

10/4/00
11:00
pre-construction
have place
10/6/00
Noon
10/15/00
C.O. (Tubing)
10-11 am

423546

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514259
A 41411
ISSUE DATE 9/15/2000
APPROVAL DATE 10/6/00

INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER
ADDRESS 3 North Main Street, Mt. Airy, MD 21771 PHONE 310-829-0444
SUBDIVISION Kings Gift LOT NUMBER 2 ADDRESS 11619 PRINCESS LANE
11786 Frederick Road
PROPERTY OWNER Jeffrey Van Stone PROPERTY OWNER'S ADDRESS 6437 Prestwick Drive
SEPTIC TANK CAPACITY 1250 GALLONS (Top Seam Required)
PUMP CHAMBER CAPACITY N/A GALLONS
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth
4.5 feet below original grade. 1.5 feet of stone below distribution box.
LOCATION: Beginning from the intersection of the 50.00' and 550.28' lot lines,
begin trenches 300 feet down the 550.28' lot line and 60 feet off that
same lot line. Run trenches on contour in both directions. OK/MR

PLANS APPROVED Amy Mc Millen DATE 5/12/00
PERMIT VOID AFTER 2 YEARS On Steven R. Krieg 5/18/00

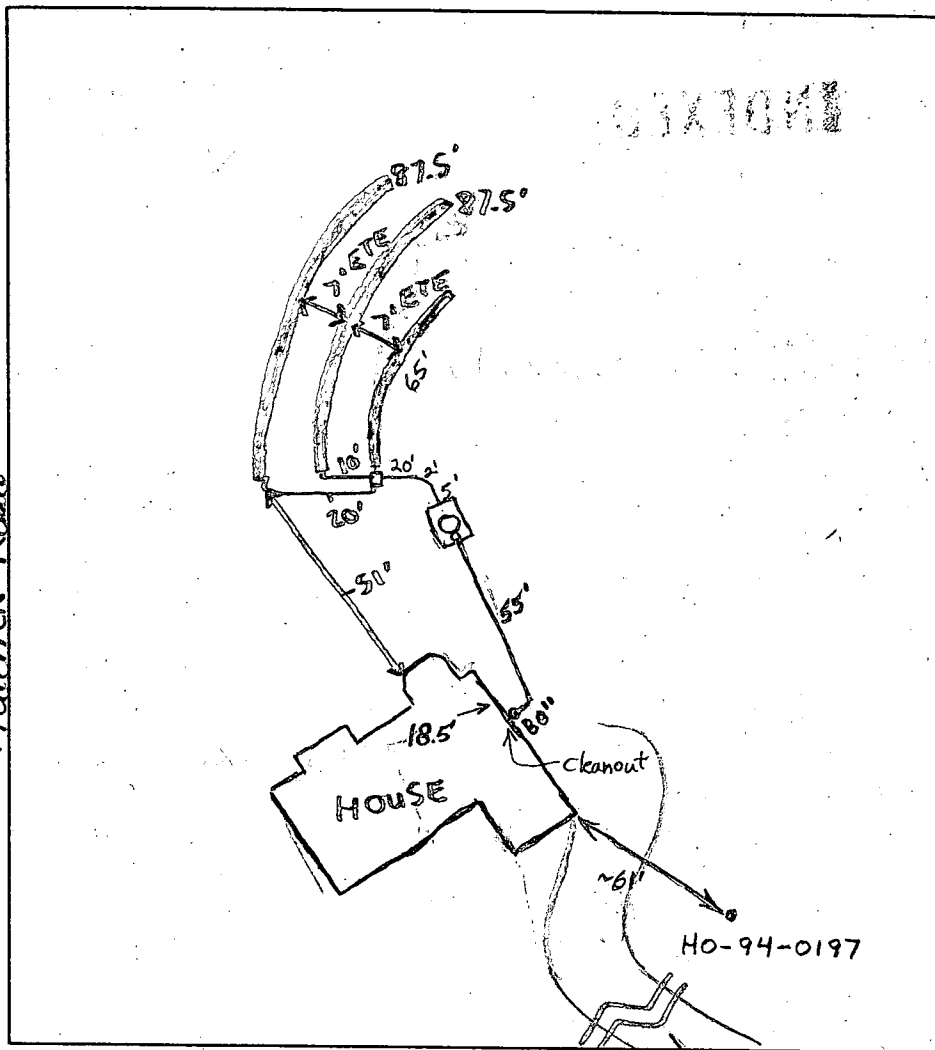
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

44411

NOT TO SCALE

Frederick Road



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 4.5
 DEPTH OF STONE 1.5
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~ N/A

~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~

PRE-CONSTRUCTION INSPECTION: DRIVEWAY TO FREDERICK RD.

INSPECTION COMMENTS: 10/4/00 House connection made. (BB) 10/5/00 Tank set, needs baffles. (BB) 10/6/00 - ON TO COVER ALL WORK (SRU)

INSPECTOR Steven R. Kueg

DATE SYSTEM APPROVED 10/6/00

Log & Trash



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

October 11, 2000

Mr. and Mrs. Van Stone
6347 Prestwick Drive
Clarksville, MD 21029

RE: King's Gift - Lot 2
11786 Frederick
BP# B00124034
Public Water, Private Sewerage
Residential Irrigation Well

Dear Mr and Mrs. Van Stone:

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 October 6, 2000.

The property is served by public water and is therefore exempt from the Health Department water sampling requirements; however, a well designated for residential irrigation exists on the property which may be connected to the dwelling after Use and Occupancy approval. At the time of connection, please have the appropriate licensed contractor request an inspection with this office.

In addition, Howard County Plumbing Inspectors may need to perform an inspection internally, so that no potential cross connection exists between the public and private water supply. After inspection approval, the well should also be sampled in order to comply with certificate of potability requirements. Sample results should be faxed directly from a State Certified Lab to (410) 313-2648.

If you have any further questions, please call me directly at (410) 313-2669. By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

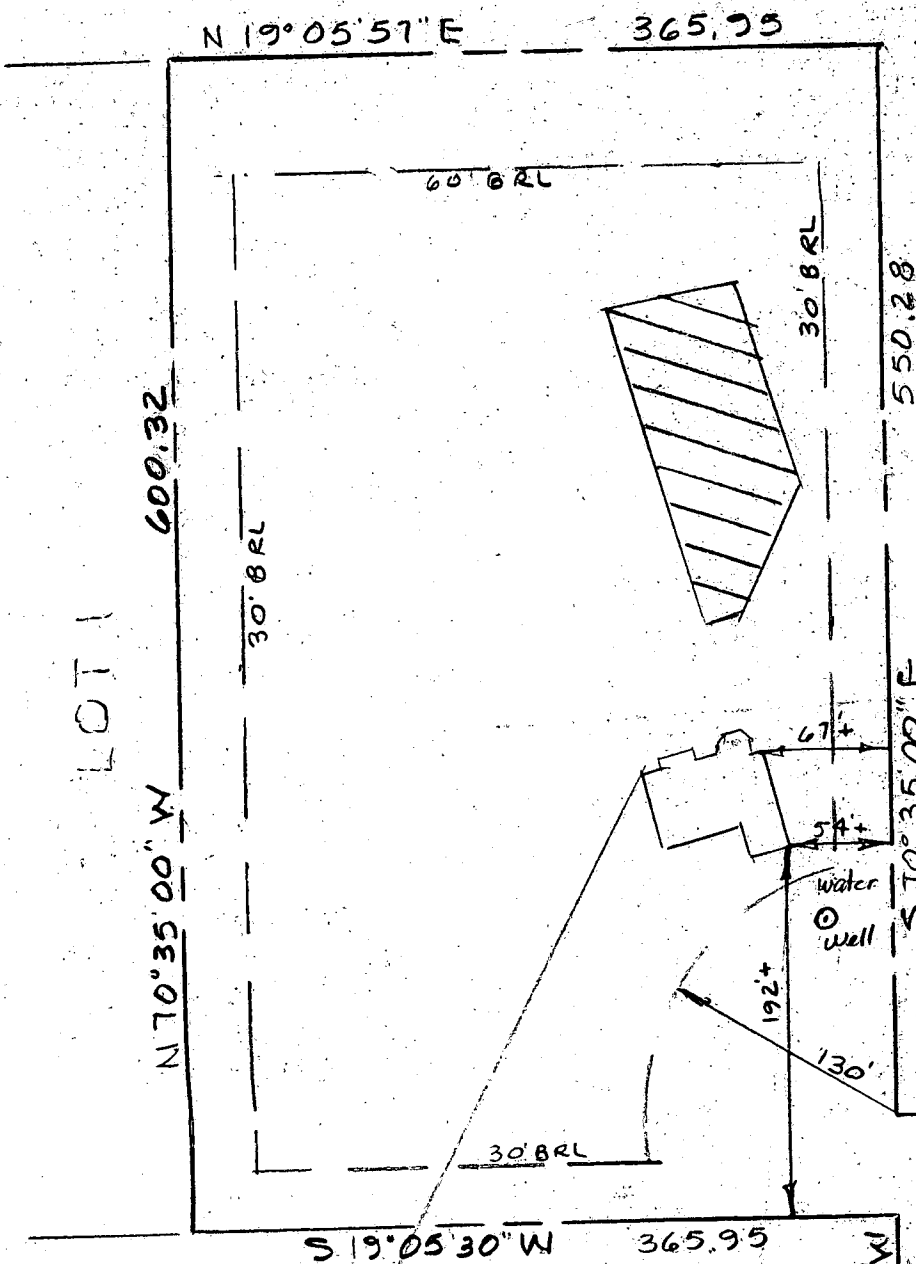
Approving Authority

Steven R. Krieg

Steven R. Krieg, Sanitarian
Water and Sewerage Program

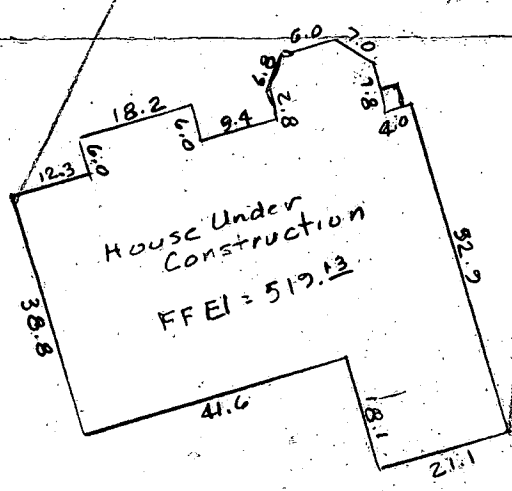
SRK

cc: Building Inspector's Office
Tom Doughney (Howard County Plumbing Inspections)
File ✓

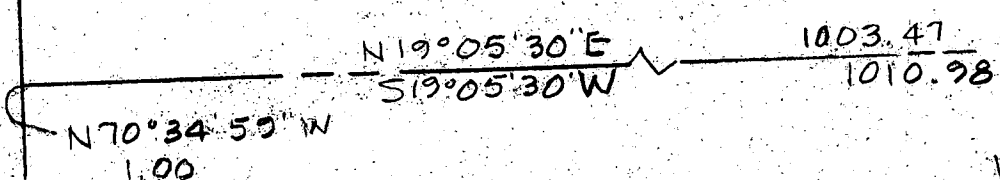


WALL CHECK OK
W/BP PLAN
(MUR) 10/15/00

LOT 3



MD. RTE 144



WALL CHECK
LOT 2
KINGS GIFT
THIRD ELECTION DIST.
Howard County, Md
Scale As Shown Sept. 2000

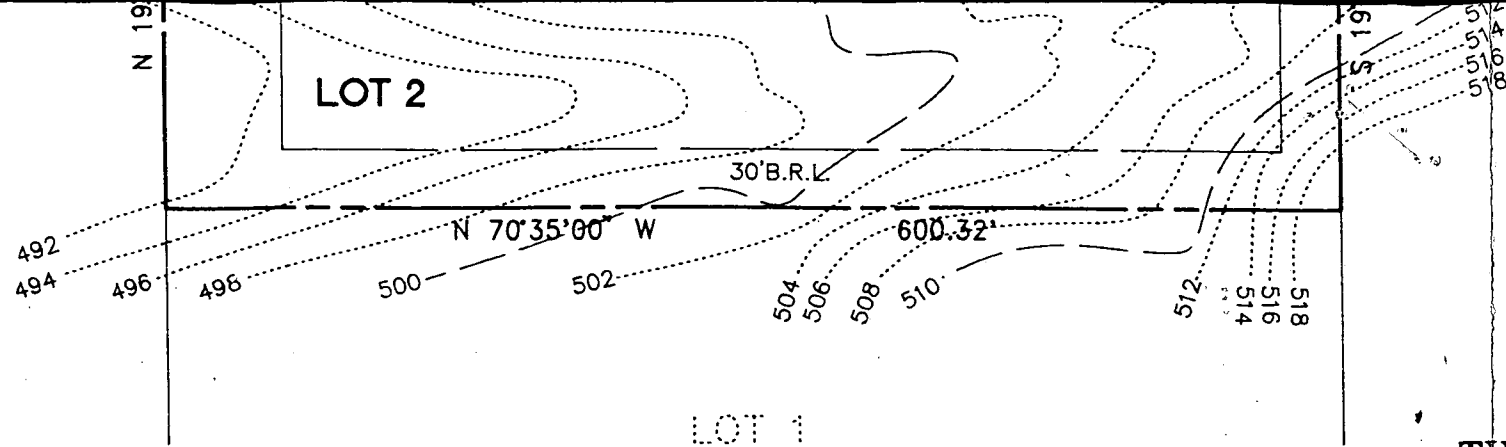
SURVEYORS CERTIFICATE

I hereby certify that a careful transit and tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments except as shown.

Jack E. Clark
Jack E. Clark
Registered Land Surveyor, MD. 2370

JACK E. CLARK
REGISTERED LAND SURVEYOR
NO. 4379
STATE OF MARYLAND

PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING
P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725 3442



SITE PLAN KING'S GIFT LOT 2

THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE : AS SHOWN DATE : APR. 2000

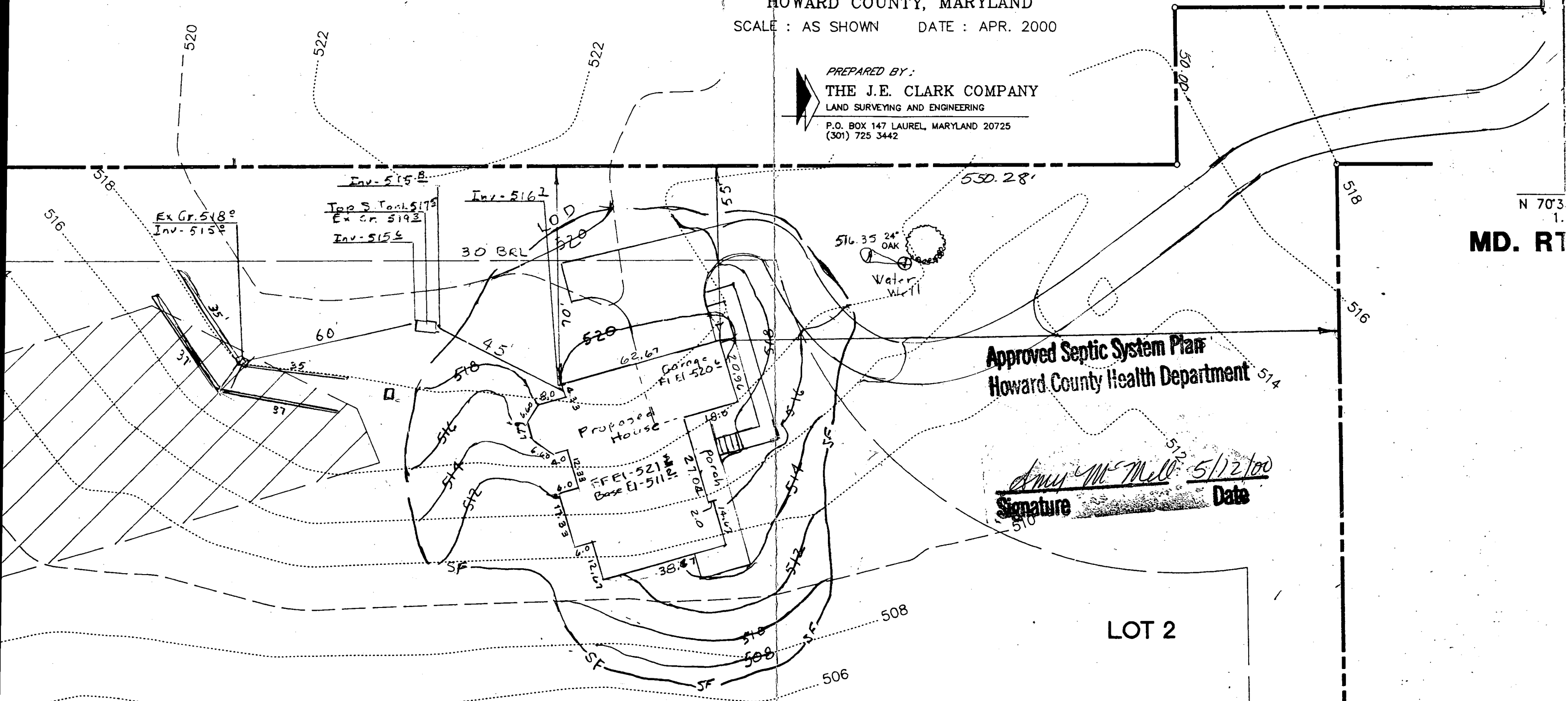
PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING
P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725 3442

Total linear feet of trench
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.5 feet

Depth of stone required below
distribution pipe 1.5 feet



Approved Septic System Plan
Howard County Health Department

Amy McMill 5/12/00
Signature Date

LOT 2

PLAN
SCALE : 1" = 30'

Jack E. Clark
Jack E. Clark
Registered Land Surveyor,

C1 4546		SEQUENCE NO. (DENV USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
6 NUMBER IS TO BE PUNCHED COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER A41411			
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well				PERMIT NO. FROM "PERMIT TO DRILL WELL"			
8 13		15 20		22 375 26 (TO NEAREST FOOT)				28 29 30 31 32 33 34 35 36 37 H0-94-0197			
OWNER		last name		first name		TOWN		LOT			
STREET OR RFD		11802 Frederick Rd		Dickey Sean		West Friendship		2			
SUBDIVISION		King's Gift		SECTION		LOT					
WELL LOG Not required for driven wells				GROUTING RECORD				C3			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box)				PUMPING TEST			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL				HOURS PUMPED (nearest hour)			
FEET				CEMENT CEMENT BENTONITE CLAY				PUMPING RATE (gal. per min. to nearest gal.)			
FROM TO				NO. OF BAGS NO. OF POUNDS				METHOD USED TO MEASURE PUMPING RATE			
Overburden 0 15				11 1100				Submersible			
Brown Shale 15 35				GALLONS OF WATER 660				WATER LEVEL (distance from land surface)			
Granite 35 375				DEPTH OF GROUT SEAL (to nearest foot)				BEFORE PUMPING			
water was encountered at 180 & 350'.				from 0 ft. to 38 ft.				WHEN PUMPING			
				(enter 0 if from surface)				TYPE OF PUMP USED (for test)			
				CASING RECORD				A air P piston T turbine			
				casing types insert appropriate code below				C centrifugal R rotary O other (describe below)			
				ST CO PL OT				J jet S submersible			
				STEEL CONCRETE PLASTIC OTHER							
				MAIN CASING TYPE							
				Nominal diameter top (main) casing (nearest inch)							
				Total depth of main casing (nearest foot)							
				ST 6 38							
				OTHER CASING (if used)							
				diameter inch depth (feet) from to							
				EACH CASING							
				screen type or open hole							
				insert appropriate code below							
				ST BR HO PL OT							
				STEEL BRASS BRONZE PLASTIC OTHER							
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.				C2				PUMP INSTALLED			
WELL HYDROFRACTURED				DEPTH (nearest ft.)				DRILLER WILL INSTALL PUMP YES NO			
yes Y no N				H0 38 375				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE			
								TYPE OF PUMP INSTALLED			
								PLACE (A,C,J,P,R,S,T,O)			
								IN BOX - SEE ABOVE:			
								CAPACITY: GALLONS PER MINUTE			
								(to nearest gallon)			
								PUMP HORSE POWER			
								PUMP COLUMN LENGTH (nearest ft.)			
								CASING HEIGHT (circle appropriate box and enter casing height)			
								above below LAND SURFACE			
								(nearest foot)			
CIRCLE APPROPRIATE LETTER				SLOT SIZE 1 2 3				LOCATION OF WELL ON LOT			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED				DIAMETER OF SCREEN				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).			
E ELECTRIC LOG OBTAINED				from to				N.A.			
P TEST WELL CONVERTED TO PRODUCTION WELL				GRAVEL PACK							
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)							
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.				T (E.R.O.S.) W Q							
DRILLERS IDENT. NO. 399				70 72 74 75 76							
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)				TELESCOPE CASING LOG INDICATOR OTHER DATA							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)											

COUNTY

C1 0805 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A41411

DATE RECEIVED
DATE WELL COMPLETED 10/27/90

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-1482

OWNER: Sorenson Custom Builders last name first name
STREET OR RFD: Kings Y-54
SUBDIVISION: SECTION: TOWN: 11. Friendship LOT: 2

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Well #1 500' Dry (backfilled)			
Permit was Transferred to Tri-State well & pump P.O. Box 34300 Bethesda, MD 20817 on 10/2/90			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS N/A NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 48 ft. to 58 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER

MAIN CASING TYPE N/A
Nominal diameter (nearest inch) 4
Total depth of main casing (nearest foot) 500

OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

DEPTH (nearest ft.)
EACH SCREEN 1 N/A 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 4
from 56 to 60

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 399
DRILLERS SIGNATURE: Thomas M. Carthy
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 68

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

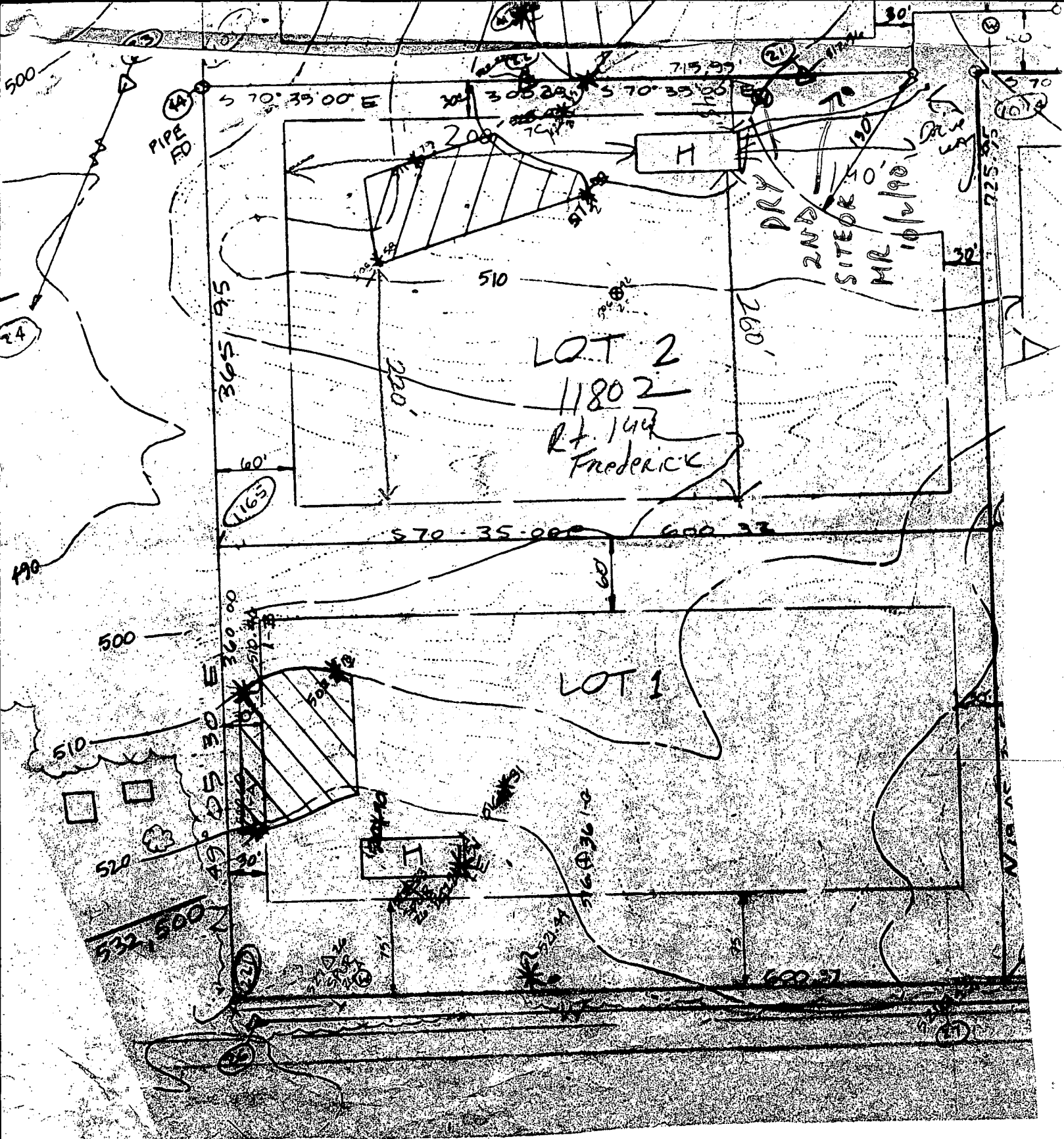
C3

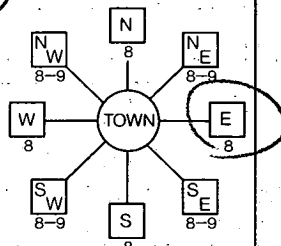
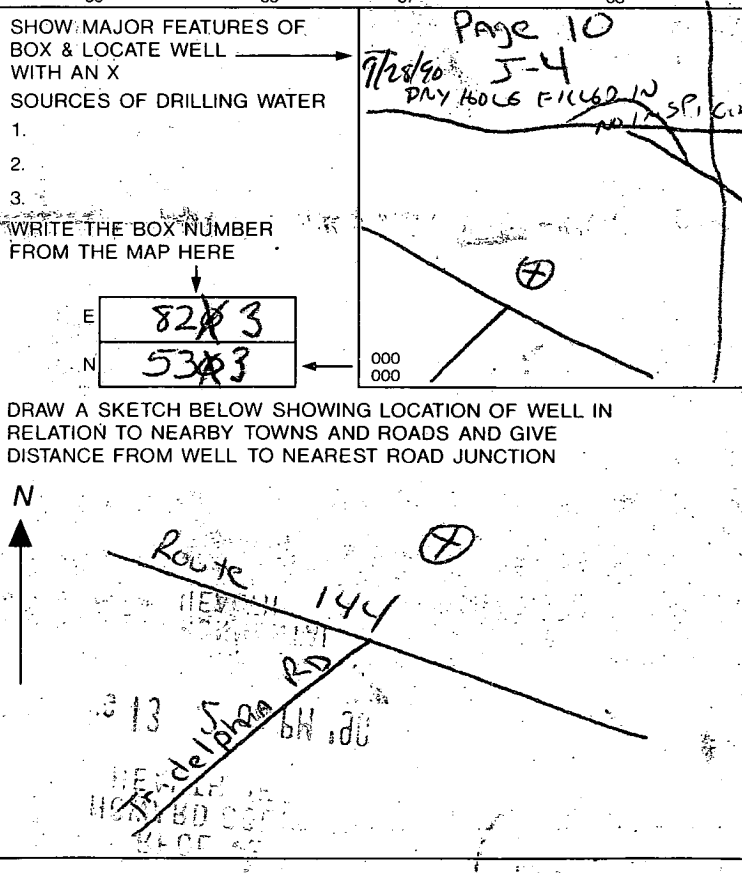
PUMPING TEST
HOURS PUMPED (nearest hour) N/A
PUMPING RATE (gal. per min. to nearest gal.) N/A
METHOD USED TO MEASURE PUMPING RATE N/A
WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

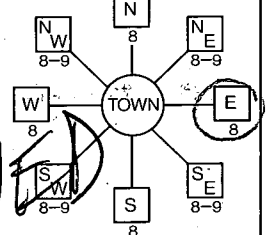
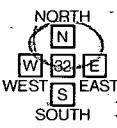
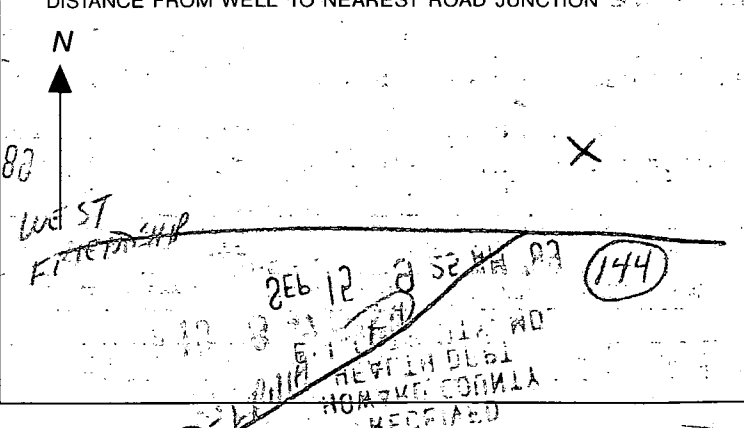
PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
- below (nearest foot)

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

BACKFILED



B 1 1988 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-88-1487 <small>fill in this form completely</small>
Date Received (APA) 08/13/90		LOCATION OF WELL R-46260 08/14/90	
OWNER INFORMATION Seneca Custom Builders 3419 Nottingham Road Westminster MD 21157		HOWARD COUNTY Kings Gate SECTION 44 46 LOT 48 50 West Friendship 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION Paul M. Fabissak John Nelson Driller's Name G. Edgar Harr Sons Firm Name 12047 Falls Road Cockeysville 21030 Address Paul M. Fabissak Signature Date 8-8990		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  TOWN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 500 37 DISTANCE FROM ROAD ENTER FT or MI FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A-41411 COUNTY NO. STATE SIGNATURE DATE ISSUED 08/23/90 CO SIGNATURE Mark E. Rifkin EXP. DATE 2/23/91 NORTH GRID 533000 EAST GRID 0823000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 823 N 533	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN AIR-ROTARY <u>AIR-PERCUSION</u> ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY 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 <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 (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ GAP _____ FORCE MR INITIALS IN BOX PERMIT No. HD-88-1487 SPECIAL CONDITIONS			

B 1 2980 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1071 <small>fill in this form completely</small>
Date Received (APA) 091889 - OWNER INFORMATION HUNTERMARK (Last Name) SEKELD (First Name) 5813 HANNA RD (Street or RFD) SYKESTOWN (Town) MD 21784 (State Zip) Trans to Tri-State Explosives #429 DRILLER INFORMATION George P. Easterday (Driller's Name) L. Franklin Easterday, Inc. (Firm Name) 9265 Brown Church Rd., Mt. Airy, Md. 21771 (Address) George P. Easterday (Signature) 9/12/89 (Date)		B 3 LOCATION OF WELL 4066RD (County) KING'S BLET (Subdivision) SECTION 44 LOT 2 NE FRIENDSHIP (Nearest Town) MILES FROM TOWN (enter 0 if in town) 2 MI DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 1760 (Enter FT. or MI) ET
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5200 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jettied & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (County Name) 401411 (County No.) STATE SIGNATURE Mark E. Riffin (DATE ISSUED 4/13/90) DATE ISSUED 401389 CO SIGNATURE 533000 NORTH GRID 0823000 EAST GRID SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE 87X3 53X3 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 40-88-1071 Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE MD (WRITE INITIALS IN BOX) PERMIT No. 40-88-1071 SPECIAL CONDITIONS		

APPLICATION

PERCOLATION TESTING

A 4/19/87
P _____

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

DISTRICT _____

DATE _____

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 JENN DICKS

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION KINGS GIFT LOT NO. 1 (MAY BECOME LOT 2)

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

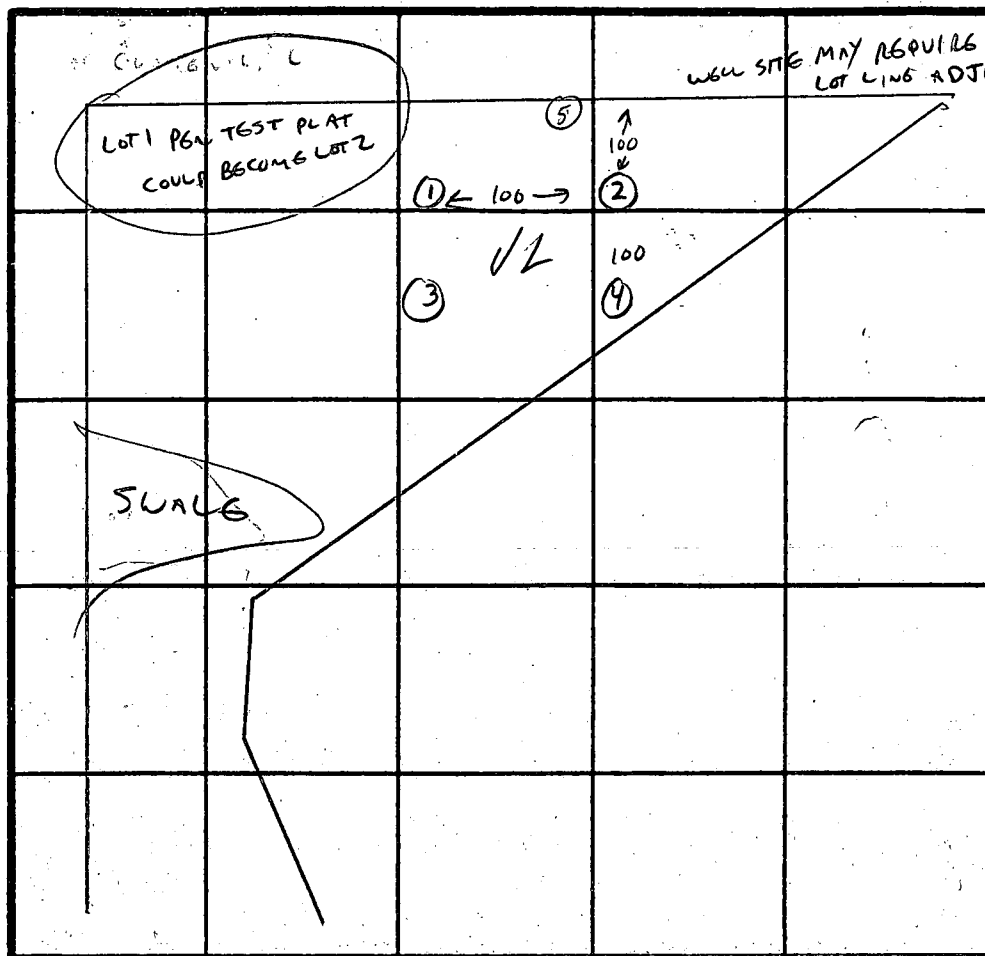
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PLANT ADJUSTMENT REQ'D 5/1/89

HD-216

THIS IS NOT A PERMIT

W64 SITE MAY REQUIRE
LOT LINE ADJUSTMENT.



X 5 MIN
180 Ø
INLET 2 1/2
BOTTOM 4 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/16/89	1	3	VIS	OK LOAN			OK
		11	HARD BOTTOM				
	2	3	3:36	3:39	3:39	3:45	6 MIN
		7	VIS OK LOAN				
		11	HARD BOTTO				
	3	3'	3:30	3:32	3:32	3:35	3 MIN
		7	VIS OK LOAN				
		10 1/2	FRACTURED ROCK				
	4		WAITING AT		5'		X
	5	3	VIS OK	LOAN	2-11'		OK
		7					
		11	HARD BOTTOM				

REMARKS USE HOLE 1-2-3-5 HOUSE/WEBSITE MAY NEED LOT LINE CHANGE

TYPE OF SOIL MICA LOAM

TESTED BY

ALSO PRESENT

O. KOTTERMAN JR.

APPLICATION

PERCOLATION TESTING

A 41411

P _____

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

DISTRICT 3

DATE 4/6/88
10 March, 1988

Full Test (4 holes)

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 Jean R. Dickey, Individually; Jean R. Dickey, Trustee Jean R. Dickey Inter-Vivos Trust

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. 2

ROAD AND DESCRIPTION North on Route 144, East of Thompson Drive

TAX MAP 16 PARCEL # 319

SIZE OF LOT 5.00 AC± TYPE BLDG. Single Family Dwelling
(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.

Richard F. Lane (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-26-88 Hold wet season retest (SA)

3/14/89 - DIG MORE 3/15/89 - EXTRA HOLD DUG IS OK. HOLD FOR PERC CERT PLAT LOT LINES TO BE CHANGED R/H

THIS IS NOT A PERMIT

LSA 2

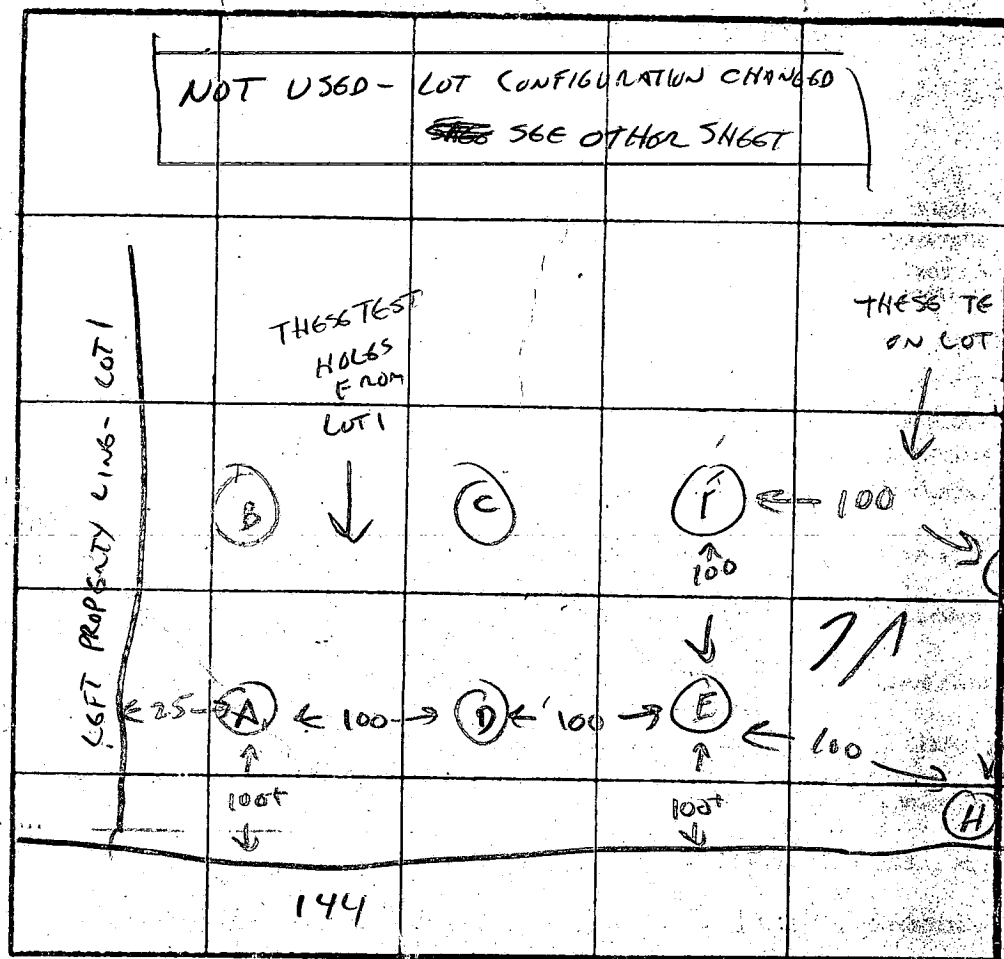
$\bar{x} = 2 \text{ min}$
 $180 / \text{hr}$
 $2' - 4'$



224
(205)

SIGT
C. C. A.

Handwritten: 11-24-42
BOSTON



INDICATE NORTH NAME ADJOINING ROADWAY AS
BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/7/88	E'	3 8	3:54	3:56	3:56	3:58	2 MW WISOC
		11	VIS OK LOAN		HAND BOTTOM		
	F'	3 7	VIS OK LOAN				
		10	ROCK BOTTOM				
	G'	LOAN					
		WATER AT 6'	✓				
	4	3 7	3:48 3:48	3:50 3:50	3:50 3:50	3:52 3:52	2 MIN 2 MIN
		10	VIS OK, ROCK BOTTOM				
3/14/89	G ^{WE} REDIG	9	WATER		6 FT FAIL		
3/14/89	FREDIG	12	OK dry				

SEE LINE 171 51467

REMARKS: WELL SITE NOT CLEAN, POSSIBLE WGT SEASON RE-EVALUATION

SILT LOAM WATER IN LOW HOLE - UNEXPECTEDLY SHALLOW

NO MOTTLES, NO NOISE/ SURFACE FEATURES

TESTED BY

Cullen

R1 Hodger 3/14/89

ALSO PRESENT

РЕТБМАН

3/14/69 DAVE & KATHLEEN
JEAN & MICHAEL

JEAN & MICHEL

WE
SEAS

CLAY
LOAM
 $2\frac{1}{2}$
SITE
107 KM
TO
286
SCHIST
10 — ROCK
BOTT

⑥

3	CONY
	CONY
	07
	51KT
	CONY
	CONY
6	CONY

LOT 8

5.00 A. ±

LOT 7
4.789

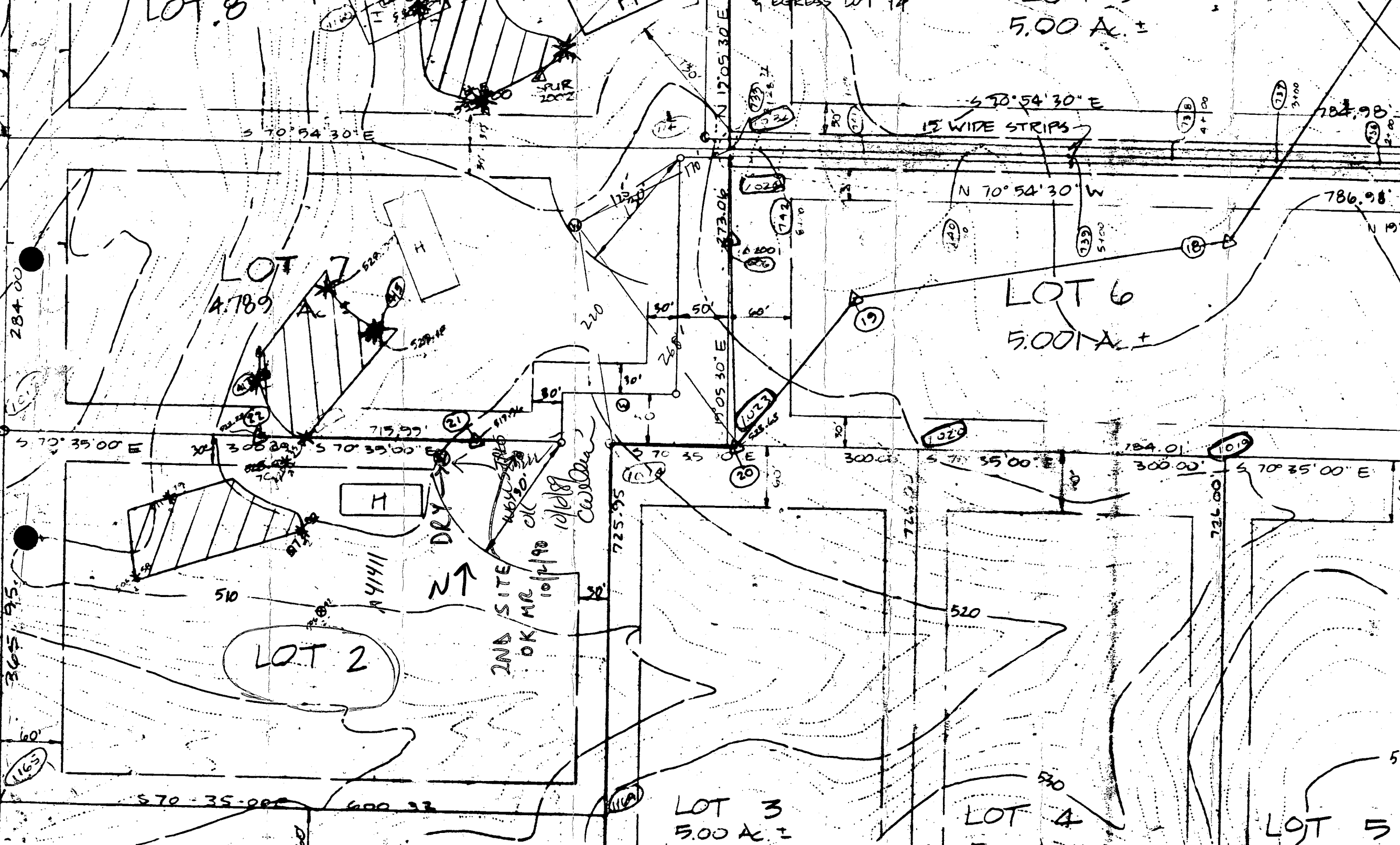
LOT 6
5.00 A. ±

LOT 2

LOT 3
5.00 A. ±

LOT 4
5.00 A. ±

LOT 5



102

Note:
Well site is at corner
slightly lower elevation
and diagonally offset
somewhat but
140' from and boundary
from Highways Septic on lot

Well site OK as
Staked 8/31/94

LOT 2
A. 189

LOT 2
11802
Rt. 144
Frederick

11802
Frederick
Rd.

LOT 1

Lot 2
Kings Gift
Howard Co.

