

1/10/01
1415
1415

RPS#
433517

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P 514681-B

A-511313

410-313-2640

ISSUE DATE 11/30/2000

APPROVAL DATE 1/10/01

INDEXED

Farm & Home Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 901 Driver Road, Marriottsville, MD 21104 PHONE 410-442-2139

SUBDIVISION Greenbridge LOT NUMBER 6 ADDRESS 5201 Greenbridge Road

PROPERTY OWNER Richmond Davis PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 345 (3 - 115' trenches)

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Place the distribution box 145 feet off the left lot line and 140 feet off the 176.23' lot line as seen from the pipestem. Run 3 - 115' trenches along contour towards the 364.59' lot line.

10/01 spoke to installer - I approved less than 10' (~8') from house to septic tank to allow for correct location of d. box. DIC

PLANS APPROVED Amy McMillen at 7/14/00 DATE 07/14/00

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

BUILDING PERMIT SIGNED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

AND RETURNED 4302
800135228-DECK

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

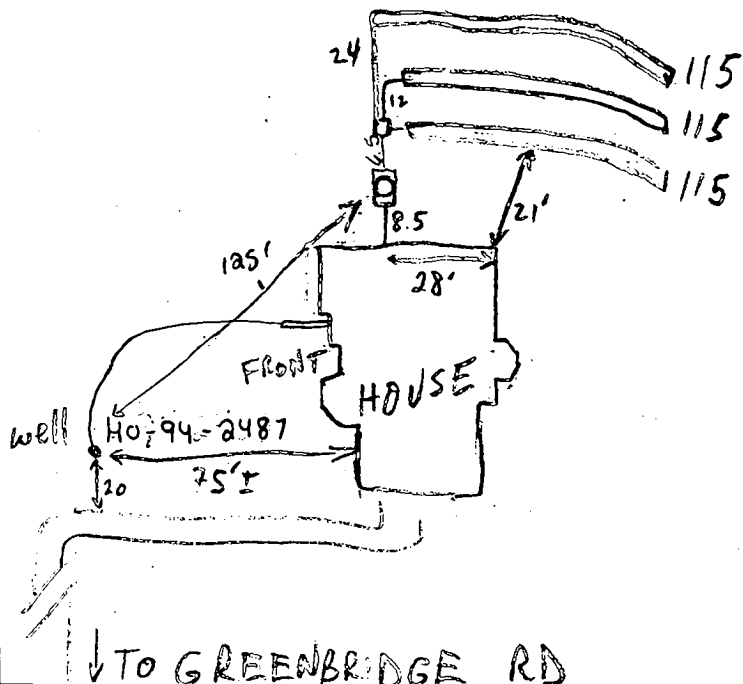
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

P 514681-B

NOT TO SCALE

11/10/01



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 345
 ABSORBENT AREA 1035
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 ^{MIDSEAM} ^{AS PREV OK'D} GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~

PRE-CONSTRUCTION INSPECTION: 1/9/01 OK to install trenches as shown on approved

BP plan etc

INSPECTION COMMENTS: 1/10/01 NOON OK, CONTINUE (MR)

1/10/01 3:00 OK TO COVER (MR)

~~BUILDING DEPARTMENT REQUIRED~~
 AND RETURNED

INSPECTOR M. Ripkin DATE SYSTEM APPROVED 1/10/01

12/18/98
10:00
12/24/98

APPLICATION

PERCOLATION TESTING

A 511313

P _____

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

Retest of
prev. perc
not passed

DISTRICT _____

DATE 12/18/98

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 ROSARIO MARINCCI

ADDRESS 11609 Edmonstan Road PHONE (301) 858-7020
Beltsville MD 20705

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Greenbridge LOT NO. 6

ROAD AND DESCRIPTION Greenbridge Road

TAX MAP 28 PARCEL # 58

SIZE OF LOT 4+ 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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 12/24/98 PERC OK, HOLD FOR PLAT (MR)

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

COUNTY #

SOIL PROFILE

(153)(154)(152)

tan org
sac l m

3-4 tan org
mica
sa l m
10%
FRAGS

12-13 HARD BOT

151

org b m
tan
sac l m
15% frags

2-3 tan org
brn gray
mica sa l m
25% Rx
pockets
@ 8'
+ 12'

13-9" HARD BOT

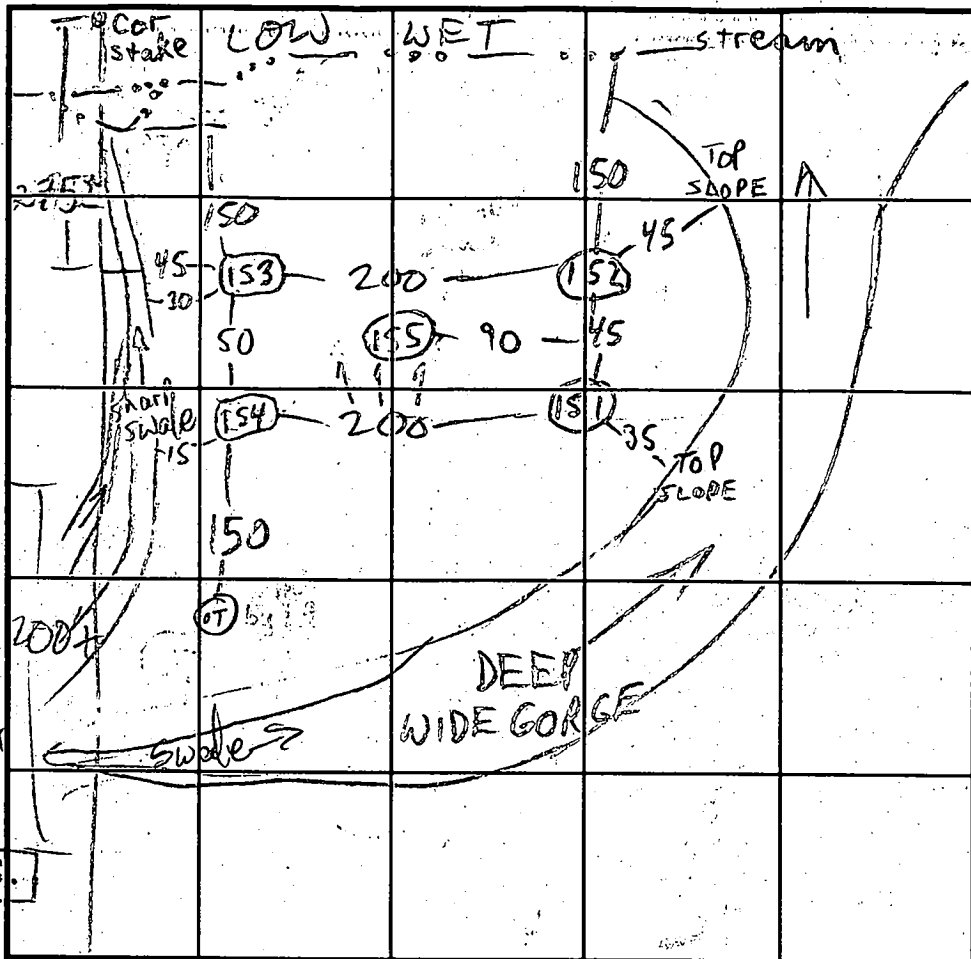
155

org b m
sac l m
15%
frags

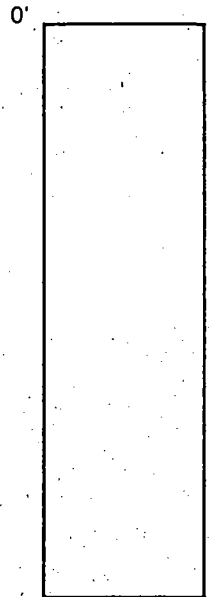
3 gray
tan sa
l m

25-30%
frags

10 HARD BOT



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← TO DAYTON

GREEN BRIDGE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/2/98	153 S	3	11:46	11:51	11:51	12:06	15
	153 V	13	see profile				
	154						
	154 V	12	see profile				
	152 S	3	11:13	11:17	11:17	11:25	8
	152 V	12	see profile				
	151 S	2 1/2	11:01	11:04	11:04	11:10	6
	151 V	13'9"	see profile				
	155 S	3 1/2	11:41	11:43	11:43	11:46	3
	155 V	10	see profile				

REMARKS HOLES (151)-(154) PER ENG'R STAKE

TYPE OF SOIL

TESTED BY M. Ripkin

ALSO PRESENT Ches. Contract Grp
backhoe 3

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8

TRENCH WIDTH

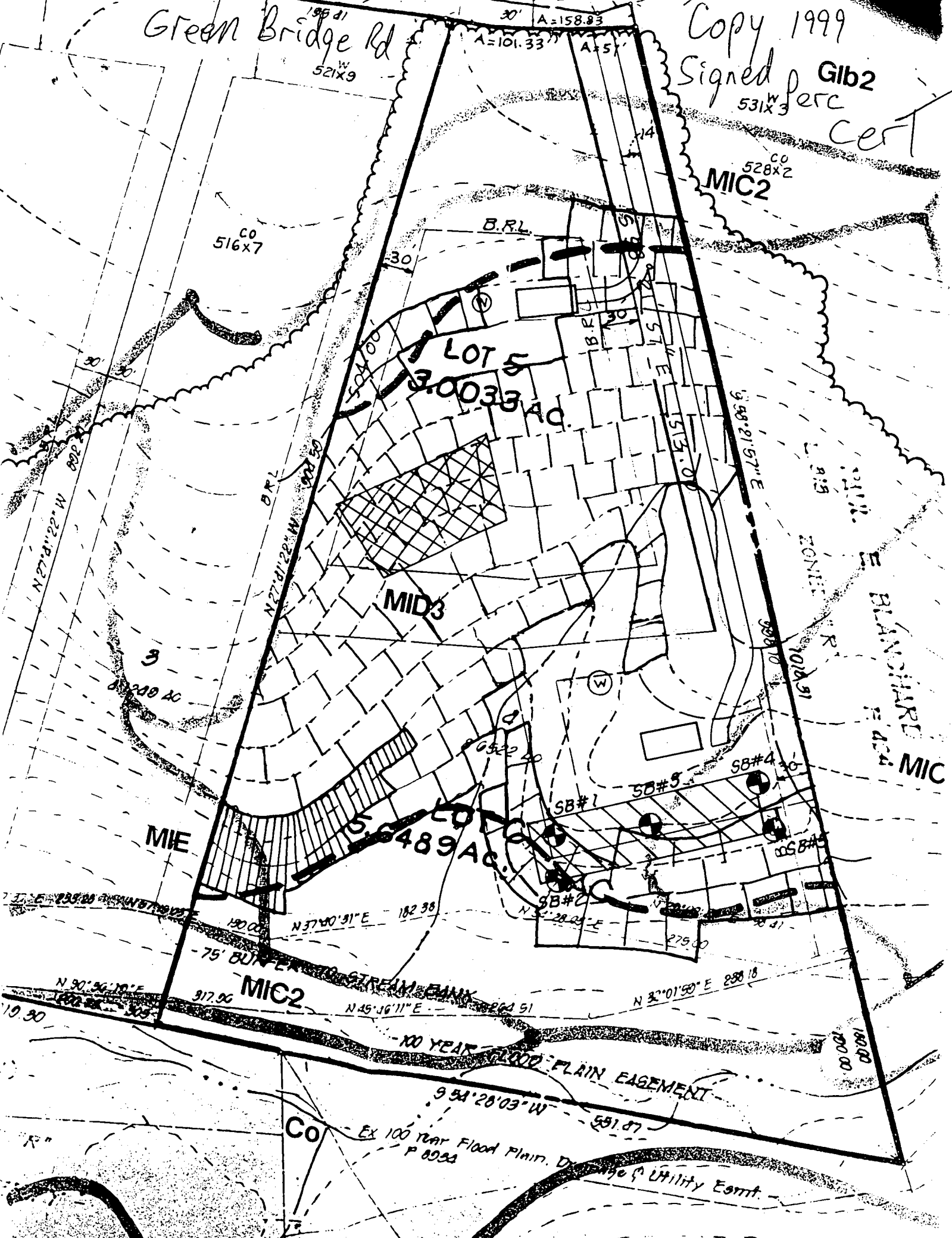
INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 5

SQ. FT/BEDROOM 210

Green Bridge Rd

Copy 1999
Signed GIB2
531x3 perc
cert



CO 516x7

CO 528x2
MIC2

LOT 5
3.0033 AC.

MID3

MIE

US 6489 AC.

MIC2

100 YEAR FLOOD PLAIN EASEMENT

Co

EX 100 Year Flood Plain, D
P 8999

Utility Easmt.

BLANCHARD MIC

N 90° 36' 10\"/>

10.90

317.96

N 45° 36' 11\"/>

264.51

N 30° 01' 50\"/>

180.00

180.00

N 3° 28' 22\"/>

SB#1

SB#5

SB#4

SB#3

SB#1

SB#2

3

8200.20

30

30

14

30' A=158.83

A=101.33

A=5

198 d1

521x9

531x3

N 27° 01' 22\"/>

B.R.L.

B.R.L.

B.R.L.

S 58° 21' 57\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

S 89° 10' 29\"/>

N 73° 01' 22\"/>

239.88

N 73° 01' 22\"/>

140.00

N 37° 40' 31\"/>

182.38

N 73° 01' 22\"/>

279.00

N 3° 28' 22\"/>

279.00

N 3° 28' 22\"/>

279.00

N 3° 28' 22\"/>

279.00

HUNGERFORDS SUBDIVISION
P.B. 6
P.M. 72

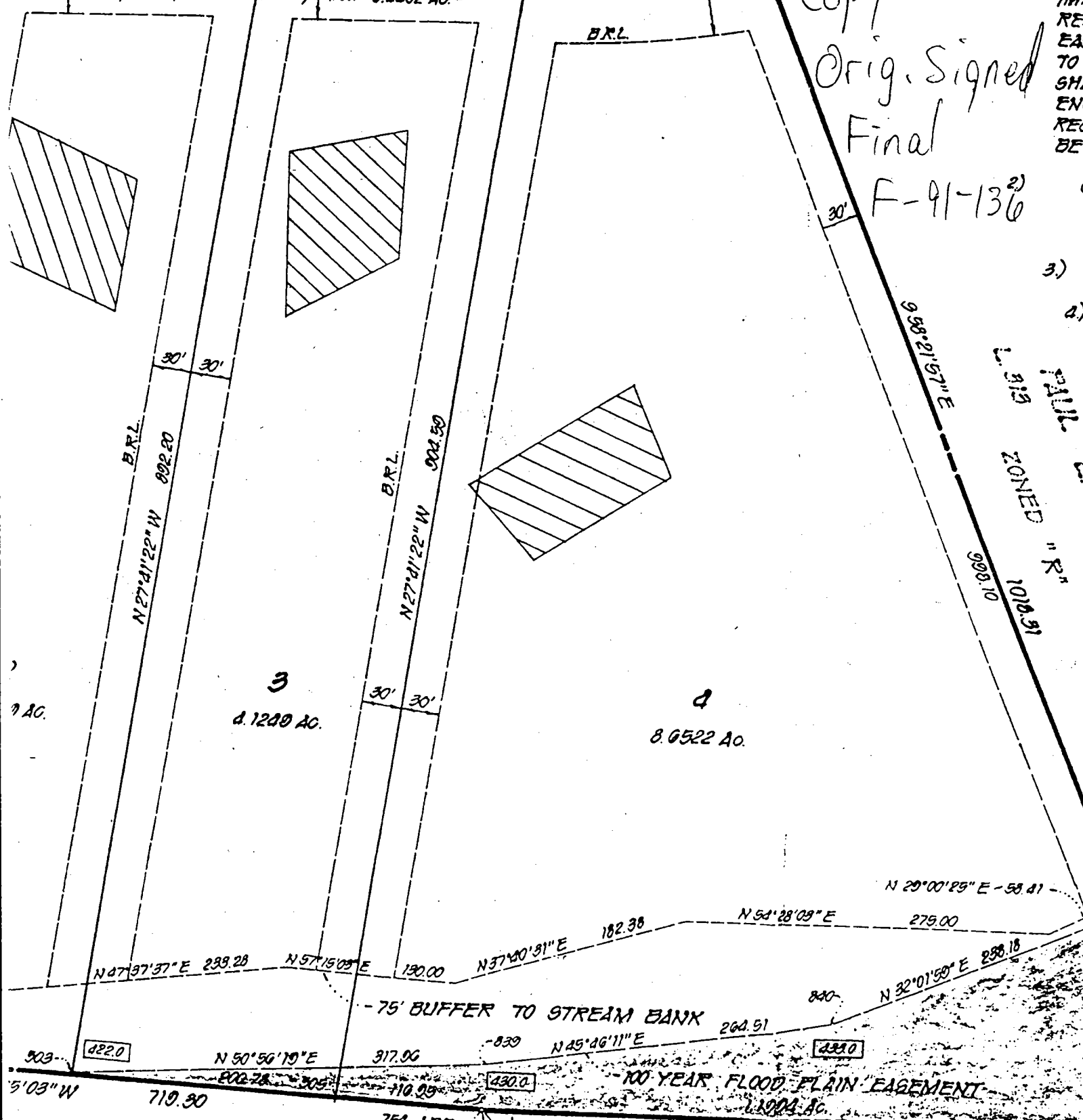
D.R. BLOOM
L. 1525 F. 126

D.L. JONES
L. 1681 F. 168

(R/W) N 50° 23' 03" E 720.00 ROAD N 28° 08' 03" E 20.27 751 1.79

V 53° 42' 25" E 500.92 30' 752 1.79 763 1.79

Land dedicated to Howard County, Maryland for the purpose of a public roadway. Area = 0.2302 Ac. ±



Copy
Orig. Signed
Final
F-91-136

- 1) [Symbol]
- 2)
- 3)
- 4)

PULL
L. 919
ZONED "R"
1018.91

- 75' BUFFER TO STREAM BANK

100 YEAR FLOOD PLAIN EASEMENT

COUNTY
FLOOD PLAIN

COPY OF
PLAT. HELD FOR
SIG.

E800900
N507100

FOREST
CON

2 WELL
BY PLAT

GREENBRIDGE
PLAT NO 10174
ZONED RR/DEC

NEED
TO
CALL
ENG'R

RD COUNTY
(OR FLOOD PLAIN)
P.N. 3710

ZONED 'RR/DEC'
LOTS 1-6
GABINE PROPERTY
P.N. 3710

A=107.63'

170'

B.R.L.

LOT 5
3.0833 Ac.

B.R.L.

LOT 6
5.6489 Ac

Plat No 10174

Forest Conservation Easement
3.00 Ac.

N 57°15'03"E 79.16'

N 29°00'25"E 58.41'

N 37°40'31"E 182.38'

N 54°28'03"E 275.00'

EXISTING 75' BUFFER
TO STREAM BANK

Plat No 10174

S 50°56'19"W 113.96'

S 45°46'11"W 264.51'

S 32°01'59"W 238.18'

EXISTING
100 YEAR FLOOD PLAIN EASEMENT
Plat No 10174

S 57°15'03"W 116.95'

S 54°28'03"W 551.47'

EX. 100 YEAR FLOOD PLAIN, DRAINAGE &
UTILITY EASEMENT
P. 8934

ZONED 'RR/DEC'
SECTION ONE
HEDGEROW
P.N. 8934

PARCEL 'B'

REQUIREMENTS PARAGRAPH 3-108, THE R.C. TITLE, ANNOTATED CODE OF MARYLAND, 1986 R.C. VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MAINTAINING RECORDS HAVE BEEN COMPLIED WITH.

Daniel Howard Oertly
Signature of Surveyor

Rosario Marinucci, Owner
Rosario Marinucci
(Signature of Owner)

Date

PAVING ZONED 'RR/DEC'
L. 13 ZONED 'RR/DEC'
PAVING ZONED 'RR/DEC'

2. FLOOD PLAIN NOT DIVERSIFIED PROVIDED

N507100
E800900

APPLICATION

PERCOLATION TESTING

A 45385

P _____

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

DISTRICT _____

DATE 1/3/90

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 Russ Marinucci

ADDRESS 11609 EDMONSTON RD BELTSVILLE, MD. 20705-0131
PHONE 301-595-5806

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

TESTS FROM ORIG PERCS
NEVER CERTIFIED BY ENG'R
5 LOCATIONS
UNCERTAIN

SUBDIVISION GREENBRIDGE LOT NO. _____

ROAD AND DESCRIPTION SITE IS LOCATED ON GREEN BRIDGE RD. MID-WAY BETWEEN
TEN OAKS RD. AND TRIADENPHIA MILL RD, SOUTH OF DAYTON

TAX MAP 28 PARCEL # 58

SIZE OF LOT 3.28 ACRES TYPE BLDG SINGLE FAMILY
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

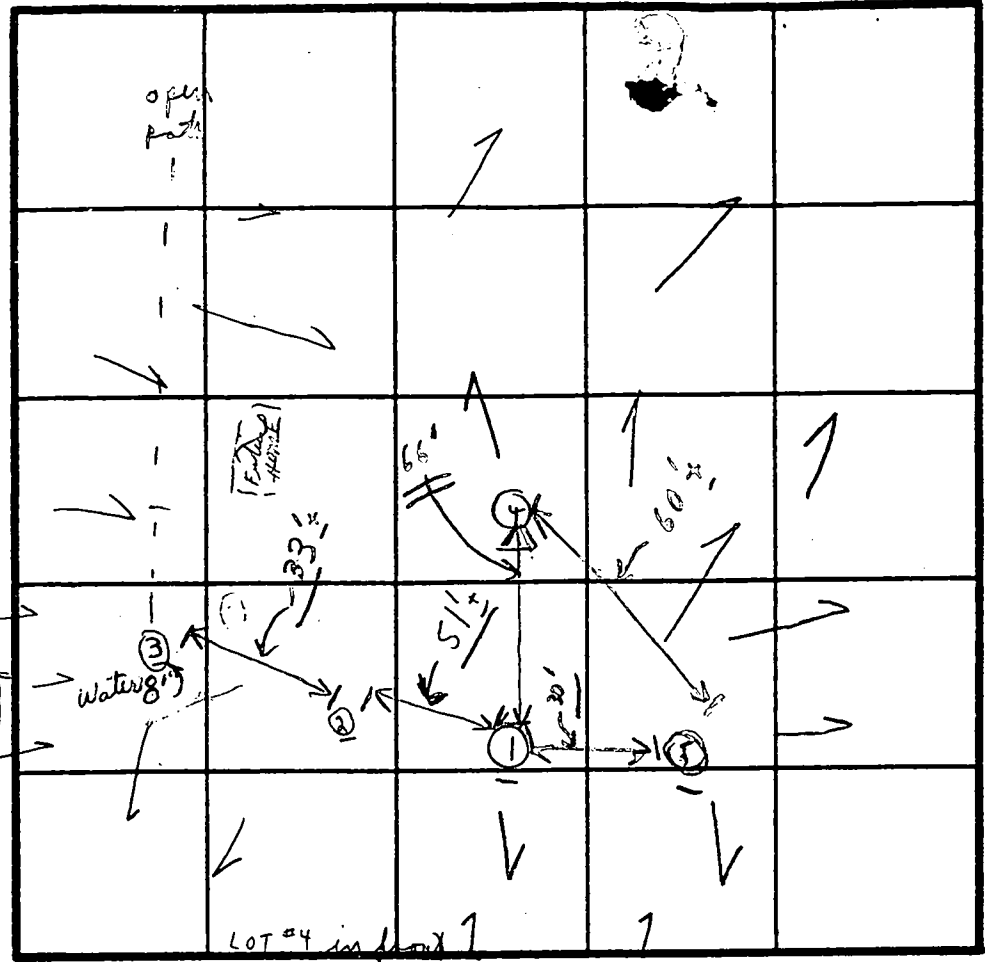
HD-216

THIS IS NOT A PERMIT

A = 45382
#5 207

X 13 min
Uncl 3 1/2'
W of dip
for bench =

①
SOIL PROFILE
4' CLAY
4' to
SANDY
MICHA
LOAM
12-5"



②
SOIL PROFILE
6' CLAY
6 to
16' DRY
Mica
LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
GREEN BRIDGE ROAD

③
SOIL PROFILE
3 1/2' CLAY
3 1/2' Mica
LOAM
WATER
8 1/2'
HOLE
OPEN
1/23 + 1/24

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		minutes TIME
			START	STOP	START	STOP	
1/24/90	①	4'	10:11	10:14	10:14	10:20	6 min
Wed.	①	12'-5"			LIGHT MIC A SANDY LOAM M		DRY
	②	6'	10:22	10:26	10:26	10:36	10 min
	②	11'			(MICA SANDY LOAM)	DUG TO 16'	LOAM DRY
High hole	③	4 1/2'	10:28	10:30	10:30	10:35	5 min
	③		NOT EST		1/24/90	WATER	WATER
Light rain	④	2 1/2'	10:29	10:37	10:37	10:50	13 min
	④	13'			SANDY LOAM M		DRY
	⑤	3'	10:33	10:35	10:35	10:39	4 min
	⑤	12'			Mica Loam		DRY

④
SOIL PROFILE
2 1/2' CLAY
2 1/2'
Mica
LOAM
13'

Soil ⑤
Clay 0'-3'
3' + 12'
Mica
Loam
12' dry

(HOLD FOR WET SEASON - OR MOVE AREA) [No tests 1/23/90]
REMARKS: ③ Holes on 1/24/90 Tests in trees & brush
TYPE OF SOIL: Tests not per stake
TESTED BY: C.B. [Name] ALSO PRESENT: Dave Poleck, [Name]
(1/24/90 C. Williams (see above) [Name])

E 801780 N 507000
554°28'03"W 551.47'
557°15'03"W 116.95'

EX. 100 YEAR
FLOOD PLAIN EASEMENT
PLAT NO. 10174

LOT 6
5.6489 AC.

EXISTING 75' BUFFER
TO STREAM BANK

Approved Septic System Plan
Howard County Health Department

Ann W. Miller 7/11/100
Signature Date

Total linear feet of trench
required 340 feet
Width of trench(es) 3.0 feet
Depth of trench(es) 5.0 feet
Depth of stone required below
distribution pipe 20 feet

E 801780
N 507350

1500 Gal Septic Tank
Inv. In = 460.5
Inv. Out = 460.2

DISTRIBUTION BOX
Ex. g.d. = 463.0
Inv. = 460.0

SEPTIC EASEMENT

WOB

DAVIS
RESIDENCE
F. 415
B. 468

PAVING
ZONED
RR

N 27°41'22"W 364.59'

550°22'19"W 214.65'

LOT 7

**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) !!!!! COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WTC III Plumbing & Heating Telephone #: 410 489-4457
Address: 1820 Gillis Falls Rd Woodbine Md 21797

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

Name (print): William T Cumberland III License# 7979

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

Name of Property Owner: J. Davis Telephone #: 410 776 4403
Subdivision: Green Bridge Lot #: 6 Well Tag #: HO-94-2987
Site Address: 5201 Green Bridge Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit Make:</u>
Make: <u>Myers</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>3ST52-8</u>	Model#: <u>B10 X</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity	GPM Depth:- (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>3.5</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>

Depth of well encountered at time of pump installation: (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 -

<u>Piping to House</u>	<u>House Connection</u>
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration <u>yes</u>
PSI: <u>160</u> (160psi Min)	Approximate Length of sleeve <u>5ft</u>
Depth of supply line: <u>48</u> (36" min)	Sleeve sealed and calked properly: <u>yes</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.

[Signature]
Signature of company representative responsible for installation

4/25/01
Date

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

Date Insp. Requested: 4/26/01 Date Insp. Approved: 4/26/01 - SRK
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 ✓

C1 07518

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A511313

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 04 10 2000

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 2487

OWNER Marinucci, Russ Green Bridge Rd TOWN Dayton SUBDIVISION GREEN BRIDGE SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 95'.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (12), NO. OF POUNDS (1200), DEPTH OF GROUT SEAL (48).

CASING RECORD form with fields for MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (60).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (HO), diameter of screen (60), and depth (300).

PUMPING TEST form with fields for HOURS PUMPED (6), PUMPING RATE (3.5), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (156), WHEN PUMPING (194).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY (35), PUMP HORSE POWER (41), PUMP COLUMN LENGTH (47).

WELL HYDROFRACTURED form with YES/NO options.

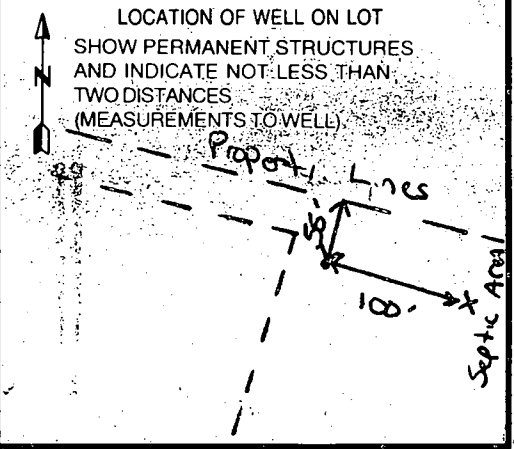
CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. MWD 3999, DRILLERS SIGNATURE, LIC. NO. JS D049, SITE SUPERVISOR SIGNATURE.

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 30-32, 38-41, 45-47, 51) and corresponding casing diameters.

GRAVEL PACK, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2487
 Location of property (road) Green Bridge Rd
 Subdivision GREEN BRIDGE Lot 6 Block Plat Sec.
 Well Driller Harr Owner Marinucci, Russ

Depth of well 300
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 56'

I. High rate pumping -- reservoir drawdown

Time pump started 0730 Pumping rate 12gpm
 Total time 15 min to reach pumping water level 88 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0730	56'	4		15.00
0745	88'	5		12.00
0800	116'	7		8.57
0815	142'	10		6.00
0830	189'	10		6.00
0845	189'	12		5.00
0900	189'	15		4.00
0915	189'	15		4.00
0930	189'	15		4.00
0945	192'	16		3.75
1000	192'	16		3.75
1015	192'	16		3.75
1030	192'	17		3.75
1045	192'	17		3.52
1100	192'	17		3.52
1115	192'	17		3.52
1130	192'	17		3.52
1145	194'	17		3.52
1200	194'	17		3.52
1215	194'	17		3.52
1230	194'	17		3.52
1245	194'	17		3.52
1300	194'	17		3.52
1315	194'	17		3.52

B 1 13225

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2487 fill in this form completely

Date Received (APA)

10 15 99

OWNER INFORMATION

Marinucci Russ 301-858-7020
1514 White Hall Rd
Annapolis MD 21401

LOCATION OF WELL

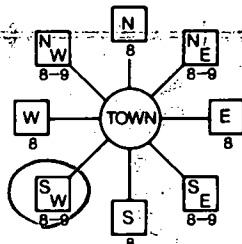
Howard Green Bridge
DAKTON

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

PAUL M. Fabiszak M 11 D 3 9 9
G. Edgar Harr Sons' Corp
12047 Falls Rd Cockeyville 21030
10/6/99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Green Bridge Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 300 FT

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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 A511313
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 11 12 99 Mark E. Kiffin 11/12/00
NORTH GRID 507 EAST GRID 0801

APPROXIMATE DEPTH OF WELL 250 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)

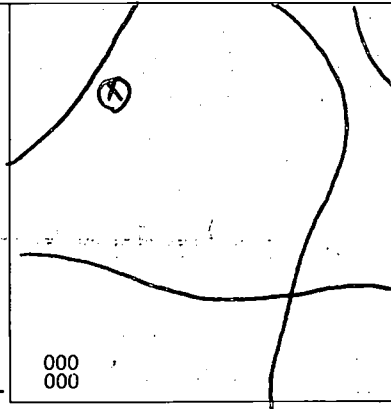
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT-LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER 54 GAP 63
PERMIT No. HO-94-2487

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Well



WRITE THE BOX NUMBER FROM THE MAP HERE

E 8001
N 5007

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

HOWARD COUNTY
100 YR. FLOOD PLAIN
P.N.3770

HOWARD COUNTY
100 YR. FLOOD P
P.N.3770

N 507020
E 80750

S54°28'03"W 551.47'

S57°15'03"W 116.95'

EX. 100 YEAR
FLOOD PLAIN EASEMENT
PLAT NO. 10174

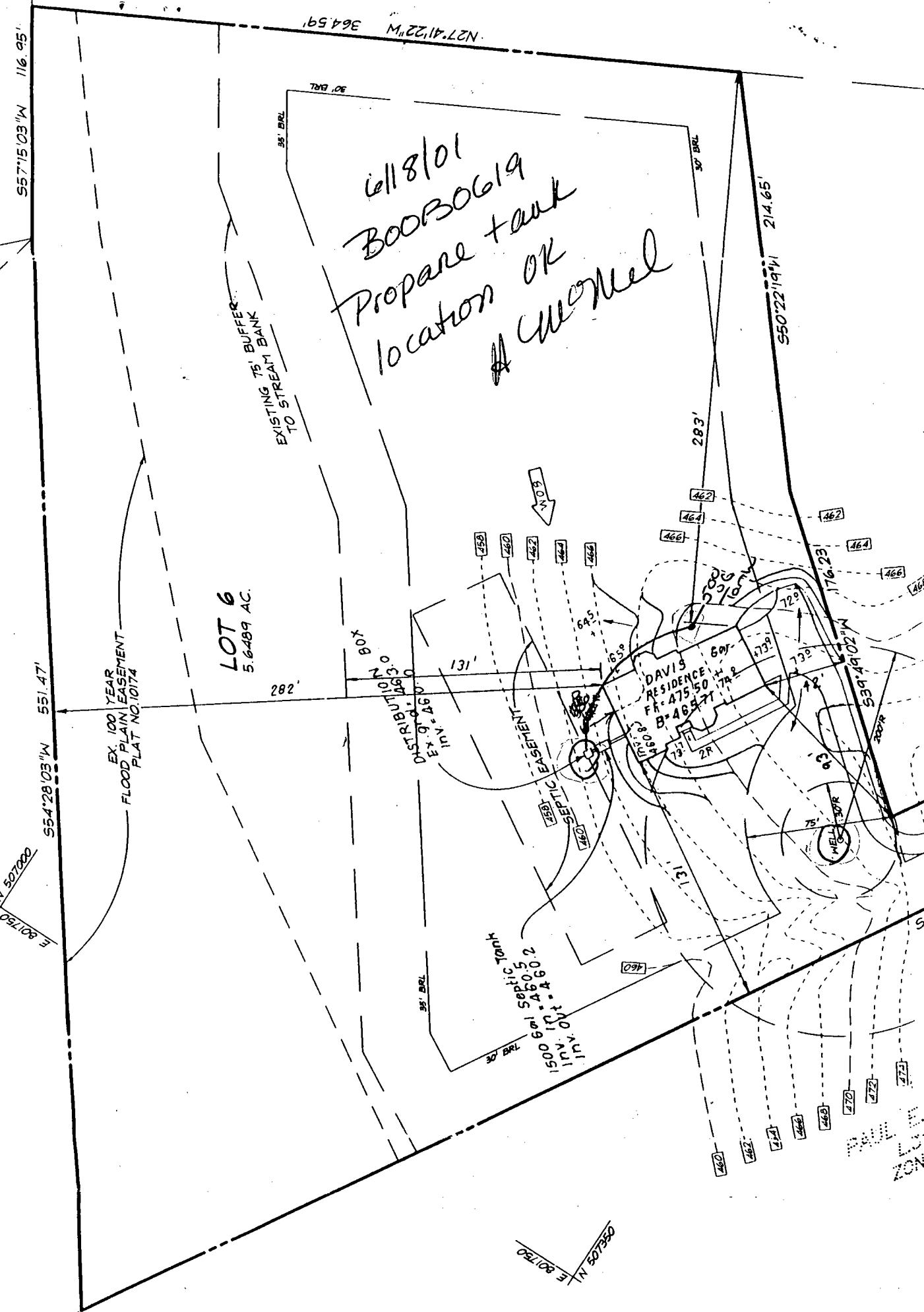
LOT 6
5.6489 AC.

EXISTING 75' BUFFER
TO STREAM BANK

N27°41'22"W 364.59'

6/18/01
BOORBOG19
Propare tank
location OK
A. M. M. M.

S50°22'19"W 214.65'



- Tank - House 20ft x
- Tank - septic 106 ft
- Tank - well - 147 ft
- Tank - Property - 118ft

N 507020
E 80750

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

600135228

Building Address 5201 GREENBRIDGE RD
DAYTON, MD. 31036

Property Owner's Name RICH + CHRISTINE DAVIS

Address 5201 GREENBRIDGE RD

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

City DAYTON State MD Zip Code 21036

Census Tract 605101 Subdivision Greenbridge

Home Phone 413-535-8717 Work Phone _____

Section _____ Area _____ Lot 6

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

Tax Map 28 Parcel 58 Grid 13

BERNIE SASSER
7525 COLUMBIA PIKE
LAUREL, MD 20723

Zoning RR-DE Map Coordinates 13G3 Lot size _____

Phone 301 448-2982 Fax _____

Existing Use SFD

Contractor Company CONCEPTS IN DESIGN

Proposed Use SFD + DECK

Contact Person BERNIE SASSER

Estimated Construction Cost \$ 5000.00

Address 7525 COLUMBIA PIKE

Description of Work 570 SQFT. DECK WITH

City LAUREL State MD Zip Code 20723

STEPS TO GRADE 42X12

License No. 36695

W/STEPS

Phone 301 448-2982 Fax _____

Occupant or Tenant RICH + CHRISTINE DAVIS

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address 5201 GREENBRIDGE RD.

Address _____

City DAYTON State MD Zip Code 21036

City _____ State _____ Zip Code _____

Phone 443-535-8717 Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Craw space 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: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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.

B. J. Sasser
 Applicant's Signature
OWNER CONCEPTS IN DESIGN
 Title/Company

BERNARD J. SASSER
 Print Name
4-3-02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>4/3/02</u>	<u>Mark [Signature]</u>
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met?
 YES NO
 Is Entrance Permit required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 47076
 Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 2146
 Validation # 42120

Accepted by [Signature]

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

