8/6/99
9:30-10AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511957

A REPAIR

DISTRICT

RPS# 4/05858

DATE 6-18-1999

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

INDEXED

DATE SYSTEM APPROVED 8/6/99

INSPECTOR M. Rifkin

Mark Brew IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 5436 Harris Farm Lane, Clarksville, Maryland 21029 PHONE 410-854-0609

SUBDIVISION Waterford LOT 11 ROAD 13243 Westmeath Lane

PROPERTY OWNER Michael Brown

ADDRESS 13243 Westmeath Lane
Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

— SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED —

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT B00118124 TO PROVIDE WASTEWATER DISPOSAL FOR NEW POOL HOUSE.
Call for inspection when ground is opened so sanitarian can recommend repair. 6-18-1999

CONN TO EX. SFD

PLANS APROVED BY ____ DATE ____

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)

B00117d3
Pool 4/29/99

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

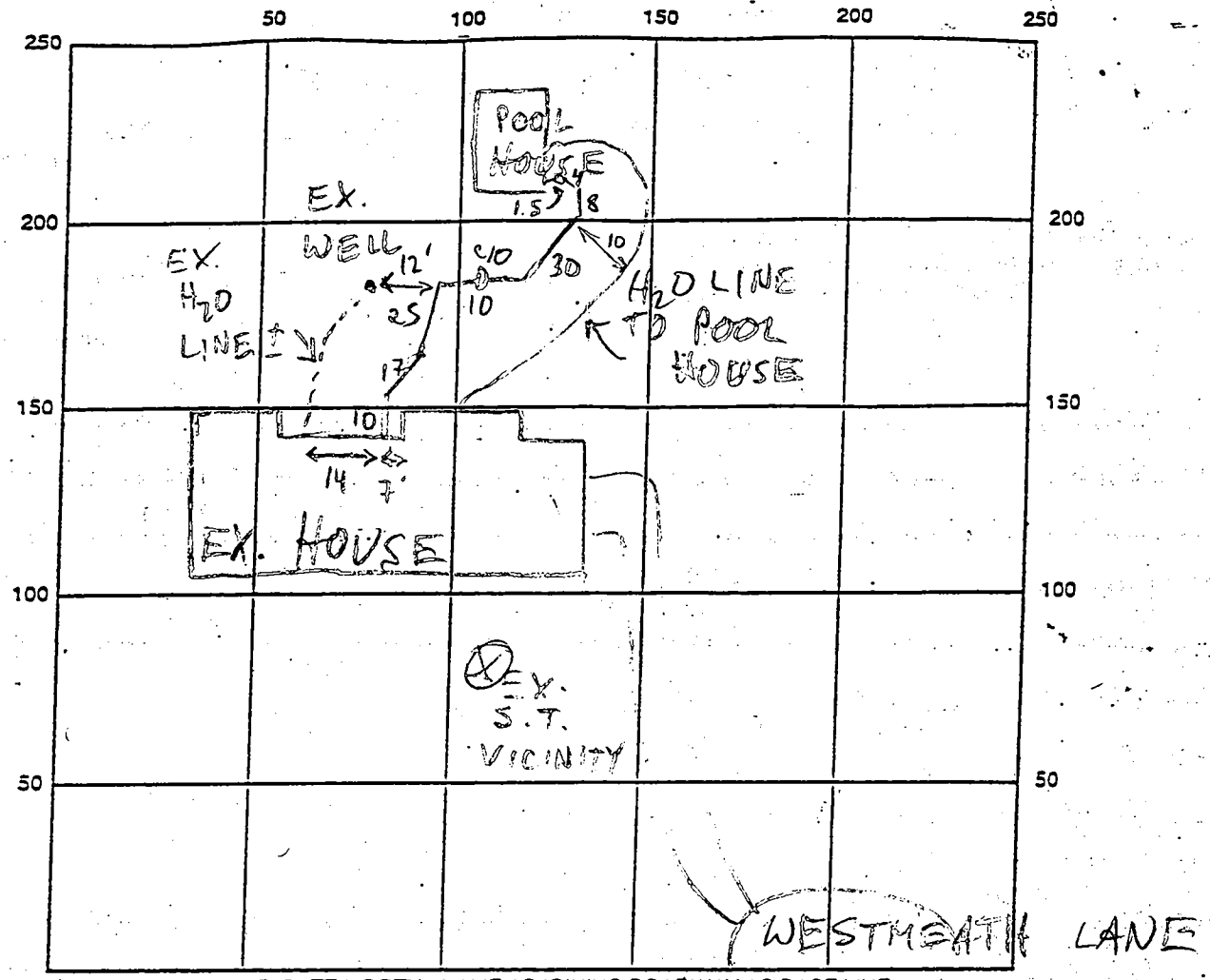
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

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)

P 511957



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX. CLEANOUTS EX. + 2 NEW INLINE - OK

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TITLE DEPTH — FT. TRENCH WIDTH — FT. INLET DEPTH — FT.

EFFECTIVE GRAVEL DEPTH — FT. TOTAL LENGTH — FT.

NUMBER OF TRENCHES — ONE SIDEWALL/BOTTOM AREA — SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 8/6/99 OK TO COVER ALL (MR)

DATE SYSTEM APPROVED 8/6/99 INSPECTOR M. RIFKIN

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 6-18-99

Name of Installer Mark Brew Plumbing & Heating Telephone 3018544609

License Number 16761
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Michael Brown Telephone 4103816088
Subdivision Waterford Lot # 11 Well Tag # HO-81-2070
Site Address 13243 Westmeath Lane

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ____
2. Make ____
3. Model # ____
4. Capacity ____ 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 ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

Piping
1. Type ½ poly 160psi
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42"

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

installation of water line to service new pool house from existing well

8/6/99
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: Dave Robinson

Date: 6-18-99

H_2O LINE OK 3-4' B.G. (MR)

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

HD-215

135004 Cap't Cont

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) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00119568

Building Address 13243 [illegible]
Clarksville MD 21029

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

Census Tract 6051.01 Subdivision [illegible]

Section 3 Area ___ Lot 24

Tax Map 34 Parcel 662 Grid 9

Zoning RRDEO Map Coordinates ___ Lot size ___

Property Owner's Name [illegible]

Address 13243 [illegible]

City Clarksville State MD Zip Code 21029

Home Phone 301-854-9567 Work Phone ______

Applicant's Name & Mailing Address, (if other than stated hereon):
KPK Construction
9375-G Gerwig Lane
Columbia MD 21046

Phone 410-290-9963 Fax 410-290-9067

Existing Use SFD

Proposed Use SFD w/deck

Estimated Construction Cost $ 15000

Description of Work Replace existing exterior deck Approx 830 sq ft. w/54 [illegible] irregular shape 42 x 20

Contractor Company KPK Construction

Contact Person Kevin Kennedy

Address 9375-G Gerwig Lane

City Columbia State MD Zip Code 21046

License No. [illegible]

Phone 410-290-9963 Fax 410-290-9067

Occupant or Tenant owner

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Engineer or Architect Company [illegible]

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.

[signature]
Applicant's Signature

Kevin Kennedy
Print Name

Owner / KPK Construction
Title/Company

7/27/99
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	8/6/99	[signature]
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

1999 JUL 28 [illegible]

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#: 405998

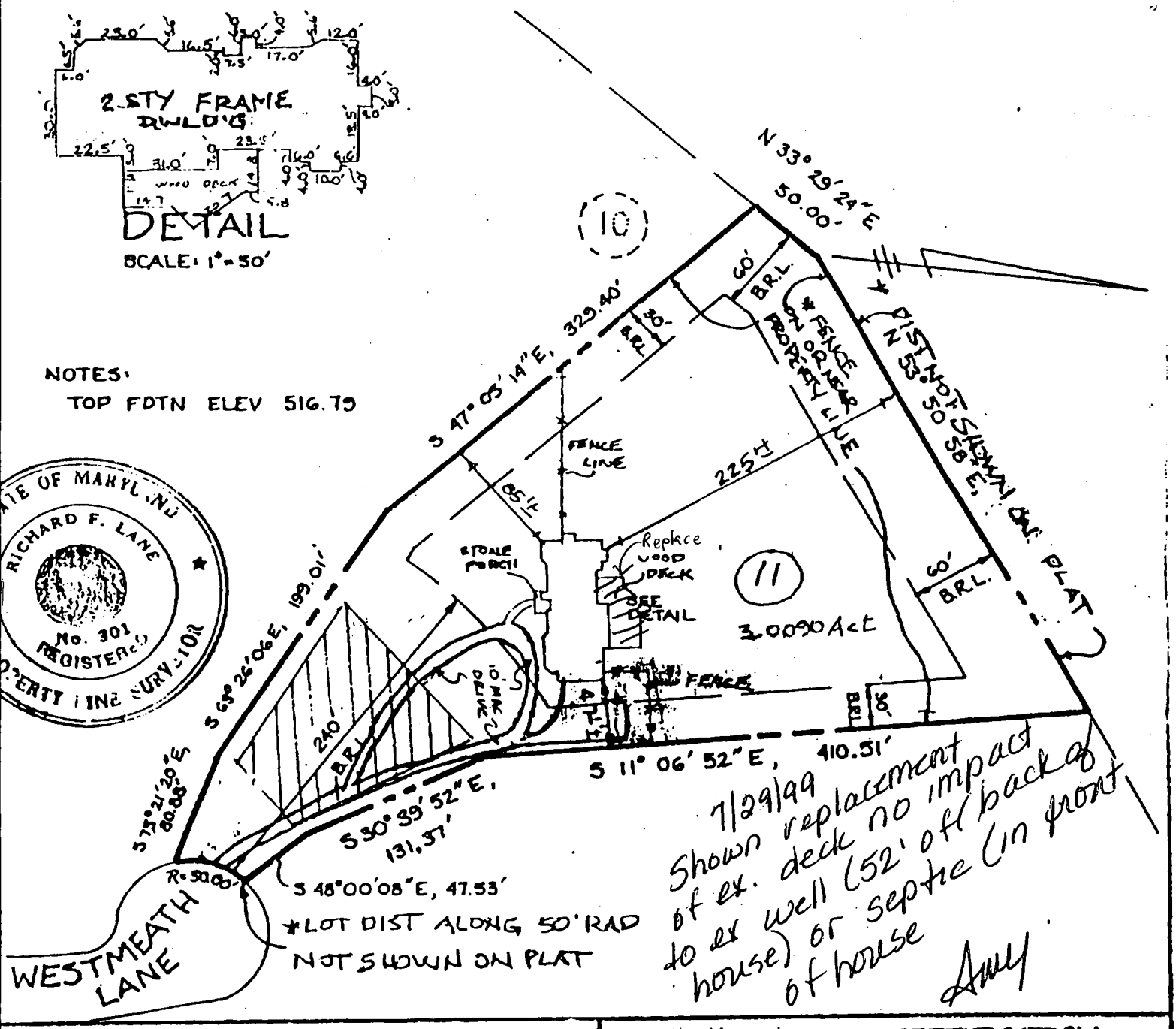
Filing fee	$ 30
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 10313
Validation	#

Accepted by [signature]

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

s:\permit.frm

Rev. 10/15/98



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY & CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Richard F. Lane 10/8/87

SHANABERGER & LANE REV 5/23/90
8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLICOTT CITY, MD. 21043
(301) 461-2563

'AS-BUILT CERTIFICATION

WATERFORD

LOT # 11
SECTION 3
PLAT # 7310

ELECTION DISTRICT : 5TH
COUNTY : HOWARD
SCALE : 1" = 100'
DATE: OCTOBER 8, 1987
REV: 5/23/90

2/9/88 1755 PP 2-10-88 2:30

2/16/88 AM

PERMIT

P 40434

A 35006

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

DATE 11/6/87

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 2/16/88

INSPECTOR BG

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Waterford ROAD 13243 Westmeath Lane LOT 11

PROPERTY OWNER Lowrie Sargent

ADDRESS ____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

240
3 | 720
6
120

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. With garbage disposal - 220 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 5.0 feet below original grade Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 10 feet off the intersection of the right 131.37 ft lot line and the right 410.57 ft. lot line. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY S. Abel DATE 11/05/87

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.

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 40 PVC OR ABS.

BLDG. PERMIT SIGNED AND RETURNED 5-20-88

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

Serial # 2011816124 detached Pool House

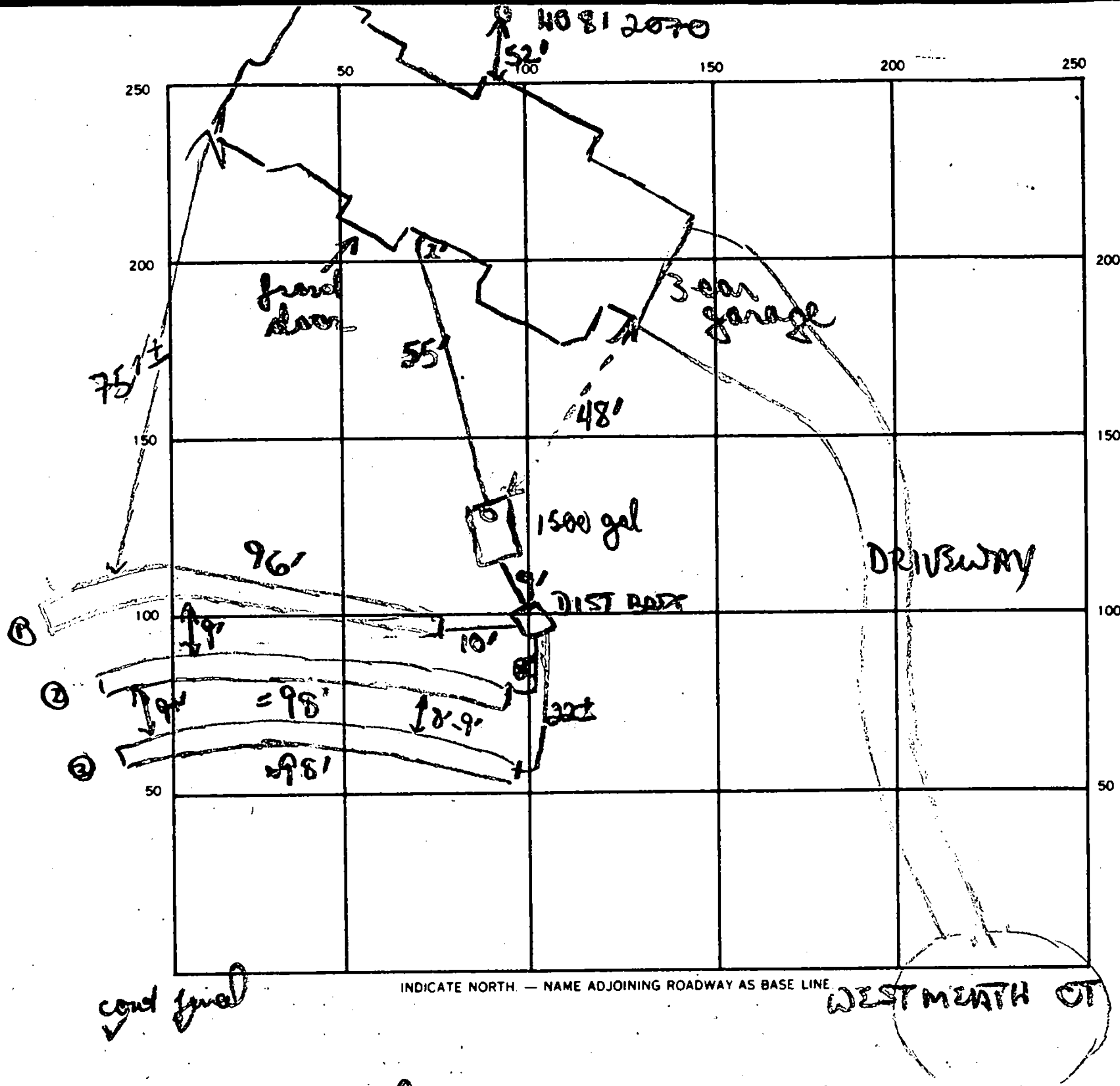
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A 35006

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 1 S.T.

DISTRIBUTION BOX. LEVEL ✓ w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH ① 7' ② 7 ③ 7± FT. TRENCH WIDTH 3 all FT. INLET DEPTH ① 5', ② 5', ③ 5± FT.

EFFECTIVE GRAVEL DEPTH ① 2', ② 2', ③ 2+ FT. TOTAL LENGTH ① 96' ② ≈96 ③ ≈96 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ① 288 ② 288 ③ 288 SQ. FT.

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

ABSORBENT AREA ≈864 SQ. FT.

REMARKS 2/10/88 OK to cover house to tank line. OK to start trenches.

2/11/88 OK to finish stoning trench #1, paper + cover. OK to start trench trenches 2+3. NOTE soils are spotty w/ clays especially in parts of #2

2/16/88 supposedly w/out garbage disposal, though system size = that of garbage disposal. OK to cover ends of trenches 2&3. OK to cover all other work

DATE SYSTEM APPROVED 2/16/88 INSPECTOR B Nixon

240
3√720
6
12
180
4
720

Need only 1 application with the below checked "items completed

APPLICATION

A 35076

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 2-13-85

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 ~~Feral International, % Mrs. Gabriela M. Arroyo~~ Lowrie Sargent

✓ ADDRESS 1310 Eighteenth St., N.W., Washington, D.C, 20036 ✓ PHONE 202-457-0727

PROPERTY LOCATION: WATERFORD SECTION 3

✓ SUBDIVISION ~~Huntington Estates - Section 2~~ LOT NO. DO LOT 11

✓ ROAD AND DESCRIPTION ~~North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road~~ 13243 WESTMEATH LANE

✓ SIZE OF LOT 3+ acres TYPE BLDG. Residence
(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.

✓ Charles J. Cross
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Test Fields DATE 4-2-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-20-85 PERC RESULTS SATISFACTORY, HOLD FOR CERTIFIED HOLE LOCATION, HOUSE AND WELL SITE. SAME

BLDG. PERMIT SIGNED AND RETURNED 8/19/87 SAbel

BP 13785

THIS IS NOT A PERMIT

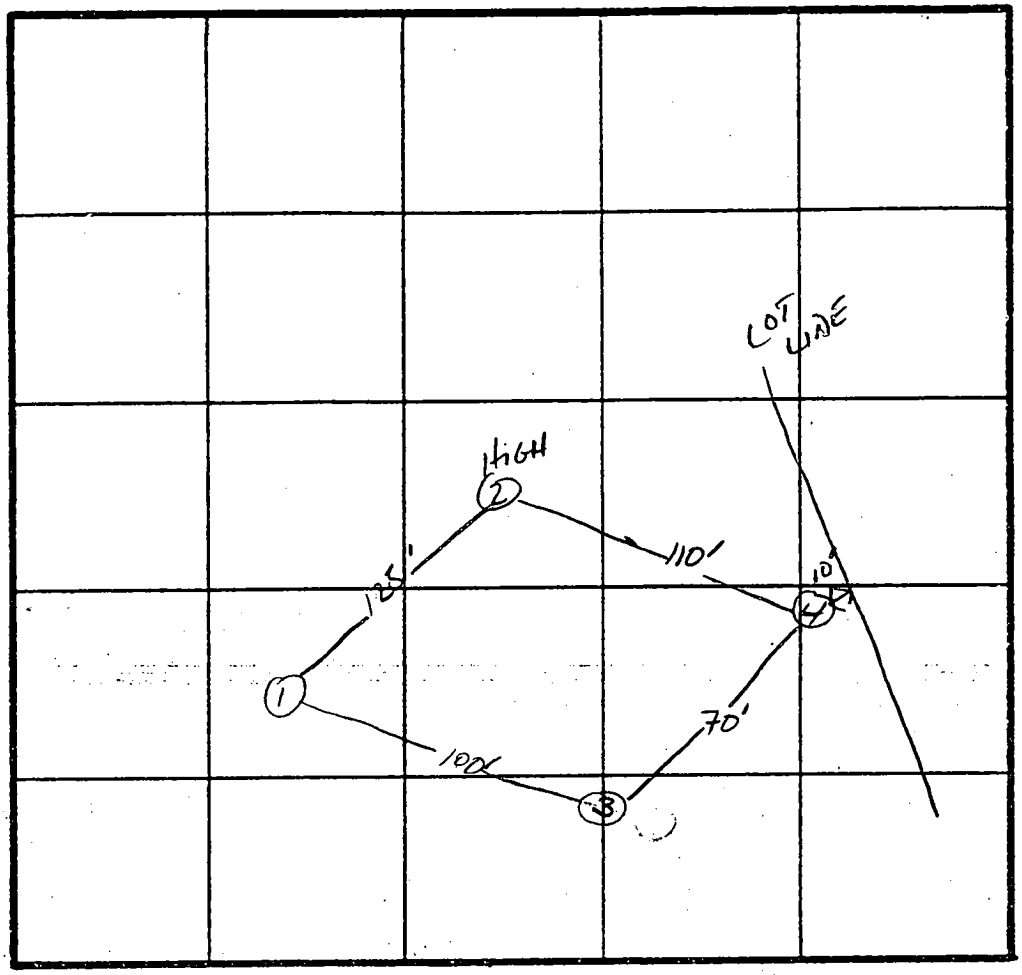
(1) (2)

SOIL PROFILE

0
6" A1-3 RED BROWN CLAY LOAM L10 % SAPROLITE
5' Yellow Brown Silty SAND 10-20% SAPROLITE
13'

0 (3)
6" A1-3 RED BROWN CLAY LOAM L10% SAPROLITE
4' Yellow BROWN SAND Silt 20-30 % SAPROLITE
11' SAPROLITE SANDSTONE 40-50 %
13 ~~STRUCTURED~~ SANDSTONE AT 13'

0 (4)
6" A1-3 RED BROWN CLAY LOAM L10% SAPROLITE
4' Yellow BROWN Silty SAND 20-30% SAPROLITE
10' SANDSTONE SAPROLITE 40-50 %



INDICATE NORTH · NAME ADJOINING ROADWAY AS BASE LINE.

BRIGHTON DAM Rd.

X PERC
6 MIN
180 ϕ/BR
INLET 5'
BOTTOM 7.0'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/20/85	1S 1V	6' 13'	10:10	10:12	10:12	10:17	5 MIN
			UNIFORM SOIL STRUCTURE BELOW 5'				
	2S 2V	6' 13'	10:13	10:15	10:15	10:21	6 MIN
			UNIFORM SOIL STRUCTURE BELOW 5'				
	3S 3V	5.5' 13'	10:18	10:20	10:20	10:23	3 MIN
			VARYING SOIL STRUCTURE SEE PROFILE				
	4S 4V	4' 13'	10:22	10:25	10:25	10:33	8 MIN
			SEE PROFILE VARYING SOIL STRUCTURE				

REMARKS HOLES LOCATED PER PLAT APPROXIMATELY

TYPE OF SOIL SAND

SKIP, LES, TERRY

EH-12-1079

EMERGENCY/TEMP NO. IF ANY

B 1 | 7675 | SEQUENCE NO. (OEP USE ONLY) | 6/10/87 2:30

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER: HO-81-2070

fill in this form completely

Date Received

OWNER INFORMATION

McDONOUGH JOHN

Last Name | Owner | First Name

6310 STEPHENS FOREST PL

Street or RFD

COLUMBIA MD 21044

Town | State | Zip

DRILLER INFORMATION

George F. Easterday — 40 — License No.

Driller's Name

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church RD., Mt. Airy, MD. 21771

Address

George F. Easterday 3/19/87

Signature | Date

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)
- [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 260 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | 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
- [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 DEEPENDED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER GAP

FORCE Ba (WRITE INITIALS IN BOX) PERMIT No. HO-81-2070

B 3

LOCATION OF WELL

R-3907 40-40 4/3/87

HOWARD

COUNTY

WATERFORD

SUBDIVISION

SECTION B LOT 11

CLARKSVILLE

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N 8 | NW 8–9 | NE 8–9 | W 8 | TOWN | E 8 | SW 8–9 | S 8 | SE 8–9

Triadelphia Ln. Rd.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH (N) | WEST (W) 32 (E) EAST | SOUTH (S)

DISTANCE FROM ROAD 2000

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER

HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME

A-35006 — COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED 05/18/87 — CO SIGNATURE B. Wilson — EXP. DATE 11/18/87

NORTH GRID 4910000

EAST GRID 0807000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

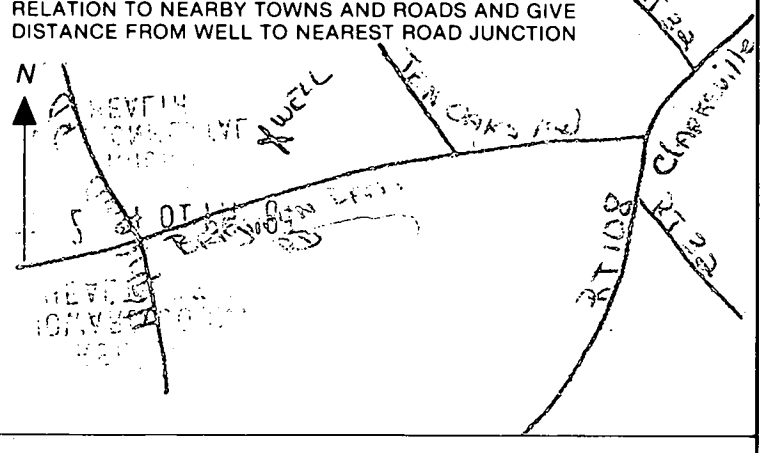
E 8087

N 4909

000 000

X granted 6/10/87 Not present at grant.

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

HEALTH

C 1 2422 (1 2 3 6) SEQUENCE NO. (OEP 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 35006

DATE Received: (8 13)

DATE WELL COMPLETED 06 10 87 (15 20)

Depth of Well (22 160 26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NC-81-2070 (28 29 30 31 32 33 34 35 36 37)

OWNER Mc DONOUGH BUILDERS JOHN (last name first name)

STREET OR RFD BRIGHTON DAM ROAD TOWN CLARKSVILLE

SUBDIVISION WATERFORD SECTION 3 LOT 11

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
Topsoil	0	2	
Br. Mica	2	114	
Tan Mica	114	132	
Br. Mica & Clay	132	147	✓
Gray Mica	147	160	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (44) yes Y / no N (44)

TYPE OF GROUTING MATERIAL

CEMENT C M (45 46) BENTONITE CLAY B C (45 46)

NO. OF BAGS 25 NO. OF POUNDS 2500

GALLONS OF WATER 125

(DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 80 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

S T STEEL; C O CONCRETE; P L PLASTIC; O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T (60 61)	6 (63 64)	102 (66 70)

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

S T STEEL; B R BRASS BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C 2 (1 2)

EACH SCREEN	DEPTH (nearest ft.)		
1	40 (8 9)	123 (11 15)	160 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min. to nearest gal.) 12 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 46 (17 20)

WHEN PUMPING 63 (22 25)

TYPE OF PUMP USED (for test)

A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

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: (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); − below (49)

LAND SURFACE

2 (50 51) (nearest foot)

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 10.17.13 "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. 410

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

LOCATION OF WELL ON LOT
N

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

Rear lot line

200'

Well ← 100' →

R. lot line

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

HEALTH

Page ____ of ____ County File No. ____

Review OK 2/24/88 CW.

FIELD DATA SHEET
HYDROGEOLOGIC AREA (1) WELL YIELD TEST

Maryland Well Permit No. 10-81-2070 Election District ____

Location of Property (road) BRighton Dam Rd.

Subdivision Water Ford Lot 11 Block ____ Plat ____ Sec. ____

Well Driller George Easterday Owner McDonough Bull Dors, John

Depth of Well 160 40 GPM

Distance of Measuring Point (M.P.) above ground 2 ft

Static Water Level (S.W.L.) below M.P. 46

I. High Rate Pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 12 gpm

Total time 15 min to reach pumping water level 59 ft. below M.P.

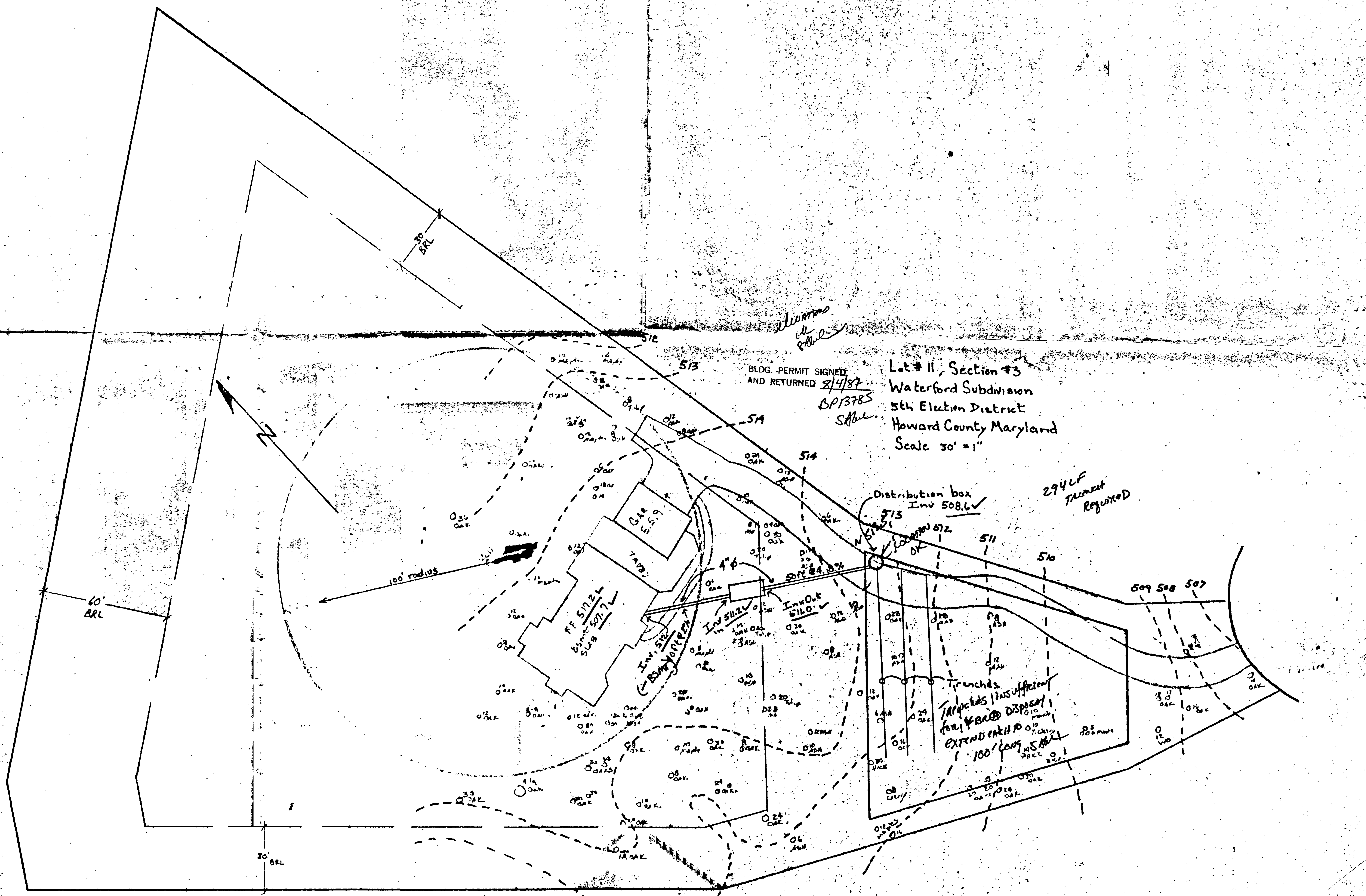
II. Recovery pump test data - observations to be recorded every 15 minutes.

MIN. TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 5 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
10.45	59'	25 Sec.	N/A	12 gpm
11.00	62'	25 Sec	pump at 80'	12 gpm
11:15	64'	25	R. Horan	12
11:30	64'	25		12
11:45	64'	25		12
12:00	65'	25		12
12:15	64'	25		12
12:30	63'	25		12
12:45	63'	25		12
1:00	63'	25		12
1:15	63'	25		12
1:30	63'	25		12
1:45	63'	25		12

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

DRILLER

TELESCOPE CASING LOG INDICATOR OTHER DATA


BLDG. PERMIT SIGNED AND RETURNED 8/4/87
BP13785
Lot # 11, Section #3
Waterford Subdivision
5th Election District
Howard County Maryland
Scale 30' = 1"
Distribution box
Inv 508.6
294 LF TRENCH REQUIRED
30' BRL
60' BRL
100' radius
GAR
FF 512.2
4"
Inv 511.2
In/Out 510.0
Trenches
513
514
512
511
510
509
508
507

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 ✓
Replacement ____

Receipt # 39017
Date 4/3/87

Name of Installer L. Franklin Easterday Telephone 829-1640

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

Name of Property Owner Lowrie Sargent Telephone ____
Subdivision Waterford Lot # 11 Well Tag # Ho -81 -2070
Site Address 13243 Westneath Lane

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ____
2. Make ____
3. Model # ____
4. Capacity ____ 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 ____
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ____

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

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

Well data
1. Depth 160 ft.
2. Yield 12 GPM
3. Static water level 46 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.

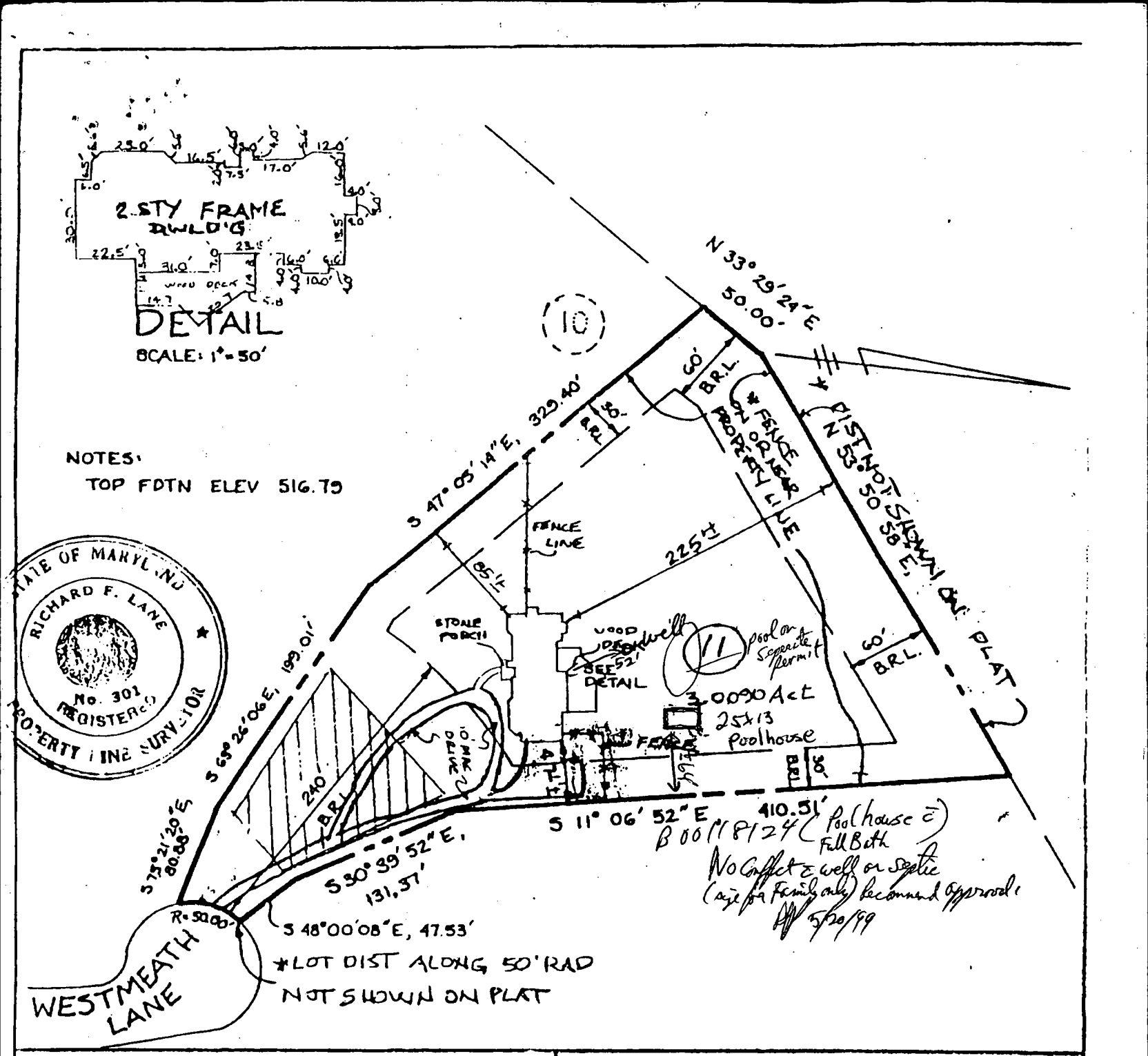
Signature of Applicant: ____

Date: ____

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

HD-215

4/13/87-OK TO COVER OUTSIDE WORK PRESSURE TANK NOT YET INSTALLED RH
STICKER APPLIED



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY & CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Richard F. Lane 10/8/87

SHANABERGER & LANE REV 5/23/90
8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLICOTT CITY, MD. 21043
(301) 461-0563

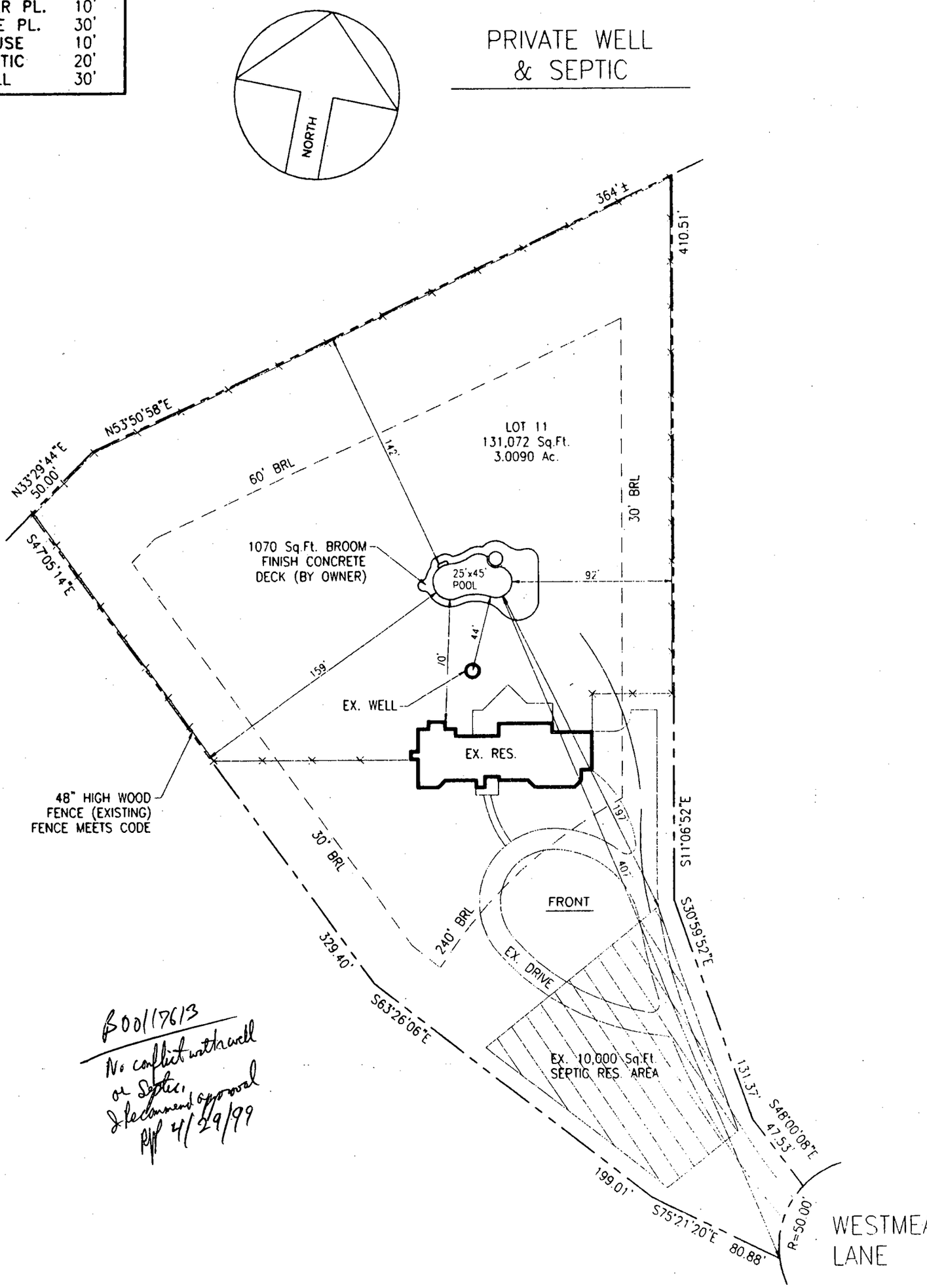
AS-BUILT CERTIFICATION

WATERFORD

LOT # 11
SECTION 3
PLAT # 7310

ELECTION DISTRICT : 5TH
COUNTY : HOWARD
SCALE : 1" = 100'
DATE: OCTOBER 8, 1987
REV: 5/23/90

ETBACKS:	
EAR PL.	10'
IDE PL.	30'
OUSE	10'
EPTIC	20'
ELL	30'



B00117613
No conflict with well or Septic. I Recommend approval
RJF 4/29/99

SITE PLAN

1"=[illegible]' NTS

LOT 11

WATERFORD

SECTION 3