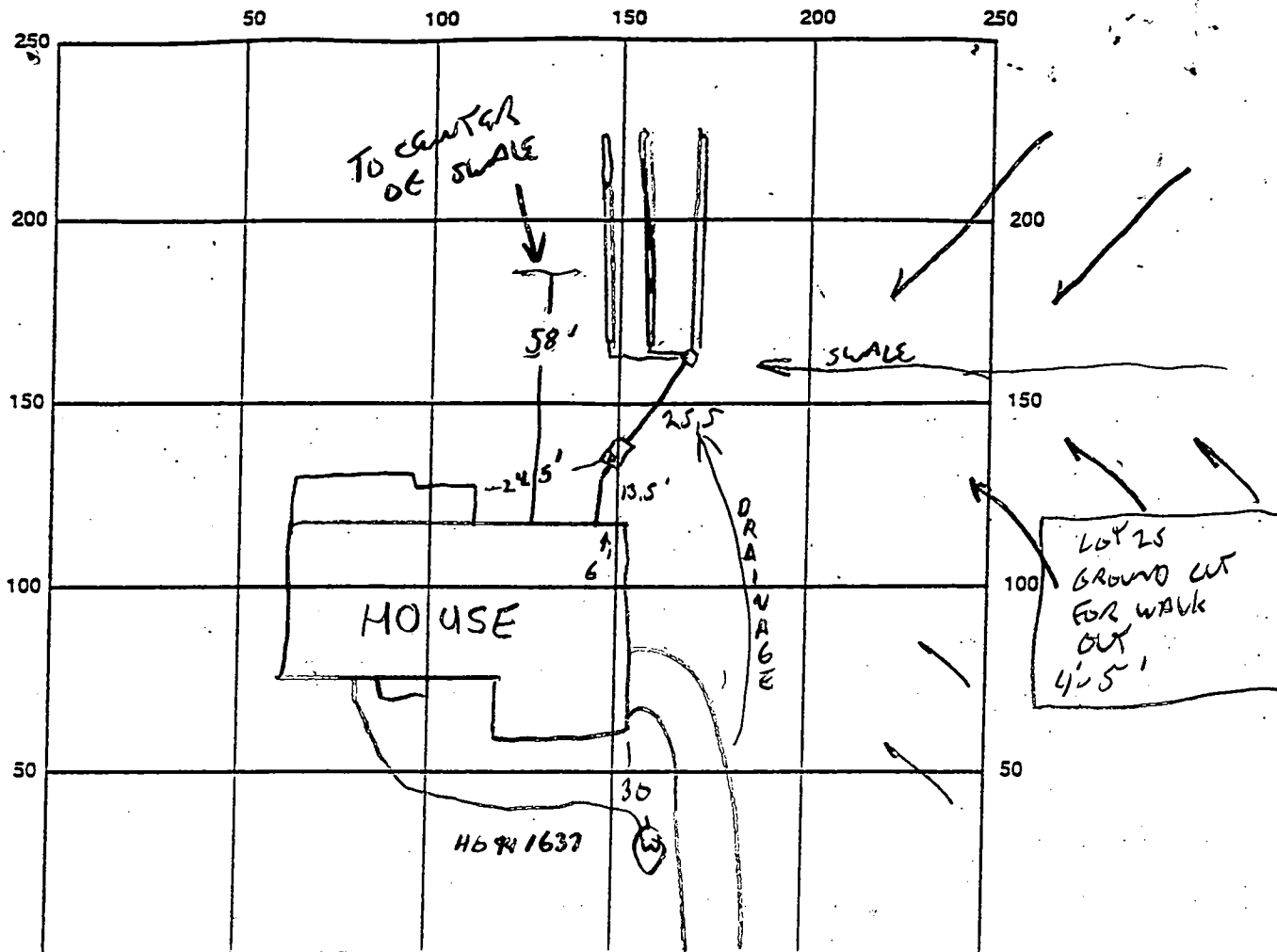


NS6429-2

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK TOP TO BE 6' TO 6.0' CLEANOUTS 1 ON ST

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 80' 18' 80' = 238'

NUMBER OF TRENCHES 3

ONE-SIDE WALL/BOTTOM AREA 714 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET ✓ FT.

ABSORBENT AREA ✓ SQ. FT.

REMARKS: 12-18-98 OK TO COVER TRENCHES - ST CLOSER TO HOUSE

THAT SHOWN ON SITE PLAN - MAY BE IN CONFLICT WITH
PROPOSED DECK. HOLD FINAL APPROVAL FOR
CONFIRMATION OF THAT LOCATION SUITABILITY. *JS*

12-22-98 GRADING COMPLETE - ALL SYSTEM COVERED - POTENTIAL DRAINAGE PROBLEM
ACROSS SDG. DECK ISSUE NOT RESOLVED. *JS* 12-29-98 DECK OK, HOLD FINAL FOR

DATE SYSTEM APPROVED 1.20.99 INSPECTOR Glen Savage / Kim Maiste
GRADING - SEE NOTE ON SITE PLAN *JS*

1.20.99 lot graded and seeded, problem left unresolved by Glen Savage. (KM)

Howard County Health Department

To: File Gaither Hunt

Lot 26

Addition/deck on
right rear portion of
house would be too close
to S.T. w/o S.T. relocation

From: MR

Date: 8/2/99

HD-170

APPLICATION

PERCOLATION TESTING

564292

A ~~000000~~

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE 4-11-96

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 Schriener 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 GALTHER HUNT LOT NO. 26 ✓

ROAD AND DESCRIPTION 11008 STEEPLE CHASE CT.

TAX MAP 29 PARCEL # 21

BLDG. PERMIT SIGNED

AND RETURNED 8-27-96
Serial # B19113013

SIZE OF LOT 1+ Acres TYPE BLDG. SFO - 4 Bms.
(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'

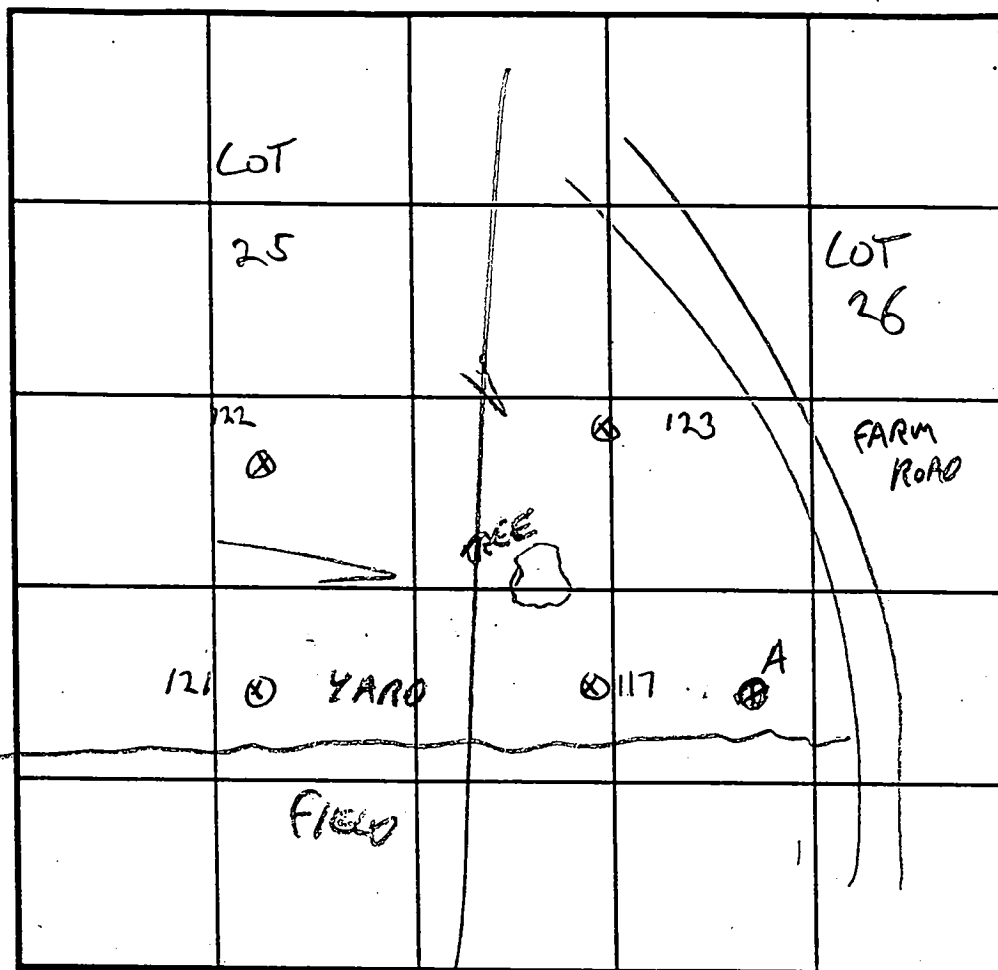
orange
red
siltm

4.0

1gt
beigh
brown
siltm
10%
rock

refusal

14.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE:

0'

TOPSOIL
BROWN
CLAY
LOAM

BROWN
SSC

11'6"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-11-96	123	5' 11'6"	3:38	3:40	3:40	3:44	4 min
	117	5' 11'6"	3:35	3:39	3:39	3:43	4 min
	122	6' 12	SEE	LOT 43	PROFICE		4 min
	121	4' 10'6"	"	"	"		4 min
1/24/97	1607	11V	VERIFY	LOCATION			
2/26/97	A	VISUAL	to 11.0		see profile		OK

REMARKS LOT 44 - HOLE A OPEN 2+ HOURS

TYPE OF SOIL LOT 25 26

TESTED BY G. SAVAGE

ALSO PRESENT DON MIKE + MIKE REVIEWER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

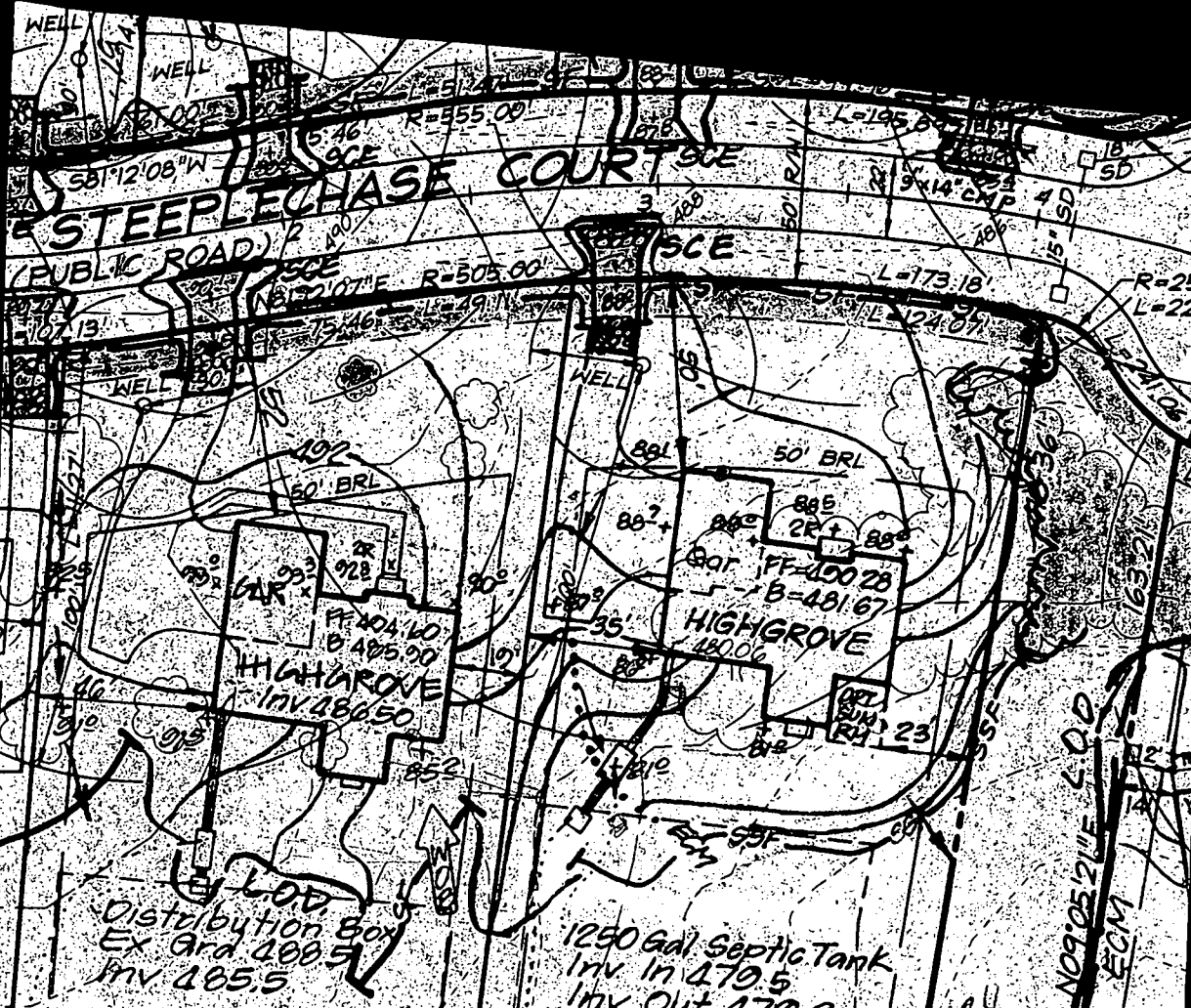
TOPSOIL

ORANGE
CLAY
LOAM

BROWN
SSC

ORANGEY
MOTTLES
SANDY
SILTY
36.5'

DRY



**Approved Septic System Plan
Howard County Health Department**

Kimberly Nisbet 8-27-98
 Signature Date

72-29-98
 SEPTIC TANK
 SET 13' FROM
 R.R. CORNER OF
 HOUSE - DISCUSSED
 with
 DOUG WILSON
 OF RYAN HOMES
 LOCATION IS
 OK - POTENTIAL
 DELTA SITE LIMITED
 BY TANK LOCATION

Total linear feet of trench
 required **240** feet

Width of trenches **3** feet

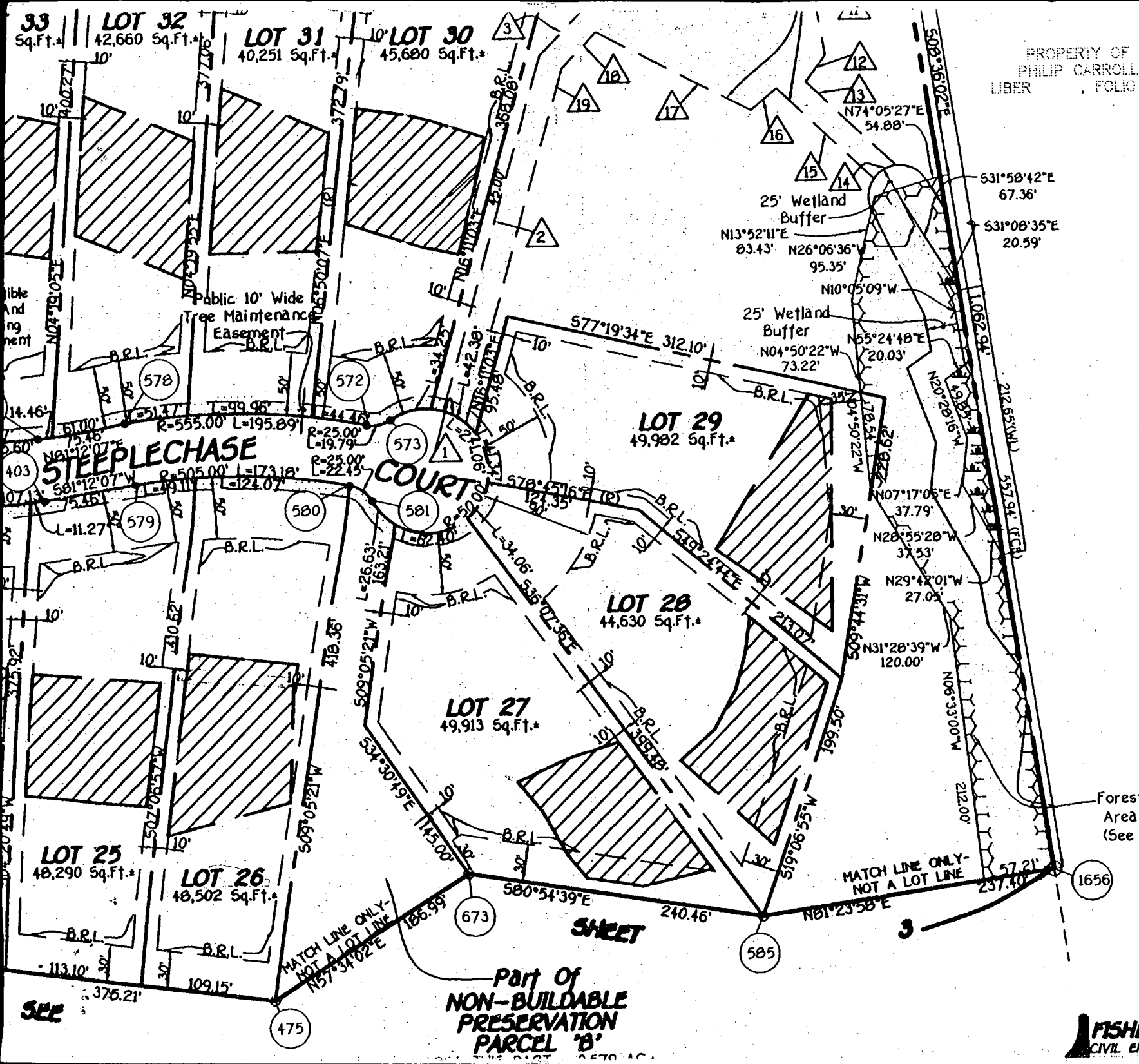
Depth of trench(es) **5** feet

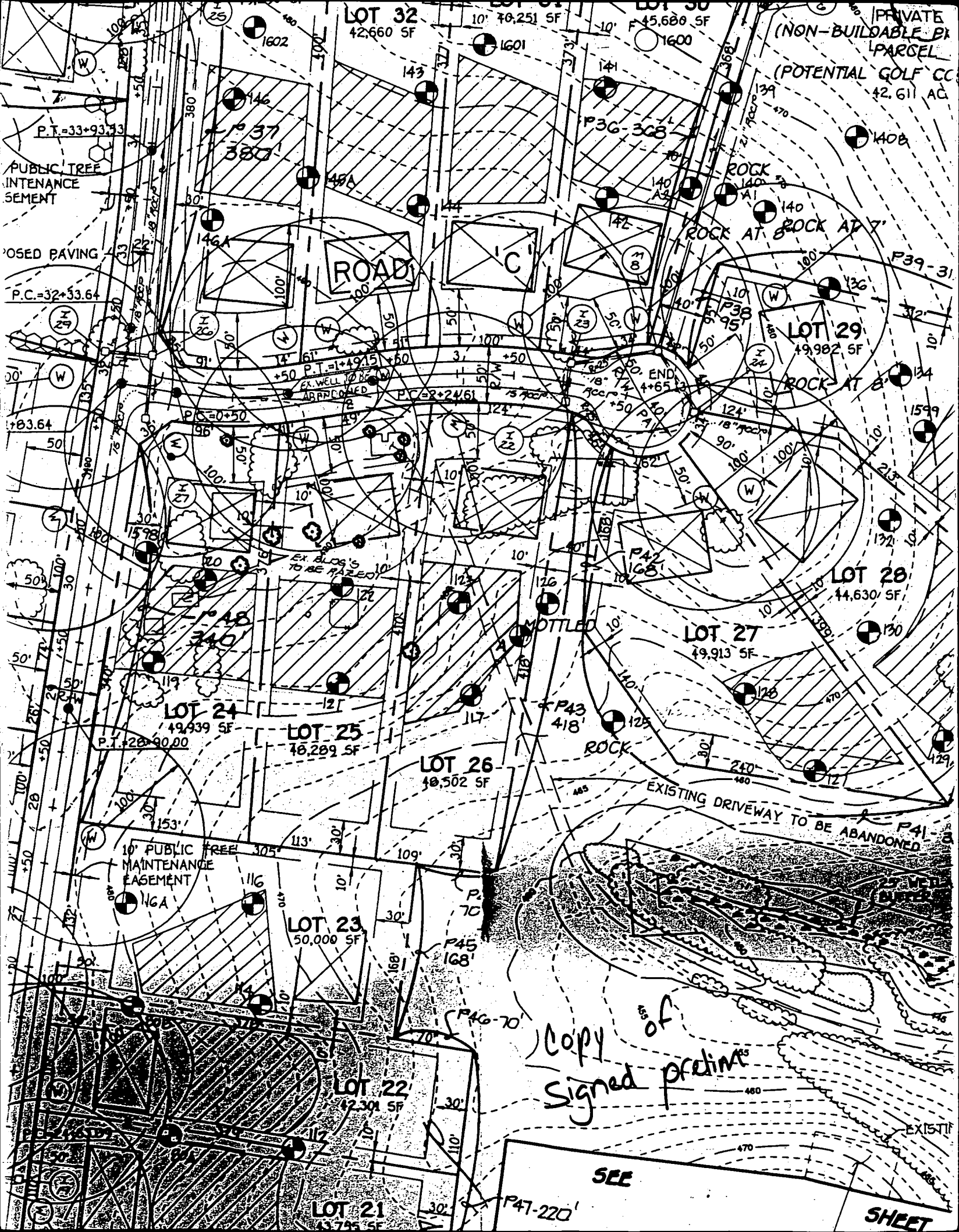
Depth of stone required below
 distribution pipe **2** feet

WILL NOT
 GRAVITY

WILL NOT
 GRAVITY

0 Gal Septic Tank
 In 473 &
 Out 472





Copy of
Signed prelim

SEE

SHEET

12-18-98
OK *eff*

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 ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Lehsac CorporationTelephone 410-242-6888License Number 3344Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒Name of Property Owner Ryan HomesTelephone 410-654-0501Subdivision Gaithers Hunt Lot # 26Well Tag # HO-94-1637Site Address 110068 Steeple Chase Court

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒

Motor

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

Pitless Adapter

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

2. Make Sauer Pump3. Model # 154S21B-F24. Capacity 5 GPM5. 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 _____
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 300 ft.
2. Yield 410 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.

Inspected?

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-218

C1

4371

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.

COUNTY
NUMBER

A564292

ST/CO USE ONLY
DATE Received
MM 08 14 98
DATE
8 13

DATE WELL COMPLETED
MM 08 11 98
DD 11
YY 98
15 20

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94-1637
28 29 30 31 32 33 34 35 36 37

OWNER
last name first name
RUSSELL DEVELOPMENT LLC
STREET OR RFD
SPEAR CHASE CT
SUBDIVISION
CAITUSO HUNT
SECTION
1
TOWN
WILDS LAKE
LOT
26

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 40	
Brown sandstone	40 45	
GRAY Granite	45 80	
HARD Brown sandstone	80 98	
GRAY Granite	98 300	
	50	✓
	120	✓
	240	✓

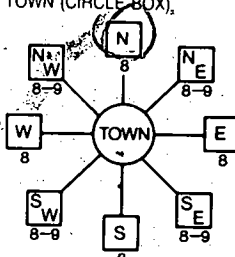
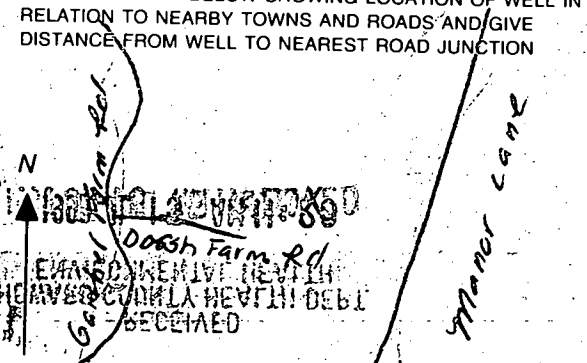
GROUTING RECORD
yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) ☒ Y ☐ N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ CM BENTONITE CLAY ☐ BC
NO. OF BAGS 45 46 13 NO. OF POUNDS 45 46 122
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot)
from 48 0 52 ft. to 54 49 58 ft.
(enter 0 if from surface)
Casing types insert appropriate code below
STEEL ☒ ST CONCRETE ☐ CO
PLASTIC ☐ PL OTHER ☐ OT
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST 06 49
60 61 63 64 66 70
OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to
ST 05 57 100
screen type or open hole
insert appropriate code below
STEEL ☐ ST BRASS ☐ BR OPEN HOLE ☐ HO
BRONZE ☐ PL PLASTIC ☐ PL OTHER ☐ OT

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 4.6
METHOD USED TO MEASURE PUMPING RATE Watch + Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 29 ft.
WHEN PUMPING 105 22 25 ft.
TYPE OF PUMP USED (for test)
A air 27 P piston 27 T turbine 27
C centrifugal 27 R rotary 27 O other (describe below) 27
J jet 27 S submersible 27

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. MWD 355
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. JWD 341
Max S. Jones
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2
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
SLOT SIZE 1 2 3
DIAMETER OF SCREEN 5 1/2 (NEAREST INCH)
from 56 to 60
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 O
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

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 40
- below 49
LAND SURFACE 2 (nearest foot)
LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
25'

B 1 8850 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1637 fill in this form completely
Date Received (APA) 7-15-98 OWNER INFORMATION 8- MM DD YY 13 RUSSELL DEVELOPMENT, LLC 15 Last Name Owner First Name 34 8808 CENTRE PARK Dr. Suite 108 36 Street or RFD 55 Columbia MARYLAND 21045 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 GAITHER HUNT 23 SUBDIVISION 42 SECTION 1 44 46 LOT 20 48 50 WILDE LAKE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78	
DRILLER INFORMATION MICHAEL BARLOW MW D 355 Driller's Name 76 License No. 81 MICHAEL BARLOW WELL DRILLING SVC INC Firm Name 912 FAUN COURT Joppa, MD 21085 Address Signature [Signature] Date 6-17-98		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Road C ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☒ N ☐ NE ☐ E ☐ SE ☐ S ☐ SW ☐ W ☐ NW 34 15 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 29 BLK: 5 PARCEL: 21	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A 564292 COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 7-21-98 CO SIGNATURE [Signature] 7-21-99 43 MM DD YY 48 EXP. DATE NORTH GRID 521 000 EAST GRID 830 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E 830 N 521 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 32 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ 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 DEEPEM AN EXISTING WELL 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)			
APPROX. PERMIT NUMBER 65 WRITE INITIALS IN BOX 40-94-1637 FORCE 67 68 PERMIT NO. 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			