

3/29/04
10-00

PUB. SEWER STATUS VERIFIED BY _____

514672-A
P NO FEE
A UPGRADE

ISSUE DATE: 3/26/04

APPROVAL DATE: 3/29/04

PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

RPS# 339173

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Meadow Springs LOT NUMBER: 1

ADDRESS: 11805 Frederick Road PROPERTY OWNER: Kathryn Alascio

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>TANK UPGRADE</u>
PURPOSE:	In support of building permit. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

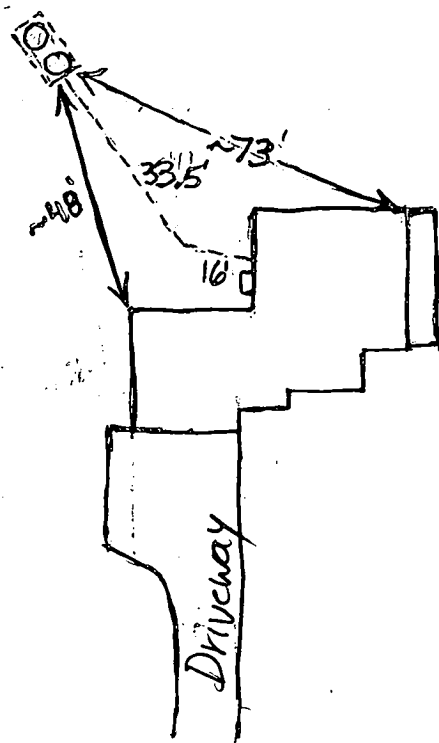
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
AND RETURNED**

3/29/04 B00146715 BEDROOM + BATH
3/29/04 B00147002 INGROUND POOL

P514672-A

NOT TO SCALE



ROAD

TRENCH/DRAINFIELD DATA
 WIDTH _____ INLET _____ BOTTOM _____
 NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA
 SEPTIC TANK 1 LEVEL _____
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH _____
 BAFFLES Yes
 BAFFLE FILTER No
 MANHOLE LOC Front+Back
 6" PORT LOC None
 WATERTIGHT TEST No
 SEPTIC TANK 2 LEVEL N/A
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____

PRE-CONSTRUCTION _____

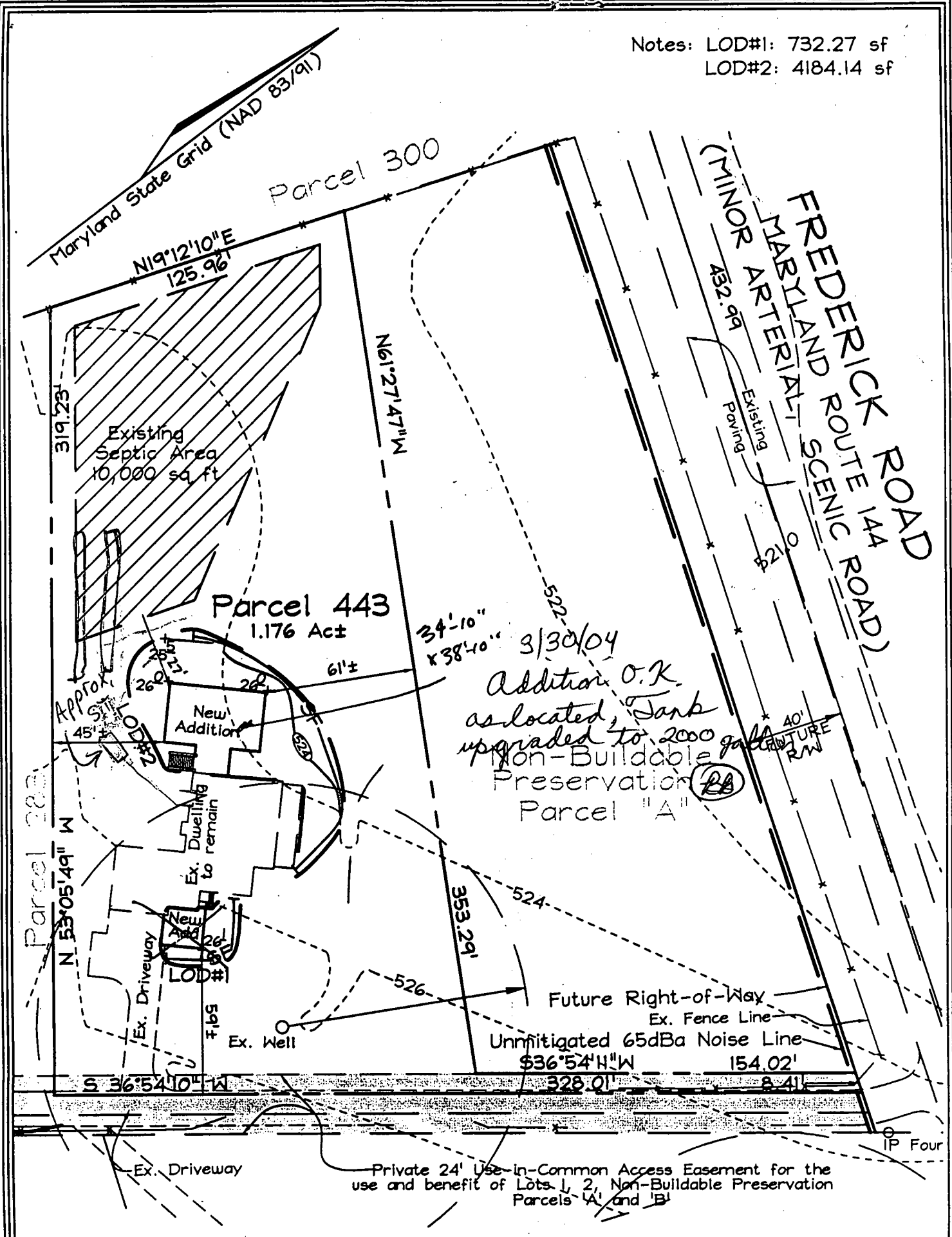
INSTALLATION 3/29/04 Everything covered. 2000 gallon top seam with baffles installed - per homeowner. Setback requirements for proposed pool and addition appear adequate. Existing trenches are 25+ feet from proposed addition. (BB)

CELESTIAL ENGINEERING
 CELESTIAL USA

FINAL INSPECTOR B. Baper

DATE OF APPROVAL 3/29/04

Notes: LOD#1: 732.27 sf
 LOD#2: 4184.14 sf



3/30/04
 Addition O.K.
 as located, Tank
 upgraded to 2000
 Non-Buildable
 Preservation **(PB)**
 Parcel "A"

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

OWNER/DEVELOPER

GREENFIELD HOMES, Inc.
 6656 Luster Drive
 Highland, Maryland 20777
 410.781.6782

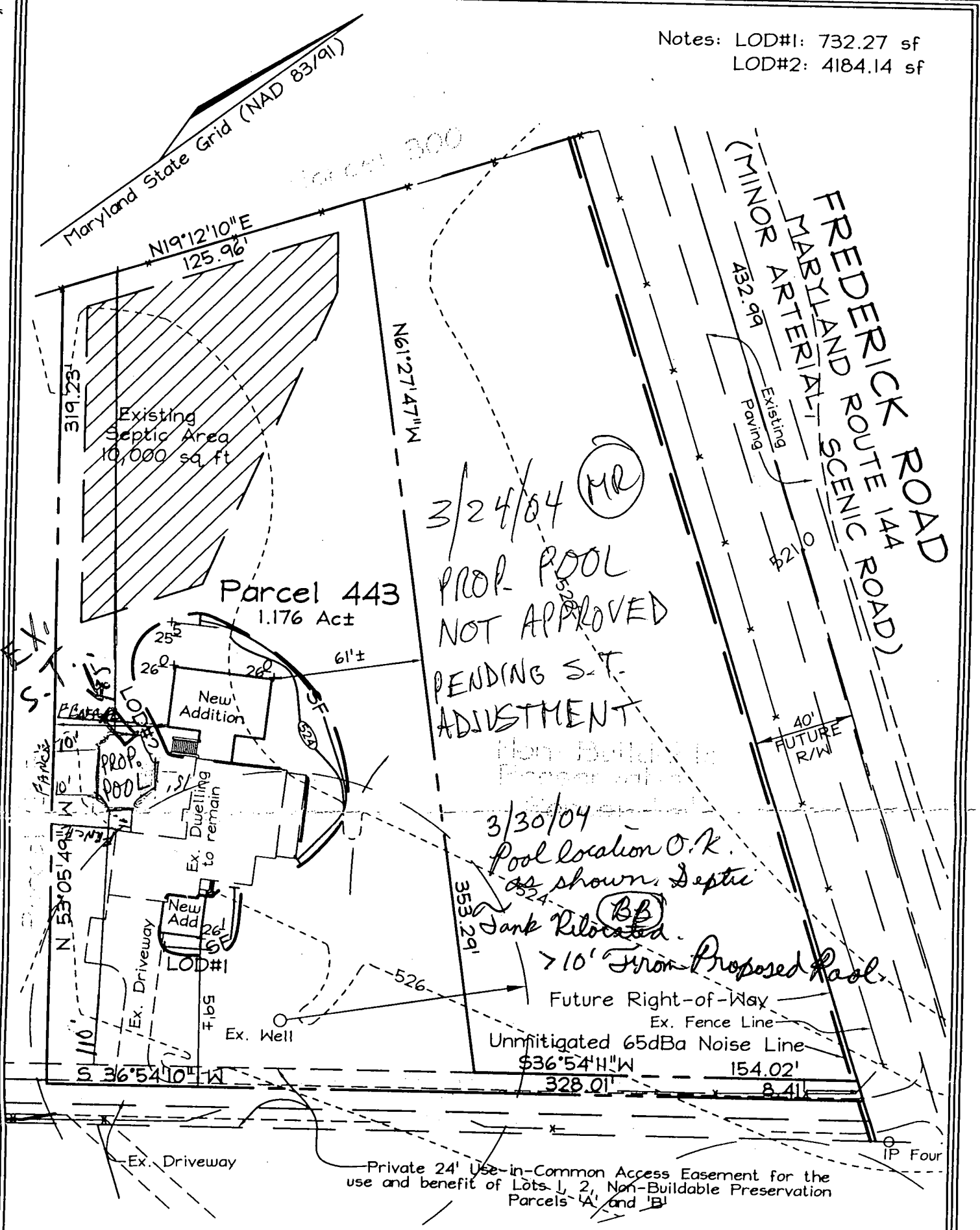
DESIGN BY: PS
 DRAWN BY: KSZ
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: March 01, 2003
 W.O. No.: 3037
 SHEET No.: 1 OF 1

PLOT PLAN ADDITION TO EXISTING HOUSE MEADOW SPRINGS LOT 1

TAX MAP 16 GRID 14
 3RD ELECTION DISTRICT

PARCEL 283
 HOWARD COUNTY, MARYLAND

Notes: LOD#1: 732.27 sf
 LOD#2: 4184.14 sf



3/24/04 (MR)
 PROP. POOL
 NOT APPROVED
 PENDING S-T
 ADJUSTMENT

3/30/04
 Pool location O.K.
 as shown. Septic
 Tank Relocated. (BB)
 >10' from Proposed Pool.

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: FSHAssociates@cs.com

OWNER/DEVELOPER

GREENFIELD HOMES, Inc.
 6656 Luster Drive
 Highland, Maryland 20777
 410.781.6782

DESIGN BY: PS
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PLOT PLAN ADDITION TO EXISTING HOUSE MEADOW SPRINGS

LOT 1

TAX MAP 16 GRID 14
 3RD ELECTION DISTRICT

PARCEL 283
 HOWARD COUNTY, MARYLAND

8/24/01 8/27/01
PM Jma
ARR

ISSUE DATE: 8/13/2001

P 515981-A

APPROVAL DATE: 8/27/01

A 514672

PERMIT INDEXED

8/23/01
Layout
3:00

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

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

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Meadow Springs LOT NUMBER: 1

ADDRESS: 11805 Frederick Road PROPERTY OWNER: Wayne Greenfield

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 270' down the 768.96' lot line and 170' off this same lot line. Run (3) trenches on contour away from house.
NOTES:	

Away from
Frederick
Road

PLANS APPROVED: MER 7/6/01 OK (BB) DATE: 6/29/01

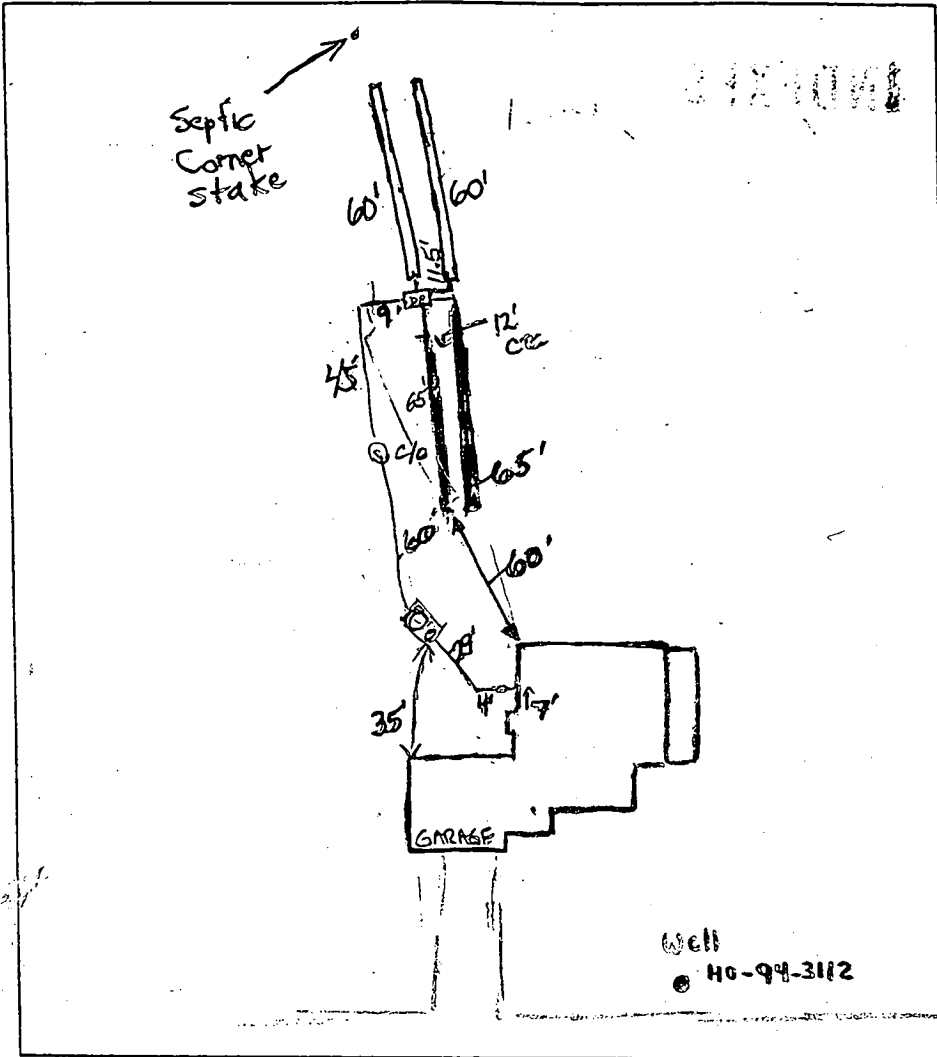
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NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 514672

clo@45

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3.5'-4.0'
 TRENCH BOTTOM DEPTH 5.5'-6.0'
 DEPTH OF STONE 2
 (1) 65' (2) 65'
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 250'
 ABSORBENT AREA 750 sq. ft.
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 ^{T.S.} Verify GALLONS
 MANHOLE RISER Back
 6 INCH INSPECTION PORT front

PUMP CHAMBER DATA

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

To Frederick Road

PRE-CONSTRUCTION INSPECTION: 8/23/01 Two easement stakes near house missing.

Builder to restake. Contour different than on plan. Foggles will try to

INSPECTION COMMENTS: center distribution box at top of easement and install 3-80'

trenches or 4-60' trenches (BB) 8-24-01 Per (BB) trench 6' deep -> SEE

SOIL PROFILE (supports BB). OK TO COVER FIRST TWO TRENCHES (K6)

8/27/01 System satisfactory. O.K. to cover (BB)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 8/27/01

768.96

Total linear feet of trench

240

Width of trench(es)

3 feet

Depth of trench(es)

4.5 feet

Depth of stone required below

distribution pipe 2

SRA Adjusted at time of BP to accomodate req'd trenches

EX. GR. 24.67
DISTRIBUTION BOX
INV. IN 22.3
INV. OUT 22.2

SEPTIC TANK
INV. IN 22.7
INV. OUT 22.4
EX. GR 525±

30' BRL

Proposed Septic Area
10,000 sq. ft.

NEW DB LOC

AREA ADDED

P. 283
L. 5395 F.208
6.839 Ac.

106
FAIL
522.6695

524±

216±

75' BRL

521.0

Approved Septic System Plan
Howard County Health Department

Mark Kiffin
6/29/01
Date

CONTRACTOR TO
MAINTAIN POSITIVE
SLOPE FOR DRAINAGE

EDGE OF
EX. PAVING

EX. (W) BARN REMOVED

DRIVEWAY GRADE 0.5% ±

EX FENCE LINE

ENTRANCE TO BE CONSTRUCTED
PER S.H.A. ENTRANCE DETAIL
FOR RESIDENTIAL DRIVEWAYS



PROPOSED WELL
APPROVED SEPTIC FIELD
PERCOLATION TEST

LEGEND

PLAN BY
FSH Assoc.
SCALE 1" = 50'

FOR MINIMUM PAV. SECTION
SEE DETAIL SHEET 2 OF 2.

575.16

S 70°46'56" E

FREDERICK ROAD

432.99

CIFICATE

Building Address 11805 FREDERICK RD #114
ELLICOTT CITY MD 21042

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

Census Tract 6030 Subdivision MEADOW SPRINGS

Section _____ Area _____ Lot _____

Tax Map 16 Parcel 283 Grid 14

Zoning RR Map Coordinates 10H4 Lot size _____

Property Owner's Name WAYNE GREENFIELD

Address 6657 LASTER DRIVE

City HIGHLAND State MD Zip Code 20797

Home Phone 410 531-2411 Work Phone 410 781-6162

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use NEW HOME

Estimated Construction Cost \$ 352,000

Description of Work SINGLE FAMILY RESIDENCE
W/ 2HP + 157sq 3 CAR GARAGE FRONT
DRIVE

Contractor Company GREENFIELD HOMES INC.

Contact Person MARK BLODY

Address 6656 LASTER DR

City HIGHLAND State MD Zip Code 20797

License No. 301

Phone 781-6782 Fax 443 535-0551

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person MARK BLODY

Address _____

City _____ State _____ Zip Code _____

Phone 410 750-2262 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" 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>59</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>31</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>59</u>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Multi-family dwellings	<input type="checkbox"/> NFPA #13D
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13R
No. of 1 BR units: <u>N/A</u>	<input type="checkbox"/> Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>N/A</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

THE USER 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 TO THIS; (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 Wayne Greenfield

Title/Company GREENFIELD HOMES

Print Name WAYNE GREENFIELD

Date 5/10/01

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			Front: _____	500684
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St: _____	
Health	<u>6/29/01</u>	<u>Mark Rife</u>	All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	
Distribution of Copies: _____				Accepted by _____

White: Building Official Green: LDD/DPZ Yellow: DED/DPZ Pink: Health Gold: SHA

Forms PERMIT.FRM Rev: 5/17/00

8/16/01
Anytime

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Gartland Plumbing Telephone #: 410-875-5303
Address: 1620W Old Liberty Rd
Sylkesville MD 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Joe Gartland License# 6352

*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: Greenfield Homes Telephone #: 410-281-6782
Subdivision: Meadow Spring Lot #: 1 Well Tag #: HO-94-3112
Site Address: 11905 Frederick Rd
Ellicott City MD 21442

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>BTF</u>	Two piece watertight cap: <input type="checkbox"/>
Model #: <u>26502</u>	Model#: <u>P1004</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>2</u> GPM	Depth: <u>52</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>250</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 50 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 12'
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 of company representative responsible for installation

Aug 15, 2001
date

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

Date Insp. Requested: 8/16/01 Date Insp. Approved: 8/16/01 (SRU)

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

Backfilled prior to insp. OK
called installer

C1 0763 SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER 13 6/11/01 OK
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-3112

ST/CO USE ONLY DATE RECEIVED MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well (TO NEAREST FOOT) 22 245' 26

OWNER Greenfield Homes
 STREET OR RFD Frederick Rd TOWN West Friendship
 SUBDIVISION Bull Property SECTION _____ LOT P283

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	36	
Gray Micahork	36	245	✓

GROUTING RECORD (YES) (NO)

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1128
 GALLONS OF WATER 92
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 36 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

diameter inch depth (feet) from to

A
C
H
C
A
S
I
N
G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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

C2 DEPTH (nearest ft.)

40 38 245

E 1 2 3 4 5 6 7 8 9 11 15 17 21
 A 23 24 26 30 32 36
 H 38 39 41 45 47 51
 S
 R
 E
 E
 N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 15 ft.
 WHEN PUMPING 20 ft.

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

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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 } (nearest) 21 (nearest) 21

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. M S D O 24
 DRILLERS SIGNATURE James E. Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)

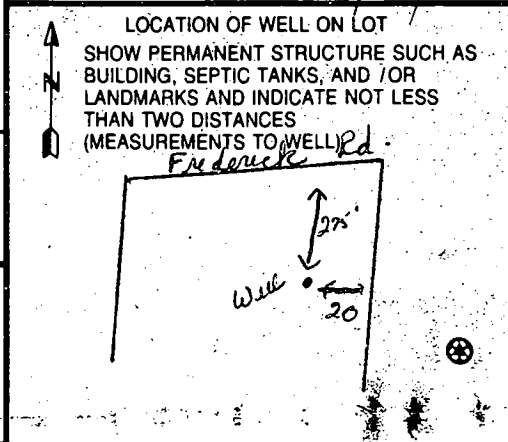
LIC. NO. M S D O 22
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) James E. Mayne

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

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

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	8465	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-3112
		W515231 please print or type		
fill in this form completely				

OWNER INFORMATION

Date Received (APA) 09/09/01

8 MM DD YY 13

Greenfield Homes Inc
15 Last Name Owner First Name 34

6656 Ruster Dr.
36 Street or RFD 55

Highland Md 20777
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard

8 COUNTY 21

Meadow Springs Buel Property
23 SUBDIVISION 42

SECTION 44 46 LOT P.283 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 1/2 M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MSD 24
Driller's Name 76 License No. 81

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt Airy Md 21778
Address

Joseph L. Mayne 5/9/2008
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

B 4

1 2

Frederick Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 280 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 16 BLK: _____ PARCEL 283

WELL INFORMATION

B 2

1 2

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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 05/24/01 DOMONIK CLARK 05/23/02
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 532 000 EAST GRID 0822 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL _____ 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 _____

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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____

PERMIT No. HO-94-3112
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 000

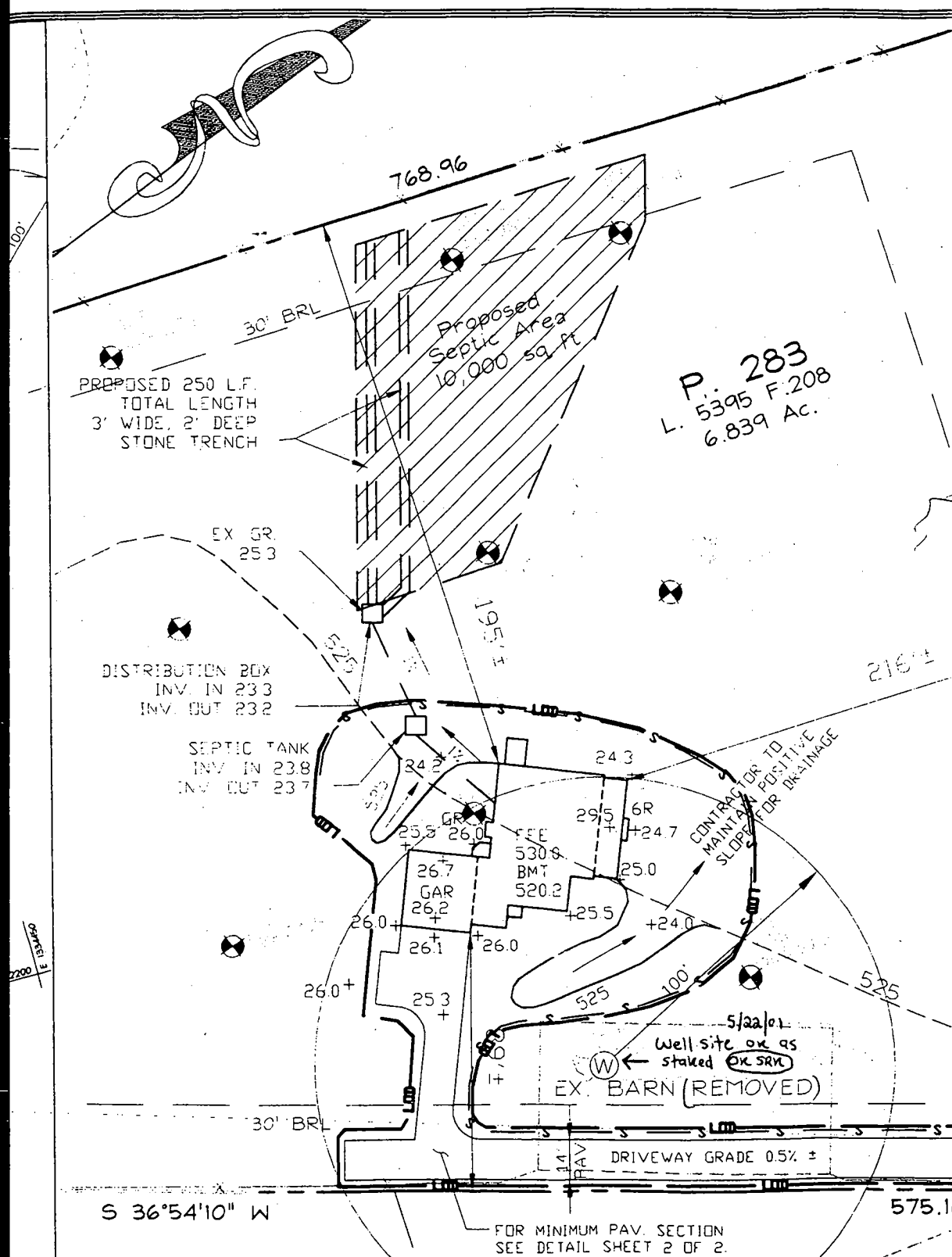
N 530 000

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

Sketch showing location of well relative to West Friendship, Md 144, and Frederick Rd.

SPECIAL CONDITIONS

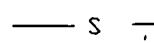
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LEGEND



PROPOSED WELL



SILT FENCE

12/1/00
10:00

APPLICATION

PERCOLATION TESTING

A 514672

P _____

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

DISTRICT _____

DATE 11/27/00

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 Carl and Donna Buell

ADDRESS 11805 Frederick Road, Ellicott City 21042 PHONE _____

AGENT OR PROSPECTIVE BUYER Heritage Land Development
3060 Washington Road, Suite 220

ADDRESS Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION Buell Property LOT NO. 1

ROAD AND DESCRIPTION 11789 Frederick Road (Route 144)

TAX MAP 16 PARCEL # 283

SIZE OF LOT 6.83 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.


(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

Q113

Q112

COUNTY #

SOIL PROFILE 102/105/108

0' topsoil

1' de org brn c1 Lm

2.5' pate org brn s1 Lm

5-10% rock

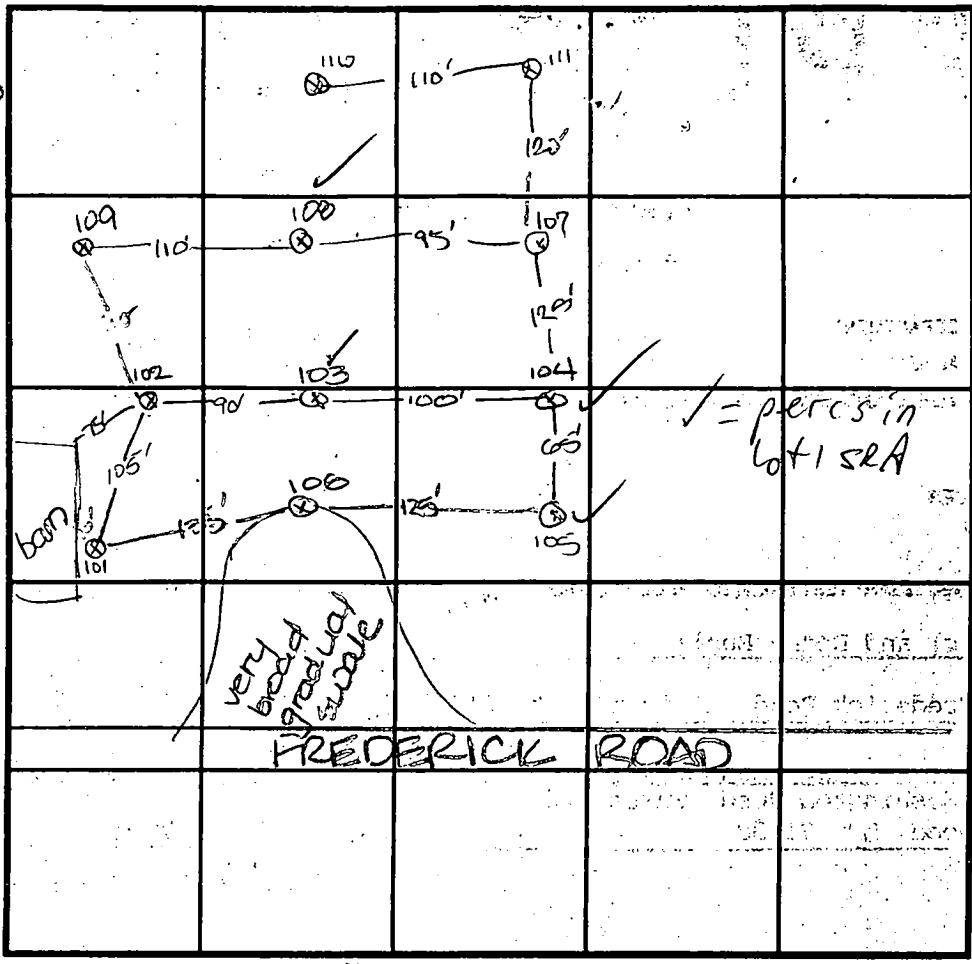
103/104/107

0' topsoil

1' br org red brn c1 Lm

2.5' pate org brn s1 Lm

5-10% rock



SOIL PROFILE 106

0' topsoil

1' org brn c1 Lm

3' mod org brn s1 Lm

5-10% rock

12' water

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

108 v 12 1/2 - OK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-14-00	102	3.0' S	10:01	10:06	10:25	10:20	14
		12.5' D	Visual	- see profile			OK
	103	2.5' S	10:03	10:09	10:09	10:14	5
		12.5' D	Visual	- see profile			OK
	104	3.0' S	10:16	10:18	10:18	10:21	3
		12.0' D	Visual	- see profile			OK
	107	3.0' S	10:23	10:24	10:24	10:30	6
		12.0' D	Visual	- see profile			OK
	105	11.0' D	Visual	- see profile			OK
	106	12.0' D	Water	- see profile			FAIL due to landscape

REMARKS test holes staked by developer @ time of testing

TYPE OF SOIL

TESTED BY DCC

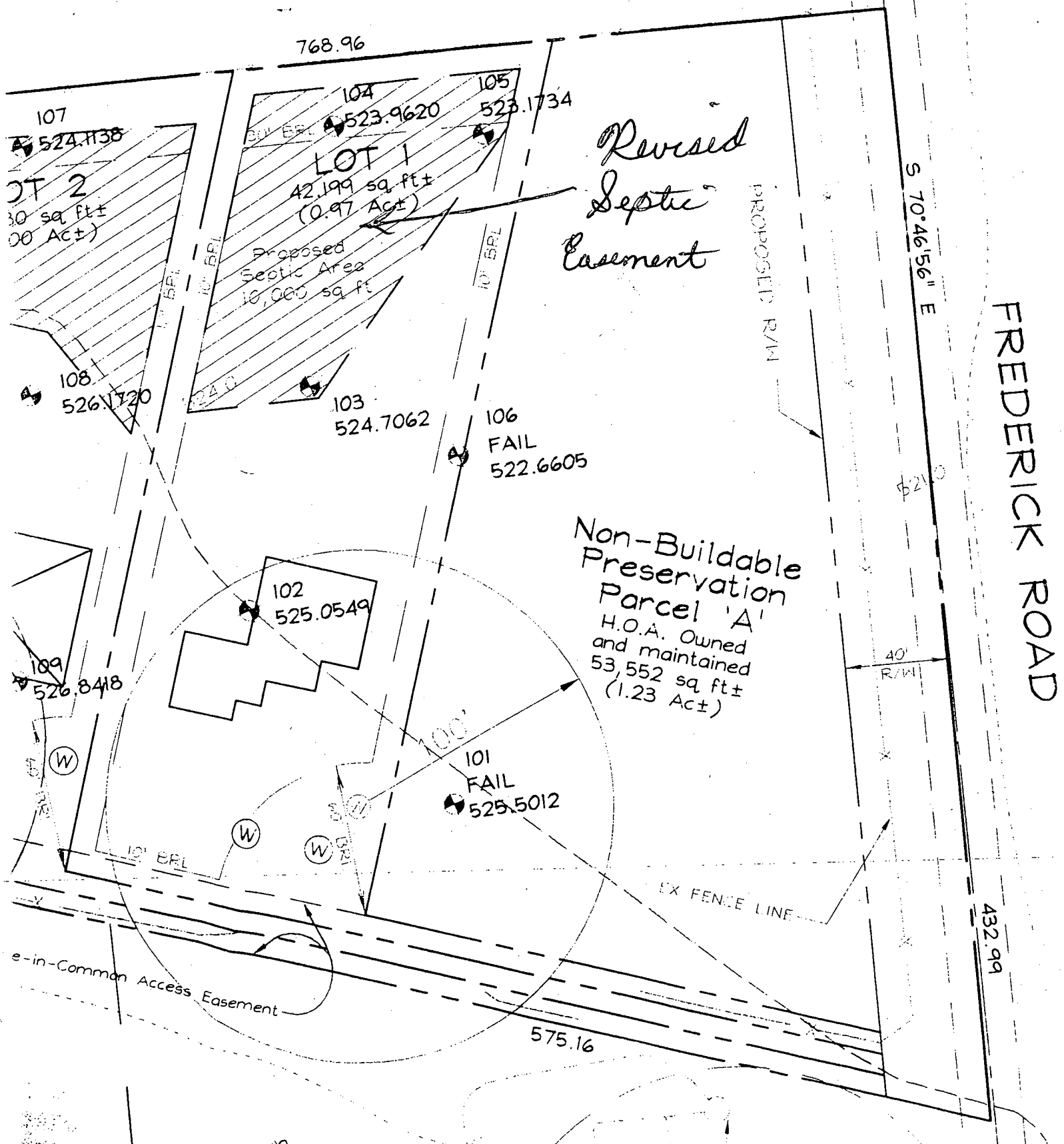
ALSO PRESENT Cleop T. Pender

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT/BEDROOM 180

- SHALLOW SYSTEM ONLY -

Signed
PC 514989



FREDERICK ROAD

S 70°46'56" E

432.99

768.96

575.16

LOT 2
30 sq. ft±
(0.00 Act±)

Revised
Septic
Easement

Non-Buildable
Preservation
Parcel 'A'
H.O.A. Owned
and maintained
53,552 sq. ft±
(1.23 Act±)

LOT 1
42,199 sq. ft±
(0.97 Act±)

Proposed
Septic Area
10,000 sq. ft

PROPOSED R/W

EX FENCE LINE

e-in-Common Access Easement

40'
R/W

101
FAIL
525.5012

102
525.0549

106
FAIL
522.6605

103
524.7062

108
526.1720

109
526.8418

107
524.1138

105
523.1734

104
523.9620

29 June, 2001

Ms. Avis Corbin
3430 Courthouse Drive
Ellicott City, MD 21043

RE: Permit B00130196
Meadow Springs
11805 Frederick Road
Ellicott City, MD 21042

Ms. Corbin:

Per Health Department request, we will be changing the window in the first floor study from an EGRESS 3052 twin to a NON EGRESS 2052 triple.

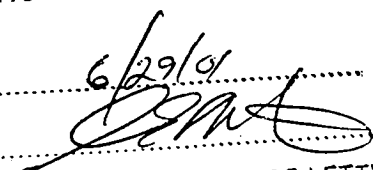
Thank You,


Rick Minor
Greenfield Homes

OK - no objection
MR

6/29/01

Ho Co Health

REVIEWED FOR CODE COMPLIANCE	
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS HOWARD COUNTY	
DATE:	6/29/01
BY:	
<input type="checkbox"/> SUBJECT TO COMMENTS OF LETTER	
<input checked="" type="checkbox"/> SUBJECT TO FIELD INSPECTION	
<input type="checkbox"/> SUBJECT TO COMMENTS ON PLANS	
<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> FINAL