

Tax ID - 03-316319

# PERMIT

## SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48713

A 42912

DISTRICT 3rd

DATE 11/25/92

DATE SYSTEM APPROVED 12/15/92

INSPECTOR CW

### INDEXED

**HOWARD COUNTY HEALTH DEPARTMENT**  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXX-XXXX~~ 313-2640

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Zeller Property LOT 3 ROAD 13330 Folly Quarter Road

PROPERTY OWNER Robert Manzitti

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet  $4\frac{1}{2}$  feet below original grade. Bottom maximum depth  $6\frac{1}{2}$  feet below original grade. Effective area begins at  $4\frac{1}{2}$  feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Install the system as per the revised site plan (Tri-County Surveys - Transmittal date 12/10/92). Distribution box to be 90 feet from the rear lot line and 115 feet from the right lot line. Trenches to follow contour toward right lot line. Lowest trench to be no further back on lot than depicted on the revised site plan.

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

PLANS APPROVED BY C. Williams REVISED DATE 12/10/92

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**  
\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A  
42912



# APPLICATION

PERCOLATION TESTING

A 42912

P \_\_\_\_\_

DISTRICT 5<sup>TH</sup>

DATE 10/31/88

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

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 ROBERT RIPAMONDI / ROBT MANZITTI

ADDRESS 13423 RICH LYNN CT PHONE 854-3327  
HIGHLAND, MD. 20777

PROSPECTIVE BUYER \_\_\_\_\_

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

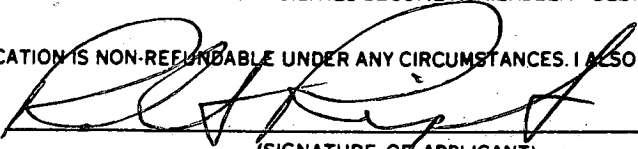
PROPERTY LOCATION:

SUBDIVISION Zeller Prop. LOT NO. 3

ROAD AND DESCRIPTION 13330 FOLLY QUARTER RD

TAX MAP 22 PARCEL # 43

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SINGLE FACH  
(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 \_\_\_\_\_

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

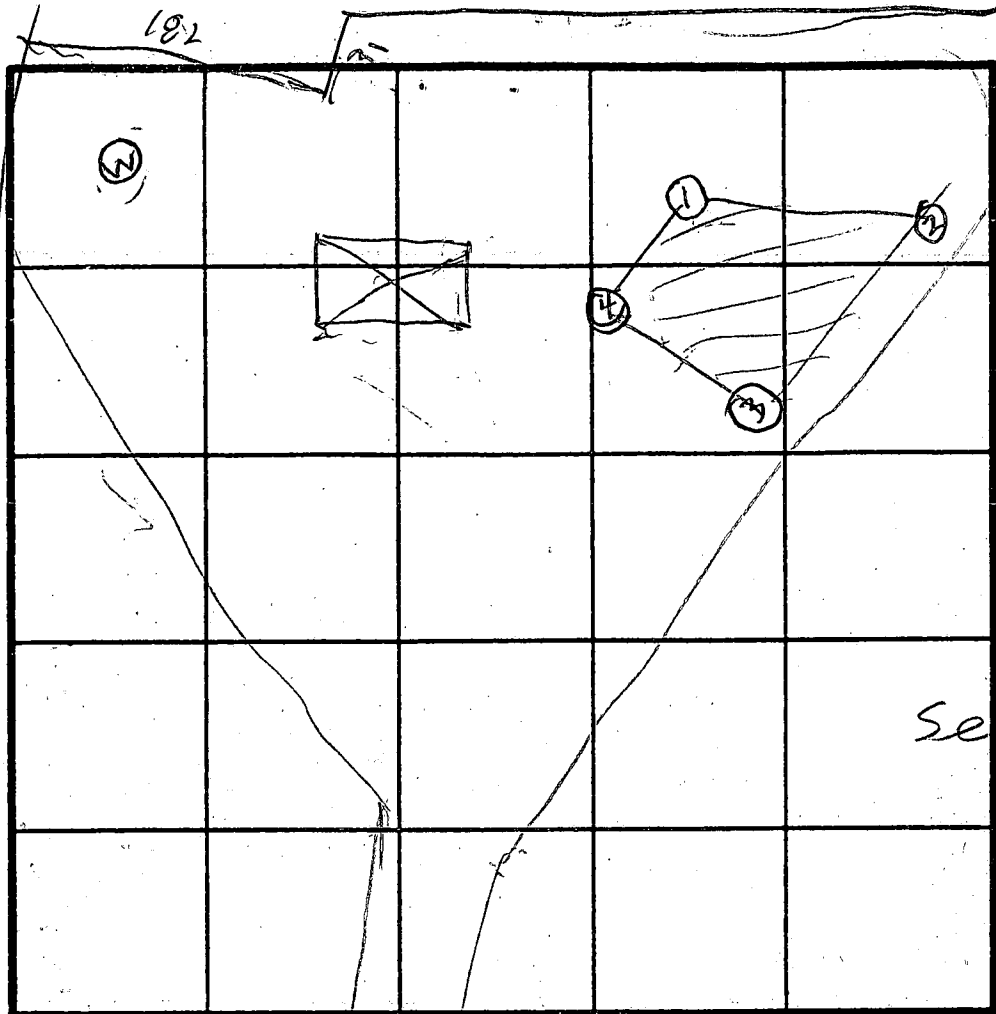
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 11/14/88 PERC OK - HOLD FOR PLAT RH

BP # 46030 SFD  
3 BR 516-60 +  
RETURNS  
11/19/92

# THIS IS NOT A PERMIT

HD-216



HOLE ELEVATION  
 (1)(2) HIGH  
 (3) LOW  
 VERT SLIGHT SLOPE  
 See Plat

Bottom  
 6-7' vert.

note:  
 water low  
 hole lot 2  
 Aug. 74  
 f. 09

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE (1)(2)(4)

BROWN  
 SAND  
 LIGHT  
 BROWN  
 MICA  
 SAND  
 LOAM

(3)  
 BROWN  
 CHRY  
 TOPSOIL  
 PINK  
 BROWN  
 YELLOW  
 SAND  
 LOAM  
 HRP

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/14/78	1 S	5	1033	1034	1034	1035	1
	1 V	13	OK				
	2 S	5	1042	1043	1043	1044	1
	2 V	13	OK				
	3 S	3.5	1048	1049	1049	1053	4
	3 V	6.5	1048	1049	1049	1050	1
	3 V	10	OK				
	4 V	12 1/2	OK				

REMARKS Holes dug Per Revised Test Plat

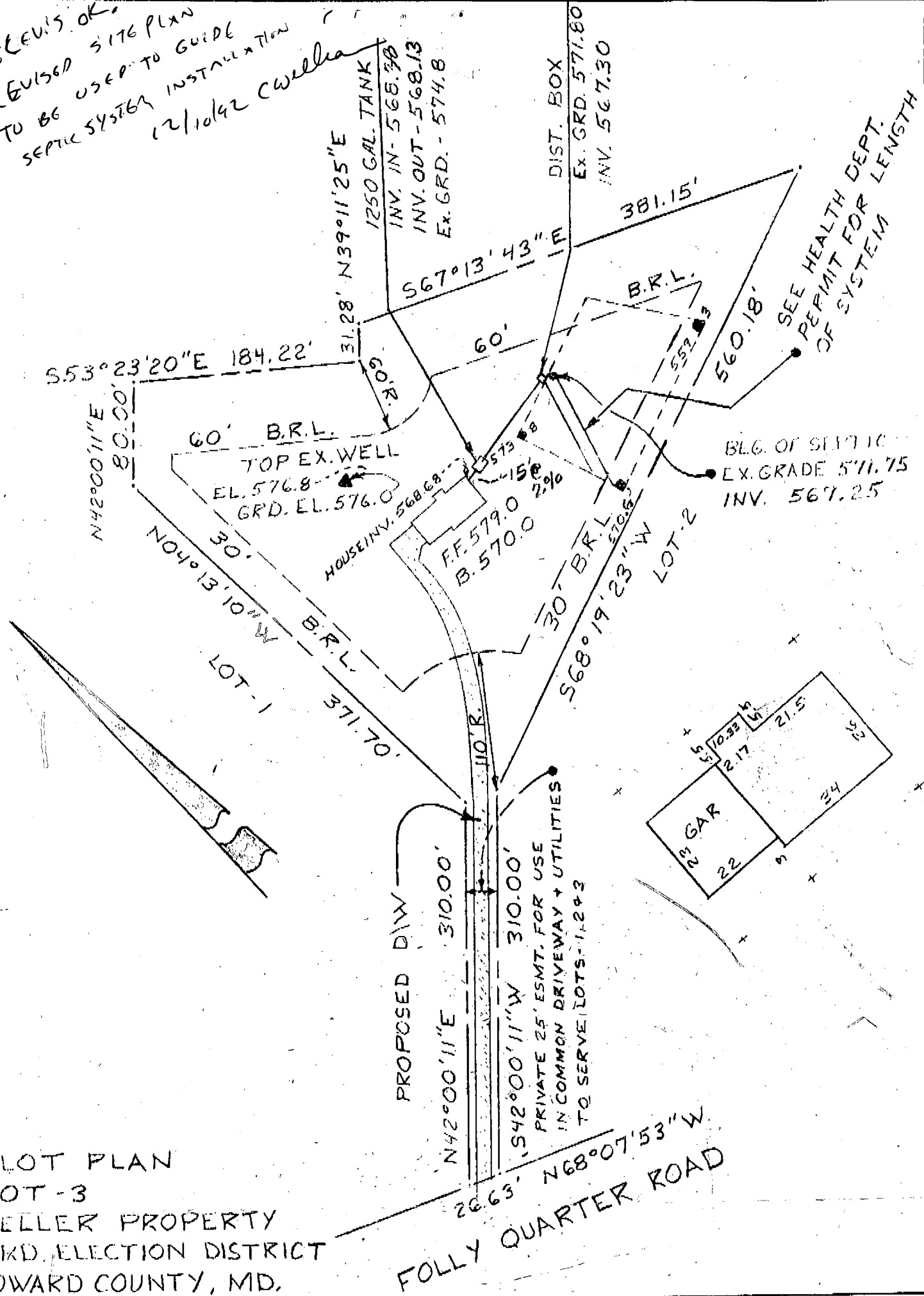
TYPE OF SOIL \_\_\_\_\_

TESTED BY R. HODGES

ALSO PRESENT ROCKY & SKIP & MOCK

ATTN: CRAIG WILLIAMS

RECEIVED OK  
REVISED SITE PLAN  
TO BE USED TO GUIDE  
SEPTIC SYSTEM INSTALLATION  
12/10/92 CW/llh



PLOT PLAN  
LOT-3  
ZELLER PROPERTY  
3RD. ELECTION DISTRICT  
HOWARD COUNTY, MD.

FOLLY QUARTER ROAD

<b>Tri - County Surveys, Inc.</b> BOX 55 • DAMASCUS, MARYLAND 20872 • (301) 831-3655 LAND PLANNING CONSULTANTS • SUBDIVISIONS • LOTS & BOUNDARIES	REFERENCE	COUNTY OF	Drawn by: J.K.S.
	Plat Book Plat No	HOWARD	Checked by: WLW
			Job No.: 92-014
<b>SURVEYOR'S CERTIFICATION</b> I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.			Scale: 1" = 100'
Note: House does not lie within a flood hazard area			DATE: REVISED SEPTIC BR-TI
WILLIAM L. WIRTS - Registered Land Surveyor - Maryland No. 10721			Wall Ck.:
			Final Loc.:
			Report.:

NOTE: This drawing is not intended or represented to be a lot stake out survey; no lot corners were set; and is not to be used, or relied upon, for the establishment of any fence, building or other improvements. No responsibility is extended herein to future purchasers.

No.	NORTHING	EASTING
1	822071.8251	806447.7820
2	821471.8215	806018.6571
3	821302.8233	8071200.6107
4	821386.8208	8071236.7225
5	821154.8236	8071228.7868
6	821181.8209	8071210.5588
7	820722.8218	8076021.3623

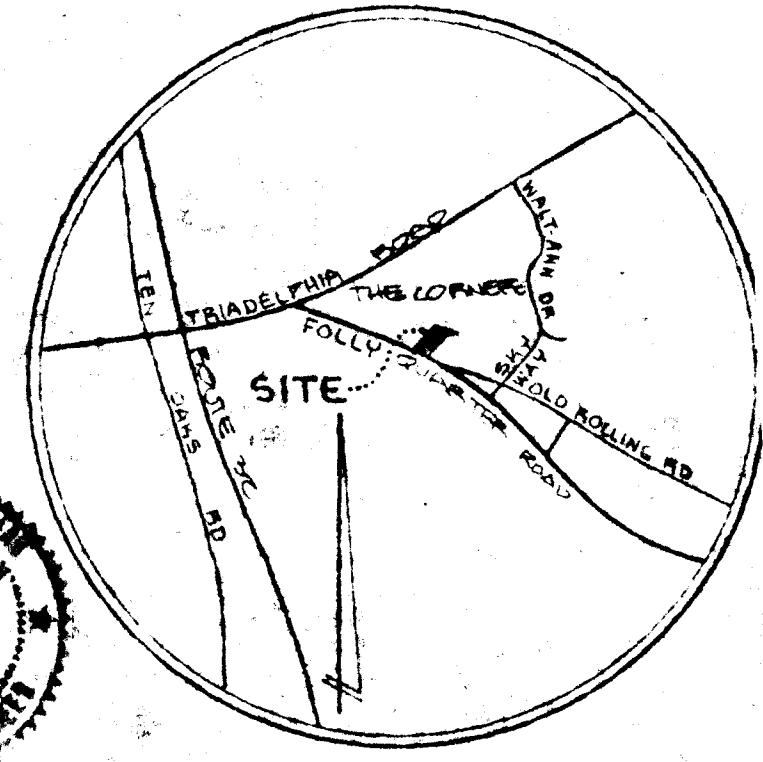
COORDINATES BASED ON MARYLAND STATE PLANE SYSTEM.

LOT AREA TABULATION			
LOT No.	TOTAL LOT AREA	PIPE STEM AREA	RESULTING MINIMUM LOT AREA
1	3.0053 AC.	-0-	3.0053 AC.
2	3.0177 AC.	-0-	3.0177 AC.
3	3.0477 AC.	0.1779 AC.	2.8698 AC.

**WETLANDS CERTIFICATION**

UNDER THE PROVISIONS OF SECTION 404 CORPS OF ENGINEERS AND SECTION 401 MARYLAND STATE DEPARTMENT OF HEALTH, NO WETLANDS EXIST ON THIS PROPERTY AND THEREFORE NO PERMITS ARE NECESSARY.

DATE: 11/16/90  
NELD SCHWARTZ REG. No. 11449

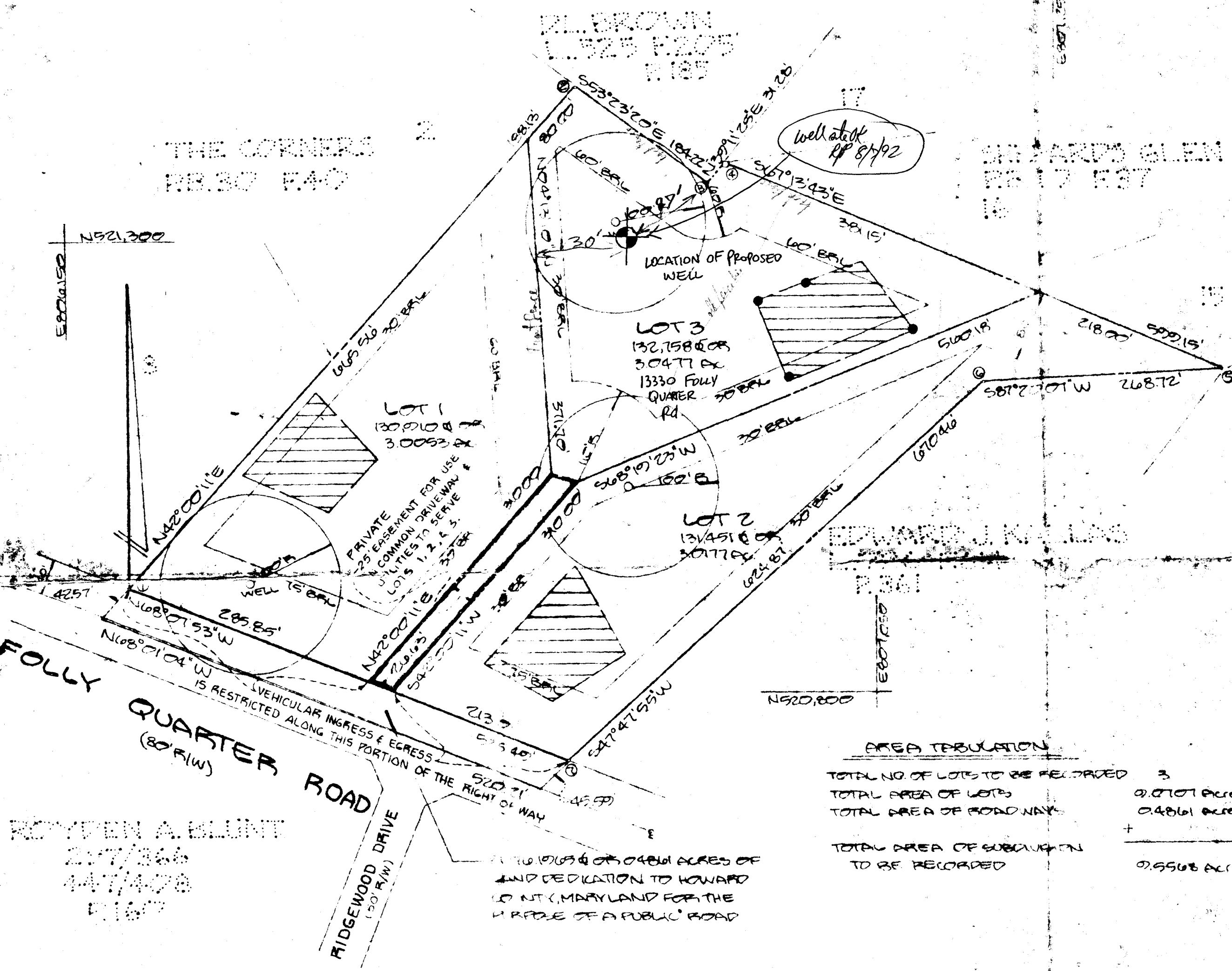


VICINITY MAP  
SCALE 1"=2000'



**GENERAL NOTES**

- PROPERTY ZONED R PER 8-2-85 COMPREHENSIVE ZONING PLAN
- COORDINATES BASED ON MARYLAND STATE PLANE SYSTEM
- B.R.L. BUILDING RESTRICTION LINE
- AREA DESIGNATED A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 G.P.D. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS PROHIBITED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDABLE SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM
- 0-THE SYMBOL DESIGNATES A FIELD LOCATED WELL SITE
- PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS TAPS: ●
- AREA OF CUTS IS CALCULATED FROM HOWARD COUNTY HEALTH DEPARTMENT RECORDS
- 0 DENOTES IRON PIPE OR IRON BARS TO BE SET
- 0 DENOTES CONCRETE MONUMENT SET
- THE COORDINATES SHOWN HEREON ARE BASED ON HOWARD COUNTY GEODETIC CONTROL STATIONS 3135005 & 3135006
- EXISTING STRUCTURES, WELL & SEPTIC SYSTEM ON LOT 1 TO REMAIN
- FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE TO BE PROVIDED AT THE JUNCTION OF FLAG OR PIPE STEM AND THE ROAD R/W AND NOT ON THE FLAG OR PIPE STEM DRIVEWAY
- A WAIVER (WP-30-05) WAS APPROVED 12-4-89 BY THE DIRECTOR OF THE DEPARTMENT OF PLANNING AND ZONING FROM SECTION 16.116.B.4; WAIVING THE 30' MINIMUM FRONTAGE IN THE "K" DISTRICT AND 16.115 C.4 WAIVING THE DENIAL OF ACCESS FROM AN ARTERIAL HIGHWAY OR MAJOR COLLECTOR ROAD.
- AN AGREEMENT IS TO BE RECORDED FOR THE USE IN COMMON & MAINTENANCE THERE OF FOR A 16 FOOT WIDE PAVED DRIVEWAY TO SERVE LOTS 1, 2 & 3. SHOWN HEREON: RECORDED 6-27-90 L 219K # 008/
- THERE IS NO 100 YEAR FLOOD PLAIN ON THIS PROPERTY. HOME IDENTIFICATION SIGNS SHALL BE PLACED AT SOUTH END OF PRIVATE EASEMENT ADJACENT TO FOLLY QUARTER ROAD IN ACCORDANCE WITH SECTION 16.117 OF THE SUBDIVISION AND LAND DEVELOPMENT REGULATIONS OF HOWARD COUNTY, MARYLAND.



**AREA TABULATION**

TOTAL NO. OF LOTS TO BE RECORDED	3
TOTAL AREA OF LOTS	9.0707 ACRES
TOTAL AREA OF ROADWAY	0.4861 ACRES
TOTAL AREA OF SUBDIVISION TO BE RECORDED	9.5568 ACRES

10.1015 AC OR 0.4861 ACRES OF LAND DEDICATION TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

APPROVED FOR HOWARD COUNTY HEALTH DEPARTMENT FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.  
James M. Boyd and J. R. Smith 7/12/90  
HEALTH DEPARTMENT OFFICERS

APPROVED HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING.  
All 8.16.90  
DIRECTOR DATE

APPROVED FOR STORM DRAINAGE SYSTEMS & PUBLIC ROAD HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.  
James P. Smith 7/20/90  
DIRECTOR DATE

**OWNER'S CERTIFICATE**

I ROBERT RUPAMONTI, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN BY THE DEPT. OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES, AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS AND STREET RIGHTS-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON, THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREET AND/OR ROADS AND FLOOD PLAIN AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOOD PLAIN, STORM DRAINAGE FACILITIES AND OPEN SPACES WHERE APPLICABLE, THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE, AND THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENT AND RIGHT OF WAY.

WITNESS MY HAND AND SEAL THIS 11th DAY OF NOVEMBER 1990

ROBERT RUPAMONTI

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF ALL OF THE LAND CONVEYED BY DAVID ZELLER AND FRANCES P. ZELLER TO ROBERT RUPAMONTI BY DEED DATED AUGUST 24th 1988 AND RECORDED IN LIBER 1044 AT FOLIO 0304 AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED.

11-18-90  
DATE

JEFFERSON D. LOUNSBURY  
REG. PROF. ENGR. 11449

RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND ON PLAT NUMBER

LOTS 1-3  
TAX MAP 22, PARCEL 42647  
**ZELLER PROPERTY**  
THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
APRIL 1987 SCALE 1"=100'

F-89-202 WP-30-05

OWNER: ROBERT RUPAMONTI  
13123 RICH LYNN COURT  
HIGHLAND, MD 20771  
301-954-3327

DEVELOPMENT GROUP, INC.  
17004 GEORGETOWN PIKE  
GREENBELT, MD 20770

720  
 721  
 627  
 628  
 628  
 623

F-89-202

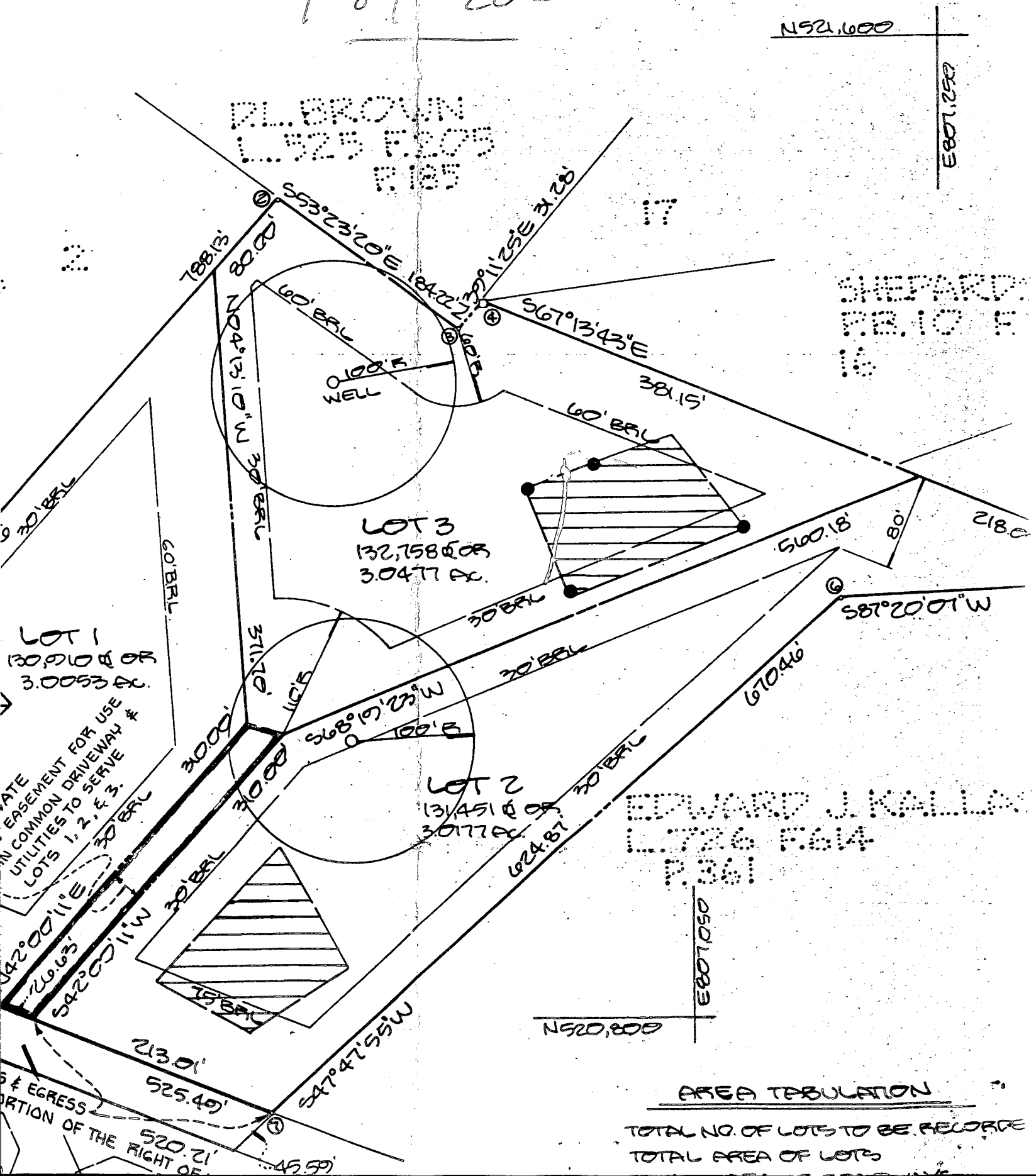
N52.600

E807.250

PL. BROWN  
 LOTS 1, 2, 3  
 P. 135

EDWARD J. KALLA  
 LOTS 1, 2, 3  
 P. 135

EDWARD J. KALLA  
 LOTS 1, 2, 3  
 P. 135



LOT 1  
 130,910 sq ft or  
 3.0053 ac.

LOT 3  
 132,758 sq ft or  
 3.0477 ac.

LOT 2  
 131,451 sq ft or  
 3.0177 ac.

EASEMENT FOR USE  
 IN COMMON DRIVEWAY #  
 UTILITIES TO SERVE  
 LOTS 1, 2, & 3.

AREA TABULATION

TOTAL NO. OF LOTS TO BE REFORGE  
 TOTAL AREA OF LOTS

EGRESS  
 PORTION OF THE RIGHT OF

N520.200

E807.050

C1 6712 SEQUENCE NO. (DENV 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 # 42 912

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 08/18/92

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0143

OWNER MANTITTI J. VANESSA last name first name STREET OR RFD HOLLY QUARTER RD TOWN GLENWELL SUBDIVISION BELLEK SECTION LOT 3

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Yellow clay SAND, GRAY mica Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1592 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 90 ft.

CASING RECORD casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 94

OTHER CASING (if used) 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)

Table for SCREEN DEPTH (nearest ft.) with columns for depth and rows for each screen. Includes handwritten entries: H0, 13, 225.

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 IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

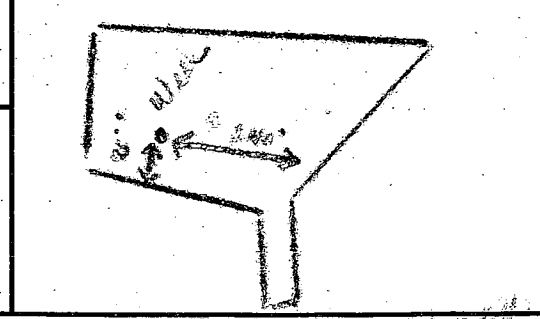
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 46 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 WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE 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)

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)



B 1 **8351** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

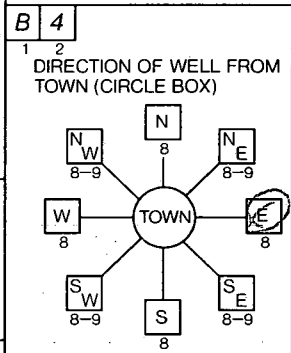
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**H0-92-0143**  
 fill in this form completely

Date Received (APA) **072792**  
 OWNER INFORMATION  
 Last Name **MANZITTI** Owner First Name **J VANESSA**  
 Street or RFD **3782 BONNIBRIDGE PL.**  
 Town **ELLICOTT** State **MD** Zip **21043**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **ZELLER PROPERTY**  
 SECTION **3** LOT **3**  
 NEAREST TOWN **GLENELG**  
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION  
 Driller's Name **Joseph L. Wayne** License No. **238**  
 Firm Name **Joseph L. Wayne WELL DRILLING**  
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Signature **Joseph L. Wayne** Date **7/27/92**



**Folly Quarter Road**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **615** FT  
 ENTER FT or MI **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)  
 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. **42912**  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **02/07/93**  
 CO SIGNATURE **Joseph L. Wayne** EXP. DATE \_\_\_\_\_  
 NORTH GRID **521000** EAST GRID **0806000**

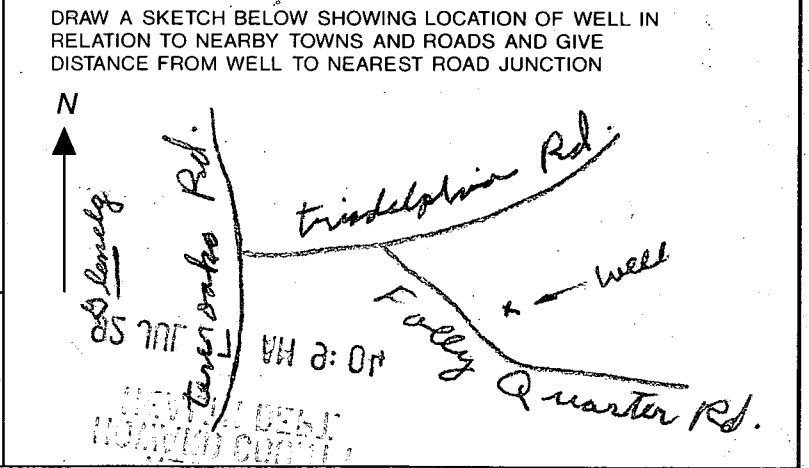
APPROXIMATE DEPTH OF WELL **300** FEET

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**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE

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) \_\_\_\_\_



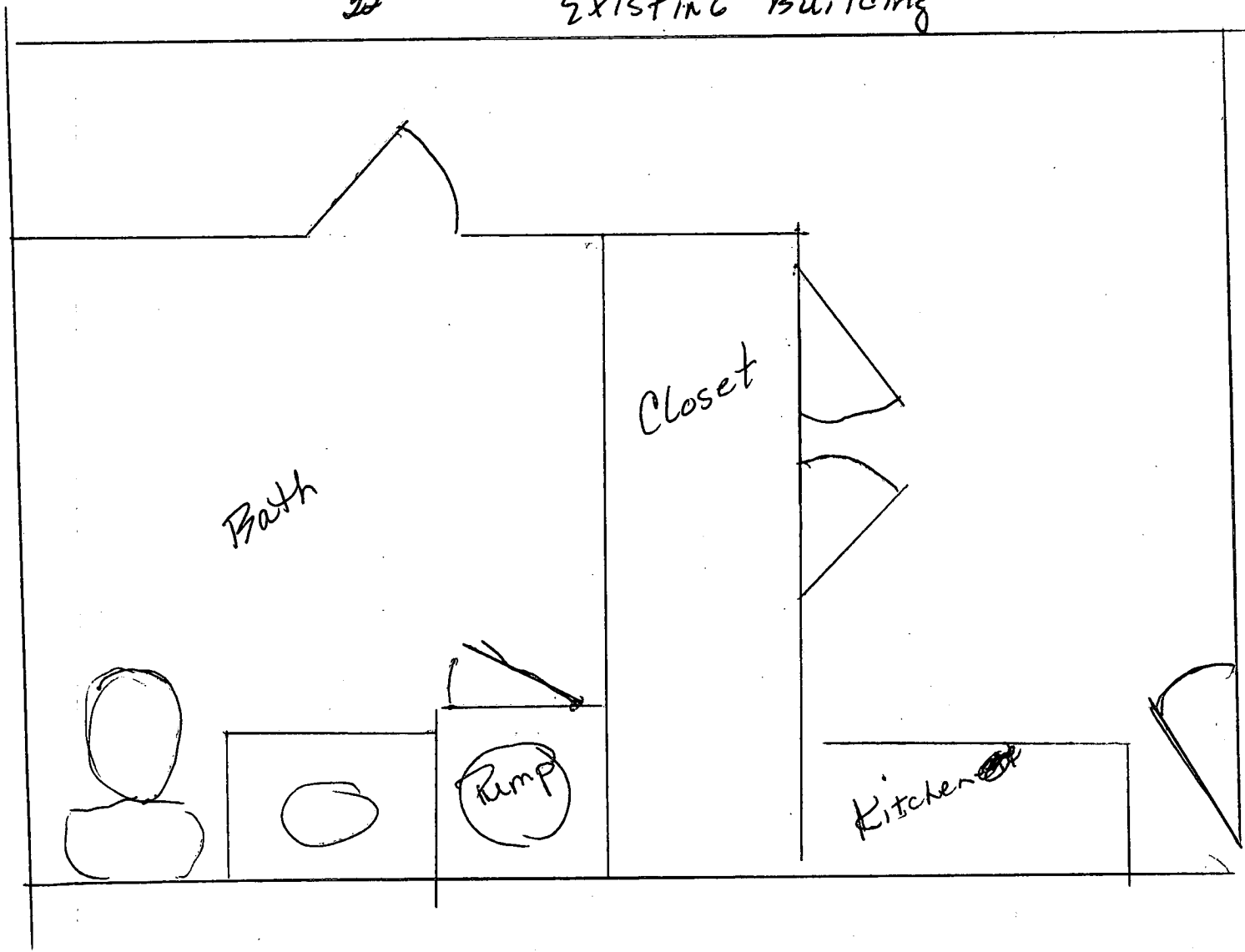
Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **H0-92-0143**

SPECIAL CONDITIONS

22'

EXISTING Building

16'

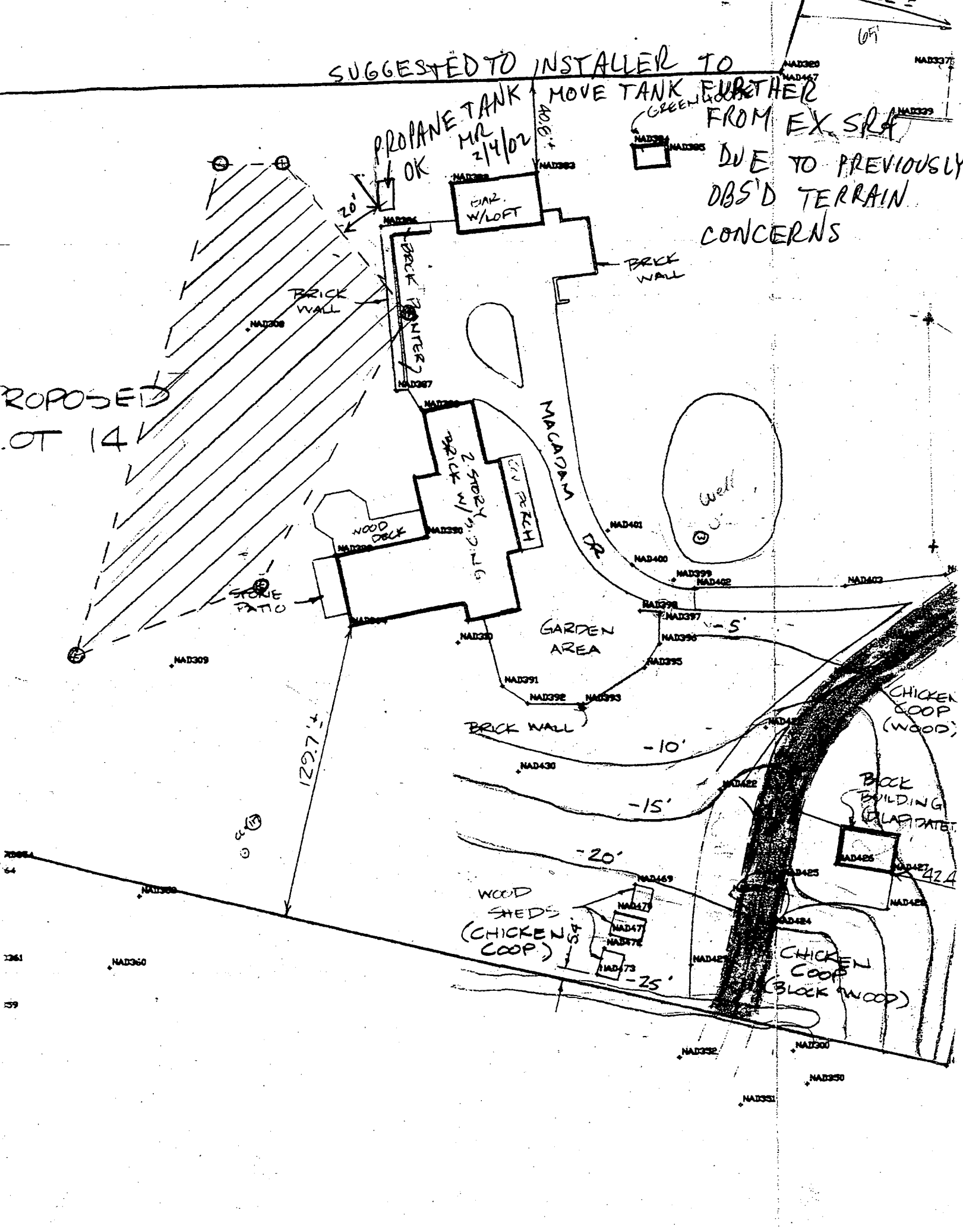


SUGGESTED TO INSTALLER TO MOVE TANK FURTHER FROM EX. SRA

DUE TO PREVIOUSLY DBS'D TERRAIN CONCERNS

PROpane TANK MR 2/14/02

PROPOSED LOT 14



Building Address: 12466 Kondrup Dr  
Fulton, MD 20757

Property Owner's Name: Jim Miller + Cara  
 Address: 12466 Kondrup Dr  
 City: Fulton State: MD Zip Code: 20757

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract: 605102 Subdivision: Beaufort Est  
 Section: 1 Area: 4 Lot: 12  
 Tax Map: 45 Parcel: 14 Grid: 6  
 Zoning: RR Map Coordinates: 1806 Lot size: \_\_\_\_\_

Home Phone: 301-317-9337 Work Phone: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: S.F.D.  
 Proposed Use: Same with TANK  
 Estimated Construction Cost: \$ 1950.00  
 Description of Work: Install (1) 500 Gallon U6  
 ASME LP TANK, per NFPA 58

Contractor Company: Ameigas  
 Contact Person: 10097 Baltimore National Pk  
Tom McLaughlin  
 City: Ellicott City State: MD Zip Code: 21031  
 License No.: \_\_\_\_\_  
 Phone: 410-465-0800 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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: _____	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 HERETO; (4) THAT HE/SHE WILL PROTECT AND MAINTAIN THE ABOVE REFERENCED PROPERTY IN A SAFE AND HEALTHY MANNER AS DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COURTESY OF OFFICIALS THE RIGHT TO ENTER HIS/HER PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND TO TAKE PHOTOS.

Applicant's Signature: Thomas R. McLaughlin  
 Title/Company: \_\_\_\_\_  
 Date: \_\_\_\_\_

Print Name: Thomas R. McLaughlin  
 Date: Jan 18, 2002

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

<p>AGENCY: _____ DATE: _____ SIGNATURE APPROVAL: _____</p> <p>Land Development, DPZ _____                  State Highways _____                  Building Official _____                  Dev. Engineering, DPZ _____                  Health <u>2/4/02 Mark Rife</u>                  Fire Protection _____</p> <p>Is Sediment Control approval required prior to issuance?                  YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                  ONE STOP SHOP: <input type="checkbox"/></p>	<p>DPZ SETBACK INFORMATION</p> <p>Front: _____                  Rear: _____                  Side: _____                  Side St.: _____</p> <p>All minimum setbacks met?                  YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is Entrance Permit required?                  YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Historic District?                  YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Lot Coverage for NewTown Zone _____                  SDP/Red-line approval date _____</p>	<p>PROPERTY ID#: <u>43080</u></p> <p>Filing fee \$ <u>100</u>                  Permit fee \$ _____                  Excise tax \$ _____                  Add'l per. fee \$ _____                  TOTAL FEES \$ <u>100</u>                  Sub-total paid \$ _____                  Balance due \$ _____                  Check # <u>32256</u>                  Validation # <u>40222</u></p> <p>Accepted by: <u>[Signature]</u></p>
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**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 19 Well Tag #: HO - 44 - 0468  
Site Address: 12466 Kondrup Drive

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

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

**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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/23/03 Inspector: (SD)  
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 ✓

Andrew Foster

5/21/03 - Not ready & under water (SO)  
5/23/03

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Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: 19 Well Tag #: HO-94-3599

Site Address: 12466 Kondrap Dr

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

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

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

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/23/03 (SO)

Inspection Data: Pitless adapter and 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 installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection Under footer  
Adequate grout observed below pitless adapter \_\_\_\_\_