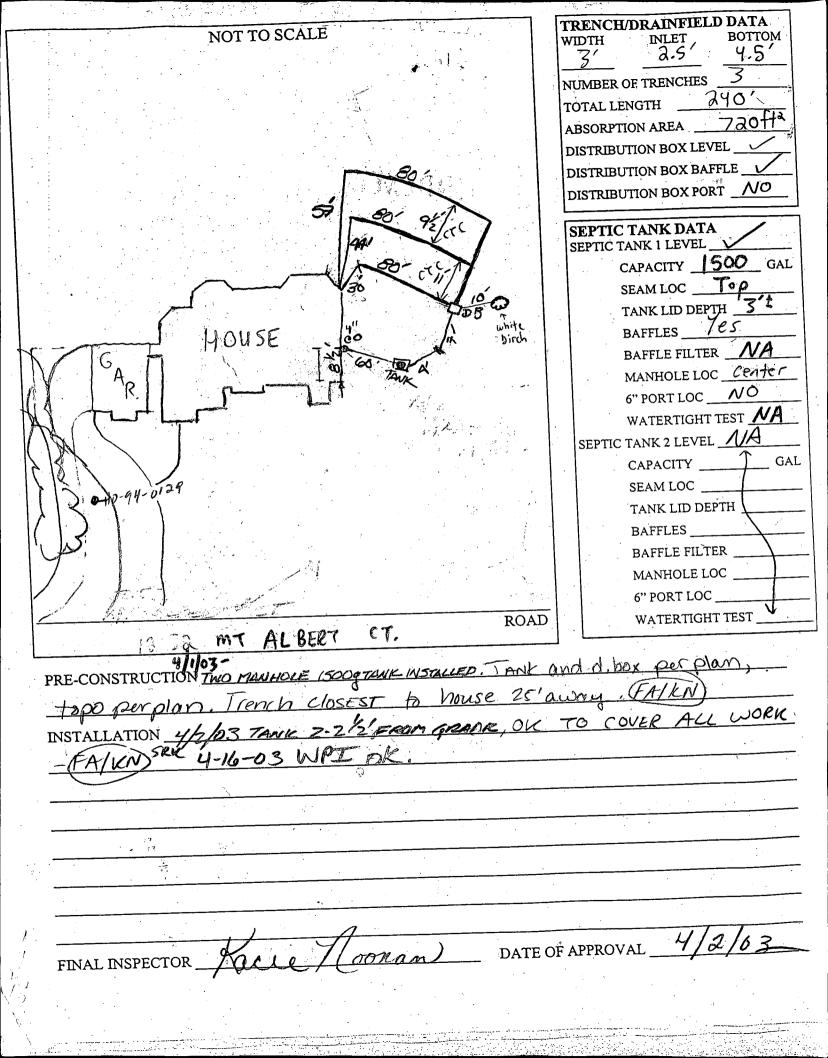
Tax I 0-03-317536	
LAYOUT 4/1/03 1/4M INSP 4	
INSP 2 4/2/03 2pm INSP 5	
INSP 3 INSP 6	
ISSUE DATE: 2/11/2003 PERMIT	P 5/854/
APPROVAL DATE: 4/2/03 INDEXED	A 47501
ON-SITE SEWAGE DISPOSAL SYSTEM	, , , , , , , , , , , , , , , , , , ,

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

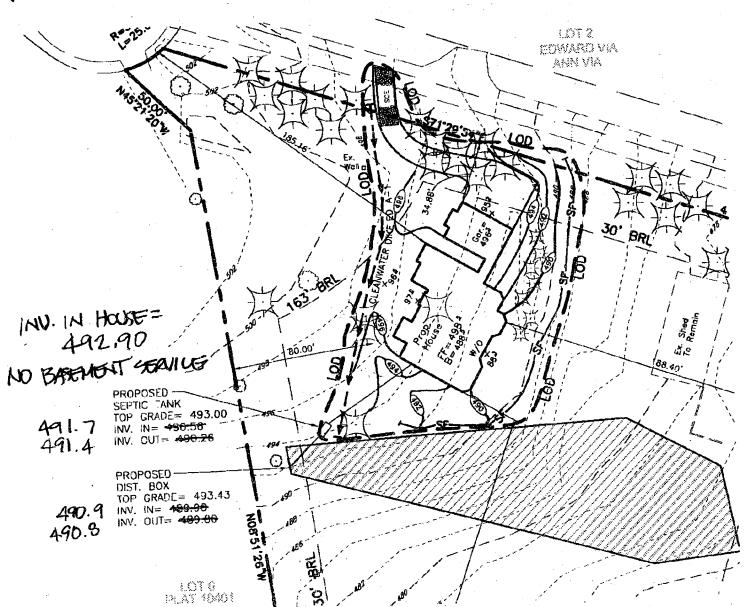
<u> latfieldės Equipm</u>	ent	IS PER	MITTED TO IN	NSTALL 🖂	ALTER [
ADDRESS: 13785	Burntwoods Rd., 2173	37	PHONE NUMBE	R: <u>301–8</u>	54-6172
SUBDIVISION: W	oodmark (Wakefield)		LOT NUMBER:	<u>, 25</u>	
ADDRESS: 12152	Mt. Albert Court	PROPE	ERTY OWNER:	Mark DeVrie	:S
SEPTIC TANK CAPAC	CITY (GALLONS):	1250	OUTLET BAFFL	E FILTER RE	QUIRED 🗌
PUMP CHAMBER CAI	PACITY (GALLONS):	_N/A	COMPARTMENT	ED TANK RI	EQUIRED 🗌
NUMBER OF BEDROO	OMS:	4			
SQUARE FEET PER B	EDROOM:	_180		•	
LINEAR FEET OF TRE	ENCH REQUIRED:	240	HOUSE SERVED	BY PUBLIC	WATER
TRENCHES:	Trench to be 3.0 feet wide. 4.5 feet below original grad feet of stone below distribu	le. Effective a	0 0		-
LOCATION:	Starting at Mt. Albert Court distributio box 23 feet from				
NOTES:	Maintain 100 feet maximum	n distance fro	m the well to any pa	rt of the septic	system.
**	·				
PLANS APPROVEĎ:	Ron J. Pinkley Of	9/10/02	(50)	DATE:	7/05/2002
NOTES: PERMIT VOID AFTER CONTRACTOR IS RES	2 YEARS PONSIBLE FOR SCHEDULING A PRE	-CONSTRUCTION	INSPECTION FOR ALL II	NSTALLATIONS	

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
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 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM



WAKEPIEUD, LOT 5 11=50' POUKED: 9/10/02 XO (PWA)



May 30 03 09:04a

HO CO ENV HEALTH

14103132648

p. 1

Willia Ligy

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: UNITED PLUMBING Telephone #: 410 - 995 - 6505
Address: 9305 GERWIG LN.
Columbia no 20046
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Hame (Print): L. A. H. A. F. B. A. S. K. E. T. E. Licensett . 1477
A 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.
Home of Property Owners to 40 4 DEVRIES Telephone = 410 -884-3657
Subdivision: WAKEFIELD PROPERTY Lot #: 5 Well Tag #: HO -94 -0/29
Site Address 12152 MT. ALADET CT
ELLICOTT CITY MA 21042
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: TACUZZI Make: TT CO Two piece watertight cap:
Model # 1: 154521 (SC Model # WW Screened, vental well cap:
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: GPM NSF approved: 42 3 Conduit min 18" B.G.:
Depth of well encountered at time of pump installation (feet) Conduit secured to well cap:
I pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt MISS
W. Barrandan
Pioing to house Type: Poly Extraction PVC sleeved to undisturbed soil at wall penetration: US
PVC sleeved to undisturbed soil at wall penetration: PSI: 100(160 psi min) Approximate length of sleeve:
Depth of supply line:42 (36" min) Sleeve caulked and scaled properly:
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.
Famero Salatit 5/30/03
Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
HILLAS (KADSKK
Date May, requested.
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
· or advisor Character and advisor beautiful and a second beautiful

APPLICATION

Penc 7/8/94

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

PERCOLATION TESTING

A 47501/47505

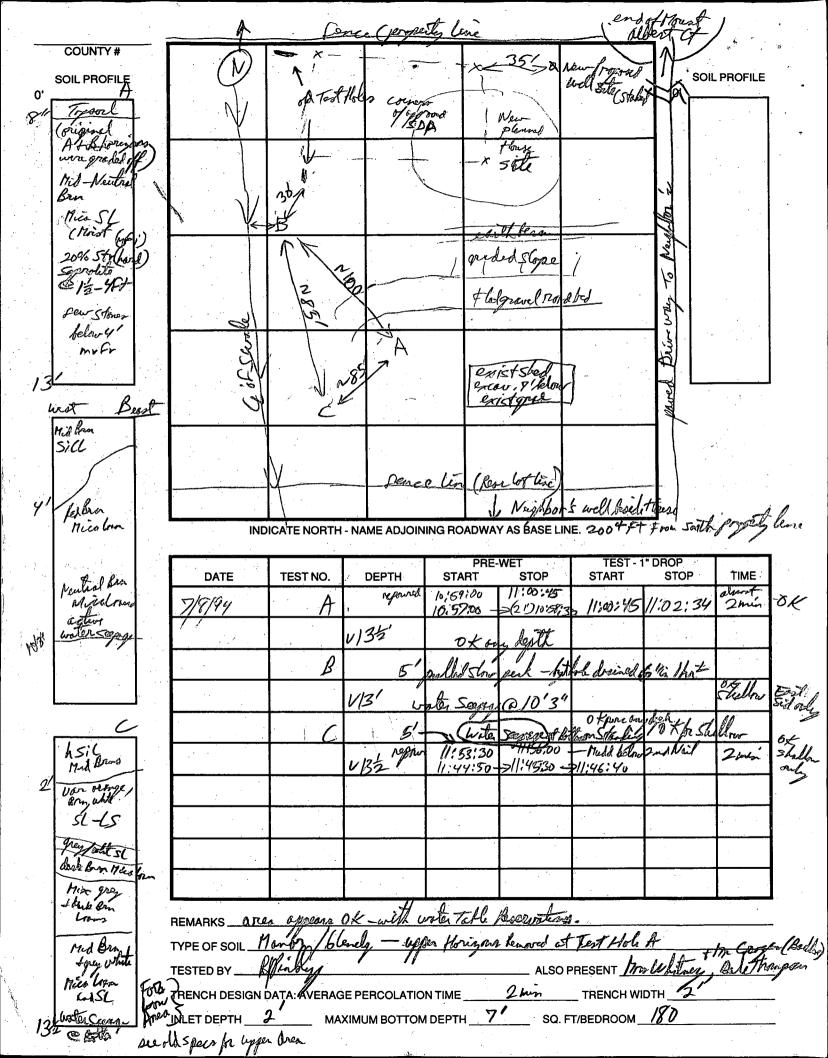
PROPOSINE TO
PROPOSINE TO
ADJUST EXISTINE
SEPTIL AREA.

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO COM	NSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Harry + Carol Gowl	
ADDRESS 12150 Mount Albert Ct, Ellicott City Ma	HONE 410-531-5481
AGENT OR PROSPECTIVE BUYER Karen + Rich Whitney	
ADDRESS 9004 Fairview Rd, Silver Spring, MD P	
PROPERTY LOCATION:	
SUBDIVISION WOODMARK LO	DT NO
ROAD AND DESCRIPTION Mount Albert Court	
TAX MAP 22 PARCEL# 510	
SIZE OF LOT 3.04 acres TYPE BLDG THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC	
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFU	NDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT) Whitney
APPROVED BY FOR	DATE
DISAPPROVED BYFOR	DATE
HOLD PENDING FURTHER TESTS	
REASONS FOR REJECTION OR HOLDING	
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #	DATE

THIS IS NOT A PERMIT

HD-216 (3/92)



10/9/91

APPLICATION

A47601

PERCOLATION TESTING

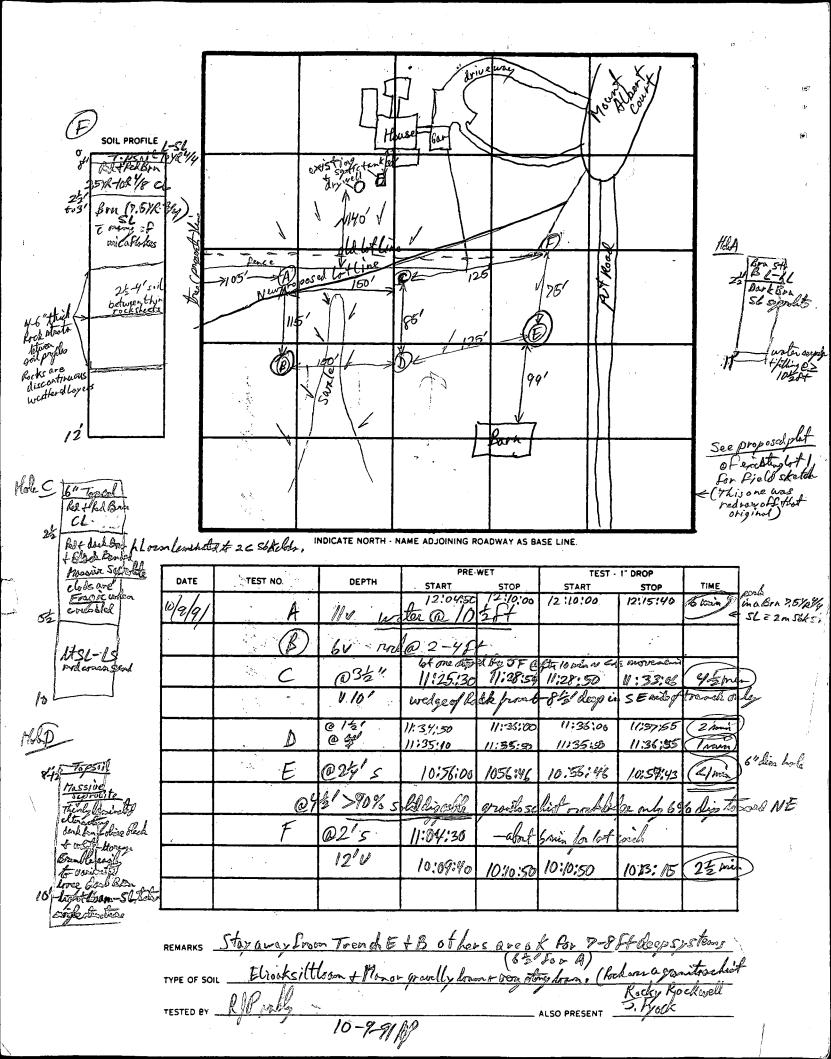
. 47505

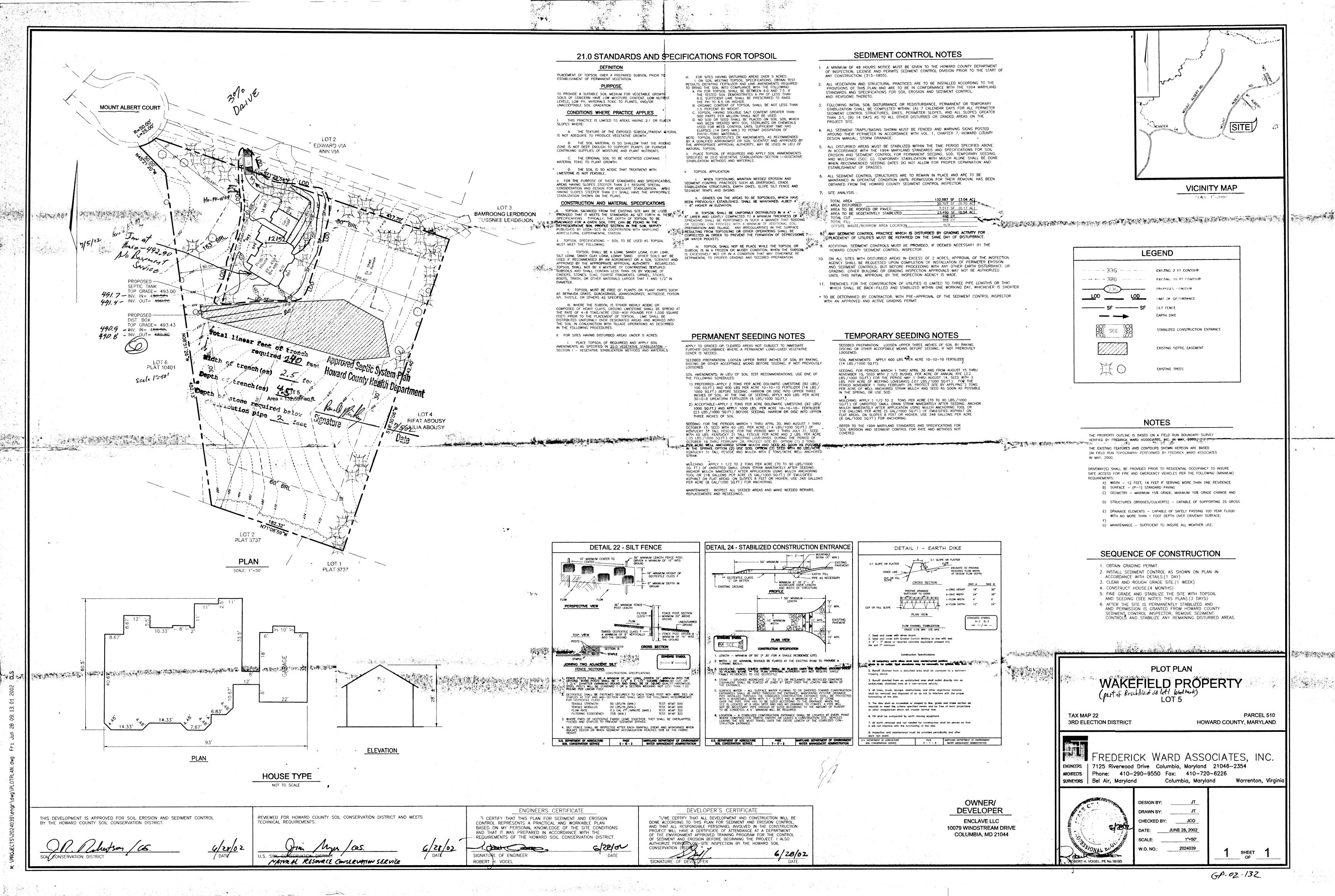
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

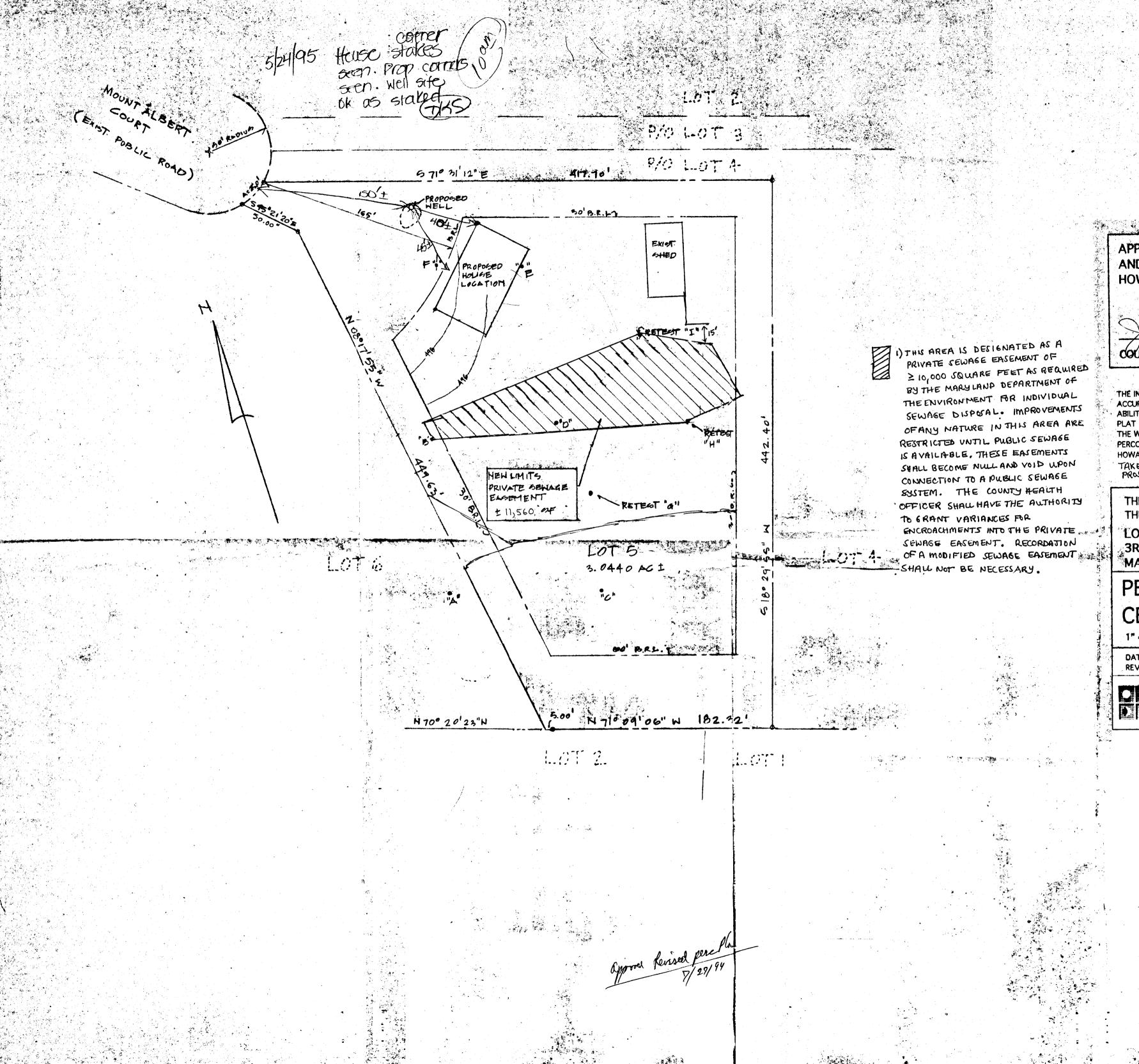
DATE 9/35/9/

	HE COUNTY HEALTH OFF LLICOTT CITY, MARYLAND		,	3	ν			
1, 1	HEREBY, APPLY FOR THE	NECESSARY TEST	IN ORDER TO CO	NSTRUCT (OR R	ECONSTRUCTI	A SEWAGE DISPO	SAL SYSTEM.	
OPERT	Y OWNER Harr	y & Carol	Gow1					
AC	DORESS 12150 M	t. Albert	Court, E1	licott C	ity, MD	PHOI	SE 531-54	81
SPEC!	TIVE BUYER			. •				
AD	DRESS	····-	<u> </u>			PHON	ıF	
	•		* * *					
PERTY	LOCATION:						,	
DIVISIO	on <u>Woodmar</u>	k			·	LOT NO.		
MAP	PAR	CEL # 5/	<u>o</u> °				: •	*
OF LC						TYPE BLDG		OUSE & New Lot
				į				*
CONI	NECTED WITH THE FI	LING OF THIS PE	RC TEST APPLIC	CATION IS NOI	N-REFUNDAB	LE UNDER ANY		FULLY UNDERSTAND T
H ALI	L M.O.S.H.A. REQUIRE	MENTS IN TEST	ING THIS LOT.	Jack	<u> гуоск</u>	(SIGNATURE O	F APPLICANT)	
	BY				*			
OVED		,						**************************************
CTED 1	BY			FOR	· · · · · · · · · · · · · · · · · · ·		DATE	:
) PEND	ING FURTHER TESTS			 			DATE	
		ation	150' lm	hoth Si	1A &	Dra pared		n proposed bi

THIS IS NOT A PERMIT







APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS HOWARD COUNTY HEALTH DEPT.

The state of the s

COUNTY HEALTH OFFICER CO DATE

HOWARD COUNTY HEALTH DEPT, AND FROM MEASUREMENTS TAKEN BY RICHARD AND KAREN WHITNEY, THE PROSPECTIVE & WNERS.

THE PURPOSE OF THIS PLAN IS MODIFY THE RECORDED SEWAGE EASEMENT FOR:

LOT 5 : WAKEFIELD SUBDIVISION 3RD DISTRICT, HOWARD COUNTY MARYLAND

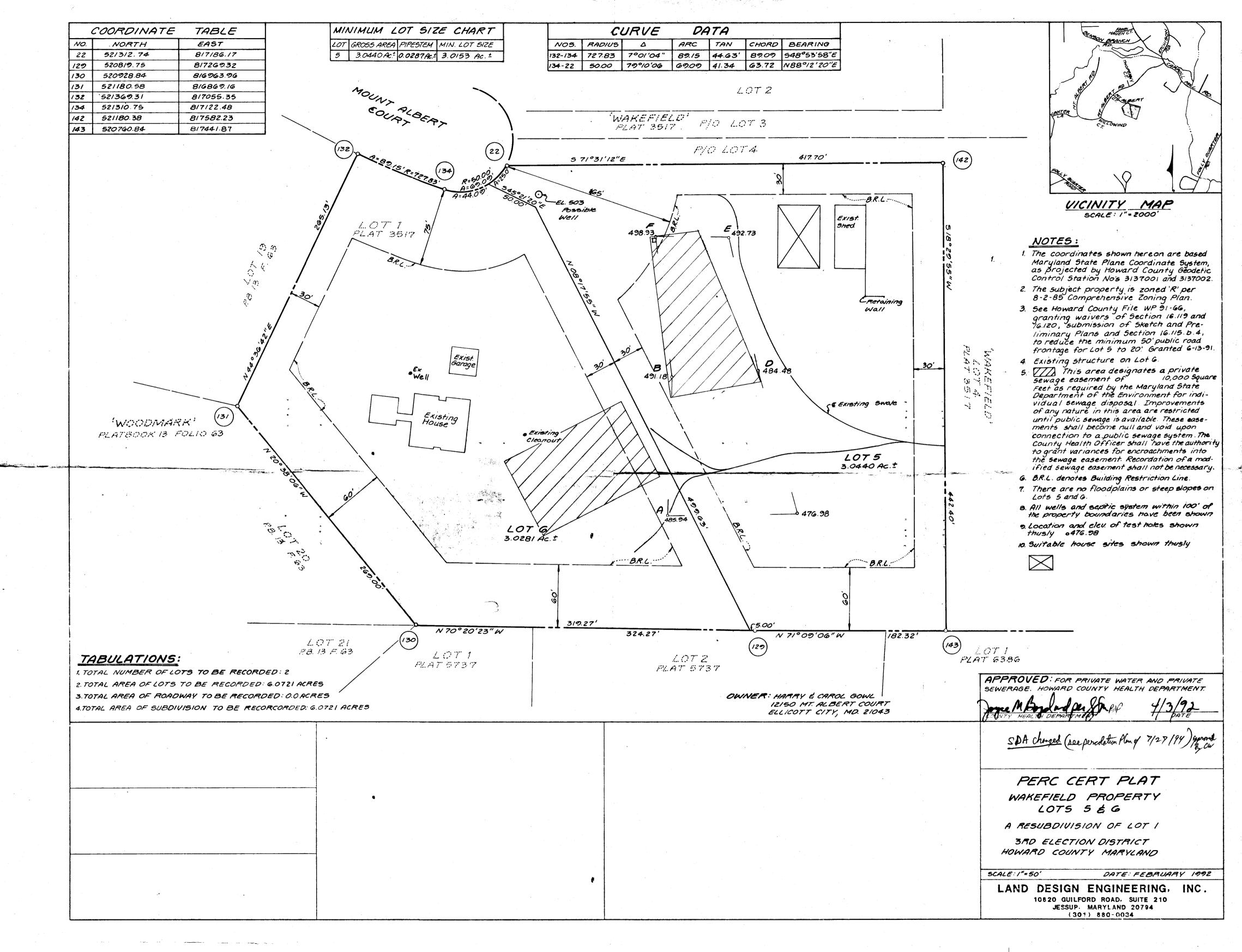
PERCOLATION CERTIFICATION PLAN

1" = 50"

DATE: 7-12-94 REVISED:

NEAL ALAN DUNCAN AKUMITECT.

1 8 2 4 Belmont Road NW Suite B1
Washington DC 20009 [202] 667-1494



C 1 2998 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER≜IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A50105
DATE WELL-COMPL O 6 0 7 9 18		PERMIT NO. FROM: "PERMIT TO DRILL WELL"
OWNER KAREN WHITNEY	2 - A - first name	0
STREET OR RFD MT AUX SUBDIVISION WOOD MARK	SECTION TOWN U	DEST FRIENDSHIP
WELL LOG Not required for driven wells ∴	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3 PUMPING TEST
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing.	NO. OF BAGS NO. OF POUNDS 45 46 SALLONS OF WATER	PUMPING RATE (gal. per min.) 8 • 1
Overburden 0 10 Soft Shale 10 37 Gray Rock 37 300 x	pepth of grout SEAL (to nearest foot) from from from ft. to ft. ft. to ft. ft. to ft. ft. ft. to ft.	MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft.
water was encount re ed at 155 & 270'	types insert appropriate code below PL OT	WHEN PUMPING 22 S ft. TYPE OF PUMP USED (for test)
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	A air P piston T turbine 27 C centrifugal R rotary O (describe below)
	P L G3 64 66 70	J jet S submersible
	OTHER CASING (if used) C diameter depth (feet) C inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO
	S N G	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type or open hole insert appropriate code STEEL BRASS BRONZE HOLE	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: CAPACITY: GALLONS PER MINUTE
NUMBER OF UNSUCCESSFUL WELLS:	below PLSTIC OTHER	(to nearest gallon) PUMP HORSE POWER 31 35
WELL HYDROFRACTURED Yes N	C 2 1 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	E 1	CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest)
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.	R	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
TYPE: MWD/MSD/MGD DRILLERS LIC. NO. L	OF SCREEN INCH) 56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Par M. S. DRILLERS SIGNATURE	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. 68:	NA
(MUST MATCH SIGNATURE ON APPLICATION) LIG. NO. 11000	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74. 75. 76	
SITE SUPERVISOR (sign. of driller or journeyman) responsible for sitework if different from permittee)	70 72 TELESCOPE LOG OTHER DATA CASING INDICATOR	
	CASING INDICATOR COUNTY	₩