10/1/1/2

10/1/86

## PERMIT

10/7/86 5. Ww.l Oppreved

P37763

33644

### SEWAGE DISPOSAL SYSTEM

### MARYLAND STATE DEPARTMENT OF HEALTH'

### HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

05-380901 INDEXED

I.C.O.P. sessed

TIME EXPIRED

ELLICOTT CITY

DISTRICT 5th

DATE 19/4/86

N.	orman Collins		_ IS PERMITTED TO	) INSTALL	ALTER
ADDRESS 2024	Millers Mill Road, (	Cooksville, MD 21723	PHONE		
SUBDIVISION	The Heritage	ROAD <b>4108</b> _Sha	rp Road	LOT	57
PROPERTY OWNER _		Crosen Development Co	ompany, Inc.		
ADDRESS					
IF GARBAGE GRINDE	R IS USED INCREASE SEPTIC T	ANK CAPACITY BY 50% AND A	SSORPTION AREA B	Y 22%.	
GARBAGE GRINDER?	YES NO	<u> </u>			
SEPTIC TANK CAPAC	ITY GALLONS	NUMBER OF BEDROOMS	S <b>3</b>		i .
TRENCHES	grade. Bottom max	edroom. Trench to be dimum depth 8 feet be delow original grade.	low original	grade.	Effective area
TOG A MITON	pipe.				
LOCATION	right lot line as	rench 80 feet from the seen when facing the ard front-left part o	property fro		
NOTES	- No trench to excee	ed 100 feet in length Is required. Call fo	. If more th	han one of tren	trench used, a ch(s) before and
	after gravel is in	stalled. Provide 6"	- 8" diamete	er clean	out and cap to grade
10/7/82 Pin	cos palo local limi	SL-60" belle people.	DU FULLDO CUPE	z SAlen	<u> </u>
		·		,	
PLANS APPROVED BY	C. M	Villiams		DATE	11/01/85
<b>S</b>	L INSPECTED AND APPROVED.				
NEITHER THE HOWARD	COUNTY COUNCIL NOR THE HEALT	TH DEPARTMENT IS RESPONSIBLE F	OR THE SUCCESSFUL	OPERATION O	F ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

BUILDING PERMIT SIGNED

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTHAND RETURNED 7/

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

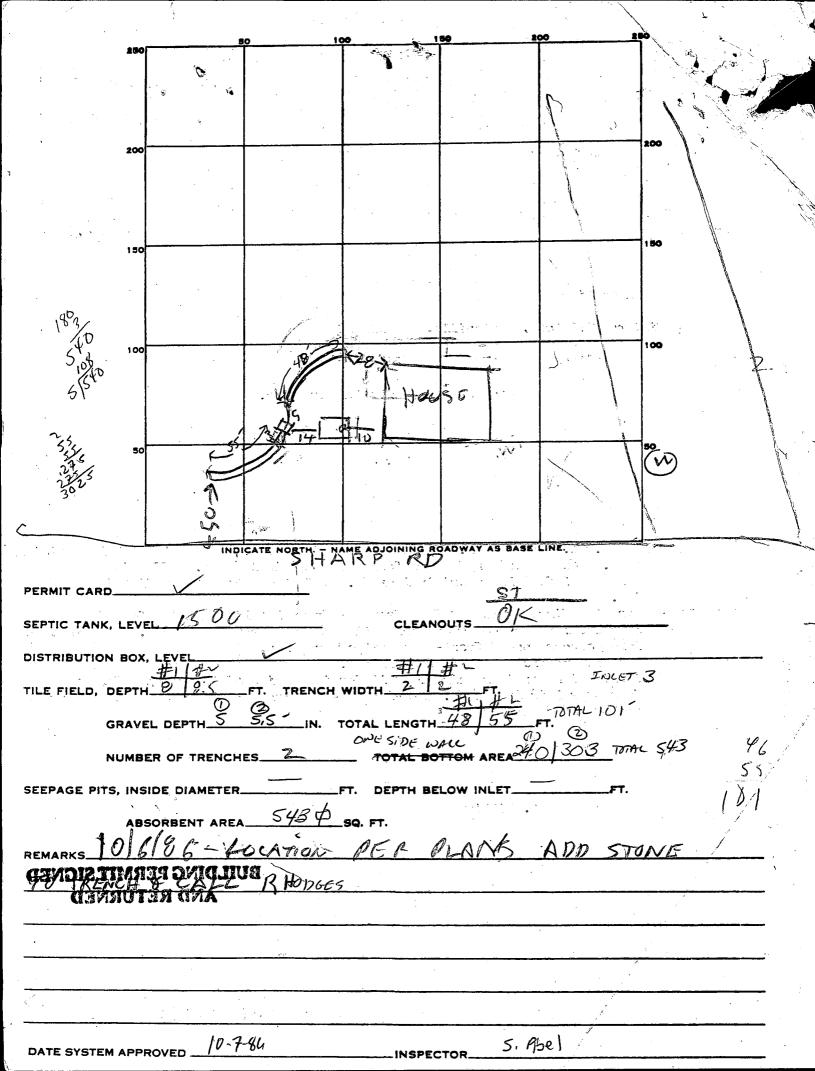
BOOI 37676 D.R. KITCHEN, REC ROOM + FULL BATH

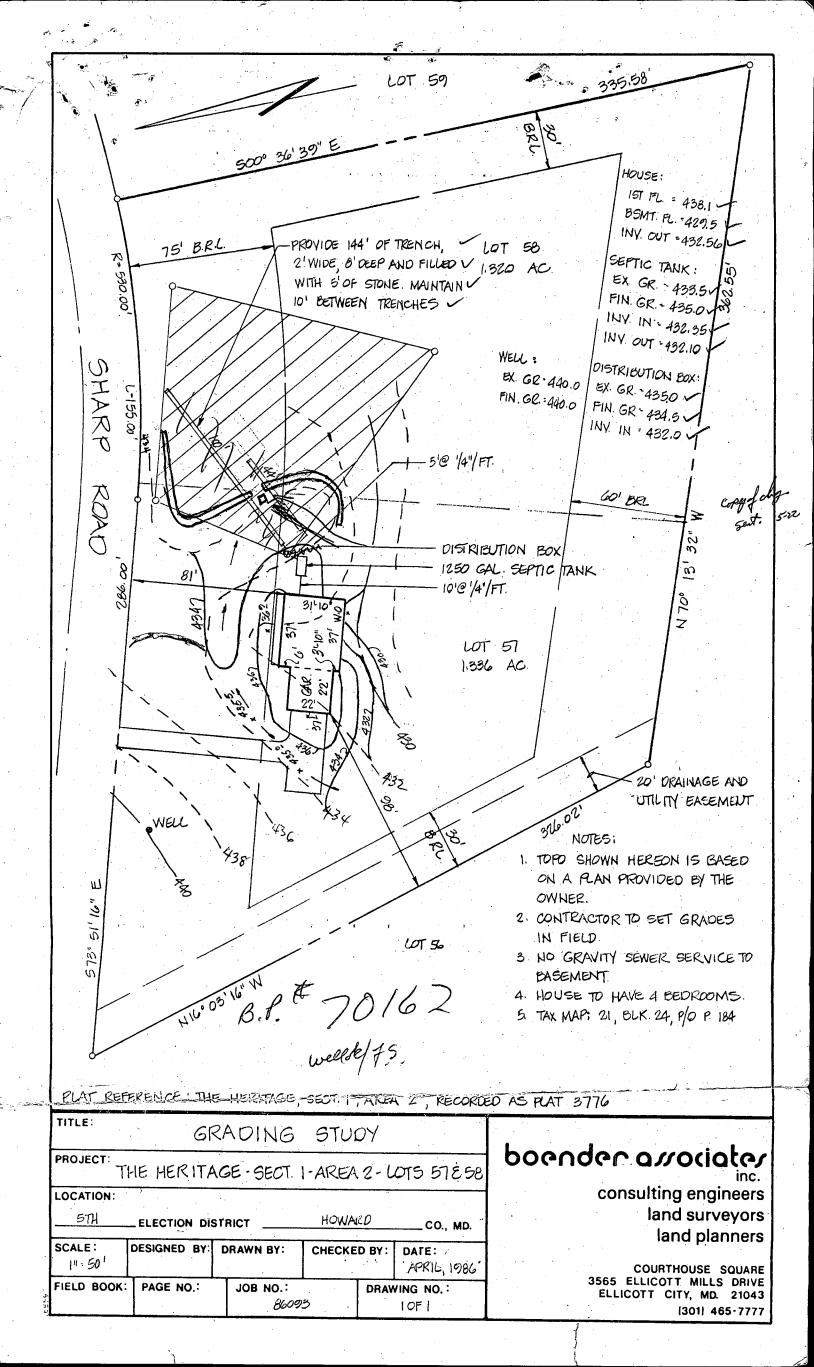
PERMIT VOID AFTER THREE YEARS.

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.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.





SUBDIVISION: The Heritage

LOT NUMBER: 57458
TRENCH

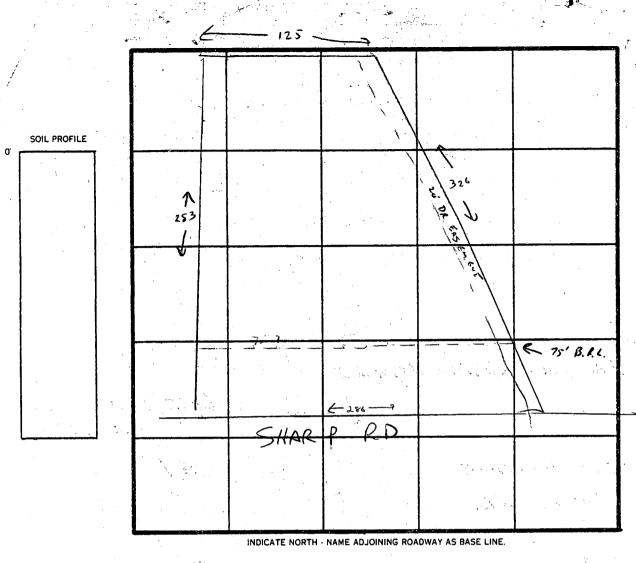
Combined

### DRY WELL OR DRY WELL AND TRENCH

•		sq. ft./bedroom
	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	
	•	
	t below original grad	
Bottom maximum depth	feet belo	ow original grade.
Effective area begin	ns at feet	below original grade.
ground and le	eave a 5 foot earth bu to exceed 100 feet	orbent area, run the trench on level ffer between dry well and trench. in length. Trench inlet to be same of stone below distribution pipe.
	т	RENCHES
	· · · · · · · · · · · · · · · · · · ·	. 00
		sq. ft./bedroom
Trench to be $2$	wide.	3 Beel.
Inlet 3 fee	t below original gra	
	h 8 feet bel	·
Effective area begi	ns at 3 feet	below original grade.
5 feet of s	tone below distribut	ion pipe.
(2) If more (3) Trenche (4) Call fo (5) Provide tank an (6) If a Ga and inc	s to be installed on r inspection of tren 6"-8" diameter clead drywell. rbage disposal is us rease absorbant side	d, a distribution box is required.  level ground.  ch before gravel is installed.  nout and cap to grade or above on septic  ed, increase septic tank capacity by 50% wall area by 22%.
LOCATION: STAR	THE FIRST TRE	NCH FO' FROM THE FROMT COT LINE
AND 180' From	THE RIGHT COT'S	INE AS SEEN WHEN FACING THE
		TRENCHES ALONG CONTOUR TOWARD
•		77 - 77
trant-Coft 1	PART OF PROPERTY,	1 1 - : 2-1
	11	1/85 Cwillians
		Bell 70162
		BLDG. PERMIT SIGNED

A.M.	CEWACE	NCDOCAL TECTION		A 334	040
STATE	SEWAGE I OF MARYLAND - DEPARTM	ISPOSAL TESTING IENT OF HEALTH AN	D MENTAL HYGIENE	Р	
HOWARD COUNTY HEALTH DE		٠.	Diet	RICT 5th	,
P. O. BOX 476 ELLICOTT CITY, MARYL				-//	611
P. O. BOX 4/6 ELLICOTT CITY, MARYLING PROPERTY OF A SOLUTION OF A SOLUTI	· A-	<b>n</b> .		DATE	84
JES 9 0	American 6	LOPERTIES,	Fac		
	10176 BAZT				
			E		
TO: THE COUNTY HEALTH OFFICER	€.€.	21043			
ELLICOTT CITY, MARYLAND				n. 	
I, HEREBY, APPLY FOR THE NECESSARY				cho D.	
PROPERTY OWNER WHAT GROW	JOINT-VE	STURE LES	······································	and Godie	
ADDRESS		· · · · · · · · · · · · · · · · · · ·	PHONE LHE	TT RETURY 465-49	, Z
PROPERTY LOCATION:				465-49	120
	PITALE		5	7	
SUBDIVISION	111100		_ LOT NO		
ROAD AND DESCRIPTION	(R)				
					<del></del>
SIZE OF LOT			YPE BLDG 3 0	- 4 BEDRM	1.
				UMBER OF BEDROOMS	5)
THE SYSTEM INSTALLED UNDER THIS AP	PLICATION IS ACCEPTABLE O	NLY UNTIL PUBLIC FAC	LIȚIES BECOME AVAIL	ABLE. I FULLY UNDERS	TAND
FEE CONNECTED WITH THE FILING OF T	HIS PERC TEST APPLICATION	IS NON-REFLINDABLE II	NDER ANY OHICHMST	ANCES I ALSO AGREET	O COM
•		Mushael	R AM	M	O COM
WITH ALL M.O.S.H.A. REQUIREMENTS IN	TESTING THIS LOT.	(SIG	NATURE OF APPLICA	NT)	
APPROVED BY		FOR		DATE	,
NE 150-50 AV					
REJECTED BY		OR	······································	DATE	
HOLD PENDING FURTHER TESTS			0	DATE	
A CONTRACTOR OF THE CONTRACTOR	T/26/85-LO	75785	8 70 0	BE COM	BI
REASONS FOR REJECTION OR HOLDING					

THIS IS NOT A PERMIT



			PRE-WET		TEST -	1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
	·			•			
				, , , , , , , , , , , , , , , , , , , ,			
			. 3	· ·			
			*				
,							
			I.				

REMARKS		4		
TYPE OF SOIL	.2.			
TIPE OF SOIL		.,		
TESTED BY	<u> </u>		 _ ALSO PRESENT	

EH-12-107

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Α	33444

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

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

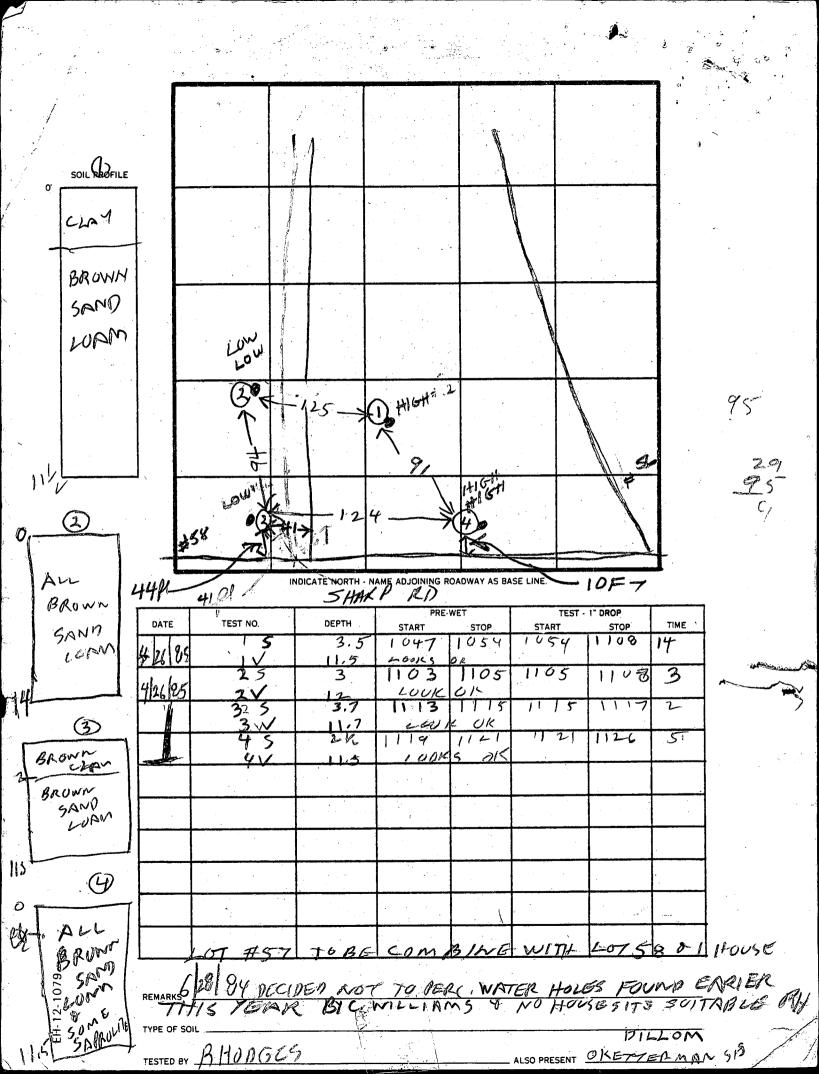
REASONS FOR REJECTION OR HOLDING

DISTRICT 5th

DATE 3/12/84

· · ·	· · · · · · · · · · · · · · · · · · ·	, ,		
· ·				
THE COUNTY HEALTH OFFICER				
ELLICOTT CITY, MARYLAND .			• *	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO C	CONSTRUCT (OR RECONSTRUCT) A SE	FWAGE DISPOSAL SYST	FM	
PROPERTY OWNER WAL GROW SOINT	VENTURE			
		A	11	
ADDRESS	· · · · · · · · · · · · · · · · · · ·	PHONE <u>#</u>	HETT REMO	TT: Luc
	. ,		465	4920
PROPERTY LOCATION:		•	,	
THE HERITHE		•	57	
SUBDIVISION		LOT NO	<del></del>	
ROAD AND DESCRIPTION SHARP RO.	•			
ROAD AND DESCRIPTION				<del></del>
/ ** +				<del></del>
SIZE OF LOT 1.2 ±		TYPE BLDG.	91 4 BE	DEM.
			(NUMBER OF BED	ROOMS)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCE	PTABLE ONLY UNTIL PUBLIC FA	CILITIES BECOME A	VAILABLE. I FULLY Ú	NDERSTAND THE
	•			
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APP	## J 1	, <b>,</b>	MSTANCES. I ALSO AC	REE TO COMPLY
<u>-</u>	Muhai	PR A	Man	
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LO			7707	
	13	IGNATURE OF APPL	JCANT)	
APPROVED BY	FOR		DATE	
REJECTED BY	FOR	· · · · · · · · · · · · · · · · · · ·	DATE	
	, Z		,	
IOLD PENDING FURTHER TESTS			DATE	

## THIS IS NOT A PERMIT



4-12'Loles : 200014.

## APPLICATION

# weed 19	٠
A_	

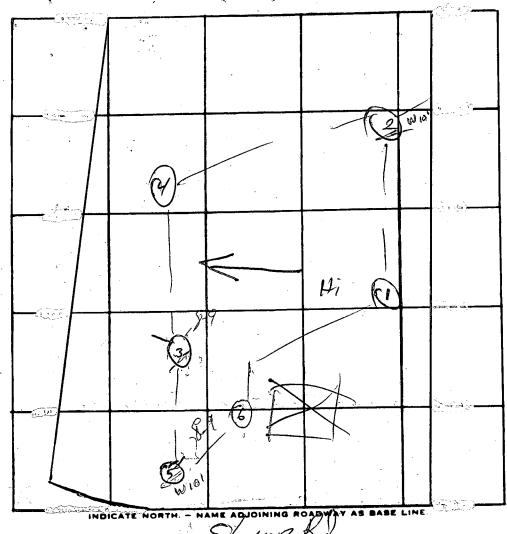
SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356 DISTRICT 5 DATE 10/27/95

TO: THE COUNTY HEALTH OFFICER	unit final
ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN (	DEPT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.	
PROPERTY OWNER Lalynow Yout	Venture G.
ADDRESS	PHONE
PROPERTY LOCATION:	The same of the sa
SUBDIVISION Telalgrown fot.	LOT NO. 75 58
ROAD AND DESCRIPTION	
SIZE OF LOT	TYPE BLDG 3 ~~ 4
	NUMBER OF BEDROOMS
IF NOT SINGLE RESIDENCE DESCRIBE	
THE SYSTEM INSTALLED UNDER THIS APPLIFACILITIES BECOME AVAILABLE SIGNATURE OF APPLICANT	LICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
SIGNATURE OF ATTEMPT TO THE STATE OF ATTEMPT	
APPROVED BYFOR	Zana za
REJECTED BY FOR	(KIND OF SYSTEM)
HOLD PENDING FURTHER TESTS	(KIND OF SYSTEM)
REASONS FOR REJECTION OR HOLDING	
	,

# THIS IS NOT A PERMIT



12

TEST - 1" TIME STOP TEST NO. DEPTH DATE 5 4 2 6 0 4 **第 23** 2**3** 18 10 0 lo IA 13 12 25 12 133 10 12 10 24 34 12 8 8 2 19 19 2 A. 10 Link 23 water (12) Ø 8 00 V 5 3 2. 16 8 3A (3B) 72 25 >30 Vis di 2 フ 16 1/3 5 5 A とう Ò 11 3 3 (5 B) (12) 10' di

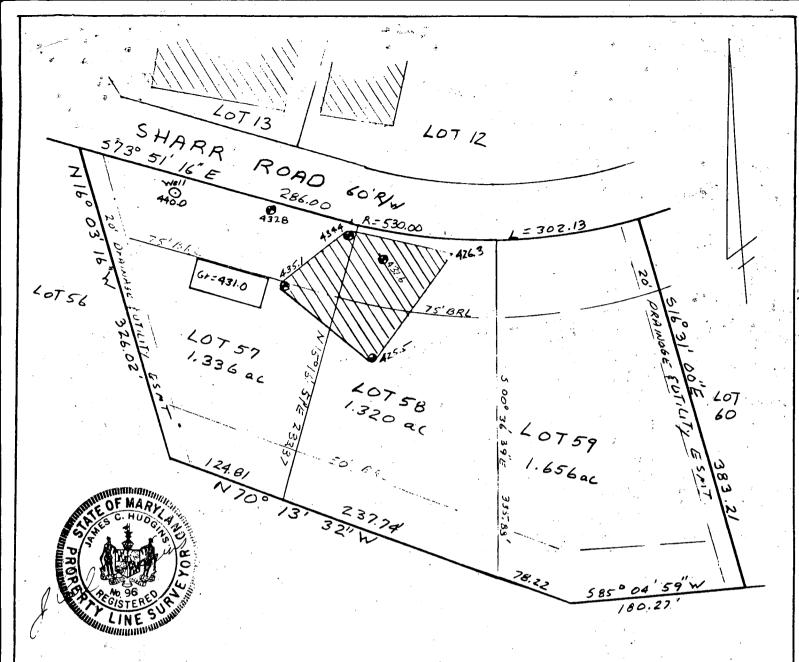
REMARKS					_
TYPE OF COLL			,		
TYPE OF SOIL	1/00	<del></del>		· · · · · · · · · · · · · · · · · · ·	^
TESTED BY	KIN		ALSO PRESEN	IT:	

SECTION 1 AREAZ HNTHICUM coording to HIGH PORTION Denny of boarder OF LOTS All holes Clay to 5-6' damp below 10166 WATER AS WATER inducated H AR P Approx 1.0 A EARH LOT 65 Discorred with 14 LOT64" STREAM

SEE BACK

THE HERITAGE

Linthico some cution fill 1,0 each SHARP LOT 59 SEDIMENTATION POWD F LED LOT 57 SPERM high DRINAL-E



This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "A".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Jose M. Boyd M. D. pr Fr. S. 8-16-85 County Health Officer Date PERCOLATION TEST PLAT

Lots 57, 58 & 59

THE HERITAGE

Section 1 Area 2

5th Election District Howard County, Maryland Scale 1"=100' Date 7/29/85

NTT Associates 101 Sterrett Place Columbia, MD 21044 442 7031

C 1 2424 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED	WELL COMPLETION REPORT FILL IN THIS, FORM COMPLETELY	COUNTY \$ 35955
ÍN COLS: 3-6 ON ALL CARDS)	PLEASE PRINT OR TYPE	NUMBER PERMIT NO.
DATE Received: DATE WELL COMPLETE	Depth of Well 22 4 5 26	FROM "PERMIT TO DRILL WELL"
8 13 15 20	(TO, NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER	Rogal first name TOWN	GLENELG
SUBDIVISION The Heritage		LOT 5 A
WELL LOG	GROUTING RECORD Vest DO	C 3
Not required for driven wells  STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check	CEMENT CM BENTONITE CLAY B C	PUMPING RATE (gal. per min. 5
additional sheets if needed) FROM TO bearing	NO. OF BAGS 19 NO. OF POUNDS	to nearest gal.)
Trap Soul 0 2	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE BUCKOF
10P 301C	from C ft. to SO ft.	WATER LEVEL (distance from land surface)
Top Soil 0 2 Shudy 2 20 -	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 17 20
	casing CASING RECORD types	WHEN PUMPING
Shud Stone Do Do	insert appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
Micka >5 100	code below PLASTIC OTHER	A 27airP 27pistonT 27turbine
	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 below)  J jet Ssubmersible
Micka 105 215	60 61 63 64 66 70	27 27
	E OTHER CASING (if used) A diameter depth (feet)	
	H inch from to	PUMP INSTALLED
	X S S S S S S S S S S S S S S S S S S S	DRILLER WILL INSTALL PUMP YES NO.
	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
	appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 35
	C 2	PUMP HORSE POWER 37 41
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	I MO DO TO PATO	CASING HEIGHT (circle appropriate box
	6 8 9 11 15 17 21 H	the jabove LAND SURFACE
	S 23 24 26 30 32 36	below below foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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	from to	
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS	Rusel
OF MY KNOWLEDGE.	FLOWING WELL INSERT F IN BOX 68 68	Polyo
DRILLERS, DENT. NO	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	p frage well
DRILLERS SIGNATURE	T (E.R.O.S.) WQ	50
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	ling
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA	
responsible for sitework if different from permittee)	CASING INDICATOR	*

en und

Page .	of	
Date	September	5 1985

Review 11/1/8508.7.5

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - fl-//55/ Location of property (road)	Road				•
Subdivision the Heritage	Lot 57	Block	Plat	Sec.	
Well Driller Ralph Mayne	Owner <	Brian	Mooring		
Depth of well 245 ff Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.		214			-
I. High rate pumping reservoir drawdown					
Time pump started 12:00  Total time 15 min to reach pumping	Pumpi Water level	ing rate l #/	96.Rm _ft. below	M.P.	

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

	•			
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill	(if used)	(gallons per
tervals		gallon bucket		minute)
12:15	40ft	12 pr		36.P.M
12:30	40	12		5
12:45	40 '	/2		5
1:00	40 ft	12 RK		5 Q.P.m.
1,15	40	12		5
1:38	40	12	/	5
1:45	40 ft	12 Rue		5 G. P. m =
2,00	40	12	\ /.	5
2715	40	12	\ /	5
2:30	40 47	12 ou	V	5 6,8,10
2:45	40	17	/	5
3:00	40	12		3
3 115	40 Ft	Buc		56.fin
			/ \	
				:
			<b>/</b> .	
			/	
			1	
				-
h	<i>a.</i> 0. 0	1	<u> </u>	:

80 ft PL 19 bogs

2nd

Page "	of
Date ]	September 5,1985
	100.

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Review	39	:

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

	•	L
	Permit No. HO - 8/-/153-	***
Loca	ation of property (road) Shorn Road	
Subd	division the Heritage Lot 57 Block Plat Sec.	
Well	Driller Ralph Mayne Owner Irian Mooring	
	Depth of well 215	-j
	<del>-</del>	
	Distance of measuring point (M.P.) above ground	•
	Static water level (S.W.L.) below M.P. 10#7	· ·
I.	High rate pumping reservoir drawdown	
	$\sim 1$	r,
	Time pump started 12,00 Pumping rate 96 Pt	-
	Total time 15 M() to reach pumping water level 40 ft. below M.P.	:
		Į.
II.	Recovery pump test data - observations to be recorded every 15 minutes	:

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE  time to fill /8/  gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:15	YOFT			56PM =
(130	40Fl	12 sec		56PM :
				-
		FORGOT TO T	AKE SAMPLE	
			cus	
	,			
				:
		4		-
				:
				,
,				
				•
				·
	<u> </u>		<u> </u>	<del></del>

B 1 9 SEQUENCE NO.	STATE OF M	ARYLAND	OEP PER	MIT NUMBER
(OEP USE ONLY)	PERMIT TO D		40-181	
1 2, 3 6 (THIS NUMBER IS TO BE PUNCHED	please print		. [ ] . [ ]	orm completely 79
IN COLS. 3-6 ON ALL CARDS)	- Picase pinn	t or type	TIII IN THIS T	orm completely
Date Received 7/5/80		$\frac{B[3]}{3}$	LOCATION OF WE	:LL
OWNER INFORMATION	-si	HOWARD		]
MOORING BRIAN		8 COUNTY		<u> </u>
15. Last Name Owner First Na	ERDR	THE HER 23 SUBDIVISION		42
36 Street or RFD	55	SECTION Z	LOT	
57 Town 70State 72	21043 Zip 76	GLEDEL6		
DRILLER INFORMATION		52 NEAREST TOWN		M I
Maya Mayaz Driller's Name	77 License No. 80	MILES FROM TOWN (ent	er 0 if in town)	76 77 78
RAGE MAYNE /WELL DAIL	SING!	B 4 1 1 2	SHARP O	Mal
FIZO Brown Chunch Rel.	Mf Airy	TOWN (CIRCLE BOX)	11 NEAR WH	IAT ROAD 30
Address Hard Maransa	8/20/18		ON WHICH SIDE O	NORTH NORTH
Signature	Date	8-9 B-9	(CIRCLE APPROPE	
B 2 WELL INFORMATION		(TOWN) E		SOUTH
ÁPPROX. PUMPING RATE (GAL. PER MIN.)			34 5	37
AVERAGE DAILY QUANTITY NEEDED		S <sub>W</sub> S <sub>E</sub>		FROM ROAD
(GAL. PER DAY)	20	8-9	· · · · · · · · · · · · · · · · · · ·	NTER FT or MI
USE FOR WATER (CIRCLE APPROPRIA	TE BOX)		NOT TO BE FILLED IN	
HOME (SINGLE OR DOUBLE HOUSEHOLD UI	NIT ONLY)	./	HEALTH DEPARTMENT	APPROVAL
F FARMING (LIVESTOCK WATERING & AGRICU	JLTURAL	HOWARD	· · · · · · · · · · · · · · · · · · ·	<u> A 33 933</u> 7
INDUSTRIAL, COMMERCIAL, STATE AND FEI	DERAL GOV.	COUNTY NAME OEP		COUNTY NO. STATE HEALTH
22 L'JOTHER (REQUIRES APPROPRIATION PERMIT	r)	SIGNATURE DATE ISSUED	<u> </u>	INSERT S 41
PUBLIC OR PRIVATE WATER COMPANY (REC		082785	Sichnes Abel	02-27-86
APPROVAL)	FOLUDE	NORTH S / 8 0 0	SIGNATURE EAST	EXP. DATE
T TEST, OBSERVATION, MONITORING (MAY RI APPROPRIATION PERMIT)	EQUIRE	GRID 50	0 GRID 57	63
APPROXIMATE DEPTH OF WELL		SHOW MAJOR FEATURE BOX & LOCATE WELL _	ES OF	emall ok 0
APPROXIMATE DEPTH OF WELL 1 24 28	EET	WITH AN X	37.	GROUTED VO
APPROXIMATE DIAMETER OF WELL	NEAREST	SOURCES OF DRILLING	WATER	by betwee I
ATTOMISTIC DIVINICATION WELL	INCH	2.	6 . H	VEFTE LED
METHOD OF DRILLING (circle of		3.	· ·	9 BAGS
30	Jetted & <u>DRIVEN</u>	WRITE THE BOX NUMBI	ER ,	LEGIT
3/	(Hydraulic Rotary)	FROM THE MAP HERE		
CABLE REVerse-ROTary	<u>DR</u> ive <u>-POINT</u>	E San T	2909	1915/25
other	· .		000	00-
REPLACEMENT OR DEEPENED WE	LLS	N 3/0	000 /	Chro
(CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELO RELATION TO NEARBY	TOWNS AND ROADS A	AND GIVE
N THIS WELL WILL NOT REPLACE AN EXISTIN	1	DISTANCE FROM WELL	TO NEAREST ROAD J	UNCTION
THIS WELL WILL REPLACE A WELL THAT W ABANDONED AND SEALED	ILL BE	N		GLEWELG_
39 S THIS WELL WILL REPLACE A WELL THAT W	ILL BE USED			
D THIS WELL WILL DEEPEN AN EXISTING WEI			. Fliatleck	18.
PERMIT NUMBER OF WELL TO BE REPLACED OF				A Carry
(IF AVAILABLE) 41	52			2°C.
Not to be filled in by driller (OEP USE ON	NLY)			Med on
APPROP. PERMIT NUMBER GAP		Sha	ap Kelo I	
54	63		150	1
FORCE   MINITALS PERMIT No.	- / / S S 75 76 77 78 79	6-1	€/	· [. :
SPECIAL CONDITIONS		- 0		

## HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

### PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby certify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

(Name) Manual Maring

10/06 GREEN (OVERPR Ellicot city (Address) MP. 21043

Ho-81-1/55
(OEP Well Permit Number)

(Date)

See water sample results.

Revised

BUILDING ADDRESS SHOUSE NO., STREET, YOWN OR AREA

NOTIFY HEALTH DEAT AT TIME OF FOUTHS INSP

PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS

BUREAU OF INSPECTIONS LICENSES & PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

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OCCUPANT'S NAME AND ADDRESS PHONE NO.	TYPE OF BLDG.	AREA	VOLUME	ROOF
	B. ROOMS ROOMS			
ANCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.	BATHS FIREPLACES			
	FOOTINGS		FOUNDATIO	N S. WALLS
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CONTRACTOR'S NAME AND ADDRESS PHONE NO.	WATER/WELL SEWER/SEPTI	C GAS E		E OF HEAT AC
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W/S CODE FOR OFFICE USE				
DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE	FUNCTION	DATE	SIGNATUI	RE APPROVAL
SIDE VARD	ZONING/PLANNING	1 -		
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)	SHA			
	SEDIMENT/GRADING			
TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET	BUILDING OFFICIAL			
BACK (CORNER LOT ONLY)	WATER & SEWER		9 (2)	$\gamma$
GONDITIONS (IF ANY)	HEALTH DEPT	4/20/88	( a: W	00_
Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY	FIRE PROTECTION	19-1		
CAUTION	STORM WATER MGM			
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law:  Use and occupancy permit must be applied for two weeks before it.				
will be issued.  IMPORTANT: PLEASE SHOW ZIP CODES AND	Distribution of Copies: White - Building Official Gran - Stanning & Zoning	, Pi	illow - Engineering	DATE

JOTIFY HEALTH DEPT AT TIME OF FOUTHS INSP

PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS

BUREAU OF INSPECTIONS LICENSES & PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS GIOUSE NO., STREET, TO	•		GRADING/SEDIMENT	CONTROL	DYES DNO	
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TO SIDE BUILDING LINE	SET	·	BUILDING OFFICIAL	,		
BACK (CORNER LA	OT ONLY)		WATER & SEWER	., ```		· · · · · ·
CONDITIONS (IF ANY)	•	SDP #	HEALTH DEPT.	4/2488	( m; 14)1	00_
Checks payable to DIRECTOR OF FINA	NCE OF HOWARD	COUNTY	FIRE PROTECTION	4-10-		
CAU			STORM WATER MGM.		<b>-</b>	
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LP-69 Revised

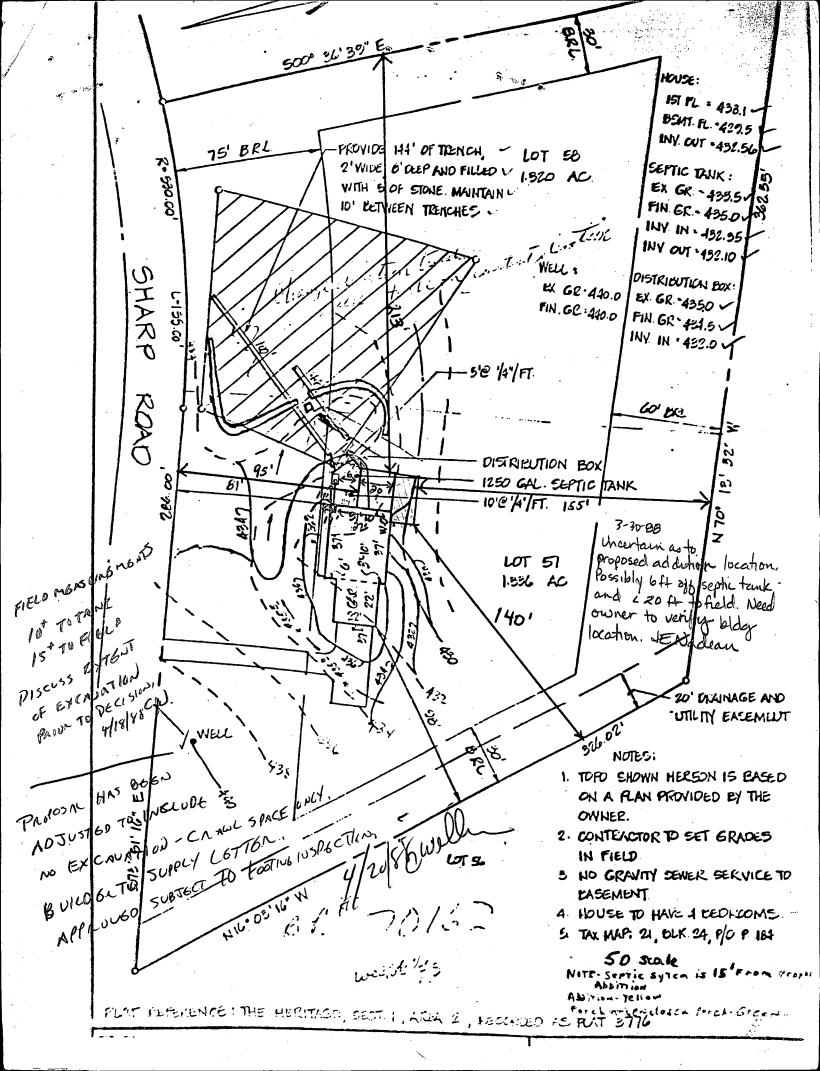
will be issued

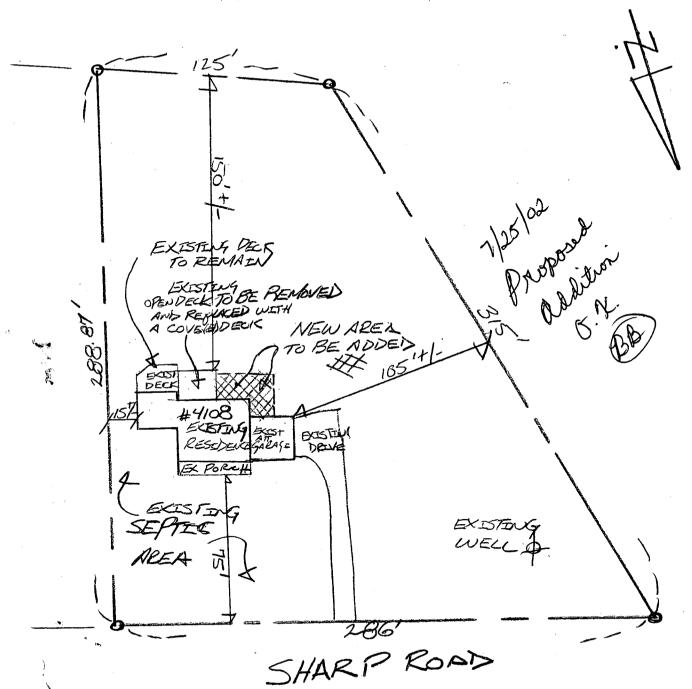
IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

Distribution of Copies: White - Building Official Green - Planning & Zoning

APPROVED

Yellow - Engineerin Pink - Health Dept. Gold - S.H.A.





PLOT PLAN
ANDERSON RESIDENCE
ADDITION TO EXISTING
PESTIDENCE
4108 SHARP ROAD
/=50' 7/22/02