

04-341414

approved
12-30-82
C. Williams

PERMIT

P 32364
A 28858

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH

Specs. to be around 12:00 final 2nd.

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

*12/27/82 12/28/82
1.00 if possible*

ELLICOTT CITY
DISTRICT 4th
DATE 12/13/82

INDEX

Paul Schissler _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 7311 Brangles Rd., Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION Country Side ROAD 3519 Countryside Dr. LOT 4

PROPERTY OWNER Ann Brown & Judsone Brown

ADDRESS 317 Royer Rd., Westminster, Md. Phone: 848-4699

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4 per Paul Schissler

Trenches to be 2' wide. Inlet to be 3' below original grade and effective absorbant area from 3' - 7' only. Max. depth of trenches to be 7' below original grade. A min. of 125' sq. ft. effective absorbant sidewall area per bedroom needed. Trenches cannot exceed 100' in length. Distribution box to be used if more than 1 trench used. Two inspections of trenches required - before and after stone installed. If more than 1 trench used - need to have 15 ft. distance between trenches, center to center. Run trenches on contour and/or on level ground as much as possible:

LOCATION: Start trenches at a point 100 feet in from right line, 536°04' 18"W, and 175' down right property line, 536°04' 18"W, from right front corner point when facing lot from Country Side Dr. as front of lot.

Ok to have pipe 1' below final grade as long as pipe is 3' below original grade. Run ditches toward front lot line. Ok to start trench 100' from right side of the lot instead of 75' from the right side of the lot 8/3/82 Specs altered after field inspection by Raymond Hodges.

(SHOW TRENCHES OK 12-28-82 CW)

PLANS APPROVED BY Raymond Hodges DATE 8/3/82

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL **BUILDING PERMIT SIGNED AND RETURNED**

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. *118103 800139874 BARN W/4 STALLS*

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

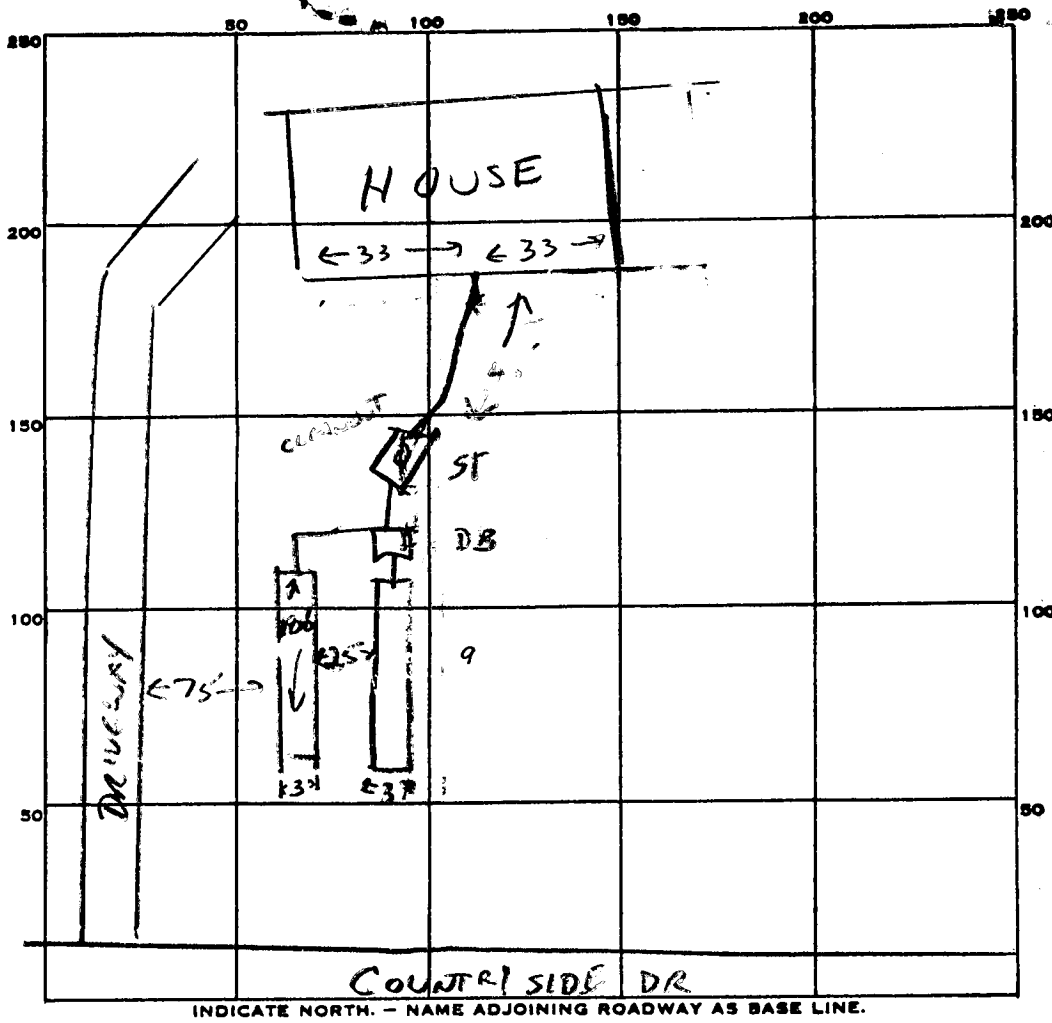
PERMIT VOID AFTER THREE YEARS.

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

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

28858



125
 4
 000 1/2
 10000

PERMIT CARD _____

SEPTIC TANK, LEVEL CLEANOUTS STV

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 2 FT. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS TRENCH 1 OK. GRAVEL OK. CONTINUE TRENCH 2 TO 100 FT + ADD GRAVEL.

12-30-82 CW

2ND TRENCH OK. ADD GRAVEL + COVER THE WORK 12-30-82 CW

DATE SYSTEM APPROVED 12-30-82 INSPECTOR C. Williams

B 1 **9842** SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4347

please print or type

fill in this form completely

Date Received 121082
(OEP Use Only)

OWNER INFORMATION

BROWN AAR
Last Name 15 Owner 34 Name

3117 ROYER RD
Street or RFD 36 55

WESTMINSTER MD 21157
Town 57 State 76 Zip

B 3 LOCATION OF WELL

COUNTY HOWARD

SUBDIVISION Countryside

SECTION 44 LOT 4

NEAREST TOWN GLENWOOD

MILES FROM TOWN (enter 0 if in town) 1 M I

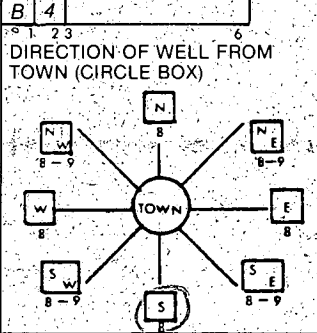
B 7 Continued **DRILLER INFORMATION**

Sandy B. Cochran
Driller's Name 77 License No. 80

G. EXLAR HARR SONS CORP.
Firm Name

12047 FALLS RD. COCKEYSVILLE 21030
Address

Sandy B. Cochran 12-8-82
Signature Date



3519 Countryside DR
NEAR WHAT ROAD 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST SOUTH

250' road
34 DISTANCE FROM ROAD 37 (FT) (M I) 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

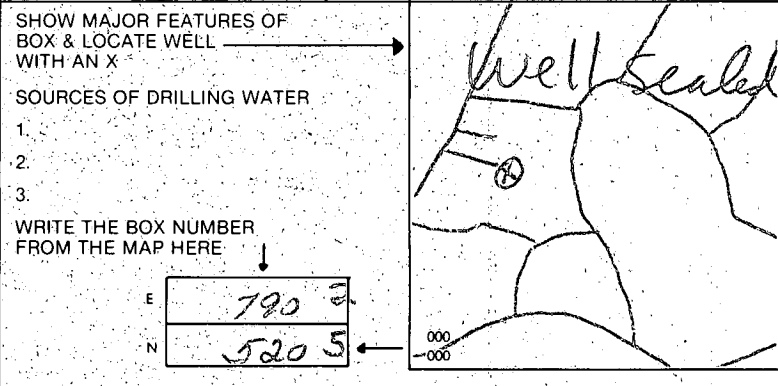
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

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)



APPROXIMATE DEPTH OF WELL 300 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

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

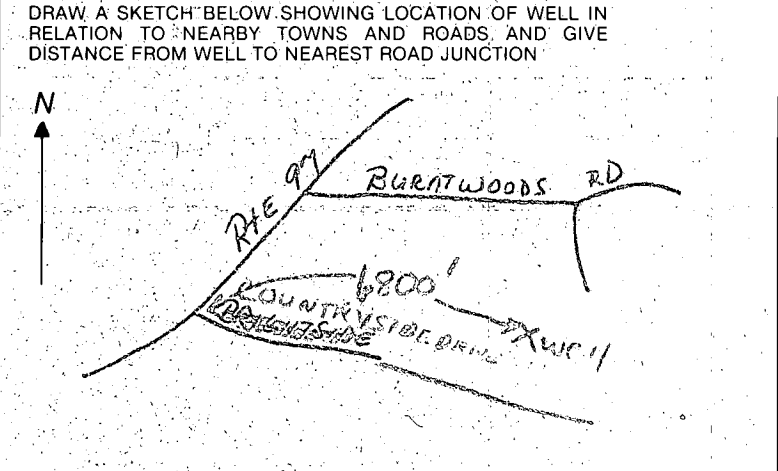
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



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

APPROX. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX 64 68

PERMIT NO. HO-73-4347 70 71 72 73 74 75 76 77 78 79

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A23858Z COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH CIRCLE BOX 41

DATE ISSUED 121082 CO SIGNATURE Frank Shuman

NORTH GRID 52 EAST GRID 0793 EXPIRES 061033

B 5 SPECIAL CONDITIONS 8-63

848-4699

C1 3287 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)

COUNTY NUMBER A20858 Z

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

12/09/2

150 (TO NEAREST FOOT)

HO-73-7347

OWNER Brown

Ann

STREET OR RFD 3519 Countryside Drive

TOWN Glenwood

SUBDIVISION Countryside

SECTION

LOT 4

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

OVERBURDEN 0 8
Brown shale 8 30
Grey Rock 30 150
(DRY WELL BACKFILLED)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP ft. to 54 BOTTOM ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

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

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

SCREEN RECORD

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)

PUMPING TEST HOURS PUMPED (nearest hour) 0

PUMPING RATE (gal. per min. to nearest gal.) 0

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING

WHEN PUMPING

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 APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

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 - below (nearest foot)

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)

DRY WELL BACKFILLED

CIRCLE APPROPRIATE BOX 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 10.17.13 "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 IDENT. NO. 100

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTRY SIDE S/D

#4

Lot Number F80-108

4 B.R. per P. Schisler
3 B.R. without garbage grinder
for Annaborn 4/2/82

Septic tank 1 - 3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons

Trenches to be 3' wide. Inlet to be 3' below original grade and effective absorbant area from 3' - 7' only. Maximum depth of trenches to be 7' below original grade. A minimum of 125' sq.ft. effective absorbant sidewall area per bedroom needed. Trenches can not exceed 100' in length. Distribution box to be used if more than 1 trench used. Two inspections of trenches required - before and after stone installed. If more than 1 trench used - need to have 15 ft. distance between trenches, center to center. Run trenches on contour and/or on level ground as much as possible. 100

LOCATION: Start trenches at a point 75 feet in from right property line; S36°04'18"W; and 175' down right property line, S36°04'18"W, from right front corner point when facing lot from COUNTRY SIDE DRIVE as front of lot.

OK TO HAVE PIPE 1 FT BELOW FINAL GRADE AS LONG AS PIPE IS 3 FT BELOW ORIGINAL GRADE

RUN DITCHES TOWARD FRONT LOT LINE

OK TO START TRENCH 100 FT FROM RIGHT SIDE OF THE LOT INSTEAD OF 75 FT FROM THE RIGHT SIDE OF THE LOT

8/3/82 SPECS ALTERED AFTER FIELD INSPECTION BY RH

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 28858
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 9/15/78

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 Estate of Sylvan Manger Judsone Brown

ADDRESS 317 Royer Road, Westminster, Md. PHONE 848-4699

Work - 792-7800 X 7501

PROPERTY LOCATION:

SUBDIVISION Countryside S/D LOT NO. 4

ROAD AND DESCRIPTION Route 97 3519 Countryside Drive

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

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.

SIGNATURE OF APPLICANT /s/ Bernard Rome

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED

AND RETURNED 5/1/82

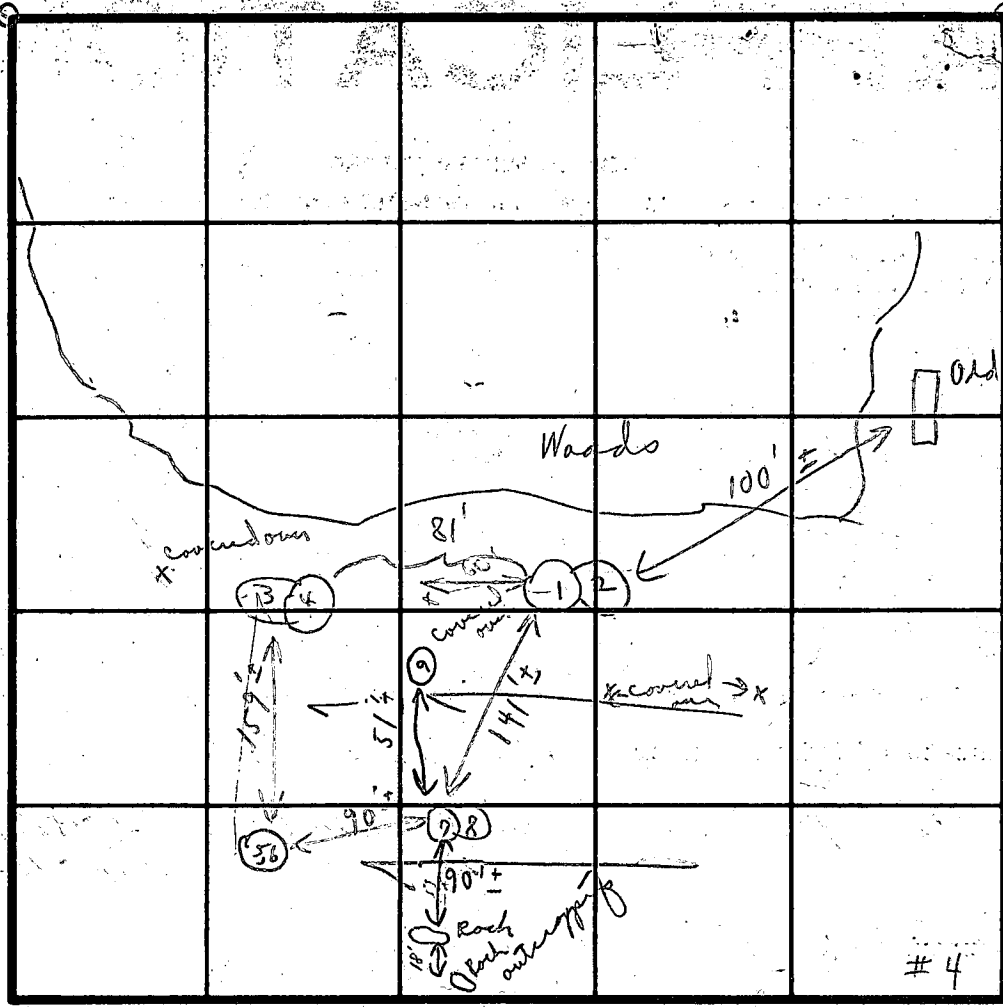
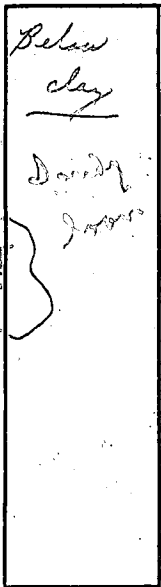
Serial # 49395

THIS IS NOT A PERMIT

4

Excluded

SOIL PROFILE



15080
12006

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/31/98	1	3'	1:44	1:45	1:45	1:47	2 min
	2	7'	1:44	1:45	1:45	1:48	3 min
	3	3'	1:49	1:51	1:51	1:53	2 min
	4	7 1/2'	1:50	1:52	1:52	1:54	2 min
	5	3 1/2'	1:56	2:04	2:04	2:13	9 min
	6	8 1/2'	1:56	1:59	1:59	2:04	5 min
	7	3'	2:08	2:10	2:10	2:12	2 min
	8	7 1/2'	2:08	2:10	2:10	2:12	2 min
11/2/98	9	11'	dry + sandy loam				

Volume
sandstone
5'-6

REMARKS

Tests on open high-capacity holes used at time of test
(Hold for certified holes)

TYPE OF SOIL

TESTED BY

C. B. [Signature]

ALSO PRESENT

P. Gallagher
M. Rome

Pump test 11:30 AM

EMERGENCY/TEMP. NO. IF ANY

4/23/82 Permit # tag given to Stan @ site S.F.S.

B 1	4257	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-73-4155 fill in this form completely
------------	-------------	--------------------------------	---	--

Date Received **4/23/82** **9:30 AM** (OEP Use Only)

OWNER INFORMATION

Last Name 15 **ROYER** Owner 34 Name **ANN**

Street or RFD **317 Rolyer Rd**

Town 57 **WESTMINSTER** State **MD** 76 Zip **21157**

B 3 LOCATION OF WELL

COUNTY **HOWARD**

SUBDIVISION **Countryside**

SECTION **4** LOT **4**

NEAREST TOWN **GLENWOOD**

MILES FROM TOWN (enter o if in town) **2**

B 7 Continued DRILLER INFORMATION

Stanley W. Bollinger 308
Driller's Name 77 License No. 80

Stan's Well Drilling Inc.
Firm Name

PO Box 2035 West, Md. 21157
Address

Stanley W. Bollinger 4/15/82
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Countryside Dr. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

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)

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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

790 2
520 5

4/23/82 Location O.K. 21 casing
18 1/2' open hole
1 1/2' casing along good
4' bag cement
grout used
O.K. S.F.S. well 225' deep

APPROXIMATE DEPTH OF WELL **160** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH.

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

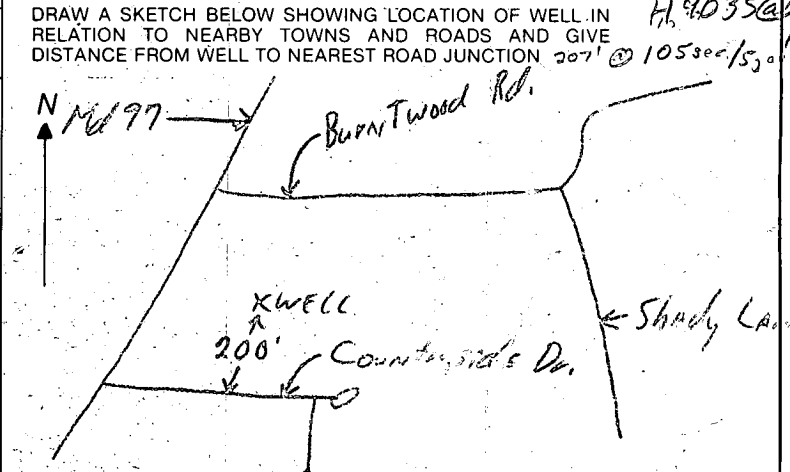
other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41



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

APPROP. PERMIT NUMBER **G A P**

FORCE **F 3** WRITE INITIALS IN BOX

PERMIT No. **HO-73-4155**

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A28858** COUNTY NO.

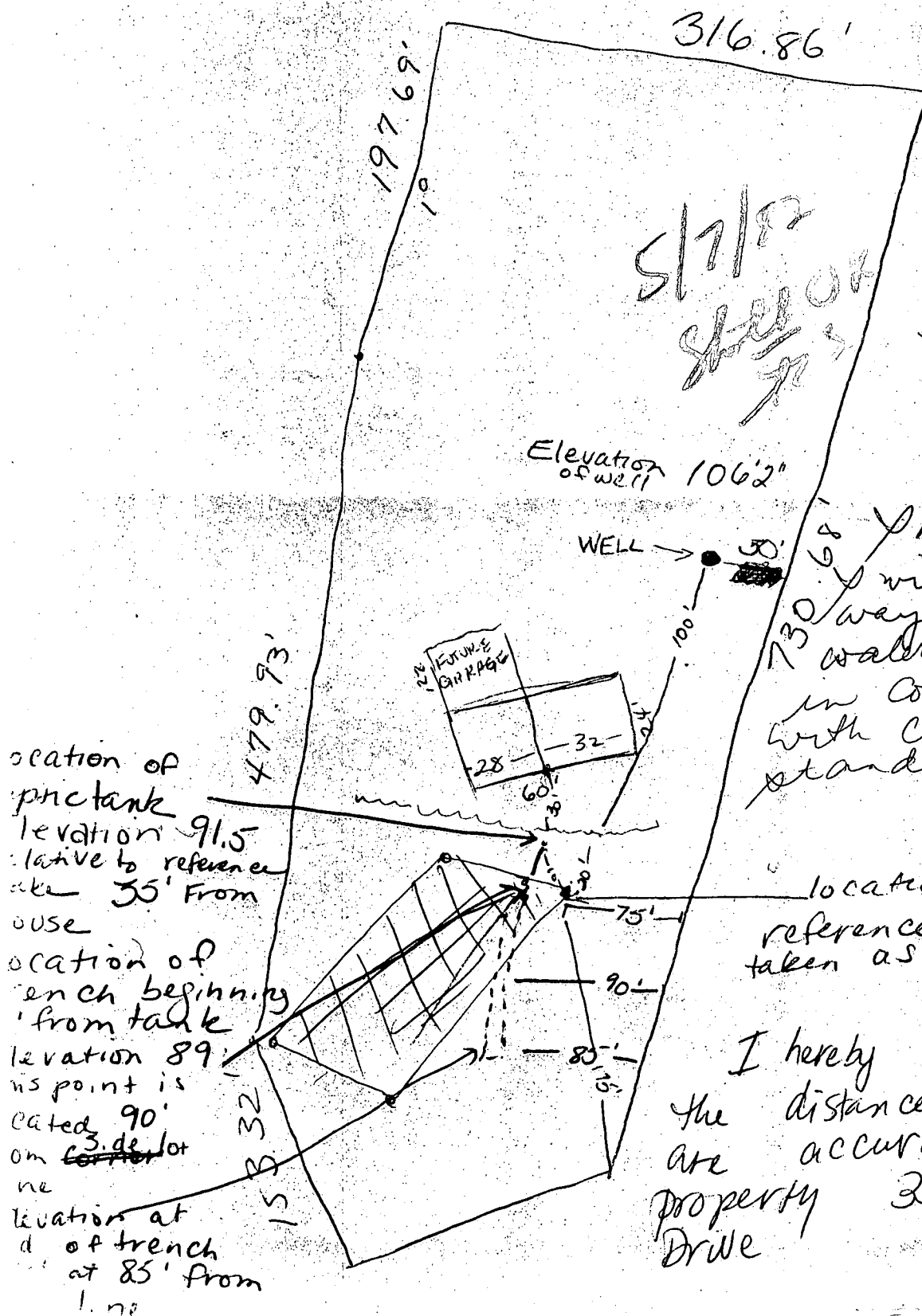
OEP SIGNATURE **Frank Shinn** STATE HEALTH CIRCLE BOX **41**

DATE ISSUED **041082** CO SIGNATURE

NORTH GRID **525** EAST GRID **0792** EXPIRES **101982**

B 5 SPECIAL CONDITIONS 8-63

Distance from well to line of woods 100'
 " line of woods to stake 20'
 Distance from " " to change of module of house 31'
 Elevation of pt of change of module prior to excavation
 relative to reference stake 99' 9" at grade



Well elev 106'2"
 Floor el 102'9"
 Base el 94'5"
 House level 99'1"
 Stake level 98'1"
 Trench in elev 97.9"
 Stake grade 99'19"
 Trench grade 99'9"

I hereby declare
 I will find a
 way to bring
 water standards
 in compliance
 with County
 standards

Anne Brown

location of stake
 reference point
 taken as 100'

I hereby certify that
 the distances and elevations
 are accurate for this
 property 3519 Countryside
 Drive
 Anne Brown

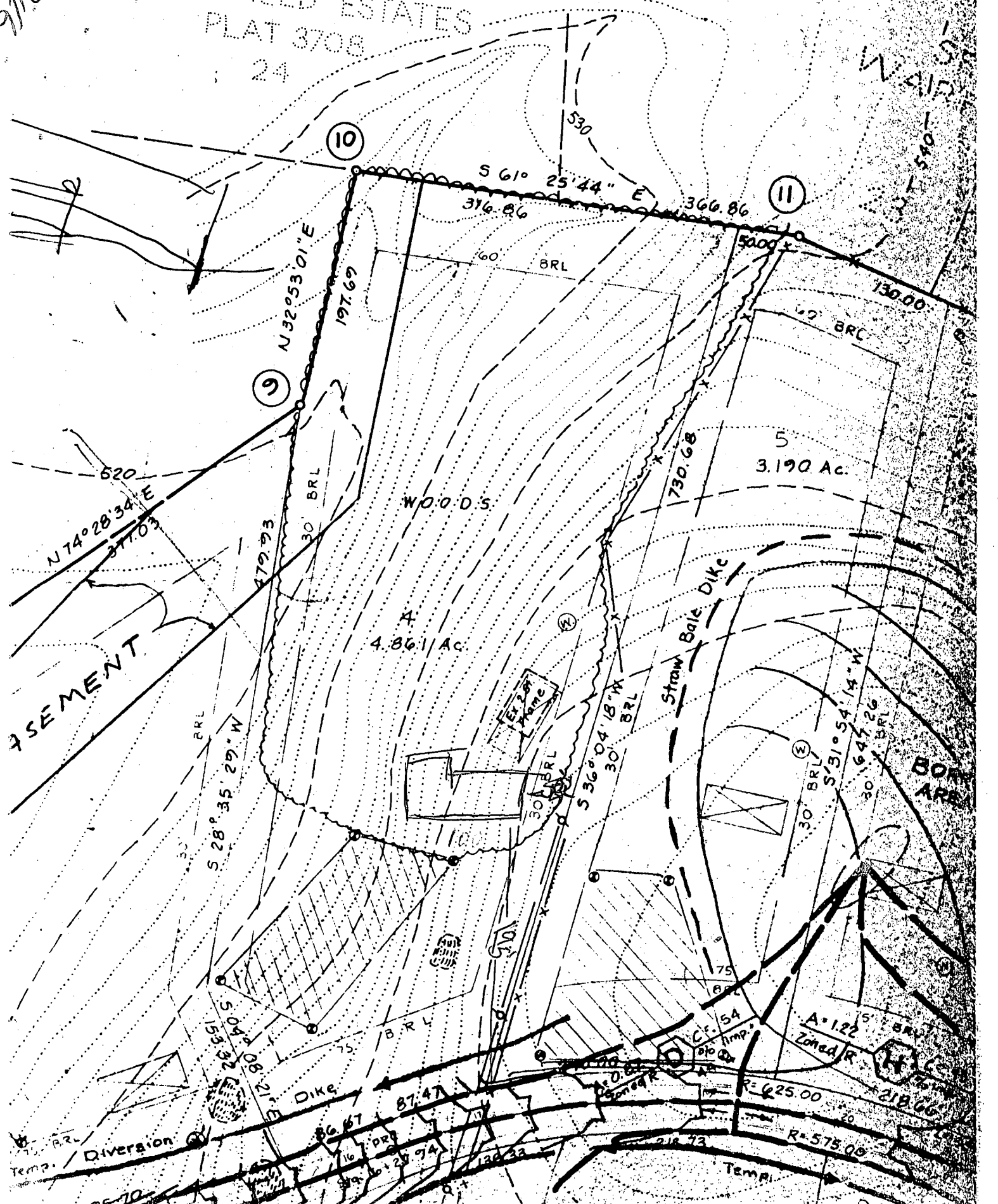
Location of
 private tank
 elevation 91.5'
 relative to reference
 stake 35' from
 house
 Location of
 trench beginning
 35' from tank
 elevation 89'
 this point is
 located 90'
 from corner
 elevation at
 end of trench
 at 85' from
 line

9/18/19 W

SECTION SEVEN WARFIELD ESTATES PLAT 3708

24

W. 1/2



CEMENT

WOODS

Straw Bale Dike

BOY ARE

4.861 Ac

5
3.190 Ac

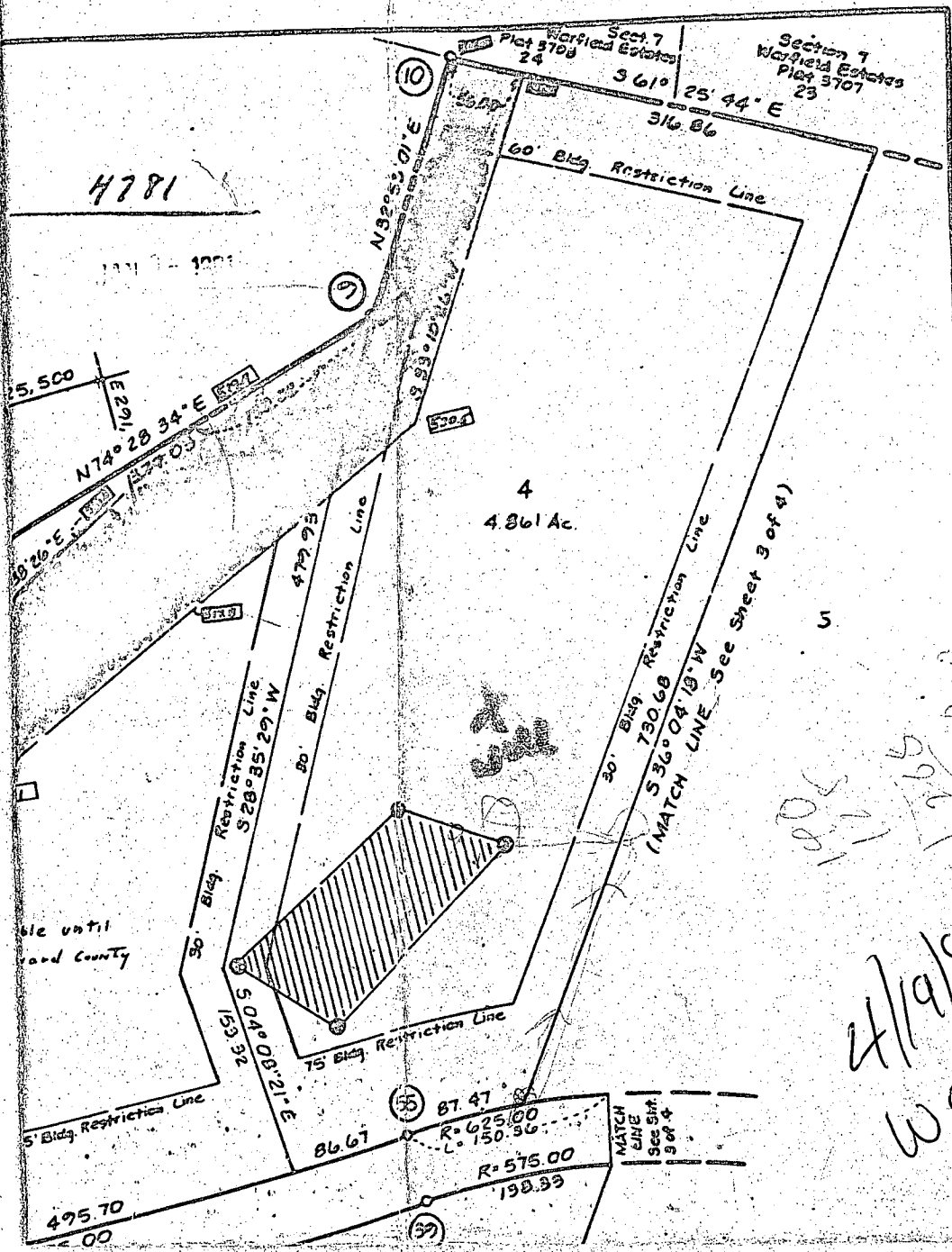
A=1.22
Zoned R

R=25.00

R=575.00

Diverston

Temp



4/19/87
 Well Site
 M.S.

ble until
 and County

MATCH
 LINE
 See Sht
 3 of 4

87.47
 R=625.00
 L=150.36
 R=575.00
 198.33

495.70
 00

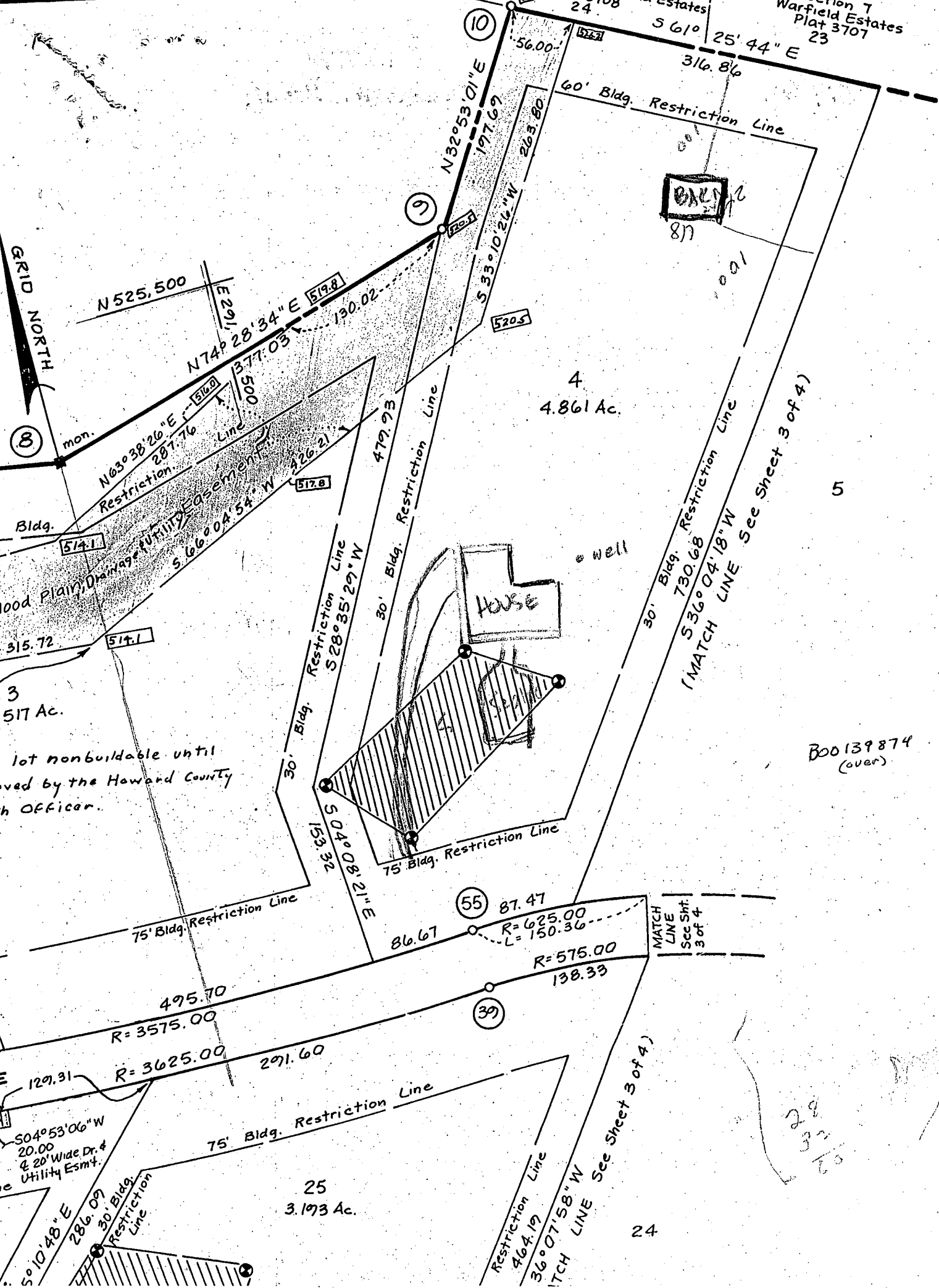
5040.00
 21.32
 153.51

5.500
 E291

N32° 53' 01" E
 10
 9

4
 4.861 Ac.

Sect. 7
 Warfield Estates
 Plot 3708
 24
 Section 7
 Warfield Estates
 Plot 3707
 23



Lot nonbuildable until
approved by the Howard County
Health Officer.

(MATCH LINE See Sheet 3 of 4)

B00139874
(over)

28
32
60

Building Address <u>3519 Country Club Drive</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Courtyard</u> Section _____ Area _____ Lot <u>4</u> Tax Map <u>31</u> Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>758</u> Lot size <u>471</u>	Property Owner's Name <u>Judson & Anne Brown</u> Address _____ City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work <u>24' x 12'</u>	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial Other Suppression _____ # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input checked="" 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND WARRANTS 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 TO THIS PERMIT, (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.

Applicant's Signature _____ Print Name _____
 Title/Company _____ 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#
Build Development, DPZ			Front: _____	57778
State Highways			Rear: _____	Filing fee: \$ 25.00
Building Official			Side: _____	Permit fee: \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax: \$ _____
Health	1-8-03	Karen Yloman	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee: \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
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"/>	Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due: \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # 1975
				Validation # _____
				Accepted by _____

C1 3147 SEQUENCE NO. (OEP USE ONLY)

STATE OF MISSISSIPPI WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 28058

Date Received (OEP use only)

DATE WELL COMPLETED 042182

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-4155

OWNER Brown last name Ann first name STREET OR RFD Countryside Dr. TOWN Glenwood SUBDIVISION Countryside SECTION LOT 4

WELL LOG Not required for Driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Shale, Blue Slate, Brown Slate, Blue Slate.

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [X] NO [] TYPE OF GROUTING MATERIAL CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 4 NO. OF POUNDS 24 GALLONS OF WATER 24 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

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

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

DEPTH (nearest ft.) 20 250

CIRCLE APPROPRIATE BOX [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 10.17.13 "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 IDENT. NO. 301 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ LOG INDICATOR OTHER DATA

C 3 (seq no)

PUMPING TEST HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 65

WHEN PUMPING 200 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 YES [X] NO [] DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

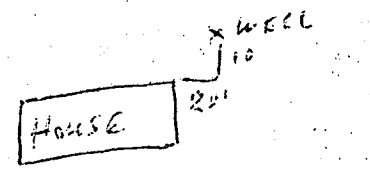
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

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 [] below (nearest foot)

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)



12/10/82
2nd Seal well
130

10.15 am

FILE Replacement well site DATE REPORTED 11/24/82

PROPERTY OWNER Anne Brown

P. O. ADDRESS 3519 Countryside Dr.

DIRECTIONS TO PROPERTY _____

INFORMANT 11/24/82 T.C. - Ann Brown re. high nitrate problem with existing well & possibility of drilling a new well. She has contacted Stan Bollinger about this and wants to place the new well 20 feet north of existing well and 30 feet from the right sideline. I advised her that moving the well only 20 feet may not rectify the high nitrate situation and that nitrate

CONDITION FOUND: removal treatment should be considered. F.S.

12/19/82 Well site O.K., d. ~35 feet from existing well

12/10/82 T.C. - Janice Collum of Harv Drillers, this well to be abandoned & sealed, owner told crew to stop drilling F.S.

ACTION TAKEN: 12/10/82 Dry hole filled. JG

FINAL DISPOSITION: _____

Date Received (OEP use only) _____ DATE WELL COMPLETED **072006** Depth of Well **250** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-4155**
 (TO NEAREST FOOT)

OWNER **Brown Ann**
 last name first name
 STREET OR RFD **Countryside Dr.** TOWN **Glenwood**
 SUBDIVISION **Countryside** SECTION _____ LOT **3**

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	
Brown Shale	2	8	
Blue Slate	8	83	
Brown Slate	83	85	✓
Blue Slate	85	250	

GROUTING RECORD

WELL HAS BEEN GROUTED YES NO

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS _____ NO. OF POUNDS _____
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (to nearest foot)
 from _____ ft. to _____ ft.
48 TOP (enter 0 if from surface) 52 54 BOTTOM 58

CASING RECORD

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST CO PL OT
 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 _____
 E A C H C A S I N G

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

SCREEN

DEPTH (nearest ft.) **20** **250**
 SLOT SIZE _____
 DIAMETER OF SCREEN (NEAREST INCH) _____
 from _____ to _____

GRAVEL PACK _____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP 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

C 3 (seq. no.)

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min. to nearest gal.) **3**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **63**

WHEN PUMPING **200**

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 YES NO

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

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
 below _____ (nearest foot)

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)

CIRCLE APPROPRIATE BOX

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 10.17.13 "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 IDENT. NO. **300**

DRILLERS SIGNATURE *Stanley W. Bellinger Jr.*

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 73-4155
 Location of property (road) Countryside Dr.
 Subdivision Countryside Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller STAN'S WELL DRILLING INC. Owner Ann Brown

Depth of well 250'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 65'

I. High rate pumping -- reservoir drawdown

Time pump started 1100 Pumping rate 10 GPM
 Total time 1 hr. to reach pumping water level 200' 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1200	200'	100 SEC.		3 GPM
1215	200	100		3
1230	200	100		3
1245	200	100		3
1300	200	100		3
1315	200	100		3
1330	200	100		3
1345	200	100		3
1400	200	100		3
1415	200	100		3
1430	200	100		3
1445	200	100		3
1500	200	100		3
1515	200	100		3
1530	200	100		3
1545	200	100		3
1600	200	100		3
1615	200	100		3
1630	200	100		3
1645	200	100		3
1700	200	100		3
1715	200	100		3
1730	200	100		3
1745	200	100		3
1800	200	100		3

BUILDING OFFICIAL

HOWARD COUNTY PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS BUREAU OF INSPECTIONS LICENSES & PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER 49395 PERMIT NUMBER 60301 DATE ISSUED 5/12/82

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3519 Countryside Drive Glenwood Md.

LOT NO. (OR TAX MAP & PARCEL NO.) BLOCK NO. LIBER. FOLIO

SUB DIVISION Zone Zone Map Elec. Dist. CENSUS TR. 4 4 21 4 6040

OWNER'S NAME AND ADDRESS Judson & Anne D. Brown 317 Royer Rd. Westminister, Md. 21157 PHONE NO. H-848-4699 W-792-7800 x7501

OCCUPANT'S NAME AND ADDRESS same PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS same PHONE NO.

TRACTOR'S NAME AND ADDRESS Judson & Anne D. Brown 31 Royer Rd. Westminister, Md. 21157 PHONE NO.

INTENDED USE OF STRUCTURE (BE SPECIFIC) SFD 01/A1

CONSTRUCTION COST 65,000 LICENSE NUMBER PERMIT FEE \$235.00

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE 75' min YARD 30' min (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE TO BUILDING LINE n/a DISTANCE IN FEET, REAR YD. REQUIRING SET 60' min (CORNER LOT ONLY) (IF ANY)

APPLICABLE TO DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION Construction before a permit placard has been issued and on the job is a violation of the law. Occupancy permit must be applied for two weeks before it

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

RESIDENTIAL

QUALIFIED INSPECTOR OF CONSTRUCTION SEAL Application is hereby made for a permit to (INDICATE ONE) ERECT USE ALTER EXTEND RAZE MOVE the (INDICATE ONE) PERMANENT TEMPORARY structure described.

DESCRIPTION OF WORK 2 story, split level, 10 Rooms, 2 FB, 1 HB, FP & masonry wood stove (3BR) future garage

Table with columns: SIZE OF BLDG., FRONT, DEPTH, HEIGHT. Rows 1: 60', 30'6", 10'; 2: 60', 30'6", 10'

Table with columns: TYPE OF BLDG., AREA, VOLUME, ROOF. Rows: B. ROOMS 1421, 14210; ROOMS 1421, 14210; BATHS 1421, 14210; FIREPLACES 28,420

Table with columns: FOOTINGS, FOUNDATION, S. WALLS. Rows: 20"x8", 12"CMU, wd fr w/; 16"x8", 8"CMU, sid

Table with columns: WATER/WELL, SEWER/SEPTIC, GAS, ELECTRICITY, TYPE OF HEAT, AC. Values: X, X, X, X, solar & wd, AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with.

Signature: /s/ Anne P. Brown mother DATE: 4/23/82 TITLE: DATE

Table with columns: FUNCTION, DATE, SIGNATURE APPROVAL. Rows: ZONING/PLANNING (4/30/82, David Zeeveld), SHA (5/3/82, G. Courtney), ROADS & STREETS, BUILDING OFFICIAL (5/10/82, G.E. Martin), WATER & SEWER (no public w & s required), HEALTH DEPT. (5/7/82, Frank Skinner), FIRE PROTECTION, STORM WATER MGM. (4/26/82, Jean Reed)

APPROVED: M. R. Gemmill/dl DATE: 5/11/82

Signed: Anne P Brown Address: 317 Royer Rd Westminister, Md

Date: April 23 Approved

ATTENTION: The permit, when issued, is valid for a period not to exceed one year.