

11/27/00
Layout
12:00
11/29/00 All day 3/5/01
12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 514604
A 58095-0
ISSUE DATE 10/20/2000
APPROVAL DATE 3/5/01

RPS# ⁰⁴ 362403

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

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

SUBDIVISION Wellington West II LOT NUMBER 17 ADDRESS 15304 Doe Hill Court

PROPERTY OWNER Pulte Homes PROPERTY OWNER'S ADDRESS 1501 S. Edgewood St, Ste K

SEPTIC TANK CAPACITY 1250 GALLONS Baltimore, MD 21227

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 210

***** WATERTIGHT TANKS REQUIRED *****
***** PUMPED SYSTEM PROPOSED *****
BUILDING PERMIT SIGNED
AND RETURNED
10/13/05 800186519-DECK

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Place the distribution box 55 feet from the lot line along Buck's Run Drive and 15 feet off the right-rear (133.95') lot line. Run trenches on contour as shown on attached plan.

During layout inspection, trench placement should be worked out for most efficient arrangement per field contour (SRK)

PLANS APPROVED Mark Rifkin OK SRK 9/27/00 DATE 9/1/2000

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

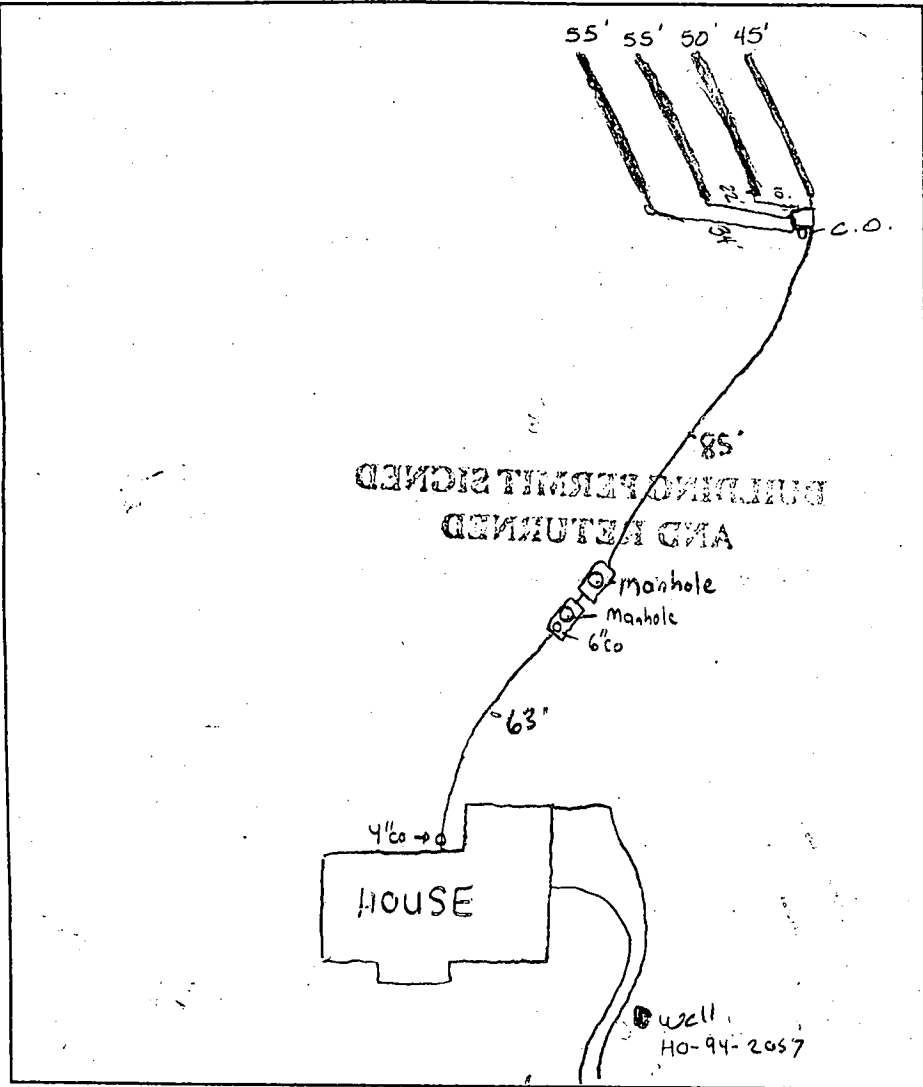
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P514604

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2.0

TRENCH INLET DEPTH 3.0

TRENCH BOTTOM DEPTH 7.0

DEPTH OF STONE 4.0

NUMBER OF TRENCHES 4

TOTAL TRENCH LENGTH 205

ABSORBENT AREA 820

DISTRIBUTION BOX LEVEL OK

BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS

MANHOLE RISER OK

6 INCH INSPECTION PORT OK

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250

MANHOLE RISER OK

ALARM OK

PUMP PERFORMANCE TEST OK

PRE-CONSTRUCTION INSPECTION: 11/27/00 PIPE @ HOUSE 3-4' TOO DEEP, TO AVOID

TANKS 5-6' DEEP, INSTALLER INSTRUCTED TO HAVE PIPE RAISED TO BP DEPTH (MR)

INSPECTION COMMENTS: 11/29/00 System complete - no house connection A

3/5/01 - HOUSE CONNECTION MADE, PUMP AND ALARM OPERATIONAL (SRK)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 3/5/01

WELL GROUT CRACKED @ SURFACE MR 11/27/00

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

DISTRICT _____

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

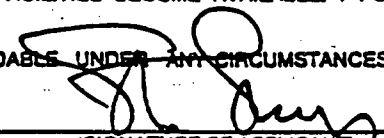
SUBDIVISION Brendel property LOT NO. 31

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling
(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

COUNTY #

SOIL PROFILE
5315

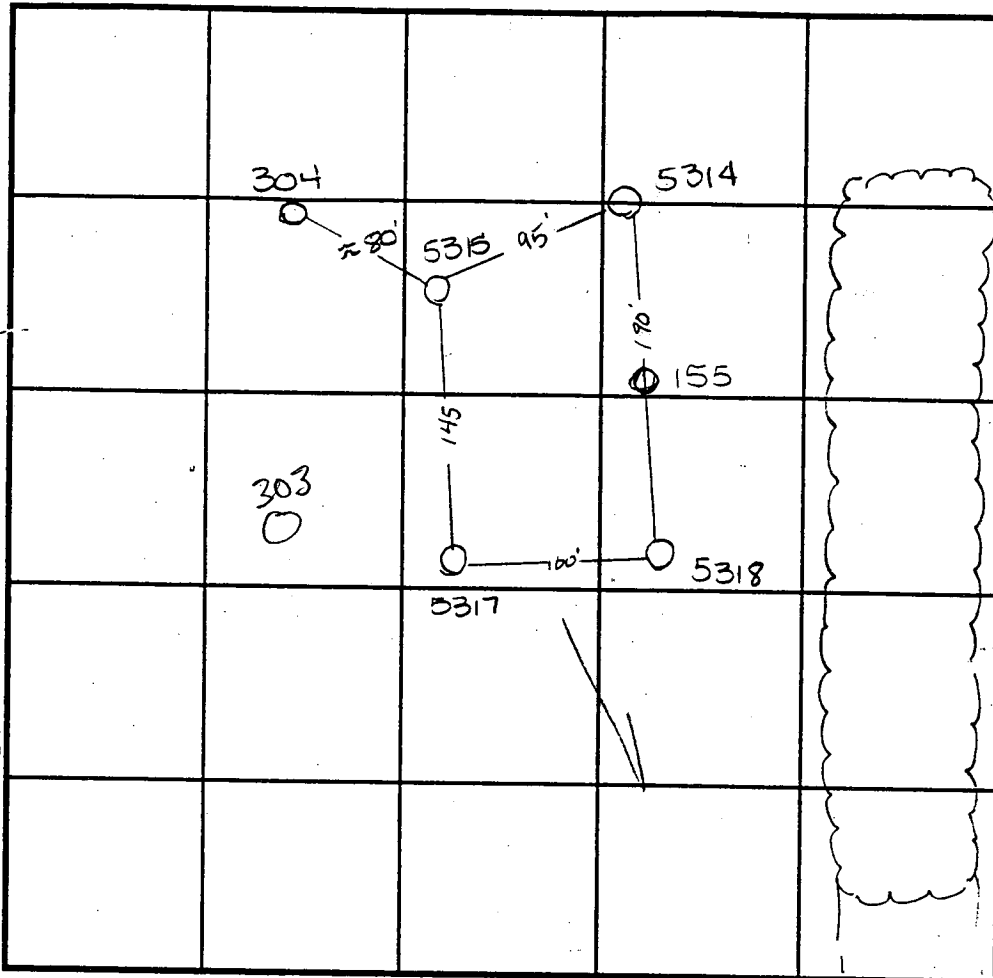
0' dark orange brown SiClm
3.0 lgt orange brown SiSaLm <5% Rx

5314/155

2.5 bright red SiClm
deep orange red SiLm
no rock

304

3.0 red brn SiClm
bright orange brn SiSaLm 20% Rx
Some decayed feldspar
Pockets



SOIL PROFILE
5317

0' orge bright SiClm
2 dk. red cl Lm
3 lt. orge tan SiSaLm

303

red brn SiClm
bright red SiSaLm
lt. brn beige SiSaLm <5% Rx

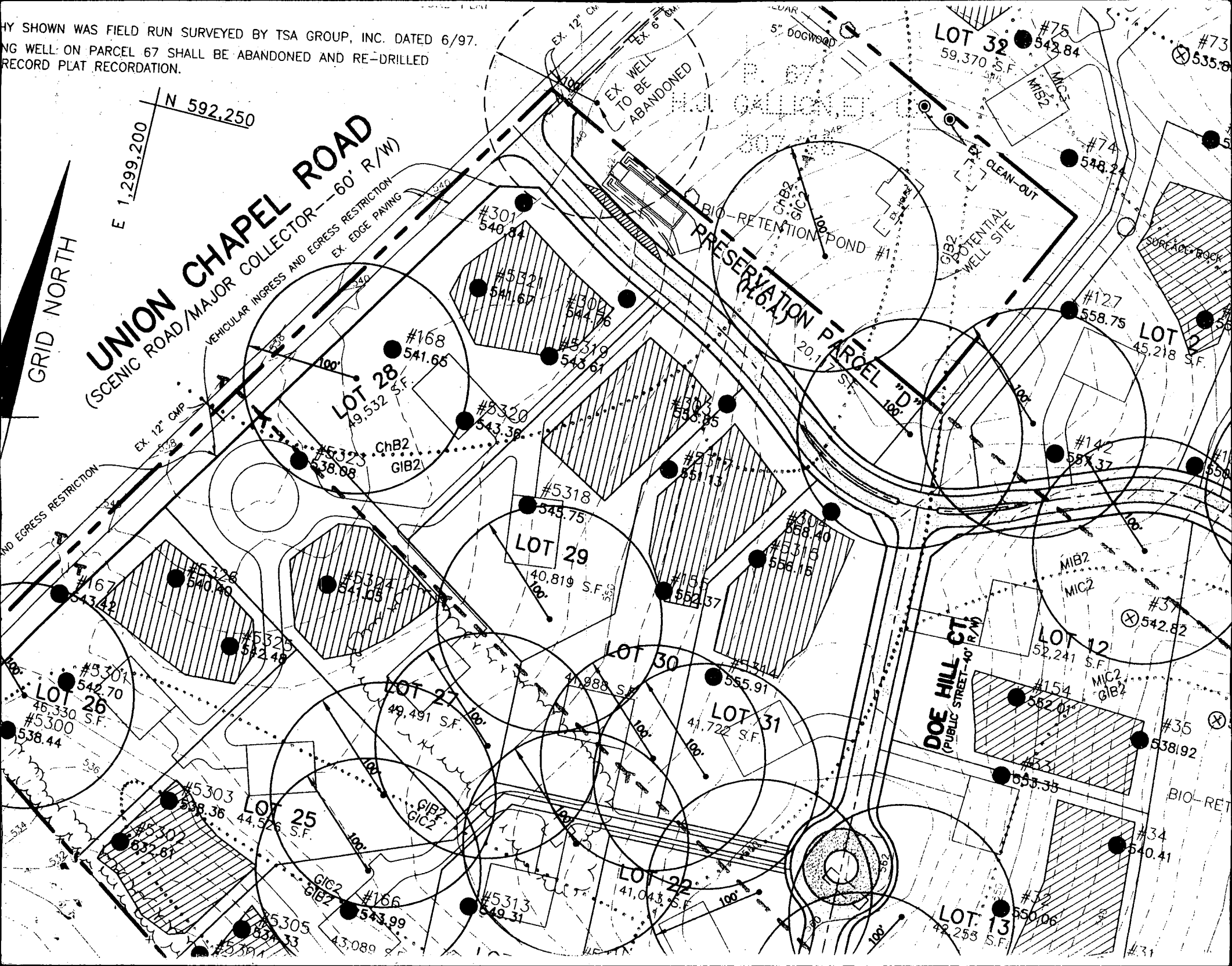
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNION CHAPEL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	5315	3.0 V12.0	12:10	12:13	12:13	12:16	3min ✓
	5314	3.5 V12.0	12:13	12:15	12:15	12:20	5min
6-18-97	155	Visual to 12.0'	- See profile		—		OK ✓
12-9-97	304	4.0 V11.5	10:23	10:30	10:30	10:38	8min ✓
	303	4 ✓ 11.5					10min ✓
5/15/97	5317	3 ✓ 12.5					9min ✓

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillan ALSO PRESENT CHUCK SHARP
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

WHICH WAS FIELD RUN SURVEYED BY TSA GROUP, INC. DATED 6/97.
A WELL ON PARCEL 67 SHALL BE ABANDONED AND RE-DRILLED
RECORD PLAT RECORDATION.



GRID NORTH

UNION CHAPEL ROAD
(SCENIC ROAD/MAJOR COLLECTOR--60' R/W)

N 592,250
E 1,299,200

NO EGRESS RESTRICTION

VEHICULAR INGRESS AND EGRESS RESTRICTION
EX. EDGE PAVING

EX. WELL
TO BE
ABANDONED

BIO-RETENTION POND
PRESERVATION PARCEL "D"

CLEAN-OUT
POTENTIAL
WELL SITE

DOE HILL CT.
(PUBLIC STREET--40' R/W)

LOT 26
46,330 S.F.
#5300
538.44

LOT 28
49,532 S.F.
#168
541.65

LOT 29
40,819 S.F.
#5318
545.75

LOT 30
47,888 S.F.
#5314
555.91

LOT 31
41,722 S.F.
#5315
556.18

LOT 12
52,241 S.F.
#154
552.01

LOT 26
46,330 S.F.
#5300
538.44

LOT 25
44,526 S.F.
#5303
538.38

LOT 27
49,491 S.F.
#5327
541.05

LOT 22
41,043 S.F.
#5313
549.31

LOT 13
49,253 S.F.
#12
550.06

LOT 32
59,370 S.F.
#75
542.84

LOT 10
45,218 S.F.
#127
558.75

LOT 11
52,241 S.F.
#37
542.82

LOT 14
45,218 S.F.
#35
538.92

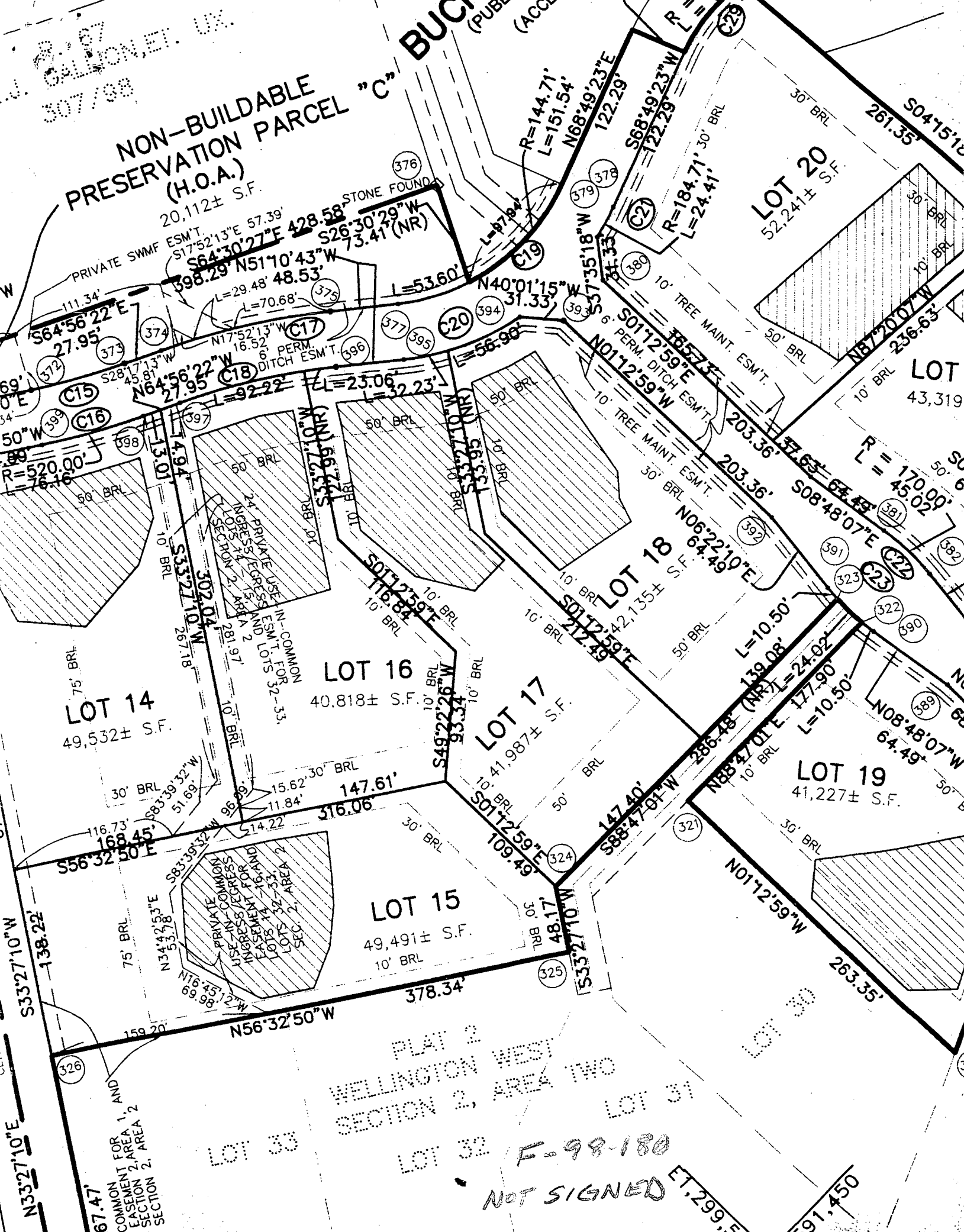
LOT 15
45,218 S.F.
#34
540.41

LOT 16
45,218 S.F.
#31
535.8

307/98
GALLON, ET. UX.

NON-BUILDABLE PRESERVATION PARCEL "C"

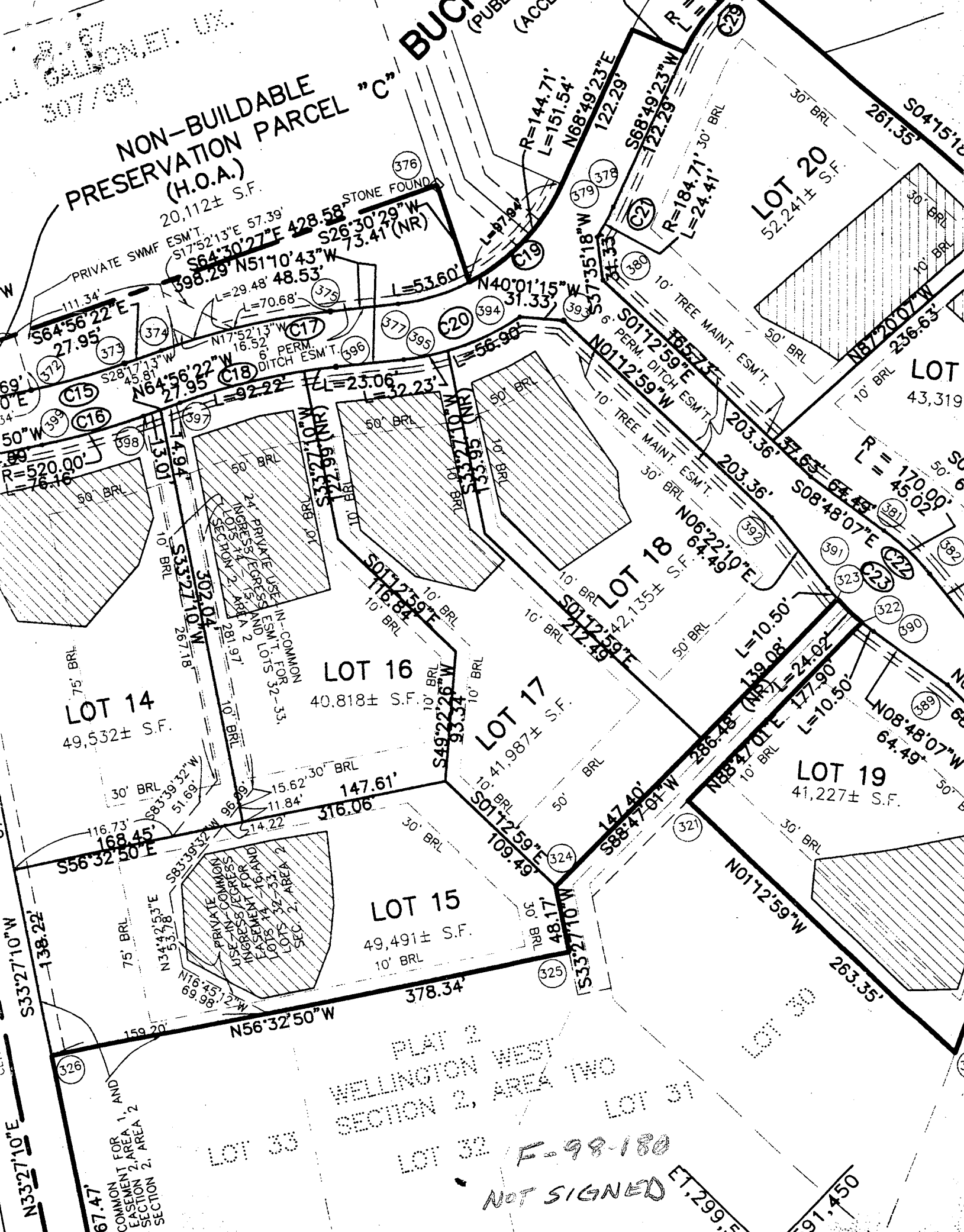
BUCKLE (PUBLIC ACCESS)



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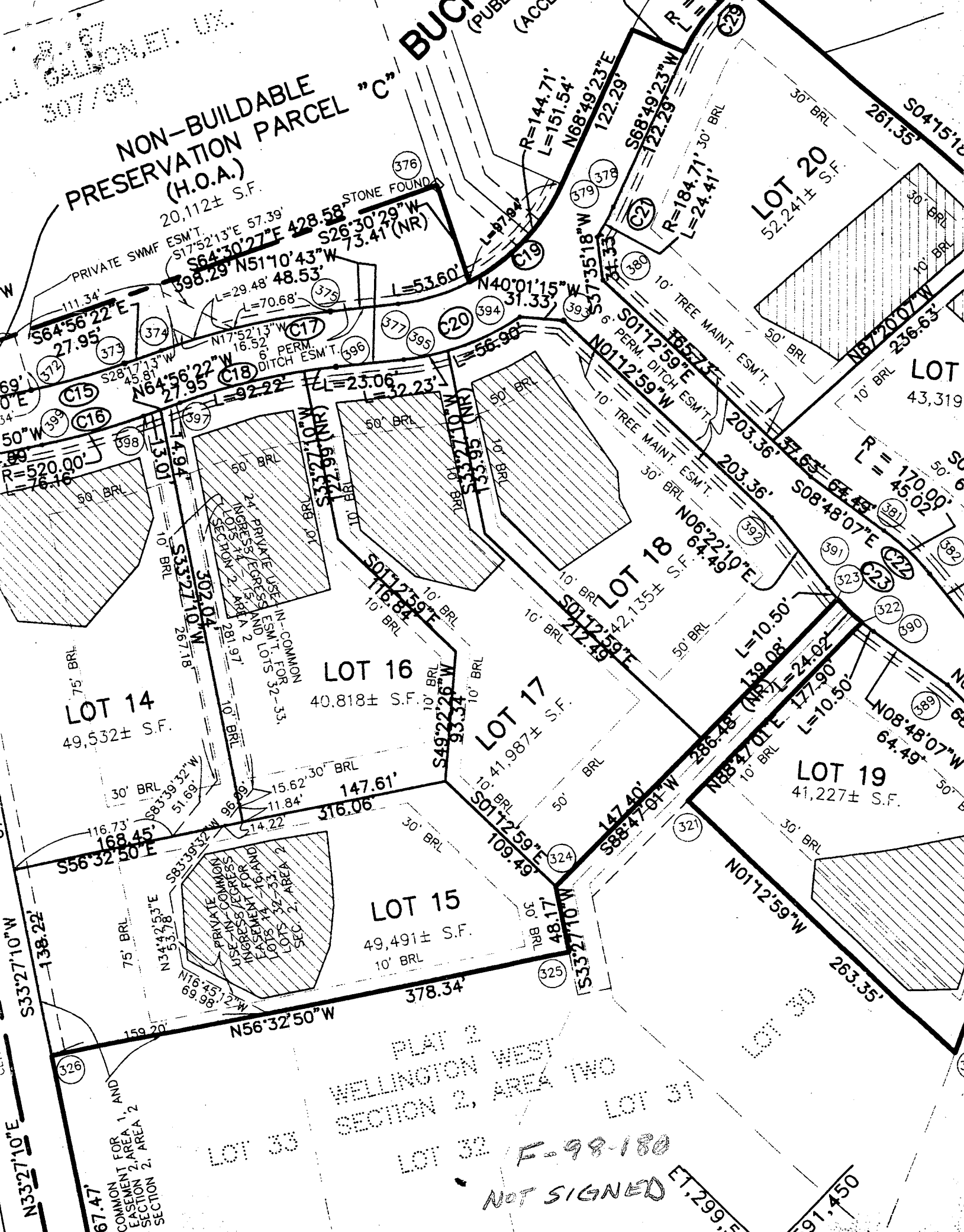
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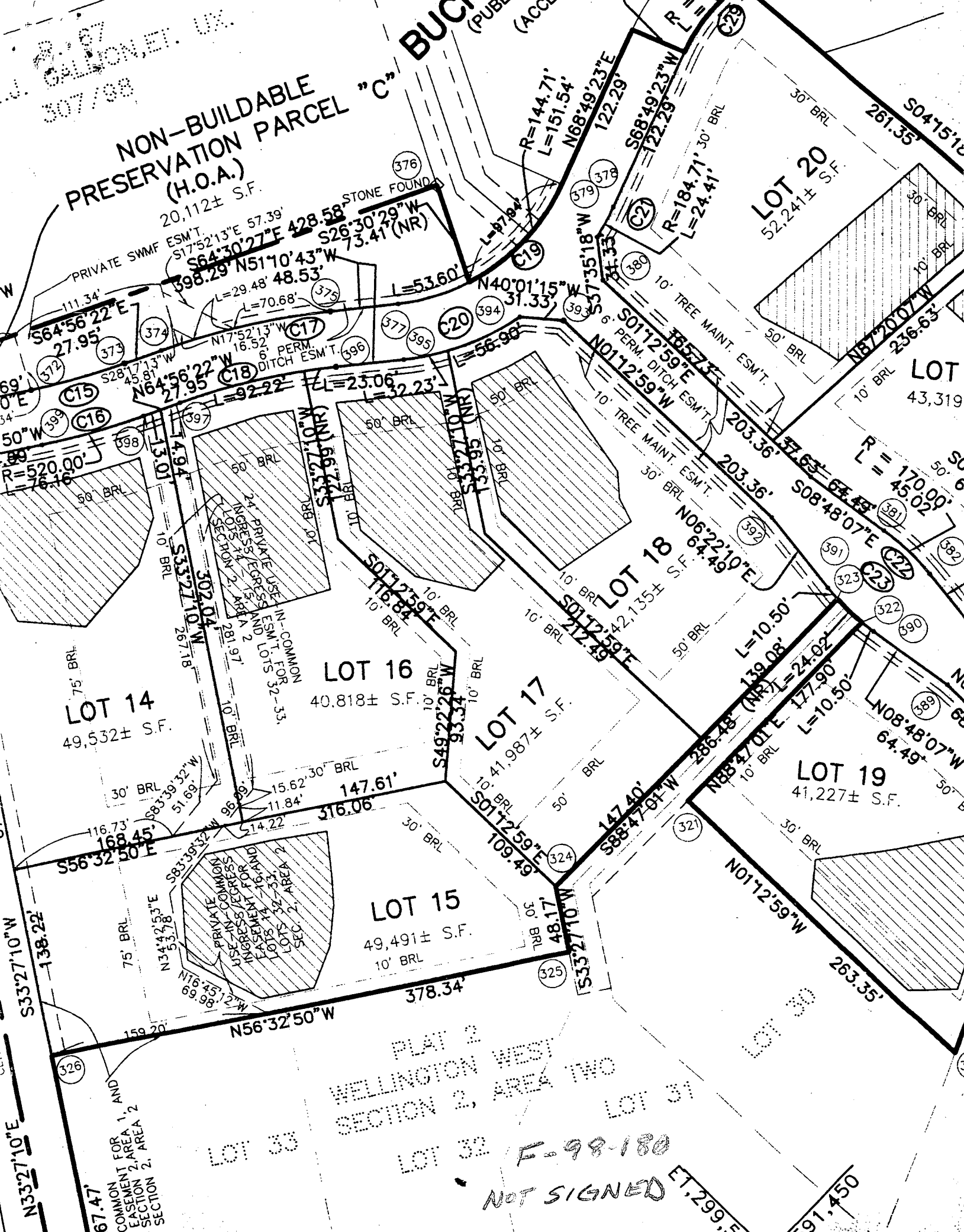
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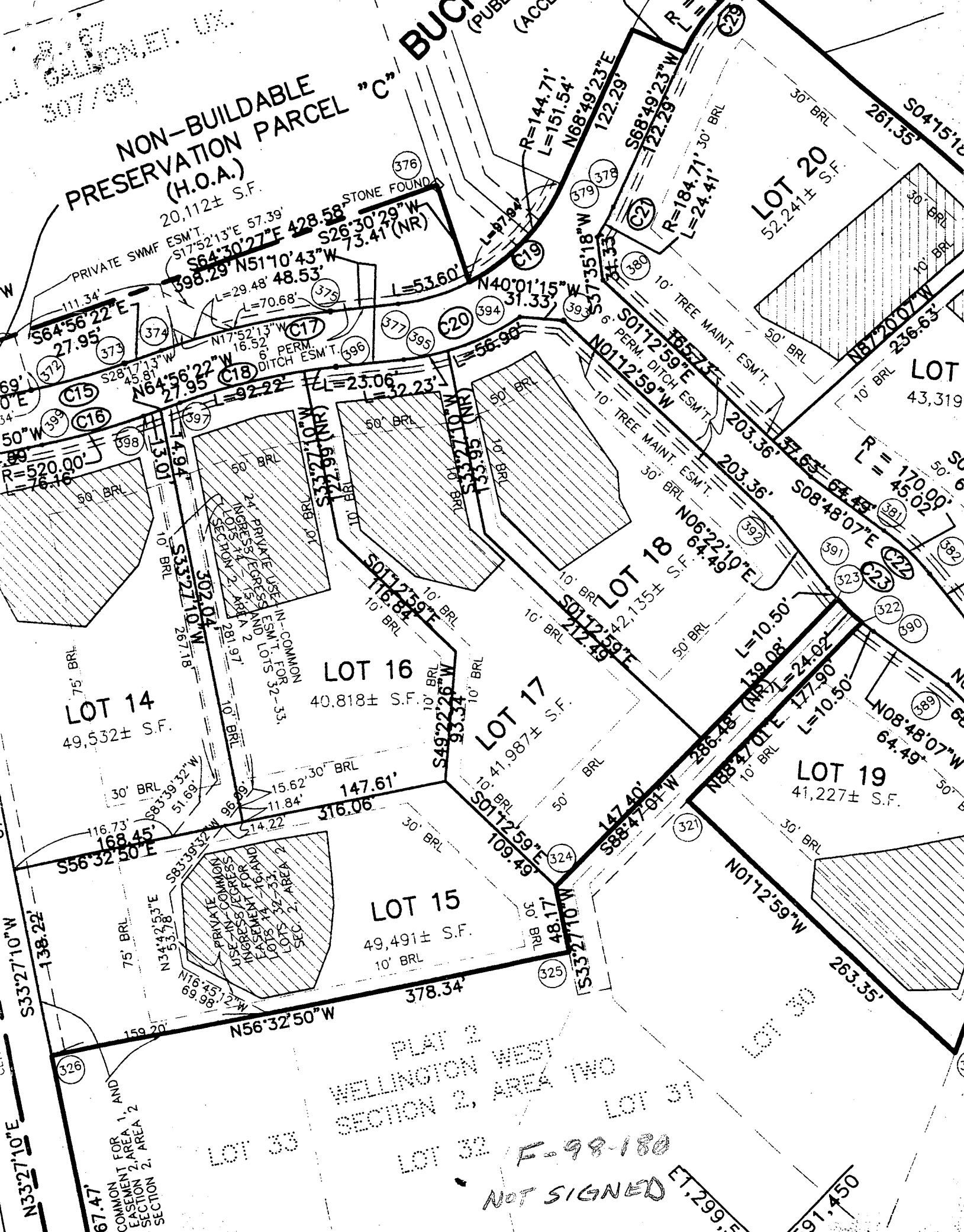
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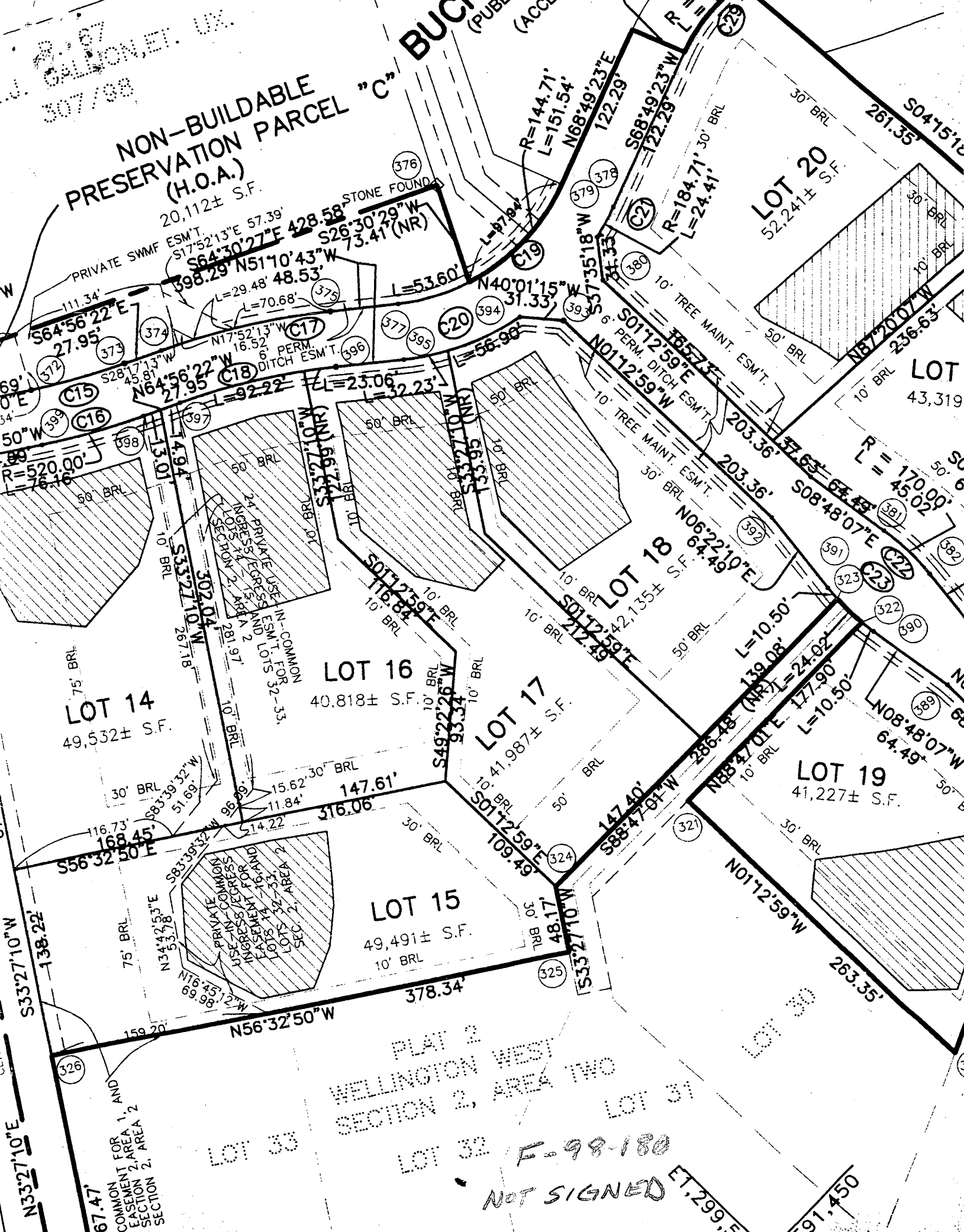
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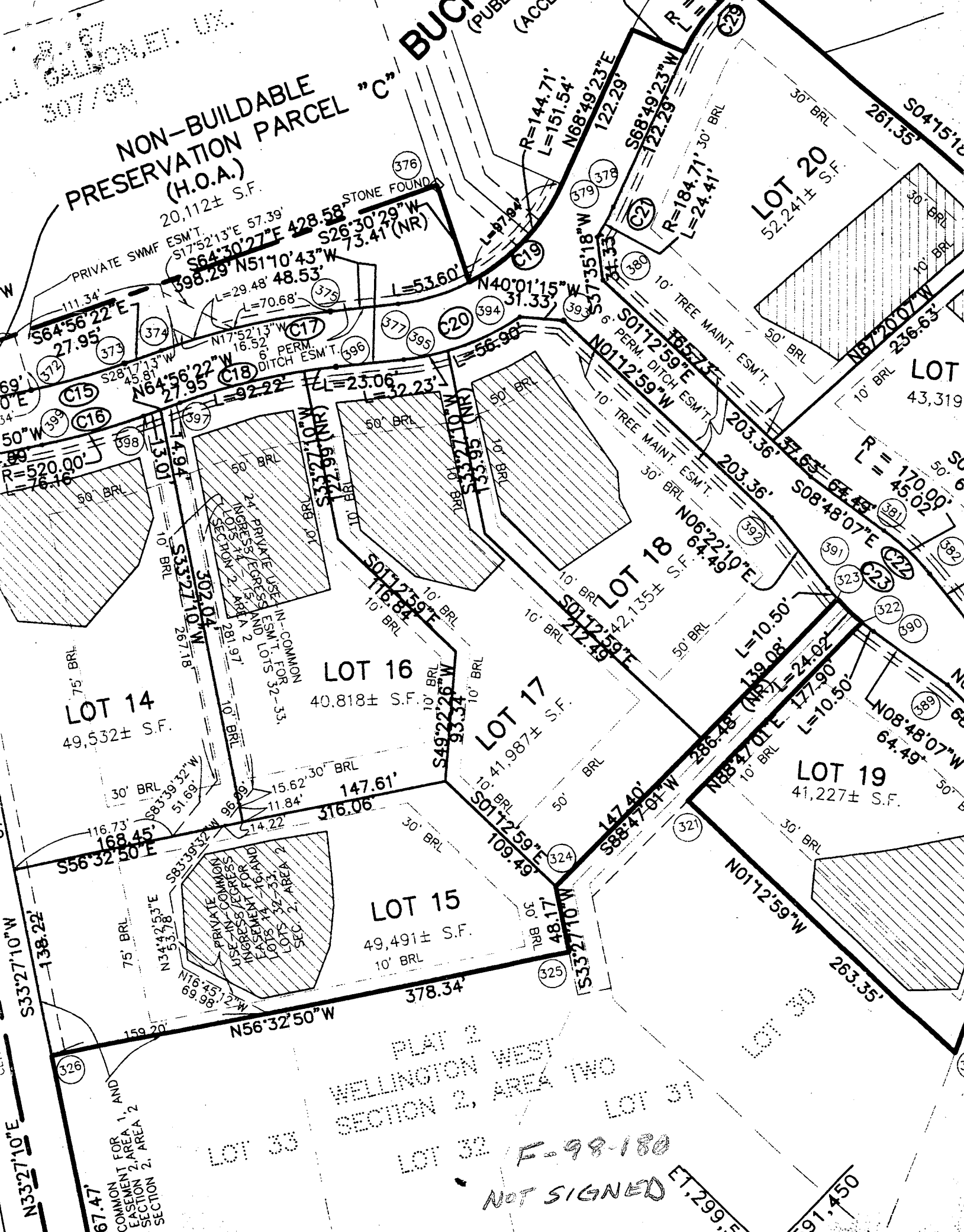
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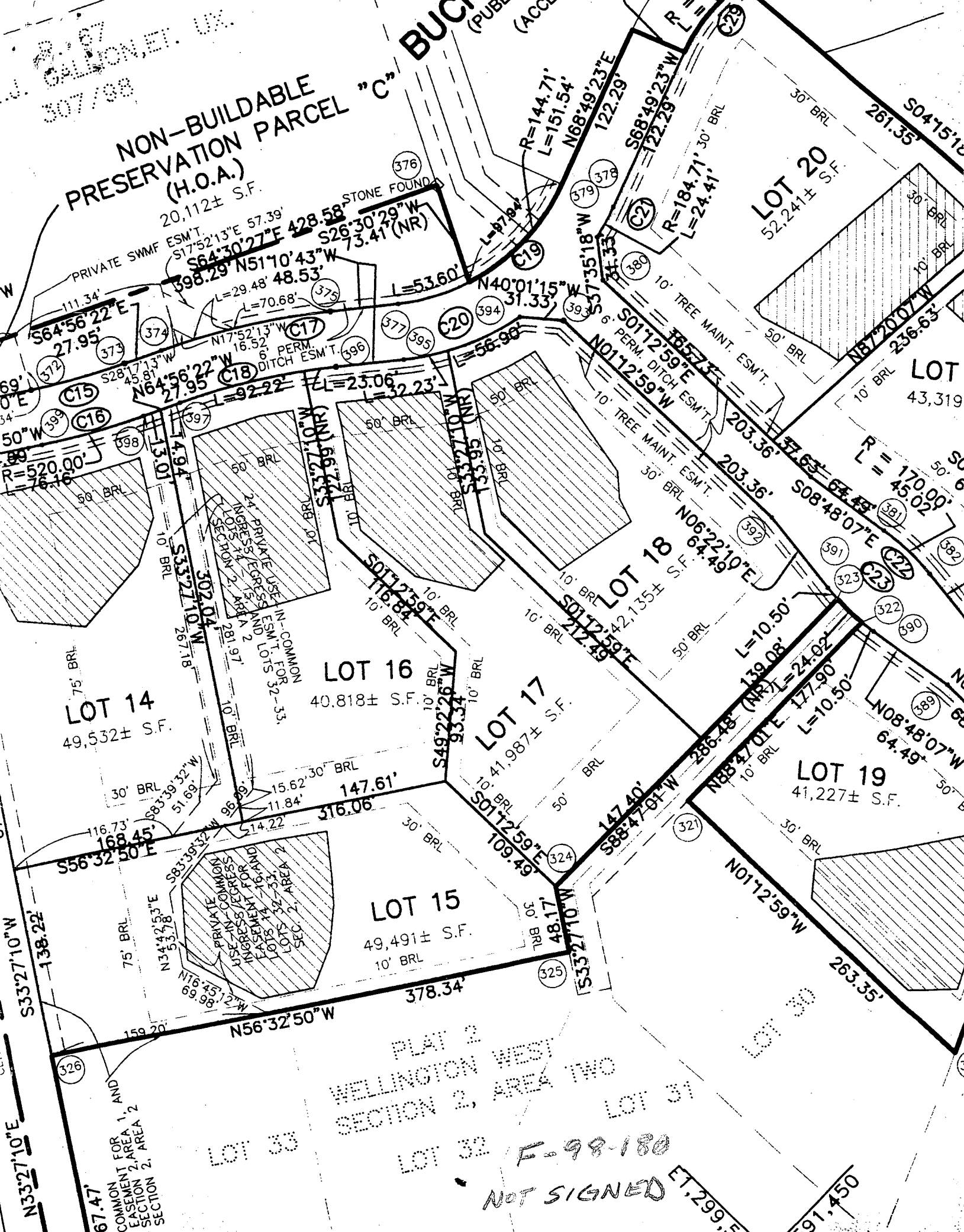
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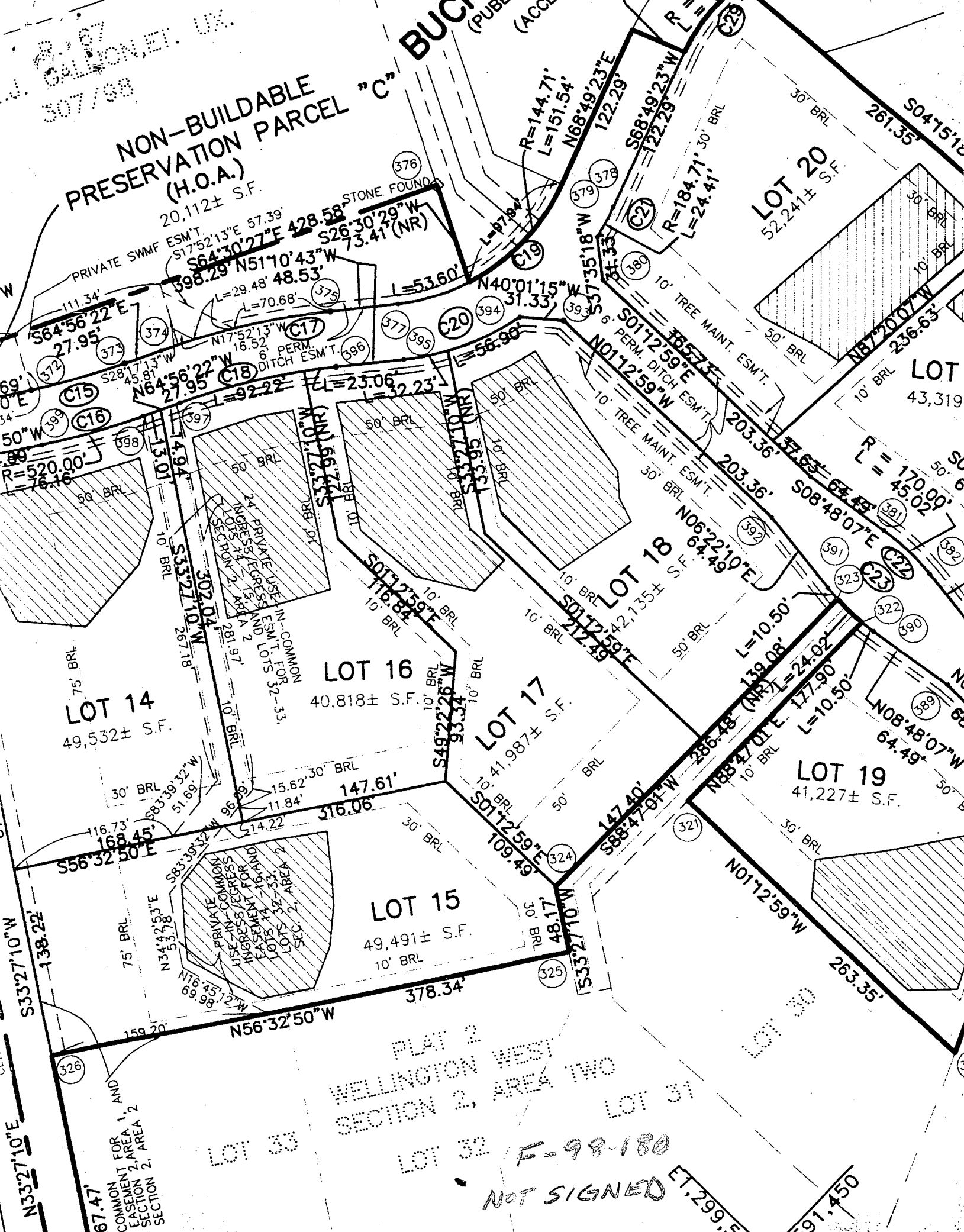
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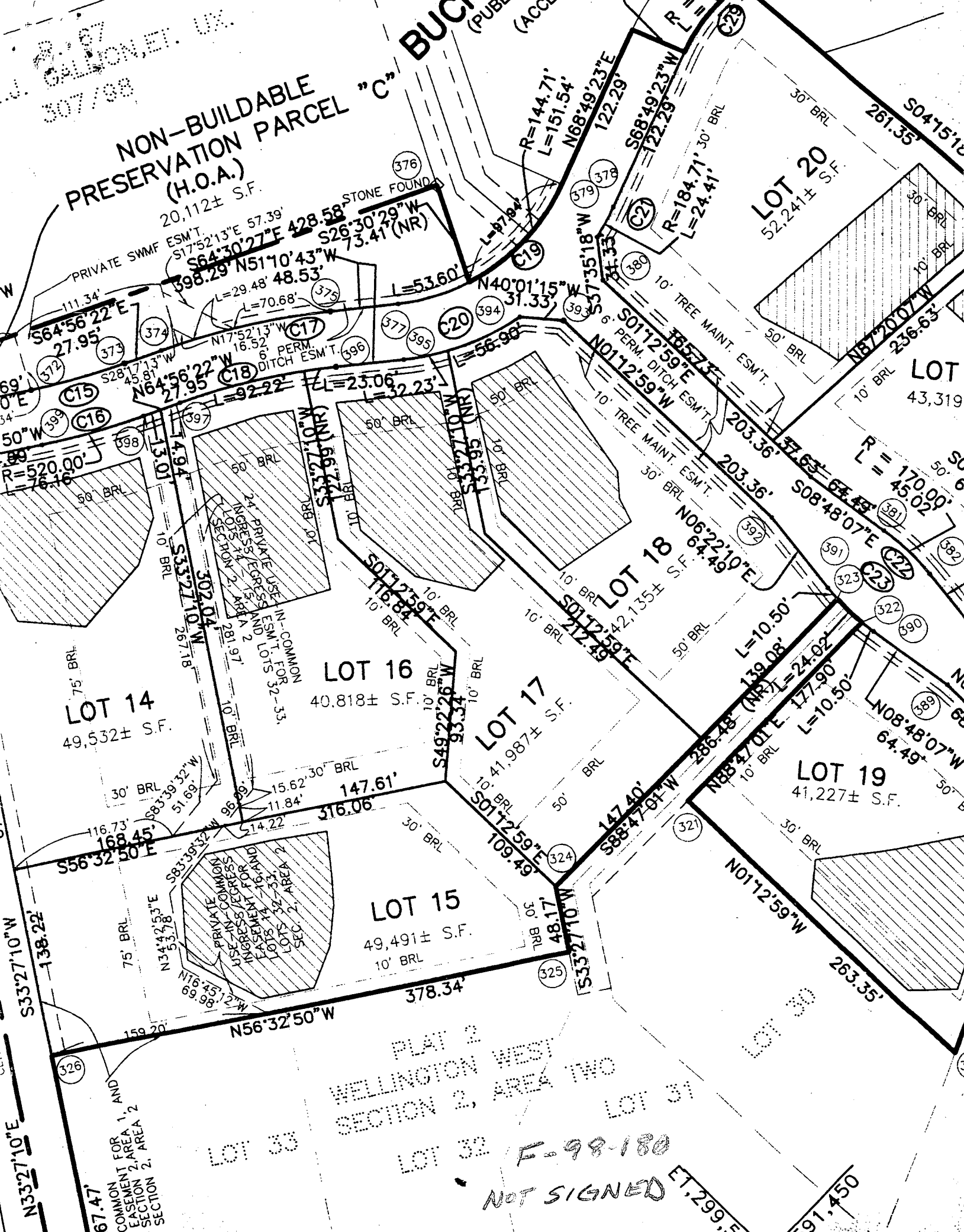
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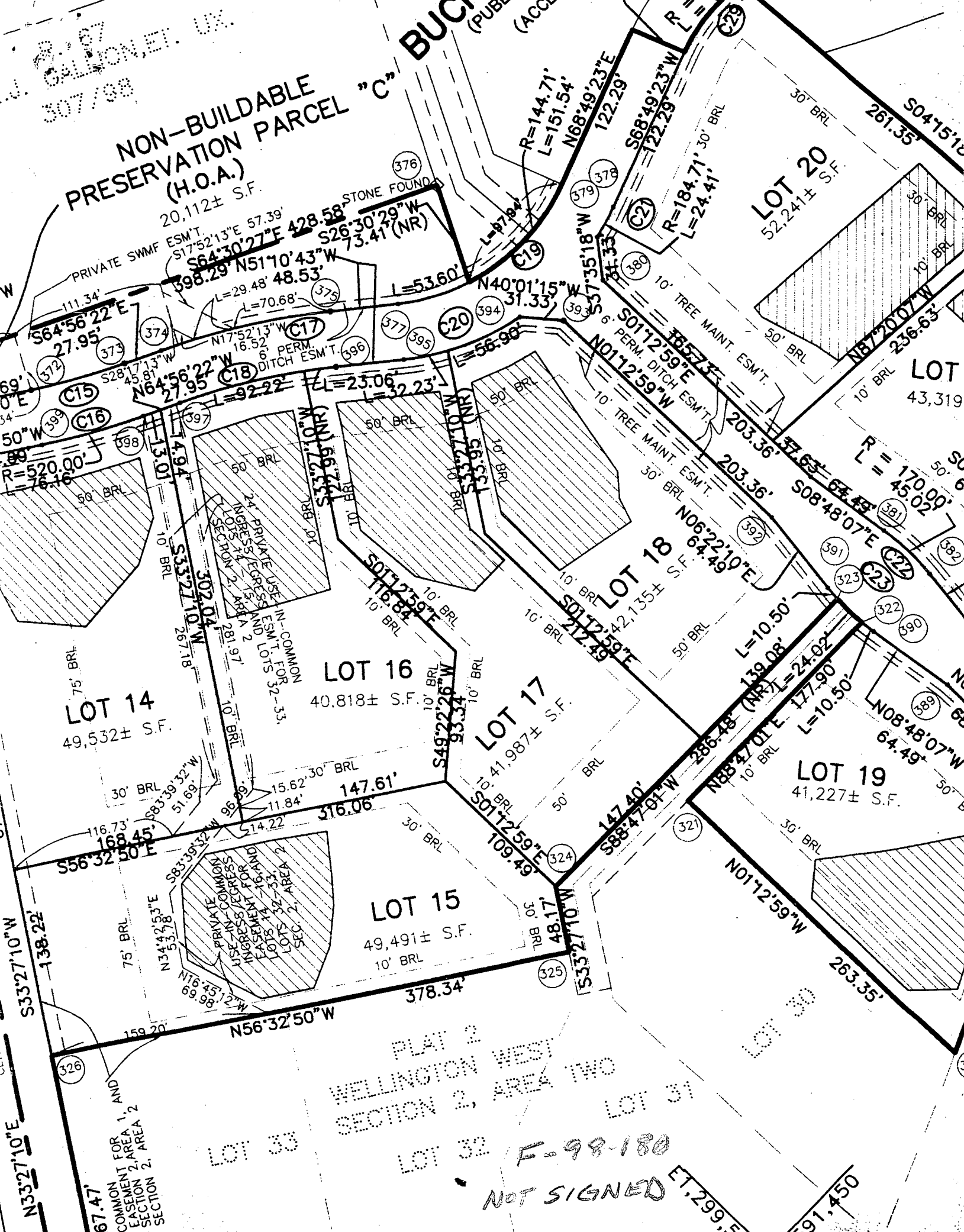
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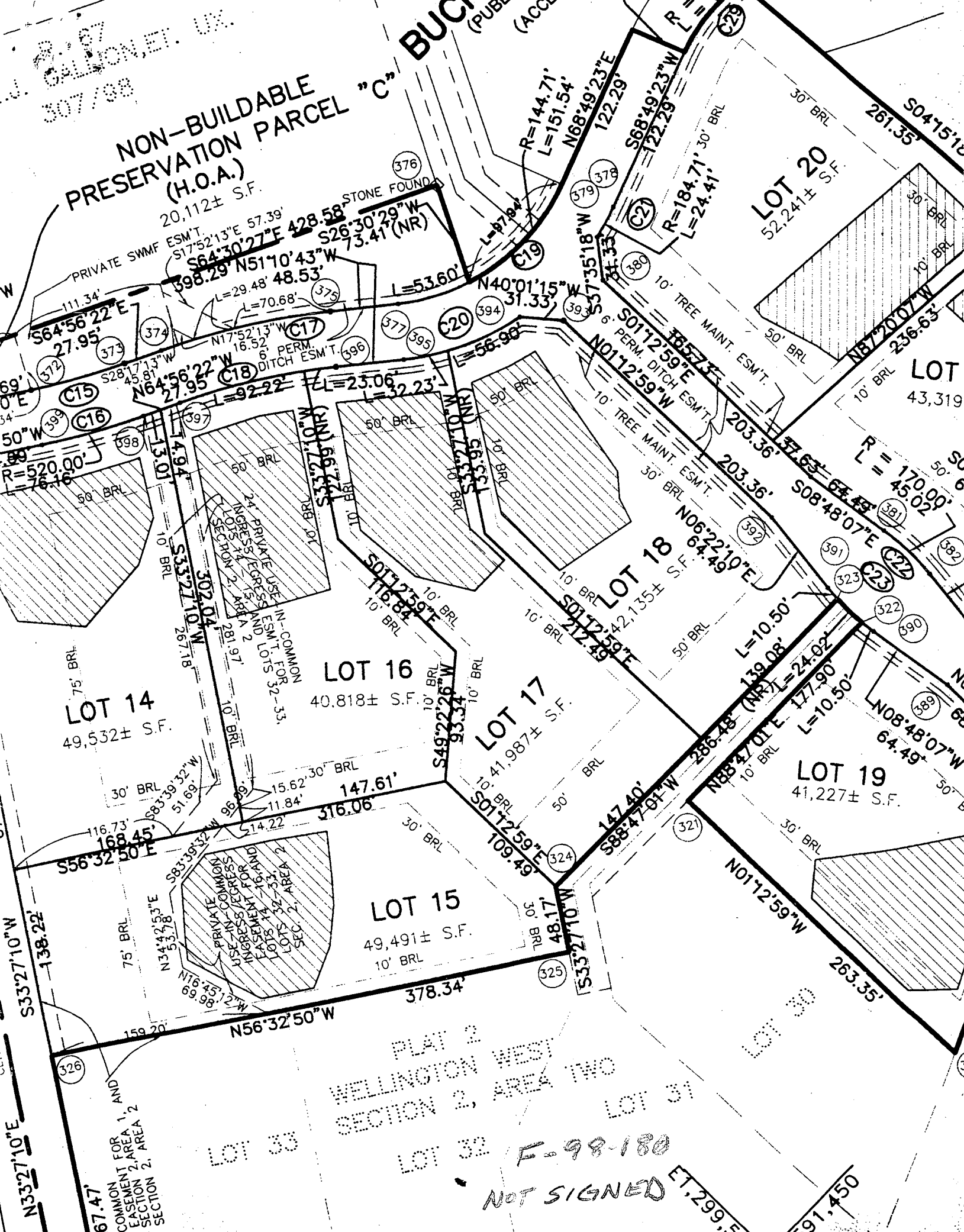
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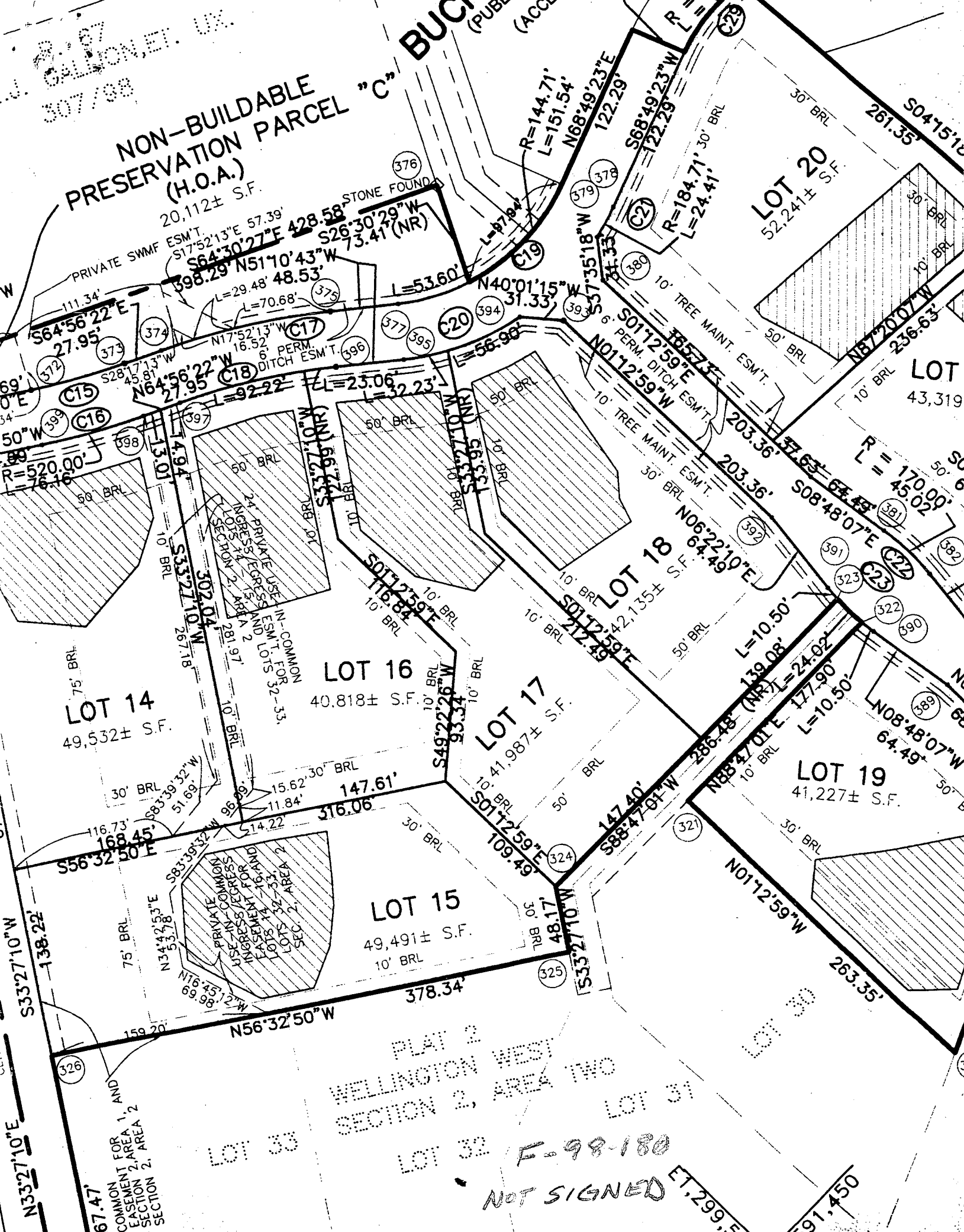
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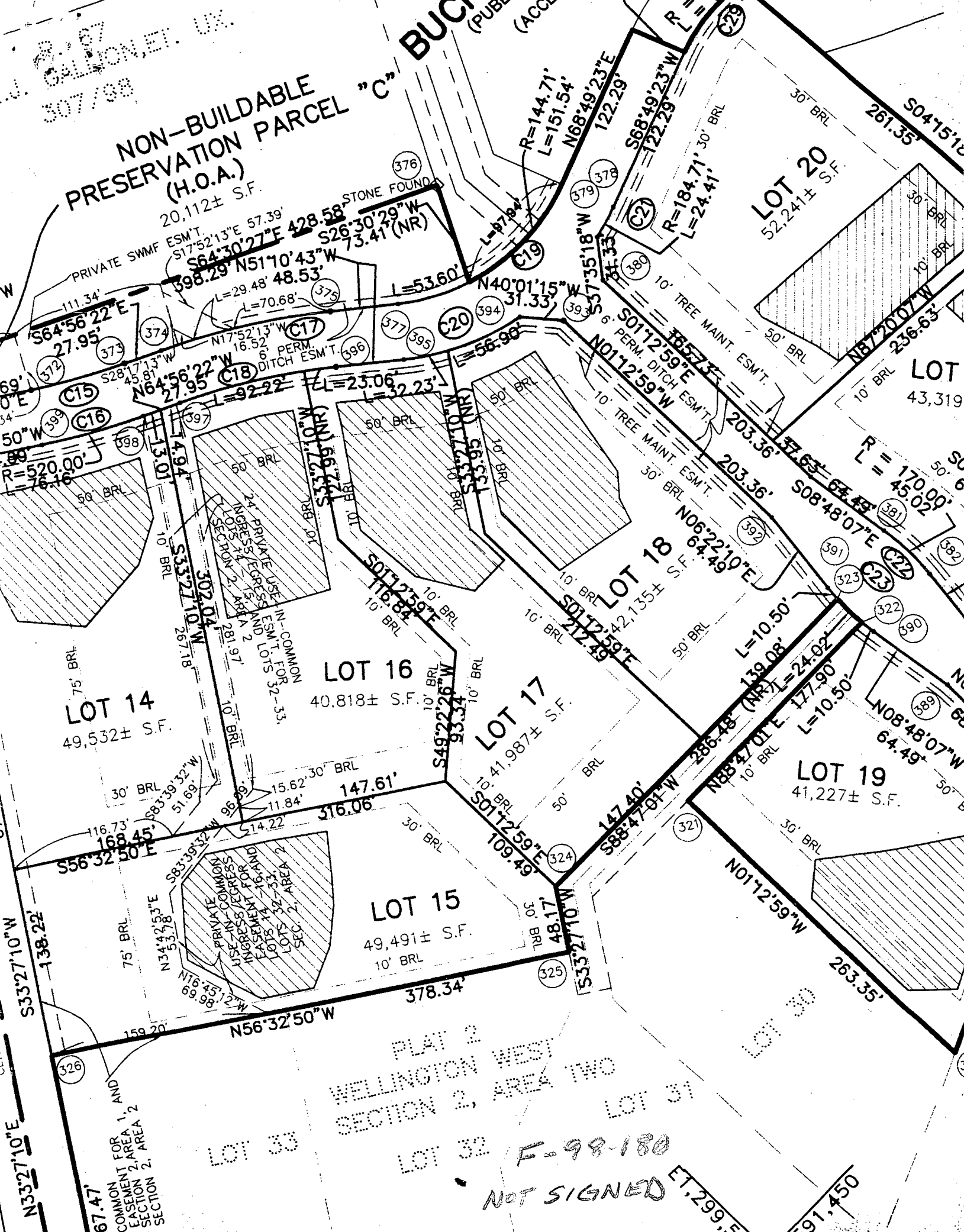
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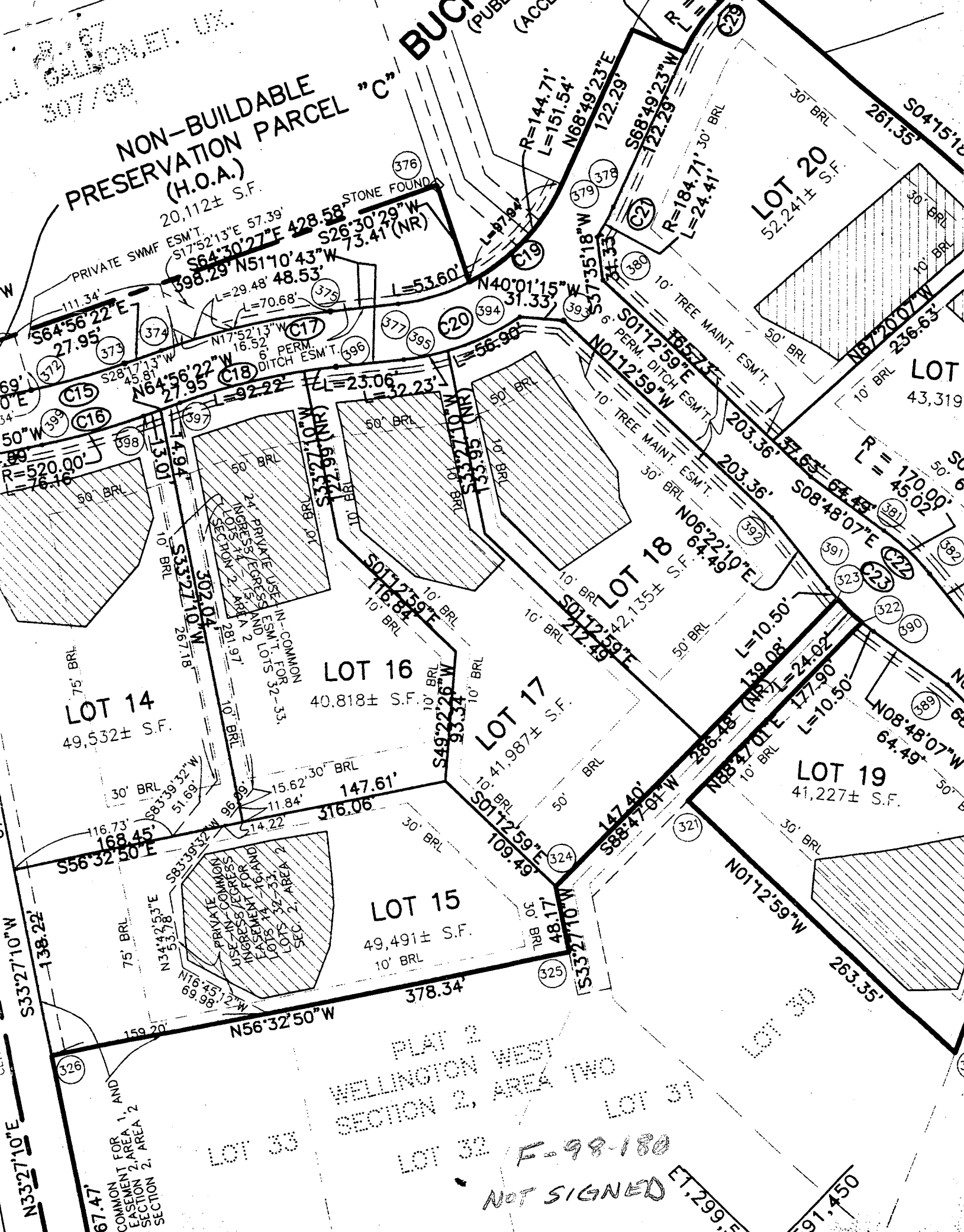
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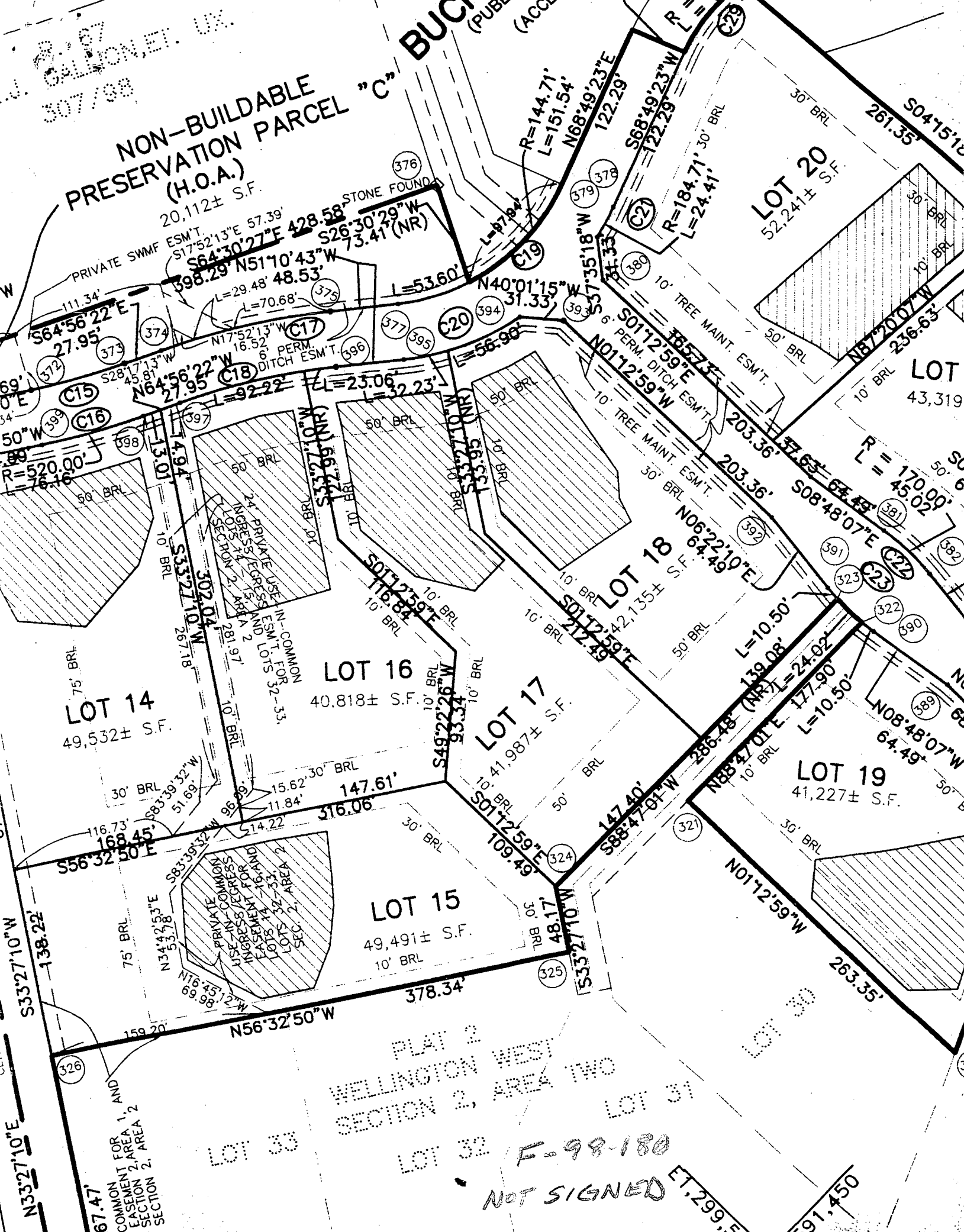
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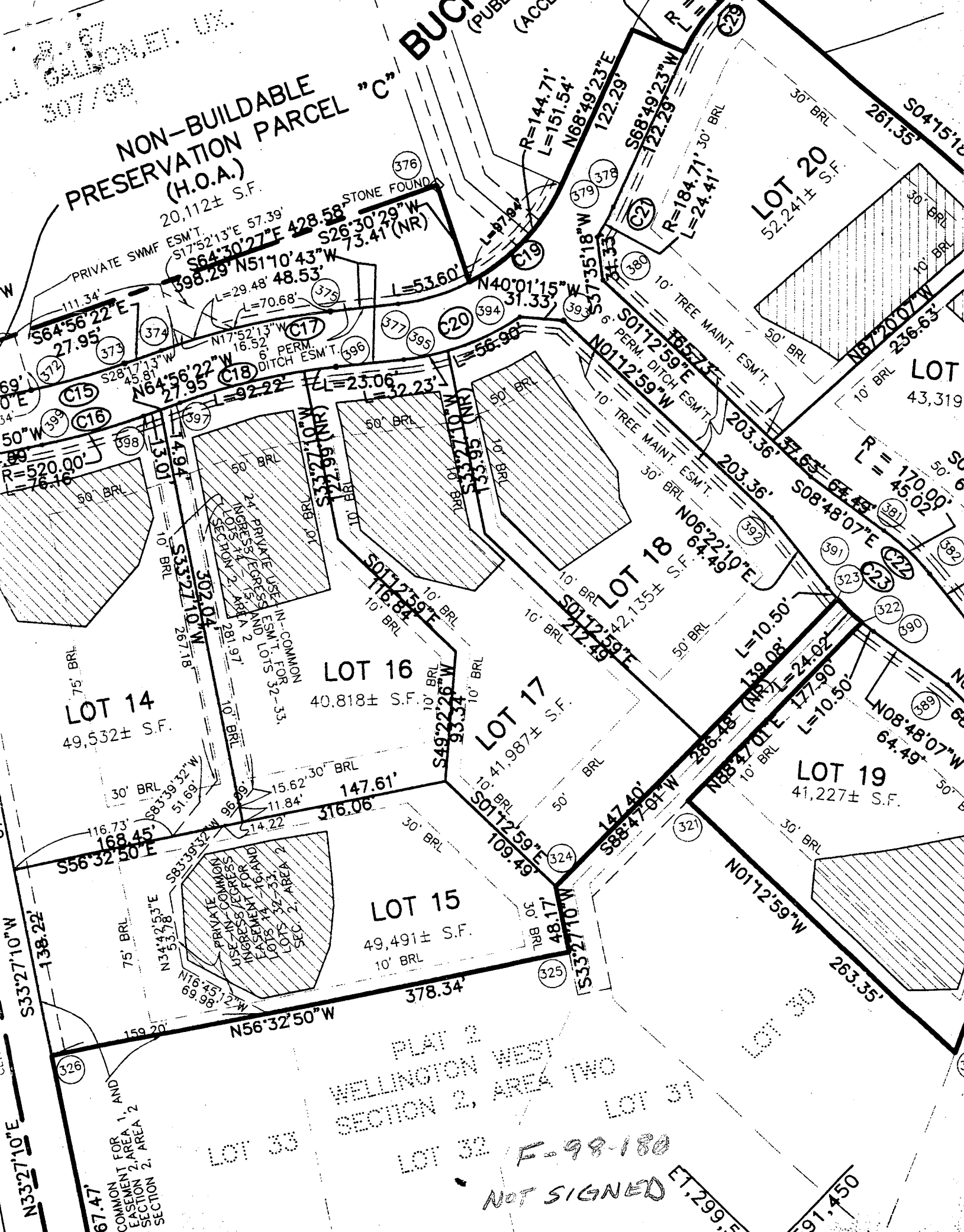
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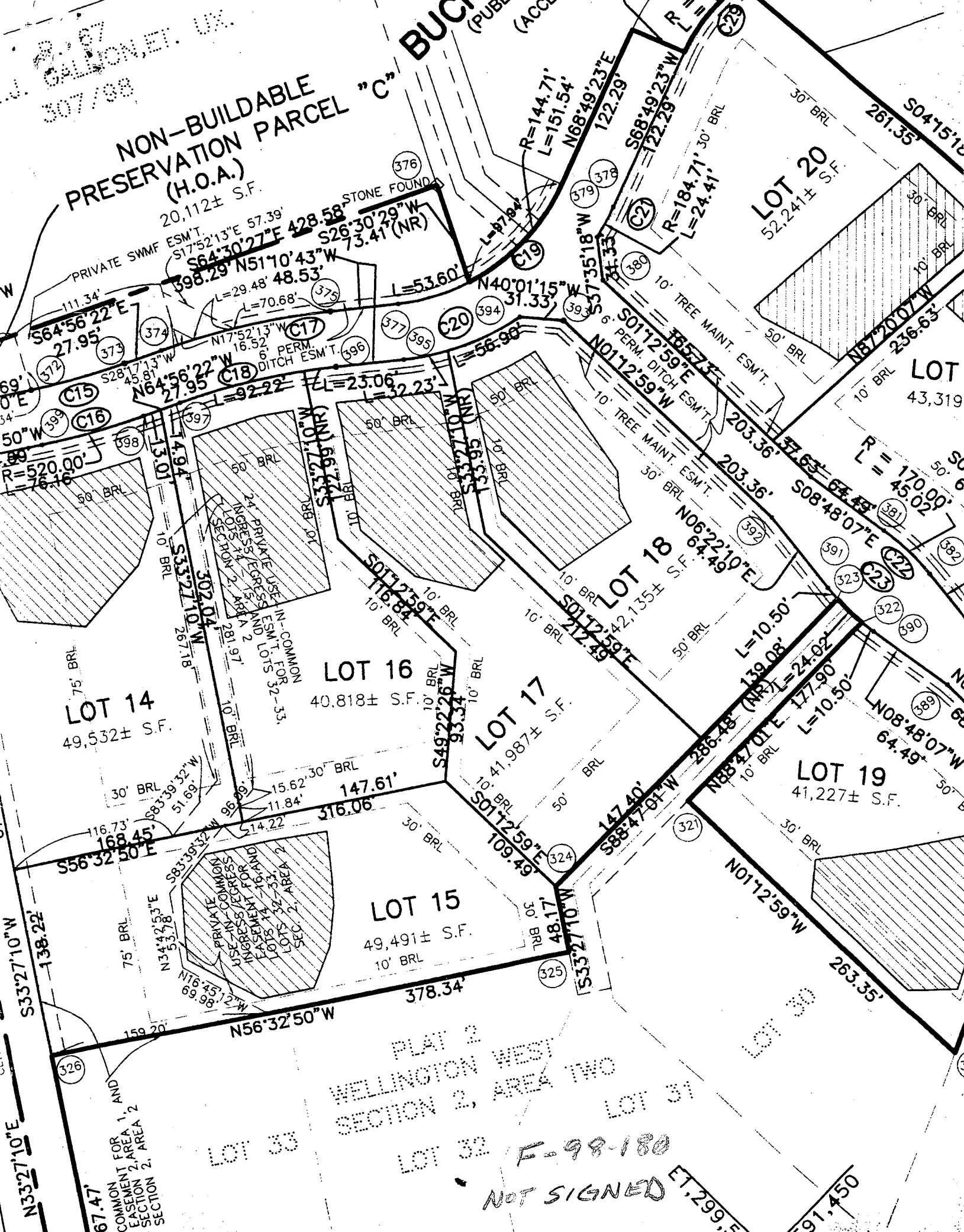
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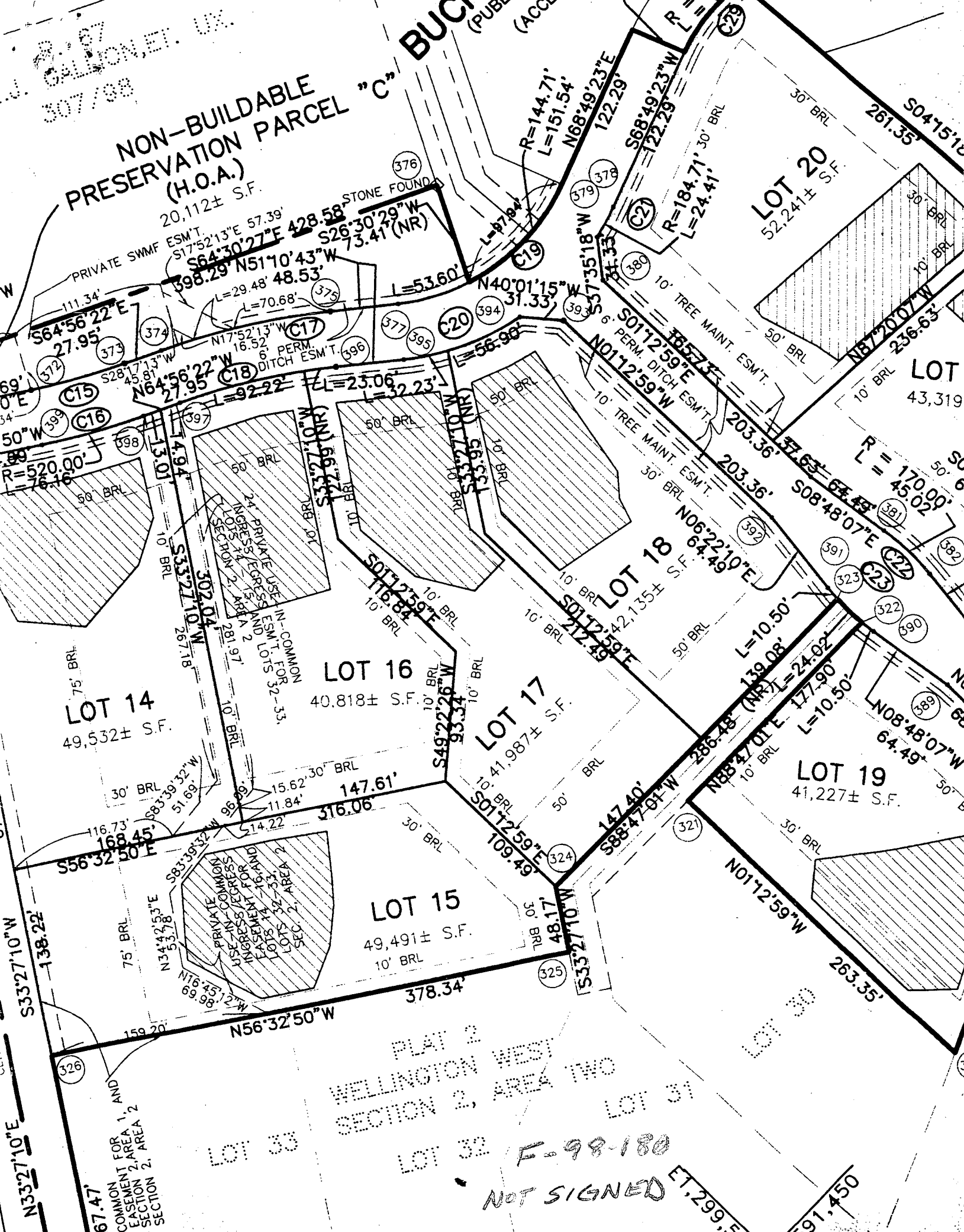
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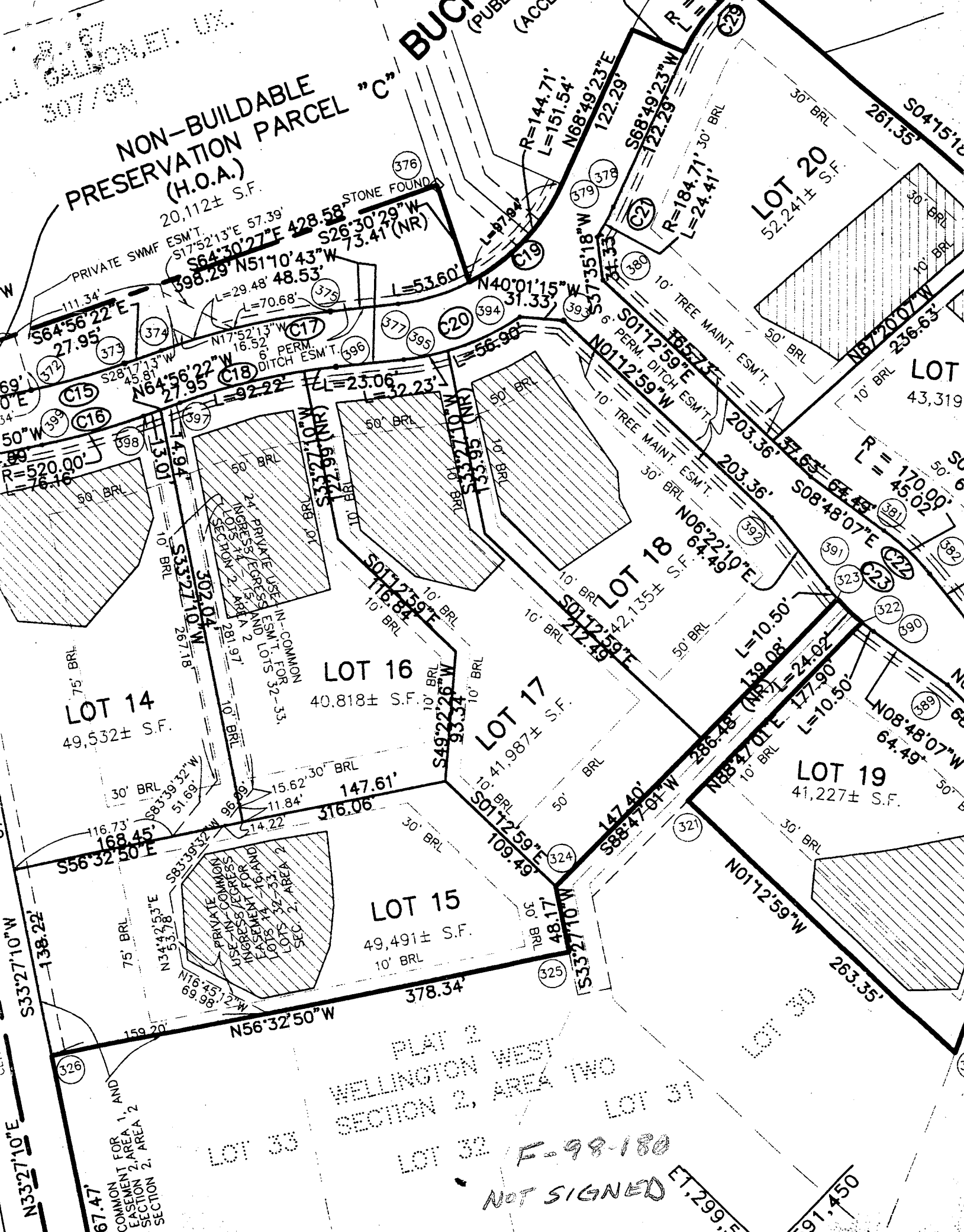
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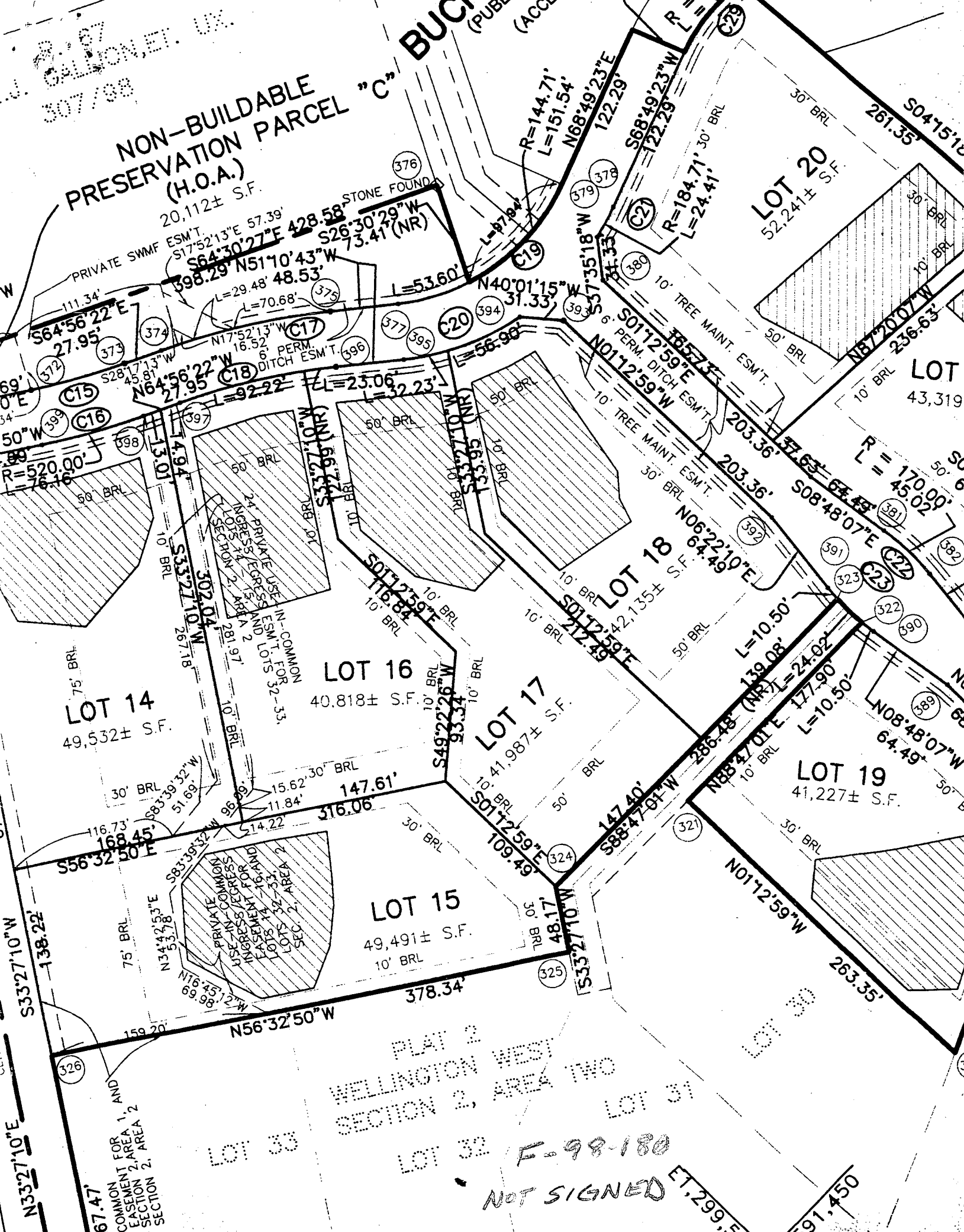
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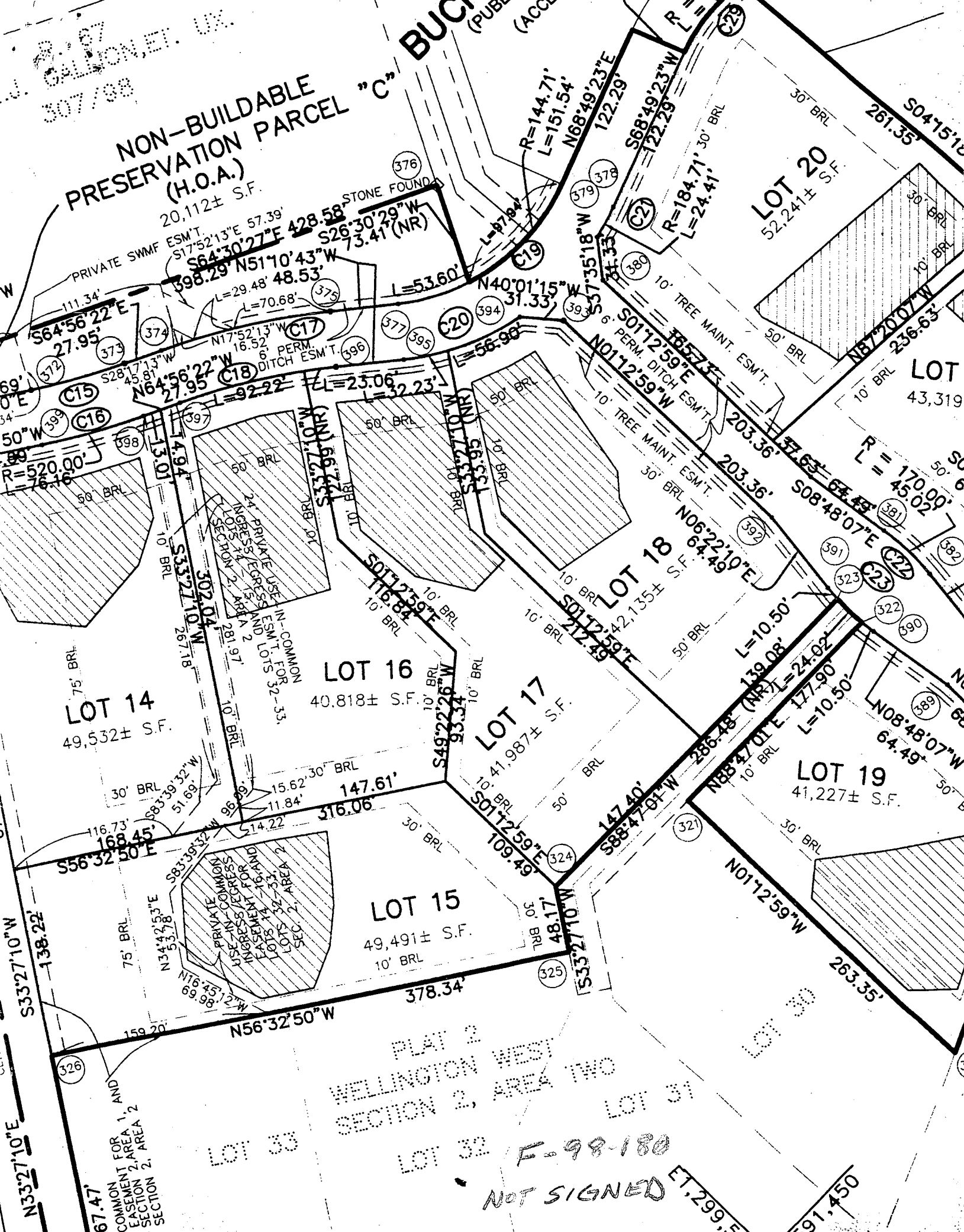
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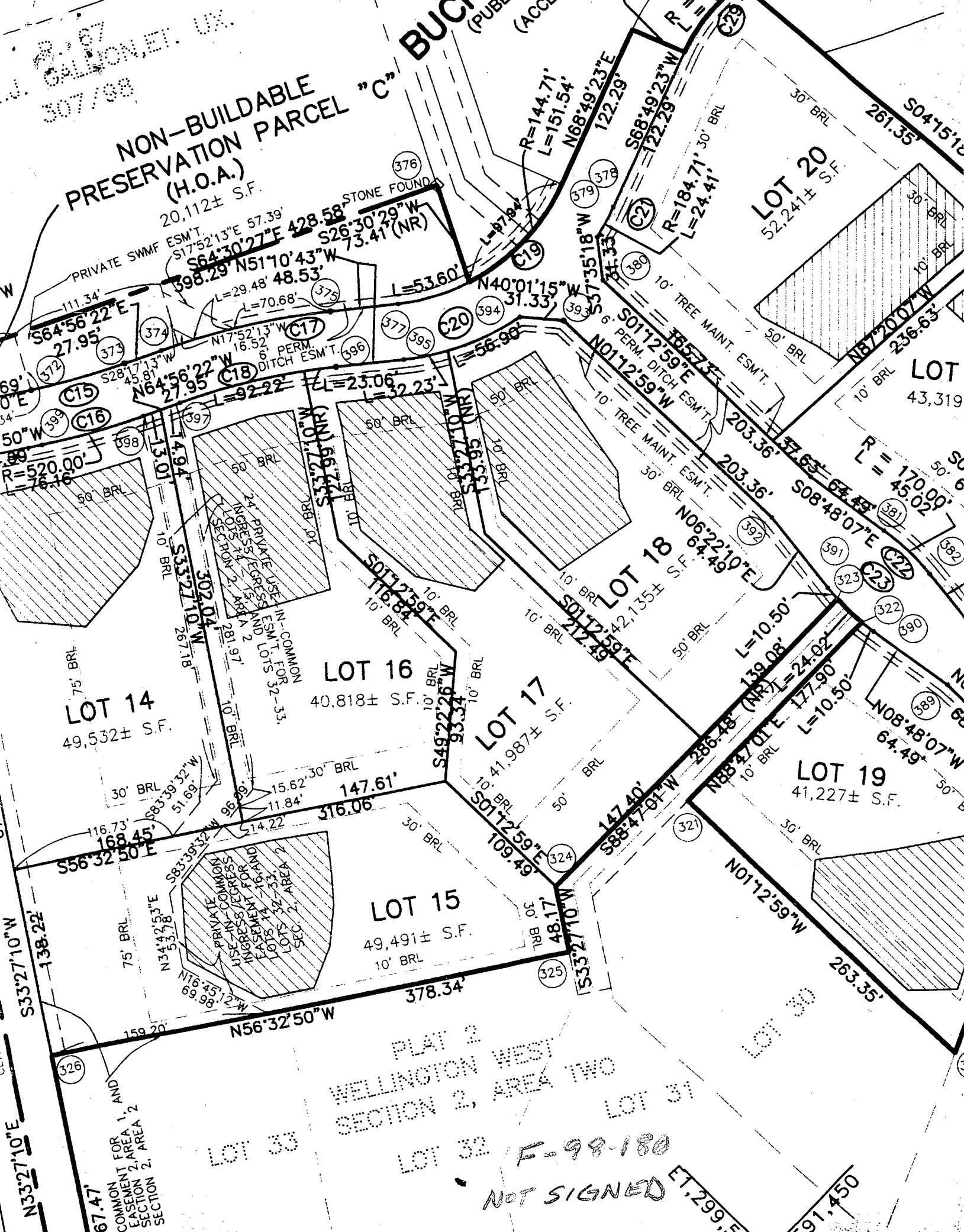
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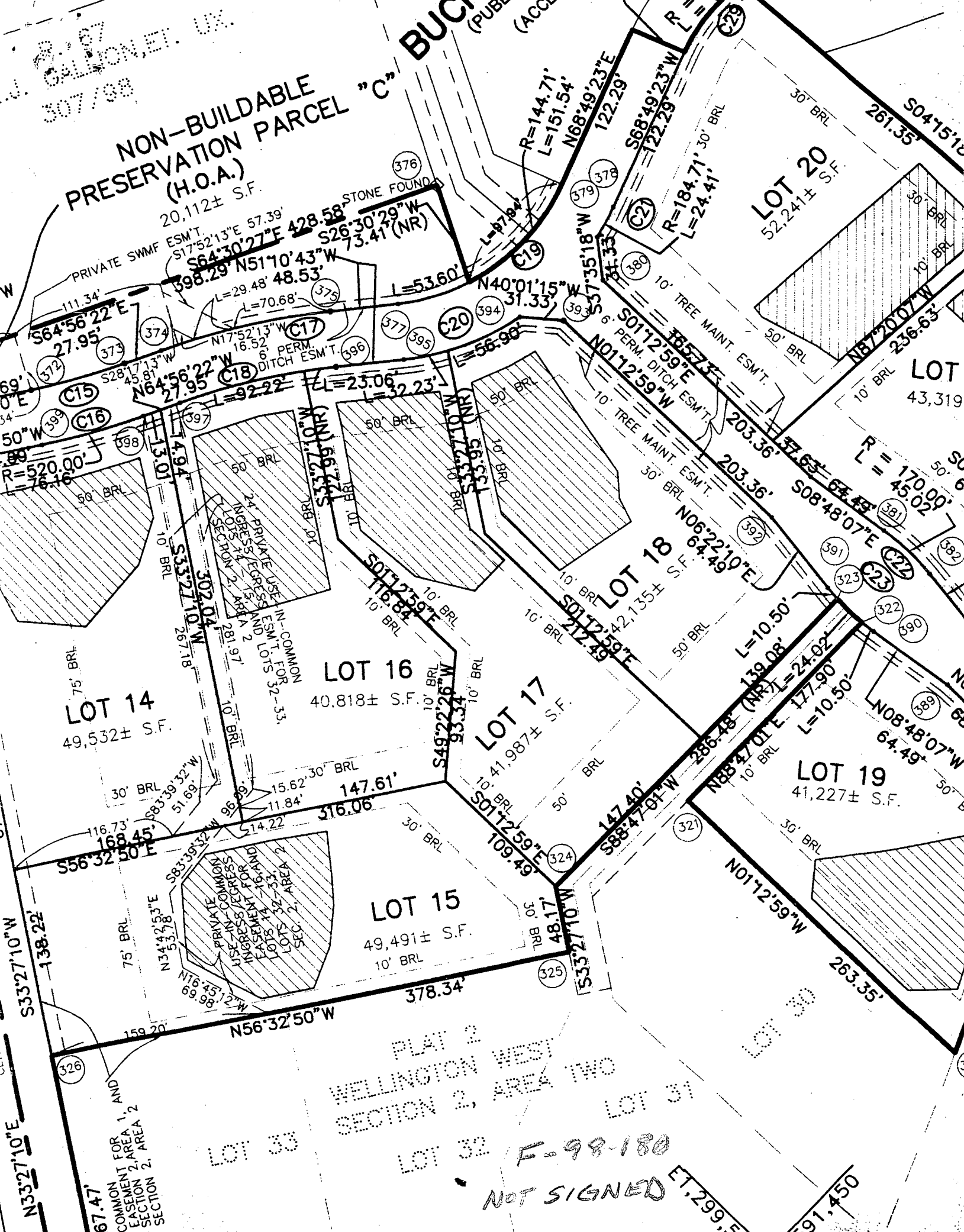
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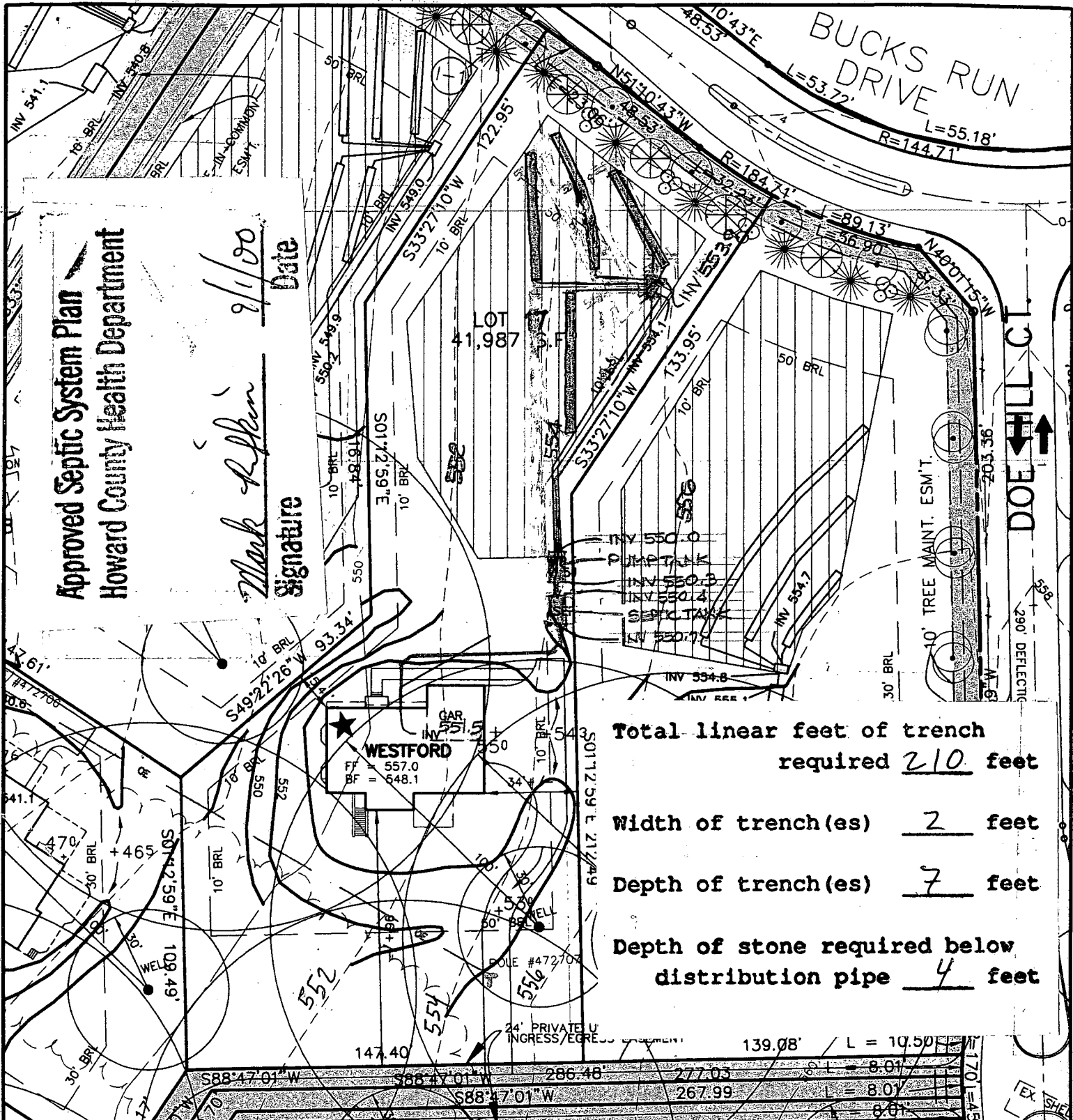
NON-BUILDABLE PRESERVATION PARCEL "C"

BUCKLE (PUBLIC ACCESS)



Approved Septic System Plan
Howard County Health Department

Mark Rubin 9/1/00
 Signature Date



Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet

FIRST FLOOR ELEVATION = 557.0
 FOYER ELEVATION = NA
 BASEMENT ELEVATION = 548.1
 SPOT ELEVATION AT GARAGE = 555.0

SLOPE OF DRIVEWAY = NA
 NUMBER OF RISERS IN GAR. = NA
 NUMBER OF RISERS ON LEAD WALK = NA

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

WELLINGTON WEST SECTION 2
LOT 17
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 8/3/00
 REVISED 8/15/00

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

BO0125879

Building Address 18304 Doe Hill Ct.
Woodbine, MD, 21797

Suite/Apt. #: N/A SDP/WP/Petition #: CP91-150

Census Tract 6640 Subdivision Wellington West

Section 2 Area 2 Lot 17

Tax Map 15 Parcel 69 Grid 20

Zoning RC-DE Map Coordinates 9AS Lot size

Property Owner's Name Pulte Homes
 Address 1501 S. Edgewood St. Ste. K

City Baltimore State MD Zip Code 21227

Home Phone _____ Work Phone 410-513-5509

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2602 Parallel Path
Arlington, MD, 21049

Phone 410-513-1717 Fax 410-513-2210

Existing Use Vacant lot

Proposed Use SFD

Estimated Construction Cost \$ 100,000.00

Description of Work
Construct SFD Westford w/ Morn. Rm.
2 Sty. Full Bmnt. HR, 3FB, 1HB, FP, Garage
(4BR) Dat. Deck, Fin. LL w/ bath

Contractor Company None

Contact Person Pat Orla - Agent

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
<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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>56'</u> <u>50'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>56'</u> <u>36'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>56'</u> <u>42'</u>	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"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input 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 _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>24" x 6"</u>	
Roof: <u>Asph/Flt</u>	
<input type="checkbox"/> State Certified Modular <input checked="" 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 THERE TO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Patricia A. Orla
 Building Permit Services, Inc.
 Title/Company

Print Name Patricia A. Orla
 Date 08-01-00

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	<u>8/1/00</u>	<u>Mark R. Pflanz</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>479114</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 \$ <u>4540</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # _____
	Validation # _____

Accepted by _____

12/5/00
AM

**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: WILLOUGHBY PLUMBING SERVICES Telephone #: 410-781-7051
Address: 6203 PATRICK DR.
SYKESVILLE 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): CHRIS WILLOUGHBY License# 6992

*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: PULTE HOME CORP Telephone #: 410-644-5603
Subdivision: WELLINGTON WEST Lot #: 17 Well Tag #: HO-94-2057
Site Address: 15304 J DDE HILL CT
WOODBINE MD 21797

Submersible Pump Data

Make: JACZZI
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: HARVARD
Model#: _____
Depth: 48" (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: _____ (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: CRESTLINE
PSI: 1" (160 psi min)
Depth of supply line: ✓ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6'
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: Chris Willoughby date: 12-4-00

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

Date Insp. Requested: 12/5/00 Date Insp. Approved: 12/5/00

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 property ✓
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 ✓

C 1 9846 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A580950

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 01 21 99

Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2057

OWNER: BPMP ASSOC. STREET OR RFD: Doe Hill Ct. TOWN: Glenwood. SUBDIVISION: Wellington West. SECTION: 2. LOT: 17.

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

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 17. NO. OF POUNDS: 1596.

CASING RECORD. casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: ST 6. Nominal diameter: 6. Total depth: 61.

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

SCREEN RECORD. screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE). DEPTH (nearest ft.): 61, 180.

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 8.5. METHOD USED TO MEASURE PUMPING RATE: submersible. WATER LEVEL: 32 ft. BEFORE PUMPING, 119 ft. WHEN PUMPING. TYPE OF PUMP USED: submersible.

PUMP INSTALLED. DRILLER INSTALLED PUMP: YES. IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED: submersible. CAPACITY: 31 GALLONS PER MINUTE. PUMP HORSE POWER: 37. PUMP COLUMN LENGTH: 43.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y).

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED).

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...

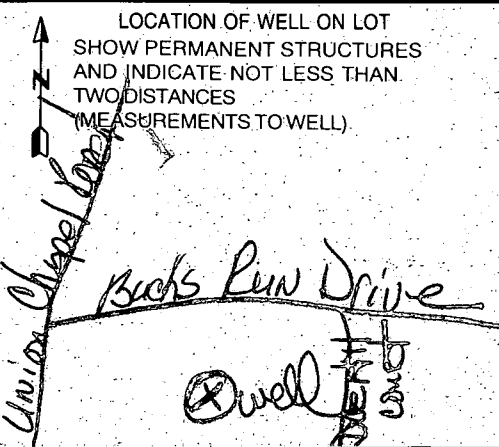
DRILLERS LIC. NO.: M WD 2-56. Dana Kyker Jr. II. DRILLERS SIGNATURE. LIC. NO.: J WD 334.

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

Table with columns: A, C, H, S, R, E, N. Rows: SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (56, 60, 68).

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, OTHER DATA.



B 1 2039

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2057 fill in this form completely

Date Received (APA) 01 05 99

OWNER INFORMATION

ASSOCIATES LLC B P M B 15248 UNION CHAPEL RD Woodbine md 21797

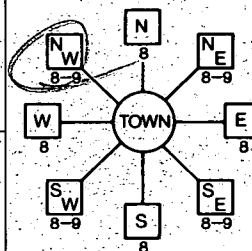
B 3 LOCATION OF WELL Howard

8 COUNTY 21 Wellington West 23 SUBDIVISION 42 SECTION 2 LOT 17 44 46 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN 2 M 73 76 77 78

DRILLER INFORMATION

DANA KYRIL JRTI M D 256 Driller's Name License No. Westminster Rotary Well Drilling Firm Name Pa. Box 861 Westminister, md, 21157 Address Dan J Kyril 1-4-99 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Doe Hill CT 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N NE E SE SOUTH S SW W WEST 34 250 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 14 BLK: PARCEL 222

B 2 WELL INFORMATION

APPROX. PUMPING RATE 6 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 395 GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) (I) INDUSTRIAL, COMMERCIAL, DEWATERING (P) PUBLIC WATER SUPPLY WELL (T) TEST, OBSERVATION, MONITORING (G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A580950 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 1/20/99 A M M 1/20/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 790 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 225 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH. NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other

REPLACEMENT OR DEEPEMED 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 DEEPEN AN EXISTING WELL

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

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

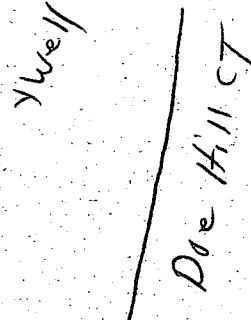
APPROP. PERMIT NUMBER GAP 54 63 PERMIT No. HO-94-2057 70 71 72 73 74 75 76 77 78 79

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 790 N 530 000 000

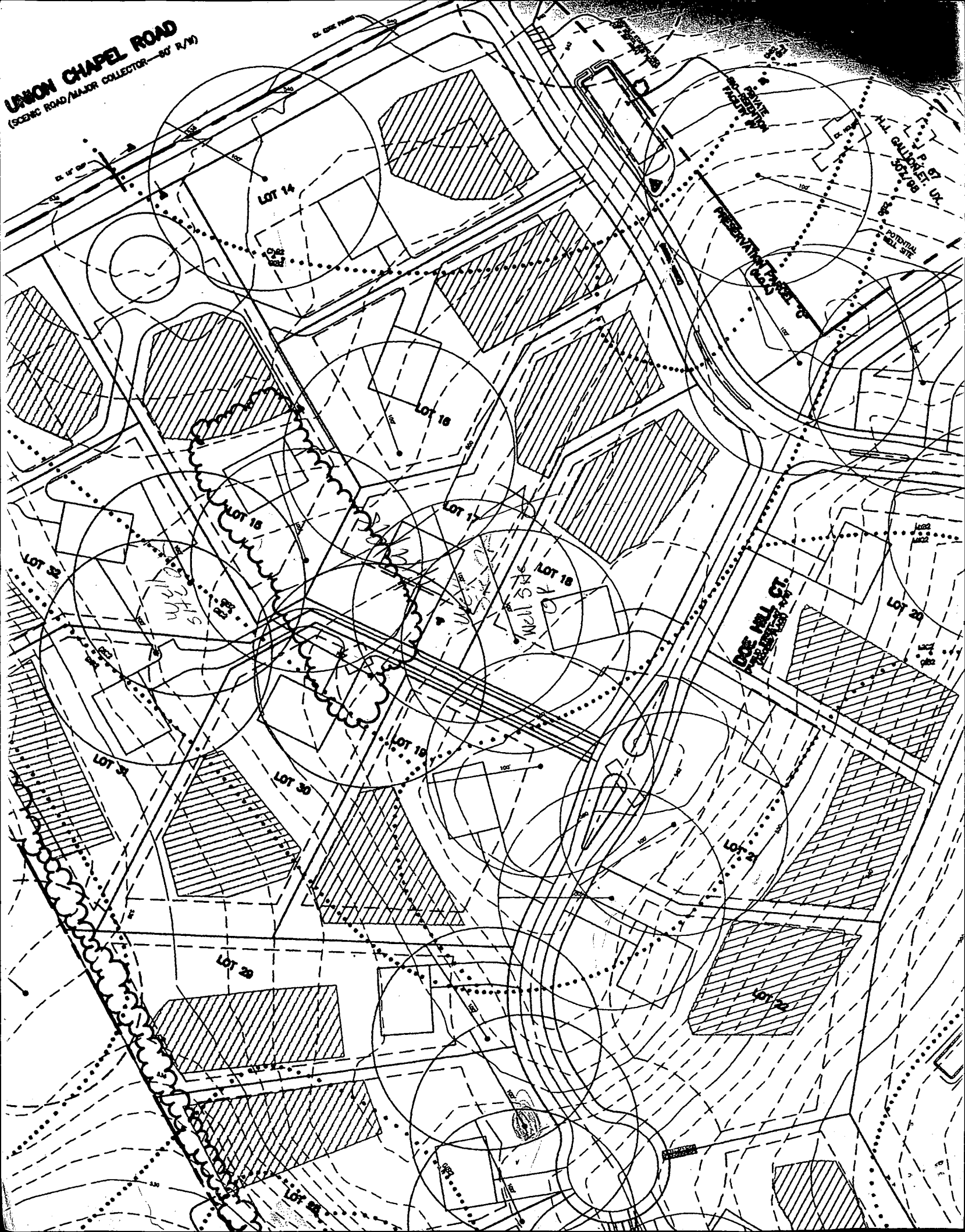
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

UNION CHAPEL ROAD
(SCENIC ROAD/MAJOR COLLECTOR—80' R/W)





10' TREE MAINTENANCE EASEMENT

BUCK'S RUN DRIVE
(40' R/W)
S51°10'43"E 48.53'
R=184.23'
C=122.23'

LOT 16

10/2000
House has shifted
~10 feet closer to
the 147.40' lot line -
should not adversely
impact well/septic

LOT 18 OK to proceed
(DK)

LOT 15

LOT 17

24' PRIVATE USE - IN - COMMON
INGRESS/EGRESS EASEMENT FOR
LOTS 17 & 18 AND LOTS 30 & 31
SECTION 2, AREA 2

DOE HILL COURT

TOP OF FOUNDATION
WALL ELEV. = 556.0'

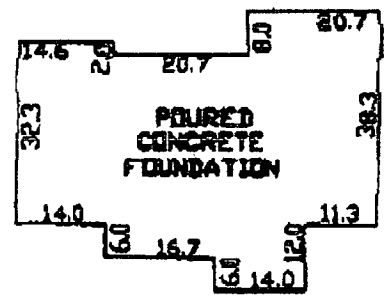
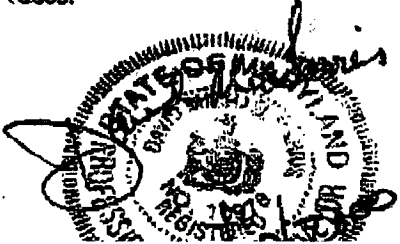
OFFSETS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 10/02/00; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY BENCHMARK ENGINEERING, INC. ENTITLED "WELLINGTON WEST, SECTION 2, AREA 1", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN PLAT No. 13635.

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10578
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351

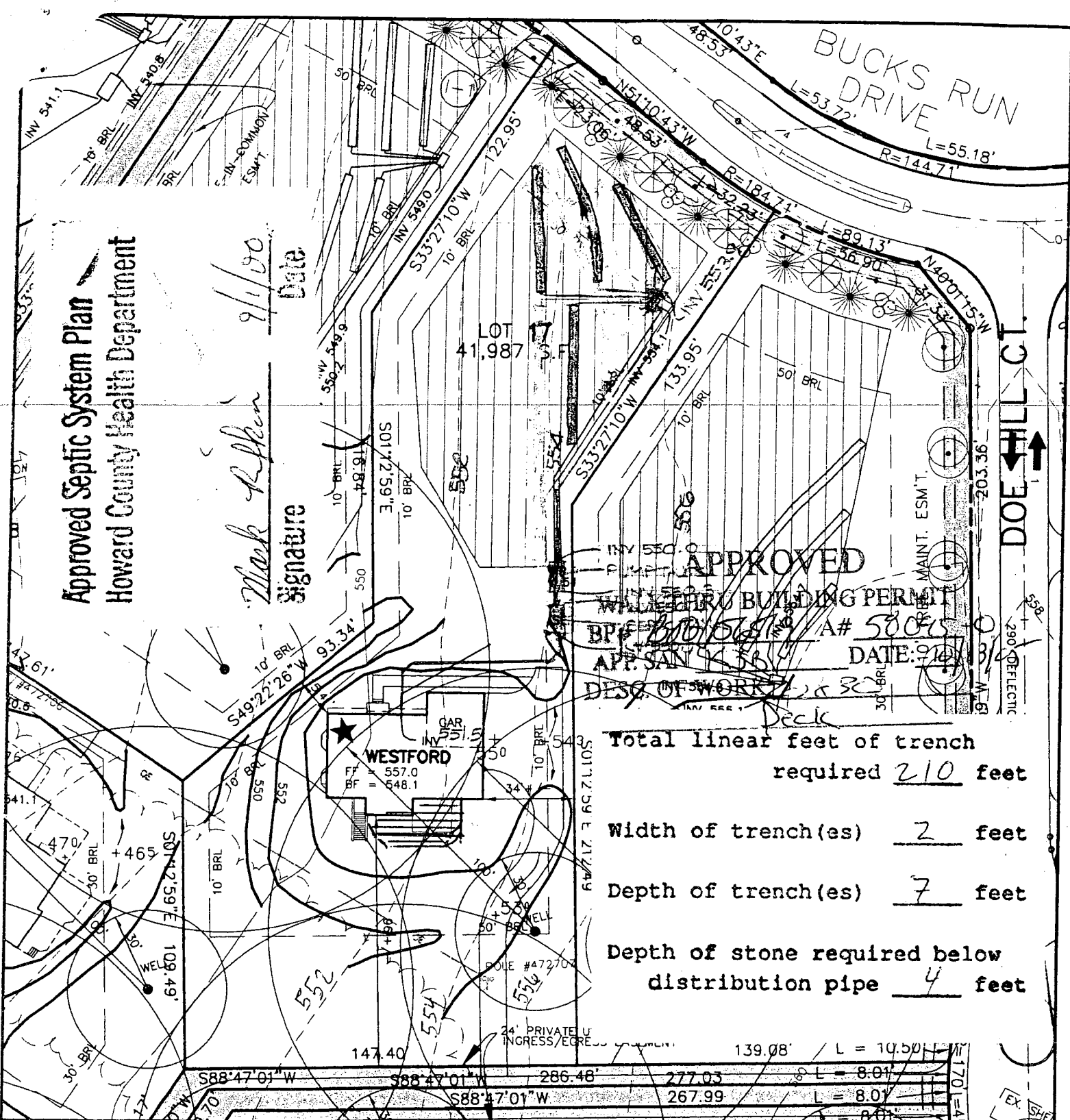


INSET SCALE: 1" = 30'

WALL CHECK

Approved Septic System Plan
Howard County Health Department

Mark Ruffen
 Signature
 9/1/90
 Date



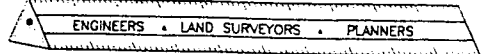
APPROVED
WELLINGTON BUILDING PERMIT
 BP# 61010681 A# 50045
 DATE: 9/1/90
 DISC. OF WORK

Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet

FIRST FLOOR ELEVATION = 557.0
 FOYER ELEVATION = NA
 BASEMENT ELEVATION = 548.1
 SPOT ELEVATION AT GARAGE = 555.0

SLOPE OF DRIVEWAY = NA
 NUMBER OF RISERS IN GAR. = NA
 NUMBER OF RISERS ON LEAD WALK = NA

BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

WELLINGTON WEST SECTION 2
LOT 17

4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 8/3/99
 REVISION 2/11/90