

10/12/00
Layout
10:00
10/13/00
APM

RPS# 349059

PERMIT

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

P 514272

A 42453

ISSUE DATE 9/25/2000

APPROVAL DATE 10/13/00

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Tarr Property LOT NUMBER 2 ADDRESS 2905 Duvall Road

PROPERTY OWNER NEAL & VICKY PALUMBO PROPERTY OWNER'S ADDRESS 8450 Savage Guilford Rd. Savage, MD 20763
Benchmark Homes Inc.

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY NA GALLONS (Top Seamed Tank..)

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. 3.0 feet of stone below distribution box.

LOCATION: Place the first trench 175' up the right lot line and 100' off that same lot line as seen from Duvall Road. Run Trenches on contour in both directions.

7/18/00 OK All

PLANS APPROVED Amy McMillen DATE 7/13/2000

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

ADD. PERMITS
NO RETURN 4/25/01
Booth deck w/steps
800129797

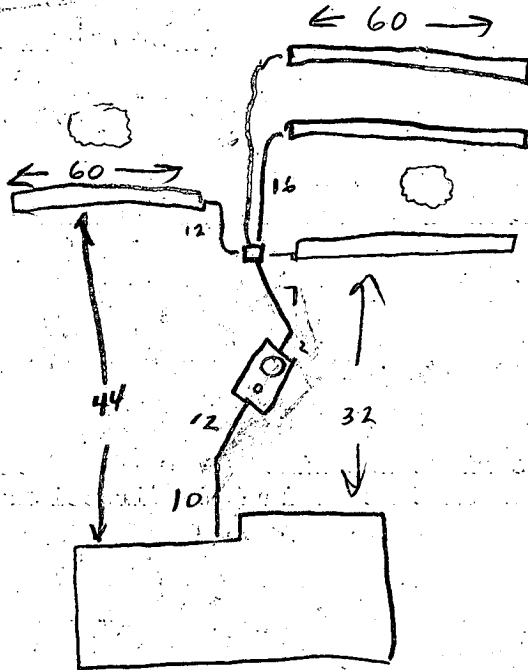
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 514272

NOT TO SCALE

(☁ = "SPECIMEN" TAGES)



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 4 1/2
 DEPTH OF STONE 1 1/2
 NUMBER OF TRENCHES 4
 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 N/A
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

DUVALL P.D.

PRE-CONSTRUCTION INSPECTION: TOP SEAM BABY CON TANK - SMOOTH, NO CRACKS OR WEPTHOLES.

OK TO INSTALL TRENCHES AS PER PLAN EXCEPT ADJUST TO WORK AROUND 2 SPECIMEN OAKS. ONE TRENCH IN EACH DIRECTION TO BE ABOVE OAKS. REMAIN TRENCHES TO BE BELOW. 10/12/00 CW

HOUSE CONNECTION - TAKE - DB - 1ST 2 TRENCHES COMPLETE 10/12/00 CW

FIN ALL TRENCHES COMPLETE - OK TO COVER ALL. 10/13/00 CW

INSPECTOR C. Wellin

DATE SYSTEM APPROVED 10/13/00

**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: CARROLL WATER SYSTEMS Telephone #: 410-876-5100
Address: 150 AIRPORT DRIVE #1
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): RONALD SMITH License# PI 074

*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: BENCHMARK HOMES Telephone #: _____
Subdivision: 1888 PROPERTY Lot #: 2 Well Tag #: HO-88-0482
Site Address: 2905 DUNN RD
WOODBINE MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>TUZZO</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7SP4L02JL</u>	Model#: <u>B10X</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>24"</u>
Depth of well encountered at time of pump installation: <u>142</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PLASTIC</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>110</u> (160 psi min)	Approximate length of sleeve: <u>2'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

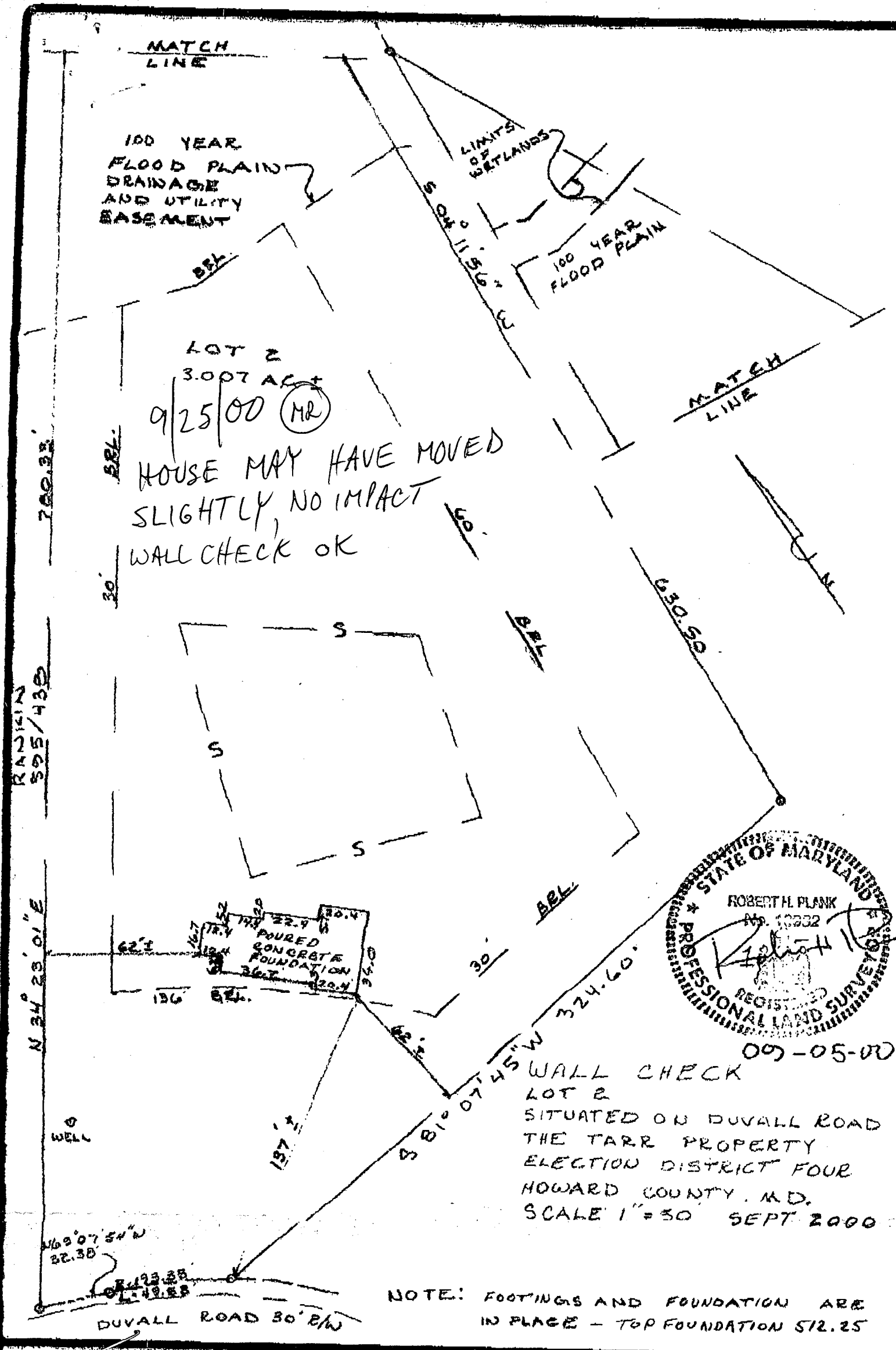
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ronald W. Smith date: 10/30/00

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

Date Insp. Requested: No insp Date Insp. Approved: Spoke to Installer regarding
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 _____

Inspection procedures - (SRW)



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296

REFERENCE	JOB NO.
PLAT # 8597	005Y5001

APPLICATION

PERCOLATION TESTING

A 42453

P _____

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

DISTRICT 4

DATE 11/15

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 Joseph & Harriet Tarr Wilder Building Corp - 461-2522

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Robert Zirkle / Mark Reich

ADDRESS 8307 Main St PHONE 461-7100

PROPERTY LOCATION:
SUBDIVISION Tarr Property LOT NO. _____

ROAD AND DESCRIPTION 2905 Duvall Rd

New York Febr 09

TAX MAP 13 PARCEL # 132

SIZE OF LOT 3.002 ± 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. Mark Reich
(SIGNATURE OF APPLICANT)

APPROVED BY Srd Abel FOR Standard trench DATE 2-8-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/25/88 Perc Satisfactory - Hold for Permi. Srd Abel

BOG. PERMIT SIGNED
AND RETURNED 9/11/89
Serial # 21386-SFD-4 Bedroom

THIS IS NOT A PERMIT

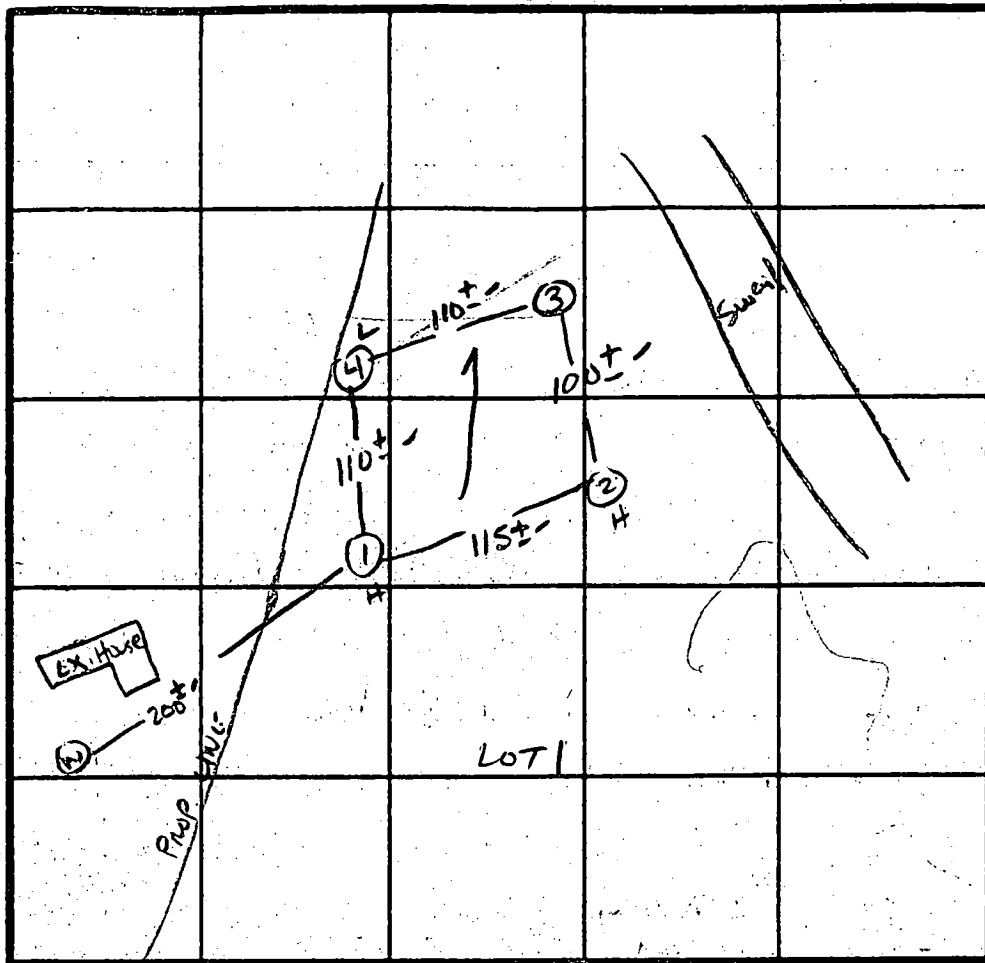
HD-216

①
SOIL PROFILE

0
3" A1-3
Red BL
Clay loam
20-25%
Schist
Frags
(Platy)

3.5
yellow RED
TO yellow
BROWN
Silty SAND
LOAM
25-35%
Platy Frags
range

12"



2 PERCS MIN
180 #1BR
INLET 3.0
BOTTOM 4.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DUAL Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/25/88	1 ✓	12"	As profiled				
	2 S	3.5	12:30	12:32	12:32	12:36	4 MIN
	2 M	7.5	12:28	12:30	12:30	12:36	6 MIN
	2 ✓	12"	Similar TO #1 Profile				
	3 S	3.5	12:23	12:24	12:24	12:27	3 MIN
	3 ✓	12"	Similar TO Profile w/ less frags				15-20%
	4 S	3.5	12:19	12:22	12:22	12:27	5 MIN
	4 ✓	12"	Similar TO #1				Frags 35-45% frags

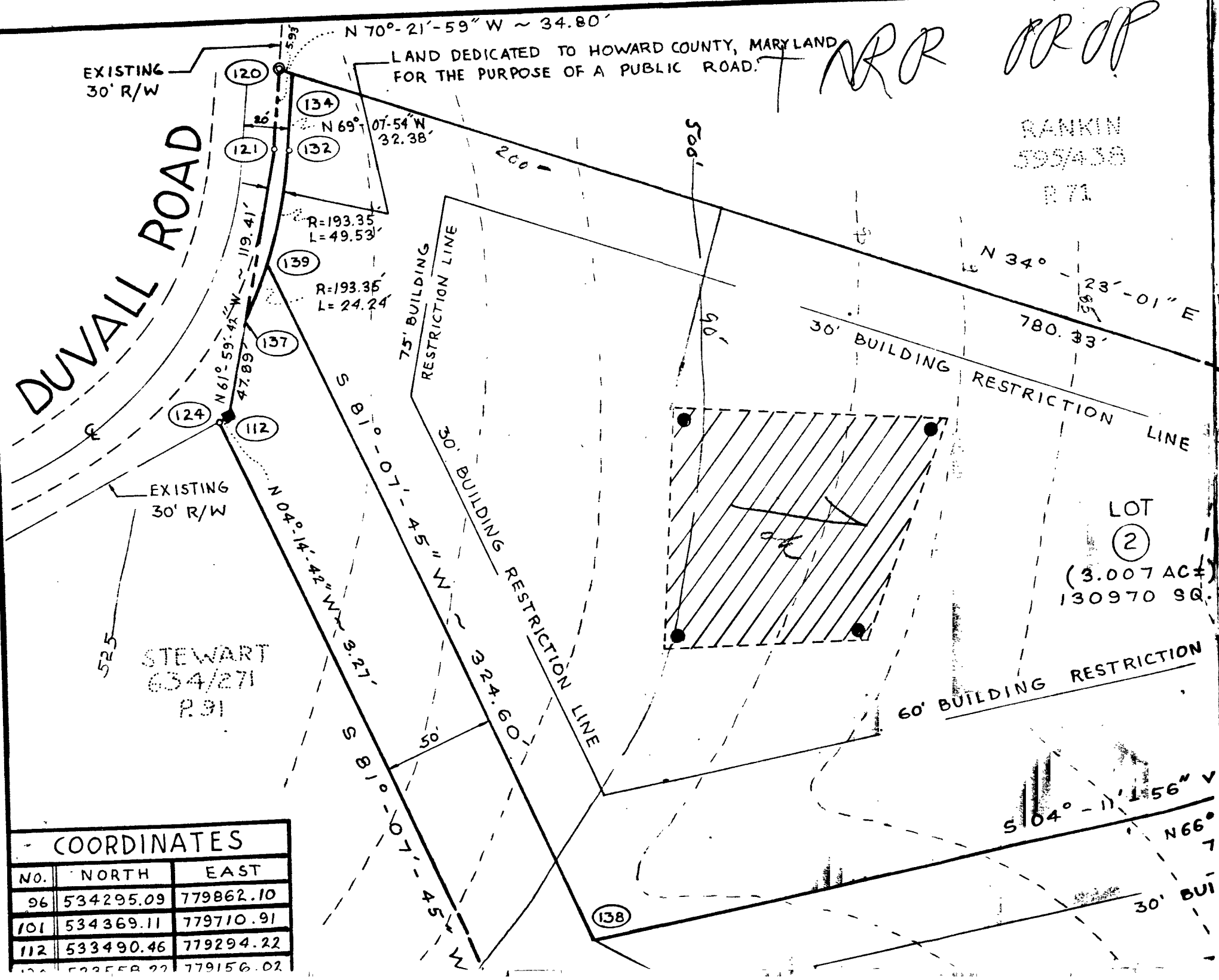
REMARKS Hole "Flipped up 1111 FROM ORIGINAL HIGH TWO. - SHALLOW SYSTEM ONLY

TYPE OF SOIL MANDR

TESTED BY S Abel

ALSO PRESENT MARK, DATE;

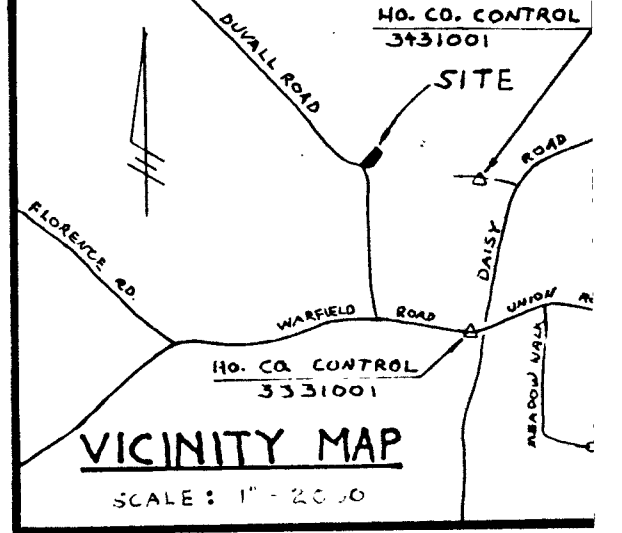
O.K



GENERAL NOTES

- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS 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 REQUIRED. THE LOTS SHOWN HERE COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH & MENTAL HYGIENE.
- FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM AND THE ROAD RIGHT-OF-WAY LINE AND NOT ONTO THE FLAG OR PIPE STEM DRIVEWAY.
- THE COORDINATES SHOWN HEREON ARE BASED ON THE FOLLOWING HOWARD COUNTY GEODETIC STATIONS:

NO. 3431001 = N 533367.787
E 780347.446
NO. 3331001 = N 531787.327
E 780346.629



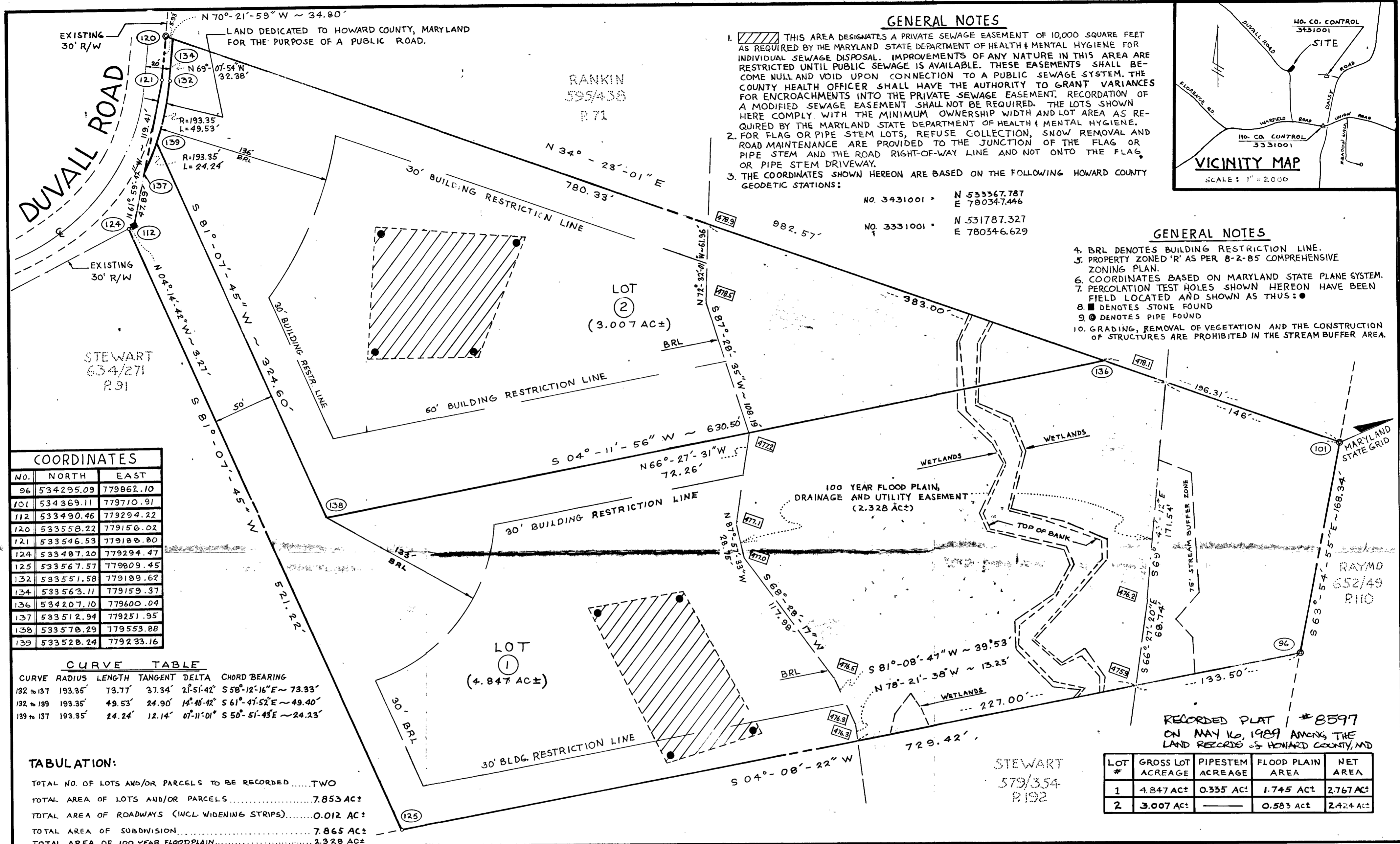
GENERAL NOTES

- BRL DENOTES BUILDING RESTRICTION LINE.
- PROPERTY ZONED 'R' AS PER 8-2-85 COMPREHENSIVE ZONING PLAN.
- COORDINATES BASED ON MARYLAND STATE PLANE SYSTEM.
- PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS THUS: ●
- DENOTES STONE FOUND
- ⊙ DENOTES PIPE FOUND
- TOTAL AREA OF LOT #1 WITHOUT PANHANDLE = 4.512 AC

COORDINATES

NO.	NORTH	EAST
96	534295.09	779862.10
101	534369.11	779710.91
112	533490.46	779294.22
124	532558.22	779156.02

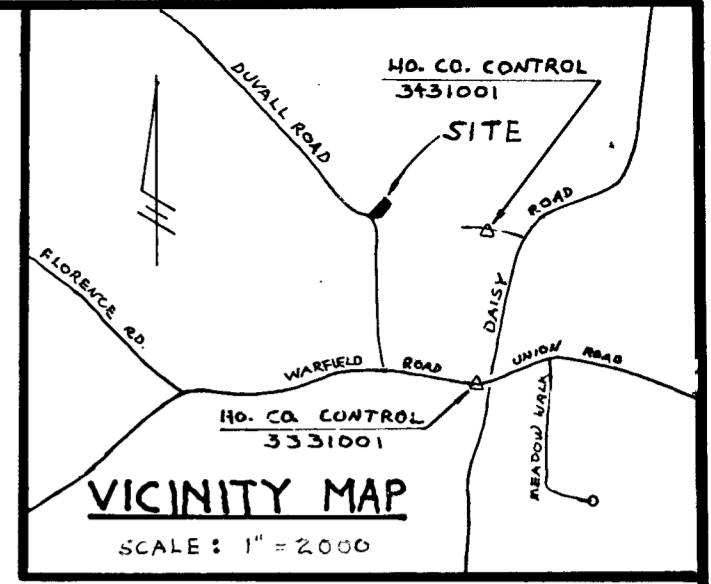
100 YEAR FLOOD PLAIN,
DRAINAGE AND UTILITY EASEMENT



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- PROPERTY ZONED 'R' AS PER 8-2-85 COMPREHENSIVE ZONING PLAN.
- COORDINATES BASED ON MARYLAND STATE PLANE SYSTEM.
- PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS THUS: ●
- DENOTES STONE FOUND
- DENOTES PIPE FOUND
- GRADING, REMOVAL OF VEGETATION AND THE CONSTRUCTION OF STRUCTURES ARE PROHIBITED IN THE STREAM BUFFER AREA.

COORDINATES

NO.	NORTH	EAST
96	534295.09	779862.10
101	534369.11	779710.91
112	533490.46	779294.22
120	533558.22	779156.02
121	533546.53	779186.80
124	533487.20	779294.47
125	533567.57	779809.45
132	533551.58	779189.62
134	533563.11	779159.37
136	534207.10	779600.04
137	533512.94	779251.95
138	533570.29	779553.88
139	533528.24	779233.16

CURVE TABLE

CURVE	RADIUS	LENGTH	TANGENT	DELTA	CHORD	BEARING
132 to 137	193.35'	73.77'	37.34'	21°-51'-42"	558°-12'-16" E	~ 73.33'
132 to 139	193.35'	49.53'	24.90'	14°-40'-42"	561°-47'-52" E	~ 49.40'
139 to 137	193.35'	24.24'	12.14'	07°-11'-01"	550°-51'-43" E	~ 24.23'

TABULATION:

TOTAL NO. OF LOTS AND/OR PARCELS TO BE RECORDED	TWO
TOTAL AREA OF LOTS AND/OR PARCELS	7.853 AC±
TOTAL AREA OF ROADWAYS (INCL. WIDENING STRIPS)	0.012 AC±
TOTAL AREA OF SUBDIVISION	7.865 AC±
TOTAL AREA OF 100 YEAR FLOODPLAIN	2.328 AC±

LOT #	GROSS LOT ACREAGE	PIPESTEM ACREAGE	FLOOD PLAIN AREA	NET AREA
1	4.847 AC±	0.335 AC±	1.745 AC±	2.767 AC±
2	3.007 AC±	—	0.583 AC±	2.424 AC±

APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS, IN CONFORMANCE WITH THE MASTER PLAN OF WATER & SEWERAGE FOR HOWARD COUNTY, HOWARD COUNTY DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

County Health Officer: *[Signature]* DATE: 1-24-89

APPROVED: HOWARD COUNTY OFFICE OF PLANNING & ZONING.

Director: *[Signature]* DATE: 5.11.89

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS, HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

Director: *[Signature]* DATE: 5/6/89

OWNER'S DEDICATION

I (We), MARK L. ROBEL, MARK REICH AND MICHAEL LAURENO OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING & ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MD, ITS SUCCESSORS AND ASSIGNS (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES & OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT OF WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACES WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE, FACILITIES AND OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS OF WAY.

OWNERS: Mark L. Robel, Michael Laureno DATE: 4/12/89

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF ALL THE LANDS CONVEYED BY JOSEPH E. TARR AND HARRIET V. TARR, HIS WIFE OF THE STATE OF MD. TO MARK L. ROBEL, MARK REICH & MICHAEL LAURENO, DEED DATED MARCH 31, 1989 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1980 FOLIO 257 AND THAT ALL MONUMENTS ARE IN PLACE, OR WILL BE IN PLACE, PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

Surveyor: Mark L. Robel DATE: JANUARY 9, 1989

SIGNED *[Signature]* FILE COPY

"TARR PROPERTY"

LOTS #1 & #2

TAX MAP #13 - ZONING "R" - PARCEL #132

4TH ELECTION DISTRICT - HOWARD COUNTY, MD.

SCALE: 1" = 50' DATE: JANUARY 9, 1989

VITTI, ROBEL & ASSOCIATES, INC.

ENGINEERING & SURVEYING

1717 YORK RD - SUITE 2B - LUTHERVILLE, MD 21093

252-4552

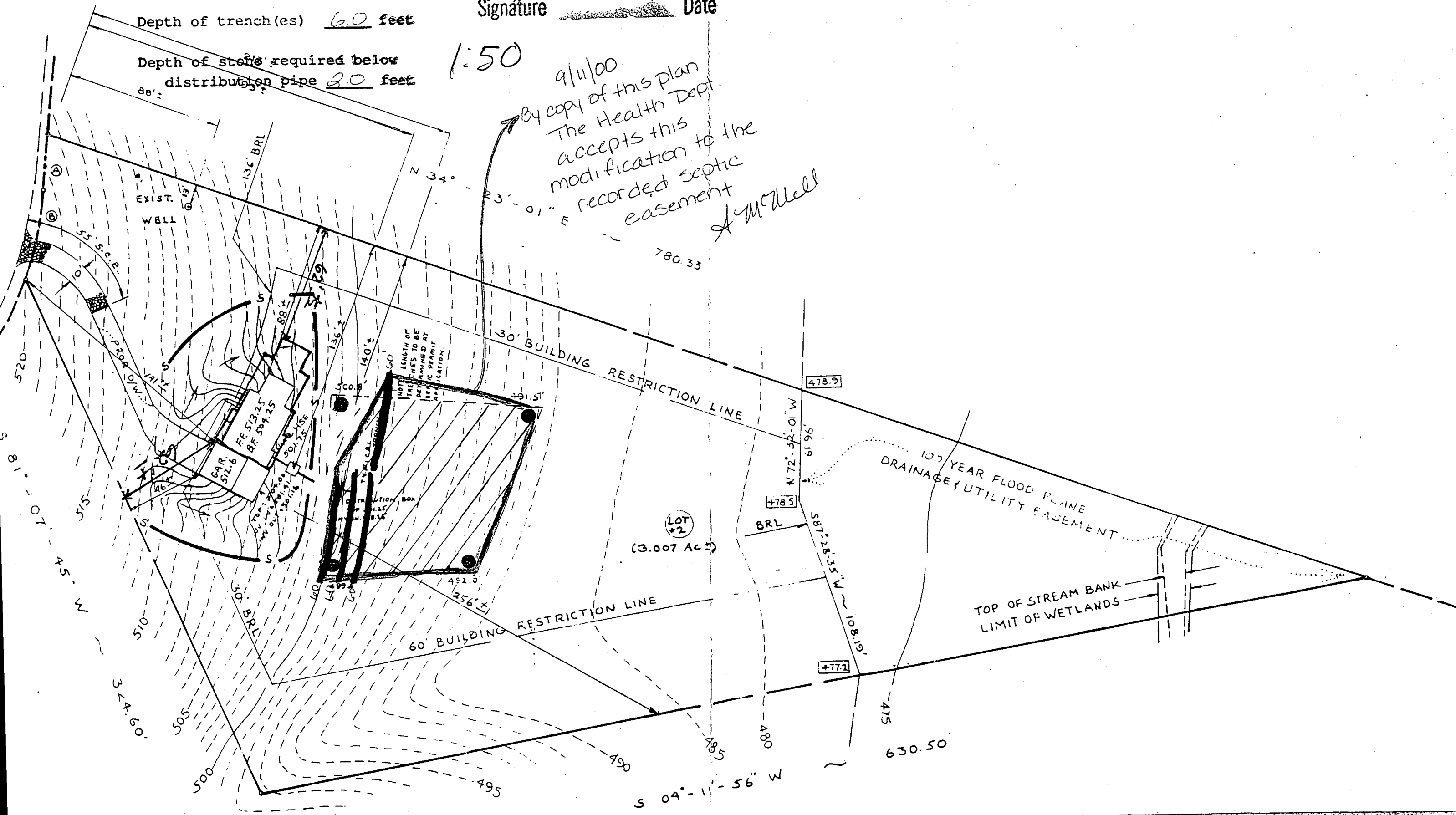
Approved Septic System Plan
 Howard County Health Department
REVISED

MD. STATE GRID ST

Total linear feet of trench required 210 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 6.0 feet
 Depth of stone required below distribution pipe 2.0 feet

Jeff McMill
 Signature Date

1:50
 9/11/00
 By copy of this plan
 The Health Dept.
 accepts this
 modification to the
 recorded septic
 easement
J McMill



C1 2360 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 QN ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-42453**

DATE Received
 DATE WELL COMPLETED **033189** Depth of Well **145** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **AO-88-0982**

OWNER **Reich MARK**
 STREET OR RFD **DUNN Rd.** last name first name TOWN **DAISY**
 SUBDIVISION **THRU Property** SECTION LOT **X NEW**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	35	
Brown Slate	35	44	✓
Blue Slate	44	60	
Green Slate	60	65	✓
White Slate	65	145	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **48** NO. OF POUNDS **216**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **PL** Nominal diameter **6** Total depth of main casing **45**
 (nearest inch) (nearest foot)

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

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

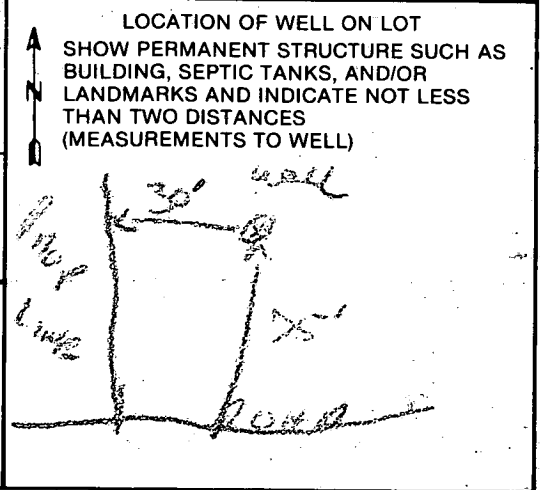
C2
 DEPTH (nearest ft.)
 EACH SCREEN **170** **45** **145**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN **6** (NEAREST INCH)
 from to

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

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **43**
 WHEN PUMPING **40**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

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



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 10.17.13 "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. **573**
Reich Mark
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 7940 SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

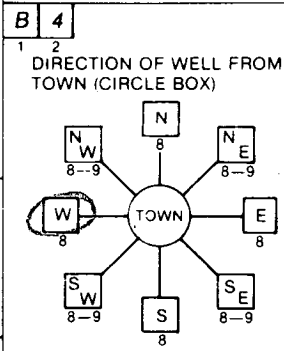
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 HO-88-0482
 fill in this form completely

Date Received (APA) 03/3/89
 OWNER INFORMATION
 REICH MARK
 8307 MAIN STREET
 ELLICOTT CITY MD 21043

LOCATION OF WELL
 HOWARD COUNTY
 THE TARR PROPERTY
 SECTION 44 LOT 48 NEW 2
 DAISSY
 MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION
 Ralph MAYNE
 Driller's Name
 Ralph MAYNE well Drilling
 Firm Name
 9120 Brown Church Rd. Mt Airy
 Address
 Ralph Mayne
 Signature
 3/6/89
 Date



Duvall Rd.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 DISTANCE FROM ROAD 75 FT
 ENTER FT or MI FT

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD COUNTY NAME
 A-42453 COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED 03/15/89
 CO SIGNATURE July 1989
 EXP. DATE 09/14/89
 NORTH GRID 533000
 EAST GRID 0779000

APPROXIMATE DEPTH OF WELL 150 FEET

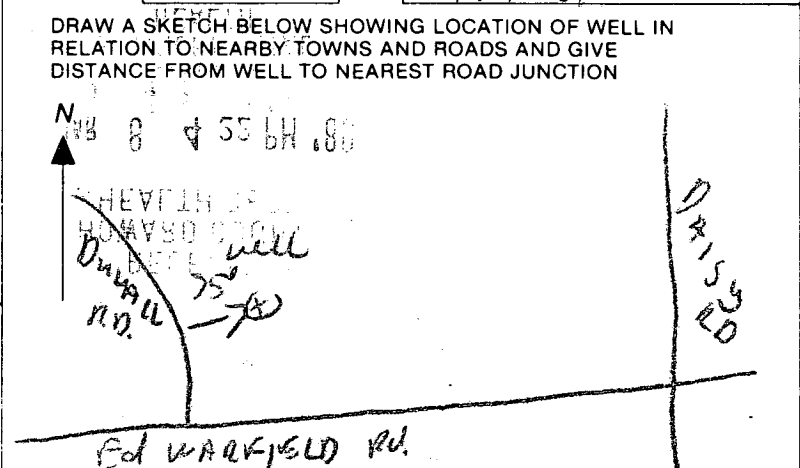
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) AIR-ROTARY
 JETTED AIR-PERCussion
 Jetted & DRIVEN ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY
 Drive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

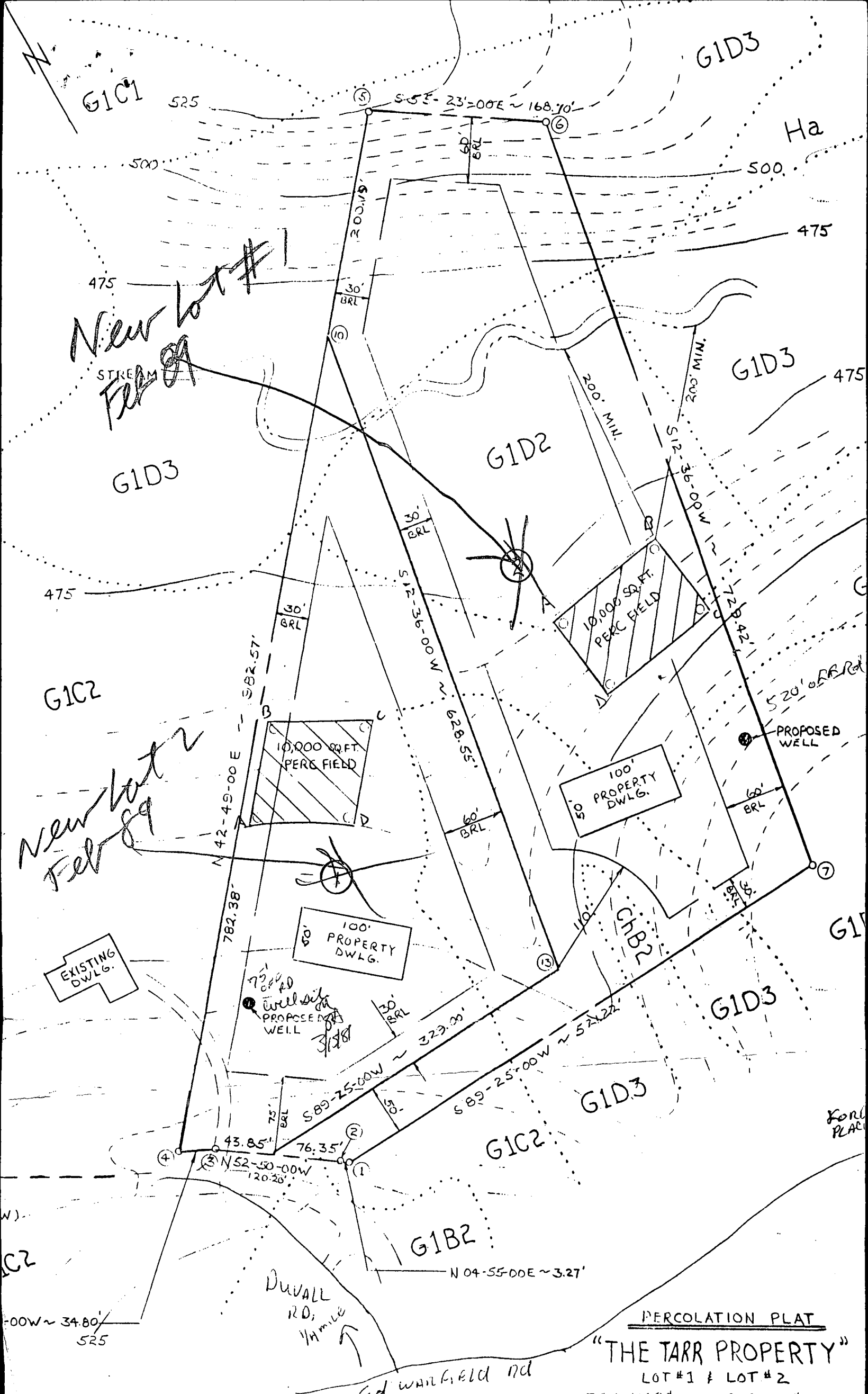
 MR 4/5/89
 000 VTAG/OK

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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE SA WRITE INITIALS IN BOX PERMIT No. HO-88-0482

SPECIAL CONDITIONS 461-7100



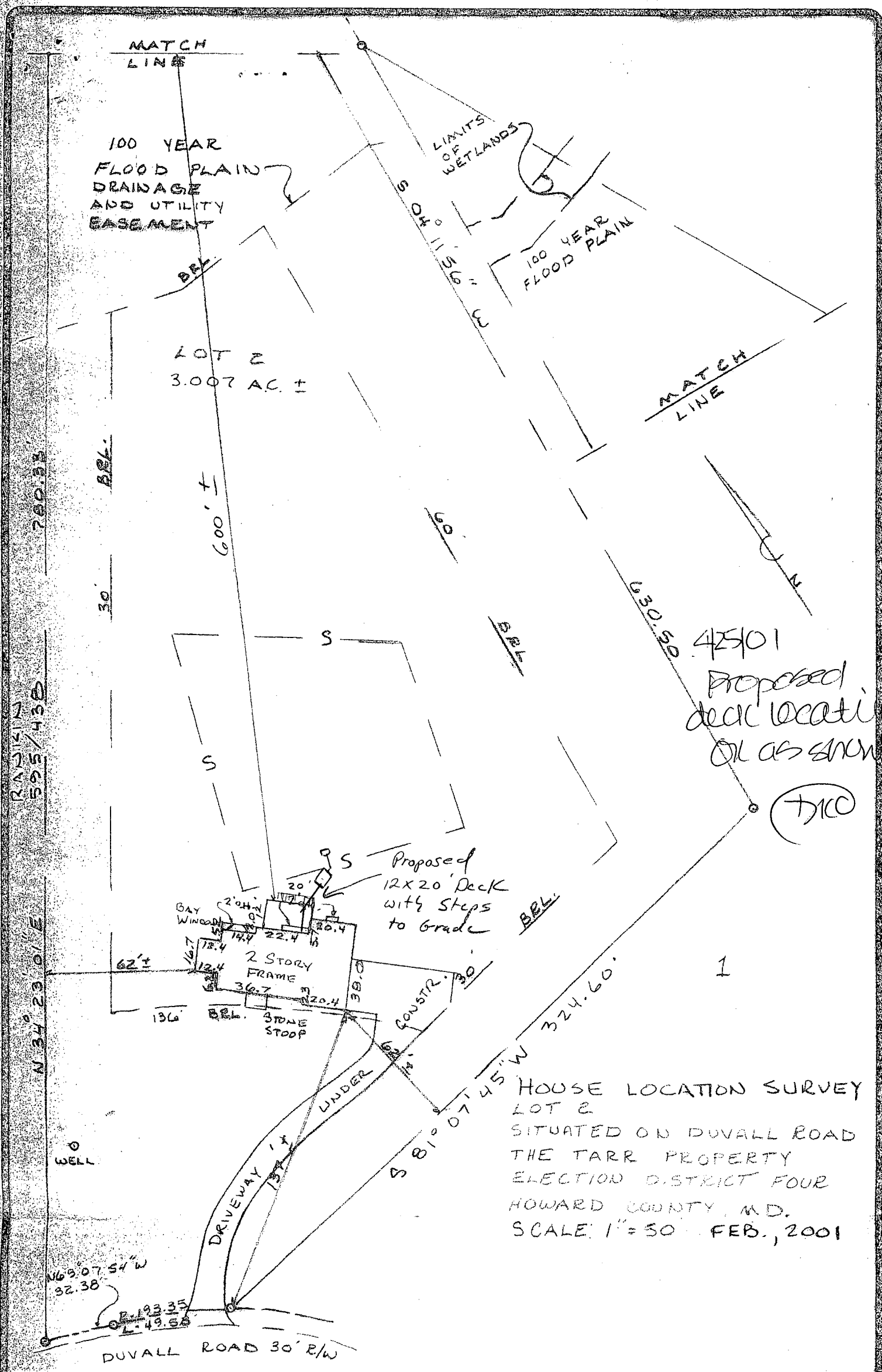
PERCOLATION PLAT

"THE TARR PROPERTY"
LOT #1 & LOT #2

TAX MAP #13 ~ PARCEL #132
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

AREA = 7.880 Acre

~ 3.002 Acre



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296

REFERENCE

JOB NO.

PLAT # 8597

005Y5001

Building Address 2905 Duvall Rd
Woodlawn, Md 21297

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 0040 Subdivision Woodlawn

Section _____ Area _____ Lot 2

Tax Map 13 Parcel 13A Grid 15

Zoning RCD Map Coordinates SF 3 Lot size 3 AC

Owner's Name Paul & Lucy Palumbo

Address 2905 Duvall Rd

City Woodlawn State Md Zip Code _____

Home Phone 410-489-0703 Work Phone 410-744-888

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use _____

Estimated Construction Cost \$ 30000

Description of Work Build 11x20' deck with steps to grade

Contractor Company Handyman Home Services Inc

Contact Person Chris Whitehead

Address 2450 Savage Court Rd

City Savage State Md Zip Code 20763

License No. _____

Phone 301-776-9691 Fax 410-792-0900

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other: _____ 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Chris Whitehead

Title/Company _____ Date _____

VALIDATION

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: _____ Rear: _____ Side: _____ Side St.: _____	<u>40923</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing Fee \$ _____
Building Official	<u>11/25/01</u>	<u>[Signature]</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit Fee \$ <u>300</u> (.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>)
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise Tax \$ _____ (.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>)
Health	<u>4/25/01</u>	<u>[Signature]</u>	Lot Coverage for New Town Zone _____	TOTAL FEES <u>300</u>
Fire Protection			SDP/Red-line approval date _____	Check # <u>5823</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Validation # _____
CONTINGENCY CONSTRUCTION-START: <input type="checkbox"/>				Accepted by: _____
ONE STOP SHOP: <input type="checkbox"/>				