7/15/98
am WR1
7/22/98
2-00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510564

A 50905-D

DISTRICT 3rd

DATE 7-14-98

DATE SYSTEM APPROVED M. R. Rifkin

INSPECTOR 7/22/98

HOWARD COUNTY HEALTH DEPARTMENT 03325628

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Quarterfield III LOT 3 ROAD 11632 Whitetail Lane

PROPERTY OWNER David Hudson

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 4½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet down the left lot line and 30 feet off this same lot line. Run trenches on contour to right side of lot.

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

PLANS APROVED BY Mark Rifkin DATE 6/23/98

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

~~VOID~~ PERMIT SENT TO

~~PAID~~ RETURNED 6-23-99

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

Gerald H Bro 11 8888
dec

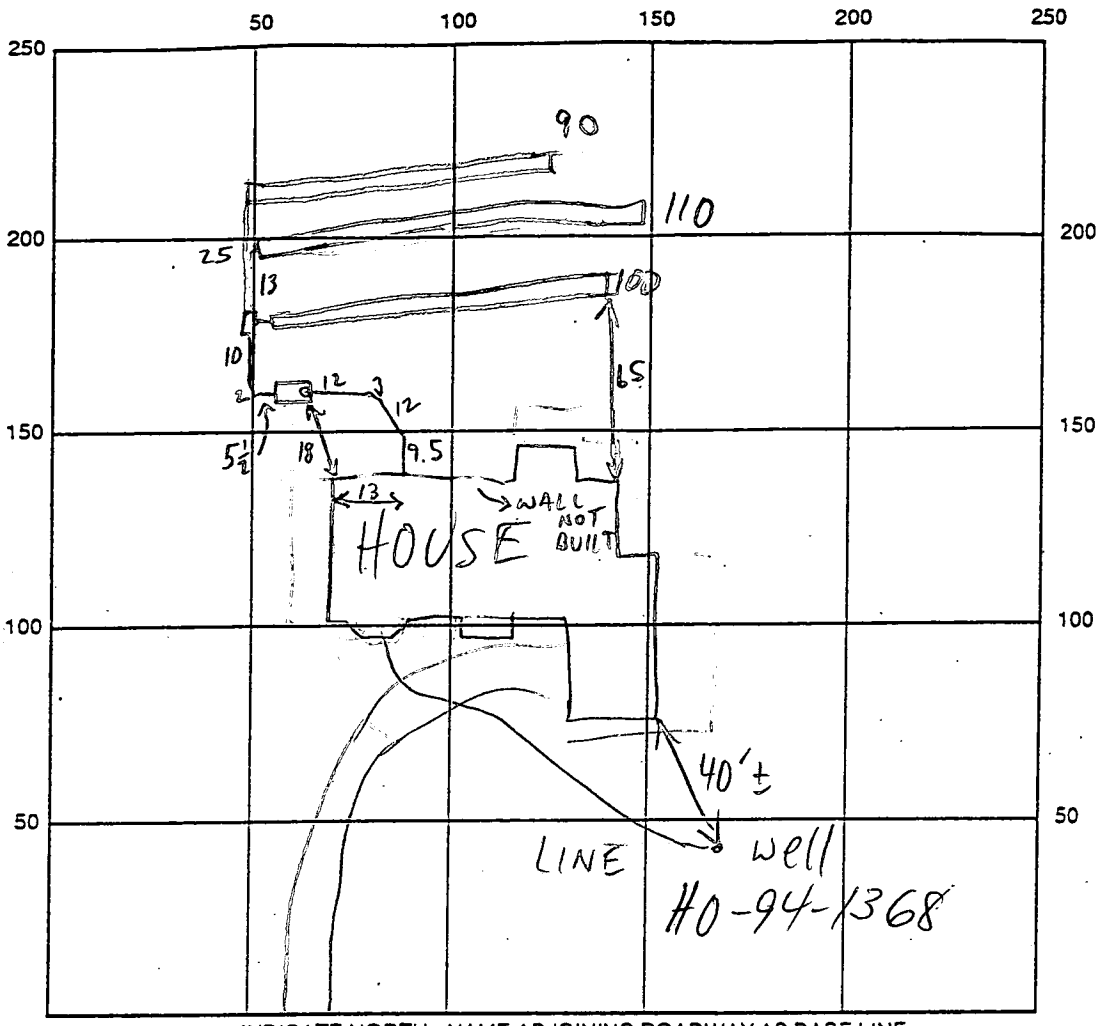
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A-50905-D



WHITETAIL LA INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS 8" @ ST - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 6-6½ FT. TRENCH WIDTH 3 FT. INLET DEPTH 4-4½ FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①100 ②110 ③90 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA ①300 ②330 ③270 SQ. FT.

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

ABSORBENT AREA 900 SQ. FT.

REMARKS: 7/22/98 OK TO FINISH & COVER (MR)

DATE SYSTEM APPROVED 7/22/98 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 50905D

P _____

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

DISTRICT _____

DATE 10/12/95

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/ CONTRACT PURCHASER MR TOM SCRIVENER David Hudson

ADDRESS 5026 Dorsey Hall Drive #204 ELLICOTT CITY, MD 21042 PHONE 964-5522

AGENT OR ~~PROSPECTIVE BUYER~~ DEVELOPER Donald R. Reinwick Jr. LAND DESIGN & DEVELOPMENT, INC.

ADDRESS 10805 Hickory Ridge Road Columbia, MD 21045 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION QUARTERFIELD III LOT NO. #3 on P.C.

ROAD AND DESCRIPTION PROPOSED WHITETAIL LANE - THIRD ELECTION DISTRICT, ADJACENT TO QUARTERFIELD I & II OFF OF FOLLY QUARTER ROAD

TAX MAP 23 PARCEL # 84 (11632 Whitetail Lane) ~~AND RETURNED~~ 6-23-98 Serial # B011215 - YBm

SIZE OF LOT CLUSTER ONE ACRE TYPE BLDG. SINGLE FAMILE DWELLING
(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. Robert H. Weston - Agent - LDD, INC.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 12/27/95 PERC OK, HOLD FOR PLAT MR

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

HD-216 (3/92)

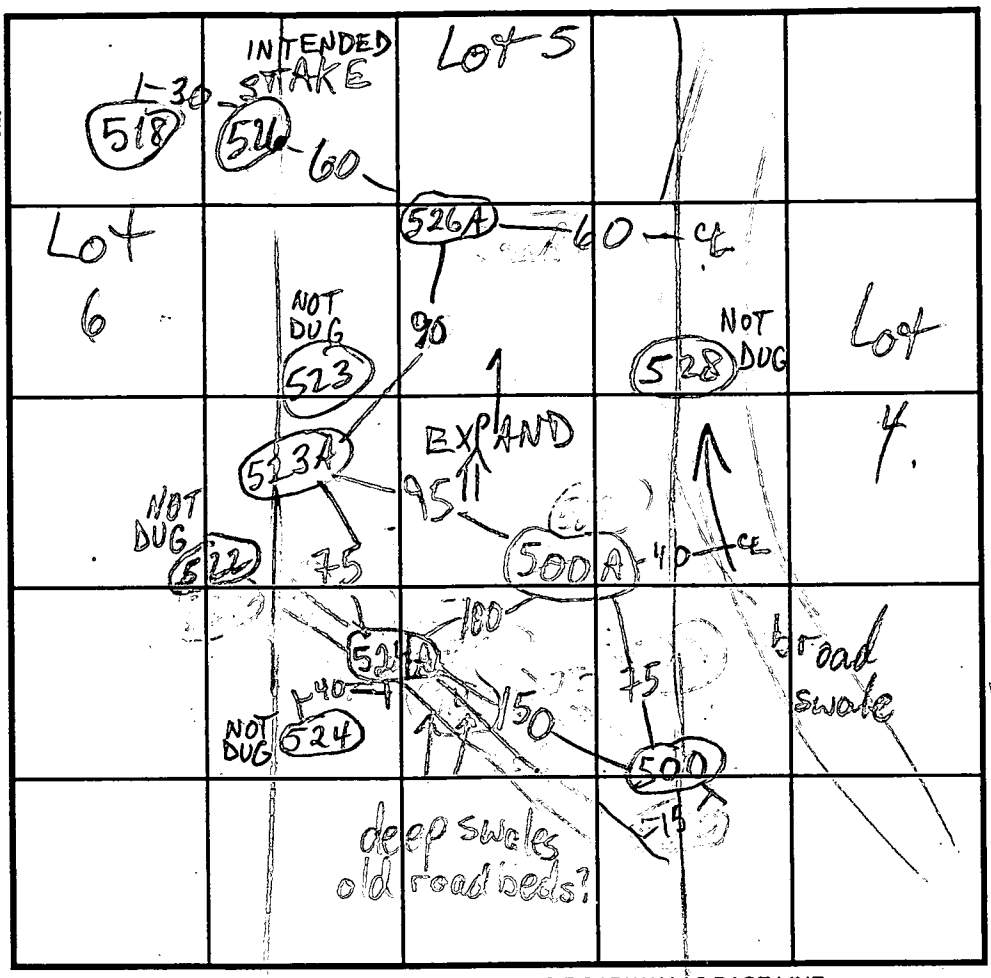
A50905E
COUNTY #

SOIL PROFILE 526A/523A

0'
brn sacl lm
4
tan gray sa lm <10% frags
11½

500
deep org & brn cl lm and sa cl lm
6
beige sa lm 10% frags
10'9"

500A/518
org brn cl lm & sacl lm
4½
tan gray sa lm 10% frags
10½



SOIL PROFILE 524A

0'
heavy org cl lm
4
beige sa lm 10% frags
12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

WHITETAIL LA

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/26/95	526A S	3½ 5	2:51 3:03	2:56 3:08	VERY LITTLE DROP 3:08	3:15	7
	526A V	11½	OK see profile				
	523A S	4'3"	3:06	3:07	3:07	3:11	4
	523A V	12	sim to 526A 20% frags				7.5
	500 S	5 6	3:26 3:34	3:30 3:39	VERY LITTLE DROP 3:39	3:46	7
	500 V	10'9"	OK see profile				
	500A V	10½	OK see profile				
INTENDED TO BE 526	518 S	4'9"	4:00	4:04	4:04	4:08	4
BUT DUG @ WRONG STAKE	518 V	11	OK see profile				
" "	524A	5	11:10	11:13	11:13	11:22	9

REMARKS 524A 12

TYPE OF SOIL HOLES 500, 518 ONLY PER PLAT

TESTED BY M. Rifkin ALSO PRESENT Assoc. Exc.: Don R.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 500-500A-523A-524A 6 TRENCH WIDTH 3

INLET DEPTH 4½ MAXIMUM BOTTOM DEPTH 6½ SQ. FT/BEDROOM 210 ldue to (500)

Total linear feet of trench required 280 **feet**

Width of trench(es) 3 **feet**

Depth of trench(es) 6½ **feet**

Depth of stone required below distribution pipe 2 **feet**

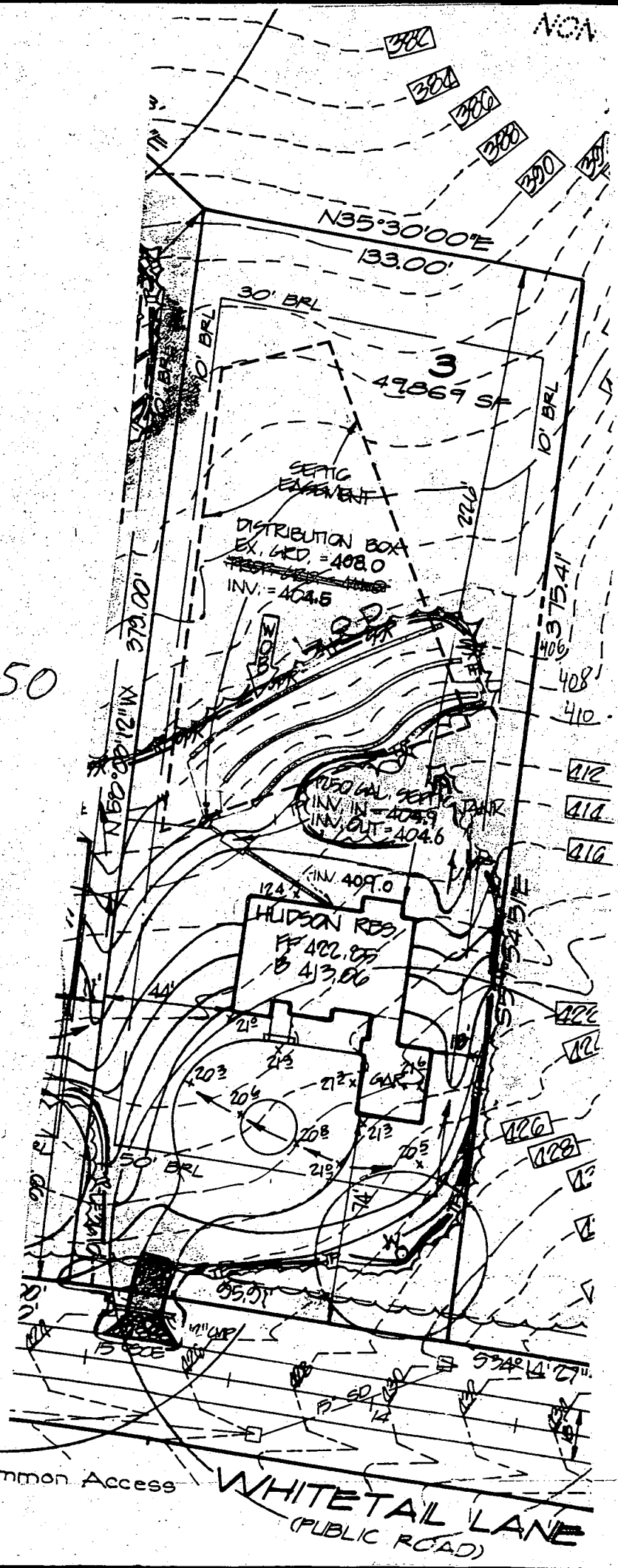
PLAN BY CFS 6/98 1-50

Approved Septic System Plan
Howard County Health Department
B00112115

Mark E. Rifkin — Signature
6/23/98 — Date

MANHOLE REQ'D @ SEPTIC TANK

10' OF PIPE UPSTREAM OF SEPTIC TANK @ 1-2% FALL



C 1 **1306** SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

COUNTY NUMBER A50905

ST/CO USE ONLY
DATE Received 03/03/98

DATE WELL COMPLETED 02/27/98

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1368

OWNER Greenfield Homes
STREET OR RFD Whitetail Lane (last name / first name) TOWN West Friendship
SUBDIVISION Quarterfield SECTION 3 LOT 3

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Sand	0	36	
Gray Mica Rock	36	200	✓

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED yes [Y] no [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 IDENT. NO. MD0024
Joseph Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 15 NO. OF POUNDS 1410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 36 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	41

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below: [ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	HO	39 to 200
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T ____ (E.R.O.S.) ____ W Q ____
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

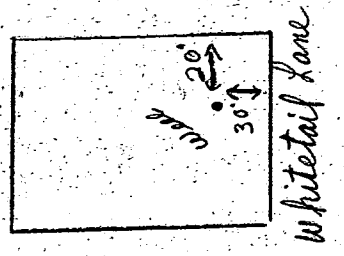
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 44
WHEN PUMPING 52

TYPE OF PUMP USED (for test)
- [A] air
- [P] piston
- [T] turbine
- [C] centrifugal
- [R] rotary
- [O] other (describe below)
- [J] jet
- [S] submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
[+] above / [−] below LAND SURFACE 2 (nearest foot)

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

EMERGENCY/TEMP NO. IF ANY

B 1 — 9488 (1 2 3 6) SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER (70 79)
HO -94 - 1368
fill in this form completely

Date Received (APA) (8)

OWNER INFORMATION

MM DD YY (8 13)
Greenfield Homes (15 Last Name) Owner First Name (34)
6656 Luster Drive (36 Street or RFD 55)
Highland (57 Town) Md. (70 State) 20777 (72 Zip 76)

DRILLER INFORMATION

Joseph L. Mayne (Driller's Name) MS D 24 (76 License No. 81)
Joseph L. Mayne well Drilling (Firm Name)
5512 Ridge Rd Mt. Airy Md 21771 (Address)
Joseph L. Mayne (Signature) 2/7/98 (Date)

B 2 — WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5 (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)
22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 (24 28) FEET
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)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 DEEPEN AN EXISTING WELL

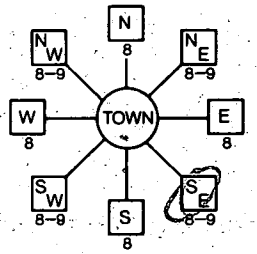
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 (52)

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

APPROP. PERMIT NUMBER GAP (54 63)
FORCE AM (67 68) WRITE INITIALS IN BOX
PERMIT No. HO -94 - 1368 (70 71 72 73 74 75 76 77 78 79)

B 3 — LOCATION OF WELL
Howard (8 COUNTY 21)
Quarterfield (23 SUBDIVISION 42)
SECTION 3 (44 46) LOT 3 (48 50)
West Friendship (52 NEAREST TOWN 71)
MILES FROM TOWN (enter 0 if in town) 4 (73) M I (76 77 78)

B 4 (1 2)
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



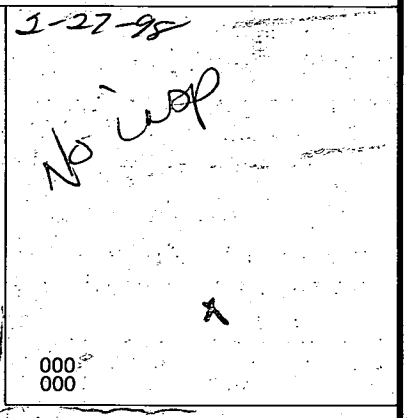
Whitetail Lane (11 NEAR WHAT ROAD 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD FT (38 39) ENTER FT OR MI
TAX MAP: ____ BLK: ____ PARCEL ____

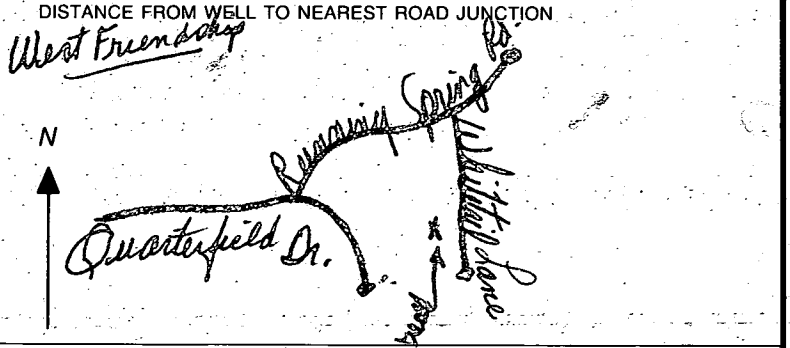
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard County (COUNTY NAME) A50905 (COUNTY NO.)
STATE SIGNATURE ____ INSERT S → (41)
DATE ISSUED 01/06/98 (43 MM DD YY 48) A McMillen (CO SIGNATURE) 1/6/99 (EXP. DATE)
NORTH GRID 521 000 (50 55) EAST GRID 825 000 (57 63)

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 8261
N 5205



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 =

COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B-1 3092 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-1368
fill in this form completely

Date Received (APA): 12/29/97

OWNER INFORMATION
Greenfield Homes Inc
Owner
6656 Kustom Dr
Street or RFD
Hanover MD 21076
Town / State / Zip

DRILLER INFORMATION
MSD / MGD / MWD
Penny Harley
Driller's Name
143
License No.
Harley Drilling & Pump Systems
Firm Name
Box 160 Walkersville, MD 21793
Address
Penny Harley 12-5-97
Signature / Date

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 3
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 600

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

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary (AIR-PERcussion) ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: MR (WRITE INITIALS IN BOX) PERMIT No.: HO-94-1368

LOCATION OF WELL
8 COUNTY: Howard
23 SUBDIVISION: Quarterfield
SECTION: 3 LOT: 3
52 NEAREST TOWN: ELLICOTT CITY
MILES FROM TOWN (enter 0 if in town): 3 MI

NEAR WHAT ROAD: White Tail Ln

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

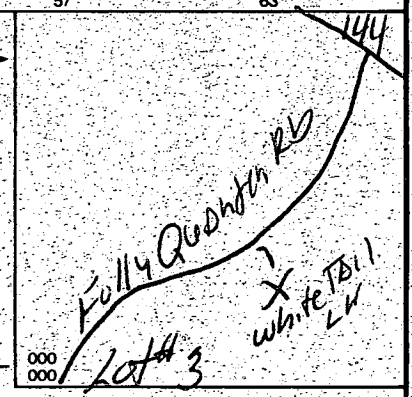
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) 32 EAST (E) SOUTH (S)
DISTANCE FROM ROAD: 35
ENTER FT OR MI: FT

TAX MAP: 23 BLK: 15 PARCEL: 84

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A50905D COUNTY NO.
STATE SIGNATURE
INSERT S
DATE ISSUED: 01/06/98
Mark E. Reffkin 1/6/99
CO SIGNATURE / EXP. DATE

NORTH GRID: 521000
EAST GRID: 0182500

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 8285
N 5281



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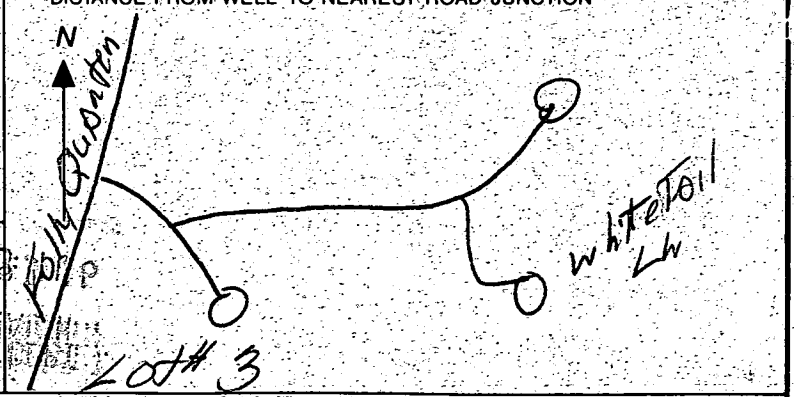


SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # ____
Date ____

Name of Installer Garland Plumbing, Inc. Telephone 410-875-5323

License Number 6350
Certified Well Pump Installer X Well Driller ____ Registered Plumber X

Name of Property Owner David Hudson Telephone 410-781-6782
Subdivision Quarter Field Lot # 3 Well Tag # HO-94-1368
Site Address 11632 Whitetail Lane

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 7E1
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No X
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other X

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Harvard
2. Model # P800
3. Depth 48"

Tank
1. Capacity 250
2. Pressure relief valve? Yes

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"

Well data
1. Depth 190 ft.
2. Yield 7 GPM
3. Static water level 140 ft.
4. Will water supply be disinfected by installer? NO

WELL LINE 7' B.G.
@ HOUSE WALL; 4' B.G.
@ PITLESS ADAPTOR - OK MR 7/15/98

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).

ADVISED R. MINOR TO VERIFY THAT WELL LINE IS SLEEVED UNDER DRIVEWAY

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

Signature of Applicant ____

Date 7-14-98

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

HD-215

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00118888

Building Address 11632 WHITETAIL LANE
ELLICOTT CITY MD
Suite/Apt. #: — SDP/WP/Petition #: F98-27
Census Tract 6030 Subdivision Quarterfield
Section 3 Area — Lot 3
Tax Map 35 Parcel 84 Grid 15
Zoning RR-DEO Map Coordinates 49869 Lot size

Property Owner's Name DAVID C HUDSON
Address 11632 WHITETAIL LANE
City ELLICOTT CITY State MD Zip Code 21042
Home Phone 410-531-1077 Work Phone 410-531-8000
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use RESIDENTIAL SFD
Proposed Use
Estimated Construction Cost $ 2000.00
Description of Work DECK
12' x 25' W/ Steps

Contractor Company OWNER
Contact Person
Address
City State Zip Code
License No.
Phone Fax

Occupant or Tenant DAVID C HUDSON
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company DAVID HUDSON
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame
___ State Certified Modular

Utilities

Water Supply:
___ Public
___ Private
Sewage Disposal:
___ Public
___ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms
Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:
Other Structure:
Dimensions:
Footings:
Roof:
___ State Certified Modular
___ Manufactured Home

Utilities

Water Supply:
___ Public
___ Private
Sewage Disposal:
___ Public
___ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
___ NFPA #13D
___ NFPA #13R
___ Other

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature — *Print Name* DAVID C HUDSON

Title/Company — *Date*

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ	6/23/99	
State Highways		
X Building Official	6/23/99	
X Dev. Engineering, DPZ		
Health	6/23/99	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: 50' min
Rear: 35' min (FROM FOREST CONSERV.)
Side: 10' min
Side St:
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 36024

Filing fee	$
Permit fee	$ 30
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ 120
Balance due	$
Check	# 6788
Validation	# 22609

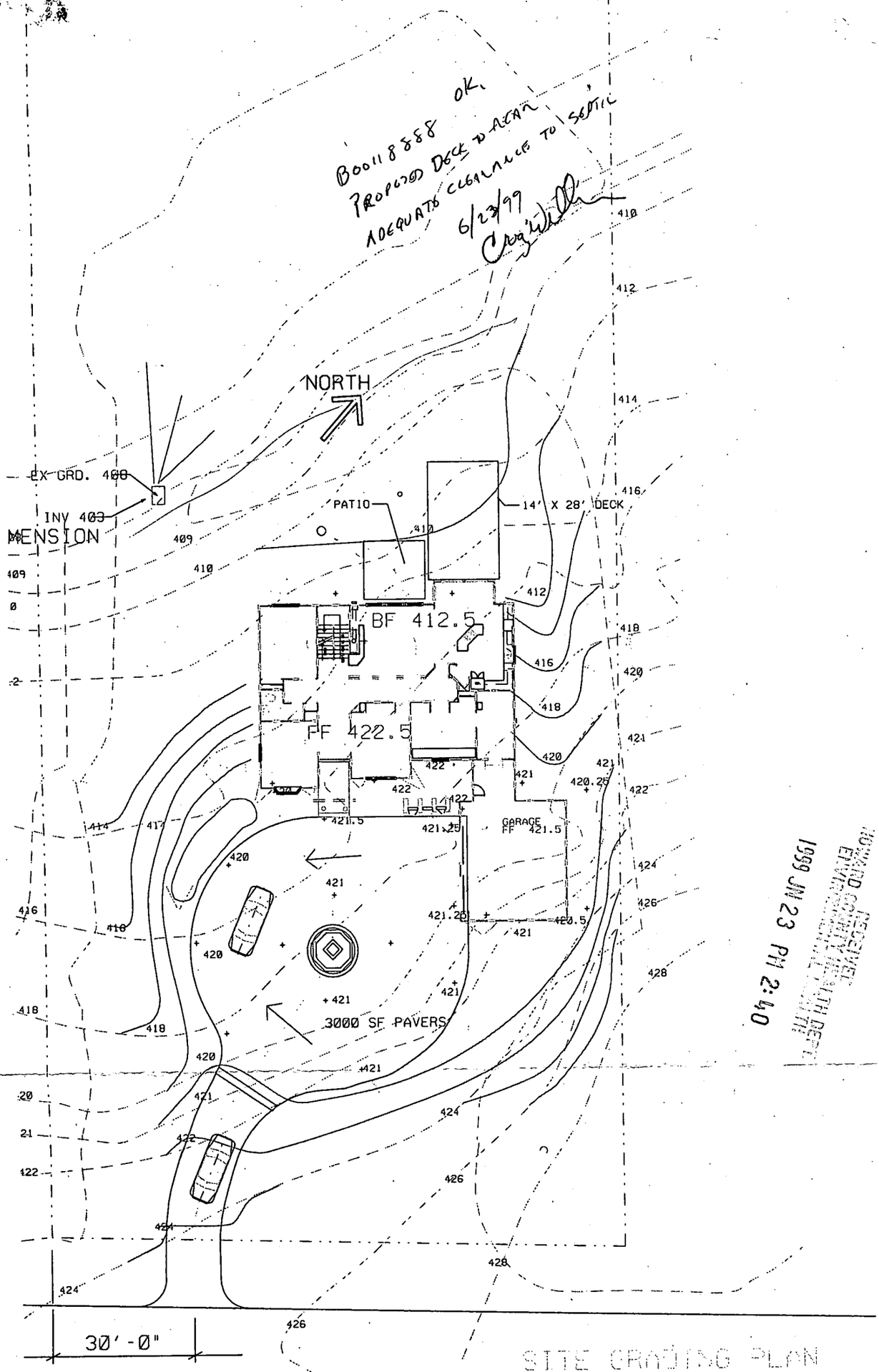
Accepted by

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.frm

Rev. 10/15/98

B00118888 OK.
PROPOSED DECK TO REAR
ADEQUATE CLEARANCE TO SEPTIC
6/23/99



SITE GRADING PLAN

DECK
11632 WHITETAIL LANE
ELLICOTT CITY, MD.
DAVID HUDSON

1999 JN 23 PM 2:40