

10-21-98  
C.O. ASAP

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# 05-380960

P 511047

A 57045-B

DISTRICT 4th

DATE 10/19/98

DATE SYSTEM APPROVED 10/21/98

INSPECTOR DIC

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXXX~~ 410-313-2640

## INDEXED

WTC IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_  
ADDRESS 1820 Gillis Falls 21797 PHONE 410-489-4457  
SUBDIVISION Ridgely Station LOT 1 ROAD 17266 Hardy Road  
PROPERTY OWNER Vance Merson

ADDRESS \_\_\_\_\_  
SEPTIC TANK CAPACITY 1250 GALLONS ~~TOP SEAMED TANK~~ 10/19/98  
NUMBER OF BEDROOMS 4 MR  
210 SQUARE FEET PER BEDROOM  
LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.  
LOCATION - Beginning from the intersection of the 400.06' and 100.00' lot lines, begin trenches 220 feet up the 400.06' lot line and 55 feet off that same lot line. Run trenches on contour toward the 395.80' 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 BY 7.8.98

PLANS APPROVED BY Amy McMillen/Glen Savage REVISED \_\_\_\_\_ DATE 07/07/98

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

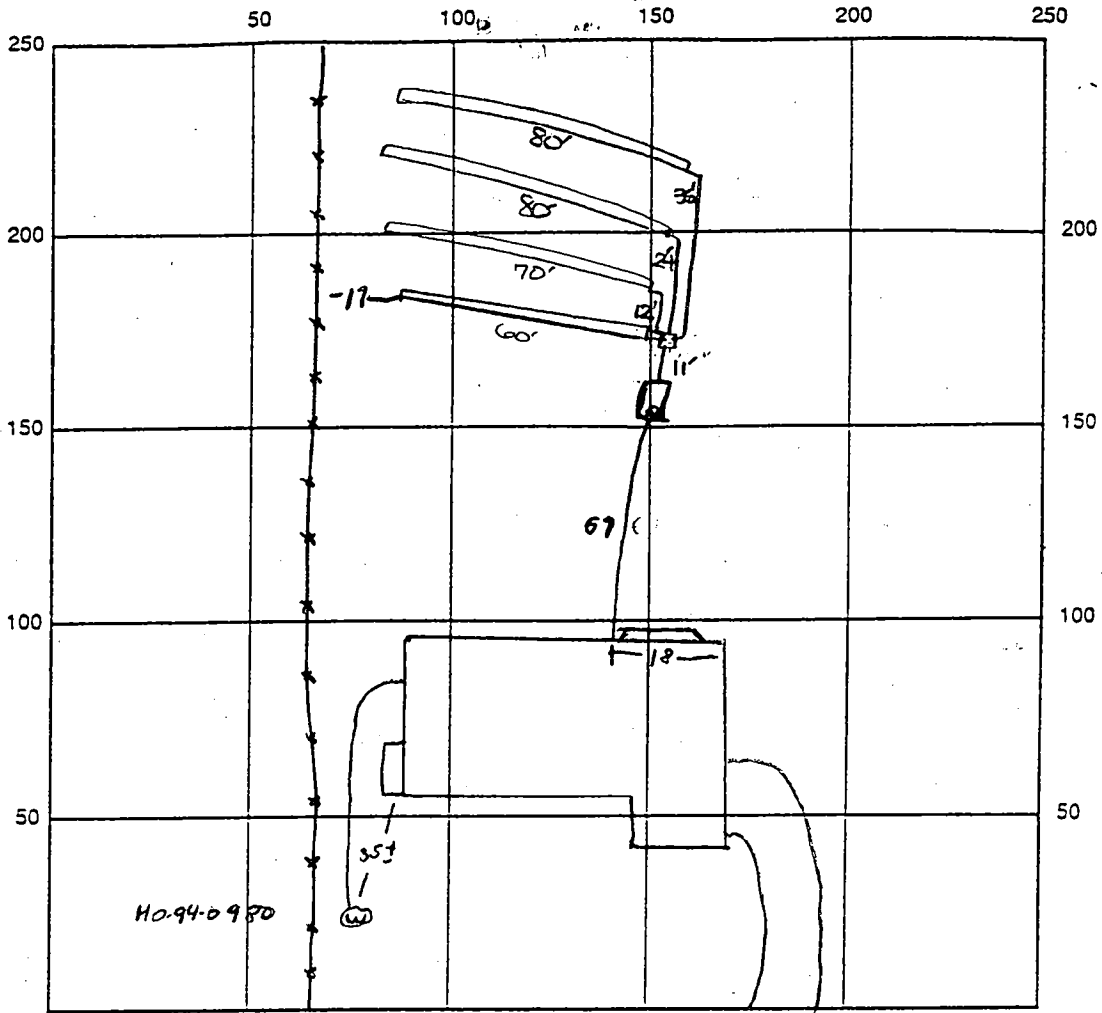
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 57045 B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 ← TO HARDY ROAD

SEPTIC TANK LEVEL OK CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①60 ②80 ③80 ④90 FT. → 280'

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/19/98 STONE IN 1ST TRENCH, OK TO CONTINUE.

10/21/98 FINAL INSP - OK TO COVER ALL WORK AS COMPLETED. DIS

DATE SYSTEM APPROVED 10/21/98 INSPECTOR [Signature]

WPI  
Anytime  
10/19/98  
ok

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   
Replacement

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer WTC III

Telephone 410 489-4457

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Vance Mercon Telephone \_\_\_\_\_  
Subdivision Ridgely Station Lot # 1 Well Tag # HD-94-0980  
Site Address 17266 Hardy Rd

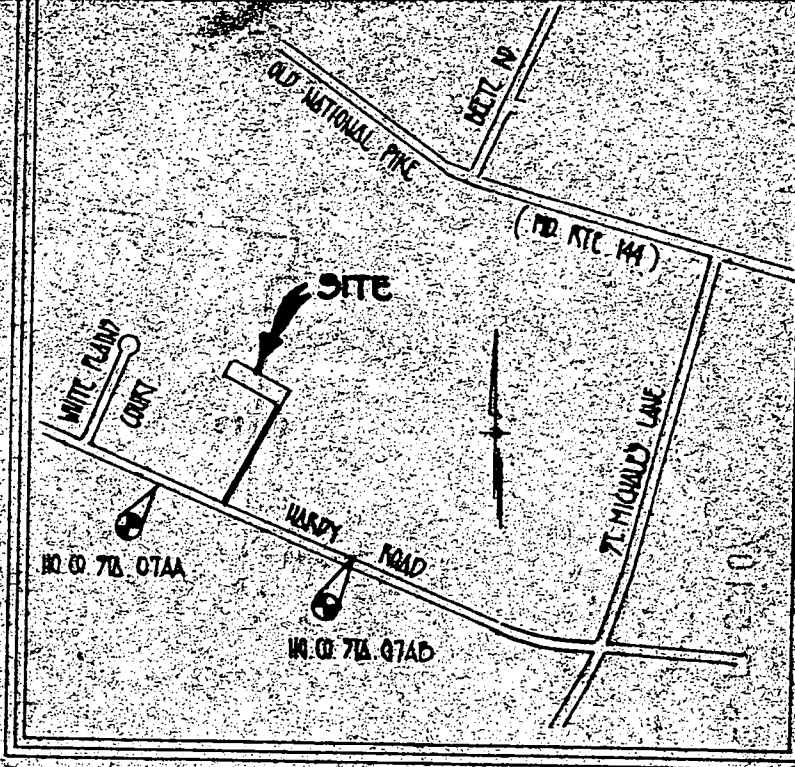
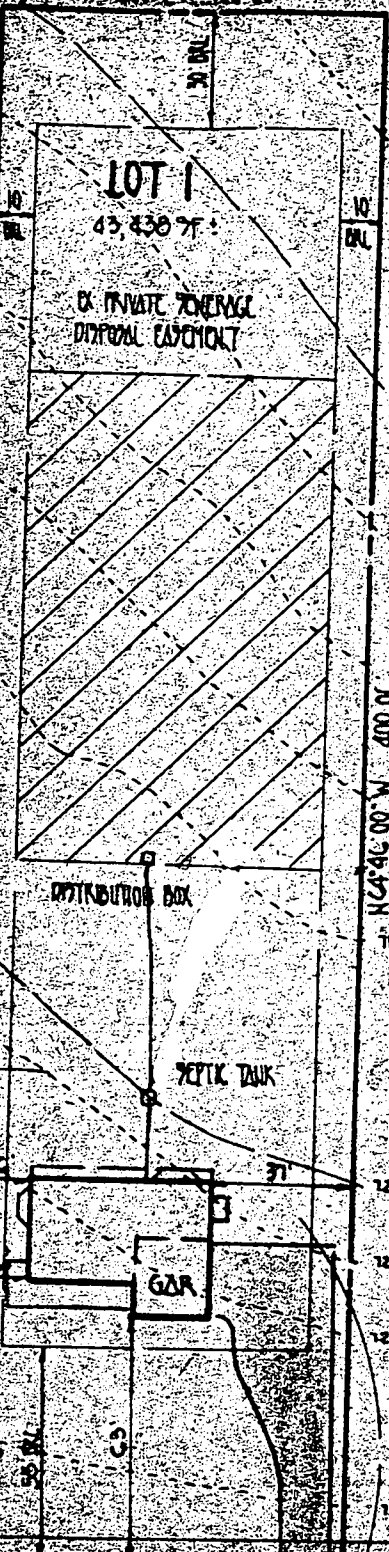
|   |  |                        |
|---|--|------------------------|
| <b>Pump</b>   | <b>Motor</b>                               | <b>Pitless Adapter</b> |
| 1. Type   | 1. Horsepower <u>3/4</u>                   | 1. Make _____          |
| a. Deep well jet _____  | 2. RPM _____                               | 2. Model # _____       |
| b. Shallow well jet <input checked="" type="checkbox"/>   | 3. Voltage _____                           | 3. Depth _____         |
| c. Submersible _____  | a. 110 _____                               |                        |
| 2. Make _____   | b. 220 <input checked="" type="checkbox"/> |                        |
| 3. Model # _____  |  |                        |
| 4. Capacity _____ GPM   |  |                        |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>  |  |                        |
| 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 <input checked="" type="checkbox"/> Other _____ |  |                        |

|                                 |  |   |
|---------------------------------|--|---|
| <b>Tank</b>                     | <b>Piping</b>                          | <b>Well data</b>  |
| 1. Capacity _____               | 1. Type _____                          | 1. Depth <u>365</u> ft.                                 |
| 2. Pressure relief valve? _____ | 2. Size _____                          | 2. Yield <u>4</u> GPM                                   |
|                                 | 3. NSF and/or BOCA Code approved _____ | 3. Static water level <u>58</u> ft.                     |
|                                 | 4. Depth of supply line _____          | 4. Will water supply be disinfected by installer? _____ |

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: 10/19/98

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



VICINITY MAP  
SCALE: 1"=200'

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 720.00  
 B. BASEMENT ELEVATION: 719.00  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 716.00  
 D. INVERT IN AT SEPTIC TANK: 716.40  
 E. INVERT OUT AT SEPTIC TANK: 716.10  
 F. PROPOSED GRADE OVER SEPTIC TANK: 719.50  
 G. INVERT AT DISTRIBUTION BOX: 715.00
4. H. EXISTING GROUND OVER DISTRIBUTION BOX: 718.00  
 I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

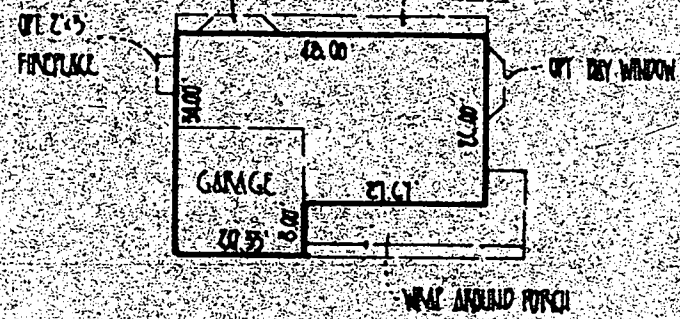
Total linear feet of trench required 280 feet

Width of trench (es) 3 feet

Depth of trench (es) 6 feet

Depth of stone in trench below ground surface 6 feet

Approved Septic System Plan  
 Howard County Health Department  
 B00112805



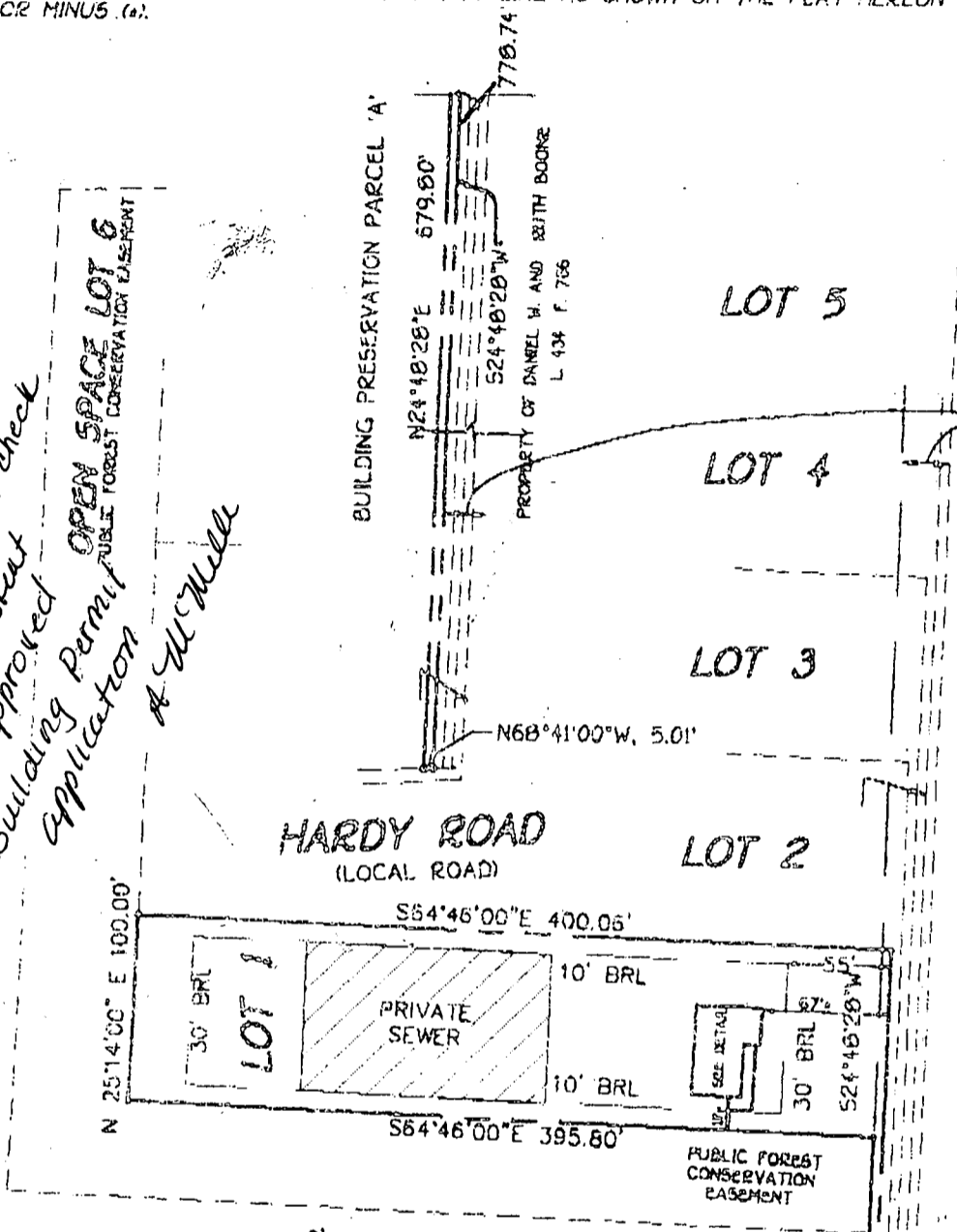
PROPOSED RESIDENCE  
 Ridgely Station Lot 1

*[Signature]*  
 Date 7.7.98

### GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440006 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

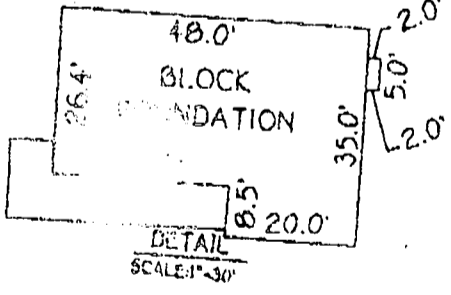
10/17/99  
 w/ consistent  
 Building Permit  
 Application  
 APPROVED  
 A. McMillen



PRIVATE 25' USE-IN-CORPORATION  
 DRIVEWAY ACCESS EASEMENT  
 ACROSS LOTS 1 THRU 5 FOR THE  
 USE AND BENEFIT OF LOTS 1-THRU  
 5. MAINTENANCE AGREEMENT  
 RECORDED AMONG THE LAND  
 RECORDS OF HOWARD COUNTY,  
 MARYLAND.

PROPERTY OF DANIEL W. AND RUTH BOORKE  
 L. 434 F. 766

LOT 1  
 RIDGELY STATION  
 LOTS 1 THRU 6  
 AND PRESERVATION  
 PARCEL 'A'  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 PLAT • 12897



BRL = BUILDING RESTRICTION LINE

FISHER, COLLINS & CARTER, INC.  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10270 BALTIMORE NATIONAL PIKE  
 ELKSPROUT CITY, MARYLAND 21042  
 (301) 461-2855



Mark L. Robel 8/20/98  
 PROFESSIONAL LAND SURVEYOR DATE  
 REG. • 339

## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 8/19/98  
 FINAL LOCATION:  
 BOUNDARY SURVEY:

SCALE: 1"=100'  
 DATE: 8/20/98  
 DRAWN BY: T.P.C.  
 CHECKED BY: M.L.B.  
 PROJECT No.: 61242

# APPLICATION

PERCOLATION TESTING

A 57045D

P \_\_\_\_\_

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

DISTRICT FOURTH

DATE JULY 23, 1996

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 VANCE MERSON AND CHARLES SCHWARTZ VANCE MERSON

ADDRESS 7435 NANTONIA DRIVE MT. AIRY MARYLAND 21771 PHONE 301-829-9024

AGENT OR PROSPECTIVE BUYER SAME AS ABOVE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION RIDGELY STATION LOT NO. 4

ROAD AND DESCRIPTION 2600' ± WEST FROM THE INTERSECTION OF HARON ROAD AND ST. MICHAELS ROAD  
(17266 Handy Road)

TAX MAP 7 PARCEL # 9

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. BLDG. PERMITS SIGNED AND RETURNED 7-7-98 Serial # B17112805- SINGLE FAMILY DETACHED DWELLING - 4 BR  
(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. Vance W. Merson  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

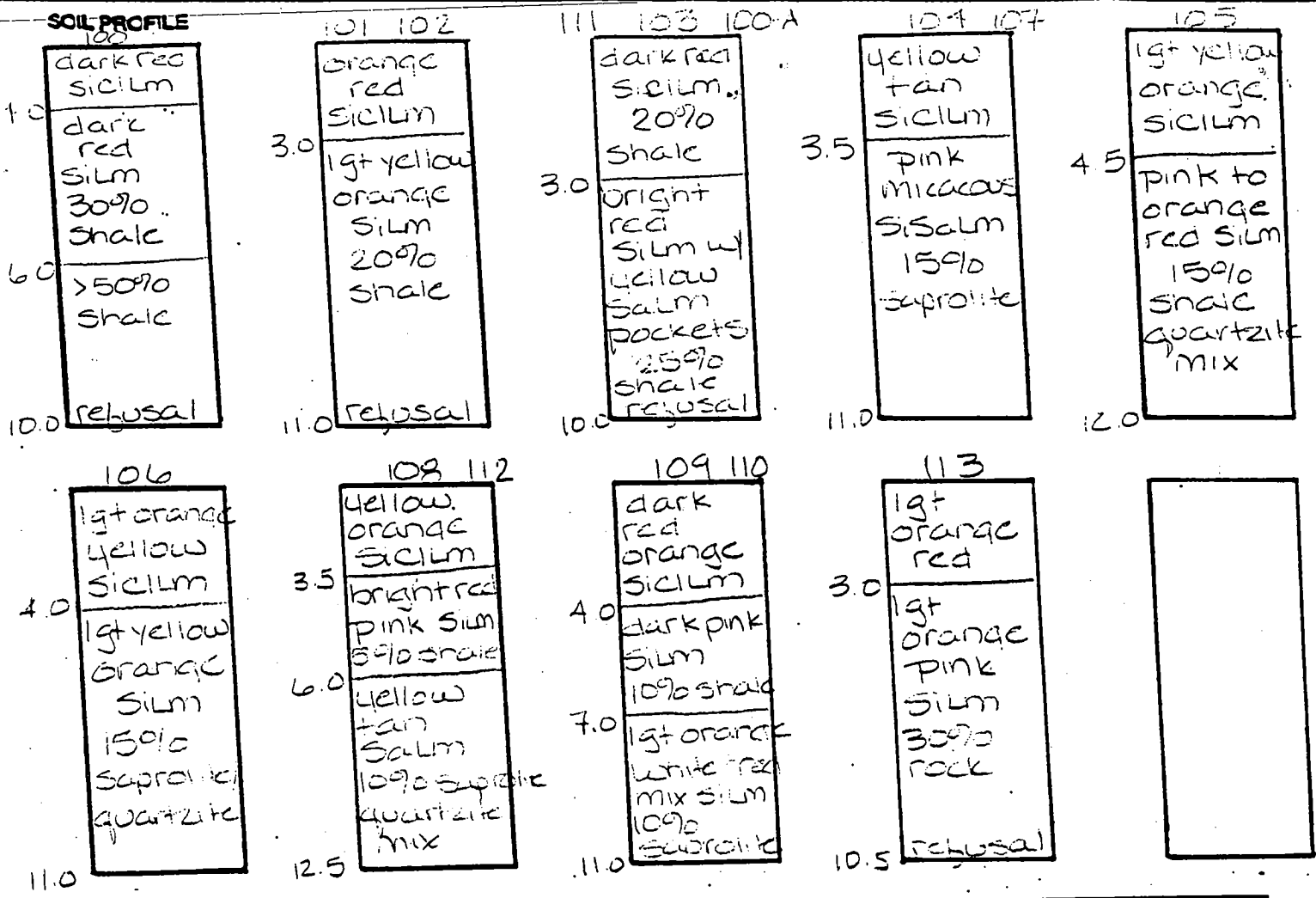
HOLD PENDING FURTHER TESTS \_\_\_\_\_

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



| DATE   | TEST NO. | DEPTH      | PRE-WET |          | TEST - 1" DROP |       | TIME  |
|--------|----------|------------|---------|----------|----------------|-------|-------|
|        |          |            | START   | STOP     | START          | STOP  |       |
| 8-8-96 | 100      | Insuff     | cient   | depth to | bedrock        | see   | F     |
|        | 100-A    | Visual     | to 11.0 | - see    | profile        | -     | OK    |
|        | 101      | 4.0 / 11.0 | 10:38   | 10:50    | 10:50          | 10:59 | 9min  |
|        | 102      | Visual     | to 11.0 | - see    | profile        | -     | OK    |
|        | 103      | 4.0 / 11.0 | 9:50    | 10:05    | 10:05          | 10:26 | 21min |
|        | 103      | 7.5 / 11.0 | 10:00   | 10:03    | 10:03          | 10:08 | 5min  |
|        | 104      | 6.0 / 11.0 | 10:05   | 10:12    | 10:12          | 10:25 | 13min |
|        | 105      | Visual     | to 12.0 | - see    | profile        | -     | OK    |
|        | 106      | 4.5 / 11.0 | 10:17   | 10:36    | 10:36          | 11:06 | 30min |
|        | 107      | 4.0 / 12.5 | 10:33   | 10:35    | 10:35          | 10:45 | 10min |
|        | 108      | Visual     | to 12.5 | - see    | profile        | -     | OK    |
|        | 109      | 4.5 / 11.0 | 11:08   | 11:11    | 11:11          | 11:16 | 5min  |
|        | 109      | 8.0 / 11.0 | 11:16   | 11:19    | 11:19          | 11:23 | 4min  |
|        | 110      | 4.0 / 11.0 | 10:42   | 10:54    | 10:54          | 11:17 | 23min |

TESTED BY Ami McMillen ALSO PRESENT Alan McHenry





PLANET

| MINIMUM LOT SIZE | MINIMUM LOT AREA |
|------------------|------------------|
| 10,043 Sq.Ft.    | 10,043 Sq.Ft.    |
| 10,169 Sq.Ft.    | 10,169 Sq.Ft.    |
| 10,895 Sq.Ft.    | 10,895 Sq.Ft.    |
| 11,320 Sq.Ft.    | 11,320 Sq.Ft.    |
| 12,895 Sq.Ft.    | 12,895 Sq.Ft.    |

REBAR WITH VRA CAP FOUND (0.16' NW OF TITLE) NW OF

REBAR WITH VRA CAP FOUND

REBAR WITH VRA CAP FOUND

### OPEN SPACE LOT 6

OPEN SPACE LOT 6 OWNED AND MAINTAINED BY HOMEOWNER'S ASSOCIATION

### BUILDABLE PARCEL 'A'

7.312 AC.

PRIVATE 25' USE-IN-COMMON DRIVEWAY ACCESS EASEMENT THE USE AND BENEFIT OF LOTS 1 THRU 5 FOR AGREEMENT RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

LOT LINE REMOVED BY RECORDATION OF THIS PLAT

SEE ENLARGEMENT

THE REQUIREMENTS 53-108, THE REVISIONS TO THE CODE OF MARYLAND, 1988 REPEAL AS FAR AS THEY RELATE TO THE SETTING OF MARKERS HAVE BEEN

F-97-84

PROPERTY OF DANIEL W. AND RUTH BOONE LIBER 434, FOLIO 766

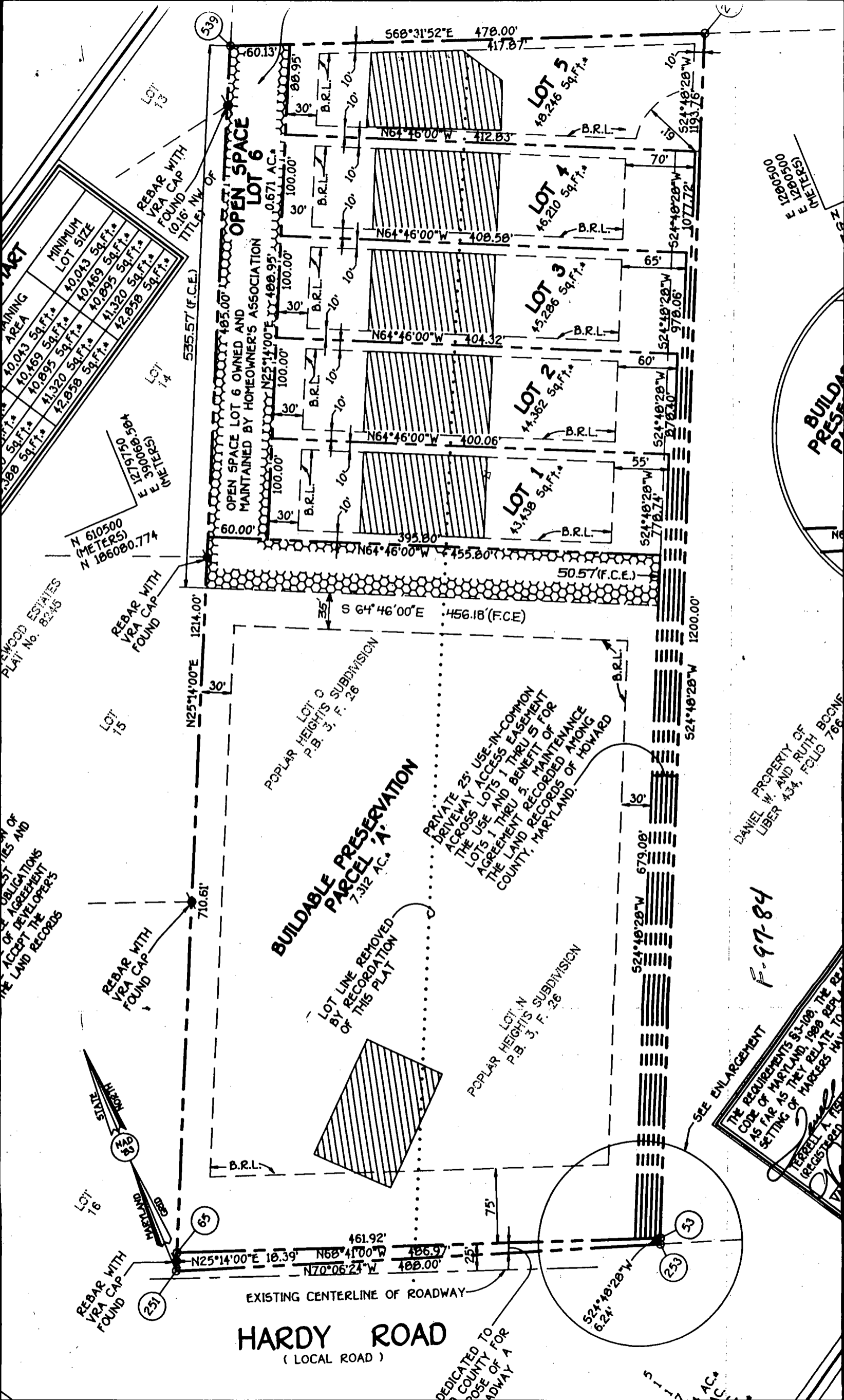
## HARDY ROAD

(LOCAL ROAD)

DEDICATED TO THE COUNTY FOR THE PURPOSE OF A ROADWAY

1290500 METERS (E)

BUILDING PRESERVATION



C1 7879 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE

COUNTY NUMBER A-57045B

ST/CO USE ONLY. DATE RECEIVED 11/20/96

DATE WELL COMPLETED 11/15/96

Depth of Well 365 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0980

OWNER SCHROYER CHARLES last name first name STREET OR RFD HARDY ROAD TOWN MT AIRY SUBDIVISION RIBELY STATION SECTION LOT 2

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST C3

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown Shale 0-57, Blue Rock 57-365.

NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 40 ft

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

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

BEFORE PUMPING 58 ft

WHEN PUMPING 323 ft

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 60

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES) (NO)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

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...

DEPTH (nearest ft.) HO 59 365

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

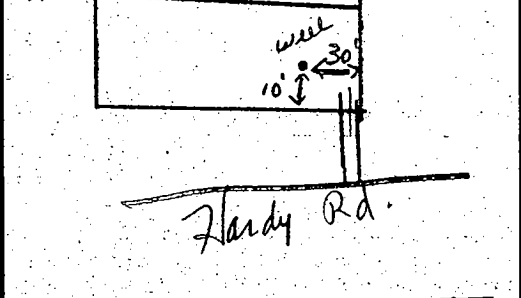
TYPE: MWD/MSD/MGD 24 DRILLERS LIC. NO. Joseph L. Mayne

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

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)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68



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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

|  |  |   |
|--|--|---|
| B 1<br>-4610<br>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | SEQUENCE NO. (MDE USE ONLY)<br>STATE OF MARYLAND<br>PERMIT TO DRILL WELL<br>please print or type | STATE PERMIT NUMBER<br>40-99-0980<br>70 fill in this form completely 79 |
|--|--|---|

**OWNER INFORMATION**

Date Received (APA) 110496

8 SCIROVER CHARLES  
 15 Last Name Owner First Name 34

36 1225 EMMAUS RD  
 Street or RFD 55

57 WOODBRIAR  
 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3  
 1 HOWARD  
 2 COUNTY 21

RIDGELEY STAT 10 RD  
 23 SUBDIVISION 42

SECTION 44 46 LOT 2 48 50

MT AIRY  
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 MI  
 73 76 77 78

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Joseph E. Mayne  
 17 License No. 80 2K

Joseph E. Mayne Well Drilling  
 Firm Name

5512 Ridge Rd Mt. Airy, Md. 21771  
 Address

Joseph E. Mayne 11/4/96  
 Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD** Hardy Road 30

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

34 720 37  
 DISTANCE FROM ROAD

ENTER FT OR MI FT 38 39

TAX MAP: 7 BLK: PARCEL 9

**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)**

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 A-57045 B  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 110796  
 43 48 CO SIGNATURE EXP. DATE 11-7-97

NORTH GRID 599000 EAST GRID 767000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 249 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other

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

SOURCES OF DRILLING WATER

- WELL
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7 7  
 N 5 19

11/15/96  
 9:00 GROUT X

No MSP  
 ALM

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

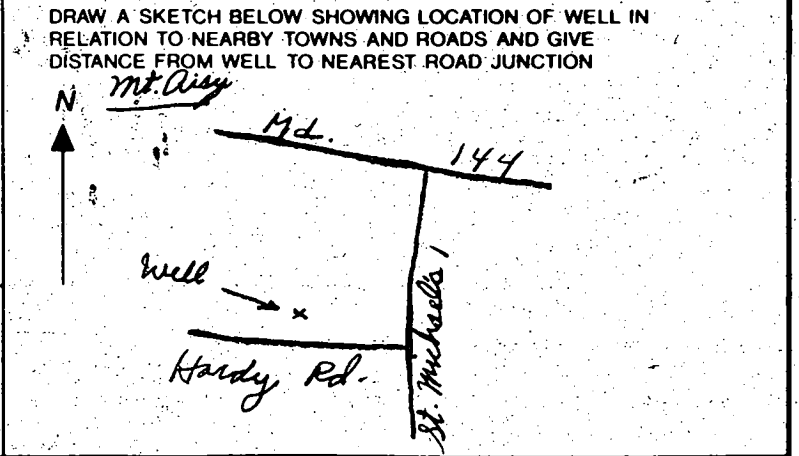
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 DEEPEM AN EXISTING WELL

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



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

APPROX. PERMIT NUMBER GAP  
 54 63

FORCE GS WRITE INITIALS IN BOX PERMIT No. 40-99-0980  
 67 68 70 71 72 73 74 75 76 77 78 79



APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

*Health Dept*

*B00112805*  
*2805*

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

*17266 Hardy Road*  
*Mt Airy Md 21771*

GRADING/SEDIMENT CONTROL  YES  NO

DESCRIPTION OF WORK AUTHORIZED

*New Single Family Home*  
*10/2 Car Garage*  
*4 Bedrooms*  
*2 1/2 Baths with Rough In in Basement*

| LOT NO.  | PARCEL NO. | SEC        | AREA        | BLOCK NO. | LIBER | FOLIO |
|----------|------------|------------|-------------|-----------|-------|-------|
| <i>1</i> | <i>9</i>   | <i>19A</i> | <i>12/A</i> | <i>2</i>  |       |       |

| SUB DIVISION           | ZONE         | ZONE MAP | ELEC. DIST. | CENSUS TR.  |
|------------------------|--------------|----------|-------------|-------------|
| <i>Ridgely Station</i> | <i>RC-DE</i> | <i>7</i> | <i>4</i>    | <i>6040</i> |

OWNER NAME AND ADDRESS  
*Vance Merson*  
*P O Box 126*  
*Woodbine Md 21797*

PHONE NO.  
*301 829 3024*

OCCUPANT'S NAME AND ADDRESS

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

CONTRACTOR'S NAME AND ADDRESS  
*Stratford Builders Inc*  
*P O Box 126*  
*Woodbine Md 21797*

PHONE NO.  
*301 829 3029*

| EXISTING USE      | PROPOSED USE              |
|-------------------|---------------------------|
| <i>Vacant Lot</i> | <i>Single Family Home</i> |

| EST. CONSTRUCTION COST | LICENSE NUMBER | PERMIT FEE |
|------------------------|----------------|------------|
| <i>125,000</i>         |                |            |

| SIZE OF BLDG. | FRONT | DEPTH | HEIGHT |
|---------------|-------|-------|--------|
|               |       |       |        |
|               |       |       |        |
|               |       |       |        |

| TYPE OF BLDG. | AREA | VOLUME | ROOF |
|---------------|------|--------|------|
|               |      |        |      |
|               |      |        |      |
|               |      |        |      |

| FOOTINGS | FOUNDATION | S. WALLS |
|----------|------------|----------|
|          |            |          |
|          |            |          |

| UTILITIES  |              |     |             |              |    |
|------------|--------------|-----|-------------|--------------|----|
| WATER/WELL | SEWER/SEPTIC | GAS | ELECTRICITY | TYPE OF HEAT | AC |
|            |              |     |             | <i>Oil</i>   |    |

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for, else where in the application; and that no work will be covered up until such inspections have been complied with.

*Vance Merson*  
SIGNATURE  
*President/owner*  
TITLE  
DATE *7/6/98*

### FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE \_\_\_\_\_

SIDE YARD \_\_\_\_\_  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE \_\_\_\_\_  
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK \_\_\_\_\_ (CORNER LOT ONLY)

SDP # \_\_\_\_\_

| FUNCTION  | DATE          | SIGNATURE APPROVAL |
|---|---------------|--------------------|
| ZONING/PLANNING <input checked="" type="checkbox"/>   |               |                    |
| SHA <input checked="" type="checkbox"/>               |               |                    |
| SEDIMENT/GRADING <input checked="" type="checkbox"/>  |               |                    |
| BUILDING OFFICIAL <input checked="" type="checkbox"/> |               |                    |
| WATER & SEWER   |               |                    |
| HEALTH DEPT. <input checked="" type="checkbox"/>      | <i>7-7-98</i> | <i>[Signature]</i> |
| FIRE PROTECTION                                       |               |                    |
| STORM WATER MGMT <input checked="" type="checkbox"/>  |               |                    |

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

### CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

*[Handwritten Signature]*

APPROVED

DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

*[Large Handwritten Mark]*