3/23/00 anytime (Septic C.O.)
4/3/00 C.O.'s
4/5/00 NOW

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 513213

A 49860-R

DISTRICT

DATE 1/5/2000

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

05-422159

DATE SYSTEM APPROVED 4/5/00

INSPECTOR JKS

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

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

SUBDIVISION Springdale Estates LOT 8 ROAD 13729 Springdale Drive

PROPERTY OWNER Dale Thompson Builders

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 ✓

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the 270.93'/149.75' intersection, place the distribution box 165 feet up the 270.93' lot line and 15 feet off this same lot line. Run trenches on contour to right side of lot. Required trench layout: 35', 60', 65' 80'

NOTES - MAINTAIN 100 FEET FROM ALL PARTS OF THE SEPTIC SYSTEM TO THE WELLS ON LOTS 8 AND 9, AND 20 FEET BETWEEN THE HOUSE AND TRENCHES. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ON SRN 8/23/99

Minor change in Trench length on #2 as req'd to maintain 20 ft from Both Pool & Wading Pool.

PLANS APROVED BY Mark E. Rifkin DATE 8/25/1999

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)

BUILDING PERMIT SIGNED AND RETURNED 5-2-02 BOD 135911 - 1 STORY ADDITION

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

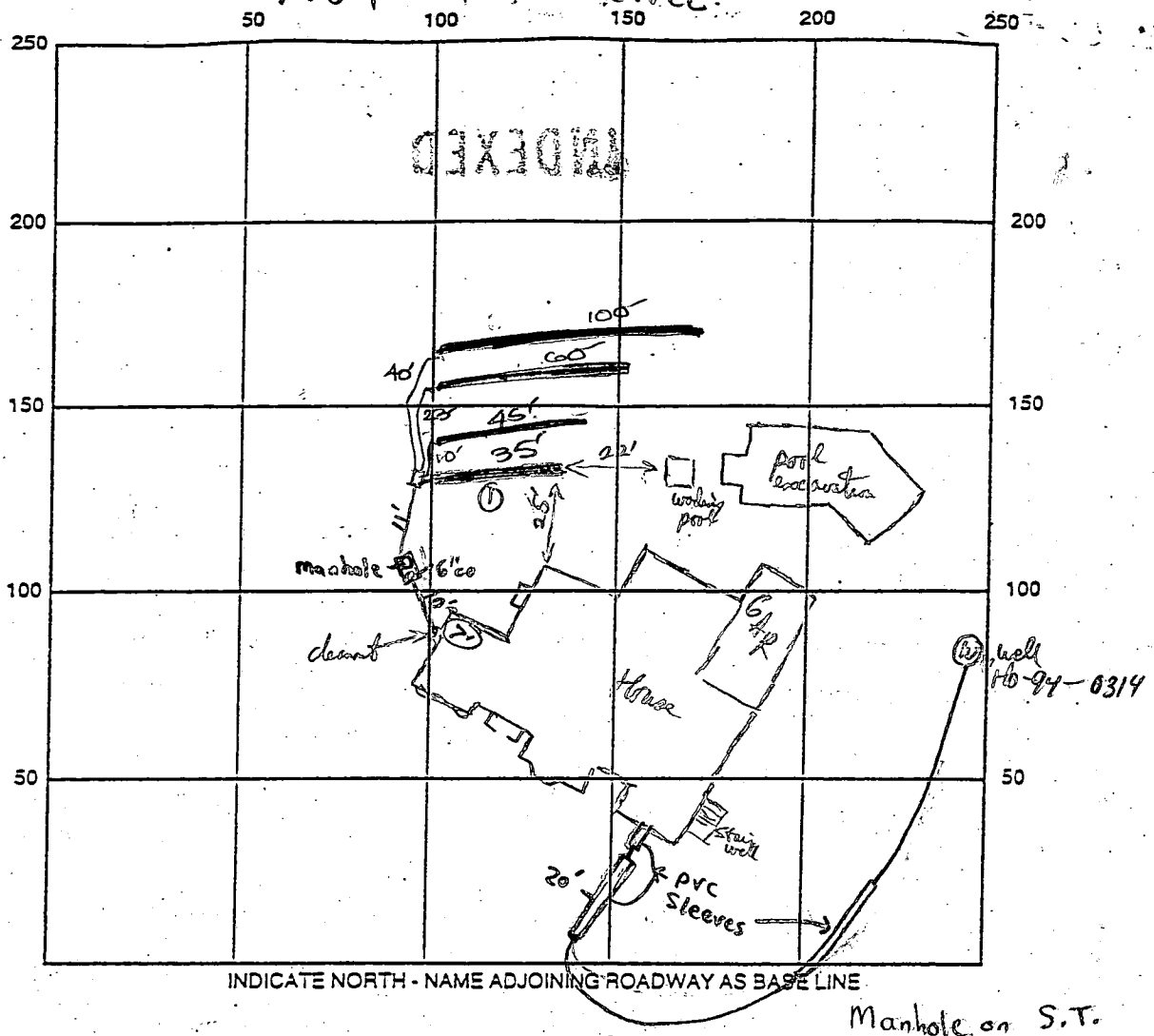
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

49860-R

NOT TO SCALE.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Manhole on S.T.

SEPTIC TANK LEVEL ok CLEANOUTS one at house one on S.T.

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/~~TITLE~~ TILE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 3/23/00 No work done. DKS S.T., House Connection OK, OK to cover all but Final

~~BUILDING PERMIT SIGNED~~ ~~AND RETURNED~~

4/5/00 A.M. FINAL INSP- OK to cover all septic work as completed. sufficient materials at site. DKS

5/4/00 - CONTRACTOR INSTALLED MANHOLE ON SEPTIC TANK - SRW

DATE SYSTEM APPROVED 4/5/00 INSPECTOR

4/21/00 WPI AM
4/25/00 WPI AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
8328-H Ellicott Mills Drive
Ellicott City, MD 21043
461-8033

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation V
Replacement ____

Receipt # ____
Date ____

Name of Installer Willoughby Plmg Telephone 410-781-7051

License Number # 6992
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Dale Thomason Bldg Telephone 410-995-6731
Subdivision Sourgate Lot # 8 Well Tag # HO-94-0314
Site Address 13124 Sourdale Dr
Clarksville, MD. 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jacuzzi
3. Model # ____
4. Capacity 7 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 3/4 HP
2. RPM ____
3. Voltage ____
   a. 110 ✓
   b. 220 ✓

Pitless Adapter
1. Make HARWARD
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 545 ft.
2. Yield 2 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

2/95

4/21/00 - Pitless on, grouton well line not connected no PVC conduit - SRW
4/25/00 - WPI OK - SRW

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 void and void).

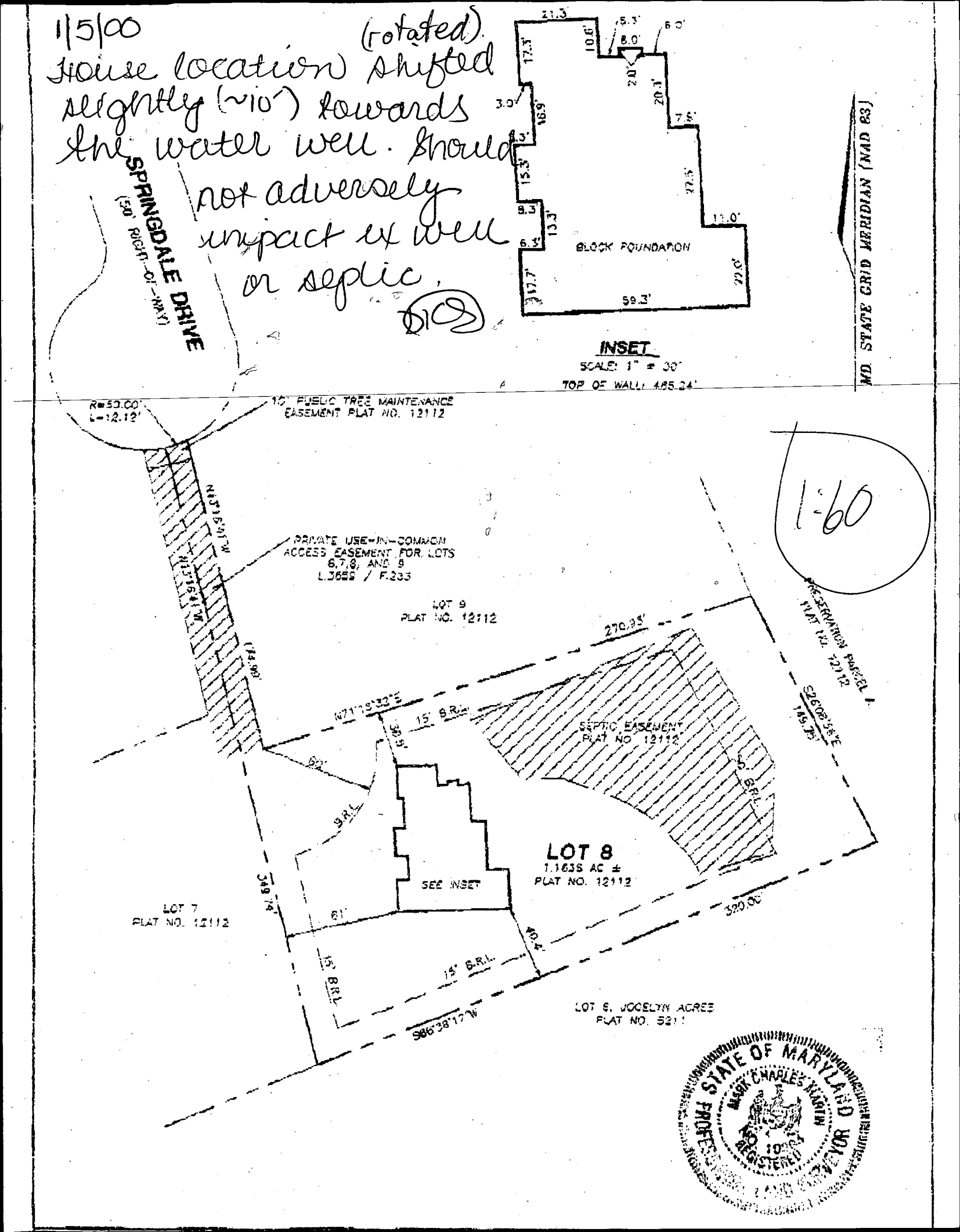
All information given above is true to the best of my knowledge.

Signature of Applicant: Chris Willoughby

Date: 4/28/00

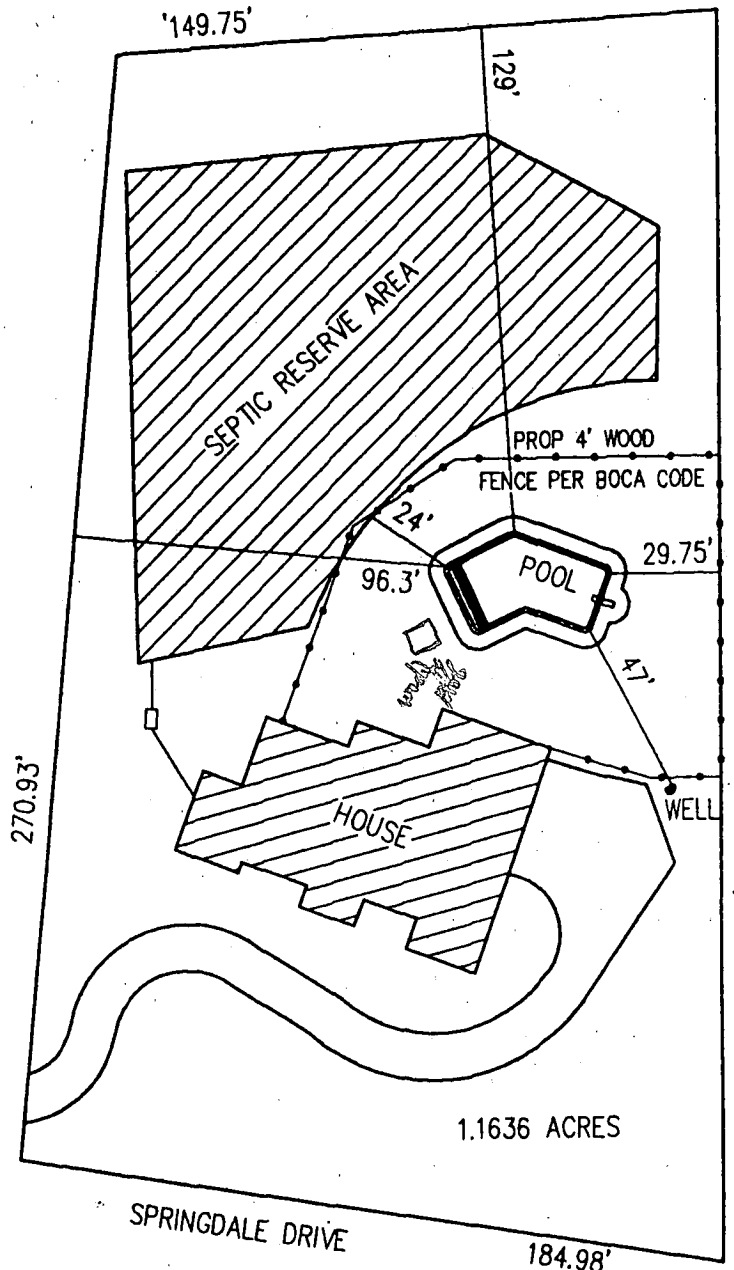
Above a notation indicating approval/failure of the installation will be placed on the well card at the time of the inspection.

1/5/00 (rotated)
House location shifted slightly (~10') towards the water well. Should not adversely impact well or septic.
DJC



1"=60'

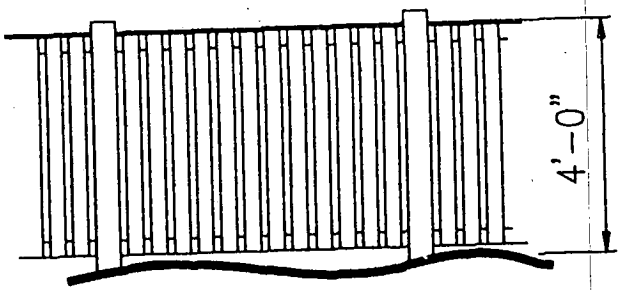
STATE OF MARYLAND
MARK CHARLES MARTIN
REGISTERED
PROFESSIONAL ENGINEER



LOT #8
SPRINGDALE ESTATES
SCALE: 1"=50'

3/23/00
POOL LOCATION OK,
BUT NO ADJUSTMENT
TO THE LEFT.

MR



FENCE DETAIL
NOT TO SCALE
FENCE TO BOCA CODE
ALL GATES TO BE SELF
LATCHING AND CLOSING

JOB NUMBER _____ CONTRACT DATE 3-15-00

SALESMAN RAY STANCILL

CONSTRUCTION OFFICE PH # (888) 257-0007

MAP NUMBER	
13	COUNTY HOWARD
H-9	LOT # 8 BLOCK _____
	SUB DIV SPRINGDALE ESTATES

TRI-COUNTY POOLS INC

NAME BRETT STEVENS

STREET 13729 SPRINGDALE DRIVE

CITY CLARKSVILLE STATE MD ZIP 21029

HOME PHONE 301-854-1010

WORK PHONE 301-384-1900 X3

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00 123090

Building Address 13729 SPRINGDALE DR

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 8

Tax Map _____ Parcel _____ Grid _____

Zoning Map Coordinates Lot size

Property Owner's Name BRETT STEVENS

Address SAME

City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone Fax

Existing Use SFR

Proposed Use SFR - POOL

Estimated Construction Cost $ 27,000

Description of Work INGROUND CONCRETE POOL 3' TO 7-6 18X31

Contractor Company TRI COUNTY POOLS

Contact Person RAY STANCILL

Address 13410 MOSER ST

City THURMONT State MD Zip Code 21788

License No. 34414-01

Phone 301 271 3616 Fax

Occupant or Tenant BRETT STEVENS

Contact Name SAME

Address 13729 SPRINGDALE DR

City CLARKSVILLE State MD Zip Code 21029

Phone 301 854-1010 Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone 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

Pool

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:		
2nd floor:		
Basement:		

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

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
____ Private

Sewage Disposal:
____ Public
____ 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.

CM Beaver
Applicant's Signature

Title/Company

CHARLES BEAVER
Print Name

3/23/00
Date

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	3/23/00	Mark E. Kaffen
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: _____

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

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

a:\permit.fm

Rev. 10/15/98

APPLICATION

PERCOLATION TESTING

A 49860R

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 Dale Thompson Builders

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale Est LOT NO. 28 on perc cert

ROAD AND DESCRIPTION 13729 Springdale Drive

[redacted] PERMIT SIGNED AND RETURNED 8-25-25
Sewall # B101 20025

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD-4Bdrm
(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)

4960 R Lot 9

COUNTY #

SOIL PROFILE

0' ALL HOLES

brn yel sa cl lm 15% frags

2-3½/32

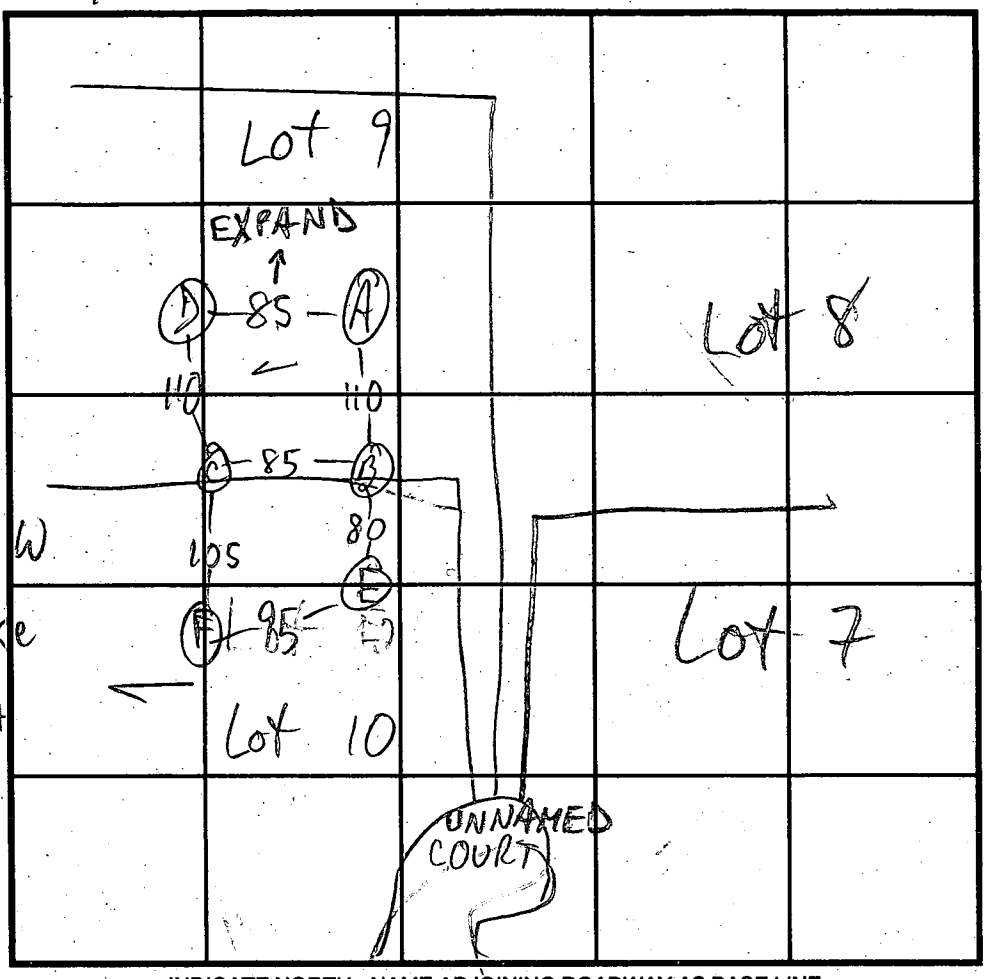
red brn tan sa lm 5-15% frags

12-13

10 W

lake

200'+



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
3/4/94	B S	4½	10:51	10:55	10:55	11:05	10
	B M	7	10:51	10:53	10:53	10:55	2
	B V	12½					
	A S	3½	10:54	10:56	10:56	1:02	6
	A V	12½					
	D S	4	10:57	10:59	10:59	11:03	4
	D V	13					
	C S	4½	11:06	11:10	11:10	11:20	10
	C V	12					

REMARKS HOLES PER PLAN ±

TYPE OF SOIL

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

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2

INLET DEPTH 3½ MAXIMUM BOTTOM DEPTH 7½ SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A _____

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. 8

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

K

0'

RUBBLE GRAVEL FILL

3½-4

brn sacl lm

4½-5

tan sa lm 10% frags

12'

J

brn cl. sa lm

4½

tan mica sa lm 5-10% frags

10

L

FILL

1½ LO END

2½ HI END

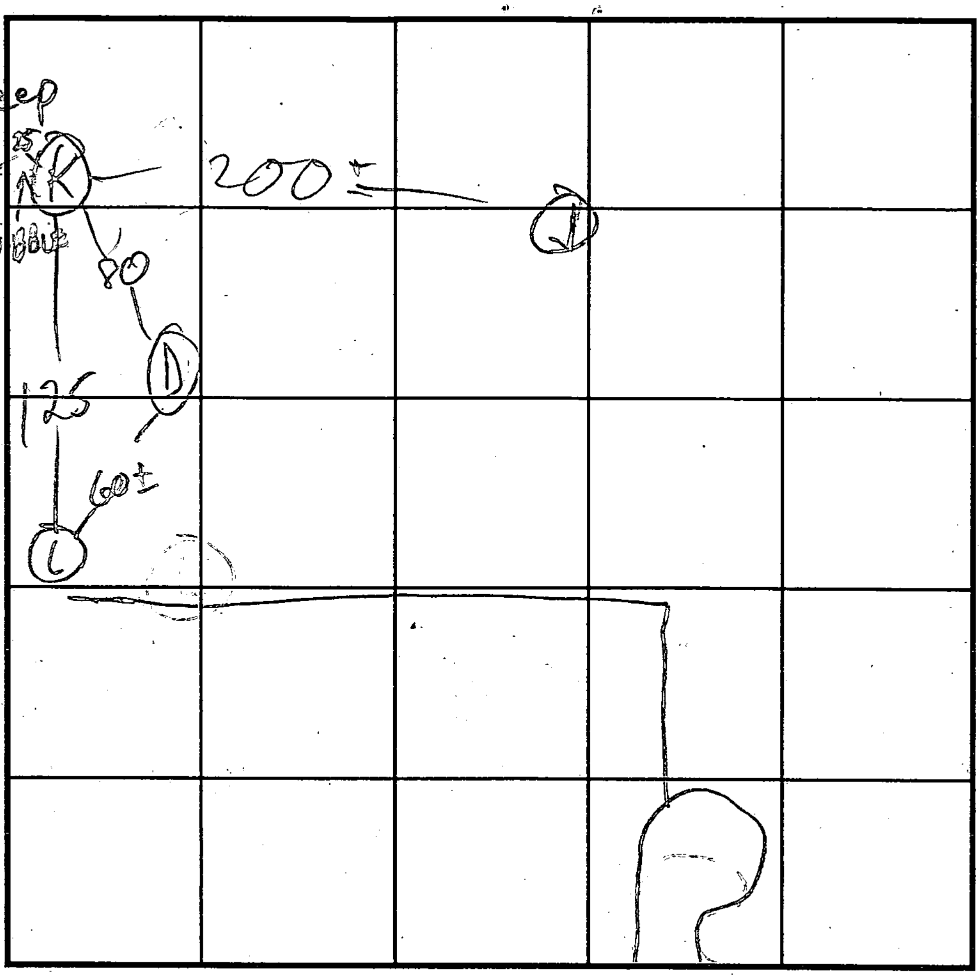
tan sa cl lm

3

5

pink tan sa mica lm 5-10% frags

13



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/2/94	K S	3½±	2 pours	5 sec	±	/inch	FILL
OTHER SIDE	K S½	4'2" 5½	11:59 12:47	12:09 12:50	12:09 12:50	12:31 12:57	1/4" 7 [illegible]
	K V	12½					
	J S	3½	12:18	12:25	12:25	12:34	9 EST
	J V	10					
	L S	3½	11:32	11:33	11:33	11:35	2
	L V	13					

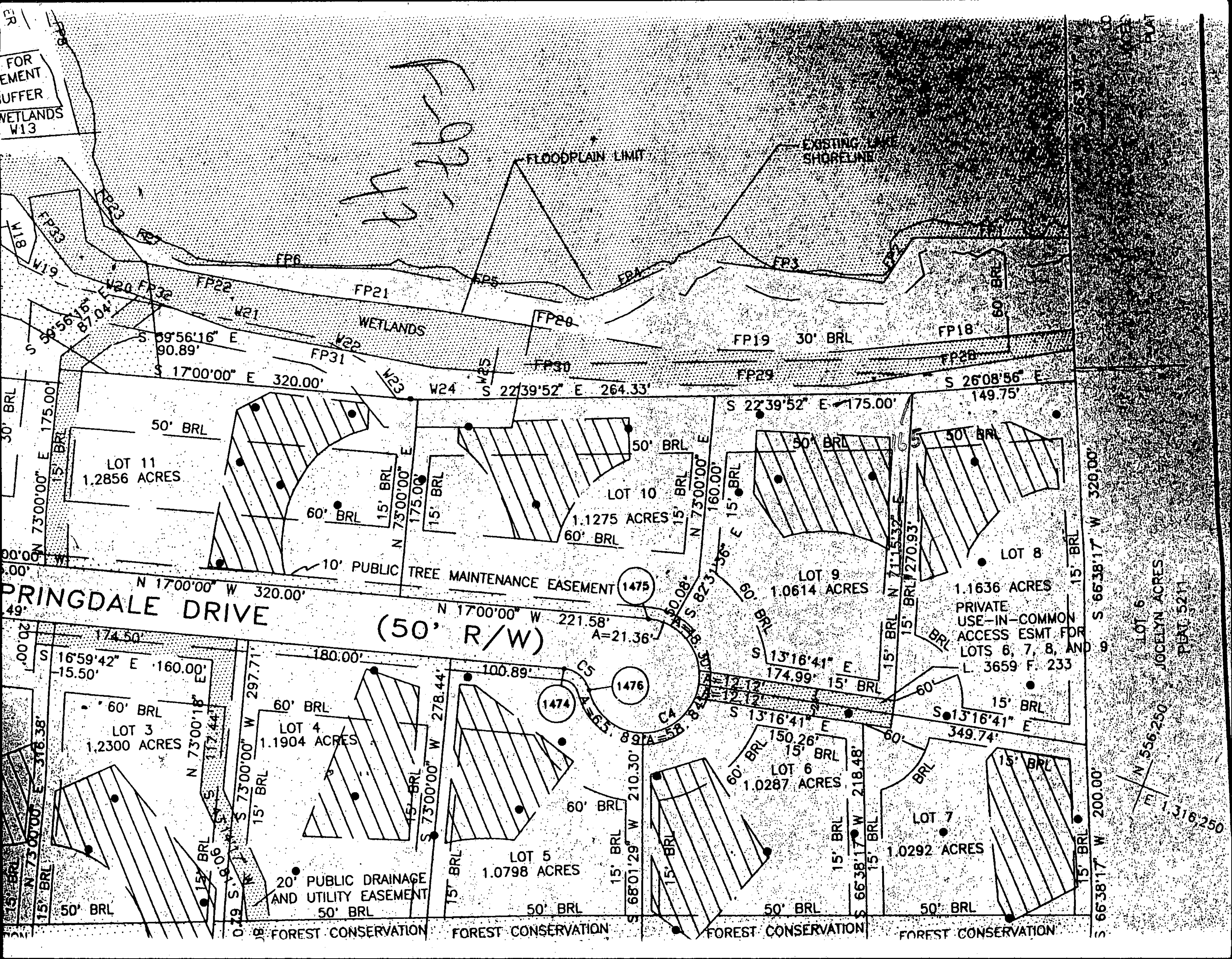
REMARKS

TYPE OF SOIL

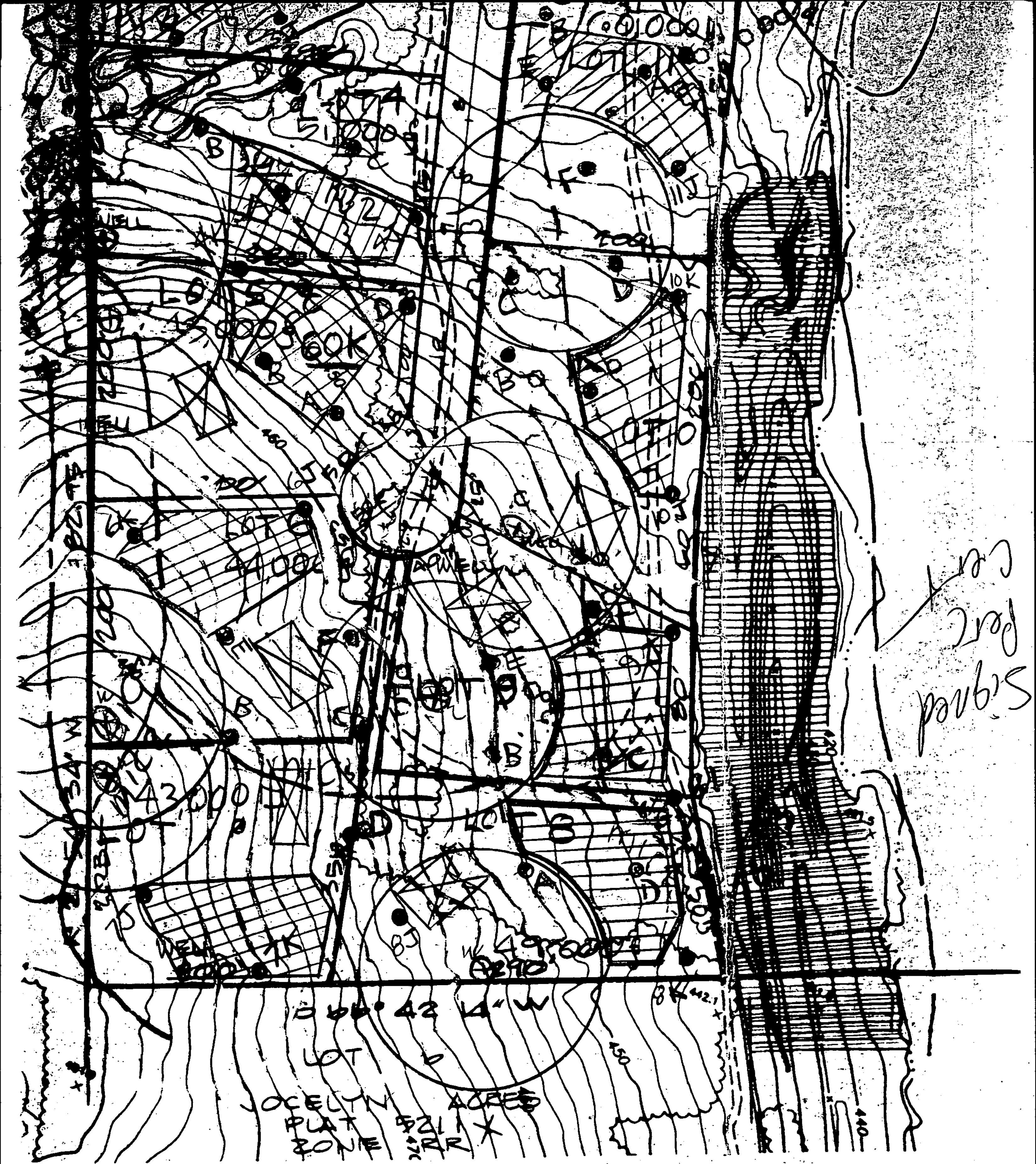
TESTED BY M. Rifkin ALSO PRESENT R.D., J. Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME ABDKL 5 TRENCH WIDTH 3[illegible]

INLET DEPTH 3½ MAXIMUM BOTTOM DEPTH 5½ SQ. FT/BEDROOM 180



FOR
EMENT
UFFER
WETLANDS
W13
FLOODPLAIN LIMIT
EXISTING LAKE SHORELINE
FP6
FP5
FP4
FP3
FP2
FP22
FP21
FP20
FP19
FP18
FP28
FP29
FP30
FP31
FP32
FP33
FP23
W18
W19
W20
W21
W22
W23
W24
W25
WETLANDS
S 59°56'16" E
87.04'
S 59°56'16" E
90.89'
S 17°00'00" E 320.00'
S 22°39'52" E 264.33'
S 22°39'52" E 175.00'
S 26°08'56" E
149.75'
30' BRL
60' BRL
50' BRL
15' BRL
LOT 11
1.2856 ACRES
LOT 10
1.1275 ACRES
LOT 9
1.0614 ACRES
LOT 8
1.1636 ACRES
N 73°00'00" E 175.00'
N 73°00'00" E 160.00'
N 71°15'32" E 270.93'
S 66°38'17" W 320.00'
10' PUBLIC TREE MAINTENANCE EASEMENT
1475
1476
1474
SPRINGDALE DRIVE
(50' R/W)
N 17°00'00" W 320.00'
N 17°00'00" W 221.58'
A=21.36'
50.08'
S 82°31'56" E
A=18.30'
C5
C4
A=65.89'
A=58.84'
12.12'
PRIVATE USE-IN-COMMON ACCESS ESMT FOR LOTS 6, 7, 8, AND 9
L. 3659 F. 233
S 13°16'41" E
174.99'
S 13°16'41" E
150.26'
S 13°16'41" E
349.74'
174.50'
20.00'
S 16°59'42" E 160.00'
15.50'
180.00'
100.89'
LOT 3
1.2300 ACRES
LOT 4
1.1904 ACRES
LOT 5
1.0798 ACRES
LOT 6
1.0287 ACRES
LOT 7
1.0292 ACRES
N 73°00'18" E 117.44'
S 73°00'00" W 297.71'
S 73°00'00" W 278.44'
S 68°01'29" W 210.30'
S 66°38'17" W 218.48'
S 66°38'17" W 200.00'
N 73°00'00" E 316.38'
20' PUBLIC DRAINAGE AND UTILITY EASEMENT
FOREST CONSERVATION
LOT 6
JOCELYN ACRES
PLAT 5211
N 556,250
E 1,316,250



per:
EVELOPMENT CORP.
J. DEMMITT
8
MD 21029
339

NO.	REVISIONS	DATE

STATE USE INDUSTRIES JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 **5336** 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-94-031[illegible]

fill in this form completely

Date Received (APA): 121294

OWNER INFORMATION

Owner Last Name	Demmitt
First Name	RICHARD
Street or RFD	BOX 228
Town	CLARKSVILLE
State	MD
Zip	21029

DRILLER INFORMATION

MSD/MGD/MWD

Driller's Name	Joseph L. Mayne
License No.	24
Firm Name	Joseph L. Mayne WELL DRILLING
Address	5512 Ridge Rd. Mt. Airy, Md. 21771
Signature	Joseph L. Mayne
Date	12/10/94

B 3 LOCATION OF WELL

COUNTY	HOWARD
SUBDIVISION	SPRINGDALE
SECTION	
LOT	8
NEAREST TOWN	CLARKSVILLE
MILES FROM TOWN (enter 0 if in town)	3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W (circled), NW

NEAR WHAT ROAD: Springdale Drive

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

DISTANCE FROM ROAD: 325

ENTER FT OR MI: FT

TAX MAP: ______ BLK: ______ PARCEL ______

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- **D** (circled) 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

COUNTY NAME: Howard COUNTY NO.: A49860R

STATE SIGNATURE ______ INSERT S

DATE ISSUED: 011995 CO SIGNATURE: Mark E. Rifkin EXP. DATE: 1/19/96

NORTH GRID: 496000 EAST GRID: 804000

APPROXIMATE DEPTH OF WELL: 265 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

2/10/95 9:30 grout

No Insp.

SOURCES OF DRILLING WATER

1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8084

N 4996

000 000

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

AIR-ROTary (circled) — AIR-PERcussion — ROTARY (Hydraulic Rotary)

CABLE — REVerse-ROTary — DRive-POINT

other ______

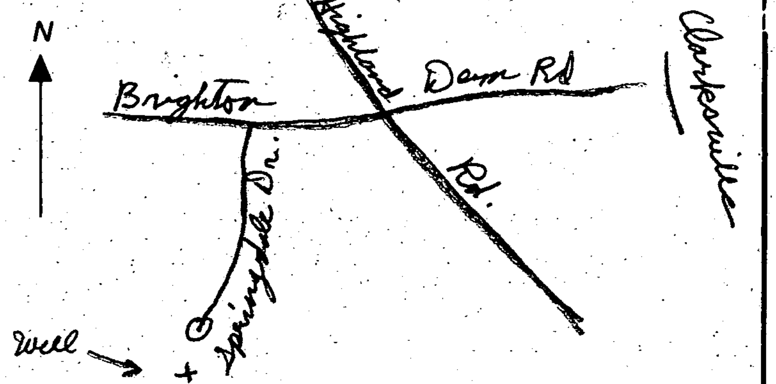
REPLACEMENT OR DEEPENED WELLS

(CIRCLE APPROPRIATE BOX)

- **N** (circled) 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-94-031[illegible]

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

C 1 **3510** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DENV 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 A49860R

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 02/10/95

Depth of Well 545 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0314

OWNER Demmitt (last name) Richard (first name)

STREET OR RFD Springdale Dr TOWN Clarksville

SUBDIVISION SPRINGDALE 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
SAND	0	96	✓
GRAY MICA ROCK	96	545	✓

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

WELL HYDROFRACTURED yes [ ] 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 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 35 NO. OF POUNDS 3290

GALLONS OF WATER 210

DEPTH OF GROUT SEAL (to nearest foot)

from [0] ft. (TOP) to [95] 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	101

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	98 to 545
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) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44

WHEN PUMPING 330

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

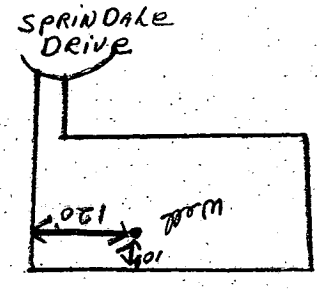
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

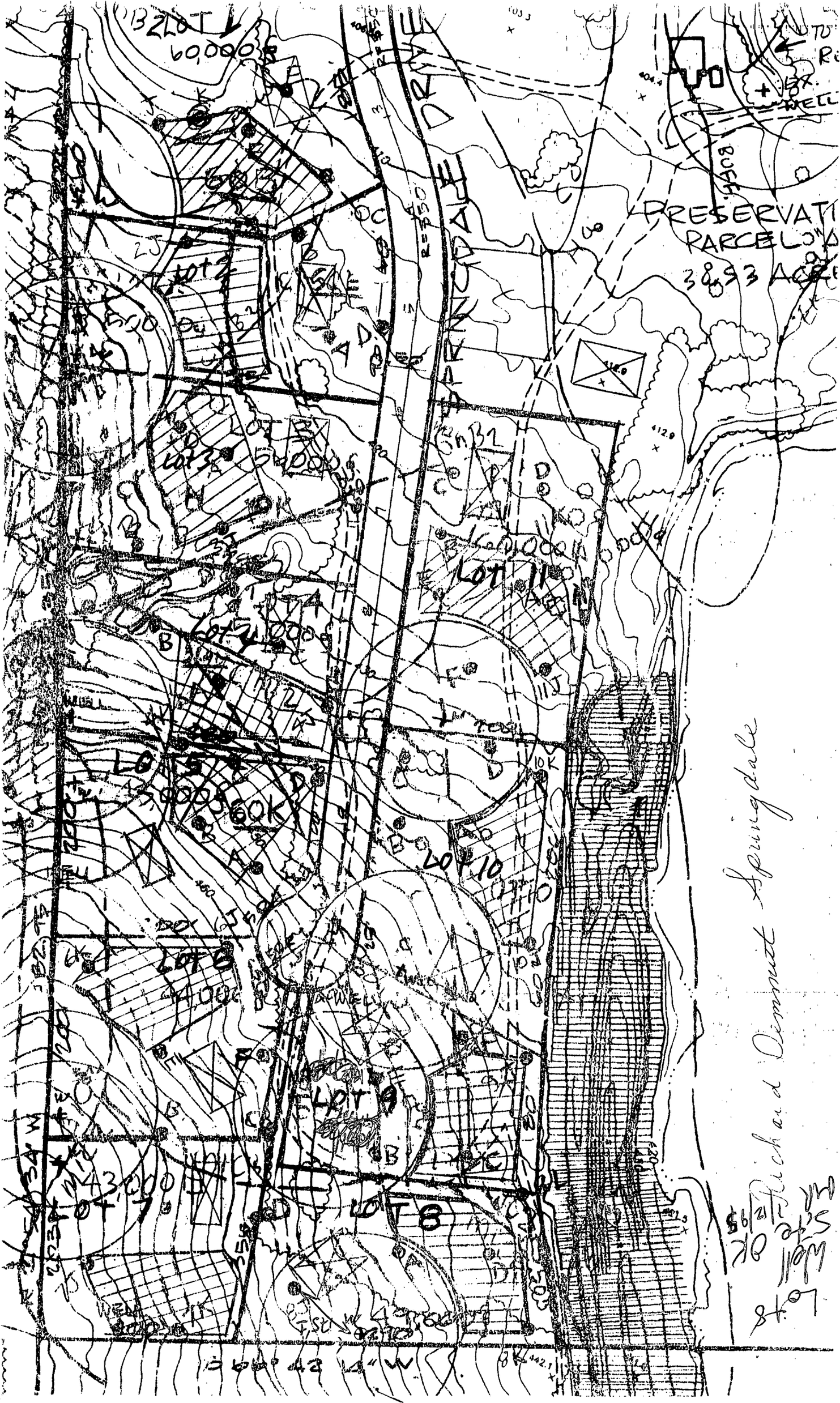
(+) above LAND SURFACE

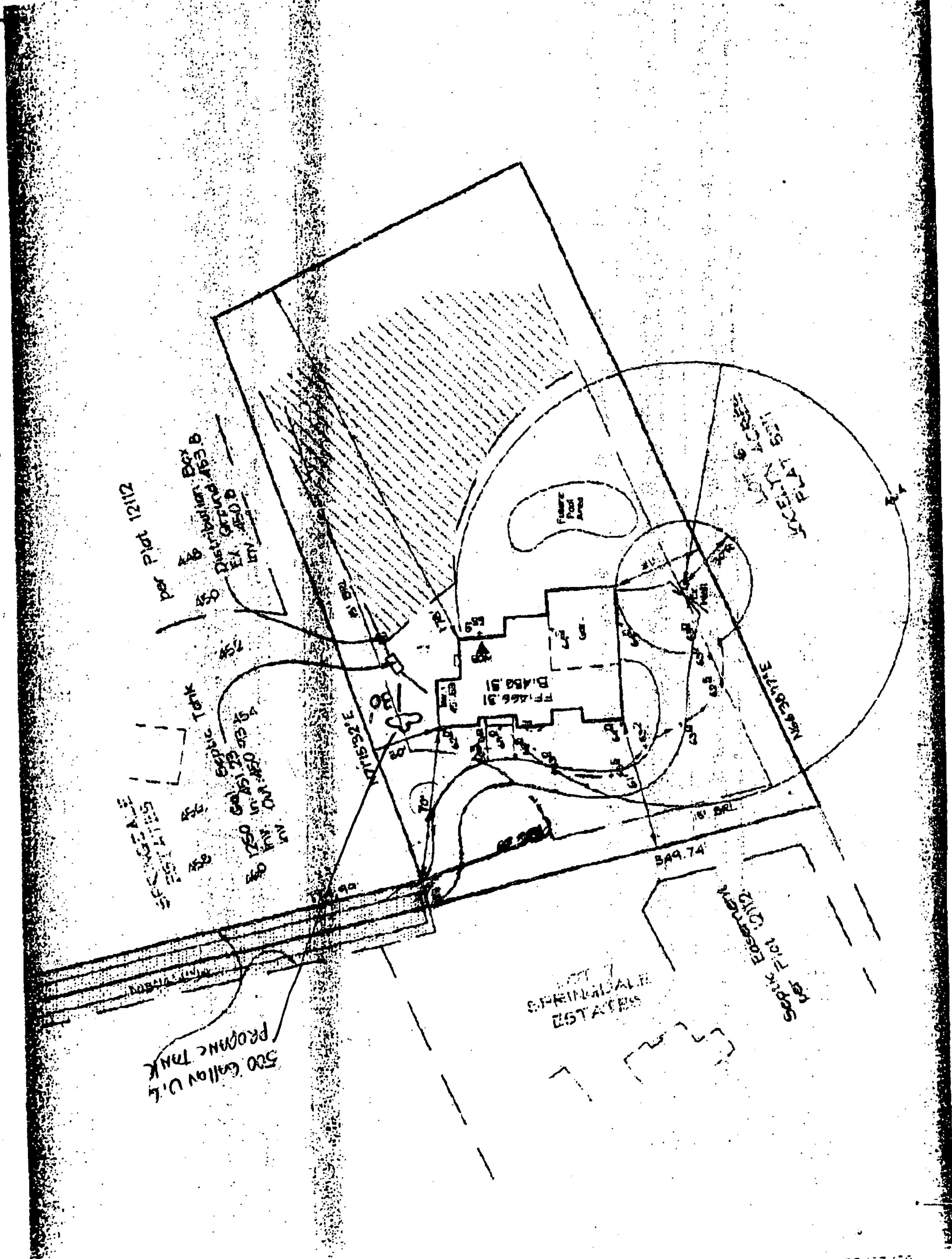
(−) below 3 (nearest foot)

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


LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
LOT 7
LOT 8
LOT 9
LOT 10
LOT 11
PRESERVATI
PARCEL OF
3&93 AC
BUFF.
DEVILS DEN
Lot 8
Sale 8/12/85
Lot 8
Attached as Demmitt Springdale


500 Gallon U.G.
PROPANE TANK
per Plat 12112
1250 Gal. Septic Tank
Inv. In: 451.23
Inv. Out: 450.93
Distribution Box
Ex. Ground: 453.8
Inv. 450.8
N71°15'32"E
N66°38'27"E
549.74
18' BRL
FF:466.31
B:458.31
Future Pool Area
Ex. Well
Septic Easement
per Plat 12112
LOT 6
JOCELYN ACRES
PLAT 5211

MAIL TO CONTRACTOR

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00124944

Building Address 13729 Springdale Drive Clarksville, MD. 21029

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

Census Tract 6075.01 Subdivision Springdale East

Section _____ Area _____ Lot 8

Tax Map 34 Parcel 423 Grid 14

Zoning RRDEO Map Coordinates 17H9 Lot size

Property Owner's Name Brett Stevens

Address 13729 Springdale Drive

City Clarksville State MD Zip Code 21029

Home Phone 3018541010 Work Phone 3016744050

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use U.G. Propane Tank

Estimated Construction Cost $ 1,800.00

Description of Work Bury a 500 Gallon U.G. Propane tank In accordance to Local codes & Regulations

Contractor Company Suburban Propane

Contact Person Mike DeVincent

Address 31 Derwood Circle P.O. Box 1766

City Rockville State MD Zip Code 20849

License No. _____

Phone 3012510606 Fax 3012510608

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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
____ Private

Sewage Disposal:
____ Public
____ 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:

2nd floor:

Basement:

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

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
☒ Private

Sewage Disposal:
____ Public
☒ 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 POSTED NOTICES.

Applicant's Signature

Michael A. DeVincent
Print Name

Suburban Propane - Energy Representative
Title/Company

5-9-00
Date

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	5/12/00	Mark Riffkin
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

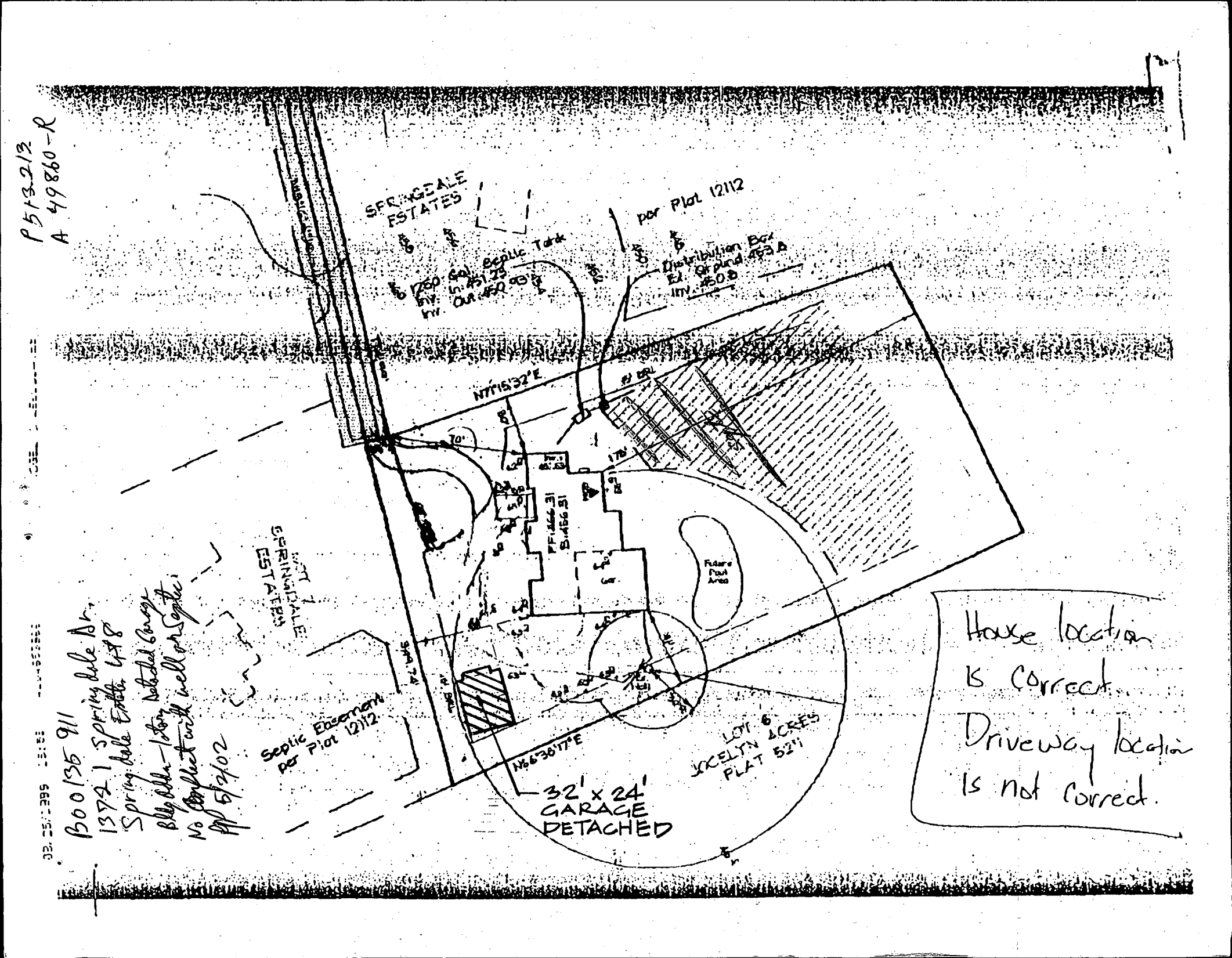
PROPERTY ID#: 4251

Filing fee	$ 100
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ 100
Balance due	$
Check Cash	#
Validation	#

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

s:\permit.frm

Rev. 10/13/98


P513-213
A 49860-R
B00135 911
13721 Spring Dale Dr.
Spring Dale Estates 1978
Bldg Addn - 1 story detached Garage
No Conflict with well or septic
App 6/24/02
SFR SPRINGDALE ESTATES
per Plat 12112
Septic Tank
Distribution Egl
Septic Easement per Plat 12112
N71°15'32"E
N66°36'17"E
32' x 24' GARAGE DETACHED
LOT 6 JOCELYN ACRES PLAT 52"
House location is Correct.
Driveway location is not Correct.