

2/16/00 12:30-1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513157

A 511538

DISTRICT _____

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

RPS# 311805

INDEXED

DATE 12/3/1999

DATE SYSTEM APPROVED 2/16/00

INSPECTOR S.R.K.

Global Equipment _____ IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS P.O. Box 3595, Frederick, Maryland 21705 PHONE 301-261-4885

SUBDIVISION Roseway Property LOT _____ ROAD 12737 Triadelphia Road

PROPERTY OWNER Frank & Julie Collen

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BLDG. PERMIT ~~ISSUED~~
AND RETURNED 5/4/00
B00123697 LP tank

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 199.02' and 260.77' lot lines, begin trenches 215 feet down the 260.77' lot line and 80 feet off that same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/9/99 DKS

PLANS APPROVED BY Amy McMillen DATE 7-29-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

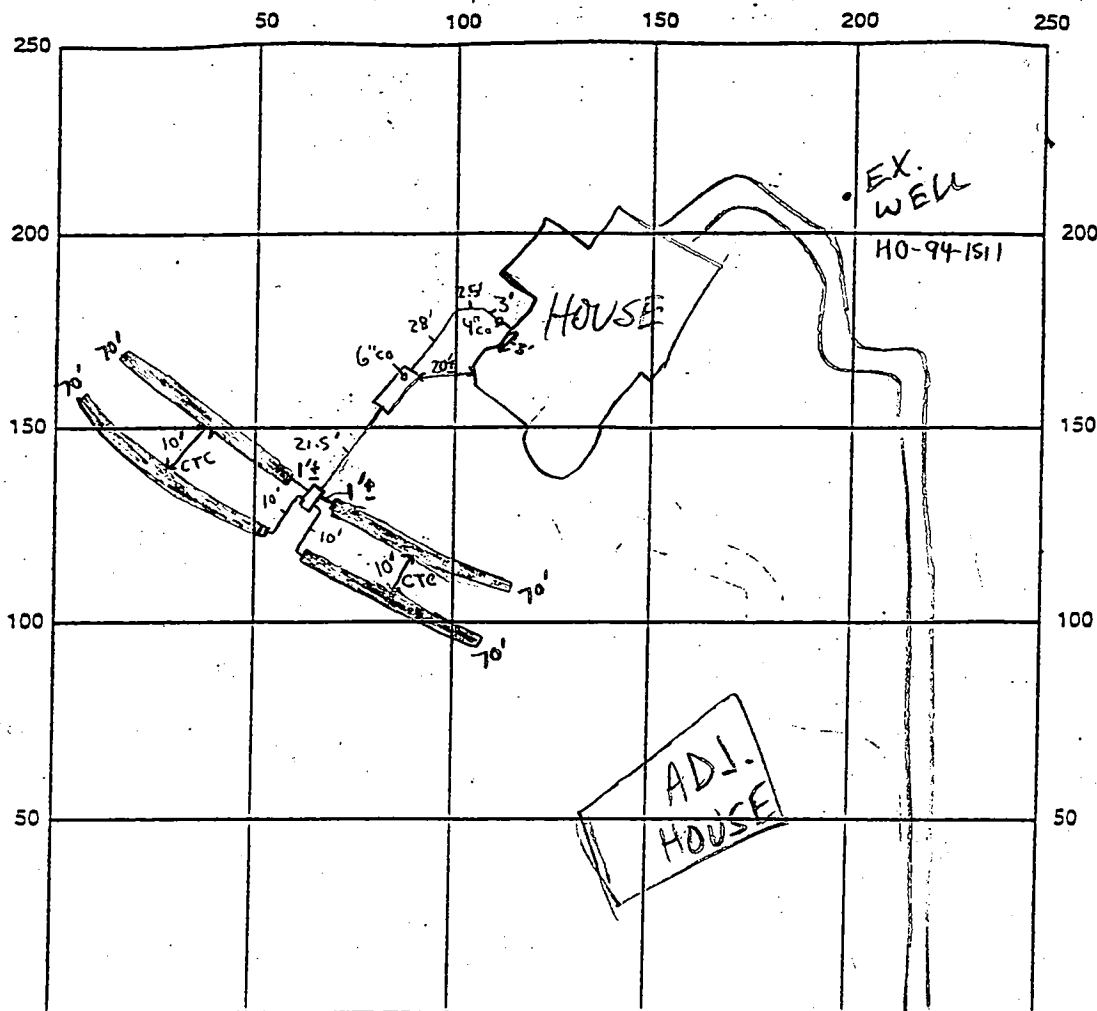
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 5 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEM.

NOT TO SCALE



TRIA. ROAD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL TOP-SEAMED ^{Baffle} IN CLEANOUTS 4" at house, 6" at Septic Tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD ^{TILE} ~~TILE~~ DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL ~~BOTTOM AREA~~ 840 SQ. FT.

^{DRY WELL} DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 2/15/00 OK TO COVER S-T. INSTALL TRENCHES 10' CTR-TO-CTR. CONTINUE

2/16/00 - OK TO COVER ALL WORK (SRK)

DATE SYSTEM APPROVED 2/16/00 INSPECTOR Steven R. Kiez

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

A 36573

P _____

DISTRICT _____

DATE 2/10/86

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 Thomas F. Roseway

ADDRESS 12755 Triadelphia Rd., Ellicott City, Md. PHONE 988-9792
21043

PROPERTY LOCATION:

SUBDIVISION Wayside Estates LOT NO. MAP 22 p 226
BA

ROAD AND DESCRIPTION 12755⁶⁹ Triadelphia Rd.

SIZE OF LOT 3 acres TYPE BLDG. 3 to 4
(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. Thomas F. Roseway
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

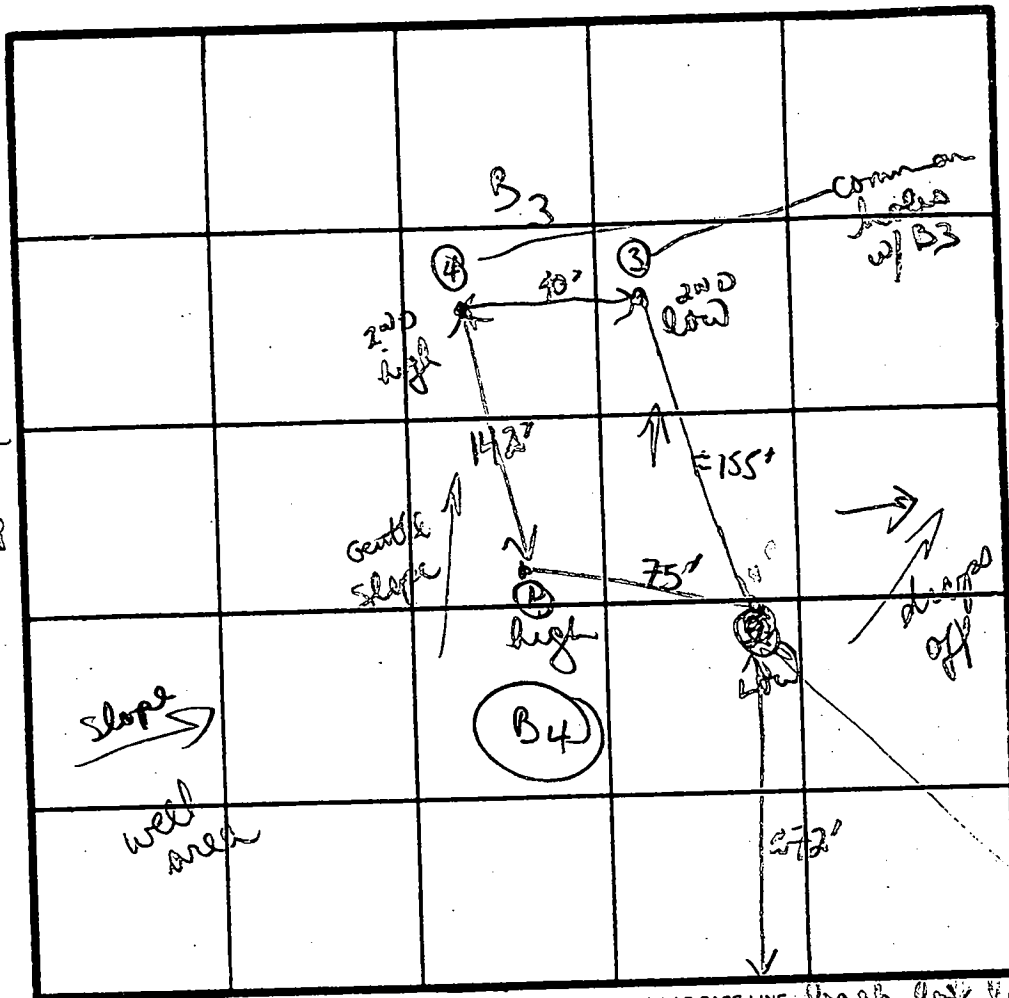
HOLD PENDING FURTHER TESTS _____ DATE _____
7/29/99
B00119562
SFA-4 BAMS

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

1
Brown/red sandy clay loam
3 1/2' med/coarse grain silty sandy micaceous loam
25% 2-4" frags of siltstone
12' D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. back lot line (curve fence)

2
Brown sandy/micaceous clay loam
3 1/2' med grain silty sand (heavy micaceous) loam uniform to bottom
12 1/2' D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/24/80	①	3 1/2 S	206	213	213	224	11 MIN
		8 1/2 M	205	213	213	226	13 MIN
		12' D	bottom (see profile)				
	②	3 1/2 S	207	212	212	218	6 MIN
		12 1/2 D	bottom (see profile)				
	③						
	④	common - see B3 for times					

approved
2/26/80
REMARKS

uniform soils for all holes tested

sandy clay loams 3-4'; silty micaceous loams below

TYPE OF SOIL

B. Nelson

ALSO PRESENT

owner, Alan W.

TESTED BY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3523-H Ellicott Mills Drive
Ellicott City, MD 21043
461-0933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement

Receipt # _____
Date _____

Name of Installer All Around Plumbing, Inc.

Telephone 301-829-6745

License Number 18121

Certified Well Pump Installer _____ Well Driller _____

Registered Plumber ☒
410-531-0998

Name of Property Owner Frank Collier

Telephone 410-710-1201

Subdivision _____

Lot # _____

Well Tag # HO-94-151

Site Address 12731 Scindaphna Rd Ellicott City

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒

2. Make Goodyear

3. Model # _____

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes _____ No ☒

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. RPM 3750

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make _____

2. Model # B-20K

3. Depth 4'

Tank

1. Capacity 1140

2. Pressure relief

valve? yes

Piping

1. Type PE

2. Size 1 1/4"

3. NSF and/or BOCA

Code approved yes

4. Depth of supply

line 180'

Well data

1. Depth 20 ft.

2. Yield 6 GPM

3. Static water

level 50 ft.

4. Will water supply

be disinfected by

installer? yes

2/24/00 Arrived at 12:30. Already
covered, late for A.M. inspection.
Cap O.K. HO-94-151 (BB)

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: J. Bender Mudd

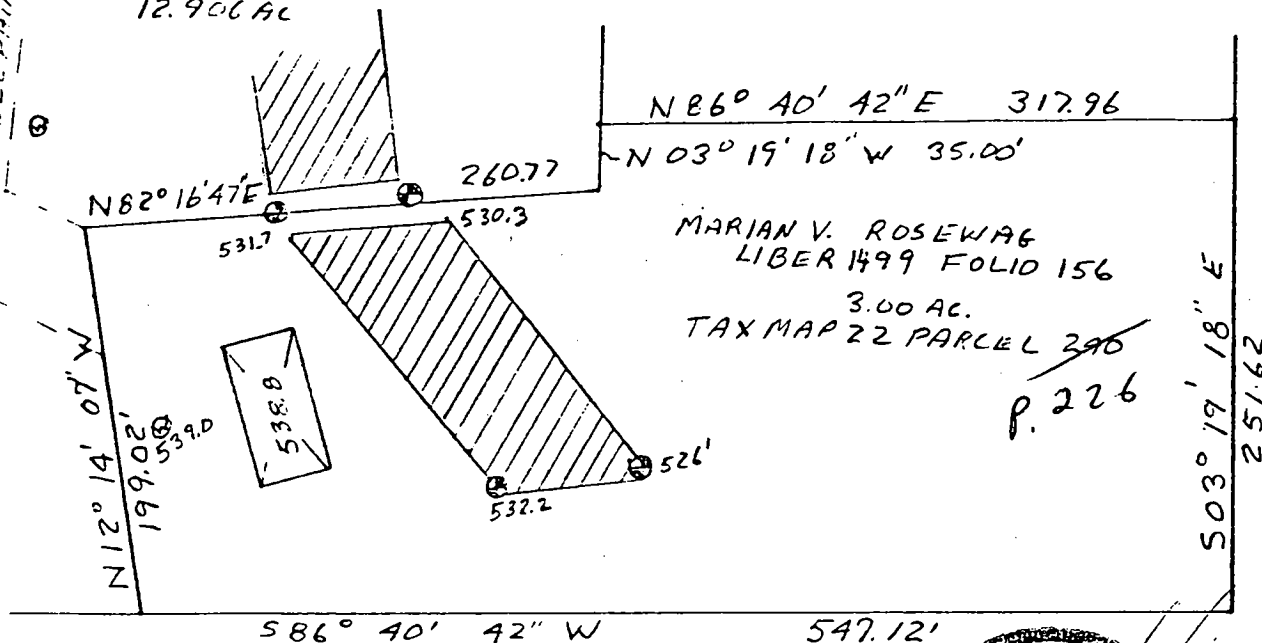
Date: 2-17-00

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

T/

THOMAS F. ROSEWAG
1499/160
12.906 AC

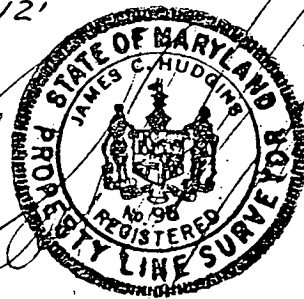
50' EASEMENT FOR
INGRESS & EGRESS
TO TRIANGLE PARK



MARIAN V. ROSEWAG
LIBER 1499 FOLIO 156

3.00 AC.
TAX MAP 22 PARCEL 240

P. 226



This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

James M. Boyd for F.S.
County Health Officer

8/26/86
Date

PERCOLATION TEST PLAT

PROPERTY OF

MARIAN V. ROSEWAG

TAX MAP #22 PARCEL 240

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 7/28/86

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, MD 21771
(301) 442-2031

APPLICATION

PERCOLATION TESTING

A 511538

P _____

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

4/26/99
Proposed adjustment
to recorded sewage
disposal easement

DISTRICT _____

DATE 4/23/99

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 Frank + Julie Collen

ADDRESS 9685 Basket Ring Rd #1, Columbia MD 21045 PHONE 410-740-7201

AGENT OR PROSPECTIVE BUYER Mark Folsom

ADDRESS 724 Chessie Crossing Way PHONE 301 854-5215

PROPERTY LOCATION: Woodbine, MD 21797

SUBDIVISION Marion Reservoir Property LOT NO. _____

ROAD AND DESCRIPTION 12737 Tridelphia Road, Glenelg MD

TAX MAP 22 PARCEL # 240

SIZE OF LOT 2.99 acres TYPE BLDG. Single Family
(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.

John A. Collen Frank C Collen
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

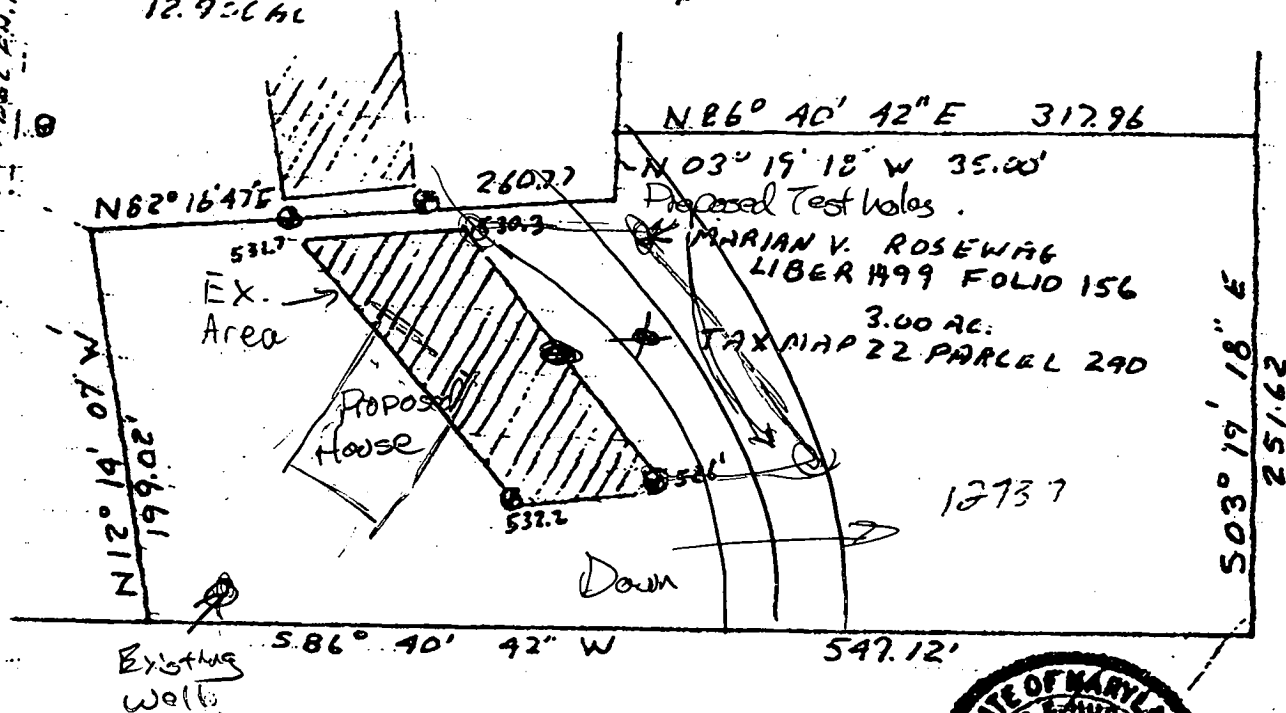
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

MAXIMUM BOTTOM DEPTH

THOMAS F. ROSEWAG
1499/160
12.9 AC.



/// This area designates a private sewage easement of square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and as shown.

As shown hereon comply with the minimum ownership width and areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

PERCOLATION TEST PLAT

PROPERTY OF

MARIAN V. ROSEWAG

TAX MAP #22 PARCEL 240

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 7/28/86

WAYSIDE MANOR
PLAT 7076
LOT 2

WAYSIDE MANOR
PLAT 7076
LOT 3

EX. ELEC.
TRANSFORMER
EX. 5'x5'
TELE. PAD

PERC

SEPTIC AREA

PROPOSED HOUSE

E. PROPOSED DRIVE

E. EX. DRIVE
(EARTH & GRAVEL)

EX. WELL

Revised Permitted by HO 6/29/99

MgB2

GIC2

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 481 - 2855

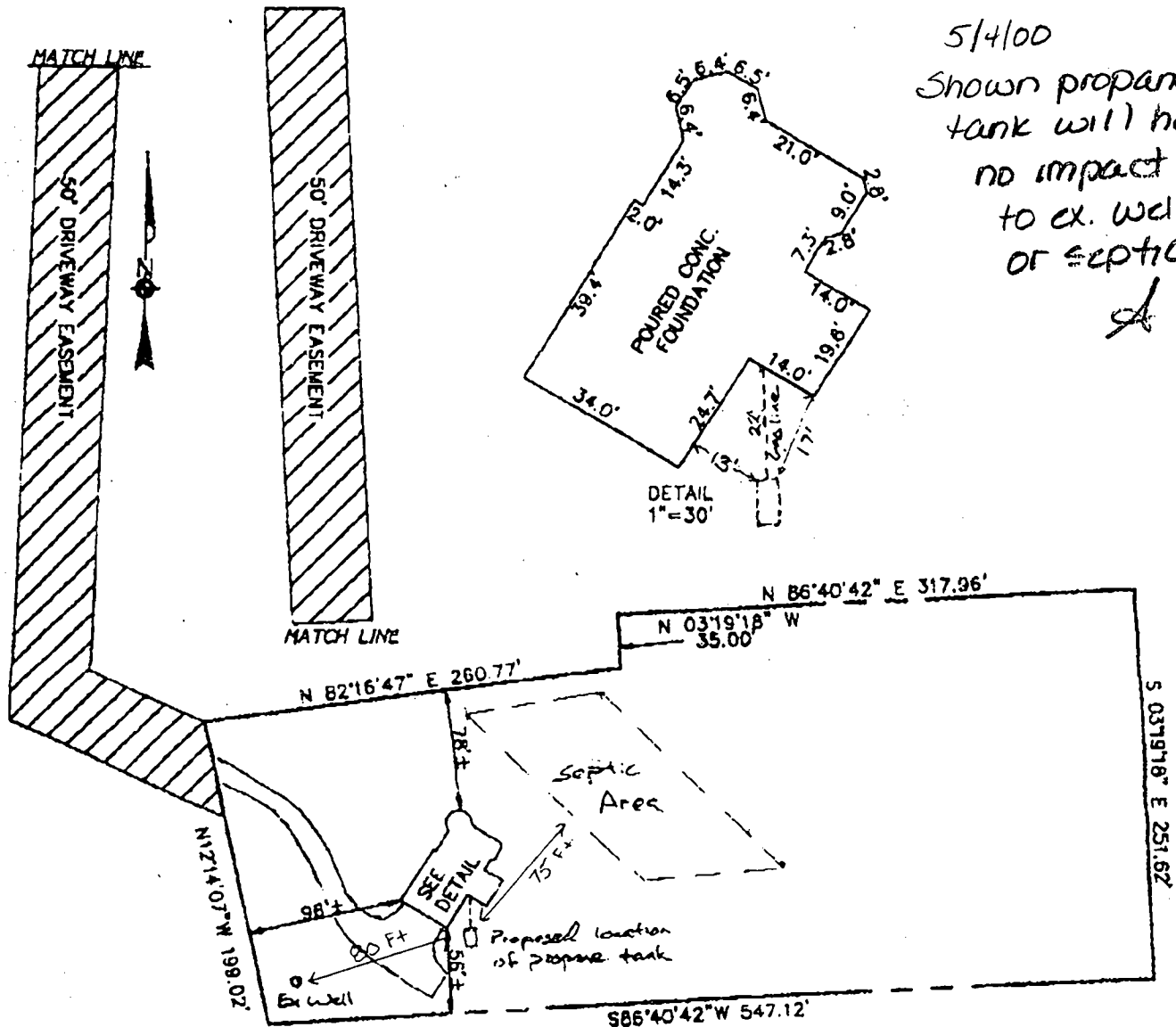
APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.

Sandy Sue Baker
COUNTY HEALTH OFFICER

6/29/99
DATE

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0021 B EFFECTIVE DATE: DEC. 1, 1986
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

TRIADELPHIA ROAD

5/4/00
Shown propane
tank will have
no impact
to ex. well
or septic
A

Install (1) 500 Gallon ASME UNDERGROUND
LP TANK per NFPA 58

PARCEL 240
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
DEED REF. LIBER 1499 FOLIO 156

TOP OF FOUNDATION ELEV. = 100.9' SCALE 1"=100'

WAYSIDE MANOR
PLAT 7076
LOT 3

EX. ELEC.
TRANSFORMER
EX. 5'x5'
TELE. PAD

PERC

Approved Septic System Plan
Howard County Health Department

Amy McMillen 7/29/99

Total linear feet of trench
required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 5.5 feet
Depth of stone required below
distribution pipe 2 feet

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 100.00
B. BASEMENT ELEVATION: 91.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 86.10
D. INVERT IN AT SEPTIC TANK: 85.00
E. INVERT OUT AT SEPTIC TANK: 88.20
F. PROPOSED GRADE OVER SEPTIC TANK: 88.20
G. INVERT AT DISTRIBUTION BOX: 84.10
H. EXISTING GROUND OVER DISTRIBUTION BOX: 88.00
I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT
ISSUANCE
J. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING
ANY CONSTRUCTION
K. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM

WAYSIDE ESTATES
PLAT 3773
LOT 8

586° 40' 42" W 547.12'

C 1 05062		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.		
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)						COUNTY 13 - A 36513		
ST/CO USE ONLY DATE Received 5-19-98		DATE WELL COMPLETED MM 5 DD 6 YY 98		Depth of Well 22 340 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-1511		
OWNER COLLEN FRANK last name first name		STREET OR RFD TRIADOLPH RD		TOWN WEST FRIENDSHIP				
SUBDIVISION MALIAN ROSEWAG PROPERTY		SECTION MAP 22 GRID 11 P 226		LOT				
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) (Y) (N)			PUMPING TEST		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)			HOURS PUMPED (nearest hour) 6		
FEET FROM TO			NO. OF BAGS 20 NO. OF POUNDS 1800			PUMPING RATE (gal. per min.) 3		
GALLONS OF WATER 120			DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 65 BOTTOM 58 ft. (enter 0 if from surface)			METHOD USED TO MEASURE PUMPING RATE Bucket		
Sand Gray Mica Rock 0 66 66 340 Dry well 440' filled in with Cement & ducking materials			CASING RECORD			WATER LEVEL (distance from land surface)		
			casing types insert appropriate code below			BEFORE PUMPING 40 ft.		
			MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70			WHEN PUMPING 240 ft.		
			OTHER CASING (if used) diameter inch depth (feet) from to			TYPE OF PUMP USED (for test)		
EACH CASING			SCREEN RECORD			PUMP INSTALLED		
screen type or open hole			TYPE OF PUMP INSTALLED			DRILLER WILL INSTALL PUMP (YES or NO) (NO)		
insert appropriate code below			PLACE (A,C,J,P,R,S,T,O) 29			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
NUMBER OF UNSUCCESSFUL WELLS: 1			CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35			TYPE OF PUMP INSTALLED		
WELL HYDROFRACTURED (Y) (N)			PUMP HORSE POWER 37 41			PUMP COLUMN LENGTH (nearest ft.) 43 47		
CIRCLE APPROPRIATE LETTER			C 2 DEPTH (nearest ft.) H0 68 340			CASING HEIGHT (circle appropriate box and enter casing height)		
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			E A C H S C 3 R E E N			above } LAND SURFACE		
E ELECTRIC LOG OBTAINED			SLOT SIZE 1 2 3			below } 2 (nearest foot)		
P TEST WELL CONVERTED TO PRODUCTION WELL			Diameter of Screen (NEAREST INCH) 56 60			LOCATION OF WELL ON LOT		
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
DRILLERS LIC. NO. MS D024			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)			 547.12		
DRILLERS SIGNATURE Larry M. Ayre			T (E.R.O.S.)					
LIC. NO. MS D021			70 72 74 75 76					
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE CASING LOG INDICATOR OTHER DATA					

Page 1 of 1
Date 5/6/98

Review OK KM 5-20-98

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1511

TAX MAP 22 GRID 11

Location of property (road) TRIADOLPHIA RD

PANCEL 226

Subdivision M. ROSEWALD PROPERTY

Lot Block Plat Sec.

Well Driller J. MAYNE

Owner FRANK COLLEN - JULIE COLLEN

Depth of well 340'

Distance of measuring point (M.P.) above ground 1 1/2'

Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30

Pumping rate 15 gpm

Total time 30 min to reach pumping water level 240' below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	140'	4 sec.	N/A	15 gpm
7:00	240	7		150'
8:15	237	20		3
8:30	237	20		3
8:45	237	20		3
9:00	237	20		3
9:15	237	20		3
9:30	237	20		3
9:45	237	20		3
10:00	237	20		3
10:15	237	20		3
10:30	237	20		3
10:45	237	20		3
11:00	237	20		3
11:15	237	20		3
11:30	237	20		3
11:45	237	20		3
12:00	237	20		3
12:15	237	20		3
12:30	237	20		3
12:45	237	20		3
1:00	237	20		3
1:15	237	20		3
1:30	237	20		3

HD-224 100 237

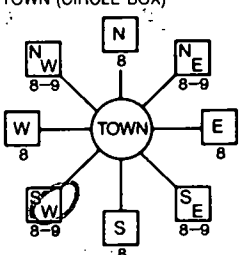
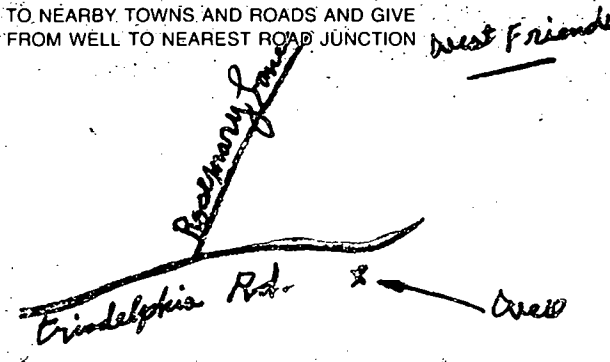
100 237

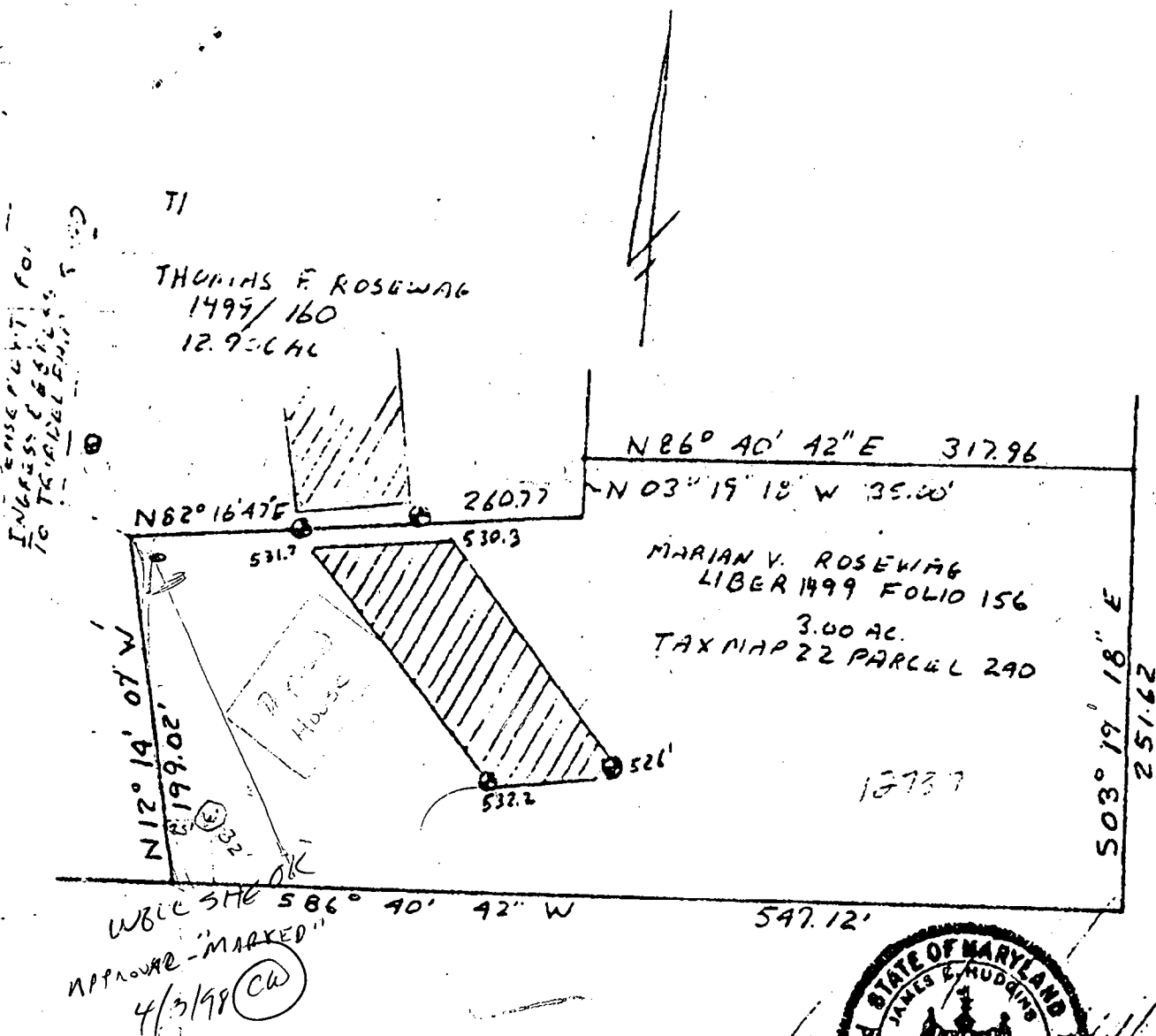
20

20

3

3

B 1 9464 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY) 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40 - 94 - 1511 fill in this form completely
Date Received (APA) 8 MM DD YY 13 <u>Collen</u> 15 Last Name <u>13110 Claxton Drive</u> 36 Street or RFD <u>Laurel Md. 20708</u> 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 <u>Marian V. Roseway Property</u> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <u>West Friendship</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>3 1/2</u> M I 73 76 77 78	
OWNER INFORMATION Driller's Name <u>Joseph L. Mayne</u> M S D 24 76 License No. 81 <u>Joseph L. Mayne, Inc. Drilling</u> 5512 Ridge Rd. Mt. Airy Md. 21771 Address <u>Joseph L. Mayne</u> <u>4/1/98</u> Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>22</u> BLK: <u>11</u> PARCEL <u>240</u> <u>226</u>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>50</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A36513</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>040398</u> <u>C. W. Allen</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>524</u> 000 EAST GRID <u>0813</u> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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>810</u> 3 N <u>520</u> 4 000 000	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary Drive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 FORCE <u>62</u> WRITE INITIALS IN BOX PERMIT No. <u>40 - 94 - 1511</u> 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



 This area designates a private sewage easement of 0 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement is not necessary.

Location test holes shown hereon have been field located and marked as "X".

Locations shown hereon comply with the minimum ownership width and areas as required by the Maryland State Department of Health and Mental Hygiene.

Location areas and water wells for adjoining lots have been shown where pertinent.

NOTED: For Private Water and Private Sewage Systems

Done by W. Deed in F.S.

8/26/86



PERCOLATION TEST PLAT

PROPERTY OF

MARIAN V. ROSEWAG

TAX MAP #22 PARCEL 240

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 7/28/86

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, MD 21771

County Farm lot 3

Frank + Julie Collier

THOMAS F. ROSEWAG
1499/160
18.926 AC

N 66° 40' 42" E 312.96
N 03° 19' 18" W 35.00'

MARIAN V. ROSEWAG
LIBER 1499 FOLIO 156
3.00 AC.
TAX MAP 22 PARCEL 240

S 03° 19' 18" E
251.62

1273.7

S 86° 40' 42" W 547.12'

4/23/98

Well site okayed
over the phone.
Front of lot (well site)
reported higher than SDA by CW.

A. McHelle
This area designates a private sewage easement of
300 square feet as required by the Maryland State Department of
Health and Mental Hygiene for individual sewage disposal. Improve-
ments of any nature in this area are restricted until public sewage
collection. These easements shall become null and void upon con-
nection to a public sewage system. The County Health Officer shall
be the authority to grant variances for encroachments into the
sewage easement. Recordation of a modified sewage easement
shall be necessary.

Whether easement shown herein have been field located and
marked "X".

lots shown herein comply with the minimum ownership width and
area as required by the Maryland State Department of Health
Mental Hygiene.

sewerage system and water wells for adjoining lots have been
shown pertinent.

NOTE For Private Water and Private Sewage Systems



PERCOLATION TEST PLAT

PROPERTY OF

MARIAN V. ROSEWAG

TAX MAP 022 PARCEL 240

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 7/28/86

NTT Associates, Inc.
16203 Old Frederick Road

Joseph L. Mayne Well Drilling
5512 Ridge Rd.
Mt. Airy Md. 21771

Fax 410-629-5384
301-629-7154

Re Kim - Howard Co. Health Department
Telephone no. 313-2640
Fax 313-2648

Sent from Betty Mayne
Pages 3 including transmittal page.
Date 4/6/98

THIS LOCATION
TO CLOSE
36" TLC
DRILLER WILL
CONTACT
OWNER.
4/7/98

Comments: This location for Jack & Julie Collier.
I sent state permit and location 4/1/98.
You may not have it yet. They want to change
the location to this one -

Betty Mayne

FAX COVER SHEET

FRANK & JULIE COLLEN

13110 Cloxton Drive

Laurel, MD 20703-1839

Phone: (301) 488-3801

FAX: (301) 488-3801

SEND TO	
Company name	From
Joseph Mayne	Julie Colleen
Address	Date
	4/5/98
Office location	Office location
	Laurel, MD
Fax number	Phone number
301-829-5384	301-488-3801

☐ Urgent
 ☐ Reply ASAP
 ☐ Please comment
 ☐ Please review
 ☐ For your information

Total pages, including cover: 2

COMMENTS

Joe,

After talking to a builder, we realized that the well needs to be a little further down the property line. This is a copy with the new proposed location. The stake has been moved to the new location as

Please give Frank a call the day before you plan to drill.

We can be reached during the day at the following numbers:

Frank - 301-860-3030 ext. 2879

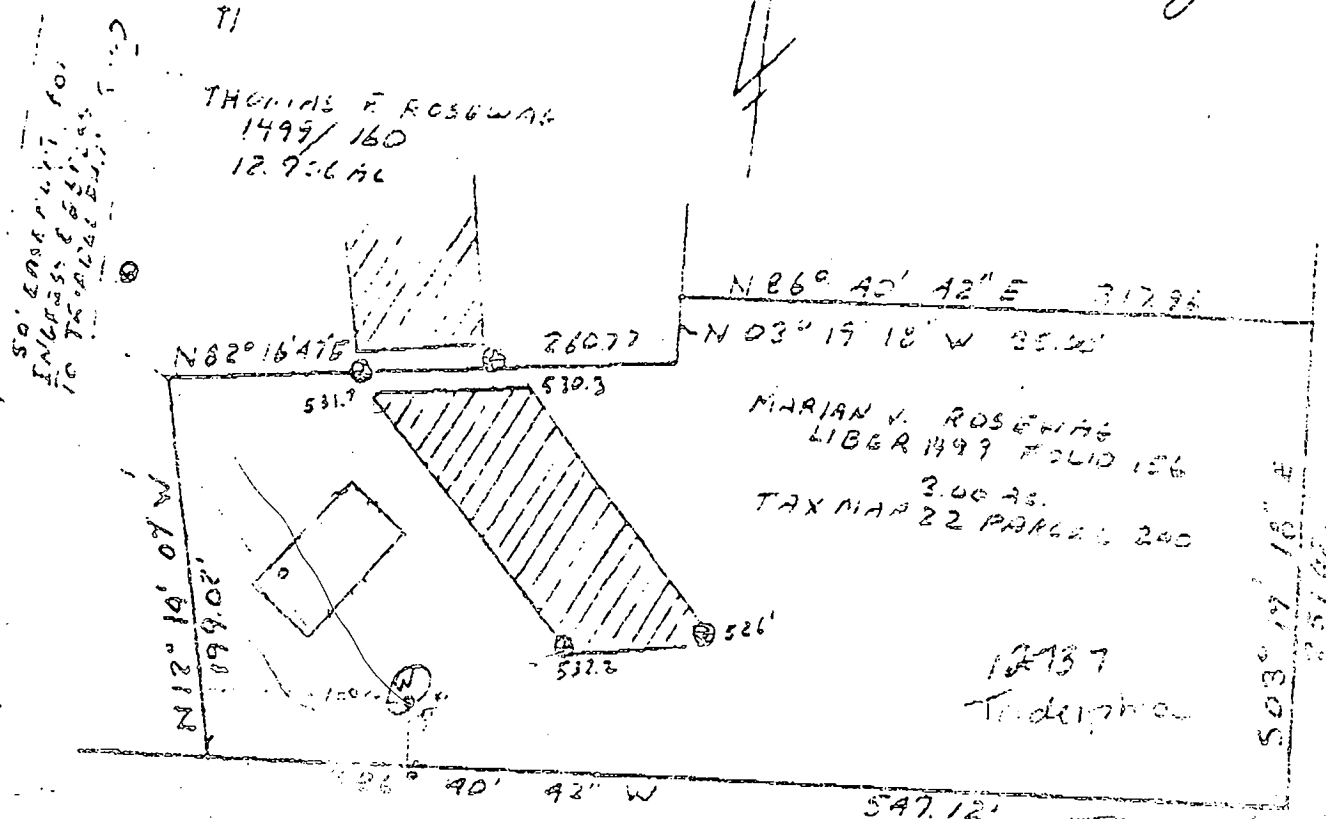
Julia - 301-460-2150

Please call if there is anything else you need.

Thanks,

Frank & Julie Colleen

Frank & Julie Collen



12437
Tidepore



PERCOLATION TEST PLAT

PROPERTY OF

MARIAN V. ROSENBERG

TAX MAP 22 PARCEL 240

3rd Edition
Howard County, Maryland
Scale 1"=100'
Date 7/28/86

Not Associated, Inc.
16805 Old Frederick Road
MD 21711
(301) 441-8001

PERCOLATION TEST PLAT
This area designates a private sewage easement of 1000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement all not be necessary.

Percolation test holes shown hereon have been field located and shown as "X".

The lots shown hereon comply with the minimum ownership, lot and area as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

PROVED: For Private Water and Private Sewage Systems

James M. [Signature]
County Health Officer

8/28/86
Date