

1/26/79 P.C.O.
C.B.S.

1/29/79
4/18/79 early afternoon

PERMIT

P 29422
A 24783

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-380626

ELLICOTT CITY

DISTRICT 5th

DATE 1/16/79

INDEXED

Jim Brittingham

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 3004 N. Rogers Avenue, Ellicott City, Md. 21043 PHONE 461-1870

SUBDIVISION The Heritage ROAD 14222 Day Farm Road LOT 31, Sec. 2

PROPERTY OWNER Grayson Homes Mr. & Mrs. Cimotto

ADDRESS 2000 Century Plaza, Suite 245, Columbia, Md. 21044 Phone: 997-1250

SPECIFICATIONS ☒ 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA 288 SQ. FT. total sidewall area in dry well.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 125 FT. FROM front LOT LINE AND 20 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM the road.

Begin the trench 5 ft. from the edge of the dry well. ~~XXXX~~ The trench will be 45 ft. long, 2 ft. wide, 10 ft. deep and contain 6 ft. of stone. The trench will follow the contour of the land.

PLANS APPROVED BY Robert T. Moorefield

DATE 2/19/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

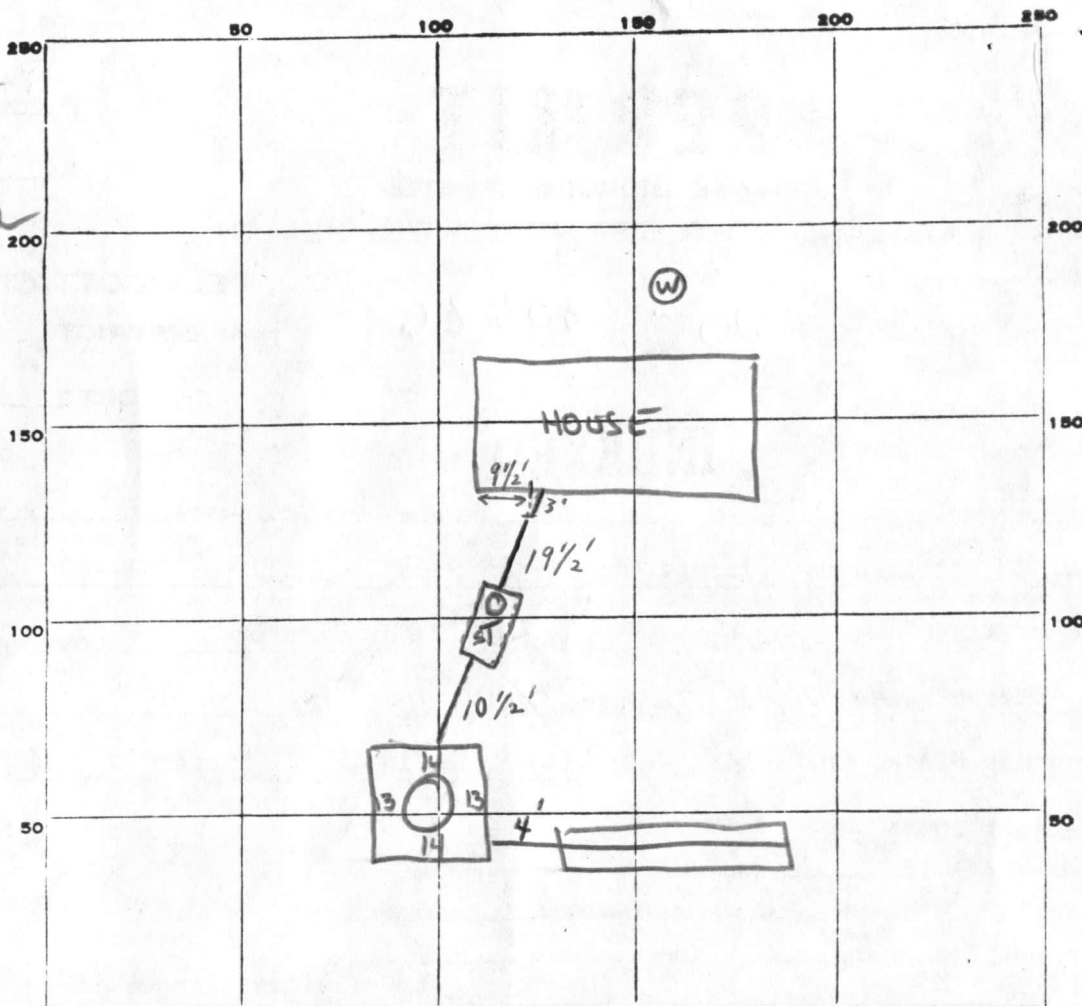
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

BLDG. PERMIT SIGNED
AND RETURNED 3/26/77
Serial # B00104619
Inground Prot.

A 24783

288
270
558 Total
needed



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD contractor ^{1/26/79} Not seen DAYFARM ROAD

SEPTIC TANK, LEVEL ✓ 1250 TAPERED CLEANOUTS

ST	DW
↑ ok	↑ ok
C.B. & ✓	C.B. & ✓
1/26/79	1/26/79

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4-10 6' + TOTAL LENGTH 48 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 1/2 SW ± 28 8

SEEPAGE PITS, INSIDE DIAMETER 54 FT. DEPTH BELOW INLET 6 FT. ± 32 4

ABSORBENT AREA 612 + SQ. FT. 612

REMARKS 18 Jan 79 - Call for final when work on sewers, septic tank, 3
drywell complete 3' when gravel added to trench. (GLK)

P.M. Partial - 1/26/79 House sewer in to 3' of house foundation from tank;
pipe in from tank to dry well and paper on trench to 3' of
grading; ok to cover system to 5' of foundation. To call when
house connection completed.

29 Jan 79 - Need house connection. (GLK)

DATE SYSTEM APPROVED 3/15/79 C.B. & ✓ INSPECTOR R Hodges
3/15/79 NOW CONNECTED R H

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 1/16/79

Jim Brittingham

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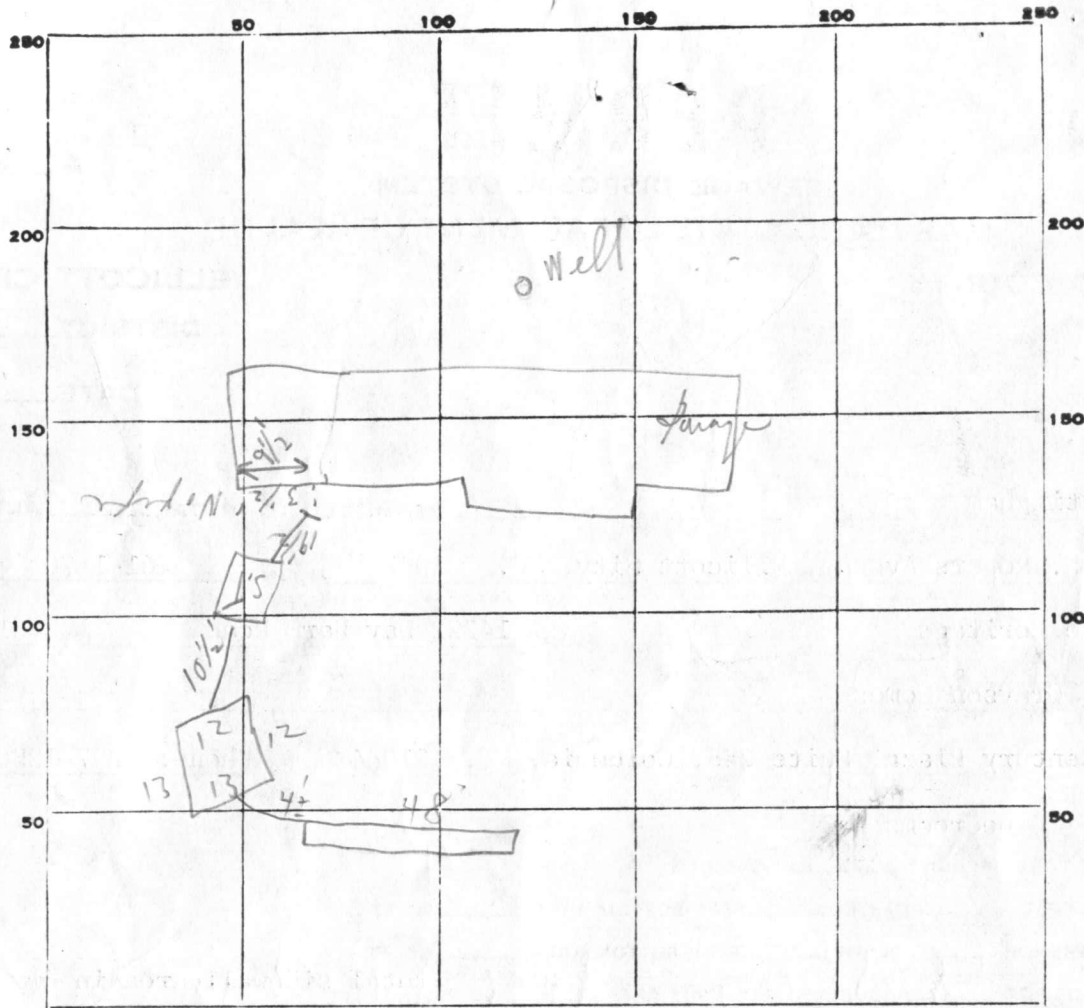
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PERMIT VOID AFTER THREE YEARS.

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COTTA ACCEPTED.

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

A
54783



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL OK

CLEANOUTS OK | OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 126/77 trench paves on to 3' grade
Partial still need house connection below
C.B.A. original grade

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

24783

~~21209~~A 21209

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 5DATE 3/12/75TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Walgrow Joint Venture CompanyADDRESS _____ PHONE Any questions call:
Mr. Schneider
465-7777

PROPERTY LOCATION: _____

SUBDIVISION Walgrow Estates LOT NO. 36ROAD AND DESCRIPTION Normanshire CircleSIZE OF LOT approx. 1 acre TYPE BLDG. 3 or 4IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

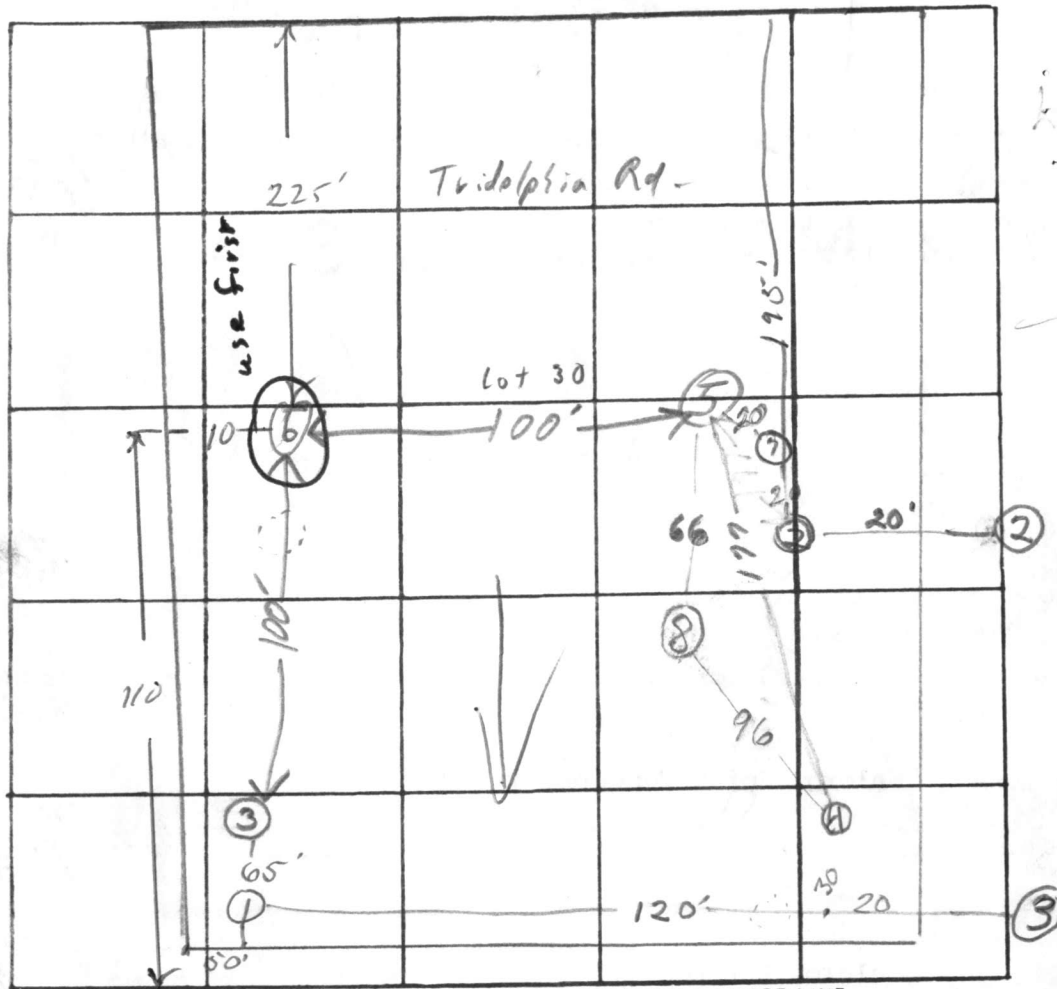
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ John SchneiderAPPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

NORMANSHIRE CIRCLE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/21/75	1	9'	Sandstone at 9'				
	2	5'	Sandstone at 5'				
	3 S	3'	2:35	2:40	2:40	2:46	6
	3 d	12 1/2'	2:35	2:40	2:40	2:45	5
	4 S	4'	2:45	2:50	2:50	3:00	5
	4 d	12'	2:45	2:50	2:50	3:02	7
	5 S	4'	3:05	3:07	3:07	3:10	3
	5 d	12	3:05	3:10	3:10	3:20	10
	8'	10 1/2'	VISUAL SANDY LOAM				
	7	Visual Root of park area					

#6?

REMARKS

TYPE OF SOIL

TESTED BY

F.S. & D.O.N.

ALSO PRESENT:

#1 P 0
3 CLAY
10 1/2 SANDY LOAM

#5
4 CLAY
12' SANDY LOAM

7-0
2' clay loam
Sandy loam
12'

lot 20
36

TRIADDELPHIA

N 77° 00' 14" E

170.00'

DRAINAGE AREA 2.2 Ac.

LOT 31

10/10/79

OK-llh

PERIMETER DIKE
(12.03)

P.D.

PROP. WELL LOC.
EL. 168.5

PROP. WELL LOC.
EL. 182.7

S 18° 45' 08" E

S 13° 37' 18" E

309.21'

"BURKE 2"

FIRST FL. EL. 188.00

BASE EL. 179.10

INV. CH. 182.60

2 CAR

GARAGE

186.67

EL. @ TIME OF
PERC. TEST

183.8

PROP. 1250 GAL ST.

INV. @ D.W. 179.8

05' L.F. TANCH

580

18 L.F.

125' TEST LOC.

CA

N A H R E I I S

C 1	3104	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION <hr/> FILL IN THIS FORM COMPLETELY <hr/> COUNTY NUMBER
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY)		DEPTH OF WELL 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37 209
DATE WELL COMPLETED 10/18/78 15 20		DRILLERS IDENTIFICATION NO.			
OWNER LAST NAME STREET OR RFD		FIRST NAME POST OFFICE			
GRAYSON 2000 Century Plaza		Floyd Columbia, Md. 21044			

WELL LOG		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CHECK IF WATER BEARING
Mica Sand Mica Rock	0 40 40 245	X

GROUTING RECORD	
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N 44 44 TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> C M BENTONITE CLAY <input checked="" type="checkbox"/> B C 45 46 45 46 NO. OF BAGS 12 NO. OF POUNDS 1140 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 40 FT. (ENTER 0 IF FROM SURFACE)	C 3 1 2 3 (SEQ. NO.) 6 PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) 8 9 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT) 17 20 WHEN PUMPING 200 (NEAREST FOOT) 22 25 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <input checked="" type="checkbox"/> A AIR <input type="checkbox"/> P PISTON <input type="checkbox"/> T TURBINE 27 27 27 <input type="checkbox"/> C CENTRIFUGAL <input type="checkbox"/> R ROTARY <input type="checkbox"/> O OTHER (DESCRIBE BELOW) 27 27 27 <input type="checkbox"/> J JET <input type="checkbox"/> S SUBMERSIBLE 27 27
CASING RECORD	
CASING TYPES INSERT APPROPRIATE CODE BELOW (CIRCLE) MAIN CASING TYPE S T 60 61 63 64 66 70	STEEL <input type="checkbox"/> S T <input type="checkbox"/> C O <input type="checkbox"/> CONCRETE PLASTIC <input type="checkbox"/> P L <input type="checkbox"/> O T <input type="checkbox"/> OTHER NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 6 43
OTHER CASING (IF USED)	
EACH CASING DIAMETER (INCH) DEPTH (FEET) FROM TO	29
SCREEN RECORD	
SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW (CIRCLE) STEEL <input type="checkbox"/> S T <input type="checkbox"/> B R <input type="checkbox"/> H O <input type="checkbox"/> OPEN HOLE BRASS OR BRONZE PLASTIC <input type="checkbox"/> P L <input type="checkbox"/> O T <input type="checkbox"/> OTHER	C 2 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM TO 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1, 2, 3,
CIRCLE APPROPRIATE BOXES	
<input type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL	
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
DRILLERS NAME (PLEASE PRINT) Howard Dillon SIGNATURE	
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T 70 <input type="checkbox"/> 72 <input type="checkbox"/> W Q 74 75 76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE	

PUMP INSTALLED	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)	YES <input type="checkbox"/> Y NO <input type="checkbox"/> N DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)	
<input checked="" type="checkbox"/> + ABOVE <input type="checkbox"/> - BELOW 49 50 51	LAND SURFACE 2 (NEAREST FOOT)
LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).	

RECEIVED

OCT 20 11 04 AM '78

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

C 1	3104	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION
1 2 3 (SEQ. NO.) 6	THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY
DATE RECEIVED (WRA USE ONLY) OCT 20 1978		DATE WELL COMPLETED 10/18/78	DEPTH OF WELL 245 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-83-2999 28 29 30 31 32 33 34 35 36 37
8-13		101878 15 20	DRILLERS IDENTIFICATION NO. 209	

OWNER GRAYSON LAST NAME Floyd FIRST NAME
 STREET OR RFD 2000 Century Plaza POST OFFICE Columbia, Md. 21044

WELL LOG			WELL DESCRIPTION		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CHECK IF WATER BEARING	WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)		
			TYPE OF GROUTING MATERIAL (CIRCLE BOX)		
			CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>		
			NO. OF BAGS <u>12</u> NO. OF POUNDS <u>1140</u>		
			GALLONS OF WATER <u>96</u>		
			DEPTH OF GROUT SEAL (TO NEAREST FOOT)		
			FROM <u>0</u> FT. TO <u>40</u> FT.		
			(ENTER 0 IF FROM SURFACE)		
			CASING RECORD		
			CIRCUIT TYPES		
			INSERT APPROPRIATE CODE BELOW		
			STEEL <input checked="" type="checkbox"/> CONCRETE <input checked="" type="checkbox"/>		
			PLASTIC <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/>		
			MAIN CASING TYPE		
			NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)		
			TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)		
			S <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/>		
			OTHER CASING (IF USED)		
			DIAMETER (INCH) DEPTH (FEET)		
			FROM TO		
			SCREEN RECORD		
			INSERT APPROPRIATE CODE BELOW		
			STEEL <input checked="" type="checkbox"/> BRASS OR BRONZE <input checked="" type="checkbox"/> OPEN HOLE <input checked="" type="checkbox"/>		
			PLASTIC <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/>		
			C 2 (SEQ. NO.) 6		
			DEPTH (NEAREST WHOLE FOOT)		
			FROM <u>43</u> TO <u>245</u>		
			EACH SCREEN		
			H O <input checked="" type="checkbox"/>		
			SLOTSIZE 1, 2, 3		
			DIAMETER OF SCREEN (NEAREST INCH)		
			FROM TO		
			GRAVEL PACK		
			IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <input checked="" type="checkbox"/>		
			WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
			T <input checked="" type="checkbox"/> (E.R.O.S.) W Q <input checked="" type="checkbox"/>		
			70 72 74 75 76		
			TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE		

CIRCLE APPROPRIATE BOXES

☒ 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

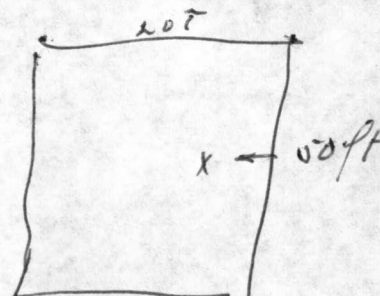
DRILLERS NAME Howard Dillon

(PLEASE PRINT) Howard Dillon

SIGNATURE Howard Dillon

PUMPING TEST		
HOURS PUMPED (TO NEAREST HOUR) <u>6</u>		
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>4</u>		
METHOD USED TO MEASURE PUMPING RATE <u>TIME</u>		
WATER LEVEL: (DISTANCE FROM LAND SURFACE)		
BEFORE PUMPING <u>30</u> (NEAREST FOOT)		
WHEN PUMPING <u>200</u> (NEAREST FOOT)		
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)		
A <input checked="" type="checkbox"/> AIR P <input checked="" type="checkbox"/> PISTON T <input checked="" type="checkbox"/> TURBINE		
C <input checked="" type="checkbox"/> CENTRIFUGAL R <input checked="" type="checkbox"/> ROTARY O <input checked="" type="checkbox"/> OTHER (DESCRIBE BELOW)		
J <input checked="" type="checkbox"/> JET S <input checked="" type="checkbox"/> SUBMERSIBLE		

PUMP INSTALLED		
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)		
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)		
CAPACITY:		
GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u>		
PUMP HORSE POWER <u>37</u> <u>41</u>		
PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>		
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)		
+ ABOVE } LAND SURFACE <u>2</u> (NEAREST FOOT)		
- BELOW }		
LOCATION OF WELL		
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).		



B 1	5035	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER 10-20-2994
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY) 10/16/78 1:30 P.M.	OWNER COL 15 LAST NAME GRAYSON FLOYD FIRST NAME COL. 34
STREET OR RFD 2000 Century Plaza COL 36	COL. 55
POST OFFICE Columbia, Maryland 21045 COL 57	COL. 76

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE 9/19/78	LICENSE NUMBER 209	77 80
HOWARD FIRST NAME	DILLON DRILLER	LAST NAME
SIGNATURE Howard Dillon		

B 2	WELL INFORMATION	
1 2 3 (SEQ. NO.) 6		
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5	8	12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300	14	20

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> P PRIVATE WATER COMPANY	
<input type="checkbox"/> T TEST	

APPROXIMATE DEPTH OF WELL	200	24	28	FEET
---------------------------	-----	----	----	------

APPROXIMATE DIAMETER OF WELL	6	(NEAREST INCH)
------------------------------	---	----------------

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN
30-37 <input type="checkbox"/> AIR-ROTARY	<input checked="" type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> D 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 (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER 54	ENGINEER REVIEW DISTRICT NO. 63
FORCE 67 68	WRITE INITIALS IN BOX
CONDITIONS 70 71 72 73 74 75 76 77 78 79	A E N S G W Q C L U

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
41 <input type="checkbox"/> S	STATE HEALTH (CIRCLE BOX)	COUNTY NAME Howard
DATE 09/21/78	MO. DAY YR.	COUNTY NO. W28899
43	48	APPROVED BY Donald W. Monaghan, Sanitarian

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY HOWARD	8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION Heritage	23 42
SECTION 44 46	LOT 31 48 50
NEAREST TOWN Glenelg	52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	3 73 76 77 78

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)				
1 2 3 (SEQ. NO.) 6					
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST		
<input type="checkbox"/> S SOUTH	<input checked="" type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST		
NEAR WHAT ROAD Da y Farm Road	11 NORTH	SOUTH	EAST	WEST	30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input checked="" type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> FT
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	34	100	37	38 39	MI

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N
43'-CASING
2'-ABOVE GR.
BURNWOODS RD.
40'-OPEN HOLE
11-BAGS CEMENT
OK
10/16/78
DAY FARM RD.
MD. RT. # 32

BOX NUMBER	E 790	N 520
NORTH COORDINATE	50 51 52 53 54 55	
EAST COORDINATE	57 58 59 60 61 62 63	
ELEVATION AT WELL HEAD (FEET)	65 66 67 68	

RECEIVED

SEP 29 11 02 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELLSBOTT CITY, MD

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00124541
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Building Address <u>14222 Day Farm</u> <u>Glenely MD 21737</u>	Property Owner's Name <u>Dominic Tammy C. Notto</u>
Suite/Apt. #: <u>2</u> SDP/WP/Petition #:	Address <u>14222 Day Farm</u>
Census Tract <u>6051.01</u> Subdivision <u>The Heritage</u>	City <u>Glenely</u> State <u>MD</u> Zip Code <u>21737</u>
Section <u>1</u> Area <u>2</u> Lot <u>31</u>	Home Phone <u>410 989-0096</u> Work Phone <u>301 688-1040</u>
Tax Map <u>21</u> Parcel <u>178</u> Grid	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR-DEO</u> Map Coordinates <u>9F11</u> Lot size <u>1 ac ±</u>	Phone Fax
Existing Use <u>SFH</u>	Contractor Company <u>James</u>
Proposed Use <u>SFH</u>	Contact Person
Estimated Construction Cost \$ <u>2000. Remove Rylance</u>	Address
Description of Work <u>Deck Addition</u> <u>30 x 12 w/ 5 steps</u>	City State Zip Code
	License No. Phone Fax
Occupant or Tenant	Engineer or Architect Company
Contact Name	Contact Person
Address	Address
City State Zip Code	City State Zip Code
Phone Fax	Phone Fax

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group:	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement:	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> State Certified Modular		Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	
		Other Structure: <u>Deck</u> Dimensions: <u>12' x 30', under</u> Footings: <u>framing</u> Roof:	
		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

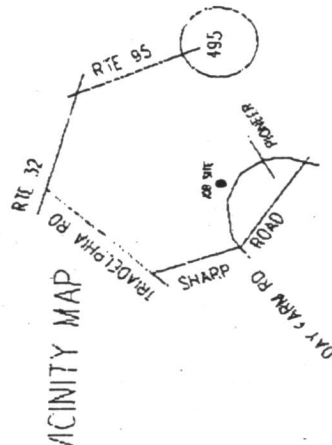
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Tammy C. Notto Print Name Tammy C. Notto
Title/Company Date 5/31/2000

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	78891
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official	<u>5/31/00</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>20</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>5/31/00</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>20</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>15410</u>
			Accepted by <u>[Signature]</u>	Validation # _____

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



To, Ron Pinkley, Ho. Co. Health Dept.

May 31, 2000

14222 Day Farm Rd
Glenelg MD 21737

Re: Building Permit # B00124541

The purpose of this deck is to replace one with the same dimensions. I understand that the existing well is less than 25 ft. from the Deck (12 ft away), and that this distance is less than that required by the County Health Department for New wells. However, since the New deck will replace a previously approved deck and will be no closer than the previously approved structure, I am requesting a waiver to the normal 30' setback distance between wells and buildings.

Request accepted.
Ron Pinkley 5/31/00

Tammy L. Cinotto