

PERMIT

P 58952-B

SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

A _____

ISSUE DATE _____

APPROVAL DATE _____

-NOT Bond-

INDEXED

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 5923 Gales Lane

PROPERTY OWNER Christine Ferguson PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

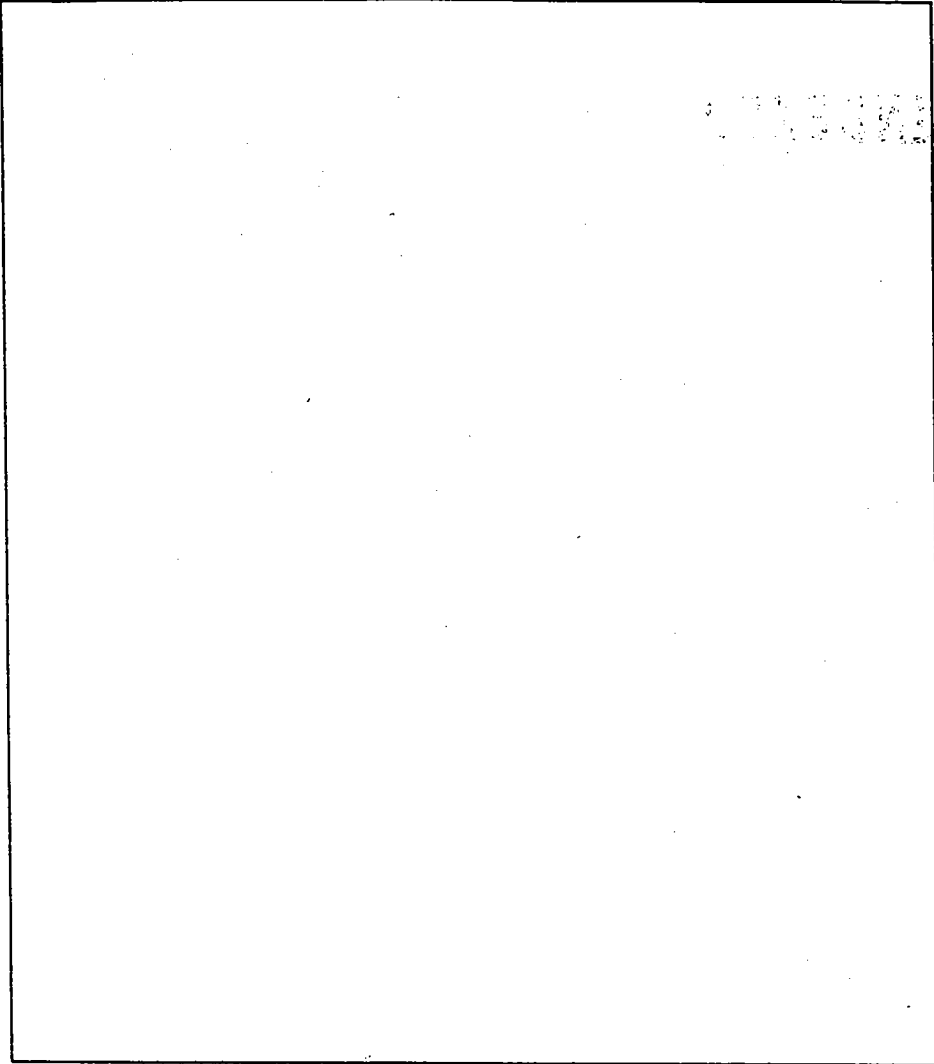
OLIG. PERMIT SIGNED AND RETURNED 11-19-01
600 133228
2 CAR GARAGE W/STORAGE

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

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NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

8/12/97
12-30

INDEXED
SITE INSPECTION SHEET

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OWNER: Patricia Hunt DATE REQUESTED: 8/29/97

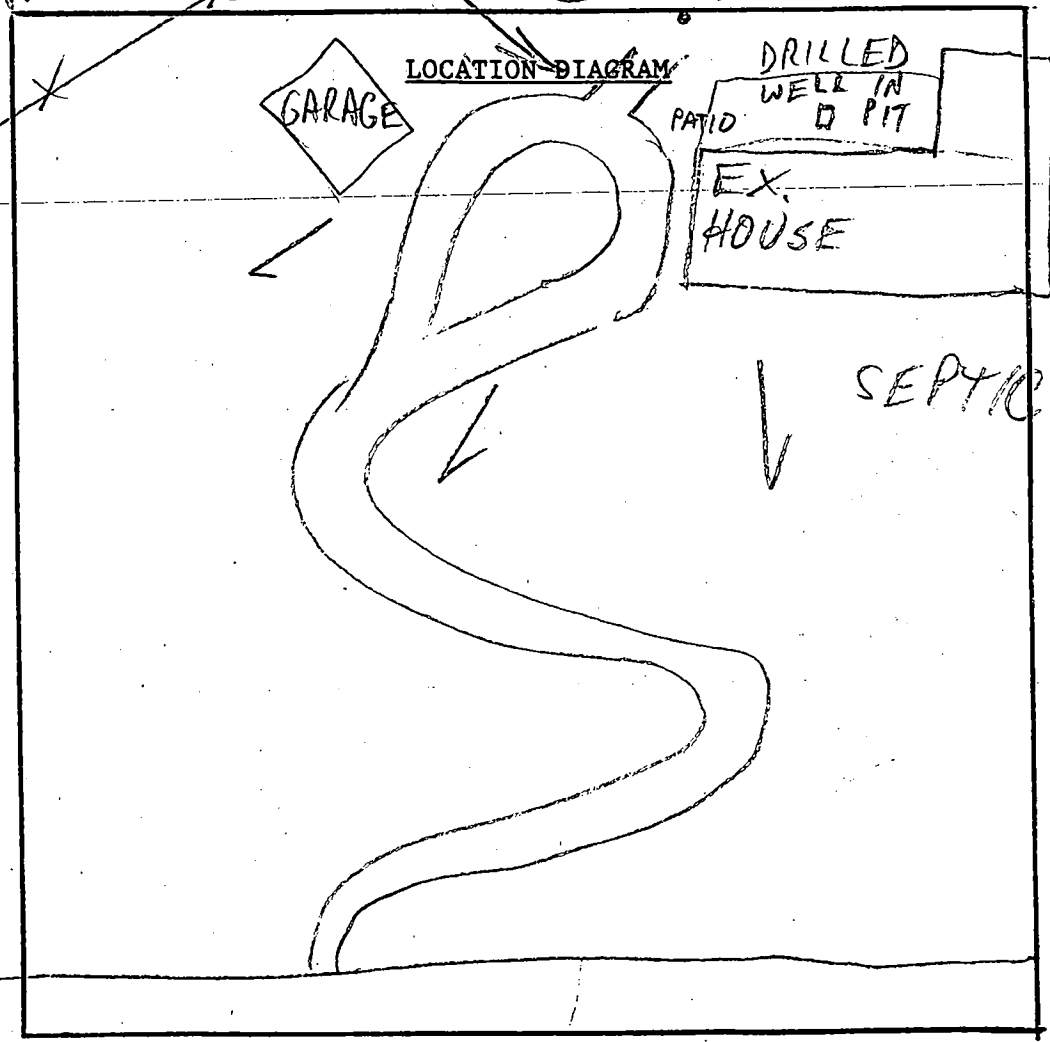
PHONE #: 410-730-8969 ^{home} 410-869-8442 ^{relatives} CONTRACTOR: _____

ADDRESS: 5923 Gales La (last house) WELL TAG #: HO-94-1267 8/29/97

Map 36 P. 12 COUNTY #: _____

PROPOSAL: emerg. metro district inclusion request for 12,105
well reportedly collapsed, shutting off water supply

APARTMENTS * 200'± WELL SITE PRE-APPROVED IF N.E.C.



COMMENTS: 8/29/97 Jean Reed from Public Works said OK
to issue well permit - not required to hook to public
water - well issued HO-94-1267 AUM

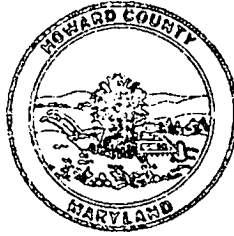
DATE: _____ INSPECTOR: _____

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58952B

V.↓ PRESSURE H₂O IN TANK, LINES; H₂O LINE DISC. ^{WELL}
DISC. PROCESS C: DRYDEN ETC
WELL AB LETTER TO THIS P.M.

IF NOT AVAIL

SUBMIT DOC.
RE DIFF.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 12, 1997

Ms. Patricia Hunt
5923 Gales Lane
Columbia, MD 21045

RE: Emergency Water Supply Condition
5923 Gales Lane
Tax Map 36, Parcel 12

Dear Ms. Hunt:

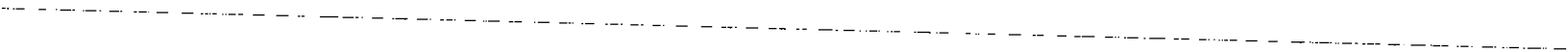
On August 12, 1997, I conducted an inspection at your property at the above referenced address in response to a request to certify that your water well has collapsed and is no longer producing any significant flow whatsoever, and is therefore inadequate for sanitary household needs. On that date, I observed that other than the small quantity remaining in the house plumbing, there was no available water supply. The water supply line had been disconnected at the well head, and the plumber has advised that the pump is not removable due to the collapsed well.

Based on these observations, the Howard County Health Department concurs that an alternate water supply should be provided to the above referenced address as soon as possible. While provision of public water would be the most certain solution, the size of the property allows the option for drilling a replacement well if public water is not reasonably available.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

cc: Jim Irvin
Charlotte Dryden



C1 1036

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER W58952-B

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

ST/CO USE ONLY DATE RECEIVED 11 16 97

DATE WELL COMPLETED 09 04 97

Depth of Well 260 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-94-1268

OWNER HUNT PATRICIA STREET OR RFD 3923 GALE'S LANE TOWN COLUMBIA SUBDIVISION TAX MAP BLK 9 PAR 12 SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for top soil, shale, brown s/s, gray mica, granite, sand stone, granite.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below, SCREEN RECORD options.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED form with YES/NO options and CIRCLE APPROPRIATE LETTER instructions.

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. MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 481

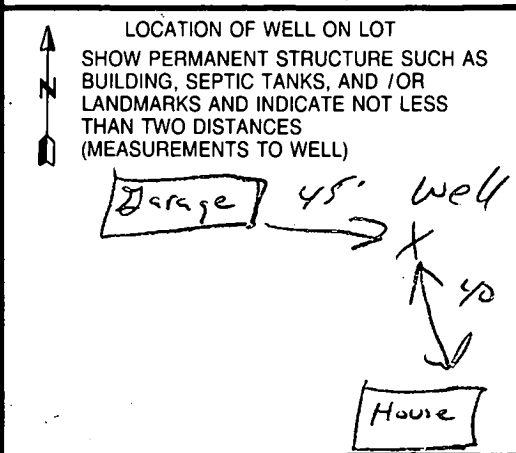
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) form with depth 260 and casing diameter 6 inches.

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

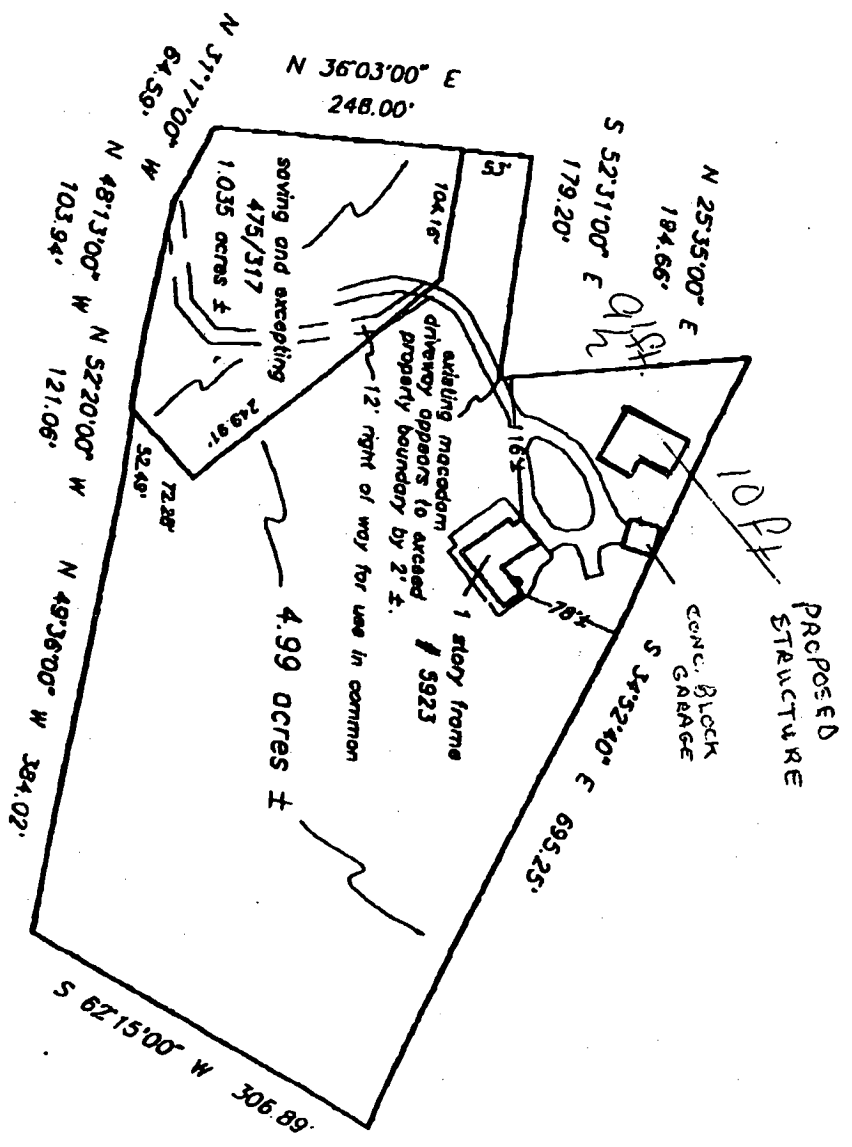
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



12 01 V 01 101 101
101 101 101 101 101
101 101 101 101 101

- 1) ALL information shown was obtained from existing record plat or local ordinance and is not guaranteed by HTI, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the engineer.
- 3) HTI, Inc. does not warrant or guarantee any measurements or setbacks.
- 4) Property measures not bound or guaranteed by this location.
- 5) Student distance accuracy: 1/4"



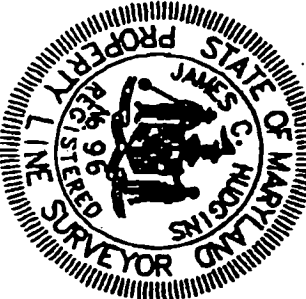
11/19/01 -
 Proposed garage
 on, public sewer
 is available
 So garage does not
 impact future repair
 area - SRK

Subject property is shown in Zone C in the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel 24 of 45 Community Panel # 240044-0034 effective date: December 4, 1996

This is to certify that I have surveyed the property shown hereon, being known as

5923 Gales Lane
 Plot Bk. Liber 1055 Folio 22
 or the purpose of locating the improvements thereon.

This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes. This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



J. Carl Hudgins
 President The Surveyors Assn

LOCATION DRAWING
 5923 Gales Lane

6th election district
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Ph. (410)442-2031
 Fax No. (410)442-1315

Scale:	1" = 150'
Date:	July 27, 2000
Field by:	JLM
Drawn by:	JLM