

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-359054

P 511915

A 50510

DISTRICT

DATE 5/27/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

DATE SYSTEM APPROVED 6/18/99

INSPECTOR M. Rifkin

INDEXED

Gartland Plumbing and Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157

PHONE 410-875-2400

SUBDIVISION Spring Meadow Farm

LOT 3

ROAD 2201 Route 97 Roxbury Mills Road

PROPERTY OWNER Carrigan Homes

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS TOP SEAMED TANK REQUIRED

NUMBER OF BEDROOMS 3

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BUILDING PERMIT SIGNED

AND RETURNED

430-03-800141876-DECK
318-04 800146854-SCREENED PORCH

TRENCHES - Trench to be 3 feet wide. Inlet, 4.55 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 40 feet off the left (269.61') lot line and 85 feet off the front (161.57') lot line. Run trenches on contour to front of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/4/99 OK RW

PLANS APPROVED BY Mark Rifkin

DATE 4-21-1999

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)

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

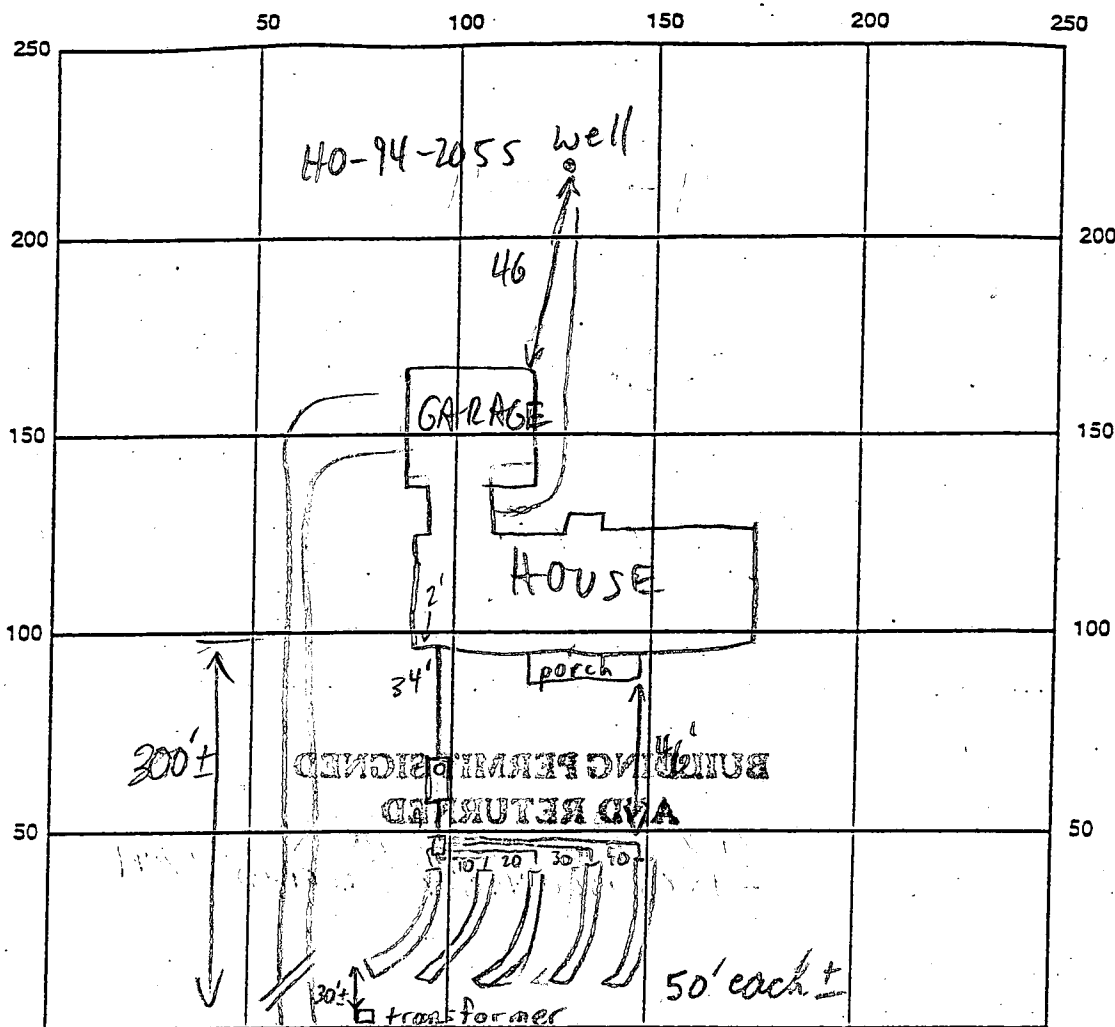
PERMIT VOID AFTER TWO YEARS

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**

A 50510



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - TOP SEAMED CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 250 ± FT.

NUMBER OF TRENCHES 5 ONE-SIDE WALL BOTTOM AREA 750 ± SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/18/99 OK TO COVER MR/CW

DATE SYSTEM APPROVED 6/18/99 INSPECTOR M. R. P. Williams

Total linear feet of trench required 240 feet

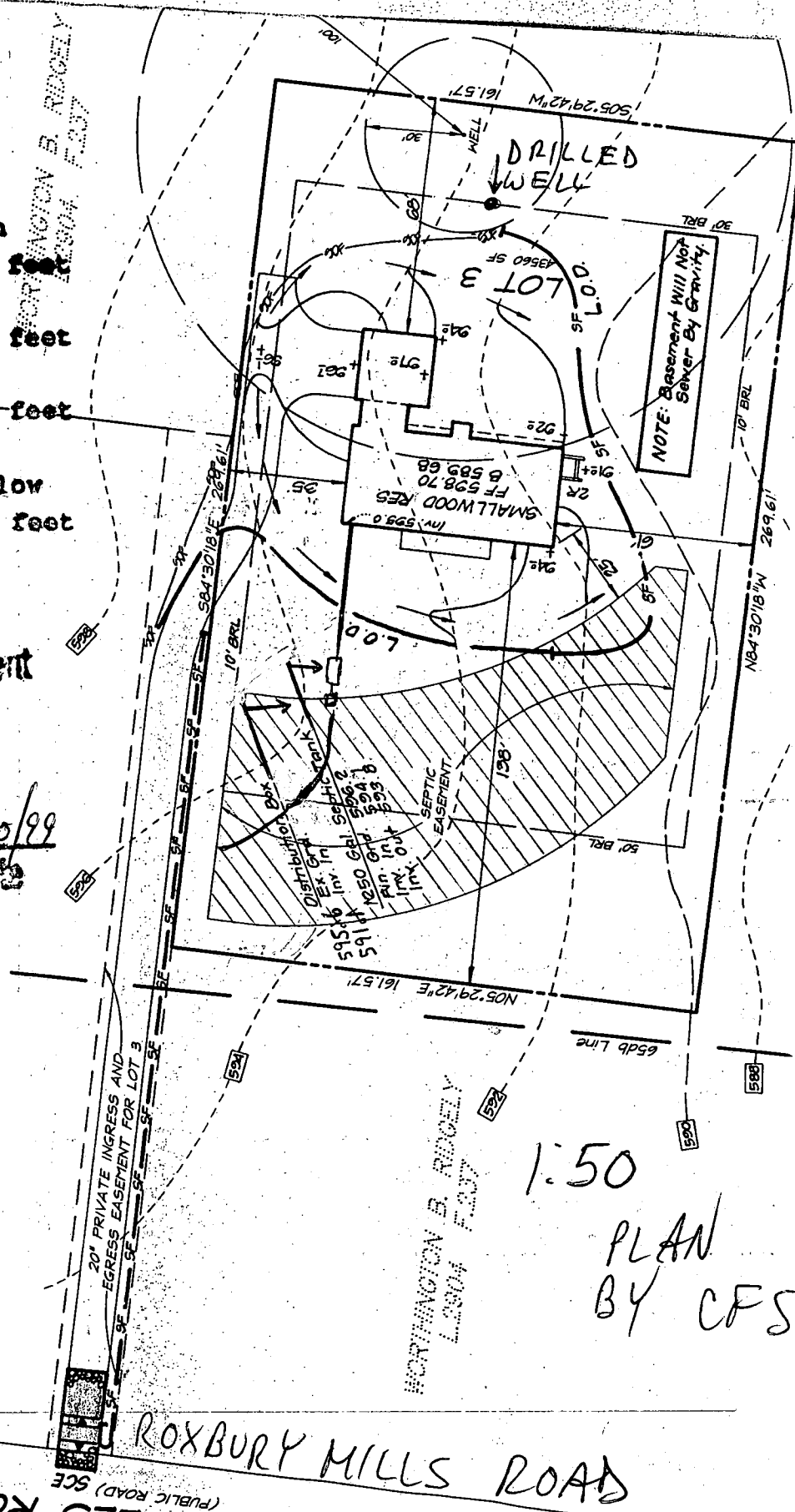
Width of trench(es) 3 feet

Depth of trench(es) 6.5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark E. Rifkin 4/20/99
Signature



1:50
PLAN
BY CFS

to the drainage. When the
and have no drainage to convey, a pipe will
minimum will be required.
Construction entrance shall be located at every point
enters or leaves a construction site. Vehicles
over the entire length of the stabilized con-

PAGE 1 OF 3
MARYLAND DEPARTMENT OF ENVIRONMENT
WATER MANAGEMENT ADMINISTRATION

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 730 0117080													
Building Address <u>2201 Maryland Route 97</u> <u>Cookesville md 21723</u>			Property Owner's Name <u>Carigan Homes Inc.</u> Address <u>9812 Caitlins Court</u> City <u>Ellicott City</u> State <u>md</u> Zip Code <u>21042</u> Home Phone _____ Work Phone <u>410-465-7755</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____														
Suite/Apt. #: _____ SDP/WP/Petition #: <u>6P-99-166</u> Census Tract <u>6040</u> Subdivision <u>Spring Meadow Farm</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>3</u> Tax Map <u>14</u> Parcel <u>36</u> Grid <u>5</u> Zoning <u>R1-DC</u> Map Coordinates <u>9C1</u> Lot size <u>1.0</u>			Contractor Company <u>Same</u> Contact Person <u>Owen Kelly</u> Address _____ City _____ State _____ Zip Code _____ License No. <u>34150</u> Phone _____ Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____														
Existing Use <u>Open field</u> Proposed Use <u>Single family dwelling</u> Estimated Construction Cost \$ <u>140,000</u> Description of Work <u>To build new single family dwelling w/ attached 2 car garage. 2 BR 2 Bath. Basement roughed in fire place.</u> Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Building Description - <u>COMMERCIAL</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">Building Characteristics</th> <th style="width:60%;">Utilities</th> </tr> <tr> <td>Height: _____</td> <td>Water Supply: _____ Public ☐ Private ☐</td> </tr> <tr> <td>No. of stories: _____</td> <td>Sewage Disposal: _____ Public ☐ Private ☐</td> </tr> <tr> <td>Gross area, sq. ft. per floor: _____</td> <td>Electric: Yes ☐ No ☐ Gas: Yes ☐ No ☐</td> </tr> <tr> <td>Use group: _____</td> <td>Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐</td> </tr> <tr> <td>Construction type: _____ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ☐</td> <td>Sprinkler system: <u>N/A</u> ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads _____</td> </tr> </table>			Building Characteristics	Utilities	Height: _____	Water Supply: _____ Public ☐ Private ☐	No. of stories: _____	Sewage Disposal: _____ Public ☐ Private ☐	Gross area, sq. ft. per floor: _____	Electric: Yes ☐ No ☐ Gas: Yes ☐ No ☐	Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Construction type: _____ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ☐	Sprinkler system: <u>N/A</u> ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads _____
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Building Description - <u>RESIDENTIAL</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">Building Characteristics</th> <th style="width:60%;">Utilities</th> </tr> <tr> <td>SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>3</u> 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 ☐</td> <td>Water Supply: _____ Public ☐ Private ☒ Sewage Disposal: _____ Public ☐ Private ☒ Electric: Yes ☒ No ☐ Gas: Yes ☐ No ☐ Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: <u>N/A</u> ☐ NFPA #13D ☐ NFPA #13R ☐ Other: _____</td> </tr> </table>			Building Characteristics	Utilities	SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>3</u> 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 ☐	Water Supply: _____ Public ☐ Private ☒ Sewage Disposal: _____ Public ☐ Private ☒ Electric: Yes ☒ No ☐ Gas: Yes ☐ No ☐ Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: <u>N/A</u> ☐ 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 THEREIN; (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 <u>Owen Kelly</u> Print Name <u>Owen Kelly</u> Title/Company <u>President Carigan Homes Inc.</u> Date <u>4-5-99</u> Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY ** - FOR OFFICE USE ONLY -										
Building Characteristics	Utilities																
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AGENCY ☒ Land Development DPZ ☒ State Highways ☒ Building Official ☒ Dev. Engineering DPZ ☒ Health ☒ Fire Protection ☒ Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	DATE <u>4/2/99</u>	SIGNATURE APPROVAL <u>Mark E. Rappan</u>	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 New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID# <u>410468</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>2765</u> Validation # _____
CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐				

Distribution of Copies-

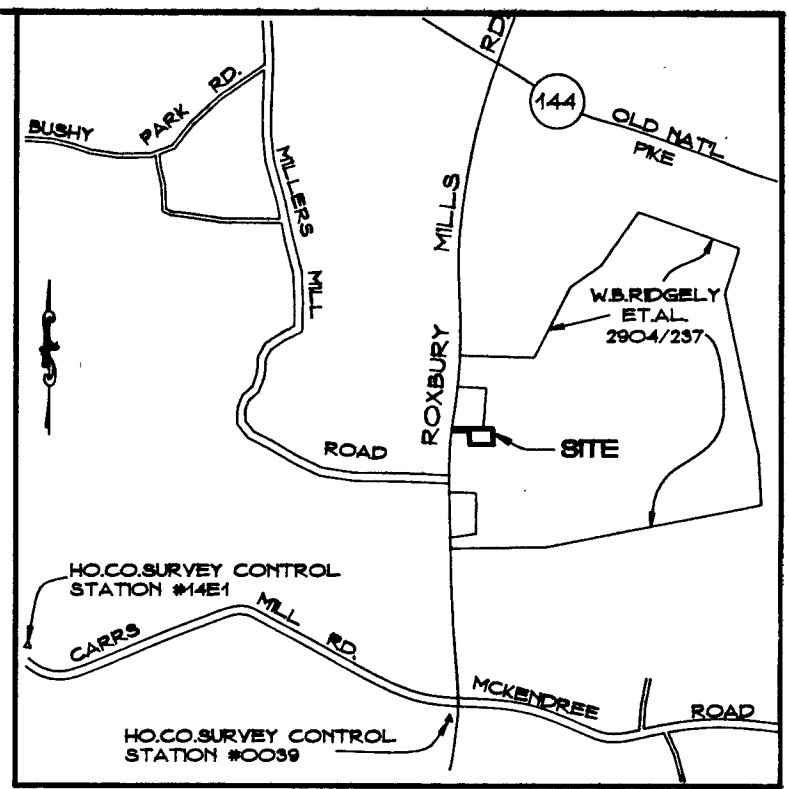
White: Building Official

Green: LDD, DPZ

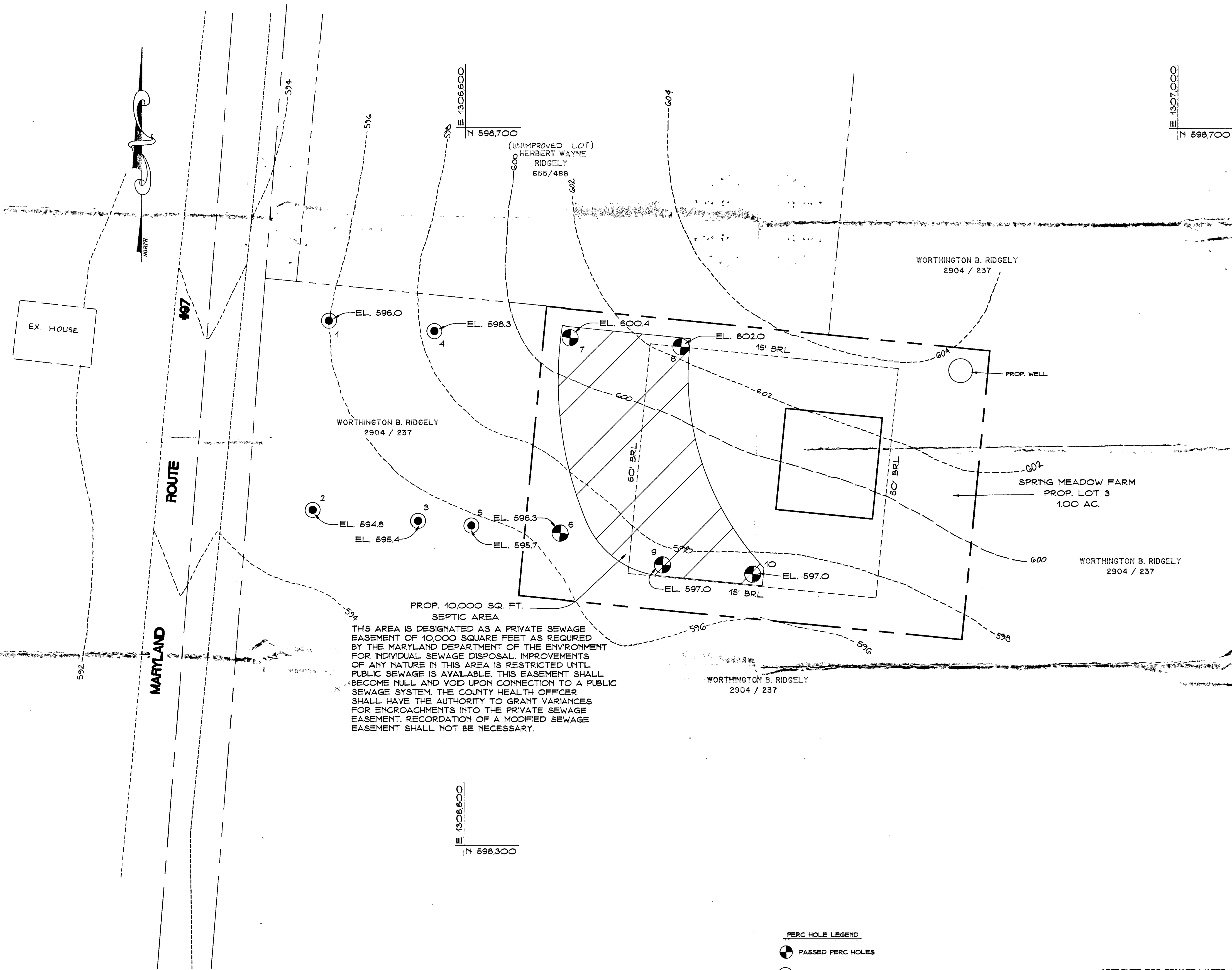
Yellow: DED, DPZ

Pink: Health

Gold: SHA



VICINITY MAP
SCALE: 1" = 2000'

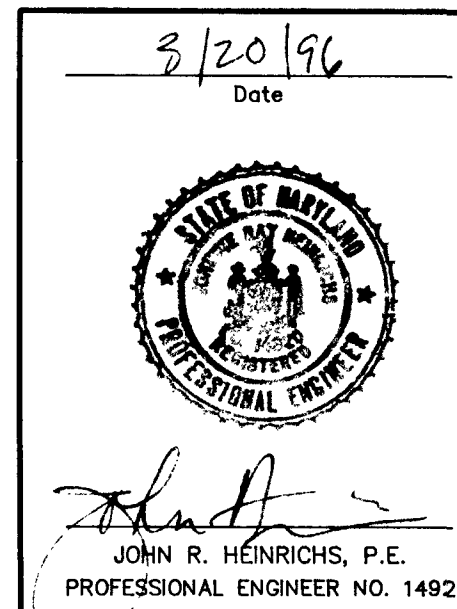


THIS AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION 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.

NOTE:

1. THERE ARE NO EXISTING SEPTIC OR WELL AREAS WITHIN 100 FEET OF THE PROPOSED LOT.
2. PERC HOLES #1-6 WERE PREVIOUSLY TESTED. HOLES #1-5 FAILED AND HOLE #6 WAS DETERMINED TO BE OKAY, PENDING RE-EVALUATION. PLEASE SEE HOWARD COUNTY PERCOLATION APPLICATION #A50503.

Date	No	Revision Description
OWNER/DEVELOPER:		
WORTHINGTON B. RIDGELY 2149 MARYLAND ROUTE 97 COOKSVILLE, MARYLAND 21723 L 2904 F 237		
PHOENIX ENGINEERING, INC. CONSULTING ENGINEERS 813 MAIDEN CHOICE LANE, SUITE 300 BALTIMORE, MARYLAND 21228 (410) 247-8833 FAX 247-9397		
AREA	2149 MARYLAND ROUTE 97 COOKSVILLE, MARYLAND TAX MAP 14 PARCEL 36	
TITLE	SPRING MEADOW FARM LOT #3 PERCOLATION CERTIFICATION PLAT	
Des By	J.R.H.	Scale 1" = 30'
Dm By	A.J.R.	Date MARCH 1996
Chk By	J.R.H.	Approved
Proj No	NEWPERK.DWG	
Drawing No	1 OF 1	



APPROVED FOR PRIVATE WATER AND
PRIVATE SEPTIC SYSTEM

James M. Boyd
OFFICER
DATE 3/20/96

COORDINATE TABLE		
NO.	NORTH	EAST
1	598,600.3627	1,306,645.7165
2	598,574.5453	1,306,914.0870
3	598,413.7196	1,306,898.6154
4	598,439.5369	1,306,630.2469

NOTES:

- THIS PLAT AND THE COORDINATES SHOWN HEREON ARE BASED UPON NAD 83 MARYLAND SYSTEM, AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STATIONS 0039 & 14E1.
- THE BOUNDARY SURVEY WAS PERFORMED BY C. BROOKE MILLER IN NOVEMBER, 1994.
- SUBJECT PROPERTY ZONED R-C.
- ALL AREAS SHOWN HAVE BEEN ROUNDED OFF AND ARE MORE OR LESS.
- ALL UTILITY EASEMENTS SHOWN HEREON ARE DESIGNATED AS PUBLIC EASEMENTS, UNLESS OTHERWISE IDENTIFIED AS PRIVATE.
- THE PURPOSE OF THIS PLAT IS TO SUBDIVIDE ONE LOT FROM PARCEL 36 WHILE LEAVING 172+ ACRE RESIDUE.
- DRIVEWAYS SHALL BE PROVIDED TO RESIDENTIAL OCCUPANCY TO INSURE SAFE ACCESS FOR FIRE AND EMERGENCY VEHICLES PER THE FOLLOWING MINIMUM REQUIREMENTS: A) WIDTH - 12 FEET (16 FEET SERVING MORE THAN ONE RESIDENCE); B) SURFACE - 6 INCHES OF COMPACTED CRUSHER RUN BASE WITH TAR AND CHIP COATING; C) GEOMETRY - MAXIMUM 15% GRADE, MINIMUM 10% GRADE CHANGE AND MINIMUM 45 FOOT TURNING RADIUS; D) STRUCTURES (CULVERTS/BRIDGES) - CAPABLE OF SUPPORTING 25 GROSS TONS (H25 LOADING); E) DRAINAGE ELEMENTS - CAPABLE OF SAFELY PASSING 100-YEAR FLOOD WITH NO MORE THAN 1 FOOT DEPTH OVER DRIVEWAY SURFACE; F) STRUCTURE CLEARANCES - MINIMUM 12 FEET; G) MAINTENANCE - SUFFICIENT TO INSURE ALL WEATHER USE.
- THE SUBJECT PROPERTY LIES WITHIN THE AGRICULTURAL PRESERVATION DISTRICT AND THIS LOT HAS BEEN CREATED IN ACCORDANCE WITH SECTION 10-4.E.6 OF THE ZONING REGULATIONS FOR HOWARD COUNTY.
- FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT-OF-WAY LINE ONLY AND NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.
- THE SEPTIC AREA IS DESIGNATED AS A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS EASEMENT 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.
- IN ACCORDANCE WITH SECTION 16-12.02(b)(1)(iv) OF THE SUBDIVISION REGULATIONS THIS LOT IS EXEMPT FROM THE REQUIREMENTS OF THE FOREST CONSERVATION ACT.
- ON AUGUST 22, 1995 WP-96-01 WAS APPROVED AND DID WAIVE SECTION 16.144 (i)/16.145 AND 16.144(f)/16.146 WHICH REQUIRES THE SUBMISSION OF A SKETCH PLAN AND A PRELIMINARY PLAN; 16.120(i) WHICH RESTRICTS RESIDENTIAL ACCESS ONTO AN ARTERIAL HIGHWAY AND 16.1200 WHICH REQUIRES THE FULLFILLMENT OF THE REQUIREMENTS OF THE FOREST CONSERVATION PROGRAM. ON MARCH 25, 1996 WP-96-01 WAS RECONSIDERED AND APPROVED FOR A NEW LOT LOCATION OF LOT 3 AND SECTION 16.120(i) WHICH RESTRICTS RESIDENTIAL ACCESS ONTO AN ARTERIAL HIGHWAY WAS WAIVED.
- IN ACCORDANCE WITH THE HOWARD COUNTY DESIGN MANUAL VOLUME 1 - CHAPTER 5 12(b)(1), THIS DEVELOPMENT IS EXEMPT FROM STORMWATER MANAGEMENT REQUIREMENTS.

THE REQUIREMENTS 93-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS, HAVE BEEN COMPLIED WITH.

C. Brooke Miller 9/9/96
SURVEYOR
C. BROOKE MILLER, P.L.S. #135

Charles E. Wehland
OWNER
CHARLES E. WEHLAND, P.A.
ATTORNEY AT LAW

Richard F. Lindstrom 9/9/96
OWNER
RICHARD F. LINDSTROM
MERCANTILE - SAFE DEPOSIT AND TRUST CO.

SITE INFORMATION

"2149 MARYLAND ROUTE 97"
ZONING: R-C TAX MAP: 14 PAR: 36
DEED REF: 2904/237
DEED ACREAGE: 194.35 AC.

OWNER:

WORTHINGTON B. RIDGELY, ET UX.
C/O CHARLES E. WEHLAND, P.A.
3677 PARK AVENUE
ELLICOTT CITY, MARYLAND 21043-4566

LEGEND

- IRON PIPE FOUND
- REBAR SET

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY WORTHINGTON B. RIDGELY TO WORTHINGTON B. RIDGELY BY DEED DATED MAY 21, 1993 RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 2904 AT FOLIO 237, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE, AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.



9/9/96
DATE

C. Brooke Miller
C. BROOKE MILLER, PROPERTY LINE SURVEYOR #135

OWNER'S CERTIFICATE

WE, WORTHINGTON B. RIDGELY, BY CHARLES E. WEHLAND, HIS ATTORNEY IN FACT, AND THE ESTATE OF CAROLYN P. RIDGELY, BY CHARLES E. WEHLAND AND RICHARD F. LINDSTROM, PERSONAL REPRESENTATIVES OF THE ESTATE OF CAROLYN P. RIDGELY, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAT BY THE DEPARTMENT OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES. ALL EASEMENTS OF RIGHTS-OF-WAY AFFECTING THE PROPERTY ARE INCLUDED IN THIS PLAN OF SUBDIVISION.

WITNESS MY/OUR HAND/S THIS 9th DAY OF September, 1996.

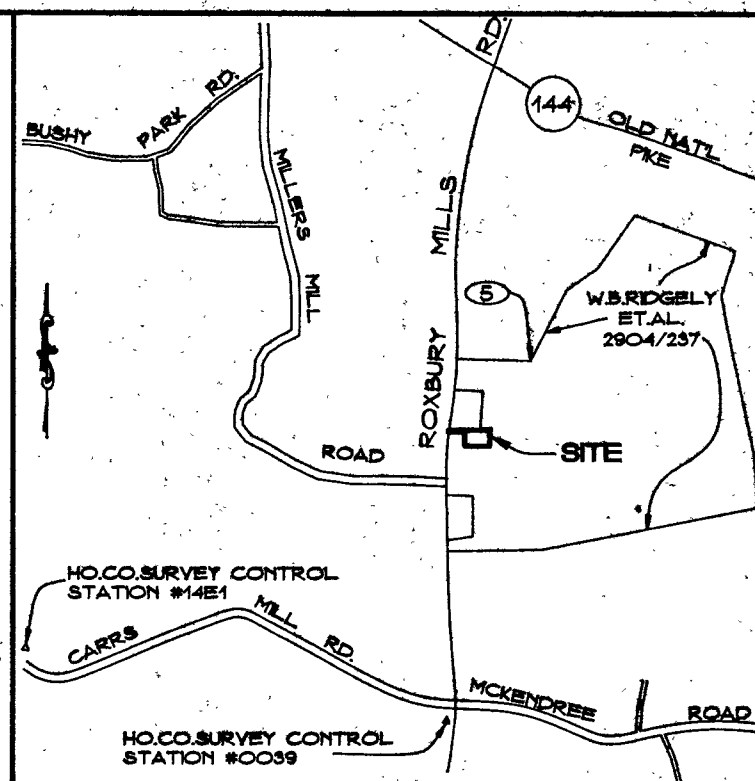
Charles E. Wehland
CHARLES E. WEHLAND, P.A.
ATTORNEY AT LAW
Richard F. Lindstrom
RICHARD F. LINDSTROM
MERCANTILE - SAFE DEPOSIT AND TRUST CO.

RECORDED AS PLAT NUMBER 12494
ON NOV 27, 1996, AMONG THE LAND
RECORDS OF HOWARD COUNTY, MARYLAND

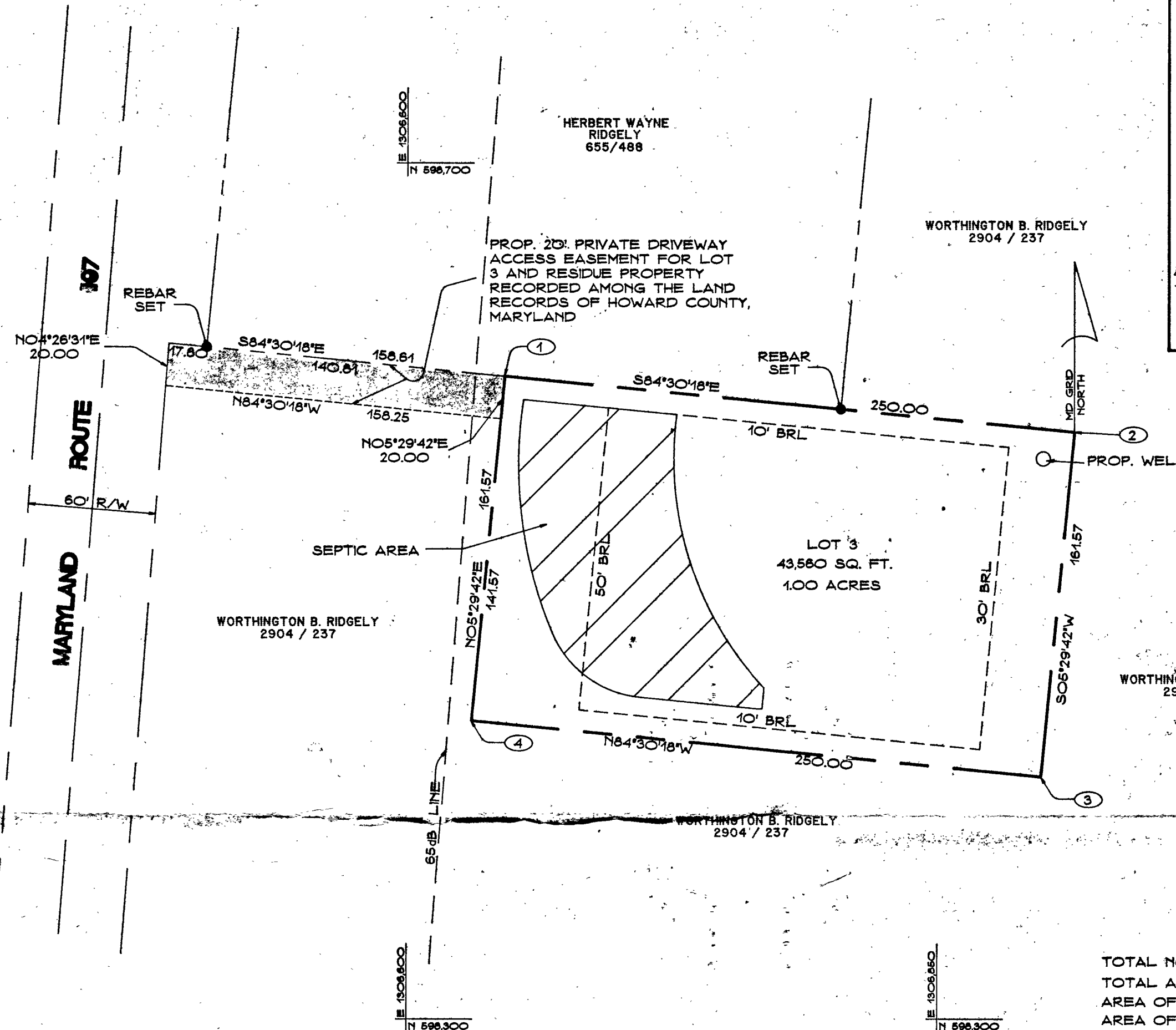
SPRING MEADOW FARM
LOT 3

SHEET 1 OF 1
TAX MAP 14
4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1" = 50'
GRID #5
PARCEL 36
ZONED R-C
DATE: SEPTEMBER, 1996

F 97.07



VICINITY MAP
SCALE: 1" = 2000'



AREA TABULATION	
TOTAL NO. OF LOTS	1
TOTAL AREA OF LOTS	1.0 AC.
AREA OF ROW	0.00 AC.
AREA OF OPEN SPACE	0
TOTAL AREA OF PLAT	1.0 AC.

APPLICATION

PERCOLATION TESTING

A 50503

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 1/29/86

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 CLARK PROPERTY CLARK 19th Lanes, Inc.
RIOGELY SPRING MEADOW FARM

ADDRESS 27498 MD RT. 97000 PHONE 206-201-1111

AGENT OR PROSPECTIVE BUYER PHOENIX ENGINEERING INC

ADDRESS 813 MAIDEN CHOICE LA. PHONE 410-247-8833

PROPERTY LOCATION:

SUBDIVISION CLARK PROPERTY LOT NO. 3

ROAD AND DESCRIPTION (2201 Roxbury Mill Road)

TAX MAP 14 PARCEL # 156

SIZE OF LOT 4.12 AC TYPE BLDG. SEF-3Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGN'D

AND RETURNED 4-21-99

Serial # 600117080

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

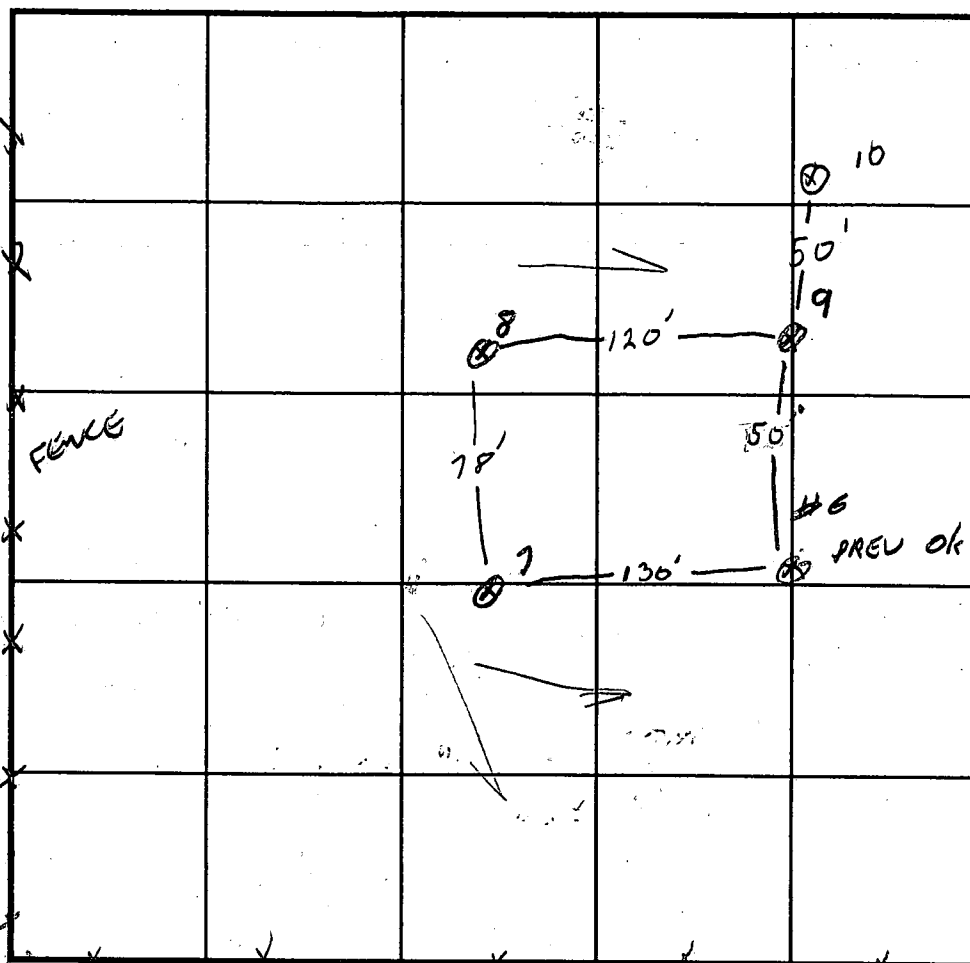
A-50503

COUNTY #

SOIL PROFILE

SOIL PROFILE

TOPSOIL

BROWN
CLAY LOAMTAN
SANDY
SILT
LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/4/96	8	4' 6"	9:59	10:02	10:02	10:07	5 MIN
		8'	10:02	10:04	10:04	10:06	2 MIN
	9	4'	10:10	10:13	10:13	10:19	6 MIN
		8'	10:12	10:22	10:22	10:37	15 MIN
	7	4' 6"	10:25	10:27	10:27	10:29	2 MIN
		8'	10:27	10:30	10:30	10:31	7 MIN
	10	VISUAL, BK SIMILAR TO			PREV.		

REMARKS 4 LOT 3

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT WILLIAMS, AMY ROUCH

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min TRENCH WIDTH 3

INLET DEPTH 4' 6" MAXIMUM BOTTOM DEPTH 6' 6" SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 50503

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

PREVIEW OK
SUBDIVISION FROM
EXISTING FARM
NO NEED TO TEST
REGION.

DISTRICT _____

DATE 2-1-95

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 Worthington B. Ridgely

ADDRESS 2149 MD Route 97 PHONE _____

AGENT OR PROSPECTIVE BUYER PHOENIX ENGINEERING 817 MAIDEN CHAPEL LN

ADDRESS STE. 300 BALT. MD 21228 PHONE 247-8833

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. ~~2~~ 3

ROAD AND DESCRIPTION MD Route 97

TAX MAP 14 PARCEL # 360 - REFERS TO WHOLE PROP

SIZE OF LOT 1 AC TYPE BLDG. Single Family Dwelling
(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. Amy J. Row
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS PERC HOLES 1-5 FAIL - WATER TABLE, #6 OK PENDING FURTHER TESTING

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 50510

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 2-1-95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PREVIEW OK
~~SUBMITTING FROM~~
~~EXISTING FROM~~
~~NO TEST~~
EXISTING RECORDED LOT
NO PREVIOUS TEST RECORDS
WGT SEASON TESTING REQ'D
RG' HISTORY OF NEARBY PROPERTIES
I.E. DIRECTLY ACROSS STREET
(CW)

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Worthington B. Ridgely HERBERT RIDGELY PROPERTY

ADDRESS 2149 MD Route 97 PHONE _____

AGENT OR PROSPECTIVE BUYER PHOENIX ENGINEERING 817 MAIDEN CHOICE LN

ADDRESS STE. 300 BALT. MD 21228 PHONE 247-8833

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2 B

ROAD AND DESCRIPTION MD Route 97

TAX MAP 14 PARCEL # 212 - small Division

SIZE OF LOT 1 AC TYPE BLDG. Single Family Dwelling
(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. Amy J. Rouk
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

A-50510

COUNTY #

LOT 2 B

← RT 97 →

N →

SOIL PROFILE

0' (2) DK BROWN CLAY LOAM

1' MED BROWN SILTY CLAY LOAM

3' MED BROWN SSC MOTTLES VERY DAMP

6' CALLED IN

3' DK BROWN CL

1' SL

3' MOTTLES SL

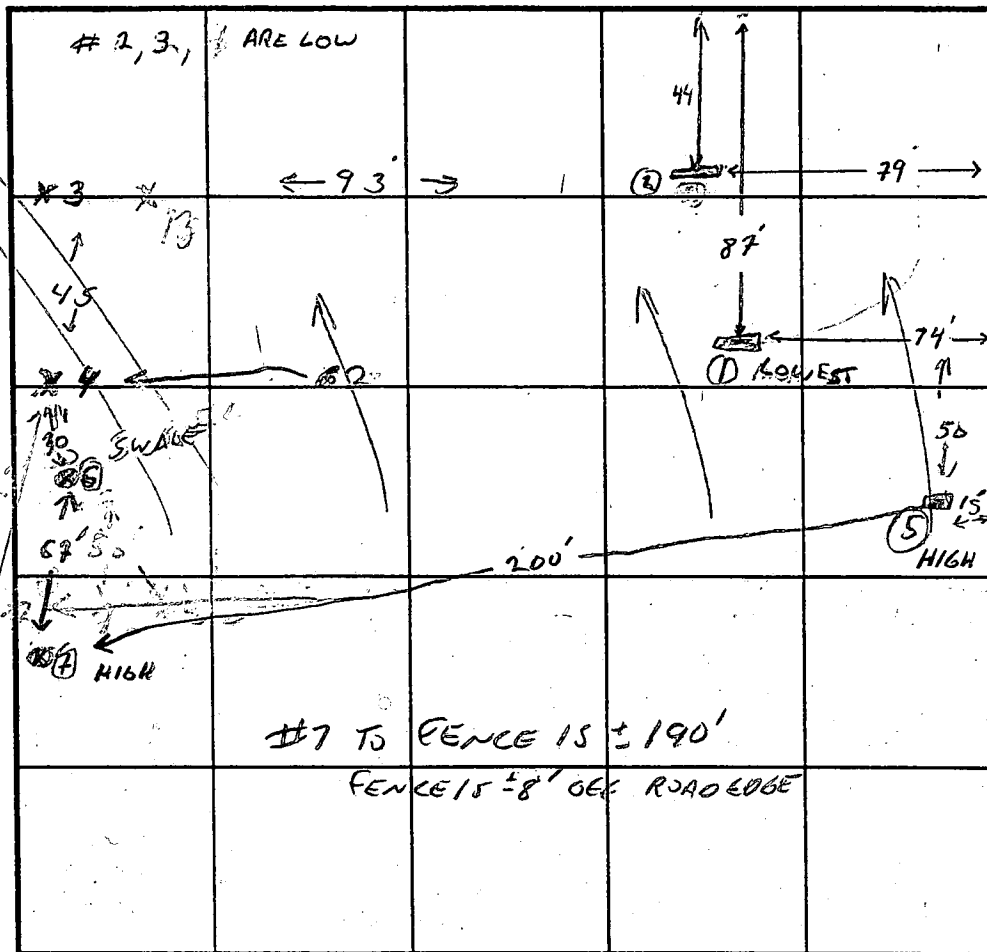
WATER SEEPAGE

STANDING WATER

(5) DK BROWN CL

8" MED BROWN SSC

3' SILTY LOAM



SOIL PROFILE

0' (1) DK BROWN CL

SANDY LOAM

SOIL PROFILE FOR 6 ATTACHED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/1/95	1	13'4" / 3	11:44	11:47	11:47	11:52	5 min
		13'4" / 6	VISUAL OK				
	(2)	LATER INDICATIONS BELOW 3' FAIL					
	3	WATER INDICATIONS BELOW 3' SEEPAGE BELOW 6' FAIL					
	4	WATER AT 8' CLAY TO 3' MOTTLES 3' FAIL					
	5	11'6" / 28	12:40	12:52	12:52	1:15	23 min
	6	11' / 24"	2:39	2:48	2:48	3:04	16 min
↓	7	12'6" / 3'	VISUAL OK		EST. TIME		6 min

REMARKS: NO PERC AT 2'8", OK BELOW 3'; 1 OK BELOW 2'

TYPE OF SOIL

TESTED BY G. SAUSAGE

ALSO PRESENT

AMY ROUGH-PHOENIX ENG.

WAYNE RIDGELY - OWNER

AC WHITEORTH CONTRACTOR

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 16 MIN

TRENCH WIDTH

INLET DEPTH 3'

MAXIMUM BOTTOM DEPTH 5'

SQ. FT/BEDROOM 240

PER CW

APPLICATION

PERCOLATION TESTING

A 50510

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER HERBERT RIDGELY

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2 B

ROAD AND DESCRIPTION MD ROUTE 97

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

SQ. FT./BEDROOM

C 1 9860

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

A 50510

SP/CO USE ONLY

DATE Received
MM DD YY
8- 13

DATE WELL COMPLETED

MM DD YY
02/02/99

Depth of Well

22 300 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"NO 94 2055
28 29 30 31 32 33 34 35 36 37OWNER Ridgely Wayne
STREET OR RFD DR Hb 97 TOWN Glenwood
SUBDIVISION Spring Meadow Farm SECTION 1 LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearing

TOP soil	0	2	
red shaler	2	15	
clay	15	72	
gray & brown			
Slate Mixed	72	95	
gray slate	95	98	✓
brown slate	98	145	
gray & brown			
Slate Mixed	145	266	
gray slate	266	267	✓
Quartz	267	300	
gray slate			

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐NO. OF BAGS ^{45 46} 20 NO. OF POUNDS ^{45 46} 2000

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ ST

STEEL

☐ CO

CONCRETE

☐ PL

PLASTIC

☐ OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

S T

6

80

OTHER CASING (if used)
diameter depth (feet)
inch from to
C A S I N Gscreen type
or open hole

SCREEN RECORD

3

(insert
appropriate
code
below)☒ ST

STEEL

☐ BR

BRASS

☐ HO

OPEN

☐ PL

BRONZE

☐ OT

HOLE

☐ PL

PLASTIC

☐ OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

☒ Y☐ 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
WELLI 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. 1 MWD 040

DRILLERS SIGNATURE George F. Yankelley

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 384

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
(E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.

WHEN PUMPING 47 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 INSTALLED PUMP 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) 29

IN BOX 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☐ - below

LAND SURFACE

2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES

AND INDICATE NOT LESS THAN

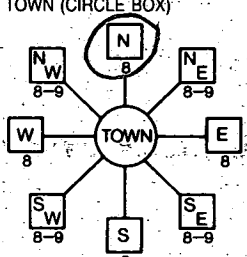
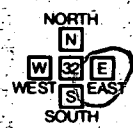
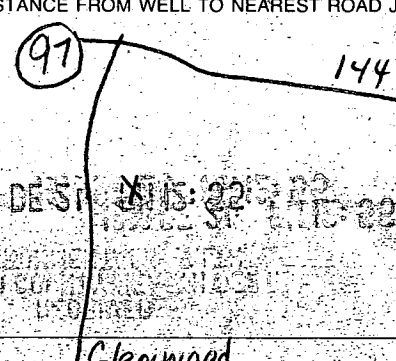
TWO DISTANCES

(MEASUREMENTS TO WELL)

325' well

side line

Review OK 2/16/79

B 1	8638	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2055 fill in this form completely
Date Received (APA) 12/24/98 8 MM DD YY 13		OWNER INFORMATION RN 7702		LOCATION OF WELL CC#
15 Last Name Ridgely 36 Owner Wayne First Name 55 5009 Durham Rd. West 57 Columbia Street or RFD Gotham City, Md 21044-1449 70 Town 72 State 76 Zip		8 COUNTY Howard 23 SUBDIVISION Spring Meadow Farm SECTION 44 LOT 3 Glenwood 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 M. 1 73 76 77 78		
DRILLER INFORMATION 76 Driller's Name George F. Easterday M VD License No. 040 Firm Name L. Franklin Easterday, Inc. 9265 Brown Church Rd.. MT. Airv. Md. 21771 Address Signature George F. Easterday Date 12/23/1998		B 4 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 Route 97 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 325 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:		
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST/OBSERVATION, MONITORING ☐ GEO-THERMAL		
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A50510 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 1/20/99 CO SIGNATURE Delbert R. ... EXP. DATE 1/19/00 43 MM DD YY 48 NORTH GRID 538 000 EAST GRID 0794 000 50 55 57 63		
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		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 7904 N 5308 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  MAP 9 C1 1000 DESI 15:22 17:22 1000 DESI 15:22 17:22 Glenwood		
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 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEMED 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) APPROP. PERMIT NUMBER 54 _____ 63 PERMIT No HO-94-2055 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

6/18/99
HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer J. Jos. Gantland, Inc.

Telephone 410-875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Carrigan Homes

Telephone 410-465-7755

Subdivision Spring Meadow Farm Lot # 3

Well Tag # _____

Site Address 2201 Roxbury Mills Rd.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make Harvard
2. Model # PT800
3. Depth 42"

2. Make Goulds

3. Model # 7SP4C02FW

4. Capacity 7 GPM

5. Pump exceeds well capacity Yes _____ No ☒

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

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

Tank

1. Capacity 42gal
2. Pressure relief valve? 7SPSE

Piping

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

Well data

1. Depth _____ ft.
2. Yield _____ 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: 5/28/99

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

Easement

WAYNE

RIDGELY
F. 488

4/30/03 380141576
Deck location
OK (RN)

WORTHINGTON B. R.
L. 2204 F. 2

Driveway

S84°30'18"E

269.61' (Comp.)
250.00' (Plat)

10' BRL

161.57'

BRL

72'±

Conc. Walk

#2201
2 sty.
Brick &
Vinyl

Conc. Pad
Overhang

Chimney

Overhang

Conc. Pad

Brick &
Conc. Stop

Brick & Conc.
Stoop (Covered)

LOT 3
43,560 SF

50' BRL

30'

BRL

505°29'42"W

N84°30'18"W

250.00' (Plat)
269.61' (Comp.)

Private Sewage Easement

THINGTON B. RIDGELY

Assessment

WAYNE RIDGELY
F. 488

800146854

3/18/04

No septic
or well
survey

(KN)

ROOF + SCREEN
ON EXISTING
PORECE

WORTHINGTON
L. 2004

Driveway

S84°30'18"E

269.61' (Comp.)
250.00' (Plat)

10' BRL

BRL

72'±

161.57'

Line

65db

161.57'

N05°29'42"E

LOT 3
A3,560 1/2

50' BRL

Conc. Walk

Brick &
Conc. Step

Brick & Conc.
Stoop (Covered)

#2201
2 sty.
Brick

Vinyl

Conc. Pad
Overhang

Chimney

Overhang

Conc. Pad

Screen Pore
16 x 12

BRL

30'

N84°30'18"W

250.00' (Plat)
269.61' (Comp.)

S05°29'42"W

THINGTON B. RIDGELY