LAYOUT 11/8/02 11:30-12 INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 10/25/02

APPROVAL DATE: 11/8/02

PERMIT 03-309 qal

P P517973

A 34135

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

J Joseph Gartland IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 1835 West Old Liberty Road PHONE NUMBER: 410-875-2400

SUBDIVISION: Lichendale Farm LOT NUMBER: 3

ADDRESS: 13775 Rover Mill Road PROPERTY OWNER: Carrigan Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 70' from the intersection of the 298.39' and 255.05' lot lines and 110' from the lot corner nearest the well. Run (3) trenches on contour toward driveway.
NOTES:	

PLANS APPROVED: MER OK 8/6/02 (SO) DATE: 7/2/02

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

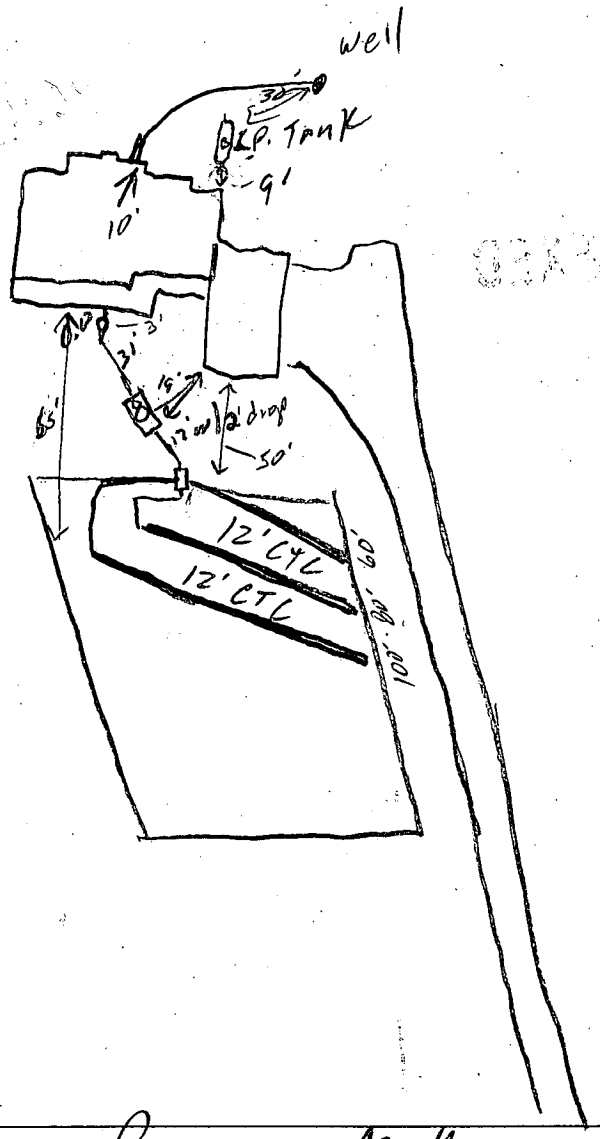
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

10-16-02 B00 138866 - Propane Tank
12-12-02 B00 139696 - AG Pool

A 34135

NOT TO SCALE



ROAD

River Mill

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	5'

NUMBER OF TRENCHES 3

TOTAL LENGTH 240'

ABSORPTION AREA 720 sf

DISTRIBUTION BOX LEVEL ✓

DISTRIBUTION BOX BAFFLE ✓

DISTRIBUTION BOX PORT —

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL ✓

CAPACITY 1250 GAL

SEAM LOC Top

TANK LID DEPTH 1 to 1.5'

BAFFLES ✓

BAFFLE FILTER —

MANHOLE LOC Center

6" PORT LOC Front

WATERTIGHT TEST —

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES N/A

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION 11/8/02 Lot stake, contour accurate, house corn changed. Trench layout per B.P. Tank set (SO) 11/8/02 OK to cover

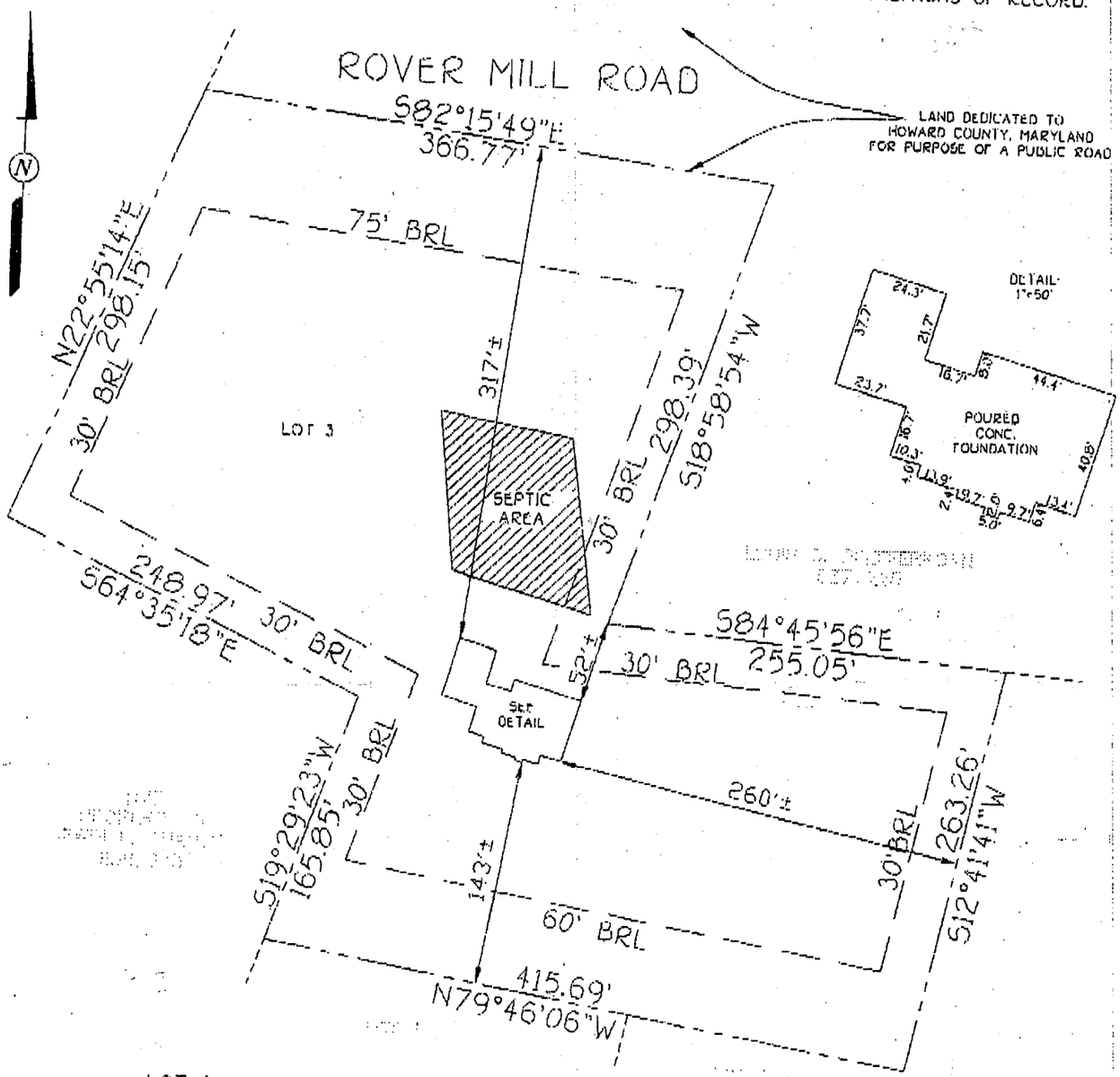
INSTALLATION all work (SO)

BUILDING PERMIT SIGNED

FINAL INSPECTOR _____ DATE OF APPROVAL 11/8/02

GENERAL NOTES:

1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMPTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440014 B EFFECTIVE DEC. 4, 1986.
3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



LOT 3
LICHENDALE FARM
LOTS 1-4
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT No. 6071
B.R.L.-BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 535.9'±

8/28/02
JB wall check O.K.

13775
Rover Mill Rd.
Permit # 136464

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

FCC •

STATE OF MARYLAND — STEVEN SOUTHERN — No. 582 — REGISTERED — PROFESSIONAL LAND SURVEYOR

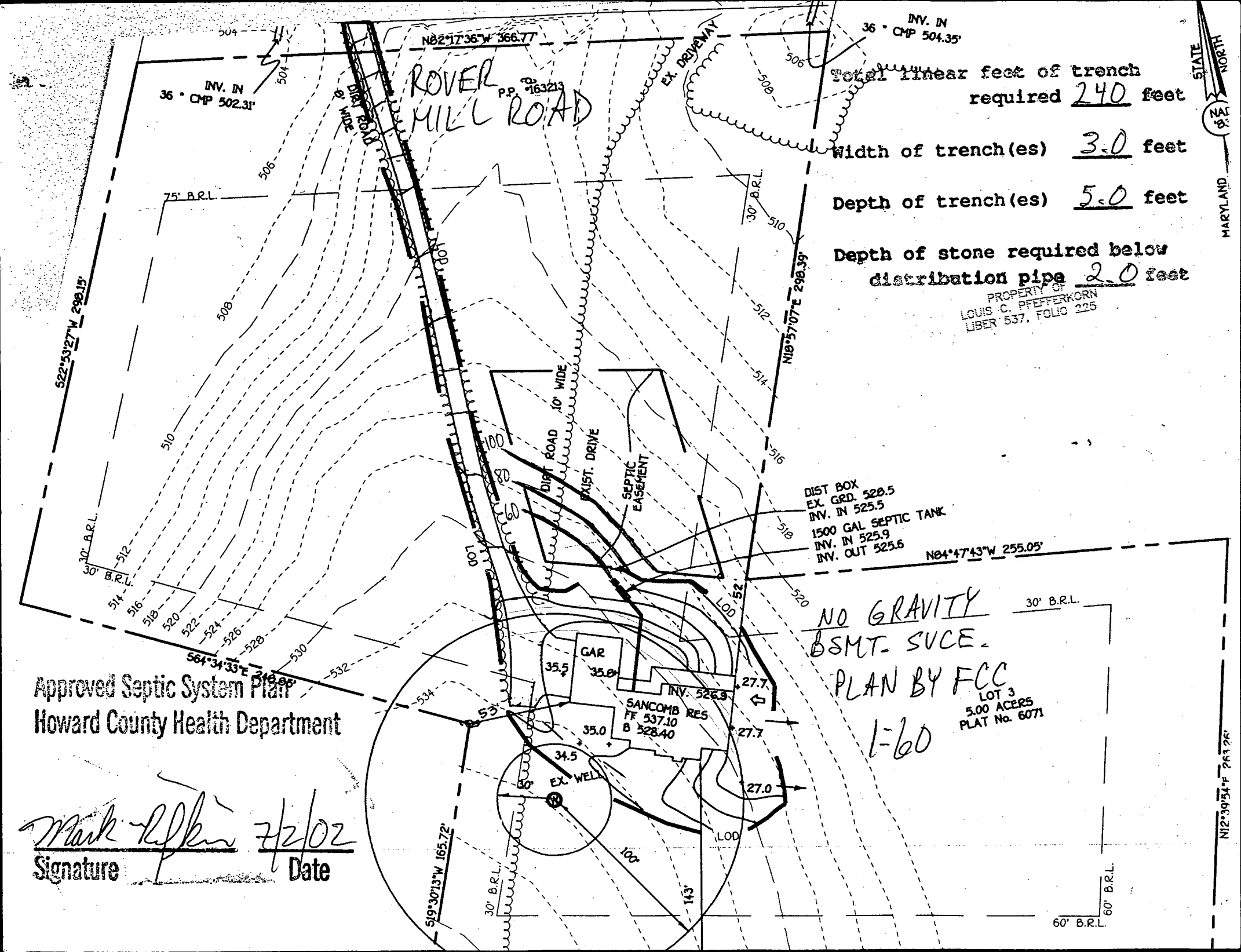
PROFESSIONAL LAND SURVEYOR REG. 582 — 8/5/02 DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7/31/02
FINAL LOCATION: ____
BOUNDARY SURVEY: ____

SCALE: 1"=100'
DATE: 8/5/02
DRAWN BY: D.B.
CHECKED BY: ____
PROJECT No.: 61772

J Joseph (Eric) Yeatland Plumbing



Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribation pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Mark Ryken 7/2/02
Signature Date

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 B00136464

Building Address 13775 Rover Mill Rd
Ijamsville MD 21754

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

Census Tract 6030 Subdivision Lichendale Farm

Section — Area — Lot 3

Tax Map 15 Parcel 168 Grid 13

Zoning RR Map Coordinations 16 4 Lot size 5.1 Ac

Property Owner's Name Carrigan Homes Inc

Address 952 Central Ave

City Frederick State MD Zip Code 21702

Home Phone 465-7755 Work Phone _____

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

Phone _____ Fax _____

Existing Use Empty Lot

Proposed Use Single Family Detached Dwelling

Estimated Construction Cost $ 200,000

Description of Work New Single Family Detached
2 Story 4 Br 3 Bath
Attached 3 Car Garage

Contractor Company Same

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

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 4

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.

Applicant's Signature _____ *Print Name* Dave Kelly

Title/Company Pres. Cent/Carrigan Homes Inc. *Date* 6.24.02

7/2/02 (MK)

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL DPZ SETBACK INFORMATION PROPERTY ID#: 5-4-85

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: J. Joseph Gartland Inc Telephone #: 410-875-2400
Address: 1435 Old Liberty Rd
Westminster MD 21157

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Eric Gartland License# 1713
***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: Carriage Homes Telephone #: 410-465-7755
Subdivision: Lichenstile Farm Lot #: 3 Well Tag # : HO-94-2760
Site Address: 13775 Rouse Mill Rd
West Friendship MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Gould's	Make: Harwood	Two piece watertight cap: ✓
Model #: 25S05422	Model#: PT800	Screened, vented well cap: ✓
Pump Capacity 7 GPM	Depth: 42 (36" min)	Cap secured to casing: ✓
Well Yield: 15 GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: ___ (feet)		Conduit secured to well cap: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or (Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ___

Piping to house	House Connection
Type: Plast. S	PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 160 (160 psi min)	Approximate length of sleeve: 6
Depth of supply line: 42 (36" min)	Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation — 1-3-03 date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 11/12/02 Date Insp. Approved: 11/12/02 (SO) SRK

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	✓
Two piece cap installed and attached to casing securely	✓
Elec. conduit extends at least 18" below grade/attached to cap properly	✓
Safety rope installed inside of well casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓
Water supply line sleeved adequately at house connection	✓
Adequate grout observed below pitless adapter	✓

C 1 . 07849 (1 2 3 6)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED OKSRK 9/27/00

COUNTY NUMBER A 34135

ST/CO USE ONLY
DATE Received MM DD YY (8 13)

DATE WELL COMPLETED: MM 8 DD 11 YY 00 (15 20)

Depth of Well: 250 (22 26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-2760 (28 29 30 31 32 33 34 35 36 37)

OWNER Sharp (last name) Sue (first name)

STREET OR RFD Rover Mill Road TOWN West Friendship

SUBDIVISION Lichendale Farm 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
Brown shale	0	64	
Gray	64	80	
Brown	80	81	✓
Gray	81	90	
White	90	91	✓
Gray	91	190	
White	190	191	✓
Gray	191	250	

NUMBER OF UNSUCCESSFUL WELLS:

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 LIC. NO.: MS D 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: __ D ___

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] (44) no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 22 NO. OF POUNDS 2068

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 37 (54 BOTTOM 58) ft.

(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 (60 61)	06 (63 64)	70 (66 70)

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 [PL] PLASTIC [HO] OPEN HOLE [OT] OTHER

C 2

DEPTH (nearest ft.) — EACH SCREEN

1	40 (8 9)	37 (11 15)	250 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

	from	to
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		

(68)

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 03 (8 9)

PUMPING RATE (gal. per min.) 15. (11 15)

METHOD USED TO MEASURE PUMPING RATE 5 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 (17 20) ft.

WHEN PUMPING 51 (22 25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. (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 (49) LAND SURFACE

[–] below (49)

02 (50 51) (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

N

RECEIVED SEP 25 AM 10:58

NO Survey Staking

DENV-CR97

② COUNTY

Page ___ of ___
Date 8-11-00

Review OK SRK 9/27/00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2760
Location of property (road) Rover Mill Road
Subdivision Lichendale Farm Lot 3 Block ___ Plat ___ Sec. ___
Well Driller Compton Owner Shoop

Depth of well 250'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 20
Total time 15 min to reach pumping water level 51 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	31	15		20
9:15	51	15		20
9:30	51	15		20
9:45	51	15		20
10:00	51	15		20
10:15	51	15		20
10:30	51	15		20
10:45	51	15		20
11:00	51	15		20
11:15	51	15		20
11:30	51	15		20
11:45	51	15		20
12:00	51	15		20

HD-224

EMERGENCY/TEMP NO. IF ANY

13635 (2 3 6) SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

W513694 please print or type

STATE PERMIT NUMBER: HO-94-2760 (70 79)

fill in this form completely

Date Received (APA): 07 20 00 (8 MM DD YY 13)

OWNER INFORMATION

SHARP (15 Last Name) SUE (Owner First Name 34)

13750 TRIDELPHIA RD (36 Street or RFD 55)

ELLICOTT CITY MD 21042 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

Allen Compton MSD 009 (Driller's Name 76 License No. 81)

Fogle's Well Drilling (Firm Name)

580 Obrecht rd. Sykesville (Address)

Allen Compton 7-20-00 (Signature Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING (22)
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET (24 28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

(30) AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

(37) CABLE | REVerse-ROTary | DRive-POINT

other

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
- (39) [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) (41 52)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP (54 63)

PERMIT No. HO-94-2760 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard. (8 COUNTY 21)

Lichendale Farm (23 SUBDIVISION 42)

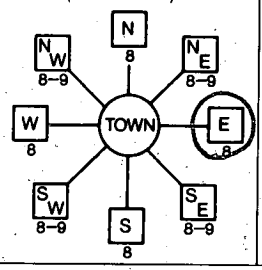
SECTION (44 46) LOT: 3 (48 50)

West Friendship (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 4 M (73 76 77 78)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rover mill rd. (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 440 37 DISTANCE FROM ROAD: FT (ENTER FT OR MI 38 39)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD (COUNTY NAME) A 34135 (COUNTY NO.)

STATE SIGNATURE ____ INSERT S → (41)

DATE ISSUED: 07 25 00 (43 MM DD YY 48) Steven P. Kreig (CO SIGNATURE) 07 25 01 (EXP. DATE)

NORTH GRID: 532 000 (50 55) EAST GRID: 0802 000 (57 63)

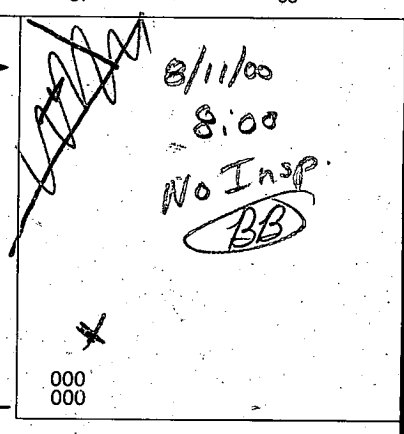
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

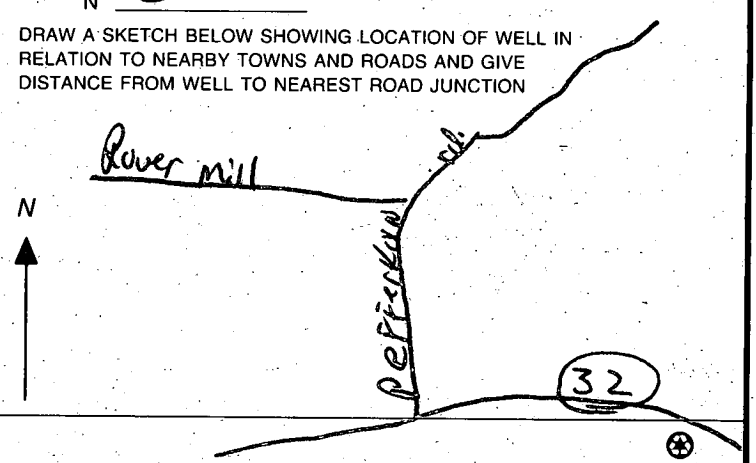
WRITE THE BOX NUMBER FROM THE MAP HERE

E 800

N 530



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

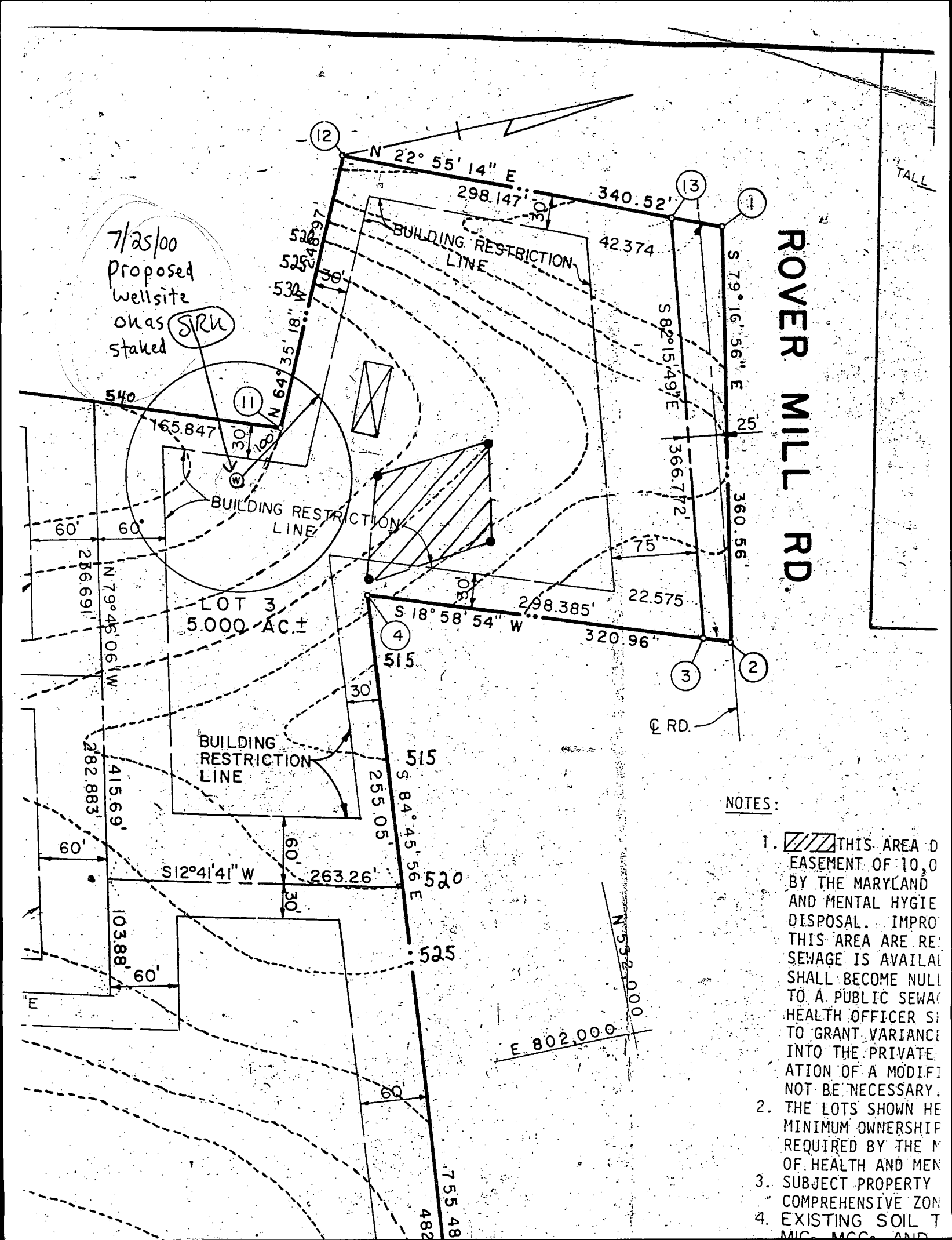


SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

DENV-Permit 97

② COUNTY



NOTES:

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APPLICATION

A 84/135

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3

DATE 7-23-84

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 HERBERT A. STREAKER

ADDRESS 13300 FREDERICK RD. PHONE 442-2180

PROPERTY LOCATION:

SUBDIVISION STREAKER PROPERTY LOT NO. 3

ROAD AND DESCRIPTION ROVER MILL RD. 737.06' WEST OF INTERSECTION OF PFEFFERKORN RD.

SIZE OF LOT 5.000 AC. TYPE BLDG. SINGLE FAMILY
(NUMBER OF BEDROOMS)

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

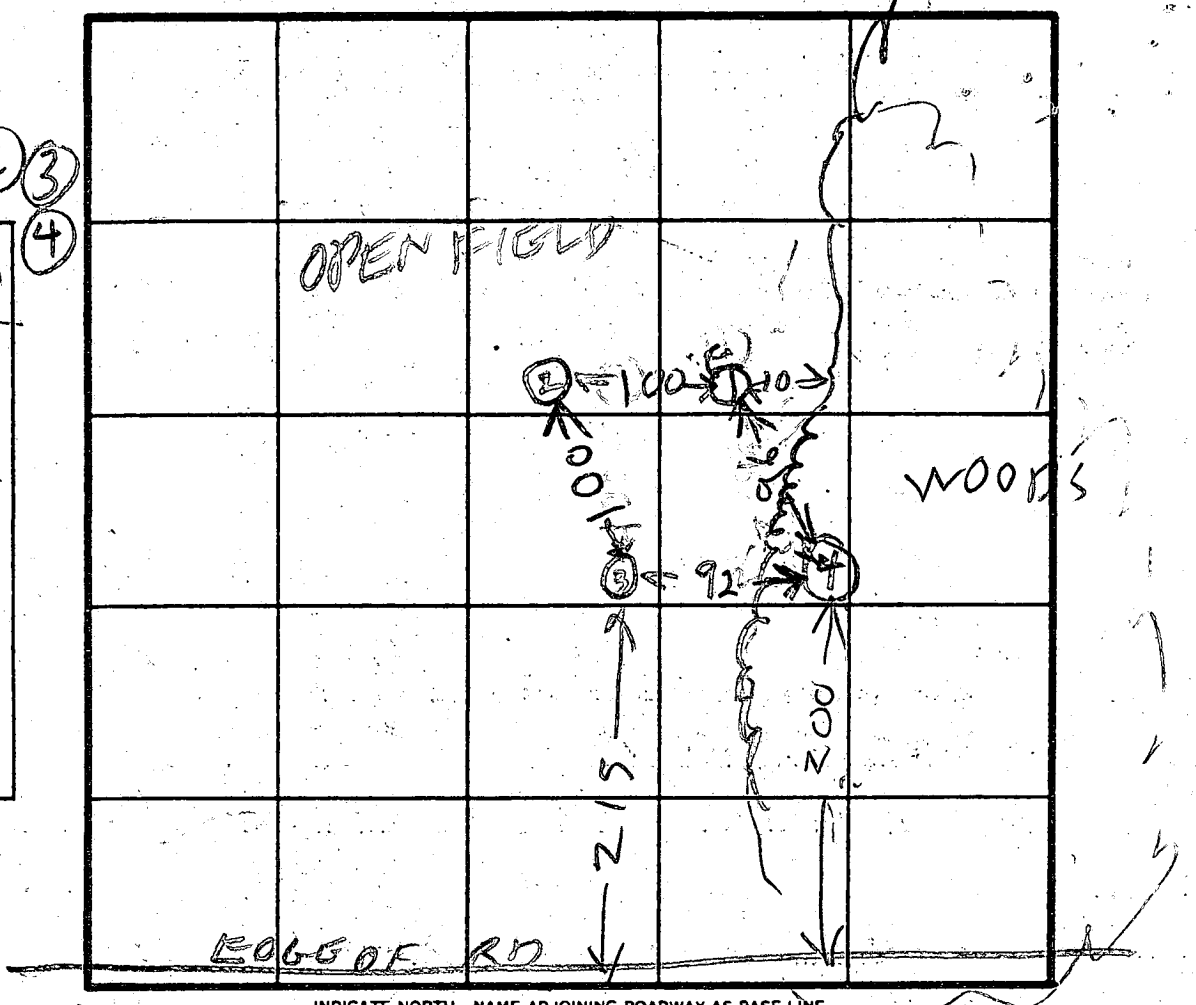
Lot 3

SOIL PROFILE (1) (2) (3) (4)

0 BROWN CLAY

2 BROWN SANDY LOAM SILT

12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BOVER BOAD

HOLE ELEVATION

(1) = HIGHEST

(3) = LOWEST

(2) (4) = MEDIUM

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/8/84	1S	4½	158	103	103	110	7
	1V	12	Loads	Oil's			
	2S	4	101	104	104	110	6
	2V	12	Loams		Oil		
	3S	3½	115	116	116	118	2
	3V	11½					
	4S	4½	130	136	136	141	5
	4V	12	Loams	Oil			

13½

5

4/20

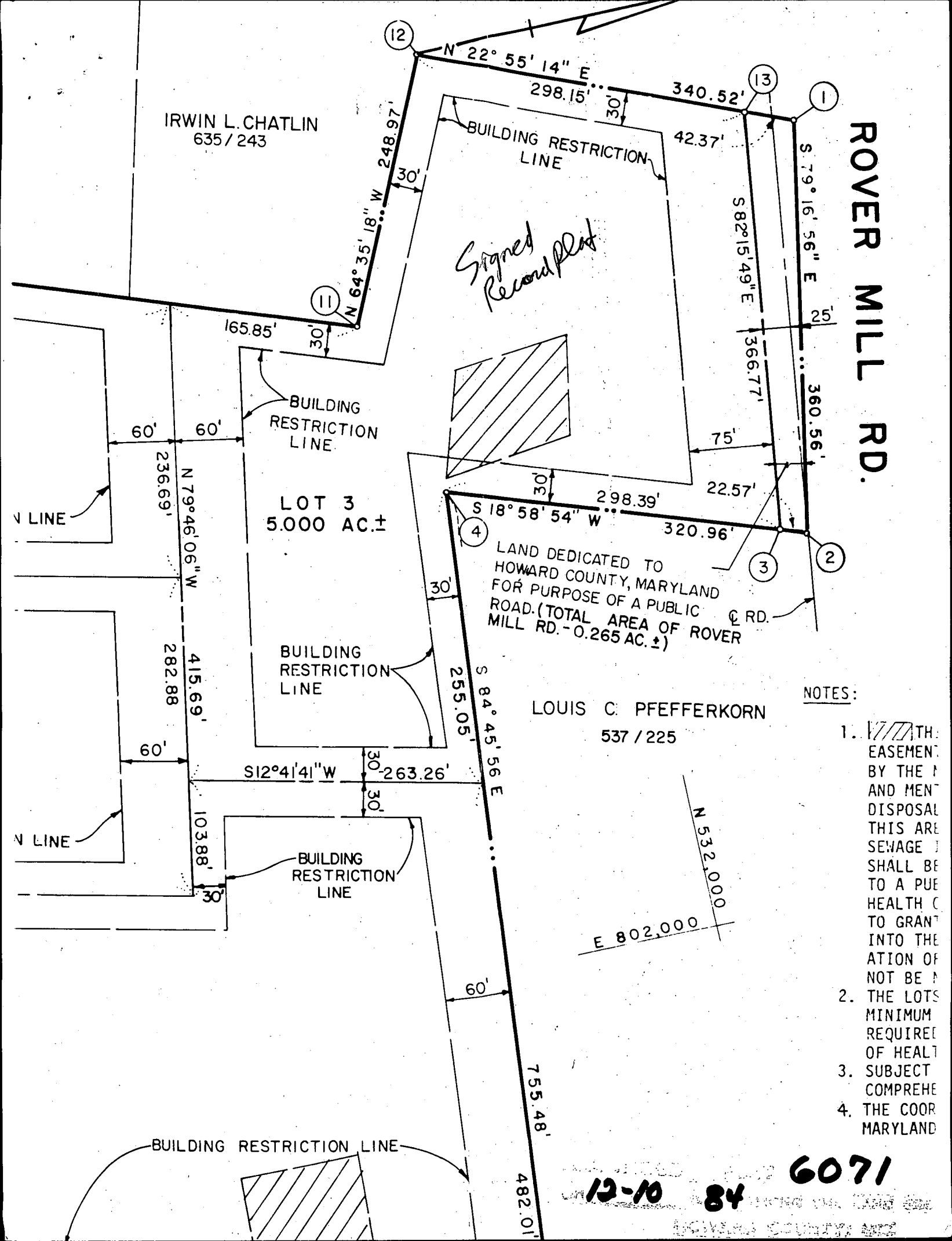
1' SAND

REMARKS Holes not deep per Dept PROP LINE NOT STAKED

TYPE OF SOIL

TESTED BY R HODGES ALSO PRESENT H SIR K & JR ELMER & JEFF

EH-12-1079


ROVER MILL RD.
IRWIN L. CHATLIN
635 / 243
N 22° 55' 14" E
298.15'
340.52'
30'
42.37'
BUILDING RESTRICTION LINE
S 79° 16' 56" E
S 82° 15' 49" E
366.77'
360.56'
25'
75'
22.57'
248.97'
N 64° 35' 18" W
30'
Signed Record Plat
165.85'
30'
BUILDING RESTRICTION LINE
60'
60'
236.69'
N 79° 46' 06" W
LOT 3
5.000 AC.±
S 18° 58' 54" W
298.39'
320.96'
LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR PURPOSE OF A PUBLIC ROAD. (TOTAL AREA OF ROVER MILL RD. - 0.265 AC. ±)
℄ RD.
BUILDING RESTRICTION LINE
282.88
415.69'
255.05'
S 84° 45' 56 E
LOUIS C. PFEFFERKORN
537 / 225
60'
S12°41'41"W
263.26'
103.88'
BUILDING RESTRICTION LINE
N 532,000
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755.48'
482.01'
BUILDING RESTRICTION LINE
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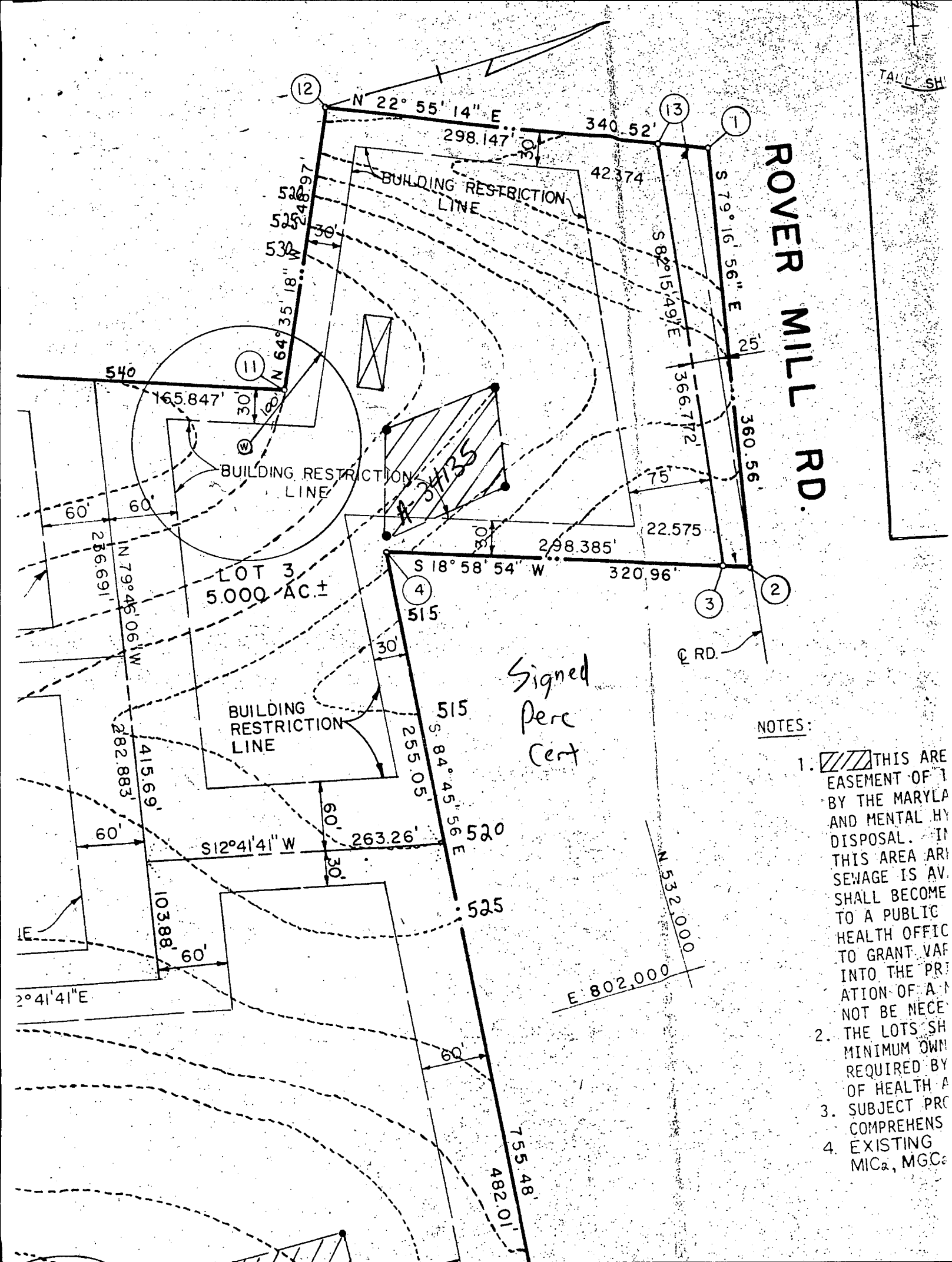
ROVER MILL RD.
N 22° 55' 14" E
298.147'
340.52'
S 79° 16' 56" E
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366.772'
360.56'
25'
75'
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298.385'
S 18° 58' 54" W
320.96'
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BUILDING RESTRICTION LINE
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N 64° 35' 18" W
248.97'
540
165.847'
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BUILDING RESTRICTION LINE
A-3435
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256.691'
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MICa, MGCa

3
0 Sq.Ft.
0 Ac.

75' BRL

30' BRL

S18°58'54"W 298.39'

SEPTIC RESERVE AREA

553'

TYP. SEPTIC DRAIN FIELD

DB

FRONT

SEPTIC TANK

EX. DRIVE

EXISTING RESIDENCE

10'

15'

Prop. tank OK'd By SRC 10/16/00

WELL

180'

209'

88'

92'

ACCESS

S84°45'56"E 255.05'

30' BRL

S19°30'13"W 165.72'

30' BRL

129'

21'x42' POOL

60' BRL

313'

40'

30' BRL

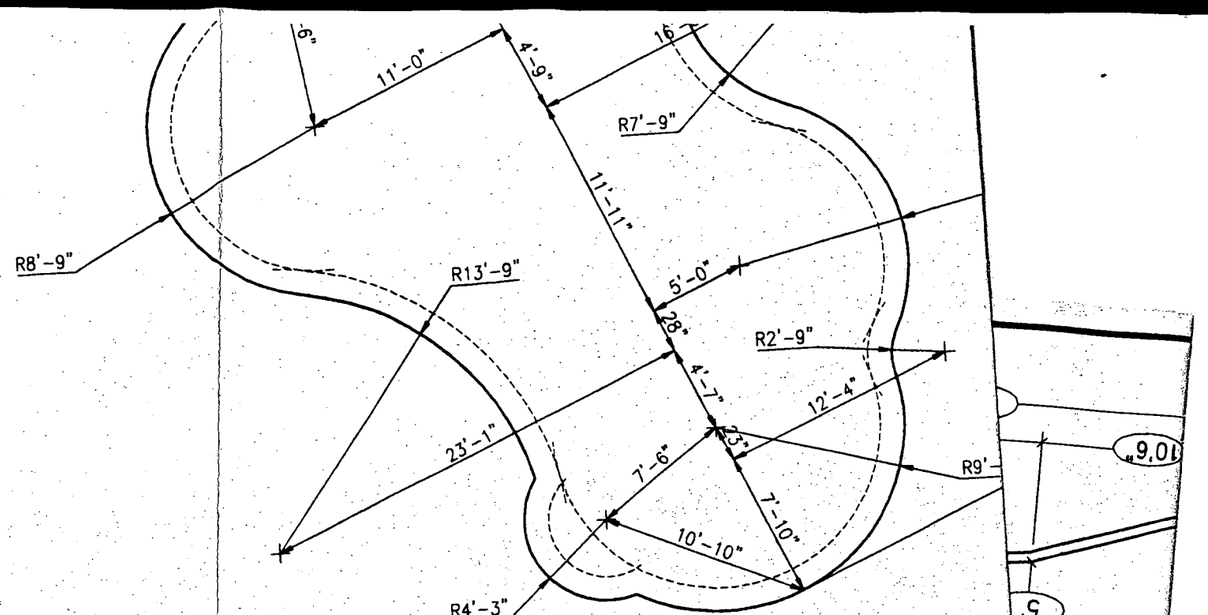
S12°41'41"W 263.26'

250 Ln.Ft., 48" HIGH WOOD FENCE TO CODE (BY OWNER)

FILTER PAD LOCATION

800 Sq.Ft. BROOM FINISH CONCRETE DECK (BY MPI)

B0013696
OK'D BY DM



LAYOUT DETAIL
1/8"=1'-0"