LAYOUT	INSP 4	
INSP 2	INSP 5	
INSP 3	INSP 6	
ISSUE DATE:	4/20/05 PI	ERMIT P 522411
APPROVAL DATE:	7/1/05 TAX	A 5149215
	HOWARD COUNT	GE DISPOSAL SYSTEM TY HEALTH DEPARTMENT VIRONMENTAL HEALTH
Fogles Septic Clean, INC	С.	IS PERMITTED TO INSTALL ⊠ ALTER □
ADDRESS: 580 Ob	recht Rd., Sykesville	PHONE NUMBER: 410-795-5670
SUBDIVISION: Ar	chers Glen	LOT NUMBER: 8
ADDRESS: 1718 A	rchers Glen	PROPERTY OWNER: CarDan LLC.
SEPTIC TANK CAPAC	CITY (GALLONS):	1250 OUTLET BAFFLE FILTER REQUIRED
PUMP CHAMBER CAI	PACITY (GALLONS):	N/a COMPARTMENTED TANK REQUIRED ⊠
NUMBER OF BEDROO	OMS:	4
SQUARE FEET PER BI	EDROOM:	210
LINEAR FEET OF TRE	ENCH REQUIRED:	140 HOUSE SERVED BY PUBLIC WATER
TRENCHES:		Inlet 4.0 feet below original grade. Bottom maximum depth de. Effective area begins at 5.5 feet below original grade. 4.5 ation pipe.
LOCATION:	Place the distribution box iget a 40' minimum trench	in the highest elevation of the approved SDA and still be able to length.

DI ANG ADDDOVED.	Vovin I Doll Dovinged by	DATE: 2/14/05
NOTES:		
	get a 40' minimum trench length.	

NOTES: PERMIT VOID AFTER 2 YEARS

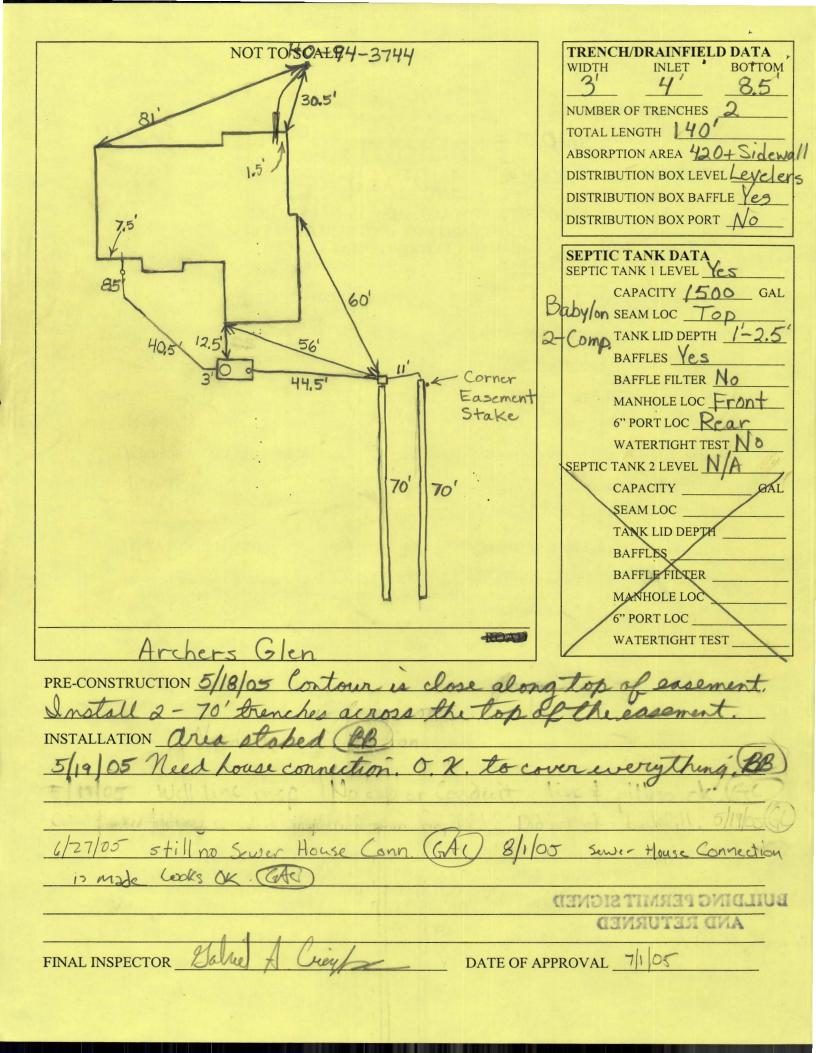
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS WATERTIGHT SEPTIC TANKS REQUIRED

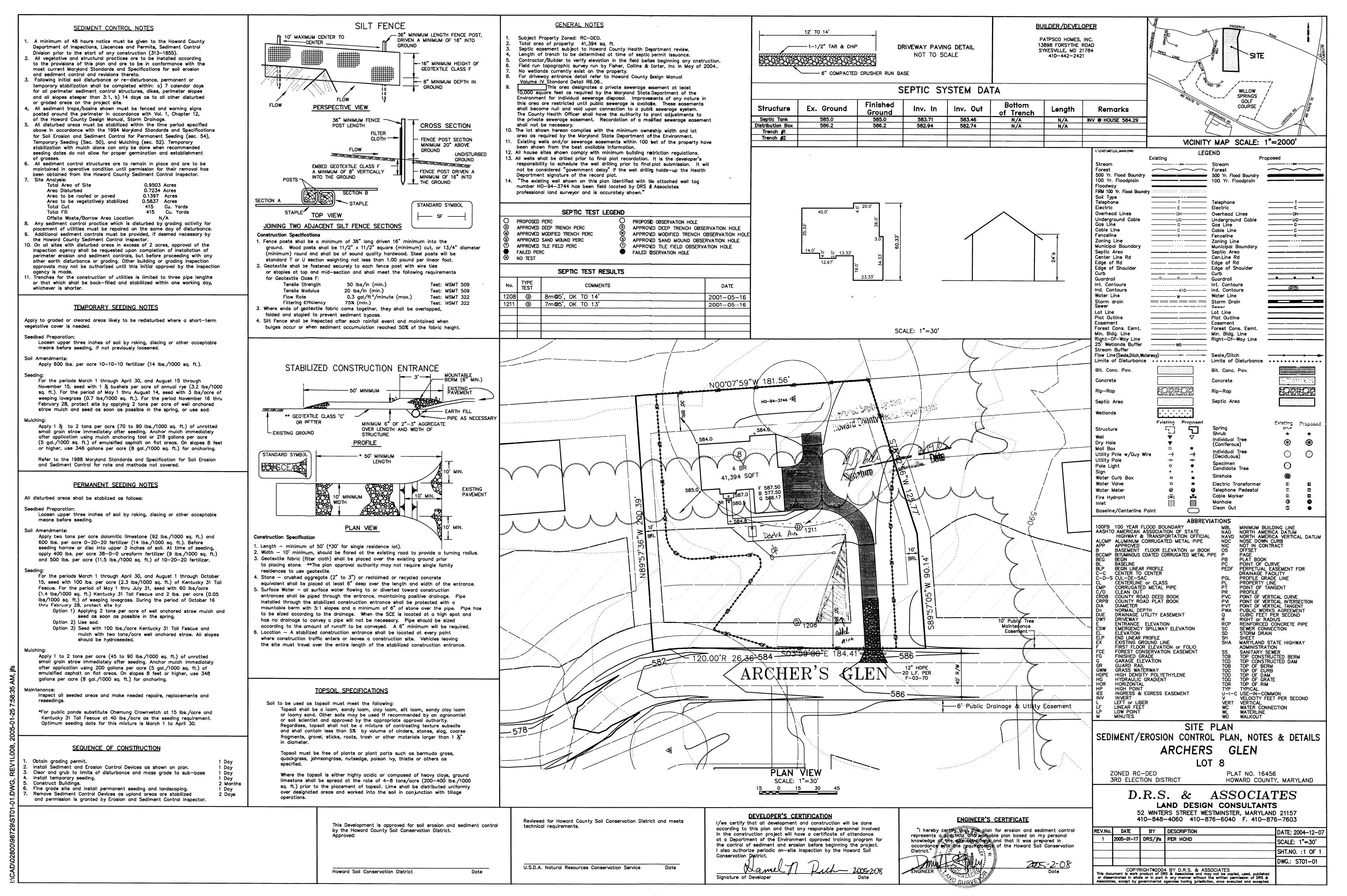
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

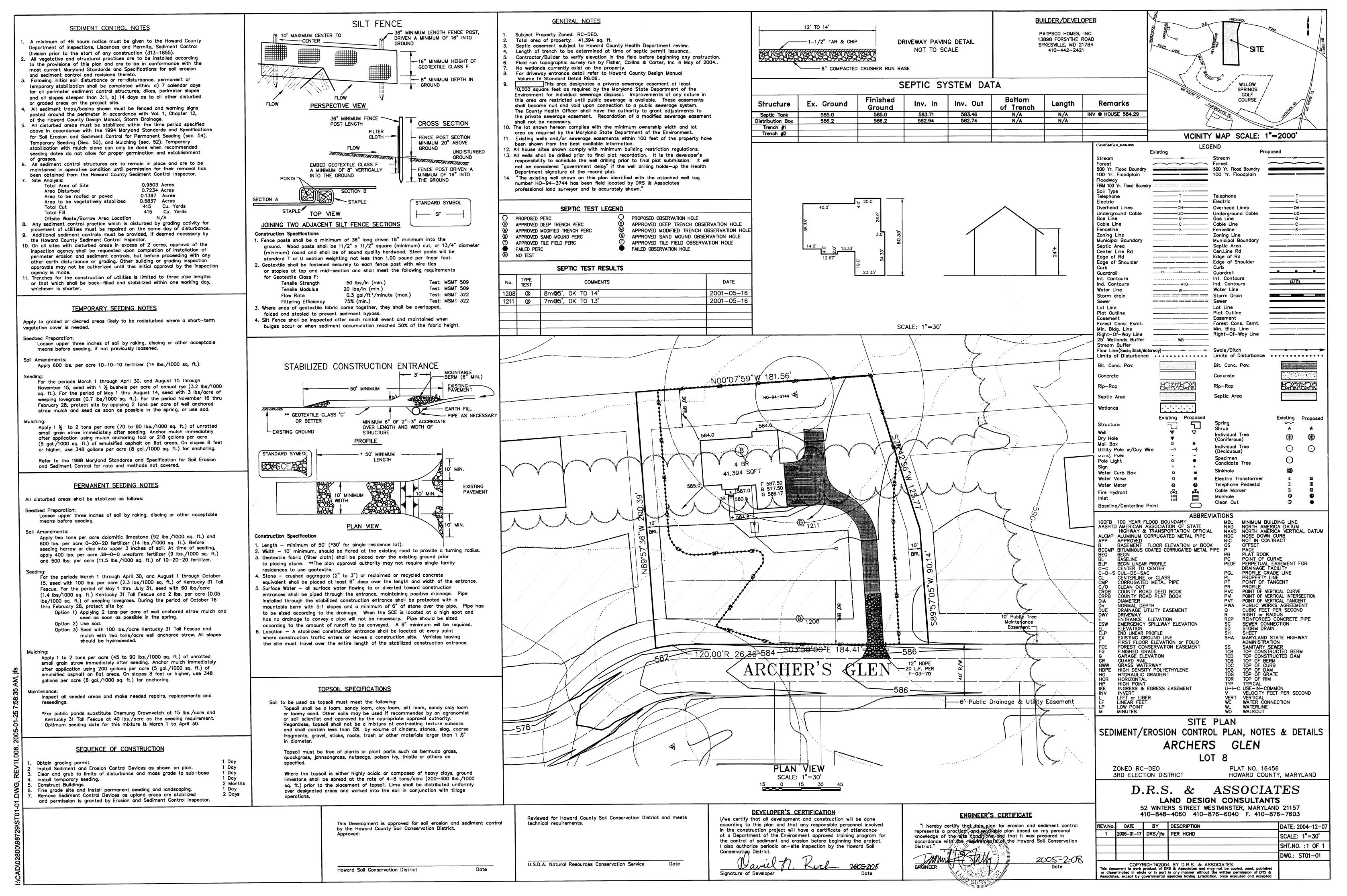
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
BUILDING PERMITTER RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM
AND RETURNED

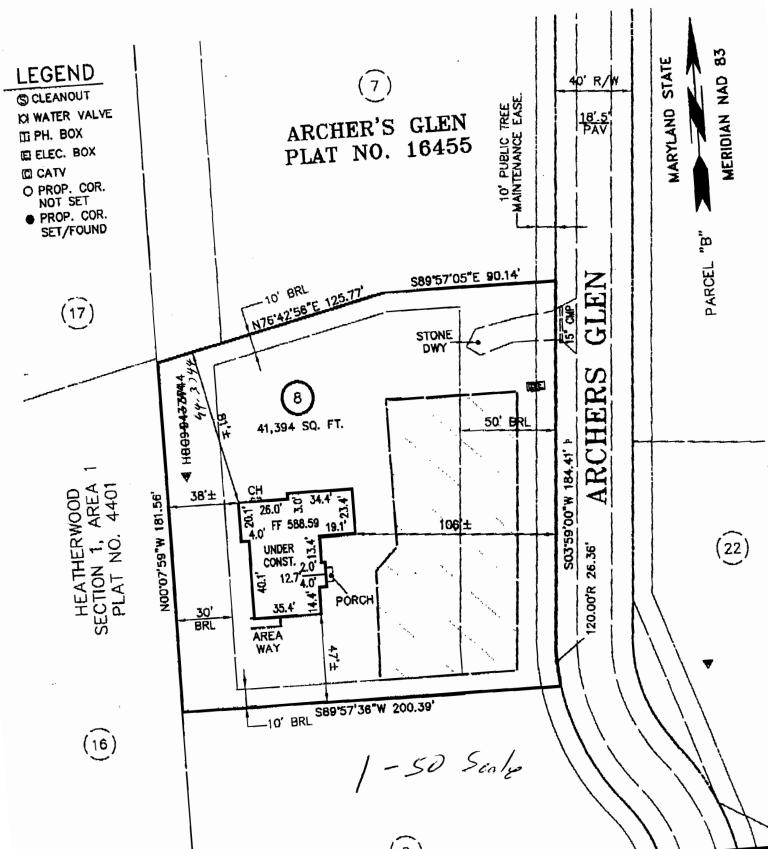
7-18-05 BOOISY CSS-PROPANE TANK







Wall check OK (W)



\$ 27/05 time

### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

### Information Form for the Installation of the Well Pump. Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.
Company Name: New Dimension Plumbing #: 4102394359  Address: 3018 Pachman Painuz.
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  License # and name of individual responsible for the field installation:  Name (Print): (AVINO LOVE The Second Installation Licensed Individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.
Name of Property Owner: 10 +10.05/0  Subdivision: Archers Clen  Site Address: 119 Frechers Olen  Surgesy   10 - 94 - 3744
Submersible Pump Data  Make: FSW  Make: Campel  Make: Campel  Model#: Two piece watertight cap: Screened, vented well cap: Screened, vented well cap: Cap secured to casing: Conduit min 18" B.G.: Conduit min 18" B.G.: Conduit secured to well cap: Co
Piping to house  Type: 177200 (25) 1 (25)  PSI: 200 (160 psi min)  Depth of supply line: 17"(36" min)  House Connection  PVC sleeved to undisturbed soil at wall penetration; Approximate length of sleeve: 10" 2" 5 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.
Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
Date Insp. Requested: 5/965 Date Insp. Approved: 6/27/05 Inspection Data: Pitless adapter and water supply line at least 36" below grade Two piece cap installed and attached to casing securely Elec. conduit extends at least 18" below grade/attached to cap properly Safety rope installed inside of well casing Correct well tag attached properly and casing 8" above finished grade Water supply line sleeved adequately at house connection Adequate grout observed below pitless adapter

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

	,			
c13969	SEQUENC (MDE USE		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PIN COLS. 3-6 ON ALL CARD			WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL	200 200	ETED Depth of Well	PERMIT NO.  FROM "PERMIT TO DRILL WELL"  15
OWNER VIKIN	6 DEVI	FLOF	MEUT	
STREET OR RFD	THUE	15	TOWN _A	EST FRIENDSHIP
SUBDIVISION	KCHREC C		SECTION	LOT
WELL Not required fo			WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMAT COLOR, DEPTH, THICKNESS	TIONS PENETRATED,	THEIR	(Circle Appropriate Box)  TYPE OF GROONING MATERIAL (Circle one)	PUMPING TEST 3
DESCRIPTION (Use	FEET	check if water	CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
Overburden	0 <b>3</b> 5	bearing	NO. OF BAGS 46 17 NO. OF POUNDS 15 46 COMMON OF WATER 102	PUMPING RATE (gal. per min.)
Gray Rock	35 200	x	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE 5000051016
the state of the s			from 6 t. to 45 BOTTOM 58 t.	WATER LEVEL (distance from land surface)
water at 60'			casing CASING RECORD	BEFORE PUMPING $\frac{3.5}{17}$ ft.
·			types insert appropriate ST CONCRETE	WHEN PUMPING 35 ft.
	l i		code below PL OT	TYPE OF RUMP USED (for test)
·			MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine
			THE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)
·			60 61 63 64 66 70	J jet S sybmerstole
			E OTHER CASING (if used) A diameter depth (feet)	27 27
	.		H inch from to	DRILLER INSTALLED PUMP YES NO
	`			(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
· ·			screen type SCREEN RECORD or open hole COLT DO	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED  PLACE (A.C.J.P.R.S.T.O.)  29
			insert STEEL BHASS OPEN	PLACE (A,C,J,P,R,S,T,O)  1N BOX 29.  CAPACITY:
			code pelew PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35
			PLASTIC OTHER	PUMP HORSE POWER  37 41
NUMBER OF UNSUCCESSE	UL WELLS:	) 	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	Yes (		E	ASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROP  A WELL WAS ABANDON	IED AND SEALED		H 2 23 24 26 30 32 36	LAND SURFACE
WHEN THIS WELL WAS E ELECTRIC LOG OBTAIN			C 3 R 38 39 41 45 47 51	below \ \frac{1}{50} \frac{\text{(nearest)}}{\text{foot)}}
P TEST WELL CONVERTE		1	E	A LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 28.04. IN CONFORMANCE WITH ALL CON CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND CON KNOWLEDGE.	04 "WELL CONSTRUCT IDITIONS STATED IN TI THE INFORMATION PR	ION" AND HE ABOVE HESENTED	DIAMETER (NEAREST INCH)  56 60	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES  THE THE PERMANENTS TO WELL IN
DRILLER LAW. NO.	M N D 1 2	0 ,	from to	(MEASUREMENTS TO WELL)
DRILLERS SIGNATURE	Ru		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66 68	- ***
(MUST MATICH SIGNATURE O	•	· ·	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	60'
Thomas M	CS DAY	1_ 1	T (E.R.O.S.) W Q	\⊛

SITE SUPERVISOR (sign. of driller or burneyman

- Calaba

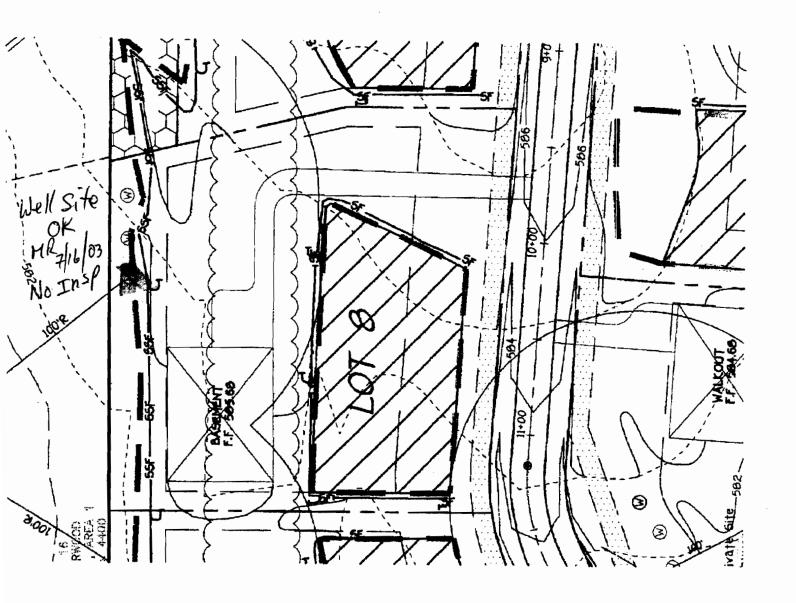
## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

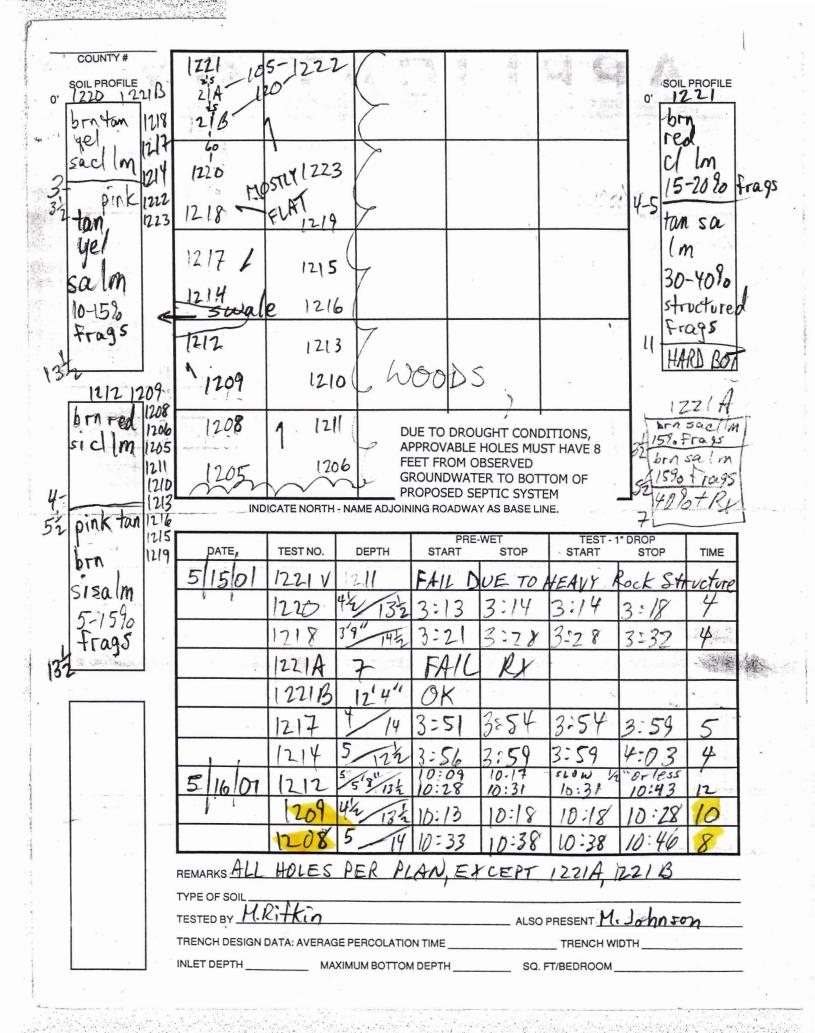
New Permit No. 40 - 94-3/44	
Mocation of property (road) ARCHERS CLEP	
Subdivision ARCHERS (JE) Lot & Block 2) Plat	Sec.
Well Driller G. BOLOAL HALL SONS CONFOUNER VIKING DEVELOPMEN	JT
Depth of well 200'	
Distance of measuring point (M.P.) above ground	
Static water level (S.W.L.) below M.P. 35'	
I.   High rate pumping reservoir drawdown	
Time pump started 1330 Pumping rate 14.67	
Total time 15 m, to reach pumping water level 35 ft. below	M.P.

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in- tervals	below M.P.	time to fill 5 gallon bucket	(if used)	(gallons per minute)
2030	35	18 sec		The who
<b>1</b> 345	35	18		16.66
\$1140O	35	18	, š	16.66
<b>科</b> 图5	35	18		16.66
FE14130	35_	18		16-66
18445	35	18		16.66
1500	35	18		16.66
14615	35	18		16-66
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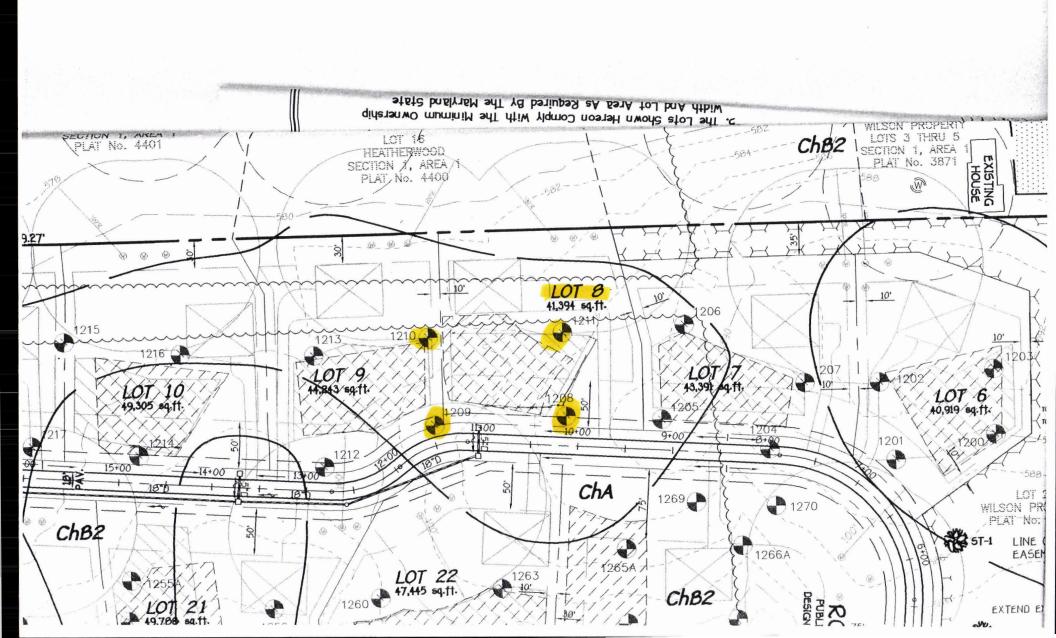
STATE OF MARYLAND   STATE OF MARYLAND   APPLICATION FOR PERMIT TO DRILL WELL   HO - OH - 374   Fill in this form completely   Fill in this form completel	
Date Received (APA)  OWNER INFORMATION  B 3 LOCATION OF WELL  B 3 LOCATION OF WELL  B 3 LOCATION OF WELL  B 5 LOCATION OF WELL  B 6 LOUNTY  A LOCATION OF WELL  B 6 LOCATION OF WELL  B 6 LOUNTY  B 6 LOUNTY  B 6 LOUNTY  B 6 LOUNTY  B 7 License No. 81  C Edgar Harr Sons' Corp.  FITT Name  C Edgar Harr Sons' Corp.  T Edgar Harr Sons' Corp.	
Date Received (APA)  Overland 13  Date Received (APA)  Overland 13  Owner Information    Viking Development   15 Last Name	
Sykesville   MD   21784   57   Town   70   State   72   Zip   76	
Viking Development   15 Last Name   Owner   First Name   34   23 SUBDIVISION   SECTION   44 4 46   LOT   8 50	
15 Last Name Owner First Name 34  23 SUBDIVISION  SECTION 4 4 46  Sykesville MD 21784  57 Town 70 State 72 Zip 76  DRILLER INFORMATION  Sandy B. Cochran M W D 120  Driller's Name 76 License No. 81  G. Edgar Harr Sons' Corp.  Firm Name  12047 Falls Road, Cockeysville 21030  Address Address Approx Pumping Rate 6/12/03  B 2 WELL INFORMATION  APPROX PUMPING RATE 6/12/03  AVERAGE DAILY QUANTITY NEEDED 75  AVERAGE DAILY QUANTITY NEEDED 14  23 SUBDIVISION  SECTION 4 4 46  LOT 8 48 50  West Friendship  52 NEAREST TOWN  MILES FROM TOWN (enter 0 if in town) 2 M 1/73 76 77 78  B 4 2  DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  N N HICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  LOT 8 50  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  WEST FROM TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  WEST FROM TOWN  ON WHICH SIDE OF ROAD  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  DIVERTING NAME  ON WHICH SIDE OF ROAD  ON WHICH SIDE O	
15 Last Name Owner First Name 34  23 SUBDIVISION  SECTION 4 4 46  Sykesville MD 21784  57 Town 70 State 72 Zip 76  DRILLER INFORMATION  Sandy B. Cochran M W D 120  Driller's Name 76 License No. 81  G. Edgar Harr Sons' Corp.  Firm Name  12047 Falls Road, Cockeysville 21030  Address Address Approx Pumping Rate 6/12/03  B 2 WELL INFORMATION  APPROX PUMPING RATE 6/12/03  AVERAGE DAILY QUANTITY NEEDED 75  AVERAGE DAILY QUANTITY NEEDED 14  23 SUBDIVISION  SECTION 4 4 46  LOT 8 48 50  West Friendship  52 NEAREST TOWN  MILES FROM TOWN (enter 0 if in town) 2 M 1/73 76 77 78  B 4 2  DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  N N HICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  LOT 8 50  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  West Friendship  52 NEAREST TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  WEST FROM TOWN  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  WEST FROM TOWN  ON WHICH SIDE OF ROAD  ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE BOX)  W SECTION 4 4 46  DIVERTING NAME  ON WHICH SIDE OF ROAD  ON WHICH SIDE O	)
Street or RFD 55  Sykesville MD 21784  Town 70 State 72 Zip 76  DRILLER INFORMATION  Sandy B. Cochran M W D 120  Driller's Name 76 License No. 81  G. Edgar Harr Sons' Corp.  Firm Name  12047 Falls Road, Cockeysville 21030  Address  B 2 WELL INFORMATION  Town 70 State 72 Zip 76  MILES FROM TOWN (enter 0 if in town) 73 76 77 78  B 4 A 46 A8 50  West Friendship  Town 1 Town (enter 0 if in town) 73 76 77 78  B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  WEST  Town 70 State 72 Zip 76  MILES FROM TOWN (enter 0 if in town) 73 76 77 78  B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  WEST  TOWN (CIRCLE APPROPRIATE BOX)  APPROX. PUMPING RATE (GAL. PER MIN.)  AVERAGE DAILY QUANTITY NEEDED 750  AVERAGE DAILY QUANTITY NEEDED 14 20  B 2 TAX MAP: 9 BLK: 22 PARCEL 3	2
Sykesville MD 21784  57 Town 70 State 72 Zip 76  DRILLER INFORMATION  Sandy B. Cochran M W D 120 Driller's Name 76 License No. 81  G. Edgar Harr Sons' Corp. Firm Name  12047 Falls Road, Cockeysville 21030 Address Signature Date (GAL. PER MIN.)  AVERAGE DAILY QUANTITY NEEDED 14  Sykesville 72 Zip 76  West Friendship  52 NEAREST TOWN  MILES FROM TOWN (enter 0 if in town) 2 M 1  73 76 77 78  B 4  DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  N N N E	
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Sandy B. Cochran  Driller's Name  G. Edgar Fiarr Sons' Corp.  Firm Name    1 2047 Falls Road, Cockeysville 21030   Address   Signature   B 2   WELL INFORMATION   APPROX. PUMPING RATE (GAL. PER MIN.)  AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)    Sandy B. Cochran   M W D 120   To M W D 120   To M W D 120   To M DISTANCE FROM TOWN (CIRCLE BOX)    1 2	
Driller's Name  76 License No. 81  G. Edgar Harr Sons' Corp.  Firm Name  12047 Falls Road, Cockeysville 21030  Address  Signature  B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.)  AVERAGE DAILY QUANTITY NEEDED  (GAL. PER DAY)  PAGE DAILY GUANTITY NEEDED  76 License No. 81  B 4  1 2  DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  N W 8  8	
Firm Name    12047 Falls Road, Cockeysville 21030   No. Address   Signature   Date   Date	
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AVERAGE DAILY QUANTITY NEEDED 750 8-9 S 8-9 TAX MAP: 7 BLK: 2 PARCEL PARCEL	39 
	71
DOMESTIC POTABLE SUPPLY & RESIDENTIAL	
IRRIGATION HOLD AL	3
F FARMING (LIVESTOCK WATERING & AGRICULTURAL COUNTY NAME COUNTY NO.	•
STATE INSERT S	_
DATE ISSUED DATE ISSUED	ıL
P PUBLIC WATER SUPPLY WELL  43 MM DD YY 48 CO SIGNATURE EXP. DATE	4
T TEST, OBSERVATION, MONITORING NORTH SULL OF SIDE SAST	
GRID $\frac{1}{50}$ GRID $\frac{1}{57}$ GRID $\frac{1}{57}$ GRID $\frac{1}{57}$ GRID $\frac{1}{57}$ GRID $\frac{1}{57}$	
SHOW MAJOR FEATURES OF	
APPROXIMATE DEPTH OF WELL 250 FEET BOX & LOCATE WELL WITH AN X	
NEAREST SOURCES OF DRILLING WATER	
APPROXIMATE DIAMETER OF WELL INCH 1. WQ \\	
METHOD OF DRILLING (circle one)  2.  3.	
BORED (or Augered) JETTED Jetted & DRIVEN	
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) WRITE THE BOX NUMBER	
37 CABLE REVerse-ROTary DRive-POINT FROM THE MAP HERE	
other	
REPLACEMENT OR DEEPENED WELLS	
(CIRCLE APPROPRIATE BOX)  N SUM  N SU	
THIS WELL WILL REPLACE A WELL THAT WILL BE  DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN	
ABANDONED AND SEALED RELATION TO NEARBY TOWNS AND ROADS AND GIVE	
THIS WELL WILL REPLACE A WELL THAT WILL BE USED  AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY  DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
FOR POLICY ON STANDBY WELLS	
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 #020016	_
$\mu_0 = c_0 \mu_0 = 3000 \mu_0$	-
PERMIT No. 701 71 72 73 74 75 76 77 78 79	-
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	-

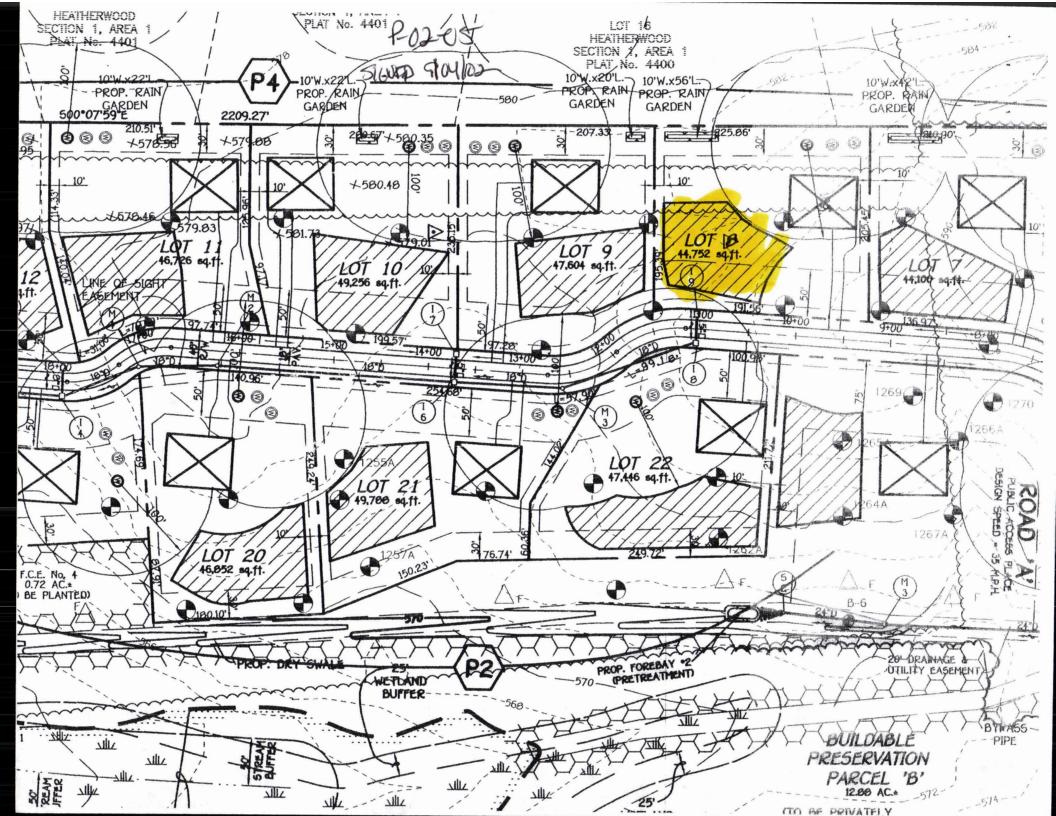


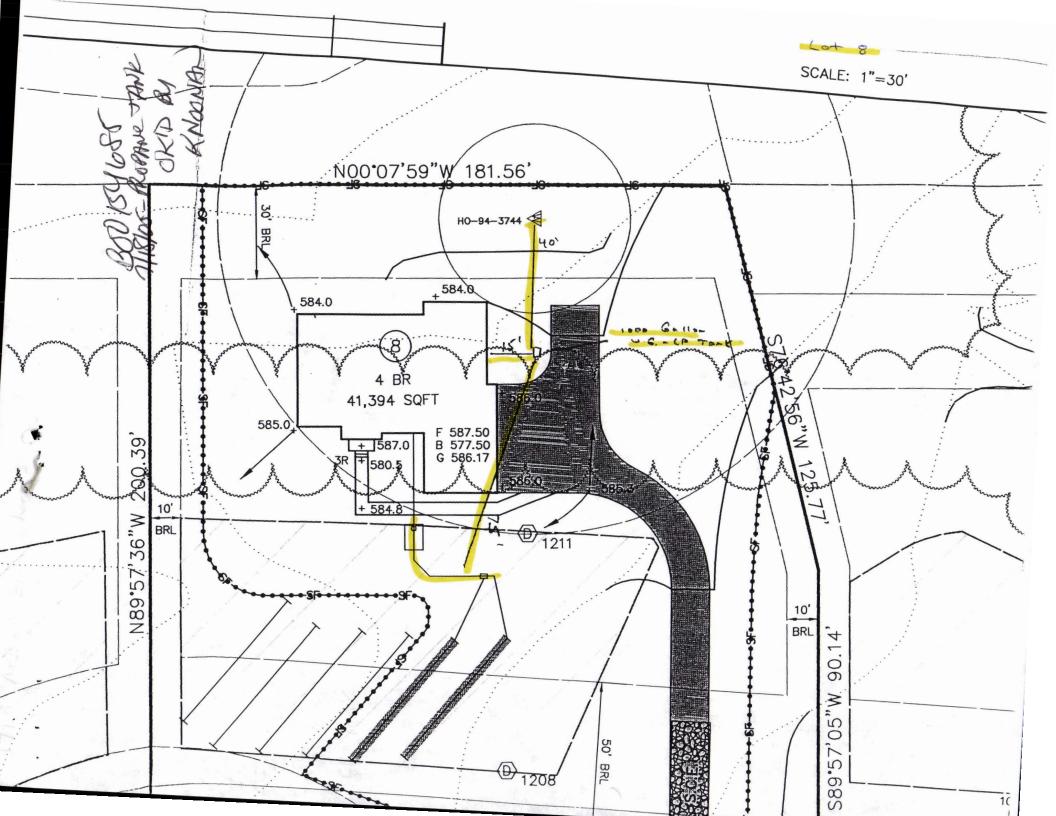


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	— DUE TO DRO	DUGHT COND	OITIONS.	: -	7		-	
	FEET FROM	OBSERVED	ST HAVE 8					
	PROPOSED S	TER TO BOT	TOM OF					
			NAME ADJOIN	ING ROADWA	Y AS BASE LIN	E.		
			100.70		-WET	TEST - 1	* DBOP	
	DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
	5/6/01	1205	5 14	10:42	10:47	10:47	10:53	6
		(2)4	4'8" 14	10-50	10-53	10:53	10:58	SEST
		1211			11:00	1.0	11:07	7
- Part - 1		1210	5/14	11:04	11:05	11:05	11:08	3
		1213	52/14	11:08	11:10	11-10	11:14	4
		1216	5/1/2	11:14	11:16	11:16	11:21	5
	- i	1215	5/14	1/:18	11:23	1/-23	11:36	13
F 107		1219	5 14	1/-21	11-24	11:24	11:30	6
		1	42 14	11-20	11:27	11727	11:31	4
		1222	4=-14	11:34	11:38	11:38	11:43	5
	REMARKS						36 36	
	TYPE OF SOIL TESTED BY	Rifkin			ALSO	PRESENT M	John	son
1 1					ALOU		1	
	TRENCH DESIGN	DATA: AVERAG	E PERCOLATIO	N TIME		_ TRENCH W	IDTH	

Signed perc cert 4/21/03







DEPAIT MENT OF INSPECTIONS, LICENSES AND PERMITS
SISTICOURT HOUSE DRIVE
FEILIGOTT CITY, MD 2103
PERMITS (410) 313-3465 RESPECTIONS (410) 313-1610
AUTOMATED RECORMANDON (400) 313-1610

# HOWARD COUNTY PERMIT APPLICATION

Bos 154685

2710 2			- 10 100 M
Building Address 1718 Dark	The second secon	Property Owner's Name	MARTINES OF THE SECOND STATE OF THE PROPERTY O
and Freedom	The second secon	2.2. 是是企業的認識。由於西班牙以外的中央社会的企業的表现。	Forlywic RI
Suite/Apt. #: SDP/WP/P		City - Y Kasulle,	State Mu Zip Code 2 1754
Census Tract 4 1 0 1 5 Subdivision		Home Phone William & Mailing	Address, (if other than stated hereon):
SectionArea	A. T. M.	Applicant's Name a Maining	Address, (if other than stated hereon):
Tax Map Parcel 501	Grid 22		
Zoning Wap Coordinates 54	2 Lot size	Phone	Fax
Existing Use	ACTION OF	Contractor Company	
Proposed Use		Contact Person	(Hickoryhine )
Description of Work			more times to P. E.
	The transfer of the property of	E DATA CONTROL OF CHARLES AND A CONTROL OF C	State Mu Zip Code Zin Code
LP Yank Fir MAGA		License No.	
Occupant or Tenant			
		Engineer or Architect Comp	
Contact Name		Contact Person	
Address		Address	
City State	Zip Code	City	State Zip Code
Phone Fax		Phone	Fax
BUILDING DESCRIPTION - C	COMMERCIAL	BUILDING DESCRI	PTION - <u>RESIDENTIAL</u>
Building Characteristics	<u>Utilities</u>	Building Characteristi	
Height:	Water Supply: Public	SF Dwelling SF Townhouse  Depth Widt	h Public
No. of stories:	Private Sewage Disposal:	1st floor: 2nd floor:	Private Sewage Disposal:
Gross area, sq. ft. per floor:	Private	Basement:	Public Private
	Electric Yes   No	Finished Basement ☐ Unfinished Base Crawl space ☐ Slab on Grade ☐	Electric Yes   No
Use group:	Gas Yes□ No□	No. of Bedrooms  Multi-family dwellings:	Gas Yes□'No□
	Heating System:	No. of efficiency units:  No. of 1 BR units:	Heating System: Electric  Oil  Natural Gas
Construction type:  Reinforced Concrete Structural Steel	Natural Gas 🗆	No. of 3 BR units:	Propane Gas 🗆
Masonry	Propane Gas	Other Structure: Dimensions:	Sprinkler system: N/A  NFPA #13D
Wood Frame	Sprinkler system: N/A  Full	Footings: Roof:	NFPA#13R Other:
State Certified Modular	Partial Other Suppression	State Certified Modular	
THE UNDERSUGNED HEREBY CERTIFIES AND AGREES AS POLLOWS: (1) T	# of Heads	Manufactured Home	AT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUN
which are applicable thereto; (4) that he/she will perform no this property for the purpose of inspecting the work fermitti	WORK ON THE ABOVE REFERENCED PROPERTY NOT	SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) T	HAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO
wildren & Refordies		The second secon	water "
Applicant's Signature		Print Name	
Title/Company		Date	
	** PLEASE WRITE NE	FINANCE OF HOWARD COUNT ATLY AND LEGIBLY. **	
AGENCY DATE	- FOR OFFI SIGNATURE APPROVAL	CE USE ONLY - DPZ SETBACK INFORMATION	PROPERTY ID#: NOTE - 4401
Land Development, DVZ State Highways		Pront:	Filing fee \$Permit fee \$
Building Official		Rear: Side; Side Sr.:	Entertain S / 22 / 20
Dev Engineering, DPZ Health 7/19/18	THE THE STATE OF T	Side 3h: All minimum setbacks met?	Add'I per fee \$
one Brotesian		YES D' NO D	Sub-total paid \$
Is Setiment Control approval required prior to issuant YES II NO III		Is Entrance Permit required?  YES □ NO □	Balance due \$ Check # # 1777
CONTINGENCY CONSTRUCTION ST	ART D 241745	Historic District? YES EL NO EL	Validation # <u>43151</u>
ONE STOP SHOP. (3	48149	Lot Coverage for NewTown Zone	
		SDP/Red-line approval date	Accepted by
Distribution of Copies White: Building Official	al - Green: LBD, DPZ Yell	ow: DED, DPZ Pink: Health	Gold: SHA
· · · · · · · · · · · · · · · · · · ·	23.10万元(14.50) 的现在分类的 有效的 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		PROBLEM STATE OF THE STATE OF T

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 2103(-2211

(410) 252-7742

REPORT DATE:

Aug 12, 2005

County

Howard

Lab Number

T-1181

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Patapsco Homes Attn: Jennie

13898 Forsyth Road

Sykesville, Maryland 21784

Sample iced

Yes

Residual Cl<sub>2</sub> <0.1 mg/L

Yes

cc: County Health Dept.

Yes

Property Sampled:

U&O: 1718 Archer's Glen

Station Sampled:

Pressure tank tap

Tax Map #:

9

Date/Time Sampled:

Aug 11, 2005

10:45 am

Parcel #:

301

Owner, Telephone No.:

Sampler:

6724GP

Subdivision Name:

Archer's Glen

Lot Number:

8

Building Permit No.:

B00151817

Well Number:

HO-94-3744

Observation:

2-Piece Cap Satisfactory

### **RESULTS OF ANALYSIS:**

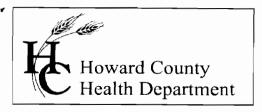
PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.9 NTU	EPA 180.1	*10 NTU	Pass
pН	5.3 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coli	form Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE
(18 Hour To	pst)			

Treatment/Conditioning: None

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

Weather Gr. Beam

Heather R. Beam



3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-1771 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

### Penny E. Borenstein, M.D., M.P.H., Health Officer

August 16, 2005

Car Dan LLC 13898 Forsythe Road Sykesville, MD 21784

SENT VIA FACSIMILE 410-489-0319

RE: Archers Glen, Lot 8 1718 Archers Glen Sykesville, MD 21784 BP #: B00151817 Well Permit # HO-94-3744

Well Peri

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 07/01/2005. Final approval of the well line connection to the dwelling was approved on 06/27/2005.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3744. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s):

08/11/2005

Date of Well Completion:

08/08/2003

Approving Authority,
Baker

Brian Baker, R. S. Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File