

11/22/00
12/1/00
Any time
RPS# 360044

PERMIT

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

P 514286-A

A 50264-B

ISSUE DATE 10/6/2000

APPROVAL DATE 12/1/00

INDEXED

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Village of Three Keys LOT NUMBER 2 ADDRESS 15174 Bushy Park Road

PROPERTY OWNER Williamsburg Group LLC PROPERTY OWNER'S ADDRESS P.O. Box 1018

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 240

LINEAR FEET OF TRENCH REQUIRED 320

**BUILDING PERMIT SIGNED
AND RETURNED**

52103 800142018-2

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

6.5 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: ~~Place the distribution box 155 feet down the right lot line and 65 feet off this same lot line as seen when facing the lot from Bushy Park Road. Run trenches on contour toward the front property line.~~

NOTE: Maintain at least 100 feet from any part of septic system to any water well. 8/29/00

Starting from the intersection of the 327.98' and 555.40' lot lines place the Distribution box 105' down the 327.98' lot line and 80' off of this same lot line. Run trenches on contour towards the 555.40' lot line or in both directions. Keep trenches 7' edge to edge to conserve future repair area - OK SRK 9/27/00

PLANS APPROVED Amy McMillen DATE 8/29/00

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

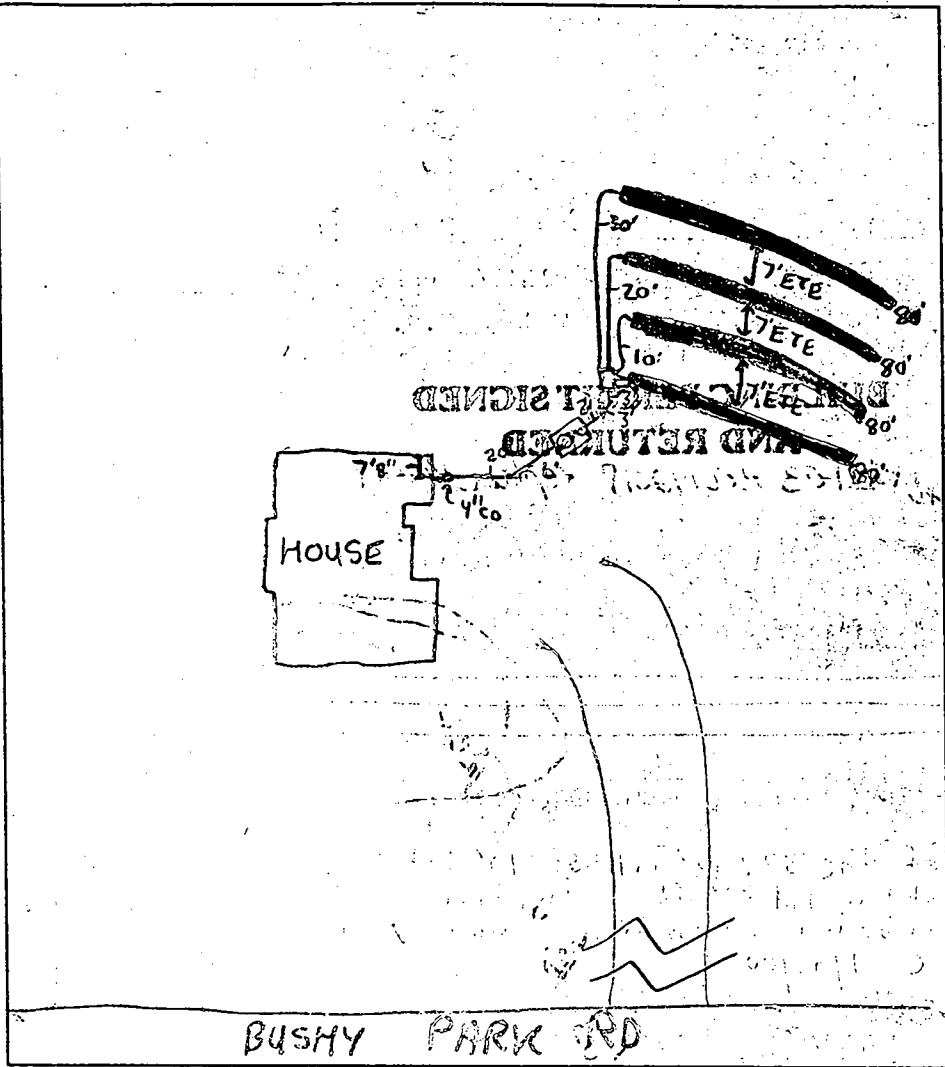
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P514286

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 5'
 TRENCH BOTTOM DEPTH 6.5'
 DEPTH OF STONE 1.5'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 320'
 ABSORBENT AREA 960 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 GALLONS
 BAFFLES ON
 MANHOLE RISER
 6 INCH INSPECTION PORT on Rear of tank

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: 11/30/00 - OK TO CONTINUE WORK, TREES IN SEPTIC AREA MAY PREVENT INSTALLATION AS SPECIFIED, INSTRUCTED CONTRACTOR TO DO THE BEST HE CAN - (SRW)
 INSPECTION COMMENTS: 11/30/00 - OK TO COVER FROM HOUSE TO TANK AND CONTINUE WORK - (SRW)
12/1/00 - OK TO COVER ALL WORK - (SRW)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 12/1/00

FROM : HbCo EnvHealth

FRX NO. : 4103132648

Oct. 04 2000 01:25PM P1

12/19/00
WPT - CM

12/15/00
Anytime

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: Charles A. Klein & Son, Inc. Telephone #: (410) 549-6960
Address: 5220 Klans Mill Rd
Lysbournville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHARLES A. KLEIN, JR. License #: 6521

*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: Williams Burg Group Telephone #: (410) 997-3800
Subdivision: Williams Burg Group Lot #: 2 Well Tag #: HO-99-0638
Site Address: 1574 CUSHY PARK DR
WOODBINE, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: HARVARD Two piece watertight cap:
Model #: SS45013P-52 Model #: PF-800 Screened, vented well cap:
Pump Capacity: 15 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 42 (feet) Conduit secured to well cap:
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 House Connection
Type: POLYETH LEVE PVC sleeved to undisturbed soil at well penetration: Yes
PSI: 1" (160 psi min) Approximate length of sleeve:
Depth of supply line: 42" (36" min) 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.

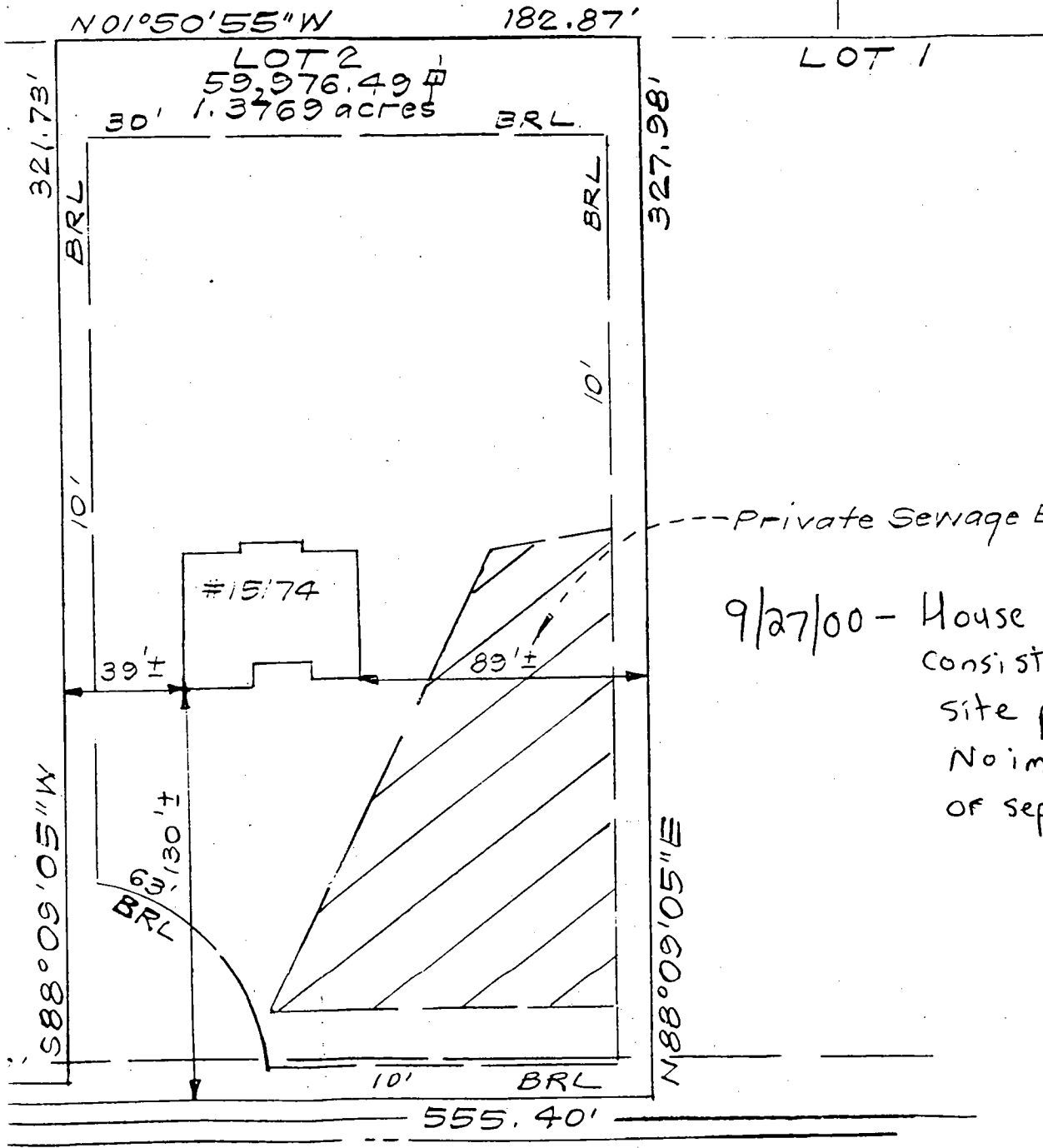
Signature of company representative responsible for installation: Charles A. Klein Jr. date: 10/18/00

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

Date Insp. Requested: 10/15/00 Date Insp. Approved: 12/15/00
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

Wall Check: 9-11-00
Top of Wall Elev.: 60

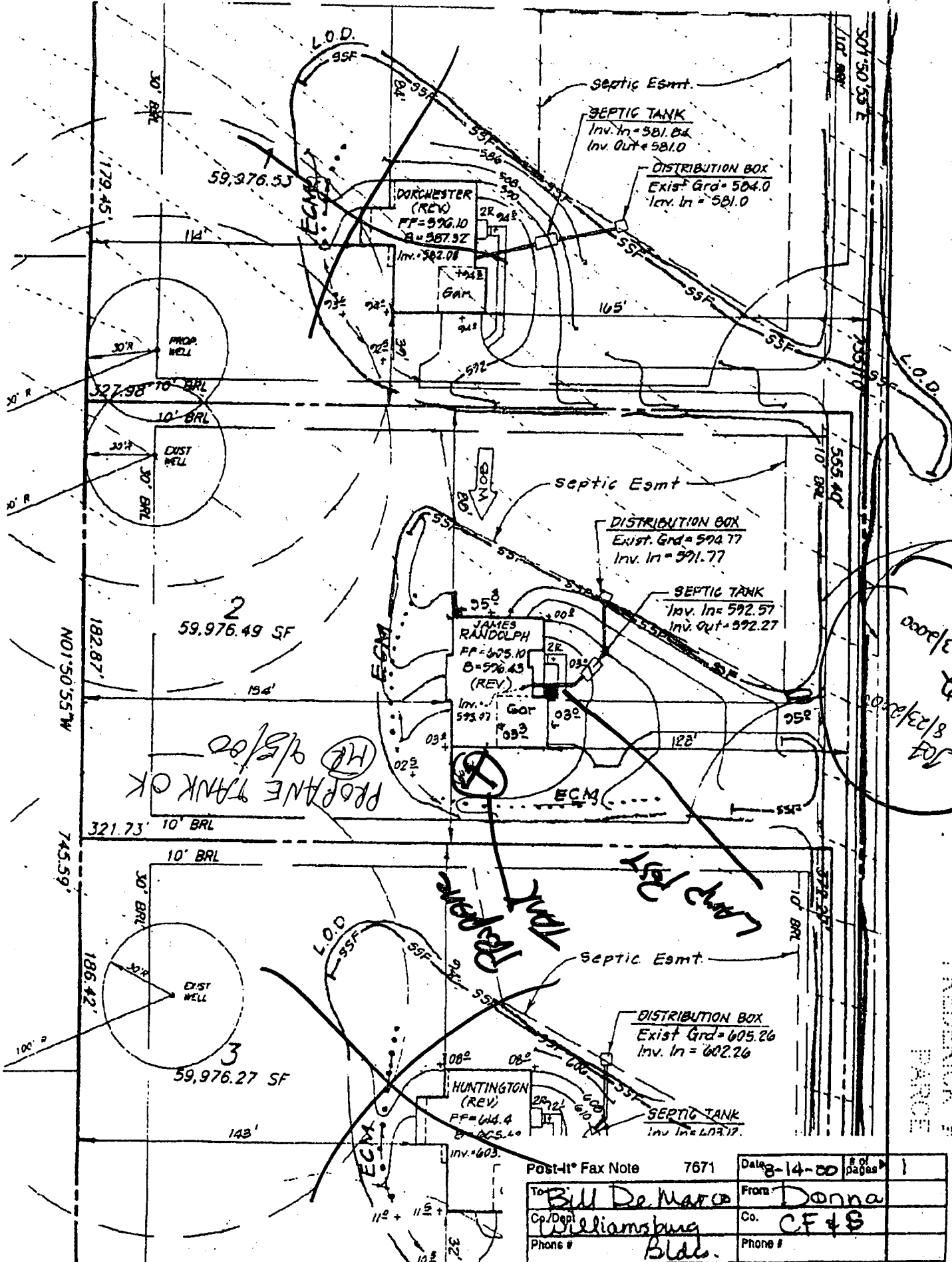
N/F
EDGAR L. MOSS, ET. UX.
L. 205 F. 67



--- Private Sewage Easement

9/27/00 - House location consistent w/ BP site plan. No impact to well or septic OKSRU

--- Shared & Private 25' Wide Ingress And Egress Easement With Driveway For Lots 1 Thru 4 And Preservation Parcel 'A'. The Driveway Maintenance Agreement is Recorded Among The Land Records Of Howard County, Maryland L. 5144 F. 0680 & 0688



PROPRANE TANK OK
 (HE) 9/5/00

Lamp chart
 TANK

104
 8/22/00
 82
 6/23/00

RESERVED
 PARCEL

Post-It* Fax Note	7671	Date	8-14-00	# of pages	1
To	Bill De Marco	From	Donna		
Co./Dept	Williamsburg	Co.	CF & S		
Phone #	Bldg.	Phone #			

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 2430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2488 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3900

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B300126150

Building Address 15174 BUSHY PARK RD
WADSBINE, MD 21777
 Suits/Apt. #: N/A SDP/WP/Petition #: SP 01-10
 Census Tract: 6040 Subdivision: VILLAGE OF THREE KEYS
 Section N/A Area N/A Lot —
 Tax Map 2111 Parcel — Grid 20
 Zoning RC Map Coordinates — Lot size 59,976 #

Property Owner's Name WILLIAMSBURG GROUP LLC
 Address PO BOX 1016
 City COLUMBIA State MD Zip Code 21044
 Home Phone — Work Phone 410-277-2720
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone — Fax —

Existing Use SFD
 Proposed Use SFD w/ PROPANE HEAT
 Estimated Construction Cost \$ 3000
 Description of Work BURY 500 GALLON PROPANE TANK

Contractor Company UNITED PROPANE
 Contact Person STEVE HOLTZ
 Address 205 NAJLES RD
 City MILLERSVILLE State MD Zip Code 21107
 License No. —
 Phone 410/152-1013 Fax 410/177-5906

Occupant or Tenant SAME AS 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 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 <u>4</u>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company AGENT

Print Name SUZANNE P. DAVIS
 Date 1/25/00

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 _____
 Health 1/25/00 Mark R. Ellis
 Fire Protection _____

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID: 71255
 Filing fee \$ _____
 Permit fee \$ _____
 Review fee \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ _____
 Balance due \$ _____
 Check # _____
 Validation # _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

9/26/94
10/20

APPLICATION

PERCOLATION TESTING

A 50269B
P _____

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

DISTRICT _____
DATE 1 Sept. 1994

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 Fred Raulin

ADDRESS 15101 Frederick Road, Woodbine, Md. 21797 PHONE 410-489-4243

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION of Three Keys Farm LOT NO. 2

ROAD AND DESCRIPTION R/W north of 15100 Bushey Park Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT Approx. 256 x 234 or 60,000 sq. ft. 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.

(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

50264.B
COUNTY #

LOT 1

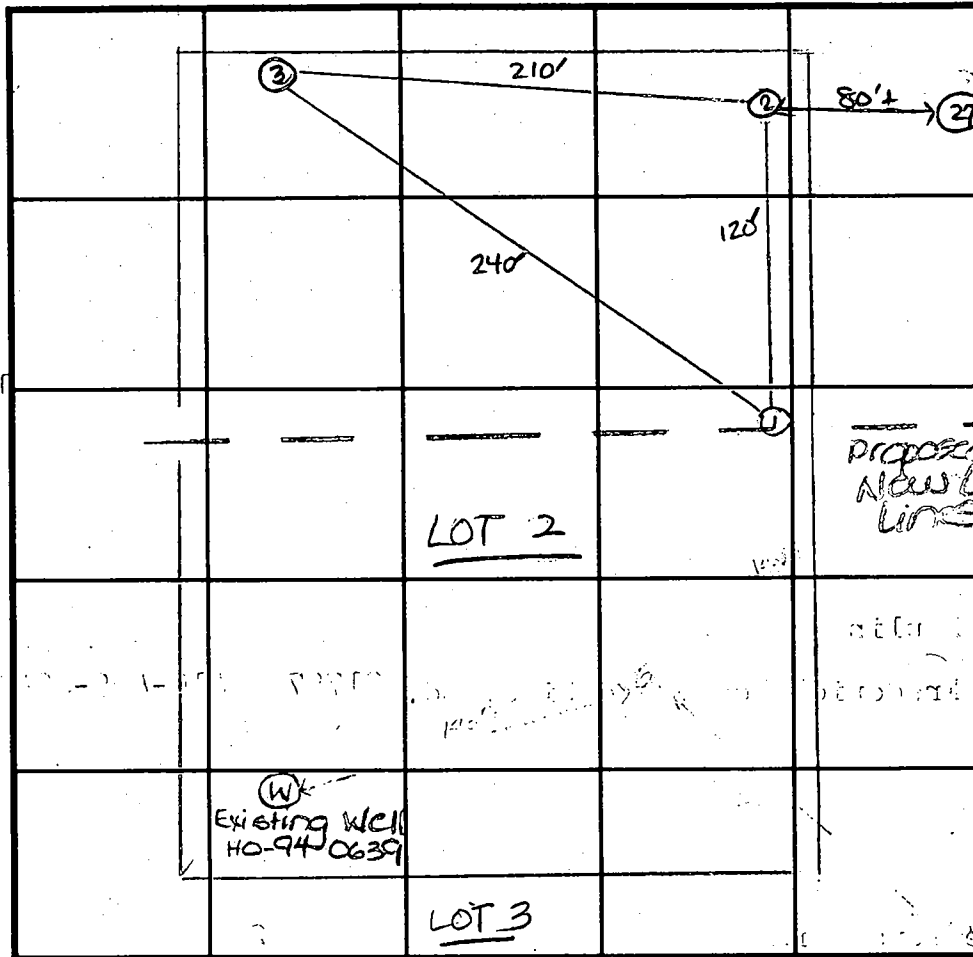
*measurements per drawing - heavy woods

SOIL PROFILE

①
0' topsoil
1' red or br cl lm
4'-5' 14 red br silty clay lm
10% rock frags

②
0' topsoil
1' or red br cl lm
4'-5' or br to br silty cl lm
heavy rock thru-out
15% rock frags

③
0' topsoil
1' or br d lm
4'-5' lt or br to tan silty lm
5-10% rock frags



SOIL PROFILE

④
0' topsoil
1' red or br cl lm
4' lt or br sa lm w/frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-26-94	r1	4.5'S	10:40	11:12	too slow		FAIL OK AT 5'
		11.0'D	See profile				SEE BELOW
	r2	4.5'S	10:45	too slow			FAIL OK AT 5'
		11.0'D	See profile				SEE BELOW
	3	5.5'S	2:57:30	3:01	3:01	3:06:30	6
		11.0'D	See profile				
	→ 1	5.0'S	12:12	12:25	12:25	12:47	22
		11.0'D	See profile				
	→ 2	5.0'S	12:45	12:48	12:48	12:59	11
2-27-96	27	12.0'D					

REMARKS shallow system only

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 13 min TRENCH WIDTH 3'

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

N01° 50' 55" W

1603.50'

256.50'

N85° 40' 07" E

PROF. WATER WELL
7/31/95 Well site OK as staked
DKS

LOT 2
59,964.668 sq. ft.
1.377 acres

PERC TEST 'G'
EL. 594.6

N85° 40' 07" E

PROP HOUSE SITE

PROP HOUSE SITE

234.00'

234.00'

PERC TEST 'B'
EL. 608.5

PERC TEST 'D'
EL. 604.4

PERC TEST 'E'
EL. 597.2

PERC TEST 'F'
EL. 591.1

256.50'

24' WIDE INGRESS AND EGRESS EASEMENT

S01° 50' 55" E

769.50'

PARCEL
252,444.18 sq. ft.
5.795 acres

605

600

595

590

585

580

S01° 50' 55" E

1090.97'

FREDERICK A. RAULIN, ET. AL.
PARCEL 2

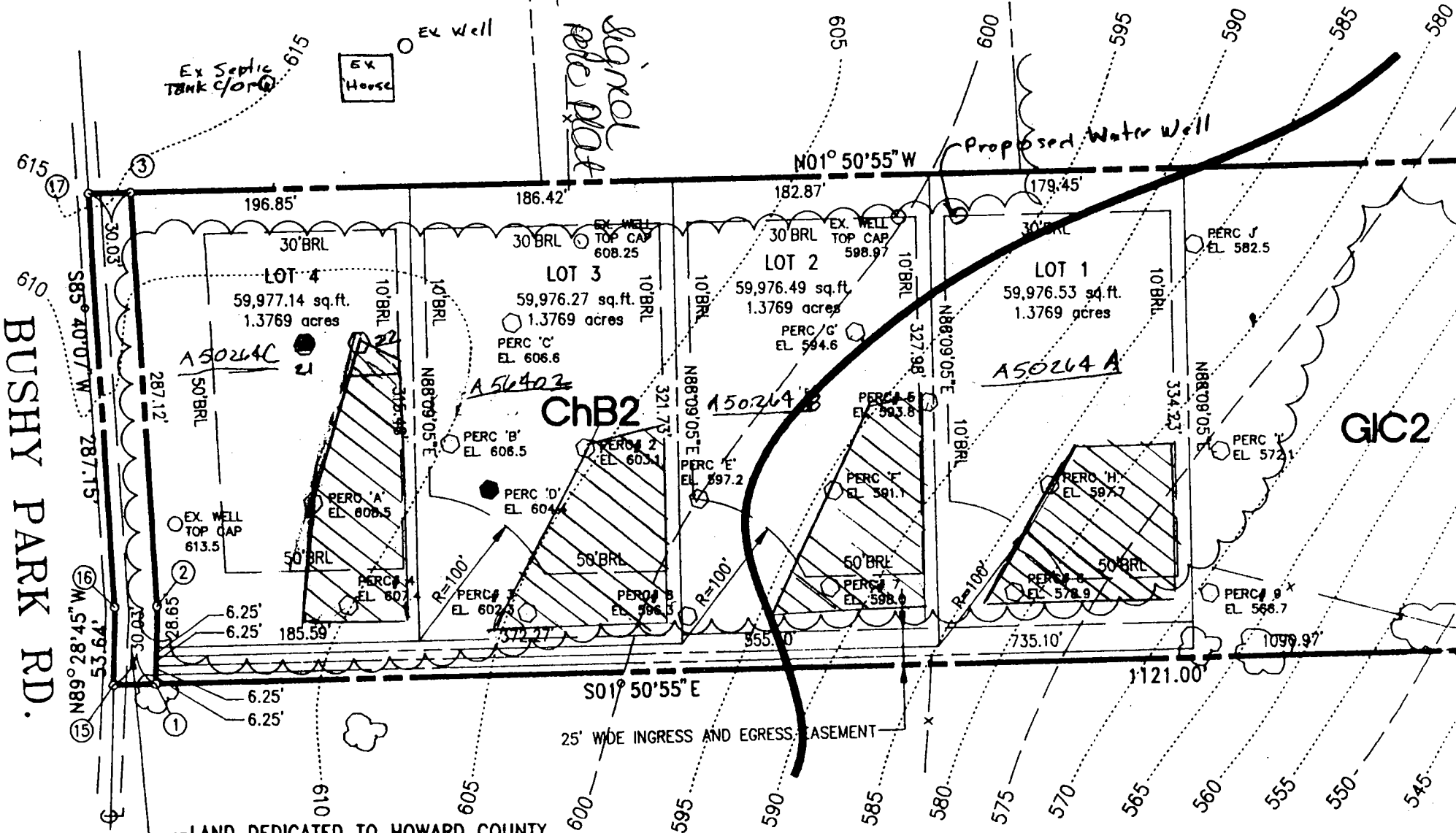
THERE ARE NO WELLS OR SEPTIC SYSTEM WITHIN
100' OF THE PROPERTY SHOWN HEREON



N/P
JOSEPH SMITH, ET. UX.
L.471 F.431

N/P
EDGAR L. AMOSS, ET. UX.
L.205 F.67

*copy of signed
record plat*

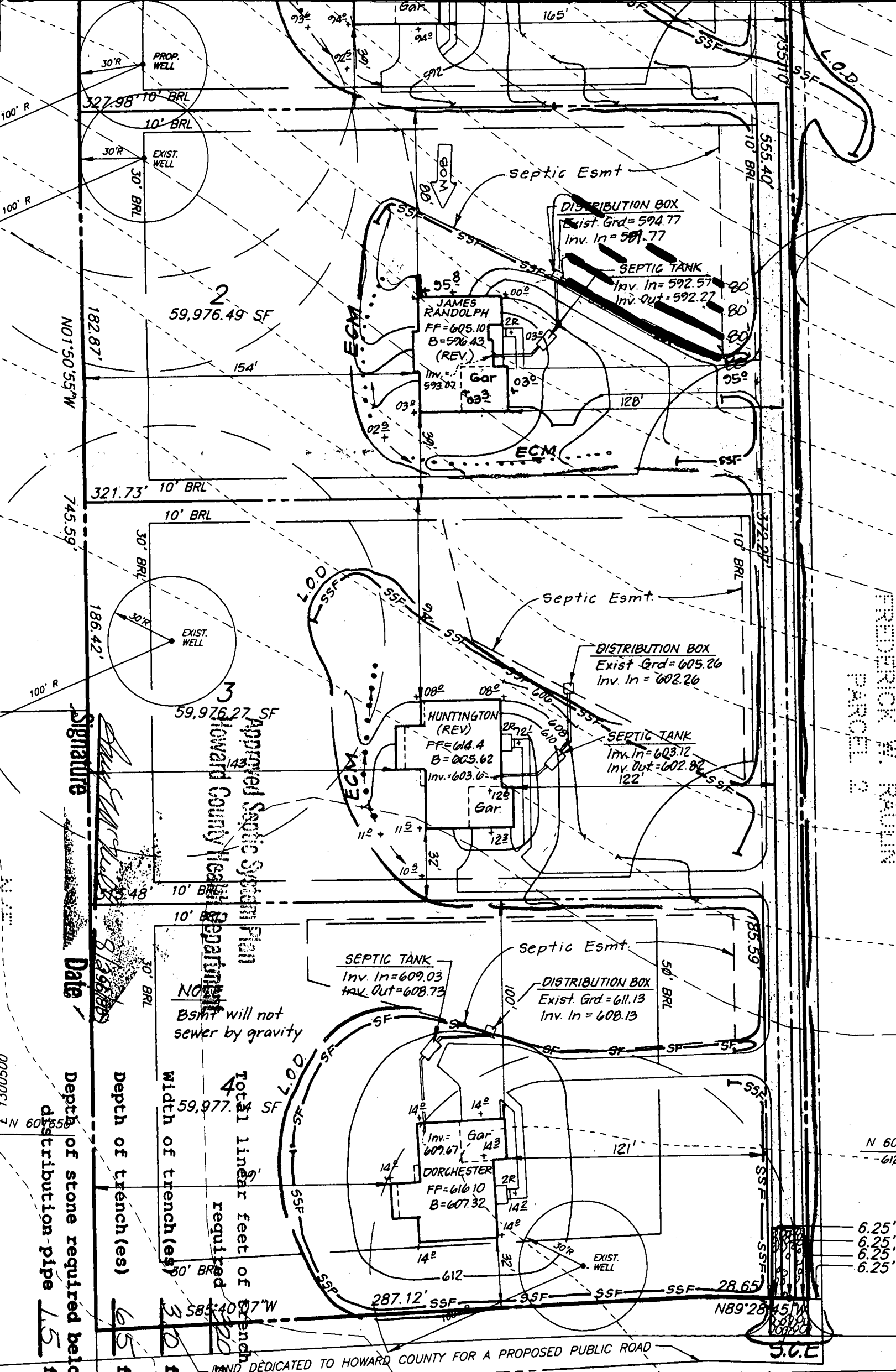


BUSHY PARK RD.

LAND DEDICATED TO HOWARD COUNTY
FOR A PURPOSED OF PUBLIC ROAD
(10,223.86 sq.ft. OR 0.2347 acres)

FREDERICK A. RAULIN, ET. AL.
PARCEL 2

FREDERICK W. PAULIN
PARCEL 2



Signature: *[Handwritten Signature]*
Date: *[Handwritten Date]*

Approved Septic System Plan
Howard County Health Department

NO Bsm't will not sewer by gravity

Property	Total linear feet of trench required	Width of trench(es)	Depth of trench(es)	Depth of stone required below distribution pipe
1	220	30	65	15
2	220	30	65	15
3	220	30	65	15

BUSHY PARK ROAD

AND DEDICATED TO HOWARD COUNTY FOR A PROPOSED PUBLIC ROAD

6.25'
6.25'
6.25'

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0026056

Building Address 15174 BUSHY PARK RD.
WOODBINE, MD 21797
Suite/Apt. #: N/A SDP/WP/Petition #: GP
Census Tract 6040 Subdivision VILLAGE OF THREE KEYS
Section N/A Area N/A Lot 2
Tax Map 8 Parcel 59 Grid 21
Zoning RC Map Coordinates 3J13 Lot size 59,976

Property Owner's Name WILLIAMSBURG GROUP LLC
Address PO Box 1018
City COLUMBIA State MD Zip Code 21044
Home Phone _____ Work Phone 410/997-8800
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 100,000
Description of Work MODEL: JAMES RANDOLPH
2 STORY, FULL BSMT., 1OR, 2FB, 1HB, FP
GARAGE (4BR)

Contractor Company SAME AS OWNER
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company D.W. TAYLOR
Contact Person DON TAYLOR
Address 5024 DORSEY HALL DR., #203
City ELLCOTT CITY State MD Zip Code 21042
Phone 410/964-1181 Fax 410/997-2924

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: <u>40'</u> <u>55'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>35'</u> <u>55'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>42'</u> <u>55'</u>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of _____: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roofs: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Suzanne P. Davis
Applicant's Signature AGENT
Title/Company _____

SUZANNE P. DAVIS
Print Name 8/29/00
Date 18

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>8/29/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

PROPERTY ID#	PROPERTY VALUE
<u>47655</u>	
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>626</u>
Excise tax	\$ <u>410</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>4754</u>
Balance due	\$ _____
Check	# <u>2649</u>
Validation	# <u>33915</u>
Accepted by	<u>[Signature]</u>

C1 2796

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 50264A

ST/CO-USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

080995

440 (TO NEAREST FOOT)

H0-94-0638

OWNER Rawlin Frederick, STREET OR RFD Bushy Park Rd, TOWN Woodbine, SUBDIVISION Three Keys Farm, SECTION, LOT 12

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24

DRILLERS SIGNATURE Joseph R Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 53 NO. OF BOUNDS 4982 GALLONS OF WATER 318 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 100 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 114

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

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

DEPTH (nearest ft.) H0 112 440

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 6.2 ft. WHEN PUMPING 4.1 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See attached location

7/28/95
Well Site OK as staked
1603.50' (DKS)

256.50'

PROPOSED
WATER WELL

PERC
TEST 'J'
EL. 582.5

PERC
TEST 'G'
EL. 594.6

LOT 1
59,964.668 sq. ft.
.377 acres

PROP
HOUSE
SITE

PERC
TEST 'F'
EL. 591.1

PERC
TEST 'H'
EL. 597.7

PERC
TEST 'I'
EL. 572.1

256.50'

24.02'

769.50'

1090.97'

ULIN, ET. AL.

2

PERC TEST
FREDERICK RAUL

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0638
 Location of property (road) Bushy Park Rd.
 Subdivision Three Keys Farm Lot 1 Block Plat Sec.
 Well Driller J. Mayne Owner F. Raulin

Depth of well 440
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 62

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.
 Total time to reach pumping water level 411 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	212'	4:00	N/A	15 gpm.
7:30	314	4		15 gpm.
7:45	411	5		12
8:00	410	6		1
8:15	410	6		1
8:30	410	6		1
8:45	409	6		1
9:00	408	6		1
9:15	407	6		1
9:30	407	6		1
9:45	407	6		1
10:00	406	6		1.2
10:15	405	4/8		1.2
10:30	404	5		1.2
10:45	403	5		1
11:00	402	5		1
11:15	401	5		1
11:30	400	5		1
11:45	400	5		1
12:00	400	5		1
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12:30	400	5		1
12:45	400	5		1
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10:45	400	5		1
11:00				

B 1 **2441**

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
40-94-0638

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

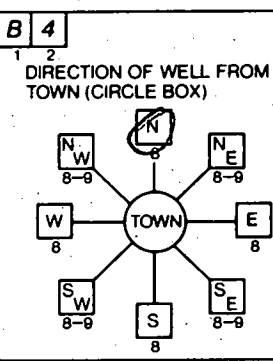
please print or type

fill in this form completely

Date Received (APA)
071095
OWNER INFORMATION
RAULIN **FREDERICK**
Last Name Owner First Name
15101 FREDERICK RD
Street or RFD
WOODBINE **MD 21997**
Town State Zip

B 3 LOCATION OF WELL
HOWARD
COUNTY
~~FACONETTER RFD~~
SUBDIVISION
SECTION **1** LOT **1** **THREE KEYS FARM**
GLENDWOOD
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
Joseph E. Mayne
Driller's Name
24
License No.
Joseph E. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Joseph E. Mayne **7/10/95**
Signature Date



Bushy park Road
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
610
DISTANCE FROM ROAD
ENTER FT OR MI **FT**
TAX MAP: **8** BLK: _____ PARCEL _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard **A 50264 A**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED **073195** **DOUGLAS** **7/30/96**
CO SIGNATURE EXP. DATE
NORTH GRID **541000** EAST GRID **0788000**

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)

APPROXIMATE DEPTH OF WELL **260** FEET

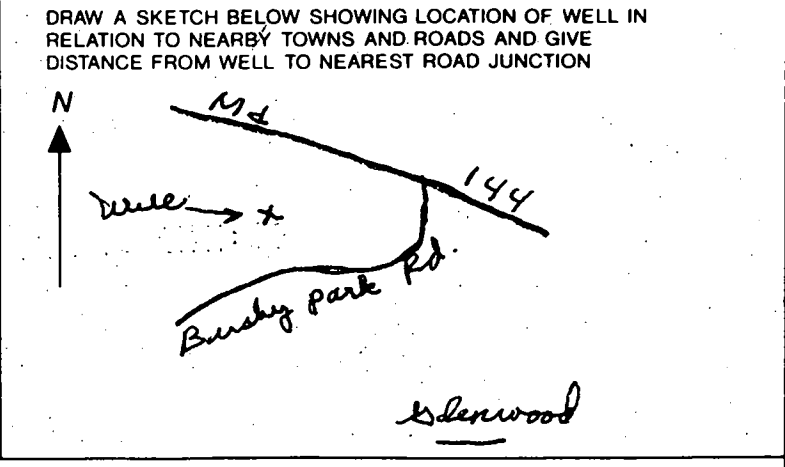
APPROXIMATE DIAMETER OF WELL **6** INCH

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

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

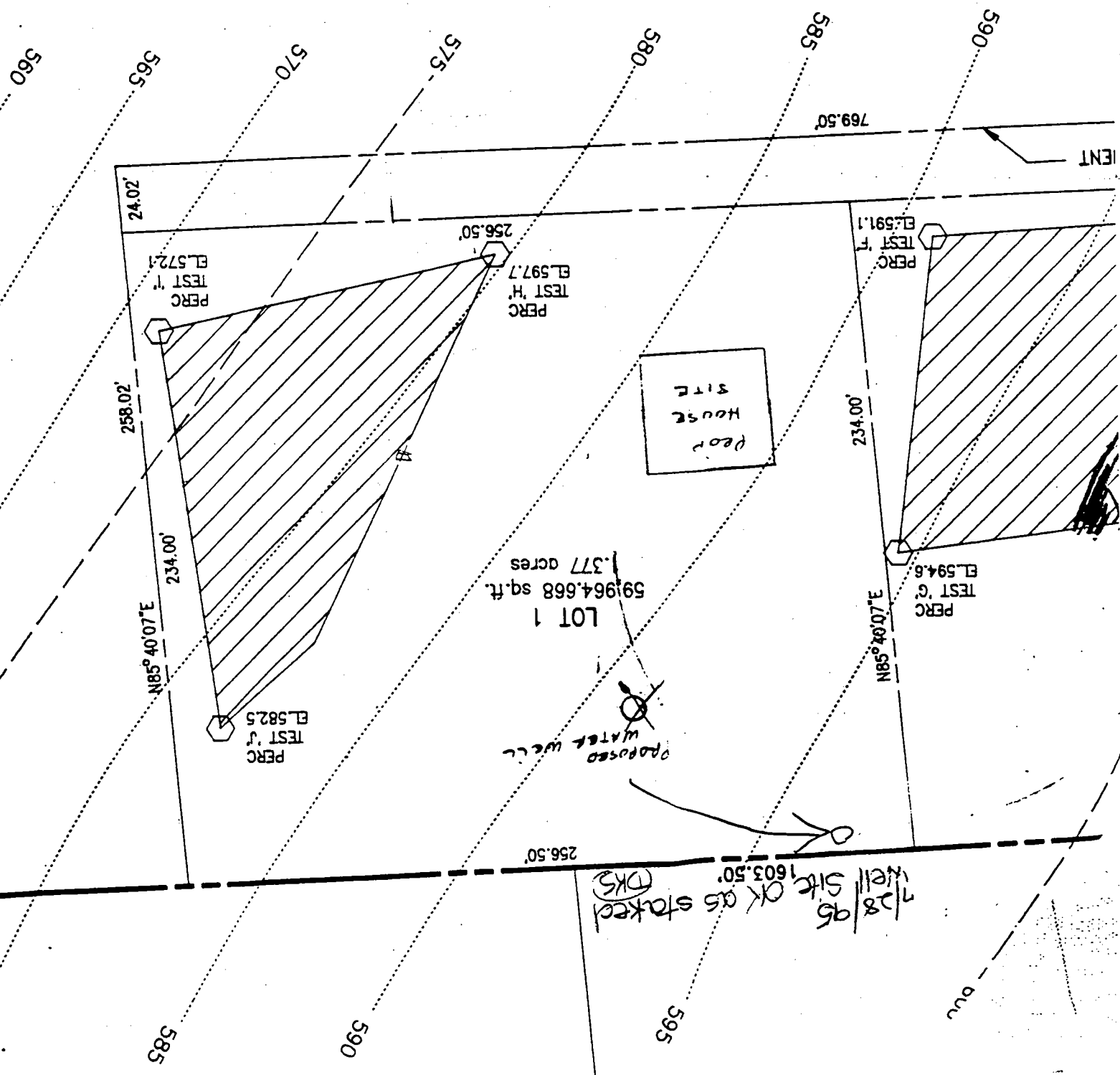
Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **G A P**
FORCE **DS** WRITE INITIALS IN BOX
PERMIT No. **40-94-0638**

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
7828
5401

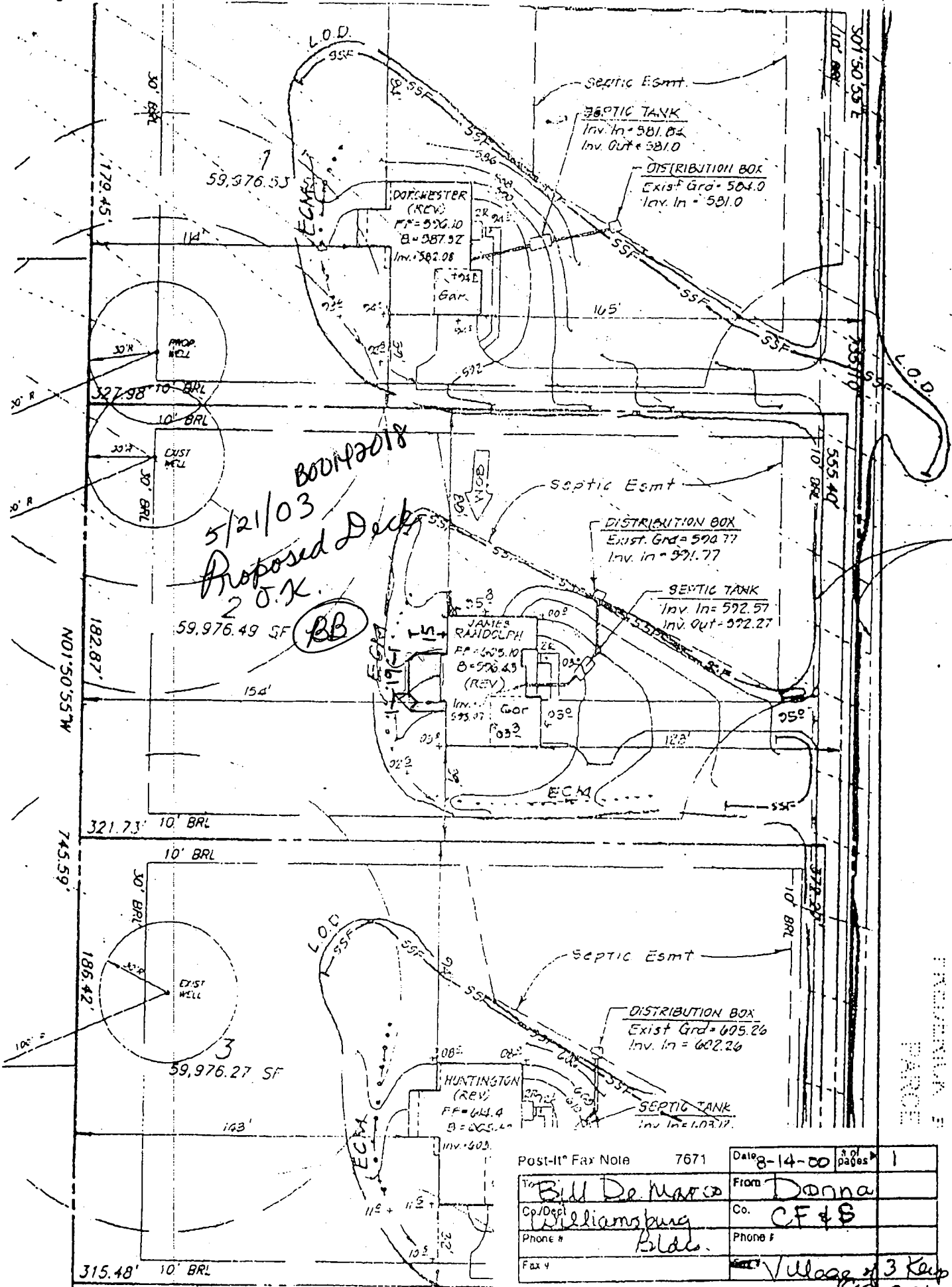


SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =
COUNTY

1090.97'



7/28/95 Well Site OK as staked (DKS) 1603.50'



5/21/03
 Proposed Deck
 20'x
 BB

Post-It® Fax Note	7671	Date	8-14-00	# of pages	1
To	Bill De Marco	From	Donna		
Co./Dept	Williamsburg	Co.	CF & S		
Phone #	Blade	Phone #			
Fax #			Village of 3 Keys		

LOT 2 CATTAIL KEYS

PLANNING &
 PAPER