### 63-325253

#### PERMIT

#### SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH** INDEXED

410-313-2640

P 5/4 255

50560-X

ISSUE DATE 9/15/2000 6100 APPROVAL DATE

Hatfields Equipment	IS PERMITTED TO INSTALL X ALTER
ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737	PHONE _301-854-6172
SUBDIVISION Lyndonbrook LOT NUMBER 21	ADDRESS 2115 Whitman Way
PROPERTY OWNER <u>Williamsburg Group LLC</u> PROPERTY OV	VNER'S ADDRESS P.O. Box 1018
SEPTIC TANK CAPACITY 1500 GALLONS	Columbia, MD 21044
PUMP CHAMBER CAPACITY N/A GALLONS	
NUMBER OF BEDROOMS5_	
SQUARE FEET PER BEDROOM180	
LINEAR FEET OF TRENCH REQUIRED 30300	
TRENCHES: Trenches to be 2 feet wide. Inlet 2 feet below or	
5 feet below original grade. 3 feet of stone below d LOCATION: Begin trenches 160 feet up the 283.46 lot 1	ine and 60 feet off that same
lot line as seen when facing the lot from won contour as shown on approved building pe	
Because of 300' of trench needed, keep	
10' center to center so that future septic complete repairs. OK MR	assed Lebar area has enough room for 5
PLANS APPROVED Amy Mc Millen Ov SRV	
PERMIT VOID AFTER 2 YEARS	8/15/06
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPE	
NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH	GRADE
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED	
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEF ARE NOT ACCEPTABLE	'S IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELD OTHERWISE SPECIFICALLY AUTHORIZED	ı
NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFIC	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE	35/40 PVC OR ABS 35/40 PVC OR ABS 35/40 PVC OR ABS 35/40 PVC OR ABS
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS	CLDG. PERME SAME
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES	MENIAMED 7/12/01-00013
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROV PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DE	IDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC Pool

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

	· well
	well Ho-94+1174
	Drep 12'
	31' SS
, f ,	A STATE OF THE STA
	Whitman Way

TRENCH DATA
TRENCH WIDTH
TRENCH INLET DEPTH2
TRENCH BOTTOM DEPTH
DEPTH OF STONE
NUMBER OF TRENCHES 5
TOTAL TRENCH LENGTH
ABSORBENT AREA 900
DISTRIBUTION BOX LEVEL
BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA
SEPTIC TANK 1906 GALLONS
MANHOLE RISER
6 INCH INSPECTION PORT
PUMP CHAMBER DATA
PUMP CHAMBER GALLONS
MANHOLE RISER
ALARM
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 11/6/20 Layout confirmed - tank of
SOA STOUCH - DIC
INSPECTION COMMENTS: 11/6/60 12:00 OIL to cover from house
to exptic tank and first two trenches. DKC
11/10/00 3:00 Final Insp- ox to over all work.
Sufficient materials on site. DIC
INSPECTOR THE WALL OF THE SYSTEM APPROVED 11 (0 100)

# APPLICATION

PERCOLATION TESTING

	A 50560 X
	P
DISTRICT_	· · · · · · · · · · · · · · · · · · ·
DATE	3/3/95

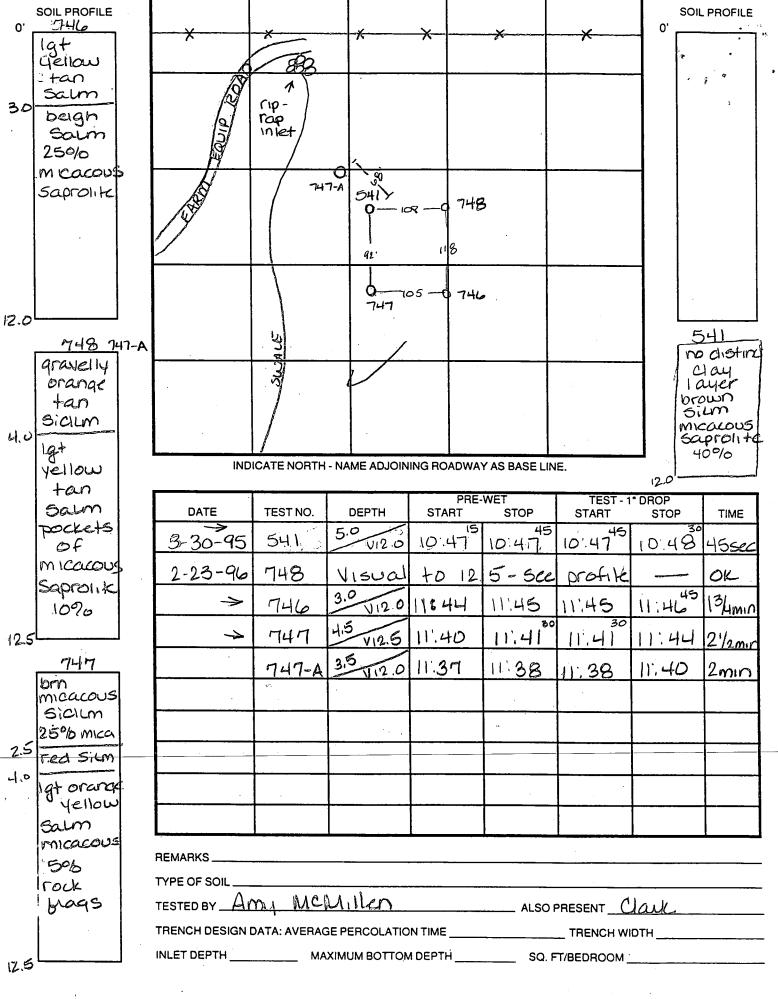
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043TELEPHONE: 313-2840

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

Annelore Stiegler  2151 Route 32  ADDRESS Sykesville, Maryland 21784  AGENT OR PROSPECTIVE BUYER SDC Group, Inc.  P.O. Box 417  ADDRESS Ellicott City, Maryland 21041  PROPERTY LOCATION:  SUBDIVISION Stiegler Property	
AGENT OR PROSPECTIVE BUYER SDC Group, Inc. P.O. Box 4   7 ADDRESS Ellicott City, Maryland 2   04   PROPERTY LOCATION:	
P.O. Box 417  ADDRESS Ellicott City, Maryland 21041  PROPERTY LOCATION:	PHONE(410) 465-4244
P.O. Box 417  ADDRESS Ellicott City, Maryland 21041  PROPERTY LOCATION:	PHONE(410) 465-4244
ADDRESS Ellicott City, Maryland 21041 PROPERTY LOCATION:	
ROPERTY LOCATION:	
	21 26 71
UBDIVISION Stiegler Property	24 26 -7:1
UBDIVISION Stiegler Property	10 / F
	LOT NO.
OAD AND DESCRIPTION 2100 block Maryland Route 32;	northeast quadrant I-70
and Maryland Route 32	
15 40	
AX MAP15PARCEL#40	
SIZE OF LOT 60,000 SF TYPE BLD	og Single Family
112L 0/ L01	(SINGLE FAMILY DWELLING OR COMMERCIAL)
	THE PERSON OF TH
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PL	UBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND II
EEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-R	FFUNDARIE UNDER ANY CIRCUMSTANCES. I ALSO AGREE
	Note Pull UR
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	(SIGNATURE OF APPLICANT)
•	•
•	•
APPROVED BY FOR	DATE
PPROVED BY FORFOR	DATE
PPROVED BY FORFOR	DATE
APPROVED BYFOR  DISAPPROVED BYFOR  HOLD PENDING FURTHER TESTS	DATE
APPROVED BY	DATE

## THIS IS NOT A PERMIT

HD-216 (3/92)



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## APPLICATION

PERCOLATION TESTING

	P
DISTRICT_	
DATE_	3/3/95

A 50560 X

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

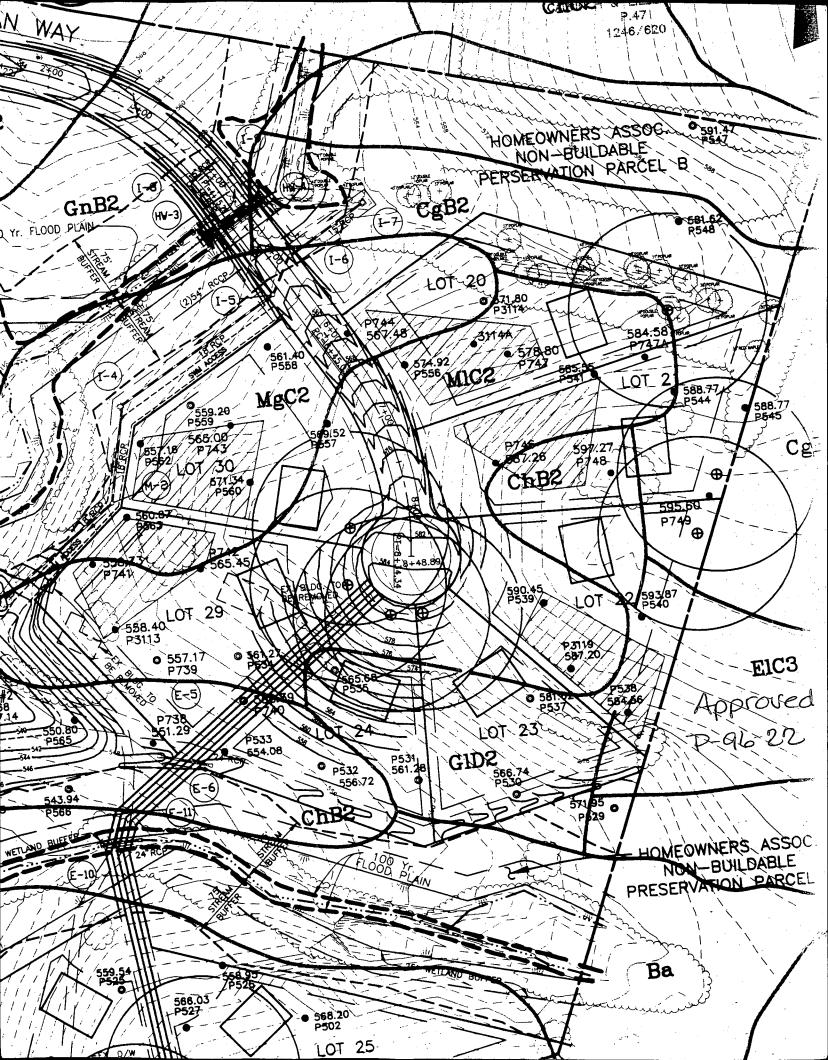
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR	OR PERMIT TO CONSTRUCT	(OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER Annelore Stiegler		
2151 Route 32		
ADDRESS Sykesville, Maryland 21784	PHONE	
AGENT OR PROSPECTIVE BUYER SDC Group, Inc.		
P.O. Box 417  ADDRESS Ellicott City, Maryland 210	4 1 PHONE	(410) 465-4244
PROPERTY LOCATION:		
SUBDIVISION Stiegler Property	LOT NO.	24 26 24 21
ROAD AND DESCRIPTION 2100 block Maryland Rou	te 32; northe	ast quadrant I-70
and Maryland Route 32		
TAX MAP 15 PARCEL # 40		
60 000 SE	TYPE DI DO	Single Family
SIZE OF LOT 60,000 SF	I TPE BLUG.	(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE O	NLY UNTIL PUBLIC FACILIT	TIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICAT	ON IS NON-REFUNDABLE	UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
	ē	14 1
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS INTESTING THIS LOT.		(SIGNATURE OF APPLICANT)
		(Sidivitorizes in Francis
APPROVED BY F	OR	DATE
DISAPPROVED BY	FOR .	DATE
HOLD PENDING FURTHER TESTS		
REASONS FOR REJECTION OR HOLDING		
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #		DATE
	•	

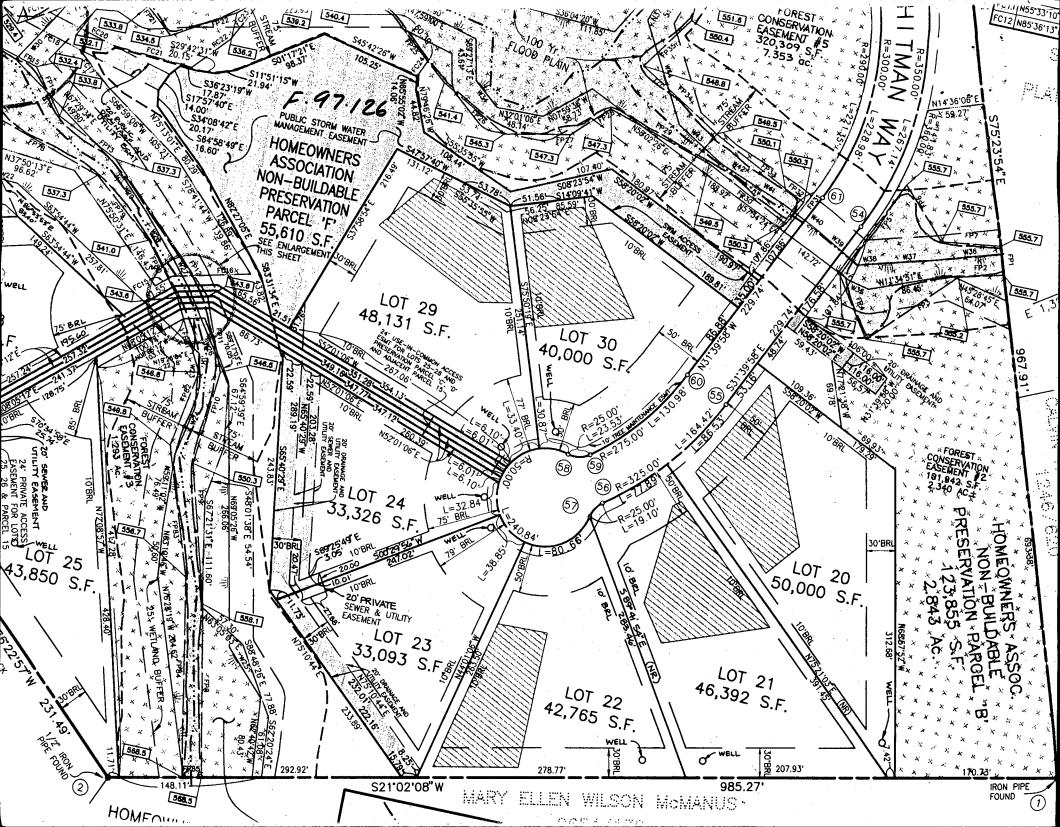
## THIS IS NOT A PERMIT

HD-216 (3/92)

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #\_

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	prn'	<u> </u>	IND	ICATE NORTH	- NAME ADJOIN			E. TEST - 1	12.5 60	2 brons	
	Dir		DATE	TEST NO.	DEPTH	PRE- START			12.5 60	TIME	
	200/b	3.	DATE	TEST NO.	DEPTH	PRE- START	WET STOP	TEST - 1 START	DROP STOP	TIME	
	200/b	3-		TEST NO.	DEPTH 4.5 V12 O	PRE- START	WET STOP	TEST-1 START	12.5 60 DROP STOP	TIME 10min	
	20°/0	3-	DATE	TEST NO.  544-A  545-A	DEPTH 4.5 V12 O	PRE- START	WET STOP	TEST-1 START	12.5 60 DROP STOP	TIME 10min	
	200/b	3-	DATE	TEST NO.	DEPTH  4.5 V12  4.5 V12  5 V12  5 V12  6	PRE- START	WET STOP	TEST - 1 START	12.5 60 DROP STOP	TIME 10min	
, מ	200/b		DATE 30-95	TEST NO.  544-A  545-A  541	DEPTH  4.5 V12  4.5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP	TEST-1 START	12.5 60 DROP STOP	TIME 10min	
'מ	brn 5,6 20% rock saprolik		DATE	TEST NO.  544-A  545-A  5H1  749	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
12'	Drn 5, L 20°/0 rock saprolik 5aprolik		DATE 30-95	TEST NO.  544-A  545-A  541	DEPTH  4.5 V12 0  4.5 V12 0  5 V12 0	PRE- START 10:31 10:36 10:47	WET STOP 10.37 10.38 45 10.47	TEST-1 START 10:37 10:38 45 10:47	12.5 60 DROP STOP 10:47 11:42 10:48	time  Dmin  Hmin  45eec	
'ב	541		DATE 30-95	TEST NO.  544-A  545-A  5H1  749	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
	541		DATE 30-95	TEST NO.  544-A  545-A  5H1  749	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
ולם ב	541 Clay tayer		DATE 30-95	TEST NO.  544-A  545-A  5H1  749	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
	5.41 Clay- tayer- bro		DATE 30-95	TEST NO.  544-A  545-A  5H1  749	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
	541 Colorate Saprolik	2-,	DATE 30-95	TEST NO.  544-A  545-A  5H1  749	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
	541 Cotags: Saprolik Saprolik Saprolik Saprolik Saprolik Micacons	2-,	DATE 30-95	TEST NO.  544-A  545-A  5H1  749	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START 10:31 10:36 10:47	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
	541 Colorador Saprolic Saprolic Clayer bro Saprolic Saprolic Saprolic	2-0	DATE 30-95 23-96	TEST NO.  544-A  545-A  541  749  748	DEPTH  4.5 V120  4.5 V120  4.5 V120  4.5 V125	PRE- START  10:31  10:36  10:47  11:31  11:37	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
)	541 Coloradore Saprolik Saprolik Saprolik Clay tayer bro Saprolik Saprolik Saprolik Saprolik	2-0	DATE 30-95 23-96	TEST NO.  544-A  545-A  541  749  748	DEPTH  4.5 V12  4.5 V12  5 V12  4.0 V12	PRE- START  10:31  10:36  10:47  11:31  11:37	WET STOP 10:37 10:38 45 10:47 11:32	TEST-1 START 10:37 10:38 43 10:47 11:32	12.5 60 DROP STOP 10:47 11:42 10:48 11:33	time IDmin Umin 45eec Imin	
	541 Colorador Saprolic Saprolic Clayer bro Saprolic Saprolic Saprolic	REM/ TYPE	DATE  30-95  23-96  ARKS MONE	TEST NO.  544-A  545-A  541  749  748	DEPTH 4.5 V120 4.5 V120 4.5 V120 4.5 V125	PRE- START  10:31  10:36  10:47  11:31  11:37	WET STOP  10:37  10:38  10:45  10:47  11:32  11:44	TEST-1 START  10:37  10:38  43  10:47  11:32  11:44	12.5 60 DROP STOP 10:47 11:42 10:48 11:33 12:00	time IDmin Umin Umin Umin Umin	
)	541 Coloradore Saprolik Saprolik Saprolik Clay tayer bro Saprolik Saprolik Saprolik Saprolik	REMA TYPE TEST	ARKS MONE	TEST NO.  544-A  545-A  541  749  748  d hors	DEPTH 4.5 V120 4.5 V120 4.5 V120 4.5 V125  30' 40 h	PRE- START  10:31  10:36  10:47  11:31  11:37	WET STOP  10:37  10:38  10:47  11:32  11:44  ALSO 1	TEST-1 START  10:37  10:38  43  10:47  11:32  11:44	12.5 60 DROP STOP 10:47 11:42 10:48 11:33 12:00	time IDmin Umin Umin Umin Umin	
)	541 Coloradore Saprolik Saprolik Saprolik Clay tayer bro Saprolik Saprolik Saprolik Saprolik	REMA TYPE TEST	ARKS MONE	TEST NO.  544-A  545-A  541  749  748  ALL HOWS  MY MC Y  DATA: AVERAGE	DEPTH 4.5 V120 4.5 V120 4.5 V120 4.5 V125	PRE- START  10:31  10:36  10:47  11:31  11:37	WET STOP  10:37  10:38  10:45  10:47  11:32  11:44  ALSO 1	TEST-1 START  10:37  10:38  43  10:47  11:32  11:44  PRESENT_L TRENCH WI	12.5 60 DROP STOP 10:47 11:42 10:48 11:33 12:00	time IDmin Umin Usecc Imin Ibmin	





FROM : HoCo EnuHealth

FRX NO. : 4103132648

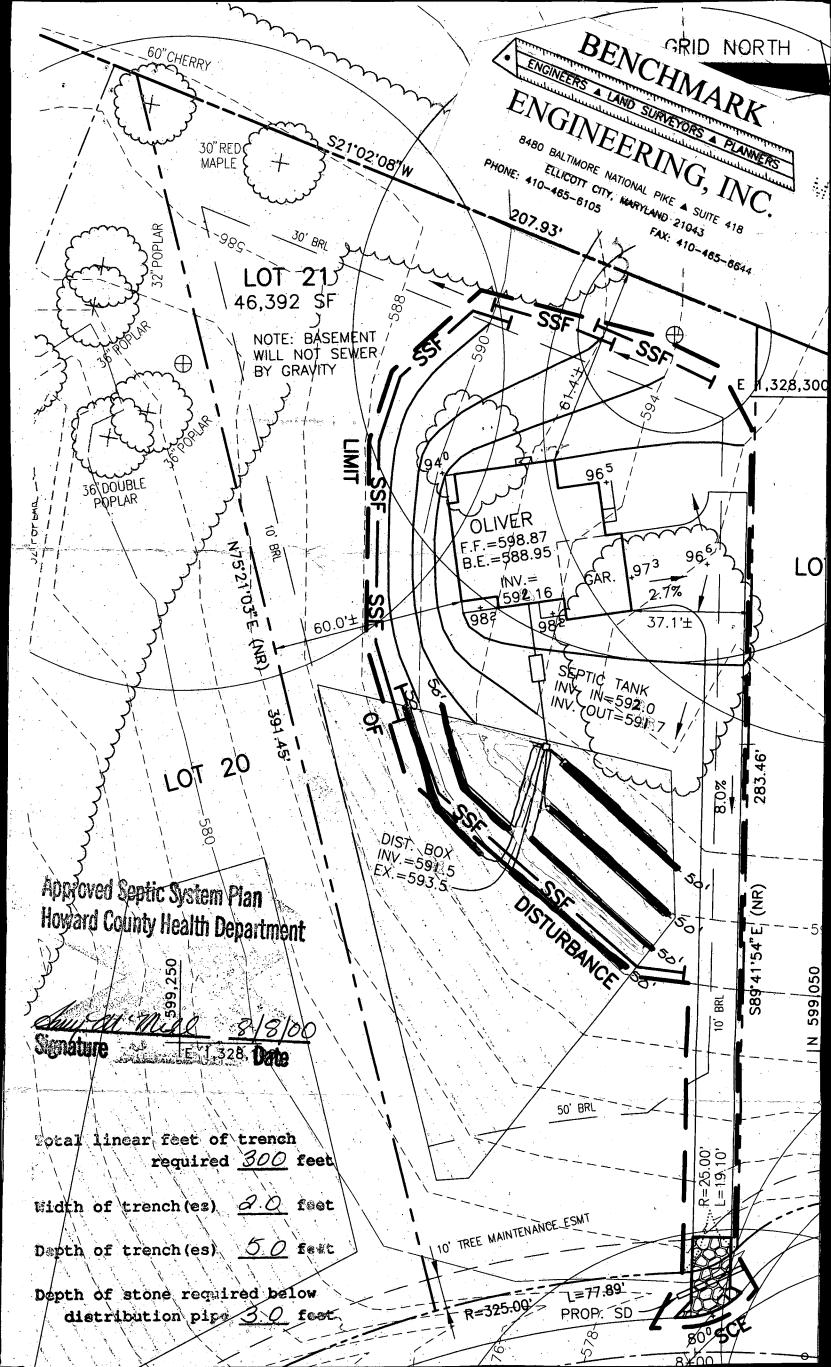
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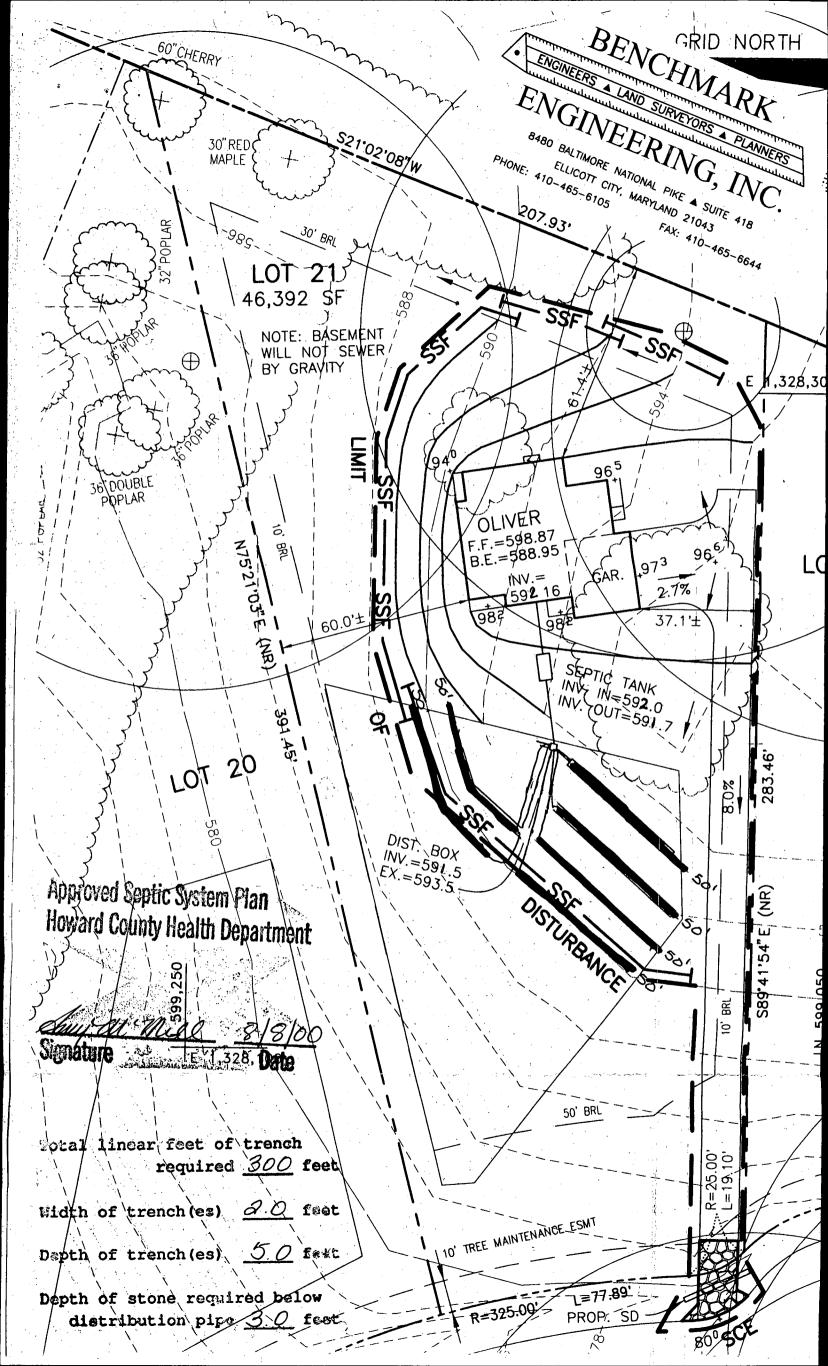
#### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

#### 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 approved.

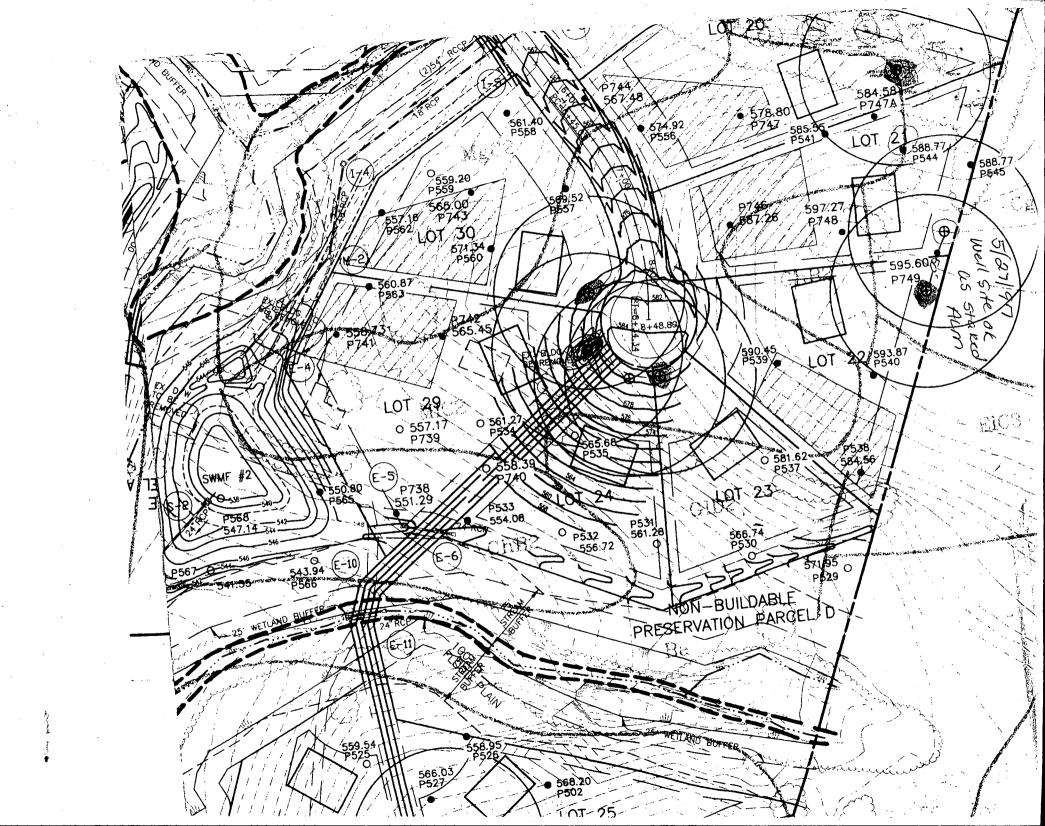
Company Name: CHALPS A KLOW	Telephone	(44) 5496960	
Address: 5220 KLES In	III ROAD		,
SUMESVILLE MY	21784		
		•	
(Must circle one Licensed Plumber ) Li		Licensed Well Pump Installer	
License # and name of individual responsible:	for the field installation:	Men 1	
Name (Print) 1000 A KLETN		Licensed 60 Al	
*A licensed ladividual must perform the ac	tual installation. Appri	entices must be under the direct	
supervision of a licensed journeyman or ma	eter plomber, pump ins	taller or well driller. Licenses a	my be
subjected to field verification.			
Name of Property Owners the same and	Telephor	e # (410) 997-8800	2
Subdivision:	Lot #, 2	Weil Tag # : HO - 94- //	74
Site Address: 2115 WHITMAN W	Lynd	onbrook	
		•	
Submersible Pump Data Pitt	ess Adapter	Well Cap and Electric Conduit.	ı
Make: JACUZE/ Ma	E HARVARO	Two piece watertight cap:	•
Model #: 5545-137-52 Mod	dets: 27-800	Screened, vented well cap:	_
Pump Capacity 5 GPM Dep	m. <u>7-</u> 7" (36" min)	Cap secured to casing:	-
	approved	Conduit min 18" B.G.:	-
Depth of well encountered at time of pump in	statiation: 2(5 (feet)	Conduit secured to well cap:	_
If pramp capacity exceeds well yield, a low wa	an on anythis is teding	red by NSPC 1990 Section 17.8.4	•
Torque arrestors or Cable guards are required	- MIRST CATCLE ODG		
Safety rope, if used, attached to inside of we	en casing man the post	•	
Pipine to house	House Connection	•	
		ed soil at wall penceration fee	
PSI: (160 psi min)	typiconais length of sice	a soil at wait benchmon 157	
	sloeve caulised and scaled		·
a of an arrival of a state of	tenana dilifficat MAT SCHOOL	properly.	
The water supply line is required to be at le	east ten feet from the con	this family makes about how accommod	
distribution box, drainfields, and sewage re	Core area If this name	est be encomplished emission oblig	bibros.
approval prior to installation.	2	or ac secombitment compact for	STITES TOL
Maria de la companya dela companya dela companya dela companya dela companya de la companya dela c	1.		
narell / leen	4		
Signature of company representative responds	hie for installation	date	
CHARLES A KLEIN JR.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	
For Health Departmen	nt Use Only - Not to be	ompleted by Installer	_
		1 1	
Date Insp. Requested: 11/13/60	Date Insp. App	roved: 11/13/00	MER
Inspection Data: Pittess adapter and water su	pply line at least 36° belo		MEI
Two piece cap installed and	stached to casing secure	b	(AB)
Elec. conduit extends at leas	z 18° below grade/strach	ed to cap properly	AD CO
Safety rope installed inside	क्ष अस्तु टास्पर्ध		•
Correct well tag strached pro	operly and cating \$" Abov	e finished grade	,
Water supply line sleeved to	reinagià si norse come	7000	•
Adequate growt observed be	SOM DITIESE SOUTHER		





C 1 97.97 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A SOS 60
ST/GO USE ONLY DATE Received DATE WELL COMPL	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
W-30-97 6 36	$\frac{97}{2}$ 285 $\frac{26}{2}$	Ho - 94 - 1174
8 13 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER STREET OR RFD Isst name White AA	WAY first name TOWN (1)	lest Friendship
OTTLE CITTLE DE LA CONTRACTOR DE LA CONT	PROPERTY SECTIONTOWN	LOT 21
WELL LOG  Not required for driven wells	GROUTING RECORD (yes) no	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use FEET check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS 45945744 GALLONS OF WATER 126	PUMPING RATE (gal. per min.) 7 • 5
5 1 76	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket
Jand 0 70	from 6 ft. to 6 ft. to 6 ft. to 6 ft. to 6 ft. ft. to 6 ft.	WATER LEVEL (distance from land surface)
Gray Mica Rock 70 285 v	casing CASING RECORD	BEFORE PUMPING $\frac{25}{17}$ ft.
Caray Michael	types insert appropriate STEEL CONCRETE	WHEN PUMPING 120 ft.
	code below PL OT	TYPE OF PUMP USED (for test)
	PLASTIC OTHER  MAIN Nominal diameter Total depth	A air P piston T turbine
	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe
	$\frac{57}{60}$ $\frac{6}{63}$ $\frac{73}{66}$ $\frac{73}{66}$	J jet Submersible
	E OTHER CASING (if used) A diameter depth (feet)	27
	H inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP  YES  NO
	S 	(CIRCLE) (YES or NO)
	screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED
	or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
	insert STEEL BRASS OPEN Appropriate Code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	97 41 PUMP COLUMN LENGTH
yes po	1 HO 72 285	(nearest ft.)  43  47  CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED Y	A "8" 9 11 15 17 21 C 2	and enter casing height)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	H 23 24 26 30 32 36 S	LAND SURFACE (nearest)
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	49 foot)
P TEST WELL CONVERTED TO PRODUCTION WELL	E E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT
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.	N	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES  (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M S D Q 2 4 1	GRAVEL PACK	8
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68  MDE USE ONLY	well.
LIC. NO. 1 M S D Q 2 7 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	E 25'T'
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76 TELESCOPE LOG	
responsible for sitework if different from permittee)	CASING INDICATOR OTHER DATA	<u> </u>
	COUNTY	₩

	· · · · · · · · · · · · · · · · · · ·		OTATE DEDINE ANNUADED
SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND		STATE PERMIT NUMBER
(MDE USE ONLY)	PERMIT TO	DRILL WELL	HD-94-1174
(THIS NUMBER IS TO BE PUNCHED	please pr	int or type	70 fill in this form completely 79
in Cols. 3-6:0N ALL CARDS)  Date Received (APA)	<u> </u>	B 3 ,	LOCATION OF WELL
9/22/97 OWNER INFOR	RMATION	HOWARL	• · · · · · · · · · · · · · · · · ·
8 pin DD YY 13	IIIII (TION	8 COUNTY	21
150° /	· · ·	stiegler	PROperty
15 Last Name Owner	First Name 34	23 SUBDIVISION	42
1 P.O. BOX 417	1	SECTION L	101 2/
36 Street or RFD 55		44 46	48 50
ELLICOTTETY MU 2104/		West FRI	enhSHip
	72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town)	
Joseph L. Mayre MSDO24		73 76 77 78	
Driller's Name 7	6 License No. 81	B   4	1 / 2
Cosept to Margne Well I	Melling	DIRECTION OF WELL FROM	WhitmanWay
First Name	a	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 7 30
5512 Kidge Ka. Mt.	ling 12 - 2178		ON WHICH SIDE OF ROAD NORTH
Address	Marlas		(CIRCLE APPROPRIATE BOX)
Signature Thought	- 9/21/99		WEST GTEAST
Signature / / / / / / / / / / / / / / / / / / /	Date	TOWN E	34 280 37 SOUTH
1 2 APPROX PUMPING RATE —			DISTANCE FROM ROAD  ENTER FT OR MI 38 39
(GAL. PER MIN.),	8 12	S <sub>W</sub> I S <sub>E</sub>	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	500	8-9 [5] 8-9	TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE API	<del></del>	NOT TO	D BE FILLED IN BY DRILLER
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		HEALTH DEPARTMENT APPROVAL	
		Howard Co A50560 TT	
IRRIGATION	JULTURAL	COUNTY NAME	COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.		STATE SIGNATURE	
OTHER (REQUIRES APPROPRIATION PERMIT)		SIGNATURE INSERT S 41	
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES		5-27-97 Ami MMIllen 5-27-98	
APPROPRIATION PERMIT AND STATE APPROVAL		43 MM DD YY 48 CO SIGNATURE EXP. DATE	
TEST, OBSERVATION, MONITORING (MAY REQUIRE		NORTH 538 000 GRID 8/4 000	
APPROPRIATION PERMIT)		50	55 57 63
		SHOW MAJOR FEATURES	S OF 6-26-97 - 11. FO AM
APPROXIMATE DEPTH OF WELL 1	2 FEET	BOX & LOCATE WELL - WITH AN X	*
. 24	28 NEAREST	SOURCES OF DRILLING	WATER
APPROXIMATE DIAMETER OF WELL	INCH	1. Wehr	100 pt
METHOD OF DRILLING	(oirala ana)	2.	$\mathcal{D}^{e}$
BORED (or Augered) JETTED	(circle one)  Jetted & DRIVEN	3.	
30	ROTARY (Hydraulic Rotary)		
37 CABLE REVerse-ROTary	DRive-POINT	WRITE THE BOX NUMBER	H
other	Brille-I Oller	FROM THE MAP HERE	
	THE WELL O	E 8184	
REPLACEMENT OR DEEPE (CIRCLE APPROPRIATE			000
THIS WELL WILL NOT REPLACE AN EXISTI	NG, WELL	N _ 54038	5
THIS WELL WILL REPLACE A WELL THAT	WILL BE	DRAW A SKETCH BELOW	SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED			OWNS AND ROADS AND GIVE
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY		DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
FOR POLICY ON STANDBY WELLS		m) 99	
THIS WELL WILL DEEPEN AN EXISTING WELL		, 7	~· <u>L</u>
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52		N	J. 3
(	52	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>\$</b>  \$
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)		The same
APPROP. PERMIT NUMBER G A P			32
WRITE 54	63	🐪	$\bigcirc$
FORCE AM INITIALS IN BOX PERMIT NO. HO -	-94 - 1174		
67 68 70.71 7	2 73 74 75 76 77 78 79	<u> </u>	Jest FRIENDShip
SPECIAL CONDITIONS	and the second s		V (A)



NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES; GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.

5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS. Deck as shown 2- STORY DWELLING DETAIL = 30' 20 IOT SEE INSET LOT 22 몆 207.93 S21'02'08"W N/F MARY ELLEN WILSON McMANUS SURVEYOR'S CERTIFICATE 2654/130 I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES, WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT. ● IRS W/ CAP #351 LOCATION DRAWING (REVISED TO SHOW PROPERTY CORNERS SET) RECORD PLAT No. 13073 FEMA FIRM No. 240044 0015 B ZONE: C LYNDONBROOK LOTS 1 THRU 30, DATED: 12/4/86 PRESERVATION PARCELS A THRU F BENCHMARK LOT No. 21 ENGINEERS . LAND SURVEYORS . PLANNERS

2115 WHITMAN WAY

SCALE:

3nd ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

1" = 60' DATE: 12/16/00

<u>, Р.\ Р. PROJECTS\ 076 (), р. W.G\ 858882 (; р. W.G. 2</u>1 M. dwg. LOCATION DRAWING, 12/21/2000 10:23:37 AM

FAX: 410-465-6644

ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE A SUITE 418

ELLICOTT CITY, MD 21043

PHONE: 410-465-6105

