

LAYOUT 5/20/03 11 AM INSP 4 5/29 2 PM
 INSP 2 5/21/03 1 PM INSP 5 _____
 INSP 3 5/28 3 pm p4A INSP 6 _____

ISSUE DATE: 1/27/2003
 APPROVAL DATE: 5/29/03

**PERMIT
INDEXED**

04-315545

P 518521
 A 50278

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: Condon/Franklin Property LOT NUMBER: _____

ADDRESS: 420 Woodbine Road PROPERTY OWNER: Nelson Condon

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box approximately 50 feet downhill of the highest corner easement stake and 10 feet from the 464.71' lot line.
NOTES:	Try to maintain 100' of separation between the septic tanks and the neighboring wells. 100' of separation between HO-94-3396 and the septic tanks is not possible. The cistern should be filled with dirt.

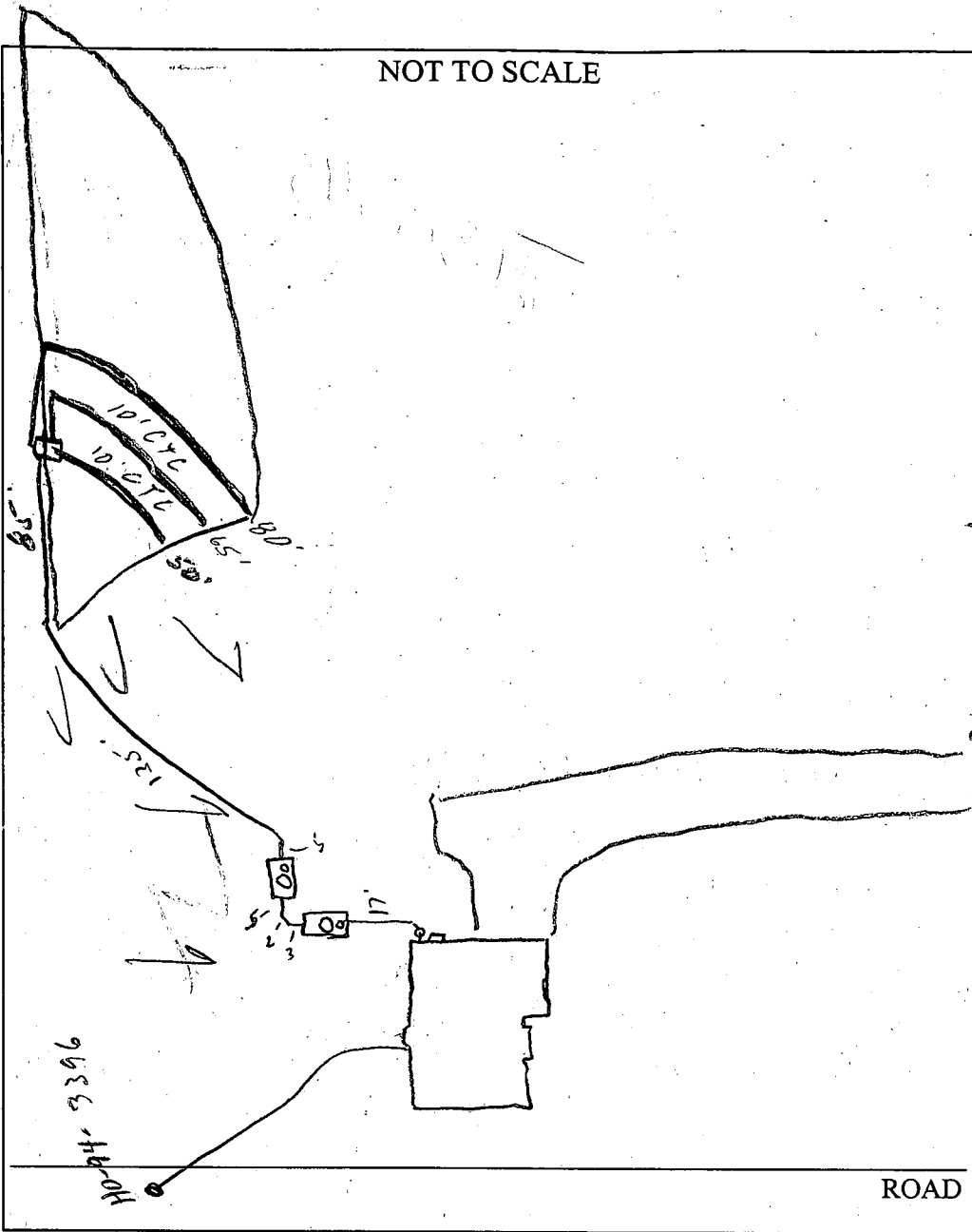
PLANS APPROVED: Brian Baker *OK 12/16/02 (SO)* DATE: 7/30/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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 50278

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3.5'	7.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		195'
ABSORPTION AREA		780 ϕ
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5-3.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Back
WATERTIGHT TEST	<input checked="" type="checkbox"/>

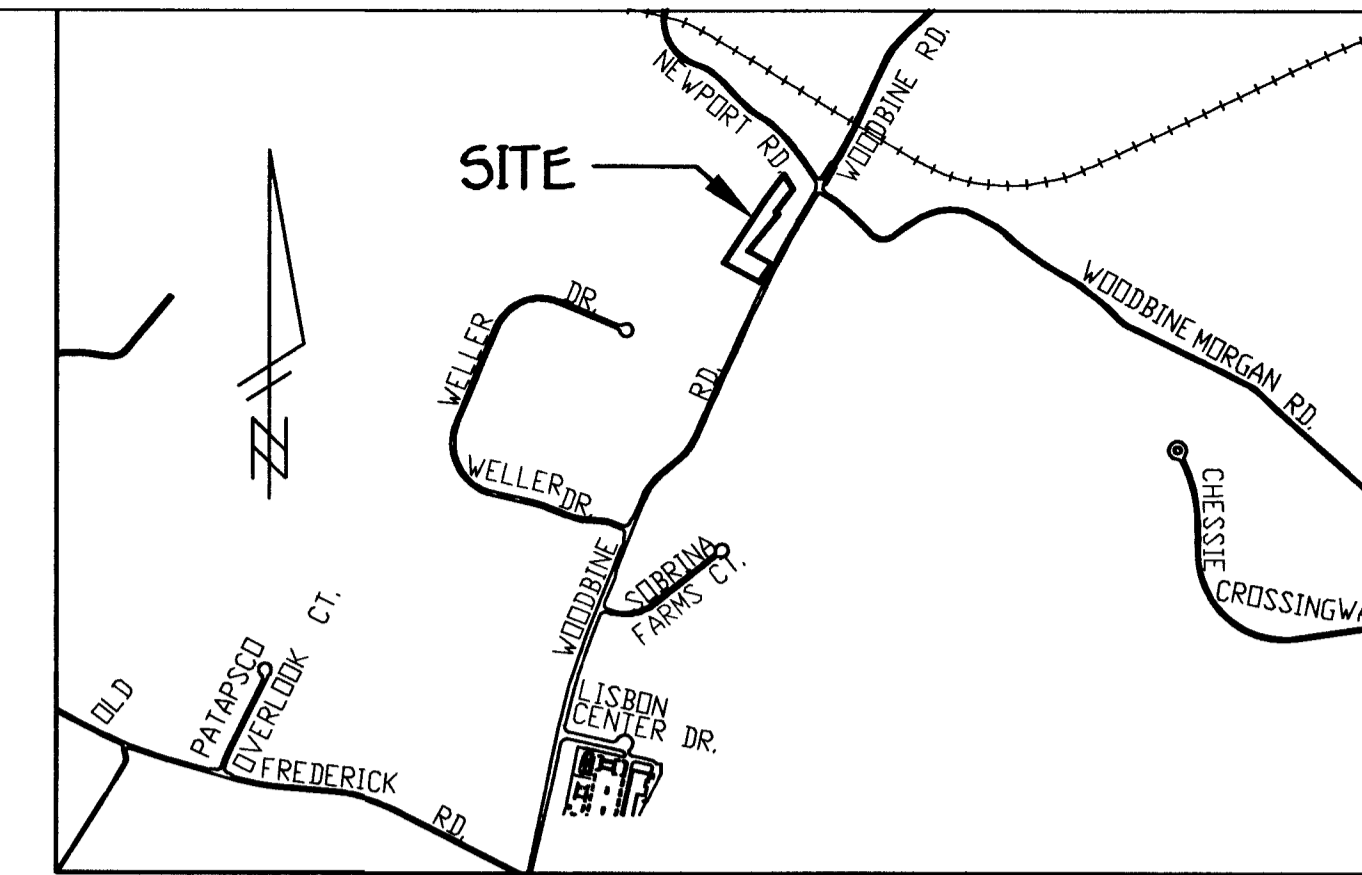
PRE-CONSTRUCTION 5/20/03 SRA Staked, contours accurate. ST 75' from own well, 100' from adj. wells. Layout per B.P. (SO)

INSTALLATION 5/20/03 Trenches installed OK to cover
 Cistern filled in (SO) 5/21/03 - S.T. & P.T. set (SO)
 5/28/03 No electric (SO) 5/29/03 Pump & Alarm OK (SO)

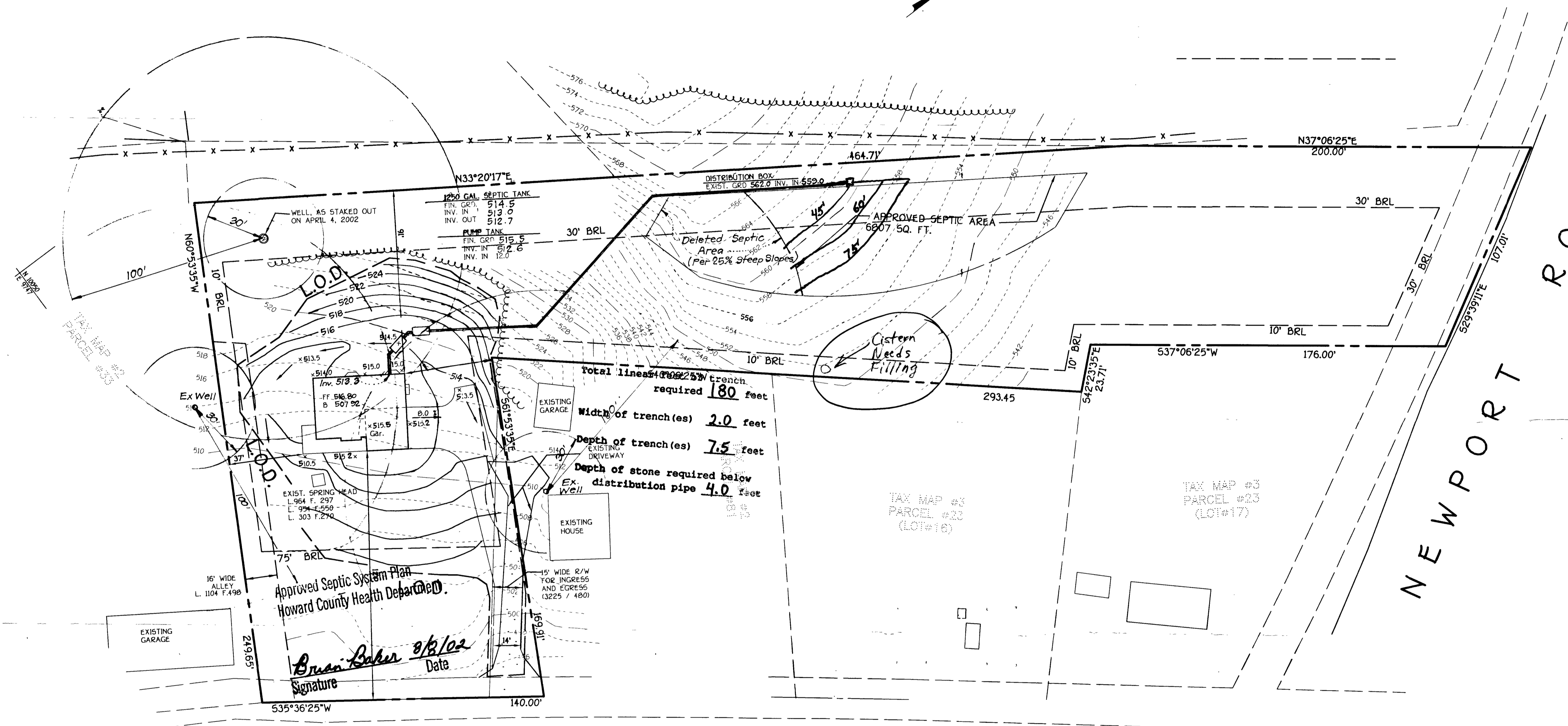
FINAL INSPECTOR [Signature] DATE OF APPROVAL 5/29/03

50/65/80
195

LEGEND	
Symbol	Description
---	Existing Contour 2' Interval
---	Existing Contour 10' Interval
---	Proposed Contour 2' Interval
L.O.D.	Limit Of Disturbance
• 624	Spot Elevation
---	Existing Tree Line
FF	First Floor Elevation
BE	Basement Elevation



VICINITY MAP
SCALE: 1"=200'



WOODBINE ROAD
M.D. RTE. # 94

NEWPORT ROAD

- GENERAL NOTES**
- SUBJECT PROPERTY IS ZONED: RC-DEO
 - TOTAL AREA OF SITE: 1.254 AC. ±
 - TOTAL AREA OF DISTURBANCE: 16,942.73 SQ. FT.
 - LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
 - CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
 - TOTAL SQUARE FOOTAGE FOR THE SEPTIC AREA SHOWN IS 10,176 sq. ft. ±
 - EXISTING TOPOGRAPHY WAS FIELD RUN BY FISHER, COLLINS AND CARTER INC. ON APRIL 5, 2002.

Bruce Baker 8/8/02
Signature Date

Approved Septic System Plan
Howard County Health Department

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



SITE DEVELOPMENT PLAN
PARCELS 01, 233 AND 243
THE FRANKLIN PROPERTY
TAX MAP No: 2
FOURTH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: MAY, 2002
SHEET 1 OF 1

No	Rev	Description	Date
1	Rev	Septic Area and Plumbing Per Ho. Co. Health Dept	7-10-02
		REVISIONS	Date

August 8, 2002

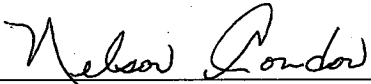
Howard County Environmental Health
Well & Septic Program
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

Re: Nelson Condon Property
420 Woodbine Road
Tax Map 2, Parcel 81, 233 & 243

To Whom It May Concern:

I, Nelson Condon, the owner and future resident of the above referenced parcels, request a variance from the Code of Maryland Regulation, that requires wells to be 100 feet from a septic tank.

It is understood that due to site specific problems, the septic tanks will be less than 100 feet from the property's well. I also understand that if the property is sold, any future residents will be informed of this variance.



Nelson Condon



Date

10/12/94
10/60

APPLICATION

MAP. 2
P. 81 P233
gd18

PERCOLATION TESTING

A 50278

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

EXISTING 1 ACRE LOT
NO KNOWN PREVIOUS
TEST HISTORY
(CW)

DISTRICT _____

DATE 9/15/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER NELSON EDDY CONDO

ADDRESS 5845 WOODBINE RD WOODBINE MD 21797 PHONE (210) 795-3137

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #19

ROAD AND DESCRIPTION NWS. RT. 94 AT WOODBINE RD
ENTER FROM LOT #40 PATAPSCO OVERLOOK

TAX MAP 2 PARCEL # _____

SIZE OF LOT 1 AC. 1 R. 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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

50278

COUNTY #

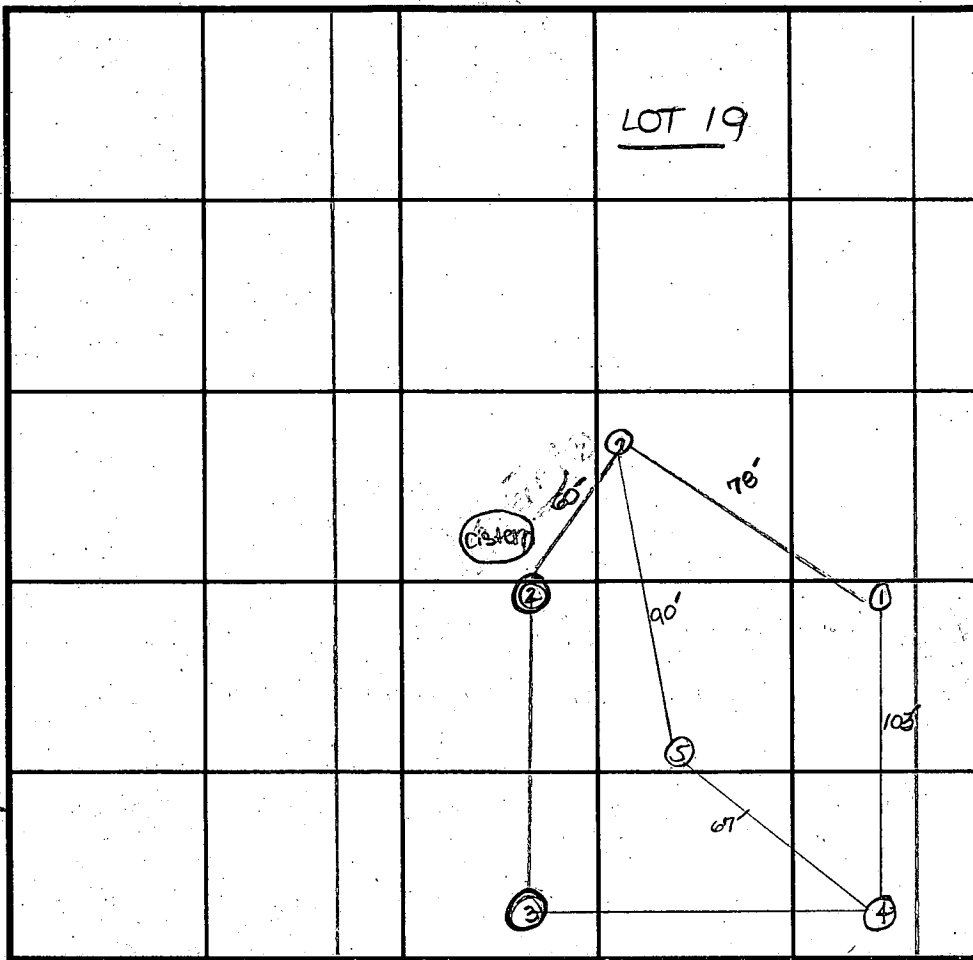
SOIL PROFILE

0' ①
topsoil
1' lt or br cl / m
3-4' tan to lt or br silty / sandy / m
5-10% rock frags

Woodbine Road

0' ④
topsoil
1' or br cl / m
3-4' lt or red br silty sandy / m
6' rock frags
10% rock frags

0' ③ ②
topsoil
or red br cl / m
2'-3' heavy shale



SOIL PROFILE

0' ⑤
topsoil
1' or red br cl / m
3' tan to lt or br sandy / silty / m
5-10% rock frags

135
180
345
40
LO

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-12-94	①	4.0' S	10:28 ₃₀	10:30	10:30	10:32 ₂₀	③
		7.0' M	10:29 ₃₀	10:31	10:31	10:37	6
		11.5' D	See profile				
	④	4.0' S	10:40	10:42 ₂₀	10:42 ₂₀	10:45	③
		7.0' M	10:39 ₃₀	10:40 ₃₀	10:40 ₃₀	10:41 ₃₀	1
		Repair	10:45	10:46	10:46	10:47 ₃₀	1.5
		11.0' D	See profile				
	3	11.0' D	See profile - not tested				FALL
	2	11.0' D	"	"	"	"	FALL

REMARKS

TYPE OF SOIL

TESTED BY D. Soe ALSO PRESENT owner, Pagle's men

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH

INLET DEPTH 3.5' MAXIMUM BOTTOM DEPTH 7.5' SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 60 278

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Nelson Edely Condon

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 19

ROAD AND DESCRIPTION _____

TAX MAP 2 PARCEL # _____

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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.

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REASONS FOR REJECTION OR HOLDING _____

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SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

50278

COUNTY #

SOIL PROFILE

⑦

0' topsoil

1' H. or br
cl lm

3' H. red or
br to tan
silty
sandy lm

5% rock
frags

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	
10-12-94	5	3.5' S	11:14	11:15	11:15	11:17	2
		6.5' M	11:13 ₃₀	11:14 ₃₀	11:15 ₃₀	11:20	5
		11.0' D	See profile				
	7	4.0' S	11:39	11:41	11:41	11:46	5
		6.5' M	11:38	11:41	11:41	11:48	7
		11.0' D	See profile				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

10/12/94
10/60

APPLICATION

PERCOLATION TESTING

A 50278

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

EXISTING 1 ACRE LOT
NO KNOWN PREVIOUS
TEST HISTORY
(CW)

DISTRICT _____

DATE 9/15/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER NELSON EDDY CONDOL

ADDRESS 5845 WOODBINE RD WOODBINE MD 21797 PHONE (410) 795-3137

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #19

ROAD AND DESCRIPTION NWS. RT. 94 AT WOODDALE RD
ENTER FROM LOT #4 PATAPSCO OVERLOOK

TAX MAP 2 PARCEL # _____

SIZE OF LOT 1 AC. 1 R. TYPE BLDG. SINGLE FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

50278

COUNTY #

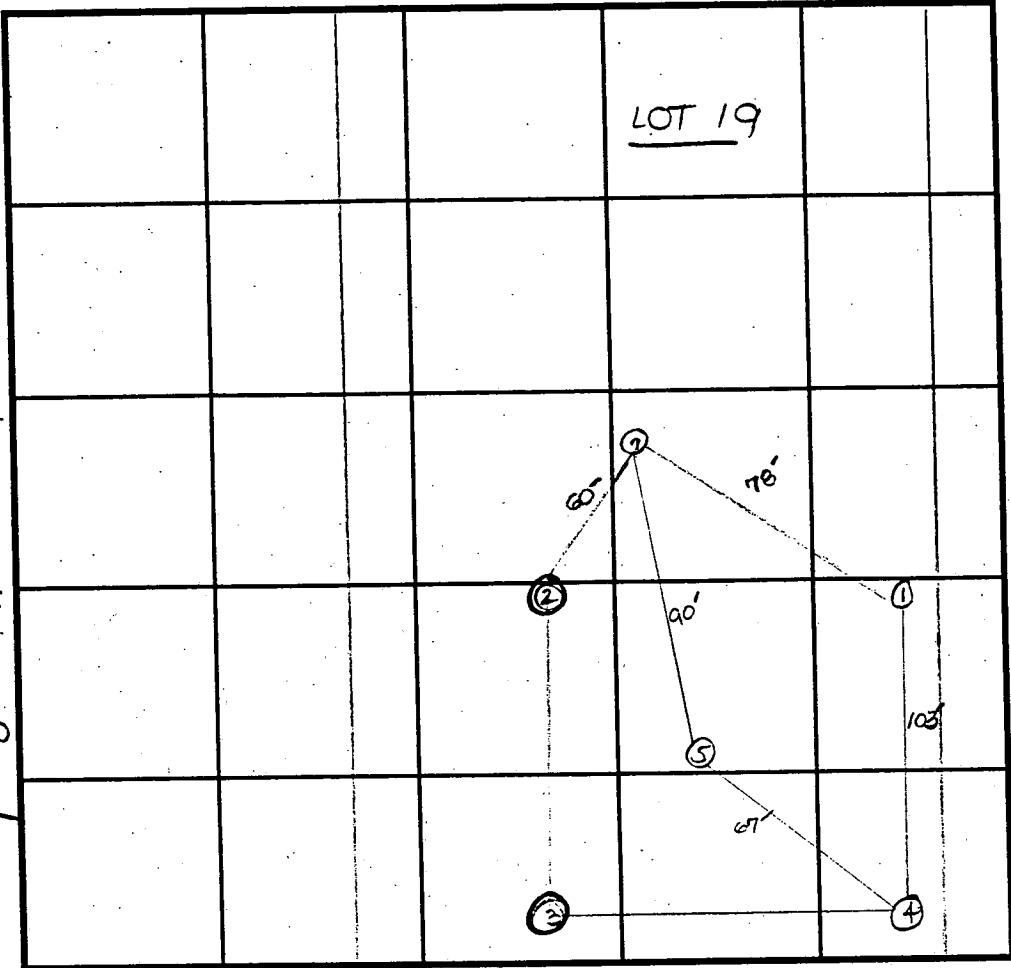
SOIL PROFILE

0' topsoil
 1' lt or br cl / lm
 3-4' tan to lt or br silty sandy lm
 5-10% rock frags

Woodbine Road

0' topsoil
 1' or br cl / lm
 3-4' lt or red br silty sandy / irr
 6' rock frags
 10% rock frags

0' topsoil
 or red br cl / lm
 2-3' heavy shale



SOIL PROFILE

0' topsoil
 1' or red br cl / irr
 3' tan to lt or br sandy silty / irr
 5-10% rock frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
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		7.0' M	10:29 ₃₀	10:31	10:31	10:37	6
		11.5' D	see profile				
	4	4.0' S	10:40	10:42	10:42	10:45	3
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		Repair	10:45	10:46	10:46	10:47 ₃₀	1.5
		11.0' D	see profile				
	3	11.0' D	see profile - not tested				FALL
	2	11.0' D	"	"	"	"	FALL

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT owner, Fogle's m.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH _____

INLET DEPTH 3.5' MAXIMUM BOTTOM DEPTH 7.5' SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 50 278

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Nelson Eddy Condon

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 19

ROAD AND DESCRIPTION _____

TAX MAP 2 PARCEL # _____

SIZE OF LOT 1 acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

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REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

50278

COUNTY #

SOIL PROFILE

⑦

0' topsoil

1' H or br. c l m

3' H red or br to tan silty sandy m

5% rock frags

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	
10-12-94	5	3.5' S	11:14	11:15	11:15	11:17	2
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		11.0' D	See profile				
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REMARKS _____

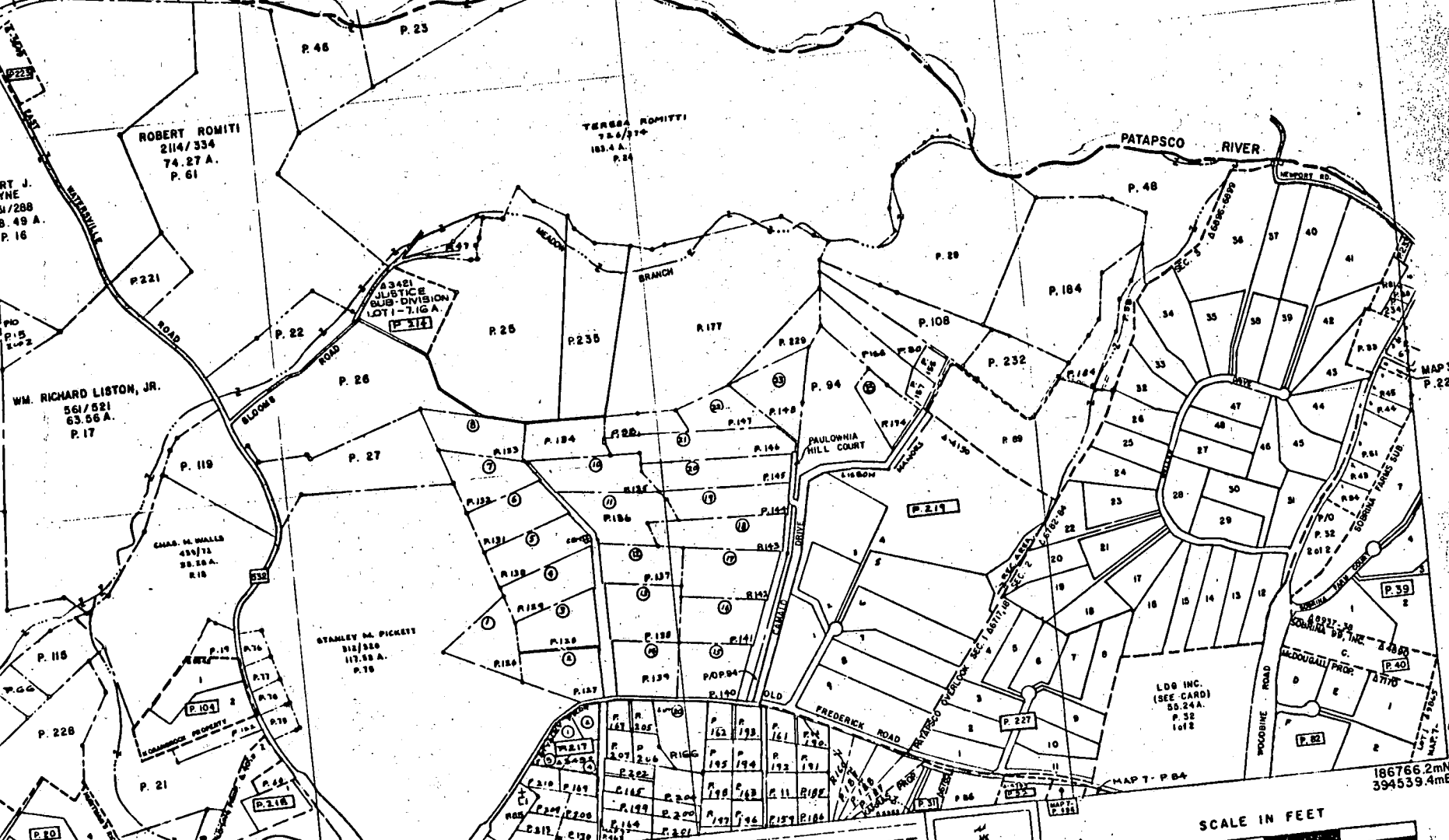
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

CARROLL COUNTY



55

552

DEPT. OF ASSESSMENTS & TAXATION
PROPERTY MAP DIVISION

THE INFORMATION SHOWN HEREON HAS BEEN COMPARED FROM DEED DESCRIPTIONS AND IS NOT AN ACTUAL SURVEY. IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS. LEGAL NOTING ERRORS ARE USED TO NOTIFY DEPARTMENT OF ASSESSMENTS & TAXATION.

PROPERTY LINE
SUB-DIVISION BOUNDARY - Z 14 - Z
CONTINUING OWNERSHIP - P. 349 (ASSIGNED TO IDENTIFY AND INDEX OWNERSHIP MUST BE PRECEDED BY MAP NUMBER)

SCALE: 1" = 600'

BY LLM
DATE DEC 92
LIBR 2728

PHOTO 55-2
A 55-2A

QUADRANGLE A.D. 4



779

SCALE IN FEET
0 600 1200 1800

MAP NO. 2

764-552

186766.2mN
394539.4mE

773

7

HOWARD COUNTY, MARYLAND

RIVER

FALLS ROAD

FROM
FCE
PEAC PLAT
JAN 1995

FOR NELSON
CONDON

500

525

50'

PROPERTY OF
ROBERT L. AND JACQUELYN KULF
1537/64

EXISTING WELL
TO REMAIN

EXISTING SYSTEM
TO BE ABANDONED
PRIOR TO ISSUANCE
OF SEPTIC SYSTEM PERMIT

B.R.L.

15'

MIE

PROPERTY OF
LEE CONDON
112/447

EXISTING WELL
TO REMAIN

PROPERTY OF
HARRISON MARTHA JANE
1104 / 428

500

LOT 19
1140 AC±

15'

B.R.L.

550

525

100'

B.R.L.

50'

GMB2

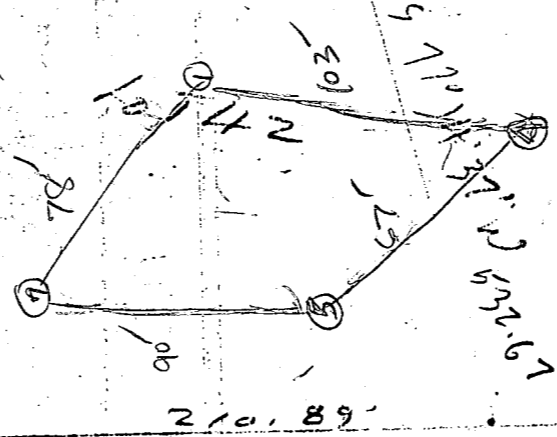
ROAD

WOODBINE

147° 36' 25" E 501.07

LOT 43

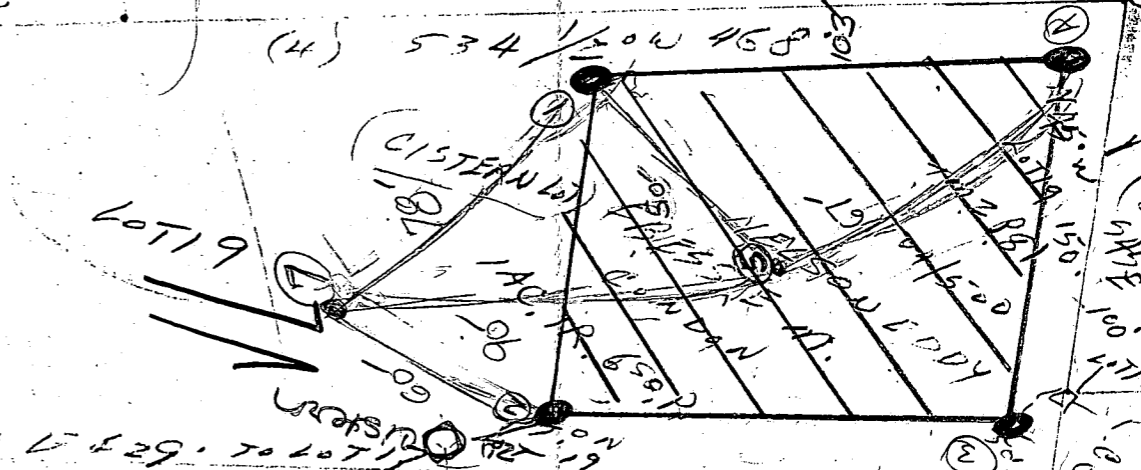
NOT TO SCALE



PERK TEST ROAD CONDO LOT #19
WOODDAINE RD - NO OTHER WELL OR
SEPTIC WITHIN 100'
Nelson E. Lovelace
9/15/94

2) S 30 1/4 W (28 P.)
462'
84607 9345

POB, 1104500
C&S NEED W/ALY PICKETT
DMS 4-82°



100' ALLEY
PICKETT LOT
W/IST LINE
N 37 1/2 W 140'
537 1/2 W 140'
ALLEY 140'

LOT 19
WOODDAINE RD
EXISTING HOUSE
LEVEL CONDO
LOT 15
TM 2 P 80
112/447
108/465 (DESCR)
7850 P. ± Rd.

LOT 16
1537/064
3d. PARCEL 145'
9950 P. ± Rd.
N 34 1/2 E
125.00'

440 WOOD BURNERD.
DAVID J. DAIGLE
3 A C X

18131136
POB C. COARD LOT
PICKETT LOT
TM 2 P. 33

LOT 14
88 SQ. P. ±
R/W L. 303 F. 270
L. 954 F. 550 82%

468.6

END OF 31' W
LINE 517' W
FROM ADJUTANT
PLAT

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Techno magic Plmb + Htg Telephone #: 410-761-6454
Address: P.O. Box 200
Lea Grove, MD 21640

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Boris Chazarain License # 12843

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Nickie London Telephone #: 410-295-387
Subdivision: Garden Heights Lot #: 1 Well Tag #: HO 22-3396
Site Address: 720 Washington Rd
Landover, MD 21157

Submittable Pump Data

Make: J&J 221
Model #: JSS 25270952
Pump Capacity: 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Singer's
Model #: PS 100
Depth: 2' (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.C.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 32 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: YES

Piping to house

Type: 1" PEX
PSI: 100 (100 psi min)
Depth of supply line: 2' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Boris Chazarain Date: 6-5-03

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 5/20/03 Date Insp. Approved: 5/20/03 50 SRK

Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 14504 SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER 13 A50278

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 05 10 09

Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK KN 10/10/09 HO-94-3396

OWNER 520 REW CUSTOM HOMES, INC. STREET OR RFD. Woodbine Rd TOWN WOODBINE SUBDIVISION Nelson Eddy Condom SECTION LOT 19

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets-if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 48

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) HO 46 180

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO Y 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. MS D 1112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

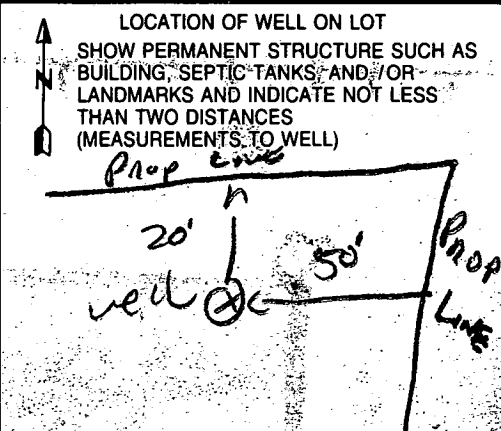
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 19 ft. WHEN PUMPING 50 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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) 31 35 PUMP HORSE-POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

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



B 1 8970

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3396

W516915 please print or type

fill in this form completely

Date Received (APA)

04 09 02

OWNER INFORMATION

REW Custom Homes Inc, 9991 PARSONAGE LN, New Windsor MD, 21776

B 3 LOCATION OF WELL

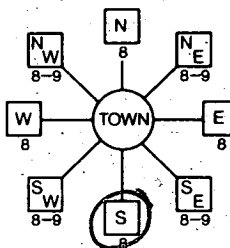
HOWARD COUNTY, Nelson Eddy Condom Prop, WOODBINE

MILES FROM TOWN (enter 0 if in town) 1

DRILLER INFORMATION

Ralph E. MAYNE M SD 117, Ralph E. MAYNE well DRILLING, 17024 Handy Rd, Mt Airy MD, 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WOODBINE RD, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



200, DISTANCE FROM ROAD, ENTER FT OR MI

TAX MAP: 2, BLK: PARCEL 81

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)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY, A50278, STATE SIGNATURE, DATE ISSUED 4/26/02, EXP. DATE 4/26/03, NORTH GRID 550 000, EAST GRID 780 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY, FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER, PERMIT No. HO-94-3396

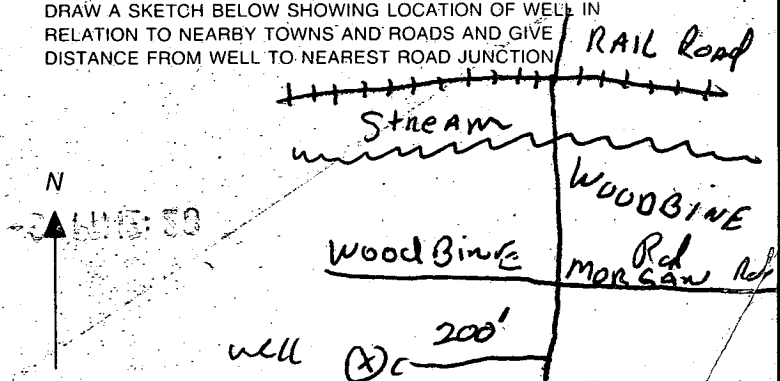
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X'

- SOURCES OF DRILLING WATER: 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780, N 550

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

