

1/29/99
2:00
2/10/99
house conn
anytime

1/29/99 Needs house
conn

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511324

A 56642-G

DISTRICT _____

DATE 12-29-98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

05-42742
INDEXED

DATE SYSTEM APPROVED 2/10/99

INSPECTOR Am

Wesmar Corporation (Wayne Souder) _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13990 Triadelphia Mill Road, Glenelg, Maryland 21036 PHONE 410-531-2166

SUBDIVISION Twist & Turn Estates LOT 6 ROAD 14150 Twisting Lane

PROPERTY OWNER William D. Lewis

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM 1/29/03 - DECK

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 55 feet off the front lot line and 125 feet off the left lot line as seen when facing the lot from Twist & Turn Lane. Run trenches on contour in both directions.

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

PLANS APPROVED BY Amy McMillen DATE 1-5-99

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

BP (No #) add Basement Bathroom with ejector pump in basement. 4/29/99 OK HP

BUILDING PERMIT SIGNED AND RETURNED

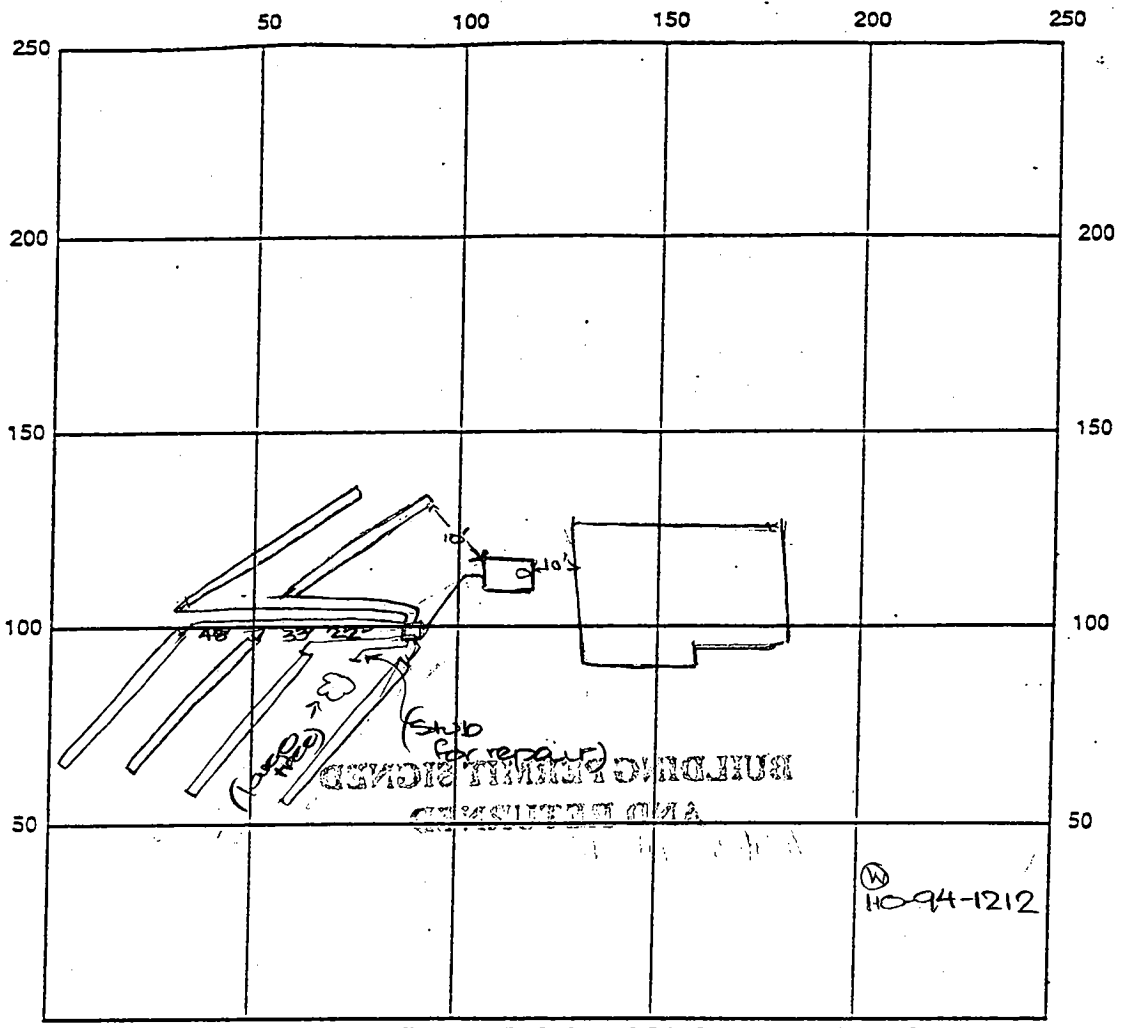
OLD PERMIT SIGNED 3/14/01
300128929
in ground pool

OLD PERMIT SIGNED AND RETURNED 4-24-99

Serial # B10117607

Interior Alterations
Basement

A-56642-G



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK-1250 gal Twisting Larc CLEANOUTS one on sit.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 6+40 FT. + 240'

NUMBER OF TRENCHES 6 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA - SQ. FT.

REMARKS: 1/29/99 OK to cover all septic work - Needs house connection. DKS 2/10/99 House connection made du

DATE SYSTEM APPROVED 2/10/99 INSPECTOR A. McMill

APPLICATION

PERCOLATION TESTING

A 56642 G

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE May 22, 1996

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 ~~DODD SAGE~~ William D. Lewis

ADDRESS 14191 TRIADELPHIA ROAD PHONE (301) 854-3408 (h)
DARTON, MD 21036 792-0834 (o)

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SAGE PROPERTY LOT NO. 6

ROAD AND DESCRIPTION ROAD A' APPROXIMATELY 1500' WEST OF GREENBRIDGE RD

14150 TWIST & TURN LANE AOC TRIADELPHIA MILL ROAD

TAX MAP 27 PARCEL # 24

SIZE OF LOT 1 ac +/- TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 1-5-99
Serial # 517115389
SINGLE FAMILY DWELLING

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 _____

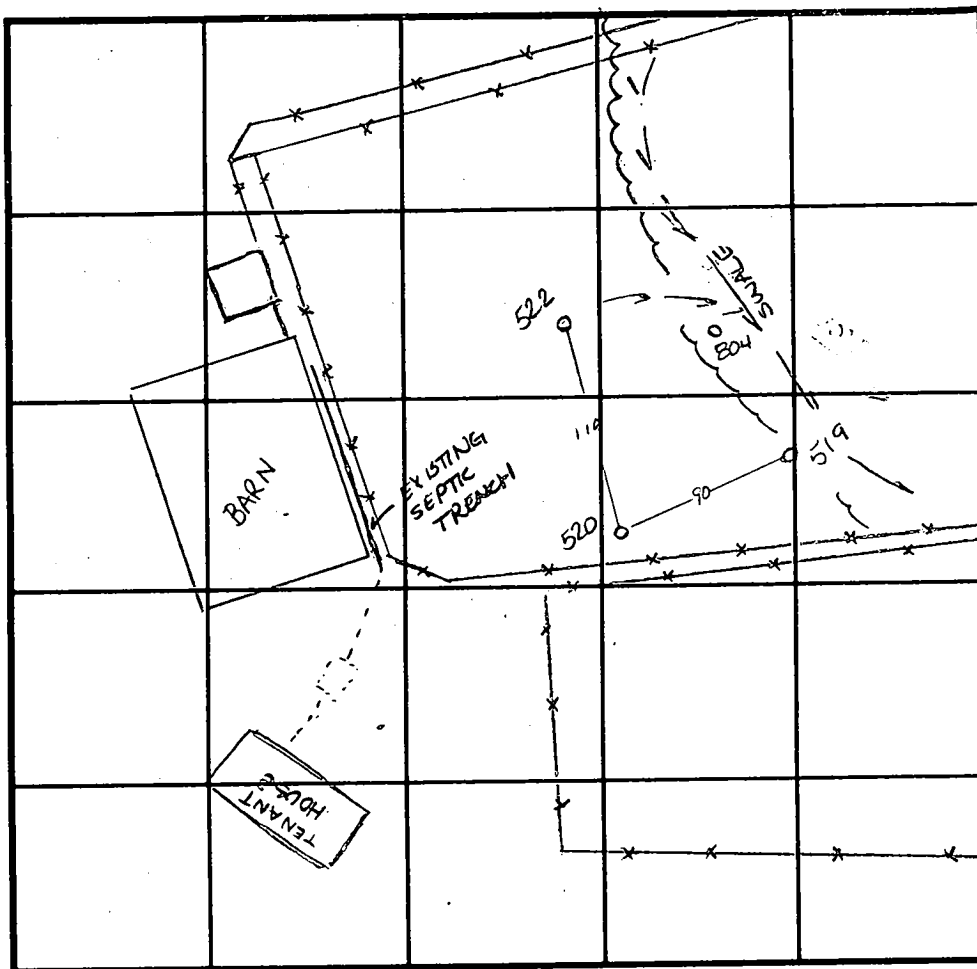
THIS IS NOT A PERMIT

A506642G
COUNTY #

SOIL PROFILE
0' 519, 520
1gt tan
orange
silclm
2.0
1gt
orange
tan
silclm
micaceous
<50%
saprolite
mix
15.0

522
bright
orange
silclm
2.0
1gt
grey
tan
micaceous
silclm
15-20%
saprolite
mix
beginning
at
9.0
15.0

804
no distinct
clay
layer
1gt red
orange
silclm
5.0
1gt grey
tan
silclm
color is
from
decayed
greyish
sandstone
14.5



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	
5-30-96	519	4.0 V15.0	1:19	1:23	1:23	1:28 ³⁰	5 1/2 min
	520	3.0 V15.0	1:14	1:15	1:15	1:17	2 min
	522	3.0 V15.0	2:14	2:15	2:15	2:19	4 min
8-6-96	804	3.0 V14.5	11:10	11:14	11:14	11:18 ³⁰	4 1/2 min

REMARKS (tested in wet season extended)
TYPE OF SOIL _____
TESTED BY Amy McMullen ALSO PRESENT Wayne Souder
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

DISTRIBUTION BOX:
 EX. GROUND= 461.2
 INV. IN= 459.2
 SEPTIC TANK: 40LF @ 1.0%
 TOP ELEV.= 462.3
 INV. OUT= 459.6
 INV. IN= 459.9
 HOUSE: 12LF @ 1.0%
 INV. OUT= 460.0

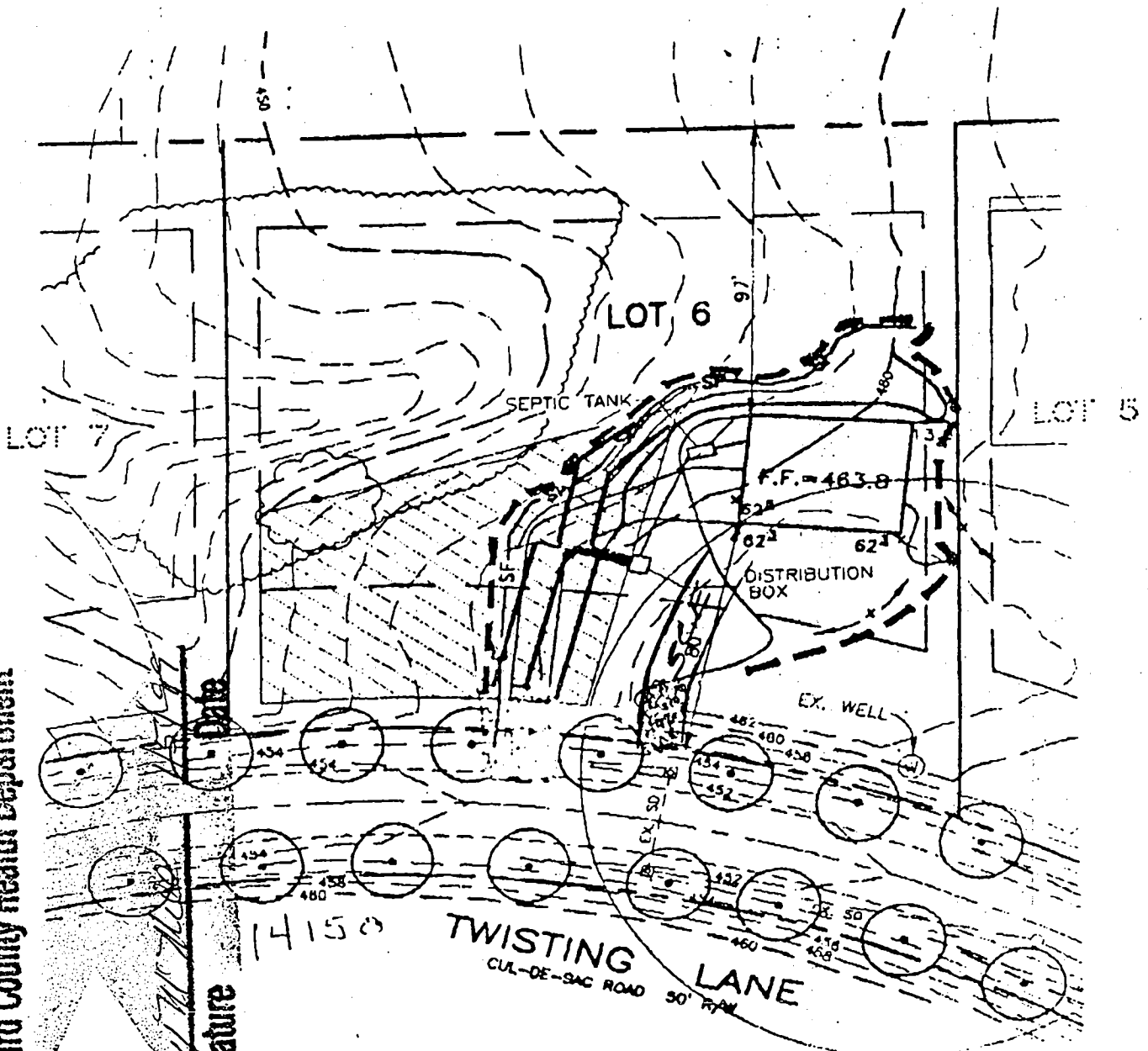
NOTE:
 LENGTH OF TRENCH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT ISSUANCE.
 TRENCHES TO BE INSPECTED BY THE HEALTH
 DEPARTMENT PRIOR TO PAVEMENT OF DRIVEWAY.

Total linear feet of trench
 required 240 feet.

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below
 distribution pipe 2.0 feet



Approved Septic System Plan
 Howard County Health Department

Date _____
 Signature _____

SCALE 1"=50'
 DRAWN BY J.C.O.
 CHECKED BY R.H.V.
 DATE DEC. 23, 1998

PLOT PLAN
 FOR
 LOT 6, TWIST & TURN ESTATES
 HOWARD COUNTY, MARYLAND
 F-97-165

9521 Queens Guard Court
Laurel, MD 20723
January 4, 1999

Howard County Health Dept.
3525 Ellicott Mills Drive
Ellicott City, MD 21043

Attn: Amy McMillan

Dear Amy:

Reference: Lot 6 - Twist & Turn Estates

This letter is to confirm your conversation with Wayde Souder of Wesmar Corp. We would agree to create a construction entrance as shown on the attached plot plan for use while our house is under construction, in order to avoid any traffic on the septic easement. During the construction the easement would be staked off to prohibit all construction traffic.

Upon nearing the end of the construction, the driveway would be installed crossing the septic easement using great care not to cut into the septic easement, or damage the system or the easement in any other way.

We would like to request that these modifications be approved by your department. Thank you for your attention to this matter.

Sincerely,


William Daniel Lewis

1/15/98
BP approved w/ driveway over
initial septic system only.
Owner (Lewis) advised of
consequences should he put
driveway over repair area
(have to remove driveway for
repair). See approved BP plan.

Amy McMillan



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 31, 1998

William D. Lewis
9521 Queens Gunid Court
Laurel, Maryland 20723

RE: Twist & Turn Estates - Lot 6
14150 Twist & Turn Lane
Building Permit #B00115589

Dear Mr. Lewis:

This office has recently received the above referenced building permit application; however, we are unable to approve the application at this time.

The building permit site plan shows the proposed driveway encroaching into the recorded sewage disposal easement. In certain circumstances, this office may approve driveway encroachment into the sewage easement and driveway installation over installed septic systems, though conditions specific to your lot limit the amount of acceptable disturbance in the septic area.

The most limiting factor relative to this situation is the soil conditions encountered within the septic easement, thereby dictating a shallow septic system design. The invert into the drain fields shall be only 1.5 to 2 feet below the existing ground surface. Due to the delicate nature of the septic system once installed, heavy equipment necessary in driveway construction could potentially damage the drain fields if driveway installation is attempted over the septic easement.

In conclusion, please revise the site plan to show a driveway which does not encroach on the sewage disposal easement.

Very Truly Yours,

Amy Mc Millen, R.S.

Water & Sewerage Program

DISTRIBUTION BOX:
 EX. GROUND= 461.2
 INV. IN= 459.2
 SEPTIC TANK: 40LF @ 1.0%
 TOP ELEV.= 462.3
 INV. OUT= 459.6
 INV. IN= 459.9
 HOUSE: 12LF @ 1.0%
 INV. OUT= 460.0

NOTE:
 LENGTH OF TRENCH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT ISSUANCE.
 TRENCHES TO BE INSPECTED BY THE HEALTH
 DEPARTMENT PRIOR TO PAVEMENT OF DRIVEWAY.

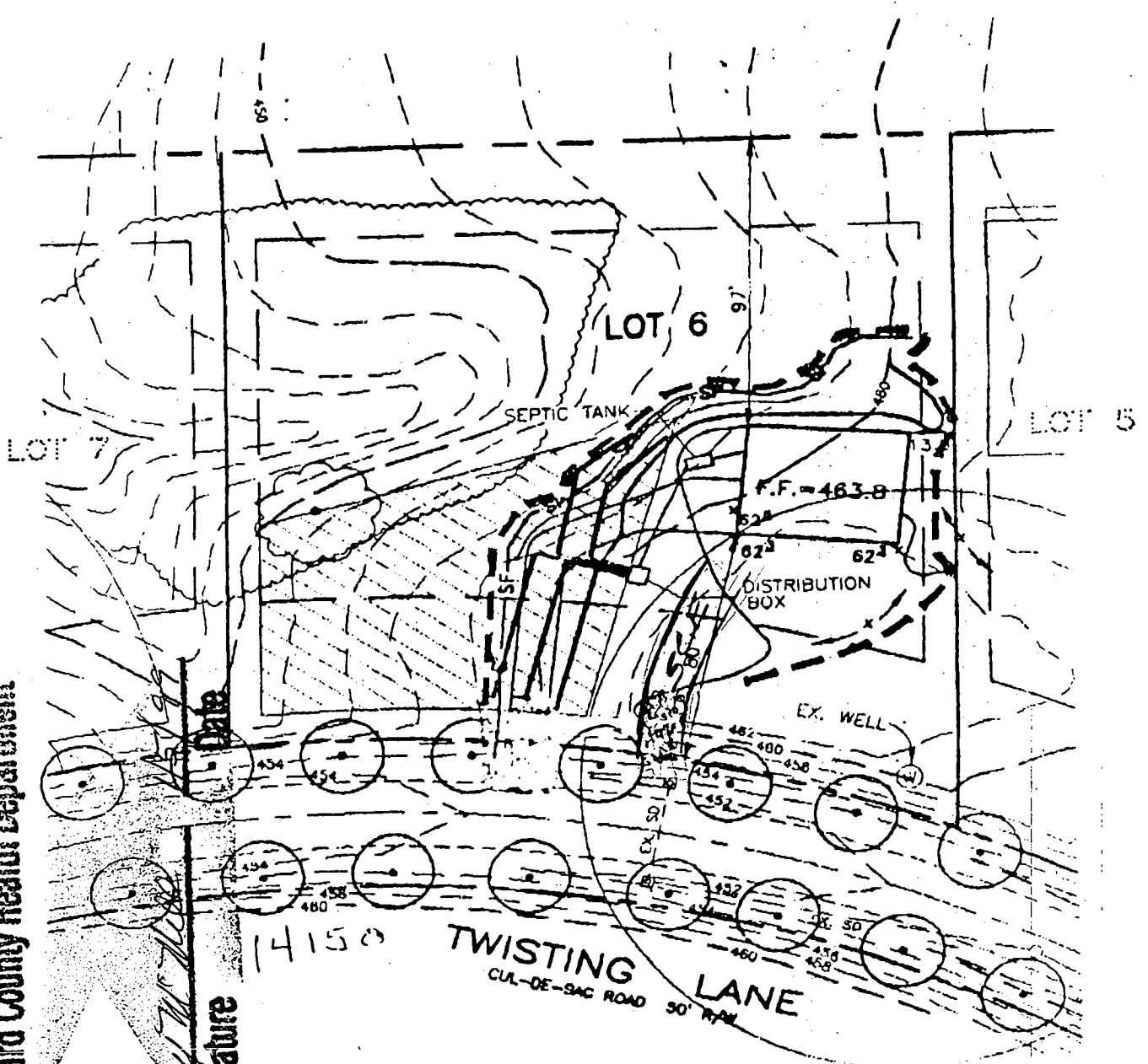
Total linear feet of trench
 required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below
 distribution pipe 2.0 feet

MD. STATE DEPARTMENT OF PERMITS



Approved Septic System Plan
 Howard County Health Department
 Signature: *[Handwritten Signature]*
 Date: *[Handwritten Date]*

PLOT PLAN
 FOR
 LOT 6, TWIST & TURN ESTATES
 HOWARD COUNTY, MARYLAND
 F-97-165

FIFTH ELECTION DISTRICT TAX MAP 24

SCALE 1"=50'
 DRAWN BY J.C.O.
 CHECKED BY R.H.V.
 DATE DEC. 23, 1998
 W. O. # 96-03



MARKS & VOGEL ASSOCIATES, INC.
ENGINEERS • SURVEYORS • PLANNERS

July 14, 1997

Mr. Craig Williams
Howard County Health Department
3525 H Ellicott Mill Drive
Ellicott City, MD 21043

Re: Twist & Turn Estates
F-97-165

Dear Mr. Williams,

As a result of our field meeting with you, we have revised the septic easement on Lot 5. The northeastern corner was eliminated to keep downhill drainage from the wells. To achieve a 10,000 SF area, the easement was extended to the rear of the lot.

Additionally, we have provided tree protection fence around the septic easements that are adjacent to road grading (Lots 6,7 and Preservation Parcel "A"). We feel that this is the best measure to prevent grading (fill) within the easements. These measures will be implemented by the sediment control inspector in the field.

Enclosed, please find a xerox of the grading plan with the revised septic easement and tree protection fence locations.

Should you have any questions or concerns regarding these issues, please contact our office.

Sincerely,
MARKS & VOGEL ASSOCIATES, INC.

J. Chris Ogle

C1 6062 SEQUENCE NO. (MDE USE ONLY)

**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 A56642G

(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 3-6 ON ALL CARDS)

ST/CO-USE ONLY
DATE RECEIVED
8/1/97

DATE WELL COMPLETED
MM DD YY
07 18 97

Depth of Well
405
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1212

OWNER Souder Builders
STREET OR RFD Twist & Turn Ln TOWN Dayton
SUBDIVISION Twist & Turn SECTION _____ LOT 6

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	
Top Soil	0	2	
Sandy	2	48	✓
Sand Stone	48	55	
Micka	55	70	
Sand Stone	70	72	✓
Micka	72	210	
Sand Stone	210	215	✓
Micka	215	405	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
YES NO
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 14 NO. OF POUNDS 1900
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30+ ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch!)
Total depth of main casing (nearest foot)
PL 6 59

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

SCREEN RECORD
Screen type or open-hole
insert appropriate code below
STEEL BRASS OPEN HOLE
BRONZE PLASTIC OTHER

C 2 DEPTH (nearest ft.)
HO 57 405
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

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 DATA

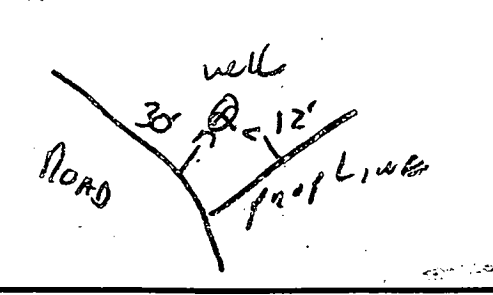
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25 ft.
WHEN PUMPING 240 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 _____ 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 STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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. MSD 116
Ralph Whynne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 116
Ralph Whynne

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1212
 Location of property (road) Twist & Turn Ln
 Subdivision Twist & Turn Ln Lot 6 Block Plat Sec.
 Well Driller ~~Howard~~ RAYH MAYER Owner Souder Blds.
 Depth of well 405'
 Distance of measuring point (M.P.) above ground 2nd
 Static water level (S.W.L.) below M.P. 25th

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12 GPM
 Total time 30 min to reach pumping water level ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill I gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	240 ft	30 Sec		2 GPM
9:45	240 ft	30 Sec		2 GPM
10:00	240 ft	30 Sec		2 GPM
10:15	240 "	30 "		2 "
10:30	240 "	30 "		2 "
10:45	240 "	30 "		2 "
11:00	240 ft	30 Sec		2 GPM
11:15	240 ft	30 Sec		2 GPM
11:30	240 ft	30 Sec		2 GPM
11:45	240 "	30 "		2 "
12:00	240 "	30 "		2 "
12:15	240 "	30 "		2 "
12:30	240 ft	30 Sec	55 ft casing	2 GPM
12:45	240 ft	30 Sec	143 lbs	2 GPM
1:00	240 ft	30 Sec	30' open	2 GPM
1:15	240 "	30 "		2 "
1:30	240 "	30 "		2 "
1:45	240 "	30 "		2 "
2:00	240 ft	30 Sec		2 GPM
2:15	240 ft	30 Sec		2 GPM
2:30	240 ft	30 Sec		2 GPM
2:45	240 "	30 "		2 "
3:00	240 "	30 "		2 "
3:15	240 ft	30 Sec		2 GPM
3:30	240 ft	30 Sec		2 GPM

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Lab No. _____ Date Received logged
 00000000 = 21 8

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525 W. ELLICOTT MILLS DRIVE
 ELICOTT CITY, MD 21043

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO-2792 Name Souder Builders County Howard County Code 13

Source Twist + Turn Lane Lot 6 Data Category Code 4F

Collected: Date 7-17-97 Time 10:35 Collector & Phone Kimberly Maiste 312-2640 Submitter Code X

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community Non-community Private Other <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency Routine Recheck Special <input type="checkbox"/>	Federal Project <u>S</u>
Landfill <input type="checkbox"/>	<input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	<input type="checkbox"/>	
Stream <input type="checkbox"/>	<input type="checkbox"/>	MCL <input type="checkbox"/>	<input type="checkbox"/>	
Other <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

F
I
E
L
D

Plant No. [] [] [] [] Sampling Station [] [] [] [] Preservation: Iced Acid Type of Acid H₂SO₄

pH [] [] Chlorine: Free [] [] Total [] [] Specific Conductance [] [] [] []

Notes to Lab/Remarks: ~~HO-94-1212~~ HO-94-1212 *JLH*

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrite, N	00630			<u>3.6</u>	<u>7-22-97</u>	<u>BL</u>
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01
 DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa
 SUBMITTER'S COPY

Date Reported JUL 25 1997

Partial List of Submitter Codes

HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH

APR 30 12: 26

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standards & Certification Program
42	Water Supply Program	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

Partial List of Error Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample

B 1 **8288** SEQUENCE NO. (MDE USE ONLY)
 (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-99-1212
 fill in this form completely

B 3 OWNER INFORMATION
 Date Received (APA) **061297**
SOLDER BULLDOGS INC
 9335 OLD SCAYGSVILLE
 LAUREL MD 20723

B 3 LOCATION OF WELL
HOWARD COUNTY
Twist E Turn West SUBDIVISION
 SECTION **1** LOT **6**
DAYTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 CIRCLE: **(MSD)** MSD/MGD/MWD
Ralph MAYNE
 Driller's Name
Ralph MAYNE Well Drilling
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne Signature
6/13/97 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Twist E Turn LA. NEAR WHAT ROAD
 DISTANCE FROM ROAD **30** FT OR MI
 ENTER FT OR MI **FT**
 TAX MAP: **22** BLK: _____ PARCEL **24**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co. COUNTY NAME
A56642G COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **062597**
A McMiller CO SIGNATURE
6/25/98 EXP. DATE
 NORTH GRID **508000** EAST GRID **798000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

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

 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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
 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Sketch showing location of well in relation to nearby towns and roads and give distance from well to nearest road junction.

 Tridelphia Rd
 Green BRIDGE RD
 Twist E Turn LA
 well

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-99-1212**

Anytime
3/17/99
3/18/99
pm

Fax # 410-313-2648

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

410-313-2640

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt #
Date 3/17/99

Name of Installer KRAUSS MECHANICAL

Telephone 410-242-6320

License Number MD ST 21216

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner DAN LEWIS

Telephone 410-792-7883

Subdivision TWIST 'N' TURN EST Lot # 6

Well Tag # HD-940-1212

Site Address 14150 TWISTING LANE DAYTON MD

Pump

Motor

Fitless Adapter

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

- 1. Horsepower 1
- 2. RPM 3450
- 3. Voltage a. 110 b. 220

- 1. Make AMERICAN GRAMBY
- 2. Model # PT 800
- 3. Depth 47

2. Make SACUZZI

3. Model # TL84521BS29246070

4. Capacity 5 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

Tank

Piping

Well data

- 1. Capacity 40
- 2. Pressure relief valve?

- 1. Type Poly
- 2. Size 1"
- 3. NSF and/or ROCA Code approved
- Depth of supply line 390'

- 1. Depth 400 ft.
- 2. Yield 2 GPM
- 3. Static water level ft.
- 4. Will water supply be disinfected by installer? YES

well line 3.5' b.g.
well ~~has~~ casing 14" dia.
Needs safety rope anchored
Needs correct PVC conduit inside casing
DIS/CI

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: Ronald B. Krauss

Date: 3/17/99

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

3/17/99
call for reimp.
Have been contacted
3/18/99
J.R.P.

Building Address 14150 TWISTING LANE
DAYTON, MARYLAND 21036

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

Census Tract _____ Subdivision TWIST & TURN ESTATES

Section _____ Area _____ Lot 6

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 47,785

Property Owner's Name DAN & MARY LEWIS
 Address 14150 TWISTING LANE
 City DAYTON State MD Zip Code 21036
 Home Phone (443) 940-4440 Work Phone (410) 960-6942
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use SAME, WITH POOL
 Estimated Construction Cost \$ 20,500.00
 Description of Work CONCRETE INGROUND POOL, WITH DE, FILTER
 POOL FILLED BY TRUCK
 18'4" WIDE BY 40' LONG, 3'6" TO 7' DEEP, NO DIVING
 BOARD. TOTAL SQUARE FEET = 668. 3'6" IN FT
 OF 4'5" HIGH SPLICE RAIL FENCE WITH WIDE, 2" RAIL

Contractor Company ANTHONY & SYLVAN PAXS, INC.
 Contact Person GEORGE A. SCHWEICH - CONTRACTOR
 Address 10870 GUILFORD ROAD, SUITE 407
 City ANNAPOLIS State MD Zip Code 20712
 License No. 19347
 Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person N/A
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Multi-family dwellings:		Heating System:	
No. of efficiency units: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of 1 BR units: _____		Natural Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 3 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
Other Structure: <u>INGROUND POOL</u>		_____ NFPA #13D	
Dimensions: <u>18'4" WIDE X 40' LONG</u>		_____ NFPA #13R	
Footings: _____		Other: _____	
Roof: _____			
State Certified Modular <input type="checkbox"/>			
Manufactured Home <input type="checkbox"/>			

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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND HEARING NOTICES.

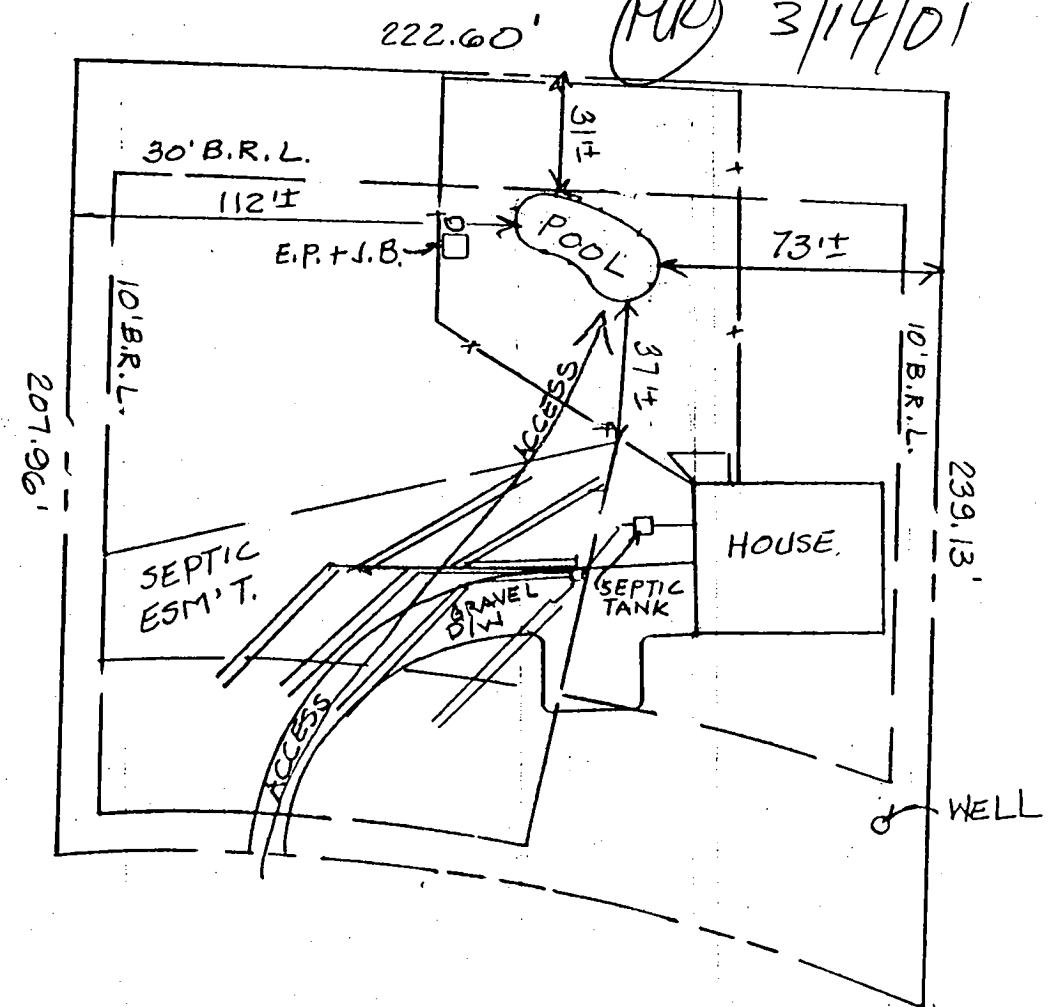
George A. Schweich
 Applicant's Signature
 Title/Company AGENT FOR CONTRACTOR

GEORGE A. SCHWEICH
 Print Name
 Date MARCH 14, 2001

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

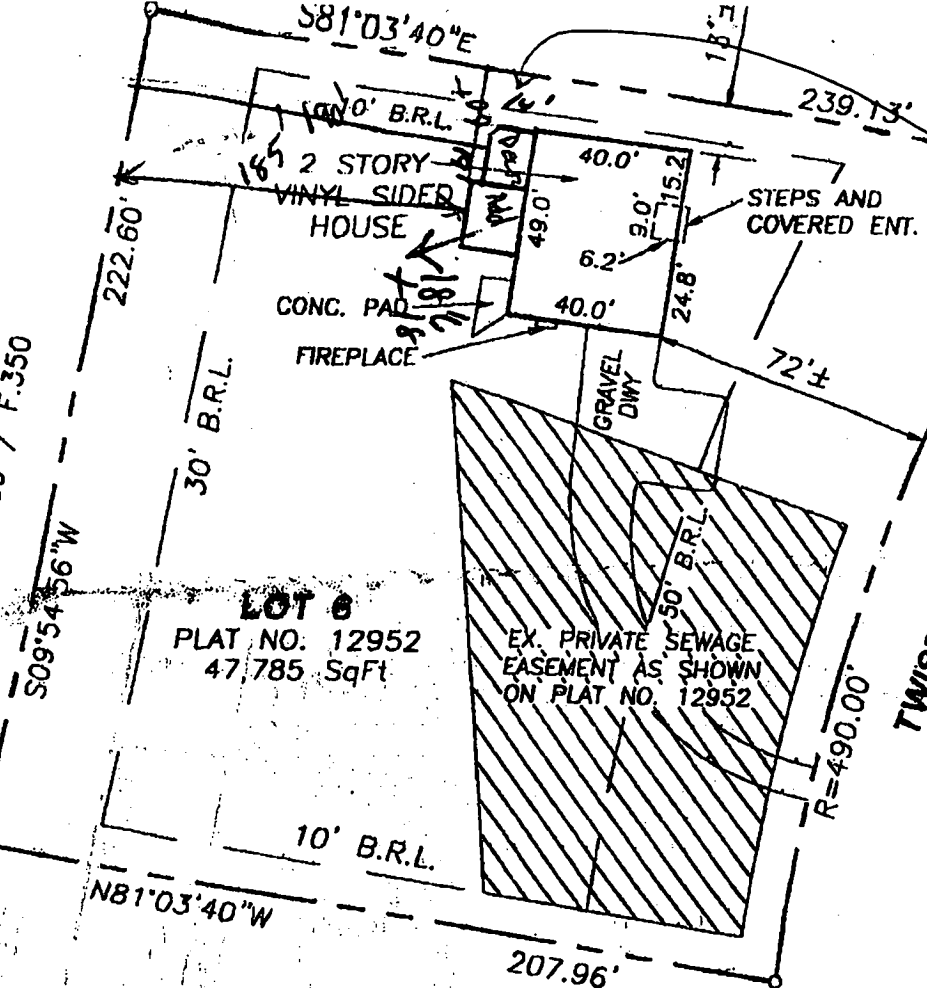
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>3/14/01</u>	<u>Mark Ripley</u>	Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

POOL OK
MR 3/14/01



TWISTING LANE
(50' R/W)
SCALE: 1" = 50'
LOT 6 PLAT NO. 12952
47,785 ±
TWIST & TURN ESTATES

DANIEL L. McHENRY
L.1809 / F.350



1/29/03
proposed
deck on
SRK

LOT 6
PLAT NO. 12952
47,785 SqFt

EX. PRIVATE SEWAGE
EASEMENT AS SHOWN
ON PLAT NO. 12952

LOT 7
PLAT NO. 12952

800140136



TOP OF WALL: 463.80

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.

RECORD REFERENCES LIBER/FOLIO _____ PLAT BOOK N/A PLAT NO./FOLIO 12952 SCALE 1"=50' DATE 5-21-99	FINAL LOCATION OF	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966 I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin</i> 5/21/99 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884
	LOT 6	
	TWIST & TURN ESTATES	
	HOWARD COUNTY	
	MARYLAND	