

11/12/99
C.O. P.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513107

A 50560-Q

DISTRICT _____

DATE 11/5/99

DATE SYSTEM APPROVED 11/16/99

INSPECTOR *[Signature]*

11-15-99 WPI am
Septic C.O. pm
11/16/99 ASAP

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

03-325210
INDEXED

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Lyndonbrook LOT 17 ROAD 2083 St. James Road

PROPERTY OWNER Dorsey Family Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 190 feet off the front lot line and 60 feet off that same lot line as seen when facing the lot from St. James Court. Run trenches on contour in both directions.

NOTES - MAINTAIN 1-2% FALL IN THE HOUSE SEWER CONNECTION 10 FEET PRIOR TO THE SEPTIC TANK. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APPROVED BY Amy McMillen DATE 10-05-1999

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) **BLDG. PERMIT SIGNED** **AND RETURNED 10/18/2001** **300132877**

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

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

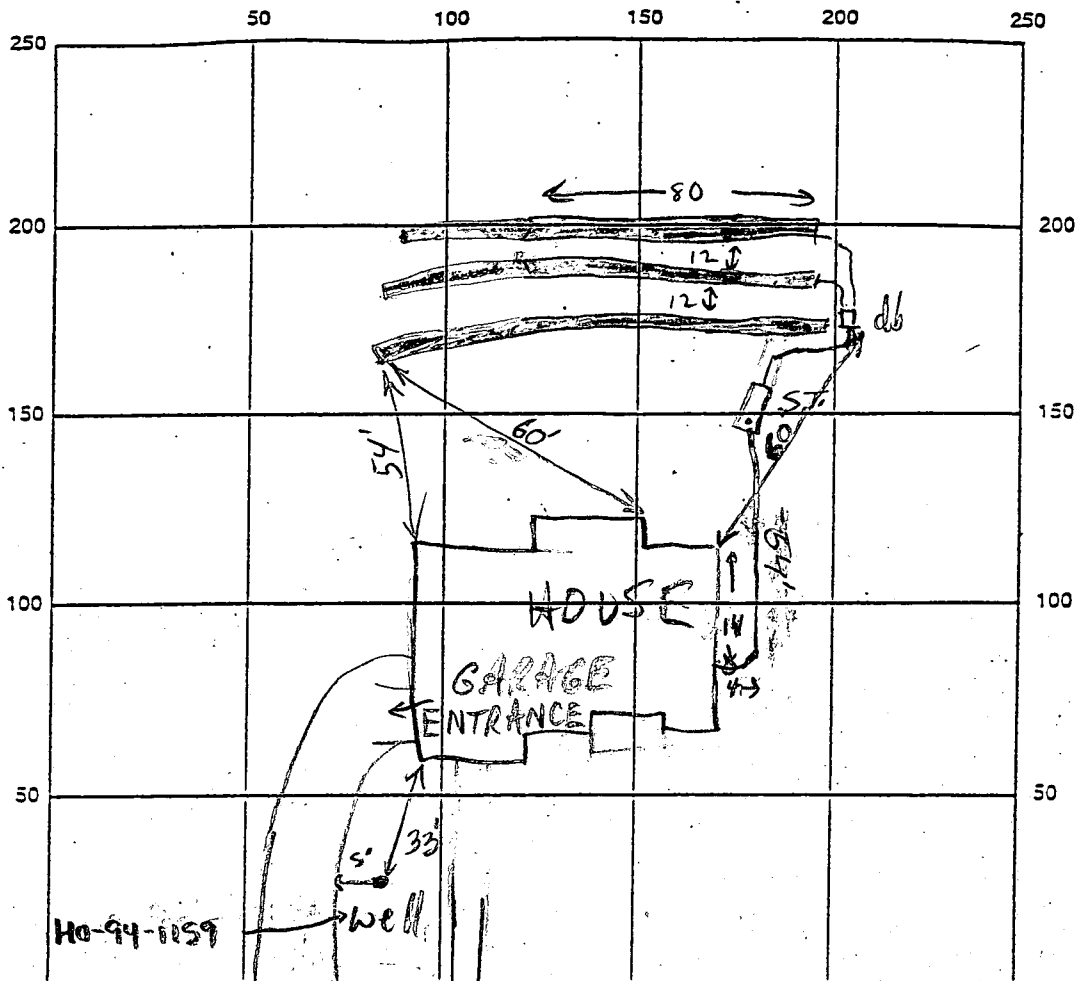
PERMIT VOID AFTER TWO YEARS

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

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL ✓ CLEANOUTS STV + Hse ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 @ 80 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.

DRY WELL DRYWALL INSIDE DIAMETER NA FT. EFFECTIVE DEPTH BELOW INLET NA FT.

ABSORBENT AREA NA SQ. FT.

REMARKS: 11/10/99 Pre construction insp OK to install &

11/12/99 S.T. INSTALLED, NO OTHER WORK (MR)

11/15 TRENCHES COMPLETE - HOUSE SEWER IN PROGRESS (CW)

House Connection OK - last Trench finished, OK to cover all work R/P 11/16/99

DATE SYSTEM APPROVED 11/16/99

INSPECTOR R/P Wibley

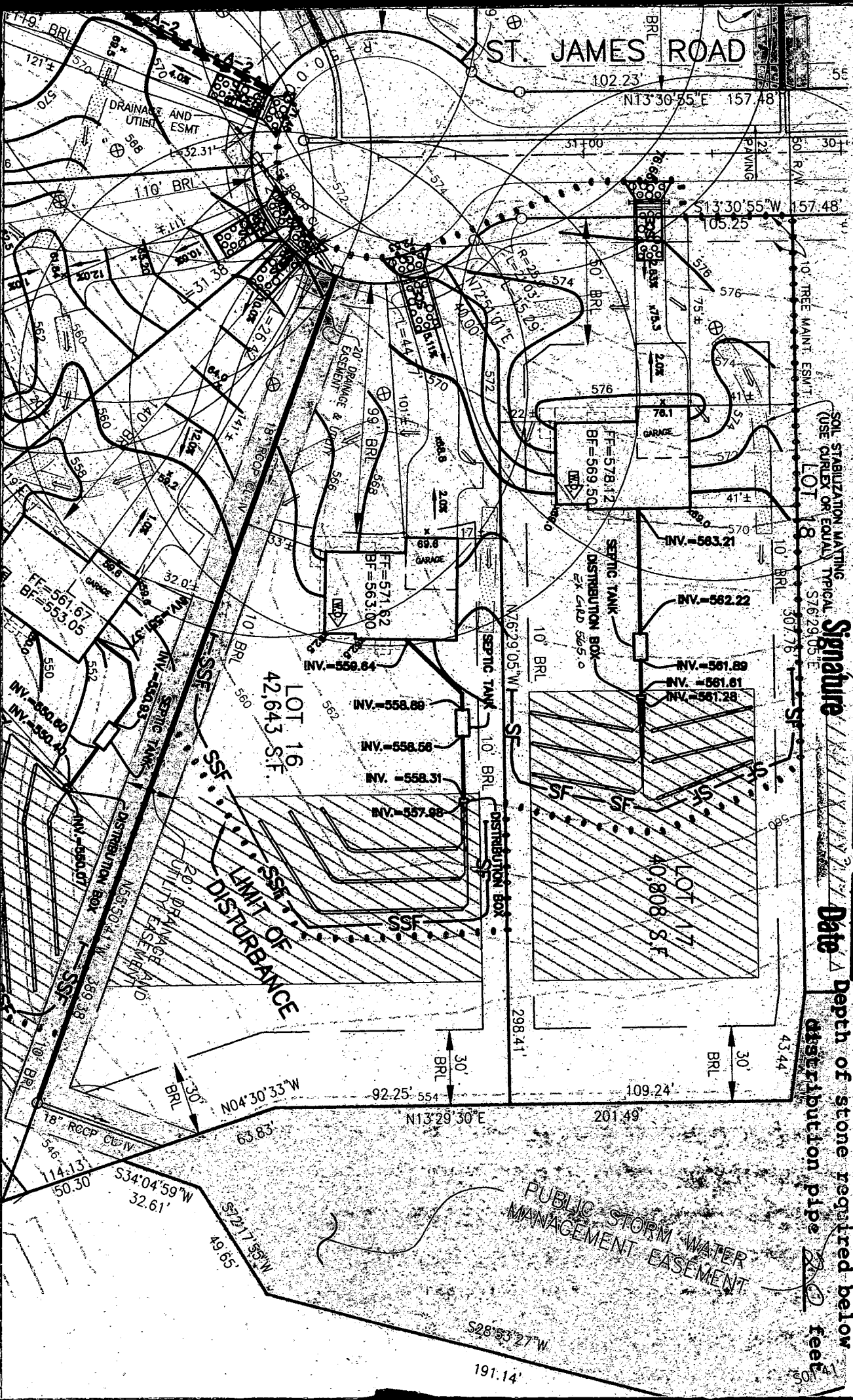
Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 240 feet

Width of trench(es) 30 feet

Depth of trench(es) 60 feet

Signature [Signature] Date 10/5/93 Depth of stone required below distribution pipe 240 feet



APPLICATION

PERCOLATION TESTING

A 50560 Q

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/3/95

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 Annelore Stiegler
2151 Route 32
ADDRESS Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
P.O. Box 417
ADDRESS Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 18

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(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

50560-Q
COUNTY #

SOIL PROFILE
581 582

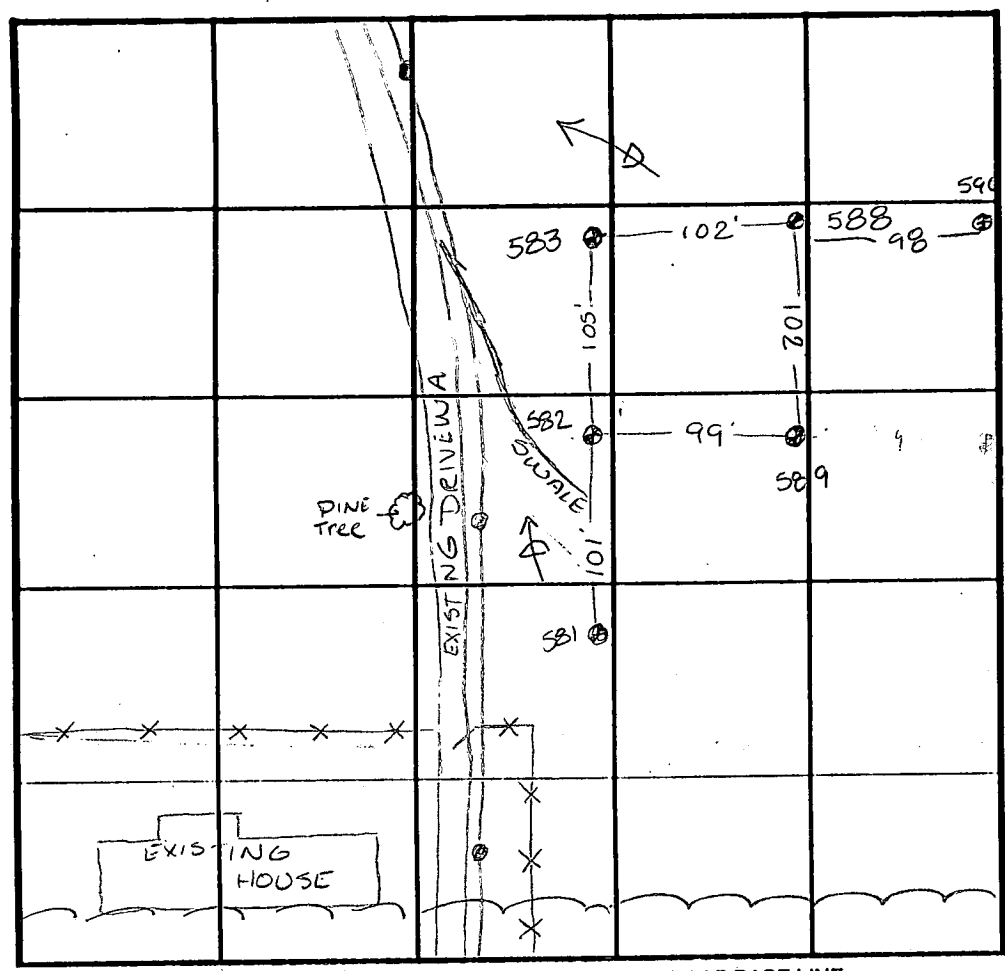
0' reddish
brn
CSL
3' light
grayish
S
mica
pockets
b/ 10-
15%
decayed
shale
11.5'

583

redish
brown
CL
gravelly
4' lgt tan
SSIL
very
micaceous
50%
decayed
mica
shale
12'

588

orange
red
brn
CSL
gravelly
mica
4' lgt tan
SSIL
micaceous
15-20%
very decayed
Saprolite
11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
590

0' bright
orange
red C
4' medium
brown
SSIL
very
micaceous
100%
decayed
shale
12.5'

589

bright red
CSL
4' pink
SSIL
15-20%
decayed
shale
rock mix
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-95	581	5.5' VII.5'	10:12	10:12 ⁴⁵	10:12 ⁴⁵	10:13 ¹⁵	30sec
	581	red pow	10:13 ³⁰	10:14 ³⁰	10:14 ³⁰	10:16 ¹⁵	13/4min
	582	4.5' VI2'	10:17 ⁴⁵	10:19 ¹⁵	10:19 ¹⁵	10:21 ¹⁵	2min
	583	5' VI2'	10:23 ¹⁵	10:26 ¹⁵	10:26 ¹⁵	10:31 ³⁰	5/4min
	588	5' VII1'	10:42 ⁴⁵	10:43 ⁴⁵	10:43 ⁴⁵	10:45 ³⁰	13/4min
	590	4.5' VI2.5'	10:37 ³⁰	10:38 ¹⁵	10:38 ¹⁵	10:40 ³⁰	2 1/4min
	589	5' VI2'	10:43 ¹⁵	10:44 ¹⁵	10:44 ¹⁵	10:46 ¹⁵	2min

REMARKS _____
TYPE OF SOIL _____
TESTED BY Amy McMillen ALSO PRESENT Alan & Larry
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2min TRENCH WIDTH 2'
INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 8' SQ. FT/BEDROOM 180ft²

APPLICATION

PERCOLATION TESTING

A 50560 Q

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/3/95

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 Annelore Stiegler

ADDRESS 2151 Route 32
Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.

ADDRESS P.O. Box 417
Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

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and Maryland Route 32

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. [Signature]
(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

COUNTY #

SOIL PROFILE

584

orange
brn
CL
10' tan
to
grey
5' sil
very
micaceous
10' 90
decayed
shale

587 591

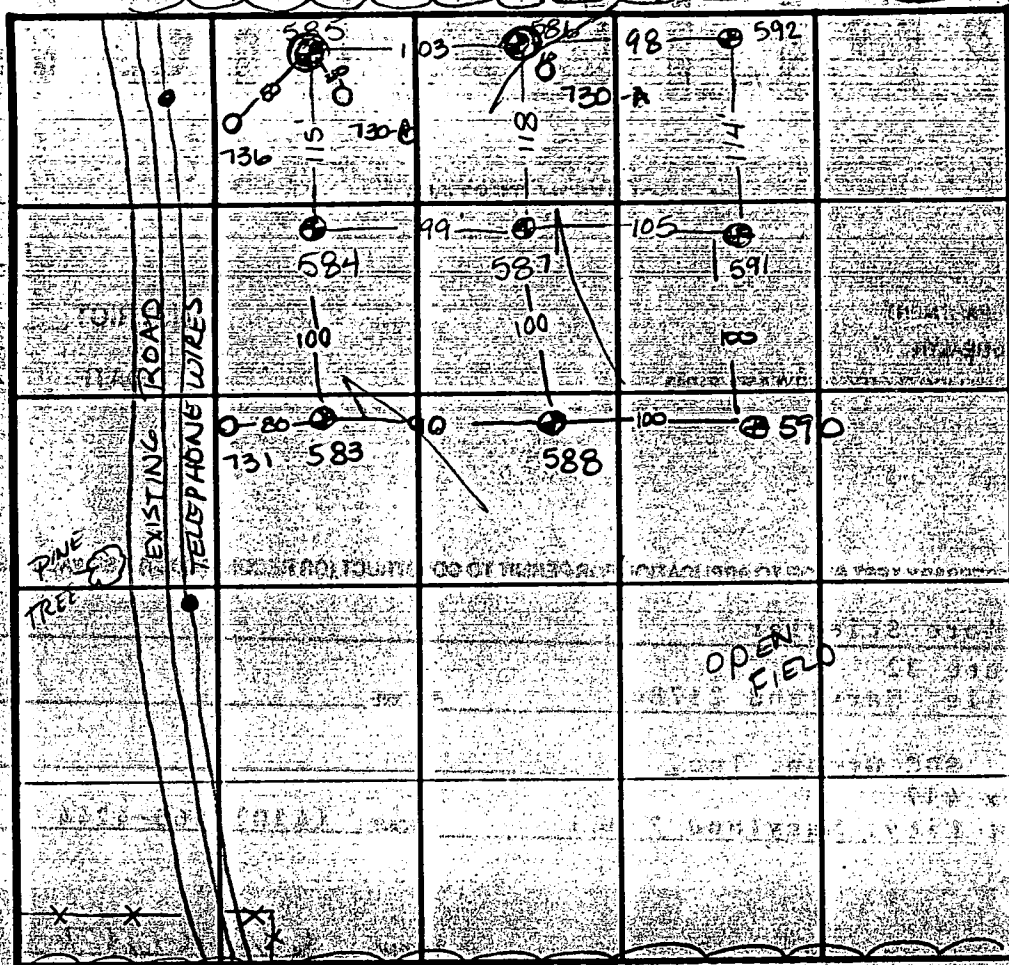
orange
brn
CL

10' tan
orange
tan
5' CL
very
micaceous
few < 1%
large
rocks
6"-1' dia
OR

585/586

clay

water



SOIL PROFILE

583

reddish
brn
CL
15' sil
gravelly
4' 10' tan
5' sil
very
micaceous
5%
decayed
mica
shale

588

orange
red brn
CL
15' sil
gravelly
mica

10' tan
5' sil
micaceous
15-20%
very decayed
saprolite

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-20-95	584	4.5' / V12	10:49 ¹⁵	10:50	10:50	10:51	1 min
	584	repair	10:52	10:54	10:54	10:56	2 min
	585	Water	coming in @ 6.5'				F
	586	Water @ 8'	> 50% rock above				F
	587	4.5' / V12	10:59	11:00	11:00	11:03	2 1/2 min
	592	4.5' / V12.5	1:52	1:54	1:54	1:56	2 min
	591	4.5' / VII	2:00	2:01	2:01	2:03	1 3/4 min
	583	5' / V12	10:23	10:26	10:26	10:31	5 1/4 min
	588	5' / VII	10:42	10:43	10:43	10:45	1 3/4 min
2-21-96	736	Water at 5.5'					F

REMARKS

TYPE OF SOIL

TESTED BY: Amy McMillen

ALSO PRESENT: Larry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 50560 (Q)

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3/3/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Annelore Stiegler DORSEY Family Homes
2151 Route 32
ADDRESS Sykesville, Maryland 21784 PHONE _____

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P.O. Box 417
ADDRESS Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 18

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32 (2083 St. James Road)

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~NO PERMIT~~ SIGNED

~~NO RETURNED~~ 10-5-99

Serial # B00120509

Single Family - 4Bm

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] VD
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

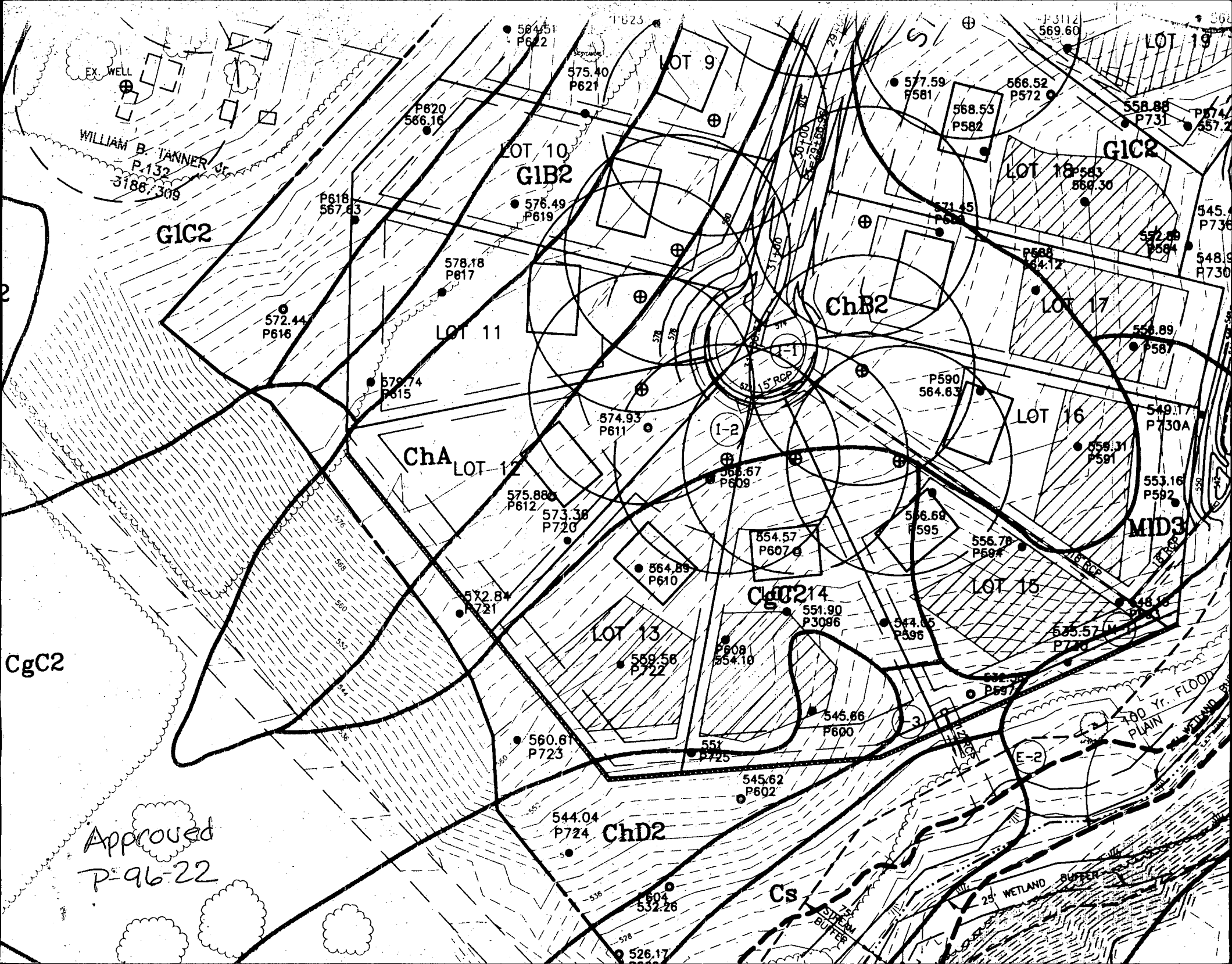
REASONS FOR REJECTION OR HOLDING _____

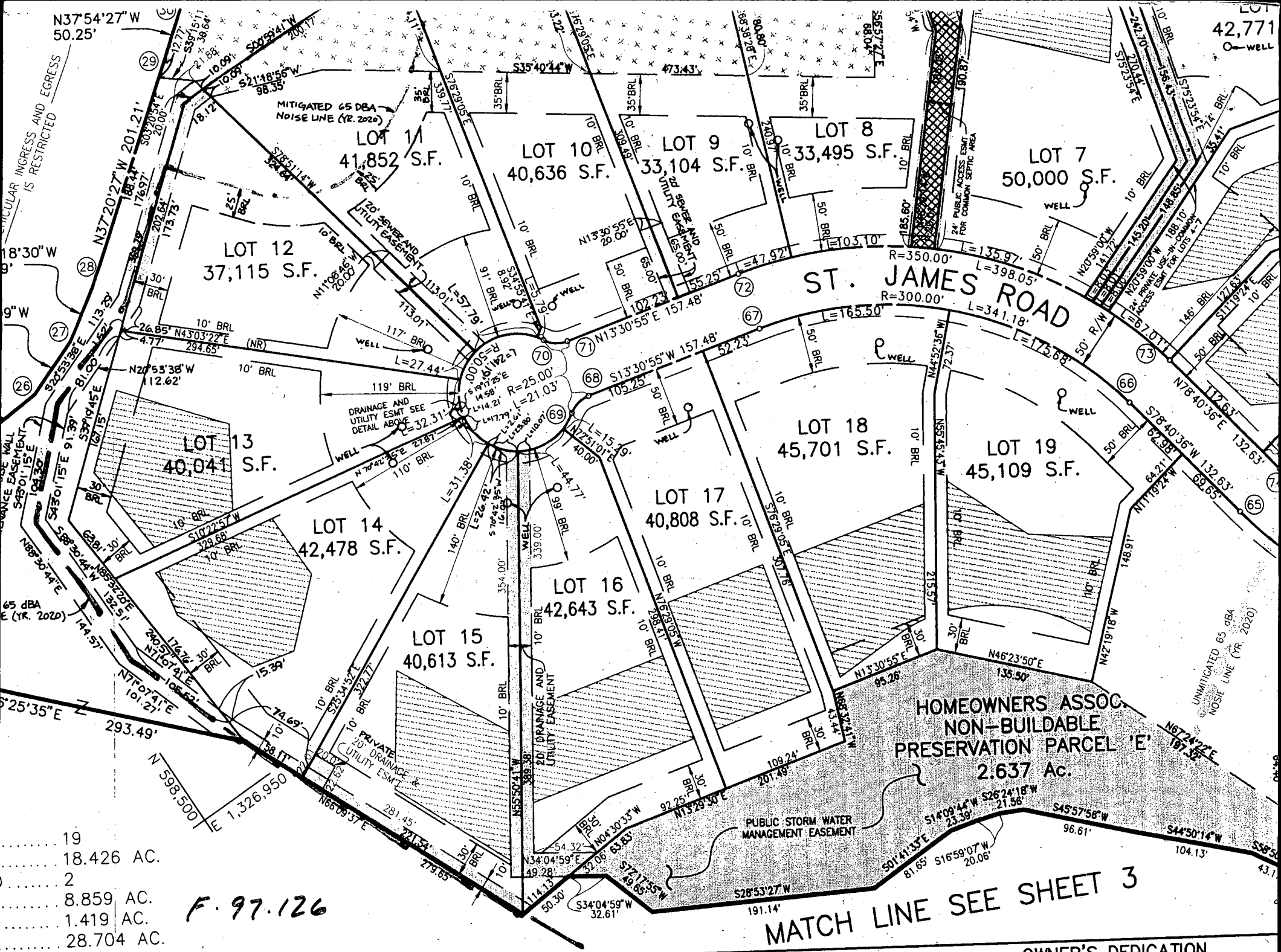
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

SQ. FT./BEDROOM





- 19
- 18.426 AC.
- 2
- 8.859 AC.
- 1.419 AC.
- 28.704 AC.

F. 97.126

SURVEYOR'S CERTIFICATE

MATCH LINE SEE SHEET 3

OWNER'S DEDICATION

SDC GROUP, INC., BY JAMES R. MOXLEY, JR. AND STEVEN K. BREEDEN, OWNER OF

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. Joseph Bartlow Inc.

Telephone 410-875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Dorsey Family Homes Telephone 410-465-7200
Subdivision Lyndenbrook Lot # 17 Well Tag # MO-99-1159
Site Address 2083 St. James Rd.

Pump

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

Motor

1. Horsepower 3/4
2. RPM 3600
3. Voltage _____
a. 110 _____
b. 220 ☒

Pitless Adapter

1. Make Howard
2. Model # _____
3. Depth 48"

2. Make Goodyear
3. Model # 75607422
4. Capacity 2 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 42
2. Pressure relief valve? yes

Piping

1. Type plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 45'

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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.

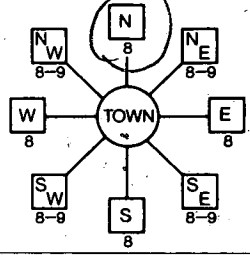
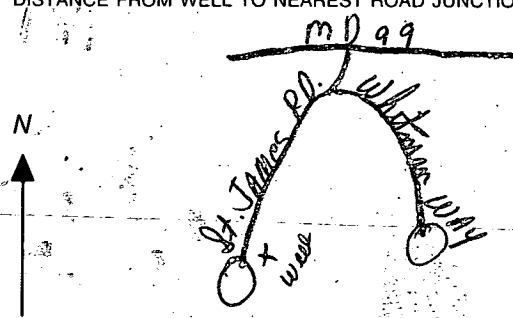
Signature of Applicant: [Signature]

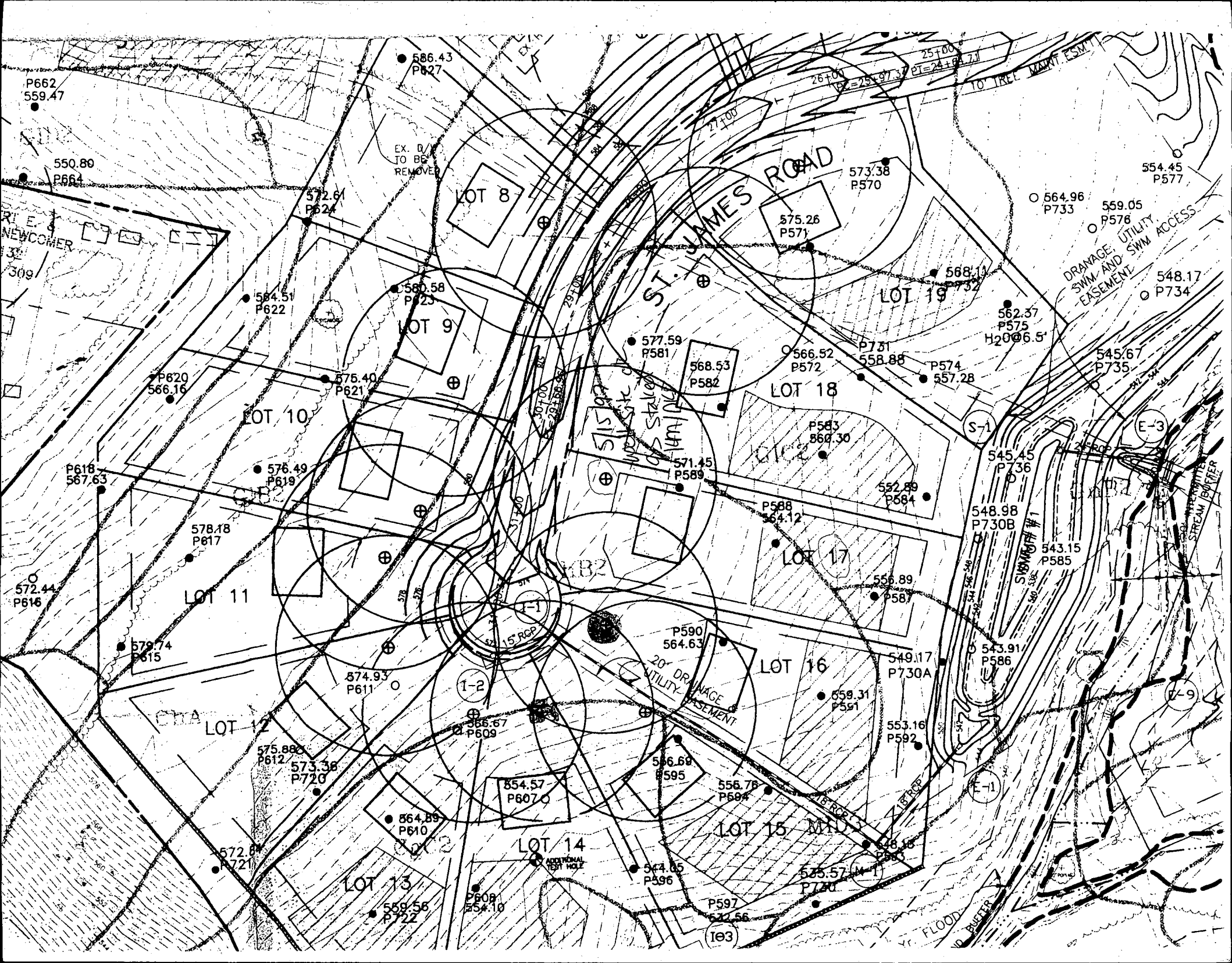
Date: 11-9-99

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

WELL LINE OK
P.A. 3' BELOW GRADE
2-PICKUP CAP 11/15/99 CW

C1		6054		SEQUENCE NO. (MDE USE ONLY)		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.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER	
ST/GO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 6 4 92		Depth of Well 22 325 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-1159		28 29 30 31 32 33 34 35 36 37	
OWNER STREET OR RFD SUBDIVISION		James Rd. Stiegler Property		first name		TOWN W. Friendship		LOT 17	
WELL LOG Not required for driven wells		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 1786 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft. (enter 0 if from surface)		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 67 ft. WHEN PUMPING 76 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		C3	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Sand 0 56 Gray Mica Rock 56 325		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60 OTHER CASING (if used) diameter depth (feet) inch from to		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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)		C2	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		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) St. James Rd. 20' well 40'	
DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. 1 MSD027 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG CASING INDICATOR OTHER DATA					

B 1 1 2 3 4 5 6 9405 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1159 fill in this form completely
Date Received (APA) 4/22/97 8 MM DD YY 13 SDC 15 Last Name Owner First Name 34 P.O. Box 417 36 Street or RFD 55 Ellicott City MD 21041 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL HOWARD 8 COUNTY 21 Stiegler Property 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 17 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 1 M 76 77 78	
DRILLER INFORMATION Joseph L. Mayne M S D 024 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 4/21/97 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 St James Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 40 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard H50560-Q COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 5/20/97 Kim Maisto 5/20/98 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 538 000 EAST GRID 814 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 6/4/97 9:30 Gout SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 814 N 54038 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 	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 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 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 KM WRITE INITIALS IN BOX 54 63 FORCE HO-94-1159 PERMIT No. 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -		COUNTY	



HOUSE LOCATION SURVEY
LOT 17
LYNDON BROOK
SITUATED ON
ST. JAMES ROAD
3RD ELECTION DISTRICT
HOWARD COUNTY,
MARYLAND
SCALE: 1"=50' MAR., 2000