

6/2/99
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-388444

P 511916

~~07079~~
REPAIR

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 5/28/99

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 6/2/99

INSPECTOR S.R.W.

Jack Fyock Septic Services _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS P.O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Green hill Manor-Sec. 5 LOT 1 ROAD 13506 Villa D'est Drive

PROPERTY OWNER Barry D. DePaw (Pool House)

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT #b00116034 FOR A POOL HOUSE.

INSTALL: - 3 trenches 40 feet long.

Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - See the attached approved drawing for installation of septic tank, distribution box and trenches.

NOTES - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

ok 5/20/99 CW

PLANS APPROVED BY Craig Williams DATE 5-19-1999

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

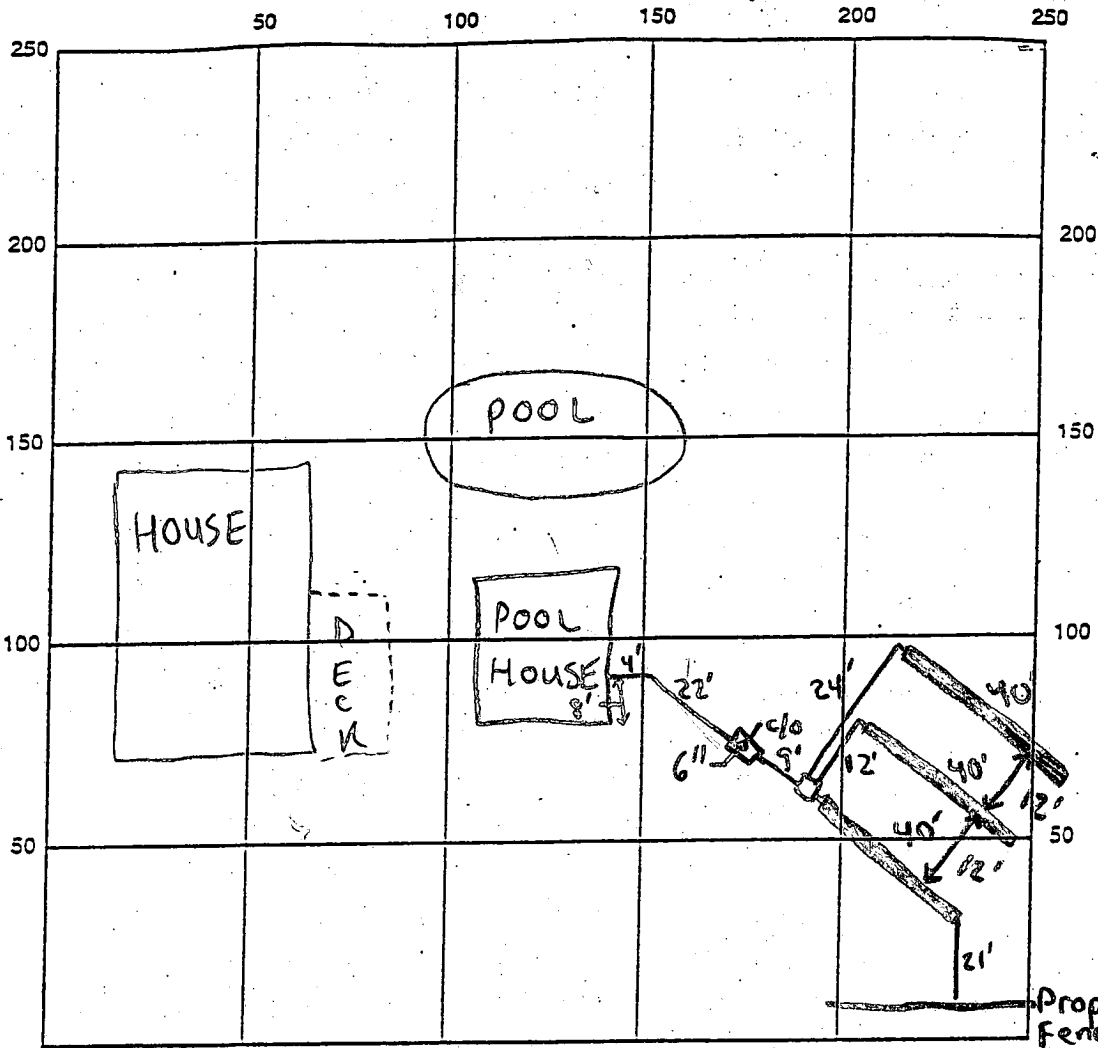
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

27719



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 VILLA D'EST DRIVE

SEPTIC TANK LEVEL 1000 gallon mid seam CLEANOUTS 1-6" @ tank

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 120 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 360 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

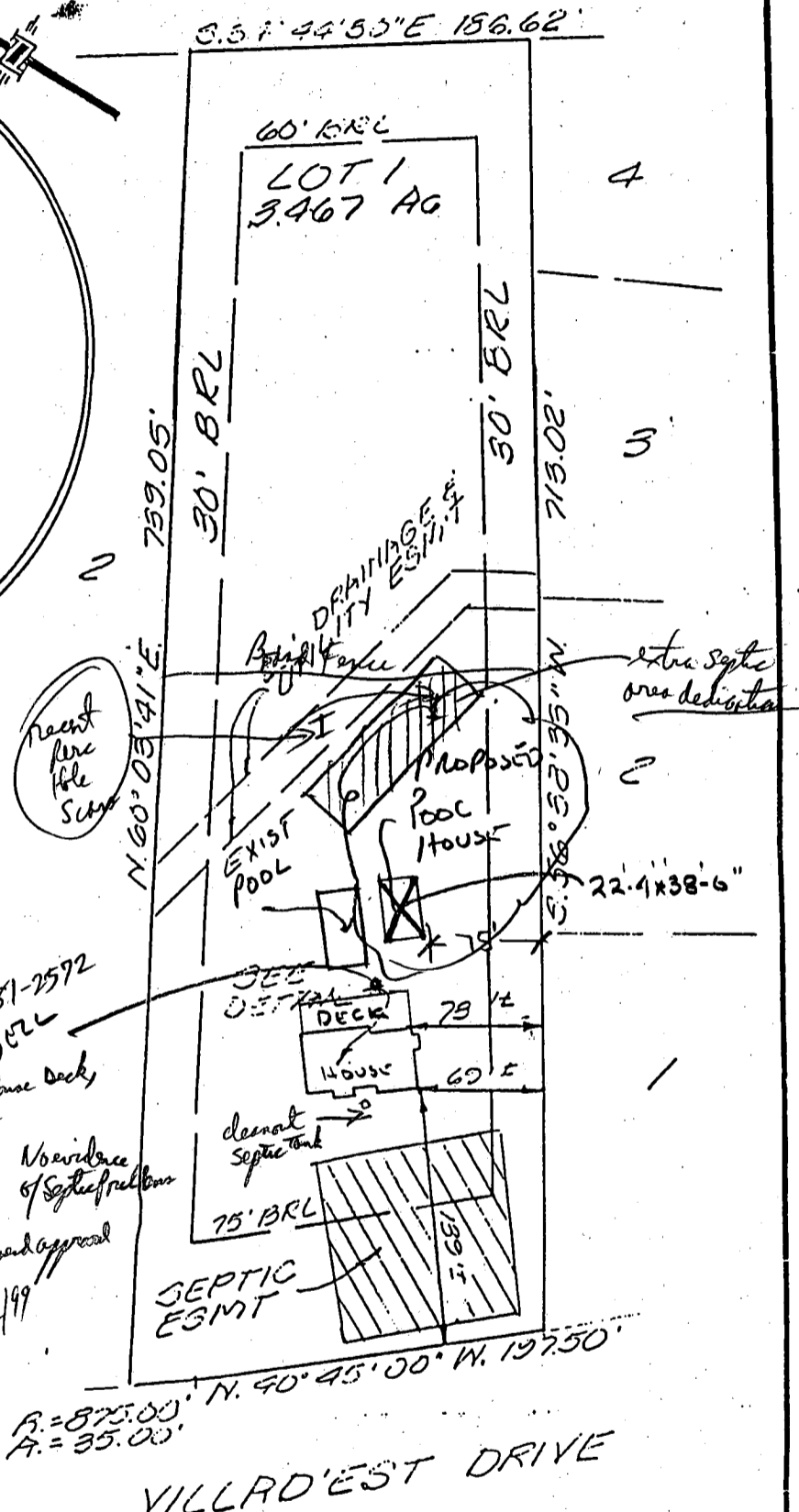
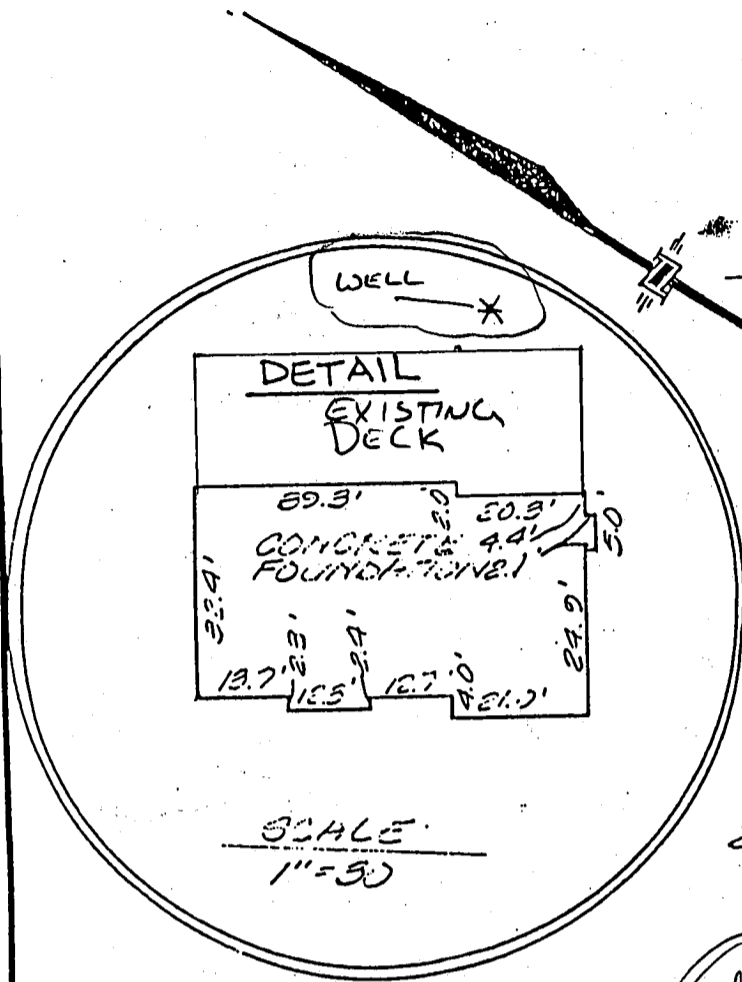
ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/2/99 - ON TO COVER - SRK

DATE SYSTEM APPROVED 6/2/99

INSPECTOR Steven R. King

LOCATION OF HOUSE
 "GREEN HILL MANOR"
 LOT 1 SECTION 5
 HOWARD COUNTY, MARYLAND



000116034 HO-81-2572
 WELL
 well is 5' from house deck,
 7 1/2' from pool fence
 15' from pool
 Pool drain will be
 approx 30'
 & well.
 OK to recommend approval
 R. P. Kelly 2/12/99

No evidence
 of Septic failure

ENGINEER'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by accepted field practices and that unless otherwise shown, there are no encroachments.

CK Gutschick 6-28-89

GLW GUTSCHICK LITTLE & WEBER, P.A.
 ENGINEERS, PLANNERS, SURVEYORS
 3909 NATIONAL DRIVE · SUITE 250 · BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MD. 20866
 TEL. (301) 421-4024

REFERENCE: PLAT BOOK	PLAT NO. 4537
DRAWN BY: lh	DATE: 6-25-89
CHECKED BY: TCE	SCALE: 1" = 100'
G.L.W. FILE NO. 87-093	

12/29/98
1:30

APPLICATION

UNABLE TO LOCATE
EXISTING RECORDS
HH

INDEXED AS A27719

PERCOLATION TESTING

SEND
PERC
LETTERS

FOR PROPOSED POOL HOUSE (INDOOR POOL)
EXISTING HOUSE

A 51105

P _____

NEARBY (BACKYARD/FRONTYARD)
LOCATIONS HAVE
POTENTIAL GROUNDWATER
LIMITATIONS, REMOTE

DISTRICT _____

DATE 11/17/98

BACKYARD LOCATION
ALSO ELIGIBLE FOR CONSIDERATION.

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

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 BARRY D. DEPAULI

ADDRESS 13506 VILLADEST DRIVE
HIGHLAND MD 20777

PHONE 301 / 854-3911 - HM
301 / 272-6881 - WK

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____

PHONE _____

PROPERTY LOCATION:

SUBDIVISION GREEN HILL MANOR

LOT NO. LOT 1 - SECTION 5

ROAD AND DESCRIPTION 13506 VILLADEST DRIVE, HIGHLAND MD 20777

TAX MAP _____

PARCEL # _____

SIZE OF LOT Approx 3.5 Acres

TYPE BLDG. Pool House

(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.

Barry D. DePauli
(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

CLAY

4

MICA
LOAM

11 FAINT
MOTTLED

13

2

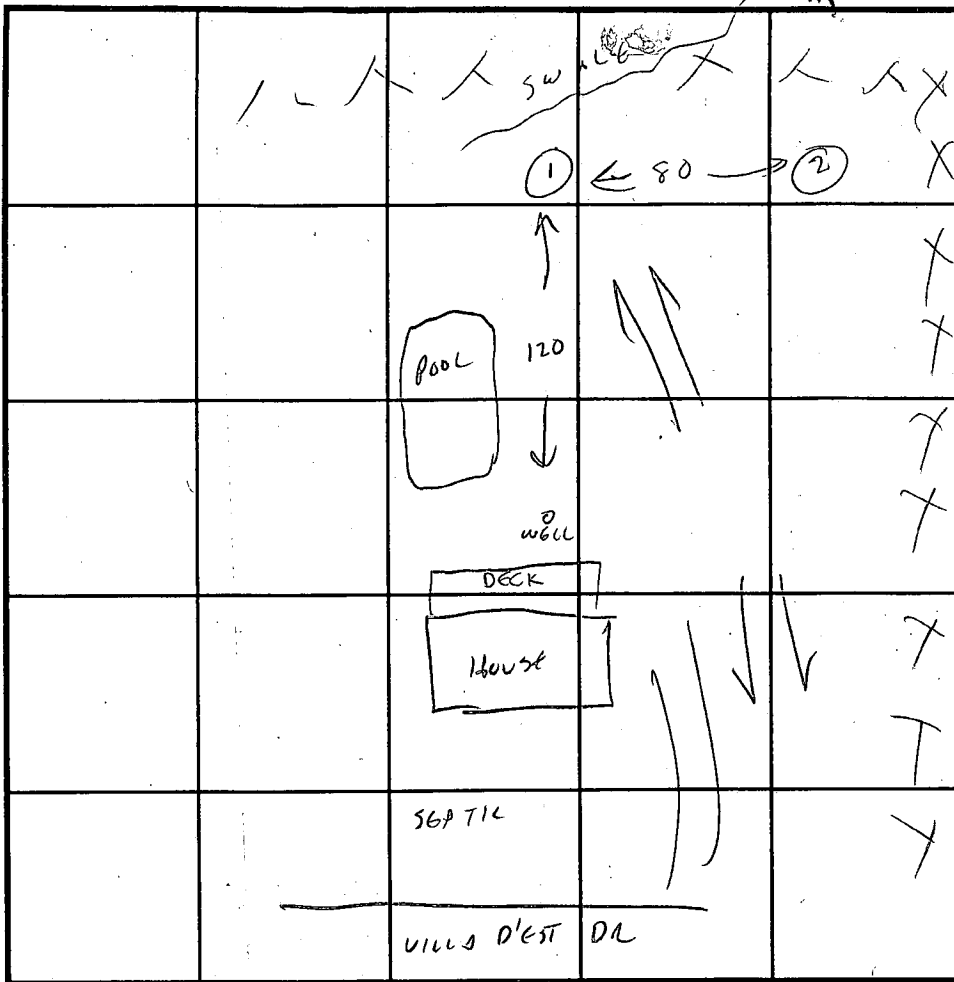
CLAY

2

MICA
LOAM

NO
MOTTLES

13



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	
	1	VIS	OK 4-	11'		EST	3MIN
	2	VIS	OK 2-	13'		EST	3MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY Carla ALSO PRESENT R Fyock & Sons

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

HOUSE CONNECTION REQUIRED

8/9/89
1130
8/14/89

PERMIT

P 44832

A 27719

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/7/89

DATE SYSTEM APPROVED 8/14/89

INSPECTOR M. Rifkin

Greg's Excavation IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 854-3836

SUBDIVISION Green Hill Manor ROAD 13506 Villa D'est Drive LOT 1, Section V

PROPERTY OWNER ~~Kerwin Miller~~ Barry DePaww

ADDRESS _____

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

GARBAGE GRINDER? YES NO

244
4
5 (9/12/89)
195.2 ft trench

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 ~~6~~ feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade.

LOCATION - Start the first trench 110 feet from the front lot line and 50 feet from the right lot line. Run trenches along contour toward front of lot.

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

PLANS APPROVED BY C. Williams DATE 8/03/89

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

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

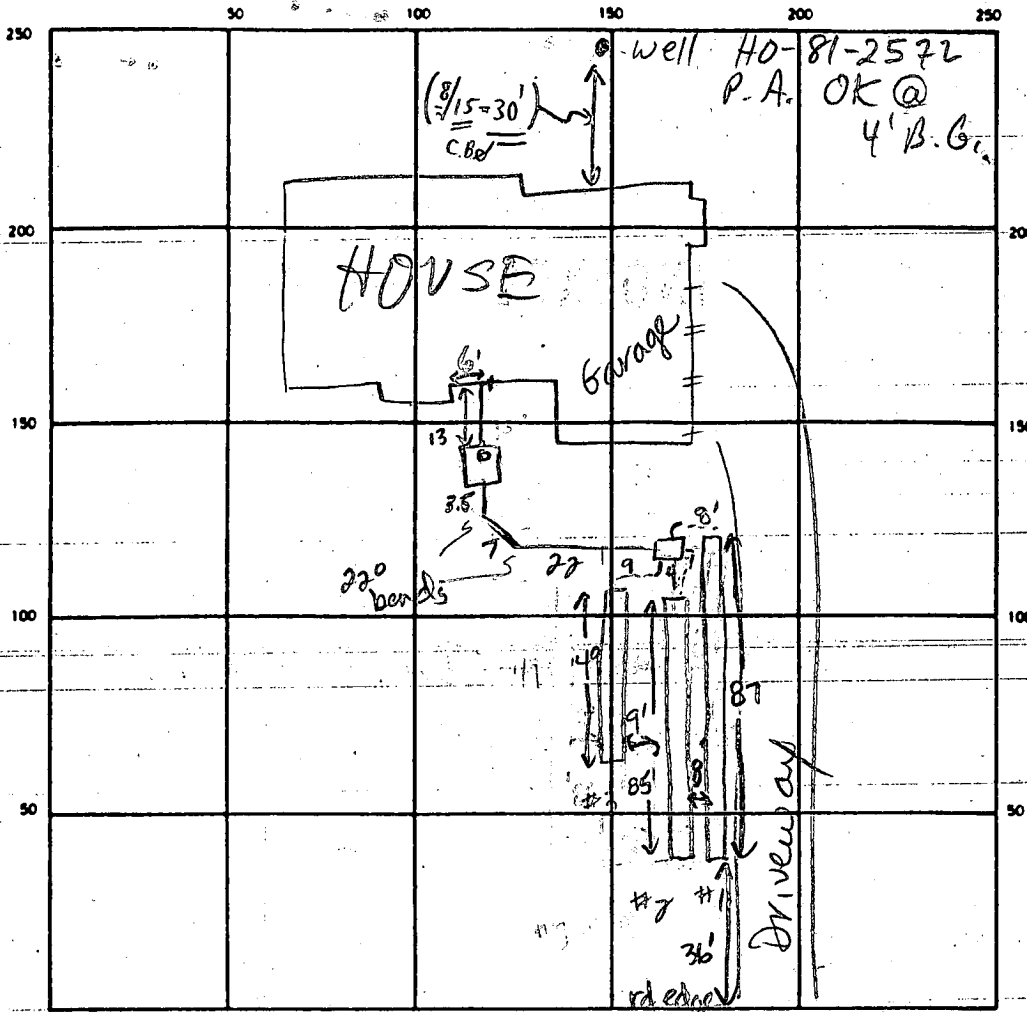
BLDG. PERMIT SIGNED AND RETURNED 9/7/89 Serial # 51439-

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

Interior Alterations for basement

A 27719



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Villa d'Est Drive

SEPTIC TANK. LEVEL 2000 gal CLEANOUTS low stank

DISTRIBUTION BOX. LEVEL ok w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH 8 8 8 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3 3 3 FT.

EFFECTIVE GRAVEL DEPTH 5.5 5 FT. TOTAL LENGTH 87 85 49 FT. } 221

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1105 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8-9-89 OK to stone all trenches, add pipe & paper.
OK to cover all work leaving dist. box and both
ends of trenches open. Need house connection done
8/10/89 OK TO COVER ALL EXCEPT HOUSE CONN. STILL
NEEDS HOUSE CONNECTION MR
8/14/89 HOUSE CONN. OK - OK TO COVER MR

DATE SYSTEM APPROVED 8/14/89 INSPECTOR M. Riskin

GREEN HILL MANOR - SECTION 5

A 27749

SUBDIVISION:

VILLAD'EST DRIVE

LOT NUMBER: 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

Trench to be 2 wide.

Inlet 3(4) feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

200 sq. ft./bedroom
244 sq. ft./bedroom
with 6" D.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: ASTANT THE FIRST TRENCH 110' FROM THE
FRONT LOT LINE AND 50' FROM THE RIGHT LOT LINE.
RUN TRENCHES ALONG CONTOUR TOWARD FRONT OF LOT.

8/3/89 CWL

* WELL IS SLIGHTLY LOWER THAN SEPTIC IN ORDER TO
MAINTAIN ADEQUATE SEPARATION FROM SEPTIC
RESERVE AREAS ON LOTS IN ADJACENT SUBDIVISION.

PRELIMINARY

APPLICATION

A 27719

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 1000 GAL 3 BR DISTRICT 5th
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 1250 GAL 4 BR DATE 3/30/78

TELEPHONE: 465-5000, EXT. 356

DRY WELL - 1 1/2" SPT PER BED ROOM

DRY WELL INLET TO BE 4 FT DEEP MAX
" " " BOT TOM " " " 12 " " " "

PLACE THE DRY WELL 124 FT FROM THE FRONT
LOT LINE & 30 FT FROM THE RIGHT SIDE
OF THE LOT AS SEEN WHEN FACING THE LOT FROM
TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND VILLAD'EST DRIVE

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER V. L. Vinella

ADDRESS 12631 Circle Drive, Rockville, Md. 20850 PHONE Boender - 465-7777

PROPERTY LOCATION:

SUBDIVISION Green Hill Manor LOT NO. 1, Sec. 5

ROAD AND DESCRIPTION off Villa D'Est Drive

SIZE OF LOT ? 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/ Dennis Rush

APPROVED BY Raymond K. Hodge FOR Dry Well DATE 3/17/80
(KIND OF SYSTEM)

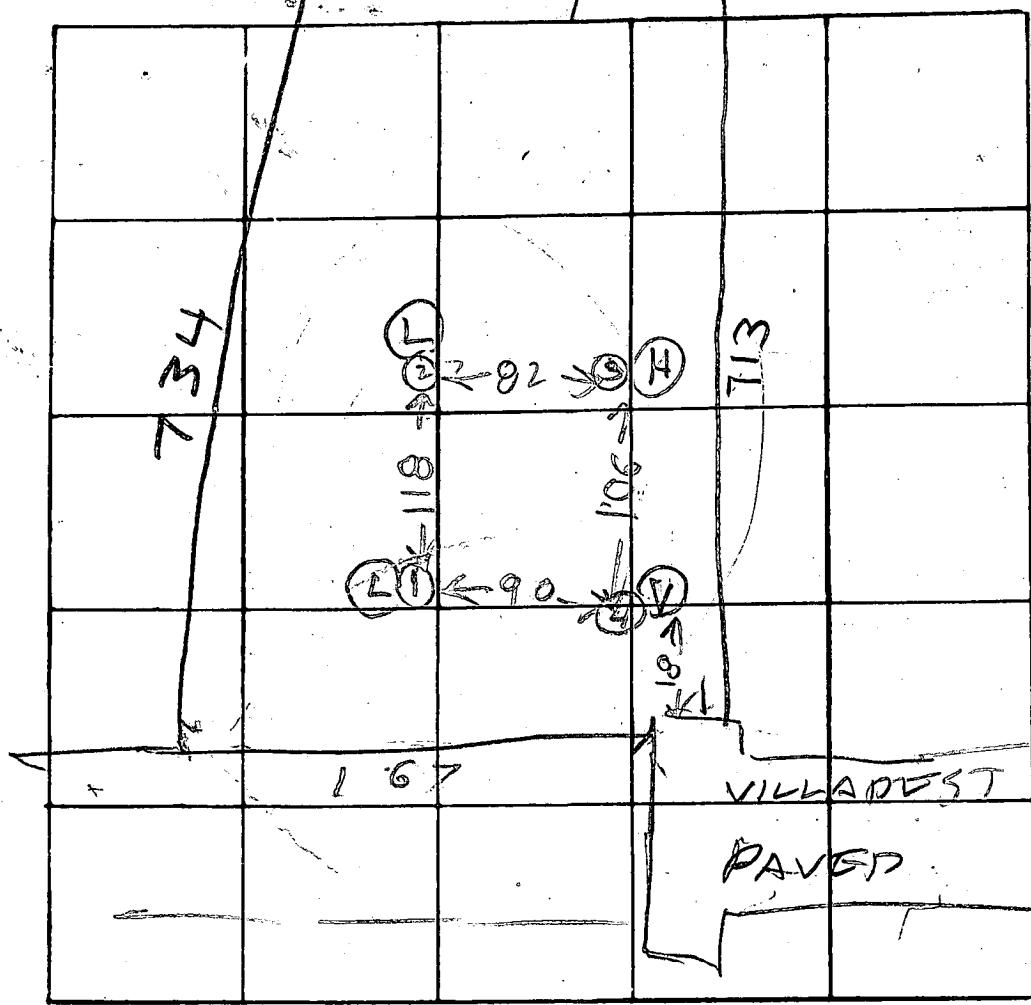
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/5/78 PERC OK HOLD FOR PLAT RN
3/17/80 SPECS WRITTEN

THIS IS NOT A PERMIT

lot #1



⊕ = HIGH
⊙ = LOW
⊕ = VISUAL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/5/78	1S	5	1020	1025	1025	1038	7
4/5/78	1D	1 3/2	1021	1038	1038	1055	17
	2D	12 1/2	1029	1036	1036	1050	14
	2S	5	1029	1034	1034	1036	2
	3D	12 1/2	1041	1050	1050	1104	14
	3S	5	1041	1045	1045	1049	4
4/5/78	4V	13	TOP BOT	4F7 9F7	CLAY SANDY MLCA		

air time
10 min
max depth
4/15/78

REMARKS DITCH BETWEEN (3) & (4)

TYPE OF SOIL

TESTED BY R. HODGES

ALSO PRESENT V. VINELLA
KETERMAN

LOT #1
 INV. ELEV. (OUT OF) HOUSE 477.26
 INV. ELEV. (INTO) SEPTIC TANK 477.06
 EXIST. ELEV. @ SEPTIC TANK 477.20
 INV. ELEV. (OUT OF) SEPTIC TANK 474.73
 INV. ELEV. (INTO) DISTRIBUTION BOX 473.03
 EXIST. ELEV. @ DISTRIBUTION BOX 472.00
 INV. ELEV. (OUT OF) DISTRIBUTION BOX 475.70
 EXIST. ELEV. @ TRENCH 472.00

ELEVATIONS
OK

8/3/89 CW,

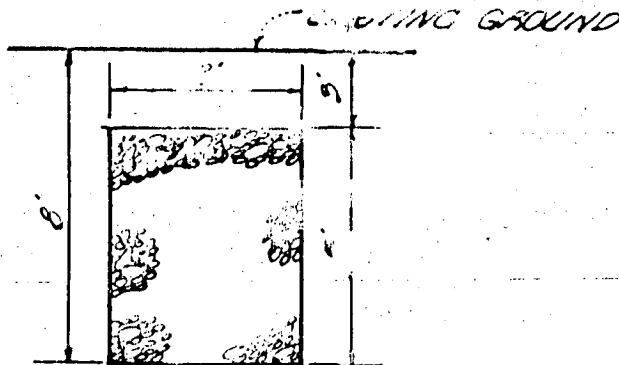
BP-18372
SIGNED
5-11/88
BY S.A.

LOT #2
 INV. ELEV. (OUT OF) HOUSE 477.04 ✓ (-BSMT)
 INV. ELEV. (INTO) SEPTIC TANK 476.84 ✓
 EXIST. ELEV. @ SEPTIC TANK 472.20 ✓
 INV. ELEV. (OUT OF) SEPTIC TANK 476.51 ✓
 INV. ELEV. (INTO) DISTRIBUTION BOX 475.23 ✓
 EXIST. ELEV. @ DISTRIBUTION BOX 472.20 ✓
 INV. ELEV. (OUT OF) DISTRIBUTION BOX 475.50 ✓
 EXIST. ELEV. @ TRENCH 475.50 476.2 ✓

MASTER BP
PLAT IN
FILES

SHOULD BE 480.0
PLACED AT 21

LOT #3
 INV. ELEV. (OUT OF) HOUSE 482.66
 INV. ELEV. (INTO) SEPTIC TANK 482.46
 EXIST. ELEV. @ SEPTIC TANK 483.30
 INV. ELEV. (OUT OF) SEPTIC TANK 482.13
 INV. ELEV. (INTO) DISTRIBUTION BOX 481.23
 EXIST. ELEV. @ DISTRIBUTION BOX 484.20
 INV. ELEV. (OUT OF) DISTRIBUTION BOX 480.50
 EXIST. ELEV. @ TRENCH 474.00



TYPICAL TRENCH DETAIL

NO SCALE

B 1 **6743** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

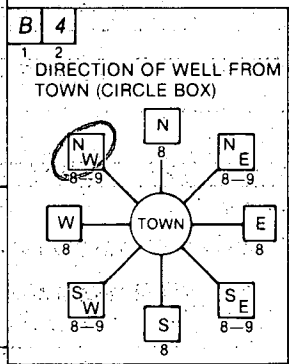
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-81-2572
 fill in this form completely

Date Received (APA) **030588**
 OWNER INFORMATION
KEVIN MILLER Owner First Name
4229 CHERRY VALLEY D Street or RFD
OWNEV Town **MD20832** State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
GREEN HILL MANOR SUBDIVISION
 SECTION **5** LOT **1**
HIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** M I

DRILLER INFORMATION
 George F. Easterday Driller's Name
L. Franklin Easterday, Inc. Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771 Address
 Signature *George F. Easterday* Date **2/15/88**



VILLADEST DR NEAR WHAT ROAD
 NORTH
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **260** FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 27719 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **022688**
 CO SIGNATURE *Con Williams* EXP. DATE **8/26/88**
 NORTH GRID **493000** EAST GRID **0803000**

APPROXIMATE DEPTH OF WELL **200** FEET

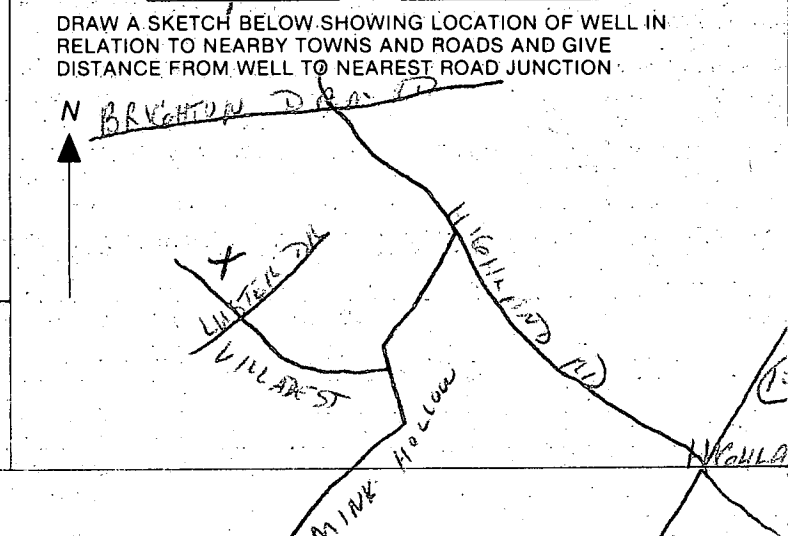
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other _____

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

 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)
 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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-81-2572**

SPECIAL CONDITIONS

C1 2188
 (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 27719**

DATE Received
 DATE WELL COMPLETED **030388**
 Depth of Well **160** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-2572**

OWNER **MILLER Assoc. KERWIN**
 last name first name
 STREET OR RFD **Villagecrest Drive**
 TOWN **Highland**
 SUBDIVISION **GREEN HILL MANOR** SECTION **5** LOT **1**

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	
Topsoil	0	2	
Br. Mica	2	50	
Ta. Mica	50	90	✓
Gray Mica	90	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **18** NO. OF POUNDS **1800**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **57** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **ST** **6**
 Total depth of main casing (nearest foot) **62**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 60	160
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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. **40**
 DRILLERS SIGNATURE *George J. Grottel*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) *Walter Blaylock*

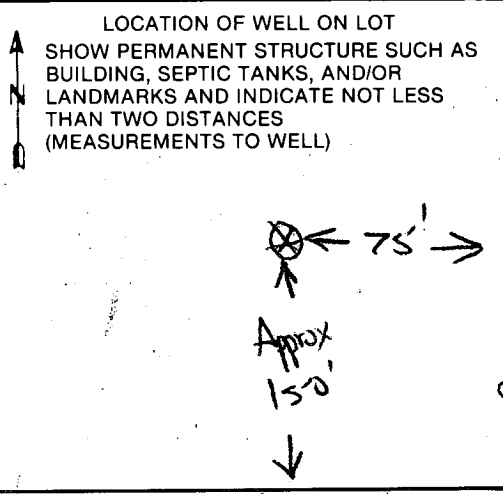
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) WQ _____
 70 _____ 72 _____ 74 _____ 75 _____ 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Beu hot**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **31**
 WHEN PUMPING **112**
 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 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 } LAND SURFACE **2** (nearest foot)
- below }



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

(all covered) 8/15/89
Parted on 8/10/89
by M.R.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 41750
Date 5/17/89

Name of Installer RA Kelly

Telephone 924-5944

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

Name of Property Owner Kerwin Miller Comm. Telephone 924-5944
Subdivision Green Hill Manor Lot # 1 Well Tag # HO-81-2572
Site Address 13506 Villadest Dr. Highland md 20777

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 31 ft.
4. Will water supply be disinfected by installer? _____

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

8/15/89 Parted Well line + pitless adapter is ok to cover
8/10 - Need to see pump + tanks, M.R./C.B.A.
Sticker at well

27719

16825

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

6-1228

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA) *Villa De J*

13506 ~~VILLAGE~~ *VILLAGE* EST DRIVE
HIGHLAND, MARYLAND 20777

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED **CONSTRUCT REINFORCE CONCRETE INGROUND SWIMMING POOL WITH DE FILTER. POOL TO BE FILLED BY TRUCK. 23' WIDE X 41' LONG, 3' TO 7' D. NO DIVING BOARD - TOTAL SQ FT = 712. 230 LIN FEET OF 4' HIGH ALUMINUM FENCE, PET CODE.**

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
1		5	3.467			

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
GREEN HILL MANOR				

OWNER NAME AND ADDRESS
BARRY & PAMELA DE PAUW (440) 301 854-3911
13506 VILLAGE EST DRIVE
HIGHLAND, MARYLAND 20777

OCCUPANT'S NAME AND ADDRESS
SAME AS ABOVE OWNER (410)

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
NONE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF

B. ROOMS	ROOMS	BATHS	FIREPLACES

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
SYLVAN POOLS, INC. (301) 490-1919
10840 GUILFORD ROAD
ANNAPOLIS JUNCTION, MARYLAND 20701

UTILITIES	WATER	WELL	SEWER	SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

EXISTING USE
SINGLE FAMILY DWELLING

PROPOSED USE
SAME, WITH SWIMMING POOL

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

George C. Schwerk
AGENT FOR CONTRACTOR
APRIL 2, 1996

EST. CONSTRUCTION COST
\$ 18,000.00

LICENSE NUMBER
39524

PERMIT FEE

SIGNATURE
TITLE
DATE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK _____ (CORNER LOT ONLY)

SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 4/15/96	<i>Craig Wellen</i>
FIRE PROTECTION		
STORM WATER MGM.	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Yellow - Engineering
Pink - Health Dept.
Green - Planning & Zoning
Gold - S.H.A.