INSP 2 2/8/02 Angline INSP 4		
INSP 3 INSP 6		
ISSUE DATE: $\frac{4/8/2002}{}$	DMIT	P 516913-B
	RMIT Exed	A 58947 T
ON-SITE SEWAGE HOWARD COUNTY F	DISPOSAL SYSTEM HEALTH DEPARTMENT ONMENTAL HEALTH	
Union Paving Company Inc	•	ALL 🛛 ALTER 🗌
ADDRESS: 5977 Sandy Ridge Rd, Elkridge	PHONE NUMBER:	410-379-6463
SUBDIVISION: Windridge Farms	LOT NUMBER:	18

14547 Windridge Court

MR

WATERTIGHT SEPTIC TANKS REQUIRED

SEPTIC TANK CAPACITY (GALLONS):

NUMBER OF BEDROOMS:

PLANS APPROVED:

NOTES: PERMIT VOID AFTER 2 YEARS

PUMP CHAMBER CAPACITY (GALLONS):

ADDRESS:

LINEAR FEET OF TRE	ENCH REQUIRED:	240	HOUSE SERVED BY PUBLIC WATER
TRENCHES:		e. Effective a	t below original grade. Bottom maximum depth area begins at 3.0 feet below original grade. 2.0
LOCATION:	Place the distribution per pla another; layout per initial in		f trenches to be as close to same size of one
NOTES:			,

1250

PROPERTY OWNER:

Hamilton Reed

10/3/01

OUTLET BAFFLE FILTER REQUIRED

COMPARTMENTED TANK REQUIRED

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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

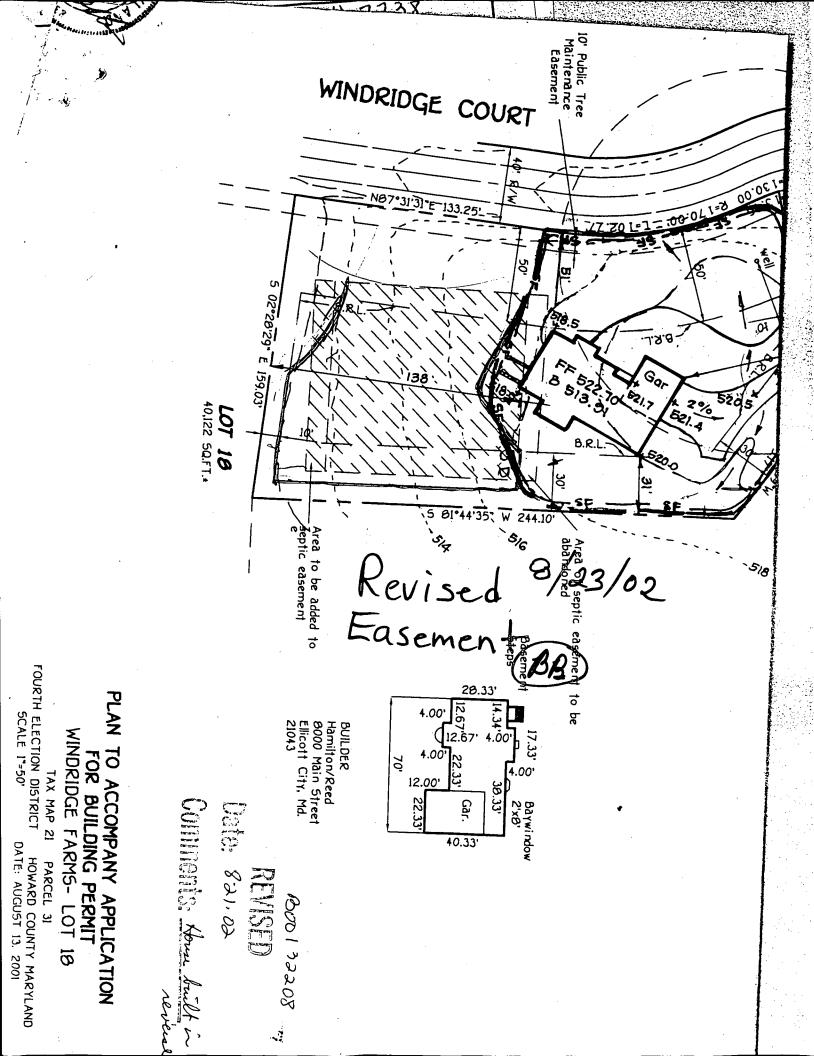
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

A58949-7

NOT TO SCALE		TRENCHAR AINTEEL D. D. A. C.
NOT TO SCALE		TRENCH/DRAINFIELD DATA WIDTH INLET
		S B
		NUMBER OF TRENCHES 2442
		TOTAL LENGTH 240
		ABSORPTION AREA 1204
24' 50'		DISTRIBUTION BOX LEVEL
3/		DISTRIBUTION BOX BAFFLE
50	`	DISTRIBUTION BOX PORT
40		SEPTIC TANK DATA
		SEPTIC TANK 1 LEVEL
		CAPACITY /250 GAL
	7	SEAM LOC
4 \$		TANK LID DEPTH 1.5
		BAFFLES
		BAFFLE FILTER
		MANHOLE LOC Courter
		6" PORT LOC From t
		WATERTIGHT TEST
		SEPTIC TANK 2 LEVEL
1 -8 JAP- A4-2804		CAPACITYGAL
3) HD. NJ.		SEAM LOC ,
		TANK LID DEPTA
		BAFFLES
		BAFFLE FILTER
The state of the s		MANHOLE LOC
are the second s		6" PORT LOC
ROAD		WATERTIGHT TEST
Konb	]	WATERTION TEST
PRE-CONSTRUCTION 7/3/02 Layout De Be	A Property lies	
TRE-CONSTRUCTION // 2/02 Cast		The second secon
	i	
INSTALLATION //2/02 OK to cover all	u	10.1(50)
2010/2		
161 , 0/	- Λ	WILL DET OF ALL
HIGH YOUR SDA NOT ACCESSED W/TRENCHES	7	UMP PUT REQ'D IN
FUTURE MR		
$oldsymbol{arphi}$		
<del></del>		
1-		
EDIAL DISDECTION	·	7/2/5
FINAL INSPECTOR DATE OF	AP	PROVAL // E/JOE



CK 7238 Heel appronder. Health - Dept lefor Bas CR 9928 ce: Healt Dept 8/23/02 ammendment O. X. with AUG 2 1 2002 Enveronmental Health Break Baber REVIEWED FOR CODE COMPLIANCE Mes Avis Corbin DEPARTMENT OF INSPECTIONS, Cheif of Interchois LICENSES AND PERMITS 3430 Counthouse Dr. HOWARD COULTY Ellicot City, MD 21043 Pennik # 132208 [] SUSJECT TO COMMENTS OF LETTER Address 14547 Windridge CH. 10 SUBJECT TO MELL INSPECTION Glennaso, MD 2173B DOMENDMENT SUBJECT TO COMMENTS ON PLANS FIMAL Luc 20010 like to ammend the above listen pennit / property address to Slip the house. No Changes have been made to the conquel submitted Design. & Copies have been submitted. Any Questions or concerns can be directed to Steplen Formey a 410-480-9146 Thate you for your help in this mettern

3000 Main Street & Ellicott City, MD 21043 & 410 / 480-9146 & 410 / 480-0171 & www.HamiltonReed.com

FROM : B L PURKEY PLUMBING

FAX NO. : 301 329 6537

Sep. 25 2002 09:45PM P1

#### EOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2646

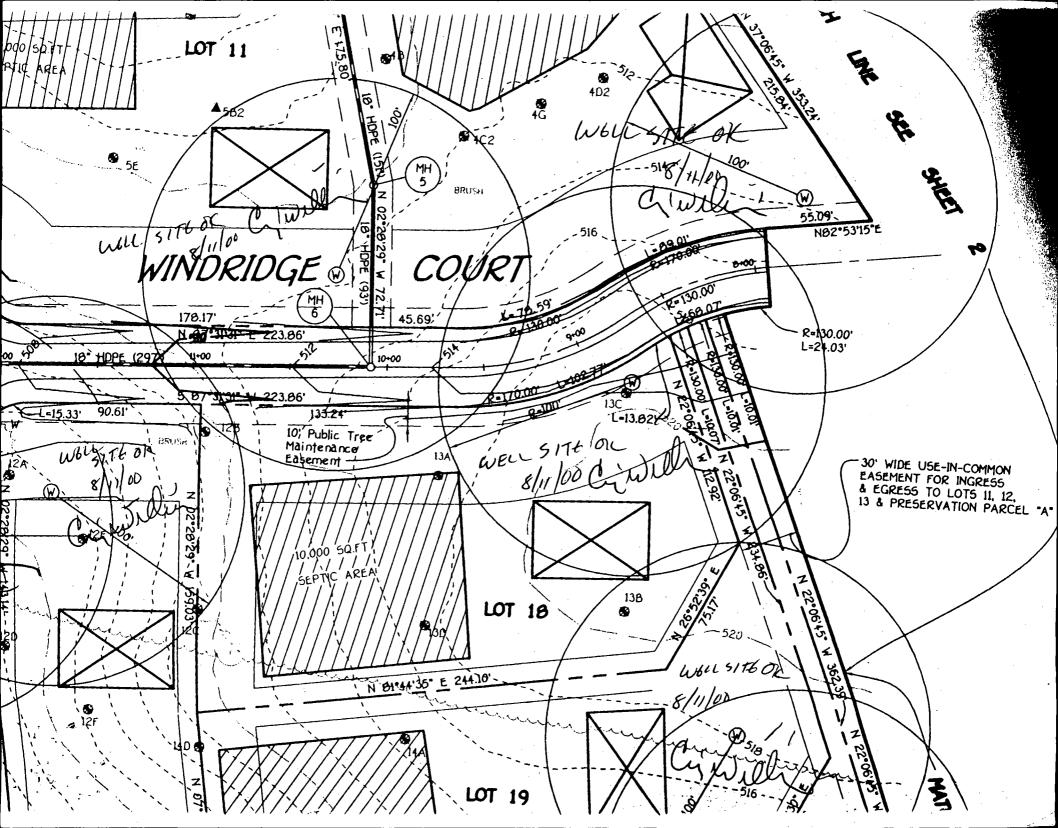
### Information Form for the Installation of the Well Pomp. Pitless Adapter, and Supply Piping

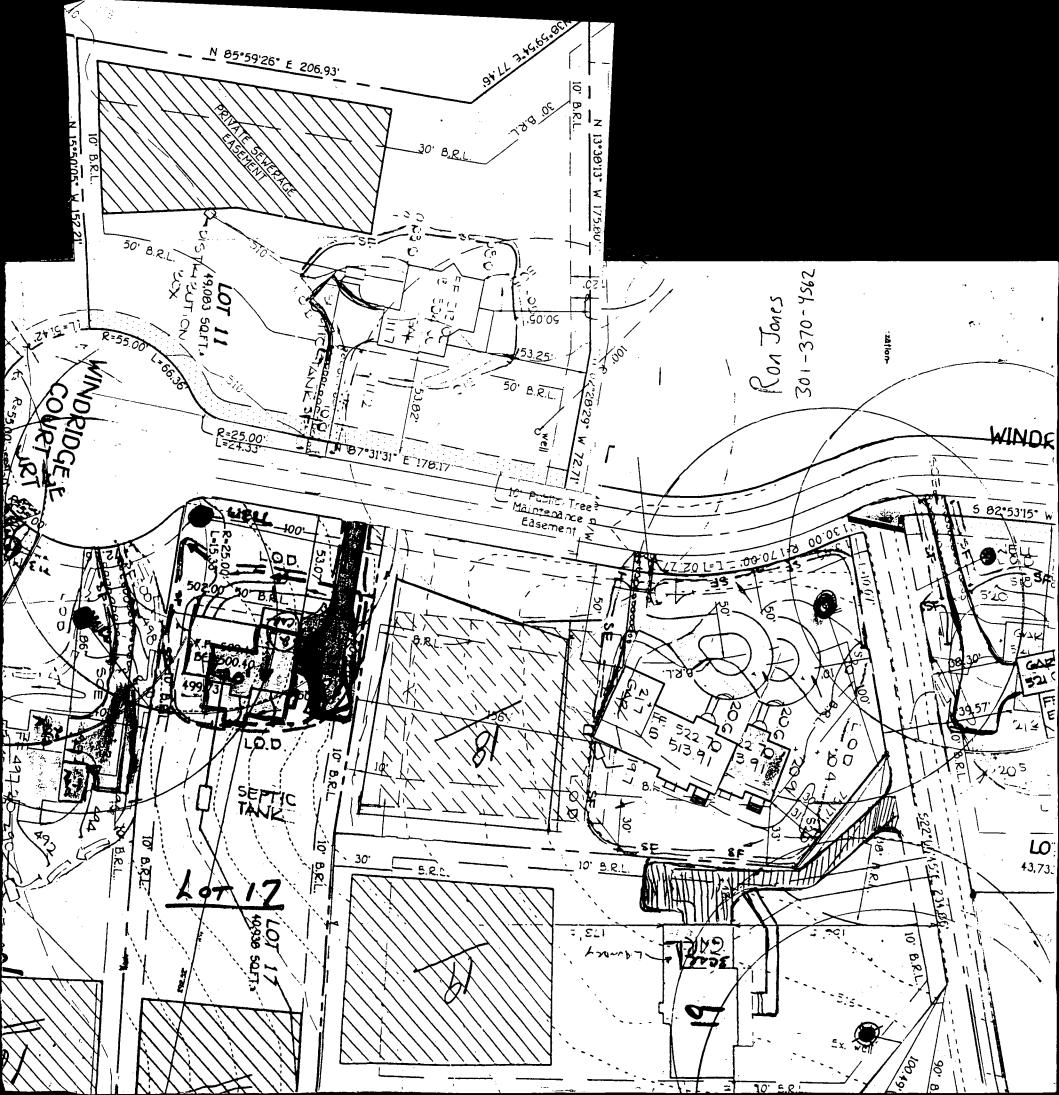
expection. No twick the National Construction Re	onal Standard Plumble; equisticus). Antenissios	rdi approved by the Beakk I g Code (NSPC, as amended i a of a complete form is requi	Department. All installations must comply ocally) and COMAR 26.04.04 (ACD Well and princ to Use and Occupancy approval.
Company Name. Address:	B.L. PURKEY 4593 GRH	Pt H Telephone &	301-873-7901
Must circle on	Licensed Phymber	Licensed Well Driller able for the field installation:	Licensed Well Pump Installer
Name (Print) (	Cohon Perki	le a v	Licensel 1738/
PA Homsad ind	ividual must berform th	a scerel installation. Appr	entities must be ander the Great
appervision of a	licensed journeyman	r master plumber, pump int	miler or well driller. Licenses may be
mbjested to fie	ld verification.	•	
	O'OMBER HAMILI	on Reed Telepho	ns *: 410 480 - 9146
Subdivision	hindridge Fo		/ S Well Tag # : HO - 49 - 4804
Site Address: 7	4547 Linder		•
(	The enough of	101. 417.58	
Submersible P	MEE /	Pitless Adapter	Well Cap and Electric Candair
Make: Jac.	4221	Maire: Mr Quell	Two piece watertight cap:
Model # 25	451820-56	Model#:_/''	Screened, vented well cap:
Pump Capacity	<del></del> G?M	Depth. 42" (36" min)	Cap secured to casing
Well Yseld:	i g?m	NSF approved:	Conduction 18" B.C.
Depth of well e	prominent of anical bit	mp installation: 298 (Seet)	Conduit secured to well cap
प्र काम्यक क्षांत्रका	in exceeds such siefg a lo	A Matei ent off awiet it teds	ired by NSPC 1990 Section 17.8.4
Safety rope, if	n or Cable grand are required to inside	of mell crains must she pol:	<b>NA</b>
Pining to hous	I <b>\$</b>	House Connection	
Type: 72.437	<u> </u>	PVC sleaved to radiated	ped soil as wa'l penetration: 1 + 5
PSI: 200 (16)	Opsionis)	Approximate length of al	zeve: 12.
Depth of suppl	y line 42 (36° min)	Approximate length of sl Sleave caulked and seale	d perpenty: yes
direcibution b	oz, draimheidh and sew	e at least ten feet from the s age reserve area. If this gar	eptic mak, gump chamber, sewage piping. 2001 be accomplished, cootact this office fo
abbioast bigo	r to lamalistica.		
Mole	J& Par	hy	8-23-07 date
Signature of e		spensible for installation	
	For Realth Dep	artment Use Only - Not to b	e completed by Installer
Date Insp. Res	ouested	Date Insp. A	peroved: 5/22/02 (5)
Inspection Da	ea: Pittess adapter and w	eter supply line at less 36" be	alow grade
	Two piece cap install	led and anached to casing sent	urely
	Elec conduit entend	s at least 18" below grade/atta	ched to the property
	Safety tope installed	inside of well casing	
	Correct well tag and	ched properly and casing 3" a	bove Enished and:
	Water supply line si	seved adequately at house con	Dec. 200
	Adequate grout obsi	erved below pitters adapter	

ME-215 (Rev. 8/00)

ci. 07893	SEQUENCE NO. MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
1 . 2 . 3		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER 13
DATE Received	ATE WELL COMPL	ETED Depth of Well	PERMIT NO.  FROM "PERMIT TO DRILL WELL"
8 13	15 Py 68	20 (TO NEAREST FOOT)	10 30 00 HO - 94 - 2804 28 29 30 31 32 33 34 35 36 37
last na	DEVELOPE,	first name	LENELG
STREET OR RFD	RIDGE FARM		LOT _/8
WELL LOG  Not required for driven	wolle	GROUTING RECORD  WELL HAS BEEN GROUTED  WELL ADDRESS OF THE PROPERTY OF THE PR	C 3
STATE THE KIND OF FORMATIONS PE COLOR, DEPTH, THICKNESS AND IF	NETRATED THEIR	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use	FEET check if water	CEMENT CIM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
, , , , , , , , , , , , , , , , , , , ,	Seag	NO. OF BAGS 19 NO. OF POUNDS 45 (1950)  GALLONS OF WATER	PUMPING RATE (gal. per min.)
Top So.L 0	2	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Sauly 2	35 0	fromft. toft. toft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Top So.L O Sauly 2 Saudstone 35 MICKA 40 Saud Stone 60 MICKA 65	40	casing types types insert ST CO	BEFORE PUMPING  TO THE PUMPING  WHEN PUMPING  THE PUMPING
MICKA 40	60	appropriate code below PL OT	WHEN PUMPING  22  25  TYPE OF PUMP USED (for test)
Su 1 Stowe 60	65 ~	MAIN Nominal diameter Total depth	A air P piston T turbine
Java Java Ja	300	CASING top (main) casing of main casing  TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary Other (describe below)
JUICKA 63		60 61 63 64 66 70  E OTHER CASING (if used)	jet Submersible
		A diameter depth (feet) H inch from to	21 21
'		C [][][]	PUMP INSTALLED  DRILLER INSTALLED PUMP YES NO  (CIRCLE) (YES or NO)
يد الم		N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
<b>   </b>		screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED  PLACE (A,C,J,P,R,S,T,O)  IN BOX 29.  29
/50	1 1	apriopriate steel BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WEI	LS: O	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes N	E 8 9 11 15 17 21 C	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE I  A WELL WAS ABANDONED AND	SEALED	H 2 23 24 26 30 32 36 S	LAND SURFACE
WHEN THIS WELL WAS COMPLIED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PR	ETED	C 3 R 38 39 41 45 47 51 E	below (nearest) foot)
I HEREBY CERTIFY THAT THIS WELL HAS BI ACCORDANCE WITH COMAR 26.04.04 "WELL	EEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES
IN CONFORMANCE WITH ALL CONDITIONS: CAPTIONED PERMIT, AND THAT THE INFO HEREIN IS ACCURATE AND COMPLETE 1 KNOWLEDGE.	STATED IN THE ABOVE	OF SCREEN INCH)	N AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC NO M S	112	from to	. N
DRILLERS SIGNATURE	leyer	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	p for line
(MUST MATCH SIGNATURE ON APPLIC		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Road 120'
Same	<del></del>	70 72	25 0
SITE SUPERVISOR (sign. of driller responsible for sitework if different fr	or journeyman om permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	A large to the state of the sta

	<del></del>			· · · · · · · · · · · · · · · · · · ·
B 1 18650   SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND			STATE PERMIT NUMBER
1 2 3 (MDE USE ONLY)	PERMIT TO DRILL WELL		Ho	-94 -2804
	W51367 please pr	int or type	70 fill	in this form completely 79.
· Date Réceived (APA)		B 3 //	LOGATION (	OF WELL
OWNER INFOR	RMATION	8 COUNTY	n4	
8 MM DD YY 13	•		100	21
15 Last Name 2 Owner	First Name 34	WINDRID 23 SUBDIVISION	OF F	41 mS
1 9808 Conden Pank DA	Su're 209	SECTION Z	100	1 <del>4</del>
36 Street or RFD	55	SECTION	LOT 48	50
Columbia M.M.	21096	SLEWE	£	ı
	72 Zip 76	52 NEAREST TOWN		71
DRILLER INFORMATION	C 14	MILES FROM TOWN (ente	er 0 if in town)	
Driller's Name 77	5 D )/6 6 License No. 81	B 4		73 76 77 78
		1 2	4114	oninge H
Firm Name	Muling	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	1.1	NEAR WHAT ROAD 30
9120 Brown Chunch Al	MAT AIM	_ N _		NORTH
Address		NW PE		H SIDE OF ROAD APPROPRIATE BOX)
Tento Mysel	0-5-00	8-9		WEST STEAST
Signature	Date	(TOWN) E		3437 South
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE —	<u> </u>			DISTANCE FROM ROAD
(GAL. PER MIN.)	<sup>3</sup> Scar.) 12	S <sub>W</sub> I S <sub>E</sub>		ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	20	8-9 S 8-9	TAX MAP:	BLK: PARCEL
USE FOR WATER (CIRCLE AP		NOT TO	D BE FILLED	IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDEN		HEALTI	H DEPARTM	ENT APPROVAL
IRRIGATION A RESIDEN	MAL	HOWARD	13	
F FARMING (LIVESTOCK WATERING & AGRE	CULTURAL	COUNTY NAME		COUNTY NO.
INNIGATION	ıc	STATE SIGNATURE		INSERT S
THOO THAC, SOMMETHOIRE, BEWATERING	id.	DATE ISSUED	a. 40).0	Da 8/2/24 41
P! PUBLIC WATER SUPPLY WELL		43 MM DD YY 48	CO SIGNA	TURE EXP. DATE
T TEST, OBSERVATION, MONITORING		MODIL /	0 0 GRID	
G GEO THERMAL		GRID 50	55 GHIL	$\frac{60770}{57}$ $\frac{000}{63}$
1		SHOW MAJOR FEATURES	S OF	18018100 102 (202 ct
APPROXIMATE DEPTH OF WELL \\\ \  \  \  \  \  \  \  \  \  \  \  \	FEET	BOX & LOCATE WELL _ WITH AN X	<b>─</b> ── '	
24	28	SOURCES OF DRILLING V	WATER	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. neil		
METHOD OF DRILLING	(circle one)	2.		
BORED (or Augered) JETTED	Jetted & DRIVEN	3.		
30	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	_	
37 CABLE REVerse ROTary	DRive-POINT	FROM THE MAP HERE	'	
other	· · · — — — — — — — — — — — — — — — — —	- And		
REPLACEMENT OR DEEPE	NED WELLS	E		000
(CIRCLE APPROPRIATE		520	•	ÖÖÖ
THIS WELL WILL NOT REPLACE AN EXISTI		N	<del></del>	· · · · · · · · · · · · · · · · · · ·
THIS WELL WILL REPLACE A WELL THAT V ABANDONED AND SEALED	VILL BE	DRAW A SKETCH BELOW RELATION TO NEARBY T		
THIS WELL WILL REPLACE A WELL THAT V	VILL BE USED	DISTANCE FROM WELL T		
39 AS A STANDBY CONTACT LOCAL APPROVI	NG AUTHORITY			
D . THIS WELL WILL DEEPEN AN EXISTING WE	ELL			MACCI
PERMIT NUMBER OF WELL TO BE REPLACED OF	R DEEPENED	N	\ WIND	AIDSE CH.
(IF AVAILABLE) 41	<u> </u>			7201, JSV
Not to be filled in by driller (MDE OR Co	OUNTY USE ONLY)	<b>A</b>		(S)   X ans
	GAP			ned Ind
APPROP. PERMIT NUMBER  54	63			
PERMIT No. HO -	94-2804			` <b>\</b>
70 71 72	2 73 74 75 76 77 78 79	.1		<u> </u>
SPECIAL CONDITIONS			•	<b>⊕</b>





## APPLICATION

PERCOLATION TESTING

P\_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER

**TELEPHONE: 313-2640** 

HOWARD COUNTY HEALTH DEPARTMENT

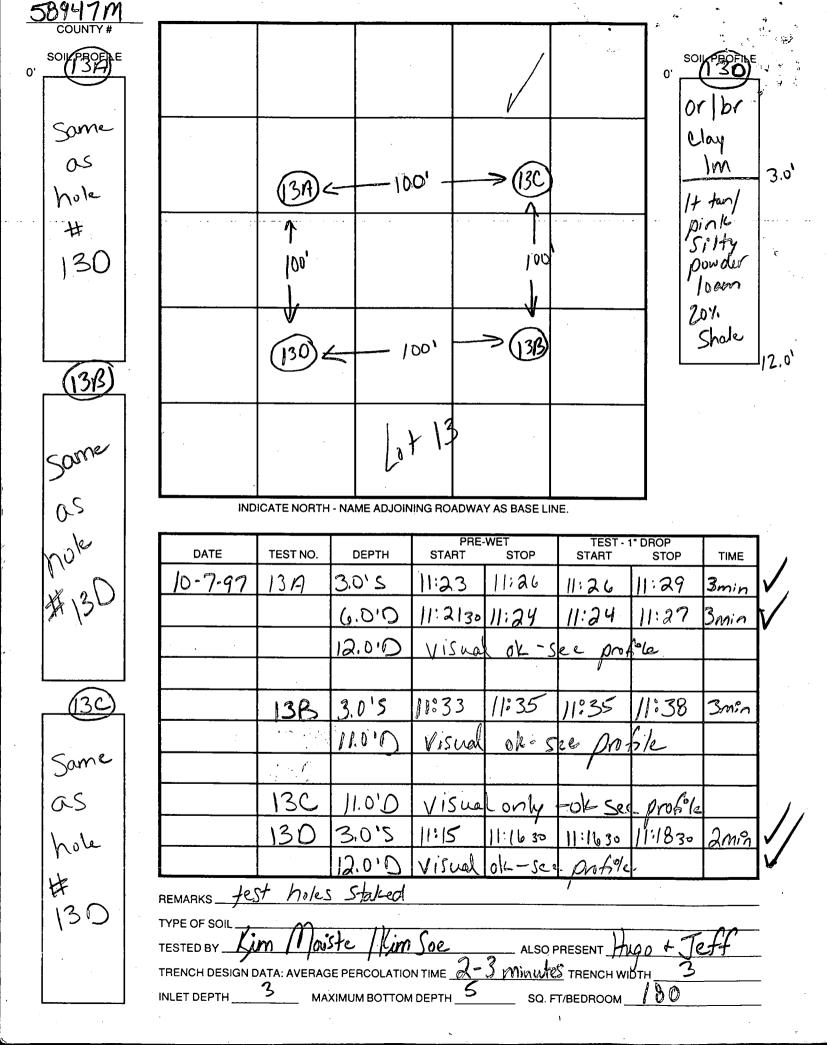
3525-H EŁLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

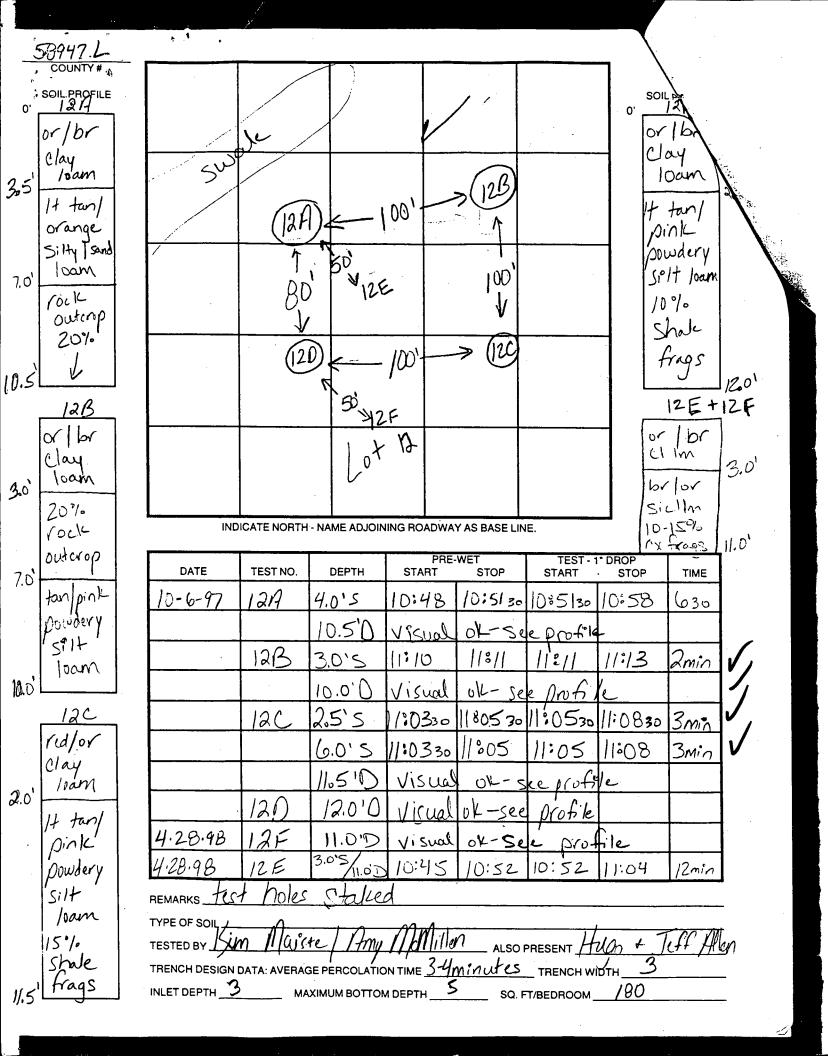
BUREAU OF ENVIRONMENTAL HEALTH

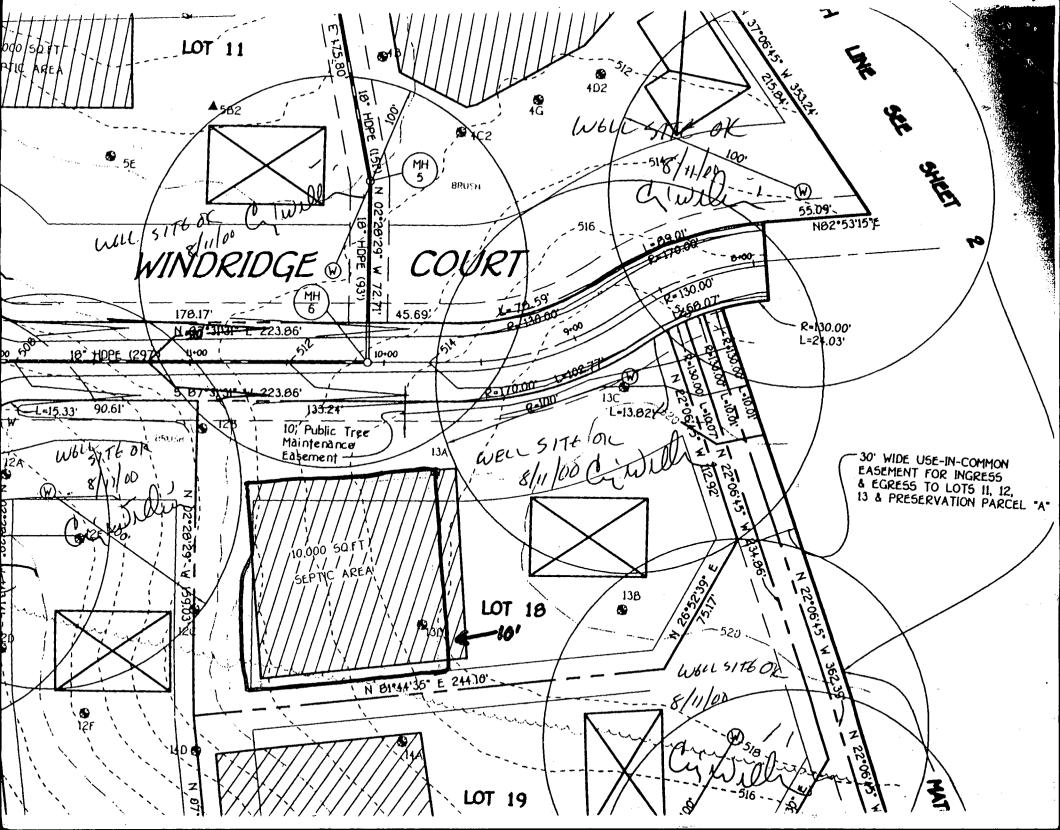
ELLICOTT CITY, MARYLAND	
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION I	FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER RAY + JANE CUBBA	
ADDRESS 14564 Dongey Mill Ro	PHONE 410 · 489 · 7017
AGENT OR PROSPECTIVE BUYER SUSC	wehanna hand Holding Co
ADDRESS 1814 HYMAN LAS CROFTON, MI)	21114 PHONE 410 45-1.3916
PROPERTY LOCATION:	
SUBDIVISION Cubbage Sub	LOT NO
ROAD AND DESCRIPTION	
TAX MAP 2/ PARCEL# 3/	
SIZE OF LOT / + AC,	TYPE BLDG. SFD
•	(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE OF	ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICAT	TION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BY	FOR DATE
DISAPPROVED BY	
HOLD PENDING FURTHER TESTS	
REASONS FOR REJECTION OR HOLDING	
	DATE
	DATE
•	

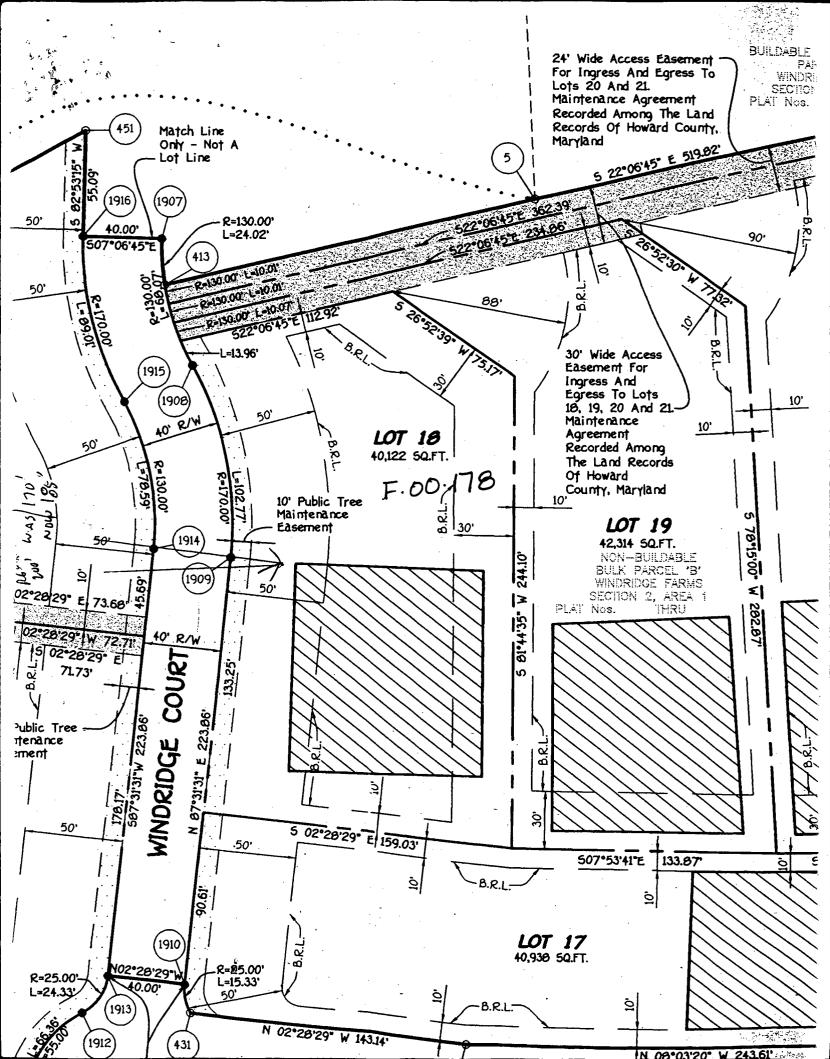
## THIS IS NOT A PERMIT

HD-216 (3/92)









SECTION 2, AREA 2 LOTS 8 THRU 26

(A RESUBDIVISION OF NON-BUILDABLE BULK PARCEL 'B', "WINDRIDGE FARMS, SECTION 2, AREA 1", PLAT NOS. 14319 THRU 14322) LOT 18

HOWARD COUNTY, MARYLAND

. مارانتي

28/02 WALL CHECK RECD, BUT FINAL REVISED BP SITE PLAN NOT REC'D; S. FORNEY TO DELIVER WALL CHECK CONSISTENT W/FINAL REVISED PLAN-SEE SITE PLAN FOR ADJUSTED WINDRIDGE COURT 40' R/W EASEMENT L=102.77 N 87'31'31" E 133.25' 10' PUBLIC TREE MAINTENANCE ESLIT LOT 18 40,122 SQ.FT. BUILDING UNDER CONSTRUCTION MALE OF MAR PROPOSED SEPTIC FIELD S 81'44'35" GARY DEAN SIMPSON 19

PROPERTY ADDRESS:

WINDRIDGE COURT

CERTIFICATE

I HEREBY DECLARE THAT THE POSITION OF ALL
THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON
THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS.

REFERENCES PLAT BK.

PLAT NO. 14685

CENTRAL MARYLAND SURVEYORS, INC. 319 NORTHMEW DRIVE (301) 262-2500 FAX (301) 262-9878 BOWIE, MD 20716

DATES: **LIBER** SCALE: 1" = 60" WALL CHECK: 01-04-02 DRAWN BY: MLC **FOLIO** HSE. LOC. JOB NO.: 1545-01

This location drawing is of benefit to a consumer only in so far as it is required by a lender or a title insurance company or it with contemplated transfer, financing or refinancing.

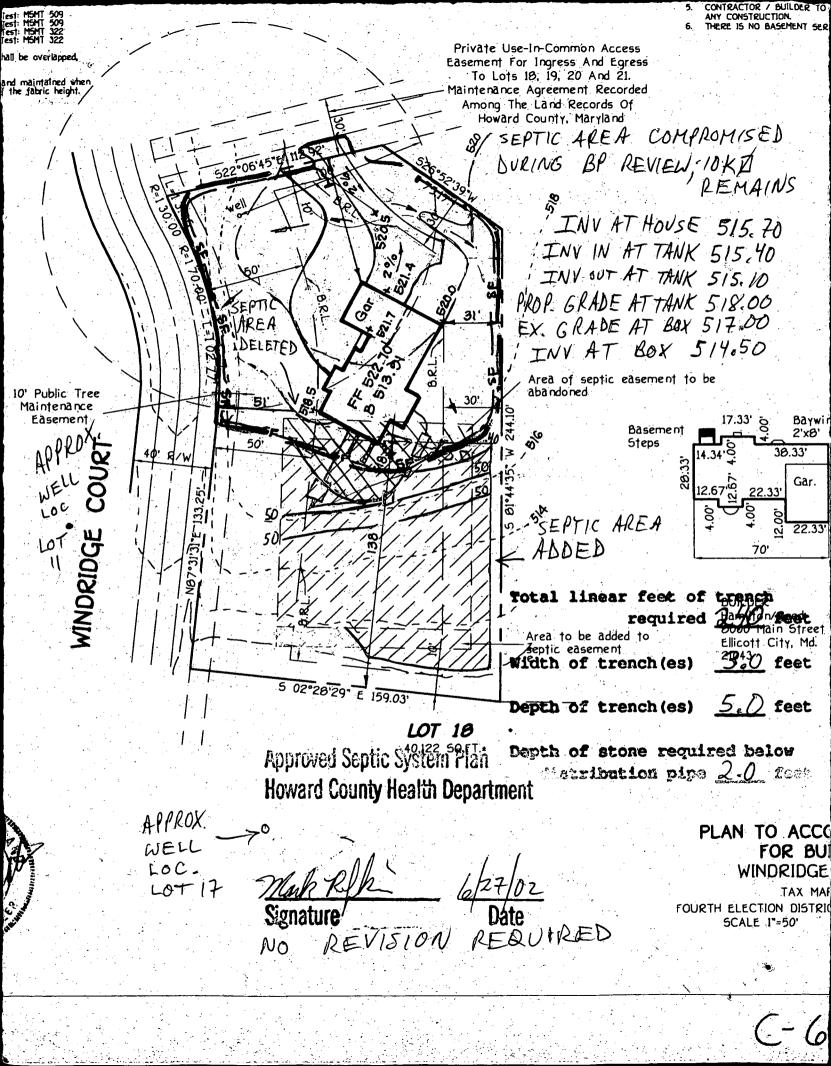
This location drawing is not to be used for the building of fences or other improvements.

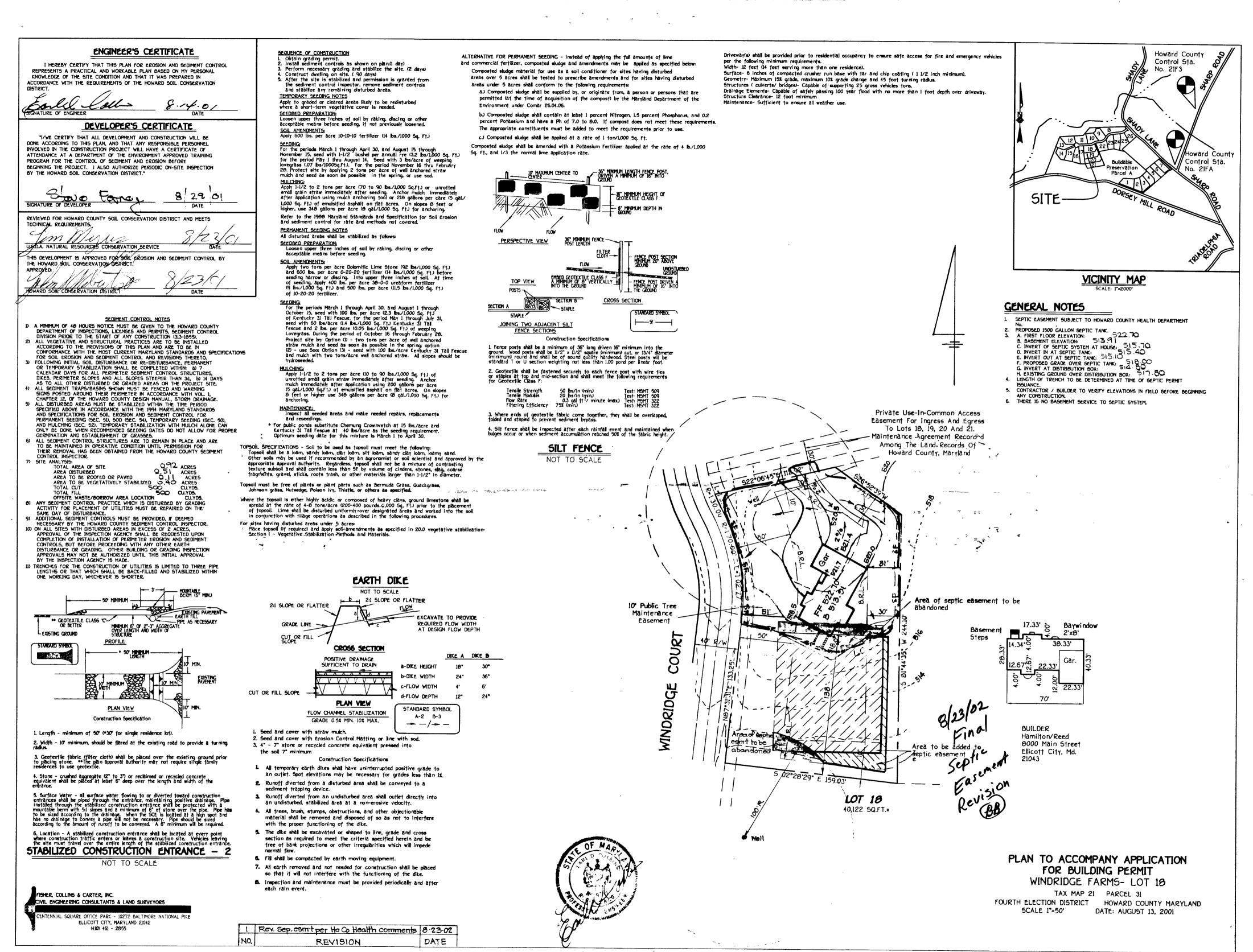
This location drawing is not to be relied upon for the accurate identification of property boundary lines, but such identification me the transfer of title or securing financing or refinancing.

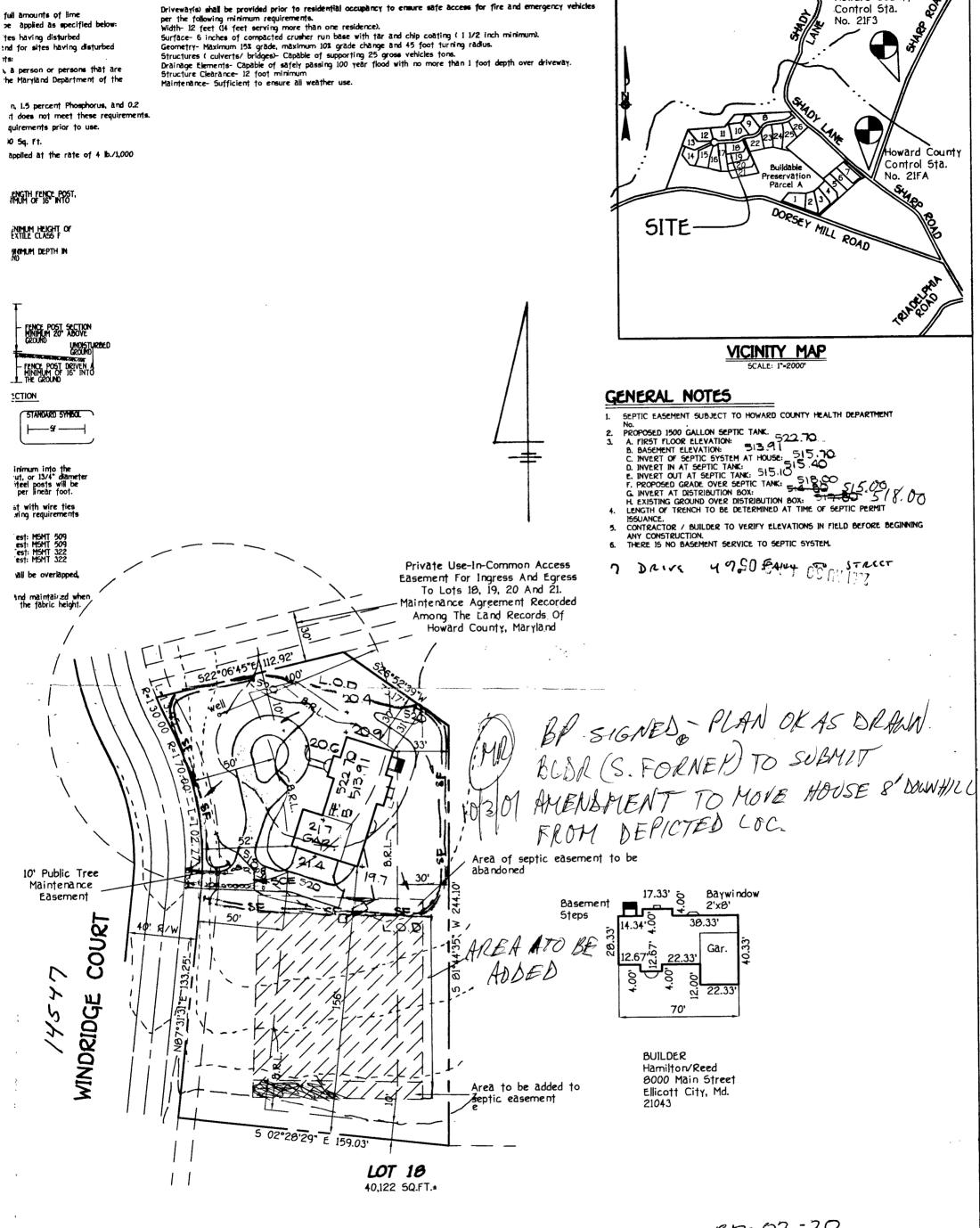
B.R.L. Information, if shown was obtained from existing record plat or was provided to CMS, and is not guaranteed by CMS, Inc. Flood Zone information is subject to the interpretation of the originator.

CMS, Inc. does not certify to unshown or unrecorded encroachments or overlaps.

NO REPROXUCTION WITHOUT EXPRESSED YRITEN PERMISSION BY CAS, INC. S. CMS, Copyright







6P-02-20

## PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

WINDRIDGE FARMS- LOT 18 TAX MAP 21 PARCEL 31

SCALE 1"=50" J

FOURTH ELECTION DISTRICT HOWARD COUNTY MARYLAND DATE: AUGUST 13, 2001

Howard County

# FILE INQUIRY FORM

	Property Address: Sandy R.	Signe Robert
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		and the same
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	adjospér la gramatique post.	The second secon
	alkady previously and sted. M	as Ac
	res angual four. Soper 000	designed.
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