

2/12/03 11:30 → Need pump test

1-17-01

~~work in progress~~

2/4/01
2/9/01
2-3-01
pump test

PERMIT 04-36533

P 513675

SEWAGE DISPOSAL SYSTEM

AREPAIR

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 07/11/00

410-313-2640

APPROVAL DATE 2/12/03

11:00
1/25/01 All day
1/29/01 PM

1/26/01 PM

2/12/01
10-11

12/19/02-12-30-1
12/19/02
INDEXED
11-12

2/12/03
11:30
PUMP TEST

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771

PHONE 800-682-6726

SUBDIVISION Blueberry Hill LOT NUMBER 3 ADDRESS 2680 Daisy Road

PROPERTY OWNER _____ PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS (MAY USE EXISTING TANK BASED UPON H.D. EVALUATION)

PUMP CHAMBER CAPACITY 1250 GALLONS TOP SEALED

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Place the distribution box 200 feet down the 342.83' lot line and 10 feet off this same lot line. Run trenches along contour in both directions.

AND RETURNED

BUILDING PERMIT SIGNED

11-21-02 620 139430 - Al Frank

PLANS APPROVED Donna K. Soe

DATE 07/24/00

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

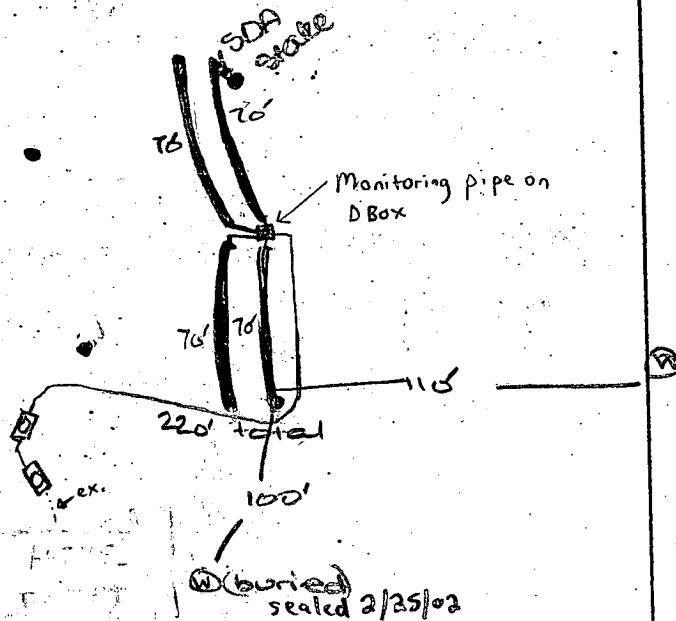
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

513675

(Page 1)

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 4.5'
 TRENCH BOTTOM DEPTH 6.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280'
 ABSORBENT AREA 840 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

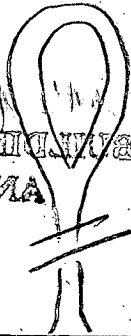
SEPTIC TANK DATA

EXISTING
 SEPTIC TANK OK GALLONS
 MANHOLE RISER on center
 6 INCH INSPECTION PORT NO

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 T.S.
 MANHOLE RISER on center
 ALARM OPERATIONAL
 PUMP PERFORMANCE TEST

BUILDING PERMIT SIGNED AND RETURNED



Daisy Road

PRE-CONSTRUCTION INSPECTION: 1/17/01 Layout confirmed - SDA stated septic tank to be maintained. DKC

INSPECTION COMMENTS: 1/25/01 No one on-site, no work had been started. DKC

1/26/01 Pump chamber set - OK to continue work. DKC

1/29/01 P.m. No one at site. 2" pressure installed and covered as previously instructed. DKC

2/4/01 A.M. OK to cover all septic work - Need pump performance test for final approval. DKC

2/9/01 Pump is working, alarm needs to be reinspected. BB 2/12/01 - ALARM OPERATIONAL (SRV)

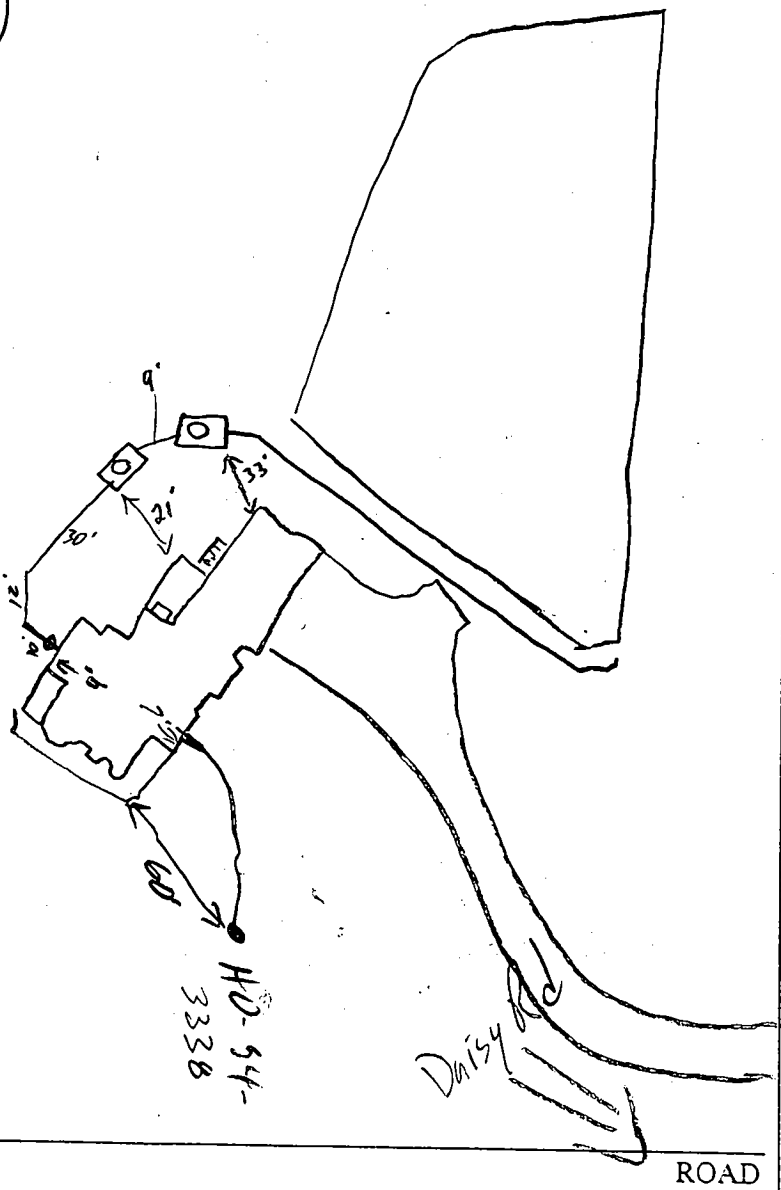
INSPECTOR _____ DATE SYSTEM APPROVED 2/12/01

NEEDS HOUSE CONN. VERIFICATION AFTER NEW HOUSE IS CONSTRUCTED 12/10/02 Not ready (50) 12/10/02 Tank pulled & relocated (50)

See page 2 \Rightarrow

(Page 2)

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>Ex Trenches</u>		
NUMBER OF TRENCHES	_____	
TOTAL LENGTH	_____	
ABSORPTION AREA	_____	
DISTRIBUTION BOX LEVEL	_____	
DISTRIBUTION BOX BAFFLE	_____	
DISTRIBUTION BOX PORT	_____	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>Ex 1500</u> GAL
SEAM LOC	<u>Mid</u>
TANK LID DEPTH	<u>1.5'</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<input checked="" type="checkbox"/>
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>Ex 1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<input checked="" type="checkbox"/>
WATERTIGHT TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION _____

INSTALLATION 12/19/02 - House conn made, tanks replumbed (SD)

Needs pump & Alum test (SD)

2/12/03 Pump & Alum test OK (SD)

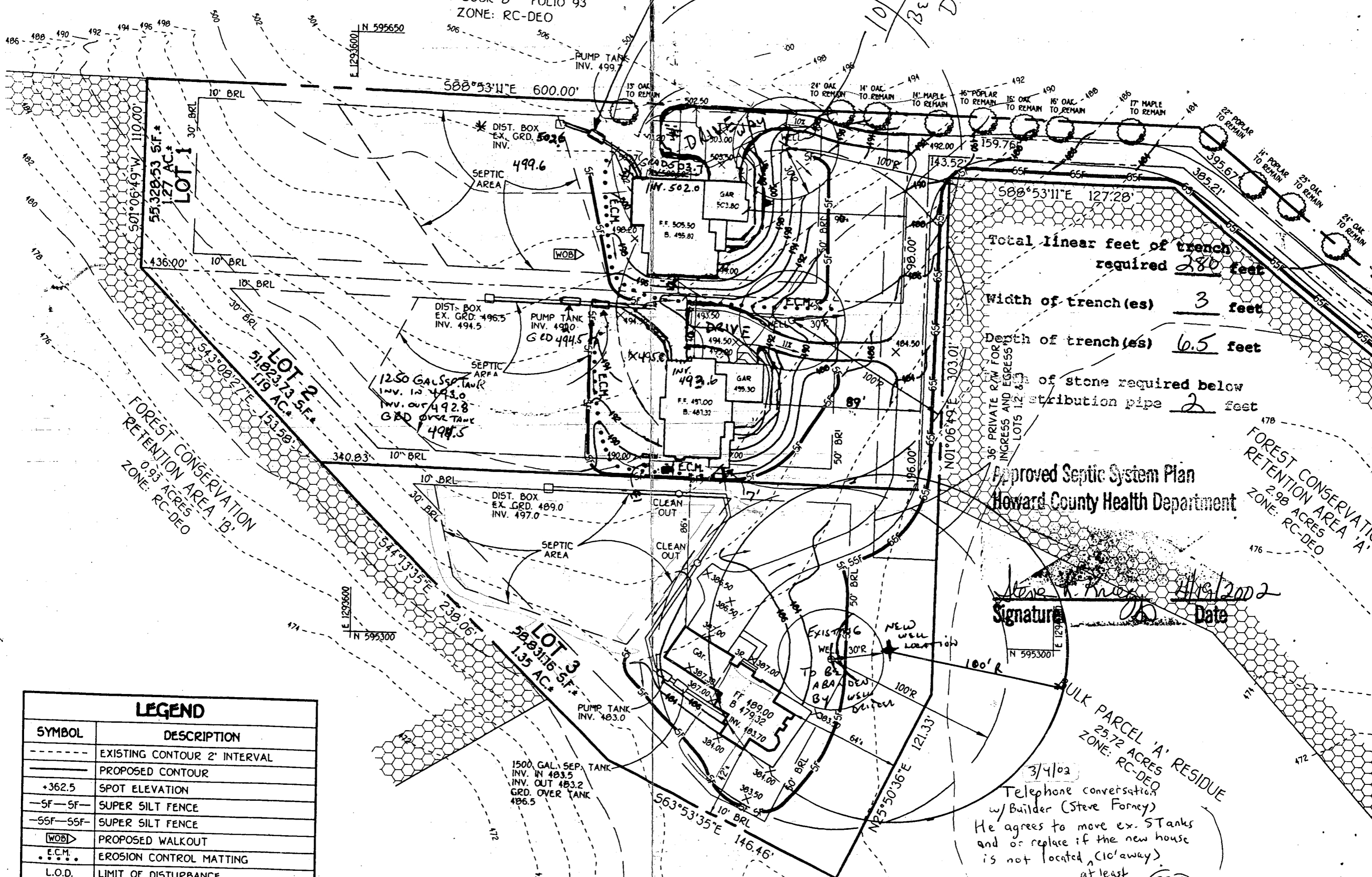
FINAL INSPECTOR [Signature]

DATE OF APPROVAL 2/12/03

LOT 13
RIVER FARMS INC.
PLAT BOOK B FOLIO 93
ZONE: RC-DEO

INV OUT 500.2
GRD OVER TANK 503.2

10' min
Between
DRIVE



Total linear feet of trench required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 6.5 feet
of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Signature Steve H. Knox Date 4/19/2002

3/4/02
Telephone conversation w/ Builder (Steve Forney)
He agrees to move ex. STanks and or replace if the new house is not located (10' away) at least (SRV)

LEGEND	
SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
—	PROPOSED CONTOUR
+362.5	SPOT ELEVATION
-SF-SF-	SUPER SILT FENCE
-SSF-SSF-	SUPER SILT FENCE
[WOB]	PROPOSED WALKOUT
[E.C.M.]	EROSION CONTROL MATTING
[L.O.D.]	LIMIT OF DISTURBANCE
[Hatched Area]	FOREST CONSERVATION

 WATER WELL ABANDONMENT-SEALING REPORT FORM

OK SRK
 2/28/02

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Feb 25 2002 (month/day/year)

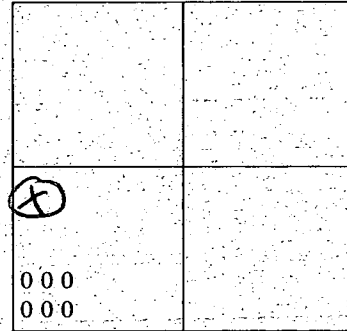
PERMIT NUMBER OF ABANDONED WELL (if any) N/A

PERMIT NUMBER OF REPLACEMENT WELL H0-94-3338

PERSON ABANDONING WELL: Ralph E. MAYNE
 OWNER'S NAME: Hamelton & Reed

WELL DRILLERS LICENSE NUMBER: 117
 CIRCLE: MWD/MSD/MGD

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: DAISY
 TAX MAP: _____ BLOCK: _____ PARCEL: _____
 SUBDIVISION: BLUE BERRY HILL
 SECTION: _____ LOT: 3



MARYLAND GRID COORDINATES
 BOX NUMBER E 581
 N 534

TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED/AUGURED HAND DUG
 OTHER (specify): _____

SHOW WELL LOCATION BY X WITHIN BOX

USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement ment mix</u>	<u>88</u>	<u>0</u>

TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify): _____

SIZE OF CASING: 5 3/4 INCHES IN DIAMETER
 DEPTH OF WELL: 88 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Ralph E. Mayne LICENSE # 117 CIRCLE ONE MWD/MSD/MGD DATE 2-25-02



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 4, 2002

MEMORANDUM

TO: Hamilton Reed, Inc.
8000 Main Street
Ellicott City, MD 21043

FROM: Mark Rifkin, R.S. *MR*
Water & Sewerage Program
Bureau of Environmental Health

RE: 2680 Daisy Road
Blueberry Hill, Lot 3

This is to advise that the Howard County Health Department recommends issuance of the requested demolition permit for the referenced property.

You have advised that the well on the property will be properly disconnected from the original house, and will be maintained for proposed use with the replacement dwelling. Be advised that reconstruction of a buried well of unknown age may or may not result in well water flow and quality in compliance with COMAR regulations. Yield testing of the well will be required prior to issuance of a building permit for the replacement dwelling.

You have also advised that the existing septic tank will be disconnected for use with the replacement dwelling. No additional septic system work is required at this time for this future use.

*Well not grouted = unacceptable
Driller to drill another well & seal existing one. *SRU**

MR

**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: CLARKE PTH INC Telephone #: 410-489-4029
Address: 3510 Ridge Rd
Westminster, MD 21159

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

License # and name of individual responsible for the field installation:
Name (Print): Ken Clarke License# 3808

*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: Hamilton Reed Telephone #: 410-480-9146
Subdivision: Blueberry Hill Lot #: 3 Well Tag #: HO-94-3338
Site Address: _____

Submersible Pump Data

Make: Goulds
Model #: 55B07422
Pump Capacity 5 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Hermark
Model#: PT-800
Depth: 42 (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: 300 (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
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: Plastic
PSI: 1 (160 psi min)
Depth of supply line: 42 (36" min)

Horse Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 15'
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.

Ken Clarke _____ 2-9-03

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

Date Insp. Requested: _____ Date Insp. Approved: 12/24/02 (SD)
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

*Called in
12-31-02
OK TO Backfill
KN*

C1 14406 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. COUNTY NUMBER A5113231102

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

ST/CO USE ONLY DATE RECEIVED MM DO YY 02 25 02

DATE WELL COMPLETED 02 25 02 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3338

OWNER HAMELTON S S 11/22/02 STREET OR RD 17024 Handy Rd TOWN Mt Airy MD, 21771 SUBDIVISION BLUE BERRY HILL SECTION LOT 3

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. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1200 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

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

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 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 (ST) STEEL (BR) BRASS (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

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.

DRILLERS LIC. NO. 1 M S D 113 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)

C 2 DEPTH (nearest ft.) 1 2 HO 68 300

E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S E N SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG INDICATOR OTHER DATA

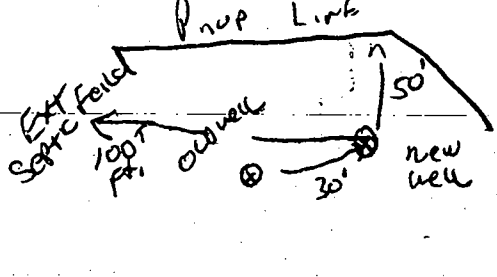
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 85 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (2) LAND SURFACE (-) below (2) (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)



Howard

3/1/02

Date Feb 25 2002

WELL YIELD TEST DATA SHEET - ~~Frank~~ County

Reviewed By OUSRU

Maryland Well Permit No. HO-94-3338 Owner or Applicant HAMMELTON E REED

Location of Property (Road) OFF DAISY RD, 2680 Daisy Rd

Subdivision BLUE BERRY HILL Lot 3 Block - Plat - Sec -

Depth of Well 300 Height of Measuring Point Above Ground 2'

Static Water Level Below Measuring Point 40'

TEST STARTED AT 8:30 Pumping 10 GPM TOTAL TIME 15 min TO REACH 85'

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRONOLOGICAL)	WATER LEVEL Below M.P.	PUMPING RATE Time to Fill I Gal. Bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	40 ft.	6 Sec		10 GPM
8:45	85 ft.	15 Sec		4 GPM
9:00	85 ft.	15 Sec		4 GPM
9:15	85 ft.	15 Sec		4 GPM
9:30	85 "	15 "		4 "
9:45	85 "	15 "		4 "
10:00	85 "	15 "		4 "
10:15	85 ft.	15 Sec		4 GPM
10:30	85 ft.	15 Sec		4 GPM
10:45	85 ft.	15 Sec		4 GPM
11:00	85 "	15 "		4 "
11:15	85 "	15 "		4 "
11:30	85 ft.	15 Sec		4 GPM
11:45	85 ft.	15 Sec		4 GPM

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 26.04.04.07.

Signature of Well Driller

B 1 8952

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3338

fill in this form completely

Date Received (APA)

02 19 02

OWNER INFORMATION

8 MM OD YY 13

HAMELTON & Reed

17024 Handy Rd.

Mt Airy MD 21221

DRILLER INFORMATION

Ralph E. MAYNE M SD 117

Ralph E. MAYNE Well Drilling

17024 Handy Rd. Mt Airy MD 21221

Ralph E. Mayne 2-14-02

B 3

LOCATION OF WELL

Howard

Blue Berry Hill

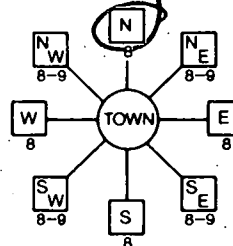
SECTION 44 46 LOT 3 48 50

Daisy

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76.77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Daisy Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 550 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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 A 511132

COUNTY NAME STATE SIGNATURE INSERT S

DATE ISSUED 02 19 02 Steven R. King 02 19 03

NORTH GRID 534 000 EAST GRID 0781 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

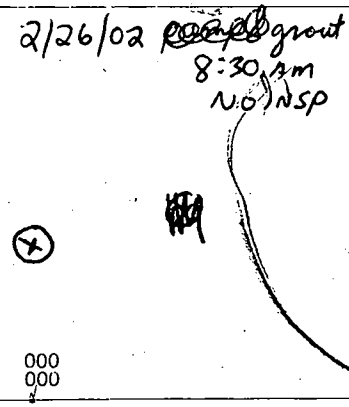
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

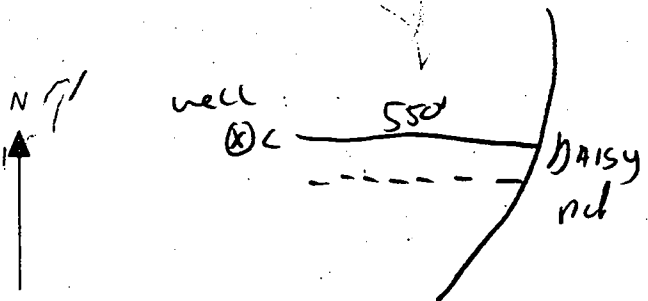
- 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 781 N 534



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



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 DEEPEAN AN EXISTING WELL

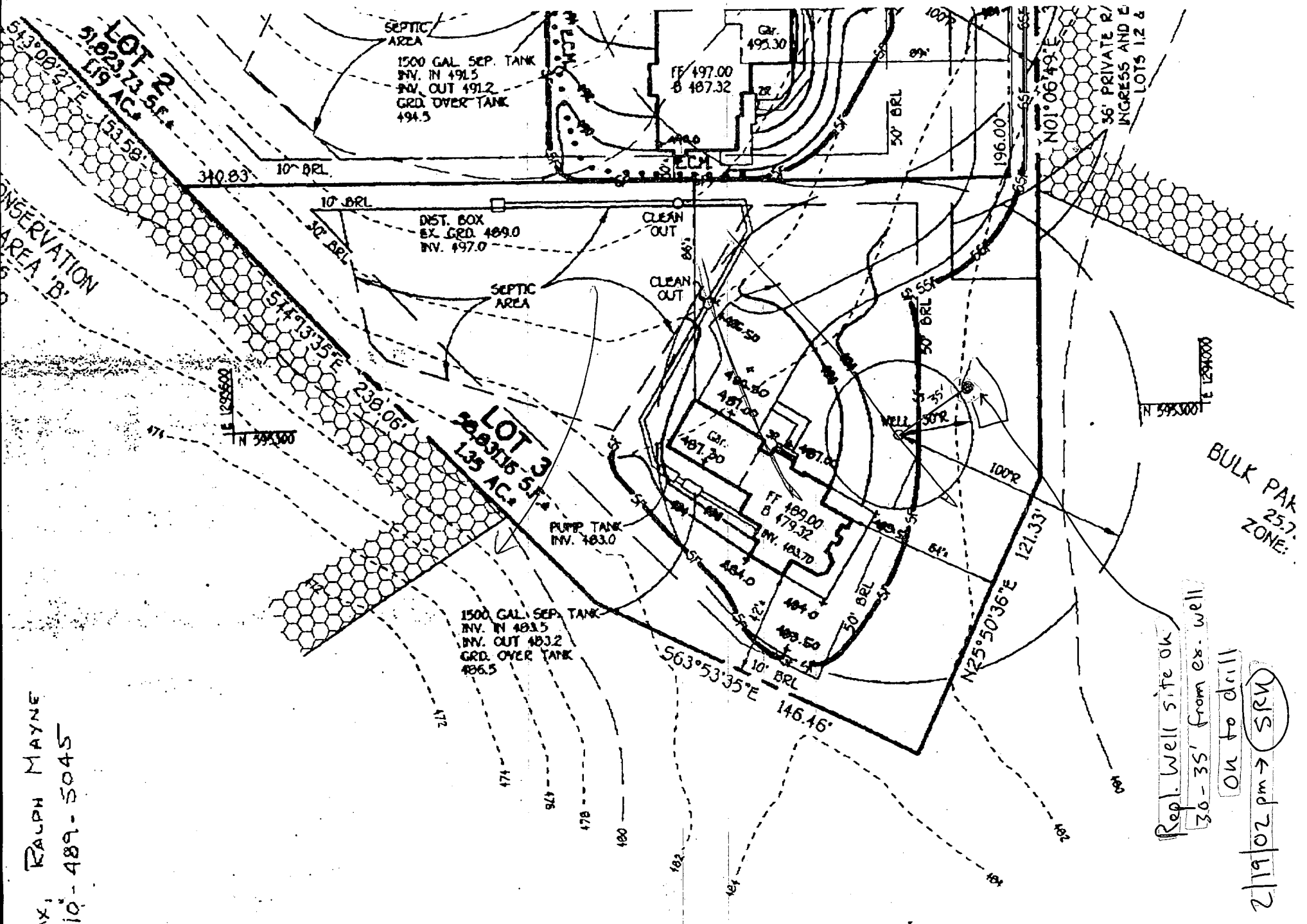
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER PERMIT No. HO-94-3338

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

FAX: RALPH MAYNE
410-489-5045



Rep. Well site ok
30-35' from ex. well
On to drill
MSIS
2/19/02 pm

BULK PARK
25.7
ZONE

APPLICATION

PERCOLATION TESTING

A 511132

P _____

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

*12.3.98
Perc Application for
6 new lots and
1 existing. (paid for 7 new)
Confirm address at time
of perc test*

DISTRICT _____

DATE 12.3.98

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 THOMAS SCIVENER

ADDRESS c/o 10805 HICKORY RIDGE ROAD
COLUMBIA MARYLAND PHONE 410 740-2100

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT INC

ADDRESS 10805 HICKORY RIDGE ROAD #215
COLUMBIA, MD 21044 PHONE 410-740-2100

PROPERTY LOCATION:
SUBDIVISION DAISY ROAD LOT NO. _____

ROAD AND DESCRIPTION 2680 # 2000 DAISY ROAD WEST SIDE OF DAISY ROAD
APPROXIMATELY 2100' NORTH OF UNION CHAPEL & DAISY ROAD

TAX MAP 13 PARCEL # 94 GRID 12
SIZE OF LOT 45613 ± TYPE BLDG. SINGLE FAMILY
(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. DONALD R. PEPPER JR.
(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

51132

COUNTY #

SOIL PROFILE

0' 22
 1' topsoil
 red org
 cl Lm
 4.5'
 5' med
 org
 brn
 s Lm
 5-10%
 rock
 10' seepage
 ↓
 4.5' Water

103

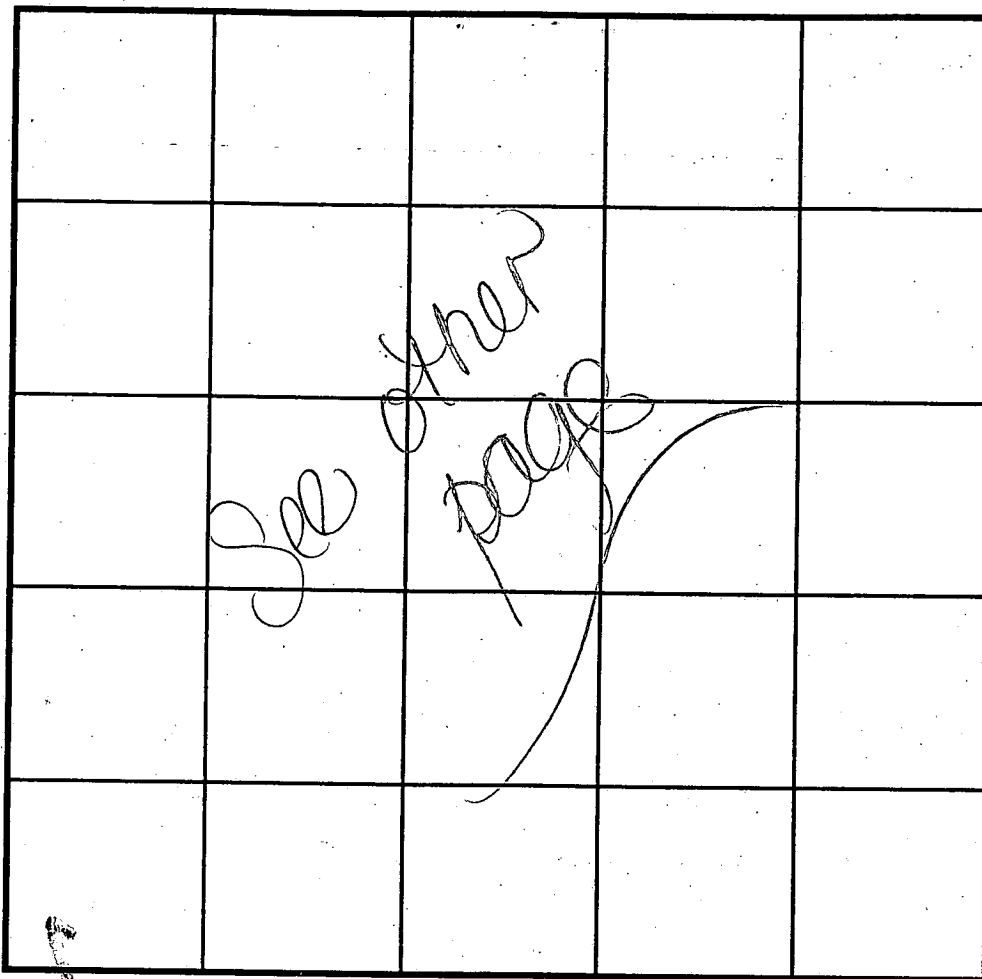
0' 103
 1' topsoil
 red org
 brn
 cl Lm
 3' tan
 s Lm

164

0' 164
 1' topsoil
 red org
 brn
 cl Lm
 3' pale org
 red tan
 s Lm
 10-15%
 rock

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-9-99	22	11.5'D	Water	(seepage @ 10')			FAIL
8-20-99	103	3.5'S	11:46	11:49	11:49	11:54	5
		12.0'D	visual	- see	profile		OK
	104	3.5'S	11:55	11:58	11:58	12:03	5
		12.0'D	visual	- see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT M. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 51132

P _____

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

DISTRICT _____

DATE 12-3-98

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 THOMAS SEWENER

ADDRESS c/o 10805 HICKORY RIDGE ROAD
COLUMBIA MARYLAND PHONE 410 740-2100

AGENT OR PROSPECTIVE OWNER LAND DESIGN & DEVELOPMENT INC

ADDRESS 10805 HICKORY RIDGE ROAD #215 PHONE 410-740-2100
COLUMBIA, MD 21044

PROPERTY LOCATION:

SUBDIVISION DAISY ROAD LOT NO. (3)

ROAD AND DESCRIPTION 2680 # 2800 DAISY ROAD WEST SIDE OF DAISY ROAD

APPROXIMATELY 2100' NORTH OF UNION CHAPEL & DAISY ROAD

TAX MAP 13 PARCEL # 94 GRID 12

SIZE OF LOT 40,374 ± TYPE BLDG. SINGLE FAMILY
(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. DONALD R. BECKER JR.
(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

511132

COUNTY#

SOIL PROFILE

22

0' 1' topsoil

red brn cl Lm

4.5' 5' med org brn s Lm

5-10% rock

10' seepage ↓

5' Water

103

0' 1' topsoil

red org brn cl Lm

3' tan s Lm

104

0' 1' topsoil

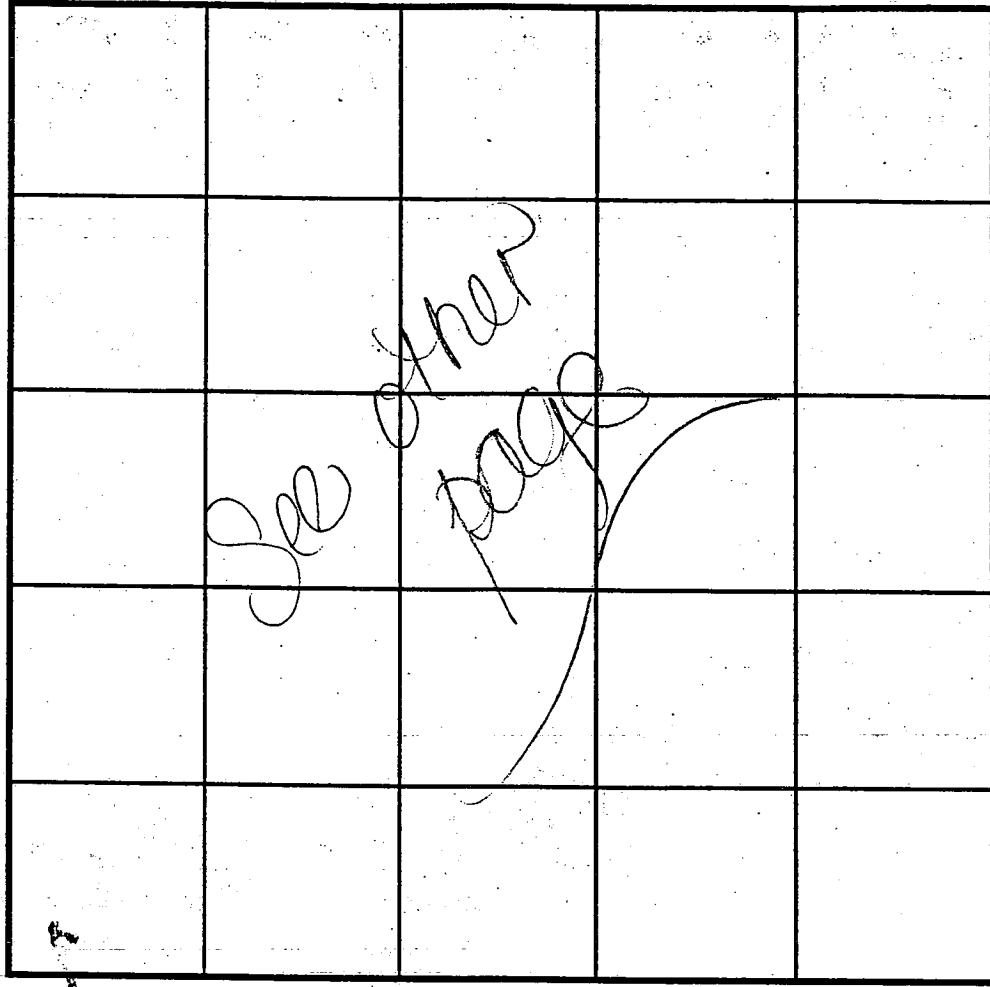
red org brn cl Lm

3' pale org red tan s Lm

12' 10-15% rock

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-9-99	22	11.5'D	Water	(seepage @ 10')			FAIL
8-20-00	103	3.5'S	11:46	11:49	11:49	11:54	5
		12.0'D	visual	- see profile			OK
	104	3.5'S	11:55	11:58	11:58	12:03	5
		12.0'D	visual	- see profile			OK
	27						
	102						
	C						

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT M. Johnson, S. Ellis

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

