

2/26/89 2 pm
7/27/89 (2) P.M.

File

7/27/89 (2) P.C.O
C.B.C.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 44778

A 29026

DISTRICT 5th

DATE 7/27/89

DATE SYSTEM APPROVED 7/27/89

INSPECTOR C.B.C.

INDEXED
05-389283

Circle Plumbing & Heating Company, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 1237 Ten Oaks Road, Baltimore, Maryland 21227 PHONE 242-1233

SUBDIVISION Vetick Property ROAD 11717 Middle Patuxent Ct 5

PROPERTY OWNER David Carpenter
11717 Middle Patuxent Court

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning at the rear left lot corner, place the distribution box 600 feet down the left lot line (737.06') and 90 feet off the left lot line (737.06') as seen when facing the property from the Cul-de-sac. Run trenches along contour toward the left lot line (737.06'). Maintain a minimum of 100 feet from the well with all septic trenches.

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

PLANS APPROVED BY Jane Nadeau DATE 12/20/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES) BLDG. PERMIT SIGNED

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. AND RETURNED 5/3/91

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

37968 Wick

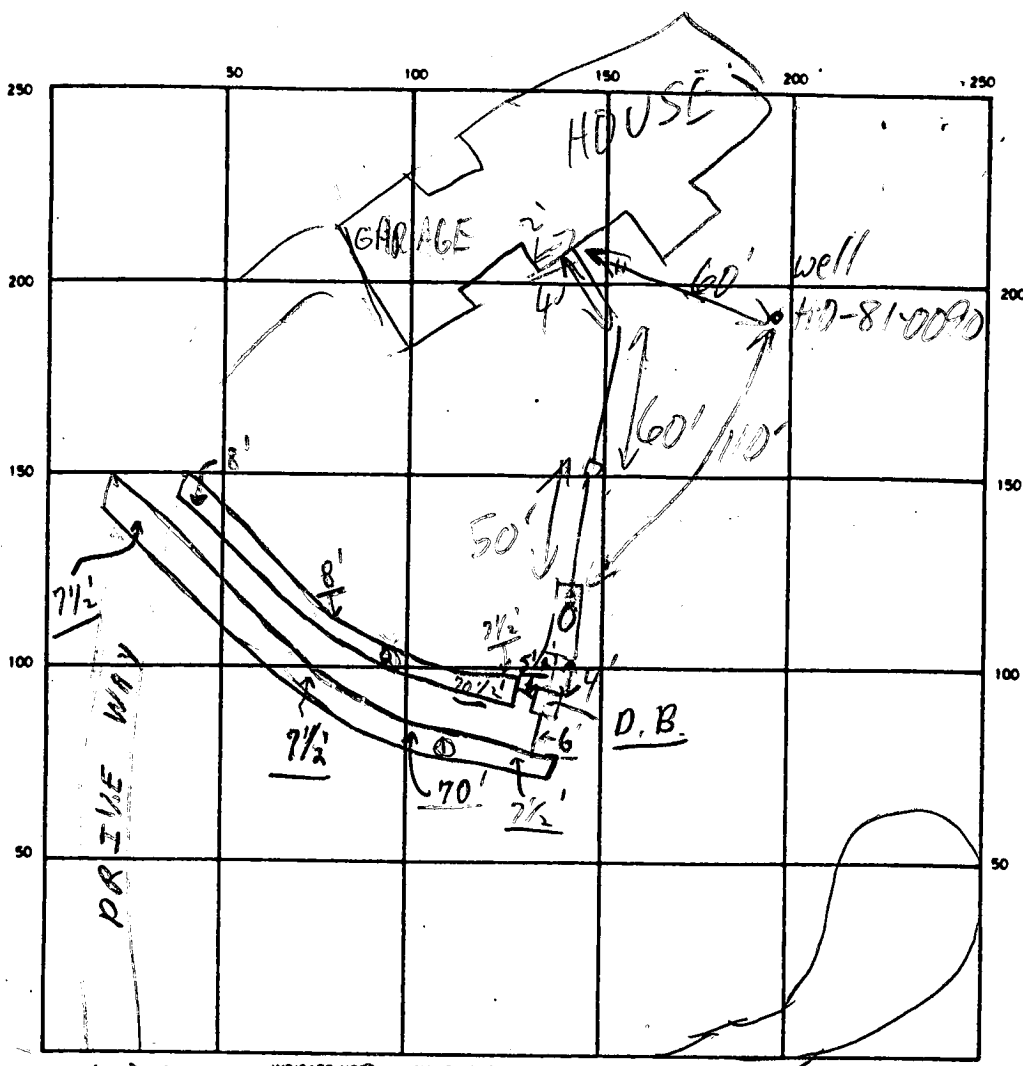
29026

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

4' H-B
60' B-C
50' C-T

RT 100



MIDDLE PITUXENT CT

SEPTIC TANK LEVEL OK CLEANOUTS MANHOLE - DR; ISLAND
 DISTRIBUTION BOX LEVEL OK (Baffle in) - 7/27
 DRAIN FIELD/TILE FIELD DEPTH 7.5⁺ FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH ① 4 1/2⁺ FT. TOTAL LENGTH ② 140 1/2 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 560⁺ SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 560⁺ SQ. FT.

REMARKS 7/26/89 CONTRACTOR MOVED S.T. DOWNHILL TO MAINTAIN
100' FROM WELL; CAST IRON FROM HOUSE TO D.B.; CONTRACTOR
WILL ATTEMPT TO RECOVER SOME LOST DISPOSAL FIELD
AREA BY RUNNING PIPE TO A TRENCH SLIGHTLY UPHILL FOR
7/27/89 ① 1/2 trenches - sh for stone, partial. 7/27/89 ②
① trench complete - sh to cover in. C.B. 7/27/89 FINAL - OK TO COVER.

DATE SYSTEM APPROVED 7/27/89 INSPECTOR Charles Bryan

A 29026

SUBDIVISION: Vehicle Property

LOT NUMBER: 5

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2.0' wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 7.5 feet below original grade.

Effective area begins at 3.5 feet below original grade.

4.0 feet of stone below distribution pipe.

3 bdrms w/out
garbage disposal

Circle Plumbing

242-1233

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Beginning at the rear left lot corner, place the distribution box 600 ft down the left lot line (737.06') and 90 ft off the left lot line (737.06') as seen when facing the property from the cut-de-sac. Run trenches along contour toward the left lot line (737.06'). Maintain a minimum of 100 ft from the well with all

Per

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29026

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th
DATE 10/16/78

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 VETICK PROPERTY DAVID CARPENTER 357-4646

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. LOT 5

ROAD AND DESCRIPTION Route 108 11717 Middle PATUXENT CT

SIZE OF LOT ? 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/ Jack Boender

APPROVED BY B77 FOR DITCHORDW DATE 4/12/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4 1M83 FINAL PLAN HAS BEEN SIGNED

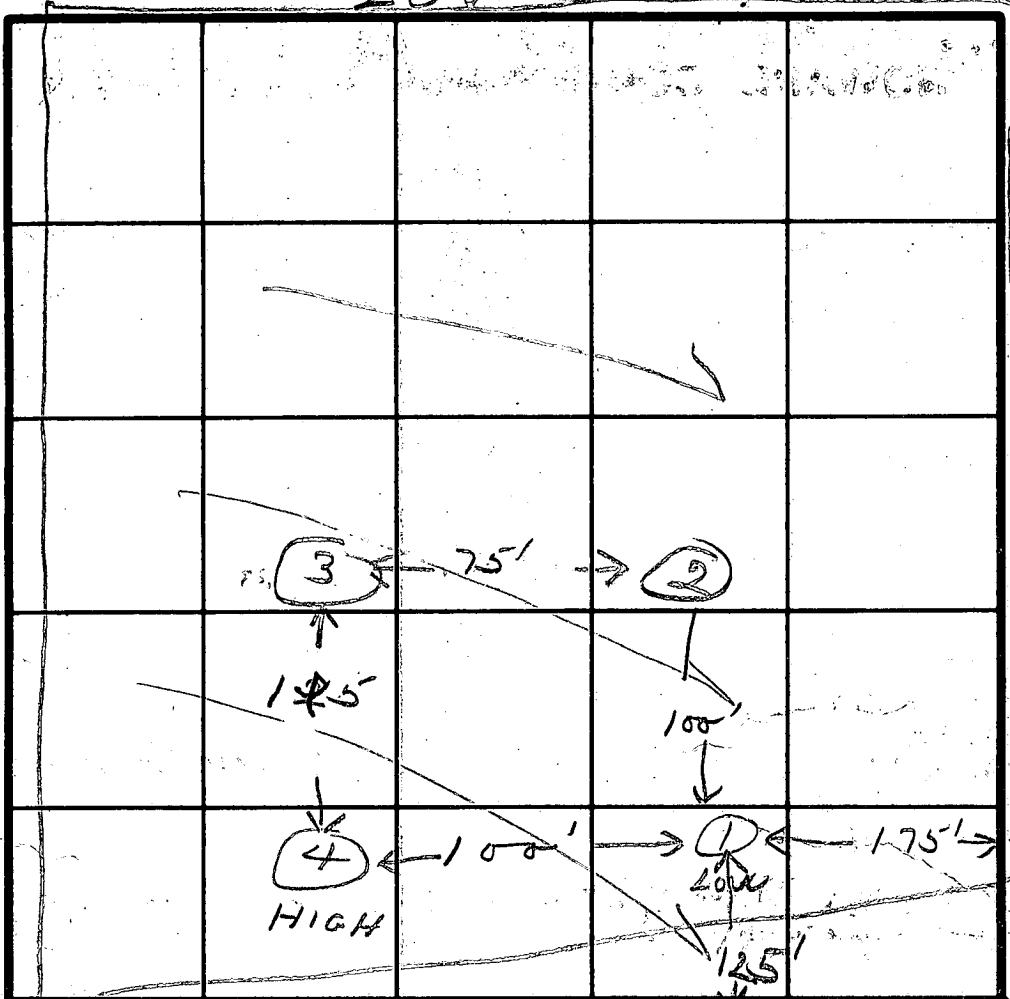
BLDG. PERMIT SIGNED
AND RETURNED 2/24/84
BP 23689 JA

THIS IS NOT A PERMIT

LOT 5

SOIL PROFILE

0-5 FT
CLAY,
SAND
5-12 FT
SAND
CLAY,
SOME
STONES,
MEDIUM
AT
10 FT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RT 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/13/77	1S	2 1/2	1:20	1:35	FAILED 2ND INCH			
	1D	12	1:20	1:23	1:23	1:26	3	
	2S	3	1:31	1:34	1:34	1:37	3	
	2D	11	1:31	1:32	1:32	1:35	3	
	3	11	VISHAL - SOIL					
			VERY CONSISTENT					
	4S	3	1:37	1:47	1:47	2:10	23	
	4D	12	1:37	1:41	1:41	1:44	3	
	5S	4 1/2	4:10	4:14	4:14	4:16	2	

REMARKS HOLE #1 - (NEW #5) DNG TO 4 1/2 FT

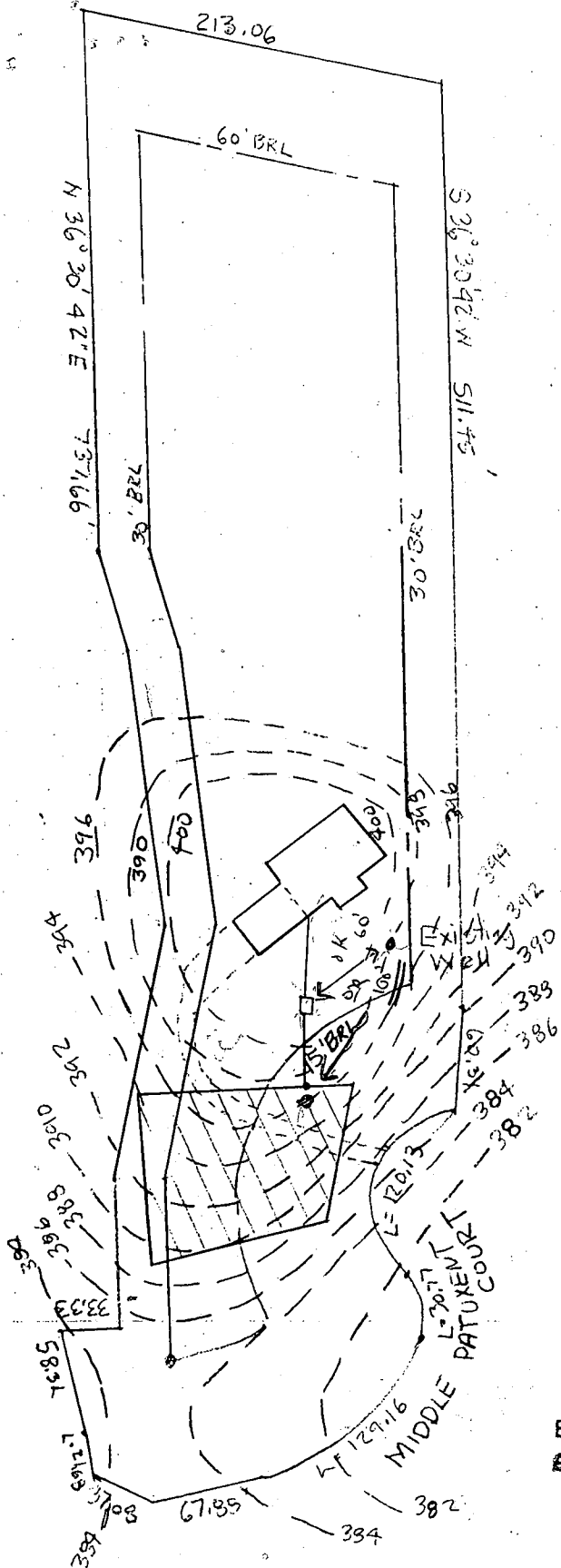
TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT _____

15 Feb 1989

Residence For
 Sammie & David Carpenter
 17314 York Road
 Parkton, MD 21120
 W - 953-5000 x 4171

Lot 5 Vetic Property
 Scale 1" = 100'
 Contour Interval = 2'



B 1 2279

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0069

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

please print or type

fill in this form completely

Date Received

04/15/83

OWNER INFORMATION

CARPENTER DAVID

17314 YORK RD

PARKTON MD 21120

DRILLER INFORMATION

SANDY B. COCHRAN 122

G. EDGAR HARR SONS CORP

12047 FALLS RD COCKEYSVILLE 21030

Sandy B Cochran 4-12-83

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 0

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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)

APPROXIMATE DEPTH OF WELL 200 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 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
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)

APPROP. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX PERMIT NO. 40-81-0069

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

HOWARD

VETICK PROPERTY

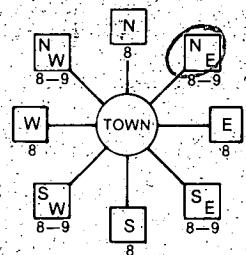
SECTION 44 46 LOT 5 50

CLARKSVILLE

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11717 MIDDLE PATUXENT C.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH

34 700 37 DISTANCE FROM ROAD ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

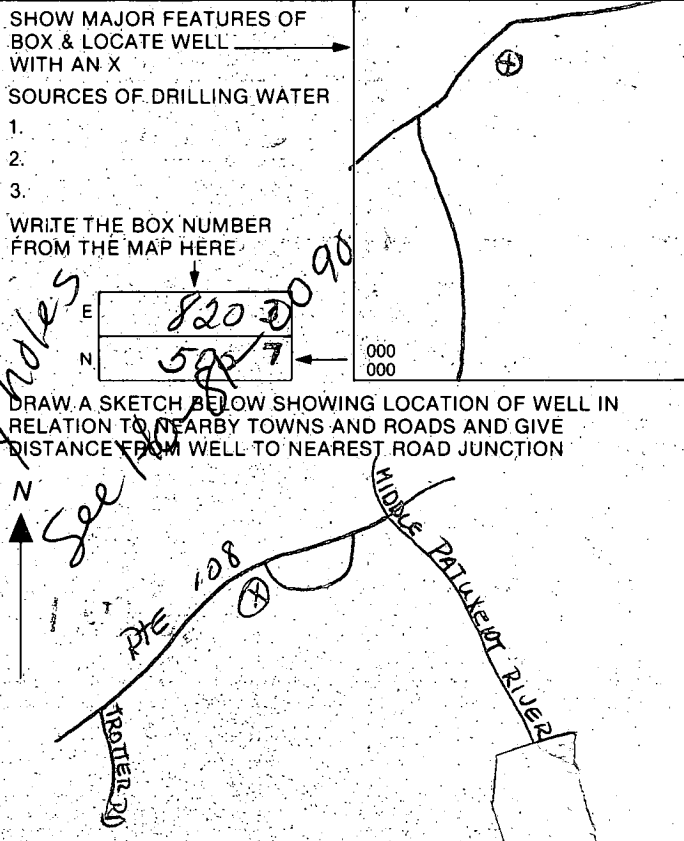
HOWARD COUNTY NAME A 29026 COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 042083 Frank Skinn 10/20/83 EXP DATE
NORTH GRID 507000 EAST GRID 0823000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

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



072
 087
 008
 086
 021
 070
 047
 069
 029
 066
 016
 060
 021
 059
 095
 098

11-10	25.00'	30.77'	17.68'	70°31'30"	N17°45'55"E 28.87'
18-15	125.00'	123.18'	71.03'	59°12'40"	N84°38'11"E 123.50'

WELL SITES
A & B & C

HOWARD COUNTY DEPARTMENT OF PARKS AND RECREATION
 DO NOT EXISTING SEPTIC SYSTEMS
 COORDINATE WITH THE
 DEPARTMENT OF PARKS AND RECREATION
 SHEET A, B, & C
 7/2/82


NOTE: TO PROVIDE ACCESS TO LOTS 7 & 8, 18" PIPES WILL BE CONSTRUCTED UNDER THE DRIVEWAYS WITHIN THE 20' DRAINAGE AND UTILITY EASEMENT PRIOR TO ISSUANCE OF A BUILDING PERMIT FOR LOTS 7 & 8. 4/20/83 Well Sites OK.

Well Sites A & B & C are Fe S.
 certified correct by
 David A. Campment 17314 York Rd
 4/18/83 PHONE 3430882
 WORK 792 2800 X7193

VETIC PROPERTY

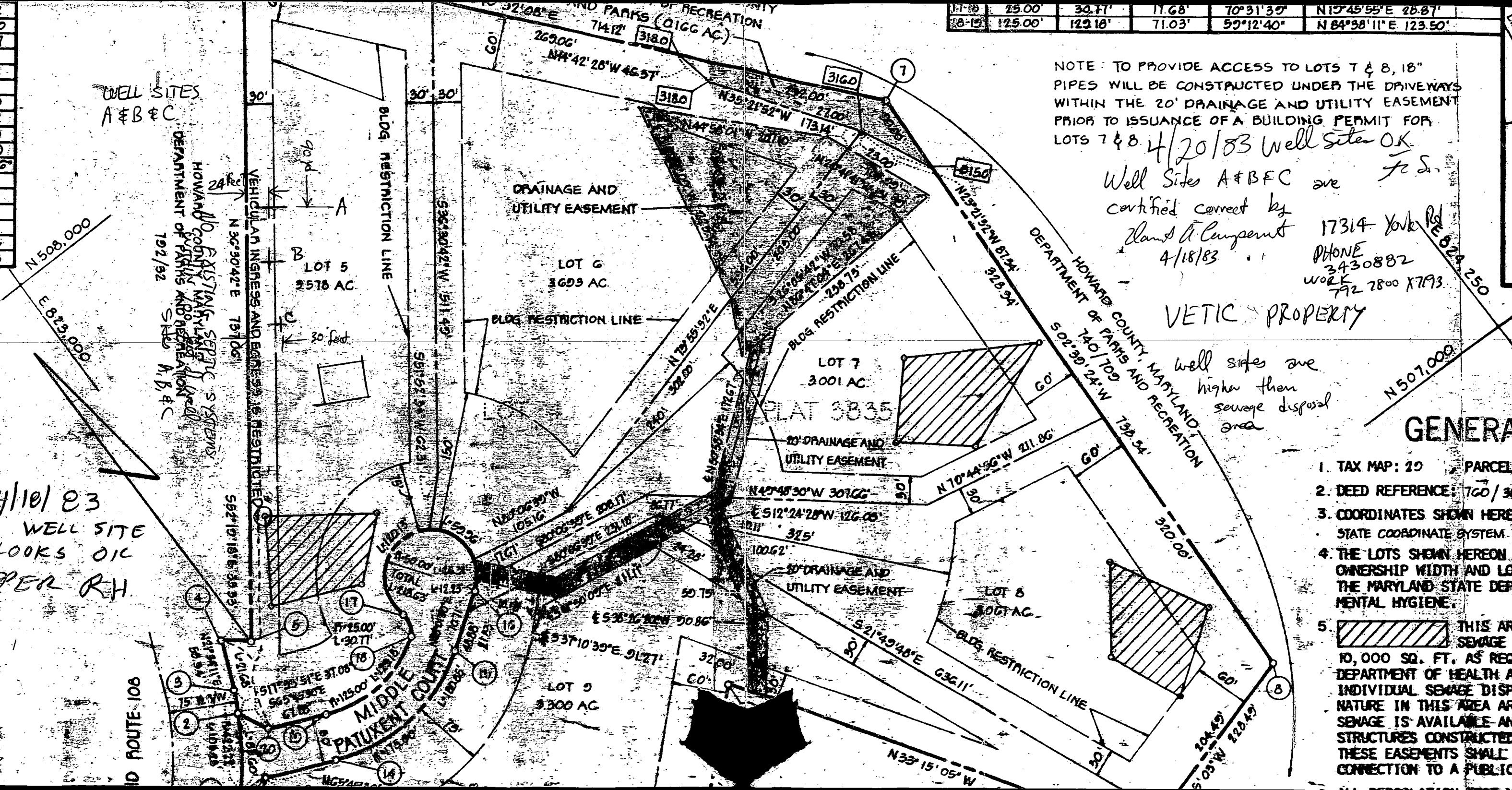
well sites are higher than sewage disposal area

GENERAL

1. TAX MAP: 20 PARCEL NO.
2. DEED REFERENCE: 700/381
3. COORDINATES SHOWN HEREON STATE COORDINATE SYSTEM.
4. THE LOTS SHOWN HEREON OWNERSHIP WIDTH AND LOT AREA THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
5.  THIS AREA IS A SEWAGE DISPOSAL AREA. 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. INDIVIDUAL SEWAGE DISPOSAL STRUCTURES IN THIS AREA ARE NOT PERMITTED. IF SEWAGE IS AVAILABLE AND SEWAGE TREATMENT STRUCTURES CONSTRUCTED ON THESE EASEMENTS SHALL BE CONNECTED TO A PUBLIC SEWER SYSTEM.

4/10/83
 WELL SITE
 LOOKS OK
 PER RH

ROUTE 106



MIDDLE PATUXENT COUNTY
 DEPARTMENT OF PARKS AND RECREATION

Carpenter Lot 5 Vetric prop.
J. Mayne to build

Approved Prelim Plan

P79-22

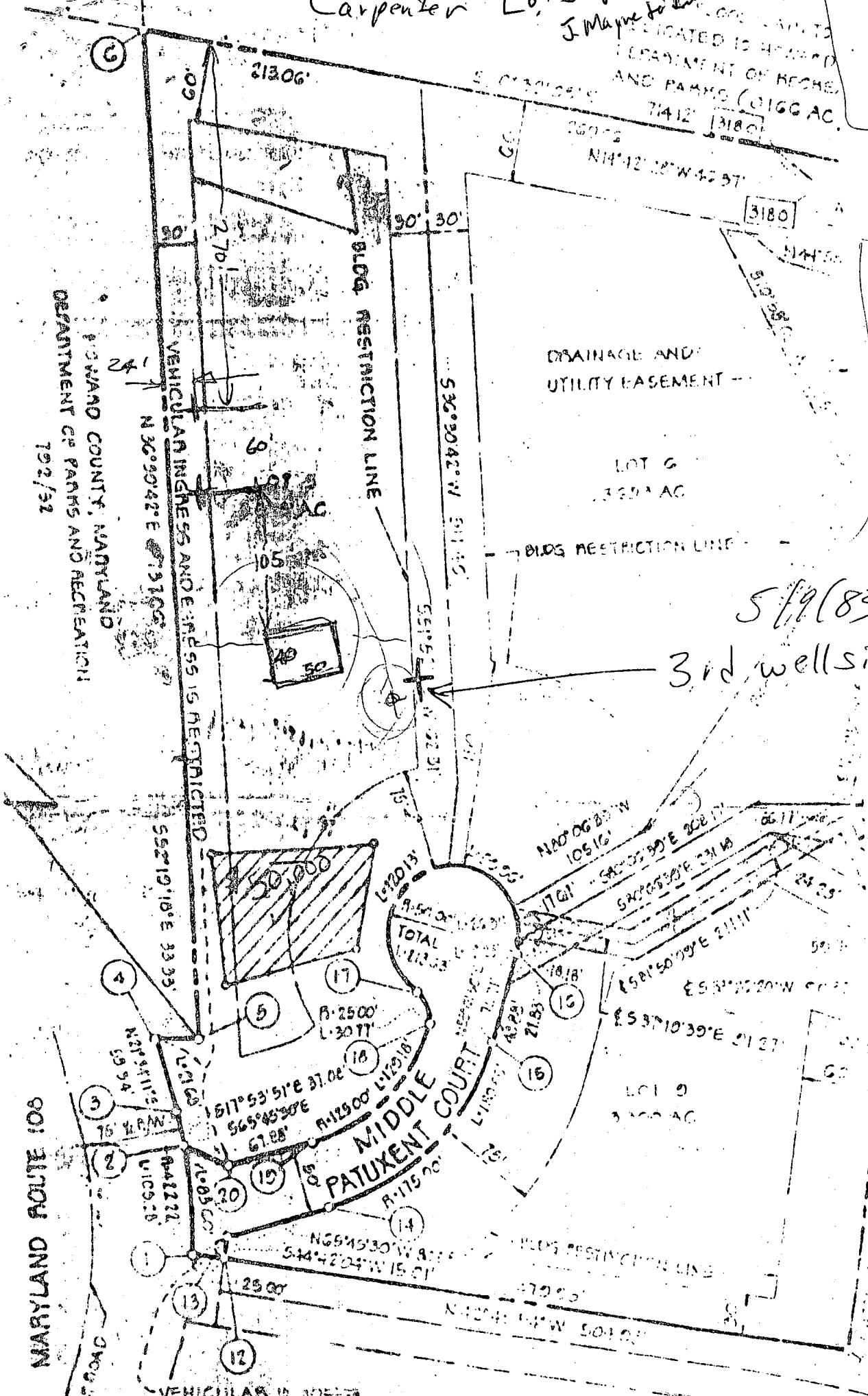
Lots 1, 2, 3, 4

Planning & Zoning

Howard Bldg

Final plat Vetric F 80-50

HOWARD COUNTY, MARYLAND
DEPARTMENT OF PARKS AND RECREATION
192/32



5/9/83

3rd well site OK.

J.S.

C1 7708

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A29026

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

04253

300 (TO NEAREST FOOT)

40-81-009

OWNER Carpenter

David

STREET OR RD 11717 Middle Patuxent Court

TOWN Clarksville

SUBDIVISION Vetch Property

SECTION

LOT 5

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

WELL HAS BEEN GROUTED (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)

C 3 (seq no) PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: OVERBURDEN 0 10, BROWN SHALE 10 38, GREY ROCK 38 302 DRY, WELL #2 200 DEEP DRY (BOTH BACKFILLED)

CASING RECORD casing types insert appropriate code below STEEL CONCRETE PLASTIC OTHER

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) LAND SURFACE

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

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

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

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) LAND SURFACE

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

DEPTH (nearest ft.) SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

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)

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.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

BACKFILLED

DRILLERS IDENT NO. 120 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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

B 1 2023 SEQUENCE NO. (OEP USE ONLY) *Shir pump test - 12:00* STATE OF MARYLAND PERMIT TO DRILL WELL *6/2/83* please print or type

OEP PERMIT NUMBER **HO-81-0090** fill in this form completely

Date Received *1:30 PM - 4/2/83 - grant*
OWNER INFORMATION
CARPENTER DAVI
17314 YORK RD
PARKTON MD 21220

LOCATION OF WELL
HOWARD
VETICK
CLARKSVILLE
MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Joseph H. Mayne
Driller's Name
Joseph H. Mayne
Firm Name
5513 Ridge Rd. Mt Airy
Address
Joseph H. Mayne May 9, 83
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD **350** FT
ENTER FT or MI **FT**

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 COUNTY NAME
A29026 COUNTY NO.
OEP SIGNATURE *Frank Shain* STATE HEALTH INSERT S
DATE ISSUED **050983** EXP. DATE **11/9/83**
NORTH GRID **507000** EAST GRID **0823000**

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)

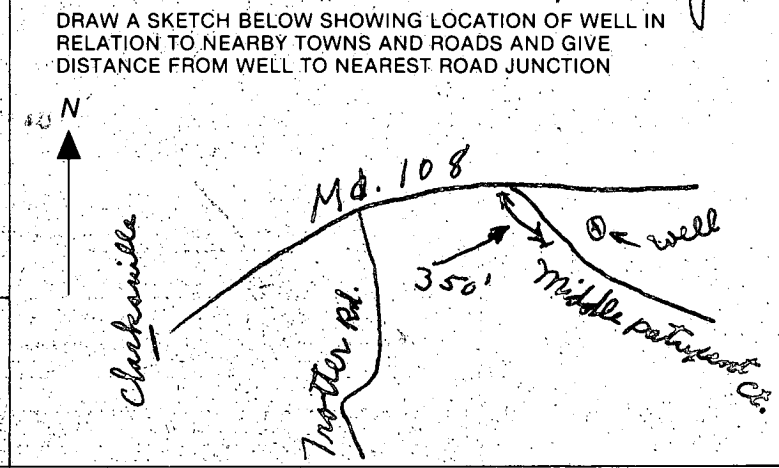
APPROXIMATE DEPTH OF WELL **200** FEET

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 **8203**
N **5007**
000 6/2/83 - JS

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)
 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 **GAP**
FORCE **FS** WRITE INITIALS IN BOX PERMIT NO. **HO-81-0090**

SPECIAL CONDITIONS

C1 7751 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 A 29026

Date Received (OEP use only)

DATE WELL COMPLETED 150283

Depth of Well 183 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL 40-81-0090

OWNER Carpenter David STREET OR RFD Middle Rafter Court TOWN Clarksville SUBDIVISION Vetrick Property SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Gray granite 0-10, Brown Shale 10-183, Gray granite 10-183.

GROUTING RECORD

WELL HAS BEEN GROUTED (YES Y NO N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 13 NO. OF POUNDS 1522

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

MAIN CASING TYPE (ST) Nominal diameter top (main) casing 6 inch Total depth of main casing 52 feet

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

DEPTH (nearest ft.) 21 183

- 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...

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (Must match signature on application)

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

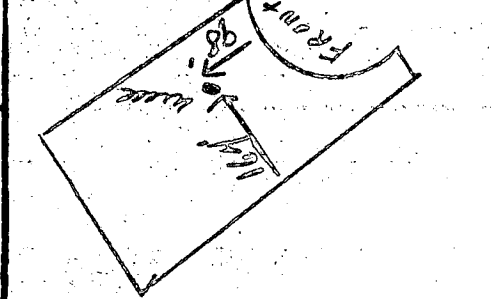
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED 3 PUMPING RATE 9 MEASURE PUMPING RATE custom on site WATER LEVEL BEFORE PUMPING 32 WHEN PUMPING 34 TYPE OF PUMP USED (for test) 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

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



29026

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 Replacement Receipt # _____ Date 7-26-89
Name of Installer Allen M. Von Sant Jr Telephone 442-2221
License Number 1862
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner David Carpenter Telephone _____
Subdivision Vetrica Prop Lot # 5 Well Tag # _____
Site Address 1 Middle Pasture Ct Clarksville
11717

Pump Motor Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible
2. Make Goald
3. Model # 5K505412
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 _____

Tank Piping Well data
1. Capacity 42
2. Pressure relief valve? Yes
1. Type 160 LB
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 3 FT
1. Depth 192 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: _____
Date: 7-26-89

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

5:10
APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

37968

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELICOTT CITY, MARYLAND 21043

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

11717 Middle Potuxent Ct. Clarksville, MD. 21029-1236

GRADING/BEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

Building 33'x22' L shaped deck on rear of home with steps to ground

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
5	333	N-A	NA	14	A12	N14

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
NETICK PROPERTY	R	29	5	6055

OWNER'S NAME AND ADDRESS
David & Sammie Carpenter 531-3879
Same as above

OCCUPANT'S NAME AND ADDRESS
David & Sammie Carpenter 531-3879

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
David A. Carpenter 531-3879
11717 Middle Potuxent Ct. Clarksville, MD. 21029-1236

CONTRACTOR'S NAME AND ADDRESS
Same

EXISTING USE: Single Family Home
PROPOSED USE: Same with Deck

EST. CONSTRUCTION COST: \$2500
LICENSE NUMBER
PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	BATHS	FIREPLACES	
FOOTINGS	FOUNDATION	B. WALLS	
Diap & Posts			

UTILITIES
WATER (WELL) SEWER (SEPTIC) GAS ELECTRICITY TYPE OF HEAT: 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 whether specified or not; and I will notify the Bureau of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

Home Owner
Signature

FOR OFFICE USE ONLY
DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE
SIDE YARD
DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE
DISTANCE IN FEET FROM SIDE STREET R/W LINE
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY)
CONDITIONS (IF ANY)
SDP #

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY
CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law
Use and occupancy permit must be applied for two weeks before it will be issued

FUNCTION	DATE	APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/21/91	C. W. Dill
FIRE PROTECTION		
STORM WATER MGM		

APPROVED DATE
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.

LP-69
Revised

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