

6/10/87
AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-399068
INDEXED

P 39194

A 34906

DISTRICT 5th

DATE 4/23/87

DATE SYSTEM APPROVED 6/10/87

INSPECTOR RH

Dave Hopkins

IS PERMITTED TO INSTALL X ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 549-2889

SUBDIVISION Greenefields ROAD 6555 Prestwick Drive LOT 5, Sec. 1

PROPERTY OWNER Dan Cummings

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 194 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the rear (227.72') lot line and 115 ft. from the left (354.10') lot line as seen when facing the lot from Right-of-way. Run trenches on contour toward the left back corner of lot. Maintain 100 feet from well with septic tank and distribution box.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 2/14/86

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

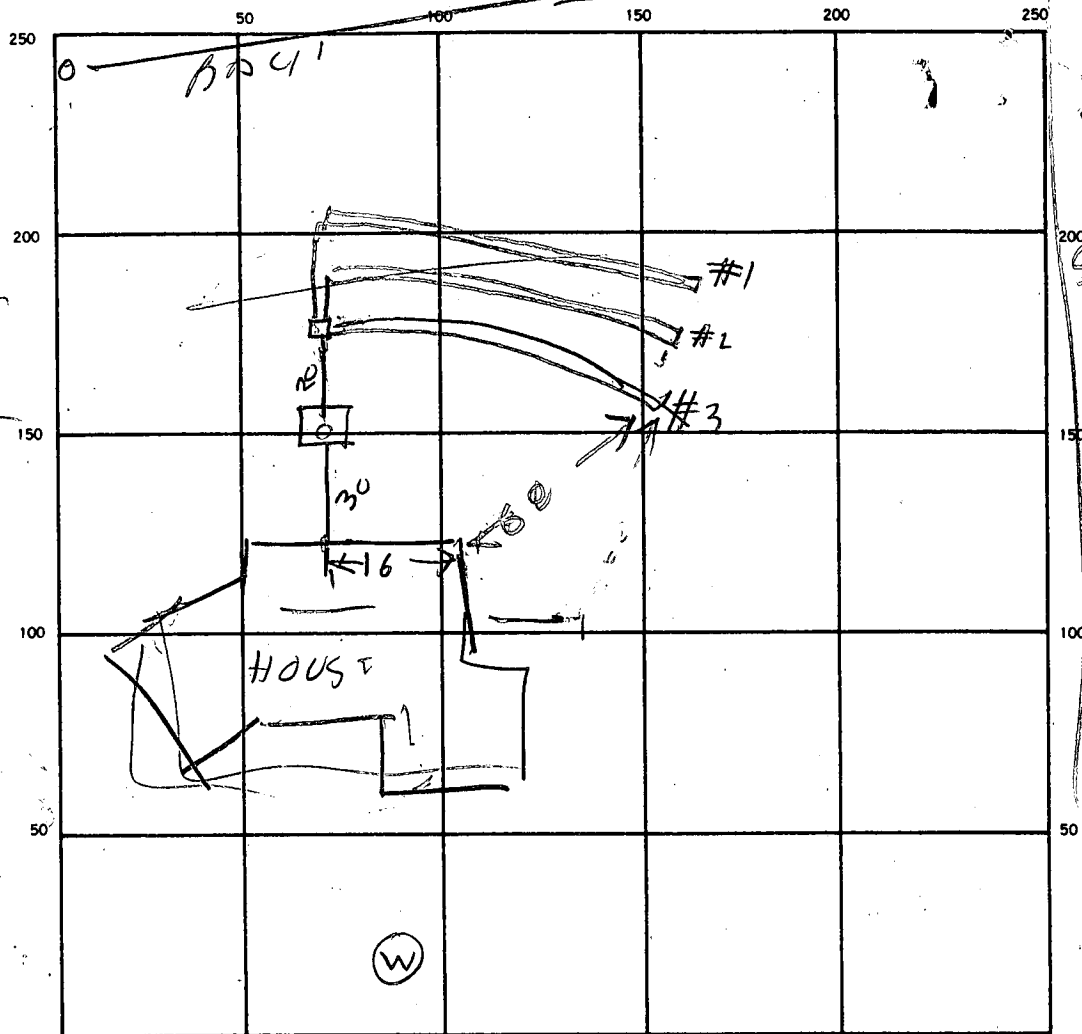
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 349068



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 012 CLEANOUTS 21

DISTRIBUTION BOX. LEVEL #1 #2 #3

DRAIN FIELD/TILE FIELD. DEPTH 4 4 4 FT. TRENCH WIDTH 3 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 100 99 90 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 867 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS

6/10/97 LOCATION PROBABLY OK
TRENCHES OK

DATE SYSTEM APPROVED

6/10/97

INSPECTOR

Raymond J. Rogers

47
43
5

68

7
6
90
99
100
289
867

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34906

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 3-29-85

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~~ DEVELOPER Prestwick Drive Joint Venture

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / GREENE FIELDS Sec. 1 LOT NO. NEW LOT 5
X ON FINAL

ROAD AND DESCRIPTION End of Prestwick Drive

SIZE OF LOT 3 acres 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.

Philip Mangit
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile fields DATE 2-14-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-11-85 Perc. Satisfactory, hold for Review one hole has water,
hold for certified Subdivision plat, hole location, house and well site. S. Abel
Perc reviewed on 4/23/85 CW. On 8-19-86 Reprec satisfactory. S. Abel

THIS IS NOT A PERMIT

① ②
SOIL PROFILE

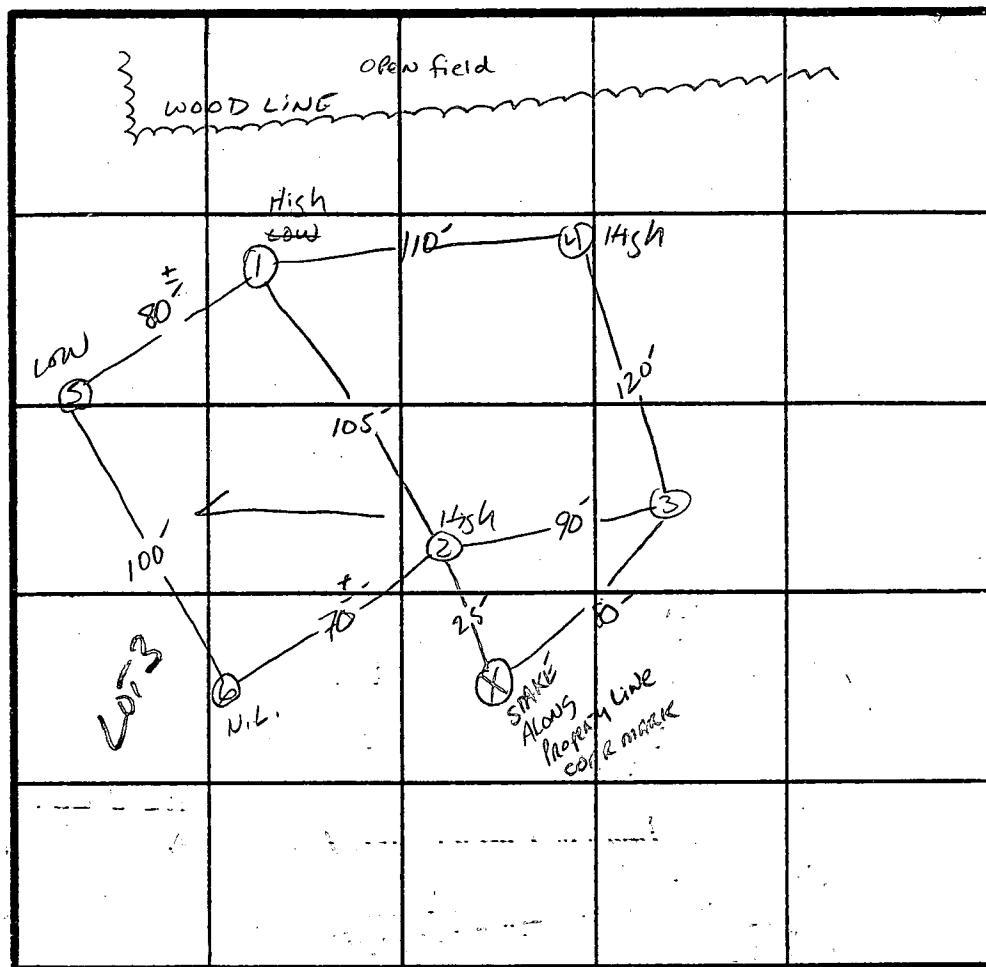
0"	A1-3
6"	BROWN CLAY LOAM <10% SAPROLITE
3'	BROWN silty SAND micaceous 10-20% SAPROLITE
11'	✓ hole 1

③

6"	A1-3
4"	BROWN CLAY LOAM <10% SAPROLITE
12'	BROWN silty SAND LOAM 10-20% SAPROLITE

④

6"	A1-3
4'5"	BROWN/Orange clay loam <10% SAPROLITE
12'	BROWN silty SAND 10-20% SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
River Clyde DR

X PERC TIME
9 min
INLET 3'

BOTTOM MAX
4.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/11/85	✓ 15	4"	1:35	1:37	1:37	1:41	4min
	✓ 1V	12"	UNIFORM SOIL STRUCTURE Below 3'		WATER AT 11"		1800/BR
	✓ 25	4"	1:42	1:50	1:50	2:05	15min
	✓ 2V	12"	UNIFORM SOIL STRUCTURE Below 4'				
	35	4.5'	1:49	1:56	1:56	2:17	21min
	3V	13"	UNIFORM SOIL STRUCTURE Below 4'				
	45	4.5'	2:06	2:15	2:15	2:30	15min
	4V	12"	UNIFORM SOIL STRUCTURE Below 4.5'				
8/19/86	5 S	3.5'	10:37	10:42	10:42	10:55	13min
	5 m	9"	11:07	11:08	11:08	11:10	2min
	6 S	4"	10:57	10:58	10:58	11:00	2min
	6 V	16"	WATER TABLE AT 14"				
	1V	16"	WATER ENTERING HOLE AT 13"				
	5V	15"	WATER TABLE AT 12"				

REMARKS

BOTTOM MAX 4.5 Shallow Sys.

TYPE OF SOIL

TESTED BY

S. Paul

ALSO PRESENT

C. Cissil, Ralph Green, Phil Mangel, Richard DeWitt

8/19/86 9:30 AM

APPLICATION

PERCOLATION TESTING

A 37135

P _____

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

DISTRICT 5

DATE 6-5-86

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 Detmitt Vision Builders-

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER VISION Builders, Inc

ADDRESS 9200 Old Annapolis Rd Columbia Md PHONE 730-84653

PROPERTY LOCATION:

SUBDIVISION Greenfields 6555 Preswick Dr. LOT NO. 5

ROAD AND DESCRIPTION Preswick Dr. Highland Md 20777

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3.3 TYPE BLDG. Single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 11/26/86
S. Allen

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 16 FT ^{DEEP} HOLES REQUIRED NO FURTHER BACK

THAN PERC ALGA ON ADJACENT LOT. HAVE OWNER

CALL FOR DATE SPECIFIC INSTRUCTIONS 7/21/86 C. W. Allen

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

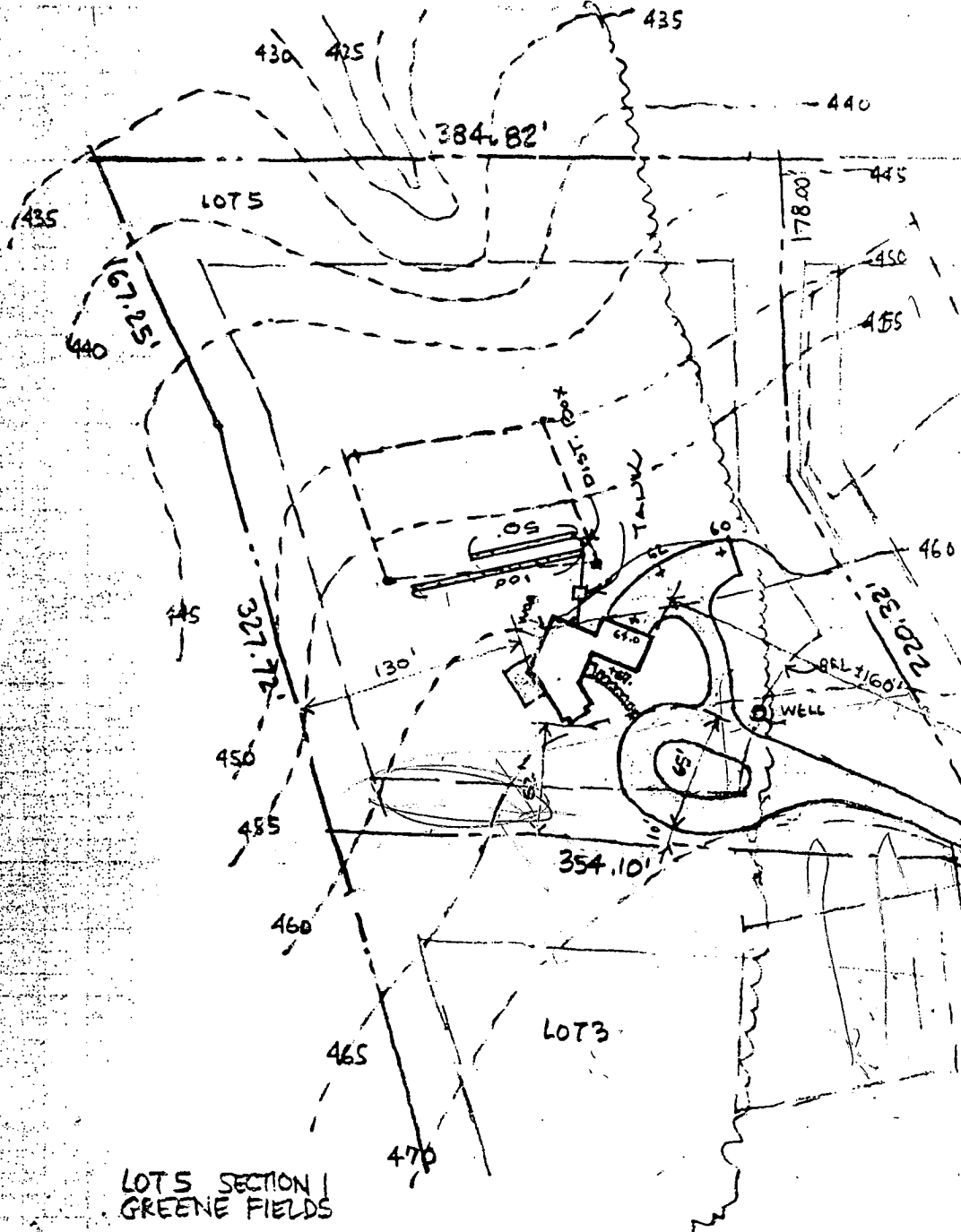
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079



3-4,5
94 A/BR

BLDG. PERMIT SIGNED
AND RETURNED 11/26/86

5-86P

B# 9109

Elevations on
11/26/86
S. B. B.



B.S. + 59.0 ✓
F.F. + 69.0 (68.58 F.F.)
GAR. + 64.5 ✓

TRENCH-EXIST. 457.0 ✓
INV. DIST. DOK 454.0 ✓

165 TRENCHES - 3' wide 11.5' DEPTH

TANK - INV. IN. 454.2 ✓
INV. OUT. 454.4 ✓

EXIST. ELEV. 459.0 ✓
PROP. ELEV. 460.0 ✓

INVERT @ DWS 455.0 ✓

LOT 5 SECTION 1
GREENE FIELDS

VISION Builders Inc.
9200 Old Annapolis Road #206
Columbia, MD 21045

CUMMINGS RESIDENCE
ROBERT KAPLAN & ASSOCIATES
ARCHITECTS

SITE PLAN 1" = 100'
17 OCT 86

1
of 8

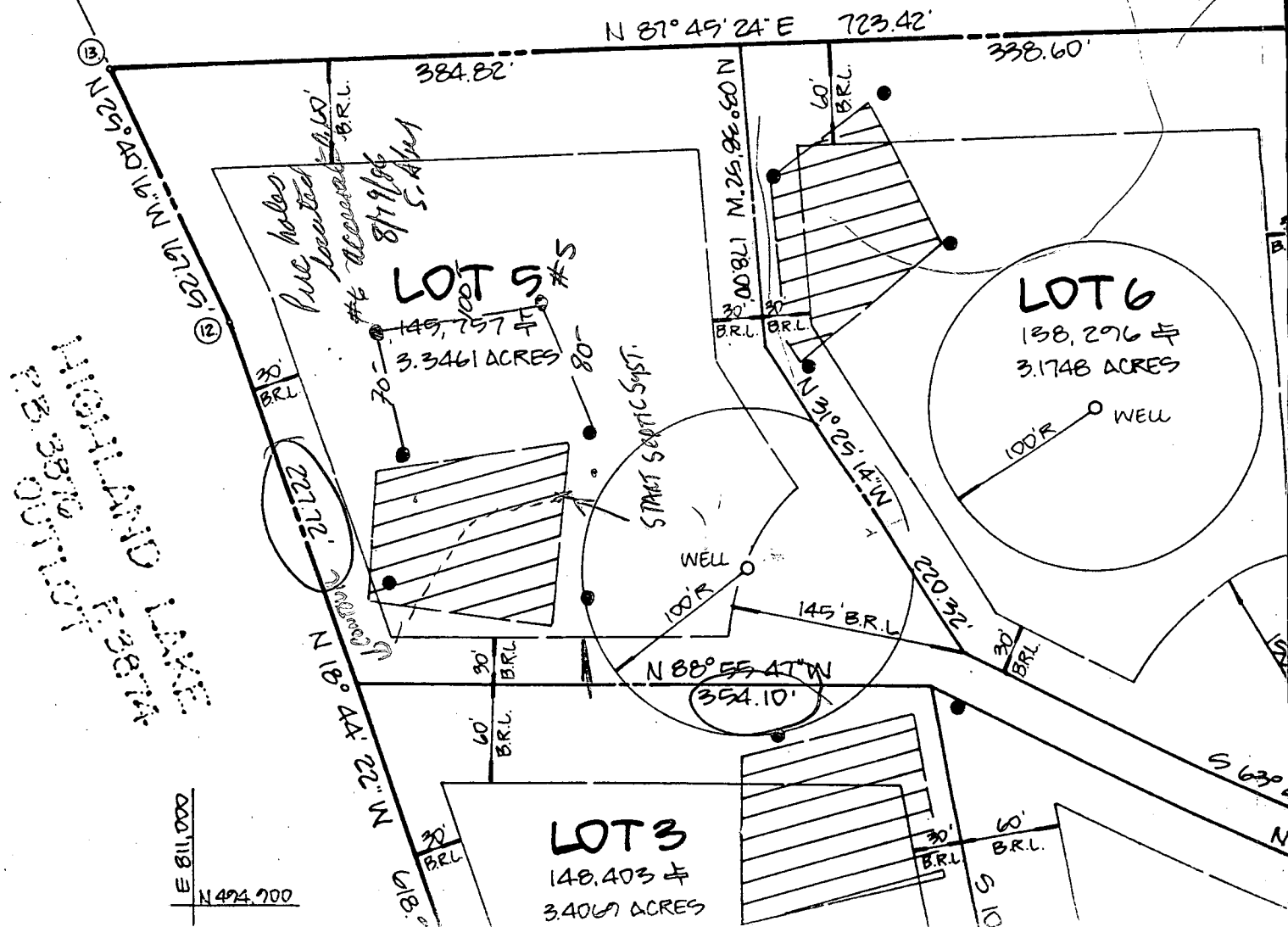
PRESTWICK
DRIVE

COORDINATES

NO.	NORTH	EAST
9.	494,600.6711	811,878.6489
10.	494,906.1806	811,854.2119
11.	494,669.8791	811,221.2917
12.	499,255.9900	811,022.4130
13.	499,406.7337	810,949.9586
14.	499,435.0912	811,672.8223
15.	499,023.5879	812,111.4761

COORDINATES BASED ON
MARYLAND STATE PLANE
SYSTEM.

GRAY
L1302 F490



11011 AND 11331
423 3376
423 061101

E 811,000
N 494,900

B 1 3320 SEQUENCE NO. (OEP USE ONLY) <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 110-81-2139 <small>fill in this form completely</small>
Date Received <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 8 13 </div> OWNER INFORMATION <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 15 34 VISION BUILDOERS 9200 OLD ANNADELLE RD. COLUMBIA MD 21046 <small>70 State 72 Zip 76</small> </div>	B 3 LOCATION OF WELL <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 1 2 HOWARD 8 COUNTY 21 GREENFIELD 23 SUBDIVISION 42 SECTION 2 44 46 LOT 5 48 50 HIGHLAND 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 </div>	
DRILLER INFORMATION Driller's Name: Joseph L. Mayers 232 <small>77 License No. 80</small> Firm Name: Joseph L. Mayers Well Drilling Address: 5512 KIRK RD. HT. 2171 Signature: Joseph L. Mayers 6/23/87 Date	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Prestwick Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) 32 EAST (E) WEST (W) SOUTH (S) DISTANCE FROM ROAD 34 200 37 ENTER FT or MI FF 38 39	
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) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL 285 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO. A 34905 OEP SIGNATURE: [Signature] STATE HEALTH INSERT S 41 DATE ISSUED: 062387 43 48 CO-SIGNATURE: J. Stanger 12/23/87 EXP. DATE NORTH GRID: 495000 50 55 EAST GRID: 0811000 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30-37 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other	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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E 8101 N 4905 </div> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 110-81-1441 52	Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE 75 WRITE INITIALS IN BOX PERMIT NO. 110-81-2139 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS	

C1	5939	SEQUENCE NO. (OEP 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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER A 34905

DATE Received 8 13	DATE WELL COMPLETED 15 20 06 27 87	Depth of Well 22 26 400 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37 HC-81-2139
OWNER <u>VISION BUILDERS</u> last name first name STREET OR RFD <u>6355 PRESTWICK DR</u> TOWN <u>HIGHLAND</u> SUBDIVISION <u>GREENFIELD</u> SECTION <u>I</u> LOT <u>5</u>			

WELL LOG Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	Check if water bearing
SPINDSTONE	0 40	
CONGLOMERATE ROCK	40 400	

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="radio"/> NO <input type="radio"/> TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/> NO. OF BAGS <u>12</u> NO. OF POUNDS <u>1128</u> GALLONS OF WATER <u>72</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>40</u> ft. (enter 0 if from surface) Casing types insert appropriate code below STEEL <input checked="" type="radio"/> CONCRETE <input type="radio"/> PLASTIC <input type="radio"/> OTHER <input type="radio"/> MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) <u>ST</u> <u>6</u> <u>47</u> OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING screen type or open hole insert appropriate code below STEEL <input checked="" type="radio"/> BRASS <input type="radio"/> OPEN HOLE <input type="radio"/> PLASTIC <input type="radio"/> OTHER <input type="radio"/>	
C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	

C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min. to nearest gal.) <u>1</u> METHOD USED TO MEASURE PUMPING RATE <u>bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>24</u> WHEN PUMPING <u>340</u> TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible
--

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED <input type="radio"/> PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> PUMP HORSE POWER <u>37</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="radio"/> above } LAND SURFACE <u>50</u> (nearest foot) <input type="radio"/> below }
--

CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. <u>235</u> DRILLERS SIGNATURE <u>Joseph E. Morgan</u> (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) GRAVEL PACK <u>from to</u> IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

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)
--

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

6/16/99
noon or after

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Darren Wilson

Telephone 301-854-8317

License Number _____

Certified Well Pump Installer _____ Well Driller ☒ Registered Plumber _____

Name of Property Owner Stephanie Carpentier

Telephone _____

Subdivision _____ Lot # _____ Well Tag # HO - 94 - 2274

Site Address 6555 Prestwick Dr

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible ☒
- Make Goulds
- Model # 56505422
- Capacity 5 GPM

Motor

- Horsepower 1/2
- RPM 3450
- Voltage
 - 110 _____
 - 220 ☒

Pitless Adapter

- Make Cambel
- Model # B-10X
- Depth 3

- Pump exceeds well capacity Yes _____ No ☒
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ☒ Other _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type PE
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 3'

Well data

- Depth 300 ft.
- Yield 20 GPM
- Static water level 50 ft.
- Will water supply be disinfected by installer? Yes

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.

6/16/99-WPI OK
SRH

Signature of Applicant: _____

Date: 6-16-99

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

C1 08773 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY OKSRU
NUMBER A-34906 12/29/99

ST/CO USE ONLY

DATE RECEIVED
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
06 01 99

Depth of Well

22 300 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

110-94-2274
28 29 30 31 32 33 34 35 36 37OWNER Stephanie Carpentier
STREET OR RFD 6555 Prestwick Drive first name
SUBDIVISION Greenetfields SECTION TOWN LOT 5

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET

FROM TO

check
if water
bearingTOP SOIL
Red Clay
brown shale
Mica
Sandstone
Mica
Flint + Mica
Mixed
Mica0 2
2 6
6 3
33 43
43 44
44 200
200 203
203 300✓
✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES NO
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

S T

6 63 64

40 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHER

C 2

DEPTH (nearest ft.)

1 2
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3DIAMETER
OF SCREEN(NEAREST
INCH)56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE-USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

20
11 15METHOD USED TO
MEASURE PUMPING RATE

bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

50
17 20 ft.

WHEN PUMPING

300
22 25 ft.

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

LAND SURFACE

- below

(nearest
foot)

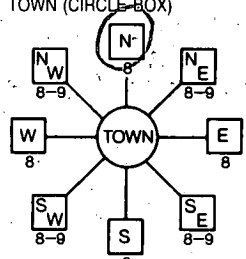
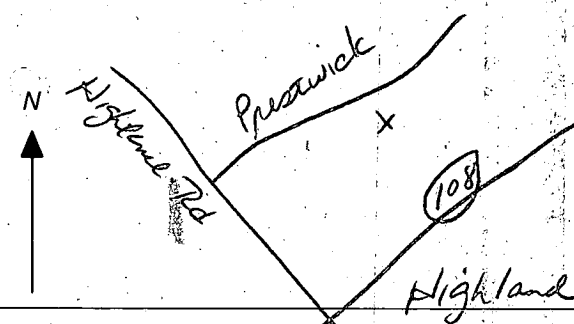
LOCATION OF WELL ON LOT

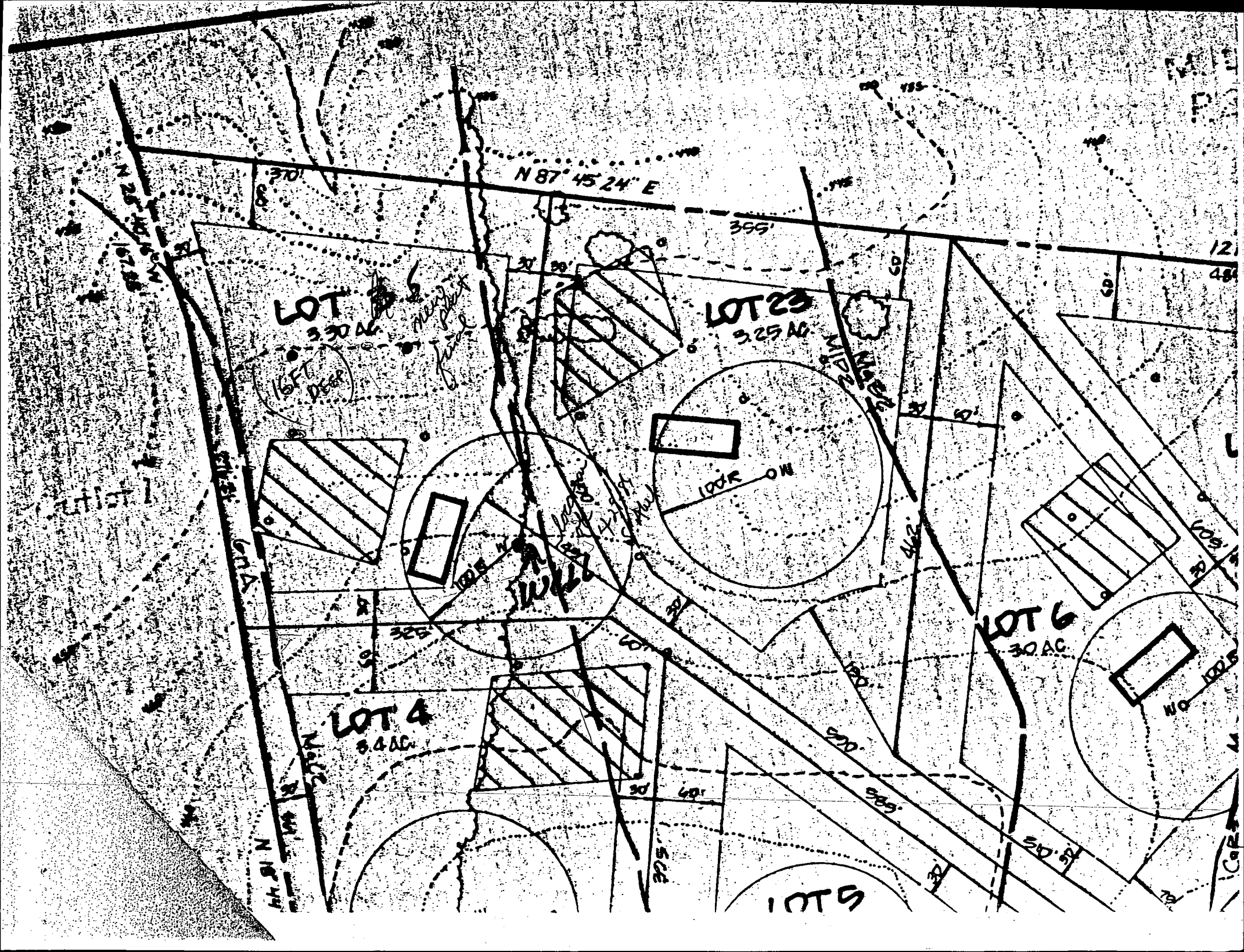
SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)DRILLERS LIC. NO. 1 MW D 040
George F. Eberly
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 501

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

COUNTY

B 1 16354 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2274 <small>fill in this form completely</small>
Date Received (APA) 05 25 99 8 MM DD YY 13 Carpentier 15 Last Name Owner Stephanie 34 First Name 6555 Prestwick Drive 36 Street or RFD 55 Highland, Md 20777 57 Town 70 State 72 Zip 76		LOCATION OF WELL B 3 Howard 8 COUNTY 21 Greenfields 23 SUBDIVISION 42 SECTION 44 46 LOT 5 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78	
DRILLER INFORMATION George F. Easterday M 040 76 Driller's Name License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd.. MT. Airv. Md. 21771 Address <i>George F. Easterday</i> 5/25/1999 Signature Date		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 6555 Prestwick Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 34906 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 05 25 99 <i>Steven R. King</i> 05 25 00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 493 0 0 0 EAST GRID 0810 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 810 N 4903 000 000	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		6/1/99 - No grout observed at time of inspection SRH	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION MAP 14. A11 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2274 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			



Well Permit No. HO - 81-2139
Location of property (road) 6555 Prestwick Dr.
Subdivision Greenfield Lot 5 Block Plat Sec. 1
Well Driller Jas. Mayne Owner ~~John~~ Vernon - Blairs

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]

B

1011

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-21-1441

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name 77 License No. 80

Firm Name

Address

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 3 0 0 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- ☐ THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63

FORCE 5A WRITE INITIALS IN BOX PERMIT No. 40-21-1441 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

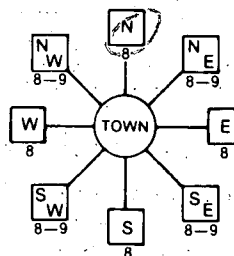
SECTION 1 44 46 LOT 5 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

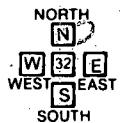
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 200 37 DISTANCE FROM ROAD

ENTER FT or MI 38 39

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S 41

DATE ISSUED 43 48 CO SIGNATURE EXP. DATE

NORTH GRID 495000 EAST GRID 0211000 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
-
-

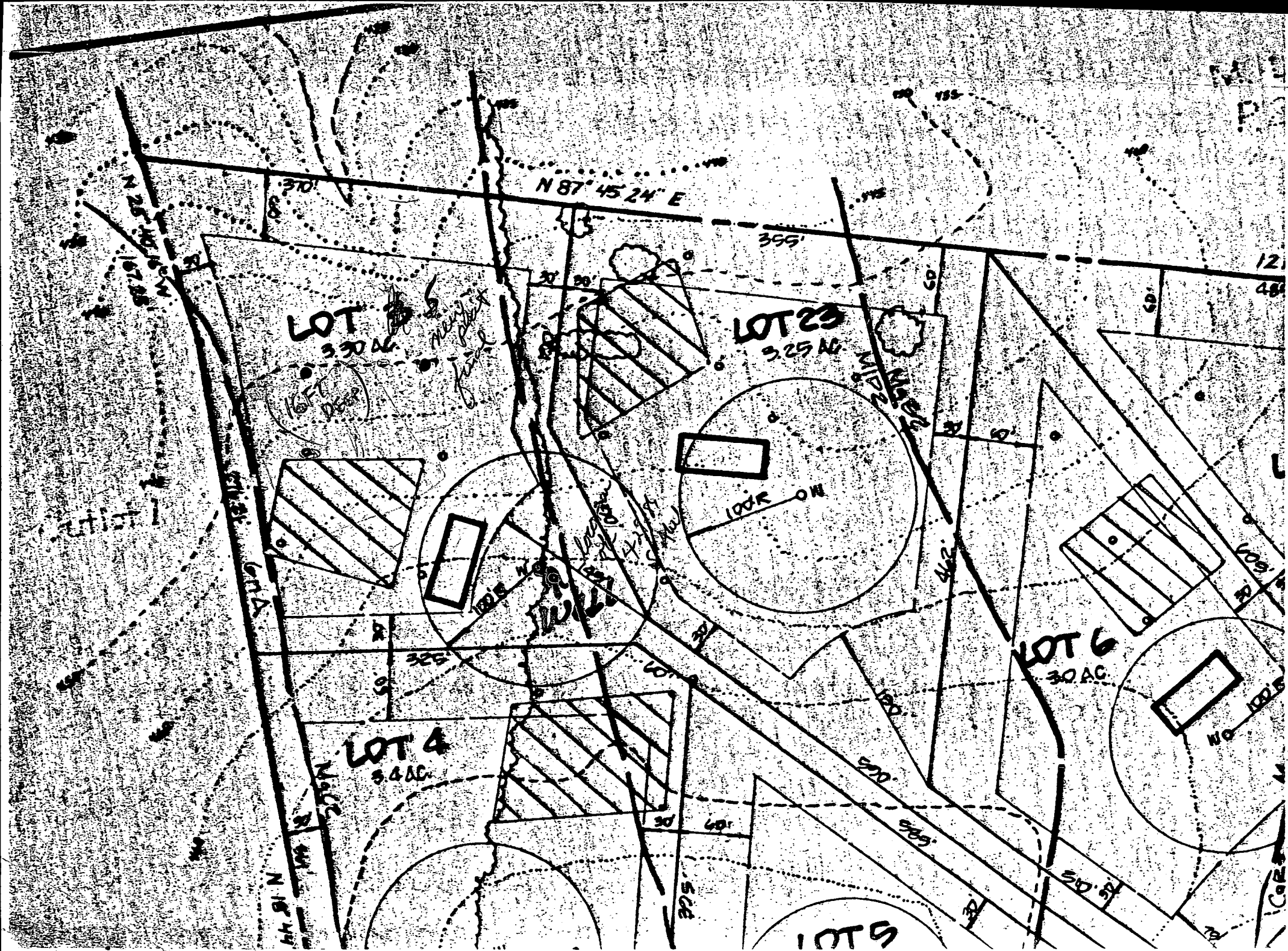
WRITE THE BOX NUMBER FROM THE MAP HERE

E 818 1
N 498 5000
000

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

N





FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1441
Location of property (road) Preswick Dr.
Subdivision Greenfield's Lot 5 Block _____ Plat _____ Sec. 1
Well Driller G. Maynes Owner Vision Builders

Depth of well 285'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 24'

1. High rate pumping -- reservoir drawdown

Time pump started 11:30 Pumping rate 1 L
Total time 30 min to reach pumping water level 15 ft. below M.P.

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

[illegible]

6/11/87

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # 39329
Date 5/13/87

Name of Installer Crouse P+H

Telephone 531-3311

License number 2356

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Vision Builders Telephone 730-4653

Subdivision Green fields Lot # 5 Well tag # - - -

Site Address 6555 Prestwick Dr.
Highland md 20777

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make Goulds

3. Model #

4. Capacity GPM

5. Pump exceeds well capacity Yes ☐ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor

1. Horsepower

2. RPM

3. Voltage 220

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make

2. Model #

3. Depth

Tank

1. Capacity 60 gal

2. Pressure relief valve? ☒

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA

Code approved

4. Depth of supply

line 36

Well data

1. Depth ft.

2. Yield GPM

3. Static water

level ft.

4. Will water supply

be disinfected by

installer? yes

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: Charles J. Crouse

Date: 5/8/87

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

SITE INSPECTION SHEET

OWNER: Stephanie Carpenter
ADDRESS: 6555 Prestwick Drive
Highland, MD 20777

DATE REQUESTED: 5/25/99 11:00

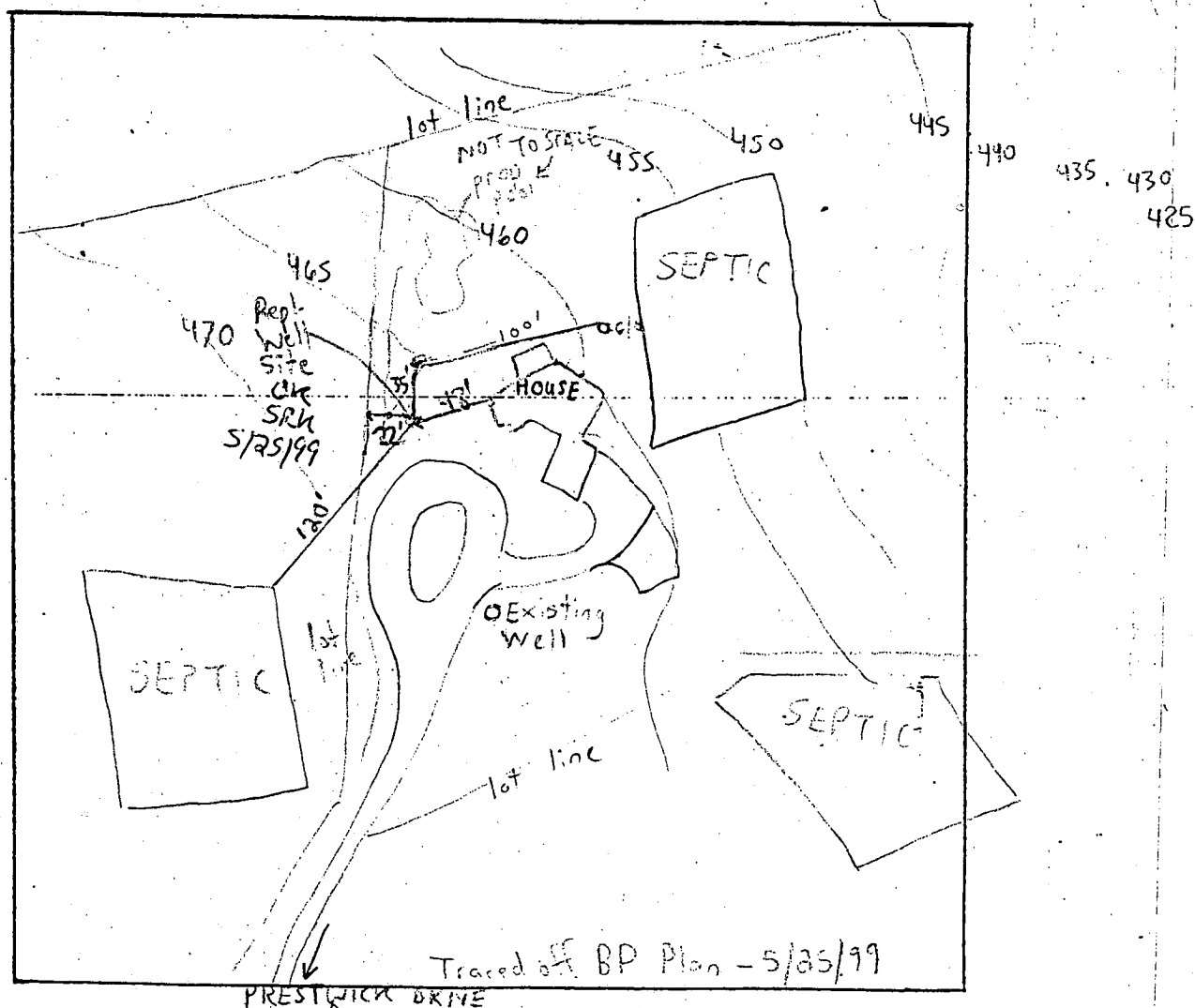
DRILLER: G. Easterdal

WELL TAG # H0-94-2274

COUNTY # A 34906

PROPOSAL: request to drill replacement well

LOCATION DIAGRAM



5/25/99-

COMMENTS: Advised Driller of recommended suitable site for replacement well

DATE: 5/25/99

INSPECTOR: Steven K. Wright