10/2/97
12:00 C.O. & WA

10/16/97 - 10/27/97 - Alright
C.O. 2-3pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-422108

P 58579

A 49860-H

DISTRICT 5th

DATE 7/22/97

DATE SYSTEM APPROVED 10/2/97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXX-XXXX~~ 313-2640

INDEXED

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

ADDRESS 558 Obrecht Road Sykesville, Maryland 21784 PHONE (410) 795-5674

SUBDIVISION Springdale Estates LOT 3 ROAD 13712 Springdale Drive

PROPERTY OWNER Eric Mann

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS top-seamed tank & 1000 gallon top-seamed tank to serve as future pump pit

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box as high as possible on gravity, or approximately as follows: 145 feet up the right lot line and 90 feet off this same lot line. Run trenches on contour to right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK KM 4/16/97

PLANS APROVED BY Mark Rifkin REVISED DATE 03/27/97

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

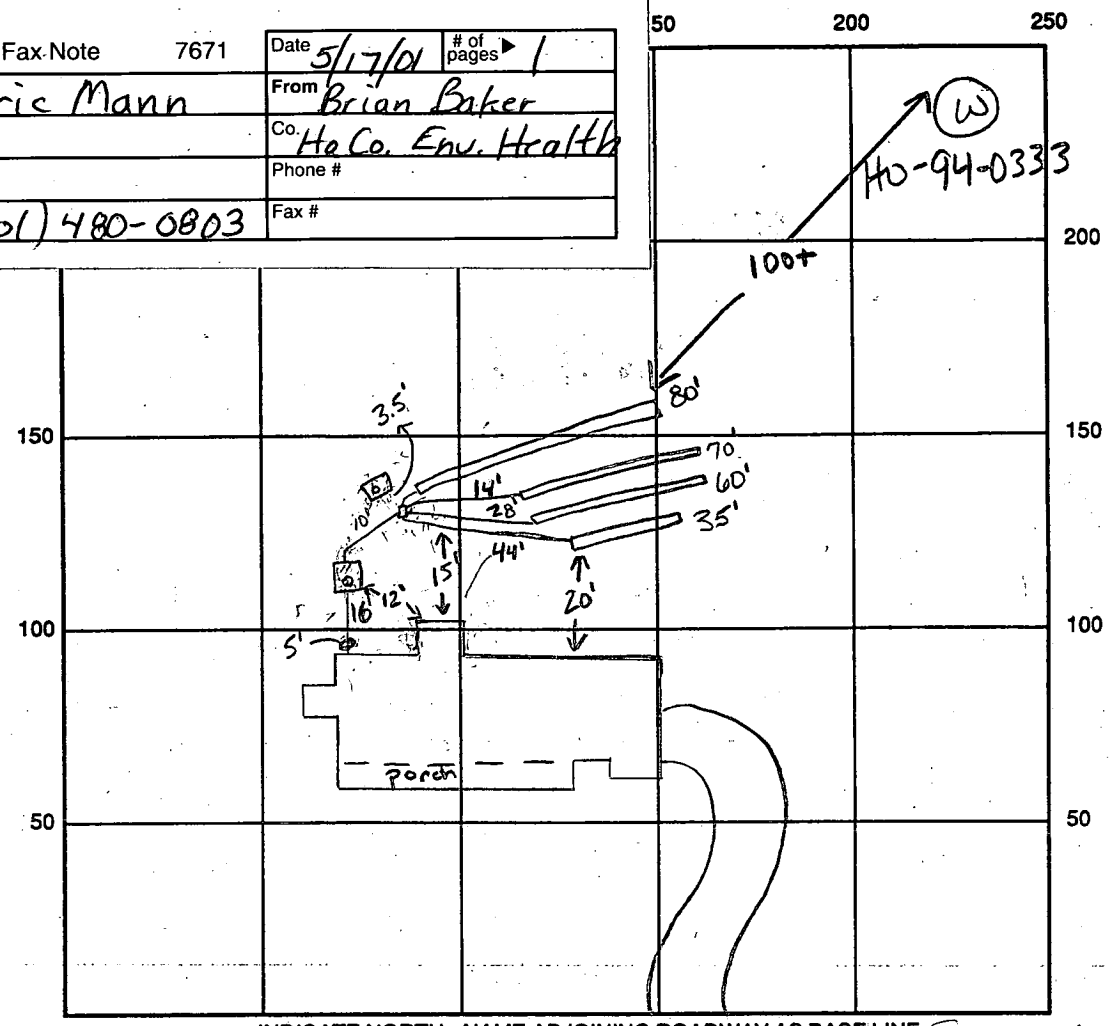
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 49860-H

Post-it® Fax Note 7671	Date 5/17/01	# of pages ▶ 1
To Eric Mann	From Brian Baker	
Co./Dept.	Co. Ho Co. Env. Health	
Phone #	Phone #	
Fax # (301) 480-0803	Fax #	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Springdale Drive

1000 gallon top seamed pump tank

SEPTIC TANK LEVEL OK, 1250 top seamed tank CLEANOUTS 1 at house, 1 on tank, 1 on pump pit

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 1×35 1×60 1×70 1×80 FT. → 245

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 735 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/2/97 has house connection, ok to cover all work (KM)

10/22/97 Septic tank was ran over w/ dump truck & top collapsed - Replace tank if any damage to tank ALM

10/27/97 new 1250 top seamed tank installed has 3 T's and center baffle (KM)

10/2/97 WPI - ok to cover well line, P.A. 4.0' below grade, casing 2.0' above grade, has 2 piece cap (KM)

DATE SYSTEM APPROVED 10/2/97 INSPECTOR Kim Maietta

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 17, 1997

Mr. Dale Thompson
10005 Old Columbia Road
Columbia, Maryland 21046

RE: Septic Installation Permit P-58579A
Springdale Estates, Lot 3
13712 Springdale Road

Dear Mr. Thompson:

This is to acknowledged that the issue raised in my letter of October 7, 1997 regarding the above referenced septic system installation has been satisfactorily resolved.

The original septic tank has been replaced by a larger tank, accomplishing the same objective that would have been obtaining by plumbing a second tank "in-series". The second tank remains available for service as a pump pit at such future time as a replacement disposal field may become necessary.

If you have any questions regarding this matter, please contact me at the below address or by calling 410-313-2640.

Thank you for your cooperation.

Very truly yours,

Craig Williams

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

cc: Fogle's Septic Clean
File

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

DALE THOMPSON
BUILDERS

Post-it Fax Note | Date 2/7/97 | # of pages 2
To Mark Rifkin
Fax# 313-2648
From Dale
Phone# 995-6736

Mark Rifkin
Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Md. 21043

Re: Lot 4 @ Springdale
Permit #: B00103789

Dear Mark,

At your request, I am writing to request that the septic disposal system for lot 4 at Springdale Estates be approved as a gravity drain system feeding the lower portion of the approved septic easement. I understand that it is the Health Departments objective to first utilize the upper area of a septic easement leaving the lower areas for recovery systems however, in this instance, reaching the upper area would require the use of a pump. That being the case, I believe the homeowner is best served by using a gravity feed system for the initial design and install a buried tank to house a pump for the future need to pump to the highest area for the second recovery area. This leaves the third recovery area to be located between the upper and lower areas which would not be utilized until after the lower area had a chance to "rest" during the life span of the second system.

I have reviewed the details of this request extensively with the owners of this property and they are in concurrence with the request that I am making. They fully understand that any replacement system which may or may not be required in the future would utilize a whole house pump. Should you have any questions regarding this system, please call myself or Luanne Lavalley at 995-6736.

Sincerely,

Dale Thompson

DALE -
~~WE ORIGINALLY~~
SEE OTHER SIDE.
CW

cc: Mr. and Mrs. Mann,
Owners, Lot 4 Springdale

5455 Twin Knolls Road, Suite M 155 Columbia, Maryland 21046
(301) 596-7280 Fax (410) 381-8747 (410) 995 6736

DALE —

SERVICE TO THE HIGHEST PART OF THE AREA IS OUR NORMAL EXPECTATION. THIS ALLOWS FOR GREATEST EFFICIENCY ON FUTURE REPAIR.

IN AN ATTEMPT TO PROVIDE A REASONABLE AND PRACTICAL ALTERNATIVE, WE HAVE BEGUN ALLOWING GRAVITY SERVICE TO MID-PORTIONS OF THE

APPLICATION

PERCOLATION TESTING

A 49860H

P _____

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

DISTRICT _____

DATE _____

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 Eric MANN

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS 13712 Springdale Drive PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. 1 & 2 on perc cert

ROAD AND DESCRIPTION _____

BLDG. PERMIT SIGNED AND RETURNED 3/22/97
Serial #B011103788
SFD - 4 Bmr

BLDG. PERMIT SIGNED AND RETURNED 3/22/97
Serial #B011103789
addition - 2 car garage

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 HOLD FOR PLAT, PERC OK 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

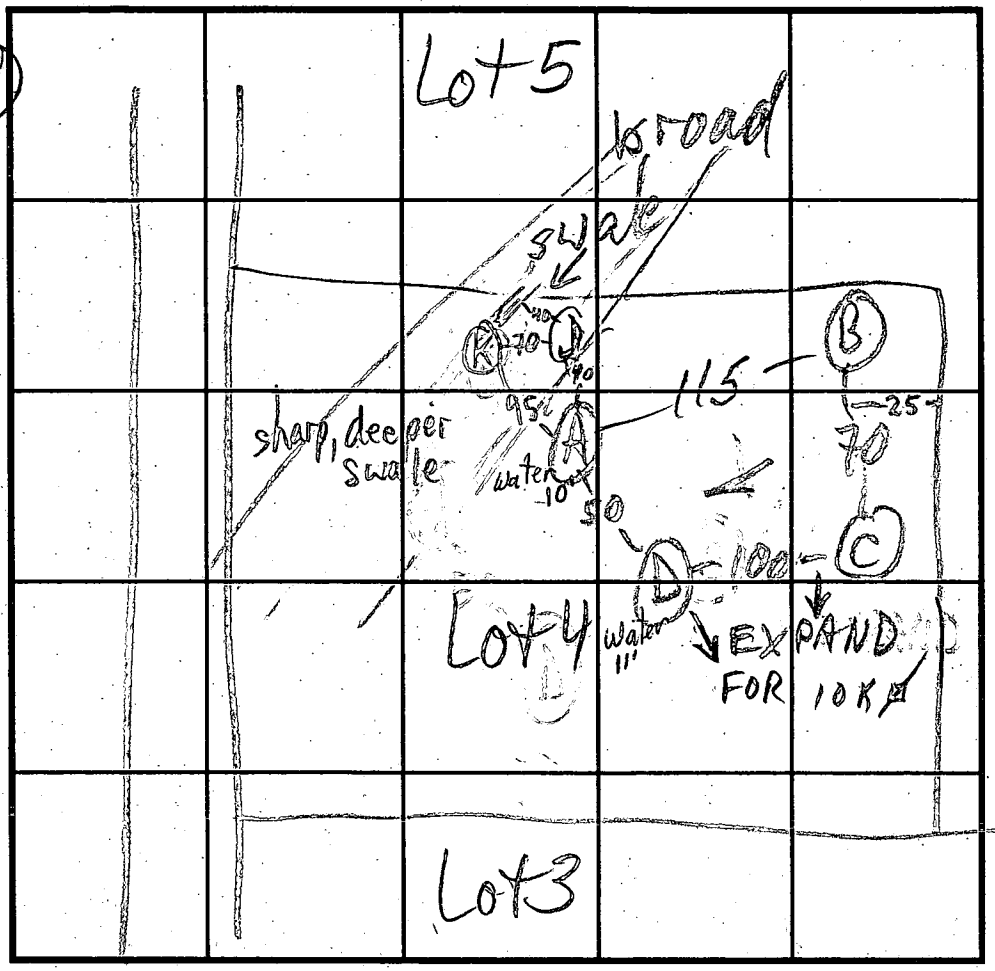
HD-216 (3/92)

49860 H
COUNTY #

Lot 4

SOIL PROFILE (A) (D) (B) (C)

0'
topsoil
tred
sa c l lm
2
tan brn red brn coarse mica sa. lm 5-15% block or saprolite frags
10-11 WATER in (A) (D)
11
(D)
46" FILL
brn, sa c l lm
2
brn si l lm
8½
dull dk brn bright red org.
12
moist silt
(K)
1'9" FILL
brn org sa c l lm
3'9"
brn red sa lm
11 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
3/11/94	D	3	11:46	11:49	11:49	11:55	6
	D	11	H2O @ 11'				
	A	3	11:49	11:52	11:52	11:58	6 EST
	A	11	H2O @ 10'				
	C S M	3 6	11:54 11:58	12:01 12:00	12:01 12:00	12:06 12:04	5 4
	C V	12	see	profile			
	B S	4'3"	12:05	12:09	12:09	12:16	7
	B V	12½	see	profile			
11/2/94	J S V	3'3" 12	3:50	3:54	3:54	4:00	6
2/1/95	K V	12	H2O @	11'	6 HRS±		

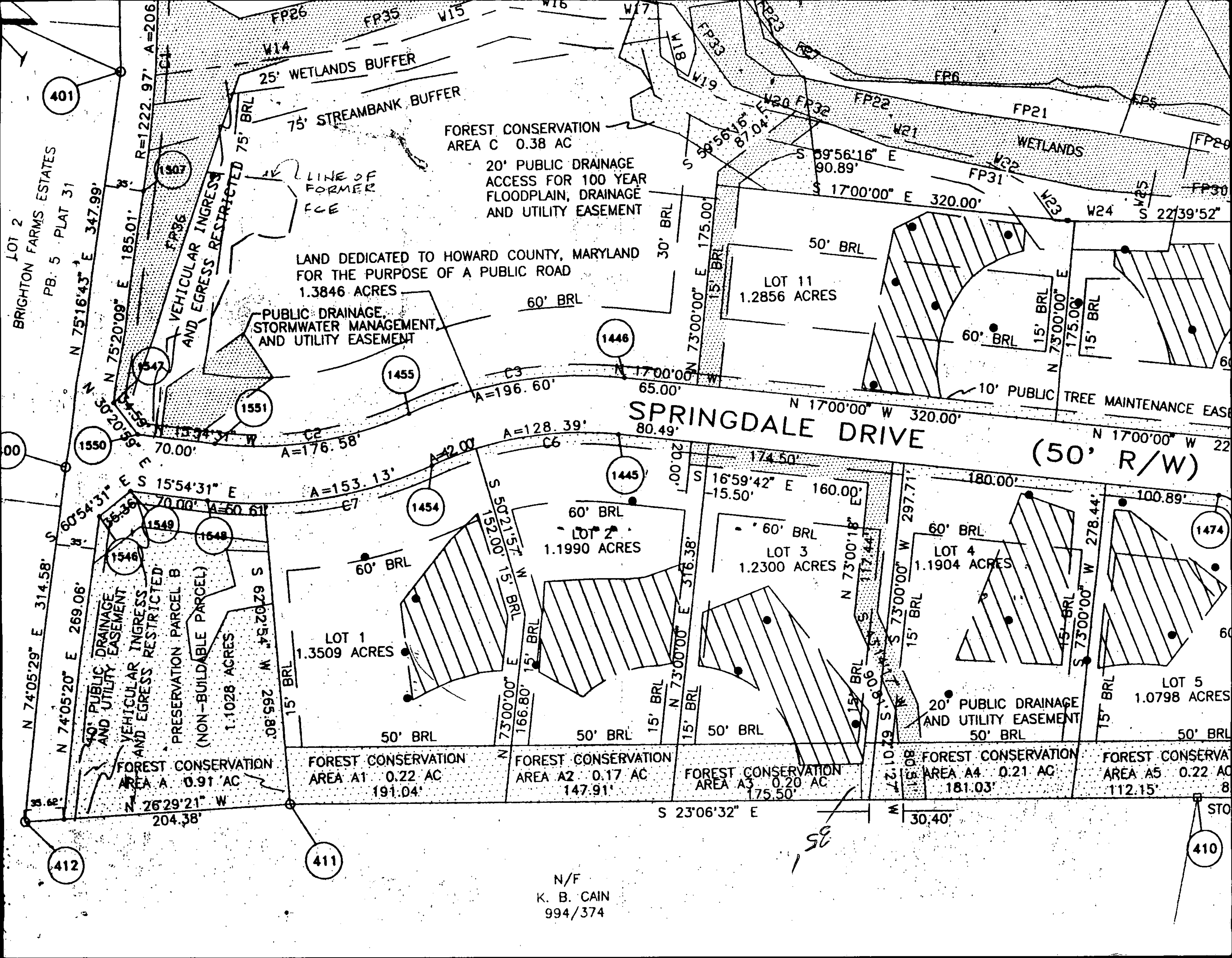
REMARKS REDIG A V. TEST 12 NO DRY @ 3'11" ±

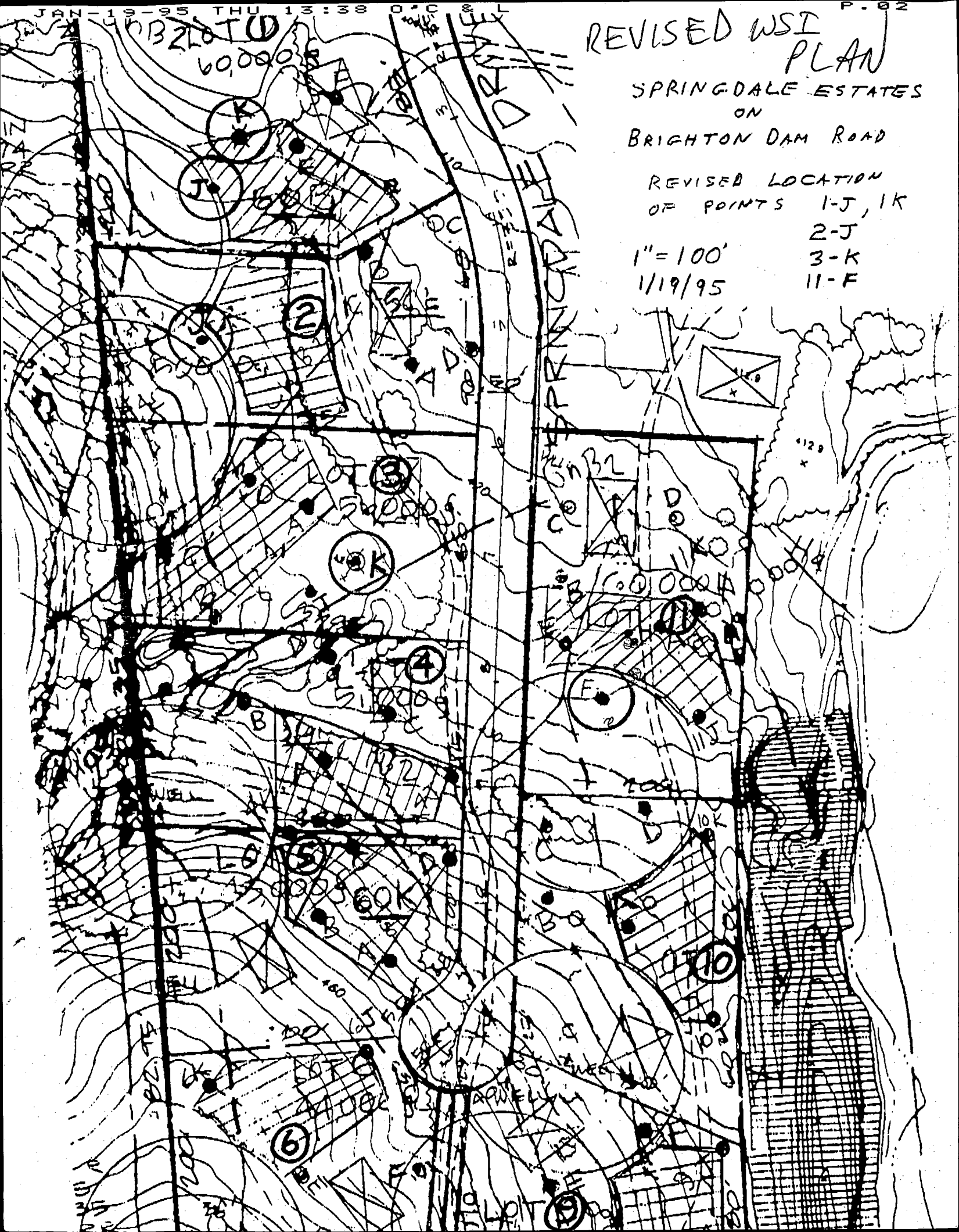
TYPE OF SOIL ALL HOLES NOT PER PLAN

TESTED BY M. Riffin ALSO PRESENT Allen, Demmitt

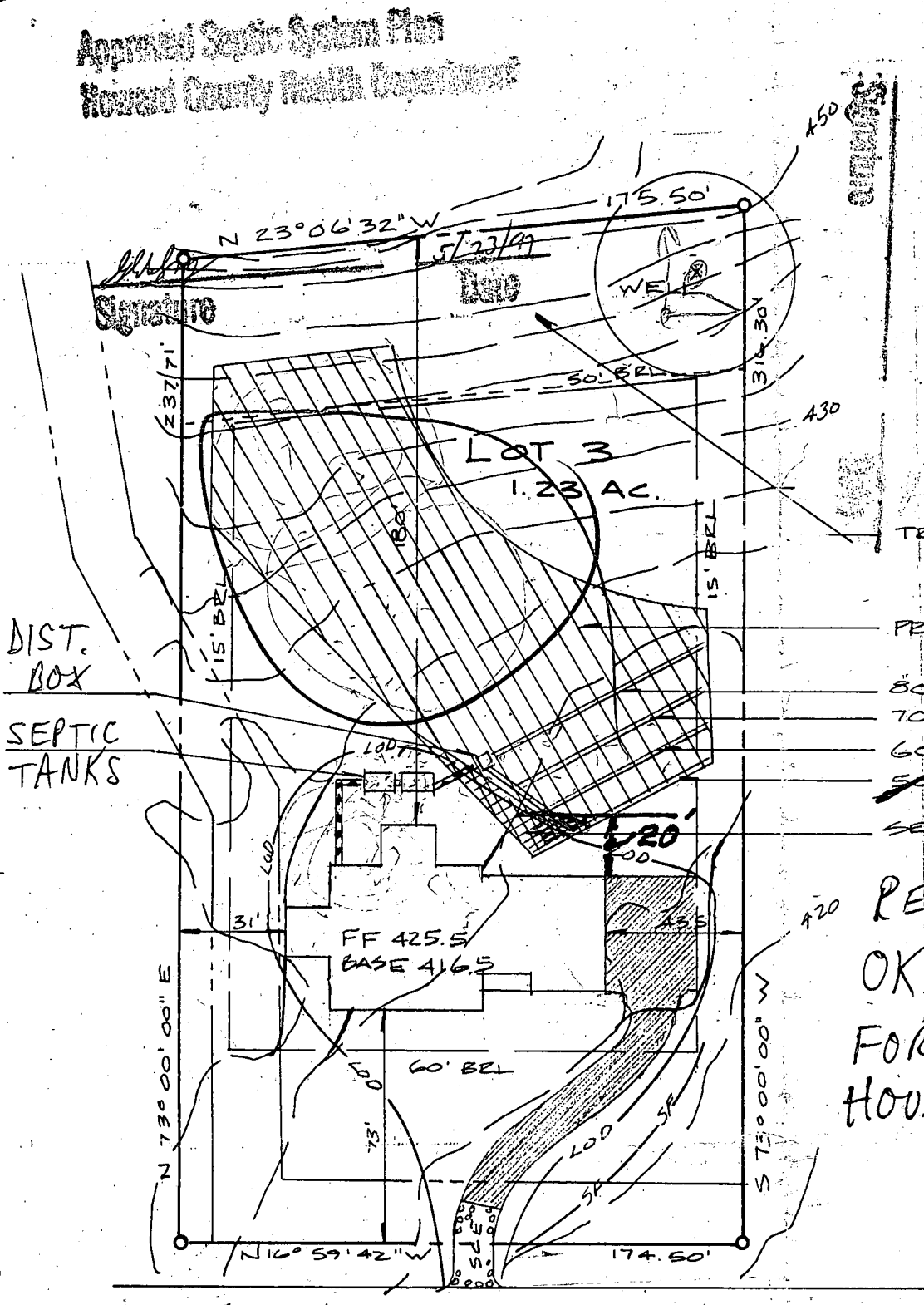
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 TRENCH WIDTH 3

INLET DEPTH 2½ MAXIMUM BOTTOM DEPTH 4½ SQ. FT/BEDROOM 180


25' WETLANDS BUFFER
75' STREAMBANK BUFFER
FOREST CONSERVATION AREA C 0.38 AC
20' PUBLIC DRAINAGE ACCESS FOR 100 YEAR FLOODPLAIN, DRAINAGE AND UTILITY EASEMENT
LINE OF FORMER FCE
LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD 1.3846 ACRES
PUBLIC DRAINAGE, STORMWATER MANAGEMENT, AND UTILITY EASEMENT
VEHICULAR INGRESS AND EGRESS RESTRICTED
WETLANDS
LOT 2 BRIGHTON FARMS ESTATES PB. 5 PLAT 31
LOT 11 1.2856 ACRES
10' PUBLIC TREE MAINTENANCE EASE
SPRINGDALE DRIVE (50' R/W)
LOT 1 1.3509 ACRES
LOT 2 1.1990 ACRES
LOT 3 1.2300 ACRES
LOT 4 1.1904 ACRES
LOT 5 1.0798 ACRES
40' PUBLIC DRAINAGE AND UTILITY EASEMENT
VEHICULAR INGRESS AND EGRESS RESTRICTED
PRESERVATION PARCEL B (NON-BUILDABLE PARCEL) 1.1028 ACRES
20' PUBLIC DRAINAGE AND UTILITY EASEMENT
FOREST CONSERVATION AREA A 0.91 AC
FOREST CONSERVATION AREA A1 0.22 AC
FOREST CONSERVATION AREA A2 0.17 AC
FOREST CONSERVATION AREA A3 0.20 AC
FOREST CONSERVATION AREA A4 0.21 AC
FOREST CONSERVATION AREA A5 0.22 AC
N/F K. B. CAIN 994/374
S 17°00'00" E 320.00'
N 17°00'00" W 320.00'
S 23°06'32" E
N 26°29'21" W 204.38'
N 75°16'43" E 347.99'
N 75°20'09" E 185.01'
N 74°05'29" E 314.58'
N 74°05'20" E 269.06'
S 62°02'54" W 265.80'
S 50°21'57" W 152.00'
S 16°59'42" E 160.00'
S 15°54'31" E 70.00'
R=1222.97' A=206
A=196.60'
A=176.58'
A=153.13'
A=128.39'
A=50.61'
A=42.00'
50' BRL
60' BRL
15' BRL
30' BRL
401
411
412
410
1446
1455
1445
1454
1474
1547
1551
1550
1549
1548
1546
1507


REVISED WSI PLAN
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
LOT 9
BRIGHTON DAM ROAD

Approved Septic System Plan
Howard County Health Department



REVISION LOT 2
OK, NO ROOM
FOR ERROR IN
HOUSE LOCATION
MR
5/23/97

Septic Grades & Elevations		
	Inv.	Grade
INVERT @ HOUSE	424.00	424.00
INVERT @ ENT 1ST TANK 1,250 GALS	423.50	
INVERT @ EXIT "	423.25	
INVERT @ ENT 2ND TANK 1,000 GALS	423.0	
INVERT @ EXIT "	422.75	
INVERT @ DIST. BOX	422.5	424.5

C 1 3527 — 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 A 49860H

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

DATE WELL COMPLETED 03/13/95

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0333

OWNER Demmitt (last name) Richard (first name)
STREET OR RFD Springdale Drive TOWN Clarksville
SUBDIVISION Springdale SECTION LOT 3

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	80	
GRAY MICA ROCK	80	400	✓

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
Joseph 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 30 NO. OF POUNDS 2820
GALLONS OF WATER 180
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 60 ✓ ft. (BOTTOM)
(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	84 ✓

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	82 to 400 ✓
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. to nearest gal.) 15 ✓
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 35 ✓
WHEN PUMPING 145 ✓

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:
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 [−] below LAND SURFACE 2 ✓ (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)
N

See attached location

COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 5364 — 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-94-0333
fill in this form completely

Date Received (APA): 12/12/94

OWNER INFORMATION
Last Name: Demmitt | First Name: Richard
Street or RFD: Box 228
Town: Clarksville | State: MD | Zip: 21029

DRILLER INFORMATION
Driller's Name: Joseph L. Mayne | MSD/MGD/MWD: 24 | License No.:
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy, Md. 21771
Signature: Joseph L. Mayne | Date: 12/10/94

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (H) 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: 265 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

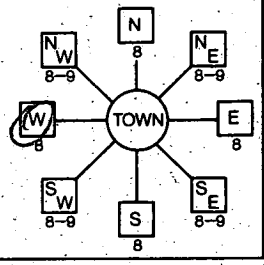
REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- 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: MR (WRITE INITIALS IN BOX) PERMIT No. HO-94-0333

B 3 — LOCATION OF WELL
8 COUNTY: HOWARD
23 SUBDIVISION: SPRINGDALE
SECTION: | LOT: 3
52 NEAREST TOWN: CLARKSVILLE
MILES FROM TOWN (enter 0 if in town): 3 M I

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Springdale Drive
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) | NW | W WEST | 32 | E EAST | S SOUTH
DISTANCE FROM ROAD: 305
ENTER FT OR MI: FT
TAX MAP: _____ BLK: _____ PARCEL _____

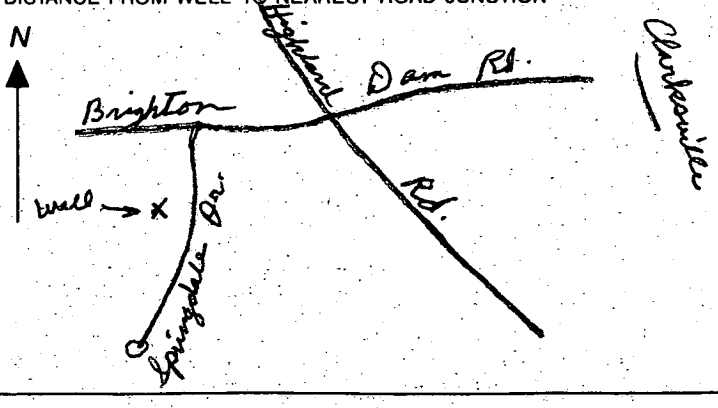
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard | COUNTY NO.: A49860H
STATE SIGNATURE _____ | INSERT S
DATE ISSUED: 021095 | Mark E. Kiffin | 02/10/96 EXP. DATE
NORTH GRID: 496000 | EAST GRID: 080400

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 8004
N 4926
000 000

1:00 P.m (1½ hr)
3-10-95
NO INSP
X

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

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 13, 1995

MEMORANDUM

TO: Mr. Richard Demmitt
P. O. Box 228
Clarksville, Maryland 21029

FROM: Mark Rifkin, R. S. MR/cw
Water and Sewerage Program
Howard County Health Department

RE: Well Construction Permit
Permit Numbers: HO-94-0331 thru HO-94-0334
Springdale - Lots 1 - 3 and Lot 11
Springdale Drive

This is to confirm that the above referenced well construction permit applications were issued without a re-inspection of well stakes. Once all wells are drilled, engineer's certification of actual well locations will be required before record plat approval.

If you have any questions regarding this matter, please call me at 313-2640.

MR:jr

cc: Joseph L. Mayne
File

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-E Ellicott Mills Drive
Ellicott City, MD 21043
461-8838

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ___

Receipt # ___
Date 10/10/97

Name of Installer Willoughby Plumbing
Telephone 410-781-7051

License Number #6997
Certified Well Pump Installer ___ Well Driller ___ Registered Plumber ✓

Name of Property Owner Eric Mann
Telephone ___
Subdivision Springdale Estates Lot # 3
Well Tag # HO-94-03-33
Site Address 5411 Springdale Dr.
Clarksville, MD 20770

Pump
1. Type
   a. Deep well jet ___
   b. Shallow well jet ___
   c. Submersible ✓
2. Make Goulds
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 ___

Motor
1. Horsepower ¾
2. RPM ___
3. Voltage ___
   a. 110 ___
   b. 220 ✓

Pitless Adapter
1. Make Mansfield
2. Model # ___
3. Depth ___

Tank
1. Capacity Hydropneumatic
2. Pressure relief valve? Yes

Piping
1. Type Polybutylene
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 4 ft

Well data
1. Depth 400 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: 10/10/97