12/17/99 C.O. 2-3pm
12/20/99
C.O. 11-12
12/23/99
C.O. 2-3
12/27/99 Anytime
3/13/00 1:00

12/27/99 Needs pump check DICS

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 513106

A 49860-B

DISTRICT

DATE 11/5/99

DATE SYSTEM APPROVED 3/13/00

INSPECTOR ALM

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

05-422086

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Springdale LOT 1 ROAD 13704 Springdale Drive

PROPERTY OWNER Dale Thompson Builders

ADDRESS

**TOP SEAMED TANK REQUIRED**

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300 ~~225~~

**PUMPED SEPTIC SYSTEM PROPOSED**

INSTALL: - 1-1500 GALLON TOP SEAMED PUMP CHAMBER

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

TRENCHES - Trench to be ~~2~~ 2 feet wide. Inlet ~~8~~ 2 feet below original grade. Bottom maximum depth ~~6~~ 8 feet below original grade. Effective area begins at ~~3~~ 2 feet below original grade. ~~4~~ 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 10 feet inside the intersection of the 152.00' and 166.80' lot lines. Run trenches on contour to rear of lot.

NOTES - MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL TO THE TRENCHES. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 9/20/99 Manhole cleanout required (BB)

12/23/99 SPECS MODIFIED TO REDUCE TRENCH LENGTH. THESE SPECS VALID FOR INITIAL SYSTEM ONLY (MR)

PLANS APPROVED BY Mark Rifkin DATE 6/08/1999

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.

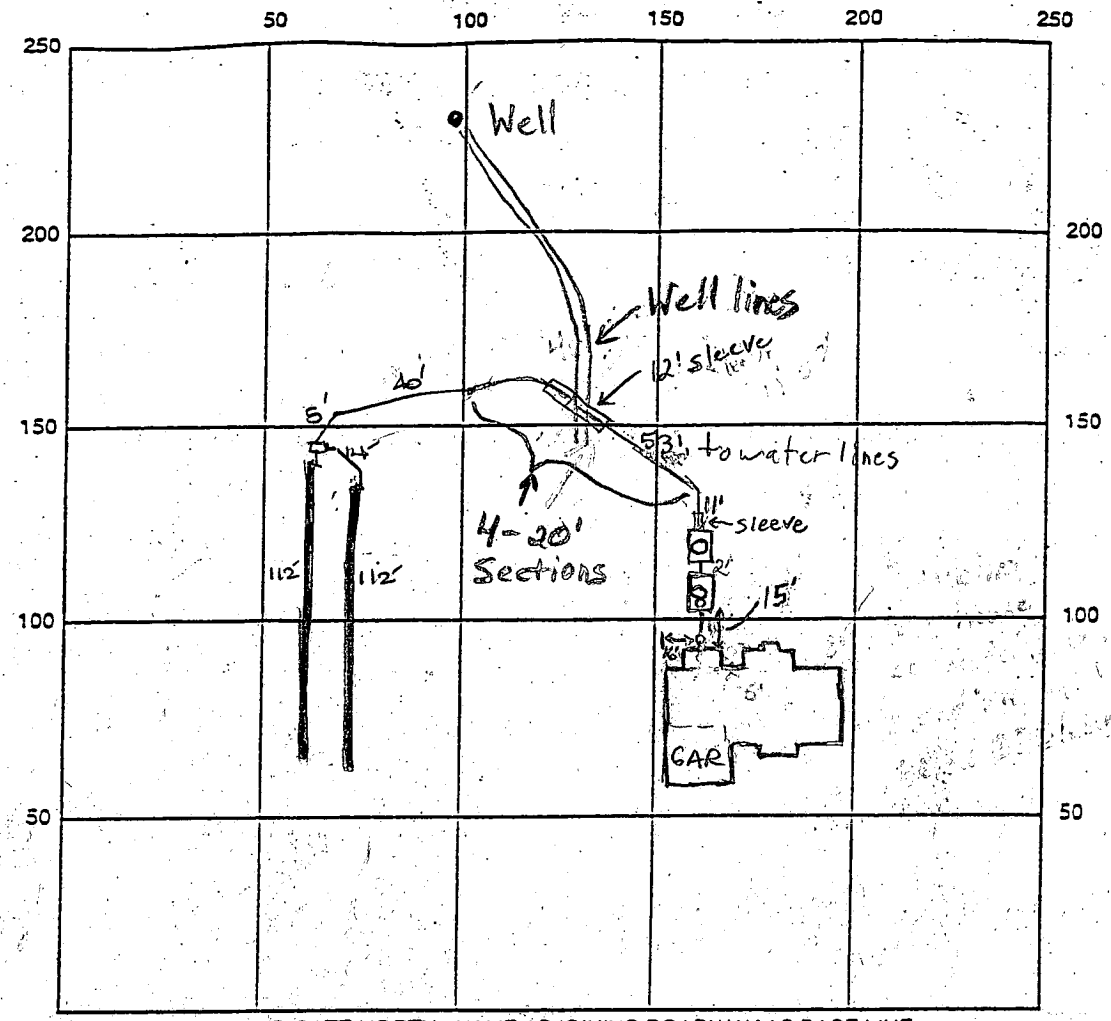
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 49860-B




INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Springdale Drive

SEPTIC TANK LEVEL 2-Top seamed 1500 gallon CLEANOUTS 1-4" house, 1-6" tank, 2-manhole

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2x112 FT. →224

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 896 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/17/99 System not started. System house connection installed in wrong place at incorrect elevation (BB) ENG'R BUILDER AND CONTRACTOR ADVISED THAT PLUMBING SHOULD BE CHANGED TO CORRECT SPEC. - ISSUE TO BE REVISITED (MR) 12/20/99 Needs house connection. O.K. to cover up to water lines (BB) 12/23/99 O.K. to keep water lines as placed. (BB) 12/23/99 OK to install trenches as specified. DCS

DATE SYSTEM APPROVED 3/13/00 INSPECTOR A. McNeill

12/27/99 OK to cover all septic work Needs pump performance test for final. DKS 1/5/00 HOUSE CONN OK. (MR) 3/13/00 Pump OK AC

# APPLICATION

## PERCOLATION TESTING

A 49860 B

P _____

DISTRICT _____

DATE _____

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

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

PROPERTY OWNER Dale Thompson Builders

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. 2 & 10 on perc cert

ROAD AND DESCRIPTION (13704 Springdale Drive)

[redacted] PERMIT SIGNED
AND RETURNED 8/18/99
Seal # B01118820

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 5 Bdrm
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT, PERC MARGINAL MR 8/17/94

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

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

# THIS IS NOT A PERMIT

HD-216 (3/92)

49860 B
COUNTY #

Lot 2

SOIL PROFILE

0'

(E) (F)

brn org si cl lm

3'

brn tan si sa lm <5% frags

10

WATER

11½

(B)

red br si cl & cl lm

45

tan mica sa lm 10% frags

12?

13'4"

soil DAMP

(C)

org brn sa cl lm

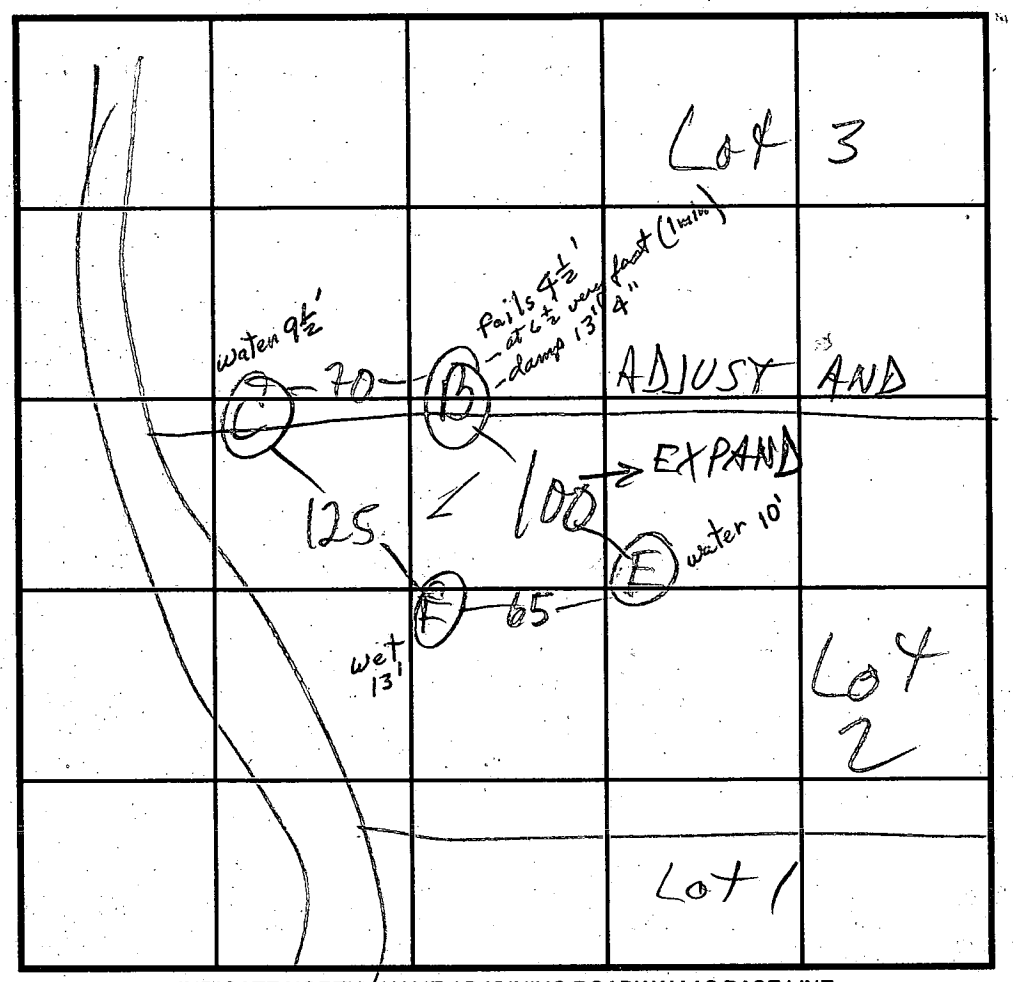
23

red br sa mica lm

9½

WATER

12




SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET START | PRE-WET STOP | TEST - 1" DROP START | TEST - 1" DROP STOP | TIME | |
|---|---|---|---|---|---|---|---|---|
| 3/7/94 | ES | 4½ | 1:37 | 1:44 | 1:44 | 1:55 | 11 EST | |
| | EV | 11½ | $H_2O$ @ 10' | | | | | |
| | FS | 4 | 1:50 | 1:57 | 1:57 | 2:04 | 7 | |
| | FV | 13 | soil | wet | @ | 13' | | |
| | BS | 4½<br>5 | 12:50<br>1:22 | 1:10<br>1:27 | 3/4"<br>1:27 | REDIG<br>1:40 | fast slow<br>13 | ? let brew |
| | BM | 6½<br>6½ | 12:51<br>12:55 | 12:52<br>12:56 | 12:52<br>12:56 | 12:53<br>12:58 | 1 foot fast<br>2 | |
| | BV | 13'4" | see | profile | | | | damp |
| | C S<br>C M | 4'<br>10½ | 1:04<br>1:04 | 1:08<br>1:08 | 1:08<br>1:08 | 1:15<br>1:11 | 7<br>3 | |
| | CV | 12 | $H_2O$ @ 9½' | | | | | |
| | | | | | | | | |

REMARKS HOLES PER PLAN

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT Allen, R. Dennitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180

# APPLICATION

PERCOLATION TESTING

A 49860A

P _____

DISTRICT _____

DATE _____

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

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

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

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 _____

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 _____

# THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0'

red brn sacl lm

brn tan sa lm 5% frags

moist @ bot

12

(K)

org red cl lm

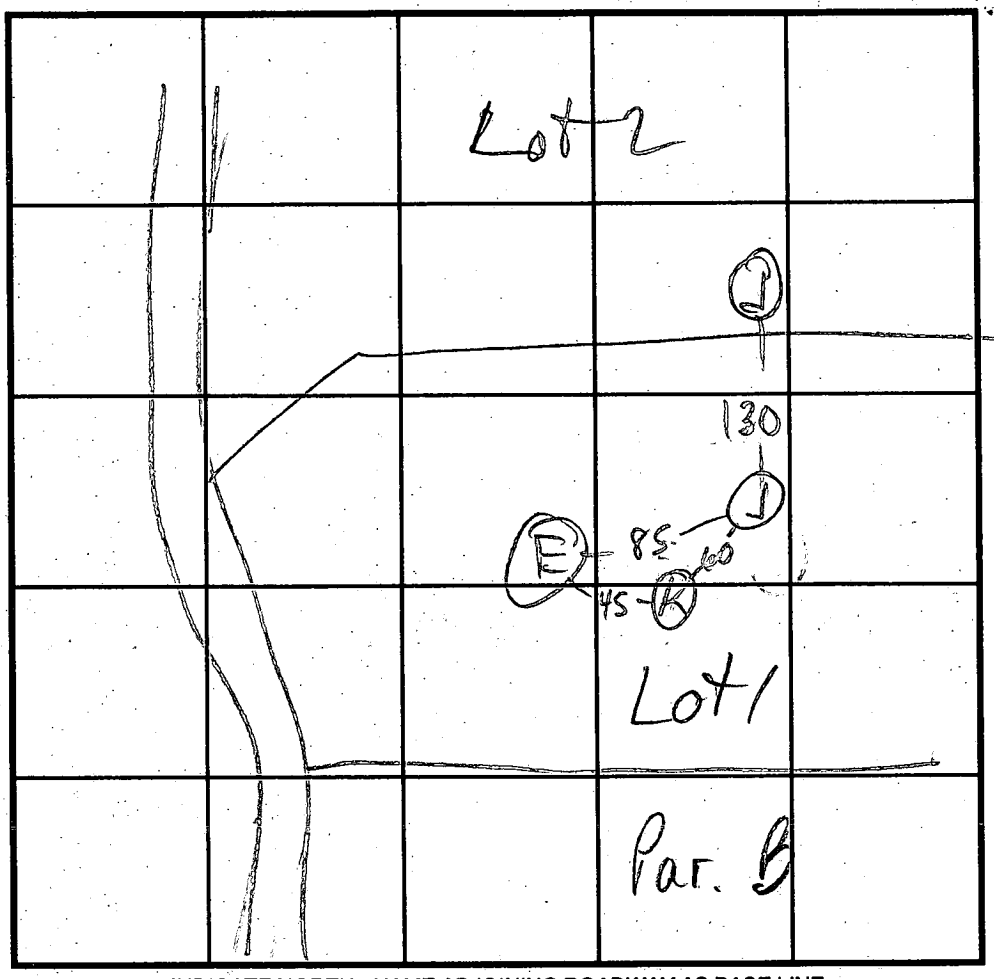
2½-3

brn si mica lm 5% frags

11'

11'9"

WATER




SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET START | PRE-WET STOP | TEST - 1" DROP START | TEST - 1" DROP STOP | TIME |
|---|---|---|---|---|---|---|---|
| 11/2/94 | 1 S | 2½ | 4:13 | 4:16 | 4:16 | 4:21 | 5 |
| | 1 V | 12 | | | | | |
| 2/1/95 | K V | 11'9" | $H_2O$ | @ 10½' | 6 | HRS | ± |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Rifkin ALSO PRESENT R.D., J. Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

C 1 **3525** — SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER 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: A49860B

ST/CO USE ONLY
DATE Received: 03/23/95

DATE WELL COMPLETED: 03/10/95

Depth of Well: 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0331

OWNER: Demmith (last name) Richard (first name)

STREET OR RFD: Springdale Drive TOWN: Clarksville

SUBDIVISION: Springdale SECTION: LOT: 1

## 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 |
|---|---|---|---|
| SAND | 0 | 62 | |
| GRAY MICA ROCK | 62 | 165 | ✓ |

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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.

DRILLERS IDENT. NO. 24

Wayne L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 18 NO. OF POUNDS 1692

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP, enter 0 if from surface) to 54 ft. (BOTTOM)

### 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 | 66 ✓ |

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 | 65 to 165 ✓ |
| 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 [ ] 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T [ ] 70 TELESCOPE CASING

(E.R.O.S.) [ ] 72 LOG INDICATOR

W Q [ ] [ ] [ ] 74 75 76 OTHER DATA

C 3

### PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min. to nearest gal.): 15 ✓

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 26 ✓

WHEN PUMPING: 40 ✓

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 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) [ ] 31–35

PUMP HORSE POWER [ ] 37–41

PUMP COLUMN LENGTH (nearest ft.) [ ] 43–47

CASING HEIGHT (circle appropriate box and enter casing height)

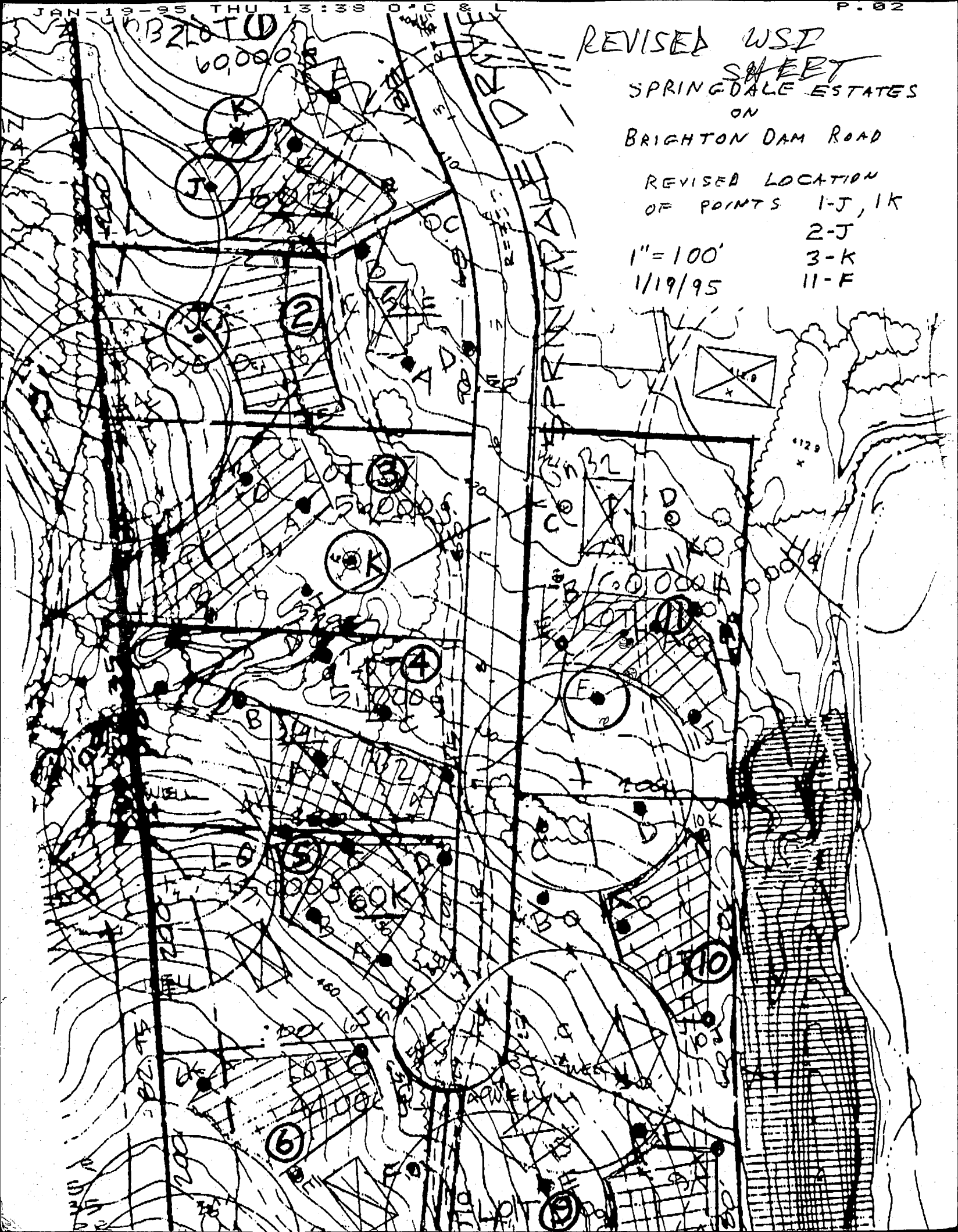
(+) above / (–) below LAND SURFACE [ ] (nearest foot) 48 49 50 51

### 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)

N

See attached location

COUNTY


REVISED WSI SHEET
SPRINGDALE ESTATES
ON
BRIGHTON DAM ROAD
REVISED LOCATION OF POINTS 1-J, 1K
2-J
3-K
11-F
1"=100'
1/19/95
LOT 1
60,000 S.F.
LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
LOT 9
LOT 10
LOT 11
BRIGHTON DAM ROAD
K
J
F
60K
10K

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 5362 — 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: Ho-94-0331
fill in this form completely

Date Received (APA): 12/12/94

## OWNER INFORMATION
Dermith Richard
Box 228
Clarksville MD 21029

## DRILLER INFORMATION
MSD/MGD/MWD: Z4
Driller's Name: Joseph L. Mayne — 77 License No. 80
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy, Md. 21771
Signature: Joseph L. Mayne — Date: 12/10/94

## LOCATION OF WELL
B 3
8 COUNTY: Howard
23 SUBDIVISION: Springdale
SECTION: — LOT: 1
52 NEAREST TOWN: Clarksville
MILES FROM TOWN (enter 0 if in town): 3 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

Springdale Drive — NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, WEST W, 32, EAST E, SOUTH S
DISTANCE FROM ROAD: 290 — ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

## WELL INFORMATION
B 2
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

## 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)

## NOT TO BE FILLED IN BY DRILLER
## HEALTH DEPARTMENT APPROVAL
Howard — COUNTY NAME — A49860B — COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED: 02/10/95 — Mark E. Rilkin — CO SIGNATURE — EXP. DATE: 02/10/96
NORTH GRID: 4960000 — EAST GRID: 0804000

APPROXIMATE DEPTH OF WELL: 265 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

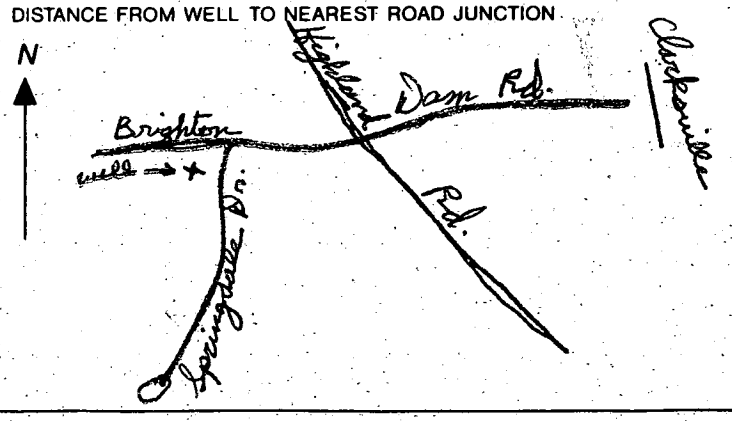
11:30 | 3-10-95
NO INSP

## METHOD OF DRILLING (circle one)
BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other _____

WRITE THE BOX NUMBER FROM THE MAP HERE
E 804 4
N 496 6
000 000

## 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)

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




*Not to be filled in by driller* (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: MR (WRITE INITIALS IN BOX) PERMIT No. Ho-94-0331

SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
8626-H Ellicott Mills Drive
Ellicott City, MD 21043
461-8333

# APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement

Receipt # _____
Date _____

Name of Installer Willoughby Plumb. Sys. Telephone 410-781-7051

License Number #6792
Certified Well Pump Installer ___ Well Driller ___ Registered Plumber ✓

Name of Property Owner DALE THOMPSON BUILDER Telephone 410-995-1731
Subdivision SORINGdale ESTATES Lot # 1 Well Tag # HO-94-0331
Site Address 13704 Sprucedale Dr
CLARKSVILLE, MD 21046

**Pump**
1. Type
   a. Deep well jet ___
   b. Shallow well jet ___
   c. Submersible ✓
2. Make GRUNDFOS
3. Model # ___
4. Capacity 5 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 TAPE

**Motor**
1. Horsepower ½ HP
2. RPM ___
3. Voltage ___
   a. 110 ___
   b. 220 ✓

**Pitless Adaptor**
1. Make HARVARD
2. Model # ___
3. Depth 4FT

**Tank**
1. Capacity 40 gal
2. Pressure relief valve? YES

**Piping**
1. Type CRESTLINE
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4FT

**Well data**
1. Depth 145 ft.
2. Yield 15 GPM
3. Static water level ___ ft.
4. Will water supply be disinfected by installer? NO

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).

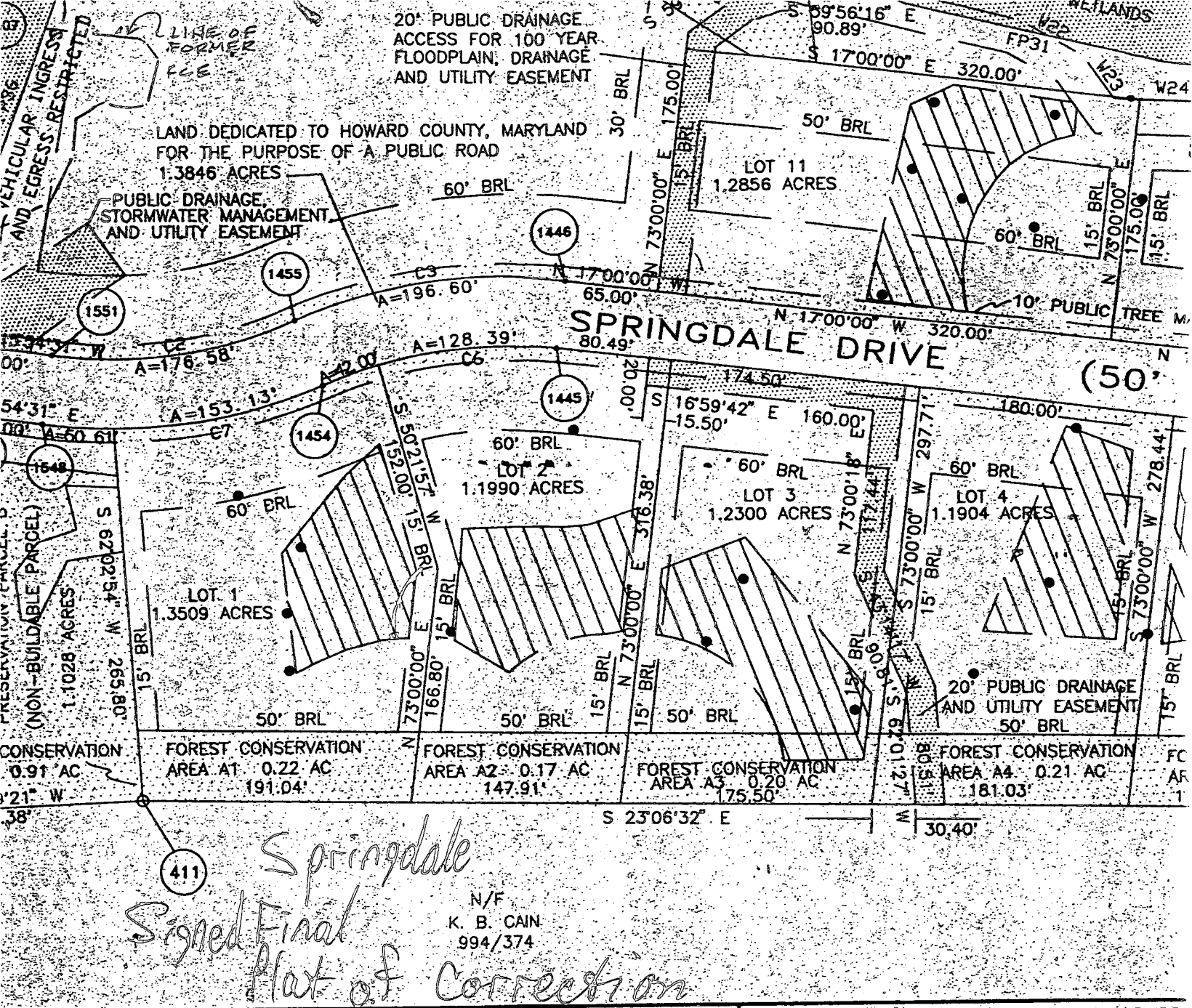
All information given above is true to the best of my knowledge.

Signature of Applicant: Chris Willoughby

Date: 10/19/99

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

HO-215




## OWNER'S CERTIFICATE

poration, by Richard J. Demmitt, President, owner of the ibed hereon, hereby adopt this plan of subdivision, and in oval of this final plan by the Department of Planning and mum building restriction lines and grant unto Howard County, and assigns, (1) the right to lay, construct and maintain s and other municipal utilities and services in and under all f-way and the specific easement areas shown hereon, edication for public use the beds of the streets and/or roads space where applicable, and for good and other valuable t the right and option to Howard County to acquire the fee f the streets and/or roads and floodplains, storm drainage where applicable, (3) the right to require dedication of asements for the specific purpose of their construction, repair that no building or similar structure of any kind shall be aid easements and rights-of-way.

s this 6th Day of September, 1996

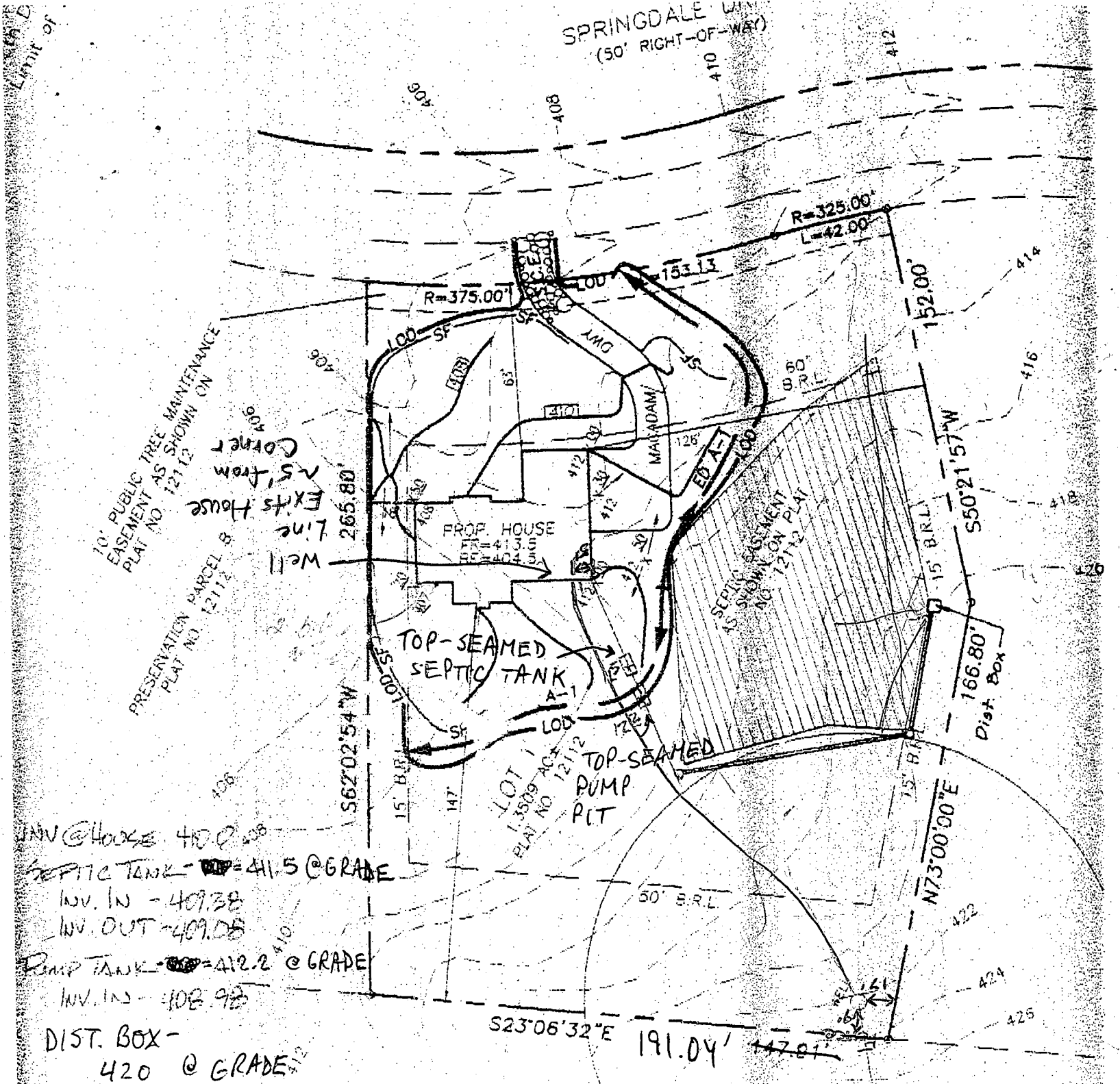
t, President

Witness

## SURVEYOR'S CER

I hereby certify that the final plat sh that it is a subdivision of all of the Smith by her Attorney in Fact Gary P Margaret N. Lear (George M. Lear, Pe Thomas G. Nichols, Jr., Jennie B. Nich Jr., and The Estate of Myrtle M. Nich Norman V. Filbert, Personal Represent Development Corporation, by deed dat recorded in Liber 3655 at Folio 232 of Howard County, Maryland and that place or will be in place prior to the streets in the subdivision by Howard accordance with the Annotated Code ammended.

Jefferson D. Lawrence
Md. Reg. Prof. Land Surveyor #5216




**Total linear feet of trench required** 300 **feet**

**Width of trench(es)** 3 **feet**

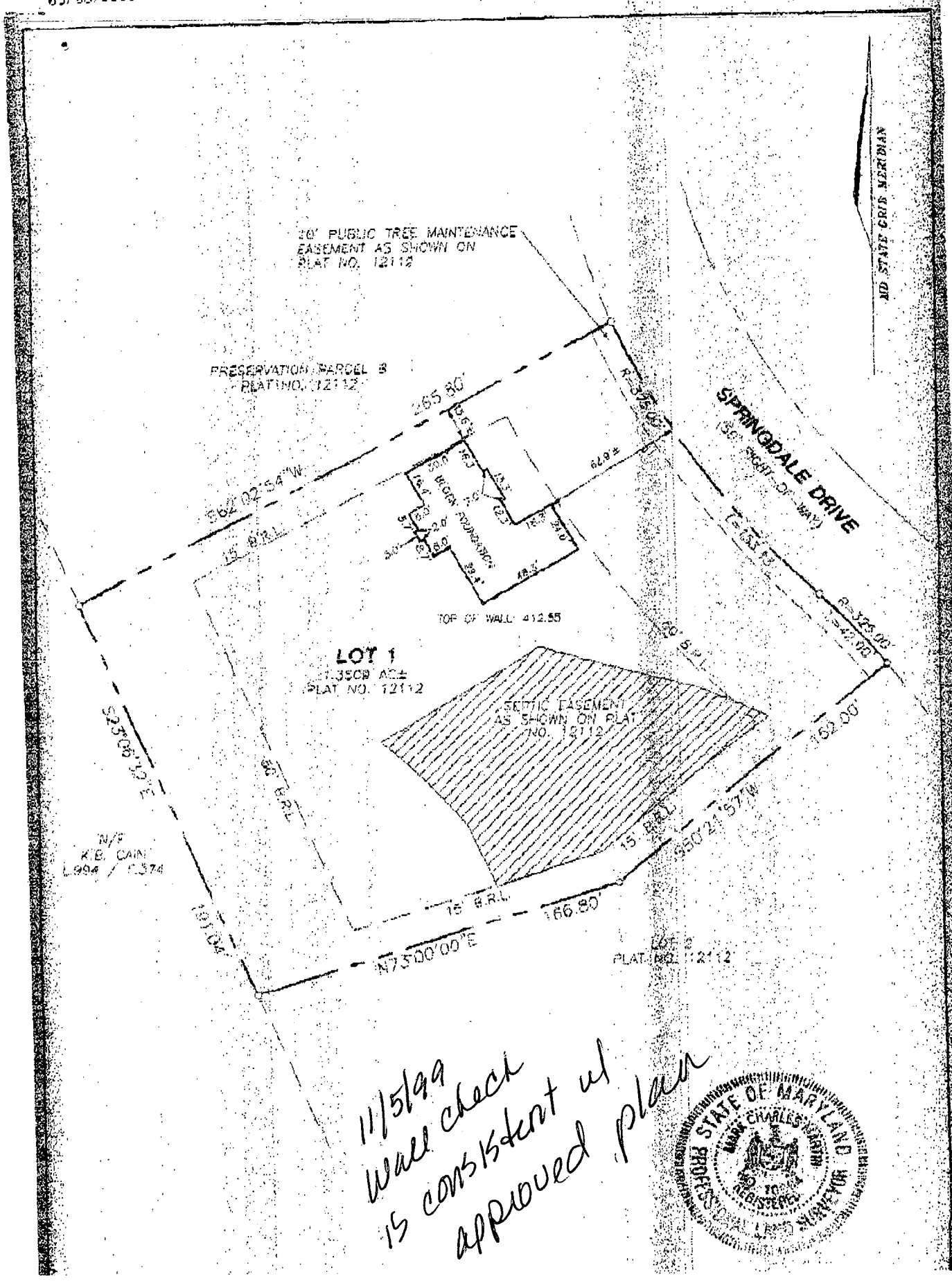
**Depth of trench(es)** 5 **feet**

**Depth of stone required below distribution pipe** 2 **feet**

**Approved Septic System Plan**
**Howard County Health Department**

Mark E. Hilkin
**Signature**

8/18/99
**Date**




11/5/99
Wall check
is consistent w/
approved plan

STATE OF MARYLAND
CHARLES J. MARTIN
No. 10464
REGISTERED
PROFESSIONAL LAND SURVEYOR