

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

451-9533 (410) 313-2640

P 513253

A 43318

DISTRICT

DATE 2/4/2000

DATE SYSTEM APPROVED 2/8/00

INSPECTOR S.R.K.

Fogle's Septic Clean Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784

PHONE (410) 795-5670

SUBDIVISION Pleasant Hills

LOT 4

ROAD 2008 Watkins Way

PROPERTY OWNER

Michael T. Stysley CARL GRAZIANO

ADDRESS

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER

NOTES: - Septic pump detail to be provided by install prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting at the right rear lot corner, place the distribution box 190 feet down the right (444.93') lot line and 80 feet off this same lot line as seen from Watkins Way. Run trenches along contour towards the left side of the lot (558.28')

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 10/4/99 SRK

BUILDING PERMIT SIGNED

AND RETURNED

PLANS APPROVED BY Donna K. Soe 3-27-03 800140906-DEK DATE: 9-13-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

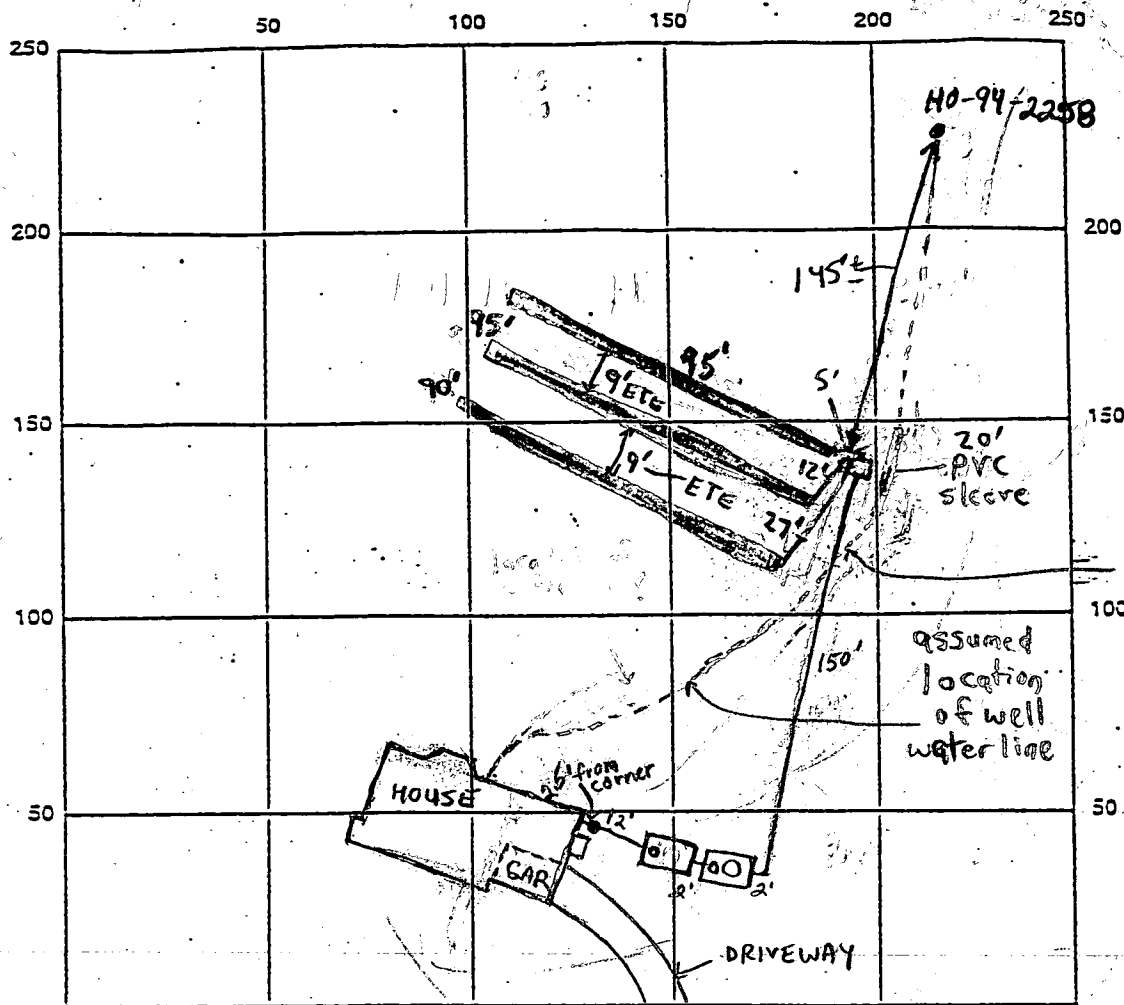
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

43318



2/8/00
WELL WATER
LINE IS
12" ABOVE
SEPTIC
FORCE
MAIN
OK SRK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Watkins Way

SEPTIC TANK LEVEL 2-Top Seamed 1250 gallon CLEANOUTS 1-4" House, 2-6" Tank, 1-Pump Tank Manhole

DISTRIBUTION BOX LEVEL ✓ Baffle is in (Monitoring pipe on D-BOX)

DRAIN FIELD/TITLE DEPTH 5.0 FT. 5.0 TRENCH WIDTH 3 FT. 3 INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. 1.5 TOTAL LENGTH 280 FT. 280

NUMBER OF TRENCHES 3 ONE-SIDEWALL / BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 2/7/00 House connection made. First trench looks O.K. Second trench started
OK to cover tanks (BR) 2/8/00 - REST OF SYSTEM OK, OK TO COVER,
HIGH WATER ALARM OK & PUMP OPERATIONAL (SRK)

DATE SYSTEM APPROVED 2/8/00 INSPECTOR Steven R. Kuey

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Pleasant Hills

A 43318

STREET NAME: Watkins Way

LOT NUMBER: 4

AVERAGE PERCOLATION RATE: 9 SQUARE FEET PER BEDROOM: 210

NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 70

TOTAL LINEAR FEET OF TRENCH: 280 SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED? ☒ YES ☐ NO (Due to rock)

COMPARTMENTED TANK REQUIRED? YES ☐ NO ☒

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: ☒ YES ☐ NO

PUMPED SEPTIC SYSTEM DETAIL: 1250 gallon pump chamber.

☒ YES ☐ NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: Starting at the right rear lot corner, place the distribution box 190' down the right (444.93') lot line and 80' off this same lot line as seen from Watkins Way. Run trenches along contour towards the left side of the lot.

Reviewer: DKS

Date: 9/13/97

A 43318SUBDIVISION: Pleasant Hills/off Long Corner RdLOT NUMBER: 4DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
<u>4 bedroom</u>	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES210 sq. ft./bedroomTrench to be 3' wide.

70 ft./bedroom x 4 bed-
room = 280 ft.

Inlet 3.5 feet below original grade.Bottom maximum depth 5.5 feet below original grade.Effective area begins at 3.5 feet below original grade.1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Place the distribution box 395' down the left
(558.28') lot line 105' off the same lot line as
seen when facing the lot from Watkins Way.
Run trenches along contour towards the right
side of the lot.

5/19/94 JKS

APPLICATION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PERCOLATION TESTING

A 511396

P _____

DISTRICT 4

DATE 2/5/99

NOTES
Proposed Replacement of
platted sewage
casement for
house location
purposes.

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER STYSLRY HOMES INC

ADDRESS 16445 OLD FREDERICK RD PHONE 410-442-2190
410 442-9094 -CELL

AGENT OR PROSPECTIVE BUYER MICHAEL T. STYSLRY

ADDRESS 16445 OLD FREDERICK RD PHONE 410-442-2190

PROPERTY LOCATION:

SUBDIVISION PLEASANT HILLS LOT NO. 4
2008

ROAD AND DESCRIPTION WATKINS WAY OFF LONGLOVER RD - (MT. AIRY)

TAX MAP 6412 PARCEL # 5 PLAT 10511 LIBRA - 4711
Roll 681

SIZE OF LOT 3.4158 AC. TYPE BLDG. SINGLE FAMILY
(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.

APPROVED BY _____ FOR _____ DATE _____
(SIGNATURE OF APPLICANT)

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

APPRO. PERMIT SIGNED
AND RETURNED 9-13-99
Seal & Bro 120292
SFD-4600

THIS IS NOT A PERMIT

SOIL PROFILE

SOIL PROFILE

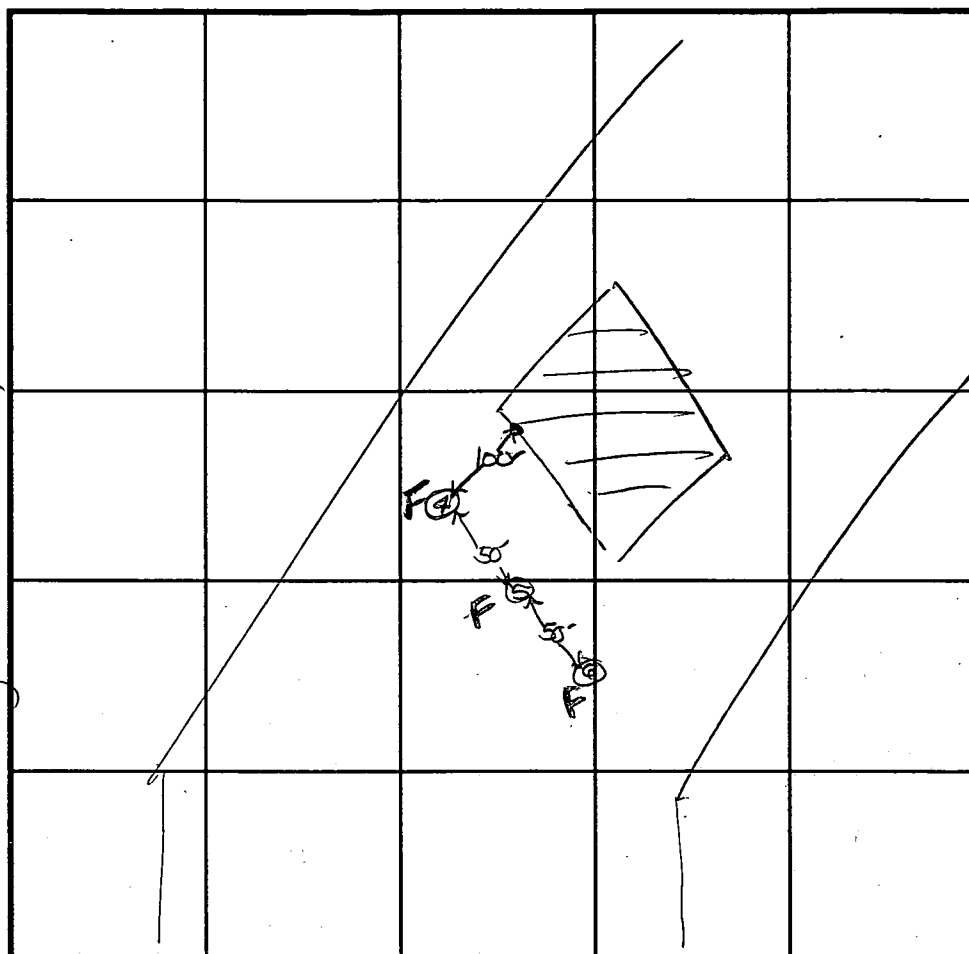
topsoil

org bn
cl lm

14 org
brr
si lrr
w/shale

75% shale

Long Corner Road



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Watkins - Way

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

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

A 43318
P _____
DISTRICT 4TH
DATE 1-4-89

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 Nelvon M. Watkins
ADDRESS 26311 Howard Chapel Road PHONE (301) 859-0563
Damaccas, MD 20878

PROSPECTIVE BUYER Standard Management Corporation
ADDRESS 10324-B Baltimore National Pike PHONE (301) 461-6777
Ellicott City, MD 21043

PROPERTY LOCATION:
SUBDIVISION Pleasant Hills LOT NO. X 4

ROAD AND DESCRIPTION Off of Long Corner Road

TAX MAP 12 PARCEL # 5

SIZE OF LOT 3.0 Ac. TYPE BLDG. Single Family
(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.

Food Vendors
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

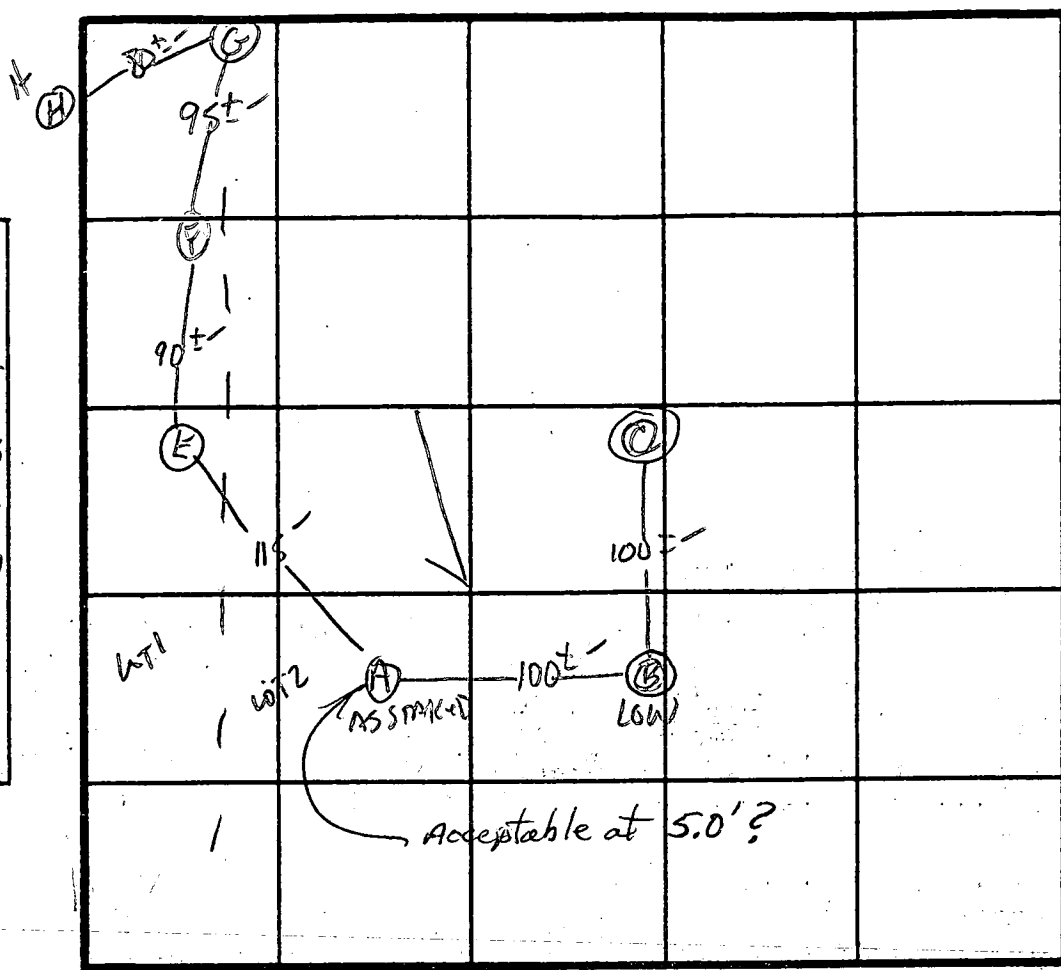
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-26-89 Pure SATISFACTORY - AREA TO BE SPLIT FOR BOTH
LOTS 1+2; Hold for Subd. PLAT. 5. Aland

HD-216

THIS IS NOT A PERMIT

 $\bar{X} \text{ Perc } 9 \text{ min}$

210 4/BR

INLET 3.5'
BOTTOM 5.0'

INDICATE NORTH · NAME ADJOINING ROADWAY AS BASE LINE

LONG CORNER Acl.

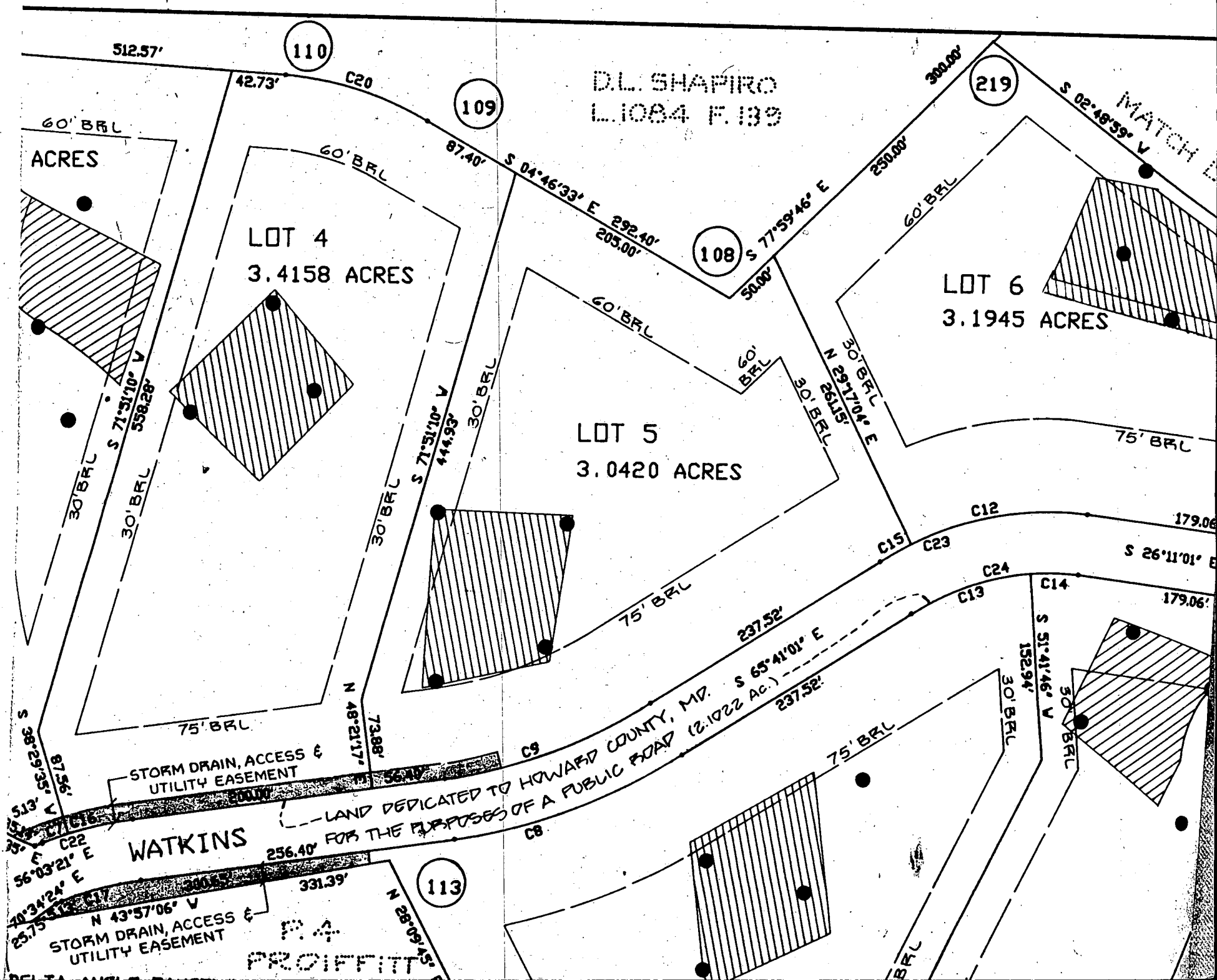
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/24/89	AS	5.5 13	10:19 As profiled	10:35	10:35	11:00	25min
	FS	3.5- 11.5	10:24 Similar	10:24 to Profile	10:26	10:30	4min
	GS	3.0 11.5	10:31 Similar	10:33 to Profile	10:33	10:40	7min
	HS	3.0 12-	10:33 Similar	10:35 to Profile	10:35	10:38	3min
	ES	4.5 11.5	10:18 similar	10:21 to F	10:21	10:24	3min
	(B-) (C-)	Clay to 6" Clay to 6"	STRUCTURED SILT	AT 8"			

REMARKS AS STAKED AND APPROX TO PLAT A-C / SHALLOW SYST. ONLY

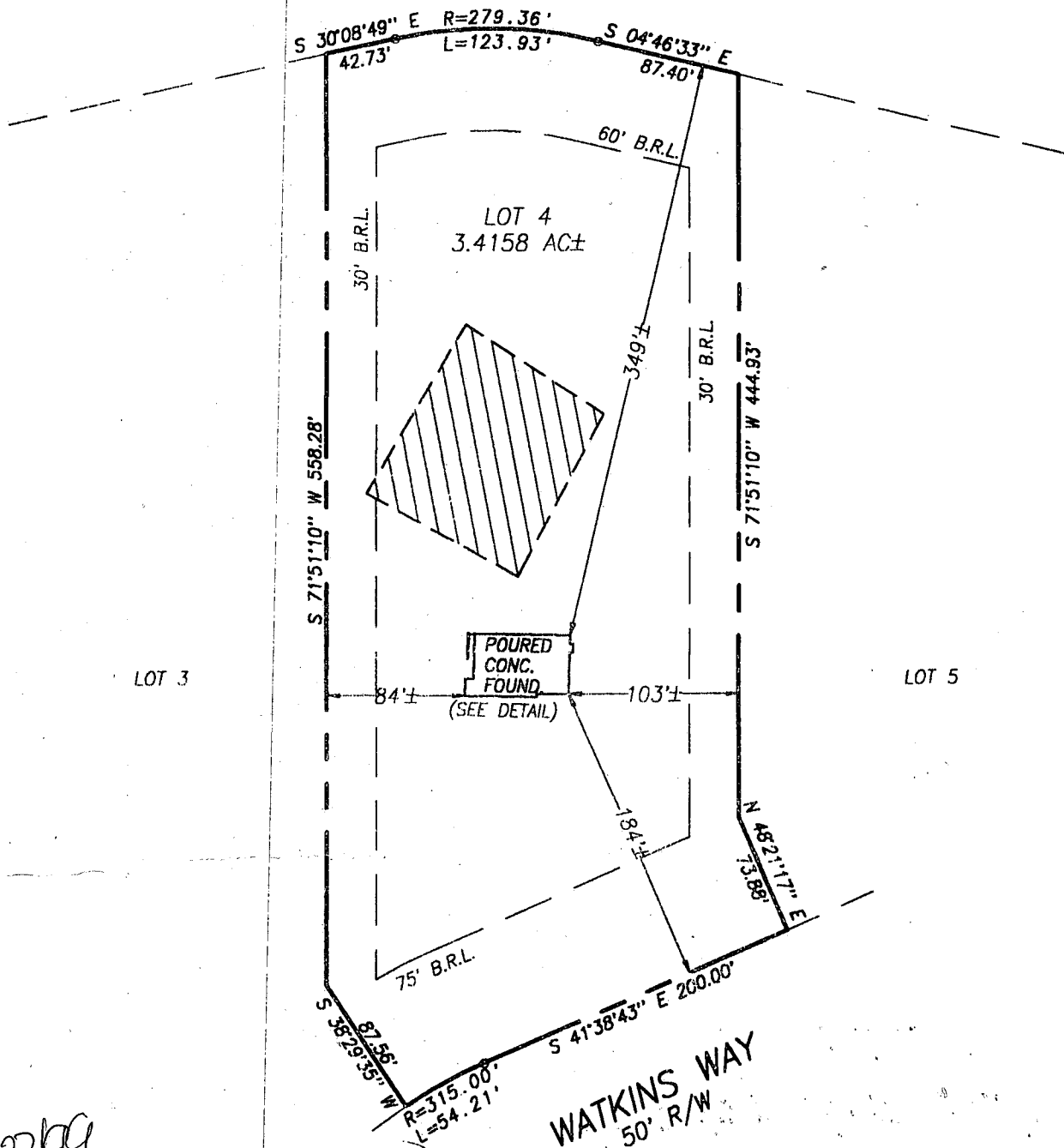
TYPE OF SOIL ML Bdry TO clayey

TESTED BY S. Abel

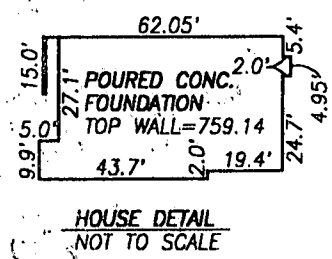
ALSO PRESENT J. Nygaard, Rocky
Allen Nygaard



N/F
D. L. SHAPIRO
L. 1084, F. 139



11/22/99
house location has
been shifted forward
and to the right - should
not adversely impact well/aplic.
or to proceed.



- NOTES:
1. FOOTINGS AND FOUNDATION ARE IN PLACE AS SHOWN.
 2. TOP OF FOUNDATION ELEV.=759.14
 3. ELEVATIONS ARE BASED ON USGS BM D-87 (ELEV.=780.20)

WALL CHECK DRAWING
LOT 4
PLEASANT HILLS
2008 WATKINS WAY
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' OCTOBER, 1999

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT
OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND
AMONG THE LAND RECORDS OF HOWARD COUNTY,
MARYLAND, AS REFERENCED HEREON.



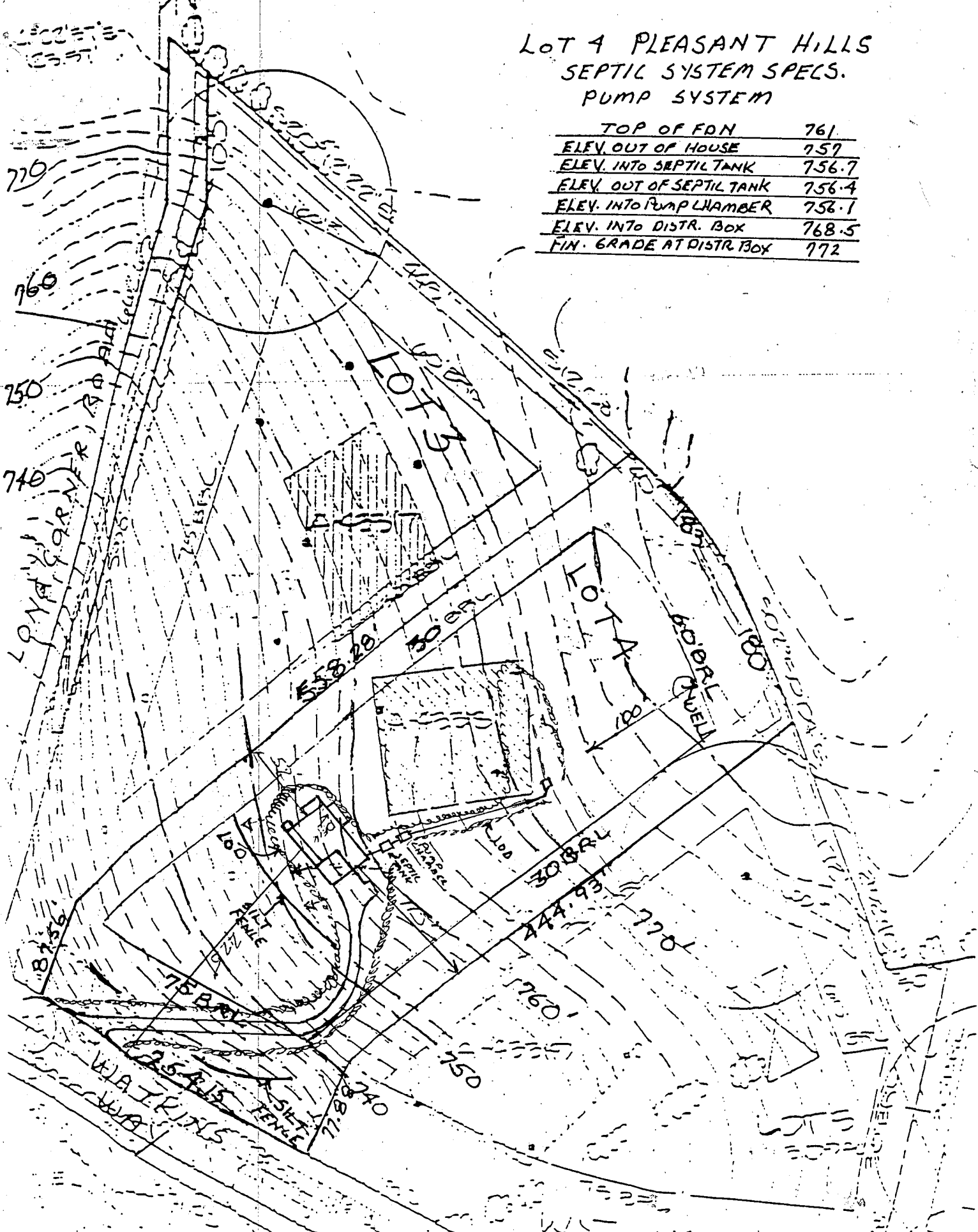
VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. box 328
Mount Airy, Maryland 21771
(301) 829 2890 (301) 831 5015 (410) 549 2751

REFERENCE	JOB NO.
PLAT #10511	98-4278

File name: T:\EPI\JOBS\98-4278\LOTS\LOT4WC

LOT 4 PLEASANT HILLS
SEPTIC SYSTEM SPECS.
PUMP SYSTEM

TOP OF FDN	761
ELEV. OUT OF HOUSE	757
ELEV. INTO SEPTIL TANK	756.7
ELEV. OUT OF SEPTIL TANK	756.4
ELEV. INTO PUMP CHAMBER	756.1
ELEV. INTO DISTR. BOX	768.5
FIN. GRADE AT DISTR. BOX	772



STYSLEY HOMES INC.
16445 OLD FREDERICK RD
MT. AIRY MD 21771

LOT 4 PLEASANT HILLS
TAXMAP 6412 - 4TH DIST.
MT. AIRY HOWARD COUNTY, MD. SCALE - 1"=100'

Approved Septic System Plan
Howard County Health Department

Denise
Signature Date

Total linear feet of trench
required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below
distribution pipe 1.5 feet

C 1	06750	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER	A43318	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 6 2 99		Depth of Well 22 150 26 (TO NEAREST FOOT)		
				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2258 28 29 30 31 32 33 34 35 36 37		

OWNER	last name	first name	TOWN	LOT
STREET OR RFD	WATKINS WAY		MT AIRY	4
SUBDIVISION	DEANST HILLS	SECTION		

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 FROM TO	check if water bearing
TOP SOIL	0 3	
Brown Shell	4 32	
+ Sandstone	33 150	
+ gray slate		
GOT water at		70
		120

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle appropriate box) yes ☒ 44 no ☐ 44	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT ☒ BENTONITE CLAY ☐	
NO. OF BAGS 45 46 12 NO. OF POUNDS 45 46 1128	
GALLONS OF WATER 72	
DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 ft. to 45 54 BOTTOM 58 ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	STEEL ☒ CONCRETE ☐
	PLASTIC ☐ OTHER ☐
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70
	Total depth of main casing (nearest foot) 47

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

SCREEN RECORD	
screen type or open hole	STEEL ☐ BRASS ☐ OPEN HOLE ☒
insert appropriate code below	PLASTIC ☐ OTHER ☐

DEPTH (nearest ft.)	
1 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000	

NUMBER OF UNSUCCESSFUL WELLS:	0
WELL HYDROFRACTURED	yes ☐ no ☒
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 LIC. NO.	M 5 D 143
DRILLERS SIGNATURE	Perry H. H. H.
(MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO.	M D
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	56 60
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
W	Q
70	72
TELESCOPE CASING	LOG INDICATOR
	OTHER DATA

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	15.0	
METHOD USED TO MEASURE PUMPING RATE	Submersible	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	63 ft.	
WHEN PUMPING	70 ft.	
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 (CIRCLE) (YES or NO)	YES ☐ NO ☒
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	31 35
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
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)

SEPTIC TANK

WELL

100 FT

WATKINS WAY

Lot #4

B 1 6440		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER NO-94 - 2258 fill in this form completely	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)							
Date Received (ARAT) 05/03/99				B 3 HOWARD LOCATION OF WELL			
OWNER INFORMATION Stasley Homes Inc.				8 COUNTY HOWARD			
15 Last Name Stasley Owner Homes Inc. First Name Inc. 34				23 SUBDIVISION Pleasant Hills 42			
36 16445 Old Frederick Rd 55				SECTION - 44 46 LOT 4 48 50			
57 MD 21771 70 State MD 72 Zip 21771 76				52 NEAREST TOWN MT Airy 71			
DRILLER INFORMATION Perry Harris M SD 143				MILES FROM TOWN (enter 0 if in town) 4 M 73 76 77 78			
Driller's Name Perry Harris 76 License No. SD 143 81				B 4 WORKING WAY			
Firm Name HARLEY Drilling & Pump Systems				11 LOHSCORWIN RD 30			
Address Box 160 Walkersville MD				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
Signature Perry Harris Date 4-29-98				34 400 37 DISTANCE FROM ROAD FO 38 39			
B 2 WELL INFORMATION				TAX MAP: _____ BLK: _____ PARCEL: _____			
1 APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12				DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20				TOWN			
USE FOR WATER (CIRCLE APPROPRIATE BOX)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				COUNTY NAME HOWARD COUNTY NO. A43318			
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				STATE SIGNATURE _____ INSERT S _____ 41			
22 ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				DATE ISSUED 05/17/99			
☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)				CO SIGNATURE _____ EXP. DATE _____			
☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				NORTH GRID 540 000 EAST GRID 000 000			
APPROXIMATE DEPTH OF WELL 200 FEET 24 28				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				SOURCES OF DRILLING WATER			
METHOD OF DRILLING (circle one)				1. Well			
BORED (or Augered) JETTED Jetted & DRIVEN				2.			
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)				3.			
37 CABLE REVERSE-ROTARY Drive-POINT				WRITE THE BOX NUMBER FROM THE MAP HERE			
other				E 755			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				N 540			
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL				DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				6/2/99 10:30			
39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				Grout 42' open hole			
☐ THIS WELL WILL DEEPEN AN EXISTING WELL				Started 20' from pipe used			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)				at 1:30pm + 4' of black hose			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				12 bags Portland Cement used			
APPROP. PERMIT NUMBER DS G A P				Grout rose 000 to 000			
FORCE DS WRITE INITIALS IN BOX 110 - 94 2258				along with working way			
SPECIAL CONDITIONS				10' 14' Spm SPRK			
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				didn't appear to sink			

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

depth of well
GPM
Static

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer T.M. Bernard Plumbing

Telephone 410-461-6599

License Number #7248

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Michael T. Stiply

Telephone 410-442-2190

Subdivision Pleasant Hills Lot # 4

Well Tag # HO-94-2258

Site Address 2008 Watkins Way

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make Howe
3. Model # _____

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No ☒

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

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

Tank

1. Capacity 17gal
2. Pressure relief valve? yes

Piping

1. Type Ble poly
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 42"

Well data

- ① Depth _____ ft.
- ② Yield _____ GPM
- ③ Static water level _____ ft.
4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Timothy M. Bernard

Date: 1/3/00

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

HD-215

SEE REVERSE FOR DETAILS - 2/8/00 SRK
WPI OK

2/8/00 - Either request for well line inspection was never called in or requested inspection was never written in book - either way no well line inspection was made and work was covered. Spoke to plumber Mr. Barnard and discussed these issues. According to him, there was adequate thick grout 2" around and below pitless adapter. I observed entire grout by Perry Harley so I believe this to be true. Well line and pitless adapter was not re-excavated because of potential damage that could occur to well casing & grout.

Another issue was the septic force main crossing the well line and being above the well line. I stated to the Builder (Mr. Stysley), Mr. Barnard and Ed from Pogle that this was unapprovable and must be corrected which it was.

Received
1/3/2000

Well line is now 12" above the top of the septic force main.

Also see letter dated

2/11/00

WPI OK (SRU)



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 20, 1999

Perry Harley
Harley Drilling & Pump Systems
P.O. Box 160
Walkensville, MD 21793

RE: Pleasant Hills - Lot 2 & 4
Watkins Way
Lot 2 - Well Tag # HO-94-2257
Lot 4 - Well Tag # HO-94-2258

Dear Mr. Harley:

On May 20 and June 2, 1999 two grout inspections for the above referenced wells were observed. During these field inspections, it was observed that 20 feet of tremmy pipe was used to place the grout down the annular space. The open hole was reported to be 50 feet for well HO-94-2257 and 42 feet for HO-94-2258.

Section G (9) (a) ii of 26.04.04.07 well construction regulations state that when "Grouting Depths Greater than 30 Feet. The minimum length of grout pipe that shall be inserted into the annular space is 30 feet."

Please make sure that this standard is followed in the future so that there is no possibility that the grout does not reach the bottom of the open hole and that a solid grout is achieved along the entire length of the casing.

Thank you for your cooperation in this matter.

Very truly yours,

Craig Williams (SRK)

Craig Williams, Sanitarian
Water and Sewerage Program

SRK: CW/SRK
cc: File ✓

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTES:

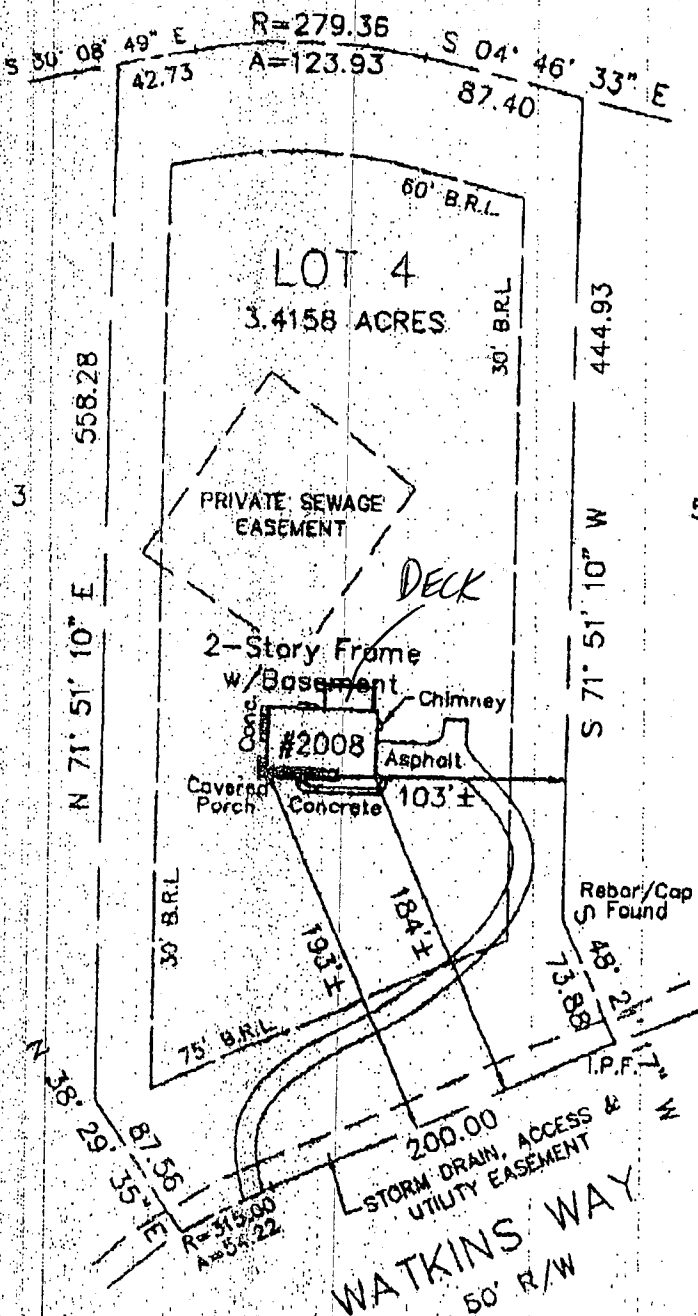
(1) The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 6

Date of Map: 12-4-86

Flood Zone: "C"

(2) No property corners found or set unless otherwise noted.

(3) The accuracy of this survey and the apparent setback distances is $2 \pm$



BOUNDOLE
3/27/03
Proposed Deck
O.K.
(BB)



SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the plat of subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures, if any. This plat is NOT FOR DETERMINING PROPERTY LINES OR FOR CONSTRUCTION OF IMPROVEMENTS, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat.

Michael J. Bazis
Michael J. Bazis

RPLS #10956

LOCATION DRAWING
LOT 4
PLEASANT HILLS
HOWARD COUNTY, MARYLAND

THIS SURVEY IS FOR TITLE PURPOSES ONLY

DB # 02.0597H	DATE 8-16-02
PLN DTR	DRAFT DAB
PR M.D.R. 10511	
SCALE: 1" = 100'	

R.C. KELLY & ASSOCIATES, INC.

PROFESSIONAL LAND SURVEYORS

18111 COLLEVILLE ROAD, SUITE 109
SILVER SPRING, MARYLAND 20901
(301) 893-8008 FAX (301) 891-7211
E-MAIL: survey@rickkelly.com