

4/29/99  
C.O.  
11:00-12:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P-511538-C

A REPAIR

DISTRICT \_\_\_\_\_

DATE 5-5-99

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

RPS# 352068

DATE SYSTEM APPROVED 4/30/99

INSPECTOR S.R.K.

INDEXED

Hatfield's Equipment & Dedication Services, Inc. IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, Maryland 21737 PHONE 410-854-6172

SUBDIVISION Country Springs LOT 42 ROAD 15005 Bushy Park Road

PROPERTY OWNER Robert & Martha Marsh

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

COPIES PERMITTED SKIPPED  
AND RETURNED 4-27-99  
Serial # 210117477  
Myground P.A.

REPAIR - PURPOSE - TO REVISE LOCATION OF EXISTING SEPTIC TANK SERVING BASEMENT SEPTIC SYSTEM  
TO ALLOW FOR POOL BUILDING PERMIT #B00117477.

Call for inspection when ground is opened so sanitarian can recommend repair. 04/27/99

PLANS APPROVED BY Mark Rifkin DATE \_\_\_\_\_

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 ABS

PERMIT VOID AFTER TWO YEARS

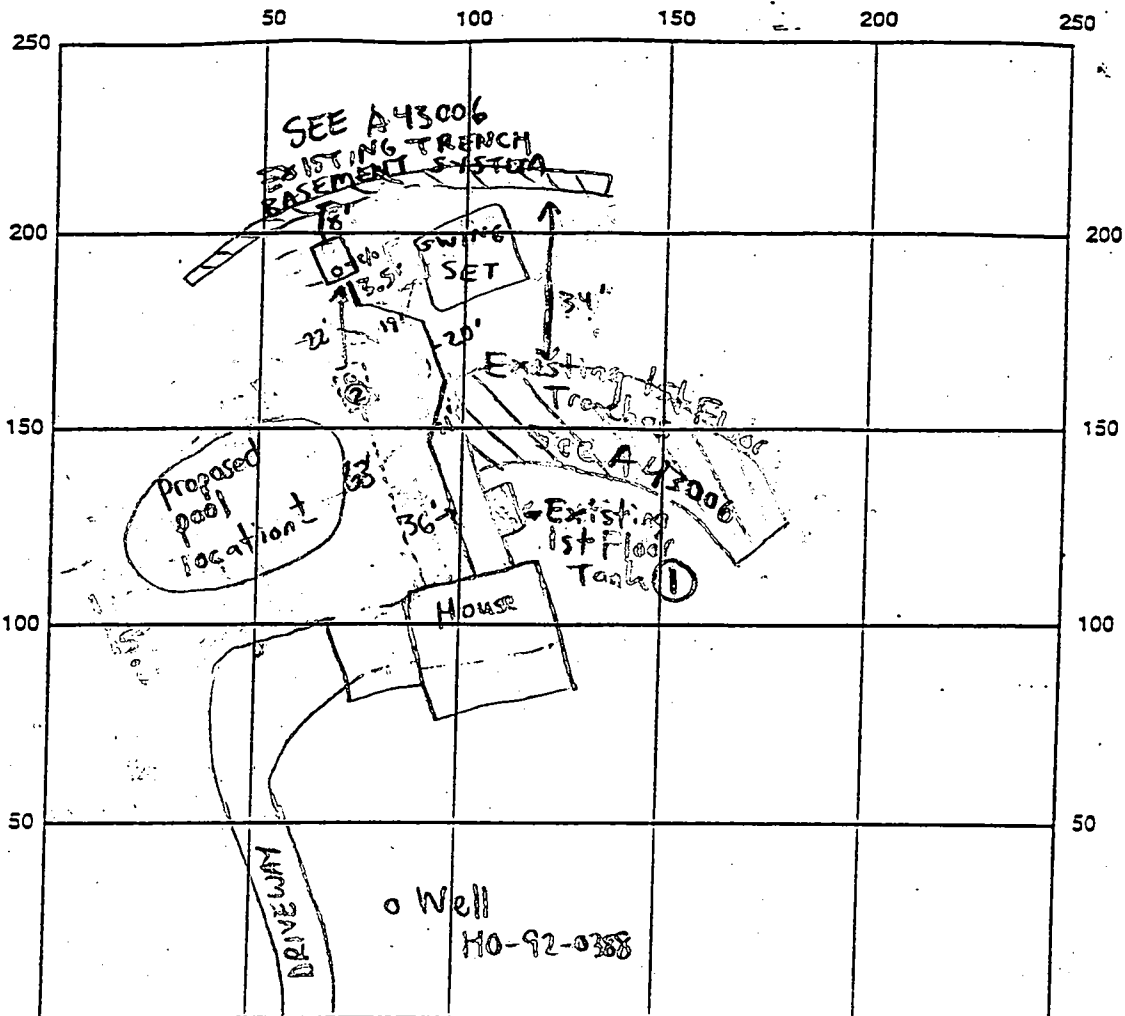
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P-511538-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
BUSHY PARK ROAD

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

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

DRAIN-FIELD/TITLE-DEPTH \_\_\_\_\_ FT. TRENCH-WIDTH \_\_\_\_\_ FT. INLET-DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: Basement septic tank (Tank 2) on Diagram above) moved 20' away from original location to accommodate for proposed pool location 4/29/99 S.R.N. OK TO COVER 4/29/99 S.R.N.

DATE SYSTEM APPROVED 4/30/99 INSPECTOR Steven R. Kuey

**HOWARD COUNTY**  
**PERMIT APPLICATION**

PERMIT NUMBER

130017477

Building Address 13005 Bushy Park Rd  
Woodbine MD 21777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision Country Springs  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 42  
 Tax Map 14 Parcel 12 Grid 21  
 Zoning RC-DED Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Robert A. Wilson  
 Address 13005 Bushy Park Rd  
 City Woodbine State MD Zip Code 21777  
 Home Phone 410 499 3650 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
MARYLAND POOLS INC  
9515 GERWIG LANE, SUITE 118  
COLUMBIA, MD 21046  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD w/ing pool  
 Estimated Construction Cost \$120,000  
 Description of Work Install concrete pool w/ 3-8' x 25' x 3' = 800 # 420 coil filter 4' high in enclosure w/ 200 lbs Reg. - Top filled by hand

Contractor Company MARYLAND POOLS  
Dana L. Krawczyk 9515 GERWIG LANE, SUITE 118  
 Contact Person COLUMBIA, MD 21046  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 14694  
 Phone 410 933-6600 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 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 checked="" type="checkbox"/> Reinforced Concrete <input checked="" 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 DESCRIPTION - RESIDENTIAL**

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

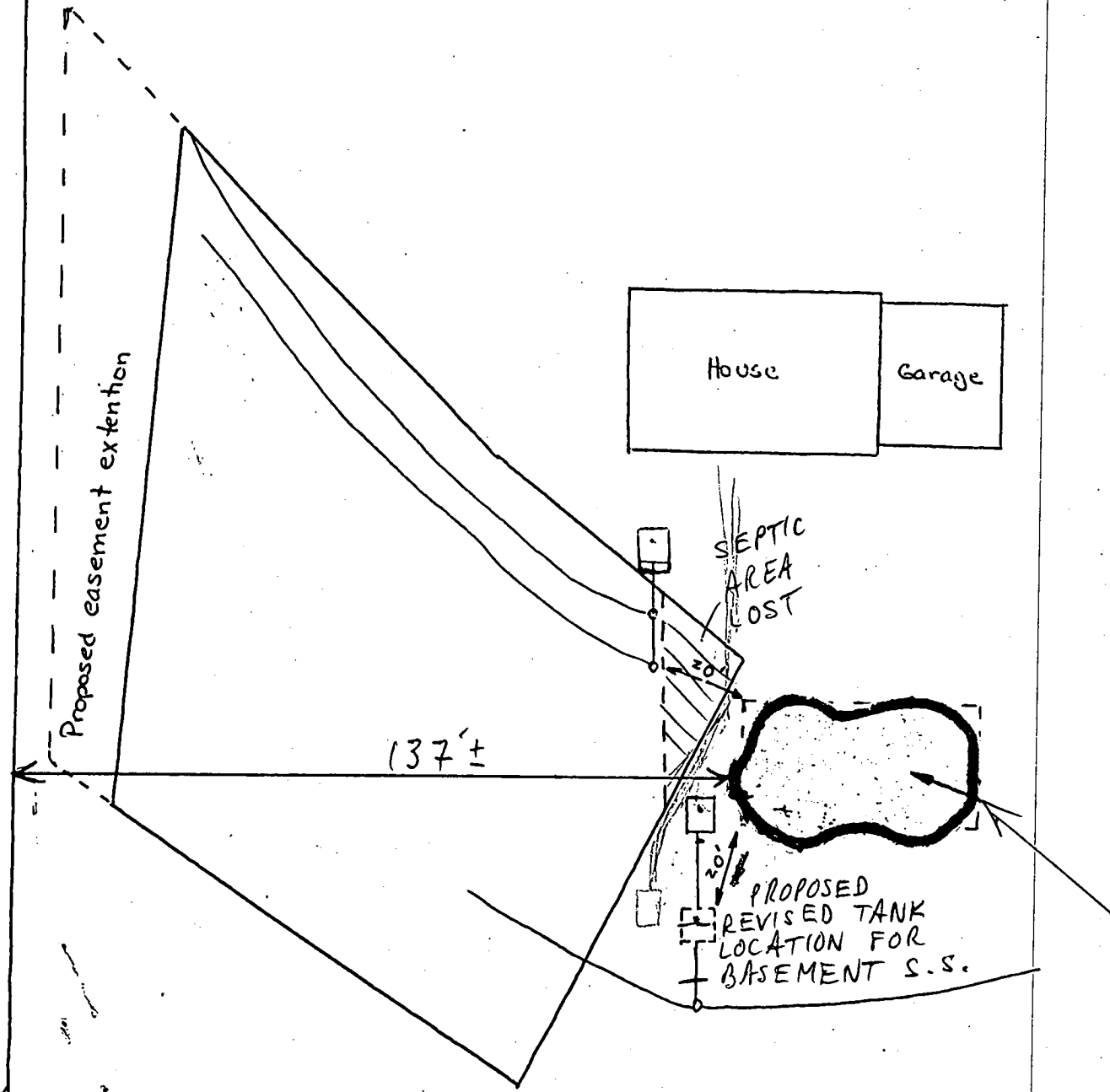
Applicant's Signature [Signature]  
 Title/Company President Maryland Pools Inc

Print Name Dana L. Krawczyk  
 Date 4/22/97

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 <u>75' 0" Min</u>	3695
State Highways			Rear <u>6' Min</u>	
Building Official	<u>4/22/97</u>	<u>[Signature]</u>	Side <u>3' Min</u>	
Dev. Engineering DPZ			Side St. _____	
Health	<u>4/22/97</u>	<u>Mark P. Keller</u>	All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	Filing fee \$ _____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Permit fee \$ <u>123</u>
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Sub-total paid \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	TOTAL FEES \$ <u>123</u>
				Balance due \$ _____
				Check # <u>76</u>
				Validation # <u>97357</u>

septic tank location  
Plan for modification of the ~~sewage disposal area~~ and application for pool permit.



Location 15005 Bushy Park Road  
Woodbine, MD File#43006

This plot shows the existing sewage easement and septic system and the proposed sewage easement and adjustment to the septic system.

The sewage easement will be extended toward the property line and the lower tank will be moved 10 feet closer to the septic line.

To the best of my knowledge the measurements in this drawing are correct.

Signed: Robert A. Marsh

Robert A. Marsh, Owner

Dated: 15 April 1999

Scale 1 inch = 30 feet

POOL LOC. OK  
MR 4/27/99  
(PREVIOUSLY DISCUSSED  
SUNROOM OMITTED FROM BLDG.  
PLANS)

8-2093  
12 noon

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49548  
43006  
A 42493 ~~42494~~

DISTRICT 4th  
DATE 8/24/93

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 8/20/93  
INSPECTOR [Signature]

Jack Fyock Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Country Springs LOT 42 ROAD 15005 Bushy Park Road

PROPERTY OWNER ~~Gerald & Linda Schonemann~~ Robert & Martha Marsh  
489-3650

ADDRESS \_\_\_\_\_  
SEPTIC TANK CAPACITY 1000 GALLONS - BASEMENT  
SEPTIC TANK CAPACITY 1250 GALLONS - 1ST FLOOR SPLIT SEPTIC SYSTEM

NUMBER OF BEDROOMS 5  
210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3 feet wide. Inlet  $3\frac{1}{2}$  feet below original grade. Bottom maximum depth  $5\frac{1}{2}$  feet below original grade. Effective area begins at  $3\frac{1}{2}$  feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - **FIRST FLOOR** - 2 trenches each 118 feet long. Starting from the right front corner, place the distribution box 325 feet down the right lot line and 140 feet off this same lot line. Run the trenches on contour toward the right lot line.  
**BASEMENT** - 1 trench 118 feet long. Starting from the front lot line, place the distribution box 370 feet down the right lot line and 120 feet off this same lot line. Run the trench toward the right lot line. MAINTAIN SYSTEM 100 FEET OR MORE FROM WATER WELLS. OK MR 8/18/93

NOTES - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges/Mark Rifkin REVISED DATE 8/17/93

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

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

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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 ABS

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**

THIS PERMIT SIGNED  
AND RETURNED 8-12-98  
Serial # B10113493  
Englund, P.H.

A  
42493  
42494  
42495  
42496  
42497  
42498  
42499  
42500



# APPLICATION

PERCOLATION TESTING

A 43006  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 4

DATE 11-14-88

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Rippeon Gerald & Linda SchoneMANN

ADDRESS P.O. Box 122, Ellicott City PHONE \_\_\_\_\_

PROSPECTIVE BUYER Carman Associates 854-5090

ADDRESS Box 122, Ellicott City PHONE 854-6219

PROPERTY LOCATION:

SUBDIVISION Country Springs LOT NO. 42 ~~43~~

ROAD AND DESCRIPTION Bushy Park Road (15005 Bushy Park Road)

TAX MAP 14 PARCEL # 12

SIZE OF LOT 3.0+ acres 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.

(SIGNATURE OF APPLICANT)

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

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 11/15/88 Pve Satisfactory - Hold for Plot. S. City

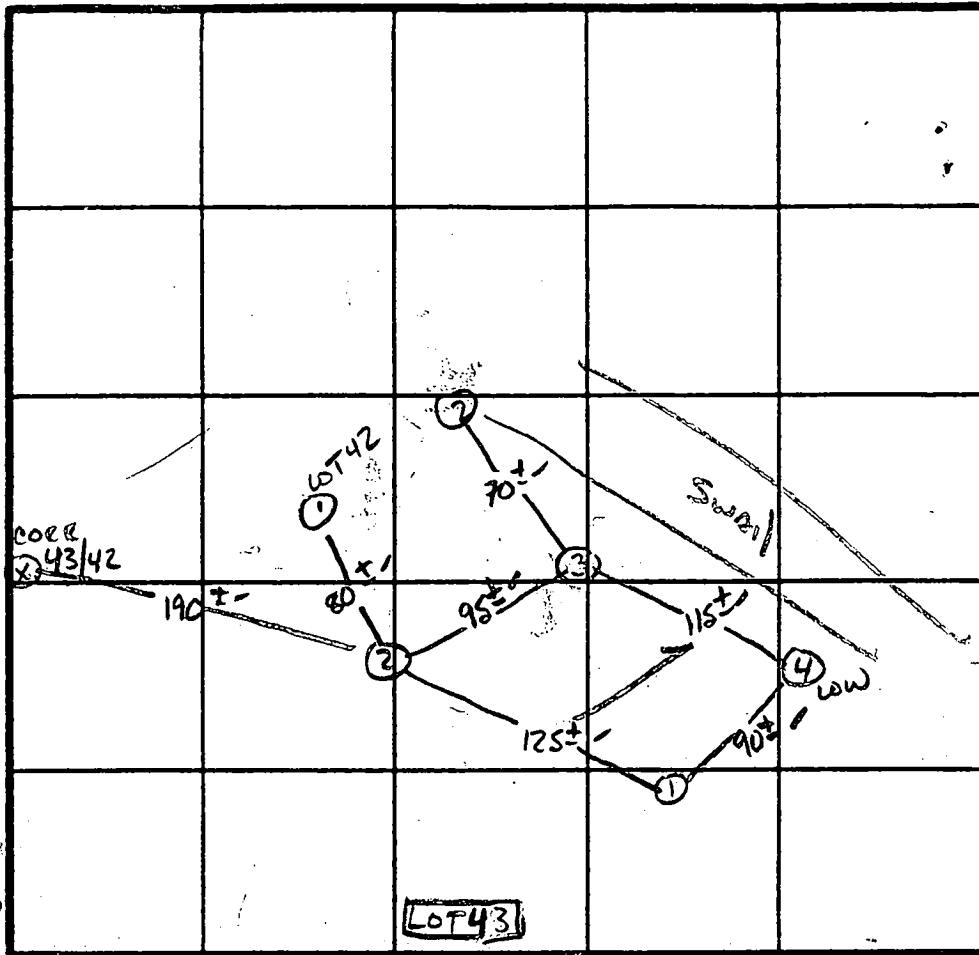
BLDG. PERMIT SIGNED  
AND RETURNED 8/9/90  
Serial # 49912  
SFD-5 Demo

# THIS IS NOT A PERMIT

HD-216

SOIL PROFILE

0'	AP
3'	Yellow Br Silty Clay Common 15-20% Frags
12'	Yellow Br (thin) Silt & Sand Common Rock x 25-50% Frags Large Size



TEST RESULTS  
MAY BE SWITCHED  
W/ADJ. LOT 41

IF SO, Rock  
Content is  
Less

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DUSTY PARK Rd.

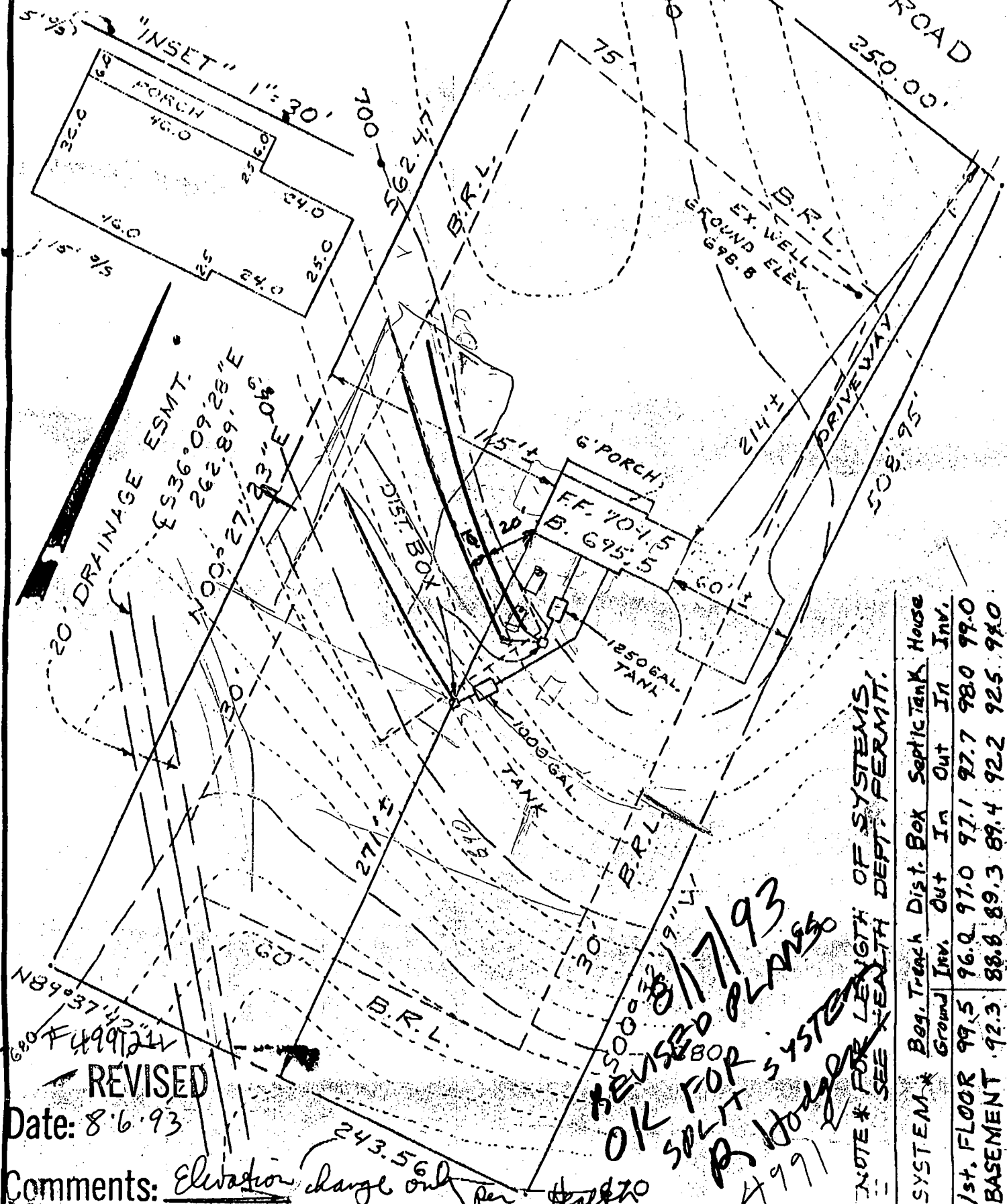
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1 S	3.5"	1:44	1:45	1:45	1:47	2min
	1 M	8.0"	1:44	1:45	1:45	1:47	2min
	1 V	12.0"	As Profile D				
	2 S	3.5"	1:41	1:42	1:42	1:45	3min
	2 V	12.0"	Similar to Profile w/ 40% Frags				AT 10"
	3 S	5.0"	1:49	1:56	1:56	2:15	19min
	3 V	12.5"	Similar to Profile w/ clay TO 4.0"				
	4 S	3.5"	1:45	1:53	1:53	2:10	17min
	4 V	12"	Similar to Profile				

REMARKS Holes Diff Than PCAT - Shallow SUBST only - Landscape / Rock

TYPE OF SOIL Clayey

TESTED BY S. Abel ALSO PRESENT Phil Ruby, Andrew C. Crossel, B. Ingram

PLOT PLAN  
 LOT-42  
 "COUNTRY SPRING"  
 4th ELECTION DISTRICT  
 HOWARD COUNTY MARYLAND



REVISED  
 Date: 8.6.93

Comments: Elevation change only per Health

REVISED 8/17/93  
 OK FOR  
 SPLIT SYSTEM  
 R. Houser  
 4/9/93

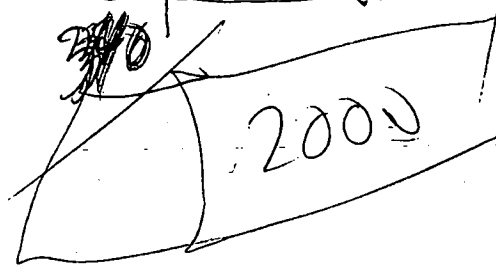
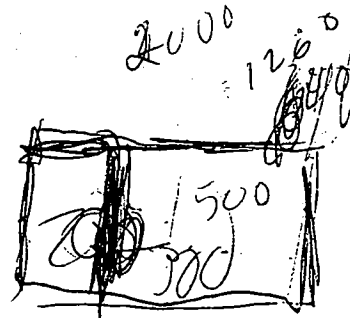
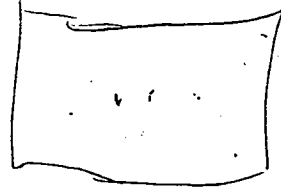
NOTE \* FOR LENGTH OF SYSTEMS  
 SEE HEALTH DEPT. PERMIT.

SYSTEM	Beg. Trench	Dist. Box	Septic Tank	House			
	Ground Inv.	Out In	Out In	Inv.			
1st. FLOOR	99.5	96.0	97.0	97.1	97.7	98.0	99.0
BASEMENT	92.3	88.8	89.3	89.4	92.2	92.5	94.0

<b>Tri - County Surveys, Inc.</b> BOX 65 • DAMASCUS, MARYLAND 20872 • (301) 631-3655 LAND PLANNING CONSULTANTS • SUBDIVISIONS • LOTS & BOUNDARIES	REFERENCE Plat Book _____ Plat No 9648	COUNTY OF HOWARD	Drawn by: J.A.S.
	<b>SURVEYOR'S CERTIFICATION</b> I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.  No title report furnished.  Note: House does not lie within a flood hazard area		Scale: 1" = 60' DATE: Revised 8-1-93 Wall Ck.: Final Loc.: Recert.:
WILLIAM L. WIRTH - Registered Land Surveyor - Maryland No. 10721			

NOTE: This drawing is not intended or represented to be a lot stake out survey; no lot corners were set; and is not to be used, or relied upon, for the establishment of any fence, building or other improvements. No responsibility is extended herein to future purchasers.

172801



2000/CHAMOK



73

RASAP

Jerlin Associates, Inc.  
P.O. Box 160  
Glenwood, MD 21738  
301-834-6848

Howard County Licenses & Permits  
3430 Courthouse Dr.  
Ellicott City, MD 21043 RE: Permit Ser. #  
49912

To whom it may concern:

Please find attached copies of house elevations  
changes, per Health Department's approval,  
that will lower house further into the ground  
while allowing for basement drainage.

Please feel free to contact me if there  
are any questions.

Proposed plans OK  
but must change  
specs for a two septic  
system A

Sincerely,  
JERLIN ASSOCIATES, INC.  
Jerry K. Jerlin  
President

E/9/93

~~Health Dept~~  
Eng

C1 0467

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER F # 43006

ST/CO USE ONLY: DATE Received

DATE WELL COMPLETED 062473

Depth of Well 22 265 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-72-0388

OWNER CARROLL ASSOCIATES last name BUCKY first name PATE ROAD TOWN CLEWING SUBDIVISION COUNTRY SECTION LOT 247

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, Gray Mica rock, Day Well 450, Filled in with Cement + drilling materials.

GROUTING RECORD: WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N. TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC. NO. OF BAGS 18, NO. OF POUNDS 1692.

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: Nominal diameter of main casing (nearest inch) 8 1/2, Total depth of main casing (nearest foot) 70.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with handwritten entries: 11 79, 15 36, 17 51.

CIRCLE APPROPRIATE LETTER: 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...

DRILLERS IDENT. NO. 24. DRILLERS SIGNATURE: [Signature]

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q (74, 75, 76).

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 4. PUMPING RATE (gal. per min. to nearest gal.) 205. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 35, WHEN PUMPING 27.5. TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO. TYPE OF PUMP INSTALLED: S. CAPACITY: GALLONS PER MINUTE (to nearest gallon). PUMP HORSE POWER. PUMP COLUMN LENGTH (nearest ft.). CASING HEIGHT (circle appropriate box and enter casing height): + above, - below. LAND SURFACE (nearest foot): 2.

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).

See Attached Well location

Page 1 of 1  
 Date 6/24/93

Review OK 6/28/93 (CW)

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 92-0388  
 Location of property (road) Bushy Park RD.  
 Subdivision COUNTRY SPRINGS Lot H2 Block      Plat      Sec.       
 Well Driller Joseph M. Ayde Owner CARMAN ASSOCIATES

Depth of well 365'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 35'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:00 Pumping rate 15 gpm.  
 Total time 45 min. to reach pumping water level 276 ft. below N.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below N.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	133'	4 sec.		15 gal.
7:30	216	4		15
7:45	276	5		12
8:00	274	24		2.5
8:15	274	24		2.5
8:30	274	24		2.5
8:45	274	24		2.5
9:00	275	24		2.5
9:15	274	24		2.5
9:30	275	24		2.5
9:45	275	24		2.5
10:00	275	24		2.5
10:15	275	24		2.5
10:30	275	24		2.5
10:45	275	24		2.5
11:00	275	24		2.5
11:15	275	24		2.5
11:30	275	24		2.5
11:45	275	24		2.5
12:00	275	24		2.5
12:15	275	24		2.5
12:30	275	24		2.5
12:45	275	24		2.5
1:00	275	24		2.5

HD-224 1:15 275  
 1:30 275

24  
 24

(over)

2.5  
 2.5



8/25/93 AM

T. B. FILSD

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

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New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
 Subdivision COUNTYSPRINGS Lot # 42 Well Tag # H10-92-0388  
 Site Address 15005 BUSHY PARK RD.

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<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

*Pitless adapter & water line OK @ 3:11 AM 8/25/93*

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: \_\_\_\_\_

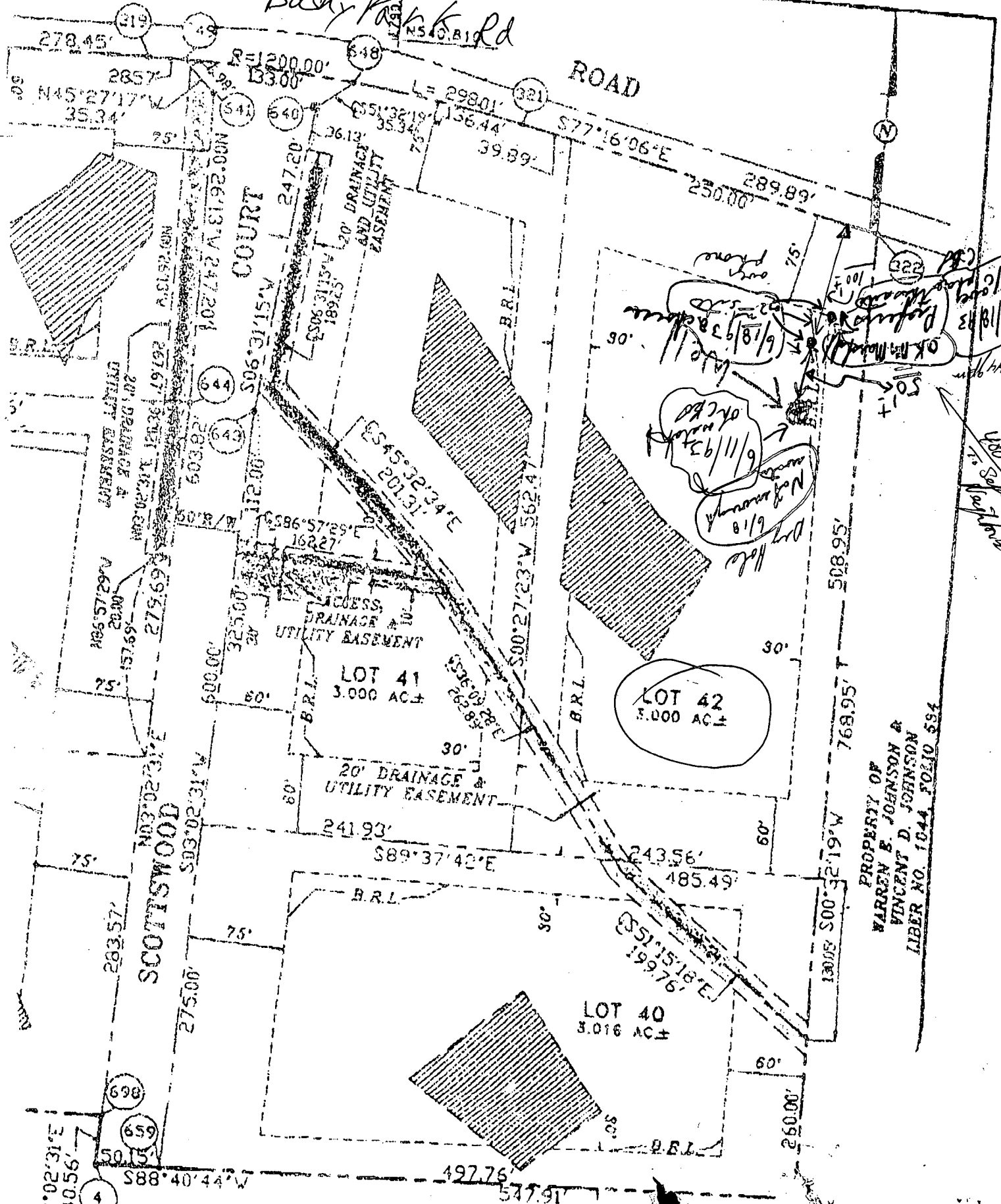
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

If need anything call Ted Marshall Realty 301-854-0277

TING & ROAD

Bushy Park Road

ROAD



SHEET 3 OF

FIG 2

PHONE NO. :

FRONT :

C1 - 1625 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A-43006

(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 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 14-88-1451

OWNER Carman Associates last name first name TOWN Glenwood SUBDIVISION SECTION LOT 42

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Handwritten note: 'Dry well 400' Filled in with Cement + drilling materials'

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

Table for screen depth and diameter. Columns: DEPTH (nearest ft.), DIAMETER OF SCREEN (NEAREST INCH). Includes slot size and gravel pack information.

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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)

CIRCLE APPROPRIATE LETTER 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 IDENT. NO. 931

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

OEP 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

