

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 501604B

A 56429-EE

DISTRICT _____

DATE 4/12/99

DATE SYSTEM APPROVED 5/6/99

INSPECTOR S.R.K.

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

03-326233
INDEXED

Lehsac Plumbing & Heating _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 202 Azar Court, Baltimore, MD 21227 PHONE 410-242-6888

SUBDIVISION Gaither Hunt, Sec. I LOT 31 ROAD 11009 Steeple Chase Court

PROPERTY OWNER Ryan Homes George & Hope Warrington

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 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 6.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 130 feet down the left lot line and 10 feet off that same lot line. Run trenches along contour toward the right lot line as seen from Steeple Chase Court.

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

PLANS APPROVED BY Glen Savage/Amy McMillen OK - 020 3/10/99 DATE 03-02-1999

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.

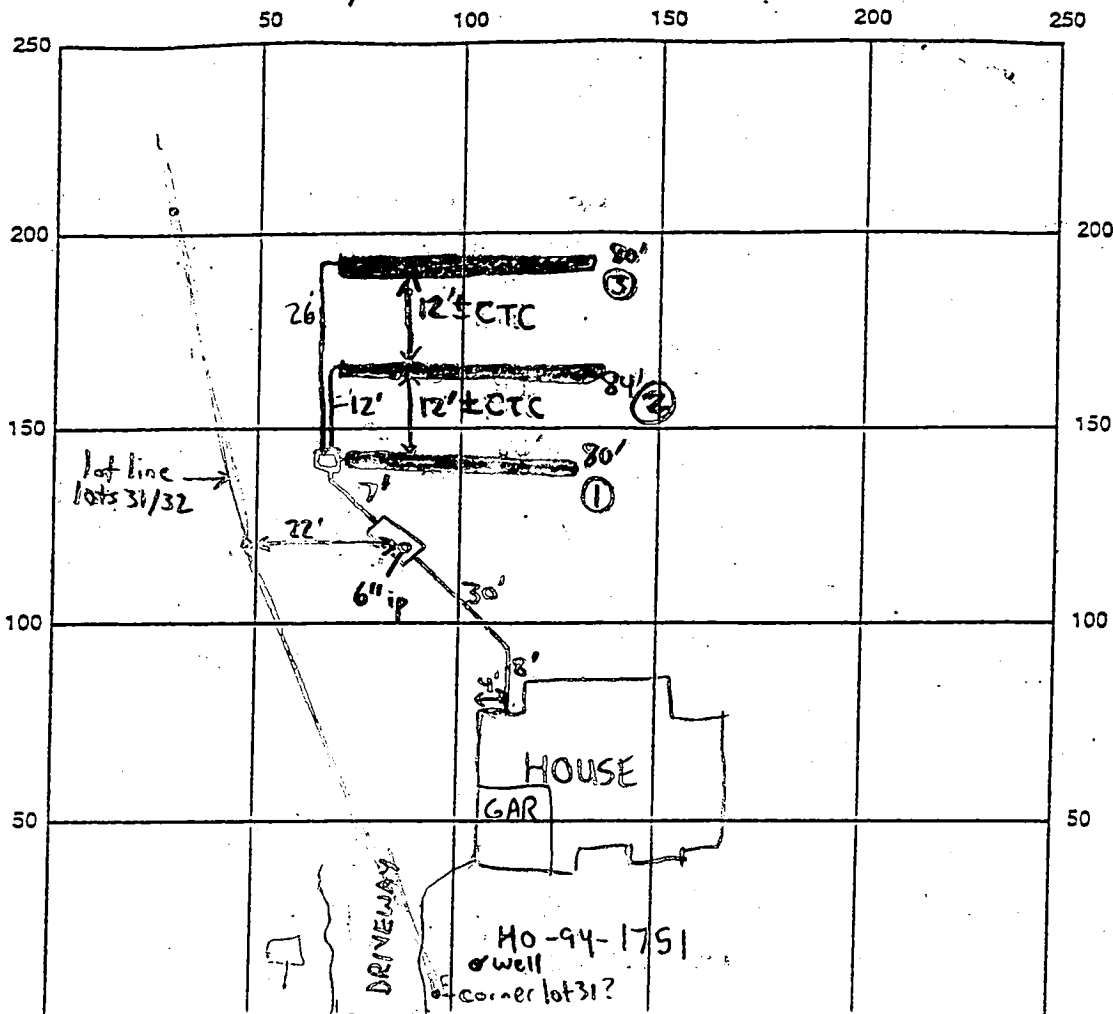
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

56429-EE

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

STEEPLE CHASE CT

SEPTIC TANK LEVEL ☒ 1250 gallon midseam CLEANOUTS 1-6" at Tank

DISTRIBUTION BOX LEVEL ☒

DRAIN FIELD TILE DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 244 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 732 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 4/15/99 OK TO COVER TANK, 1ST TRENCH AND PIPING TO HOUSE (S.R.K.) 4/16/99 - LOCATION OF SEPTIC EASEMENT UNCERTAIN

NEEDS TO BE SURVEYED PRIOR TO FINAL APPROVAL (S.R.K.) 4/16/99 -

OK TO COVER TRENCH #2 and #3, DISTRIBUTION BOX AND FINISH JOB

WPI OK ☒ (S.R.K.) 5/6/99 - LOT LINE DISCREPANCY ISSUE RESOLVED

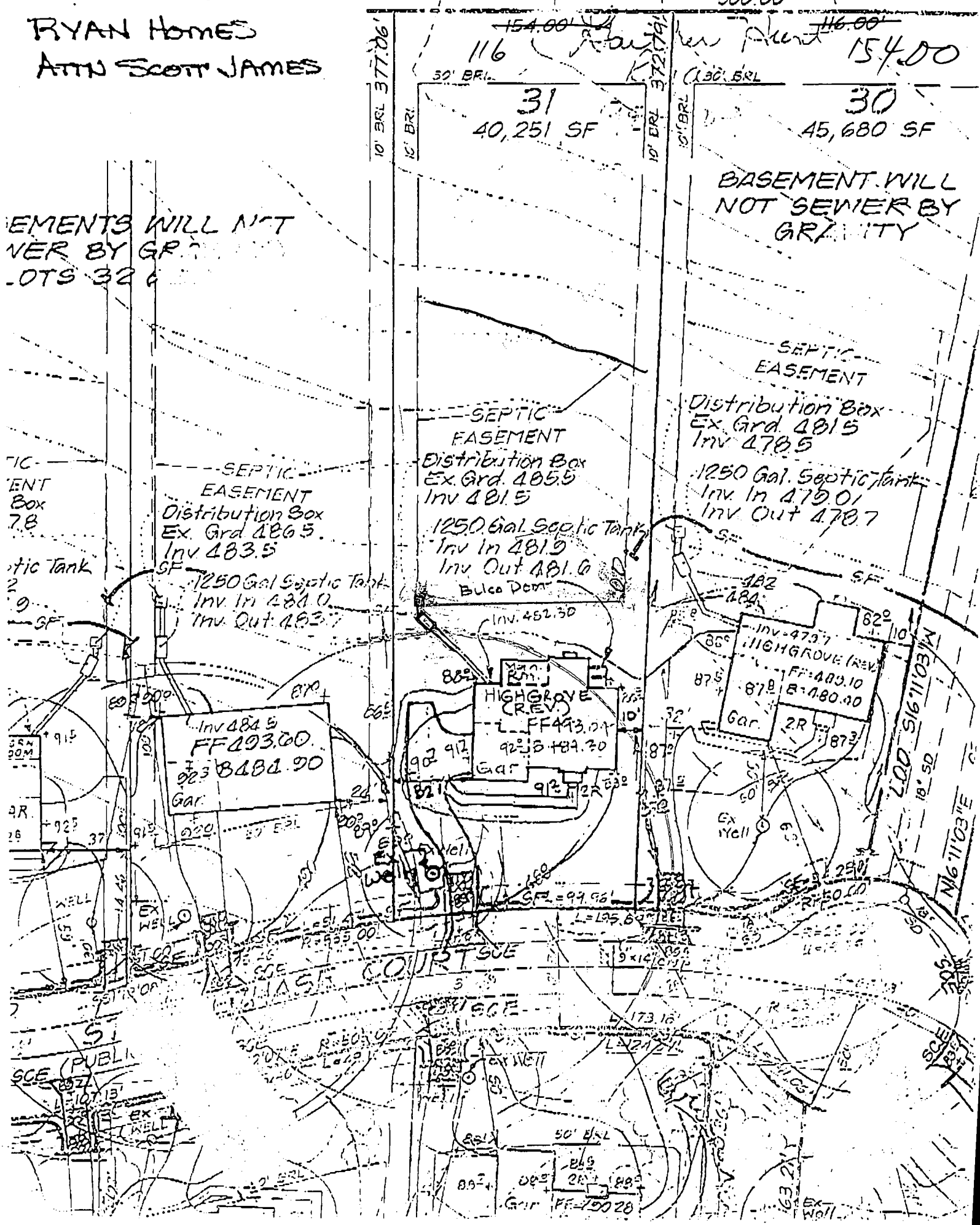
SEPTIC EASEMENT OK (S.R.K.)

DATE SYSTEM APPROVED 5/6/99

INSPECTOR Steven R. Kneig

GAITHER HUNT
LOT 31
RYAN HOMES
ATTN SCOTT JAMES

NON-BUILDABLE PA
PARCEL B



FEB 24 '99 09:30

410 381 7500

PAGE 01

Total linear feet of trench
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.5 feet

Depth of stone required below
distribution pipe 8.0 feet

Approved Septic System Plan
Howard County Health Department

Amy McMillan
Signature Date 3/5/99

APPROVED BY: [illegible]
DATE: [illegible]
BY: [illegible]
DATE: [illegible]
BY: [illegible]
DATE: [illegible]
BY: [illegible]
DATE: [illegible]

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
1999 FEB 25 PM 3:16

HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

5/14/04 ADVISED OWNER TENNIS COURT CANNOT BE
OVER SDA; NO APPARENT SUITABLE LOC. (MR)

APPLICATION

PERCOLATION TESTING

A 36569

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 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. 52

ROAD AND DESCRIPTION 11009 STEEPLE CHASE COURT

TAX MAP 29 PARCEL # 21 BLDG. PERMIT SKIPPED
AND RETURNED 3-2-99
Serial # B0116371

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4Bdw
(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. Don R Renner Jr
(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

SOIL PROFILE

0'

SOIL PROFILE

0

1602

Top Soil

BROWN
CLAY
LOAM

TANISH
OLIVE
SILT LOAN

TAN
SAVON
LOAN
WHITE
PACETS
w/ ORANGE
no title

DRY

REQUESTED MAKE
UP TEST LOCATIONS
SEVERAL LOTS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS SEE TEST PLAN FOR APPROX. LOCATION

TYPE OF SOIL TEST 1600, 16 PART OF PROPOSED

TESTED BY G. SAVAGE

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

Brown
clay
cont.

Brown
Sandy
Loam
258 Quartz
Rock.

741
10-258
САНДИ
ГНАБНАТ

TWOSE

REDISH
ORANGE
SANDY
CLAY

OAK
ORANGE/
BROWN
SANDY
LOAM

6"-12"
LAYERS
OF ROCK
JAWY
CLAM 37'

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

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

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. 31

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. _____
(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.

Don R Renner Jr
(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

Topsoil

ORANGE
CLAY

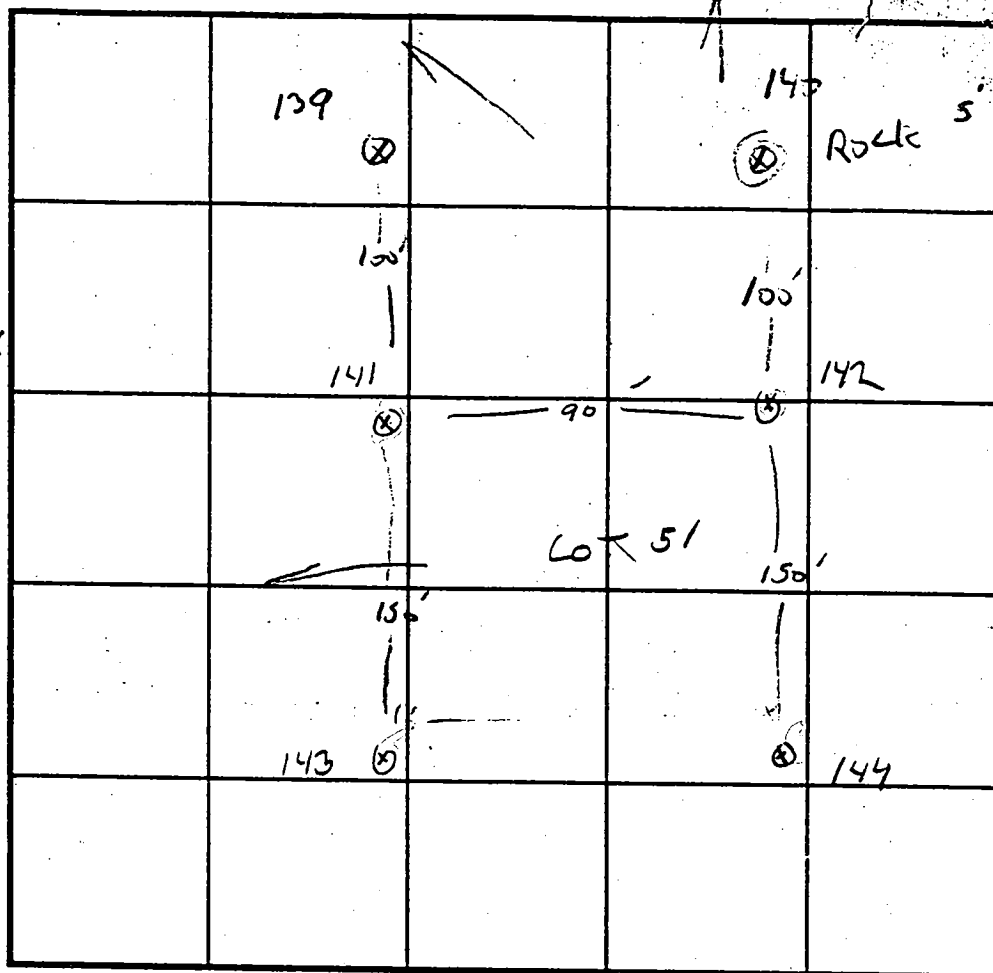
TAN
S.S.C

SOIL PROFILE

Topsail

ORANGE,
YELLOW
SANDY
CLAY

DARK
Brown
Sandy
Loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-4-96	141	5'6"	10:24	10:26	10:26	10:29	3 MIN
	142	5'8" 11'6"	10:31	10:32	10:32	10:34	2 min
	144	5' 11'6"	10:44	10:46	10:46	10:54	8 Min
	143	4'8" 10'	10:47	TEX STOPPEN	LITTLE MOVEMENT		
	143	5'6" 10'	11:21	11:27	11:27	11:36	9 MIN

REMARKS DUG AS STAKED - NOT PER PLAN - 30' UP HILL PLANNED

TYPE OF SOIL

TESTED BY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

ALSO PRESENT DON REUVER, MIKE

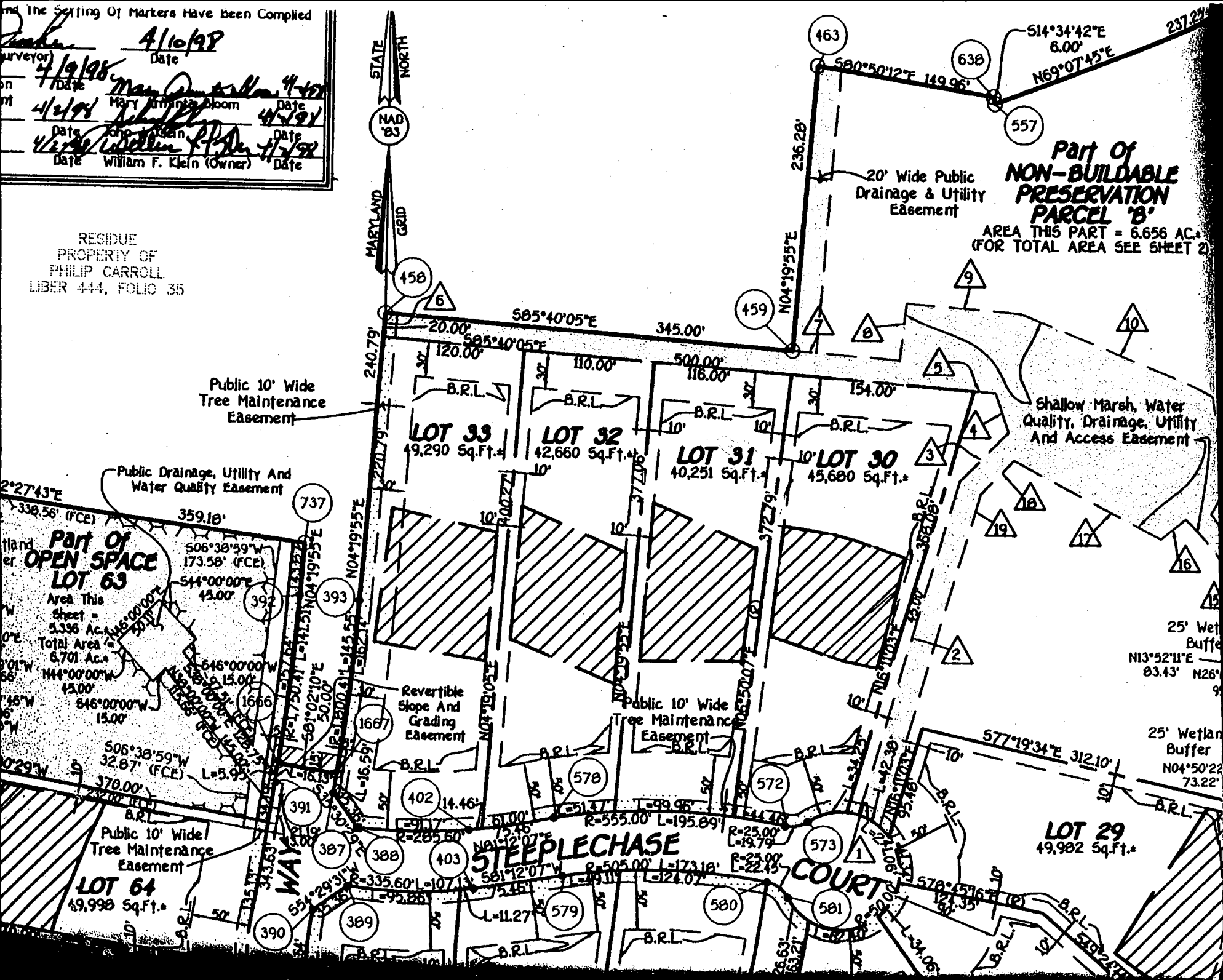
TRENCH WIDTH

SQ. FT./BEDROOM

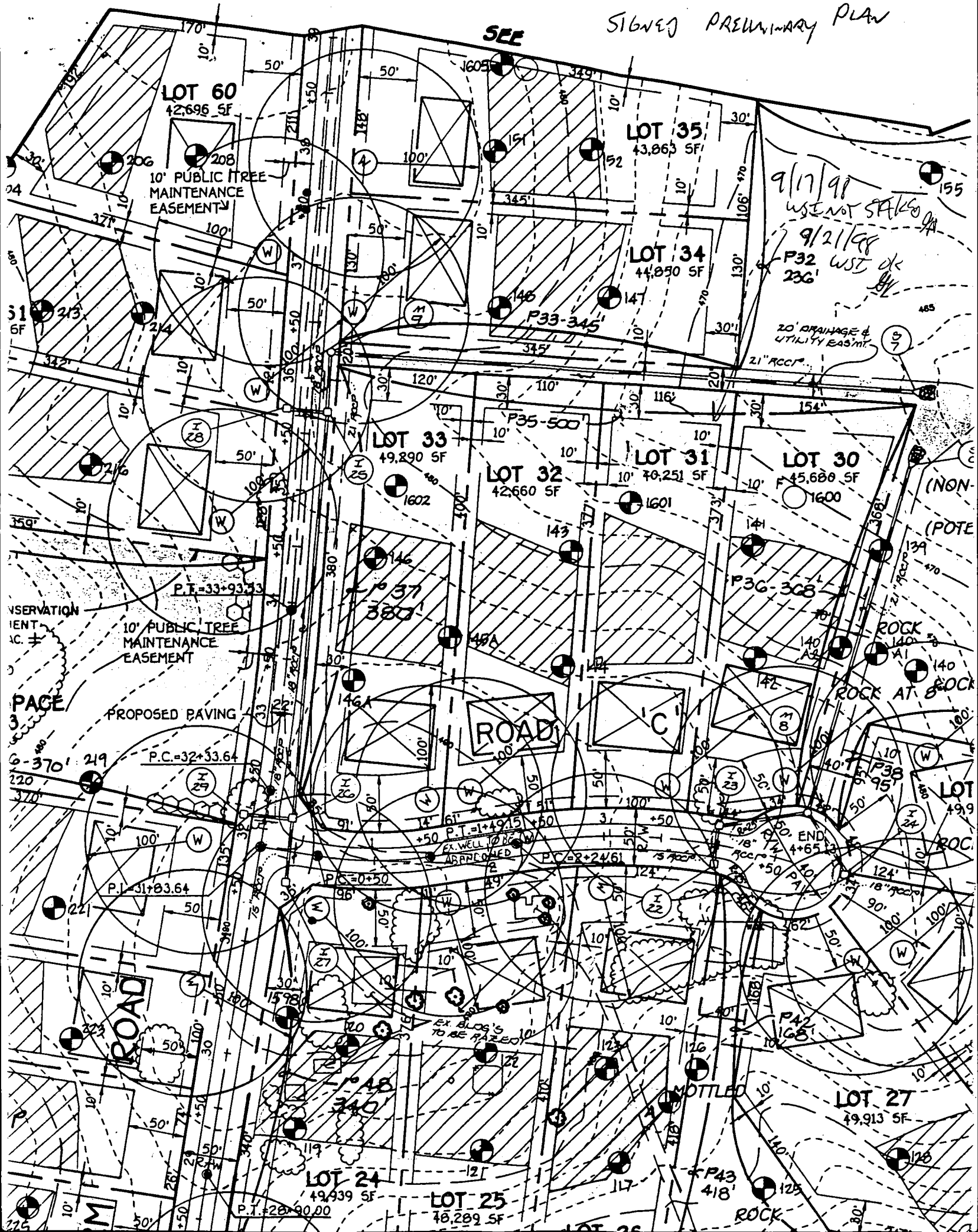


and The Setting Of Markers Have been Completed		
Surveyor	Date	
<i>[Signature]</i>	4/10/98	
<i>[Signature]</i>	4/9/98	
<i>[Signature]</i>	4/2/98	Mary Annanta Bloom
<i>[Signature]</i>	4/2/98	John J. Klein
<i>[Signature]</i>	4/2/98	William F. Klein (Owner)

RESIDUE
PROPERTY OF
PHILIP CARROLL
LIBER 444, FOLIO 35



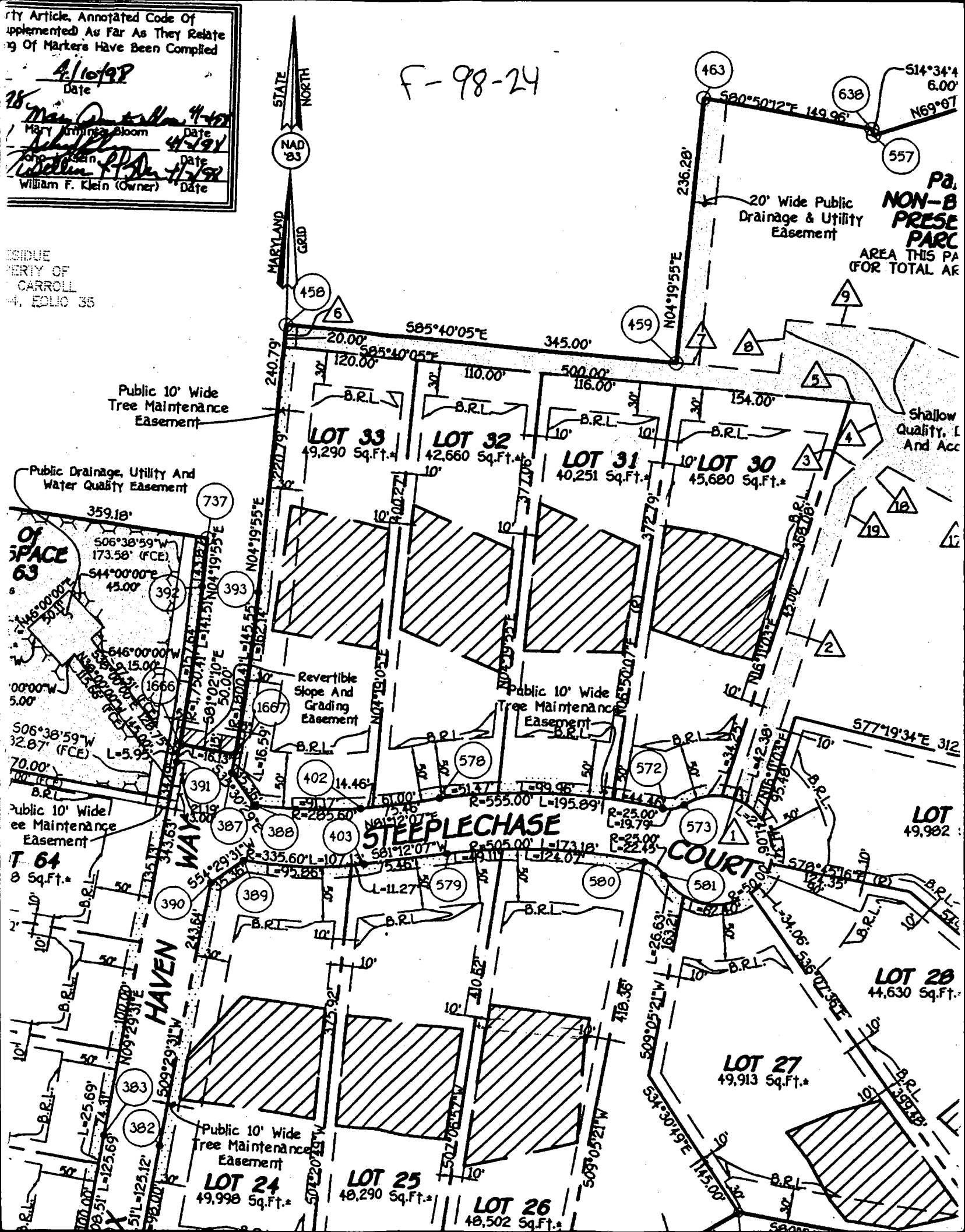
SEE



18	<i>Man</i>	<i>4-1978</i>
	Mary Anninta Bloom	Date
	<i>John</i>	<i>4-1978</i>
	<i>William F. Klein</i>	Date
	William F. Klein (Owner)	Date

F-98-24

ISSUE
PROPERTY OF
CARROLL
44, FOLIO 35



180

141

+

6

11/6

REPAIR
2X

FURTHER
T4A.v

APPLICATION

PERCOLATION TESTING

A 56429EE

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

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

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. 5131

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1 + Acres TYPE BLDG. _____
(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. Donald R. Renner Jr
(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

C1	7026	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 56429EE		
ST/CO USE ONE DATE Received MM DD YY		DATE WELL COMPLETED MM DD YY		Depth of Well 22 300 26 (TO NEAREST FOOT)		
8 13		15 1 20		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-1751 28 29 30 31 32 33 34 35 36 37		

OWNER Russell Development
STREET OR RFD Steeple Chase G. TOWN Ellicott City
SUBDIVISION GAITHER HUNT SECTION LOT 31

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		check if water bearing
	FROM	TO	
Brown soil	0	20	
Brown sandstone	20	45	
Gray Granite	45	70	
Gray mica Rock	70	100	
HARD GRAY Granite	100	300	
	70		✓
	150		✓
	280		✓
Dry hole beaked with rock coatings & cement			
Dry hole 0' 300'			

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes ☒ Y	no ☐ N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT ☒ CM	BENTONITE CLAY ☐ BC
NO. OF BAGS <u>12</u>	NO. OF POUNDS <u>128</u>
GALLONS OF WATER <u>72</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>48</u> ft.	
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	☒ ST STEEL	☐ CO CONCRETE
	☐ PL PLASTIC	☐ OT OTHER
	MAIN CASING TYPE	
	Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)	
<u>ST</u>	<u>06</u>	<u>48</u>
60 61	63 64	66 70

OTHER CASING (if used)	
diameter inch	depth (feet) from to

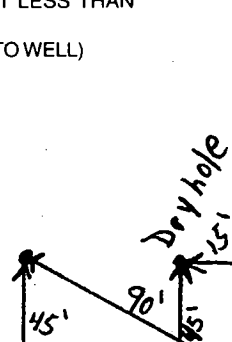
SCREEN RECORD			
screen type or open hole insert appropriate code below	☒ ST STEEL	☐ BR BRASS	☐ HO OPEN HOLE
	☐ PL PLASTIC	☐ OT OTHER	
	SLOT SIZE 1 2 3		
	DIAMETER OF SCREEN (NEAREST INCH)		
56	60		
from to			

DEPTH (nearest ft.)	
1 2	H0 48 300
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	

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) <u>3</u>		
PUMPING RATE (gal. per min.) <u>6 1/4</u>		
METHOD USED TO MEASURE PUMPING RATE <u>WATCH & Buckets</u>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING <u>30'</u>		
WHEN PUMPING <u>64'</u>		
TYPE OF PUMP USED (for test)		
☒ A air	☐ P piston	☐ turbine
☐ C centrifugal	☐ R rotary	☐ 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) <u>0 6</u>	
PUMP HORSE-POWER <u>1/2</u>	
PUMP COLUMN LENGTH (nearest ft.) <u>37</u>	
CASING HEIGHT (circle appropriate box and enter casing height)	
☒ + above	LAND SURFACE
☐ - below	<u>2</u> (nearest foot)

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

NUMBER OF UNSUCCESSFUL WELLS: <u>1</u>	
WELL HYDROFRACTURED ☒ Y ☐ 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. <u>MWD 355</u>	
DRILLERS SIGNATURE <u>Max B. Jones</u>	
LIC. NO. <u>JWD 341</u>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

B 1	8067	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER -94-1751 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		34 First Name		
36 Street or RFD		55		
57 Town		76 State		72 Zip
DRILLER INFORMATION 81 Driller's Name 81 License No. Firm Name Address Signature Date				
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)				
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST/OBSERVATION, MONITORING ☐ GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☒ Jettied & DRIVEN AIR-ROTARY ☐ AIR-PERCussion ☒ ROTARY (Hydraulic Rotary) CABLE ☐ Reverse-ROTARY ☐ Drive-POINT ☐ other				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER _____ G A P _____ PERMIT NO. <u>HO-94-1751</u>				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				
B 3		LOCATION OF WELL		
8 COUNTY		21		
23 SUBDIVISION		42		
SECTION		LOT		
44 46		48 50		
52 NEAREST TOWN		71		
MILES FROM TOWN (enter 0 if in town) <u>4</u> M I				
B 4		ROAD C		
11		30		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP <u>29</u> BLK <u>5</u> PARCEL <u>21</u>				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>A 56429EE</u> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>9 22 98</u> <u>9 22 99</u> 43 MM DD YY 48 NORTH GRID <u>521</u> 0 0 0 EAST GRID <u>830</u> 0 0 0 50 55 57 63				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>10.1.98</u> 2. <u>front</u> 3. <u>100-000</u> WRITE THE BOX NUMBER FROM THE MAP HERE E <u>830</u> N <u>521</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N ROAD C DORSH FARM ROAD				

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 LEASAC CORP.

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 Cogather Hunt Lot # 3

Well Tag # HO-94-1751

Site Address 11008 Dorsch Farm Rd.

Pump

1. Type
 - a. Deep well jet X
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make Jacuzzi
3. Model # _____
4. Capacity 7 GPM

Motor

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

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth 42"

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 _____

Tank

1. Capacity 82
2. Pressure relief valve? 1

Piping

1. Type Poly
2. Size 1"
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: [Signature]

Date: 4/12/99

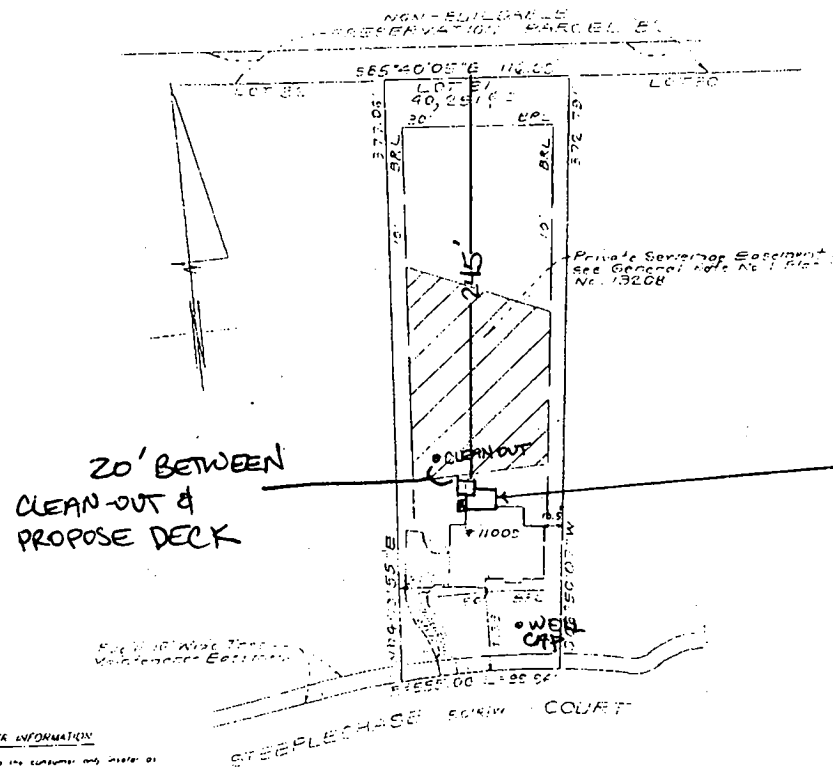
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

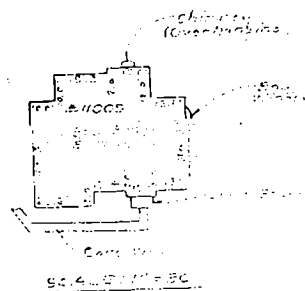
Pitless Adapter ✓ plumbing
Conduit pipe ✓ ok
2 piece cap ✓
Adequate grout below pitless ✓

4/16/99 (S.R.K.)

8/20/99 Proposed deck
location OK
as proposed.



20 x 14 DECK
W/ 10 x 10 DECK
BI-LEVEL
IRREG
W/ STEPS TO GRADE



1. This part is of benefit to the customer, not matter if it is required by a new or old insurance company, or it is agent or broker's, with contemplation transfer, financing or refinancing purposes.
2. This part is not to be relied upon for the establishment or location of homes, garages, buildings or other existing or future structures.
3. This part 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.

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

6-29-99
DATE



NOTES

1. The selfcheck distance accuracy is 1"

Plot Reference: PLAT No. 13211

 CLARK • FINEBROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 WINSTREI WAY • COLUMBIA MD 21045 • (410) 361-7500 FAX • (301) 671-8162 WASH.	
DESIGNED DRAWN KWC CHECKED PAS DATE 6-29-99	LOCATION DRAWING 111X15 STEEPLECHASE COURT LOT 31 GAITHER HUNT Section 1, Arco 1, Lots 1 - 33, Lots 63 - 71, Preservation Parcels B' thru 'E' and Bull Parcel 1, A Resubdivision of Lots 4 and 5, Mann and Van Properties, (Plot No. 3407) and Liber 4204 at Folio 436 SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND SCALE 1" = 50' DRAWING JOB NO. FILE NO. 98-005-0

FILE INQUIRY FORM

Property Address: 11009 Steeplechase Court

Gaither Hunt, Lot 31

Spoke to John & Gail Boustany 5-17-04 (late pm.)

John (w) 410-454-5324 Fax(w) 410-454-4408

home 410-579-1979

They had inquired about the possibility of putting
a 120' x 60' tennis court in the back yard of
this lot they were considering purchasing. I
faxed a copy of the record plat of Lot 30 thru 33
and indicated that if we were to consider a proposal
for the tennis court a scaled drawing was required
and it appeared that a variance to the 30' rear
setback would be needed as we would want
20' separation from S.D.A. to tennis court.

Not a very optimistic outlook. F. Sherrin