5/5/00 C.O. 1pm

04-357248

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513358
A 29825
ISSUE DATE 3/31/2000
APPROVAL DATE 5/8/00

Fogle's Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION (Wallace Property) LOT NUMBER ____ ADDRESS 16830 Frederick Road

PROPERTY OWNER Robert Stoner PROPERTY OWNER'S ADDRESS 1013 Horizon Road
Mt. Airy, MD 21771

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY ____ GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 263

TRENCHES: Trenches to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting from the lot corner at the driveway entrance (265.4'/366.5' intersection) place the distribution box 155 feet down the 366.5' lot line and 80' off this same lot line. Run trenches on contour to right side of lot. OK 2/7/00 DS

PLANS APPROVED Mark E. Rifkin DATE 1/5/2000

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

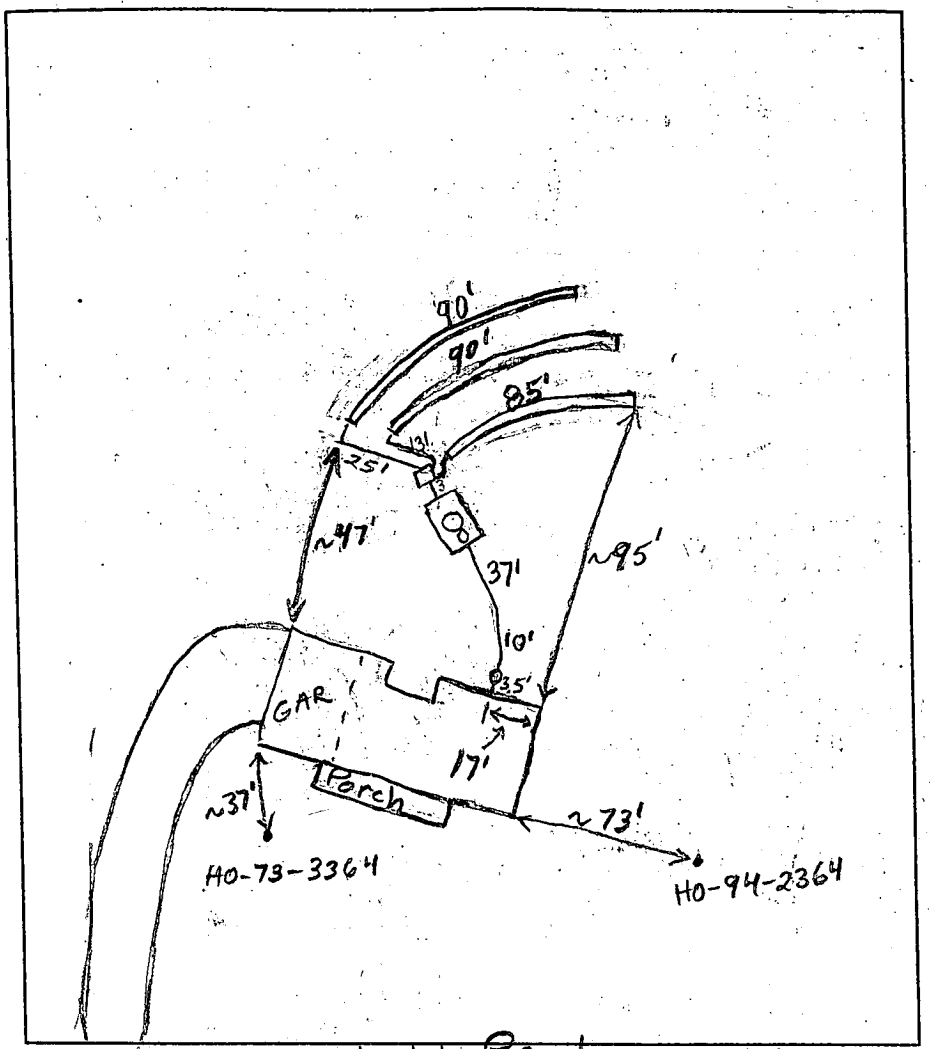
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 29825

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2.0'

TRENCH INLET DEPTH 4.0'

TRENCH BOTTOM DEPTH 8.0'

DEPTH OF STONE 4.0'

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 265'

ABSORBENT AREA 1060 sq. ft.

DISTRIBUTION BOX LEVEL OK

BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK MS GALLONS

MANHOLE RISER Yes

6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS /

MANHOLE RISER /

ALARM /

PUMP PERFORMANCE TEST /

Frederick Road

PRE-CONSTRUCTION INSPECTION: 5/5/00 To run 3 trenches toward right lot line extending out of easement area as necessary. First

INSPECTION COMMENTS: trench to start immediately following septic tank. BB

5/8/00 House connection made. O.K. to cover everything. BB

INSPECTOR B. Baker DATE SYSTEM APPROVED 5/8/00

7/13/00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-E Ellicott Mills Drive
Ellicott City, MD 21043
410-313-2640 [redacted] -2648
talk Fax

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓ Receipt # _____
Replacement _____ Date 7-12-00

Name of Installer D.B. Rockwood Plbg. Inc. Telephone 410-857-4648

License Number 8439
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner STONER Telephone 301-829-1090
Subdivision Wallace Property Lot # 1 Well Tag # HO-94-2369
Site Address 16830 OLD FREDERICK RD

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Jacuzzi
3. Model # 5410-8P
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes ____ No X
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 X Cable guards X Other ____

Motor
1. Horsepower ½
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make Grundy
2. Model # PT300
3. Depth 48"

Tank
1. Capacity 36 gal
2. Pressure relief valve? Yes

Piping
1. Type 1" Plastic
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"

Well data
1. Depth 110 ft.
2. Yield 11 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected 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.

7/13/00 - WPI on (DKS) SRM

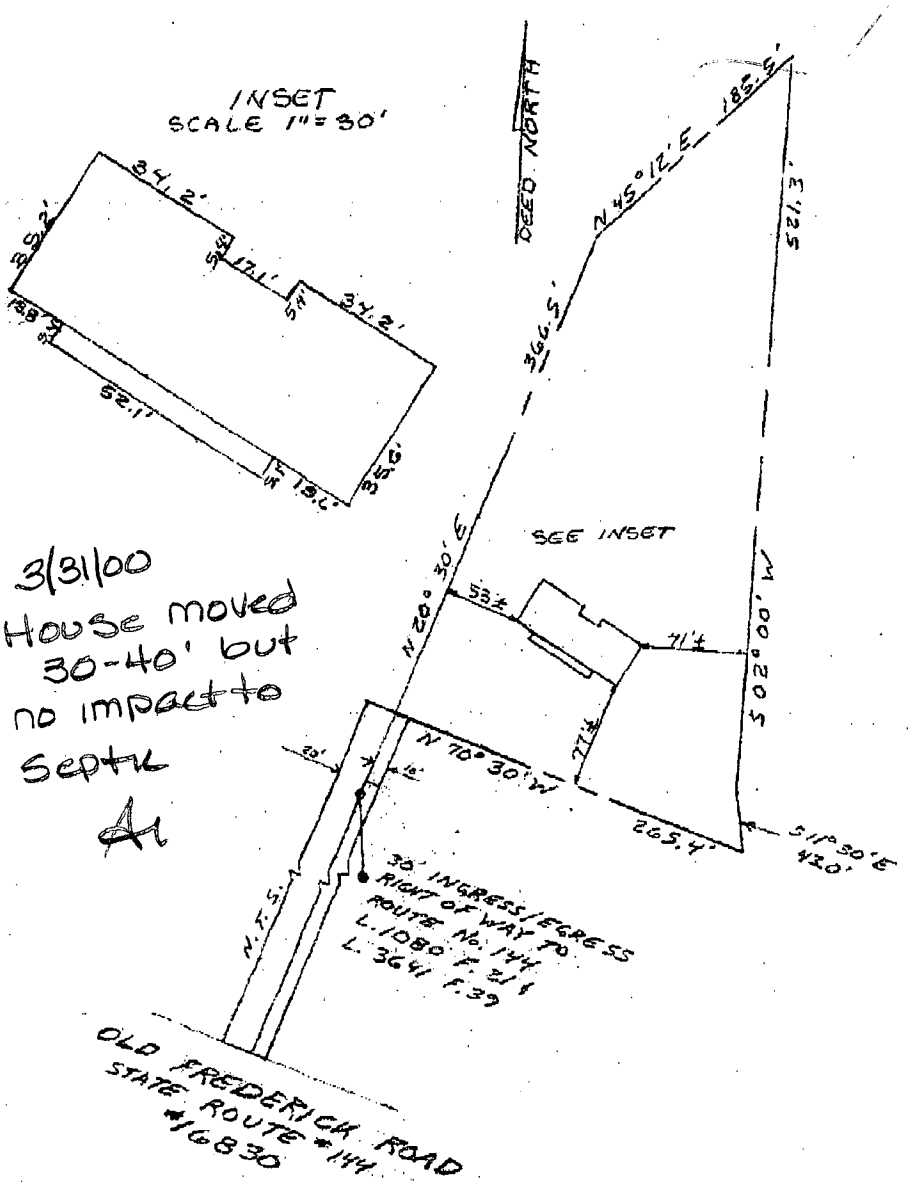
Signature of Applicant: D.B. Rockwood

Date: 7-12-00

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

HD-815

WALL CHECK
LIBER 3642 FOLIO 515
STONER PROPERTY
FOURTH ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND



3/31/00
House moved
30-40' but
no impact to
septic

Tri - County Surveys, Inc.
BOX 55 • DAMASCUS, MARYLAND 20872 • (301) 831-3655
LAND PLANNING CONSULTANTS • SUBDIVISIONS • LOTS & BOUNDARIES

REFERENCE	COUNTY OF	Drawn by: S.A.M.
Plat Book	HOWARD	Checked by:
Plat No		Job No.: 99-008

SURVEYOR'S CERTIFICATION

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

No title report furnished.

Note: House does not lie within a flood hazard area

WILLIAM L. WIRTS - Registered Land Surveyor - Maryland No. 10721

Scale: 1"=100'

DATES

BK III
Wall Ck.: 13 MAR 2000

Final Loc.:

Recert.:

NOTE: This drawing is not intended or represented to be a lot plate out survey; no lot corners were set; and is not to be used, or relied upon, for the establishment of any fence, building or other improvements. No responsibility is extended herein to future purchasers.

1/12001

CAD 4 INC 301-585-3340

DNR-214 (7-77)

C 1 1654 — SEQUENCE NO. (WRA USE ONLY) — (SEQ. NO.) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 8/7/79 (15–20)

DEPTH OF WELL 220' (TO NEAREST FOOT) (22–26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3364 (28–37)

DRILLERS IDENTIFICATION NO. 40

OWNER WALLACE JAMES (LAST NAME / FIRST NAME)

STREET OR RFD 16836 FREDS RD. POST OFFICE MT. AIRY, MD.

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Top Soil	0	3	
Brown Shale	3	85	
Brown Shale	85	100	✓
Blue Shale	100	220	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) — YES (Y) (44) — NO (N) (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) (45–46) — BENTONITE CLAY (B C) (45 46)

NO. OF BAGS 20 — NO. OF POUNDS 2000

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48–52) FT. TO 55 (54–58) 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)	95 (66–70)

OTHER CASING (IF USED)

EACH CASING

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
1			
2			

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW

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

C 2 (1–6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

		FROM	TO
1	HO (8–9)	173 (11–15)	220 (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)

	FROM	TO
GRAVEL PACK		

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 (F)

CIRCLE APPROPRIATE BOXES

(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 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) Conner F. Eastburn

SIGNATURE Conner F. Eastburn

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

T (70) TELESCOPE CASING — (E.R.O.S.) (72) LOG INDICATOR — W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1–6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3 (8–9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2 (11–15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 70 (17–20) (NEAREST FOOT)

WHEN PUMPING 170 (22–25) (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING 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

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX – SEE ABOVE: A, C, J, P, R, S, T, O) (29)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) — YES (Y) — NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31–35)

PUMP HORSE POWER (37–41)

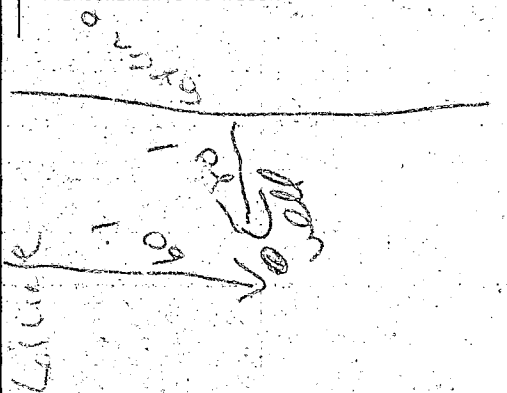
PUMP COLUMN LENGTH (NEAREST FOOT) (43–47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE — (–) BELOW — LAND SURFACE (49) (50–51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N — SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



HEALTH

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 0928 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-3364
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
8/1/79
9:30 A.M.

OWNER WALLACE JAMES
COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 16830 FREDERICK RD
COL 36 COL. 55

POST OFFICE
COL 57 COL. 76

6-13

B 1 CONTINUED — DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6

DATE 7-31-79 LICENSE NUMBER 40
77 80

FIRST NAME DRILLER LAST NAME

SIGNATURE

B 2 — WELL INFORMATION
1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
22
- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
  } MUST HAVE STATE HEALTH DEPT. APPROVAL
- T TEST

APPROXIMATE DEPTH OF WELL 100 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
39
- 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 DEEPENED (IF AVAILABLE)

41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER G A P 54 63
ENGINEER REVIEW DISTRICT NO. 65
FORCE WRITE INITIALS IN BOX 67 68
CONDITIONS A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6

41 S STATE HEALTH (CIRCLE BOX)
COUNTY NAME Howard COUNTY NO. H29825
DATE MO. 8 DAY 6 YR. 7 9 43 48
APPROVED BY Fred Frownelt, Sanitarian

B 3 — LOCATION OF WELL
1 2 3 (SEQ. NO.) 6

COUNTY Howard 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION 23 42
SECTION 44 46 LOT 48 50
NEAREST TOWN 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 73 M I 76 77 78

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6

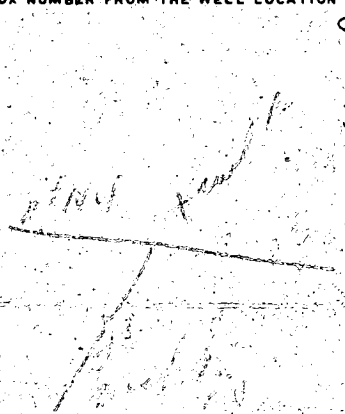
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
8 8 8 9 8 9

NEAR WHAT ROAD Frederick Rd 11 30

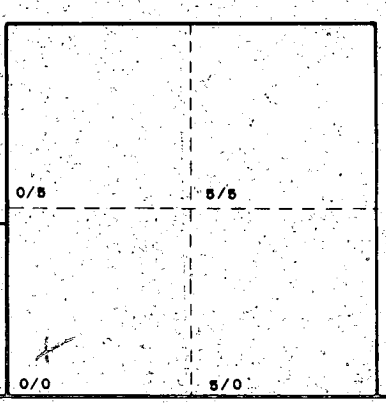
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N 32 SOUTH S 32 EAST E 32 WEST W 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 34 37 F T M I 38 39

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.



BOX NUMBER E 720 N 660



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

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

8 63

H29825 HEALTH

5/8/79
5/8/79
1:30 p.m.

6/8/79
1:30 p.m.

APPLICATION

A 29825

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 - 3 bedrm - 1000 gal.
4 bedrm - 1250

DISTRICT 4th

DATE 5/8/79

Tile Field: 156 sq. ft bottom area per bedroom installed at a depth of 4 ft below orig. grade with 1 ft of gravel under pipe. Trenches to be 3 ft wide. No trench to exceed 100 ft in length. Dist. box to be used. Trenches follow contour of ground. First trench to begin 20 ft from left property line + 110 ft from front line as seen from road.

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 James F. and Dolores H. Wallace (ROBERT STONER)

ADDRESS 16836 Frederick Road, Mt. Airy, Md. PHONE ~~442-2202~~ 301-854-5975

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 16830 Frederick Road, Mt. Airy

BLDG. PERMIT SIGNED AND RETURNED 1/5/2000
Serial# B00121765

SIZE OF LOT ? TYPE BLDG. SFD- 3 or 4 bedrooms

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 /s/ James F. Wallace, Jr.

APPROVED BY J Stayer FOR septic & tile field DATE 6/14/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

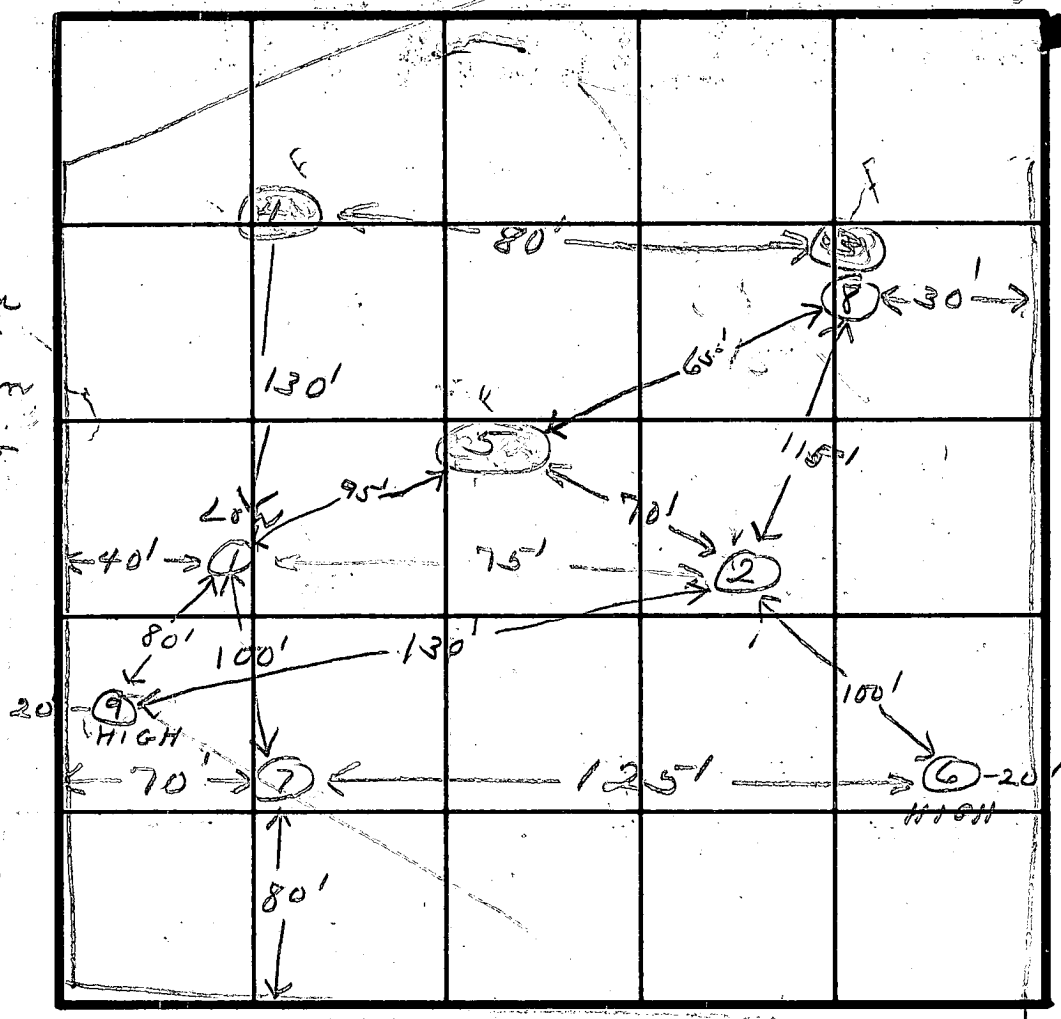
REASONS FOR REJECTION OR HOLDING call Mr. Wallace - go 3 to 7 FT in lower areas for drain fields 6/11/79

THIS IS NOT A PERMIT

SOIL PROFILE

0'

0 - 3 ft clay and
4 - 13 ft clayey loam
some shale
at 6 to 8 ft



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT 144

INLET
3" - 6"
15 C - 29 ft
3' - 6' - deep
dist. 100'
2 trenches
60' ?

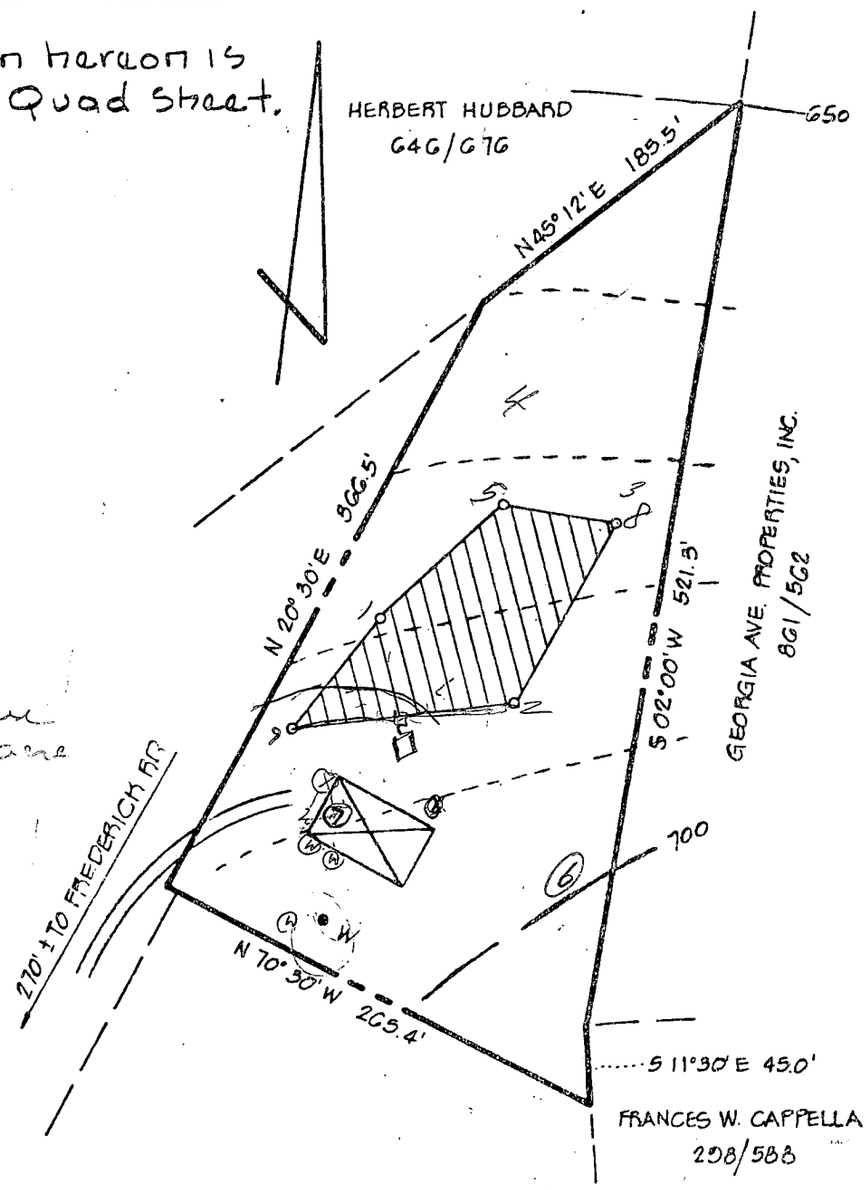
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
5/29/79	1S	4	1:14	1:20	1:20	1:30	6	OK
	1D	13	1:14	1:26	1:26	1:49	23	
	2S	4	1:25	1:30	1:30	1:35	5	OK
	2D	12	1:25	1:45	1:45	2:10	25	
	3	8	SHALE - HARD DIGGING					—
	4	8	"		"	"		—
	5	9	"		"	"		—
	6S	3	2:41	2:48	2:48	3:00	12	
	6D	12	2:41	3:00	3:00	3:28	28	OK
	7	12	VISUAL - same as #6					OK
6/8/79	8	3	1:34	1:44	1:44	2:04	20	
		8	1:34	1:36	1:36	1:39	3	OK
	9	4	2:18	2:21	2:21	2:25	4	
		8	2:18	2:26	2:26	2:42	16	OK

REMARKS

TYPE OF SOIL

TESTED BY JS ALSO PRESENT Denny Mintz
Mr. Wallace

Topography shown hereon is Based on U.S.G.S. Quad Sheet.



STATE OF MARYLAND
WILLIAM G. HARTEL
7-3-79
NO. 9436
REGISTERED
PROFESSIONAL LAND SURVEYOR

THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

7-16-79
COUNTY HEALTH OFFICER — DATE

NOTE: PERCOLATION TEST HOLES SHOWN HEREON (o) HAVE BEEN FIELD LOCATED.

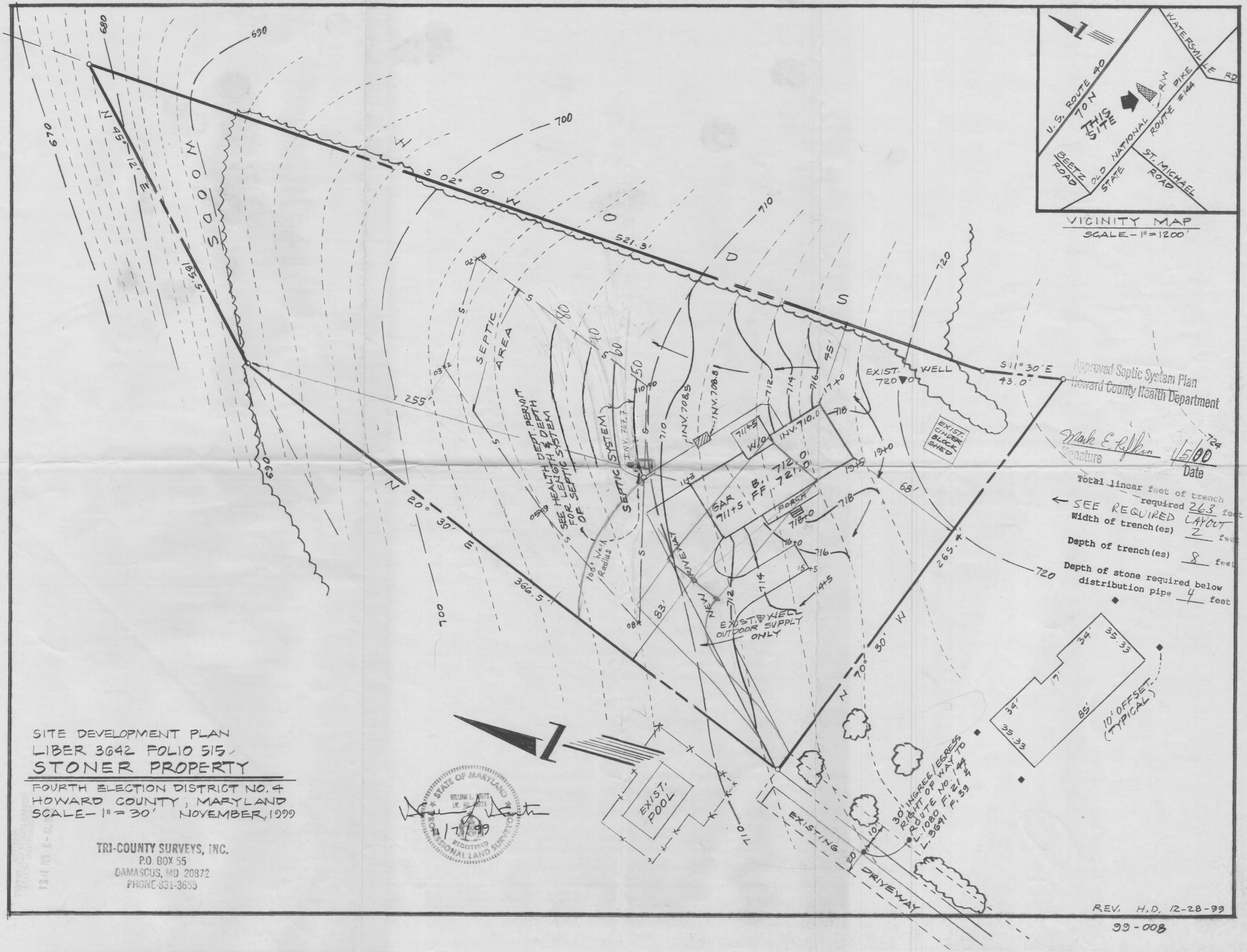
TITLE: PERC CERTIFICATION PLAT

PROJECT: WALLACE PROPERTY 16830 FREDERICK RD.

LOCATION: 4TH ELECTION DISTRICT HOWARD COUNTY, MD.

DATE:	DESIGN BY:	DRAWN BY:	CHECKED BY:
JUNE, 1979	J.B.	J.B.	
SCALE: 1" = 100'	JOB NO.: 7982	DRAWING NO.: 1 OF 1	

boender associates
engineers
surveyors
planners
BALTIMORE 301-465-7777 ◆ SALISBURY 301-749-1286



VICINITY MAP
SCALE - 1" = 1200'

Approved Septic System Plan
Howard County Health Department

Mark E. Kluhn
Signature

5/00
Date

Total linear feet of trench required 263 feet
← SEE REQUIRED LAYOUT
Width of trench (es) 2 feet
Depth of trench (es) 8 feet
Depth of stone required below distribution pipe 4 feet

SITE DEVELOPMENT PLAN
LIBER 3642 FOLIO 515
STONER PROPERTY

FOURTH ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND
SCALE - 1" = 30' NOVEMBER, 1999

STATE OF MARYLAND
WILLIAM L. KNOTTS
LIC. NO. 10721
REGISTERED PROFESSIONAL LAND SURVEYOR
11/7/99

TRI-COUNTY SURVEYS, INC.
P.O. BOX 55
DAMASCUS, MD 20872
PHONE-831-3655

REV. H.D. 12-28-99

99-008

B001217.65

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B001217.65

Building Address 16830 Frederick Rd. Mt. Airy, Md. 21771
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6040 Subdivision N/A
Section ____ Area N/A Lot A10
Tax Map 7 Parcel 40 Grid 3
Zoning RC-DEO Map Coordinates 7,18 Lot size

Property Owner's Name Robert Stoner
Address 1013 Horizon Rd.
City Mt. Airy State Md Zip Code 21771
Home Phone 301-829-09 Work Phone 410-576-4036
Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS ABOVE
Phone ____ Fax 410-576-4246

Existing Use Vacant lot
Proposed Use Residential
Estimated Construction Cost $ 163,625
Description of Work New Construction
3 BR with Accessory Apartment
3 Bathrooms / Front Porch / 3 car garage

Contractor Company JTR Homes, Inc.
Contact Person Les Henory
Address 3019 Michael Rd.
City Mt. Airy State Md Zip Code 21771
License No. 306273
Phone 410-875-4289 Fax 410-875-4289

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

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

ACCESSORY APT. ELIMINATED IN T/C DISCUSSION W/OWNER (MR) 12/30/99 AMENDMENT FORTHCOMING

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:	35	85
2nd floor:	N/A	
Basement:	35	61

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 5 TOTAL
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
X Private
Sewage Disposal:
____ Public
X Private
Electric Yes X No ☐
Gas Yes X No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas X
Propane Gas ☐
Sprinkler system: N/A X
____ 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.

Les Hendry
Applicant's Signature

LES HENDRY
Print Name

12-15-99
Date

Treasurer
Title/Company

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	1/5/00	Mark E. Rufkin
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 ____ Accepted by ____

1/13/99
PROPERTY ID#: ____

Filing fee	$ 25 W
Permit fee	$ ____
Excise tax	$ ____
Sub-total paid	$ ____
Add'l permit fee	$ ____
TOTAL FEES	$ ____
Balance due	$ ____
Check	# 1088
Validation	# ____

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

a:\permit.frm

Rev. 10/15/98

C 1 | 06615 - | SEQUENCE NO. (MDE 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 29825

ST/CO USE ONLY / DATE Received (MM DD YY)

DATE WELL COMPLETED: MM 8 DD 27 YY 99

Depth of Well: 320 ft (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94 - 2264

OWNER: JP Wallace Const. (last name / first name)

STREET OR RFD: Frederick Rd TOWN: Mt. Airy

SUBDIVISION: Wallace Property SECTION: LOT:

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
Brown Shale	0	16	
Blue Rock	16	320	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no [N]

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.: MSD 024

Donald L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD 027

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 19 ft. (BOTTOM) (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	6	21

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

EACH SCREEN	DEPTH (nearest ft.) from	to
1	HO	19
2		320
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

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

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

T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 — PUMPING TEST

HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min.): 3.3

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 44 ft.

WHEN PUMPING: 260 ft.

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 (CIRCLE) (YES or NO): YES (NO)

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE

2 (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)

N

See Attached Location

COUNTY

Topography shown hereon is Based on U.S.G.S. Quad Sheet.

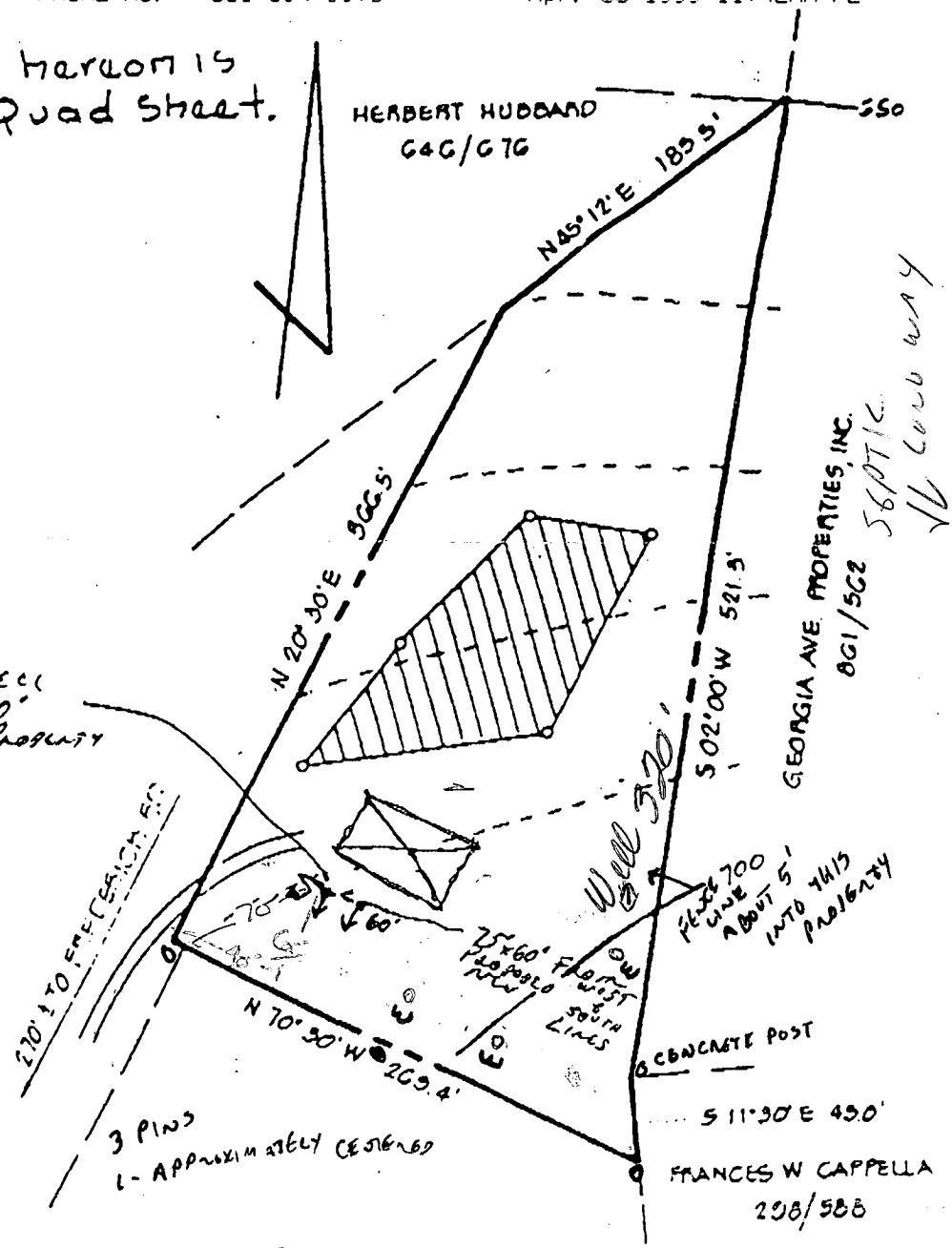
Wallace

301-854-5975

8/10/99
well sites(3) Ex Well OR as staked 50'x60' from property lines OR to proceed

BAS

1 - 15' - 2



Map 7
REMAX 5160
Dolski

THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

APPROVED. FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

7-16-79
COUNTY HEALTH OFFICER DATE

NOTE: PERCOLATION TEST HOLES SHOWN HEREON (o) HAVE BEEN FIELD LOCATED.

EMERGENCY/TEMP NO. IF ANY

B 1 . 7499 — SEQUENCE NO. (MDE USE ONLY) (1 2 3 6)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO - 94-2364 (70 79)

fill in this form completely

Date Received (APA): 04/13/99 (8 MM DD YY 13)

OWNER INFORMATION

J P Wallace Construction Inc. (15 Last Name Owner First Name 34)

16830 Frederick Rd. (36 Street or RFD 55)

Mt. Airy Md. 21771 (57 Town 70 State 72 Zip 76)

DRILLER INFORMATION

Joseph L. Mayne MSD 0.24 (Driller's Name 76 License No. 81)

Joseph L. Mayne Well Drilling (Firm Name)

5512 Ridge Rd. Mt. Airy Md. 21771 (Address)

Joseph L Mayne 4/10/99 (Signature Date)

B 2 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) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- 22 [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET (24 28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

30 (AIR-ROTary) — AIR-PERcussion — ROTARY (Hydraulic Rotary)

37 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 — — - — — - — — — — 52

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

APPROP. PERMIT NUMBER: G A P (54 63)

PERMIT No. HO -94 -2364 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

Howard (8 COUNTY 21)

Wallace Property (23 SUBDIVISION 42)

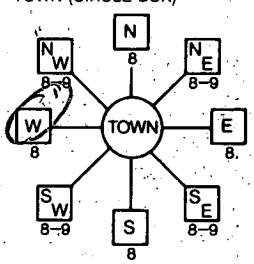
SECTION (44 46) LOT (48 50)

~~Lisbon~~ Mt. Airy (52 NEAREST TOWN 71)

MILES FROM TOWN (enter 0 if in town): 1 1/2 M I (73 76 77 78)

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Md. 144 (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 60 37 DISTANCE FROM ROAD: FT (ENTER FT OR MI 38 39)

TAX MAP: ____ BLK: ____ PARCEL ____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD A29825 (COUNTY NAME COUNTY NO.)

STATE SIGNATURE ____ INSERT S → (41)

DATE ISSUED 08/17/99 (43 MM DD YY 48) CO SIGNATURE: Donald 08/16/00 EXP. DATE

NORTH GRID 550 000 (50 55) EAST GRID 0772 000 (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 772

N 550

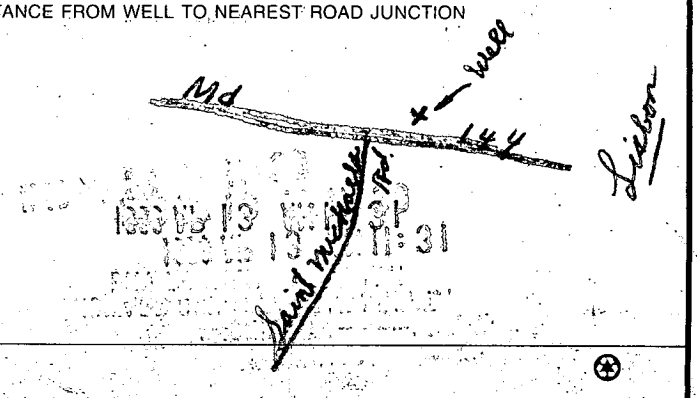
000 000

8/27/99 9:30 Grout

8/27/99 21" casing, 19' open, casing 2' above ground, 7 bags cement, grout looks O.K.

BB

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

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

DENV-Permit 97

② COUNTY

Page ___ of ___
Date 8/27/99

Review OK 10/12/99

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2364
Location of property (road) Frederick Rd. Md 144
Subdivision ___ Lot ___ Block ___ Plat ___ Sec. ___
Well Driller Joseph Mayne Owner J. P. Wallace

Depth of well 320'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 44'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm.
Total time 30 min to reach pumping water level 265 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 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	174'	3 sec	N/A	20 gpm.
8:00	265	3		20
8:15	260	20		3
8:30	259	20		3
8:45	258	20		3
9:00	258	20		3
9:15	257	20		3
9:30	257	20		3
9:45	254	20		3
10:00	257	17		3.6
10:15	257	18		3.3
10:30	257	18		3.3
10:45	257	18		3.3
11:00	255	18		3.3
11:15	250	18		3.3
11:30	252	16		3.7
11:45	253	16		3.7
12:00	254	16		3.7
12:15	255	16		3.7
12:30	256	17		3.6
12:45	256	17		3.6
1:00	255	17		3.6
1:15	254	17		3.6
1:30	255	17		3.6
1:45	255	17		3.6
2:00	255	17		3.6

HD-224