LAYOUT 10/14/03 - 3PM INSP 4 _____ 04-342119

Anytime INSP 2 10/17 4:30 WPL INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: ? P 519585

APPROVAL DATE: 10/14/03 A 29415

INDEXED

PERMIT

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

J Joseph Gartland, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 1835 West Old Liberty Rd, 21157 PHONE NUMBER: 410-875-2400

SUBDIVISION: Red Lion Inn Estates LOT NUMBER: 10

ADDRESS: 14652 Red Lion Drive PROPERTY OWNER: Carrigan Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 110' from the existing well and 120' from the right lot line. Run three trenches on contour to left side of lot as shown on plan.
NOTES:	

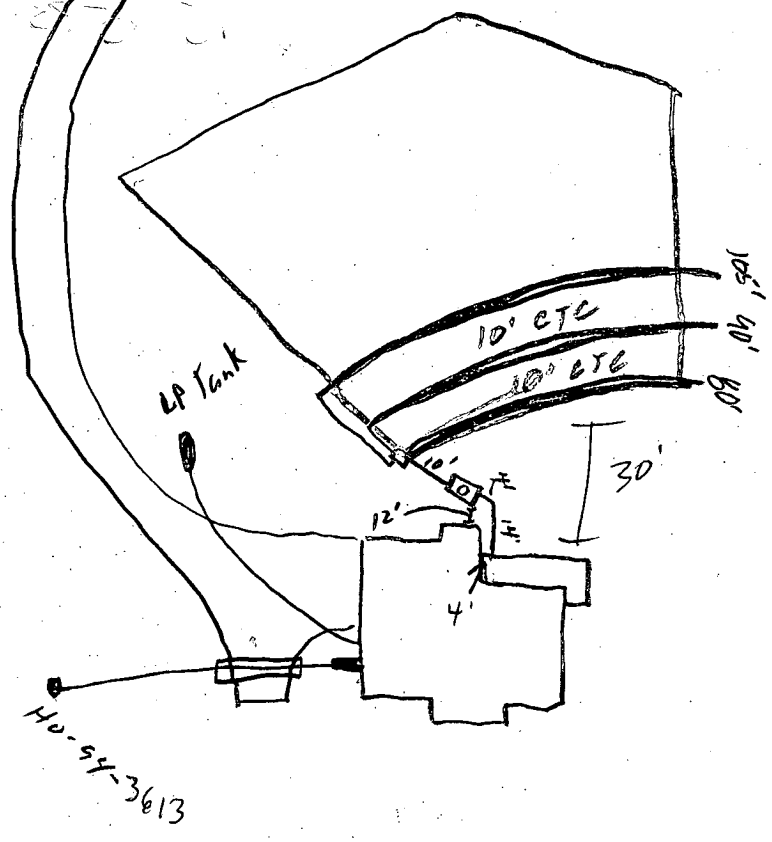
PLANS APPROVED: MER DATE: 5/16/03

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

A 29415

NOT TO SCALE



ROAD

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	5'

NUMBER OF TRENCHES 3
TOTAL LENGTH 280'
ABSORPTION AREA 840 ft
DISTRIBUTION BOX LEVEL ✓
DISTRIBUTION BOX BAFFLE —
DISTRIBUTION BOX PORT —

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL ✓
CAPACITY 1250 GAL
SEAM LOC Top
TANK LID DEPTH 1'
BAFFLES ✓
BAFFLE FILTER —
MANHOLE LOC Center
6" PORT LOC —
WATERTIGHT TEST ✓

SEPTIC TANK 2 LEVEL
CAPACITY GAL
SEAM LOC
TANK LID DEPTH
BAFFLES N/A
BAFFLE FILTER
MANHOLE LOC
6" PORT LOC
WATERTIGHT TEST

PRE-CONSTRUCTION 10/14/03 - No layout. Installed per BP. Ok to cover all work (SO)

INSTALLATION 10/17/03 Spoke to SO. Said well line in put well head not ready. Called the plumber and they are @ site today finishing work (KN)

FINAL INSPECTOR _____ DATE OF APPROVAL 10/14/03

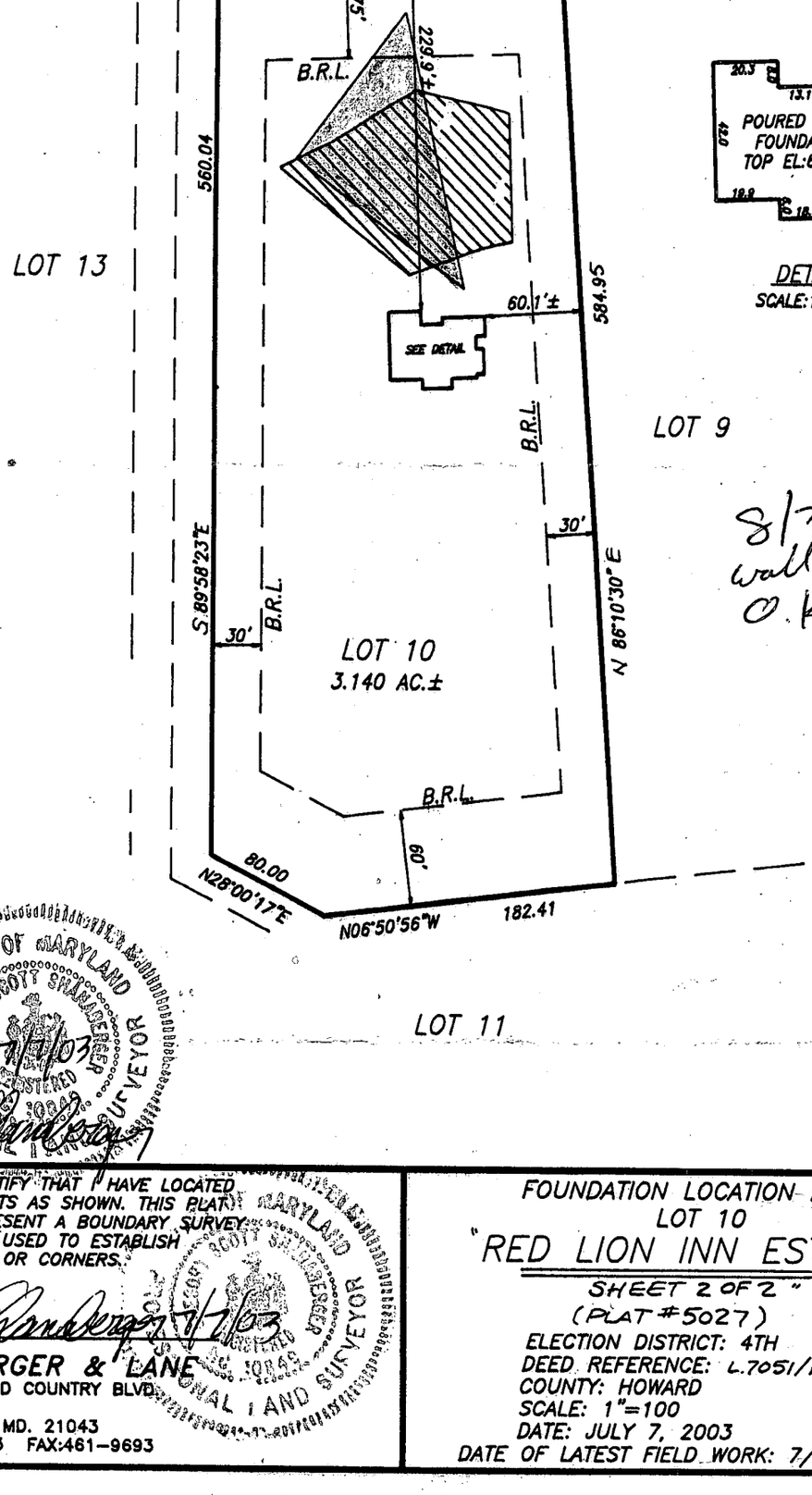
Perm. F# 14652 Red Lion Drive # B00140954

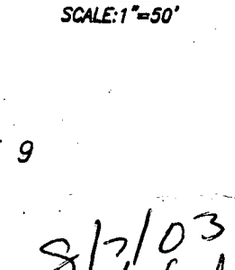
NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 0.2'
6. ACCURACY OF ELEVATIONS: 0.5'
7. DENOTES SEPTIC AREA PER PLAT #5027

DENOTES REVISED SEPTIC AREA PER APPROVED SITE PLAN

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044 0008B DATED: DEC 4, 1986





DETAIL
SCALE:1"=50'

8/7/03
wall check
O.K.

STATE OF MARYLAND
GEORGE SCOTT SHANABERGER
REGISTERED
10843
PROFESSIONAL LAND SURVEYOR
7/7/03

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

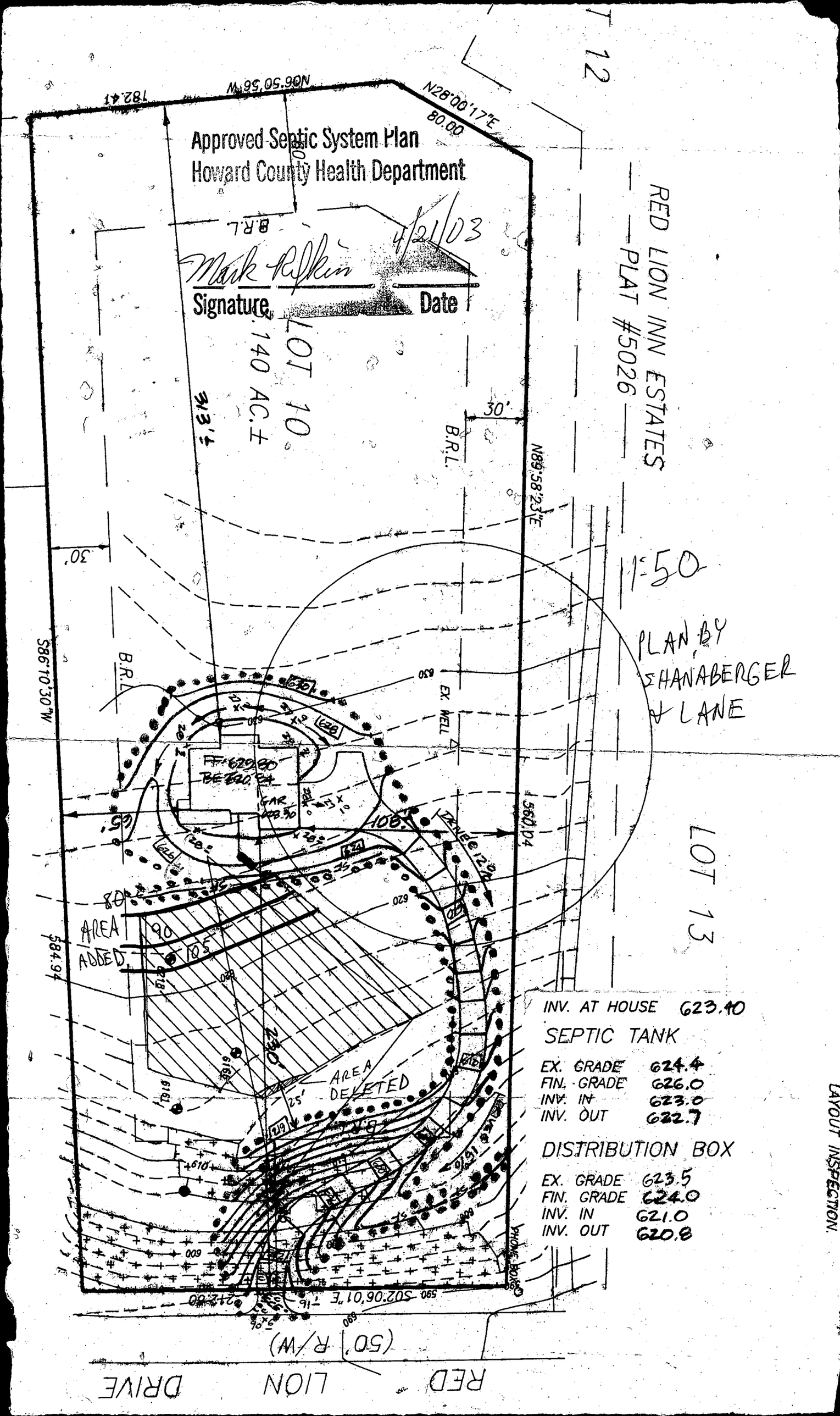
7/7/03

SHANABERGER & LANE
8726 TOWN AND COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
(410)461-9563 FAX:461-9693

FOUNDATION LOCATION DRAWING
LOT 10
"RED LION INN ESTATES,
SHEET 2 OF 2"
(PLAT #5027)
ELECTION DISTRICT: 4TH
DEED REFERENCE: L.7051/F.478
COUNTY: HOWARD
SCALE: 1"=100
DATE: JULY 7, 2003
DATE OF LATEST FIELD WORK: 7/3/03

JJ GARTLAND

E:\AQADWG\86116LC.DWG


Approved Septic System Plan
Howard County Health Department
4/21/03
Mark Rafkin
Signature
Date
RED LION INN ESTATES
PLAT #5026
LOT 10
1.40 AC.±
LOT 13
1"=50'
PLAN BY
SHANABERGER & LANE
B.R.L.
EX. WELL
AREA ADDED
AREA DELETED
INV. AT HOUSE 623.40
SEPTIC TANK
EX. GRADE 624.4
FIN. GRADE 626.0
INV. IN 623.0
INV. OUT 622.7
DISTRIBUTION BOX
EX. GRADE 623.5
FIN. GRADE 624.0
INV. IN 621.0
INV. OUT 620.8
RED LION DRIVE
(50' R/W)
N89°58'23"E
S86°10'30"W
S02°06'01"E
N28°00'17"E
N06°50'56"W

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 00140954 MER

Building Address 14652 Red Lion Ln
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: F-81-112
Census Tract 6051.01 Subdivision Collington Flats
Section _____ Area _____ Lot 10
Tax Map 8 Parcel 213 Grid 11
Zoning R-VH Map Coordinates 4C 1st Lot size 3.1410 Ac

Property Owner's Name Carrigan Homes Inc.
Address 9812 Gaithers Ct.
City Ellicott City State Md Zip Code 21042
Home Phone _____ Work Phone 410-465-7755
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax 410-465-5608

Existing Use Empty lot
Proposed Use New Single Family Home
Estimated Construction Cost $ 190,000
Description of Work New SF Dwelling 3 Bdrm 2½ Baths 2 Car Garage Fireplace Deck Patio Bsmt. 4 BDRMS

Contractor Company SAME
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. 358
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 Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4
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: _____
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private
Sewage Disposal:
____ Public
✓ Private
Electric Yes ☐ No ☐
Gas Yes ☑ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☑
Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ 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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Owen Kelly
Applicant's Signature

Owen Kelly
Print Name

Pres. Carrigan Homes Inc.
Title/Company

4-1-03
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL

✓ Land Development, DPZ
✓ State Highways
✓ Building Official
✓ Dev. Engineering, DPZ
✓ Health 4/2/03
Fire Protection
Sediment Control approval required prior to issuance?
YES ☑ NO ☐
CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 5779
Filing fee $ 10.00
Permit fee $
Excise tax $
Add'l per. fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check # 3115
Validation # 22181
Accepted by

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

...forms\PERMIT.FRM

Rev. 5/17/00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: J. Joseph Gartland, Inc. Telephone #: 410-875-2400
Address: 1835 W. Old Liberty Rd.
Westminster, Md. 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): James J. Gartland, Jr. License# 1713
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Carriage Homes Telephone #: 410-465-7755
Subdivision: Red Lion Inn Estates Lot #: 10 Well Tag # : HO-94-3613
Site Address: 14652 Red Lion Drive
Sykesville, Md. 21784

Submersible Pump Data
Make: Goulds
Model #: 10SB05422
Pump Capacity 10 GPM
Well Yield: 8.5 GPM

Pitless Adapter
Make: Harwood
Model#: PT800
Depth: 42" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit
Two piece watertight cap: ✓
Screened, vented well cap: ____
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: ____(feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house
Type: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6 FT
Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation 10/17/03 date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 10/17/03 Date Insp. Approved: 10/17/03 KN SRC

Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓
- Safety rope installed inside of well casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓

C 1 **14378** 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 TYPE

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

COUNTY NUMBER (13) A29-4/15

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM 02 DD 04 YY 03

Depth of Well 200 (TO NEAREST FOOT)

OK 2-28-03 (RS)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3013

OWNER Johnson last name KENNETH first name

STREET OR RFD RED LION Drive TOWN COOKSVILLE

SUBDIVISION RED LION INN Estates SECTION LOT 10

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	FEET TO	check if water bearing
Top Soil	0	2	
Brown Shale	2	60	✓
Brown Slate	60	65	
Blue Slate	65	90	
Brown Slate	90	95	✓
Blue Slate	95	140	
Flint Rock	140	145	✓
Blue Slate	145	200	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes (Y) no (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.

DRILLERS LIC. NO.: M S D [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: [illegible] D

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes (Y) no (N)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 19 NO. OF POUNDS 1980

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 304 ft. (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below:
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)
PL	6	70

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
1	140	68	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

	from	to
GRAVEL PACK		
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

70 TELESCOPE CASING; 72 LOG INDICATOR; 74 75 76 OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 53 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES (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.

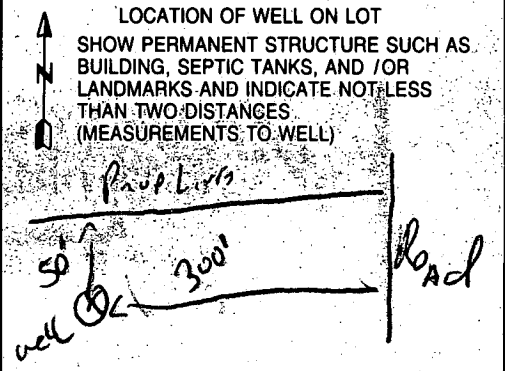
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
(+) above / (−) below LAND SURFACE
2 (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)



DENV-CR00

COUNTY

Page ____ of ____
Date Feb 4 2003

Review KN

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3613
Location of property (road) RED LION DR
Subdivision RED LION Inn Est Lot 10 Block ____ Plat ____ Sec. ____
Well Driller R. Mayne Owner JOHNSON, KENNETH

Depth of well 200
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 50

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 53 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)
8:00	50 Ft.	6 Sec		10 GPM
			Test Started	
8:15	53 "	7 Sec		8.5 GPM
8:30	53 "	7 Sec		8.5 GPM
8:45	53 "	7 Sec		8.5 GPM
9:00	53 "	7 "		8.5 "
9:15	53 "	7 "		8.5 "
9:30	53 "	7 "		8.5 "
9:45	53 "	7 Sec		8.5 GPM
10:00	53 "	7 Sec		8.5 GPM
10:15	53 "	7 Sec		8.5 GPM
10:30	53 "	7 "		8.5 "
10:45	53 "	7 "		8.5 "
11:00	53 "	7 Sec		8.5 GPM
11:15	53 "	7 Sec		8.5 GPM

HD-224

EMERGENCY/TEMP NO. IF ANY

B 1 | 2443 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

W517967

STATE PERMIT NUMBER: HO-94-3613

fill in this form completely

Date Received (APA): 10/22/02

OWNER INFORMATION

Last Name: JOHNSON | Owner | First Name: KENNETH DBA

Street or RFD: 6648 Country Club Rd.

Town: WESLEY CHAPLE | State: FL | Zip: 33544

DRILLER INFORMATION

Driller's Name: RALPH E. MAYNE | License No.: MSD 117

Firm Name: RALPH E. MAYNE WELL DRILLING

Address: 17024 Handy Rd. Mt Airy MD 21771

Signature: Ralph E. Mayne | Date: 10-21-02

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)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 150 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER: ----G---

PERMIT No. HO-94-3613

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Red Lion Inn Est

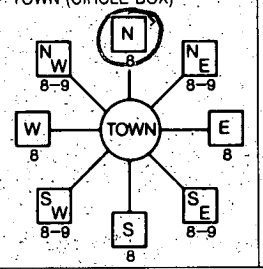
SECTION | LOT: 10

NEAREST TOWN: Cooksville

MILES FROM TOWN (enter 0 if in town): 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Red Lion Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 300 FT.

TAX MAP: 8 BLK: 16 PARCEL 93

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD | COUNTY NO.: A29415

STATE SIGNATURE: _____ INSERT S

DATE ISSUED: 12-18-02 Kacie Moman 12-18-03

CO SIGNATURE | EXP. DATE

NORTH GRID: 794 000 | EAST GRID: 0546 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

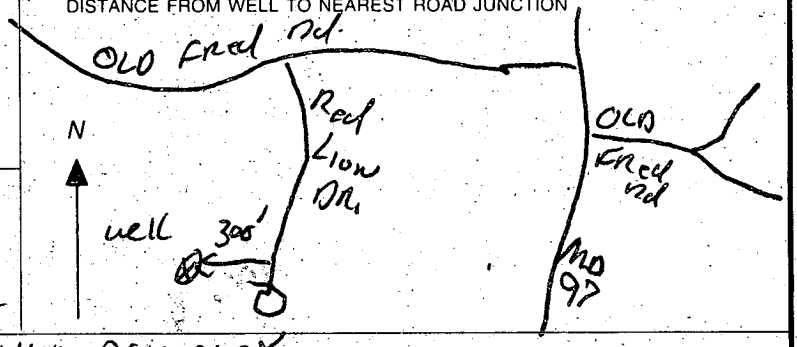
WRITE THE BOX NUMBER FROM THE MAP HERE 46

E 546

N 7984

000
000

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



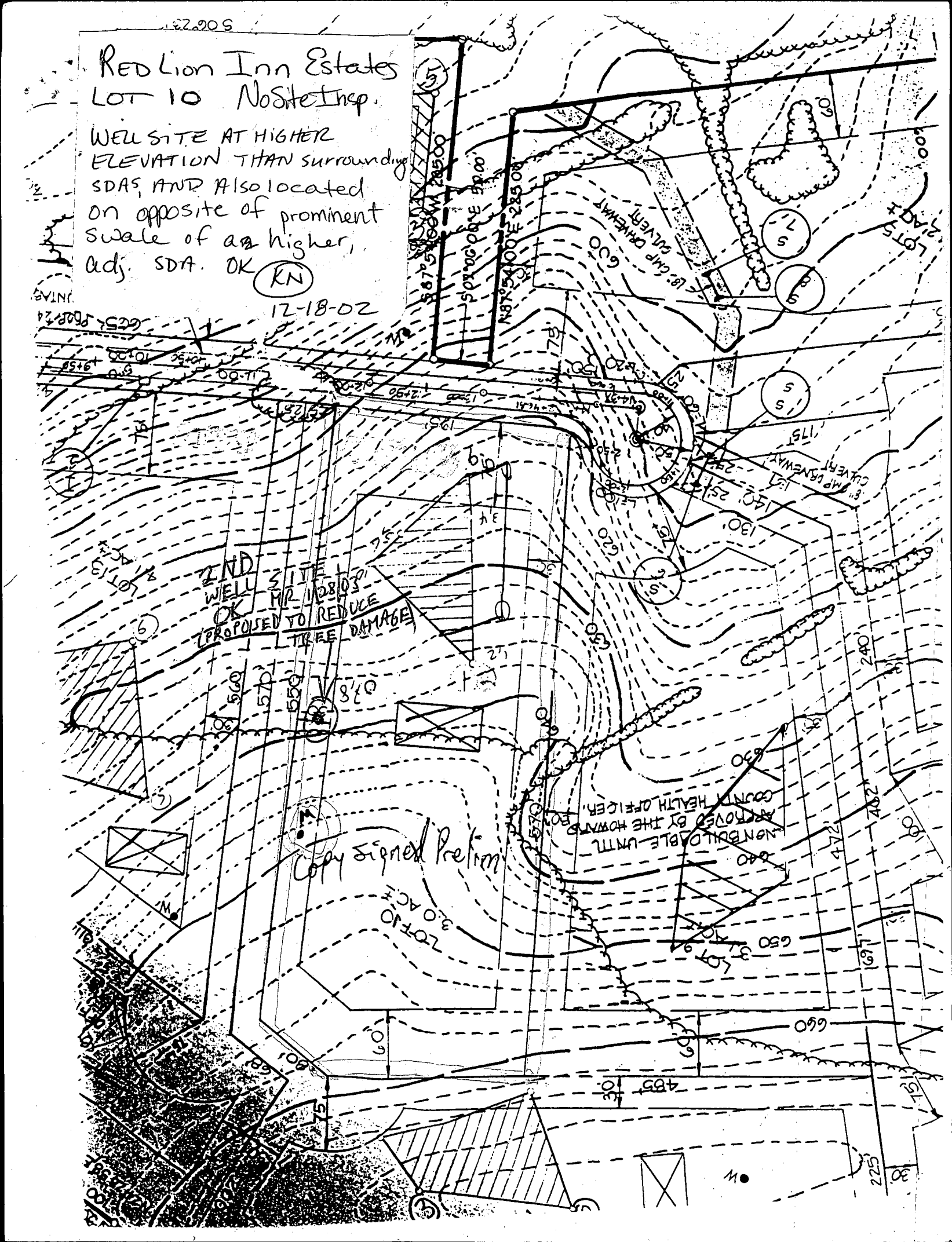
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Jim Feaga well 410-984-0408

DENV-Permit 97

② COUNTY


RED LION INN ESTATES
LOT 10 NO SITE INSP.
WELL SITE AT HIGHER ELEVATION THAN SURROUNDING SDAS, AND ALSO LOCATED ON OPPOSITE OF PROMINENT SWALE OF A HIGHER, ADJ. SDA. OK (KN)
12-18-02
2ND WELL SITE OK MR 11-08-02 (PROPOSED TO REDUCE TREE DAMAGE)
Copy Signed Prelim
UNBUILDABLE UNTIL APPROVED BY THE HOWARD COUNTY HEALTH OFFICER.

Prel.

APPLICATION

A 29415

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

DISTRICT 4th

DATE 1/17/79

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 H.B.L. Properties, Inc.

ADDRESS _____ PHONE Boender - 465-7777

PROPERTY LOCATION

SUBDIVISION BED LION ESTATES LOT NO. 16 NOW # 10 10/80 PLAT

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 3.1 acres 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 for E. Brooke Lee

APPROVED BY K Hodges FOR Dry Well DATE 7/13/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

1/23/79 REASONS FOR ~~REJECTION~~ OR HOLDING for further tests C.B.A.

7/13/84 Spec. Area

THIS IS NOT A PERMIT

#6

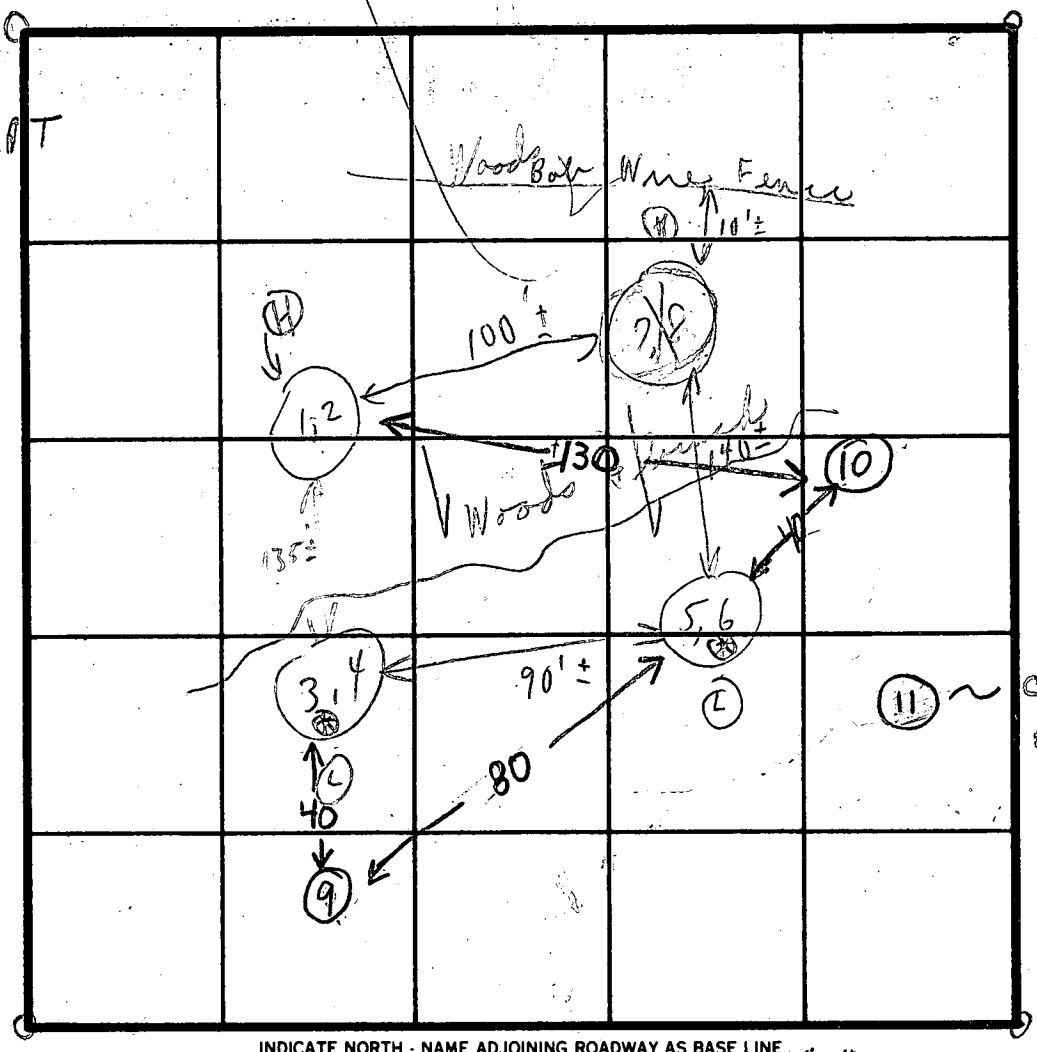
Now #10 10/80 PLAT

Field sheet

SOIL PROFILE

0'

Below clay stony loam



Tests 2 Low holes per stake pr. Boring

(11) ~ clayey rocky bottom 11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Road "A"

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/23/79	1	6½'	2:46	2:55	2:55	3:07	12m
	2	14+'	2:37	2:39	2:39	2:45	6m
	3	4'	1:58	2:02	2:02	2:09	7m
	4	13'	1:58	2:02	2:02	2:33	Dirt fell in 2:13 3/4" 4m
	5	6'	2:01	2:16	2:16 and	2:34 Dirt	18m Dirt falling in clearing
	6	14+'	2:15	2:30	2:30	2:50	20m
	(7)			(Hold for			hole)
	(8)	11'	Clayish		+	Drum refusal on rock	
1/25/79 (GLK)	9S 9D	3 13½	1'20 1'20	1'21 1'24	1'21 1'24	1'26 1'40	5 16
	10S 10D	13'	VISUAL —	SIMILAR TO	(9)	—	little clay 12m 7 84

Field Check area boring

REMARKS Hold for certified holes Test not by stakes

TYPE OF SOIL Cold ground slightly frozen + ground flowers (3,4) (5+6) in pasture on high knoll

TESTED BY C.B. ALSO PRESENT Dennis + Deeria of Boarding

1/28/03
12:00

APPLICATION

PERCOLATION TESTING

NO FEE
A PER F.S.

P _____

DISTRICT _____

DATE 1/22/03

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

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 Ken Johnson

ADDRESS 6621 Gentle Ben Circle Wesley Chapel FL 33544 PHONE _____

AGENT OR PROSPECTIVE BUYER Tim Feaga/ Heritage Land

ADDRESS 3060 Washington Road, Glenwood 21738 PHONE 410 489-7900

PROPERTY LOCATION:

SUBDIVISION REd Lion Estates LOT NO. 10

ROAD AND DESCRIPTION Old Frederick and Red Lion (near 97)

Verification of Existing ~~System~~ Easement

TAX MAP 8 PARCEL # 93

SIZE OF LOT 3 TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

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

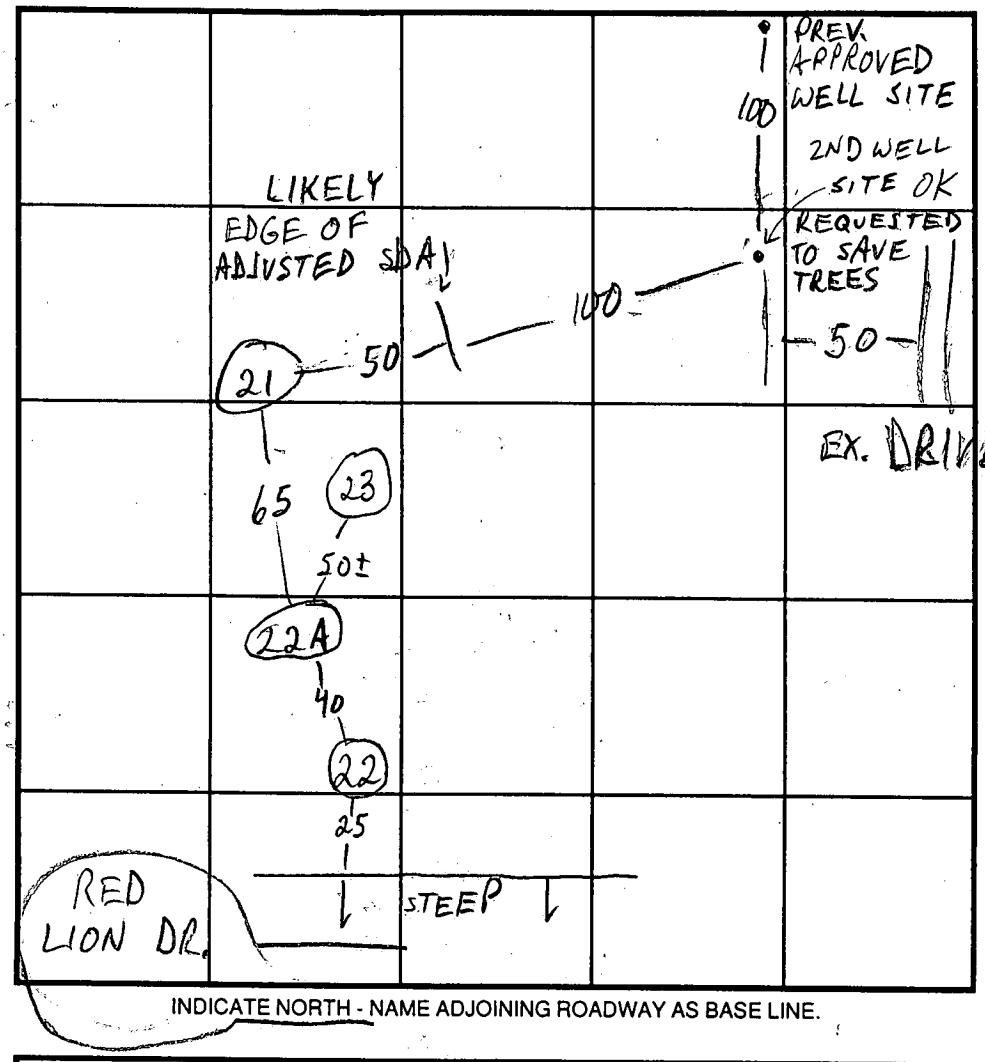
HD-216 (3/92)

COUNTY #

SOIL PROFILE

0' 21/22A
yel tan
hvy
sa lm
3-4
yel tan
pink
sa lm
10-15%
RX
11
25% RX in #21
13

23
yel tan
hvy
sa lm
3-4
yel tan
gray
sa lm
10-15%
8-8½
25-40%
frags
11½



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/28/03	22 V	5'9"	35-60%	RX THROUGHOUT			FAIL
	22A S V	3½ / 4'10" / 13	1:26 1:34	1:31 1:39	<¼" 1:39	1:46	7
	21 S V	3'3" / 13	1:51	1:58	1:58	2:11	13
	23 M M2	7'10" / 8½	2:31 2:51	2:44 3:01			25 EST 20 EST
	23 V	11½	TWO TESTS PERFORMED TO EVALUATE		ROCK BELOW		8'

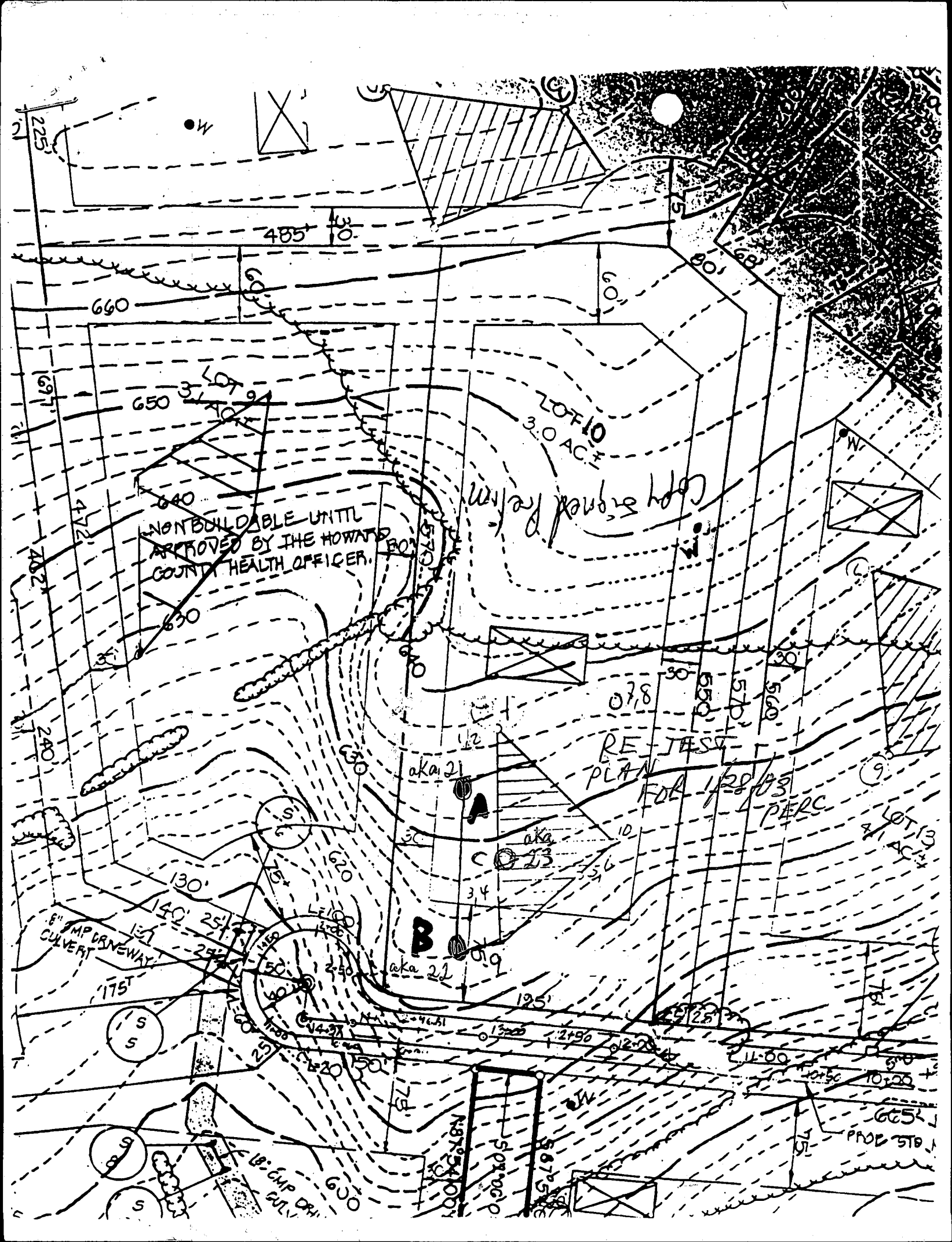
REMARKS

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT D. Feaga, T. Feaga

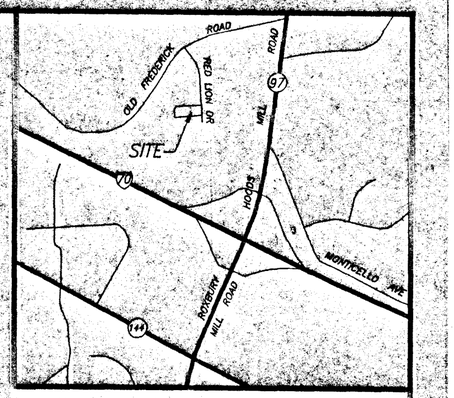
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 13.5 w/PREV. DATA TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT/BEDROOM 210

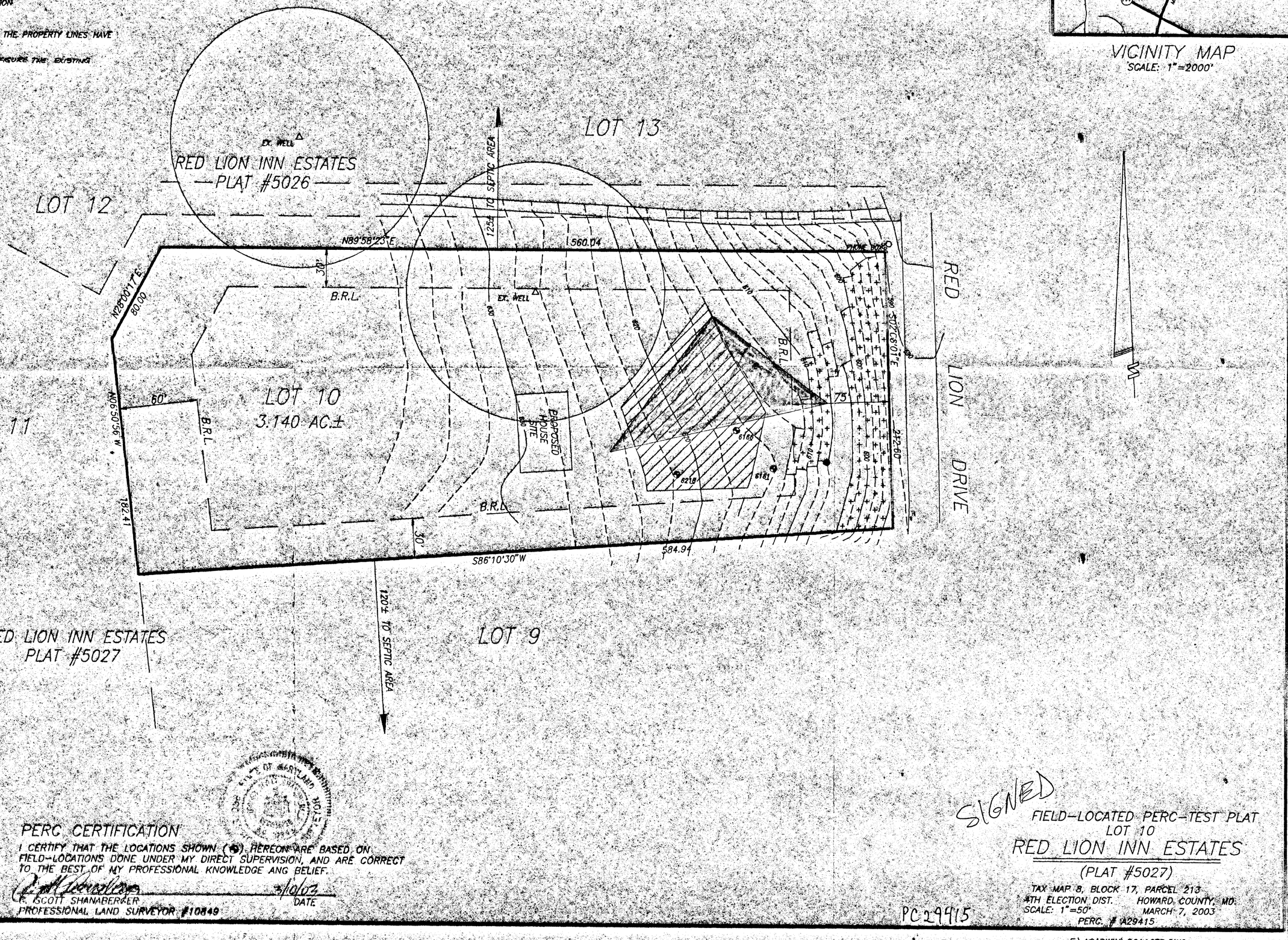

NONBUILDABLE UNTIL APPROVED BY THE HOWARD COUNTY HEALTH OFFICER.
LOT 9
3.1 AC±
LOT 10
3.0 AC±
REJECT PLAN FOR 1/20/03 PERC
aka 21
aka 22
aka 23
6" CMP DRIVEWAY CULVERT
PROP STD
660
650
640
630
620
600
485'
175'
125'
140'
130'
240'
402'
225'

NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE ON FEBRUARY 27, 2003.
2. ▨ THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MD. STATE DEPT. OF OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS DISPOSAL AREA SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE DISPOSAL AREA.
3. ▨ PRIVATE SEWAGE DISPOSAL AREA PER PLAT #5027
4. ⊕ DESIGNATES APPROVED PERC TEST
   △ DESIGNATES EX. WELL LOCATION
   H DESIGNATES PROPOSED HOUSE LOCATION
   ▨ DESIGNATES SLOPES > 25%
5. WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY LINES HAVE BEEN SHOWN.
6. THE PURPOSE OF THIS PLAN IS TO RECONFIGURE THE EXISTING PRIVATE SEWAGE DISPOSAL AREA.



VICINITY MAP
SCALE: 1"=2000'



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

COUNTY HEALTH OFFICER MK DATE 3/27/03

PERC CERTIFICATION

I CERTIFY THAT THE LOCATIONS SHOWN (⊕) HEREON ARE BASED ON FIELD-LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE ANG BELIEF.

C. SCOTT SHANABERGER DATE 3/10/03
PROFESSIONAL LAND SURVEYOR #10849

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
PHONE: 410-461-8563
FAX: 410-461-8693

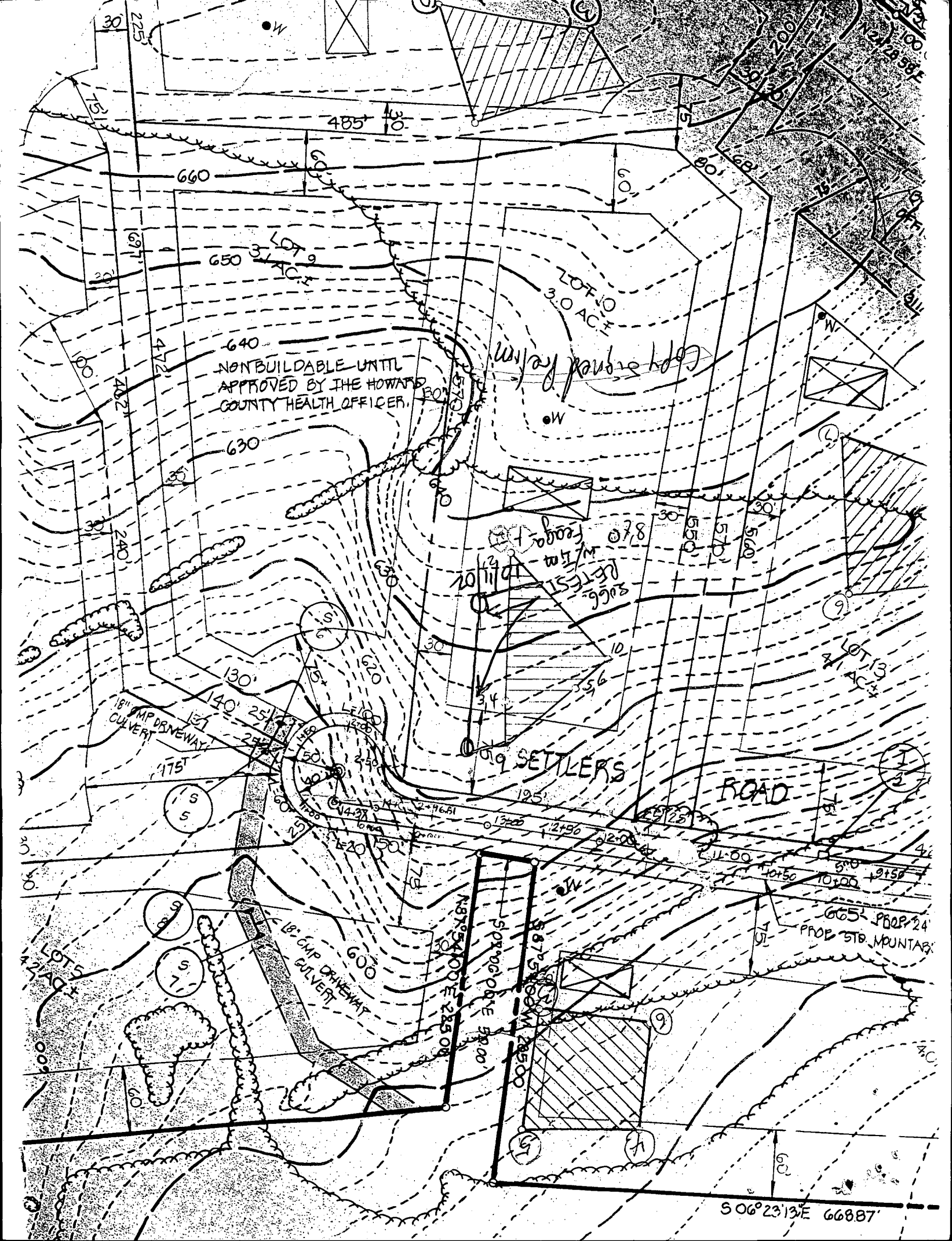
SIGNED

FIELD-LOCATED PERC-TEST PLAT
LOT 10
RED LION INN ESTATES
(PLAT #5027)

TAX MAP 8, BLOCK 17, PARCEL 213
4TH ELECTION DIST. HOWARD COUNTY, MD.
SCALE: 1"=50' MARCH 7, 2003
PERC. # A29415

PC 29415

F:\ACADWIN\86116TP.DWG


LOT 9
3.1 AC±
LOT 10
3.0 AC±
LOT 13
3.1 AC±
LOT 5
2.1 AC±
NONBUILDABLE UNTIL APPROVED BY THE HOWARD COUNTY HEALTH OFFICER.
Conservation Easement
SETTLERS
ROAD
18" CMP DRIVEWAY CULVERT
18" CMP DRIVEWAY CULVERT
PROP. 24' PRIVATE ACCESS EASEMENT
PROP. STD. MOUNTABLE
N87°54'00"E 228.08'
S87°54'00"W 228.08'
S 06°23'13"E 668.87'
N24°29'58"E
485'±
660
650
640
630
620
600
665'±