

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 44364

A 38121

DATE 5/24/89

DATE SYSTEM APPROVED 10/17/99

INSPECTOR RH

INDEXED
03 3122 83

9/6/89 9:00
9/14/89
10/16/89

Dale Fogle Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Meadowood ROAD 1242 Crows Foot Road LOT 13

PROPERTY OWNER Edward J. Pals Carroll Builders & Remodeling, Inc.

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION- Start the first trench 235 feet from the front lot line and 100 feet from the left lot line as seen when facing the lot from Crows Foot Road. Run trenches on contour toward the rear/left lot line.

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

824-89 House plumbing set too low, below basement, Must move line to higher point in wall then

PLANS APPROVED BY Sid Abel *st/cw* DATE 2/14/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

Inlet at 6', Bottom at 10'

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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

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

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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

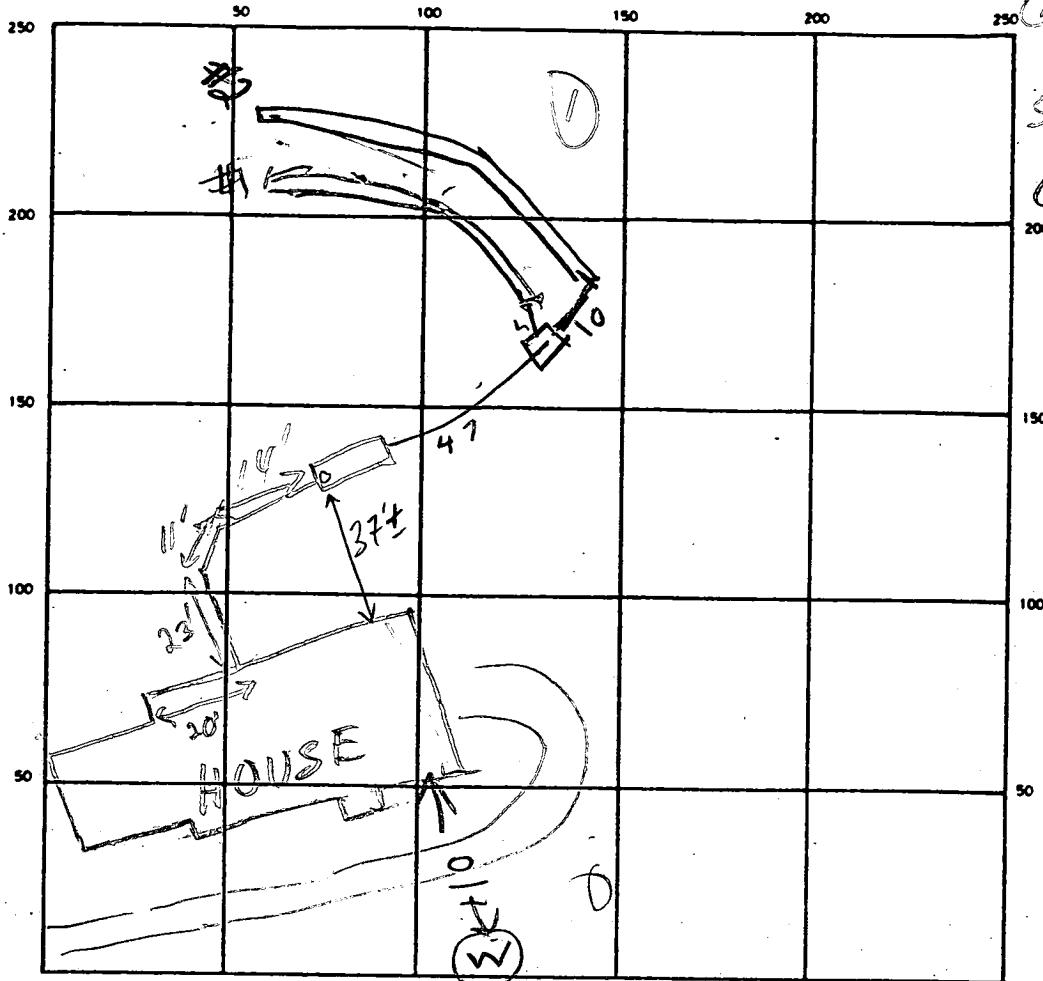
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLOG. PERMIT SIGNATURE
AND RETURNED 9/13/93
Levit # 57378-dub

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

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38121



① HIGHLY
MICACEOUS
SAND LOAM
6'-15'

180
720

453

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
CROWS FOOT RD

SEPTIC TANK LEVEL 150 c CLEANOUTS SI
OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 9/11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4/4 FT.

EFFECTIVE GRAVEL DEPTH 5/4 FT. TOTAL LENGTH 90/95 FT.

NUMBER OF TRENCHES 2 ONE-SIDEWALL/BOTTOM AREA 450/388 TOTAL 838

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/26/89 PLOT PLAN DOES NOT SEEM CORRECT - SDA
AND/OR HOUSE NOT IN CORRECT LOC? CONTRACTOR
TO INSTALL 2 90' TRENCHES, STONE 6' TO 10', NO PUMP
NECESSARY MR 10/16/89 - TRENCH #1 OK TRENCH #2
ALMOST FINISHED ADD REGS OF STONE
TO TRENCH #2 & COVER

DATE SYSTEM APPROVED 10/16/89 INSPECTOR Raymond Hoop

9/13/93 ● meet
AM owner

REARWOOD 13

N660 FILE

BACK

OCCUPANCY APPROVAL

WITHOUT USE OF
SEPTIC

APPROVAL

7/17/93

(CW)

APPLICATION

PERCOLATION TESTING

A 38/20

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 11/20/88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A Carroll Bldgs. + Remodl. Inc. 547-3480

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. #13

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland 1242 CROWS FOOT Rd

TAX MAP 10 PARCEL # 139

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

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

Mike Sedel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/5/88 Perc. Satisfactory; Hold For Subdivision Plat. S.A.C.

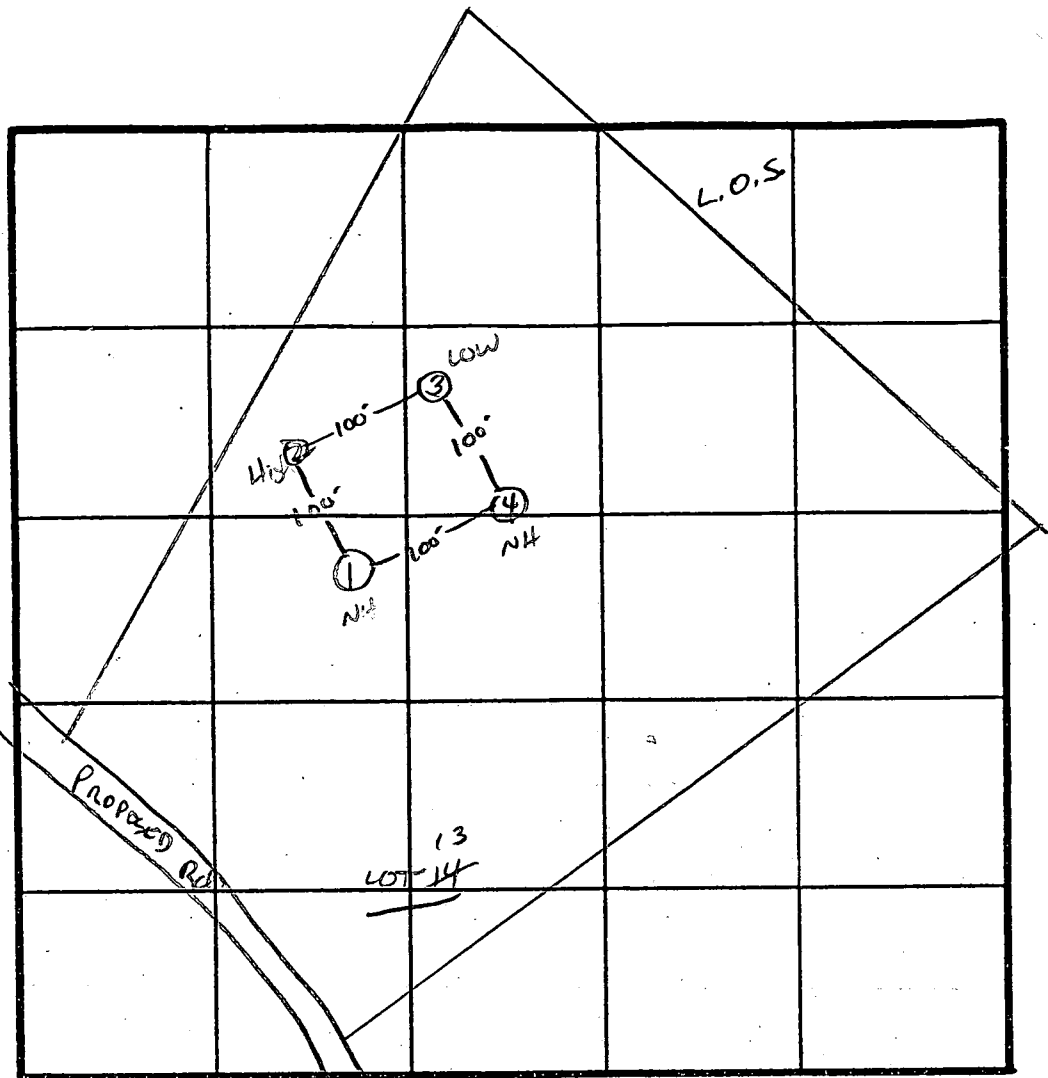
BLDG. PERMIT SIGNED
AND RETURNED 4-25-89

BP 23657
8/1

THIS IS NOT A PERMIT

SOIL PROFILE

0'	A-3 Yellow BR Silt loam 99% clay Claystone
3'	77% to light BR silty SAND loam Highly Micaceous 25-30%
12'	



X Perc
1 MIN
160 φ BR
3' INLET
8' BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO HENNINGTON Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
14/5/86	1 S	3"	1100	1101	1101	1102	1 min
	1 V	12"	uniform soil		below 3"		
	2 S	3.5'	1129	1130	1130	1131	1 min
	2 M	7.5'	1126	1127	1127	1128	1 min
	2 V	12"	SAME AS HOLE #1				
	3 S	3"	1111	1112	1112	1113	1 min
	3 V	12"	SAME AS #1				
	4 V	12"	SAME AS #1				

EH-12-1079

REMARKS Holes per Plat

TYPE OF SOIL Glenelg

TESTED BY S. Abel

ALSO PRESENT J. Fuzik & Co. owner

B 1 2293 SEQUENCE NO. (OEP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER
40-81-2539 fill in this form completely

Date Received 07/14/87
OWNER INFORMATION
SPRING HILL ASSOC
1432 AT 32
W FRIENDSHIP MD 21794

B 3 LOCATION OF WELL R 39641
HOWARD COUNTY MEADOWOOD
SECTION 1 LOT 13
SUMMERSVILLE
MILES FROM TOWN 4 MI

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Signature: George F. Easterday Date: 7/2/87

B 4 MEADOWOOD ROAD
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 40 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A35121
DATE ISSUED 020889
NORTH GRID 540000 EAST GRID 082000

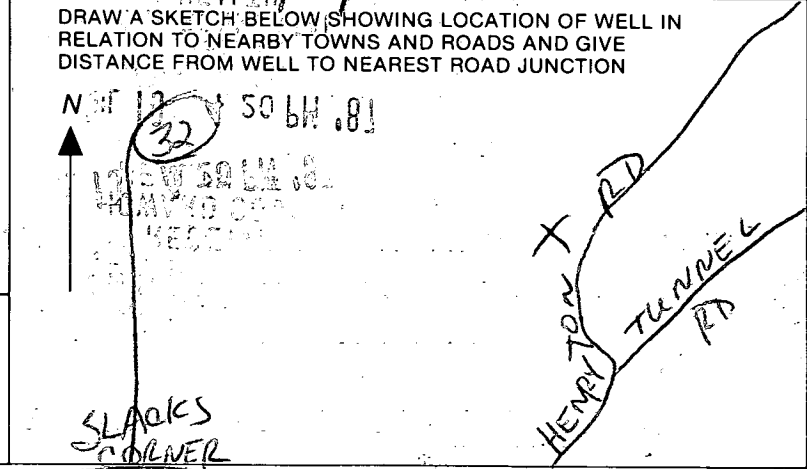
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
2/29/89 11:30
15 BAGS
63FT CASING
58FT OPEN
1/2 FT CASING A.G.
GROUT OBSERVED MR 2/24/89
000 VTAG OK

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE INITIALS PERMIT No. 40-81-2539

SPECIAL CONDITIONS

C1 2147 SEQUENCE NO. (OEP 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 A 38121

DATE Received
8 13

DATE WELL COMPLETED
15 20
022489

Depth of Well
22 26
400
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
28 29 30 31 32 33 34 35 36 37
HO-81-2539

OWNER ASSOCIATES SPRING HILL
STREET OR RFD MEADOWOOD ROAD first name TOWN SYKESVILLE
SUBDIVISION MEADOWOOD SECTION 1 LOT 13

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	
Clay	2	6	
Shale	6	15	
Silt Sand	15	30	
Clay			
Sand Stone	30	54	
Mica	54	65	
Sand Stone	65	68	✓
Mica	68	400	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY
NO. OF BAGS 15 NO. OF POUNDS 1500
GALLONS OF WATER 75
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 5 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE PLASTIC OTHER
MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)
ST 6 63

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

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

DEPTH (nearest ft.)
EACH SCREEN
1 HO 61 400
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51

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40
DRILLERS SIGNATURE
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

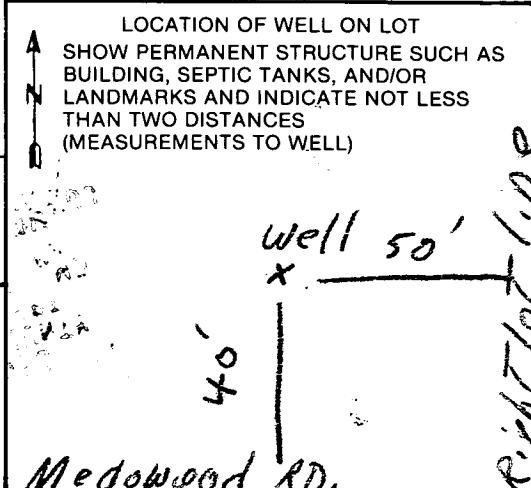
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.)
70 72
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37
WHEN PUMPING 160
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary Q 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 EXCEPT HOME USE
TYPE OF PUMP INSTALLED
IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
LAND SURFACE (nearest foot)



8:00 5-9-89

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2539
 Location of property (road) MEADOWWOOD ROAD
 Subdivision MEADOWWOOD Lot 13 Block _____ Plat _____ Sec. 1
 Well Driller GEORGE EASTERDAY Owner ASSOCIATES, SPRING HILL
HAGON
 Depth of well 400 1 GPM
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate _____
 Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes Pump set at 380'

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	37'	10 sec		10 GPM
8:15	52'	10 sec		6 GPM
8:30	65'	12 sec		5 GPM
8:45	76'	15 sec		4 GPM
9:00	86'	20 sec		3 GPM
9:15	95'	30 sec		2 GPM
9:30	104'	30 sec		2 GPM
9:45	116'	40 sec		1 1/2 GPM
10:00	116'	40 sec		1 1/2 GPM
10:15	116'	40 sec		1 1/2 GPM
10:30	116'	40 sec		1 1/2 GPM
10:45	116'	40 sec		1 1/2 GPM
11:00	116'	40 sec		1 1/2 GPM
11:15	116'	40 sec		1 1/2 GPM
11:30	116'	40 sec		1 1/2 GPM
11:45	116'	40 sec		1 1/2 GPM
12:00	Broke Down			
12:15				
12:30	160'	40 sec		1 1/2 GPM
12:45	160'	40 sec		1 1/2 GPM
1:00	160'	40 sec		1 1/2 GPM
1:15	160'	40 sec		1 1/2 GPM
1:30	160'	40 sec		1 1/2 GPM
1:45	160'	40 sec		1 1/2 GPM

2:00	160'	40 sec	1 1/8 gpm
2:15	160'	40 sec	1 1/8 gpm
2:30	160'	40 sec	1 1/8 gpm
2:45	160'	40 sec	1 1/8 gpm
3:00	160'	40 sec	1 1/8 gpm
3:15	160'	40 sec	1 1/8 gpm
3:30	160'	40 sec	1 1/8 gpm
3:45	160'	40 sec	1 1/8 gpm
4:00	160'	40 sec	1 1/8 gpm
4:15	160'	40 sec	1 1/8 gpm

Inspector Came out at 12:05 Gave me 1/2 hr to fix a water leak and get stabilized or else start the test over. He stayed until 1:15

Inspector O.K. Me to go on with test until 4:15 making up for the 1/2 hr I was broke down.

D. Shuler

RECEIVED
HOWARD COUNTY
HEALTH DEPARTMENT
APR 19 3 30 PM '89
DIVISION OF
ENVIRONMENTAL
HEALTH

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 # 46175
Date 7/5/90

Name of Installer Carroll Water Systems, Inc. Telephone _____

License Number 074
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner M. Myers Homes, Inc. Telephone 549-3440
Subdivision Meadow Wood Lot # 13 Well Tag # _____
Site Address Crow's Foot Road

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Denning
3. Model # 4ALNII
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 _____

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Martinson
2. Model # B10X
3. Depth _____

Tank
1. Capacity 120
2. Pressure relief valve?

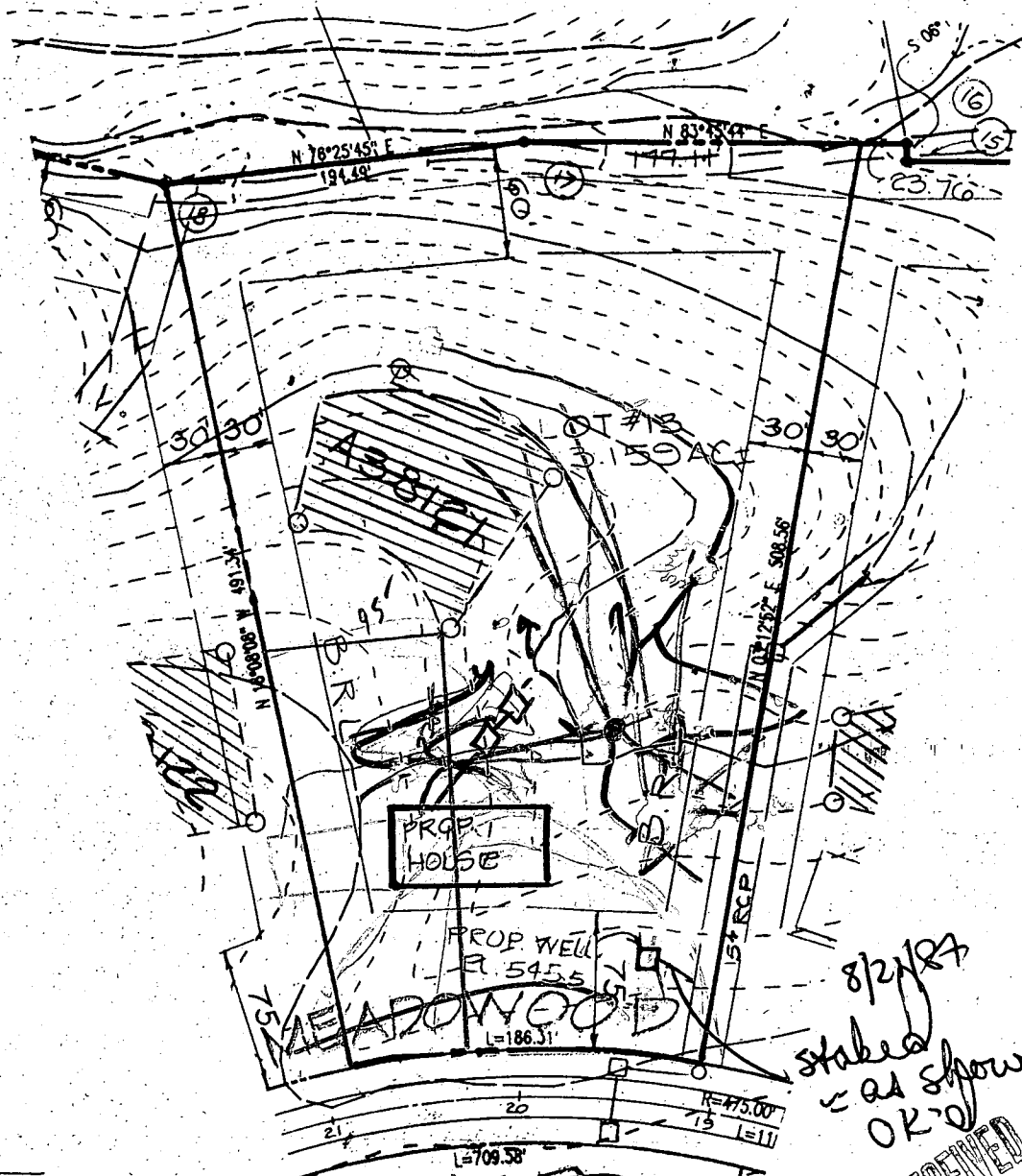
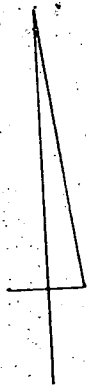
Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 4'

Well data
1. Depth 400 ft.
2. Yield 5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? No

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: Ronald W. Smith
Date: 7/5/90

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



8/2/87
 staked
 = as shown
 OK'D

RECEIVED

JUN 30 1987
 L.F. EASTERDAY, INC.

OWNER

SPRING HILL ASSOCIATES
 RUTH H. WESTON
 1427 ROUTE 32
 SYKESVILLE, MD. 21784

DEVELOPER

KOREN DEVELOPMENT CORP. INC.
 5423 WATERCRESS PLACE
 COLUMBIA, MARYLAND 21045

R.S. Thaler & Assoc. Inc.
 CIVIL ENGINEERS · SURVEYORS
 LANDSCAPE ARCHITECTS
 11 WARREN ROAD
 BALTIMORE, MARYLAND 21208
 (301) 484-4100

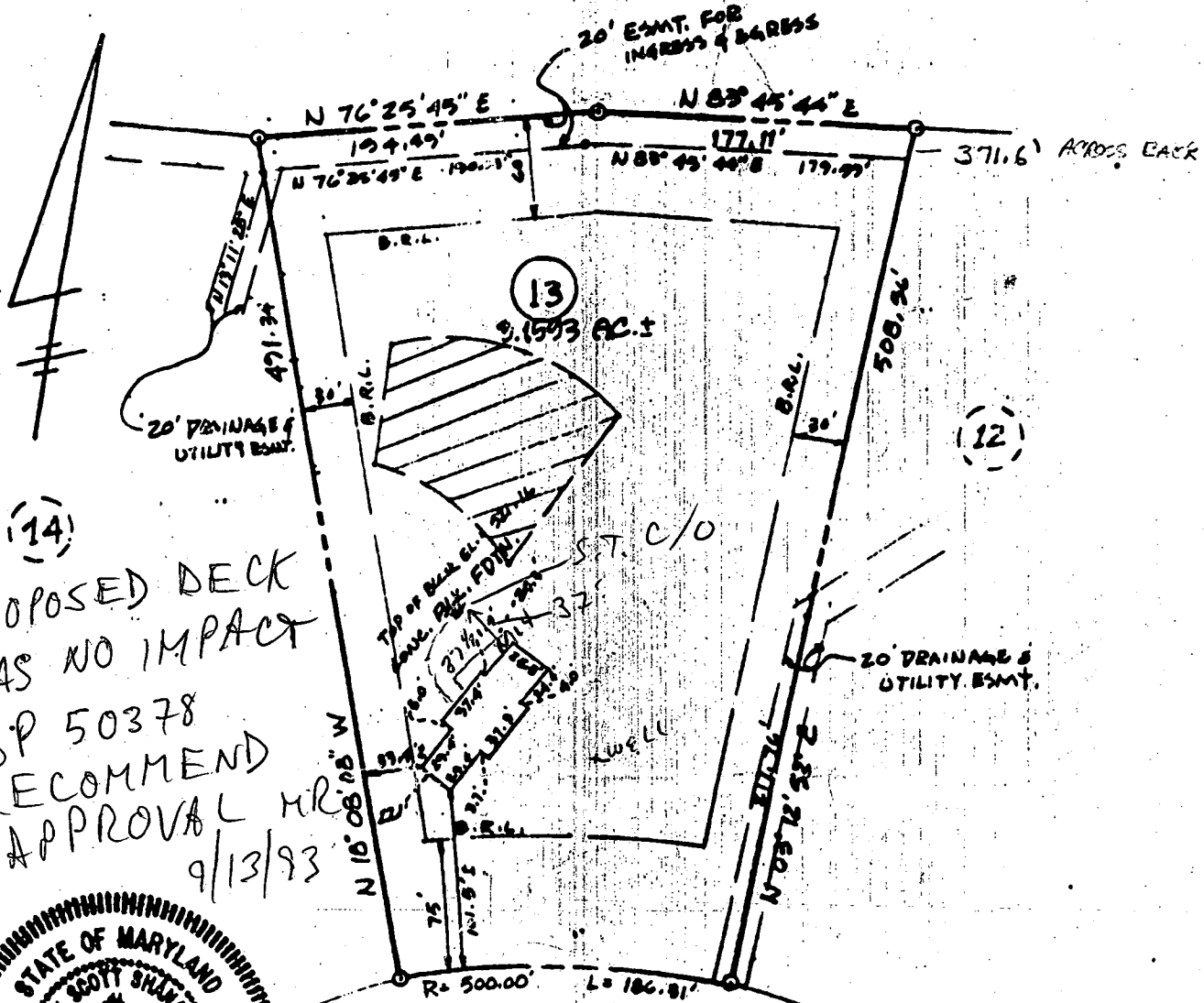
ROAD
 now crosses
 Foot Rd.

LOT # 13
MEADOWOOD

SECTION ONE

TAP MAP 10
 3RD ELECTION DISTRICT
 SCALE: 1" = 100'

PARCEL 135
 HOWARD COUNTY, MARYLAND
 DATE: JUNE 25, 1987



(14)
 PROPOSED DECK
 HAS NO IMPACT
 B.P. 50378
 RECOMMEND
 APPROVAL MR.
 9/13/93



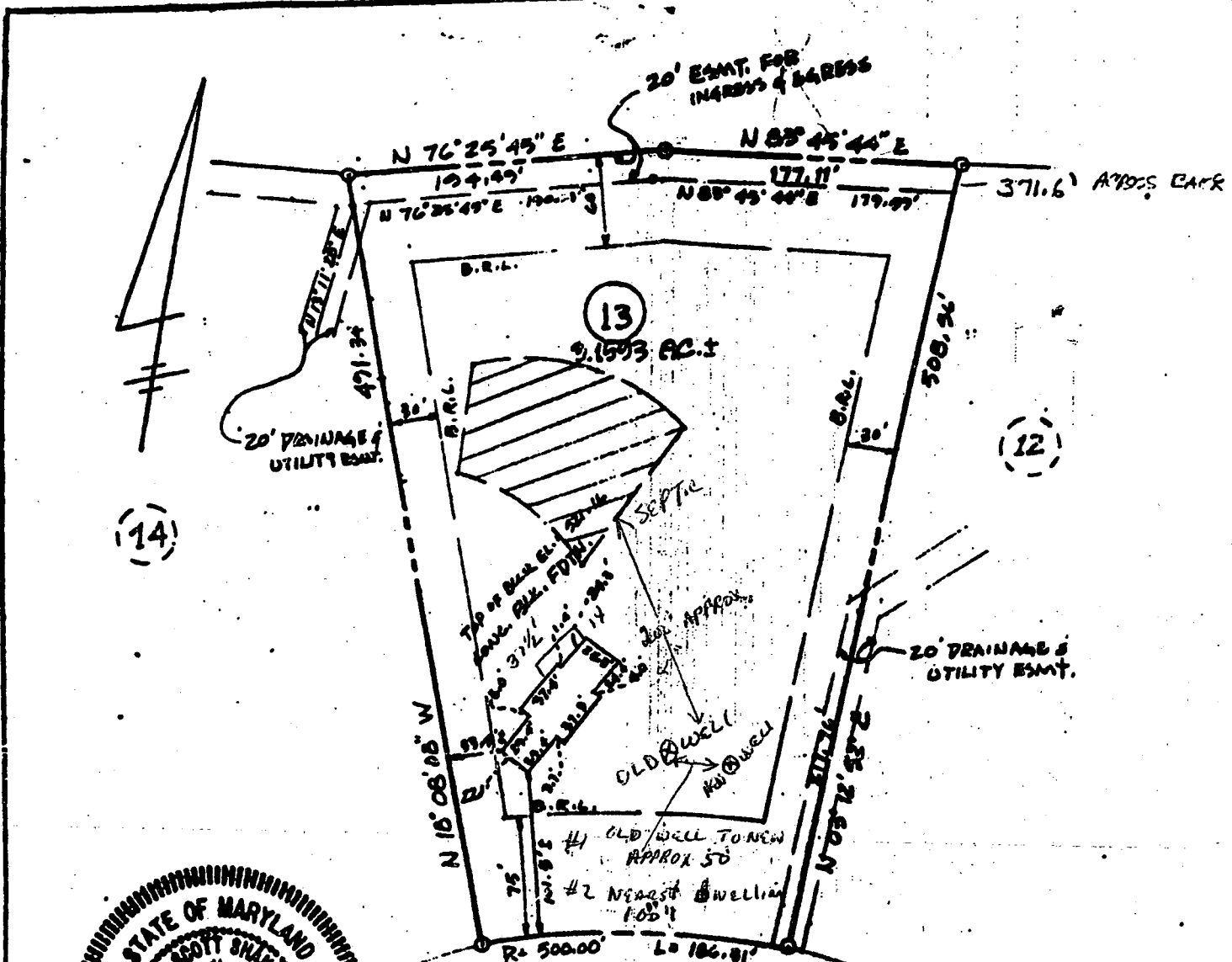
CROW'S FOOT ROAD
 (50' R/W)

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

Gregory Scott Shanaberger 7/11/93
 SHANABERGER + LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 203
 ELLCOTT CITY, MD. 21043
 (301) 461-9563

FOUNDATION CERTIFICATION
 LOT 13
 MEADOWWOOD, SEC. 1
 PLAT # 7809

ELECTION DISTRICT : 3RD
 COUNTY : HOWARD
 SCALE : 1" = 100'
 DATE : JULY 11, 1993



CROW'S FOOT ROAD
(50' R/W)

EDWARD J. PULS 410-442-0028
1242 CROW'S FOOT RD
MARRIOTTVILLE, MD. 21104

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

Gregory Scott Shanaberger 7/11/89
SHANABERGER + LANE
8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLCOTT CITY, MD. 21043
(201) 461-9563

FOUNDATION CERTIFICATION
LOT 13
MEADOWWOOD, SEC. 1
PLAT # 7809
Edward J. Puls
ELECTION DISTRICT : 3RD
COUNTY : HOWARD
SCALE : 1" = 100'
DATE : JULY 11, 1989

9/6/89

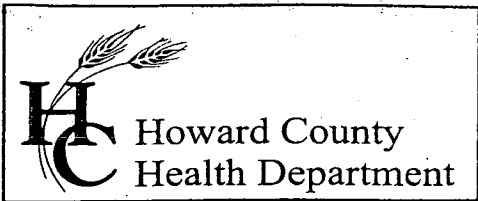
Visited site talked to Builder measured various items
The basic problem was caused because the plans
were not followed. The house shifted from
33 ft to 45 ft from the left side. The house
sewer shifted from 15 ft from the left corner
of the house to 50 ft " " " " " "

If the septic tank is installed at the point shown
on plans it may be possible to get gravity
drainage to the distribution box site but there
is a dip in the ground between the house & the
box site. The swell was caused by grading.

Gravity Drainage of basement is impossible

I recommend a test. The soil is sandy & it may
be possible to get gravity drainage of
the entire house

30



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 11, 2005

Edward Puls
1242 Crows Foot Road
Marriottsville, MD 21104

RE: **Replacement Well Sampling**
1242 Crows Foot Road
Well Permit #: HO-94-3981

Dear Mr. Puls:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

The sampling is free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

3/04

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

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

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

Company Name: Fogles Well Drilling Telephone #: 410-795-5270
Address: 580 Obrecht Rd
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD 009

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Edward Rus Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3981
Site Address: 1242 Crows Foot Rd
Marydottsville, Md 21104

Submersible Pump Data

Make: Grundfos
Model #: 1050100-240
Pump Capacity 10 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: Wx 250
Model#: X2
Depth: 36 (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 500 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 12 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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

Signature of company representative responsible for installation: Allen Compton

date: 8-3-04

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

Date Insp. Requested: _____ Date Insp. Approved: 7/20/04 Inspector: SO BB

- Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope not seen outside of well cap/casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

SITE INSPECTION SHEET

OWNER: Edward Puls PHONE #: _____

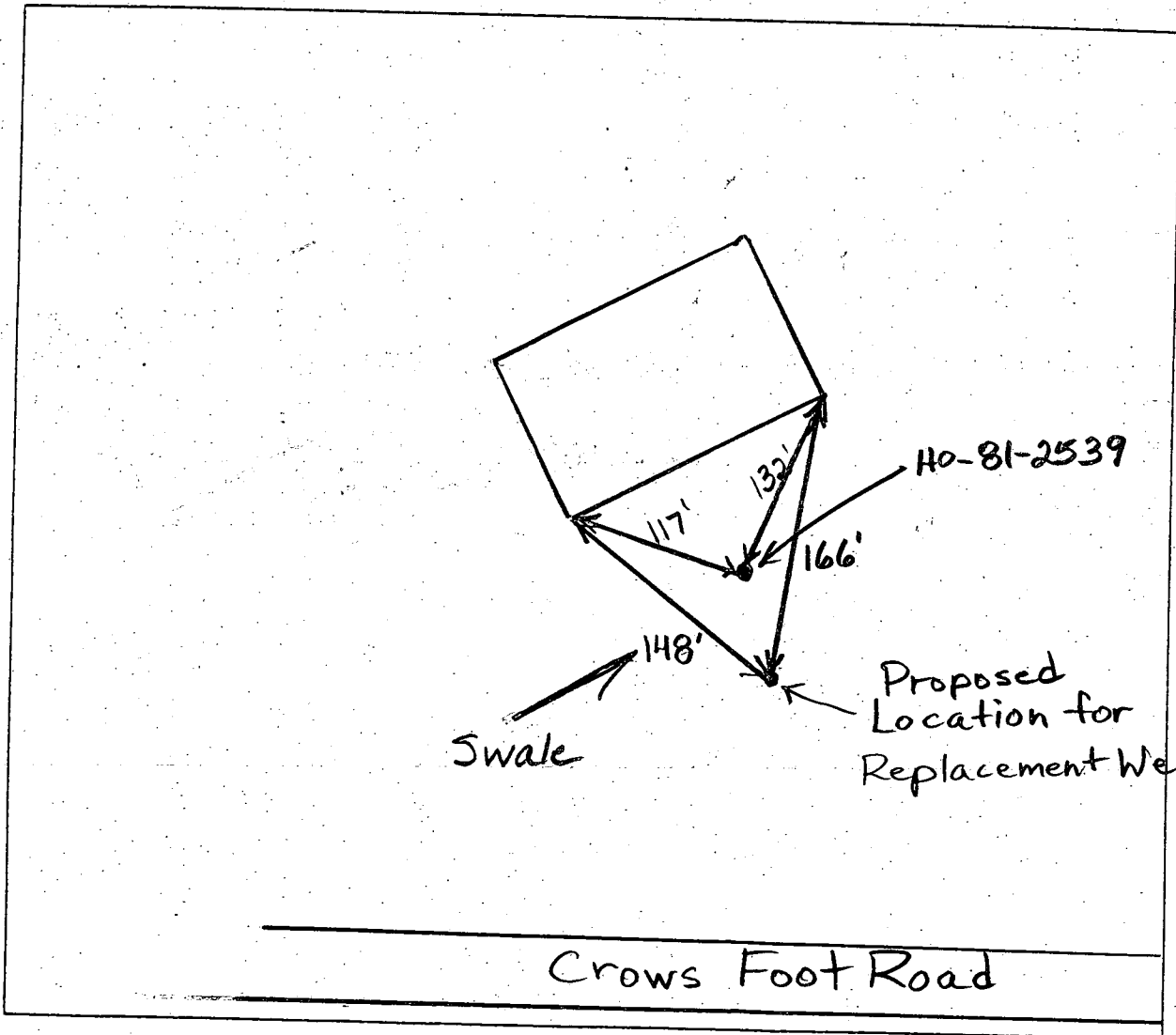
ADDRESS: 1242 Crows Foot Rd. CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: Meadowood LOT: 13 COUNTY #: _____

PROPOSAL: To drill replacement well to supplement the yield of the existing well

LOCATION DIAGRAM



COMMENTS: 7/12/04 Well location was picked to try to keep new well out of middle of swale (BB)

DATE: _____

INSPECTOR: _____

C1 413749 SEQUENCE NO. (MDE USE ONLY) 28

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

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER (13) A38121

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
7 18 04

Depth of Well
22 500 26
(TO NEAREST FOOT)
4/11/05

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3981
28 29 30 31 32 33 34 35 36 37

OWNER Puls Edward
STREET OR RFD 1292 Crows Foot Road TOWN Marriottsville
SUBDIVISION Meadowood SECTION _____ LOT 13

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	
Brown shale	0	65	
Gray mica	65	320	
white	320	321	✓
Grnd mica	321	500	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 14 NO. OF POUNDS 1316
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 40 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
(ST) STEEL (CO) CONCRETE
(PL) PLASTIC (OT) OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 70
60 61 63 64 66 70

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

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

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. MSD 009
DRILLERS SIGNATURE Allen Compton
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

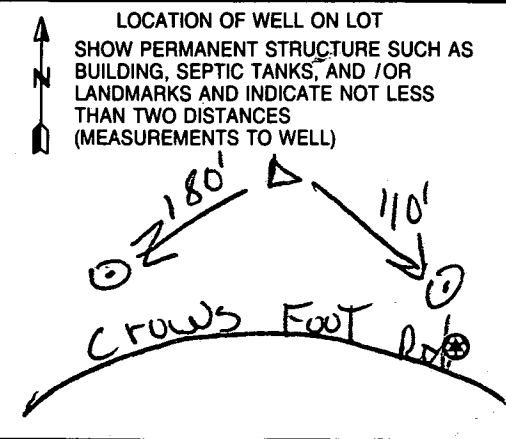
C 2 DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
(NO) 70 300

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

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) 01
PUMPING RATE (gal. per min.) 1
METHOD USED TO MEASURE PUMPING RATE 19GL
WATER LEVEL (distance from land surface)
BEFORE PUMPING 71 ft.
WHEN PUMPING 490 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. S
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 5
PUMP HORSE POWER 1
PUMP COLUMN LENGTH (nearest ft.) 280
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE
(-) below } 01 (nearest foot)



B 1 2742

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
520755 please type

STATE PERMIT NUMBER
HO-94-3981
fill in this form completely

Date Received (APA)

OWNER INFORMATION

Puls, Edward
15 Last Name Owner First Name 34
1242 Crows Foot Rd
36 Street or RFD 55
Marriottsville Md 21104
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

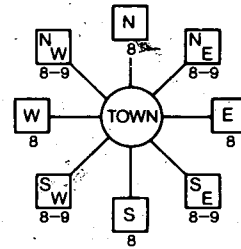
Howard
8 COUNTY 21
Meadowood
23 SUBDIVISION 42
SECTION 1 LOT 13
44 46 48 50
Marriottsville
52 NEAREST TOWN 71

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

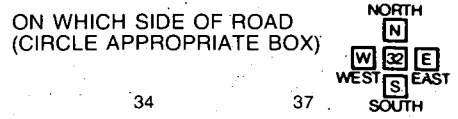
DRILLER INFORMATION

Allen Compton MS D 009
76 Driller's Name License No. 81
Fogle Well Drilling
Firm Name
580 Obrecht RD
Address
Allen Compton 6-23-04
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1242 Crows Foot RD
11 NEAR WHAT ROAD 30



DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 10 BLK: 1 PARCEL 312

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A38121
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 7/12/2004 Brian Baker 7/13/2005
43 MM DD YY 48. CO SIGNATURE EXP. DATE

NORTH GRID 549 0 0 0 EAST GRID 820 0 0 0
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- AIR-ROTARY
- CABLE
- other _____
- JETTED
- AIR-PERCUSSION
- REVERSE-ROTARY
- Jettéd & DRIVEN
- ROTARY (Hydraulic Rotary)
- Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - D THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-81-2539⁵²

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

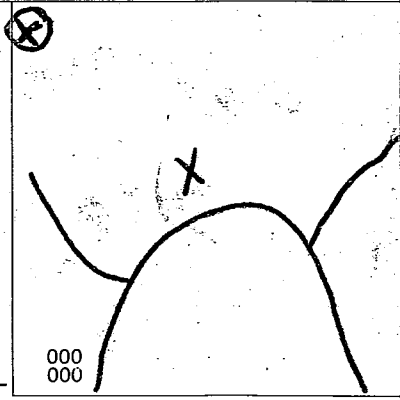
APPROP. PERMIT NUMBER _____
PERMIT No. HO-94-3981
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

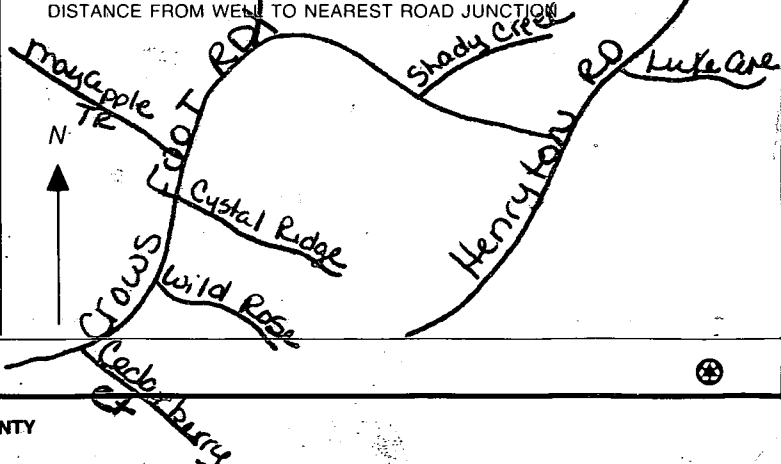
- SOURCES OF DRILLING WATER
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820
N 549



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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED