

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

P 513302A

A 57061-B

ISSUE DATE

APPROVAL DATE

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157

PHONE 410-875-4197

SUBDIVISION Williamson Property

LOT NUMBER P.Pc1A ADDRESS 13208 Triadelphia Road

PROPERTY OWNER Robinson

PROPERTY OWNER'S ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

03-322572

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth

5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 170 feet from the right (201.51') lot line and 85 feet from the front (318.80') lot line as viewed from Triadelphia Road. Install trenches on contour in both directions from distribution box.

- NOTES:
- ALL PARTS OF SEPTIC SYSTEM TO MAINTAIN 100 FEET MINIMUM DISTANCE FROM WELL.
 - Septic pump detail to be provided by installer prior to issuance of septic permit.
 - Pump performance test is necessary prior to Health Department approval of pumped septic system.
 - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APPROVED Ronald J. Pinkley

DATE 1-06-2000

PERMIT VOID AFTER 2 YEARS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED.

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

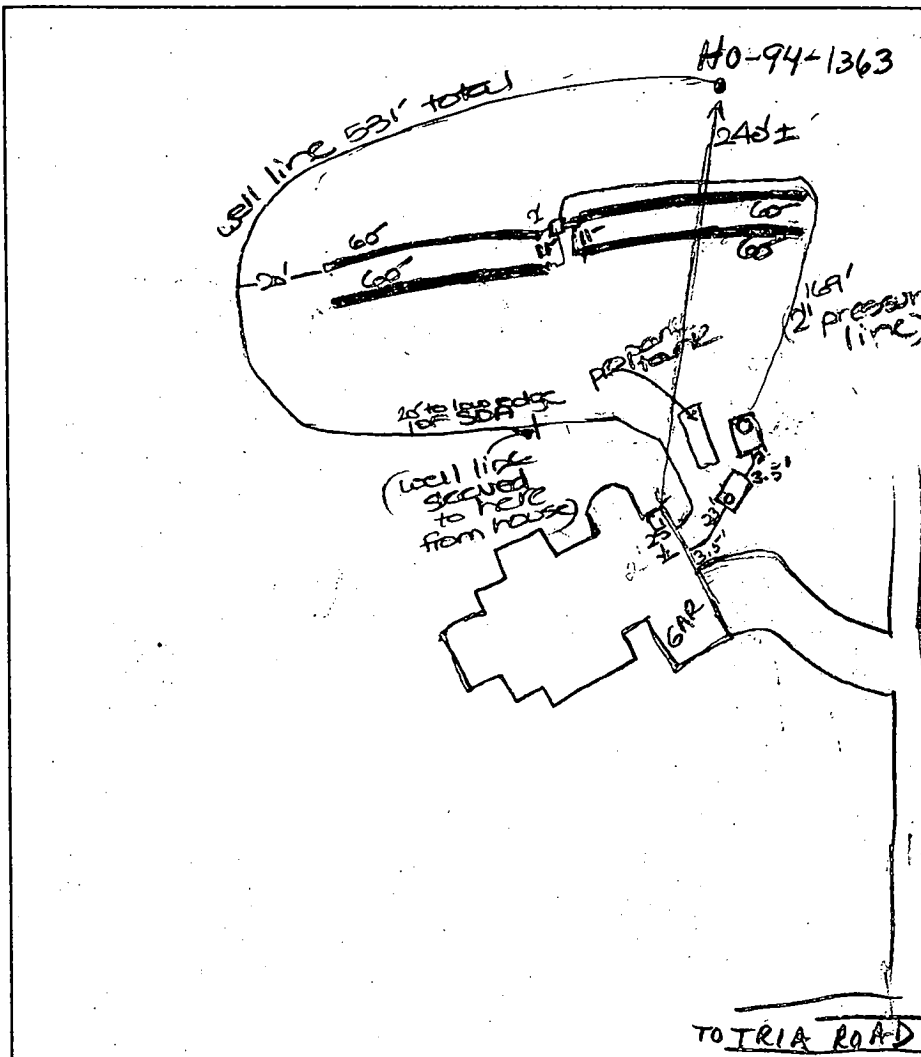
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 57061-B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 TRENCH AREA 720
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX shown

SEPTIC TANK DATA

SEPTIC TANK 1500 Top Seal GALLONS
 MANHOLE RISER No
 6 INCH INSPECTION PORT ☒

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 Top Seal
 MANHOLE RISER Yes
 ALARM ☒
 PUMP PERFORMANCE TEST ☒

PRE-CONSTRUCTION INSPECTION: Septic Area Needs to be Staked.

INSPECTION COMMENTS: 5/3/00 No house connection. Tanks connected. Installer wants easement area staked. Well lines must meet septic system clearance criteria when installed. (RB)

7/5/00 OK to cover first three trenches and continue. (KS)

7/6/00 H/C OK. last trench OK to cover. (KS)

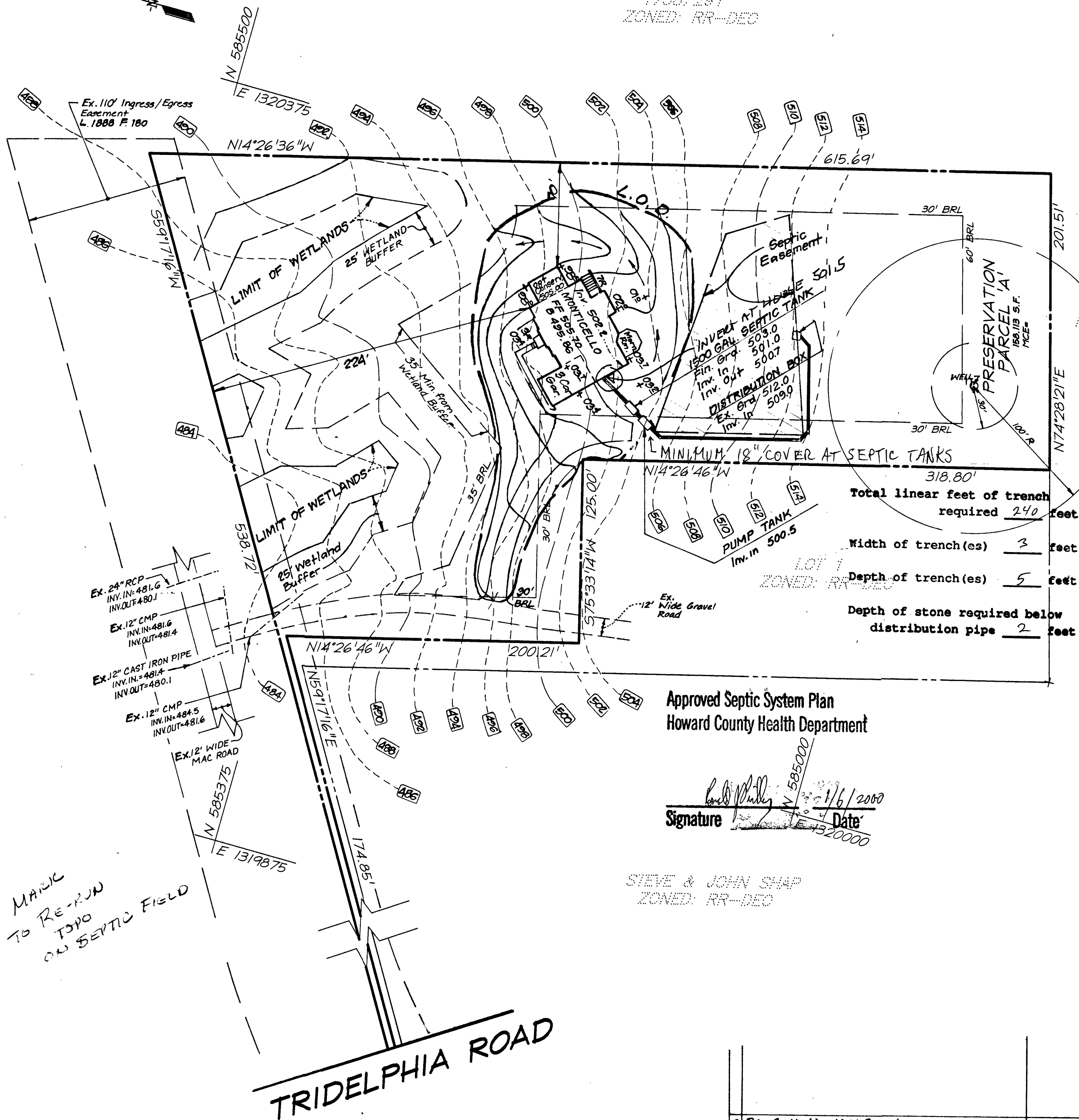
7/7/00 OK to cover all septic work. Need pump test. (KS)

7/26/00 PUMP & ALARM OK (MR)

INSPECTOR M. Rifkin

DATE SYSTEM APPROVED 7/26/00

HUBBARD, GEORGE
1758/291
ZONED: RR-DEC



Approved Septic System Plan


Howard County Health Department

Signature

Date: _____

STEVE & JOHN SHAP
ZONED: RR-DEC

| | | |
|----|------------------------------------------|---------|
| 3 | Rev. Septic line / Add Pump tank | 1-5-00 |
| 2 | Add well location from Health Dept. info | 12-7-99 |
| 1 | Add Acreway and 3 Car Gar. | 11-8-99 |
| No | REVISIONS | Date |

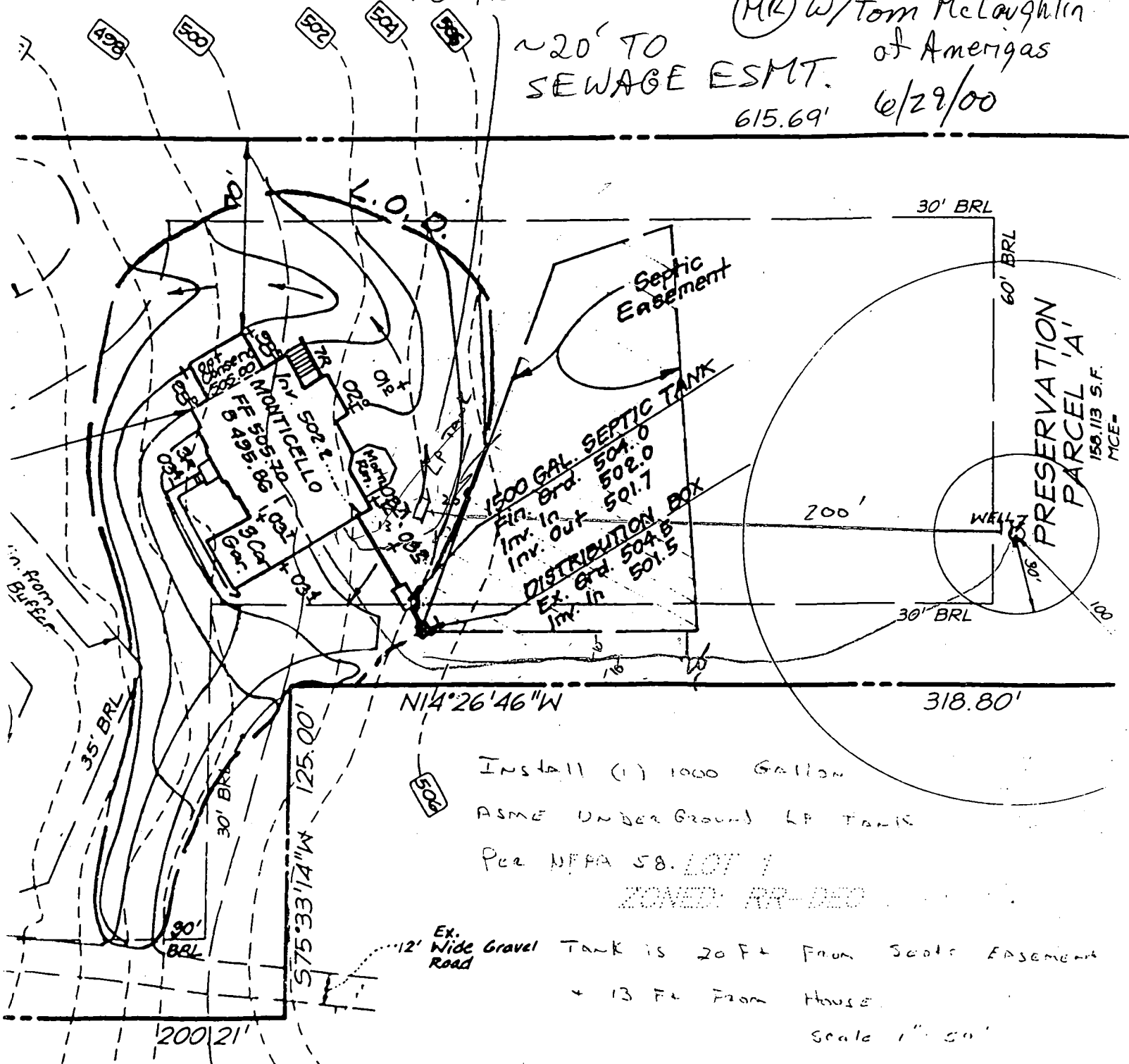
| | | |
|---------------------------------------------------------------------------------------|----------------------------|-------|
|  | | CLAR: |
| 7135 MINSTREL WAY • | | |
| DESIGNED <i>B.A.L.</i> | <i>S.</i> <i>W.</i> | |
| DRAWN <i>K.B.</i> | | |
| CHECKED <i>B.A.L.</i> | | |
| DATE <i>11-5-59</i> | FOR : A C | |

HUBBARD, GEORGE
1758/291
ZONED: RR-DEO

LP TANK TO
BE EXACTLY 10'
TO HOUSE COR

~20' TO
SEWAGE ESMT.

Minimums
30' From well
20' From Septic
10' House
10' Property Line
10' From Road
(MR) w/ Tom McLoughlin
of Amerigas
615.69' 6/29/00



Install (1) 1000 Gallon
ASME Under Ground LP Tank

Per NFPA 58, LOT 1

ZONED: RR-DEO

Ex. 12' Wide Gravel Tank is 20 Ft From Septic Easement

+ 13 Ft From House

Scale 1" = 50'

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910 AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY PERMIT APPLICATION | PERMIT NUMBER <u>B00124970</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------|

| | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Building Address <u>B3208 Tyndalville Rd</u> <u>1600 N. ...</u> | Property Owner's Name <u>Donna - C. Robinson</u> Address <u>36001 ...</u> |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ | City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20814</u> |
| Census Tract <u>6030</u> Subdivision <u>Williamson Prop</u> | Home Phone _____ Work Phone <u>301-571-1101</u> |
| Section _____ Area _____ Lot <u>Pres Part A</u> | Applicant's Name & Mailing Address, (if other than stated hereon): _____ |
| Tax Map <u>22</u> Parcel <u>241</u> Grid _____ | Phone _____ Fax _____ |
| Zoning _____ Map Coordinates _____ Lot size _____ | |
| Existing Use <u>Single Family Dwelling</u> | Contractor Company <u>Amerigas</u> |
| Proposed Use _____ | Contact Person <u>Tom McLaughlin</u> |
| Estimated Construction Cost \$ <u>3,500,000</u> | Address <u>10070 ...</u> |
| Description of Work <u>Install 1000 GAL under</u> <u>Ground LP Tank for NEED JB</u> | City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20814</u> |
| | License No. _____ |
| | Phone <u>465-0800</u> Fax _____ |
| Occupant or Tenant _____ | Engineer or Architect Company _____ |
| Contact Name _____ | Contact Person _____ |
| Address _____ | Address _____ |
| City _____ State _____ Zip Code _____ | City _____ State _____ Zip Code _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: _____ Public _____ Private _____ | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1st floor: _____ | 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"/> | 2nd 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"/> | Basement: _____ | 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 _____ | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| State Certified Modular _____ | | Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | |
| | | Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | |
| | | State Certified Modular _____ Manufactured Home _____ | |

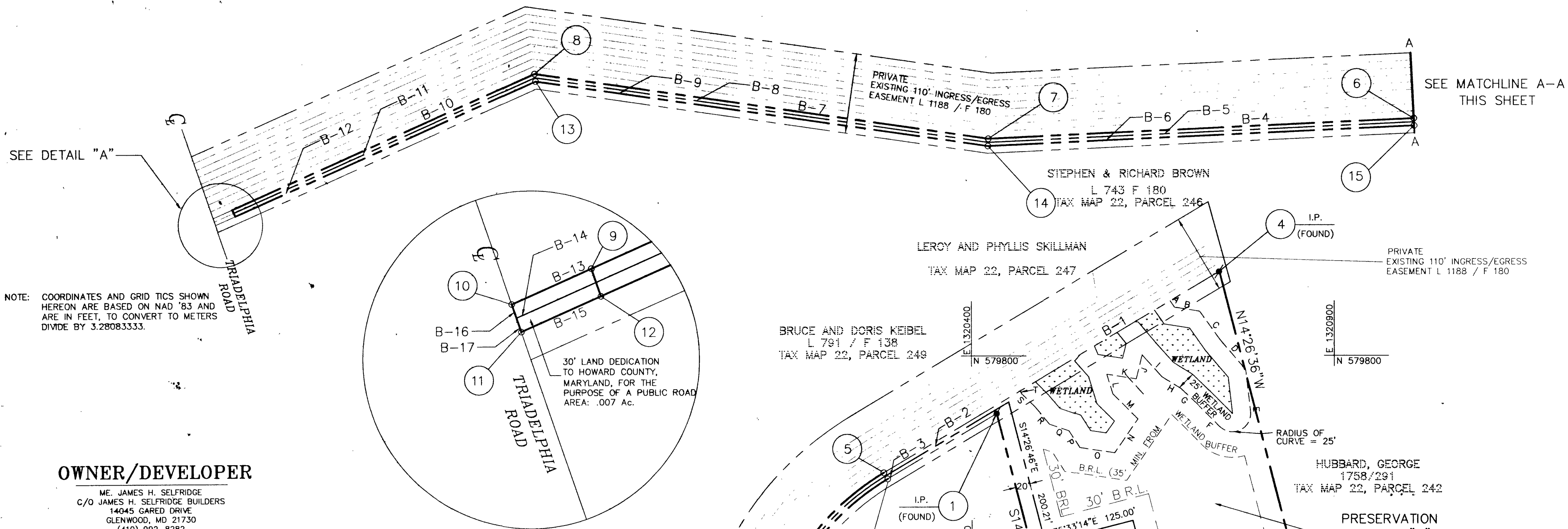
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREUNTO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

| | |
|---------------------------------------------------|----------------------------------------|
| Applicant's Signature <u>Thomas R. McLaughlin</u> | Print Name <u>Thomas R. McLaughlin</u> |
| Title/Company _____ | Date _____ |

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 \$ <u>112.50</u> |
| State Highway | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering DPZ | | | Side St: _____ | Sub-total paid \$ _____ |
| Health | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l permit fee \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Check # <u>01010491</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # _____ |
| | | | Accepted by _____ | |

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
a permit fee
Rev. 10/15/98



(DETAIL "A")
SCALE: 1" = 25'

| LINE SEGMENT | BEARING | DISTANCE |
|--------------|-------------|----------|
| B-1 | S59°17'16"W | 538.72' |
| B-2 | S59°17'16"W | 197.14' |
| B-3 | N59°17'16"E | 174.85' |
| B-4 | S12°59'15"E | 587.10' |
| B-5 | S12°59'15"E | 587.58' |
| B-6 | N12°59'15"W | 588.06' |
| B-7 | S02°00'12"E | 630.86' |
| B-8 | S02°00'12"E | 629.90' |
| B-9 | N02°00'12"W | 628.93' |
| B-10 | S34°14'49"E | 455.59' |
| B-11 | S34°14'49"E | 454.57' |
| B-12 | N34°14'49"W | 453.56' |
| B-13 | S34°14'49"E | 30.00' |
| B-14 | S34°14'49"E | 30.00' |
| B-15 | N34°14'49"W | 30.00' |
| B-16 | N60°59'55"E | 5.02' |
| B-17 | N60°59'55"E | 5.02' |

THE REQUIREMENTS 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

John B. Mildenberg
JOHN B. MILDENBERG, SURVEYOR
DATE: Jan 27, 1997

James H. Selfridge
JAMES H. SELFIDGE, OWNER
DATE: 1/29/97

AREA TABULATION

TOTAL NUMBER OF BUILDABLE LOTS/PARCELS TO BE RECORDED 2
TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED 0
TOTAL NUMBER OF LOTS/PARCELS TO BE RECORDED 2
TOTAL AREA OF BUILDABLE LOTS/PARCELS TO BE RECORDED 5.050 AC ±
TOTAL AREA OF OPEN SPACE LOTS/PARCELS TO BE RECORDED 0 AC
TOTAL AREA OF LOTS TO BE RECORDED 5.050 AC ±
TOTAL AREA OF ROADWAY TO BE RECORDED 0.007 AC ±
TOTAL AREA TO BE RECORDED 5.057 AC ±

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

Howard County Health Officer
DATE: 2-5-97

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

Chief, Development Engineering Division
DATE: 4/15/97
DIRECTOR
DATE: 4/15/97

OWNER'S STATEMENT

I, JAMES H. SELFIDGE, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, 1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENTS SHOWN HEREON, 2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE, THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE 3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAY AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE, AND 4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENT AND RIGHTS-OF-WAY.

WITNESS OUR HANDS THIS 24TH DAY OF JANUARY 1997

James H. Selfridge
JAMES H. SELFIDGE

Witness
WITNESS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT. THAT IT IS A SUBDIVISION OF THE LAND CONVEYED BY STEPHEN AND MARY WILLIAMSON TO JAMES H. SELFIDGE BY DEED DATED NOVEMBER 1, 1996 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER NO. 3856 AT FOLIO 644, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED, AND THE BOUNDARY SURVEY IS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS.

John B. Mildenberg
JOHN B. MILDENBERG, L.S. NO. 10718
DATE: Jan 27, 1997

RECORDED AS PLAT 12727 ON 4-17-97 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD.

WILLIAMSON PROPERTY
LOT 1 & PRESERVATION
PARCEL "A"

TAX MAP 22 PARCEL NO. 241 BLOCK 9
ELECTION DISTRICT 3RD HOWARD COUNTY, MARYLAND
EX. ZONING RR-DEO
SCALE: 1" = 100'
DATE: AUG 1996
DPZ FILE NOS. F 97-57, WP 97-37
SHEET 2 OF 2

MILDENBERG, BOENDER & ASSOC., INC.
Engineers Planners Surveyors

5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0296 Ball. (301) 621-5521 Wash. (410) 997-0298 Fax.

APPLICATION

PERCOLATION TESTING

A 57061B

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE 8/5/96

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 JAMES H. SELFDRIDGE
C/O JAMES H. SELFDRIDGE BUILDERS

ADDRESS 19095 GAZED DR GENEWOOD MD 21738 PHONE 410 992-8282

(AGENT) OR PROSPECTIVE BUYER MILDENBERG, ROENDER & ASSOC.
DORSEY

ADDRESS 5072 ~~1972~~ HALLIDAY RD ELLICOTT CITY MD 21092 PHONE (410) 997-0296

PROPERTY LOCATION:

SUBDIVISION TRIADERDA FARMS LOT 2 LOT NO. ~~2~~ PRESERVATION PARCEL

ROAD AND DESCRIPTION LONG PRIVATE DRIVE ON TRIADERDA ROAD APPROX 4300' NE OF THE
INTERSECTION OF TRIADERDA RD & TOLLEY QUARTER RD (NW SDE OF TRIADERDA)

TAX MAP 22 PARCEL # 291

SIZE OF LOT 3.64 AC ± TYPE BLDG. SFD BLDG. PERMIT SIGNED
AND RETURNED 11/6/90
600121622 SEA-4 BROW
(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

O'

C

Brown
CLAY LOAM

TRANSITION
LAYER
4-5 1/2

Brown
M46/
SANDY LAM

SAMP

SOIL PROFILE

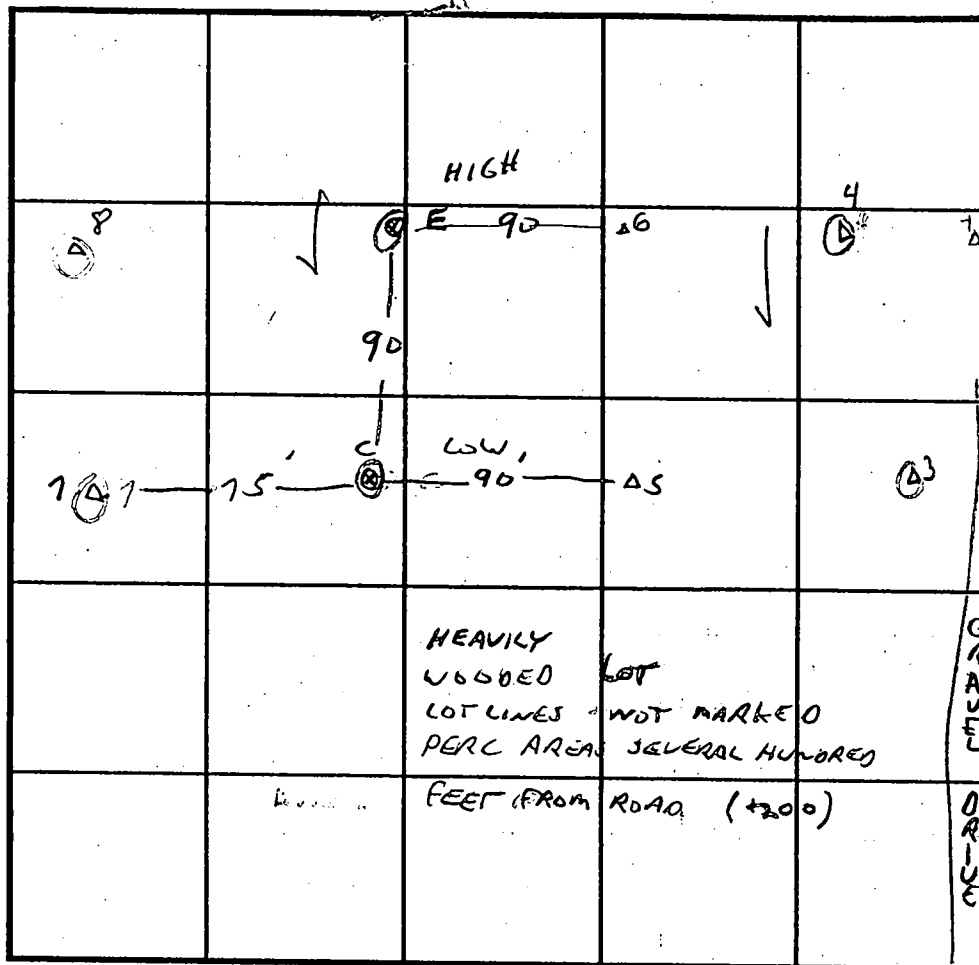
0

E

**SURFACE
ROCK**

Brown
silty clay
loam

TAN
S.S.L.



Δ = PREVIOUS PERG
STAGE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ACCEU DRIVE

[illegible]

REMARKS LOT 2 DISTANCES APPROXIMATE - HEAVY COVER. SUB PER PLAT

TYPE OF SOIL PRESERVATION PARCEL

TESTED BY G. SAVAGE

ALSO PRESENT ATTN EXCAVATION CHIP SELENGE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180

APPLICATION

A 21549

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 3DATE 5/22/75TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Lois MaiselADDRESS _____ PHONE Any questions call:
Mr. Joel Abramson
730-7733

PROPERTY LOCATION:

SUBDIVISION (Tráadelphia Farms) LOT NO. 2ROAD AND DESCRIPTION Tráadelphia Road - across from Walt-Ann DriveSIZE OF LOT 5.056 acres TYPE BLDG. 3 or 4IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

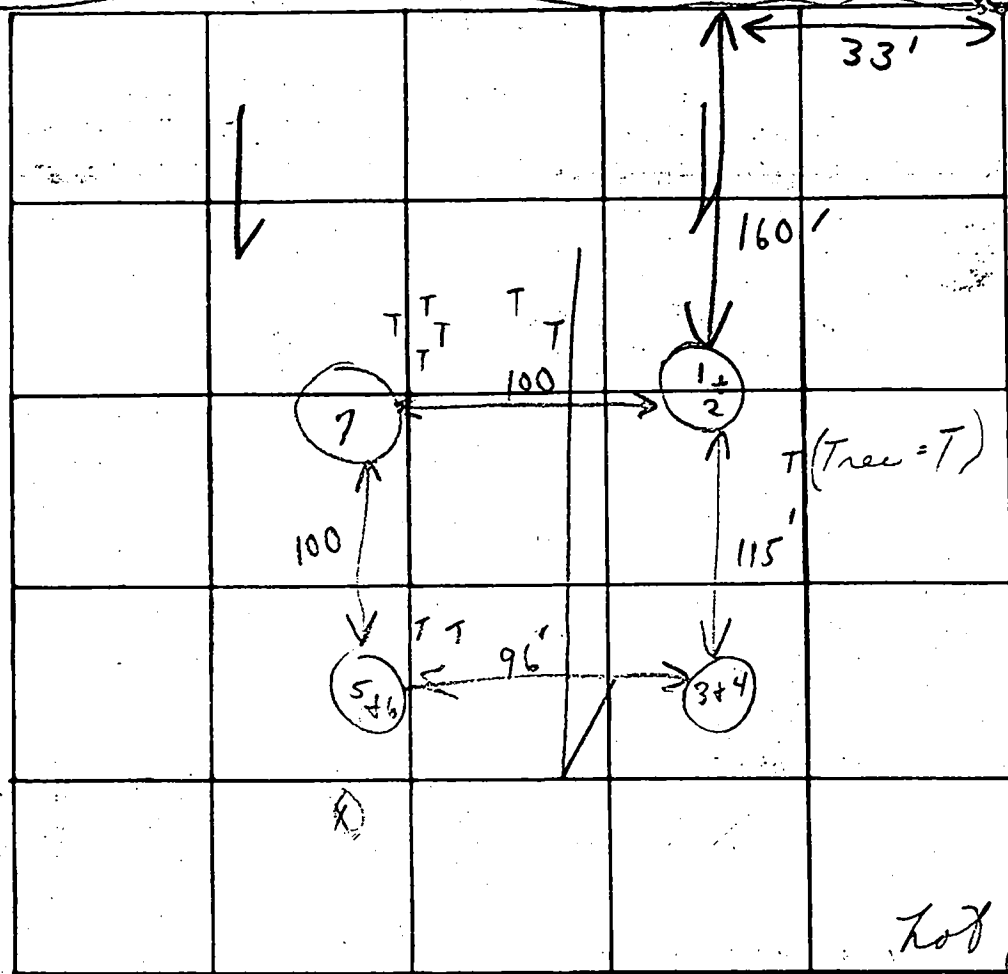
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Joel AbramsonAPPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Unnamed Road

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|---------|--------------------------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 5/23/25 | 1 | 4' | 1:50 | 1:52 | 1:54 | 2:09 | 15m |
| | (H) 2 | 11' | 1:49 | 1:51 | 1:51 | 1:59 | 7m |
| | 3 | 4' | 2:01 | 2:03 | 2:03 | 2:10 | 7m |
| | 4 | 11' | 2:01 | 2:03 | 2:03 | 2:10 | 8m |
| | 5 | 3' | 2:24 | 2:26 | 2:26 | 2:27 | 3m |
| | 6 | 10 1/2' | 2:23 | 2:25 | 2:25 | 2:32 | 7m |
| | (H) 7 | 10 1/2' | Visual similar to others | | | | |
| | | | | | | 6:47 | 8min |
| | | | | | | | |
| | | | | | | | |

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

Sandy silt below clay

C.B.O.

P. Hendrym
B. Floyd

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

6/10/83
9:30 A.M.

DISTRICT

DATE

A 32807

P _____

3rd

5/20/83

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ✓ JOEL ABRAMSON (JOHN S. FITZGERALD - CONTRACT)
BUYER

ADDRESS ✓ 13501 TURKEY BRANCH PKWY. PHONE ✓ 301-587-6965 (W)
ROCKVILLE, MD. 20853 301-933-7606 (H)

PROPERTY LOCATION:

SUBDIVISION ✓ TRIDELPHIA FARMS I LOT NO. ✓ 2

ROAD AND DESCRIPTION ✓ PRIVATE DRIVE ACROSS WALT ANN RD

SIZE OF LOT ✓ 5.056 ACRES TYPE BLDG. ✓ SINGLE FAMILY
(NUMBER OF BEDROOMS)

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. X John S. Fitzgerald
(SIGNATURE OF APPLICANT)

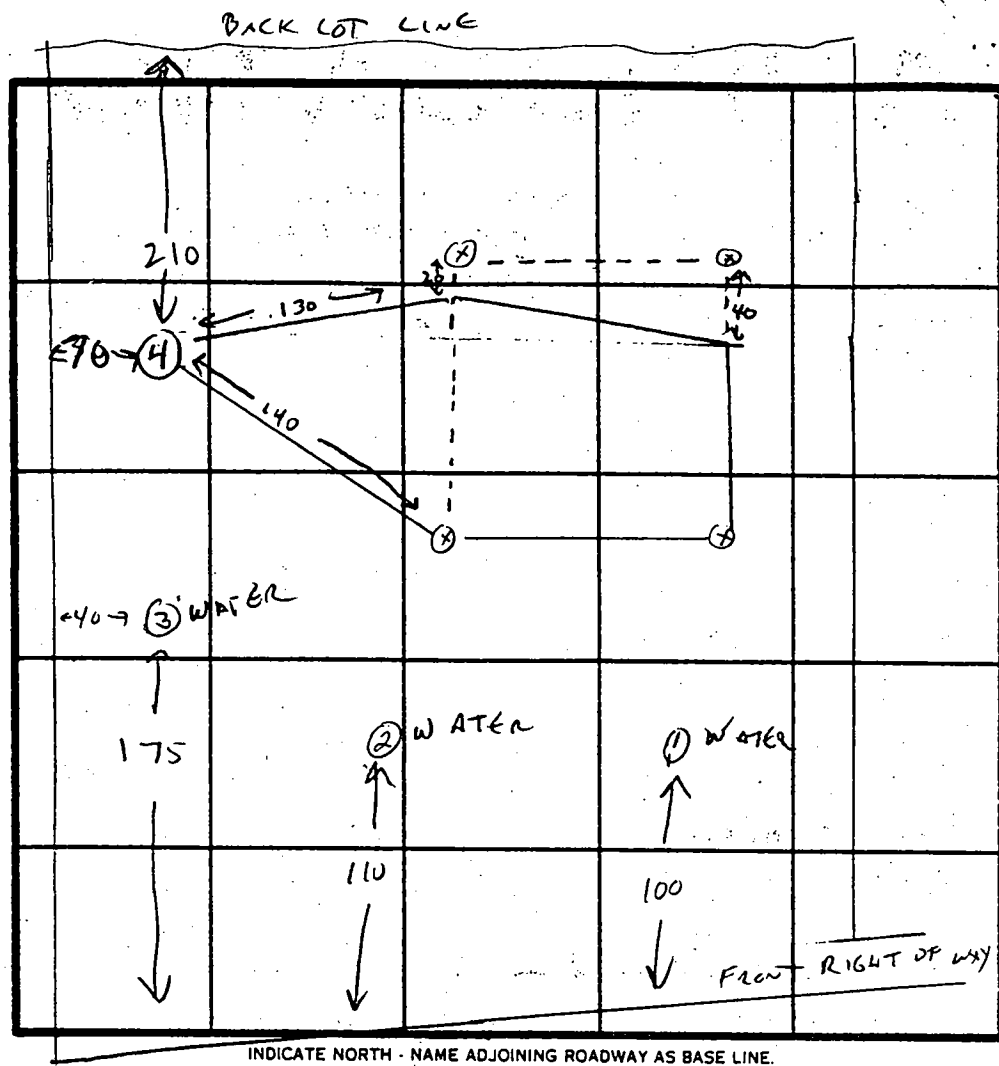
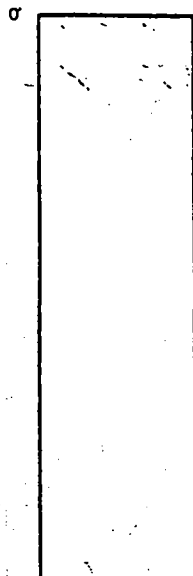
APPROVED BY C. Williams FOR TRENCHES DATE 6-10-83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

[illegible]

REMARKS BASEMENT FIXTURES OK IF HOUSE IS SUFFICIENTLY ELEVATED 6-10-83 CW

TYPE OF SOIL MICA SAND

TESTED BY C. Wiltham

PAT LENDRIM
ALSO PRESENT JOHN FITZGERALD

EH-12-1079

PRESERVATION
PARCEL
(3.64 AC).

EX. APPROVED SEPTIC AREA

LOT 1
(1.41 AC.)

veg de sion
Aveget

EP.TIC

S/3/00

3pm

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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date 7/8/2000

Name of Installer ROBERT L. FEEZER CO, INC Telephone 410-781-4657

License Number 2122
Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner NV-HOMES Telephone 410-721-4703
Subdivision Williamsen Prop Lot # PPA Well Tag # HO-24-1363
Site Address 13208 TRIADAPHIA ROAD
ELICOTT CITY, MD. 21042

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒
2. Make RED JACKET
3. Model # 50F211
4. Capacity 6 GPM
5. Pump exceeds well capacity Yes _____ No Don't know
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 _____

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 ☒

Pitless Adapter
1. Make 1/4" 800 Simmons
2. Model # 1/4"
3. Depth 42"

Tank WON X-TRE CAPT. 25 GAL MAX 205
1. Capacity 36 GAL.
2. Pressure relief valve? YES

Piping 1 1/4" Poly. 2160'
1. Type 1" Poly. Yes
2. Size 1 1/4"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

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

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.

S/3/00 3pm NO/INSP

Signature of Applicant: Robert L. FezerDate: 7/8/2000

(MR) SRN

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

| | | | | | | |
|--------------------------------------------------------------|-----|--------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------|--|
| C1 | 075 | SEQUENCE NO. (OEP 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. | |
| (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 36 ON ALL CARDS) | | | COUNTY NUMBER A 32807 | | | |
| DATE Received [] [] [] [] [] [] | | DATE WELL COMPLETED 063083 | | Depth of Well 22 149 26 (TO NEAREST FOOT) | | |
| OWNER Fitzgerald last name | | first name John | | TOWN Glenelg | | |
| STREET OR RFD Triadelphia Road | | SUBDIVISION Triadelphia Farms | | SECTION I LOT 2 | | |

| | | | | | | | | |
|---------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| WELL LOG Not required for driven wells | | | GROUTING RECORD | | | C 3 | | |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | | | WELL HAS BEEN GROUTED (Circle Appropriate Box) | | | PUMPING TEST | | |
| DESCRIPTION (Use additional sheets if needed) | | | TYPE OF GROUTING MATERIAL | | | HOURS PUMPED (nearest hour) 3 | | |
| FEET FROM TO | | | CEMENT CM BENTONITE CLAY BC | | | PUMPING RATE (gal. per min. 8 to nearest gal.) | | |
| Top Soil 0 2 | | | NO. OF BAGS 8 NO. OF POUNDS 800 | | | METHOD USED TO MEASURE PUMPING RATE BUCKET | | |
| Red Mica 2 37 | | | GALLONS OF WATER 45 | | | WATER LEVEL (distance from land surface) | | |
| Blue Mica 37 160 | | | DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft. (enter 0 if from surface) | | | BEFORE PUMPING 20 | | |
| | | | CASING RECORD | | | WHEN PUMPING 35 | | |
| | | | casing types insert appropriate code below | | | TYPE OF PUMP USED (for test) | | |
| | | | ST CO PL OT STEEL CONCRETE PLASTIC OTHER | | | A air P piston T turbine | | |
| | | | MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) | | | C centrifugal R rotary O other (describe below) | | |
| | | | ST G 39 | | | J jet S submersible | | |
| | | | OTHER CASING (if used) | | | PUMP INSTALLED | | |
| | | | diameter depth (feet) inch from to | | | DRILLER WILL INSTALL PUMP YES NO | | |
| | | | EACH CASING | | | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE | | |
| | | | screen type or open hole | | | TYPE OF PUMP INSTALLED | | |
| | | | insert appropriate code below | | | PLACE (A,C,J,P,R,S,T,O) | | |
| | | | ST BR HO STEEL BRASS OPEN HOLE | | | IN BOX - SEE ABOVE: | | |
| | | | PL OT PLASTIC OTHER | | | CAPACITY: GALLONS PER MINUTE | | |
| | | | C 2 | | | PUMP HORSE POWER | | |
| | | | DEPTH (nearest ft.) | | | PUMP COLUMN LENGTH | | |
| | | | 40 37 160 | | | (nearest ft.) | | |
| | | | EACH SCREEN | | | CASING HEIGHT (circle appropriate box and enter casing height) | | |
| | | | 1 2 3 | | | + above - below | | |
| | | | SLOT SIZE 1 2 3 | | | LAND SURFACE | | |
| | | | DIAMETER OF SCREEN | | | 2 (nearest foot) | | |
| | | | (NEAREST INCH) | | | LOCATION OF WELL ON LOT | | |
| | | | from to | | | SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) | | |
| | | | GRAVEL PACK | | | 1000' 20' | | |
| | | | IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 | | | | | |
| | | | OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) | | | | | |
| | | | T (E.R.O.S.) WQ | | | | | |
| | | | 70 72 74 75 76 | | | | | |
| | | | TELESCOPE CASING LOG INDICATOR OTHER DATA | | | | | |
| | | | I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 440 | | | | | |
| | | | DRILLERS SIGNATURE George J. Eastman | | | | | |
| | | | (MUST MATCH SIGNATURE ON APPLICATION) | | | | | |
| | | | SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | | | | | |

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JAN. 5, 2000 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

110 - 81 - 0154

* PERMIT NUMBER OF REPLACEMENT WELL

110 - 94 - 1363

* PERSON ABANDONING WELL: JAMES MOORE

WELL DRILLERS LICENSE NUMBER: 141

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: NY HOMES

* WELL LOCATION: 13208 TRIDELPHIA ROAD

COUNTY: HOWARD

NEAREST TOWN: GLENELG

TAX MAP _____ BLOCK _____ PARCEL OUT PARCELA

SUBDIVISION: _____

SECTION: _____ LOT: _____

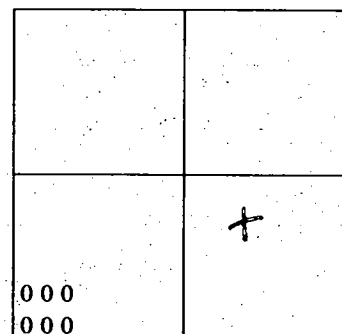
NEAREST ROAD: TRIDELPHIA

MARYLAND GRID COORDINATES

E 800

BOX NUMBER

N 520



SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 160 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 1

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|----------------|------|-----|
| | FROM | TO |
| DIRT | 0 | 1 |
| TYPE II CEMENT | 1 | 40 |
| CRUSHED STONE | 40 | 160 |

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

141 MWD / MSD / MGD

CIRCLE ONE

DATE

DENV 828 JULY 1993

2) COUNTY ENVIRONMENTAL AGENCY

C 1 09460 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 A-32807

ST/CO USE ONLY
DATE RECEIVED
1/20/96

DATE WELL COMPLETED
01 12 98
Depth of Well
300
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-84-1363

OWNER SELLERIDGE BUILDERS
STREET OR RFD TRIADOLPHIA ROAD TOWN GLEWELG
SUBDIVISION TRIADOLPHIA EARS SECTION 1 LOT PRES PARK A

| 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 FROM TO | check if water bearing |
| Top Soil | 0 2 | |
| Sandy | 2 40 | |
| Sand Stone | 40 50 | ✓ |
| MICKA | 50 70 | |
| Sand Stone | 70 75 | ✓ |
| MICKA | 75 300 | |

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 45 46 93 NO. OF POUNDS 45 46 1300
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 300 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 55

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

SCREEN RECORD
screen type or open hole
insert appropriate code below
STEEL ST BRASS BR
BRONZE PL PLASTIC PL
HOLE HO OTHER OT

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. 1 M S D 116
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D 117
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

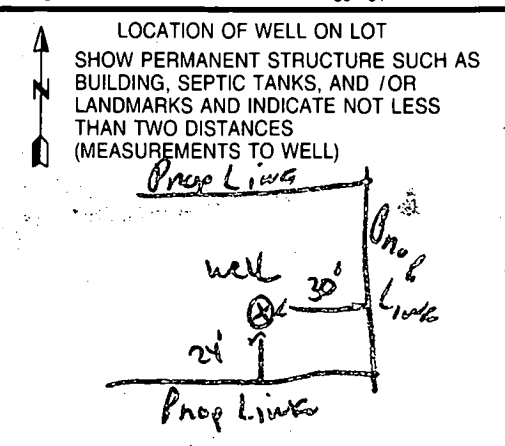
DEPTH (nearest ft.)
53 300
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

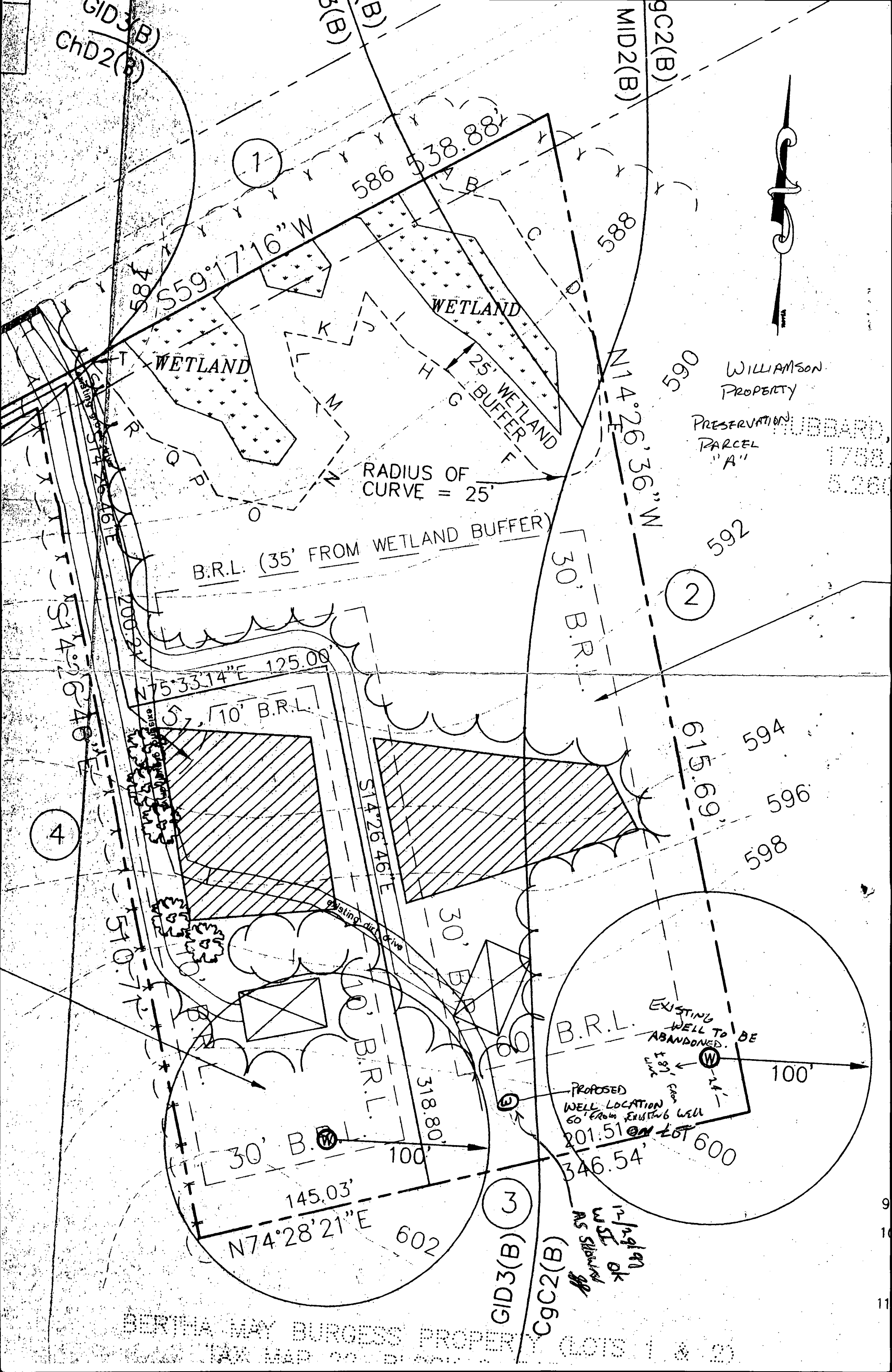
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 4
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
WHEN PUMPING 105 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 YES NO
(CIRCLE) (YES or 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: 1-14-77
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)





| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| B 1 | 8754 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND PERMIT TO DRILL WELL please print or type | STATE PERMIT NUMBER 40-94-1363 <small>70 fill in this form completely 79</small> |
| <small>(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)</small> | | | | |
| OWNER INFORMATION Date Received (APA) 12/22/97 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SELAR, OGE BAILDCNS <small>15 Last Name Owner First Name 34</small> 14045 GARED ON <small>36 Street or RFD 55</small> GLENNWOOD MD 21238 <small>57 Town 70 State 72 Zip 76</small> </div> <div style="width: 50%;"> LOCATION OF WELL HOWARD <small>8 COUNTY 21</small> TRIDELPHIA FARM XI <small>23 SUBDIVISION 42</small> SECTION 1 LOT 1 <small>44 46 48 50</small> GLENNELG <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 1 MI <small>73 76 77 78</small> </div> </div> | | | | |
| DRILLER INFORMATION DRILLER'S NAME Ralph MAYNE CIRCLE: MSD/ MGD/ MWD <small>77 License No. 80</small> 116 FIRM NAME Ralph MAYNE (well drilling) ADDRESS 9120 Brown Church Rd. Wt. Aring SIGNATURE Ralph Mayne DATE 12/19/97 | | | | |
| WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small> | | | | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) | | | | |
| APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH | | | | |
| METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30</small> <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <small>37</small> <input type="checkbox"/> CABLE REVERSE-ROTARY Drive-POINT other _____ | | | | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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) APPROP. PERMIT NUMBER _____ GAP _____ <small>54 63</small> FORCE GJ WRITE INITIALS IN BOX PERMIT No. 40-94-1363 <small>67 68 70 71 72 73 74 75 76 77 78 79</small> | | | | |
| SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small> | | | | |

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A-32807**
 STATE SIGNATURE _____ INSERT S ☐
 DATE ISSUED **12/29/97** EXP. DATE **12/29/98**
43 48 CO SIGNATURE 55 56 57 63
 NORTH GRID **524000** EAST GRID **808000**
 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

E **808**
 N **524024**

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



WILLIAMSBURG BUILDERS

A Winning Tradition

Facsimile Transmittal
Cover Sheet

10/3/97 2:40 pm
Spoke to Mr. Corbett -
I informed him that
the proposed well site
shown is not suitable.

Existing well has
collapsed - any repl.
site must be 100' +
uphill from septic
area. OKS

5485 Harpers Farm Road
Columbia, Maryland 21044

Corporate Office Phone: (410) 997-8800 X112

Corporate Office Fax: (410) 997-4358

Pointers Run Fax: (410) 531-1454

Cloisters Fax: (410) 377-8644

SEND TO:

Name: KIM
Company Name: H.C. HEALTY
Phone Number: 410-333-2640
Fax Number: 410-313-2642

Date:

10/3/97

From:

BOB CORBETT

Number of Pages:

2

(includes cover sheet)

COMMENTS/SPECIAL INSTRUCTIONS:

Please review & E Proposed NEW well location
chosen to anticipated HOUSE siting

THANKS

ORIGINAL WILL NOT FOLLOW: X

ORIGINAL WILL FOLLOW BY:

REGULAR MAIL: _____ COURIER: _____

CONFIDENTIALITY NOTICE

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for the individual or entity named above and may be legally privileged.
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