04-354516

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513623
A 43324
ISSUE DATE 6/6/2000
APPROVAL DATE 6/28/00

INDEXED

Farm & Home Excavating Bill Ingram IS PERMITTED TO INSTALL x ALTER ____

ADDRESS 901 Driver Road, Marriottsville, MD 21104 PHONE 410-442-2139

SUBDIVISION Pleasant Hills LOT NUMBER 8 ADDRESS 2040 Watkins Way

PROPERTY OWNER Frank & Phyllis Baiocchi PROPERTY OWNER'S ADDRESS 2041 Watkins Way
Mt. Airy, MD 21771

SEPTIC TANK CAPACITY 1000 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED ~~210~~

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box 155 feet down the left lot line and 60 feet off the same lot line when facing the lot from Watkins Way. Run trenches along contour towards left rear of the lot.

PLANS APPROVED Donna K. Soe On 4/4/00 SRK DATE 4-19-94

PERMIT VOID AFTER 2 YEARS

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

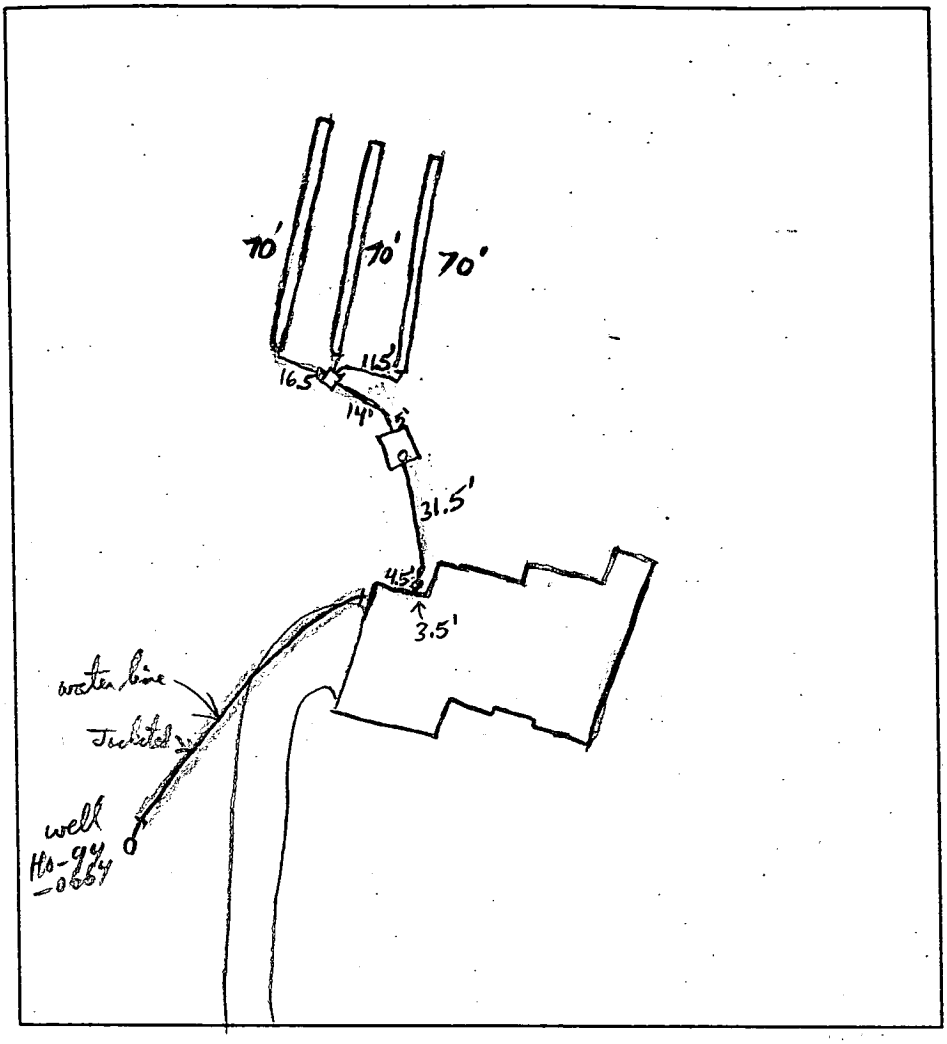
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

43324

Jane Mattice (plumber) (PH)

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'

TRENCH INLET DEPTH 4.0'

TRENCH BOTTOM DEPTH 6.0'

DEPTH OF STONE 2.0'

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 210'

ABSORBENT AREA 630 sq. ft.

DISTRIBUTION BOX LEVEL OK

BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 MS GALLONS

MANHOLE RISER No

6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

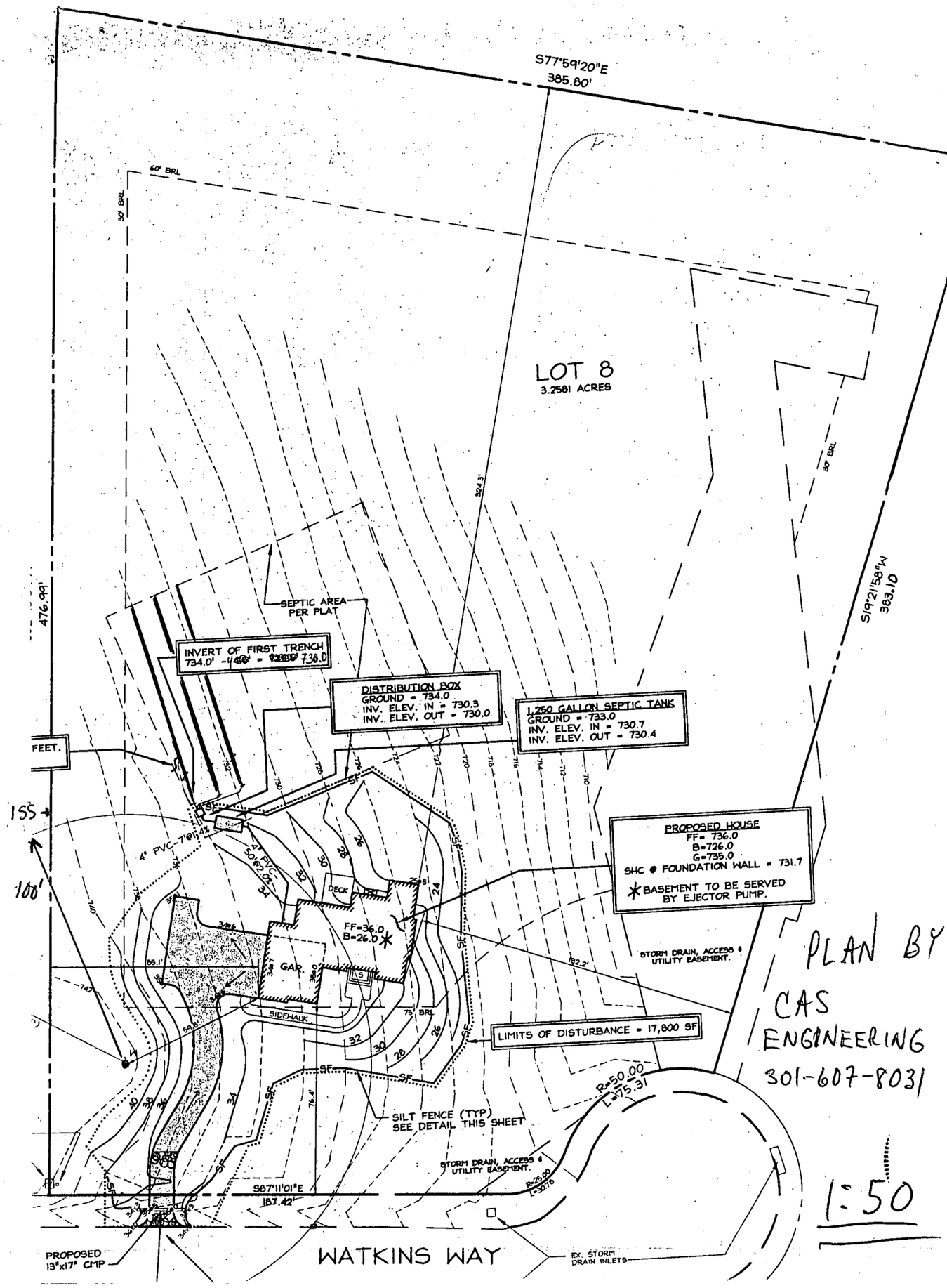
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: Note if well line crosses house sewer, well line must be 1' minimum above house sewer. Sleeving is considered additional protection but the 1' seperation is a must. Well line must also be 36" below grade (SRH) 6/28/00 System satisfactory. O.K. to cover everything. (BB)

6/1/00 WPI - pitless adapter OK @ 35'/ft, 2 piece cap + PVC conduit OK - waterline is jacketed from house to within 2 ft of well - OK RP 6/1/00

INSPECTOR B. Baker DATE SYSTEM APPROVED 6/28/00



Approved Septic System Plan
Howard County Health Department

Mark E. Rifkin 3/10/00
Signature **Date**

Total linear feet of trench required 210 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00122509

Building Address 2040 WATKINS WAY
MT. AIRY, MD. 21771

Suite/Apt. #: SDP/WP/Petition #:

Census Tract 6046 Subdivision PLEASANT HILLS

Section N/A Area N/A Lot 5

Tax Map 12 Parcel 5 Grid 4

Zoning RC-DFS Map Coordinates 7C1 Lot size

Property Owner's Name FRANK + PHYLLIS BAIOCCHI

Address 2040 WATKINS WAY

City MT AIRY State MD Zip Code 21771

Home Phone 301 607 8568 Work Phone SAME

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY DWELLING

Estimated Construction Cost $ 185,000

Description of Work 2 STORY FULL BASEMENT ATTACHED 2CAR GARAGE 3 BEDROOMS 2½ BATHS, 2 FIRE PLACES 6FT. DECK R/ IN BSMT

Occupant or Tenant SAME AS OWNER

Contact Name

Address

City State Zip Code

Phone Fax

Contractor Company OWNER

Contact Person

Address

City State Zip Code

License No.

Phone Fax

Engineer or Architect Company CAS ENGINEERING

Contact Person CURT

Address 106 EAST RIDGEVILLE BLVD

City MT. AIRY State MD Zip Code 21771

Phone 301 607 8568 Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height

No. of stories

Gross area, sq. ft. per floor

Use group

Construction type:
- ___ Reinforced Concrete
- ___ Structural Steel
- ___ Masonry
- ___ Wood Frame
- ___ State Certified Modular

Utilities

Water Supply:
- ___ Public
- X Private

Sewage Disposal:
- ___ Public
- X Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☒

Heating System:
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☒
- ___ Full
- ___ Partial
- ___ Other Suppression
- ___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:	49	60'
2nd floor:	37	37
Basement:	49	60

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 3

Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:

Other Structure:
Dimensions:
Footings:
Roof:

___ State Certified Modular
___ Manufactured Home

Utilities

Water Supply:
- ___ Public
- X Private

Sewage Disposal:
- ___ Public
- X Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☒

Heating System:
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☒
- ___ NFPA #13D
- ___ NFPA #13R
- ___ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

FRANK BAIOCCHI
Print Name

2-22-2000
Date

Title/Company

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development: DPZ		
State Highways		
Building Official		
Dev. Engineering: DPZ		
Health	3/10/00	Mark E. Rifkin
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 75' Min
Rear: 60' Min
Side: 30' Min
Side St.: N/A
All minimum setbacks met?
YES ☒ NO ☐
Is Entrance Permit required?
YES ☐ NO ☒
Historic District?
YES ☐ NO ☒
Lot Coverage for New Town Zone
SDP/Red-line approval date

PROPERTY ID#: 1/2013

Filing fee	$	25.00
Permit fee	$	
Excise tax	$	
Sub-total paid	$	
Add'l permit fee	$	
TOTAL FEES	$	
Balance due	$	11.00
Check	#	
Validation	#	

Accepted by

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.frm

Rev. 10/15/98

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: JAMES METTEE PLUMBING Telephone #: 301 831 9636
Address: 13833 JESSE SMITH ROAD
MOUNT AIRY, MD. 21771

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): JAMES R. METTEE License# 4962
*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.

Name of Property Owner: FRANK BAIOCCHI Telephone #: 301 607 8568
Subdivision: Pleasant Hills Lot #: 8 Well Tag #: HO-94-0667
Site Address: 2040 Watkins Way
Mt. Airy, MD 21771

Submersible Pump Data
Make: STA-RITE
Model #: 7SP4A23HL-04
Pump Capacity 7 GPM
Well Yield: 8 GPM

Pitless Adapter
Make: HARVARD
Model#: AT800
Depth: 42" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit
Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 343 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestor or (Cable guard) are required – Must circle one YES
Safety rope, if used, attached to inside of well casing with eye bolt ___

Piping to house
Type: P.E.
PSI 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 10'
Sleeve caulked and sealed 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.

James R. Mettee
Signature of company representative responsible for installation

11/3/2000
date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 6/1/00 Date Insp. Approved: 6/1/00 OK (RJP) SRM

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 ✓

APPLICATION

A 43324

PERCOLATION TESTING

P

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

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, Damascas, MD 20878 PHONE (301) 859-0563

PROSPECTIVE BUYER Standard Management Corporation

ADDRESS 10324-B Baltimore National Pike, Ellicott City, MD 21043 PHONE (301) 461-6777

PROPERTY LOCATION:

SUBDIVISION Pleasant Hills LOT NO. 8

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. Ferrid Kourdi
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-26-89 Perc Satisfactory - Hold for Subd. Plat - Sab

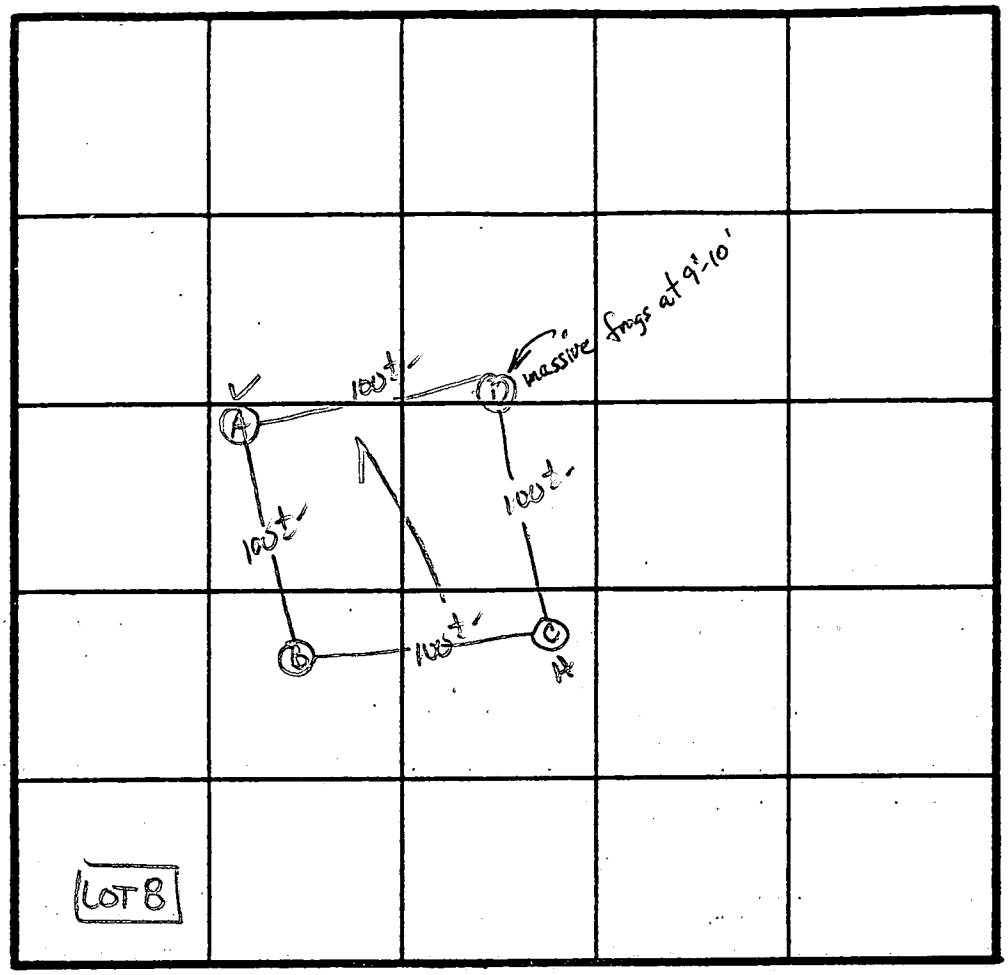
HD-216

THIS IS NOT A PERMIT

A-43324

(B)
SOIL PROFILE

0
9"
AP
RED Br Silty Clay Loam 20-30% Frags
3.5'
Yellow Br Silty Sand Loam 25-40% Frags
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Long Corner Rd.

X Perc 12 MIN
210 ft/BR
Inlet - 4.5'
Bottom - 6.0'

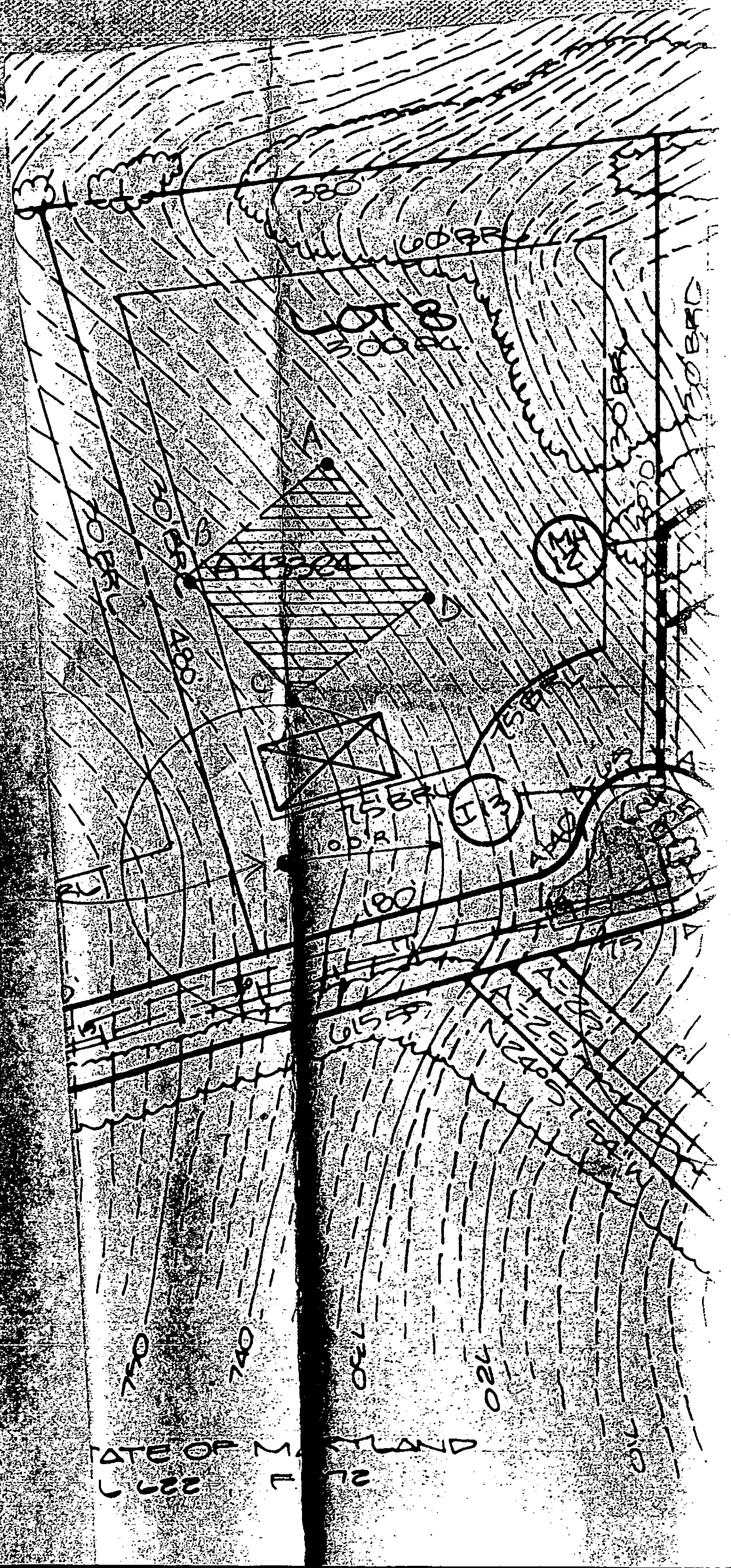
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/26/89	B S V	4.0' 12.0'	1:17 As Profiled	1:28	1:28	1:50	22 MIN
	A S V	6.0' 12.0'	1:20 similar	1:25 to Profile	1:25 w/ same	1:41 frags	16 MIN
	D S V	5.0 12.5'	1:24 similar to # A & B	1:26	1:26 w/ MASSIVE Frags	1:30	4 MIN AT 9-10'
	C S	4.0'	1:29	1:34	1:34	1:42	8 MIN
	CV	12.0'	SAME AS	D			
	BM	8'	1:34	1:36.	1:36	1:42	6 Min

REMARKS Holes as staked + Approx to Plat - Shallow Syst only

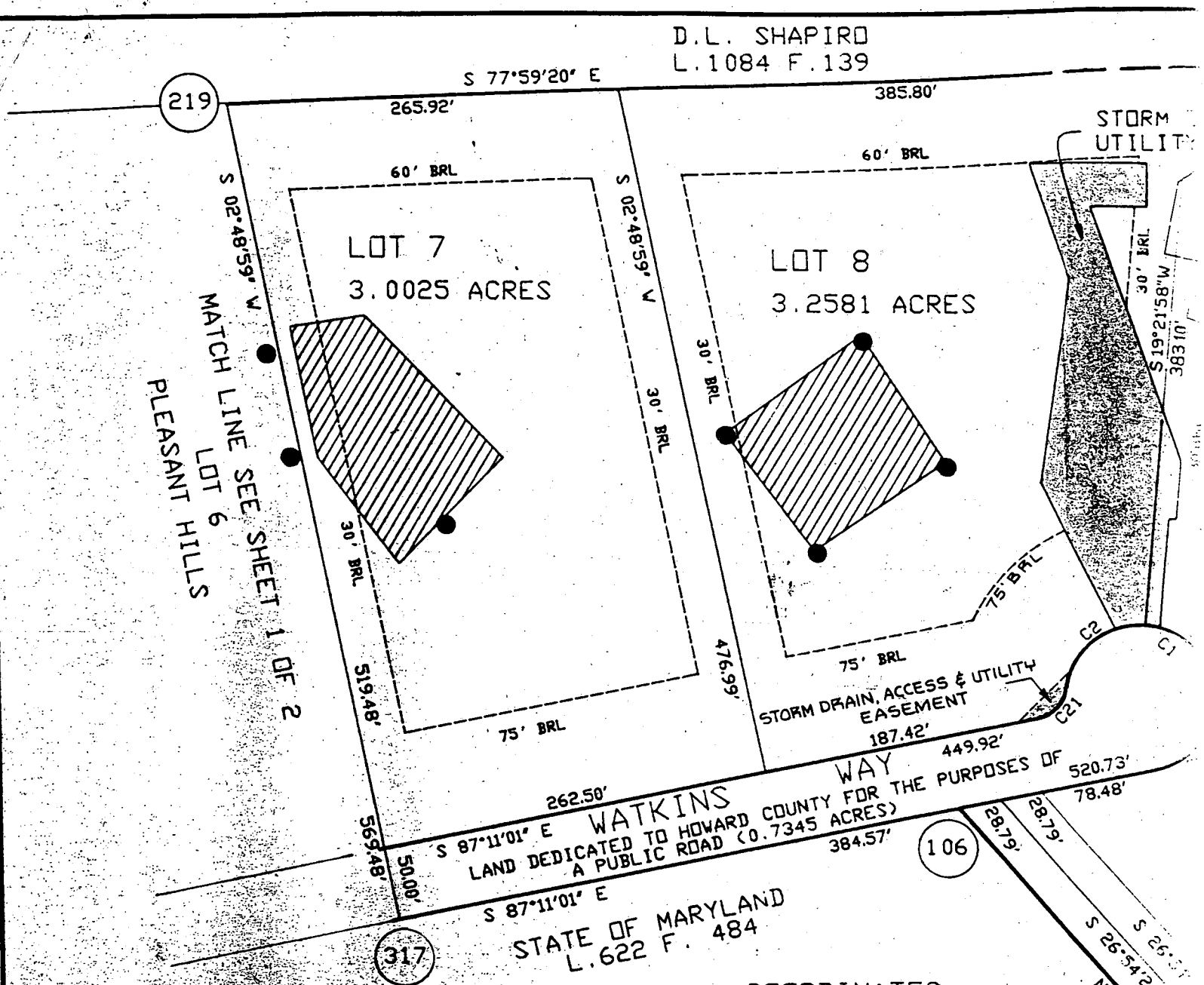
TYPE OF SOIL Mt Airy

TESTED BY S. Abel

ALSO PRESENT Jack F. Rock, Jeff.



well site OK as staked
8/17/95



COORDINATES

No.	NORTH	EAST
219	539700.2261	755994.3609
100	539470.8861	757072.2875
101	539338.3149	757389.8349
102	539198.0865	757438.6409
103	538801.6153	757688.1664
104	538583.3418	757262.5942
105	538210.7345	756808.1276
106	539112.5329	756350.4888
317	539131.4295	755966.3785

CURVE TABLE

CURVE#	RADIUS	LENGTH	CHORD	CHORD BEARING	DELTA ANGLE	TANGENT
C1	50.00'	218.63'	81.65'	S 32°26'53" E	250°31'44"	70.71'
C2	50.00'	75.31'	68.39'	N 65°26'06" E	86°17'41"	46.87'
C3	50.00'	50.00'	47.94'	S 42°46'10" E	57°17'47"	27.32'

C 1 | 2822 | SEQUENCE NO. (MDE 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 13-A 43324

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 08 28 95

Depth of Well: 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0664

OWNER: Walton Homes (last name) (first name)
STREET OR RFD: Watkins Way TOWN: Long Corner
SUBDIVISION: Pleasant Hills SECTION: LOT: 8

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	FEET TO	check if water bearing
OVERBURDEN	0'	23'	
SLATE HIT WATER AT 75' 3 GPM	23'	75'	✓
SLATE HIT WATER AT 250' 3 GPM	75'	250'	✓
SLATE	250'	340'	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes (Y) no (N)

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.

TYPE: MWD (MSD) MGD
DRILLERS LIC. NO. 095
Austin Stover
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. JSD 032
Robert Harley
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 9 NO. OF POUNDS 846
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 42 ft.
(enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	42

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN

	DEPTH (nearest ft.)	
1	HO	39 to 340
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK: from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T ____ (E.R.O.S.) ____ W Q ____
TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

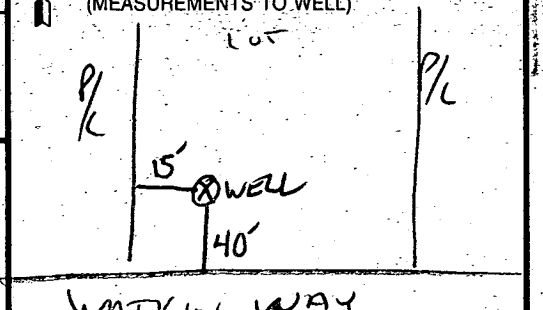
C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min.): 8.
METHOD USED TO MEASURE PUMPING RATE: BUCKET/TIME
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 45 ft.
WHEN PUMPING: 56 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)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above LAND SURFACE (−) below
3 (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)



COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 1528 | SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: H0-94-0669
fill in this form completely

Date Received (APA): 07/28/95

OWNER INFORMATION

WALTON HOMES
Last Name / Owner / First Name

19432 YOUNGS CORNER RD
Street or RFD

STERLING VA 20165
Town / State / Zip

DRILLER INFORMATION

AUSTIN GARVER
Driller's Name

MSD/MGD/MWD: 095
77 License No. 80

Keeler-Garver Well Drilling Co.
Firm Name

9125-B Bell Rd Frederick, MD 21702
Address

Austin Garver 7/25/95
Signature / Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 800

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 700 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary (AIR-PERcussion) ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: RP (WRITE INITIALS IN BOX) PERMIT No. H0-94-0669

B 3 LOCATION OF WELL

HOWARD
8 COUNTY

PLEASANT HILLS
23 SUBDIVISION

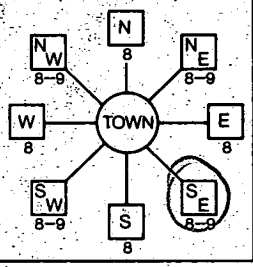
SECTION LOT 9

LONG CORNER
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WATKINS WAY / LONG CORNER RD.
NEAR WHAT ROAD

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

DISTANCE FROM ROAD: 850

ENTER FT OR MI: FT

TAX MAP: 612 BLK: PARCEL 9

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13-A43324
COUNTY NAME / COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED: 08/23/95 Donald Pinkley 8/23/96
CO SIGNATURE / EXP. DATE

NORTH GRID: 53900 EAST GRID: 07560

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

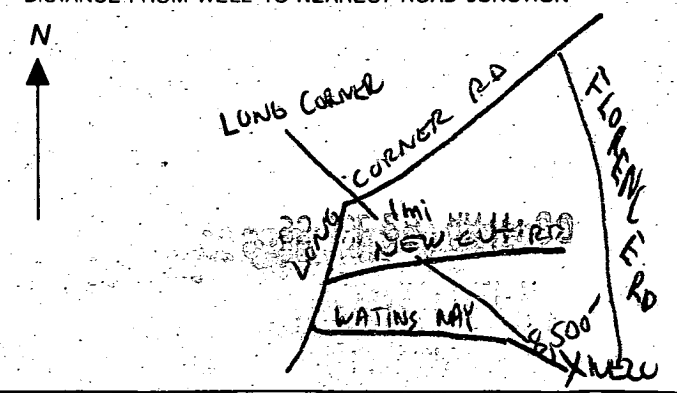
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 756
N 539
000
000

Grout 1'00
9-6-95
No insp

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY