

101 12-1 pm
1/5/01 Septic Co. PM

PERMIT

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

P 514656
A 58095
ISSUE DATE 11/16/2000
APPROVAL DATE 4/17/01

04
RPS# 362543

INDEXED

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

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

SUBDIVISION Wellington West II LOT NUMBER 27 ADDRESS 15328 Doe Hill Court

PROPERTY OWNER Pulte Homes PROPERTY OWNER'S ADDRESS 1501 S Edgewood St. Ste K
Baltimore, MD 21227

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

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

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED
AND RETURNED**
3-2-05 BOOIS 2985 Pool

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

LOCATION: Place the distribution box 10 feet off the bend in the left lot line (170.59'
and 113.86' intersestion). Run trenches on contour toward the house.

REQUIRED LAYOUT: 45', 85', 110' 10/3/00 ok (BB)

PLANS APPROVED Mark Rifkin DATE 9/19/2000

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

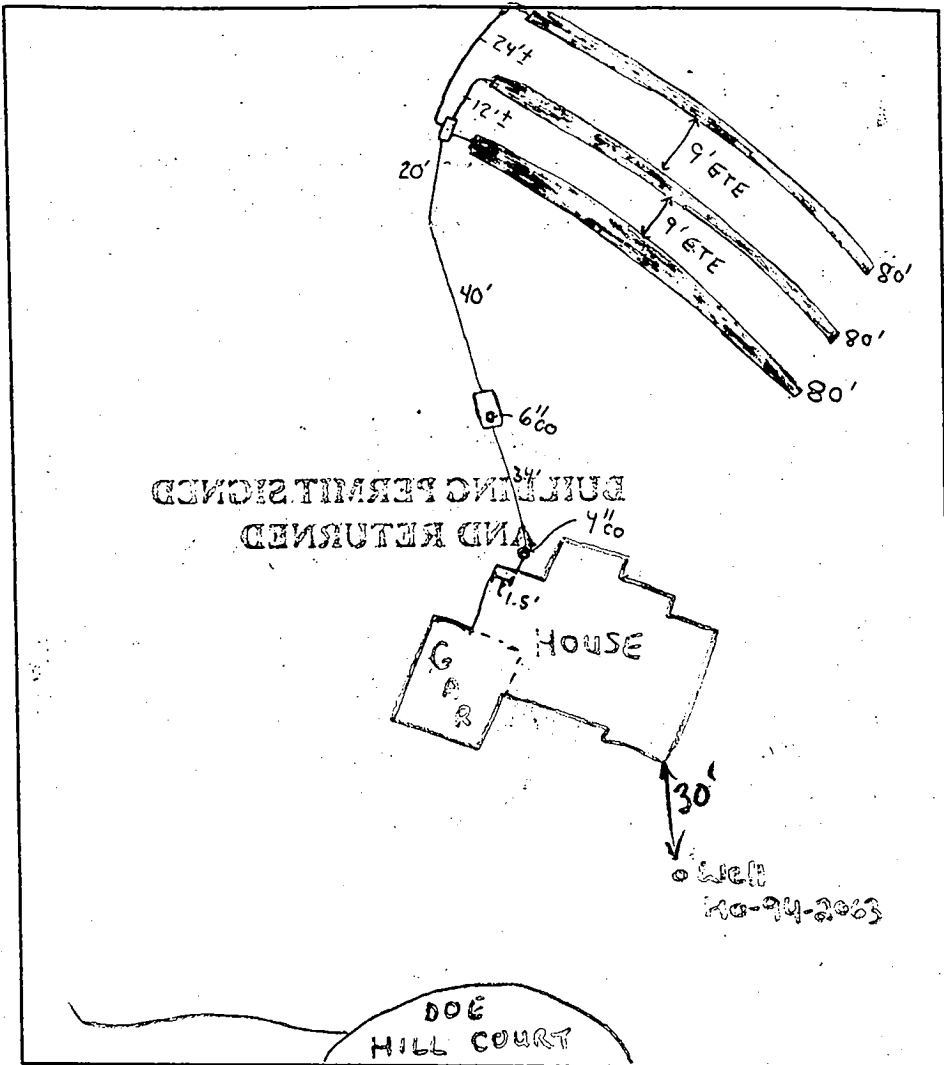
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

**BUILDING PERMIT SIGNED
AND RETURNED 10/31/2000**
PROPANE TANK
BOO127213

P514656

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2'
 TRENCH BOTTOM DEPTH 4'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS
 MANHOLE RISER NA
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 11/27/00 UNSCHED. LAYOUT INSP = INSUFF. FALL HOUSE TO D.B. LOC FOR 2' INV; NO DEPTH ADJ. POSSIBLE, PUMPING APPEARS TO BE REQ'D (MP) 11/28/00 PULTE INSPECTION COMMENTS: WANTED TO ADJ. SEPTIC AREA - DENIED; 2-TANK OPTION SUGGESTED FOR FUTURE PUMPING; PULTE TO REVIEW + CALL (MP) 11/4/01 INSP NOT NEEDED. NEED TO PUMP/NOT PUMP STILL UNDER REVIEW BY FOGLE'S (MP) 11/8/01 - INSTALLER MADE BOX & INLET AT 2', OK TO COVER ALL WORK, FINAL APPROVAL PENDING HOUSE CONN. - (SRK) 4/17/01 - HOUSE CONN. MADE PER BUILDER - (SRK)

INSPECTOR Steven R. King DATE SYSTEM APPROVED 4/17/01

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. 20

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

4/21/97
4/23
4/28
4/29

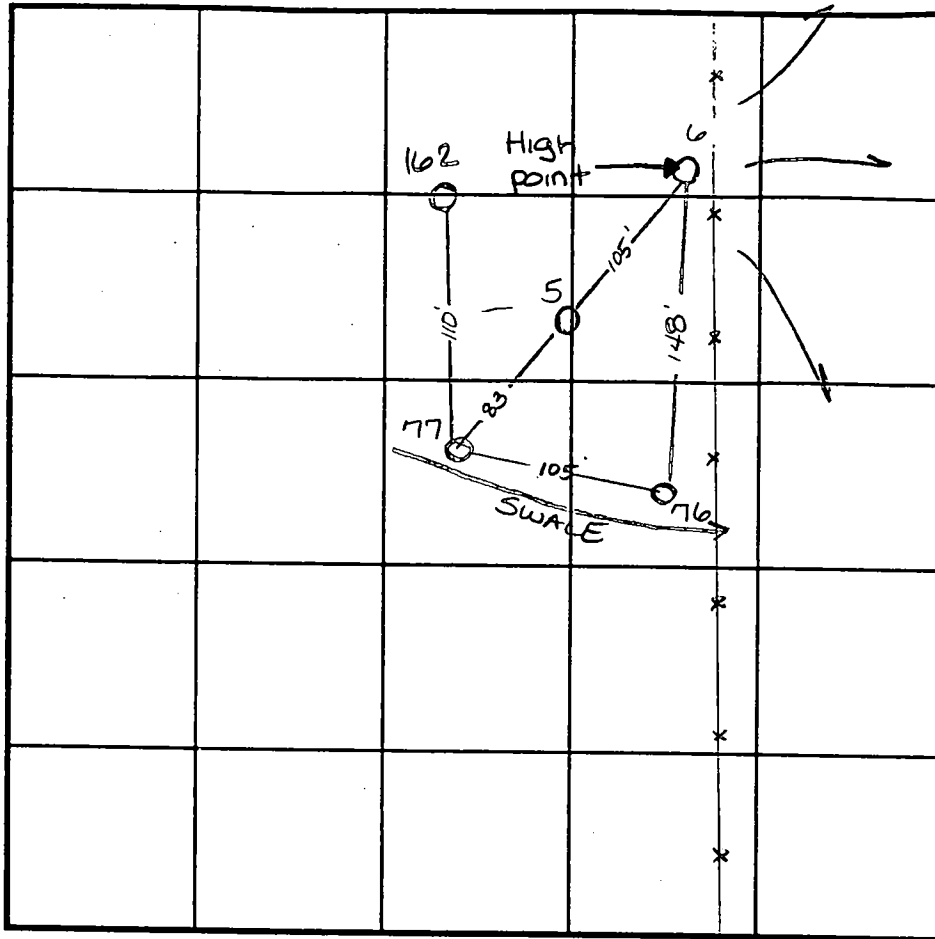
A58095
COUNTY #

SOIL PROFILE

0' 77 5
Bright red
Sicilm
3.0
orange
Silm
109% Rx
w Mg
deposits
on the
faces
of the
Rx

11.0 76
dark
brown
Sicilm
6.0
mottled
white
dull
brown
Sicilm
water
at 8.5

8.0 162
no
distinct
clay
layer
lgt
pink to
red
Silm
5-10%
Rx
8.0
550%
Rx
10.0



SOIL PROFILE

0' 6
no
distinct
clay
layer
lgt
white
tan
Silm
109%
Rx
11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-24-97	77	3.0 / VII.0	11:02	11:05	11:05	11:12	7min ✓
	76	2.5 / VB.0	11:03 ³⁰	11:07	11:07	11:12	5min F
	6	Insufficient depth to H ₂ O					F
	5	3.0 / VII.0	11:18 ³⁰	11:21 ³⁰	11:21 ³⁰	11:30	8 1/2 min ✓
	6	3.0 / VII.0	11:41	11:44	11:44	11:52	8min ✓
6-18-97	162	2.5 / VII.0	10:39	10:44	10:44	10:48	4min ✓

REMARKS H₂O table has dropped 12' since wettest time this yr

TYPE OF SOIL _____

TESTED BY Amy McMillen

ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7

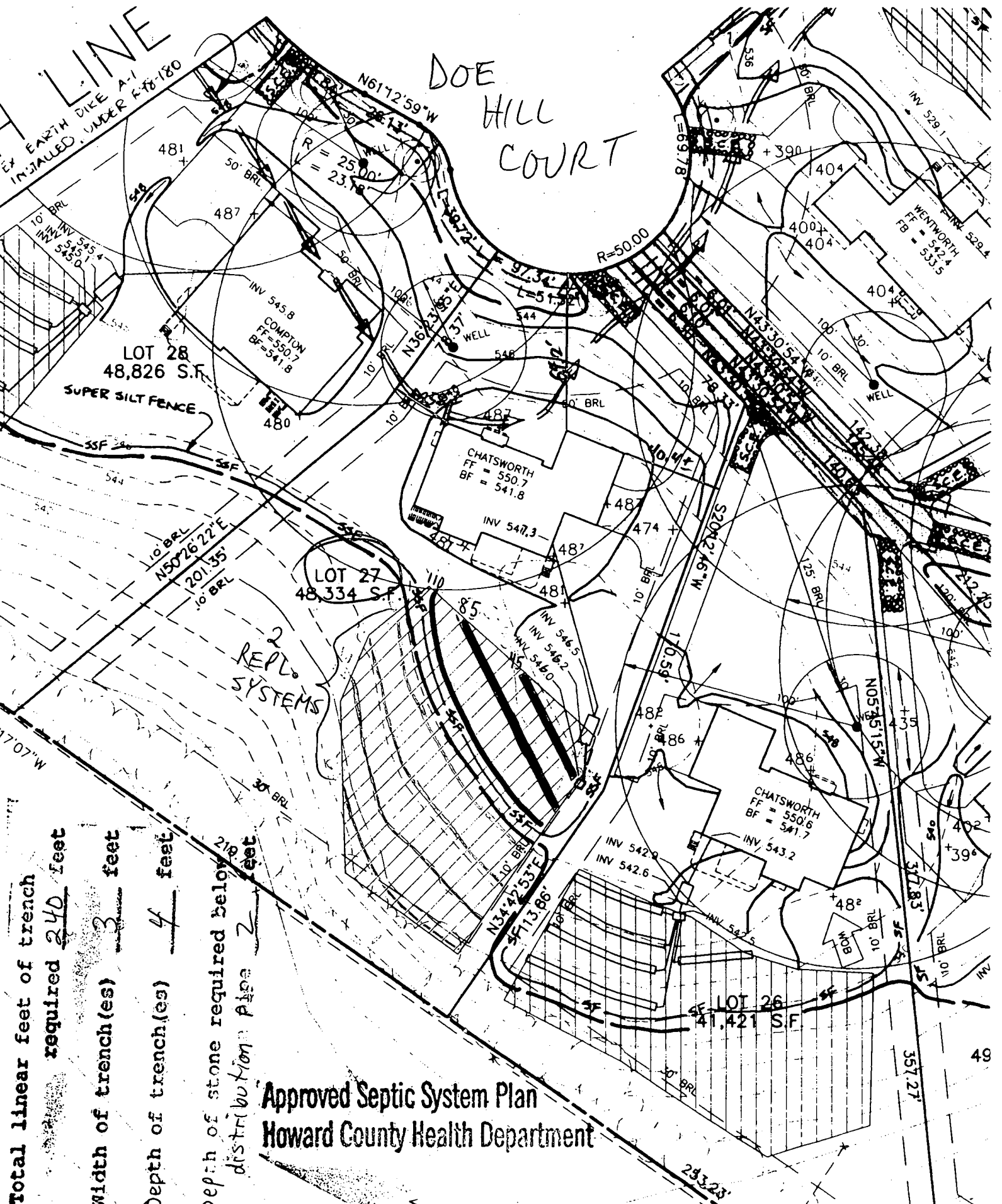
TRENCH WIDTH 3

INLET DEPTH 2

MAXIMUM BOTTOM DEPTH 4

SQ. FT./BEDROOM 180

FACTOR REVISED DOWN TO FIT 3 SYSTEMS (FROM 210) MR 9/19/00



Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 4 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark Reffkin 9/19/00
 Signature Date

Building Address: Headline MD 21227
 Suite/Apt. #: N/A SDP/WP/Petition #: OP-97-150
 Census Tract: 6040 Subdivision: Wellington West
 Section: 2 Area: 2 Lot: 27
 Tax Map: 14 Parcel: 69 Grid: 20
 Zoning: R-11 Map Coordinates: 9 15 Lot size: _____

Property Owner's Name: Pulte Homes
 Address: 1501 S. Edgewood St. Ste. R
 City: Baltimore State: MD Zip Code: 21227
 Home Phone: _____ Work Phone: 410-644-3400
 Applicant's Name & Mailing Address (if other than stated hereon):
Building Permit Services, Inc.
2002 Parallel Path
Abingdon, MD 21007
 Phone: 410-515-1717 Fax: 410-515-2213

Existing Use: SED
 Proposed Use: 100,000 sq ft
 Estimated Construction Cost: \$1,200,000
 Description of Work: Deck, Fin. L.L. w/ bath

Contractor Company: Overier
 Contact Person: Pat Uria - 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 checked="" type="checkbox"/> Reinforced Concrete	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>72' x 62'</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: <u>50' x 62'</u>	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>50' x 62'</u>	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D <input type="checkbox"/>
No. of 1 BR units: _____	NFPA #13R <input type="checkbox"/>
No. of 2 BR units: _____	Other <input type="checkbox"/>
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: <u>Asph/Flt</u>	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

I, 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 THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERFORMED AND POSTING NOTICES.

Signature: Frank L. or Patricia A. Orta Print Name: _____

Applicant's Signature: [Signature]
 Permit Services, Inc.

Print Name: 08-30-00

Title/Company: _____ Date: _____
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID
Land Development DPZ			Front: _____	Filing fee: \$ _____
State Highways			Rear: _____	Permit fee: \$ _____
Building Official			Side: _____	Excise tax: \$ _____
Dev. Engineering DPZ			Side St: _____	Sub-total paid: \$ _____
Health	<u>9/1/00</u>	<u>Mark Allen</u>	All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	Add'l permit fee: \$ _____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES: \$ _____
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Balance due: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone: _____	Check: \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Rod-line approval date: _____	Validation: \$ _____

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, Fittess 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 Plumb Telephone #: 410-781-7051
Address: 6203 PATRICK DR
SEKERSVILLE, MD

(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: POLITE HOME Telephone #: 410-644-5603
Subdivision: WELLINGTON WEST Lot #: 27 Well Tag #: HO 24-2063
Site Address: 15328 DOE HILL CR
WOODBINE, MD

Submersible Pump Data Fitness Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model #: _____ Screened, vented well cap:
Pump Capacity _____ GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 178 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

278

Piping to house House Connection
Type: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1/2" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 1/2" (36" min) Sleeve caulked and sealed properly:

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

Signature of company representative responsible for installation: Chris G. Willoughby date: 3/10/01

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

Date Insp. Requested: 2/13/01 am Date Insp. Approved: 2/13/01 (MR) SRU
Inspection Data: Fitness 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 fitness adapter

C1 9853 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A58095

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 02 04 99

DEPTH OF WELL 22 278 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2063

OWNER: BPMP ASSOC last name Doe Hill Ct first name TOWN Glenwood SUBDIVISION Wellington West SECTION 2 LOT 27

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Hard Blue Sandstone, Br. Sandstone, etc.

GROUTING RECORD yes no

WELL HAS BEEN GROUDED (Circle Appropriate Box) TYPE OF GROUDED MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 6 37

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) table with columns 1-21 and rows H O 37 278

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 gpm METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 46 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [N] CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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 LIC. NO. MWD 256 Dana Kyker Jr. II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 334 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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Well Doe Hill Court

B 1 2035

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-2063 fill in this form completely

Date Received (APA)

010598

OWNER INFORMATION

ASSOCIATES LLC B P M B

15248 UNION CHAPEL ROAD

Woodbine Md 21797

LOCATION OF WELL

Howard Wellington West

SECTION 2 LOT 27

Glenwood

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

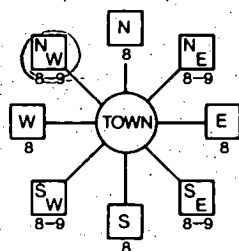
DANA KYRIL JR M D 256

Westminster Rotary Well Drilling Inc

P.O. Box 861 Westminster, Md 21157

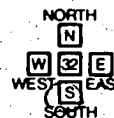
Dana Kyril Jr 1-4-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Doe Hill CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 SW 37 DISTANCE FROM ROAD ENTER FT OR MI FI

TAX MAP: 141 BLK: PARCEL 222

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 405

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D)
Farming (Livestock Watering & Agricultural Irrigation) (F)
Industrial, Commercial, Dewatering (I)
Public Water Supply Well (P)
Test, Observation, Monitoring (T)
Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County 58095

STATE SIGNATURE INSERT S

DATE ISSUED 1/20/99 CO SIGNATURE A M C Mello EXP. DATE 1/20/00

NORTH GRID 530 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 205 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) JETTED Jetted & Driven
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (N)
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y)
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (S)
THIS WELL WILL DEEPEMED AN EXISTING WELL (D)

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

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

APPROX. PERMIT NUMBER 54 GAP 63

PERMIT No. 40-94-2063

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

790

530

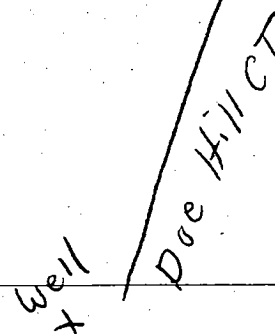
2-4-99 Grout X Well

NO INSP

AI

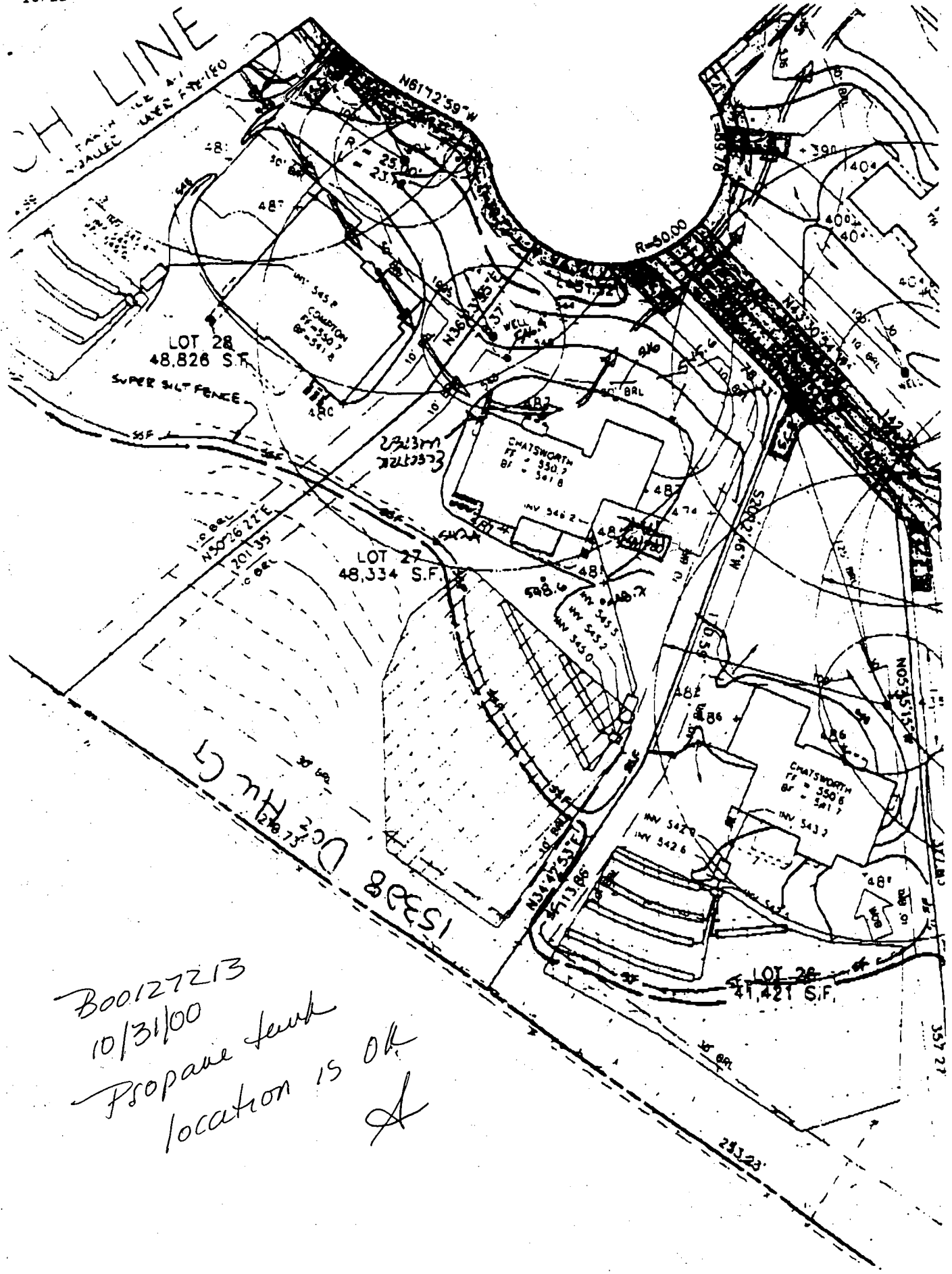
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.

N



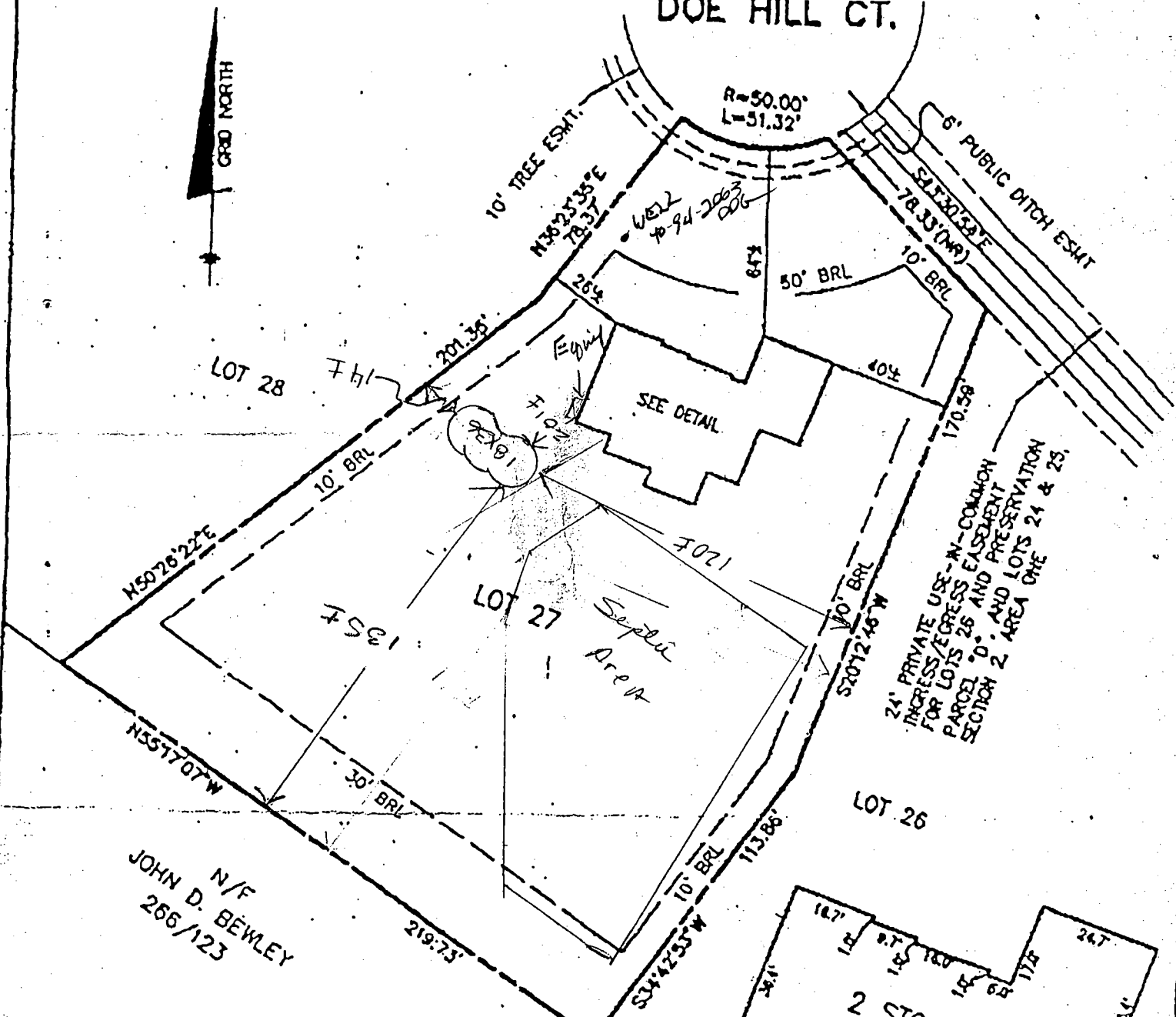
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



B00127213
 10/31/00
 Propane tank
 location is OK
 A

DOE HILL CT.



JOHN D. BEWLEY
N/F
256/123

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY, PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

David M. Jones
REG. No. 10978



RECORD PLAT No. 13637
FEMA FIRM No. 240044 0014 B
ZONE: C
DATED: 12/04/88

BENCHMARK

ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLCOTT CITY, MD 21043

DETAIL
SCALE: 1" = 30'

LOCATION DRAWING
WELLINGTON WEST
SECTION 2 - AREA 2
LOTS 26-33 AND PRESERVATION
PARCEL "D"

LOT No. 27
15328 DOE HILL COURT
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 04/08/05

Handwritten initials: JMB, SJB

SCALE 1" = 50'

APPROVED
WALK-THRU BUILDING PERMIT
BP# 800152485A#58095
APP. SAN KJB DATE: 3/3/05
DESC. OF WORK: Pool