

8/28/97
1 PM

04-358015

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58906E

A 41150

DISTRICT 4th

DATE 8/26/97

DATE SYSTEM APPROVED 8/28/97

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~X4619933~~ 313-2640

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Wellington, Sec. III LOT 69 ROAD 2908 Hunt Valley Drive

PROPERTY OWNER Edwin & Susan Tillman

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet off the 189.73' lot line and 110 feet off the 192.50' lot line. Run trenches along contour towards the 252.62' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/24/97 DKS

PLANS APPROVED BY Glen Savage DATE 04/22/97

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

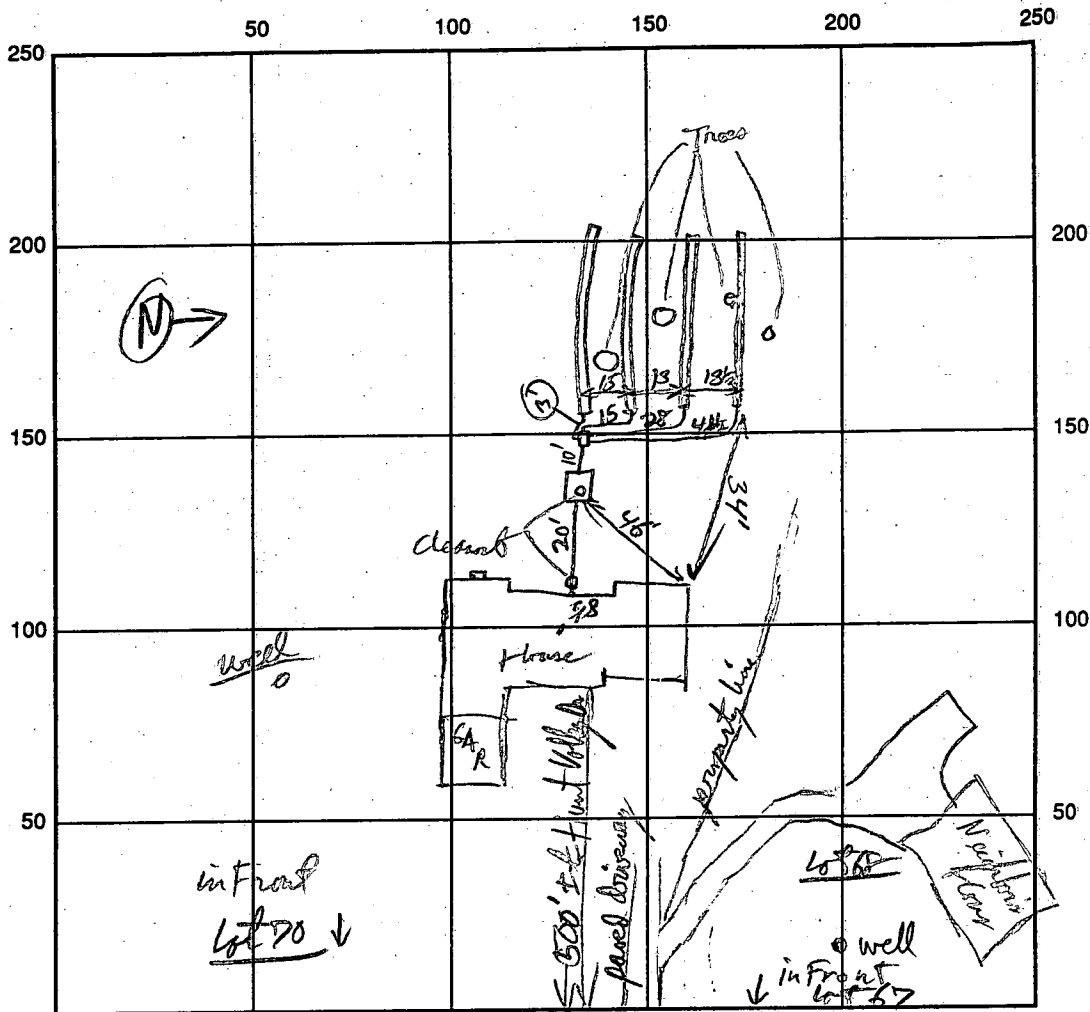
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. [Signature]

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLOG. PERMIT SIGNED
AND RETURNED 12-3-97
[Signature]

A
41150



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gcl CLEANOUTS ST + H/L
 DISTRIBUTION BOX LEVEL used auto levelers
 DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1 2 3 14
80/80/80/ FT. 80
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: Trenches laid out, House connection OK, OK to Cover App 8/28/97

DATE SYSTEM APPROVED 8/28/97 INSPECTOR [Signature]

APPLICATION

53

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 41150
P _____

DISTRICT 4TH

DATE ~~December 18, 1987~~
FEB 26 1988

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 C. Oliver Goldsmith, et ux Edwin & Susan Tillman

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION:

SUBDIVISION Longwood Farm LOT NO. 51 53 51-3 ACRE ZONING

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and (2908 Hunt Valley Drive) Union Chapel Road
BLDG. PERMIT SIGNED AND RETURNED 4/23/97
Sub # B7109871

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential - 4 Bedrooms
(NUMBER OF BEDROOMS) *

* Undetermined at this time

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 MOSMA REQUIREMENTS IN TESTING THIS LOT. SEWER DEVELOPMENT CORP
By: St. R. Bond (SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

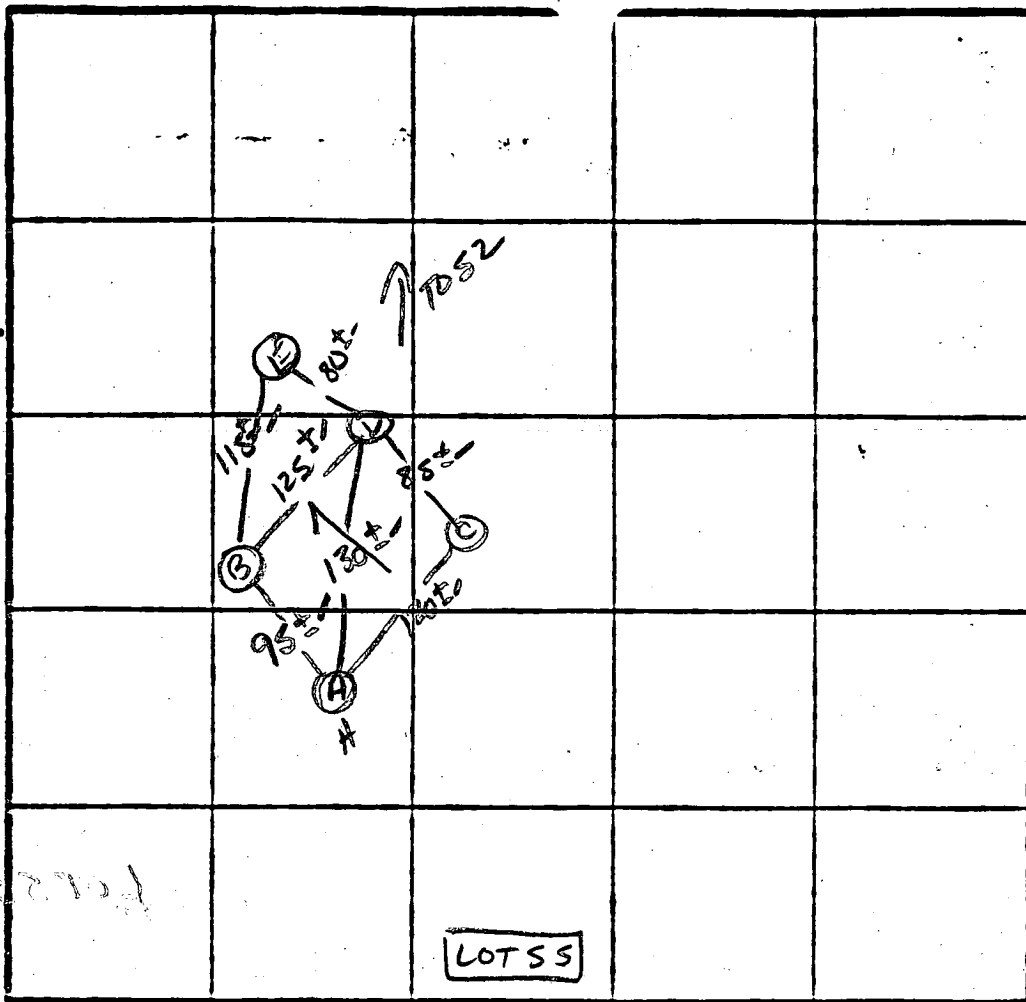
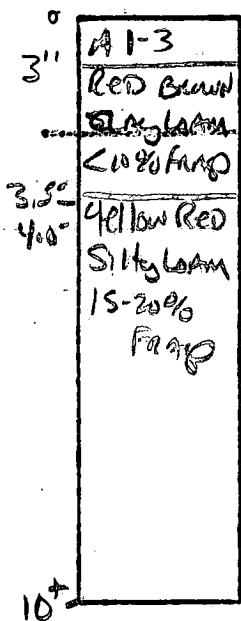
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-6-88 Pric Satisfactory - Hold for Permt. Saw

THIS IS NOT A PERMIT

A-41150
 LOTSS 2ND
 Proposal

SOIL PROFILE



X Perc 20 min
 240 ϕ / BL
 INLET 3.5'
 BOTTOM 5.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/6/88	A S	3.5	1:52	2:03	2:03	2:34	31 MIN
		7.0	1:52	1:54	1:54	1:59	5 MIN
	A V	10'	UNIFORM soil below 3.5-4.0'				
	B S	3.5	1:54	2:00	2:00	2:12	12 MIN
		11'	UNIFORM soil below 3.5'				
	C V	Refusal	AT 7.5' MASSIVE SAPROLITE ABOVE.				
	D S	3.5	2:09	2:19	2:19	2:48	29 MIN
		10.5	UNIFORM soil below 3.5'				
	E S	3.5	2:29	2:38	2:38	2:59	21 MIN
		10.5	UNIFORM soil below 3.5'				

REMARKS Holes APPROX RAT DUG AS STAKED - SHALLOW SYSTEM ONLY

TYPE OF SOIL _____

TESTED BY S. Abel ALSO PRESENT _____

APPLICATION

55

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41152
P _____

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

DISTRICT 4TH

DATE December 18, 1987

FAIL FEB 26 1988

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 C. Oliver Goldsmith, et ux

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION: WELLINGTON
SUBDIVISION Longwood Farm LOT NO. 59 **LOT 57 2ND PROPOSAL**

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt.97) and Union Chapel Road

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential

(NUMBER OF BEDROOMS) *

* Undetermined at this time

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 MOSHA REQUIREMENTS IN TESTING THIS LOT.

Security Development Corp.
By: [Signature]

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-6-88 Per UNSATISFACTORY - 2 good holes all others rock.
Redesign Required before retest. SAE

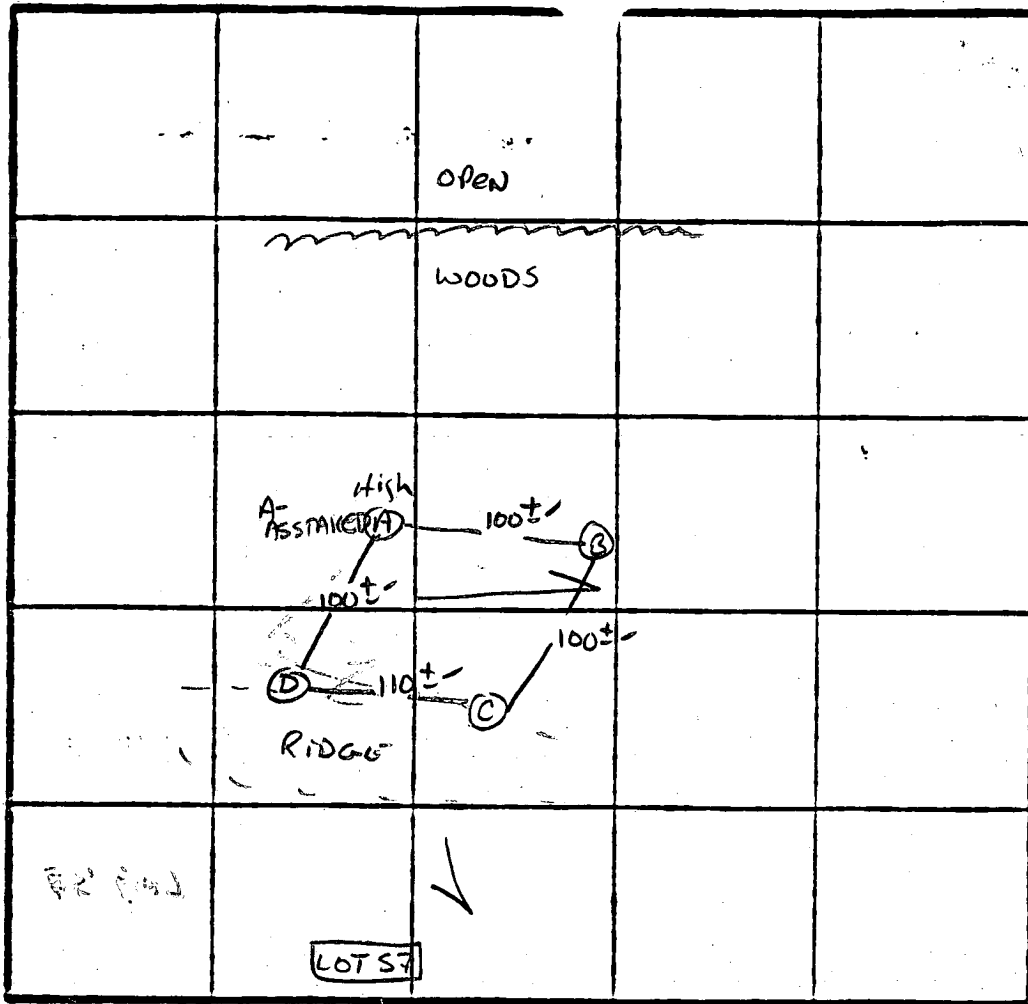
THIS IS NOT A PERMIT

A-41152

LOT 57
2nd Proposal

SOIL PROFILE

0	A1-3
3.1	RED BROWN CLAY LOAM 60% FRAG
6.5	RED BROWN CLAY LOAM w/ POCKETS SILTY CLAY LOAM 10-15% FRAG
9.0	RED BROWN SILTY LOAM SMALL AMTS OF CLAY
9.5	Refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

①

3.0	A1-3
3.0	Yellow Red CLAY LOAM CLAY FRAG
8.5	Red Brown Silty clay LOAM 10-15% FRAG
10.0	Yellow Br Silt loam 15-20% FRAG

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/6/89	A S	4.0'	11:15	11:20	11:20	11:27	7 MIN
	A M	6.5'	11:15	11:19	11:19	11:23	4 MIN
	A V	9.5'	Refusal - clayey		THROUGHOUT		
	B S	4.0'	11:33	11:40	11:40	12:04	24 MIN
	B V	10.0'	see profile				
	C V	Refusal	AT 7.5'	MASSIVE ROCK		Below	
	D V	Refusal	AT 8.5'	CLAY TO		3.5-4.0'	

REMARKS Hole A AS STAKED ALL OTHERS DIFFERENT

TYPE OF SOIL MANDR

TESTED BY S. Abel

ALSO PRESENT

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 50474B

P _____

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

DISTRICT _____

DATE 12-30-94

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 SECURITY DEVELOPMENT CORP.

ADDRESS P.O. Box 417 ELLICOTT CITY, MD. 21041 PHONE (410) 465-4244

AGENT OR PROSPECTIVE BUYER SECURITY DEVELOPMENT CORP.

ADDRESS P.O. Box 417 ELLICOTT CITY, MD. 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

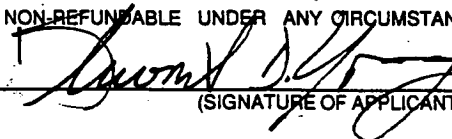
SUBDIVISION WELLINGTON 2 LOT NO. 54

ROAD AND DESCRIPTION HUNT VALLEY DRIVE

TAX MAP 14 & 21 PARCEL # 73 & 74

SIZE OF LOT 1.5 AC. ± 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 _____

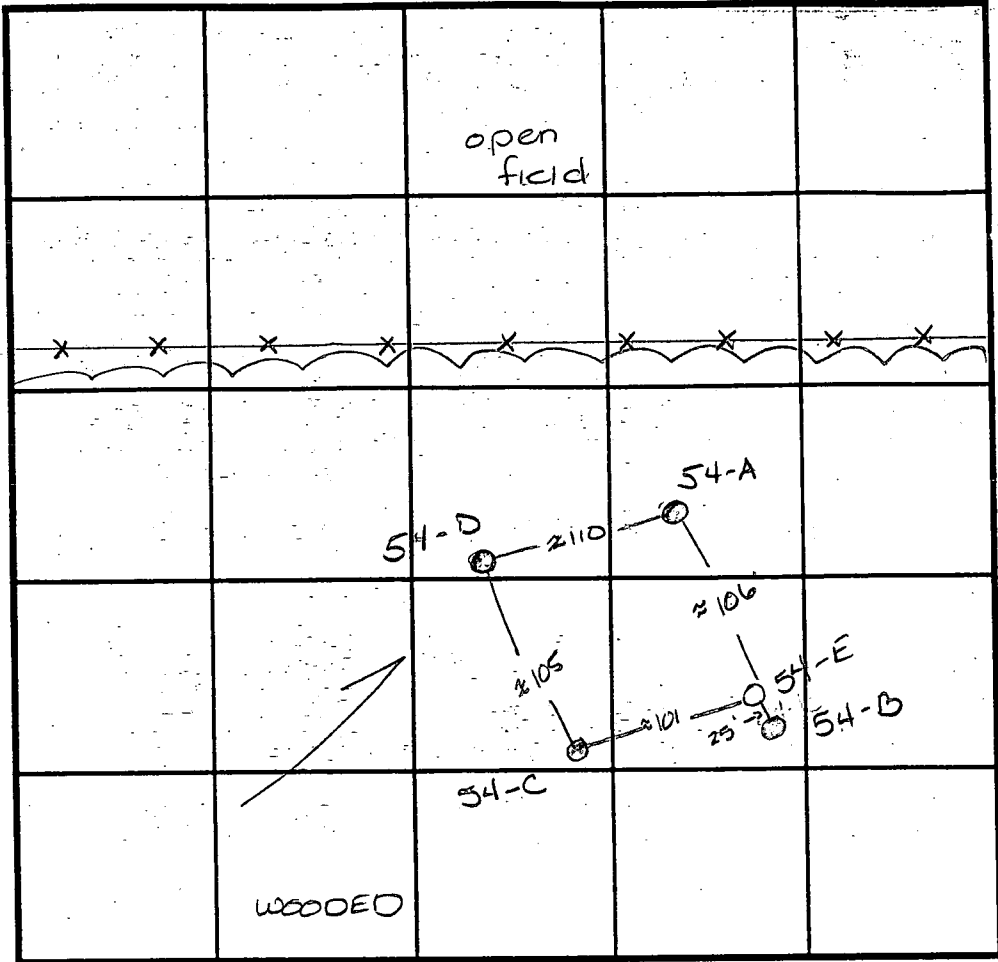
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

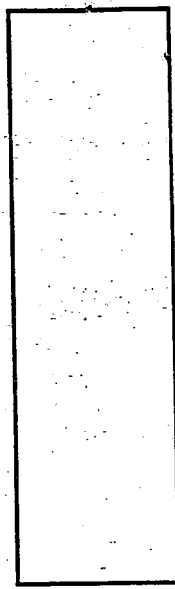
A50474B
COUNTY #

SOIL PROFILE

0' 54-B
bright red
c
4.5' gap decayed shale orange sil
8' 100% shale orange SSIL
11.5'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-8-95	54-E	5' / 11.5'	5:54 ⁴⁵	5:55 ³⁰	5:55 ³⁰	5:57 ³⁰	2min
	54-D	8' > 50% rock					F
	54-C	hard bottom at 7'					F
	54-A	Hard bottom - 5'					F
	54-B	> 50% rock to 10'					F

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Clark Sperry
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

EMERGENCY/TEMP. NO. IF ANY

B 1 **7425** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

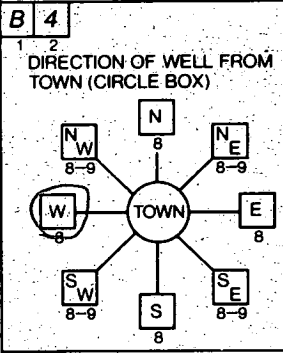
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1071
 70 fill in this form completely 79

Date Received (APA) **022797**
 OWNER INFORMATION
ELLES **HOME**
 15 Last Name Owner First Name 34
7412 SPRINGFIELD AVE
 36 Street or RFD 55
SPRESVILLE **MO21784**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY 21
WELLINGTON SUBDIVISION 42
 SECTION **2** LOT **69**
GLENEWOOD NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI 73 76 77 78

DRILLER INFORMATION (CIRCLE: MSD/MGD/MWD)
 Driller's Name **Joseph L. Mayne** License No. **0214**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**
 Signature **Joseph L. Mayne** Date **2/26/97**



Hunt Valley Dr. NEAR WHAT ROAD 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **600** FT OR MI 34 37
 ENTER FT OR MI **FT** 38 39
 TAX MAP: _____ BLK: _____ PARCEL: _____

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
Howard County COUNTY NAME
A41150 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **030497** **A M Muller** **3/4/97**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **530000** EAST GRID **790000**
 50 55 57 63

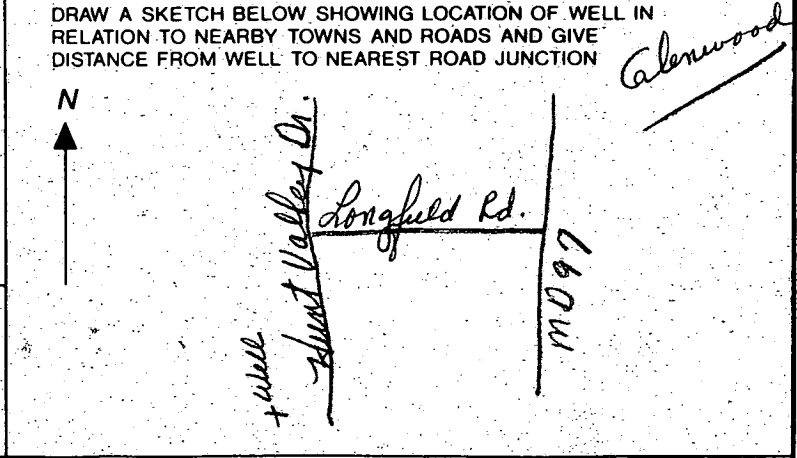
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **790**
 N **530**
 000 000
 + 3/10/97 9:30
 3-10-97
 west location + grout ok
 22' casing per driller
 20' open
 6 bags Portland Type II
 1 KM

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) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1071**
 67 68 70 71 72 73 74 75 76 77 78 79

C 1 **6589** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER **A 41150**

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

DATE WELL COMPLETED
MM DD YY
3 10 99
Depth of Well
22 **285** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94 1071
28 29 30 31 32 33 34 35 36 37

OWNER **Elkess Homes**
STREET OR RFD **Hunt Valley DR** TOWN **Glenwood**
SUBDIVISION **Wellington** SECTION **II** LOT **69**

WELL LOG
Not required for driven wells

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
 Y N

C 3
PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

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

HOURS PUMPED (nearest hour) **3**

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	12	
Grey Mica Rock	12	285	✓

NO. OF BAGS **6** NO. OF POUNDS **564**
GALLONS OF WATER **36**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **20** ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

PUMPING RATE (gal. per min.) **6.3**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

BEFORE PUMPING **61** ft.
WHEN PUMPING **164** ft.

MAIN CASING TYPE **SF** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **22**
60 61 63 64 66 70

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

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

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47

NUMBER OF UNSUCCESSFUL WELLS: **0**

C 2 DEPTH (nearest ft.)
1 2 **HO 20 285**

CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **2** (nearest foot)
49 50 51

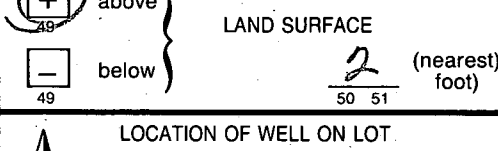
WELL HYDROFRACTURED Y N

A C H 2 S C 3 R E N
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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

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



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.

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

DRILLERS LIC. NO. **MS D024**
Joseph R. Marino
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

DRILLER WILL INSTALL PUMP YES NO

DRILLERS LIC. NO. **MS D027**
Darryl Marino

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

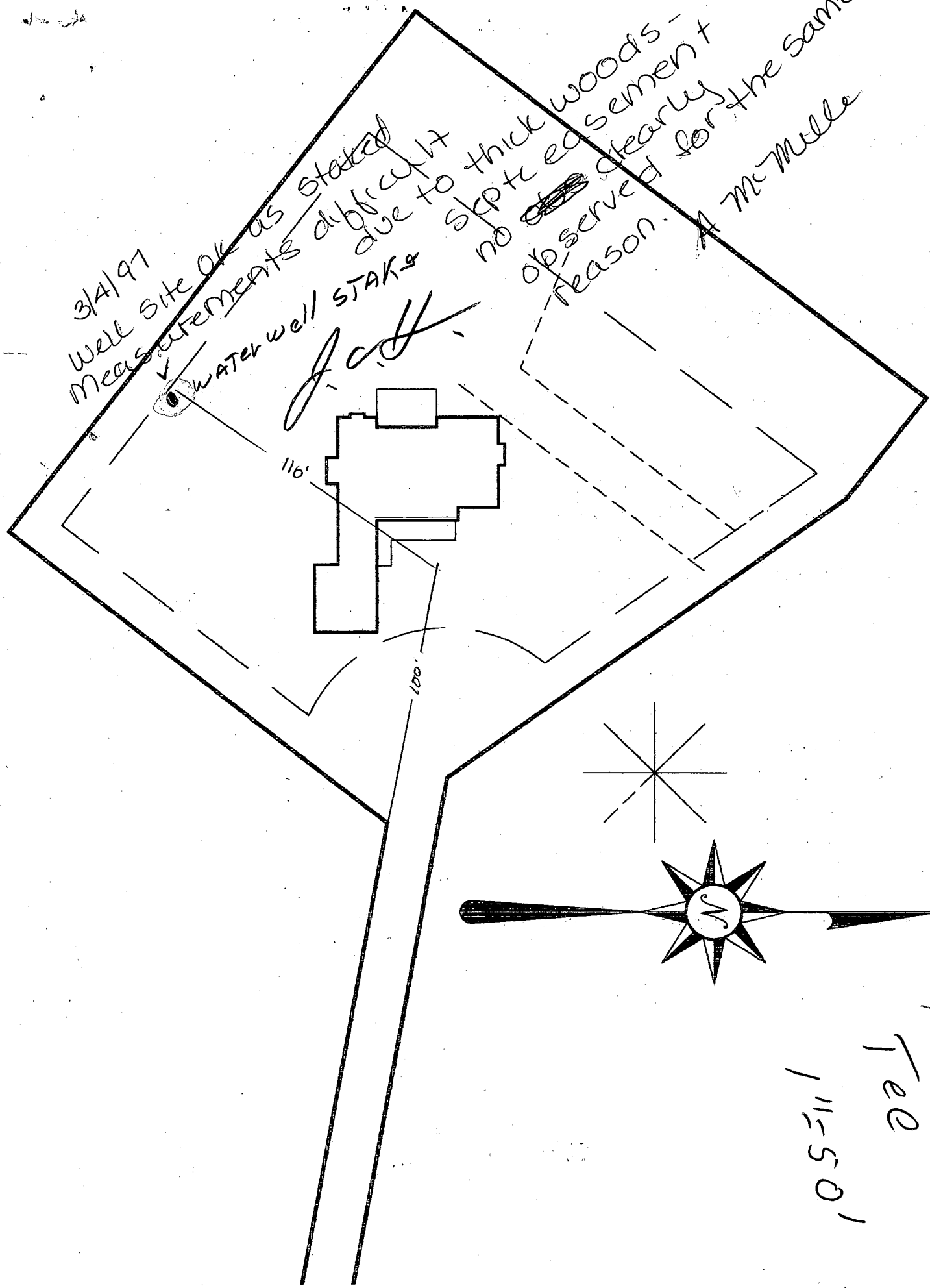
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

3/4/97

Well site OK as stated
Measurements difficult
due to thick woods -
no ~~observed~~ easement
reason. A McMulle

water well STAKE
J.C.H.



For
Fee
11550'

94-0736 Lot 70

94-0810 Lot 68

CRAIG WILLIAMS @ Health Dept.

T Lot 69
Wellington

70 - 380' 4 gpm

68 - 280' 10 gpm

RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH
1997 FEB 27 P 12:43

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3825-N Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

11/20/97
 WPI anytime
 P.A. 48" below grade
 Casing 17" above grade
 has 2 piece cap
 KM/OD

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New installation
 Replacement

Receipt # _____
 Date 11/17/97

Name of Installer MARINO P. H. INC.

Telephone 410-747-5615

License Number M-3095

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner TILLMAN Telephone _____
 Subdivision WELLINGTON Lot # 69 Well Tag # HO-9A-1011
 Site Address _____

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>HAMMERS</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>P-T-500</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>54</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>THOR</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>SS4513A-32</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>1X250</u>	1. Type <u>Polyethylene</u>	1. Depth <u>285</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>6</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>10</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

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: Jay D Marino
 Date: 11/15/97

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

"B"
&
EASEMENT)

FOREST CONSERVATION EASEMENT

LOT 68
67,499 S.F.
OR 1.550 AC.
50' BRL

LOT 69
68,923 S.F.
OR 1.582 AC.
15' BRL

SECTION 2/

314197
Well site OK
as staked -
unable to see
SDA because of
heavy woods

ALM

24" ACCESS USE-IN-COMMON
EASEMENT FOR LOTS 67, THRU 70
30' BRL

LOT 67
59,895 S.F.
OR 1.375 AC.
150' BRL

LOT 68
60,000 S.F.
OR 1.377 AC.
15' BRL

copy of approved
SP-96-03

20' PRIVATE USE-IN-
COMMON ESM'T. PER
PLAT 10519
(TO BE ABANDONED)

24" ACCESS USE-IN-COMMON
EASEMENT FOR PARCEL
AND LOT 72

LOT 70
59,909 S.F.
OR 1.376 AC.
50' BRL

LOT 71
59,977 S.F.
OR 1.377 AC.
15' BRL

PRESERVATION FOR
THE PURPOSE

PRESERVATION PARCEL "H"
FOR THE PURPOSE OF SWMF

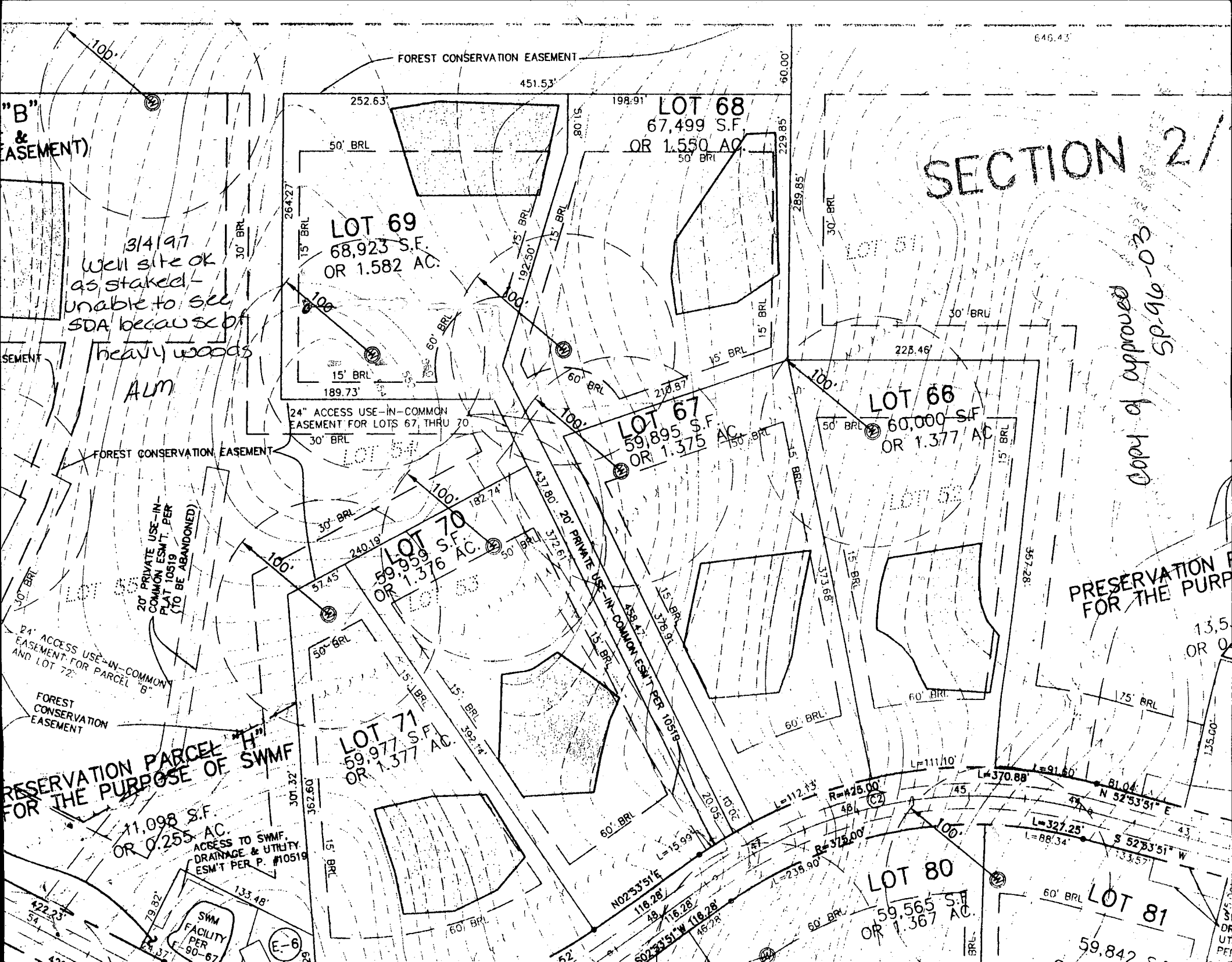
11,098 S.F.
OR 0.255 AC.
ACCESS TO SWMF,
DRAINAGE & UTILITY
ESM'T PER P. #10519

SWM
FACILITY
PER
P. 90-67

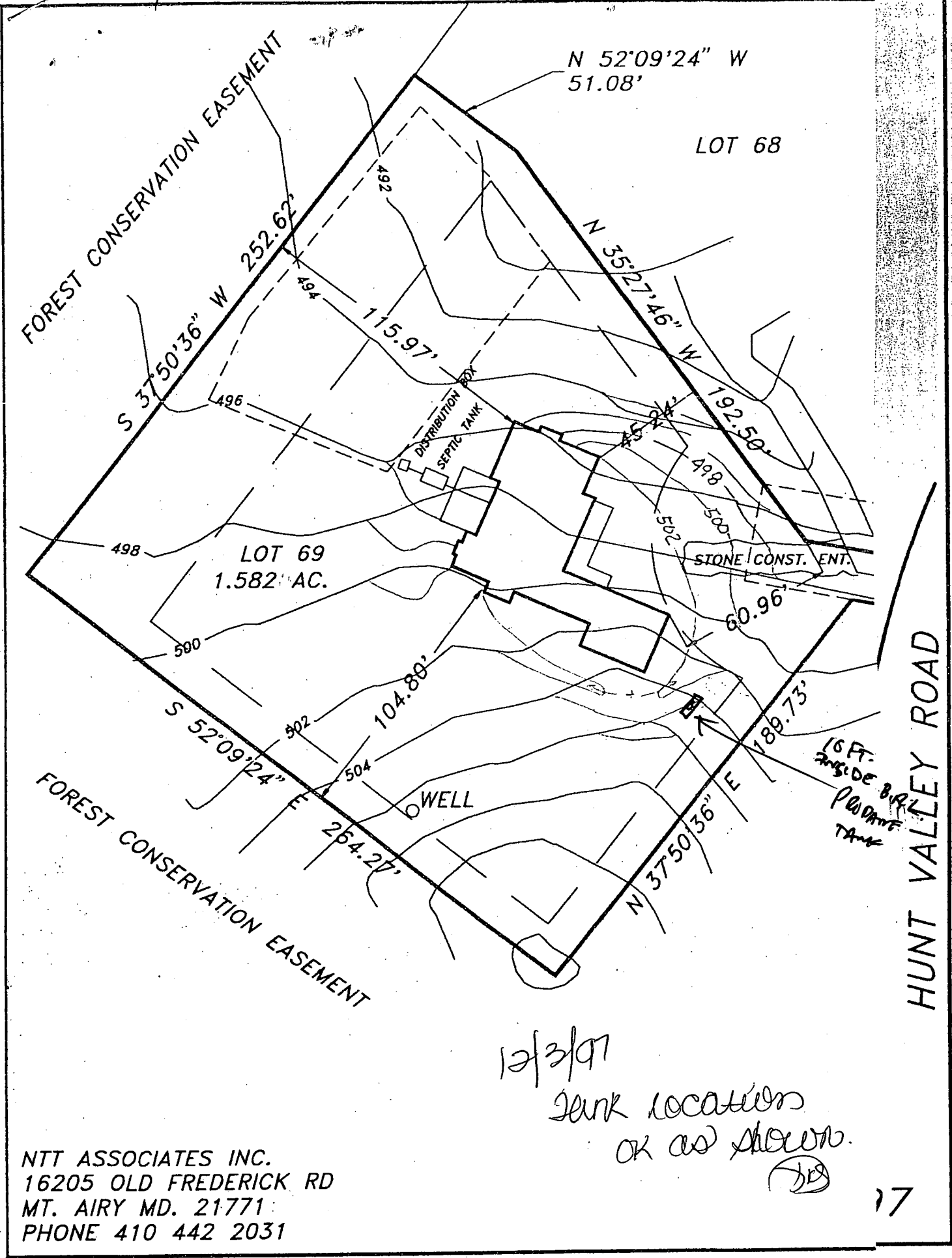
E-6

LOT 80
59,565 S.F.
OR 1.367 AC.
60' BRL

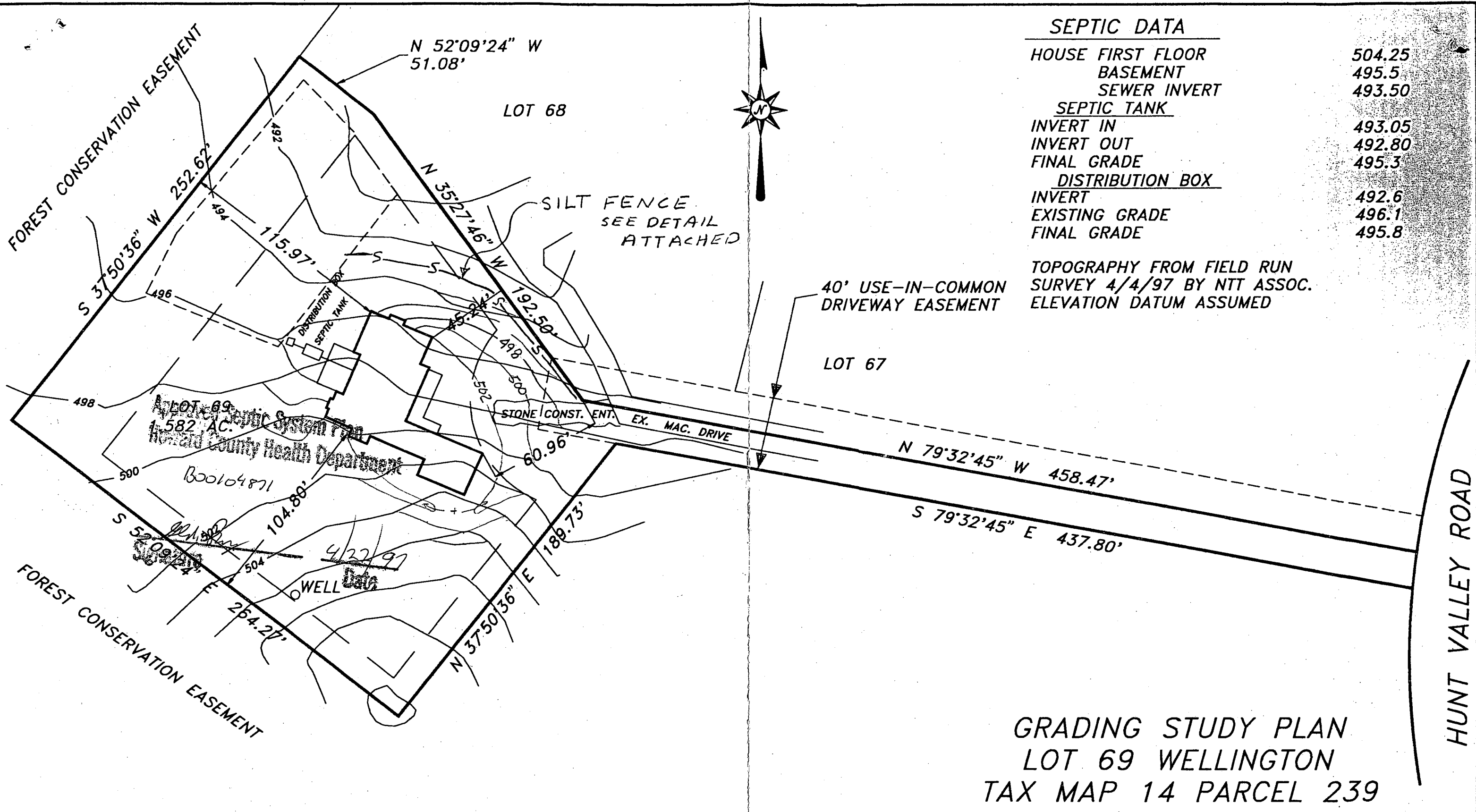
LOT 81
59,842 S.F.
OR 1.370 AC.
60' BRL



Tee TILMAN / 2908 HUNT VALLEY DR. GREENWOOD MD 21738



NTT ASSOCIATES INC.
 16205 OLD FREDERICK RD
 MT. AIRY MD. 21771
 PHONE 410 442 2031



SEPTIC DATA

HOUSE FIRST FLOOR	504.25
BASEMENT	495.5
SEWER INVERT	493.50
SEPTIC TANK	
INVERT IN	493.05
INVERT OUT	492.80
FINAL GRADE	495.3
DISTRIBUTION BOX	
INVERT	492.6
EXISTING GRADE	496.1
FINAL GRADE	495.8

TOPOGRAPHY FROM FIELD RUN SURVEY 4/4/97 BY NTT ASSOC. ELEVATION DATUM ASSUMED

40' USE-IN-COMMON DRIVEWAY EASEMENT

NTT ASSOCIATES INC.
 16205 OLD FREDERICK RD
 MT. AIRY MD. 21771
 PHONE 410 442 2031

GRADING STUDY PLAN
 LOT 69 WELLINGTON
 TAX MAP 14 PARCEL 239
 4TH ELECTION DISTRICT
 HOWARD COUNTY MARYLAND
 SCALE 1" = 50' DATE 4/7/97

HUNT VALLEY ROAD