wPI 9/17/00 AH
5/25/00 C.O. 12pm

PERMIT

SEWAGE DISPOSAL SYSTEM

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

INDEXED

P 5133347
A 50560-R
ISSUE DATE 9/27/00
APPROVAL DATE 5/25/00

J. Joseph Gartland IS PERMITTED TO INSTALL x ALTER ____

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400
SUBDIVISION Lyndonbrook LOT NUMBER 16 ADDRESS 2087 St. James Road
PROPERTY OWNER Dorsey Family Homes PROPERTY OWNER'S ADDRESS 9926 Cypressmeade Drive
Ellicott City, MD 21042
SEPTIC TANK CAPACITY 1250 GALLONS
PUMP CHAMBER CAPACITY _____ GALLONS
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 240

BUILDING PERMIT SIGNED AND RETURNED
9-24-04 BOO 150328 - BREAKFAST ROOM

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting from the left rear lot corner, place the distribution box 135 feet up the left lot line and 60 feet off this same lot line. Run trenches on contour to left side of lot. Required trench layout: 50', 60', 60', 70' 3/3/00 O.K. (BB)

PLANS APPROVED Mark E. Rifkin DATE 2-11-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

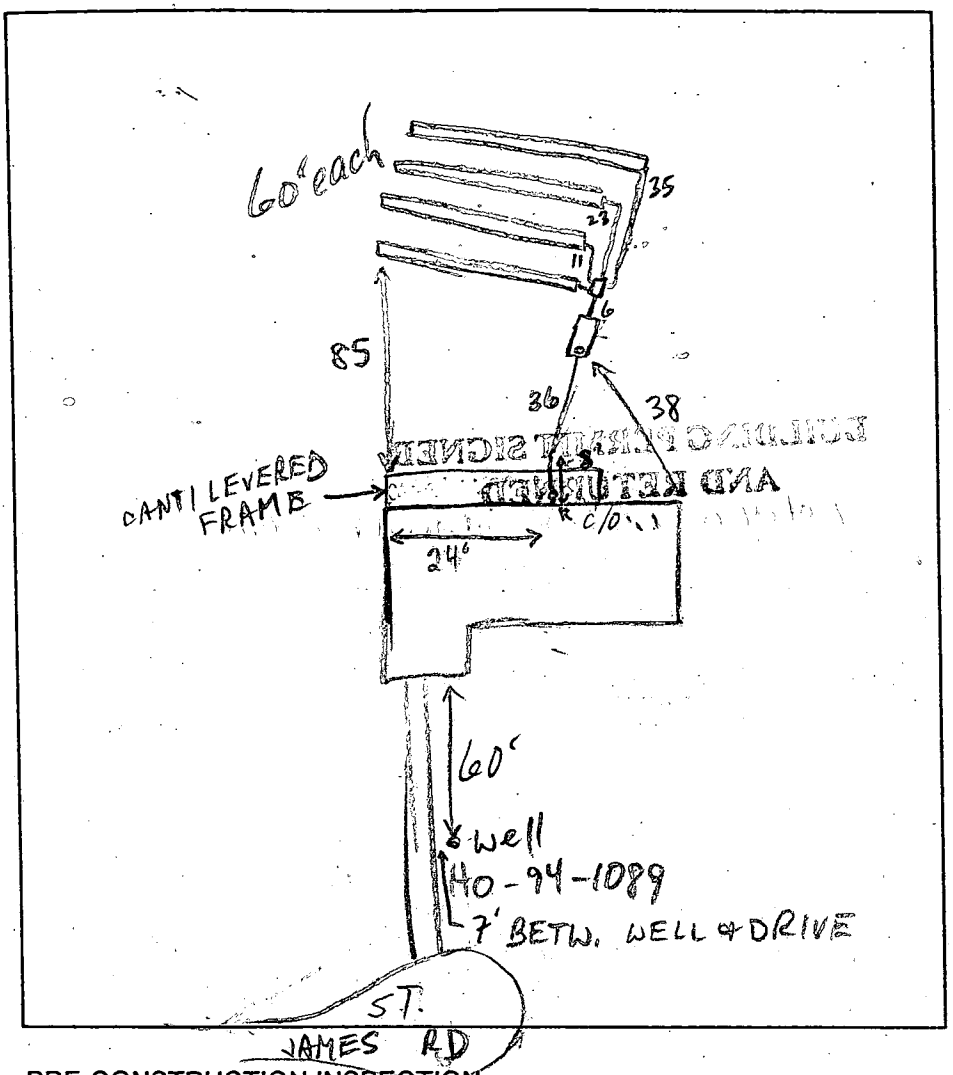
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

50560-R

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3

TRENCH INLET DEPTH 3.5

TRENCH BOTTOM DEPTH 5.5

DEPTH OF STONE 2

NUMBER OF TRENCHES 4

TOTAL TRENCH LENGTH 240

ABSORBENT AREA 720

DISTRIBUTION BOX LEVEL OK

BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS

MANHOLE RISER OK

6 INCH INSPECTION PORT OK

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS —

MANHOLE RISER —

ALARM —

PUMP PERFORMANCE TEST —

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 5/25/00 OK TO COVER S.T. + D.B. LOC. ADJUSTED TO MAKE GRADE SINCE HOUSE SEWER DROPPED 2-3'. (MR)

INSPECTOR M. Rifkin

DATE SYSTEM APPROVED 5/25/00

5/17/00
WPF AH

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 Michael Gartland

Telephone (410) 549-1755

License Number 6353
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber 6353

Name of Property Owner ____ Telephone ____
Subdivision Lyndon brook Lot # 16 Well Tag # 60-~~00~~ 99 - 1089
Site Address 2807 St James Rd

- -

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jazzi
3. Model # IS54513P-52
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ✓ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other Unpc

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

Pitless Adapter
1. Make B11
2. Model # PA-100
3. Depth 42"

Tank
1. Capacity Well X 203
2. Pressure relief valve? CS

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

Well data
1. Depth 290 ft.
2. Yield ____ GPM
3. Static water level 90' ft.
4. Will water supply be disinfected by installer? yes

5/17/00 Cap O.K. Bolts need Tightening. Grout good. PVC O.K. Pitless OK-4' below grade BB

- -

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: Michael Gartland

Date: May 17, 2000

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

HD-215

APPLICATION

PERCOLATION TESTING

A 50560R

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

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:

SUBDIVISION Stiegler Property LOT NO. 1A 1B & 1C

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

HD-216 (3/92)

LOT 1B

COUNTY #

SOIL PROFILE

0' 592 584

4'
orange brn CL

lgt tan to grey SiSaL very micaceous 10% decayed shale

12'

587 591

4'
orange brn CL

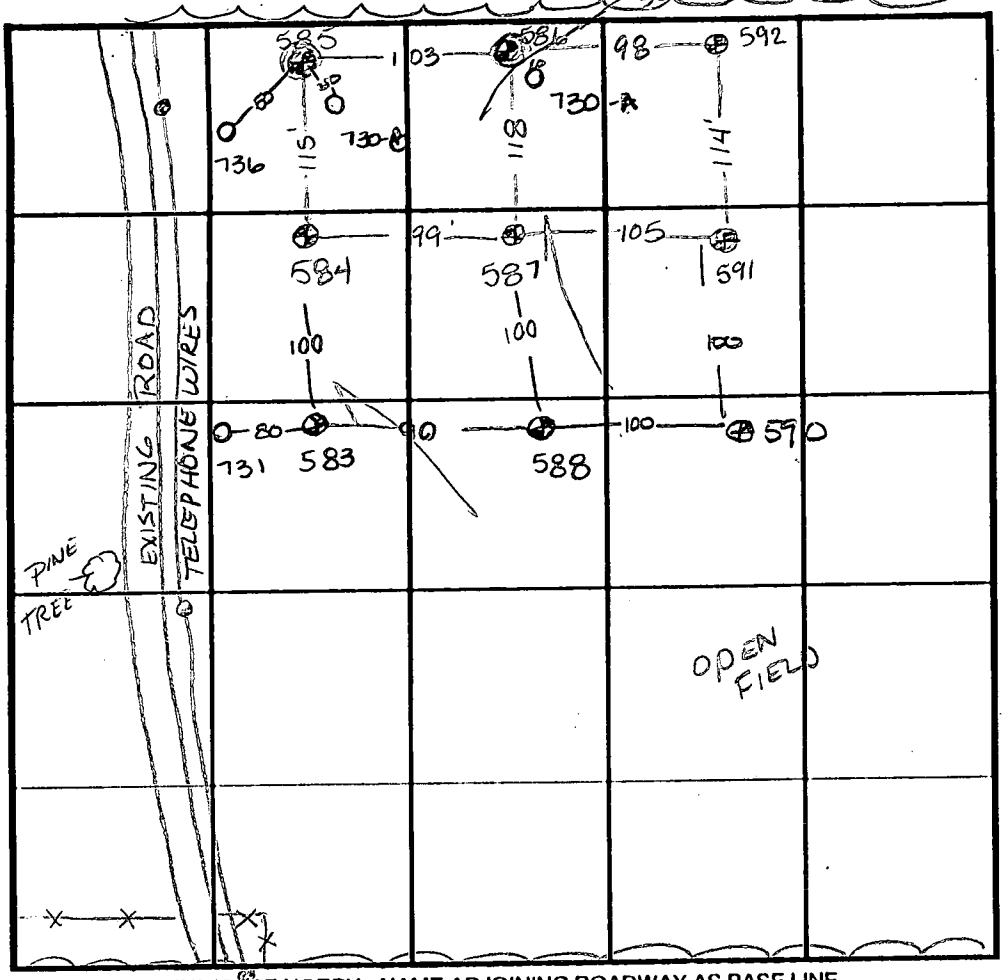
lgt orange tan SiL very micaceous few <1% large rocks 6"-1' dia OK

12'

585/586

5'
clay

7'
water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 583

reddish brn clLm gravelly

4'
lgt tan SiLm very micaceous 5% decayed mica shale

12' 588

orange red brn ClSaLm gravelly mica

4'
lgt tan SaSiLm micaceous 15-20% very decayed saprolite

11'

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	repour	10:52 30	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 30	11:00 30	11:00 30	11:03	2 1/2 min
	592	4.5' / V12.5'	1:52	1:54	1:54	1:56	2 min
	591	4.5' / V11'	2:00	2:01 15	2:01 15	2:03	1 3/4 min
	583	5' / V12'	10:23	10:26 15	10:26 15	10:31 30	5 1/4 min
	588	5' / V11'	10:42 45	10:43 45	10:43 45	10:45 30	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

COUNTY #

SOIL PROFILE

0' 731

orange brown to red silt lm

3.0

brn orange silt lm micaceous shale frags

12.0

730-B

dark brown silt lm

5.5

micaceous dark grey brown silt lm

9½'

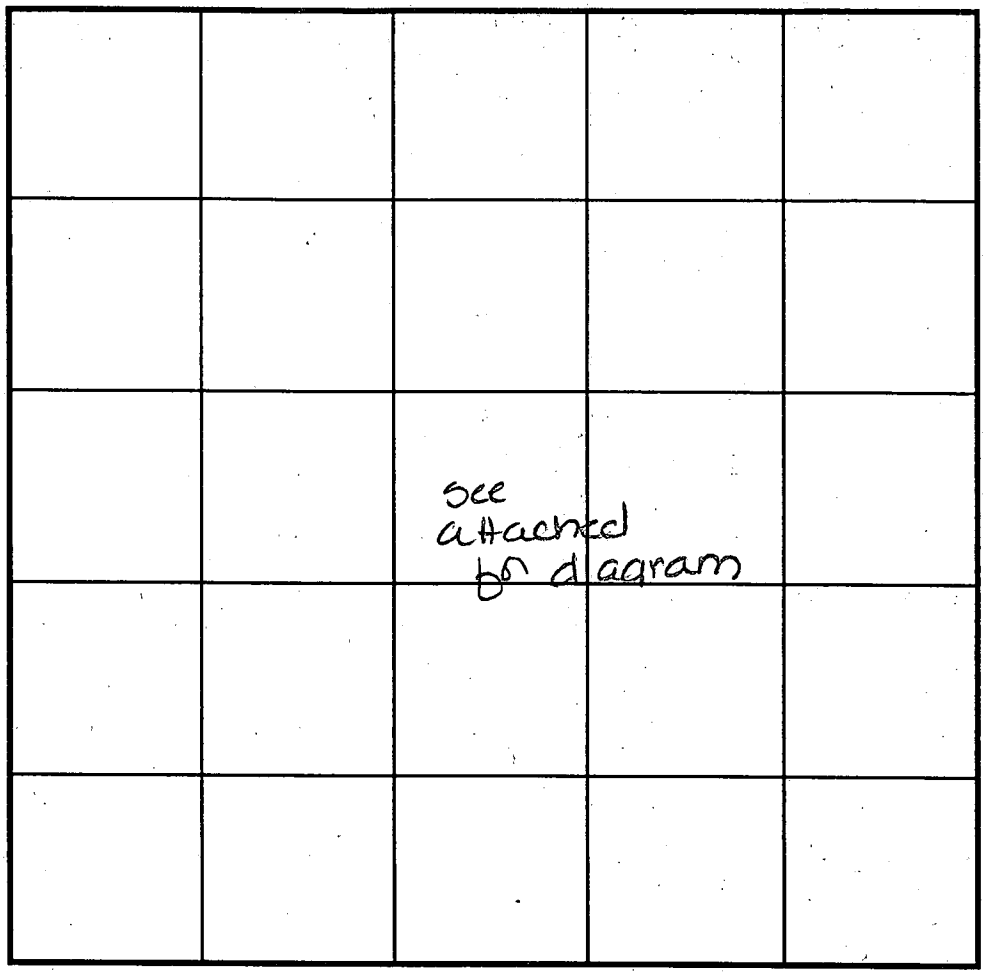
730-A

dark red silt lm

4.5

lgt tan beigh silt lm micaceous 10% micaceous shale

12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 590

bright orange red clay

4.0

medium brown silt lm very micaceous 10% decayed shale

12.5

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2-21-96	731	Visual	to 12.0 - see profile -				OK
	730-A	Visual	to 12.0 -				
	730-B	Visual	to 9½ - water at 9.0 —				F
3-20-95	590	4.5 / 12.5	10:37 (30)	10:38 (15)	10:38 (15)	10:40 (30)	2¼ min

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 20/21

ROAD AND DESCRIPTION _____

_____

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

HD-216 (3/92)

APPLICATION

PERCOLATION TESTING

A 53560P

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

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:

SUBDIVISION Stiegler Property LOT NO. 16, 15

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. _____ VP
(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 _____

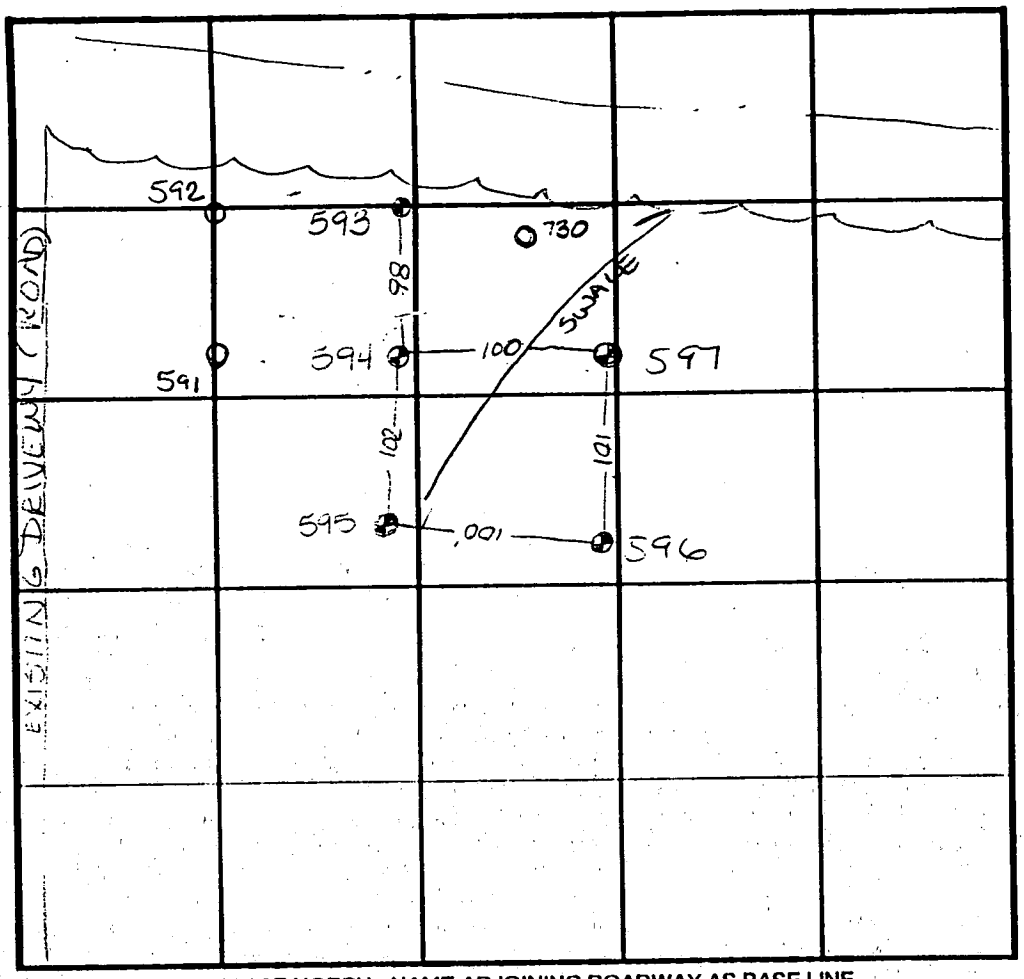
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

50560-P
COUNTY #

LOT 16



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 595

0'
- red C gravelly
4'
- orange brn S.i.Lm micaceous
8'
- very lgt yellow tan mica Si Salm 5% decayed
12'

SOIL PROFILE 597

0'
- yellow brn C
4'
- orange brn C
7'
- dark grey brn 10% mica decayed shale water comming in at 14'
17'
- water

SOIL PROFILE 594 593

0'
- orange red gravelly CiLm
4'
- orange brn S.i.Lm 10% decayed mica shale
7'
- lgt tan yellow S.i.Lm 20% decayed mica shale
12'

SOIL PROFILE 596

0'
- orange red & black clay mica
4'
- lgt tan grey Si Salm 10% mica shale (grey from mica)
12'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-20-95	595	4.5 / V12	11:10	11:11 5	11:11 5	11:13 15	2min
	594	4.5 / V12	1:27 45	1:29	1:29	1:31	2min
	593	3.5 / V11	1:32	1:33	1:33	1:34	1min
	593	repour	1:35 30	1:37	1:37	1:38 45	1 3/4min
	596	4.5' / V12'	1:01 30	1:15	1:15	1:45	30min
	597	See Profile					

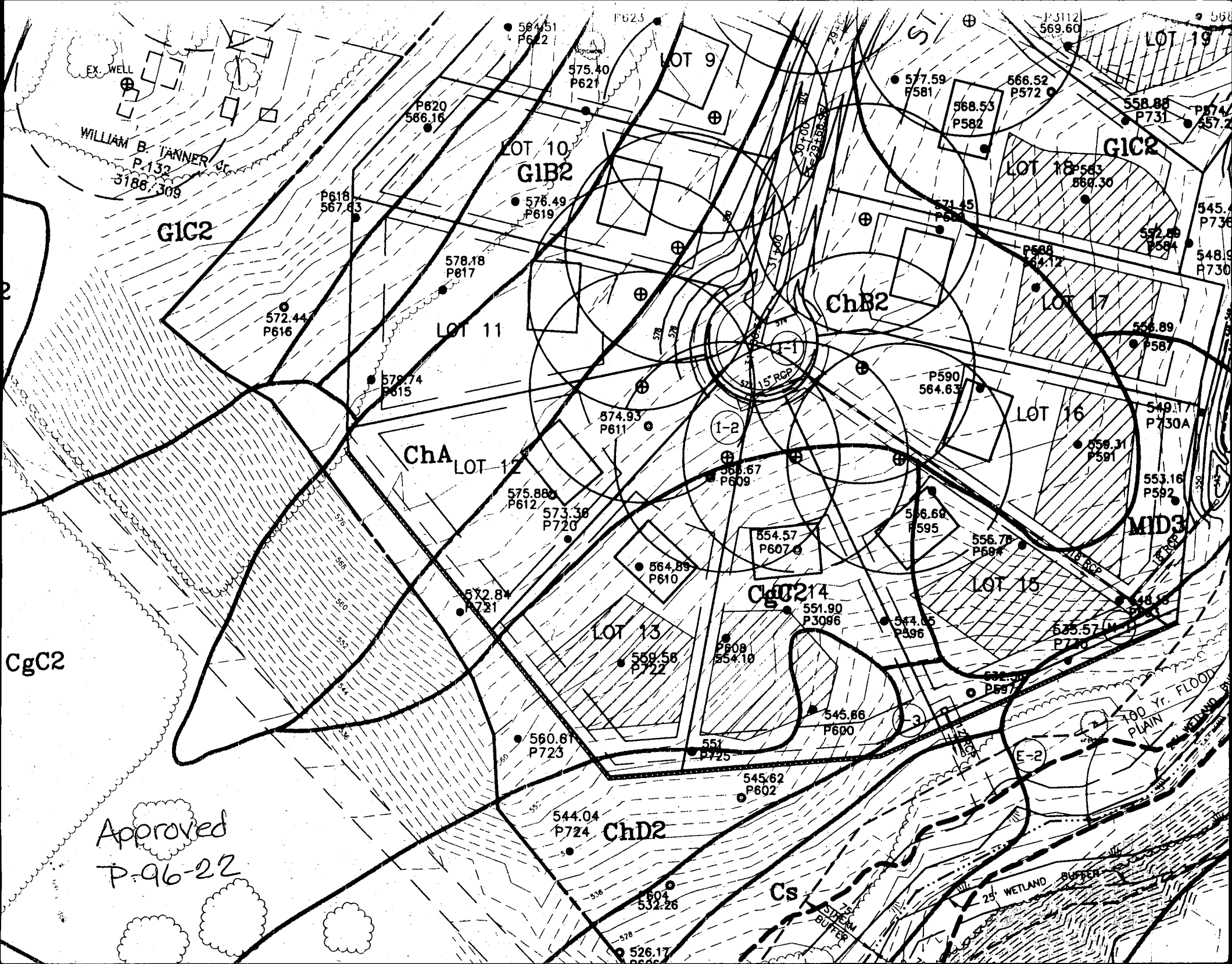
REMARKS 596 & 597 not useable - located in a swale

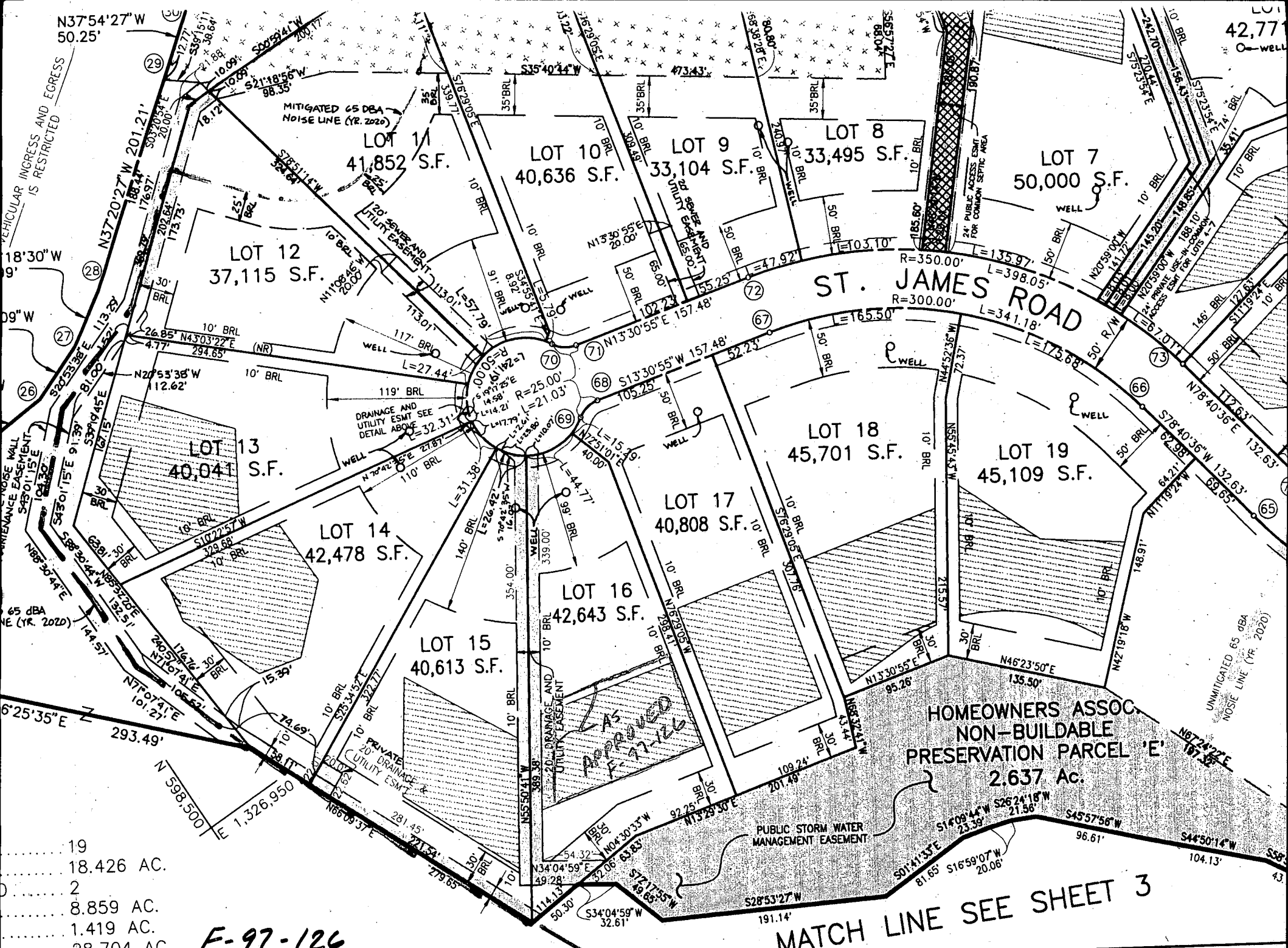
TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Larry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

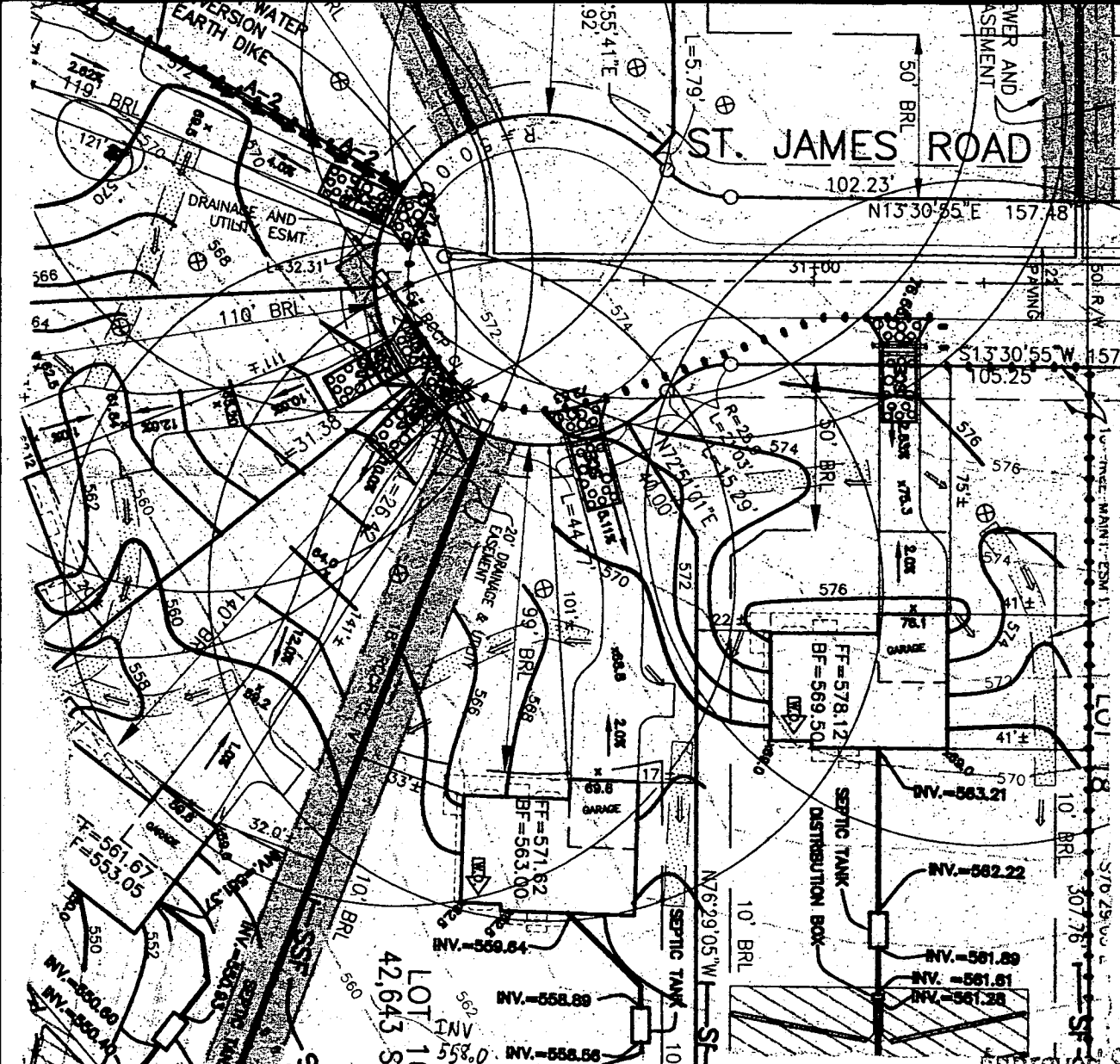

EX. WELL
WILLIAM B. TANNER Dr.
P.132
3186/309
LOT 9
LOT 10
LOT 11
LOT 12
LOT 13
LOT 14
LOT 15
LOT 16
LOT 17
LOT 18
LOT 19
G1B2
G1C2
ChB2
ChA
ChD2
CgC2
MID3
Cs
I-1
I-2
I-3
E-1
E-2
15" RCP
18" RCP
100 Yr. FLOOD PLAIN
25' WETLAND BUFFER
75' STREAM BUFFER
Approved
P-96-22



SURVEYOR'S CERTIFICATE

OWNER'S DEDICATION

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



Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5.5 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)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0012224

Building Address 2087 ST. JAMES RD. ELLICOTT CITY, MD. 21042

Suite/Apt. #: N/A SDP/WP/Petition #: GP-00-21

Census Tract 6030 Subdivision LYNDON BROOK

Section N/A Area 3RD DIST Lot 16

Tax Map 15 Parcel 40 Grid 5

Zoning R-20 Map Coordinates 5D13 Lot size BLOCK 516

Property Owner's Name DORSEY FAMILY HOMES

Address 9926 Cypressmede Dr.

City Ellicott City State Md. Zip Code 21042

Home Phone 410-465-7200 Work Phone FAX 410-465-0488

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

Phone Fax

Existing Use VACANT LOT

Proposed Use Single family dwelling

Estimated Construction Cost $ 70,000.

Description of Work erect and use 2 story, full bsmt. 9 RM, 2 F.B., 1 H.B. Garage, 4 BR. Fireplace, ARMISTEAD MODEL

Contractor Company DORSEY FAMILY HOMES

Contact Person Robert Dorsey Sr. Pres.

Address 9926 Cypressmede Dr.

City Ellicott City State Md Zip Code 21042

License No. 189906 365

Phone 410-465-7200 7679 Fax 410-465-0488

Occupant or Tenant N/A

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company Architecture Collaborative

Contact Person 8320 Main St. Suite 2

Address DAVE ROBBINS DRCS

City Ellicott City State Md Zip Code 21043

Phone 410-465-7500 Fax 410-465-0903

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height: N/A

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
- X Private

Sewage Disposal:
- ____ Public
- X Private

Electric Yes ☑ No ☐

Gas Yes ☑ No ☐

Heating System: F/A
- 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:	50	32 10	1417
2nd floor:	40	28 10	1005
Basement:	50	26 10	1008 3430

Finished Basement ☐ Unfinished Basement ☑

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 4 1/2

Multi-family dwellings:
- No. of efficiency units: N/A
- No. of 1 BR units:
- No. of 2 BR units: 8"
- No. of 3 BR units: concrete foundation w/ frame 2 story

Other Structure:

Dimensions:

Footings: 8 x 16 Concrete

Roof: asph/fiber

____ State Certified Modular

____ Manufactured Home

Utilities

Water Supply:
- ____ Public
- ✓ Private

Sewage Disposal:
- ____ Public
- ✓ Private

Electric Yes ☑ No ☐

Gas Yes ☑ No ☐

Heating System: F/A
- 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Robert L. Dorsey Sr Pres
Applicant's Signature

DORSEY FAMILY HOMES
Print Name

DORSEY FAMILY HOMES
Title/Company

1-26-00
Date

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	2/11/00	Mark E. Rifkin
Fire Protection		

Is 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#: 1/1521

Filing fee	$ 25
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 5011
Validation	# 26474

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

a:\permit.frm

Rev. 10/15/98

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 7434 | SEQUENCE NO. (MDE USE ONLY)
(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-94-1089
fill in this form completely

Date Received (APA): 03/29/97

OWNER INFORMATION

Last Name: SOC | Owner | First Name:
Street or RFD: PO BOX 417
Town: ELLICOTT CITY | State: MD | Zip: 21041

DRILLER INFORMATION

CIRCLE: MSD / MGD / MWD

Driller's Name: Joseph L. Mayne
License No.: 024
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy MD. 21771
Signature: Joseph L Mayne | Date: 3/12/97

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 360 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN
AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)
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
- (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):

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

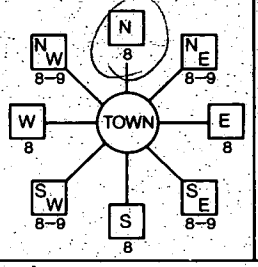
FORCE: AM (WRITE INITIALS IN BOX) PERMIT No.: HO-94-1089

B 3 LOCATION OF WELL

COUNTY: HOWARD
SUBDIVISION: STIEGLER PROPERTY
SECTION: | LOT: 16
NEAREST TOWN: WEST FRIENDSHIP
MILES FROM TOWN (enter 0 if in town): 1 MI

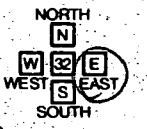
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: ST. JAMES RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 40
ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard Co | COUNTY NO.: A50560R
STATE SIGNATURE _____ INSERT S
DATE ISSUED: 03/21/97 | CO SIGNATURE: A McMillen | EXP. DATE: 3/20/98
NORTH GRID: 536000 | EAST GRID: 0814000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

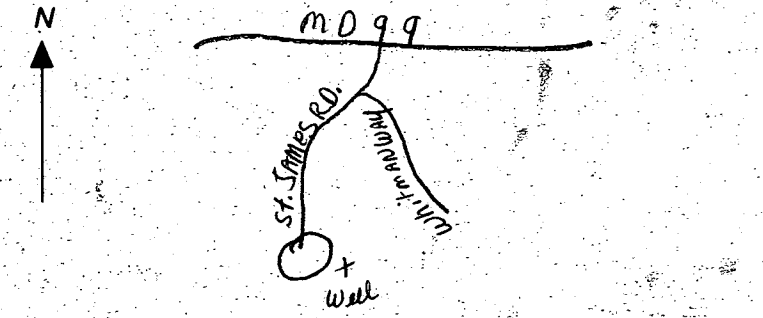
SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814
N 536
000
000

4/3/97
Grout 9:30
4-3-97
21 bags PorHard Type II
54' casing
45' open
grout ok KM

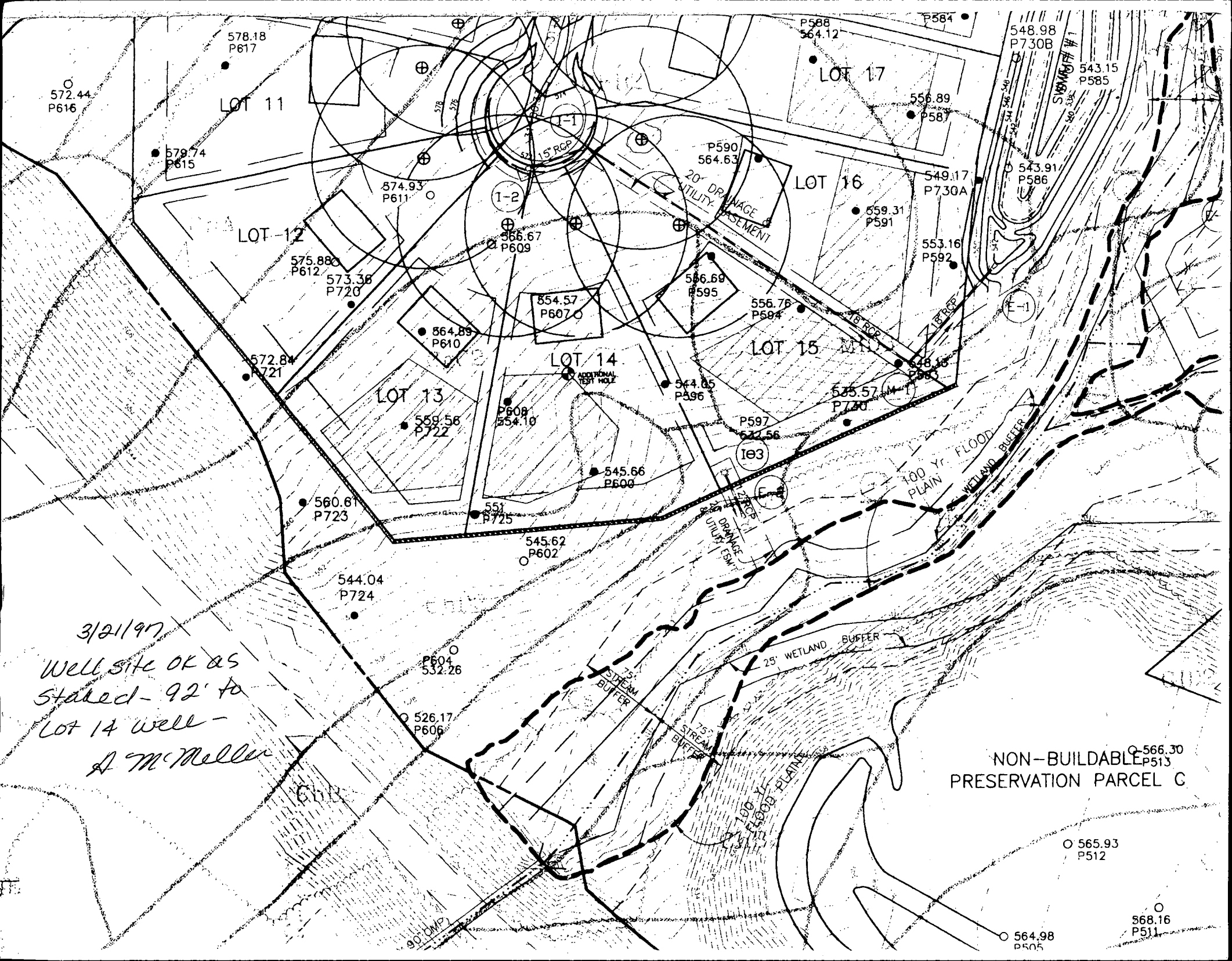
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

West FRIENDSHIP

COUNTY



3/21/97
Well site OK as staked - 92' to Lot 14 well -
A McMeller

C 1 **1317** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) — SEQUENCE NO. (DENV. 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.

COUNTY NUMBER: A50560 R

ST/CO USE ONLY
DATE Received: 04 11 97 (8–13)

DATE WELL COMPLETED: 04 03 97 (15–20)

Depth of Well: 325 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-1089 (28–37)

OWNER: SDC
STREET OR RFD: last name St James RD first name TOWN: West Friendship MD.
SUBDIVISION: Stiegler Prop. SECTION: LOT: 16

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 Stone	0	51	
Gray Mica Rock	51	325	✓

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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 IDENT. NO. 24
Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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] (44) no [N] (44)
TYPE OF GROUTING MATERIAL
CEMENT [CM] (45–46) BENTONITE CLAY [BC] (45–46)
NO. OF BAGS 21 NO. OF POUNDS 1994
GALLONS OF WATER 126
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48–52) ft. to 45 (54–58) 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 (60–61)	6 (63–64)	54 (66–70)

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

	DEPTH (nearest ft.)	
EACH SCREEN 1	HO (8–9)	53 (11–15) to 325 (17–21)
2	(23–24)	(26–30) to (32–36)
3	(38–39)	(41–45) to (47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56–60) (NEAREST INCH)
from ____ to ____
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

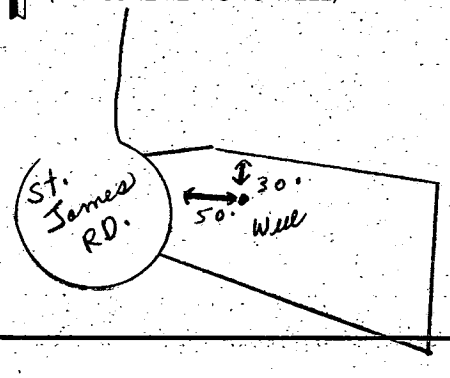
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74–76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3 (8–9)
PUMPING RATE (gal. per min. to nearest gal.): 10 (11–15)
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 51 (17–20)
WHEN PUMPING: 108 (22–25)
TYPE OF PUMP USED (for test)
- [A] air (27)
- [P] piston (27)
- [T] turbine (27)
- [C] centrifugal (27)
- [R] rotary (27)
- [O] other (describe below) (27)
- [J] jet (27)
- [S] submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: (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 (49) / (−) below (49) LAND SURFACE
1 (nearest foot) (50–51)

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

Page ____ of ____
Date 4/3/97

Review ok KM 4/17/97

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1089
Location of property (road) St. James Rd.
Subdivision Stiegler Property Lot 16 Block ____ Plat ____ Sec. ____
Well Driller Joseph Mayne Owner SOC

Depth of well 325'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 51'

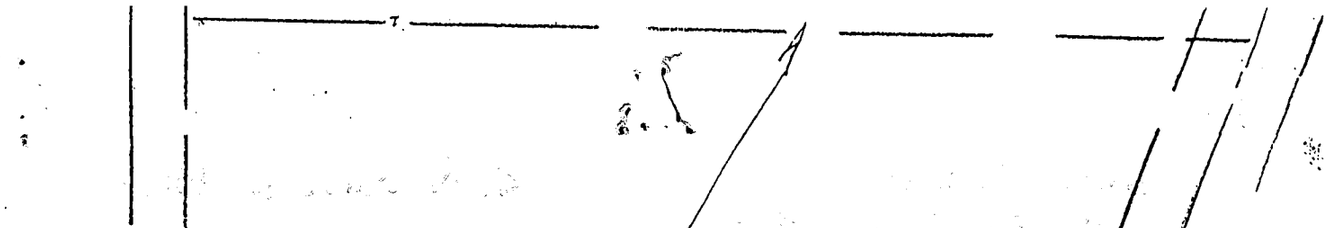
I. *High rate pumping -- reservoir drawdown*

Time pump started 7:00 Pumping rate 20 gpm.
Total time 30 min. to reach pumping water level 108 ft. below M.P.

II. *Recovery pump test data - observations to be recorded every 15 minutes*

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	92'	3 sec.		20 gpm.
7:30	108	3		20 "
7:45	106	6		10
8:00	104	6		10
8:15	102	6		10
8:30	102	6		10
8:45	102	6		10
9:00	103	6		10
9:15	103	6		10
9:30	103	6		10
9:45	103	6		10
10:00	103	6		10
10:15	102	6		10
10:30	102	6		10

HD-224


SEPTIC RESERVE
42,643 SQ. FT.
10' BRL
S 76°22'05" E 298.41'
55'±
S.T.
LOT 16
17
15
10' BRL
20' DRAINAGE & UTILITY EASEMENT
15'
5'
6'
10.1 STORY ADDITION
11'
50.0
32.0
26.0
1 STORY
#2087
17'±
35'6"±
CONC SIDEWALK
ASPHALT DRIVE
WELL
101'±
N 42°57'01" W
40.90
L=44.77'
ST. JAMES ROAD
B00150328
9/24/04
Plan to scale
No septic &
well issues
KN
LOT 16
LYNDON BROOK
#2087 ST JAMES R
3rd ELECTION DISTRIC
HOWARD COUNTY, M
SCALE: 1"=30'

PLAT PLAN