

10/1/99  
10/5/99  
10/12/99  
10/13/99 (Final)

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512739

A 510610

DISTRICT \_\_\_\_\_

DATE 9-30-1999

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 10/13/99

INSPECTOR B.B.

Brian Harvey IS PERMITTED TO INSTALL  ALTER

ADDRESS 7617 Green Dell Lane, Highland, Maryland 20777 PHONE 301-725-7471

SUBDIVISION Greenwood Farms LOT 39 ROAD 7605 Green Dell Lane

PROPERTY OWNER ~~William Brandau~~ Brian Harvey

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 5.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 90 feet up the left lot line and 55 feet off this same lot line. Run trenches on contour to left side of 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 10/1/99 DLS

PLANS APPROVED BY Mark E. Rifkin DATE 7-1-1999

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)

B00118608  
7/1/99

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

BUILDING PERMIT SIGNED

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

4/4/02 AND REBUNKED

PERMIT VOID AFTER TWO YEARS

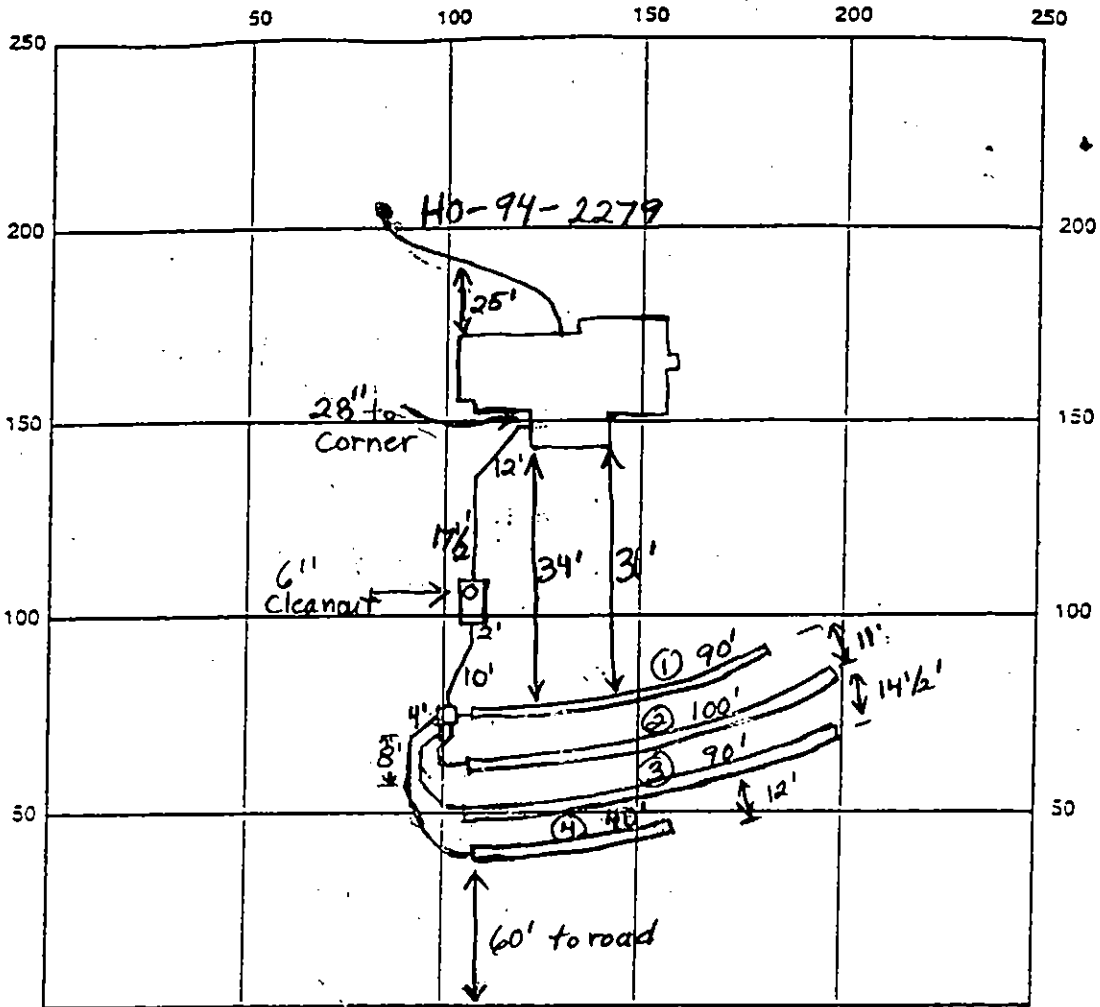
B00135265 INGROUND POOL

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 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

510610



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Green Dell Lane

SEPTIC TANK LEVEL 1-1500 gallon CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 320 FT. ①-90', ②-100', ③-90', ④-40'

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 960 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 10/1/99 layout check confirmed w/ Mr. Lawson.  
OK to start installation as specified. DKS 10/5/99 Trenches  
to be run out of contour or septic easement won't have enough area for repair. (BB)  
10/13/99 House connection made. T.K. to cover septic system and well lines.  
Well pump not installed (BB)

DATE SYSTEM APPROVED 10/13/99 INSPECTOR B. Baber

GREEN DELL LANE

STABILIZED CONSTRUCTION ENTRANCE

301-343.2512

LOT 52

A511514

LOT 38

LOT 39  
53,961 SF.

N 11250' E 10050'

9/23  
T/C to  
BLDR  
RE:  
HE WILL  
CALL K. FRALIC

7/1/99  
BP SIGNED  
ON CONDITION  
OF MORE  
COMPLETE PLAN  
w/PERC CERT  
LANGUAGE  
MR

9/28 COPIES  
SENT FOR SIG  
MR

FILL  
@ ST

**GENERAL NOTES**

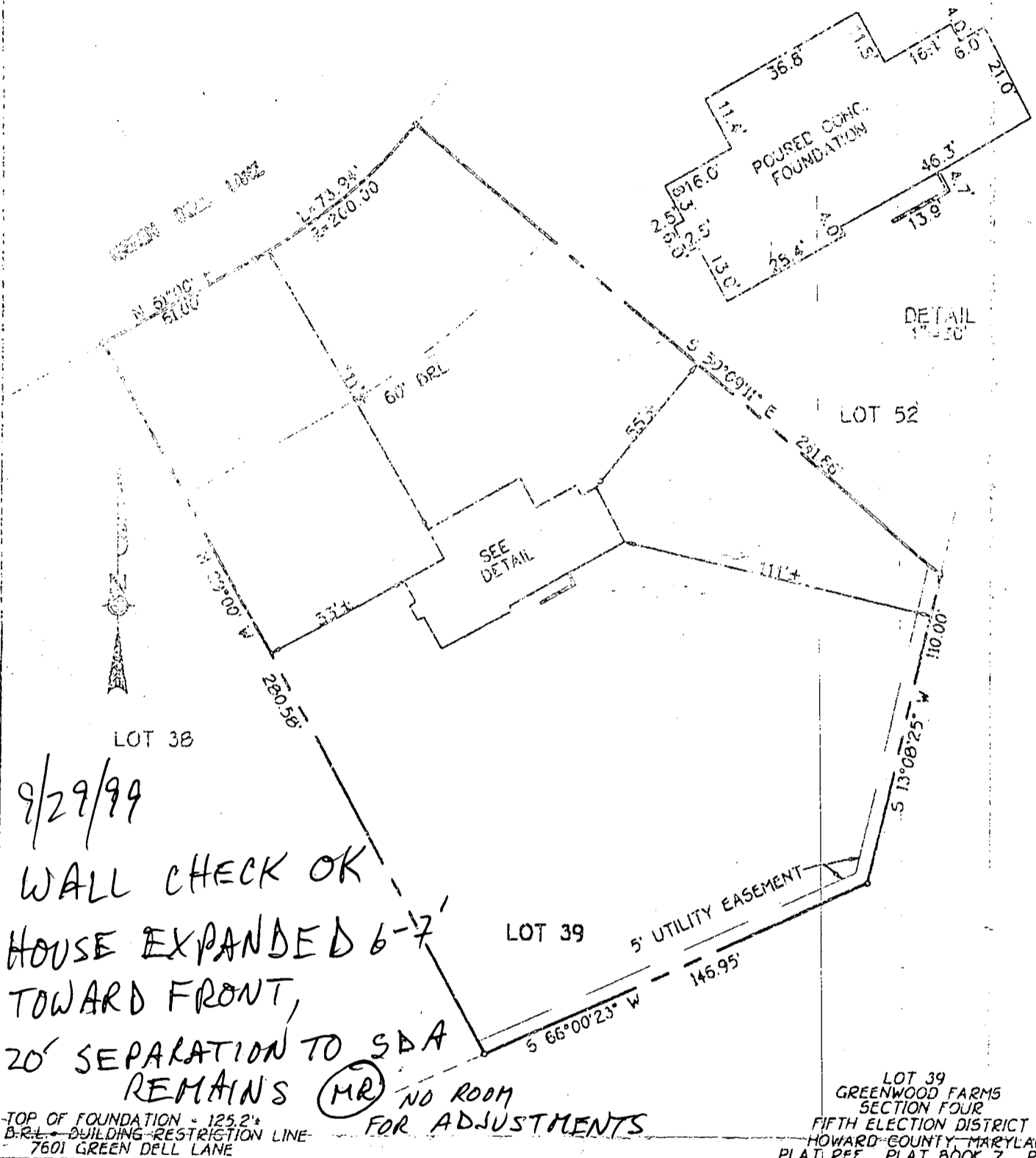
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 126.2  
B. BASEMENT ELEVATION: 117.2  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 119.8  
D. INVERT IN AT SEPTIC TANK: 119.2  
E. INVERT OUT AT SEPTIC TANK: 119.1  
F. PROPOSED GRADE OVER SEPTIC TANK: 121.6  
G. INVERT AT DISTRIBUTION BOX: 118.8  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 121.8
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

E 9750



GENERAL NOTES:

- 1) THIS PLAT 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 CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT 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 PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR 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. 240044 0037 B EFFECTIVE DATE: DEC. 4, 1989
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS 1/8".



9/29/99  
 WALL CHECK OK  
 HOUSE EXPANDED 6'-7'  
 TOWARD FRONT,  
 20' SEPARATION TO SDA  
 REMAINS (MR) NO ROOM  
 FOR ADJUSTMENTS

TOP OF FOUNDATION = 125.2'  
 B.R.L. = BUILDING RESTRICTION LINE  
 7601 GREEN DELL LANE

LOT 39  
 GREENWOOD FARMS  
 SECTION FOUR  
 FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 PLAT REF. PLAT BOOK 7, PLAT 3

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



*Charles J. Crowder, Sr.*  
 PROFESSIONAL LAND SURVEYOR DATE 7/28/99  
 REG. 78703

**HOUSE LOCATION  
 DRAWING**

FOUNDATION LOCATION: 7/26/99  
 FINAL LOCATION: \_\_\_\_\_  
 BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=50'  
 DATE: 7/28/99  
 DRAWN BY: T.E.F.  
 CHECKED BY: M.L.R.  
 PROJECT No: 61327

5/10/99  
Monday  
1:30

# APPLICATION

PERCOLATION TESTING

A 511514

P \_\_\_\_\_

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

4/15/99  
reperc  
requested to  
with preferred  
house site  
(B)

DISTRICT \_\_\_\_\_

DATE 4-15-99

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 CILLIAN J. BRANDAU

ADDRESS 7001 GREEN DELL LANE PHONE 301-854-2494  
HIGHLAND, MD 20777

AGENT OR PROSPECTIVE BUYER BRIAN HARVEY

ADDRESS 7617 GREEN DELL LANE PHONE 301-854-0259  
HIGHLAND, MD 20777

PROPERTY LOCATION:

SUBDIVISION GREEN WOOD FARMS LOT NO. 39

ROAD AND DESCRIPTION GREENDELL LANE

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 53,961 sq ft TYPE BLDG. SFD-4BR  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~BLDG. PERMIT SIGNATURE~~  
~~AND RETURNED 7-89~~  
Serial # B01118608  
SFD-4BR

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.

Brian Harvey  
(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

511514

COUNTY #

SOIL PROFILE

(21)

topsoil

red org  
brn  
cl lm

pale org  
beige  
si lm

10-15%  
rock  
frag

(22)

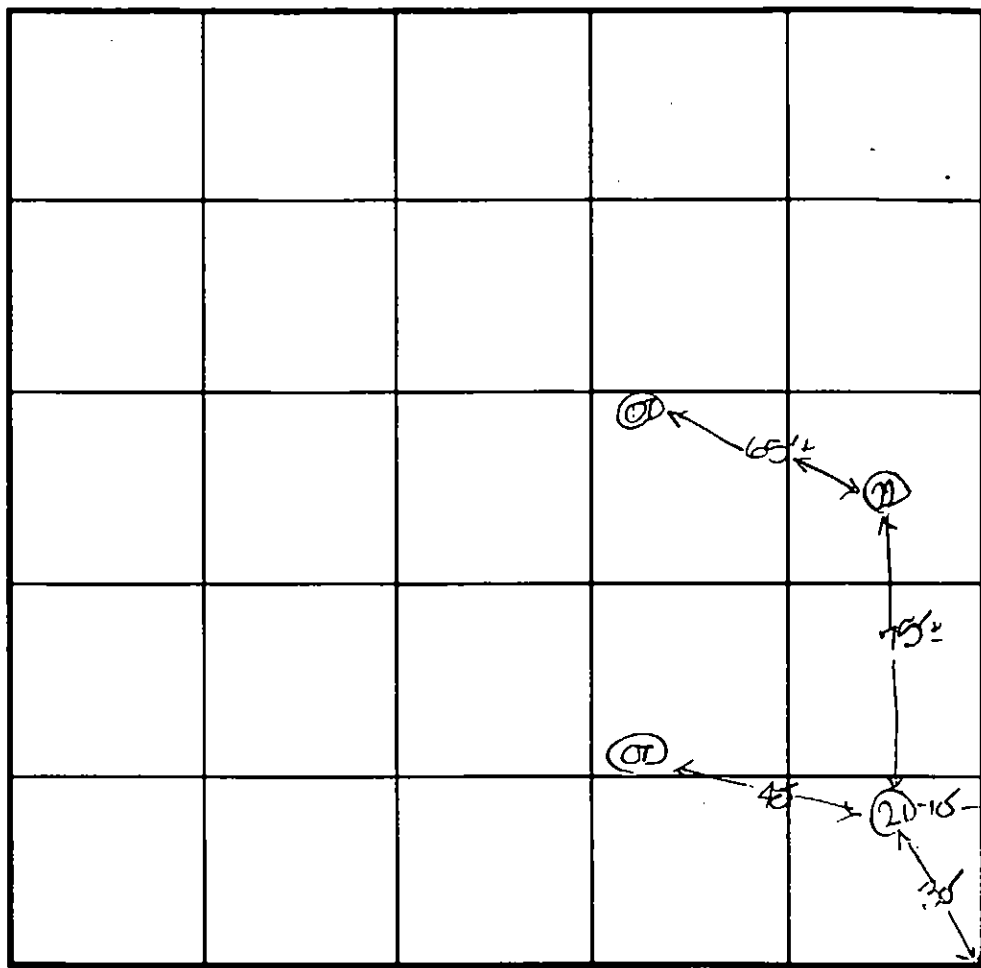
topsoil

red brn  
cl lm

lt brn  
to  
beige  
si lm

15%  
rock  
frag

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Greenwood Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-10-07	21	12.5' D	visual	- See	profile	→	OK
	22	14.0' D	visual	- See	profile	→	OK

REMARKS \_\_\_\_\_

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

TESTED BY D. See ALSO PRESENT R. Fyock

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

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

(Note: see  
p. 21)  
W

8-28-98  
10:00

# APPLICATION

PERCOLATION TESTING

A 510611

P \_\_\_\_\_

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

8-12-98  
Preview - OK  
Existing lot of  
record-perced  
previously in 1962  
See test notes  
ALM

DISTRICT \_\_\_\_\_

DATE 8-11-98

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 Lillian J. Brandon

ADDRESS 7601 Greendell Lane-Highland, Md 20777 PHONE 301-554-2494

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION Greenwood Farms LOT NO. 39 S-4

ROAD AND DESCRIPTION Greendell Lane

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 53,961 sq. ft. TYPE BLDG. \_\_\_\_\_  
(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. Lillian J. Brandon  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

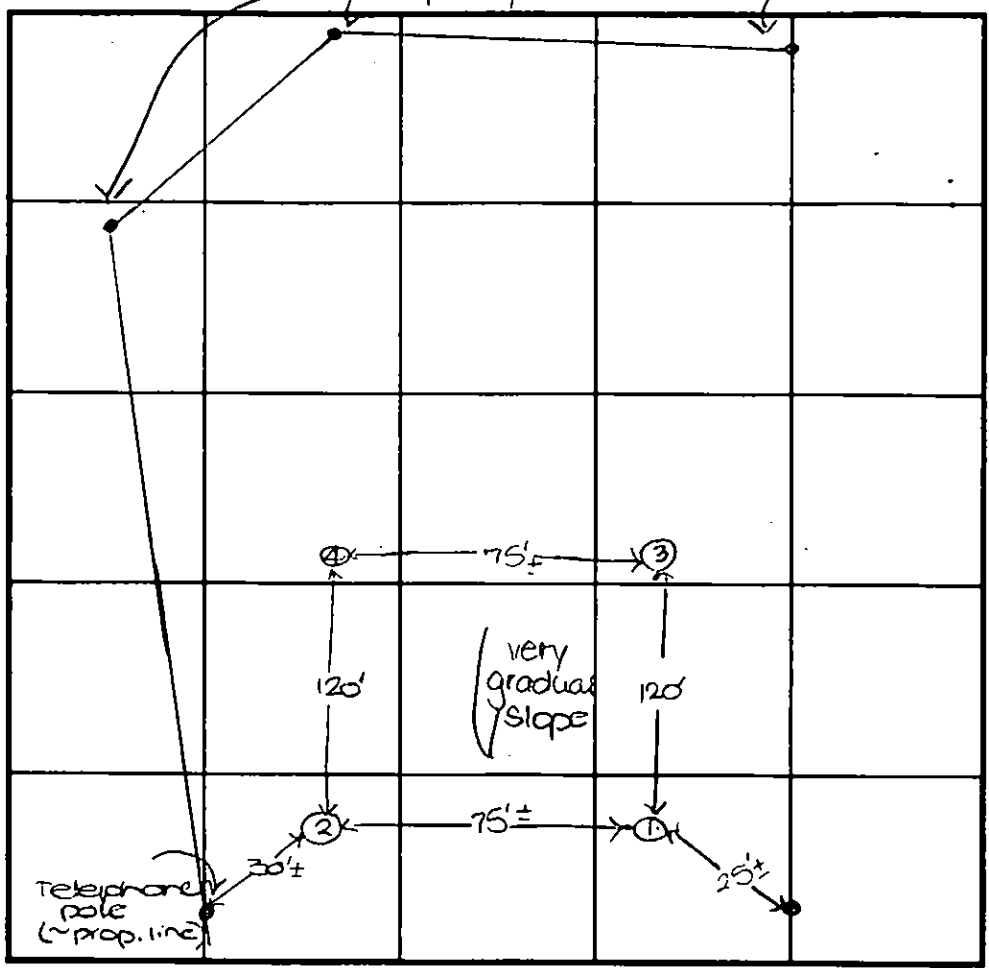
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A 510611  
COUNTY #

Property Corners



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
Greendell Lane

SOIL PROFILE  
①  
0' topsoil  
1' org brn cl lm  
4.5' pale org tan sa lm  
13'4" 25-30% rock frags

SOIL PROFILE  
④  
0' topsoil  
1' red org brn cl lm  
5' pale org beige sa lm  
12.5' 15% rock frag  
13'9" dk brn sa lm (damp)

SOIL PROFILE  
②  
0' topsoil  
1' org red brn cl lm  
5' beige sa lm  
14' 20% rock frag

SOIL PROFILE  
③  
0' topsoil  
1' red org brn cl lm  
5.5' lt brn sa lm  
14' 15-20% rock frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-28-98	1	4.0'S	10:17	10:22 <sub>2</sub>	10:22 <sub>2</sub>	10:43	21
		13'4" D	Visual	- see	profile	→	OK
	2	4.0'S	10:20 <sub>2</sub>	slow-	→	→	OK (relat)
		14.0'D	Visual	- see	profile	→	OK
	3	5.5'S	10:50	11:05	11:05	11:21 <sub>3</sub>	17
		14.0'D	Visual	- see	profile	→	OK
	4	13'9"D	Visual	- see	profile	→	OK

REMARKS test holes not staked

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

TESTED BY D. SOE ALSO PRESENT Jeff Donald @ fipack

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 19 TRENCH WIDTH 3

INLET DEPTH 5.0 MAXIMUM BOTTOM DEPTH 6.5 SQ. FT./BEDROOM 240

(13' x 14' deep & shelved for shallow perc. as possible)  
need 3 holes 75' apart  
Void 3-22-78

# APPLICATION

A 01833

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH  
HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

Dry Well - 300 sq ft sidewall  
area below the top 6 ft of clay

DISTRICT 5  
DATE 3/2/62

Do not make the dry well deeper than 15 ft  
Place the dry well about 70 ft to 90 ft from  
the edge of the road and about 130 ft to 150 ft  
from the left side of the lot as seen  
when facing the lot from the road

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER: Doyle Speigle  
ADDRESS: 214 Spruce St Laurel PHONE: OA 5-3153

PROPERTY LOCATION:  
SUBDIVISION: Greenwood Farms LOT NO. 39  
ROAD AND DESCRIPTION: Sheardell Lane

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_  
PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
SIZE OF LOT: 1/4 acre TYPE BLDG. 3  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT: Mrs. Brenda Kay Speigle

APPROVED BY: Raymond Hodges FOR: Dry Well DATE: 30 March 62  
(KIND OF SYSTEM)

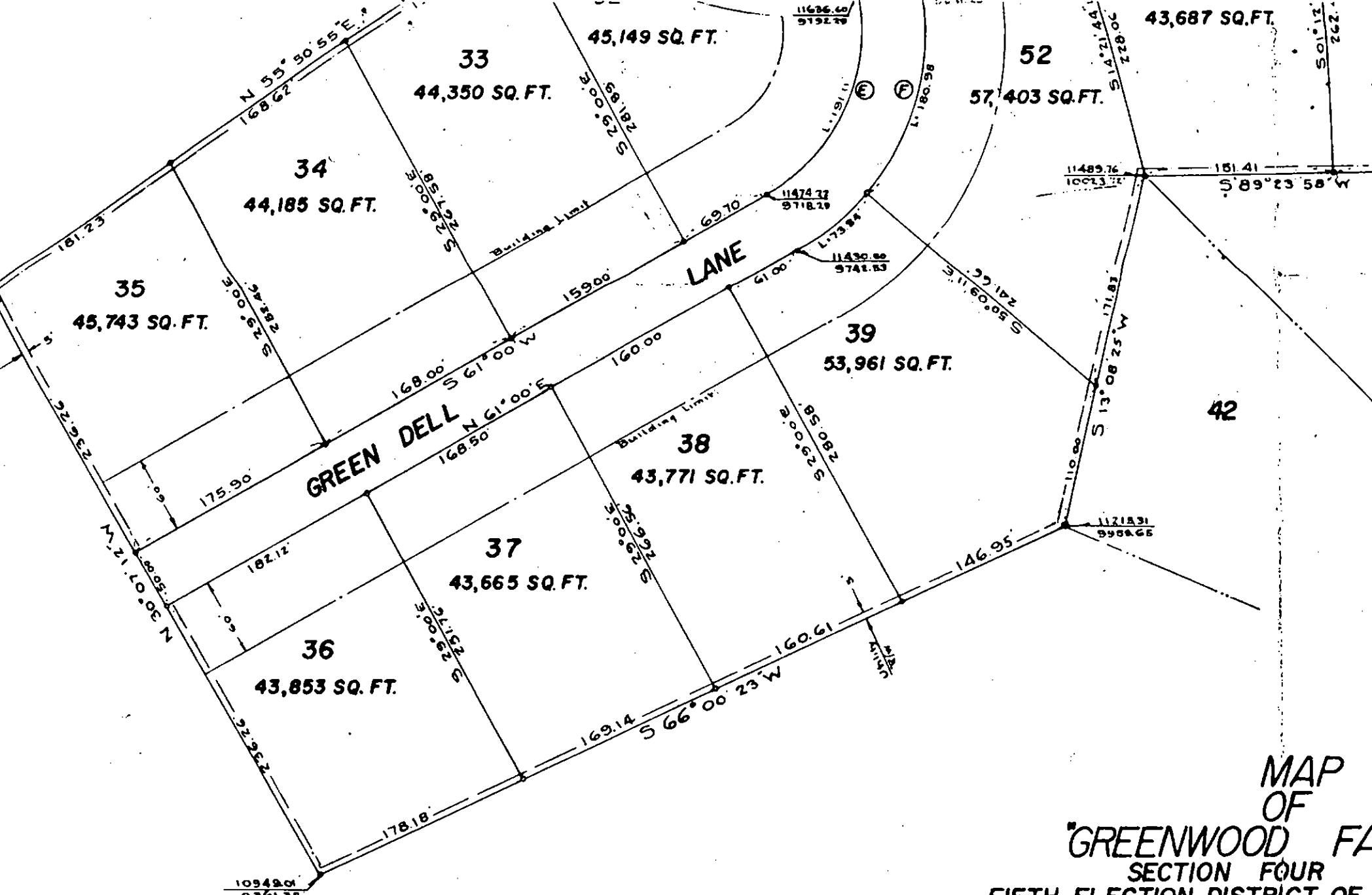
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS: RH DATE: 6 MAR 62

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT





MAP  
 OF  
 "GREENWOOD FA  
 SECTION FOUR  
 FIFTH ELECTION DISTRICT OF  
 HIGHLAND, MARYLAND  
 SCALE: 1 IN. = 100 FT.

PLAT APPROVED  
 BY

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
~~461-9933~~

FAX  
(410) 313-2648

313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement

Receipt # \_\_\_\_\_  
Date 10-4-99

Name of Installer JB HAYES MECHANICAL

Telephone 410-893-0340

License Number 6249  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner BRANDAU / HARVEY Telephone 301-854-9180  
Subdivision GREENWOOD FARMS Lot # 39 Well Tag # \_\_\_\_\_  
Site Address LOT 39, 7605 GREEN DELL LANE  
HIGHLAND

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make JACUZZI
- Model # TSS410B
- Capacity 10 GPM

Motor

- Horsepower 1/2
- RPM 3450
- Voltage
  - 110
  - 220 \_\_\_\_\_

Pitless Adapter

- Make AMERICAN GRANBY
- Model # PT800
- Depth 4'

- Pump exceeds well capacity Yes \_\_\_\_\_ No
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank

- Capacity 40
- Pressure relief valve? Y

Piping

- Type Polyethylene
- Size 1"
- NSF and/or BOCA Code approved Y
- Depth of supply line 4'

Well data

- Depth 205 ft.
- Yield 10 GPM
- Static water level 37 ft.
- Will water supply be disinfected by installer? Y

10/14/99 - O.K. to cover trench. Pump needs to be installed. BB

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: [Signature]

Date: 10-4-99

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

C1 06778

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 A511514

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO-94-2279

OWNER: Harvey Brian, STREET OR RFD: Greendell Lane, TOWN: Highland, SUBDIVISION: Greenwood Farms, SECTION: , LOT: 39

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, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

Main casing type (ST, CO, PL, OT), Nominal diameter, Total depth.

OTHER CASING (if used) diameter, depth.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

C3 PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (before and when pumping), TYPE OF PUMP USED (S - submersible).

RUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O), CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

DRILLERS LIC. NO. MS 0224, DRILLERS SIGNATURE: Joseph E. Mayne, LIC. NO. M D

C2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51-54).

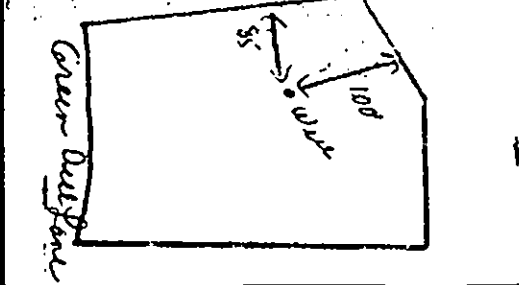
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W O

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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 4028

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

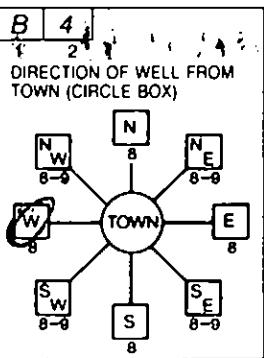
STATE PERMIT NUMBER

HO-94-2279 fill in this form completely

Date Received (APA) 5/10/99 OWNER INFORMATION Harrey Paul 10705 E. Crestview Lane Laurel, Md. 20723

LOCATION OF WELL Howard Greenwood Farm 23 SUBDIVISION 42 SECTION 44 46 LOT 39 48 50 Fulton 52 NEAREST TOWN 71 MILES FROM TOWN 1 1/2 MI 73 76 77 78

DRILLER INFORMATION Joseph L. Mayna M.S.D. 24 5512 Ridge Rd. Mt. Airy, Md. 21771 5/5/99



Green Hill Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 34 185 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: BLK. PARCEL

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 0511514 COUNTY NAME COUNTY NO STATE SIGNATURE DATE ISSUED 05/26/99 5/25/00 CO SIGNATURE EXP DATE NORTH GRID 484 0 0 0 EAST GRID 0814 0 0 0

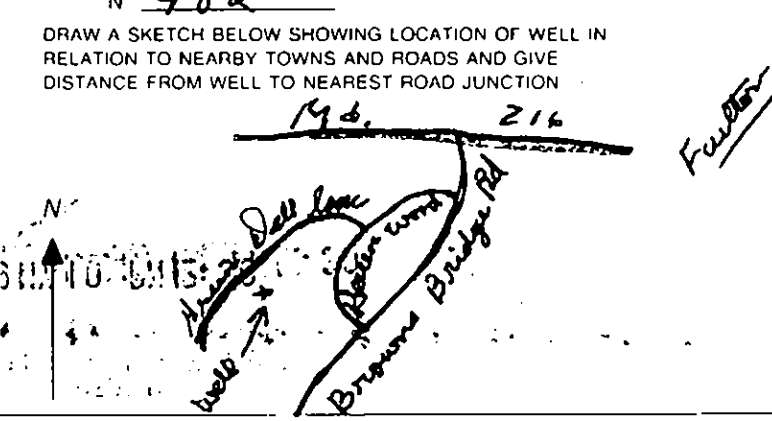
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well WRITE THE BOX NUMBER FROM THE MAP HERE E 8104 N 482

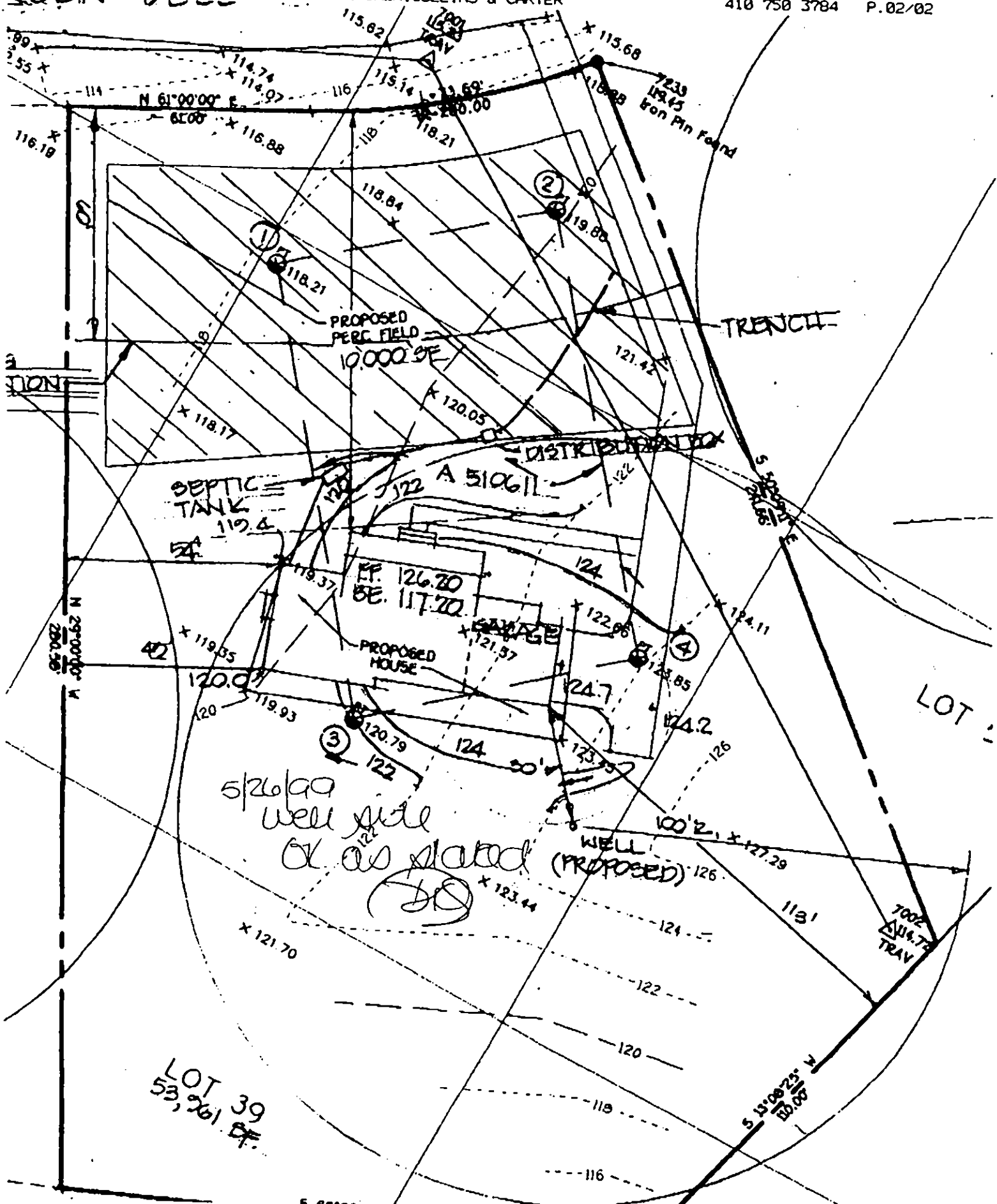
METHOD OF DRILLING (circle one) BORED (or Augerea) JETTED Jetted & DRIVEN AIR ROTARY AIR-PEHCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT other

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 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 DEEPEAN 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) APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No HO-94-2279 70 71 72 73 74 75 76 77 78 79

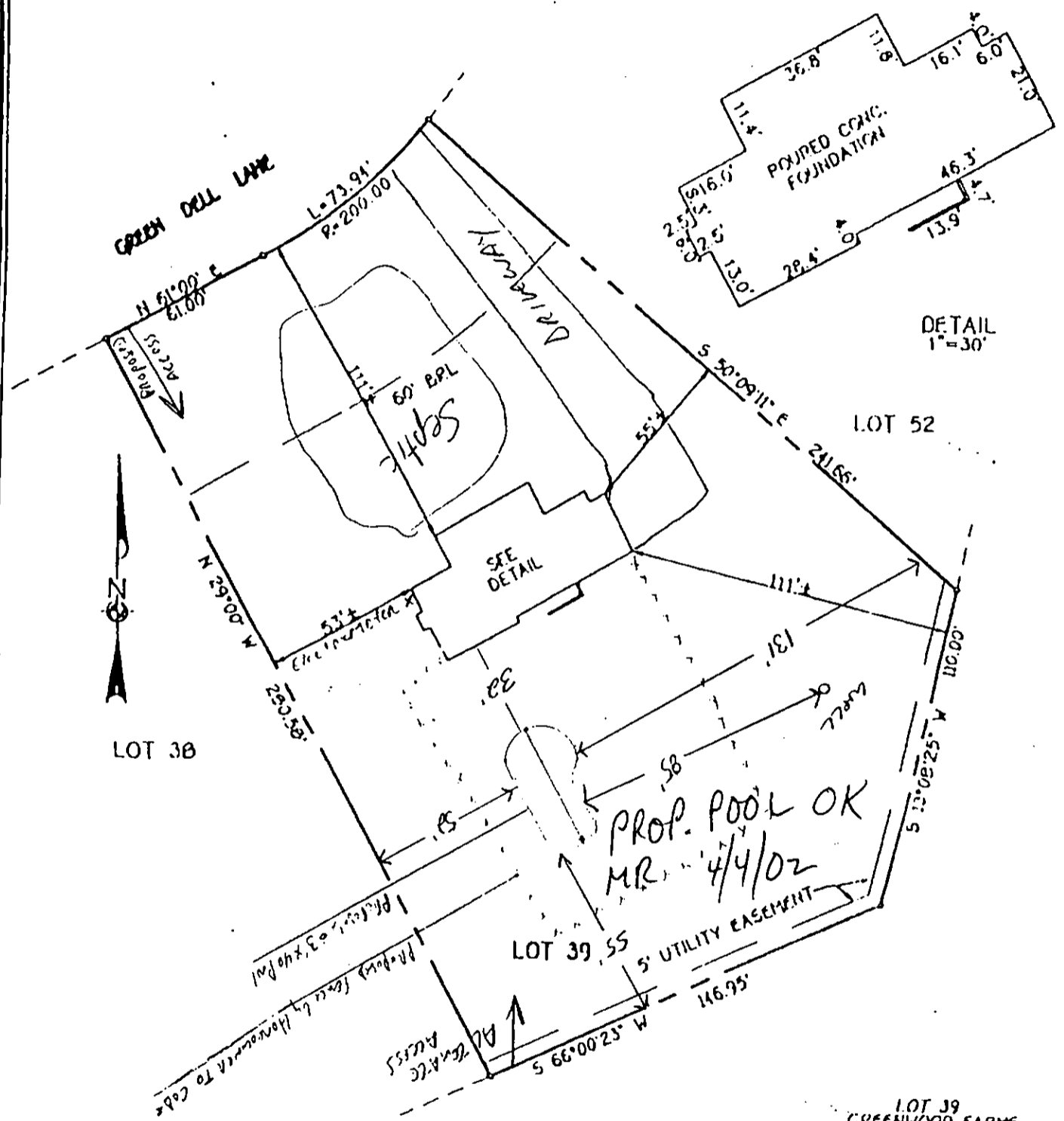
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED



Lot 39  
 Green Dell Lane  
 Highland, MD 20777

### GENERAL NOTES:

- 1) THIS PLAT 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 CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR 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. 210011 0037 B EFFECTIVE DATE: DEC. 1, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



TOP OF FOUNDATION - 125.2'  
 B.R.L. - BUILDING RESTRICTION LINE  
 7601 GREEN DELL-LANE

LOT 39  
 GREENWOOD FARMS  
 SECTION FOUR  
 FIFTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 PLAT REF. PLAT BOOK 7, PLAT 3

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE CENTER PARK - 10272 BALTIMORE NATIONAL FREE  
 BELLSHOUT CITY, MARYLAND 21042  
 41001 68 - 7055



*Charles J. Crovo*  
 PROFESSIONAL LAND SURVEYOR  
 REG. 10763  
 DATE 7/26/99

### HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 2/26/99  
 FINAL LOCATION:  
 BOUNDARY SURVEY:  
 SCALE: 1"=50'  
 DATE: 7/28/99  
 DRAWN BY: LPE  
 CHECKED BY: MLR  
 PROJECT No.: 61327

Building Address 7605 GREEN DELL LANE  
Highland, md. 20777

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision GREENWOOD FARMS

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 39

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Brian + Debra Lab Harvey

Address 7605 GREEN DELL LANE

City Highland State md Zip Code 20777

Home Phone 301-854-9180 Work Phone \_\_\_\_\_

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

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

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 29,615.00

Description of Work Build inground pool  
22-8' x 40' - 3 1/2' - 9' DEPTH

Contractor Company BLUE HAVEN POOLS

Contact Person D. Talley

Address 9104 INDUSTRIAL DR.

City MANASSAS State Va Zip Code 20111

License No. 30083

Phone 1-888-257-0007 Fax \_\_\_\_\_

Occupant or Tenant OWNER

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <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"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THEREUNTO, (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

Doris A. Minnie  
 Applicant's Signature  
Blue Haven Pools  
 Title/Company

Doris A. Minnie  
 Print Name  
4/4/02  
 Date

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	<u>4/4/02</u>	<u>Mark Tipton</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____