

4/15/99 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326489

P 511487

A 57555-B

DISTRICT _____

DATE 3-31-99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 4/15/99

INSPECTOR DKS

INDEXED

SK Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant II LOT 3 ROAD 11407 Barley Field Way

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 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 160 feet off the rear (115.35') and 10 feet off the right (383.79') lot line. Run trenches on contour toward the left (412.18') lot line.

NOTES - ~~MAINTAIN 1-2% GRADE IN THE LINE 10 FEET PRIOR TO SEPTIC TANK.~~
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 APPROVED BY Amy McMillen DATE 12-31-98

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 A2S

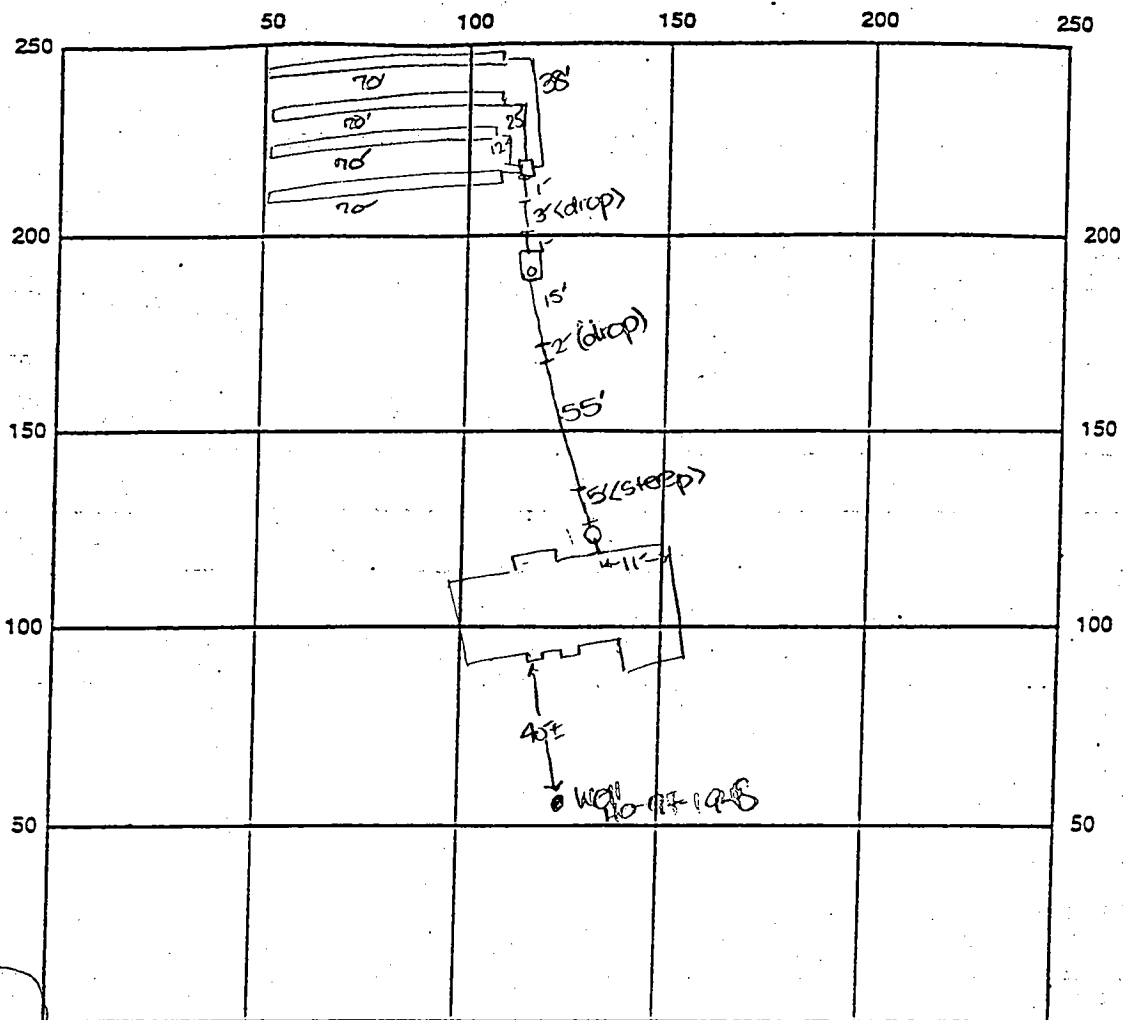
PERMIT VOID AFTER TWO YEARS

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**

57555-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Barley field way

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4 x 70 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: 4/15/99 FINAL INSP - OK to cover all work. Need to install cleanout in line. DKS

DATE SYSTEM APPROVED 4/15/99 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 9/3/96

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 FRED WOLPERT Trinity Builders

ADDRESS 7363 OLD COLUMBIA ROAD PHONE (301) 596-2714
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

DIVISION _____ LOT NO. 243 on Final (SOME TESTS OUTSIDE APPROVED AREA)

ROAD AND DESCRIPTION MARRIOTTSVILLE ROAD 800 +/- NORTH OF MARYLAND ROUTE 99

(11407 Barley Field Way)

BLDG PERMIT SIGNED

TAX MAP 10 PARCEL # 4131 P.O. Parcel 30

AND RETURNED 12-31-98
Sealth B0115376

SIZE OF LOT 1 acre + TYPE BLDG. SFD - 4 Bdrm

(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERCS FIELD NEEDS MAJOR ADJUSTMENT, HOLD FOR PLAT
MAR 1/21/97

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

55

brn
silt cl m

30% Frags

brn sa
lm

30-45%
19 (3' wide) frags

brn
sa
lm

54

brn
silt cl m

15% Frags

brn
silt cl
silt lm

tan (chmp)
silt lm

53

brn sa
cl lm

15% Frags

red
sa cl lm

yellow
silt lm

yellow
silt lm

SOIL PROFILE

41

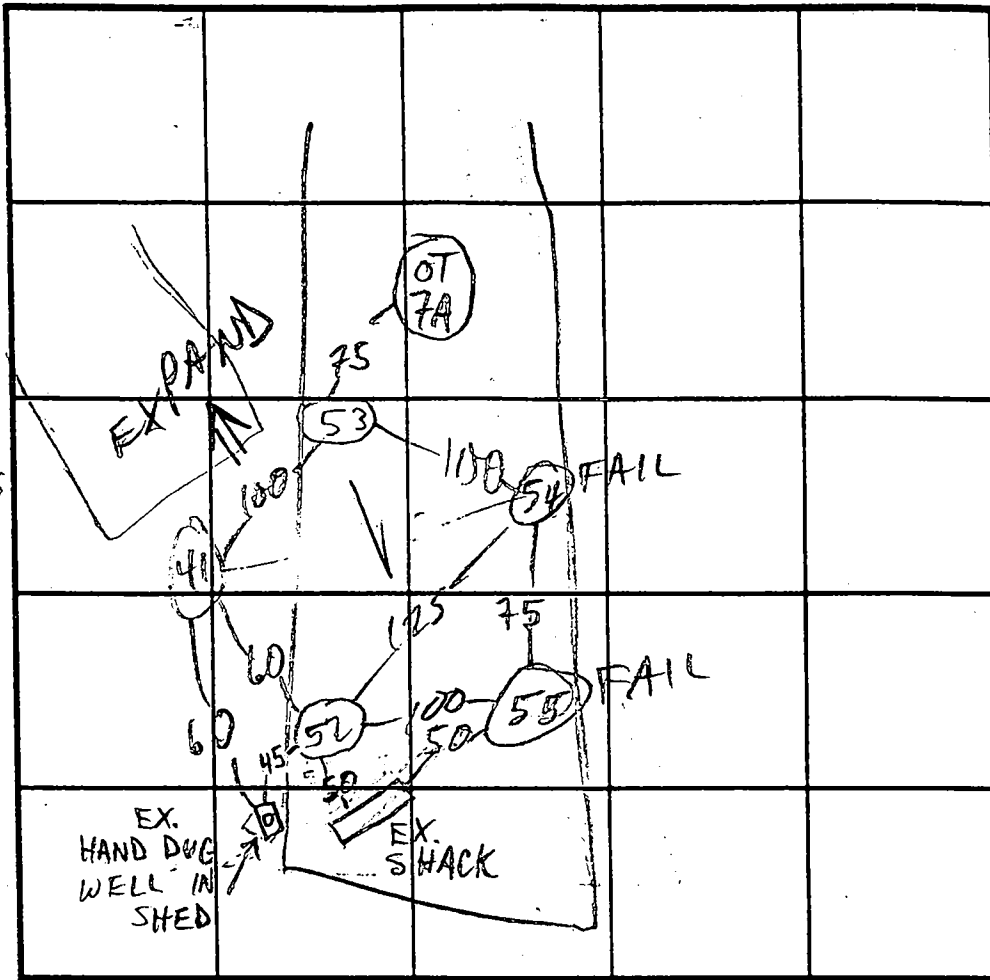
brn
sa cl
lm

tan
gray
sa lm

5%
Frags

brn
yel
cl br +
silt lm

tan
sa
10% Frags



MARR RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/13/96	55 ✓	13	see	profile	marginal		
	54 S	6	12:32	12:38	12:38	12:51	13 EST
	✓	12 1/2	FAIL	DAMP @ 9'			
	53 S	6' 10"	12:45	1:00	1:00	1:26	26
	✓	12 1/2	OK see profile				
	41 S	6	1:06:30	1:06:50	1:06:50	1:07	1
	41 V	12' 9"	OK see profile				
	52 S	6 1/2	1:10	1:13	1:13	1:19	6
	✓	12' 3"	OK see profile				
	54 M	7 1/2	2:40	2:55	1/2 - 3/4" FAIL		
	53 M	8' 4"	2:44	2:50	2:50	3:02	12

REMARKS 9/10/96 7A 5/13

TESTED BY M. Ripkin ALSO PRESENT Hatfield's, Jon @ SDC

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A _____
P _____

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

DISTRICT _____
DATE 9/3/86

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 FRED WOLPERT

ADDRESS 7363 OLD COLUMBIA ROAD PHONE (301) 596-2714
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

DIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION MARRIOTTSVILLE ROAD 800 +/- NORTH OF MARYLAND ROUTE 99

TAX MAP 10 PARCEL # 4131 P.O. Parcel 30

SIZE OF LOT 1 acre + TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Handwritten Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK HOLD FOR PLAT MR. 2/10/87

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

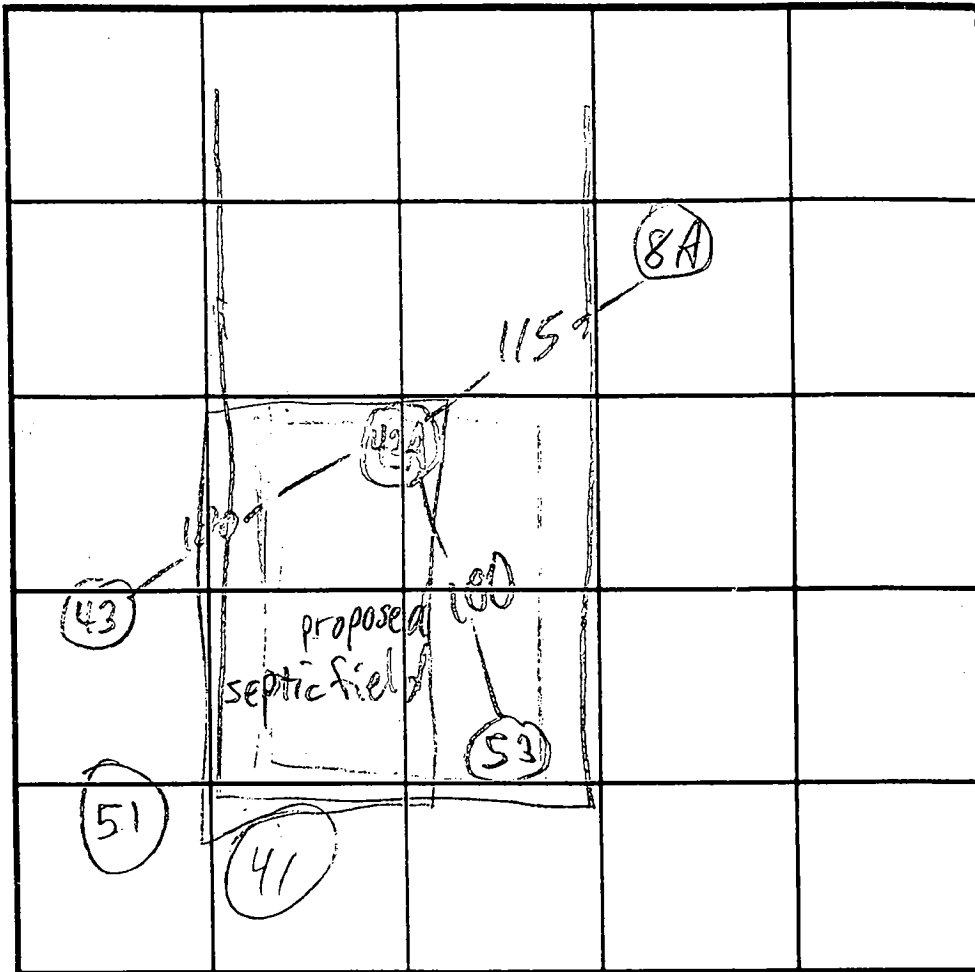
0'

bra
cl m
red
cl m
yel si m
tan
cl m
sa m
10-15%
frag
1/2

SOIL PROFILE

6'

6'



MARR RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/10/97	43AS	6 1/2	12:14	12:23	12:23	12:41	18
	43AV	12					
11/13/96	43	5 1/2 / 12					6
	51	6 / 12					3

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT Harfield's, Ion @ SDC

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 41, 43, 43A, 51, 53, 9 TRENCH WIDTH 3

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 9/3/96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER FRED WOLPERT

ADDRESS 7363 OLD COLUMBIA ROAD PHONE (301) 596-2714
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

DIVISION _____ LOT NO. 10 Final 3000

TESTS
OUT OF
APPROVED
AREA

ROAD AND DESCRIPTION MARRIOTTSVILLE ROAD 800 +/- NORTH OF MARYLAND ROUTE 99

TAX MAP 10 PARCEL # 4131 P.O. Parcel 30

SIZE OF LOT 1 acre + TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Fred Wolpert
(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 _____

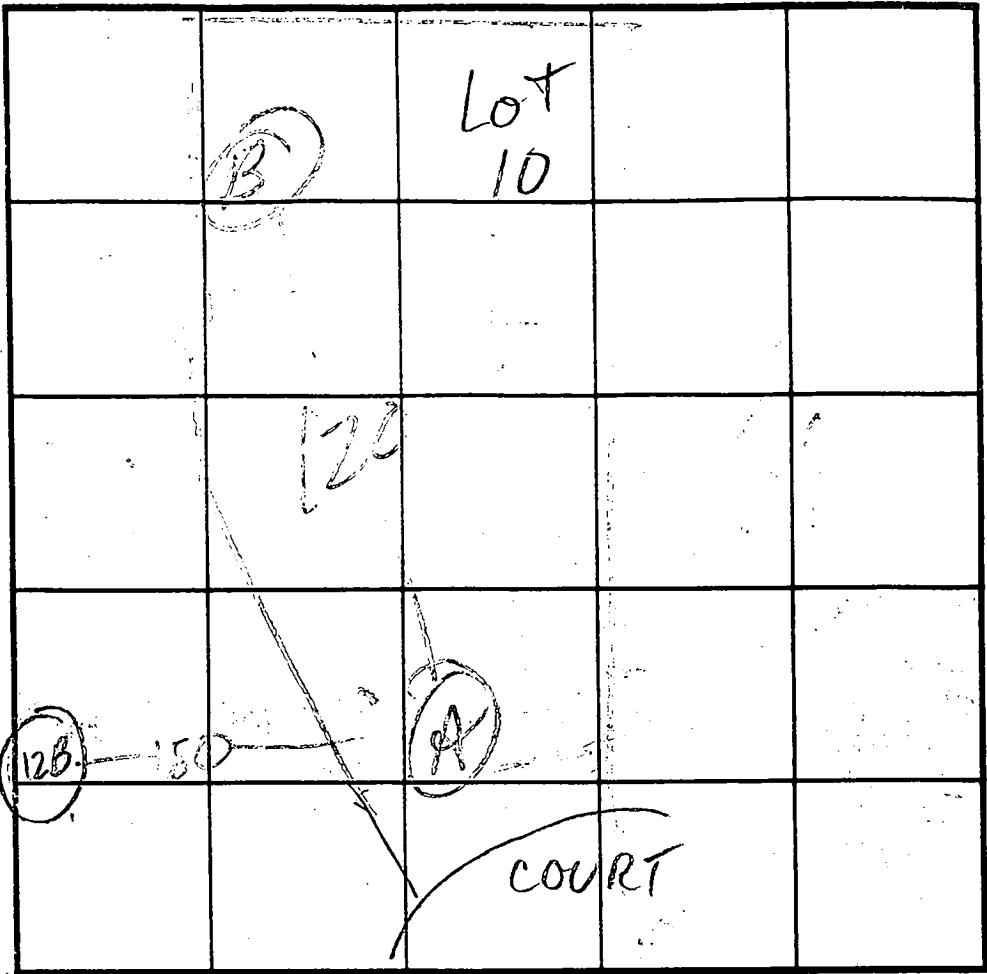
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

SOIL PROFILE

0' A B
 red
 tan
 15% - 15%
 10-15% frags
 HARD!



0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/10/76	A S	4 1/2	3:32	3:39	< 1/2"		
	A S	5	3:45	3:57	3:57	4:19	21
	B S	5 1/2	3:58:50 4:07	3:57:20 4:07	3:57:20 4:08	4:00:00	40 sec
	B V	11	HARD				

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY M. Rifkin ALSO PRESENT Hatfield's, Jon @ SDC
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 9/3/96

TO: THE COUNTY HEALTH OFFICER
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PROPERTY OWNER FRED WOLPERT

ADDRESS 7363 OLD COLUMBIA ROAD PHONE (301) 596-2714
COLUMBIA, MD 21046

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

DIVISION _____ LOT NO. § NOW ON LOT 3
(BUT NOT P/O APPROVED AREA)

ROAD AND DESCRIPTION MARRIOTTSVILLE ROAD 800 +/- NORTH OF MARYLAND ROUTE 99

TAX MAP 10 PARCEL # 4131 P.O. Parcel 30

SIZE OF LOT 1 acre + TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Fred
(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 _____

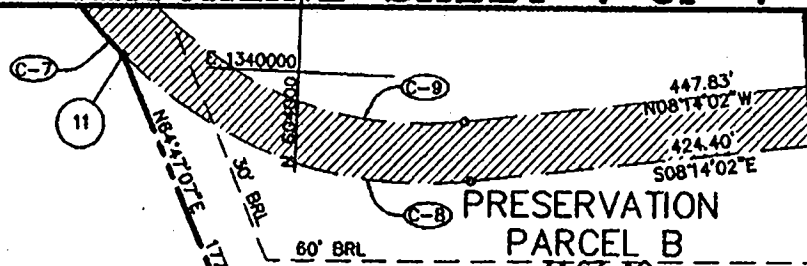
THIS IS NOT A PERMIT

MATCHLINE SHEET 4 OF 4

MATCHLINE SHEET 3 OF 4

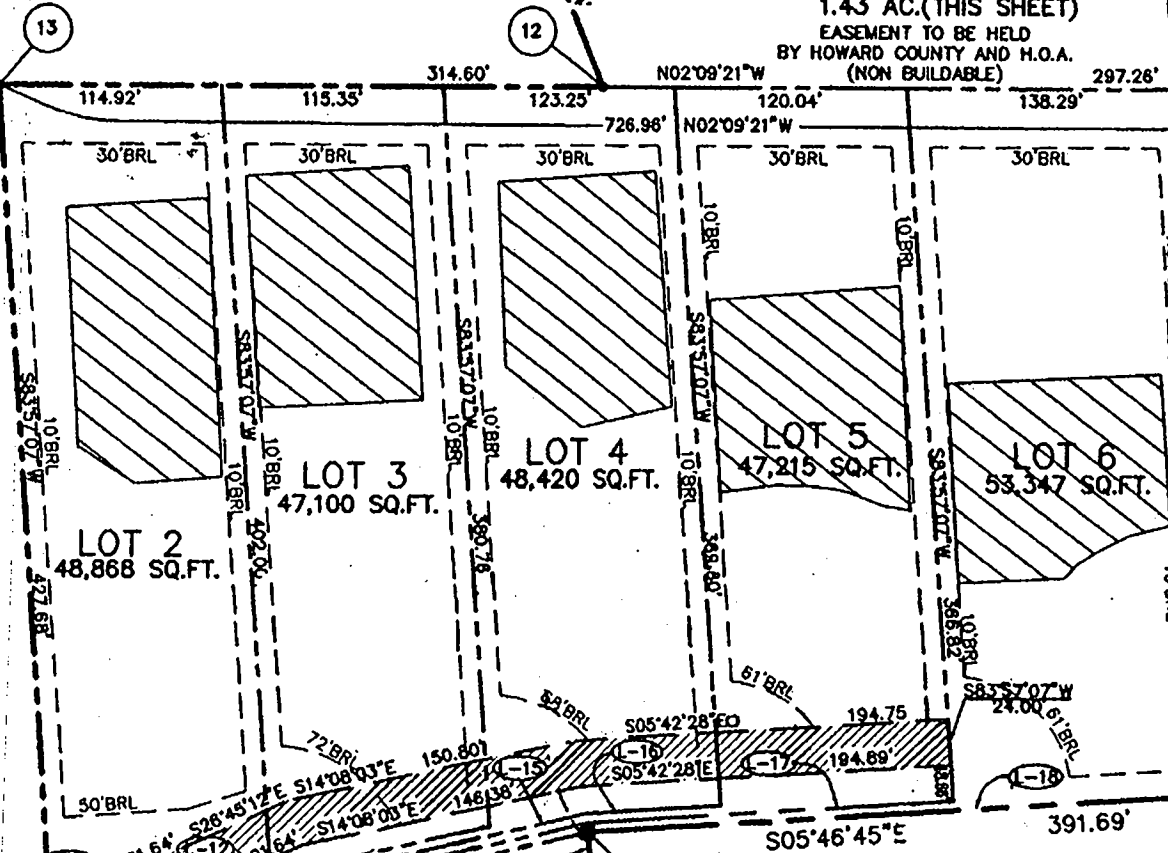
Signed Flat

DEED NORTH

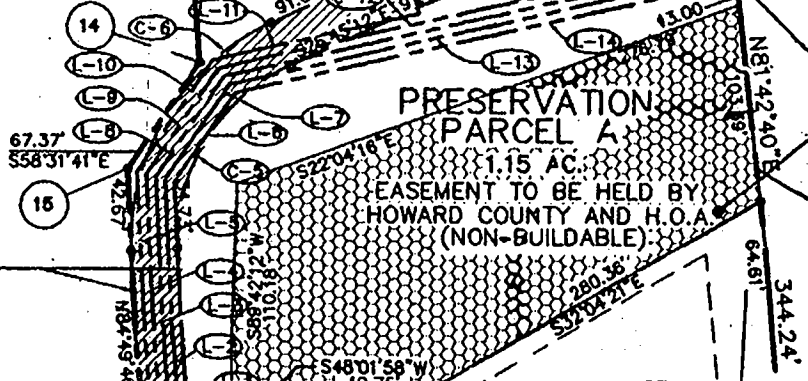


PRESERVATION PARCEL B

34.63 AC.
1.43 AC. (THIS SHEET)
EASEMENT TO BE HELD BY HOWARD COUNTY AND H.O.A. (NON BUILDABLE)



WOODFORD'S EAST, LLC
4285/180



PRESERVATION PARCEL A

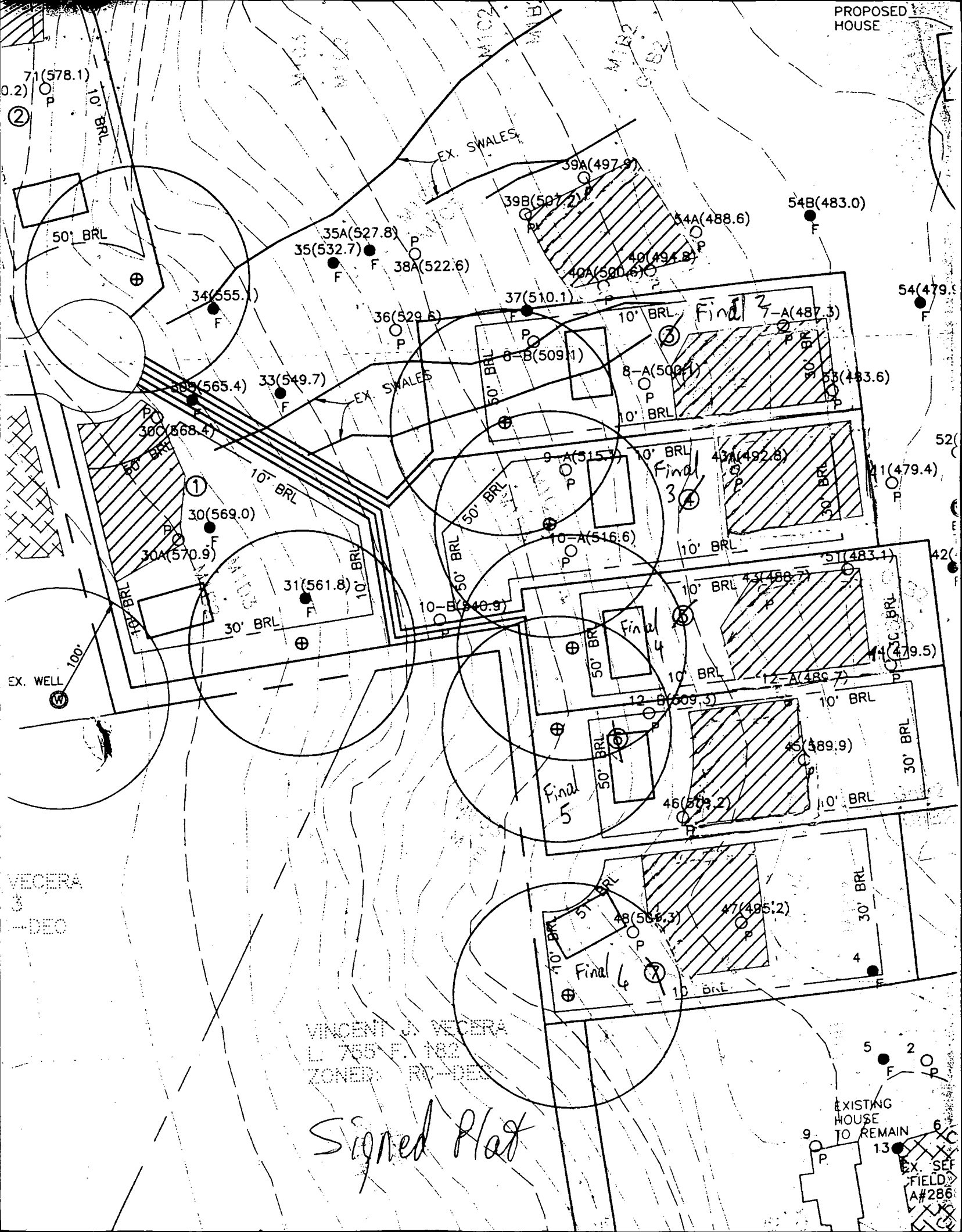
1.15 AC.
EASEMENT TO BE HELD BY HOWARD COUNTY AND H.O.A. (NON-BUILDABLE)

STONE FOUND & HELD
FOREST CONSERVATION EASEMENT - AREA C
0.82 AC.±

24' PRIVATE USE-IN-COMMON DRIVEWAY EASEMENT FOR LOTS 2 THRU 6

LOT 10
VINCENT J. VECERA
755/182
P. 275

PROPOSED HOUSE



71(578.1)
0.2)

50' BRL

10' BRL

EX. WELL

VECERA
L. 755 F. 182
ZONED: RT-DE

VINCENT J. VECERA
L. 755 F. 182
ZONED: RT-DE

Signed Plat

EXISTING HOUSE TO REMAIN

EX. SET FIELD A#286

Approved Septic System Plan
Howard County Health Department

- Total linear feet of trench required 280 feet
- Width of trench(es) 34 feet
- Depth of trench(es) 7.0 feet
- Depth of stone required below distribution pipe 2.0 feet

Signature _____
Date _____

- 502
- 504
- 506
- 508
- 510
- 512
- 514
- 516
- 518
- 520
- 522



C1 9313

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A57555-B

ST/CO USE ONLY DATE Received MM 12 DD 24 YY 98

DATE WELL COMPLETED MM 11 DD 18 YY 98 Depth of Well 22 460 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1948

OWNER Woodford's East LLC STREET OR RFD Barley Field Way TOWN Marriottsville SUBDIVISION WOODFORD'S GRANT II SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Flint Rock, etc.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 22, NO. OF POUNDS 2200.

CASING RECORD. MAIN CASING TYPE: PL (PLASTIC). Nominal diameter: 6 inch. Total depth: 95 feet.

OTHER CASING (if used) diameter and depth.

SCREEN RECORD. screen type or open hole: HO (OPEN). SCREEN RECORD: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. MSD116. DRILLERS SIGNATURE: Paul M. Wayne. LIC. NO. MSD117. DRILLERS SIGNATURE: Paul M. E. Wayne.

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

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, R, E, E, N. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (56, 60).

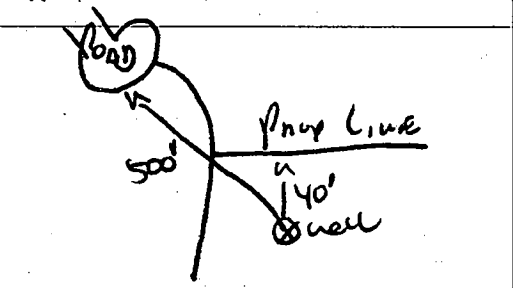
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 10. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 90 ft, WHEN PUMPING 145 ft. TYPE OF PUMP USED (for test): S (Submersible).

PUMP INSTALLED. DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO). 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, (-) below. LAND SURFACE 2 (nearest foot).

LOCATION OF WELL ON LOT. SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



B 1 4796

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1948
fill in this form completely

Date Received (APA)

09 11 98

OWNER INFORMATION

WOODFORD'S EAST LLC
Last Name Owner First Name
6212 Devon DR
Street or RFD
Columbia MD 21044
Town State Zip

B 3 LOCATION OF WELL

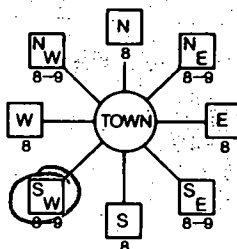
Howard
COUNTY
WOODFORD'S GRANT II
SUBDIVISION
SECTION II LOT 3
MARIOTTSVILLE
NEAREST TOWN

DRILLER INFORMATION

Ralph MAYNE MS D 116
Driller's Name License No.
Ralph MAYNE well DRILLING
Firm Name
9120 Browne Church Rd Mt Airy
Address
Ralph Mayne 9-9-98
Signature Date

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Barley Field Way
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
34 500 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

TAX MAP: 10 BLK: 16 PARCEL: 317

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
A57555-B COUNTY NO.
STATE SIGNATURE _____ INSERT S S
DATE ISSUED: 11/02/98 Mark E. Effen 11/02/99
CO SIGNATURE EXP. DATE
NORTH GRID 543 000 EAST GRID 0827 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.

11/19/98
10:00 GROUT
No MSP
X

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTARY DRive-POINT
other _____

WRITE THE BOX NUMBER FROM THE MAP HERE

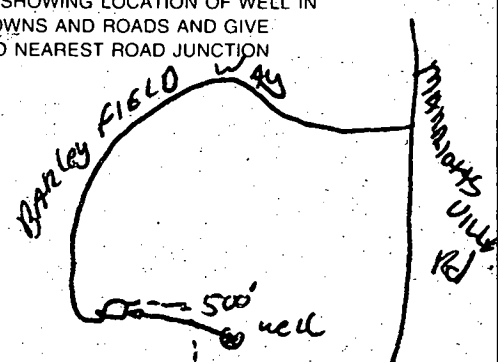
E 8207
N 54043

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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



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

APPROX. PERMIT NUMBER 54 _____ 63

PERMIT No. HO-94-1948

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

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 S.K. Plumbing + Heating Inc. Telephone 410-775-0122

License Number 17285 Certified Well Pump Installer _____ Well Driller _____ Registered P.E. _____

Name of Property Owner Trinity Home Telephone 410-775-0122
Subdivision Woodlands II Lot # 3 Well Tag # 11-1173
Site Address 11407 Barkley Fieldway

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
Submersible
2. Make JACOBI
3. Model # 152452813-S-2
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
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 _____

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

Pitless Adapter
1. Make Acad
2. Model # _____
3. Depth 12'

Tank
1. Capacity Well-X-Troll 502
2. Pressure relief valve?

Piping
1. Type P.E. 20013 test
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42'

Well data
1. Depth 112'
2. Yield 100 GPM
3. Static water level 10'
4. Will water supply be disconnected 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: _____

Date: 6-7-99

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