

12/16/00  
10:00  
12/27/00  
11:00-12:00

# PERMIT

P 514702

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

A 511947

ISSUE DATE 12/8/2000

APPROVAL DATE 12/27/00

RPS# 323874

### INDEXED

K&K Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Colvin Property LOT NUMBER 2 ADDRESS ~~3745~~<sup>3680</sup> Shady Lane

PROPERTY OWNER Therapeutic & Rec Riding Ctr PROPERTY OWNER'S ADDRESS 3750 Shady Lane

SEPTIC TANK CAPACITY 1250 GALLONS Glenwood, MD 21738

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION: Place the distribution box 200' from the well and 85' off the north (uphill) lot line. Run trenches on contour away from house. 7/18/00 OK AU

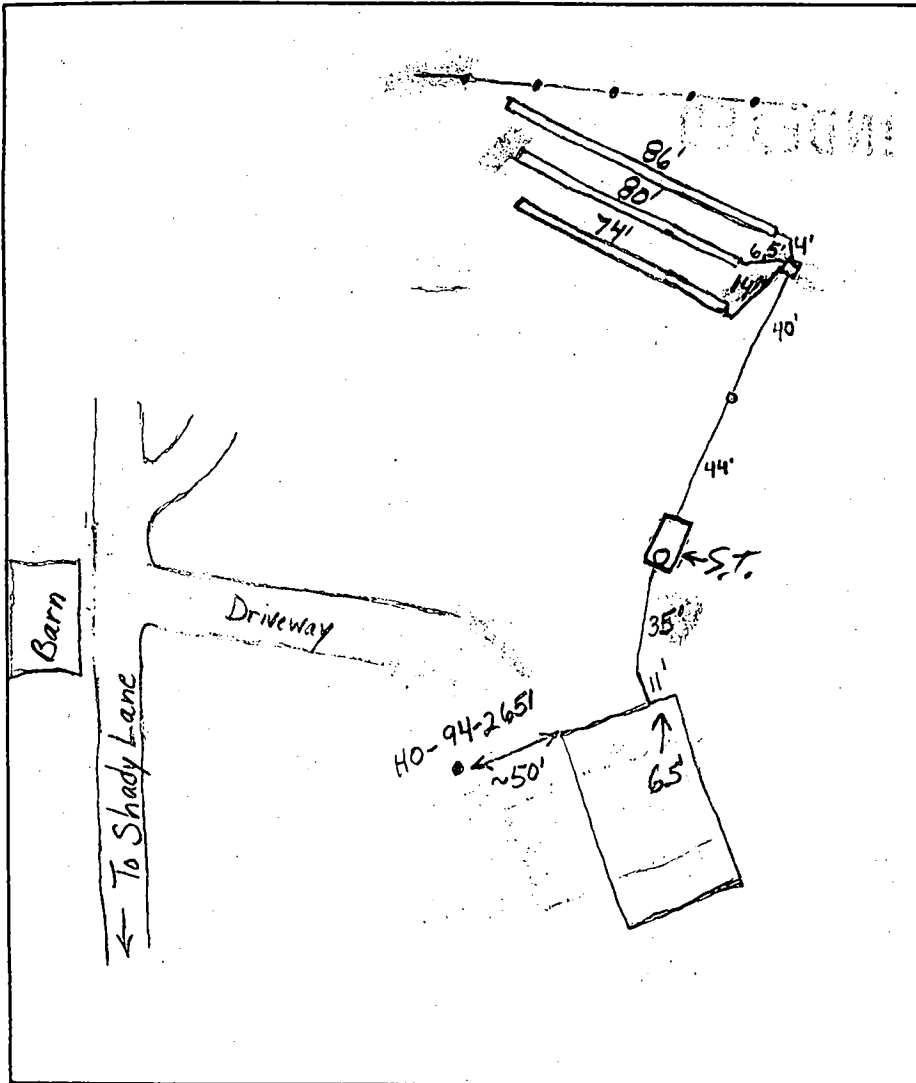
PLANS APPROVED Mark Rifkin DATE 5/17/2000

- 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

P514702

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 3.0'  
 TRENCH INLET DEPTH 4.5'  
 TRENCH BOTTOM DEPTH 6.5'  
 DEPTH OF STONE 2.0'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 sq. ft.  
 DISTRIBUTION BOX LEVEL Yes  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1500 T.S. GALLONS  
 MANHOLE RISER 1ft  
 6 INCH INSPECTION PORT N/A

~~PUMP CHAMBER DATA~~ N/A

~~PUMP CHAMBER GALLONS \_\_\_\_\_~~  
~~MANHOLE RISER \_\_\_\_\_~~  
~~ALARM \_\_\_\_\_~~  
~~PUMP PERFORMANCE TEST \_\_\_\_\_~~

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 12/26/00 Tank not set. O.K. to cover trenches. (BB)

Topsoil removed. Tank set with cover just @ grade (expect some fill) 1/4 high manhole riser inlet  
Baffle OK in D.B. OK above all work, House Connection OK, Dist Box OK. RP 12/27/00

INSPECTOR Affinity / FNH DATE SYSTEM APPROVED 12/27/00

# APPLICATION

NO CHARGE  
FOR SEPTIC  
PERCOLATION TESTING PERMIT (CW)

A 511947

P \_\_\_\_\_

*Tom Pinkley*

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

DISTRICT \_\_\_\_\_

DATE 5/20/99

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

Architect: Rui Ponte - (301) 652-2737

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

PROPERTY OWNER Therapeutic and Recreational Riding Center, Inc.

ADDRESS 3750 Shady Lane, Glenwood, MD 21738 PHONE (410) 489-5100

AGENT OR PROSPECTIVE BUYER DR. HELEN T UEL

ADDRESS 3745 3750 Shady Lane PHONE (410) 489-5102 Home

PROPERTY LOCATION: Glenwood, MD 21738 PHONE (410) 489-5100 Office

SUBDIVISION 55 acre farm LOT NO. Lot 2

ROAD AND DESCRIPTION see attached survey

**BLDG. PERMITS ISSUED  
AND RETURNED 5/17/2000**

TAX MAP 21 PARCEL # 8111 GRID # Plat No. 10430 B00123870  
4 BEDROOMS

SIZE OF LOT undetermined at this point 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.

*Dr. Helen Tuel*  
(SIGNATURE OF APPLICANT)

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

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8/12/99 PERC OK, HOLD FOR PLAT (NR)

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

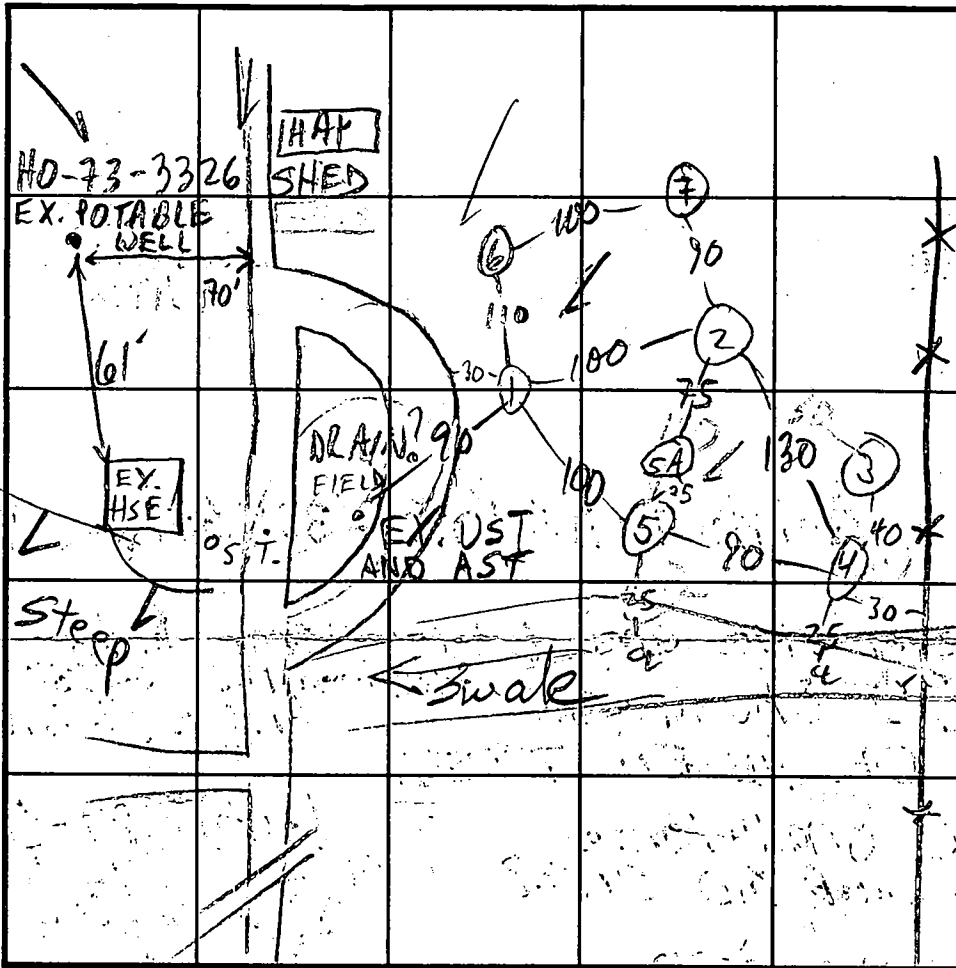
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

①-②④  
 0' tan orge sacllm  
 3' tan brn gray sa lm 10-20% frags  
 11 1/2' -12' ⑤



SOIL PROFILE

③  
 0' cl  
 4' sa lm 25% frags  
 7' ROCK 8 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHADY LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/28/99	1 S	4'	10:51 10:56	10:57	10:57	10:59	<1 min 2	
	1 V	11 1/2'	OK see profile					
	2 S	5'	11:03 11:08	11:09	11:09	11:11	<1 min 2	
	2 M	8'	11:03	11:04	11:04	11:05	1	
	2 V	12'	11:10	11:12	11:12	11:15	3	
	3 V	8 1/2'	REFUSAL 7-8 1/2'		FAIL			
	4 V	11 1/2'	OK 20% frags see profile					
	5 S	8 1/2'	11:31	PERC SLOW, OK below clay				
	5 A/S	5'	11:50	11:51	11:51	11:53	2	
	6 S	6 1/2'	11:39	11:41	11:41	11:44	3	
	6 V	11 1/2'	OK see profile					
	7 V	11 1/2'	OK see profile					

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY M. Ripkin ALSO PRESENT OK, OK dr  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3  
 INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

tan brn sacllm

tan gray sa lm 20% frags

tan orge brn sacllm

tan gray sa lm 10-15% frags

C1 **07742** 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 **A511947**

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

DATE WELL COMPLETED  
 MM DD YY  
 5 28 97  
 Depth of Well  
 22 **440'** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 OK MR Still 00 **HO-97-2656**  
 28 29 30 31 32 33 34 35 36 37

OWNER **Therapeutic & Reso Riding Ctr**  
 last name first name  
 STREET OR RFD **Shady La** TOWN **Glenwood**  
 SUBDIVISION **COLVIN PROP** SECTION \_\_\_\_\_ LOT **2**

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	15	
Gray Miss Rock	15	440	✓

**GROUTING RECORD** (yes) no  
 Y  N  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS <sup>45 46</sup> **6** NO. OF POUNDS <sup>45 46</sup> **364**  
 GALLONS OF WATER **36**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **20** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE **ST**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **21**

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

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

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.: **MS D024**  
 DRILLERS SIGNATURE **Joseph C. Thayer**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO.: **D**

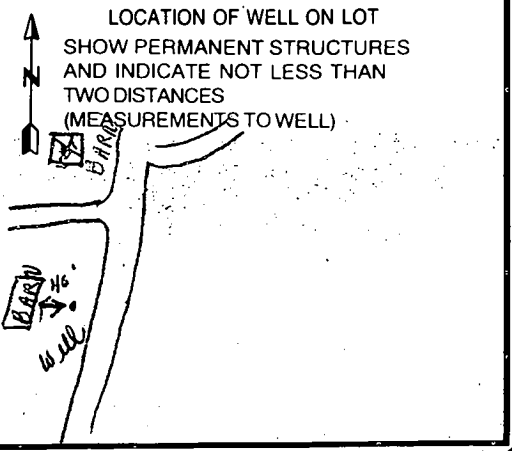
**C 2** DEPTH (nearest ft.)  
 1 **HO** 2 **20** 3 **440**  
 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 11 \_\_\_\_\_ 15 \_\_\_\_\_ 17 \_\_\_\_\_ 21 \_\_\_\_\_  
 12 \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_ 16 \_\_\_\_\_ 18 \_\_\_\_\_ 19 \_\_\_\_\_ 23 \_\_\_\_\_ 24 \_\_\_\_\_ 26 \_\_\_\_\_ 30 \_\_\_\_\_ 32 \_\_\_\_\_ 36 \_\_\_\_\_  
 17 \_\_\_\_\_ 18 \_\_\_\_\_ 19 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ 22 \_\_\_\_\_ 25 \_\_\_\_\_ 27 \_\_\_\_\_ 28 \_\_\_\_\_ 29 \_\_\_\_\_ 31 \_\_\_\_\_ 33 \_\_\_\_\_ 35 \_\_\_\_\_ 38 \_\_\_\_\_ 39 \_\_\_\_\_ 41 \_\_\_\_\_ 45 \_\_\_\_\_ 47 \_\_\_\_\_ 51 \_\_\_\_\_

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 Q  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min.) **1 1/2**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **43** ft.  
 WHEN PUMPING **320** 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  
 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 } **1** (nearest foot)  
 49 51



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







Building Address: ~~3750~~ **Shady Lane**  
**Glenwood, Maryland 21738**

Property Owner's Name: **Therapeutic and Recreational Riding Center, Inc**  
 Address: **3750 Shady Lane**  
**Glenwood** State: **MD** Zip Code: **21738**

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: **Calvin Porter**

Census Tract: ~~70000~~ Subdivision: ~~100~~ **100**

Home Phone: **410-489-5100** Work Phone: **(410) 489-5100**

Section: **N/A** Area: **N/A** Lot: **55** ~~100~~ **2**

Tax Map: **21** Parcel: **8** Grid: **11**

Zoning: ~~RE-100~~ Map Coordinates: **9D9** Lot size: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
**same** **5100**

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: **new**

Proposed Use: **caretaker house (tenant)**

Estimated Construction Cost: **\$200,000**

Description of Work: **to be built by Volunteers as community project**

Contractor Company: **Bob Porter Construction**

Contact Person: **Bob Porter Jr.**

Address: **7411-A Lindbergh Drive**

City: **Gaithersburg** State: **MD** Zip Code: **20879**

License No: **75-389-785** Phone: **301-670-0988** Fax: **301-670-9365**

Occupant of: **Tenant HOUSE**

Contact Name: **DR. HELEN TUEL - for TRRC**

Address: **3750 Shady Lane**

City: **Glenwood** State: **MD** Zip Code: **21738**

Phone: **410-489-5100** Fax: **410-489-3663**

Engineer or Architect Company: **R.H. Ponte & Associates**

Contact Person: **Rui Ponte**

Address: **7220 Wisc. Ave Ste 310**

City: **Bethesda** State: **MD** Zip Code: **20814**

Phone: **301-652-2737** Fax: **(301) 652-3015**

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
_____ State Certified Modular	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of Bedrooms: <b>4</b>	Propane Gas <input type="checkbox"/>
	Sprinkler system: <b>N/A</b> <input type="checkbox"/>	Multi-family dwellings: _____	Heating System: _____
	Full _____	No. of efficiency units: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Partial _____	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Other Suppression _____	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	# of Heads _____	No. of 3 BR units: _____	Sprinkler system: <b>N/A</b> <input checked="" type="checkbox"/>
		Other Structure: _____	_____ NFPA #13D
		Dimensions: _____	_____ NFPA #13R
		Footings: _____	Other: _____
		Roof: _____	
		_____ 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 THEREON; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: *H. Helen Tuel* **DR. HELEN TUEL**

Title/Company: *Founding Director*

Print Name: *04/25/00*

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: _____	4-38983
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ	<u>5/12/00</u>	<u><i>Mark Ripkin</i></u>	Side St. _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Rod-line approval date _____	Check # <u>1974</u>
			Accepted by <u><i>[Signature]</i></u>	Validation # <u>21122</u>

FROM : HoCo EnvHealth

FAX NO. : 4103132648

Jun. 28 2001 09:42AM P1

AW: STEVE

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: LJC Plumbing & Htg Inc Telephone #: 410-850-5177  
Address: Po Box 38  
Linthicum Md 21090

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): LARRY CZYRNIENSKI License# 6257

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

Name of Property Owner: HELEN THAL Telephone #: 410-489-5102  
Subdivision: TRRC Lot #: \_\_\_\_\_ Well Tag #: HO-99-2651  
Site Address: Shady Ln

3680

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: \_\_\_\_\_ Make: \_\_\_\_\_ Two piece watertight cap:   
Model #: \_\_\_\_\_ Model#: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity \_\_\_\_\_ GPM Depth:  (36" min) Cap secured to casing:   
Well Yield: 4.5 GPM NSF/WSC approved: \_\_\_\_\_ Conduit min 1 1/2" B.G.:   
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, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pipes to house      House Connection  
Type: Poly      PVC sleeve to undisturbed soil at wall penetration: 12"  
PSI: 210 (160 psi min)      Approximate length of sleeve: 24"  
Depth of supply line:  (36" min)      Sleeve caulked and sealed properly:  SILICONE

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: [Signature]      date: 6-29-01

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  (SRK)  
Two piece cap installed and attached to casing securely  (SRK)  
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly  (SRK)  
Safety rope not seen outside of well cap/casing \_\_\_\_\_  
Correct well tag attached properly and casing 3" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

Installer never called in an inspection.  
Told installer about proper insp. procedures. (SRK)

B 1 7423 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2651 fill in this form completely

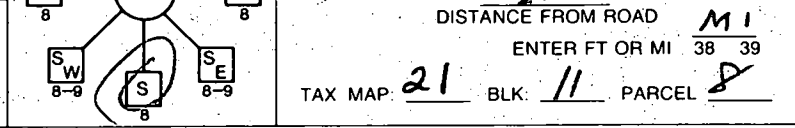
Date Received (APA) 03 31 00 OWNER INFORMATION  
Therapeutic + Recreational Riding Center  
3750 Shady Lane  
Glenwood Md 21738

B 3 LOCATION OF WELL  
Howard  
Colvin Prop  
Glenwood  
MILES FROM TOWN (enter 0 if in town) 3

DRILLER INFORMATION  
Joseph L. Magye MS D 24  
Joseph L. Magye Well Drilling  
3512 Ridge Rd. Mt. Airy Md. 21771  
Joseph L. Magye 3/30/2000

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
3750 Shady Lane  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 210 MI  
TAX MAP: 21 BLK: 11 PARCEL 8

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500



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 A511947  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 04 28 00 Mark E. Riffin 4/28/01  
CO SIGNATURE EXP. DATE  
NORTH GRID 524 000 EAST GRID 074 000

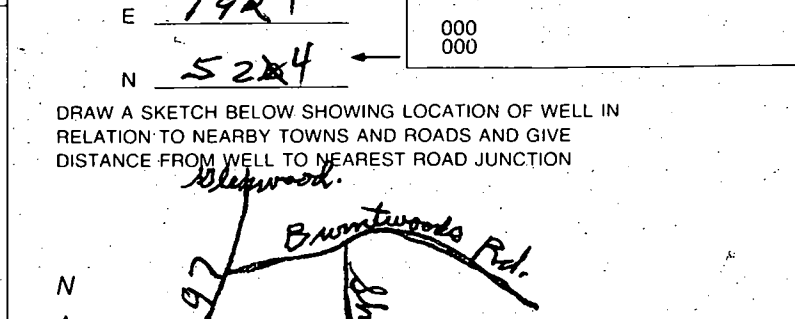
-APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. Well  
2.  
3.

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROtary DRive-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 7924  
N 5224

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 DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER 54 \_\_\_\_\_ 63  
PERMIT No. HO-94-2651

SPECIAL CONDITIONS  
NOT ALL APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

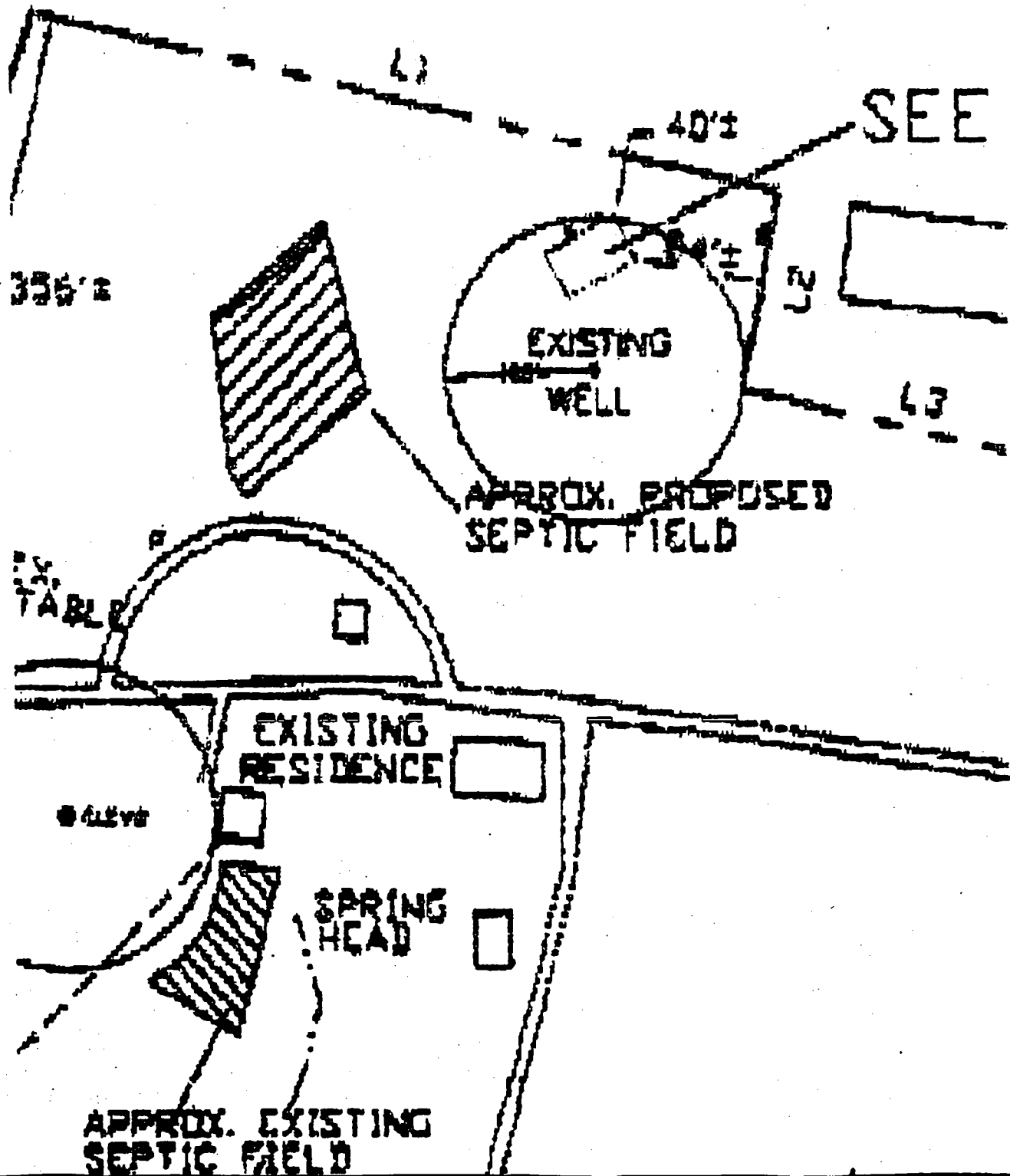
12/8/00

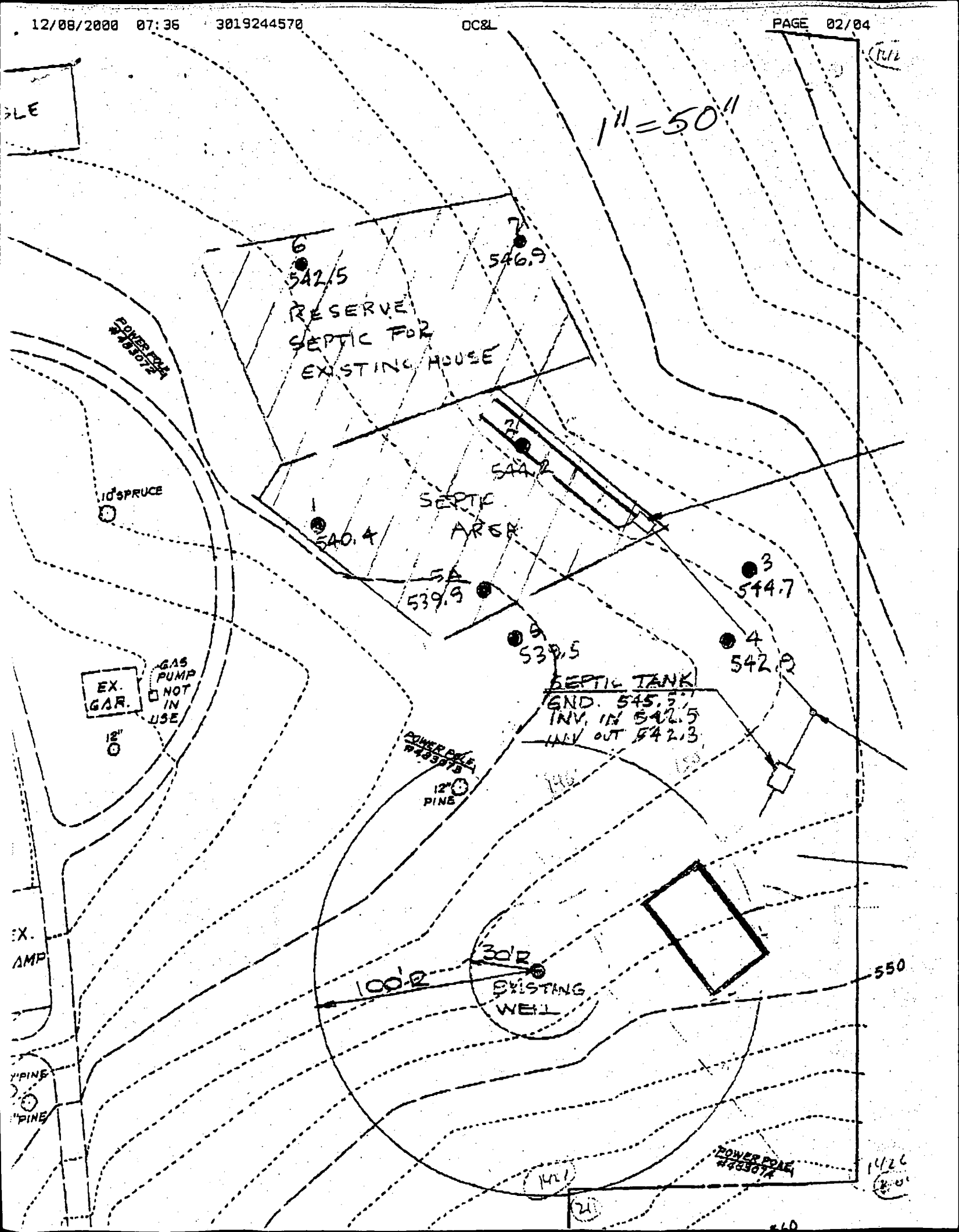
House turned and moved  
farther away from easement.  
No significant effect on well  
or septic. (BB)

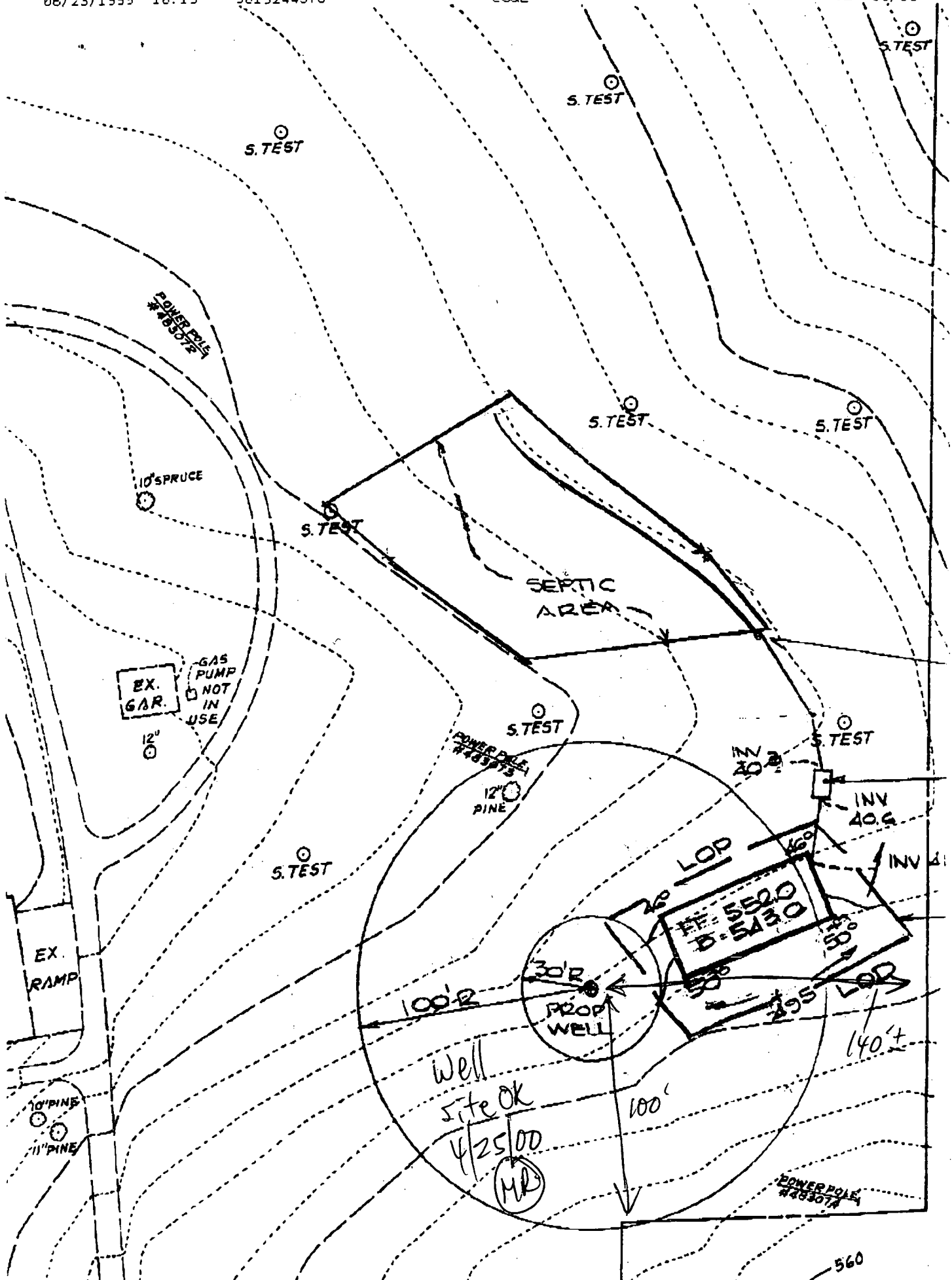
1" = 100'

PARCEL B  
PLAT 10430

NCE







B 1 4032 SEQUENCE NO. (MDE USE ONLY)  
1 2 3 6

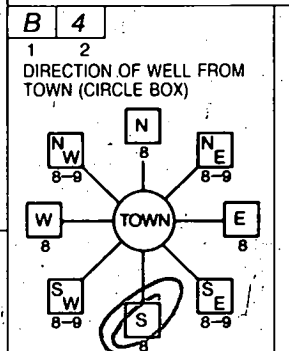
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-94-2656  
70 fill in this form completely 79

Date Received (APA) 05 20 99  
8 MM DD YY 13  
OWNER INFORMATION  
Therapeutic + Recreational Riding Center, Inc.  
15 Last Name Owner First Name 34  
3750 Shady Lane  
36 Street or RFD 55  
Colenwood Md. 21738  
57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL  
8 COUNTY 21  
Colvin Propo  
23 SUBDIVISION 42  
SECTION 44 46 LOT 2 48 50  
Colenwood  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

DRILLER INFORMATION  
Joseph L. Magye MS D 24  
Driller's Name 76 License No. 81  
Joseph L. Magye Well Drilling  
Firm Name  
5512 Bridge Rd. Mt. Airy Md. 21771  
Address  
Joseph L. Magye 5/20/99  
Signature Date



3750 Shady Lane  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W 32 E  
SOUTH S  
34 W 37  
DISTANCE FROM ROAD MI  
ENTER FT OR MI 38 39  
TAX MAP: 21 BLK: 11 PARCEL 8

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) 6 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 700 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22  I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

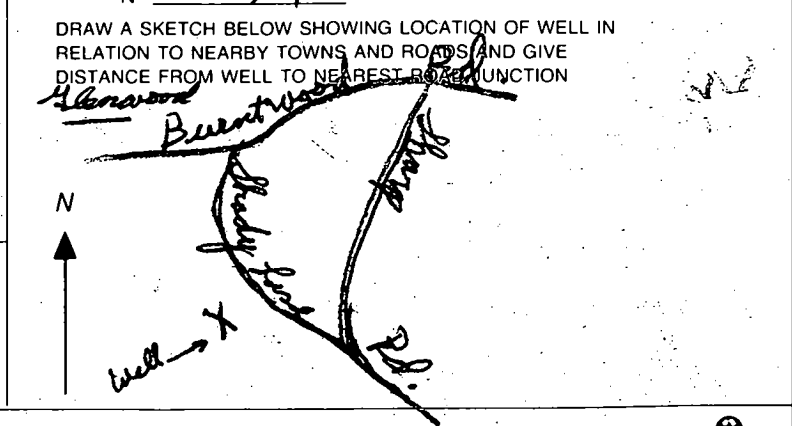
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME  
A511947 COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED 05 20 99 Mark E. Palkin 5/20/00  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 524 000 EAST GRID 0794 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. Well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 7984  
N 5284  
000  
000

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  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 DEEPEN 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 \_\_\_\_\_ GAP \_\_\_\_\_  
54 63  
PERMIT No. HO-94-2656  
70 71 72 73 74 75 76 77 78 79



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**HOWARD COUNTY HEALTH DEPARTMENT**

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*Mary Sue Baker, MBA, Acting County Health Officer*

June 22, 1999

Therapeutic and Recreational Riding Center, Inc.  
3750 Shady Lane  
Glenwood, MD 21738

RE: PERCOLATION TEST APPLICATION  
Proposed Caretaker's Residence  
3680 ~~3750~~ Shady Lane  
Colvin Property, Lot 1<sup>1</sup>/<sub>2</sub>  
Map 21, Parcel 8

Dear Dr. Tuel:

This office has received the referenced percolation test application, but the proposal has not yet been scheduled for testing. The landscape position is of some concern due to proximity to the swale at the eastern and southern portions of the proposed sewage reserve area. The gas pump not in use presents some concern for risk of contamination to the proposed well site. And finally, demonstration of adequate sewage disposal capacity for existing facilities is a prerequisite for consideration of additional facilities on the property.

This is not to say that we will not schedule this proposal for testing, but some issues need to be addressed. A review conference in the office is suggested as the most efficient method to resolve these issues. *AND GWAP*

Please call this office at (410)313-2640 to schedule this meeting.

Very truly yours,

Mark E. Rifkin, R.S.

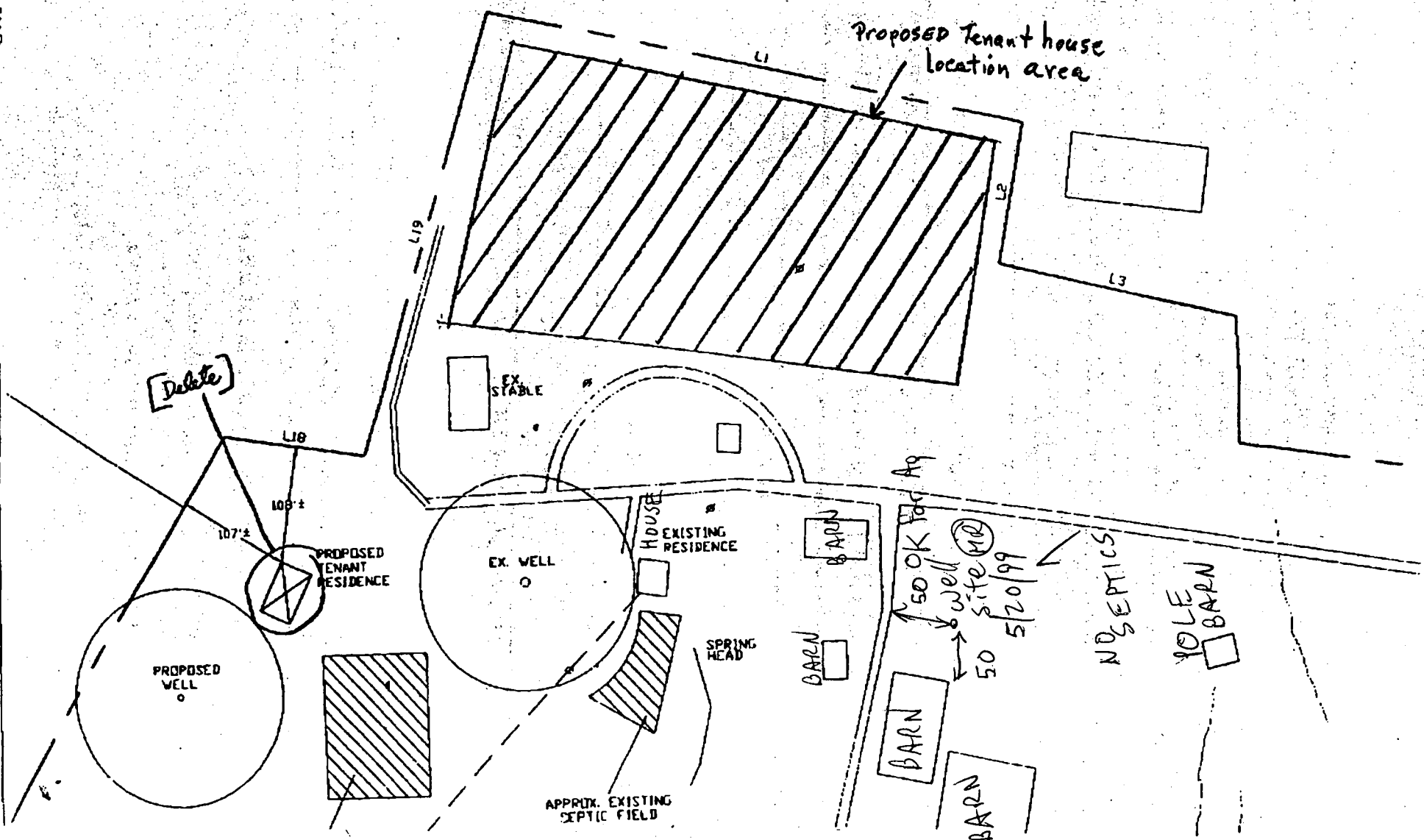
MR

cc: O'Connell and Lawrence  
File

PLAT 10430

FENCE

Proposed Tenant house location area



Dedicate

107'±  
108'±  
118

PROPOSED TENANT RESIDENCE

PROPOSED WELL

EX. WELL

HOUSE EXISTING RESIDENCE

SPRING HEAD

APPRX. EXISTING SEPTIC FIELD

BARN

BARN

BARN

BARN

50 OK for Ag

well site (M)

50 5/20/99

NO SEPTICS

NO LE BARN

L1

L2

L3

L19

6/22/89

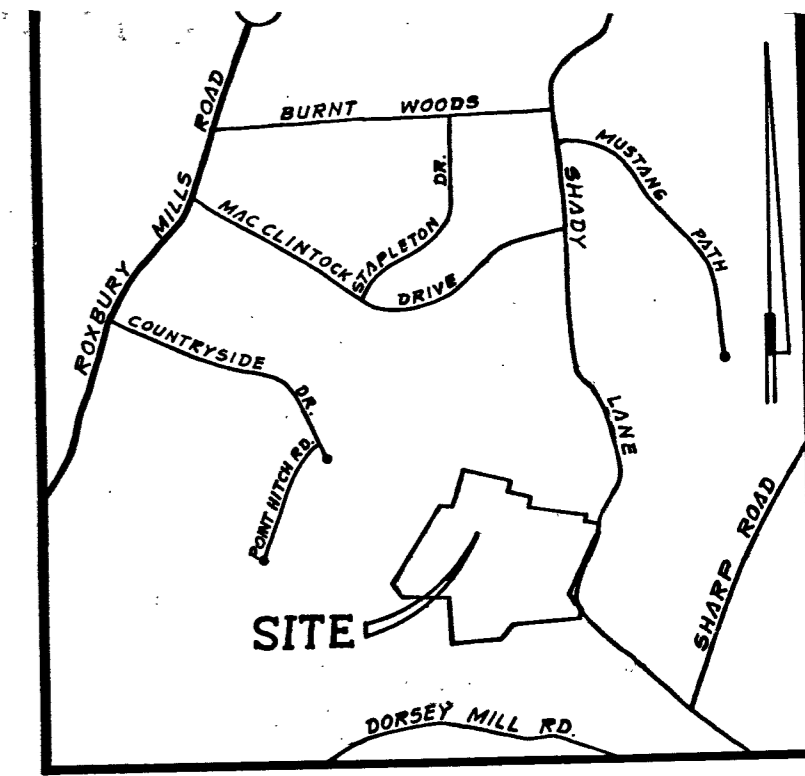
TRRC

swale not appropriate location  
perc history in this vicinity?

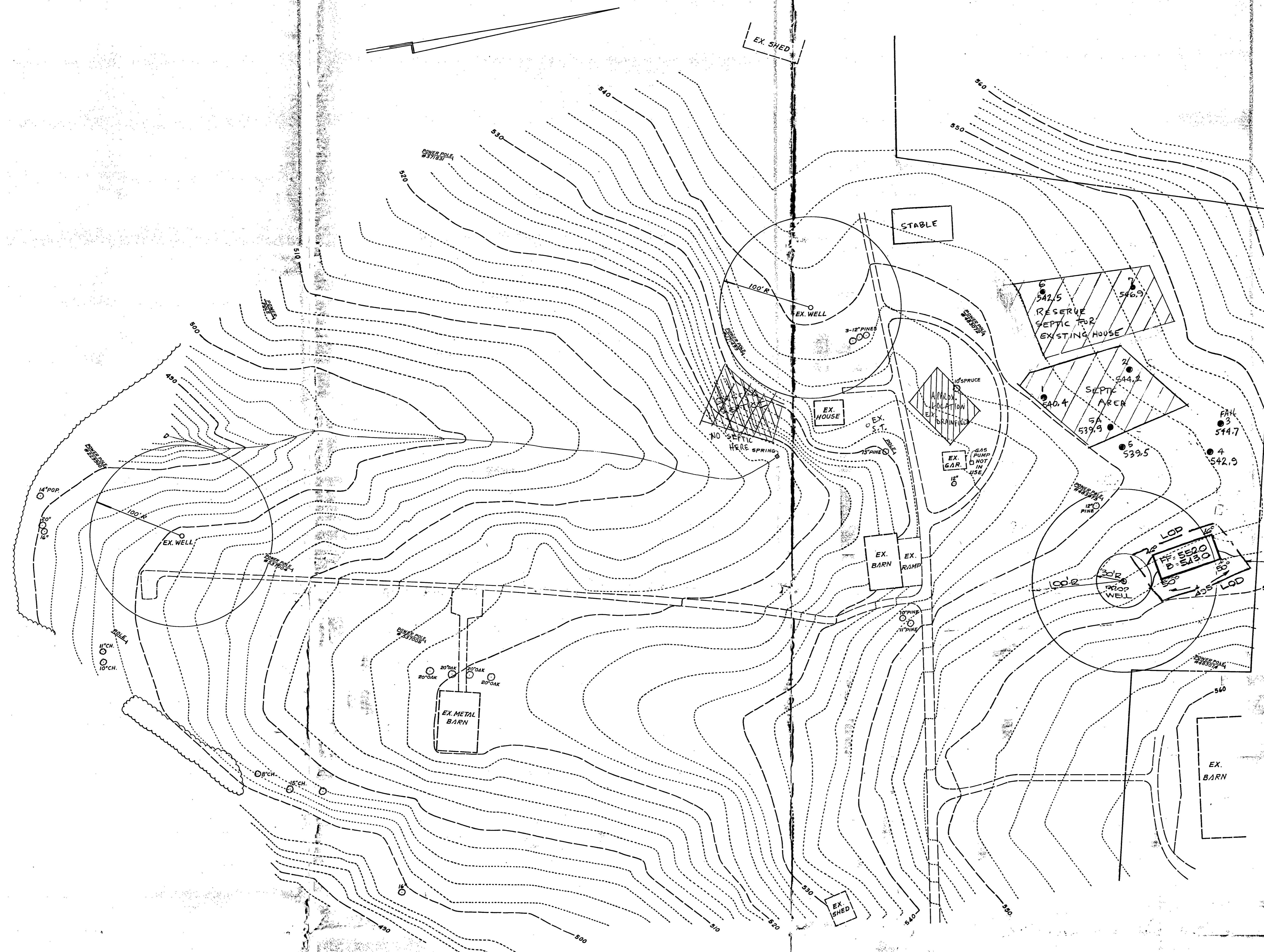
repair area ex. dwg? other structures?  
w/s across prop. bdy?

perc holes 120-160' apart - ~~all~~ shorter dist. req'd

T/CW/owner: test holes shown prev. done 3/94  
reportedly passed



VICINITY MAP  
SCALE: 1"=2000'



NOTE:  
1-7 #5A  
SEPTIC TESTS 7-28-99

**PERC CERTIFICATION**

This area designates a private sewage treatment system as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have authority to grant variances for encroachments into the private sewage easements. Reconnection of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "●".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage System

*Donna M. ...* 5/2/00  
County Health Officer MR DATE

**SURVEYOR'S CERTIFICATION**

I hereby certify that to the best of my knowledge and belief that the information shown hereon is correct. All well and septic systems within 100 feet of this property are shown on this plan. All septic test locations shown have been field located.

*Jefferson D. Lawrence* 9-7-99  
Jefferson D. Lawrence Professional Land Surveyor No. 5216 Date

PLAN: 1"=50'

Contract / Purchaser:  
TRRC, INC.  
15856 FREDERICK ROAD  
LISBON, MARYLAND 21745  
410-442-2880

NO.	REVISIONS	DATE
1	ADDED 7-28-99 SEPTIC TESTS	9-3-99

O'CONNELL & 17904 GEORGIA AVENUE #302  
OLNEY, MARYLAND 20832  
& LAWRENCE, INC. 301-924-4570

Signed LOT 2  
**COLVIN PROPERTY**  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
TAX MAP: 21 PLAT N. 10430

DATE 9-3-99	Sheet
DRAWN E.F.M.	
CHECKED J.D.L.	of
SCALE 1"=50'	PROJECT NO. 21-986