

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510196A 50905-G

DISTRICT \_\_\_\_\_

DATE 6-11-98DATE SYSTEM APPROVED 7/7/98INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

03-325652

Jack Fyock Septic Services

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_ADDRESS 13775 Triadelphia Rd, Glenelg, MD 21737PHONE 410-988-9270SUBDIVISION Quarterfield IIILOT 6ROAD 11644 Whitetail LanePROPERTY OWNER Joe Dinato

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONSNUMBER OF BEDROOMS 4180 SQUARE FEET PER BEDROOMLINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the lot corner at the intersection of the 213.58' and the 156.97' lot lines, place the distribution box 110 feet down the 156.97' and 60 feet off this same lot line. Run trenches on 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. 6/8/98 OK Au

PLANS APPROVED BY Mark Rifkin/Donna K. SoeDATE 05/27/98

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.

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)

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

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

PERMIT VOID AFTER TWO YEARS

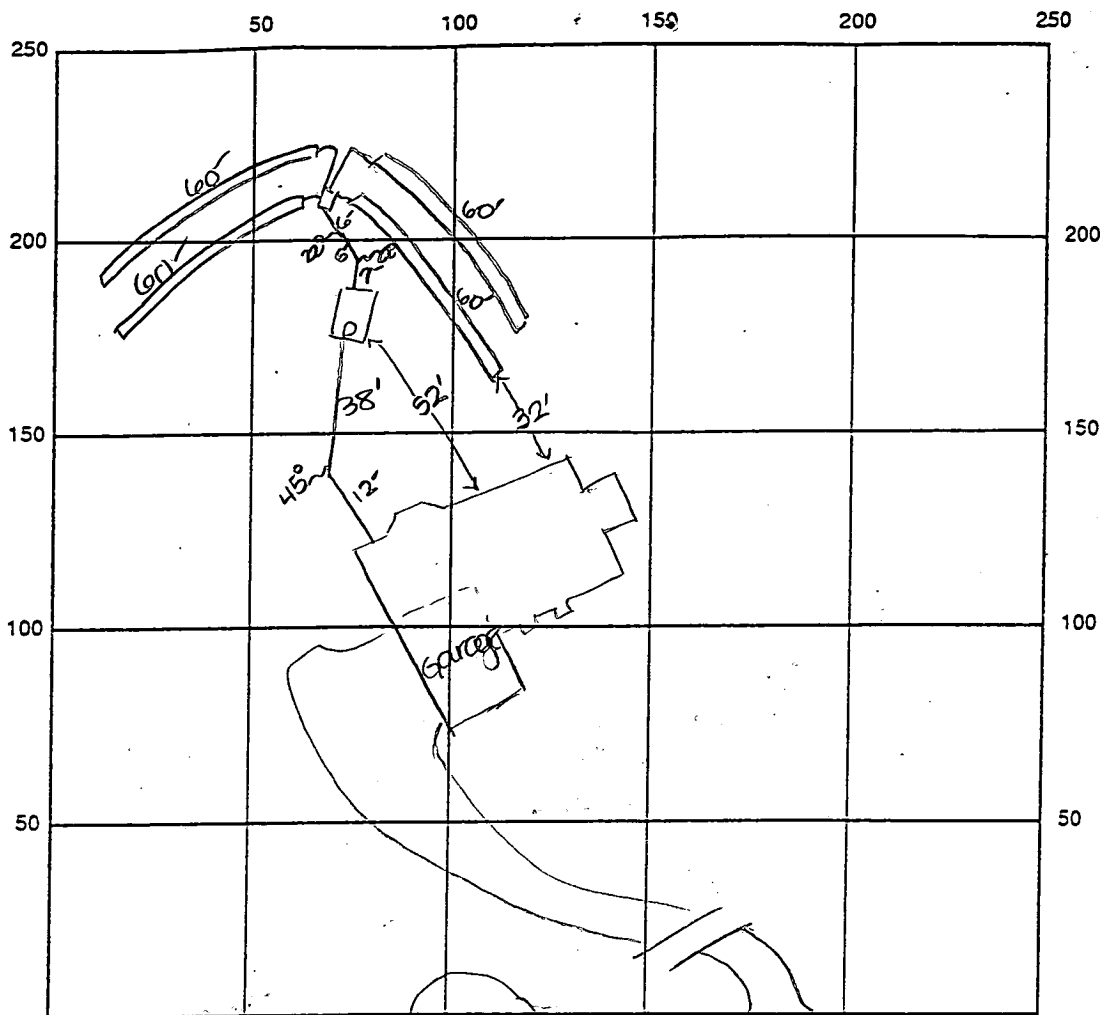
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

OLD PLUMB SIGNER  
AND RETURNED 3-28-02  
60035176 DECK

A 50905-G



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Whitetail lane

SEPTIC TANK LEVEL OK - 1250 gal

CLEANOUTS one on

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 4 x 60 FT. → 240

NUMBER OF TRENCHES 4

ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER      FT.

EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 7/1/98 OK to cover 1st two trenches. OK to continue. DKS

7/7/98 FINAL INSP- OK to cover all work - measurements for rest of system provided by installer - unable to inspect DKS

7/1/98 WPT - well line, P.A. 42" below grade well casing 1.5' above grade. conduit pipe to be replaced. DKS

DATE SYSTEM APPROVED 7/7/98

INSPECTOR

DONALD K. GILL

# APPLICATION

PERCOLATION TESTING

A 50905 G

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 / MR TOM SCRIVENER JOE DINATO  
~~CONTRACT PURCHASER~~

ADDRESS 5026 VORSEY HALL DRIVE #204 PHONE 964-5522  
ELLICOTT CITY, MD 21042

AGENT OR PROSPECTIVE BUYER DONALD R. KLEWER JR. LAND DESIGN & DEVELOPMENT, INC.  
DEVELOPER

ADDRESS 10805 HICKORY RIDGE ROAD PHONE 740-2100  
COLUMBIA, MD 21045

PROPERTY LOCATION:

SUBDIVISION QUARTERFIELD III LOT NO. 96 on P.C.

ROAD AND DESCRIPTION PROPOSED WHITETAIL LANE - THIRD ELECTION DISTRICT,  
ADJACENT TO QUARTERFIELD II OFF OF FOLLY QUARTER ROAD

TAX MAP 23 PARCEL # 84 (11644 WHITETAIL LANE) AND RETURNED 5-27-98  
Serial # B7111801  
9/8/98

SIZE OF LOT CLUSTER ONE ACRE TYPE BLDG. SINGLE FAMILY DWELLING  
(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. Robert H. Webster - AGENT-LDD, INC.  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 12/27/95 MAJOR LOT LINE ADJ REQ'D, 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

A50905 H  
COUNTY #

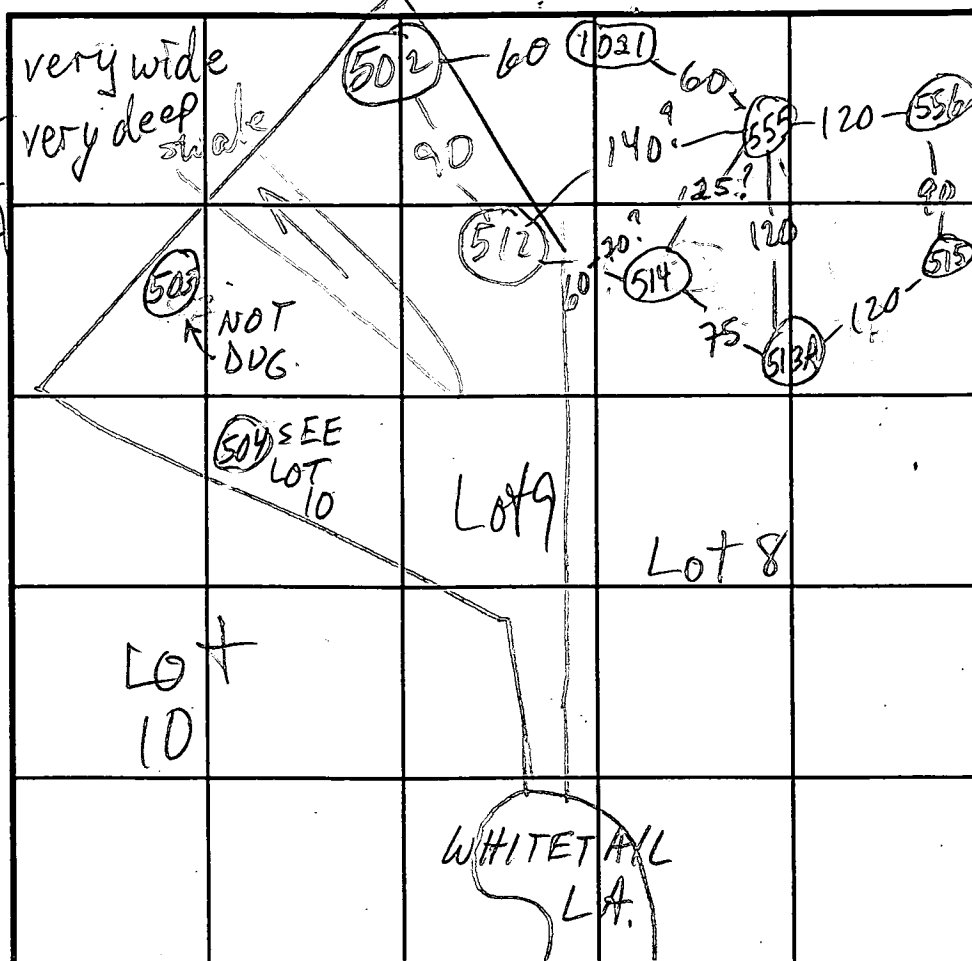
SOIL PROFILE

0' 512/502

orge  
sac l  
lm +  
4 5cl lm  
tan gray  
beige  
sa lm  
10% frags  
10-11

555/556

5-  
5 1/2  
brn orge  
cl lm  
sac l lm  
beige  
sand  
5%  
frags  
10 1/2-12



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE     | TEST NO. | DEPTH  | PRE-WET        |       | TEST - 1" DROP |       | TIME   |
|----------|----------|--------|----------------|-------|----------------|-------|--------|
|          |          |        | START          | STOP  | START          | STOP  |        |
| 10/27/95 | 512 S    | 4 1/2  | 1:29           | 1:40  | 2:04           | REDIG |        |
|          | 512 S    | 5      | 1:45           | 1:53  | T.O.O. SLOW    |       |        |
|          | 512 V    | 5' 3"  | 1:58           | 2:05  | 2:05           | 2:20  | 15 EST |
|          |          | 10 1/2 | OK see profile |       |                |       |        |
|          | 502 S    | 5      | 1:33           | 1:36  | 1:36           | 1:40  | 4      |
|          | 502 V    | 11     | OK see profile |       |                |       |        |
|          | 514 S    | 4 1/2  | 10:20          | 10:22 | 10:22          | 10:26 | 4      |
|          | 514 V    | 10 1/2 | OK see profile |       |                |       |        |
|          | 513A S   | 4' 9"  | 10:56          | 10:59 | 10:59          | 11:05 | 6      |
|          | 513A V   | 10     | OK see profile |       |                |       |        |
| 11/9/95  | 555 S    | 4' 9"  | 2:10           | 2:20  | 2:20           | 2:53  | 3/4"   |
|          | 555 S    | 5 1/2  | 3:47           | 3:52  | 3:52           | 4:00  | 8      |
|          | 555 V    | 10 1/2 | OK see profile |       |                |       |        |

REMARKS HOLES 512, 502 PER PLAT; LOT LINE ADJ.

TYPE OF SOIL

TESTED BY M. Rifkin

ALSO PRESENT Assoc. Exc. Don R.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 555-1021-502-514 7

TRENCH WIDTH 3

INLET DEPTH 4

MAXIMUM BOTTOM DEPTH 6

SQ. FT./BEDROOM 180

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION: Quarterfield III LOT NO. 9

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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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

COUNTY #

SOIL PROFILE

0'

(1021)

orange  
brn  
silt  
lm

5

tan brn  
silt  
10%  
frag

10

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE    | TEST NO. | DEPTH | PRE-WET          |       | TEST - 1" DROP |       | TIME |
|---------|----------|-------|------------------|-------|----------------|-------|------|
|         |          |       | START            | STOP  | START          | STOP  |      |
| 1/26/96 | 1021 S   | 5 1/2 | 10:48            | 10:56 | 10:56          | 11:08 | 12   |
|         | 1021 V   | 10    | OK - see profile |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |
|         |          |       |                  |       |                |       |      |

REMARKS

TYPE OF SOIL

TESTED BY

M. Rifkin

ALSO PRESENT Assoc. Exc. crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

2/1/98

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 1-12-99

Name of Installer Gartland PlumbingTelephone 410-875-5303License Number 6352

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner Greenfield HomesTelephone 410-281-6282Subdivision Quarterfield Lot # 6

Well Tag # \_\_\_\_\_

Site Address 11644 Whitehall

## Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible ✓
2. Make Goulds
3. Model # 2G507
4. Capacity 7 GPM

## Motor

1. Horsepower 3/4
2. RPM 3450
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 X

## Pitless Adapter

1. Make American Gravity
2. Model # PT-800
3. Depth 48"

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

## Tank

1. Capacity T-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 130 ft.
2. Yield 7 GPM
3. Static water level 110 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).

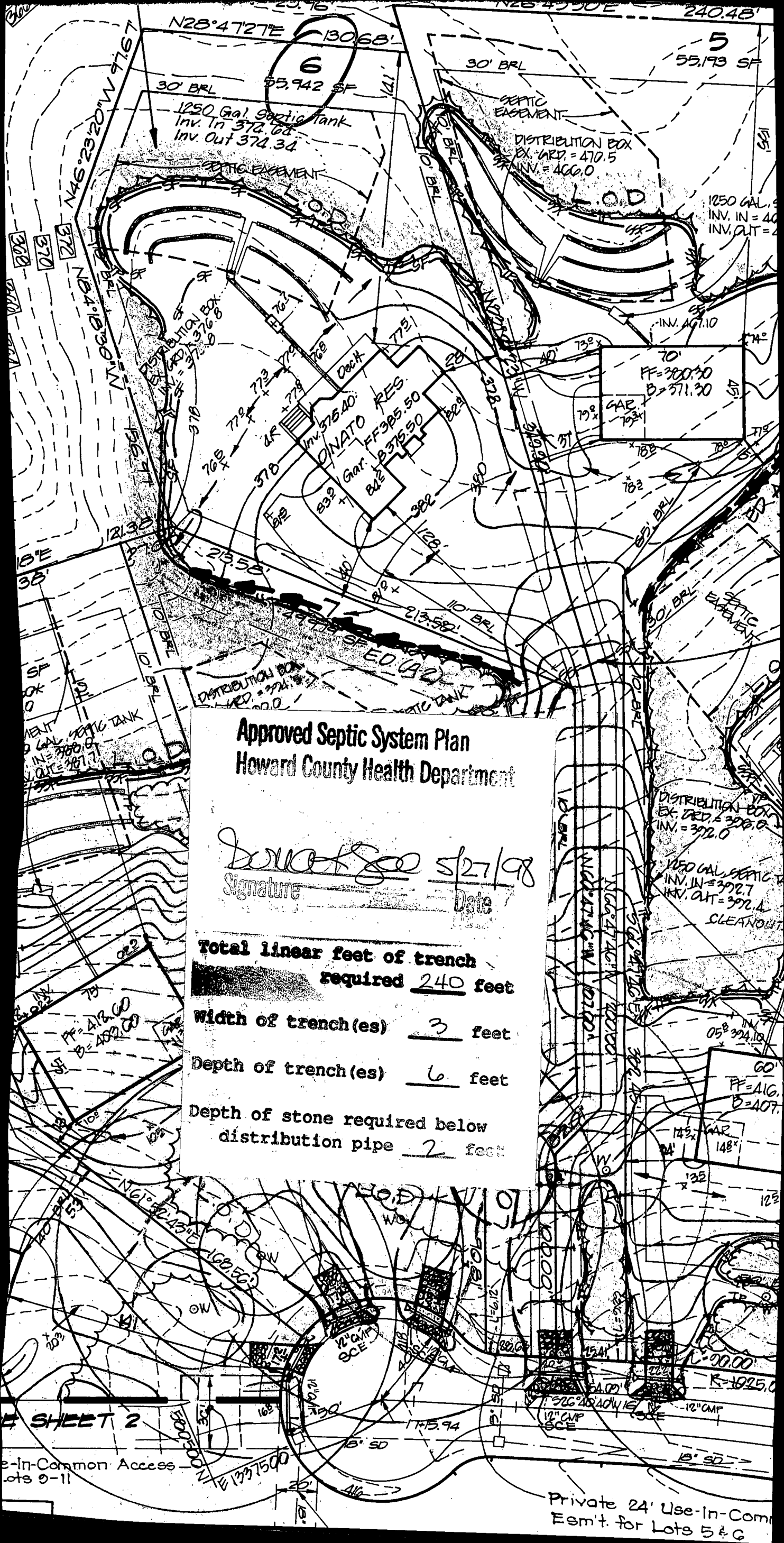
All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: 1-12-99

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

7/1/98  
OK PER DRS



Approved Septic System Plan  
Howard County Health Department

*[Signature]* 5/27/98  
Signature Date

Total linear feet of trench  
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below  
distribution pipe 2 feet



4" x 4" Concrete

C105094SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBERA50905 G

1236  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MMDDYY  
813

DATE WELL COMPLETED  
MMDDYY  
42198

Depth of Well  
22200'26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-94-1518

OWNERGreenField Homes  
STREET OR RDWhitetail Ln  
SUBDIVISIONQUARTERFIELDSECTIONIIITOWNW. Friendship  
LOT6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use<br>additional sheets if needed) | FEET |     | check<br>if water<br>bearing |
|--|------|-----|------------------------------|
|  | FROM | TO  |                              |
| Sand   | 0    | 76  |                              |
| Gray granite                                     | 76   | 200 |                              |

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS24NO. OF POUNDS2256

GALLONS OF WATER144

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to65ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEELSTCONCRETECO  
PLASTICPLOTHERO

MAIN CASING TYPEST

Nominal diameter  
top (main) casing  
(nearest inch!)6

Total depth  
of main casing  
(nearest foot)81

OTHER CASING (if used)

diameter  
inchdepth (feet)  
fromto

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEELSTBRASSBR  
BRONZEP  
PLASTICPLOTHERO

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)5

METHOD USED TO  
MEASURE PUMPING RATEbucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING26ft.

WHEN PUMPING76ft.

TYPE OF PUMP USED (for test)

Aair-PCPistonTTturbine  
CcentrifugalRRotaryOOother  
(describe below)  
JjetSSubmersible

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTURED

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. 1MSD024

DRILLERS SIGNATURE

LIC. NO. 1MSD027

SITE SUPERVISOR (sign of driller or journeyman  
responsible for sitework if different from permittee)

C2

DEPTH (nearest ft.)

HO79200

SLOT SIZE 123

DIAMETER  
OF SCREEN

5660  
fromto

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.)WQ

7072747576

TELESCOPE  
CASING

LOG  
INDICATOR

OTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL PUMP  
(CIRCLE) (YES or 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)

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)3135

PUMP HORSE POWER3741

PUMP COLUMN LENGTH  
(nearest ft.)4347

CASING HEIGHT (circle appropriate box  
and enter casing height)

abovebelow2(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)

|  |                                |   |  |
|--|--------------------------------|---|--|
| B 1 <b>9454</b><br>1 2 3 4 5 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS)  | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br><b>PERMIT TO DRILL WELL</b><br>please print or type  | STATE PERMIT NUMBER<br><b>HO - 94 - 1518</b><br>70 fill in this form completely 79 |
| Date Received (APA)<br><b>03 31 98</b><br>8 MM DD YY 13<br><b>Greenfield James</b><br>15 Last Name Owner First Name 34<br><b>6656 Luster Drive</b><br>36 Street or RFD 55<br><b>Highland Md. 20777</b><br>57 Town 70 State 72 Zip 76   |                                | B 3 LOCATION OF WELL<br>8 COUNTY <b>Howard</b> 21<br>23 SUBDIVISION <b>Quartermfield</b> 42<br>SECTION <b>3</b> 44 46 LOT <b>6</b> 48 50<br><b>West Friendship</b><br>52 NEAREST TOWN 71<br>MILES FROM TOWN (enter 0 if in town) <b>4</b> 73 M 76 77 78   |  |
| DRILLER INFORMATION<br><b>Joseph L. Mayne</b> M S D O 24<br>76 License No. 81<br><b>Joseph L. Mayne Well Drilling</b><br>Firm Name<br><b>5512 Ridge Rd. Mt. Airy 21771</b><br>Address<br><b>Joseph L. Mayne 3/31/98</b><br>Signature Date  |                                | B 4<br>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br><br>11 NEAR WHAT ROAD <b>Whitetail Lane</b> 30<br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/><br>34 <b>100</b> 37<br>DISTANCE FROM ROAD<br>ENTER FT OR MI <b>FT</b> 38 39<br>TAX MAP: <b>13</b> BLK: <b>15</b> PARCEL <b>84</b> |  |
| B 2 WELL INFORMATION<br>1 2 APPROX. PUMPING RATE (GAL. PER MIN.)<br>8 <b>500</b> 12<br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)<br>14 <b>500</b> 20  |                                | NOT TO BE FILLED IN BY DRILLER<br>HEALTH DEPARTMENT APPROVAL<br><b>Howard</b> <b>AS0805G</b><br>COUNTY NAME COUNTY NO.<br>STATE SIGNATURE<br>DATE ISSUED <b>04 10 98</b> <b>Mark E. Riffin</b> 41<br>43 MM DD YY 48 CO SIGNATURE EXP. DATE<br>NORTH GRID <b>520 000</b> 55 EAST GRID <b>0825 000</b> 57 63  |  |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br>22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)<br><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) |                                | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. <b>Well</b><br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <b>8205</b><br>N <b>520</b><br>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>   |  |
| APPROXIMATE DEPTH OF WELL <b>300</b> FEET<br>24 28<br>APPROXIMATE DIAMETER OF WELL <b>6</b> INCH<br>30 37 NEAREST TOWN   |                                | METHOD OF DRILLING (circle one)<br>BORED (or Augered) JETTED Jetted & DRIVEN<br>30 <b>AIR-ROTARY</b> AIR-PERCussion ROTARY (Hydraulic Rotary)<br>37 <b>CABLE</b> REVERSE-ROTARY DRIVE-POINT<br>other  |  |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)<br><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52  |                                | Not to be filled in by driller (MDE OR COUNTY USE ONLY)<br>APPROX. PERMIT NUMBER 54 G A P 63<br>FORCE <b>MR</b> WRITE INITIALS IN BOX<br>PERMIT No. <b>HO - 94 - 1518</b><br>67 68 70 71 72 73 74 75 76 77 78 79  |  |
| SPECIAL CONDITIONS<br>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -   |                                |   |  |

|   |   |  |
|---|---|--|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410)313-2455/INSPECTIONS (410)313-1810<br>AUTOMATED INFORMATION (410) 313-3800 | <b>HOWARD COUNTY</b><br><b>PERMIT APPLICATION</b> | <b>PERMIT NUMBER</b><br><u>B00135176</u> |
|---|---|--|

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| Building Address: <u>11604 WHITETAIL LANE</u><br><u>ELLICOTT CITY, MD 21042</u><br>Suite/Apt. #: _____ SDP/WP/Petition #: _____<br>Census Tract: _____ Subdivision: <u>Quarterfield III</u><br>Section: _____ / Lea: _____ Lot: <u>6</u><br>Tax Map: _____ Grid: _____<br>Zoning: _____ Map Code: _____ Lot size: _____<br>Existing Use: <u>SFD</u><br>Proposed Use: <u>SFD</u><br>Estimated Construction Cost: \$ <u>17,000.-</u><br>Description of Work: <u>ADD 14'9" DECK W/ STAIRS TO</u><br><u>100' EXISTING DECK</u><br>Occupant or Tenant: _____<br>Contractor Name: _____<br>Address: _____<br>City: _____ State: _____ Code: _____<br>Phone: _____ Fax: _____ | Property Owner's Name: <u>JOE DINOTO</u><br>Address: <u>11604 WHITETAIL LANE</u><br>City: <u>ELLICOTT CITY</u> State: <u>MD</u> Zip Code: <u>21042</u><br>Home Phone: <u>443-535-0454</u> Work Phone: <u>301-241-7104</u><br>Applicant's Name & Mailing Address, (if other than stated hereon): _____<br>Phone: _____ Fax: _____<br>Contractor Company: <u>TOWN CREEK, INC</u><br>Contact Person: <u>JOHN GAMBA</u><br>Address: <u>PO BOX 735</u><br>City: <u>CLARKSVILLE</u> State: <u>MD</u> Zip Code: <u>21029</u><br>License No.: <u>449810</u><br>Phone: <u>301-644-3510</u> Fax: <u>410-531-6574</u><br>Engineer or Architect Company: _____<br>Contact Person: _____<br>Address: _____<br>City: _____ State: _____ Zip Code: _____<br>Phone: _____ Fax: _____ |
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| BUILDING DESCRIPTION - COMMERCIAL   |  | BUILDING DESCRIPTION - RESIDENTIAL   |  |
|---|--|--|--|
| <b>Building Characteristics</b><br>Height: _____<br>No. of stories: _____<br>Gross area, sq. ft. per floor: _____<br>Use group: _____<br>Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Electric: Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas: Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression on # of Heads _____ | <b>Building Characteristics</b><br>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth: _____ Width: _____<br>1st floor: _____<br>2nd floor: _____<br>Basement: _____<br>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms: _____<br>Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____<br>Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____<br><input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Electric: Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas: Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> 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.

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| Applicant's Signature: <u>John E. Gamba</u><br><u>LANDSCAPE ARCHITECT / TOWN CREEK</u><br>Title/Company: _____ | Print Name: <u>JOHN E. GAMBIA</u><br><u>3/28/02</u><br>Date: _____ |
|--|--|

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE PRINT NAME AND LEGIBLY \*\*

| AGENCY   |  | DATE | SIGNATURE/ APPROVAL                                      | DPZ'S          | BACK INFORMATION | PROPERTY ID# |
|--|--|------|--|----------------|------------------|--------------|
| Land Development DPZ                                   |  |      |  |                |                  |              |
| State Highways   |  |      |  |                |                  |              |
| Building Official                                      |  |      |  |                |                  |              |
| Dev/Engineering DPZ                                    |  |      |  |                |                  |              |
| Health   |  |      |  |                |                  |              |
| Fire Protection  |  |      |  |                |                  |              |
| Sediment Control approval (required prior to issuance) |  |      |  |                |                  |              |
|  |  |      | YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                  |              |
| CONTINGENCY CONSTRUCTION START                         |  |      | <input type="checkbox"/>                                 |                |                  |              |
| ONE STOP SHOP  |  |      | <input type="checkbox"/>                                 |                |                  |              |
| Distribution of Copies:                                |  |      | White: Building Official                                 | Green: LDD DPZ | Yellow: DED DPZ  | Pink: Health |
|  |  |      | Gold: SHA  |                |                  |              |

Filing fee: \$ \_\_\_\_\_  
 Penalty fee: \$ \_\_\_\_\_  
 Excise tax: \$ \_\_\_\_\_  
 Add'l pers fee: \$ \_\_\_\_\_  
 TOTAL FEES: \$ \_\_\_\_\_  
 Sub-total paid: \$ \_\_\_\_\_  
 Balance due: \$ \_\_\_\_\_  
 Check # 1205187  
 Validation # \_\_\_\_\_  
 Accepted by: \_\_\_\_\_

EX. HOUSE

TREX DECK  
AND STAIRS

1/8" = 1'-0"

DWS

+0.0FS

gas  
hookup

EXISTING DECK  
+0.0FS

-8"FS

cc

+0.0FS

+0.0FS

-8"FS

-2.0FS

END OF TRENCH  
PER SEPTIC RECORD

