

3/23/99
WPI (signature)
4/6/99
VASHP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511446

A 50905-H

DISTRICT _____

DATE 3/2/99

DATE SYSTEM APPROVED 4/6/99

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

03 325660

INDEXED

Fyock Septic Services

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13775 Triadelphia Road Glenelg, Maryland 21737 PHONE (410) 988-9270

SUBDIVISION Quarterfield III LOT 7 ROAD 11648 Whitetail Lane

PROPERTY OWNER Carey Mann

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 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 - Place the distribution box 215 feet down the left lot line and 10 feet off this same lot line. Run trenches on contour to right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APPROVED BY Mark E. Rifkin DATE 1-20-1999

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)

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

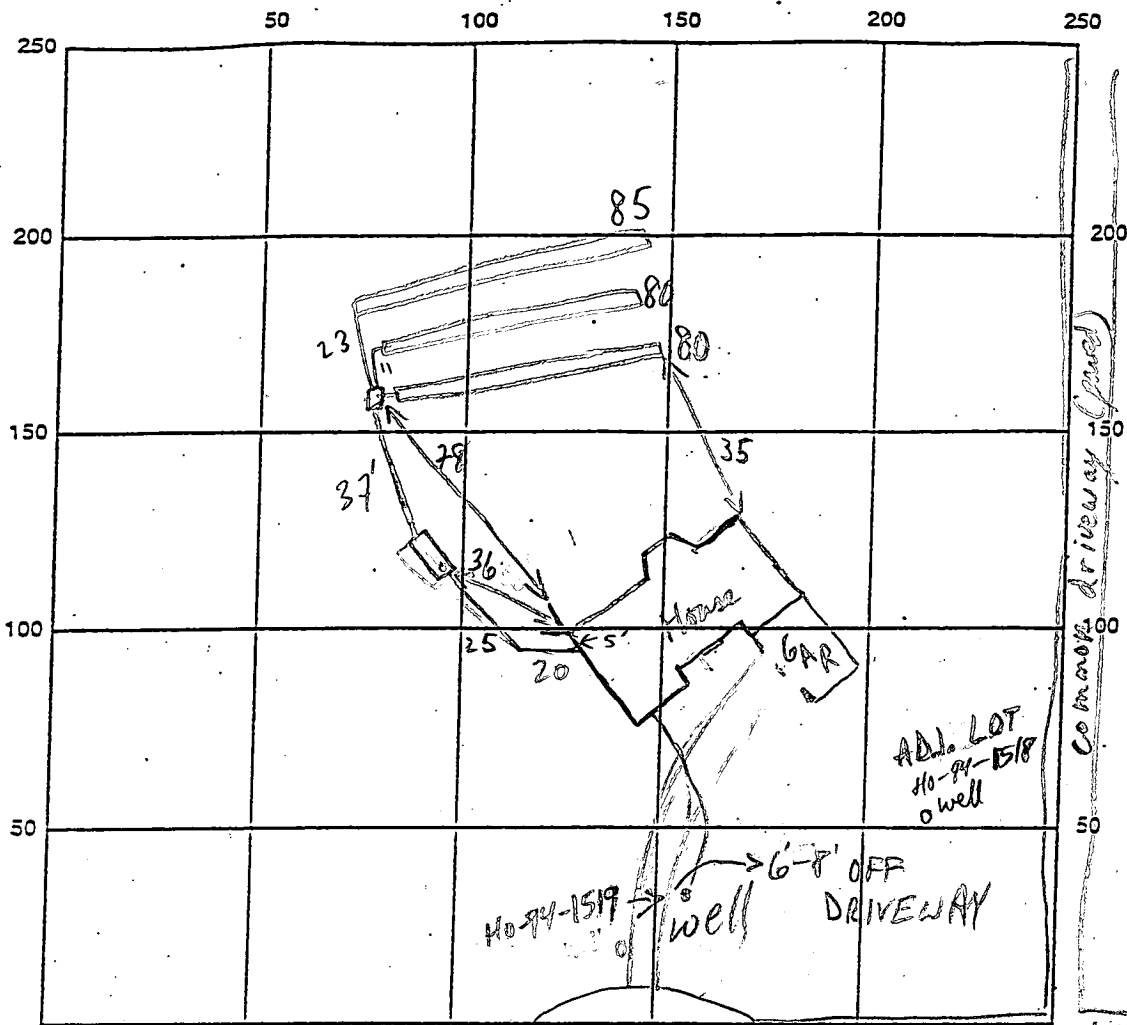
PERMIT VOID AFTER TWO YEARS

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

50905-H



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE White Tail Lane
Cul de Sac

SEPTIC TANK LEVEL 1250 GAL - OK

CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 6 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH ①80 ②80 ③85 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA ①240 ②240 ③255 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 735 SQ. FT.

REMARKS: 4/6/99 OK TO COVER ALL (MR)

WPT Pitless adapter water line OK at 4 ft

2 pieces up + conduit pgs OK. 3/23/99

DATE SYSTEM APPROVED 4/6/99

INSPECTOR McRipkin

APPLICATION

PERCOLATION TESTING

A 50905H

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 CAREY MANN

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Quarterfield III LOT NO. to 7 on P.C.

ROAD AND DESCRIPTION Whitetail La (11648 Whitetail Lane)

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 4 Bdr

BLDG. PERMIT SIGN _____

AND RETURNED 1-20-99
Serial # B0115669

(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1022 1023brn
orge
sac lmtan
yel
sand
+
sac lm
5%
frags

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	1023S	4½	12:09	12:15	12:15	12:30	15
	1023V	11	OK see profile				
	1022S	9	OK see profile				
10/27/95	519	4½	3:05	3:06	3:06	3:10	4
	519	11					
	507	5	2:19	2:21	2:21	2:25	4
	507	10½					

REMARKS

TYPE OF SOIL

TESTED BY

M. Ripkin

ALSO PRESENT

Assoc. Exc. crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

ALL HOLES 6

TRENCH WIDTH

3 Donk

INLET DEPTH

4

MAXIMUM BOTTOM DEPTH

6

SQ. FT./BEDROOM

180

Signed
Sketch-Equival
Prelim

INTERFIELD 3B
SECTION 2

NON-BUILDABLE
ENVIRONMENTAL
PRESERVATION PARCEL 'B'
8.812 AC±

P-5 TYPE Δ
-470 LF

P-2 TYPE Δ
208 LF

P-3 TYPE Δ
375 LF

P-4 TYPE Δ
375 LF

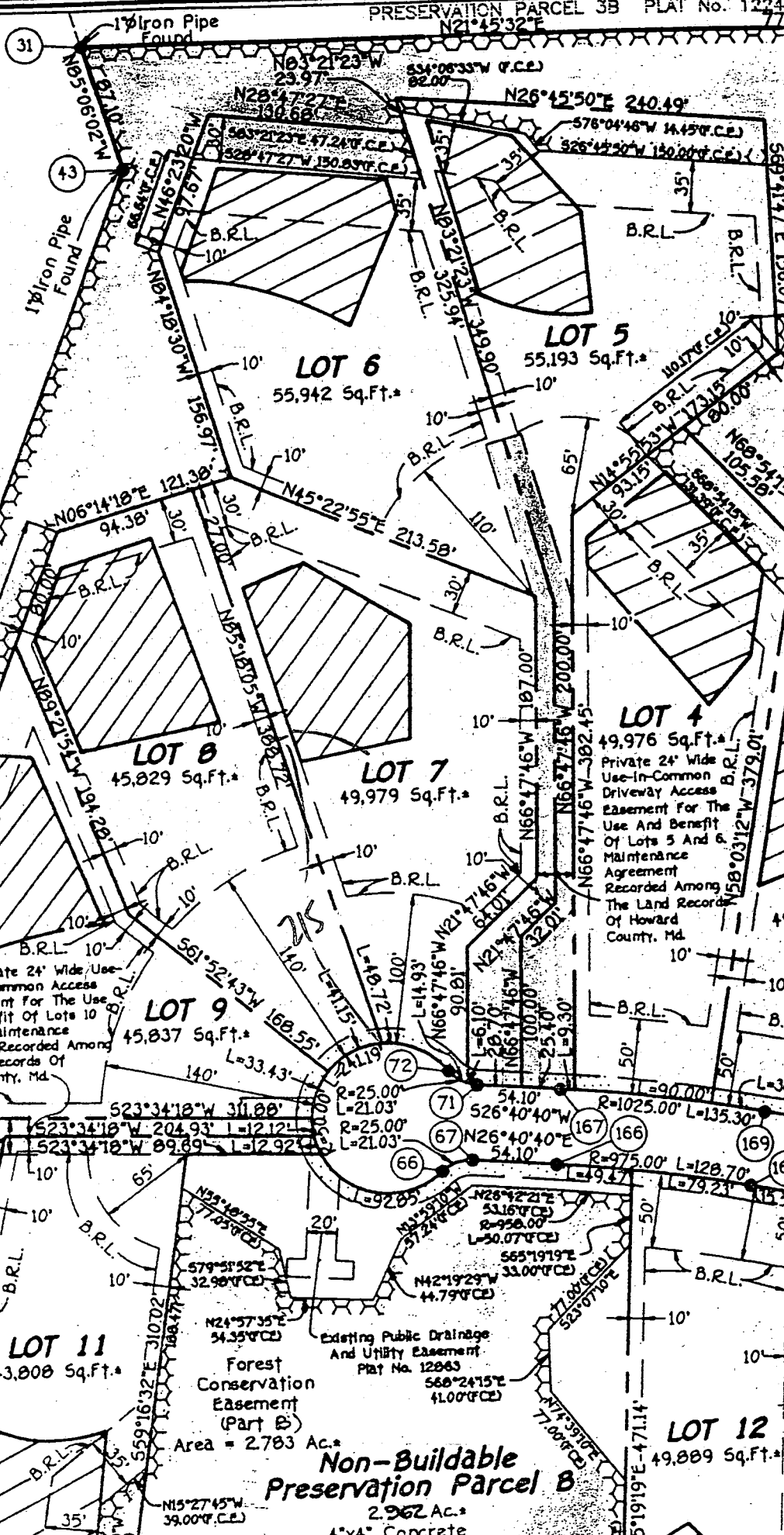
USE IN COMMON
ACCESS EASEMENT
FOR LOT 5 & 6

20' OR
UTILITY

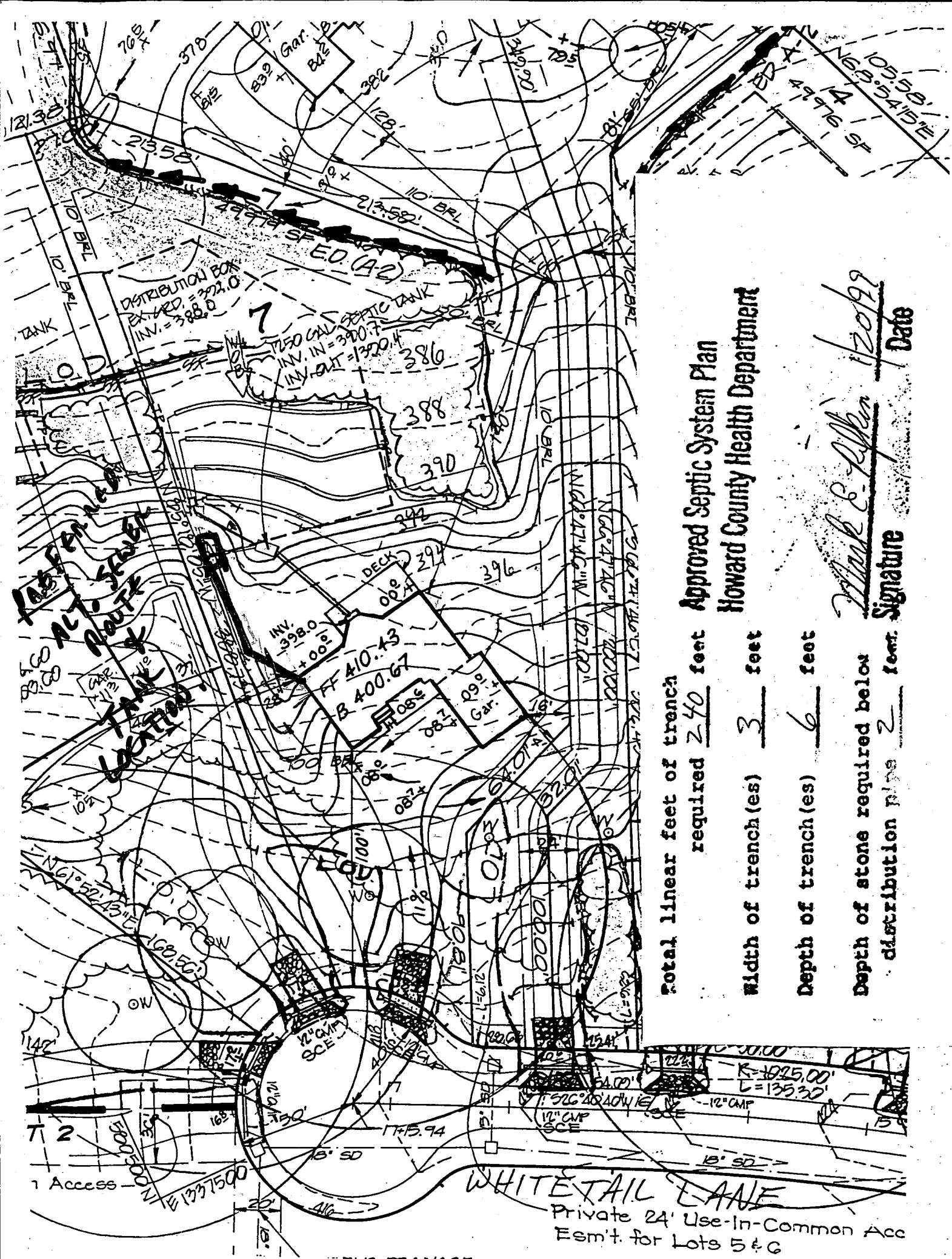
SIGNED
FINAL

LOT 1
PRIDE'S CROSSING
PLAT No. 6401

PRESERVATION PARCEL 3B PLAT No. 1224
N21°45'32"E



SING
W01



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) 6 feet

Depth of stone required below
distribution pipe 2 feet

Signature Mark E. Paffen Date 1/20/99

WHITE TAIL LANE
Private 24' Use-In-Common Acc
Esm't. for Lots 5 & 6

C1 05095 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY.
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A50905H

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

12 11 98

Depth of Well

22 240' 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-94-1519

OWNER Greenfield Homes
STREET OR RFD Whitetail La
SUBDIVISION QUARTERFIELD SECTION III TOWN No Friendship LOT 7

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ no ☐
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐NO. OF BAGS 20 NO. OF POUNDS 1880GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 52 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ STEEL☐ CONCRETE☐ PLASTIC☐ OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST660

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)☒ STEEL☐ BRASS☐ OPEN☐ BRONZE☐ HOLE☐ PLASTIC☐ OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand

0 55

Gray mica
Rock

55 240

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

☒☐

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. 1 MS DO 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76
TELESCOPE
CASING LOG
INDICATOR OTHER DATASITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

10

METHOD USED TO
MEASURE PUMPING RATE

bucks

WATER LEVEL (distance from land surface)

BEFORE PUMPING

81

ft.

WHEN PUMPING

125

ft.

TYPE OF PUMP USED (for test)

☐ air☐ piston☐ turbine☐ centrifugal☐ rotary☐ other
(describe
below)☐ jet☒ 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)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)☒ above

LAND SURFACE

☐ below(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

B 1	9455	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1519 <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>Date Received (APA) 03/31/98</p> <p>OWNER INFORMATION</p> <p>8 MM DD YY 13 Greenfield Homes</p> <p>15 Last Name Owner First Name 34</p> <p>36 6656 Luster Drive</p> <p>Street or RFD 55</p> <p>57 Highland 70 State 72 MD Zip 76 20777</p> <p>DRILLER INFORMATION</p> <p>Driller's Name 76 Joseph R. Mayne License No. 81 MSD024</p> <p>Firm Name Joseph R. Mayne Well Drilling</p> <p>Address 5512 Ridge Rd. Mt. Airy 21711</p> <p>Signature Joseph R. Mayne Date 3/31/98</p> </div> <div style="width:50%;"> <p>LOCATION OF WELL</p> <p>8 COUNTY Howard 21</p> <p>23 SUBDIVISION Quarterfield 42</p> <p>SECTION 3 44 46 LOT 7 48 50</p> <p>52 NEAREST TOWN West Friendship 71</p> <p>MILES FROM TOWN (enter 0 if in town) 4 73 M 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE 5</p> <p>(GAL. PER MIN.) 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED 500</p> <p>(GAL. PER DAY) 14 20</p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p> </div> <div style="width:50%;"> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard COUNTY NAME A50905H COUNTY NO.</p> <p>STATE SIGNATURE Mark E. Tiffin INSERT S 4</p> <p>DATE ISSUED 04/10/98 CO SIGNATURE 4/10/99 EXP. DATE</p> <p>43 MM DD YY 48 NORTH GRID 520 50 55 EAST GRID 0825 57 63</p> </div> </div>				
<p>APPROXIMATE DEPTH OF WELL 300 FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTary DRIVE-POINT</p> <p>other</p> <p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>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</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52</p> <p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER MR 54 G A P 63</p> <p>FORCE HO-94-1519 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79</p> <p>SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</p>				
<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. well</p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E 8285</p> <p>N 520</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p>12-11-98</p> <p>Grout</p> <p>No insp</p> <p>Bill</p> <p>West Friendship</p> <p>Quarterfield</p> <p>Running Spring Rd.</p> <p>Whitetail Lane</p> <p>well</p>				

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 _____

Name of Installer Gartland Plumbing Inc.

Telephone 410-875-5303

License Number 6352

Certified Well Pump Installer _____ Well Driller _____

Registered Plumber X

Name of Property Owner Carey Mann

Telephone 410-730-4330

Subdivision Quarterfield Lot # 7

Well Tag # _____

Site Address 11648 Whitehall Lane

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ✓
2. Make Goulds
3. Model # 2E5
4. Capacity 2 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 Harvard
2. Model # PT800
3. Depth 48"

Tank

1. Capacity 230
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 140 ft.
2. Yield 2 GPM
3. Static water level 100 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: 3-24-92

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00115669

Building Address 11648 WAJAIL LANE
ELLICOTT CITY MD 21042

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

Census Tract 653 Subdivision QUARTER FIELD II

Section N/A Area 1/4 Lot 7

Tax Map 23 Parcel 81 Grid 15

Zoning RC-DR Map Coordinates _____ Lot size _____

Existing Use UNIMPROVED LAND

Proposed Use NEW HOME

Estimated Construction Cost \$ 350,000

Description of Work 2 STORY (PARTIAL FINISHED)

BASEMENT, 4 BEDROOM, 3 CAR, 1 1/2 BATH

BRICK FRONT W/ DECK

Occupant or Tenant CAREY FANNY MANN

Contact Name CAREY MANN

Address 5570 VANTAGE POINT RD

City COLUMBIA State MD Zip Code 21044

Phone _____ Fax _____

Property Owner's Name CAREY MANN

Address 5570 VANTAGE POINT RD

City COLUMBIA State MD Zip Code 21044

Home Phone (410) 730-4330 Work Phone _____

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

Phone _____ Fax _____

Contractor Company GREENFIELD HOMES INC.

Contact Person RICK MILLER

Address 6656 LUSTER DR

City HIGHLAND State MD Zip Code 20777

License No. (410)

Phone (410) 781-6782 Fax 442-0213

Engineer or Architect Company _____

Contact Person MARIA BONDY

Address _____

City _____ State _____ Zip Code _____

Phone (410) 750-2262 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 4

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 THEREIN; (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 [Signature]

Title/Company GREENFIELD HOMES INC.

Print Name LAWRE GREENFIELD

Date 1/4/99

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 1/20/99 Mark E. R. Pfen

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? NO

YES ☐ NO ☒

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID#

Filing fee \$ 25.00

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ _____

Balance due \$ _____

Check # 8128

Validation # _____

Accepted by _____

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