

1-17-01  
Layout 11:00  
1/18/01  
12:00

RPS# 317218

# PERMIT

## SEWAGE DISPOSAL SYSTEM

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

P 514722-B

A 38144

ISSUE DATE 12/27/00

APPROVAL DATE 1/19/01

### INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Meadowood LOT NUMBER 52 ADDRESS 1307 Cedarberry Court

PROPERTY OWNER James Schickner PROPERTY OWNER'S ADDRESS 7820 Old Hollow Lane

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD 21043

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED  
AND RETURNED**  
5/20/04 BOU 148355-DECK

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 distribution box 150 feet from left (335.32') lot line and 210 feet front lot line as viewed from Cedarberry Court. Install trenches on contour toward the right property line.

PLANS APPROVED Mark Rifkin OK SRC 11/3/00 DATE 6/27/00

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

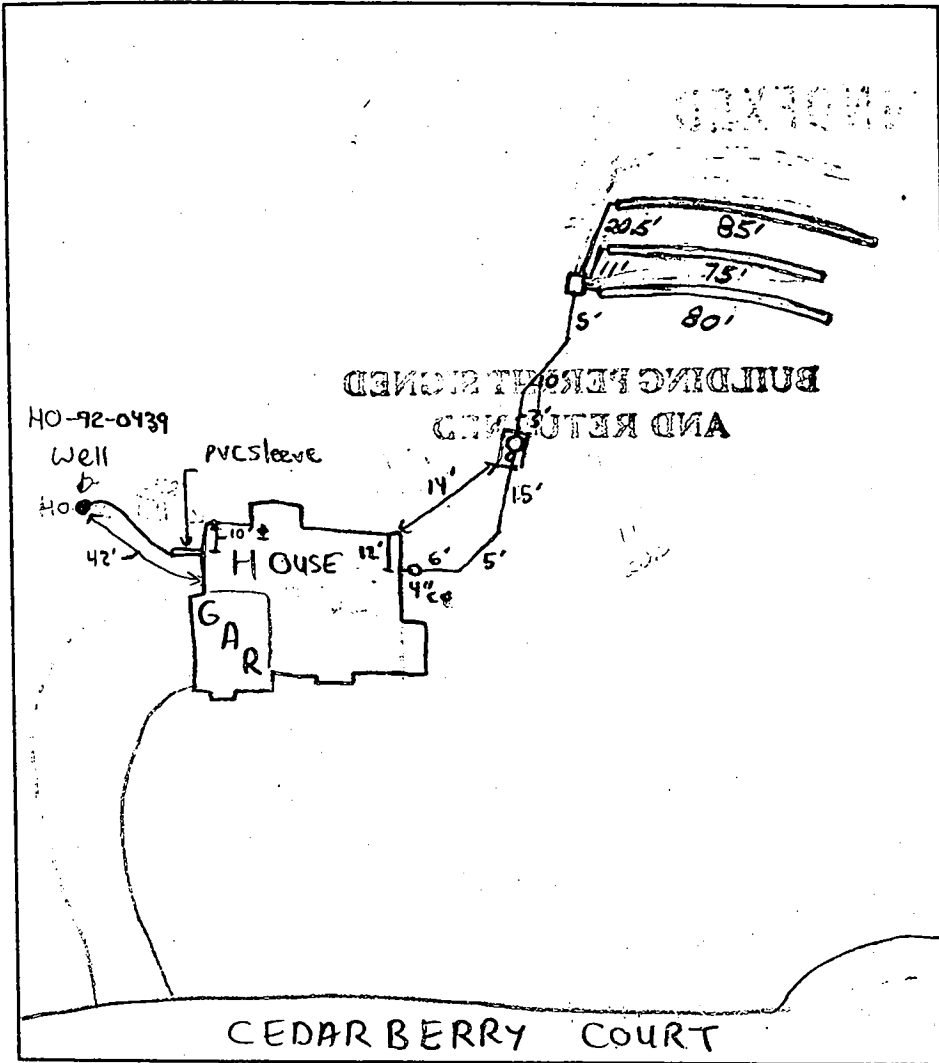
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 514722-B

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 3.0'  
 TRENCH BOTTOM DEPTH 5.0'  
 DEPTH OF STONE 2.0'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 sq.ft.  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 T.S. GALLONS  
 BAFFLES IN MANHOLE RISER  
 MANHOLE RISER on center  
 6 INCH INSPECTION PORT Yes

**PUMP CHAMBER DATA**

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

PRE-CONSTRUCTION INSPECTION: 1/17/01-MET INSTALLER FOR LAYOUT, OK TO RUN 3-TRENCHES 80', 75' AND 80' LONG ON CONTOUR AS PER APPROVED BP PLAN (SRU)

INSPECTION COMMENTS: 1/18/01 System satisfactory. O.K. to cover. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 1/18/01

# APPLICATION

PERCOLATION TESTING

A 38144

P \_\_\_\_\_

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

*11/8/86  
perc OK'd pending  
approved plans  
(An)*

DISTRICT \_\_\_\_\_

DATE 11/28/86

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 Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

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

PROPERTY LOCATION:

SUBDIVISION Meadowood Sec. 2 AREA 3 LOT NO. 37 52

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road  
Howard County, Maryland

TAX MAP 10 PARCEL # 139

SIZE OF LOT 3+ 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.

*Mike Seelye*  
(SIGNATURE OF APPLICANT)

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

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING for certified field located holes

# THIS IS NOT A PERMIT

170  
 1087/18DRM  
 TWT 3'  
 MAY 5'  
 X 2min  
 (1)

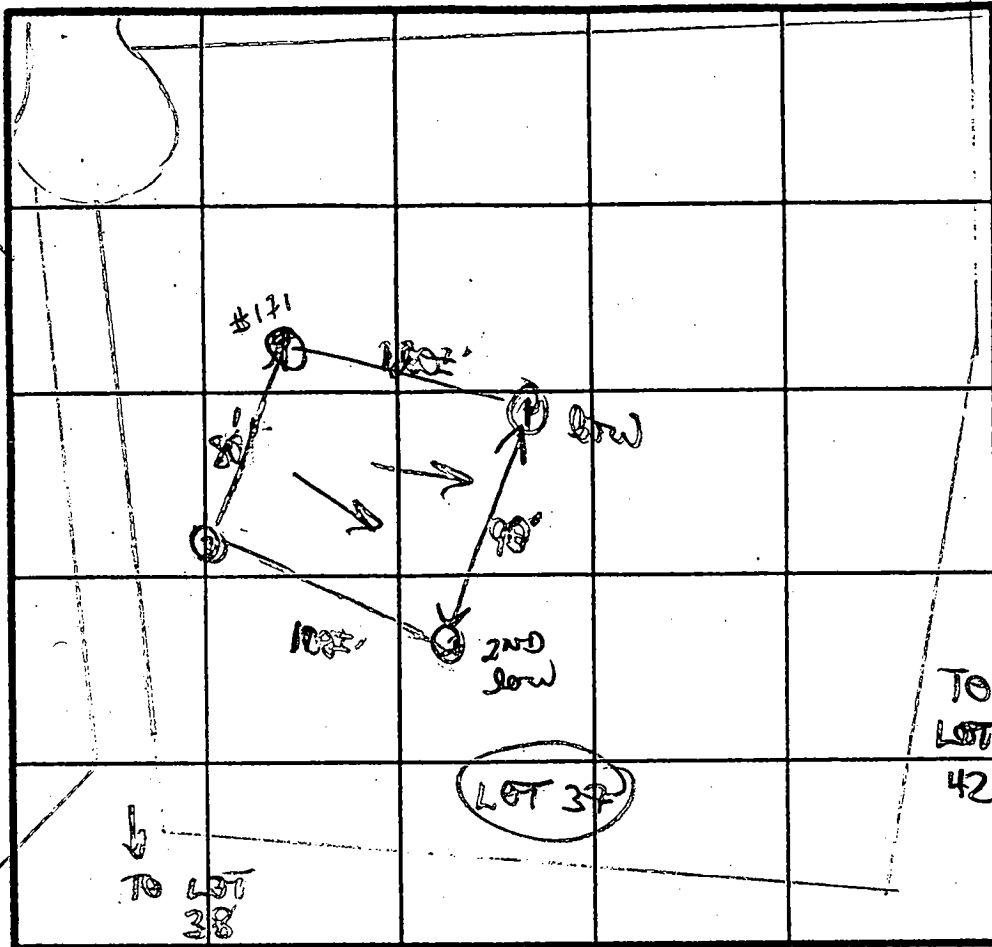
TO LOT 36

SOIL PROFILE

orange brown  
 clay loam  
 3'  
 orange to  
 silty loam  
 w/ 45%  
 small frags  
 ↓

12'D

(2) (4)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

powdery tan  
 silty mica  
 loam  
 ↓  
 micaceous  
 ↓  
 12'D  
 (3)

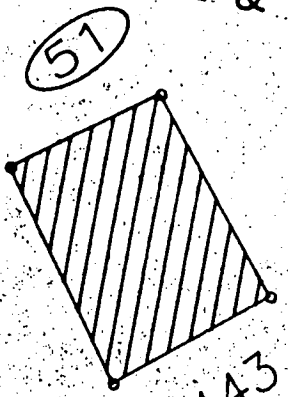
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	PK 172 (1)	3'S	1230	1232	1232	1234	2min
		12'D	bottom (see profile)				
	(2)	3'S	1235	1236	1236	1238	1min
		12'D	bottom (see profile)				
	(3)	VISUAL ONLY		OK 3'			
		11'D	bottom (see profile)				
	(4)	3'S	1238	1240	1240	1242	1min
		7'M	1239	1240	1240	1244	3min
		12'D	bottom (see profile)				

orange to  
 silty mica  
 3  
 10% layered  
 small frags  
 w/ 15%  
 red frags

SHALLOW SYSTEM

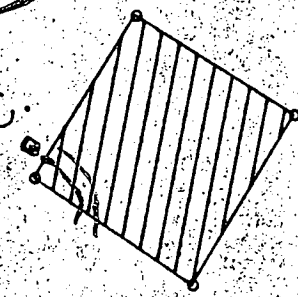
REMARKS: Dig tested as staked.  
 TYPE OF SOIL: tan/orange silty mica loam  
 TESTED BY: B. Stover  
 ALSO PRESENT: rocky, Ed

100 YR. FLOOD PLAIN  
DRAINAGE & UTILITY EASEMENT



3.443 AC.

52

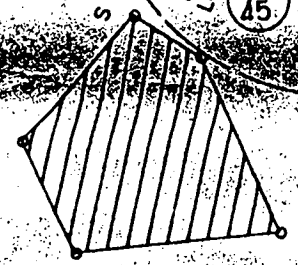
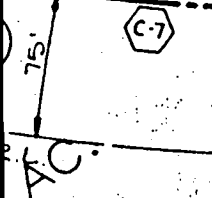


3.289 AC.

5.210 AC.

53

RED BERRY CEDAR BERRY COURT



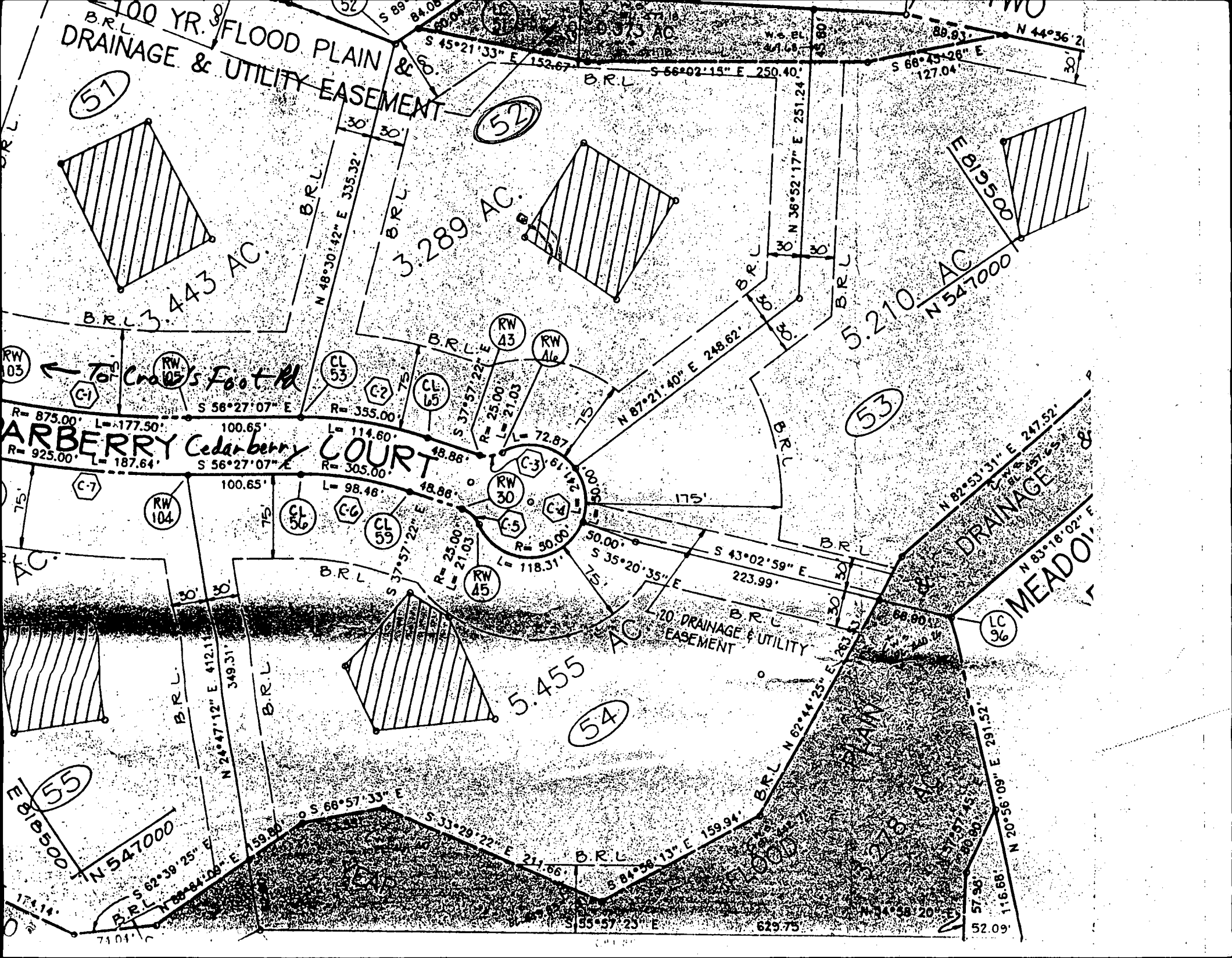
5.455 AC.

54

DRAINAGE & MEADOW

5.278 AC.

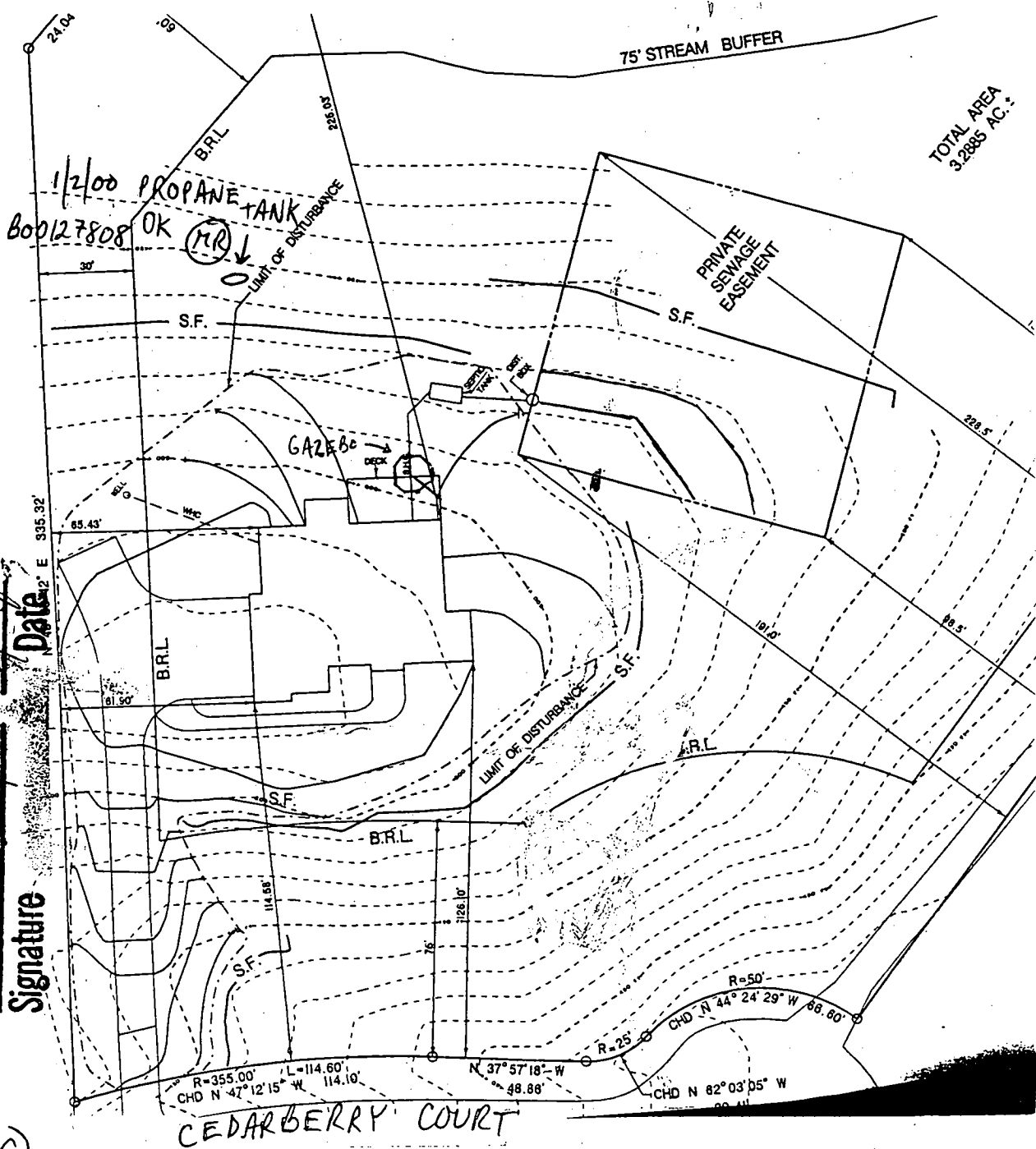
55





Approved Septic System Plan  
Howard County Health Department

Signature: *Frank E. Bellum*  
Date: *6/27/00*



1:50

Total linear feet of trench required 240 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 5 feet  
 Depth of stone required below distribution pipe 2 feet

PROPOSED ELEVATIONS

F.F. ELEV. = 505.43'  
 BASEMENT ELEV. = 495.68'  
 GARAGE ELEV. = 503.76'  
 PROPOSED SEPTIC ELEV. @HOUSE = 494.0'  
 INVERT INTO TANK = 493.3'  
 INVERT OUT OF TANK = 493.0'  
 DISTRIBUTION BOX ELEV. 492.7'  
 TRENCH ELEV. = 492.5'  
 EXISTING ELEVATION AT BOX 495.5'  
 DISTURBED AREA = 26,750 SQ. FT.

PLAN-BY OWNER'S RELATIVE

PLOT PLAN  
MEADOWOOD SECTION 2 LOT 52

Building Address 1307 CEDAR BERRY COURT  
MARICOTTVILLE MD 21104

Suite/Apt. #: N/A SDP/WP/Petition #: \_\_\_\_\_

Census Tract 603 Subdivision MARICOTTWOOD

Section 2 Area 3 Lot 52

Tax Map 15 Parcel 137 Grid 7

Zoning R2 Map Coordinates SP10 Lot size 3,288.5

Property Owner's Name JAMES B. SCHICKNER  
CRISTINA M. SCHICKNER

Address 7850 C/O HAVEN LAKE

City ELLICOTT CITY State MD Zip Code 21043

Home Phone 410-77-5783 Work Phone 443-456-3270

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

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

Existing Use Single-Family Lot

Proposed Use Single-Family Dwelling

Estimated Construction Cost \$ 500,000

Description of Work CUSTOM  
Two-story Single Family  
Dwelling, 4 Bedroom, 5 Baths, Finished  
Basement in Back of Attached 3-Car Garage

Contractor Company Doelber Contracting Co. LLC

Contact Person Bill Russo

Address 715 Pheasant Drive

City Forest Hill State MD Zip Code 21050

License No. 120118

Phone 410-877-3025 Fax 410-877-3034

Occupant or Tenant OWNER

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Engineer or Architect Company DANLO M. CROSS INC

Contact Person DAVE CROSS

Address 1937 Elen Cove Road

City Dorlington State MD Zip Code 21034

Phone 410-926-3421 Fax SAME

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <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 checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: <u>N/A</u> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>N/A</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature William J. Russo  
 Title/Company Doelber Contracting Co. LLC

Print Name William J. Russo  
 Date May 14, 2000

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#
<input checked="" type="checkbox"/> Land Development DPZ			Front: <u>15' Min</u> Rear: <u>75' Min (50' Min Behind)</u> Side: <u>5' Min</u> Side St: <u>N/A</u>	<u>4621</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>6/27/00</u>	<u>Mark R. Klein</u>	Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check \$ _____
				Validation \$ <u>315.85</u>

Accepted by \_\_\_\_\_

FROM : HoCo EnvHealth

2/2/01  
WPI AH

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: CHARLES A. KLEIN & SONS Telephone #: (410) 549-6960  
Address: 5230 KLEES MILL ROAD  
SPRINGVILLE, MD 21154

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

Name (Print): CHARLES A. KLEIN JR. License# 6521

\*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: NORTHERN CONTRACTING Telephone #: (410) 879-3035  
Subdivision: MEADOWOOD Lot #: 52 Well Tag #: HO-72-0439  
Site Address: 1309 CEDARBERY COURT  
MARRIOTTVILLE, MD 21104

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: JACUZZI      Make: HOWARD      Two piece watertight cap:   
Model #: 5545-13P-52      Model#: PT-200      Screened, vented well cap:   
Pump Capacity 5 GPM      Depth 42" (36" min)      Cap secured to casing:   
Well Yield: 3 GPM      NSF approved: \_\_\_\_\_      Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 400 (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: POLYETHYLENE      PVC sleeved to undisturbed soil at wall penetration:   
PSI: 1" (160 psi min)      Approximate length of sleeve: 5'  
Depth of supply line: 42" (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.

Charles A Klein Jr      2/1/01 per SRK  
Signature of company representative responsible for installation      date  
CHARLES A. KLEIN JR

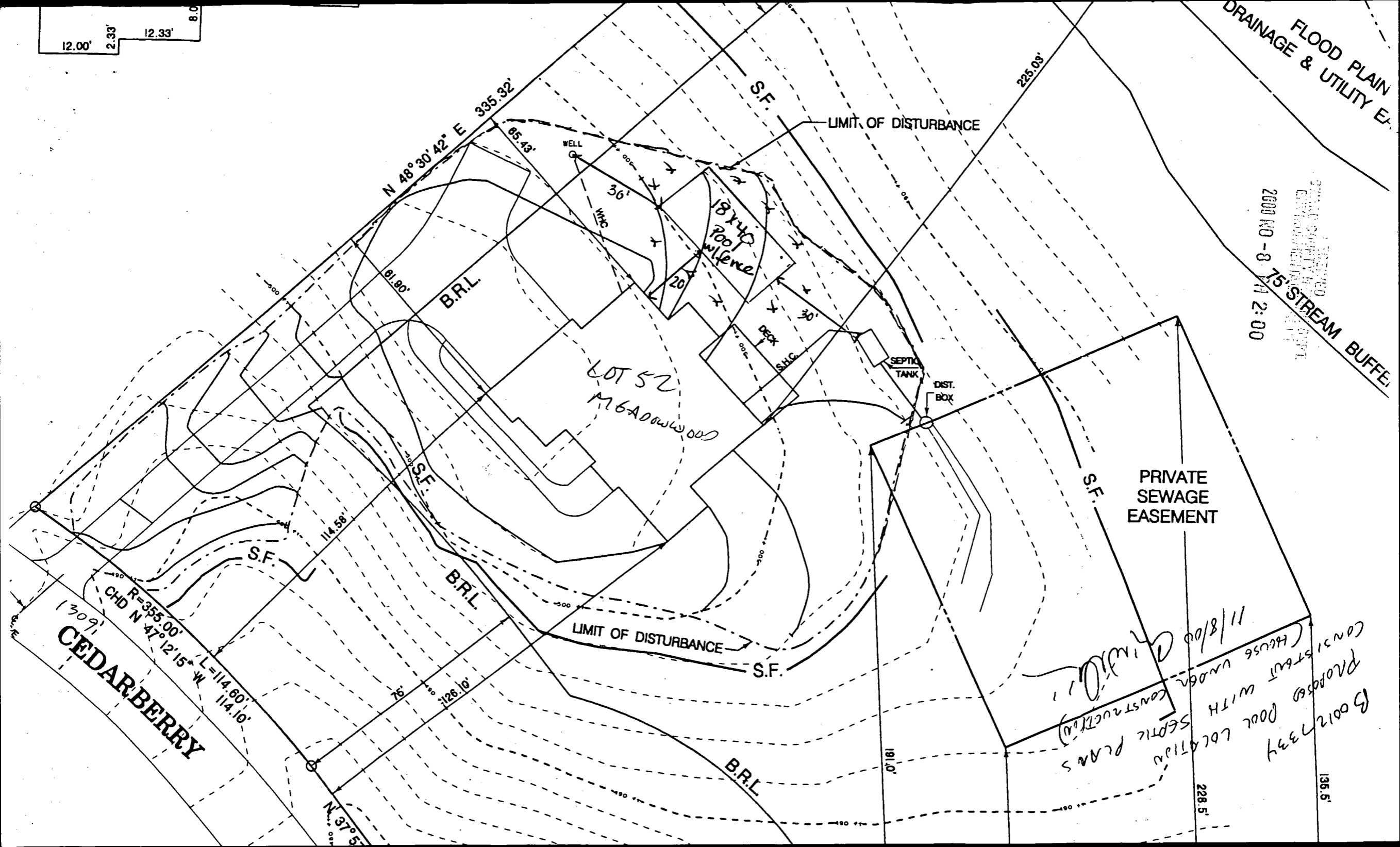
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 2/2/01      Date Insp. Approved: 2/2/01 **(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

12.00' 2.33' 12.33' 8.0'

FLOOD PLAIN  
DRAINAGE & UTILITY E

2600 (NO - 8) 11 2:00  
15' STREAM BUFFER



CEDAR BERRY

LOT 52  
MADONNA

PRIVATE SEWAGE EASEMENT

Proposed pool location  
Septic Plans  
Constructed with  
11/8/00  
B00127337  
[Signature]

**C 1** **0520** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 38144**

ST/CO USE ONLY  
 DATE Received: [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: **10/11/94**

Depth of Well  
**42** (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HD-92-0439**

OWNER: **SEPTORIA HILL ESCOC**  
 STREET OR RFD: **cedarberry court** TOWN: **CYBERTHIE**  
 SUBDIVISION: **ME EDWARDS** SECTION: **2** LOT: **52**

**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	
Clay	2	4	
Sand & silt	4	40	
Mica	40	45	✓
Sand Stone	45	46	
Mica	46	50	
Sand Stone	50	52	
Mica	52	400	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS: **10** NO. OF POUNDS: **1000**  
 GALLONS OF WATER: **50**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **42** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **1 1/2** Total depth of main casing (nearest foot): **42**

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

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

**C 2**  
 DEPTH (nearest ft.)  
 E A C H S C R E E N  
 1 **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51**  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

SLOT SIZE: 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN (NEAREST INCH) [ ] [ ] [ ] [ ] [ ] [ ]  
 from [ ] to [ ]

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.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

DRILLERS IDENT. NO. **40**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T [ ] (E.R.O.S.) W:Q [ ] [ ] [ ] [ ] [ ] [ ]  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**[Signature]**

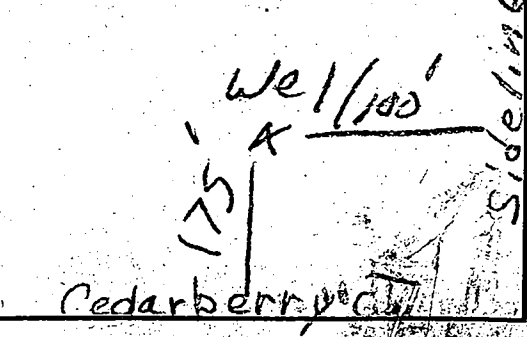
TELESCOPE CASING LOG INDICATOR OTHER DATA

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

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **2**  
 METHOD USED TO MEASURE PUMPING RATE: **Pressure**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **22**  
 WHEN PUMPING **112**  
 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 WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: [ ]  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 [ ] above LAND SURFACE [ ] (nearest foot)  
 [ ] below

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



Age \_\_\_\_\_ of \_\_\_\_\_  
 Date \_\_\_\_\_

7-11-94  
 8:00 Mon

Review OK 9/8/94

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 92 - 0439  
 Location of property (road) CEDARBERRY COURT  
 Subdivision MEADOWOOD Lot 52 Block - Plat - Sec. -  
 Well Driller G. EASTERDAY Owner SPRINGHILL ASSOC.

Depth of well 400 2 1/2  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 23'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:20 Pumping rate 12 G.P.M.  
 Total time 25 min to reach pumping water level 112 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	112	20 Sec.	Pump setting 380	3 G.P.M.
8:00	112	20 "	Lee Holland	3 "
8:15	112	20 "		3 "
8:30	112	20 "		3 "
8:45	112	20 "		3 "
9:00	112	20 "		3 "
9:15	112	20 "		3 "
9:30	112	20 "		3 "
9:45	112	20 "		3 "
10:00	112	20 "		3 "
10:15	112	20 "		3 "
10:30	112	20 "		3 "
10:45	112	20 "		3 "
11:00	112	20 "		3 "
11:15	112	20 "		3 "
11:30	112	20 "		3 "
11:45	112	20 "		3 "
12:00	112	20 "		3 "
12:15	112	20 "		3 "
12:30	112	20 "		3 "
12:45	112	20 "		3 "
1:00	112	20 "		3 "
1:15	112	20 "		3 "
1:30	112	20 "		3 "

HD-224  
 1:45  
 G.A. 21286



**B 1** **05498** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-92-0439**  
70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) **062493**  
 SPRINGHILL CASKOR  
 1432 RT 321  
 SYKESVILLE MD 21784

**LOCATION OF WELL**  
**B 3**  
 HOWARD COUNTY  
 MEADOWBROOK SUBDIVISION  
 SECTION **2** LOT **52**  
 SYKESVILLE  
 MILES FROM TOWN (enter 0 if in town) **3** MI

**DRILLER INFORMATION**  
 George F. Easterday  
 Driller's Name License No. **40**  
 L. Franklin Easterday, Inc.  
 Firm Name  
 9265 Brown Church Rd., Mt. Airy, Md. 21771  
 Address  
 George F. Easterday  
 Signature Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 NEAR WHAT ROAD **Cedarberry Ct**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **175** FT  
 ENTER FT or MI **FT**

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

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

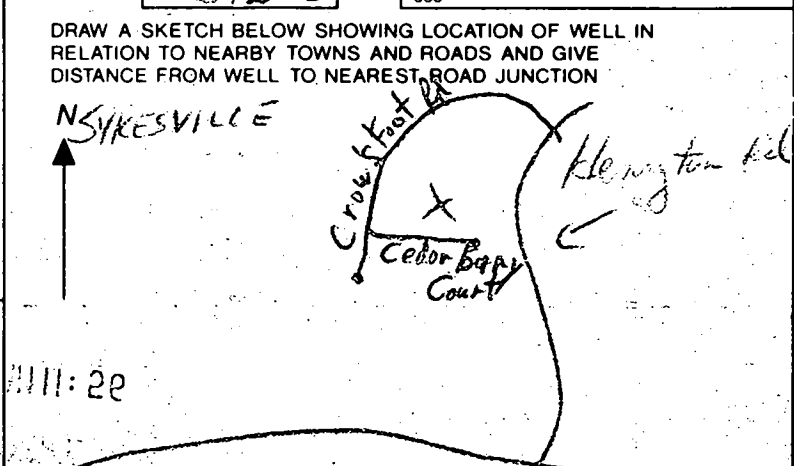
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **HOWARD** COUNTY NO. **R38144**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **083093** *Charles B. ... 8/30/94*  
 NORTH GRID **547000** EAST GRID **0818000**

APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **WELLS**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **814 ?**  
 N **540 ?**

**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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



**Not to be filled in by driller (OEP USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_  
 FORCE **C M** WRITE INITIALS IN BOX PERMIT No. **HO-92-0439**

SPECIAL CONDITIONS \_\_\_\_\_



APPROVED

WALK-THRU BUILDING PERMIT

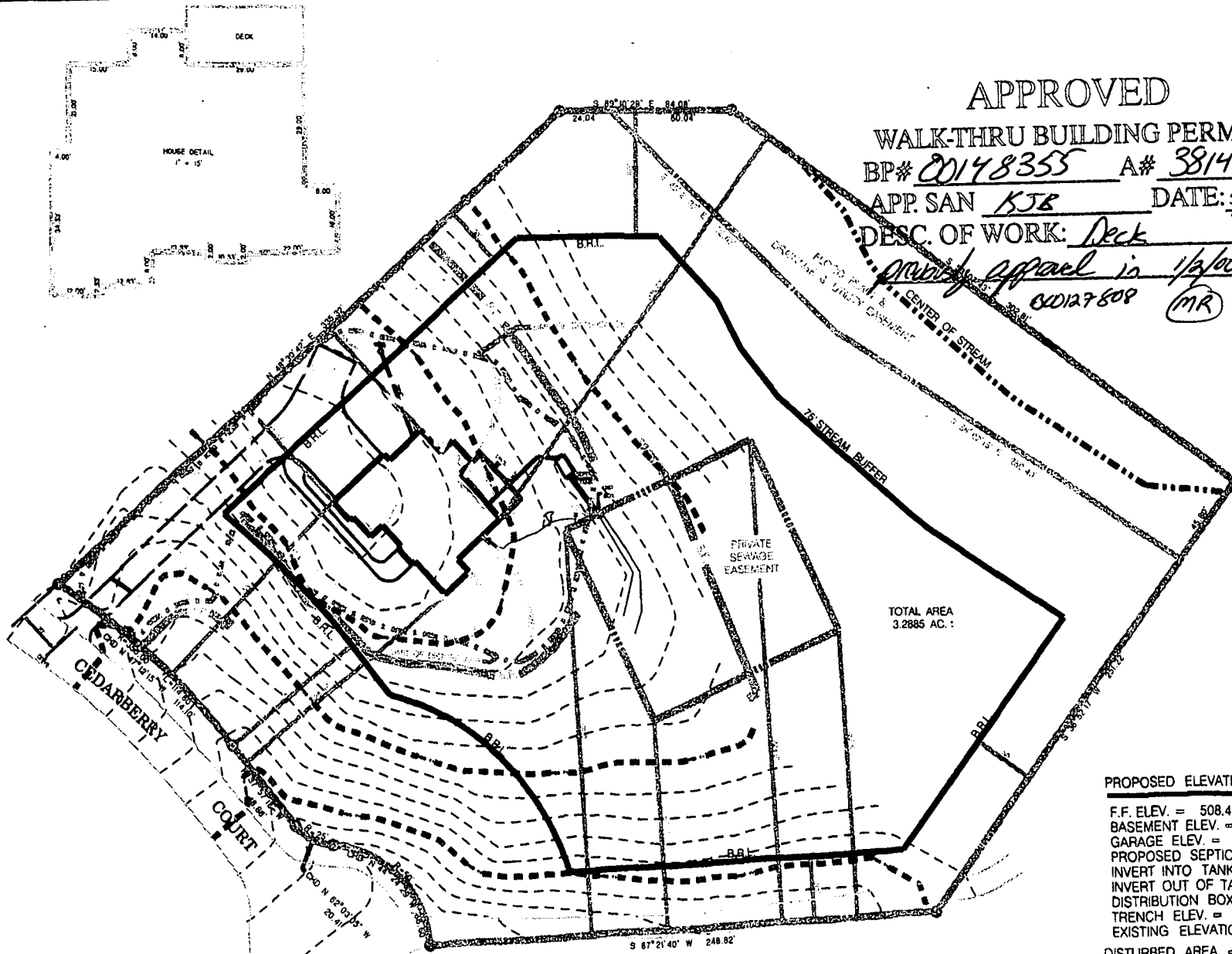
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APP. SAN KJB DATE: 5/22/04

DESC. OF WORK: Deck

Private Approval in 1/2/00

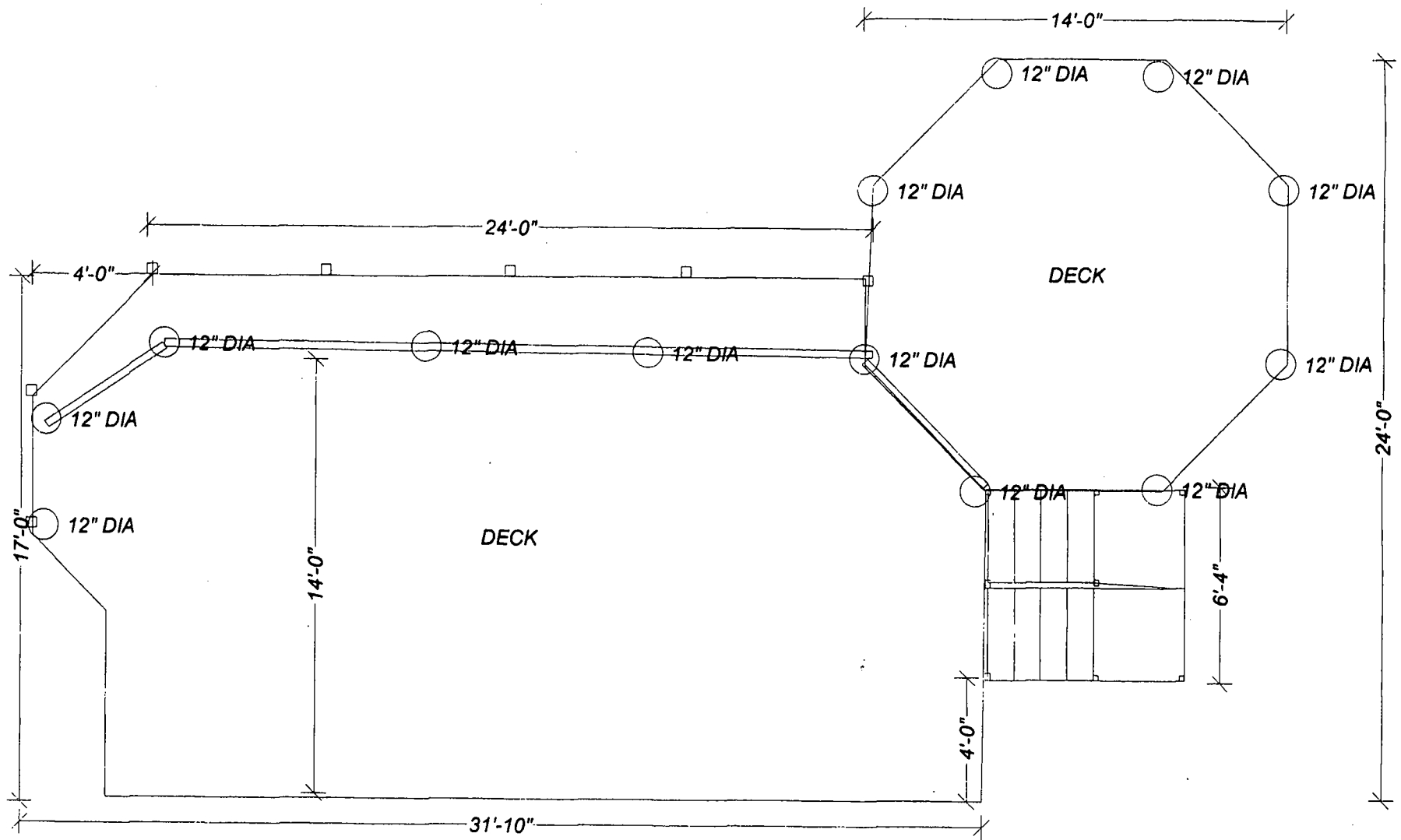
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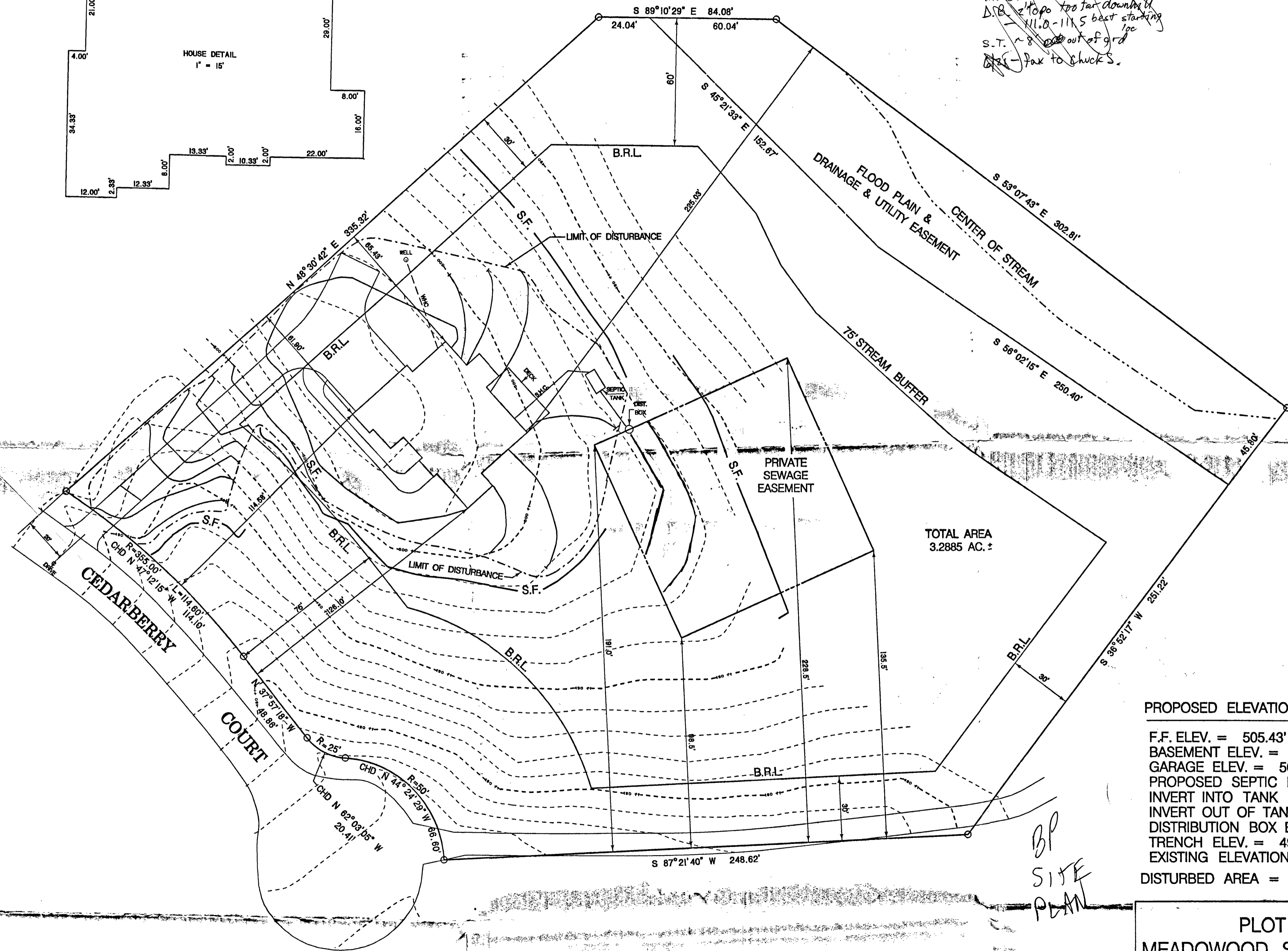
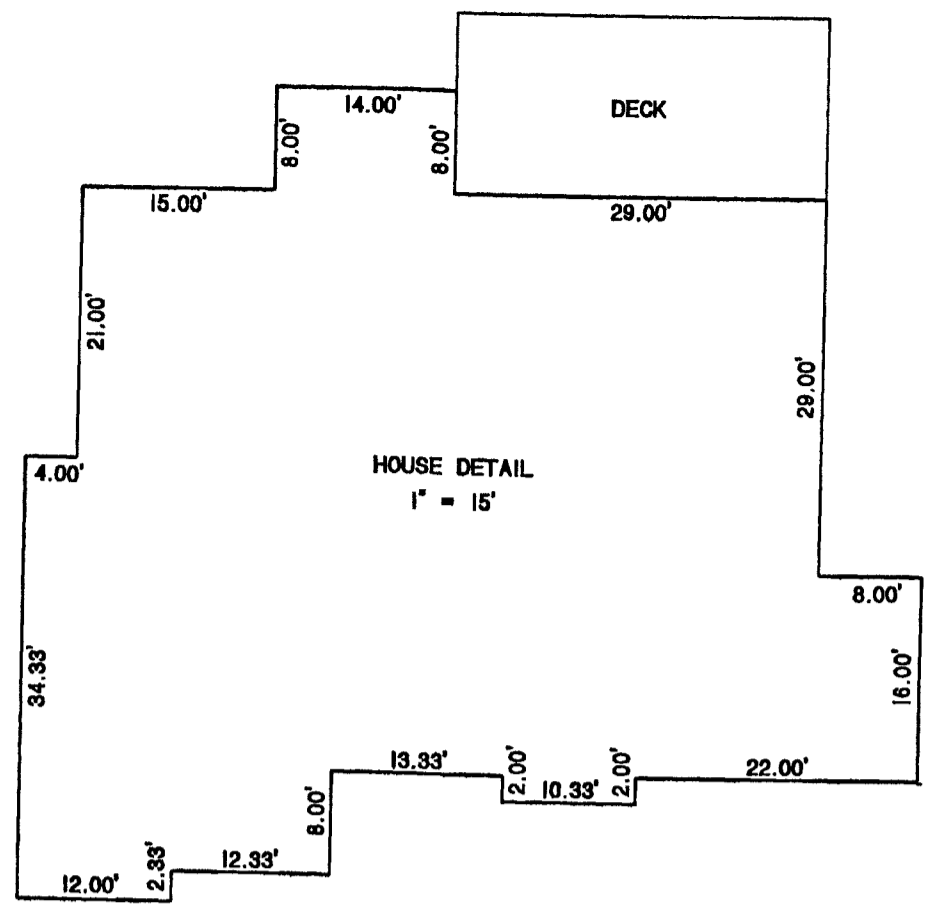
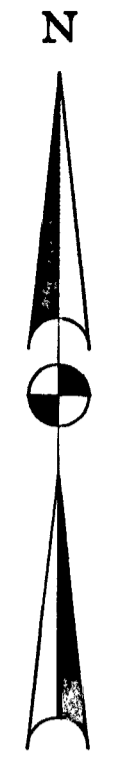
PROPOSED ELEVATIONS

- F.F. ELEV. = 508.47' \*
- BASEMENT ELEV. = 498.72' \*
- GARAGE ELEV. = 506.80' \*
- PROPOSED SEPTIC ELEV. @HOUSE = 497.0' \*
- INVERT INTO TANK = 493.3'
- INVERT OUT OF TANK = 493.0'
- DISTRIBUTION BOX ELEV. 492.7'
- TRENCH ELEV. = 492.5'
- EXISTING ELEVATION AT BOX 495.5'
- DISTURBED AREA = 26,750 SQ. FT.

PLOT PLAN REVISED 9082000  
MEADOWOOD SECTION 2 LOT 52  
SCALE: 1"=30' 1"=60'



Check 410-780 209-5023 CRICK  
 Schickner 3494 545 8970  
 Draftsman  
 1/2 MS9 to draftsman  
 B. Russo 5/24  
 House Inv. out of Grd  
 D.B. 2' top too far down hill  
 11.0-111.5 best starting  
 loc  
 S.T. r 8 out of grd  
 22' - tax to chucks.



TOTAL AREA  
3.2885 AC. ±

- PROPOSED ELEVATIONS**
- F.F. ELEV. = 505.43'
  - BASEMENT ELEV. = 495.68'
  - GARAGE ELEV. = 503.76'
  - PROPOSED SEPTIC ELEV. @HOUSE = 494.0'
  - INVERT INTO TANK = 493.3'
  - INVERT OUT OF TANK = 493.0'
  - DISTRIBUTION BOX ELEV. 492.7'
  - TRENCH ELEV. = 492.5'
  - EXISTING ELEVATION AT BOX 495.5'
  - DISTURBED AREA = 26,750 SQ. FT.

BP  
SITE  
PLAN

**PLOT PLAN**  
 MEADOWOOD SECTION 2 LOT 52  
 SCALE: 1" = 30'