4/15/92 AAPP

PERMIT

File

P 48257

SEWAGE DISPOSAL SYSTEM

A 29705

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-279960

DISTRICT 3rd

DATE 6/8/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 4/15/92

INDEXED

INSPECTOR C.B.A

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS PHONE 988-9270

SUBDIVISION Roy Emory Property LOT 7 ROAD ~~1403 Sykesville Road~~ 12635 EMORY FARM LANE

PROPERTY OWNER Virgil Lough

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 2½ feet below original grade. 2½ feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from right front lot corner, place 1st trench 135 feet down the right (321.15') lot line and 70 feet off the line as seen when facing property from common roadway. Run trenches along contour towards right side line (321.15')

NOTE - UPPER 2 TRENCHES NOT TO EXCEED 50 FEET IN LENGTH. LOWER TRENCHES NOT TO EXCEED 75 FEET. OK 29NOV91 RH

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

PLANS APROVED BY Bert Nixon DATE 10/08/87

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 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)

BUILDING PERMIT SIGNED AND RETURNED 5-1002 B00135983 - 1 story addition

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

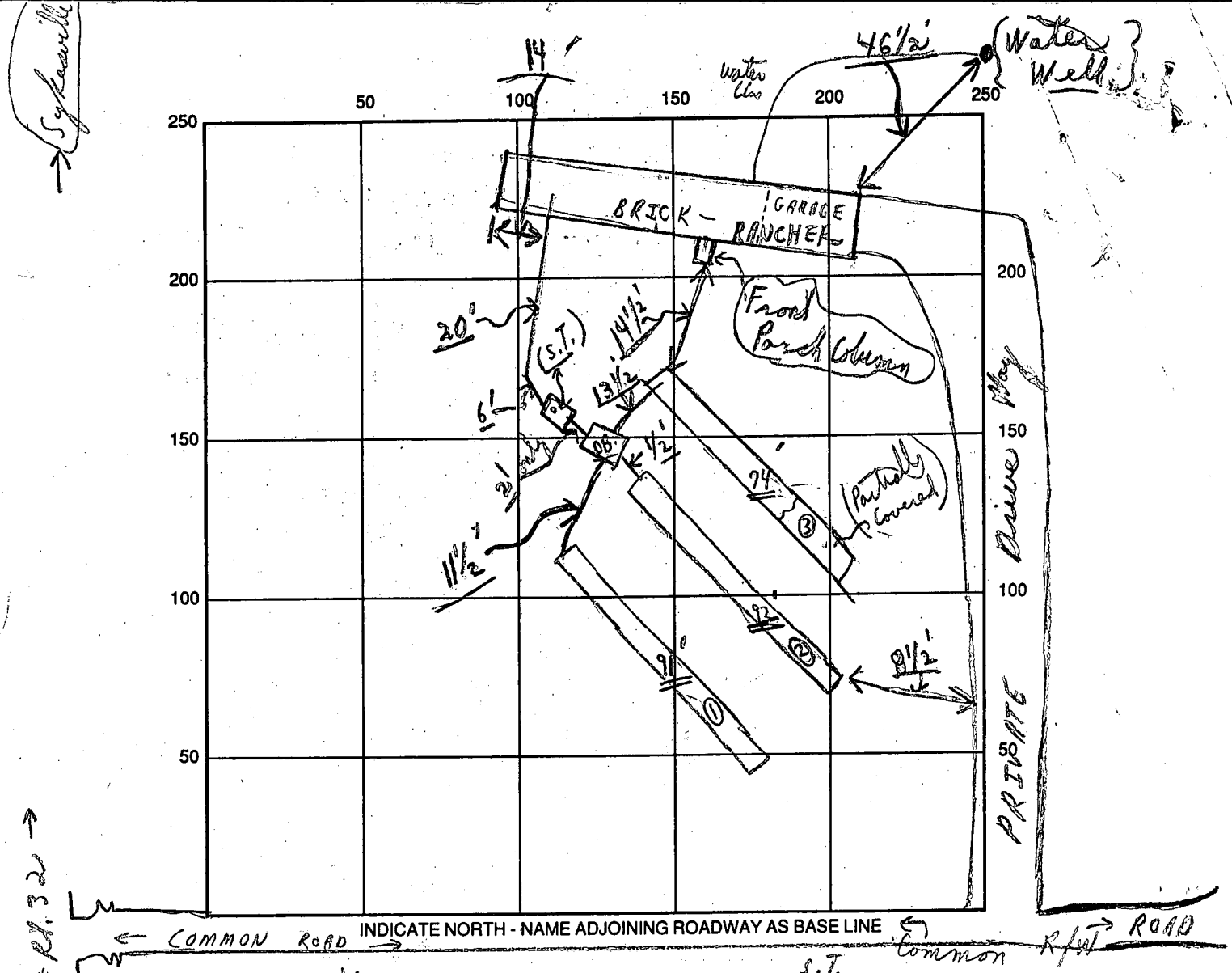
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 29705



SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK - (Baffleism)

DRAIN FIELD/TITLE DEPTH 5' per contract FT. TRENCH WIDTH 3 FT. INLET DEPTH 2½ FT.

EFFECTIVE GRAVEL DEPTH 2½' FT. TOTAL LENGTH ③ 24 ② 92 ① 91 257 FT.

NUMBER OF TRENCHES 3 ONE [redacted]/BOTTOM AREA 771+ SQ. FT.

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

ABSORBENT AREA 771+ SQ. FT.

REMARKS: 4/15/92 System complete at arrival; final. C.B.

BUILDING PERMIT SIGNED AND RETURNED

4/15/92 A.M. - No W.P.I. well inspection - mandrining trenches & walls

DATE SYSTEM APPROVED 4/15/92 INSPECTOR Charles Bryan Strech

4/22/92 ORIGINAL

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
/ Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ✓
Replacement _____

Receipt # 47818
Date 3/6/92

Name of Installer CROUSE PLUMBING Telephone _____

License number 4450
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ✓

Name of Property Owner VIRGIL LOUGH Telephone 461-1578
Subdivision _____ Lot # 7 Well tag # HO-81-2347
Site Address 1403 SYKESVILLE RD

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible ✓
2. Make GOULDS
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 100
2. Pressure relief valve? YES

Pitless adapter and waterline OK RJH 4/22/92

Piping
1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 42"

Well data
1. Depth 200 ft.
2. Yield 10 GPM
3. Static water level 23 ft.
4. Will water supply be disenfected by installer? YES

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: Robert Hofstetter

Date: _____

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

APPLICATION

Pred.
4/24/79
9:30 A.M.

A 29705

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P

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

Septic Tank { 1-3 Bedrooms 1000 gallons / 4 Bedrooms 1250 gallons

DISTRICT 3RD

DATE 04-09-79

* Dry well to have 245 sqft. effective absorbant sidewall area per bedroom below inlet. Inlet to be 2' below original grade & maximum depth 11'. location per engineer's platt 20' off right property line and 133' from front of lot when facing lot / from R/W road or if Dry Well & trench used need: (1) 5' earth buffer between trench & dry well (2) 2 inspections of WORK trench before & after stone in (3) Run trench +/- 7 trenches on contour

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 INGRID C. SAUNDERS Virgil Lough

ADDRESS P.O. BOX 38 HENRYTON MD 21080 PHONE 992 5029

PROPERTY LOCATION:

SUBDIVISION INDIAN HILLS LOT NO. 7

ROAD AND DESCRIPTION - DIRT RD BEHIND INDIAN HILLS DEVELOPMENT (1403 Sykesville Road)

SIZE OF LOT 5.86 AC ± TYPE BLDG. SINGLE FAMILY DWELLING

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.

SIGNATURE OF APPLICANT Ingrid C. Saunders

APPROVED BY C.B. Thrasher FOR * Dry Well +/or " " + Trench DATE 5/18/79

REJECTED BY — FOR — DATE —

HOLD PENDING FURTHER TESTS — DATE —

REASONS FOR ~~REJECTION OR~~ HOLDING 4/24/79 Need certified soils - Send memo." C.B.T.

(see attached memo) C.B.T.

BLDG. PERMIT SIGNED AND RETURNED 11/20/79
Serial # 40352 - SFD

THIS IS NOT A PERMIT

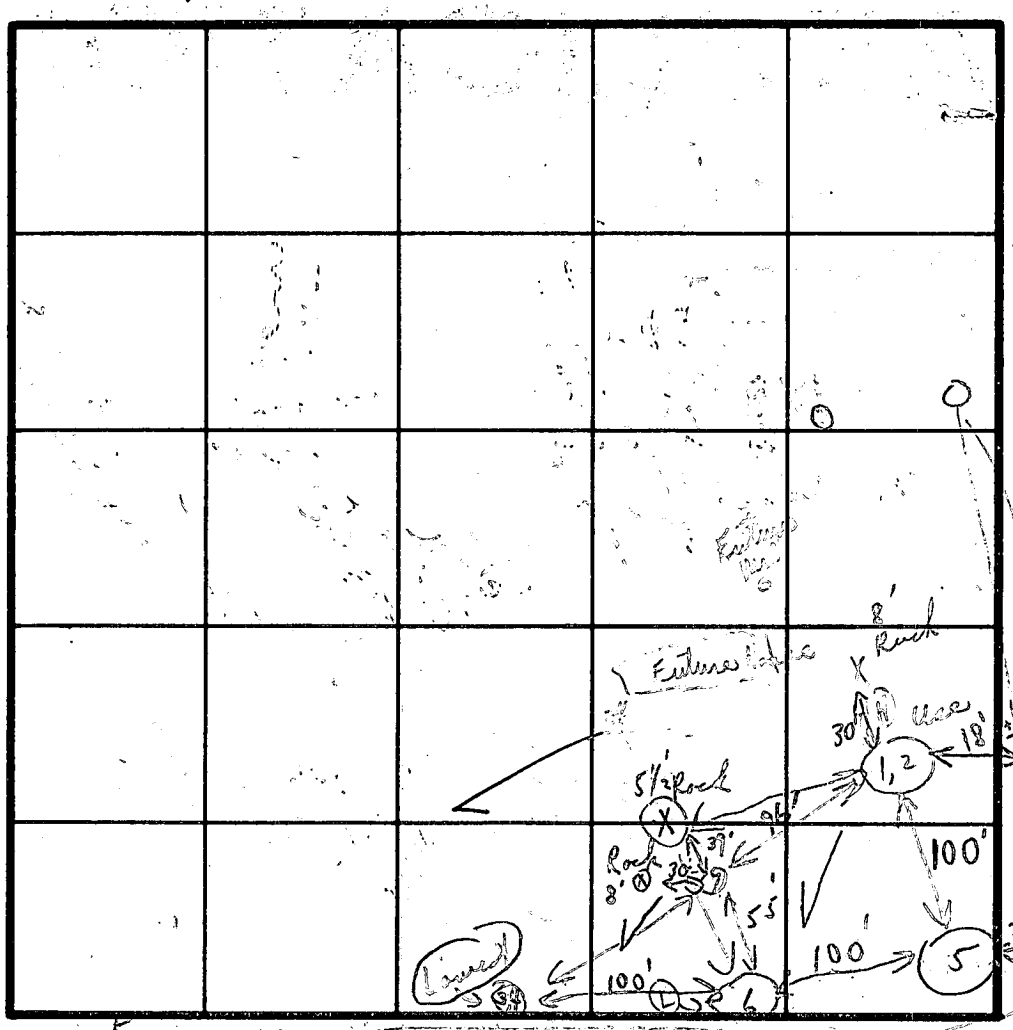
7

SOIL PROFILE

0'

Below clay

loam



Field sheet Tests

Bob wire Fence

Hyacinth Rd

32

W. Fork Rd

Fence

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

R/W road

Only 2 245 gpd bedroom

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
7/24/79	1	2'	12:02	12:14	12:14	12:43	29m
	(H) 2 use	11½'	12:02	12:04	12:04	12:24	20m
	3	3'	11:51	11:53	11:53	11:58	5m
	(L) lower 4	12'	11:50	11:52	11:52	11:58	6m
	5	3'±-12'	Visual		sandy loam		60
	(L) 6	4'± 12'	Visual		"	"	
	(H) 7	11'	Visual		"	"	

2 ¢ min

15 mag

Hold for certified holes of test

REMARKS Tests in open field at site → Owners to certify hole Wattled on holes to be dug 1. Rock

TYPE OF SOIL

TESTED BY C. Bd

ALSO PRESENT J. Fyock eng
Owner George Thompson
Ms. Saunders

Lot-7
Preliminary
4-12" holes via 10,000 gal.

APPLICATION

A 19437

P

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT Third

DATE 1/15/74

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-3000, EXT. 356

3/6/74
~~2/6/74~~
9:30

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 Roy F. Emery

ADDRESS 3116 Court Place, Ellicott City PHONE 465-5120

PROPERTY LOCATION:

~~SUBDIVISION~~ Howard Lodge LOT NO. # 7

ROAD AND DESCRIPTION Route 32

SIZE OF LOT 5.86 acres +- TYPE BLDG. —
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 Robert C Meyer

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

REJECTED BY R. Mansfield FOR any (KIND OF SYSTEM) DATE 2/6/74

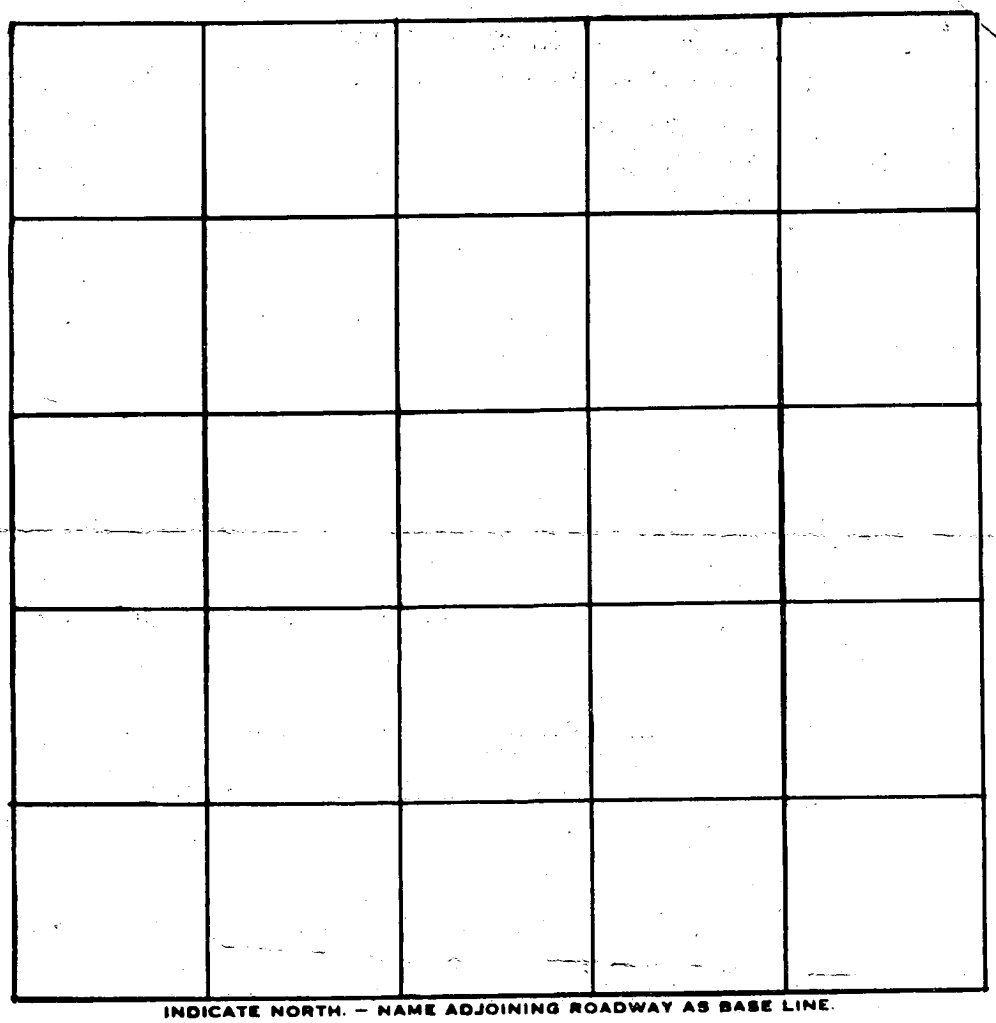
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING refused w/ F.F. & Pw.; owner will now have to dig & test @ various areas & bring us results before we return to this lot

3/6/74 - Property Held for Review BH
Held in P
4 5

THIS IS NOT A PERMIT

4/5/74 - FF&R Hdenied More tests Needed. Called R. Emory He said he would apply for more perc later BH



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/6/74	11	4½	1013	1045	Failed to make 1st inch		
	12	11	1014	1018	1018	1024	6
	13	10	1030	1046	1046	1110	24
	14	5	1032	1105	Failed to make 1st inch		
	15	5	1049	1126	1126	1st inch 3 min	
	16	9	1050	1100	1100	1015	15
	17	4½	1119	1134	1134	1144	10
3/6/74	18	9	1120	1156	Failed 3 6 min for	Fail inch	

REMARKS _____

TYPE OF SOIL _____

APPLICATION

A 19437

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 Third

DATE 1/15/74

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 Roy F. Emery

ADDRESS 3116 Court Place, Ellicott City PHONE 465-5120

PROPERTY LOCATION:

SUBDIVISION Howard Lodge LOT NO. #7

ROAD AND DESCRIPTION Route 32

SIZE OF LOT 5.86 acres +- TYPE BLDG. —
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 Roy F. Emery 1/

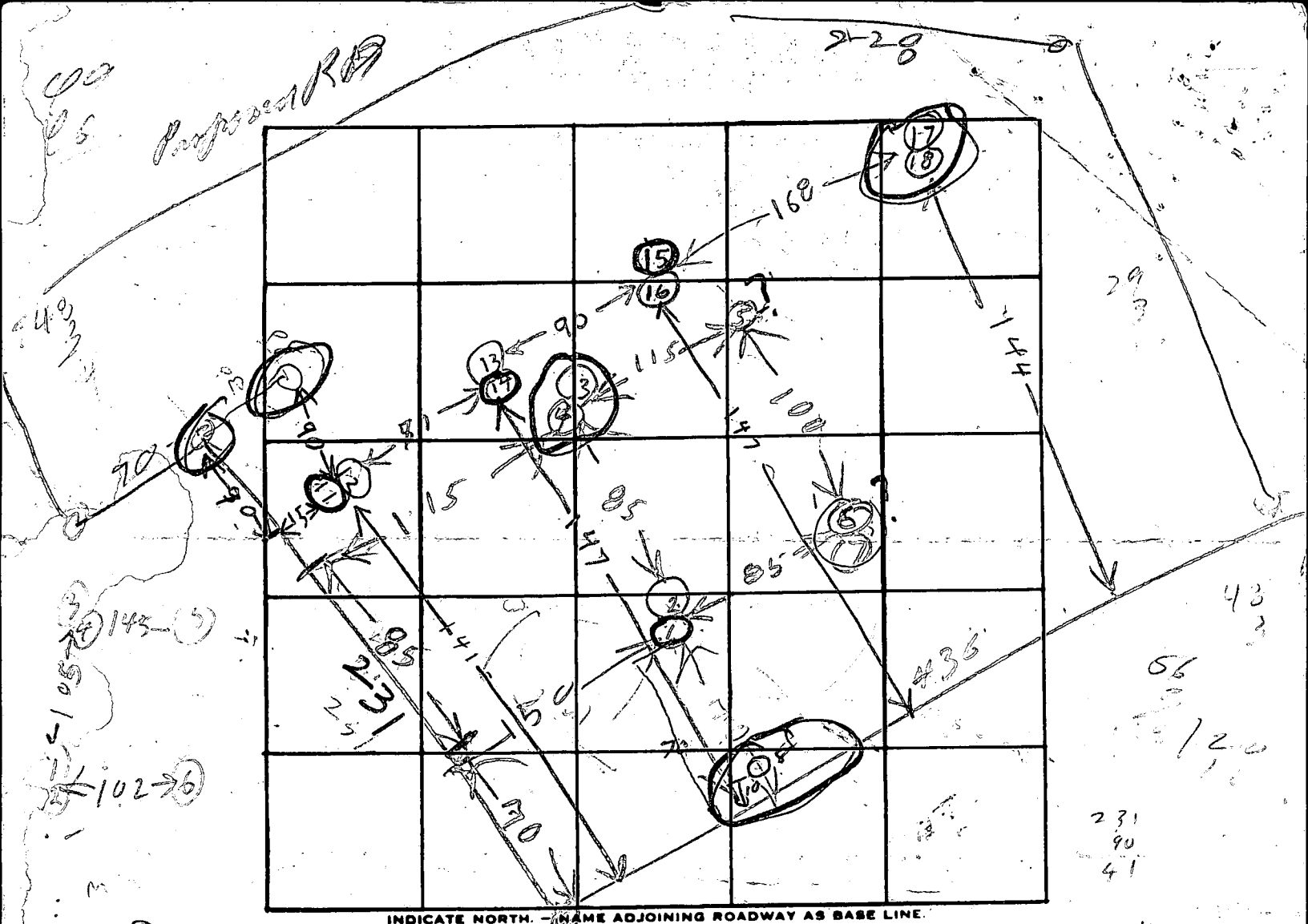
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/5/74	1	5?	1104	1135	1135	1215	Failed Auger
	2	12	1109	1129	1129	1145	16
	3	11	1138	1213	Failed to	reach 1st	Rock
	4	5½	1138	1213	"	" "	"
	5	? 7	ALL	SHALE	DRY		
2/5/74	6	? 11½	1227	1257	1257	1327	30
	7	5.	1236	1249	1249	1305	16
2/6	8	9	water @	9 ft			
	9	5½	solid clay & shale rock				
	10	8½	"	"	"	"	

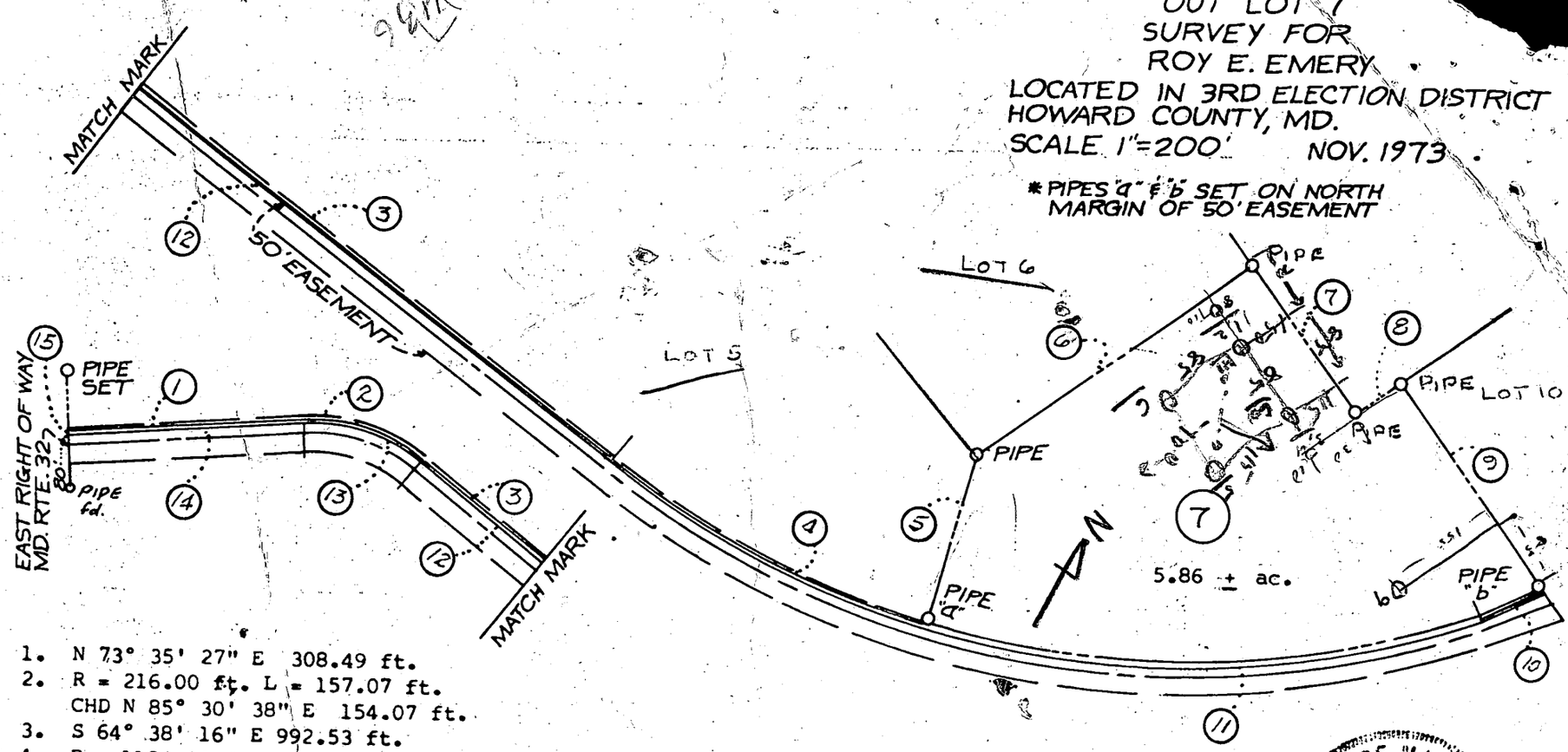
REMARKS RHSRM #'s 1-7

RM #'s 8-10

TYPE OF SOIL

"OUT LOT 7"
SURVEY FOR
ROY E. EMERY
LOCATED IN 3RD ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE 1"=200' NOV. 1973

* PIPES "a" & "b" SET ON NORTH MARGIN OF 50' EASEMENT



1. N 73° 35' 27" E 308.49 ft.
2. R = 216.00 ft. L = 157.07 ft.
   CHD N 85° 30' 38" E 154.07 ft.
3. S 64° 38' 16" E 992.53 ft.
4. R = 1184.00 ft. L = 465.01 ft.
   CHD S 75° 53' 25" E 462.02 ft.
5. N 02° 51' 35" E 228.91 ft.
6. N 42° 04' 10" E 436.74 ft.
7. S 47° 55' 50" E 231.00 ft.
8. N 42° 04' 10" E 70.00 ft.
9. S 49° 55' 50" E 331.15 ft.
10. S 57° 21' 44" W 81.12 ft.
11. R = 1187.00 ft. L = 1200.59 ft.
    CHD S 86° 21' 37" W 1150.89 ft.
12. N 64° 38' 16" W 992.53 ft.
13. R = 213.00 ft. L = 155.35 ft.
    CHD N 85° 30' 41" W 151.93 ft.
14. S 73° 35' 27" W 313.49 ft.
15. N 17° 00' 04" W 3.00 ft.

STATE OF MARYLAND
HENRY VERNON OHEIM
L.S.
NO. 4156
REGISTERED
PROFESSIONAL LAND SURVEYOR

Henry V. Oheim

PREPARED BY:
OHEIM & ASSOCIATES

APPLICATION

HOWARD COUNTY
PERMIT APPLICATION
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER 40332

40332

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

1403 [illegible] 21784

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
7	184					

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
			3RD	

OWNER'S NAME AND ADDRESS — PHONE NO.

Virgil Lough
[illegible] Sunset Dr. Ellicott City 21043

OCCUPANT'S NAME AND ADDRESS — PHONE NO.

Virgil Lough [illegible] Sunset Dr [illegible]

ARCHITECT OR ENGINEER'S NAME AND ADDRESS — PHONE NO.

Virgil Lough — 461-1575

CONTRACTOR'S NAME AND ADDRESS — PHONE NO.

Virgil Lough

EXISTING USE	PROPOSED USE
Farm/[illegible]	Single Family Res.

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
[illegible]		

GRADING/SEDIMENT CONTROL ☐YES ☐NO — SDP #

DESCRIPTION OF WORK AUTHORIZED

[illegible handwritten description]

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
				Oil	Yes

I have carefully examined and read this application and know the same is true and correct, and that in 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 Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE

TITLE — DATE

FOR OFFICE USE ONLY

W/S CODE

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

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

DISTANCE IN FEET FROM SIDE STREET R/W LINE

TO SIDE BUILDING LINE ______

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK ______ (CORNER LOT ONLY)

CONDITIONS (IF ANY) ______ SDP #

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	11/20/91	R. Hodges
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED — DATE

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.

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

LP-69
Revised

C1 1951 SEQUENCE NO. (OEP USE ONLY)

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

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-29705

DATE Received

DATE WELL COMPLETED 10 28 87

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2347

OWNER SAUNDERS (lastname) INGRID (firstname)

STREET OR RFD 1403 RTE 32 / COMMON BRIDGE TOWN SLACKS CORNER

SUBDIVISION ROY EMORY PROP. (MAP 9 P.186) SECTION LOT 7

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Topsoil	0	2	
Br. Slate	2	16	
Tan Slate	16	18	
Gray Slate	18	36	
Tan Slate	36	37	✓
Gray Slate	37	40	
Tan Slate	40	42	✓
Gray Slate	42	55	
Clay	55	56	✓
Gray Slate	56	200	

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

TYPE OF GROUTING MATERIAL

CEMENT CM (45-46) BENTONITE CLAY BC (45 46)

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 18 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	20 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO (8 9)	18 (11 15)	200 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

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

C3

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

PUMPING RATE (gal. per min. to nearest gal.) 10 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bailed

WATER LEVEL (distance from land surface)

BEFORE PUMPING 23 (17 20)

WHEN PUMPING 38 (22 25)

TYPE OF PUMP USED (for test)

A air (27) P piston (27) T turbine (27)

C centrifugal (27) R rotary (27) O other (describe below) (27)

J jet (27) S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

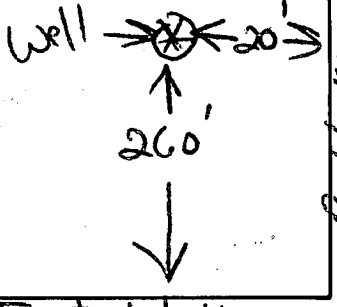
PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above (49) / − below (49) LAND SURFACE 2 (50 51) (nearest foot)

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



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 (MUST MATCH SIGNATURE ON APPLICATION)

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

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

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

WQ (74 75 76) OTHER DATA

HEALTH

Page ____ of ____ Wed 8:00
Date ____ 10-28-87

Review 5/6/88 RH

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2347
Location of property (road) 1403 RTE 32/ OFF COMMON DR.
Subdivision ROY EMORY MAP 9 P.84 Lot 7 Block ____ Plat ____ Sec. ____
Well Driller GEORGE, EASTERDAY Owner SAUNDERS, INGRID

Depth of well 200 8GPM
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 23 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 gpm
Total time 15 min to reach pumping water level 36 ft ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill X1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	36'	6 sec.	N/A	10 gpm
8:45	36'	6	pump at 195'	10
9:00	36'	6	R. Hanan	10
9:15	38'	6		10
9:30	38'	6		10
9:45	37'	6		10
10:00	38'	6		10
10:15	38'	6		10
10:30	38'	6		10
10:45	38'	6		10
11:00	38'	6		10
11:15	38'	6		10

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 8366 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER WO-81-2347
fill in this form completely

Date Received 10787

OWNER INFORMATION

SANDERS INCRID
Last Name Owner First Name

11190 DOUGLAS RD
Street or RFD

MARRIOTTSVILLE MD 21104
Town State Zip

DRILLER INFORMATION

George F. Easterday — License No. 40
Driller's Name

L. Franklin Easterday, Inc.
Firm Name

9265 Br. Ch. Rd., Mt.Airy, Md. 21771
Address

George F. Easterday 10-6-87
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 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

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER GAP
FORCE [ ] WRITE INITIALS IN BOX PERMIT No. WO-81-2347

B 3 LOCATION OF WELL

HOWARD
COUNTY

MAP 9 8184
SUBDIVISION

SECTION LOT 7

SLACKS CORNER
NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

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

1403 RT 32 (OFF COMM'D DRIVEWAY)
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST [W] 32 (E) EAST [S] SOUTH

DISTANCE FROM ROAD 1
ENTER FT or MI M 1

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A 29705 — COUNTY NO.

OEP SIGNATURE
STATE HEALTH INSERT S

DATE ISSUED 100887 — B Wilson — CO SIGNATURE — 04/08/87 EXP. DATE

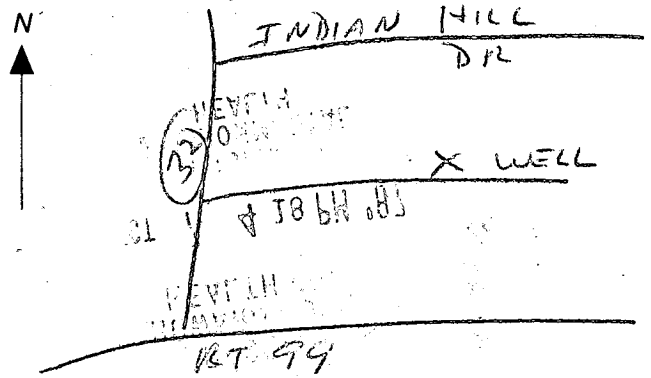
NORTH GRID 54500 EAST GRID 08160

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 816
N 545
000
000

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



SPECIAL CONDITIONS

HEALTH

EMERGENCY/TEMP NO. IF ANY

B 1 — SEQUENCE NO. (OEP USE ONLY): 5233 (1 2 3 6)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER: HO-84-2357 (70–79)
fill in this form completely

Date Received (8–13)

OWNER INFORMATION
SAUNDERS INGRID (15 Last Name, Owner, First Name, 34)
11190 DOUGLAS RD (36 Street or RFD, 55)
WOODBINE MD 21797 (57 Town, 70 State 72, Zip 76)

DRILLER INFORMATION
GEORGE F. CLIFFORD (Driller's Name) 40 (77 License No. 80)
L. FRANKLIN EASTERDAY, INC. (Firm Name)
9245 FREDERICK CHURCH RD, MT AIRY, MD 21771 (Address)
[signature] Easterday (Signature) 7/13/87 (Date)

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
(P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
(T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET (24–28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) — JETTED — Jetted & DRIVEN
30-31 (AIR-ROTary) — AIR-PERCussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other _____

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) (41–52)

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER ____-GAP____ (54–63)
FORCE (WRITE INITIALS IN BOX) (67–68) PERMIT No. HO-84-2357 (70–79)

B 3 — LOCATION OF WELL R-396 71 40.00 7/14/87
HOWARD (8 COUNTY, 21)
MAP 9 P. 184 (23 SUBDIVISION, 42)
SECTION (44–46) LOT 7 (48–50)
SUGAR CORNER (52 NEAREST TOWN, 71)
MILES FROM TOWN (enter 0 if in town): 1 M I (73, 76–78)

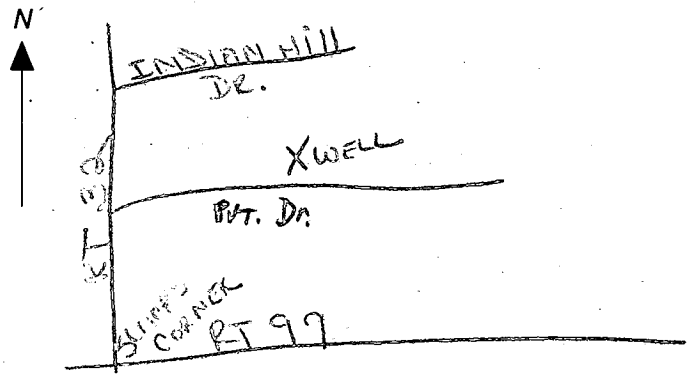
B 4 — DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8–9 | N 8 | NE 8–9 | W 8 | TOWN | E 8 | SW 8–9 | S 8 | SE 8–9

11403 RT 32 (OFF COMMON DRIVEWAY) (11–30 NEAR WHAT ROAD)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) 32 (E) EAST (S) SOUTH
34 1 37 DISTANCE FROM ROAD
ENTER FT or MI: M 1 (38–39)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD (COUNTY NAME) A 19437 (COUNTY NO.)
OEP SIGNATURE _____ STATE HEALTH INSERT S (41)
DATE ISSUED 09 02 87 (43–48) B Wilson (CO SIGNATURE) 03/02/88 (EXP. DATE)
NORTH GRID 5450 00 (50–55) EAST GRID 0816 00 (57–63)

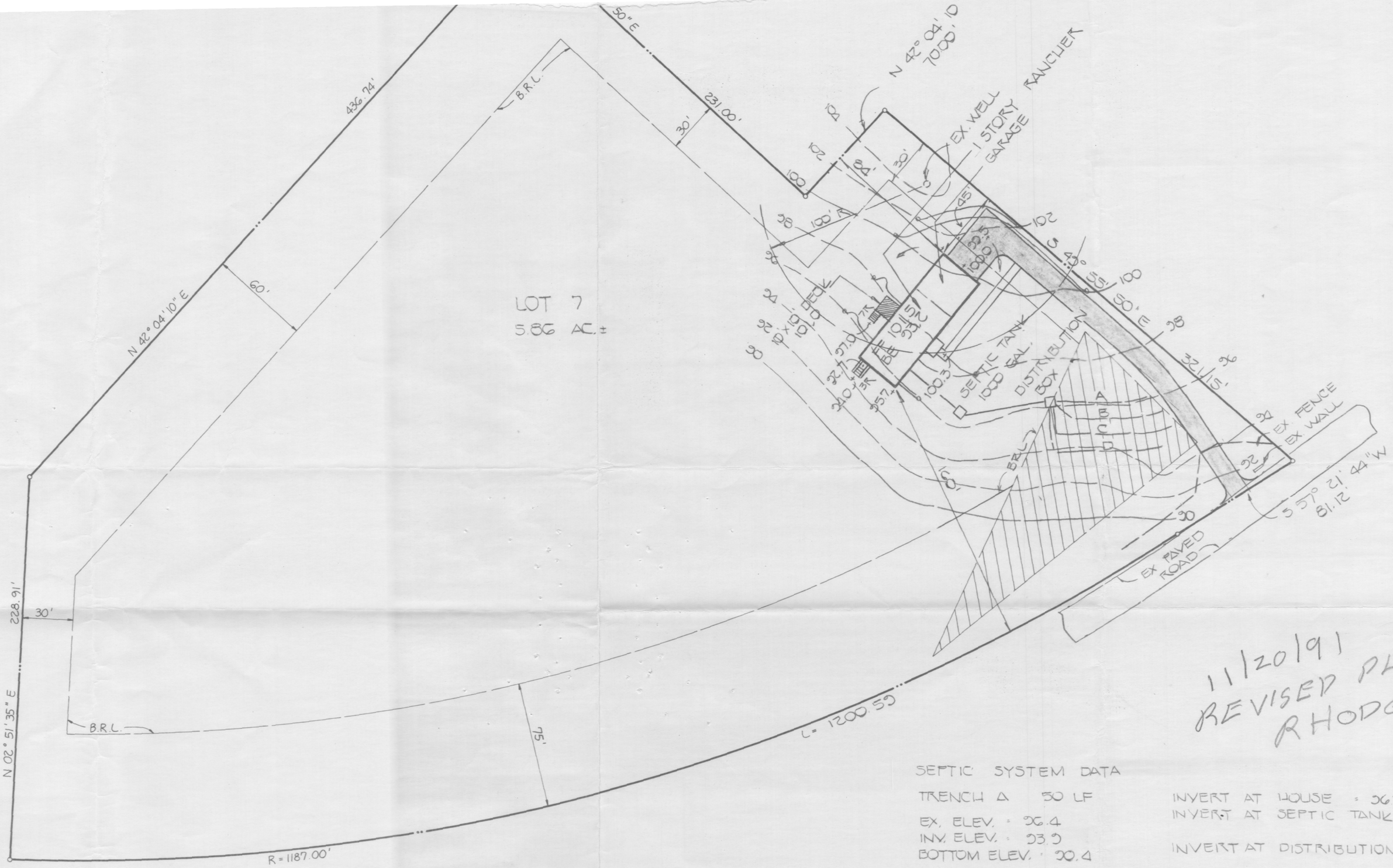
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8166
N 5405
000 000

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



SPECIAL CONDITIONS

HEALTH



11/20/91
REVISED PLANS O/
R HODGES

SEPTIC SYSTEM DATA

TRENCH A 50 LF
EX. ELEV. = 96.4
INV. ELEV. = 93.9
BOTTOM ELEV. = 90.4

TRENCH B 50 LF
EX. ELEV = 95.7
INV. ELEV = 93.2
BOTTOM ELEV = 89.7

TRENCH C 75 LF
EX. ELEV. = 95.4
INV. ELEV. = 92.9
BOTTOM ELEV. 89.4

TRENCH D 65 LF
EX. ELEV = 94.0
INV. ELEV. = 91.5
BOTTOM ELEV = 88.0

INVERT AT HOUSE = 963
INVERT AT SEPTIC TANK (IN) = 952
(OUT) = 94.9
INVERT AT DISTRIBUTION BOX (IN) = 9
(OUT) =
EX. GROUND OVER SEPTIC TANK = 97
EX. GROUND OVER DISTRIBUTION BOX =

NUMBER OF BEDROOMS IS THREE

HOWARD COUNTY HEALTH DEPT NUMBER = A29705
ALL ELEVATIONS ON ASSUMED DATUM.

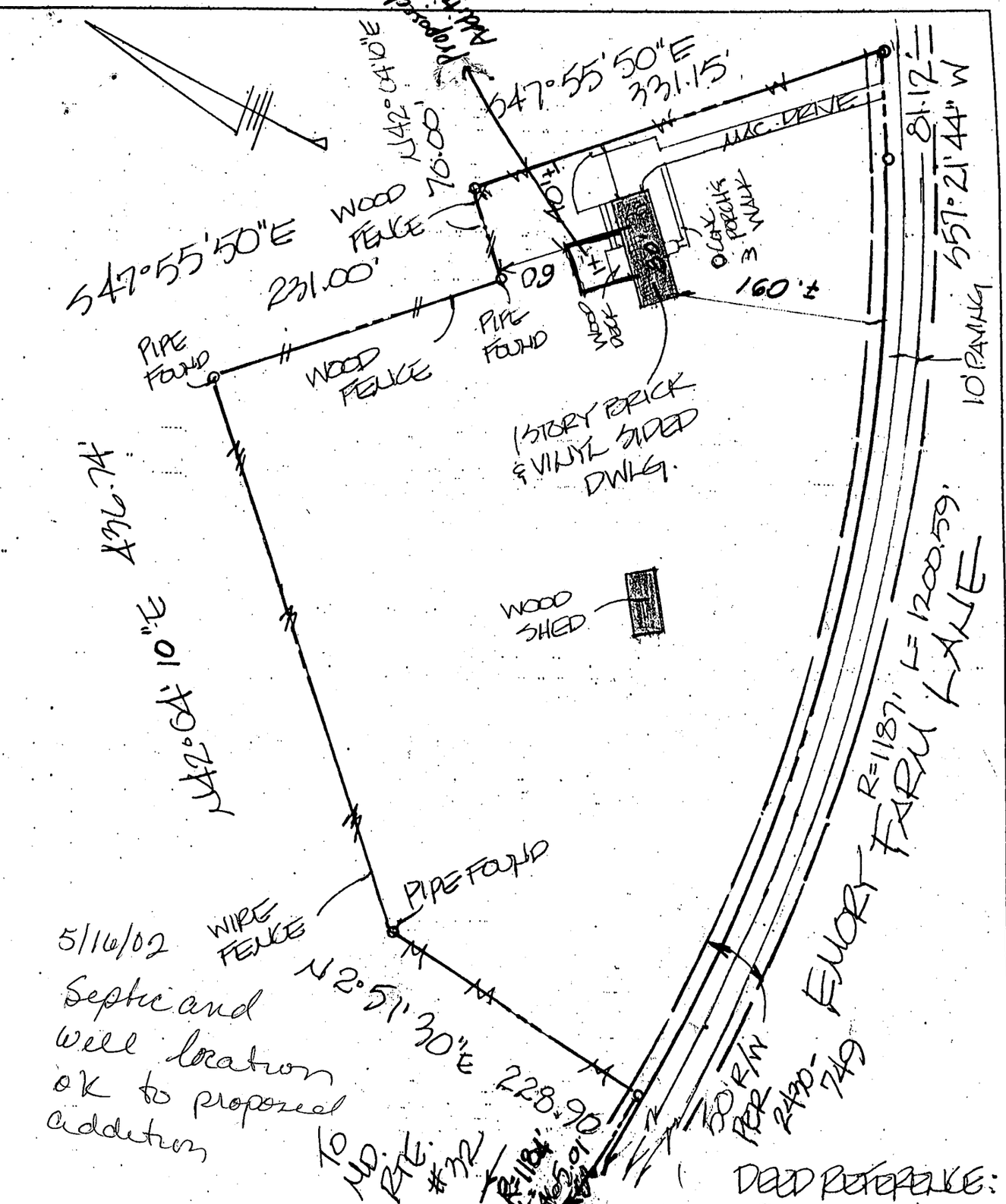
PLAN TO ACCOMPANY
BUILDING PERMIT

1403 MD. ROUTE 32

TAX. MAP 9 PARCEL 184
3RD ELECTION DISTRICT
HOWARD COUNTY MD
SCALE 1" = 50
DATE OCTOBER 31, 1991

11/18/91	⚠	RAISE INVERT ELEVATION 2.5' BELOW EXISTING GROUND. HO.CO HEALTH DEPT.

ER, INC.
SURVEYORS



5/16/02
Septic and well location OK to proposed addition

DEED REFERENCE: 2430-749
("LOT No. 7 INDIAN HILLS DEVELOPMENT")

1.) The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer financing or re-financing.
2.) The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3.) The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
4.) I have examined Flood Insurance Rate Map Panel Number 240044-0009B for the subject property and it appears to lie within Zone 'C' per said map.
5.) Dimensions shown to apparent lot line are ± 5'.
6.) Date of field work: 10.31.00.

3RD ELECTION DISTRICT
HOWARD COUNTY, MD.

LOCATION DRAWING

STATE OF MARYLAND — CONRAD SCOTT DALLAS — PROPERTY LINE SURVEYOR

#12635 EMORY FARM LANE

J.S. DALLAS, INC.
Surveying & Engineering
13523 Long Green Pike
Baldwin, MD. 21013
(410) 817-4600

Date: 11.13.00
Scale: 1" = 100'
Job Number: HP-3591
Drawn By: [illegible]
Checked By: JSD

Designed and Printed by PARAGON Design & Drafting

FORM #SD130

K6

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 B00135983

Building Address 12635 Emory Farm Ln
Sykesville MD 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6066.02 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 9 Parcel 184 Grid 18
Zoning RR-DEO Map Coordinates 5E11 Lot size

Property Owner's Name CHUN KI KIM
Address 12635 Emory Farm Ln
City SYKESVILLE State MD Zip Code 21784
Home Phone 410-381-6125 Work Phone 1002-463-2161
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family Home
Proposed Use SAME W/ ADD
Estimated Construction Cost $ 9,000.00
Description of Work Remove Deck / 1 Story add. on existing Rm / Breakfast Rm & relocate Kitchen

Contractor Company Owner
Contact Person _____
Address 12635 Emory Farm Ln
City SYKESVILLE State MD Zip Code 21784
License No. _____
Phone 443-463-2161 Fax

Occupant or Tenant Owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
✓ Wood Frame
____ State Certified Modular

Utilities

Water Supply:
____ Public
✓ Private
Sewage Disposal:
____ Public
✓ Private
Electric Yes ☑ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☑
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☑
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private
Sewage Disposal:
____ Public
✓ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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

Applicant's Signature — *Print Name* CHUN KI KIM

Owner — *Title/Company*

5-8-02 — *Date*

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	5-16-02	Kacie Judy
Fire Protection		

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

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 5 42613

Filing fee	$ 25
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# _____
Validation	# 5411

Accepted by _____

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

T:\forms\PERMIT FRM

Rev. 5/17/00