

10/29/98  
3:00

# PERMIT

04-358120

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511031F

A 41156

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE 10-8-98

DATE SYSTEM APPROVED 10/29/98

INSPECTOR AU

INDEXED

Olen Ketterman IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 410-442-1336

SUBDIVISION Wellington LOT 79 ROAD 2921 Hunt Valley Drive

PROPERTY OWNER Selfridge Builders

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 215 feet down the left (342.85') lot line and 20 feet off that same lot line as seen when facing the lot from Hunt Valley Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/2/98 DCS

PLANS APPROVED BY Kim Maiste DATE 9/01/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

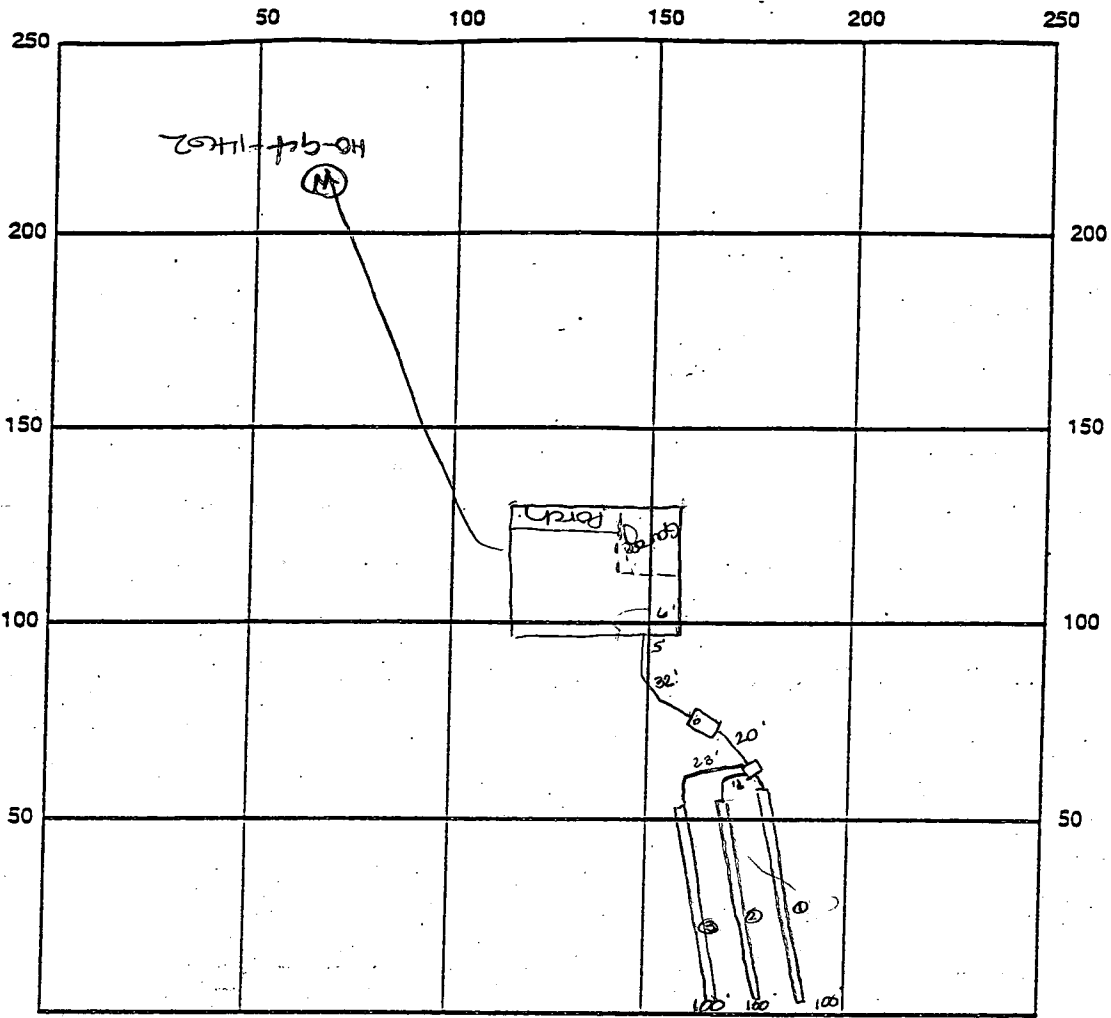
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

41156

Hunt Valley Drive



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.0 6.5 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.5 4.0 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 100' FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 300 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 1.5 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 10/29/98 OK to cover all work - ST hole 12' deep - good soils therefore adjustment to trench depth OK

DATE SYSTEM APPROVED 10/29/98 INSPECTOR Amy Mc Miller

# APPLICATION

63

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 41156  
P \_\_\_\_\_

DISTRICT 4TH

DATE ~~December 10, 1997~~

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 Selfridge Builders

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

PROPERTY LOCATION:

SUBDIVISION Longwood Farm LOT NO. 68 66 6E-3 ACRE ZONING

ROAD AND DESCRIPTION (2921 Hunt Valley Drive)  
Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and  
Union Chapel Road

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential - 5 Bdr  
(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. Security Development Corp.  
By: [Signature]  
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR [Signature] DATE 2/13/88

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

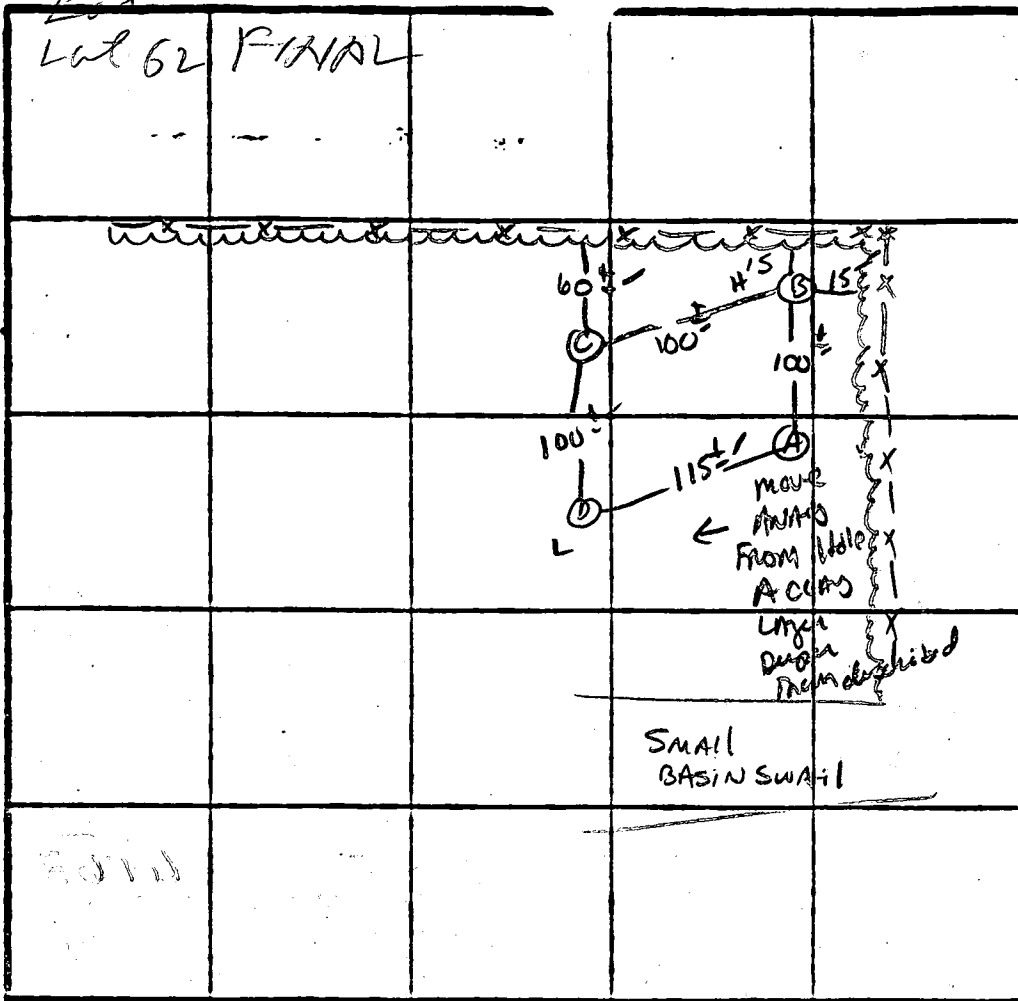
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/7/88 PERC SATISFACTORY - Hold for CAT. SM  
2/13/88 Special Writter B.V.

# THIS IS NOT A PERMIT

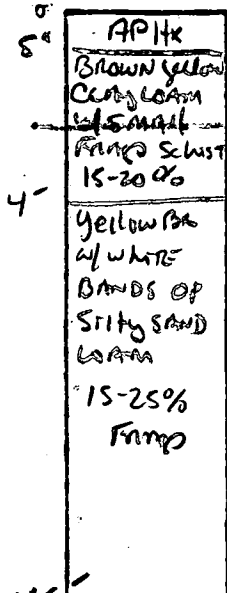
A-41156

LOT 63 2ND PROPOSAL

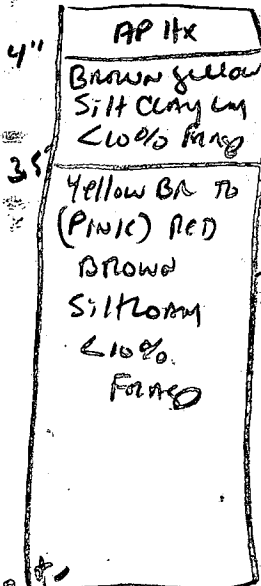


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(A) SOIL PROFILE



(B)



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/88	AS	12"	10:49	11:10	11:10	11:46	36 MIN
	BS	3"	10:55	10:57	10:57	11:01	4 MIN
	BM	7"	10:56	10:57	10:57	11:00	3 MIN
	BV	12"	UNIFORM	soil below	2.5 - 3.0"		
	CS	4"	11:03	11:04	11:04	11:06	2 MIN
	CV	12"	UNIFORM	soil below	3.5"		
	DS	4"	11:10	11:12	11:12	11:15	3 MIN
	DV	12"	UNIFORM	soil below	3.5"		

REMARKS NO STAKES - Holes Per. SID. - Shallow SYSTEM

TYPE OF SOIL Chestnut loam

TESTED BY S. Abel

ALSO PRESENT

EH-12-1079

# APPLICATION

PERCOLATION TESTING

A 50474D

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT \_\_\_\_\_

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

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. (STEWART YOUNG)

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. 62

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.

*Stewart Young*  
(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

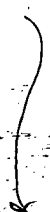
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

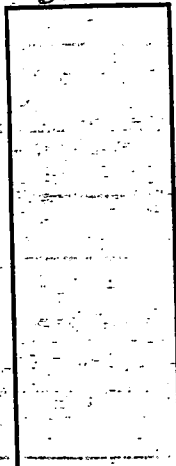
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

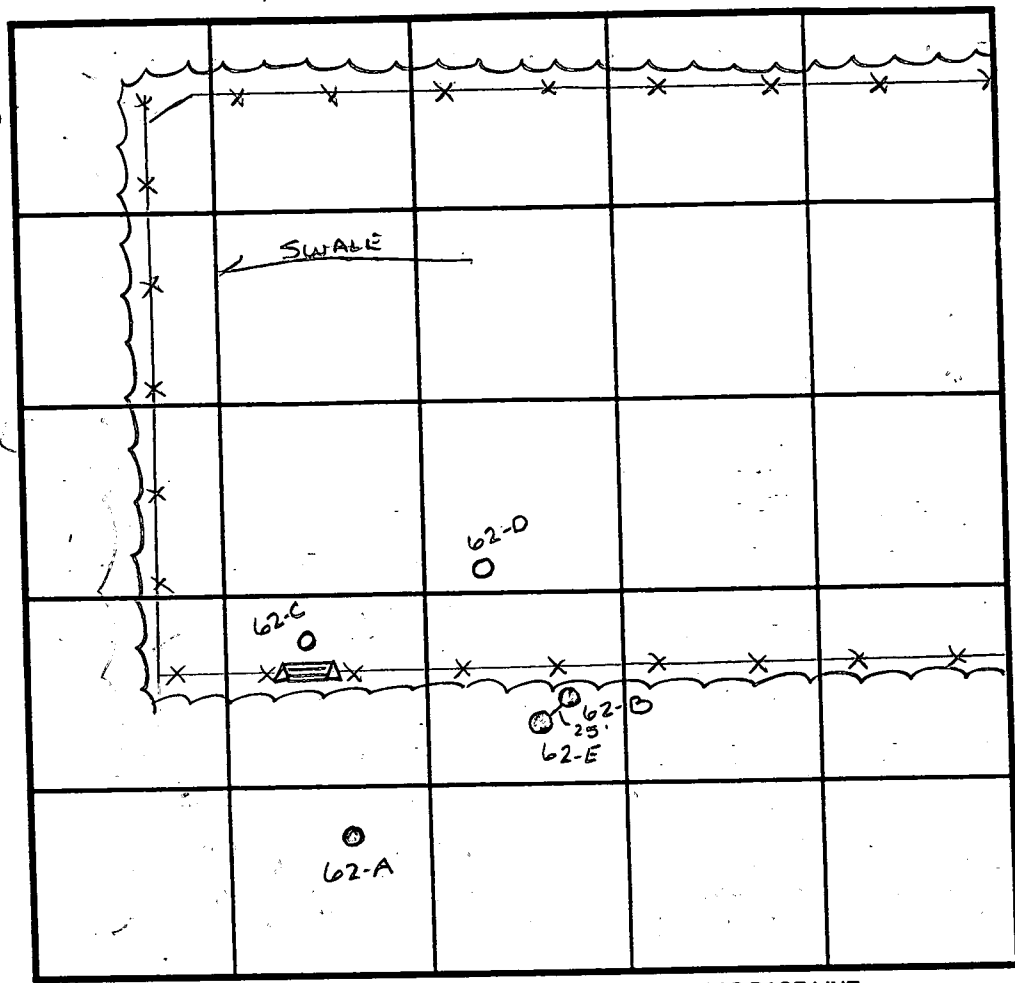
# THIS IS NOT A PERMIT

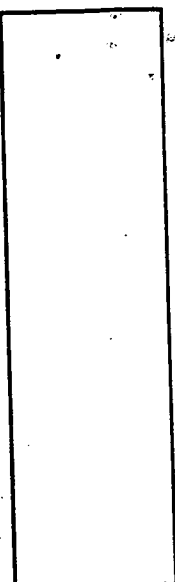
A50474D  
COUNTY #

SOIL PROFILE  
0' 122-C, 62-D  
1g+ tan  
CL  
4' reddish  
brn  
SISL  
6' 1g+  
orange  
yellow  
SSIL  
pockets  
of white  
red  
mixed  
SIL from  
4'-6'

62-A  
CL  
20-30%  
rock  
4' yellow  
orange  
5' 40-50%  
rock  
8' 

62-B  
  
hard  
bottom  
3'



SOIL PROFILE  
0' 

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-17-95	62-C	4' $\sqrt{11}$	7:28 <sup>15</sup>	7:29 <sup>30</sup>	7:29 <sup>30</sup>	7:31 <sup>30</sup>	2min
	62-D	4' $\sqrt{10.5}$	8:08 <sup>30</sup>	Dirt felt in			
	62-D	7' $\sqrt{10.5}$	8:07 <sup>45</sup>	8:09	8:09	8:11	2min
	62-D	3.5' $\sqrt{10.5}$	8:16	8:18	8:18	8:20 <sup>30</sup>	2 1/2 min
	62-B	Hard bottom	at 3'				F
	62-A	>50% rock					F
	62-E	Hard bottom	at 5'				F

REMARKS \_\_\_\_\_

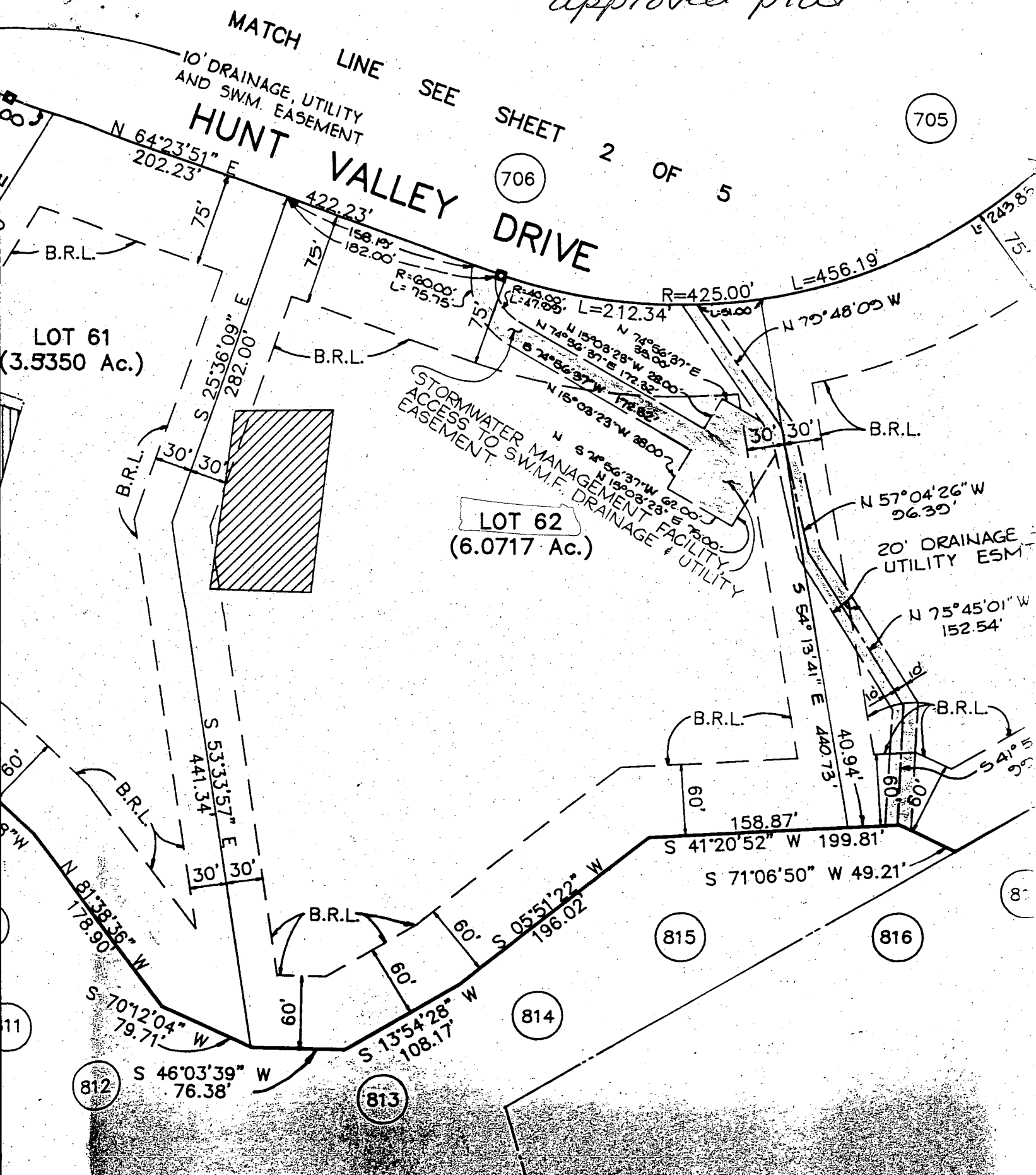
TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

Wellington See A  
3 acre zoning  
approved plat



**SURVEYOR'S CERTIFICATION**

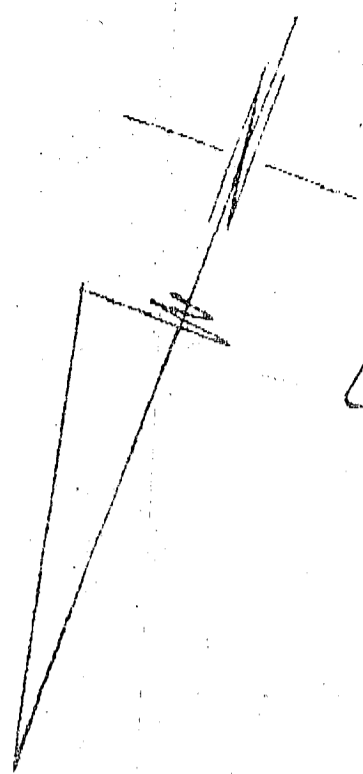
PROPERTY THAT THE FINAL PLAT IS CORRECT THAT IT IS PART OF THE AND SECURITY DEVELOPMENT CORP. OWNERS OF THE PROPERTY

**OWNER'S D**



OCT- 7-98 WED 14:22 JHS BUILDERS

P.01



WELINGTON  
 LOT 79 Wellington

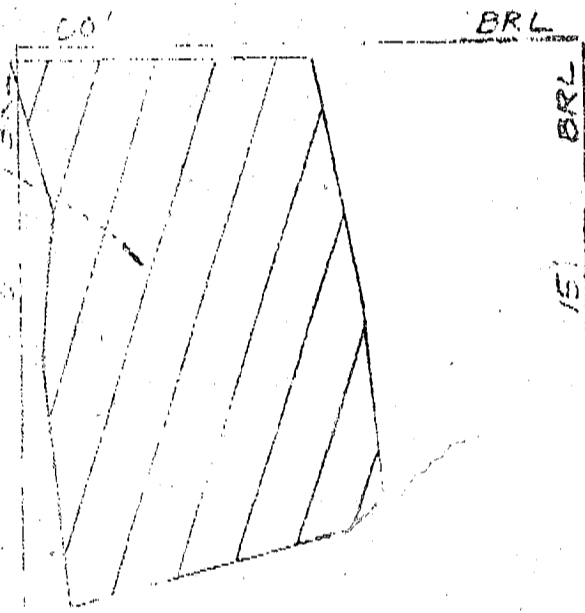
664°23'51"W 175.00'

LOT 79  
 59,999 sq ft  
 1.377 AC.

342.85'

342.85'

Private Sewage Easement,  
 See General Note No. 8  
 Plat 12205



NON-BUILDABLE  
 PRESERVATION  
 PARCEL "C"

4.0821

79.11'

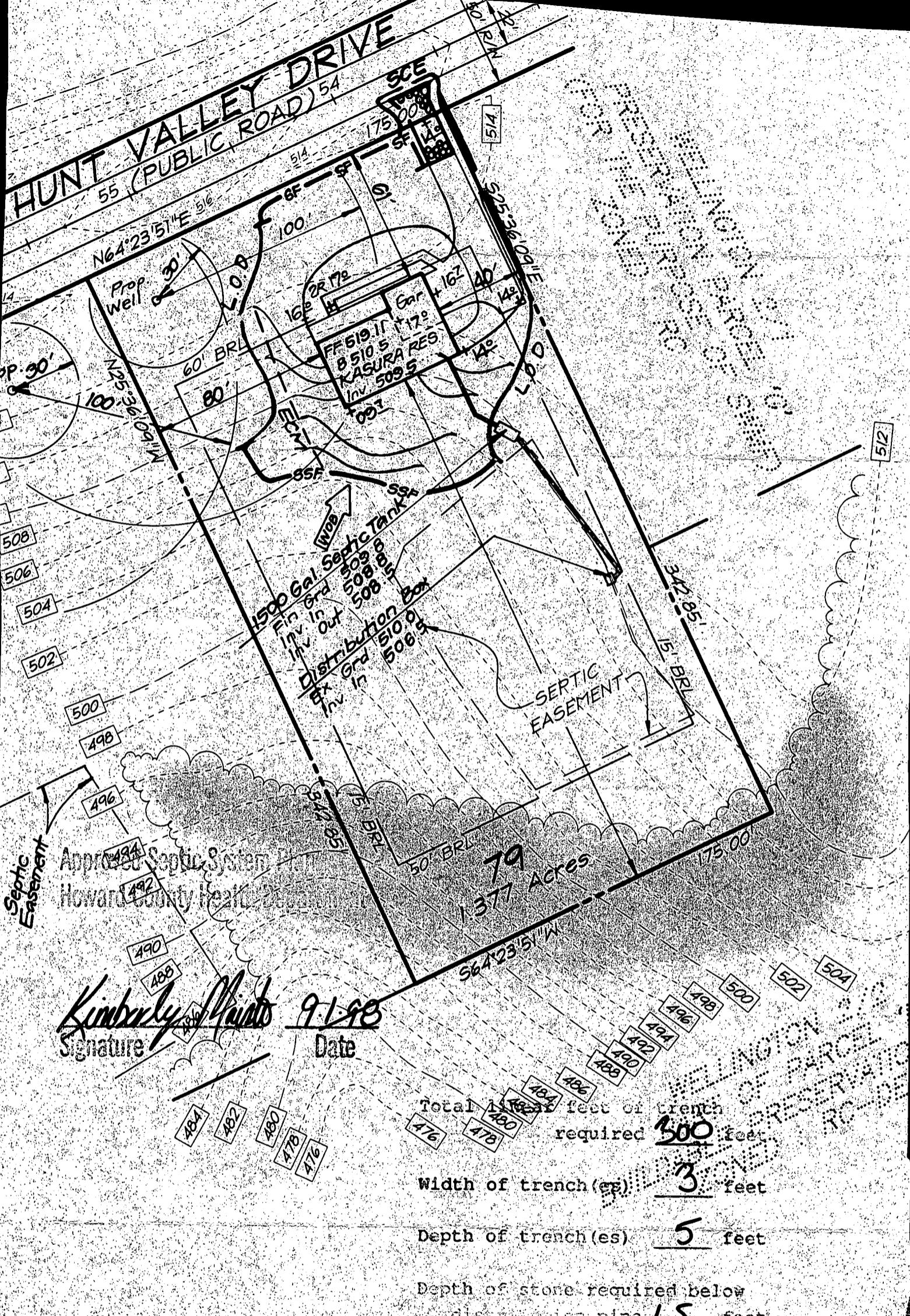
60' BRL

N25°36'09"W

N64°23'51"E 175.00'

HLINT VALLEY DRIVE (R/W - PUBLIC ROAD)

this property  
 purpose of



*Kimberly Quibb*  
 Signature \_\_\_\_\_ Date 9-1-98

Total 1484 feet of trench required 1500 feet  
 Width of trench (es) 3 feet  
 Depth of trench (es) 5 feet  
 Depth of stone required below distribution pipe 1.5 feet

**OPERATOR'S/BUILDER'S CERTIFICATE**

I certify that all development and construction will be done according to the approved development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a minimum of 1 hour of attendance at a Department of the Environment Approved Training Course for the Control of Sediment and Erosion before beginning construction. I also authorize periodic on-site inspection by the Howard County Health Department or their authorized agents, as are deemed necessary.

*Dagon*  
 \_\_\_\_\_ DATE 8-14-98

**ENGINEER'S CERTIFICATE**

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

*Richard J. H. Stepp*  
 \_\_\_\_\_ DATE 8/14/98  
 RICHARD J. H. STEPP

C 1 05150

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A41156

DATE RECEIVED MM DD YY

DATE WELL COMPLETED 04 18 98

DEPTH OF WELL 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1462

OWNER SELFRIK BROS STREET OR RFD HUNT VALLEY DR TOWN Glenwood SUBDIVISION WASHINGTON SECTION LOT 79

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, FEET (FROM, TO), check-if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (YES/NO), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (44). Includes checkboxes for casing types like STEEL, CONCRETE, ELASTIC, OTHER.

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below. Includes checkboxes for STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

DEPTH (nearest ft.) HO 42 200

Table with columns for casing height (above/below land surface) and slot size.

DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

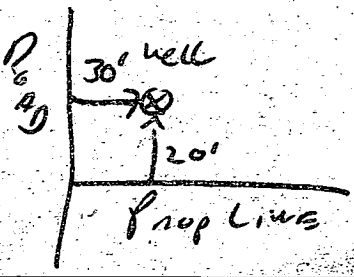
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 4, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 36, WHEN PUMPING 102, TYPE OF PUMP USED (for test) submersible.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE.

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)



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (YES/NO)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD116, DRILLERS SIGNATURE, LIC. NO. MSD117, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **8762** SEQUENCE NO (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

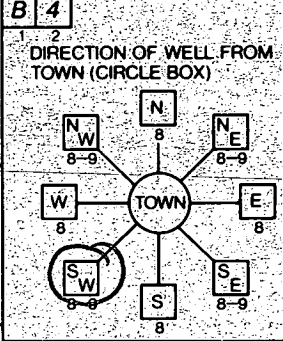
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-1462**  
 70 fill in this form completely 79

Date Received (APA) **030498**  
 OWNER INFORMATION  
 Last Name **SELFRIDGE** Owner First Name **BUILDERS**  
 Street or RFD **14045 GARFIELD DR**  
 Town **GLENWOOD** State **MD** Zip **21938**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **WELLINGTON EAST**  
 SECTION **2** LOT **79**  
 NEAREST TOWN **GLENWOOD**  
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION  
 Driller's Name **Ralph MAYNE** License No. **1176**  
 Firm Name **Ralph MAYNE (well drilling)**  
 Address **9120 Brown Church rd Mt Airy**  
 Signature **Ralph Mayne** Date **3/2/98**



**Hunt Valley Rd**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 WEST  EAST   
 DISTANCE FROM ROAD **30** FT OR MI **44**  
 TAX MAP: BLK: PARCEL:

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)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** COUNTY NO **A4156**  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **3/5/98**  
 CO-SIGNATURE \_\_\_\_\_ EXP DATE \_\_\_\_\_  
 NORTH GRID **788000** EAST GRID **0528000**

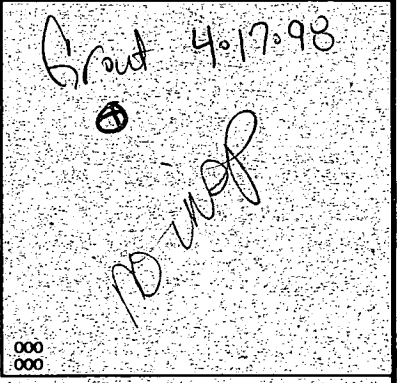
APPROXIMATE DEPTH OF WELL **1150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTARY DRIVE-POINT  
 other \_\_\_\_\_

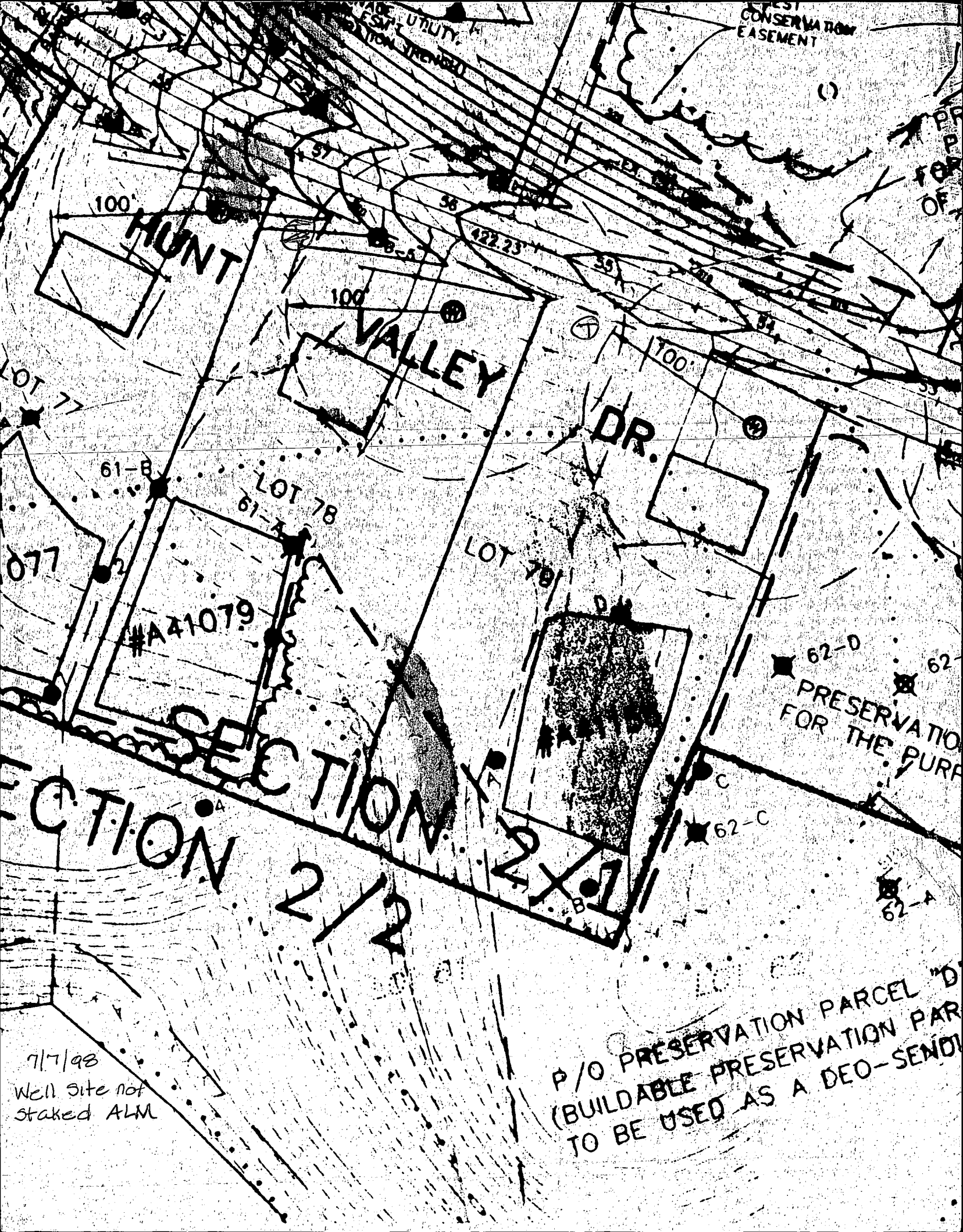
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1 well  
 WRITE THE BOX NUMBER FROM THE MAP HERE  

 E 530  
 N 770



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 **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-1462**



HUNT

VALLEY

DR.

LOT 77

LOT 78

LOT 79

#A41079

SECTION 212

62-D  
PRESERVATION  
FOR THE PURP

62-C

62-A

P/O PRESERVATION PARCEL "D"  
(BUILDABLE PRESERVATION PARCEL  
TO BE USED AS A DEO-SENDING

7/7/98  
Well Site not  
staked ALM

WELL CONSERVATION  
EASEMENT

WELL UTILITY  
TRENCH

FOR  
OF

B 1 4768 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER

1 2 3 4 5 6 70 fill in this form completely 79

Date Received (APA) \_\_\_\_\_

OWNER INFORMATION

8 MM DD YY '13  
 15- Last Name SELFRIDGE Builders Owner First Name \_\_\_\_\_ 34  
 36 14045 Lared DR. Street or RFD 55  
 57 GLENWEG MD. 21738 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21  
 23 SUBDIVISION WELLINGTON EST. 42  
 SECTION 2 44 46 LOT 79 48 50  
 52 NEAREST TOWN GLENWOOD 71  
 MILES FROM TOWN (enter 0 if in town) I 73 M 76 77 78

DRILLER INFORMATION

76 Driller's Name Ralph MAYNE License No. 81 MSD 116  
 Firm Name Ralph MAYNE well Drilling  
 Address 5120 Brown Church Rd. Mt Airy  
 Signature Ralph Mayne 7 Date 6-24-98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 Hunt Valley DR. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37 30 38 39

TAX MAP \_\_\_\_\_ BLK \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 500 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

22

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME \_\_\_\_\_ COUNTY NO. \_\_\_\_\_  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → \_\_\_\_\_ 41  
 DATE ISSUED \_\_\_\_\_  
 43 MM DD YY '48 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NORTH GRID 000 EAST GRID 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL \_\_\_\_\_ FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 530  
 N 770

000  
000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
 30  AIR-ROTARY  AIR-PERCUSSION  ROTARY (Hydraulic Rotary)  
 37  CABLE  REVERSE-ROTARY  DRIVE-POINT  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEEN AN EXISTING WELL

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

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

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

APPROX. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_ 54 63  
 PERMIT No. \_\_\_\_\_ 70 71 72 73 74 75 76 77 78 79

11/2/98  
 Not started -  
 PM  
 11/8/98 - AMA

11/2/98 issued received -  
 R. Mayne added the  
 grout to just below  
 P.A. Mr. Baker will  
 install PVC conduit  
 upon installation of  
 well pump. (DKS)

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

PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  
 Replacement

Receipt #  
 Date 11-1-98

Name of Applicant George Baker  
PIPE PITE

Telephone 410-788-3080

License Number  
 Certified          Installer          Well Driller          Registered Plumber 2214

Name of Property Owner Selfridge Bldgs Telephone 410-992-8082  
 Subdividing Agency Weston Estates Lot # 79 Well Tag # 40-94-1462  
 Site Address Hunt Valley

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type a. Deep well b. Shallow well c. Subm.	1. Horsepower 2. RPM 3. Voltage a. 110 b. 220	1. Make 2. Model # 3. Depth
2. Make		
3. Model #		
4. Capacity <u>        </u> GPM		
5. Pump exceeds well capacity Yes <u>        </u> No <u>        </u>		
6. If Yes, pressure cutoff switch installed? Yes <u>        </u> No <u>        </u>		
7. What method used to protect the pump and electrical wiring from vibration? a. Surge arrestors <u>        </u> Cable guards <u>        </u> Other <u>        </u>		

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

P.A. well line 5' below grade  
 well casing 1' above grade  
 NO PVC conduit pipe  
 2 pc cap OK  
 # DO NOT COVER

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

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

Signature of Applicant: George Baker

Date: 11-1-98

Note: A copy of this permit and approval/status of the installation will be placed on the well file at the time of the inspection.

HD 215

\* No grout above P.A.; no grout for several inches below P.A. It appears that the plumber added portland cement - not sufficient (DKS)

11/4/98  
 WPT