9/28/98 wdd.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510682

A 50905-L

03-325709 Larabee

DISTRICT 3rd

DATE 9-14-98

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

INDEXED

DATE SYSTEM APPROVED 9-28-98

INSPECTOR [illegible]

Jack Fyock Septic Services IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Quarterfield III LOT 11 ROAD 11651 Whitetail Lane

PROPERTY OWNER ~~Mark Chistolini~~ Larabee

ADDRESS

BUILDING PERMIT SIGNED AND RETURNED

62204 B00148603-IG Roul
61604 B00148516-Asurface Deik

SEPTIC TANK CAPACITY 1250 GALLONS ***MANHOE CLEANOUT REQUIRED***

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area bgins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 204.93' lot line and the 330.97' lot line, start the first trench 185 feet down the 330.87' lot line and 15 feet off this same lot line. Run trenches on contour to left 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 8/10/98 DKS

PLANS APROVED BY Mark Rifkin/Amy McMillen DATE 8/06/98

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.

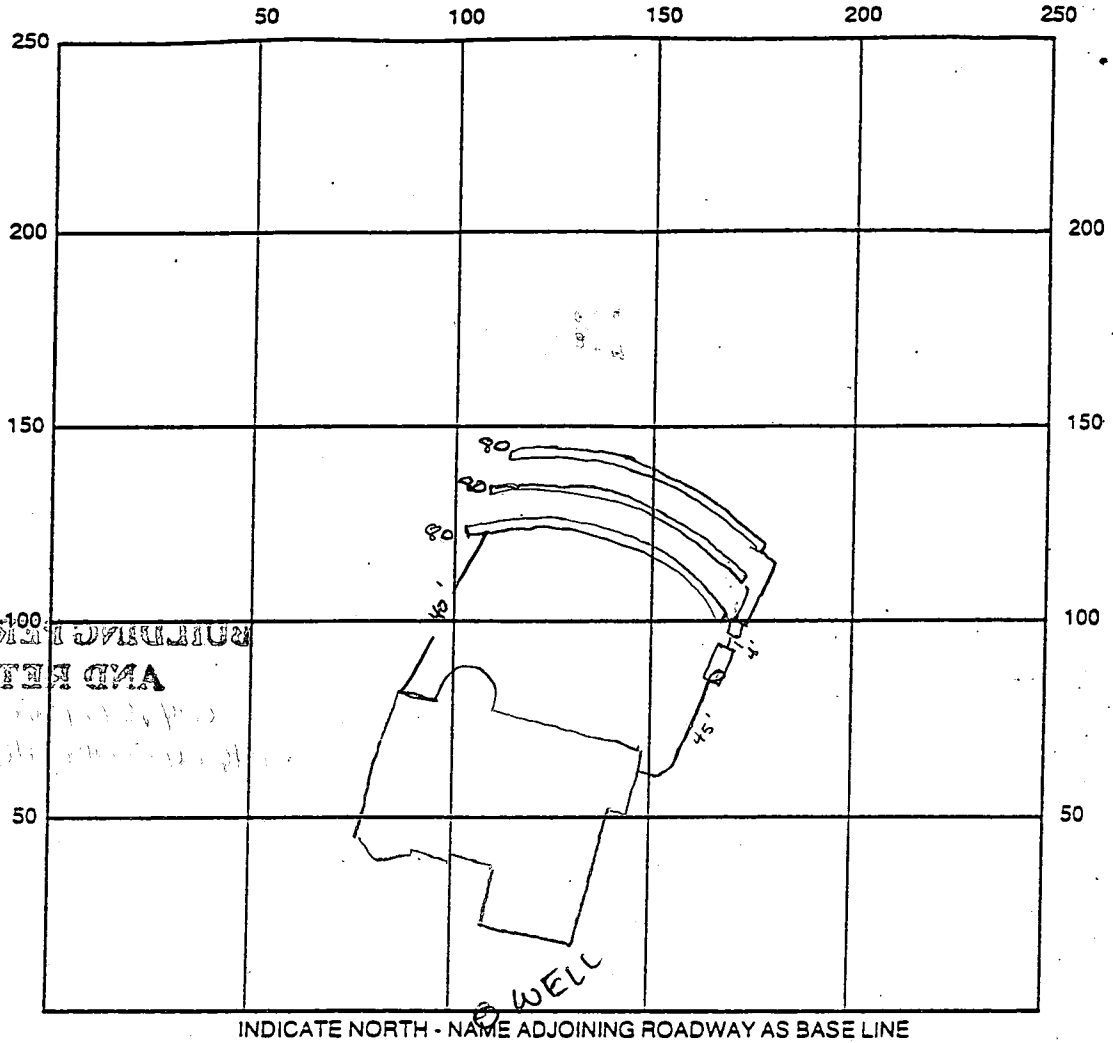
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 50905-L



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffles in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT. $\frac{240}{3}$

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 9-28-98 OK to cover all work A

DATE SYSTEM APPROVED 9-28-98 INSPECTOR A McMullen

APPLICATION

PERCOLATION TESTING

A 50965 L

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. CHRISTOLINI, MARK

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

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

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

PROPERTY LOCATION:

SUBDIVISION QUARTERFIELD III LOT NO. #5 11 on P.C.

ROAD AND DESCRIPTION 11651 PROPOSED WHITETAIL LANE - THIRD ELECTION DISTRICT,
ADJACENT TO QUARTERFIELD I & II OFF OF FOLLY QUARTER ROAD

TAX MAP 23 PARCEL # 84

~~BLDG. PERMIT #~~
~~AND RETURNED~~ P-6-98
Serial # BR011337B - 4Bdrm

SIZE OF LOT CLUSTER ONE ACRE TYPE BLDG. SINGLE FAMILE 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 Weston - 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 PERC OK, HOLD FOR PLAT MR

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

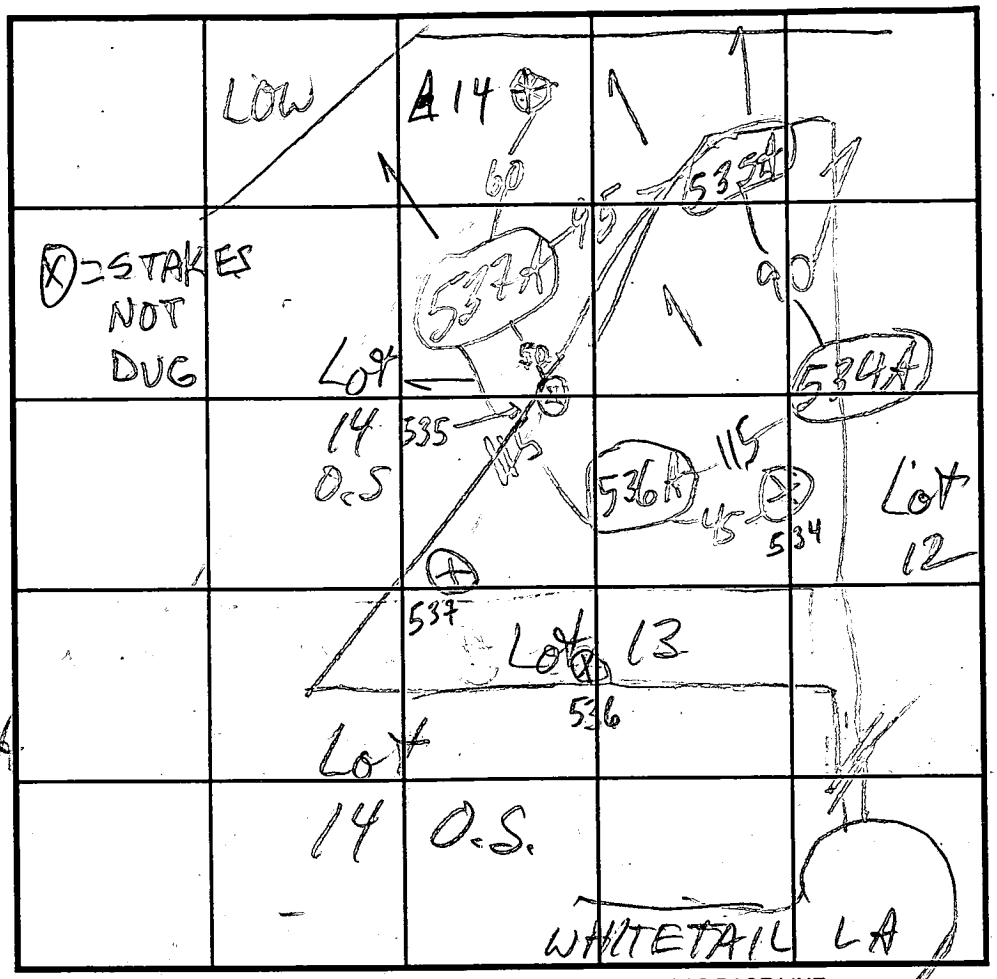
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

A50905L
COUNTY #

SOIL PROFILE
0' 535A 537A
brn c l/m
1½
coarse tan beige sand 15-25% frags
9'9"
534A 536A
brn sac l/m
3
beige sand 5% frags
11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
0'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/8/95	535A	4	4:04:30	4:11:30	4:04:30	4:06:30	2
	535A	8'9"	OK see profile				
	537A	3½	4:18	4:19	4:19	4:21	2
	537A	9'9"	OK see profile				
	534A	5	4:22	4:24	4:24	4:27	3
	534A	11	OK see profile				
	536A	4½	4:30	4:30:36	4:30	4:32	2
	536A	11	OK see profile				

REMARKS ALL HOLES NOT PER PLAT

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT Assoc. Exc., Don R.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

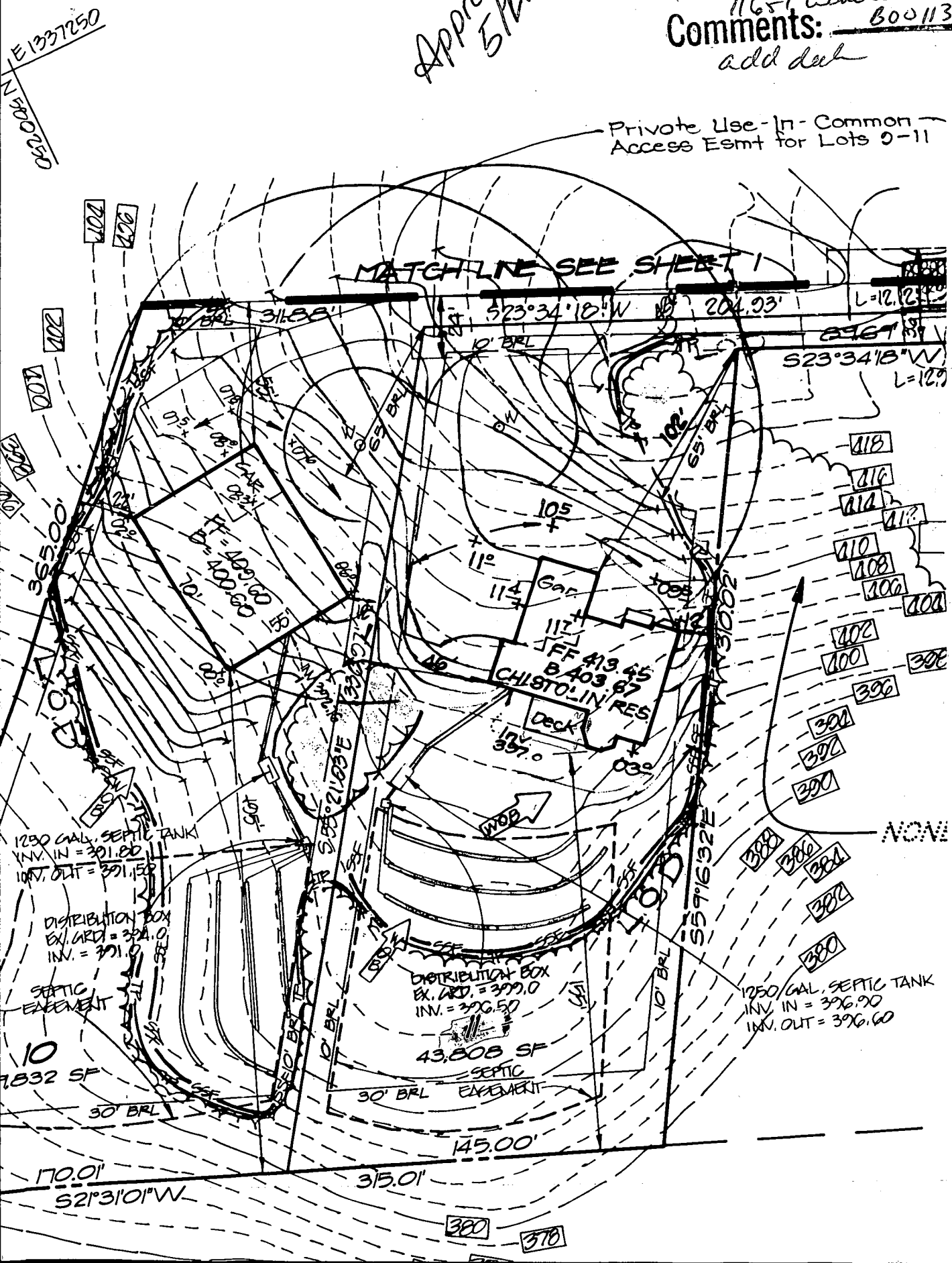
INLET DEPTH 2½ MAXIMUM BOTTOM DEPTH 4½ SQ. FT/BEDROOM 180

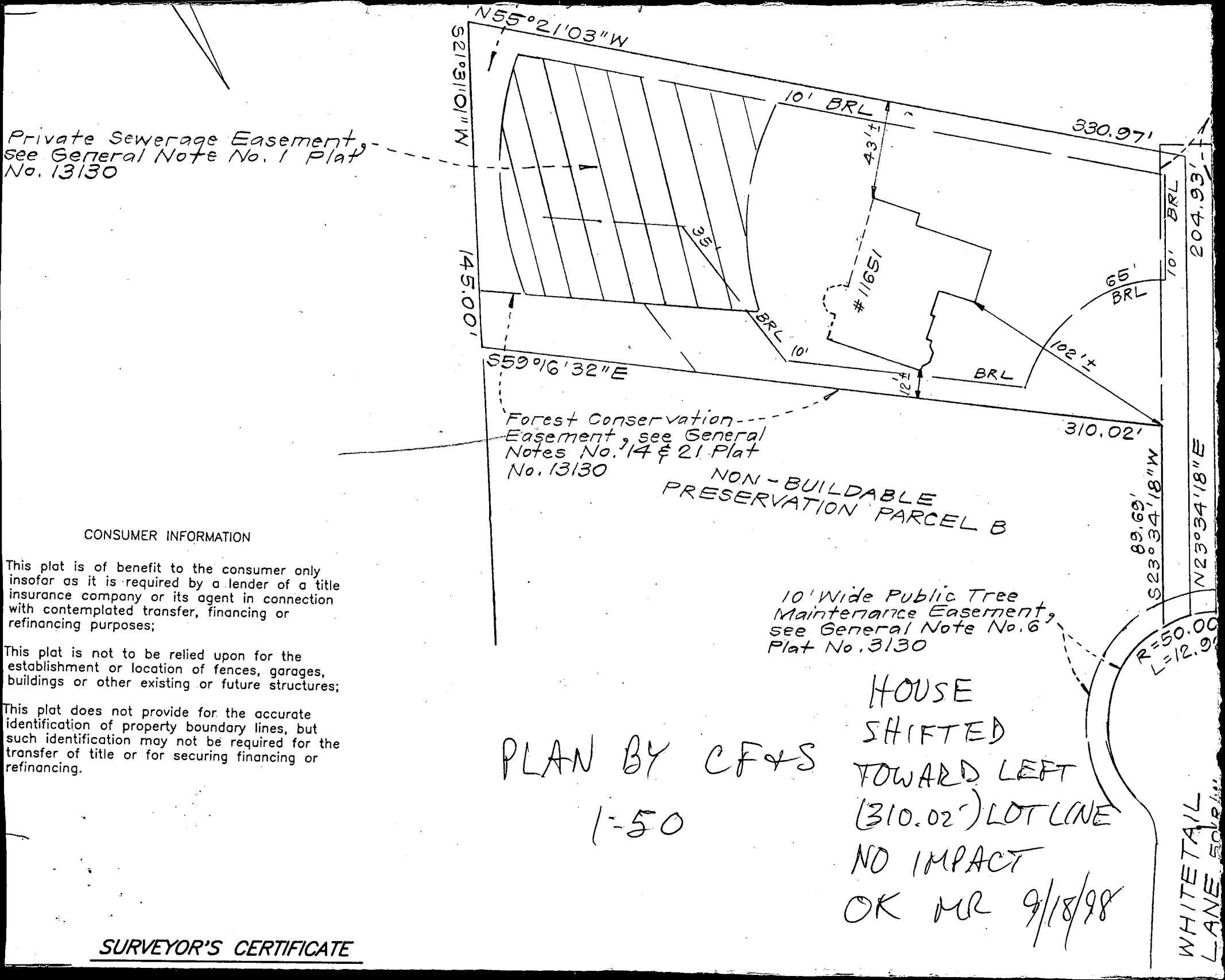
Approved
5/11/99

REVISED

Date: 5-10-99

Comments: 1165 White tail Ln
B00113373
add deck





CONSUMER INFORMATION

This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;

This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;

This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

PLAN BY CF+S

1-50

HOUSE SHIFTED TOWARD LEFT (310.02') LOT LINE NO IMPACT OK MR 9/18/98

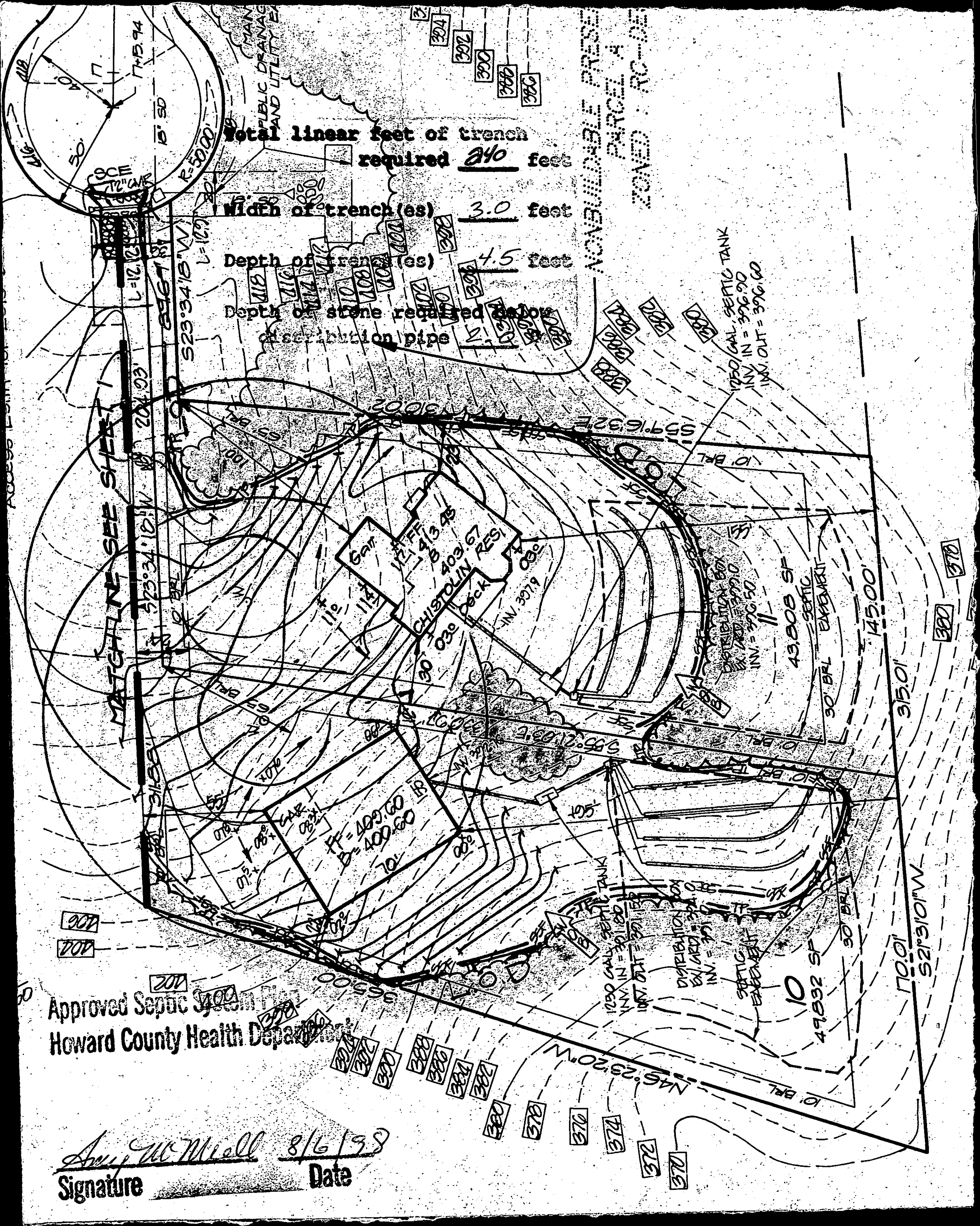
SURVEYOR'S CERTIFICATE

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.5 feet

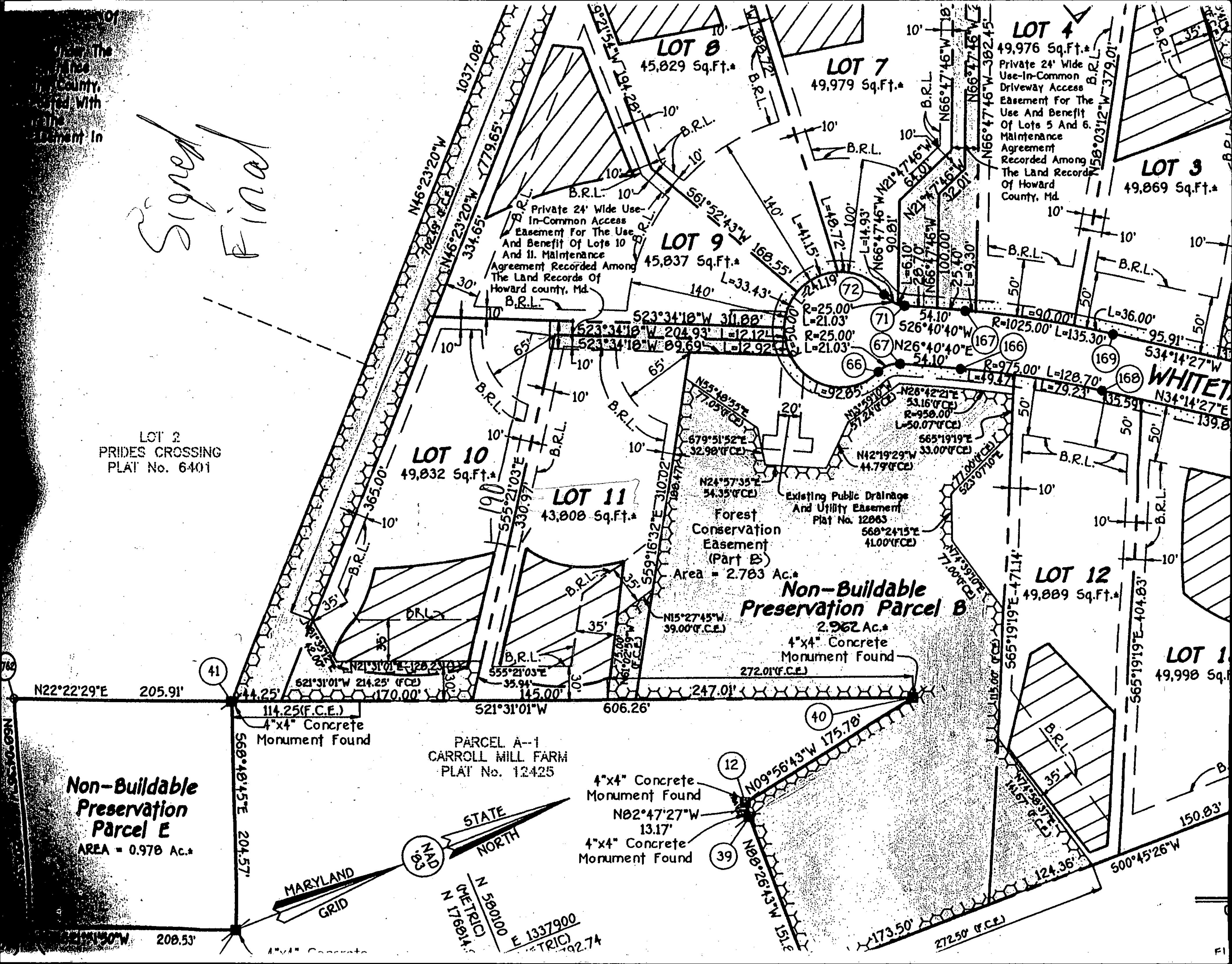
Depth of stone required below distribution pipe 2 [illegible]



Approved Septic System Plan
Howard County Health Department

8/6/98

Signature Date


LOT 8
45,829 Sq.Ft.±
LOT 7
49,979 Sq.Ft.±
LOT 4
49,976 Sq.Ft.±
Private 24' Wide Use-In-Common Driveway Access Easement For The Use And Benefit Of Lots 5 And 6. Maintenance Agreement Recorded Among The Land Records Of Howard County, Md.
LOT 3
49,869 Sq.Ft.±
Private 24' Wide Use-In-Common Access Easement For The Use And Benefit Of Lots 10 And 11. Maintenance Agreement Recorded Among The Land Records Of Howard county, Md.
LOT 9
45,837 Sq.Ft.±
LOT 2
PRIDES CROSSING
PLAT No. 6401
LOT 10
49,832 Sq.Ft.±
LOT 11
43,808 Sq.Ft.±
Forest Conservation Easement (Part B)
Area = 2.783 Ac.±
Existing Public Drainage And Utility Easement Plat No. 12863
Non-Buildable Preservation Parcel B
2.962 Ac.±
4"x4" Concrete Monument Found
LOT 12
49,889 Sq.Ft.±
49,998 Sq.Ft.
WHITET
PARCEL A-1
CARROLL MILL FARM
PLAT No. 12425
Non-Buildable Preservation Parcel E
AREA = 0.978 Ac.±
4"x4" Concrete Monument Found
N02°47'27"W 13.17'
MARYLAND GRID
STATE NORTH
NAD 83
N 580100 (METRIC) N 176814
E 1337900 (METRIC)
N46°23'20"W 1037.08'
N46°23'20"W 779.65'
N46°23'20"W 334.65'
S61°52'43"W 168.55'
S23°34'18"W 311.88'
S23°34'18"W 204.93'
S23°34'18"W 89.69'
S26°40'40"W 54.10'
N26°40'40"E 54.10'
R=1025.00' L=135.30'
R=975.00' L=128.70'
S34°14'27"W 95.91'
N34°14'27"E
S55°21'03"E 330.97'
S59°16'32"E 310.02'
S21°31'01"W 214.25' (FCE)
S21°31'01"W 606.26'
N22°22'29"E 205.91'
S68°48'45"E 204.57'
N09°56'43"W 175.78'
N88°26'43"W
S65°19'19"E 471.14'
S65°19'19"E 404.83'
S00°45'26"W
S58°03'12"W 379.01'
N66°47'46"W 382.45'
272.01'(F.C.E.)
247.01'
114.25(F.C.E.)
145.00'
170.00'
150.83'
124.36'
173.50'
272.50' (F.C.E.)
208.53'
41
40
12
39
66
67
71
72
166
167
168
169

C 1 | 9786 | 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-L

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 7 DD 7 YY 98

Depth of Well: 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": Ho - 94 - 1588

OWNER: Greenfield (last name) Homes (first name)

STREET OR RFD: Whitetail Lane TOWN: West Friendship

SUBDIVISION: Quarterfield SECTION: LOT: 11

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	75	
Gray Granite	75	180	✓

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.: M S D 0 2 4

Joseph L Mayne
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 [C M] BENTONITE CLAY [B C]

NO. OF BAGS 30 NO. OF POUNDS 2400

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (TOP) ft. to 75 (BOTTOM) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	80

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	Ho	78	180
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: from ____ to ____

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.): 5 • 5

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 43 ft.

WHEN PUMPING: 140 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)

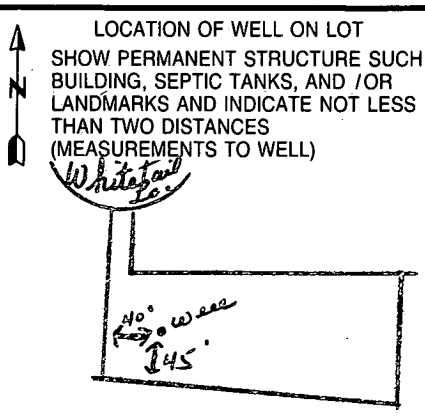
[+] above LAND SURFACE

[−] below

2 (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 | 9457 | 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 - 1588 (70 79)
fill in this form completely

Date Received (APA): 3.31.98 (8 MM DD YY 13)

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

DRILLER INFORMATION
Joseph L. Mayne (Driller's Name) M S D 024 (76 License No. 81)
Joseph L. Mayne Well Drilling (Firm Name)
5512 Ridge Rd. Mt. Airy 21771 (Address)
Joseph L. Mayne 3/31/98 (Signature / Date)

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

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) (22)
- [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

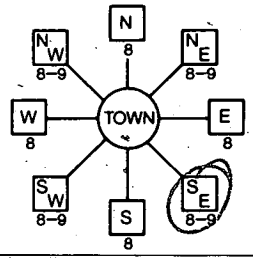
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
(30) AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
(37) CABLE REVerse-ROTary DRive-POINT
other

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: KM (WRITE INITIALS IN BOX) (67 68) PERMIT No: HO - 94 - 1588 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL
Howard (8 COUNTY 21)
Quarterfield (23 SUBDIVISION 42)
SECTION 3 (44 46) LOT 11 (48 50)
West Friendship (52 NEAREST TOWN 71)
MILES FROM TOWN (enter 0 if in town): 4 (73 76 77 78 M I)

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


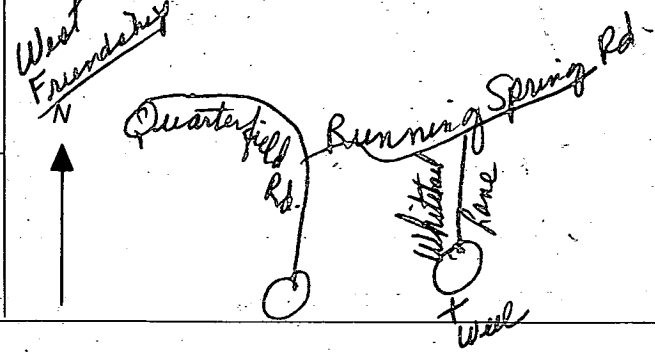
Whitetail Lane (11 NEAR WHAT ROAD 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / 32 / EAST / SOUTH
(34) 160 (37) DISTANCE FROM ROAD
ENTER FT OR MI (38 39): FT
TAX MAP: 23 BLK: 15 PARCEL A

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (COUNTY NAME) H 50905-L (COUNTY NO.)
STATE SIGNATURE
INSERT S (41)
DATE ISSUED: 6-16-98 (43 MM DD YY 48) Kim Mraite (CO SIGNATURE) 6-16-99 (EXP. DATE)
NORTH GRID: 520 000 (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 825
N 520

7/7/98 9:00
NO INSP
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

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 12-17-98

Name of Installer Gartland Plumbing

Telephone 410-[illegible]303

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

Name of Property Owner Greenfield Homes

Telephone ____

Subdivision Quarterfield Lot # 11 Well Tag # ____ - ____ - ____ *

Site Address ____

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Goulds
3. Model # 7GS07 422
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes X No ____
6. If Yes, is low pressure cutoff switch installed? Yes ____ No X
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other ____

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

Pitless Adapter
1. Make A
2. Model # ____
3. Depth ____ ft

Tank
1. Capacity 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 ____ ft.
2. Yield ____ GPM
3. Static water level ____ 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: 12-19-98

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

HD-215

12.9.98
AM
WPI - ok to cover
P.A. 4' below grade, casing 1.0' above grade, has 2 pc cap.
KM

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 _____ Receipt # ____________
Replacement _____ Date ____________

Name of Installer ______________________ Telephone ____________

License Number ______________
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner ______________________ Telephone ____________
Subdivision QUARTERFIELD Lot # 11 Well Tag # ___-___-___
Site Address 11651 WHITETAIL LANE

Pump
1. Type
   a. Deep well jet ________
   b. Shallow well jet _____
   c. Submersible __________
2. Make ______________
3. Model # ______________
4. Capacity ____________ GPM
5. Pump exceeds well capacity Yes _____ No _____
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 _____

Motor
1. Horsepower _____
2. RPM ____________
3. Voltage ________
   a. 110 ________
   b. 220 ________

Pitless Adapter
1. Make ____________
2. Model # __________
3. Depth ____________

Tank
1. Capacity ______
2. Pressure relief valve? ________

Piping
1. Type ____________
2. Size ____________
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____________

Well data
1. Depth _____ ft.
2. Yield ____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? ______

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).

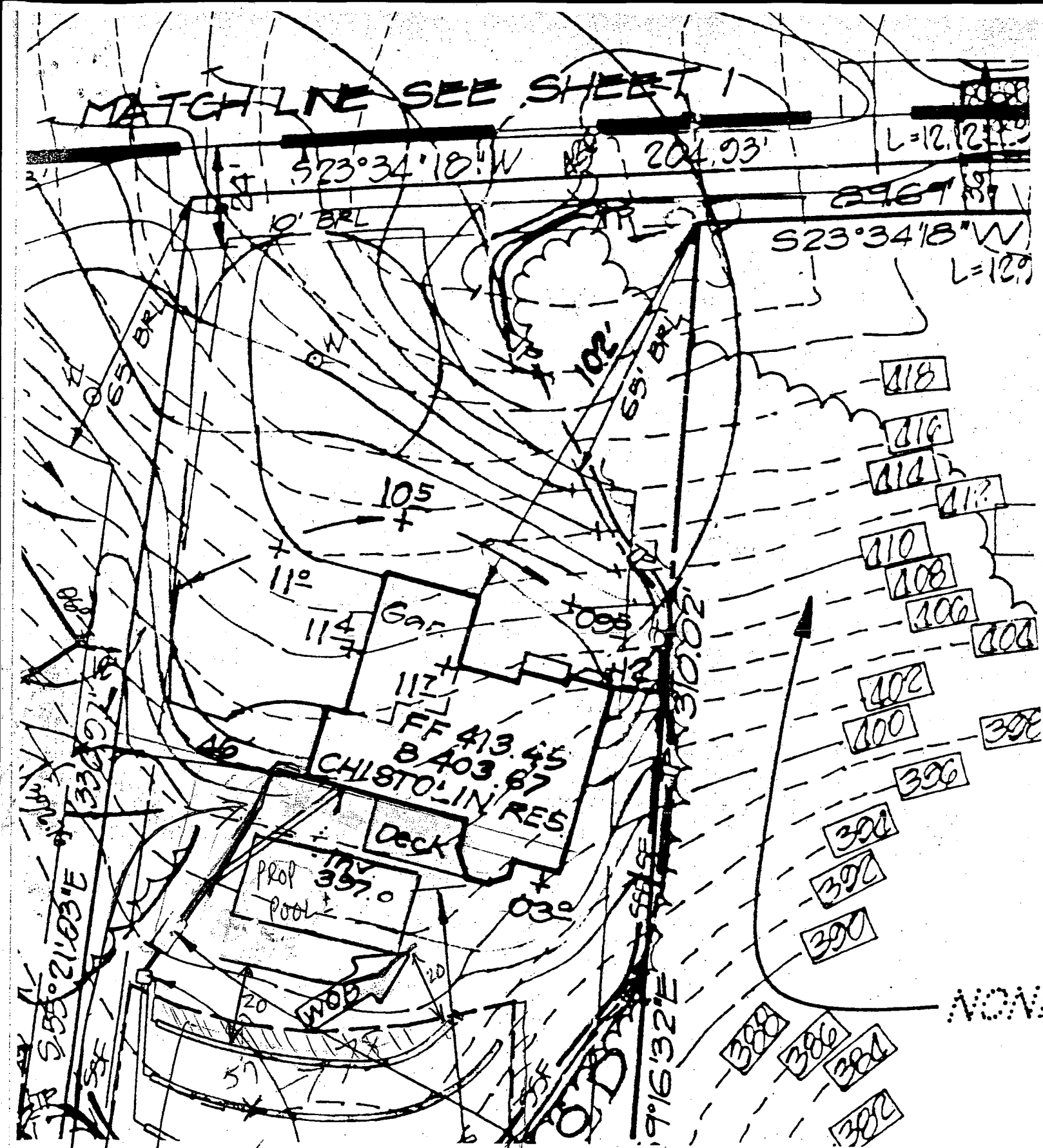
All information given above is true to the best of my knowledge.

Signature of Applicant: ______________________

Date: ______________________

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

HD-215



EX. SEWER LINE TO BE MOVED ~10'

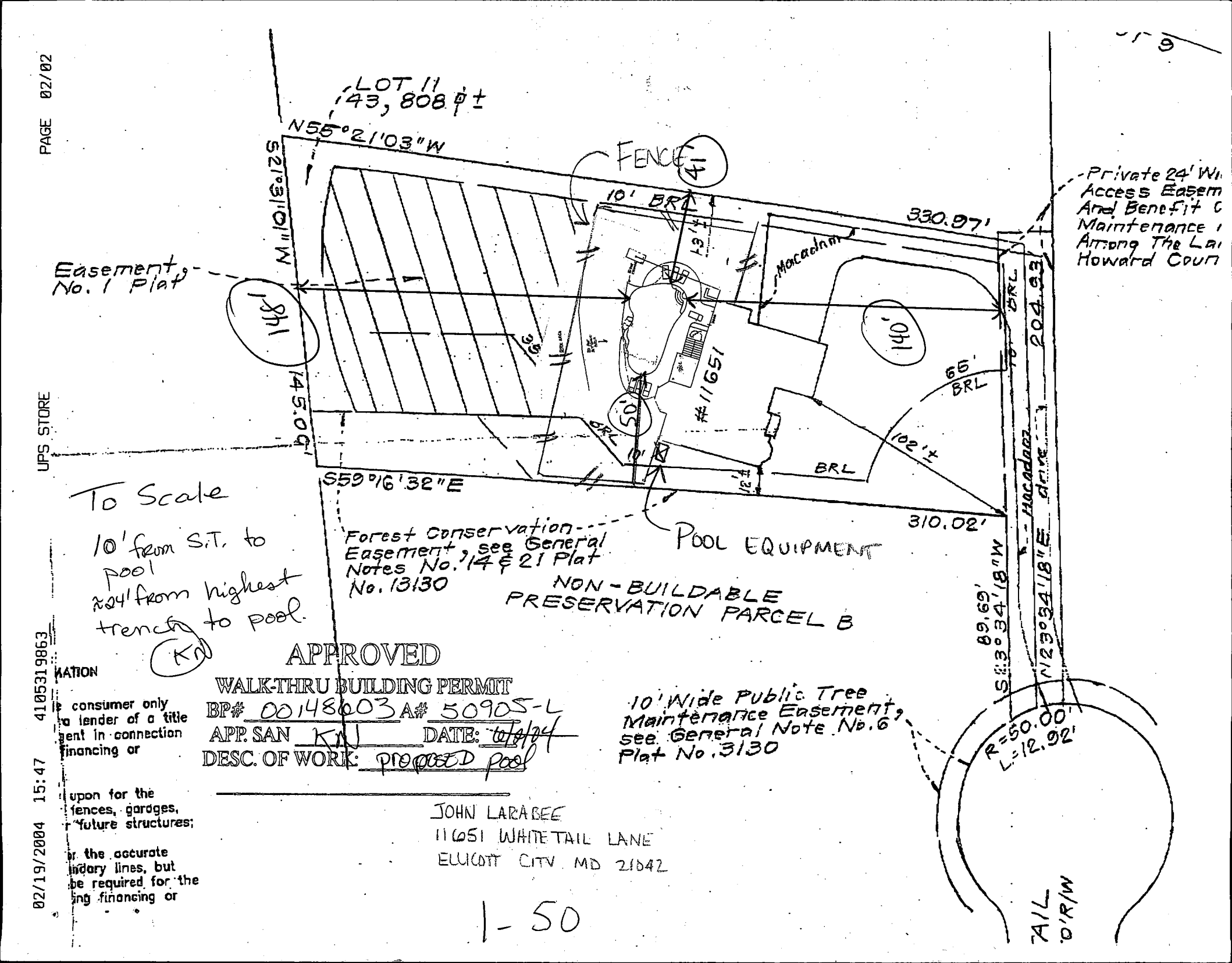
~300 ☐ SDA TO BE LOST

~300 ☐ (3'x100') SDA TO BE ADDED

NO TRENCH ADJ'MENTS

MR w/ DENNY WORKMAN OF MD. POOLS 10/23/03

RESUBMIT PLAN AS SHOWN REVISED w/ NOTE RE: SEWER LINE ADJ.



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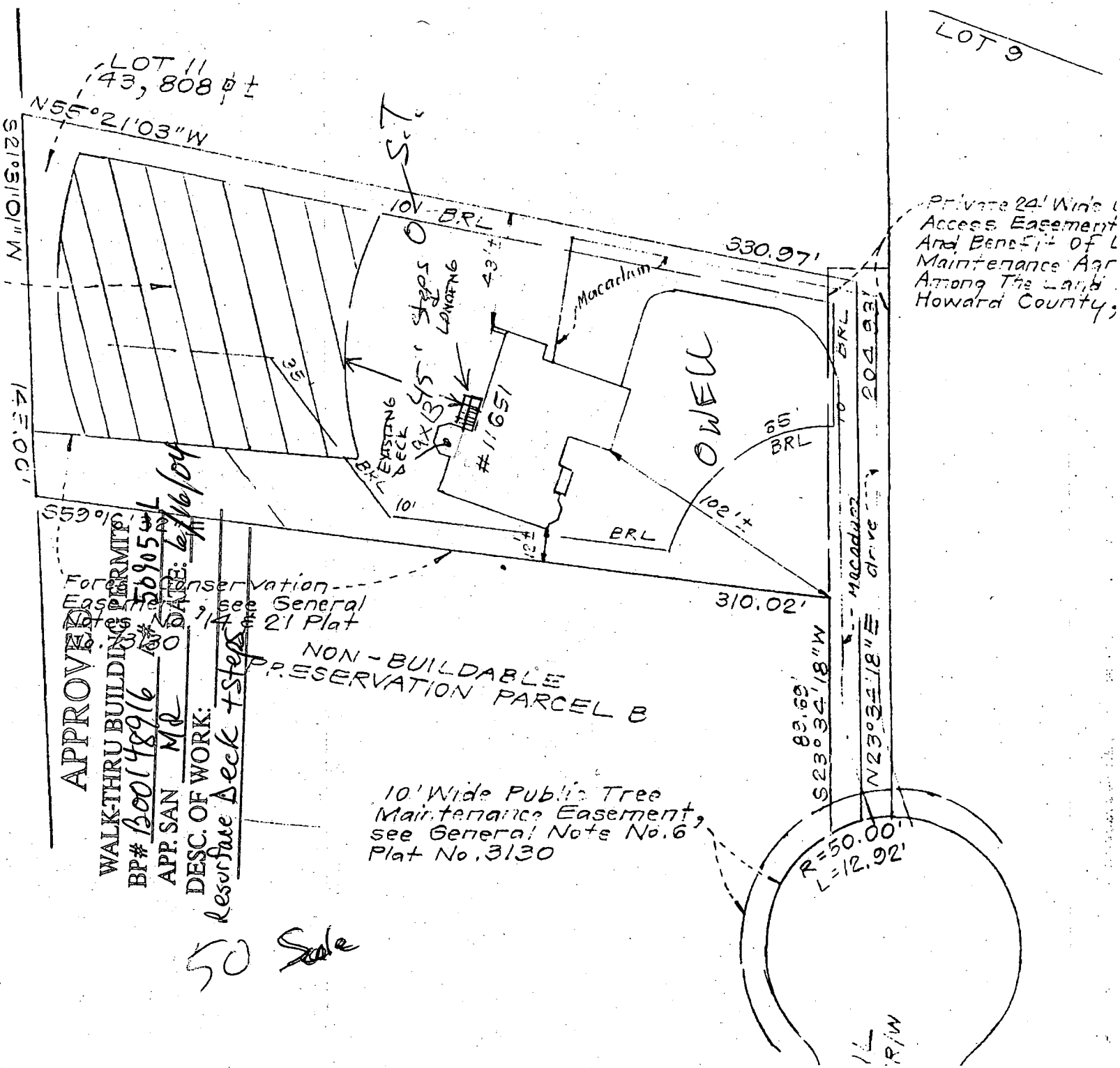

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SPACE SYSTEMS DIV

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B-00148914

Building Address 11651 Whitetail Lane

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

Census Tract 603.__ Subdivision Owens Farm III

Section 3 Area _____ Lot 11

Tax Map 23 Parcel 84 Grid 15

Zoning RC-DEO Map Coordinates 6,4 Lot size _____

Property Owner's Name LINDA + JOHN Larabee

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use _____

Estimated Construction Cost $ 2,000.00

Description of Work resurfacing deck and adding steps 9x13

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

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* _____

Title/Company _____ *Date* 6/16/04

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY _____ 6-16-04 SIGNATURE APPROVAL _____ DPZ SETBACK INFORMATION _____ PROPERTY ID#: 36372