12/28/99 2-3PM 12/30/99 (later 2-3PM 12/27/99 2-3PM 12/29/99 2-3PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513118

A 50905-A

DISTRICT

DATE 11/10/1999

INDEXED 03-3255 98

DATE SYSTEM APPROVED 12/30/99

INSPECTOR M.R. Pkin

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

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Quarterfield III LOT 1 ROAD 11620 Whitetail Lane

PROPERTY OWNER James Phillips

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 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 230 feet down the left lot line and 700 feet off this same lot line as seen from Whitetail Lane. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. cc 7/29/99 DS

PLANS APROVED BY Donna K. Soe DATE 7-13-1999

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)

SLDG [illegible] SIGNED AND RETURNED 6/22/2000

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

B00125024
DECK W/STEPS TO GRADE

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.

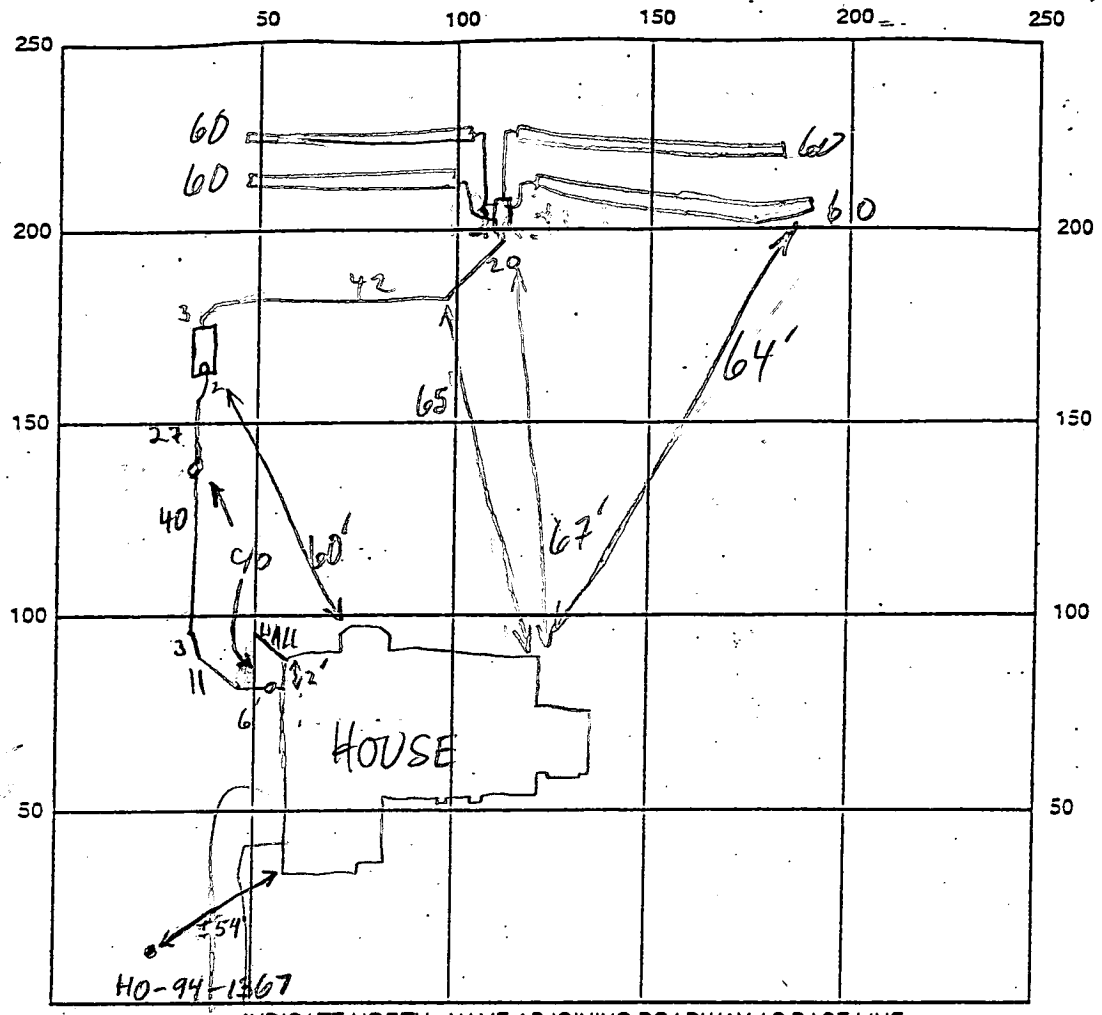
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

50905-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
WHITE TAIL LANE

SEPTIC TANK LEVEL 1250 TOP SEAMED CLEANOUTS 2 INLINE, 1@ S.T. -OK

DISTRIBUTION BOX LEVEL OK- BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5½ FT. TRENCH WIDTH 3 FT. INLET DEPTH 3½ FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 12/23/99 - NO WORK DONE - SRW 12/27/99 Tank set. Plumber had to fix slope of house connection (BB) 12/29/99 OK TO COVER HOUSE TO S.T. (MR) 12/30/99 OK TO COVER ALL (MR)

DATE SYSTEM APPROVED 12/30/99 INSPECTOR McAtkin

A 50905A

SUBDIVISION: Quarterfield III Whitetail Lane LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3½ feet below original grade.

Bottom maximum depth 5½ feet below original grade.

Effective area begins at 3½ feet below original grade.

2 feet of stone below distribution pipe.

± 3 ft
60 ft/leader
X 4 leader
240 linear feet

NOTE:
(1) No trench to exceed 100 feet in length.
(2) If more than one trench used, a distribution box is required.
(3) Trenches to be installed on level ground.
(4) Call for inspection of trench before gravel is installed.
(5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
(6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Place the distribution box 290' down the left lot line and 70' off this same lot line as seen from Whitetail Lane. Run trenches along contour in both directions.

7/13/95 DKS

HD-191

APPLICATION

PERCOLATION TESTING

A 50905A

P _____

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

DISTRICT _____

DATE 10/12/95

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/ CONTRACT PURCHASER MR TOM SCRIVENER JAMES Phillips

ADDRESS 5026 Dorsey Hall Drive #204 ELLICOTT CITY, MD 21042 PHONE 964-5522

AGENT OR ~~PROSPECTIVE BUYER~~ / DEVELOPER DONALD R. KEUKER JR. LAND DESIGN & DEVELOPMENT, INC.

ADDRESS 10805 Hickory Ridge Road Columbia, MD 21045 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION QUARTERFIELD III LOT NO. 1

ROAD AND DESCRIPTION Proposed Whitetail Lane - Third Election District, Assigned #'s 11620 to Quarterfield I & II off of Folly Quarter Road

TAX MAP 23 PARCEL # 84

SIZE OF LOT Clustered One Acre TYPE BLDG. Single Famile Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED AND RETURNED 2-3-96 Issued # B721 19270 YBerry

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. Robert H Weston - Agent - LDI, INC.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 12/27/95 PERC OK, HOLD FOR PLAT MR

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)

A 509054
COUNTY #

SOIL PROFILE
0' ALL HOLES

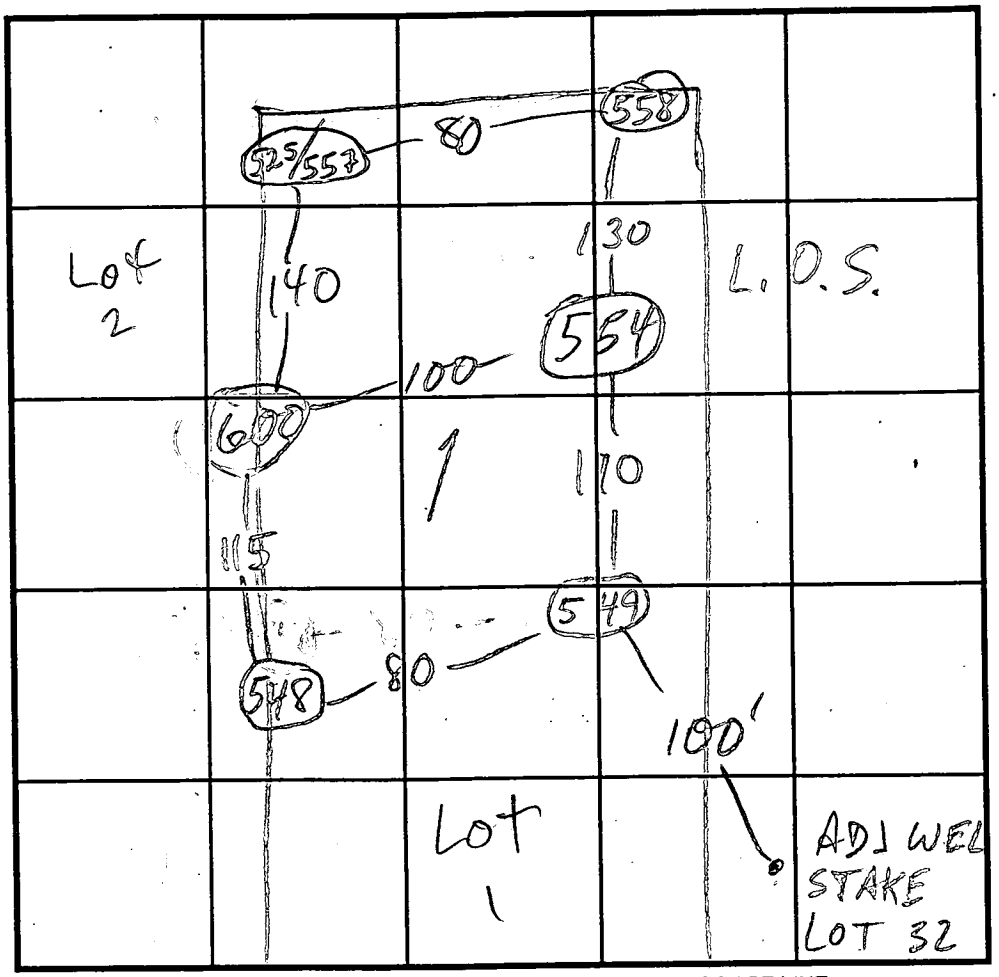
tan brn orge sa cl lm

2½-4½

tan beige sa lm <10% frags

10-12

SOIL PROFILE
0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

WHITETAIL LA

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/24/95	549 S	4	1:03	1:04	1:04	1:06	2
	549 V	10'3"	see	profile			
	548 S	3	1:17	1:22	1:22	1:31	9
	M	6	1:15	1:16	1:16	1:18	2
	548 V	12	sim to	profile	all beige sa/sa lm		
	600 S	4	3:57	3:58	3:58	4:01	3
	600 V	10	see	profile			
	554 S	4	4:11	4:13	4:13	4:15	2
	554 V	11	see	profile			
11/9/95	558 S	5½	1:45	1:46	1:46	1:48	2
	V	11½	see	profile			
	525/557 S	5½	1:50	1:51	1:51	1:53	2
	V	11	see	profile			

REMARKS ALL HOLES (EXCEPT 558) PER PLAT

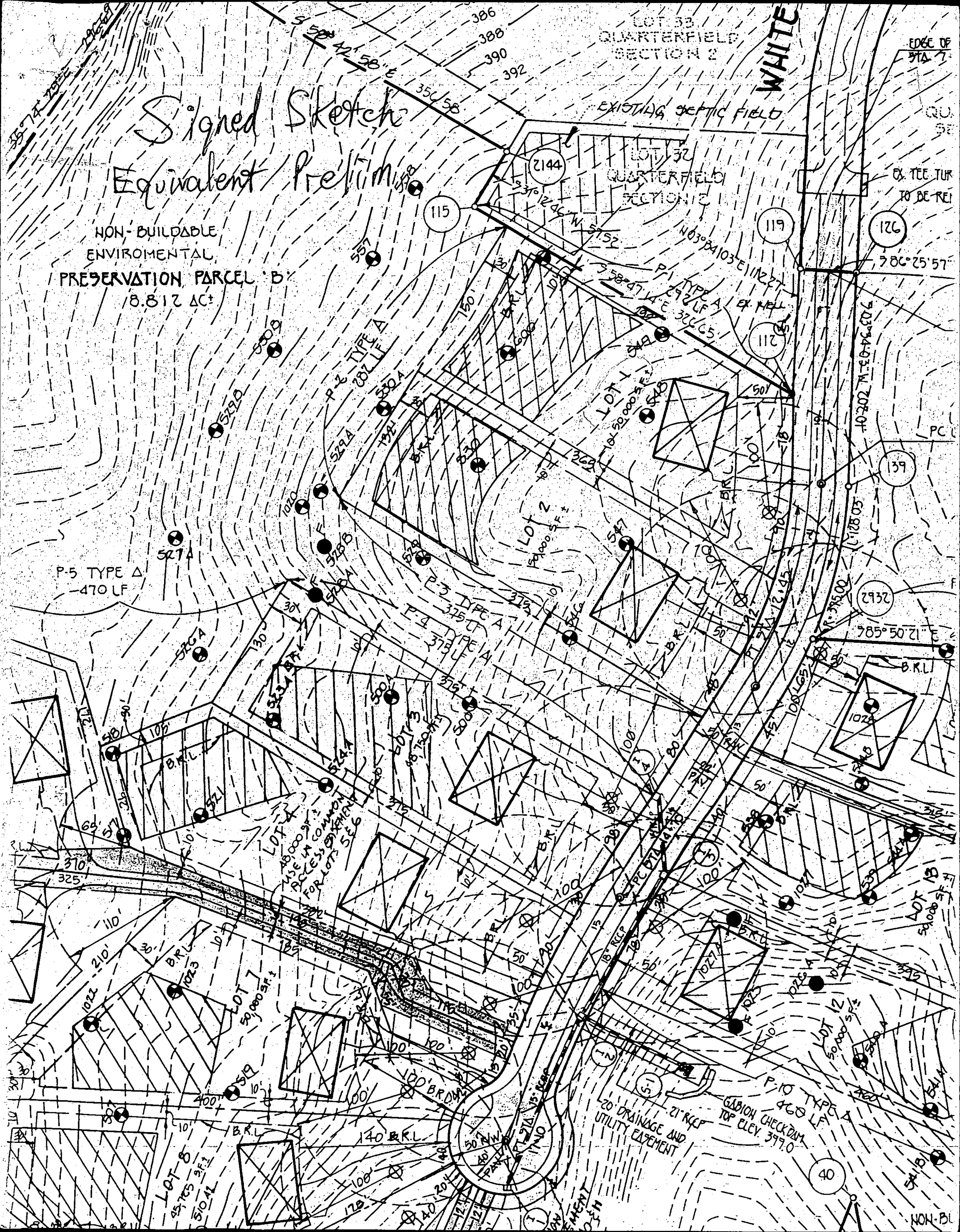
TYPE OF SOIL

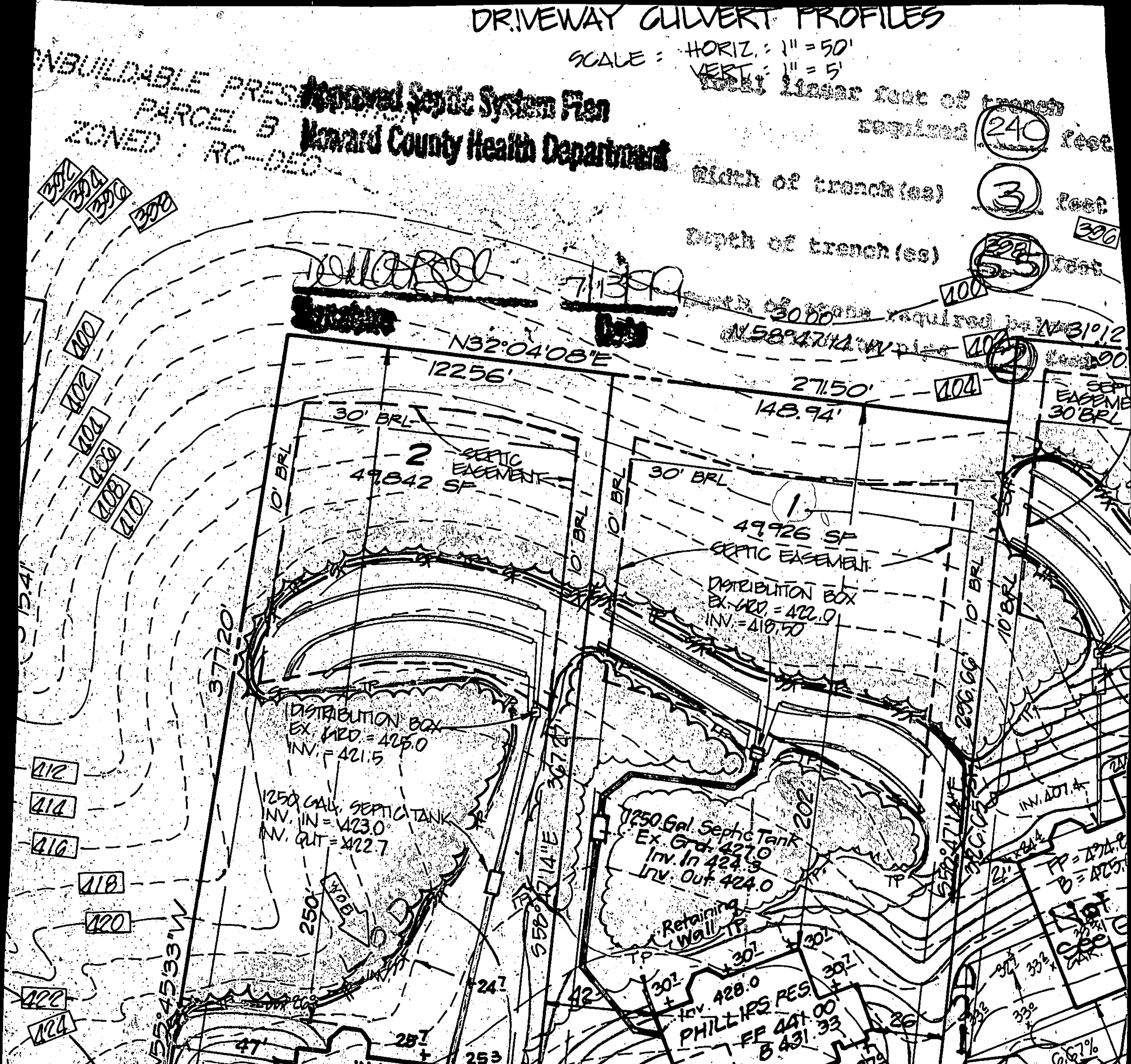
TESTED BY M. Ripkin ALSO PRESENT Assoc. Eng. crew

549-554-600 Don R.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 3

INLET DEPTH 3½ MAXIMUM BOTTOM DEPTH 5½ SQ. FT/BEDROOM 180


Signed Sketch
Equivalent Prelim
NON-BUILDABLE
ENVIROMENTAL
PRESERVATION PARCEL 'B'
8.812 AC±
LOT 33
QUARTERFIELD
SECTION 2
LOT 32
QUARTERFIELD
SECTION 2
EXISTING SEPTIC FIELD
WHITE
P-1 TYPE A
P-2 TYPE A
P-3 TYPE A
375 LF
P-4 TYPE A
375 LF
P-5 TYPE A
470 LF
P-10 TYPE A
460 LF
LOT 1
LOT 2
LOT 3
LOT 4
LOT 7
LOT 8
LOT 12
LOT 13
USE IN COMMON
ACCESS EASEMENT
FOR LOTS 5 & 6
20' DRAINAGE AND
UTILITY EASEMENT
GABION CHECKDAM
TOP ELEV. 399.0
B.R.L.
EX. TEE TUR
TO BE RE
EDGE OF
NON-BU


DRIVEWAY CULVERT PROFILES
SCALE: HORIZ. 1" = 50'
VERT. 1" = 5'
Approved Septic System Plan
Howard County Health Department
Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 5.5 feet
Signature
Date
7/13/09
PARCEL B
ZONED : RC-DEO
N32°04'08"E
122.56'
271.50'
148.94'
30' BRL
2
49,842 SF
SEPTIC EASEMENT
1
49,926 SF
SEPTIC EASEMENT
DISTRIBUTION BOX
EX. GRD. = 425.0
INV. = 421.5
1250 GAL. SEPTIC TANK
INV. IN = 423.0
INV. OUT = 422.7
DISTRIBUTION BOX
EX. GRD. = 422.0
INV. = 418.50
1250 Gal. Septic Tank
Ex. Grd. 427.0
Inv. In 424.3
Inv. Out 424.0
Retaining Wall
INV. 428.0
PHILLIPS RES.
FF 441.00
B 431.33
Gar.
INV. 424.3
FLOWERS RES.
FF 434.90
B 426.40
Gar.
50' BRL
10' BRL
N55°45'33"W
377.20'
L=173.29'
R=325.00'
S03°34'03"W

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

G. NELSON CLARK

10/22/07

DATE

C 1 9753 — SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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: A 50905 A

ST/CO USE ONLY
DATE Received: 3/3/98

DATE WELL COMPLETED: 2 27 98

Depth of Well: 150 ft (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho - 94 - 1367

OWNER: Greenleed Homes
STREET OR RFD: Whitetail Lane (last name / first name) TOWN: West Friendship
SUBDIVISION: Quarterfield SECTION: 3 LOT: 1

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	0	41	
Gray Mica Rock	41	150	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

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 LIC. NO.: MSD 024
Joseph L. Maupin
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M__ D____

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] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS: 15 NO. OF POUNDS: 1410

GALLONS OF WATER: 90

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 42 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	6	46

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

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

C 2

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	Ho	43	150
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 ____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 10

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 38 ft.
WHEN PUMPING: 108 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

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. ____

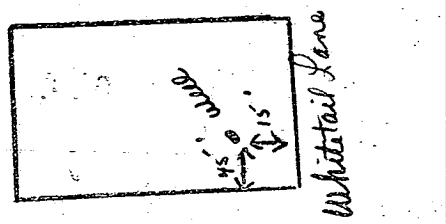
CAPACITY: GALLONS PER MINUTE (to nearest gallon) ____

PUMP HORSE POWER ____

PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height)
[+] above [–] below LAND SURFACE
3 (nearest foot)

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

EMERGENCY/TEMP NO. IF ANY

B 1 — 9485 — SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(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 - 1367
70 79
fill in this form completely

Date Received (APA)
02 09 98
8 MM DD YY 13

OWNER INFORMATION
Greenfield Homes
15 Last Name Owner First Name 34
6656 Lusters Drive
36 Street or RFD 55
Highland Md. 20777
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Joseph L. Mayne MSD 24
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. West Friendship MD 21794
Address
Joseph L. Mayne 2/7/98
Signature Date

B 2 — WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

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

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

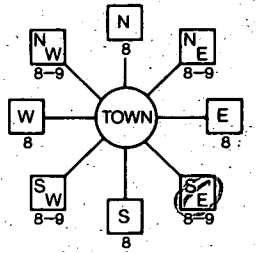
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 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
39 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) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER GAP
54 63
FORCE AM (WRITE INITIALS IN BOX) PERMIT No. HO - 94 - 1367
67 68 70 71 72 73 74 75 76 77 78 79

B 3 — LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Quarterfield 42
SECTION 3 (44 46) LOT 1 (48 50)
52 NEAREST TOWN West Friendship 71
MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


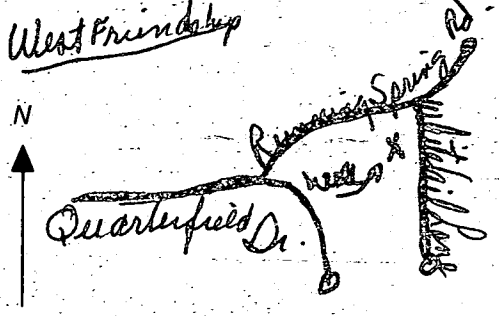
Whitetail Lane
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W, 32, E EAST, S SOUTH
34 20 37
DISTANCE FROM ROAD
ENTER FT OR MI Ft 38 39
TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard Co. A50905A
COUNTY NAME COUNTY NO.
STATE SIGNATURE ____ INSERT S → 41
DATE ISSUED 01 06 98 A McMillen 1/6/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 521 000 (50 55) EAST GRID 825 000 (57 63)

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 8201
N 5205

2-27-98-9:30
No map
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



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

COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 — 3091 — SEQUENCE NO (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1367
fill in this form completely

Date Received (APA): 12/29/97

OWNER INFORMATION
Greenfield Homes Inc
Last Name / Owner / First Name
6656 Eastern Drive
Street or RFD
Halethorpe MD 21227
Town / State / Zip

DRILLER INFORMATION
Perry Hadley
Driller's Name — MSD/MGD/MWD: MWD — License No. 80
Hadley Drilling & Pump Systems
Firm Name
Box 160 Wakeville MD 21793
Address
Perry Hadley 12-5-97
Signature / Date

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 3
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 600

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: 200 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 (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: MK (WRITE INITIALS IN BOX) PERMIT No. HO-94-1367

LOCATION OF WELL
Howard — 8 COUNTY
Quonset Field — 23 SUBDIVISION
SECTION: 3 — LOT: I — Ellicott City
West Friendship — 52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 3 MI

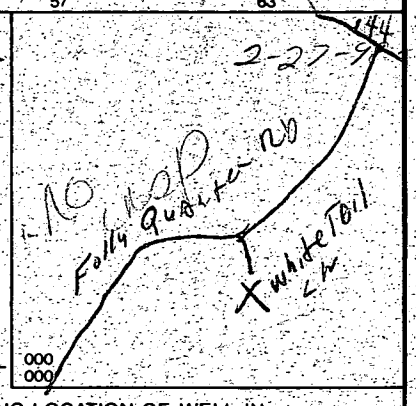
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

White Tail Lane — NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) / WEST (W) / 32 / EAST (E) / SOUTH (S)
DISTANCE FROM ROAD: 30
ENTER (F) OR MI: FO

TAX MAP: 23 BLK: 15 PARCEL: 84

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard — COUNTY NAME
A50905A — COUNTY NO.
STATE SIGNATURE
INSERT S
DATE ISSUED: 01/06/98
Mark E. Rifkin — CO SIGNATURE
1/6/99 — EXP. DATE
NORTH GRID: 521000
EAST GRID: 0825000

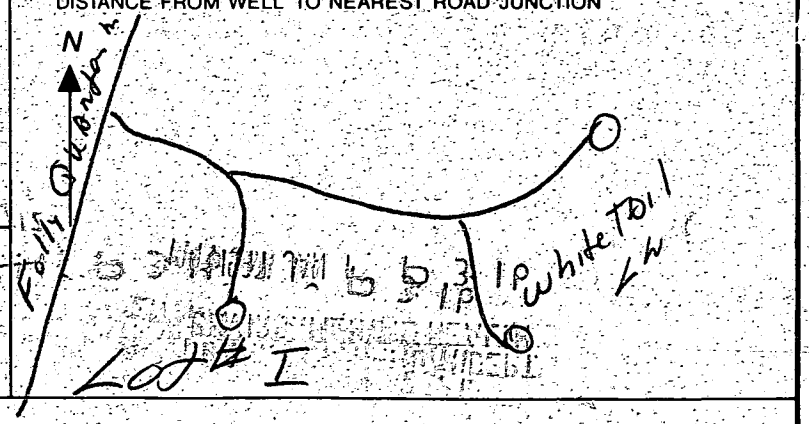
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X



SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8205
N 5291

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 =

COUNTY

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 X
Replacement ____

Receipt # ____
Date 2-23-00

Name of Installer Gartland Plumbing

Telephone 410-825-5303

License Number 6352
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Green field Homes Telephone 410-381-6282
Subdivision Quarter Field Lot # 1 Well Tag # 40-94-1367
Site Address 11620 Whitetail Lane

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 7ES
4. Capacity 7 GPM GPM
5. Pump exceeds well capacity Yes ____ No X
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 X

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Haward
2. Model # PT 400
3. Depth 48"

Tank
1. Capacity 7-250
2. Pressure relief valve? Yes

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"

Well data
1. Depth 300 ft.
2. Yield 5 GPM
3. Static water level 200 ft.
4. Will water supply be disinfected by installer? No

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).

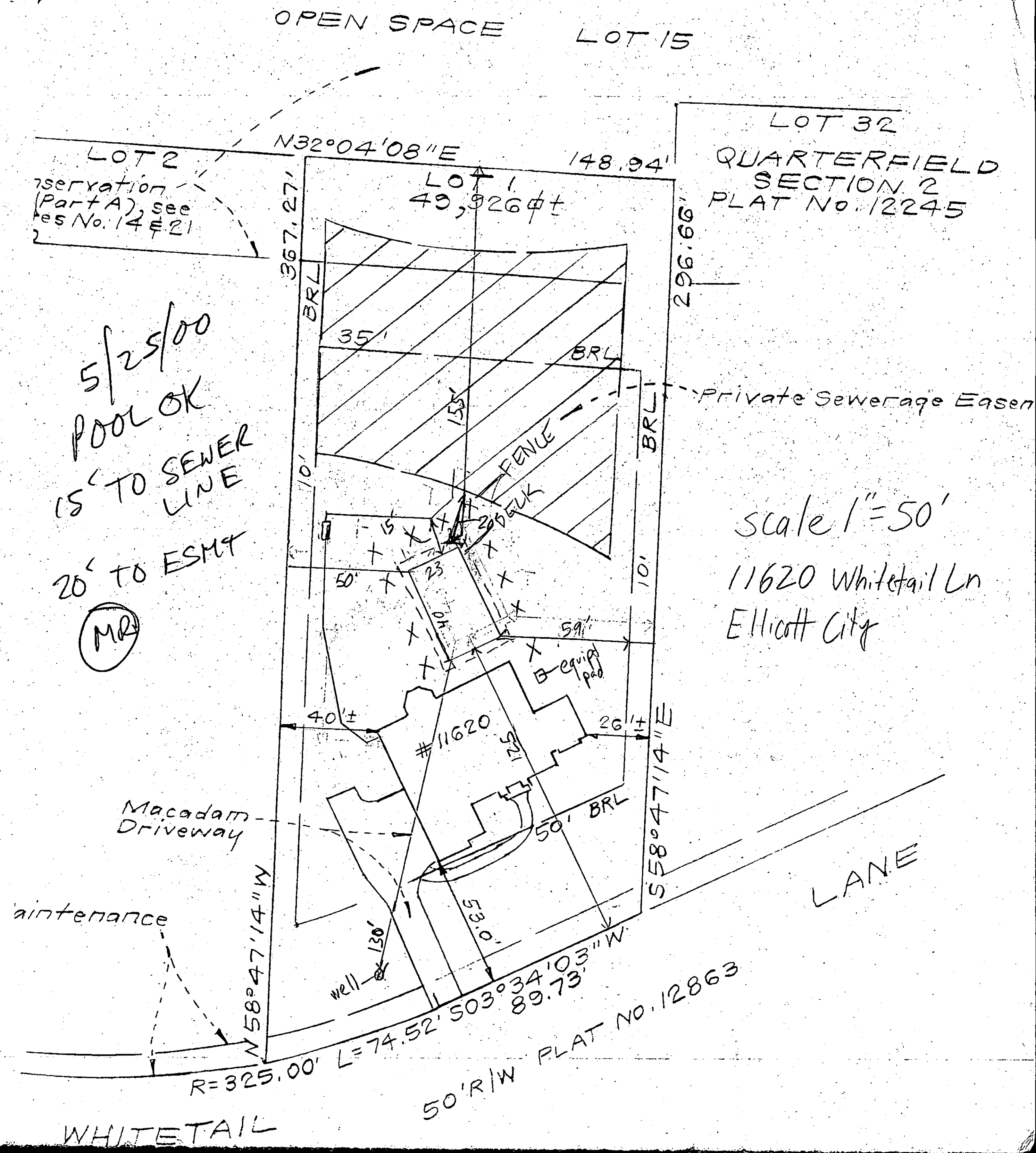
All information given above is true to the best of my knowledge.

Signature of Applicant: [signature]

Date: 2-23-00

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

HD-215



OPEN SPACE
LOT 15
LOT 32
QUARTERFIELD
SECTION 2
PLAT No. 12245
LOT 2
nservation
(Part A), see
es No. 14 & 21
N32°04'08"E
148.94'
LOT 1
49,926 ф t
367.27'
296.66'
BRL
35'
BRL
Private Sewerage Easem
BRL
FENCE
15'
10'
10'
15
23
50'
40
59'
equip pad
40'±
26'±
#11620
125
50' BRL
Macadam
Driveway
S58°47'14"E
LANE
53.0'
130'
well
aintenance
N58°47'14"W
R=325.00' L=74.52' S03°34'03"W
89.73'
50'R/W PLAT NO. 12863
WHITETAIL
5/25/00
POOL OK
15' TO SEWER LINE
20' TO ESMT
MR
scale 1" = 50'
11620 Whitetail Ln
Ellicott City

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) 313-3300

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0124476

Building Address 11620 Whitetail Lane
Ellicott City MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision Dorsett II

Section _____ Area _____ Lot 1

Tax Map 27 Parcel 434 Grid 15

Zoning RCDEO Map Coordinates 10 K-10 Lot size

Property Owner's Name James Phillips

Address 11620 Whitetail Lane

City Ellicott City State MD Zip Code 21042

Home Phone (410) 531 1624 Work Phone (301) 595 6991

Applicant's Name & Mailing Address, (if other than stated hereon):
RYAN WAGNER PO Box 569
Edgewater MD 21037

Phone (410) 956 3630 Fax (410) 956 6555

Existing Use Dwelling SFD

Proposed Use SFD w/ in-ground pool

Estimated Construction Cost $ 35,000

Description of Work Install 25'x10' in-ground gunite pool with 3' trench deck and 4' fence to enclose pool area

Contractor Company Johnson Pools & Spas Inc

Contact Person RYAN WAGNER

Address PO Box 569

City Edgewater State MD Zip Code 21037

License No. 10781

Phone (410) 956 3630 Fax

Occupant or Tenant James Phillips

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

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
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
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:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
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.

Applicant's Signature _____ *Print Name* RYAN WAGNER

Title/Company _____ *Date* 3/24/10

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		
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 _____

PROPERTY ID#: 42095

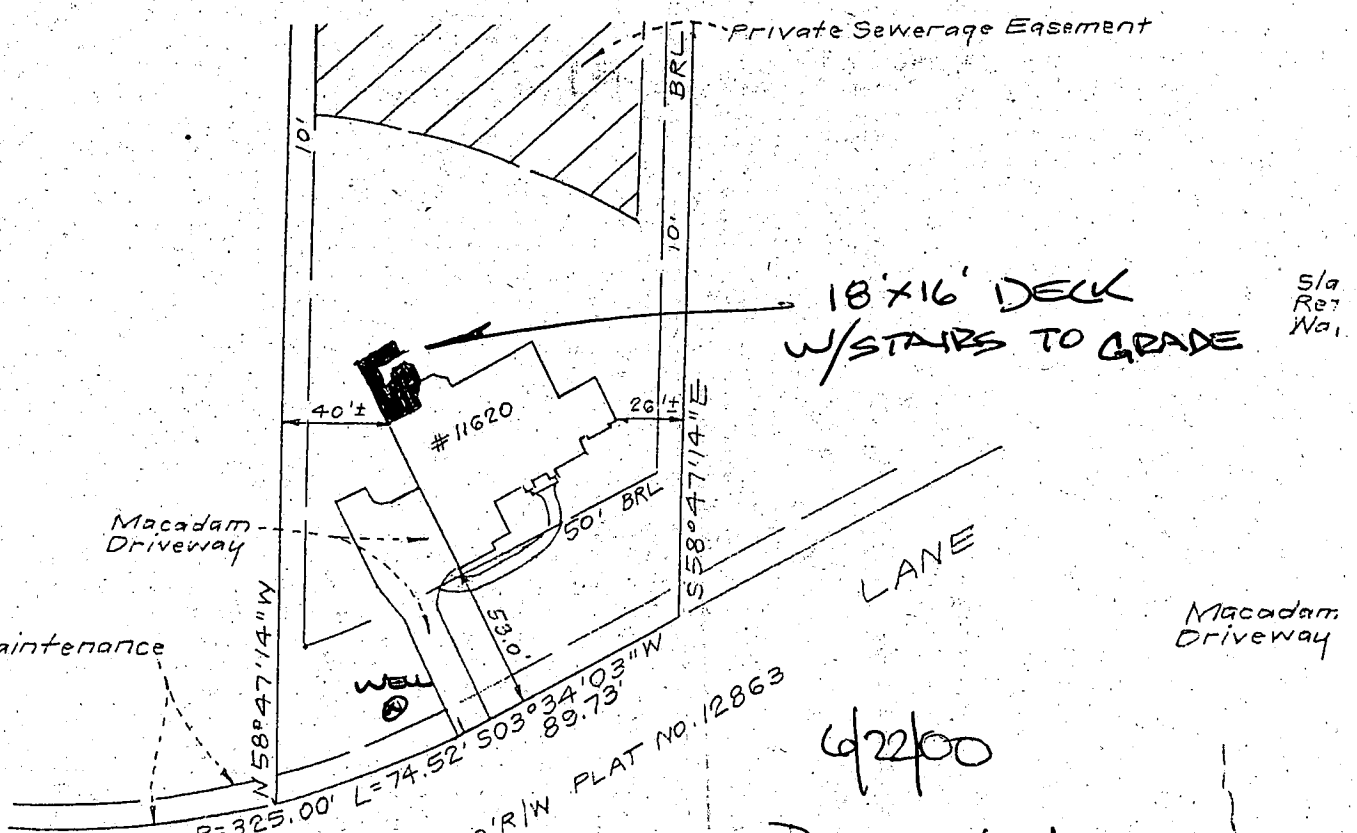
Filing fee	$
Permit fee	$ 125
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ 125
Balance due	$
Check	# 2238
Validation	# 32027

Accepted by _____

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

s:\permit.frm Rev. 10/15/98

B00125024



6/22/00

Proposed deck location OK as shown (drawing not to scale)

S/a
Re
Wa

Plat R

7135

DESIGNED

DRAWN KWC

CHECKED

s property
urpose of
they are

STATE OF MARYLAND
PAGE ADOLPHUS SEE JR
No. 304
REGISTERED
PROPERTY LINE SURVEYOR

NOTE:

1. The setback distance accuracy = 1'.