. in heights elevations. C.B.A.

Possible No pump per D.W.M.

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE

RT 197

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/19/77	1	3'	10:05	10:10	10:10	10:21	11 min
	2	13'	: Water	:	:	:	
	3		:	: Clayish		:	
	4	Water	at 10'	- 10½'	:	:	
	5			Water at 6'			
	6		Water at 9'				
	7	4'	10:55	: 11:	20 : 23	min 1/8"	"
	8						
5/25/78	1	2'	10:13	10:30	10:30	10:52	22 min
	(2) 2	7½'	10:14	10:36	10:36	11:04	28 min
Than tested in open area	3	2'	Similar to (1+2)		(1) Hold	12/?/78 No perc	
	4	7½'					
	5	2½'					
	6	7½'	:	: 2 min	(2) further		2
Shallow trench Use inlet 4'–9'	7	4'	10:55	11:00	11:		27 min
	8	8½'	11:32	11:35	11:43		8 min

REMARKS: Only 1 use of system. Mens + Womens Restroom, 1 sink + 1 toilet. 13' Water

TYPE OF SOIL: 9 Visual similar to (7+8) 5/25/78 Tested at high elevation

TESTED BY: C. B. S. ALSO PRESENT: Mr. Yeager + back hoe operator

5/25/78 Note building is up

Margin notes:

Soil Profile

(260)(6) 5/25/78 Use for system

26 min avg

Clayish loam

ok per A.W.M.

M-F - 8:5:00

14 people

2000 gallon

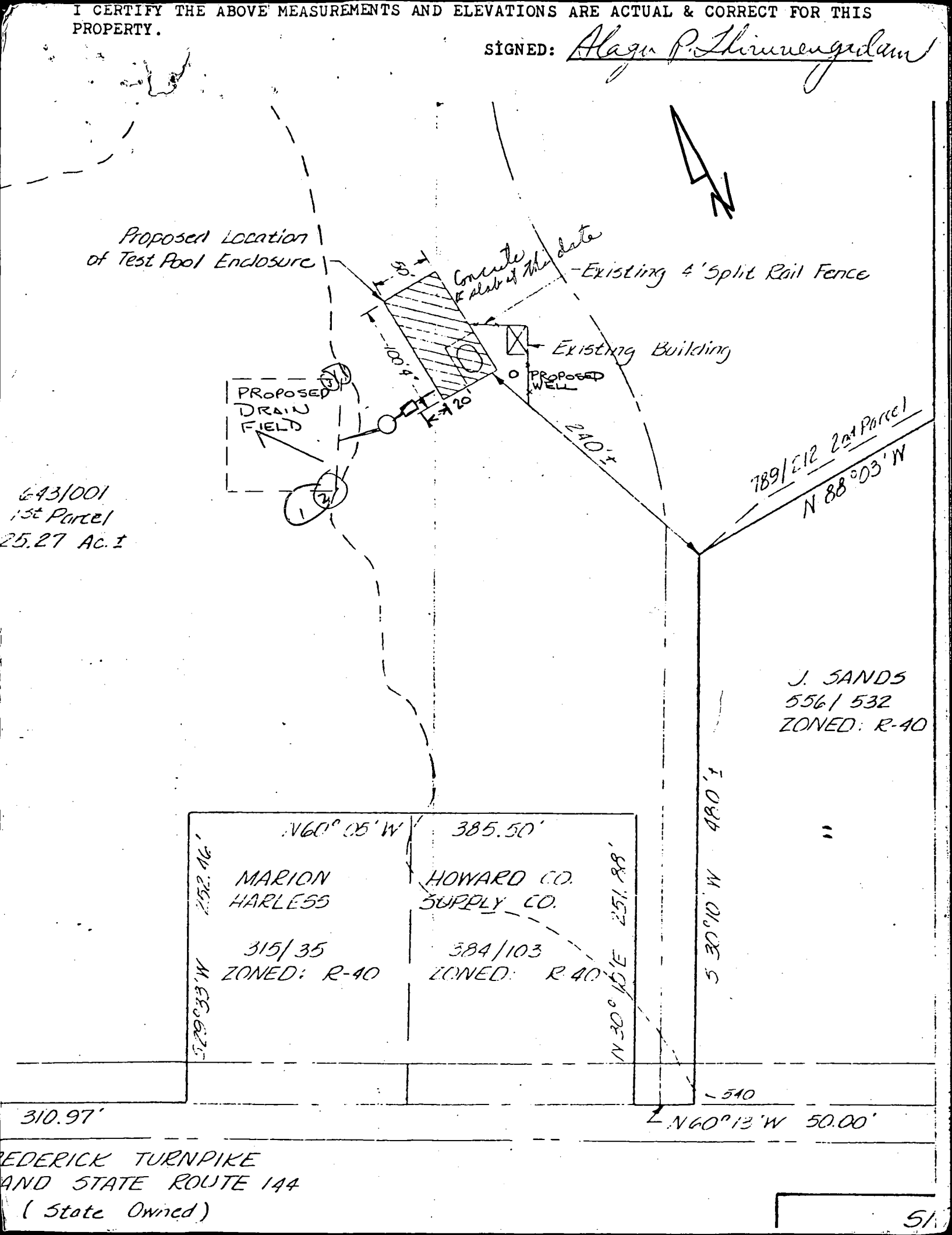
No chemicals to be used

Company shed ... restroom

Present: 3 Engineers, 1 Backhoe ...

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

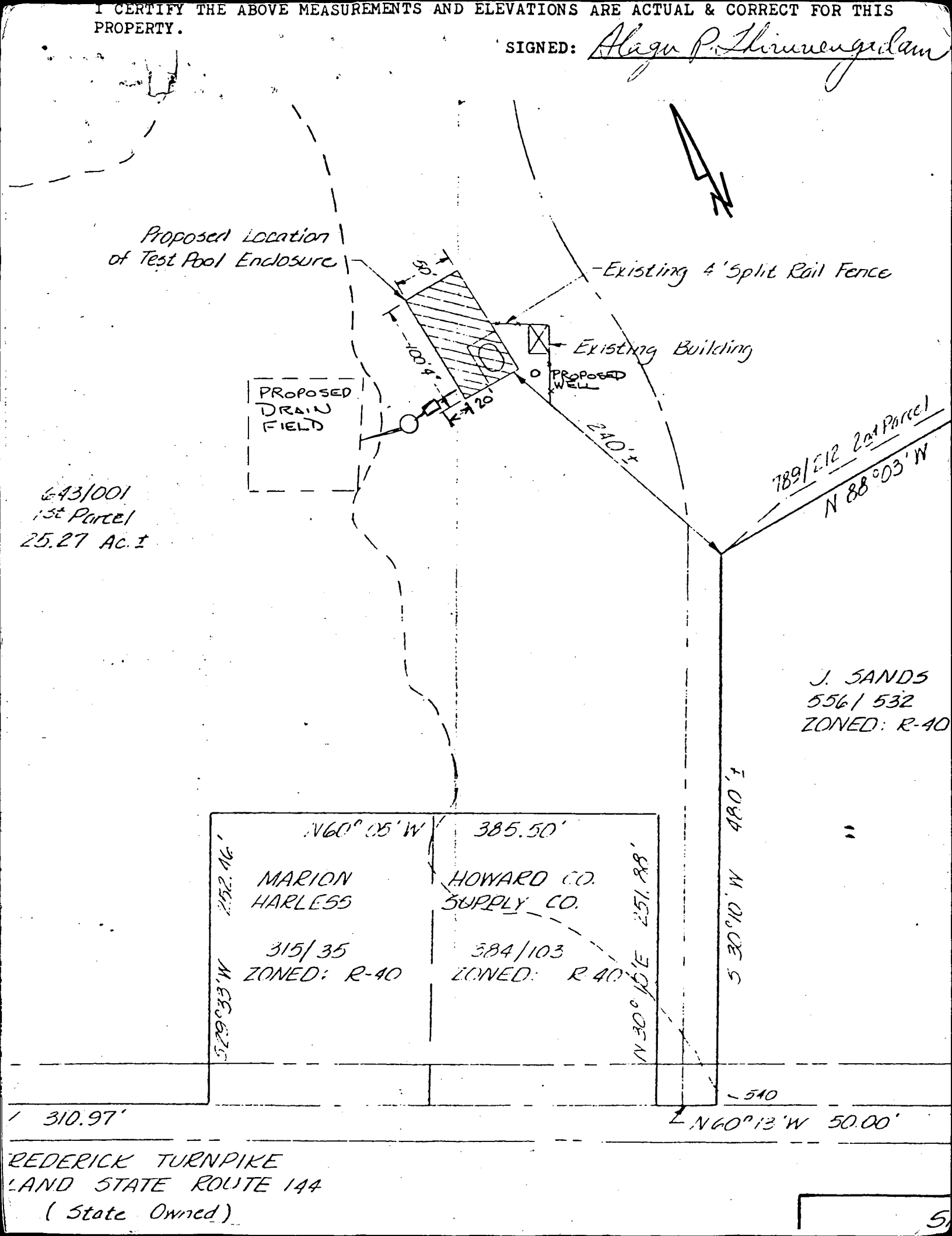
SIGNED: Alagu P. Thirunavukkarasu



51

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SIGNED: Alagu P. Thiruvengadam



8/19/81 File Copies Finals C.B.D.

PERMIT

P 30498

A 26536

Permit # 41776

12/31/80

8/13/81

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY DISTRICT

DATE 1/21/80

INDEX

Mid Maryland Mechanical IS PERMITTED TO INSTALL X ALTER

ADDRESS Westminster, Md. PHONE

SUBDIVISION ROAD 15110 Frederick Road Woodbine, Md. LOT

PROPERTY OWNER Daedalean Associates (Springlake Research Center)

ADDRESS 15110 Frdderick Road, Woodbine, Md.

SPECIFICATIONS

SEPTIC TANK CAPACITY GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN FACING LOT FROM

INSTALLATION OF SEPTIC TANKS ACCORDING TO THE ATTACHED APPROVED DRAWINGS.

PLANS APPROVED BY Donald W. Monaghan DATE 1/21/80

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

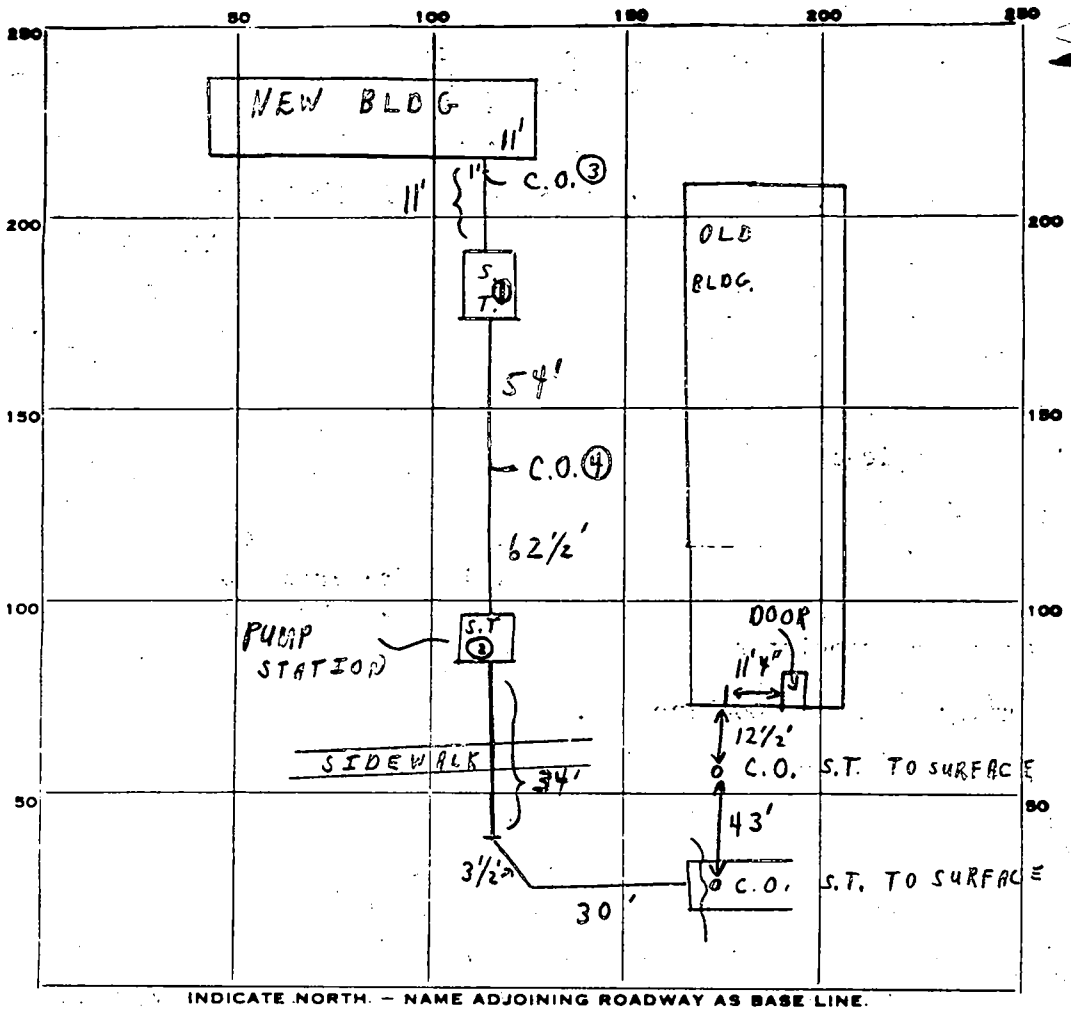
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

HD - 23

A 26536



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ① ✓ ② ✓

CLEANOUTS S.T. ① ✓ S.T. ② ✓ C.O. ③ ✓ C.O. ④ ✓

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 1/31/80 SYSTEM COMPLETE EXCEPT FOR MANHOLE COVER CLEANOUT @ S.T. ②. PARTIAL OK TO COVER EXCEPT CLEANOUT AREA NEAR CLEANOUT @ S.T ②. C.B.S. 8/13/81 C.O. ② NOT WATER TIGHT; THEY ARE TO CALL US WHEN SEALED. C.B.S. 8/19/81 CHECKED - SYSTEM COMPLETE. C.B.S.

DATE SYSTEM APPROVED 8/19/81 INSPECTOR C. B. Streaker

59815-L

cchdenv

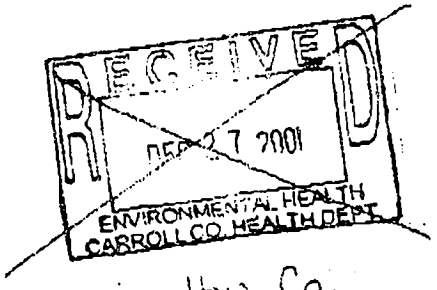
From: Nancy Becker <nancyb@kathprop.com>
To: <cchdenv@carr.org>
Sent: Wednesday, December 26, 2001 10:15 AM
Subject: Well tag # research

I am inquiring about well # HO 94 2617 located at 15094 Frederick Rd., Woodbine, MD 21797. I need to research the age of the well, the original GPM output, the well pump size, depth of the well, etc. The information can be faxed to my attention at 410.267.7712. Thank you for your assistance and time.

Sincerely,

Nancy L. Becker
Project Development Manager
Equestrian Services, LLC
1009 Bay Ridge Ave. #218
Annapolis, MD 21403-3031
(410) 990 - 0202 Ext. 108
(410) 267 - 7712 Fax

2/15/2000
pt + grant
septic approved
10/2000



in How. Co.

12/27/01

To NANCY

INFO AS REQUESTED

12/27/01

WELL LINE

A 59815-L

SITE INSPECTION SHEET

OWNER: Stephen Scheuch

DATE REQUESTED: 4/25/00

ADDRESS: 15094 RT. 144 (Frederich Rd) Woodbine, MD 21797

~~DRILLER~~/CONTRACTOR: Ardo Contracting

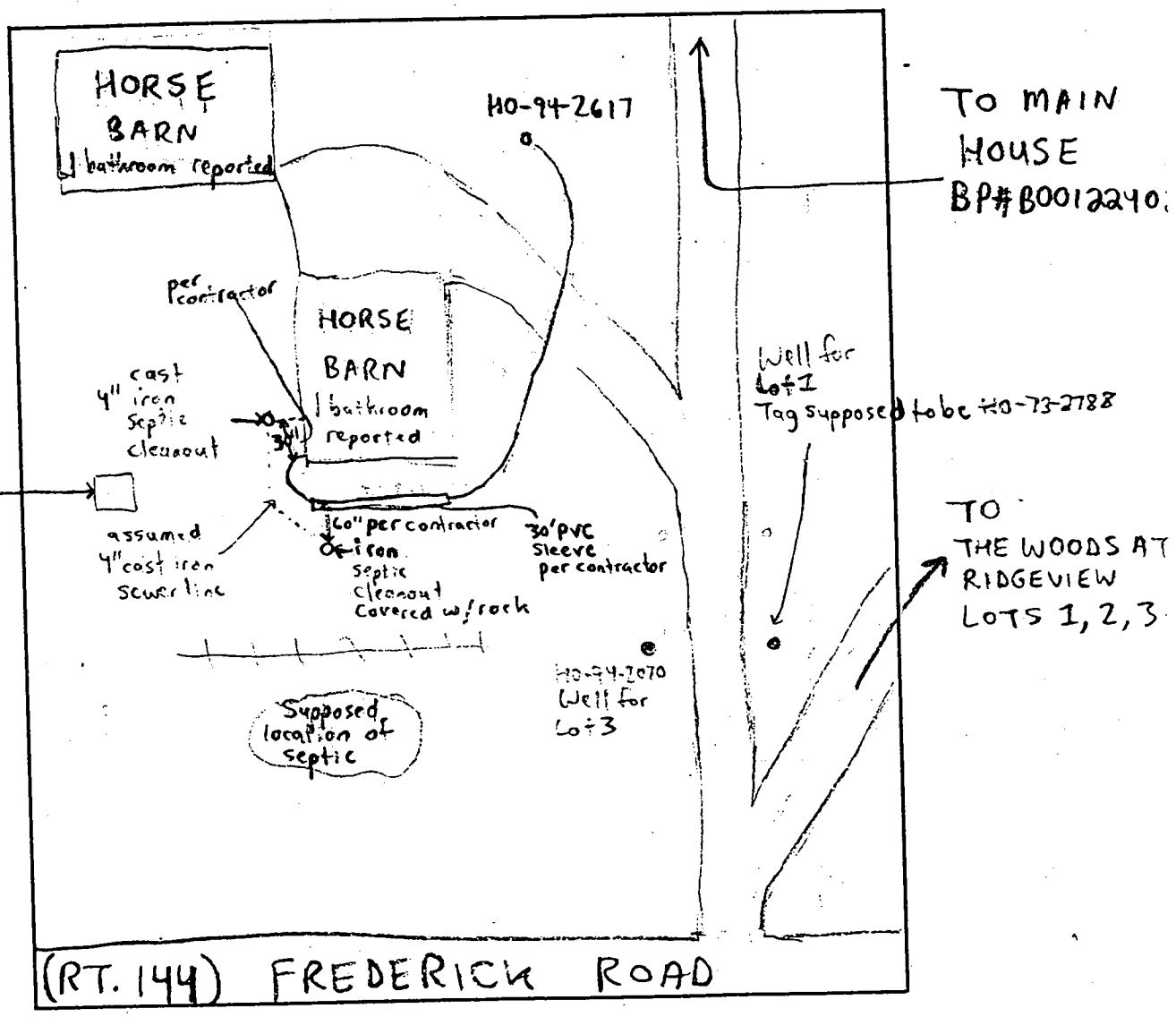
WELL TAG NUMBER: HO-94-2617

TAX & PARCEL: Pres. Parcel A

COUNTY: Howard

PROPOSAL:

LOCATION DIAGRAM



COMMENTS: 4/25/00 - MET W/ MR. SCHEUCH AT SITE, DISCUSSED ISSUES WITH WELL LINE INSPECTION; SPOKE TO INSTALLER VIA PHONE (DISCUSSED SAFETY ROPE ISSUE), ALSO SPOKE TO MR. SCHEUCH REGARDING STATUS OF EX. SEPTIC SYSTEM FOR BARNS AND OTHER RELATED ISSUES - SRW

DATE: 4/25/00

INSPECTOR: Steven R. Kreig

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

(TO BE PUNCHED ON ALL CARDS)

COUNTY NUMBER 13A59815-L

DATE WELL COMPLETED: 03 15 00 (15–20)

Depth of Well (TO NEAREST FOOT): 400 (22–26)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2617 (28–37)

OWNER: Hamelton Heed (last name) / 15094 Frederick Rd. (first name) Woods at Ridgeview

STREET OR RFD: 10202 Hickory Ridge TOWN: Columbia MD

SUBDIVISION: SCHENCK Map SECTION: LOT: PP-A

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
Top Soil	0	2	
Brown Slate	2	20	
Brown Slate	20	25	✓
Blue Slate	25	50	
~~Blue~~ Slate	50	55	✓
~~Blue~~ Brown	55	400	
Blue Slate			

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N) (44)

TYPE OF GROUTING MATERIAL

CEMENT (CM) (45–46) BENTONITE CLAY (BC) (45–46)

NO. OF BAGS 8 NO. OF POUNDS 808

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52) TOP ft. to 28 (54–58) BOTTOM ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL (60–61)	6 (63–64)	30 (66–70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole — insert appropriate code below

STEEL (ST) BRASS BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

C 2 (1–2)

DEPTH (nearest ft.)

EACH SCREEN		
1	#0 (8–9)	28 (11–15) to 400 (17–21)
2		(23–24) (26–30) (32–36)
3		(38–39) (41–45) (47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56–60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C 3 (1–2)

PUMPING TEST

HOURS PUMPED (nearest hour) 6 (8–9)

PUMPING RATE (gal. per min. to nearest gal.) 2 (11–15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 (17–20)

WHEN PUMPING 265 (22–25)

TYPE OF PUMP USED (for test) (27)

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 EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

PUMP HORSE POWER (37–41)

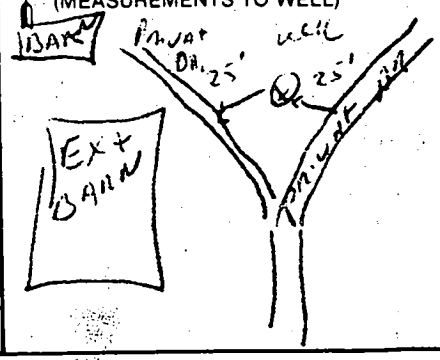
PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (−) below (49) LAND SURFACE 2 (nearest foot) (50–51)

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)



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 10.17.13 "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 IDENT. NO. MSO 117

Mark E. Wagner

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SHANE

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING; (E.R.O.S.) (72) LOG INDICATOR; W Q (74–76) OTHER DATA

HEALTH

THERE IS NO ENJOYMENT SERVICE TO SEPTIC SYSTEM

4/25/00 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525 N Ellicott Mills Drive
Ellicott City, MD 21043
461-9033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer ARDO CONTRACTING (LES SIMS JR) Telephone 410-290-9899

License Number 30132
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner STEVE SCHENCK Telephone 410-740-4074
Subdivision The Woods at Ridgeview Lot # PP-10A Well Tag # HO-94-2617
Street Address 15094 OLD FREDERICK ROAD

Pump
a. Deep well jet ____
b. Shallow well jet ____
c. Submersible ____
Make GOULDS
Model 754S 5SRH5
5 GPM
Does well capacity exceed well capacity Yes ✓ No ____
Is low pressure cutoff switch installed? Yes ✓ No ____
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 3462
3. Voltage ____
a. 110 ____
b. 220 ✓

Pitless Adapter
1. Make SIMMONS
2. Model # PT300
3. Depth 42"

60
Pressure relief
YES

Piping
1. Type POLYETHELYNE
2. Size 1"
3. NSF and/or BOCA Code approved Y
4. Depth of supply line 38"

Well data
1. Depth ____ ft
2. Yield ____ GPM
3. Static water level 12
4. Will water to 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: [signature]

Date: 4/17/00

4/25/00 - pitless on
Depth of well line on
Grout on
Tag on
Safety rope protruding through 2piece cap - SRH
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection
Telephone conversation with Installer, he will fix and knows about it for future jobs - SRH
HO-94-2617
10/18/00 - Casell's observation reports safety rope fixed SRH