

## Real Property Data Search

## Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration				
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>								
<b>Exempt Class:</b>		NONE								
<b>Account Identifier:</b>		District - 05 Account Number - 410452								
Owner Information										
<b>Owner Name:</b>		BACKERT JOHN P BACKERT NANCY L DEPT#01830013				<b>Use:</b>		RESIDENTIAL		
<b>Mailing Address:</b>		44 BELLFALLS WAYS NOTTINGHAM MD 21236-4791				<b>Principal Residence:</b>		NO		
						<b>Deed Reference:</b>		/04338/ 00649		
Location & Structure Information										
<b>Premises Address:</b>		6321 MORNING DEW CT CLARKSVILLE 21029-0000				<b>Legal Description:</b>		LOT 15 3.297 A 6321 MORNING DEW CT CLARKSVILLE MANOR		
<b>Map:</b>	<b>Grid:</b>	<b>Parcel:</b>	<b>Sub District:</b>	<b>Subdivision:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot:</b>	<b>Assessment Year:</b>	<b>Plat No:</b>	8503
0034	0011	0398		0000			15	2017	<b>Plat Ref:</b>	
<b>Special Tax Areas:</b>						<b>Town:</b>		NONE		
						<b>Ad Valorem:</b>		100		
						<b>Tax Class:</b>				
<b>Primary Structure Built</b>		<b>Above Grade Living Area</b>		<b>Finished Basement Area</b>		<b>Property Land Area</b>		<b>County Use</b>		
						3.2900 AC				
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>	<b>Full/Half Bath</b>	<b>Garage</b>	<b>Last Major Renovation</b>				
Value Information										
		<b>Base Value</b>		<b>Value</b>		<b>Phase-in Assessments</b>				
				As of		As of		As of		
				01/01/2017		07/01/2018		07/01/2019		
<b>Land:</b>		272,100		272,100						
<b>Improvements</b>		0		0						
<b>Total:</b>		272,100		272,100		272,100		272,100		
<b>Preferential Land:</b>		0						0		
Transfer Information										
<b>Seller:</b> BACKERT JOHN P				<b>Date:</b> 06/26/1998		<b>Price:</b> \$0				
<b>Type:</b> NON-ARMS LENGTH OTHER				<b>Deed1:</b> /04338/ 00649		<b>Deed2:</b>				
<b>Seller:</b> IAGER CHARLES E				<b>Date:</b> 06/26/1998		<b>Price:</b> \$13,000				
<b>Type:</b> ARMS LENGTH VACANT				<b>Deed1:</b> /00000/ 00000		<b>Deed2:</b>				
<b>Seller:</b>				<b>Date:</b>		<b>Price:</b>				
<b>Type:</b>				<b>Deed1:</b>		<b>Deed2:</b>				
Exemption Information										
<b>Partial Exempt Assessments:</b>		<b>Class</b>		07/01/2018		07/01/2019				
<b>County:</b>		000		0.00						
<b>State:</b>		000		0.00						
<b>Municipal:</b>		000		0.00 0.00		0.00 0.00				
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>								
<b>Exempt Class:</b>		NONE								

10/8/03  
NEEDS WATER  
TEST

NO HOUSE SHOWN IN  
TAX RECORDS

6/20/00  
open trench Insp  
10:00 AM  
6/21 2:00  
7/14/00  
12:00-2:00  
7/18/00/pm  
7/20/00  
Anytime

# PERMIT

page 1

P 513562  
A 39153  
DISTRICT \_\_\_\_\_

## SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

DATE 4-24-2000

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 7/21/00

INSPECTOR BB

Installer: Tom Scanlon 443-250-9440 (cell phone #)

John Backert \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 44 Bellfalls Way, Baltimore, MD 21236 PHONE 410-256-5615

SUBDIVISION Clarksville Manor LOT 15 ROAD 6321 Morning Dew Court

PROPERTY OWNER John Backert

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - 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. 4.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet off the (173.53') lot line and 110 feet off the left (296.31') lot line as seen when facing the lot from Ten Oaks Road. Run trenches along contour toward the front and rear lot lines.

NOTES - MAINTAIN A MINIMUM OF 100 FEET TO ALL WELLS. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

ok 12-24-98

PLANS APPROVED BY Jane Nadeau/Amy McMillen DATE 12-11-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

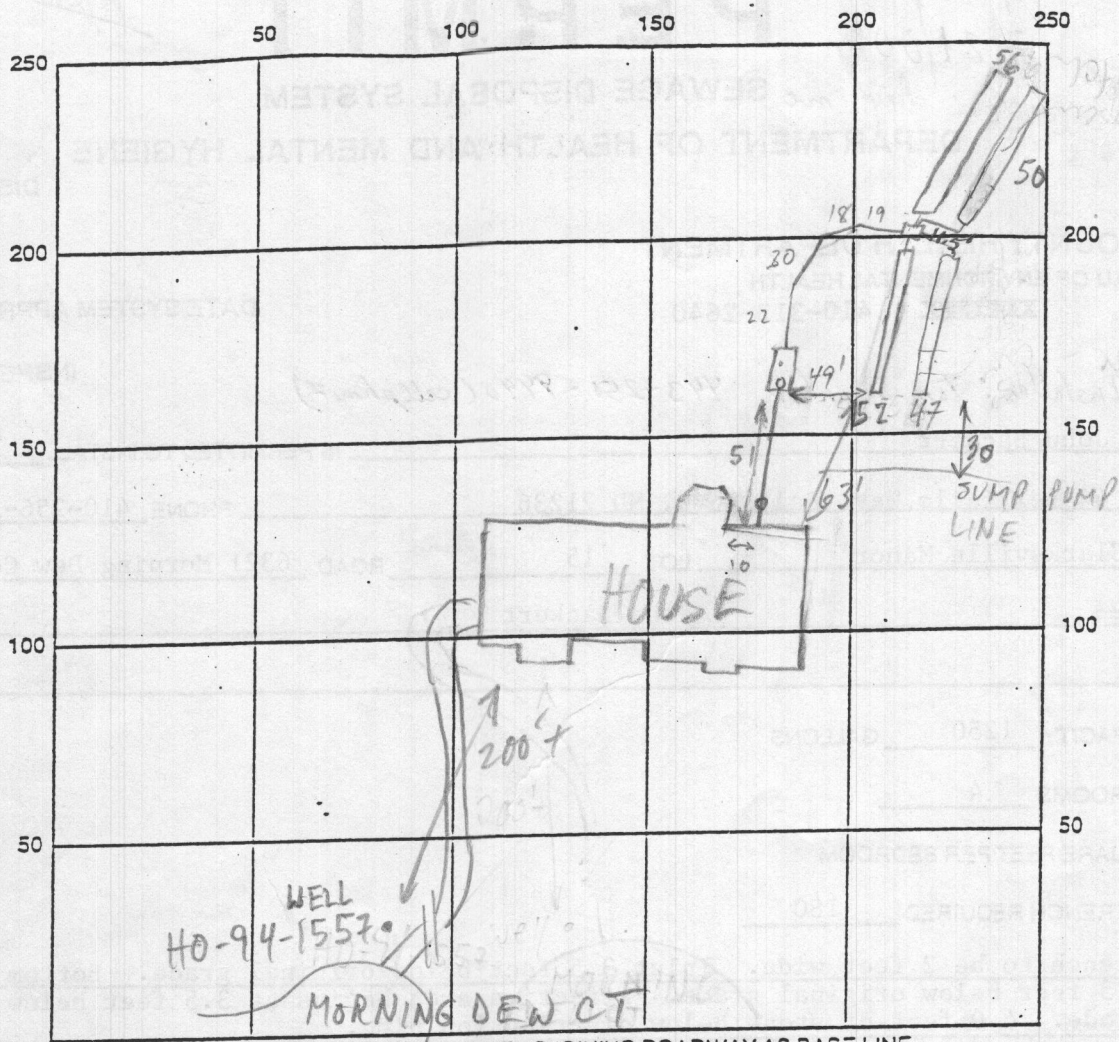
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



SEPTIC TANK LEVEL 2000 GAL - MID SEAM CLEANOUTS 8" OK, 4" House

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8-8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4-4.5 FT. TOTAL LENGTH 205 FT.

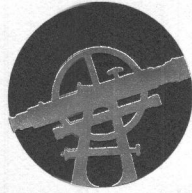
NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 820 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

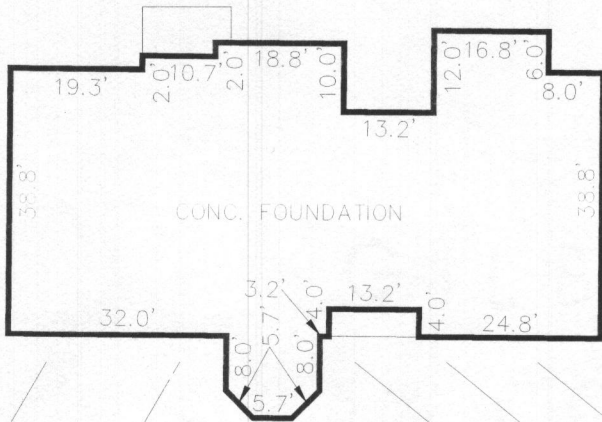
ABSORBENT AREA — SQ. FT.

REMARKS: 6/20/00 OK TO STONE HIGH TRENCHES, LEAVE ENDS OPEN;  
OK TO DIG & STONE LOW TRENCHES, LEAVE ENDS OPEN TO BOTTOM (MR)  
6/21/00 OK TO FINISH STONE LOW TRENCHES, CONNECT D.B. (MR)  
6/28/00 visited site - lower trenches partially stoned, open portion  
very muddy. left message for owner - call Health Dept for  
inspection before doing any work - Need to redig bottom two

DATE SYSTEM APPROVED 7/21/00 INSPECTOR B. Baker  
trenches. (MR)



DRS & ASSOCIATES  
LAND DESIGN CONSULTANTS



SEE DETAIL  
N.T.S

*4/12/100  
House moved but  
no impact to ex well or  
septic*

20' SM.T. FOR  
INGRESS & EGRESS  
FOR LOT 14'

MORNING  
DEW CT.  
R=50.00'  
26.18.00'

CLARKSVILLE MANOR  
LOTS 3 THRU 19  
REC. AS PLAT NO. 8503

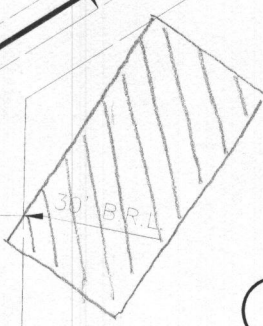
N 10°26'04" W 296.31'

N 46°54'33" E 586.75'

H0-94-1557

SEE DETAIL  
BASE EL. 471.10

S 11°20'18" E 481.02'



30' B.R.L.

60' B.R.L.

27.3'±

S 79°33'56" W 172.78'

S 78°39'41" W 173.53'

TEN OAKS ROAD

22' PAV.

This is to certify that I have surveyed the property shown hereon, known as Lot 15, Clarksville Manor, Lots 3 thru 19, located at 6321 Morning Dew Court in the 5th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

*Daniel R. Staley* 11.18.99  
Daniel R. Staley L.S. 10735 Date

34 160  
Map Block Parcel

1"=100'  
Scale

FILE NAME: I:\CAD\02593\99523\LD01-01.DWG

COPYRIGHT©1999 BY D.R.S. & ASSOCIATES



MAP ST. BLK. PARCEL  
 SUBDIVISION CLARKSVILLE MANOR LOT NO. 14  
 PROPERTY OWNER  
 BLDG. PERMIT  
 HEALTH DEPT. PERMIT

D.R.S. & ASSOCIATES  
 52 WINTER ST.  
 WESTMINSTER MD. 21157  
 848-4060 876-6040

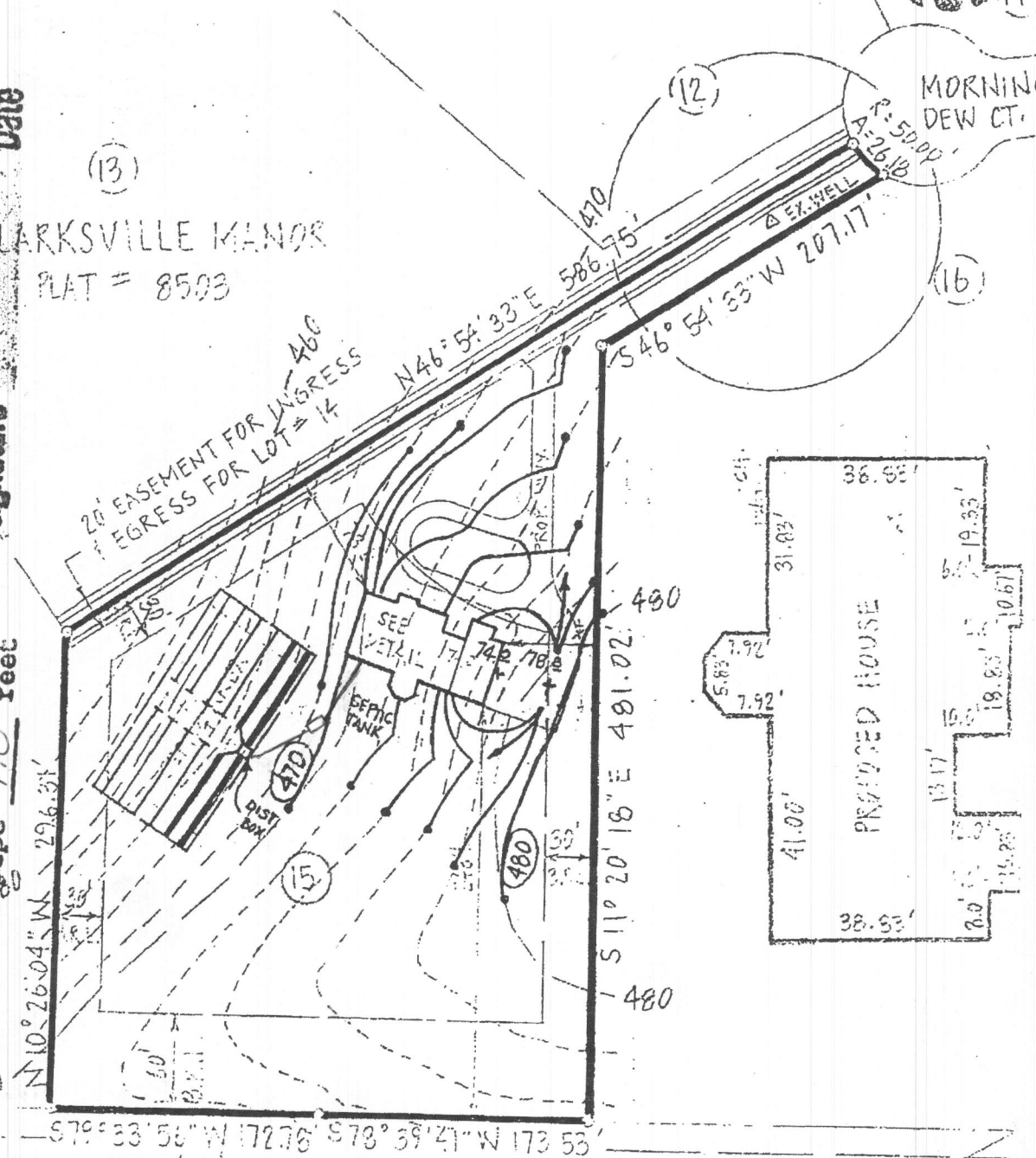


Approved Septic System Plan  
 Howard County Health Department

Signature: *John McMill*  
 Date: 12/21/98

CLARKSVILLE MANOR  
 PLAT = 8503

Total linear feet of trench required 180 feet  
 Width of trench (es) 2.0 feet  
 Depth of trench(es) 7.5 feet  
 Depth of stone required below distribution pipe 4.0 feet



F.F. = 479.50  
 GAR. = 479.17  
 BS. = 470.00  
 SEPTIC TANK INV. IN = ~~464.67~~ 467.2  
 " " INV. OUT = ~~461.33~~ 466.9  
 DIST. BOX INV. IN = ~~464.67~~ 466.1  
 " " INV. OUT = ~~461.33~~ 462.5  
 1ST. LINE TRENCH INV. @ END = 464.00  
 2ND LINE TRENCH INV. IN = 462.83  
 2ND LINE TRENCH INV. @ END = 462.50

468.00 - invert out of house

4 BEDROOMS  
 AVG. PERC. RATE = 3 MIN.  
 TANK SIZE = 1,250 GAL.  
 LENGTH OF LINES = 225  
 ABSOR. AREA = 675 #  
 USE - 4 LINES 60' x 3' W/1  
 SCALE: 1" = 100'

7/27/00  
C.D. Case Note opposite page) A.M.

Page 2

# PERMIT

## SEWAGE DISPOSAL SYSTEM

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

P 513562  
A 39153  
ISSUE DATE 4-24-2000  
APPROVAL DATE 7/21/00

Installer: Tom Scanlon 443-250-9440 (cell phone)  
John Backert

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
SUBDIVISION Clarksville Manor LOT NUMBER 15 ADDRESS 6321 Morning Dew Court  
PROPERTY OWNER \_\_\_\_\_ PHONE 410-256-5615  
PROPERTY OWNER'S ADDRESS \_\_\_\_\_  
SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS  
PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS  
NUMBER OF BEDROOMS \_\_\_\_\_  
SQUARE FEET PER BEDROOM \_\_\_\_\_  
LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. feet of stone below distribution box.

LOCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

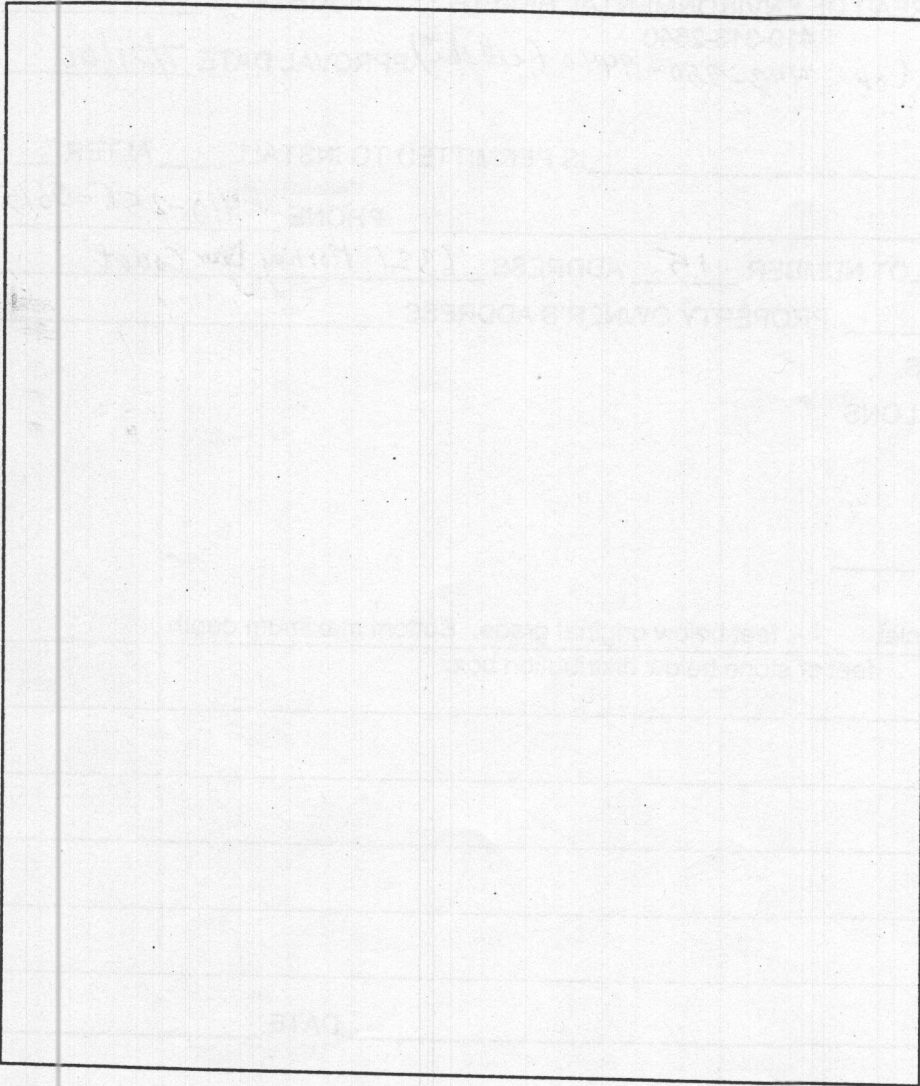
PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_  
TRENCH INLET DEPTH \_\_\_\_\_  
TRENCH BOTTOM DEPTH \_\_\_\_\_  
DEPTH OF STONE \_\_\_\_\_  
NUMBER OF TRENCHES \_\_\_\_\_  
TOTAL TRENCH LENGTH \_\_\_\_\_  
ABSORBENT AREA \_\_\_\_\_  
DISTRIBUTION BOX LEVEL \_\_\_\_\_  
BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS  
MANHOLE RISER \_\_\_\_\_  
6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS \_\_\_\_\_  
MANHOLE RISER \_\_\_\_\_  
ALARM \_\_\_\_\_  
PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: As spoke with owner at site & observed lower trenches only partially stoned  
on 1/3 of each trench (More on North than South), some soil fill in stones observed (No paper cover, Mojic)  
Thick mud fill in upper portion of trench & some sidewall casing. 1/2-1" thick clay film on top due to residue from  
Need to excavate out this mud layer and remove & check gravel - Do not regrade trench with that  
Sanitation Inspection. Need to clean mud fill out of pipes in upper trench also. Sealed with fabric cover there <sup>upper</sup> from deep fully  
covered. instructions passed to owner. PIP 7/3/00

7/7/00 10:15 am  
7/7/00 10:50 am NO ONE AT SITE. DJS 7/18/00 ZUPPER PIPES CLEAN & INSTALLER TO CLEAN  
LOWER PIPE: STONE TO BE PLACED IN TRENCHES. LEAVE ENDS OPEN; OK TO COVER  
INSPECTOR B. Baber DATE SYSTEM APPROVED 7/21/00  
S.T. TO D. BOX (MR) 7/21/00 Need 6" cleanout on tank. Left note for contractor  
approved (BR)

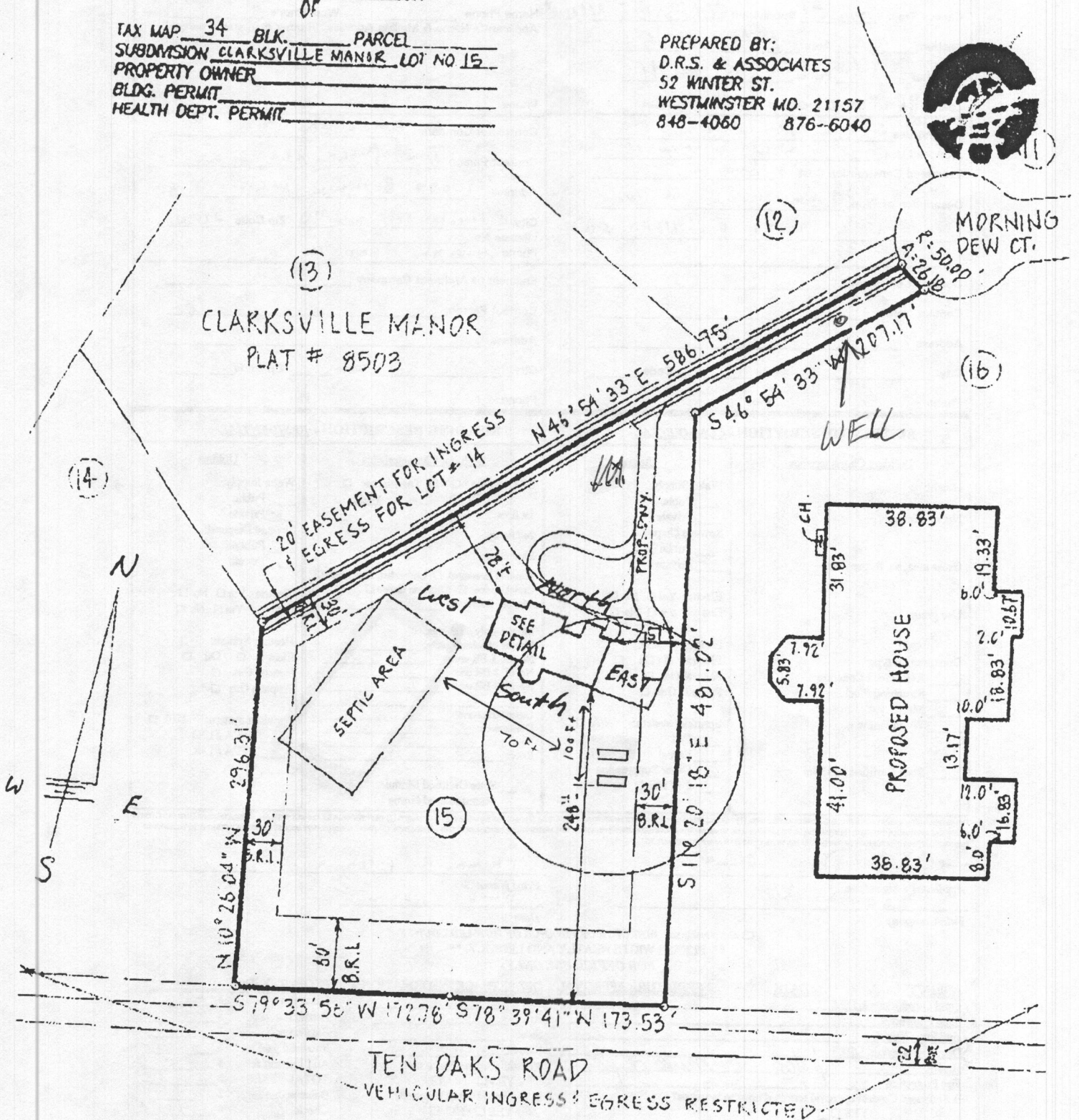
Site Plan Filed w/ Howard Cty.

# SITE PLAN

OF

TAX MAP 34 BLK. PARCEL  
SUBDIVISION CLARKSVILLE MANOR LOT NO 15  
PROPERTY OWNER \_\_\_\_\_  
BLDG. PERMIT \_\_\_\_\_  
HEALTH DEPT. PERMIT \_\_\_\_\_

PREPARED BY:  
D.R.S. & ASSOCIATES  
52 WINTER ST.  
WESTMINSTER MD. 21157  
848-4060 876-6040



Install Two (2) 1000 Gallon ASME UNDERGROUND  
LP TANKS PER NFPA 58. TANKS OK (MR)  
6/13/00

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

BO0124654

Building Address 6321 Morning Dew Ct  
Clarksville, MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 65101 Subdivision CLARKSVILLE MAINT

Section N/A Area N/A Lot 15

Tax Map 34 Parcel 358 Grid 11

Zoning RR-VE Map Coordinates 11167 Lot size \_\_\_\_\_

Property Owner's Name John ...

Address \_\_\_\_\_

City \_\_\_\_\_ State MD Zip Code 21026

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home

Proposed Use Same with (2) 1000 gallon LP Tanks

Estimated Construction Cost \$ 5000.00

Description of Work Install (2) 1000 Gallon  
AMC HC LP Tanks per NFPA 58

Contractor Company AMEC Gas

Contact Person Tom McLaughlin

Address 10097 Baltimore National Pike

City Ellicott City State MD Zip Code 21040

License No. \_\_\_\_\_

Phone 410-462-8800 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	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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	

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.

Applicant's Signature Thomas R. McLaughlin

Title/Company \_\_\_\_\_

Print Name Thomas R. McLaughlin

Date June 6, 2000

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#:
Land Development DPZ			Front: _____	Filing fee \$ <u>700</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Sub-total paid \$ _____
Health	<u>6/3/00</u>	<u>Mark R. ...</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit 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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>114158</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

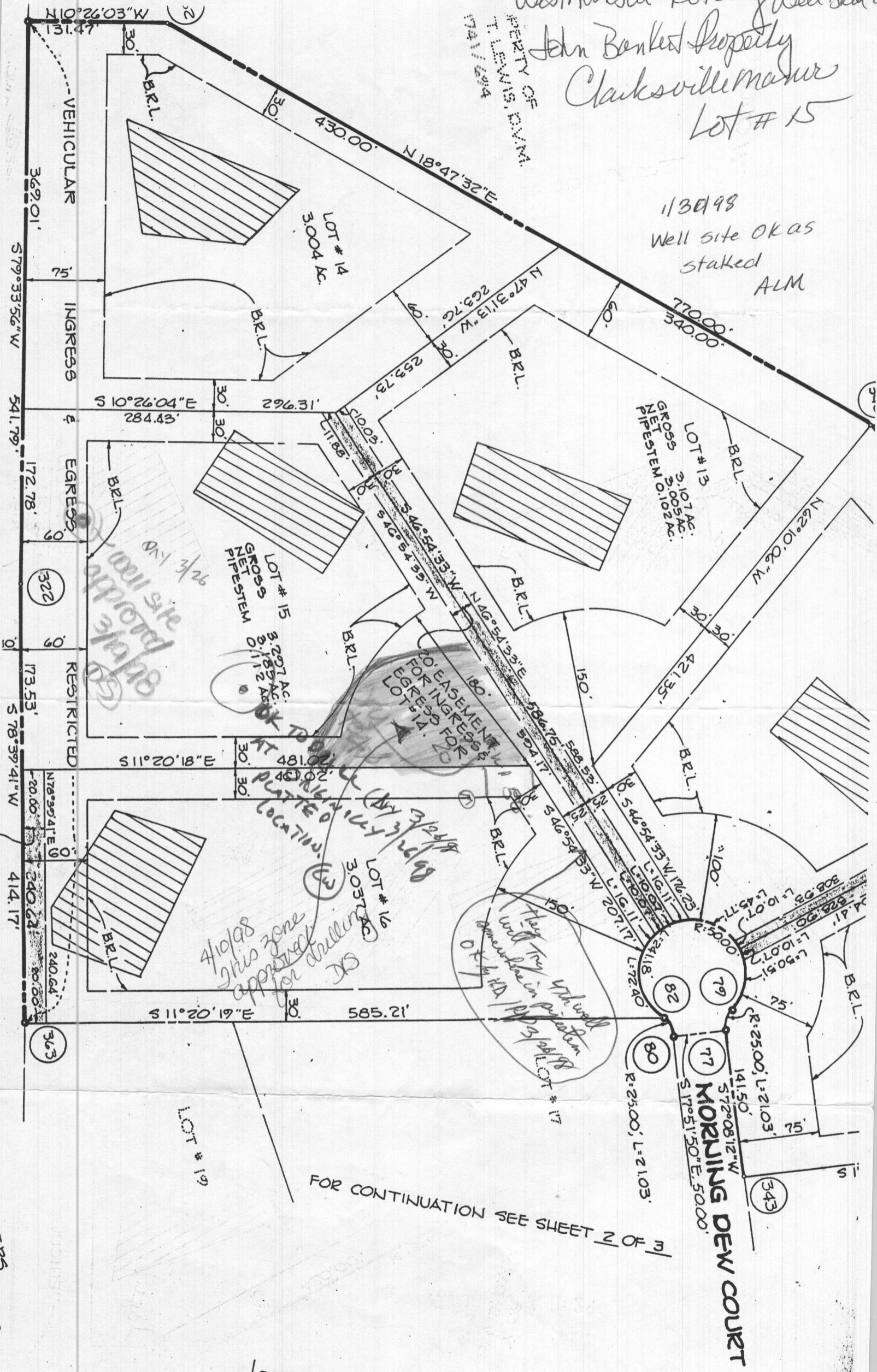
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Westminster Rotary Well Siding  
 John Banker Property  
 Clarksville Manor  
 Lot # 15

PROPERTY OF  
 T. LEVINS, D.V.M.  
 7/11/1994

113098  
 Well site OK as  
 staked  
 ALM



C1 05011 SEQUENCE NO. (MADE USE ONLY)

1 2 3 6  
THIS NUMBER IS TO BE PUNCHED  
(IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBER A139153

DATE RECEIVED  
MAY 13 1980  
DATE WELL COMPLETED  
MM DD YY  
02 01 98

Depth of Well  
22 405 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
170-94-1557

OWNER Robert  
STREET OR RFD Parkville Manor  
SUBDIVISION Parkville Manor

SECTION 15 TOWN Parkville

LOT 15

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	
Sandy	2	110	
Sand Stone	110	115	
MICA	115	135	
Sand Stone	135	140	
MICA	140	405	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 YES  NO

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY   
NO. OF BAGS 29 NO. OF POUNDS 350  
GALLONS OF WATER 124  
DEPTH OF GROUT SEAL (to nearest foot)  
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD

Casing types insert appropriate code below  
MAIN CASING TYPE PL  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 118

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED  YES  NO

CIRCLE APPROPRIATE LETTER  
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. MS D116  
DRILLER'S SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS D117  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 3  
METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 17 ft. 195 ft. 20 ft. 25 ft.

TYPE OF PUMP USED (for test)  
A air P piston T turbine  
C centrifugal R rotary O other (describe below)  
J jet S submersible

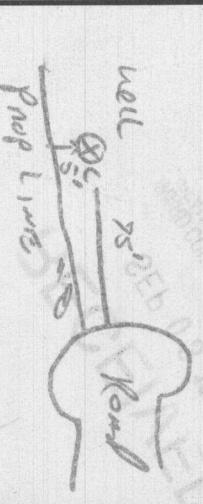
PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31  
PUMP HORSE POWER 37  
PUMP COLUMN LENGTH (nearest ft.) 41

CASING HEIGHT (circle appropriate box and enter casing height) above below  
LAND SURFACE (nearest foot) 2

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)



**B 1** 1 **07307**  
2, 3 SEQUENCE NO. (DP USE ONLY)  
4 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**40-94-11557**  
70 fill in this form completely 76

**B 2** 1 Date Received (APA) **052798**  
8  
2 OWNER INFORMATION  
13  
15 Last Name **BAWKER + FOAM** First Name  
34  
36 **44 BELLE FALLS WAY** Street or RFD  
55  
57 **BALTIMORE** Town **MD21236** Zip **76**

**B 3** 1 LOCATION OF WELL  
2 **HOWARD**  
8 COUNTY  
23 SUBDIVISION **CLARKSUILLE MANDR**  
42  
SECTION **15** LOT **48 50**  
52 NEAREST TOWN **CLARKSUILLE**  
71  
MILES FROM TOWN (enter 0 if in town) **1** **M I**  
73 76 77 78

**B 4** 1 DRILLER INFORMATION  
2 **Ralph Mayne** msd  
77 License No. 80 **116**  
Driller's Name  
Firm Name **Match Mayne Well Drilling**  
Address **9120 Brown Church Rd. Mt Airy**  
Signature **Ralph Mayne** Date **5-4-98**

**B 4** 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
2 **Morning Dew Ct.**  
11 NEAR WHAT ROAD  
30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH **N** WEST **W** EAST **E** SOUTH **S**  
34 **700** 37 DISTANCE FROM ROAD ENTER FT or MI **44** 38 39  
34 37 ENTER FT or MI **44** 38 39

**B 2** 1 WELL INFORMATION  
2 APPROX. PUMPING RATE (GAL. PER MIN.) **5** **8** **12**  
3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** **14** **20**

**B 2** 1 USE FOR WATER (CIRCLE APPROPRIATE BOX)  
2  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)

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
STATE SIGNATURE \_\_\_\_\_ INSERT S  41  
DATE ISSUED **052798** **Kim Maisto** 5-27-99  
43 NORTH GRID **5000** 48 CO SIGNATURE **0000** 55  
50 EAST GRID **0814** 57 EXP. DATE **0000** 83

APPROXIMATE DEPTH OF WELL **150** **24** **28** FEET  
APPROXIMATE DIAMETER OF WELL **6"** **24** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2. **601.98**  
**Grout 30' open**  
**9030**  
**Portland Type II**  
**118' casing**  
3. WRITE THE BOX NUMBER FROM THE MAP HERE  
E **81PH** 000  
N **500** 000

**B 2** 1 METHOD OF DRILLING (circle one)  
30  BORED (or Augered)  JETTED  Jetted & DRIVEN  
37  AIR-ROTARY  AIR-PERCUSION  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
other \_\_\_\_\_

**B 2** 1 REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)  
39  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 DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEND (IF AVAILABLE) **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**800' STAM**  
**8' 100'**  
**Morning Dew Ct.**  
**Tar Oaks Rd.**  
**GOLDEN HALVES Ct.**  
**N**

APPROX. PERMIT NUMBER **4** **5** **6** **7** **8** **9** **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **0**  
FORCE  INITIALS **MI** PERMIT NO. **40-94-11557**  
67 68 70 71 72 73 74 75 76 77 78 79

Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER **4** **5** **6** **7** **8** **9** **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **0**  
FORCE  INITIALS **GAP** PERMIT NO. **40-94-11557**  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
COUNTY



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1557  
 Location of property (road) Morning Dew Ct  
 Subdivision Charlottesville Manor Lot 15 Block          Flat          Sec.           
 Well Driller Ralph Wayne Owner John Bankert  
 Depth of well 405'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM  
 Total time 30 min to reach pumping water level 195 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
9:15	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
9:30	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
9:45	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
10:00	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
10:15	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
10:30	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
10:45	195 <u>✓</u>	20 <u>Sec</u>	<u>18" casing</u>	3 <u>GPM</u>
11:00	195 <u>✓</u>	20 <u>Sec</u>	<u>30" open</u>	3 <u>GPM</u>
11:15	195 <u>"</u>	20 <u>"</u>	<u>29 bags</u>	3 <u>"</u>
11:30	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
11:45	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
12:00	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
12:15	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
12:30	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
12:45	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
1:00	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
1:15	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
1:30	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
1:45	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
2:00	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
2:15	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
2:30	195 <u>"</u>	20 <u>"</u>		3 <u>"</u>
2:45	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>
3:00	195 <u>✓</u>	20 <u>Sec</u>		3 <u>GPM</u>

# WESTMINSTER ROTARY WELL DRILLING, INC.

DANA & RONALD KYKER

BLAST HOLE DRILLING  
*Commercial & Domestic*

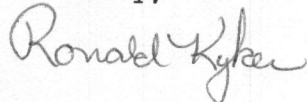
June 13, 1998

Howard County Health Dept.  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, Maryland 21043

Dear Kim,

Enclosed is a report of rock encountered during the drilling of the three dry holes at John Backerts property.

Sincerely,



Ronald Kyker

RLK/vsb

1998 JUN 13 11:11 AM  
ENVIRONMENTAL HEALTH  
HOWARD COUNTY MARYLAND

WELL LOG

WESTMINSTER ROTARY WELL DRILLING

NO. HO-94-1400 NO. \_\_\_\_\_  
 DEPARTMENT OF WATER RESOURCES PERMIT NO. \_\_\_\_\_ CARROLL COUNTY HEALTH DEPT. NO. \_\_\_\_\_ DATE: \_\_\_\_\_

Phone Number \_\_\_\_\_  
 OWNER Bachert John  
 COL 15 LAST NAME COL 34 FIRST NAME  
 Appointment Time \_\_\_\_\_  
 STREET OR RFD 24 Bell Falls Way  
 COL 38 COL 85  
 POST OFFICE BALT. Md 21236  
 COL 87 COL 76

**B 1 CONTINUED**  
 DRILLER INFORMATION mwd  
 DATE \_\_\_\_\_ LICENSE NUMBER 296  
 77 80  
Ronald Kyker  
 FIRST NAME DRILLER LAST NAME  
 SIGNATURE \_\_\_\_\_

**B 2 WELL INFORMATION**  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 400  
 USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 PRIVATE WATER COMPANY }  
 TEST  
 APPROXIMATE DEPTH OF WELL 200 FEET  
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)  
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
 BORED (OR AUGERED)  JETTED  DRIVEN  
 AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 OTHER (DESCRIBE) \_\_\_\_\_

**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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

**B 3 LOCATION OF WELL**  
 COUNTY Howard  
 (DO NOT ABBREVIATE COUNTY NAME)  
 SUBDIVISION CLARKSBVILLE MANOR  
 SECTION \_\_\_\_\_ LOT 15  
 NEAREST TOWN Clarksboille  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 MI

**B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**  
 NORTH  EAST  NE NORTHEAST  SE SOUTHEAST  
 SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST  
 NEAR WHAT ROAD Morning Dew  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N  S  E  W  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 125 FT  
 BOX NUMBER E 810 Dwell  
 N 500

**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	
Well 1 Dirt Soft Bz mica & clay	0	1	
Hard & Soft Bz mica & Soft Bz Sandstone Hard Blue Sandstone	1	20	
	20	119	
	119	355	
Well 2 Soft & Hard Bz mica & Sand & Soft Bz Sand stone	20'	200'	
Hard Blue mica sand Bz mica	200	280	
Well 3 Soft & Hard Bz mica sand Bz Sandstone	20'	105'	
Well 4 Soft Bz & Hard mica Hard Blue Sandstone	20	112	
	112	180	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE 'BOX')  Y  N  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  CM  BC  
 NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_  
 GALLONS OF WATER \_\_\_\_\_  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM \_\_\_\_\_ FT. TO \_\_\_\_\_ FT.  
 (ENTER 0 IF FROM SURFACE)  
**CASING RECORD**  
 (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) \_\_\_\_\_  
 40 61 63 64 66 70

**C 3 PUMPING TEST**  
 HOURS PUMPED (TO NEAREST HOUR) \_\_\_\_\_  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) \_\_\_\_\_  
 METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING \_\_\_\_\_ (NEAREST FOOT)  
 WHEN PUMPING \_\_\_\_\_ (NEAREST FOOT)  
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE  
**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE (NEAREST FOOT)  
 - BELOW } \_\_\_\_\_ (NEAREST FOOT)

DRILLERS NAME \_\_\_\_\_  
 RELEASE \_\_\_\_\_  
 DATE WELL COMPLETED \_\_\_\_\_

B1 1452

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1400  
fill in this form completely

Date Received (APA) 1/20/98

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name JOHN First Name JOHN  
36 Street or RFD 44 BELFILLS WAY  
57 Town Md 21634 Zip 72 State 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Dana Ryker JIM WD 856 License No. 76  
Firm Name Subministerial Services, Inc. 11/1/98  
Address P.O. Box 861 Bel Air, Md 21034  
Signature Anna Ryker Date 1/11/98

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 450 12

1 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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

APPROXIMATE DEPTH OF WELL 250 24 28 FEET

APPROXIMATE DIAMETER OF WELL 4 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
AIR-ROTARY JETTED Jettied & DRIVEN
CABLE AIR-PERCUSsion ROTARY (Hydraulic Rotary)
other Reverse-ROTary Drive-POINT

REPLACEMENT OR DEEPEENED 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 DEEPEEN AN EXISTING WELL

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

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

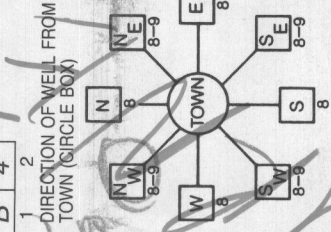
APPROX. PERMIT NUMBER 54 G A P 63
FORCE KM 67 68 PERMIT No. HO-94-1400

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION CLARKSVILLE MANOR
SECTION 44 46 LOT 48 50 42
52 NEAREST TOWN Clarksville
MILES FROM TOWN (enter 0 if in town) 73 76 77 78 71



1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
2 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 DISTANCE FROM ROAD
37 ENTER FT OR MI 38 39
TAX MAP: 311 BLK: 111 PARCEL 160

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 2439153
STATE SIGNATURE Howard DATE ISSUED 1/30/99 EXP. DATE 1/30/99
43 MM DD YY 48 CO-SIGNATURE EAST GRID 570 000 55 614 000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. 2. 3. 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



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\* 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: \_\_\_\_\_ (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Ronald Kyker

\* OWNER'S NAME: John Backert

\* WELL LOCATION: \_\_\_\_\_

COUNTY: Howard

NEAREST TOWN: Clarksville

TAX MAP 34 BLOCK 11 PARCEL 160

SUBDIVISION: Clarksville Manor

SECTION: \_\_\_\_\_ LOT: 15

NEAREST ROAD: Morning Dew Court

Dry Well #1

MARYLAND GRID COORDINATES

E 814

N 500

<

\* 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) \_\_\_\_\_
- \_\_\_\_\_ NONE \_\_\_\_\_

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 355 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES \_\_\_\_\_ X \_\_\_\_\_ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
Ronald Kyker

DENV 828 JULY 1993

MWD296

WWD/MSD/MSD/MGD

CIRCLE ONE

LICENSE #

2) COUNTY ENVIRONMENTAL AGENCY

DATE

13-28-98

HO 94 1400

WELL DRILLERS LICENSE NUMBER: MWD296

CIRCLE: MWD/MSD/MGD

<input checked="" type="checkbox"/>	
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (1034 lbs)	0	40
Well Cuttings	40	355

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

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: \_\_\_\_\_ (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Ronald Kyker

WELL DRILLERS LICENSE NUMBER: MWD296

\* OWNER'S NAME: John Backert

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville

TAX MAP 34 BLOCK 11 PARCEL 160

SUBDIVISION: Clarksville Manor

SECTION: \_\_\_\_\_ LOT: 15

NEAREST ROAD: Morning Dew Court

Dry Well #2

MARYLAND GRID COORDINATES

E # 814

BOX NUMBER 500

N \_\_\_\_\_

SHOW WELL LOCATION  
 BY X WITHIN BOX

<input checked="" type="checkbox"/>	
000	
000	

\* 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) \_\_\_\_\_
- \_\_\_\_\_ NONE \_\_\_\_\_

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 280 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES \_\_\_\_\_ X \_\_\_\_\_ NO

*Ronald Kyker*

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
 DENV 828 JULY 1993

MWD296 MWD/MSD/MGD  
 LICENSE # \_\_\_\_\_  
 CIRCLE ONE

3-28-98  
 DATE

2) COUNTY ENVIRONMENTAL AGENCY

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (658 lbs)	0	35
Well Cuttings	35	280

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
 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: \_\_\_\_\_ (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) HO 94 1400

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Ronald Kyker

WELL DRILLERS LICENSE NUMBER: MWD296

\* OWNER'S NAME: John Backert

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTRY: Howard

NEAREST TOWN: Clarksville

TAX MAP 34 BLOCK 11 PARCEL 160

SUBDIVISION: Clarksville Manor

SECTION: \_\_\_\_\_ LOT: 15

NEAREST ROAD: Morning Dew Court

Dry Well #4

MARYLAND GRID COORDINATES

E 814

BOX NUMBER N 500

< \_\_\_\_\_

<input checked="" type="checkbox"/>		
	000	
	000	
	000	

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) \_\_\_\_\_

NONE

\* SIZE OF CASING: n/a INCHES IN DIAMETER

\* DEPTH OF WELL: 180 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (564 lbs)	0	30
Well Cuttings	30	180

SIGNATURE: MASTER WELL DRILLER OR SUPERVISING SANTARIAN

LICENSE #

CIRCLE ONE

DATE

DENV 828 JULY 1993

2) COUNTY ENVIRONMENTAL AGENCY

MWD296

MWD/MSD/MGD



6/16/00-  
WPI anytime

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 \_\_\_\_\_

Name of Installer Mark Brew Plumbing Heating, Inc. Telephone 3018540609

License Number 110761  
Certified Well Pump Installer

Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner John Paohert Telephone 410-259-5615  
Subdivision Chattsville Manor Lot # 75 Well Tag # HO-99-1557  
Site Address 221 Manning Road, Chicksville, MD 21029

PUMP

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible

MOTOR

- 1. Horsepower 1/2
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110
  - b. 220 \_\_\_\_\_

PITLESS ADAPTER

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth \_\_\_\_\_

- 2. Make \_\_\_\_\_
- 3. Model # \_\_\_\_\_
- 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

- 1. Capacity WX350
- 2. Pressure relief valve? YES

Piping

- 1. Type 1"
- 2. Size PE
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 4 ft.

Well data

- 1. Depth 450 ft.
- 2. Yield 10 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.

6/16/00 Pitless and  
grout o.k. Safety line  
Signature of Applicant: Mark Brew Date: 6-16-00  
outside cap. PVC not connected to cap. BB

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

HD-215

7/21/00 Safety line not visible.

PVC conduit not connected to cap.

BB

A 39153

SUBDIVISION: Clarksville Manor  
Morning Dew Ct.

LOT NUMBER: 15

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

3180 sq. ft./bedroom  
x 4 bdrm

Trench to be 2.0 ft wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 7.5 feet below original grade.

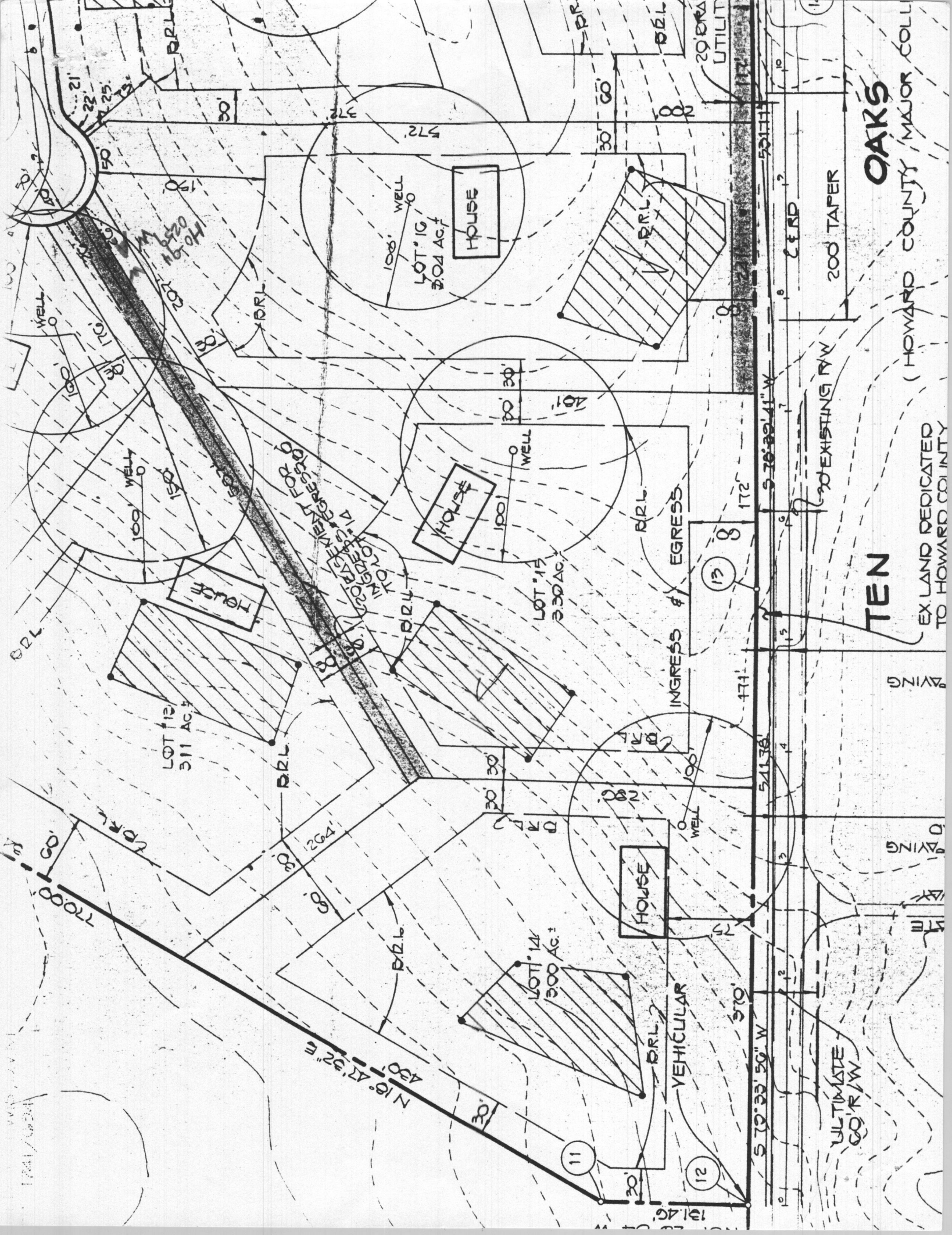
Effective area begins at 3.5 feet below original grade.

4.0 feet of stone below distribution pipe.

4720  
180 total linear  
feet of trench

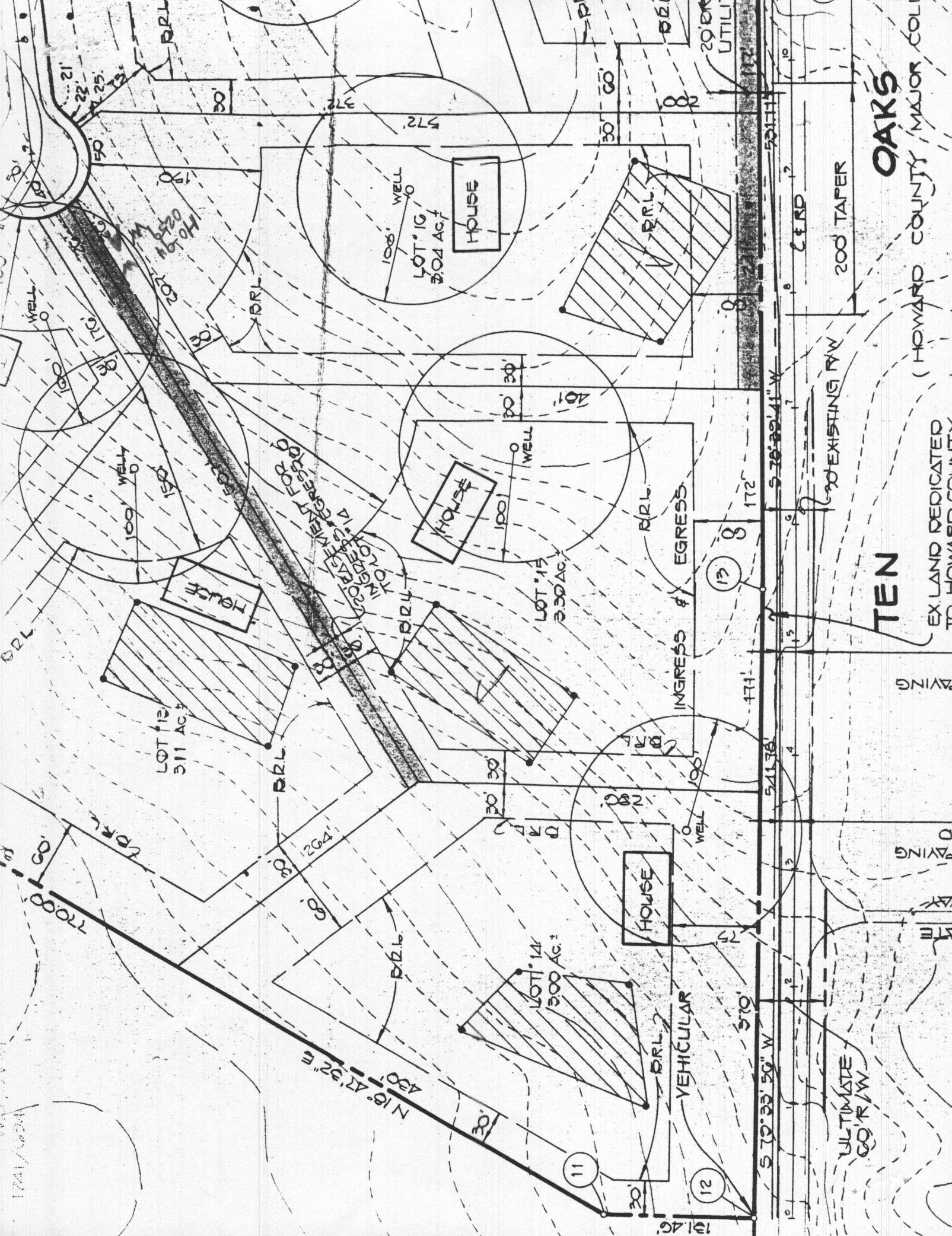
- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or 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%. 110

LOCATION: Place the distribution box 220 ft off the  
front (172.78' / 173.53') lot line and 110 ft off the  
left (296.31') lot line as seen when facing the  
lot from Ten Oaks Road. Run trenches  
along contour toward the front and rear lot  
lines. Maintain a minimum of 100 feet to all  
wells. 5-7-93 JENadeau



**TEN OAKS**

(HOWARD COUNTY MAJOR COLL  
 EX LAND DEDICATED  
 TO HOWARD COUNTY



1741/004

N 16° 27' 32" E  
 430'

7000' W

LOT 12  
 3.11 AC.

HOUSE

WELL

WELL

HOUSE

LOT 14  
 3.00 AC.

HOUSE

VEHICULAR

INGRESS & EGRESS

HOUSE

LOT 16  
 3.04 AC.

WELL

ULTIMATE  
 CO. RAW

20' EXISTING RAW

200 TAPER

510' 33' 30" W

516' 32' 41" W

50' 11"

20' 0" RA  
 UTILITY

PAVING

PAVING

PAVING

PAVING

PAVING

PAVING

**SEND REPORT TO:**  
**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**3525-H ELLICOTT MILLS DRIVE**  
**ELLICOTT CITY, MD 21043**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 Laboratories Administration  
 201 W. Preston St.  
 P.O. Box 2355, Baltimore, Maryland 21203  
 J. Mehsen Joseph, Ph.D., Director

Lab No. \_\_\_\_\_ Date Received \_\_\_\_\_

**WATER ANALYSIS**

Do not write above this line.

<b>S A M P L E  I D</b>	Bottle Number	140- <del>2</del> 2838	Name	John Bankert	County	Howard	County Code	13
	Source	Morning Jew Court, Clarksville Manor Lot 15					Data Category Code	4F
	Collected: Date	6-7-98	Time	10:20	Collector & Phone	Kimberly Maiste 313-2640		Submitter Code
CHECK (one per box)								
Drinking Water <input checked="" type="checkbox"/>		Community <input type="checkbox"/>		Source (raw water) <input type="checkbox"/>		Emergency <input type="checkbox"/>		Federal Project <b>S</b>
Landfill <input type="checkbox"/>		Non-community <input type="checkbox"/>		Distribution (treated) <input type="checkbox"/>		Routine <input type="checkbox"/>		
Stream <input type="checkbox"/>		Private <input checked="" type="checkbox"/>		MCL <input type="checkbox"/>		Recheck <input type="checkbox"/>		
Other <input type="checkbox"/>		Other <input type="checkbox"/>				Special <input type="checkbox"/>		

<b>F I E L D</b>	Plant No.	[ ] [ ] [ ] [ ] [ ]	Sampling Station	[ ] [ ] [ ] [ ] [ ]	Preservation: Iced <input checked="" type="checkbox"/>	Acid <input checked="" type="checkbox"/>	Type of Acid	H <sub>2</sub> SO <sub>4</sub>
	pH	[ ] [ ] [ ] [ ] [ ]	Chlorine: Free	[ ] [ ] [ ] [ ] [ ]	Total	[ ] [ ] [ ] [ ] [ ]	Specific Conductance	[ ] [ ] [ ] [ ] [ ]
	Notes to Lab/Remarks: <u>H0-94-<del>1400</del> 1557</u>							

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
	Nitrate - Nitrite, N	00630					
	pH*, Ca CO <sub>3</sub> Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01  
 DHMH 90-A 10/93

Section Chief \_\_\_\_\_  
 ORIGINAL - LABORATORY

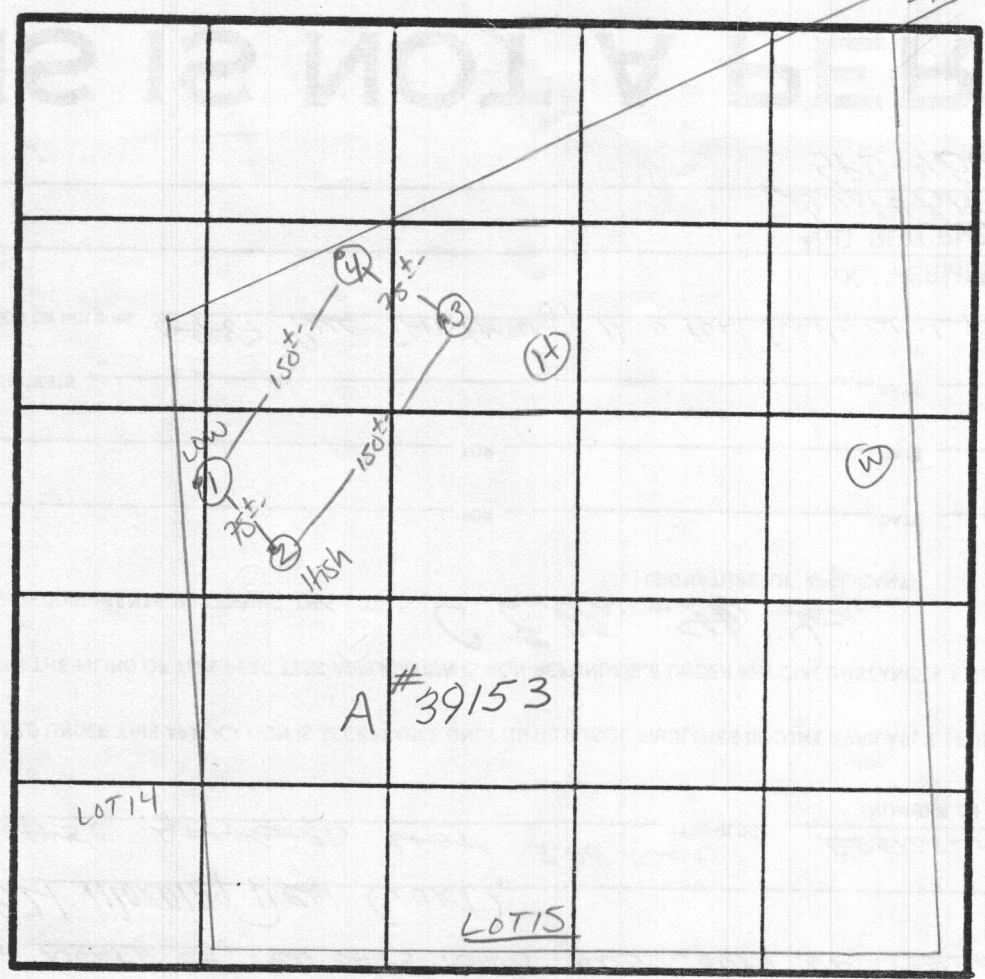
Date Reported \_\_\_\_\_





→ TO COURT

SOIL PROFILE  
 ① → ④  
 10" AP  
 Yellow RED  
 Silty CLAY  
 LOAM  
 10-15% FRAGS  
 MICACEOUS  
 3.5'  
 Yellow RED  
 TO RED  
 SILTY LOAM  
 Highly  
 MICACEOUS  
 15-20%  
 FRAGS  
 13'



̄ Perc 3 min  
 160 Φ 1 BK  
 3.5' Inlet  
 7.5' Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

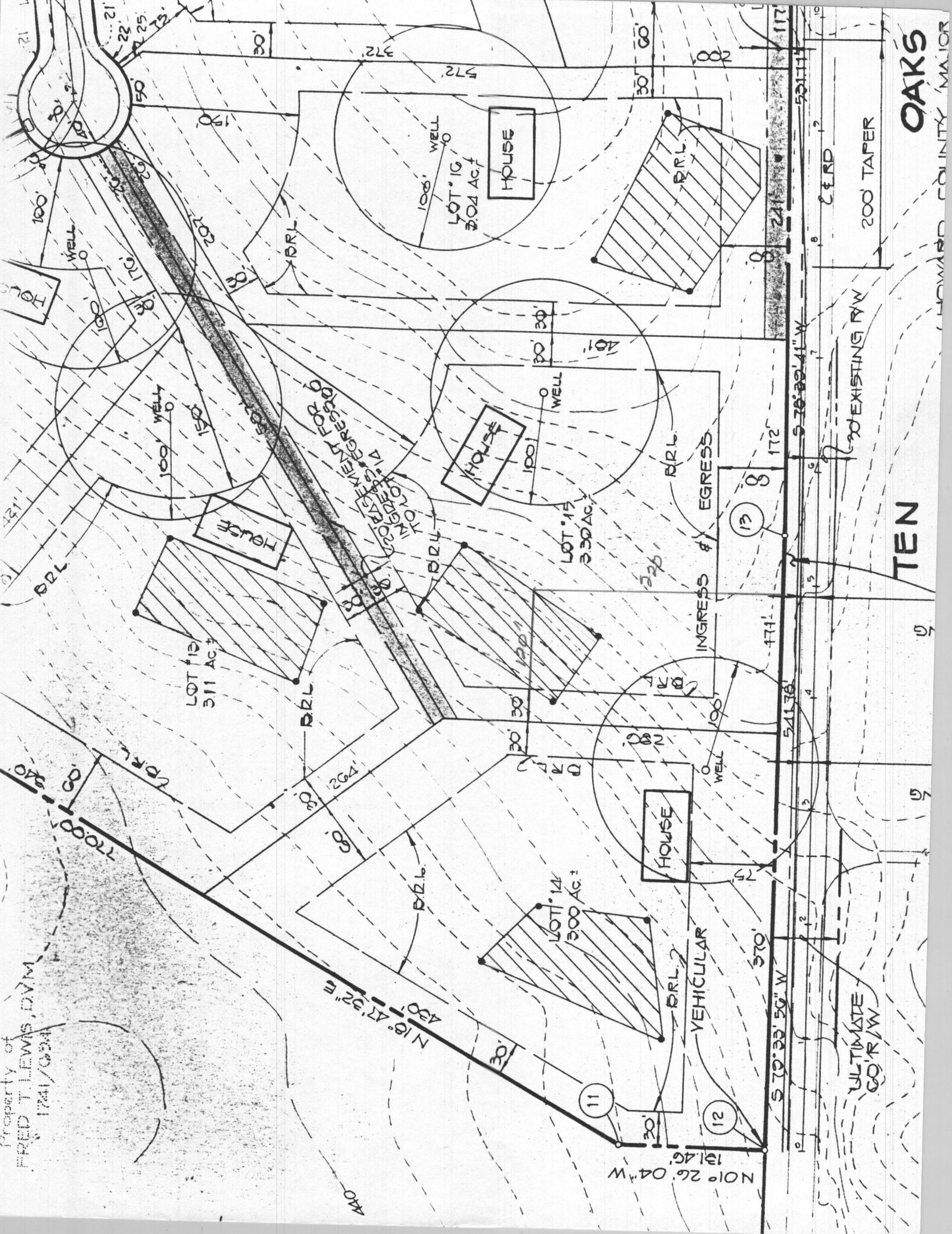
TEN OAKS Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/9/87	1S 1V	4" 13"	9:59	10:00	10:00	10:02	2 MIN
	2S 2M	4" 7.0	10:04	10:05	10:05	10:07	2 MIN
	2V	13"	uniform soil below 3"				
	3S 3V	4.5" 13"	10:12	10:13	10:13	10:15	2 MIN
	4S 4V	4.0" 12.5"	10:17	10:19	10:19	10:22	3 MIN

REMARKS Holes Per Plat  
 TYPE OF SOIL Glenelg Loam  
 TESTED BY SID Abel ALSO PRESENT Rocky, Criss

84 12 10 29

Property of  
FRED T. LEWIS, D.V.M.  
1741/G34



TEN

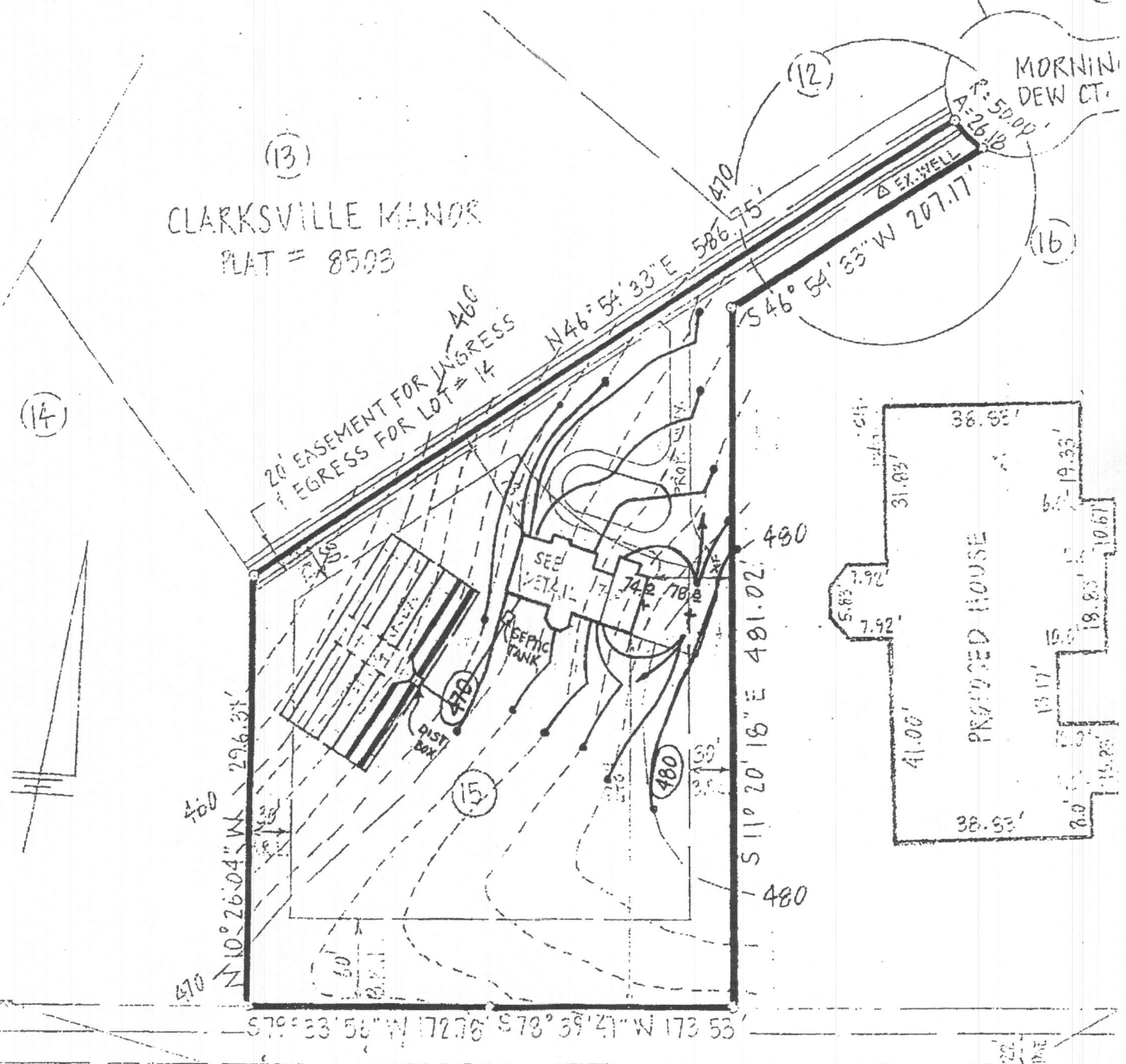
OAKS

HOWARD COUNTY MAJOR



TAX MAP ST BLK PARCEL  
 SUBDIVISION CLARKSVILLE MANOR LOT NO. 14  
 PROPERTY OWNER \_\_\_\_\_  
 BLDG. PERMIT \_\_\_\_\_  
 HEALTH DEPT. PERMIT \_\_\_\_\_

D.R.S. & ASSOCIATES  
 52 WINTER ST.  
 WESTMINSTER MD. 21157  
 848-4060 876-6040



TEN OAKS ROAD  
 VEHICULAR INGRESS / EGRESS RESTRICTED

F.F. = 479.50  
 GAR. = 479.17  
 BS. = 470.00  
 SEPTIC TANK INV. IN = 466.60  
 " " INV. OUT = 466.27  
 DIST. BOX INV. IN = 464.67  
 " " INV. OUT = 464.33  
 1ST. LINE TRENCH INV. @ END = 464.00  
 2ND LINE TRENCH INV. IN = 462.83  
 2ND LINE TRENCH INV. @ END = 462.50

4 BEDROOMS  
 AVG. PERC. RATE = 3 MIN.  
 TANK SIZE = 1,250 GAL.  
 LENGTH OF LINES = 225  
 ABSOR. AREA = 675 #  
 USE - 4 LINES 60' x 3' W/  
 SCALE: 1" = 100'

B00115355

Building Address 6321 MORNING DEW COURT  
CLARKSVILLE, MD 21029  
Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
Census Tract 605101 Subdivision CLARKSVILLE MARK  
Section N/A Area N/A Lot 15  
Tax Map 3A Parcel 398 Grid 11  
Zoning RR-170 Map Coordinates \_\_\_\_\_ Lot size 3.297

Owner's Name John Paul BACKERT  
Address 44 BELLFALLS WAY  
City NOTTINGHAM State MD Zip Code 21236-4711  
Home Phone 410.376.5615 Work Phone 410.529.6160  
Applicant's Name & Mailing Address, (if other than stated hereon):  
N/A  
Phone \_\_\_\_\_ Fax 410.529.9444

Existing Use Vacant lot  
Proposed Use SFO  
Estimated Construction Cost \$ 150,000  
Description of Work new construction  
HBR

Contractor Company John Paul Backert  
Contact Person John Paul Backert  
Address 44 Bellfalls Way  
City NOTTINGHAM State MD Zip Code 21236-4711  
License No. N/A  
Phone 410-376-5615 Fax 410-529-9444

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Ronald Johnson Assoc  
Contact Person RONALD JOHNSON  
Address 8120 BRIGHTLINK COURT  
City ELLCOTT CITY State MD Zip Code 21043  
Phone 410.796.5962 Fax 410.796.5962

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13 _____ Full _____ Partial _____ Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #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.

**VALIDATION**

\_\_\_\_\_

John Paul Backert  
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
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>12/11/98</u>	<u>A.M. Miller</u>
Health		
Fire Protection		

Is 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 New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 35979

Filing Fee \$ 25.00  
Permit Fee \$ \_\_\_\_\_  
(.10 sq. ft. ) (.15 sq. ft. )  
Excise Tax \$ \_\_\_\_\_  
(.40 sq. ft. ) (.80 sq. ft. )  
TOTAL FEES 20.91  
Check # \_\_\_\_\_  
Validation # 11091.9  
Accepted by: AR

I AM CONCERNED OVER SA. I.T. Calculations Please call John Backert at 410-529-6160