

LAYOUT 3/8/03 11:00 INSP 4 4/7/03 1PM  
 INSP 2 3/10/03 2PM INSP 5 \_\_\_\_\_  
 INSP 3 3/11/03 F/U 2:00 INSP 6 \_\_\_\_\_

ISSUE DATE: 2/13/2003

APPROVAL DATE: 4/7/03

**PERMIT** 04-366832  
**INDEXED**

P 518546

A 59898

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: McCann Property LOT NUMBER: 1

ADDRESS: 14701 McCann Farm Road PROPERTY OWNER: Pulte Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 210

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 5.0 feet below original grade. <u>1.5</u> feet of stone below distribution pipe.
LOCATION:	Install distribution box as shown on approved building permit plan.
NOTES:	Trench lengths to be determined in field due to contour. Shortest trench run to be no less than 40'. No basement service as stated on plan.

PLANS APPROVED: John Boris DATE: 11/21/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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 BUILDING PERMIT SIGNED FOR INSPECTION OF SEPTIC SYSTEM AND RETURNED**

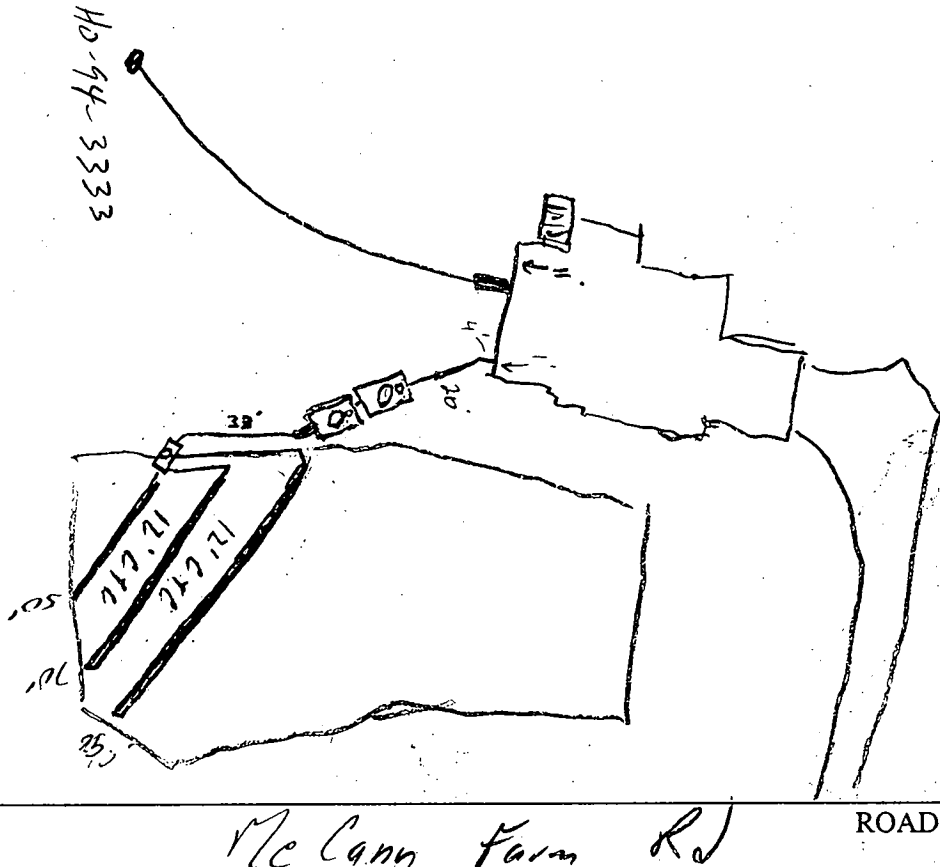
2/24/2003 800140402 U.G. PROPANE TANK  
 8/21/03 800143735-26 POUL

A59898

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		210'
ABSORPTION AREA		630 <del>4</del>
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST <input type="checkbox"/>	
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST <input type="checkbox"/>	



PRE-CONSTRUCTION 3/7/03 Lot staked, install 50'/70'/90' trenches on contour, 10' CTC if they can, Top corner of SRA will be lost (SD)

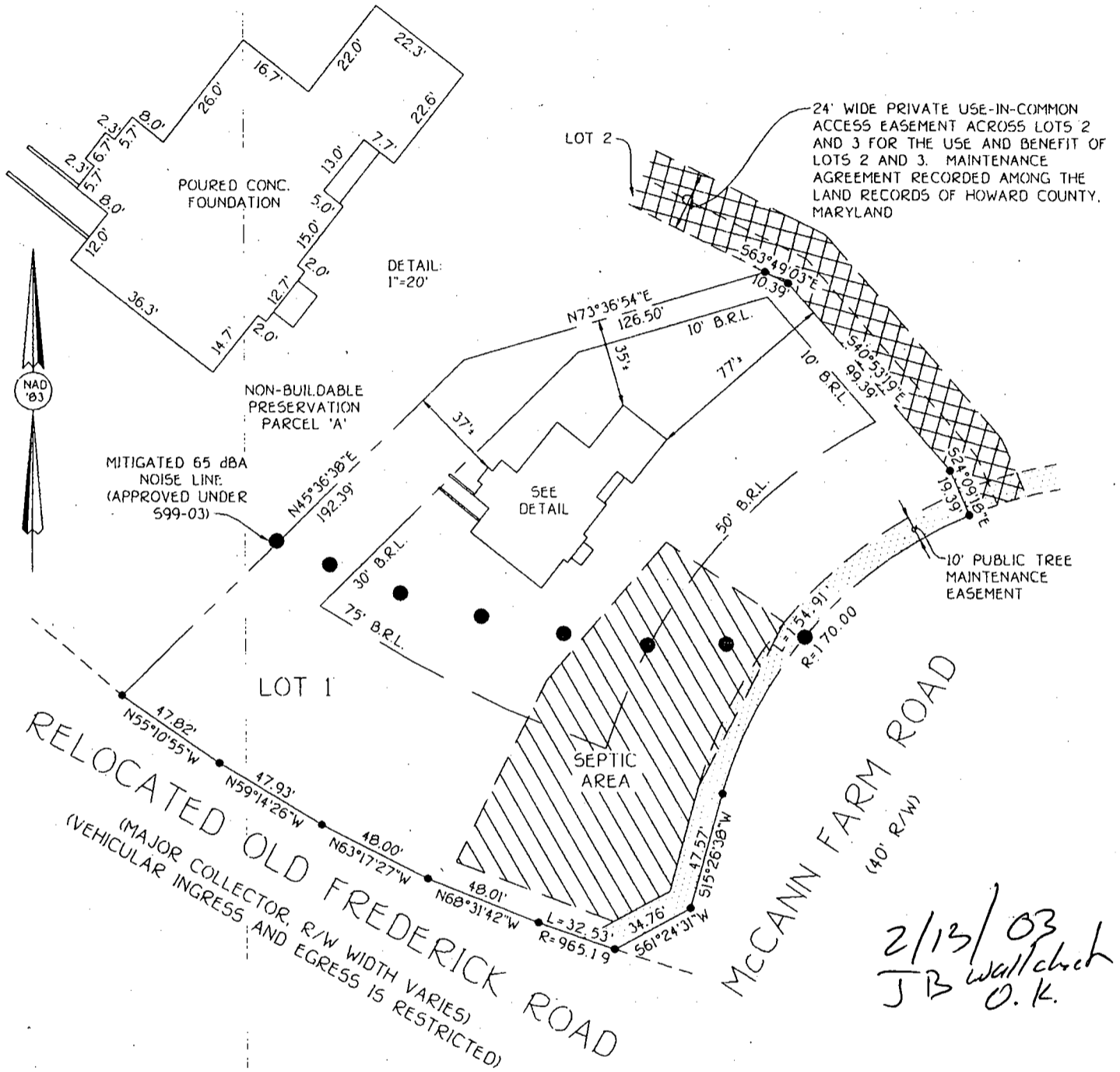
INSTALLATION 3/10/03 Tanks installed, 90' trench installed, OK to cover (SD) 3/11/03 All trenches install OK to cover. Pump & Alarm tests needed (SD) 4/7/03 Pump & Alarm tests OK (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/17/03

RECEIVED  
 BUILDING DEPARTMENT  
 4/17/03

**GENERAL NOTES:**

- 1) THIS LOCATION DRAWING 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 COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR 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. 2400440008 BEFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (+)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.

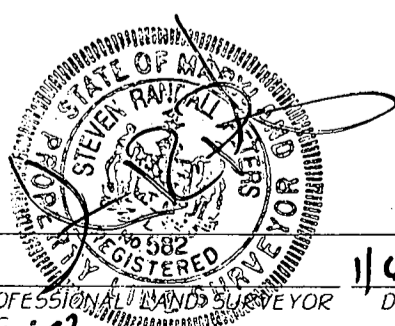


2/13/03  
 JB wall check  
 O.K.

B.R.L. = BUILDING RESTRICTION LINE  
 TOP OF FOUNDATION ELEV. 654.8'

LOT 1  
 McCANN PROPERTY  
 LOTS 1 THRU 16 AND  
 PRESERVATION PARCELS 'A' THRU 'E'  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 PLAT REF. 15471

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855



PROFESSIONAL LAND SURVEYOR DATE  
 REG. 582 1/6/03

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 1/4/03  
 FINAL LOCATION: \_\_\_\_\_  
 BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=60'  
 DATE: 1/6/03  
 DRAWN BY: A.K.O.  
 CHECKED BY: S.R.P.  
 PROJECT No.: 61769

FCC

Mc 91 JAYB

Building Address 1470 MCCANN FARM ROAD  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision MCCANN PROPERTY  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name PRITE HOMES, INC  
 Address 1501 S. EDGEWOOD ST., Suite K  
 City BALTIMORE State MD Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use SINGLE FAMILY DWELLING  
 Estimated Construction Cost \$ 157,000  
 Description of Work CONVERT 4 UNIT APARTMENT BLDG TO FULLY FINISHED 3 BR 3 1/2 BATH SP GARAGE 1 CAR

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>410'</u> <u>38'</u> 2nd floor: <u>14'</u> <u>38'</u> Basement: <u>410'</u> <u>38'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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 \_\_\_\_\_  
 Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>11/21/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date: _____	Validation # _____
				Accepted by _____

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

Approved Septic System Plan  
Howard County Health Department

Total linear feet of trench  
required 200 feet

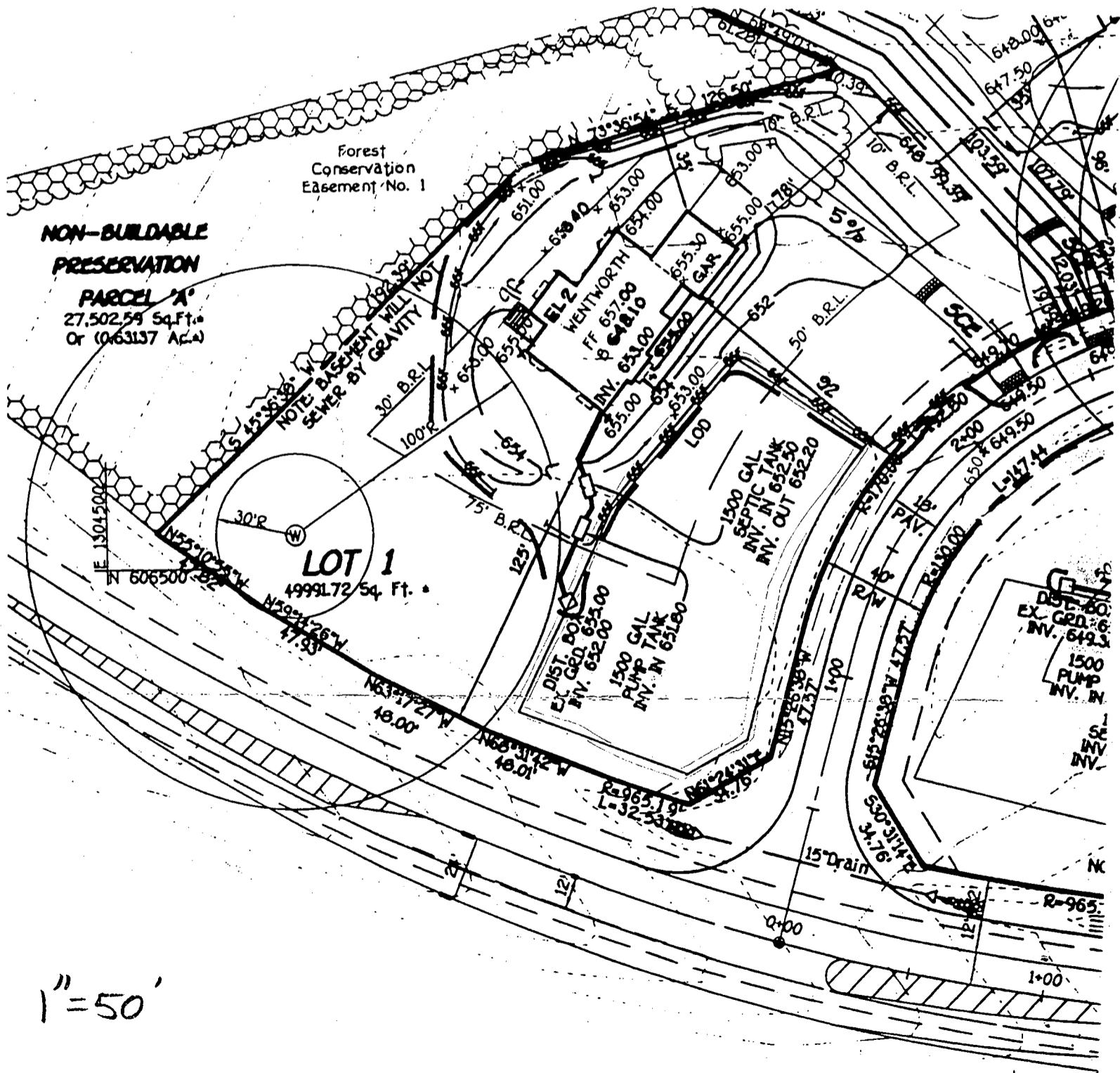
Width of trench(es) 3 feet

Depth of trench(es) 10 1/2 feet

Depth of stone required below  
distribution pipe 1 feet

J. Hill  
Signature  
11/22/02  
Date

Lot 1 14701 McCann Farm Road Woodbine 21797  
McCann Estates



1" = 50'

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: Eagle Well Drilling Telephone #: 410-795-5670  
Address: 588 Obrecht Rd  
Sykesville MD 21784

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Allen Compton License #: MSD 009

\* A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Pulte Homes Telephone #: \_\_\_\_\_  
Subdivision: McLann Estates Lot #: 1 Well Tag #: HO 94-3333  
Site Address: 14701 McLann Farm Rd

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Grundfos Make: Campbell Two piece watertight cap: yes  
Model #: 75 B0 S 422 Model #: NA Screened, vented well cap: yes  
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: yes  
Well Yield: 8.5 GPM NSP/WSC approved: yes Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 180 (feet) Conduit secured to well cap: yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
Torque arrestors, Cable guards, or other acceptable method used - Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing no

Piping to house House Connection  
Type: 1" Black Plastic PVC sleeve to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min) Approximate length of sleeve: 5  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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.

Allen Compton 3-12-02  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/7/03 Date Insp. Approved: 3/7/03 Inspector: (50) SRK  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

Lot 1

14701 McCann Farm

# Approved Septic System Plan

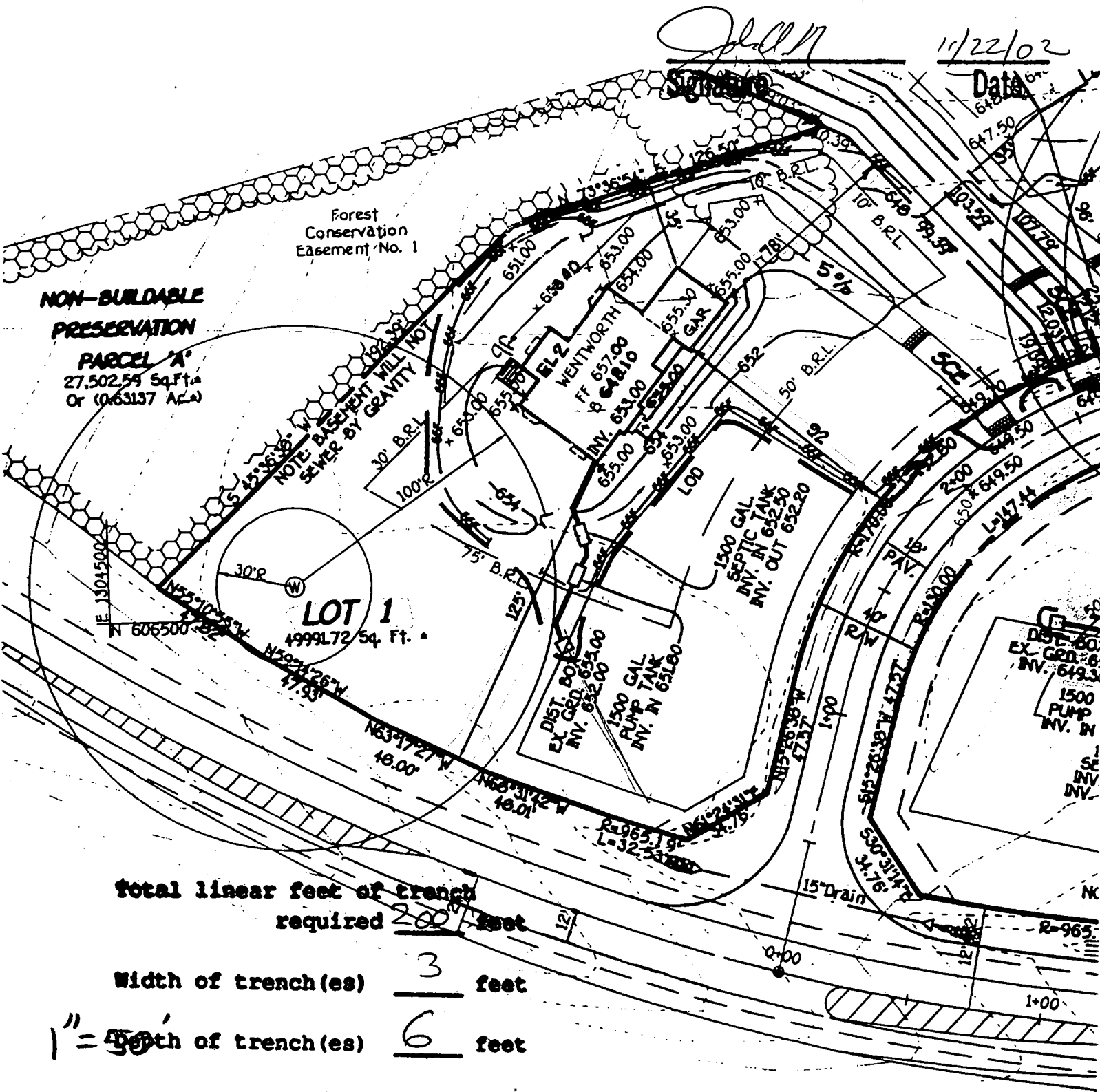
Howard County Health Department

McCann Estates

*J. McCann*  
Signature

11/22/02  
Date

Data



total linear feet of trench required 200 feet

Width of trench(es) 3 feet

1" = 50' Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 1 feet

Forest  
Conservation  
Easement No. 1

NOTE: BASEMENT WILL NOT  
SEWER BY GRAVITY

**LOT 5**  
43,871.96 Sq. Ft.

**LOT 4**  
10,181.94 Sq. Ft.

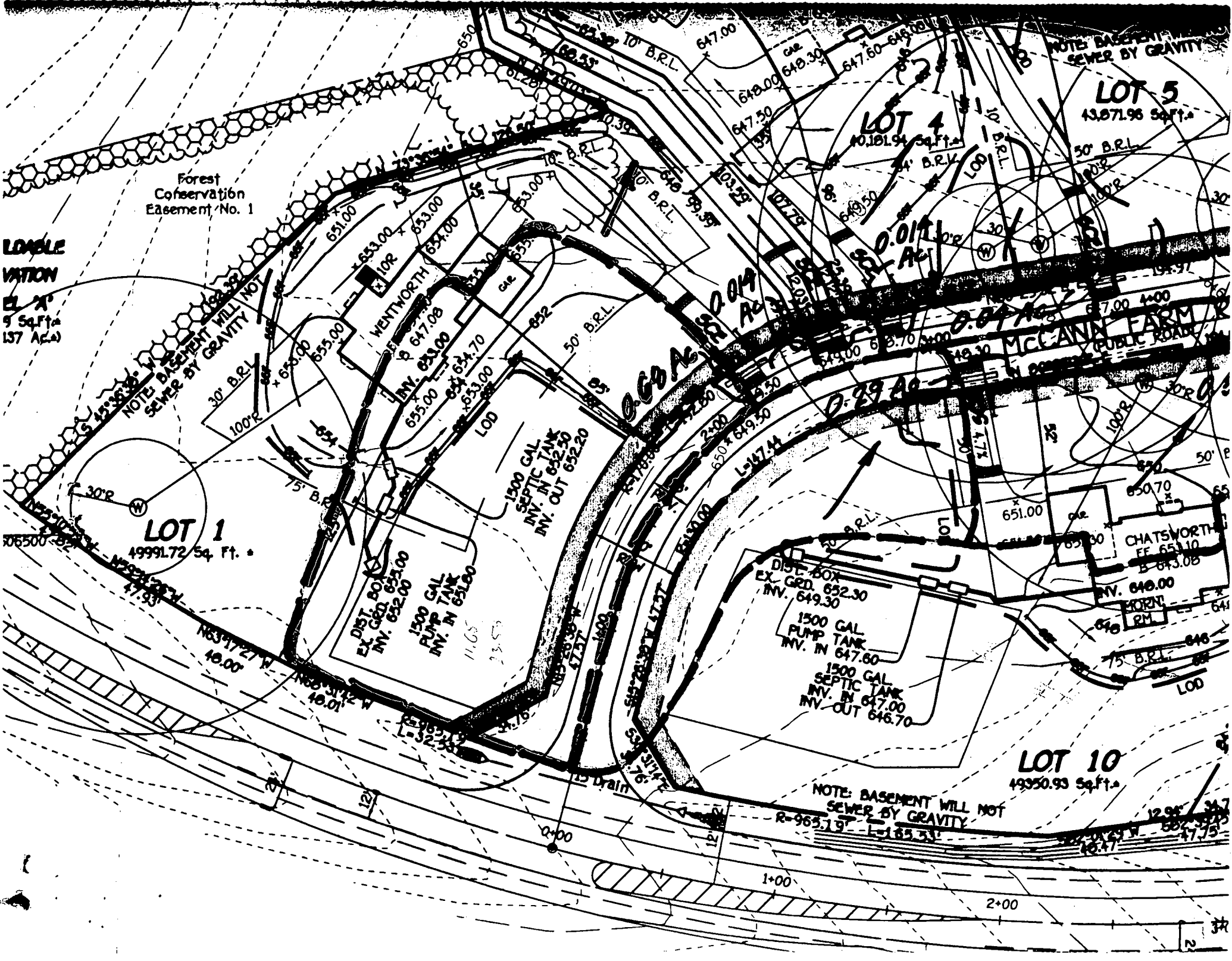
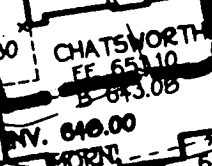
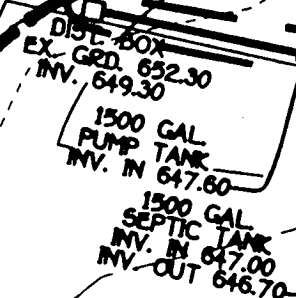
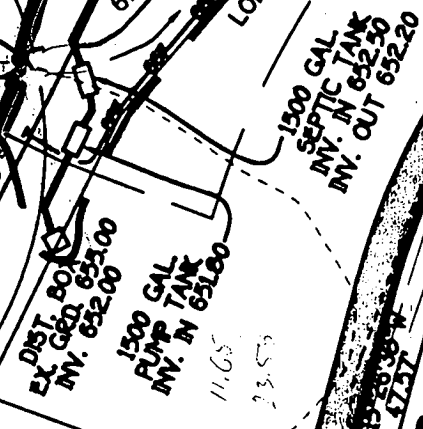
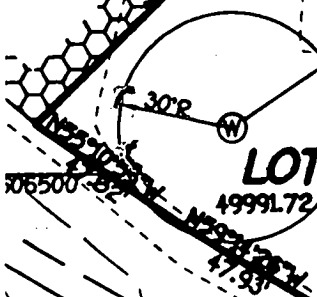
**LOADABLE  
VATION**  
EL. 1'  
9 Sq. Ft.  
137 A.C.A.

NOTE: BASEMENT WILL NOT  
SEWER BY GRAVITY

**LOT 1**  
49,991.72 Sq. Ft.

**LOT 10**  
49,950.93 Sq. Ft.

NOTE: BASEMENT WILL NOT  
SEWER BY GRAVITY



C1 14419 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY 13 A59878  
 NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY DATE WELL COMPLETED 04 04 02 Depth of Well 180 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3333

OWNER Fisher-Collins-Carter  
 STREET OR RFD McCann Farm Road TOWN Woodbine  
 SUBDIVISION McCann Property SECTION LOT 1

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	40	
Brown Slate	40	50	✓
Blue Slate	50	75	
Brown Slate	75	80	✓
Blue Slate	80	110	
Brown Slate	110	115	✓
Blue Slate	115	180	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle appropriate box) YES  Y NO  N  
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 15 NO. OF POUNDS 1500  
 GALLONS OF WATER 90  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 58

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

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

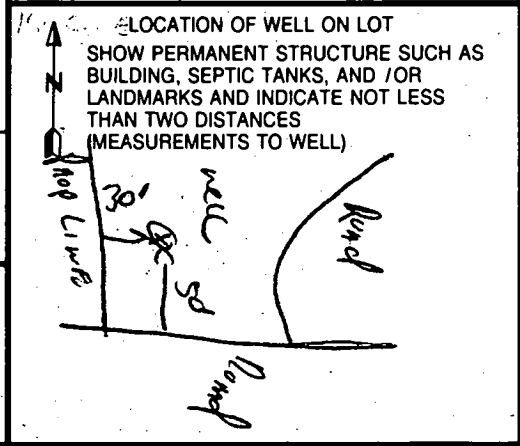
**C 2** DEPTH (nearest ft.)  
 1 150 56 180  
 2 23 24 26 30 32 36  
 3 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60  
 from to

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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 8.9  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 54 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

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP 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 below LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED YES  Y NO  N  
 A 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. M S 1113  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





B 1 8935

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type

STATE PERMIT NUMBER Ho-94-3333 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 28 02 02
15 Last Name Owner First Name 34
10272 BALT. NATIONAL PIKE
36 Street or RFD 55
57 Town 70 State 72 Zip 76

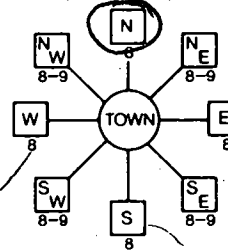
LOCATION OF WELL

B 3 Howard
8 COUNTY 21
23 SUBDIVISION
SECTION 44 46 LOT I 48 50
52 NEAREST TOWN COOKSVILLE 71
MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

DRILLER INFORMATION

76 Driver's Name License No. 81
Ralph E. MAYNE M SD 117
Firm Name
17024 Hardy Rd. Mt Airy MO. 21771
Address
Ralph E. Mayne 1-24-02
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD McCANN FARM Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

34 200 37 DISTANCE FROM ROAD Ft 38 89
ENTER FT OR MI 78
TAX MAP: 8 BLK: 16 PARCEL 78

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 59898
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 2-14-02 Kacie Goedtko 2-14-03
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID 545 000 EAST GRID 792 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER Ho 20020001
PERMIT No. Ho-94-3333

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

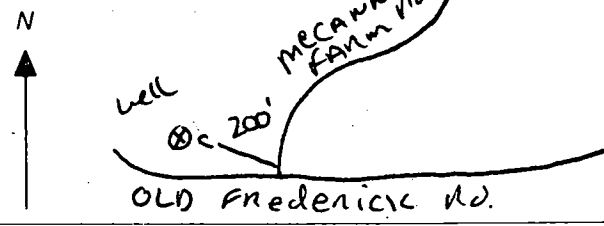
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

N# 55045
E# 7902

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



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

# APPLICATION

PERCOLATION TESTING

A 59898

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/30/98

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 \_\_\_\_\_

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

AGENT OR PROSPECTIVE BUYER FISHER COLLINS and CARTER (Agent)

ADDRESS 10272 Baltimore national pike PHONE (410) 461-2855  
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION McCaan Property LOT NO. 2 (1)

ROAD AND DESCRIPTION OLD FREDERICK Road

TAX MAP 8 PARCEL # 78

SIZE OF LOT 1 AC. TYPE BLDG. S.F.D.  
(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. Frederica G. Fische (agent)  
(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

59898

LOT 2

COUNTY #

SOIL PROFILE

2-248

0' topsoil  
1' red org brn cl lm

3.5' - 4'

pale org tan siltm

15-20% granite frags

12' 8"

2-250

0' topsoil  
1' red org brn cl lm

5'

pk beige siltm

20% granite frags

2' 4"

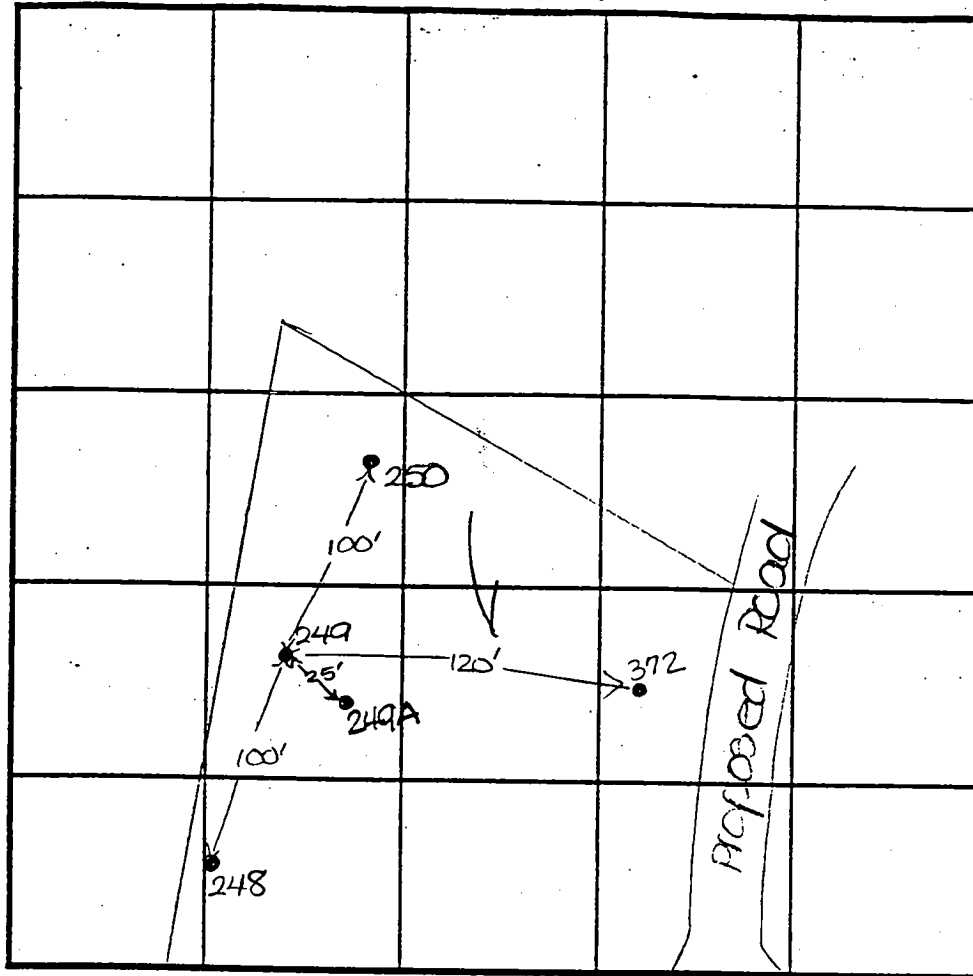
2-249

0' topsoil  
org brn cl lm

7.5'

pale org brn siltm w/>50% granite frag

3' 8"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Old Frederick Road

SOIL PROFILE

2-249A

0' topsoil  
1' org brn cl lm

4'

pale org brn siltm

some granite patches

10'

2-372

0' topsoil  
1' red org brn cl lm

4'

pale org tan to pale pk tan siltm 25% R<sub>g</sub> frag

11.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-21-98	2-248	4.5'S	1:44	1:49	1:49	1:57	8
		12' 8" D	Visual	OK			
	2-250	6.5'S	1:54	1:57	1:57	2:00	3
		12' 4" D	Visual	OK			
	2-249	8' 8" D	Refusal				FAIL
	2-249A	4.5'S	3:22 <sub>3</sub>	3:24	3:24	3:27	3
		10.0'D	Visual	OK			
	2-372	5.0'S	3:29 <sub>2</sub>	3:31	3:31	3:34	3
		7.5'M	3:29	3:31 <sub>3</sub>	3:31 <sub>3</sub>	3:34	3
		12.0'D	Visual				OK

REMARKS holes tested as staked (except 249A)

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

TESTED BY D. SOE ALSO PRESENT Alan Keltman Jr. and Carter

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

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

**LOT 4**  
42,179 Sq. Ft. ±  
PROP. 14' WIDE PRIVATE DRIVEWAY

108

9037 #5-25

*Signed per plan 8/1/00*

APPROX. LOCATION OF EXISTING SEPTIC FIELD

FOREST CONSERVATION AREA #3

**NON-BUILDABLE PRESERVATION PARCEL**  
27,583 Sq. Ft. ±  
0.63 AC ±

**LOT 1**  
49,832 Sq. Ft. ±

448

37

36

35

34

33

32

31

30

9024  
#2-249 (bad)

9025  
#2-249A (good)

9022  
#2-248 (good)

9023

1001

1000

9035 #13

RELOCATED

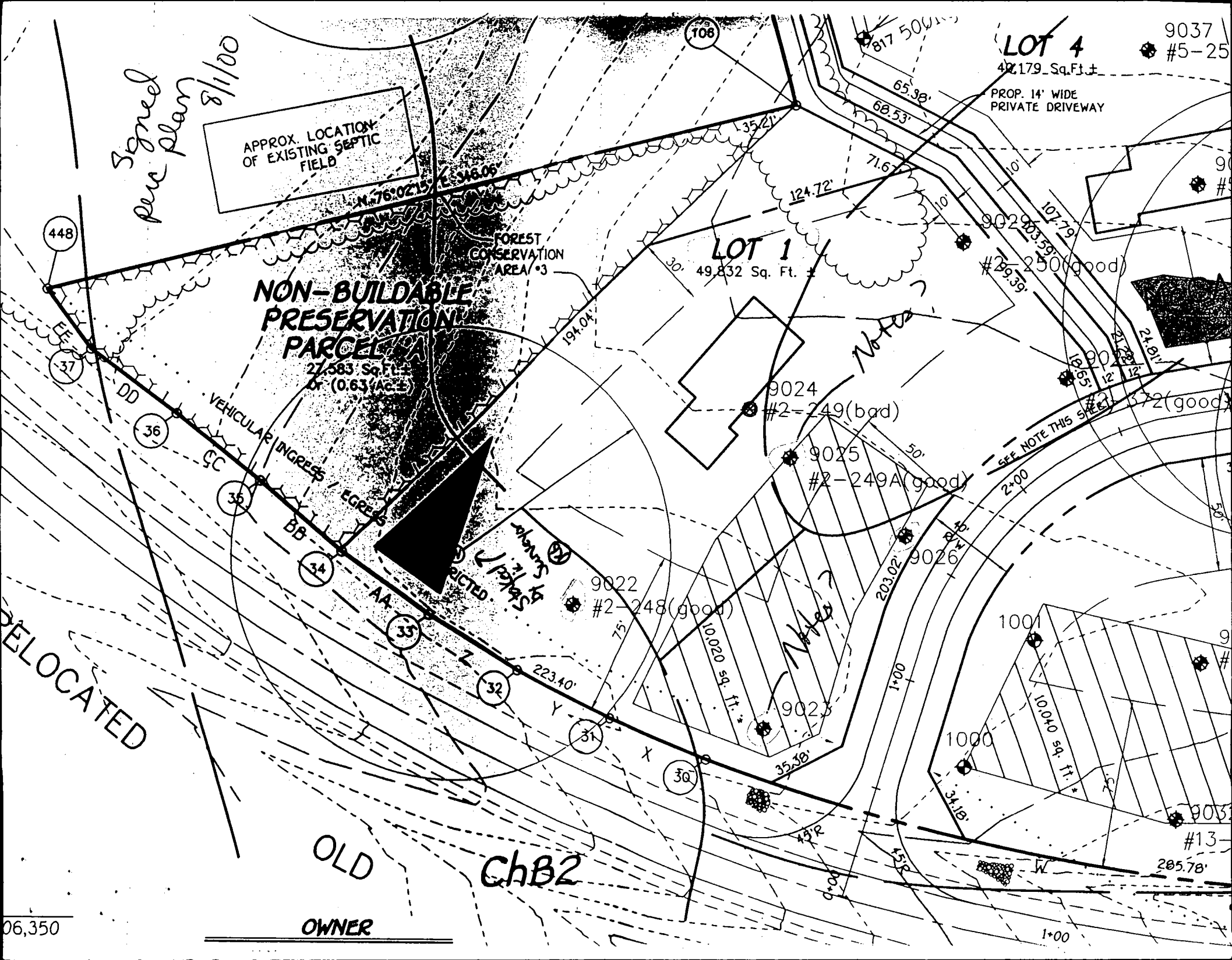
OLD

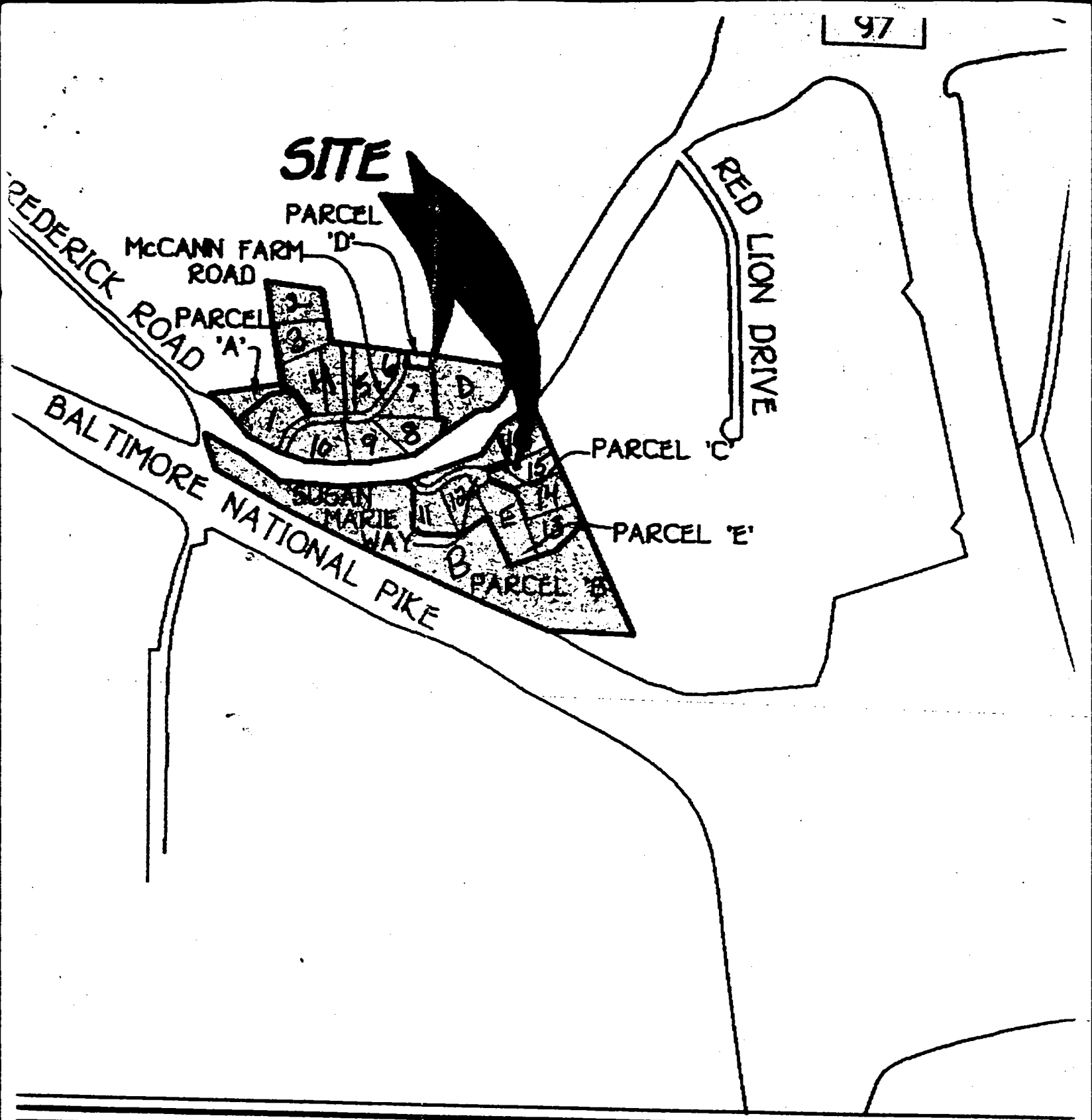
ChB2

OWNER

06,350

1+00



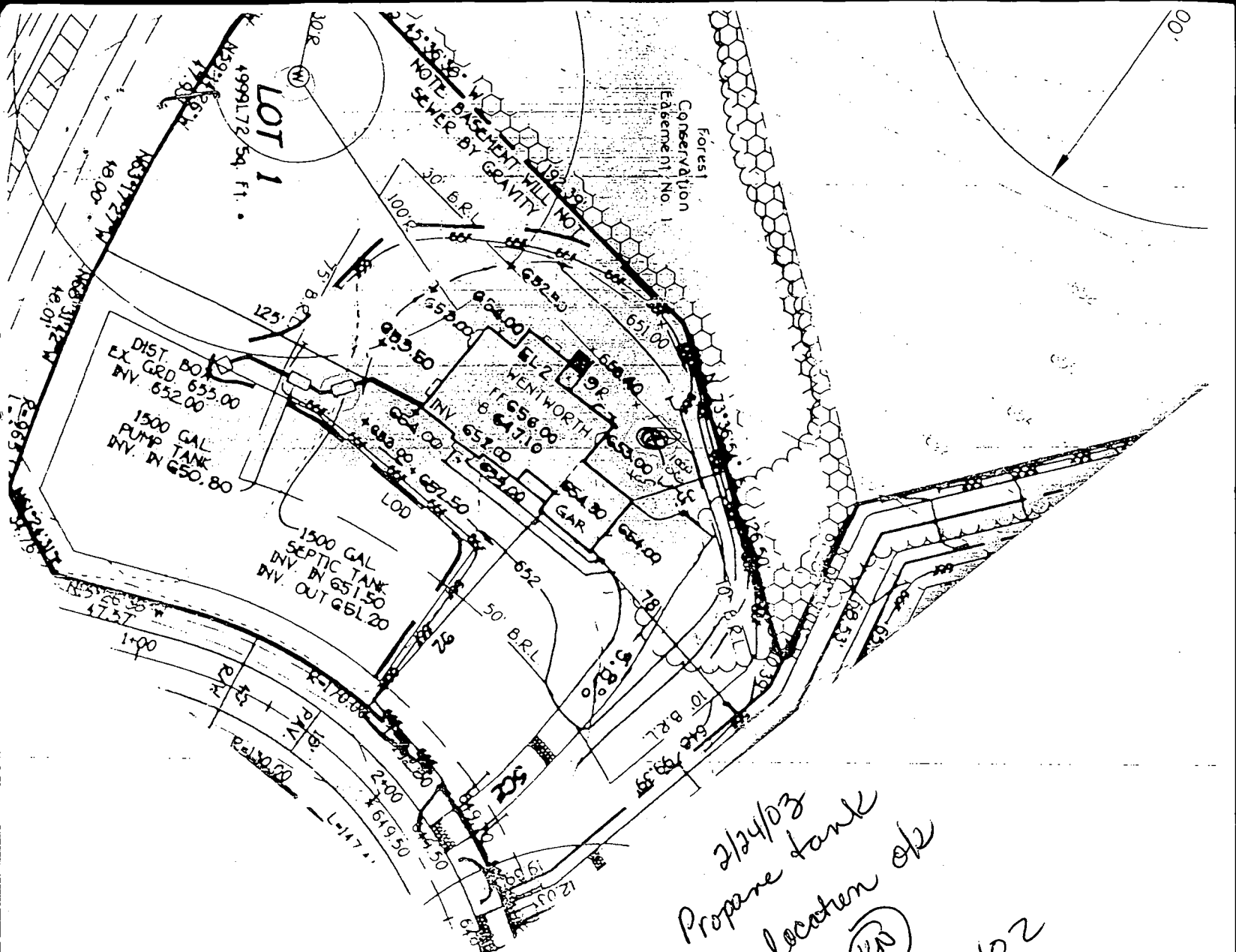


**VICINITY MAP**

SCALE: 1" = 1200'

**Area Tabulation**

	Sheet 2	Sheet 3	Sheet 4	Sheet 5	Sheet 6
led	4	3	3	4	2



2/24/03  
 Propane tank  
 location ok  
 (KS)  
 BP00140402

