PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 6/28/1977

APPROVAL DATE: 8/5/1977

PERMIT
INDEXED

P 26273

A 26373-B

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

03-302903 IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Eagle's Loft LOT NUMBER: 5

ADDRESS: 3509 Reynard Drive PROPERTY OWNER: Angel

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. Effective area begins at feet below original grade. feet of stone below distribution pipe.
LOCATION:	Dry Well and Trench
PURPOSE:	

PLANS APPROVED: _____ DATE: 6/28/1977

NOTE: PERMIT VOID AFTER 2 YEARS
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET FROM ANY WATER WELL
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A26373-B

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Howard County Health Officer

August 29, 2002

Brian Angel
3509 Reynard Drive
Ellicott City, MD 21042

RE: **Replacement Well Issues**
3509 Reynard Drive
Well Permit # HO-94-3432

Dear Mr. Angel:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at **(410) 313-1773** to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

We have also noted in your file that your old well will not be abandoned & seal. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Kacie Noonan

Kacie Noonan, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File

C 1 14561 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6 (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 TYPE

Replacement Well

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

COUNTY NUMBER (13) A26373

ST/CO USE ONLY
DATE Received MM DD YY
8 13

DATE WELL COMPLETED MM 7/16 DD 02 YY
15 20

Depth of Well 600 (TO NEAREST FOOT)
22 26

8/29/02 JCR

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3432
28 29 30 31 32 33 34 35 36 37

OWNER Angel (last name) Briar (first name)

STREET OR RFD 3509 Reynard Dr TOWN West Friendship

SUBDIVISION Eagles Loft SECTION LOT 5

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	
Shale	2	25	
Gray Mica	25	600	—

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes (Y) no (N)

CIRCLE APPROPRIATE LETTER
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MWD 040
George T. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 481

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) 44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC) 45 46

NO. OF BAGS 19 NO. OF POUNDS 1900

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) 48 52 ft. to 35 (BOTTOM) 54 58 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)
ST	6	40
60 61	63 64	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

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

C 2

EACH SCREEN		DEPTH (nearest ft.)		
1	HO	38	600	
	8 9	11 15	17 21	
2				
	23 24	26 30	32 36	
3				
	38 39	41 45	47 51	

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)
56 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
8 9

PUMPING RATE (gal. per min.) 8.
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.
17 20

WHEN PUMPING 600 ft.
22 25

TYPE OF PUMP USED (for test)
- (A) air
- P piston
- T turbine
- C centrifugal
- R rotary
- O other (describe below)
- J jet
- S submersible

27

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. 29

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

PUMP HORSE POWER 37 41

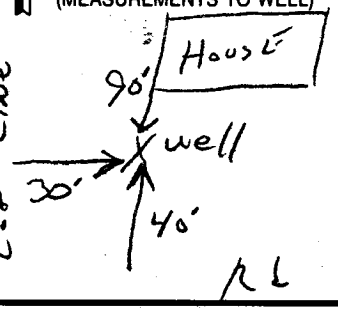
PUMP COLUMN LENGTH (nearest ft.) 43 47

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)



RL

DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 **2134** (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

W517327 please type

STATE PERMIT NUMBER **HO-94-3432** (76 79)

fill in this form completely

Date Received (APA) 06 25 02 (8 MM DD YY 13)

OWNER INFORMATION 9080

ANGEL BRIAN (15 Last Name Owner First Name 34)

3509 REYNARD DRIVE (36 Street or RFD 55)

ELLICOTT CITY, MD 21042 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

George F. Easterday M WD 040 (Driller's Name 76 License No. 81)

L. Franklin Easterday, Inc. (Firm Name)

9265 Brown Church Rd., MT. Airy, Md. 21771 (Address)

George F. Easterday (Signature) 6/24/2002 (Date)

B 2 (1 2) **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 300 FEET (24 28)

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

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

37 CABLE REVerse-ROTary DRive-POINT

other

REPLACEMENT OR 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
- 39 (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) 41 _ _ - _ _ - _ _ _ _ 52

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

APPROP. PERMIT NUMBER _ _ _ _ _ G _ _ _

PERMIT No. HO-94-3432 (70 71 72 73 74 75 76 77 78 79)

LOCATION OF WELL

B 3

Howard CC# (8 COUNTY 21)

(23 SUBDIVISION 42)

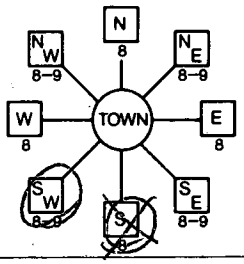
SECTION (44 46) LOT (48 50)

West Friendship (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town) 2 M I (73 76 77 78)

B 4 (1 2)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3509 Reynard Drive (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 3 PARCEL 491

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD (COUNTY NAME) A26373 (COUNTY NO.)

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 07 02 02 (43 MM DD YY 48) Kacie Noonan (CO SIGNATURE) 07-02-03 (EXP. DATE)

NORTH GRID 525 000 (50 55) EAST GRID 799 000 (57 63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

SOURCES OF DRILLING WATER

1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

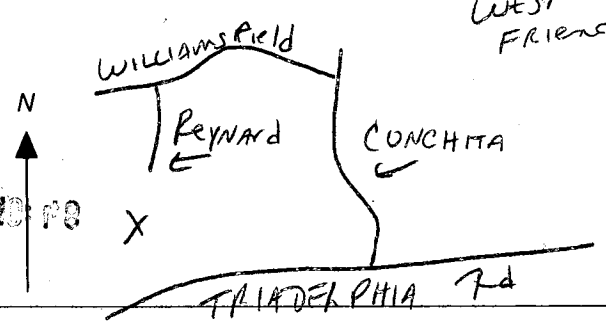
E ~~800~~ 799

~~520~~ 5 ←

N _____

000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 10 A 8



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

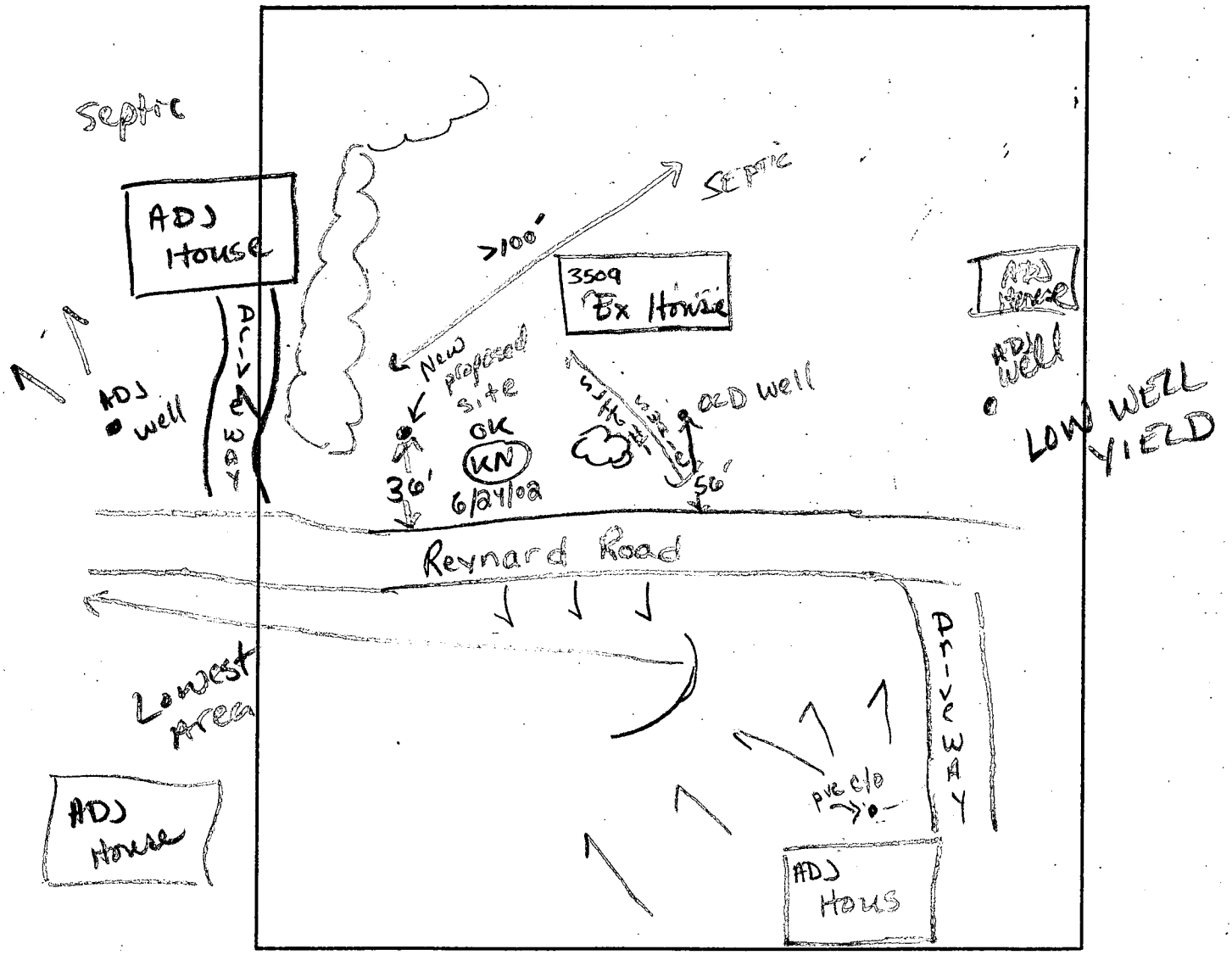
② COUNTY

SITE INSPECTION SHEET

OWNER: Brian Angel
ADDRESS: 3509 Reynard Dr. Eagles Left Lot 5
TAX & PARCEL:
PROPOSAL: Low Yield

DATE REQUESTED: 6/24/02
DRILLER/CONTRACTOR: Easterday
WELL TAG NUMBER: HO-94-3432
COUNTY: Howard

LOCATION DIAGRAM



COMMENTS: 6/24/02 Mr. Angel said neighbor to the right also having low water yield but other neighbors are fine on H_2O yield. Pd $80.00 to keep existing well

DATE: 6/24/02 INSPECTOR: K. Nomer

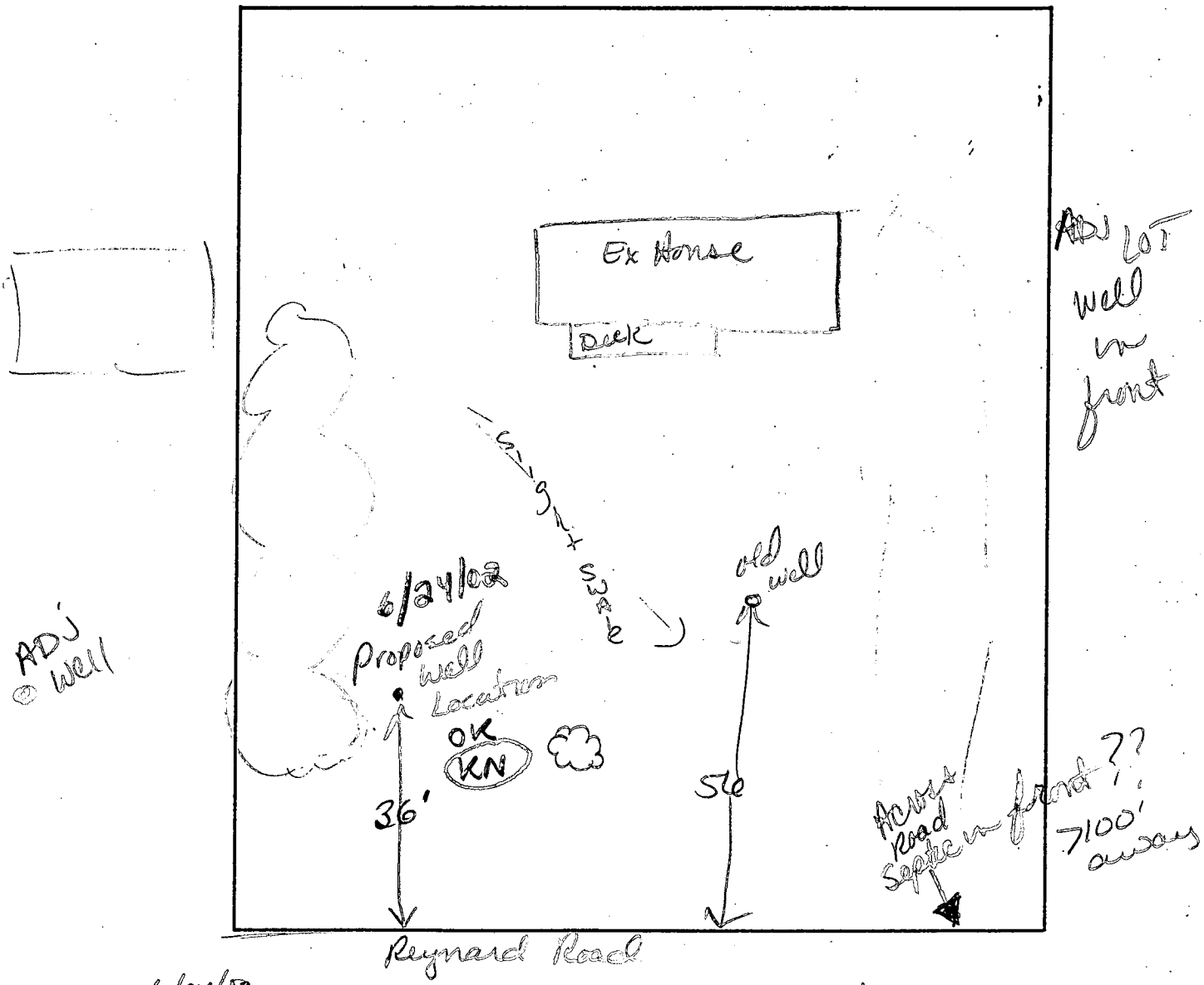
6/24/02
1:00
12:30

SITE INSPECTION SHEET

OWNER: Brian Angel
ADDRESS: 3509 Reynard Dr.
Eagles Loft - Lot 5
TAX & PARCEL: _____
PROPOSAL: Very little water 1 pt min

DATE REQUESTED: 6/24/02
DRILLER/CONTRACTOR: Easterday
WELL TAG NUMBER: _____
COUNTY: _____

LOCATION DIAGRAM

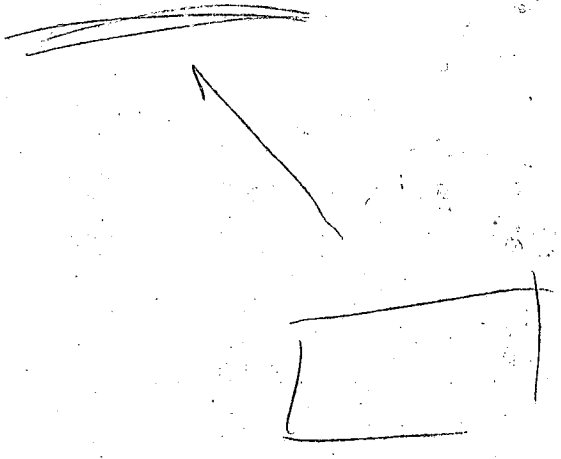


COMMENTS: 6/24/02 Problems back in 1999. Keeping old well
Check GPM given. Utilities marked.

DATE: _____ INSPECTOR: _____

proposed well site

Reynard Dr



PERMIT

SEWAGE DISPOSAL SYSTEM

4/6/77 approved

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEX

P26273

DISTRICT 3rd

DATE 6/28/77

Jack Fyock, Jr. IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Rd. PHONE 938-8270

A SEWAGE DISPOSAL SYSTEM LOCATED AT

Mr. Fulton

SUBDIVISION Eagles Loft 3509 Raymond Drive ROAD LOT 5

PROPERTY OWNER Adelphia Developers

ADDRESS 6931 Donachie Road, Balto., Md. 21239 465-1635

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL AND TRENCH: Dry well 130 square feet absorbent sidewall area for 4 bedroom. Inlet to be 3 feet and maximum depth of 10½ feet. Locate dry well 20 feet from right lot line and 160 feet from Reynard Dr. as seen when facing lot from Reynard Dr. Trench to be 37 feet long with 270 square feet absorbent sidewall area. Inlet to be 3 feet and maximum depth of 10½ feet. Run trench off left side of dry well, towards left lot line, following contour to keep trench level, as seen when facing lot from Reynard DR.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY William W. Zepp DATE 2/18/76

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

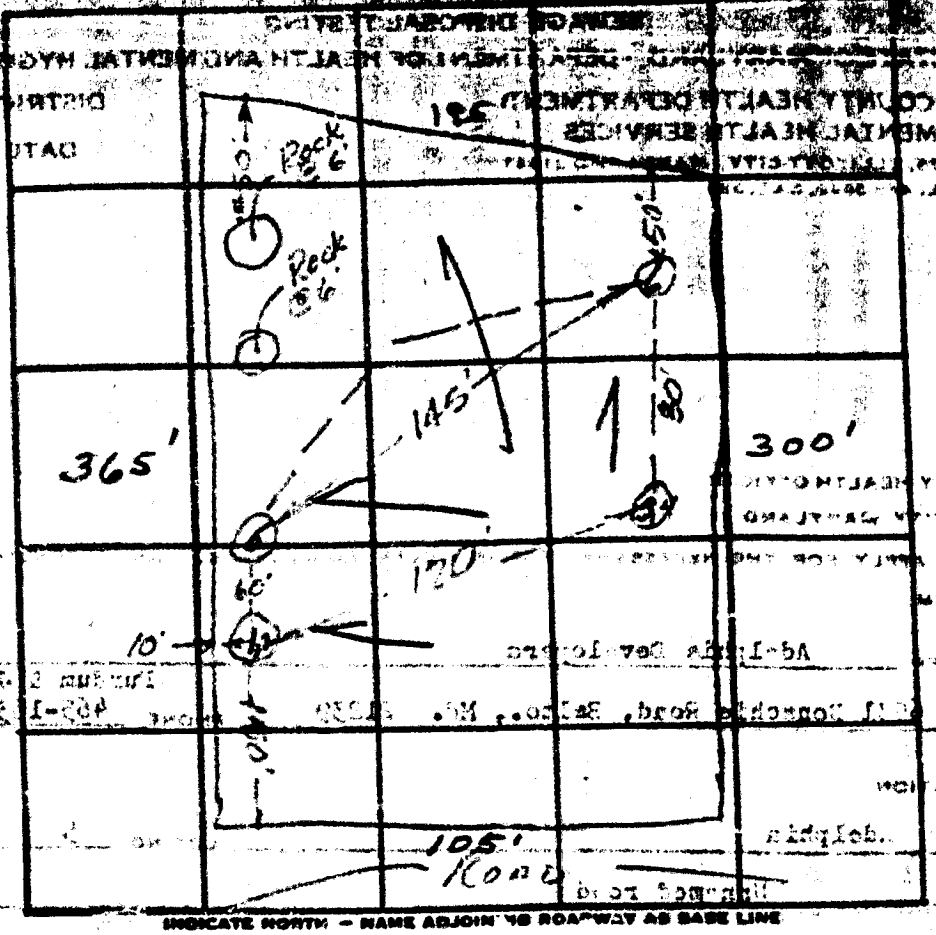
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED AND RETURNED 8/31/77

mailed 32690

A12274



INDICATE NORTH – NAME ADJOIN'G ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/2/73	1	3	10:45	10:46	10:46	10:48	2
	2	10½	10:49	10:50	10:50	10:55	5
3/4	3	11	10:56	10:57	10:57	10:59	2
	4	10½	10:59	11:00	11:00	11:02	2
	5	11				4	11
	6	9½	Water				

Use

Hand Auger

5/2/73

REMARKS

TYPE OF SOIL

APPLICATION

SEWAGE DISPOSAL TESTING

P_____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-3000, EXT. 396

DATE 4/28/93

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 Adelphia Developers

ADDRESS 6931 Donachie Road, Balto., Md. 21239 PHONE Purdum & Jeschke 465-1635

PROPERTY LOCATION:

SUBDIVISION Adelphia LOT NO. 5

ROAD AND DESCRIPTION Unnamed road

SIZE OF LOT 45,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Purdum & Jeschke

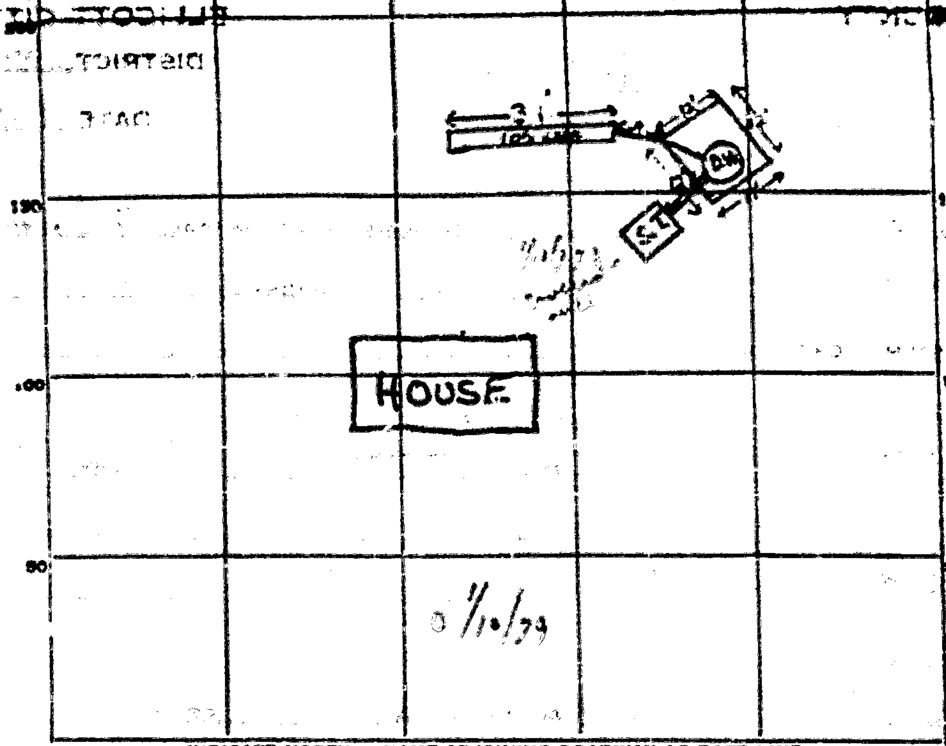
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

Reynard Drive

PERMIT CARD no

	S.T.	D.W.
CLEANOUTS	✓	✓

SEPTIC TANK, LEVEL ✓

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 1/2 78 FT. TOTAL LENGTH 31 FT.

NUMBER OF TRENCHES 1 ~~TOTAL BOTTOM~~ % SIDEWALL AREA 232

SEEPAGE PITS, ~~INSIDE DIAMETER~~ OUTSIDE PERIMETER 47 FT. DEPTH BELOW INLET 7 1/2 FT.

DRYWELL ABSORBENT AREA 351 SQ. FT. TOTAL ABS. AREA ±583

REMARKS 2/5/77 Call for final inspection when house is connected to septic system F.S.
5/26/78 House built & connected to system; system not approved F.S. & G.K.
[illegible] system [illegible] not [illegible] final approval
[illegible] Fallon [illegible] C.R.
[illegible]
[illegible] Fallon [illegible] plumber [illegible] Fallon, Hold for [illegible]

DATE SYSTEM APPROVED ______ INSPECTOR ______

WELL COMPLETION REPORT

DEPTH OF WELL

DATE WELL COMPLETED

OWNER

LAST NAME FIRST NAME

STREET OR RFD POST OFFICE

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	KIND OF WATER (IF KNOWN)

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) — Y / N

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M); BENTONITE CLAY (B C)

NO. OF SACKS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM _____ FT. TO _____ FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T); CONCRETE (C O); PLASTIC (P L); OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T); BRASS OR BRONZE (B R); OPEN HOLE (H O); PLASTIC (P L); OTHER (O T)

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

SCREEN	FROM	TO
1		
2		
3		

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK FROM _____ TO _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (F)

FOR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (K.P.D.L.)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR)

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING _____ (NEAREST FOOT)

WHEN PUMPING _____ (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

A AIR; P PISTON; T TURBINE; C CENTRIFUGAL; R ROTARY; O OTHER (DESCRIBE BELOW); J JET; S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE; − BELOW LAND SURFACE (NEAREST FOOT)

LOCATION OF WELL ON LOT

N

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

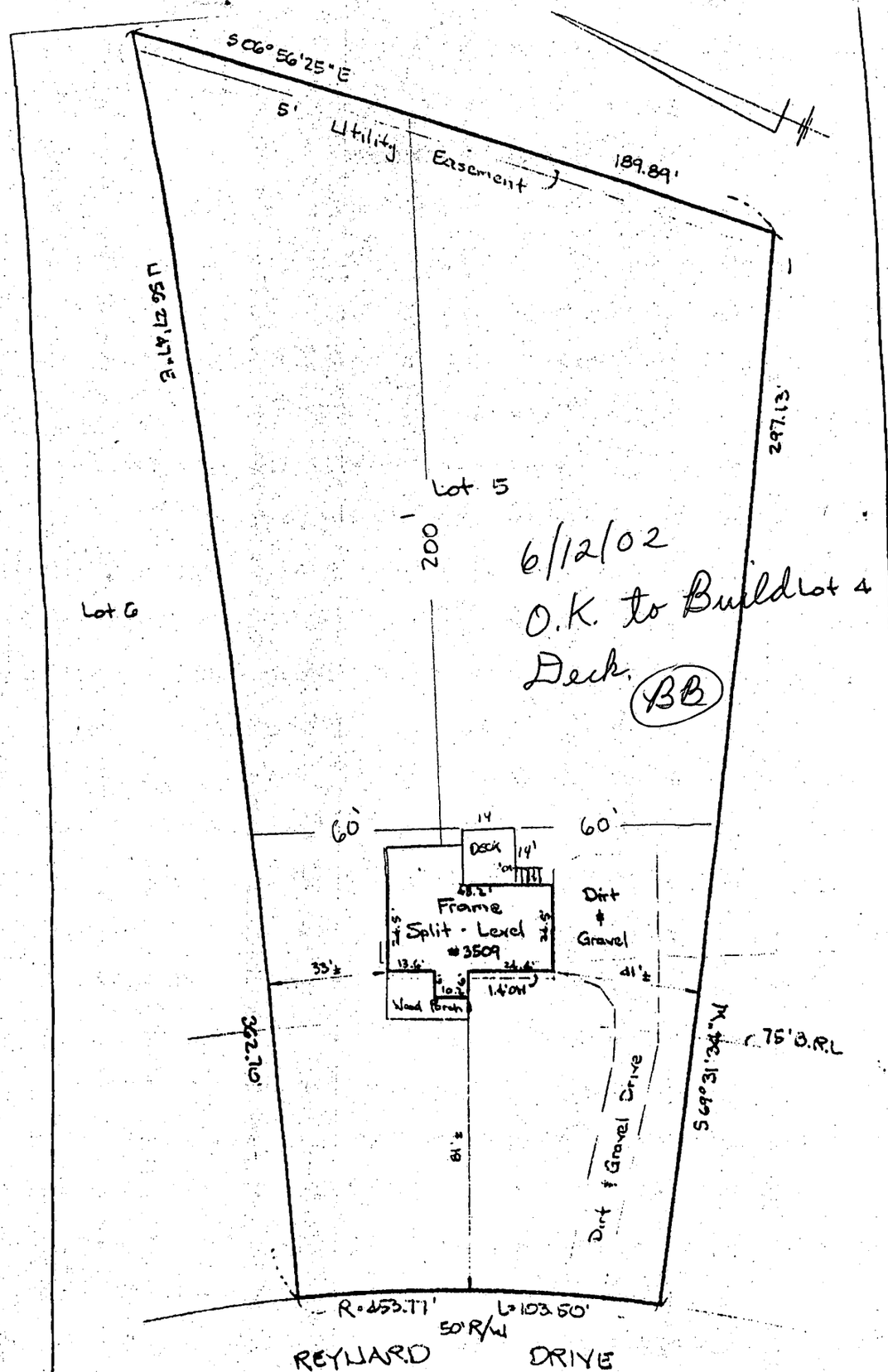
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. INFORMATION ARE RELIED.

DRILLER'S NAME

(PLEASE PRINT)

SIGNATURE

HEALTH



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044-0021B

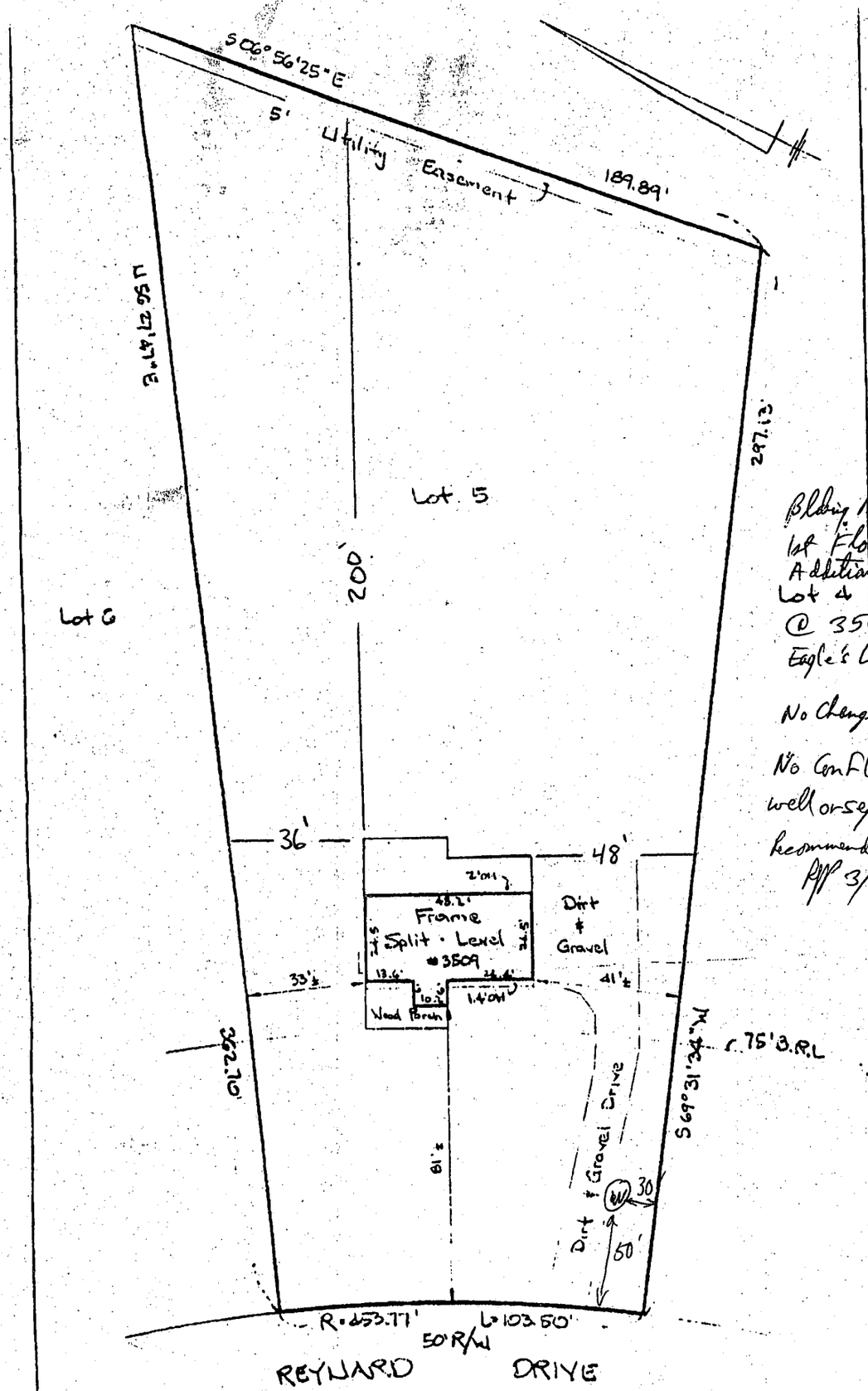
The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.

STATE OF MARYLAND
HENRY JAMES RIVELL JR.
No 484
REGISTERED
PROPERTY LINE SURVEYOR

HICKS ENGINEERING CO., INC.
ENGINEERS, SURVEYORS & PLANNERS
200 EAST JOPPA ROAD – SUITE 402
TOWSON, MARYLAND 21286
TELEPHONE: (410)494-0001

LOCATION DRAWING
#3509 REYNARD DRIVE; LOT 5
PLAT OF "EAGLES LOFT"
HOWARD COUNTY MD. PLAT CMP 3370

DATE: 4/10/96	SCALE: 1"=30'	FILE: 19414



Bldg Permit for
1st Floor & Basement
Addition -
Lot 4
@ 3509 Reynard Dr
Eagle's Loft 6-95

No Change in # Bedrooms

No Conflict with
well or septic (apparently)
Recommend Approval.
RPP 3/14/02

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DATE: 4/10/96 | SCALE: 1"=30' | FILE: 19414

Part of File P26273 - Can't Locate

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 B 0013685B

Building Address 3509 KEYNARD DR
ELLICOTT CITY, MD 21042

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

Census Tract 6030 Subdivision EAGLES LOFT

Section _____ Area _____ Lot 5

Tax Map 22 Parcel 491 Grid 9

Zoning RA-DEO Map Coordinates 10M3 Lot size

Property Owner's Name BRIAN & LIZ ANGEL

Address SAME

City _____ State _____ Zip Code _____

Home Phone 410 531 0213 Work Phone _____

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

Phone Fax

Existing Use SFD

Proposed Use SAME

Estimated Construction Cost $ 5,020.00 (REVISED)

Description of Work BUILD & LEVEL DECK (14x14 WITH HANDRAILS, STEPS TO GRADE & PROVIDE ELEC. FOR HOT TUB TO BE INSTALLED BY OTHERS

Occupant or Tenant _____

Contact Name N/A

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Contractor Company _____

Contact Person TONY COSSENTINA, INC.

Address 3 BENJAMIN WAY ELLICOTT CITY, MD 21043

PHONE: (410) 418-4467

City _____ State _____ Zip Code _____

License No. 49471

Phone Fax

Engineer or Architect Company N/A

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
X Private

Sewage Disposal:
____ Public
X 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.

Susan J. Kettaliatta
Applicant's Signature

Vice Pres. Cossentina INC
Title/Company

Susan J. Kettaliatta
Print Name

6-13-02
Date

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ	6/12/02	
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/12/02	Brian Baker
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: 75
Side: 60
Side St.: 30
All minimum setbacks met? NO
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID# 5401Y

Filing fee	$ _____
Permit fee	$ 50
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ 50
Sub-total paid	$ _____
Balance due	$ _____
Check	# 5743
Validation	# _____

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

T:\forms\PERMIT.FRM Rev. 5/17/00

P 26273 A 18294

DATE 6/28/77

LOCATION Eagles Loft
3509 Reynard Drive

LOT 5

APPLICANT Jack Fyock Jr.

OWNER Adelphia Developers

PERMITTEE Jack Fyock

APPLICATION
HOLD ( )
APPROVED (X)
REJECTED ( )

INSTALLATION
HOLD ( )
APPROVED (X)

APPROVED DATE

HD - 11

System installed - not approved

Could not locate file.

mlb