

1/12/01 11:00 Pre Const.
1/25/01 11:00 AM
1/25/01 C.O.
1/25/01 All day
1/18/01
1/22/01 AM

PERMIT

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

P514614
A 38395
ISSUE DATE 10-27-2000
APPROVAL DATE 1/26/01

RPS # 347331

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Glenwood Springs I LOT NUMBER 47 ADDRESS 2700 Hobbs Road

PROPERTY OWNER Tom Nguyen PROPERTY OWNER'S ADDRESS 1660 Hosfeld Drive

SEPTIC TANK CAPACITY 1250 GALLONS Westminister, MD 21157

PUMP CHAMBER CAPACITY N/A GALLONS

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

SQUARE FEET PER BEDROOM 240

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 125 feet from the 276.70' lot line and 85 feet from the 330.43' lot line. Run trenches on contour toward the 330.43' lot line.

REQUESTED LAYOUT: 4 trenches, 80' each
Install trenches 10' center-to-center for this job only (7' edge to edge) to conserve room for 2 complete repairs - Due to location in 1st high trench go back to original planned layout for trench installation. 1/12/01

PLANS APPROVED Mark Rifkin OR SRN 10/4/00 DATE 9/13/2000

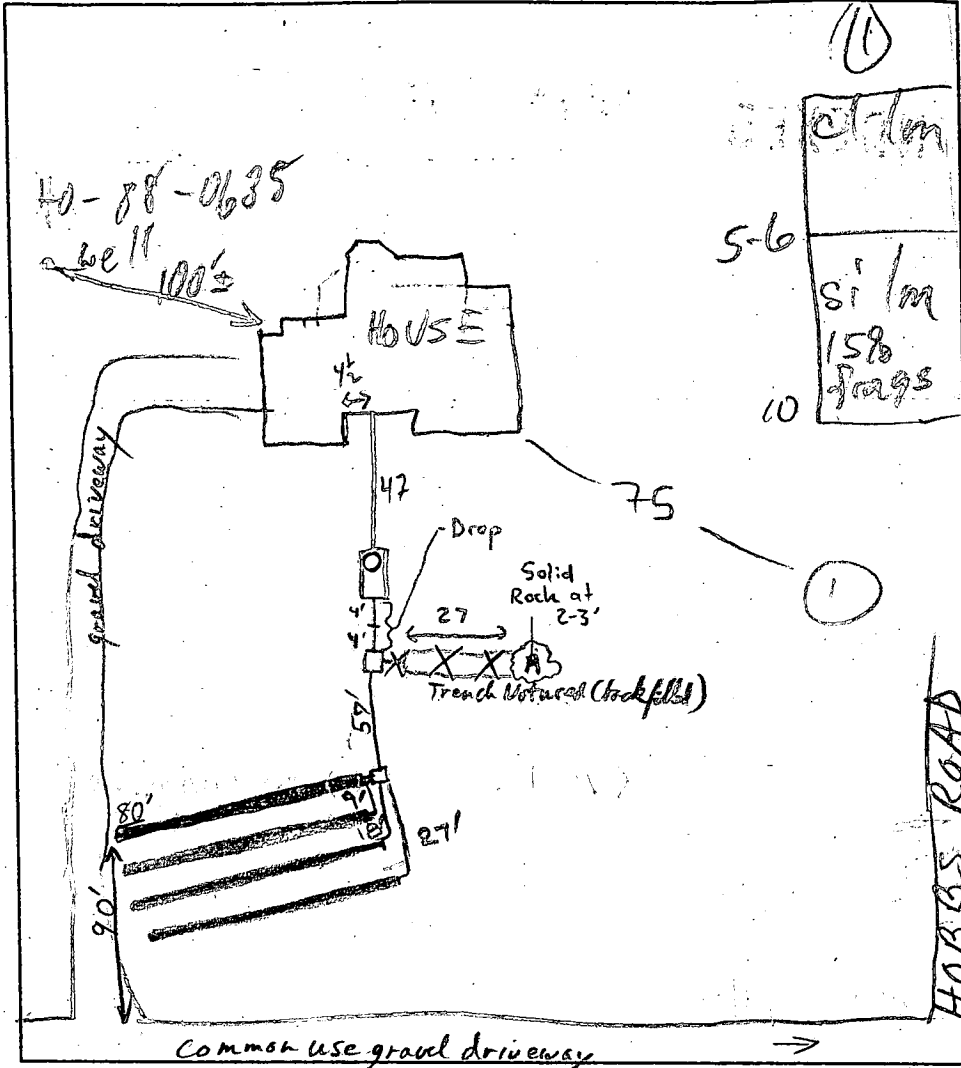
PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

514614

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

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	3 1/2'
TRENCH BOTTOM DEPTH	5 1/2'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	4
TOTAL TRENCH LENGTH	320
ABSORBENT AREA	960
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	2 1/2" @ inlet side, just covered at outlet side
6 INCH INSPECTION PORT	7" baffle @ outlet OK
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	NA
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION INSPECTION: Since old Rock Test Hole was well off site it's ok to try to put in several trenches uphill of perc area as long as No Rock encountered. Call when setting Septic Tank. P/P 1/13/01

INSPECTION COMMENTS: 1/18/01 OK TO COVER HOUSE TO TANK (MR)
 1/22/01 HOLE DUG TO VERIFY SOILS @ INTENDED TRENCH LOC - OK (MR)
 1/23/01 - CONTRACTOR ENCOUNTERED ROCK AT (A) AT 2-3' DEEP, FISSURES FACING DOWNWARD
 INSTALLATION SHUT DOWN UNTIL FURTHER NOTICE (SRK) Due to location of back to original area
 (he said MR did exploratory hole and found some rock but as above, the day before, but...) P/P 1/24/01 let trench dig, put gravel
 OK proceed P/P 1/25/01

1/26/01 FINAL INSP - OK TO COVER ALL SEPTIC WORK. DKC
 INSPECTOR DKC DATE SYSTEM APPROVED 1/26/01

APPLICATION

PERCOLATION TESTING

A 38395

P _____

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

*2/6/87
perc test
and approved
put
(initials)*

DISTRICT _____

DATE 10-14-86

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, MD PHONE 21043 461-2855

PROPERTY LOCATION: _____

SUBDIVISION Hakes Property LOT NO. FORTY SEVEN

ROAD AND DESCRIPTION Hobbs Road

LOT 47 on Final

Rulein ch 4/29/87

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ ACRES TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Ronald D. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field created holes (ground & bank)

& sub - plot

SHALLOW SYSTEM ONLY

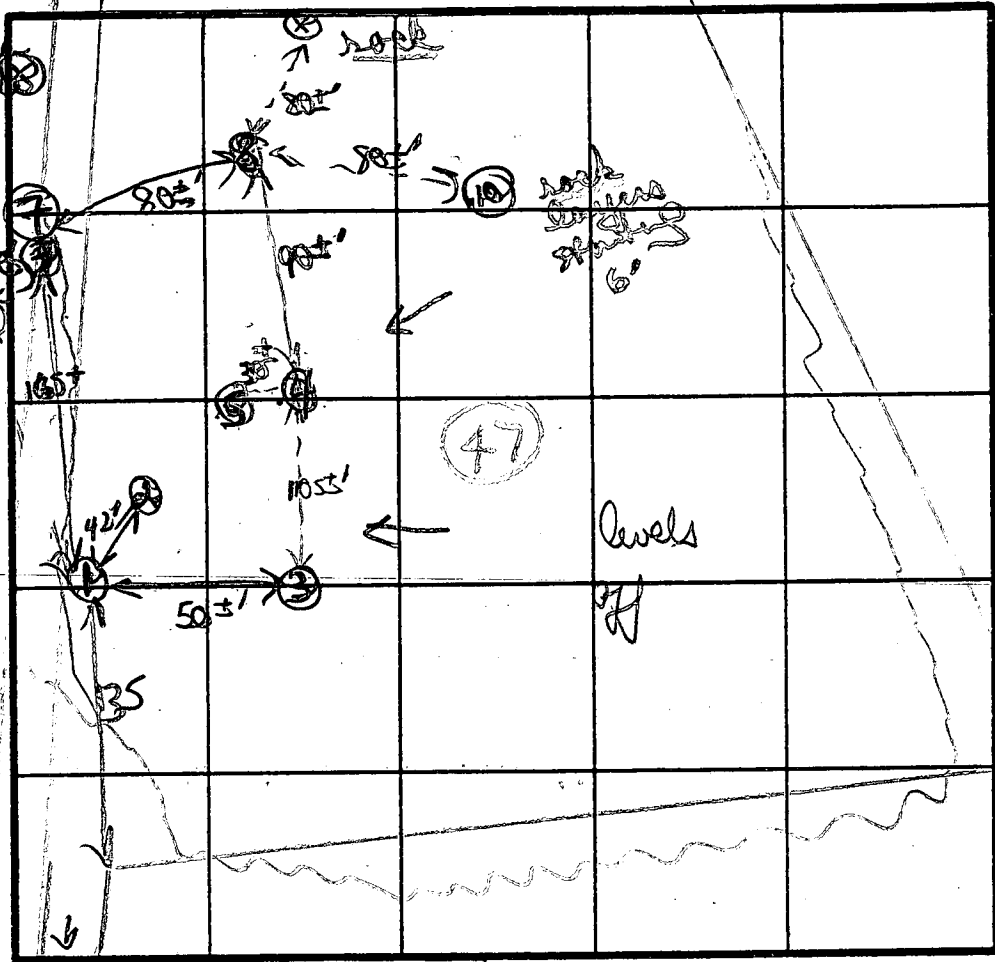
THIS IS NOT A PERMIT

$\bar{X} = 17 + 18 \text{ MIN}$

TO LOT 46

INLET 4'
 MAX 5 1/2' DWT
 220/130
 3' wide SOIL PROFILE

red/brown
 yellow
 clay/clay
 loam
 3 1/2'
 to brown
 orange
 silty
 mic
 loam
 ↓
 12'D



brown/clay
 clay loam
 3 1/2'
 to brown
 orange silty
 mic loam
 ↓

11'D
 ⑥

Brown clay
 silt loam
 ↓ fairly
 uniform
 10 1/2'D 150

orange/purple
 clay
 4'
 to chunky
 purple
 silty loam

12'D
 ④
 brown/purple
 chunky clay
 sand loam
 3 1/2'

brown/orange
 silty/sandy
 mic loam

small
 red rock
 frags
 hard
 loam

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 11035 ROAD 3 1/2' 120 127 127 145 18 MIN

DATE	TEST NO.	DEPTH	WATER LEVEL (SEE PROFILE)		WATER DROP		TIME	
			START	STOP	START	STOP		
2/6/87	①	3 1/2'	1240	1257	1257	1118	21 MIN	
		7 1/2'	1240	1244	1244	1100	6 MIN	
		12'D	batter - (see profile)					
	②	VISUAL ONLY	12'D					
	③	4'5"	1243	104	104	130	26 MIN	
		11 1/2'D	batter					
	④ + ⑤	VISUALS	103' + 99" (hard batter)					
	⑥	3 1/2'5"	105	116	116	147	25 MIN	
		11'D	batter (see profile)					
	⑥	150 10 1/2' DEEP	do not use					

brown
 silty
 clay/sand
 loam
 to brown
 silty
 ↓

11 1/2'D

REMARKS: Rock in higher areas
 In woods, couple of visual holes, some rock
 TYPE OF SOIL: holes + 1 low hole w/ 150
 TESTED BY: B Nifan ALSO PRESENT: Phil, Cliff, Kathy

P-87-56

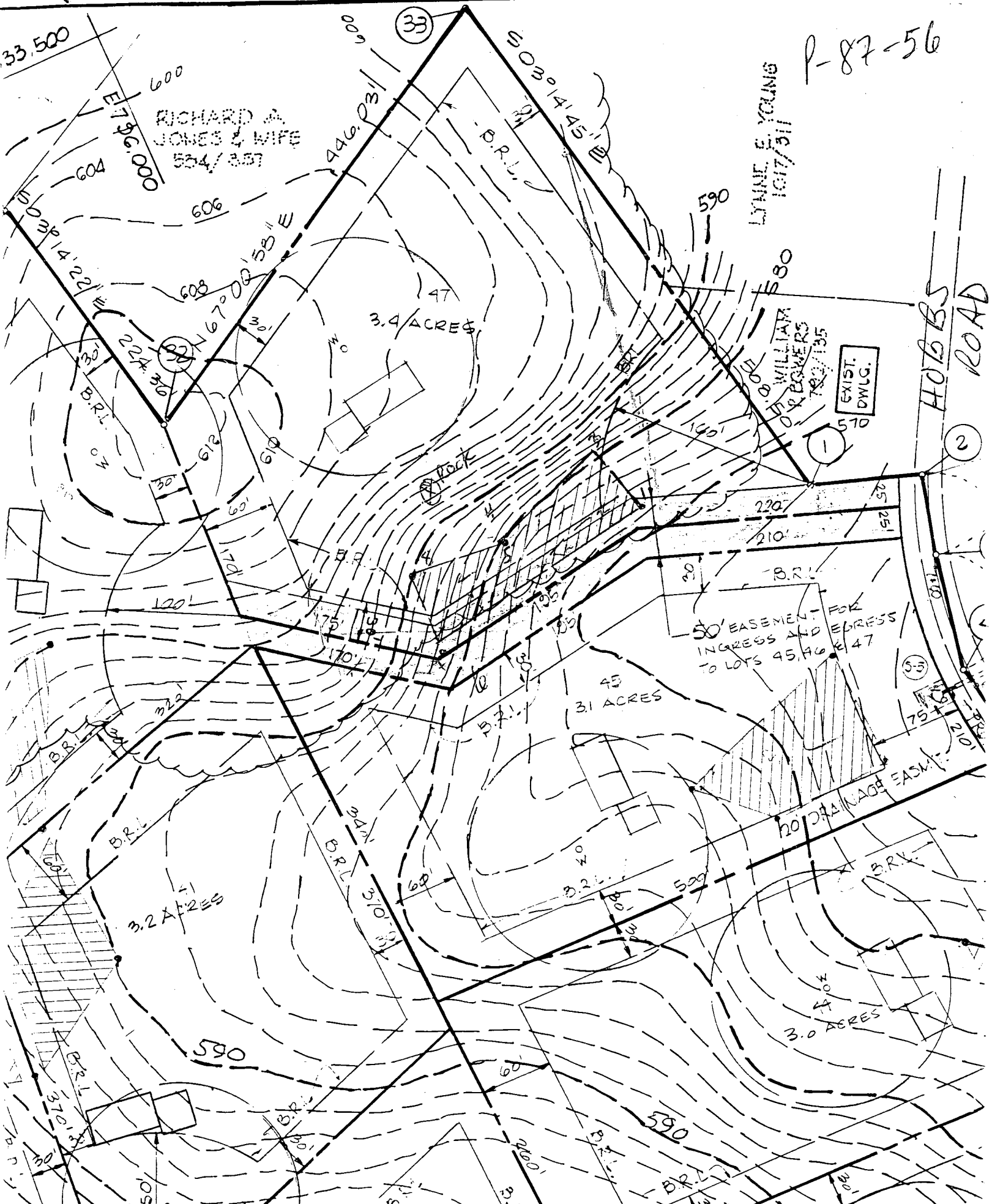
RICHARD A. JONES & WIFE
554/357

LYNNE E. YOUNG
1017/311

W. WILLIAM
D. BOWERS
780/135

EXIST.
DWLG.

HOBBS
ROAD



33.500

E 17° 30' 00\"/>

S 03° 14' 22\"/>

N 67° 00' 58\"/>

120'

170'

322'

370'

150'

370'

600

604

606

608

610

612

614

616

618

620

(33)

446' P 31'

447'

448'

449'

450'

451'

452'

453'

454'

S 03° 14' 45\"/>

590

580

570

560

550

540

530

520

510

590

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520

510

500

(35)

75'

75'

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75'

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75'

75'

75'

(1)

(2)

(3)

(4)

(5)

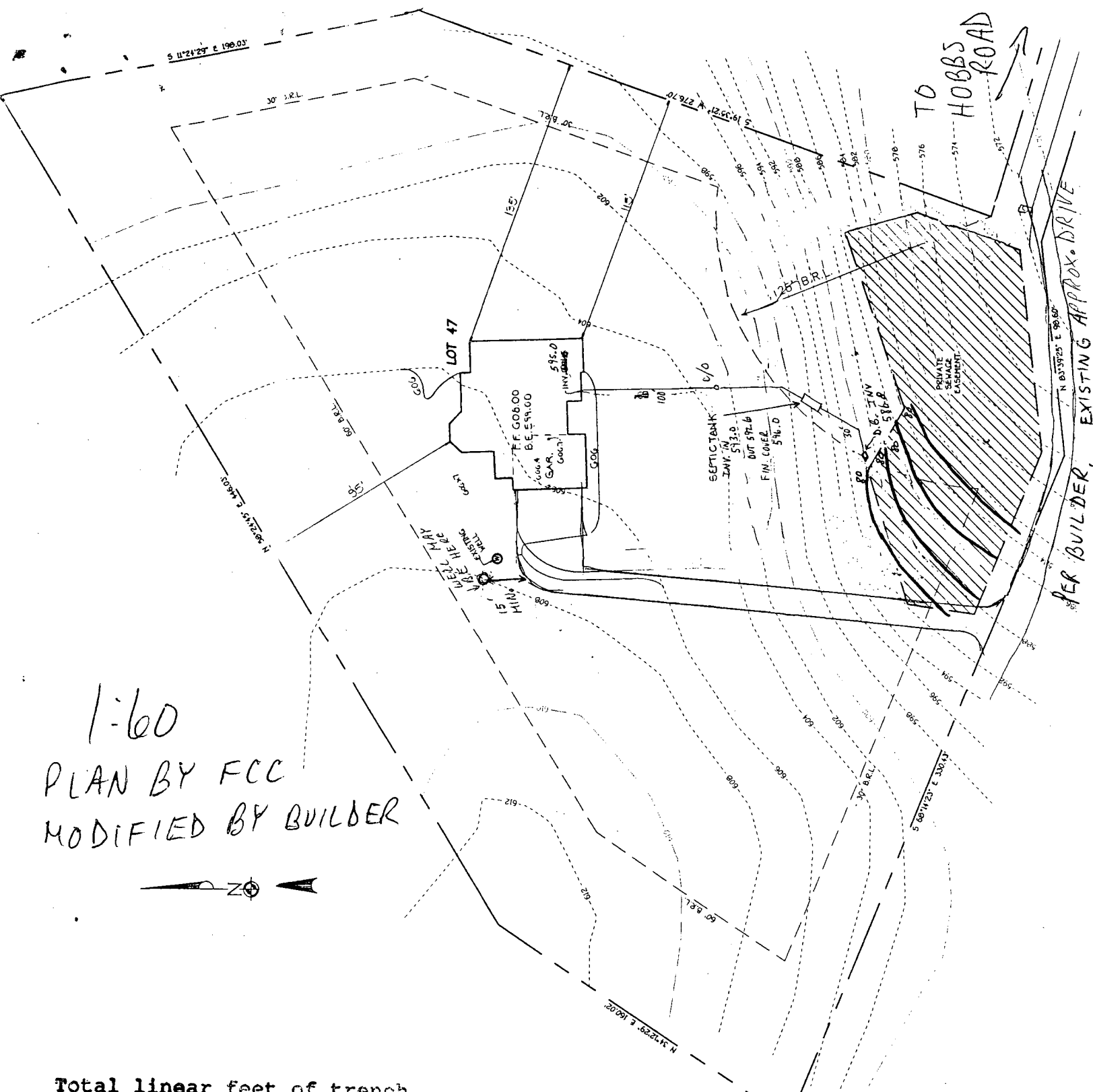
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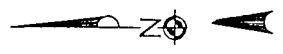
(8)

(9)

(10)



1:60
 PLAN BY FCC
 MODIFIED BY BUILDER



Total linear feet of trench
 required 320 feet

Width of trench(es) 3 feet

Depth of trench(es) 5.5 feet

Depth of stone required below
 distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

Mark E. Reffkin
 Signature

9/13/00
 Date

Building Address: 2700 Hobbs Rd
Glenwood 21738

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

Census Tract: 6040 Subdivision: GLENWOOD SPRINGS

Section: 1 Area: 2 Lot: 47

Tax Map: 14 Parcel: 8788-202 Grid: 17

Zoning: RR Map Coordinates: 906H Lot size: _____

Property Owner's Name: Tom Nguyen
 Address: 1660 Hostfield Drive
 City: WESTMINISTER State: MD Zip Code: 21157
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone: 410-848-6345 Fax: 410-876-3312

Existing Use: VACANT LOT
 Proposed Use: CSEB
 Estimated Construction Cost: \$ 450,000
 Description of Work: NEW CUSTOM 3FD 2500sq ft BRICK HOME
UNFINISHED BASEMENT - ALL BRICK ONLY
4 BED ROOM - 3 1/2 BATHS - 3 CAR GARAGE

Contractor Company: GRANDVIEW CUSTOM BLDG
 Contact Person: HAL MILLER
 Address: 1660 HOSTFIELD DR
 City: WESTMINISTER State: MD Zip Code: 21157
 License No.: 16151
 Phone: 410-848-6345 Fax: 410-876-5801

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

Engineer or Architect Company: FISHER COLLINS CARTER
 Contact Person: CHARLIE CARTER/KEITH
 Address: 1272 BAITS NATIONAL PIKE
 City: ELLICOTT CITY State: MD Zip Code: 21042
 Phone: 410-461-2855 Fax: 410-750-3784

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>31005</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4 + Study</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> NFPA #13D _____ NFPA #13R _____ Other: _____
		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 THEREBY; (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: Hal Miller
 Title/Company: GRANDVIEW CUSTOM
 Print Name: HAL MILLER
 Date: 8/10/2000

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ	<u>8/9/00</u>	<u>[Signature]</u>	Front: <u>126 FT</u> Rear: <u>100 FT</u> Side: <u>30 FT</u> Side St.: _____	<u>4753</u>
State Highways			All minimum setbacks met? <input checked="" type="checkbox"/>	Filing fee: \$ <u>25</u>
Building Official			Is Entrance Permit required? <input checked="" type="checkbox"/>	Permit fee: \$ _____
Dev. Engineering DPZ	<u>9/3/00</u>	<u>[Signature]</u>	Historic District? <input checked="" type="checkbox"/>	Excise tax: \$ _____
Health			Lot Coverage for New Town Zons _____	Sub-total paid: \$ _____
Fire Protection			SDP/Red-line approval date: _____	Add'l permit fee: \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Accepted by: <u>[Signature]</u>	TOTAL FEES: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due: \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check: \$ <u>3150</u>
				Validation: <u>20243</u>

2/15/01 ASAP

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: ROBT. L. FEEZER CO. Telephone #: 410-781-4655
Address: 6321 BARNETT AVE.
SVESVILLE, 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): ROBT. L. FEEZER License# 2122

*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: GRANDVIEW HOMES Telephone #: 410-239-8886
Subdivision: GLENWOOD SPRINGS Lot #: 47 Well Tag #: HO-88-0635
Site Address: 2700 HOBBS ROAD
GLENWOOD, MD. 21738

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>EQUUS</u>	Make: <u>CORBELL</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>5650742</u>	Model #: <u>74800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> " (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u> </u> GPM	NSF approved: <u> </u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>38 1/2</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: YES

Piping to house	House Connection
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>✓</u>

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

Robert L. Fezer Signature of company representative responsible for installation
2/13/01 date

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

Date Insp. Requested: 2/15/01 Date Insp. Approved: 2/15/01

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

(BB)

C1 **2473** SEQUENCE NO. (DENV USE ONLY)
 1-23 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A38395**

DATE Received
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
061589

Depth of Well
 22 **380** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
A0-EE-0635

OWNER **FREEMAN TED**
 STREET OR RFD **HOBBS RD** last name first name TOWN **GLENNWOOD**
 SUBDIVISION **GLENNWOOD SPRINGS** SECTION **47** LOT **47**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND Stone	0	35	
Grey Mich. Rock	35	380	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **4** NO. OF POUNDS **200**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **33** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO **PL OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter **6** Total depth **40**
 top (main) casing (nearest inch) of main casing (nearest foot)

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **40** **32** **20**
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN **4** (NEAREST INCH)
 from to

CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **528**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

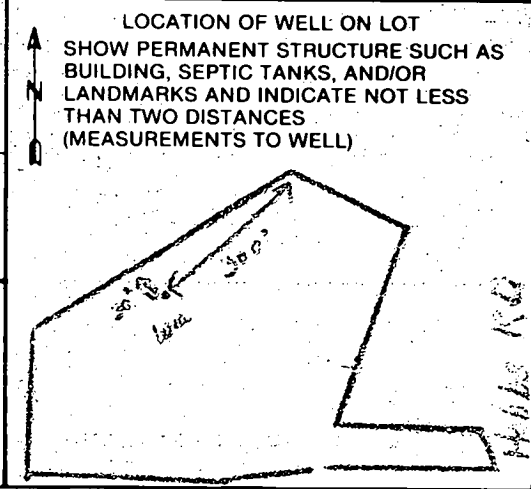
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **56**
 WHEN PUMPING **220**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } **2** (nearest foot)



B 1 2236
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS)

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
70 71 72 73 74 75 76 77 78 79
H0-88-0635
fill in this form completely

Date Received (APA) 042889
OWNER INFORMATION
15 Last Name: FRCOMAN
Owner: FRCOMAN
First Name: TED
34
36 Street or RFD: 13004 COLLINGSWOOD AVE
55
57 Town: COLESVILLE MD 20904
70 State 72 Zip 76

B 3 LOCATION OF WELL
1 HOWARD 8 COUNTY 21
23 SUBDIVISION: GLENWOOD SPRINGS 42
SECTION 44 46 LOT 47 48 50
52 NEAREST TOWN: GLENWOOD 71
MILES FROM TOWN (enter 0 if in town) 5 73 76 77 78 MI

DRILLER INFORMATION
Driller's Name: Joseph L. Wayne License No. 238 77
Firm Name: Joseph L. Wayne Well Drilling
Address: 5512 Rilke Rd. Mt. Airy, N.C.
Signature: Joseph L. Wayne Date: 4/27/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD: Hobbs Rd. 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 450 37 DISTANCE FROM ROAD
ENTER FT or MI Ft 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A38395
COUNTY NAME COUNTY NO.
STATE SIGNATURE: R. Hodges DATE ISSUED: 05/24/90
NORTH GRID: 533000 EAST GRID: 0796000
43 48 55 57 63

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

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
E 790 6
N 520 3
000 000

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Sketch showing location of well relative to Glenwood Springs, Hobbs Rd, and McKeen Dr. Includes a north arrow and a grid reference.

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: T G A P 54 63
FORCE: R H WRITE INITIALS IN BOX PERMIT NO. H0-88-0635 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

CARR
MILL

MARYLAND

GREEN MEADOWS
PLAT # 3994
LOT 4

48
3.416 AC. ±

47
3.308 AC. ±

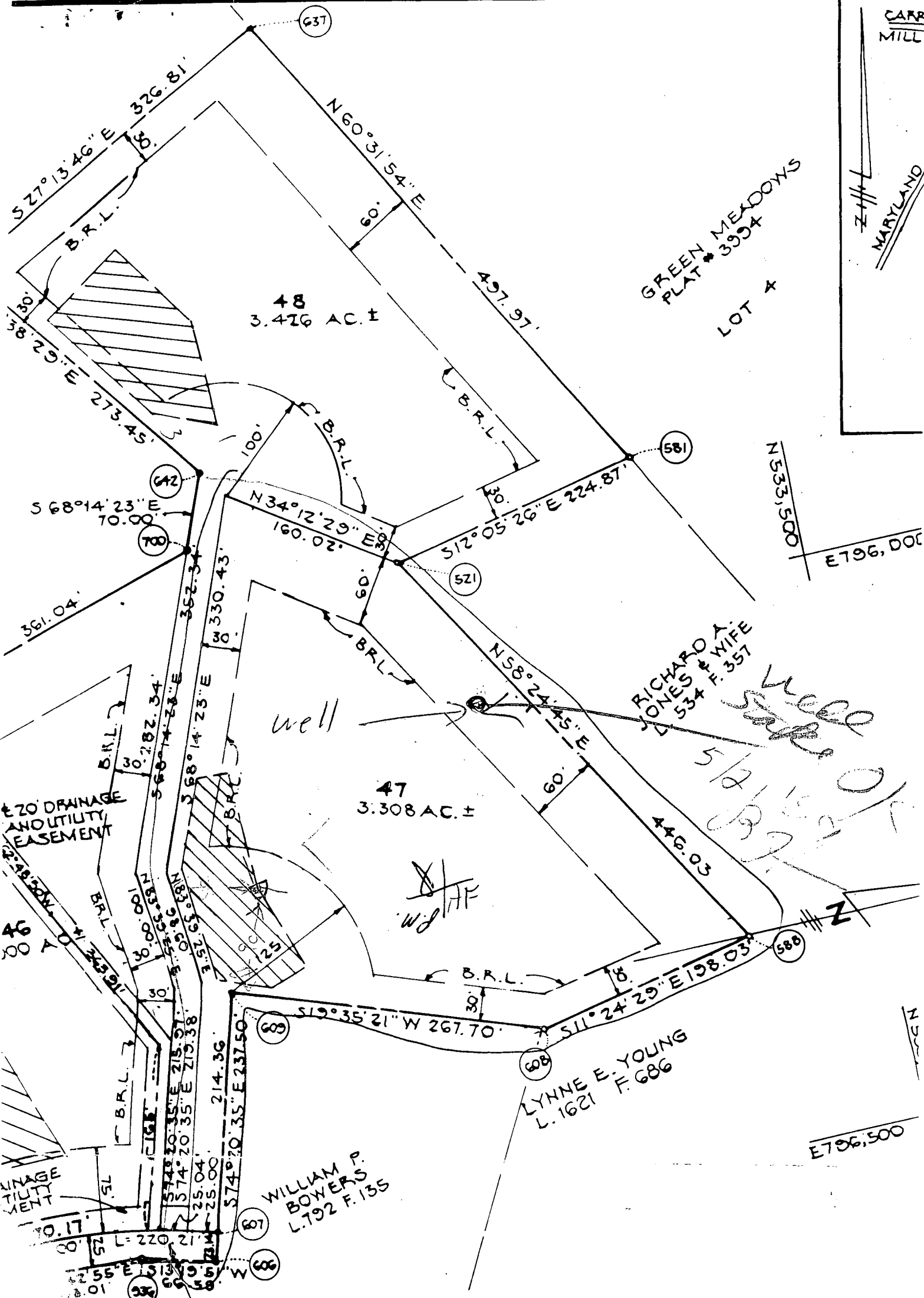
RICHARD A.
JONES & WIFE
L. 534 F. 357

WILLIAM P.
BOWERS
L. 192 F. 135

LYNNE E. YOUNG
L. 1621 F. 686

LAND DEDICATED TO HOWARD COUNTY, MD.
FOR THE PURPOSE OF A PUBLIC ROAD. (0.276 AC. ±)

ROAD
Hobbs
rd



N 53° 31' 50" E
E 796.00'

E 796.500'

FISHER
CONSULT
8388 CC
ELICO
TELEPH

Building Address <u>2700 Rockledge Rd</u> Suite/Apt. #: <u>117</u> SDP/WP/Petition #: <u>117</u> Census Tract <u>1</u> Subdivision <u>Glenwood Springs</u> Section <u>1</u> Area <u>2</u> Lot <u>47</u> Tax Map <u>11</u> Parcel <u>229</u> Grid <u>17</u> Zoning <u>R-1</u> Map Coordinates <u>7D11</u> Lot size _____	Property Owner's Name <u>Greenwood Center</u> Address <u>P.O. Box 492</u> City <u>DD 14</u> State <u>MD</u> Zip Code <u>21041</u> Home Phone <u>410 858 6205</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax <u>410-858-3501</u>
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Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Underground Parking</u> Estimated Construction Cost \$ <u>250,000</u> Description of Work <u>Installation of a 2000 sq ft</u> <u>concrete underground parking</u> <u>structure with 2000 sq ft of</u> <u>asphalt pavement.</u>	Contractor Company <u>Suburban Paving</u> Contact Person <u>Lisa Teal</u> Address <u>21 Newland Creek</u> City <u>Rehoboth</u> State <u>MD</u> Zip Code <u>20851</u> License No. _____ Phone <u>301-251-2100</u> Fax <u>301-251-2100</u>
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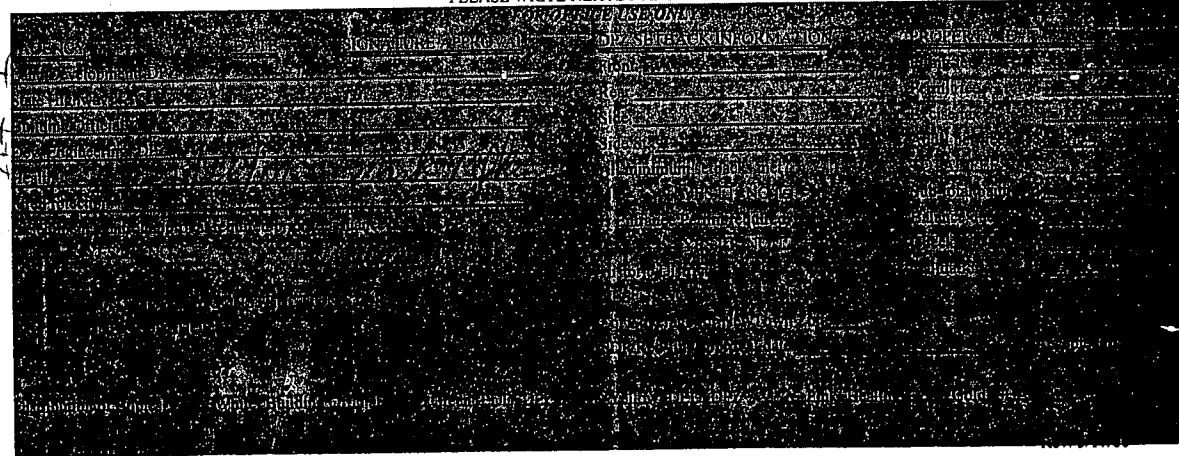
Occupant or Tenant <u>Same as Owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade 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: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

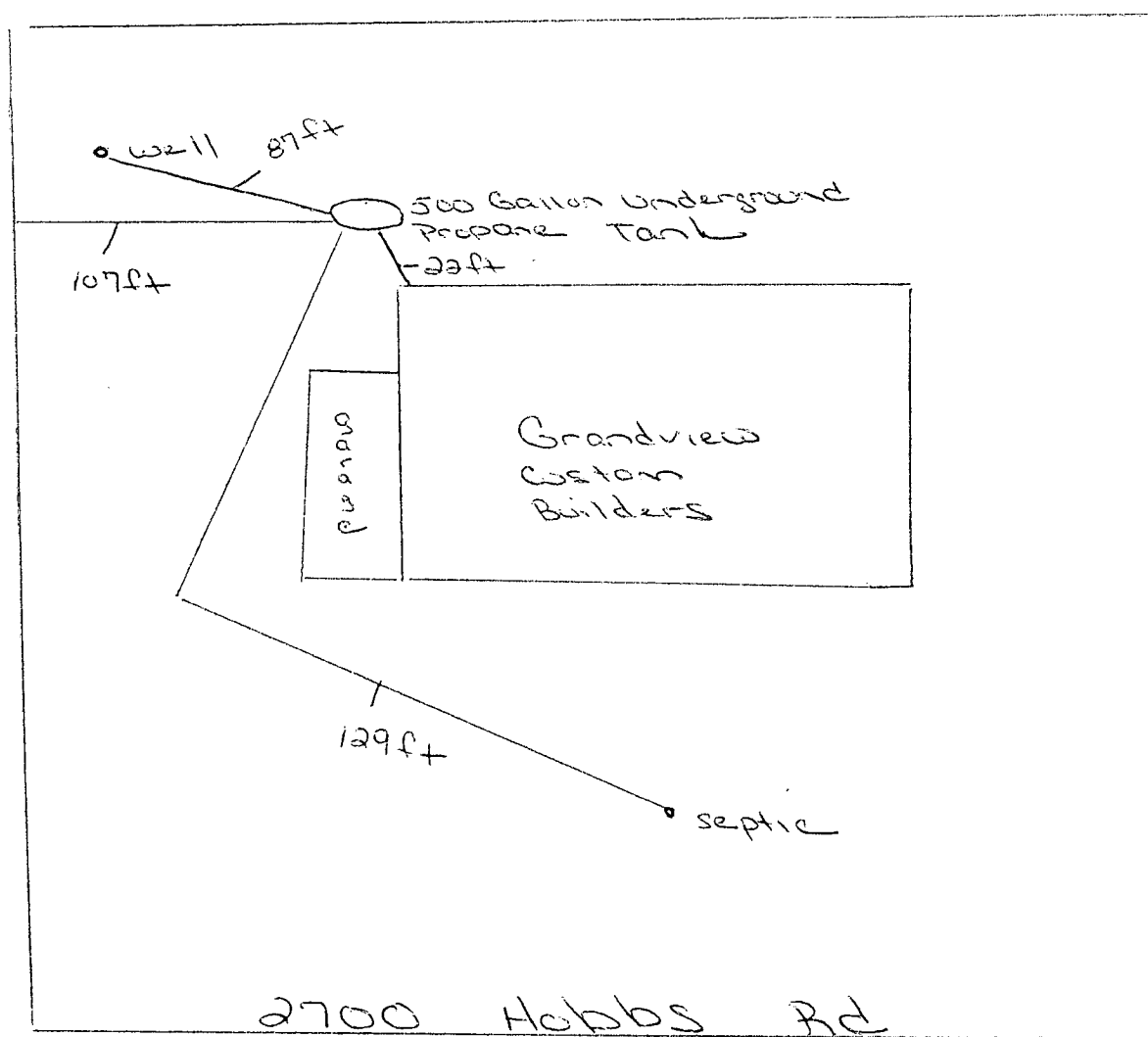
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 <u>[Signature]</u> Title/Company _____	Print Name <u>Lisa Teal</u> Date <u>2/26/01</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

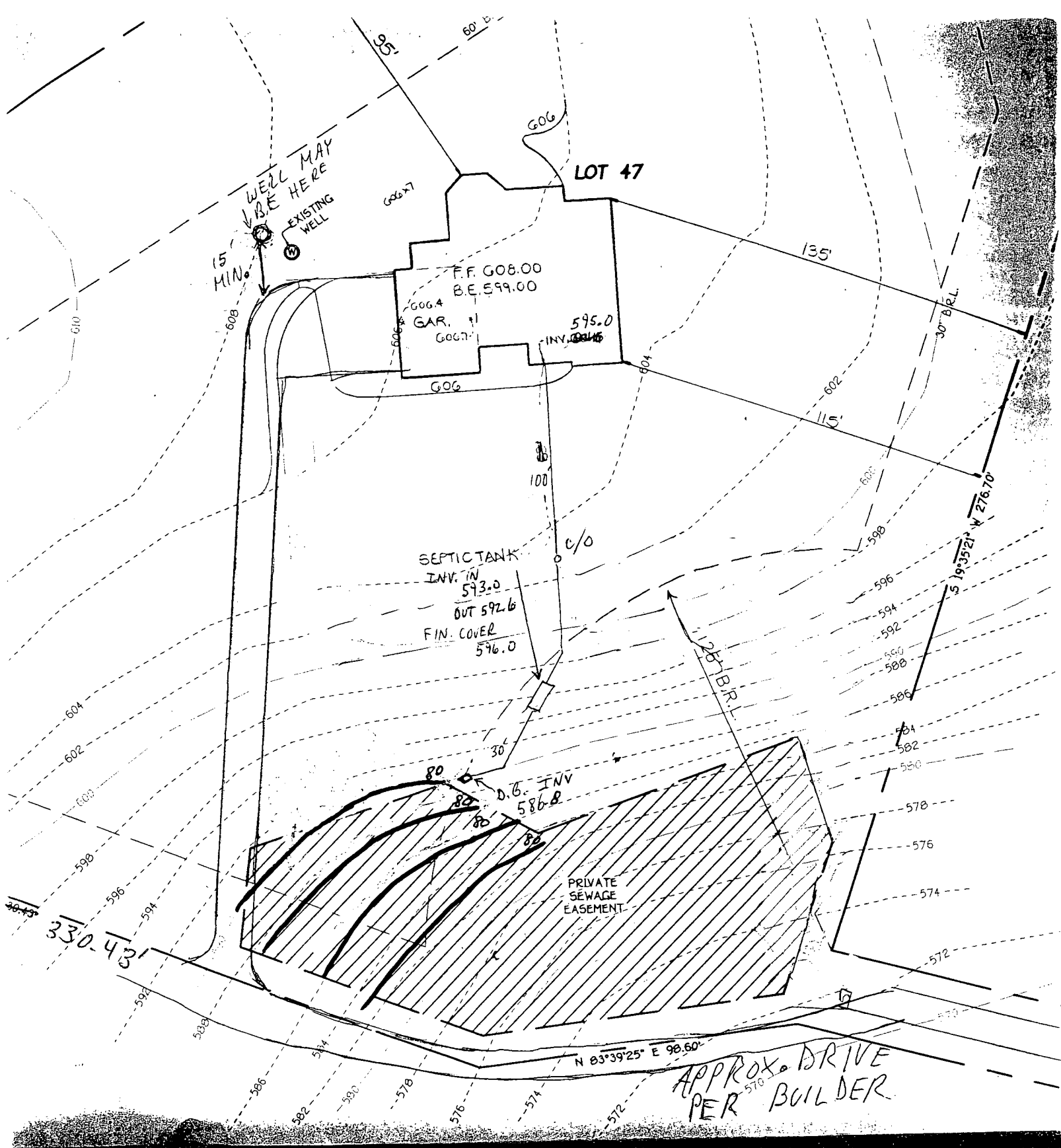


15. MR
2/26/01



Tank to House = 22ft
 Tank to Well = 87ft

Tank to Septic = 129ft
 Tank to property line = 107ft



1:40