

12/18/97
A.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58910

A 56642-J

DISTRICT 5th

DATE 8/11/97

DATE SYSTEM APPROVED 12/18/97

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-8933~~ 410-313-2640

INDEXED

Wayde Souder - Wesmar Corporation IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Twist & Turn Estates LOT 9 ROAD 14070 ~~Triadelphia Mill Road~~ ^{180 TWISTING LANE}

PROPERTY OWNER Donald E. Souder

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 85 feet down the right (233.76') lot line and 120 feet off that same lot line as seen when facing the lot from Twisting Lane. Run trenches exactly as shown on approved building permit plans.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/3/97 OK ALM

PLANS APPROVED BY Amy McMilen DATE 10/30/97

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

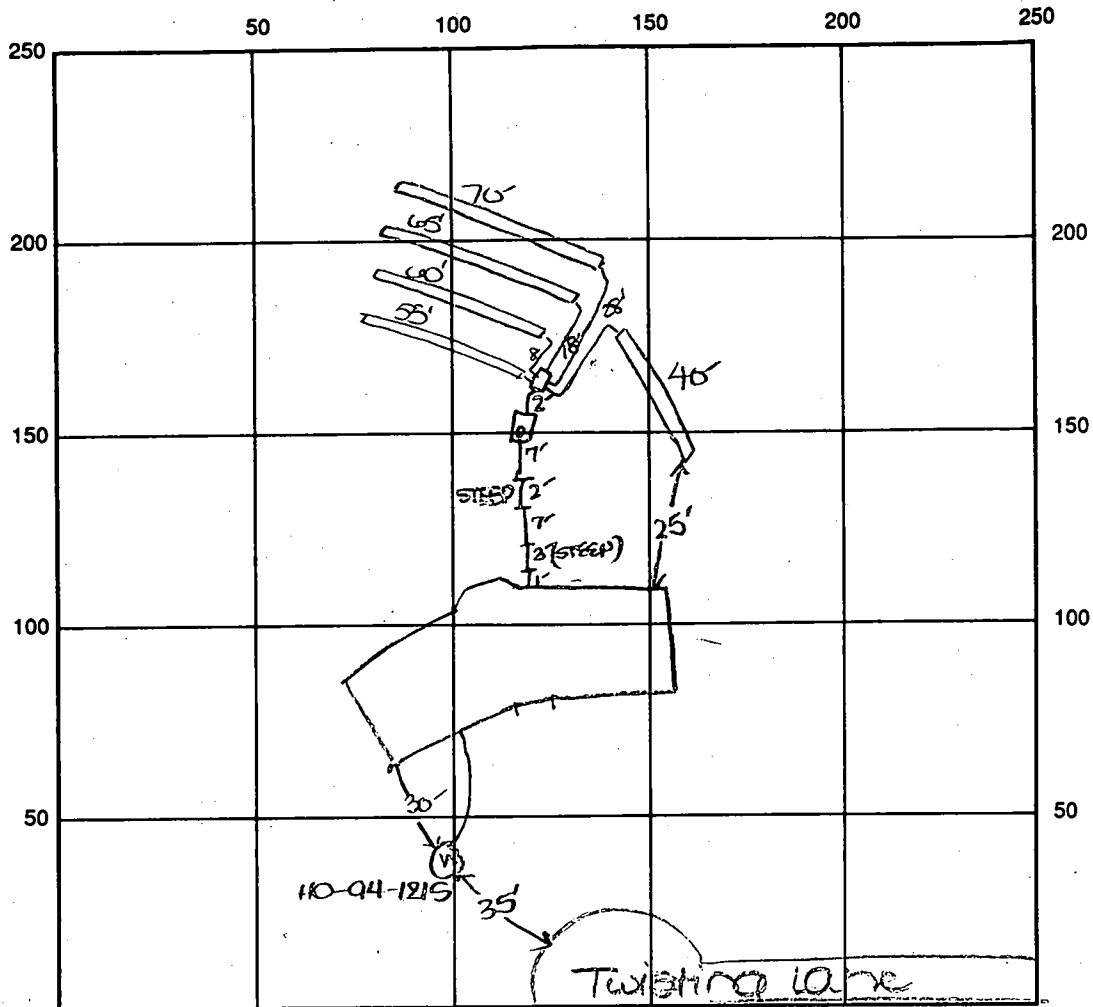
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUILDING PERMIT SIGNED AND RETURNED 4/4/02
300135271 - Enlarge both

A56642-5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal

CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 40, 55, 60, 65, 70 FT. → 290

NUMBER OF TRENCHES 5

ONE SIDEWALL/BOTTOM AREA 870 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/8/97 FINAL INSP - OK TO COVER ALL WORK. DKS

BUILDING PERMIT SIGNED AND RETURNED

DATE SYSTEM APPROVED 12/8/97

INSPECTOR Southern

APPLICATION

PERCOLATION TESTING

A 56642 K

P _____

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

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 DONALD SAWER

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 Sawer Property LOT NO. 10

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

14180
14272 Triadelphia Mill Rd AGE TRIADELPHIA MILL PERMIT SIGNED

TAX MAP 27 PARCEL # 24 AND RETURNED 10-31-97

SIZE OF LOT 1 ac +/- TYPE BLDG. Single Family 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. [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

A 56642 K
COUNTY #

SOIL PROFILE

531 533 535

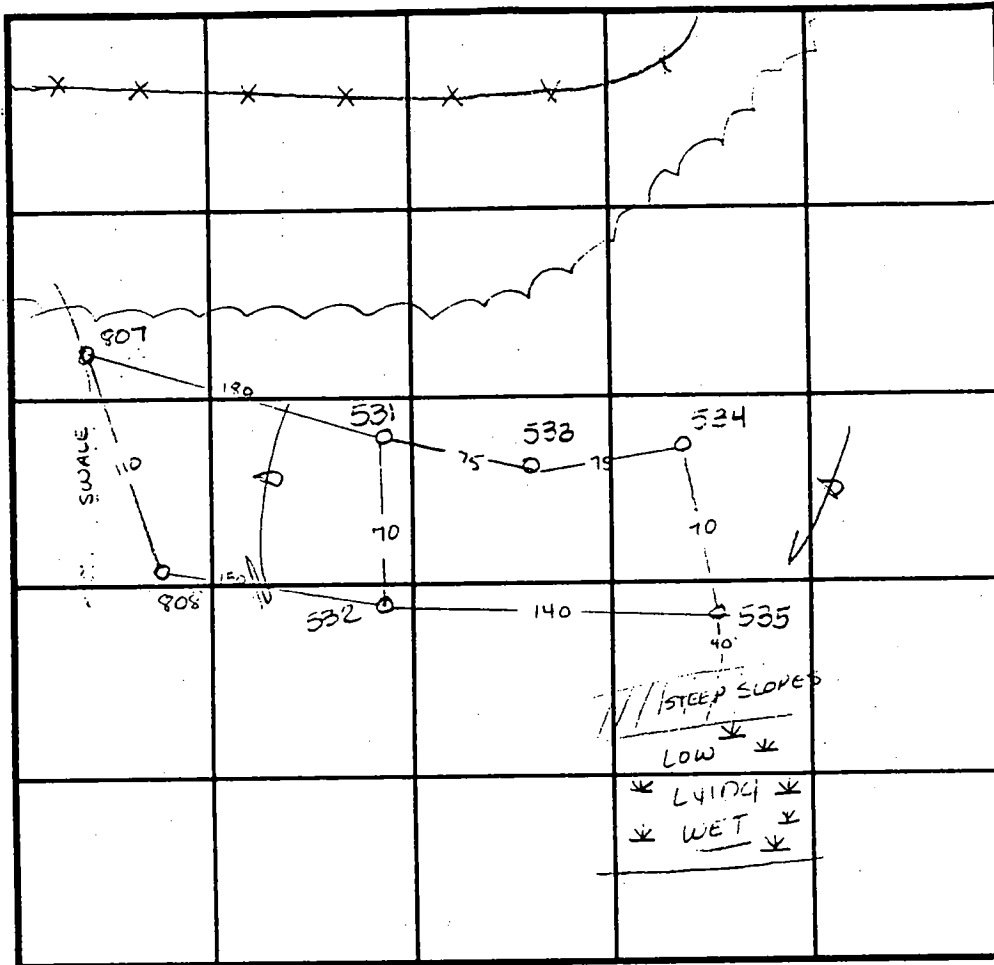
0' orange
brn
siltm
2.0
lgt
orange
tan
S. Salm
micaceous
< 5%
Saprotic
15.0

532 535

0' orange
red
siltm
2.0
red
brn
siltm
5.0
orange
brn
siltm
micaceous
20%
saprotic
15.0

807

0' orange
beign
siltm
4.0
lgt
orange
siltm
micaceous
pockets
of
lgt
tan
siltm
15.0



SOIL PROFILE
808

0' same
as
807
but
blom
5-8'
30%
decayed
saprotic
12.0
refusal

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	531	3.0 V15.0	10:03	10:06	10:06	10:11	5min
	532	3.5 V15.5	10:07	10:13	10:13	10:22	9min
	533	3.0 V15.0	10:13	10:15	10:15	10:19	4min
	534	5.0 V15.0	10:19	10:20	10:20	10:23	3min
	535	4.0 V14.5	10:24	10:29	10:29	10:26	7min
8-6-96	807	visual	to 16.0	-SEE PROF K-	locate in 2 of swale		
	808	4.0 V12.0	11:36	11:37	11:37	11:38	1min

REMARKS: 807 in 2 of swale move 25' off. Tests conducted in wet season extended.

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Wayne Scude

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 56642 J

P _____

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

DISTRICT _____

DATE Mar 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 Donald Sander

ADDRESS 1491 TRINDELPHIA ROAD PHONE (301) 854-3408 (h)
DARTON, MD 21036 792-0834 (o)

AGENT OR PROSPECTIVE BUYER U/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SANDER PROPERTY LOT NO. 9

ROAD AND DESCRIPTION ROAD A' APPROXIMATELY 1500' WEST OF GREENBRIDGE RD
AGE TRINDELPHIA MILL ROAD

TAX MAP 27 PARCEL # 24

SIZE OF LOT 1 ac +/- TYPE BLDG. SINGLE FAMILY 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.

[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

A56642J
COUNTY #

SOIL PROFILE

528

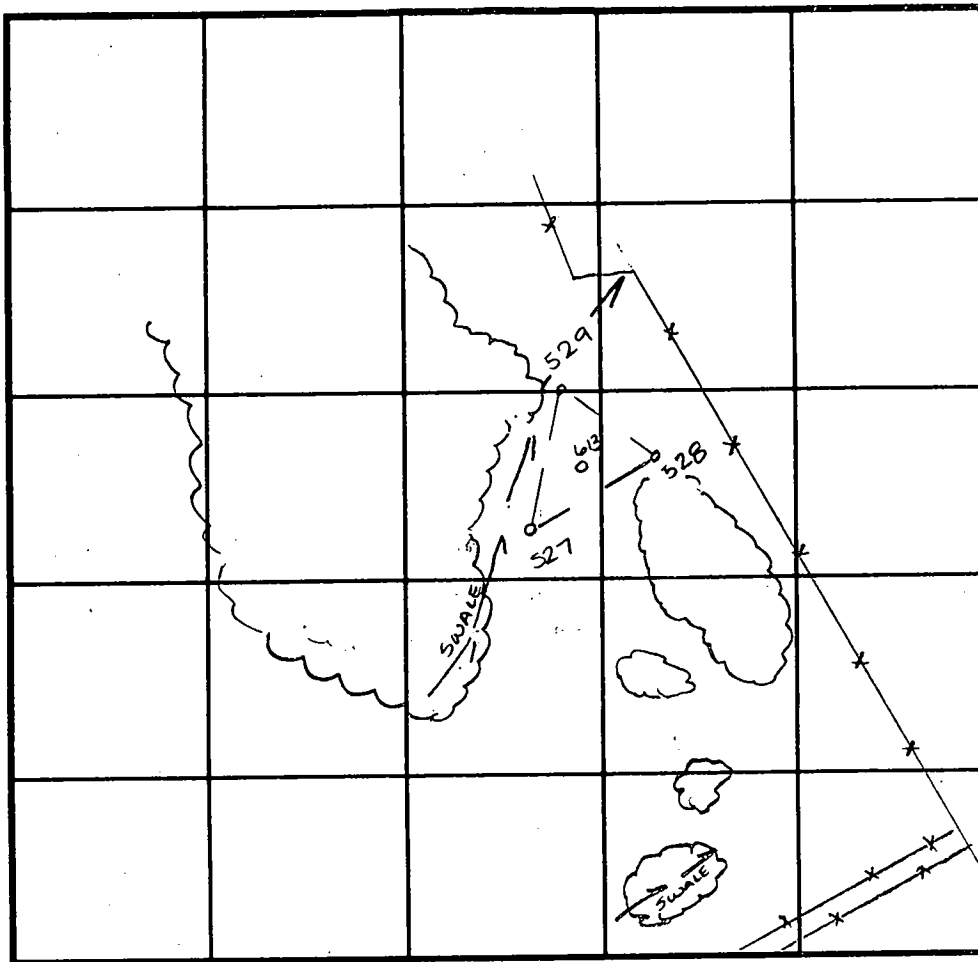
0' 1gt tan yellow silclm
2.0 1gt grey tan silm micaceous
7.5 dark black grey silm 20% saporlite water
10.5
15.5

529

1gt orange silclm
3.0 1gt grey silclm 20% saporlite
7.0 dark black brown silclm water at 7.0
15.0

527

bright red silclm
3.0 tan orange silm micaceous
6.5 1gt tan grey micaceous 15% saporlite water
13.0
14.0



SOIL PROFILE

613

0' 1gt orange silclm
2.0 1gt orange brown silm micaceous
10.0 micaceous light grey brn silclm water
11.0
14.0

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	528	3.5 / V15.5	10:57 ³⁰	11:00	11:00	11:05	5min	F
	529	3.5 / V15.0	10:48	10:50	10:50	10:54	4min	F
	527	3.0 / V14.0	11:07	11:15	11:15	11:29	14min	
	613	Visual	to 14.0 - sec profile		—		OK	

REMARKS (tested in wet season extended)

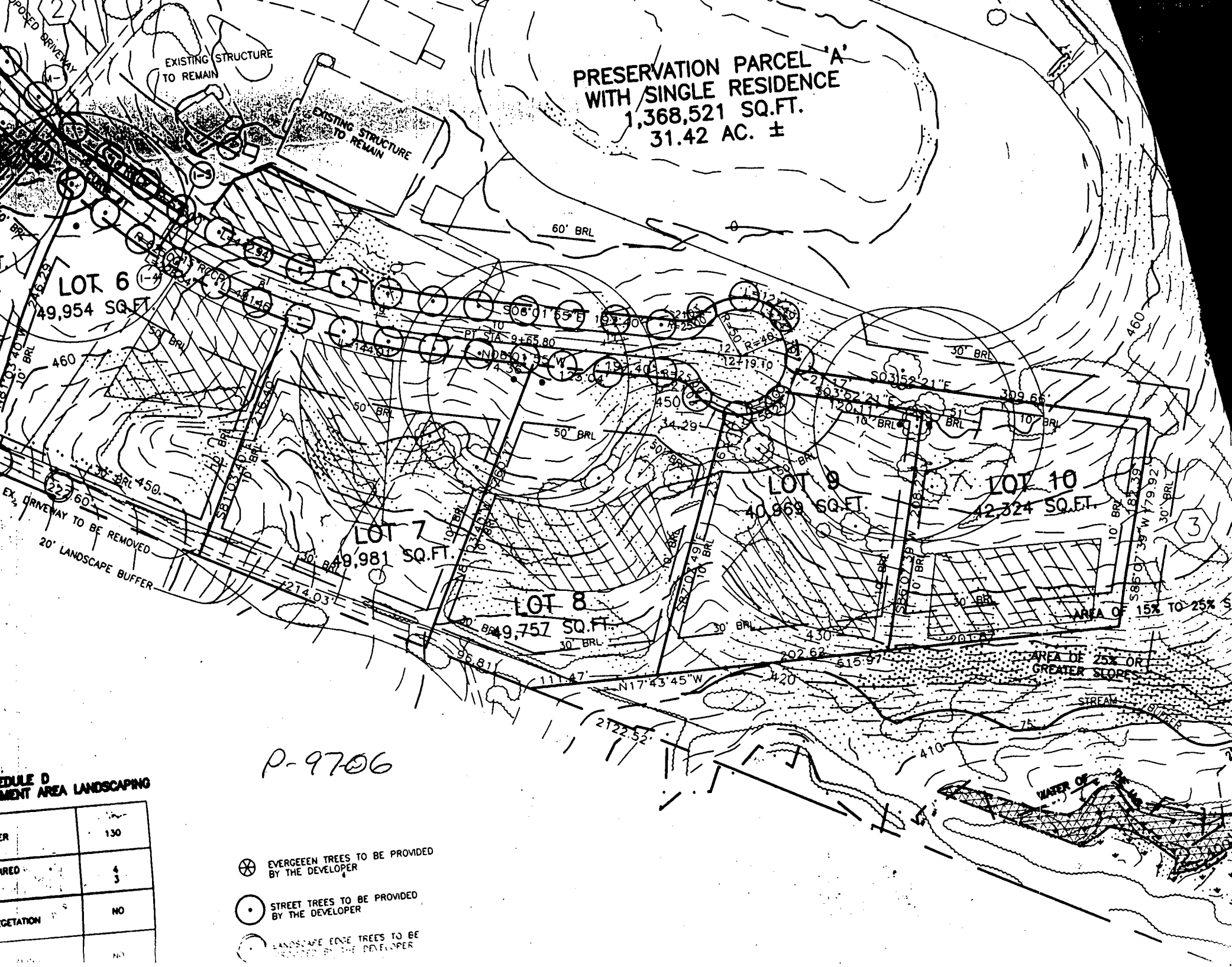
TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Wayne Souder

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM




**PRESERVATION PARCEL 'A'
WITH SINGLE RESIDENCE
1,368,521 SQ.FT.
31.42 AC. ±**



P-9706

**SCHEDULE D
LANDSCAPE AREA LANDSCAPING**

EVERGREEN TREES TO BE PROVIDED BY THE DEVELOPER	130
STREET TREES TO BE PROVIDED BY THE DEVELOPER	4
LANDSCAPE EDGE TREES TO BE PROVIDED BY THE DEVELOPER	NO
	NO

-  EVERGREEN TREES TO BE PROVIDED BY THE DEVELOPER
-  STREET TREES TO BE PROVIDED BY THE DEVELOPER
-  LANDSCAPE EDGE TREES TO BE PROVIDED BY THE DEVELOPER



PRESERVATION PARCEL "A"
 WITH SINGLE RESIDENCE
 1,323,353 SQ.FT.
 30.38 AC

TWIST & TURN LANE

LOT 6
 49,954 SQ.FT.

LOT 7
 49,981 SQ.FT.

LOT 8
 49,757 SQ.FT.

LOT 9
 40,969 SQ.FT.

LOT 10
 40,513 SQ.FT.

6,000 SQ.FT. PRIVATE
 SEWAGE EASEMENT AREA

10,000 SQ.FT. PRIVATE
 SEWAGE EASEMENT AREA
 A#56642G

10,000 SQ.FT. PRIVATE
 SEWAGE EASEMENT AREA
 A#56642H

10,000 SQ.FT. PRIVATE
 SEWAGE EASEMENT AREA
 A#56642I

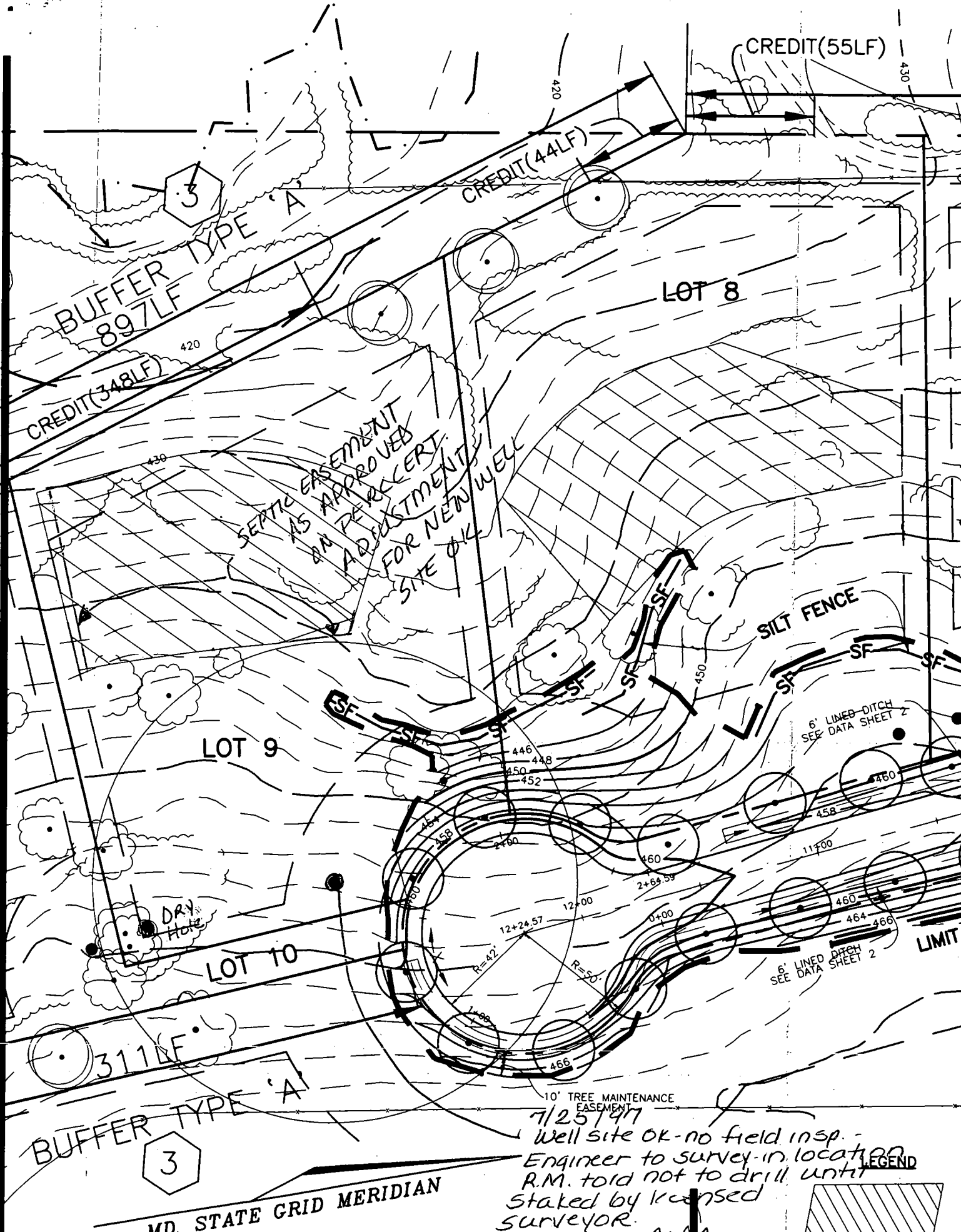
10,000 SQ.FT. PRIVATE
 SEWAGE EASEMENT AREA
 A#56642J

10,000 SQ.FT. PRIVATE
 SEWAGE EASEMENT AREA
 A#56642K

SIGNED PERC CERT

SEE THIS SHEET

CH LINE



7/25/97
 Well site OK - no field insp.
 Engineer to survey in location
 R.M. told not to drill until
 Staked by licensed
 Surveyor.
 ALAN



DISTRIBUTION BOX:
 EX. GROUND= 444.0
 INV. OUT= 442.0
 INV. IN= 442.5
 CLEANOUT:
 TOP ELEV= 447.0
 INV. OUT= 443.0
 INV. IN= 444.3
 SEPTIC TANK:
 TOP ELEV= 448.3
 INV. OUT= 444.5
 INV. IN= 444.8
 HOUSE:
 INV. OUT= 445.2

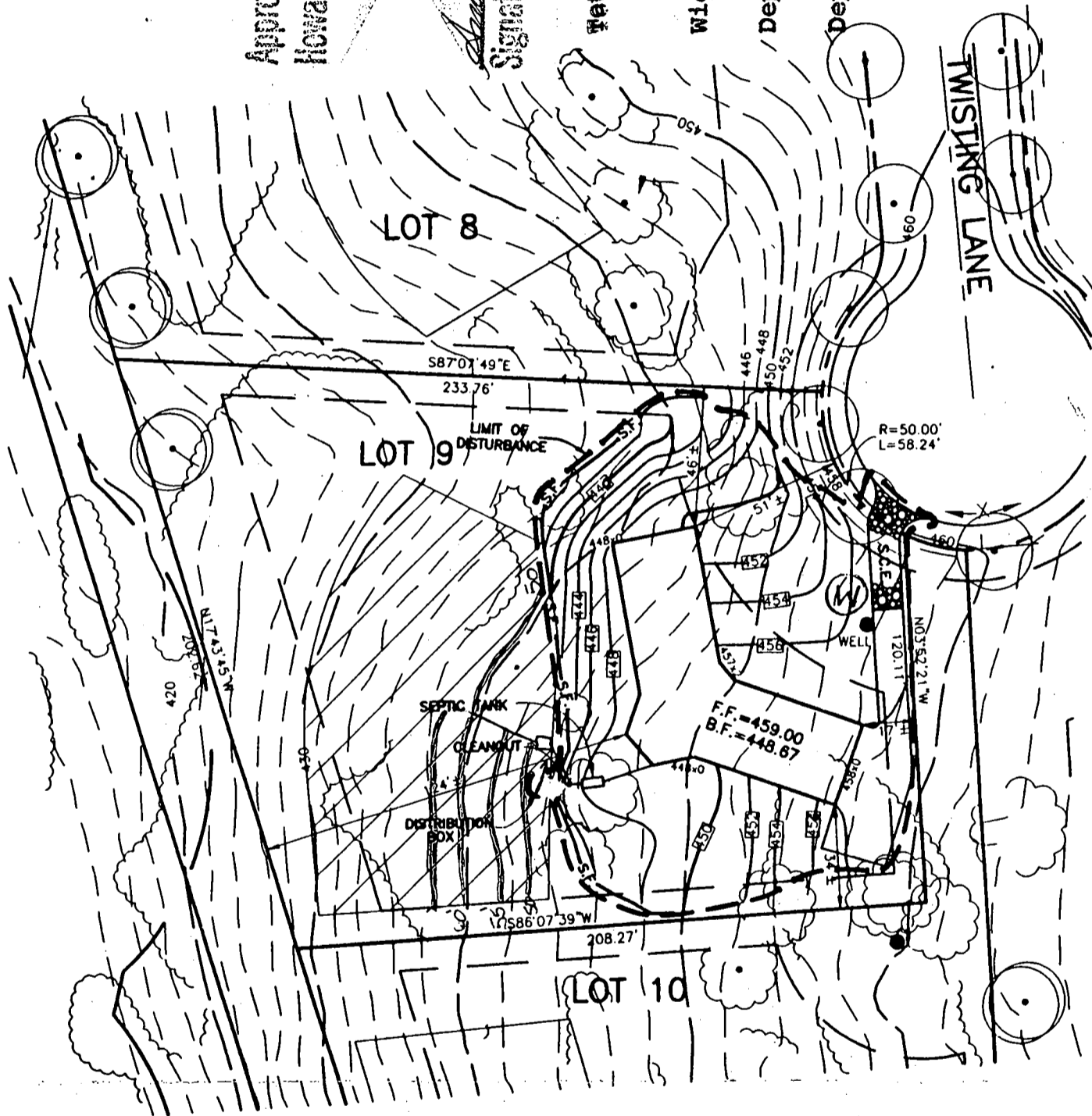
NOTE:
 LENGTH OF TRENCH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT ISSUANCE.

Approved Septic System Plan
 Howard County Health Department

Amy McMelle
 Signature
 Date 10/31/97

Total linear feet of trench required 280 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 GRID MERIDIAN



Marks & Vogel Associates, Inc.
 Engineers-Surveyors-Planners

SCALE 1"=50'
 DRAWN BY J.C.O.
 CHECKED BY R.H.V.
 DATE JULY, 1997
 W. O. # _____

PLOT PLAN
 FOR
 LOT 9, TWIST & TURN ESTATES
 HOWARD COUNTY, MARYLAND
 F-97-165

FIFTH ELECTION DISTRICT

TAX MAP 24

B 1 **8279** 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-94-1215
fill in this form completely

OWNER INFORMATION

Date Received (APA) **061397**

SOLOBER BUILDERS INC
Last Name Owner First Name

9335 OLD SCAGGSVILLE
Street or RFD

LAUREL MD 20723
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

Twist E Turn Est SUBDIVISION

SECTION **1** LOT **9**

Dayton NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION

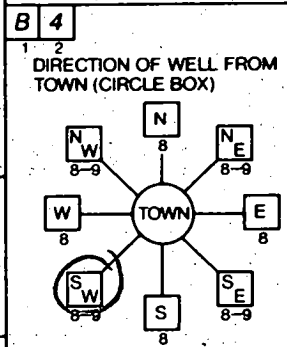
Ralph MAYNE DRILLER NAME

116 License No. 80

Ralph MAYNE Well Drilling Firm Name

9120 Brown Church Rd. mt Airy Address

R.M. Mayne Signature **6/13/92** Date



Twist E Turn LA. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

100 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **27** 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 **A 56642J** COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED **062597** **A McMullen** 6/25/98

43 CO SIGNATURE 48 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

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

798

508

7/22/97
10:30 am out
7/28/97
No insp
55' steel
14 bags
30+ open
ALM

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

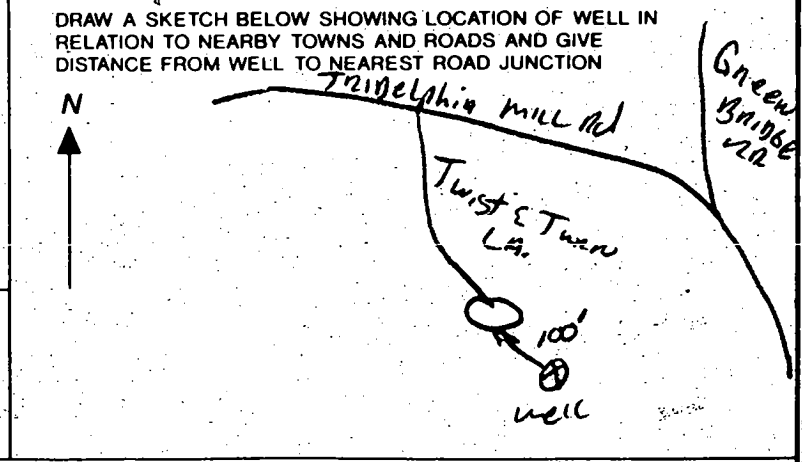
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **GAP**

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1215**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 9501

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 A566423

(THIS NUMBER IS TO BE PUNCHED IN C.O.S. 3, 6 ON ALL CARDS)

DATE RECEIVED 080197

DATE WELL COMPLETED 073097

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' 40-94-1215

OWNER Spoden Dev. STREET OR RFD Twist & Turn Ln TOWN Dayton SUBDIVISION Twist & Turn Est SECTION LOT 9

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 74 NO. OF POUNDS 408 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE (SH) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55

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

SCREEN RECORD screen type or open hole. insert appropriate code below (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116 DRILLERS SIGNATURE

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MSD 112

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

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

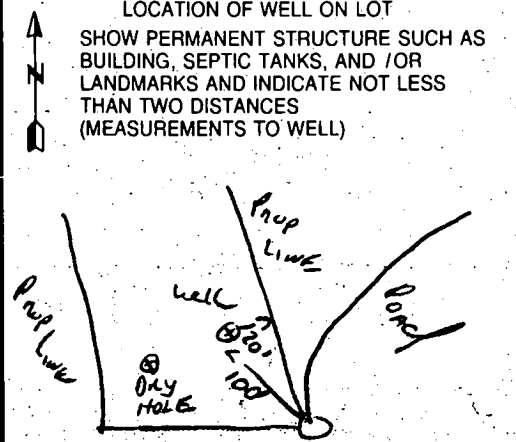
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 40 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 95 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (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) LAND SURFACE (nearest foot)



2-27-98
AM

2/11/98
WPI
OK

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Kashner Pkg. Htg. Inc.

Telephone 301-725-5000

Licence Number 1862

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Donald Soudler

Telephone 301-725-5772

Subdivision Eastview Estates Lot 9

Well Tag # _____

Site Address 14151 Trusting Lane Dayton

Pump

Motor

Pitless Adapter

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

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

- 1. Make Harvard
- 2. Model # _____
- 3. Depth 3 ft

2. Make Grundfos

3. Model # 56507412

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No

6. Is 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 42 gal
- 2. Pressure relief valve? yes

- 1. Type 1/2"
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 3 ft

- 1. Depth 305 ft.
- 2. Yield 4 GPM
- 3. Static water level _____ ft.
- 4. Will water ever 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: 1-29-98

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

Twisting Lane

50' R/W

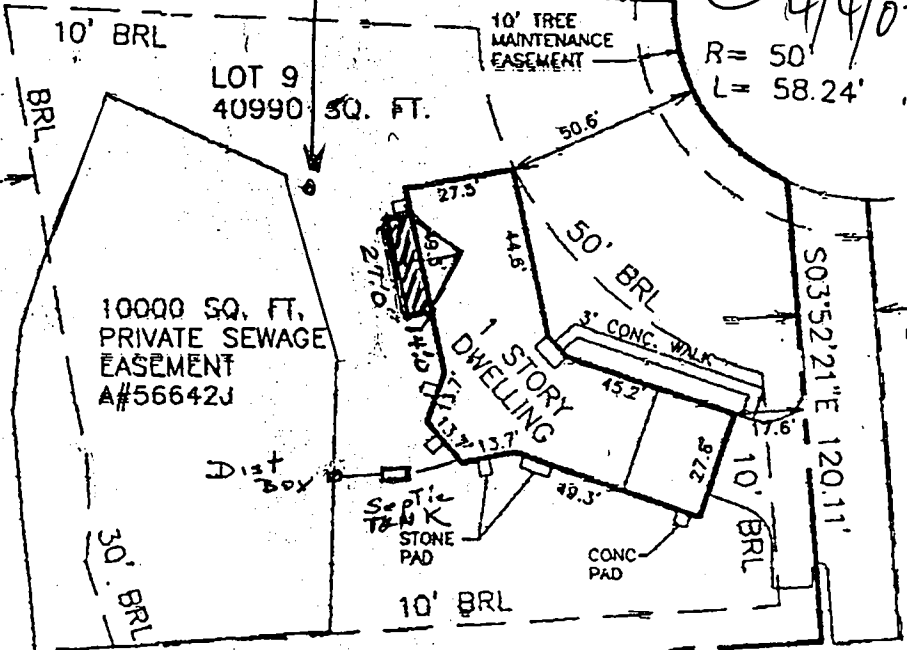
LOT 8

APPROX END OF EX. TRENCH 20'± TO NEW ADD'N ON POST & RAIL OF MR 4/4/02

S87°07'49"E

75' STREAM BUFFER

202.62'



R = 50' L = 58.24'

DRIVEWAY ENCROACHMENT ONTO LOT 10

S86°07'39"W

LOT 10

KEVIN BELL
14180 Twisting LA
DAYTON, MD 21036



RECORD REFERENCES LIBER/FOLIO PLAT BOOK PLAT NO./FOLIO 12952	LOCATION SURVEY OF	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966
	LOT 9	
SCALE 1"=50'	TWIST & TURN ESTATES	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. Mark C. Martin 3/18/98 MARK C. MARTIN P.L.S. NO. 10884
DATE 3/18/98	HOWARD COUNTY MARYLAND	

Building Address 14180 TWISTING LANE
DARTON, MD 21036

Suite/Apt. #: _____ SDP/WP/Partition #: _____
 Census Tract 110510 Subdivision TWIST-TURN ESTATES

Section _____ Area _____ Lot 9
 Tax Map 27 Parcel 24 Grid 24

Zoning RDD1 Map Coordinates _____ Lot size _____

Property Owner's Name KEVIN BELL
 Address SAME

City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone 301-854-2438
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 35,000
 Description of Work ROOM ADDITION of 378 sq
FOOTPRINTS, TV ROOM + ENLARGEMENT
of EXISTING BATH

Contractor Company SOUDER BUILDERS, INC.
 Contact Person DONALD SOUDER
 Address 4335 Old Suquyville Rd.
 City LAUREL State MD Zip Code 20723
 License No. 13-586873 HIC # 2980
 Phone 301-775-5772 Fax _____

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

Engineer or Architect Company HENRY R. WILLIAMS, JR
 Contact Person SAME
 Address P.O. Box 1187
 City GLENELG State MD Zip Code 21737
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

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 THEREBY; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
 Title/Company _____

Print Name Kevin Bell
 Date 4/4/02

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official	<u>4/4/02</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>25</u>
Side: _____	Excise tax \$ <u>25</u>
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>41160</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by _____