

PERMIT

05-362970

P 25643

A 24454

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 4/18/77

Howard F. Bankes

IS PERMITTED TO INSTALL ALTER

Home: 997-8712

ADDRESS 6422 Chell Road, Columbia, Md. 21044

PHONE Work: 461-9100

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION ROAD 6555 Cedar Lane LOT

PROPERTY OWNER Howard F. Bankes

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL AND TRENCH - Dry well to have 375 sq. ft. sidewall area. Inlet at 3 ft. and maximum depth 11 ft. below original grade. Locate the dry well 20 ft. from right lot line and 200 ft. from the center of Cedar Lane, as seen when facing from Cedar Lane. NO TRENCH NEEDED IF THREE BEDROOM HOUSE.

NOTE: IN NO CASE IS ANY DRY WELL TO EXCEED 15 FEET IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

PLANS APPROVED BY William W. Zepp DATE 12/13/76

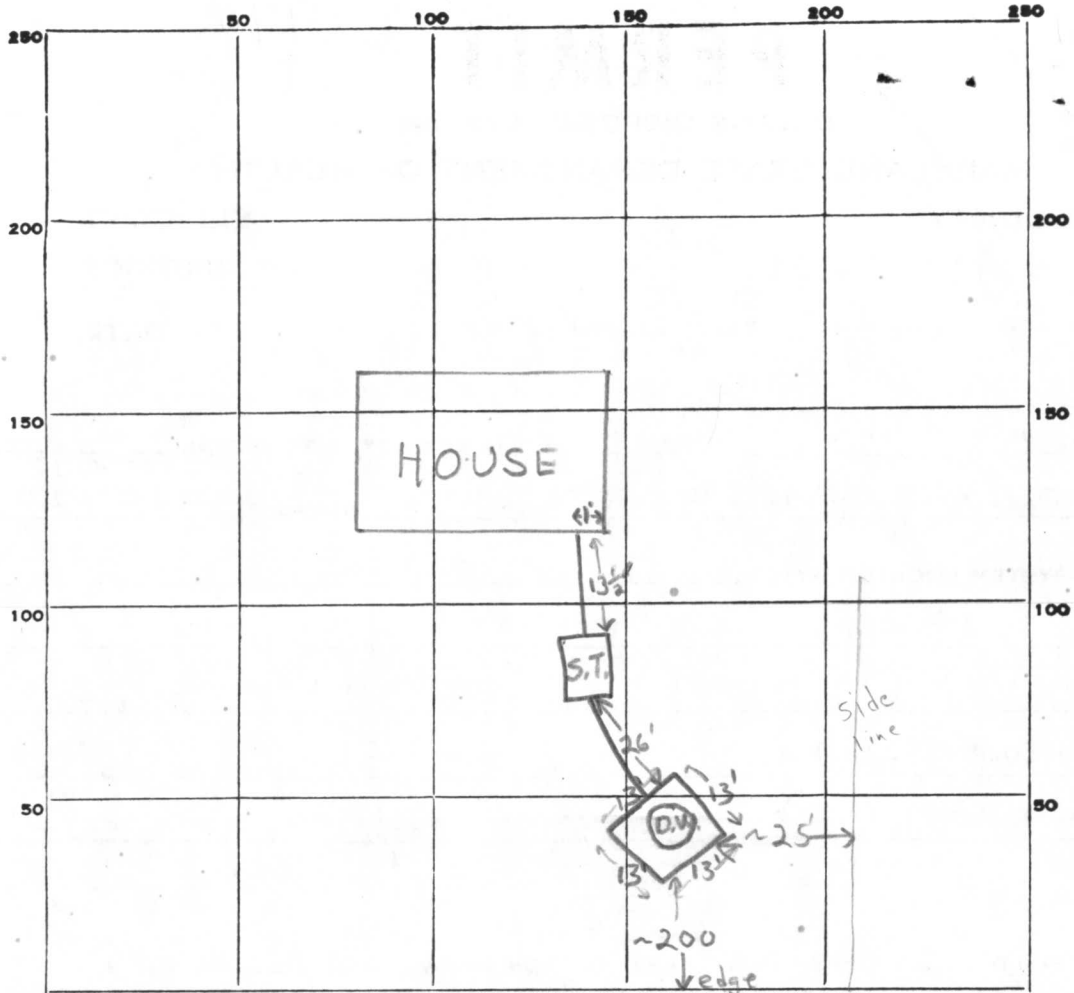
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED AND RETURNED 1/22/92

Serial # 40912
addition - 2 story
garage + family room

A 24454



INDICATE NORTH, NAME ADJOINING ROADWAY AS BASE LINE.

Cedar Lane

PERMIT CARD signed/initials O.K.

SEPTIC TANK, LEVEL

S.T.	D.W.
O.K.	O.K.

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, ^{OUTSIDE PERIMETER} INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 8 1/2 (8' useable) FT.

ABSORBENT AREA ±416 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/21/77

INSPECTOR F. Skinner

5/8/00
ASAP

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____ Receipt # _____
Date _____

Name of Installer Tod Wolfe Telephone 410 795 6470

License Number 3341 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Howard Bankes, Jr Telephone 410 531-3192
Subdivision _____ Lot # _____ Well Tag # HO-94-2480
Site Address 6535 Cedar Ln, Columbia 21044

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make _____
a. Deep well jet _____ 2. RPM 3450 2. Model # _____
b. Shallow well jet _____ 3. Voltage 230 3. Depth 30
c. Submersible ✓ a. 110 _____
2. Make Jacuzzi b. 220 ✓
3. Model # T754518B-SZ
4. Capacity 5 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 tape

Tank EXISTING Piping Well data
1. Capacity _____ 1. Type 160# 1. Depth 340' ft.
2. Pressure relief valve? 40 GAL? 2. Size 1" 2. Yield 3.5 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 30 ft.
4. Depth of supply line 320' 4. Will water supply be disinfected by installer? _____

5/8/00 Pitless O.K. Grout O.K.
HO-94-2480 O.K. to Cover
BB

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).

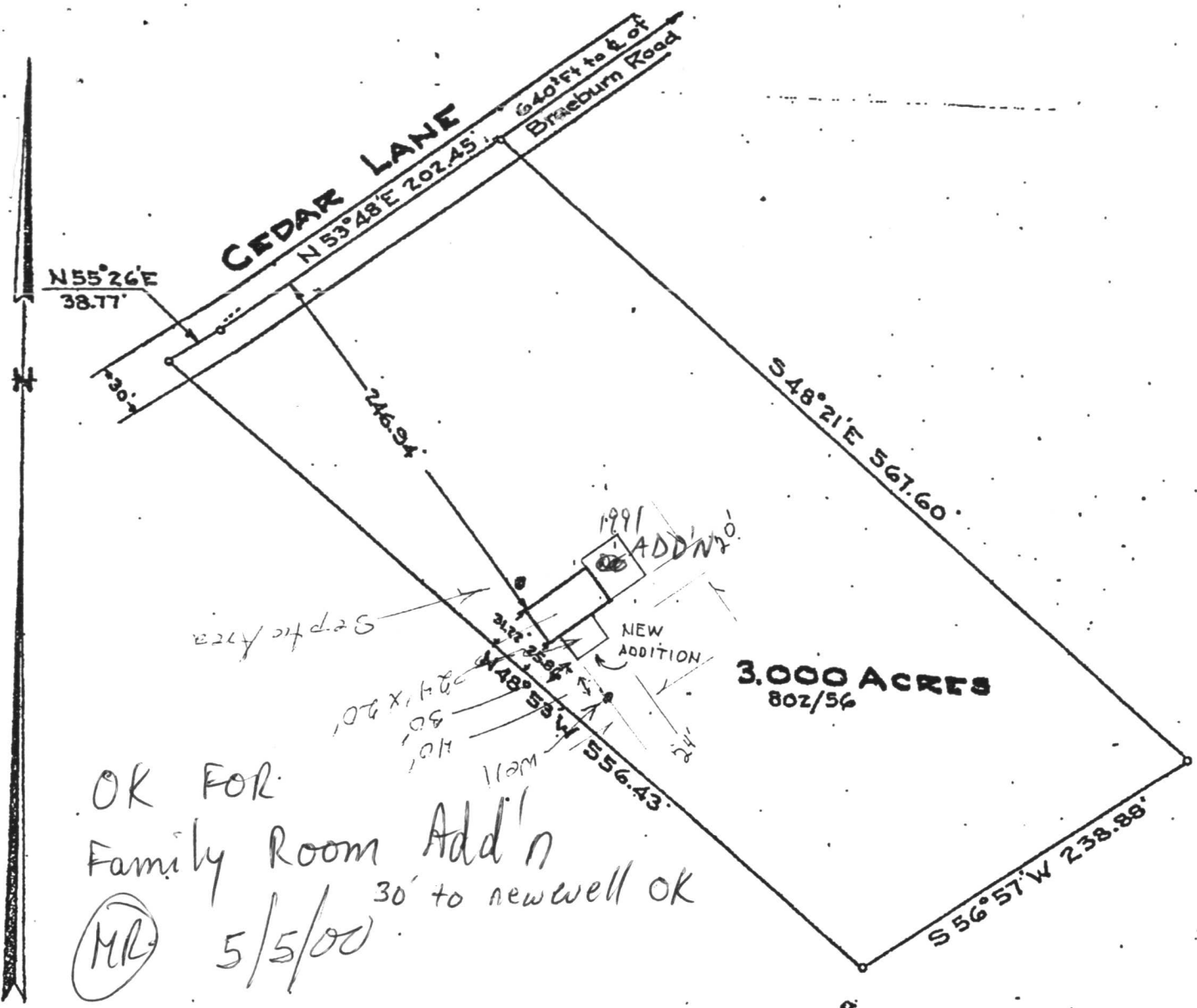
All information given above is true to the best of my knowledge.

Signature of Applicant: Howard Bankes, Jr (owner)
Date: 5/5/00

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

RECEIVED

JULY 05 2000



OK FOR:
 Family Room Add'n
 30' to new well OK
 (ML) 5/5/00

LOCATION SURVEY
FOR
HOWARD F. BANKES
FIFTH ELECTION DIST., HOWARD COUNTY
SIMPSONVILLE, MARYLAND.
SCALE: 1 IN. = 100 FT. JAN. 6, 1977

SURVEYOR'S CERTIFICATE
 I hereby certify that the improvement shown hereon
 has been located by a transit-tape survey and there are
 no encroachments.

Robert E. Rosser
 Robert E. Rosser,
 Reg. Professional Land Surveyor
 No. 8715



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) 313-3900	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00123682
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Building Address <u>6555 Cedar Ln</u> <u>Columbia 21044</u>	Property Owner's Name <u>Howard Bankes Jr.</u> Address <u>6555 Cedar Ln</u>
Suite/Apt. #: _____ SDP/W/P/Petition #: _____	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u>
Census Tract <u>0752</u> Subdivision <u>A</u>	Home Phone <u>(410) 531-3192</u> Work Phone <u>(410) 301-572-0700</u>
Section <u>14</u> Area <u>14</u> Lot <u>14</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Tax Map <u>35</u> Parcel <u>200</u> Grid <u>23</u>	Phone _____ Fax _____
Zoning <u>R2</u> Map Coordinates <u>151311</u> Lot size _____	Contractor Company _____

Existing Use <u>S.F.U.</u> Proposed Use <u>Multipurpose room</u> Estimated Construction Cost \$ <u>2,000.00</u> Description of Work <u>1 story Addition built to existing structure</u> <u>Family Rm</u>	Contact Person <u>OWNER</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>Owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person <u>OWNER</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>450</u> Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities 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 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 checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>30</u> <u>24</u> 2nd floor: _____ Basement: <u>20</u> <u>24</u> Finished Basement <input 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 _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Addition</u> Dimensions: <u>20x24</u> Footings: <u>Concrete</u> Roof: <u>Asphalt Shingle</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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 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 checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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 THERE TO; (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.

Howard F. Bankes Jr.
 Applicant's Signature: _____ Title/Company _____
Howard F. Bankes Jr.
 Print Name: _____ Date: 5/14/00

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: _____	44978
<input checked="" type="checkbox"/> State Highways			Rear: <u>20 min</u>	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: <u>10 min</u>	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>5/5/00</u>	<u>Mark E. Kiffin</u>	Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met?	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>4788</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>30578</u>
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

C 4361
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) _____
 DATE WELL COMPLETED 4-29-77
 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER _____

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-1830
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER BANKER, HOWARD
 LAST NAME FIRST NAME
 STREET OR RFD 6555 CEDAR L.H. POST OFFICE COLUMBIA MD

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shaly SANDSTONE	2	15	
SANDSTONE	15	40	✓
MICA	40	80	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 44 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY
 45 46 45 46

NO. OF BAGS 12 NO. OF POUNDS 120
 GALLONS OF WATER 62

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 29 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 31
 60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2 (SEQ. NO.)

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)
 FROM 10 TO 80
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA 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 AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15
 11 15

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 30 (NEAREST FOOT) 20
 WHEN PUMPING 22 (NEAREST FOOT) 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 27 27 27
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 27 27 27
 JET SUBMERSIBLE
 27 27

PUMP INSTALLED

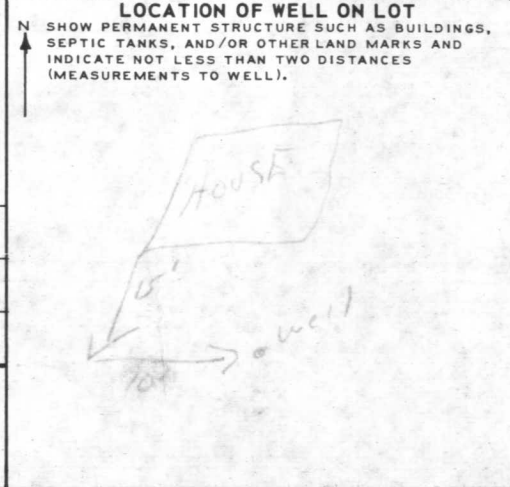
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 35
 PUMP HORSE POWER _____ 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT) _____
 - BELOW } 2 (NEAREST FOOT) 50 51



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

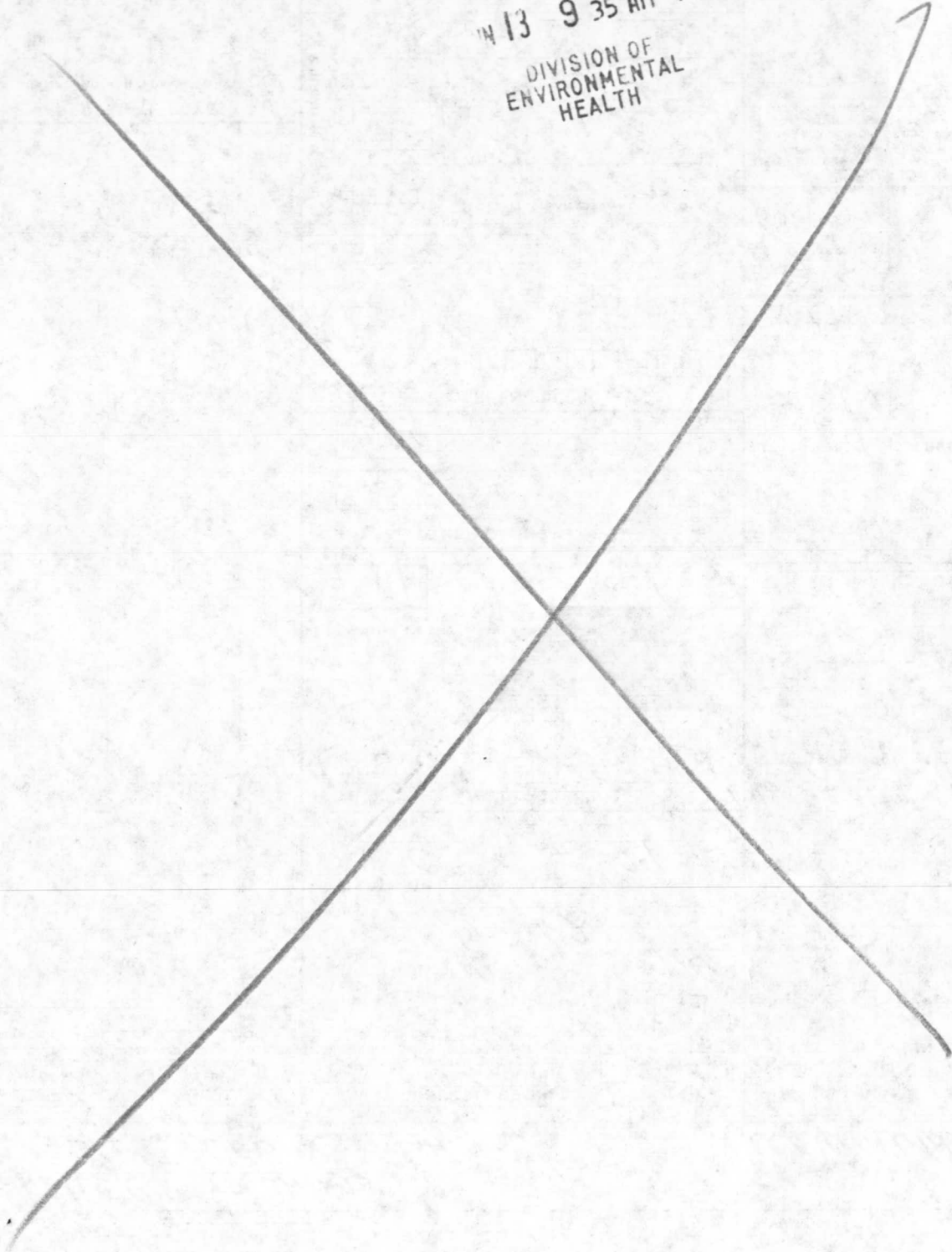
DRILLERS NAME _____

(PLEASE PRINT) LEE EASTERDAWY
L. E. Easterday

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

APR 13 9 35 AM '71

DIVISION OF
ENVIRONMENTAL
HEALTH



HOWARD COUNTY

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/3/2000 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) Ho - 73 - 1830

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 94 - 2480

* PERSON ABANDONING WELL: Joseph E. Mayne

WELL DRILLERS LICENSE NUMBER: 024

* OWNER'S NAME: Howard Banker BANKERS

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Columbia

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 6555 Cedar Lane

MARYLAND GRID COORDINATES

E 830

BOX NUMBER

N 490

x	
0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 3/8 INCHES IN DIAMETER

* DEPTH OF WELL: 85 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 34

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	40
Washed gravel	40	85

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD
 CIRCLE ONE

DATE



RECEIVED
WARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH
2000 AU 15 PM 12:07

B 1 14368

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2480 fill in this form completely

Date Received (APA) 10-7-99

OWNER INFORMATION

Bankes F. Howard 6555 Cedar Lane Columbia Md 21044

B 3 Howard LOCATION OF WELL

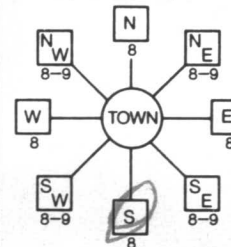
8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Columbia 57 TOWN 70 State 72 Zip 76 MILES FROM TOWN (enter 0 if in town) 242 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D 24 5512 Ridge Rd. Mt. Airy Md. 21771 10/5/99

B 4 1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6555 Cedar Lane 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 220 37 DISTANCE FROM ROAD FT 38 39

TAX MAP: 35 BLK: 23 PARCEL 260

B 2 WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A24454 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10-27-99 Mark E. Pelkin 10-27-00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 495 000 EAST GRID 831 000 50 55 57 63

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

APPROXIMATE DEPTH OF WELL 280 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REverse-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

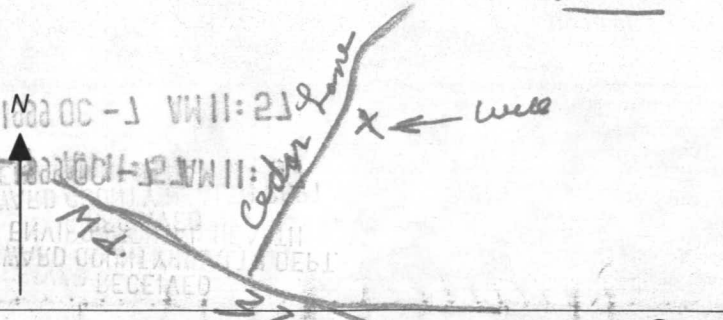
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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 8301 N 4905

11/4/99 Short 9:30 No insp A

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

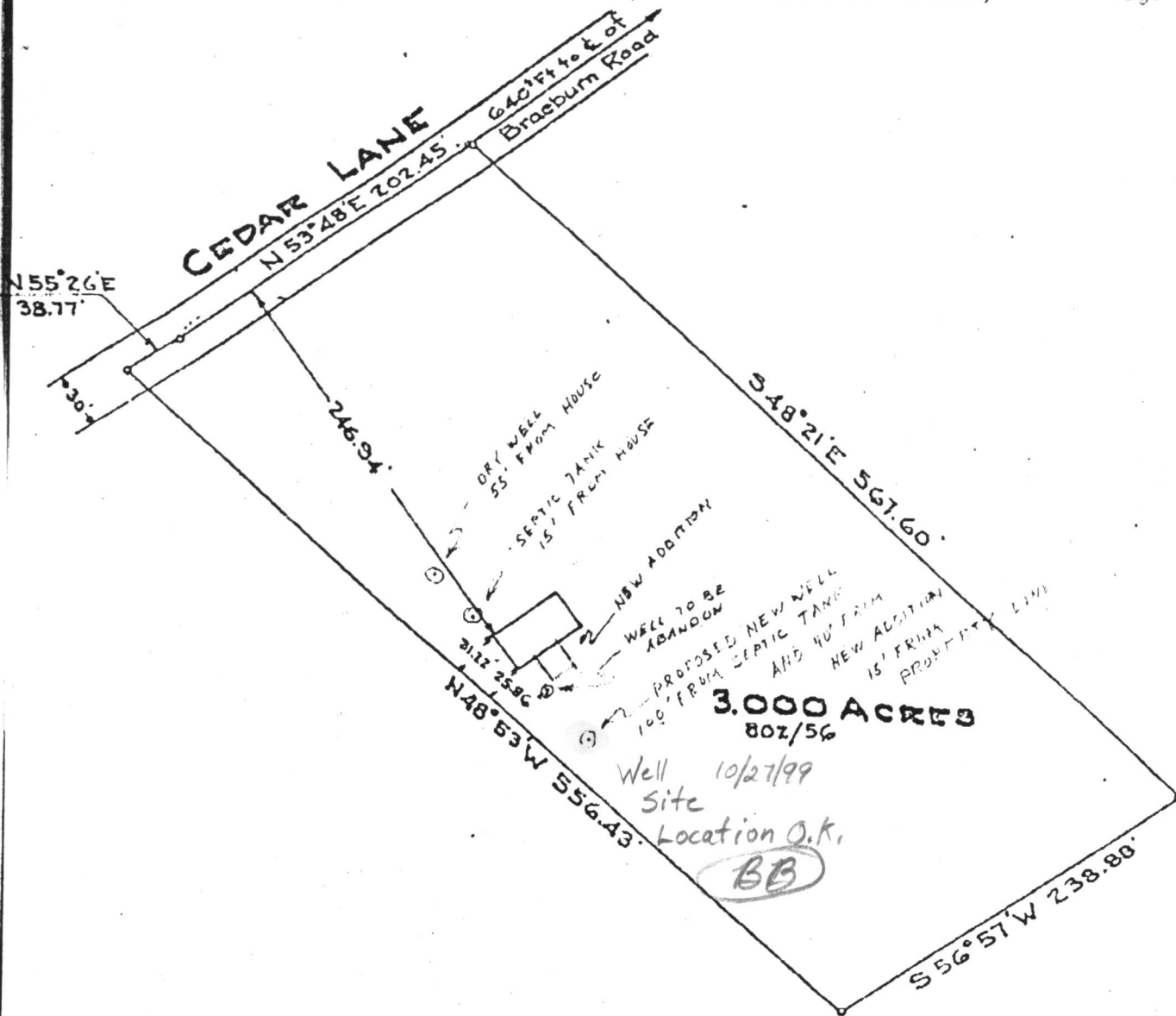


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. HO - 94 - 2480 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LOCATION SURVEY
FOR

HOWARD F. BANKES

FIFTH ELECTION DIST., HOWARD COUNTY
SIMPSONVILLE, MARYLAND.

SCALE: 1 IN. = 100 FT. JAN. 6, 1977

SURVEYOR'S CERTIFICATE

I hereby certify that the improvement shown hereon has been located by a transit-tape survey and there are no encroachments.

Robert E. Roser

Robert E. Roser,
Reg. Professional Land Surveyor
No. 8715



RECEIVED
HOWARD COUNTY HEALTH DEPT
EMERGENCY SERVICES

1999 OCT -7 AM 11:57

APPLICATION

A 24454

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE 11/8/76

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Retest
12/10/76
9:30 A.M.
1:30 P.M.

↳ Mr. Fyock did not show. w.e.

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 Rose Peters property (Contract Purchaser - H. F. Bankes)

ADDRESS 6422 Chell Drive, Columbia, Md. 21044 PHONE 997-8712
Work: 461-9100

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Cedar Lane - next to 6547 Cedar Lane

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

BLDG. PERMIT SIGNED
AND RETURNED 12/8/76
30214

SIGNATURE OF APPLICANT H. F. Bankes

APPROVED BY William H. Fyock FOR Drywell w/ no tank DATE 12/13/76
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/10/76	8	4	1:43	1:47	1:47	1:56	8
	8-A	13	1:43	1:44	1:44	1:47	3
	9	4	1:58	1:59	1:59	2:01	2
	9-A	12	1:58	2:00	2:00	2:07	7

REMARKS System in 9, trench w contour

TYPE OF SOIL Sandy stone type

TESTED BY WNZ ALSO PRESENT: Banks, Fyock

APPLICATION

RECORDED

A 23945

10/13/76
9:30 A.M.

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 9/21/76

2-382 - 1000 gal
452 - 125 gal

The D.W. will be located 240 ft in from the road and 20 ft in from the right prop. line as seen from the road. The inv. will enter the D.W. @ 3' below o.c. with the max depth of the D.W. not to exceed 10' below O.G. There will be no less than 125^{sq} ft of sidewalk area per bedroom.

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 Rose Peters property (Contract Purchaser - H. F. Bankes)
Any questions call Mr. Isely,
ADDRESS 6422 Chell Drive or Road, Columbia, Md. 21044 PHONE 922-5000

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. _____
ROAD AND DESCRIPTION Cedar Lane next to 6547 Cedar La.

SIZE OF LOT 3.000 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____
IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Ralph D. Isely

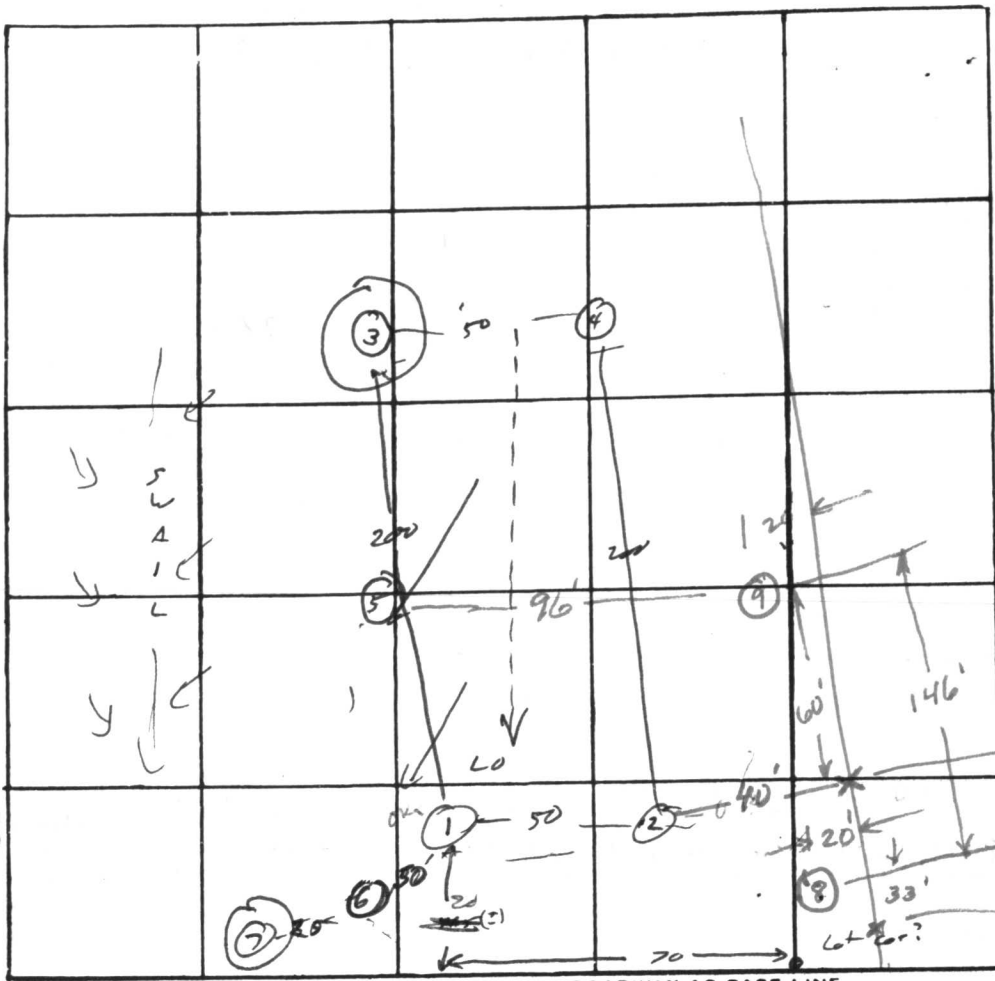
APPROVED BY R. Moorfield FOR Dry Well DATE 10/25/76
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



① ② ④
 0
 12 1/2
 sandy

⑤
 0
 clays, rocks & (some sand mixed)
 8

③ ⑤
 0
 sim to 1, rocky as get lower (sandstone-type granite)
 10

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

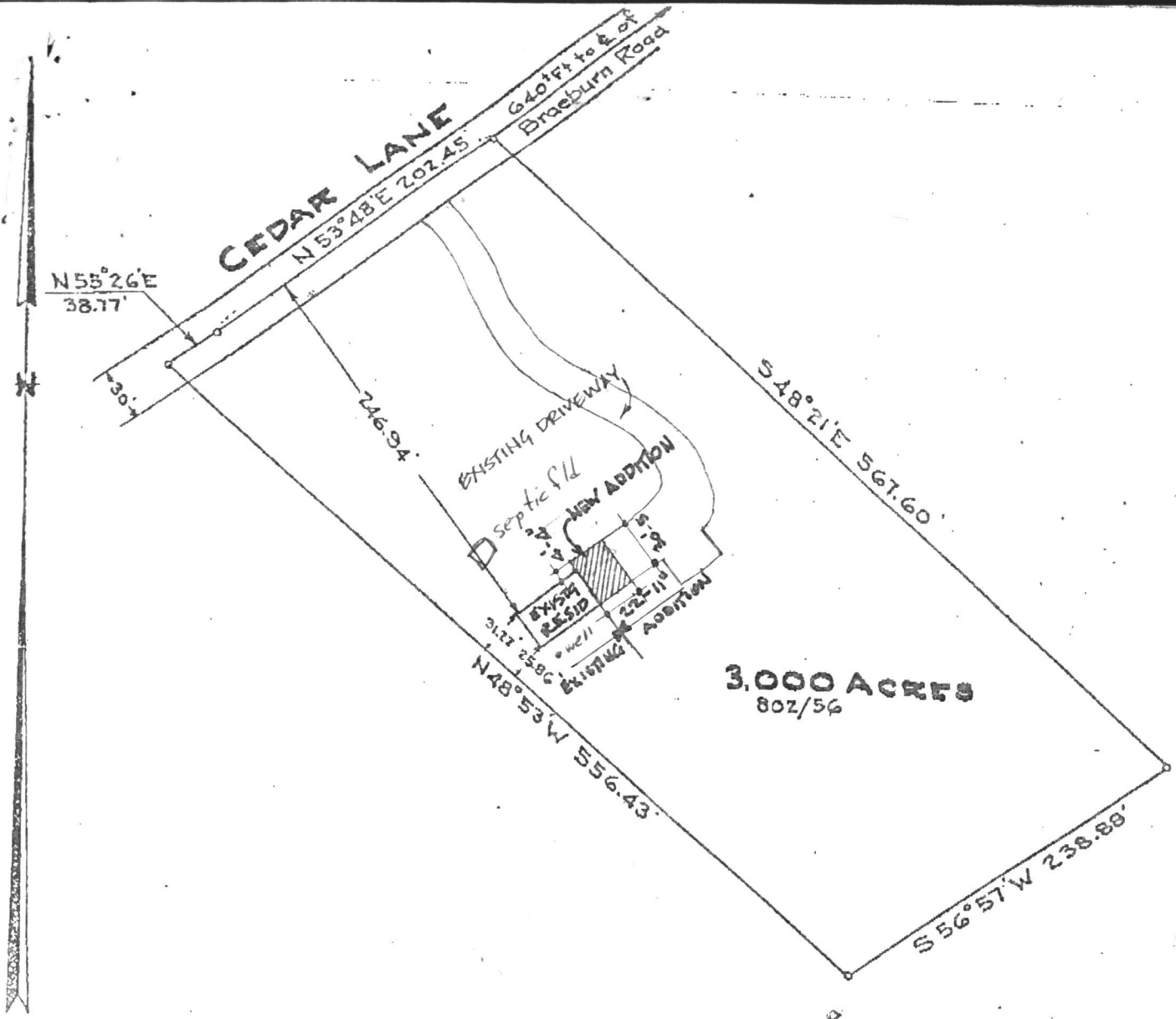
N ← Cedar Ln →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/13/76	1	3	10 ⁰²	10 ⁰⁴	10 ⁰⁴	10 ⁰⁸	4
	1A	12 1/2	10 ¹²	10 ⁰³	10 ⁰³	10 ⁰⁸	5
	2	3	10 ¹¹	10 ¹²	10 ¹²	10 ¹⁴	2
	2A	13	10 ¹¹	10 ¹²	10 ¹²	10 ¹⁵	3
	3	10 1/2	vis	dry			
	4	3	10 ⁴²	10 ⁴³	10 ⁴³	10 ⁴⁵	2
	4A	12 1/2	10 ⁴²	10 ⁴³	10 ⁴³	10 ⁴⁷	4
	5	11	vis	dry			
	6	10	"sandstone"	rock @ bottom			
	7	8		water @ 8			

REMARKS hold for house & well sites

TYPE OF SOIL _____

TESTED BY R.M. ALSO PRESENT: Barlotte



**LOCATION SURVEY
 FOR
 HOWARD F. BANKES
 FIFTH ELECTION DIST., HOWARD COUNTY
 SIMPSONVILLE, MARYLAND.
 SCALE: 1/4" = 100 FT. JAN. 6, 1977**

SURVEYOR'S CERTIFICATE

I hereby certify that the improvement shown hereon has been located by a transit-tape survey and there are no encroachments.

Robert E. Roser

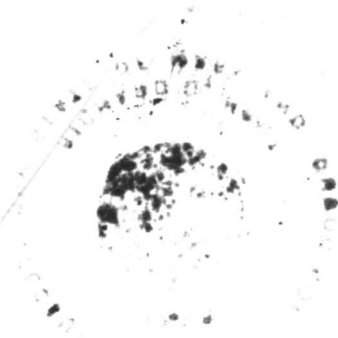
Robert E. Roser,
 Reg. Professional Land Surveyor
 No. 8715



PROPOSED 2 STORY ADDITION to HOWARD F. BANKES RESID.
6555 CEDAR LA, COLUMBIA, MD. 21044
RICHARD G. HART, ARCHITECT 422 HASKELL DR, ARNOLD, MD, 21012.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

92 JAN 21 AM 10:19



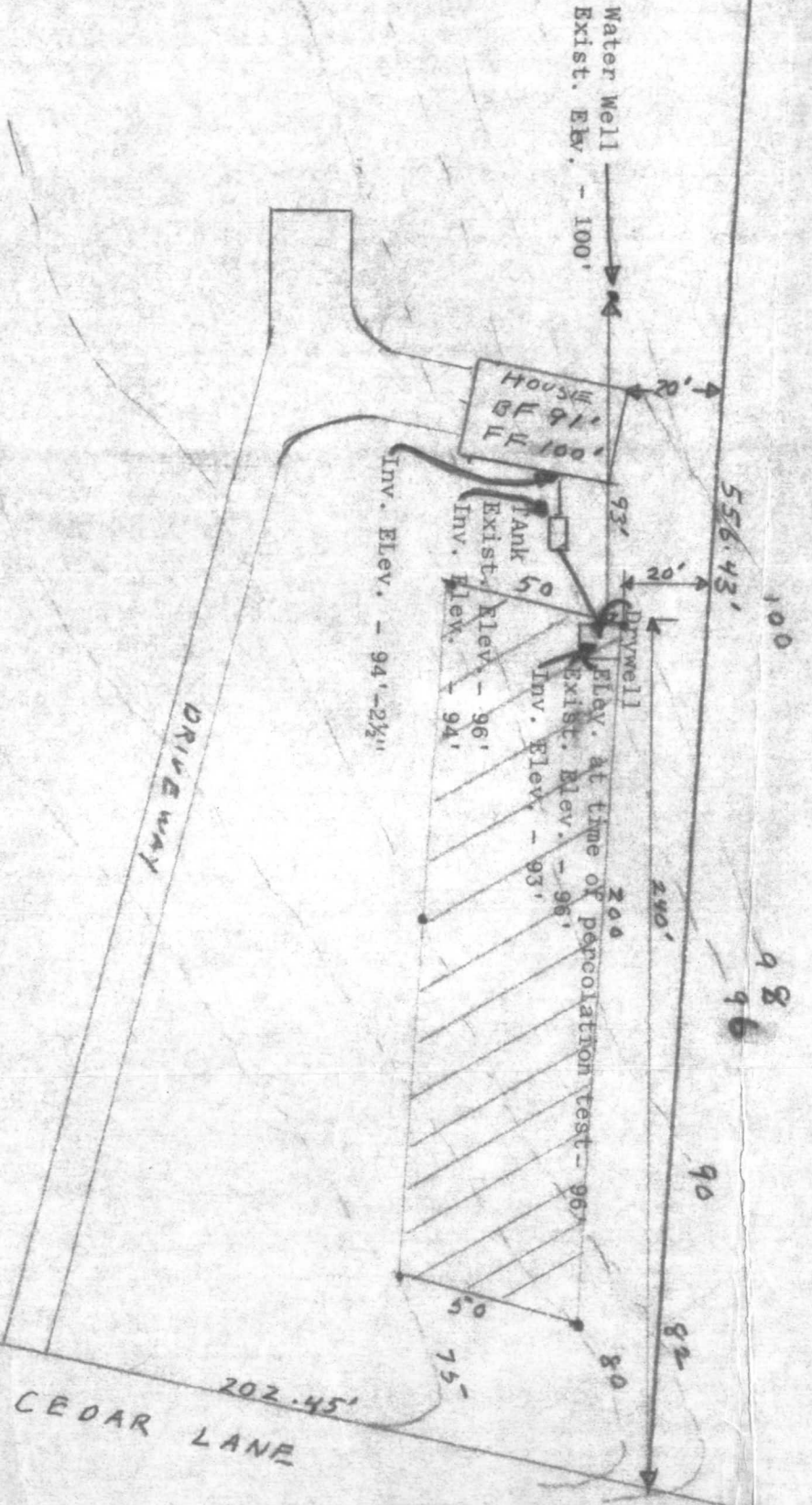
I certify the above measurements and elevations are actual and correct for this property.

Handwritten signature

12-5-76
Handwritten signature

567.60

202.45'
CEDAR LANE



7/28/99
CW

HOWARD BANKES 410-531-3192

INQUIRED ABOUT CONSTRUCTING AN ADDITION
NEAR HIS WELL.

OLDER LOT - CURRENTLY THE FOUNDATION
IS ABOUT 20' FROM WELL, HE WANTS
TO BUILD WITHIN 10'.

HIS INQUIRY WAS "WHAT SET OF RULES" APPLY;
HE SEEMED TO BE HOPING "OLD RULES"

BECAUSE HE WAS ARGUMENTATIVE WHEN I
SUGGESTED THAT COMMON SENSE SUGGESTED
"BUILD NO CLOSER THAN THE EXISTING CONDITION"

THEN HE ASKED ABOUT PROPER POINT
OF CONNECTION TO HIS POOL DRAIN;
SHOULD IT BE INTO HIS SEPTIC SYSTEM
OR WAS THERE A REGULATION REQUIRING
TO DISCHARGE TO SOME OTHER POINT.

HE ~~AS~~ SEEMED NOT PLEASED, WHEN I TOLD
HIM THAT GENERALLY POOLS ARE NOT
SET TO DRAIN - THE DEEP WELL DRAIN IS
GENERALLY FOR TREATMENT AND CIRCULATION.
IN ANY CASE "COMMON SENSE" SUGGESTED NOT
TO DRAIN IT TO THE SEPTIC, AND TO SELECT ~~AS~~
A "LOW IMPACT" POINT OF DISCHARGE, ...