

1/9/01 Needs pumpup test

PERMIT

P 514691

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

A 58095-N

ISSUE DATE 12/11/2000

APPROVAL DATE 4/16/01

INDEXED

1/5/01 layout map
4/4/01 11:00
1/9/01 NOON
4/3/01
~~4/5~~ CANCELLED
RPS# 362381

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Wellington West II LOT NUMBER 16 ADDRESS 15216 Bucks Run Drive

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

SEPTIC TANK CAPACITY 1250 GALLONS (TOP SEAMED)

PUMP CHAMBER CAPACITY 1250 GALLONS (TOP SEAMED)

NUMBER OF BEDROOMS 4 ** WATERTIGHT SEPTIC TANK REQUIRED **

SQUARE FEET PER BEDROOM 210 ** TOP SEAMED PUMP CHAMBER REQUIRED **

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 1/2 - 7 1/2 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting at the left front lot corner along Bucks Run Drive, Place the distribution box 85 feet down the left lot line and 15 feet off this same lot line. Run 3 trenches on 70' each contour in either direction towards the front off the lot (SRK)

* Revised 1/8/01 in field to conserve septic area (SRK)

PLANS APPROVED Mark E. Rifkin, R.S. ON SRK 11/30/00 DATE 10/27/2000

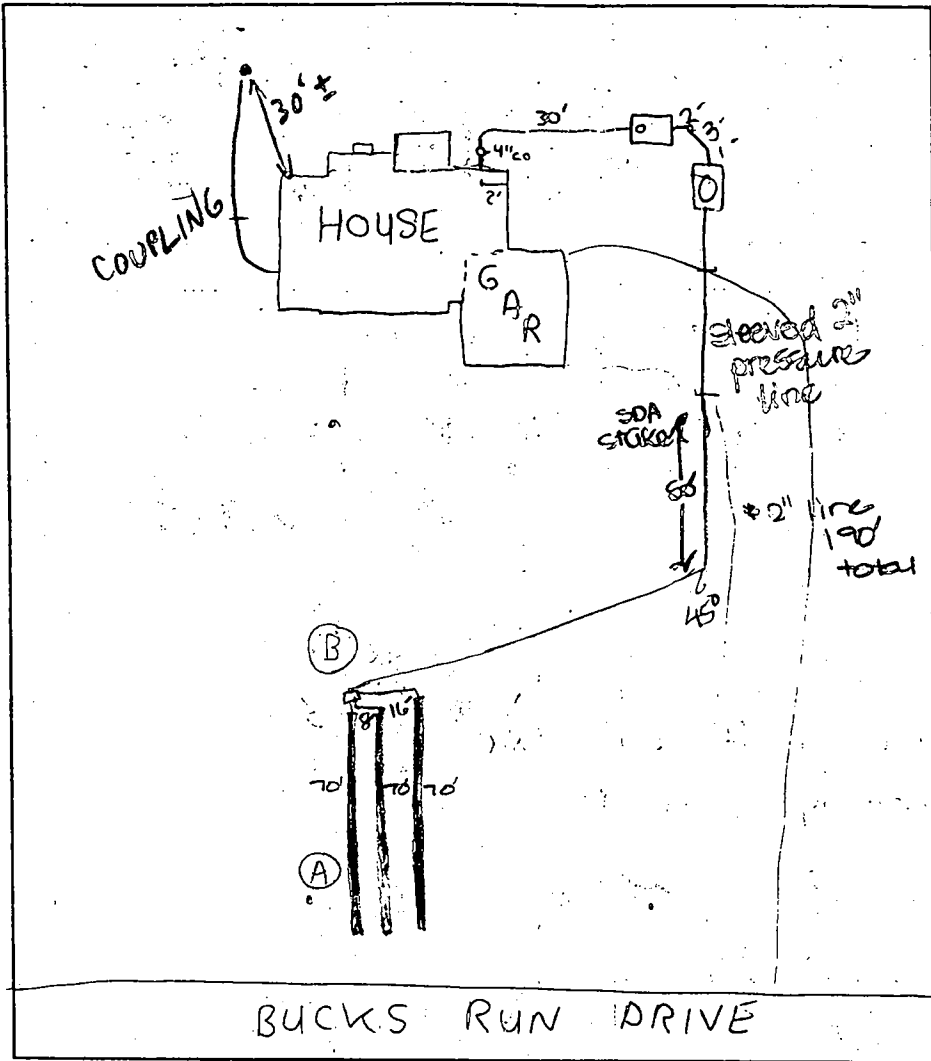
PERMIT VOID AFTER 2 YEARS

- 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

P 514691

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	6.5-7.5
DEPTH OF STONE	3.5-4.5
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	210
ABSORBENT AREA	840
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1250 T.S. GALLONS
MANHOLE RISER	N/A
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1250 T.S.
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

INSTALLER TO SLEEVE 2" PUMP LINE W/ 4" SCH. 40 UNDER

PRE-CONSTRUCTION INSPECTION: 1/8/01 - DRIVEWAY. IN ORDER TO CONSERVE SEPTIC AREA, OK TO INSTALL 3 (70') TRENCHES TOWARDS THE FRONT OF THE LOT SLIGHTLY OFF CONTOUR, BY 6". TRENCHES AT (A) TO BE 7 1/2' DEEP & 6 1/2' DEEP AT (B), TANKS SET, EASEMENT STAKED, OK TO CONTINUE WORK - (SRW)

INSPECTION COMMENTS:

1/9/01 OK TO COVER SEPTIC WORK - 2" pressure line sleeved under driveway. Needs pump performance test. OK
 4/4/01 PUMP + ALARM OK; ATTEMPTS TO VERIFY HOUSE CONN VIA H₂O FLOW NOT SUCCESSFUL DUE TO CLOGGED LINE (MR) 4/16/01
 House connection O.K. (BB)

INSPECTOR B. Baber

DATE SYSTEM APPROVED 4/16/01

APPLICATION

PERCOLATION TESTING

A 58095

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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:

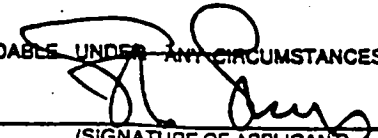
SUBDIVISION Brendel property LOT NO. 29/30

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

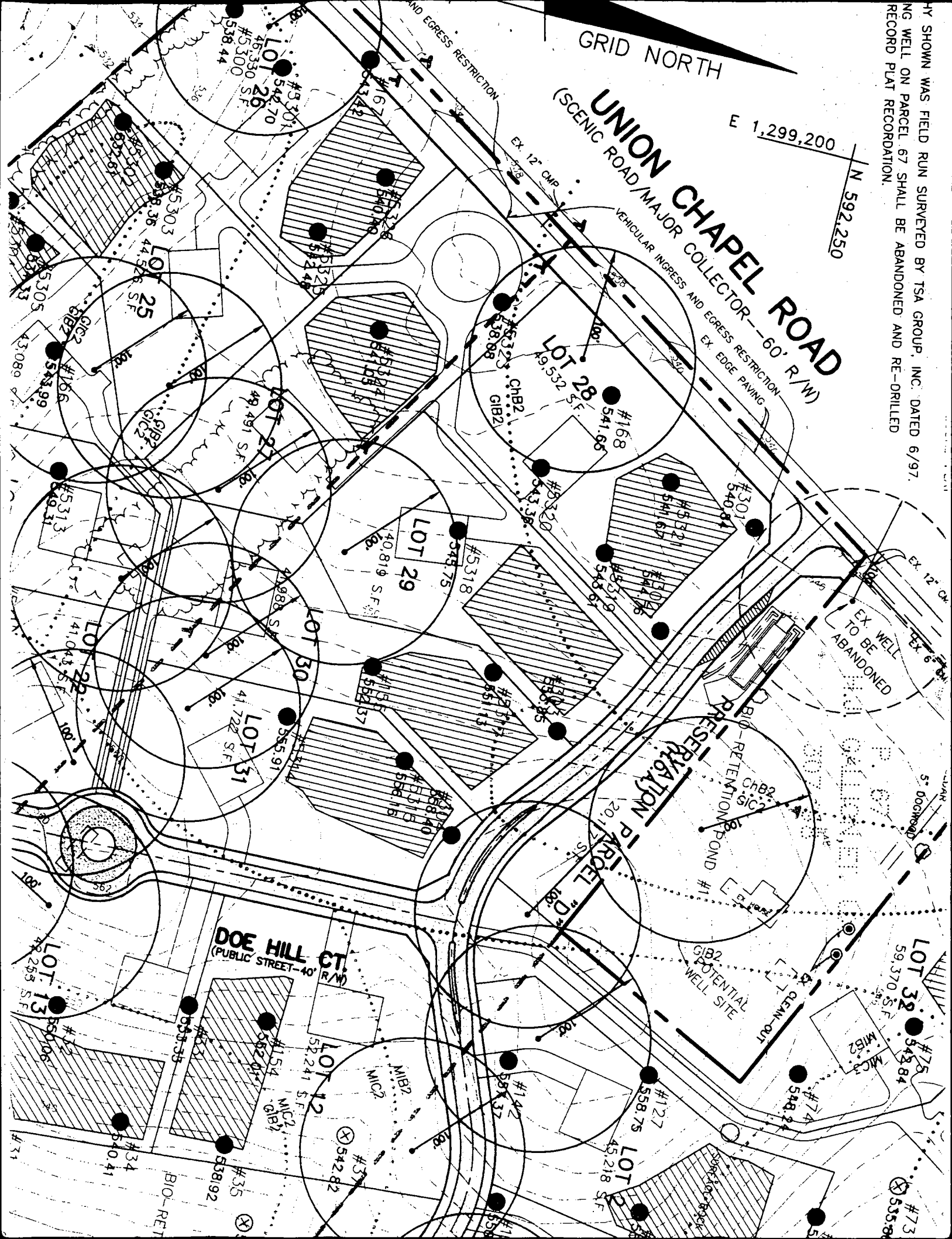
AS SHOWN WAS FIELD RUN SURVEYED BY TSA GROUP, INC. DATED 6/97.
NO WELL ON PARCEL 67 SHALL BE ABANDONED AND RE-DRILLED
RECORD PLAT RECORDATION.

GRID NORTH

E 1,299,200
N 592,250

UNION CHAPEL ROAD

(SCENIC ROAD/MAJOR COLLECTOR--60' R/W)



DOE HILL CT
(PUBLIC STREET--40' R/W)

RESERVOIR PARCEL "D"
BIO-RETENTION POND #1
BIO-RETENTION POND #2

GIB2 POTENTIAL WELL SITE
CLEAN-OUT

LOT 39
59,370 S.F.

#75
#76
#77
#78

#73
#74
#75
#76
#77
#78

LOT 13
12,253 S.F.

#33
#34
#35

#31
#32
#33
#34
#35

LOT 12
52,241 S.F.

#142
#143
#144
#145

#37
#38
#39

LOT 20
45,218 S.F.

#127
#128
#129

LOT 29
140,819 S.F.

#5318
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19,532 S.F.

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LOT 25
44,526 S.F.

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54,270 S.F.

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LOT 14
12,253 S.F.

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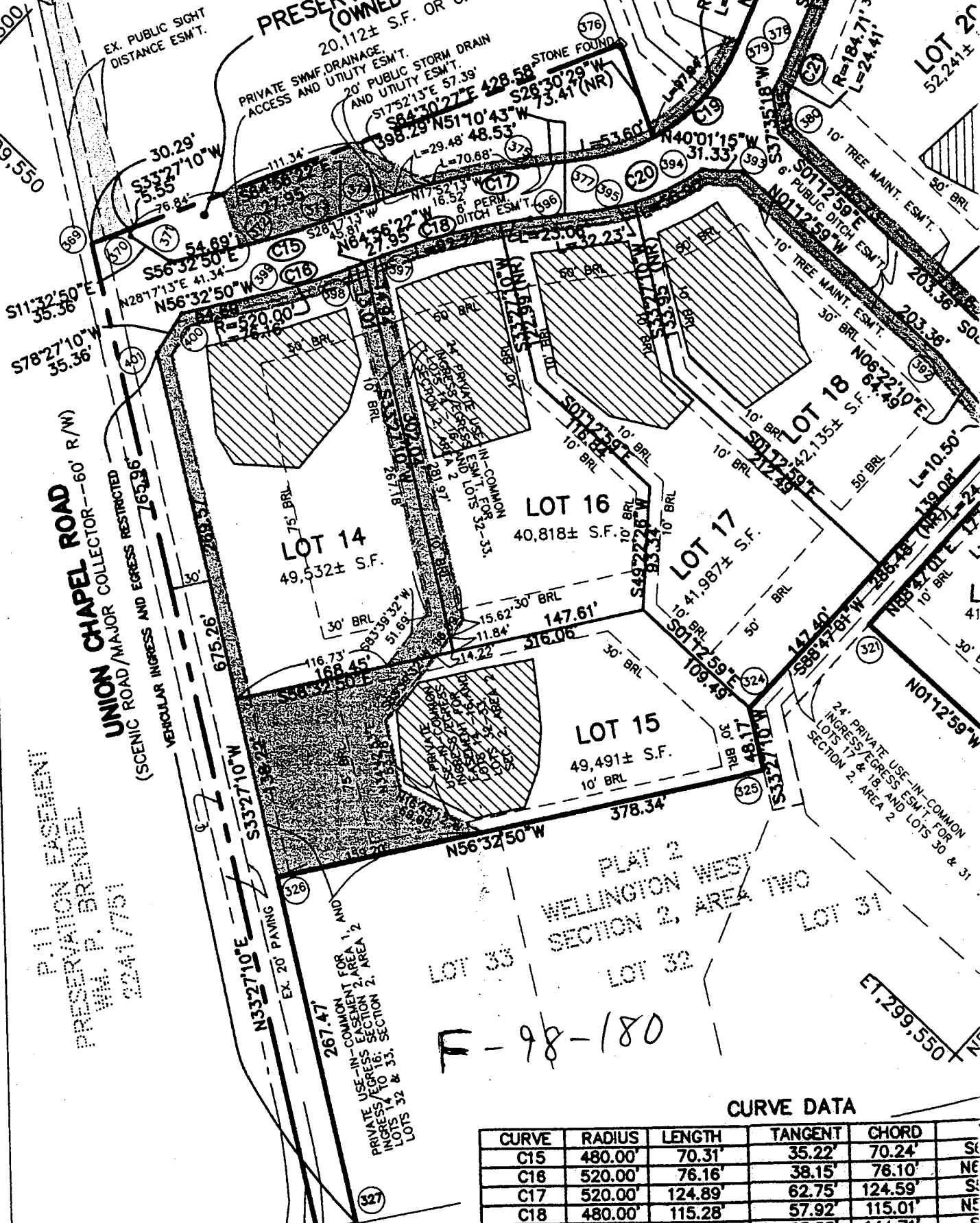
P.J. PASCHENT
 PRESERVATION ESCHEMENT
 WM. P. BRENDDEL
 2241751

UNION CHAPEL ROAD
 (SCENIC ROAD/MAJOR COLLECTOR--60' R/W)
 VEHICULAR INGRESS AND EGRESS RESTRICTED
 165.96'

P. 67
 H.U. GALLON, ET. UX.
 307/88

NON-BUILDABLE
 PRESERVATION PARCEL
 (OWNED BY H.O.A.)
 20.112± S.F. OR 0.46± AC.

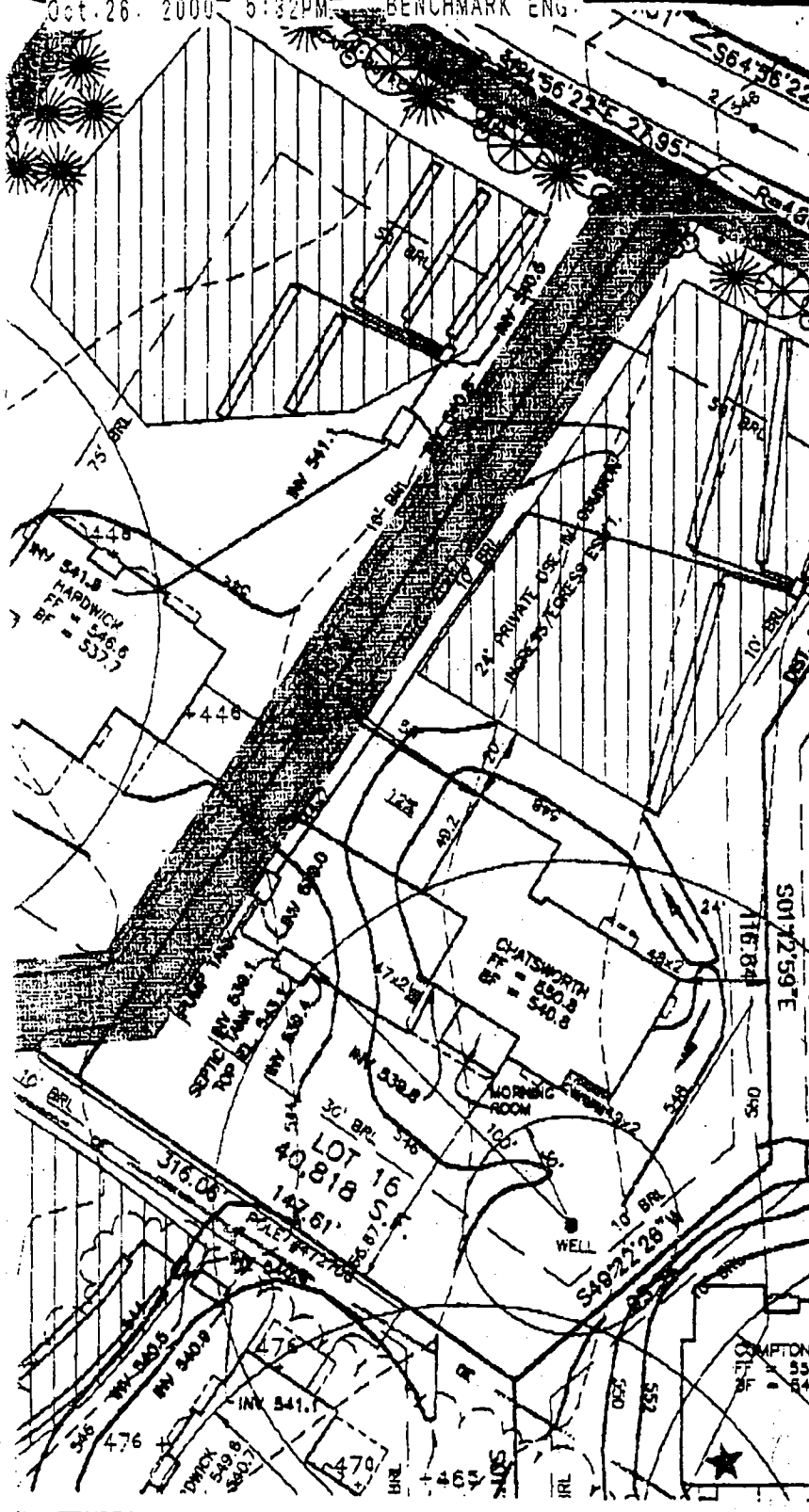
BUCKS RUN
 (PUBLIC STREET--40'
 (ACCESS PLACE)



98-180

CURVE DATA

CURVE	RADIUS	LENGTH	TANGENT	CHORD	
C15	480.00'	70.31'	35.22'	70.24'	SE
C16	520.00'	76.16'	38.15'	76.10'	NE
C17	520.00'	124.89'	62.75'	124.59'	SE
C18	480.00'	115.28'	57.92'	115.01'	NE



BUCKS RUN
 R = 220.00'
 L = 124.98'
 (ACCESS STRIP)

INV. HOUSE 539.8
 S.TANK IN 539.4
 OUT 539.1
 PUMP TANK IN 539.0
 FINAL GRADE
 AT TANKS 543.1
 R BOX IN 547.0

Approved Septic System Plan
 Howard County Health Department

Mark Refkin 10/27/00
 Signature Date

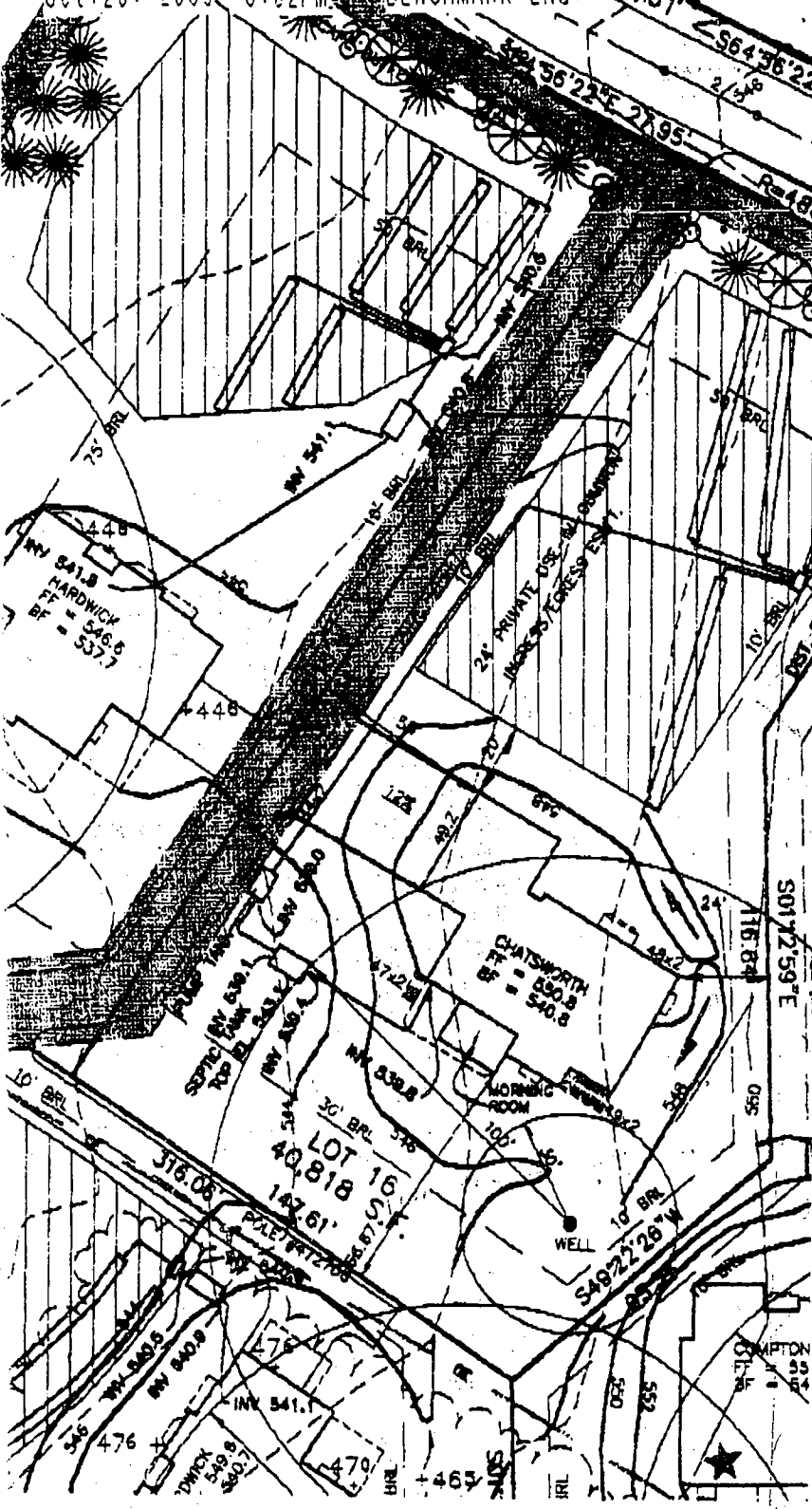
Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet

FIRST FLOOR ELEVATION = 550.8
 ROOF ELEVATION = NA
 BASEMENT ELEVATION = 541.9
 POT ELEVATION AT GARAGE = 549.2

BENCHMARK
 ENGINEERING, INC.
 ENGINEERS • LAND SURVEYORS • PLANNERS
 1460 BALTIMORE NATIONAL PIKE • SUITE 418 • ELICOTT CITY, MD 21043
 PHONE: 410-465-8105 FAX: 410-465-8644

SLOPE OF DRIVEWAY = NA
 NUMBER OF RISERS IN GAR. = NA
 NUMBER OF RISERS ON LEAD WALK = NA

WELLINGTON WEST SECTION 2
LOT 16
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 9/11/00
 REV. : 10/26/00



INV. HOUSE 539.8
 S.TANK IN 539.4
 OUT 539.1
 PUMP TANK IN 539.0
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 AT TANKS 543.1
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Approved Septic System Plan
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Mark Refkin 10/27/00
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BENCHMARK
 ENGINEERING, INC.
 3450 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-8844

SLOPE OF DRIVEWAY = NA
 NUMBER OF RISERS IN GAR. = NA
 NUMBER OF RISERS ON LEAD WALK = NA

WELLINGTON WEST SECTION 2
 LOT 16
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 9/11/00
 REV. : 10/26/00

Building Address 15216 Bucks Run Dr.
Woodbine, MD 21797

Suite/Apt. #: n/a SDP/WP/Petition #: GP-99-180

Census Tract 6040 Subdivision Wellington West

Section 2 Area 2 Lot 16

Tax Map 14 Parcel 69 Grid 20

Zoning RCDEO Map Coordinates 9A5 Lot size _____

Property Owner's Name Pulte Home Corp.
 Address 1501 S. Edgewood St. Ste#K
 City Baltimore State MD Zip Code 21227
 Home Phone _____ Work Phone 410-644-5603
 Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
2602 Parallel Path, Abingdon, MD 21009
 Phone 410-515-1717 Fax 410-515-2213

Existing Use Vacant Lot
 Proposed Use SFD
 Estimated Construction Cost \$ 150,000.00
 Description of Work Const.SFD-"Chatsworth" w/MomRm.
2sty,full bsmt,1OR,2FB,1HB,1FP,3car Garage (4Br) opt, Fin.
 L.L. w/ bath _____

Contractor Company Owner
 Contact Person Dianna Wenzlaff
 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 DESCRIPTION - RESIDENTIAL**

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

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Depth Width 1st floor: 62' 72'	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: 41' 58'	_____	Natural Gas <input checked="" type="checkbox"/>	Propane Gas <input type="checkbox"/>
Basement: 62' 58'	_____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Full _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	_____	Partial _____	Other Suppression _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	_____	# of Heads _____	_____
No. of Bedrooms <u>4</u>	_____	_____	_____
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: <u>8' x 24"</u>	_____	_____	_____
Roof: <u>Hip/Gable</u>	_____	_____	_____
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 HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Agent
 Title/Company _____

Building Permit Services, Inc. - Pat Orla
 Print Name _____
 10/1/00
 Date _____

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: _____	Filling fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>10/7/00</u>	<u>[Signature]</u>	Side St: _____	Subtotal paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line, approval date _____	Validation # _____
			Accepted by _____	

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 PLUMB Telephone #: 410-781-7051
Address: 6203 PATRICK DR
SEKESVILLE, 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: POLY HOME CORP Telephone #: 410-644-2860
Subdivision: WELINGTON WEST Lot #: 16 Well Tag #: HO 94-1684
Site Address: 15216 Bucks Run Drive

DATE
103

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACUZZI Make: TRUMP 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: 103 (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 _____

Piping to house House Connection
Type: CREST LINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1" (160 psi min) Approximate length of sleeve: 6"
Depth of supply line: (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.

Chris Willoughby 3/16/01
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/13/01 Date Insp. Approved: MR 4/4/01
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

GRADING ADJUSTED TO PROVIDE
~~20910~~ ADEQUATE CASING HEIGHT
ABOVE GRADE MR

C-1 **4183** 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 **A 58095 N**

DATE RECEIVED: **9/17/98** DATE WELL COMPLETED: **09 09 98** DEPTH OF WELL: **103** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO 94 1684**

OWNER: **BPMP Assoc** STREET OR RFD: **Bucks Run AR** TOWN: **Glenwood**
 SUBDIVISION: **Wellington West** SECTION: **II** LOT: **16**

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	
Dirt	0	1	
Soft Br. Mica	1	38	
Hard Br. Sandstone	38	44	
Fracture sandstone	44	45	X
Hard Blue Sandstone	45	59	
Hard White Sandstone	80	85	
Br. & Blue Sandstone	85	103	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**
 CEMENT BENTONITE CLAY
 NO. OF BAGS **13** NO. OF POUNDS **1222**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types, insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: **S** **t** **6** **41**
 Nominal diameter top (main) casing (nearest inch): **6** **41**
 Total depth of main casing (nearest foot): **6** **41**

OTHER CASING (if used)
 diameter depth (feet)
P L **4** inch **0** from **35** to **65**
P L **4** **85** **103**

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

DEPTH (nearest ft.)
P L **35** **45**
P L **65** **85**
 SLOT SIZE 1 **.010** 2 **.010** 3 **.010**
 DIAMETER OF SCREEN **6** (NEAREST INCH)
 from **22** to **103**

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **12**
 METHOD USED TO MEASURE PUMPING RATE: **submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **24** ft.
 WHEN PUMPING **29** ft.
 TYPE OF PUMP USED (for test): **S** submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) **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 **1** (nearest foot)
- below

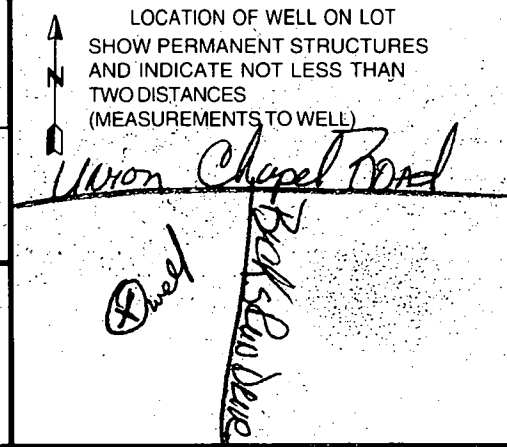
NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED: **Y** **N**

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.: **M.D. 2561**
Dana Kyker Jr II
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO.: **DWD 344**
Dana Kyker Jr II
 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: **68**
 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **3645** SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1684
 fill in this form completely

Date Received (APA) 081298

OWNER INFORMATION

ASSOCIATES LLC BPM/B

15. Last Name Owner First Name 34

15298 Union Chapel Road

36 Street or RFD 55

Woodbine Md 21797

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

DANA KYRKE JR T M D 256

Driller's Name 76 License No. 81

Westminster Rotary Well Drilling Inc.

Firm Name

P.O. Box 861 Westminster, Md 21157

Address

Dana Kyrke Jr 8-11-98

Signature Date

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

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 DEEPENEWELLS (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 DEEPEAN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____ G A P

54

WRITE INITIALS IN BOX PERMIT No. HO-94-1684

67 68 70 71 72 73 74 75 76 77 78 79

B 3 **LOCATION OF WELL**

Howard

8 COUNTY 21

Wellington West

23 SUBDIVISION 42

SECTION 2 LOT 16

44 46 48 50

Menwood

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I

73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Bucks Run Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD ENTER FT OR MI FT

38 39

TAX MAP: 14 BLK: _____ PARCEL 222

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A58095N

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 08-17-98 A McMulle 8-17-99

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 530 000 EAST GRID 790 000

50 55 57 63

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

000 000

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

Union Chapel Rd

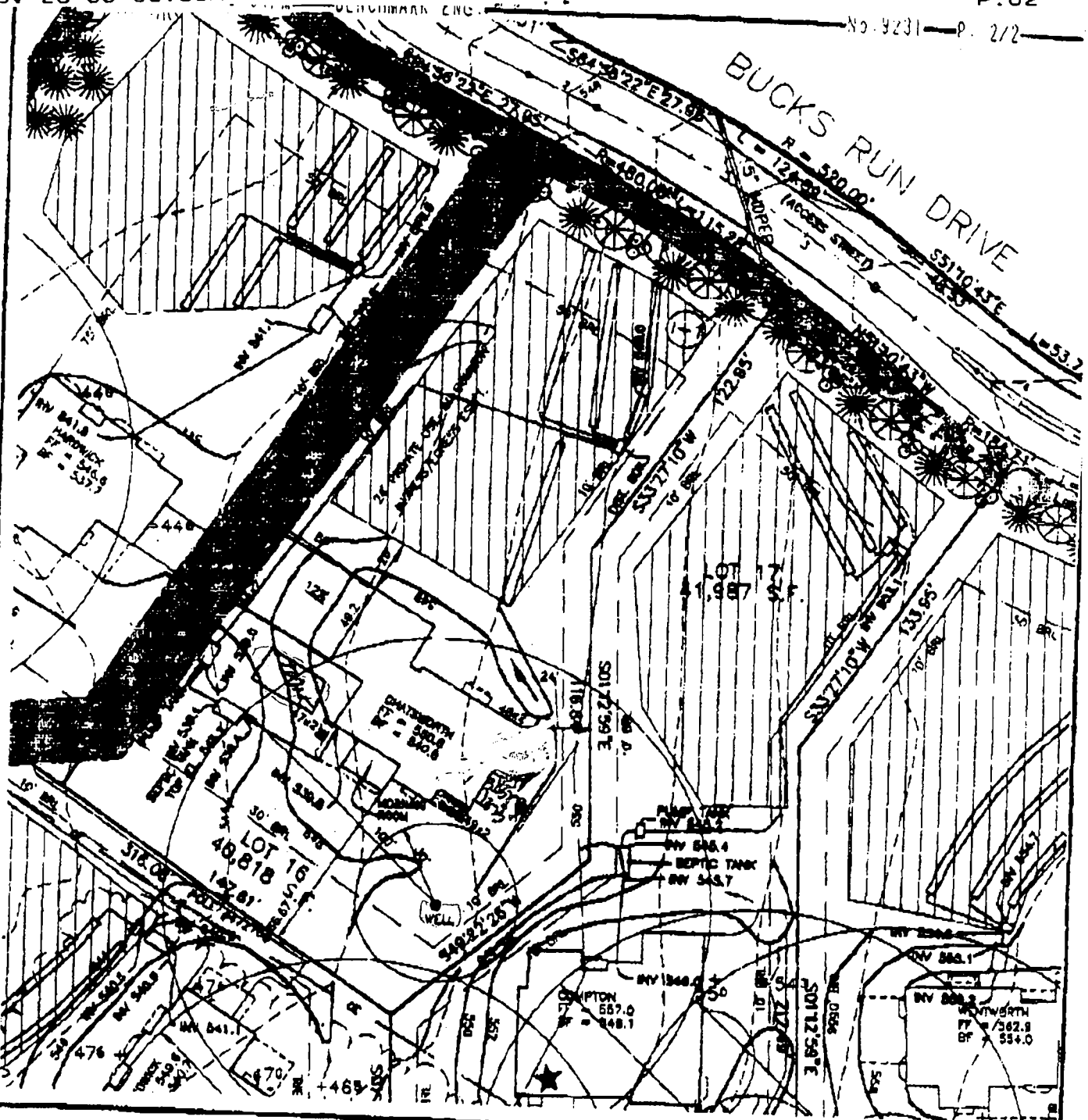
Bucks Run Rd

Well

9.9.98

Grout completed at time of insp

X Well INSP



FIRST FLOOR ELEVATION = 550.8
 FOYER ELEVATION = NA
 BASEMENT ELEVATION = 541.9
 SPOT ELEVATION AT GARAGE = 549.2

SLOPE OF DRIVEWAY = NA
 NUMBER OF RISERS IN GAR. = NA
 NUMBER OF RISERS ON LEAD WALK = NA

BENCHMARK

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLCOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

WELLINGTON WEST SECTION 2

LOT 16
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 9/11/00
 REV.: 10/26/00

\\fsa\vol\engineer\projects\1222\dwg\8078\11.dwg 09/12/00 01:03:39 PM EDT

12/4/00 T/C ~~WARRINGTON~~ CONTRACTOR
 PROPANE TANK WILL BE 10' TO S. TANKS
 MR

Building Address 1501 S. Edgewood St / Suite K
1501 S. Edgewood St / Suite K
21244

Property Owner's Name Rita & James
 Address 1501 S. Edgewood St / Suite K
 City Baltimore State MD Zip Code 21244

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 1111 Subdivision Wellington West
 Home Phone 410-489-5630 Work Phone _____
 Section _____ Area _____ Lot 16
 Applicant's Name & Mailing Address, (if other than stated hereon):
B00126889 - Permit #

Tax Map 14 Parcel 1.0 Grid 11
 Zoning R1W (Map Coordinates) _____ Lot size _____
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Suburban Package
 Estimated Construction Cost \$ 260,000
 Description of Work Installation of 1000 Gallon Under-ground storage tank in accordance with NFPA 30

Contractor Company Suburban Package
 Contact Person Lisa Tent
 Address 31 Deewood Circle
 City Rockville State MD Zip Code 20850
 License No. _____
 Phone 301-251-0666 Fax 301-251-0666

Occupant or Tenant Same as Owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person 301-661-9302
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		_____ State Certified Modular _____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (4) THAT HE/SHE WILL PERSONALLY WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Lisa Tent
 Account Rep. [Signature] Date 11-27-00

Title/Company _____ 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: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	4-8307
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ <u>100.00</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>2014568</u> Validation # _____
Building Official			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ	<u>12/1/00</u>	<u>[Signature]</u>	Lot Coverage for NewTown Zone: _____ SDP/Red-line approval date _____	
Health				
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

49.0

Jim- 8-22-00
 This driveway placement
 looks O.K. relative to the
 distribution box location -
 it may be placed slightly
 under the driveway
 A McMill

LINE SEE SI
 BUCKS RUN

