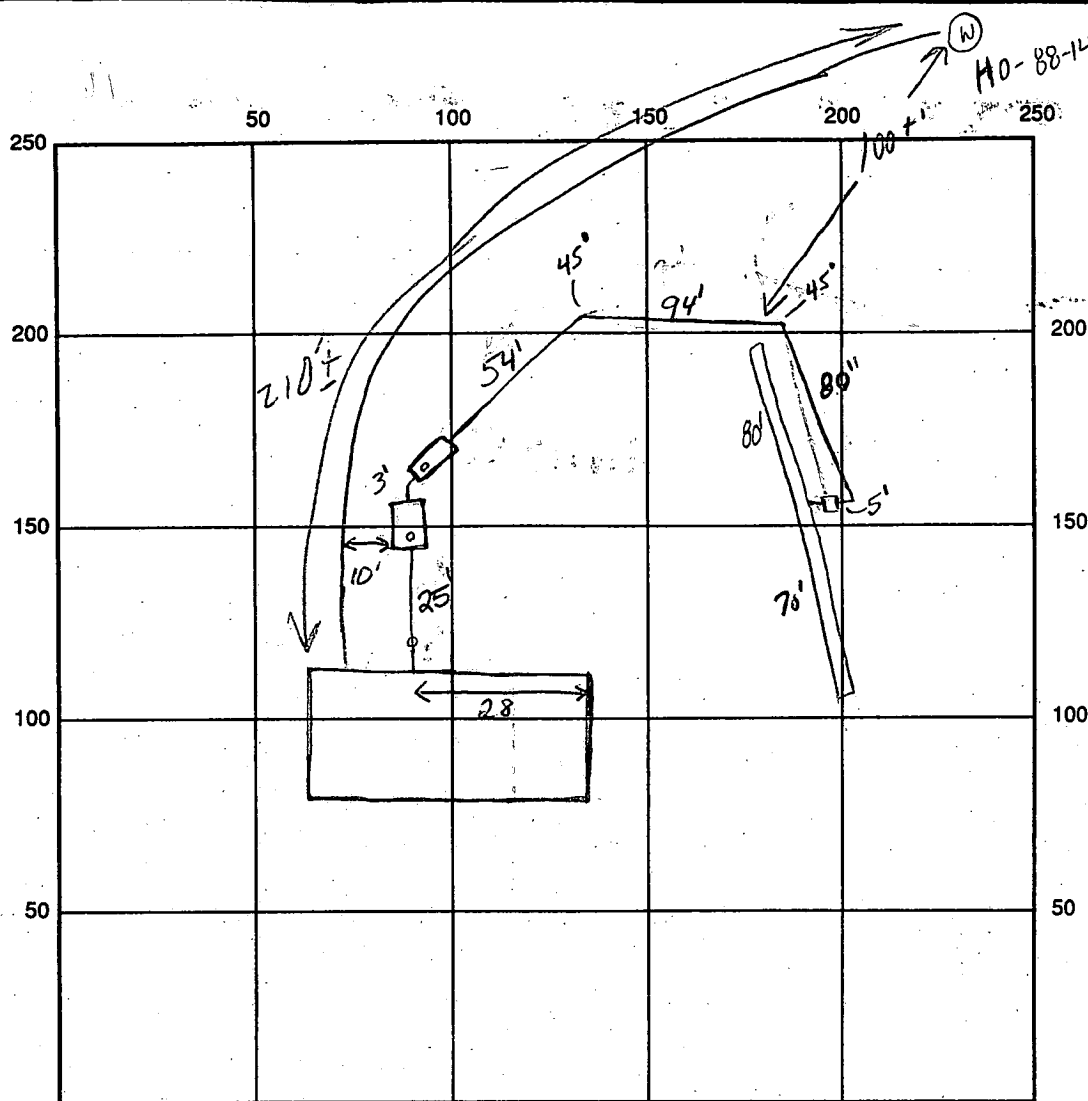


A 4/28



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Quarterhorse Drive

SEPTIC TANK LEVEL OK, 1250 top sealed tanks

CLEANOUTS 1 on tank, 1 on pump chamber, 1 at house

DISTRIBUTION BOX LEVEL OK, baffle in

DRAIN FIELD/TITLE DEPTH 8.0 FT.

TRENCH WIDTH 2.0 FT.

INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 5.0 FT.

TOTAL LENGTH 1 x 70
1 x 80 FT. $\rightarrow 150$

NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 750 SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 11/17/97 (am) OK to continue (KM)

11/17/97 (pm) OK to cover trenches and line from house to distribution box, house conn
will be made by Fogle's today (hole cut in wall, no pipe through wall at time of inspection)
distribution box will remain open for pump pit inspection on 11/18/97

2/25/98 FINAL WSP - pump check OK. DS

DATE SYSTEM APPROVED 2/25/98

INSPECTOR Douglas

APPLICATION

44281

A 42457

PERCOLATION TESTING

P _____

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

DISTRICT 3DATE 8-25-88

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 ~~Vincent Bracciale~~ Thomas & Carmella Happel
Mark & Nancy CarterADDRESS 1830 Woodstock Rd PHONE 725-9500
465-5855 Ho Co Land Servi.PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Bracciale Property LOT NO. 17 LOT 5 PrelimROAD AND DESCRIPTION Woodstock Rd north of Md Rt 99(1805 Quarterhorse Drive) BLDG. PERMIT SIGNEDTAX MAP 10 PARCEL # 36 AND RETURNED 10-17-97
Serial # B10108138SIZE OF LOT 3.21 ± acres TYPE BLDG. SFD - 4Brm
(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. M. J. R. Rev

(SIGNATURE OF APPLICANT)

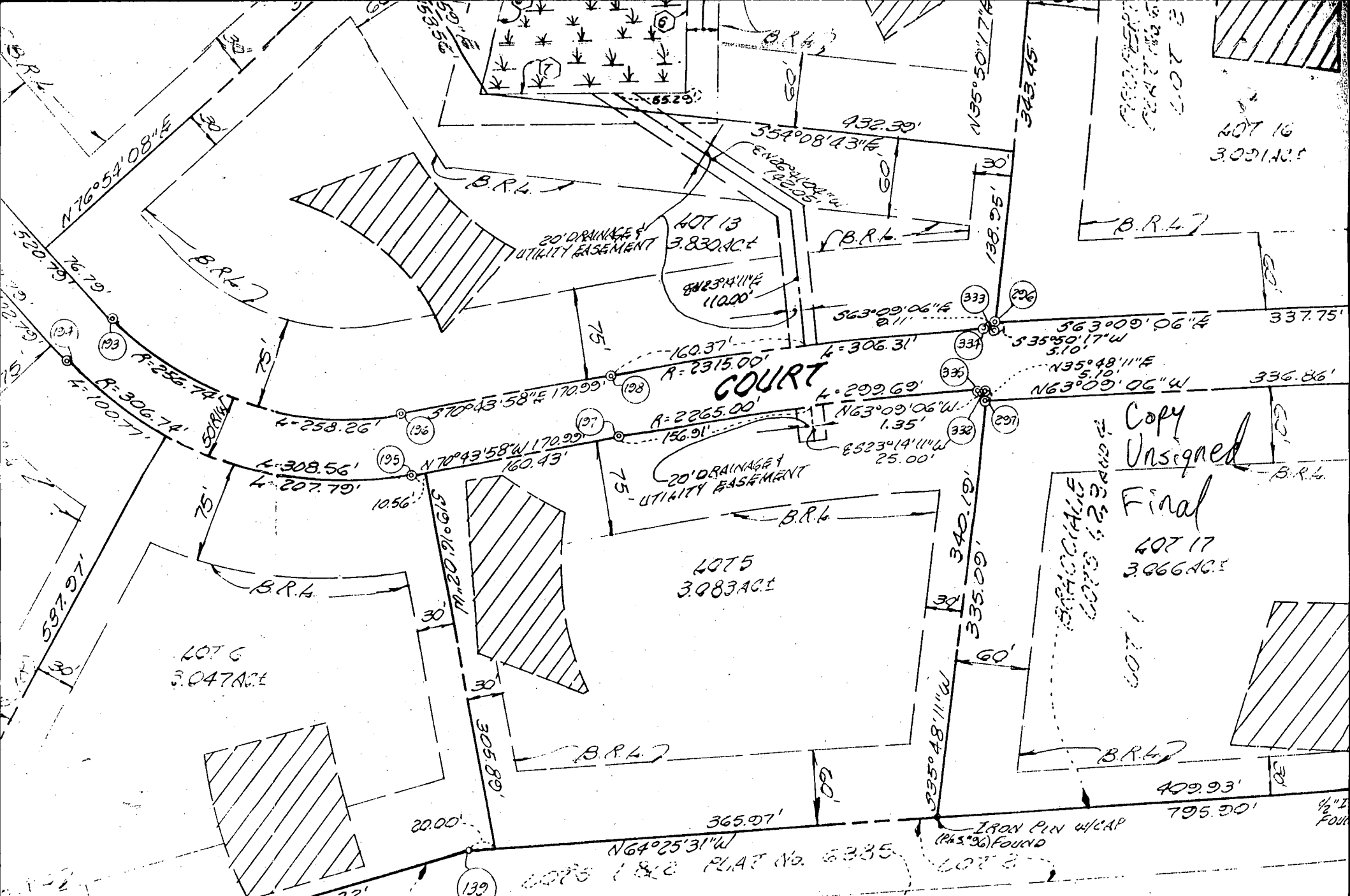
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-22-89 Puc Sales factory - Hold for plat. S. abelBLDG. PERMIT SIGNED
AND RETURNED 11/6/91
Serial # B1086-SFD
4 Bedrooms

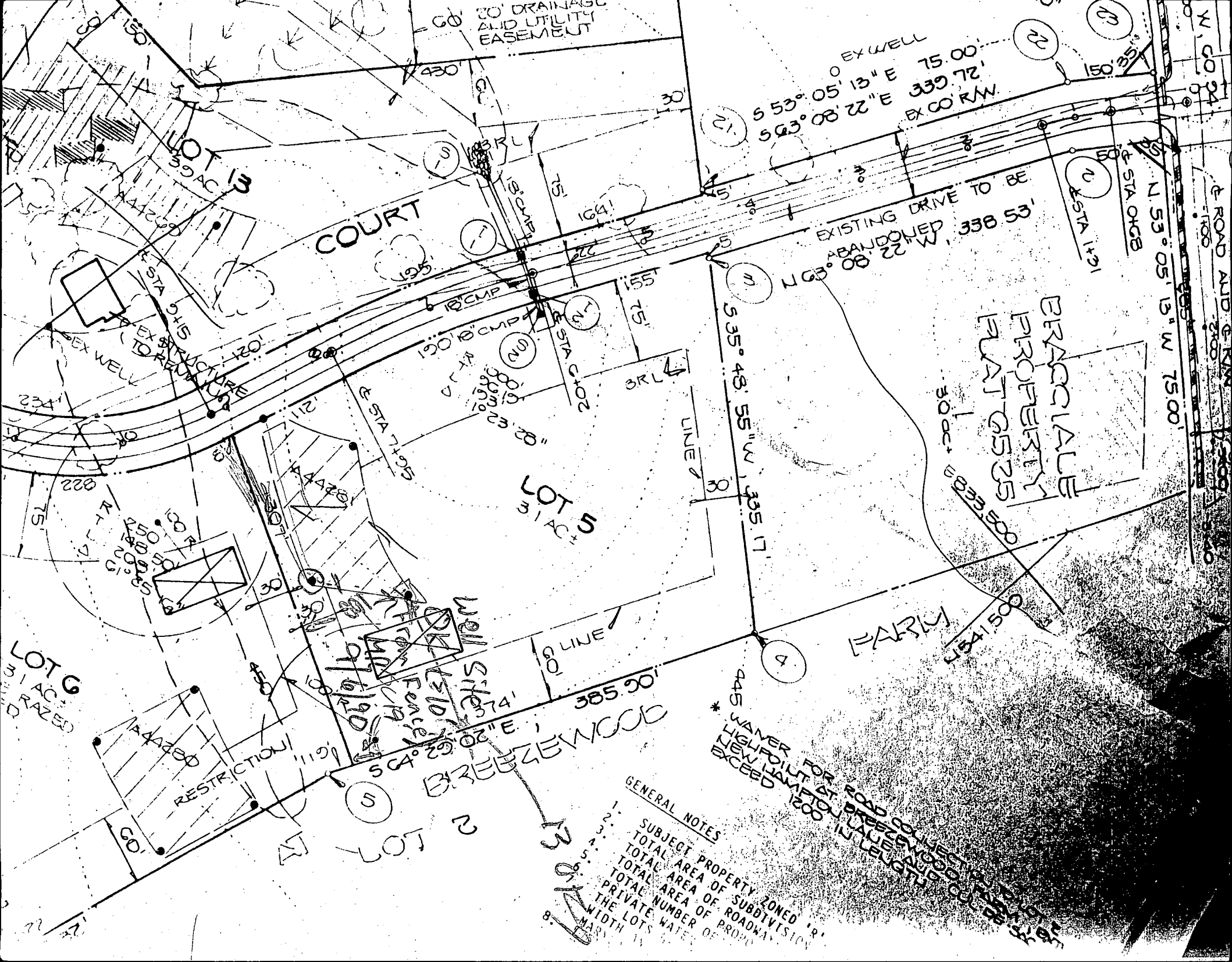
THIS IS NOT A PERMIT



Copy
Unsigned
Final
LOT 17
3.066 AC

FLOOD PLAIN TABULATION CHART	
LINE	BEARING AND DISTANCE
FP1	N12°42'32"E, 123.96'
FP2	S82°10'57"E, 35.29'

OWNER
VINCENT A. BRACCIALE, ET AL.
1830 WOODSTOCK ROAD
WOODSTOCK, MARYLAND 21163



C1 0846 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

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Bracciale last name Vincent first name
STREET OR RFD Quartermaster TOWN Woodstock
SUBDIVISION PARKSIDE SECTION LOT 5

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

Topsoil 0 2
shale 2 35
Sandstone 35 40 ✓
shale 40 85 ✓
M.I.K.A. 85 115
Sandstone 115 160 ✓
M.I.K.A. 160 165 ✓
Sandstone 165 205

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 31 NO. OF POUNDS 3100

GALLONS OF WATER 186

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 5 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

PL 60 61 63 64 66 67 68 69 70

OTHER CASING (if used)

diameter inch depth (feet) from to

60 61 63 64 66 67 68 69 70

screen type or open hole

SCREEN RECORD

insert appropriate code below

ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C2

DEPTH (nearest ft.)

1 18 9 14 15 47 11 4 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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 CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 9

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 18

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: 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 49 LAND SURFACE (nearest foot) 50 51
- below

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)

Quartermaster
320'
1000'
RT 99
Woodstock Rd

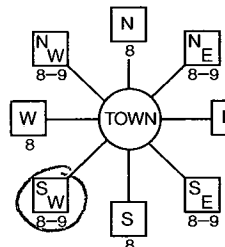
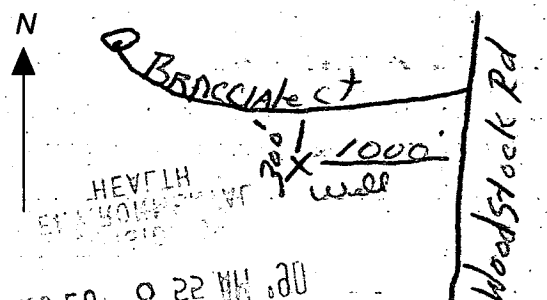
DRILLERS IDENT. NO. 453

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Frank Delp

SITE/SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1 1 2 3 4 5 6 6391 (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 40-88-1462 fill in this form completely
Date Received (APA) 082690		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY BRACCIATE CT 23 SUBDIVISION SECTION 44 46 LOT 5 Parkside WOODSTOCK 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78
OWNER INFORMATION 15 Last Name 34 Owner First Name BRACCIATE VINCENT 36 Street or RFD 55 PO BOX 24 57 Town 70 State 72 Zip 76 WOODSTOCK MA 21163		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 BRACCIATE CT Quarterhorse Dr ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 6 + 38 39
DRILLER INFORMATION Driller's Name FRANK DELPH 77 License No. 80 453 Firm Name FRANK DELPH WELL DRILLERS INC Address 18234 PENN SHOP RD MT. AIRY Signature Frank Delph Date 8-27-90		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL County Name Howard County No. A44281 STATE SIGNATURE: Mark E. Lipkin DATE ISSUED 3/7/91 43 48 CO SIGNATURE EXP. DATE NORTH GRID 542000 EAST GRID 0833000 50 55 57 63
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		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)
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 833 N 5432 000 000 7AGOR
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  HEALTH DEPT. APPROVAL 8 22 90
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 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN 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 54 GAP 63 FORCE MD WRITE INITIALS IN BOX PERMIT No. 40-88-1462 67 68 70 71 72 73 74 75 76 77 78 79
SPECIAL CONDITIONS COUNTY:		

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-W Ellicott Hills Drive
Ellicott City, MD 21043
461-9033

11/18/97
WPT p.m.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Charles A. Klein & Son, Inc. Telephone 410-549-6960

License Number 6521
Certified Well Pump Installer ☒ Well Driller _____ Registered Plumber _____

Name of Property Owner Catonsville Builders Telephone 410-750-1200
Subdivision Parkside Lot # 5 Well Tag # HO-88-1462
Site Address 1805 Gunter Road Ct Woodstock, Md. 21163

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒

2. Make _____

3. Model # _____

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 _____

Motor

1. Horsepower _____

2. RPM _____

3. Voltage _____
a. 110 _____
b. 220 _____

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth _____

Tank

1. Capacity _____

2. Pressure relief valve? _____

Piping

1. Type _____

2. Size _____

3. NSF and/or BOCA Code approved _____

4. Depth of supply line _____

Well data

1. Depth _____ ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? _____

11/18/97 2-PC CAP ON SITE

WELL LINE OK 3-4 B.G.

TOP 6' OF CASING REPLACED DUE TO BACKHOE DAMAGE BY PLUMBER

TAG
ONSITE
TO BE

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: Charles A. Klein

Date: 11-13-97

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

QUARTER

HORSE

50' R/W

FX PAVING

MARYLAND

2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 434.50
- B. BASEMENT ELEVATION: 425.50
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 422.1
- D. INVERT IN AT SEPTIC TANK: 429.5
- E. INVERT OUT AT SEPTIC TANK: 429.0
- F. PROPOSED GRADE OVER SEPTIC TANK: 432.0
- G. INVERT AT DISTRIBUTION BOX: 435.00
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 438.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
2. INV. IN AND OUT @ PUMP TANK: 428.9

CHER.
SOIL
VERED.

N 70° 45' 58" W

5CE

15 DRL

430.5

432

428

430.0

430.0

432.5

432.2

432

432

432

432

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