

12/16/00
12/22/00
Noon
Noon
RPS 364457

PERMIT

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

P 514711

A 58993-Y

ISSUE DATE 12/15/2000

APPROVAL DATE 3/30/01

INDEXED

Steve West Construction, Inc

IS PERMITTED TO INSTALL x ALTER

ADDRESS 10024 Pebble Beach Terrace, Ijamsville, MD 21754 PHONE 301-471-7819

SUBDIVISION Carrail Ridge LOT NUMBER 23 ADDRESS 3516 Winding Path Court

PROPERTY OWNER Christopher Healy PROPERTY OWNER'S ADDRESS 3731 Dorsey Search Circle

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD 21042

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4 *** TOP SEAMED SEPTIC TANK REQUIRED ***

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 20.0 feet down the right lot line and 90 feet off the left lot line as seen when facing the lot from Winding Path Court. Run trenches on contour in both directions. 7/27/00 O.K. (BB)

PLANS APPROVED Amy McMillen

DATE 7/18/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

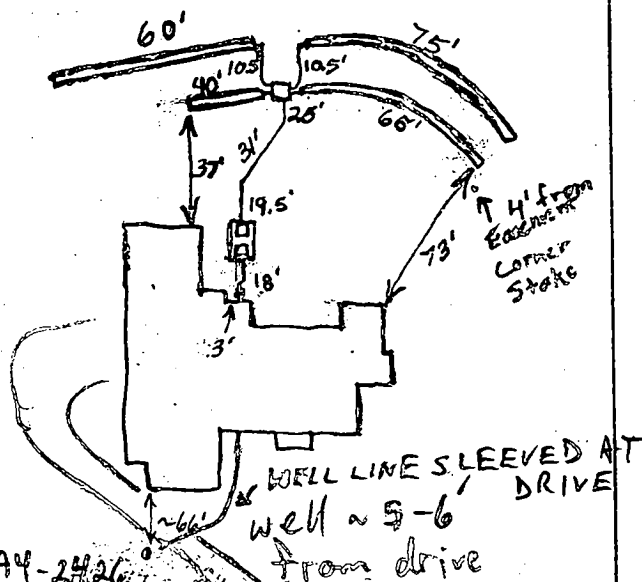
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BLDG. PERMIT SIGNED
AND RETURNED 3/28/2001
B00129088
INGR. POOL

P 514711

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
TRENCH INLET DEPTH 2.0'
TRENCH BOTTOM DEPTH 4.0'
DEPTH OF STONE 2.0'
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 240'
ABSORBENT AREA 720 sq. ft.
DISTRIBUTION BOX LEVEL Levelers
BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 comp. GALLONS
MANHOLE RISER 2
6 INCH INSPECTION PORT No
~~PUMP CHAMBER DATA~~ N/A
~~PUMP CHAMBER GALLONS~~
~~MANHOLE RISER~~
~~ALARM~~
~~PUMP PERFORMANCE TEST~~

Winding Path Court
PRE-CONSTRUCTION INSPECTION: 12/15/00 New builder, told him about permit process and to recall inspection in for when tank arrives. Area stated. To change trench lengths.
INSPECTION COMMENTS: as drawn on BP plan. Noticed very rocky soil right next to left upper easement stake while a drainage line was being installed. (BB)
12/18/00 - TANK NOT THERE, OK TO INSTALL 1 TRENCH & COVER MIDDLE (SRK)
12/22/00 No house connection. O.K. to cover. (BB) House connection made. 3/30/01 (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 3/30/01

APPLICATION

PERCOLATION TESTING

A 58993

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-25-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D & D

ADDRESS 10805 Harbony Ridge Suite 215 PHONE 410-740-2102
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Haan Rei LOT NO. 19 #20 23

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1339 3

SIZE OF LOT 1 acre TYPE BLDG. SFD (38 LOTS)
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 530 531

dk
red
SiCLMlgt
tan
SiSalm

12.0

521

dark
red brn
SiCLM

3.0

dark
red
brn
Salm
20-30%
Rx

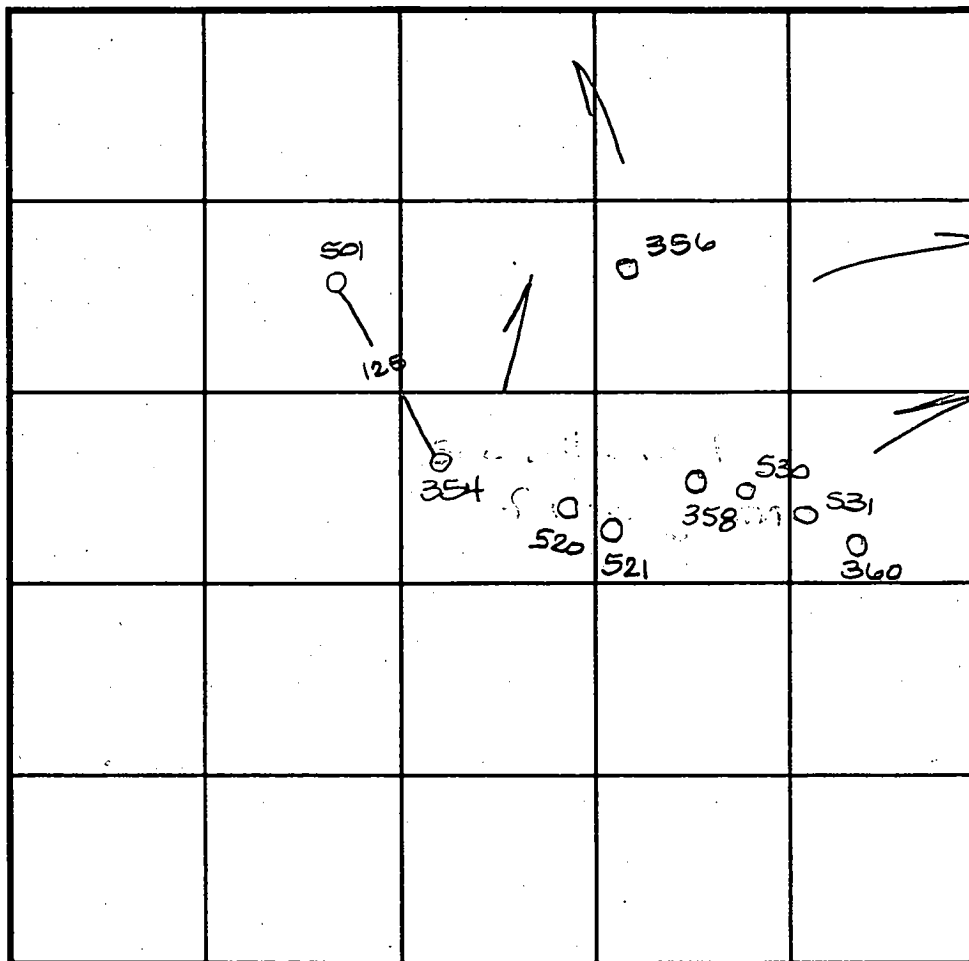
8.5

>50%
Rx

100

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-9-98	531	Visual	to 12.0 - see profile -				OK
	530	Visual	to 12.0 - see profile -				OK
	520	>50% Rx throughout	- insufficient				
		depth to bedrock	—————				F
	521	Visual	to 10.0 - see profile -				OK

REMARKS *shallow system only

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT D. Reuver

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3.0

INLET DEPTH 2.0 MAXIMUM BOTTOM DEPTH 4.0 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 58993

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

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TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L.D. AD

ADDRESS 10805 Hickory Ridge Drive 215 PHONE 165-740-2100
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Haven Hill LOT NO. 20

ROAD AND DESCRIPTION Rte 97

TAXMAP 21 PARCEL # ~~1377~~ 3

SIZE OF LOT 1.66 TYPE BLDG. SFD (38 LOTS)
(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. _____
(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

LOT 2:0

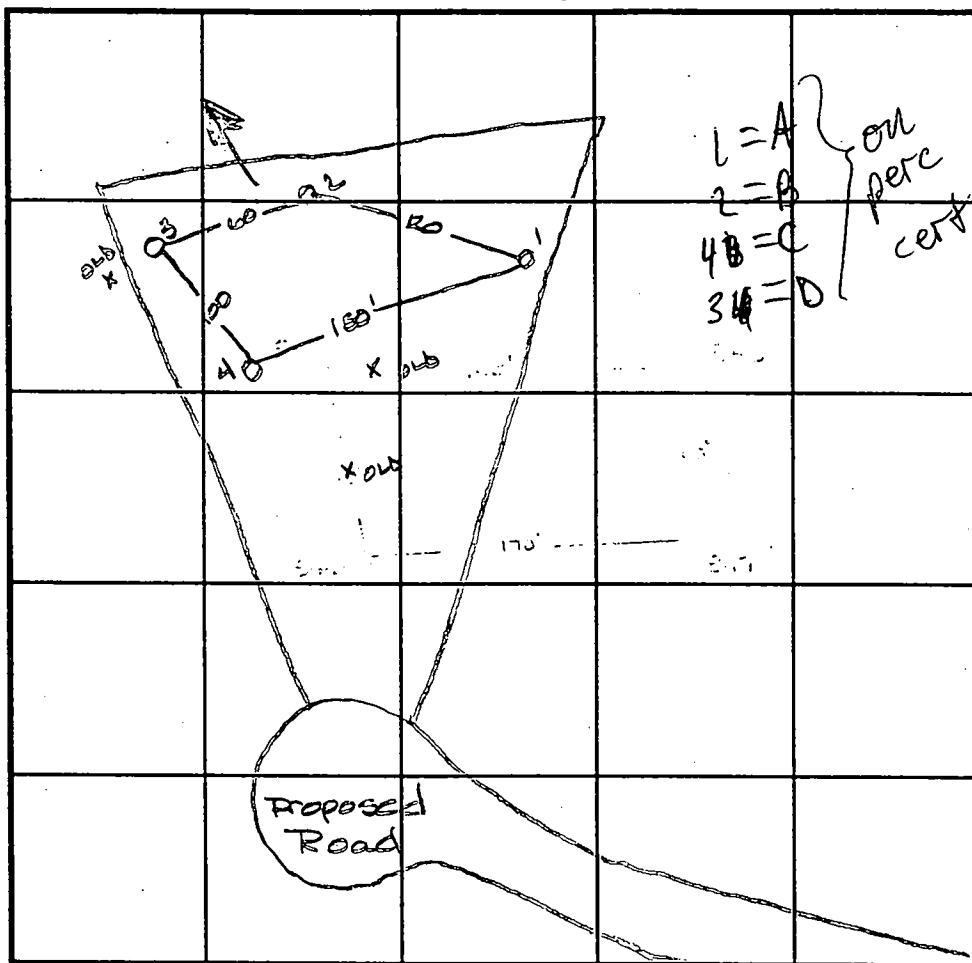
COUNTY #

SOIL PROFILE

0' 2.1
no
distinct
clay
layer
lgt
pink to
red
silts
20%
large
Rock
frags

12.0
3
like
#2
but
30-
40%
Rx

110
4
like
#2
but
refusal
@
9.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-1-98	1	Visual to 12.0'	see profile				OK
	2	Visual to 12.0'	see profile				OK
	3	Visual to 11.0'	see profile				OK
	4	Visual to 9.0'	see profile				OK

REMARKS

TYPE OF SOIL

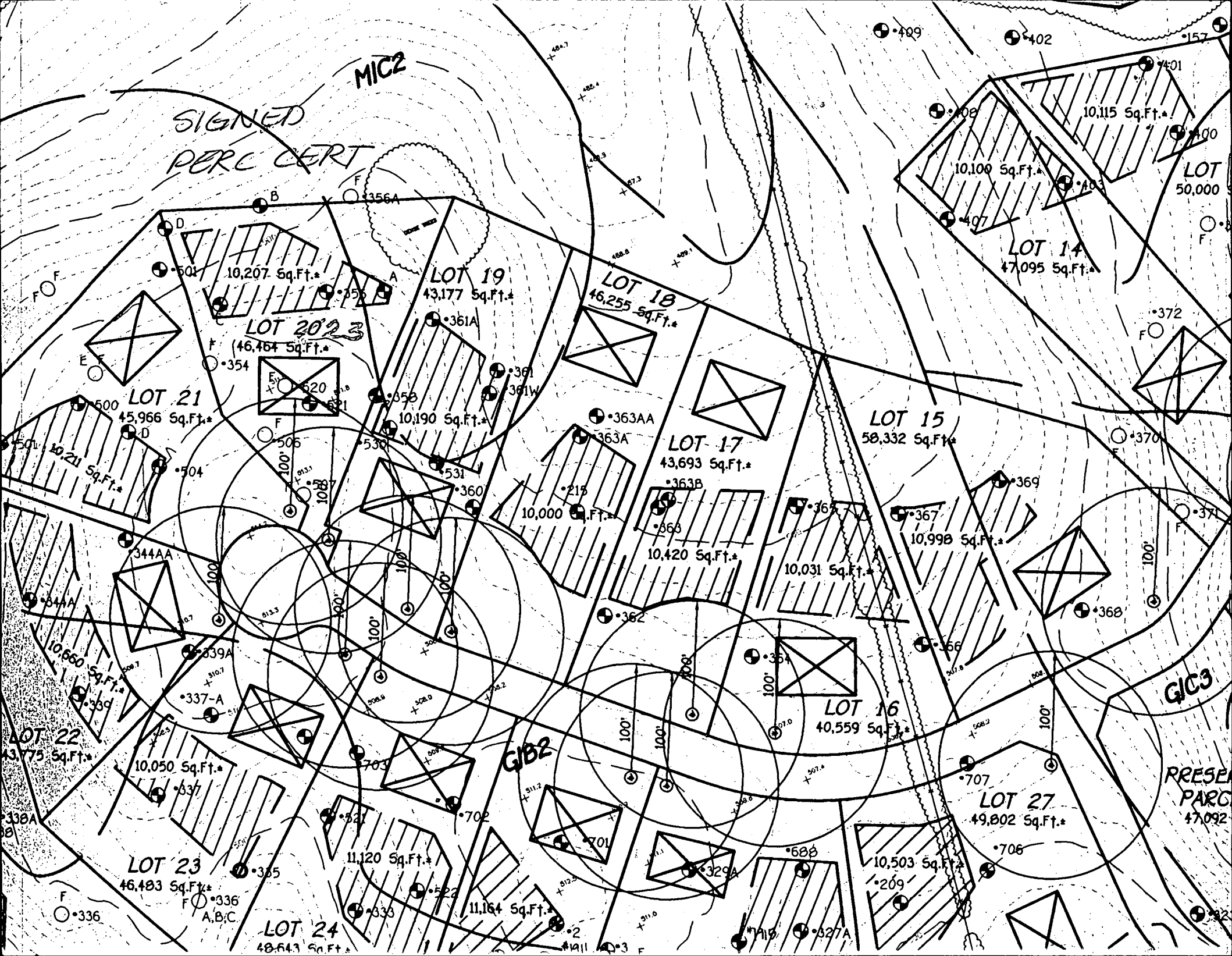
TESTED BY Amy McMillen ALSO PRESENT Don Revwer

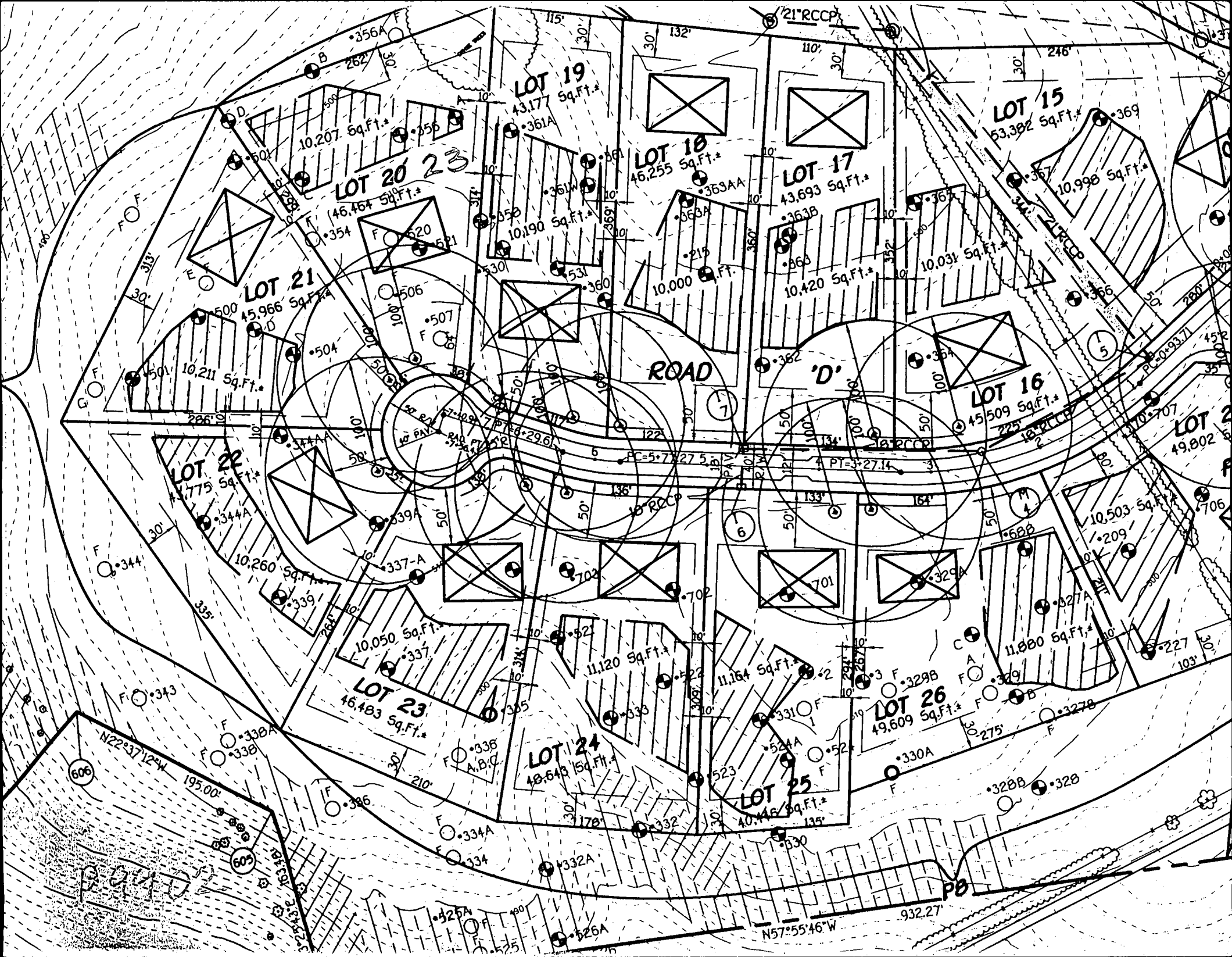
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME see old surrounding holes 3 min TRENCH WIDTH 30

INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT/BEDROOM 180

SIGNED
PERC CERT

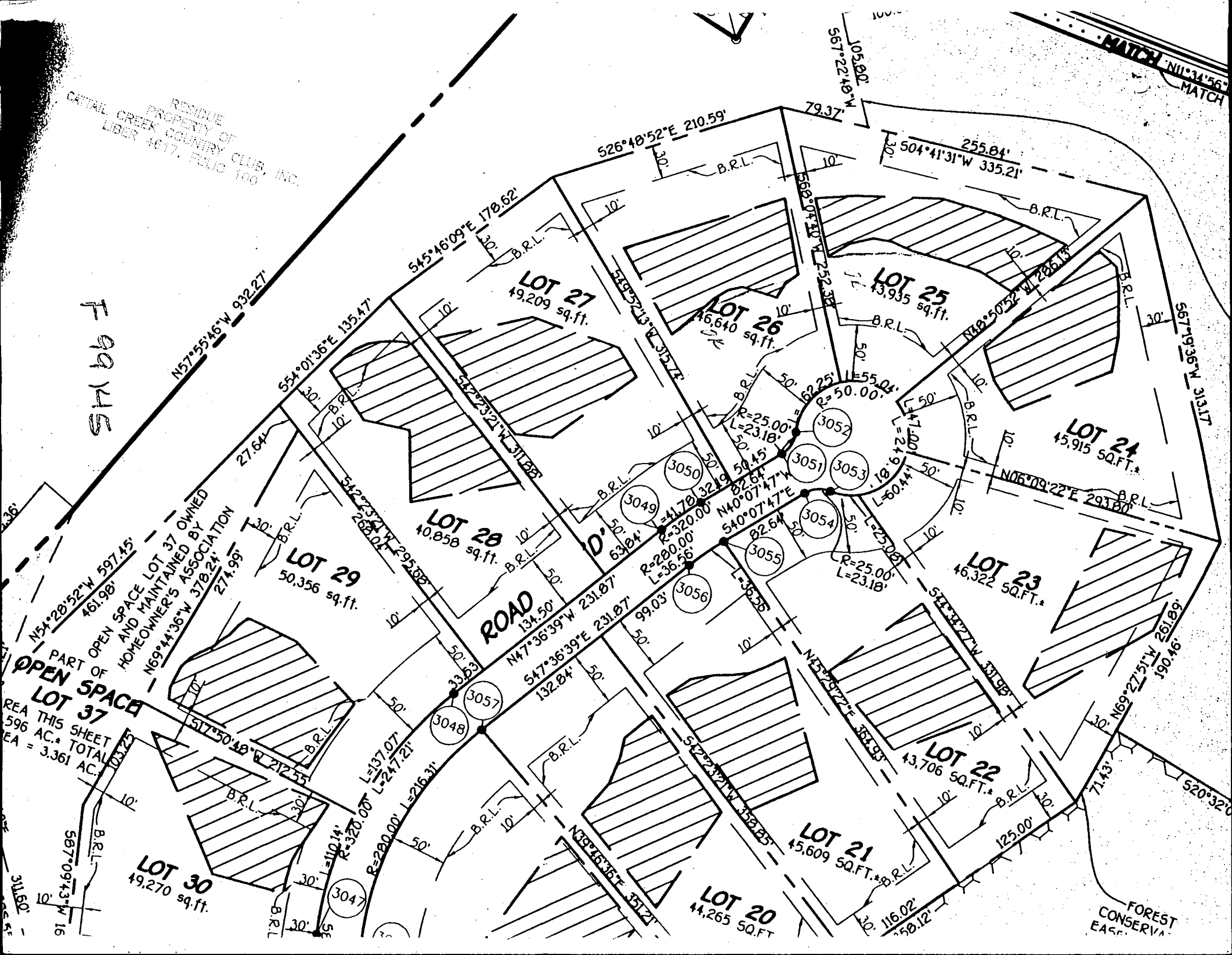
MIC2





RESIDUE
PROPERTY OF
CATAL CREEK COUNTRY CLUB, INC.
LIBER 4617, FOLIO 100

F 99 145



Approved Septic System Plan
Howard County Health Department

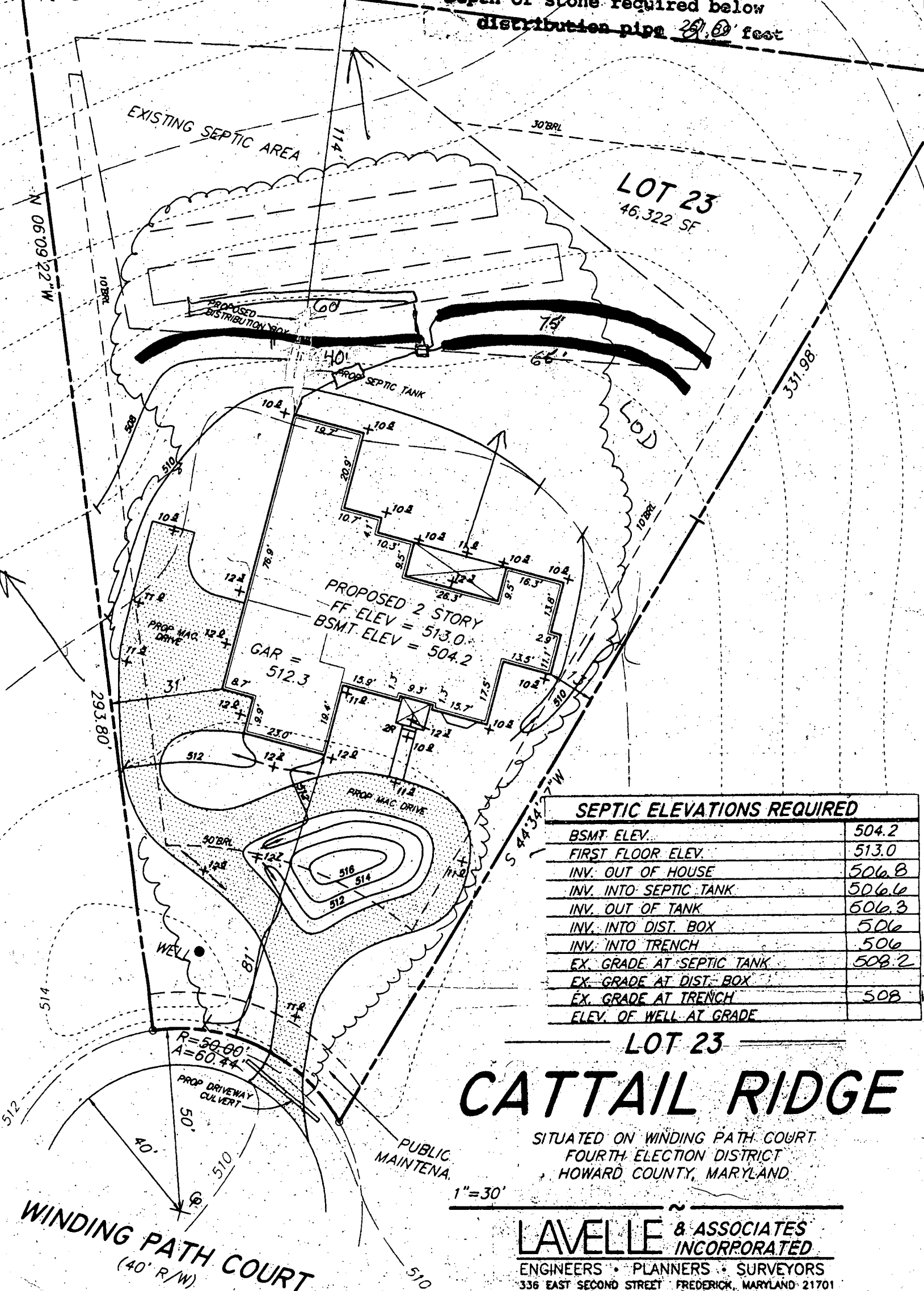
FOREST PRESERVATION
PARCEL NO. 10
CONSERVATION
SEMI-ESTABLISHED
STATION
Total linear feet of trench
required 240 feet

Width of trench (es) 3.0 feet

Depth of trench (es) 4.0 feet

Depth of stone required below
distribution pipe 28.00 feet

Amel M. Mell 7/19/00
Signature Date



SEPTIC ELEVATIONS REQUIRED

BSMT. ELEV.	504.2
FIRST FLOOR ELEV.	513.0
INV. OUT OF HOUSE	506.8
INV. INTO SEPTIC TANK	506.6
INV. OUT OF TANK	506.3
INV. INTO DIST. BOX	506
INV. INTO TRENCH	506
EX. GRADE AT SEPTIC TANK	508.2
EX. GRADE AT DIST. BOX	
EX. GRADE AT TRENCH	508
ELEV. OF WELL AT GRADE	

LOT 23

CATTAIL RIDGE

SITUATED ON WINDING PATH COURT
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

1"=30'

LAVELLE & ASSOCIATES
INCORPORATED

ENGINEERS • PLANNERS • SURVEYORS
336 EAST SECOND STREET FREDERICK, MARYLAND 21701
OFFICE (301) 695-9722 • FAX (301) 695-9766

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: Van Sant Plbg + Htg Telephone #: 301-829-0444
Address: 3 N Main St.
Mt. 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): Harford Van Sant License# 14467

*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: Steve West Telephone #: 301-471-9819
Subdivision: Cattail Ridge Lot #: 23 Well Tag #: HO-94-2426
Site Address: 3516 Winding Path Ct
Glenwood, MD 21738

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>7GS05432</u>	Model #: <u>BOX</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity: _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>✓</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<u>Torque arrestors or Cable guards are required - Must circle one</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>NO</u>		

Piping to house
Type: 200PSI
PSI: _____ (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: 15 ft
Approximate length of sleeve: 15 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: Harford Van Sant

date: 4.17.01

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

Date Insp. Requested: 3/29/01 Date Insp. Approved: 3/30/01 MR & BB SRK
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 ✓

C11966

SEQUENCE NO.
(MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY
NUMBERA58993Y

DATE RECEIVED
MMDDYY
813

DATE WELL COMPLETED
MMDDYY
9-25-99

DEPTH OF WELL
2212526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HD-94-2426

OWNERCattail Overlook
STREET OR RFDlast nameWindy Path Ctfirst nameTOWNGlenwood
SUBDIVISIONCattail RidgeSECTIONLOT23

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		check if water bearing
	FROM	TO	
Red clay	0	10	
Brown soil	10	14	
Brown sandstone	14	50	
GRAY GRANITE	50	125	
		63	✓
		110	✓

GROUTING RECORD

yesno
WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y44N44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT(CM)BENTONITE CLAYBC

NO. OF BAGS454614NO. OF POUNDS45461316

GALLONS OF WATER84 gals

DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to56ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STEELSTCONCRETECO
PLASTICPLOTHEROT

MAIN
CASING
TYPE
ST0656

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

OTHER CASING (if used)
diameter depth (feet)
inch from to

SCREEN RECORD

screen type
or open hole
(insert
appropriate
code
below)

STEELSTBRASSBR
BRONZEPL
PLASTICPLOTHEROT

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)85

METHOD USED TO
MEASURE PUMPING RATEwater bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING48ft.

WHEN PUMPING87ft.

TYPE OF PUMP USED (for test)

AairPpistonTturbine
CcentrifugalRrotaryOother
(describe below)

JjetSsubmersible

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTUREDyesno
YNY

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

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

DRILLERS LIC. NO. MW-355

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW-549

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

C2

DEPTH (nearest ft.)

125

21125

232426303236

383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN
5660
fromto

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.)WQ

7072747576

TELESCOPE
CASING
LOG
INDICATOR
OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP
(CIRCLE) (YES OR NO)YESNO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)3135

PUMP HORSE POWER3741

PUMP COLUMN LENGTH
(nearest ft.)4347

CASING HEIGHT (circle appropriate box
and enter casing height)

+above

LAND SURFACE

below1(nearest
foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

Left Prop Line

20'

120'

Front Prop. Line

9/24/99

Sept 24 9:00am Barlow's office called
in Pump & Grouts

Said Lot 23 was grouted on
22nd & inspector was there

Never called it in and Therefore
inspector wasn't there.

β

Steven Kuep
Brian Baker

B 1 16676 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2426</u> <small>70 fill in this form completely 79</small>
Date Received (APA) <u>083099</u> <small>8 MM DD YY 13</small> OWNER INFORMATION <u>CATTAIL OVERLOOK LLC</u> <small>15 Last Name Owner First Name 34</small> <u>8808 CENTRE PARK DRIVE Suite 108</u> <small>36 Street or RFD 55</small> <u>Columbia MARYLAND 21045</u> <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>CATTAIL RIDGE</u> <small>23 SUBDIVISION 42</small> SECTION <u>44</u> <small>44 46</small> LOT <u>23</u> <small>48 50</small> <u>ROXBURY</u> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <u>2</u> <small>73 76 77 78</small>	
DRILLER INFORMATION <u>MICHAEL BARLOW MWD 355</u> <small>Driller's Name 76 License No. 81</small> <u>MICHAEL BARLOW WELL DRILLING SERVICE</u> <small>Firm Name</small> <u>912 FAUN CT. Joppa MD 21085</u> <small>Address</small> <u>[Signature]</u> <u>8/14/99</u> <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) WINDY PATH CT <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 15 37</small> DISTANCE FROM ROAD <u>15</u> <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard CO</u> <u>A589934</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>090799</u> <u>Aym M. Loo</u> <u>9/7/00</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID <u>520</u> <u>000</u> EAST GRID <u>780</u> <u>000</u> <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>780</u> N <u>520</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		Grout on 9/22 at 3pm per driller not called in for inspection - SRV X	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN <small>30 AIR-ROTARY AIR-PERCUSsion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTARY Drive-POINT</small> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER _____ G A P _____ PERMIT NO. <u>HO-94-2426</u>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

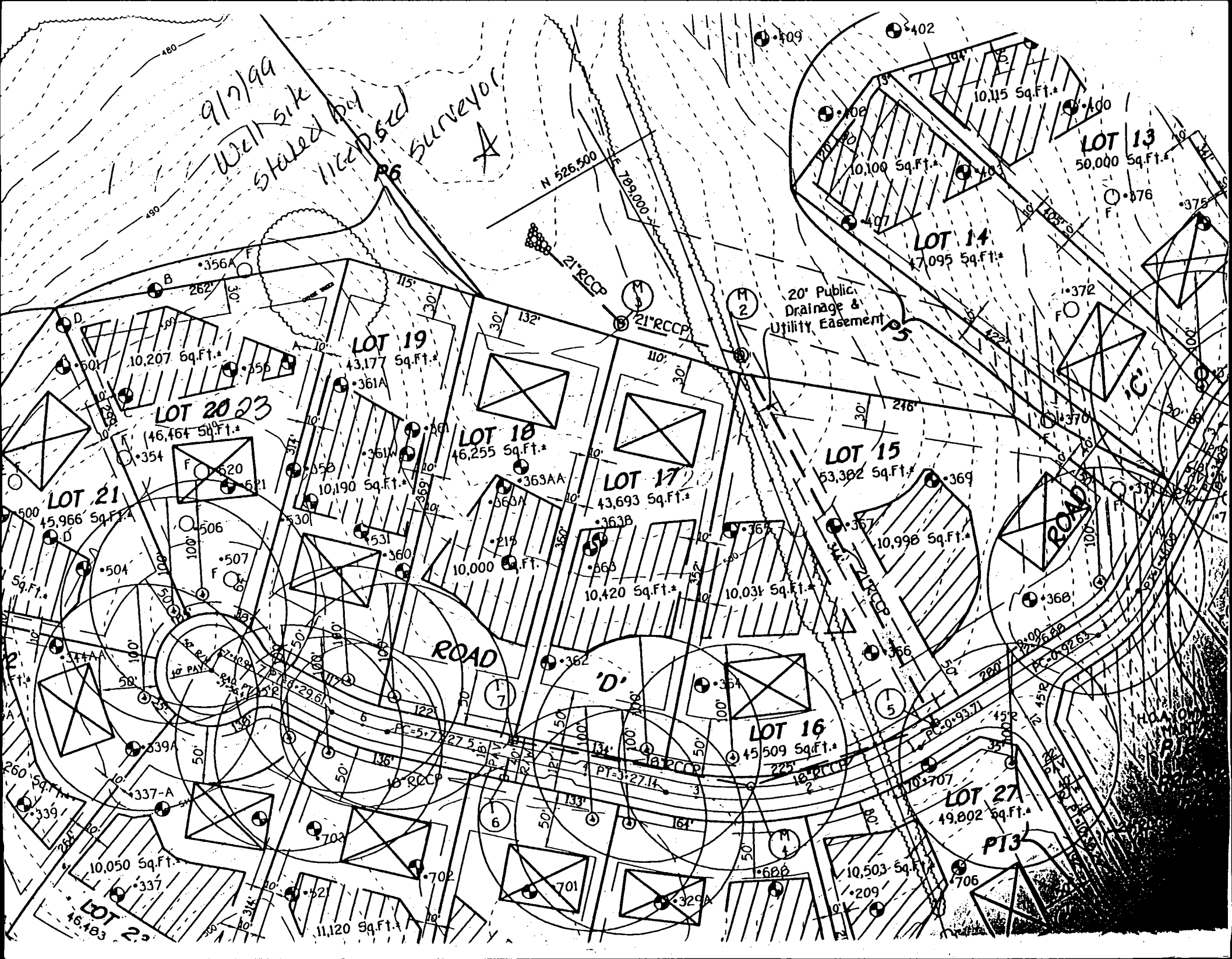
Well Permit No. HO - 94-2426
Location of property (road) Windy Path Ct
Subdivision CatHill Ridge Lot 23 Block Plat Sec.
Well Driller Michael Barlow Owner BRS Development

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

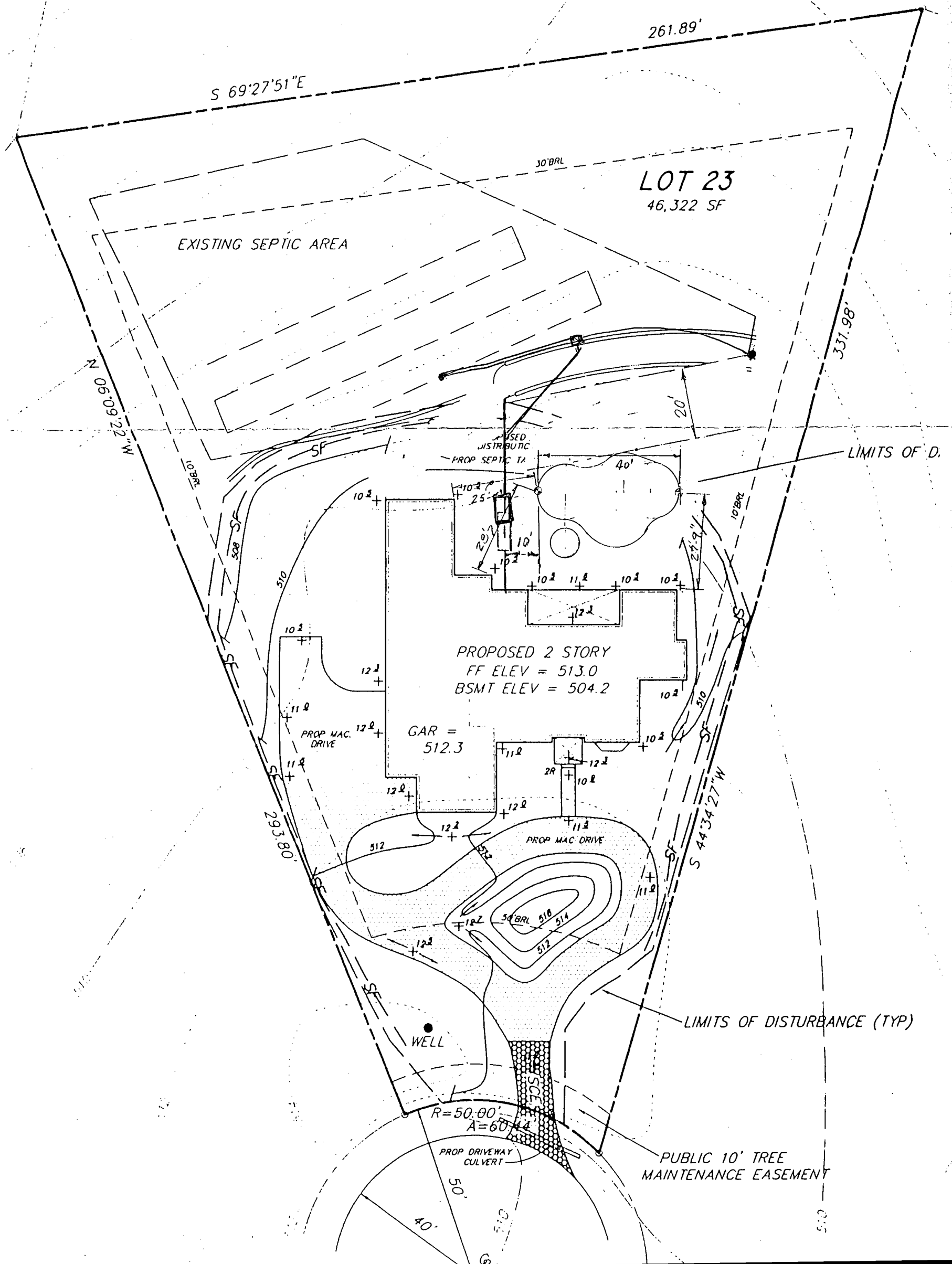
Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

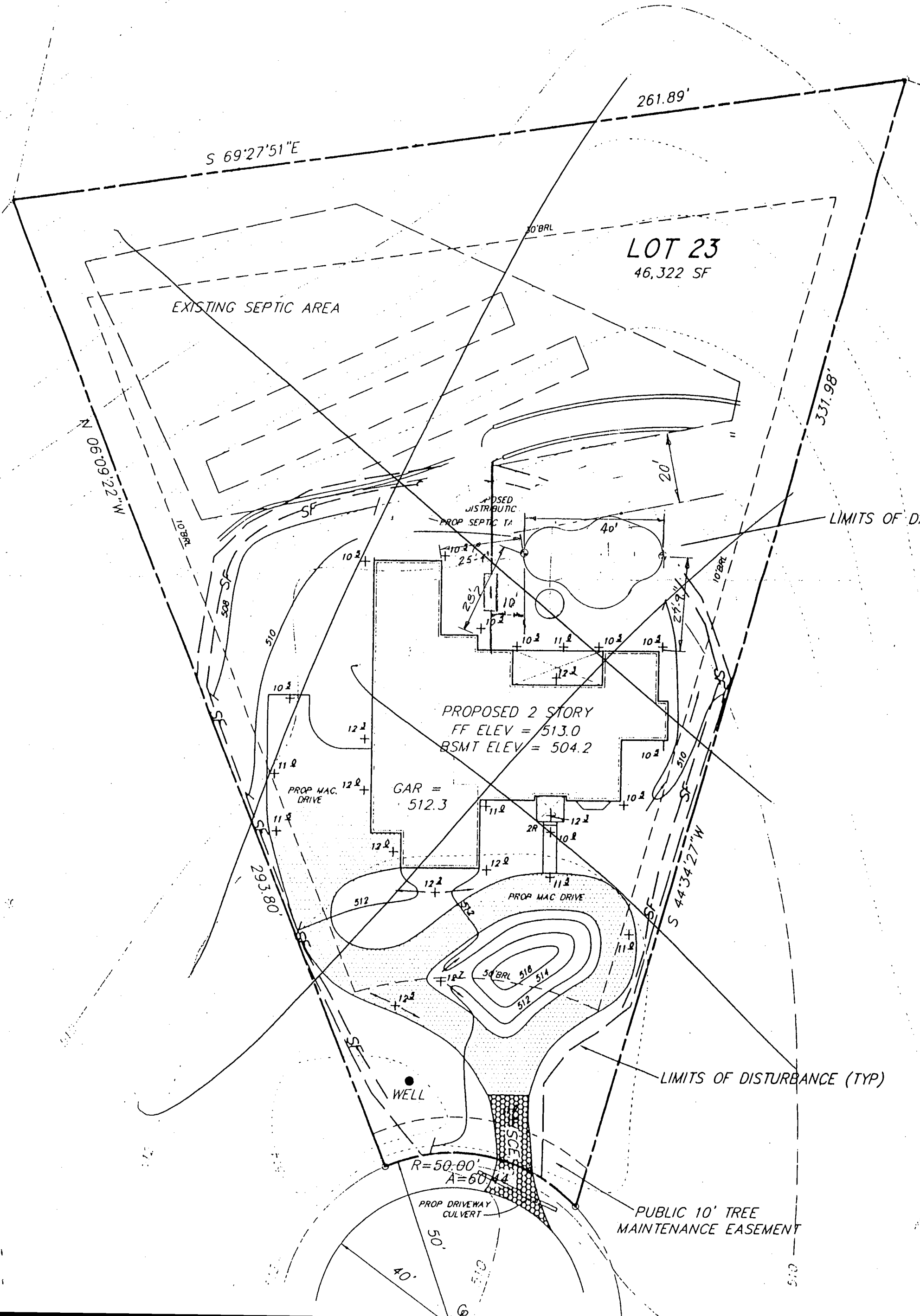
9/7/99
Well site
stated by
11/20/62
Surveyor



3/28/01 Retard pool
location of Shorro
as shown



AFFORESTATION



LOT 23
46,322 SF

EXISTING SEPTIC AREA

PROPOSED 2 STORY
FF ELEV = 513.0
BSMT ELEV = 504.2

GAR =
512.3

PROPOSED MAC DRIVE

PROPOSED MAC DRIVE

WELL

PROPOSED DRIVEWAY CULVERT

LIMITS OF DISTURBANCE (TYP)

PUBLIC 10' TREE MAINTENANCE EASEMENT