

6/19/92 LATE
7/27/92 4:20

04-352939

7/27 DONE ONLY
Need Sewage Pumps tested

6/19 P.C.O. C.B.D.
P 48226
A 46873

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

DISTRICT 4th

DATE 4/12/92

DATE SYSTEM APPROVED 7/27/92

INSPECTOR C.B.D.

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Zubovic Property LOT 2 ROAD 1195 Ridge Road

PROPERTY OWNER John and Betsy Davis BUILDING PERMIT SIGNED

AND RETURNED

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS PUMP SEPTIC SYSTEM 7-708 B00154851-FINISH AMC

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

Install: 1000 gal. pump pit
Dual-alternating pumps with appropriate controls and alarms
BLDG. PERMIT SIGNED AND RETURNED 5/23/95
Serial # 59782 - 2nd unit - 2nd unit

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

LOCATION - Place the distribution box 230 feet down the front lot line (578.63') from the front right lot corner and 15 feet off the same lot line. Run trenches along contour toward the right lot line (757.85'). OK 5/19/92

NOTES - MAINTAIN A MINIMUM OF 100 FEET TO ALL WELLS. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Jane Nadeau DATE 2/20/92

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. Sewer pipe

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 46873

10:00 am
7-23-91

APPLICATION

PERCOLATION TESTING

A 46873

P _____

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

Preview ok
Retest to obtain
10,000 sq ft SDA.
200 ft buffer to streams
required. Maintain 25
feet to swales. 6-18-91 JEN

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 Peter & Elizabeth C. Zubovic John & Betsy Davis

ADDRESS 1259 RIDGE RD MT. AIRY, MD 21771 PHONE 831-7154

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Zubovic LOT NO. 2 Retest

ROAD AND DESCRIPTION RTE 27 (RIDGE RD) MT. AIRY, MD
(1195 Ridge Road)

TAX MAP 6 PARCEL # 158

SIZE OF LOT 4.4188 acres TYPE BLDG SINGLE
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 4/21/92
Serial # 41848-

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. Peter Zubovic & Elizabeth C. Zubovic
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-23-91 Pending perc hole locations and
plat approval, shallow system only. JEN

BLDG. PERMIT SIGNED
AND RETURNED 4/21/92
SPD

THIS IS NOT A PERMIT

$$T = 15 \text{ min}$$

APPLICATION

PERCOLATION TESTING

A _____

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 Peter and Elizabeth Zubovic

ADDRESS 1259 Ridge Road PHONE 831-7154
Mt. Airy, MD 21771

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Zubovic Property LOT NO. 2 Retest

ROAD AND DESCRIPTION Route 27 (Ridge Road)

TAX MAP 6 PARCEL # 158

SIZE OF LOT 4.4+ acres TYPE BLDG. SFD
(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 _____

THIS IS NOT A PERMIT

A 46873
Retest Lot-2

(15)

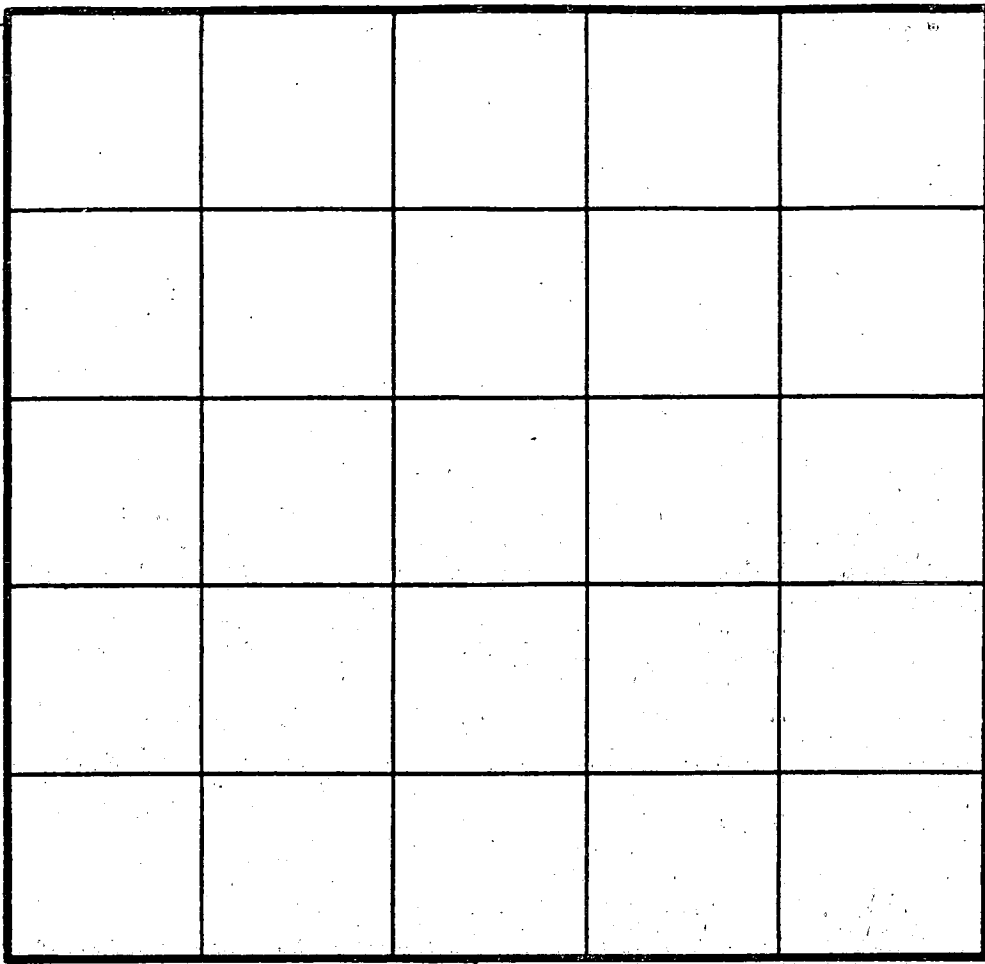
SOIL PROFILE

0-1.5 Br sil
L 5%
broken
rock frags

1.5-4.0 Red-br
to black
ssil
L 20%
broken rock frags

4.0-7.0 Br-black
ssil
L 40%
broken
rock frags
structured
at 4.5 ft

7.0 Refusal



(18)
0-2.5 Br sil
L 15%
rock frags

2.5-10.0 Br & sil
slight
structure
at 7.5 ft
L 30%
rock frags

10.0 Refusal

(14)

0-3.0 Rd-br
sil
3.0-8.0 Rd-br
ssil
L 30%
rock
frags
no struct

8.0 Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(11)

0-3.5 Br sil
L 15%
rock frags

3.5-11.0 Red-br
ssil
L 40%
rock
frags,
structured
at 6.0 ft

11.0 Refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-23-91	(10)	4.0 V	Refusal at 4.0 ft				Fail
	* 18'	2.5 S	3:34	3:42	3:42	4:12	30 min
		4.0 M	3:29:11	3:34	3:34	4:02	20 min
		10.0 D	Refusal at 10.0 ft				
	✓ * 14'	8.0 V	Refusal at 8.0 ft				OK shallow

(10)

0-4.0 Br sil
L 60%
rock frags

4.0 Refusal

REMARKS Red C's dn 7-24-91 * acceptable for shallow system

TYPE OF SOIL

TESTED BY Jane Nadeau ALSO PRESENT Duwayne Eckert
Kenny, Peter Zubovic

APPLICATION

PERCOLATION TESTING

A 46873

P _____

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

DISTRICT _____

DATE _____

2/2

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 Peter Zubovic

ADDRESS 1259 Ridge Road PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Ridge Road

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 _____

HD-216

THIS IS NOT A PERMIT

A 46873

Route - 27

SOIL PROFILE

0-1.5 DK-brsi
C1
1.5-4.0 Br si C1
L 10%
rock frags
4.0-6.0 Br si
L 15%
rock frags
6.0-9.0 Br si
L 50%
rock frags
structural
9.0 Refusal

②

0-2.0 ~~dk~~-br
sn cl
2.0-4.0 Red-br
sn |, < 25%
rock frags
4.0-8.0 Red sn |
< 40%
rock frags,
slight
structure
at 4.0 ft
8.0 Bottom

③ *

0-1.5 DK-br
scl
1.5-4.5 Red scl
< 15% rx
frags
4.5-9.5 Red-br scl
1 < 30%
rock fragg
structure
at 7.0 ft
9.5 Bottom

Hand-drawn map of a 5x5 grid showing land use and elevation. The top row is labeled "Hedges" and the bottom row "Woods". The left side has a vertical arrow labeled "small" pointing down. The grid contains several numbered circles (1-7) and lines indicating elevation and slope. Circle 1 is labeled "Margo". Circle 2 is labeled "Low" and "Fail due to slope". Circle 3 is labeled "Margo". Circle 4 is labeled "Margo". Circle 5 is labeled "80" and "Margo". Circle 6 is labeled "f". Circle 7 is labeled "High" and "Margo". A line labeled "60" connects circles 7 and 4. A line labeled "80" connects circles 5 and 4. A line labeled "10" connects circles 2 and 3. A line labeled "25%" connects circles 2 and 3. A line labeled "25%" connects circles 2 and 3.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(4)

0-1.5 Dk-br ss
cl.

1.5-3.5 Red br ss
cl < 50%
rock frags

3.5-9.5 Red-gray
sil < 30%
rock frags
slight
strat at
5.5 ft

9.5 Bottom

⑤

0-20 DK br si cl
20-40 Red br si
cl < 5% br
frags
40-15.5 Red si l
L 200% rock
frags, slight
struct. at
6.0 ft
15.5 Bottom

(6)
0-10 Dk. br
silt
Red-
10-90 gray
silt
230%
rock
struct
at 5.5
ft
9.0 Bottom

⑦
0-20 Rd brskl
20-115B RY11
 < 30%
 rock
 struck
 from 6 ft
 to 9.0 ft
115 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-91	①	9.0 ✓	250% rock frags structured at 6.0 ft				Marg. above 1.5 ft
	2	8.0 ✓	slight struct. at 4.0 ft				ok
	③	9.5 ✓	230% rock frags structure at 7.0 ft				Not tested Fail
	⑥	9.0 ✓	structure at 5.5 ft				<30% rock Fail
	5	15.5 ✓	slight structure at 6.0 ft				ok
	7	11.5 ✓	Clear to 2.0 ft struct. at 6.5-9.0 ft				Marg.
↓	④	9.5 ✓	slight structure at 5.5 ft				Marg.

REMARKS Holes 5 & 7 useable for shallow system
only.

TYPE OF SOIL

TESTED BY

1 Nodean
Red O's IN 7-24-98

ALSO PRESENT

Dwayne Eckert
Mr. Zubovic

APPLICATION

PERCOLATION TESTING

A 4/18/73

P _____

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

DISTRICT _____

DATE 3/6/91

1/2

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 Peter Zubovic & ELIZABETH ZUBOVIC

ADDRESS 1259 RIDGE RD Mt Airy PHONE 831-7154

PROSPECTIVE BUYER MARGARET (ZUBOVIC) TUCKER

ADDRESS ANNAPOLIS, MD PHONE _____

PROPERTY LOCATION:

SUBDIVISION Zubovic Property LOT NO. Lot 2

ROAD AND DESCRIPTION RIDGE RD. (RTE 27)

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-1-91 Unclear if 10,000 sq.ft. available.
Shallow system only DEN

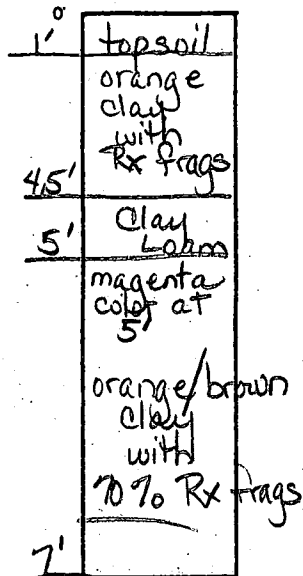
HD-216

THIS IS NOT A PERMIT

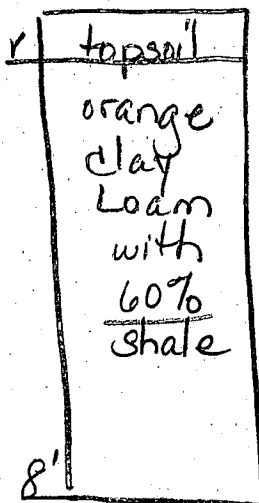
A-46873

#1

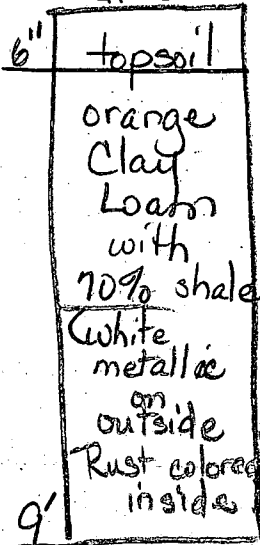
SOIL PROFILE



#2



#3



Lot #2

#4

topsoil 1'

orange clay with 40% shale

16'

#5

1' topsoil

orange clay with 30% shale

9'

#6

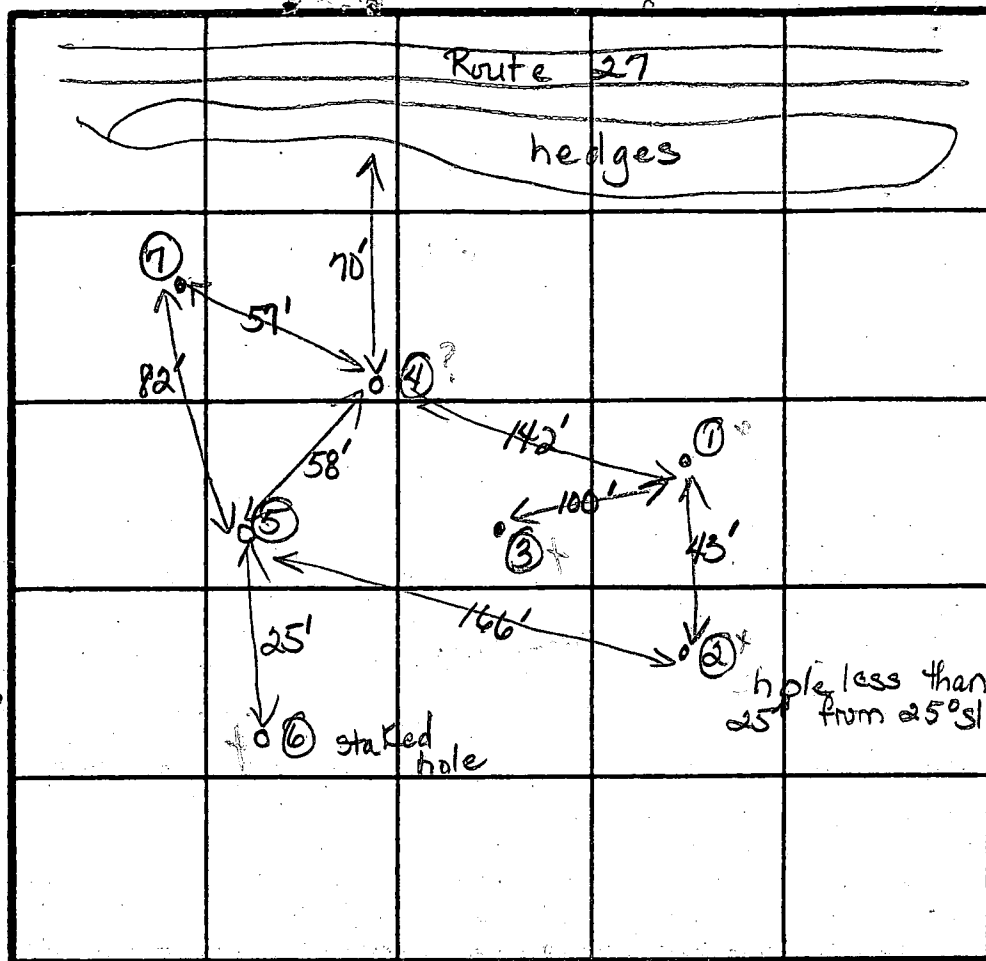
Rx hole - 80% shale - clay loam

#7

1' topsoil

sand loam clay 20% Rx frags

115'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-30-91	① X S V	3' 7'	1:44	1:55	1:55	2:18	②3
	② S V	3.5' 8'	1:48	1:50	1:50	1:53	③
	③ V	9'					
	④? S M	3.5' 6'	2:09 2:14	2:42 2:19	too slow 2:19	2:23	④
	V	10'					slow
	⑤ S M	3.5' 6'	2:15 2:22	2:20 2:44	2:20 2:44	3:00 3:05	④0 ⑤7
	V	9'					
	⑥ X V	9'	too much Rx/shale				
5-1-91	⑦ V	11.5'	see profile				

REMARKS

TYPE OF SOIL

TESTED BY

D. Buggs

ALSO PRESENT

APPLICATION

PERCOLATION TESTING

A 46873
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 Peter & Elizabeth Zubovic

ADDRESS 1259 Ridge Road PHONE 831-7154
Mt. Airy, MD 21771

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Zubovic LOT NO. 2 Retest

ROAD AND DESCRIPTION Route 27

TAX MAP 6 PARCEL # 158

SIZE OF LOT 4.42 acres 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)

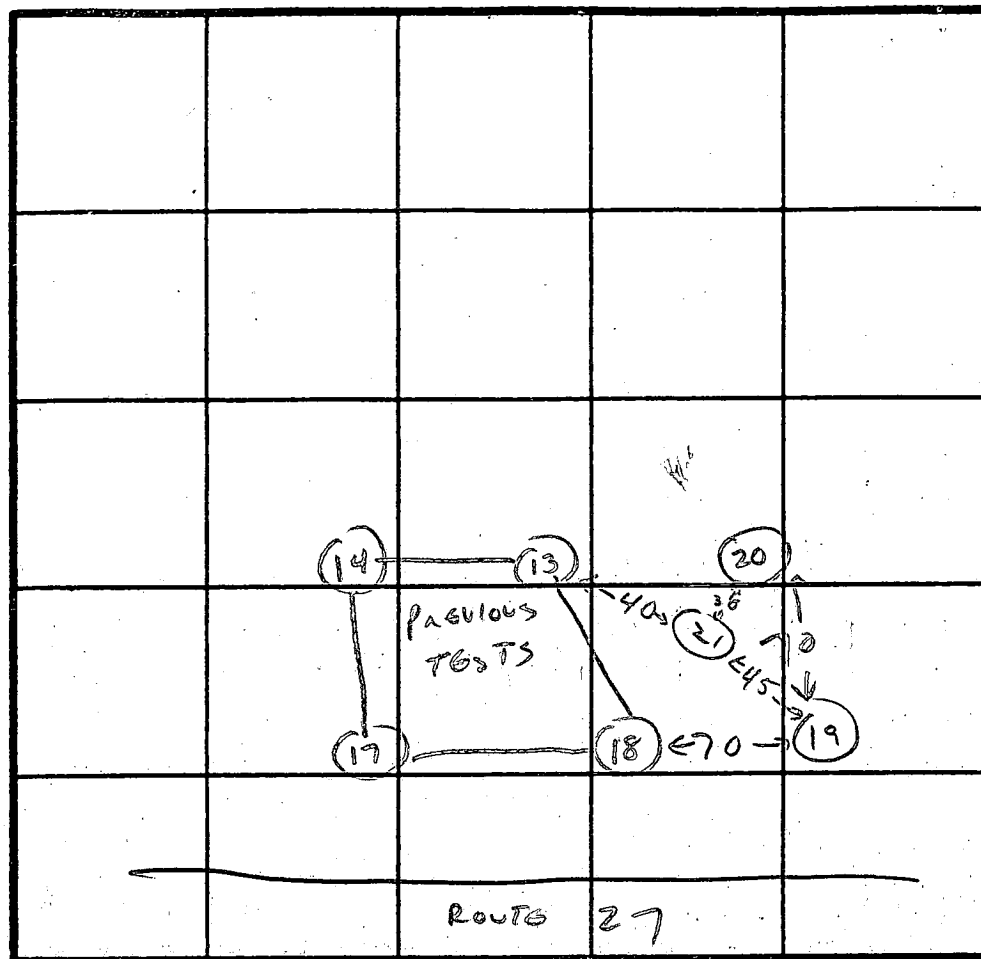
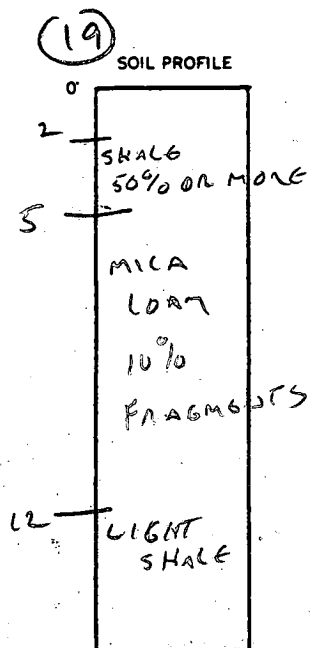
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



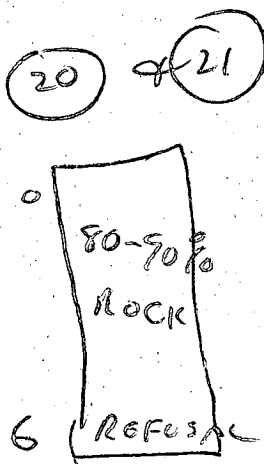
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/23/51	19	5' 9'	VIS OK	5' 49'			OK 5'-12'
		12'					
	20/21		FAILS		ROCK		

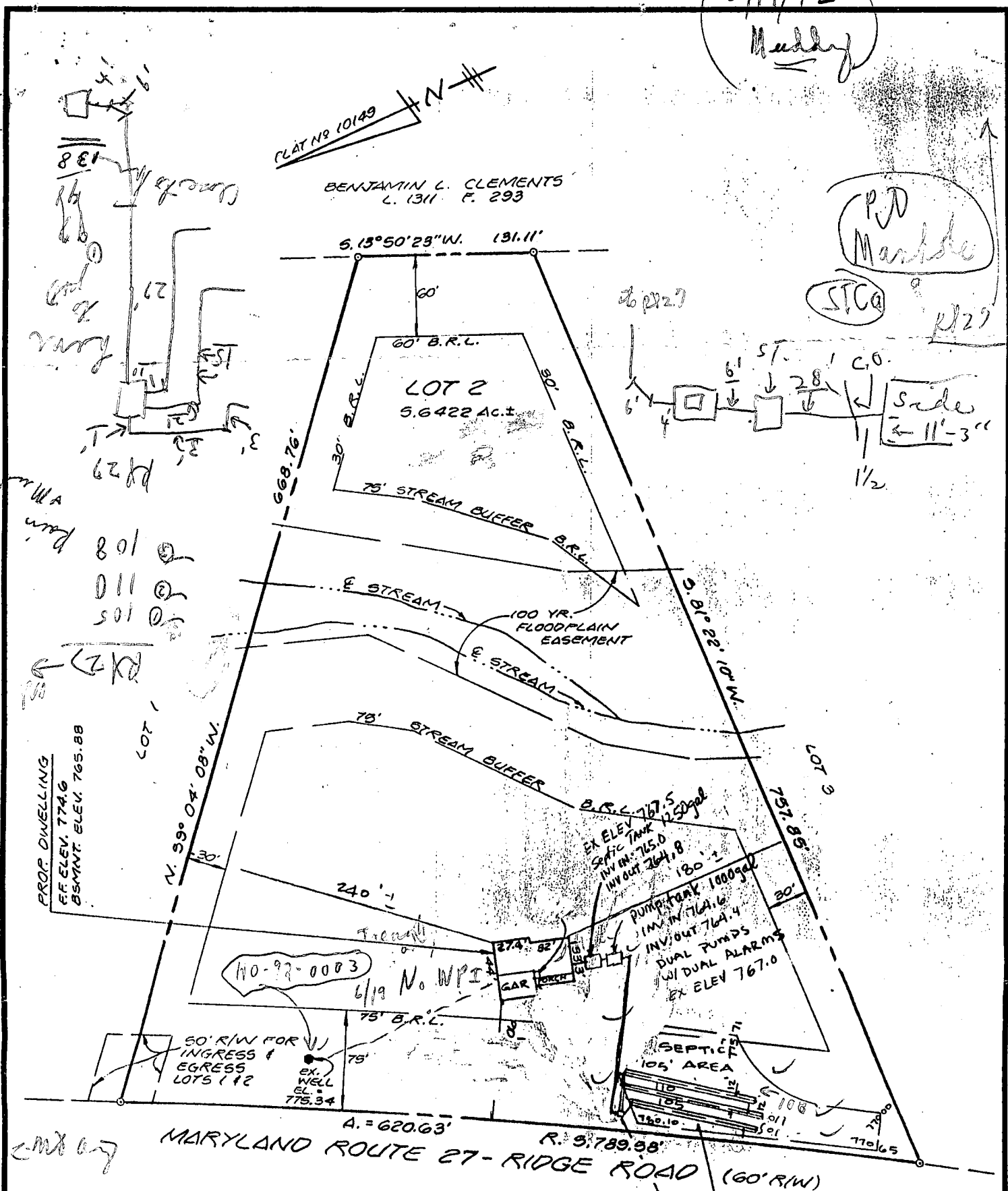
REMARKS NO ADJUSTMENT TO THE ORIGINALLY PROPOSED AREA

TYPE OF SOIL HOLE 19 IS PASSABLE WITH SOME LIMITATIONS DUE TO SHALLOW ROCK, BUT HOLES 20, 21, FAIL, PREVENTING EXPANSION OF THE USABLE AREA.

TESTED BY C. Wellen ALSO PRESENT DICKER, WAYNE

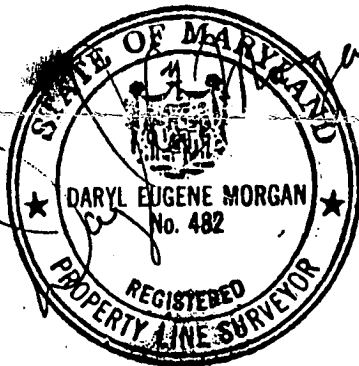


(6/19/92)
Maddy



APPROVED:

DATE HOWARD COUNTY HEALTH OFFICER



3-25-92

REVISED
PLANS O/K
4/20/92
RH
BP 41848

T. BOX
780.00
778.12
777.87

PROP TRENCH
20.05'
18.11'
1.5 STONE

PLOT PLAN 3' BOTTOM MAX.
LOT 2, SECTION ONE
ZUBOVIC SUBDIVISION
SITUATED ON MD. RTE. 27
ELECTION DISTRICT N84
HOWARD COUNTY, MARYLAND
SCALE 1"=100' MARCH, 1992

SEPTIC SYSTEM PREPARED BY:
DAVID A. SWANN Gen. Contr.

David A. San 4-20-92

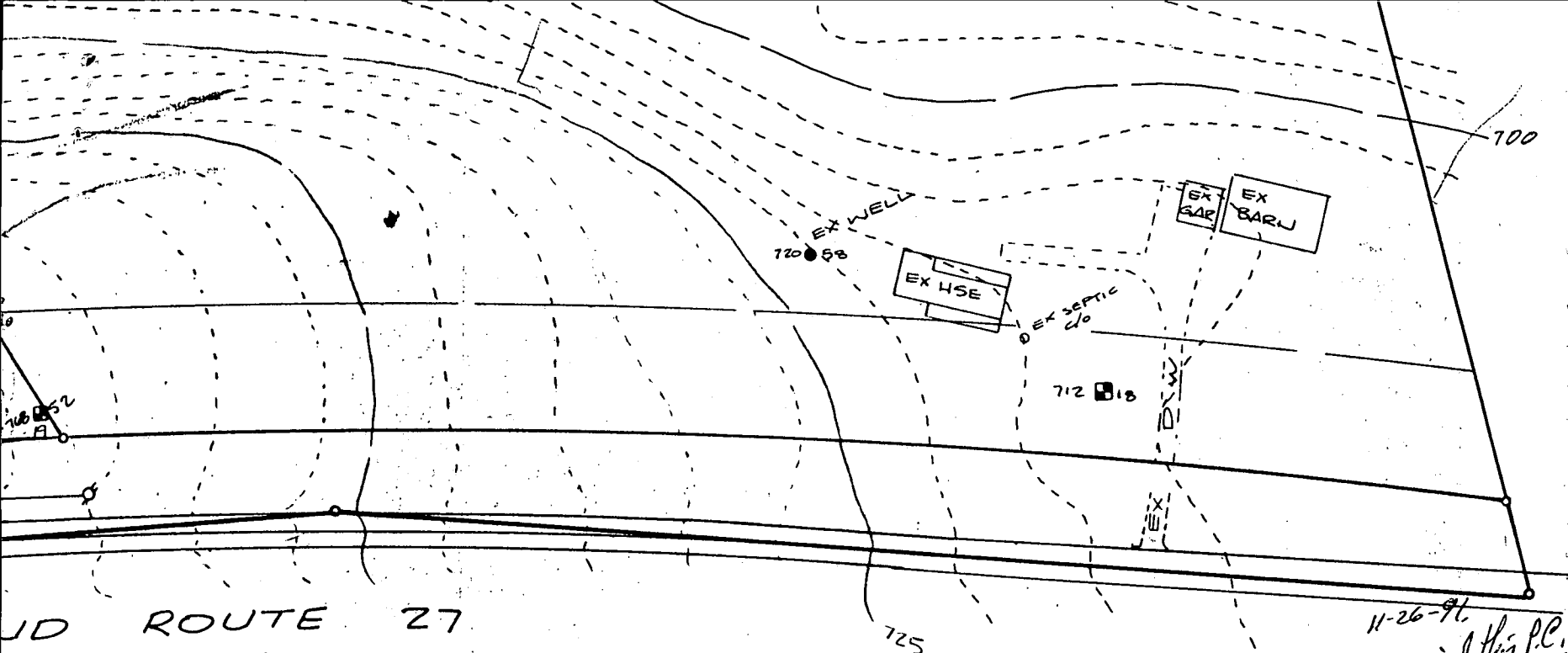
I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT NO 10179	89-2443



VANMAR
ASSOCIATES INC.
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015

N71654



ROUTE 27
GE ROAD)

11-26-91
(F91-164) Orig of this P.C. sent for signature J.F.

PLOT PLAN
PERCOLATION TEST PLAT

ZUBOVIC SUBDIVISION

THERE ARE NO EXISTING WELLS OR
SYSTEMS WITHIN 100' OF ANY
BOUNDARIES UNLESS OTHERWISE
REON.

TAX MAP 6 PARCEL 158
SITUATED ON MARYLAND ROUTE 27
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

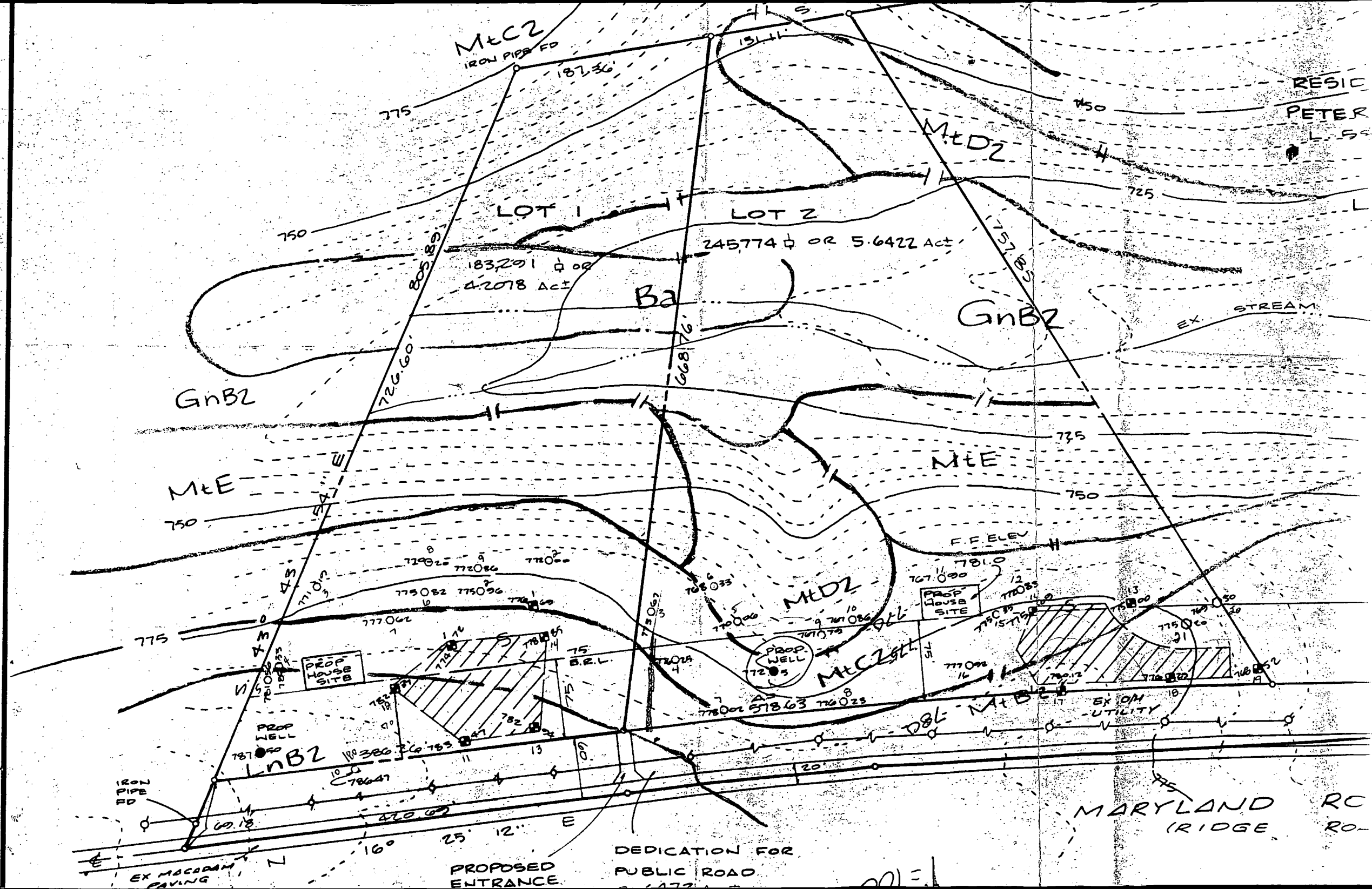
FEBRUARY 1990

PERCOLATION
TE
WELL SITE
FUL PERCOLATION TEST SITE
PERCOLATION TEST SITE



VANMAR ASSOCIATES INC.
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015 (301) 549-2751

REVISED: 8/23/91, EX. PERC
10/11/91, PER COMMENTS



1 2 3 4 5 6
5138

SEQUENCE NO.
(DENY 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.

COUNTY
NUMBER

A46073

ST/CO. USE ONLY
DATE Received

DATE WELL COMPLETED

8 13

03/10/92

Depth of Well
22 200 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10-92-0003

OWNER AVIS last name first name TOWN Mt. Airy
STREET OR RFD
SUBDIVISION SECTION 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 FROM TO Check if water bearing

Topsoil	0	1	
Clay	1	4	
Silty	4	24	
Br. Slate	24	29	
Gray Slate	29	35	
Tan Slate	35	37	
Gray Slate	37	65	
Tan Slate	65	72	✓
Gray Slate	72	85	
Tan Slate	85	88	
Gray Slate	88	200	

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 11 NO. OF POUNDS 1100

GALLONS OF WATER 55

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 37 ft.

CASING RECORD

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 6 40

OTHER CASING (if used)

diameter inch depth (feet) from to

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

DEPTH (nearest ft.)
1 38 200
2
3

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT 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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 98

WHEN PUMPING 60

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

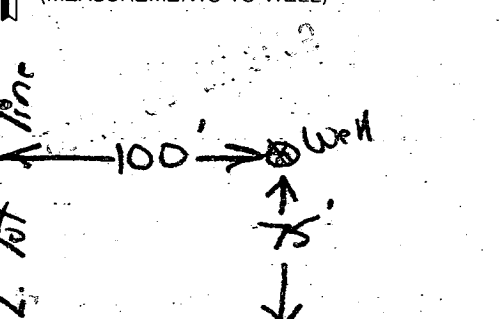
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)



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. 40
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY

Rt. 27

6/22/92
Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

6/22
Final OK-on Line
P.A.
C.B. ✓

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # WP-48225
Date 6/12/92

Name of Installer C.R. Giddings & Son Inc

Telephone 776-7523

License Number 7729
Certified Well Pump Installer ☐

Well Driller ☐

Registered Plumber ☒

Name of Property Owner John & Betty Davis

Telephone 972-6109

Subdivision ZUBOVIC

Lot # 2

Well Tag # H092-0003

Site Address 1195 Ridge Rd (RT 27)
MT. AIRY, MD 21771

Pump

1. Type

a. Deep well jet ☐

b. Shallow well jet ☐

c. Submersible ☒

2. Make GOULD

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 Martinez

2. Model #

3. Depth 36"

Tank

1. Capacity 40

2. Pressure relief valve? ☒

Piping

1. Type PolyETH.

2. Size 1"

3. NSF and/or BOCA Code approved ☒

4. Depth of supply line 36"

Well data

1. Depth 200 ft.

2. Yield 6 GPM

3. Static water level 48 ft.

4. Will water supply be disinfected by installer? N/A

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: C.R. Giddings

Date: 6-8-92

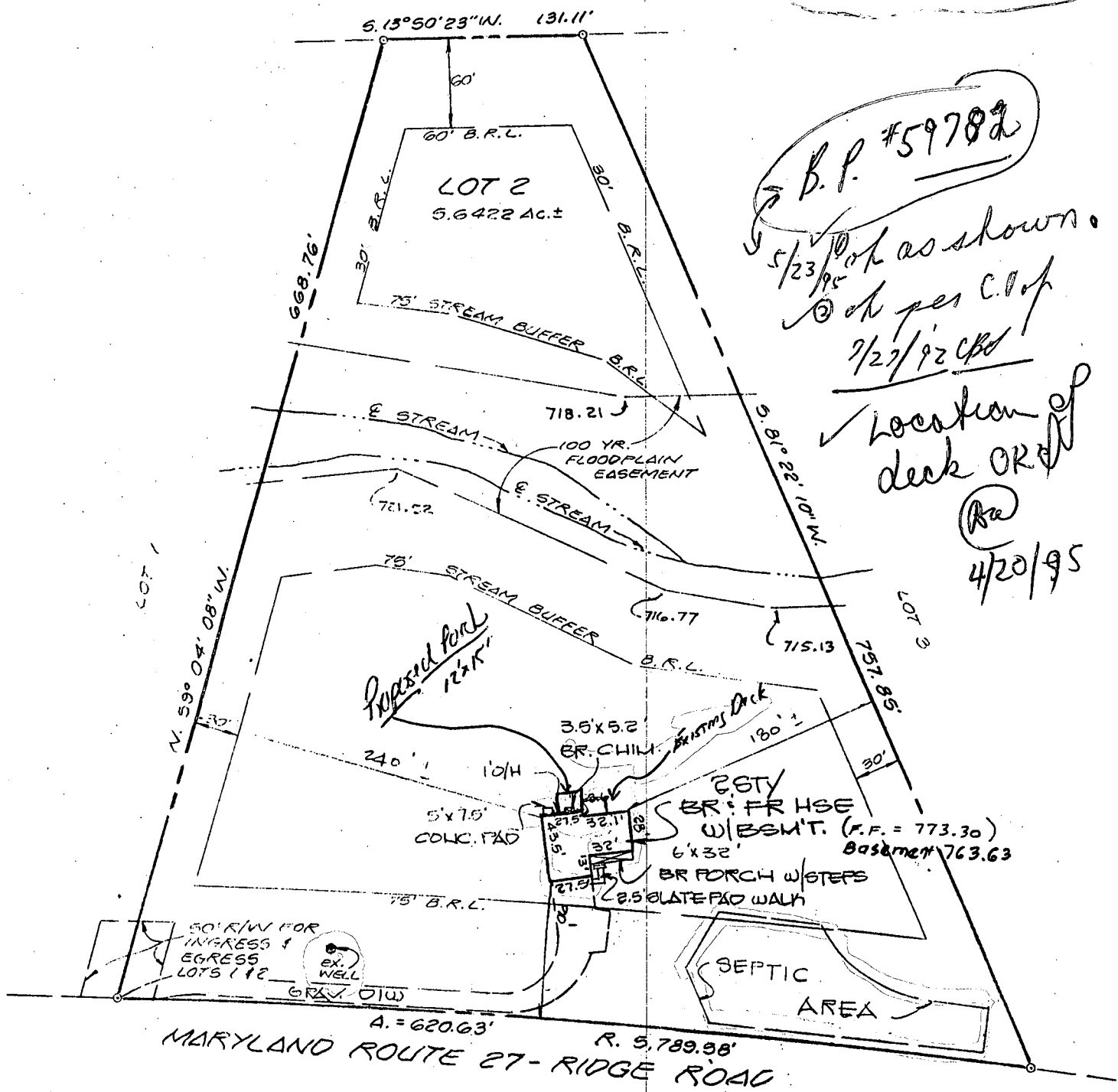
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

FRIDAY (Rain - heavy 3:37 to 4:09)
(6/19/92 @ No work till P.M.)
Present only C.B.

PLAT 112 10149

BERNARD L. CLEMENTS
L. 1311 P. 293

1195 Ridge Rd
Mx. Aug



B.P. #59782
5/23/95
OK as shown.
OK per C.O.P.
7/27/92 C.P.
Location of
deck OK
Be
4/20/95



HOUSE LOCATION SURVEY
LOT 2, SECTION ONE
ZUBOVIC SUBDIVISION
1195 RIDGE ROAD
ELECTION DISTRICT NO 4
HOWARD COUNTY, MARYLAND
SCALE: 1"=100' JULY, 1992

Note: Property is not located within a flood hazard area, according to National Flood Insurance Program, Flood Insurance Rate Map, Community Panel Number 240044 0006B, Map revised December 4, 1986.

7-27-92

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.

REFERENCE	JOB NO.
PLAT NO 10149	89-2443



VANMAR ASSOCIATES INC.
Engineers • Surveyors • Planners
310 South Main Street, Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015

N71654

DAVIS JOB

Lighting and Power diagram

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00154851 A# 76873

APP. SAN KJB

DATE: 7/7/05

DESC. OF WORK: finish attic

- NO New Bedrooms

Master Bedroom

Existing GFI

Built in shelves

SKYLITE

CRAFT RM

SKYLITE

Track
Lighting

LAUNDRY
RM

down up

-  Standard 110 outlets
-  Recessed Ceiling Lights
-  WP Dedicated outdoor outlets
-  240v 240v outlet for dryer
-  Outlets on a switch

~~close~~
open shelves
2' ~~deep~~ deep

14x32 + dormers

on switch + photo sensor 1-20A circuit
outdoor + indoor outlets for dormers

Washer
Dryer
240v