PERMI SEWAGE DISPOSAL SYSTEM EALTH AND MENTAL HYGIENE

P	5	110	44	
	-		_	

50560-2

DISTRICT 3rd

DATE SYSTEM APPROVED

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

		IN	ISPECTOR	KM
South Carroll Backhoe, Inc.	IS	PERMITTED TO INSTAL	L X ALTE	ER
ADDRESS 4410 Salem Bottom Road, Wes	tminster, Maryland 21157	PHONE410	-875-4197	
SUBDIVISION Lyndonbrook	LOT 22 ROAD	2119 Whitman Wa	У	
PROPERTY OWNER	Jacobsen Homes, LLC Ju	MORAN		
ADDRESS		· · · · · · · · · · · · · · · · · · ·	·	
SEPTIC TANK CAPACITY 1000 GALLONS	BUILDINGPERMITSTO	NETANK REQUIRED	**	
NUMBER OF BEDROOMS 3	AND RETURNED		erick Norwege	
180 SQUARE FEET PER BEDROOM		ph bizerwy		er er er grad. Grade
LINEAR FEET OF TRENCH REQUIRED 180	-			
TRENCHES - Trench to be 2 feet wide	. Inlet 3 feet below origi	nal grade. Bot	tom maximum	ı depth
3 feet of stone below di	rade. Effective area begins stribution pipe.	at 4 feet belo	w original	grade.
LOCATION - Place the distribution be in from the same lotaling	oox 150 feet down the right ne as seen when facing the	(263.50') lot l lot from Whitman	ine and 75 Way. Run	feet
trenches on contour in b NOTES - No trench to exceed 100	ooth directions. feet in length. Provide 6'	' - 8" diameter	cleanout ar	nd cap
to grade or above on sep	tic tank. On 1/20/98 DUS			<u></u>
PLANS APROVED BY Kim Maiste			DATE 7/29/9	98
COVER NO WORK LINES INCRECTED AND ARROVER				

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) GLOG. PERMIZ SIGNED

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

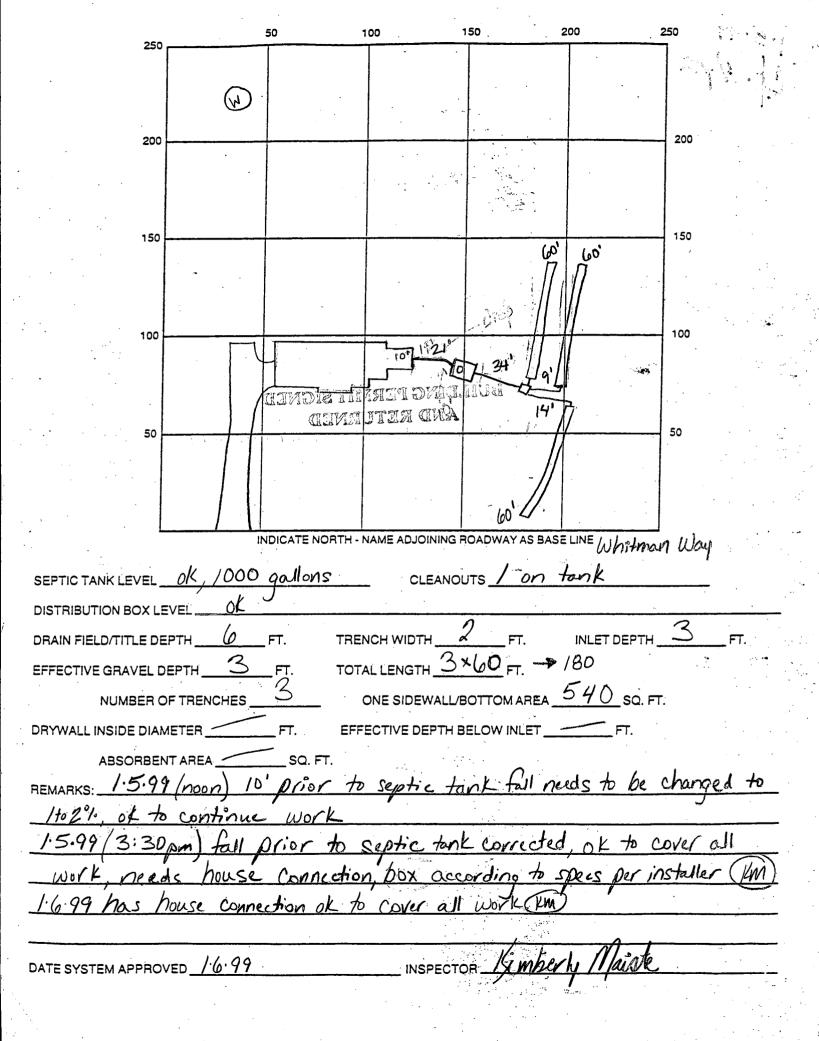
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENG

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



FISHER, COLLINS & CARTER

F. 02/02 410 750 3784

NOTES: GENERAL

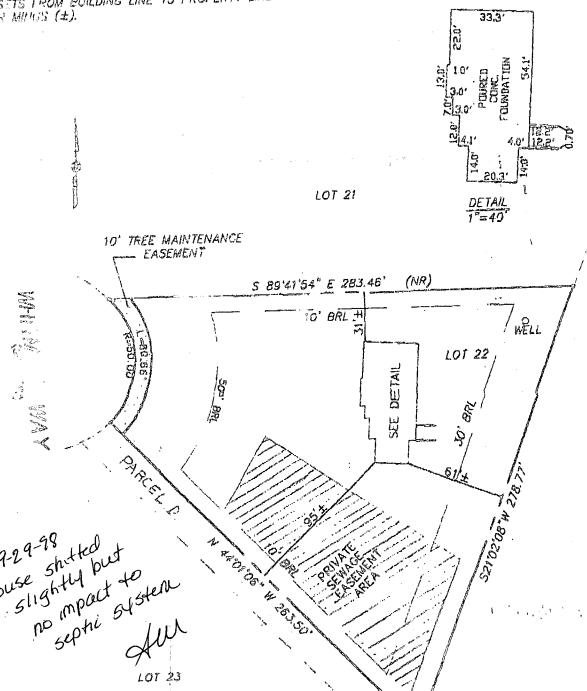
1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM
INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE
INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE
CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS
CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING.
PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR
PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINE, BUT SUCH
ALL A RESULT. THIS PLAT DCES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH
ALL A RESULT. THIS PLAT DCES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH
IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE
COUNTY, MARYLAND. COMMUNITY PANEL NO.240044 DOIS B. EFFECTIVE

PLATE HE WARD

3) THE DEFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1'

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MILIUS (±).



LYNDONAROOK LINUMINISH OF LOTS 1 - 30,

PRESERVATION PARCELS A THRU 6

THIRD ELECTION DISTRIP PLAT REFERENCE: 13073

TOP OF FOUNDATION WALL ELEV .= 588.2'4

'n

COLLINS & CARTER, INC. I SHER. OF OFFICE PAR - 10272 BATTERS AND SURVEYORS OFFICE PAR W - 10272 B GENERANC PE ELLICATE CITY, MARHAND THAT (410) '61 - 2855

C-\DRAHMST**61266\61266**LCT92HLDWC A CONTROL OF THE ACCOUNT OF THE ACCO REG. # 539

HOUSE LOCATION DRAWING

THE RESERVE THE PROPERTY OF THE PARTY OF THE FOUNDATION LOCATION 9/17/98 FINAL LOCATION: BOUNDARY SURVEY:

SCALE: 1"=60' DATE: 9/21/98 DRAWN BY: I.P.F. CHECKED BY: MJ.R. PROJECT NO.: 5128 51266

APPLICATION

PERCOLATION TESTING

A 505 GO Z

P

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

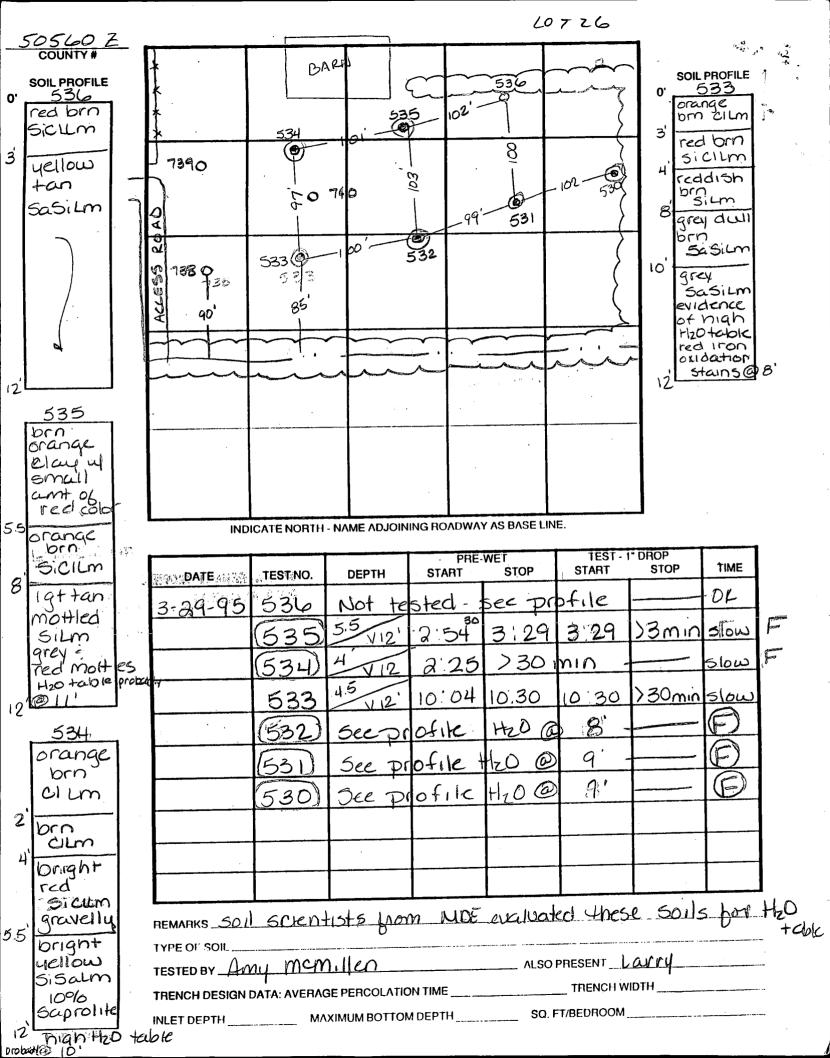
TESTS NOT BEING BLAND PLANT BEING BLAND PLANT

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

	Annelore Stiegler JACO	bsev Hon	mes the
	2151 Route 32		
ADDRESS	Sykesville, Maryland 21784	PHONE _	
AGENT OR PROSPEC	CTIVE BUYER SDC Group, Inc. P.O. Box 417		
•	P.O. Box 417 Ellicott City, Maryland 21041		(410) 465-4244
ADDRESS	Ellicott City, Maryland 21041	PHONE _	(410) 403 4244
PROPERTY LOCATIO	ON:		
4 1 1			262 22
SUBDIVISION	Stiegler Property	LOT NO	4023
	PTION 2100 block Maryland Route		
and Maryl	and Route 32 (2/19 WhitmA	N WAY)	O DO BEDAUX CLOSUP
			PERMIT SIGNED
TAX MAP15	PARCEL# 40		Leval # 1310 11318C
SIZE OF LOT	60,000 SF	TYPE BLDG.	Single Family - 5Bm
			(SINGLE FAMILY DWELLING OH COMMERCIAL)
THE SYSTEM INST	ALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY	UNTIL PUBLIC FACIL	ITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED	WITH THE FILING OF THIS PERC TEST APPLICATION	IS NON-REFUNDABLE	E UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
			bould us
COMPLY WITH ALI	L M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.		(SIGNATURE OF APPLICANT)
			(SIGNATURE OF ALL EIGHT)
APPROVED BY	FOR		DATE
DISAPPROVED BY	FOR		DATE
DISAFF NOVED BT_			
HOLD PENDING FUR	THER TESTS	<u> </u>	
REASONS FOR REJ	ECTION OR HOLDING		
PERCOLATION TEST	T PLAT/PRELIMINARY PLAT - TITLE OR I.D. #		DATE
SITE DEVELOPMEN	T PLAN/FINAL PLAT - TITLE OR I.D. #		DATE

THIS IS NOT A PERMIT

HD-216 (3/92)



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	table		INC	DICATE NORTH	- NAME ADJOIN	ING ROADWAY	Y AS BASE LIN	Æ.	11.0	ey Silr 1590 frag	S
	table Probably					PRE-	WET	TEST - 1	DROP		S
	table Probably		DATE	TEST NO.	DEPTH	PRE- START	WET STOP	TEST-1 START	DROP STOP	TIME TOO CO	s€
	table probably 2011 5' in			TEST NO.	DEPTH VISUAL	PRE-	WET STOP	TEST-1 START	DROP STOP	TIME TOO CLOS TO STR	s€
	table probably 5' in most average		DATE	TEST NO.	DEPTH VISUAL	PRE- START	WET STOP	TEST-1 START	DROP STOP	TIME TOO CLOS TO STR	s€
	table probably 5' in most average rainfall		DATE	TEST NO. 738	DEPTH VISUAL 55	PRE- START +0 11.0	wet stop - See	TEST-1 START Profik	DROP STOP	TIME TOO CID TO STR	s€
	table probably 5' in most average		DATE	TEST NO. 138 138	0EPTH V15UCL 5.5 V11.0	PRE- START +0 11.0 12.38	WET STOP	TEST-1 START Profik	DROP STOP	TIME TOO CLOS TO STR	S€ EAM
115	table probably 5' in most average rainfall		DATE	TEST NO. 138 138	DEPTH VISUAL 55	PRE- START +0 11.0 12.38	wet stop - See	TEST-1 START Profik	DROP STOP	TIME TOO CID TO STR	S€ EAM
115	table probably 5 in most average rainfall years		DATE	TEST NO. 738 739 534	DEPTH V15UCL 55 V11.0 V11.0	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	s€
11.5	table probably 5' in most average rainfall years 138 Torange		DATE	TEST NO. 738 739	0EPTH V15UCL 5.5 V11.0	PRE- START +0 11.0 12.38	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TODED TODETR GMIN GOW	S€ EAM
	table probably 5 in most average rainfall years 138 orange red sichem		DATE	TEST NO. 738 739 534	DEPTH V15UCL 55 V11.0 V11.0	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
115	table probably 5' in most average rainfall years 138 orange red sicium		DATE	TEST NO. 738 739 534	DEPTH V15UCL 55 V11.0 V11.0	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
	table probably 5 in most average rainfall years 738 orange red sicium lgt yeilow		DATE	TEST NO. 738 739 534 740	DEPTH V15UCL 55 V11.0 V11.0	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
	table probably 5 in most average rainfall years 738 orange red sicium letow orange		DATE	TEST NO. 738 739 534 740	DEPTH V15UCL 55 V11.0 V11.0	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
	table probably 5 in most average rainfall years 738 orange sicium light yeilow orarge sicium		DATE	TEST NO. 738 739 534 740	DEPTH V15UCL 55 V11.0 V11.0	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
	table probably 5 in most average rainfall years 738 orange red sicium letow orange		DATE	TEST NO. 738 739 534 740	DEPTH V15UCL 55 V11.0 V11.0	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
	table probably 5' in most average rainfall years 738 orange sicium light yearqe sicium grey		DATE 2-23-96	TEST NO. 738 739 534 740	DEPTH VISUAL 55 VII.0 8.0 VII.0 VISUAL	PRE- START +0 1.0 2 38 2:52 12:57	WET STOP - See 12:46 >30 m	TEST-1 START Profik	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
	table probably 5' in most average rainfall years 738 orange sicium light yearqe sicium grey		DATE 2-23-96 REMARKS 100	TEST NO. 738 739 534 740	DEPTH VISUAL 55 VII.0 80 VII.0 VISUAL	PRE- START +0 1.0 12 38 12:52 12:57 SEE D	WET STOP - See 12:46 >30 m 1:12 rofile	TEST-1 START Profit	DROP STOP	TIME TO STR TO STR 9min Slow 27min	S€ EAM
	table probably 5' in most average rainfall years 738 orange sicium Jellowe Sicium Jellowe Sicium Grey Mottles		DATE 2-23-96 REMARKS_YO TYPE OF SOIL_	TEST NO. 738 739 534 740	DEPTH VISUAL 55 VII.0 80 VII.0 VISUAL	PRE- START +0 1.0 12 38 12:52 12:57 SEE D	WET STOP - See 12:46 >30 m 1:12 rofile	TEST-1 START Profit	12:55 1:39	TIME TO STR PMIN STOW 27min	S€ EAM
	table probably 5' in most average rainfall years 738 orange sicium light yearqe sicium grey		DATE 2-23-96 REMARKS 100	TEST NO. 138 139 534 740	DEPTH VISUAL 55 VII.0 80 VII.0 VISUAL	PRE- START +0 1.0 12 38 12 52 12 57 SEE P	WET STOP - See 12:46 >30 m 1:12 cofile	TEST-1 START Profit	DROP STOP	TIME TO STR PMIN STOW 27min	S€ EAM

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MANUALITA BOTTOM DEDTU

SO ET/REDROOM

APPLICATION

PERCOLATION TESTING

A <u>50560 Y</u> P_____

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

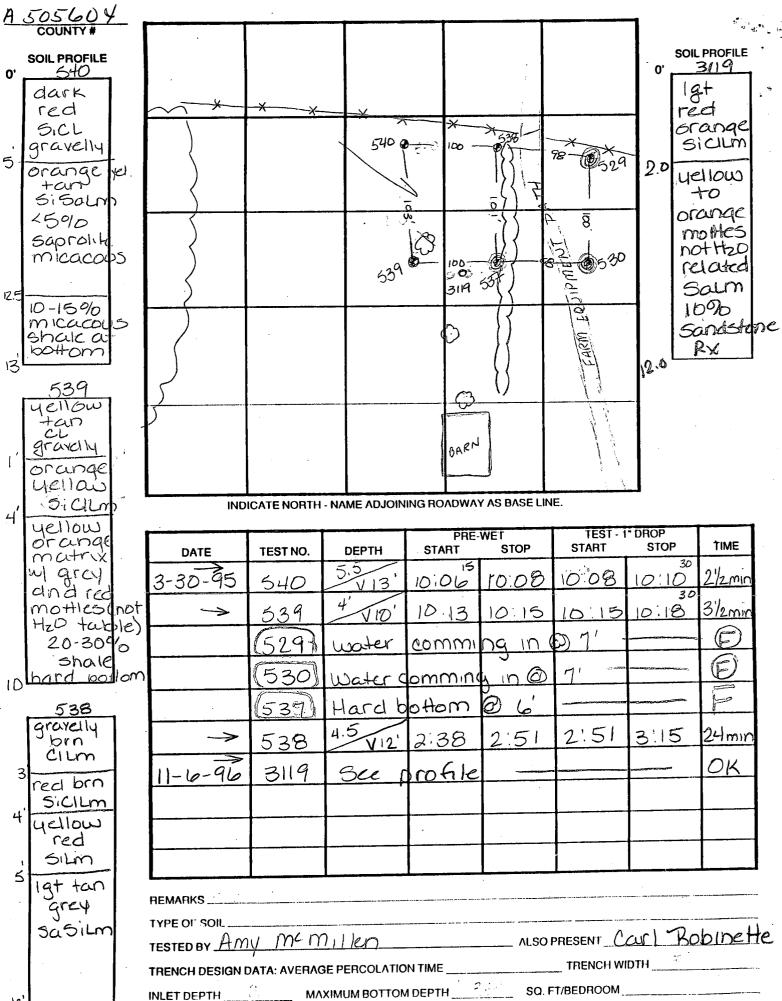
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

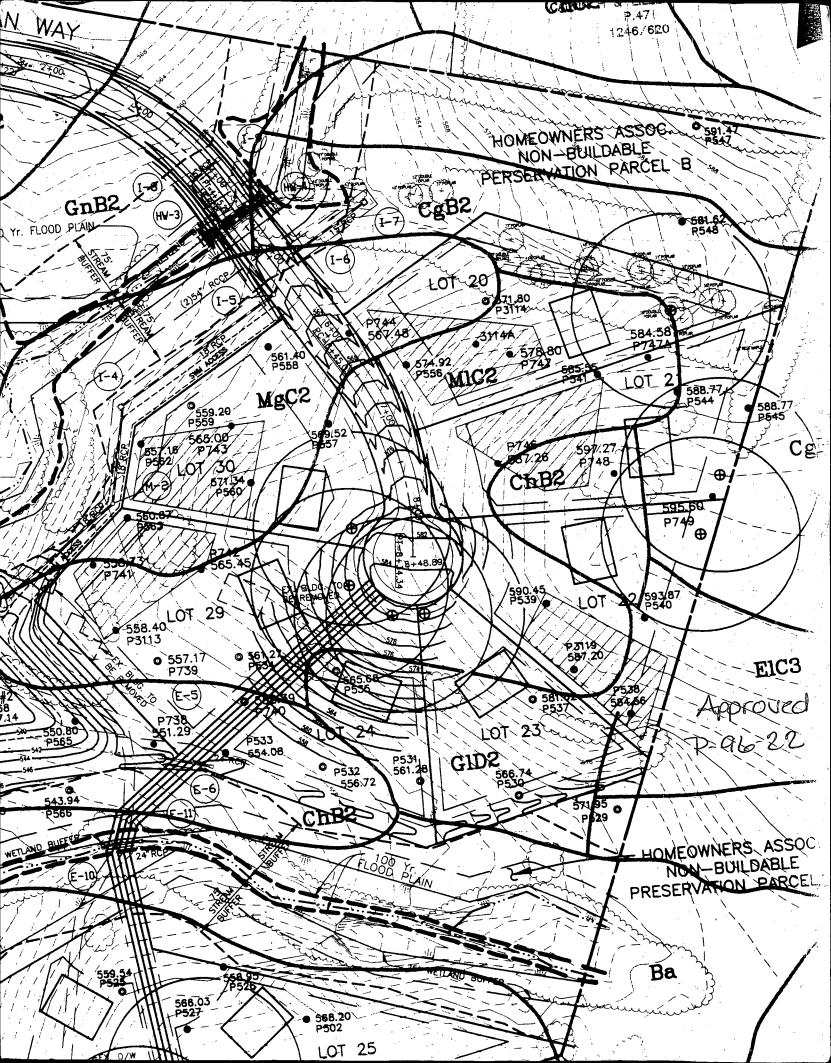
ELLICOTT GITY, MARYLAND	
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERI	MIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Annelore Stiegler	
2151 Route 32 ADDRESS Sykesville, Maryland 21784	DUOVE
AGENT OR PROSPECTIVE BUYER SDC Group, Inc. P.O. Box 417	
P.O. Box 417 ADDRESS Ellicott City, Maryland 21041	PHONE (410) 465-4244
PROPERTY LOCATION:	
SUBDIVISION Stiegler Property	LOT NO25,26 24 22
ROAD AND DESCRIPTION 2100 block Maryland Route 3	
and Maryland Route 32	
TAX MAP 15 PARCEL # 40	
SIZE OF LOT 60,000 SF TY	PE BLDG. Single Family (SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UN	ITIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS	
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BY FOR	DATE
DISAPPROVED BYFOR	DATE
HOLD PENDING FURTHER TESTS	
REASONS FOR REJECTION OR HOLDING	
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	DATE

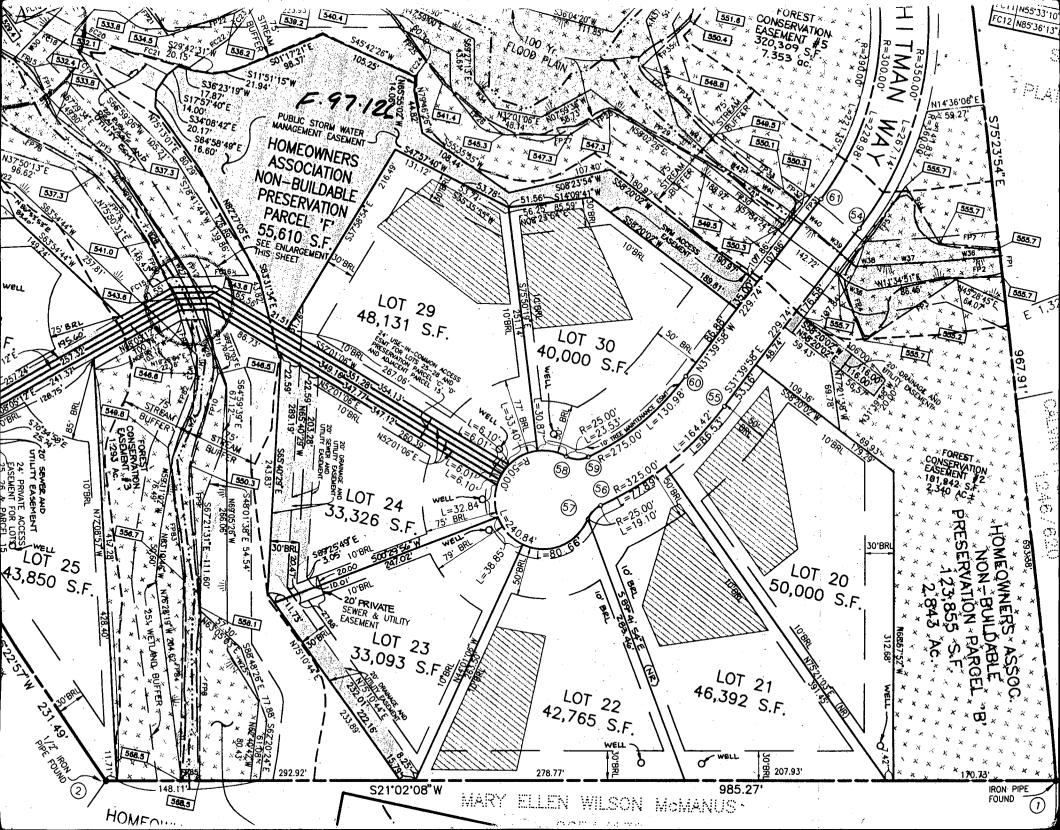
THIS IS NOT A PERMIT

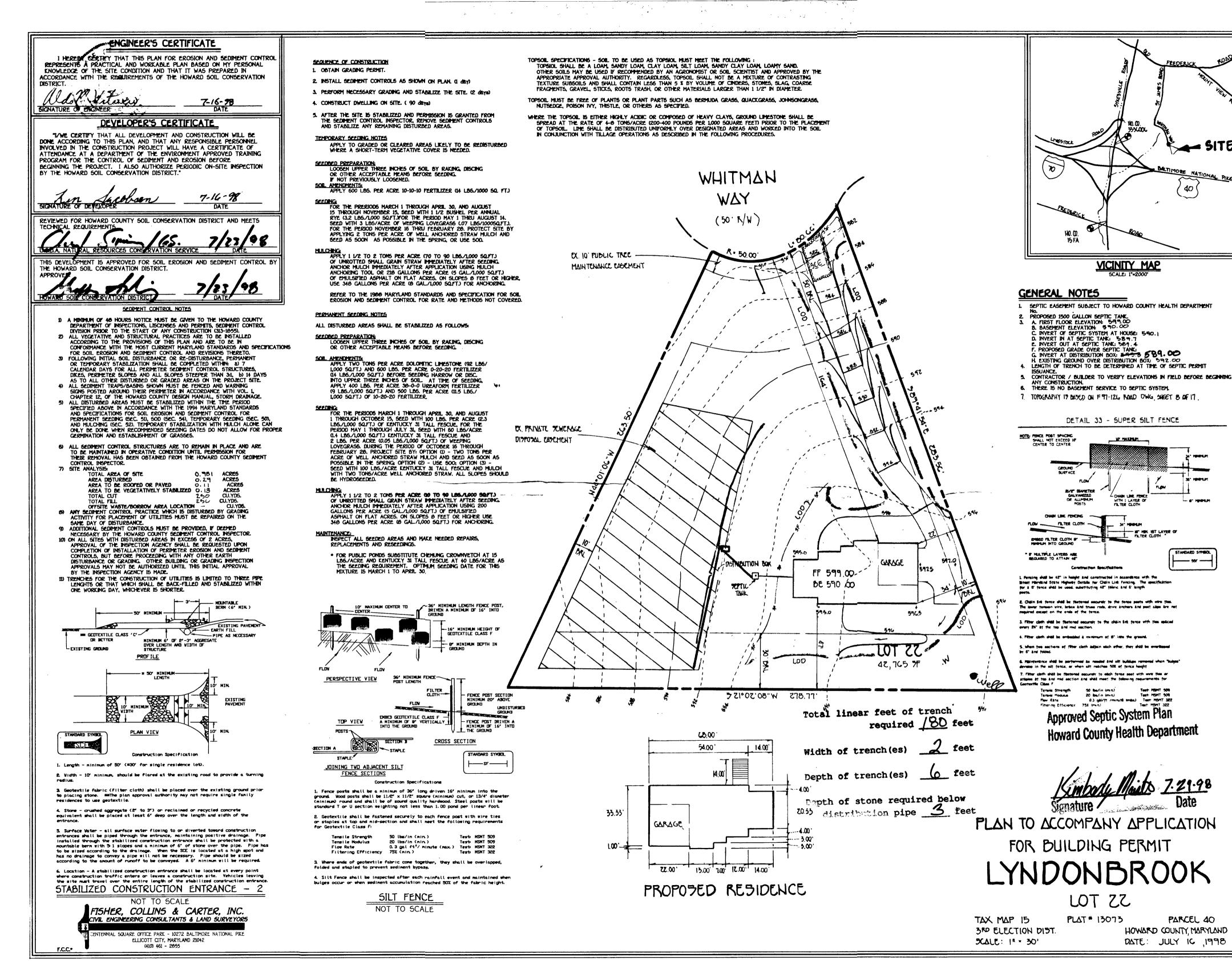
HD-216 (3/92)

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









PARCEL 40

40

SEQUENCE NO. (DENV USE ONLY) 1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		- STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 50560 Z	
ST/CO USE ONLY	DATE WELL COMPLETE 0 7 0 7 9 7 15 20	Depth of Well 22 2 5 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
OWNER	SOC			
STREET OR RED	,	0	West Friendship	
SUBDIVISIONST		PLO P. SECTION	LOT 22	
Not required for STATE THE KIND OF PENETRATED, THEIR	driven wells FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box) WED CONTROL MATERIAL	C 3	
THICKNESS AND IF	WATER BEARING	TYPE OF GROUTING MATERIAL CEMENT C M BC	HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)	FEET Check if water bearing	NO. OF BAGS 2 NO. OF POUNDS 2068	PUMPING RATE (gal. per min. / 0	
		GALLONS OF WATER _/32_	to nearest gal.) METHOD USED TO A. L. F. F.	
Sand	0 77	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE DUCKET	
Janes		from 0 ft. to 7 / ft. to 3 ft.	VVAIER LEVEL (distance from land surface)	
Mini	77 285 1	(enter 0 if from surface)	BEFORE PUMPING 23 20	
Sand Gray Mica Rock		/ types \	WHEN PUMPING /50	
ROCK		insert STEEL CONCRETE	TYPE OF PUMP USED (for test)	
		code below PL OT	A air P piston T turbine	
		PLASTIC OTHER	27 27 27	
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	centrifugal R rotary O other (describe below)	
		SH 6 80 1	jet S sybmersible	
		60 61 63 64 66 70 E OTHER CASING (if used)		
		C diameter depth (feet) H inch from to	PUMP INSTALLED	
		Ç.	DRILLER WILL INSTALL PUMP YES (NO)	
			(CIRCLE) (YES or NO). IF DRILLER INSTALLS PUMP, THIS SECTION	
		N G C C C C C C C C C C C C C C C C C C	MUST BE COMPLETED FOR ALL WELLS	
		screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED	
		/ insert \ ST BR HO	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29	
		(appropriate) STEEL BRASS OPEN BRONZE HOLE	CAPACITY:	
		below / PLOT	GALLONS PER MINUTE (to nearest gallon) (The second secon	
		PLASTIC OTHER	PUMP HORSE POWER 41	
IN HARD ROCK AREAS, IDE		1 2	PUMP COLUMN LENGTH (nearest ft.)	
WHERE SATURATED FRACT	TURES WERE OBSERVED.	DEPTH (nearest ft.) 1	CASING HEIGHT (circle appropriate box	
	yes no	E //	and enter casing height)	
WELL HYDROFRACTU	JRED Y (N)	^H 2	LAND SURFACE (nearest	
CIRCLE APPROP	DIATE I ETTED	S 23 24 26 30 32 36	49 (nearest foot)	
A A WELL WAS ABAND	OONED AND SEALED	E 3	LOCATION OF WELL ON LOT	
WHEN THIS WELL W		N 38 39 41 45 47 51	A SHOW PERMANENT STRUCTURE SUCH AS	
E ELECTRIC LOG OBTA	AINED RTED TO PRODUCTION	SLOT SIZE 123 (NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS	
P WELL	RIED TO PRODUCTION	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.	04.04 "WELL CONSTRUCTION"	from to		
AND IN CONFORMANCE WITH AL ABOVE CAPTIONED PERMIT, AND	THAT THE INFORMATION PRE-	GRAVEL PACK L		
SENTED HEREIN IS ACCURATE AN MY KNOWLEDGE	ID COMPLETE TO THE BEST OF	FLOWING WELL INSERT		
DRILLERS IDENT, NO.	24	F IN BOX 68 68 MDE USE ONLY	200	
mayet.	2 mains	(NOT TO BE FILLED IN BY DRILLER)	3-16-3	
DRILLERS SIGNATURE (MUST MATCH SIGNATUR	E ON APPLICATION)	T (E.R.O.S.) W Q	Will 13	
THE STATE OF THE S		70 72	Whitman)	
SITE SUPERVISOR (sign. o	of driller or journeyman	TELESCOPE LOG OTHER DATA	Wway)	
responsible for sitework if	different from permittee)	CASING INDICATOR		
		COUNTY		

EMERGENCY/TEMP NO. IF ANY	STATE USE INDUSTRIES JESSUP, MD 20794
MADE HOE ONLY	MARYLAND STATE PERMIT NUMBER DRILL WELL WO - 94 - 1091
	rint or type 17 \lambda -17 \lambda
Date Received (APA) 03/297 OWNER INFORMATION	B 3 LOCATION OF WELL
	HOWARD 21
15 Last Name Owner First Name 34	STICGLER PROPERTY 23 SUBDIVISION 42
36 Street or RFD 55	SECTION LOT 2 2 3 50
57 Town 70 State 72 Zip 76 DRILLER INFORMATION CIRCLE: MSD MGD/MWD	WCSHFRICNDShIA 52 NEAREST TOWN 71
grouph L. Mayne 024	MILES FROM TOWN (enter 0 if in town) 73 76 77 78
Driller's Name Driller's Name Driller's No. 80	DIRECTION OF WELL FROM 11 NEAR WHAT BOAD 30
Address Rd. Mt. Cliny Md. 2177/	TOWN (CIRCLE-BOX)
Signature Joseph & Mayne 3/12/97 Date	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST FAST
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.)	W TOWN E DISTANCE FROM ROAD
AVERAGE DAILY QUANTITY NEEDED 8 12	ENTER FT OR MI F + 38 39
(GAL PER DAY) [5.10/0] 1 1 20	- S 8-9 TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)	Howard Co. A 50560 Z COUNTY NAME COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)	STATE SIGNATURE INSERT S
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)	DATE ISSUED 41 032197 A MMillen 3/20/98
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	43
APPROXIMATE DEPTH OF WELL 300 128 FEET	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
APPROXIMATE DIAMETER OF WELL NEAREST INCH	SOURCES OF DRILLING WATER 4/7/97
METHOD OF DRILLING (circle one)	80' casing
BOBED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER
CABLE REVerse-ROTary DRive-POINT	Cost of
nother	N CHORL Woods on ok KM
(CIRCLE APPROPRIATE BOX)	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED.	RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST-ROAD JUNCTION
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS	m099
D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	
(IF AVAILABLE) 41 52	Egy
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	1 Of Cruen
APPROP. PERMIT NUMBER G A P 63.	
FORCE A M INTIALS PERMIT No. 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	West FRIENDShip &
COUNTY	V.

HOWARD COUNTY HEALTH DEPARTMENT P.A. 4

Bureau of Environmental Health

3825-# Ellicott Mills Drive Cosino

Ellicott City, MD 31043

MS 2 3525-8 Ellicore Mills Drive Casino i above grade 410 3/32640 APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION New Installation Receipt 6 Replacement Date Hade of Inscaller Ben Lewis he 11202 License Number Cortified Well Pump Installer Well Driller Registered Plumber

Telephone 30/ 4383903 Name of Property Owner Alskam Homes Telephone 301953 2093 Subdivision Lyndon Brook Lot 8 22 Well Tag & Will 9/-10 Site Address 2119 Whitman Was - West Friendship Pitless Adepter Pump Motor 1. Horzepower 1. Make ___ 1. Type 2. Model 8 a. Deep well jet ___ 2. RPM ____ 3. Depth ____ 3. Voltage ___ b. Shallow well jet c. Submersible a. 110 b. 220 ______ 3. Make Dulde 3. Model 0 5 D5 05 722 d. Composity S. For exceeds well capacity Yes Wo 6. 37 MB. is low pressure cutoff switch installed? Yes ____ No and sethods are used to protect the pump and electrical string from viorations? Torque arrestors __ Cable guards __ Other __ Piping Bek (60 de 1. Depth 240 ft. Tank 1. Capacity V80 2. Size

3. NSF and/or BOCA
Code approved 12

4. Depth of supply

1. Depth of supply

2. Size
2. Yield GPM
3. Static water
1evel 301 ft.
4. Will water supply
11ne 2. Pressure relief valve? Ver be disinfected by line installer? Who

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit 18 null and void).

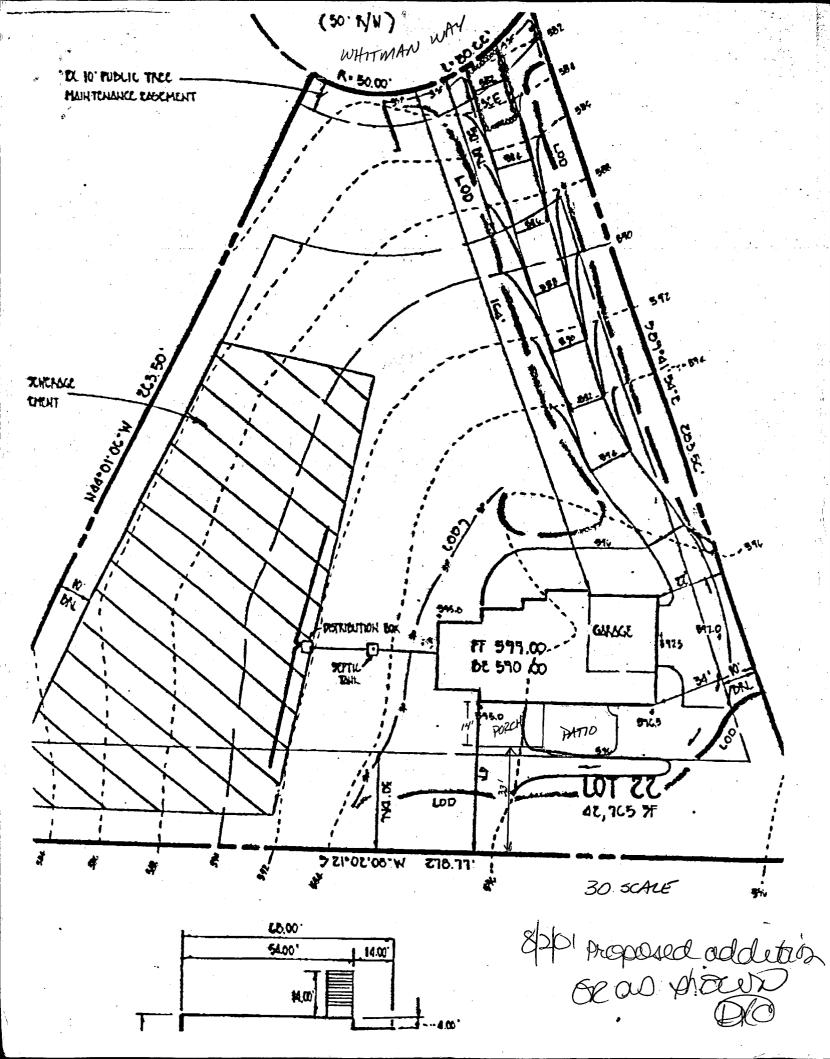
All information given above is true to the best of sylknowledge.

Signature of Applicant:

Date:

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

MD-218



DEPARTMENT OF INSPECTIONS; LICENSES AND PERMITS HOWARD COUNTY 3430 COURT HOUSE DRIVE 13-00/31810 PERMITS (410)313-2488 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800 PERMIT APPLICATION Building Address 2119 William Property Owner's Name Murriotsule SDP/WP/Petition #: City. Marcotts 116 _ State 🕢 Zip Code 🚕 🎶 4 Census Tract 6030 Home Phone (4/0) 442- 9842 Work Phone Subdivision Lange Applicant's Name & Mailing Address, (if other than stated hereon): Area ો / ઇ 🖗 40 Parcel Zoning LL. De Map Coordinates 100 Existing Use contrain ter Contractor Company Proposed Use Estimated Construction Cost \$ Address 451 Description of Work State MD Zip Code Fax 2 Phone 12 Occupant or Tenant Engineer or Architect Company Contact Name Contact Person 1. 强强的 Address Zip Code 202 City State Phone (301) 901. 3111 Phone Fax Fax BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics** <u>Utilities</u> Utilities Building Characteristics Water Supply: SF Dwelling SF Townhouse 🗆 Height: Water Supply: Public Width . Public. ist floor: No. of stories: × Private Private * Sewage Disposal: Sewage Disposal: 2nd floor: Public Public × Private Gross area, sq. ft. per floor: Private Finished Basement | Unfinished Basement | D Crawl space ☐ Slab on Grade ☐ Electric Yes No O Electric Yes | No | No. of Bedrooms Use group: Gas Yes□ No□ Multi-family dwellings: Heating System: No. of efficiency units: Heating System: Construction type: Electric D Oil No. of 1 BR units: No. of 2 BR units: Electric 🗆 .. Oil 🛚 Reinforced Concrete Natural Gas Natural Gas 🖟 🗆 : No. of 3 BR units: Structural Steel Propane Gas 🗆 Propane Gas. 🗆 Masonry Liven Posc Other Structur Wood Frame Sprinkler system: N/A □ Dimensions: 14 20 mi skys Sprinkler system: N/A Full NFPA#13D Bred Type Partial NFPA#13R State Certified Modular Other Suppression Other: # of Heads State Certified Modular Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS POLLOWS; (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICA Applicant's Signature Print Name Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY * PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY-SIGNATURE APPROVAL PROPERTY ID#: 36998 Filing fee Land Development, DPZ State Highways Permit fee **Building Official** Excise tax Sub-total paid Dev. Engineering, DP2 menn Setbacks met? Add'l permit fee Health YES I NO I Fire Protection TOTAL FEES Is Sediment Control approval required prior to issuance? Is Entrance Permit required? Balance due: YES 🗆 NO 🗆 YES | MO | Check Historic District?
YES | NO | Validation CONTINGENCY CONSTRUCTION START: ONE STOP SHOP: Lot Coverage for NewTown ZA SDP/Red-line approval date Accepted by Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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robert awalt builders inc. 9051 baltimore national pike ellicott city, md 21042 410-461-1315 • fax 410-461-8192 Jim & JAn Moran 2119 Whitman Way Marriotsville, Md.

