

# PERMIT

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

P 514678

A 58095-T

ISSUE DATE 11/29/2000

APPROVAL DATE 12/1/00

11/30/00 layout  
12/1/00 Trenches P.M.

RPS# 362454

**INDEXED**

Egles 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 21 ADDRESS 15305 Doe Hill Court

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

SEPTIC TANK CAPACITY 1250 GALLONS **BUILDING PERMIT SIGNED**

PUMP CHAMBER CAPACITY N/A GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4 **5-405 60015589-DEUK**

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

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 160 feet down the left lot line and 90 feet off this same lot line. Run trenches on contour in ~~either~~ both directions

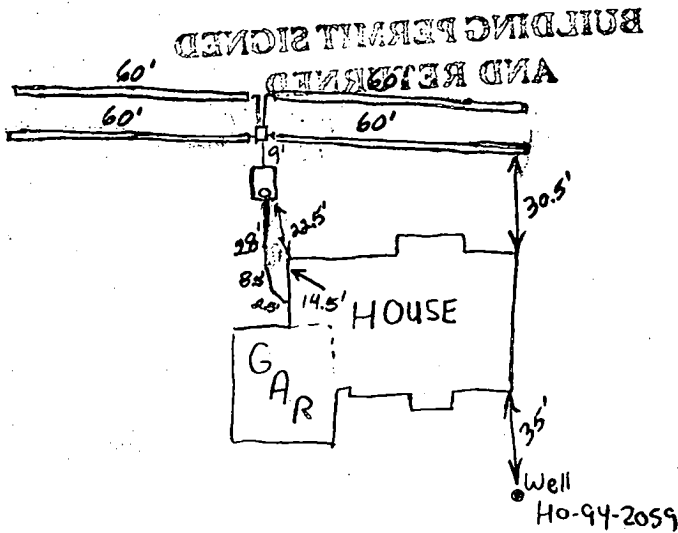
PLANS APPROVED Mark Rifkin OR SRK 11/2/00 DATE 9/18/2000

- 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

514678

NOT TO SCALE



DOE HILL COURT

**TRENCH DATA**

TRENCH WIDTH 3  
 TRENCH INLET DEPTH 2  
 TRENCH BOTTOM DEPTH 5  
 DEPTH OF STONE 2  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 sq. ft  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250 T.S. GALLONS  
 MANHOLE RISER No  
 6 INCH INSPECTION PORT Yes

**PUMP CHAMBER DATA**

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

PRE-CONSTRUCTION INSPECTION: 11/29/00-LAYOUT INSP. WAIVED (ALM) SRK

INSPECTION COMMENTS: 11/30/00- OK TO CONTINUE AND COVER MIDDLE OF TRENCHES,  
 LEAVE ENDS OPEN, INSTRUCTED INSTALLER TO PLACE MANHOLE ON SEPTIC TANK (SRK)  
 12/1/00 System satisfactory. O.K. to cover. (BR)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 12/1/00

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/11/97

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER G & L Partnership

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

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

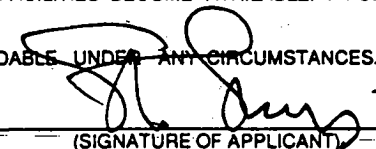
SUBDIVISION Brendel property LOT NO. 15

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

A58095

COUNTY #

SOIL PROFILE

0' 61  
 no distinct clay layer orange lgt tan silm 10% Rx  
 11.0 refusal

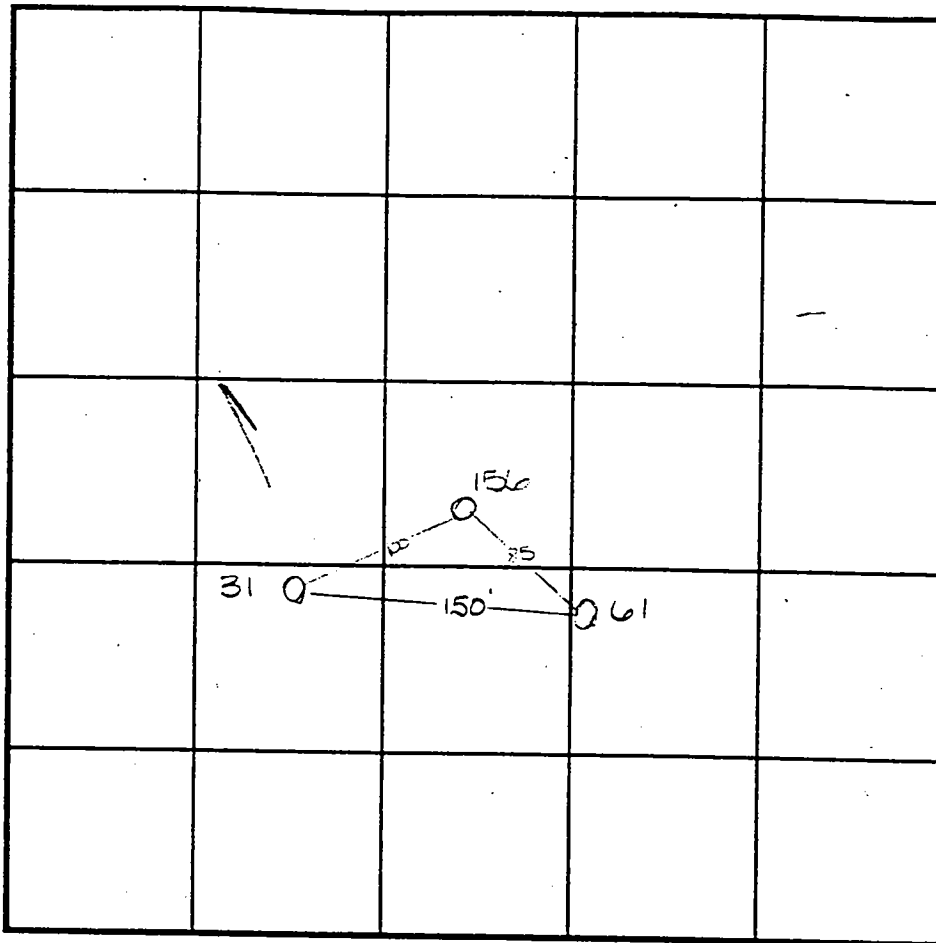
31

very dark red soil 10% rocks  
 mg on the bases of the rocks

11.5

SOIL PROFILE

0' 156  
 or brown silm  
 3.0 lgt brn silm tan  
 7.5 mottled silm dull grey w orange silm  
 14.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-25-97	61	2.5 V10.5	10:51	>30 min			
		6.5 V11.5	10:56 <sup>20</sup>	10:59	10:59	11:02	3 min
	31	3.0 V11.5	10:48	10:55	10:55	11:10	15 min ✓
6-19-97	156	Visual	to 14.0 - see profile -				OK

REMARKS shallow sust. only

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

4/24/97  
4/25  
4/28  
4/29

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

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AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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PROPERTY LOCATION:

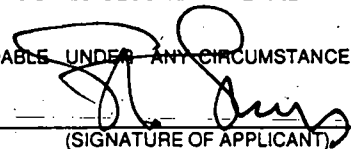
SUBDIVISION Brendel property LOT NO. 14

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.

  
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APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

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A58095

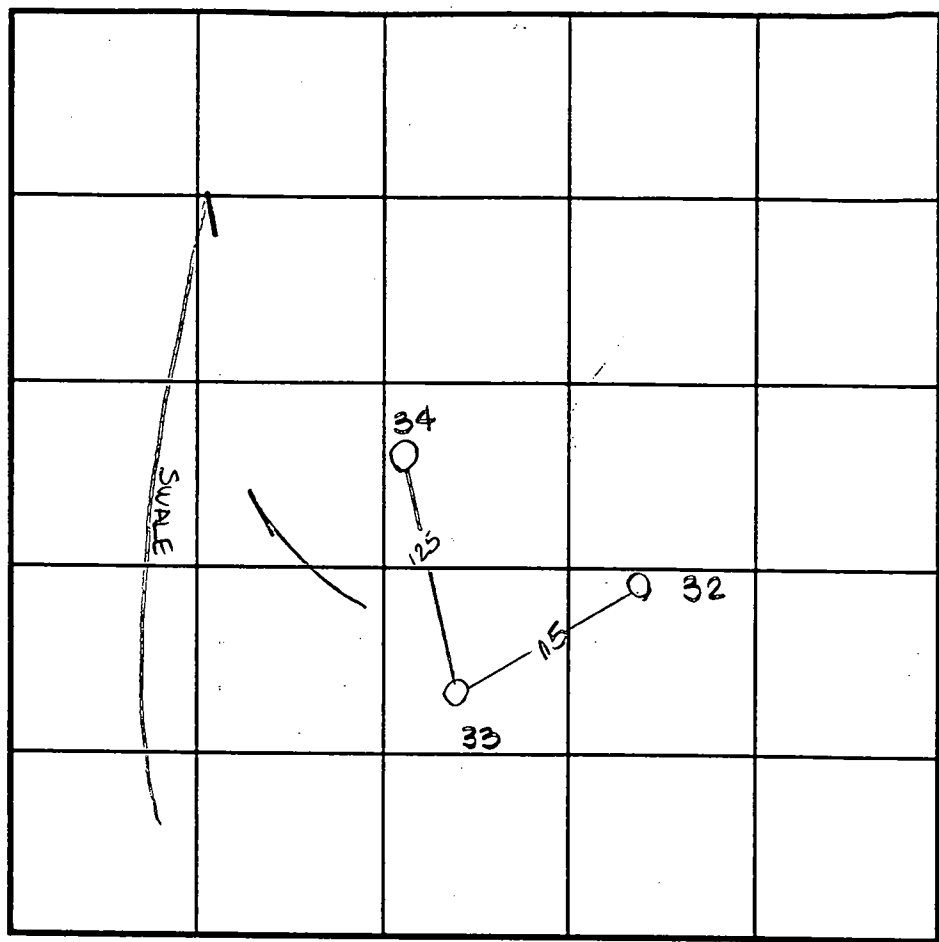
COUNTY #

SOIL PROFILE

0' 32'  
 dark red  
 Sicilm  
 3.0  
 bright rust colored orange  
 Sicilm  
 12.0  
 15% rock

33  
 bright red  
 Sicilm  
 3.5  
 lgt tan beige  
 Sicilm  
 15% Rx  
 95 refusal

like  
 no  
 no



SOIL PROFILE

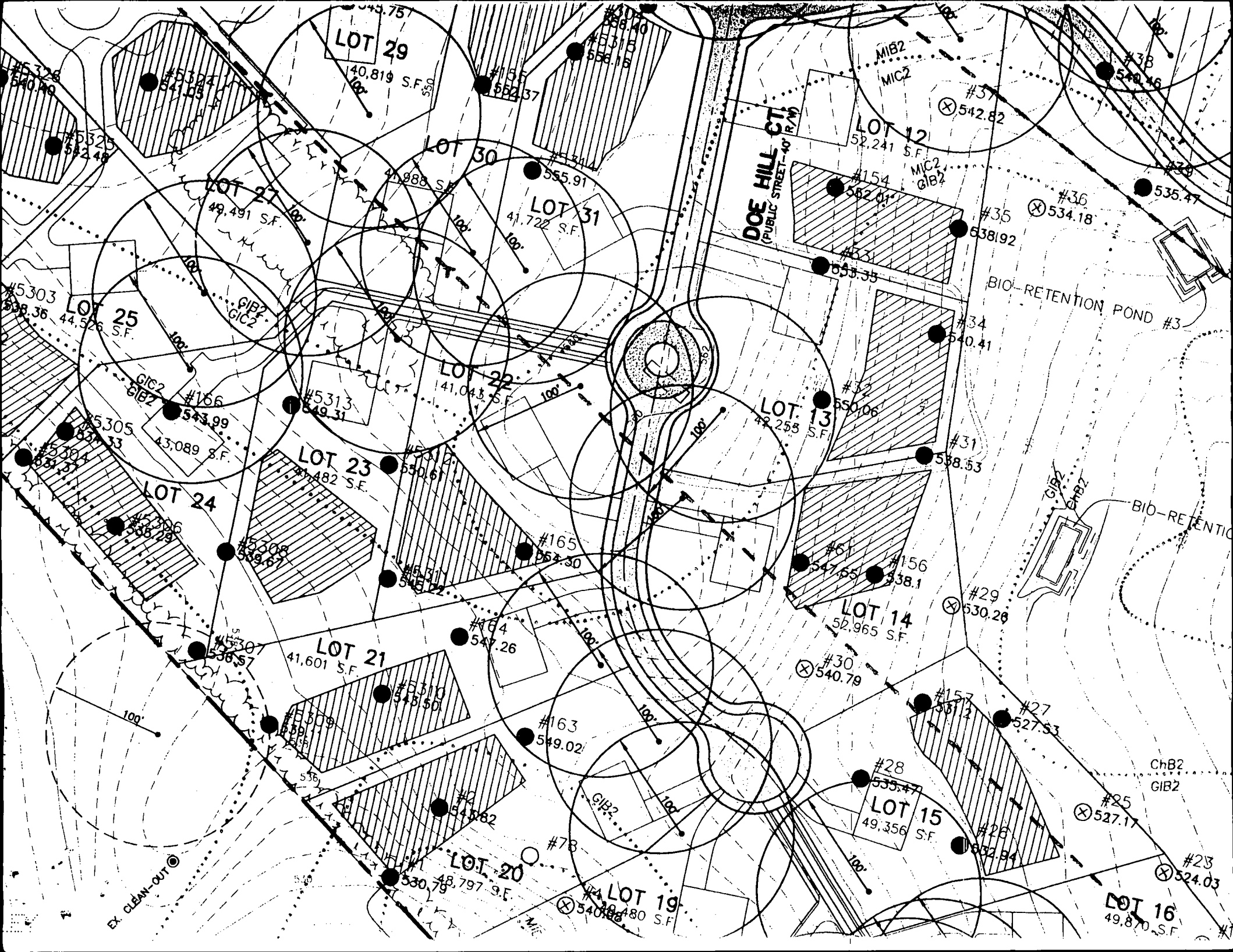
0'

34  
 like 33 but no hard bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-25-97	32	<del>3.0</del> 12.0	11:03	11:07 <sup>30</sup>	11:07 <sup>30</sup>	11:11	3 1/2 min ✓
	33	<del>2.0</del> 9.5	11:16	11:22	> 30 min		✓
		Insufficient depth to bedrock - F					
	34	<del>3.0</del> 11.5	11:18	11:19 <sup>30</sup>	11:19 <sup>30</sup>	11:26	6 1/2 min ✓
6/19/97	Hole	33 status changed to pass - test @ 3.0' - 5 min. perc - OK					

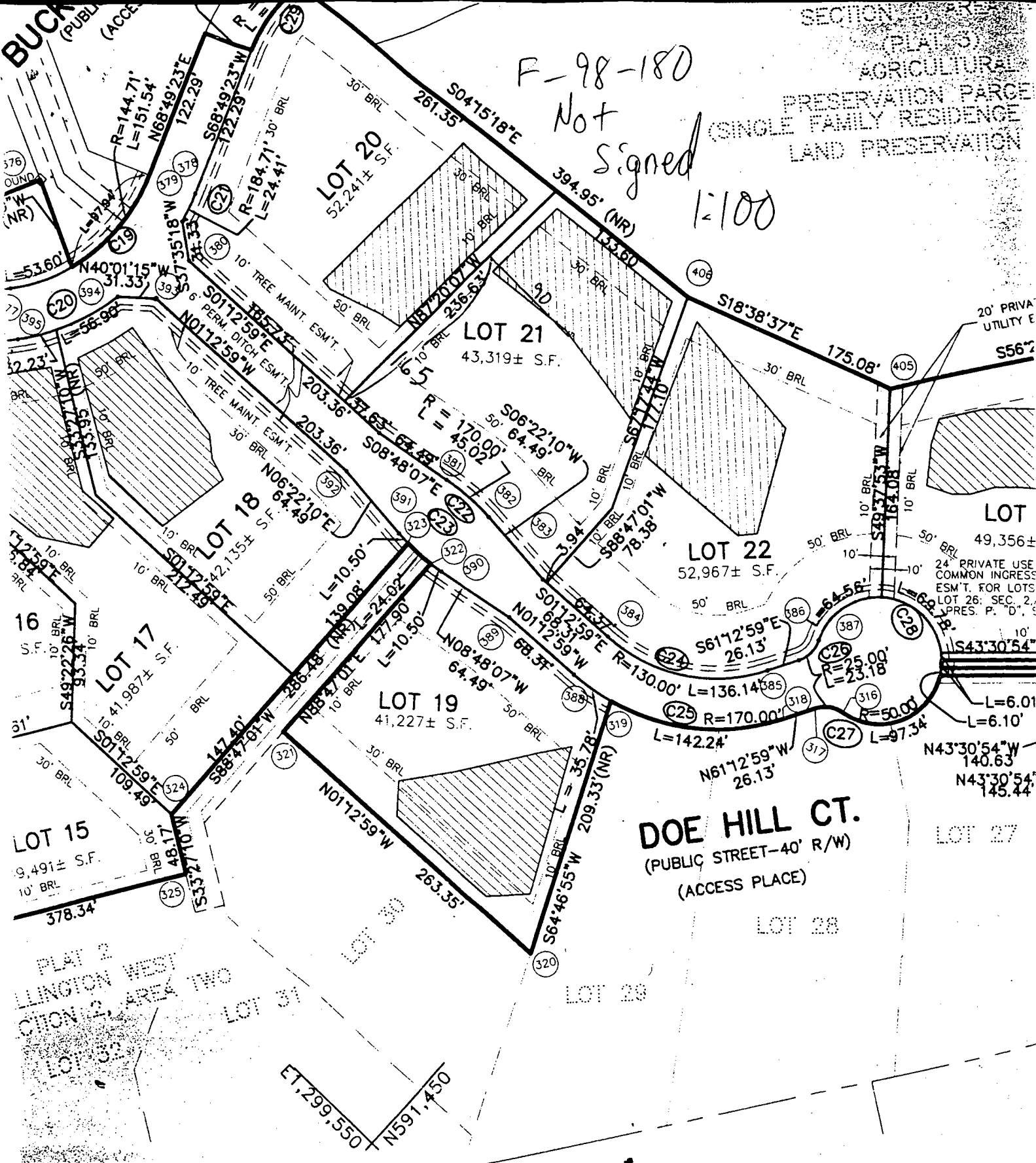
REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



SECTION 27, TOWNSHIP 3, RANGE 13  
 AGRICULTURAL  
 PRESERVATION PARCELS  
 (SINGLE FAMILY RESIDENCE  
 LAND PRESERVATION)

F-98-180  
 Not Signed

1:100



CURVE DATA

RADIUS	LENGTH	TANGENT	CHORD	BEARING	DELTA
480.00'	70.31'	35.22'	70.24'	S60°44'36"E	08°23'32"
520.00'	76.16'	38.15'	76.10'	N60°44'36"W	08°23'32"
520.00'	124.89'	62.75'	124.59'	S58°03'32"E	13°45'39"
480.00'	115.28'	57.92'	115.01'	N58°03'32"W	13°45'39"
144.71'	151.54'	83.55'	144.71'	S81°10'43"E	60°00'00"
184.71'	89.13'	45.45'	88.26'	N65°00'07"W	27°38'48"
184.71'	24.41'	12.22'	24.39'	S72°36'26"W	07°34'16"
170.00'	45.02'	22.64'	44.88'	S01°12'59"E	15°10'18"
170.00'	45.02'	22.64'	44.88'	N01°12'59"W	15°10'18"

SURVEYOR  
 TSA GROUP  
 8480 BALTIMORE  
 ELLICOTT CITY  
 (410) 465-6616

DEVELOPER

# Approved Septic System Plan Howard County Health Department

F-98-180

EROSION CONTROL MATTING

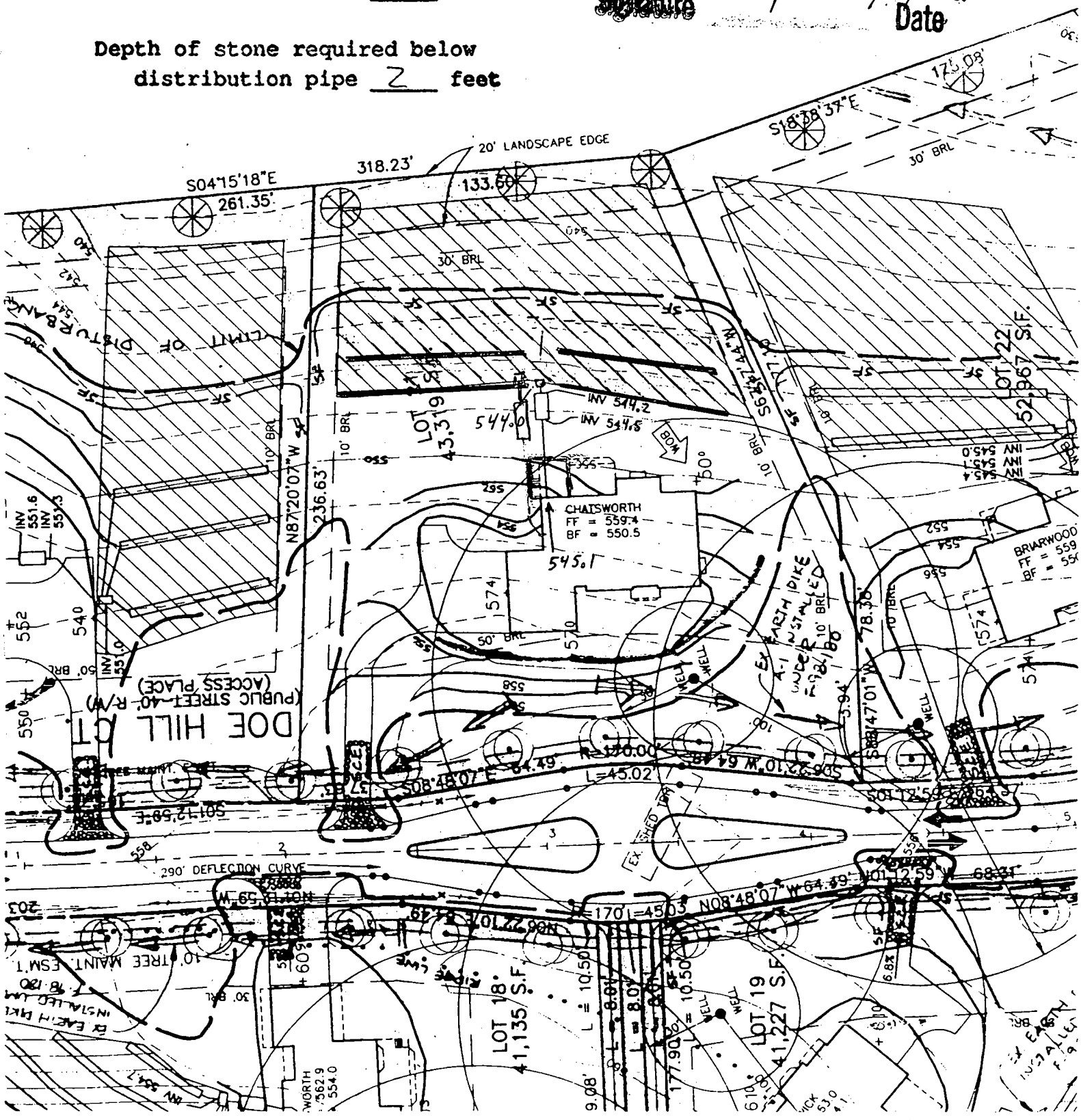
Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

*Mark E. Kiffin* 9/18/00  
Signature Date



Building Address: **15305 Doe Hill Ct.**  
**15305 Doe Hill Ct.**  
 Hoodbine, MD, 21777

Suite/Apt. #: **N/A** SDP/WP/Petition #: **CP 99-180**

Census Tract: **6040** Subdivision: **Wellington West**

Section: **2** Area: **2** Lot: **21**

Tax Map: **14** Parcel: **49** Grid: **20**

Zoning: **RC-DEG** Map Coordinates: **9A-5** Lot size: \_\_\_\_\_

Property Owner's Name: **Pulte Homes**

Address: **1501 S. Edgewood St. Ste. A**

City: **Baltimore** State: **MD** Zip Code: **21227**

Home Phone: \_\_\_\_\_ Work Phone: **410-644-8609**

Applicant's Name & Mailing Address, (if other than stated hereon):  
**Building Permit Services, Inc.**  
**2802 Parallel Path**  
**Arlington, MD, 21009**

Phone: **410-515-1717** Fax: **410-515-2213**

Existing Use: **Vacant lot**

Proposed Use: **SFD**

Estimated Construction Cost: **100,000.00**

Description of Work:  
**Construct SFD Chataworth**  
**2 Sty. Full Bemt. 9R, 2FB, 1HB, FP. 3 Car Gar.**  
**(4BR) Opt. Deck, Fin. LL w/ bath**

Contractor Company: **OWNER**

Contact Person: **Pat Oria** 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: _____ 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 _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <b>2</b> Width <b>56</b>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <b>59</b> <b>41</b>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <b>59</b> <b>56</b>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" 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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
No. of Bedrooms: <b>4</b>	
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: <b>24 x 6</b>	
Roof: <b>Asp/Flt</b>	
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 THEREIN; (4) THAT HE/SHE WILL REFORM 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: *Frank E. or Patricia A. Oria*

Print Name: **Frank E. or Patricia A. Oria**

Title/Company: **Building Permit Services, Inc.**

Date: **09-30-00**

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: _____ Rear: _____ Side: _____ Side St: _____	1300126244
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <b>500</b>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ <b>100</b>
Dev. Engineering, DPZ	<b>9/18/00</b>	<i>Mark Apple</i>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ <b>4936</b>
Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				TOTAL FEES \$ <b>5411</b>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # _____
				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, Pitless Adapter, and Supply Piping

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

Company Name: WILLOUGHBY PLUMBING SERVICES Telephone #: 410-781-7051  
Address: 6203 PATRICK DR.  
SYKESVILLE MD. 21784

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

Name (Print): CHRIS WILLOUGHBY License# 6992

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: FOLIE HOME CORP Telephone #:  
Subdivision: WELLINGTON WEST Lot #: 21 Well Tag #: HO 94-2059  
Site Address: 15305 ODOE HILL RD  
WOODBINE, MD 21797

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>JACUZZI</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10 GPM</u>	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>353</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

**Pipine to house**  
Type: CRESTLINE  
PSI: 1" (160 psi min)  
Depth of supply line:  (36" min)

**House Connection**  
PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly:

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

Signature of company representative responsible for installation: Chris Willoughby date: 12/4/00

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

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

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"/>

C 1 9849 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 353 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2059

OWNER BPMP Assoc last name first name TOWN Glenwood STREET OR RFD Doe Hill Ct SUBDIVISION Wellington West SECTION 2 LOT 21

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 FROM TO check if water bearing

GROUTING RECORD YES NO WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 41

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

DEPTH (nearest ft.) H O 41 353. A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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 O TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 268 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)

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO 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. 1 M W D 2 5 6 Dana Kykert Jr. II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 J W D 3 3 4

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



B 1 2033

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2059

fill in this form completely

Date Received (APA) 010599

OWNER INFORMATION

Associates LLC BPMB 15248 Union Chapel Rd Woodbine Md 21797

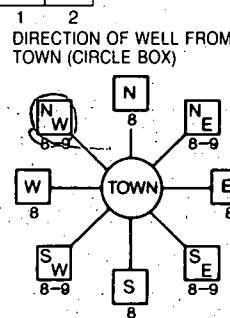
LOCATION OF WELL

Howard Wellington West SECTION 2 LOT 21 Glenwood

DRILLER INFORMATION

DANA RYKEL TRU M D 256 Westminster Rotary Well Drilling, Inc. PO Box 861 Westminster, Md 21157

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Doe Hill Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 45 ENTER FT OR MI TAX MAP: 14 BLK: PARCEL 22

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) Farming (Livestock Watering & Agricultural Irrigation) Industrial, Commercial, Dewatering Public Water Supply Well Test, Observation, Monitoring Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO A58095T COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 1/20/99 A McW... EXP. DATE 1/20/00 NORTH GRID 530 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 195 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

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

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 GAP

PERMIT No HO-94-2059

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

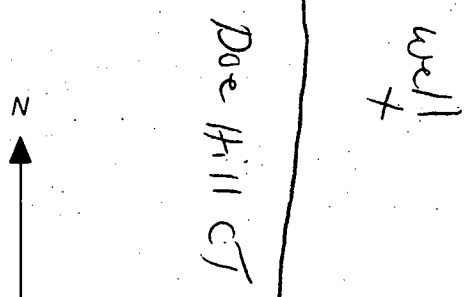
- SOURCES OF DRILLING WATER 1. CITY 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 N 530

1/27/99 Great 9:00 + well missed insp km

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





UNION CHAPEL ROAD  
GEODESIC ROAD/RAILROAD COLLECTOR - 40' (12.19)

WELL 34  
WELL 35  
WELL 36

LOT 14  
LOT 15  
LOT 16  
LOT 17  
LOT 18  
LOT 19  
LOT 20  
LOT 21  
LOT 22  
LOT 23  
LOT 24  
LOT 25  
LOT 26  
LOT 27  
LOT 28  
LOT 29  
LOT 30

2.8m  
514.7m

2.8m  
514.7m

2.8m  
514.7m

# Approved Septic System Plan Howard County Health Department

F-98-180

EROSION CONTROL MATING

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

*Mark E. Piffkin* 9/18/00  
Signature Date

