

4/7/99
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-361520

P 511490

A 57313-C

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 4/5/99

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED 4/7/99

INSPECTOR SRK

INDEXED

S. K. Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Sycamore Valley II Devlin Property LOT 3 ROAD 3796 Championship Drive

PROPERTY OWNER Trinity Builders

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 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 145 feet up the left (367.34') lot line and 35 feet off that same lot line as seen when facing the lot from Championship Drive. Run trenches on contour toward rear of the 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 11/20/98 DRS*

PLANS APPROVED BY Amy McMillen DATE 11-10-98

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 25/40 PVC OR A2S

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.

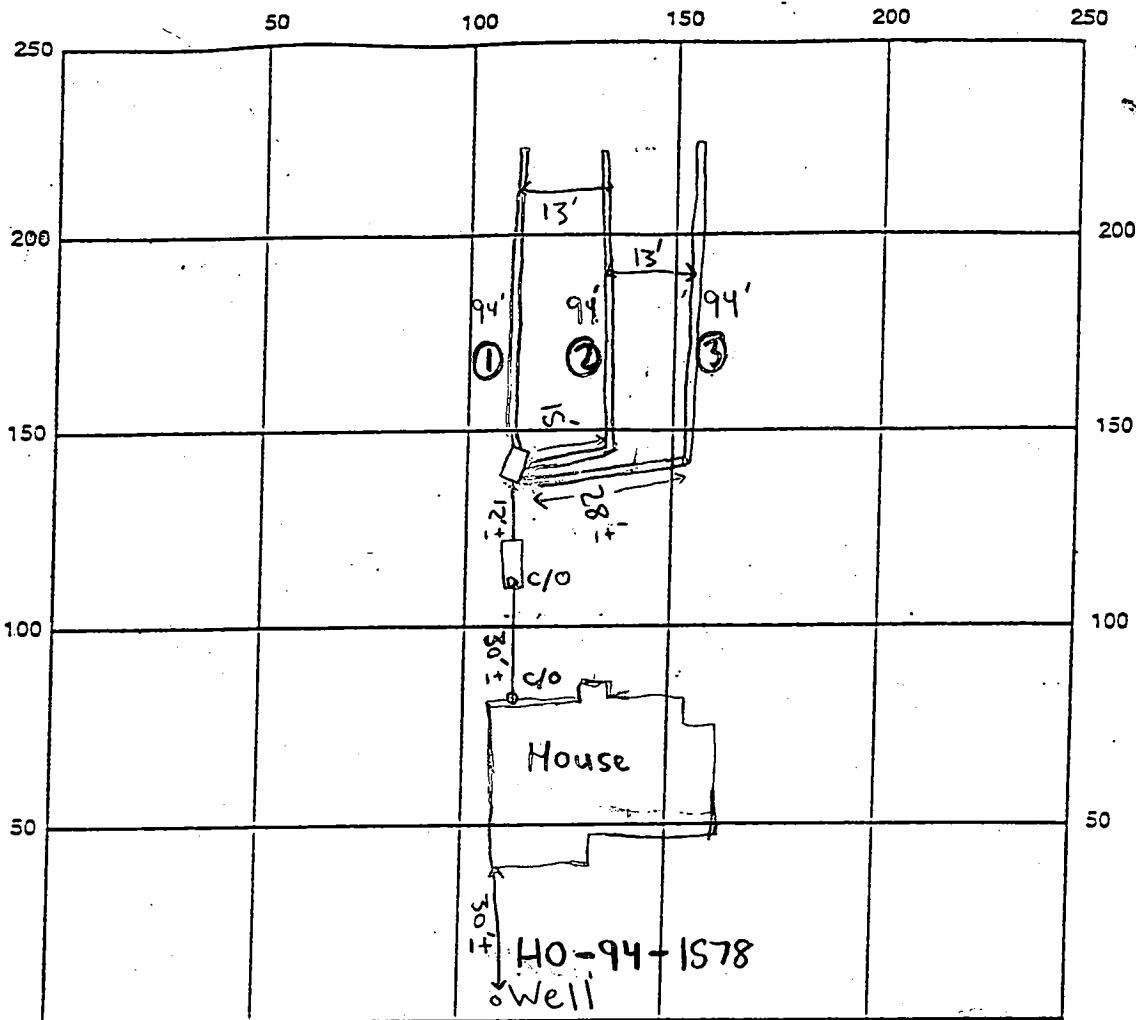
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

*ALL PERMITS MUST BE RETURNED 2/3/01
00028352 Finish bsmt*

57313-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CHAMPIONSHIP DRIVE

SEPTIC TANK LEVEL 1250 gallons CLEANOUTS 1,4" House / 1,6" Tank

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ~~112/13~~ 112/13 FT. (282)

NUMBER OF TRENCHES 3 TOTAL ONE-SIDEWALL BOTTOM AREA 846 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: OK To cover SRK 4/7/99

DATE SYSTEM APPROVED 4/7/99 INSPECTOR Steven R. Kriz

OK/ew

APPLICATION

PERCOLATION TESTING

A 57313

P _____

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

DISTRICT _____

DATE 10/9/96

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 Frances Devlin Trinity Builder

ADDRESS 10805 Hickory Ridge Rd Site 215 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Law Design and Development

ADDRESS 10805 Hickory Ridge Rd Site 215 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. _____

ROAD AND DESCRIPTION Sycamore Run Road

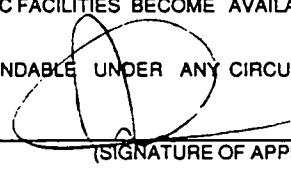
3796 Championship Drive

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single - 4 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**SLDG. PERMITS SIGNED
AND RETURNED 11-10-98**
Serial # B70114988

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

COUNTY #

SOIL PROFILE

0' F235 F264

dark red Siclm

pink Sicalm
<5% Rx

12.0

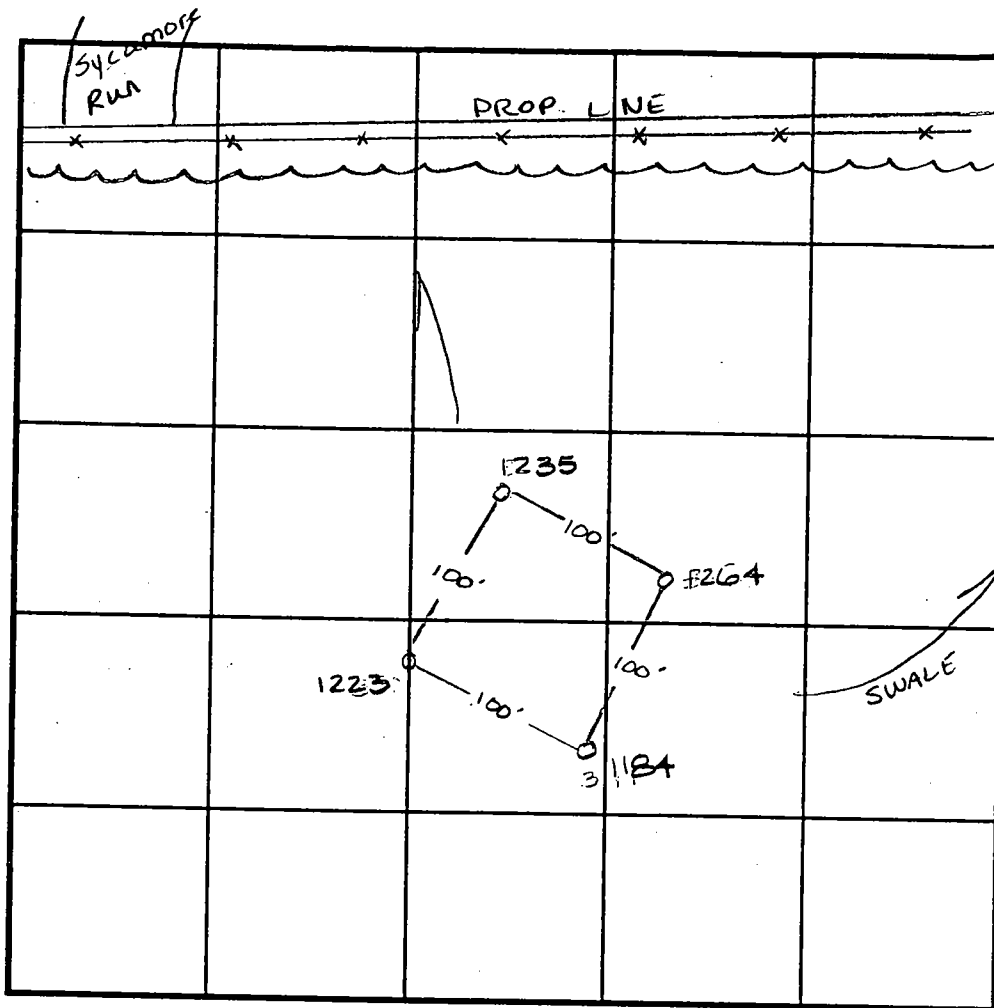
F223, F184

dark red Siclm

4.0

lgt tan Silm

11.5



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-27-96	F184	4.0 v11.5	11:25	11:28	11:28	11:32	4min
	F264	3.5 v12.0	12:45	12:54	12:54	1:11	17min
	F235	5.0 v12.0	12:33	12:40	12:40	12:48	8min
	F223	3.0 v11.0	12:30	12:31	12:31	12:36	5min

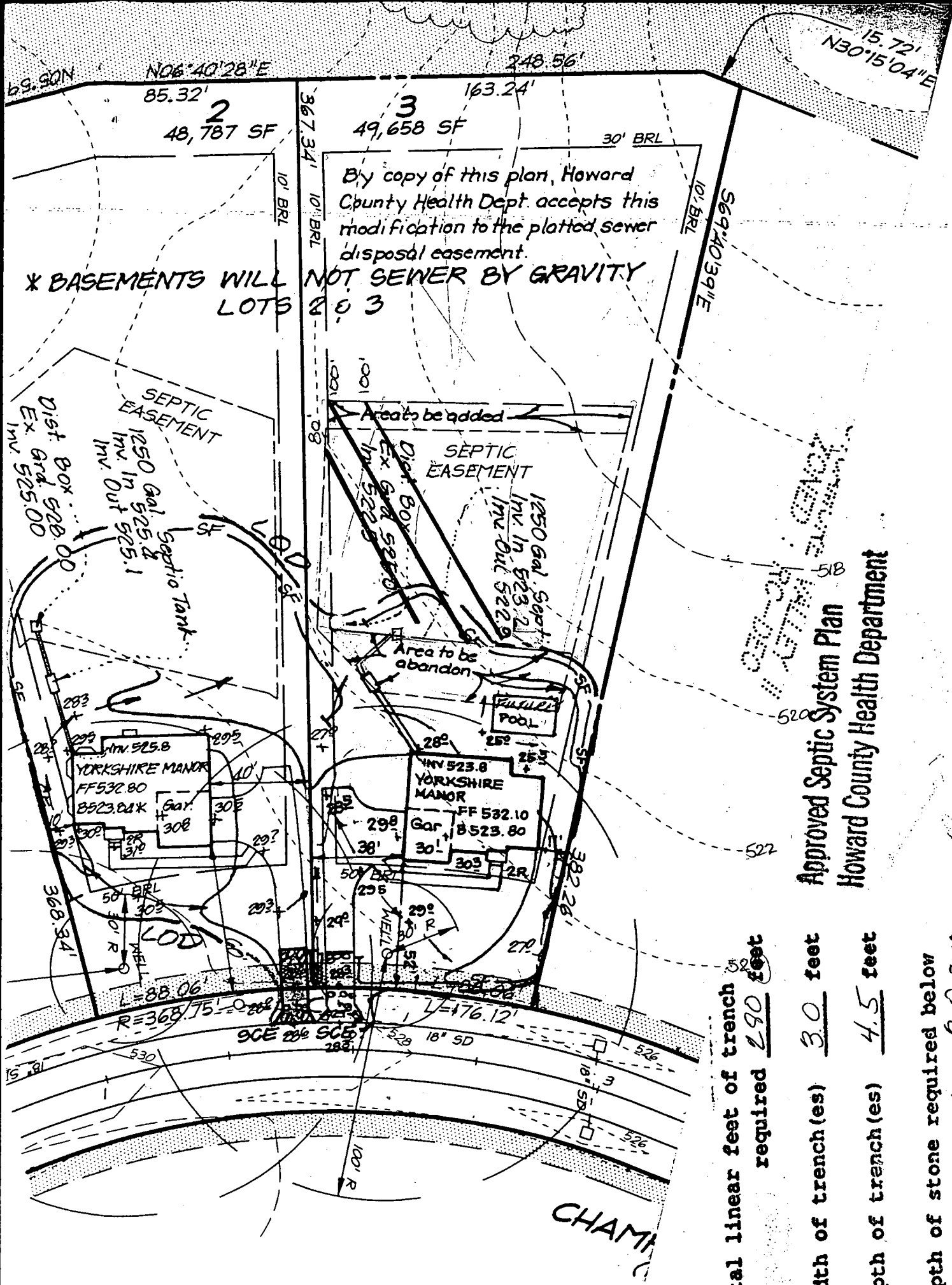
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Don Reuwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



Approved Septic System Plan
 Howard County Health Department

- Total linear feet of trench required 290 feet
- Width of trench(es) 3.0 feet
- Depth of trench(es) 4.5 feet
- Depth of stone required below distribution pipe 2.0 feet.

[Signature]
 Signature

11/10/98
 Date

APPLICATION

PERCOLATION TESTING

A 57313

P _____

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

DISTRICT _____

DATE 10/9/96

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 Frances Devlin

ADDRESS 1305 Hickory Ridge Rd Ste 215 ^{Cl. Md 21044} PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 1305 Hickory Ridge Rd Ste 215 ^{Cl. Md 21044} PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. 4

ROAD AND DESCRIPTION Sycamore Run Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single
(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

COUNTY #

SOIL PROFILE

1153 1138

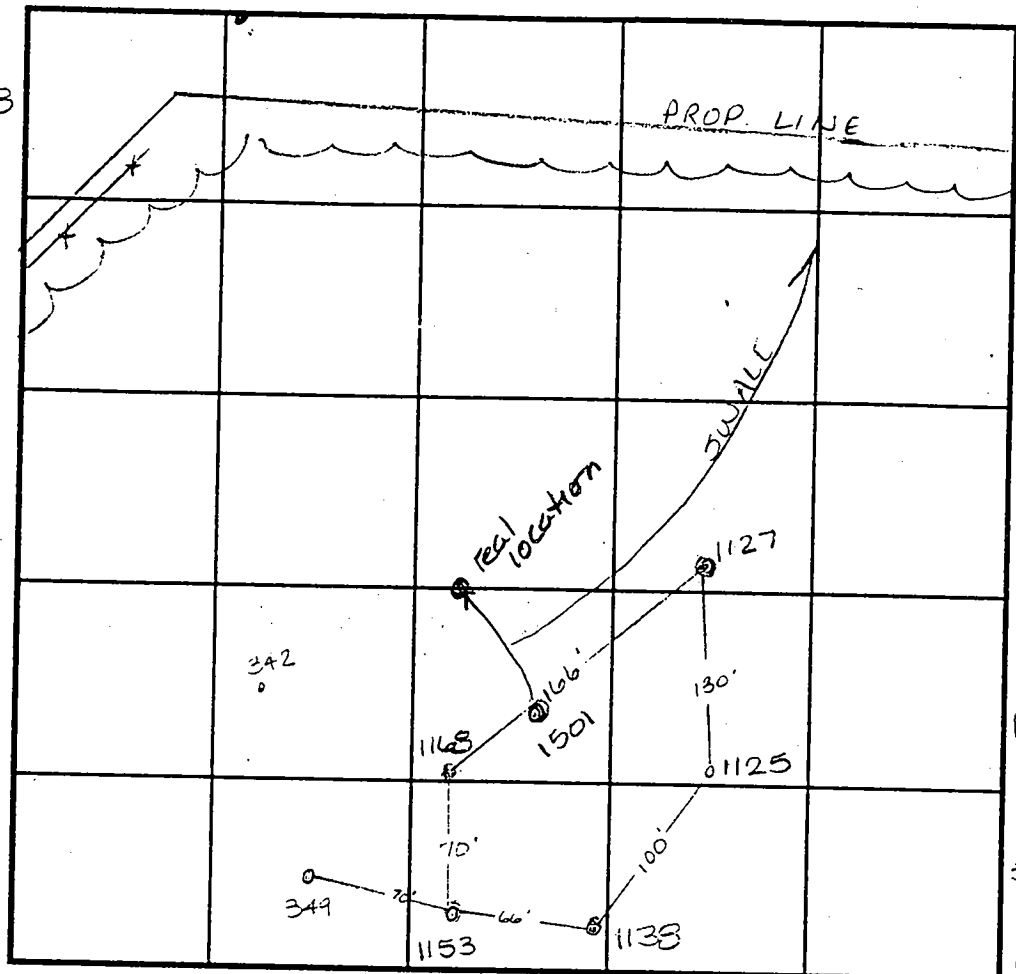
0' dark red brown silclm
 3.0 dark orange silclm
 20% Rock
 10.0 refusal

1125

0' bright red silclm
 very damp
 4.0 dull pink silclm
 some orange mix

1127

0' dark brn silclm
 7.0 dark grey silclm
 micaceous
 8.0 mottled micaceous
 grey green silclm
 10.0



SOIL PROFILE

1168

0' dark red silclm
 3.5 beige tan silclm
 mixed w/ orange silclm
 10% Rx

1501

0' orange brown silclm
 3.0 dark orange silclm
 5.0 lg pink orange silclm
 11.5 Sundry

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-29-96	✓1153	3.5 / 10.0	1:59	2:02	2:02	2:06	4min
	✓1138	4.0 / 11.5	2:09	2:16	2:16	2:32	16min
	✓1125	4.0 / 11.0	2:27	>30min			slow
	✓1127	4.0 / 10.0	2:27	2:32	2:32	2:42	10min
	✓1168	4.0 / 11.0	2:51 ³⁰	2:57	2:57	3:06	9min
1-22-97	✓1501	Visual	to 115 - see profile		OK		OK
			Hole open		2 hrs		

REMARKS wet season tested needed

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Don Ruller

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

LOT 42
CAITAL CREEK
COUNTRY CLUB
PLAT No. 10085

Rebar with
L5 #5216 Found
(Not Held)
12"x10" Stone
Found

LOT 16
COUNTRYSIDE
PLAT No. 4783
N 30°15'04" E 483.15'
483'

Non-Buildable
Preservation
Parcel "D"

18"Ø Hickory Tree
with Old Wire Found
36"Ø Cherry Tree
with Old Wire Found

Open Space
LOT 17
1.831 Ac.*

Dedicated To Homeowner's Association

Rebar with
FCC 106' Cap
Found

LOT 4
49,131 Sq.Ft.*

LOT 3
49,658 Sq.Ft.*

LOT 2
48,787 Sq.Ft.*

LOT 1
47,294 Sq.Ft.*

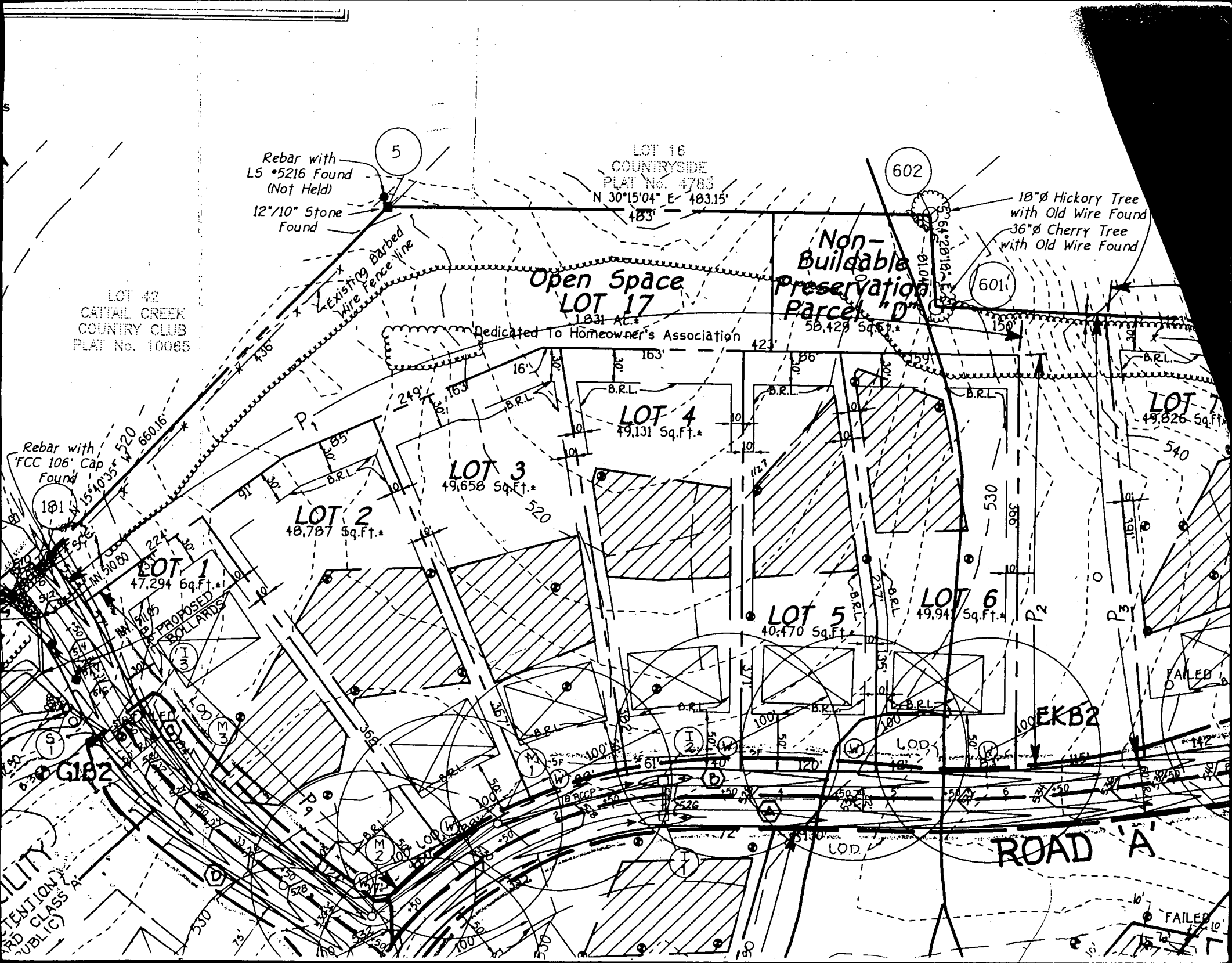
LOT 5
40,470 Sq.Ft.*

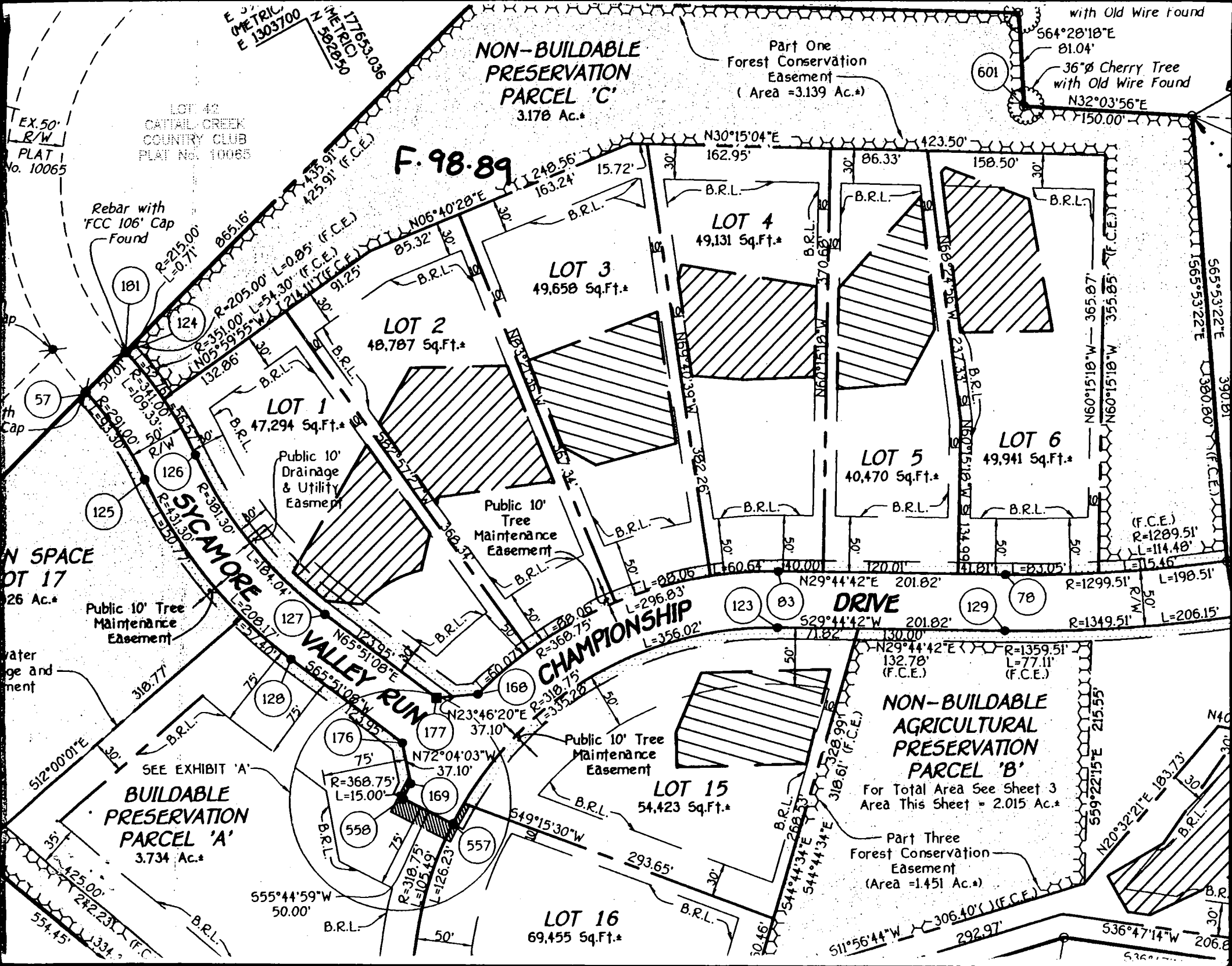
LOT 6
49,941 Sq.Ft.*

LOT 7
49,826 Sq.Ft.*

UTILITY
ATTENTION
AND CLASS A
PUBLIC

ROAD 'A'





NON-BUILDABLE PRESERVATION PARCEL 'C'
3.178 Ac.*

Part One
Forest Conservation
Easement
(Area = 3.139 Ac.*)

with Old Wire Found
564°28'18"E
81.04'
36"Ø Cherry Tree
with Old Wire Found
N32°03'56"E
150.00'

F. 98.89

EX. 50'
R/W
PLAT
No. 10065

LOT 42
CATTAIL CREEK
COUNTRY CLUB
PLAT No. 10065

Rebar with
'FCC 106' Cap
Found

N30°15'04"E
162.95' 423.50'

B.R.L.

B.R.L.

B.R.L.

LOT 4
49,131 Sq.Ft.*

LOT 3
49,658 Sq.Ft.*

LOT 2
48,787 Sq.Ft.*

LOT 1
47,294 Sq.Ft.*

LOT 6
49,941 Sq.Ft.*

LOT 5
40,470 Sq.Ft.*

LOT 17
26 Ac.*

Public 10' Tree
Maintenance
Easement

Public 10' Tree
Maintenance
Easement

CHAMPIONSHIP DRIVE

DRIVE

NON-BUILDABLE AGRICULTURAL PRESERVATION PARCEL 'B'
For Total Area See Sheet 3
Area This Sheet = 2.015 Ac.*

Part Three
Forest Conservation
Easement
(Area = 1.451 Ac.*)

BUILDABLE PRESERVATION PARCEL 'A'
3.734 Ac.*

LOT 15
54,423 Sq.Ft.*

LOT 16
69,455 Sq.Ft.*

water
age and
ment

SEE EXHIBIT 'A'

Public 10' Tree
Maintenance
Easement

Part Three
Forest Conservation
Easement
(Area = 1.451 Ac.*)

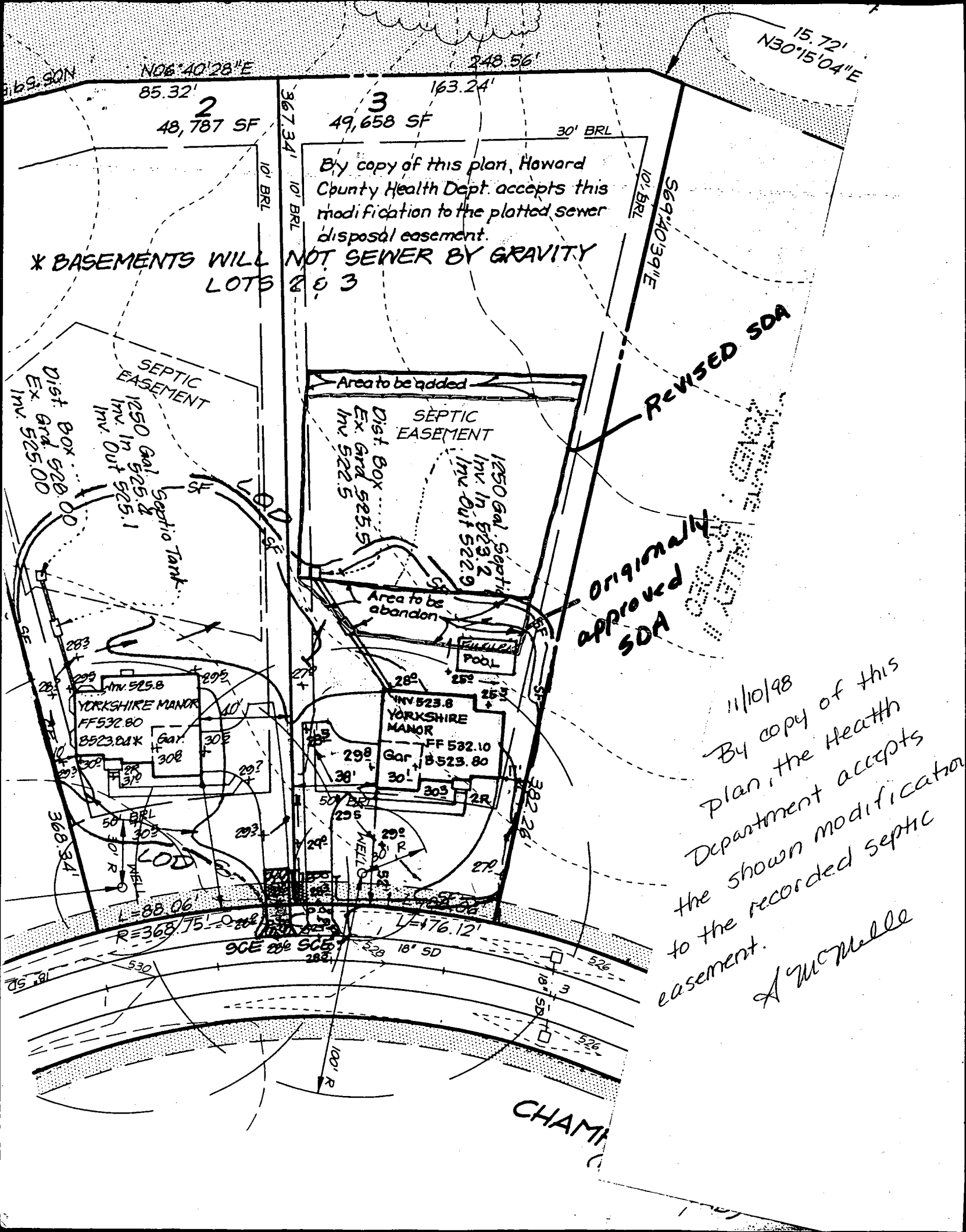
554.45'
242.23'
334.2'

555°44'59"W
50.00'

549°15'30"W

511°56'44"W
292.97'

536°47'14"W
206.8'



N06°40'28"E
85.32'

248.56'

15.72'
N30°15'04"E

2
48,787 SF

3
49,658 SF

30' BRL

By copy of this plan, Howard County Health Dept. accepts this modification to the platted sewer disposal easement.

* BASEMENTS WILL NOT SEWER BY GRAVITY LOTS 2 & 3

S69°40'39"E

REVISED SDA

Originally approved SDAs

SEPTIC EASEMENT
Dist. Box
Inv. 525.00
1250 Gal. Septic Tank
Inv. In 525.8
Inv. Out 525.1

Area to be added
SEPTIC EASEMENT
Dist. Box
Inv. 525.5
1250 Gal. Septic Tank
Inv. In 523.2
Inv. Out 522.9

Area to be abandon

YORKSHIRE MANOR
FF 532.80
8523.84*
Gar. 308
Inv. 525.8

YORKSHIRE MANOR
FF 532.10
8523.80
Gar. 303
Inv. 523.8

POOL

LOD

MELLO

L=88.06'
R=368.75'
L=176.12'
18' SD
100' R

11/10/98
By copy of this plan, the Health Department accepts the shown modification to the recorded septic easement.
A McMello

CHAM

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-00128352

Building Address 3796 Championship Drive
Glenwood, MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision Supernova Valley II

Section _____ Area _____ Lot 3

Tax Map 21 Parcel 7 Grid 10

Zoning PC-10 Map Coordinates _____ Lot size _____

Existing Use Single Family

Proposed Use Single Family

Estimated Construction Cost \$ 10,000

Description of Work Finish basement w/ bath, game room, childrens room, media area

Property Owner's Name Richard & Christina Nastro
 Address 3796 Championship Dr

City Glenwood State MD Zip Code 21738

Home Phone 301 354-6019 Work Phone R. 410 716 7193

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone: 301 354-6019 Fax _____

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

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

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 Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth Width
 1st floor: 35' 50'
 2nd floor: 35' 50'
 Basement: 35' 50'
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4
 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

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 _____

Title/Company _____

Print Name Christina K. Nastro

Date 2-6-01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ _____

State Highways _____

Building Official _____

Dev. Engineering, DPZ _____

Health 2/9/01 J. McMillon

Fire Protection _____

Is Sediment Control approval required prior to issuance?

YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: 50'-1"

Rear: 30'-1"

Side: 10'-1"

Side St.: _____

All minimum setbacks met?

YES NO

Is Entrance Permit required?

YES NO

Historic District?

YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 33479

Filing fee \$ _____

Permit fee \$ 73

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ 73

Balance due \$ _____

Check # 12617

Validation # 35988

C 1 01376 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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 7-10-98

DATE WELL COMPLETED MM 6/30/98 Depth of Well 22 175 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1578

OWNER Mid Atlantic Dev. last name first name STREET OR RFD Championship Dr. TOWN Glenwood SUBDIVISION Devlin Prop. SECTION LOT 3

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 Brown Sandstone, Green shale, Hard Grey Granite.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 30

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

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JW D 341 Max S. Jones

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

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Row 1: HO 30 175

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

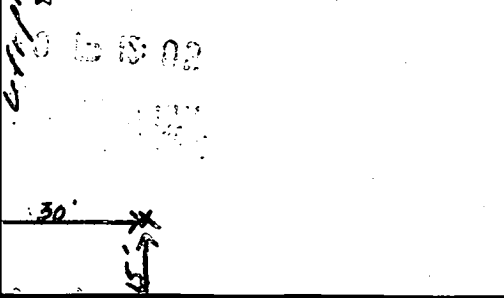
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.6 GPM METHOD USED TO MEASURE PUMPING RATE WATCH BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) [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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+] above LAND SURFACE [] below 2 (nearest foot)

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)



B 1	4766	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1578 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) 06 05 98

8 - MM. DD YY 13

OWNER INFORMATION

15 Last Name MID-ATLANTIC DEVELOPMENT II L.L.C Owner First Name 34

36 5026 DORSEY HALL DRIVE SUITE 206 Street or RFD 55

57 ELLCOTT CITY MD 21042 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY HOWARD 21

23 SUBDIVISION DEYLIN PROPERTY 42

SECTION 3 LOT 3

44 46 48 50

52 NEAREST TOWN GREENWOOD 71

MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

Driller's Name MICHAEL BARLOW 76 License No. MWD 355 81

Firm Name MICHAEL BARLOW WELL DRILLING SV. INC.

Address 912 FAWN COURT, JOPPA, MD 21085

Signature _____ Date _____

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD CHAMPIONSHIP DRIVE 30

34 15 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. COUNTY NAME A57313 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 6/12/99 A Mc Miller 6/12/99

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 522 000 EAST GRID 792 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET

24 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)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. _____

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 792

N 520

000 000

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

APPROP. PERMIT NUMBER _____ G A P _____ 63

WRITE INITIALS IN BOX FORCE An 67 68 PERMIT No. HO-94-1578 70 71 72 73 74 75 76 77 78 79

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

Sketch showing location of well in relation to nearby towns and roads. Includes handwritten notes: "6:30-9P 3PM work missed insp (RM)", "Championship SWP Dr.", "Howard Co. Permitted Well", "EML 10/10/00", "10/10/00 CO NEW WELLS DEPT."

ASAP

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-W Ellicott Millie Drive
Ellicott City, MD 21043
401-8635

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer

S.K. Plumbing & Heating Inc

Telephone

410-773-0800

Lic No Number

12285

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner

Trinity Homes

Telephone

410-773-0800

Subdivision

Sycamore Valley

Lot #

2

Well Tag #

110-110-110

Site Address

5716 Championship Dr

Pump

1. _____
2. Deep well jet _____
3. Shallow well jet _____
4. Submersible

1. Make Hyundai

2. Model # 7359712-5-2

3. Capacity 7 GPM

4. Pump exceeds well capacity Yes _____ No

5. If Yes, is low pressure cutoff switch installed? Yes _____ No

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

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220

Fitless Adapter

1. Make Heribon
2. Model # _____
3. Depth 42'

Tank

1. Capacity 40-gal
2. Pressure relief valve? Yes

Piping

1. Type P.E.
2. Size 1"
3. NSP and/or BOCA Code approved Yes
4. Depth of supply line 42'

Well data

1. Depth 170 ft.
2. Yield 12 GPM
3. Static water level 40 ft.
4. Will water supply be disinfected by installer? Yes

2/26/99
WPI

well line, P.A. 4' b.g.
well casing 1.5' a.g.
2pc cap
PVC conduit or to cover

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: _____

Date: _____

2-25-99

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

6-12-98 Well sites OK as shown. Sites staked by a licensed surveyor - Field insp. not useful because no prop. markers or perc holes are visible.

N 30°15'04" E 483.15'

with Old Wire Found
36"Ø Cherry Tree
with Old Wire Found

Open Space
LOT 17
1.831 Ac.
Dedicated To Homeowner's Association

Non-Buildable
Preservation
Parcel "D"
58,429 Sq.Ft.

(601)

CAT
COUR
PLAT

EX. 50'
R/W
PLAT
o. 10065

AU

Dedicated To Homeowner's Association

LOT 4
49,131 Sq.Ft.

LOT 3
49,658 Sq.Ft.

LOT 2
48,787 Sq.Ft.

LOT 1
47,294 Sq.Ft.

LOT 5
40,470 Sq.Ft.

LOT 6
49,941 Sq.Ft.

LOT 15
54,423 Sq.Ft.

LOT 16
69,007 Sq.Ft.

ROAD 'A'

MIC2

Buildable
Preservation
Parcel "A"
2,817 AC±

WM FACILITY
(BIODIVERSITY)
HAZARD CLASS 'A'
(PUBLIC)

PROPOSED
ROLLANDS

WIRE FENCE LINE

EKB2

P.I. STA. 3+60.66
STA. 0+30.72

