

Approved 1/3/24
- H.O.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case #

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

01/02/2024

Single Entry Edit-View Record Form

Application Name

B23004946

Description

SFD / INSTALL 15' X 30' INGROUND CONCRETE SWIMMING POOL W/ 7' X 12' SUNSHELF, 534 SF, 3' - 6' DEEP; EXISTING FENCE

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr

Assigned to Staff Current User

Zack Silvast

Address * (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type
<input checked="" type="checkbox"/>	15336		Doe Hill	CT	Wood...	MD	21797			

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/
<input checked="" type="checkbox"/>	Charles BonuccelliTrustee	15336 Doe Hill Ct.			Woodbine	MD	21797	410-490-4067	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

John

Middle Name

Last Name *

Rhine

Home Phone ((xxx)xxx-xxxx)

Organization Name *
 Rhine Lawn Care & Landscaping, LLC.
 Mobile Phone ((XXX)XXX-XXXX)
 (410) 442-2445
 E-mail
 CSM@RHINELANDSCAPING.COM
 Business Phone ((XXX)XXX-XXXX)

Preferred Channel
 --Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
---	--------------	----------------	------	-------	-----	---------	-----------	--------

0 record(s) found.

Custom Fields

DATE TRACKING

Received Date Due Date
 12/28/2023 1/2/2024

Dates to Complete Received by Food
 14 (Number)

Food Review Type Equipment Specification Sheets Submitted
 --Select--

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic
 12/28/2023

FACILITY INFORMATION

Name of Business (dba) *
 n/a (Text)

Associated Building Permit Number
 (Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Yes No

Does the project include Private Septic? If Yes, forward to WS Program.
 Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.
 Yes No

Facility Fax
 0 (Text)

Days of Operation
 0 (Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Facility Phone
 0 (Text)

Facility Email
 0 (Text)

PROPERTY INFORMATION

Water Source
 Private

Sewage Disposal
 Private

Design Wastewater Flow
 0 (Number)

Permit Type
 --Select--

PLAT STATS

Total Number of buildable lots to be recorded Total number of open space lots to be recorded
 0 (Number) 0 (Number)

Total number of bulk parcels to be recorded Total number of lots / parcels to be recorded
 0 (Number) 0 (Number)

New buildable lots created Date PLAT signed by Health Officer
 0

PLAT Type
 --Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes No

Engineer

0

(Text)

Number of paper copies

0

(Number)

Number of mylar copies

0

(Number)

Number of buildable lots created

0

(Number)

Number of non-buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally, What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

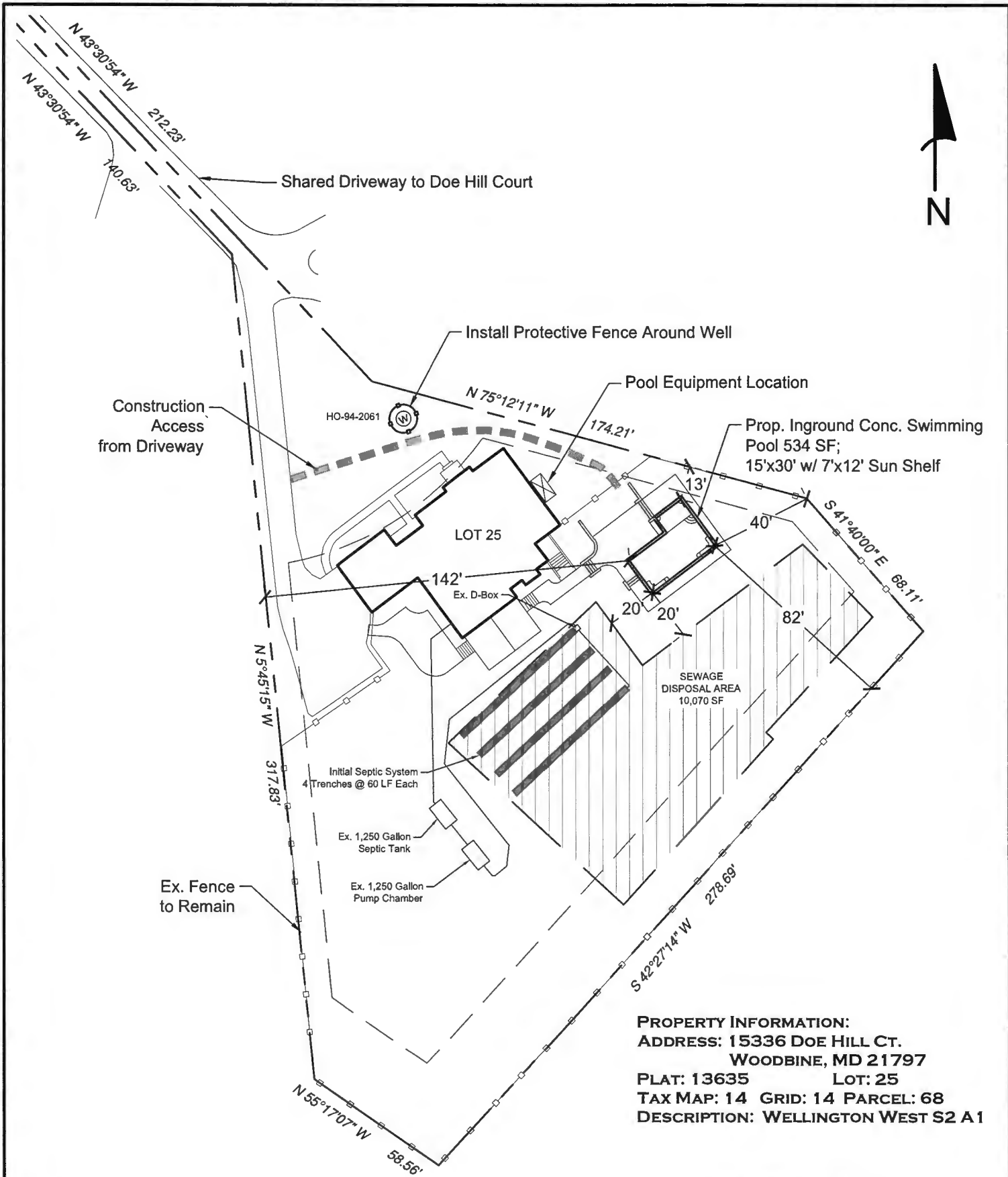
REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

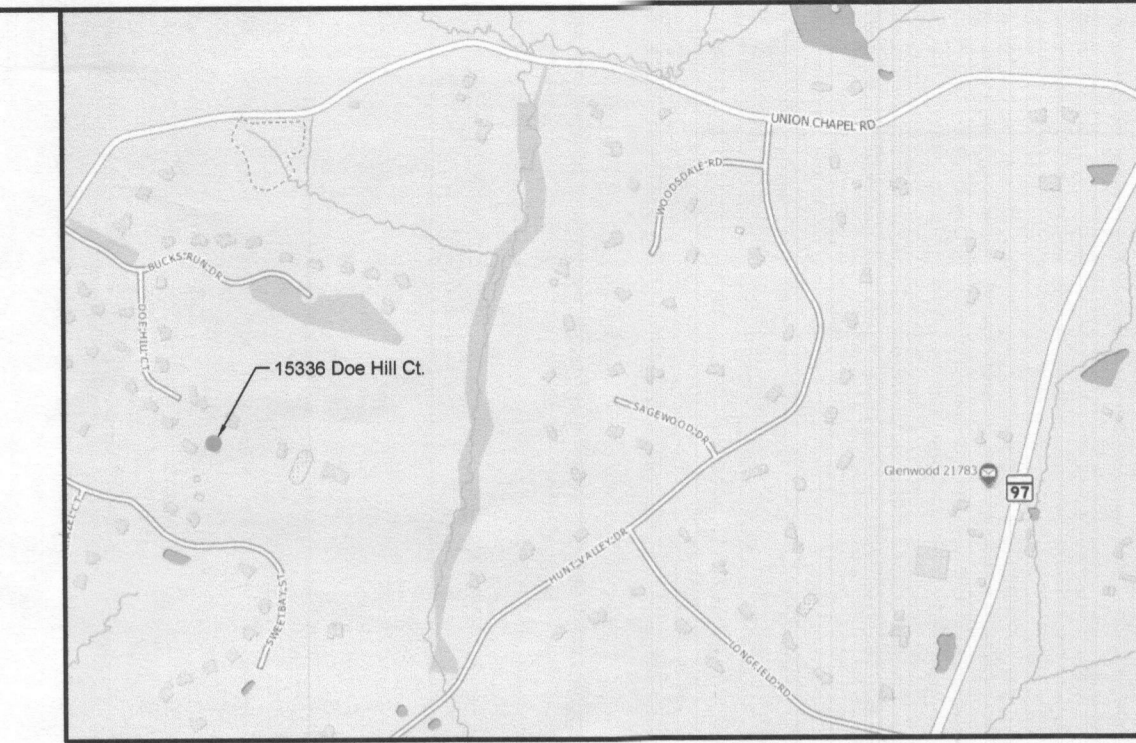
--Select--



PROPERTY INFORMATION:
ADDRESS: 15336 DOE HILL CT.
WOODBINE, MD 21797
PLAT: 13635 LOT: 25
TAX MAP: 14 GRID: 14 PARCEL: 68
DESCRIPTION: WELLINGTON WEST S2 A1

**THE
BONUCCELLI RESIDENCE**
15336 DOE HILL COURT
1" = 50'-0"
DECEMBER 15, 2023

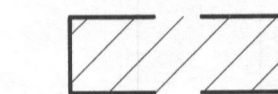
RHINE
LANDSCAPING • CONSTRUCTION • POOLS
MHIC # 121739
PO Box 1825, Sykesville, MD 410-442-2445
www.rhinelandscaping.com • www.rhinepools.com



Vicinity Map

Notes

- All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown.
- The existing wells and septic areas shown on the plan are from the current Percolation Certification Plan on file as provided by the Health Department.
- The existing well tags #HO-94-2061 and #HO-94-2062 were field located by RUF Surveyors, 11/15/21.
- Topography on this drawing is taken from the current Percolation Certification Plan and is verified to accurately represent the relative changes on the subject property.
- The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland Department of Environment.
- Any changes to a private sewage disposal area shall require a revised Percolation Certification Plan.



- This area designates a private sewage disposal area of at least 10,000 sq. ft. as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage disposal area. Recordation of a revised sewage disposal area shall not be necessary.
- The existing distribution box was field located by Fogle's Septic Clean, Inc. on 10/19/23. Other septic components are shown according to the as-built drawing on file.

PURPOSE STATEMENT

The purpose for this Revised Percolation Certification Plan is to adjust the existing sewage disposal area to accommodate the construction of an in-ground swimming pool and patio.

I certify that the information shown hereon is based on work performed in my presence or by my direction, and is correct to the best of my knowledge and belief.

Charles and Karen Bonuccelli 10-27-2023
 Charles and Karen Bonuccelli, Owners Date

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

[Signature] 12/28/23
 County Health Officer Date

Owner:
 Charles and Karen Bonuccelli
 15336 Doe Hill Court
 Woodbine, MD 21797

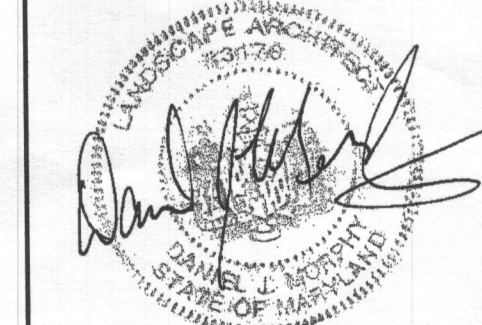
Title:
 Revised Percolation Certification Plan for
 15336 Doe Hill Court

Subdivision:
 Wellington West Section 2 Area 1
 Lot 25

Drawing Prepared By:
RHINE
 LANDSCAPING, LLC
 MENC # 151729
 PO Box 182, Sykesville, MD
 410-442-3445 www.rhine-landscape.com

Tax Map:	14	Plat Ref:	13635	Date:	12/14/23
Parcel:	68	Election Dist.:	4th	Sheet:	1 of 1

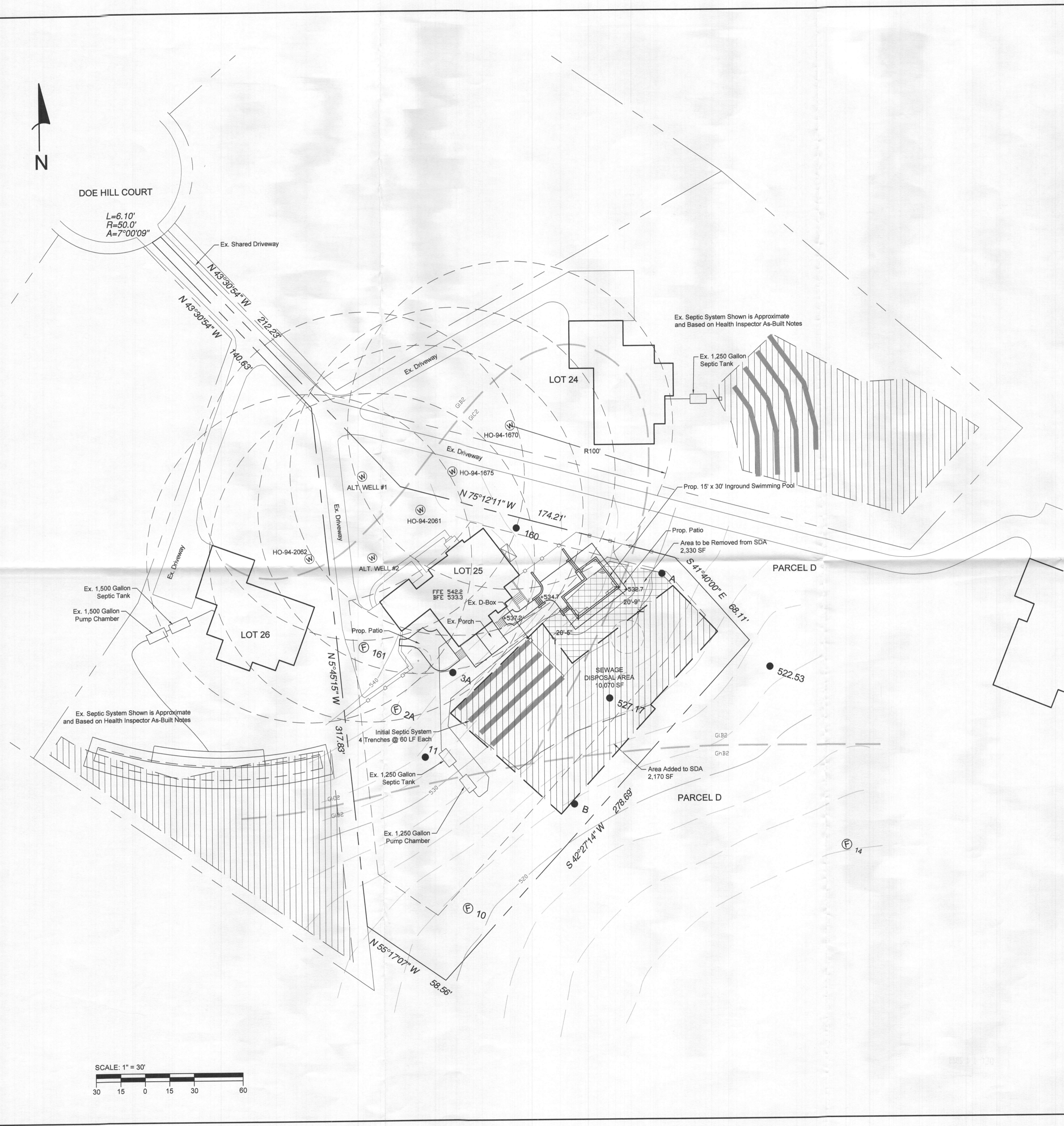
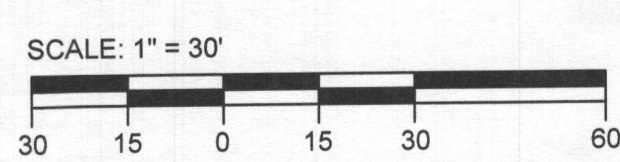
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED LANDSCAPE ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND.



LICENSE NO.: 3178
 EXP. DATE: 11/4/2024

LEGEND

	Ex. Contour (2')
	Ex. Contour (10')
	Property Line
	Setback Line
	Soils
	Sewage Disposal Area
	Ex. Well
	Perc Test Hole - Passed
	Perc Test Hole - Failed



Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Wednesday, December 13, 2023 8:50 AM
To: Dan Murphy
Subject: Perc Cert Plan Review Comments_15336 Doe Hill Court

Hi Dan,

The perc cert plan for 15336 Doe Hill Court has been reviewed with the following comments:

1. Change note #1 to read, "All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic systems have been shown".
2. Add the word "disposal" between the words "sewage area" in notes 7 & 8.
3. Separate the purpose statement from the notes. It should be in its own box.
4. Replace the word "septic" with "sewage", so it reads "sewage disposal area" next to the legend symbol.
5. Show neighboring SDAs.
6. Add a 1500 sq. ft. well box or two alternate well sites. Adjust well arcs accordingly.
7. Label tank and pump tank with the correct gallonage.
8. Show houses 15332 & 15317 Doe Hill Court and their well and septic system components.
9. Label all roads and driveways.

Should you have any questions, please don't hesitate to ask. Also, if you can let me know when you've submitted the revision, I would appreciate it.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: EH-PLANS-23-03126
Application Type: EnvHealth/Environmental Health/Plan Check/Application
Address: 15336 DOE HILL CT, Woodbine, 21797

Receipt No.	8237					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Credit Card		\$46.00	10/30/2023	SMARTIN		

Owner Info.: MATZ STEVEN L
15336 DOE HILL CT
WOODBINE, MD 21797

Work Description:

Transaction Code: BN1P5C6E64FC
Date: 10/30/2023 01:37:28 PM
Card Type: MasterCard
Card Number: xxxxxxxxxxxx2509
Authorization Code: 111111
Total Amount: \$46.00
Operator ID: SMARTIN
Cash Drawer ID :
Record: EH-PLANS-23-03126

I agree to pay the above amount according to the Credit Card issuer agreement.
Sign Below:

Print Receipt

Cancel

RECEIPT

Howard County, MD
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Application: EH-PLANS-23-03126
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Receipt No.	8237					
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Credit Card		\$46.00	10/30/2023	SMARTIN		

Owner Info.: MATZ STEVEN L
15336 DOE HILL CT
WOODBINE, MD 21797

Work Description:

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, September 20, 2023 10:24 AM
To: Dan Murphy
Subject: RE: 15336 Doe Hill

Hi Dan,

Yes, this should be okay.

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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From: Dan Murphy <dan@rhinelandscaping.com>
Sent: Wednesday, September 20, 2023 10:11 AM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Subject: RE: 15336 Doe Hill

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Hank,

Sorry, just a quick follow up. I did what you suggested and it was still about 300 sq ft shy of 10k with the 15' setback. Would something like the attached revision work?

Thanks,
Dan

From: Oswald, Hank <hoswald@howardcountymd.gov>
Sent: Wednesday, September 20, 2023 9:40 AM
To: Dan Murphy <dan@rhinelandscaping.com>
Subject: RE: 15336 Doe Hill

Hi Dan:

Since we don't have information about test hole # 522.53, we couldn't approve additional area towards the rear property line. For an existing lot of record for an addition, you don't have to submit a written waiver request to expand the area to 5 feet of the property line, so it will be okay to expand the area towards perc test hole #A. In addition, you can expand the area toward perc test hole #B as well (see attached). If you need to make up more area to get back to 10k sq. ft., the owner can ask for a waiver to reduce the setback distance between the proposed pool from 20 feet to 15 feet. You may submit the waiver request with the perc cert plan. You will also need to field locate the d-box on the plan with a note indicating this. You can plot the trenches around the field located d-box per the as-built drawing. You don't have to show the replacement systems on the perc cert plan.

I hope you find this helpful. Please let me know if you have any questions.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
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From: Dan Murphy <dan@rhinelandscaping.com>
Sent: Tuesday, September 19, 2023 11:30 AM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Subject: 15336 Doe Hill

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hello Hank,

I hope you are doing well. I have a potential client that wants to install an inground swimming pool on their property. There's not a lot of space so I'm proposing some changes to their SDA. I'm wondering if you could provide a preliminary judgement on this plan to see if what I'm thinking may work is doable in some fashion. I'd hate to go through the time and expense only to find out we can't do it.

Please let me know if you have any questions. I appreciate your time.

Thanks,
Dan Murphy, RLA
Senior Landscape Architect



P - 410-442-2445 ext. 128

F - 410-489-4312

www.RhineLandscaping.com

www.RhinePools.com

Don't keep us a secret. Tell someone about the great service you received and the products we sell. Let us know who you referred, we want to be sure to thank you.

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, September 20, 2023 9:40 AM
To: Dan Murphy
Subject: RE: 15336 Doe Hill
Attachments: sda.pdf

Hi Dan:

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To: Oswald, Hank <hoswald@howardcountymd.gov>
Subject: 15336 Doe Hill

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judgement on this plan to see if what I'm thinking may work is doable in some fashion. I'd hate to go through the time and expense only to find out we can't do it.

Please let me know if you have any questions. I appreciate your time.

Thanks,
Dan Murphy, RLA
Senior Landscape Architect



P - 410-442-2445 ext. 128

F - 410-489-4312

www.RhineLandscaping.com

www.RhinePools.com

Don't keep us a secret. Tell someone about the great service you received and the products we sell. Let us know who you referred, we want to be sure to thank you.

Transaction Code: BN1P5C6E64FC
Date: 10/30/2023 01:37:28 PM
Card Type: MasterCard
Card Number: xxxxxxxxxxxx2509
Authorization Code: 111111
Total Amount: \$46.00
Operator ID: SMARTIN
Cash Drawer ID :
Record: EH-PLANS-23-03126

I agree to pay the above amount according to the Credit Card issuer agreement.

Sign Below:

Print Receipt

Cancel

Transaction Code: BN1P5C6E64FC
Date: 10/30/2023 01:37:28 PM
Card Type: MasterCard
Card Number: xxxxxxxxxxxx2509
Authorization Code: 111111
Total Amount: \$46.00
Operator ID: SMARTIN
Cash Drawer ID :
Record: EH-PLANS-23-03126
I agree to pay the above amount according to the Credit Card issuer agreement.
Sign Below:

Print Receipt

Cancel

LAYOUT 1/28/02 1pm INSP 4 add layout 11:00 3/22/02 - Pump Sys. layout - AM
 INSP 2 1/30/02 AM INSP 5 2/4/02 PM 3/26/02 - PM
 INSP 3 2/1/02 11:00 INSP 6 2/1/02 AM 3/27/02 - PM

ISSUE DATE: 1/22/2002 **PERMIT** 3/28/02-10:00 516483-C
 APPROVAL DATE: 5/23/02 **INDEXED** CANC. 5/21/02 2:00 A 58095-X

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

5/23/02 pump test
12 p.m.

302497

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Wellington West LOT NUMBER: 25

ADDRESS: 15336 Doe Hill Court PROPERTY OWNER: Pulte Homes, Inc.

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: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the left lot line near the well, place the distribution box 95' down the left (174.21') lot line and 70' off this same lot line. Run trenches on contour in both directions as shown on plan.
NOTES:	<u>Check well(s) radius(es)</u> <u>Dig hole to confirm soil?</u>

PLANS APPROVED: MER/FS OK/MR DATE: 12/27/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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

BUILDING PERMIT SIGNED AND RETURNED 1-18-02
 800 133998 - UG PROPANE TANK

BUILDING PERMIT SIGNED AND RETURNED 7/3/02
 800 137297 - DECK

A58095-X

Soil Profile (A)

DK brn granular
 C1M 8"
 strong brn, wk rd
 Mn aggregation on
 small pebbles hvy
 Rx 10-15% S1M 20"
 rd brn, yell. brn
 Mn-black lateral
 layers
 S1M 3 1/2"
 tan, yell, beige, white,
 black S1M
 Rx 30-40% Refusal 8 1/2"

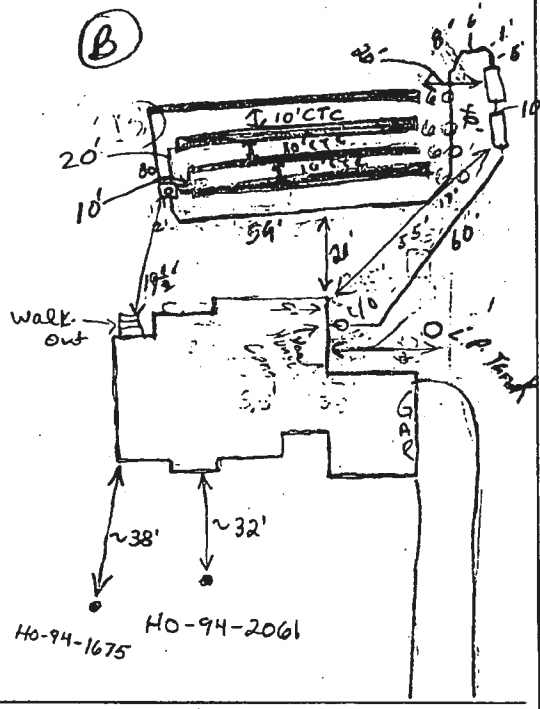
NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	2 1/2'	4 1/2'
NUMBER OF TRENCHES	4	
TOTAL LENGTH	240	
ABSORPTION AREA	720 ft ²	
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	23"-4"
BAFFLES	✓
BAFFLE FILTER	N/A
MANHOLE LOC	Center
6" PORT LOC	front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1-2'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓

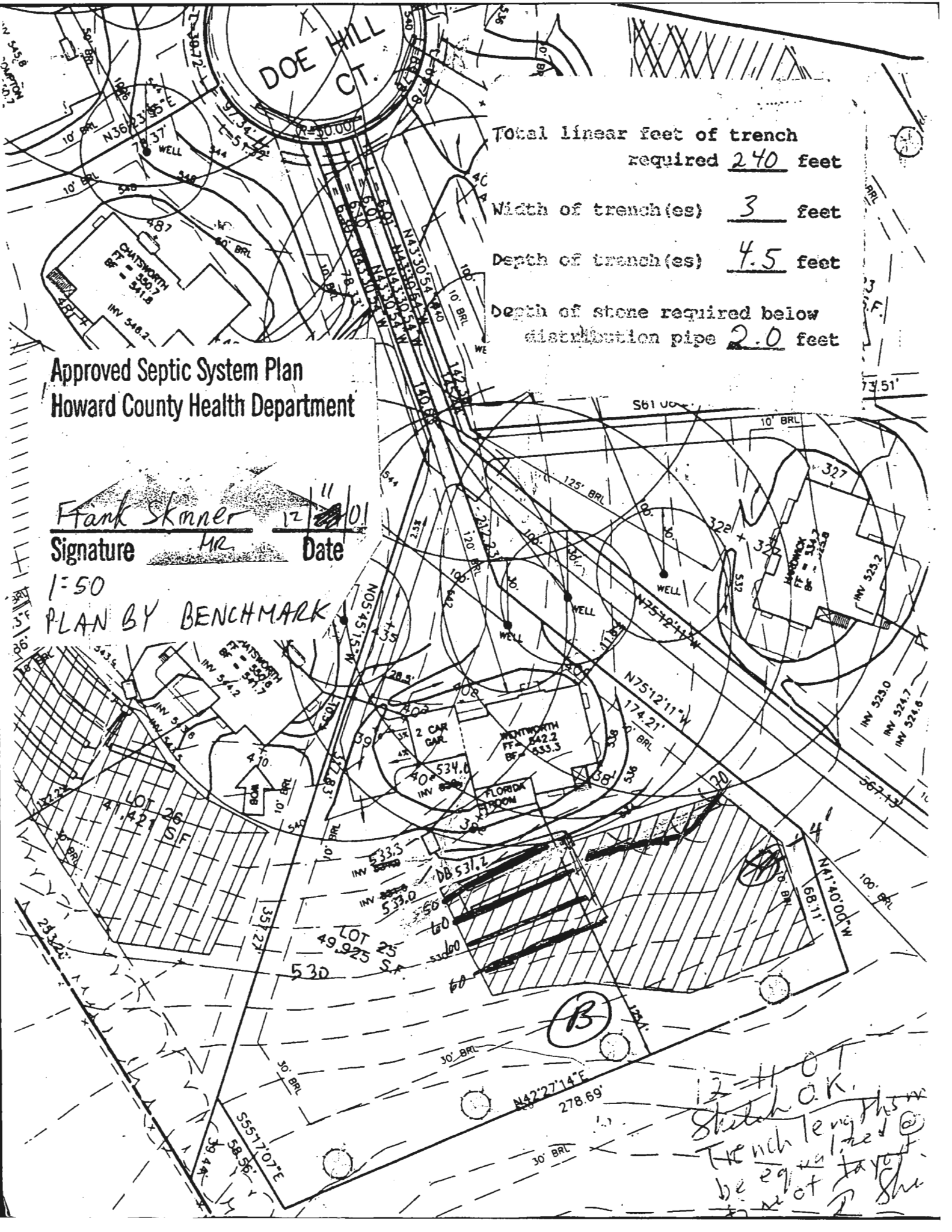
Soil Profile (B)
 strong brn
 C1M 5-5 1/2'
 tan brn, grey
 white, beige
 S1M to sand
 10-15% Rx
 Refusal 11 3/4'

Stake (A)
 7080



PRE-CONSTRUCTION 1/28/02 Lot out staked, large dirt pile in the middle of S.R.
 1/29/02 Lot stake, dirt gone, graded. OK to place all 4 trenches on one side w/ D.B. in center
 1/30/02 Tanks set. O.K. to backfill around. Need house connection. (BB)
 2/5/02 Needs house Conns. Called in to Pulte Homes - Trenches OK to cover 10' CTC. (K6)
 3/22/02 Disc. w/ contr. moving of S.T. & adding P.T. Contr had S.T., D.B. & end of trenches open. Keep tanks 10-15' off trenches. (SD)
 3/27/02 Line to tank installed, waiting on tanks. (SD) 3/27/02 Tanks set, OK to cover. (SD) 3/28/02 OK to cover all work. Pump & Alarm test needed. (SD)
 5/23/02 Alarm & Pump OPERATIONAL (JB)
 FINAL INSPECTOR Steven R. [Signature] DATE OF APPROVAL [Signature]

BUILDING PERMIT SIGNED AND RETURNED



Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Frank Skinner 12/11/01
 Signature MR Date

1-50
 PLAN BY BENCHMARK

12-11-01
 Sketch a.k.
 Trench length shown
 be equalized @
 2' x 2' @ 2' Spacing

DOE HILL COURT

10' TREE MAINT. ESM'T.
6' PUBLIC DITCH ESM'T.

L = 8.10'
R = 50.00'

24' PRIVATE USE-IN-COMMON INGRESS/EGRESS
ESM'T. FOR LOTS 24-25, AND LOT 26; SEC. 2,
AREA 2, AND PRES. PARCEL "D", SECT. 2, AREA 2.

PLAN BY
BENCHMARK

WALL CHECK
SHOWS HOUSE
IN CORRECT LOC
DROPPED 0.6'

OK (MR) 1/22/07

GRID NORTH

LOT 26

LOT 25

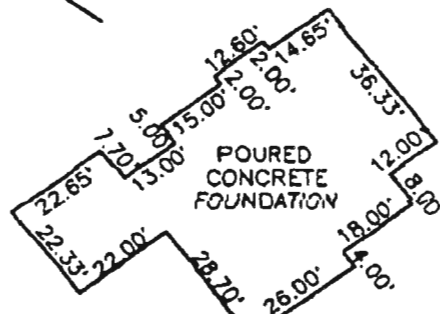
LOT 24

WELLINGTON WEST
SECTION 2, AREA TWO
(PLAT 3)
AGRICULTURAL
PRESERVATION PARCEL "D"
(SINGLE FAMILY RESIDENCE &
AGRICULTURAL LAND
PRESERVATION PROGRAM)

TOP
OF FOUNDATION WALL = 540.8'
SET DIMENSIONS TO PROPERTY LINES ARE ± 1'

VEYOR'S CERTIFICATE

WE HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL
KNOWLEDGE, INFORMATION AND BELIEF, THAT THE
DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON
ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN
SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC.
ON JANUARY 8, 2002; AND THAT THE PROPERTY OUTLINE
SHOWN HEREON IS BASED ON THE PLAT PREPARED BY
BENCHMARK ENGINEERING, INC. ENTITLED "WELLINGTON
WEST SECTION 2, AREA ONE", AND RECORDED AMONG
THE RECORDS OF HOWARD COUNTY AS PLAT No.



4/24/97
4/25
4/28
4/29

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

DISTRICT _____

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel R.d. Woodbine, md. 21797 PHONE 442-2101

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:


SUBDIVISION Brendel property LOT NO. 18

ROAD AND DESCRIPTION Union Chapel Road (South side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling
(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

A58095

COUNTY #

SOIL PROFILE

0' 77 5

Bright red Siltm
 3.0 orange Siltm
 1090 Rx
 4 Mg deposits on the faces of the Rx

3.0

11.0

76

dark brown Siltm

6.0

mottled white dull brown Siltm
 water at 8.5

8.0

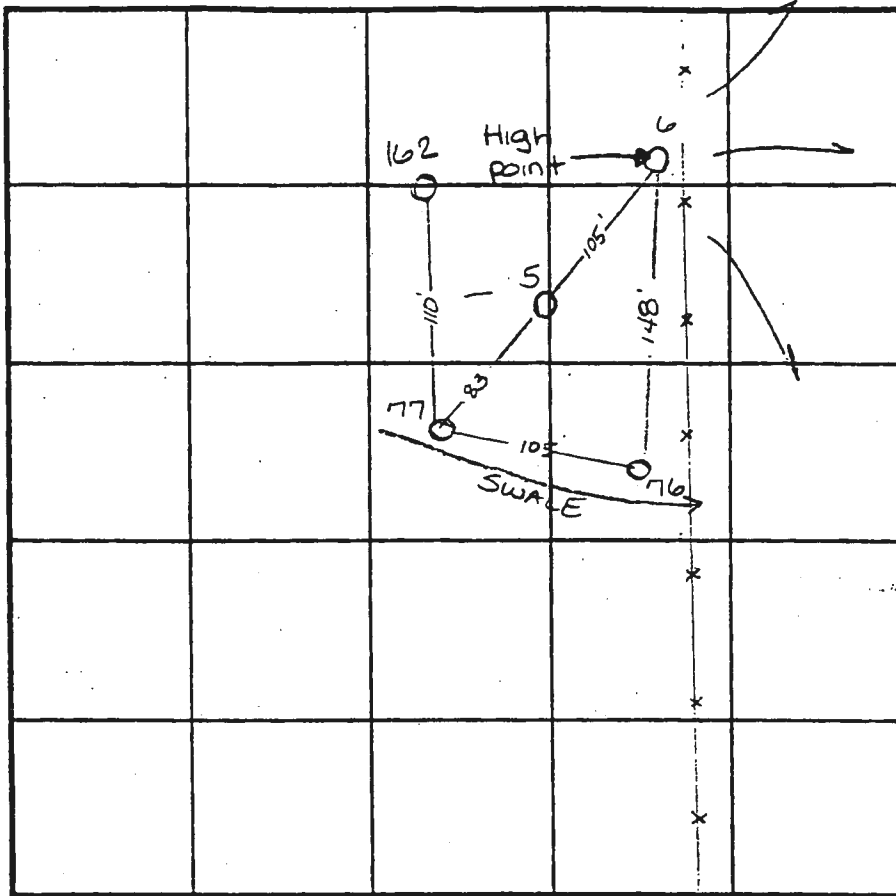
162

no distinct clay layer
 lgt pink to red Siltm
 5-10% Rx

8.0

550% Rx

10.0



SOIL PROFILE

0'

no distinct clay layer
 lgt white tan Siltm
 1090 Rx

11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-24-97	77	3.0 VII.0	11:02	11:05	11:05	11:12	7min
	76	2.5 V.5.0	11:03 ³⁰	11:07	11:07	11:12	5min F
		Insufficient depth to	4.0		---		F
	5	3.0 VII.0	11:18 ³⁰	11:21 ³⁰	11:21 ³⁰	11:30	8 1/2 min
	6	3.0 VII.0	11:41	11:44	11:44	11:52	8min
6-15-97	162	2.5 VII.0	10:39	10:44	10:44	10:48	4min

REMARKS H₂O tablets dropped at 12' since wettest time this yr

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SO. FT./BEDROOM _____

A58095

COUNTY #

SOIL PROFILE

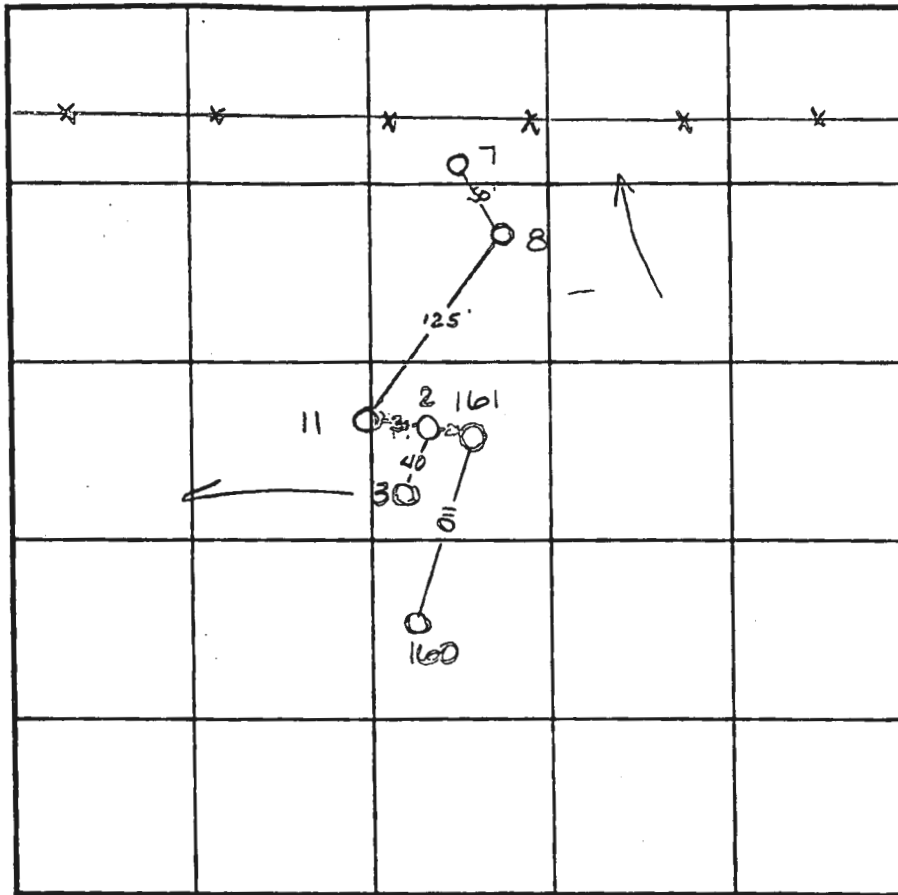
7
looks like test hole #8 but some mottling is at 11.0

8

bright red SiCLM
lgt tan beige SiLM 20% Rx

11

bright orange SiCLM
lgt orange tan SiSalm 15% rock



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

3
no distinct clay layer lgt pink to red SiLM 15-20% Rx
11 ok on high side - low side >50% Rx
160 yellow or SiCLM
3.0 lgt or brn SiLM 30% Rx throughout streaks of cleaved quartzite

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-24-97	7	3.5 12.0	11:52 ³⁰	11:55	11:55	12:01	6min
	8	3.0 12.0	11:49	11:50	11:50	11:52	2min
	11	3.0 11.5	11:59	12:01 ³⁰	12:01 ³⁰	12:07	6 1/2 min
6-18-97	161	>50% Rx, refusal at 7.0					
		Insufficient depth to bedrock					F
	2	>50% Rx - refusal at 10.0					
		Insufficient depth to bedrock					F
	3	Visual to 12.0 - see profile					OK
	160	4.0 12.0	10:26	10:30	10:30	10:36	6min

REMARKS _____

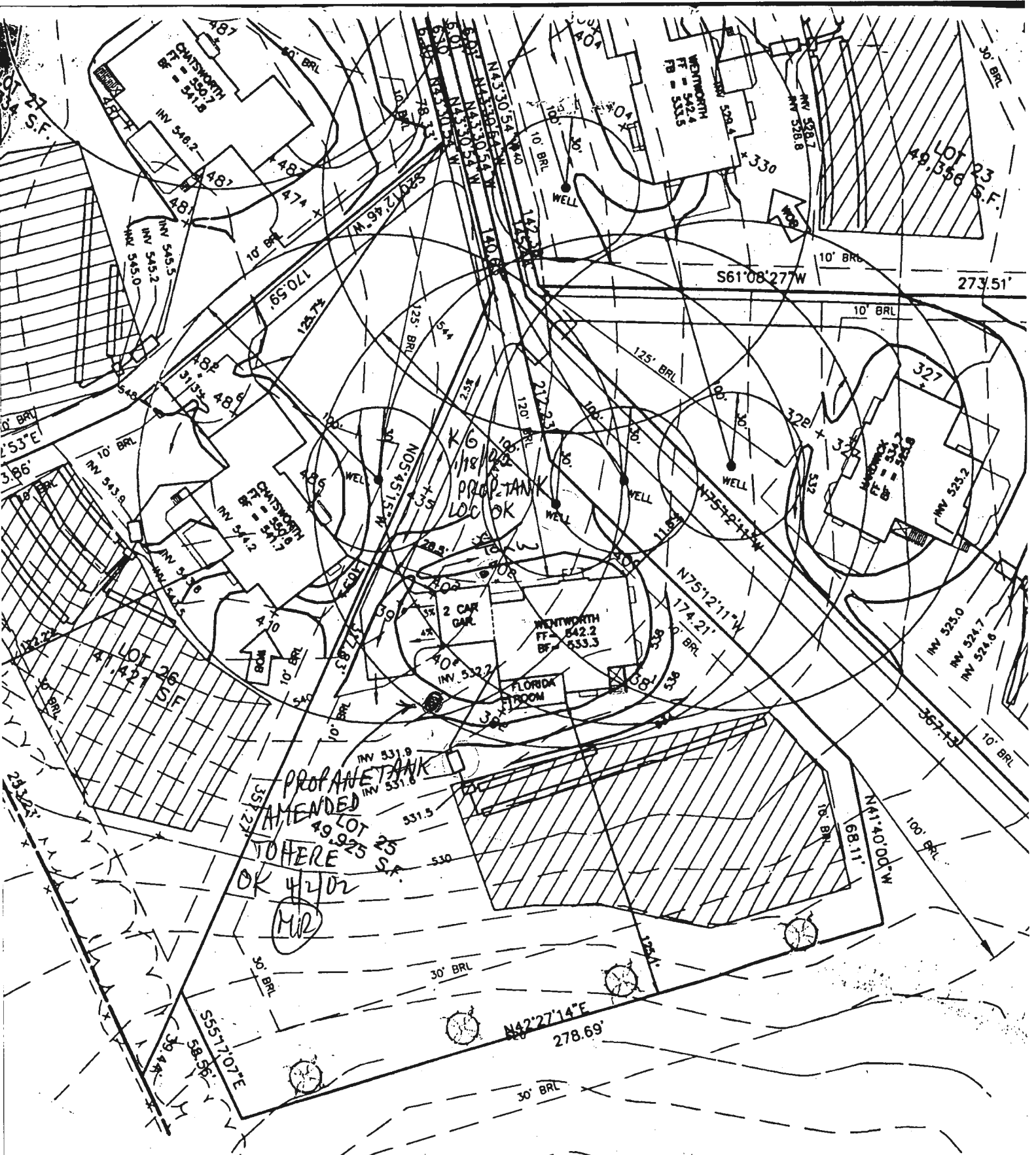
TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

11.5



PROPANE TANK
 AMENDED
 TO HERE
 OK 4/2/02
 (MUR)

PLAN

SCALE: 1" = 50'

OPT. PLAN

Building Address 15336 Doe Hill Rd
Woodbine, MD 21797

Suite/Apt. #: _____ SDP/WPI/Petition #: _____

Census Tract 1001102 Subdivision Wellington West

Section _____ Area _____ Lot 25

Tax Map 14 Parcel 69 Grid H/D

Zoning R9 Map Coordinates 9A54 Lot side _____

Existing Use Single Family Dwelling

Proposed Use Belowground Propane Tank

Estimated Construction Cost \$ 2800.00

Description of Work Install (1) 1000 gallon underground propane tank SD in accordance with NFPA 58.

Occupant or Tenant Same As Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Public Homes

Address 1501 S Edgewood St Suite K

City Baltimore State MD Zip Code 21227

Home Phone 410 489 3626 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
B # 001 331 62

Phone _____ Fax _____

Contractor Company Suburban Propane

Contact Person Lizias Tanti

Address 31 Derwood Circle

City Rockville State MD Zip Code 20850

License No. _____

Phone 301-351-0606 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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

THE APPLICANT 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 THEREON; (4) THAT HE/SHE WILL INFORM HIS/HER OFFICE ON THE ADDRESS OF ANY CHANGES TO HIS/HER PROPERTY THAT MAY AFFECT THE PERMIT; (5) THAT HE/SHE GRANTS CREDIT TO THE RIGHT TO INSURE THIS PROPERTY FOR THE PERIOD OF 90 DAYS FROM THE DATE OF THIS APPLICATION; AND (6) HE/SHE IS NOT PROVIDING ANY OTHER INFORMATION.

Applicant's Signature: [Signature] Title/Company: _____

Print Name: Lizias Tanti Date: 1-18-02

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

FOR OFFICE USE ONLY

AGENCY: Land Development, DPZ DATE: 1/18/02 SIGNATURE APPROVAL: [Signature] DPZ SETBACK INFORMATION: _____ PROPERTY ID: 52731

State Highways: _____

Building Official: _____

Dev. Engineering/DPZ: _____

Health: _____

Fire Protection: _____

Is Sediment Control approval required prior to issuance? YES NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

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

T: Forms PERMIT FRM

4/21/97
4/25
4/28
4/29

APPLICATION

PERCOLATION TESTING

A 58095

P _____

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

DISTRICT _____

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

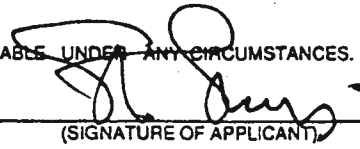
SUBDIVISION Brendel property LOT NO. 20

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling
(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 _____

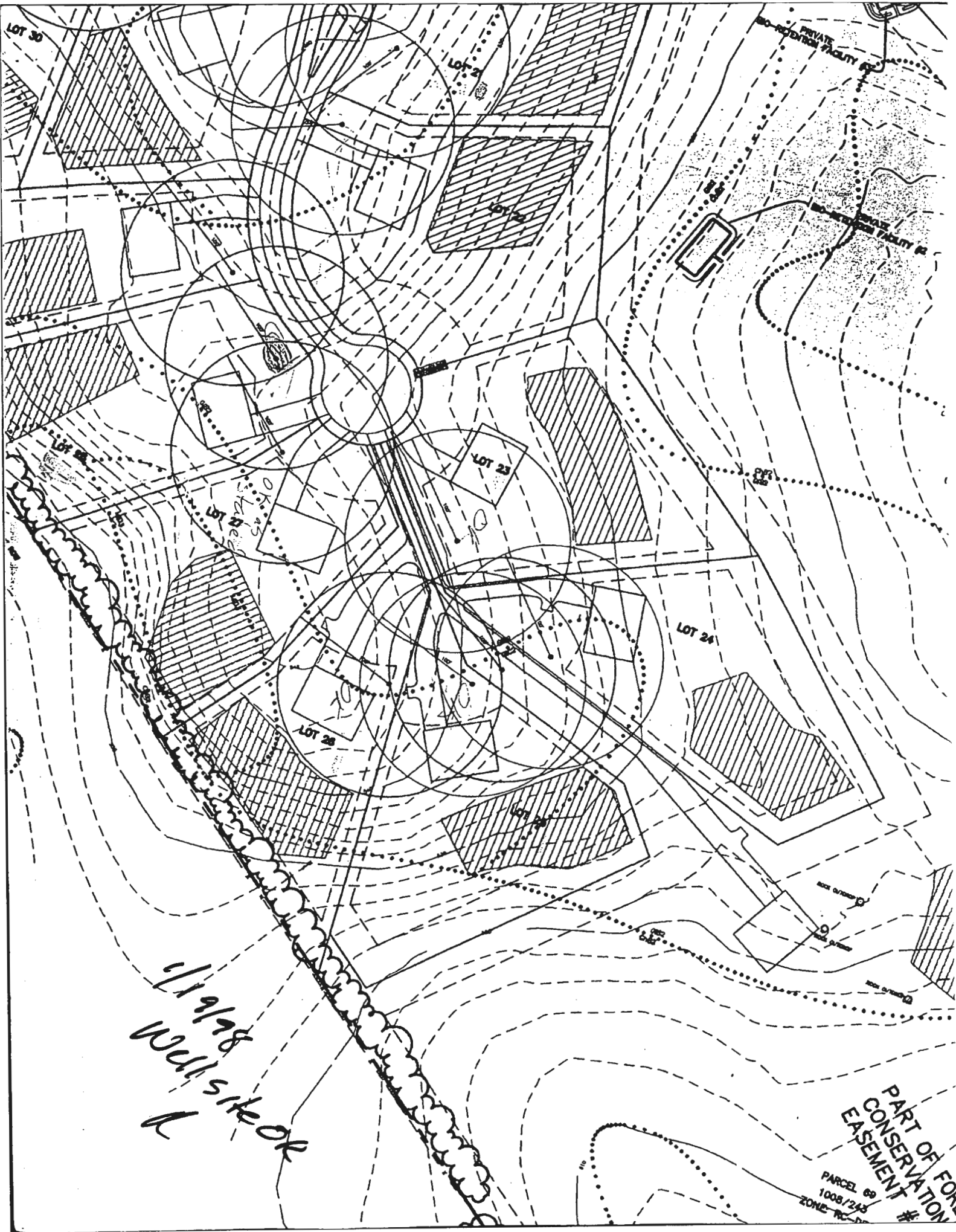
HOLD PENDING FURTHER TESTS _____

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

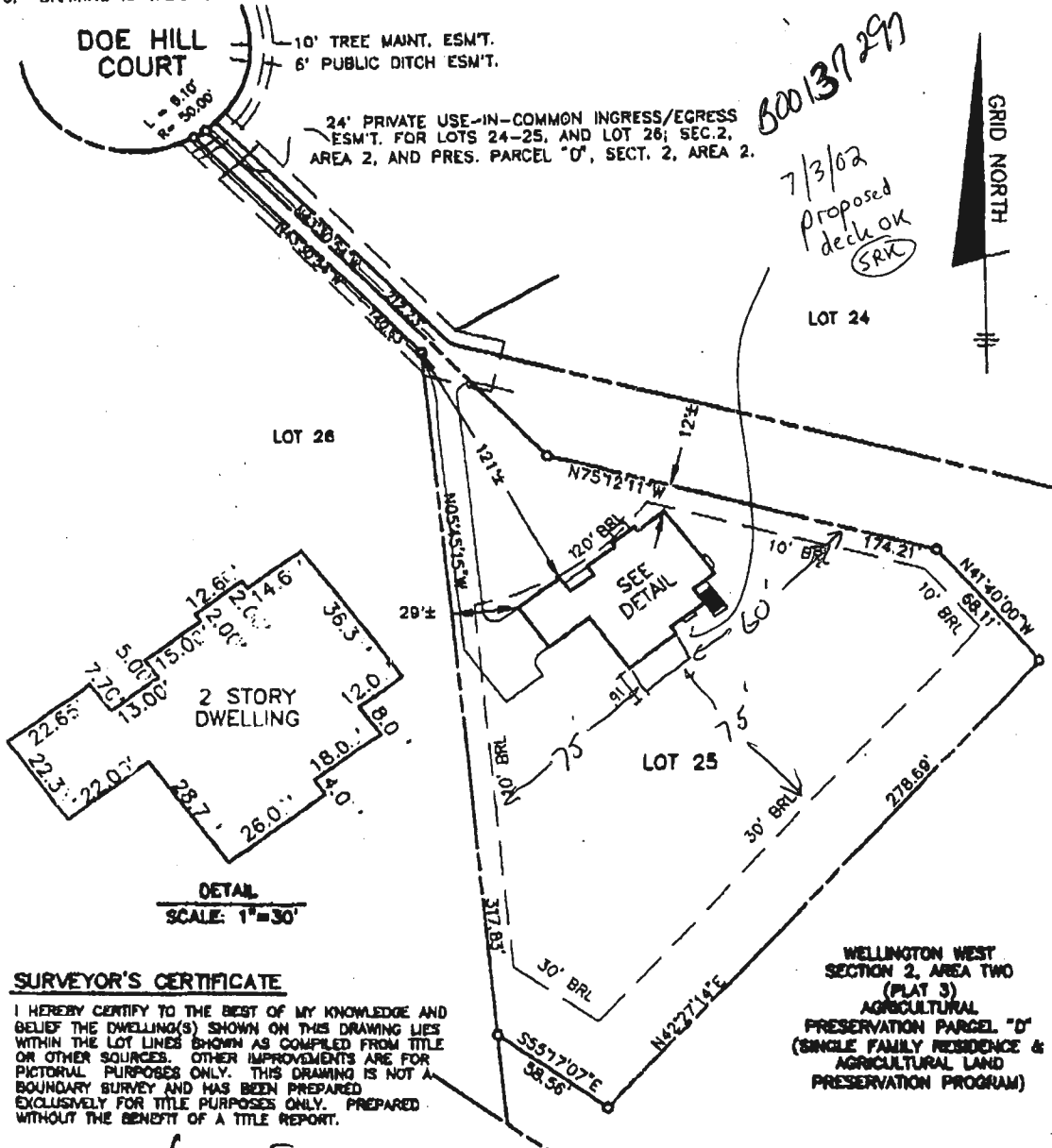


1/19/98
Well site OK

PART OF FORT
CONSERVATION
EASEMENT #
PARCEL 69
1008/245
ZONE-RC-

May 30, 2002 9:52AM BENCHMARK ENG.

- NOTE:
1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
 3. THE DRAWING 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. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
 5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
 6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.

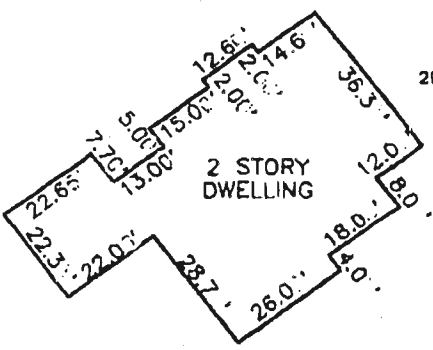


DOE HILL COURT

10' TREE MAINT. ESM'T.
6' PUBLIC DITCH ESM'T.

24' PRIVATE USE-IN-COMMON INGRESS/EGRESS ESM'T. FOR LOTS 24-25, AND LOT 26; SEC.2, AREA 2, AND PRES. PARCEL "D", SECT. 2, AREA 2.

800137 297
7/3/02
Proposed deck ok
SRK



DETAIL
SCALE: 1"=30'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

[Signature]
REG. NO. 10976

RECORD PLAT No. 13835
FEMA FIRM No. 240044 0014 B
ZONE: C
DATED: 12/4/88

BENCHMARK
ENGINEERING, INC.
2400 BALDWIN ROAD, SUITE 210
ELLSWORTH OY, MARYLAND 21043
PHONE 410-666-0100 & 410-666-0044
WWW.BENCHMARK-ENG.COM



LOCATION DRAWING
WELLINGTON WEST
SECTION 2, AREA ONE
LOT No. 25

15336 DOE HILL COURT
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 60' DATE: 5/10/02

C1 **9851** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A58095X**
 FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"
 MM DD YY MM DD YY 22 153 26 **HO-94-2061**
 8 13 15 20 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER **BMP ASSOC.** last name **Doc Hill Ct** first name TOWN **Greenwood**
 STREET OR RFD SUBDIVISION **Wellington West** SECTION **2** LOT **25**

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	
Dirt	0	1	
Soft Br. Shale	1	58	
Hard Br. Shale	58	65	
Fracture	65	66	X
Hard Blue & Br. Shale	66	78	
Hard Blue Sandstone	78	110	
Br. & Blue Sandstone	110	138	
Opening	138	140	
Br. & Blue Sandstone	140	148	
Hard Blue Sandstone	148	153	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**
 CEMENT BENTONITE CLAY
 NO. OF BAGS **20** NO. OF POUNDS **1880**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **S T** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **61**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

C 2 DEPTH (nearest ft.)

1	H	O	61	134
8	9	11	15	17
23	24	26	30	32
38	39	41	45	47
51				

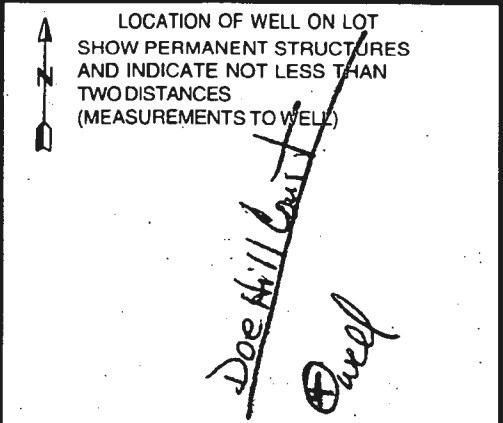
E A C H S C 3 R E E N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) **56** **60**
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **134** **153**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **12**
 METHOD USED TO MEASURE PUMPING RATE **submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **36** ft.
 WHEN PUMPING **43** 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 **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above **LAND SURFACE**
- below **1** (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **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. **MWD 256**
Dana Kyker Jr. II
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **JWD 334**
Jimmy Kyker
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	2031	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2061</u> <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) 01 05 98
8 MM 00 YY 13

ASSOCIATES LLC BPMB
15 Last Name Owner First Name 34

15248 UNION CHAPEL RD
36 Street or RFD 55

Woodbine Md 21797
57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD
8 COUNTY 21

Wellington West
23 SUBDIVISION 42

SECTION 2 LOT 25
44 46 48 50

GLenwood
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

DANA KYKEL TRIM D 256
76 License No. 81

WESTMINSTER ROTARY Well Drilling Inc
Firm Name

P.O. Box 861 Westminster Md
Address

Dana Kysel Trm 1-4-99
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

DoE Hill CT
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

N NE E SE S SW W

225
34 DISTANCE FROM ROAD 37 FT

ENTER FT OR MI FT
38 39

TAX MAP: 14 BLK: _____ PARCEL 222

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 395
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A58095X
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → _____

DATE ISSUED 1/20/99 A McALLOO 1/20/00
43 MM 00 YY 48 CO SIGNATURE EXP DATE

NORTH GRID 530 000 EAST GRID 790 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 180 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- CITY
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790
000 000

N 530

2/3/98
Growth 8:30
x WELL
Missed insp.
1000

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER _____ G A P _____

PERMIT No. HO-94-2061
70 71 72 73 74 75 76 77 78 79

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

DoE Hill CT
x well

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