

7/27/99 PM
7/28/99 2-3
7/29/99 2-3
7/30/99 11-12
pump test
10/8/99
10/12/99
1820

PERMIT

05-383684

P 512012

SEWAGE DISPOSAL SYSTEM

A 24834

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

HOWARD COUNTY HEALTH DEPARTMENT

DATE 7/19/99

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 10/13/99

~~XXXXXX~~ 410-313-2640

INSPECTOR BB

INDEX

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157

PHONE 410-875-4197

SUBDIVISION Joseph Judge

LOT 1

ROAD 7025 Loganberry Lane

PROPERTY OWNER H. Joseph Kim

ADDRESS

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

PUMPED SEPTIC SYSTEM REQUIRED

INSTALL: 1-1500 GALLON TOP SEAMED PUMP CHAMBER

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place distribution box 15 feet off front lot line (222.19') and 78 feet off the left lot line (383.87') as viewed from Loganberry Lane. Install trenches on contour in both directions from distribution box.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/6/99 DYG

CONTOUR SUITABLE FOR LONG TRENCHES - OK TO END-FEED 3(a) 117' FOR MAXIMUM USE OF AVAILABLE AREA. 7/27/99 (CD)

PLANS APPROVED BY Ronald J. Pinkley

DATE 4-30-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

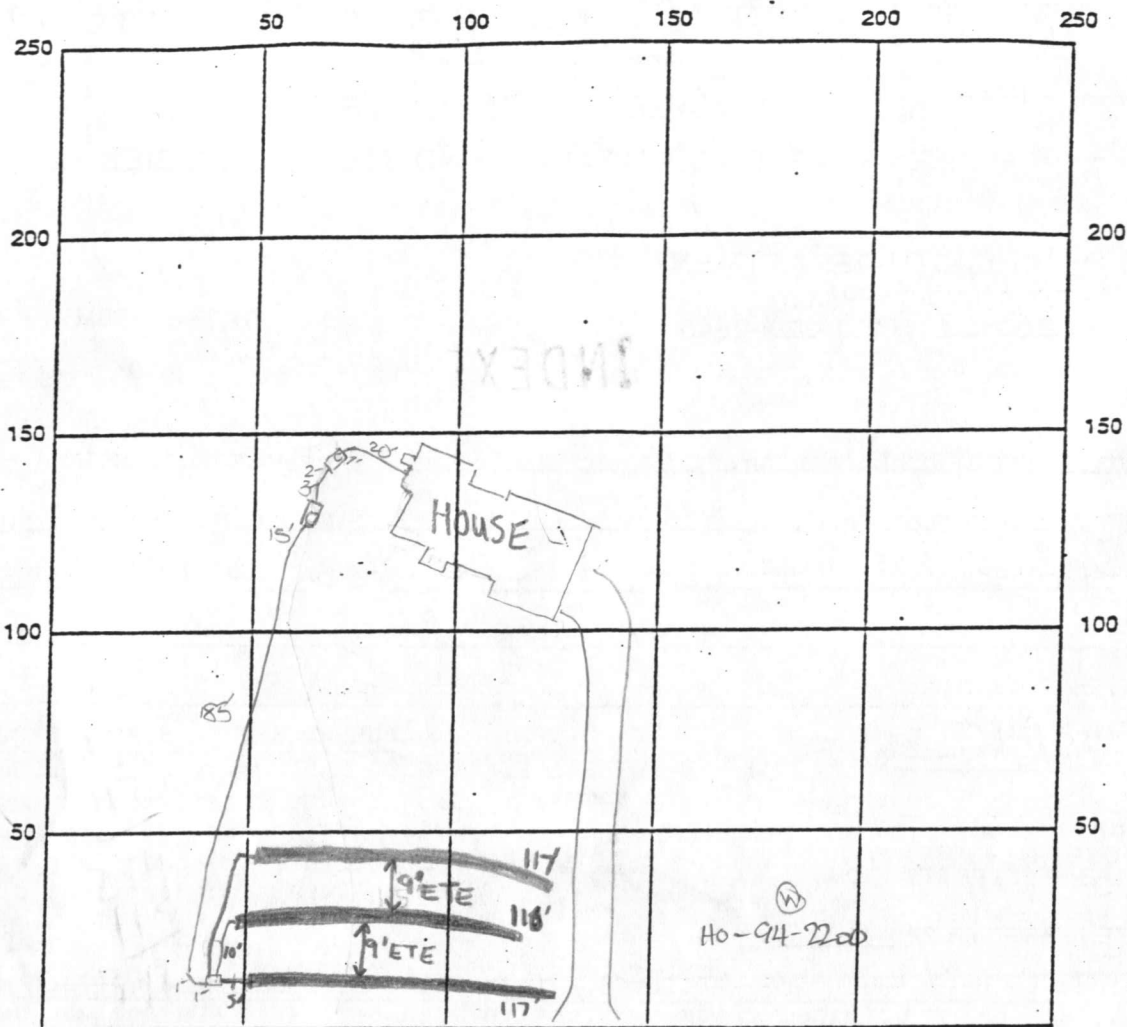
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

124834



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Loganberry Lane

SEPTIC TANK LEVEL OK - 1500 gal TS s.t. CLEANOUTS one on st., manhole on p.p.

DISTRIBUTION BOX LEVEL OK 1500 gal TS pump p#

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 350 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 1050 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 7/28/99 OK to cover from house to dist box and

continue work. DKS 7/29/99 - OK TO CONTINUE WORK (SRK)

7/30/99 - OK TO COVER ALL WORK. PUMP TEST REQUIRED FOR FINAL APPROVAL

(SRK)

7/28/99 WPI - well line, P.A. 4' b.g., well casing 2' a.g.

PVC conduit OK, 2pc cwp OK. DKS 10/12/99 Pump not working

10/13/99 Alarm and pump OK. BB

DATE SYSTEM APPROVED 10/13/99 INSPECTOR B. Baker



Approved Septic System Plan
Howard County Health Department

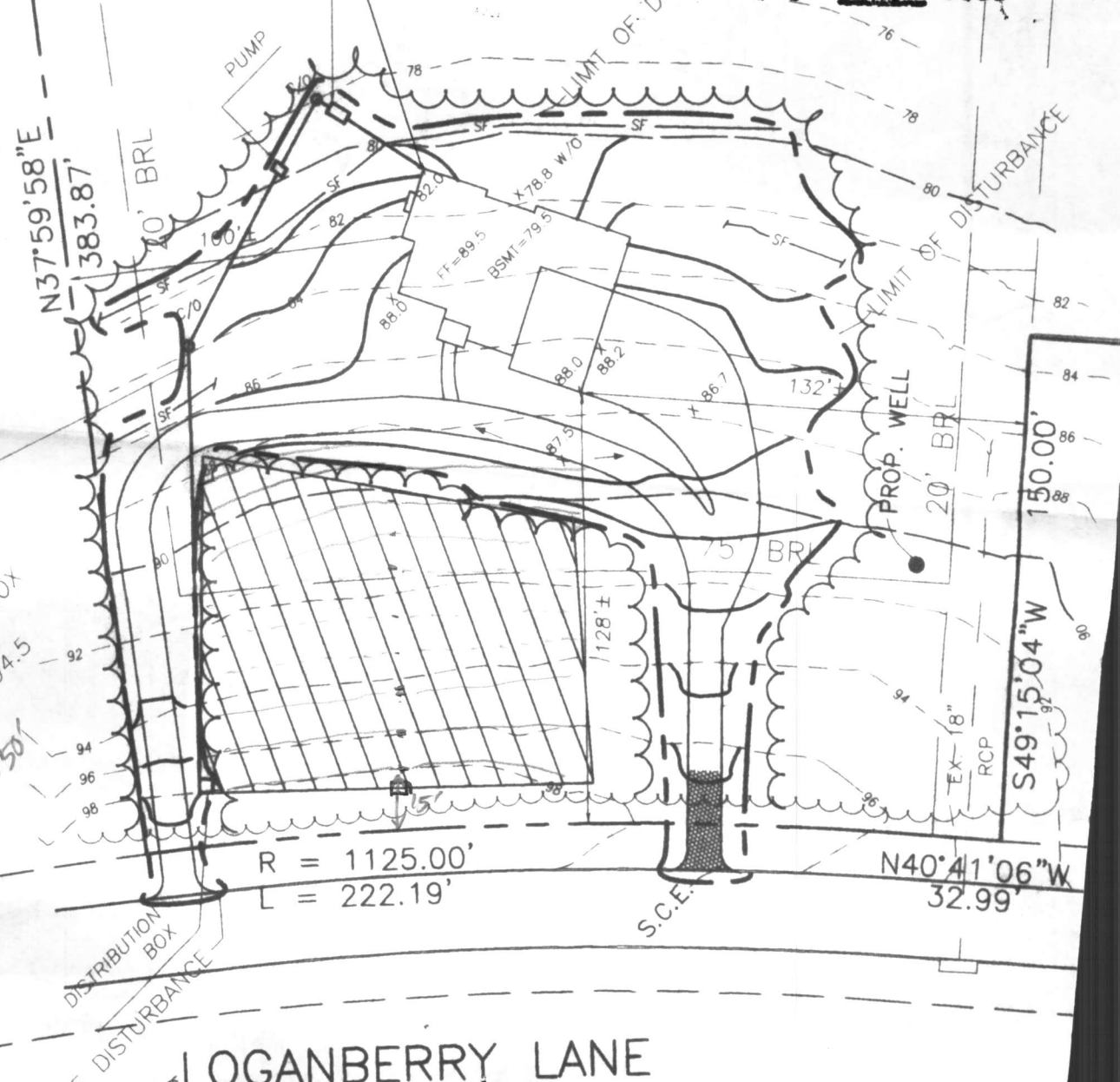
Handwritten Signature
Signature

Handwritten Date
Date

Required 1500 gal each
Single Chambered Topseamed Pump Chamber
2 Chambered Topseamed-Septic Tank
Total linear feet of trench required 350 feet
Width of trench(es) 3 feet
Depth of trench(es) 5.0 feet
Depth of stone required below distribution pipe 2.0 feet

HOUSE INV. OUT = 77.0
SEPTIC TANK TOP = 76.4
INV OUT = 76.7
INV IN = 75.9
PUMP-TOP = 79.5
DISTRIBUTION BOX TOP = 98.0
INV OUT = 94.5

scale 1" = 50'



BUILDER

ALLEN HOMES, INC.
P.O. BOX 1058
COLUMBIA, MARYLAND 21044
410-381-1414

JOSEPH JUDGE PROPERTY
LOT 1 - LOGANBERRY LANE

PLOT PLAN

TAX MAP #41
5TH ELECTION DISTRICT

PARCEL # 418
HOWARD COUNTY, MARYLAND

**VOGEL &
ASSOCIATES**
ENGINEERS-SURVEYORS-PLANNERS

3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3966

DESIGN BY: J.C.O.
DRAWN BY: G.M.S.
CHECKED BY: R.H.V.
DATE: APRIL 28, 1999
SCALE: 1"=50'
W.O. NO.: 98-149

1 SHEET OF 1

APPLICATION

3/16/99
1:00 reprec

PERCOLATION TESTING

No Fee
A Retest

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

2-24-99

Reperc of an existing lot
of record

Try to find "better" well
site than shown on
approved perc cert
AM

DISTRICT _____

DATE 2/23/99

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 CURRENT OWNER Bobbie Judge Buyer Kim, H. Joseph

ADDRESS LOT 1 LOGANBERRY LANE PHONE _____

AGENT OR PROSPECTIVE BUYER ALLAN HOMES, INC. Contact JEANINE OR JIM

ADDRESS P.O. Box 1058 Columbia PHONE 410-381-1414

21044

PROPERTY LOCATION:

SUBDIVISION JOSEPH D. JUDGE PROPERTY LOT NO. 1

ROAD AND DESCRIPTION 7025' LOGANBERRY LANE

BLDG. PERMIT SIGNED

AND RETURNED 4-30-99

Serial # Bro 117605

TAX MAP 41 PARCEL # 418 Block 3

SIZE OF LOT 4.2 ACRES TYPE BLDG. SFD - 5 Bedroom
(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. jeanine Dixon
(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

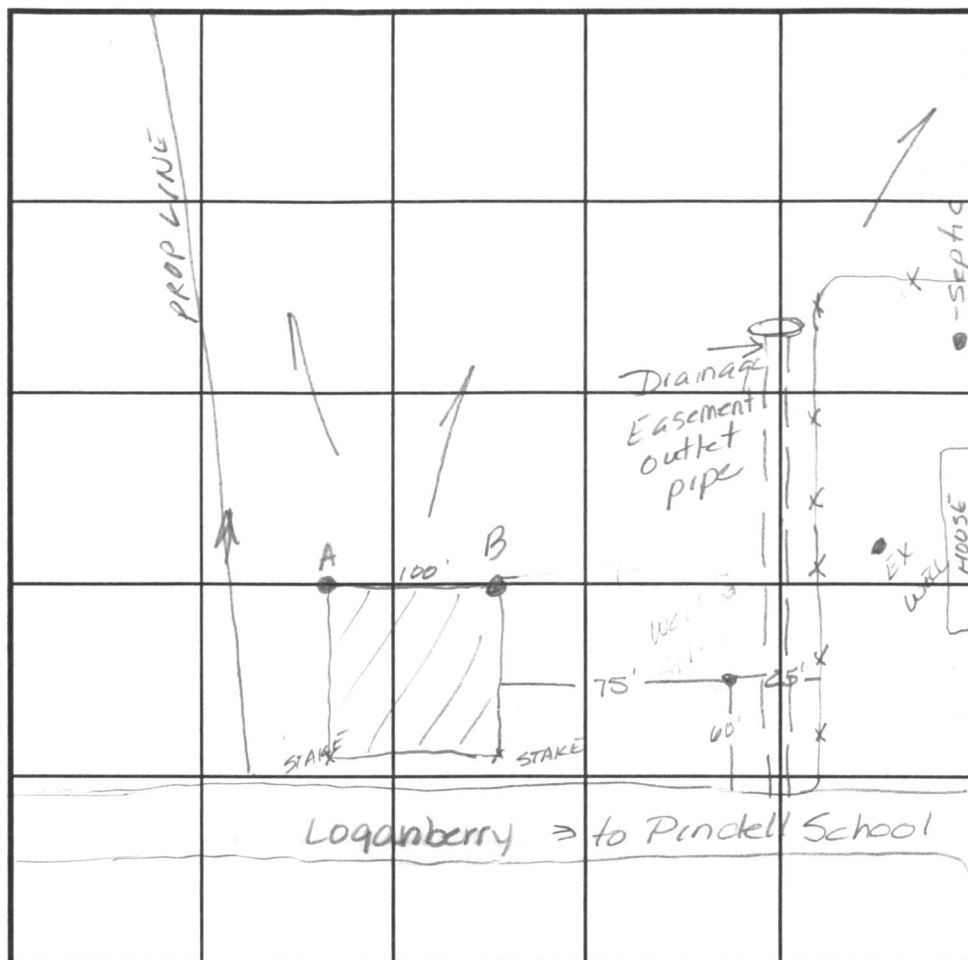
COUNTY #

SOIL PROFILE

0' **A**
brown
siltm
wet
4.0' red
brn
siltm
some
rock
10%
11.0 greenish
siltm
micaceous
H₂O
13.0

B

heavy
dull
brown
siltm
4.0' bright
red
siltm
10%
Rv
8.0 orange
red
siltm
10.5 yellow
grey
silt
grained
evidence
of H₂O
12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-16-99	A	4.5 V12.0	10.26	10.32	10.32	10.40	8min
	B	5.5 V12.0	Visual to 120		- see profile		OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillenALSO PRESENT Mark of Allen HomesTRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 min TRENCH WIDTH 3.0INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT/BEDROOM 210

APPLICATION

A _____

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

System 1st. F.F.

DISTRICT 5th

DATE 11/29/76

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 Judge, Joseph

ADDRESS _____ PHONE 461-9200 or 997-8538

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. new lot / Combined 1+2

ROAD AND DESCRIPTION Pindell School Road

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

APPROVED BY sgoni FOR BW-84 DATE 11/24/77

(KIND OF SYSTEM)

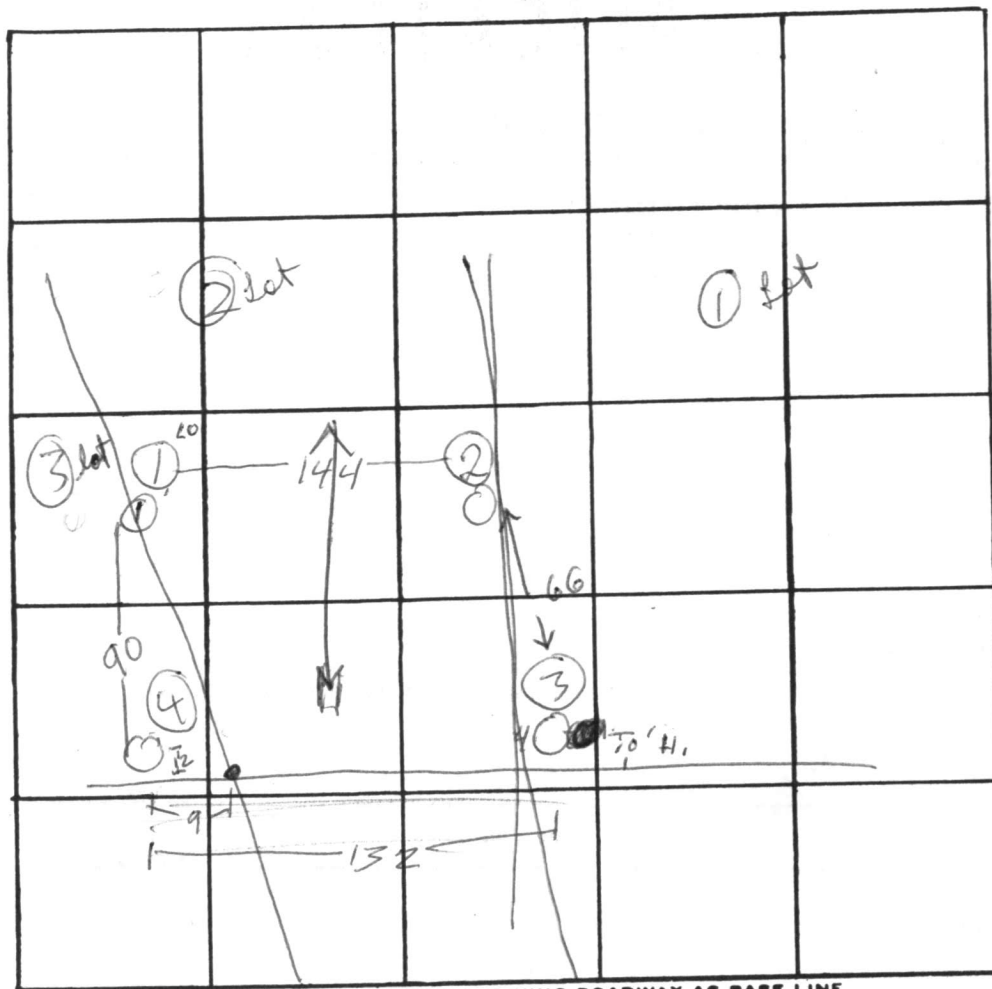
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING * Need locating on plat

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

2
140
80
840
540
9240

3
Clay
sand
13

4 5 1
generally

Clay 3±
sandy

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1.	5	1058	1010	1010	1018	8
	1a	13	1058	1011	1011	1017	6
	2	4 1/2	1020	1022	1022	1027	5
	2a	13	1020	1024	1024	1032	8
	3	4	1002	1003	1003	1005	5
	3a	13	1050	1057	1057	1057	2
	4	12 Visual	→				

REMARKS _____

TYPE OF SOIL _____

TESTED BY R R ALSO PRESENT: _____

7/14/76

PRELIMINARY

APPLICATION

A 24834

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: 465-5000, EXT. 356

DISTRICT 5TH

DATE 11/29/76

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 Joseph D. Judge

ADDRESS 6349 Amherst Avenue, Ellicott City, Md. PHONE 461-9200

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Pindell School Road

SIZE OF LOT _____ 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/ Joseph Judges

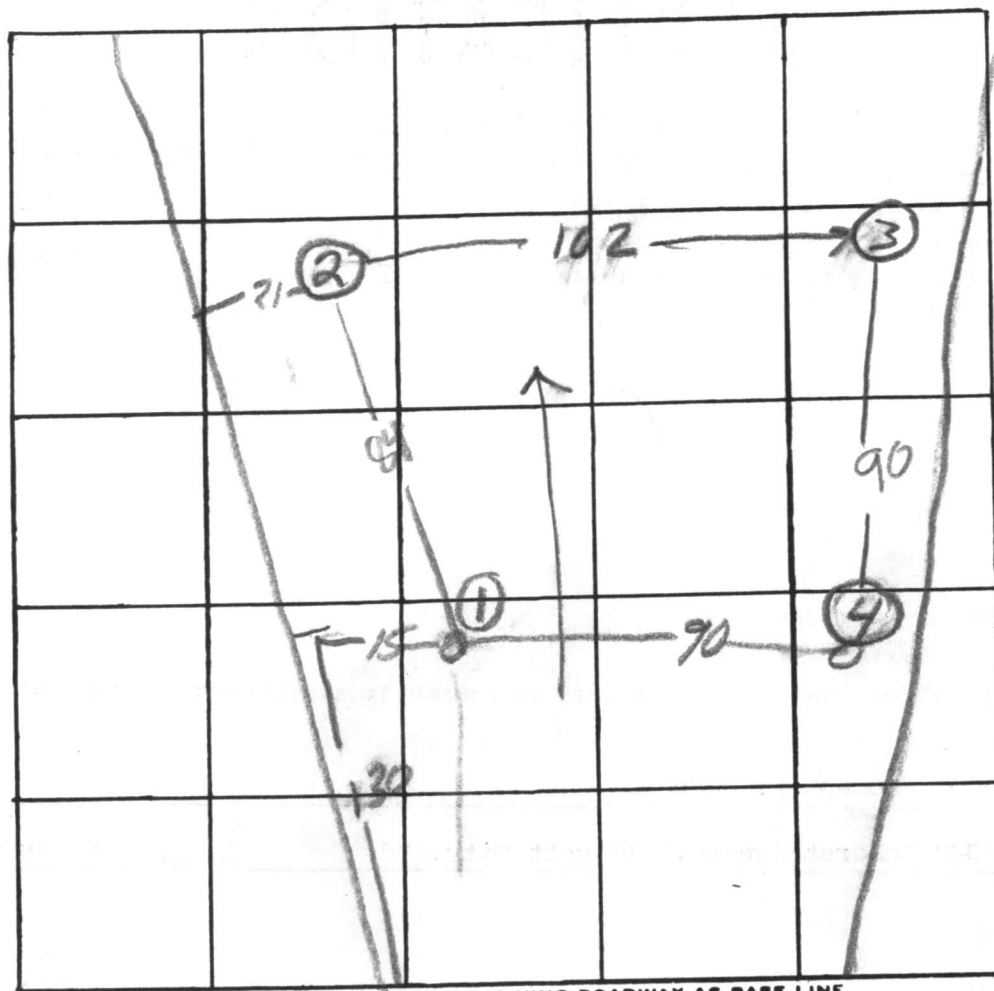
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Judge et

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/3/62	1 +						
	1a x						
	2	Water	6	ft			
	2a	"	"	"			
	3 x						
	3a x						
	4 x						
	4a x						

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

PRELIMINARY

APPLICATION

A 24833

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 5th

DATE 11/29/76

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 Joseph D. Judge

ADDRESS 6349 Amherst Avenue, Ellicott City, Md. PHONE 461-9200
or 997-8538

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Lot 31

ROAD AND DESCRIPTION Pindell School Road - 1/2 mile south of Sanner Road on West side.

SIZE OF LOT _____ 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/ Joseph D. Judge

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

6. Water

47'

110

Good 50: Water 10

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

TELE. CO. 100

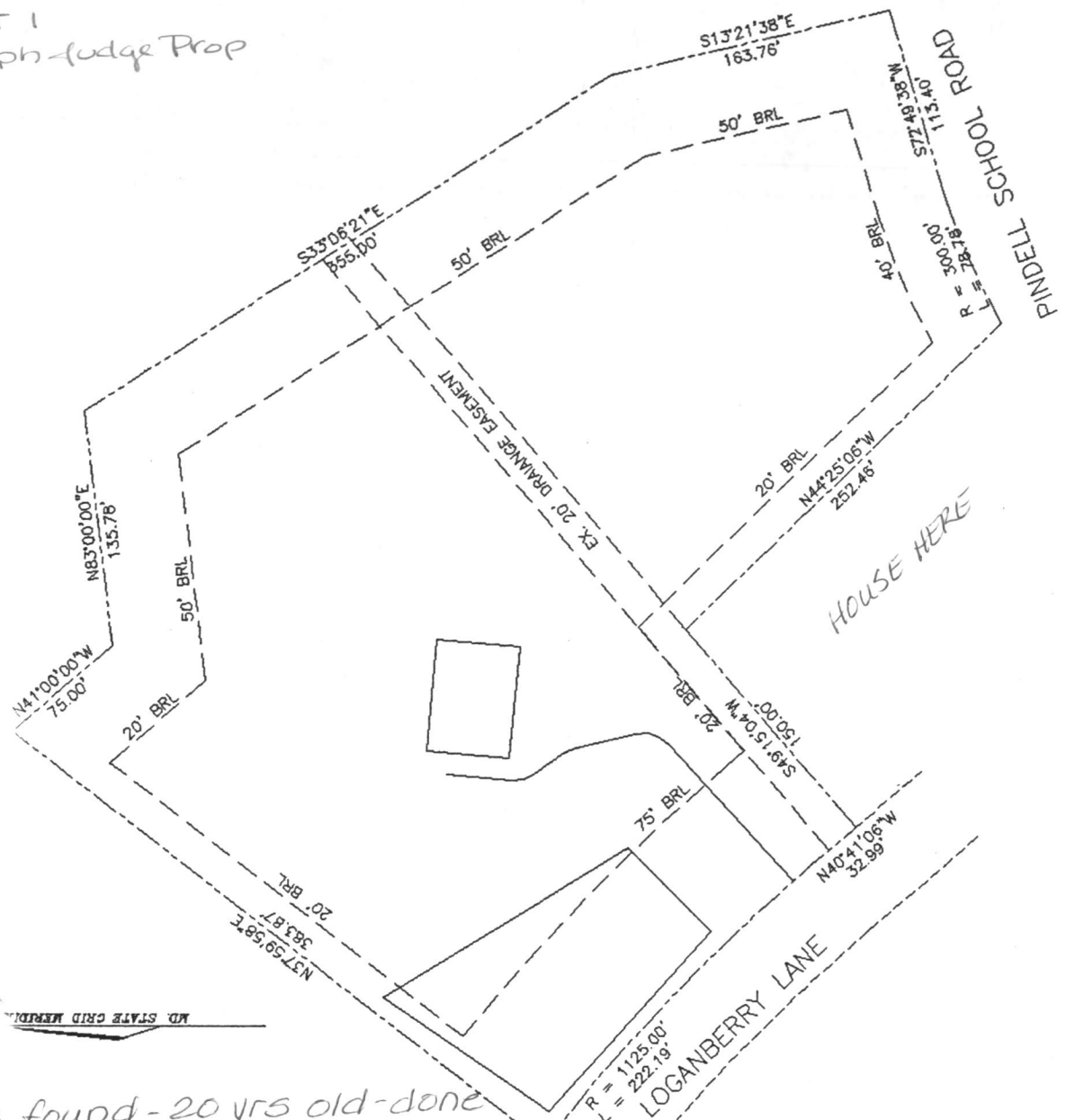
[illegible]

TYPE OF SOIL _____

TESTED BY Dave Oneil ALSO PRESENT: _____

TAX MAP 41
GRD 3
PCL 418

LOT 1
Joseph Jodge Prop



2/12/99

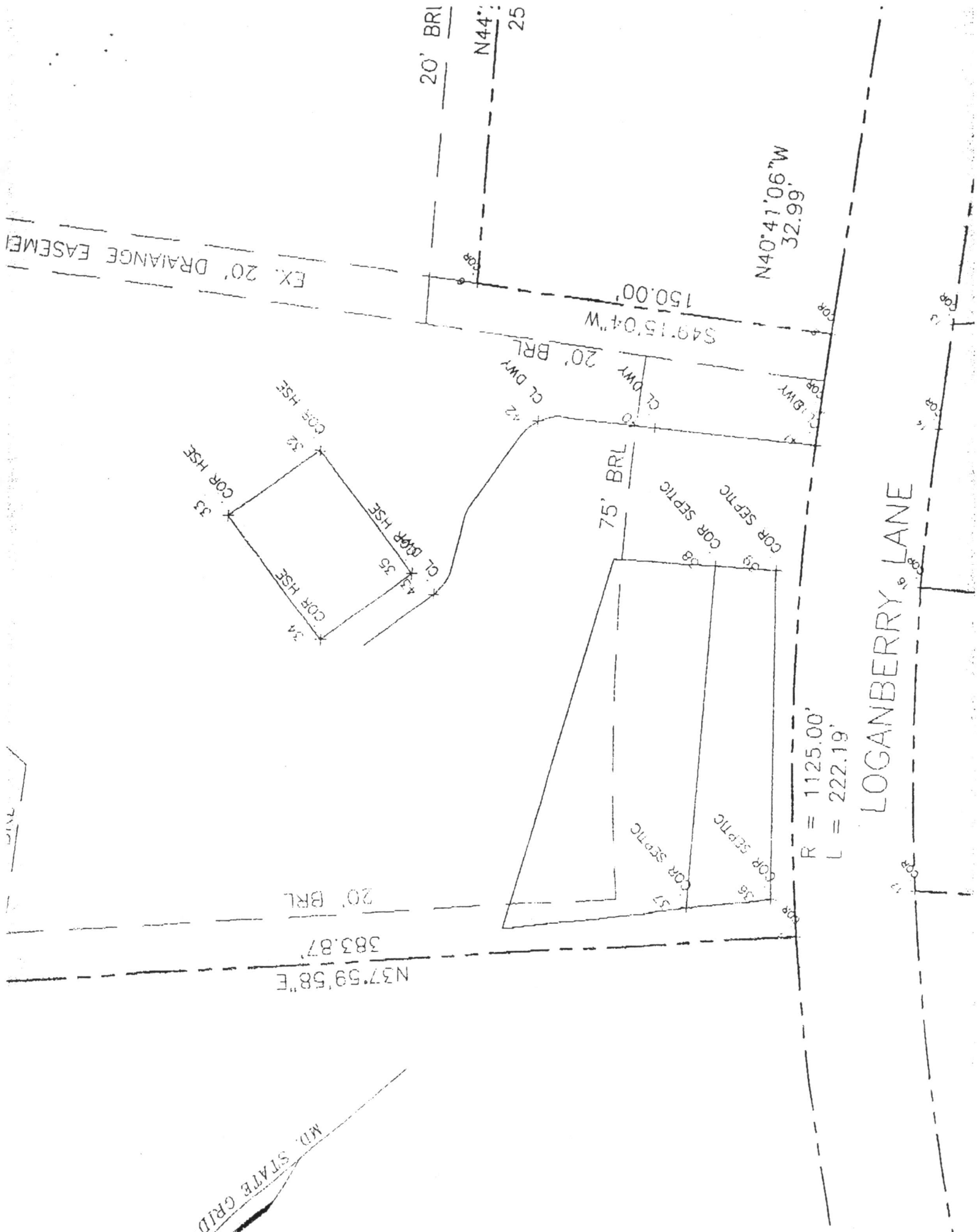
- Perc records found - 20 yrs old - done in August & H₂O found @ 6.0' just below the approved easement - REPERC NECESSARY.
- Well line can cross a drainage easmt. it should be sleeved on both sides - length determined in field
- Location of well/septic on adjoining property needs field insp - house was built 1958 - approvable well location not possible w/ this info known -
- Told engineer need perc appl. & other info above.

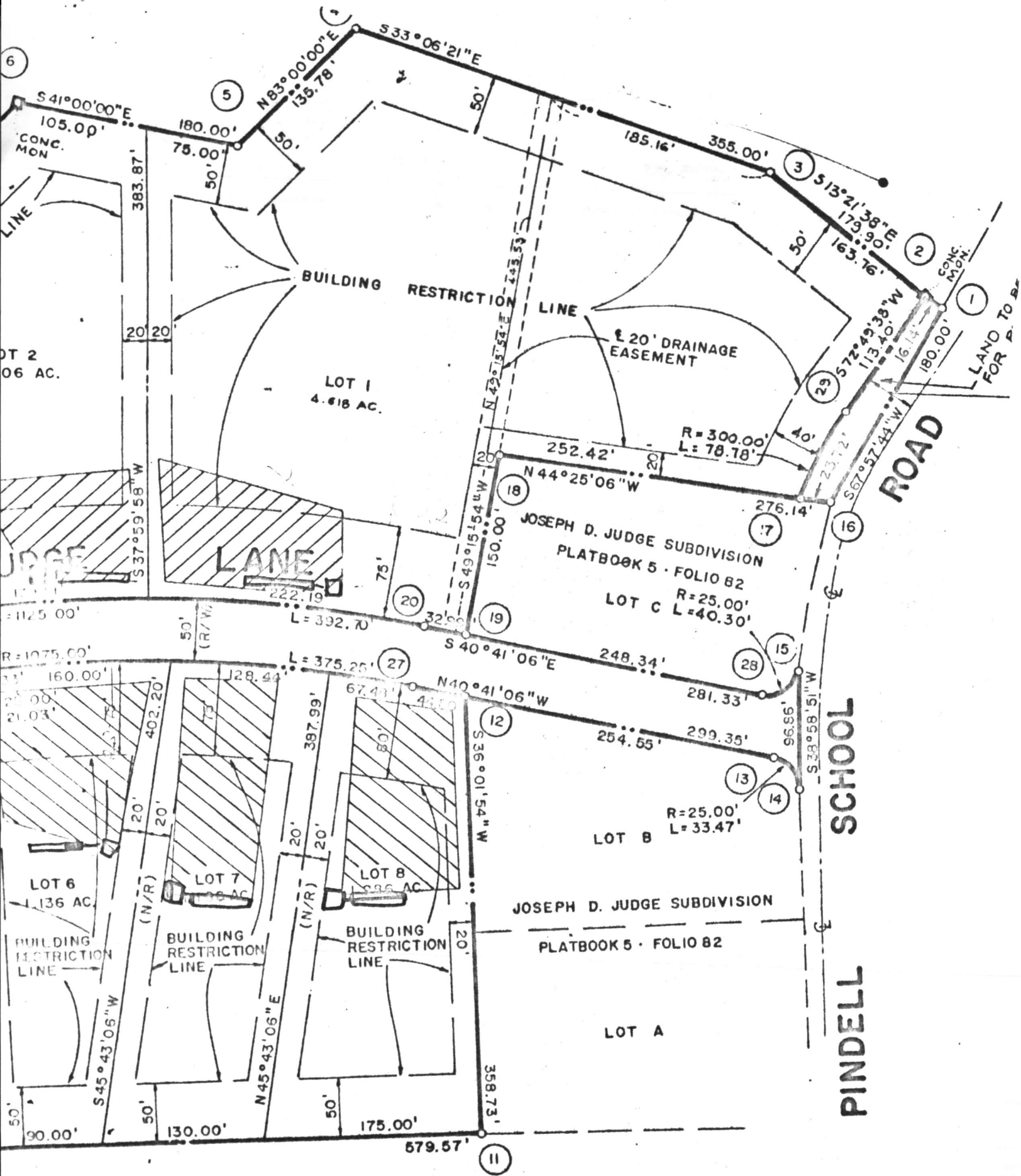
A McMillen

2/11/99

- ① Any perc records
- ② Can well line cross storm drain - public easement
- ③ adjoining lots w/s
- ④ well site

MD. STATE GRID

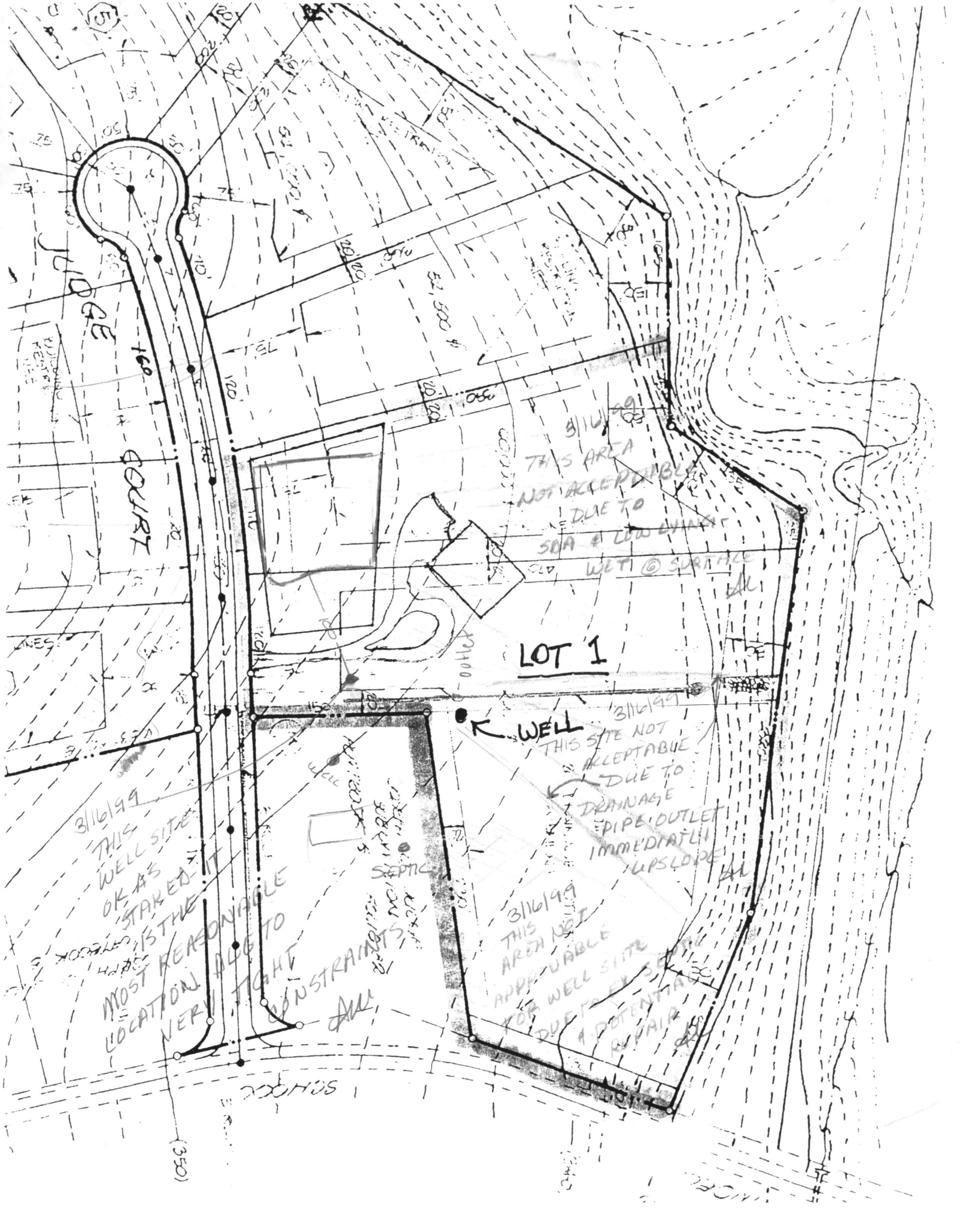




MD STATE GRID MERIDIAN



RECORD REFERENCES		FOUNDATION CHECK OF LOT 1 JUDGE PROPERTY HOWARD COUNTY MARYLAND	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966
LIBER/FOLIO _____			I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin</i> 6/18/99 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884
PLAT BOOK _____	N/A		
PLAT NO./FOLIO _____ 3833			
SCALE _____ 1"=100'			
DATE _____ 6-17-99			



LOT 1

WELL

SEPTIC

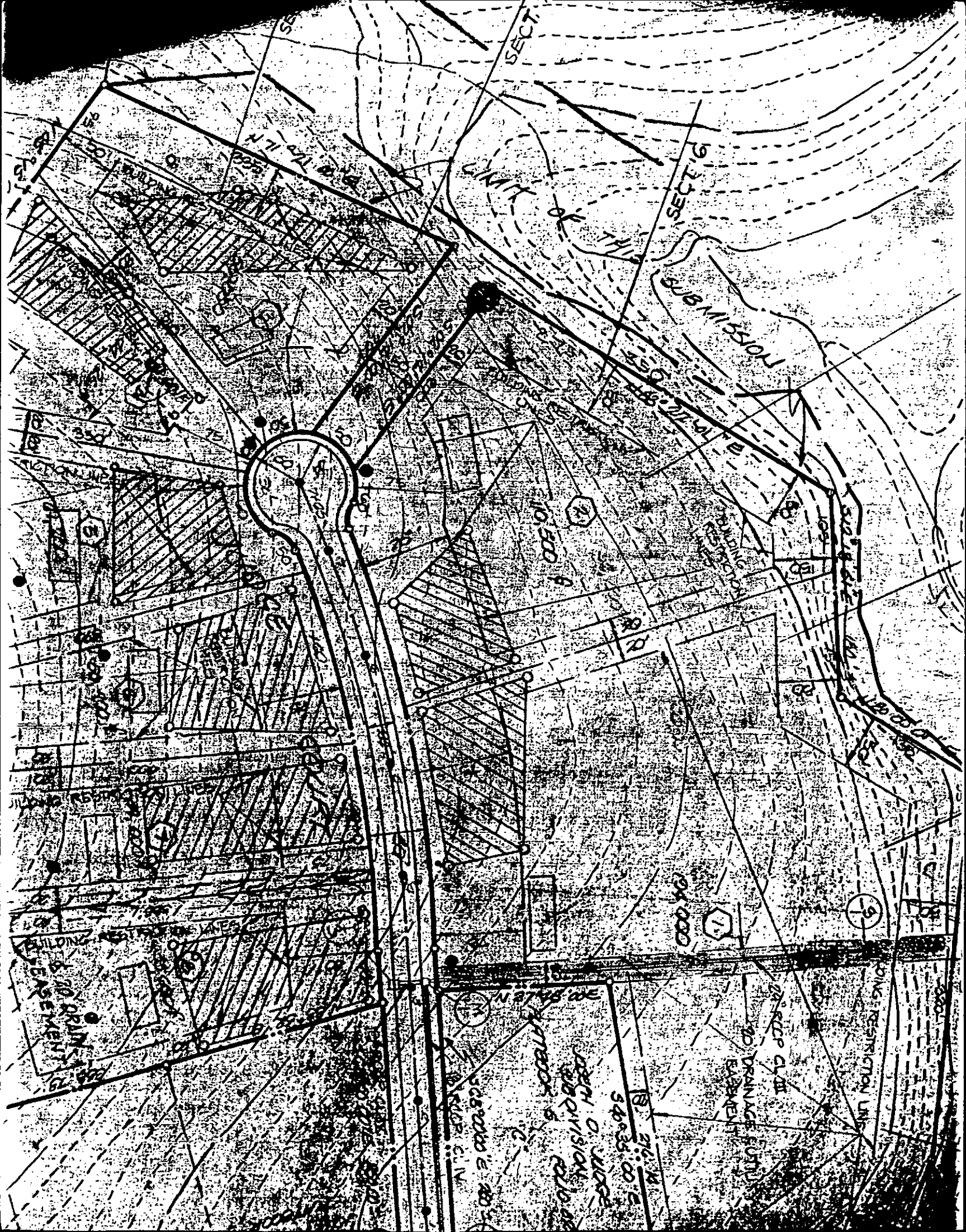
COULRT

THIS AREA NOT ACCEPTABLE DUE TO SDA & LOW ELEVATION WET @ SURFACE

THIS SITE NOT ACCEPTABLE DUE TO DRAINAGE PIPE OUTLET IMMEDIATELY UPSLOPE

THIS AREA NOT APPROPRIATE FOR WELL SITE DUE TO EXISTING A POTENTIAL REPAIR

THIS WELL SITE OK AS STAKED IT IS THE MOST REASONABLE LOCATION VERY TIGHT CONSTRAINTS



C 1

9695

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

A 24834

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
3 30 99

15 20

Depth of Well

22 300 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO-94-2200
28 29 30 31 32 33 34 35 36 37

OWNER

Allen Holmes

STREET OR RFD

last name

Loganberry Lane

first name

TOWN Simpsonville

SUBDIVISION

Joseph Judge Prop

SECTION

LOT

1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Topsoil 0 1
Yellowish Sand 1 67
Dr. Sandstone 67 74
Granite 74 82
Fractured Zone 82 83
Granite 83 105
Small Boulders 105 107
Granite 107 300

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)☒ Y ☐ N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 21 NO. OF POUNDS 450

GALLONS OF WATER 105

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 62 ft.
(enter 0 if from surface)
48 TOP 52 54 BOTTOM 58 ft.

CASING RECORD

casing
types
insert
appropriate
code
below☒ ST
STEEL☐ CO
CONCRETE☐ PL
PLASTIC☐ OT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST 6 90
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from to
ST 10 0 37screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)☒ ST
STEEL☐ BR
BRASS☐ HO
OPEN HOLE☐ PL
PLASTIC☐ OT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
☒ Y ☐ 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
WELLI 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. 1 MWD 040

George F. Easterday

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 386

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70
TELESCOPE
CASING72
LOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

7.8
11 15METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 ft.
17 20WHEN PUMPING 103 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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)☒ + above

LAND SURFACE

☐ - below2 (nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

well
↑
30'
↑
Approx
75'
↓
Front Prop. line

HD-224

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

1999 APR 12 AM 9:01

B 1	8666	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2200 <small>fill in this form completely</small>
1 2 3 6				
Date Received (APA) 02-16-99 <small>8 MM DD YY 13</small>		OWNER INFORMATION RN 7746		
15 Allen Homes Last Name		34 Owner First Name		
36 P.O. Box 1058 Street or RFD		55		
57 Columbia, Md 21044 Town		76 State 72 Zip		
DRILLER INFORMATION				
61 George F. Easterday Driller's Name		81 M W D 040 License No.		
Firm Name GE Easterday Inc				
Address 925 Brown Church Rd Mt Airy				
Signature George F. Easterday Date 2-11-99				
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14		20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small>				
APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST</small>				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER 54 _____ 63				
PERMIT No. HO-94-2200 <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

B 3	LOCATION OF WELL	CC#
8 COUNTY Howard		21
23 SUBDIVISION Judge Property		42
SECTION 44	LOT 1	50
52 NEAREST TOWN Simpsonville		71
MILES FROM TOWN (enter 0 if in town) 2 M I <small>73 76 77 78</small>		

B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	NEAR WHAT ROAD
		Loganberry Lane <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/>
DISTANCE FROM ROAD 200 FT <small>34 37</small> ENTER FT OR MI FT <small>38 39</small>		
TAX MAP: _____ BLK: _____ PARCEL _____		

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co **A24834**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → **41**
DATE ISSUED

031699 A MCM 000 3/16/00
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **480 000** EAST GRID **820 000**
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **Wells**

2. _____

3. _____

3/30/99
11:30 GROUT
NO IMP

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820**

N **480**

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

(2)

Simpsonville

Loganberry

Pine Hill School

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

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer DAVID W. WISNIUKSKI SR

Telephone 410-549-2118

License Number 8494

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner JOSEPH H KIM

Telephone 301-549-1995

Subdivision JOSEPH O JUDGE PROP. Lot # 1

Well Tag # HO-94-2200

Site Address 7025 LOGAN BERRY CANK
FUITON, MD. - 20759

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X

Motor

1. Horsepower 1
2. RPM 3500
3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

1. Make HARVARD
2. Model # PT 800
3. Depth 4'

2. Make GOUIDS

3. Model # 7GS10412L

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No X

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Tank

1. Capacity 44 GAL
2. Pressure relief valve? YES
75 CAS,

Piping

1. Type CPII FIRM
2. Size 1
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4'

Well data

1. Depth 280 ft.
2. Yield _____ GPM
3. Static water level 220 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.

7/28/99 WPI ON - DWS SRM

Signature of Applicant: [Signature]

Date: 9-24-99

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

11-31-82

X

11-31-82 11-31-82

11-31-82 11-31-82

11-31-82 11-31-82

11-31-82 11-31-82

11-31-82 11-31-82

11-31-82 11-31-82

X

X

X

11-31-82 11-31-82

11-31-82 11-31-82

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11-31-82 11-31-82

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11-31-82 11-31-82

11-31-82 11-31-82

RECEIVED
SEP 30 1999