Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25002524	06/25/2025

Description of Work

SFD/ Finish BASMENT TO INCLUDE game room, UNFINISHED WORKSHOP, UNFINISHED MECHANICAL, UNFINISHED STORAGE, Remove existing beam and (3) support posts in basement. Install (2) new posts over footings and new steel beam

Online BP.
gd 7/2/25

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
13740	OSTER FARM	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.99025	39.30806

City	State	Zip Code	Primary
WEST FRIENDSHIP	MD	21794	Yes

Parcel * *(This section is required.)*

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
906577	7	7.42	404300	692400	288100	RURAL

Legal Description

IMPSP/O LOT 5 7.4267 A[ ]13740 OSTER FARM RD[ ]WEST FRIENDSHIP

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	5	603000	5				

Plan Area	State Tax Id	Subdivision Name
	1403290212	

Section	Area	Tax Map
		15

Grid	Zoning District	ADC Map
15-1	RC-DEO	4813-B1

SDP No.	Final Plan No.	WP File No.

Record Plat No.	WS Contract No.	FDP No.	Primary
			Yes

Owner Occupied	Year Built	Historic District
○ Yes ○ No	1979	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	3-04	○ Yes ◉ No

Building No

Owner *(This section is not required.)*

Search Reset Clear

Name *
COBLE
Address Line 1
13740 OSTER FARM RD
Address Line 2

Address Line 3

Mail City
WEST FRIENDSHIP
Mail State
MD
Mail Zip Code
21794
Phone
410-549-3800
Primary
Yes
E-mail

Approved Septic System Plan
Howard County Health Department
Bernard 7-15-25
Signature Date

No additional BPs
Spoke with homeowner
to confirm w/ Homeowner
Contractor: Ashley Magenhan

ashley@owingshomeservices.com
Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # 08050126522
Business Name OWINGS HOME SERVICES
License Type MHIC Co
First Name MICHAEL **Middle Name** GERARD **Last Name** OWINGS
Primary Yes
Address Line 1 5340 ENTERPRISE STREET
Address Line 2
City SYKESVILLE **State** MD **ZIP Code** 21784-0000
Phone 1 4105493800 **Phone 2** **Fax** 4105499668
E-mail INFO@OWINGSBROTHERS.COM

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type Applicant
First Name Ashley **MI** **Last Name** Mogenhan
Relationship Applicant
Full Name MICHAEL GERARD OWINGS
Primary No
Organization Name OWINGS HOME SERVICES
Street Address 5340 ENTERPRISE STREET
Address Line 2
City SYKESVILLE **State** MD **Zip Code** 21784 000
Phone 4105493800 **Cell** **Fax** 4105499668
E-mail ashley@owingshomeservices.com

Contact *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type Contact
First Name Ashley **MI** **Last Name** Mogenhan
Relationship Licensed Professional
Full Name Ashley Mogenhan
Primary Yes
Organization Name owings home services
Street Address 5340 Enterprise St., Sykesville
Address Line 2
City Sykesville **State** MD **Zip Code** 21784
Phone 410-549-3800 **Cell** **Fax**
E-mail ashley@owingshomeservices.com

Addtl Info

Est Construction Cost 40000
Housing Units 0
Number of Buildings 0
Public Owned No
Construction Type 434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage	No of Stories	Basement	Bedrooms	Full Baths	Half Baths	Water	Sewage
430	SQFT (Number) 1	(Number) Partially Finished		(Number) 0	(Number)	(Number) Private	Private

Existing Utilities	Existing Heating System	Existing Sprinkler System	Type of New Fireplace	Expiration Date
Electric	Electric	None	--Select--	12/28/2025

Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B25002524	Residential Interior Alteration Single Family Dwelling Permit	Review In Process	13740	OSTER FARM	06/25/2025	SFD/ Finish BASMENT TO INCLUDE g
E25003520	Residential Electrical Addition Alteration Permit	Issued	13740	OSTER FARM	06/30/2025	Electric work per nec for partially finishe

Page 1 of 1

Submit **Cancel**

approved 3/15/79 J. Stager 3/14/79

3/14/79 p.m. please
3/15/79 a.m. please

① P. C. (
② P. C. (

PERMIT

P 29312

A 27137

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY 03-290239

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 12/6/78

Liberty Backhoe Service, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION ____ ROAD ~~13745 Route 144~~ 13225 Oster Farm Rd LOT 3

PROPERTY OWNER William D. Piper

ADDRESS 12602 Ivory Pass, Laurel, Md. 20811

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 120 SQ. FT. sidewall area per bedroom.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 295 FT. FROM front LOT LINE AND 174 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM the front.

PLANS APPROVED BY Donald W. Monaghan DATE 3/15/78

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

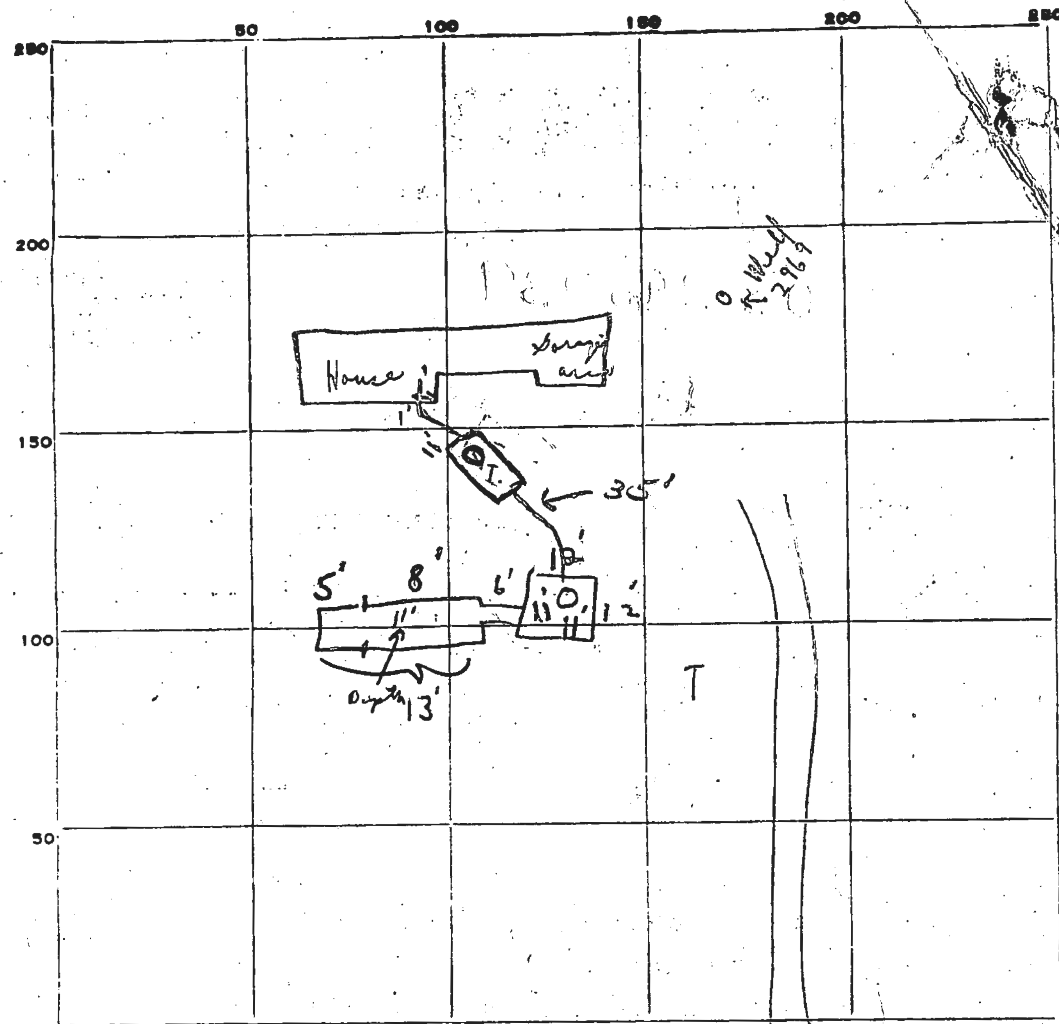
PERMIT VOID AFTER THREE YEARS.

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

A 27137

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

HD - 23



480

414

INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

R/W

PERMIT CARD ✓ (1) [illegible] on sign near job!

SEPTIC TANK, LEVEL (2) ✓ CLEANOUTS S.T. ✓ | D.W. ✓ terra cotta

DISTRIBUTION BOX, LEVEL N/A

Trench ~~TILE FIELD~~, DEPTH 11' FT. TRENCH WIDTH – FT.

GRAVEL DEPTH 8' ~~IN.~~ TOTAL LENGTH 13 FT. (2)

NUMBER OF TRENCHES 1 ~~TOTAL BOTTOM AREA~~ ½ SW – 104'

SEEPAGE PITS, outside perimeter ~~INSIDE DIAMETER~~ 46 FT. DEPTH BELOW INLET 9' FT. (1) if pipe just below dry well top

ABSORBENT AREA 518 ± SQ. FT.

REMARKS 3/14/79 (1) [illegible] in dry well not complete. Trench partially dug – [illegible] – waited on trench to be excavated. (2) Trench 13' in length – ok for stone [illegible]

3/15/79 – OK TO cover work. C.R.B.

DATE SYSTEM APPROVED 3/15/79 INSPECTOR [illegible]

11/15/77
9:30 a.m.

APPLICATION

A 27137

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 Third

DATE October 31, 1977

Septic Tank - 3 bedroom - 1000 gal
4 " - 1250 gal

Dry Well - 120 sq ft absorbent sidewall area per bedroom to be begin below the first 3ft of orig. grade. Max depth permitted for dw is 12 ft below orig. grade

Place dry well 295 ft from front lot line and 174 ft from left sideline as seen when facing from the front. (right hole on plat)

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 William D. Piper ~~Roberts E. Latimer, Jr., and Barbara W. Latimer~~

ADDRESS ~~1611 Seabreeze Blvd., Fort Lauderdale, Florida 33316~~ PHONE ~~305-525-4483~~
12602 Ivory Pass, Laurel, Md. 20811

PROPERTY LOCATION

SUBDIVISION N/A LOT NO. 3

ROAD AND DESCRIPTION ~~south side of~~ Route 144, two miles west of Route 32.
13745
Mail Box From Property Runs Rt 4 bedrooms

SIZE OF LOT 5 acres TYPE BLDG. ~~single residence~~ NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

BLDG. PERMIT SIGNED AND RETURNED 9/20/78
Serial No. 36984

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

SIGNATURE OF APPLICANT Stewart D. Young, agent for Gary L. Norvell

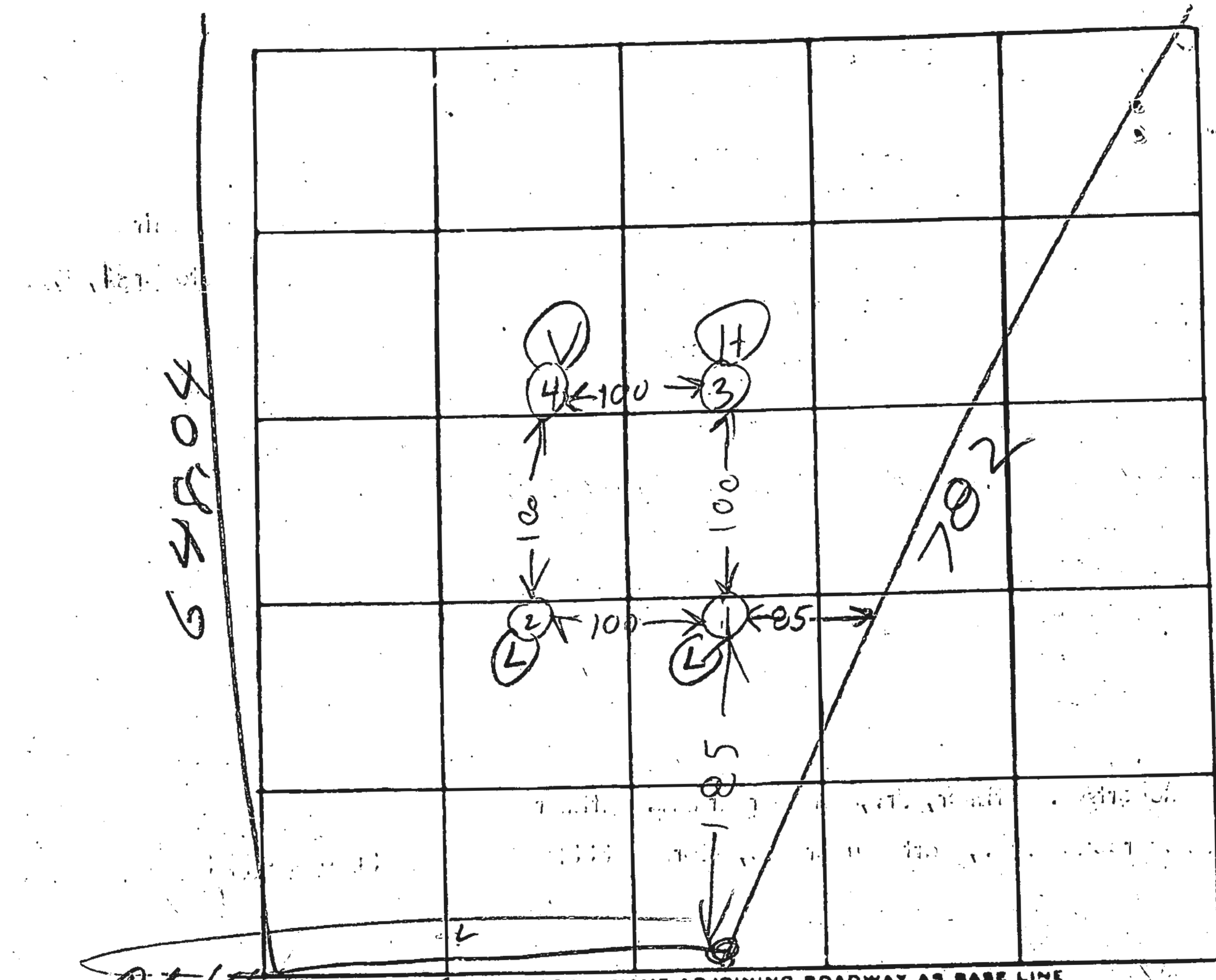
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE 3/15/78

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/15/77 Perc OK I told for Plat RH 11/21/77 Plat OK from Mr Boyd Cosgrove

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST DROP START	TEST DROP STOP	TIME	
11/15/77	1S	2½	1015	1016	1016	1019	3	LOW
	1D	13½	1015	1016	1016	1020	2	
	2S	2½	1017	1019	1019	1021	2	LOW
	2D	12½	1017	1018	1018	1019	1	
	3S	4	1019	1020	1020	1021	1	HIGH
	3D	13½	1019	1027	1027	1034	7	USE FOR…
11/14/77	4V	12	TOP BOTTOM	4"	CLAY 8" SAND		DRY	HIGH

REMARKS

TYPE OF SOIL

TESTED BY B. HODGES ALSO PRESENT: J FYOCK Bachar… S YOUNT Bd. of…

DNR-131 (7-77)

B 1 | 8448 | SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COL 3, 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: HO-73-2960

FILL IN THIS FORM COMPLETELY!

DATE RECEIVED (WRA USE ONLY): 9/19/78 1:45 P.M.

OWNER: Piper, William D.
COL 15 LAST NAME — FIRST NAME — COL. 34

STREET OR RFD: 12602 Ivory Pass
COL 36 — COL. 55

POST OFFICE: Laurel, Maryland 20811
COL 57 — COL. 76

8-13

B 1 | CONTINUED | DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: August 24, 1978 | LICENSE NUMBER: 296 (77–80)

Ronald L. Kyker
FIRST NAME — DRILLER — LAST NAME

SIGNATURE: Ronald L. Kyker

B 2 | WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 6 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING, AGRICULTURE, IRRIGATION
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- (M) MUNICIPAL WATER SUPPLY
- (P) PRIVATE WATER COMPANY
- (T) TEST

(M), (P) MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL: 180' FEET (24–28)

APPROXIMATE DIAMETER OF WELL: 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) — JETTED — DRIVEN
AIR-ROTARY — AIR-PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE-ROTARY — DRIVE-POINT

OTHER (DESCRIBE):

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
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (C A P) (54–63) — ENGINEER REVIEW DISTRICT NO. (65)

FORCE (67–68) — WRITE INITIALS IN BOX — CONDITIONS (A E N S G W Q C L U) (70–79)

B 4 | CONTINUED | HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 (S) STATE HEALTH (CIRCLE BOX)

Howard — COUNTY NAME — W28779 — COUNTY NO.

DATE (MO. DAY YR.): 09 19 78 (43–48)

APPROVED BY: Palmer F. Wine

B 5 | SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

B 3 | LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: Howard (8–21) (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: (23–42)

SECTION: Parcel 2 LOT: (44–50)

NEAREST TOWN: Cooksville (52–71)

MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 (73–76) (M I)

B 4 | DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

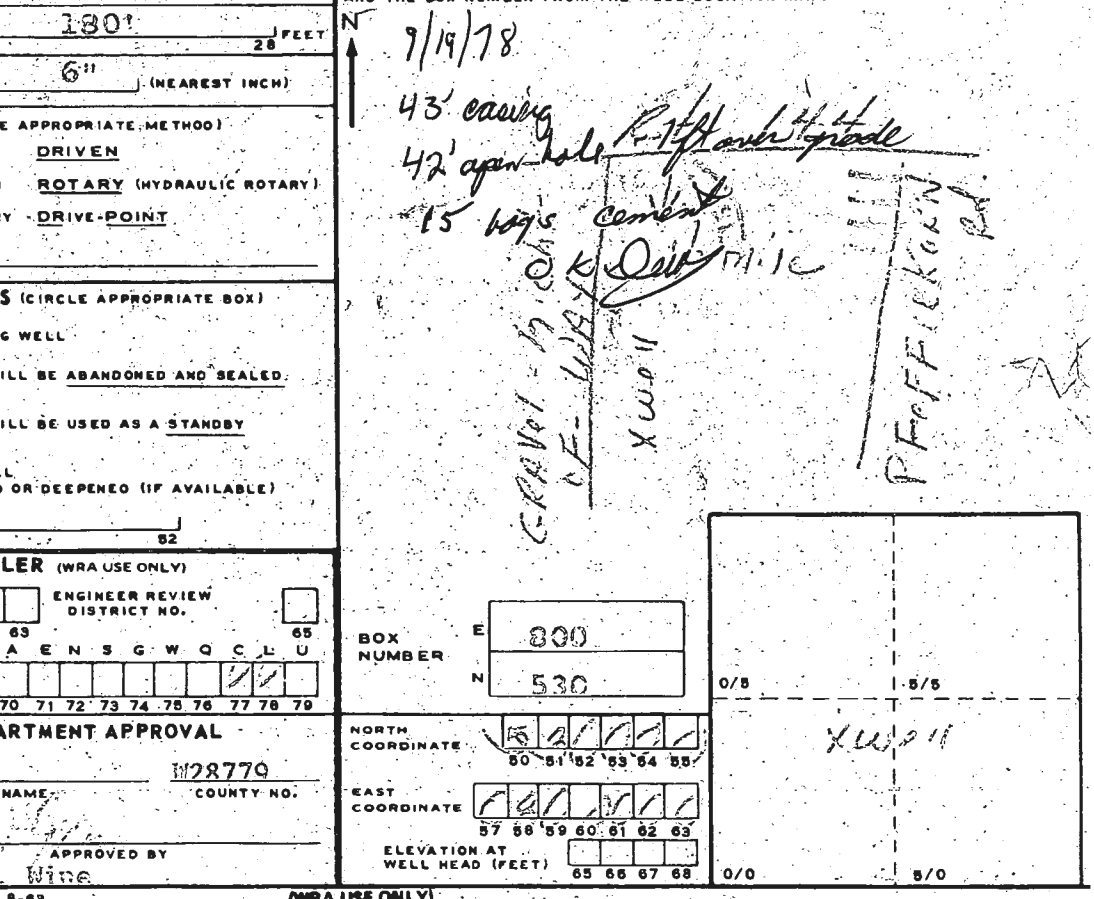
(N) NORTH — (E) EAST — (NE) NORTHEAST — (SE) SOUTHEAST
(S) SOUTH — (W) WEST — (NW) NORTHWEST — (SW) SOUTHWEST
(8) (8) (8 9) (8 9)

NEAR WHAT ROAD: Rt. #144 (11–30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) 32 — SOUTH (S) 32 — EAST (E) 32 — WEST (W) 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1/2 (34–37) (F T) (M I) (38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 800 N 530

NORTH COORDINATE (50–55)

EAST COORDINATE (57–63)

ELEVATION AT WELL HEAD (FEET) (65–68)

8 — AA137 — 63

C 1 1747 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER 29779

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED: September 19, 1978 — 09 19 78 (15 20)

DEPTH OF WELL: 153 (TO NEAREST FOOT) (22 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-83-2714 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 296

8-13

OWNER: Piper, (LAST NAME) William D (FIRST NAME)

STREET OR RFD: 12602 Ivory Pass — POST OFFICE: Laurel, Md. 20811

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	CHECK IF WATER BEARING
Dirt	0	3	
Brown Sand & Mica	3	31	
Hard Brown Sand-Stone	31	36	
Hard Blue Sand-Stone	36	48	
Brown Sandstone	48	49	
Blue Sandstone	49	61	
Brown Sandstone	61	63	X
Blue Sandstone	63	67	
Brown Sandstone	67	68	X
Black Sandstone	68	75	
Brown Sandstone	75	77	X
Black Sandstone	77	130	
Brown Sandstone	130	133	
Black Sandstone	133	153	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES (Y) (44) NO (N) (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 15 NO. OF POUNDS 1,410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48 52) FT. TO 41 (54 58) 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)
S T (60 61)	6 (63 64)	43 (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): STEEL (S T) BRASS OR BRONZE (B R) OPEN HOLE (H O) PLASTIC (P L) OTHER (O T)

C 2 (1 2 3 (SEQ. NO.) 6)

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT) FROM	TO
1 H O (8 9)	43 (11 15)	153 (17 21)
2 (23 24)	(26 30)	(32 36)
3 (38 39)	(41 45)	(47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68 F)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) TELESCOPE CASING
(E.R.O.S.) (72) LOG INDICATOR
W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12 (11 15)

METHOD USED TO MEASURE PUMPING RATE: Flowmeter

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 63 (17 20) (NEAREST FOOT)
WHEN PUMPING 77 (22 25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
A AIR (27) P PISTON (27) T TURBINE (27)
C CENTRIFUGAL (27) R ROTARY (27) O OTHER (DESCRIBE BELOW) (27)
J JET (27) S SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

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

CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 6 (31 35)
PUMP HORSE POWER 1/2 (37 41)
PUMP COLUMN LENGTH (NEAREST FOOT) 43 (43 47)

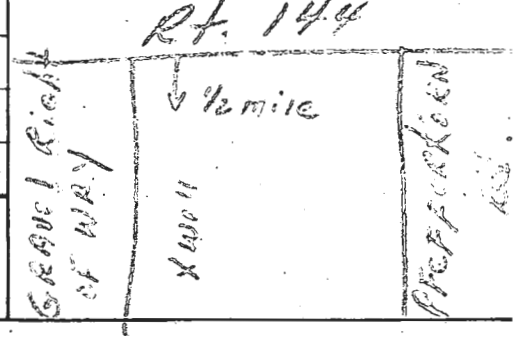
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE / − BELOW (49) LAND SURFACE 2 (50 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N

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



CIRCLE APPROPRIATE BOXES

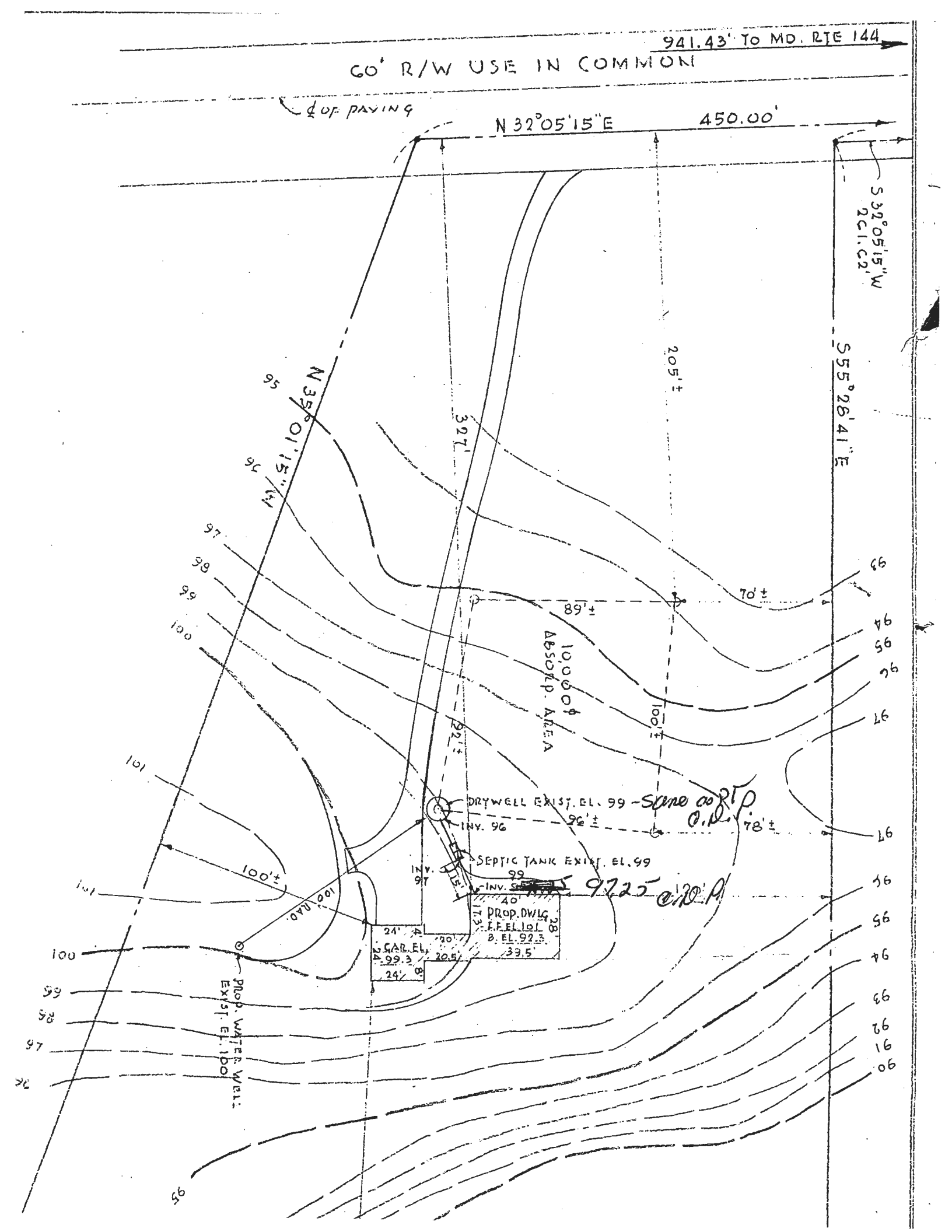
A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E — ELECTRIC LOG OBTAINED
P — TEST WELL CONVERTED TO PRODUCTION WELL

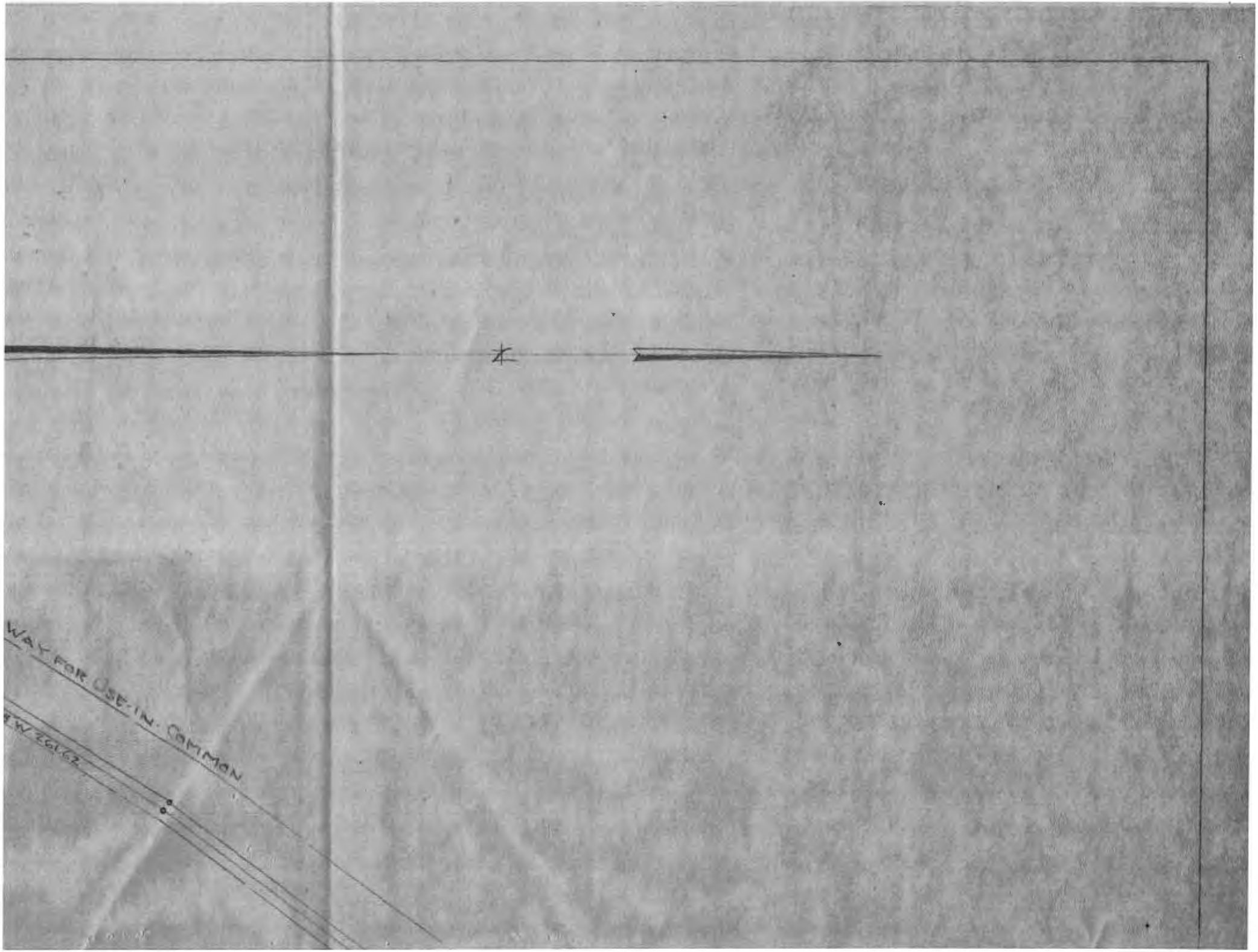
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

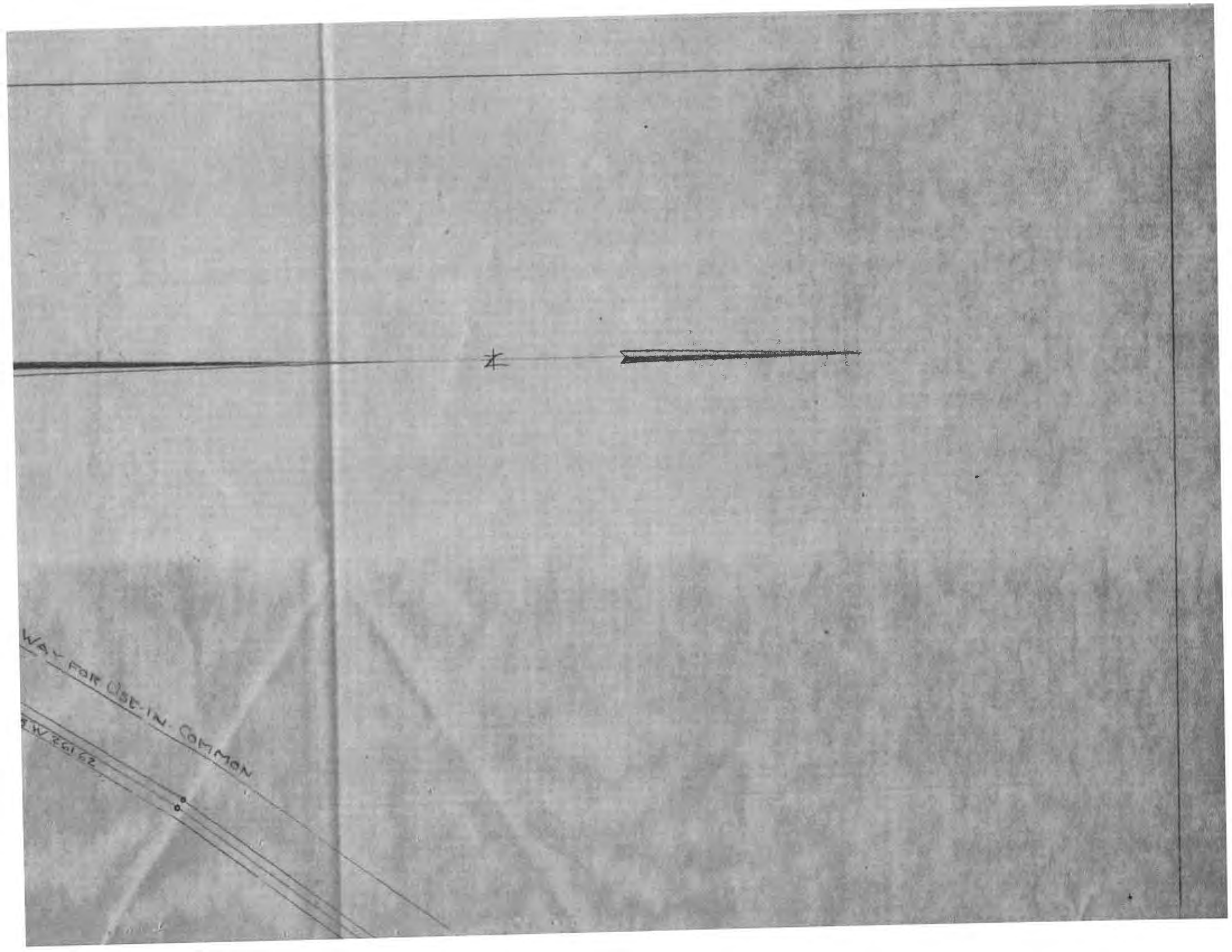
DRILLERS NAME

(PLEASE PRINT) Ronald L. Ryker

SIGNATURE Ronald L. Ryker


941.43' TO MD. RTE 144
60' R/W USE IN COMMON
℄ OF PAVING
N 32°05'15"E 450.00'
S 32°05'15"W
2C1.C2'
S55°26'41"E
N35°01'15"W
327'
205'±
89'±
70'±
92'±
100'±
10,000 ϕ ABSORP. AREA
DRYWELL EXIST. EL. 99 - Same as P.
INV. 96
96'±
78'±
SEPTIC TANK EXIST. EL. 99
INV. 97
INV. 99
9725 @ 20' P
PROP. DWLG
F.F. EL 101
B. EL. 92.3
CAR. EL. 99.3
PROP. WATER WELL
EXIST. EL. 100
100' RAD.
95
96
97
98
99
100
101


WAY FOR USE IN COMMON


WAY FOR USE IN COMMON

B 1 | 8448 | SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: HO-73-2969

FILL IN THIS FORM COMPLETELY!

DATE RECEIVED (WRA USE ONLY): 9/19/78 1:45 P.M.

OWNER: Piper, (COL 15 LAST NAME) William D. (FIRST NAME, COL. 34)

STREET OR RFD: 12602 Ivory Pass (COL 36, COL. 55)

POST OFFICE: Laurel, Maryland 20811 (COL 57, COL. 76)

8-13

B 1 CONTINUED — DRILLER INFORMATION

DATE: August 24, 1978 LICENSE NUMBER: 296 (77–80)

Ronald (FIRST NAME) L. (DRILLER) Kyker (LAST NAME)

SIGNATURE: Ronald L. Kyker

B 2 — WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 6 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING, AGRICULTURE, IRRIGATION
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- (M) MUNICIPAL WATER SUPPLY
- (P) PRIVATE WATER COMPANY
- (T) TEST

(M), (P) MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL: 180' FEET (24–28)

APPROXIMATE DIAMETER OF WELL: 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)	JETTED	DRIVEN
(AIR-ROTARY)	AIR-PERCUSSION	ROTARY (HYDRAULIC ROTARY)
CABLE	REVERSE-ROTARY	DRIVE-POINT

OTHER (DESCRIBE):

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
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (C A P) (54–63) ENGINEER REVIEW DISTRICT NO. (65)

FORCE (67–68) WRITE INITIALS IN BOX

CONDITIONS (A E N S G W Q C L U) (70–79)

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL

(41) (S) STATE HEALTH (CIRCLE BOX)

Howard (COUNTY NAME) H28779 (COUNTY NO.)

DATE (MO. DAY YR.): 9/13/78 (43–48)

APPROVED BY: Palmer F. Wine

B 3 — LOCATION OF WELL

COUNTY: Howard (8–21) (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION (23–42)

SECTION: Parcel 2 Lot (44–50)

NEAREST TOWN: Cooksville (52–71)

MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 (73–78) (M) (I)

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

(N) NORTH (E) EAST (NE) NORTHEAST (SE) SOUTHEAST

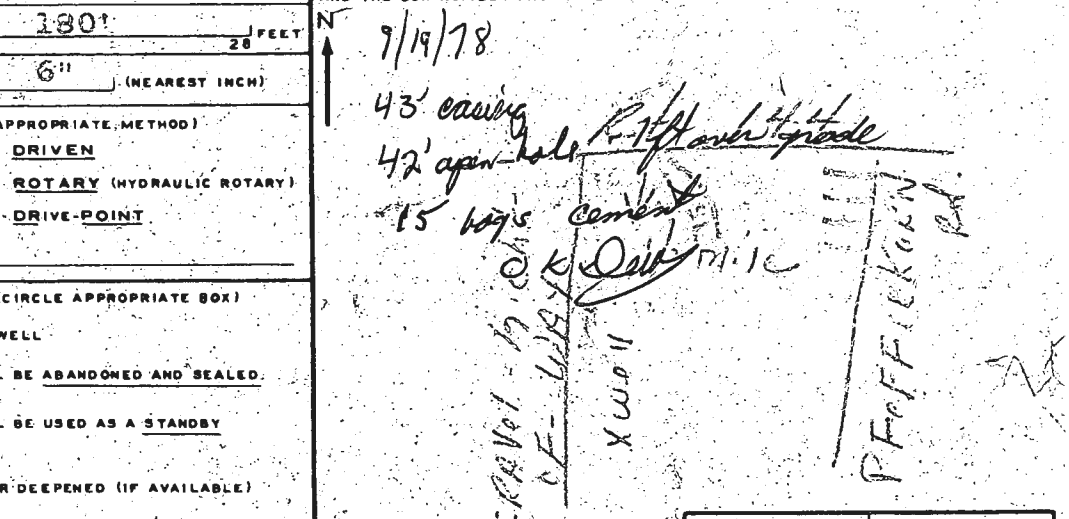
(S) SOUTH (W) WEST (NW) NORTHWEST (SW) SOUTHWEST

NEAR WHAT ROAD: Rt. #144 (11–30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) SOUTH (S) EAST (E) WEST (W) (32)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1/2 (34–37) (F) (T) (M) (I) (38–39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 800 N 530

NORTH COORDINATE: 5 4 (50–55)

EAST COORDINATE: (57–63)

ELEVATION AT WELL HEAD (FEET): (65–68)

B 5 — SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

A7137

HEALTH

C 1 1747 — SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER 29779

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED: September 19, 1978 — 09 19 78 (15 20)

DEPTH OF WELL: 153 (22 (TO NEAREST FOOT) 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-AA-2744 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 296

OWNER: Piper, (LAST NAME) William D (FIRST NAME)

STREET OR RFD: 12602 Ivory Pass — POST OFFICE: Laurel, Md. 20811

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	CHECK IF WATER BEARING
Dirt	0	3	
Brown Sand & Mica	3	31	
Hard Brown Sand-Stone	31	36	
Hard Blue Sand-Stone	36	48	
Brown Sandstone	48	49	
Blue Sandstone	49	61	
Brown Sandstone	61	63	X
Blue Sandstone	63	67	
Brown Sandstone	67	68	X
Black Sandstone	68	75	
Brown Sandstone	75	77	X
Black Sandstone	77	130	
Brown Sandstone	130	133	
Black Sandstone	133	153	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES (Y) (44) NO (N) (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) (45 46) BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 45 NO. OF POUNDS 1,410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48 52) FT. TO 41 (54 58) 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)
S T (60 61)	6 (63 64)	43 (66 70)

EACH CASING — 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 (1 2 3 (SEQ. NO.) 6)

EACH SCREEN — DEPTH (NEAREST WHOLE FOOT)

		FROM	TO
1	H O (8 9)	43 (11 15)	153 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68 F)

CIRCLE APPROPRIATE BOXES

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 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 AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Ronald L. Kyker

SIGNATURE Ronald L. Kyker

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

T (70) TELESCOPE CASING — (E.R.O.S.) (72) LOG INDICATOR — W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12 (11 15)

METHOD USED TO MEASURE PUMPING RATE: Flowmeter

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 63 (17 20) (NEAREST FOOT)

WHEN PUMPING 77 (22 25) (NEAREST FOOT)

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

A AIR (27) — P PISTON (27) — T TURBINE (27)

C CENTRIFUGAL (27) — R ROTARY (27) — O OTHER (DESCRIBE BELOW) (27)

J JET (27) — S SUBMERSIBLE (27)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O) (29)

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

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (NEAREST FOOT) (43 47)

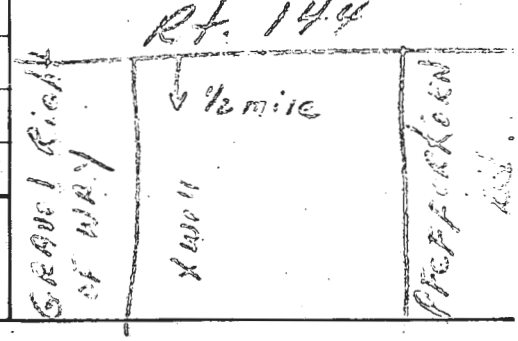
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

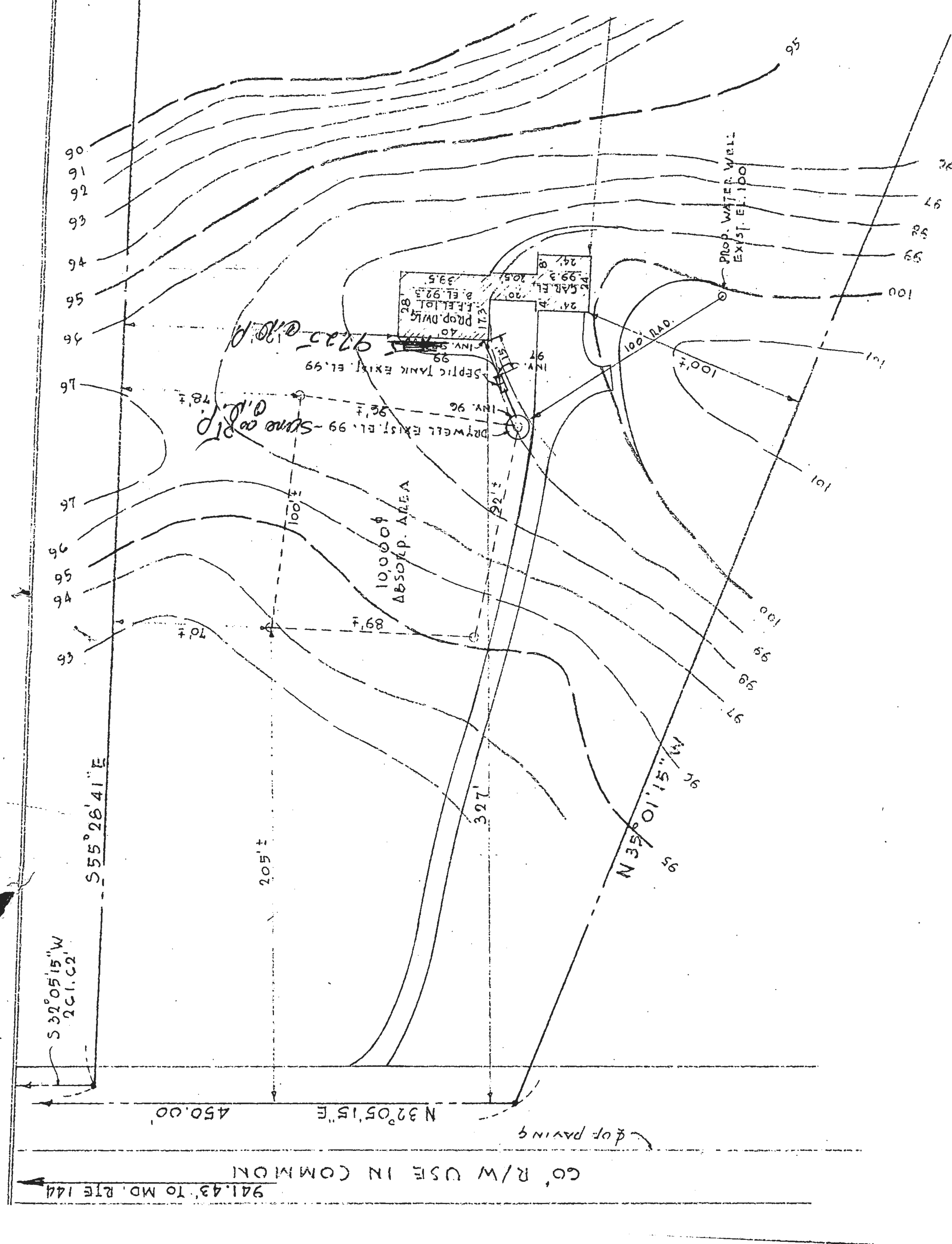
+ ABOVE / − BELOW (49) — LAND SURFACE 2 (50 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N

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





60' R/W USE IN COMMON
941.43' TO MD. RTE 144
¢ OF PAVING
N 32°05'15" E
450.00'
S 32°05'15" W
201.02'
S 55°28'41" E
N 35°01'15" W
327'
205'±
100'±
92'±
89'±
70'±
96'±
78'±
10,000 ☐ ABSORP. AREA
PROP. WATER WELL
EXIST. EL. 100
100' RAD.
PROP. DWG.
F.F. EL. 101
B. EL. 92.3
GAR. EL. 99.3
SEPTIC TANK EXIST. EL. 99
DRYWELL EXIST. EL. 99
INV. 96
INV. 97
100±
90
91
92
93
94
95
96
97
99
100
101

Approved 3/15/79 3/14/79
J. Slayer
① P. C. (
② P. C. (

3/14/79 p.m. phone
3/15/79 a.m. phone

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 29312

A 27137

HOWARD COUNTY 03-290239

ELLICOTT CITY

DISTRICT 3rd

DATE 12/6/78

INDEXED

Liberty Backhoe Service, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION 13725 Oster Farm Rd ROAD ~~13745 Route 144~~ LOT 3

PROPERTY OWNER William D. Piper

ADDRESS 12602 Ivory Pass, Laurel, Md. 20811

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 120 SQ. FT. sidewall area per bedroom.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 295 FT. FROM front LOT LINE AND 174 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM the front.

PLANS APPROVED BY Donald W. Monaghan DATE 3/15/78

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

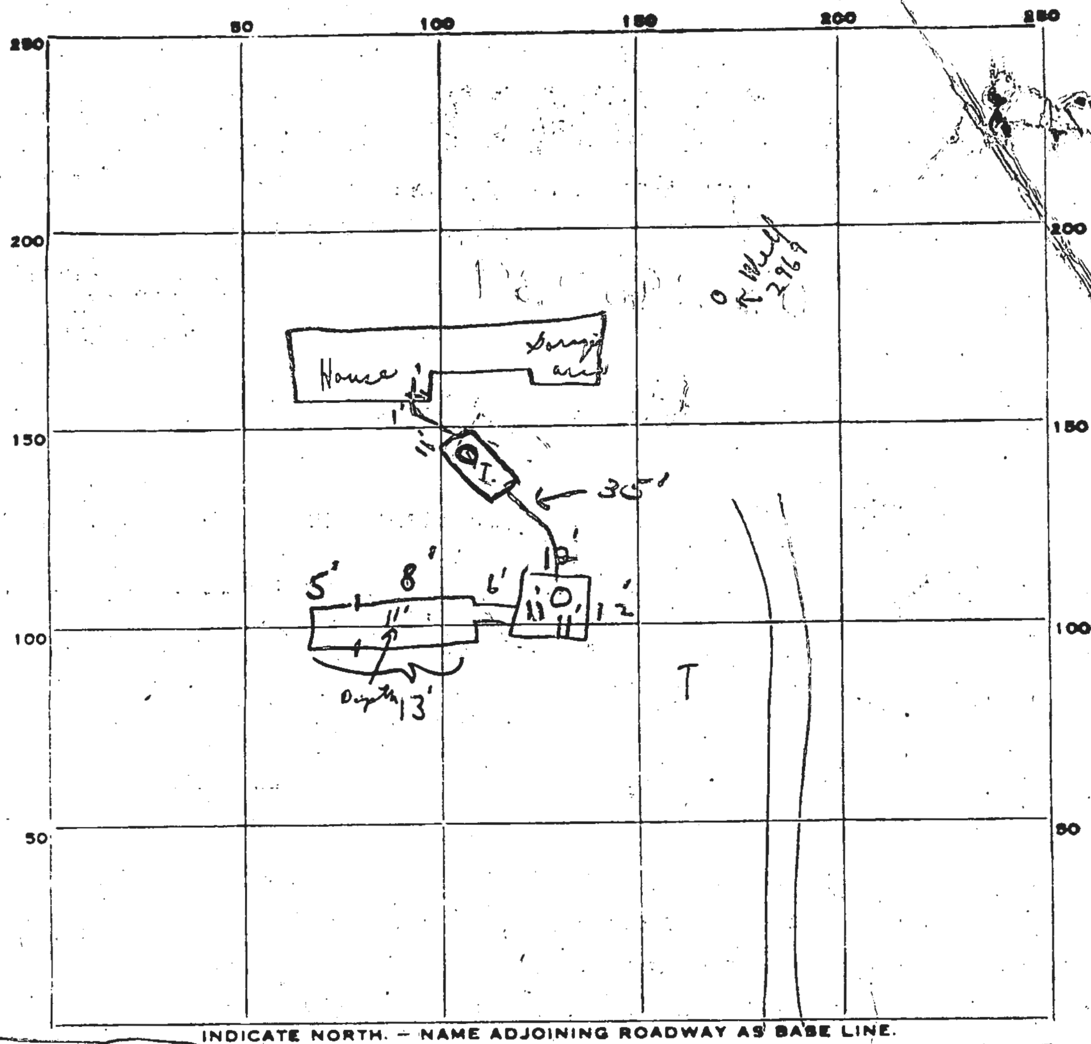
PERMIT VOID AFTER THREE YEARS.

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

A 27137

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

HD - 23



480

414

R/W

PERMIT CARD ✓ (1) Was on sign near job! (2) Was " " " !

SEPTIC TANK, LEVEL ~~(...)~~ ✓ CLEANOUTS S.T. ✓ D.W. ✓ terra cotta

DISTRIBUTION BOX, LEVEL N/A

~~TILE FIELD~~ Trench, DEPTH 11' FT. TRENCH WIDTH – FT.

GRAVEL DEPTH 8' ~~IN.~~ TOTAL LENGTH 13 FT. (2)

NUMBER OF TRENCHES 1 ~~TOTAL BOTTOM AREA~~ ½ SW – 104'

SEEPAGE PITS, ~~INSIDE~~ outside perimeter DIAMETER 46 FT. DEPTH BELOW INLET 9' (1) FT. if pipe just below dry well top

ABSORBENT AREA 518 ± SQ. FT.

REMARKS 3/14/79 (1) Sept Tank not in; dry well not complete. Trench partially dug – full length – waited on trench to be excavated. (2) Trench 13' in length ok for stone C.R.B. C.R.B.

3/15/79 – OK TO cover work. JS

DATE SYSTEM APPROVED 3/15/79 INSPECTOR J. Stone

11/15/77
9:30 a.m.

APPLICATION

A 27137

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 Third

DATE October 31, 1977

Septic Tank - 3 bedroom - 1000 gal
4 " - 1250 gal.

Dry Well - 120 sq ft absorbent sidewall area per bedroom to begin below the first 3 ft of orig. grade. Max depth permitted for DW is 12 ft below orig. grade

Place Dry Well 295 ft from front lot line and 174 ft from left sideline as seen when facing from the front. (high hole on plot)

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.

William D. Piper

PROPERTY OWNER ~~Roberts E. Latimer, Jr., and Barbara W. Latimer~~

ADDRESS ~~1611 Seabreeze Blvd., Fort Lauderdale, Florida 33316~~ PHONE ~~305-525-4483~~

12602 Ivory Pass, Laurel, Md. 20811

PROPERTY LOCATION

SUBDIVISION N/A LOT NO. 3

13745

ROAD AND DESCRIPTION ~~south side of~~ Route 144, two miles west of Route 32.

north side From Pfefferkorn Rd 4 bedrooms

SIZE OF LOT 5 acres TYPE BLDG. ~~single residence~~

NUMBER OF BEDROOMS

BLDG. PERMIT SIGNED AND RETURNED 9/20/78
Serial No. 36984

IF NOT SINGLE RESIDENCE DESCRIBE ______

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

SIGNATURE OF APPLICANT Stewart D. Young, agent for Gary S. Norwitt

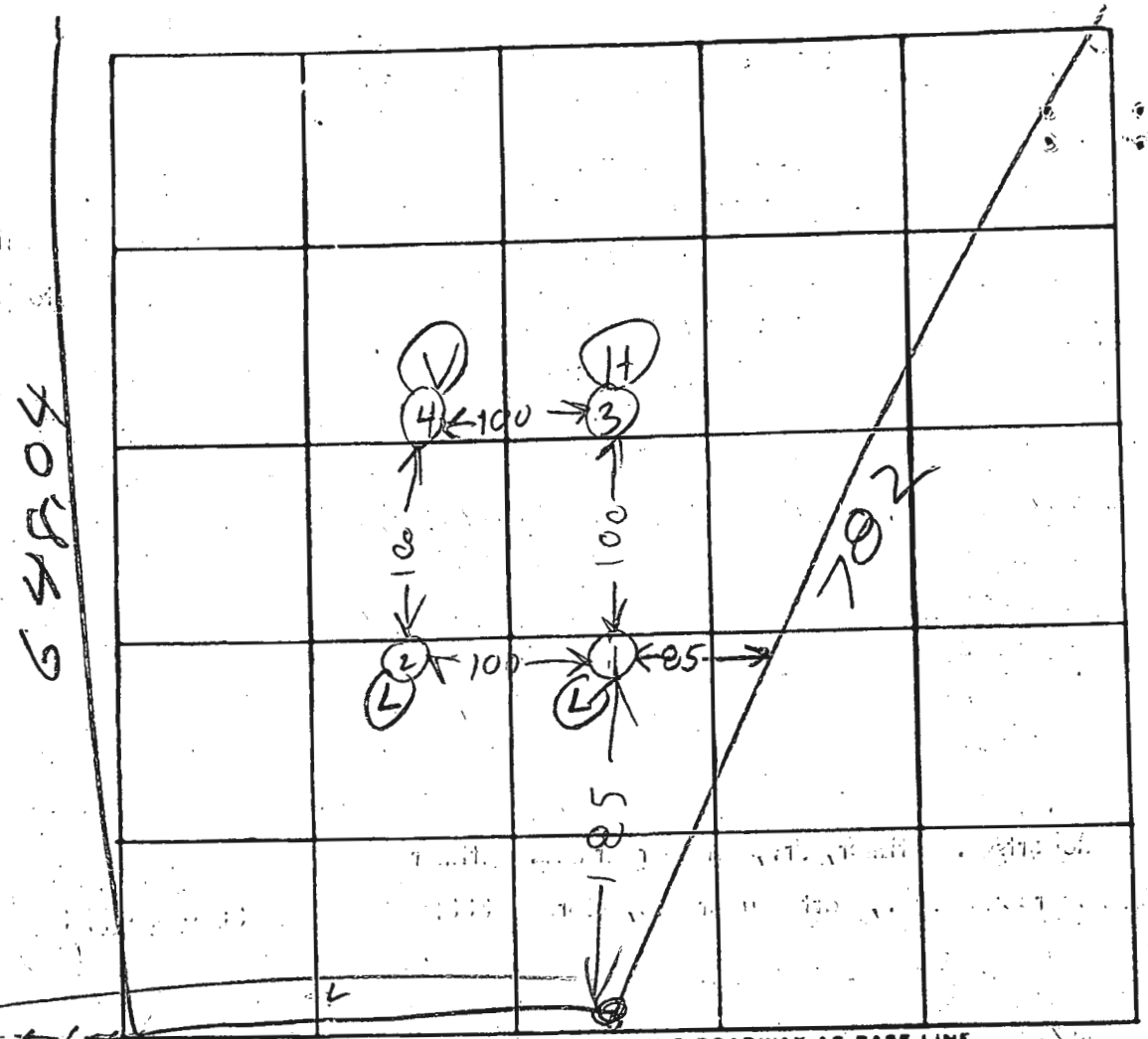
APPROVED BY ______ FOR ______ (KIND OF SYSTEM) DATE 3/15/78

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

HOLD PENDING FURTHER TESTS ______ DATE ______

REASONS FOR REJECTION OR HOLDING 11/15/77 Perc OK / Hold for Plat RH 11/21/77 Plat OK for Mr Boyd

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE

ITO RT 64

R/W

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST DROP START	TEST DROP STOP	TIME	
11/15/77	1S	2½	1015	1016	1016	1019	3	LOW
	1D	13½	1015	1016	1016	1020	2	
	2S	2½	1017	1019	1019	1021	2	LOW
	2D	12½	1017	1018	1018	1019	1	
	3S	4	1019	1020	1020	1021	1	HIGH
	3D	13½	1019	1021	1021	1034	7	USE FOR
11/16/77	4V	12	TOP BOTTOM		CLAY & SAND		DRV	HIGH

REMARKS

TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT: J FYOCK Bucks
S YOUNT Bucks