

7/13/01
3:00 layout
7/25/01
3:00

05-346495

PERMIT

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

P 515313

A 513320

ISSUE DATE 6/28/2001

APPROVAL DATE 7-20-01

INDEXED *not found*

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 6840 Guilford Road

PROPERTY OWNER Bob Cole PROPERTY OWNER'S ADDRESS 6838 Guilford Road

SEPTIC TANK CAPACITY 1250 GALLONS (301) 854-3370

PUMP CHAMBER CAPACITY N/A GALLONS ** WATERTIGHT SEPTIC TANK REQUIRED **

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth

7 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box at the northeast corner of the septic reserve area,

or approximately as follows: 235' off the 1024.78' lot line and 65' off the closest corner of the existing garage. Run trenches on contour away from the 1024.78' lot line.

BUILDING PERMIT SIGNED 10/17/00 OK (BB)

AND RETURNED

3/19/04 * BOD 146712 - HAND TOWER
81-05 BOD 150186 - EG POOL

PLANS APPROVED Mark Rifkin DATE 10/16/2000

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

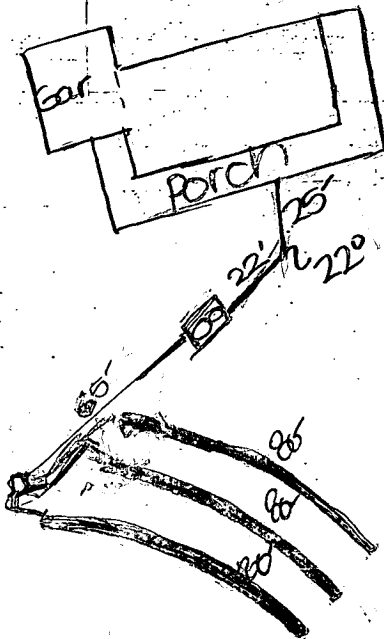
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

4513320

NOT TO SCALE

INDEXED



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 5
 TRENCH BOTTOM DEPTH 7
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL ✓
 BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
 MANHOLE RISER ✓
 6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: 7/13/01 - LAYOUT WAIVED, INSTALL PER APPROVED PLAN (SR4)

INSPECTION COMMENTS: 7/20/01 FINAL INSP - OK TO COVER
all septic work. DKC

INSPECTOR Dennis Clark DATE SYSTEM APPROVED 7/20/01

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00126620

Building Address 6839 Guilford Rd
Clarksville MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6057-02 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 35441 Parcel 68 Grid 20
 Zoning RE-DED Map Coordinates 14 H 11 Lot size 663 ac +/-

Property Owner's Name Bob Cole
 Address 6839 Guilford Rd 21029
 City Clarksville State MD Zip Code 20759
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Tom D'Asto
12230 RT 216
Fulton MD 20759
 Phone 301-317-5924 Fax 435-604-7686

Existing Use Residential / Agriculture
 Proposed Use Residential / Agriculture
 Estimated Construction Cost \$ 350,000
 Description of Work Build New House
(TENANT HOME on Old Property) 5FB
4 BR kitchen/basement/bath/HIP

Contractor Company _____
 Contact Person Tom D'Asto
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant TENANT
 Contact Name Tom D'Asto
 Address 12230 RT 216
 City Fulton State MD Zip Code 20759
 Phone 301-317-5924 Fax 435-604-7686

Engineer or Architect Company Bisping Engineering, PC
 Contact Person Guido Terzotte, P.E.
 Address 612 Lafayette Blvd Ste 200
 City Fredricksburg State VA Zip Code 22401
 Phone 540-371-1874 Fax 540-371-0745

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>36</u>	Water Supply: _____ Public _____ <input checked="" type="checkbox"/> Private
No. of stories: <u>3</u>	Sewage Disposal: _____ Public _____ <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>B-2376</u> <u>2nd/1944</u> <u>1st-2376</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: <u>N/A</u> _____ 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 _____ 1st floor: <u>44</u> <u>54</u> 2nd floor: <u>36</u> <u>54</u> Basement: <u>44</u> <u>54</u> Finished Basement <input checked="" 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: _____ Public _____ <input checked="" type="checkbox"/> Private Sewage Disposal: _____ Public _____ <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> _____ NFPA #13D _____ NFPA #13R _____ 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 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company Owner/Tenant

Print Name Thomas J. D'Asto
 Date 7/22/00 9-25-00

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>10/16/00</u>	<u>Mark Rafter</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START:	<input type="checkbox"/>	
ONE STOP SHOP:	<input type="checkbox"/>	

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>43120</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	ADD'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>10857</u>
Accepted by _____	Validation # <u>20771</u>

Mr. Baker
C.F.I. 7/23/01
24:05

**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: ROBERT L. FEEZER CO. Telephone #: 410-781-4655
Address: 6321 BARNETT AVE
CLARKSVILLE, MD 21029

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

License # and name of individual responsible for the field installation:
Name (Print): ROBT. L. FEEZER License# 2122

*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: THEY BROS. BUILDERS Telephone #: 988-9702
Subdivision: COLE TRAPENT Lot #: _____ Well Tag #: HO-94-2759
Site Address: 6840 GUILDFORD ROAD
CLARKSVILLE, MD 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Gold DS</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>70307412</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 WORK IN SLEEVES & EXTERNAL
Safety rope, if used, attached to inside of well casing with eye bolt PACKS - CAUTION USE
TORQUE ARRESTOR OR
CABLE GUARDS.

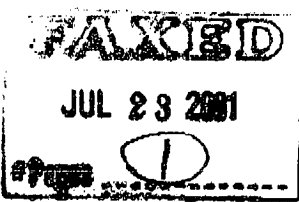
Piping to house	House Connection
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>12'</u> & <u>SLEEVED UNDER SEPTIC</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/> <u>LINE SLEEVED</u> <u>BY DRAMA LINS.</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 of company representative responsible for installation: [Signature] Date: 7/23/01

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____



3/14/01
No record of inspection being called in, although Fezzer's said they did.

did work.
Called Fezzer and informed them of state and local codes. (BA)

Fezzer's apparently ran well line under the septic line but did sleeve it with 20' of 4" PVC. Will accept since Fezzer's and Westminster Rotary Drilling

C1 07848

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. O.K.S.R.K.

COUNTY NUMBER A513320 8/18/00

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 08 11 2000

DEPTH OF WELL 225

PERMIT NO. 40-94-2759

OWNER Cole Robert GUILFORD ROAD TOWN Clarksville

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Clay & Br. Mica, Soft Br. Mica, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (15), NO. OF POUNDS (140), DEPTH OF GROUT SEAL (0 to 69 ft).

CASING RECORD: MAIN CASING TYPE (S T), Nominal diameter (6 inch), Total depth (71 feet).

OTHER CASING (if used) table with columns: diameter, depth (feet). Rows include PL 4 inch, 70 to 150 ft, etc.

SCREEN RECORD: screen type or open hole (S T B R H O), insert appropriate code below.

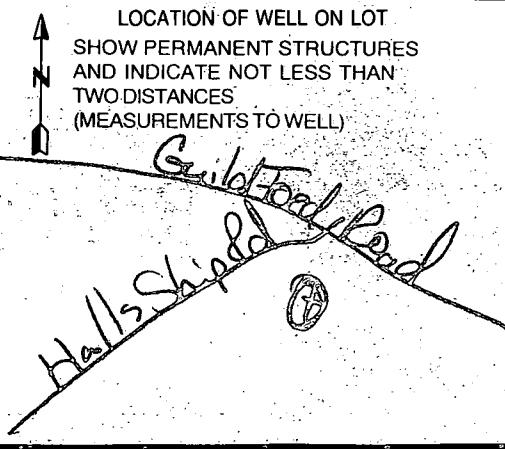
DEPTH (nearest ft.) table with columns: casing height, depth. Rows include PL 60, 70, 150, 160, 240, 250.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (10 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL (27 ft. before, 40 ft. when pumping).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S submersible), CAPACITY: GALLONS PER MINUTE (31).



NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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. M D 256, Dana Kyker Jr. II, DRILLERS SIGNATURE, LIC. NO. JWD 334, Dana Kyker Jr. III, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

B 1 13786

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2759 fill in this form completely

W513695 please print or type

Date Received (APA) 07 20 00

OWNER INFORMATION

COLE ROBERT GUILFORD RD CLARKSVILLE MD 21029

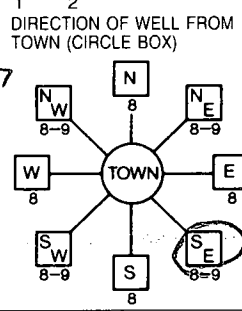
B 3 HOWARD LOCATION OF WELL

8 COUNTY COLE PROPERTY 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN CLARKSVILLE 71

DRILLER INFORMATION

DANA KYKER TRIT M D 256 WESTMINSTER ROTARY Well Drilling Inc P.O. Box 861 Westminster, MD 21157 Dana Kyker TRIT 7-18-00

B 4



GUILFORD 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 325 37 DISTANCE FROM ROAD FT ENTER FT OR MI: 38-39 TAX MAP: 35 BLK: 20 PARCEL 68

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 415

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A513320 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 07 27 00 Mark E. Kellin 7/27/01 43 MM DD YY 48 GO SIGNATURE EXP. DATE NORTH GRID 493 000 EAST GRID 0822 000 50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2759 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

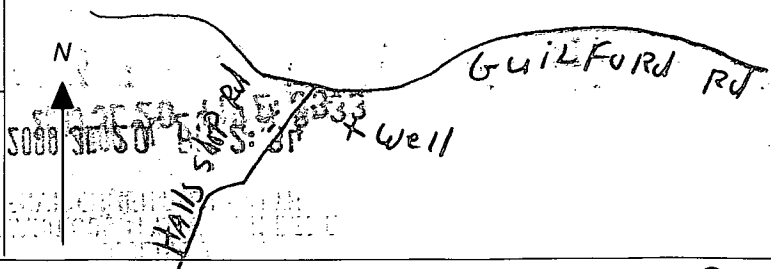
- SOURCES OF DRILLING WATER 1. CITY 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8200 N 4923

8/10/00 - 11-12 great Equipment failure no work done stops 8/11/00 No. Insp. X well 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



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

APPLICATION

PERCOLATION TESTING

A 513320

Proposal - to establish SRA
to accommodate proposed
tenant house

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

(*Need to establish DATE 3/15/2000
SRA for ex house)

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 Tom D'Asto

ADDRESS 12230 Rt 216 Fulton 20759 PHONE 301-317-5924 (hm)

AGENT OR PROSPECTIVE BUYER SELF

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION N/A 6840 LOT NO. N/A

ROAD AND DESCRIPTION ~~6838~~ Guilford Rd Clarksville corner of Guilford &
Hall Shop Roads

TAX MAP 35 PARCEL # 68

SIZE OF LOT 60+ acres TYPE BLDG. Single Family - Tenant House
(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] 3/15/00
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 6/6/00 PERC OK, HOLD FOR PLAT (ML)

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

5/1/00
10:00

COUNTY #

SOIL PROFILE

0' ①
orgr red
cl lm

5
6 1/2
orgr red
si cl lm

12 1/2
13
mottled
tan gray
si lm
10-15%
frags
WATER

②
orgr red
cl lm

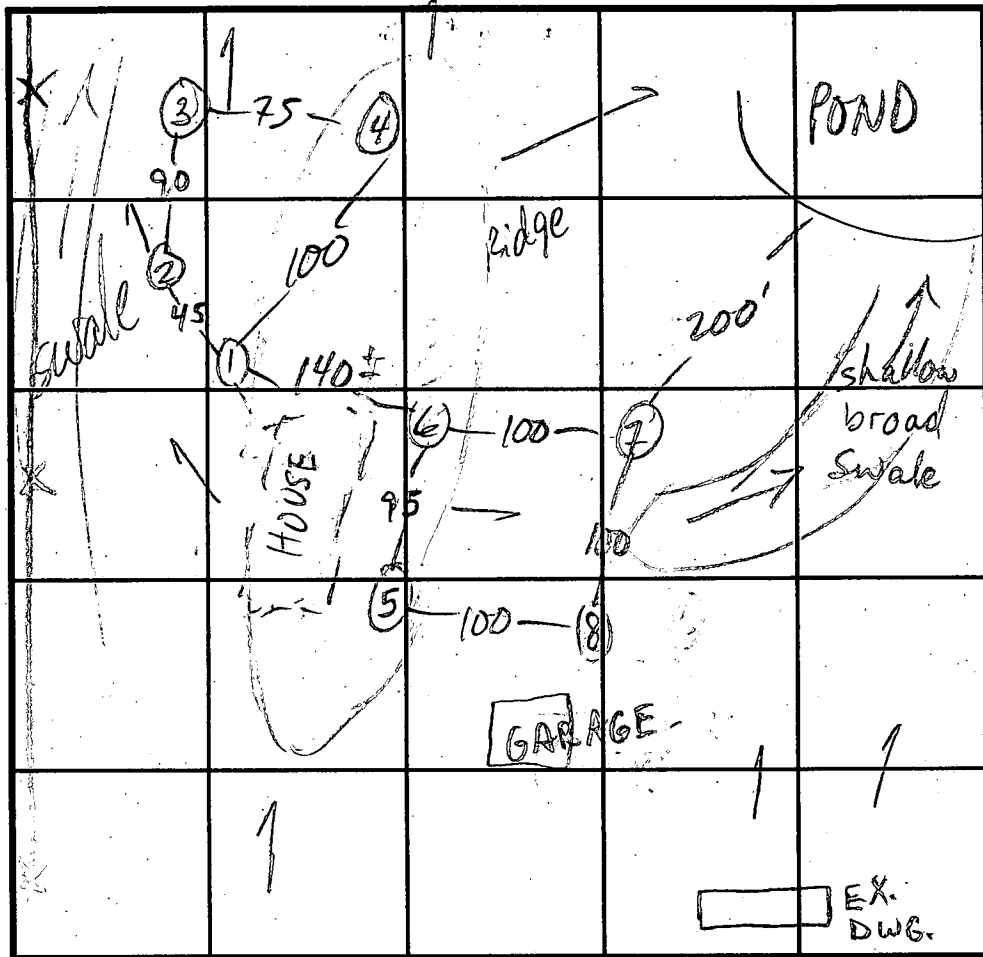
3
brn yel
si cl lm

6
mottled
tan gray
si lm
WATER

④
orgr red
cl +
cl lm

6 1/2
red brn
si lm
5-10%
frags

13 1/2



SOIL PROFILE

0' ⑤-⑧
orgr brn
si mica
cl lm
10%
frags

5-6 1/2
tan
gray
mica
sand lm
10% frags

13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. GUILFORD RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/2/00	1 V	13	mottled @	6 1/2	H ₂ O @	12 1/2	FAIL
	2 V	8	mottled @	6'	H ₂ O @	8	FAIL
	3 V	4 1/2	ALL CLAY, DIGGING		STOPPED		FAIL
	4 V	13 1/2	OK? NOT TESTED				
	5 S	6' 3" / 6' 9"	11:20	11:31	6 1/2"	REDIG	2
			11:36	11:37	11:37	11:39	
	5 V	13	OK see profile				
	6 V	13	8' cl sim to profile				
	7 S	6	11:47	11:50	11:50	11:51	1
			11:51	11:52	11:52	11:54	2
	7 V	12	sim to profile		cave-in 2"-10"		
	8 S	5	12:09	12:12	12:12	12:16	4
	8 V	13	sim to profile		4' cl		

REMARKS

TYPE OF SOIL BEST TO AVOID HOLE ② BY 10-20'

TESTED BY M. Ritkin ALSO PRESENT Jim May, owner, S.C. Backhoe

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180

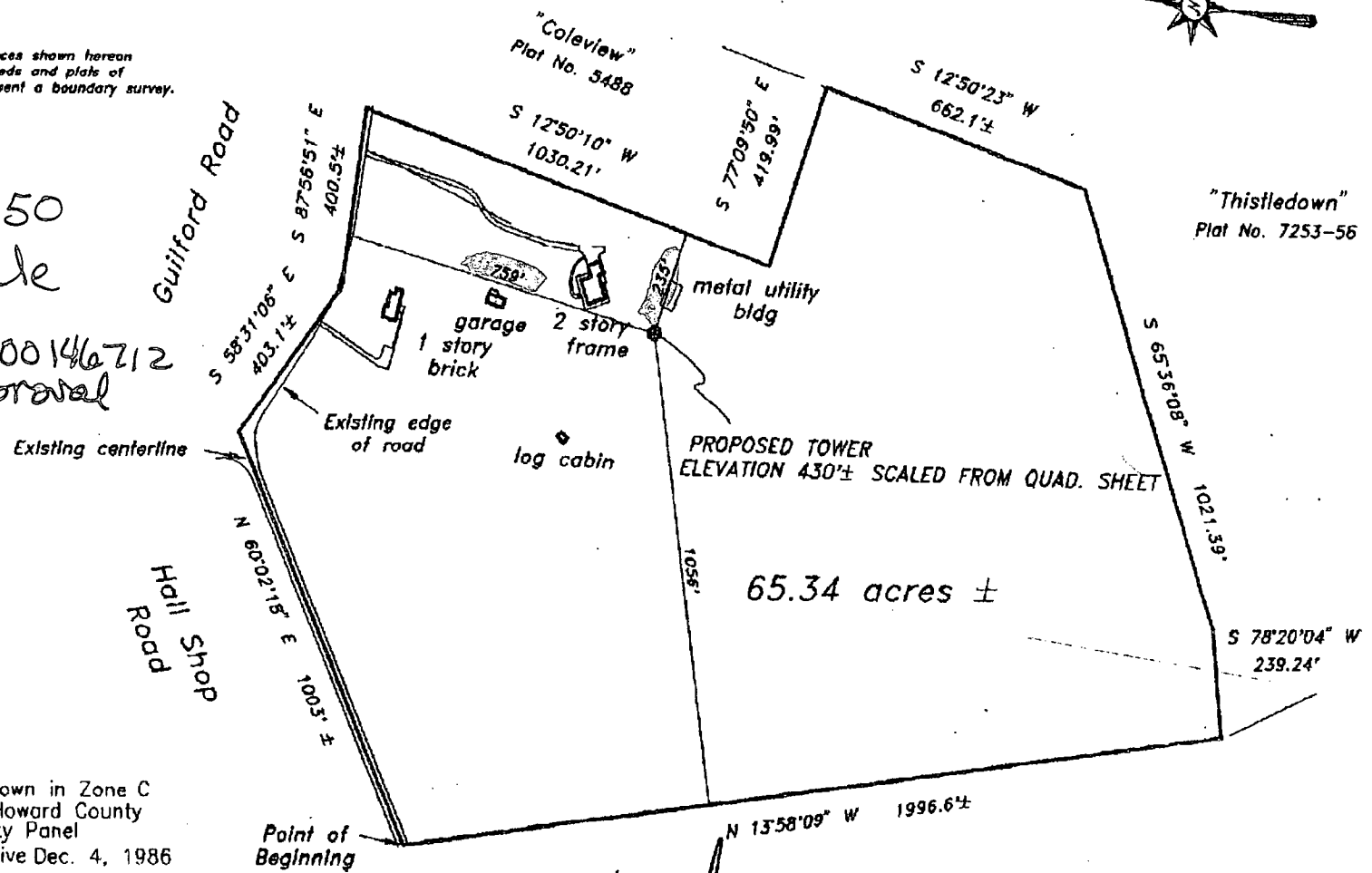
NOTES:

- 1) B.R.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers NOT found, or guaranteed by this location.
- 5) Setback distance accuracy: 1 ±

Note: Courses and distances shown hereon have been derived by deeds and plats of record and do not represent a boundary survey.



See 1:50
Scale
for BPO0146712
approval



Subject property is shown in Zone C on the FIRM Map of Howard County Maryland on Community Panel 240044 0033B Effective Dec. 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as 6838/6840 Guilford Road and recorded among the land records of Howard County, Maryland in Plat 867, folio 583 for the purpose of locating the improvements thereon.



Carl Hudgins PLS #96

LOCATION DRAWING
6838/6840 Guilford Road
5th election district
HOWARD COUNTY, MARYLAND

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

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

Scale: 1" = 400'
Date: January 17, 200
Field By: JCH
Drawn By: JCH
Drawing # MISC5800

Jan 28 2004 9:38AM HP LASERJET 3330

C1 3487

SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER A513320

ST/CO USE ONLY DATE RECEIVED MW DD YY 8 13

DATE WELL COMPLETED MM DD YY 5 28 04

Depth of Well 100' (TO NEAREST FOOT)

6/8/04 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-94-3943

OWNER CODE last name 6838 builtard Rd first name Robert TOWN Clarksville Md

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-85) and Gray Mica Rock (85-100).

GROUTING RECORD Form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (22), NO. OF POUNDS (2068), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (0-86 ft).

CASING RECORD Form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (S), Nominal diameter (6), Total depth (89).

OTHER CASING (if used) Table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD Form with fields: screen type (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 89, 100.

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), TEST WELL CONVERTED TO PRODUCTION WELL (P).

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 MSD 024, DRILLERS SIGNATURE (Must match signature on application), LIC. NO. 1 D

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

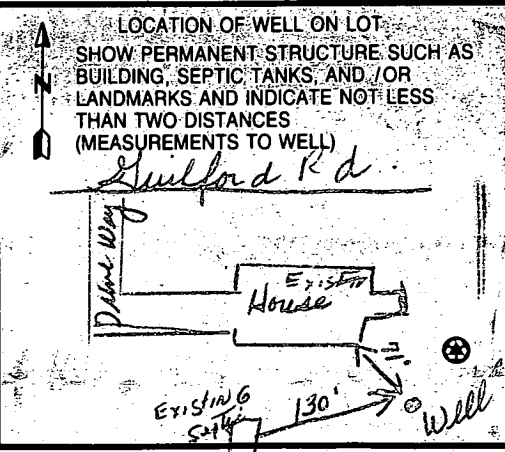
DEPTH (nearest ft.) Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80.

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

PUMPING TEST Form with fields: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (33 ft before, 43 ft when), TYPE OF PUMP USED (A, C, J, P, R, S, T, O).

PUMP INSTALLED Form with fields: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 ft below land surface).



B 1 2252

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520345

STATE PERMIT NUMBER

HO-94-3943 fill in this form completely

Date Received (APA) 5/6/04

OWNER INFORMATION

Last Name: Cole, Owner: C. Robert, Address: 6838 Guilford Rd, Clarksville Md 21029

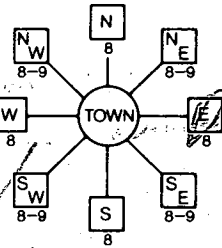
B 3 LOCATION OF WELL

Howard COUNTY, 6/8/04 SUBDIVISION O.K. (RB), SECTION 44 46, LOT 48 50, Clarksville NEAREST TOWN, MILES FROM TOWN 2

DRILLER INFORMATION

Driller's Name: Joseph T. Wayne, License No. MS D024, Firm Name: Joseph T. Wayne Well Drilling, Address: 5512 Ridge Rd, Mt Airy, Md 20771, Signature: Joseph T. Wayne, Date: 5/5/04

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6838 Guilford Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 320 ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, AS13320 COUNTY NO., STATE SIGNATURE, DATE ISSUED 5/7/04, CO SIGNATURE, EXP. DATE 5/7/05, NORTH GRID 493 000, EAST GRID 022 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

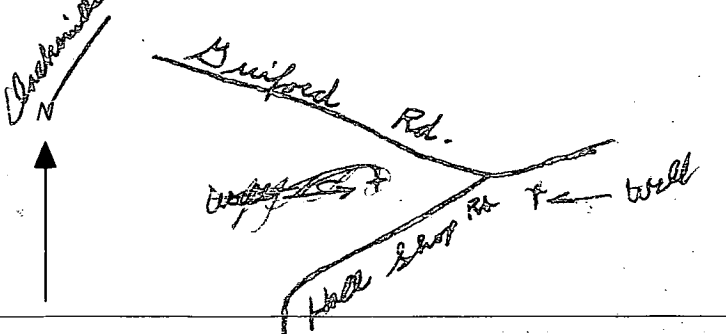
- THIS WELL WILL NOT REPLACE AN EXISTING WELL, THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. Wells

WRITE THE BOX NUMBER FROM THE MAP HERE: E 822, N 493

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)

APPROX. PERMIT NUMBER G, PERMIT No. HO-94-3943

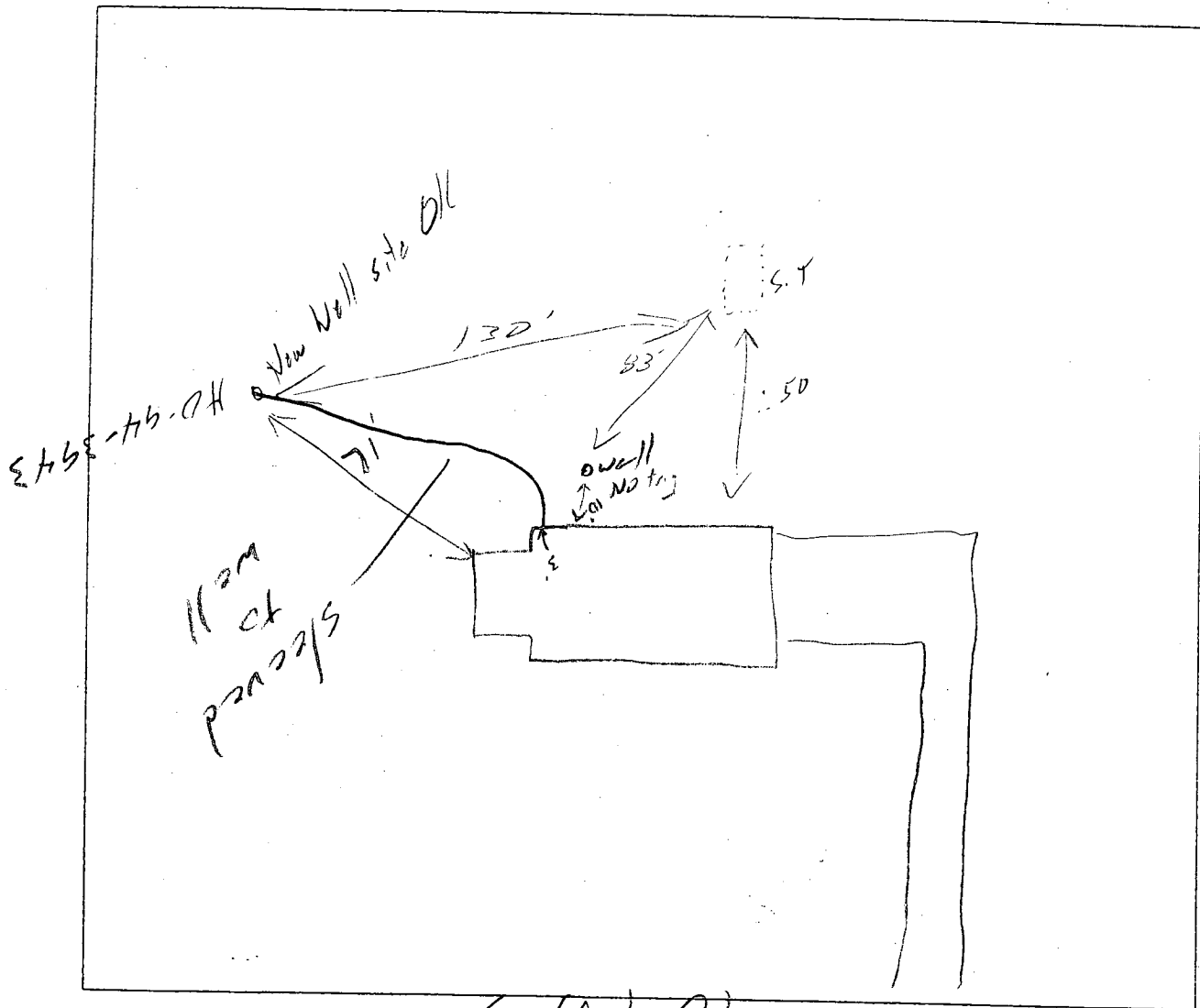
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Cole PHONE #: _____
ADDRESS: 6838 Guilford Rd CONTRACTOR: Joe Maynard
WELL TAG #: None
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: New well

LOCATION DIAGRAM



COMMENTS: Guilford Rd

DATE: 5/5/04 INSPECTOR: S.D.

**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: AVS Plumbing & Heating Telephone #: 410-442-2221
 Address: 12630 Frederick Rd
West Friendship, MD 21794

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

License # and name of individual responsible for the field installation:

Name (Print): CLARK R. KASTNER License# 7080

*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: PAT + BOB COLE Telephone #: 301-854-3370
 Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3943
 Site Address: 6838 Guilford Rd
CLACKSVILLE, MD

Submersible Pump Data

Make: 60WS
 Model #: 56205412
 Pump Capacity 5 GPM
 Well Yield: 15 GPM

Pitless Adapter

Make: MARTE
 Model#: B-10X
 Depth: 36 (36" min)
 NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
 Screened, vented well cap:
 Cap secured to casing:
 Conduit min 18" B.G.:
 Conduit secured to well cap:

Depth of well encountered at time of pump installation: 100 (feet)

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 + Sleeve

Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: _____
 PSI: 160 (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
 Approximate length of sleeve: _____
 Sleeve caulked and sealed properly: _____

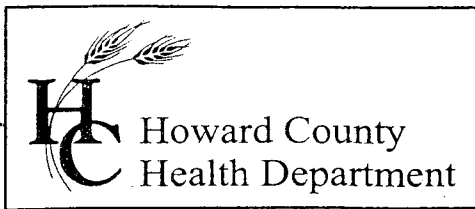
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 6-2-04
 Signature of company representative responsible for installation date

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

Date Insp. Requested: 6/7/04 - PM Date Insp. Approved: 6/7/04 (Saw)

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 8, 2004

Robert Cole
6838 Guilford Road
Clarksville, MD 21029

RE: **Replacement Well Sampling**
6838 Guilford Road
Well Permit #: HO-94-3943

Dear Mr. Cole:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

The sampling is free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

Department of Planning and Zoning
Howard County, Maryland
Recommendations/Comments

Date: 7/28/04

Hearing Examiner 10/4/04
Planning Board _____ Board of Appeals _____ Zoning Board _____

Petition No. BA-04-039C Map No. 35 & 41 Block 20 Parcel 68 Lot 1

Return Comments by 9/13/04 to Public Service and Zoning Administration

Location of Property: SE of Guilford Road and Halls Shop Road

Applicant: Tom D'Asto

Applicant's Address: 6840 Guilford Road., Clarksville, MD 21029

Owner: (if other than applicant) _____

Owner's Address: _____

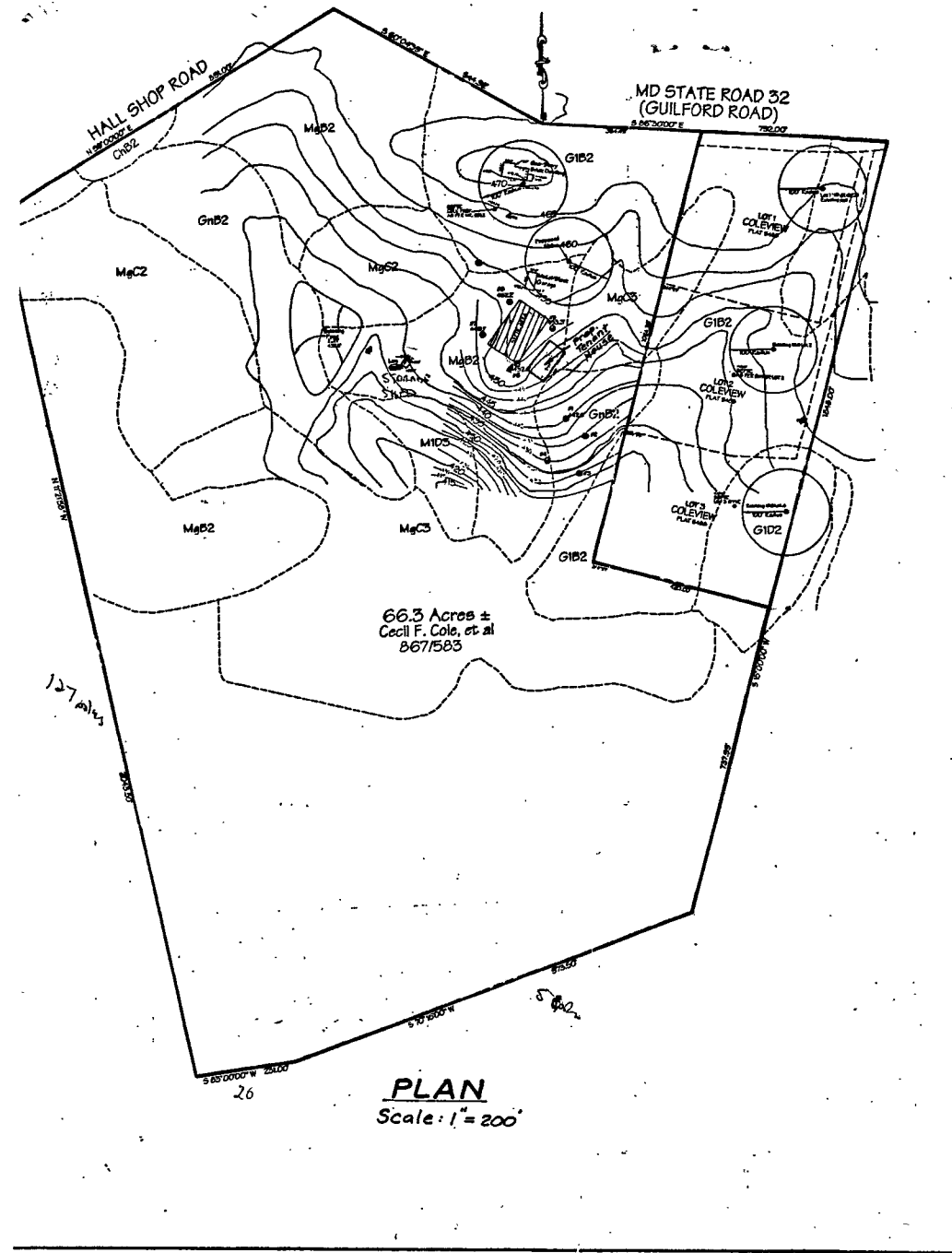
Petition: Conditional use to convert an existing 100' ham radio tower to a wireless internet broadcast tower for commercial use.

- To:
- _____ Department of Education
 - _____ Bureau of Environmental Health
 - _____ Development Engineering Division
 - _____ Department of Inspections, Licenses and Permits
 - _____ Department of Recreation and Parks
 - _____ Department of Fire and Rescue Services
 - _____ State Highway Administration
 - _____ Sgt. Karen Shinham, Howard County Police Dept.
 - _____ James Irvin, Department of Public Works
 - _____ MD Dept. of Human Resources, Janice Burris
(Child Day Care)
 - _____ Office on Aging, Betty Totaro (senior assisted living)
 - _____ Police Dept., Animal Control, Brenda Purvis, (kennels)
 - _____ Susan Fitzpatrick, Health Dept. (Nursing & Res. Care)
 - _____ Land Development - (Religious Facility & Age-Restricted Adult Housing)

COMMENTS: No objection to the petition

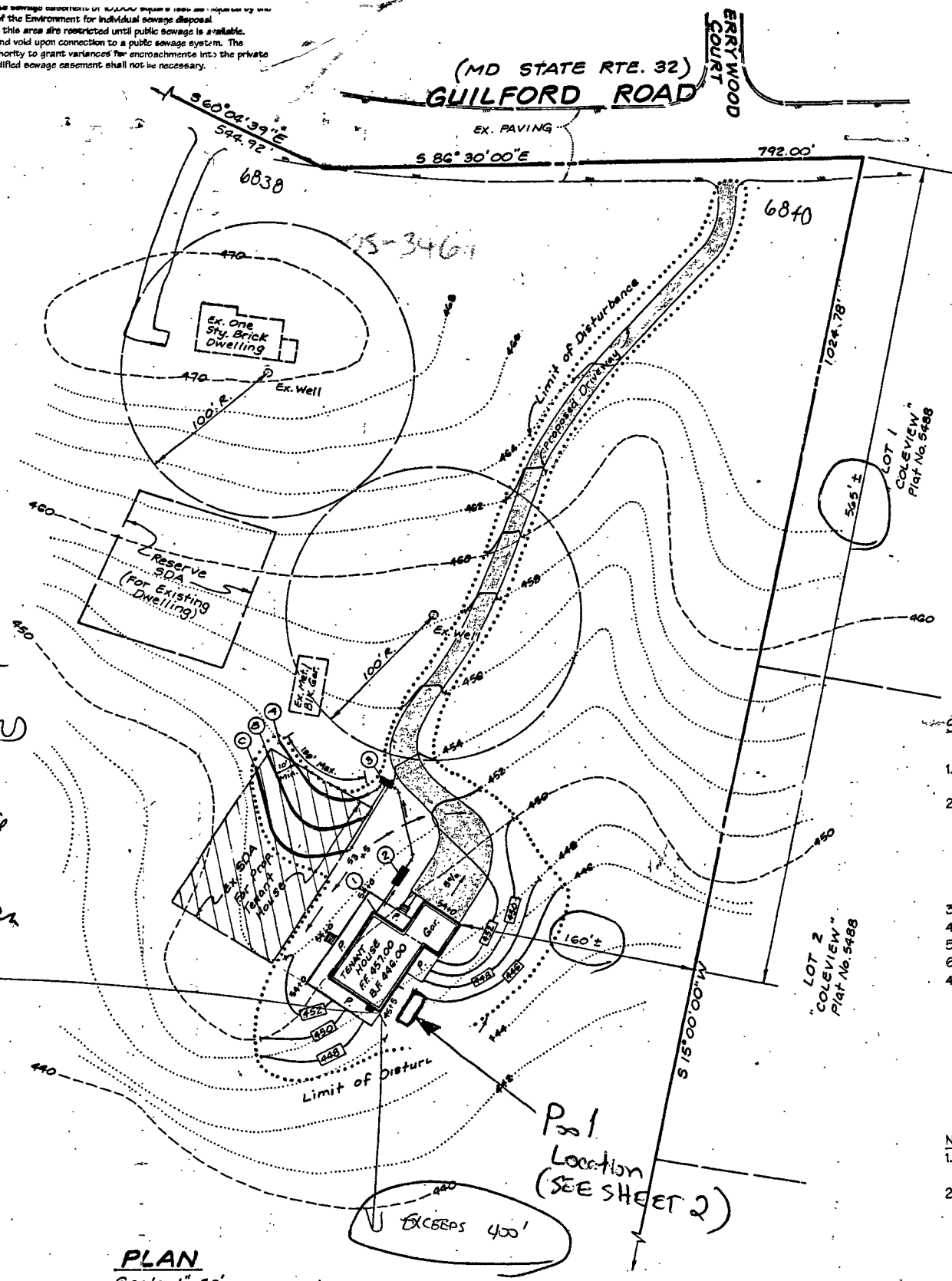

SIGNATURE

These areas designate a private sewage easement or individual sewage disposal system as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These improvements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.



*8/1/05,
Well: septic
No problems
for pool.
B00155186
Kane
OK*

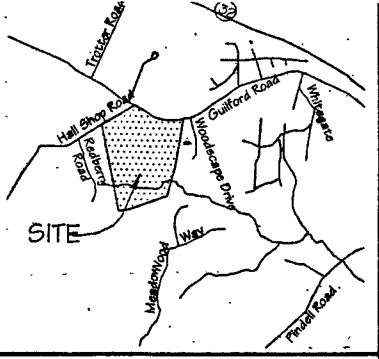
EXCESSES 400'



PLAN
Scale: 1" = 50'

LEGEND:

- Existing Ground
- Proposed Grade
- Drainage Flow
- Limit Of Disturbance



VICINITY MAP
SCALE 1" = 2000'

NOTES:

1. Existing Zoning: RR
2. Deed Reference: 067/583
3. Total Area of Lot: 66.3 Ac. +/-
4. The lot shown complies with the minimum lot area and ownership width as required by the environment.
5. Limit of disturbance: 46,800 Sq. Ft. +/- or 1.07 Ac. +/-

SEWAGE SYSTEM DESIGN DATA: (5 Bedrooms)

1. Invert @ foundation wall: 451.80 (Wall hung/first floor gravity sewer out)
2. 1500 Gallon Septic Tank (Top Seamed)
Provide Manhole-To Finished Grade/3 feet Max. Cover Over Tank
 - A. Ex. Ground @ Top Tank: 454.00
 - B. Fin. Grade Over Tank: 454.00
 - C. Invert In: 451.30
 - D. Invert Out: 451.00
3. Distribution Box (Provide 3 Outlets Minimum)
4. A. Ex. Ground @ Top Box: 454.00
5. B. Fin. Grade over Top Box: 454.00
6. C. Invert: 449.30
4. Trench Design (Initial Installation): 60 LF/Bedrm. X 5 Bedrm. = 300 LF

	(A)	(B)	(C)
Ex. Ground Over Trench:	454.00	453.40	452.80
Fin. Grade Over Trench:	454.00	453.40	452.80
Invert Trench:	449.00	448.40	447.80
Bottom Trench:	447.00	446.40	445.80
Trench Length:	100 ft.	100 ft.	100 ft.
Trench Width:	3'-0"	3'-0"	3'-0"

NOTES:

1. Trench design may be revised at time of installation based on site conditions.
2. Sewage pump required for basement level service.

LDE, INC.
9250 Rumsey Road, Suite 106, Columbia, MD 21045
(410) 715 1070 (301) 596-3424 (410) 717-9540 (Fax)

DESIGNED BDB	PLOT PLAN FOR BUILDING PERMIT COLE PROPERTY Parcel No. 68 Tax Map 35 & 41 Grid 20 5th Election District Howard County Maryland	SCALE As Shown
DRAWN KBW		DRAWING 1 of 1
CHECKED DWW		JOB NO. 00-023

SH. 1/5