05 - 379264 ~~4/2/87 APL~~

PERMIT

11/18/87 AM ASAP

P 40496

A 38089

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

DATE 11/17/87

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 11/18/87

INDEXED

INSPECTOR S. Abel

Jack Fyock IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Sabine Property ROAD 13710 Triadelphia Mill LOT 5

PROPERTY OWNER Alexander White

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 170 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box at a point approximately 710 feet from the ~~front~~ (860.82') and 385 feet from the right (993') lot line as seen when facing the lot from Triadelphia Mill Road. Run trenches on contour toward the left side of the lot.

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

PLANS APPROVED BY S. Abel DATE 5/15/87

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.

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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

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

PERMIT VOID AFTER TWO YEARS.

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

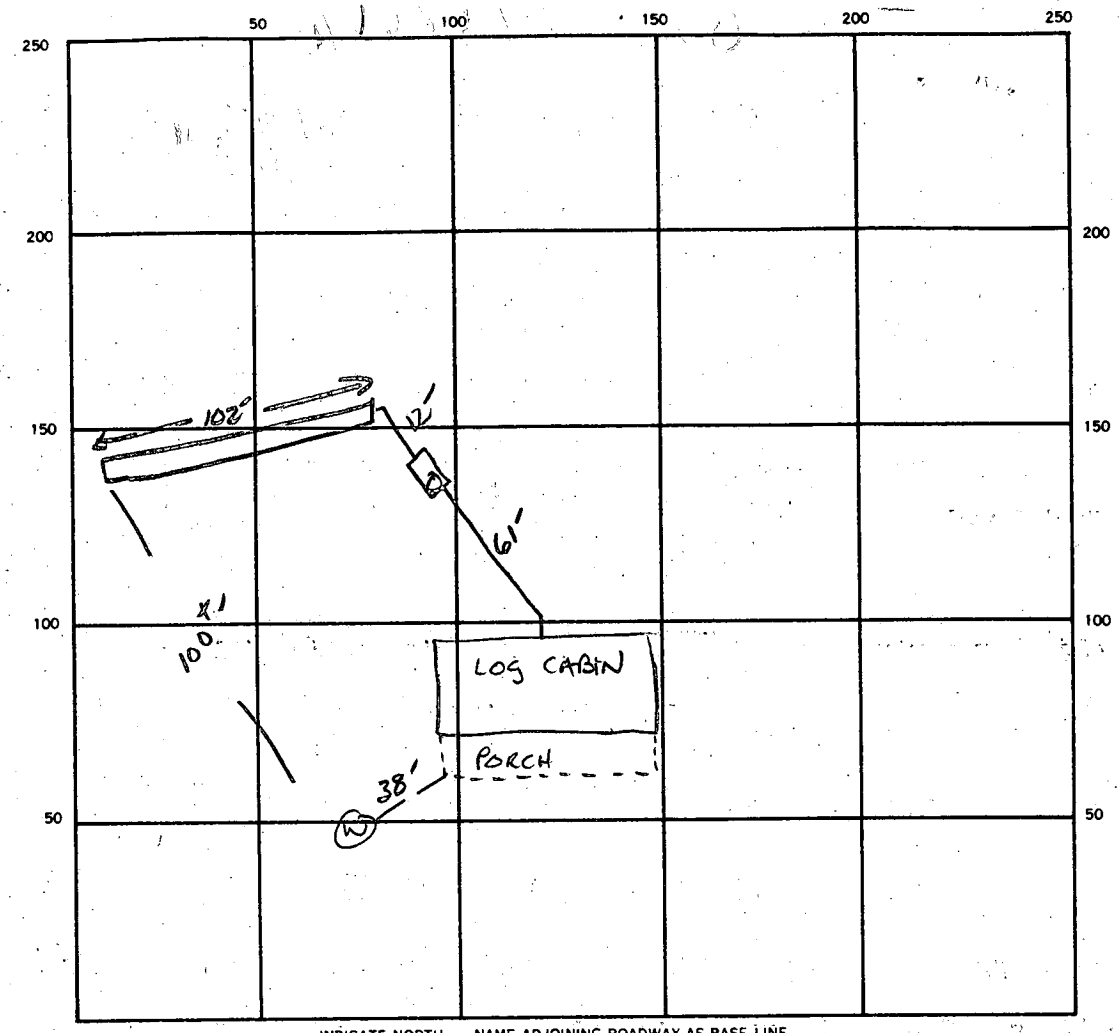
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

A 38089

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Rd.

SEPTIC TANK. LEVEL ✓ 1000 GAL CLEANOUTS ✓

DISTRIBUTION BOX. LEVEL N/A

DRAIN FIELD/TILE FIELD. DEPTH 4 FT. TRENCH WIDTH 2 FT. INLET DEPTH 9 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 102' FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 510 SQ. FT.

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

ABSORBENT AREA 510 SQ. FT.

REMARKS 11/18/87 OK TO ADD STONE. SMH

DATE SYSTEM APPROVED 11/18/87 INSPECTOR S. Abel

Figure 12/10/86
~~12/9/86~~ 12/10/86
~~1:30 PM~~
12 NOON
1.5T

APPLICATION

A 38089

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5

DATE 11/12/86

11/17/86
Reviewed ok to process
S. Abel

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 Irma Jean White

ADDRESS P.O. Box 36 Clarksville, Md. 21029 PHONE 531-3160

PROSPECTIVE BUYER 381-2242

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Sabine Property (Estates) LOT NO. 5

ROAD AND DESCRIPTION Triadelphia Mill Road Clarksville
between Clarksville and Dayton

TAX MAP _____ PARCEL # _____

SIZE OF LOT 24.5 acres TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Irma Jean White
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

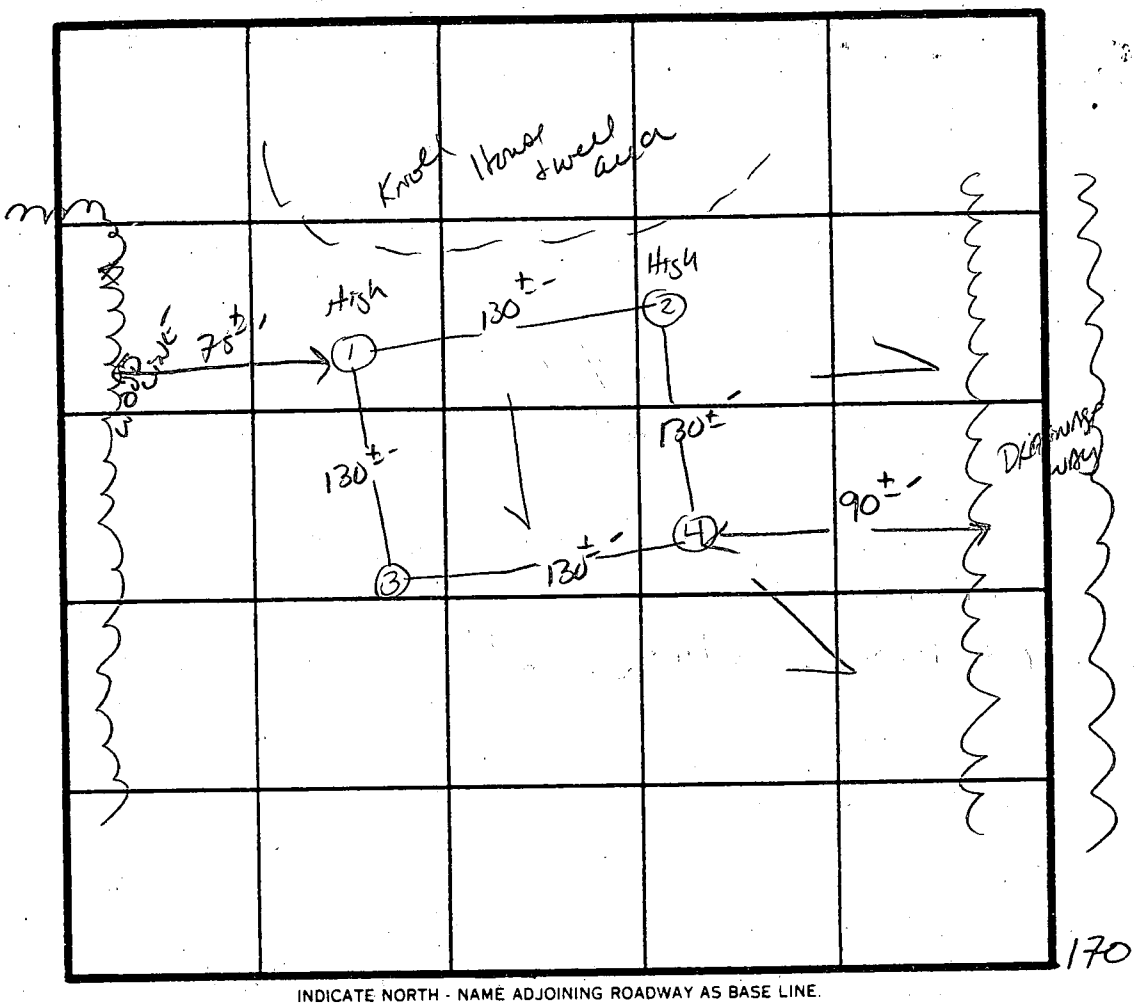
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/10/86 Perc Satisfactory; Hold for certified hole/house & well
Location: S. Abel

BLDG. PERMIT SIGNED AND RETURNED 5-15-87
BP# 11906

THIS IS NOT A PERMIT



① SOIL PROFILE

0
AP
Yellow BR Silt Loam Large Stones To 4.5' Clay 9-12%
4.5'
Yellow BR To Tan Sand Silt Loam Micaceous 25-35% Frags
13'

0 ② ③ ④
AP
Red Yellow Silt Loam Micaceous 10-20% Frags Clay 12%
4'
Yellow BR Highly Micaceous Sand Loam 15-20% Frags.
14'

X Perc 8 min
170 ft/BR

Inlet 4'
Bottom 9'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
	1 S	5'	12:20	12:24	12:24	12:31	7 min
	1 M	8.5	12:19	12:23	12:23	12:28	5 min
	1 V	13' uniform soil below			4.5'		
	2 V	14' uniform soil below			4.0'		
	3 S	4'	12:29	12:30	12:30	12:32	2 min
	3 V	13' same as Hole #2					
	4 S	3.5'	12:32	12:39	12:39	12:54	15 min
	4 V	13'	same as	Hole 4	2:3 less	Clay - 3' only	

REMARKS: Holes located along way from any land mark

TYPE OF SOIL: Minor Loam to Gravelly Loam

TESTED BY: S. Abel

ALSO PRESENT: SKP

EH-12-1079

APPLICATION

A 23197

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 5

DATE 4/16/76

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 Walter M. Sabine

ADDRESS Philadelphia Mill Road PHONE 988-9437

PROPERTY LOCATION:

SUBDIVISION Sabine Estates LOT NO. 5

ROAD AND DESCRIPTION Philadelphia Mill Road Clarksville between Clarksville and Dayton

SIZE OF LOT 2.22 Acres TYPE BLDG. 4
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 Walter M Sabine

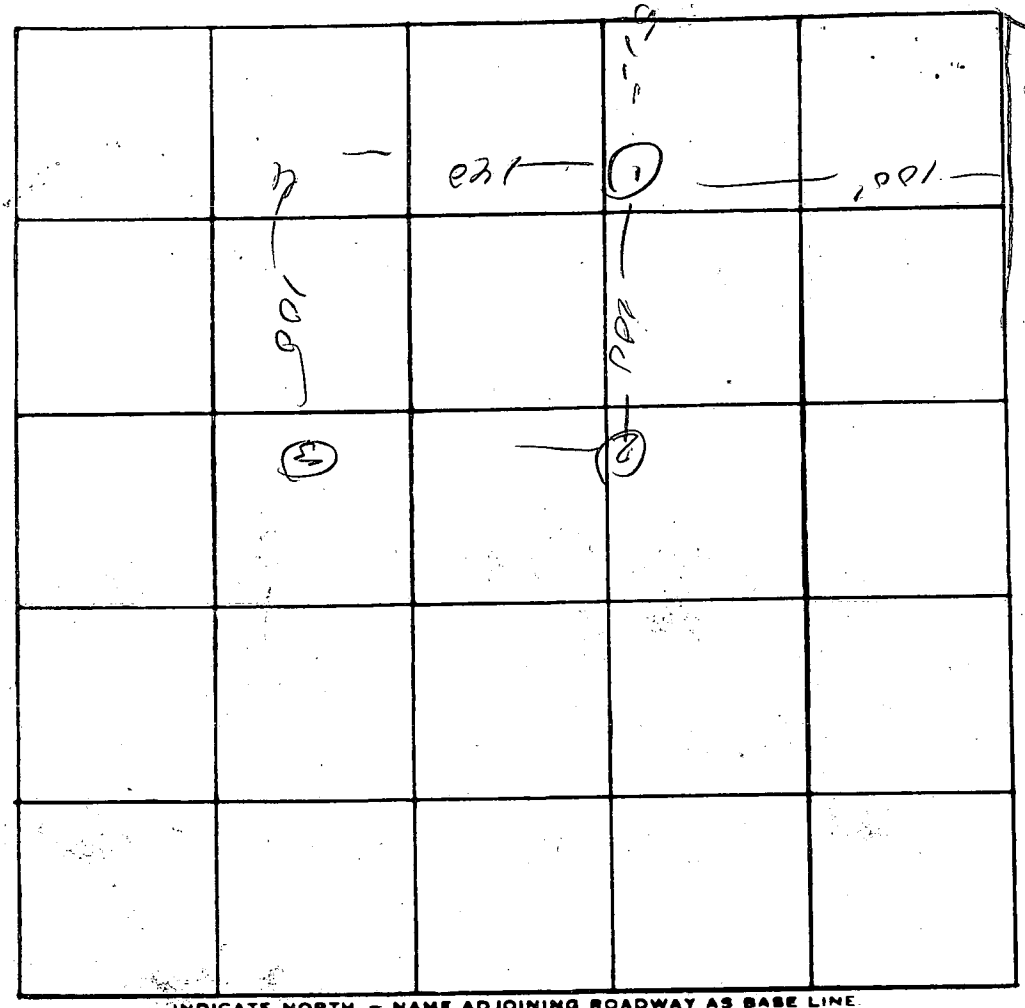
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



#9

Clay — 3

Micaceous soil

Clay — 4

absorbent soil

(3)

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
	1						
	2 S	4½	2:09	2:10	2:10	2:11	1
	2a D	1:13	2:10	215	2:15	2:22	7
	3 S	5	2:15	216	216	217	1
	3a D	13	217	223	223	232	9
	4 S	4	227	228	228	229	1
	4a D	11	230	234	234	240	6

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

EMERGENCY/TEMP NO. IF ANY

B 1 | 7616 | 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: HO-811-2008
fill in this form completely

Date Received

OWNER INFORMATION
White, Jean
Last Name | Owner | First Name
P.O. Box 136
Street or RFD
Clarksville MD 21029
Town | State | Zip

DRILLER INFORMATION
George F. Easterday
Driller's Name | License No. 40
L.F. Easterday, INC
Firm Name
9265 Brown Ch. Rd., Mt. Airy, MD 21771
Address
George Easterday 2-18-87
Signature | Date

WELL INFORMATION
B 2
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. HO-811-2008

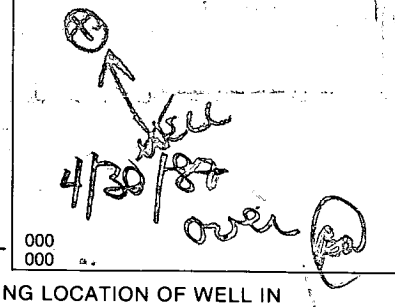
B 3
LOCATION OF WELL
Receipt # 38778 2-25-87 $40.00
Howard
8 COUNTY
Sabine Property
23 SUBDIVISION
SECTION | LOT 5
DAY
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW N NE W TOWN E SW S SE

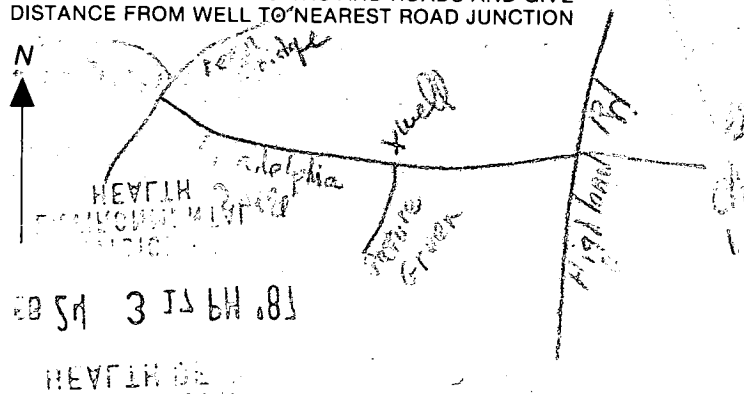
13780 Triadelphia Rd.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W, 32, EAST E, SOUTH S
DISTANCE FROM ROAD 2500
ENTER FT or MI F

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME | A 38089 COUNTY NO.
OEP SIGNATURE | STATE HEALTH INSERT S
DATE ISSUED 04/03/87 B Nylon CO SIGNATURE 10/03/87 EXP. DATE
NORTH GRID 50600 EAST GRID 08100

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 8081
N 5006



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

4/30/87

location as per staked

68' casing (2' above)

? 1' open

= 22 bags cement found at site

H2O sample taken

C 1 | 2343 | 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 38089

DATE Received

DATE WELL COMPLETED 04 30 87

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HG-81-2083

OWNER WHITE (last name) ALEXANDER (first name)

STREET OR RFD TRIADELPHIA MILL ROADS TOWN DAYTON

SUBDIVISION SABINE PROPERTY SECTION LOT 5

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
Top Soil	0	2	
Clay	2	5	
Shaley	5	12	
Mica schist	12	50	
Mica	50	70	
Sand Stone	70	72	✓
Mica & Flint Mixed	72	400	

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

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 2600

GALLONS OF WATER 130

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 57 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST 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	60

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	HO	58 to 400
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40

WHEN PUMPING 59

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 EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above / − below LAND SURFACE 2 (nearest foot)

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

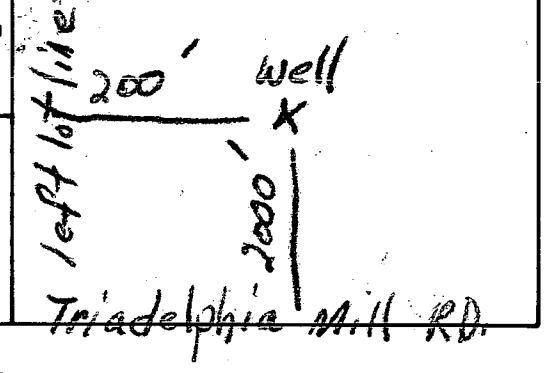
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)



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

RN-2243 1365- PASS [illegible]

TURN ACROSS from #13780

Page ____ of ____ Thur

Date 4-30-87 1:30

Review ok [illegible] 5/18/87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2008

Location of property (road) TRIADELPHIA MILL ROAD

Subdivision SABINE PROPERTY Lot 5 Block ____ Plat ____ Sec. ____

Well Driller G. EASTERDAY Owner WHITE, ALEX

Depth of well 400 1 GPM

Distance of measuring point (M.P.) above ground 2 ft.

Static water level (S.W.L.) below M.P. 40 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 2:45 Pumping rate 12 gpm

Total time 45 ft to reach pumping water level 259 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
3:00	135'		N/A	12 gpm
3:15	203'		Pump at 300 ft	12 gpm
3:30	259'	40 SEC		1 1/3 gpm
3:45	255'	35 SEC	R Hansen	gpm 1 1/4
4:00	261'	60 SEC		1 gpm
4:15	243'	35 SEC		gpm 1 1/4
4:30	241'	35 SEC		gpm 1/4
4:45	240'	35 SEC		1/4
5:00	239'	30 SEC		2 gpm
5:15	239'	30 SEC		2 gpm
5:30	239'	30 SEC		2 gpm
5:45	239'	30 SEC		2 gpm
6:00	240'	30 SEC		2 gpm
6:15	240'	30 SEC		2 gpm
6:30	240'	30 SEC		2 gpm
6:45	240'	30 SEC.		2 gpm
7:00	240'	30 SEC		2 gpm
7:15	240'	30 SEC		2 gpm
7:30	241'	30 SEC.		2. gpm
7:45	241'	30 SEC		2 gpm
8:00	242'	30 SEC		2 gpm
8:15	242'	30 SEC		2 gpm.
8:30	241'	30 SEC		2 gpm
8:45	242'	30 SEC		2 gpm
9:00	242'	30 SEC		2 gpm

Result [illegible]

on Back

9:15	242'	30 SEC	2 gpm
9:30	242'	30 SEC	2 gpm

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

12-2-87 pm anytime

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 # 40450
Date 11/9/87

Name of Installer Allen M. Van Sant, Inc Telephone 442-2221

License number 1862
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Alex White Telephone ____
Subdivision Sabine Property Lot # 5 Well tag # HO-81-2008
Site Address 13710 Trinidad Dolphin Mdwd.
Charles Dale Md. 21029

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible Yes
2. Make Gould
3. Model # 5ES07412
4. Capacity 5 GPM

Motor
1. Horsepower ¾
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Hamund
2. Model # ____
3. Depth 3 Ft

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 ✓

Tank
1. Capacity 42
2. Pressure relief valve? Yes

Piping
1. Type #160
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3 Ft

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ 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.
(see note on back)

Signature of Applicant: [signature]

Date: 11/05/87

12/1/87 OK TO COVER OUTSIDE WORK PRESSURE TANK NOT YET INSTALLED RJ

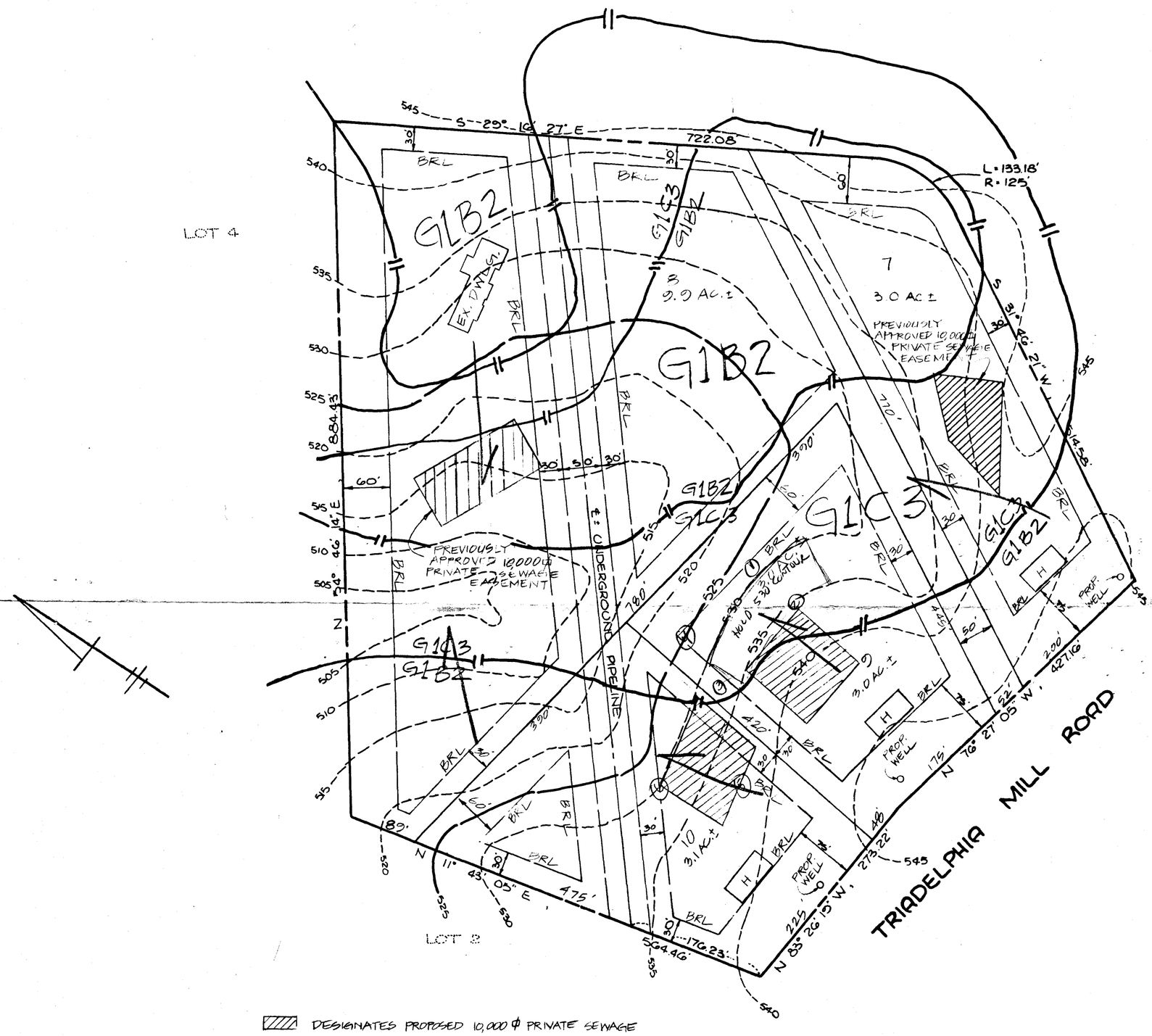
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

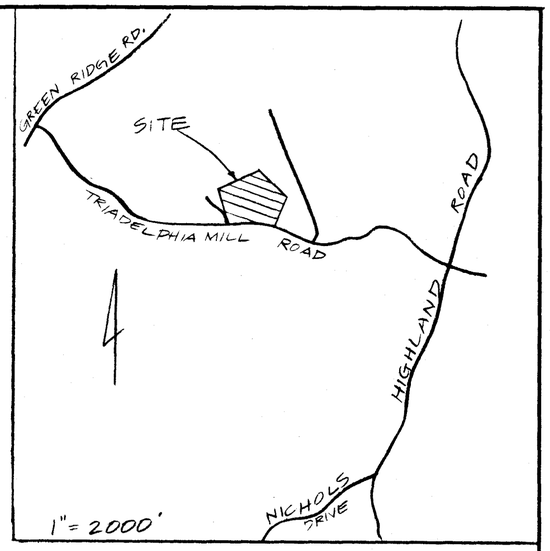
7-26-89

Mike Kastner of Allen M. VanSant, Inc. called to report that pitless adaptor, well line and wire had been installed by him and was inspected by Health Department on 12-2-87. According to Mr. Kastner the owner had a friend install the pump tank and connected it to the interior plumbing.

Mr. Kastner wanted to go on the record as not being responsible for the plumbing inside the house.

J. Nadeau





▨ DESIGNATES PROPOSED 10,000 ϕ PRIVATE SEWAGE EASEMENT UNLESS NOTED.

H DESIGNATES PROPOSED HOUSE SITE.

PERC TEST PLAT

SABINE PROPERTY

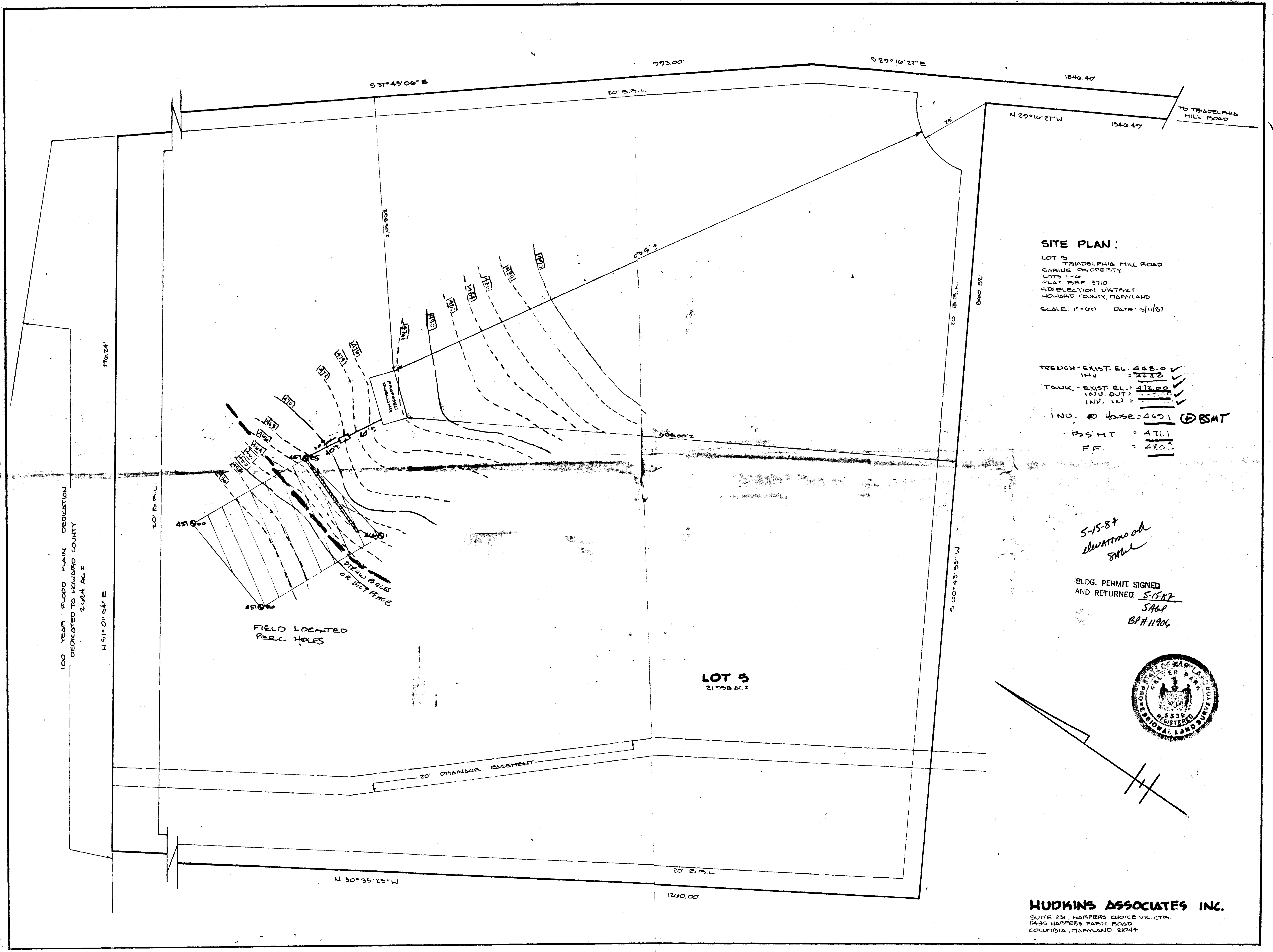
LOTS 7~10

A RESUBDIVISION OF LOT 3
PLAT NO. 3710

ELECTION DISTRICT : 5TH
COUNTY : HOWARD
SCALE: 1" = 100'
DATE: 5-17-86

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLICOTT CITY, MD. 21043
(301) 461-9563

86-128


SITE PLAN:
LOT 5
TRIADELPHIA MILL ROAD
SABINE PROPERTY
LOTS 1-6
PLAT REF. 3710
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 60'
DATE: 5/11/87
TRENCH - EXIST. EL. 468.0
INV = 464.0
TANK - EXIST. EL. 473.00
INV. OUT
INV. IN
INV. @ HOUSE = 469.1 @ BSMT
BSMT = 471.1
F.F. = 480
5-15-87
elevations ok
BLDG. PERMIT SIGNED
AND RETURNED 5-15-87
BP# 11906
PROFESSIONAL LAND SURVEYOR
REGISTERED
LOT 5
21.958 AC.±
20' DRAINAGE EASEMENT
20' B.R.L.
S 37°43'06" E
993.00'
S 29°16'27" E
1846.40'
N 29°16'27" W
1346.40'
TO TRIADELPHIA MILL ROAD
S 60°43'33" W
860.82'
N 30°35'25" W
1260.00'
776.24'
N 57°01'34" E
100 YEAR FLOOD PLAIN DEDICATION
DEDICATED TO HOWARD COUNTY
2.624 AC.±
PROPOSED DWELLING
FIELD LOCATED PERC HOLES
STRAW BALES OR SILT FENCE
HUDKINS ASSOCIATES INC.
SUITE 231, HARPERS CHOICE VIL. CTR.
5485 HARPERS FARM ROAD
COLUMBIA, MARYLAND 21044
WHITE