PERMIT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-325156

DISTRICT	·	

HOWARD COUNTY HEALTH DEPARTMENT IN DEVEN

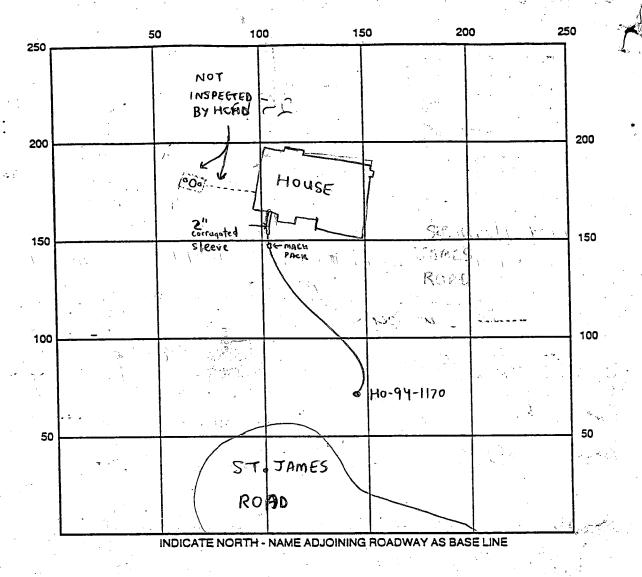
DATE

BUREAU OF ENVIRONMENTAL HEALTH	HAREVED	* - 1	DATE SYSTE	M APPROVED_	9/11/00
461-3933				INSPECTOR	S.R.K.
Patriot Homes	1	IS ^{\$} PERI	RNI OT ŒTTIN	TALLA	LTER
ADDRESS P.O. BOX 1018 CO	lumbia mo	21044	PHONE	10 515 1	717
SUBDIVISION Lyndonbrook	_LOT11	ROAD	2094 Saint	lames Road	
PROPERTY OWNER Patriot Homes Bruck	ner ,				
ADDRESS P.O. Box 1018, Columbia, MI	D 21044	· 			
Number of bedrooms: 4	3				•
- House is served by a shared co	mmunity senticesys	stem As	part of th	e general P	ermit
for the community system, item	. 				•
individual section and, connec					
system headworks, and shared d		<u>,</u>			
- This portion of the septic ins		is strictl	· limited	to authoriz	ation
of the individual pump in the					
and installation of the indivi	idual house sewer	line. Loc	ation as p	er the sign	ned
building permit site plan, cop	py attached.	,	· · · · · · · · · · · · · · · · · · ·		
- Contact Health Delarement for					
- For the pump test 48 hour adv			s required	. Where add	equate
notice has been provided, inst	tallation may proc	eed to com	pletion or	ne-half hou	
after the scheduled inspection	n time.				
BUILDING PERMIT SIGNED					· · ·
3-03 BODIY2843-AMECHED CARACE	·			AME SIGNED	101
ISTOY BOUTYLEY - FINSH BASEMENT			B0013	0205 D	eck

Plans Approved By: Amy McMillen

Date: 4/24/2000

A 50560-



SEPTIC TANK LEVEL	CLEANOUTS
REMARKS: 7/21/00 - WPI INSPECTION =	NEEDS PROPER ILLOG 374" PVC CONDUIT ADAPTER FOR
PROPER FIT INTO 2 PC CAP. 2 PC	CAP ALSO NEEDS TO BE INSTALLED SECURELY TO
CASING. PITLESS AND PIPING ON	TO COVER. WELL LINE HOUSE CONNECTION
ON (2" CORRUGATED PIPING USED AS	SLEEVE, RUN UNDER FOOTER UNDER SLAB)
"MACK PACK" COMPRESSION FITTING	USED TO JOIN WELL LINE PIPE TOGETHER
AT HOUSE & APPEARS ON - PEUMBING	INSP. WILL NOT INSPECT THIS SO LODO
BECAUSE SOMEONE SHOULD) PUMP CHAMBER AND	HOUSE SEWER ALREADY INSTALLED
- PECHEN > INSPECTED BY HOWA	RD COUNTY PLUMBING INSPECTORS
GRINDER PUMP PERFORMANCE TES	T NEEDED (SRW) 9/11/00 TROPERSON FRANCISCOM
MATT TUDOR PUMP TEST ON F	A MARIE AND A CORPORATE AND A
	The start bearing the start of
9/11/00	INSPECTOR Steven R. Uneq
DATE SYSTEM APPROVED	INSPECTOR ACCURATE TO THE PROPERTY OF THE PROP





Bureau of Utilities 8270 Old Montgomery Rd. Columbia, Md. 21045 Tel.: 410 313 4900 Fax: 410 313 4989

To: <u>War</u> a	r & Sewer	Troops		· · · · · · · · · · · · · · · · · · ·
Date : <u> </u>	1/00	Number of including th	pages is one	sne
Fax Number :	2648		and the second s	· · · · · · · · · · · · · · · · · · ·
From : <i>Ma</i>	H Tudo			
Comments :	Lyndon bron	6 Shar	ed Sect	lic
Ant riol	Homes	Lot # 11	at	
	St. Tames			·/
	ump Lost		•	The
- duelling	15 relea	sed for	010	and
the gr	inder pump	has been	placed	in service
		· · · · · · · · · · · · · · · · · · ·	,	
	·			
			,	
	* 3			

7/21/00 7/25/00 Anytime
Anytime
HOWARD COUNTY
BUTCHES

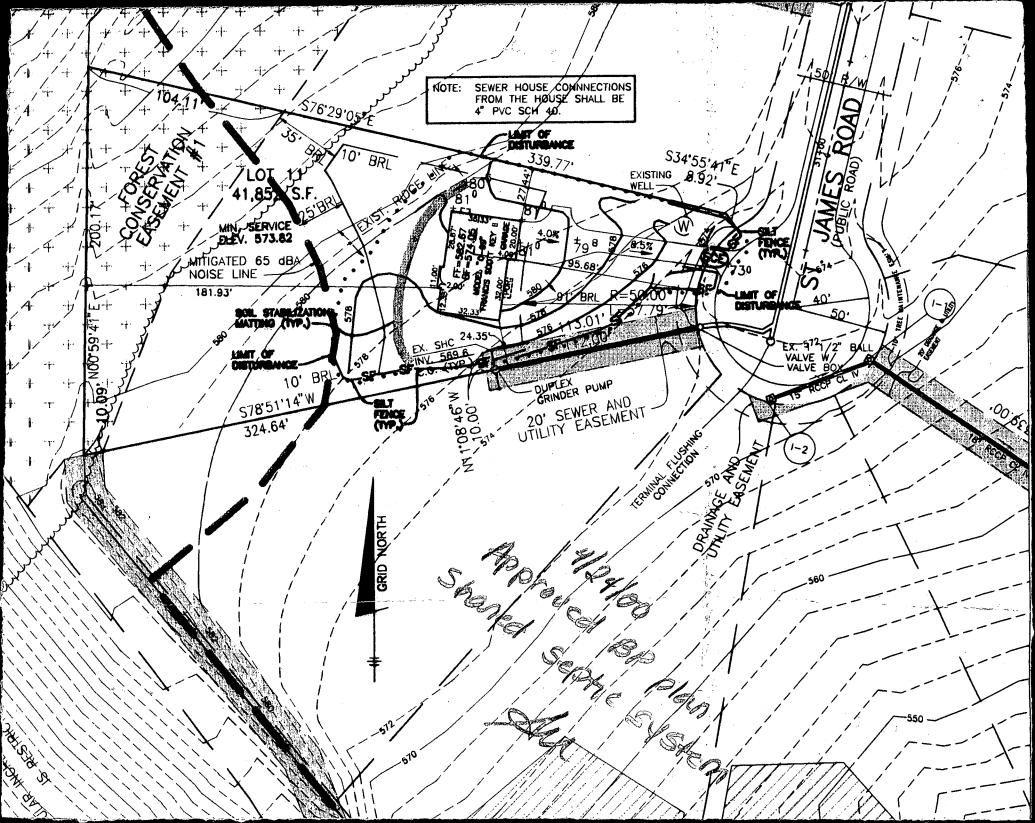
HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043

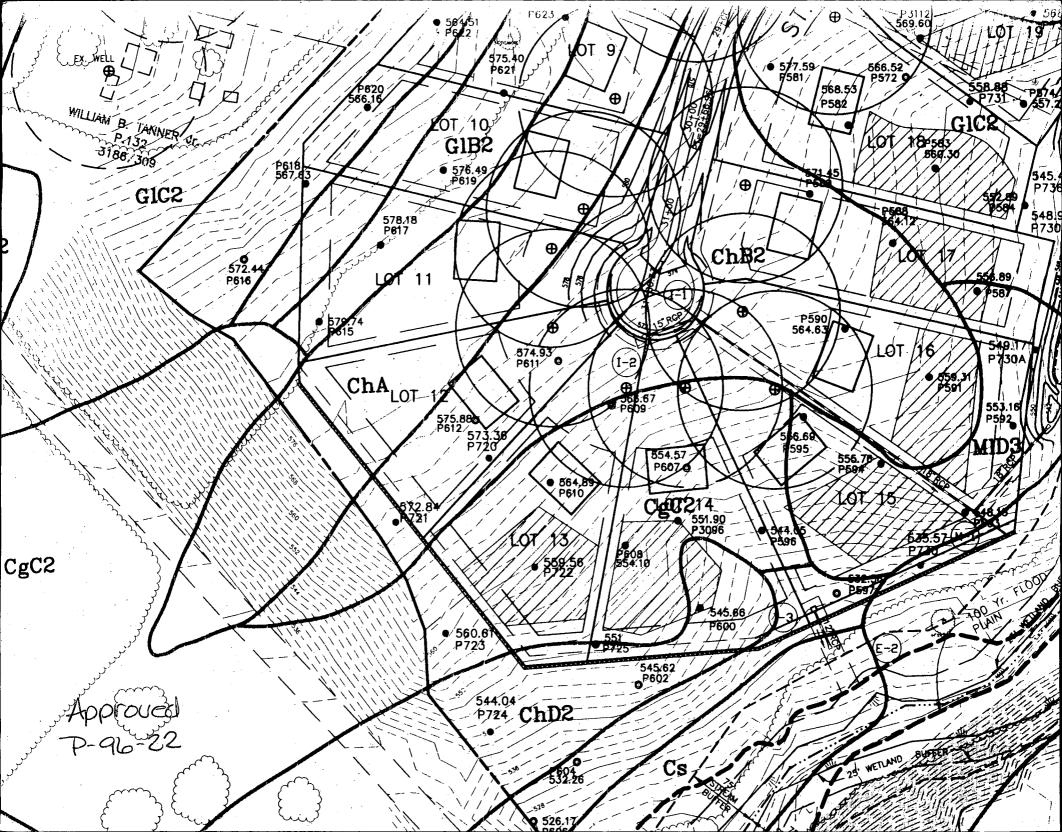
410 313 2640

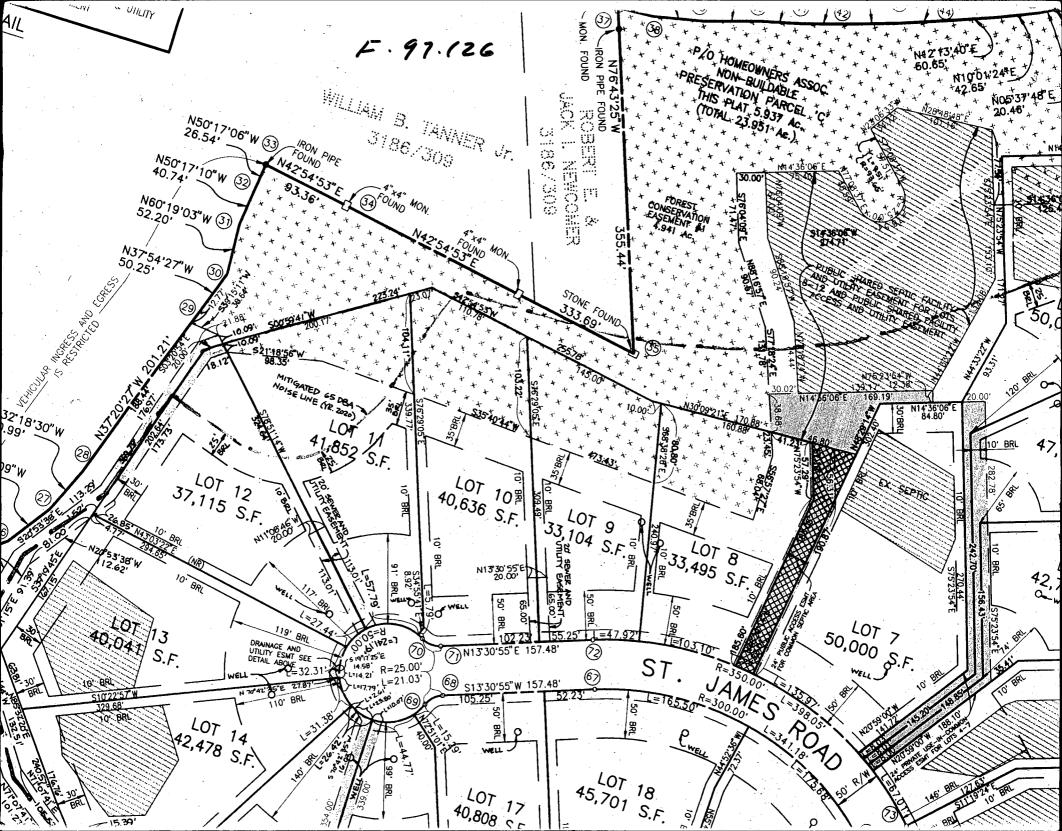
APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

	New Installation Replacement Hame of Installer Ben Savos Ac	Receipt #
	License Number 1/36)	Registered Plumber
	Subdivision Canada Stephen Ra Site Address 2094 STephen Ra	Telephone 9971722 Well Tag # HO - 94 - 1170
	Pump 1. Type 2. RPM 3. Voltage 3. Voltage 4. Capacity 4. Capacity 5. Pump exceeds well capacity Yes 6. If Yes, is low pressure cutoff switch installed? 7. What methods are used to protect the pump and elevibrations? Torque arrestors Cable guar	otrical wiring from
-/ 41 /00_	Tank 1. Capacity 2. Pressure relief valve? WPI ONSKW Piping 1. Type 200 1. Type 2. Size Code approved 4. Depth of supply line	2. Yield GPM 3. Static water level 30 ft.
	I understand that it is my responsibility to notif Department when the installation is ready for inspec is null and void).	y the Howard County Health tion (otherwise this permit
7/21/00-	All information given above is true to the best of a WPI not finalled Needs proper conduit connection into 2pc cap & SRW 2pc cap installed securly SRW Date:	
	Note: A sticker indicating approval/status of the on the well casing at the time of the inspection.	installation will be placed
•	HD-215	

E5606ZZE0ZT



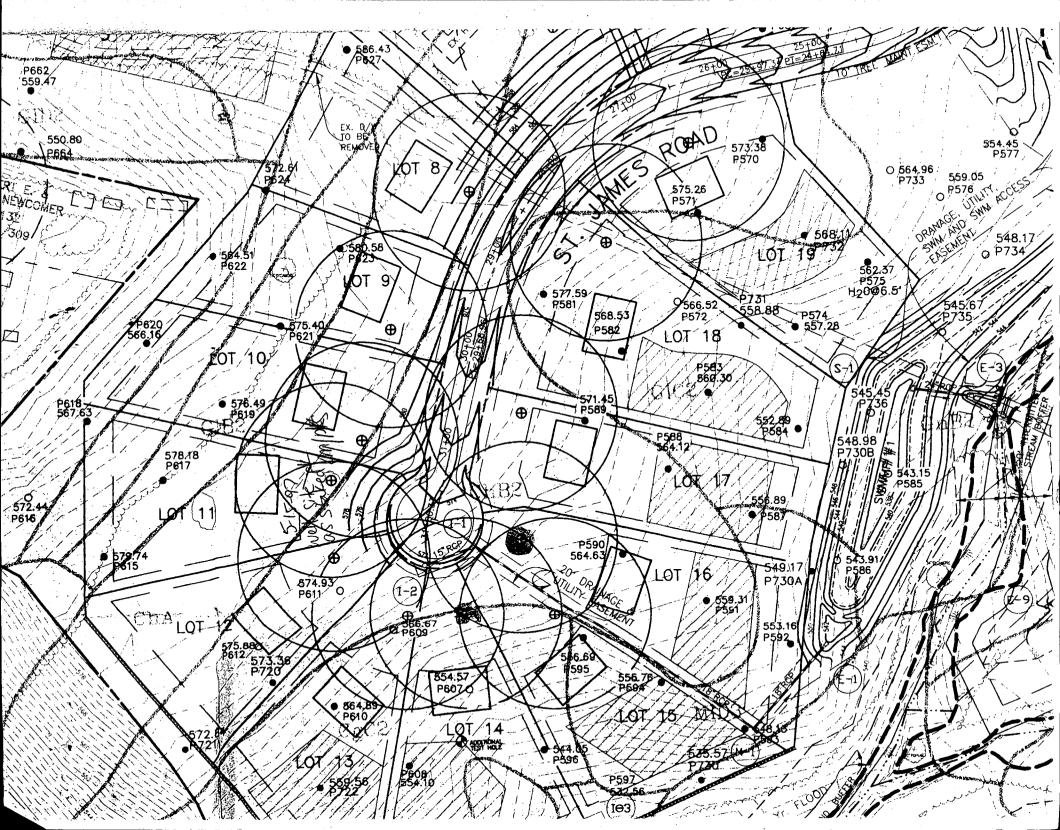




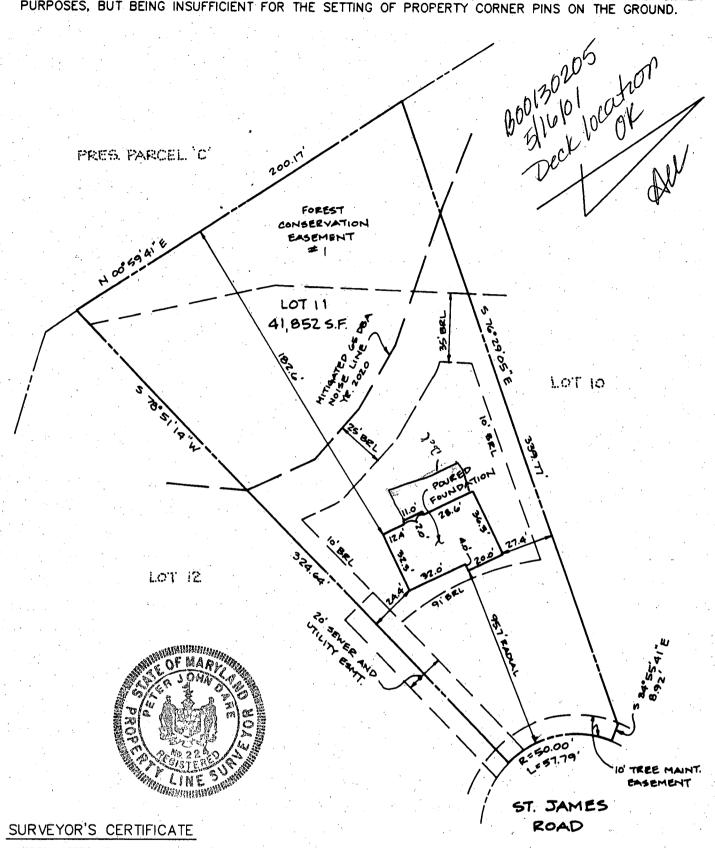
C 1 6070 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN CALS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER 50560 K		
ST/CO USE ONLY DATE Received MM DD YY MM DD YY	ETED Depth of Well	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL" 1 - 94 - 1170		
8 13	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNER STREET OR RFD iast name. St. Town	e Road first name TOWN M	hat Evendehil		
SUBDIVISION Steeler Property	SECTION	LOT 11		
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Rev)	C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box) TYPE OF GROUDING MATERIAL (Circle one)	PUMPING TEST		
COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET check if water	CEMENT (CM), BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS 457.462	PUMPING RATE (gal. per min.)		
Sandstone 0 25	GALLONS OF WATER	METHOD USED TO Bucket 15		
The same way to the same of th	from 7 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)		
Com Min 25 185 V	casing CASING RECORD types	BEFORE PUMPING 17 20 ft.		
Gray Mica 25/85 V Rock	(appropriate) STEEL CONCRETE	WHEN PUMPING 22 25 ft.		
	below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine		
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	27 27 27 other		
	$\frac{57}{60}$ $\frac{6}{63}$ $\frac{28}{66}$ $\frac{70}{70}$	27 below)		
	E OTHER CASING (if used)	jet S submersible		
	A diameter depth (feet) H inch from to	PUMP INSTALLED		
	S I	DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)		
	Screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
	screen type or open hole ST BR HO OPEN	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
	appropriate code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
	PLASTIC OTHER	PUMP HORSE POWER		
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH		
WELL HYDROFRACTURED YES NO	E 1 HO 27 15 17 21	(nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LETTER	C ₂ H 23 24 26 30 32 36	+ above LAND SURFACE		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	S . C <u>3</u>	below (nearest) foot)		
P TEST WELL CONVERTED TO PRODUCTION WELL	R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	49 50 51 A LOCATION OF WELL ON LOT		
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 ACCUPATE AND COMPLETE TO THE BEST OF MY	DIAMETER (NEAREST OF SCREEN INCH)	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES		
KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)		
DRILLERS LIC. NO. 1 MSDOJJ 1	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Man 30.3 (PWes		
LIC. NO. 1 M & D Q 22 1	T (E.R.O.S.) W Q	Lst. By		
SITE SUPERVISOR (sign. of driller okjourneyman responsible for sitework if different from permittee)	70 72			
	STORE STATE			

W. m. we	EMERGENCY/T	EMP NO. IF ANY	
B 1 SEQUENCE NO. (MDE USE ONLY)		MARYLAND	STATE PERMIT NUMBER
15.2 3 6	PERMIT TO DRILL WELL please print or type		110-94-1170
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pr		fill in this form completely 79
Date Received (APA) * 12219 OWNER INFORMATION	ON	HOWARD	LOCATION OF WELL
8 MM DD / YY 13 S かん		8 COUNTY	21
15 Last Name Owner First N	Name 34	23 SUBDIVISION	2 PROPERTY 42
36 Street or RFD	55	SECTION L 44 46	LOT 48 50
ELLICOTT City MO. 210	141	West Frien	unsh.i
57 Town 70 State 72 DRILLER INFORMATION	Zip 76	52 NEAREST TOWN	71
Joseph L Marine MS	DO24	MILES FROM TOWN (ente	er 0 if in town) M 1 73 76 77 78
Delifer's Mame 76 Lic	ense No. 81	B 4 1 2	H To po
Film Name	ling	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
5512 Ridge Rd. Mt. aug	MS. 2171		ON WHICH SIDE OF ROAD
Address 4	1/21/97	NW 8-9 NE 8-9	(CIRCLE APPROPRIATE BOX)
Signature Dat B 2 WELL INFORMATION	te	TOWN E	34 <u>60</u> 37 SOUTH
1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8	12		DISTANCE FROM ROAD ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED 500	7	S S S S S S S S S S S S S S S S S S S	TAX MAP: BLK: PARCEL
(GAL PER DAY) 14 USE FOR WATER (CIRCLE APPROPRI)	20 ATE BOX)	8 NOT TO	D BE FILLED IN BY DRILLER
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT OF	NLY)	HEALTI	H DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & AGRICULTUR)	AL	COUNTY NAME	COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL	GOV.	STATE SIGNATURE	INSERT S-
OTHER (REQUIRES APPROPRIATION PERMIT)	e.	DATE ISSUED	in Mainto 5-21-98 41
APPROPRIATION PERMIT AND STATE APPROVAL	. 3	43 MM DD YY 48	CO SIGNATURE EXP. DATE
TEST, OBSERVATION, MONITORING (MAY REQUIR APPROPRIATION PERMIT)	E	NORTH 538 o	O O GRID 57 63
		SHOW MAJOR FEATURES BOX & LOCATE WELL -	14 0 0
APPROXIMATE DEPTH OF WELL 24 28	FEET	WITH AN X	6-2-97 x
APPROXIMATE DIAMETER OF WELL6	NEAREST INCH	SOURCES OF DRILLING I	NATER 28 Casing
METHOD OF DRILLING (circle o	one)	2. 3.	25 open
BORED (or Augered) JETTED	Jetted & DRIVEN	J.	8 kas
AIR-PERcussion ROTARY 37 CABLE REVerse-ROTary	(Hydraulic Rotary) DRive-POINT	WRITE THE BOX NUMBER	location of
other	<u> </u>	FROM THE WAP HERE	grow ok (KM)
REPLACEMENT OR DEEPENED V (CIRCLE APPROPRIATE BOX)	VELLS	E <u>819 7</u>	
(CINCLE APPROPRIATE BOX) THIS WELL WILL: NOT REPLACE AN EXISTING WELL	<u>.</u> L	N 540 38	3 000
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED			SHOWING LOCATION OF WELL IN OWNS AND ROADS AND GIVE
THIS WELL WILL REPLACE A WELL THAT WILL BE 39 AS A STANDBY-CONTACT LOCAL APPROVING AUT			O NEAREST ROAD JUNCTION
FOR POLICY ON STANDBY WELLS	ITOHII Y	(a)	11)99
D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPI	ENED		Company of the second
(IF AVAILABLE) 41	52	58	B
Not to be filled in by driller (MDE OR COUNTY	'.USE ONLY)	1 7 3/	E
APPROP. PERMIT NUMBER G A P S4 54	63		色
FORCE WRITE INITIALS IN BOX PERMIT No HO - 94	-1170	1 ,40	
67 68 70 71 72 73 74 SPECIAL CONDITIONS	1; 15 16 77 78 79	1/hc 1	- Enjerinshin &

COUNTY



THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN.

THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

PETER J. DARE MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 13072

FEMA FIRM No. 240044 0015 B DATED: 12-4-86

BENCHMARK

ENGINEERING INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MD 21043

PHONE: 410-465-6105

FAX: 410-465-6644

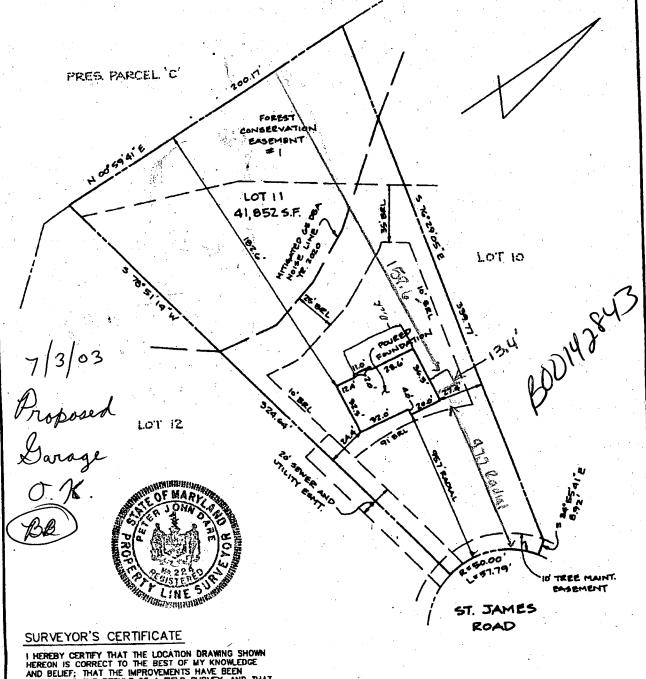
TOP OF FOUNDATION WALL = 581.9

LOCATION DRAWING

LYNDONBROOK LOT 11

2094 ST. JAMES ROAD

ELECTION DISTRICT NO. 3
HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: 5-9-00



I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

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