

1/21/99
3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511131

A 50036-N

DISTRICT _____

DATE 12.3.98

DATE SYSTEM APPROVED 1/29/99

INSPECTOR AU

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

05-423651

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 89 Triadelphia Road Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Windy Knolls LOT 20 ROAD 6432 Prestwick Drive

PROPERTY OWNER Cornerstone Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS ***MANHOLE CLEANOUT REQUIRED***

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet down the right (192.97') lot line and 50 feet off this same lot line as seen when facing the lot from the pipestem off Prestwick Drive. Run trenches on contour towards Route 108.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK KM 10.1.98

PLANS APPROVED BY Donna K. Soe/Kim Maiste DATE 9-24-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

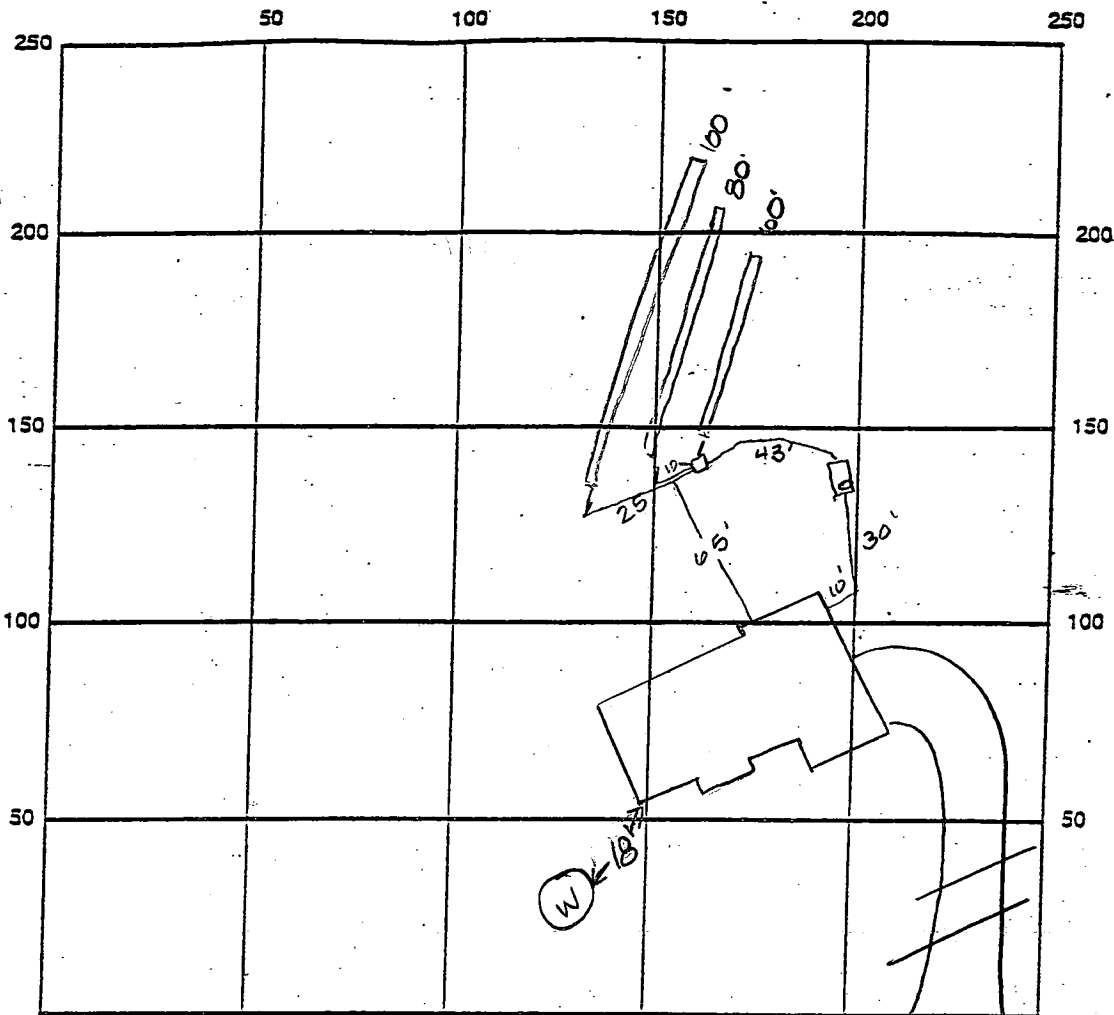
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

50036-N

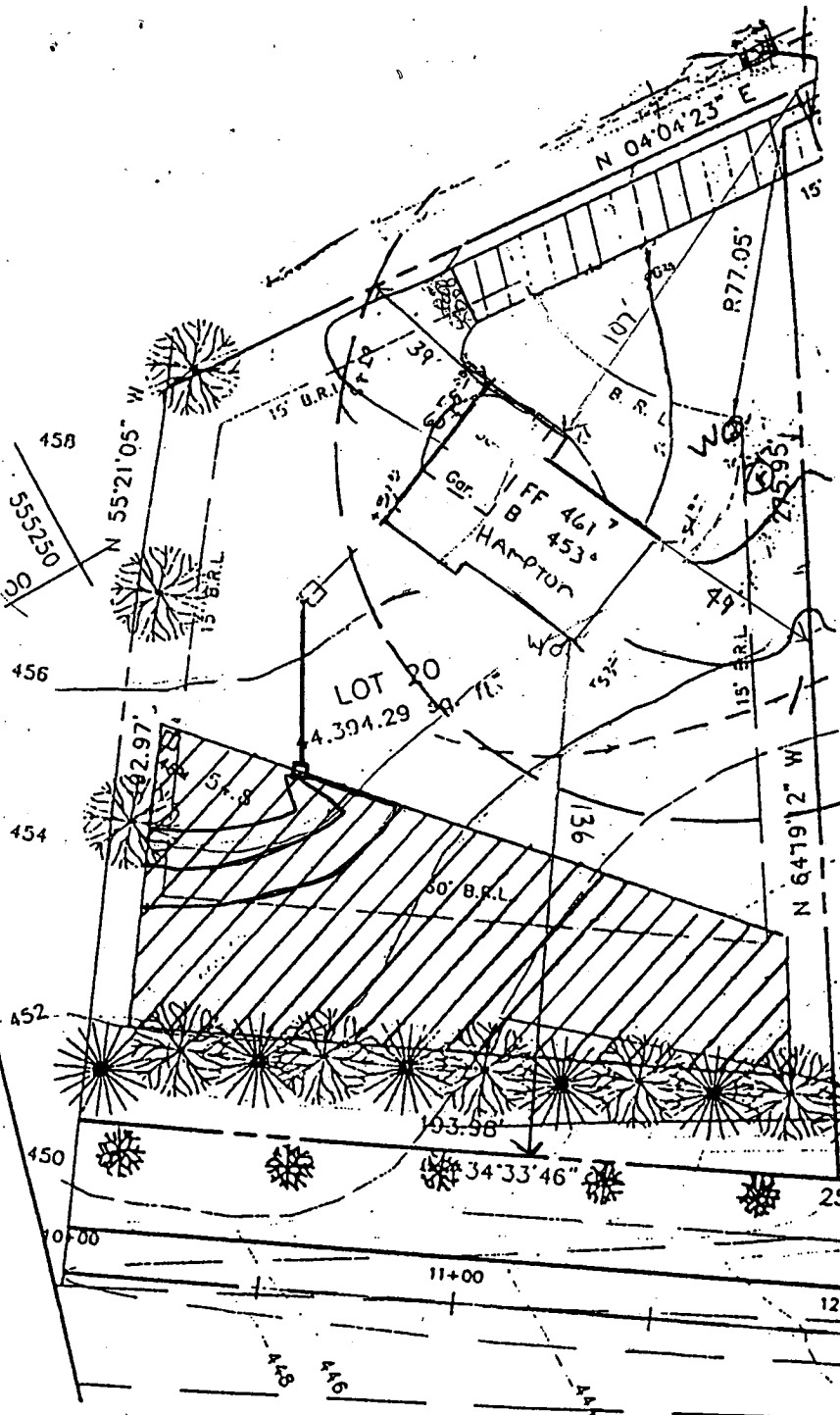


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Prestwick Drive

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 5.0 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 1/21/99 OK to cover all work AUA
1-22-99 WPI - casing less than 8" below grade, casing will need to
be raised in order to meet regulation; well in hole, final grading
needs to be changed, P.A. installed, needs 2pc cap (KM)

DATE SYSTEM APPROVED 1/21/99 INSPECTOR A M'Welle




SEPTIC ELEVATIONS

HOUSE OUT - 451⁵
 TANK IN - 451²
 TANK OUT - 450⁹
 BOX IN - 450³
 BOX OUT - 450⁰
 ELEV. AT BOX - 455⁰

Approved Septic System Plan
 Howard County Health Department

Kimberly Maick 9.24.98
 Signature Date

Total linear feet of trench
 required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 7 feet
 Depth of stone required below
 dist. to man pipe 2 feet

| | | |
|-----------------|--|--|
| PROJECT : | WINDY KNOLLS LOT 20 | |
| LOCATION : | TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND | |
| TITLE : | SITE DEVELOPMENT PLAN | |
| BUILDER : | CORNERSTONE HOMES INC. 9691 NORFOLK AVE. Laurel, MD 20723 | |
| DATE: 11-01-95 | PROJ. NO.: |  Voria Engineering Inc. CONSULTING ENGINEER 8307 MAIN ST., HISTORIC ELICOTT CITY, TEL: 410-463-0400 FAX: 410-463-C |
| SCALE: AS SHOWN | SHEET 2 OF 2 | |

APPLICATION

PERCOLATION TESTING

A 50036 N

P _____

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

DISTRICT _____

DATE 5/18/94

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 Clarksville Pike Joint Venture CORNERSTONE HOME

C/O Land Design + Development Inc
ADDRESS 10805 Hickory Ridge Rd Col Md 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Windy knolls LOT NO. 14 20

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)
(6432 Prestwick Drive)

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD - 4Brm
(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.

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

50036 N

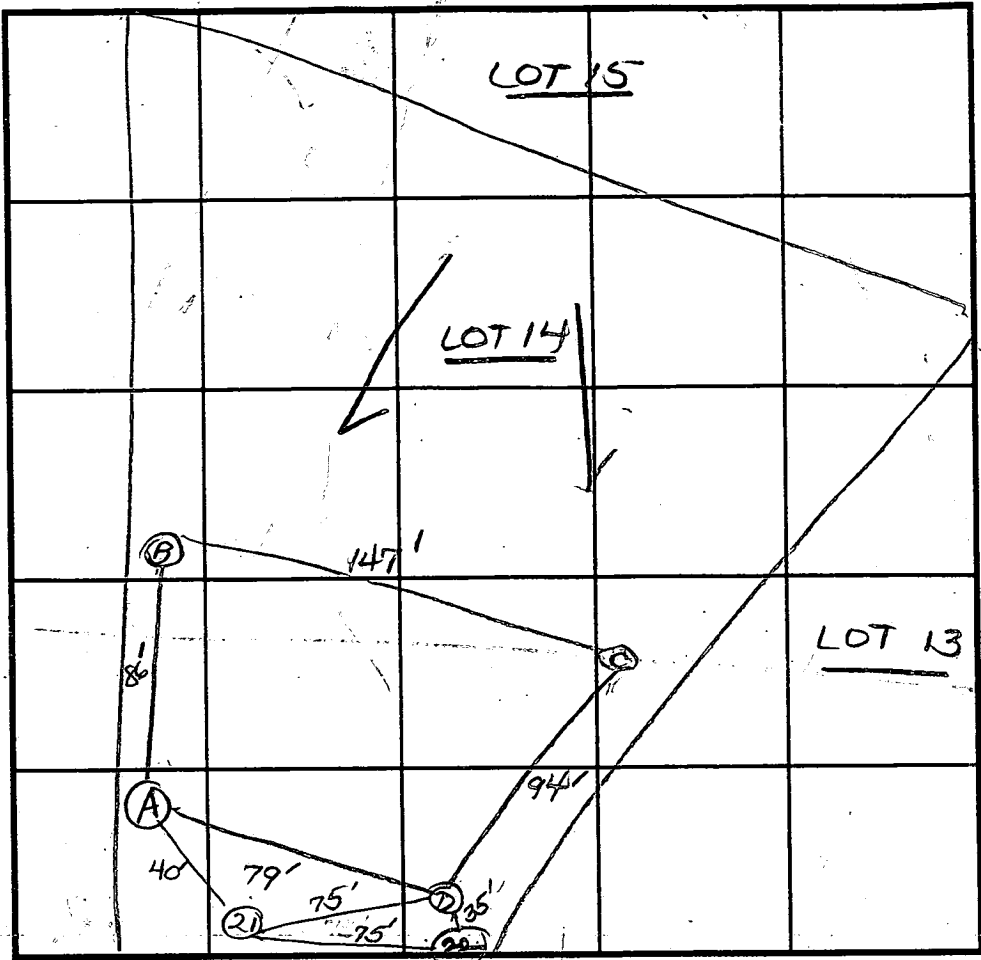
COUNTY #

SOIL PROFILE

0' (A)
 topsoil
 red br clay loam
 3'
 red br silty loam
 15% rock frags
 11'

0' (B)
 topsoil
 red br clay loam
 3'
 br silty loam
 15% rock frags
 11.5'

0' (D)
 topsoil
 red br clay loam
 3'
 lt br-br silty loam
 15% rock frags
 12'



SOIL PROFILE

0' (21)
 topsoil
 dk or br cl lm
 or br to tan si LM
 5-10% rock frags
 11.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Re. 108

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|---------|----------------------|---------------------|---------------------|---------------------|------|
| | | | START | STOP | START | STOP | |
| 5/26/94 | A | 6.0' | 10:15 ₃₀ | 10:21 ₃₀ | 10:21 ₃₀ | 10:27 | 6 |
| | | 11.0' D | see profile | | | | |
| | B | 11.5' D | visual - see profile | | | | |
| | D | 5.0' | 10:33 | 10:35 | 10:35 | 10:37 | 2 |
| | | 12.0' D | see profile | | | | |
| | C | 4.0' S | 10:40 ₃₀ | 10:42 ₃₀ | 10:42 ₃₀ | 10:44 ₃₀ | 2 |
| | | 8.0' M | 10:40 | 10:41 ₃₀ | 10:41 ₃₀ | 10:43 ₃₀ | 2 |
| | | 13.0' D | see profile | | | | |
| 12/8/94 | 21 | 6.0' S | 12:14 | 12:18 | 12:18 | 12:28 | 10 |
| | | 12.5' D | see profile | | | | |

REMARKS Tested as stated

TYPE OF SOIL _____

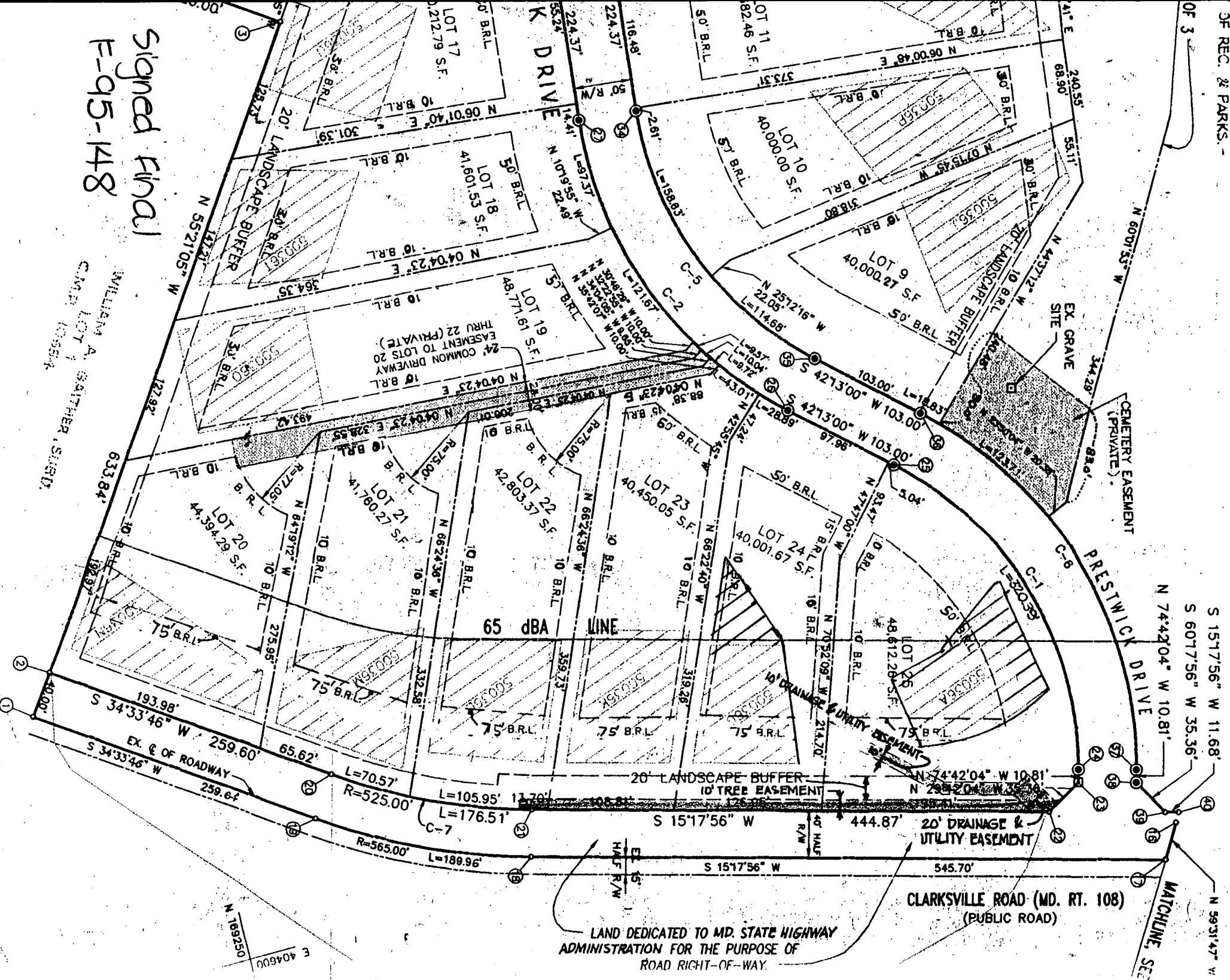
TESTED BY D. SOE ALSO PRESENT O.K. Jr's wife

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 2'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 180

Signed Final
E-95-148

WILLIAM A. SAATHER, SURV.
CAMP LOT 1 SAATHER, SUBD.



LAND DEDICATED TO MD. STATE HIGHWAY
ADMINISTRATION FOR THE PURPOSE OF
ROAD RIGHT-OF-WAY.

CLARKSVILLE ROAD (MD. RT. 108)
(PUBLIC ROAD)

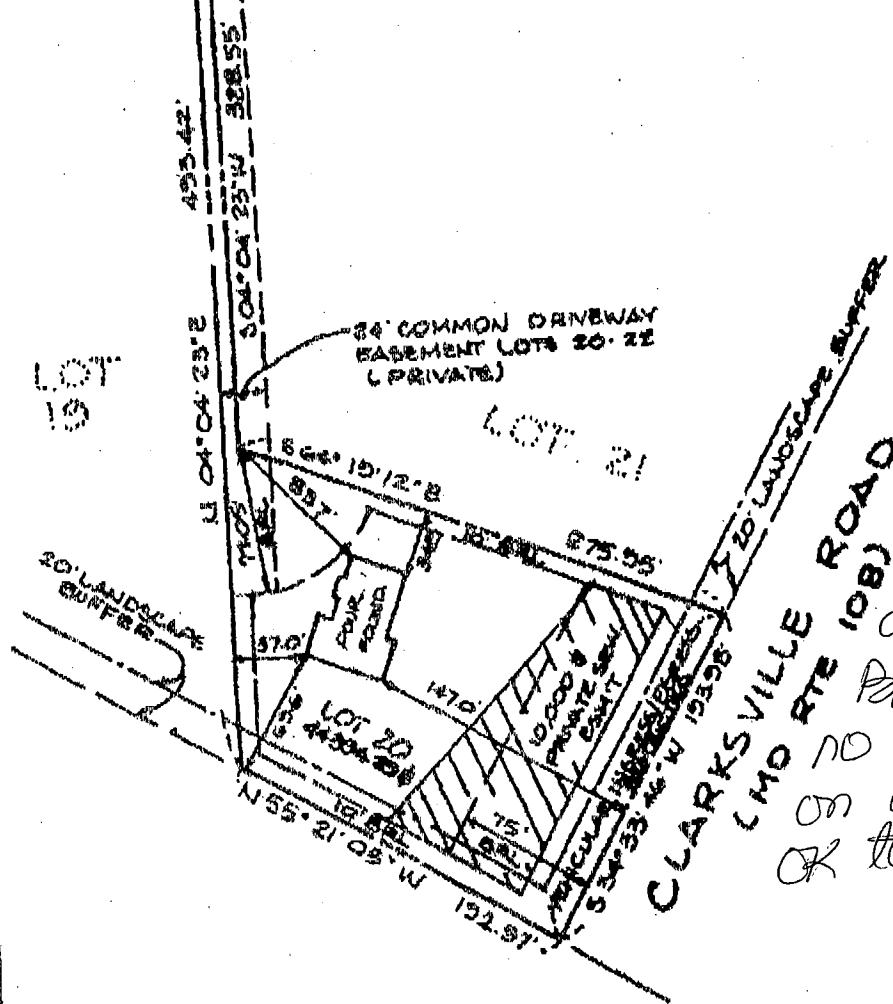
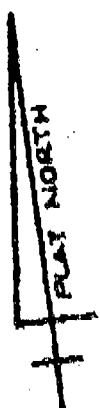
N 74°42'04" W 10.81'
S 15°17'56" W 11.68'
S 60°17'56" W 35.36'

N 59°31'47" W

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

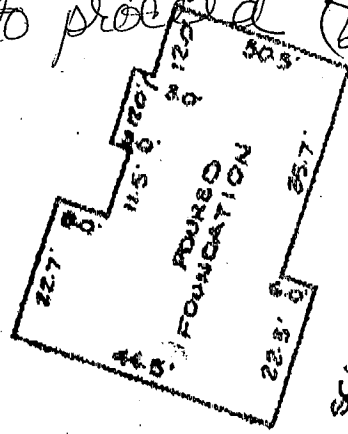
PRESTWICK DRIVE

N 32° 46' 25" W 10.00'
 P = 841.00'
 L = 857'
 S 82° 22' 35" E 10.00'



1/7/99
have location different than PP site plan - no adverse effect on well/septic system - OK to proceed (DAS)

TOP OF FOUNDATION WALL ELEV. = 46±.2'



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THIS PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare
 PETER J. DARE
 MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 12228
 FEMA FIRM No. 240044 0052 B
 DATED DECEMBER 4, 1986

BENCHMARK

ENGINEERING INC.

9480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELlicOTT CITY, MD 21043
 PHONE: 410-405-6105 FAX: 410-405-0644



LOCATION DRAWING
WINDY KNOLLS
LOT 20
6432 PRESTWICK DRIVE

5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' DATE: 12-24-86

C 1 4174 SEQUENCE NO. (MDE 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 50036N

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
040396

Depth of Well
150
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-0734

OWNER Land Design & Dev.
 STREET OR RFD Route 108 TOWN CLARKSVILLE
 SUBDIVISION Windy Knolls SECTION _____ LOT 20

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 | 5 | |
| Brown shell | 6 | 25 | |
| SAND stone | 26 | 150 | ✓ |
| Mud rock | | | |
| GOT WATER AT | | | 90 |
| | | | 145 |

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 752
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 41 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) 7 Total depth of main casing (nearest foot) 150

OTHER CASING (if used)
 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

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.

TYPE MWD MSD MGD
 DRILLERS LIC. NO. 410

DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 500-062

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

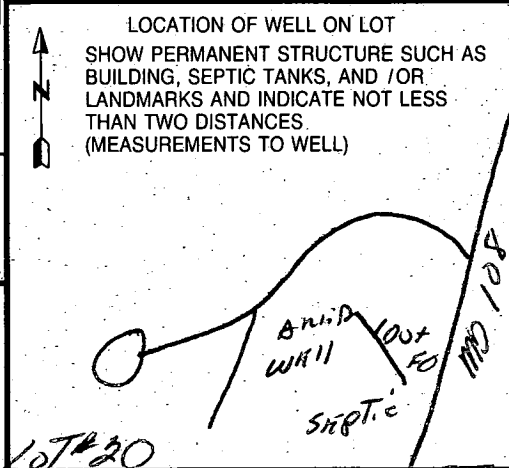
C 2
 DEPTH (nearest ft.)
 1 HO 42 150
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____
 10 _____
 11 _____
 12 _____
 13 _____
 14 _____
 15 _____
 16 _____
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 37 _____
 38 _____
 39 _____
 40 _____
 41 _____
 42 _____
 43 _____
 44 _____
 45 _____
 46 _____
 47 _____
 48 _____
 49 _____
 50 _____
 51 _____

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 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 _____
 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 32 ft.
 WHEN PUMPING 40 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 WILL INSTALL 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
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 F above } LAND SURFACE
 below } 1 (nearest foot)



| | | | | |
|------------|-------------|-------------------------------|--|---|
| B 1 | 3234 | SEQUENCE NO. (DP USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type | STATE PERMIT NUMBER 40-94-0734 <small>70 fill in this form completely 79</small> |
|------------|-------------|-------------------------------|--|---|

OWNER INFORMATION

Date Received (APA) **02-28-96**

LAND DESIGN + DEVELOPMENT INC

15 Last Name: **HALEY** Owner: **HALEY** First Name: **DAVID**

36 Street or RFD: **10805 ALEXANDER RIDGE RD**

57 Town: **COLUMBIA** 70 State 72: **MD** Zip 76: **21193**

LOCATION OF WELL

HOWARD

8 COUNTY: **WINDY HILLS**

23 SUBDIVISION: **CLARKSVILLE**

SECTION: **7** LOT: **20**

52 NEAREST TOWN: **CLARKSVILLE**

MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION

MSD/MGD/MWD: **410**

Driller's Name: **GARY W SHOFF**

Firm Name: **Haley Drilling & Pump Systems**

Address: **P.O. Box 160 Walkersville, MD 21793**

Signature: *Gary W Shoff* Date: **2-26-96**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: **MD 108**

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

DISTANCE FROM ROAD: **500**

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): **3**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name: **Howard** County No.: **50036 N**

STATE SIGNATURE: _____ DATE ISSUED: **3/25/97**

CO-SIGNATURE: _____ EXP. DATE: _____

NORTH GRID: **496000** EAST GRID: **0896000**

APPROXIMATE DEPTH OF WELL: **200** FEET

APPROXIMATE DIAMETER OF WELL: **6"** NEAREST INCH

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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 DEEPEAN AN EXISTING WELL

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

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER: **GAP**

FORCE: **DS** WRITE INITIALS IN BOX

PERMIT No.: **40-94-0734**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8106

4906

4-3-96-10:30 AM

4/3/96 NO GROUT YET DUE TO MUD - GROUT VERY LATE THIS PM MR 42' CASING

MD 108

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

N

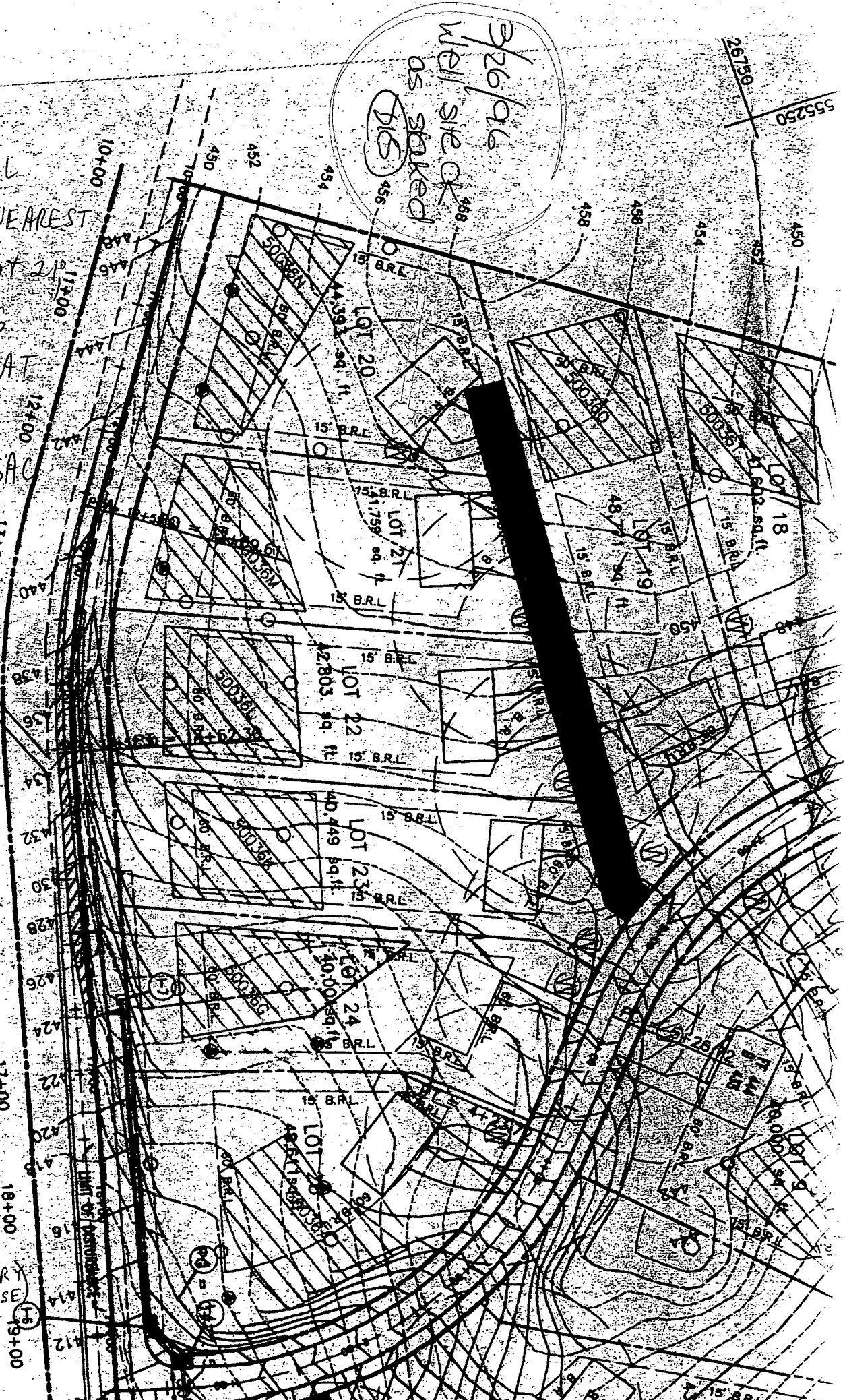
Lot # 20

wendy Knollie

MD 108

3/26/96
Well site OK
as shown
(D/S)

DRILLED WELL
~65' FROM NEAREST
LOT COR W/ LOT 21
ALSO GRADING
DONE FOR WHAT
APPEARS TO BE
A NEW CUL-DE-SAC
IN PLACE OF
COMMON DRIVE
(DARK BAR →)
~~RET~~
CENTER OF
CUL-DE-SAC
TO WEST OF
LOT COR AS
STAKED IN
FIELD (i.e., CUL-
DE-SAC MOSTLY
ON LOT 20); NO
IMPACT ~~BY~~
BY GRADING ON
LOT 19
SEPTIC; NORTH
LOT 20
WELL ~55' FROM
CENTER OF
CUL-DE-SAC (VERY
CLOSE)
MR 4/3/96





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 1, 1996

MEMORANDUM

TO: Mr. Gary W. Shaff
Harley Well Drilling and Pump Systems
P.O. Box 160
Walkersville, Maryland 21793

FROM: Donna K. Soe, Sanitarian *(DKS)*
Water and Sewerage Program
Howard County Bureau of Environmental Health

3/7/96
License
reinstated
per Mr.
Everett
(DKS)

This is to inform you that all well permit applications received February 28, 1996 from you by this office (Windy Knolls, Lots #1, 7, 20, 25; Brierly, Lot #6; and Hedgerow, Lot #16) are rejected due to the inactive status of your well drilling license. Information regarding your license was obtained directly from the Maryland Board of Well Drillers (Mr. Willie Everett).

It is advised that you contact the Board of Well Drillers to resolve this issue. The Board has agreed to notify this office once your license has been reinstated.

DKS

cc: file
Land, Design and Development, Inc.
Hedgerow Associates
Clarksville Associates

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-W Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date 4/2/99
 Name of Installer FEAGA Pkg & Htg Co. Telephone 410-465-1401
 License Number 6318
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Preswick Drive Telephone _____
 Subdivision Windy Knolls Lot # 20 Well Tag # HO-94-0234
 Site Address _____

Pump Motor Pitless Adapter
 1. Type 1. Horsepower 1/2 1. Make Cambell
 a. Deep well jet _____ 2. RPM _____ 2. Model # _____
 b. Shallow well jet _____ 3. Voltage _____ 3. Depth 4 ft
 c. Submersible _____ e. 110 _____
 2. Make Goulds b. 220 _____
 3. Model # 7G505412
 4. Capacity 7 GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other

Tank Piping Well data
 Capacity 25 gal 1. Type DE 1. Depth 150 ft.
 Pressure relief 2. Size 1/2 2. Yield 15 GPM
 valve? Yes 3. NSF and/or BOCA Code approved 3. Static water level _____ ft.
 4. Depth of supply line 130 ft 4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
 Signature of Applicant: [Signature]
 Date: 4/2/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.