

6/23/99
12-1

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511948

A 50514-A

DISTRICT _____

DATE 6/18/99

DATE SYSTEM APPROVED 6/24/99

INSPECTOR BB

04-358910

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

D & W Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 3033 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-2195

SUBDIVISION Paragon Property LOT 1 ROAD 18550 Windsor Forest Road

PROPERTY OWNER Lawrence Haley

ADDRESS _____ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4 **7-14-05 B00154984-DEEK**

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - As seen when facing the lot from Long Corner Road, begin trenches 225 feet up the right (374.29') lot line and 40 feet off that same lot line. Run trenches on contour toward the right (374.29') lot line.

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

OK to have driveway over SW corner of septic area, contractor will give extra 6" gravel cover + geotextile fabric to give pipe support. 6/18/99 some change in db location OK as long as drain lines are in higher parts of septic area. 6/18/99

PLANS APPROVED BY Amy McMillen *OK* 3/10/1999 DATE 3-04-1999

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

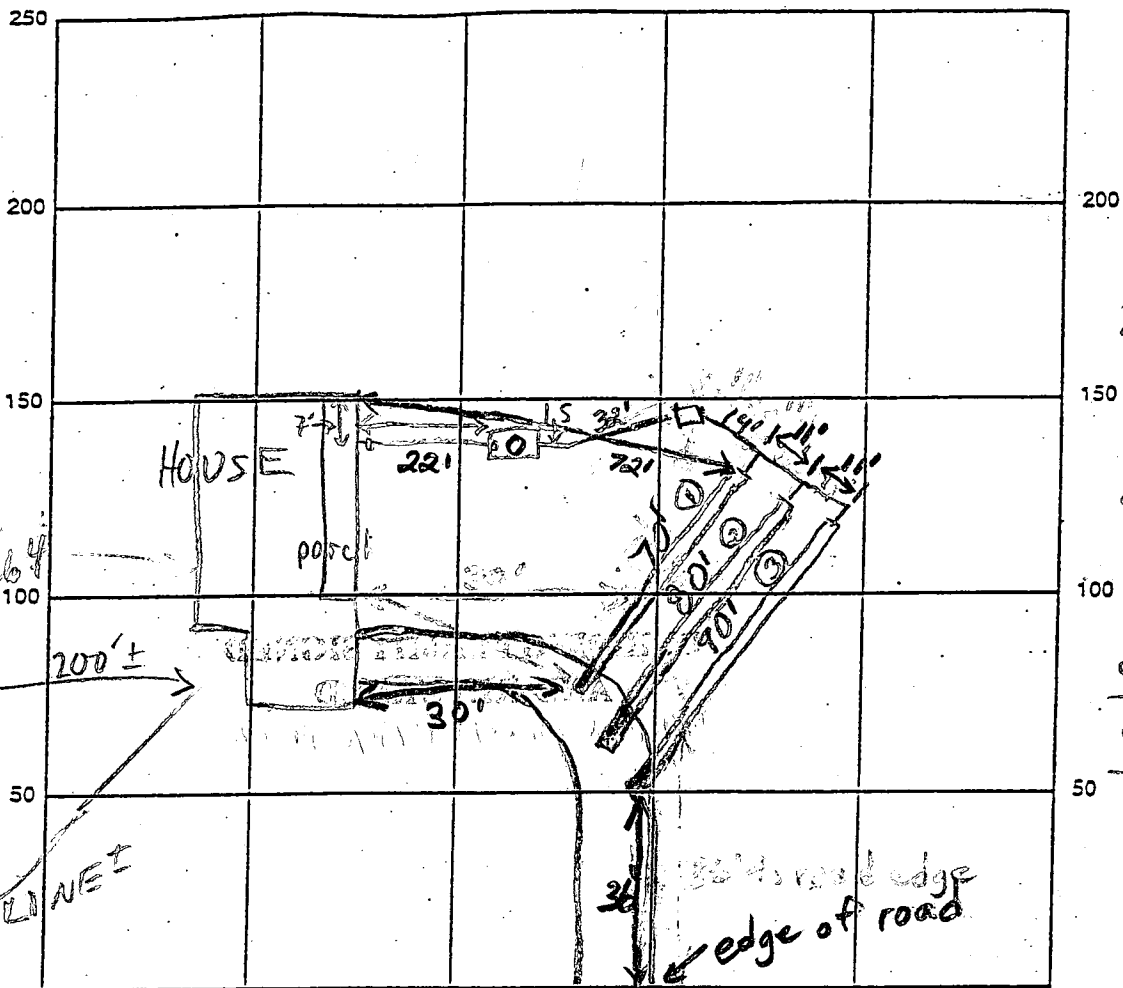
NOTE: INSTALL STAND PIPE ON SEPTIC AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 50514-A

50 100 150 200 250



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

WINDSOR FOREST RD

SEPTIC TANK LEVEL 1250 MIDSEAM

CLEANOUTS Manhole Riser + INLINE & S.T. - OK

DISTRIBUTION BOX LEVEL o.k.

DRAIN FIELD/TITLE DEPTH 4 1/2 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT.

TOTAL LENGTH 70-80-90 FT. (240)

NUMBER OF TRENCHES _____

ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/14/99 - WPI OK (BB) 6/21/99 VERIFIED TRENCH LAYOUT;
OK TO COVER TO D.B. (MR) Ends of trenches #1, 2, +3 have an extra
8" of gravel where driveway will overlap trenches. House connection
made. OK to cover everything. 6/24/99 (BB)

DATE SYSTEM APPROVED 6/24/99

INSPECTOR Brian Baker

APPLICATION

PERCOLATION TESTING

A 50514A

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 Taneytown Bank LAURENCE HALEY

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Design + Development / Mark Reich

ADDRESS 10805 Hickory Ridge Rd 21044 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Paragon Property LOT NO. _____

ROAD AND DESCRIPTION North West Corner of Windsor Forest + Long
Corner Rd.

TAX MAP 6 PARCEL # 82

SIZE OF LOT 1 acre ± TYPE BLDG. SFD - 4 Bm.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

LDG. PERMIT ~~NO~~
AND RETURNED 3-4-99
Senata Br 110935

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.

Mark Reich
(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

50514-A

LOT 16

COUNTY #

SOIL PROFILE

15

red
sil

2.5

lgt tan
sil
5%
decayed
shale

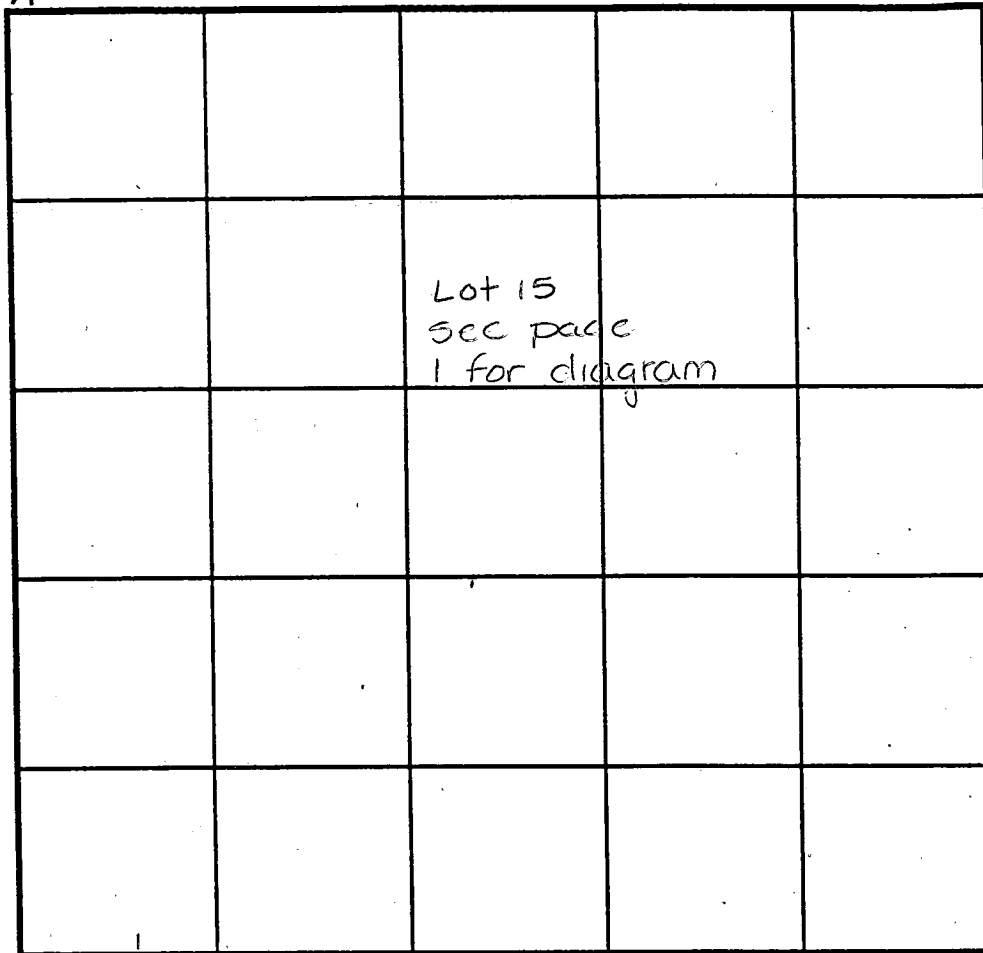
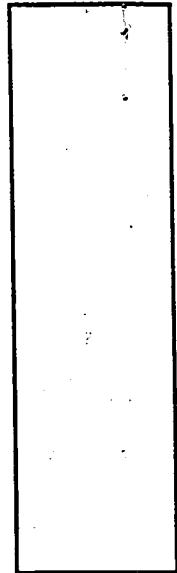
5'

yellow
tan
SL
5-10%
decayed
shale

10.5

SOIL PROFILE

0'



Lot 15
see page
1 for diagram

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-8-95	2	4' V11.5	10:14 ¹⁰	10:14 ²⁰	10:14 ²⁰	10:14 ⁴⁰	20 ^{sec}
	2	repour	10:16 ²⁰	10:17	10:17	10:18 ¹⁵	1 1/4 min
	2	repour	10:19	10:20 ²⁰	10:20 ²⁰	10:22 ¹⁵	1 3/4 min
	2	repour	10:23	10:24 ⁴⁵	10:24 ⁴⁵	10:27	2 1/4 min
3-9-95	16	3.5 V10.5	2:41 ³⁰	2:55	2:55	3:20	25 min
	16	7.5 V10.5	2:36	2:37 ³⁰	2:37 ³⁰	2:39	1 1/2 min
	16	repour	2:40	2:43	2:43	2:46 ³⁰	3 1/2 min
	16	repour	1:48	1:52	1:52	1:56 ⁴⁵	4 3/4 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMullen/Craig Williams ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 50514A

P _____

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

DISTRICT _____

DATE 2/10/95

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 Taneytown Bank

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Design + Development / Mark Reich

ADDRESS 10805 Hickory Ridge Rd PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Paragon Property LOT NO. 15

ROAD AND DESCRIPTION North West Corner of Windsor Forest + Long
Corner Rd.

TAX MAP 6 PARCEL # 82

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.

(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

50514A
COUNTY #

LOT 16

SOIL PROFILE

0' 1
Top soil
6' no defined clay layer white to yellow tan SL a lot of saprolite (decayed quartz) 15% shale (quartz)
11'

2

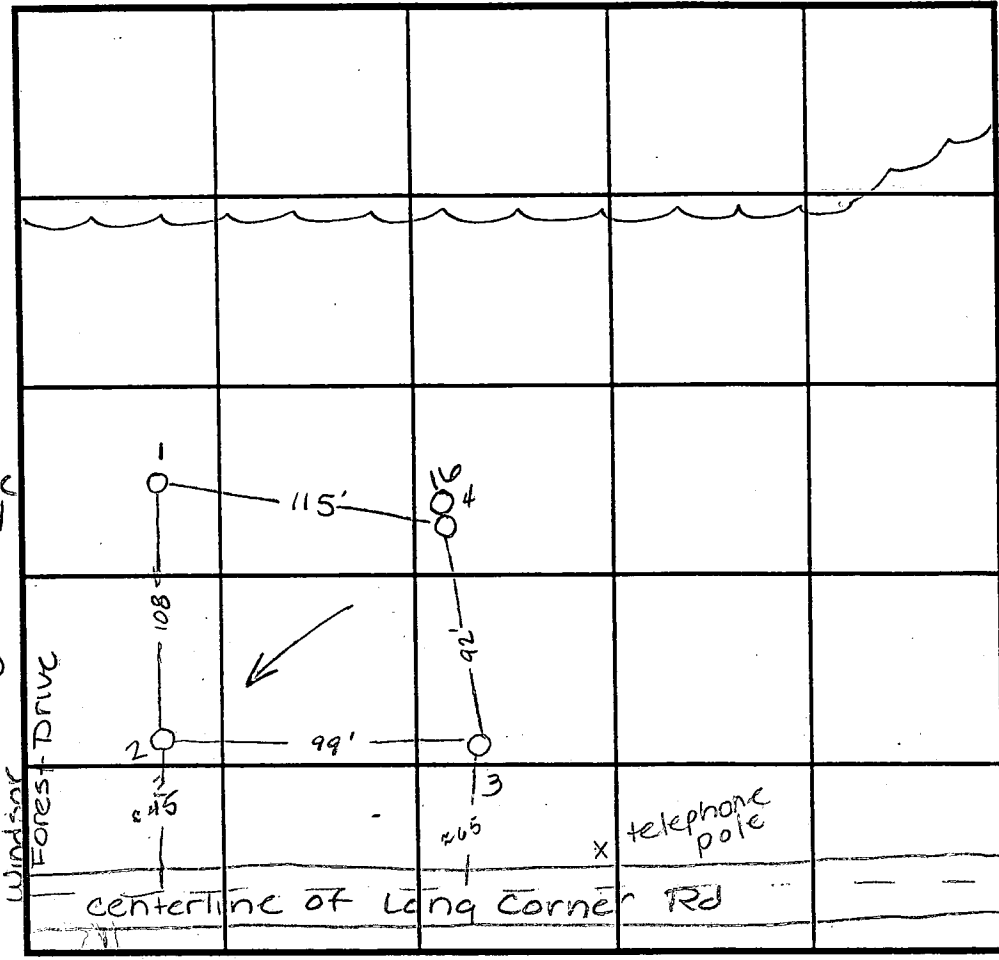
4.5' orange brn gravelly SCL
orange brn SIL 100% shale

7'

light tan SIL large frags of shale 25%

3

profile like hole #1 but hard bottom at 9 1/2'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 4
red brn gravelly CL
3' lgt yellow tan SIL 100% decayed saprolite
7' >50% white shale - large frags 6"-9" dia hard bottom
8'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2-22-95	1	Visual	to 11'	—	—	—	OK	
	2	5'	√11.5	6:45 ¹⁵	6:46	6:46	6:47	1 min
	2	repour	√11.5	6:47 ¹⁵	6:48 ¹⁵	6:48	6:50	1 3/4 min
	3	3'	√9 1/2	6:55	7:09	7:09	7:33	24 min ?
	4	3'	√8	7:19	7:22 ³⁰	7:22 ³⁰	7:28	5 1/2 min
	4	7'	√8	7:18 ¹⁰	7:20	7:20	7:22	2 min F
3-8-95	2	7.5'	√11.5	10:14	10:19	10:19	10:28	9 min
	3	7'	√9 1/2	10:30 ¹⁵	10:33 ³⁰	10:33 ³⁰	10:38 ⁴⁵	5 1/2 min

REMARKS Have to test ALL HOLES ~~AS NEED~~ & HAVE 25 MIN TIME

TYPE OF SOIL _____

TESTED BY Amy McMillen / Craig Williams ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A _____

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 LAND DESIGN & DEVELOPMENT

ADDRESS 10805 HICKORY RIDGE ROAD, ELLICOTT CITY, MD 21042 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PARAGON LOT NO. 1

ROAD AND DESCRIPTION NORTHWEST OF INTERSECTION OF WINDSOR FOREST ROAD AND LONG CORNER ROAD

TAX MAP 6 PARCEL # 82

SIZE OF LOT 1.02 ACRES 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.

Stephaine Demchuk
(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

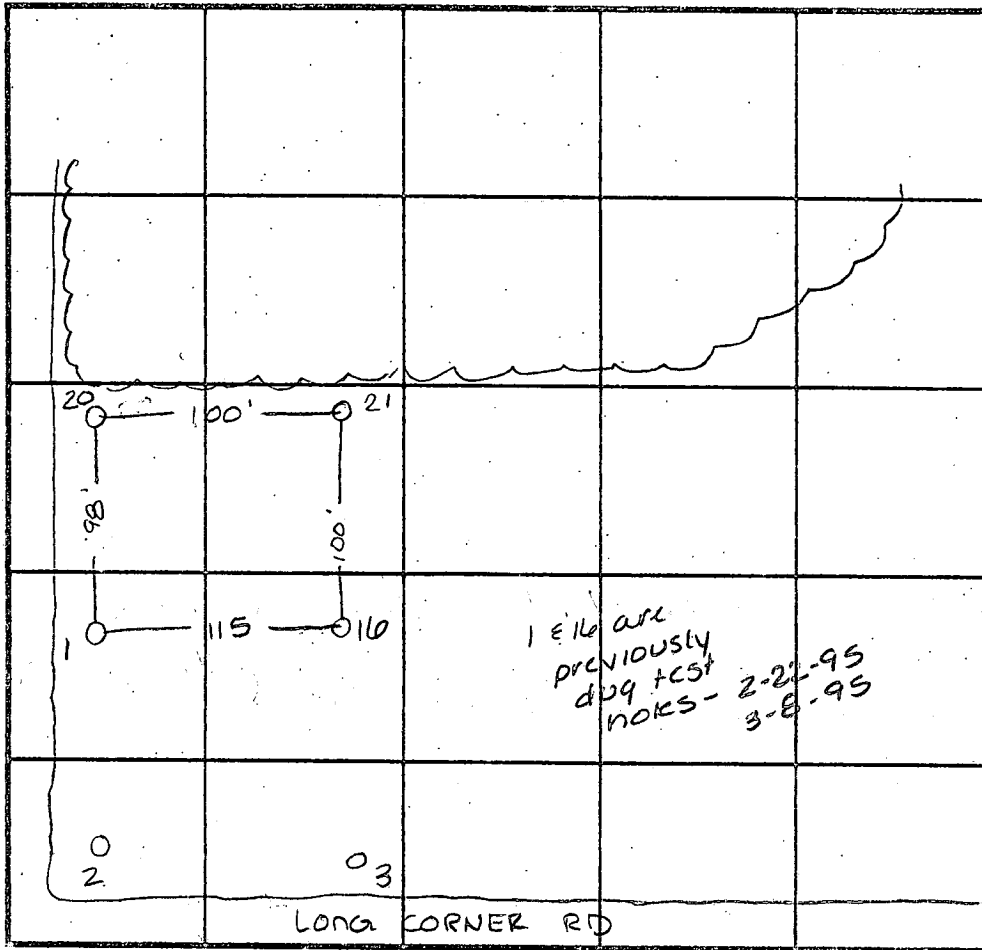
COUNTY #

SOIL PROFILE
20, 21

0' bright red Sicilm gravelly
3' lgt yellow tan saprolite white mixed in quartz shale white
7' 20% decayed white quartz saprolite yellow SalM MX
9.5'

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	
6-8-95	21	3.5 / V9.5	3:05 ⁴⁵	>30	min	—	slow
	21	4.5 / V9.5	4:08	4:10	4:10	4:16	6min
	20	8' / V9.5	4:09	4:10 ³⁰	4:10 ³⁰	4:13	2 1/2 min
	20	4 / V10	3:17	>30	min	—	slow
	20	5 / V10	4:23 ³⁰	4:24 ⁴⁵	4:25 ⁴⁵	4:28	2 1/4 min
	20	8' / V10	3:57	3:59	3:59	4:03	4min

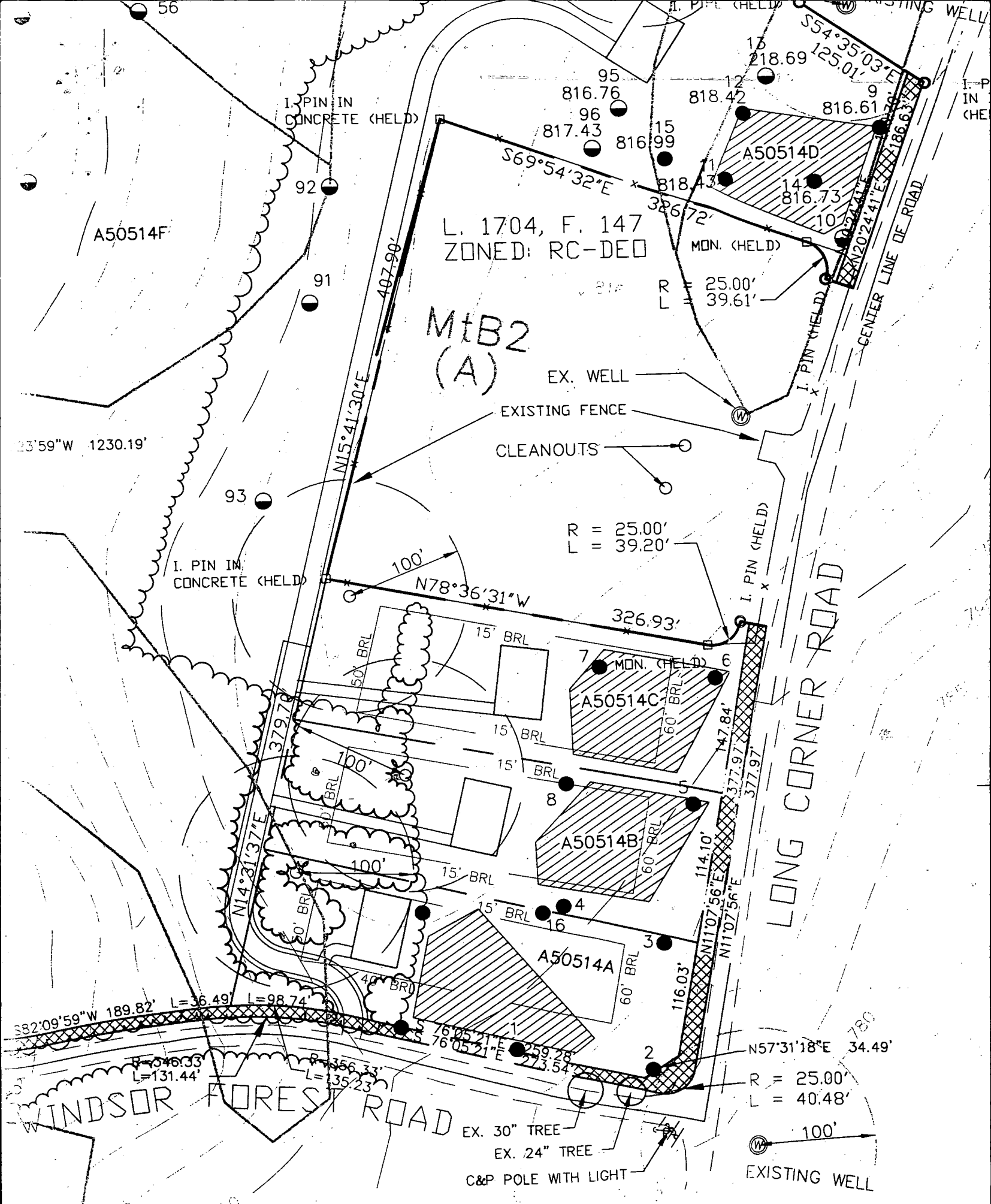
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Don Rewer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



L. 1704, F. 147
ZONED: RC-DEO

MtB2
(A)

LONG CORNER ROAD

WINDSOR FOREST ROAD

copy of Revised Perc Plat

A50514F

A50514D

A50514C

A50514B

A50514A

R = 25.00'
L = 39.61'

R = 25.00'
L = 39.20'

R = 25.00'
L = 40.48'

100'
EXISTING WELL

N23°59'W 1230.19'

S82°09'59"W 189.82' L=36.49' L=98.74'

R=346.33' L=131.44'

R=356.33' L=135.23'

N76°05'21"E 259.28' L=273.54'

N57°31'18"E 34.49'

EX. 30" TREE
EX. 24" TREE
C&P POLE WITH LIGHT

I. PIN IN CONCRETE (HELD)

I. PIN IN CONCRETE (HELD)

MON. (HELD)

R = 25.00'
L = 39.61'

EX. WELL

EXISTING FENCE

CLEANOUTS

MON. (HELD)

I. PIN (HELD)

I. PIN (HELD)

EXISTING WELL

CENTER LINE OF ROAD

I. PIN (HELD)

I. PIN (HELD)

I. PIN (HELD)

I. PIN (HELD)

I. PIN (HELD)

I. PIN (HELD)

I. PIN (HELD)

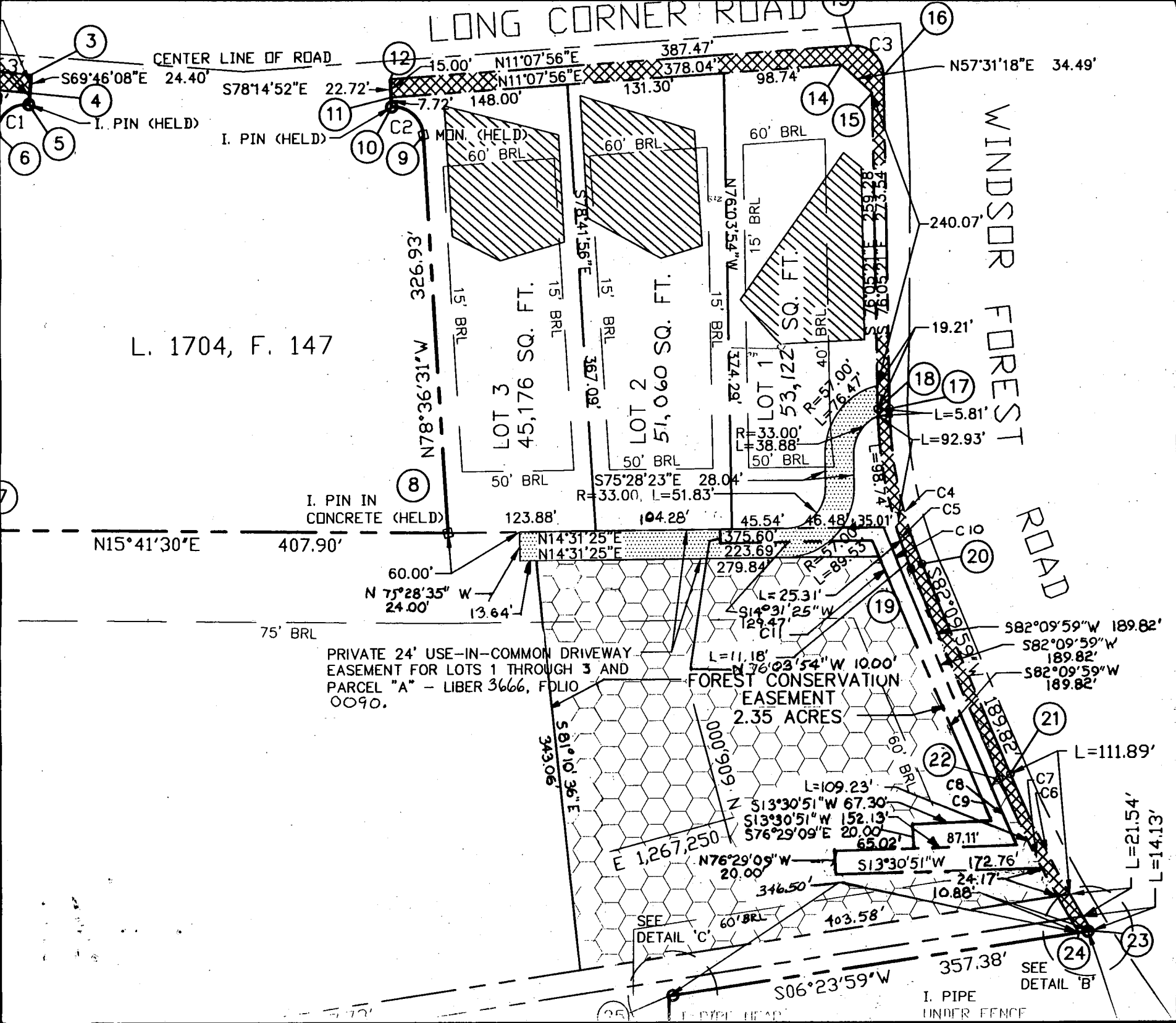
I. PIN (HELD)

I. PIN (HELD)

I. PIN (HELD)

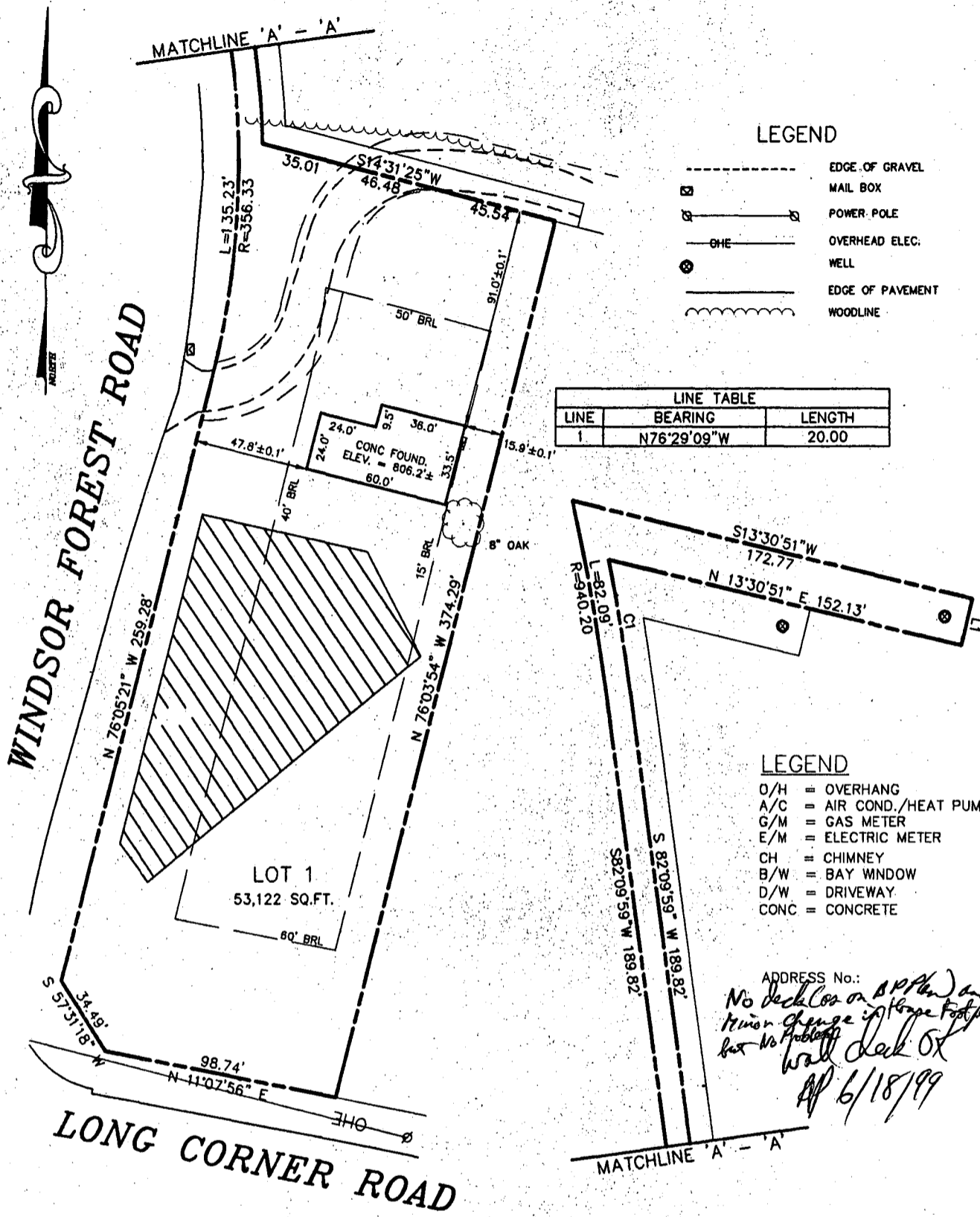
I. PIN (HELD)

LONG CORNER ROAD



L. 1704, F. 147

Approved
F-96-73



LEGEND

- EDGE OF GRAVEL
- ☒ MAIL BOX
- ⊕ POWER POLE
- OHE— OVERHEAD ELEC.
- ⊙ WELL
- ===== EDGE OF PAVEMENT
- ~~~~~ WOODLINE

LINE TABLE		
LINE	BEARING	LENGTH
1	N76°29'09"W	20.00

LEGEND

- O/H = OVERHANG
- A/C = AIR COND./HEAT PUMP
- G/M = GAS METER
- E/M = ELECTRIC METER
- CH = CHIMNEY
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE

ADDRESS No.:
*No deck Cos on B.P.Plan and
 minor change in fence Footprint
 but No Problem
 will deck OX
 6/18/99*

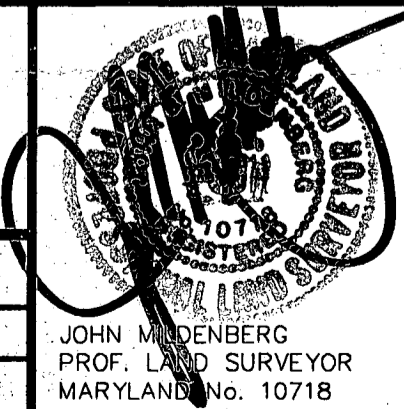
CURVE TABLE						
No.	RADIUS	LENGTH	DELTA	TANGENT	CHORD	CHORD BEARING
C1	950.20	55.88	03°22'10"	27.95	55.87	S80°28'54"W

PLAT No. 12309-12311
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

MILDENBERG BOENDER, & ASSOC., INC.

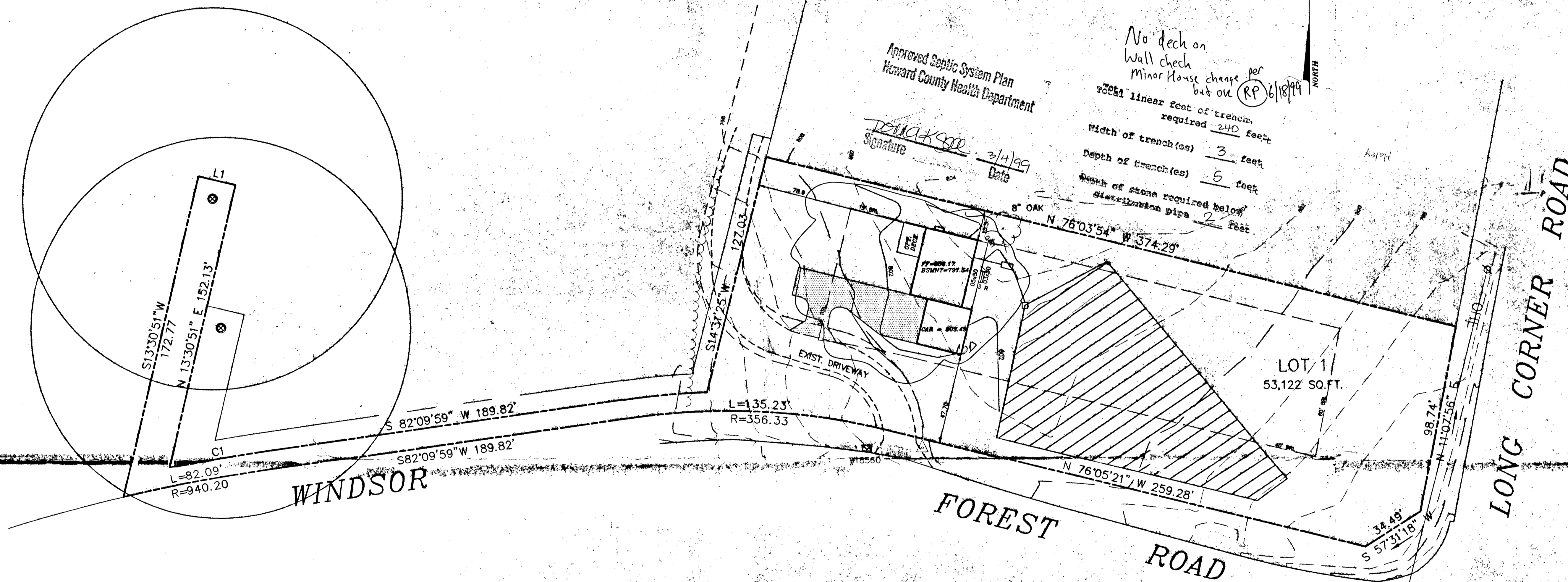
Engineers Planners Surveyors
 6072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 997-0298 Balt. (301) 621-5521 Wash. (410) 997-0298 Fax.



FOUNDATION	DATE: 04/15/99	FINAL	DATE:
DRAWN BY: T. HILL		SCALE: 1" = 60'	
PROJECT NO.: 98111		LOCATION DRAWING	

CURVE TABLE						
No.	RADIUS	LENGTH	DELTA	TANGENT	CHORD	CHORD BEARING
C1	950.20	55.88	03°22'10"	27.95	55.87	S80°28'54"W

LINE TABLE		
LINE	BEARING	LENGTH
1	N76°29'09"W	20.00



Approved Septic System Plan
Howard County Health Department

No deck on
Wall check
Minor House change per
but out (RP) 6/18/99

2001 linear feet of trench
required 240 feet

Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below
distribution pipe 2 feet

Signature: [Signature] Date: 2/4/99

FIRST FLOOR ELEVATION	806.17
INV. OUT OF HOUSE	801.45
EXIST. ELEV. AT SEPTIC TANK	804.5
PROP. ELEV. AT SEPTIC TANK	804.0
INV. INTO SEPTIC TANK	801.15
INV. OUT OF SEPTIC TANK	800.90
INV. INTO DISTRIBUTION BOX	800.50
EXIST GROUND AT DISTRIBUTION BOX	803.5

LEGEND

- EDGE OF GRAVEL
- ☐ MAIL BOX
- POWER POLE
- OVERHEAD ELEC.
- WELL
- ===== EDGE OF PAVEMENT
- ~~~~~ WOODLINE



Project No.	98111	date	05/01/99
Illustration		engineering	ESL
scale	1" = 30'	approval	JBM

no.	description	date
	revisions	

PARAGON LOT 1
PLOT PLAN
HOWARD

MILDENBERG, BOENDER & ASSOC., INC.
Engineers Planners Surveyors
5072 Dorsay Field Drive, Suite 202, Ellicott City, Maryland 21042
(410) 987-0286 Bath (301) 821-5527 Wash. (410) 987-0286 Fax

C1 4569

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 50514-A

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received

06-18-96

300 (TO NEAREST FOOT)

HO-93-0264

OWNER Don Reutter last name Windsor Forest first name TOWN Long corner SUBDIVISION Paragon Property SECTION LOT I

WELL LOG

Not required for driven wells:

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Topsoil, Brown Shell, Sandstone + Blue slate, GOT water at 70-240.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL/ST/CO/OT), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST/BR/PL/HO/OT), insert appropriate code below

C2

Table for screen depth with columns for depth (nearest ft.) and rows for different screen diameters

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

C3

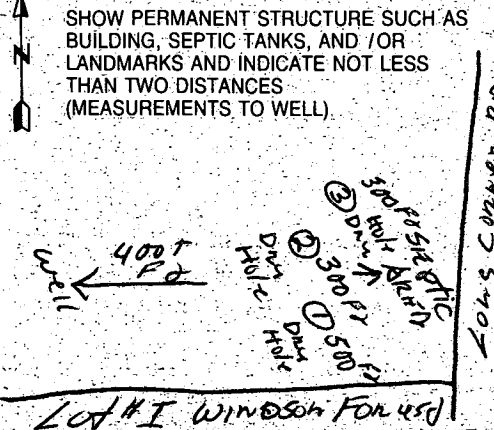
PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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...

TYPE (MWD/MSD/MGD) 410

DRILLERS LIC. NO. 410

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO.

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

B 1	1752	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND	STATE PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)		APPLICATION FOR PERMIT TO DRILL WELL		
		please print or type		
		HO-93-0264 <small>70 fill in this form completely 79</small>		

Date Received (APA)
04/29/96

OWNER INFORMATION

8
13
REWER **DON**
15 Last Name Owner First Name 34

36
23 Street or RFD
10805 Walker Rd **RIDGEC** 55

57
70 State 72 Zip 76
EDLUMBIA **MD 21044**

B 3 **LOCATION OF WELL**

1 2
HOWARD 21
8 COUNTY

23 SUBDIVISION 42
PARAGON

SECTION: 44 46 LOT 48 50

52 NEAREST TOWN 71
Mt Airy

MILES FROM TOWN (enter 0 if in town) **4** **MI**
73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD

GARY W SHOFF **410**
Driller's Name 77 License No. 80

Harley Drilling & Pump Systems
Firm Name

Box 160 Walkersville, MD 21799
Address

Gary W Shoff **4-10-96**
Signature Date

B 4

1 2 **WINDSOR FOREST** 30
DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **125** 37
DISTANCE FROM ROAD

ENTER FT OR MI **FD**
38 39

TAX MAP: BLK: PARCEL

B 2 **WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **3** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co **A 50514-A**
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED **04/25/96** **A. McMullen** **4/25/97**
43 48. CO SIGNATURE EXP. DATE

NORTH GRID **544000** EAST GRID **0756000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **drill 96 north rd**

SOURCES OF DRILLING WATER

1. **well**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

756
544

000
000

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 DEEPEMED 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

N

125-140 **well** **Drill**

WINDSOR FOREST RD

2049 Conner Rd

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

APPROX. PERMIT NUMBER **GAP** 54 63

FORCE **FM** WRITE INITIALS IN BOX PERMIT No. **HO-93-0264**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

B 1 **0692** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6 7 8
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

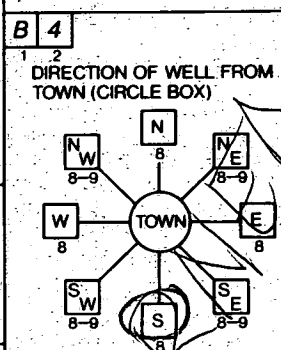
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-93-0264
 10 fill in this form completely 19

Date Received (APA) [] [] [] [] [] []
 OWNER INFORMATION
 8 13
REUER **DON**
 15 Last Name Owner First Name 34
10805 HICKORY RIDGE
 36 Street or RFD 55
COLUMBIA **MD 21044**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
HOWARD
 8 COUNTY 21
PARAGON PROP
 23 SUBDIVISION 42
 SECTION **+** LOT **1**
 44 46 48 50
LONG COMMON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** **M**
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Ralph MAYNE **716**
 Driller's Name 77 License No. 80
Ralph MAYNE Well Drilling
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 1/20/96
 Signature Date



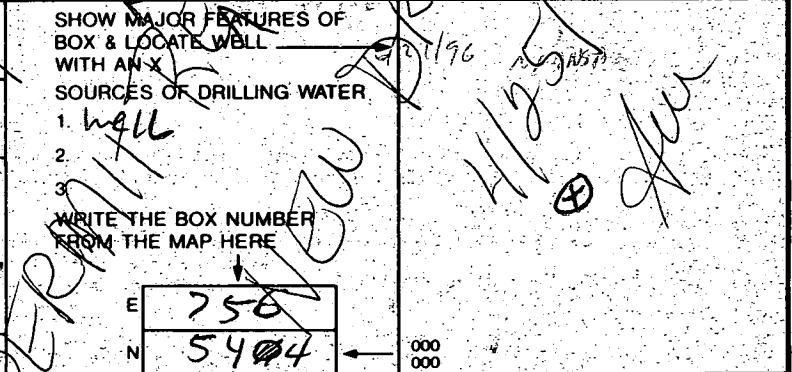
WINDSOR Forest
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 **125** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL **82**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 1 2 3 4 5 6 7 8 9 10 11 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 13 14 15 16 17 18 19 20

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

NOT TO BE FILLED IN BY DRILLER, HEALTH DEPARTMENT APPROVAL
Howard County **550514-A**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **020896** **A. McMillan 2/8/97**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **574000** EAST GRID **0756000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **159** FEET
 24 26 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)
 31 CABLE REVerse-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] [] [] 52

Not to be filled in by driller. (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER [] [] [] **GAP** [] []
 54 63
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-93-0264**
 87 88 70 71 72 73 74 75 76 77 78 79

Jun 11.99 12:30 No.011 P.O.

TEL No. 4103132648

HOOD ENVIRONMENTAL HEALTH

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3020-N Ellicott Mills Drive
Ellicott City, MD 21043
313-2640 ~~313-2648~~ 313-2648 (fax)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Name of Installer J.C. Harris Plumbing Receipt # _____ Date _____ Telephone 3013717574

License Number 8744 Certified Well Pump Installer Well Driller Registered Plumber Telephone 3013179521

Name of Property Owner Bill Gover Well Tag # _____

Subdivision _____ Lot # _____

Site Address 18550 Windsor Forest Rd

Pump

1. Type a. Deep well jet b. Shallow well jet c. Submersible _____

2. Make JUCUZZI

3. Model # _____

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes No

6. Is a low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

1. Horsepower 1 HP

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make Cambria

2. Model # _____

3. Depth 92"

Tank

1. Capacity 102 gal.

2. Pressure relief valve? yes on tee

Piping Blackwell

1. Type Blackwell

2. Size _____

3. NSF and/or HCCA Code approved _____

4. Depth of supply line 42"

Well data

1. Depth 300 ft.

2. Yield _____ GPM

3. Static water level 20 ft.

4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]
Date: 6/10/99

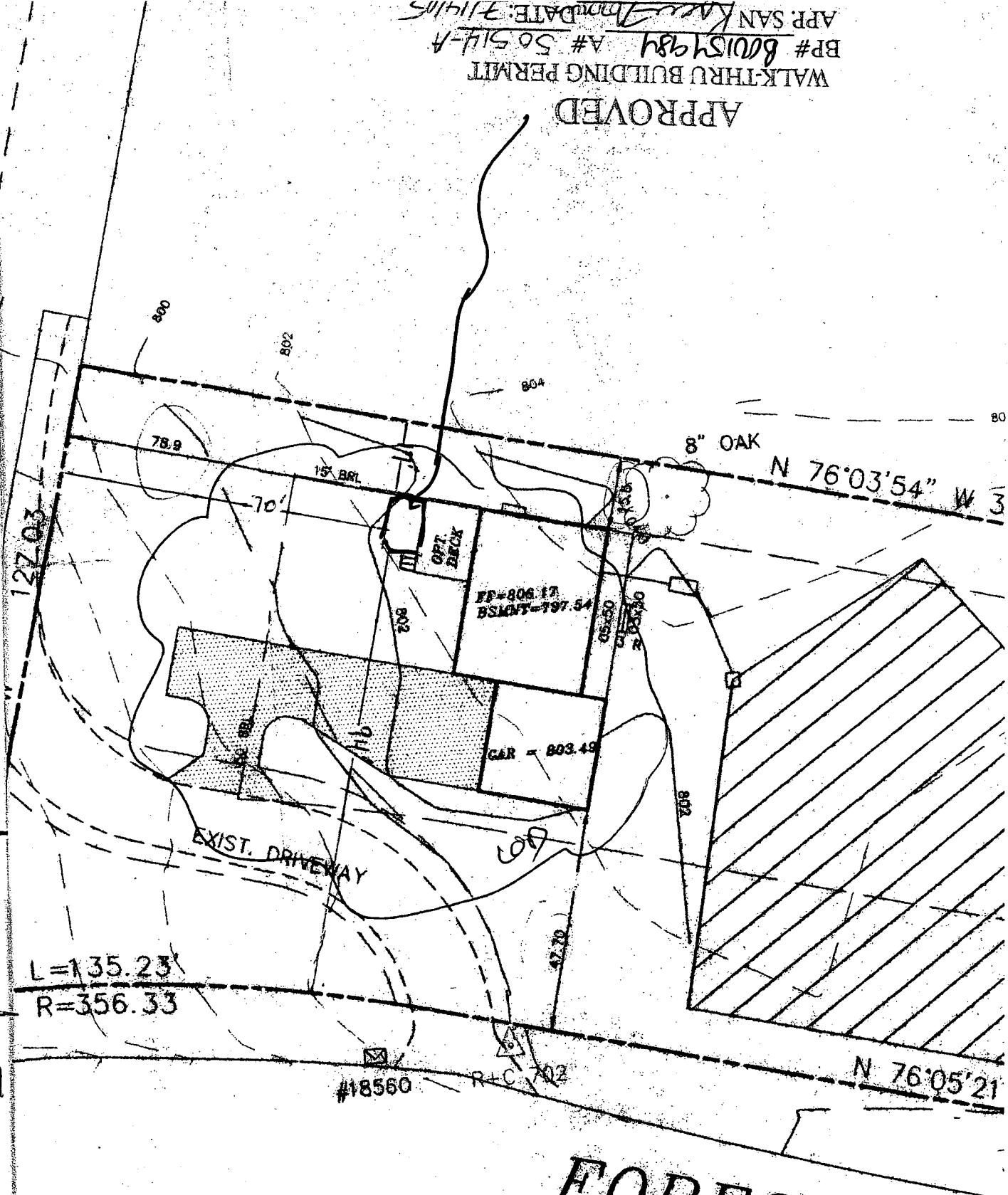
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Please Set up for inspection on Monday 6/14/99. Thank you!

NO-215 Brass Pitless Adapter 38" depth. # HO-93-0264
Two piece plastic cap, secured.
Grout looks O.K. Casing extends 20" above ground.
6/14/99
Approved
B. Baker

APR SAN ~~KNOW~~ DATE: 7/14/15
BP # 80154984 A# 50514-A
WALK-THRU BUILDING PERMIT

APPROVED



Wells on stem

FOREST

L=135.23'
R=356.33

#18560

R+C 702

N 76°05'21"

8" OAK
N 76°03'54" W 3'

FP=806.17
BSMOFF=797.54

GAR - 803.49

OPT. DECK

EXIST. DRIVEWAY

127.03

70'

78.9

15' BRL

804

800

802

802

802

47.70

80