

8/17/00 E.O. 10am

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514153

A 59262-A

ISSUE DATE 7/27/00

APPROVAL DATE 8/17/00

04-363302

INDEXED

SK Backhoe & Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION MCKENDREE OVERLOOK LOT NUMBER 1 ADDRESS 13961 Weeping Cherry Drive

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
6 feet below original grade. 3 feet of stone below distribution box.

LOCATION: Place the distribution box 135 feet down the left lot line and 35 feet off this same
lot line as seen from Weeping Cherry Drive. Run trenches on contour to right side of lot.

3/2/00 O.K. (BB)

BUILDING PERMIT SIGNED

AND RETURNED

10/23/03 BOOTHILLGS-DECK

PLANS APPROVED Mark Rifkin DATE 2-24-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

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

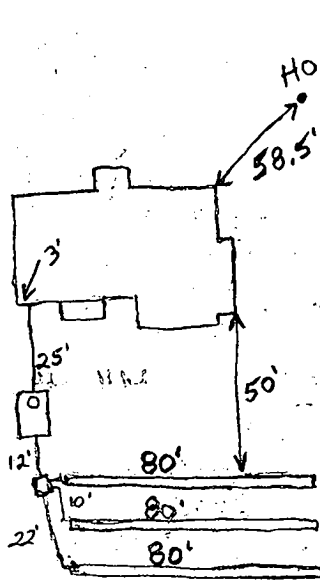
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A59262-A

NOT TO SCALE



BUILDING PERMIT SIGNED
AND RETURNED
AUGUST 1, 2000

TRENCH DATA

TRENCH WIDTH 2.0'
TRENCH INLET DEPTH 3.0'
TRENCH BOTTOM DEPTH 6.0'
DEPTH OF STONE 3.0'
NUMBER OF TRENCHES 3x80'
TOTAL TRENCH LENGTH 240'
ABSORBENT AREA 720 sq. ft.
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER No
6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~

~~PUMP CHAMBER
GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____~~

Weeping Cherry Drive

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 8/17/00 O.K. to cover system. Everything satisfactory. (BB)

INSPECTOR

B. Baker

DATE SYSTEM APPROVED

8/17/00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: SK Plumbing & Heating Inc. Telephone #: 410-775-0322
Address: 1220 F.S. Kelly Hwy
Keymar MD 21757

(Must circle one) ☒ **Licensed Plumber** ☐ **Licensed Well Driller** ☐ **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:

Name (Print): Virgil Ryan License #: 12285

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Trinity House Telephone #: 410-313-8722
Subdivision: Chesapeake Oaks Lot #: 1 Well Tag #: HO-54-2250
Site Address: 15861 Whiting Cherry Dr
Walters MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Socozzi</u>	Make: <u>Vermeer</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7515MB-S2</u>	Model #: <u></u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>50</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>160</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt yes

Piping to house

Type: P.V.
PSI: 160 (160 psi min)
Depth of supply line: 50 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5' to 7'
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date

9-13-00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/14/00

Date Insp. Approved: 8/14/00

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

BB SR4

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00122400																																																																									
Building Address <u>13961 WEEPING CHERRY DR</u> <u>WEST FRIENDSHIP 21794</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>6P00-17</u> Census Tract <u>6040</u> Subdivision <u>MCKENDREE OAK BLVD</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>1</u> Tax Map <u>15</u> Parcel <u>52</u> Grid <u>1</u> Zoning <u>RCD4</u> Map Coordinates _____ Lot size <u>48,750 sq ft</u> Existing Use <u>VACANT LOT</u> Proposed Use <u>S.F.D.</u> Estimated Construction Cost \$ <u>120,000</u> Description of Work <u>CUSTOM TRENTION W/CHANGES</u> <u>2 STORY, FULL BSMT, 2 FB, 1 HB, 9R</u> <u>FP - ACCESSORY APT</u>			Property Owner's Name <u>TRINITY BUILDERS</u> Address <u>7320 GRACE DR</u> City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone _____ Work Phone <u>410-313-8722</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax <u>410-313-8731</u>																																																																										
Occupant or Tenant <u>N/A</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Contractor Company <u>SAME</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company <u>SAME</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____																																																																										
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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 THEREIN; (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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L Hodge
 Applicant's Signature
VP, Operations
 Title/Company

SALLY HODGE
 Print Name
2/11/00
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>2/24/00</u>	<u>Mark E. Riffe</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

CONTINGENCY CONSTRUCTION START: ☐
 ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____	Side: _____
Rear: _____	Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	

PROPERTY ID# 44924

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ <u>7076</u>
Check	# _____
Validation	# _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

APPLICATION

PERCOLATION TESTING

A 59262

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE 12/12/97

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 OSTERMAN TRINITY BUILDERS

ADDRESS 2169 MCKENDREE ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER MICHAEL PPAU / TRINITY HOMES

ADDRESS 6212 DEVON DR. COLUMBIA, MD 21044 PHONE 410-730-3137

PROPERTY LOCATION:

SUBDIVISION OSTERMAN PROPERTY (MCKENDREE OVERLOOK) LOT NO. LOT 3 1 PERC @ REAR
OF LOT 1 - NOT USED

ROAD AND DESCRIPTION (MCKENDREE ROAD APPROX. 800' SOUTH OF) 13961 WEEPING CHERRY DRIVE
INTERSECTION OF FREDERICK ROAD (144)

TAX MAP 15 PARCEL # 52

Serial # B00122400

REQ. PERMIT SIGNED

AND RETURNED 2/24/2000

SIZE OF LOT 1 AC. + TYPE BLDG. SINGLE FAMILY DWELLING-4 BRMS
(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. Michael PPAU R
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 18, 17

red
brn
Sicilm

3.5

orange
brn
Silm

6.0

lg + tan
Salm
Coarse

11.5

20, 19

or red
Sicilm

2.5

orange
Silm

5.0

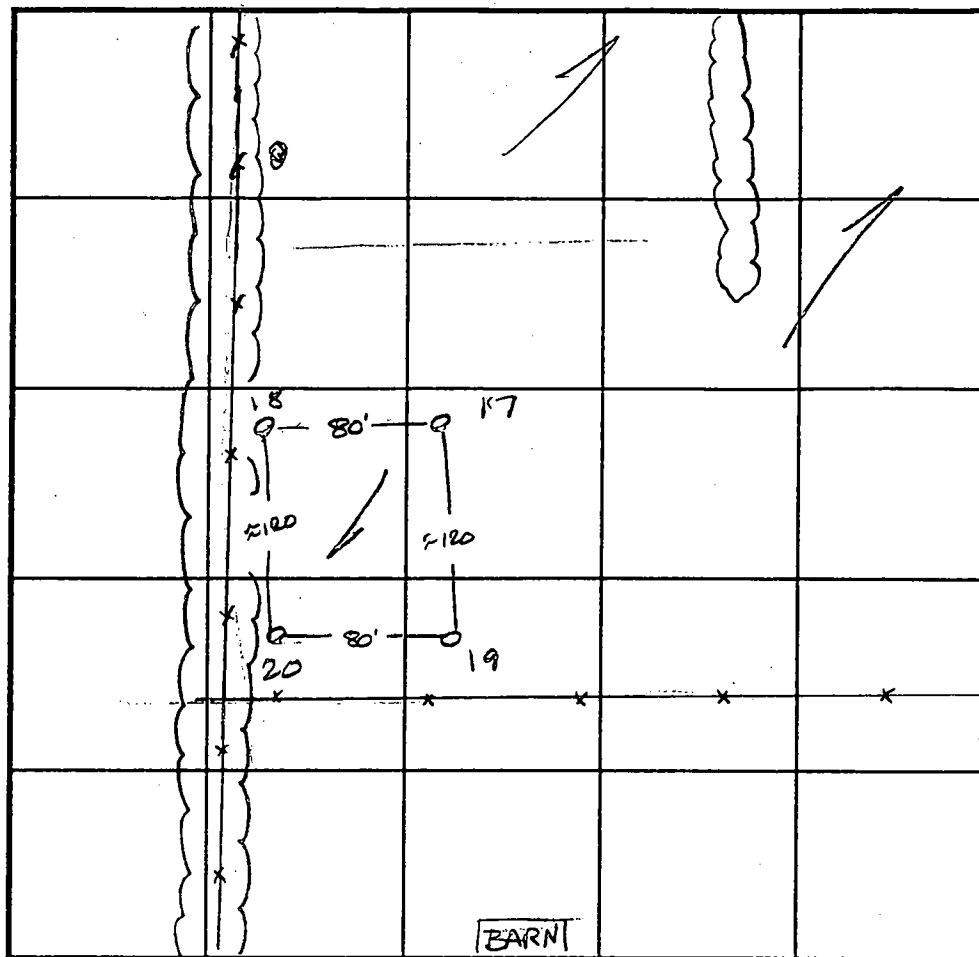
lg + tan
Grey
Silm
Coarse

8.0

>50%
R_x

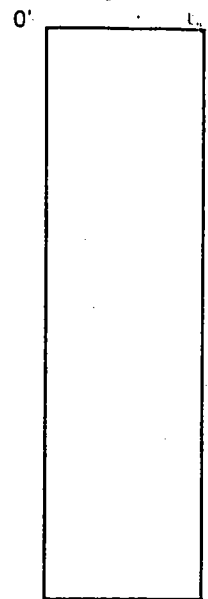
9.0

Refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-30-97	17	3.5 V11.5	10:20	10:21 ³⁰	10:21 ³⁰	10:24	2 1/2 min
	20	3.0 V9.0	10:21	10:22 ³⁰	10:22 ³⁰	10:25	2 1/2 min
	18	Visual	to 9.0 - see profile			—	OK
	19	Visual	to 12.0 - see profile			—	OK
			(no rock)				

REMARKS _____

TYPE OF SOIL _____

TESTED BY AMY McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 59262

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT _____

DATE 12/12/97

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 OSTERMAN

ADDRESS 2169 MCKENDREE ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER MICHAEL PFAU / TRINITY HOMES

ADDRESS 6212 DEVON DR. COLUMBIA, MD 21044 PHONE 410-730-3137

PROPERTY LOCATION:

SUBDIVISION OSTERMAN PROPERTY LOT NO. LOT 3

ROAD AND DESCRIPTION MCKENDREE ROAD APPROX. 800' SOUTH OF
INTERSECTION OF FREDERICK ROAD (144)

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(SINGLE FAMILY DWELLING OR COMMERCIAL)

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REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1,3
brn
SiCLm

3.0 orange
brown
SiLm
590
decayed
rock

12.5

2

bright
red
SiCLm

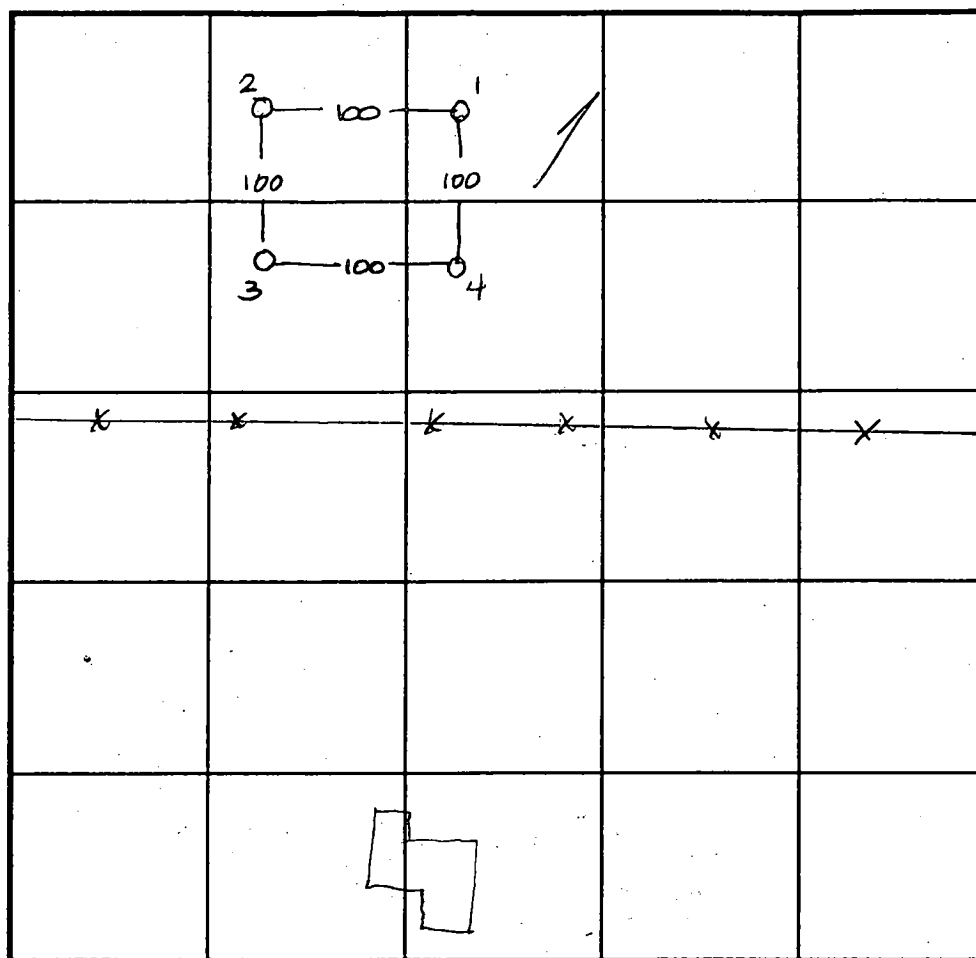
orange
brown
SiLm

grey
&
yellow
SiLm

4

heavy
brown
SiCLm

pink
friable
SiLm
sub &
black
str.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-27-98	1	3.0 V12.5	10:22	10:36	10:36	10:51	15min
	2	3.5 V14.0	10:30	10:32	10:32	10:34	2min
	3	3.5 V13.0	10:34	10:37	10:37	10:40	3min
	4	3.5 V14.0	10:30	10:32 ³⁰	10:32 ³⁰	10:40	6 1/2 min

REMARKS

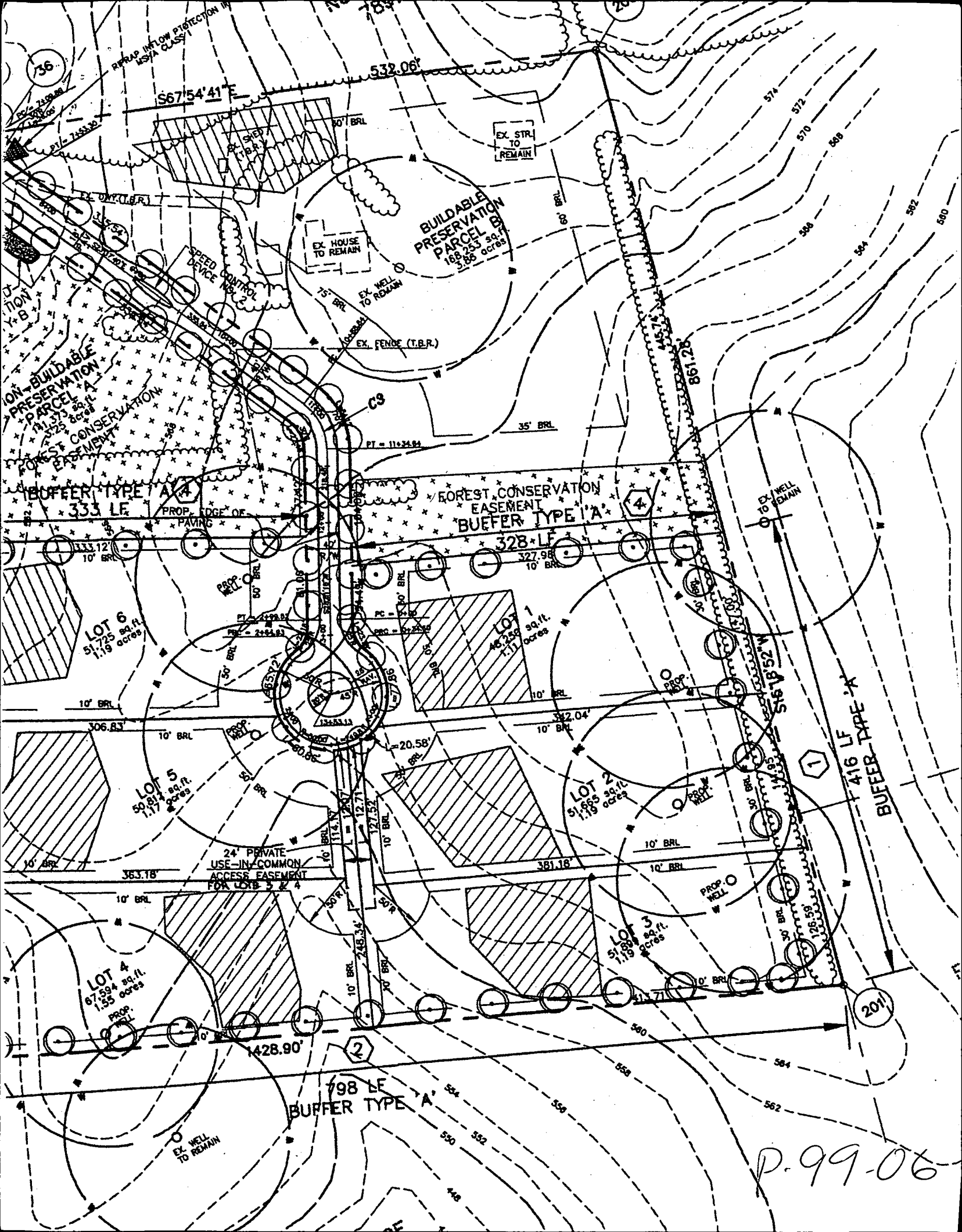
TYPE OF SOIL

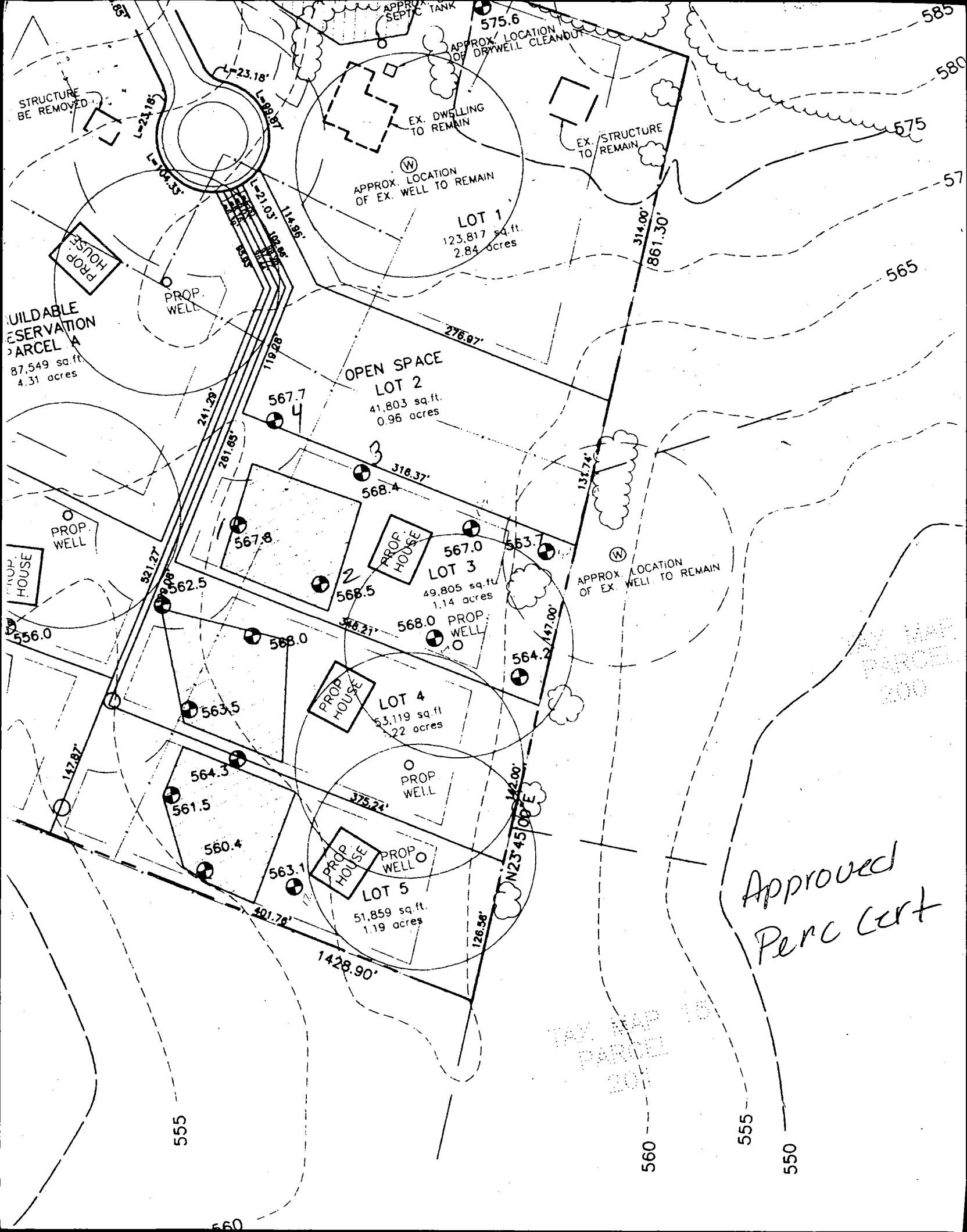
TESTED BY Amy McMullen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 min TRENCH WIDTH 2.0

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 7.0 SQ. FT./BEDROOM 180 sq





THE CURRY PROPERTY
UNIT FOR EVERY TWO ACRES.

ASEMENT LINE TABLE

N81°42'34"E	28.77'
S08°17'28"E	20.00'
S81°42'33"W	29.76'
N23°37'34"W	0.69'
L=19.72' R=30.00'	
CH=N04°47'53"W, 19.36'	
L=6.32' R=30.00'	
CH=N20°04'54"E, 6.31'	

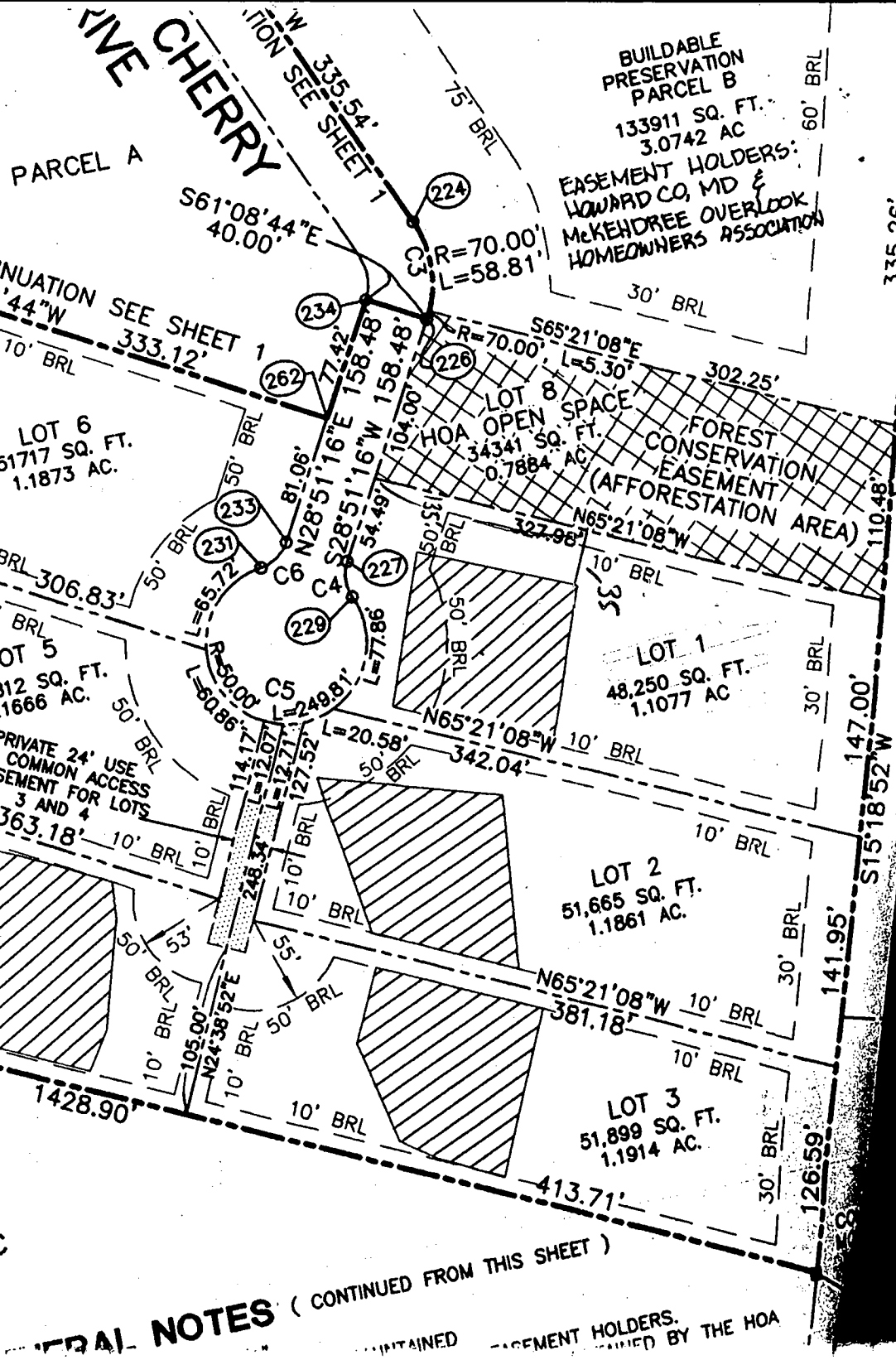
STIRN PROPERTY
PLAT 8525

LOT 4
3.0000 AC

121-66-1

HOUGH
DIVISION
LOT 1
NO. 4168
AC

PROPERTY OF
R.M. HOUGH
2182/191
18.8250 AC



C106751

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

A59262A

ST/CO USE ONLY
DATE Received

10 26 99

DATE WELL COMPLETED

09 08 99

Depth of Well

22 165 26

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-2250

OWNER

Trinity Homes

STREET OR RFD

fast nameMcKendree Roadfirst name

TOWN

Cooksville

SUBDIVISION

Osterman Prop

SECTION

LOT

1

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

11

Sandstone

11

15

MICKA

15

25

Sandstone

25

30

MICKA

30

75

Sandstone

75

80

MICKA

80

165

GROUTING RECORD

yesno

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y

N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS

45 46

6

NO. OF POUNDS

45 46

600

GALLONS OF WATER

36

DEPTH OF GROUT SEAL (to nearest foot)

from

0

ft. to

18

ft.

48

TOP

52

54

BOTTOM

58

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPE

PL

Nominal diameter
top (main) casing
(nearest inch)

6

Total depth
of main casing
(nearest foot)

20

60

61

63

64

66

70

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

E
A
C
H
C
A
S
I
N
G

SCREEN RECORD

screen type
or open hole

ST

STEEL

BR

BRASS

HO

OPEN
HOLE

PL

PLASTIC

OT

OTHER

insert
appropriate
code
below

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

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86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

NUMBER OF UNSUCCESSFUL WELLS:

0

WELL HYDROFRACTURED

yesno

Y

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

MS D116

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

MS D117

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

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

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

15

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

28

ft.

WHEN PUMPING

29

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

2

(nearest
foot)

49

50

51

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)

well

80'

Prop Line

20'

Prop Line

Review

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2250
Location of property (road) McKendree Road
Subdivision Osterman Prop Lot 1 Block Plat Sec.
Well Driller Ralph Mayne Owner ~~TBI Homes~~ Trinity Homes

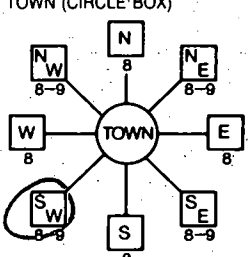
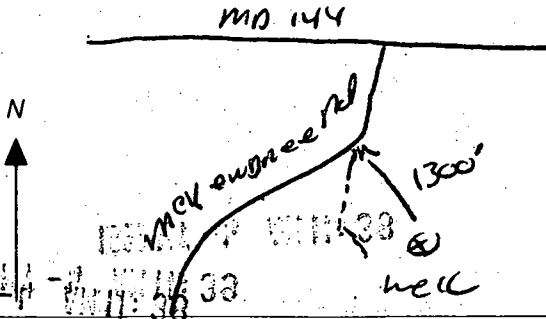
Depth of well 165'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 28'

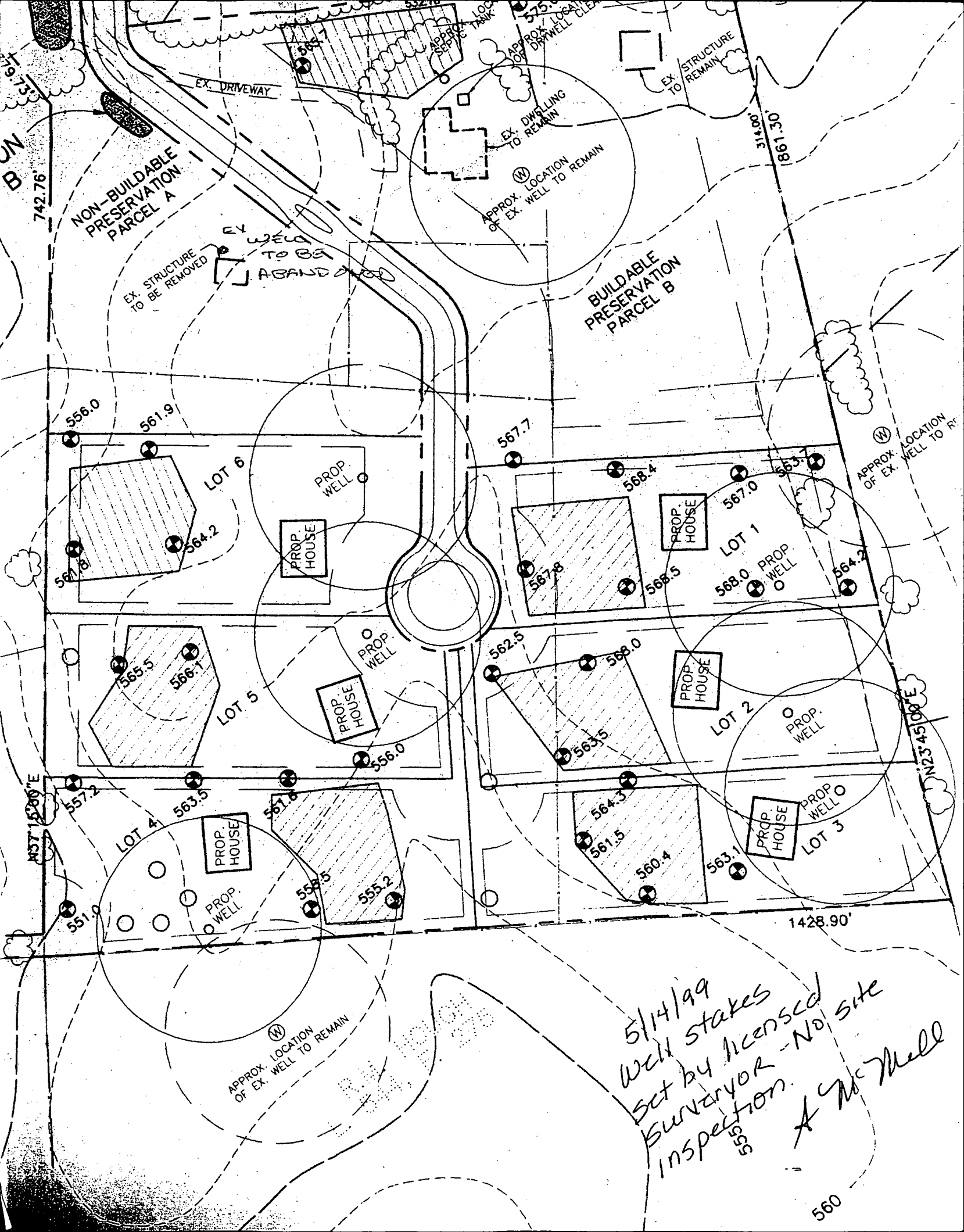
I. High rate pumping -- reservoir drawdown

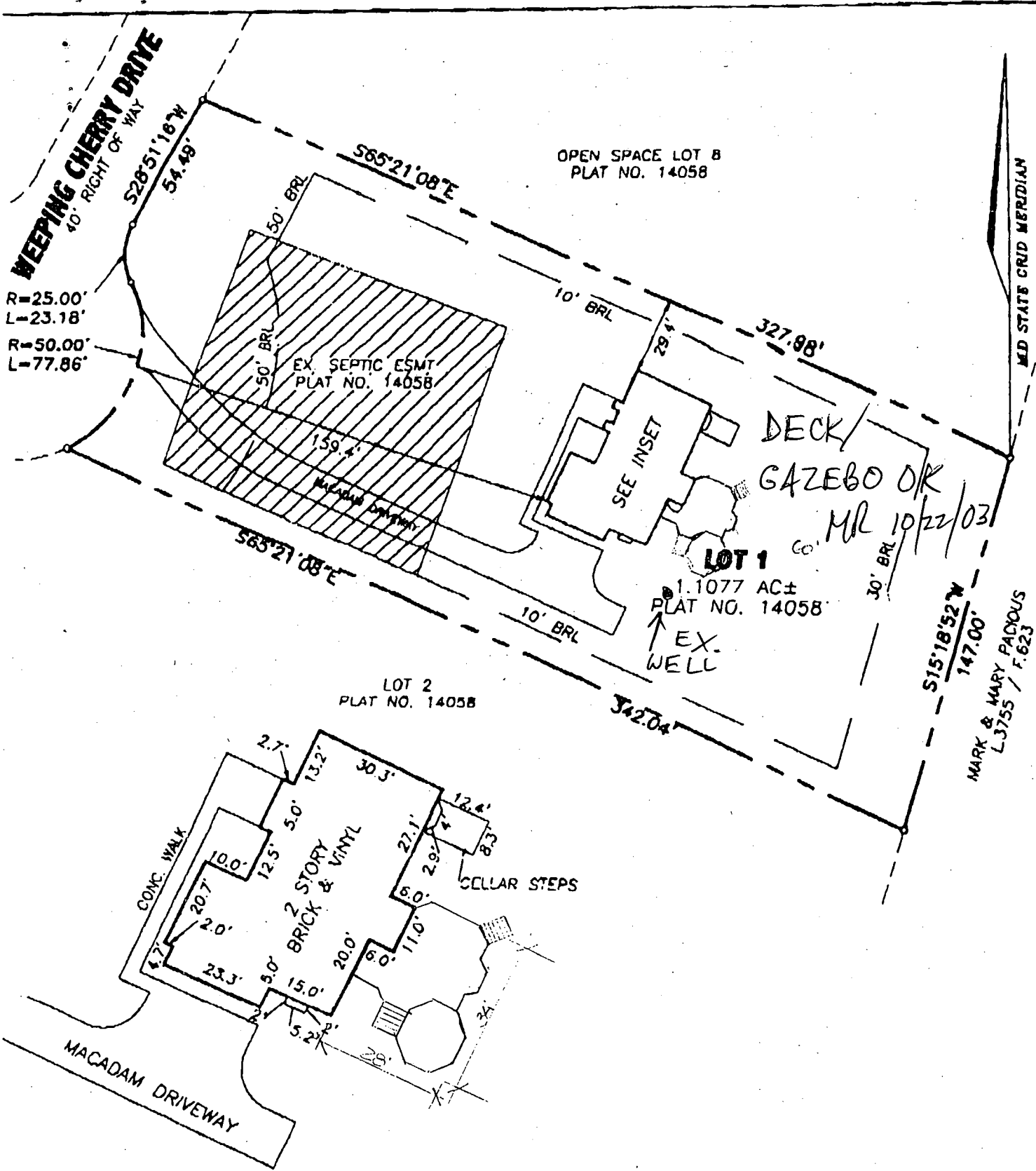
Time pump started 8:30 Pumping rate 15 gpm
Total time 15 min to reach pumping water level 29 ft. below M.P.

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

[illegible]

B 1. 1995 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2250</u> <small>fill in this form completely</small>
Date Received (APA) <u>050499</u> 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>Trinity</u> Owner First Name <u>HOMES</u> 34 36 <u>6212 Devon Dr.</u> Street or RFD 55 57 <u>Columbia</u> Town 70 <u>MD</u> State 72 <u>21044</u> Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>OSTERMAN Prop</u> 42 SECTION <u>-</u> 44 46 LOT <u>F</u> 48 50 <u>Cooksville</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> 73 M 76 77 78	
DRILLER INFORMATION Driller's Name <u>Ralph MAYNE</u> 76 License No. <u>MSD116</u> 81 Firm Name <u>Ralph MAYNE well Drilling</u> Address <u>9120 Brown Church Rd Mt Airy</u> Signature <u>Ralph Mayne</u> 4-30-99 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>McKEUDREE Rd</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input checked="" type="checkbox"/> 34 <u>1300</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> 8 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED <u>500</u> 14 20 (GAL. PER DAY)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co</u> <u>A59262A</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>5/17/99</u> <u>A McMillen</u> <u>5/17/00</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>540 000</u> 50 55 EAST GRID <u>770 000</u> 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>770</u> N <u>540</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		9/8/99 Grant 20' casing 18' open <u>BB</u> 6 bag cement Not <u>Q</u> present to observe 9/8/99	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		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) <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 39 <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 DEEPEN 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 54 _____ 63 G A P PERMIT No <u>HO-94-2250</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			





INSET
SCALE: 1"=30'



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.

OP OF WALL: 571.52'

RECORD REFERENCES		FINAL LOCATION OF LOT 1 McKENDREE OVERLOOK HOWARD COUNTY MARYLAND	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)481-5828 FAX (410)465-3888 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> 9/19/2000 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884
UBER/FOUO			
PLAT BOOK	N/A		
PLAT NO./FOLIO	14058		
SCALE	1"=50'		
DATE	04-12-00		

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00144695

Building Address 13961 WEEPING CHERRY DR.

Property Owner's Name TROY WILLIS

WEST FRIENDSHIP MD 21744

Address 13961 WEEPING CHERRY DR.

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

City WEST FRIENDSHIP State MD Zip Code 21744

Census Tract 004002 Subdivision McKendrew WALK

Home Phone (410) 497516 Work Phone _____

Section _____ Area _____ Lot 1.6

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 15 Parcel 52 Grid 1

Zoning R2D Map Coordinates 9F2 Lot size _____

Phone _____ Fax _____

Existing Use 2 PD

Contractor Company UTICOY CANNERY / DESIGN

Proposed Use DECK / GARAGE

Contact Person LOUIS BILDERMAN

Estimated Construction Cost \$ 22,000

Address 11292 SCARBOROUGH RD

Description of Work 20'x20' DECK

City FULTON State MD Zip Code 20759

14'x14' GARAGE WITH STAIRS

License No. 13116

Phone (301) 701065 Fax (301) 70909

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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

Water Supply: _____

No. of stories: _____

Public _____

Private _____

Gross area, sq. ft. per floor: _____

Sewage Disposal: _____

Use group: _____

Private _____

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Construction type: _____

Heating System: _____

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Reinforced Concrete _____

Structural Steel _____

Masonry _____

Wood Frame _____

State Certified Modular _____

Sprinkler system: N/A ☐

Full _____

Partial _____

Other Suppression _____

of Heads _____

Building Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐

Depth _____ Width _____

1st floor: _____

2nd floor: _____

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

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 _____

Water Supply: _____

Public ☒

Private _____

Sewage Disposal: _____

Public _____

Private ☒

Electric Yes ☒ No ☐

Gas Yes ☐ No ☐

Heating System: _____

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

NFPA #13D _____

NFPA #13R _____

Other: _____

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 THERETO; (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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name

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

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 44984

Filing fee \$ _____

Permit fee \$ 200

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 2355

Validation # 34813

Accepted by

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\Forms\PERMIT.FRM

Rev. 5/17/00