

1/4/01 12:28 later  
1/5/00  
Co. Final  
10:00  
1/3/01  
AM

RPS# 332993

# PERMIT

## SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 5146961  
A 510569-D  
ISSUE DATE 12/7/2000  
APPROVAL DATE 1/05/01

**INDEXED**

K & K Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336  
SUBDIVISION Eagle Ridge LOT NUMBER 4 ADDRESS 12318 Fawn River Way  
PROPERTY OWNER Selfridge Builders PROPERTY OWNER'S ADDRESS 14045 Gared Drive  
SEPTIC TANK CAPACITY 2000 GALLONS Glenwood, MD 21738  
PUMP CHAMBER CAPACITY N/A GALLONS  
NUMBER OF BEDROOMS 6  
SQUARE FEET PER BEDROOM 180  
LINEAR FEET OF TRENCH REQUIRED 216

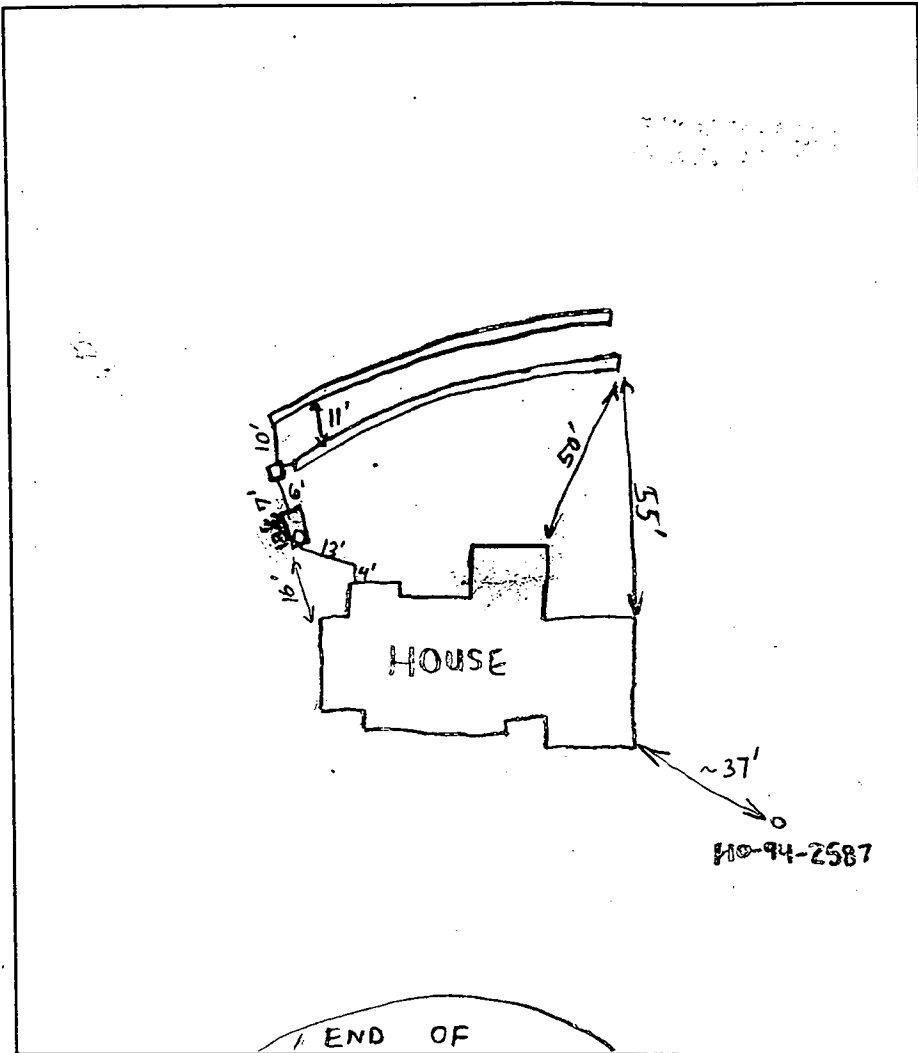
TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. 5 feet of stone below distribution box.  
LOCATION: Begin trenches 137 feet down the left lot line and 70 feet off that same lot line as seen when facing the lot from Fawn River Way. Run two, 50' trenches then two 60' trenches in both directions. *OK App 12/7/00*

PLANS APPROVED Amy Mc Millen DATE 8/15/00

- 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
- 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

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 2'  
 TRENCH INLET DEPTH 3'  
 TRENCH BOTTOM DEPTH 9' total  
 DEPTH OF STONE 5'-6'  
 NUMBER OF TRENCHES 2  
 TOTAL TRENCH LENGTH 216 L.F.  
 2 x 10' each x 5'  
 ABSORBENT AREA 1080 sq ft  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

ST: 13 1/2' long x 6' wide  
 SEPTIC TANK 2000 TS GALLONS  
 MANHOLE RISER Yes  
 6 INCH INSPECTION PORT No

**PUMP CHAMBER DATA**

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

PRE-CONSTRUCTION INSPECTION: 1/3/01 - BECAUSE OF SITE CONDITIONS, OK TO SET BOX TO LEFT OF PERC AREA AND RUN 2 (108') TRENCHES ON CONTOUR, OK TO SET TANK AND COVER AROUND TANK - (SRK)

INSPECTION COMMENTS: Septic Tank set OK, db set OK, First Trench dug, <sup>partly</sup> gravel filled + piped OK 1/1/01  
Really, Sander loose soil out of 1st trench last half of Tr 1 open. House Connection OK, inlet Baffle in Septic Tank OK  
1st Trench Covered, second trench partially, gravel + piped, & atll open - call for next inspection tomorrow 1/1/01  
1/05/01 Connection to distribution box made. Need baffle for distribution box and cementing of pipes. (BB) 1/05/01 System satisfactory. OK to cover. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 1/05/01

Howard County Health Department

8/15/00

To: \_\_\_\_\_

HOLD UNTIL  
ENGINEER  
VERIFIES  
NEW ST  
LOCATION IS OK

Engineer  
says  
builder  
says OK  
A



From: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 510569-AD

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 7-17-98

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 Michele & John Fish

ADDRESS 12280 Carroll Mill Road PHONE 410-730-1074

AGENT OR PROSPECTIVE BUYER Northridge Development LLC

ADDRESS 14045 Jared Drive, Glenwood 21338 PHONE 410-730-1074

PROPERTY LOCATION:

SUBDIVISION Carroll Mill Road Sec. ~~Two~~ one LOT NO. X 4

ROAD AND DESCRIPTION east side of Carroll Mill Road, between Triadelphia and Etchinson Roads

TAX MAP 22/23 PARCEL # 553

SIZE OF LOT 1Ac 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. Cindy DeLoppo, Northridge Development LLC  
(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

510569

COUNTY #

SOIL PROFILE

36

orange  
cl lm

brown  
orange  
Siclm

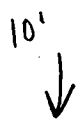


37

orange  
cl lm

tan/or  
Sclm

possible  
water  
at



38

Same  
as  
test  
hole  
# 39

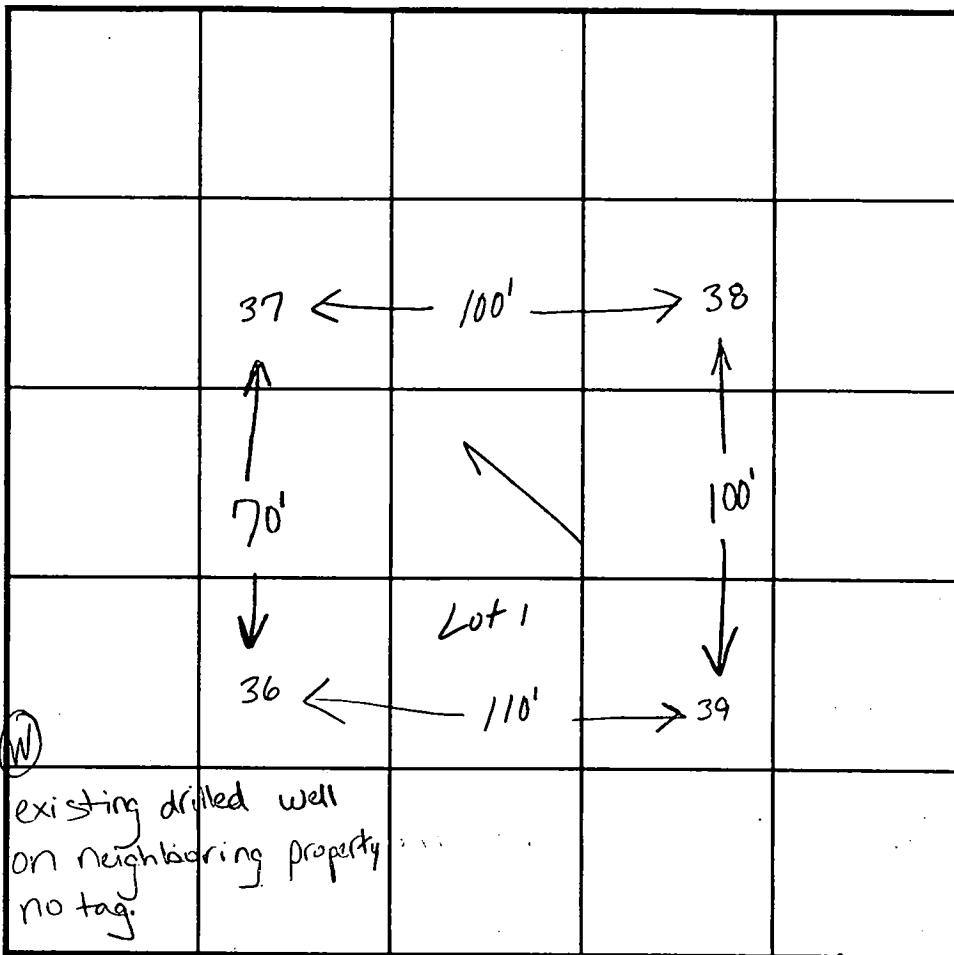
SOIL PROFILE:

39

orange  
cl lm

tan/  
beige  
sandy  
clay  
loam

10%  
rock  
frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Carroll Mill Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-12-98	36	12.0'D	visual	only - ok	see	profile	
	37	12.0'D	visual	only - see	profile		
	38	3.5'S	12:27	12:28	12:28	12:29	1:30
		11.5'D	visual	ok - see	profile		
	39	3.5'S	12:15	12:16	12:16	12:19	3min
		12.0'D	visual	ok - see	profile		

REMARKS test holes staked by surveyor, site heavily wooded

TYPE OF SOIL

TESTED BY Kim Maiste

ALSO PRESENT Chuck Zapp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-3 minutes

TRENCH WIDTH 3'

INLET DEPTH 3

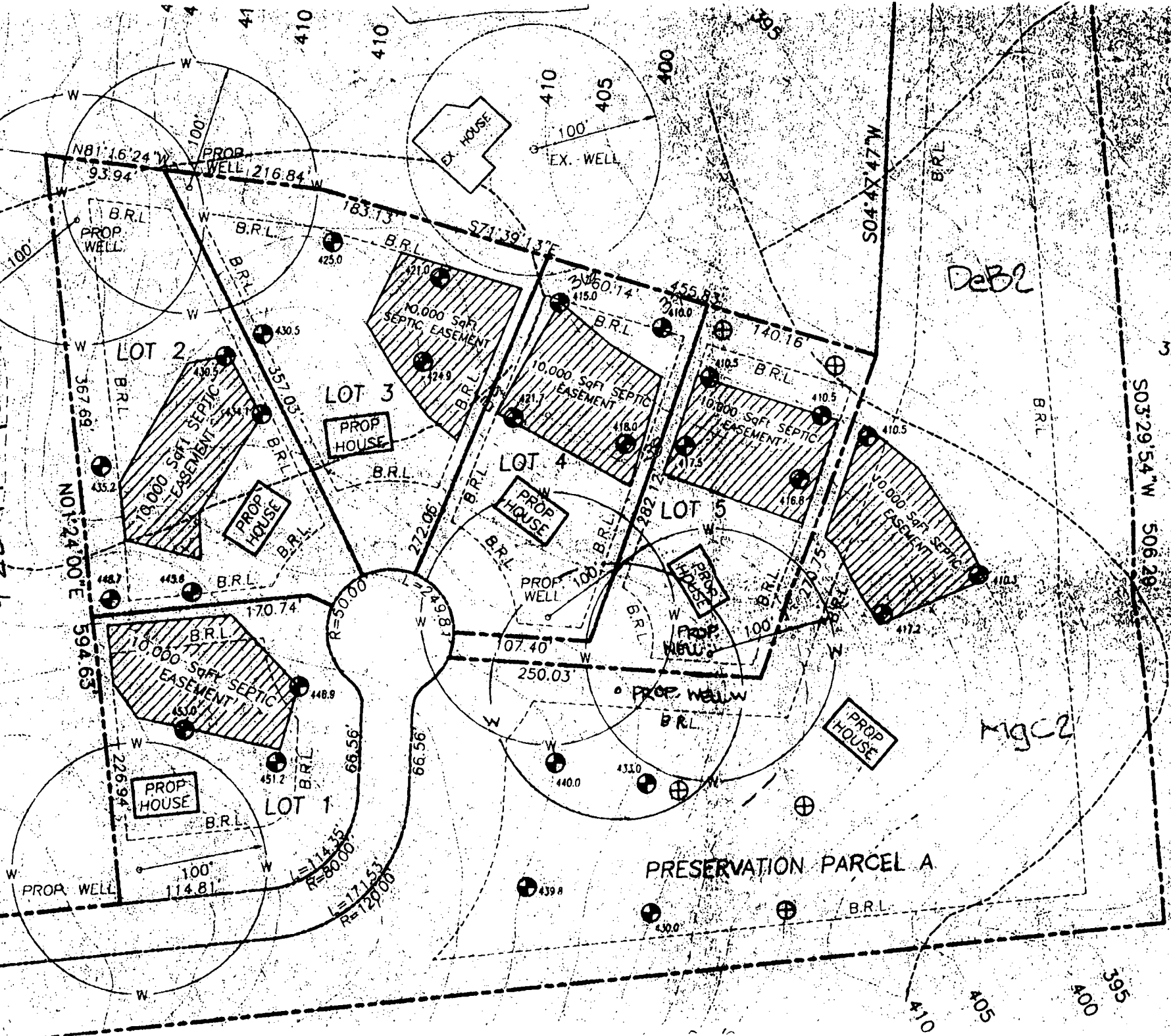
MAXIMUM BOTTOM DEPTH 5

SQ. FT./BEDROOM 180

Signed Sept Cert  
MDD2  
9-22-99

C2

460  
465



385

390

MGC2

PRESERVATION PARCEL A

410  
405  
400  
395

F-00-84  
7-17-00

PROPERTY OF  
JOHN E. FISH  
L.4520 / F.115  
ZONED RR-DEO

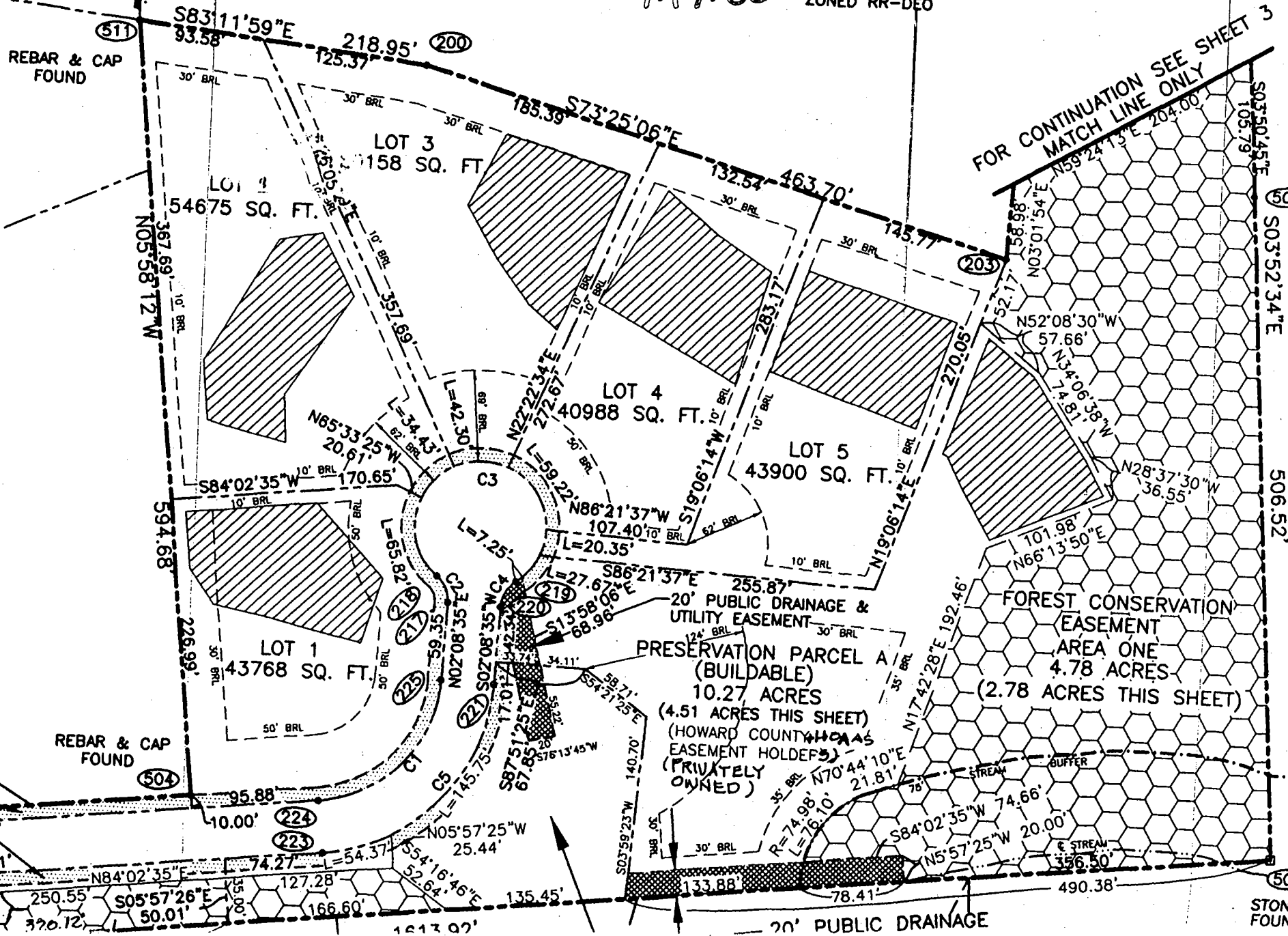
MARYLAND STATE  
MERIDIAN (NAL)

REBAR & CAP  
FOUND

FOR CONTINUATION SEE SHEET 3  
MATCH LINE ONLY

587250  
1331250  
1" PIPE  
FOUND

KLAUSMEYER  
AND LOT 38,  
WOOD  
PLAT  
ZONED



506.52'

586750  
1331250

508

Total linear feet of trench  
required 216 feet

Width of trench (es) 2.0 feet

Depth of trench (es) 8.0 feet

Depth of stone required below  
distribution pipe 5.0 feet

David McMill 8/15/00  
Signature Date

Maryland State Grid Meridian

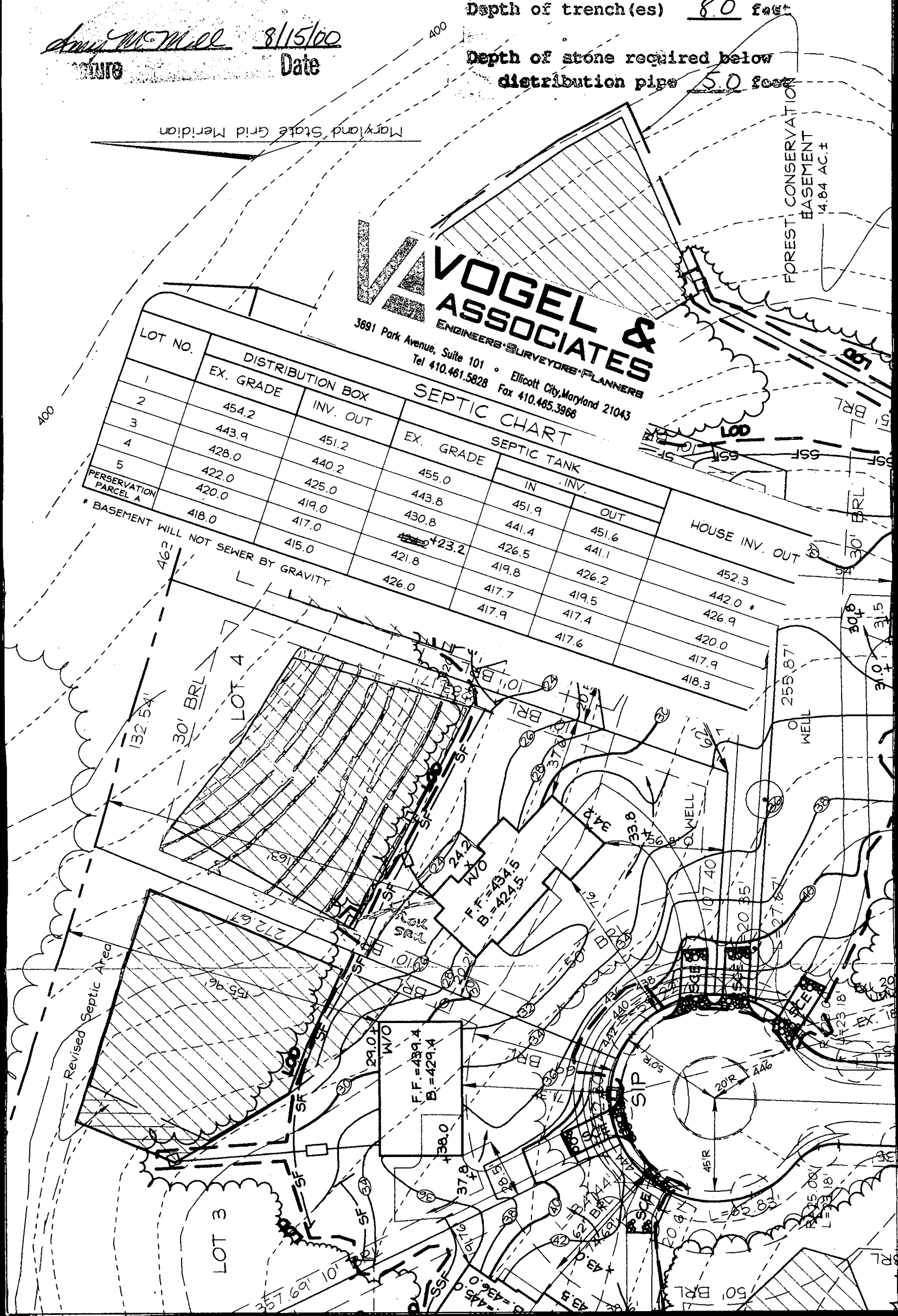
**VOGEL & ASSOCIATES**  
ENGINEERS • SURVEYORS • PLANNERS  
3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043  
Tel 410.461.5828 Fax 410.465.3968

FOREST CONSERVATION  
BASEMENT  
14.84 AC. ±

**SEPTIC CHART**

LOT NO.	DISTRIBUTION BOX		EX. GRADE	SEPTIC TANK		HOUSE INV. OUT
	EX. GRADE	INV. OUT		IN	INV.	
1	454.2	451.2	455.0	451.9	451.6	452.3
2	443.9	440.2	443.8	441.4	441.1	442.0 *
3	428.0	425.0	430.8	426.5	426.2	426.9
4	422.0	419.0	421.8	419.8	419.5	420.0
5	420.0	417.0	426.0	417.7	417.4	417.9
PRESERVATION PARCEL A	418.0	415.0	423.2	417.9	417.6	418.3

\* BASEMENT WILL NOT SEWER BY GRAVITY



300125970

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B300125975
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Building Address <u>12318 Fawn River Way</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>10030</u> Subdivision <u>Eagle Ridge</u> Section _____ Area _____ Lot <u>4</u> Tax Map <u>22/23</u> Parcel <u>553</u> Grid <u>6</u> Zoning <u>RR</u> Map Coordinates <u>10E8</u> Lot size <u>1.00±</u>	Property Owner's Name <u>Selfridge Bldrs Inc</u> Address <u>1405 Gourd Drive</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone _____ Work Phone <u>410 531-8930</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>VACANT</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>350,000</u> Description of Work <u>6 Bedrooms, 4 FB, A-HB</u> <u>3 car gar., covered porch, 1FP</u> <u>1/2 finished basement, 1/2 unfinished</u>	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No _____ Phone _____ Fax _____
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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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<u>Building Characteristics</u> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>6</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: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

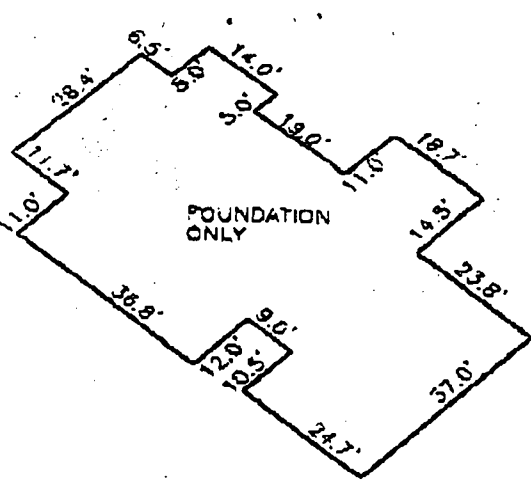
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

<u>Cindy DeToppo</u> Applicant's Signature <u>Selfridge Bldrs</u> Title/Company	<u>Cindy DeToppo - Selfridge Bldrs</u> Print Name <u>8/14/00</u> Date
--	--

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

AGENCY _____ DATE <u>8/15/00</u> SIGNATURE APPROVAL <u>A McMill</u> <input checked="" type="checkbox"/> Land Development DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection <input type="checkbox"/> No Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID# <u>017590</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
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CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

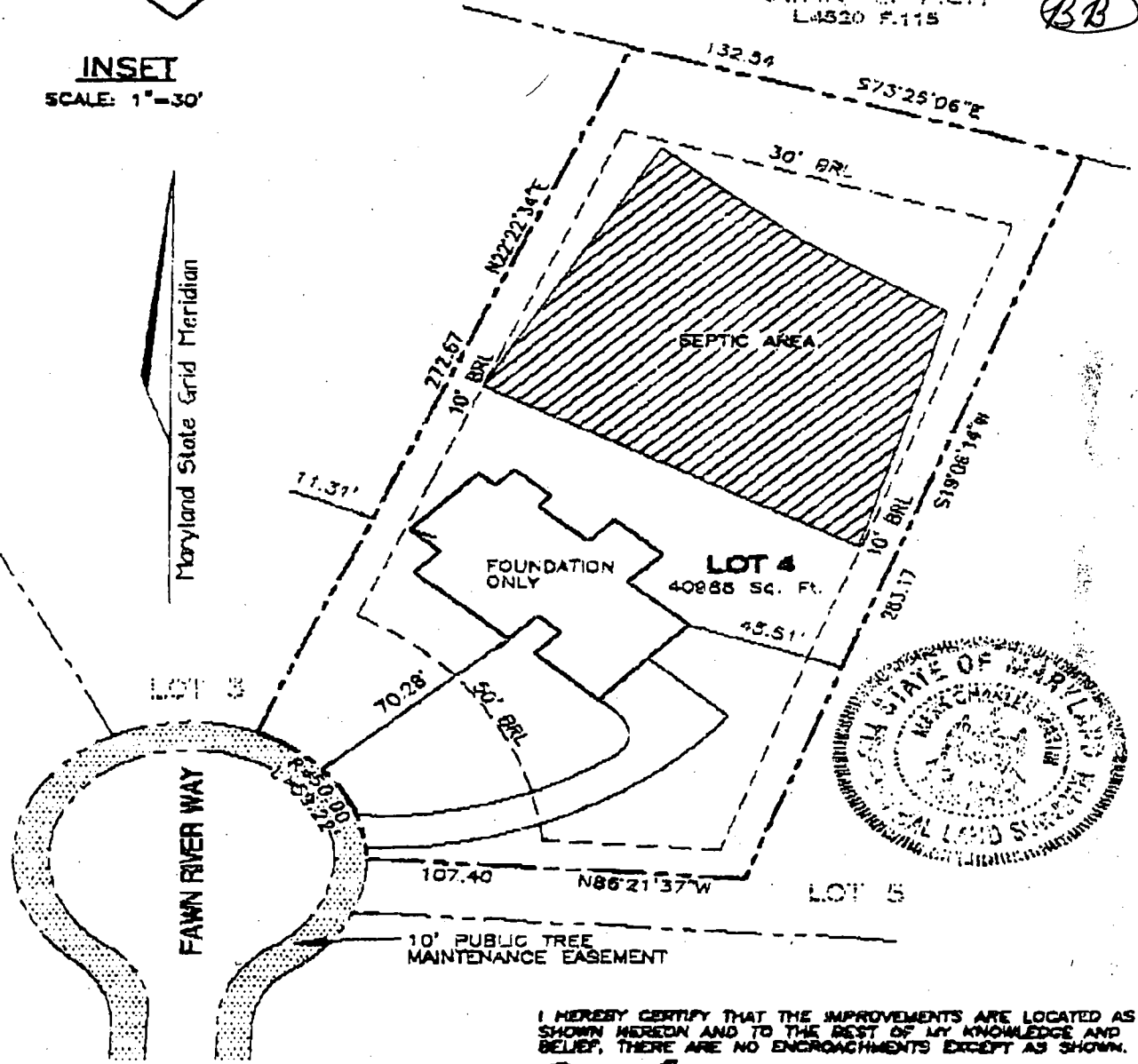


**INSET**  
SCALE: 1"=30'

11/16/00  
House moved towards  
left lot line and away  
from court. No impact  
on well or septic.

JOHN E. FISH  
L4520 F.115

**BB**



I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREIN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

*Mark C. Martin* 11/16/2000  
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

OF WALL ELEV. 436.80'

ORD REFERENCES	
FOLIO	N/A
BOOK	14331
NO./FOLIO	
1"=30'	
11-19-00	

WALL CHECK OF
LOT 4
EAGLE RIDGE
HOWARD COUNTY
MARYLAND

**VAVOGEL & ASSOCIATES**  
DESIGN SURVEYOR-PLANNER  
3891 Park Avenue, Suite 101  
Ellicott City, Maryland 21043  
Tel 410.461.5828 Fax 410.465.3968

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: Pipe-Rite Plumbing Telephone #: 410-788-3180  
Address: 485 Robert Ave  
Baltimore MD 21228

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

Name (Print): George Baker License# 2214

\*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: Rodcliffe Telephone #: \_\_\_\_\_  
Subdivision: Eagle Ridge Lot #: 4 Well Tag #: HO \_\_\_\_\_  
Site Address: 12318 Edman River Way

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: MILVERS Make: MILVERS Two piece watertight cap:   
Model #: 25T52-S Model#: B10K Screened, vented well cap:   
Pump Capacity 3 GPM Depth: 48 (36" min) Cap secured to casing:   
Well Yield: 5 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 205 (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: Plastic PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 60"  
Depth of supply line: 48 (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.

George Baker 04-04-01  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/28/01 Date Insp. Approved: 5/24/01 BB  
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

Don't know how deep conduit is  
Well line not sleeved under driveway  
Plumber called.

C1 07635 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 A510569-D

ST/CO USE ONLY  
DATE Received  
MM 05 DD 18 YY 00  
8 13

DATE WELL COMPLETED  
MM 04 DD 03 YY 00  
15 20

Depth of Well 22 205 26  
(TO NEAREST FOOT)  
PERMIT NO. FROM "PERMIT TO DRILL WELL"  
#0-94-2587  
28 29 30 31 32 33 34 35 36 37

OWNER Northridge Dev'tment  
STREET OR RFD Fawn River Way TOWN Glenelg  
SUBDIVISION EAGLE RIDGE SECTION LOT 4

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	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	40	✓
MICKA	40	80	
Sand Stone	80	85	✓
MICKA	85	205	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Bpx) YES  Y NO  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 13 NO. OF POUNDS 1300  
GALLONS OF WATER 78  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30 ft.  
48 TOP 52 54 BOTTOM 58 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 PL  
Nominal diameter top (main) casing (nearest inch)! 6  
Total depth of main casing (nearest foot) 46  
60 61 63 64 66 70

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

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

C3 PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 38 ft.  
WHEN PUMPING 105 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 } 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED YES  Y NO  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

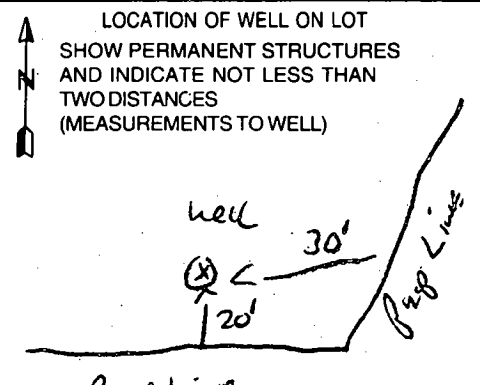
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 112  
DRILLERS SIGNATURE  
LIC. NO. D

C2 DEPTH (nearest ft.)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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 Q  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA





B 1	<b>1908</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-2587</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) 01 12 00  
8 MM DD YY 13

North Ridge Development LLC  
15 Last Name Owner First Name 34

14045 Gained Dr.  
36 Street or RFD 55

Alexwood Md. 21738  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Eagle Ridge  
23 SUBDIVISION 42

SECTION      LOT 4  
44 46 48 50

Glenelg  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I  
73 76 77 78

**DRILLER INFORMATION**

Ralph Mayne M S D 116  
Driller's Name 76 License No. 81

Ralph Mayne well Drilling  
Firm Name

9120 Brown Church Rd Mt Airy  
Address

Ralph Mayne 1-10-00  
Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD** Fawn River way  
11 30

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

34 25 37  
DISTANCE FROM ROAD 4  
ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 6 PARCEL 553

**WELL INFORMATION**

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

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard A510569-D  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 02 03 00 Mark E. Ripkin 2/3/01  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 526 000 EAST GRID 0818 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 64 INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 82818  
N 5286

000  
000

4/7/00 Grout Following Jennings Chapel  
~~No insp~~

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

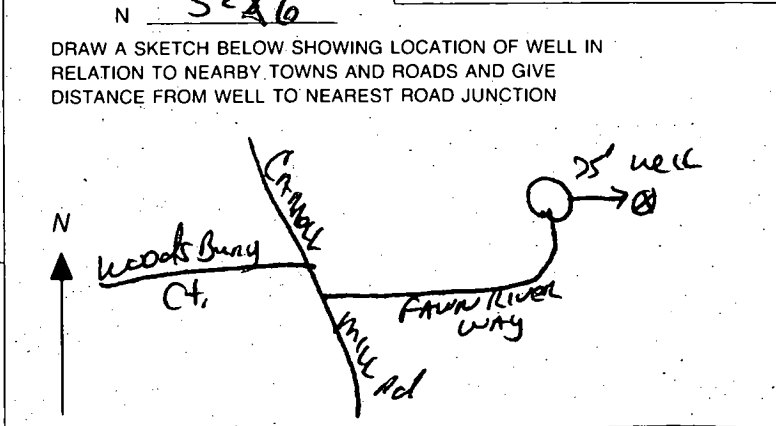
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 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 54 \_\_\_\_\_ 63

PERMIT No. HO-94-2587  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

