

Permit Pre-Paid  
by developer  
SDC group

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

03-325324

P \_\_\_\_\_  
A 50560 AA

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

DATE SYSTEM APPROVED 7/16/99

INSPECTOR Lu

??

\_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Lyndonbrook LOT 26 ROAD 2124 Whitman Way

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include grinder pump installation, connection from grinder pump to common effluent line and house and shared disposal fields.

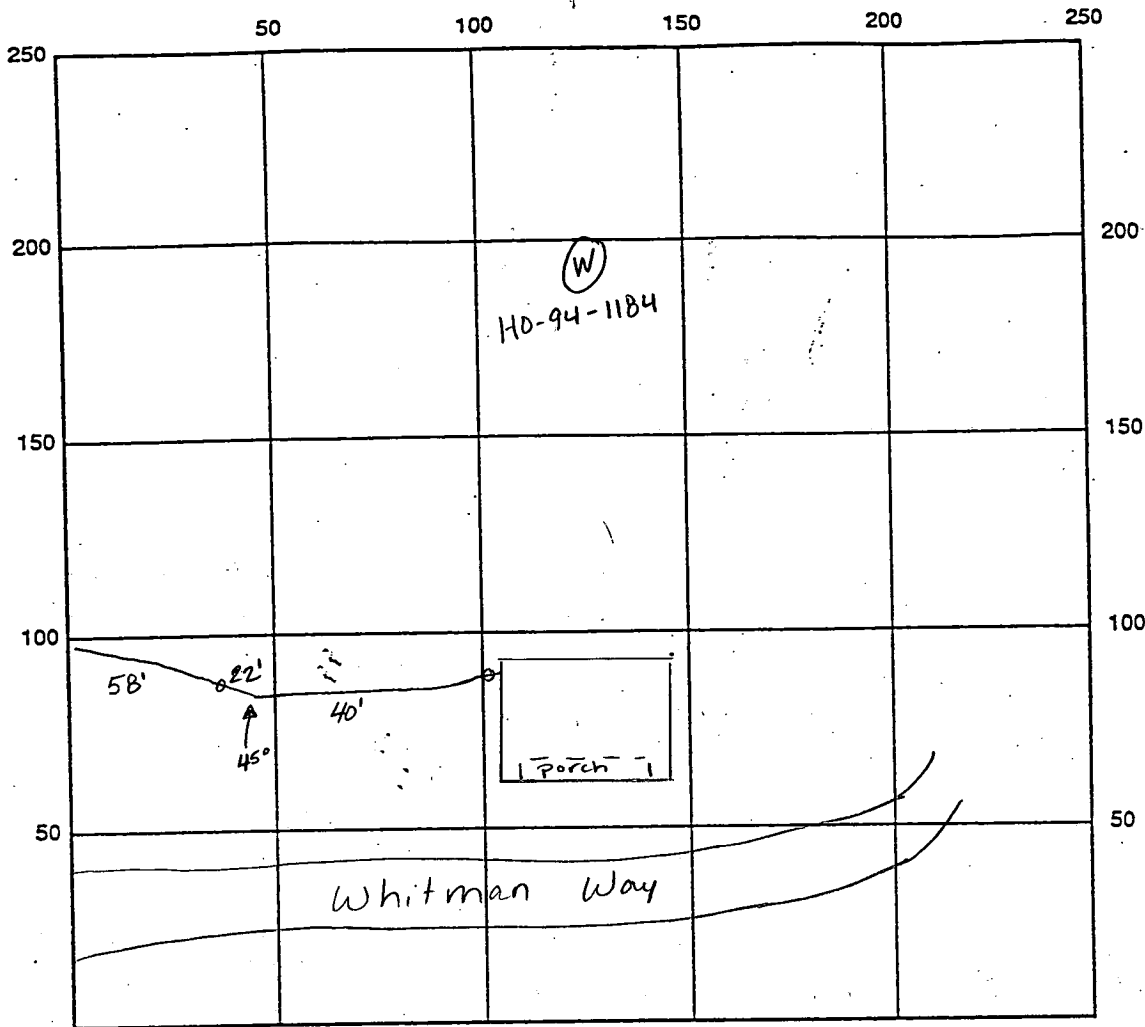
- This permit is limited to installation of the individual house sewer line and grinder pump installation only as per the signed building permit site plan, copy attached.

**BUILDING PERMIT SIGNED  
AND RETURNED**

5-2608 B00148470 - Family Room

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

A-50560-AA



SEPTIC TANK LEVEL \_\_\_\_\_

CLEANOUTS 2 on line

REMARKS: 10/27/98 OK to cover septic line (KM)

WPI OK to cover, P.A. 4' below grade, casing 2' above grade, has 2 piece cap (KM)

7/16/99 inspection @ Lot 25 revealed that this house on this lot is occupied & that public works had already given approval for the house to be connected to the shared septic system (grinder pump insp) w/out our concurrent approval so installed but not approved by this office.

DATE SYSTEM APPROVED 7/16/99

INSPECTOR A McMillen



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Mary Sue Baker, MBA, Acting County Health Officer*

July 28, 1999

### MEMORANDUM

To: Homeowner

From: Amy Mc Millen, R.S.  
Water & Sewerage Program *AM*

Re: Lyndonbrook - Lot 26  
2124 Whitman Way

Dear Homeowner,

It has recently come to the attention of this office that the well at the above referenced property has never received final approval. In order to approve a well for service, a water sample, testing for nitrates, turbidity, sand and coliform bacteria is necessary.

Please contact this office at the address below or by calling 410-313-2640 in order to schedule a water sampling date and time.

Thank you for your cooperation in this matter.

AM  
cc:file

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">9786</span>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM <u>7</u> DD <u>8</u> YR <u>97</u> 8 13		DATE WELL COMPLETED MM <u>7</u> DD <u>2</u> YR <u>97</u> 15 20		Depth of Well 22 <u>445</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>Ho - 94 - 1184</u> 28 29 30 31 32 33 34 35 36 37	
OWNER <u>SDC</u>		last name <u>Whitman</u> first name <u>Way</u>		TOWN <u>West Friendship</u>		LOT <u>26</u>	
STREET OR RFD <u>Stieglitz Drop</u>		SECTION		LOT			
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>45 46 9</u> NO. OF POUNDS <u>45 46 846</u> GALLONS OF WATER <u>54</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>25</u> ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>6</u> 8 9 PUMPING RATE (gal. per min.) <u>1</u> 11 15 METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>41</u> ft. 17 20 WHEN PUMPING <u>400</u> ft. 22 25 TYPE OF PUMP USED (for test) <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine 27 27 27 <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) 27 27 27 <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible 27 27			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>28</u> 60 61 63 64 66 70		<b>PUMP INSTALLED</b> DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED <u>29</u> PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>2</u> (nearest foot) 49 50 51			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		<b>SCREEN RECORD</b> screen type or open hole <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER DEPTH (nearest ft.) <u>Ho</u> <u>26</u> <u>445</u> 1 2 3 4 5 6 7 8 9 11 15 17 21 E A C H S C 3 R E E N 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 <u>2</u> 3 DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to		<b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) <u>Whitman Way</u> <u>25'</u> <u>30'</u>	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<b>DRILLERS LIC. NO. 1</b> <u>MS D024</u> <u>Joseph E Mayne</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <b>LIC. NO. 1</b> <u>MS D027</u> <u>Barry Mayne</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		<b>MDE USE ONLY</b> (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR	

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\* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)  
\* WELL OWNER  
\* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

[illegible]

H	O			9	4			1	1	8	4
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WELL DRILLERS LICENSE NUMBER: \_\_\_\_\_

★ WELL LOCATION:

COUNTY: Howard  
NEAREST TOWN: W. Friendship  
TAX MAP 15 BLOCK        PARCEL 40  
SUBDIVISION: Steigler Prop  
SECTION: 1 LOT: 26

BOX NUMBER \_\_\_\_\_

N 532000

\_\_\_\_\_ DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGURED. \_\_\_\_\_ **X** \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

☒ DOMESTIC                      \_\_\_\_\_ MUNICIPAL/PUBLIC  
 \_\_\_\_\_ IRRIGATION                      \_\_\_\_\_ INDUSTRIAL  
 \_\_\_\_\_ TEST/OBSERVATION

       STEEL  
  X   CONCRETE

       PLASTIC  
       OTHER (specify)

★ WAS CASING RIPPED OR PERFORATED?      YES      NO

000  
000

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
concrete	0'	3.0
clean gravel	3.0	3.5
well was <u>collapsed</u> at 3.5'		

LICENSE #      DATE 12/22/97

**Steigler Property - Well permits for Lots 25 - 28**

- Site inspection was conducted on 5/28/97.
- The shown existing well location on the percolation certification plat is actually the location of the existing septic.
- The developers have decided to keep the existing house.

In light of the above findings the following sequence of events was agreed upon by the developer, Clark Sperry:

- The wells for Lots 25, 27 & 28 will be drilled as shown on the percolation certification plat.
- A new well will be drilled for Lot 26 and the existing well abandoned.
- The existing septic system will be abandoned and the house connected to the shared septic system.
- Per Clark Sperry, the existing house can not be sold without the final recordation of the subdivision, therefore the existing septic system will not be in use prior to sale of either the existing house or any of the newly created lots and will not have any impact on the wells on lots 27 & 28.

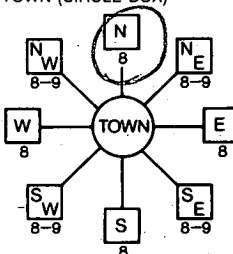
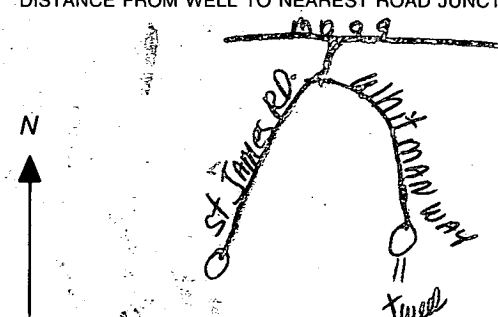
5/29/97

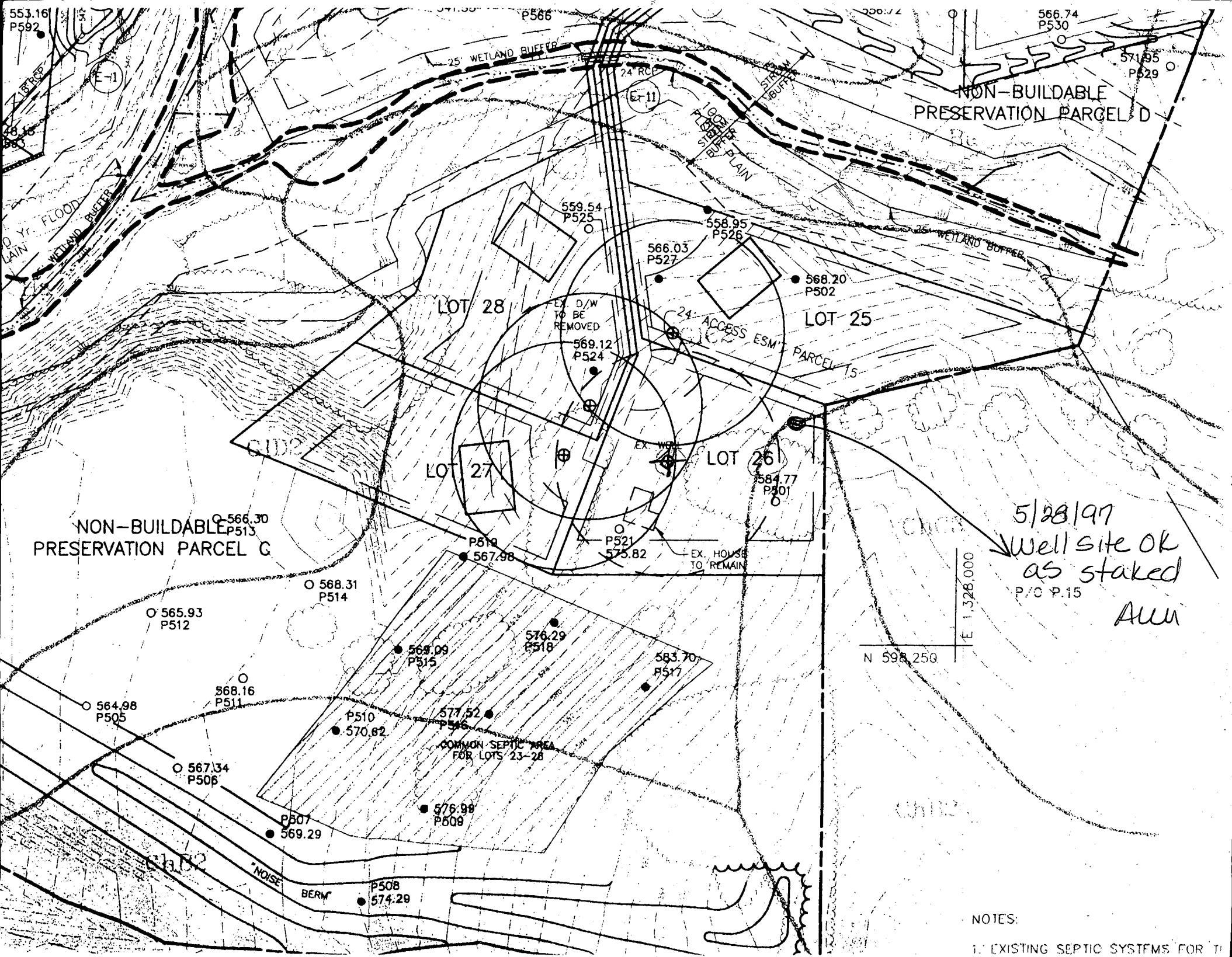
A Mc Miller

12/22/96

Well abandoned & sealed - Lot 26

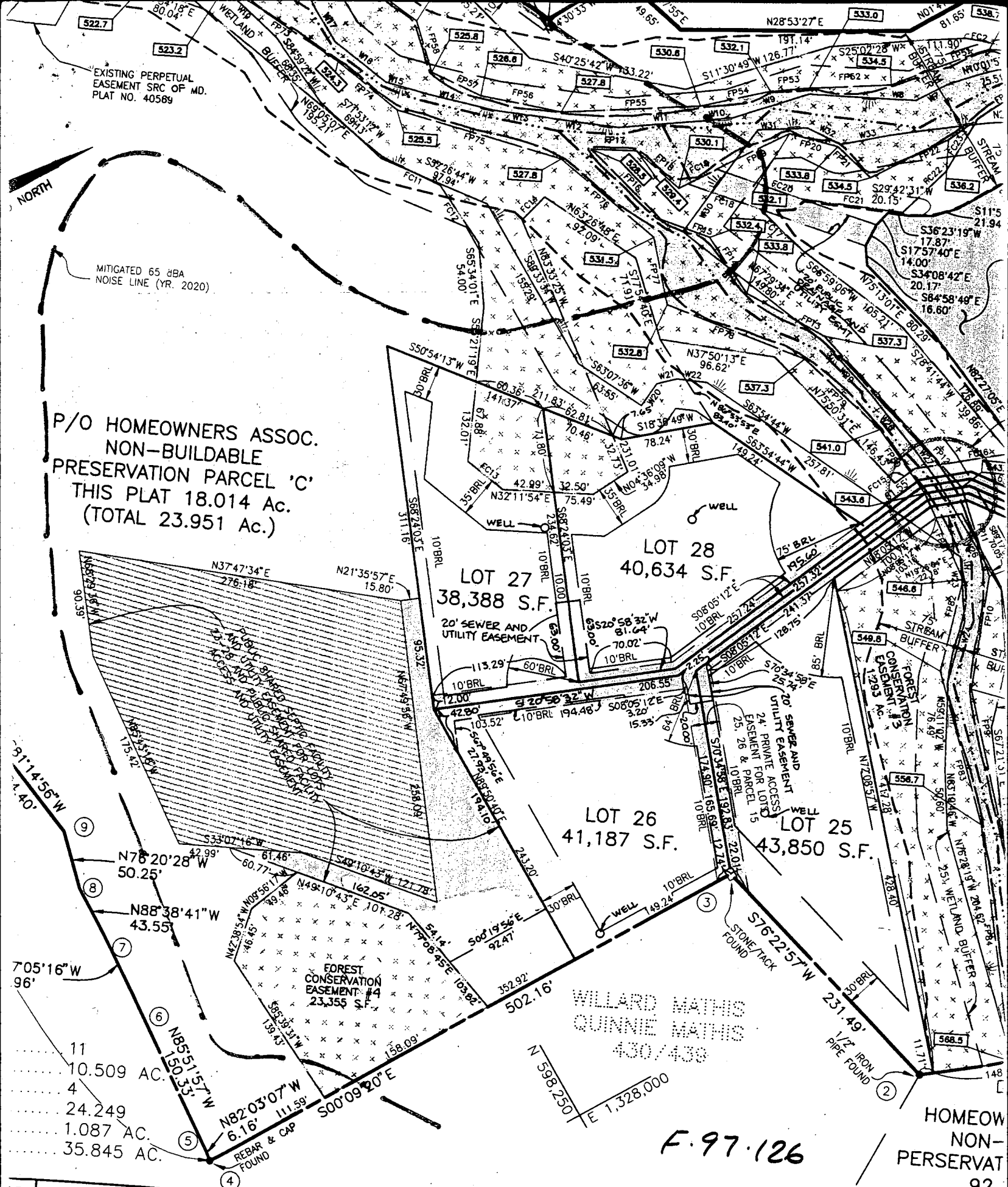
A Mc Miller

<b>B 1</b> <u>8411</u> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(MDE USE ONLY)</small>	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <u>HO-94-1184</u> <small>fill in this form completely</small>
Date Received (APA) <u>4/22/97</u> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> Last Name <u>SDC</u> Owner First Name _____ Street or RFD <u>P.O. Box 417</u> Town <u>Ellicott City</u> State <u>MD</u> Zip <u>21041</u>		<b>B 3</b> <u>Howard</u> <b>LOCATION OF WELL</b> COUNTY <u>Howard</u> SUBDIVISION <u>Stiegler Property</u> SECTION <u>44</u> LOT <u>26</u> NEAREST TOWN <u>West Friendship</u> MILES FROM TOWN (enter 0 if in town) <u>1</u> M I <small>73 76 77 78</small>	
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L. Mayne</u> License No. <u>M.S.D. 024</u> Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy Md. 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>4/21/97</u>		<b>B 4</b> <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <u>Whitman Way</u> NEAR WHAT ROAD <u>30</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD <u>630</u> ENTER FT OR MI <u>FT</u> TAX MAP: _____ BLK: _____ PARCEL: _____	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard Co.</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>5/29/97</u> <u>A McMillan</u> <u>5/29/98</u> <small>43 MM DD YY 48</small> CO SIGNATURE EXP. DATE NORTH GRID <u>538 000</u> EAST GRID <u>814 000</u> <small>50 55 57 63</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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 APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>814 14</u> N <u>538 38</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET. <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>AIR-ROTARY</u> JETTED _____ Jetted & DRIVEN _____ AIR-PERCussion _____ ROTARY (Hydraulic Rotary) _____ CABLE _____ 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. 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 <input 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 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 _____ G A P _____ FORCE <u>Am</u> WRITE INITIALS IN BOX <u>HO-94-1184</u> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			









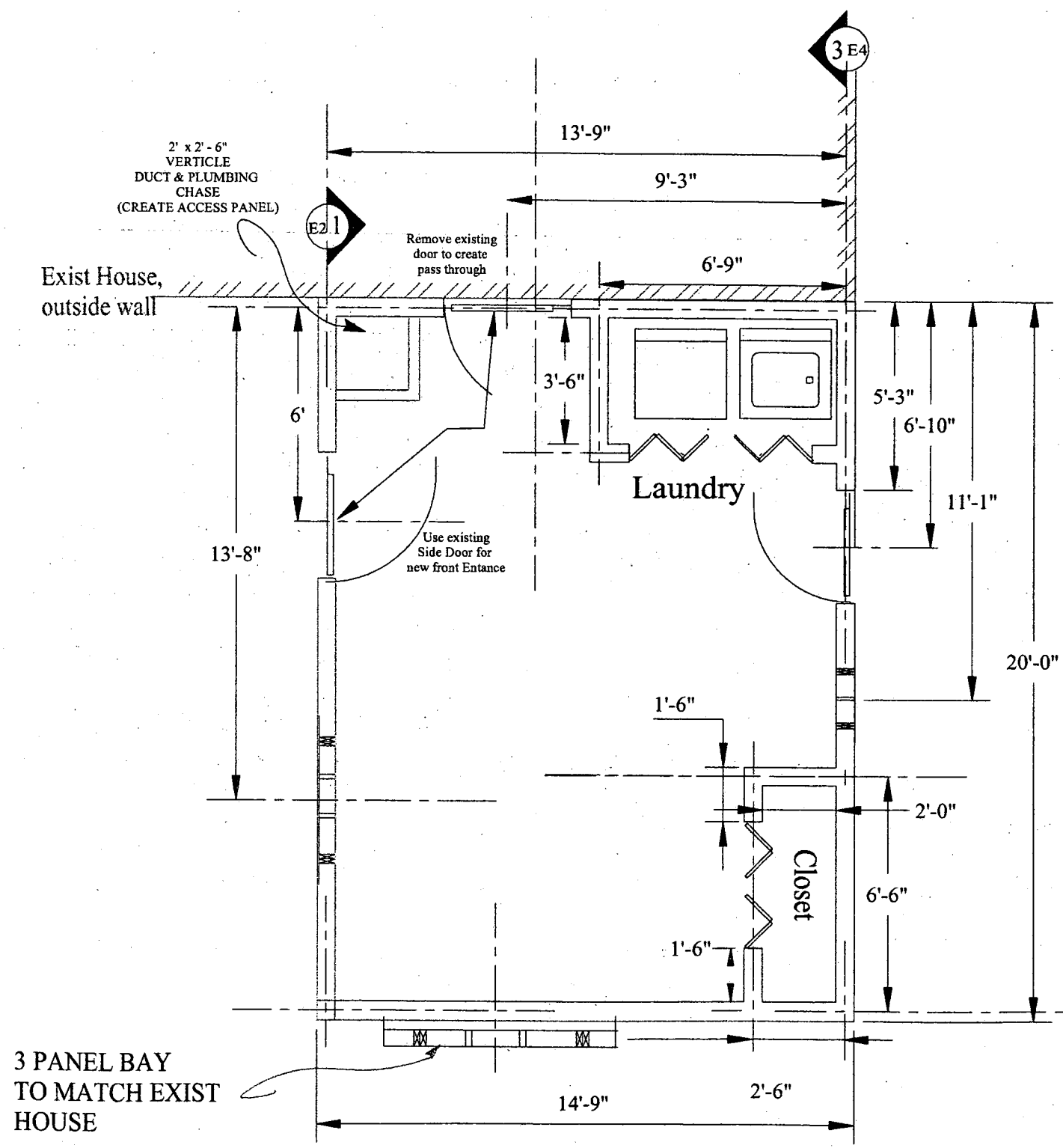
**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THAT THE FINAL PLAT IS CORRECT; THAT IT IS A SUBDIVISION OF ALL OF THE LAND CONVEYED BY ANNELORE I. STIEGLER, TO SDC GROUP, INC. BY DEED DATED 4/31/2018, AND RECORDED AMONG THE LAND RECORDS OF HENRY COUNTY, MISSISSIPPI, BOOK 100, PAGE 2085.

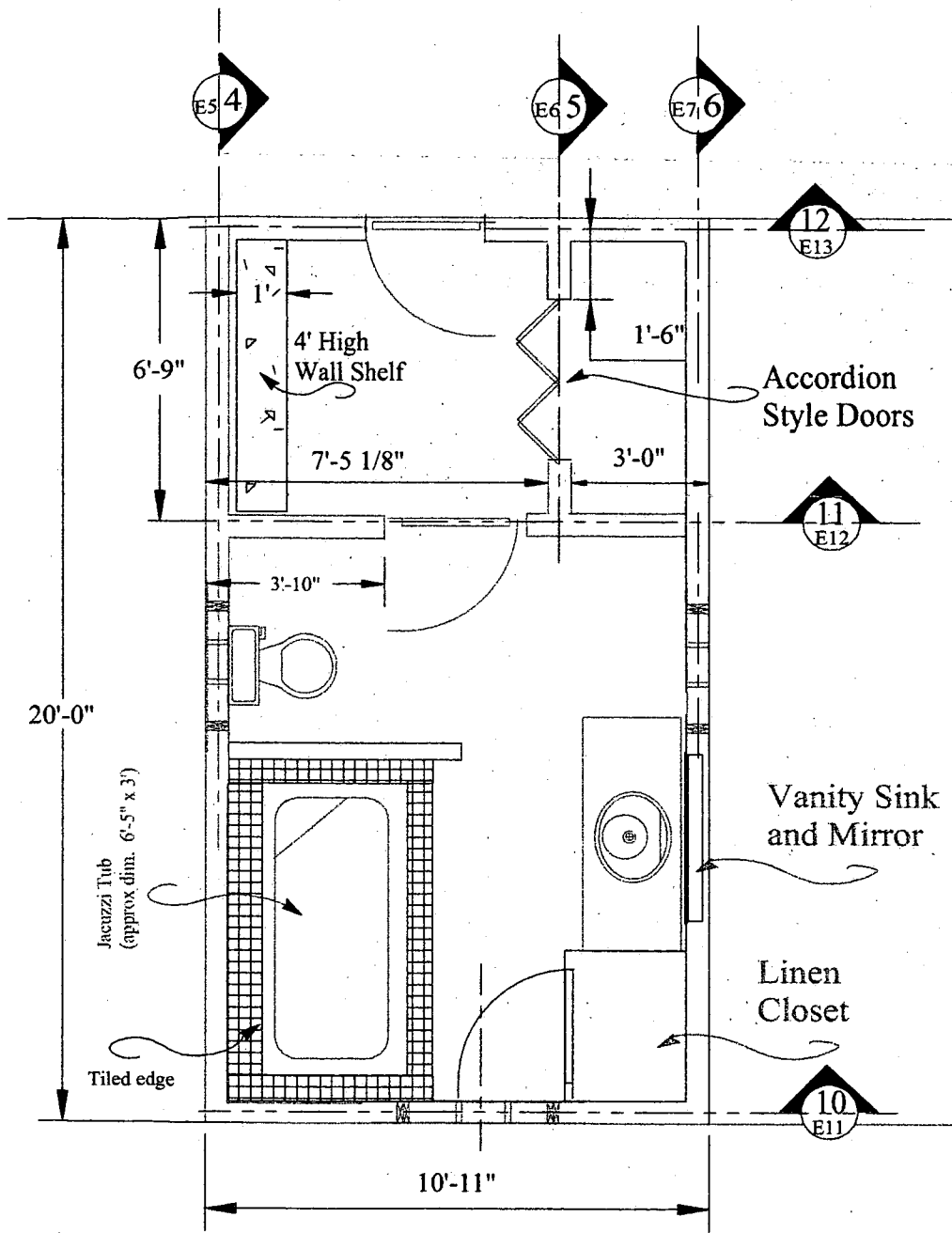
SDC GROUP, INC., BY JAMES R. MOXLEY, HEREON, HEREBY ADOPTS THIS

F.97.126

HOMEOWNERS ASSOC.  
NON-BUILDABLE  
PRESERVATION  
92,  
2.1



1st Floor Plan



2nd Story Plan

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# 148478  
APP. SAN 6  
DESC. OF WORK: 14/15/99  
A# 5056049  
DATE: \_\_\_\_\_

CLIENT REF: STAN NASIATKA, 2124 WHITMAN WAY MARRIOTTVILLE, MD 21104	DRAWING REF:	
	FLOOR PLAN VIEW	
	SHEET NO.	
	DATE:	REV:
	MAY 16, 2002	A
	FP1	