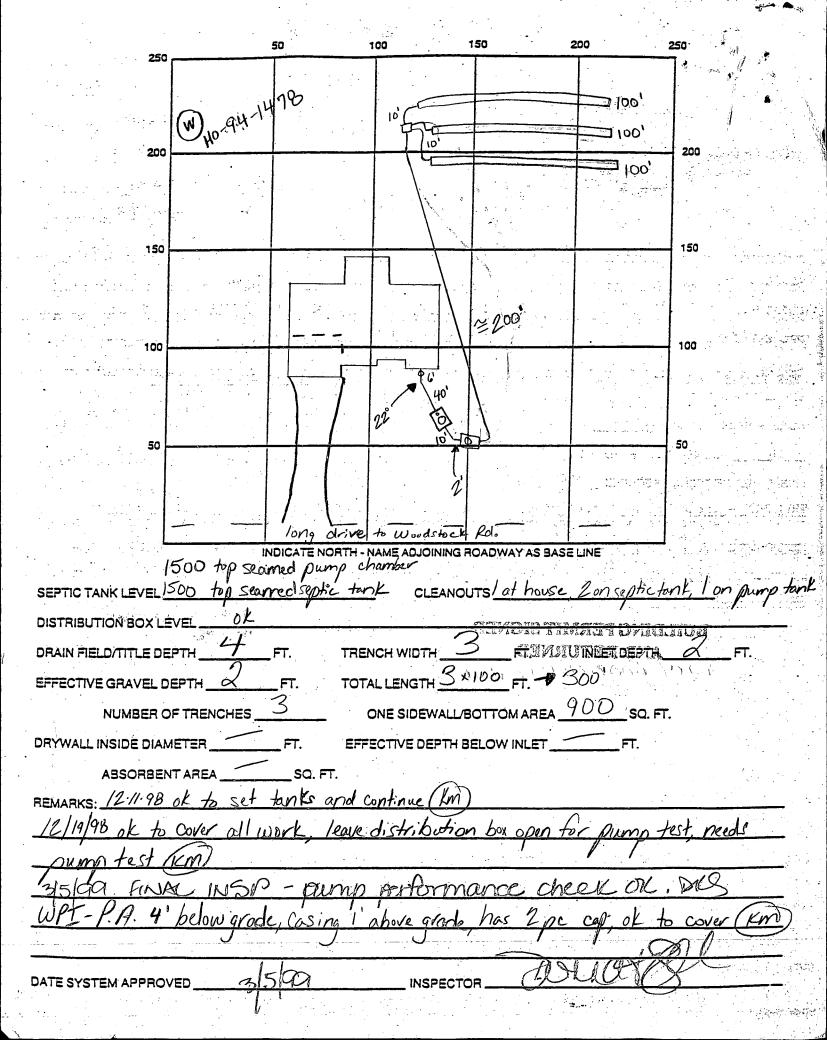
	12/14/98 needs house connection (km)
	3/3/Jest Pub E D NA I T
	PERMIT P 511125
	SEWAGE DISPOSAL SYSTEM A 50626-G DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
)	end of days to department of Health and Mental Hygiene District
	HOWARD COUNTY HEALTH DEPARTMENT
	BUREAU OF ENVIRONMENTAL HEALTH XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	INDEXED INSPECTOR DISS
	Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER
	ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE (410) 795-5670
	SUBDIVISION Heyn Property LOT 48 ROAD 1660 Woodstock Road
	PROPERTY OWNER Williamsburg Group, LLC JAY KAUSENBERGER
	ADDRESS
	TOP SEAMED TANK SEPTIC TANK CAPACITY 1250 GALLONS INSTALL: - 1-1250 GALLON TOP SEAMED PUMP CHAMBER
	NOTES - Septic pump detail to be provided by installer prior to issuance of septic
•	permit.
	LINEAR FEET OF TRENCH REQUIRED 240 300 septic system.
	TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade.
٠.	2 feet of stone below distribution pipe. 1.OCATION - Place the distribution box 60 feet off the 250.31' lot line and 115 feet off the
• .	307.55' lot line as seen from the pipestem. Run trenches along contour towards the 328.90' lot line.
	NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to
	BUILDING PERMIT SIGNED OF KM 9 17 98 THE RETURNED 21-99
	AND RETURNED Sound # Box 15921
	9-204 BOU 150161-IG POUL Onlews allews Business PLANS APROVED BY Donna k. Soe DATE 9-10-98
	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.
• 6	NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
٨	NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
Ν	HOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH
Ń	HOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST SE CAST IRON OR SCHEDULE 25/40 PVC OR ABS AND RETURNED 1-4-99
	SERMIT VOID AFTER TWO YEARS SUM TO THE PROPERTY OF THE PROPER
N	OTE: 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.
N	OTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
н	*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



APPLICATION

PERCOLATION TESTING

P_____

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

DATE

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 WILLIAMS BURG 9	roup, LLC	
ADDRESS	<u>. </u>	PHONE
AGENT OR PROSPECTIVE BUYER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ADDRESS		PHONE
PROPERTY LOCATION:		2(4)
subdivision Heyn Property		LOTNO. 8 (Open Space)
subdivision Heyn Property ROAD AND DESCRIPTION 1660 Words Tock	Road	S. O. DEGMY COMMED
		BLDG. PERMIT SIGNED
TAX MAPPARCEL #		Jenal 13878
SIZE OF LOT	TYPE BLDG	G. SFD - 4Bom (SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS	ACCEPTABLE ONLY UNTIL PUR	BLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC T	TEST APPLICATION IS NON-RE	FUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTIN	NG THIS LOT.	(SIGNATURE OF APPLICANT)
		(SIGNATURE OF AFFEIGANT)
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 DI ANVENNAL DI AT. TITLE OD LD. #		DATE

THIS IS NOT A PERMIT

HD-216 (3/92)

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	to beige si Im		DATE	TEST NO.	DEPTH	PRE START	-WET STOP	TEST - 1 START	" DROP STOP	TIME
	si Im	en sakka engan	DATE 4-18-95	TEST NO.	DEPTH 2.5'S		STOP			TIME
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	5% rock frags	S stage of a	and a second of the		2.5'S 8.0'D 3.0'S	START /:5530	1:5630	START /:5630	STOP	
\J±	5% rock frags	O was a	and a second of the	12/3	2.5'S 8.0'D 3.0'S 12.0'D	START 1:5530 Refuso 1:502	1:5630 21 1:5130	START 1:5630 1:5130	STOP /:58	<u>ය</u>
0	5% rock frags	and the second of the second o	and a second of the	12/3	2.5'S 8.0'D 3.0'S 12.0'D 4.0'S	START /:5530 Refuso	STOP 1:5630	START /:5630	STOP /:58	2
0	5% rock frags	St. Albert on gran	and a second of the	12/3	2.5'S 8.0'D 3.0'S 12.0'D 4.0'S 11.0'D	START 1:5530 Refusion 1:502.	1:5630 1:5130 1:4530 1:44	1:5630 1:4530 1:444	STOP 1:58 1:53 1:47 1:44-30	<u>ය</u>
1	5% rock frags	St. Avenue g. c.	and a second of the	12/3	2.5'S 8.0'D 3.0'S 12.0'D 4.0'S 11.0'D 3'3"S	START	1:5630 1:5130 1:4530 1:44	START 1:5630 1:5130	STOP /:58	2 2 30 sec
1	5% rock frags 1217 topsoil or recl br cllor		and a second of the	12/3	2.5'S 8.0'D 3.0'S 12.0'D 4.0'S 11.0'D 3'3"S 12.5'D	START 1:5530 Refusion 1:45 1:4330 13:2830 13:26	1:5630 1:5630 1:5130 1:44 12:37	1:5630 1:5130 1:4530 1:44 12:30 1:44	STOP 1:58 1:53 1:47 1:4430 12:32 12:32 12:33	2 2 30 sec
1' 3-4'	5% rock frags 1217 topsoil or recl br clho br to lt br si		and a second of the	12/3	2.5'S 8.0'D 3.0'S 12.0'D 4.0'S 11.0'D 3'3"S 12.5'D 4.0'S	START 1:5530 Refusion 1:45 1:4330 13:2830 13:26	1:5630 1:5630 1:5130 1:44530 1:44530 1:44530 1:44530	1:5630 1:5130 1:44 12:30 1:44	1:58 1:58 1:53 1:47 1:4430	2 2 30 sec
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1	5% rock frags 1217 topsoil or red br clho br to lt br si IM		H-18-95 REMARKS	12/3 12/4 12/5 12/6 13/7	2.5'S 8.0'D 3.0'S 12.0'D 4.0'S 11.0'D 4.0'S 12.5'D 4.0'S 12.5'D 4.0'S 12.5'D 4.0'D	START 1:5530 Refusion 1:500 1:45 1:4330 12:2830 12:26 12:16 12:1330	STOP 1:5630 1:5130 1:4530 1:44 12:17 12:17 12:17 12:1430	1:5630 1:5630 1:4530 1:44 12:30 1:44 12:30 12:17 12:1430	STOP 1:58 1:58 1:47 1:44-30 12:18:30 12:18:30 12:15:30	2 2 30 sec 2
1°	5% rock frags 1217 topsoil or recl br clho br to lt br si		4-18-95 REMARKS	12/3 12/4 12/5 12/6 12/7	2.5'S 8.0'D 3.0'S 12.0'D 4.0'S 11.0'D 4.0'S 12.5'D 4.0'S 11.0'D dug and	START 1:5530 Refusion 1:502 1:45 1:4330 13:2830 13:26 13:16 18:1330 16:1330	STOP 1:5630 1:5130 1:4530 1:44 12:17 12:17 12:17 12:1430	1:5630 1:5630 1:4530 1:44 12:30 1:44 12:30 12:17 12:1430	1:58 1:58 1:53 1:47 1:4430 12:32 12:32 12:1830 12:1830 12:1530	2 2 30 sec

APPLICATION

PERCOLATION TESTING

P_____

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

DATE

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

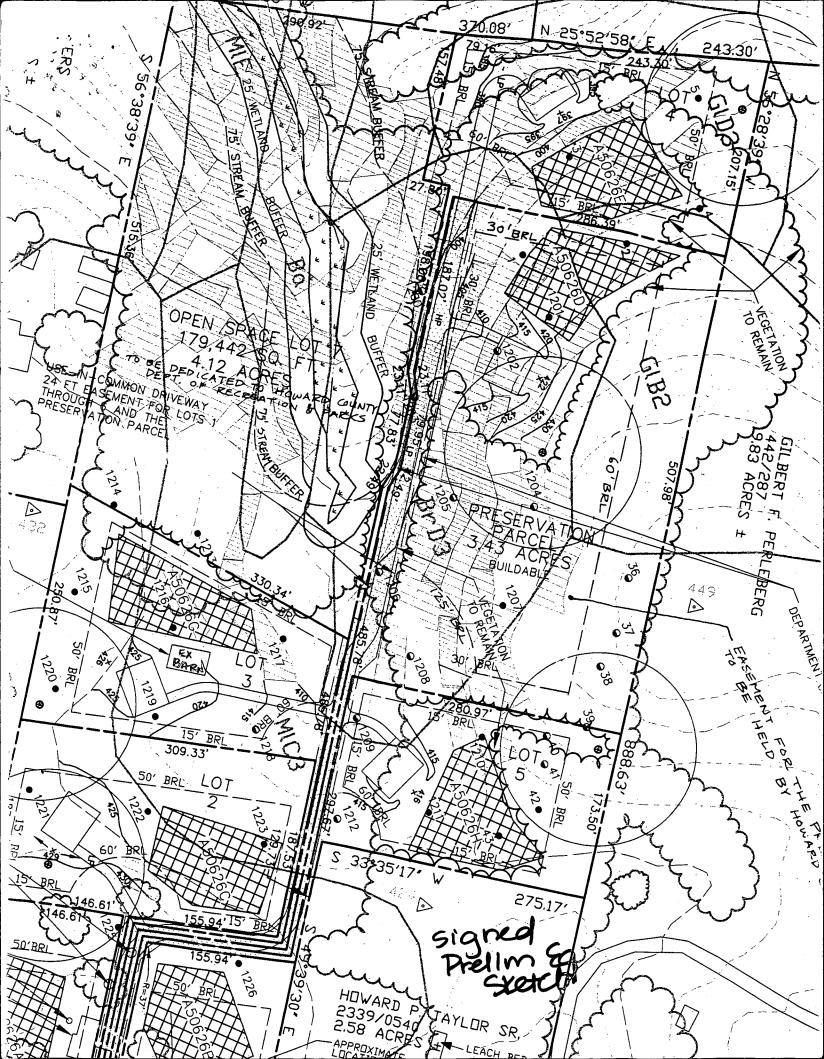
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

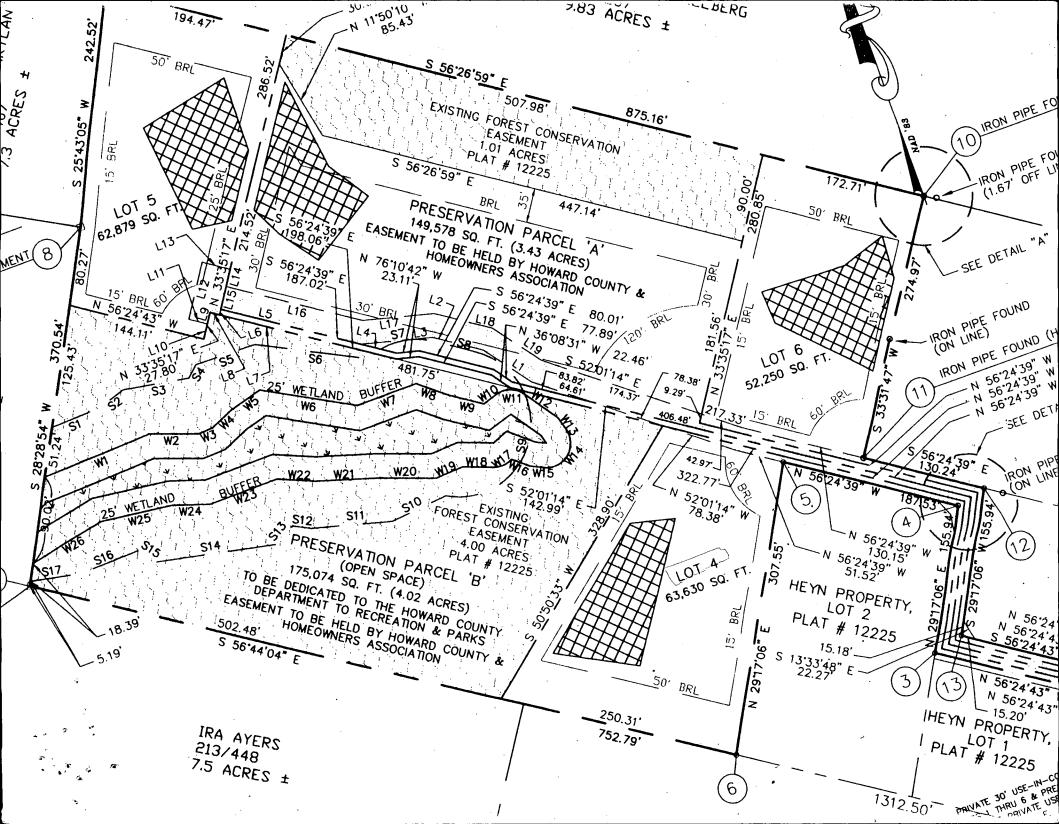
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AGENT OR PROSPECTIVE BUYER	· · · · · · · · · · · · · · · · · · ·			,
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ROAD AND DESCRIPTION	<u> </u>	· .		
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TAX MAPPARCEL#	• •	« · *	,	
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SIZE OF LOT	TYPE BLD)G		
		(SI	NGLE FAMILY DWELLING OR COMM	IERCIAL)
THE SYSTEM INSTALLED LINDED THIS ADDITION IS	COURTAINE ONLY DAILY IN	IDLIC FACILITIES	DECOME AVABABLE I FULLYII	NDEDSTAND THE
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS A		JELIC FACILITIES	BECOME AVAILABLE. I FULLY U	NUENSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC T	EST APPLICATION IS NON-R	FFUNDARIF UN	DER ANY CIRCUMSTANCES I A	ALSO AGREE TO
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			DER ANY CIRCUMSTANCES. I A	ALSO AGREE TO
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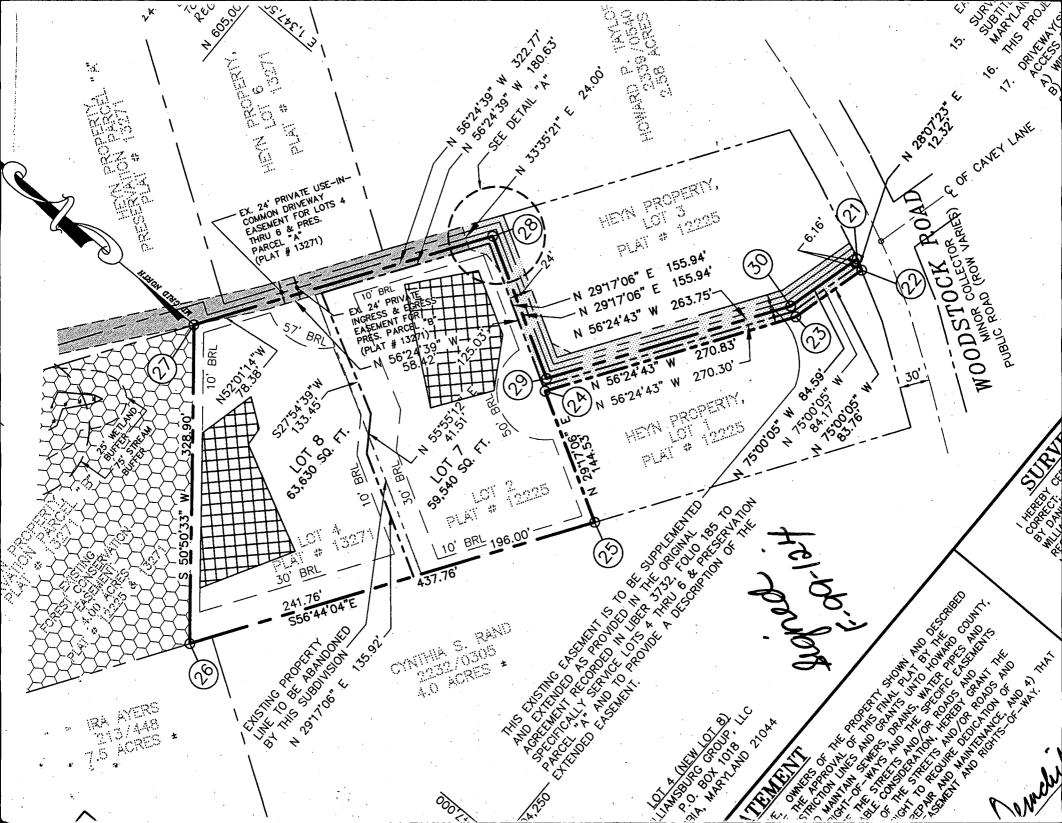
THIS IS NOT A PERMIT

HD-216 (3/92)

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Engineers

Planners

Surveyors

5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042 (410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0298 Fac

September 28, 1998

Ms. Avis Corbin Howard County Department of Inspections, Licenses and Permits 3430 Courthouse Drive Ellicott City, MD 21043

RE:

Heyn Property, Lot 4

Permit # B00113878

Request to Amend Building Permit

Dear Ms. Corbin:

On behalf of our client, Williamsburg Builders, we are submitting the following package for your review and approval:

- 1. Seven (7) copies of the Revised Plot Plan for the above referenced project.
- 2. A check in the amount of \$25 made payable to the Director of Finance.

The above referenced plot plan is being revised to change the location of the proposed house. Any assistance you can provide to help expedite review of this amendment request would be much appreciated.

Thank you for your time and consideration. Should you have any questions or comments, please feel free to call myself or Mr. R. Jacob Hikmat.

Very truly yours,

Mildenberg, Boender & Associates, Inc.

Stephanie Demchik, BSLA

Project Manager

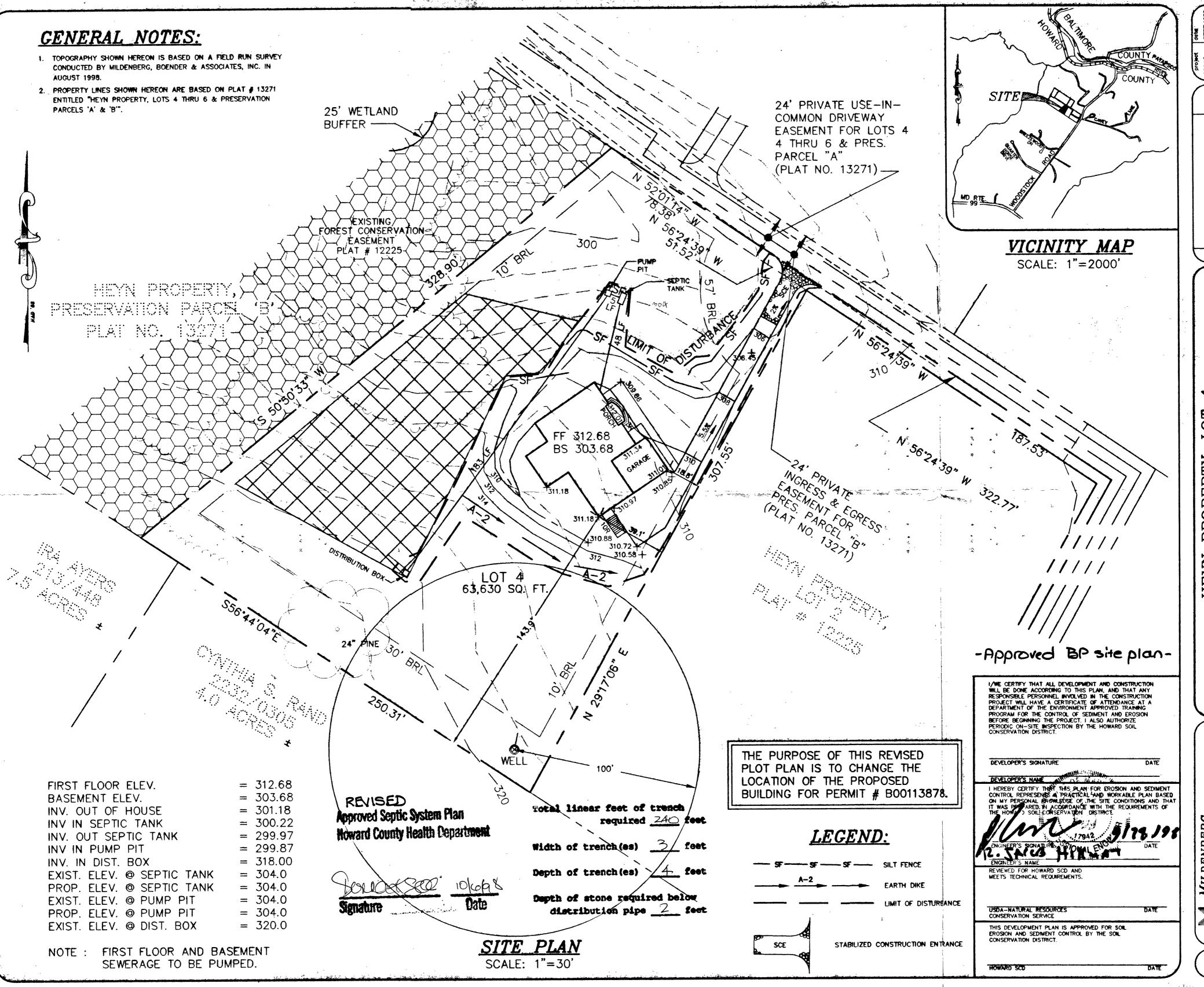
cc:

Bill DeMarco. w/enc.

sjd

98046\wp\046-01.dlp

10/0/98 proposed revesion to touse location of as indicated - or to proceed our



PROPERTY, LOT 4

(PLAT 13271)

SEPTIC TAME, PLAN OF THE PROPOSED BUILDING, & SCONKENT CONTROL DENGES.

REVISED PLOT PLAN

BOENDER & ASSOC. INC.
ngineers Planners Surveyors
2 Derzy Hall Drive, Suits 202, Ellicott City, Haryland 21048
997-0298 Batt. (301) 621-5621 Rash. (410) 997-0298 Pac.

1 % 2

c 1 01641	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 (TRIS NUMBER IS TO BE PUNI IN COLS. 3 ON ALL CARDS)	CHED	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A 50626G
ST/CQ USE ONLY DATE Received	DATE WELL COMPL		PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DD YY 8 13	04 P5 9	98 22 200 26 70 (TO NEAREST FOOT)	HO - 94 - 1478 28 29 30 31 32 33 34 35 36 37
OWNERHeyn	Dan last name Wooderton	Pood first name	Woodstock, Md 21163
I STREET OR RFD	n Property	SECTION TOWN	LOT 4
WELL LO	DG .	GROUTING RECORD YES NO	C 3
Not required for d		WELL HAS BEEN GROUTED (Circle Appropriate Box)	PUMPING TEST 2
STATE THE KIND OF FORMATION COLOR, DEPTH, THICKNESS AND DESCRIPTION (Use	FFFT check	TYPE OF GROUNNG MATERIAL (Circle one) CEMENT BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed)	FROM TO bearing	NO. OF BAGS 45 10 NO, OF POUNDS 155 15	PUMPING RATE (gal. per min.) 13.6
Overburden	0 20	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Soft Shale	20 52	from 48 TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)
Gray Rock	52 200 x	(enter 0 if from surface)	BEFORE PUMPING 25 ft.
		casing types insert ST CO	17 20 2 7
water at 80'		(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	27 27 27 other
		TYPE (nearest inch)! (nearest foot)	centrifugal R rotary Odescribe below)
		60 61 63 64 66 70	J jet Submersible
	• • • • • • • •	E OTHER CASING (if used) A diameter depth (feet) C inch from to	27 22
		C	DRILLER WILL INSTALL PUMP YES NO
		S N G	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
		or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
		(appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER
	0	C 2 DEPTH (nearest ft.)	97 41 PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSFUL	wells:	1 Ho 56 200	(nearest ft.) 43 47
WELL HYDROFRACTURED	Y (N)	E 8 9 11 15 17 21 C	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIA A WELL WAS ABANDONED		H ² 23 24 26 30 32 36 S	LAND SURFACE (nearest)
WHEN THIS WELL WAS CO	DMPLETED	C 3 R 38 39 41 45 47 51	below) (nearest) (nearest) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
P TEST WELL CONVERTED T	O PRODUCTION	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
I HEREBY CERTIFY THAT THIS WELL I ACCORDANCE WITH COMAR 26.04.04 IN CONFORMANCE WITH ALL CONDIT	'WELL CONSTRUCTION' AND TO STATED IN THE ABOVE	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
CAPTIONED PERMIT, AND THAT THE HEREIN IS ACCURATE AND COMPL KNOWLEDGE.	INFORMATION PRESENTED ETE TO THE BEST OF MY	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1	₩ <u>D</u> 399 ,	GRAVEL PACK	· /:
DRILLERS SIGNATURE		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 58 68	Commence
(MUST MATCH SIGNATURE ON	ARRLICATION)7 6	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	/
LIC. NO. 1 M	D ı	` T (E.R.O.S.)	Pa 20 20 1
SITE SUPERVISOR (sign. of di	riller or journeyman	70 72 74 75 76	Part of S. C.
responsible for sitework if different		TELESCOPE LOG CASING INDICATOR OTHER DATA	¥
		COUNTY	❸

Page	<u> </u>	of	1	٠.
Date	4-	10-98	3	- .

Review ON CON 98 DD

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FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 99-1478
Location of property (road) WODOSTWK
Subdivision (4641) PROP Lot F. Block
Well Driller Pau CARISTAL - HARR Owner DAN HEM
Depth of well 200
Distance of measuring point (M.P.) above ground
Static water level (S.W.L.) below M.P. 25 I. High rate pumping reservoir drawdown
Time pump started 1100
Total time 15 min to reach pumping water level 37 ft. below M.P.

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FION WEMEN DEADING	
minute in-	below M.P.	time to fill 5	FLOW METER READING (if used)	CALCULATED FLOW
tervals		gallon bucket	(11 used)	(gallons per), minute)
1100	25'	A. A. 21 A. 1860		/4 29
1115	37'	22		13 64
1/30	37	32		13.64
1145	37	222		1364
.1200	37/3	1022		13.00
1215	37	22	主要的 医多种性皮肤炎	13.64
1230	37	W 22		13 64
1245	37	22		13 64
1300	37	22	TENTRAL TO THE SECOND STATE OF THE SECOND STATE OF THE SECOND SECOND SECOND SECOND SECOND SECOND SECOND SECOND	13.64
1.315	37	22		13.64
1.330	37	13/10/2019	在學自己,但可以發展的影響	13 60
1345	37'	22		13 GV
1400	37	22		13-101/
				1990年1990年1990年
				SHARLES ASSINER
				经验的证据
VID 00/				The state of the s
HD-224				

		4	*	·		<u> </u>
а	SEQUENCE NO.	STATE OF	MARYLAND		STATE PERMIT NUMBER	
تا	(MDE USE ONLY)	PERMIT TO	DRILL WELL	1/4	- 90- 140	10
1	(THIS NUMBER IS TO BE PUNCHED	please pr		1 70	19 11	<u>0</u> 79
L.	IN COLS. 3-6 ON ALL CARDS)	- piodoc pii	iv or ribo		l in this form completely	<u>′ </u>
	Date Received (APA)		$B \mid 3 \setminus 1$	LOCATION	OF WELL	
	OWNER INFOR	RMATION	8 COUNTY	<u>හ</u>		
in the	8 MM 'DD . YY 13		8 COUNTY	<u> </u>	۷۱	
	HEYD DAD		Heyo	Hoper-	1	
	15 Last Name Owner	First Name 34	23 SUBDIVISION	1		42
	11/12 Ovster Cove	2 Orive	SECTION	LOT L. 4		
	36 Street or RFD	55	44 46	48	50	
	Grasonville MD	ろ((ごと	1/mast	*K		1
	57 Town 70 State	72 Zip 76	52 NEAREST TOWN		*	, 71
	DRILLER INFORMATION		MILES FROM TOWN (en	or O if in town)	ı O Milli	
	Paul M. Fabiszak	л W _D 399 _I · ·	MILES FROM TOWN (en	ter o ii iii towii)	73 76 77 78	. 4
	Driller's Name 70	· · · · · · · · · · · · · · · · · · ·	B 4			
	G. Edgar Harr Sons' (Corp	1 2	1.200	2 stock D	7
	Firm Name		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11	NEAR WHAT ROAD	<u>-C</u>
	12047 Falls Rd cocke	evsville 21030	[N.]			NORTH
		2103)			CH SIDE OF ROAD	NORTH N
	Address	2/16/98		(CIRCLE	APPROPRIATE BOX)	w 🗟 E
	Tel Might				we we	STS EAST
_	Signature	Date	(TOWN) E	• .	34 600 37	SOUTH
E		<u> </u>			DISTANCE FROM ROAD	E
1	2 APPROX. PUMPING RATE — (GAL. PER MIN.) 8	3 12	S S	•	ENTER FT OR MI	38 39
	AVERAGE DAILY QUANTITY NEEDED	750		TAX MAP:	O BLK: 18 PARCE	<u> 39</u>
	(GAL PER DAY) 14	20	8			
-	USE FOR WATER (CIRCLE APP	PROPRIATE BOX)			IN BY DRILLER	
	HOME (SINGLE OR DOUBLE HOUSEHOLD	UNIT ONLY)	HEALI	H DEPARTM	IENT APPROVAL	
	FARMING (LIVESTOCK WATERING & AGRIC	THEAT	HOLLARA		A506251	7 1
	IRRIGATION	OLI OLINE	COUNTY NAME		COUNTY NO	<u>.</u>
			STATE	C 10 2 3		
. 22	INDUSTRIAL, COMMERCIAL, STATE AND FU OTHER (REQUIRES APPROPRIATION PERM		SIGNATURE		INŞERT S-	41
	·		DATE ISSUED	NOA G		0/2
	P PUBLIC OR PRIVATE WATER COMPANY (RI APPROPRIATION PERMIT AND STATE APPR		13 13 98 43 MM DD YY 48	CO SIGNA	ATRIBE EYD	
	Y		NORTH # //	FAS	f co	J/(12
	TEST, OBSERVATION, MONITORING (MAY F	REQUIRE	GRID 50	0 0 0 GRII	D <u> </u>	<u>)</u>
	ALTHORNATION I ENWITY				10.00 0:00	<u> </u>
			SHOW MAJOR FEATURE	ES OF	1-8-98 +++00 9:00	!
	APPROXIMATE DEPTH OF WELL	FEET	BOX & LOCATE WELL WITH AN X		Ω_{2}	
	24	28	SOURCES OF DRILLING	WATER	NO IN	
	APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. Well		119:00	
			2.		1, (1/1/2)	/ -
İ	METHOD OF DRILLING	(circle one)	3 .	1		
	BORED (or Augered) JETTED	Jetted & DRIVEN				/
30	AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	-R		
. 37		DRive-POINT	FROM THE MAP HERE			•
		2	THOW THE WAT TIERE			er er er er er er er er er er er er er e
	other		- 83c	>		
,	REPLACEMENT OR DEEPE				000	-
ŀ ((CIRCLE APPROPRIATE	3	. 540	· •	000	
	THIS WELL WILL NOT REPLACE AN EXISTI	ì	N	 *		•
	THIS WELL WILL REPLACE A WELL THAT V	VILL BE	DRAW A SKETCH BELOVER RELATION TO NEARBY	1	. •	
	ABANDONED AND SEALED		DISTANCE FROM WELL			
39	S THIS WELL WILL REPLACE A WELL THAT V AS A STANDBY-CONTACT LOCAL APPROVI				200	
	FOR POLICY ON STANDBY WELLS		•	(1) 5	•
	THIS WELL WILL DEEPEN AN EXISTING WE	ELL TO			V L	
	PERMIT NUMBER OF WELL TO BE REPLACED OF	R DEEPENED	A.I	,	100	
1	(IF AVAILABLE) 41	52	/V	3	CAUCY LA	
-	Not to be filled in by driller (MDE OD O	OLINITY LIGE ONLY)		×9/	المريد .	gens e
	Not to be filled in by driller (MDE OR Co	JUNIT USE UNLT)	ld:数年3	81		
١ .	APPROP. PERMIT NUMBER	GAP	RY A	3.69% S 3	FORTE CO	
	WRITE 54	63	11 79 A	<i>]</i>	-ritingh	
	FORCE 6 5 INITIALS PERMIT No. 110 -	-94-1478	100		苏拉斯 2000年1	
	FORCE 67 68 IN BOX PERMIT NO.72 70 71 72	2 73 74 75 76 77 78 79				
	SPECIAL CONDITIONS	4	· ·			⊛
l	NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =				Service Servic	

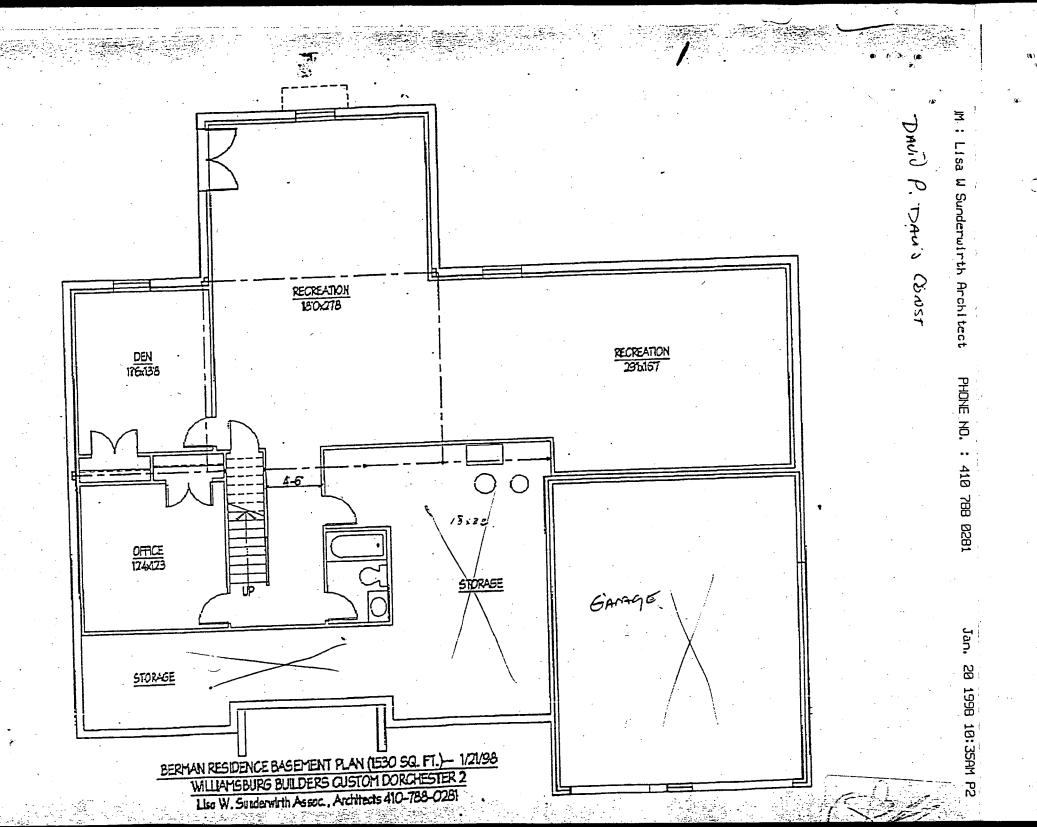
MIGIOR COLLEGE

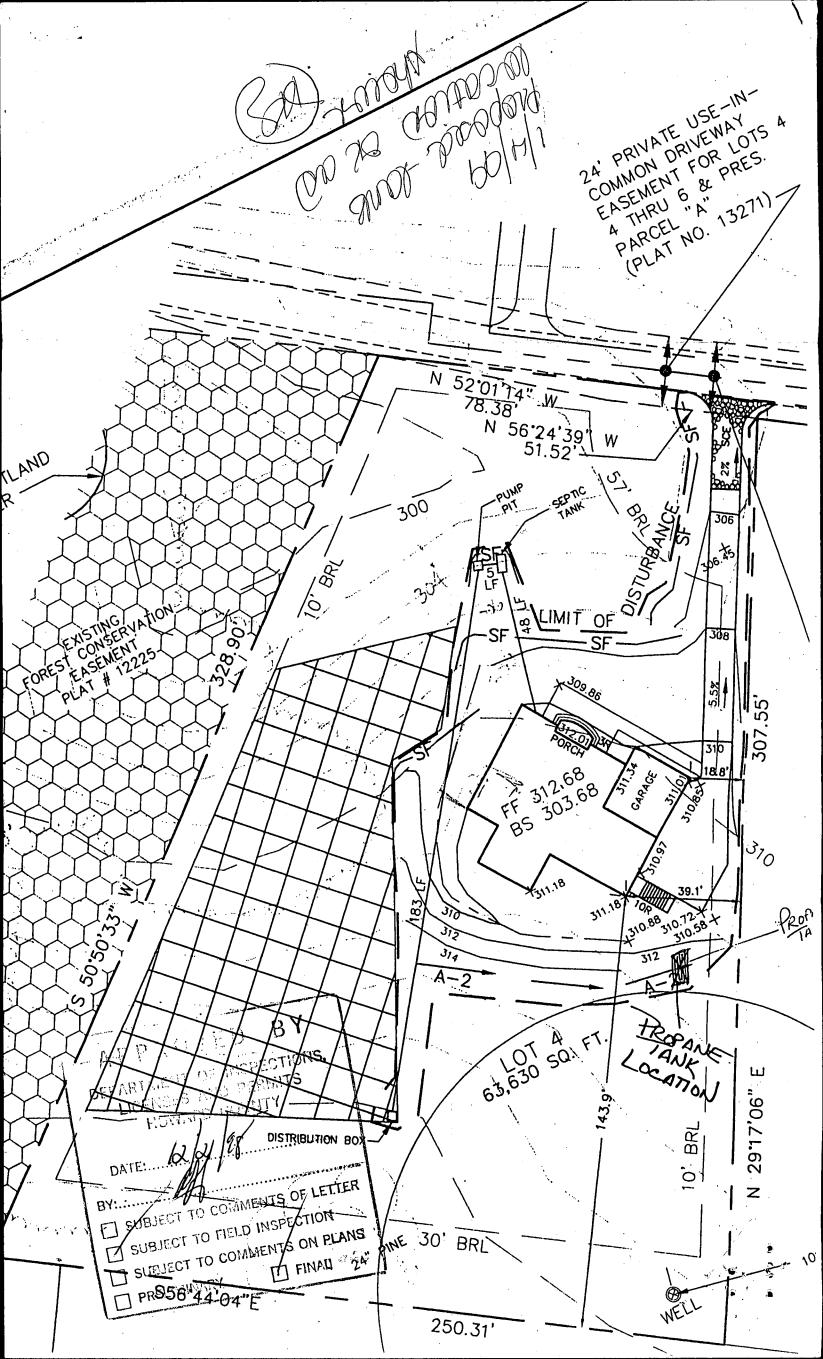
HUMARD COUNTY HEALTH DEPARTMENT Bireau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, HD 21043 461-9933

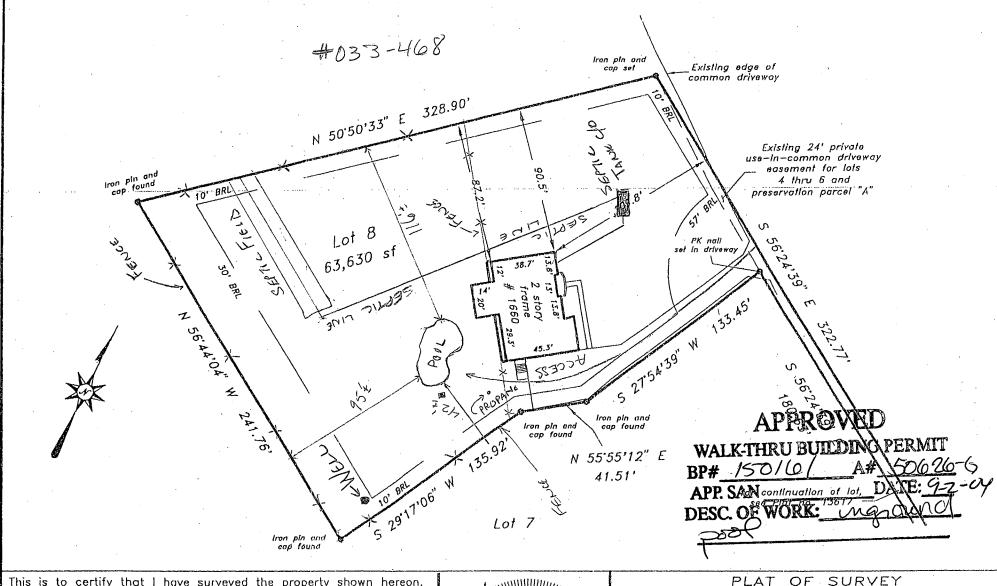
portication for piths: Adapter. Hell pump and pressure tank installation

•		
New Installation Replacement		Receipt *
Name of Installer Chiedes	A Klein Sans In	nc Telephone 410 549-169 00
License Number <u>65.21</u> Certified Well Pump Installer	Well Driller	Registered Plumber
Name of Property Owner () [] Subdivision Papats: 2 [] [] Site Address [[] [] [] Cads	omobus Gnoup ocals lot of Li We tock Rd Luppaisto	Telephone <u>410-997-88</u> 6 11 Tag & <u>HO -94 -1478</u> ock, Md. 21103
AD AD AD AD AD AD AD AD AD AD AD AD AD A	H0202	Pitless Adapter
Puop 1. Type	Motor 1. Horsepower 12	1. Make
Bana reall tot	2. RPM	2. Model 8
b. Shellow well jet	3. Voltage	3. Depth
c. Subsevoible	a. 110	make demonstration of the control of
2. Make	b. 220	
B: Mache and B. A.	CP * 100 UP W	
3. Model 0 4. Capacity(PM	∢	
5. Pump exceeds well cinacity	Ves No	
8. If Yes, is low pressire cut	off switch installed?	Yea No
7. What sethods are used to pr	otest the oump and elect	rical wiring from
vibrations? Torque airest	ors Cable guards	Other
Tank	Piping	Well data
1. Capacity	1. Type	1. Depth 200 ft.
2. Pressure reilef	2. Size 3. NSF and/or BOCA Code approved	2. Vield 3/64 GPH
valve?	3. NSF and/or BUCA	3. Static water
	Code approved	level <u>AS'</u> ft. 4. Will water supply
	4. Depth or supply	d. Will water supply be disinfected by
	line	
		installer? no
I understand that it is my r Department when the installati is null and void).	esponsibility to notify on is ready for inspecti	the Howard County Health on (otherwise this permit
All information given alove is	true to the best of my	knowledge.
*	ure of Applicant:	4 60/2/1 - 18
	Date:	
Note: A sticker indicating ap	proval/status of the in	stallation will be placed

on the well casing at the time of the inspection.







This is to certify that I have surveyed the property shown hereon, Lot 8 being known as

1660 Woodstock Road and recorded among the land records of Howard County Maryland in Plat No. 13617 folio

for the purpose of locating or setting the corners thereof.

Subject property is shown in Zone C on the FIRM Map of Howard County Marifland on Community Panel 240044 0010 B .Effective December 4, 1986



1660 Woodstock Road

HOWARD COUNTY, MARYLAND

NTT Associates, Inc. 16205 Old Frederick Road Mt. Airy, Moryland 21771 Ph. (410)442-2031 Fax No. (410)442-1315

 Scale:	1"=	607	w.L. / / / m.
Date:	8/	22/02	
Field By:	JCH		
Drawn By	: JCF		
Drawing !	# Mis	c5762	