

5/27/93 ASAP

03-312410

# PERMIT

File

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49204

A 38166

DISTRICT 3rd

DATE 5/26/93

DATE SYSTEM APPROVED 5/27/93

INSPECTOR C.B.

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~267-8938~~ 313-2640

INDEXED

Jack Fyock IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Meadowood, Sec. 1 LOT 67 ROAD 1227 Crystal Ridge Road

PROPERTY OWNER David Porch

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.5 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Place the distribution box 130 feet down the left front lot line (283.92') and 140 feet off the same line as seen when facing the lot from the right-of-way. Run trenches on contour toward the right (418.91') lot line. TRENCHES NOT TO EXCEED 75 FEET IN LENGTH. MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL.

NOTES - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Jane Nadeau/Raymond Hodges REVISED \_\_\_\_\_ DATE 4/21/93

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 OUTER WALLS IN BASEMENT

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

PERMIT VOID AFTER TWO YEARS

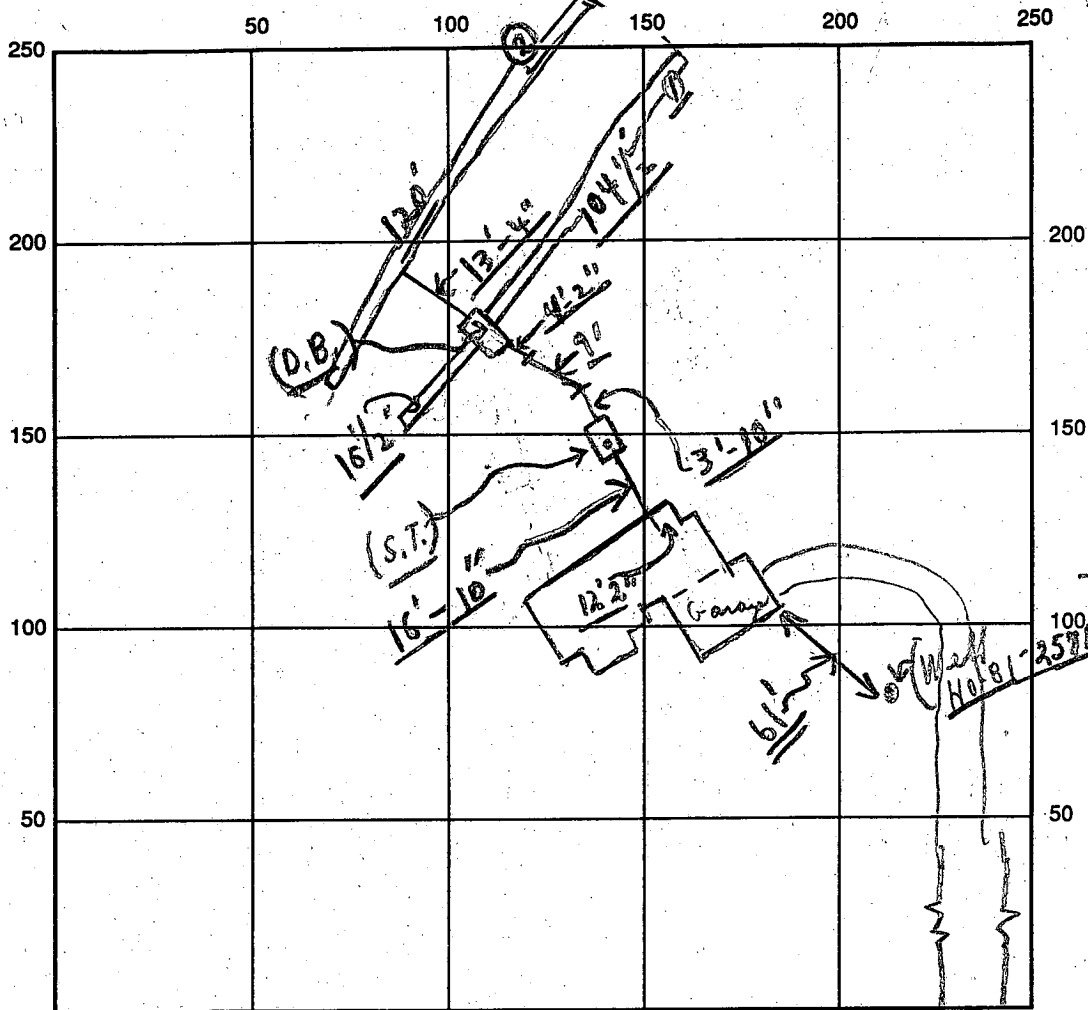
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

SLUG PERMITS WANTED  
AND RETURNED 2/21/2001  
800128 589 - FINISH 2

A  
38166



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2.5 FT. TOTAL LENGTH 120 } FT. = 241

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL BOTTOM AREA 723 SQ. FT.

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

ABSORBENT AREA 723 SQ. FT.

REMARKS: EARLY AM 5/27/93 Final - all work done; saw ends of trenches near D.B. and far ends only; C.B.

5/27/93 - W.P. II - Not ready C.B.

DATE SYSTEM APPROVED C.B. 5/27/93 INSPECTOR Charles Bryan Strecker

# APPLICATION

PERCOLATION TESTING

A 38/166

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 11/28/86

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 David Porch  
Springhill Associates <sup>442-5332</sup> c/o D.S. Thaler & Associates, Inc.

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

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Meadowood LOT NO. 58 25

ROAD AND DESCRIPTION Henryton Road - approximately 4000' north of Tunnel Road  
Howard County, Maryland (1227 Crystal Ridge Road)

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 Sedy  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 12/5/86 Pave. Satisfactory; Hold for subdivision review PIOT S Ave

BLDG. PERMIT SIGNED  
AND RETURNED 4/21/93  
Serial # 97999  
SFD - 4 Bedrooms

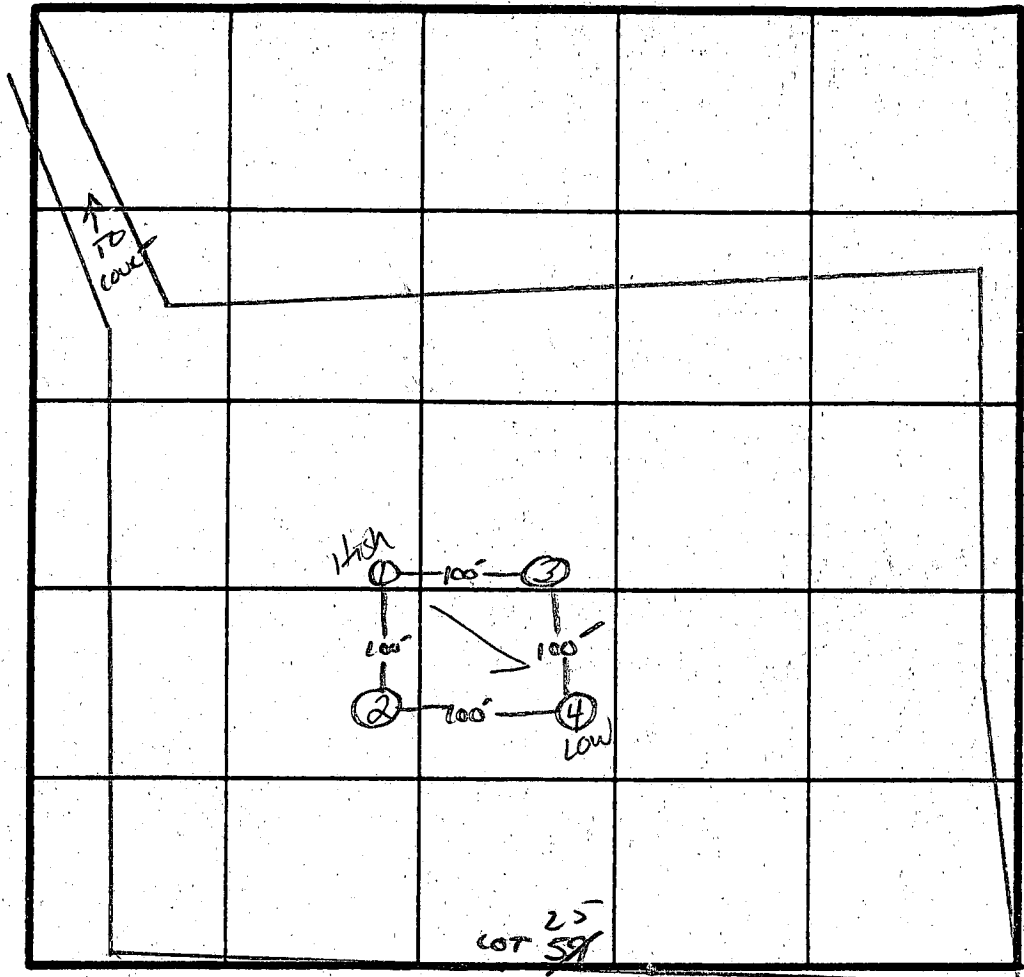
BLDG. PERMIT SIGNED  
AND RETURNED 11/15/88  
Serial # 29427  
SFD -

# THIS IS NOT A PERMIT

③ ④  
① ②  
SOIL PROFILE

0  
4"  
3'  
12'

A-1-3  
Yellow Br  
S: H LOAM  
9-12% CLAY  
10% FRAS  
FAN w/ yellow  
Bl veins  
S: H SAND  
LOAM  
15-20%  
FRAS  
INCREASING  
TO 20-30%  
G1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
HENRYTON Rd.

X Per  
2 min  
160 φ 18R  
3' INLET  
8' BOTTOM  
1<sup>st</sup> SYST ONLY

All repairs  
Shallow  
changed  
loop N

DATE	TEST NO.	DEPTH	PRE-WET.		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/5/86	1 S	3.5'	10:58	10:59	10:59	11:01	2 min	
		7.5'	11:00	11:01	11:01	11:03	2 min	
	1 V	12' UN. FORM soil below 3'						
	2 V	12' SAME AS #1 w/ PINK CASTS THROUGHOUT.						
	3 S	3'	11:05	11:06	11:06	11:07	1 min	
	3 V	11' SOLID BOTTOM AT 11' STRUCTURE MICHAEL SIST AT 10'						
	4 S	3.5'	11:08	11:09	11:09	11:10	1 min	
		11.5'	SAMPLE AS #3					

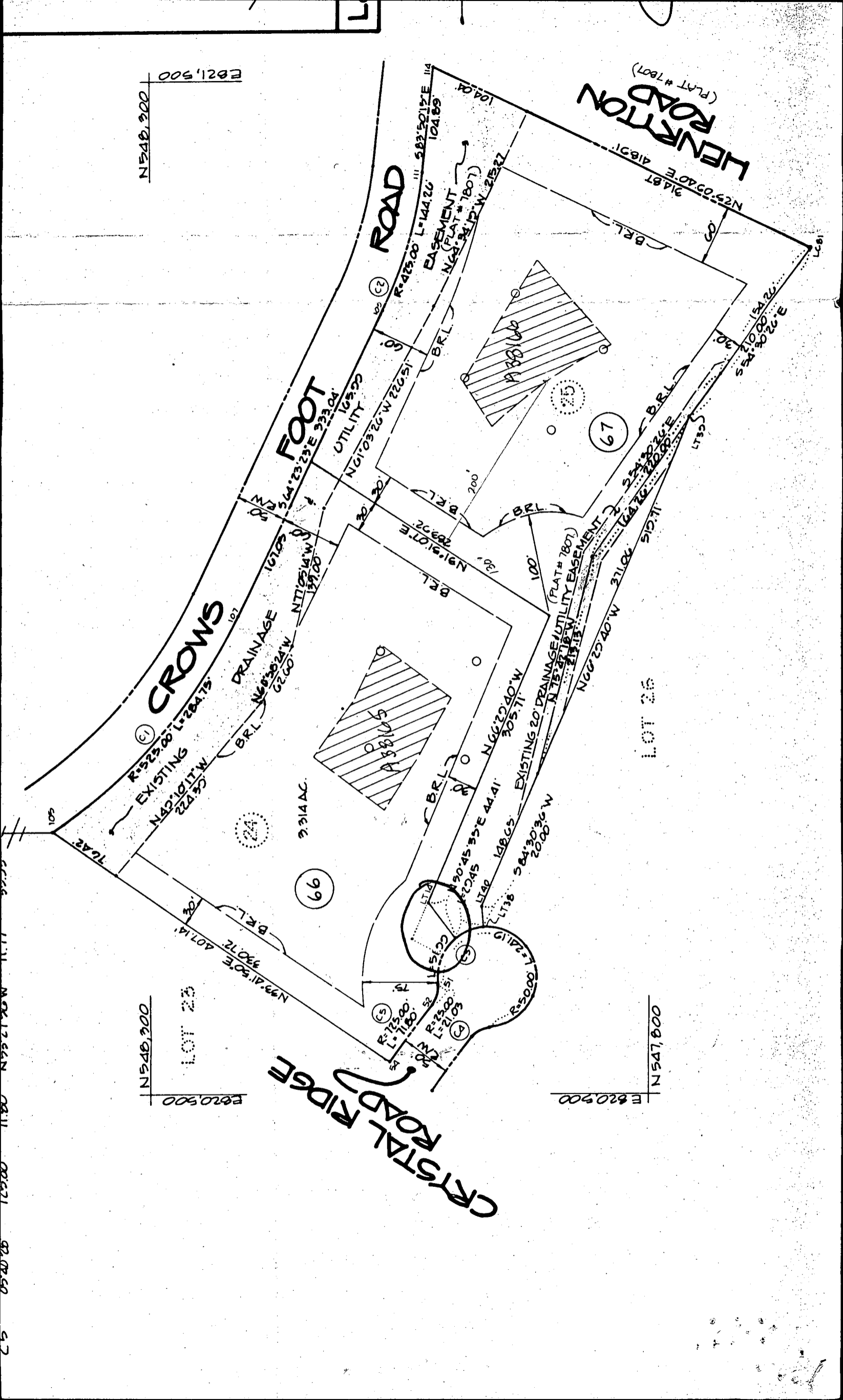
REMARKS Holes Per PLAT / Shallow Syst. Repairs

TYPE OF SOIL Glenelg

TESTED BY S. Bull

ALSO PRESENT J. Fryck & Co. - 1 GUNET

EH-12-1079



N548,300  
E821,500

N548,300  
E820,500

N547,800  
E820,500

**CROWS FOOT ROAD**

**CRYSTAL RIDGE ROAD**

**LENRTON ROAD**  
(PLAT # 7807)

LOT 23

LOT 26

LOT 66

LOT 67

3.314 AC

EXISTING  
N42°10'11"W  
224.33'

R=523.00 L=284.73'

DRAINAGE  
N68°28'24"W  
62.00'

UTILITY  
N61°03'26"W 220.51'

UTILITY  
105.25'

ROAD

583°50'12"E 114  
104.89'

BASEMENT  
(PLAT # 7807)  
N48°34'12"W 252.27'

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CROWS FOOT

S 64° 23' 23" E

165.99'

Drainage and Utility Easement

LOT 67  
3.756 AC.

60' B.R.L.



SEPTIC AREA

OK TO  
GO TO  
2 @ 120'

DISTRIBUTION  
Ex.Grd. elev. 37  
Invert elev 37

1250 Gal. Se  
Ex.Grd. elev.

4/30/93  
CW

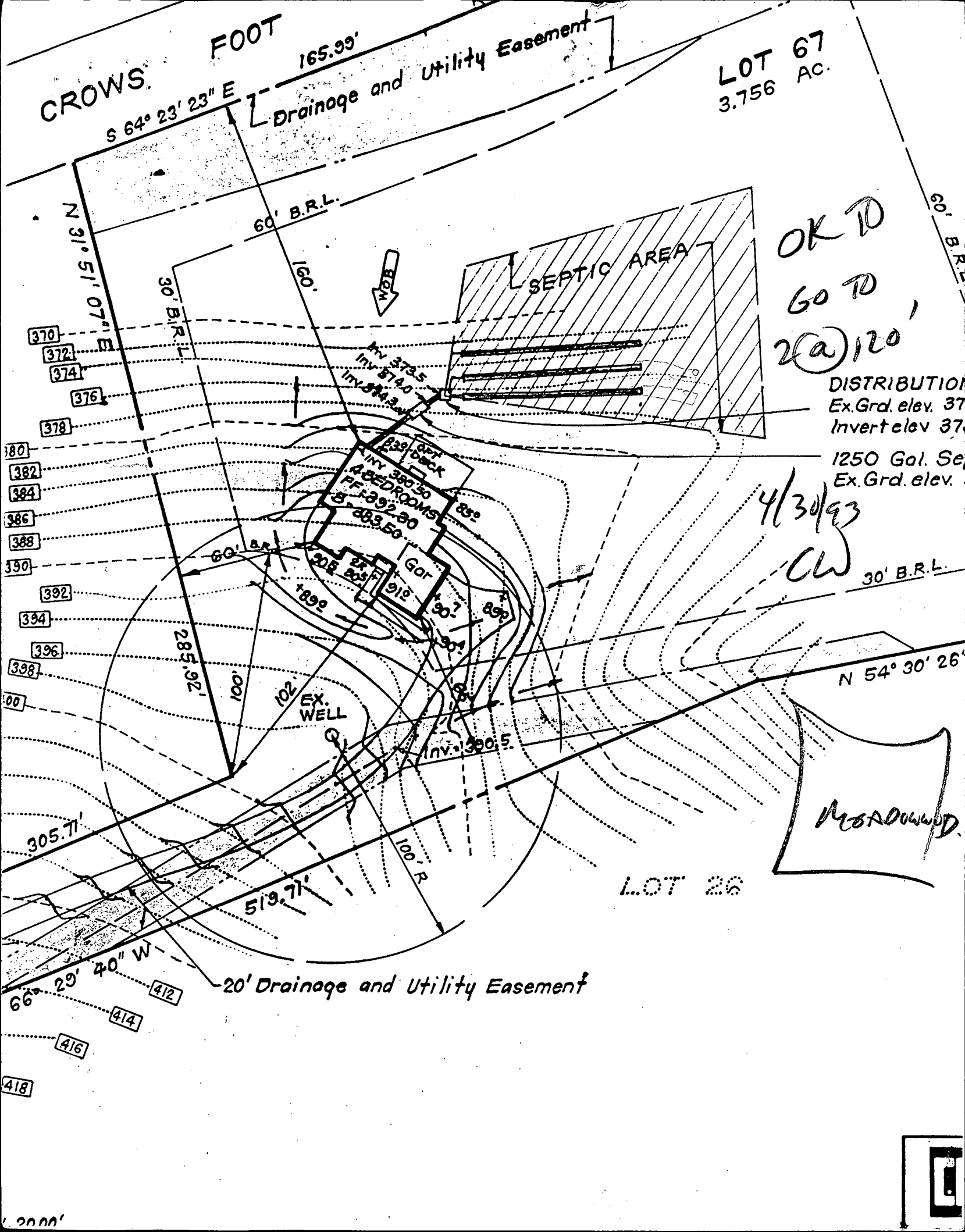
30' B.R.L.

N 54° 30' 26"

Meadow

LOT 26

20' Drainage and Utility Easement



- 370
- 372
- 374
- 376
- 378

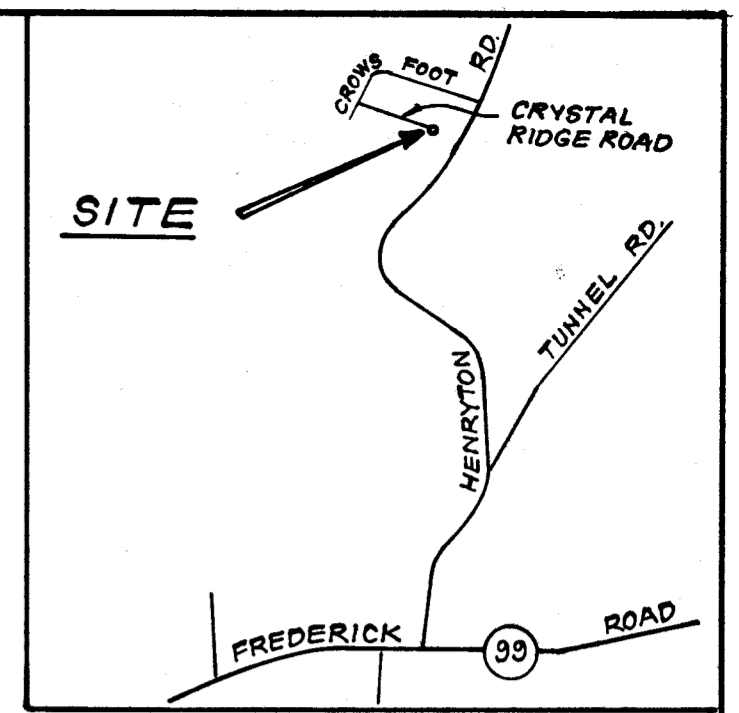
- 380
- 382
- 384
- 386
- 388
- 390
- 392
- 394
- 396
- 398
- 400

305.71'

66° 29' 40" W

- 412
- 414
- 416
- 418

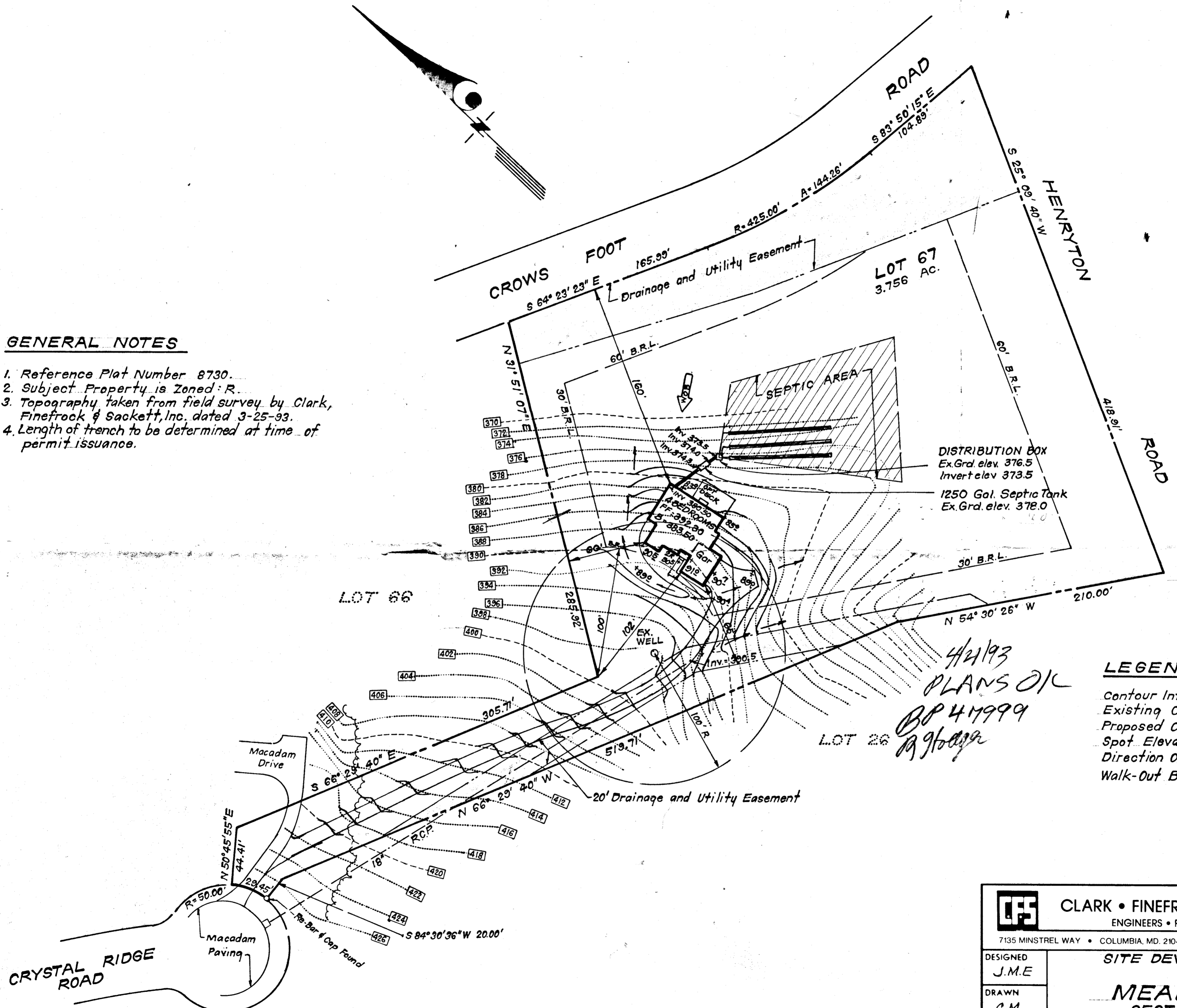
2000'



VICINITY MAP  
SCALE: 1" = 2000'


**GENERAL NOTES**

1. Reference Plat Number 8730.
2. Subject Property is Zoned: R.
3. Topography taken from field survey by Clark, Finefrock & Sackett, Inc. dated 3-25-93.
4. Length of trench to be determined at time of permit issuance.



**LEGEND**

- Contour Interval 2 Ft.
- Existing Contour - - - - - 380 - - - - -
- Proposed Contour - - - - - 380 - - - - -
- Spot Elevation +78±
- Direction Of Drainage →
- Walk-Out Basement WOB →

 <b>CLARK • FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED J.M.E.	<b>SITE DEVELOPMENT PLAN</b> <b>LOT 67</b> <b>MEADOWOOD</b> <b>SECTION ONE</b> TAX MAP 10 PARCEL 139 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR: DONALD CROSEN 3775 Shady Lane Glenwood, Md. 21738	SCALE 1" = 50'
DRAWN C.M.		DRAWING 1 OF 1
CHECKED J.M.E.		JOB NO. 92-117
DATE 3-30-93		FILE NO. 92-117-X

B 1 5205 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  
HC-81-2541  
fill in this form completely

Date Received 4/15/88  
OWNER INFORMATION  
SPRING HILL ASSOC.  
1432 RT 32  
W FRIENDSHIP MD 21794

B 3 LOCATION OF WELL R-39633  
HOWARD  
MEADOWOOD  
SECTION 1 LOT 25  
SYMBERY ILLINOIS AFR  
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 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
CRYSTAL RIDGE ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 380 FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME HOWARD COUNTY NO. A38166  
OEP SIGNATURE DATE ISSUED 02/24/88  
NORTH GRID 547000 EAST GRID 0821000

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

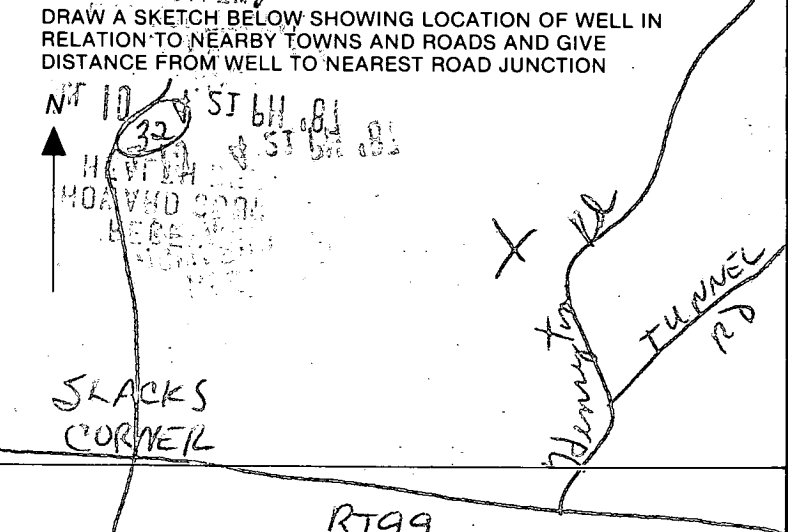
APPROXIMATE DEPTH OF WELL 500 FEET

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  
4-15-88 3:18 pm  
Missed grout. Well was grouted.  
2 ft above ground  
16 bags cement  
60 ft casing  
54 ft open hole  
JENadeau

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEN 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. HC-81-2541

SPECIAL CONDITIONS

C1 2181 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A38166

DATE RECEIVED: 041588

DEPTH OF WELL: 420 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-81-2571

OWNER: ASSOCIATES SPRING HILL; STREET OR RFD: CRYSTAL RIDGE ROAD; TOWN: SYKESVILLE; SUBDIVISION: MEADOWBROOK; SECTION: 1; LOT: 25 67

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Br. Mica, Tan Mica, Gray Mica, Tan Mica, Gray Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 16; NO. OF POUNDS: 1600

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

MAIN CASING: Nominal diameter, Total depth. Codes: ST (STEEL), 6 (DIAMETER), 160 (DEPTH)

OTHER CASING (if used): diameter, depth (feet) from to

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

DEPTH (nearest ft.): H0 518 420

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; E ELECTRIC LOG OBTAINED; P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40; DRILLERS SIGNATURE: George J. Eusterman; SITE SUPERVISOR (sign. of driller or journeyman responsible for stetwork if different from permittee)

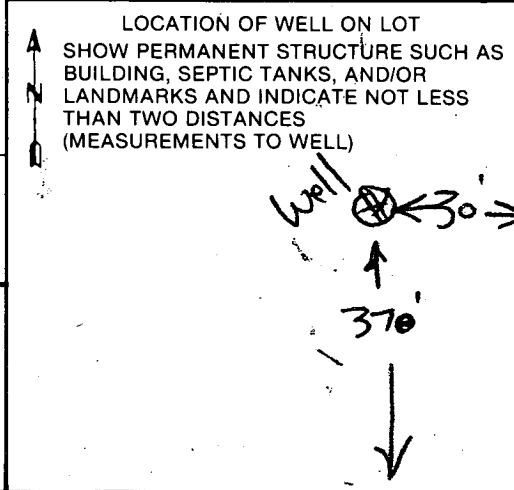
SLOT SIZE 1 2 3; DIAMETER OF SCREEN (NEAREST INCH)

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

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

PUMPING TEST: HOURS PUMPED (nearest hour) 6; PUMPING RATE (gal. per min. to nearest gal.) 1; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING: 48; WHEN PUMPING: 232; TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES/NO); TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 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)



Thur 4-21-88  
11:30

Review OK 8/25/88 CW

Page \_\_\_\_\_ of \_\_\_\_\_  
Date \_\_\_\_\_

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2571  
 Location of property (road) CRYSTAL RIDGE ROAD  
 Subdivision MEADOWOOD Lot 25 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. 1  
 Well Driller GEORGE EASTRDAY Owner ASSOCIATES, SPRING HILL

Depth of well 420 <sup>3</sup>/<sub>4</sub>  
 Distance of measuring point (M.P.) above ground 1 <sup>1</sup>/<sub>2</sub>  
 Static water level (S.W.L.) below M.P. 148'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 gpm  
 Total time 60 min to reach pumping water level 228' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	228'	52 sec	1/4	1.2 gpm
9:15	231'	52	pump at 360'	1.2
9:30	232'	60	R. Hanan	1
9:45	232'	60		1
10:00	233'	60		1
10:15	233'	60		1
10:30	233'	60		1
10:45	233'	60		1
11:00	233'	60		1
11:15	233'	60		1
11:30	232'	60		1
11:45	232'	60		1
12:00	232'	60		1
12:15	232'	60		1
12:30	232'	60		1
12:45	232'	60		1
1:00	232'	60		1
1:15	232'	60		1
1:30	232'	60		1
1:45	232'	60		1
2:00	232'	60		1
2:15	232'	60		1
2:30	232'	60		1
2:45	232'	60		1
3:00	232'	60		1

5/28/93

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

Final  
5/28 oh  
C. Be

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

LIVE

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Subdivision MEADOWOOD Lot # 67 Well Tag # HO-81-2571

Site Address 1227 Capital Ridge Road

5/28

- |   |                     |                        |
|---|---------------------|------------------------|
| <b>Pump</b>   | <b>Motor</b>        | <b>Pitless Adapter</b> |
| 1. Type   | 1. Horsepower _____ | 1. Make _____          |
| a. Deep well jet _____  | 2. RPM _____        | 2. Model # _____       |
| b. Shallow well jet _____   | 3. Voltage _____    | 3. Depth _____         |
| c. Submersible _____  | a. 110 _____        |                        |
| 2. Make _____   | b. 220 _____        |                        |
| 3. Model # _____  |                     |                        |
| 4. Capacity _____ 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 _____ |                     |                        |

- |                                 |  |   |
|---------------------------------|--|---|
| <b>Tank</b>                     | <b>Piping</b>                          | <b>Well data</b>  |
| 1. Capacity _____               | 1. Type _____                          | 1. Depth _____ ft.                                      |
| 2. Pressure relief valve? _____ | 2. Size _____                          | 2. Yield _____ GPM                                      |
|                                 | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft.                         |
|                                 | 4. Depth of supply line _____          | 4. Will water supply be disinfected by installer? _____ |

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

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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

5/28/93 {Some dents in casing} but no holes seen C. Be

Building Address 1227 Crystal Ridge Rd  
Marriottsville Md 21104  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6030 Subdivision Woodwood  
 Section 1 Area \_\_\_\_\_ Lot 67  
 Tax Map 10 Parcel 139 Grid 7  
 Zoning RR Map Coordinates 569 Lot size \_\_\_\_\_

Property Owner's Name David Van Porch  
 Address 1227 Crystal Ridge Rd  
 City Marriottsville State Md Zip Code 21104  
 Home Phone 410-487-9618 Work Phone 301-677-6640  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Basement / Deck  
 Proposed Use Basement / Deck steps  
 Estimated Construction Cost \$ 500,000  
 Description of Work Finish two outer walls in basement  
~~Install steps on deck~~  
No Steps

Contractor Company Brinker Improvements  
 Contact Person Mark W Brinker  
 Address 7410 First League  
 City Columbia State Md Zip Code 21046  
 License No. 42803  
 Phone 301-596-2701 Fax \_\_\_\_\_

Occupant or Tenant owner  
 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"/> Gas Yes <input 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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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 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.

Mark W Brinker  
 Applicant's Signature  
Brinker Improvements  
 Title/Company

Mark W Brinker  
 Print Name  
2-21-01  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	<u>41865</u> Filing fee \$ _____ Permit fee \$ <u>20</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>30</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>606</u> Validation # <u>38194</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Building Official	<u>2/21/01</u>	<u>Brian Baker</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Health	<u>2/21/01</u>		Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	
Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				Accepted by <u>[Signature]</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				