

8/17/00 10am C.O.
(to follow Lot 1)
8/18/00
12:00

PERMIT

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

P 514153
A 59262-B
ISSUE DATE 7/27/00
APPROVAL DATE 8/18/00

04-363310
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 2 ADDRESS 13971 Weeping Cherry Drive

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

SEPTIC TANK CAPACITY 1000 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

**BUILDING PERMIT SIGNED
AND RETURNED**

7-14-03 800142776-SCREEN POCOA
11-20-03 800145089-UG LP TANK

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: Begin trenches 130 feet down the left lot line and 60 feet off that same lot line
as seen when facing the lot from Weeping Cherry Drive. Run trenches on contour toward
the left lot line. 4/9/00 OR AM

PLANS APPROVED Amy McMillen DATE 4/13/2000

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

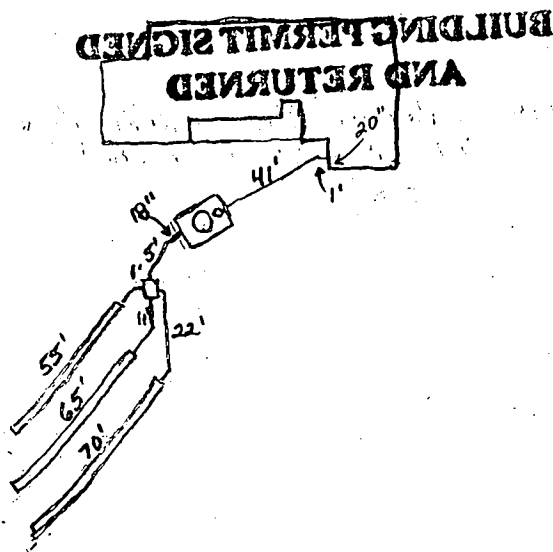
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

59262B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
TRENCH INLET DEPTH 3.0'
TRENCH BOTTOM DEPTH 5.0'
DEPTH OF STONE 2.0'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 180'
ABSORBENT AREA 540 sq. ft.
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1000 TS GALLONS
MANHOLE RISER Yes
6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~

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

Weeping Cherry Drive

PRE-CONSTRUCTION INSPECTION: 8/17/00 To place distribution box as shown on plan. To run 3 trenches, approximately 50', 60', and 70' in length (BB)
INSPECTION COMMENTS: 8/18/00 House connection made. System O.K. (O.K. to cover (BB))

INSPECTOR B. Baker

DATE SYSTEM APPROVED 8/18/00

APPLICATION

PERCOLATION TESTING

A 59262

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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:

MCKENDREE OVERLOOK

SUBDIVISION OSTERMAN PROPERTY LOT NO. LOT B 2/3

ROAD AND DESCRIPTION MCKENDREE ROAD APPROX. 800' SOUTH OF
INTERSECTION OF FREDERICK ROAD (144) 13971 WEEPING CHERRY
DRIVE

TAX MAP 15 PARCEL # 52

FILED **RECEIVED** **AND RETURNED** 4/13/00
Serial # B00123292

SIZE OF LOT 1 AC. + TYPE BLDG. SINGLE FAMILY DWELLING - 3 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

13
bright
dark
red
SiCLm

11.0

11
mottled
brown
SiCLm
10%
Rx grey

4.0

11
lgt red
to
pink
Salm
10%

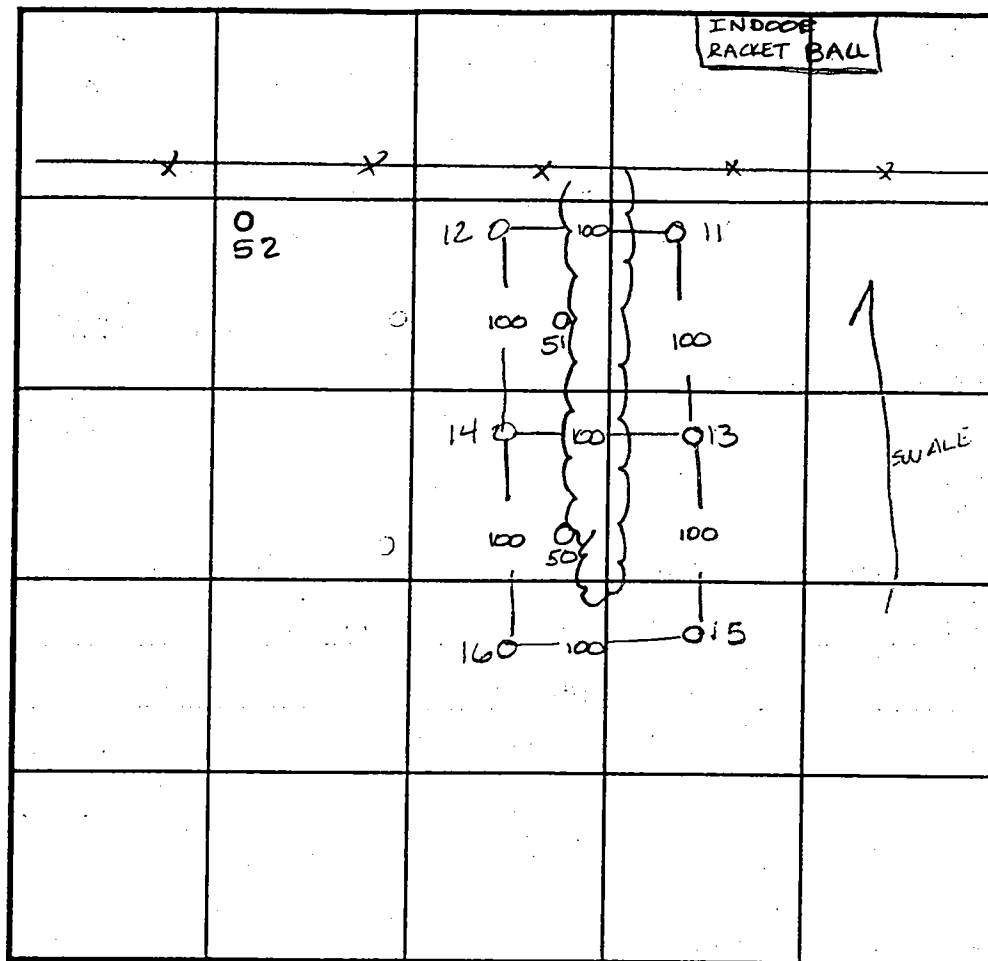
11.0

15
dark
red
brn
SiCLm

4.0

orange
brn
Salm
w/ pocket
of
grey
sand
coarse

12.0

INDOOR
RACKET BALL

SOIL PROFILE

16 50
dark
red
brn
SiCLm

3.0

lgt
tan
grey
Salm
coarse
10%
Rx

11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-30-97	13	3.5 v 11.0	10:44	No perc	- clay throughout		F
	11	3.5 v 11.0	10:46 ³⁰	10:51	10:51	11:00	9min F
	15	Visual	to 12.0 - see profile				OK
	16	3.5 v 11.0	11:04	11:06	11:08	11:10	2min
	50	Visual	to 11.5 - see profile				OK

REMARKS Hole 11 has a perched H₂O table at 4.0'

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 59262

P _____

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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

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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 # 2/3

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

TAX MAP 15 PARCEL # 52

SIZE OF LOT 1 AC. ± TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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' 14
dk
red
SiCLm

4.0

pink
SiLm
100%
Rx

12.0

12

red
brn
100% Rx

4.0

br
tan
Salm
15%
Rx

12.0

51

orange
red
SiCLm

3.5

pink
to
red
SiLm

12.0

SOIL PROFILE

0' 52
dark
red
CLm

3.0

lt
pink
SiSalm

7.5

>50%
Rx

9.0

refusal

See attached
for diagram

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-30-97	14	3.0 V12.0	11:06	11:08	11:08	11:08	2min
	12	Visual	only	- see profile -			OK
	51	Visual	to 12.0 - see profile -				OK
	52	Visual	- OK shallow only -				
		see profile					OK

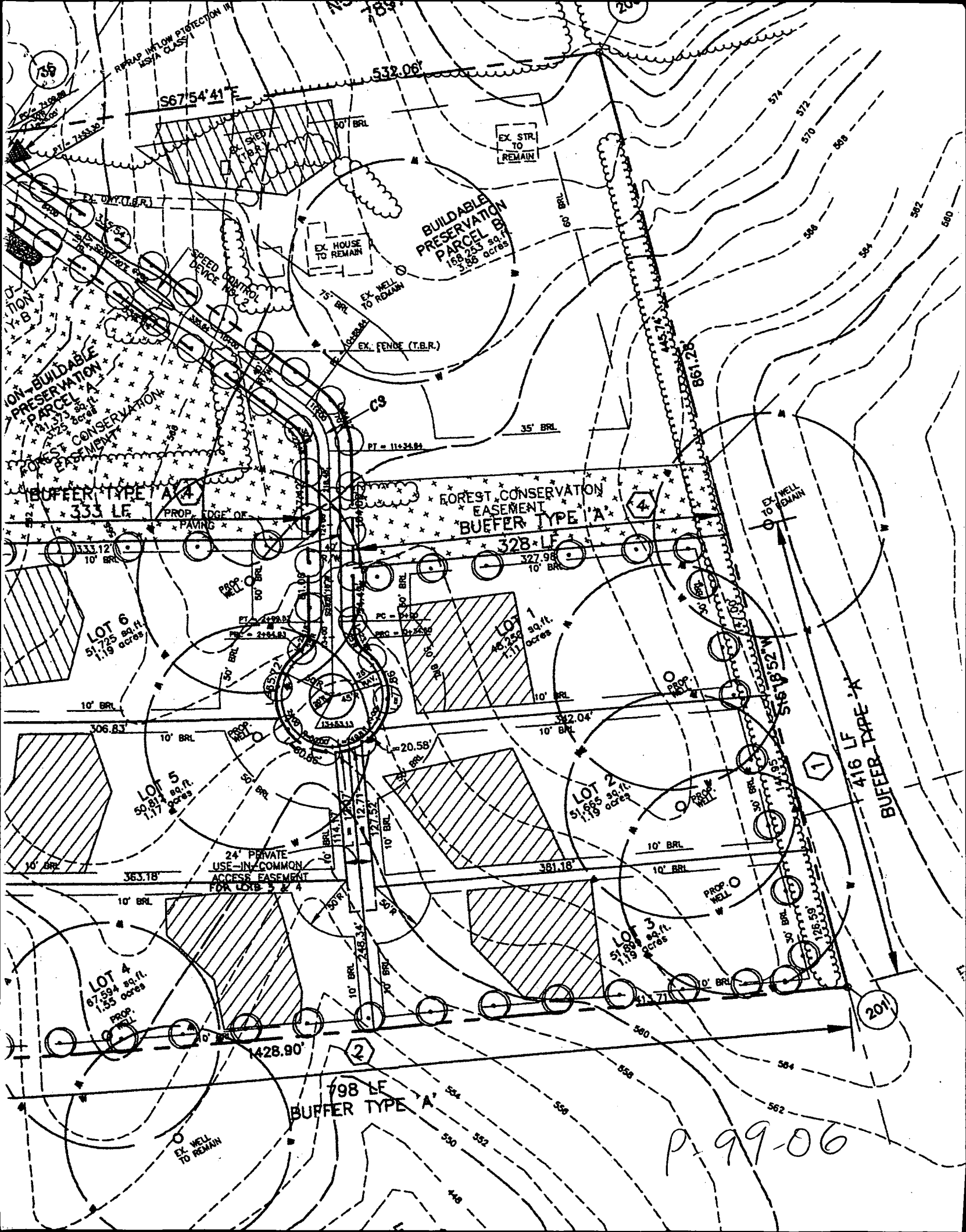
REMARKS _____

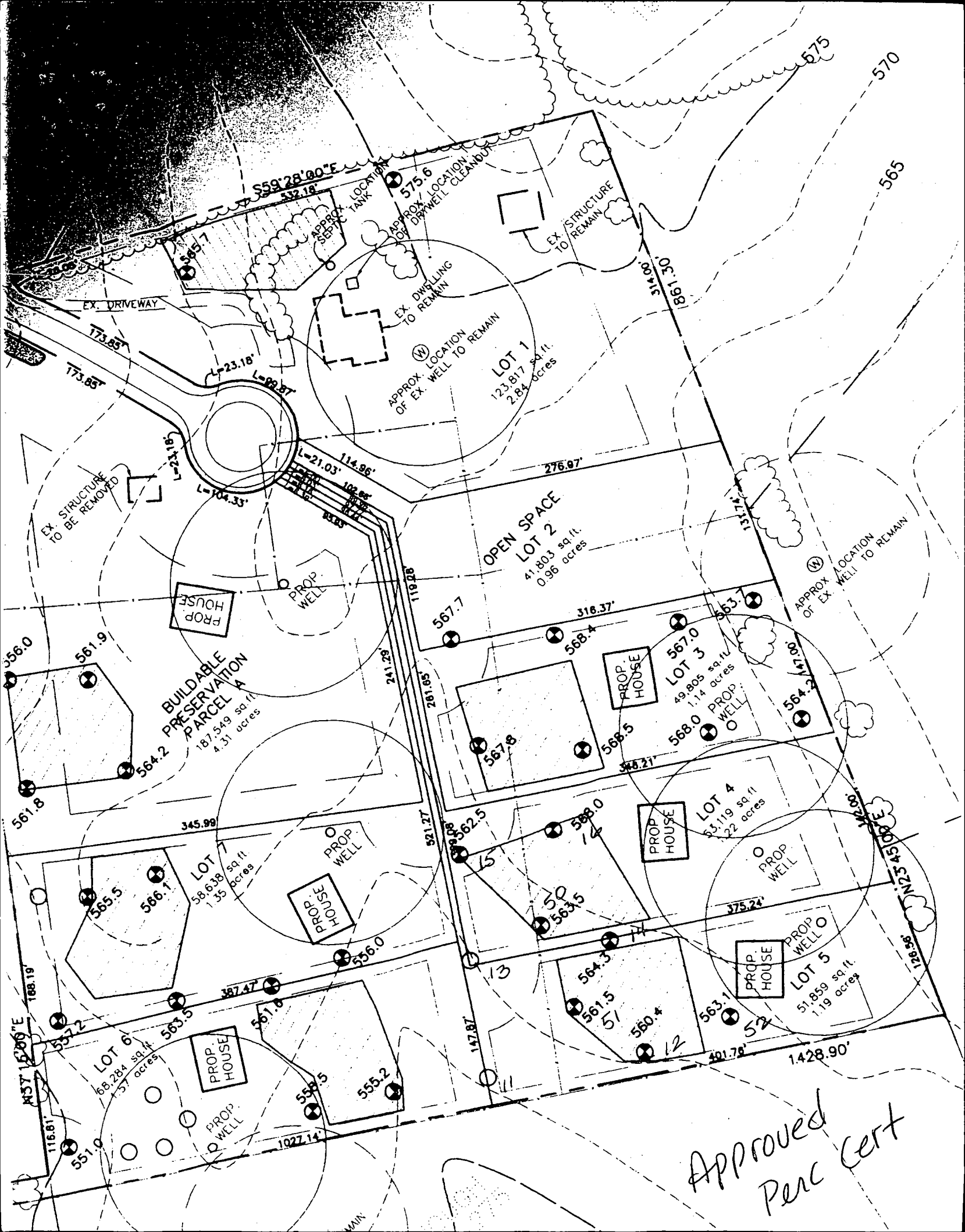
TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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





**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: S.K. Plumbing & Heating Inc. Telephone #: 410-775-0322
Address: 1220 E. S. K. Hwy
Keyman 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): Vincent K. K. License # 12205

*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: T. W. Jones Telephone #: 410-313-8722
Subdivision: McKendree Overlook Lot #: 2 Well Tag #: HO-94-2251
Site Address: 13971 Weeping Cherry Dr
West Friendship MD 21794

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Jacuzzi</u>	Make: <u>Unbranded</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>TS4510B-S2</u>	Model #: <u></u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>70</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>65</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 Skew

Safety rope, if used, attached to inside of well casing with eye bolt yes

Pipes to house

Type: PE
PSI: 160 (160 psi min)
Depth of supply line: 40 (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 ground observed below pitless adapter

✓
✓
✓
✓
✓
✓

(BB) SRH

B 1	1994	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2251 <small>fill in this form completely</small>
Date Received (APA) 0504 99 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name Trinity Homes		34 First Name		
36 Street or RFD 6212 Devon Dr.		55		
57 Town Columbia MD		76 Zip 21044		
DRILLER INFORMATION				
Driller's Name Ralph MAYNE		76 License No. MSD 116		
Firm Name Ralph MAYNE well Drilling		81		
Address 9120 Brown Church Rd. Mt Airy				
Signature Ralph Mayne		Date 4-30-99		
B 2 WELL INFORMATION				
1 APPROX. PUMPING RATE (GAL. PER MIN.)		12 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		20 500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____				
REPLACEMENT OR DEEPEENED 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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52 _____				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER 54 _____ 63 _____				
PERMIT No. HO-94-2251				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION OSTERMAN Prop 42

SECTION 44 LOT 2
44 46 48 50

52 NEAREST TOWN COOKSVILLE 71

MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

2 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD McKenna Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1400 37 4
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A59262B
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 051799 AM M.O. 051790
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 540 000 EAST GRID 770 000
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 770
N 540

000
000

9/8/99 grow
9/8/99
22ft casing
20 ft open
8 bags cement
Not present to observe BB

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

MD 144

McKenna Rd

1400'

well

C-1 06752 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 A592628

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"
H10-94-2251

OWNER Trinity Homes
STREET OR RFD McKendree Rd
SUBDIVISION Osterman Prop SECTION TOWN Cooksville LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES ☒ NO ☐
TYPE OF GROUTING MATERIAL (Circle one) CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 45-46 NO. OF POUNDS 85-86
GALLONS OF WATER 16
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 20 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEEL ☒ CONCRETE ☐
PLASTIC ☐ OTHER ☐
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 22
60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to
EACH CASING

SCREEN RECORD

screen type or open hole insert appropriate code below
STEEL ☒ BRASS ☐ OPEN HOLE ☐
PLASTIC ☐ OTHER ☐

DEPTH (nearest ft.)
1 2 HU 20 165

1 2 HU 20 165
E A C H S C R E E N
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
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

C 3

PUMPING TEST

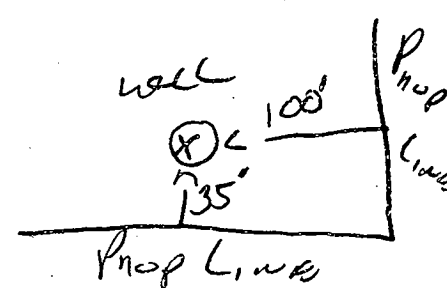
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 ft.
WHEN PUMPING 46 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

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
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 49
LAND SURFACE 2 (nearest foot)
☐ below 49

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES ☒ NO ☐

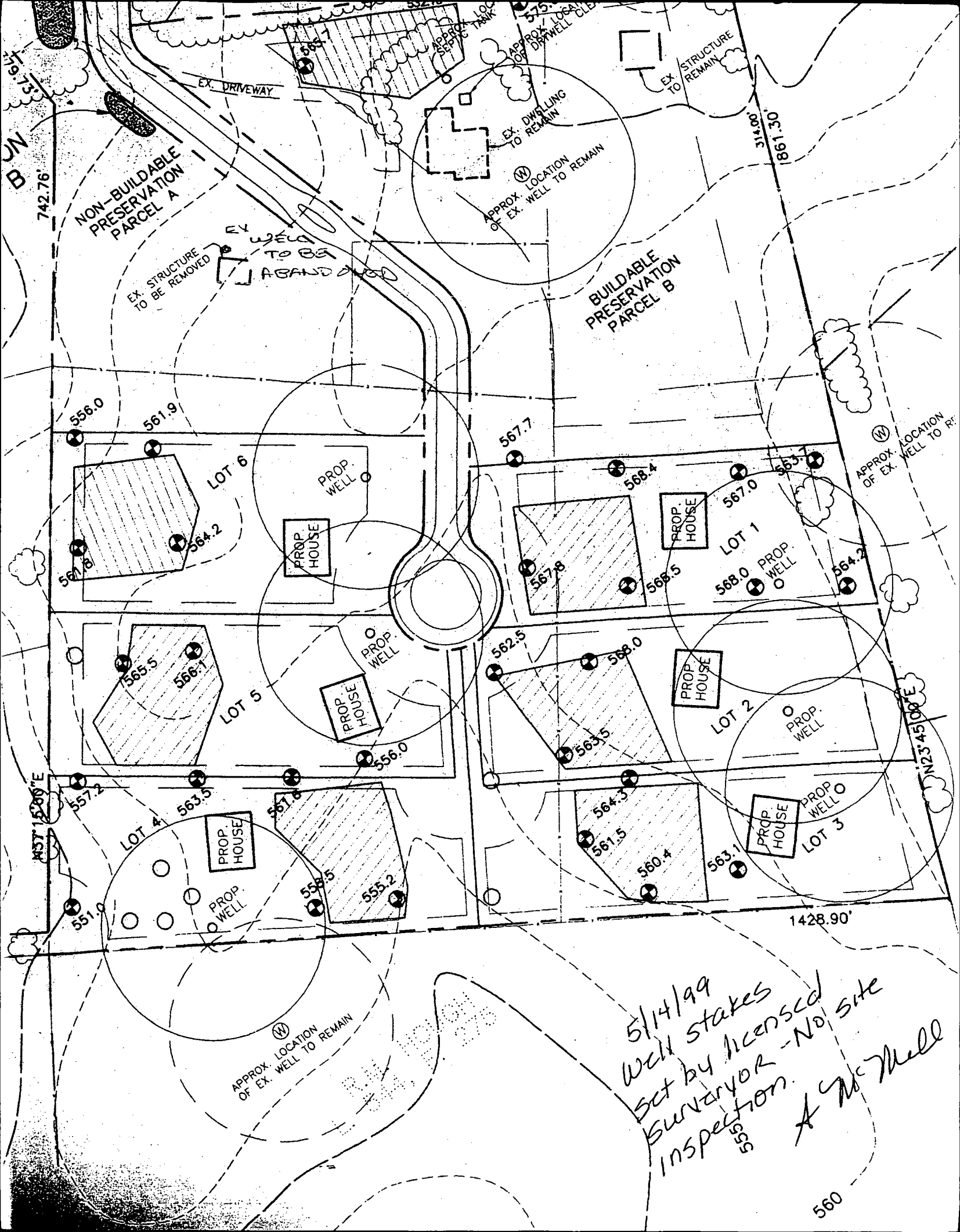
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

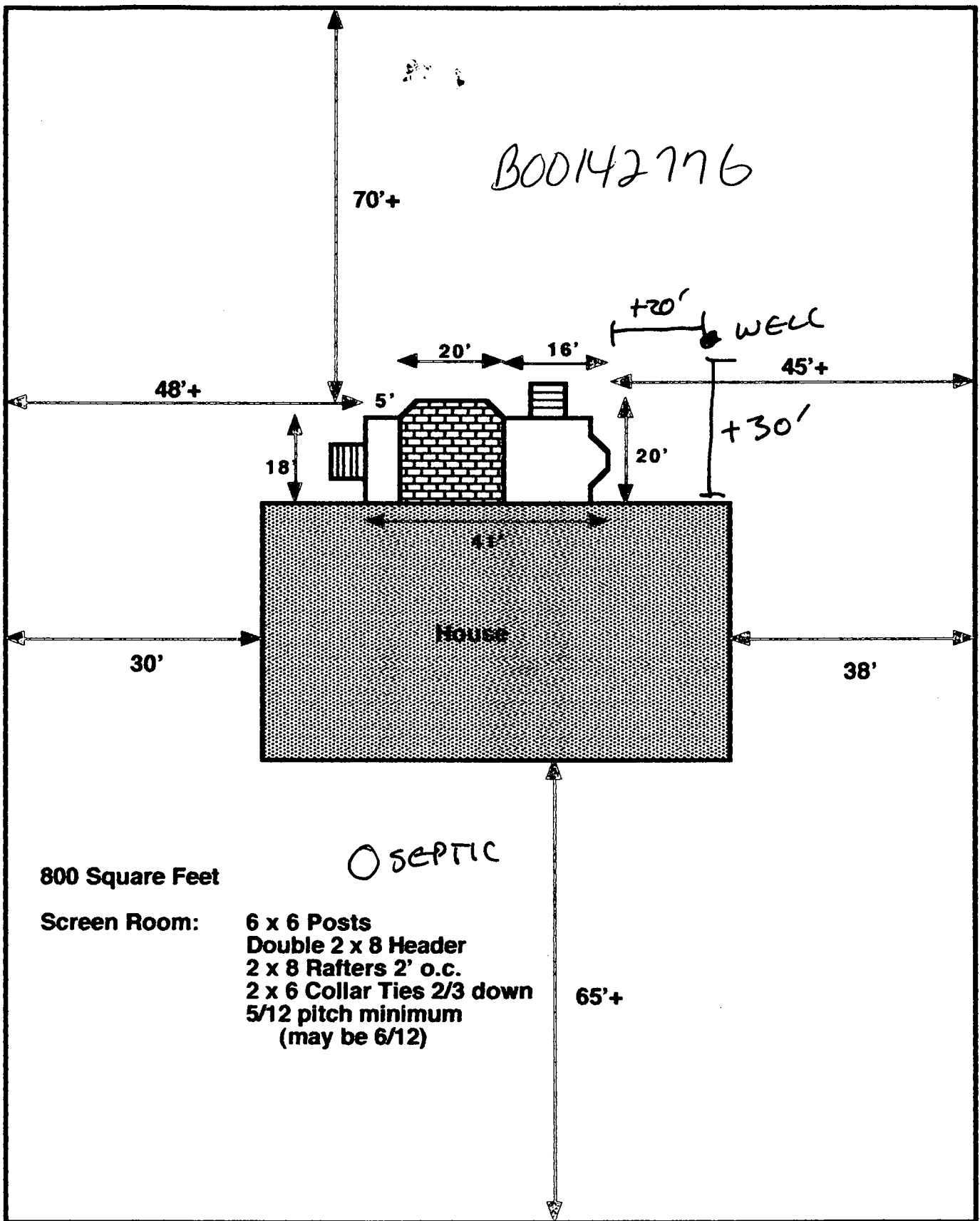
DRILLERS LIC. NO. 1 M SD 116
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY



5/14/99
Well stakes
set by licensed
surveyor - No site
inspection.
A. McMill



7/14/03
Deck location
O.K.

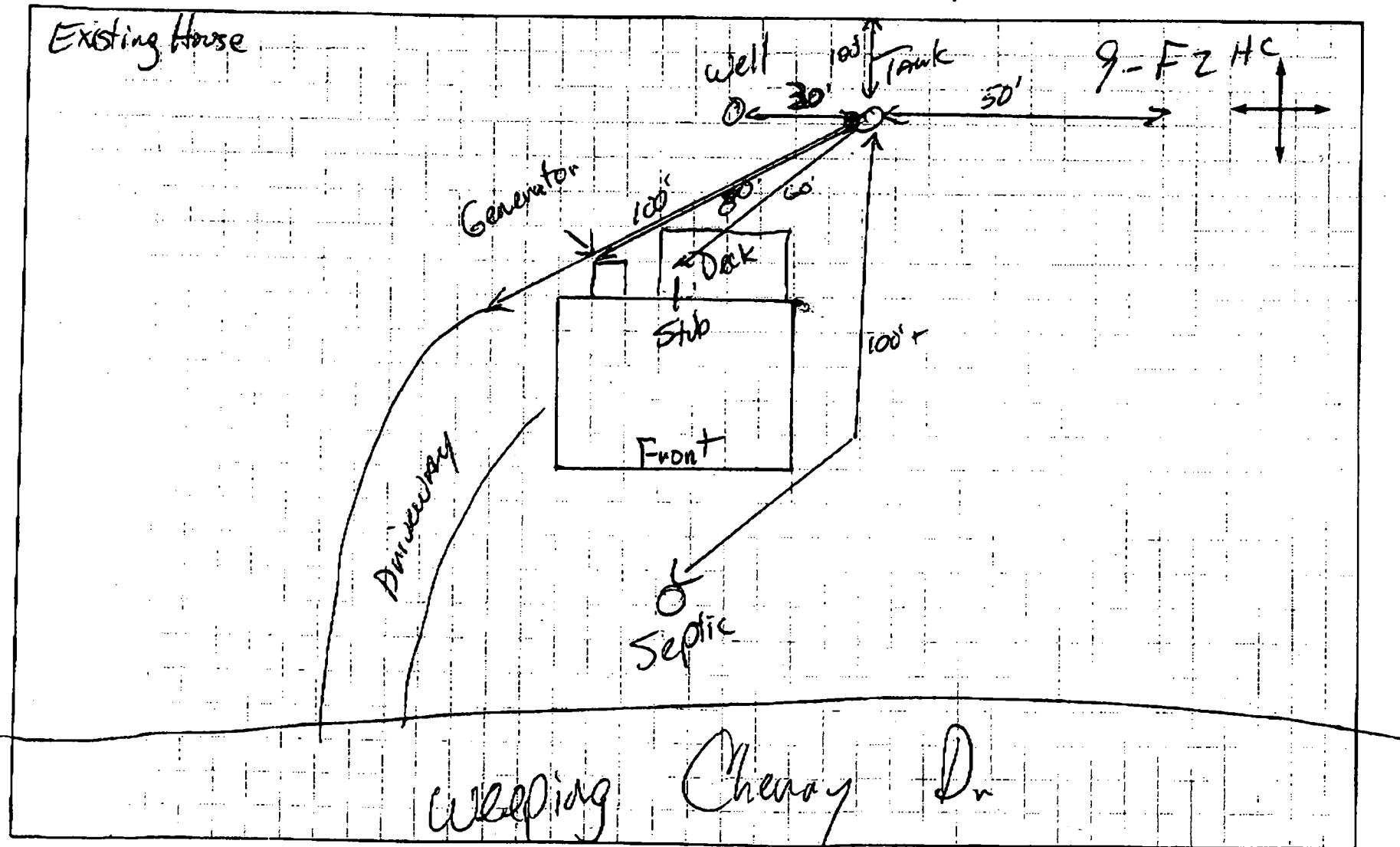
SITE SURVEY

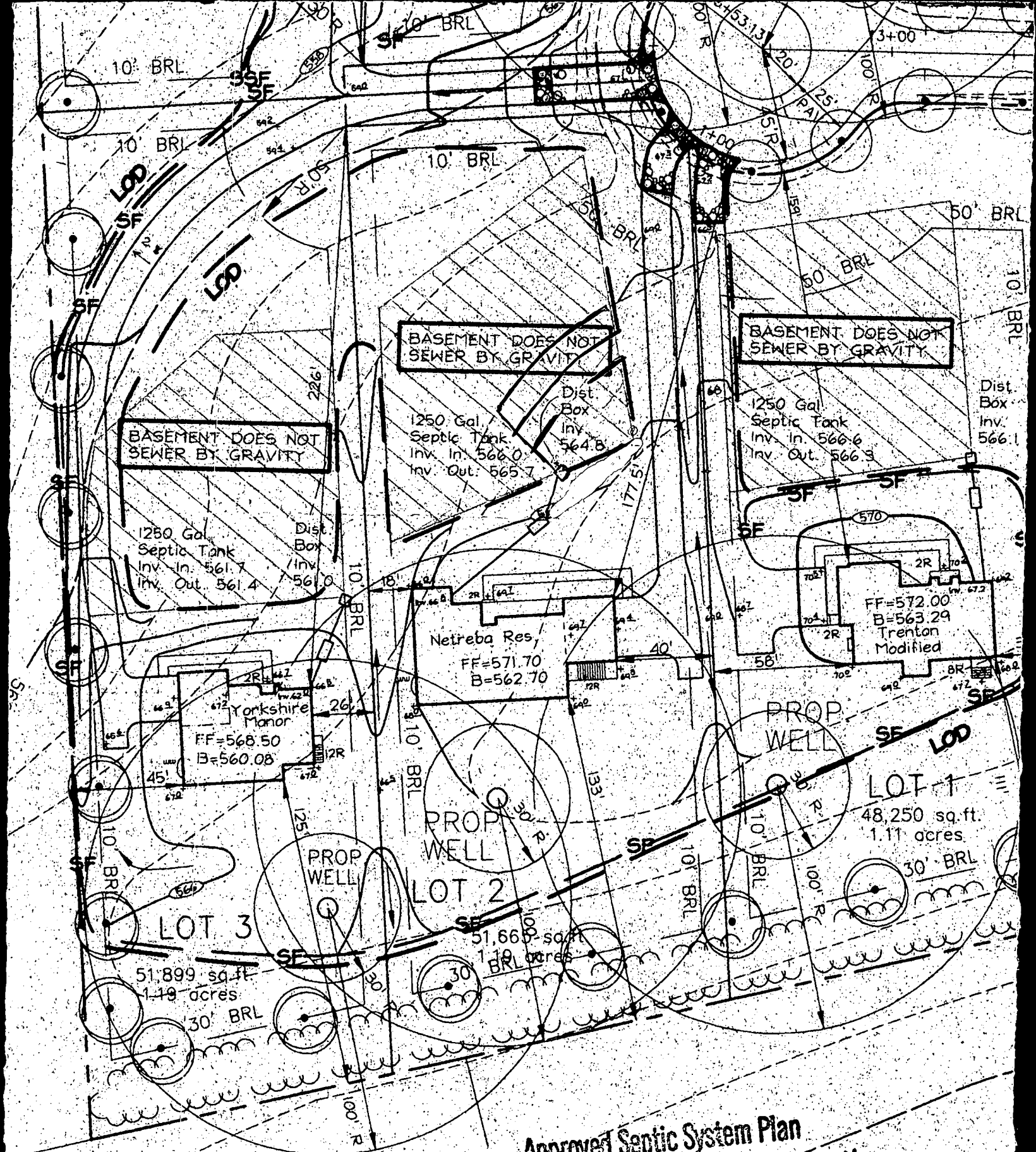
NAME: Nicholas Wetzel ADDRESS: 13971 Weeping Cherry Dr. ACCOUNT #:

DONE BY: Pierre DATE: 11/10/03

- ☒ WELL
- ☐ PUBLIC WATER
- ☒ DELIVERY ACCESS
- ☒ PROPERTY LINE SETBACKS
- ☒ NEW/EXISTING CONSTRUCTION
- ☒ SEPTIC
- ☐ PUBLIC SEWER
- ☐ LANDMARKS/OBSTACLES
- ☐ IGNITION SOURCE SETBACKS
- ☒ DIRECTIONAL COMPASS

11/20/03
Site map
done per
request OK KN
BOD 145089





Approved Septic System Plan
Howard County Health Department

Total linear feet of trench
required 180 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Amy M. M. M. 4/13/00
Signature Date

ENGINEER: VOGEL & ASSOC