

4/6/01  
DAM layout  
4/9/01 - Noon - 1:00

05-433541

# PERMIT

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

P 512028

A 59833N

ISSUE DATE 4/6/2001

APPROVAL DATE 4/9/01

## INDEXED

Whitworth Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, MD 21029 PHONE 410-531-5033

SUBDIVISION Holly Crest LOT NUMBER 11 ADDRESS 13809 Holly Crest

PROPERTY OWNER Michael Marin PROPERTY OWNER'S ADDRESS 3900 Argelton Ct

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAM Burtonsville, MD 20166

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. 2 feet of stone below distribution box pipe

LOCATION: Place the Distribution Box 160 down the left lot line and 55 off this same lot line. Run (3) trenches on contour to rear of lot.

→ ALL PARTS OF SEPTIC SYSTEM/TANK TO BE 100' FROM SURROUNDING WELLS

PLANS APPROVED Mark Rifkin OKSRK 1/30/01 DATE 1/26/01

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

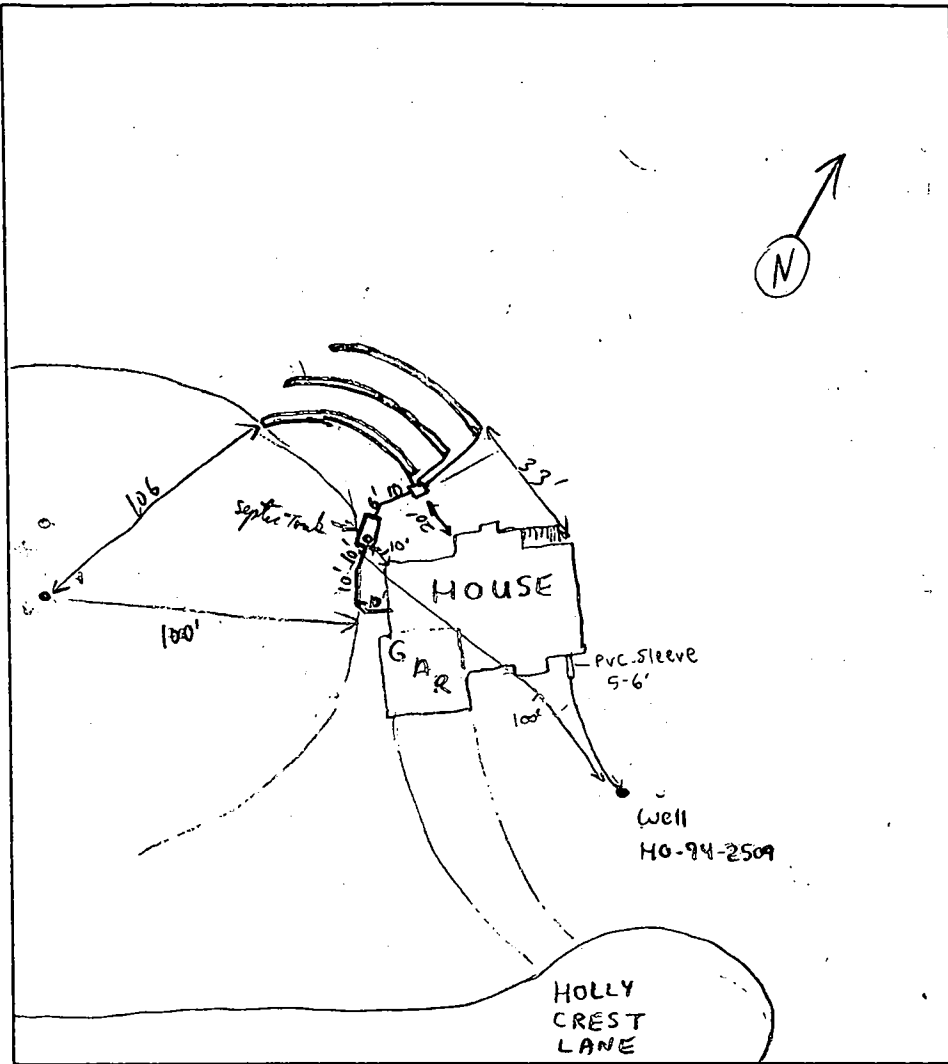
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

51833-N PERMITS SIGNED 6/20/2001 AND RETURNED 800130443 DECK

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

51833-N

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 4'  
 TRENCH BOTTOM DEPTH 6'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 3x80' each  
 TOTAL TRENCH LENGTH 240 LF  
 ABSORBENT AREA 720 sq ft  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 TS GALLONS  
 MANHOLE RISER No  
 6 INCH INSPECTION PORT On front

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS NA  
 MANHOLE RISER NA  
 ALARM NA  
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 4/6/01 - CONFIRMED LAYOUT INSP., TANK TO BE SET SO IT IS 10'

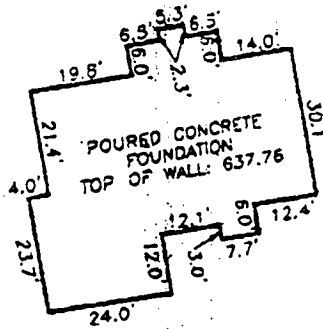
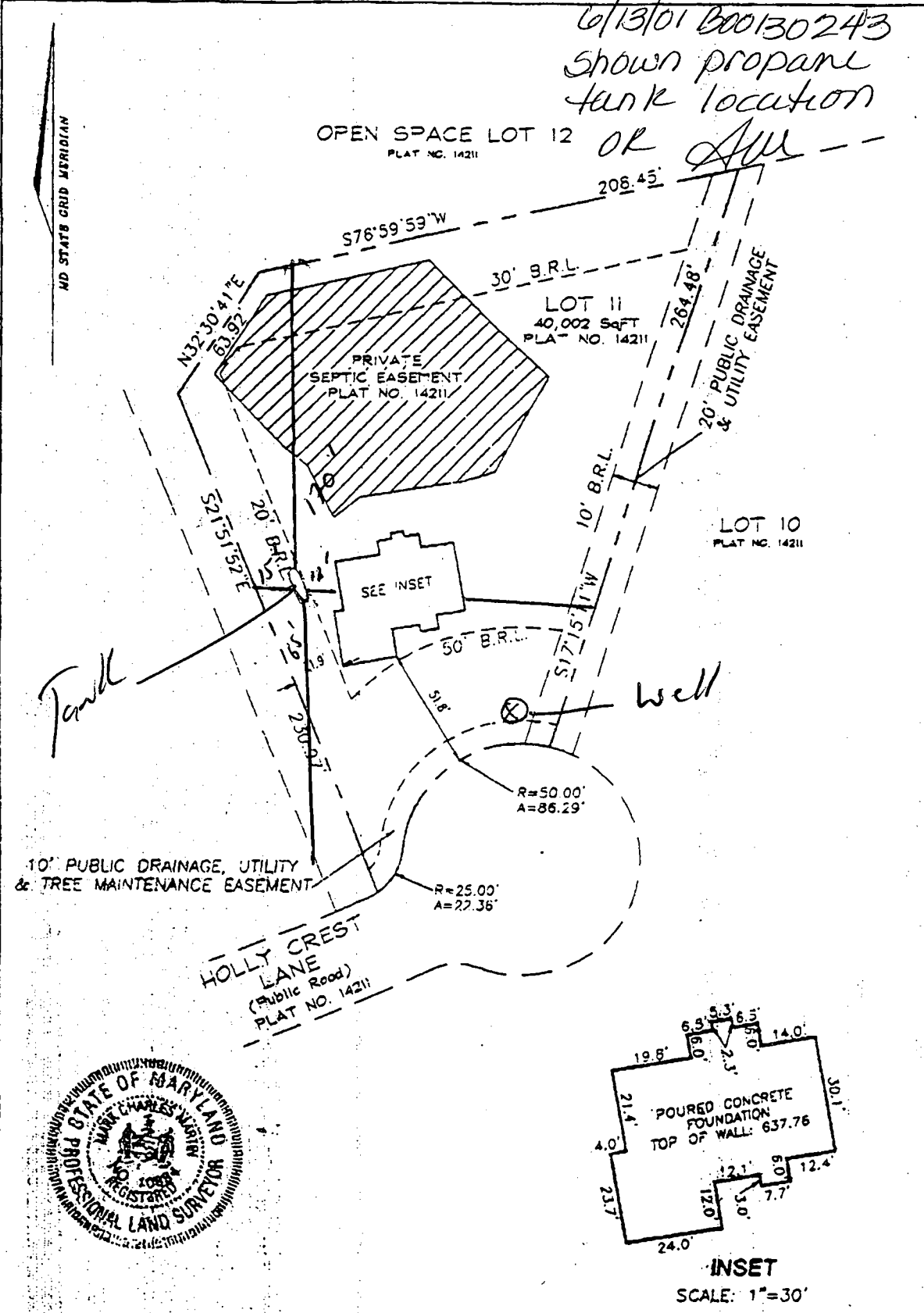
FROM HOUSE, 100' FROM WELL (HO-94-2509) & WELL ON LEFT SIDE OF PROPERTY, D-BOX TO BE SET PER PLAN (AT LEAST 20' OFF OF HOUSE) RUN 3 TRENCHES ON CONTOUR PER PLAN, TRY TO KEEP 10' CTC, CONTOUR INSPECTION COMMENTS: MAY PREVENT EXACTLY 6' DEEP (A FEW INCHES OFF OK) - (SRK)

Septic Tank & Baffles ("T") OK. First Trench open (40' no pipe) OK to continue + gravel filler going.  
 OK to cover most of first trench (leave ends open) to gravel it next. OK to connect house connection to db. JJP 4/9/01  
 All 3 trenches finished - OK & overall work. JJP 4/9/01

INSPECTOR JJP DATE SYSTEM APPROVED 4/9/01

21N

6/13/01 000130243  
shown propane  
tank location  
OR *See* ---



INSET  
SCALE: 1"=30'

RECORD REFERENCES LIBER/FOLIO PLAT BOOK N/A PLAT NO./FOLIO 14211	WALL CHECK OF	FREDERICK WARD ASSOCIATES, INC. ENGINEERS - ARCHITECTS - SURVEYORS 7125 RIVERWOOD DR. SUITE 11 TELEPHONE (410)720-6900 FAX (410)720-6226
	LOT 11	
SCALE 1"=50'	HOLLY CREST	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin 3/5/2001</i>
	HOWARD COUNTY	

4/10/01-AM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: DELUXE PLUMBING + HEATING Telephone #: 410-544-2118  
Address: 719 SILVER RUN VALLEY RD.  
WESTMINSTER MO. 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID W. WISNIEWSKI SR. License# 8494  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: ALLAN HOMES INC. Telephone #: 410-381-1414  
Subdivision: HOLLY CREST. Lot #: 11 Well Tag #: HO-94-2509  
Site Address: 13809 HOLLY CREST LANE.  
DAYTON, MO. 21036

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOUDS.</u>	Make: <u>HARUO</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>76507412 L</u>	Model#: <u>PT. 800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>3'-4'</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8.5</u> GPM	NSF approved: <u>-</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>405</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt YES

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CREST LINE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>8'-10'</u>
Depth of supply line <u>3'-4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 3-8-01  
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 4/10/01 AM Date Insp. Approved: 4/10/01 AM  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

Building Address 13809 Holly Crest Lane  
Dayton MD 21036

Suite/Apt. #: — SDP/WP/Petition #: GP 01-094

Census Tract 605101 Subdivision Holly Crest

Section II Area 4A Lot 11

Tax Map 29 Parcel 4 Grid 1

Zoning RP-10 Map Coordinates 1311 Lot size 40,002 SF

Property Owner's Name Michael + Lisa Martin  
 Address 3909 Angelwood Ct  
 City Buckeysville State MD Zip Code 20866

Home Phone 301-990-5510 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot  
 Proposed Use SFD  
 Estimated Construction Cost \$ 100,000

Description of Work Custom CATHEDRA  
4 BRs, 3 1/2 Baths, Finished Rec  
Rm, Bath in Basement

Contractor Company Allied Homes, Inc.  
 Contact Person Terrence Martin  
 Address P.O. Box 105P  
 City Columbia State MD Zip Code 21041  
 License No. MILBR #60  
 Phone 410-381-1411 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address N/A  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Sinax Design  
 Contact Person Steve Sinax  
 Address 9014 Blue Road  
 City Columbia State MD Zip Code 21045  
 Phone 410-961-2554 Fax 410-092-7177

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ 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 _____

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 THEREBY, (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
 Title/Company President

Print Name C. NIA WASSNER  
 Date 1/9/01

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 1/26/01 Mark Rife
  - Health \_\_\_\_\_
  - Fire Protection \_\_\_\_\_
- Is Sediment Control approval required prior to issuance?  
 YES  NO

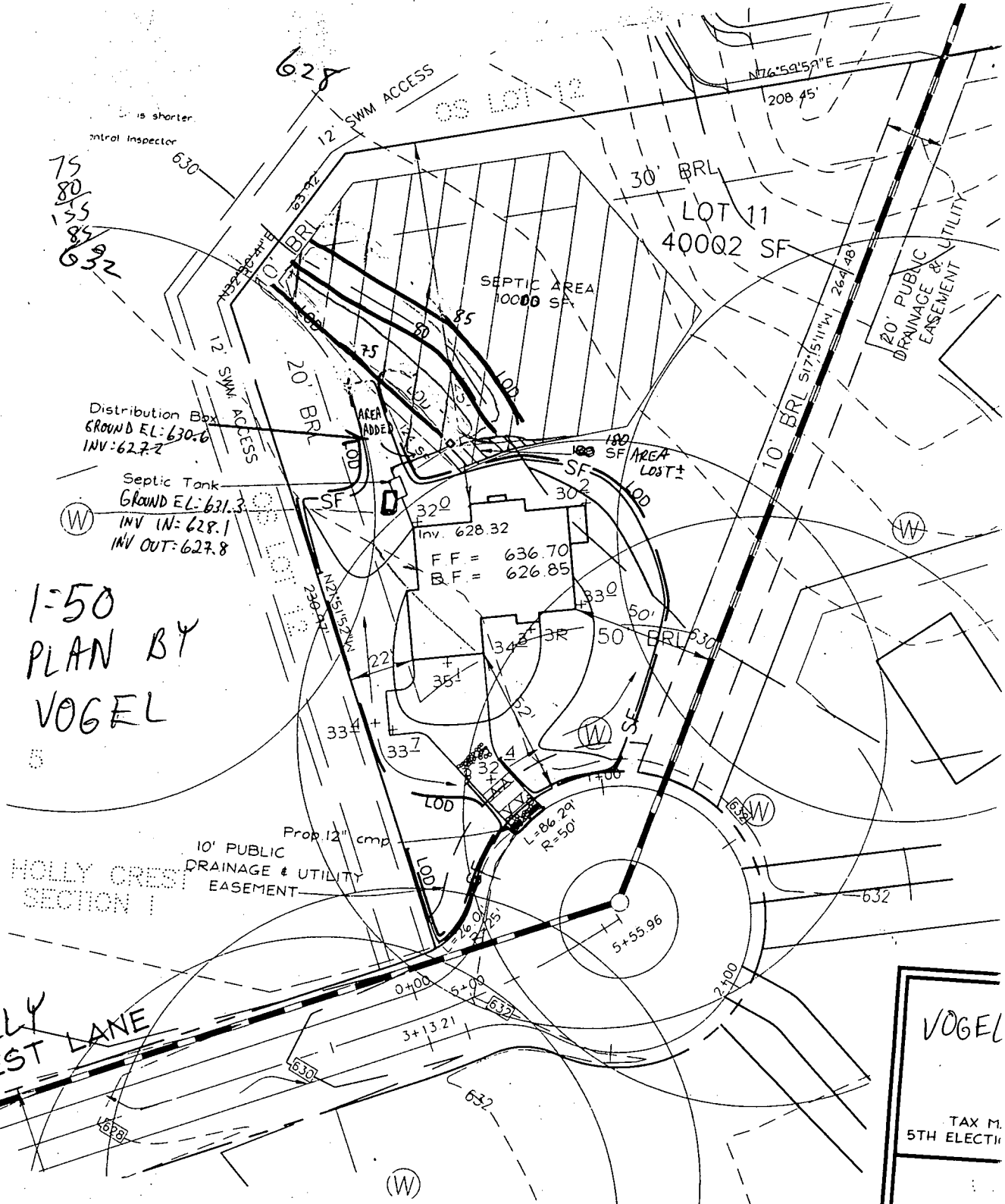
- DPZ SETBACK INFORMATION
- Front: \_\_\_\_\_
  - Rear: \_\_\_\_\_
  - Side: \_\_\_\_\_
  - Side St: \_\_\_\_\_
  - All minimum setbacks met? YES  NO
  - Is Entrance Permit required? YES  NO
  - Historic District? YES  NO
  - Lot Coverage for NewTown Zone \_\_\_\_\_
  - SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

PROPERTY ID# 19259

Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>19259</u>
Validation #	_____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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



1=50  
PLAN BY  
VOGEL

HOLLY CREST SECTION I

HOLLY CREST LAKE

VOGEL  
TAX M.  
5TH ELECTRI

Total linear feet of trench  
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below  
distribution pipe 2 feet

Approved Septic System Plan  
Howard County Health Department

*Mark Riffin*  
Signature

1/26/07  
Date

# APPLICATION

PERCOLATION TESTING

A 59833

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 2/18/98

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 Allen Brown

ADDRESS 4609 Linthicum Road PHONE 410-531-2658

AGENT OR PROSPECTIVE BUYER Greg & Rhonda Carpenter

ADDRESS P.O. Box 440, Clarksville, 21029 PHONE 301-498-9433

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 7

ROAD AND DESCRIPTION East side of Linthicum Rd.

TAX MAP 28 PARCEL # 4

SIZE OF LOT 40,070 SF 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.

Cindy DelZoppo  
(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

26

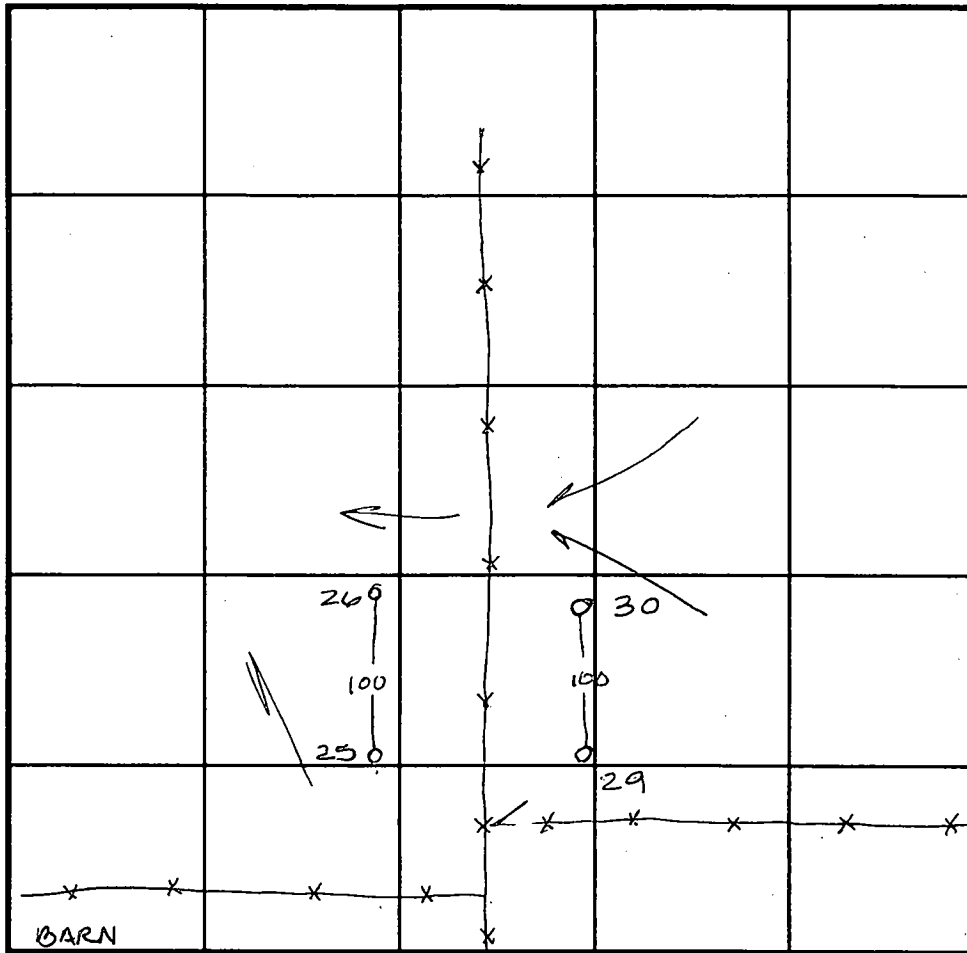
0' brown  
clm  
100%  
Rx  
3.0 pink  
SiSalm  
micaceous  
100% Rx  
7.0  
9.0 Pocket  
of  
400%  
quartzite  
pink  
SiSalm  
100%  
Rx  
11.0

25

3.0 yellow  
orange  
SiClm  
dark  
red  
SiLm  
20%  
Saprolite  
12.0

29

3.0 red  
brown  
SiClm  
pink  
SiSalm  
100%  
Saprolite  
10.0  
20.0 20%  
Saprolite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

30

0' orange  
yellow  
brown  
SiClm  
3.0 dark  
red  
SiLm  
pockets  
of  
decayed  
saprolite  
horizontal  
banded  
Mg, Fe  
white  
12.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-98	26	4.0 V 11.0	12:08 <sup>30</sup>	12:12	12:12	12:17	5min
	25	4.0 V 12.0	12:14	12:17	12:17	12:20	3min
	29	4.0 V 12.0	1:31	1:35	1:35	1:38	3min
	30	4.0 V 12.5	1:51	1:53	1:53	1:55	2min

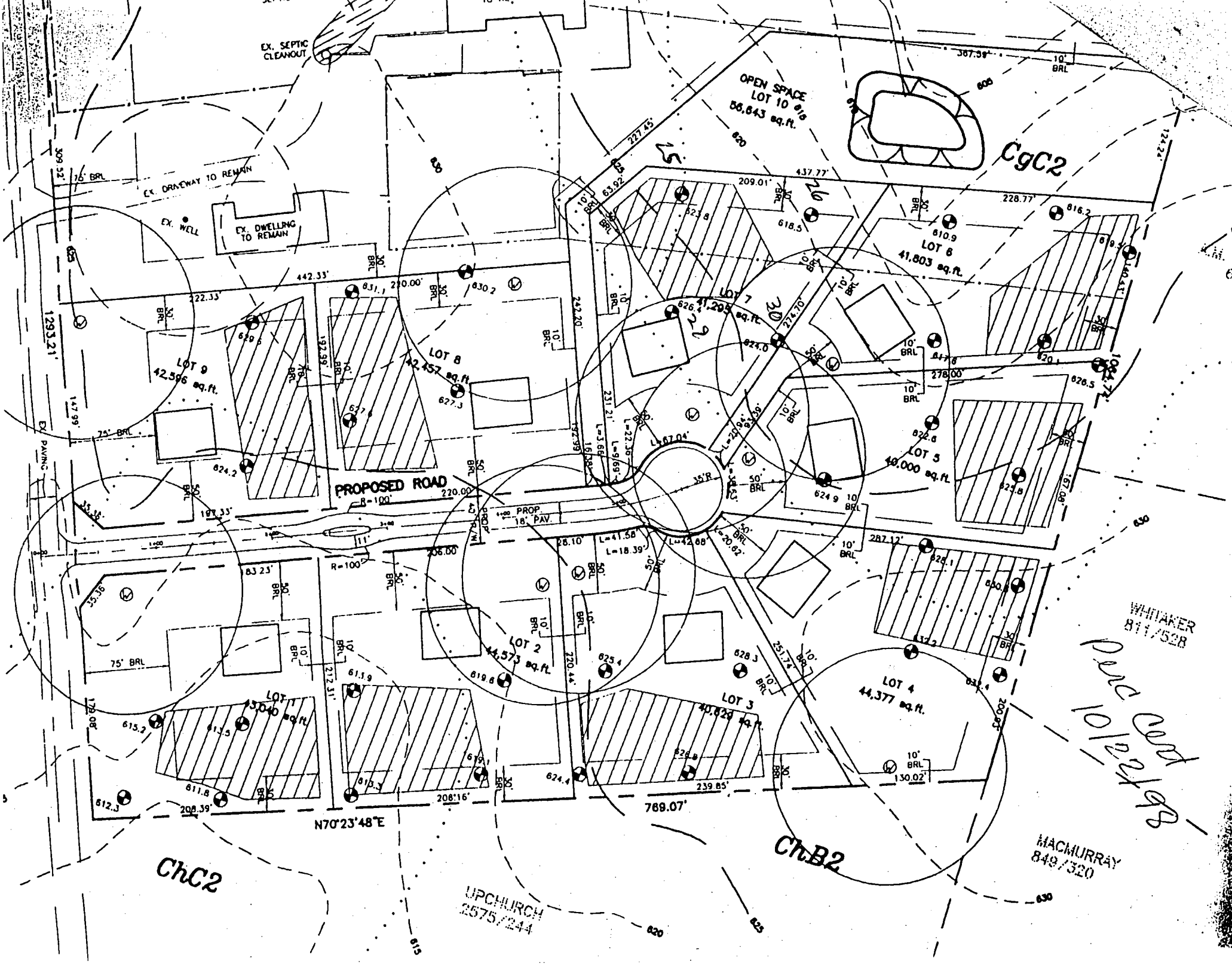
REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Chuck Trapp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



ChC2

UPCHURCH  
2575/244

ChB2

MACHURRAY  
849/320

WHITAKER  
811/528  
*Prop 10/2/20/88*

EX. SEPTIC  
CLEANOUT

EX. DRIVEWAY TO REMAIN

EX. WELL

EX. DWELLING  
TO REMAIN

OPEN SPACE  
LOT 10  
56,843 sq. ft.

LOT 9  
42,596 sq. ft.

LOT 8  
42,457 sq. ft.

LOT 7  
41,285 sq. ft.

LOT 6  
41,803 sq. ft.

LOT 5  
46,000 sq. ft.

LOT 2  
44,573 sq. ft.

LOT 3  
40,829 sq. ft.

LOT 4  
44,377 sq. ft.

PROPOSED ROAD  
18' PAV.  
R=100'

ChC2

309.32'

1293.21'

147.98'

197.33'

178.08'

208.39'

208.16'

N70°23'48"E

789.07'

620

625

630

630

124.24'

228.77'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

104.41'

387.39'

10' BRL

630

630

630

630

630

630

630

630

630

630

630

630

630

630

630

630

630

630

630

76' BRL

65'

65'

75' BRL

35.36'

83.23'

75' BRL

615.2'

611.8'

612.3'

612.3'

612.3'

612.3'

222.33'

192.99'

197.33'

197.33'

83.23'

615.2'

611.8'

612.3'

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197.33'

83.23'

615.2'

611.8'

612.3'

612.3'

612.3'

612.3'

# CURVE DATA TABLE

CURVE NO.	ARC	RADIUS	TANGENT	DELTA
C1	16.38'	280.00'	8.19'	321'11"
C2	26.01'	25.00'	14.32'	59'36"3"
C3	249.42'	50.00'	-----	285'49'2"
C4	20.92'	25.00'	11.12'	47'57'5"
C5	28.51'	320.00'	14.26'	5'06'1"
C6	13.07'	320.00'	6.53'	2'20'2"
C7	18.39'	25.00'	9.63'	42'09'0"
C8	42.68'	40.00'	23.62'	61'08'0"
C9	60.47'	50.00'	34.55'	69'17'2"






0011/4  
F-00-025

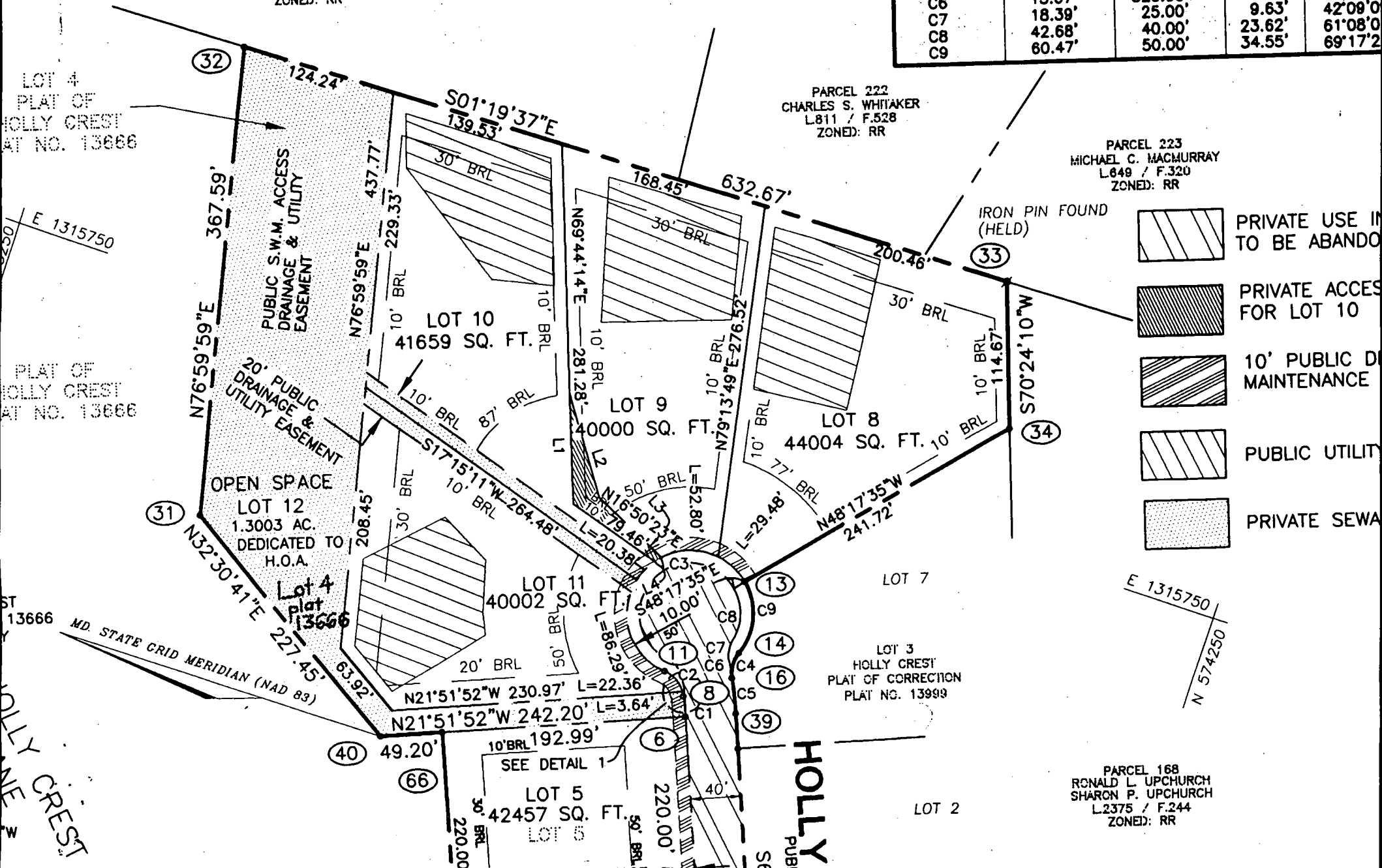
PARCEL 219  
ROBERT E. SHIELDS  
LORETTA H. SHIELDS  
L1418 / F.64  
ZONED: RR

PARCEL 222  
CHARLES S. WHITAKER  
L811 / F.528  
ZONED: RR

PARCEL 223  
MICHAEL C. MACMURRAY  
L849 / F.320  
ZONED: RR

IRON PIN FOUND  
(HELD)

-  PRIVATE USE IN TO BE ABANDONED
-  PRIVATE ACCESS FOR LOT 10
-  10' PUBLIC DRAINAGE & UTILITY MAINTENANCE
-  PUBLIC UTILITY
-  PRIVATE SEWER



HOLLY CREST

PARCEL 168  
RONALD L. UPCHURCH  
SHARON P. UPCHURCH  
L2375 / F.244  
ZONED: RR

C1 07555

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OKSRN 1/31/00

COUNTY NUMBER A59833N

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2509

OWNER: Allan Homes, STREET OR RFD: Holly Crest Lane, TOWN: Dayton, SUBDIVISION: Holly Crest, SECTION: , LOT: 11

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS 19, NO. OF POUNDS 1900, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 30'

CASING RECORD

MAIN CASING TYPE: PL, Nominal diameter: 6, Total depth: 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole: HO (Open Hole), BR (Brass), PL (Plastic), OT (Other)

DEPTH (nearest ft.)

Table for depth measurements with columns for depth intervals.

DIAMETER OF SCREEN (NEAREST INCH): 56 to 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

C 3

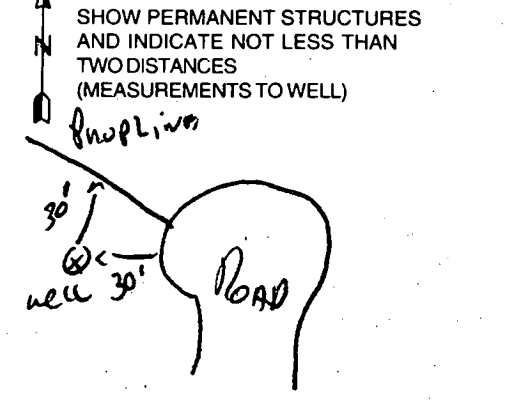
PUMPING TEST

HOURS PUMPED: 3, PUMPING RATE: 8.5, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: 51' before, 125' when pumping, TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. CAPACITY: 31 GPM, PUMP HORSE POWER: 37, PUMP COLUMN LENGTH: 43

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (Well 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. 1 MSD116, Signature: Stan Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 MSD117, Signature: Stan E. Wayne

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

B 1 1973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2509 fill in this form completely

Date Received (APA) 12 02 99

OWNER INFORMATION

Allen Homes Inc. P.O. Box 1058 Columbia MD 21044

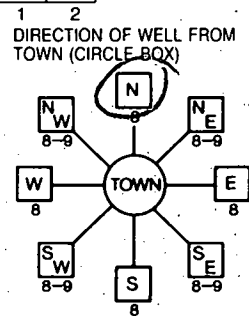
B 3 LOCATION OF WELL

Howard County, Holly Crest, Dayton, 11 miles from town

DRILLER INFORMATION

Ralph Mayne M SD 116, Ralph Mayne Well Drilling, 9120 Brown Church Rd. Mt Airy, Md

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Holly Crest LA. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

20 DISTANCE FROM ROAD ENTER FT OR MI

B 2 WELL INFORMATION, APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County AS 9833-N, State Signature, Date Issued 12/08/00, North Grid 520 000, East Grid 800 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 1/2 INCH

METHOD OF DRILLING (circle one)

- AIR-ROTARY (circled), JETTED, Jetted & Driven, Cable, Reverse-ROTary, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

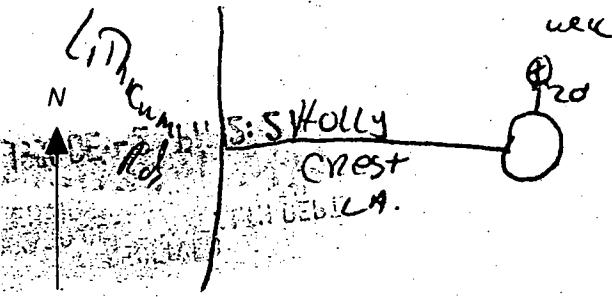
- SOURCES OF DRILLING WATER: 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800, N 520

1/4/00 Grout follows Lot 10's Grout AM, 1/4/00 60' casing, 30'+ open, 17 bags Not present for grout BB

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

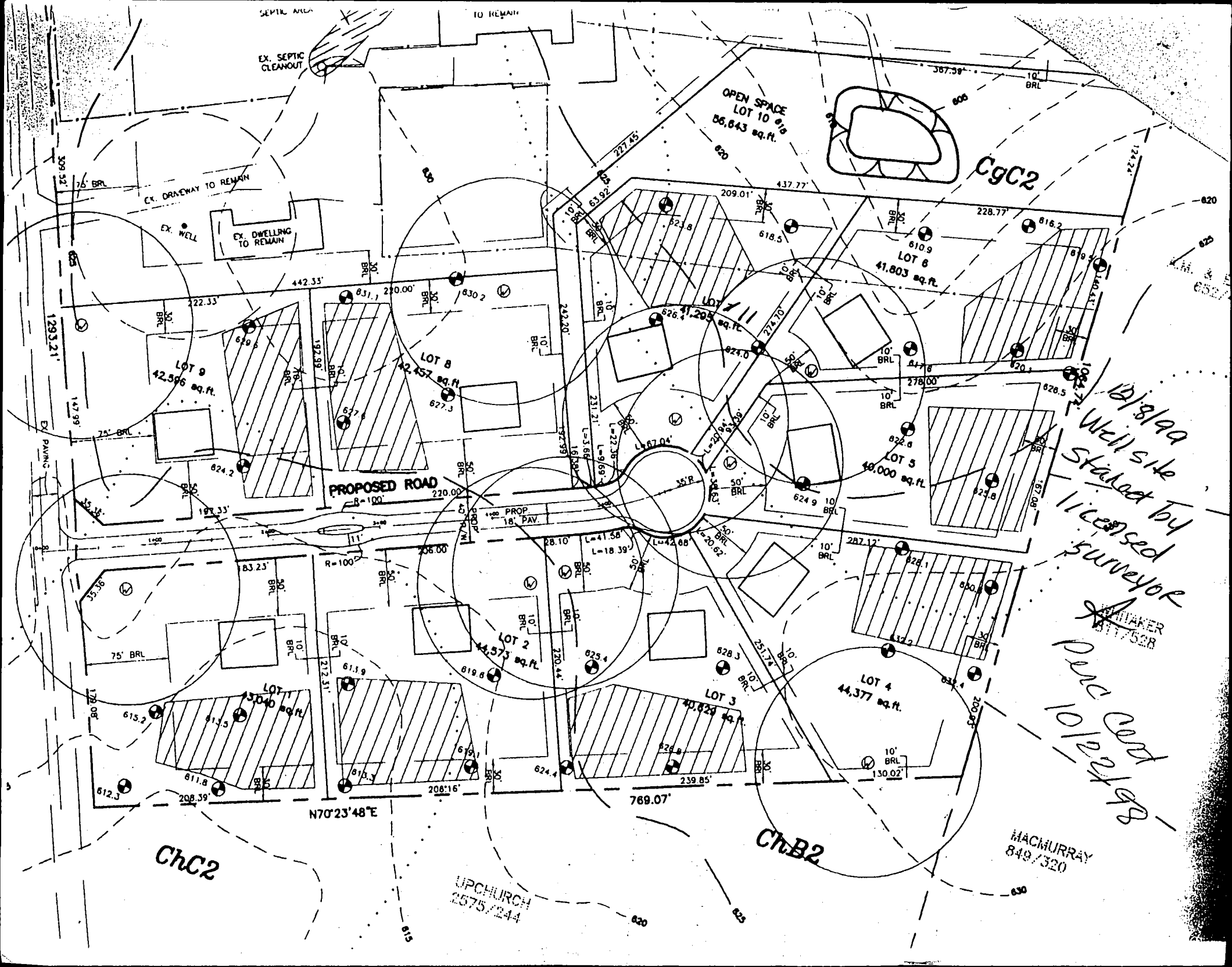


Not to be filled in by driller (MDE OR COUNTY-USE ONLY)

APPROP. PERMIT NUMBER, PERMIT No. HO-94-2509

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



C9C2

ChC2

ChB2

UPCHURCH  
2575/244

MACMURRAY  
849/320

10/18/99  
Well site  
Staked by  
licensed  
surveyor  
AWANER  
8/17/98  
Per a cert  
10/20/98

lengths or that  
whichever is shorter.

Control Inspector

**STANDARD**

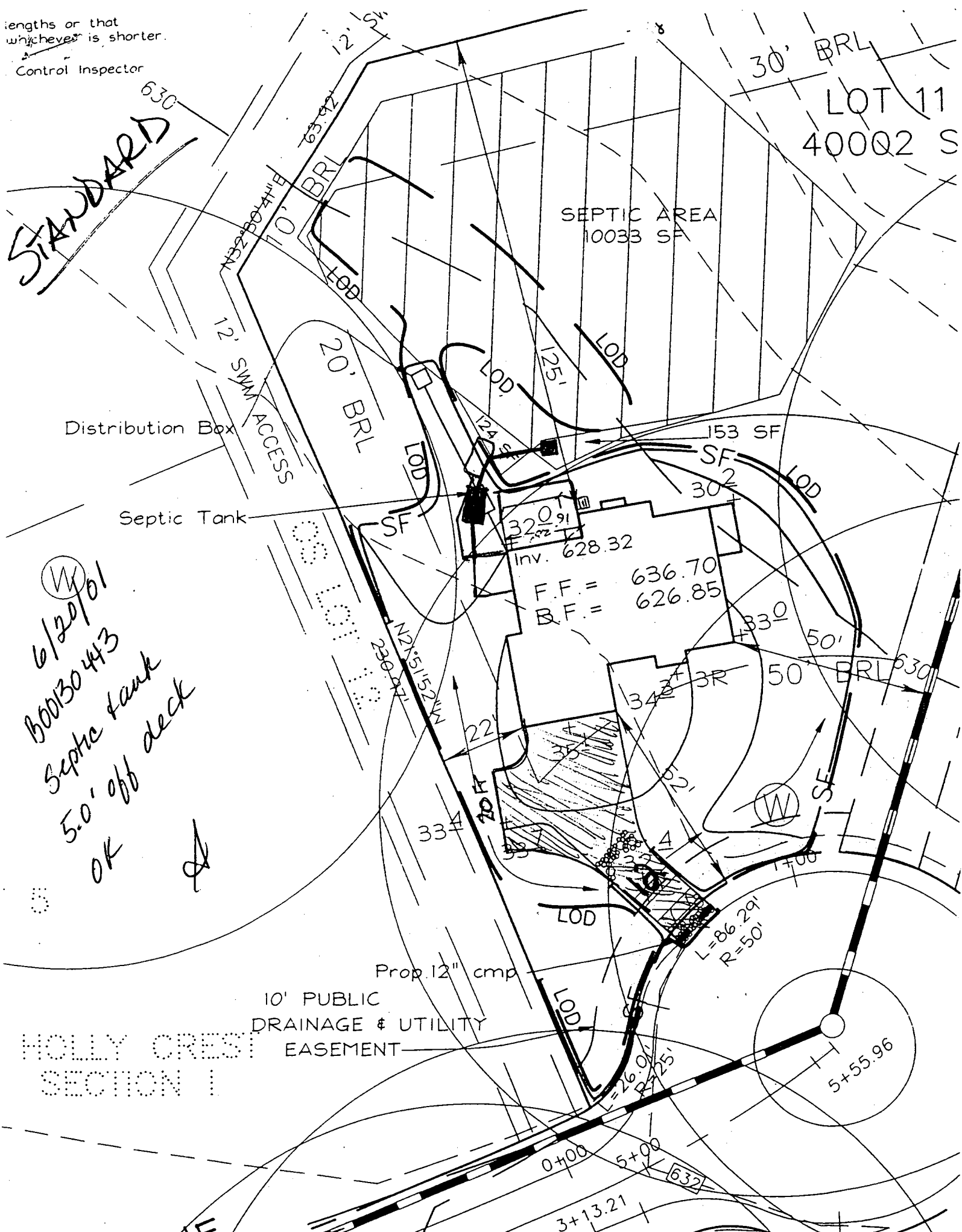
LOT 11  
40002 S

SEPTIC AREA  
10033 SF

Distribution Box

Septic Tank

6/20/01  
B00130443  
Septic tank  
5.0' off deck  
OK



Prop. 12" cmp

10' PUBLIC  
DRAINAGE & UTILITY  
EASEMENT

HOLLY CREST  
SECTION I

0+00 5+00  
3+13.21  
632

