

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 46901

A 35451

DISTRICT 5th

DATE 3/7/91

DATE SYSTEM APPROVED 5/28/91

INSPECTOR RH

Oskar Schulz, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 93, Highland, Maryland 21771 PHONE 531-2000

SUBDIVISION Waterford LOT 25 ROAD 13310 Wicklow Place

PROPERTY OWNER SPC, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

225 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 375

OK TO RELOCATE LOWER TRENCHES
TO EAST SIDE OF LOT - OUTSIDE OF PENC AREA.
SUGGESTIONS OF WATER TABLE PROBLEMS
AT LOW END OF PLATTED SEPTIC AREA
5/21/91 CUNDELL

TRENCHES - 225 sq. ft. per bedroom. Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 270 feet up the right (446.47) lot line and 90 feet off the same lot line as seen when facing the lot from Wicklow Place. Run trenches on contour toward the right and left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/26/90 PLANS OK RH

PLANS APPROVED BY Sidney Abel cm DATE 08/18/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

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

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

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

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

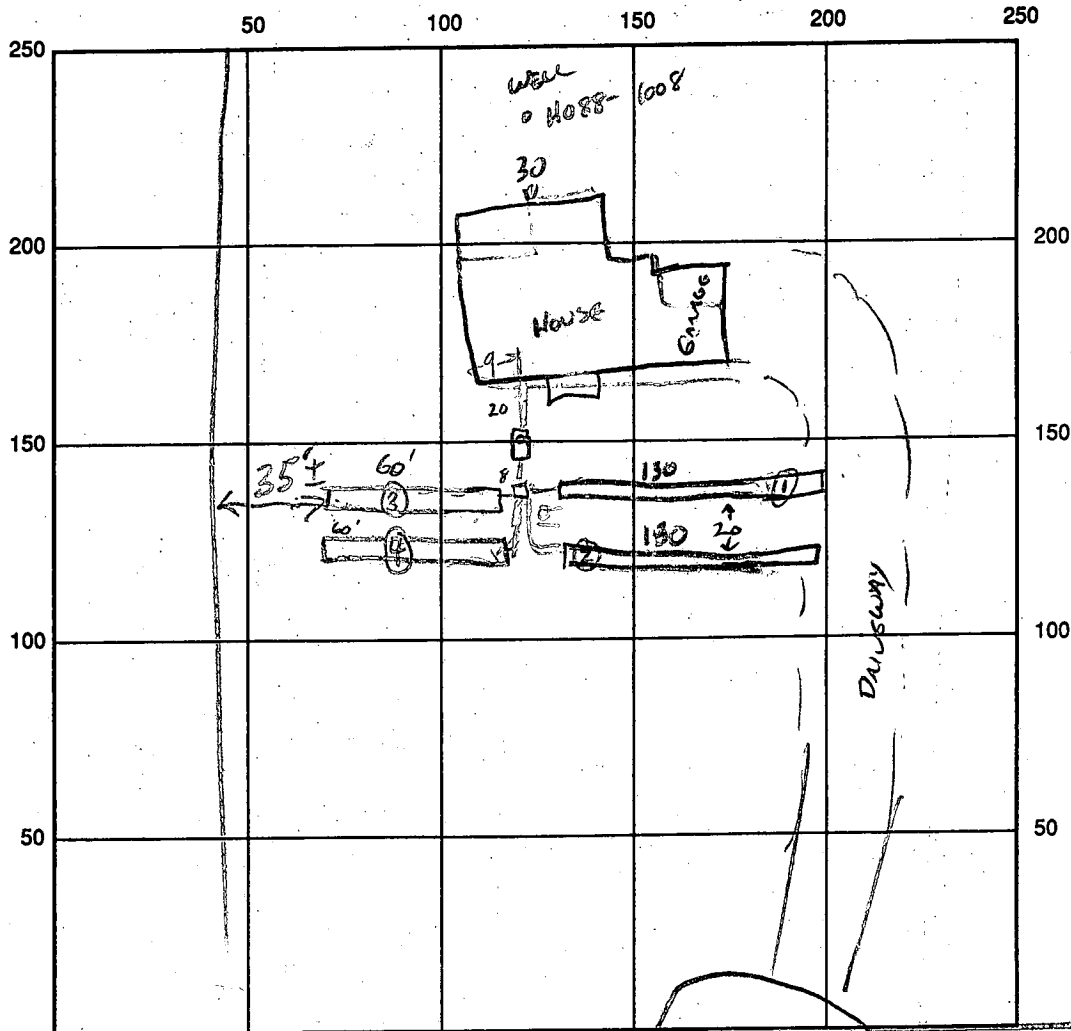
OLD PERMITS SIGNED

NEW PERMITS 12/12/01

BO 0133409

SUNROOM

A 35451



375
-260
115
66

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

WICKLOW PLACE

SEPTIC TANK LEVEL 1500 GAL

CLEANOUTS MANHOLE ON TANK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 130 FT. 60 60 130 130

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 390 SQ. FT. 60 130 130

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

ABSORBENT AREA 1140 SQ. FT.

1140 SQ. FT.
TOTAL
1126 SQ. FT.
NEED 50

REMARKS: 5/21/91 TWO TRENCHES OK TO STONE 130' LONG, 5' DEEP, C.W.

5/23/91 4 TRENCHES OK FOR STONE

5/28/91 TRENCHES OK R/H

DATE SYSTEM APPROVED 5/28/91

INSPECTOR Raymond Hodges

APPLICATION

35457
A 34902

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-85

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~~ Developer - Highland Development Corp. SFC, Inc
ADDRESS 13690 Nichols Drive 3368 Brantley Court 442-1153
WATERFORD Glenwood Md 21728 PHONE 531-5539
PROPERTY LOCATION: Huntington Manor Section #2 LOT 23 ON P-88-61
SUBDIVISION Huntington Manor Estates LOT NO. LOT 8 LOT 25 Final
ROAD AND DESCRIPTION Brighton Dam Pk. 13310 Wicklow Place

SIZE OF LOT 3 Acres TYPE BLDG. SINGLE FAMILY
(NUMBER OF 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. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow test field DATE 4-1-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-7-85 PERC SATISFACTORY; HOLD FOR FURTHER WET SEASON TEST; HOLD FOR CERTIFIED

Subdivision PLAT. SAME - SHALLOW SYSTEM BLDG. PERMIT, SIGNED 12/17/90
AND RETURNED Serial # 35568 - SFD
5 Bedrooms

THIS IS NOT A PERMIT

APPLICATION

35451
A 34907

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-05

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~~ Developer - Highland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: Huntington Manor

SUBDIVISION HUNTING MANOR ESTATES LOT NO. 5

ROAD AND DESCRIPTION BRIGHTON DAM Rd.

SIZE OF LOT 3 Acres TYPE BLDG. SINGLE FAMILY

(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

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: 992-2330

35454
A 34904

P _____

DISTRICT 5

DATE 1-25-85

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 Developer - Highland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: Huntington Manor Sec 2 WARDEN

SUBDIVISION HUNTINGTON MANOR ESTATES LOT NO. 5

ROAD AND DESCRIPTION Bickham Dam Rd.

SIZE OF LOT 3 ACRES TYPE BLDG. SINGLE FAMILY
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

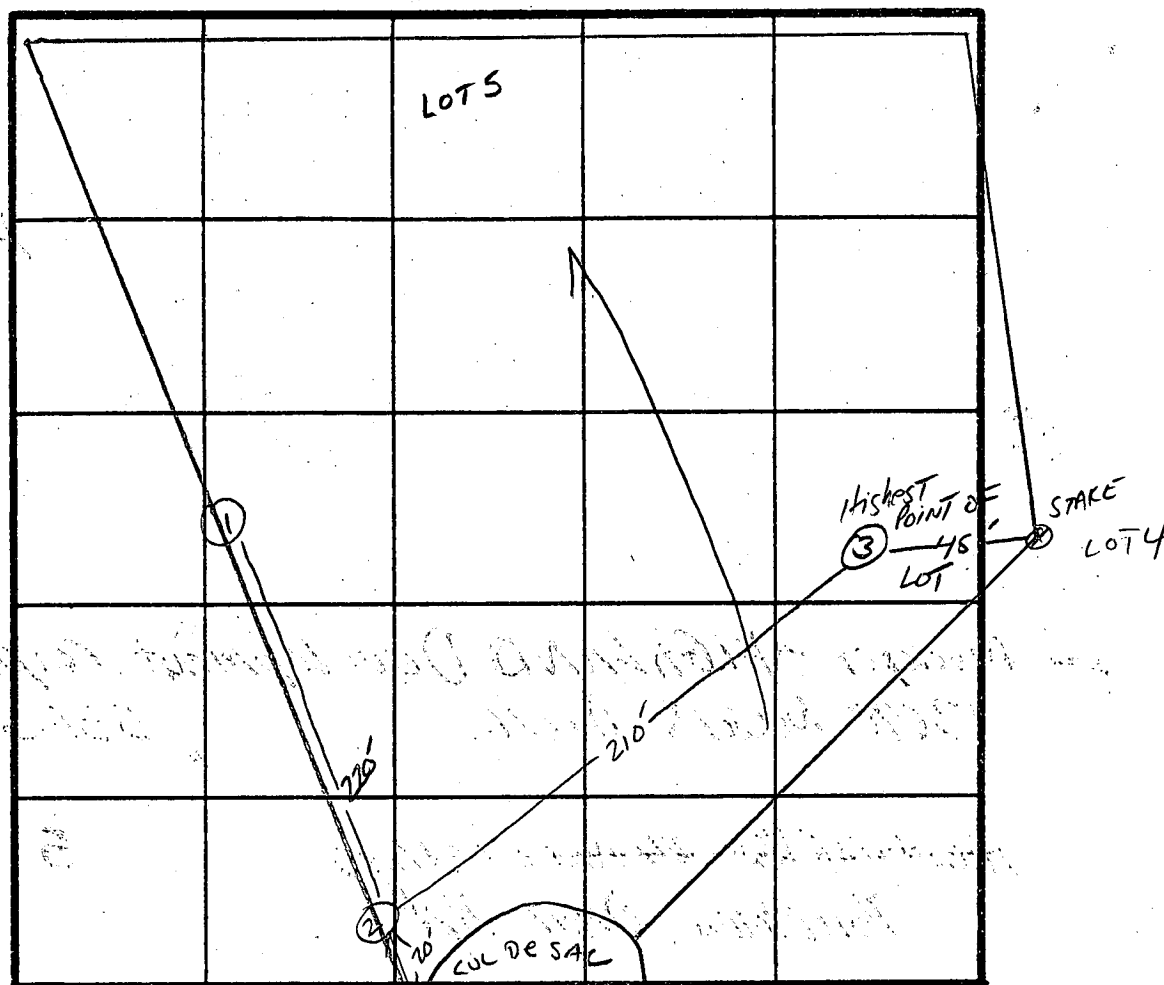
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-8-85 PERC UNSATISFACTORY; WATER HAZARD WITH MOTTLING
TO HIGHEST POINT OF LOT. HOLD FOR CERTIFIED SUBDIVISION PLAT - SAME

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

101-346-44
BRIGHTON DAMM. REL

[illegible]

REMARKS WATER/CLAY HAZARD INSUFFICIENT HIGH AREA TO TEST

TYPE OF SOIL _____

TESTED BY S. Hux ALSO PRESENT

EH-12-1079

APPLICATION

35454
A 34904

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-85

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 Developer - Highland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: Huntington Manor

SUBDIVISION ~~Huntington Manor~~ BLAINE ESTATES LOT NO. LOT 25

ROAD AND DESCRIPTION Bickham Dam Rd.

SIZE OF LOT 3 ACRES TYPE BLDG. SINGLE FAMILY
(NUMBER OF 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. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

35453
~~94489~~
A 34903

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-85

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 Developer - Highland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: Huntington Manor Sec. 2 WATERFORD

SUBDIVISION Huntington Manor Estates LOT NO. 8 LOT 35

ROAD AND DESCRIPTION Brighton Dam Rd.

SIZE OF LOT 3 Acres TYPE BLDG. Single Family
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
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(SIGNATURE OF APPLICANT)

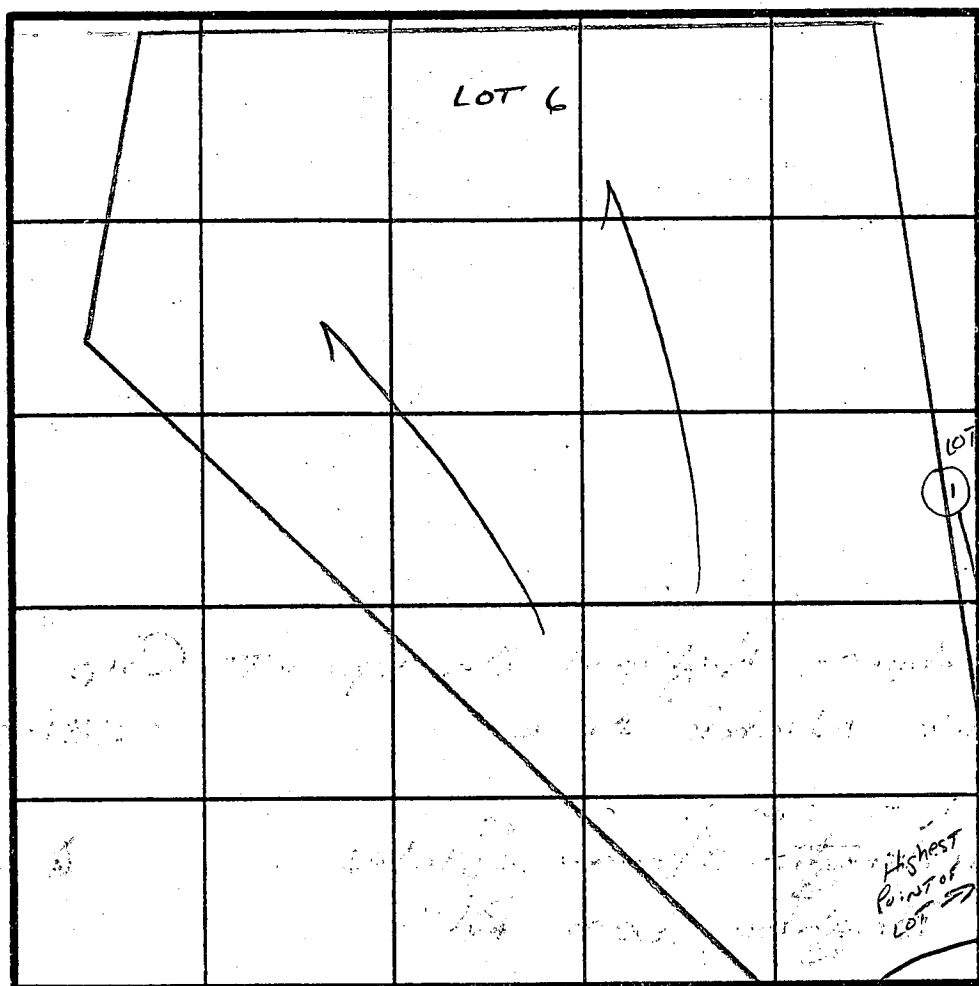
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-8-85 PRC. UNSATISFACTORY; WATER HAZARD WITH MOTTILING
TO HIGHEST POINT OF LOT. HOLD FOR CERTIFIED SUBDIVISION PERM

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Brighton Dam Rd.

[illegible]REMARKS WATER HAZARD: INSUFFICIENT HIGH AREA TO TEST

TYPE OF SOIL _____

TESTED BY SAbul ALSO PRESENT Terry, Danny, Les

APPLICATION

35453-
~~944459~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34903

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-85

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 Developer - Highland Development Corp

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: Huntington Manor

SUBDIVISION Huntington Manor Estates LOT NO. X LOT 35

ROAD AND DESCRIPTION Brighton Dam Rd

SIZE OF LOT 3 Acres TYPE BLDG. Single Family

(NUMBER OF BEDROOMS) 1

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

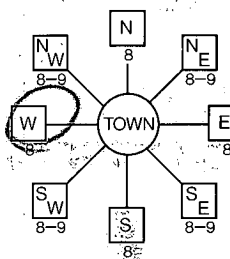

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

B 1 <div style="font-size: 2em; font-weight: bold; margin: 5px;">2263</div> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(DP USE ONLY)</small>	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40-88-1008 </div> <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 070689 </div>		B 3 LOCATION OF WELL 40.00 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> HOWARD </div> <small>8 COUNTY</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> WATERFORD </div> <small>23 SUBDIVISION</small> SECTION 002 LOT 25 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CLARKVILLE </div> <small>42</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CLARKVILLE </div> <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) 2 MI <small>73 76 77 78</small>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SEILER LARRY </div> <small>15 Last Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 13312 ROYDEN CT </div> <small>56 Street or RFD</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ELICOTT CITY MD 21043 </div> <small>57 Town 70 State 72 Zip 76</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD WICKLOW PL. <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 400 <small>34 37</small> ENTER FT or MI FT <small>38 39</small>	
DRILLER INFORMATION George F. Easterday <small>Driller's Name</small> L. Franklin Easterday, Inc. <small>Firm Name</small> 9265 Brown Church Rd., MT. Airy, Md. 21771 <small>Address</small> <i>George F. Easterday</i> <small>Signature</small> 6/30/89 <small>Date</small> 40 <small>77 License No. 80</small>		B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>			
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <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 <input type="checkbox"/> other _____			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 40-88-1008 <small>54 63</small> FORCE SA <small>WRITE INITIALS IN BOX</small> PERMIT No. 40-88-1008 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 10/6/89 P.M. - Well Grout Well after a well abandon outiller on a different lot. 20 # Bags of cement/well 49' Casing 1 1/2" 32' Well grout open. 2' Casing above ground & above ch. C. Rd. </div>			

1123

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-35451

(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

100589

22 200 26
(TO NEAREST FOOT)40-88-1008
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

last name

first name

TOWN

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

Top Soil 0 2
 B1 shale 2 30
 Sand stone 30 55
 Gray Mica 55 62
 B1 Mica 62 64
 Gray Mica 64 80
 B1 Mica 80 81
 Gray Mica 81 126
 Sand stone 126 130
 Gray Mica 130 175
 Opening 175 176
 Gray Mica 176 200

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT **CM**BENTONITE CLAY **BC**

NO. OF BAGS 20

NO. OF POUNDS 2000

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (to nearest foot)

 from 0 ft. to 32 ft.
 (enter 0 if from surface)
casing
types
insert
appropriate
code
below

CASING RECORD

ST**CO**

STEEL CONCRETE

PL**OT**

PLASTIC OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)**ST****1****49****70**E
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from to

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST**BR****HO**

STEEL

BRASS

OPEN

BRONZE

HOLE

PLASTIC

OTHER

C
2
1
2
3
E
A
C
H
S
C
R
E
E
N

DEPTH (nearest ft.)

ST**47****900****21****23****24****26****30****38****39****41****45****47****51****53****54****55****56****57****58****59****60****61****62****63****64****65****66****67****68****69****70****71****72****73****74****75****76****77****78****79****80****81****82****83****84****85****86****87****88****89****90****91****92**

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
WELLI 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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W O

70

72

74

75

76

TELESCOPE

LOG

OTHER DATA

CASING

INDICATOR

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 3

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

METHOD USED TO
MEASURE PUMPING RATE 1.1 +

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 56

TYPE OF PUMP USED (for test)

A air**P** piston**T** turbine**C** centrifugal**R** rotary**O** other
(describe
below)**J** jet**S** submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES **NO**IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE (to nearest-gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)**1** above**2** below

LAND SURFACE (nearest foot) 2

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)

COUNTY

INVOICE NO.

6951

Permit

35568

CERTIFICATE OF ANALYSIS

WATER TESTING LABORATORIES OF MARYLAND, INC.

Annapolis - Timonium - Severna Park - Elkton

TOLL FREE: 1-800-635-0645

ANNAPOLIS: (301) 269-7755

BELAIR: (301) 838-8411

ELKTON: (301) 398-2413

SEVERNA PARK: (301) 647-7737

TIMONIUM: (301) 628-2855

WESTMINISTER: (301) 876-2035

FIELD RECORD

Sample Source:

13310 WICKLOW PL.

CLARKSVILLE, MD.

SCHULTE BLDER.

Well No. HO-88-1008

This Sample Was Taken From a Tap On The
Property by Water Testing Laboratories of
Maryland, Inc.

Construction

Satisfactory ☒Unsatisfactory ☐Not Determined ☐

Bottle No. 6951

Collector

Y. Melhart 89-039-M

community ☐non-community ☐private ☒

Date 10-16-91

Time 10:00

Iced

yes ☒no ☐

pH 6.8

Free Cl 0

Total Cl 0

County How

LABORATORY RECORD

Presumptive Bacteriological Test

ml. of Sample	10ml.				
Gas, 24 hours	-	-	-	-	-
Gas, 48 hours	-	-	-	-	-

Confirmed Bacteriological Test

ml. of Sample	10ml.				
Coliforms	-	-	-	-	-
Fecal Coliforms	-	-	-	-	-

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
0.35	NONE	3.8					

Received: Date 10-17-91 Time 8:00 PM

Examined: 10-17-91 8:00 PM

Reported: 10-19-91 9:00 AM

Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate

Present ☐Absent ☐

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

October 23, 1991

attention: Mr. OSKAR SCHULZ

OSKAR SCHULZ, INC.

P.O. BOX 93

Highland, Maryland

21771

owner: JERRY THOMPSON
PER CRISS-CROSS
3/3/94

RE: LOT 25-WATERFORD

13310 WICKLOW PLACE

HO-88-1008

Dear Mr. OSKAR SCHULZ,

Clarksville 21029

This is to advise you that the septic system was installed, inspected and approved on May 28, 1991

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-1008. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department with six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample

October 16, 1991

Date Well Approved

October 16, 1991

Charles B. Streaker
Approving Authority
Charles B. Streaker, Sanitarian
Water and Sewerage Program

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration**

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehlen Joseph, Ph.D., Director

015457

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Non-Transient	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Check Sample	<input type="checkbox"/>
Special	<input type="checkbox"/>

Source MS KATHY THOMPSON-Kitchen Tap
 Location: 13310 WICKLOW PLACE
 Iced: Yes ☒ No ☐ am. ☒
 Treated Yes ☐ No ☒ Time Collected 11:05 pm. ☐
 Collector # _____ Bottle No. #BC619
 Collector Name B. Canning County HOWARD

13

County

Plant No.

Sampling
Station

4/13/94

Date Collected

pH

7.0

Res. Cl: Free

00

Total

00

Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☐ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF TEST*

ml. of Sample	10 ml.
Gas. 24 hours	<u>---</u>
Gas. 48 hours	<u>---</u>

CONFIRMED MTF TEST

ml. of Sample	10 ml.
Coliforms †	<u>---</u>
Fecal Coliforms ‡	<u>---</u>

No. of Pos.
<u>0</u>

PRESUMPTIVE P/A TEST*

ml. of Sample	100ml.
Gas. 24 hours	<u>---</u>
Gas. 48 hours	<u>---</u>

CONFIRMED P/A TEST

ml. of Sample	100ml.
Total Coliforms †	<u>---</u>
Fecal Coliforms ‡	<u>---</u>

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____

† Verified Total Coliforms/100ml. (Membrane Filter) = _____

‡ Verified Fecal Coliforms/100ml. (Membrane Filter) = _____

Heterotrophic Plate Count §/ml. = _____

** using m Endo-Agar LES at 35° C incubation

* using Lauryl Sulfate Trypticase Broth at 35°C incubation

† using Brilliant Green Lactose Bile Broth at 35°C incubation

‡ using EC Broth at 44.5°C incubation

§ using Plate Count Agar at 35°C incubation

Laboratory

Date & Hour

Annapolis ☐

Cumberland ☐

Cambridge ☐

Frederick ☐

Central ☒

Salisbury ☐

Cheverly ☐

Exam

Remarks

Rept.

Bacteriologist

County - Copy



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
April 20, 1994

Ms. Kathy Thompson
13310 Wicklow Place
Clarksville, MD 21029

RE: Waterford S/D, Lot 25
13310 Wicklow Place
Well Permit #HO-88-1008

Dear Ms Thompson:

This is to advise you that the septic system was installed, inspected and approved on May 28, 1991.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) #HO-88-1008.

Date of Final Sampling: April 13, 1994
Date of Acceptance: April 20, 1994

Approving Authority

Charles Streaker, R.S.

Charles Streaker, R.S.
Water and Sewerage Program

Water Sample Dates: October 16, 1991 and April 13, 1994

CS/brl

cc: file

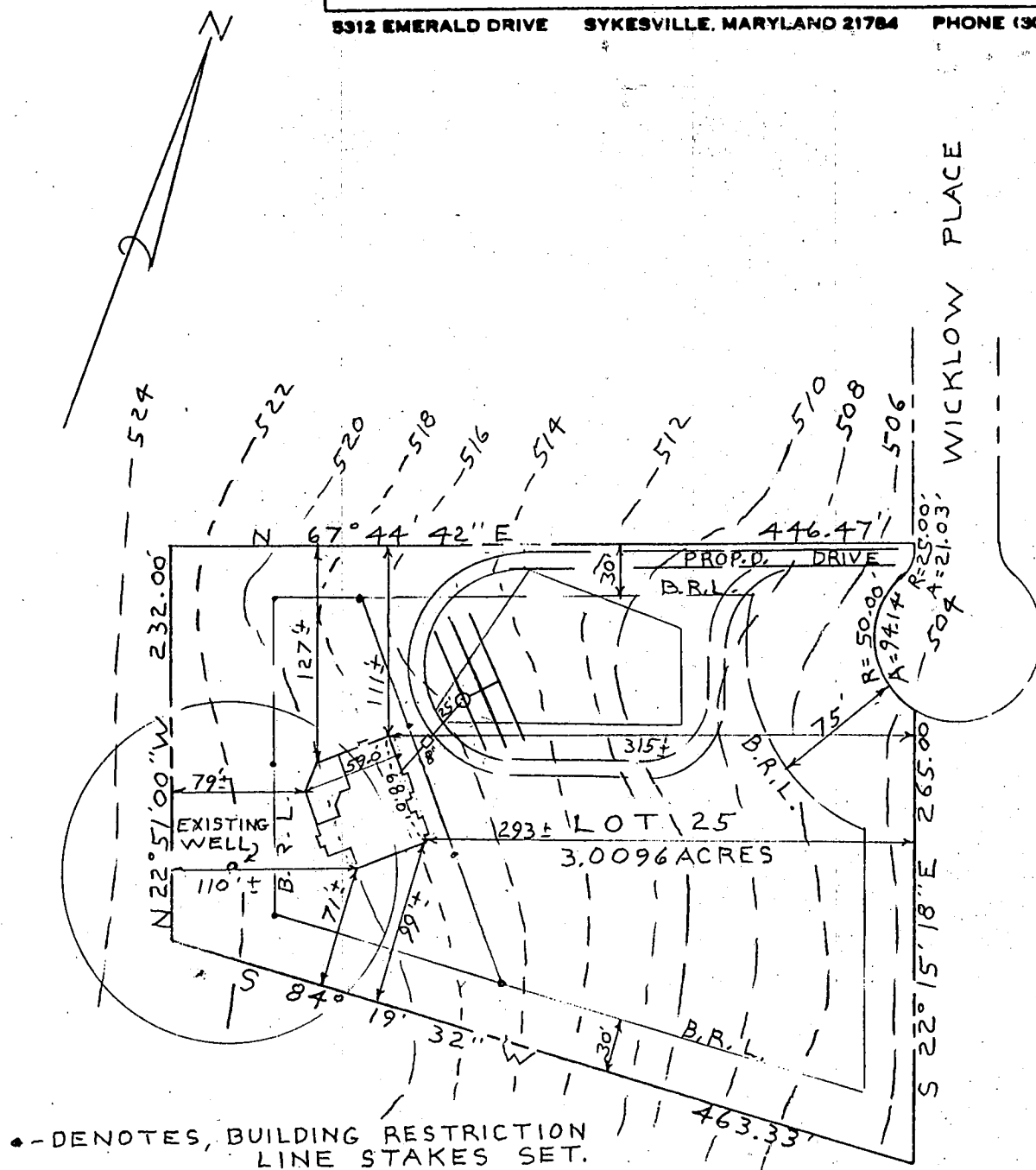
William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE

SYKESVILLE, MARYLAND 21784

PHONE (301) 795-2210



225
5
1125

PLOT PLAN

LOT 25, WICKLOW PLACE
WATERFORD SECTION 2
PLAT NO. 8613
ELECTION DISTRICT 5
HOWARD COUNTY MARYLAND

SCALE: 1" = 100'

EXIST, GRN. AT DISTR. BOX	515.50
INV. IN DISTR. BOX	512.00
INV. OUT OF SEPTIC TANK	512.40
INV. INTO SEPTIC TANK	512.80
INV. OUT OF DWELLING	513.10
FIRST FLOOR ELEV.	523.00
CELLAR ELEV.	514.00
WELL ELEV.	522.20
NO. OF BEDROOMS	3
ACREAGE	3.0096 ACRES

DRAWN: NOVEMBER 19, 1990
REVISED: NOVEMBER 27, 1990



5 P6
BUILD

I CERTIFY THE ABOVE MEASUREMENTS
AND ELEVATIONS ARE ACTUAL AND
CORRECT FOR THIS PROPERTY.

signed William E. Doyle

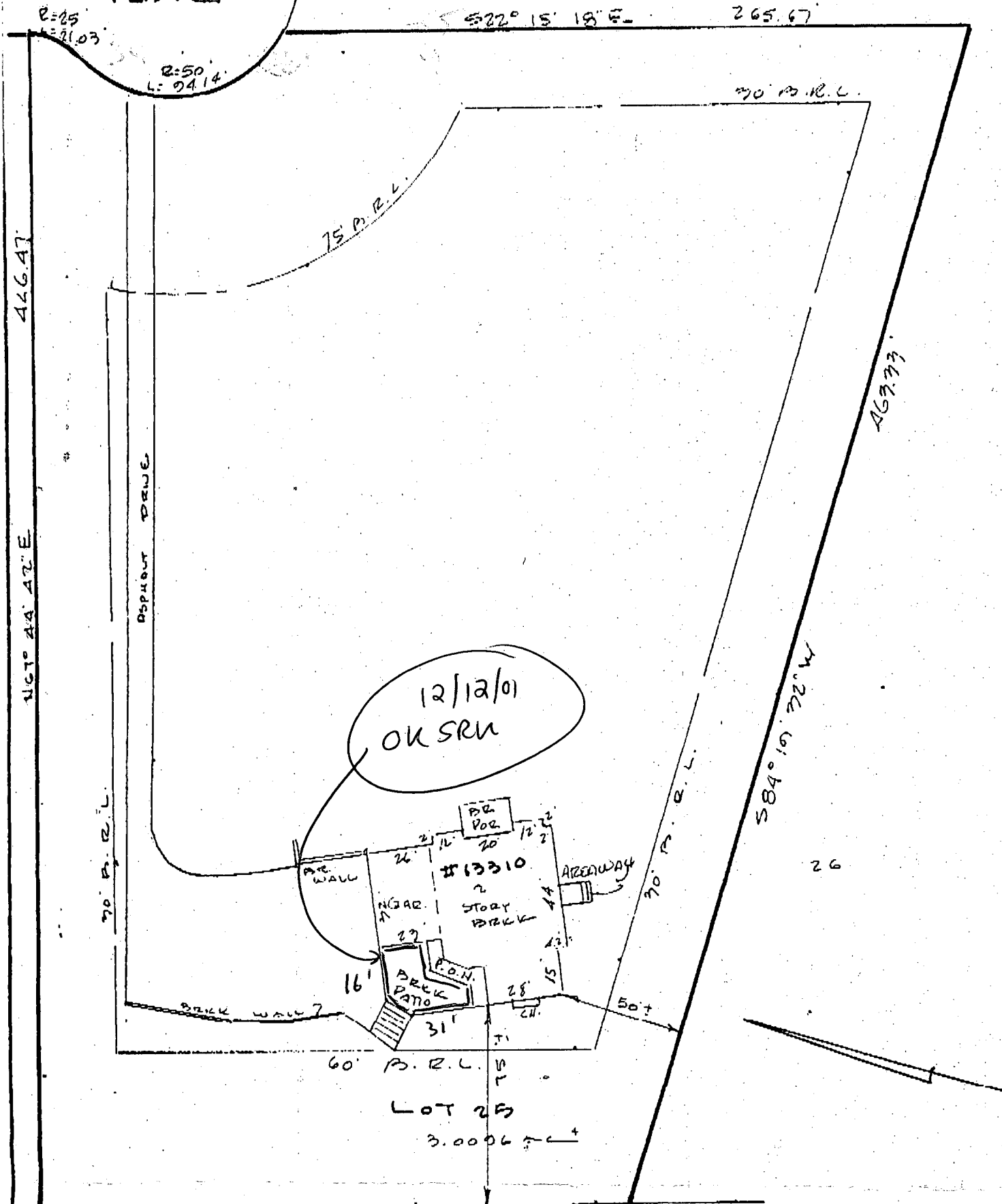
PLANS OK TO PROCEED

12/17/90 CWL

FILE NO. 369-6

Property known as **LOT 25 WATERFORD**
SECTION 2 PLAT 8613
5TH ELECTION DISTRICT THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY
LINES OR CORNERS.
HOWARD COUNTY, MD

WICK LOW
PLACE



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION

SEAL

SCALE 1"=50' DATE 3-25-1992

This is to certify that I have surveyed
the property known as: 13310

WICKLOW PLACE

for the purpose of locating the improvements thereon, and the improvements are located as shown.



LAND DESIGN ENGINEERING, INC.
SUITE 210 10620 GUILFORD ROAD
JESSUP, MARYLAND 20794

880-0034 (BALT) 604-6264 (WASH)
604-6735 (FAX)