

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

INDEXED

P 511353

A 56429-AA

DISTRICT _____

DATE 1/20/99

DATE SYSTEM APPROVED 1-22-99

INSPECTOR KM

Lehsac Corp. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 202 Azar Court Baltimore, Maryland 21227 PHONE (410) 242-6888

SUBDIVISION Gaither Hunt LOT 27 ROAD 11016 Steeple Chase Court

PROPERTY OWNER Ryan Homes

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 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet down the left (399.48') lot line and 10 feet off that same lot line. Run trenches along contour towards the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/4/98 OK AL

PLANS APPROVED BY Glen Savage REVISED _____ DATE 10-23-98

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

56728122

Steeple Chase Ct

CLEANOUTS / on tank

ABSORBENT AREA SQ. FT.

DATE SYSTEM APPROVED

1.22.99

INSPECTOR

Kimberly Maiste

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 4/4/96

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 J Thomas Scrivener Ryan Homes

ADDRESS C/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Renner Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 46 27

ROAD AND DESCRIPTION (11016 STEEPLE CHASE COURT)

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. _____
BLDG PERMIT SIGNED AND RETURNED 10-8-98
Serial # B10114473
SED - 4Bm
(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]
(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 _____

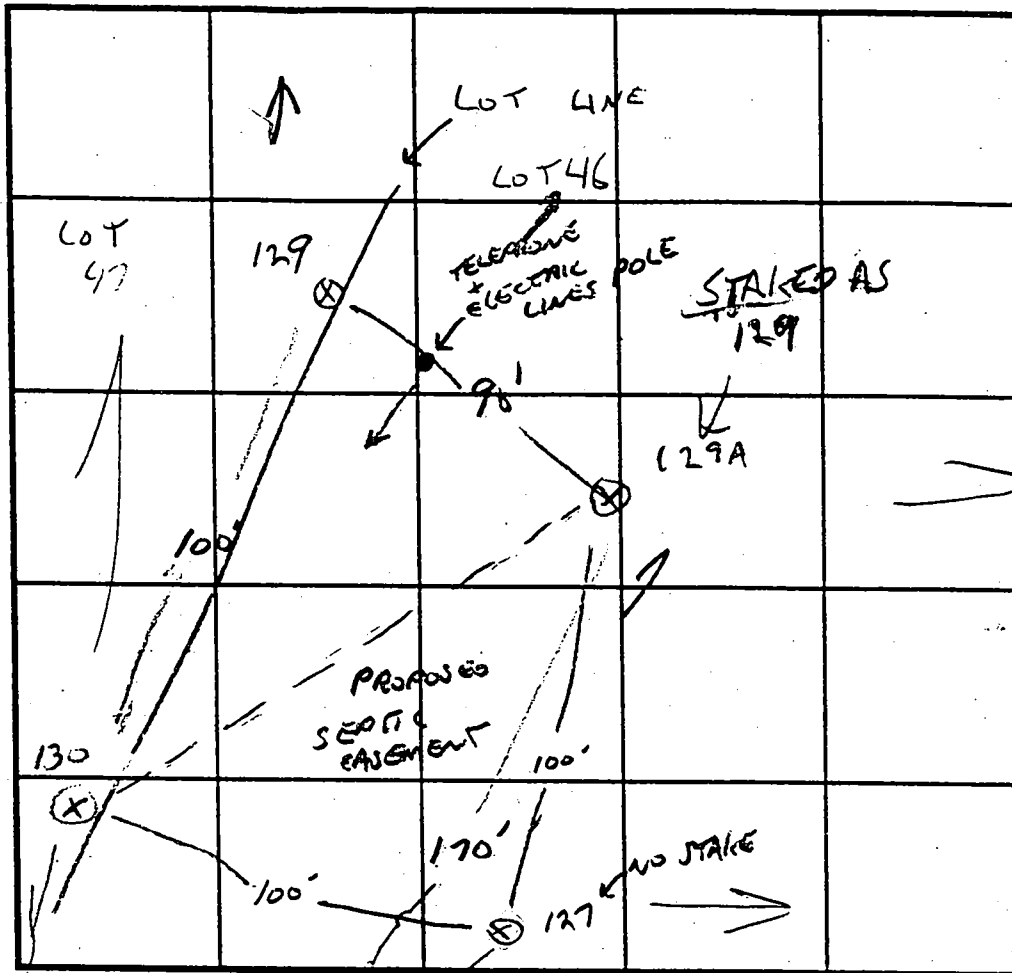
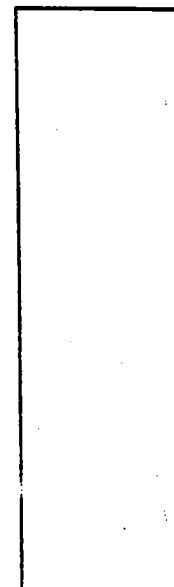
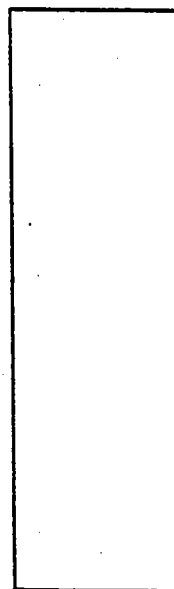
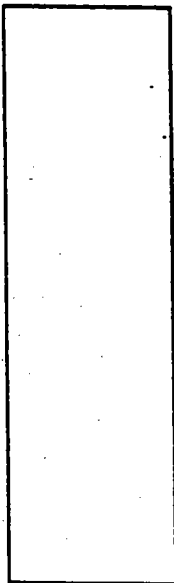
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

56429
COUNTY #

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

TOPSOIL

DARK RED
ORANGE
SANDY CLAY
LOAM

BROWN
SANDY
MICA LOAM

N
↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-4-96	129	4' 6" / 10	SEE	LOT 47	FOR DETAIL		2 MIN
	130	4' 6" / 10	"	"	"	"	4 MIN
	129A	5' 6" / 10' 6"	1:55	1:58	1:58	2:04	6 MIN
	128	4' 6" / 10' 6"	1:49	1:50	1:50	1:52	2 MIN
4-11-96	127	4' / 11	2:51	2:52	2:52	2:55	3 MIN

REMARKS LOT 47 (2)

TYPE OF SOIL

TESTED BY G. SAVAGE

ALSO PRESENT MIKE + MIKE

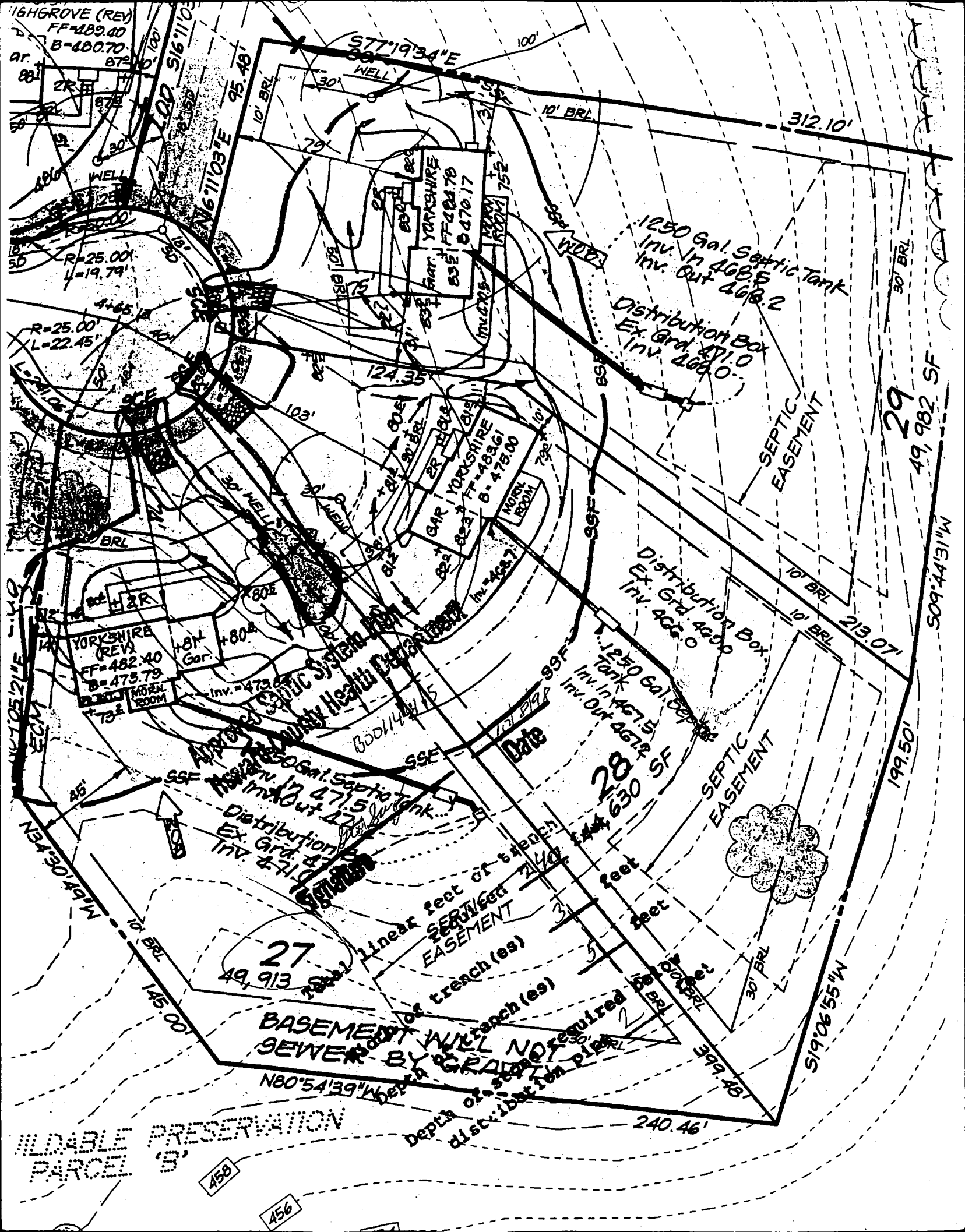
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 MIN

TRENCH WIDTH 3

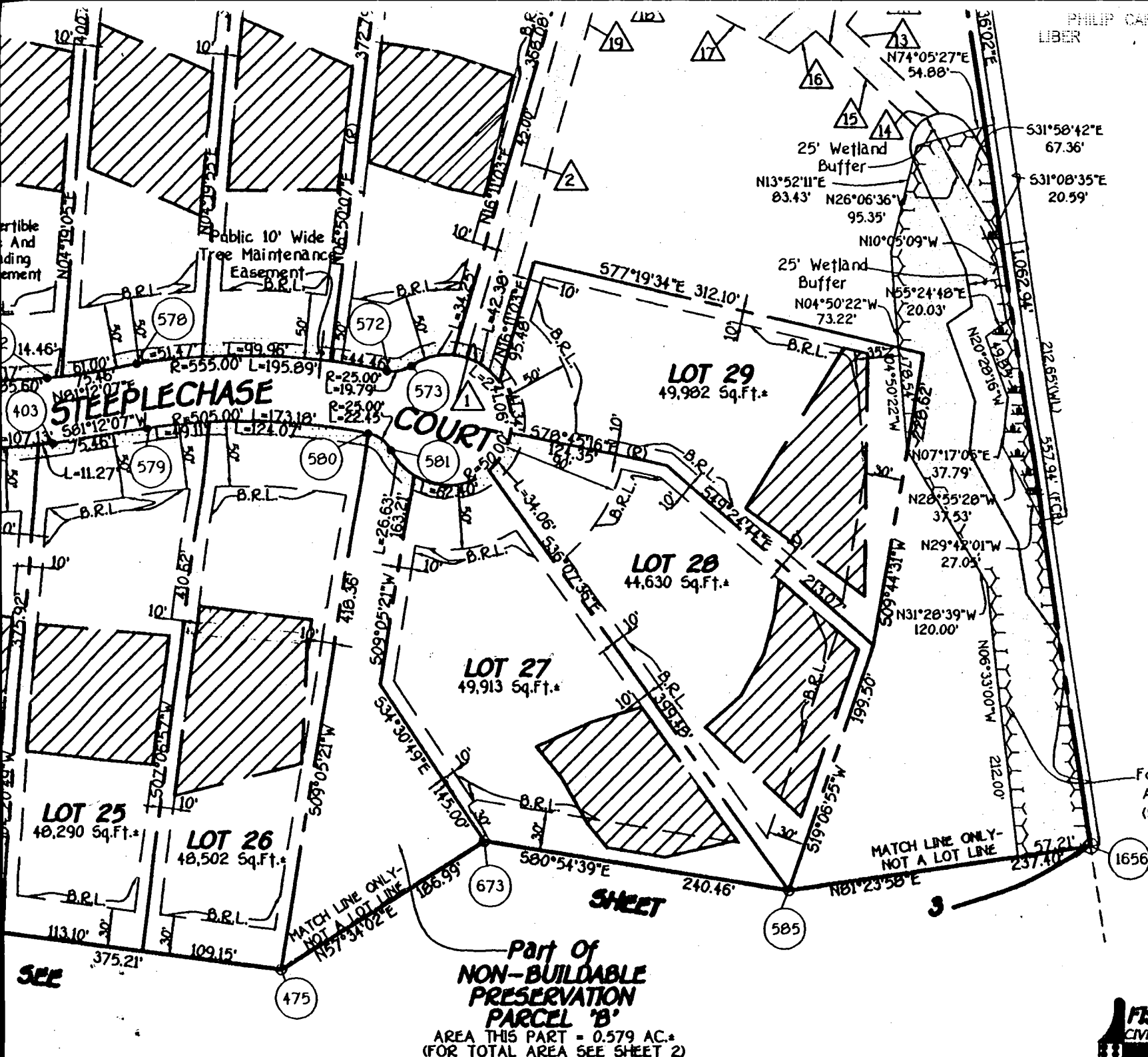
INLET DEPTH 3' 6"

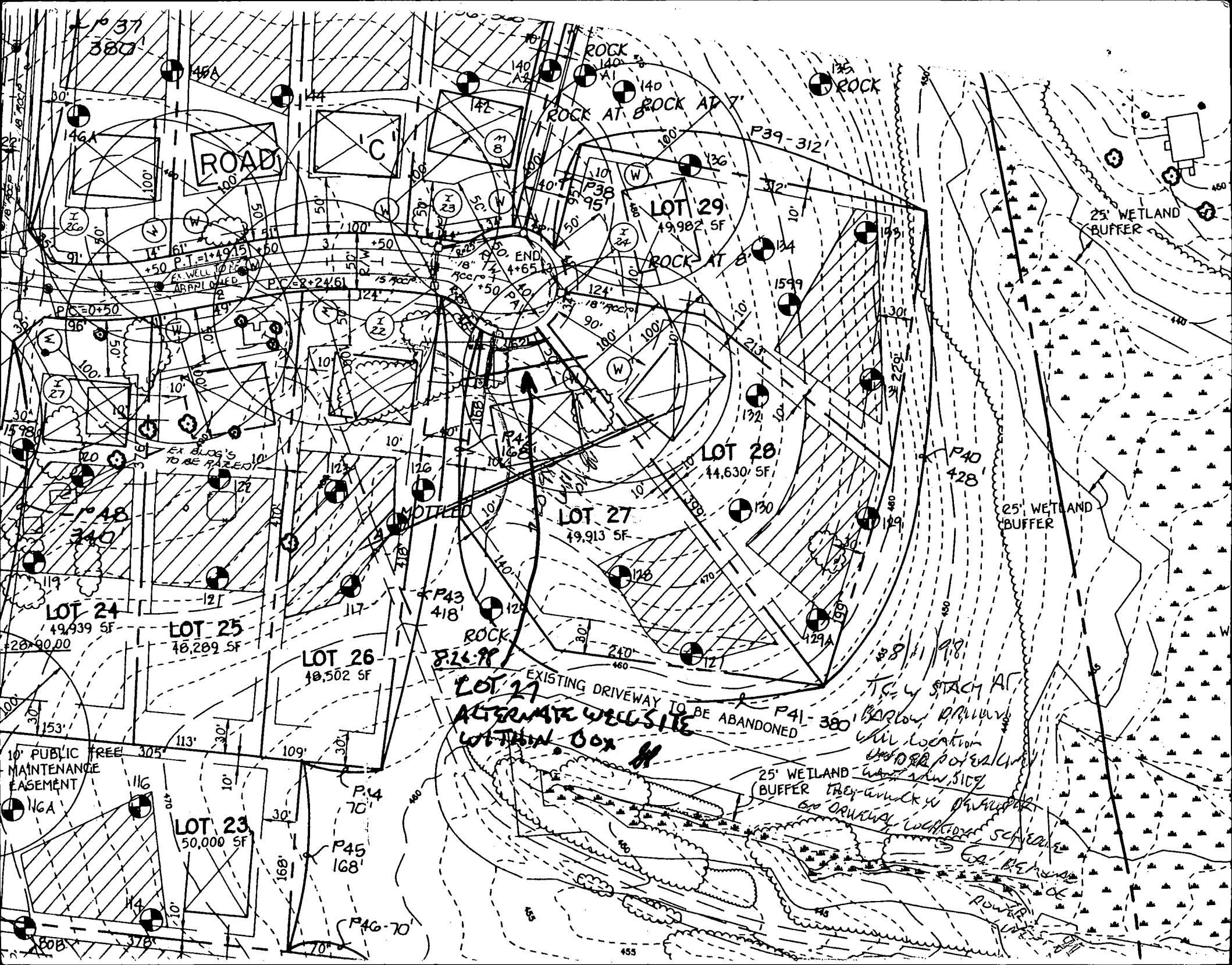
MAXIMUM BOTTOM DEPTH 5' 6"

SQ. FT/BEDROOM 180



SYMBOL	BEARING & DISTANCE
1	R=50.00'
2	N16°11'03"E
3	N44°37'27"E
4	N20°00'03"W
5	N05°40'05"W
6	N04°19'55"E
7	S05°40'05"E
8	N06°46'15"E
9	S05°40'05"E
10	S60°24'13"E
11	S10°17'44"E
12	S37°56'50"W
13	S46°44'24"E
14	R=25.00'
15	N46°44'24"W
16	S50°40'07"W
17	N62°30'08"W
18	S44°37'27"W
19	S16°11'03"W





B 1	8851	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">HO-94-1638</div> <small>fill in this form completely</small>
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <div style="font-size: 24pt; font-weight: bold;">7 15 98</div> <small>8 MM DD YY 13</small>		OWNER INFORMATION <div style="font-size: 24pt; font-weight: bold;">RUSSELL DEVELOPMENT LLC</div> <small>15 Last Name Owner First Name 34</small> <div style="font-size: 24pt; font-weight: bold;">8808 CENTRE PARK DR Suite 108</div> <small>36 Street or RFD 55</small> <div style="font-size: 24pt; font-weight: bold;">Columbia MARYLAND 21045</div> <small>57 Town 70 State 72 Zip 76</small>		
DRILLER INFORMATION <div style="font-size: 24pt; font-weight: bold;">MICHAEL BARLOW M WD 355</div> <small>Driller's Name 76 License No. 81</small> <div style="font-size: 24pt; font-weight: bold;">MICHAEL BARLOW WELL DRILLING INC</div> <small>Firm Name</small> <div style="font-size: 24pt; font-weight: bold;">912 FAWN COURT Joppa, MD 21085</div> <small>Address</small> <div style="font-size: 24pt; font-weight: bold;">[Signature]</div> <small>Signature</small> <div style="font-size: 24pt; font-weight: bold;">6-17-98</div> <small>Date</small>		LOCATION OF WELL <div style="font-size: 24pt; font-weight: bold;">Howard</div> <small>8 COUNTY 21</small> <div style="font-size: 24pt; font-weight: bold;">GATHER HUNT</div> <small>23 SUBDIVISION 42</small> <div style="font-size: 24pt; font-weight: bold;">1</div> <small>SECTION 44 46</small> <div style="font-size: 24pt; font-weight: bold;">27</div> <small>LOT 48 50</small> <div style="font-size: 24pt; font-weight: bold;">WILDE LAKE</div> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <div style="font-size: 24pt; font-weight: bold;">4</div> <small>73 76 77 78</small>		
WELL INFORMATION <div style="font-size: 24pt; font-weight: bold;">5</div> <small>APPROX. PUMPING RATE (GAL. PER MIN.) 8 12</small> <div style="font-size: 24pt; font-weight: bold;">500</div> <small>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20</small>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 24pt; font-weight: bold;">Howard</div> <small>COUNTY NAME</small> <div style="font-size: 24pt; font-weight: bold;">A 56429 AA</div> <small>COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <div style="font-size: 24pt; font-weight: bold;">7 21 98</div> <div style="font-size: 24pt; font-weight: bold;">[Signature]</div> <div style="font-size: 24pt; font-weight: bold;">7-21-98</div> <small>43 MM DD YY 48</small> <small>CO SIGNATURE</small> <small>EXP. DATE</small> NORTH GRID <div style="font-size: 24pt; font-weight: bold;">521 000</div> EAST GRID <div style="font-size: 24pt; font-weight: bold;">830 000</div> <small>50 55 57 63</small>		
APPROXIMATE DEPTH OF WELL <div style="font-size: 24pt; font-weight: bold;">200</div> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <div style="font-size: 24pt; font-weight: bold;">6</div> INCH <small>NEAREST INCH</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <div style="font-size: 24pt; font-weight: bold;">Grout</div> 2. <div style="font-size: 24pt; font-weight: bold;">NO</div> 3. <div style="font-size: 24pt; font-weight: bold;">WSP</div> <div style="font-size: 24pt; font-weight: bold;">X</div>		
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E <div style="font-size: 24pt; font-weight: bold;">830</div> N <div style="font-size: 24pt; font-weight: bold;">521</div>		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">65</div> G A P _____ <small>54 63</small> FORCE <div style="font-size: 24pt; font-weight: bold;">65</div> WRITE INITIALS IN BOX PERMIT No. <div style="font-size: 24pt; font-weight: bold;">HO-94-1638</div> <small>67 68 70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

C 1	4372	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
1 2 3 6				COUNTY NUMBER A 56429AA

ST/CO USE-ONLY DATE RECEIVED MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 10 1 98	Depth of Well 22 250 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 94 - 1638 28 29 30 31 32 33 34 35 36 37
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OWNER RUSSELL DEVELOPMENT LLC <small>last name first name</small>	TOWN WILDER LAKE
STREET OR RFD	SECTION 1 LOT 27
SUBDIVISION GALTHER HUNT	

WELL LOG			GROUTING RECORD		
Not required for driven wells			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N		
DESCRIPTION (Use additional sheets if needed)	FEET		TYPE OF GROUTING MATERIAL (Circle one)		
	FROM	TO			
Brown soil	0	30	CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/>		
Brown Sandstone	30	50	NO. OF BAGS 15 NO. OF POUNDS 1410		
Gray Granite	50	250	GALLONS OF WATER 90		
			DEPTH OF GROUT SEAL (to nearest foot)		
10:00	60	✓	from 0 ft. to 55 ft.		
10:15	210	✓	(enter 0 if from surface)		
10:30			CASING RECORD		
10:45			casing types insert appropriate code below		
10:00			<input checked="" type="radio"/> ST STEEL <input type="radio"/> CO CONCRETE		
11:15			<input type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER		
11:30			MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)		
Dry holes sealed with Rock Cuttings + Grout			ST 06 55		
Dry hole #1 0' 300'			OTHER CASING (if used)		
Dry hole #2 0' 250'			EACH CASING diameter inch depth (feet) from to		
			6 spc 6 spc		
NUMBER OF UNSUCCESSFUL WELLS: 2			SCREEN RECORD		
WELL HYDROFRACTURED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			screen type or open hole <input checked="" type="radio"/> ST STEEL <input type="radio"/> BR BRASS <input type="radio"/> HO OPEN HOLE		
CIRCLE APPROPRIATE LETTER			<input type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER		
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			DEPTH (nearest ft.)		
E ELECTRIC LOG OBTAINED			H0 55 250		
P TEST WELL CONVERTED TO PRODUCTION WELL			E 8 9 11 15 17 21		
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.			A 23 24 26 30 32 36		
DRILLERS LIC. NO. MD 355			S 38 39 41 45 47 51		
DRILLER'S SIGNATURE Max S. Jones			R E E N		
LIC. NO. JW D341			SLOT SIZE 1 2 3		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			DIAMETER OF SCREEN (NEAREST INCH)		
			56 60		
			from to		
			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		
			70 72 74 75 76		
			TELESCOPE CASING LOG INDICATOR OTHER DATA		

PUMPING TEST

HOURS PUMPED (nearest hour) 9

10:5 PM .8 9

PUMPING RATE (gal. per min.) 10.

METHOD USED TO MEASURE PUMPING RATE Watch Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 34 ft.

WHEN PUMPING 10 130 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 INSTALLED 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 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

1/27/99
12:00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-0033~~ PHONE (410) 313-2640
FAX (410) 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer LEHSAC CORPORATION

Telephone 410 242 6888

License Number #3344

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner RYAN HOMES

Telephone 410 654 0501

Subdivision GAITHERS HUNT Lot # 27

Well Tag # HO-94-1638

Site Address 11016 STEEPLE CHASE CT.

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X

2. Make JACUZZI

3. Model # 154521B-F2

4. Capacity 7 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 X Other _____

Motor

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

Pitless Adapter

1. Make 1" Brass
2. Model # _____
3. Depth _____

Tank

1. Capacity 86
2. Pressure relief valve? Y

Piping

1. Type Poly B
2. Size 1 1/2"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42"

Well data

1. Depth 250 ft.
2. Yield 10 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

1/27/99
well line, p.a. 3.5' b.g.
well casing 1' + a.g.
2pc cap installed
PVC conduit pipe OK OK to cover

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: 1/20/99

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