

PERMIT

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

P 514 608

A 24662

ISSUE DATE 10/24/2000

APPROVAL DATE 10/31/00

INDEXED

Gartland Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 1620 W. Old Oiberty Road Sykesville, MD 21029 PHONE 410-875-5303

SUBDIVISION Berndell Estates LOT NUMBER 9 ADDRESS 880 River Road

PROPERTY OWNER Bennett PROPERTY OWNER'S ADDRESS 9692 Oak Hill Drive

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD 21043

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 4 *** TOP SEAMED SEPTIC TANK REQUIRED ***

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 280 feet up the right lot line and 85 feet off this same lot line. Run trenches on contour to left side of lot. 8/29/00 OK ALL

BUILDING PERMIT SIGNED

AND RETURNED

6-4-04 B00148532 - STORAGE BUILDING
7-15-04 B00149422 - IG POOL

PLANS APPROVED Mark Rifkin DATE 8/15/2000

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

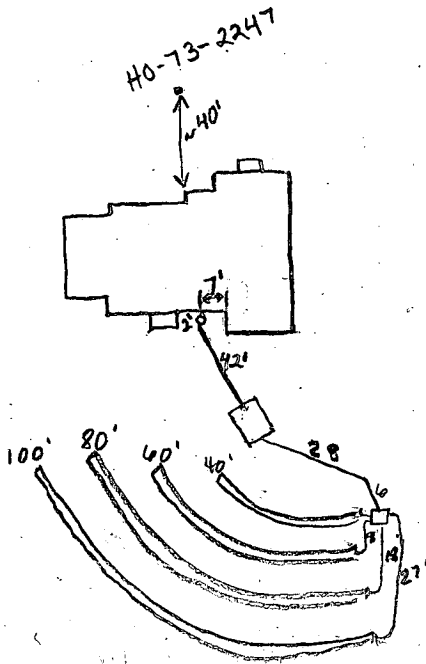
P 514608

10/31/00
ASAP

RPS# 194791

NOT TO SCALE

INDEXED



TRENCH DATA

TRENCH WIDTH 3.0
 TRENCH INLET DEPTH 3.0
 TRENCH BOTTOM DEPTH 5.0
 DEPTH OF STONE 2.0
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 280
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER not needed
 6 INCH INSPECTION PORT AND RETURNED

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: 10/27/00 To run a 40', 60', 80', and 100' trench.

Ten foot center to center. (BB)

INSPECTION COMMENTS: 10/27/00 House connection made. WPL O.K. (BB)

10/31/00 OK to cover all work X

INSPECTOR A. McMill

DATE SYSTEM APPROVED 10/31/00

APPLICATION

A 24662

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 11/3/76

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 ~~L.A.M., Inc.~~ Roy E Bennett

ADDRESS ~~Mrs. Lillian Podell Pikesville, Md~~ 4615 Old Court Rd. Any questions call Browne Associates

PROPERTY LOCATION: 5626 Southwestern Boulevard Arbutus, Md. 21227

SUBDIVISION Berndell Estates LOT NO. 9

ROAD AND DESCRIPTION River Rd. & Rt. 32

SIZE OF LOT 5.030 TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE Single Fmly Dwelling

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Mrs. Lillian Podell

APPROVED BY R. Monfield FOR DW of Trench DATE 2/16/77
(KIND OF SYSTEM)

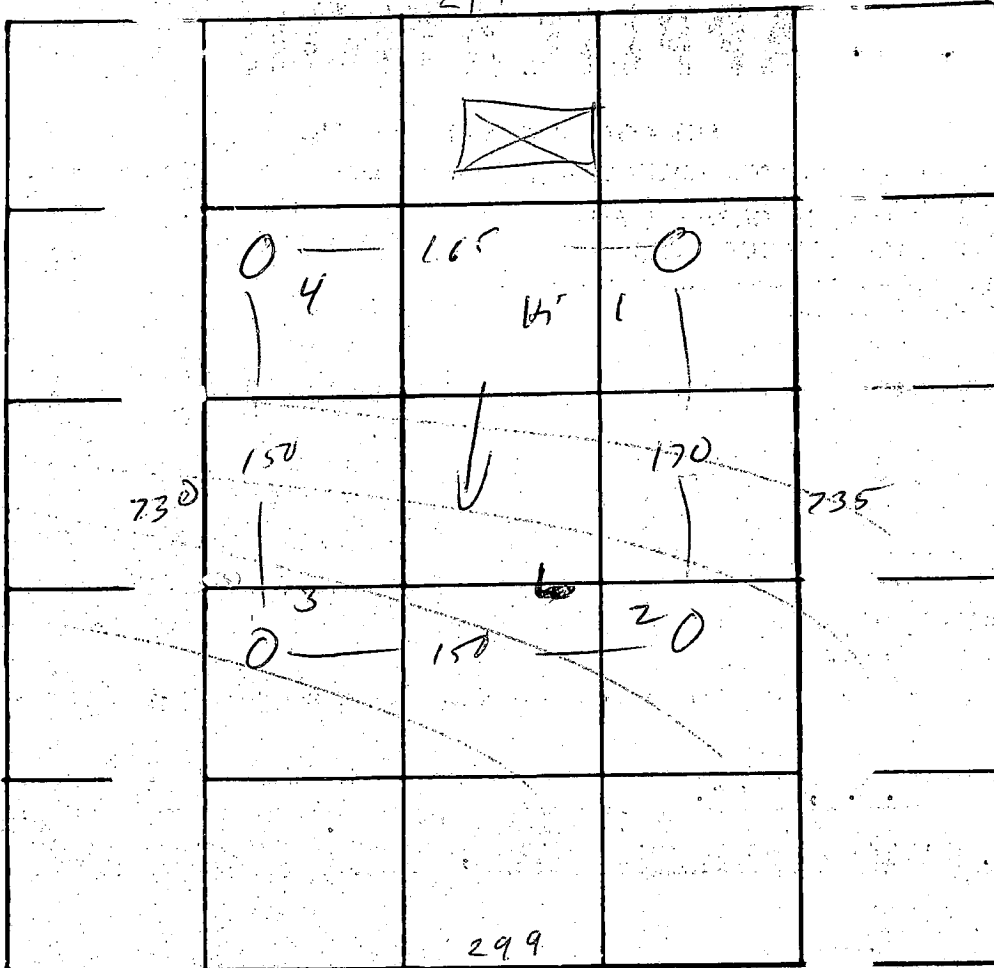
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

299



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

River Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/20	1	2	1:10	1:12	1:12	1:25	8
	1A	12	1:10	1:02	1:12	1:20	8
	2	2	12:40	12:49	12:44	1:04	15
	2A	11	12:40	12:44	12:44	12:53	9
	3	2	12:45	12:51	12:51	1:00	9
	3A	11	12:45	12:51	12:51	1:01	10
	4	11		vis	Same		
	1B	13		vis	Same		

REMARKS

TYPE OF SOIL

sandy loam (some clay mixed to ~25')

TESTED BY

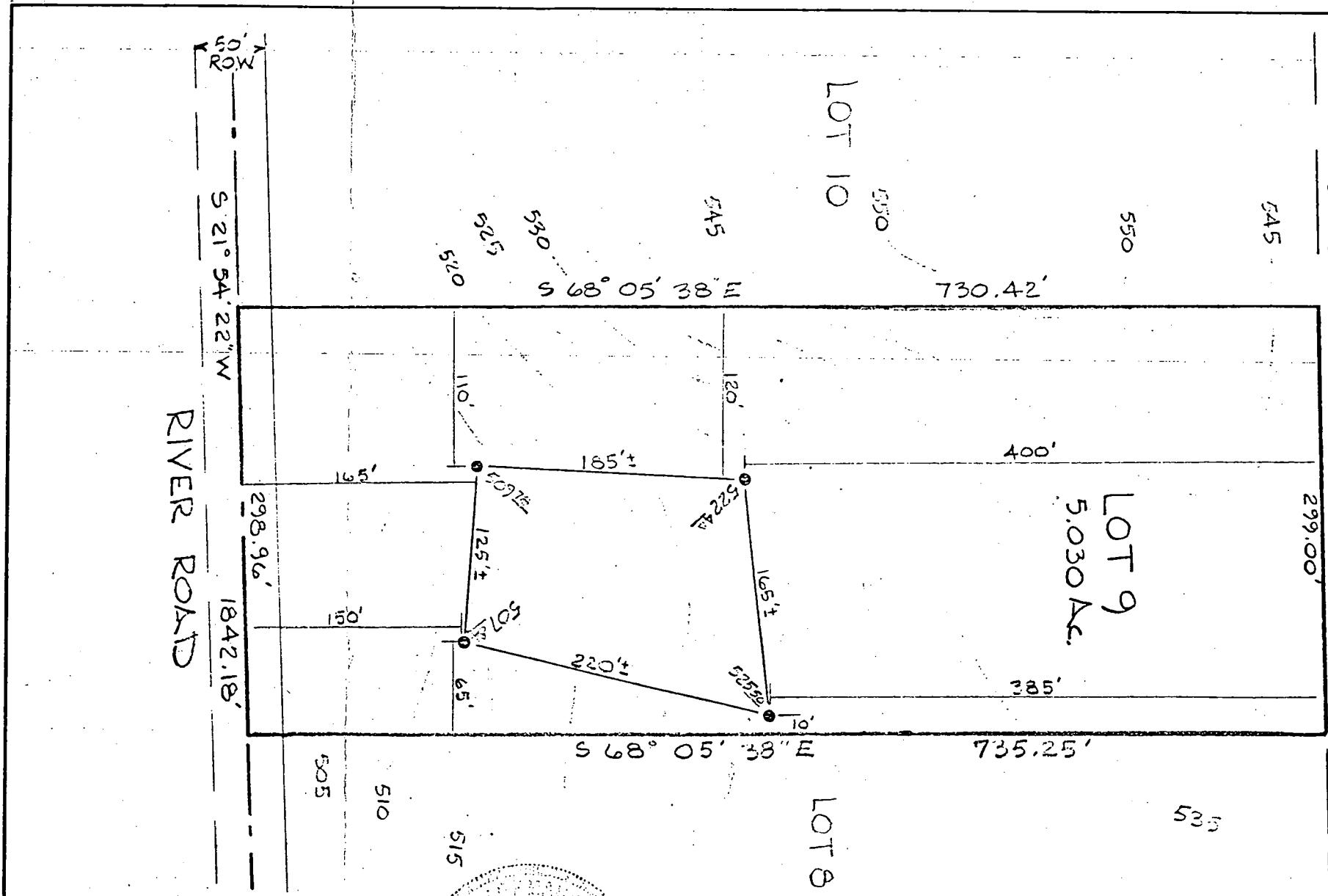
M

ALSO PRESENT:

The lot shown hereon complies with the minimum ownership and lot areas as required by the Maryland State Dept of Health and Mental Hygiene.

APPROVED: Private Water & Private Sewer

J. Carl Hudgins 2-14-77
 Howard County Health Officer date

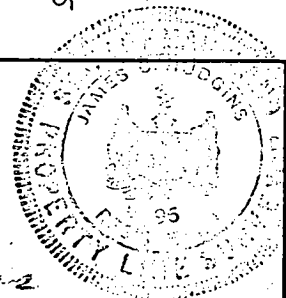


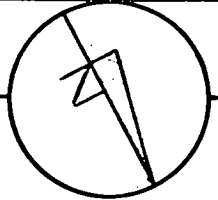
RIVER ROAD

● = PERC HOLES FIELD LOCATED

BRUNING 40-105 11334

J. Carl Hudgins
 J. CARL HUDGINS



REFERENCE  MERIDIAN
RICHARD P. BROWNE ASSOCIATES
 CONSULTING ENGINEERS, PLANNERS
 WAYNE, N.J. COLUMBIA, MD.

MAP OF PROPERTY OF
L.A.M. Inc.
 SITUATED IN
 3rd Election District Howard County, Md.
 SCALE: 1" = 100'
 DATE: 11-22-76

PROJECT No. _____ W. O. No. _____ DRAWN GAT CHECKED _____

BERNDELL ESTATES
1" = 50'

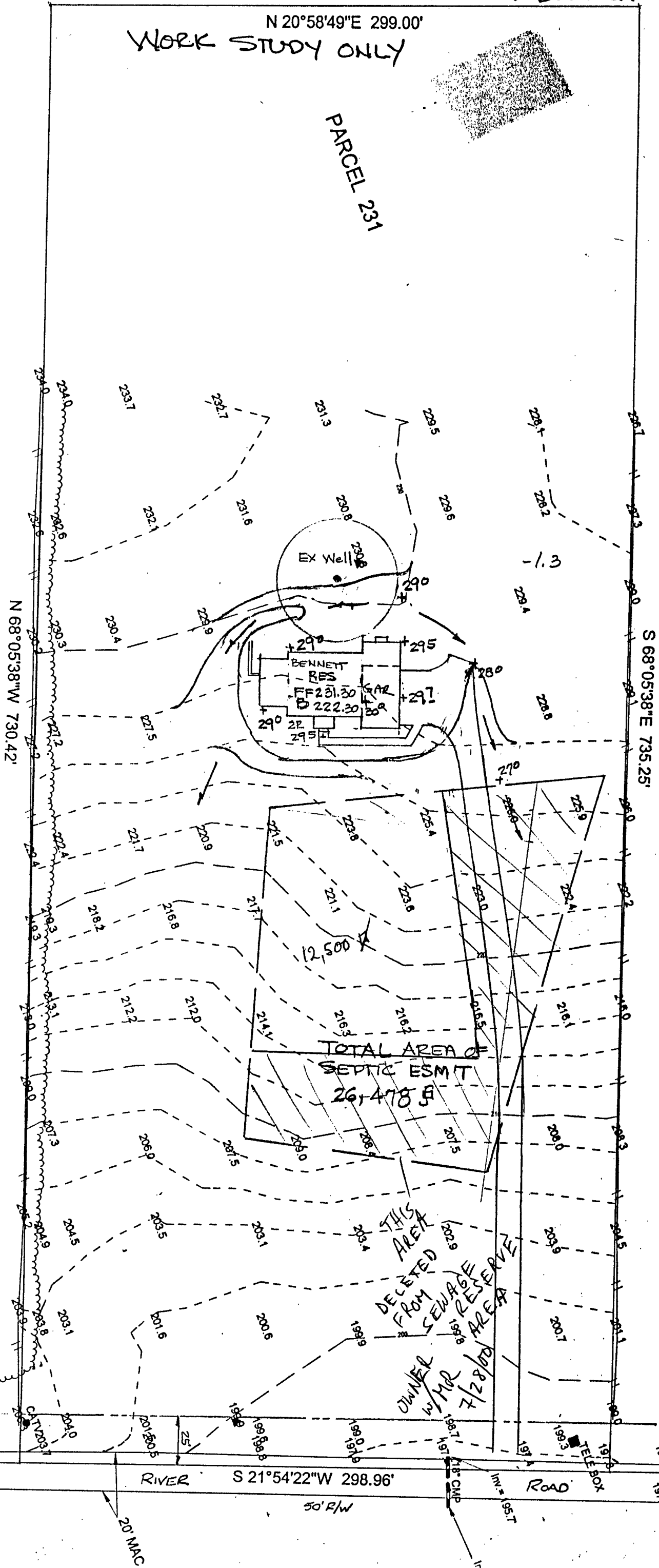
LOT 9 PARCEL 231

ROBERT L BENNETT

WORK STUDY ONLY

N 20°58'49"E 299.00'

PARCEL 231



1°54'22\"W 1321.22'

RIVER S 21°54'22\"W 298.96'

ROAD

20' MAC

50' R/W

18' CMP

1\"

Building Address 880 River RD
SYKESVILLE MD

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

Census Tract 6030 Subdivision BERNDELL
Bearden Est

Section _____ Area _____ Lot 9

Tax Map 9 Parcel 231 Grid 5

Zoning La. De. Map Coordinates SDS Lot size _____

Property Owner's Name Robert L Bennett

Address 890 River RD

City SYKESVILLE State MD Zip Code 21784

Home Phone 4104721270 Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work Deck

Contractor Company Phoenix Const

Contact Person Mike Phoenix

Address 1562 ANDOVER LN

City FREDERICK State MD Zip Code 21702

License No. _____

Phone 3017483506 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 2017 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

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

Michael T Phoenix
 Applicant's Signature

Title/Company

Michael T Phoenix
 Print Name

01 MAR 09
 Date

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>47387</u>
<input checked="" type="checkbox"/> Building Official			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ <u>30</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____ Balance due \$ _____ Check # <u>1542</u> Validation # <u>30234</u>
<input checked="" type="checkbox"/> Health			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
File Protection			Lot Coverage for New Town Zone _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>(Signature)</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				

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

T: Forms PERMIT.FRM Rev: 5/17/00

LOT 8
ZONE RR-DEO

Total linear feet of trench required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet

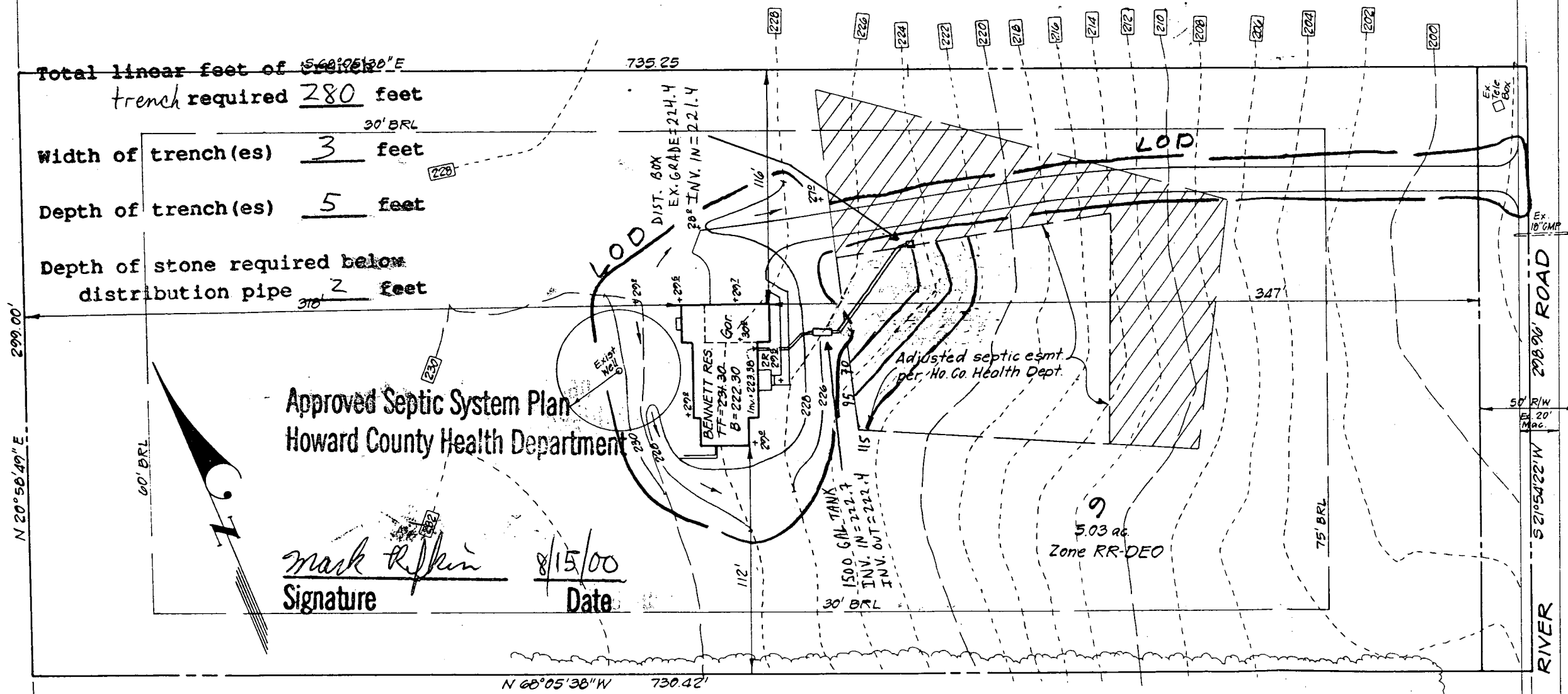
Approved Septic System Plan
Howard County Health Department

Mark R. Skin
Signature
8/15/00
Date

1-60
PLAN
BY
CFS

LEGEND

- Ex. Contour - - - - - [242] - - - - -
- Prop. Contour - - - - - 242 - - - - -
- Contour Interval: 2 ft.
- Plat Reference: L. 0845 at F. 162
- Limits of Disturbance - LOD - - - - -
- Area of Disturbance = 19,800 sq ft



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300 125 742

Building Address 830 River Rd
Sylmarville MD 21084
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Bennell Estates
 Section _____ Area _____ Lot 9
 Tax Map 9 Parcel 231 Grid 5
 Zoning RR Map Coordinates 5 D 9 Lot size 5 ACRES

Property Owner's Name Ray E. Bennett
 Address 4692 Oak Hill Dr
 City Ellicott City State MD Zip Code 21042
 Home Phone 410-549-0595 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Robert A. Bennett, Inc.
830 River Rd
Sylmarville MD 21084
 Phone 410-412-1270 Fax 410-549-8811

Existing Use VACANT LOT
 Proposed Use NEW SFD
 Estimated Construction Cost \$ 150,000
 Description of Work 2 STORY FULL BASEMENT
TRAILER 16' DIA. 2 F.S. 1 H.S. 1 P.P. 1 B/R.
CORNER

Contractor Company Robert A. Bennett, Inc.
 Contact Person Robert A.
 Address 830 River Rd
 City Sylmarville State MD Zip Code 21084
 License No. 454064
 Phone 410-412-1270 Fax 410-549-8811

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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>71'</u> _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>57'</u> _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>71'</u> _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
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.

Applicant's Signature _____
 Title/Company _____

Print Name Robert A. Bennett
 Date 8/1/00

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	8/1/00	Joe Bell	
State Highways			
Building Official			
Dev. Engineering, DPZ	8/1/00	Mark Reifer	
Health			
Fire Protection			

DPZ SETBACK INFORMATION	
Front:	<u>75 FT</u>
Rear:	<u>60 FT</u>
Side:	<u>30 FT</u>
Side St.:	<u>NA</u>
All minimum setbacks met?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for NewTown Zone	_____
SDP/Red-line approval date	_____

PROPERTY ID#	AMOUNT
41-7387	
Filing fee	\$ 25.00
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# 30125
Validation	# _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:
 Accepted by _____

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: J. Jos. Gartland, Inc. Telephone #: 410-875-2400
Address: 1835 W. Old Liberty Rd.
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): James J. Gartland, Jr. License# 1713

* 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: Roy E. Bennett Telephone #: 410-995-0595
Subdivision: Bonndell Estates Lot #: 9 Well Tag #: HO-73-2247
Site Address: 880 River Rd.
Sykesville, Md. 21784

Submersible Pump Data

Make: Goulds
Model #: 10S805422
Pump Capacity: 10 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Harvard
Model #: PT800
Depth: 42" (36" min)
NSF approved: Yes

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: 140 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors on Cable guard are required - Must circle one

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

Piping to house

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

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 6ft.
Sleeve caulked and sealed properly: Yes

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] Signature of company representative responsible for installation 8/3/01 date

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

Date Insp. Requested: 10/27/00 Date Insp. Approved: 10/27/00 (BB) SRN
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

DATE RECEIVED (WRA USE ONLY)
 OWNER: Ray E. Bennett Inc. COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD: 5626 Tullhustan Blvd. COL 36 COL. 55
 POST OFFICE: Roll, Md. COL. 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 DATE: 7/29/77 LICENSE NUMBER: 42
 FIRST NAME: S. F. Pasterday DRILLER LAST NAME: Pasterday
 SIGNATURE: S. F. Pasterday

B 3 LOCATION OF WELL
 COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: Bennett Lot 23 42
 SECTION: 44 LOT: 9 B 48 50
 NEAREST TOWN: Bethesda 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 3 73 76 77 78

B 2 WELL INFORMATION
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD: Roller Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N NORTH EAST WEST SOUTH
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 300 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

APPROXIMATE DEPTH OF WELL: 150 FEET 24 28

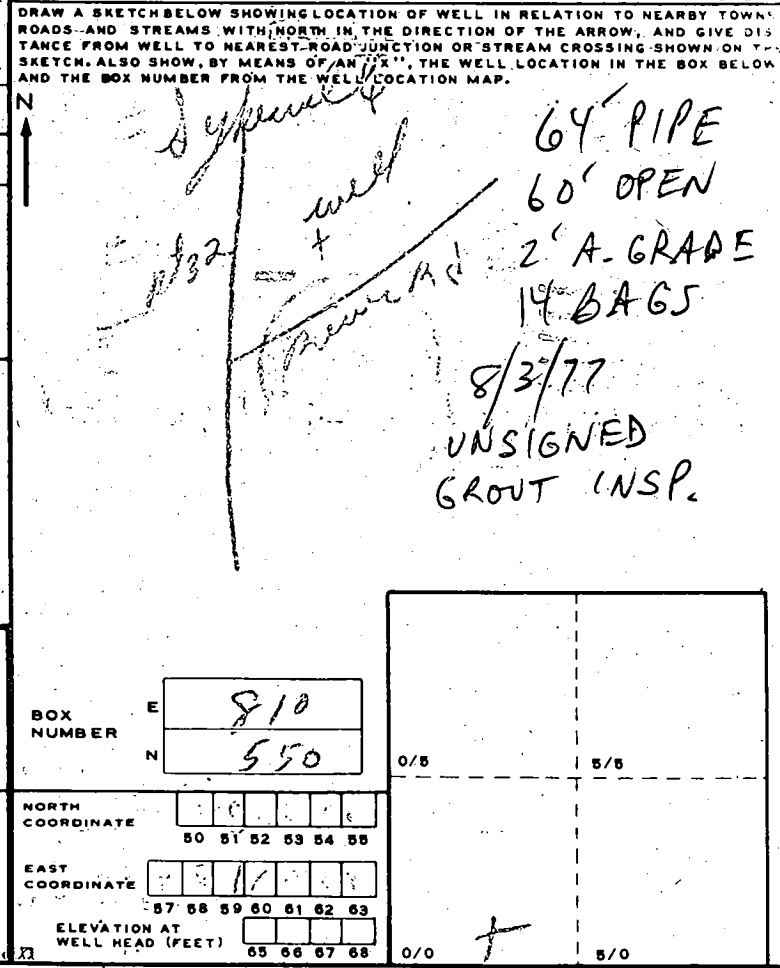
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE):

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 (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER: 84 ENGINEER REVIEW DISTRICT NO.: 65
 FORCE: 67 WRITE INITIALS IN BOX: 68 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 STATE HEALTH (CIRCLE BOX): 3 COUNTY NAME: Howard COUNTY NO.: 126426
 DATE: 7 15 77 APPROVED BY: Donald W. Monahan
 Donald W. Monahan, Sanitarian



B 5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 **9694** SEQUENCE NO. (WRA USE ONLY)
 1 2 3 4 (SEQ. NO.) 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8/13/77 DEPTH OF WELL 140 PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-73-2147
 DATE WELL COMPLETED 8/13/77 22 (TO NEAREST FOOT) 26
 8-13 15 20 DRILLERS IDENTIFICATION NO. 42

OWNER RAY L. BECKETT, INC. FIRST NAME RAY LAST NAME BECKETT
 STREET OR RFD 5720 SOUTHWESTERN POST OFFICE BALTIMORE MD.

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	2	
SHALE	2	15	
BROWN SLATE	15	63	
GRANITE-5-P	63	140	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 14 NO. OF POUNDS 1400
 GALLONS OF WATER 70
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 60 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES
 INSERT APPROPRIATE CODE BELOW
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TYPE S T 6 64
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 60 61 63 64 66 70
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO
 SCREEN TYPE OR OPEN HOLE
 INSERT APPROPRIATE CODE BELOW
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE
 INSERT APPROPRIATE CODE BELOW
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER
 C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM 140 TO 140
 EACH SCREEN
 1 HO 8 9 11 15 17 21
 2 HO 23 24 26 30 32 36
 3 HO 38 39 41 45 47 51
 SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

PUMPING TEST

C 3 (SEQ. NO.) 6
 HOURS PUMPED (TO NEAREST HOUR)
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 64 (NEAREST FOOT)
 WHEN PUMPING 140 (NEAREST FOOT)
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE LAND SURFACE
 - BELOW LAND SURFACE
 LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).
 153

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME
 (PLEASE PRINT) L. F. EASTERNDAY
 SIGNATURE L. F. Easternday

60' BRL



6/4/04 No well or
septic issues

BP0014 8532 - STORAGE BUILDING
OK

KN

N 68°05'38" W
730.42'

S 68°05'38" E

30' BRL

112'

30' BRL

5.03 ac
Zone RR-DEO

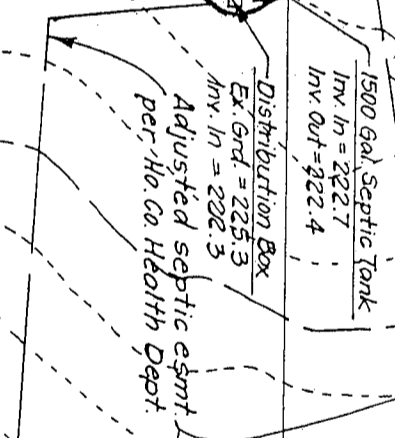
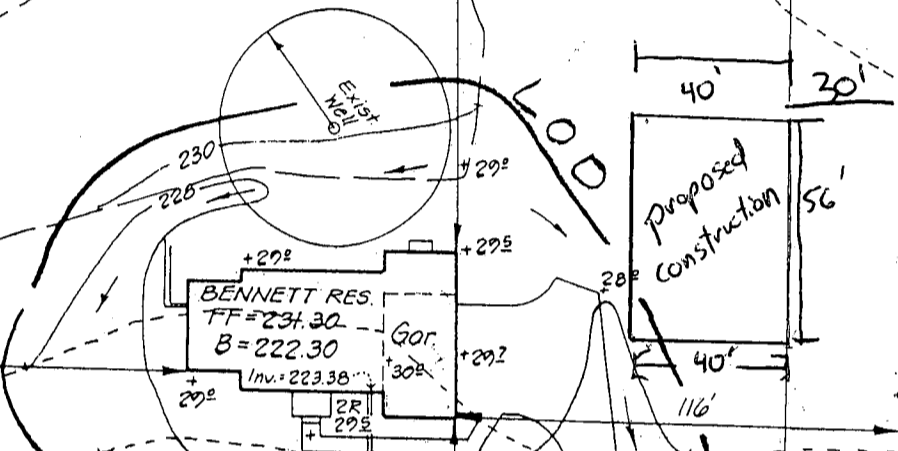
75' BRL

318'

30' BRL

735.25

LOT 6
ZONE RR-DEO



- 228
- 226
- 224
- 222
- 220
- 218
- 216
- 214
- 212
- 210
- 208
- 206
- 204
- 202
- 200

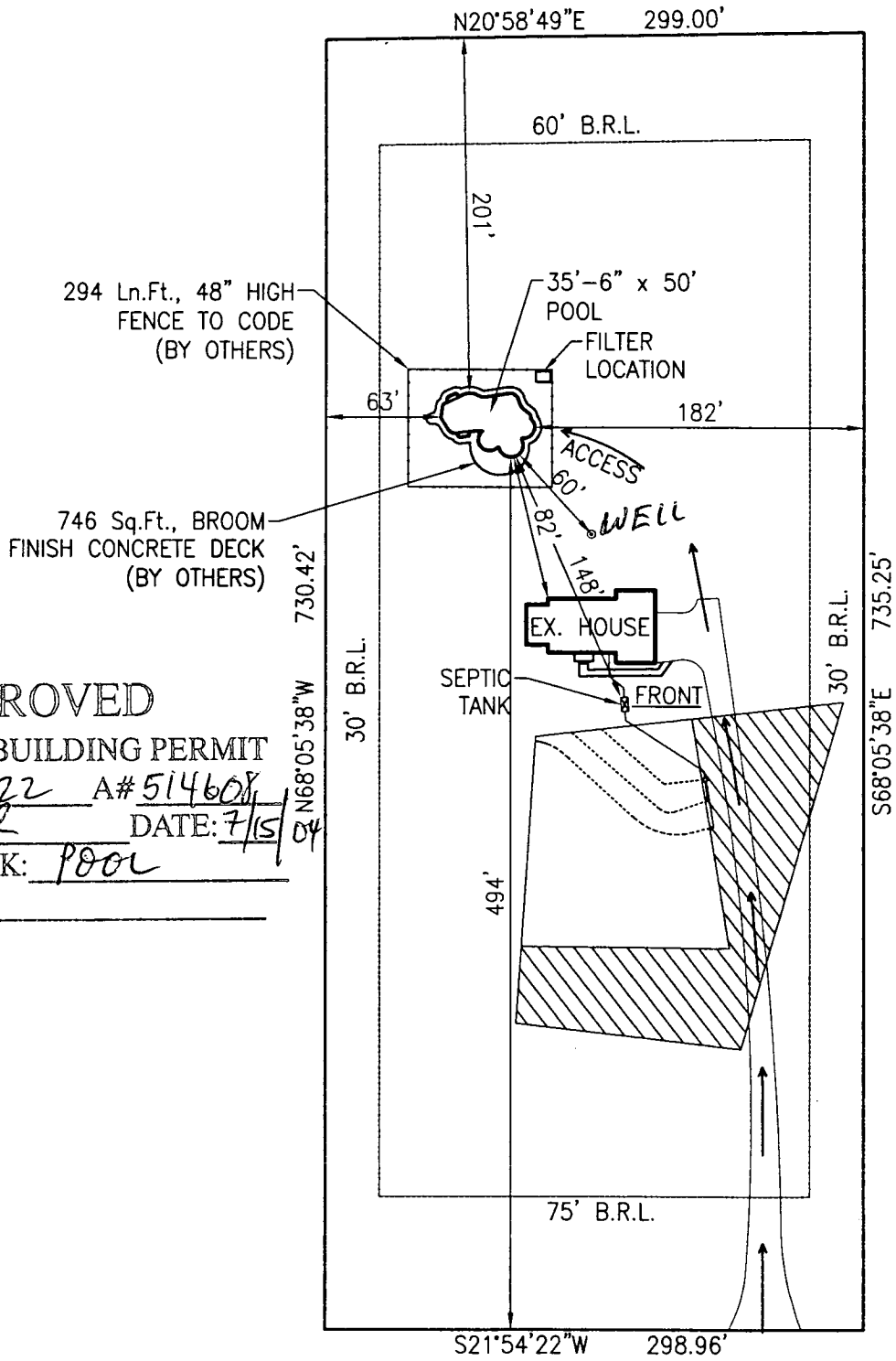
347'

LOP

Ex. Tele. B.

SETBACKS:

REAR PL. 10'
SIDE PL. 10'
HOUSE 0'
SEPTIC 50'
WELL 30'



APPROVED

WALK-THRU BUILDING PERMIT

BP# 00149422 A#514608

APP. SAN MR DATE: 7/15/04

DESC. OF WORK: POOL

RIVER ROAD

(50' R/W)

REVISIONS:

00/00/00

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00149422

Building Address 880 River Rd
Sykesville MD 21784
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Bennett II Estates
 Section _____ Area _____ Lot 9
 Tax Map 9 Parcel 231 Grid 3
 Zoning R 200 Map Coordinates 5119 Lot size 5.03 Ac

Property Owner's Name Robert Bennett Jr.
 Address 880 River Rd
 City Sykesville State MD Zip Code 21784
 Home Phone 410 546 5900 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Dana Krausz
4515 Gerwig Lake #119
Columbia MD 21046
 Phone 410 995 6600 Fax _____

Existing Use SID
 Proposed Use SID w/ pool house
 Estimated Construction Cost \$ 20,000
 Description of Work Construct 30' x 35' x 12' 3/4' inground
concrete pool with tiled bottom
enclosed by 6' high wood fence to back

Contractor Company Maryland Pools Inc.
 Contact Person Dana Krausz
 Address 4515 Gerwig Lake #119 Columbia
 City Columbia State MD Zip Code 21046
 License No. LA 274
 Phone 410 995 6600 Fax _____

Occupant or Tenant owner
 Contact Name Dana Krausz
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410 995 6600 Fax _____

Engineer or Architect Company _____
 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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: _____ Roof: _____	_____
_____ State Certified Modular _____ 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.

Dana Krausz
 Applicant's Signature
Dana Krausz
 Title/Company
MOR 2/15/04

Dana Krausz
 Print Name
7/15/04
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

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