8.14.98
C.O. 3pm

3/4/98
PAID BY CHECK
#8294 JW

PERMIT

P 5984G-D

SEWAGE DISPOSAL SYSTEM

A 26858

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

DISTRICT 4th

04-338294

DATE 3-4-98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XX6X-9933 410-313-2640

DATE SYSTEM APPROVED 8-21-98

INSPECTOR JW

Jack Fyock Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Reich Subdivision LOT 2 ROAD 3711 Sharp Road

PROPERTY OWNER Kevin Kinsey

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3 4

~~180~~ 180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ~~135~~ 180

BLDG. PERMIT SIGNED
AND RETURNED 11-12-98
Serial # B00113501
Install 1-500 gal underground propane tank

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet up the right lot line and 50 feet off the right lot line as seen when facing the lot from Sharp Road. Run trenches on contour towards Sharp Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 1/2/98 OK ALM

PLANS APROVED BY Donna K. Soe/Mark Rifkin REVISED DATE 12/05/97

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

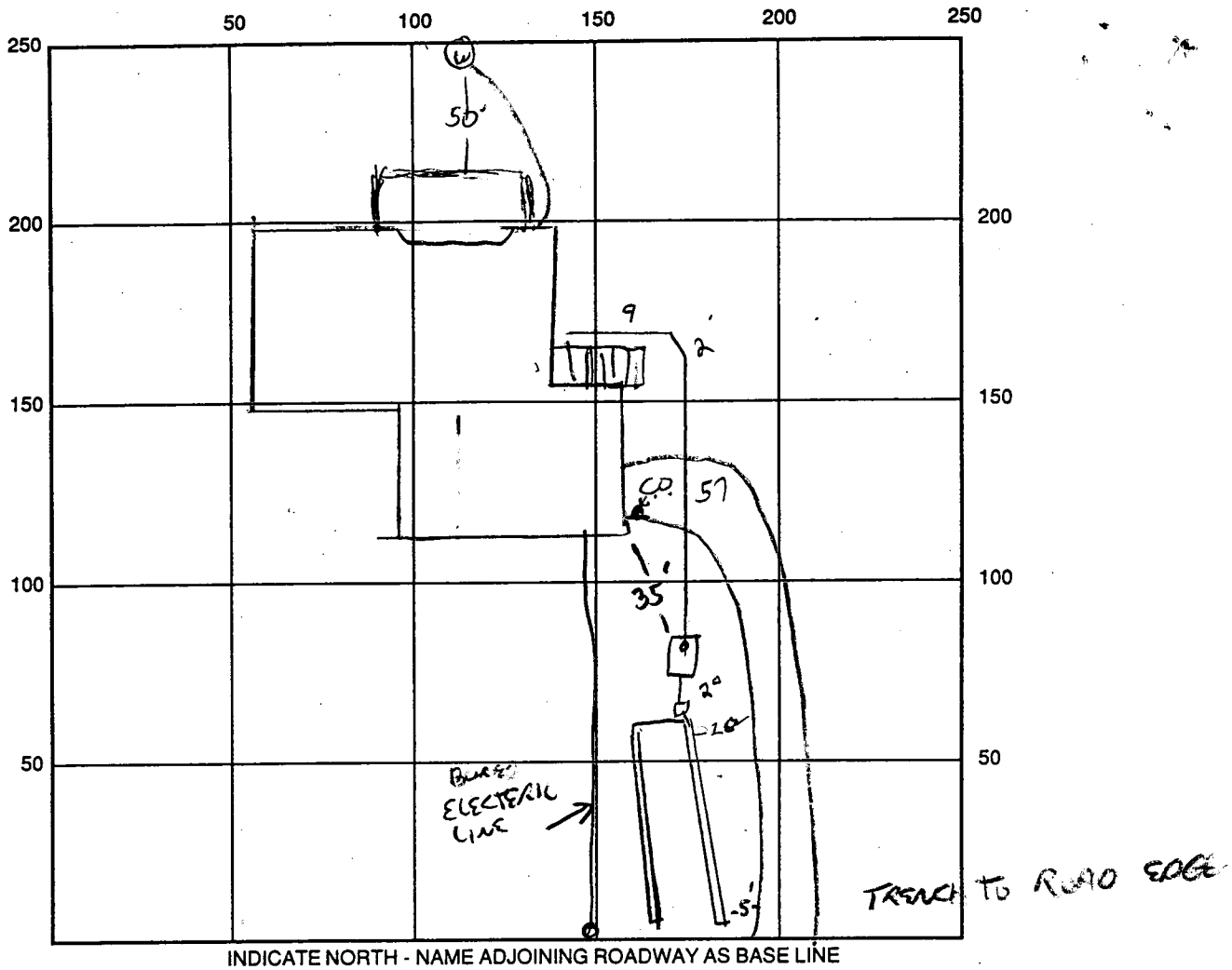
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 26858



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok CLEANOUTS ION TANK

DISTRIBUTION BOX LEVEL ok - PLASTIC BOX

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 95 | 95 FT. = 190

NUMBER OF TRENCHES 2

~~ONE~~ SIDEWALL/~~BOTTOM~~ AREA _____ SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 8-14-98 COVER ALL WORK, HOUSE CONNECTION REQUIRED FOR FINAL

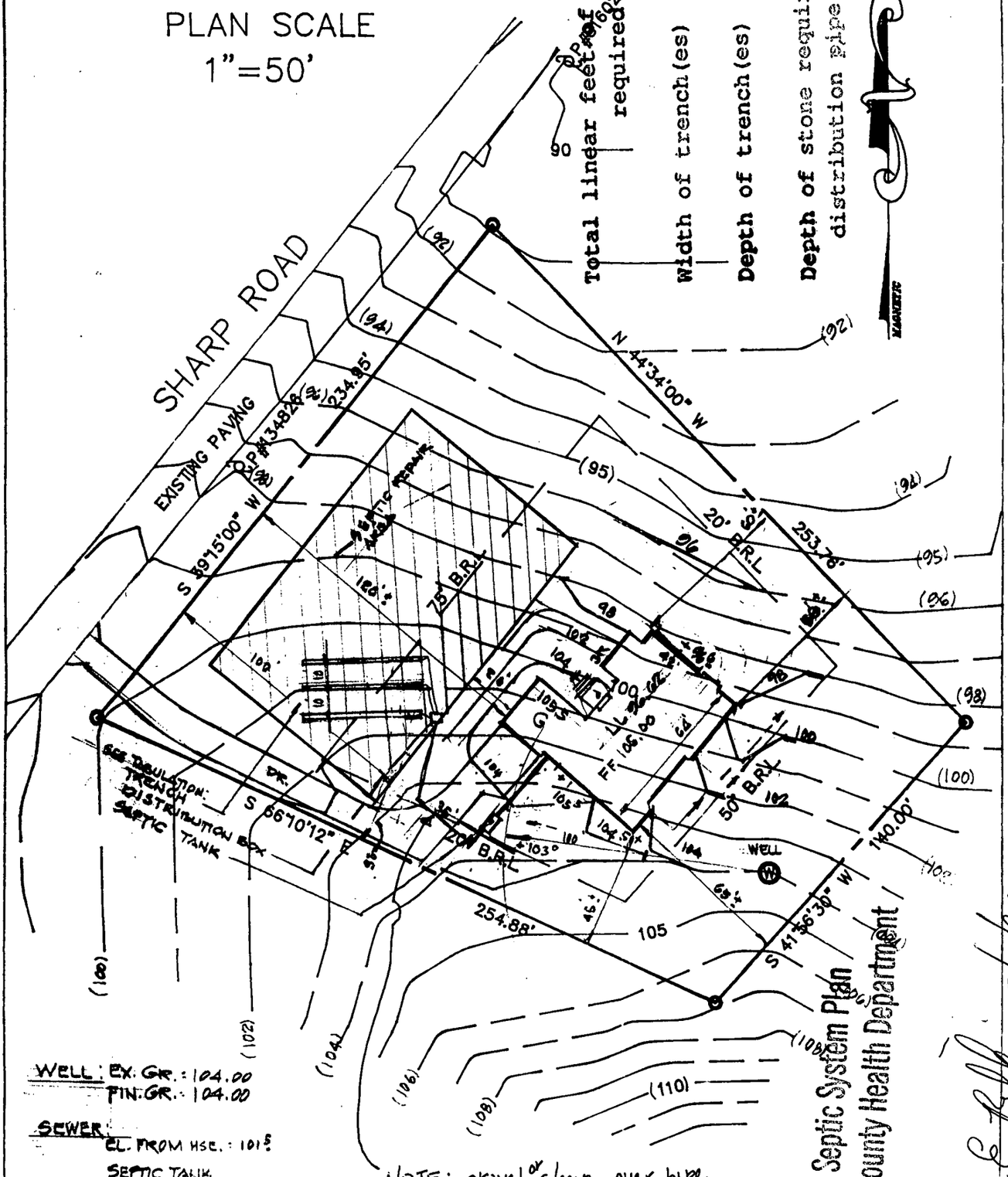
8-21-98 HOUSE CONNECTION OK COVER ALL WORK

WHITE OAK ESTATES

DATE SYSTEM APPROVED 8-21-98 INSPECTOR

ELEVATIONS SHOWN HEREON
ARE ASSUMED DATUM

PLAN SCALE
1"=50'



Total linear feet of trench required 120/135 feet

Width of trench(es) 2 feet

Depth of trench(es) 8 feet

Depth of stone required below distribution pipe 4 feet

WELL: EX. GR.: 104.00
FIN. GR.: 104.00

SEWER:
EL. FROM HSE.: 101.5

SEPTIC TANK.
EX. GR. : 103.5
FIN. GR : 103.0
EL. IN : 99.3
EL. OUT : 99.0

DISTRIBUTION BOX
EX. GR. : 101.5
FIN. GR. : 101.5
INV : 97.5

TRENCH SYSTEM
3-45LF TRENCHES 10%
2' WIDE/INLET 4' BELOW ORIGINAL GR. (101.5)
BOTTOM MAX. DEPTH: 8' BELOW ORIG. GR
EFFECT. AREA BEGINS 4' " " "
4' STONE BELOW DISTRIBUTION PIPE

NOTE: gravel or sleeve over pipe under driveway

No 90° elbows in pipe from house to dist. box

Approved Septic System Plan
Howard County Health Department

Mark C. Kellam 12/5/97
Signature Date

STATE OF MARYLAND
JOHN CHARLES MELLEMA III
REGISTERED PROFESSIONAL LAND SURVEYOR
10-2-97

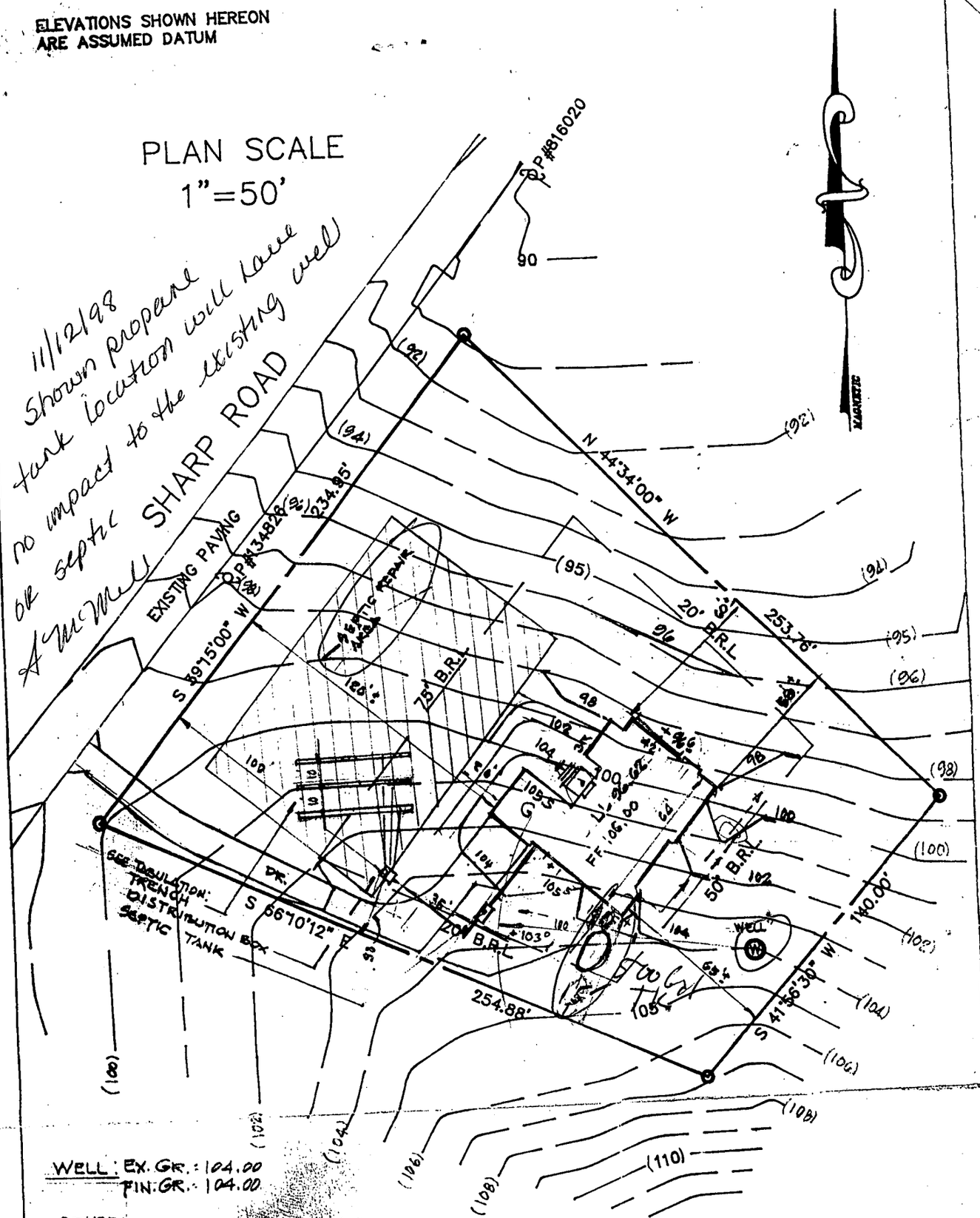
PREPARED BY:
JOHN C. MELLEMA SR., INC.
LAND SURVEYORS
5409 EAST DR. BALTO. CO. MD. 21227
PH. 410-247-7488 FAX 410-247-2507

SITE PLAN
LOT 2 "REICH SUBDIVISION" PLAT NO. 3858
ELEC. DIST 4 HOWARD CO. MD.
SEPTEMBER, 1997 SCALE 1"=50'

ELEVATIONS SHOWN HEREON
ARE ASSUMED DATUM

PLAN SCALE
1"=50'

11/12/98
Shown propane tank location will have no impact to the existing well or septic
A. McMellema



WELL: EX. GR.: 104.00
FIN. GR.: 104.00

SEWER:
EL. FROM HSE: 101.5

SEPTIC TANK:
EX. GR: 103.5
FIN. GR: 103.0
EL. IN: 101.0
EL. OUT: 100.7

DISTRIBUTION BOX
EX. GR.: 102.8
FIN. GR.: 102.8
INV: 98.8

TRENCH SYSTEM
3-45LF TRENCHES 10%
2' WIDE/INLET 4' BELOW ORIGINAL GR. (101.5)
BOTTOM MAX. DEPTH: 8' BELOW ORIG. GR.
EFFECT. AREA BEGINS 4' " " ".
4' STONE BELOW DISTRIBUTION PIPE.

KEVIN KINSEY
3711 SHARP ROAD.
GLEN ELG. MD. 21737

CONT. POIST GAS COMPANY
360 MAINSTREET
LAUREL, MD. 20707
(301) 725 3232

STATE OF MARYLAND
JOHN CHARLES MELLEMA SR.
No. 0
REGISTERED PROPERTY LINE SURVEYOR
10-2-97

PREPARED BY:
JOHN C. MELLEMA SR., INC.
LAND SURVEYORS
5409 EAST DR. BALTO. CO. MD. 21227
PH. 410-247-7488 FAX 410-247-2507

SITE PLAN
LOT 2 "REICH SUBDIVISION" PLAT NO. 3858
ELEC. DIST 4 HOWARD CO. MD.
SEPTEMBER, 1997 SCALE1"=50'

APPLICATION

A 26858

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 9/9/77

1000 gallons
Septic tank { 1-3 Bedrooms
4 Bedrooms 1250 gallons

* Dry well to have 125 sq. ft. effective absorbant sidewall area per bedroom. ~~Inlet~~ 4' below ~~grade~~ F.E. below original grade and maximum depth 12'. Location per engineer's plat. 120' from edge of existing road and 20' off right property line when facing lot from road. (Perc hole 1 & 2)

* If trench used with dry well need:
① 5' earth buffer between trench and dry well.
② 2 inspections of trench = before and after gravel installed.

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 ~~Bruno Reich~~ KEVIN KINSEY

ADDRESS 14189 Howard Road, Dayton, Maryland 21036 PHONE 596-5436

PROPERTY LOCATION:

SUBDIVISION Reich Subdivision LOT NO. 2

ROAD AND DESCRIPTION 3711 Sharp Road

SIZE OF LOT 1.069 acres TYPE BLDG. 3 or 4 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE

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

SIGNATURE OF APPLICANT /s/ Bruno Reich

APPROVED BY C. B. Streaker FOR * Dry well + ov Dry well + trench (KIND OF SYSTEM) DATE 1/5/78

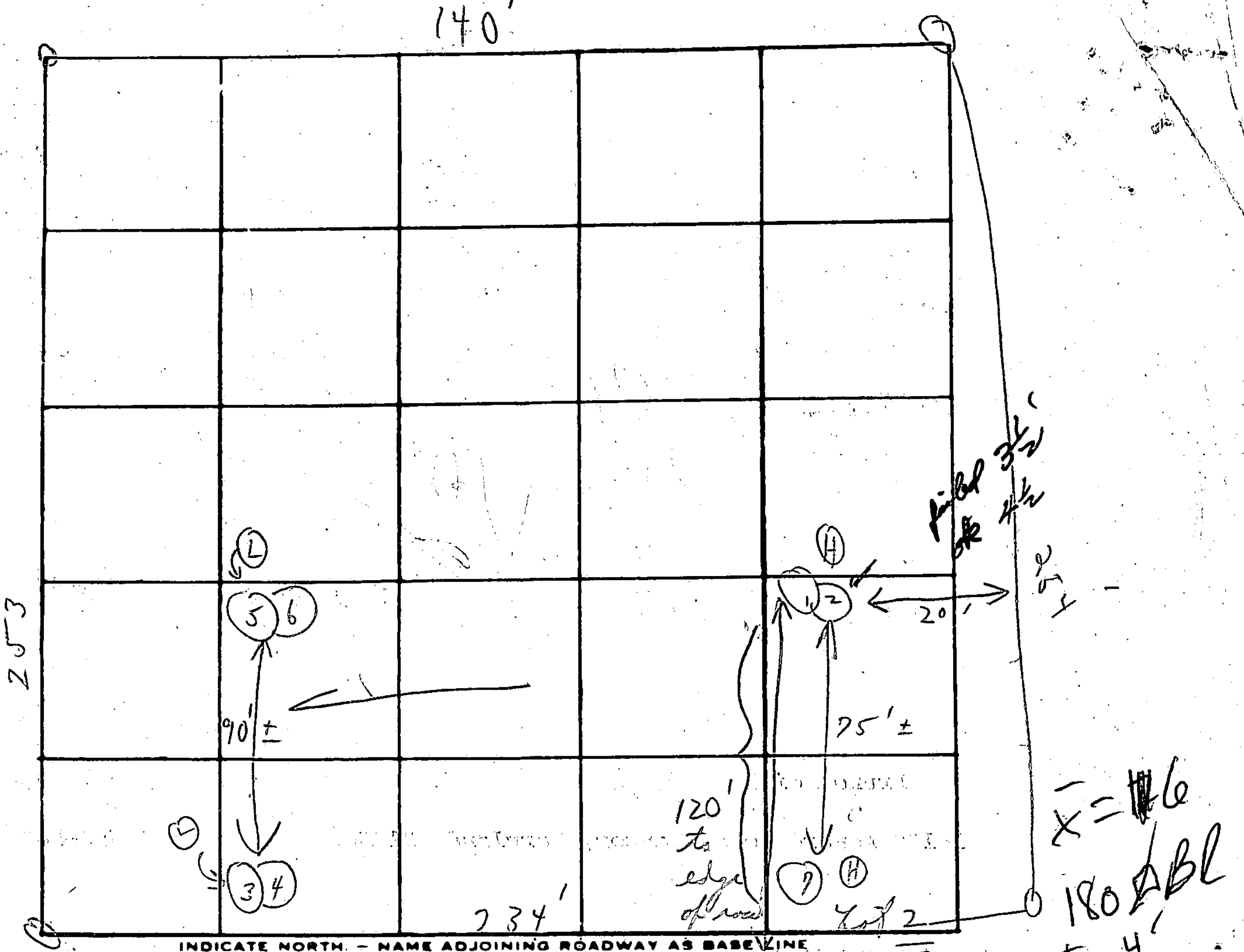
REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 12-5-77
Permit # B 810763
SFD - 3 Bedroom

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE

Sharp Road

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/23/79	1 (A)	3½'	2:34	2: ½" I	2:55 2 1	2 :	
	2	13½'	2:35	2:41	2:41	2:50	9 m
	3	3½'	10:10	10:12	10:12	10:14	2
	4	12'	10:11	10:14	10:14	10:25	11 m
	5 good	4' test soil 3½'	10:31	10:32	10:32+	out 10:35	3 m
	6	13½'	10:30	10:36	10:36	10:45	9 m
	7	12'	Visual		3-12' similar [illegible]		
	(1 B)	4½'	3:10	3:12	3:12	3:15	3 m
						6	37

Below Dry loam

x̄ = 6
180 Bl
In 4'
Bot 8'

outlet [illegible] F.F (12.5 [illegible])

7 min

REMARKS "Open field"

TYPE OF SOIL

TESTED BY C. B. V. ALSO PRESENT: Shipley + owner

C 1 | 9578 — SEQUENCE NO. (MDE USE ONLY)

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

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

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

COUNTY NUMBER: A 26858

ST./CO USE ONLY
DATE Received: -

DATE WELL COMPLETED: 09/19/97

Depth of Well: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-1270

OWNER: Kinsey (last name) Kevin (first name)

STREET OR RFD: Sharp Road TOWN: Glenelg

SUBDIVISION: Reich S/D SECTION: LOT: 2

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	
Shaley clay	2	4	
Sand Stone	4	30	
mica	30	51	
Quartz angraval	51	55	✓
mica	55	60	
Sand Stone	60	61	✓
mica	61	200	

NUMBER OF UNSUCCESSFUL WELLS: ____

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.

TYPE: (MWD)/MSD/MGD

DRILLERS LIC. NO.: 040

Glenn F. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MWD 501

Charles R. Fellows

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

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 30 ft. (BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	58

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) 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	40	56
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

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

T. ____ (E.R.O.S.) ____ W Q ____

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 15

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 19 ft.

WHEN PUMPING: 36 ft.

TYPE OF PUMP USED (for test)

A air | P piston | T turbine | C centrifugal | R rotary | O other (describe below) | J jet | S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES (NO)

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

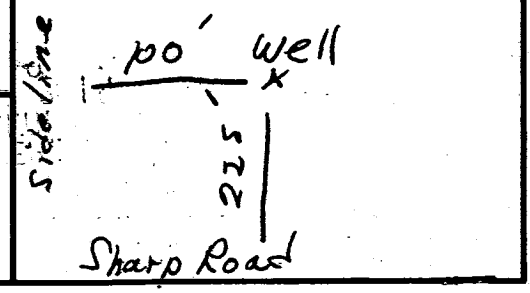
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above LAND SURFACE | (−) below — 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1	3085	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1270

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

70 79 *fill in this form completely*

OWNER INFORMATION

Date Received (APA) 8/29/97 (8 MM DD YY 13) RN 7200

Kinsey — Kevin
15 Last Name Owner First Name 34

2918 Spencerville Rd
36 Street or RFD 55

Burtonsville, Md. 20866
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 — 8/29/97
Signature Date

B 2 WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) (circled)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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 (circled) — 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 (circled)
- [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 GAP 54 63

FORCE DS 67 68 WRITE INITIALS IN BOX PERMIT No. HO-94-1270 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

Howard CC#
8 COUNTY 21

Reich Subdivision
23 SUBDIVISION 42

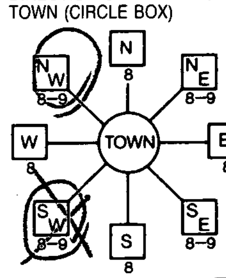
SECTION 44 46 LOT 2 48 50

Glenelg
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sharp Road
11 NEAR WHAT ROAD 30

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

34 225 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard — A 26858
COUNTY NAME COUNTY NO.

STATE SIGNATURE ____ INSERT S → 41

DATE ISSUED 9/4/97 — CO SIGNATURE — 9/3/98 EXP. DATE
43 MM DD YY 48

NORTH GRID 523 000 (50 55) EAST GRID 0797 000 (57 63)

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

9/19/97 5:30
no insp DKS
X

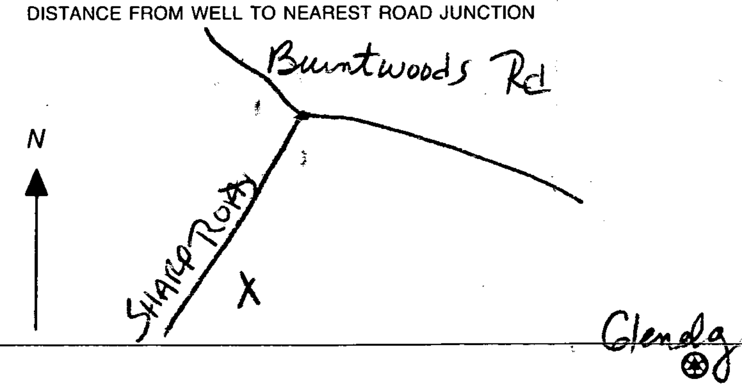
SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 7
N 520 3

000
000

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



SPECIAL CONDITIONS
NOTE – APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED –

COUNTY

7208

Page ____ of ____ 8:30 9/19/97 Review OK 10/2/97 DCS
Date

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1270
Location of property (road) Sharp Road
Subdivision Reich S/D Lot 2 Block ____ Plat ____ Sec. ____
Well Driller G. Easterday Owner Kinsey

Depth of well 200 15 GPM
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 19'

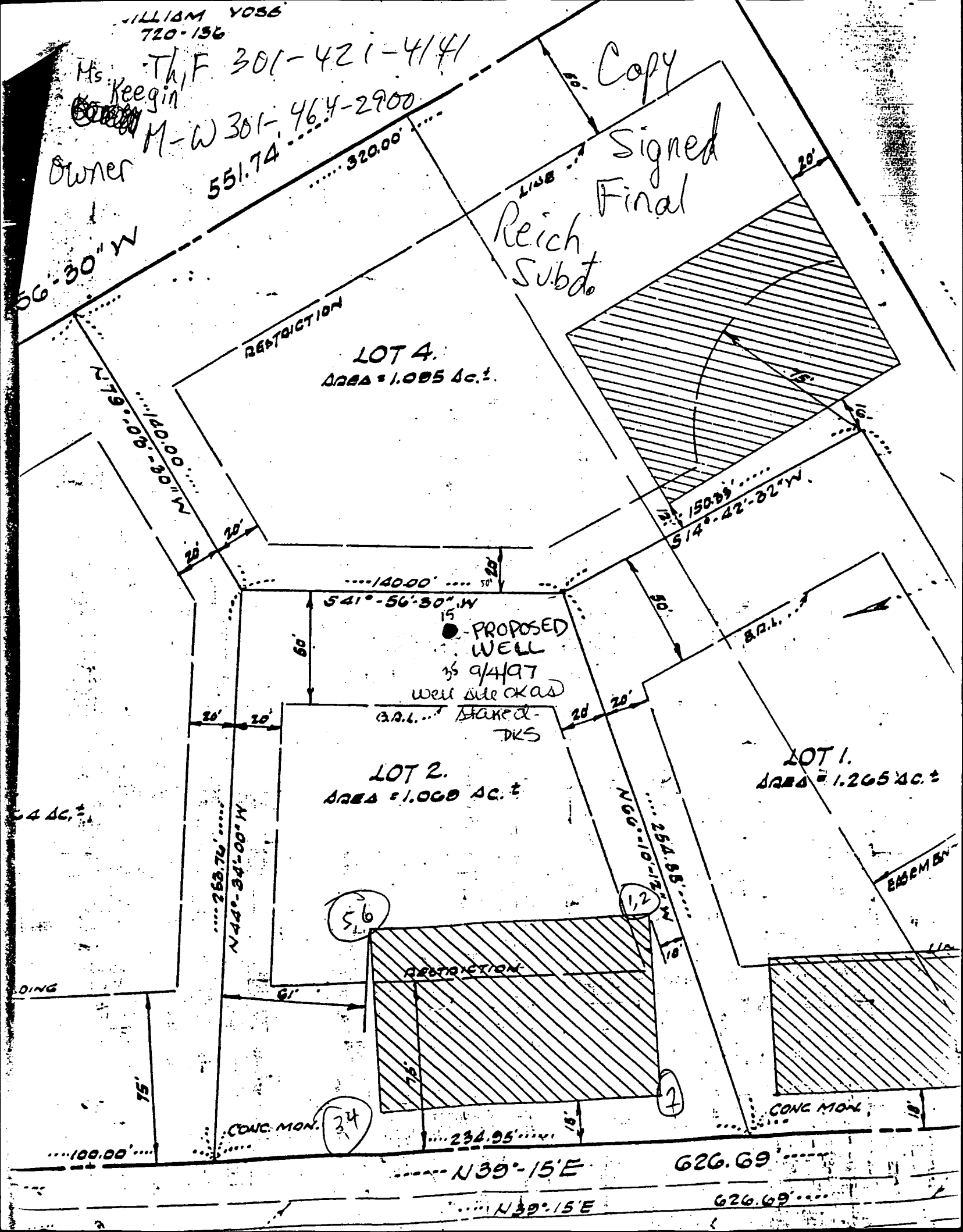
I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 gpm
Total time ____ to reach pumping water level ____ ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	19'	4 sec	Pump Set at 185'	15 gpm
8:15	33'	4 sec	Kent V. Berry	15 gpm
8:30	36'	4 sec		15 gpm
8:45	36'	4 sec		15 gpm
9:00	36'	4 sec		15 gpm
9:15	36'	4 sec		15 gpm
9:30	36'	4 sec		15 gpm
9:45	36'	4 sec		15 gpm
10:00	36'	4 sec		15 gpm
10:15	36'	4 sec		15 gpm
10:30	36'	4 sec		15 gpm
10:45	36'	4 sec		15 gpm
11:00	36'	4 sec		15 gpm

HD-224


ILLIAM YOSS
720-136
Ms Keegin
M-W 301-464-2900
Owner
TH F 301-421-4141
Copy
Signed
Final
Reich
Subdo
551.74'
320.00'
56'-30" W
RESTRICTION
LOT 4.
AREA = 1.085 Ac.±
N 79°-05'-30" W
140.00'
S 14°-42'-32" W
150.89'
140.00'
S 41°-56'-30" W
PROPOSED WELL
3/5 9/4/97
well site okad
staked-DKS
B.R.L.
LOT 2.
AREA = 1.000 Ac.±
LOT 1.
AREA = 1.265 Ac.±
N 44°-34'-00" W
263.72'
N 60°-10'-12" W
254.85'
EASEMENT
RESTRICTION
CONC MON.
234.95'
100.00'
N 39°-15' E
626.69'
N 39°-15' E
626.69'

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation XX
Replacement ____

Receipt # ____
Date 8-31-98

Name of Installer JACK A. METTEE PLUMBING & HTG. Telephone 301-881-5456

License Number 794 Md. State
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber XX

Name of Property Owner Kinsey / Keegin Telephone 410-
Subdivision REICH Lot # 2 Well Tag # 40-94-1070
Site Address 3711 Sharp Rd Glenwood, MD 21738

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible XX
2. Make Jacuzzi Sandhandler
3. Model # 5S479B-S2
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No XX
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 XX Cable guards XX Other ____

Motor
1. Horsepower ½
2. RPM 3450
3. Voltage 230
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # B300X
3. Depth 4'

Tank
1. Capacity 50 GALLON
2. Pressure relief valve? yes

Piping
1. Type 200psi
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 185'

Well data
1. Depth 200 ft.
2. Yield 10 GPM
3. Static water level 60 ft.
4. Will water supply be disinfected by installer? ____

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).

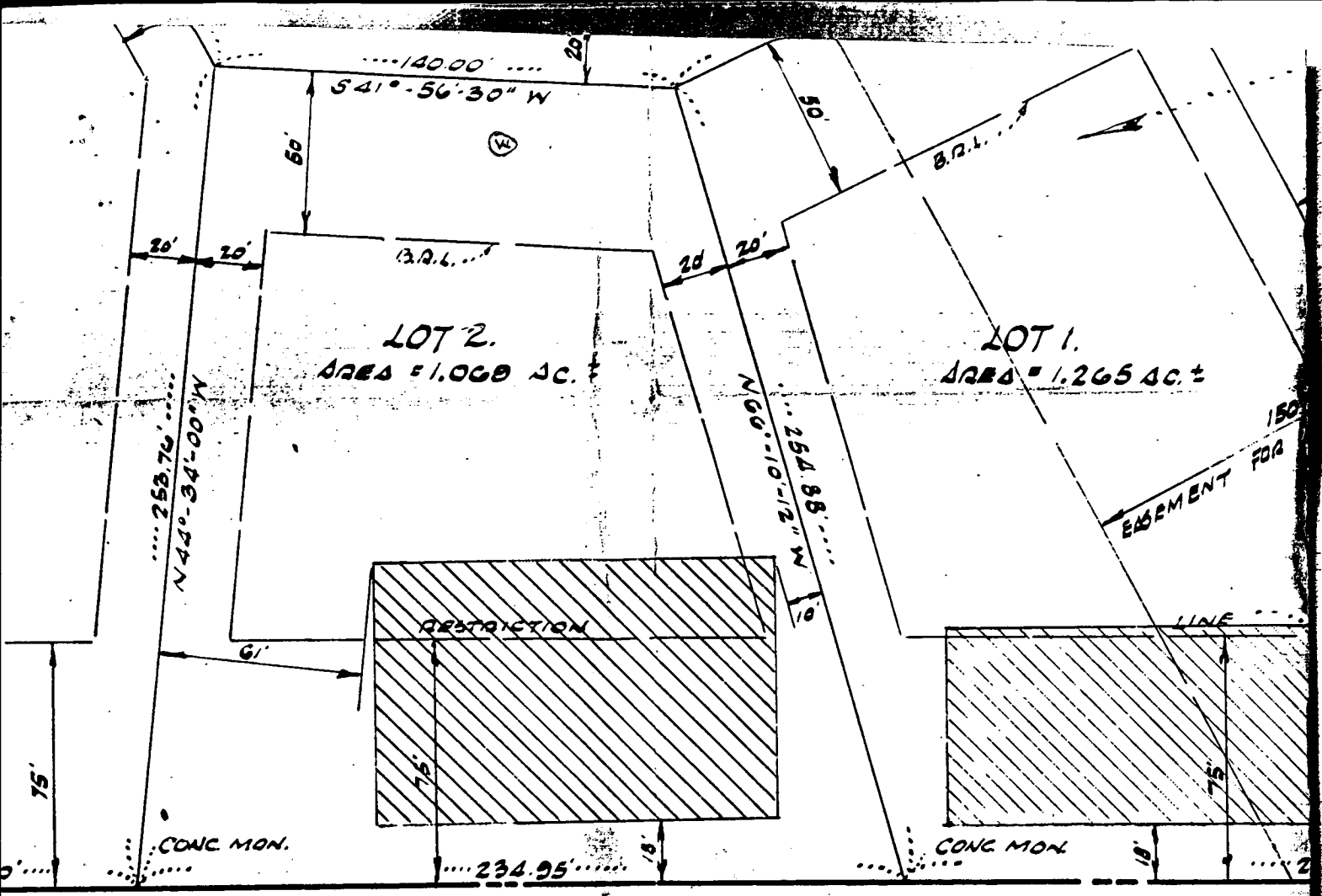
All information given above is true to the best of my knowledge.

Signature of Applicant: Jack A Mettee

Date: 8-27-98

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

HD-215



Copy of signed final 10-12-77

OR'S CERTIFICATE

LE FINAL PLAT SHOWN HEREON IS CORRECT.
LL THE LANDS CONVEYED BY RAYMOND H.
BOVE, HIS WIFE, TO BRUNO WILLIAM
EPTEMBER 26, 1975 AND RECORDED
OF HOWARD COUNTY IN LIBER 0665 - FOLIO
MENTS ARE IN PLACE AS SHOWN IN
NOTATED CODE OF MARYLAND AS AMENDED

John C. Mellema Sr.
JOHN C. MELLEMA SR.
REGISTERED SURVEYOR
MD. REG. NO. 107

OWNERS DEDICATION

I, BRUNO W. REICH, OWNER OF THE PROP
AND DESCRIBED HEREON, HEREBY ADOPT THIS
SUBDIVISION AND IN CONSIDERATION OF THE
PLAT BY THE OFFICE OF PLANNING AND ZONING
MINIMUM BUILDING RESTRICTION LINES, AND GRANT
SUCCESSORS AND ASSIGNS 1. THE RIGHT TO LAY, CONSTRUCT, M
WATER PIPES AND OTHER MUNICIPAL UTILITIES & SERVICES IN AND UNDER
RIGHTS-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON
OVER THE BEDS OF THE STREETS AND/OR ROADS & FLOOD PLAINS AND
PAYABLE & FOR ONE DOLLAR CONSIDERATION, HEREBY GRANT THE RIGH
TO CONVEY THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/O
OPEN SPACE WERE APPLICABLE; 3. THAT NO BUILDING OR SIMILAR STRU
ERECTED ON OR OVER THE SAID EASEMENTS & RIGHT-OF-WAYS AND
THAT THE MAINTENANCE OF ALL WATERWAYS, DRAINAGE EASEMENTS, AND/OR
FACILITIES IS THE RESPONSIBILITY OF THE PROPERTY OWNERS, ITS SUCCESS
WITNESS OUR HAND THIS 9TH DAY OF SEPTEMBER 1977.

Bruno W. Reich
OWNER

WITNESS

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS
BUREAU OF INSPECTIONS LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

APPLICATION

SERIAL NUMBER

B 00115007

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
3711 SHARP ROAD.
GLEN ELG, MD. 21737

GRADING/SEDIMENT CONTROL ☐YES ☐NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
INSTALL 500 GALLON UNDERGROUND PROPANE GAS STORAGE TANK.
(UNDERGROUND.)

B00119005

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
2						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
REICH SUBDIVISION	R-20	21	4	6410

OWNER'S NAME AND ADDRESS — PHONE NO.
KEVIN KINSEY 301 233 3471
3711 SHARP ROAD
GLEN ELG, MD. 21737

OCCUPANT'S NAME AND ADDRESS — PHONE NO.
SAME

ARCHITECT OR ENGINEER'S NAME AND ADDRESS — PHONE NO.
JOHN C MELLEMA SR. INC.
5409 EAST DR. 410 247 7488
BALTIMORE, MD. 21227

CONTRACTOR'S NAME AND ADDRESS — PHONE NO.
POIST GAS COMPANY 301 725 3232
360 MAIN STREET
LAUREL, MD. 20707

EXISTING USE	PROPOSED USE
DWELLING.	SAME

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
1800.00	G50710	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES						
WATER (WELL)	SEWER (SEPTIC)	GAS	ELECTRICITY	TYPE OF HEAT	AC
XXXX	XXXX	PR OP	XXXX	PROPANE	

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been complied with.

GAS FITTER — SIGNATURE — 11/17/98
TITLE — DATE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
DISTANCE IN FEET FROM SIDE STREET R/W LINE

TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK _____ (CORNER LOT ONLY)
CONDITIONS (IF ANY) _____ SDP # _____

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	11/12/98	A McMellen
FIRE PROTECTION		
STORM WATER MGM		

APPROVED _____ DATE _____

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

LP-69
Revised

RC 4313