

C.O. 6/12/00 12pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513628

A 18984

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

04-329554

DATE 6/9/2000

DATE SYSTEM APPROVED 6/10/00

INSPECTOR BB

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Florence Farms LOT 17 ROAD 3111 Woodbine Road

PROPERTY OWNER James Taylor

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

***** TOP SEAMED SEPTIC TANK REQUIRED *****

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 210 feet from the center-line of Route 94 and 155 feet from the right lot line. Run trenches along contour toward left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/15/99 OK DU

PLANS APPROVED BY C. Williams DATE 11-01-1999

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

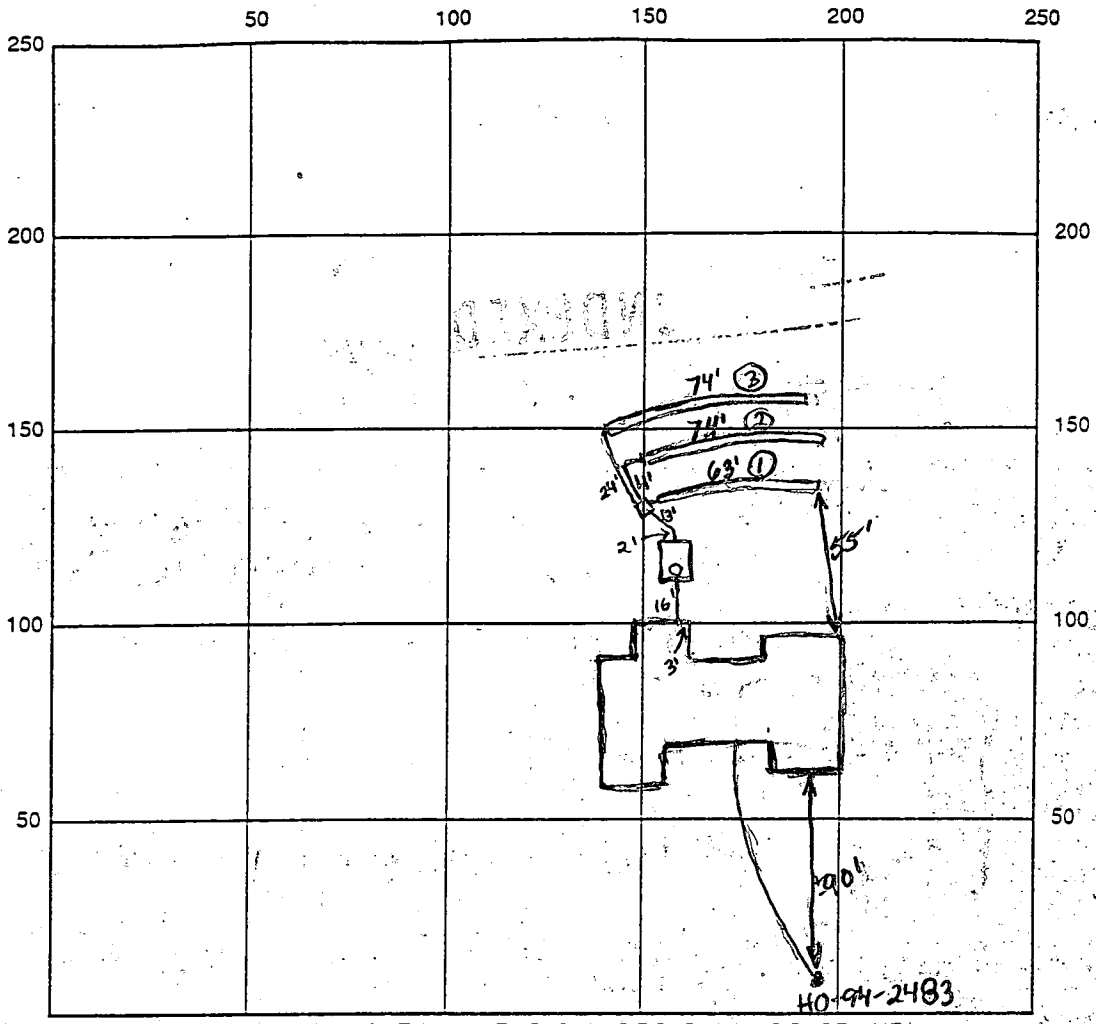
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 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**

A 513628



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 TS CLEANOUTS One 6" Tank
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 63/74/74 FT. (210 Total)
 NUMBER OF TRENCHES 3 ~~AREA~~ SIDEWALL/BOTTOM AREA 630 SQ. FT.
 DRYWALL INSIDE DIAMETER / FT. EFFECTIVE DEPTH BELOW INLET / FT.
 ABSORBENT AREA / SQ. FT.

REMARKS: 6/12/00 House connection made. Everything looks O.K. O.K. to cover.
Trenches within staked easement area. (BB)

DATE SYSTEM APPROVED 6/12/00 INSPECTOR B. Baker

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

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

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

Company Name: R.L. Stull Enterprises, LLC Telephone #: 301-829-0898
Address: 415 Windy Hill Rd
M.T. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Richard L. Stull License# 16851-1905T

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

Name of Property Owner: James Talon Telephone #: 301-439-5925
Subdivision: Florence Farm LTP Lot #: 17 Well Tag #: HO-94-2483
Site Address: 3111 Woodbine Rd
Woodbine MD 21799

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Starite Make: Martin 60mpd Two piece watertight cap: [checked]
Model #: SSP4002HL-03 Model #: B-10X Screened, vented well cap: [checked]
Pump Capacity 1/2" 5 GPM Depth: 75 (36" min) Cap secured to casing: [checked]
Well Yield: 25 GPM NSF approved: yes Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 350 (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: 1" Black Poly
PSI: 160 (160 psi min)
Depth of supply line: 36+ (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 FT
Sleeve caulked and sealed properly: yes

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

Signature of company representative responsible for installation: Richard L. Stull date: 9-6-00

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

Date Insp. Requested: Date Insp. Approved:
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

9/7/00
No WPI
Inspection Called
In. Builder (Mr. Swann) says that cap and conduit are installed properly.
BB

Total linear feet of trench

required 210 feet
width of trench (feet) 3.0
depth of trench (feet) 5.0

Depth of stone required below
distribution pipe 2.0 feet

SEPTIC DATA

HOUSE FIN. FL. 605.3
" BSMT 596.2
" SEWER INV 594.3
SEPTIC INV IN 594.0
TANK INV. OUT 593.1

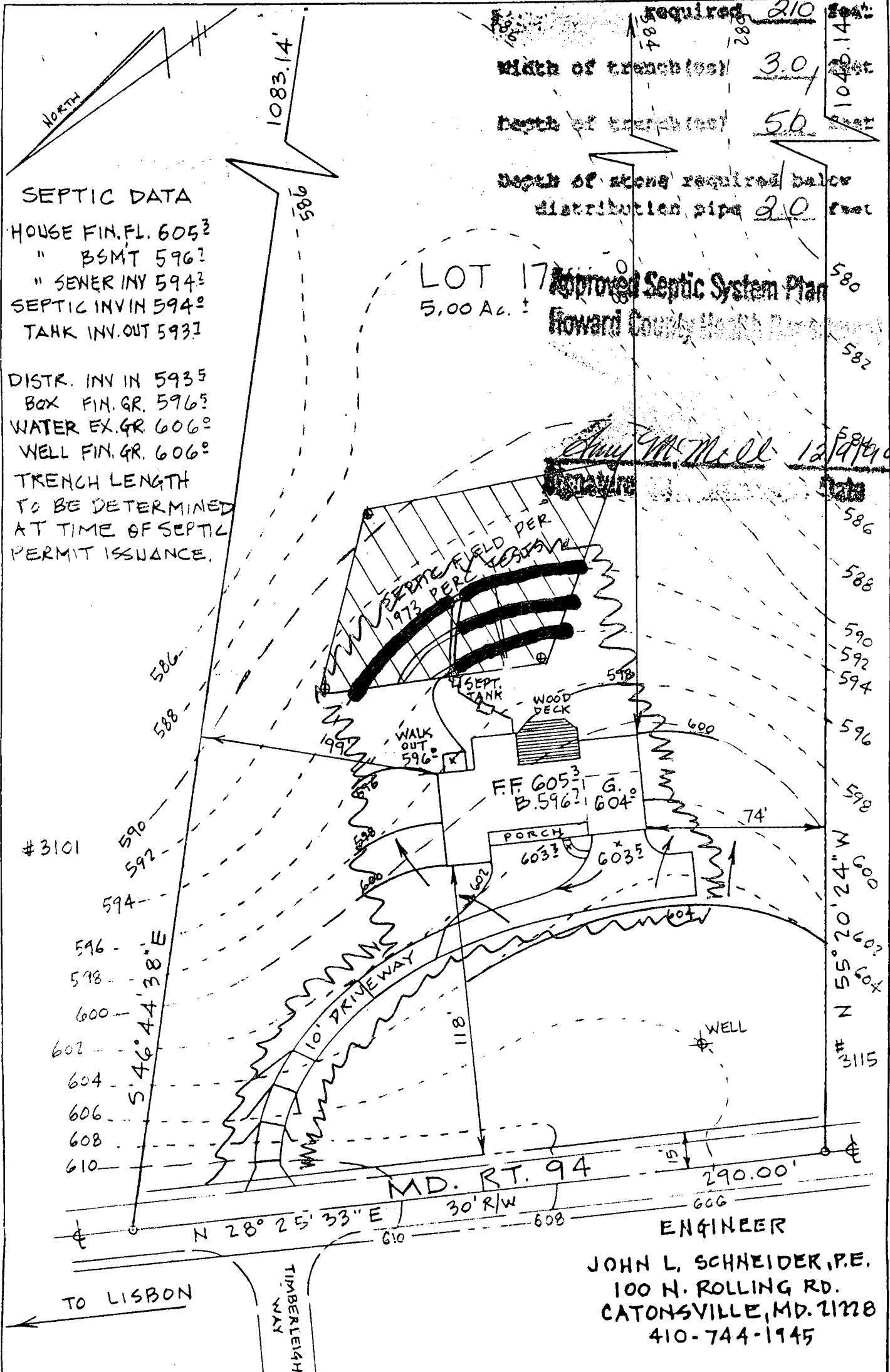
DISTR. INV IN 593.5
BOX FIN. GR. 596.5
WATER EX. GR. 606.0
WELL FIN. GR. 606.0

TRENCH LENGTH
TO BE DETERMINED
AT TIME OF SEPTIC
PERMIT ISSUANCE.

LOT 17
5.00 AC.

Approved Septic System Plan
Howard County Health Department

John L. Schneider 12/16/99



MD. RT. 94 290.00'

ENGINEER
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21228
410-744-1945

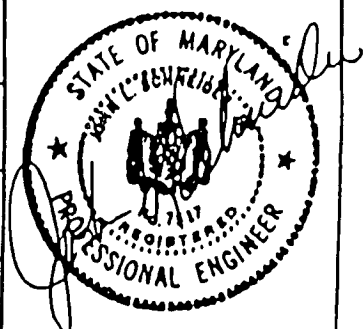
GRADING STUDY

LOT 17 - "FLORENCE FARMS, LTD."

4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DATE: 10-16-99



PRELIMINARY

APPLICATION

18984

A _____

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 4th

DATE 9/14/73

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 ~~Florence Farms, Ltd.~~ JAMES TAYLOR

ADDRESS Suite 200, Md. National Center, Rockville 20850 PHONE 424-2900

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 17

ROAD AND DESCRIPTION Route 94 3114 Woodbine Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Hansen Watkins

APPROVED BY D. MONAHAN FOR _____ DATE 1973
(KIND OF SYSTEM)

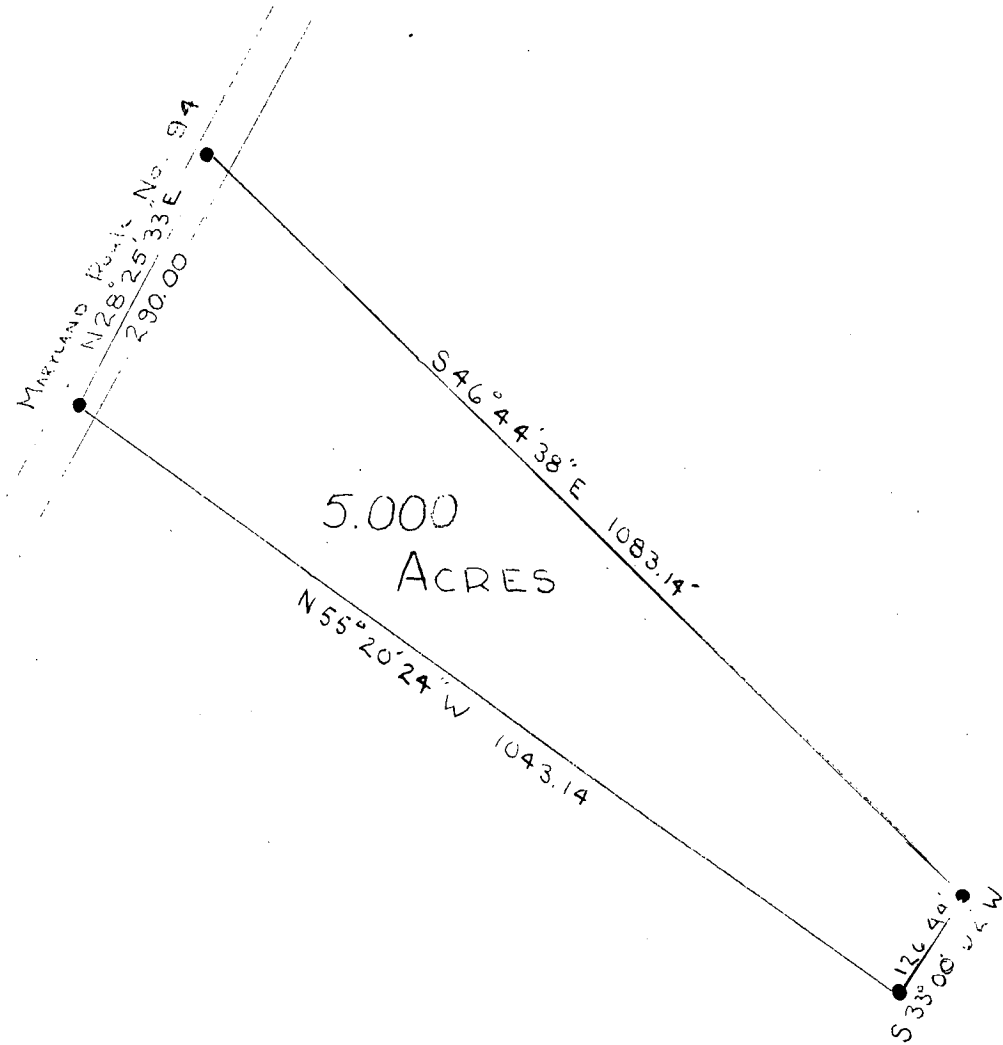
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

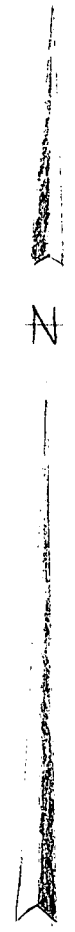
REASONS FOR REJECTION OR HOLDING _____

PERMIT SIGNATURE
RECEIVED 12-9-73
Serial # B10121511

THIS IS NOT A PERMIT



5.000
ACRES



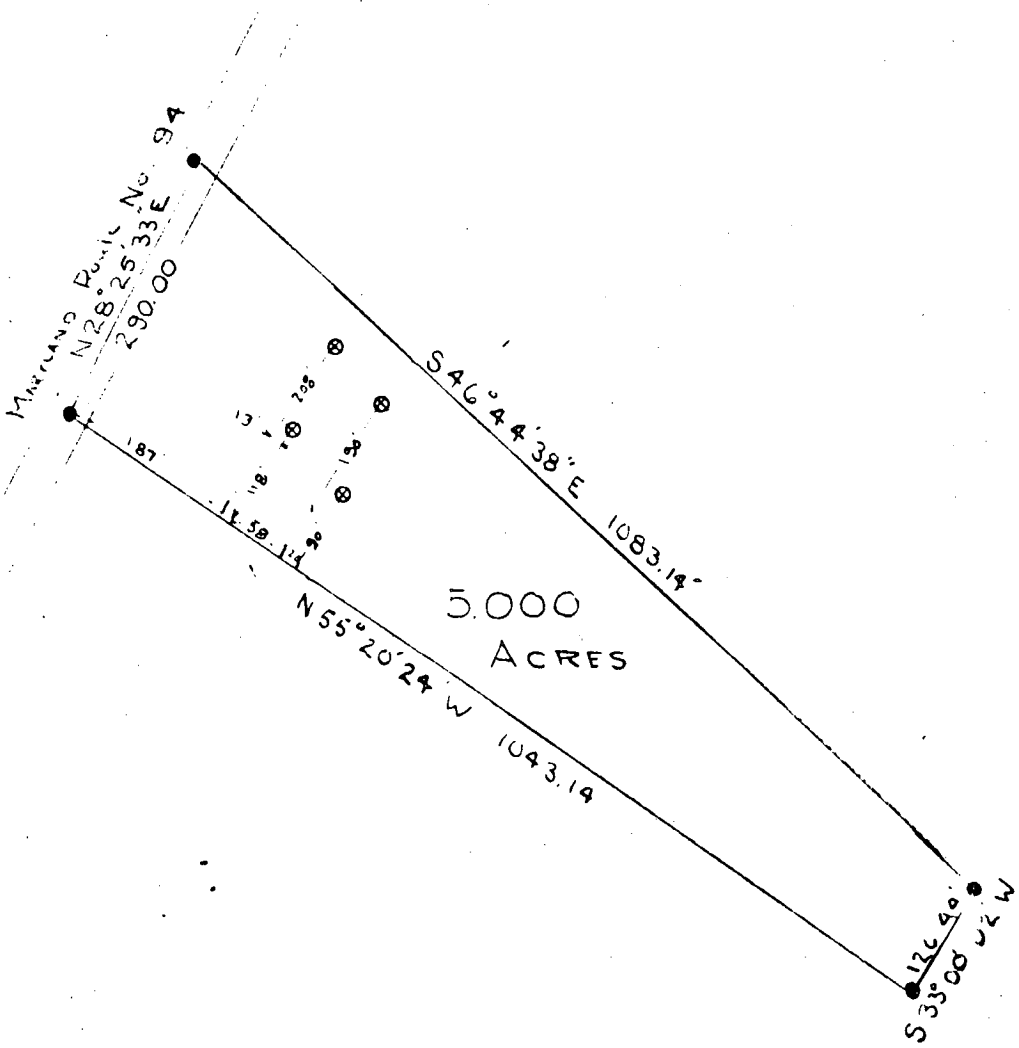
PLAT OF SURVEY
FOR
FLORENCE FARMS, LTD
FOURTH ELECTION DISTRICT, HOWARD COUNTY
WOODBINE, MARYLAND
SCALE 1 IN = 200 FT AUGUST 13, 1973

Note: The lot shown herein complies with the minimum ownership and lot area as required by the Maryland State Health Department

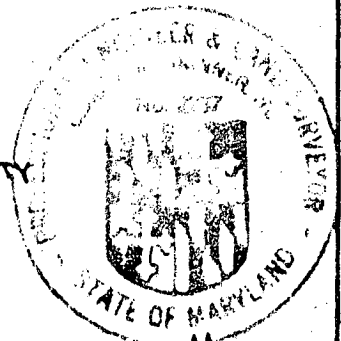
Approved: Private Water and Private Sewer

Howard County Health Officer _____ Date _____

Clara M. Skinner
A-3674-17



PLAT OF SURVEY
 FOR
FLORENCE FARMS, LTD
 FOURTH ELECTION DISTRICT, HOWARD COUNTY
 WOODBINE, MARYLAND
 SCALE 1 IN = 200 FT August 13, 1973



Charles M. Skinnif
 A-2074-17

Note: The lot shown herein complies with the minimum ownership and lot area as required by the Maryland State Health Department

Approved: Private Water and Private Sewer

Howard County Health Officer
 12/4/73
 Date

⊗ Denotes percolation test hole

9/23/99

Florence Farms - Lot 17

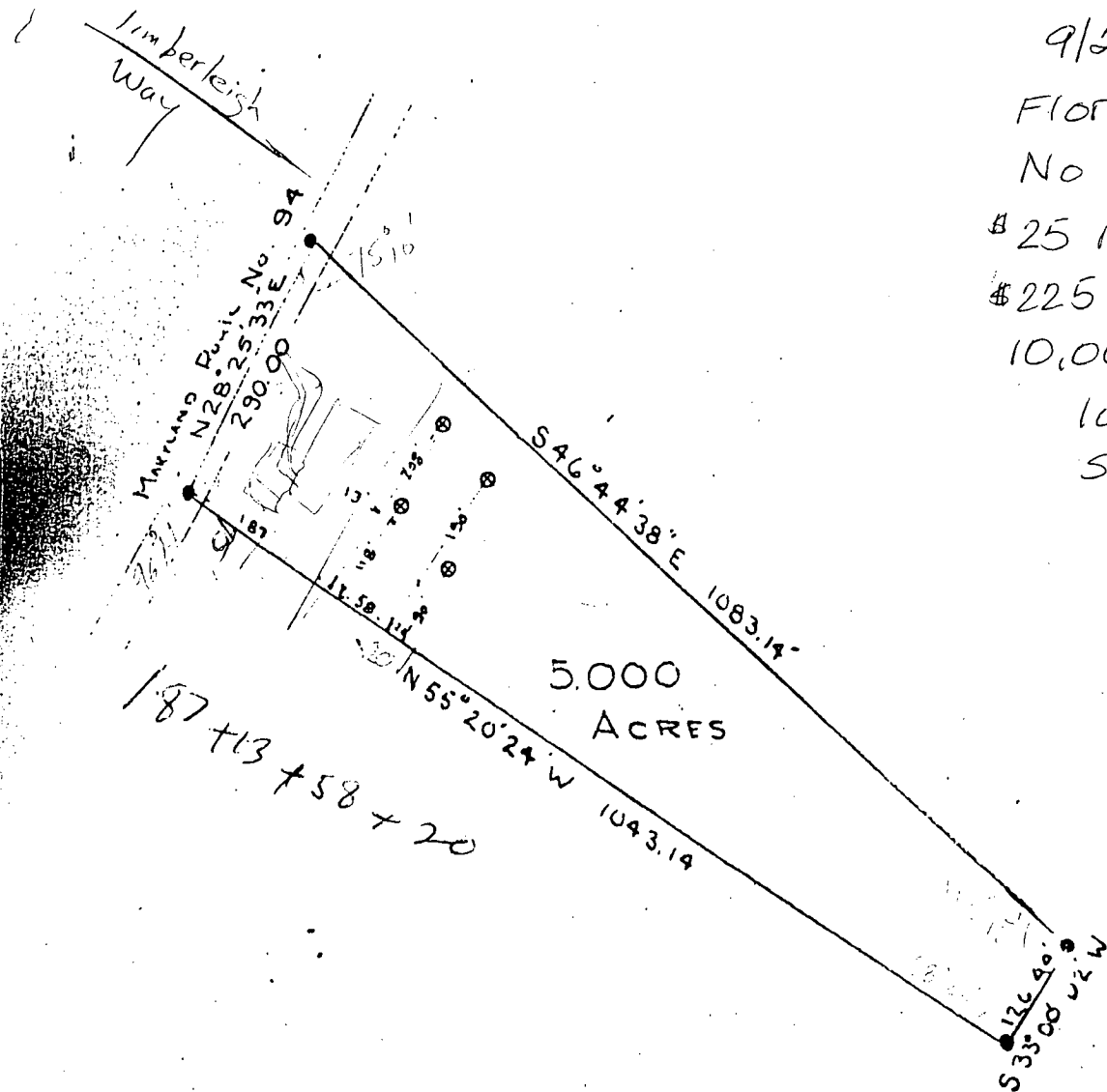
No perc records located

\$25 repair to confirm SDA

\$225 to move SDA

10,000 \$ necessary because lot was approved w/ 10,000 \$ SDA intended.

Al



5.000 ACRES

187 + 13 + 58 + 20

LOT # 17

PLAT OF SURVEY FOR

FLORENCE FARMS, LTD
FOURTH ELECTION DISTRICT, HOWARD COUNTY,

WOODBINE, MARYLAND

SCALE 1 IN = 200 FT August 13, 1973

Note: The lot shown herein complies with the minimum ownership and lot area as required by the Maryland State Health Department

Approved: Private Water and Private Sewer

Antonia... 12/4/73



James M. Stearns

C1 07514

SEQUENCE NO. (MDE-USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A18984

ST/CO. USE ONLY DATE Received MM 11 15 99

DATE WELL COMPLETED MM 11 15 99

Depth of Well 22 400' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2483

OWNER TAYLOR JIM last name first name STREET OR RFD ROUTE 94 TOWN LISBON SUBDIVISION LISBON FARMS SECTION LOT 17

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (30), NO. OF POUNDS (2820), GALLONS OF WATER (180), DEPTH OF GROUT SEAL (0 to 95 ft).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (110).

OTHER CASING (if used) form with fields: diameter inch, depth (feet) from to.

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P) with descriptions.

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...

DRILLERS LIC. NO. 1 MS DO 24, DRILLERS SIGNATURE (Must match signature on application), LIC. NO. 1 D

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

DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Includes slot size and diameter of screen information.

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

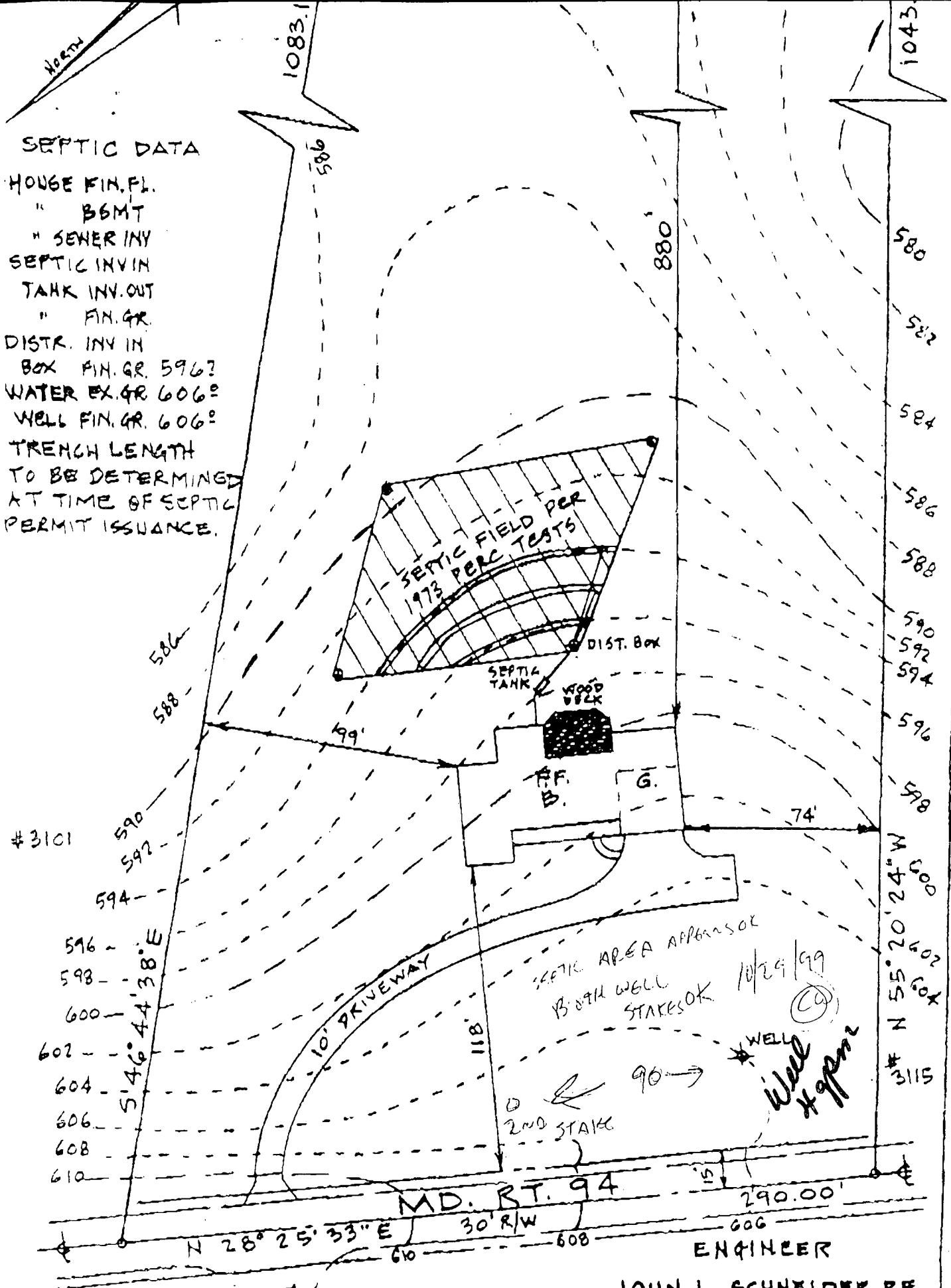
PUMPING TEST form with fields: PUMPING TEST (3), HOURS PUMPED (8:00-9:00), PUMPING RATE (4 gal/min), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (39 ft before, 26.3 ft when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below) LAND SURFACE (50-51 ft).

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). See attached location -

SEPTIC DATA

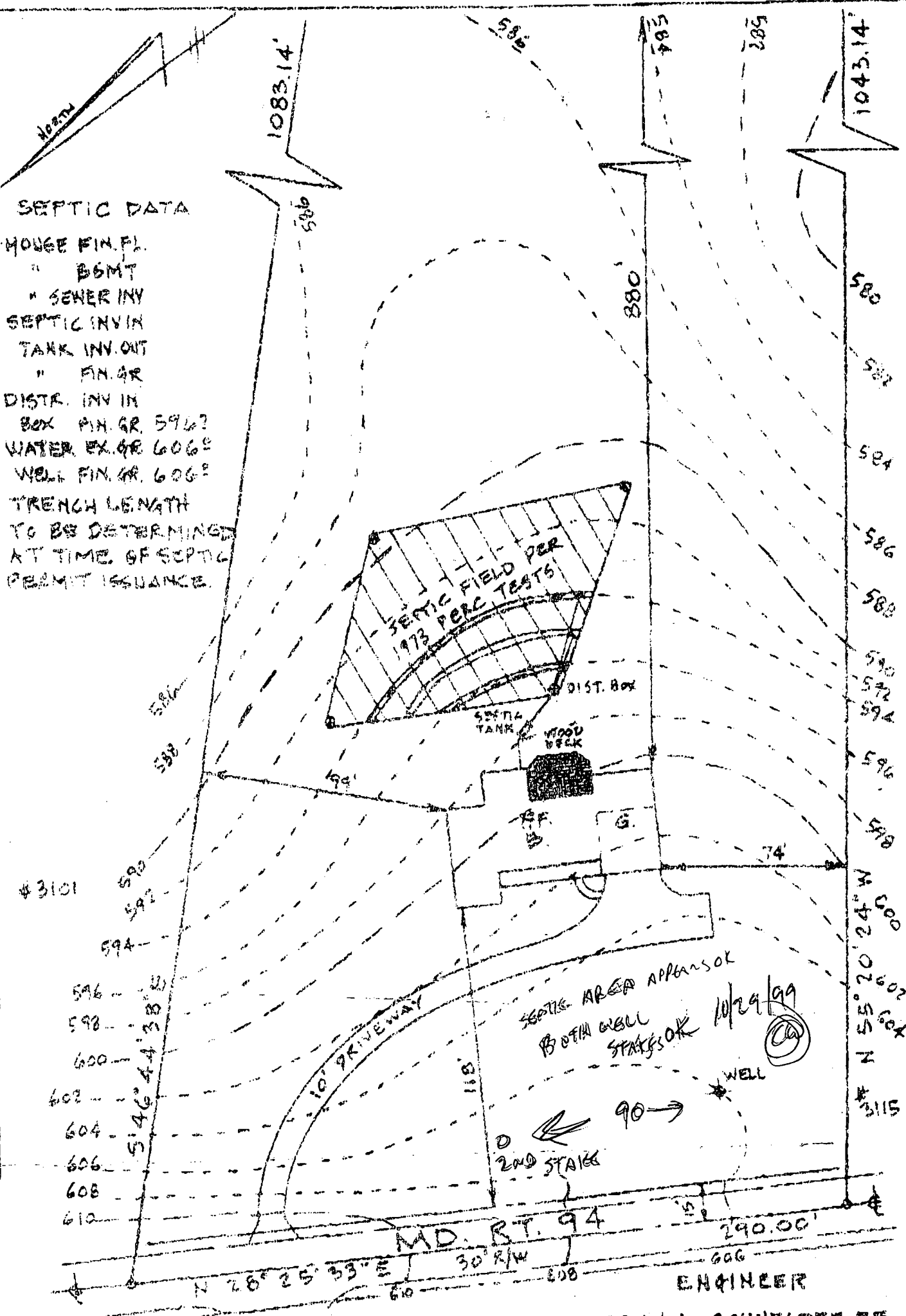
HOUSE FIN. FL.
 " BBMT
 " SEWER INV
 SEPTIC INV IN
 TANK INV. OUT
 " FIN. GR.
 DISTR. INV IN
 BOX FIN. GR. 596.7
 WATER EX. GR. 606.0
 WELL FIN. GR. 606.0
 TRENCH LENGTH
 TO BE DETERMINED
 AT TIME OF SEPTIC
 PERMIT ISSUANCE.



ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21038
 410-744-1945

TO LISBON
 - PRELIMINARY -

David Swans 410-442-5937



SEPTIC DATA
 HOUSE FIN. FL.
 " BSMT
 " SEWER INV
 SEPTIC INV IN
 TANK INV. OUT
 " FIN. GR
 DISTR. INV IN
 BOX FIN. GR. 594'
 WATER EX. GR. 606'
 WELL FIN. GR. 606'
 TRENCH LENGTH
 TO BE DETERMINED
 AT TIME OF SEPTIC
 PERMIT ISSUANCE.

#3101
 590
 592
 594
 596
 598
 600
 602
 604
 606
 608
 610

1043.14'
 580
 582
 584
 586
 588
 590
 592
 594
 596
 598
 600
 602
 604
 606
 608
 610

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21028
 410-744-1145

TO LISBON
 - PRELIMINARY -

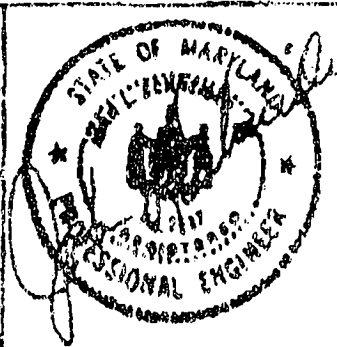
GRADING STUDY

LOT 17 - FLORENCE FARMS, LTD.

4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DATE: 10-16-99



B 1 14372

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2483 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

J Taylor Jim 2843 Powder Mill Rd. Hyattsville Md. 20783

B 3

LOCATION OF WELL

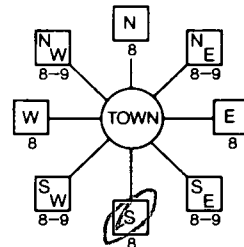
Howard. 8 COUNTY 21 Florence Farms. LTD. 23 SUBDIVISION 42 SECTION 44 46 LOT 17 48 50 Lisbon 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne M S D 24 76 License No. 81 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21771 Address Joseph L. Mayne 10/21/99 Date Signature

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Md. RT. 94 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N EAST E WEST W SOUTH S DISTANCE FROM ROAD 34 60 37 FT ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 7 PARCEL 259

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard D A 18984 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 11/1/99 Co. Well 10/31/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 534 000 EAST GRID 0765 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

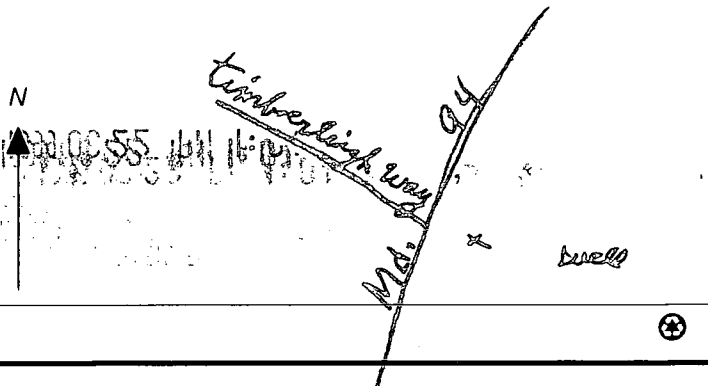
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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 760 5 N 530 4

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. HO - 94 - 2483 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

