5/10/00 LAYOUT
1:00±
5/11/00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513358

A 50265-D

DISTRICT

DATE 3/31/2000

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

TAX ID 04-358800

DATE SYSTEM APPROVED 5/17/00

INSPECTOR

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

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION O'Donnell Property LOT 7 ROAD 14238 Rover Mill Road

PROPERTY OWNER Keven Smith/Laurie Wallace

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 117.10' and 322.58' lot lines, place the distribution box 80 feet up the 322.58' lot line and 85 feet off this same lot line. Run trenches on contour initially towards the 117.10' lot line and then in both directions. (towards the 117.10' and the 197.66' lot line) Maintain 100' separation distance to the well.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK SRN 10/26/99

PLANS APPROVED BY Mark E. Rifkin DATE 9-13-1999

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)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

BUILDING PERMIT SIGNED AND RETURNED 7-2202
B00137590-DECK

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

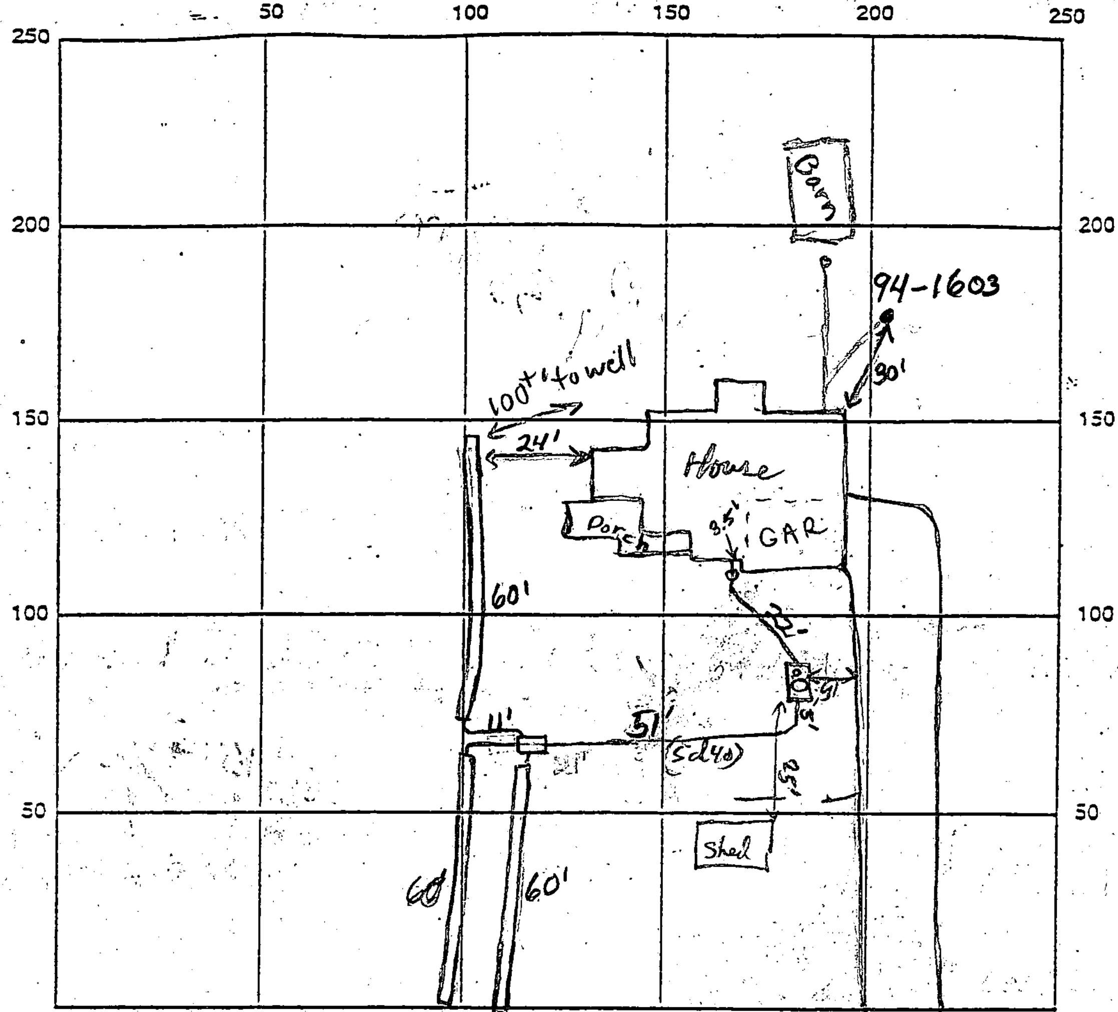
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-250(5-90) *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

SC-227



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Rover Mill Road

SEPTIC TANK LEVEL 1000 MS CLEANOUTS 4" House, 8" Tank, Manhole Tank

DISTRIBUTION BOX LEVEL Baffle, OK

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0' FT. TOTAL LENGTH 3x60' FT. (180' Total)

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 5/10/00 Met with Fogles. To install 3-60' trenches with box set in middle of field. Two trenches to run away from house to conserve easement area. (BB) 5/11/00 No house connection. Trenches installed within staked septic area. Well connection to be split near house for barn supply. O.K. to cover system. Final approval pending house connection. (BB)
Relocated Septic Tank OK to cover, House Connection OK 5/17/00 RP

DATE SYSTEM APPROVED 5/17/00 INSPECTOR R Pinkley

5/17/00 WPF – Pitless adapter + astorline OK @ 3½ ft – but Nylon rope passes between the flat gasket + cap top – Both loose, caps Not insect proof as is. 5/17/00 RP – Pleasa Uakhoun.
2 piece cap and PVC conduit pipe RP 5/19/00

7/25/00
"Well Cap Check
Anytime
5/17/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-5933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date ____

Name of Installer Associated Plumbing Services Telephone 410-242-2600

License Number 11539
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Encore Homes Telephone 410-781-4814
Subdivision The Woods of Rouse Mill Lot # 7 Well Tag # MO-94-1603
Site Address 14238 Rouse Mill Rd. West Friendship Md.

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 5GS05422
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ____ No ✓
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ✓ Cable guards ✓ Other ____

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 V

Pitless Adapter
1. Make MARTINSON
2. Model # F10X
3. Depth 42" Below grade

Tank
1. Capacity ____
2. Pressure relief valve? ✓

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 42"

Well data
1. Depth 180 ft.
2. Yield 20 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [signature]

Date: 7-24-2000

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

HD-216

5/17/00 = WPI partial (RJP) - SRM
7/25/00 = Well Cap to code (2pc Cap) OK (SRM)

APPLICATION

PERCOLATION TESTING

A 50265D

P _____

DISTRICT _____

DATE 9/9/94

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 Smith & Laurie Wallace

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. ~~X~~ 7

ROAD AND DESCRIPTION 14238 Rover Mill Road

PERMIT SIGNED AND RETURNED 9-13-99
Serial # BM12 1085

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD-3Bmr
(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 PERCS FAST (SAND), HOLD FOR PLAT MR 10/14/94

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0'

red sa cl

2-3 lm

red sa lm 15% frags

1 6½ tan beige sand 5-10% frags

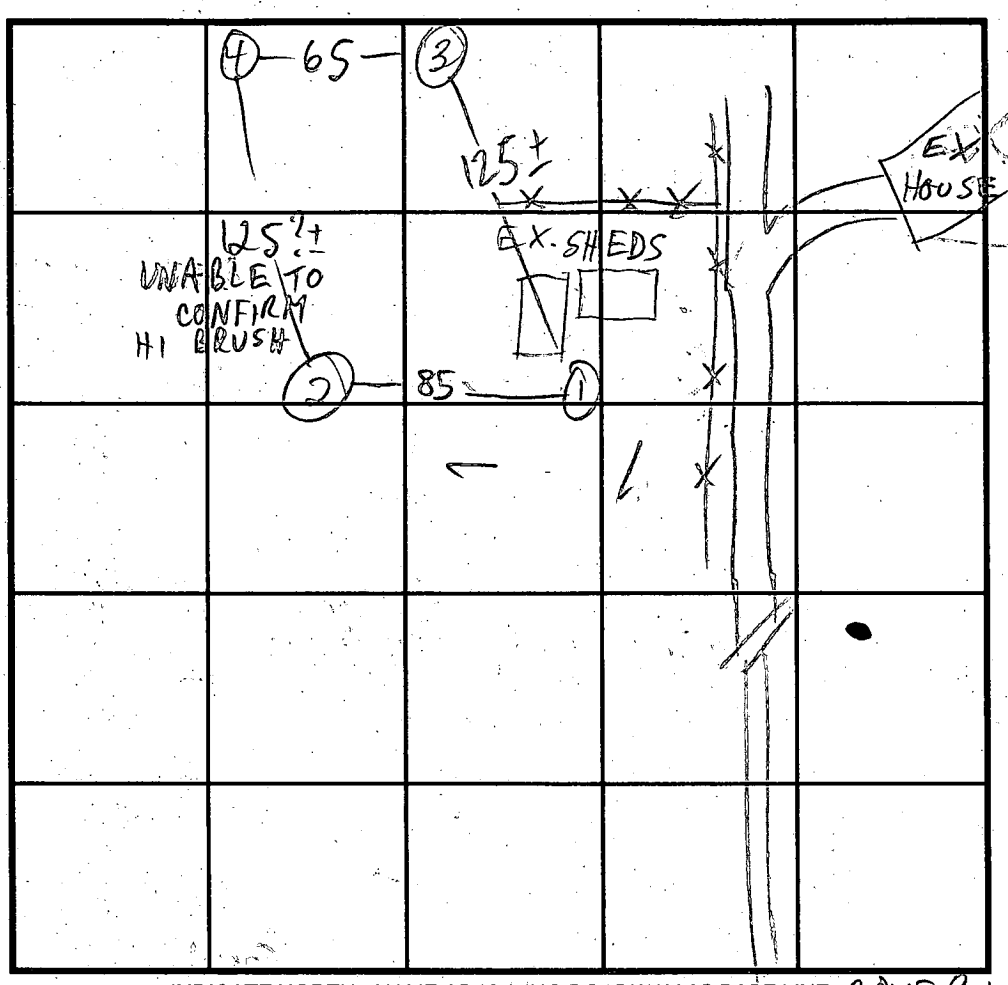
10½ 11½

red brn sa cl lm

4-5

tan sa lm 35-40% frags on HI SIDE 10% on LO SIDE

11 HARD BOT



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. ROVER MILL RD

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/11/94	1 M	7½	11:01:00 11:01:30	11:01:50	11:01:50	11:01:20 11:02:10	FAST 20 sec
	1 S	7½	11:02:25 11:04	11:02:45 11:06	11:02:45 11:06	11:03:20 11:08	35 sec 4 min
	1 V	11½					
	2 S	4½	11:14 11:15:45	11:16:30	11:16:30	11:15 11:18:00	FAST 1½ min
	2 V	10	HARD	BOT			
	3 V	11	HARD	BOT			
	4 S	4'9"	11:33:10 11:34:40	11:33:45 11:35:30	11:33:45 11:35:30	11:34:20 11:36:30	35 sec 1 min
	4 V	9'3"	HARD	BOT			

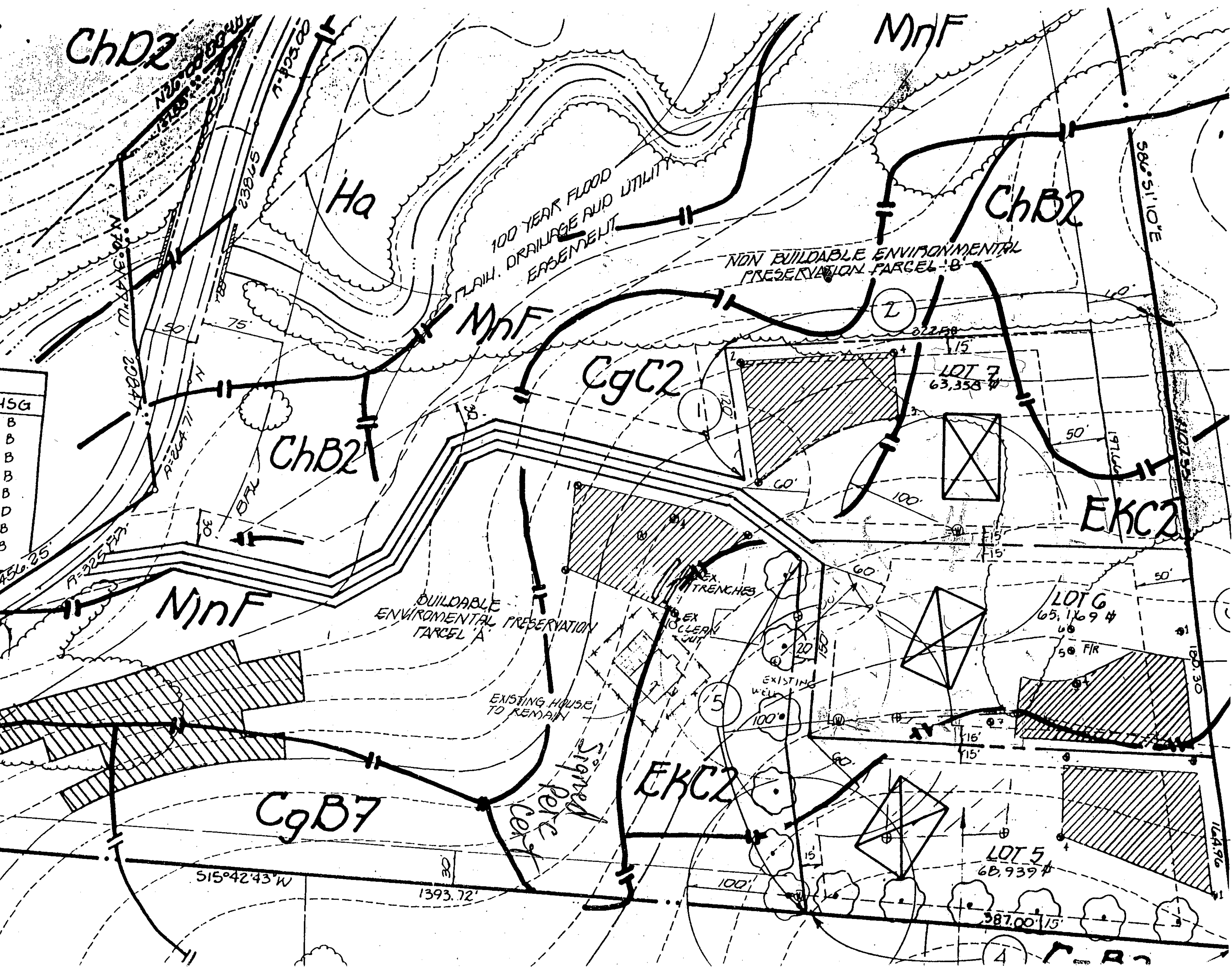
REMARKS

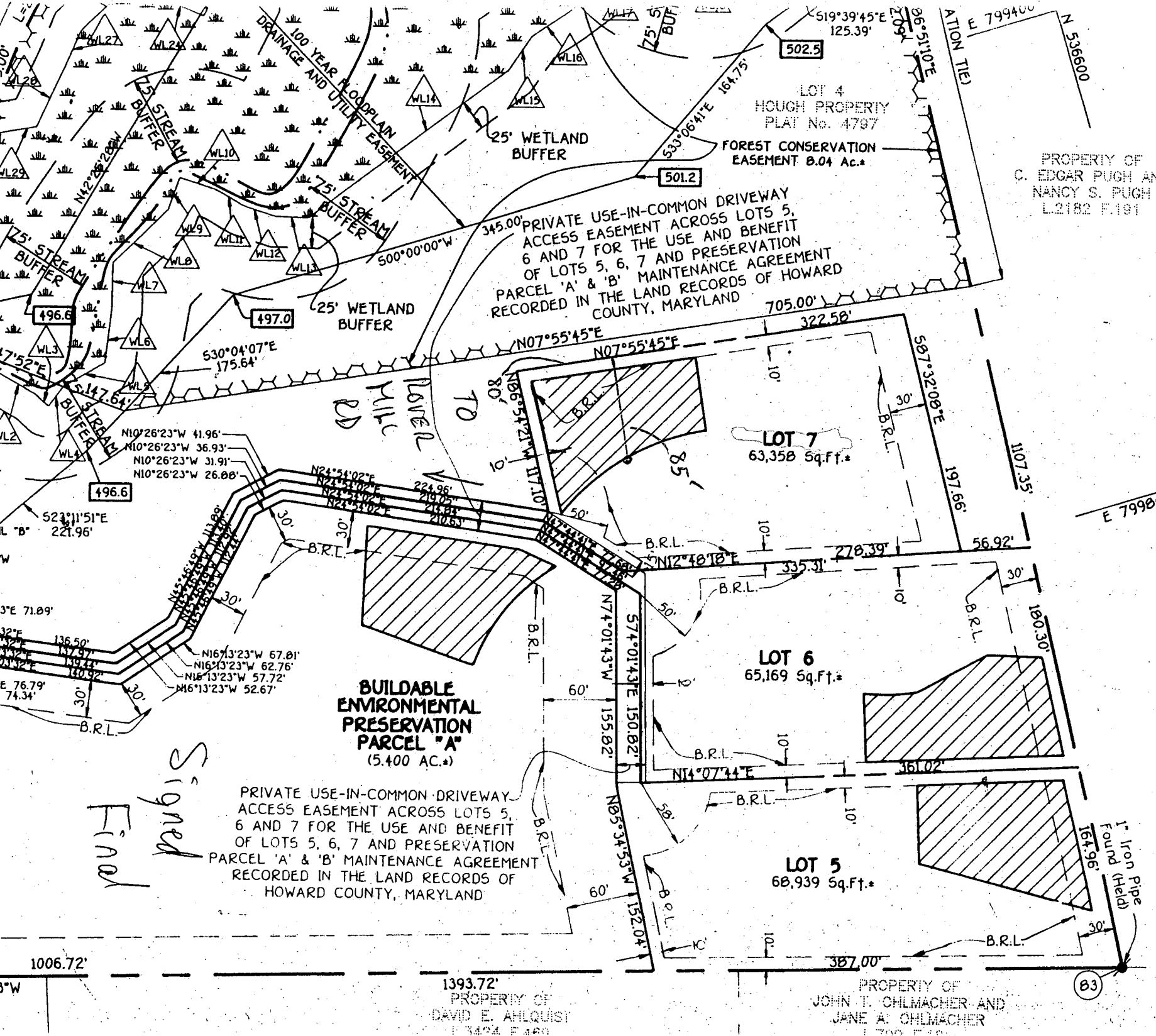
TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT OK Jr + wife

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 180


ChD2
MnF
Ha
100 YEAR FLOOD
PLAIN, DRAINAGE AND UTILITY
EASEMENT
ChB2
NON BUILDABLE ENVIRONMENTAL
PRESERVATION PARCEL B
CgC2
LOT 7
63,358 #
EKC2
LOT 6
65,169 #
BUILDABLE
ENVIRONMENTAL PRESERVATION
PARCEL A
EX TRENCHES
EX CLEAN OUT
EXISTING WELL
EXISTING HOUSE
TO REMAIN
CgB7
EKC2
LOT 5
68,939 #
S15°42'43"W
1393.72'
387.00'
S86°51'10"E
HSG
B
B
B
B
B
D
B
B



EASEMENTS SHA
SEWERAGE SYS
TO GRANT VAR
EASEMENT. RE
2. THE LOTS SHO
AREA AS REQU
3. SUBJECT PROP
4. COORDINATES B
BY HOWARD CO
3433004
3433005
5. THIS PLAT IS B
ON OR ABOUT
6. B.R.L. DENOTES
7. ● DENOTES
8. ◪ DENOTES
9. ○ DENOTES
10. ■ DENOTES
11. ◩ DENOTES
12. FOR FLAG OR P
MAINTENANCE T
ROAD R/W AND
13. DRIVEWAY(S) SHA
INSURE SAFE AC
FOLLOWING (MINI
a) WIDTH - 12
b) SURFACE -
AND CHIP C
c) GEOMETRY -
MINIMUM OF
d) STRUCTURES
TONS (H25 L
e) DRAINAGE E
WITH NO MO
f) STRUCTURE
g) MAINTENANC
14. ALL AREAS ARE
15. PRIOR DEPART
16. ▨ DE
CONSERVATION
OF SECTION 16.1
CLEARING, GRAD
CONSERVATION
IN THE DEED OF
17. 325.0 DENO
18. ····· DENO
19. DENSITY TABUL
A. TOTAL AREA
B. TOTAL NUMB
20.010 AC.±
C. TOTAL NUMB
(LOTS 1, 2,
20. EXISTING HOUSE
PARCEL 'A'.
21. PRESERVATION
22. PRESERVATION
23. NO CLEARING, G
STREAM BUFFER
24. PRESERVATION P
HOMEOWNER'S AS
FURTHER SUBDIV
RESPONSIBILITIES
ON THEM.
25. HOMEOWNER'S AS
PROPERTY HOME
DEPARTMENT OF
ACCOUNT No. 44

EMERGENCY/TEMP NO. IF ANY

B 1 **3608** SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1603
70 fill in this form completely 79

Date Received (APA)
10.8.98
8 MM DD YY 13

OWNER INFORMATION
Whittington Anne Elizabeth
15 Last Name Owner First Name 34
P.O. Box 236
36 Street or RFD 55
West Friendship Md. 21794
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Joseph L. Mayne MSD024
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy Md. 21771
Address
Joseph L. Mayne 6/5/98
Signature Date

B 2 **WELL INFORMATION**
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

B 3 **LOCATION OF WELL**
Howard
8 COUNTY 21
Hugh O'Donnell Prop.
23 SUBDIVISION 42
SECTION 44 46 LOT 7 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 1/2 M I
73 76 77 78

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

Rover Mill Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N | W WEST | E EAST | S SOUTH
34 750 37
DISTANCE FROM ROAD
ENTER FT OR MI FT 38 39
TAX MAP: 14 BLK: 12 PARCEL 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard A50265-D
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
41
DATE ISSUED 06 22 98 Mark E. Elkins 6/22/98
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 536 000 50 55
EAST GRID 0789 000 57 63

APPROXIMATE DEPTH OF WELL 260 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

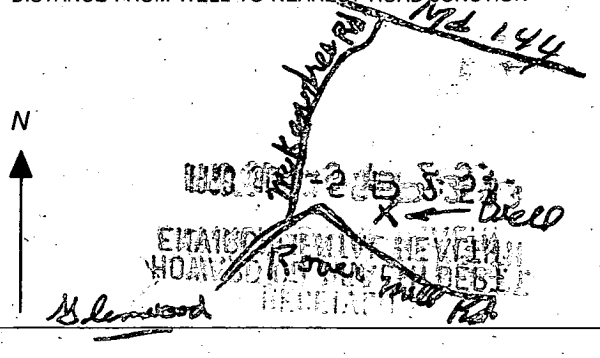
REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Well
2.
3.

6.25.98
15gal/min
40' casing
36 void
23 bags H.O.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 79 X 9
N 53 X 6
000
000

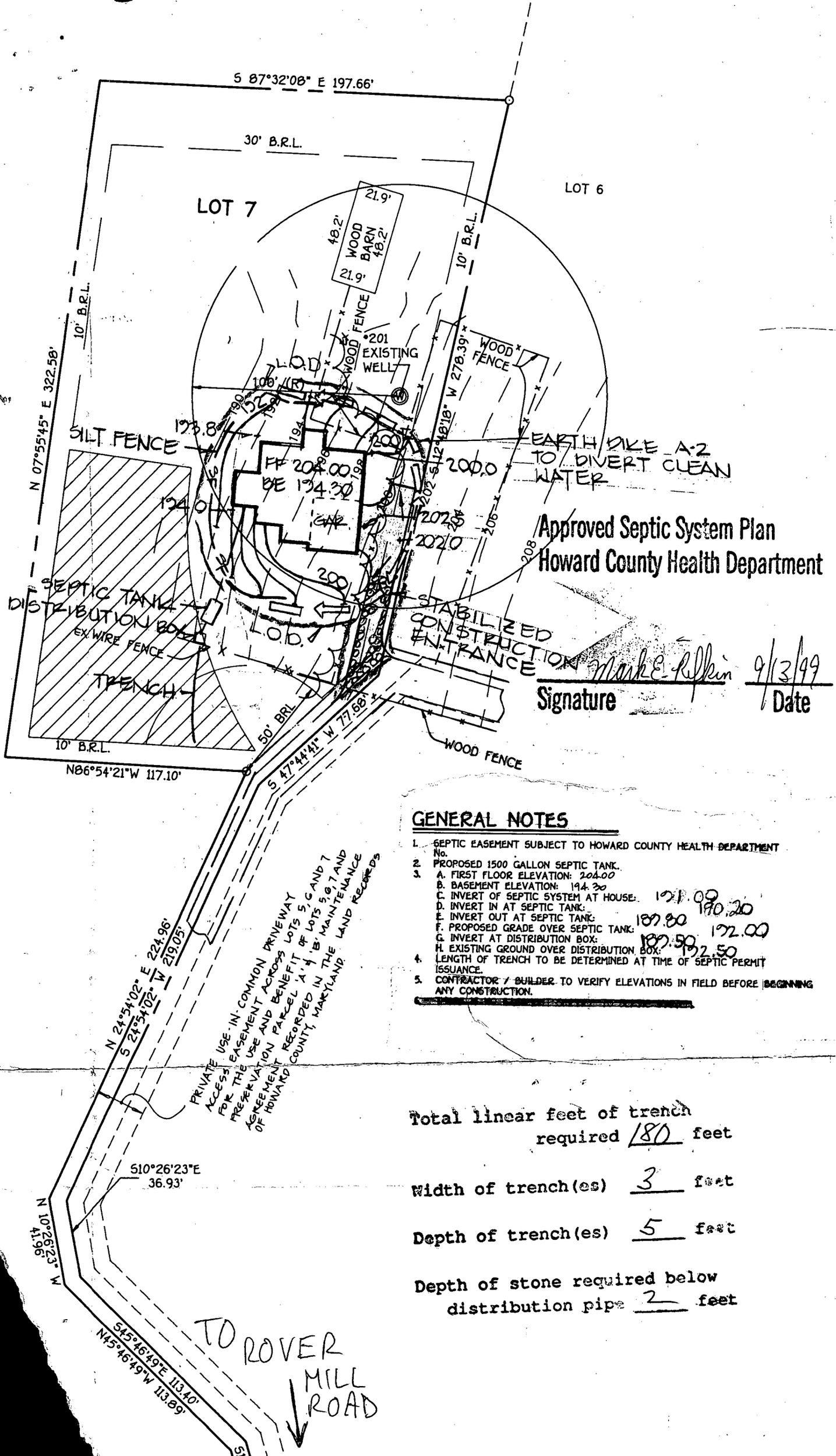
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER GAP
54 63
FORCE M R WRITE INITIALS IN BOX
67 68
PERMIT No. HO-94-1603
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY



Approved Septic System Plan
Howard County Health Department

Signature Mark E. Rifkin 9/13/99 Date

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 204.00
   B. BASEMENT ELEVATION: 194.30
   C. INVERT OF SEPTIC SYSTEM AT HOUSE: 191.09
   D. INVERT IN AT SEPTIC TANK: 190.20
   E. INVERT OUT AT SEPTIC TANK: 189.80
   F. PROPOSED GRADE OVER SEPTIC TANK: 192.00
   G. INVERT AT DISTRIBUTION BOX: 189.50
   H. EXISTING GROUND OVER DISTRIBUTION BOX: 192.50
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

Total linear feet of trench required 180 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2466 INSPECTIONS (410)313-1610
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0012085 ✓

Building Address 14238 RENEE MILL ROAD
W. FRIENDSHIP, MD 21794

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

Census Tract 6040 Subdivision O'DONNELL PROPERTY

Section N/A Area N/A Lot 7

Tax Map 14 Parcel 39 Grid 12

Zoning RC-DEO Map Coordinates 9 F 5 Lot size 1.45 ac.

Property Owner's Name KENNON SMITH & LAURIE LEMANCE

Address 9485 Clocktower Lane

City Columbia State MD Zip Code 21046

Home Phone 301-477-6472 Work Phone 202-561-9164

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

Phone / Fax

Existing Use VACANT LOT

Proposed Use NEW SINGLE FAMILY RESIDENCE

Estimated Construction Cost $ #220,000

Description of Work SNGL FAMILY HOME 2 STORY W/ATTACHED 2 CAR GARAGE, FIREPLACE, 3-PC ROUGH-IN (2) DECKS unfinished BASEMENT W/R

Contractor Company ENCORE COMMUNITIES LLC

Contact Person HOWARD SAMUEL

Address 7241 NORRIS AVE

City SYKESVILLE State MD Zip Code 21784

License No. _____

Phone 410-781-4844 Fax 410-549-6988

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:	54'6"	42'
2nd floor:	54'6"	42'
Basement:	54'6"	42'

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 3 3

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Title/Company Pres. Encore Homes, Inc. GP.

Print Name HOWARD SAMUEL

Date 8-23-99

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	9/13/99	Mark E. Rifkin
Fire Protection		

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#: 42819

Filing fee	$ 25
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 1537
Validation	# 53620

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

Rev. 10/15

C 1 | 9785 | SEQUENCE NO. -(MDE USE ONLY)

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

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 50265 D

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 6 DD 25 YY 98

Depth of Well: 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho-94-1603

OWNER Whittington Anne Elizabeth (last name / first name)

STREET OR RFD Roger Mill Rd. TOWN West Friendship

SUBDIVISION Hugh O'Donnell Est. SECTION LOT 7

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	36	
Gray Mica Rock	36	180	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

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.: M S D 0 24

Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M S D 0 97

Ronald Mayne
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 (Circle one)

CEMENT (CM) BENTONITE CLAY [BC]

NO. OF BAGS 23 NO. OF POUNDS 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 36 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	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) 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

EACH SCREEN	DEPTH (nearest ft.)	
1	Ho 38	180'
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: from ____ to 3:50 — 68

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

T (E.R.O.S.) W Q

70 ____ TELESCOPE CASING

72 ____ LOG INDICATOR

74 75 76 ____ OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 20

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 22 ft.

WHEN PUMPING: 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 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

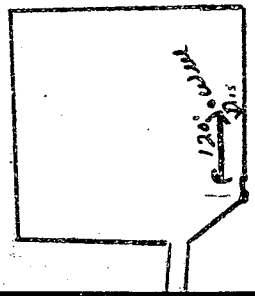
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE: 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

AT HEREON ARE TO AN ACCURACY OF 1'