10/28/98
CO. 230
WPT 11/2/98
PLUMBER,

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-370612

P 511064

A 20282

DISTRICT 3rd

DATE 10/23/98

DATE SYSTEM APPROVED 10/29/98

INSPECTOR AH

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXXX 410-313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road Westminister, MD 21157 PHONE (410) 875-4197

SUBDIVISION Walgrow Jt. Venture LOT 2 ROAD 14045 Triadelphia Road

PROPERTY OWNER Deborah M. Hall

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the centerline of Triadelphia Road, begin trenches 160 feet up the left (435.60') lot line and 30 feet off that same lot line as seen when facing the lot from Triadelphia Road. Run trenches on contour toward the right lot line.

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

ok 7.8.98

PLANS APROVED BY Amy McMillen DATE 07/07/98

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 6 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.

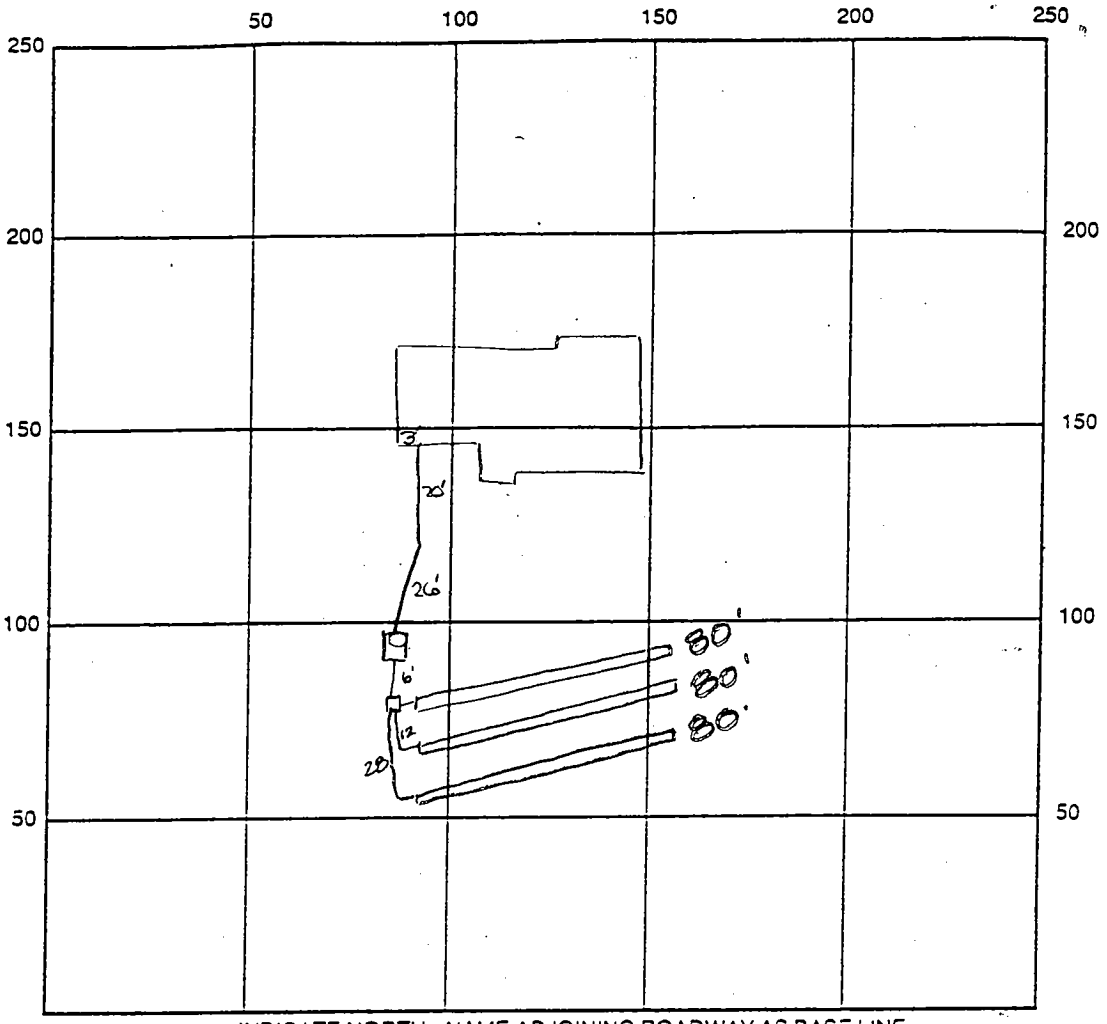
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 20282
P 511064



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Triadelphia Road

SEPTIC TANK LEVEL OK- 1500 gal. top serviced CLEANOUTS manhole on S.T.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3.0 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 10/28/98 OK to cover from house to septic tank. OK to continue work. DKS 10/29/98 OK to cover all work.

11/2/98 WPI- Not complete - well pump caught in well. DKS

DATE SYSTEM APPROVED 10/29/98 INSPECTOR M McMillen

Preliminary 4-12' holes on 10,000 sq. ft.

APPLICATION

A 20282

P

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: 465-5000, EXT. 356

DISTRICT 5

Septic Tank { 1-3 Bedroom 1000 gallon / 4 Bedroom 1250 gallons

DATE 7/2/74

7/10/74 2 PM

Dry Well to have 140 sq ft effective absorbent sidewall area per bedroom below first 5' of original soil. Inlet can come in at 4' = Maximum depth 12' below original grade; = location 30' off left property line & 150' from edge of existing road pavement. When facing lot from road. (Refer hole 4+5)

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 Deborah M. Hall
Walgrow Joint Venture Company (formerly Frances Day property)
V

ADDRESS 271 Madison Ave., New York, New York PHONE Any questions call: Boender Associates 465-7777 (Mr. Schneider)

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION (14045) Triadelphia Road ~~off Linthicum~~ Road BLDG. PERMIT SIGNED AND ~~RETURNED~~ 7-7-98 Permit # B00112682

SIZE OF LOT 1.50 acres TYPE BLDG. ~~3 or~~ 4 Bdrm
NUMBER OF BEDROOMS (Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Boender Associates, Inc.

APPROVED BY _____ FOR Dry Well (KIND OF SYSTEM) DATE 7/10/74

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/10/74 Hold on other lots - are or have they been tested. CBS

THIS IS NOT A PERMIT

APPLICATION

A 20282

P

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: 465-5000, EXT. 356

DISTRICT 5

DATE 7/2/74

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 Walgrow Joint Venture Company (formerly Frances Day property)
V

ADDRESS 271 Madison Ave., New York, New York PHONE Any questions call: Boender Associates 465-7777 (Mr. Schneider)

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Triadelphia Road off Linthicum Road

SIZE OF LOT 1.50 acres TYPE BLDG. 3 or 4 NUMBER OF BEDROOMS (Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Boender Associates, Inc.

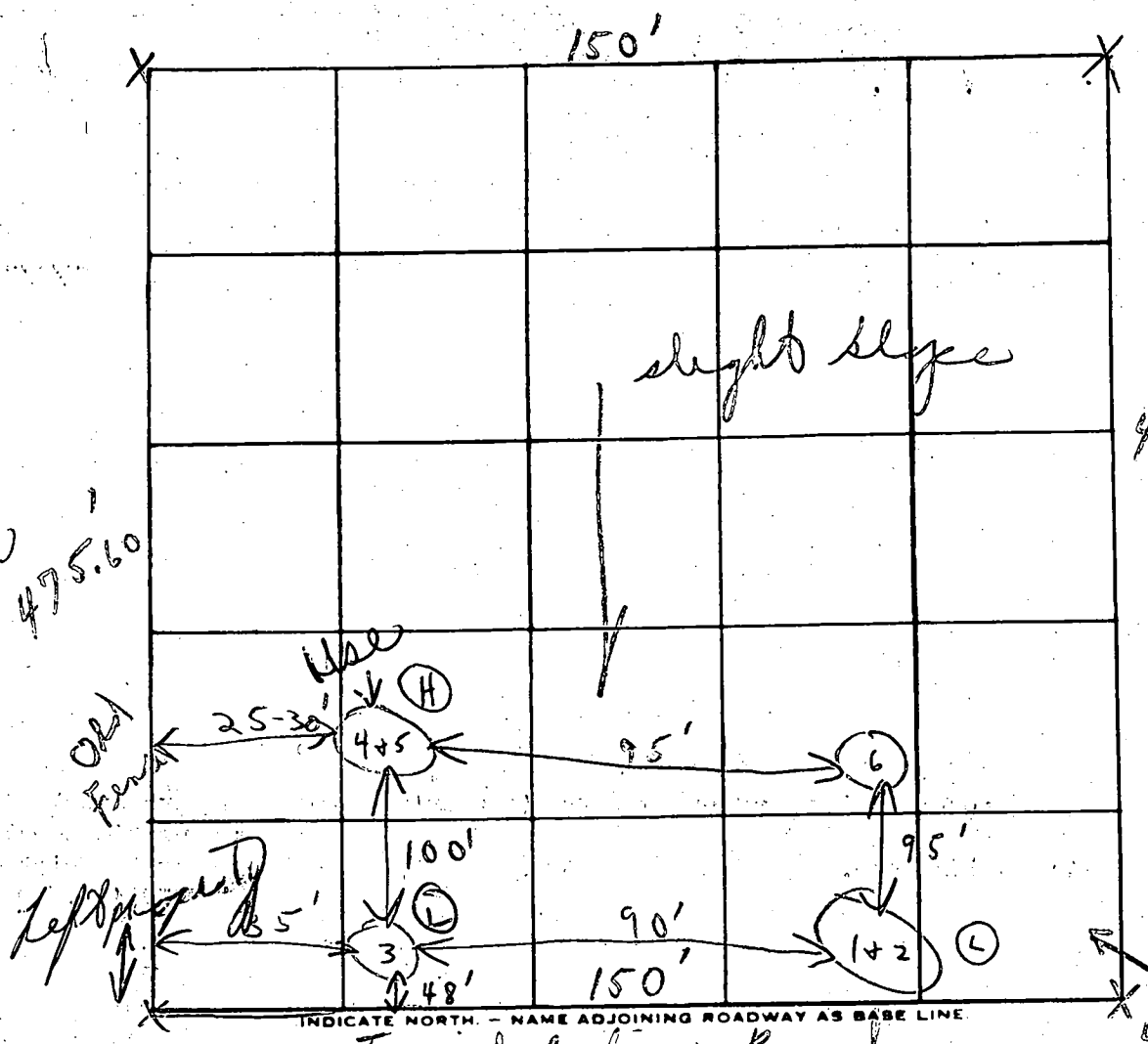
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/10/74	1	4½'s	1:44	1:55	1:55	1:24	29m
	2	12' D	1:43	1:46	1:46	1:55	9m
	3		(Visual	similar	to	1+2)	
	4	5' S	2:29	2:30	2:30	2:32	2m
	5	12' D	2:28	2:30	2:30	2:33	3m
	6	11'	(Visual	similar	to	4+5)	
	3	5' S	2:34	2:36	2:36	2:44	8m
		12' D	2:35	2:37	2:37	2:42	5m
						61	56

Undisturbed soil

140 sq ft

10 min

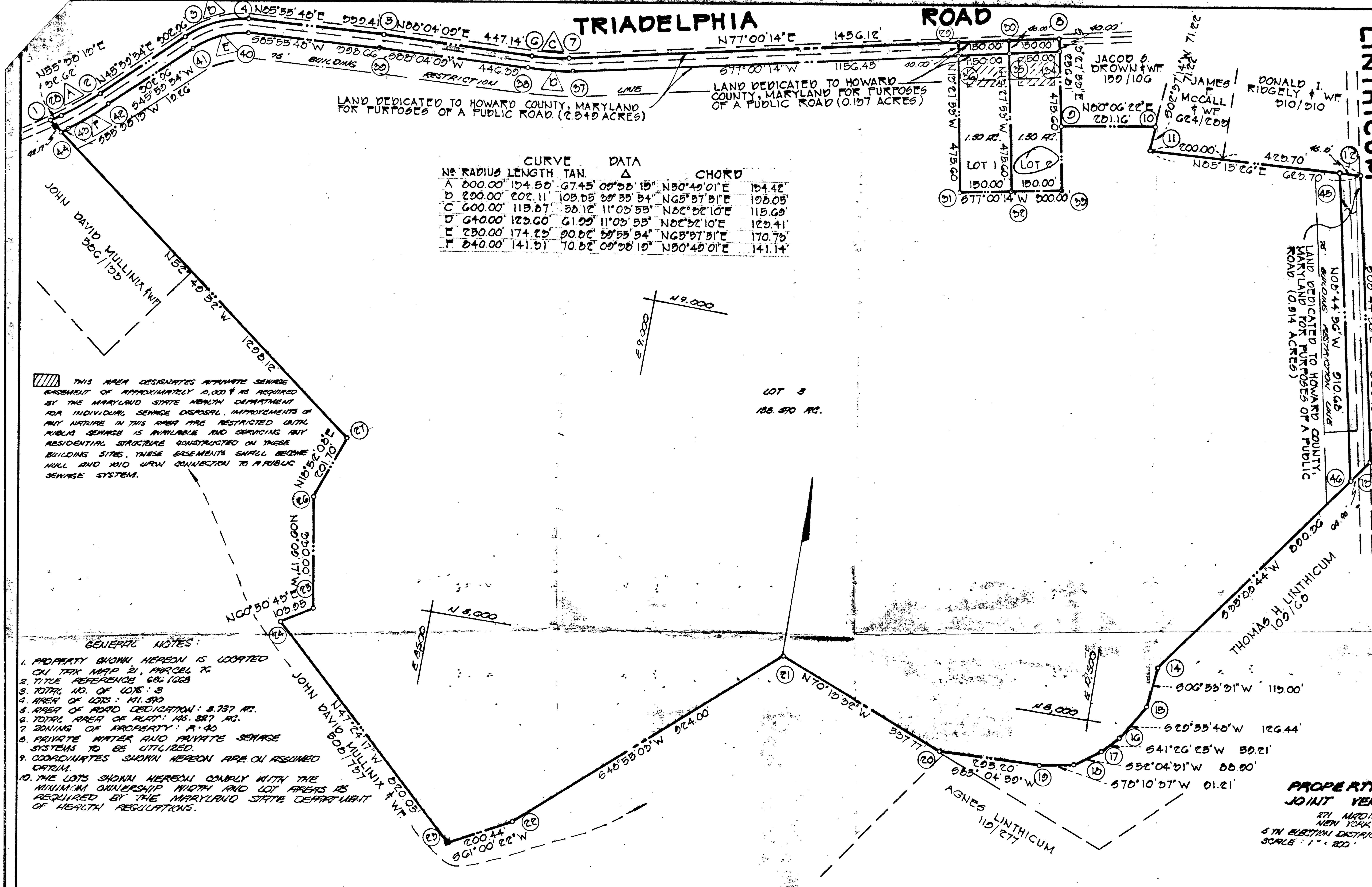
L = low

H = high

REMARKS

TYPE OF SOIL

TESTED BY ALSO PRESENT:

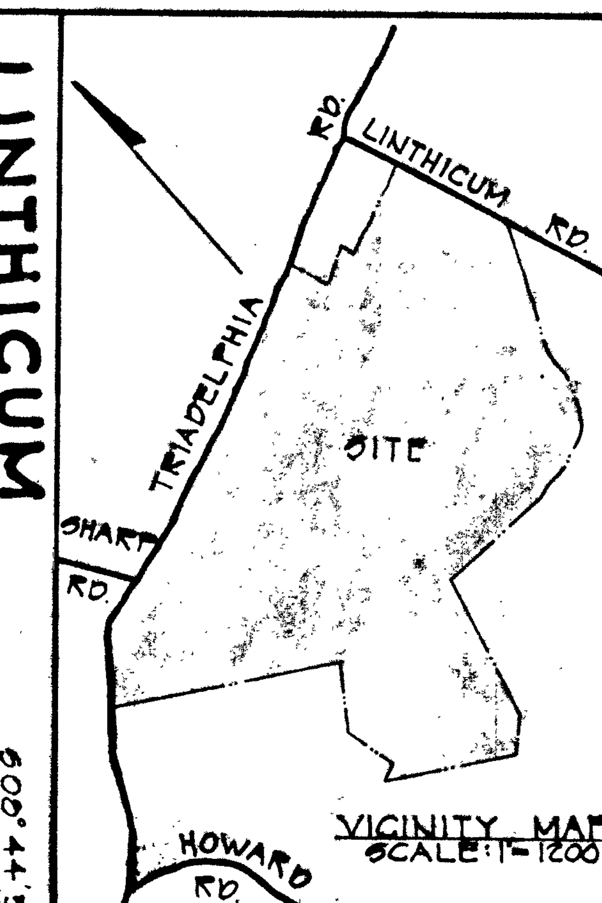


Nº	RADIUS	LENGTH	TAN.	Δ	CHORD	
A	800.00'	134.58'	67.45'	09°38'19"	N50°49'01"E	134.42'
B	290.00'	202.11'	105.35'	39°55'54"	N65°57'31"E	198.05'
C	600.00'	115.87'	58.12'	11°03'55"	N82°32'10"E	115.69'
D	640.00'	123.60'	61.99'	11°03'55"	N82°32'10"E	123.41'
E	250.00'	174.23'	90.82'	39°55'54"	N65°57'31"E	170.73'
F	840.00'	141.31'	70.82'	09°38'19"	N50°49'01"E	141.14'

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 # AS REQUIRED BY THE MARYLAND STATE HEALTH DEPARTMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURE CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

GENERAL NOTES:

1. PROPERTY SHOWN HEREON IS LOCATED ON TAX MAP 21, PARCEL 76
2. TITLE REFERENCE 686/668
3. TOTAL NO. OF LOTS: 3
4. AREA OF LOTS: 141.590
5. AREA OF ROAD DEDICATION: 3.737 AC.
6. TOTAL AREA OF PLAT: 145.327 AC.
7. ZONING OF PROPERTY: R-40
8. PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS TO BE UTILIZED.
9. COORDINATES SHOWN HEREON ARE ON ASSUMED DATUM.
10. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH REGULATIONS.



VICINITY MAP
SCALE: 1"=1200'

COORDINATES

Nº	NORTH	EAST
1	9236.436	7121.815
2	9339.774	7252.935
3	9550.234	7470.860
4	9630.901	7651.737
5	9659.249	8050.140
6	9674.315	8497.021
7	9689.344	8611.737
8	10016.803	10030.558
9	9767.052	10090.355
10	9815.362	10367.333
11	9744.237	10365.663
12	9795.806	10985.220
13	8845.061	11116.153
14	8217.023	10603.614
15	8104.840	10590.054
16	7995.262	10526.968
17	7950.876	10487.781
18	7896.235	10417.655
19	7877.548	10320.385
20	7852.246	10034.271
21	8034.184	9520.212
22	7426.982	8831.734
23	7329.823	8656.415
24	7884.848	8052.733
25	7995.489	8143.513
26	8261.285	8091.010
27	8452.146	8156.240
28	9254.847	7148.742
29	9949.337	9738.242
30	9983.070	9884.400
31	9486.810	9848.984
32	9520.842	9995.142
33	9554.275	10141.299
34	9977.900	10099.872
35	9944.167	9893.714
36	9910.434	9747.556
37	9650.368	8620.732
38	9634.336	8498.367
39	9619.295	8052.225
40	9591.001	7654.576
41	9521.461	7498.649
42	9311.002	7280.722
43	9221.830	7171.820
44	9210.958	7155.420
45	9792.076	10940.272
46	8891.089	11078.790

PROPERTY OF WALGROW JOINT VENTURE COMPANY

271 MADISON AVENUE
NEW YORK, NEW YORK
5TH ELECTION DISTRICT HOWARD COUNTY, MD.
SCALE: 1" = 200' DATE: JUNE 23, 1974

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

COUNTY HEALTH OFFICER ____ DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING & ZONING.

DIRECTOR ____ DATE

APPROVED:

STORM DRAINAGE SYSTEMS & PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

DIRECTOR ____ DATE

OWNER'S CERTIFICATE:

WE, WALGROW JOINT VENTURE COMPANY, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAT BY THE OFFICE OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES. ALL EASEMENTS OR RIGHTS-OF-WAY AFFECTING THE PROPERTY ARE INCLUDED IN THIS PLAN OF SUBDIVISION. WITNESS OUR HANDS THIS DAY OF 1974.

WALGROW JOINT VENTURE CO.
Charles E. Wehland — June 26, 1974
BY CHARLES E. WEHLAND (DULY AUTHORIZED AGENT) — DATE

6-26-74 — [signature]
DATE — WITNESS

SURVEYOR'S CERTIFICATE:

I HEREBY CERTIFY THAT THE MINOR SUBDIVISION PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF ALL THE LAND CONVEYED BY FRANCES DAY TO WALGROW JOINT VENTURE CO. DEED DATED JUNE 18, 1974 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, IN LIBER 686, OF FOLIO 668, AND THAT ALL THE MONUMENTS ARE IN PLACE AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

JUNE 25, 1974
DATE

Philip A. Pezzella
PHILIP A. PEZZELLA
REGISTERED LAND SURVEYOR, NO. 6923

ENGINEERING
PLANNING
SURVEYING
BY:

DOENDER ASSOCIATES INC.

HOWARD CO., MD.
SALISBURY, MD.
WESTMINSTER, MD.

STATE OF MARYLAND
PHILIP ANTHONY PEZZELLA
NO. 6923
REGISTERED
PROFESSIONAL LAND SURVEYOR

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 30, 1998

Mr. Ralph Mayne
Ralph Mayne Well Drilling
9120 Brown Church Road
Mt. Airy, Maryland 21771

RE: Walgrow Jt. Venture, Lot #2
14045 Triadelphia Road
Well Permit #HO-94-1589

Dear Mr. Mayne:

This is to request that you submit a detailed explanation of the necessary work performed on the above referenced water well at the time of well pump installation. An account of the difficulty encountered during pump installation was relayed to me by Mr. Paul Mueller, builder.

If you wish, you may submit an ammended well completion report in order to satisfy this request for information.

If you have any questions or concerns regarding this matter, please feel free to contact me at (410) 313-2640. Thank you in advance for your prompt attention to this matter.

Sincerely,

Donna K. Soe, R.S.
Water and Sewerage Program

cc: Mr. Paul Mueller - Mueller Homes
Ms. Deborah M. Hall
file

IN ACCOUNT WITH

RALPH MAYNE, INC.

WELL DRILLER **Phone (301) 829-0702**

9120 Brown Church Road, Mt. Airy, Maryland 21771

Date JAN 10 1999

To: Howard County Health Dept.
C/O Donna K. SOE R.S.

Annual rate of 18 percent will be added to all unpaid balances.

RE WALGROW JT VENTURE	
Lot 2 14045 TRIDELPHIA Rd.	
WELL PERMIT # HO-94-1589	
PAUL MUELLER Builder	
MS SOE.	
AFTER MR. MUELLER'S Plummer installed	
The water Pump. He tried to Pull The Pump BACK	
Out of The well, THE Pump got Stuck At About	
125 Ft. Because A Rock fell off The well SIDE	
MR. MUELLER INFORM our Company OF	
The ProBlum So to Prevent Any Future	
ProBlem's well installed A 4" SLEEVE	
PIPE IN The well.	
IF You have Any Questions Please feel	
free to Call us	
Thank You	
Ralph Mayne	

WELL WAS PRODUCING AT TIME DRILLED _____ G.P.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # ____
Date 10-30-98

Name of Installer Vantage Mech

Telephone 410-761-4411

License Number 05563
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Mueller Homes

Telephone 410-442-4455

Subdivision Walgrove TH VT Lot # 2 Well Tag # HO 94-1589
Site Address 14045 Philadelphia Rd

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Jacuzzi
3. Model # 7S47I2P-S2
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No X
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 X Cable guards X Other ____

Motor
1. Horsepower 1/2
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make CamBell
2. Model # 6X300
3. Depth 48"

Tank
1. Capacity 42
2. Pressure relief valve? ✓

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42"

Well data
1. Depth 125 ft.
2. Yield 12 GPM
3. Static water level 52 ft.
4. Will water supply be disinfected by installer? NO

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: [signature]

Date: 10/30/98

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

HD-215

C 1 1937 — SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A20282

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 8 27

Depth of Well: 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 40-94-1589

OWNER Muller Homes
STREET OR RFD Philadelphia Rd. TOWN Edgewood MD.
SUBDIVISION Walgrow Prop. SECTION — LOT 2

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	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	80	✓
Sand Stone	80	85	
MICKA	85	110	
Sand Stone	110	115	✓
MICKA	115	150	
Sand Stone	150	155	✓
MICKA	155	185	

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED: yes [Y] no (N)

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

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

DRILLERS IDENT. NO. MSD 116
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
MSD 117
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 21 NO. OF POUNDS 2100
GALLONS OF WATER 126
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30+ ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	90

EACH CASING — OTHER CASING (if used)

	diameter inch	depth (feet) from	depth (feet) to
PL	4"	8	150

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

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	HO	68	185
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
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.
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

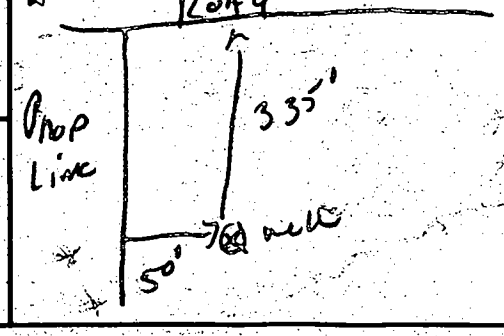
C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min. to nearest gal.): 12
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 52
WHEN PUMPING: 95

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): NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height): (+) above / (−) below LAND SURFACE (2) (nearest foot)

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)



COUNTY

C 1 **1935** SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-20282

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED: 06 28 58

Depth of Well: 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-1585

OWNER: MILLER HOMES
STREET OR RFD: last name TRIDELPHIA Rd. first name TOWN GLENELG MD
SUBDIVISION: WALNOW PROP. SECTION — LOT 2

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	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	80	✓
Sand Stone	80	85	
MICKA	85	110	
Sand Stone	110	115	✓
MICKA	115	150	
Sand Stone	150	155	✓
MICKA	155	185	

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED: yes [Y] no (N)

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

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

DRILLER'S IDENT. NO. MSO 116
Ralph Mayer
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
MSO 117 Ralph E. Mayer
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 21 NO. OF POUNDS 2100
GALLONS OF WATER 126
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 30+ ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	50

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C 2

		DEPTH (nearest ft.)	
EACH SCREEN 1	HO	85	165
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)
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 [ ]
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

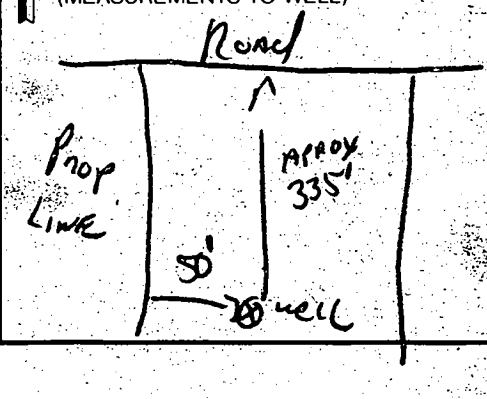
C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3
PUMPING RATE (gal. per min. to nearest gal.): 12
METHOD USED TO MEASURE PUMPING RATE: Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING: 52
WHEN PUMPING: 95

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 EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above / (−) below LAND SURFACE (2) (nearest foot)

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)



COUNTY

Page ___ of ___
Date June 28 1998

Review 7/8/98 OK AM

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94 1589
Location of property (road) Triadelphia Road
Subdivision Walgrow Property Lot 2 Block ___ Plat ___ Sec. ___
Well Driller Ralph Mayne Owner Miller Homes

Depth of well 185 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 52 ft

I. *High rate pumping -- reservoir drawdown*

Time pump started 8:30 Pumping rate 12 GPM
Total time 15 min to reach pumping water level 95 ft. 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)
8:45	95 ft	5 Sec		12 GPM
9:00	95 "	5 Sec		12 GPM
9:15	95 "	5 Sec		12 GPM
9:30	95 "	5 "		12 "
9:45	95 "	5 "		12 "
10:00	95 "	5 "		12 "
10:15	95 "	5 Sec		12 GPM
10:30	95 "	5 Sec		12 GPM
10:45	95 "	5 Sec		12 GPM
11:00	95 "	5 "		12 "
11:15	95 "	5 "		12 "
11:30	95 "	5 Sec		12 GPM
11:45	95 "	5 Sec		12 GPM

HD-224

90 ft Casing 30+ open 21 BAYS

B 1 07304 SEQUENCE NO. (DP USE ONLY)

(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: HO-94-1589

fill in this form completely

Date Received (APA): 052898

OWNER INFORMATION

Last Name / Owner / First Name: MUELLER HOMES INC

Street or RFD: 12800 FRED RD SUT 201

Town / State / Zip: WESTFRIENDSHIP MD 21794

DRILLER INFORMATION

Driller's Name: Ralph Mayne — License No.: MSD 116

Firm Name: Ralph Mayne Well Drilling

Address: 9120 Brown Church Rd. Mt Airy

Signature: Ralph Mayne — Date: 5-27-98

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

(AIR-ROTary) — circled — AIR-PERcussion — ROTARY (Hydraulic Rotary)

CABLE — REVerse-ROTary — DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS

(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: AM (WRITE INITIALS IN BOX) — PERMIT No.: HO-94-1589

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: WALGROW PROD

SECTION: — LOT: 2

NEAREST TOWN: GLENELG

MILES FROM TOWN (enter 0 if in town): MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): SW (circled)

NEAR WHAT ROAD: Triadelphia Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): E (circled)

DISTANCE FROM ROAD: 335 — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard Co — COUNTY NO.: A 20232

STATE SIGNATURE — INSERT S

DATE ISSUED: 061298 — CO SIGNATURE: J. McMillan — EXP. DATE: 6/12/99

NORTH GRID: 520000 — EAST GRID: 770000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

6-29-98 grout 9:00

Location OK

21 bags

30' open hole

90' casing

6/29/98 JS

SOURCES OF DRILLING WATER

1. well
2.
3.

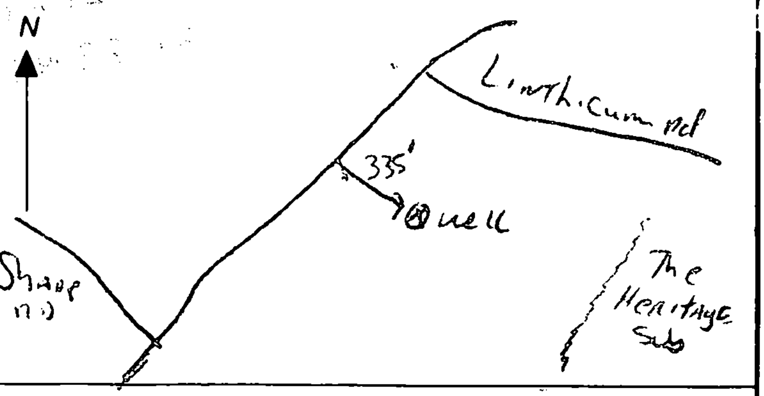
WRITE THE BOX NUMBER FROM THE MAP HERE

E 770

N 520

000 000

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

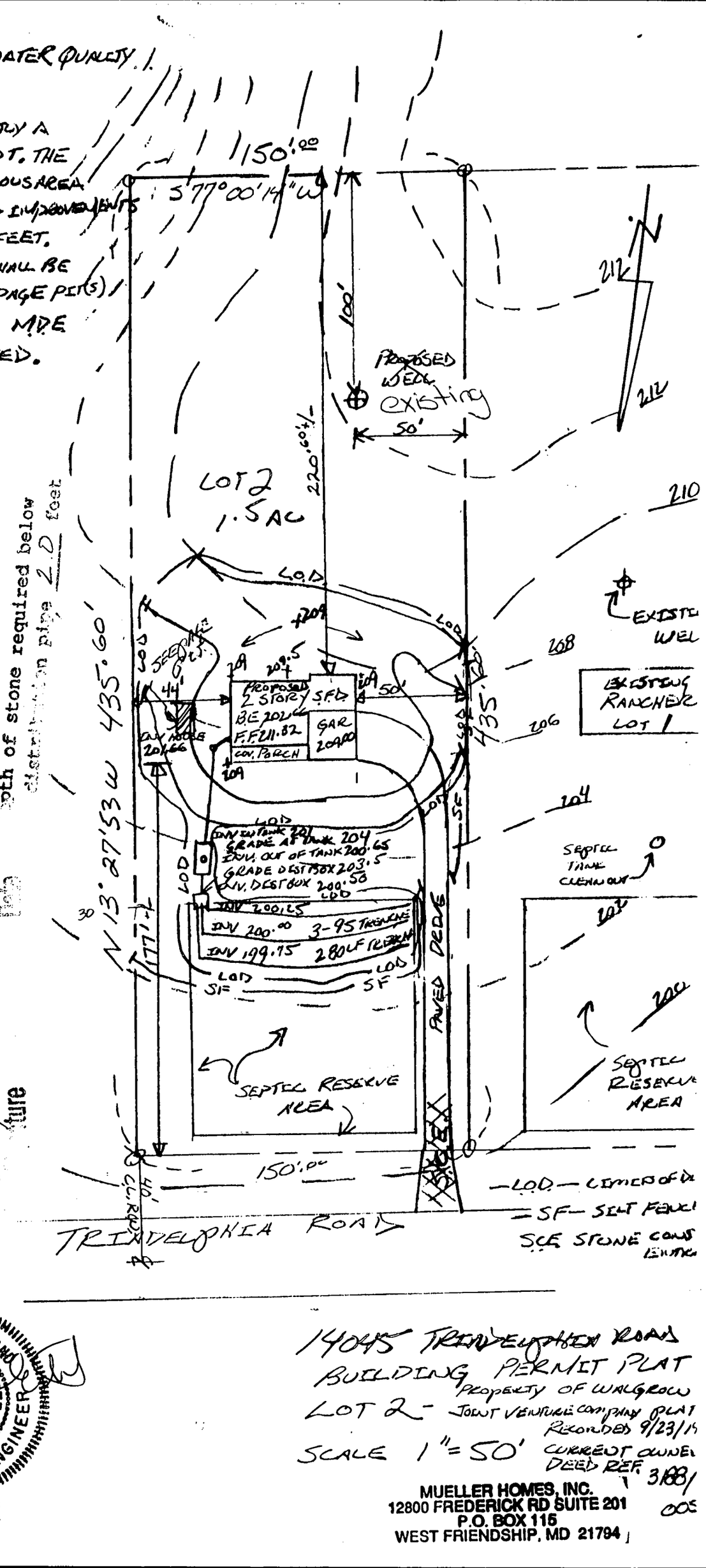


SPECIAL CONDITIONS

COUNTY

S.W.M. AND WATER QUALITY NOTES:

LOT IS CURRENTLY A FULLY GRASSED LOT. THE TOTAL IMPERVIOUS AREA OF THE PROPOSED IMPROVEMENTS IS 4700 SQUARE FEET. ROOF DRAINAGE SHALL BE DIVERTED TO SEEPAGE PIT(S) CONSTRUCTED PER MDE STANDARDS, ATTACHED.



Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 6.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

2/7/98
Date

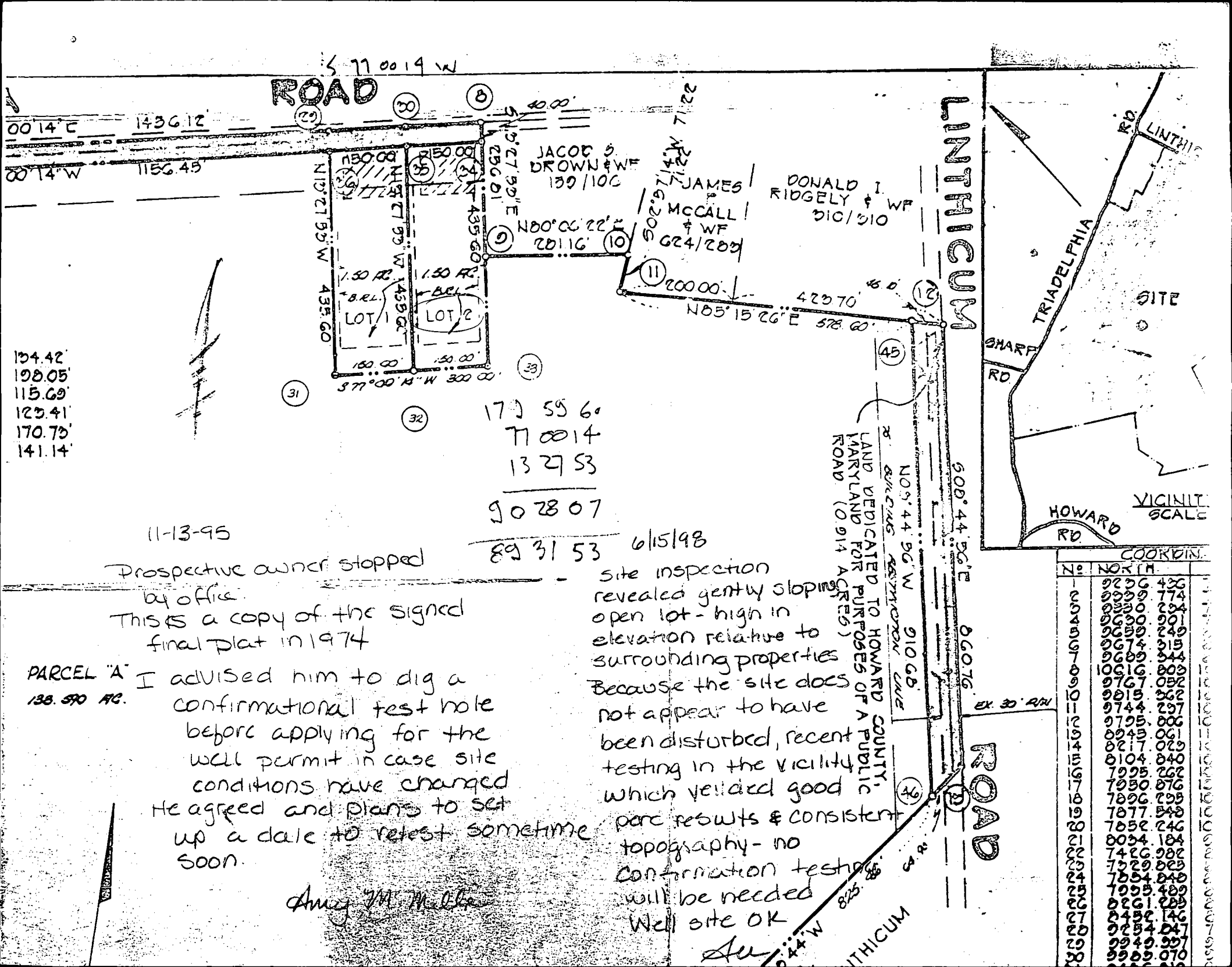
Signature

STATE OF MARYLAND
MICHAEL JOSEPH ERTEL
NO. 16651
REGISTERED
PROFESSIONAL ENGINEER

6/22/98

14045 TRIADELPHIA ROAD
BUILDING PERMIT PLAT
PROPERTY OF WALGROW
LOT 2 - JOINT VENTURE COMPANY PLAT
RECORDED 9/23/19
SCALE 1" = 50'
CURRENT OWNER
DEED REF. 3188/

MUELLER HOMES, INC.
12800 FREDERICK RD SUITE 201
P.O. BOX 115
WEST FRIENDSHIP, MD 21794



171 59 60
77 00 14
13 27 53

90 28 07

89 31 53

11-13-95

Prospective owner stopped by office. This is a copy of the signed final plat in 1974

PARCEL "A"
138.590 AC.

I advised him to dig a confirmational test hole before applying for the well permit in case site conditions have changed. He agreed and plans to set up a date to retest sometime soon.

Amy M. Miller

6/15/98

Site inspection revealed gently sloping open lot - high in elevation relative to surrounding properties. Because the site does not appear to have been disturbed, recent testing in the vicinity which yielded good perc results & consistent topography - no confirmation testing will be needed. Well site OK

Amy

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
January 6, 1999

Mueller Homes
12800 Frederick Road, Suite 201
P.O. Box 115
West Friendship, Maryland 21794

RE: Walgrow Joint Venture
14045 Triadelphia Road
Well Permit #HO-94-1589

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on October 29, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #H0-94-1589. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. **It is requested that the homeowner contact Ms. Vicki Fellas, at (410) 313-2644, to make an appointment for follow up sampling.**

Date of Water Sample: January 5, 1999

Date of Well Completion: June 28, 1998

Approving Authority
Amy Mc Millen
Amy Mc Millen, R.S.
Water and Sewerage Program

DKS:alm
cc:Building Inspector's office
file

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 B00124168

Building Address 14045 TRIADELPHIA ROAD
GLENELG, MD 21737

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

Census Tract 6051.01 Subdivision _____

Section _____ Area _____ Lot 2

Tax Map 21 Parcel 160 Grid 13

Zoning RR-DEO Map Coordinates 9/10 Lot size

Property Owner's Name FREDERICK DEWART

Address 14045 TRIADELPHIA ROAD

City GLENELG State MD Zip Code 21737

Home Phone 410 489 5526 Work Phone 301 441 2620

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

Phone Fax

Existing Use YES

Proposed Use DECK

Estimated Construction Cost $ 2.5

Description of Work DECK ADDITION

16 x 24 1 STORY

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone Fax

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

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 ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

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

Utilities

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

FREDERICK DEWART
Print Name

Title/Company

05/11/00
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	5/11/00	
Dev. Engineering, DPZ		
Health	5/11/00	
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 _____ Accepted by _____

PROPERTY ID#: 3648

Filing fee	$ _____
Permit fee	$ 75.00
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ 75.00
Balance due	$ _____
Check	# 0
Validation	# _____

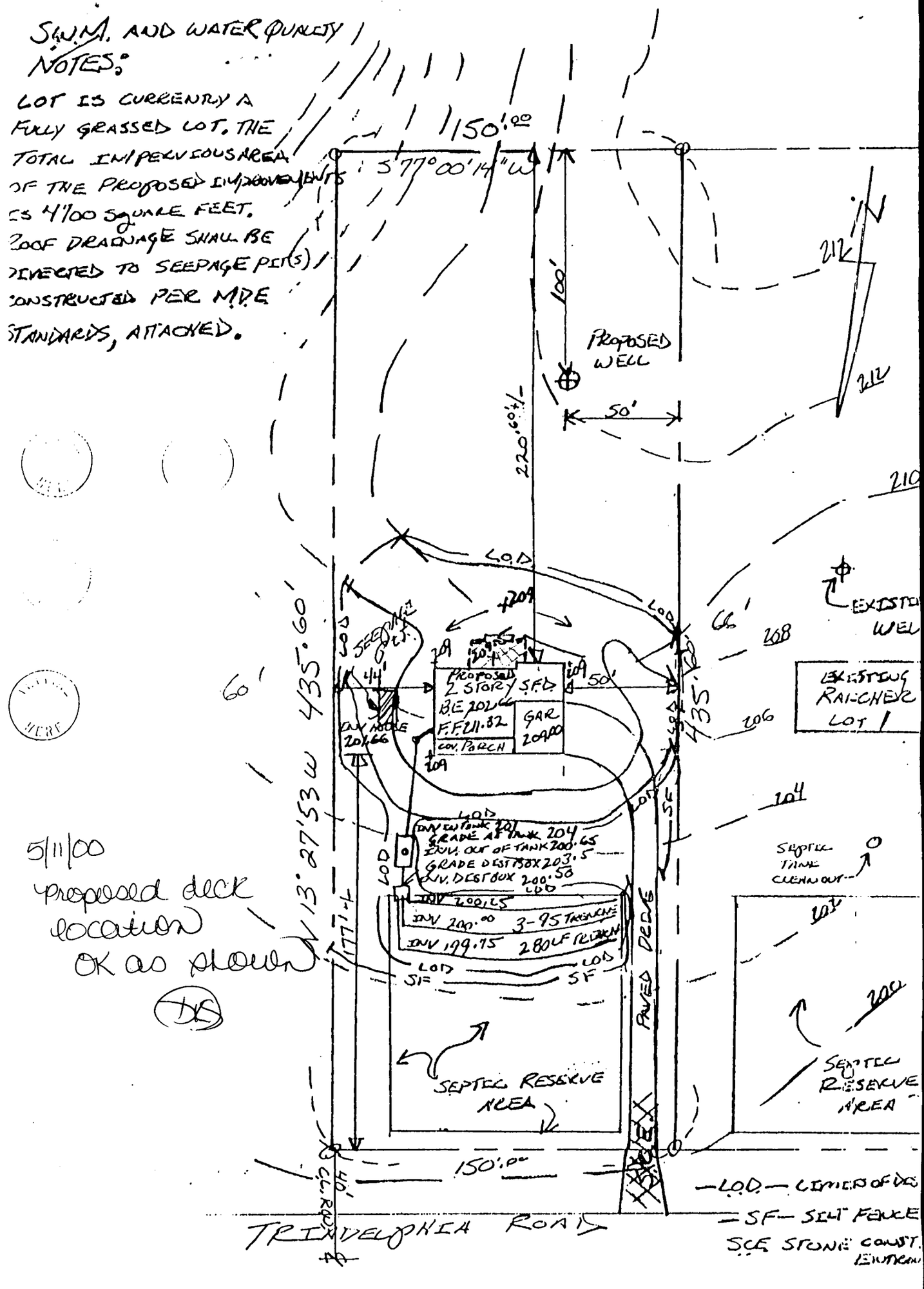
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.fm

Rev. 10/15/98

S.W.M. AND WATER QUALITY NOTES:

LOT IS CURRENTLY A FULLY GRASSED LOT. THE TOTAL IMPERVIOUS AREA OF THE PROPOSED IMPROVEMENTS IS 4100 SQUARE FEET. ROOF DRAINAGE SHALL BE DIVERTED TO SEEPAGE PIT(S) CONSTRUCTED PER MDE STANDARDS, ATTACHED.



5/11/00
proposed deck location OK as shown

STATE OF MARYLAND
MICHAEL JOSEPH ERTEL
No. 19661
REGISTERED PROFESSIONAL ENGINEER

6/22/98

BUILDING PERMIT PLAT
PROPERTY OF WALGROVE
LOT 2 - JOINT VENTURE SUBDIVISION PLAT RECORDED 9/23/97
SCALE 1" = 50'
CURRENT OWNER DEED REF 3188/0055

MUELLER HOMES, INC.
12800 FREDERICK RD SUITE 201
P.O. BOX 115