

7/30/99  
10:00  
11-19-99  
wpl am

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

04-362039

P 512023

A 43353

DISTRICT \_\_\_\_\_

DATE 7/21/99

DATE SYSTEM APPROVED 8/3/99

INSPECTOR CW

K & K Excavating IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Carriage Mill Farms LOT 46 ROAD 14797 Carriage Mill Drive

PROPERTY OWNER Oak Hill Properties

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION - Place distribution box 140 feet off rear property line (N83°47'10"E) and 40 feet off left property line as viewed from Carriage Mill Drive. Install trenches on contour to the left & rear property lines.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK G.P.P. D.I.C.S.

PLANS APPROVED BY Ronald J. Pinkley DATE 5-20-1999

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)

**BUILDING PERMIT SIGNED AND RETURNED 8-15-02**

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

800 138006 - JHEED  
7/21/05 BOONSTICK - DECK

PERMIT VOID AFTER TWO YEARS

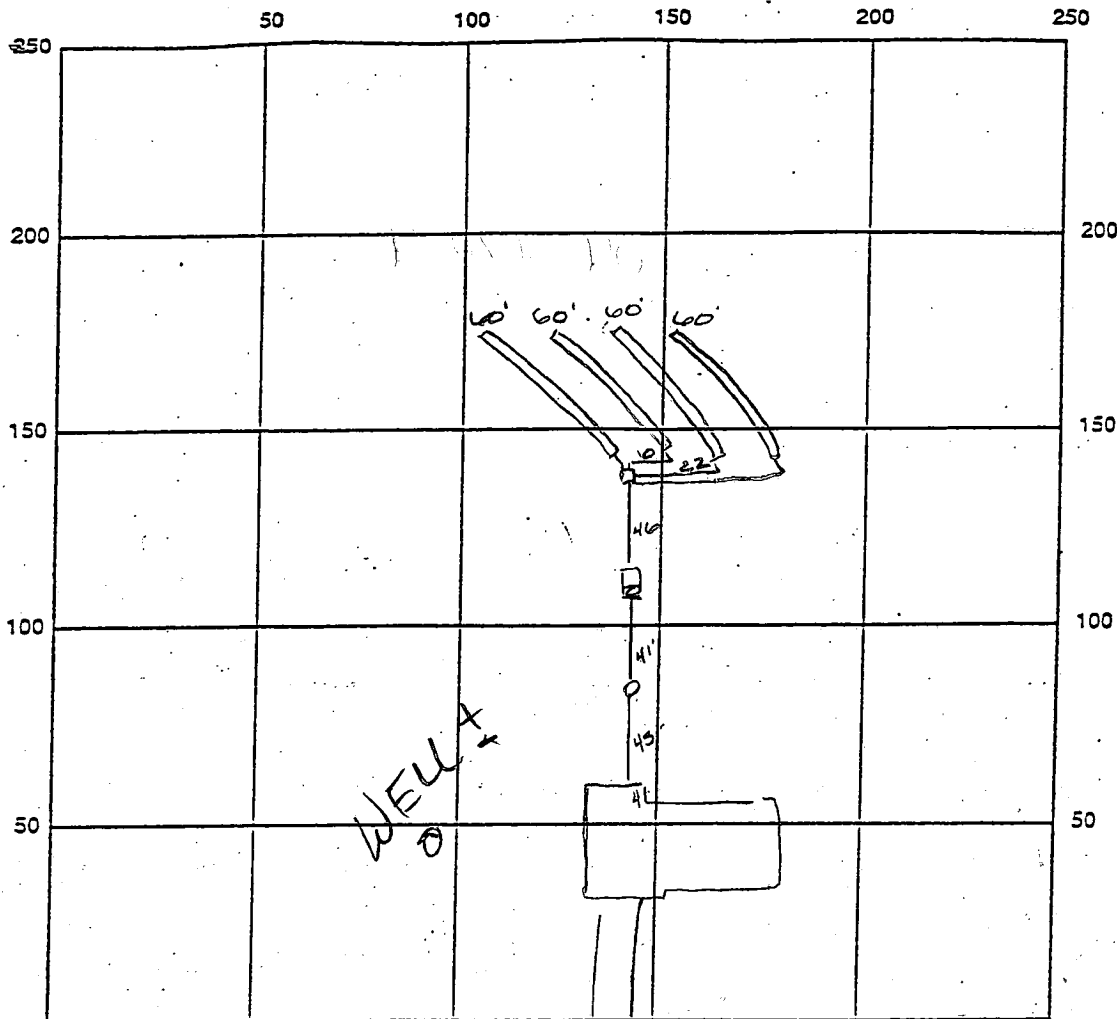
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

1/19/99



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CARR. HILL DR.

SEPTIC TANK LEVEL 1500gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 7/29/99 OK to cover 1<sup>st</sup> 2 trenches & house to DB -

Third trench started, perforated pipe has been covered & pushed down into stone, pull pipe out so that it can be extended the length of the trench. 7/30/99 No pipe for at least the last 26' of the third trench, not sure on 4<sup>th</sup> - 1<sup>st</sup> 2 covered - No approval @ this time.

8/3/99 ACCEPTED AS INSTALLED - PROPER INSTALLATION WOULD PUT PIPING TO END OF TRENCHES, BUT NOT A CRITICAL FACTOR TO FUNCTION OF SYSTEM, EFFORTS TO REMEDIATE AT THIS POINT WOULD CAUSE RISK DAMAGE TO SYSTEM, (CW)

DATE SYSTEM APPROVED 8/3/99 INSPECTOR CW

# APPLICATION

PERCOLATION TESTING

OLDA 43353  
A 505720

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

P \_\_\_\_\_  
DISTRICT 4

DATE March 6, 1995

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 Oak Hill Properties, L.L.C.

ADDRESS 11501 Huff Court, North Bethesda, MD 20895 PHONE 301 816 9433

AGENT OR PROSPECTIVE BUYER Oak Hill Properties, L.L.C./ c/o Ralph E. Bice, III

ADDRESS Same as Above PHONE Same As Above

PROPERTY LOCATION:

SUBDIVISION Berkshire Estates LOT NO. 31 & 40

ROAD AND DESCRIPTION (14797 CARRIAGE Mill DRIVE)  
Property is located on the Northeast Side of the intersection of Route 144  
and Old Frederick Road.

TAX MAP 8 PARCEL # 158 & 79

SIZE OF LOT Average size equals 60,000Sq. Feet TYPE BLDG. Single Family Detached - 4 Bed  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**ORD. PERMIT SIGNED  
AND RETURNED 5-20-99  
Serial # B70117800**

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.

Ralph E. Bice, III  
(SIGNATURE OF APPLICANT)  
Ralph E. Bice, III

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 \_\_\_\_\_

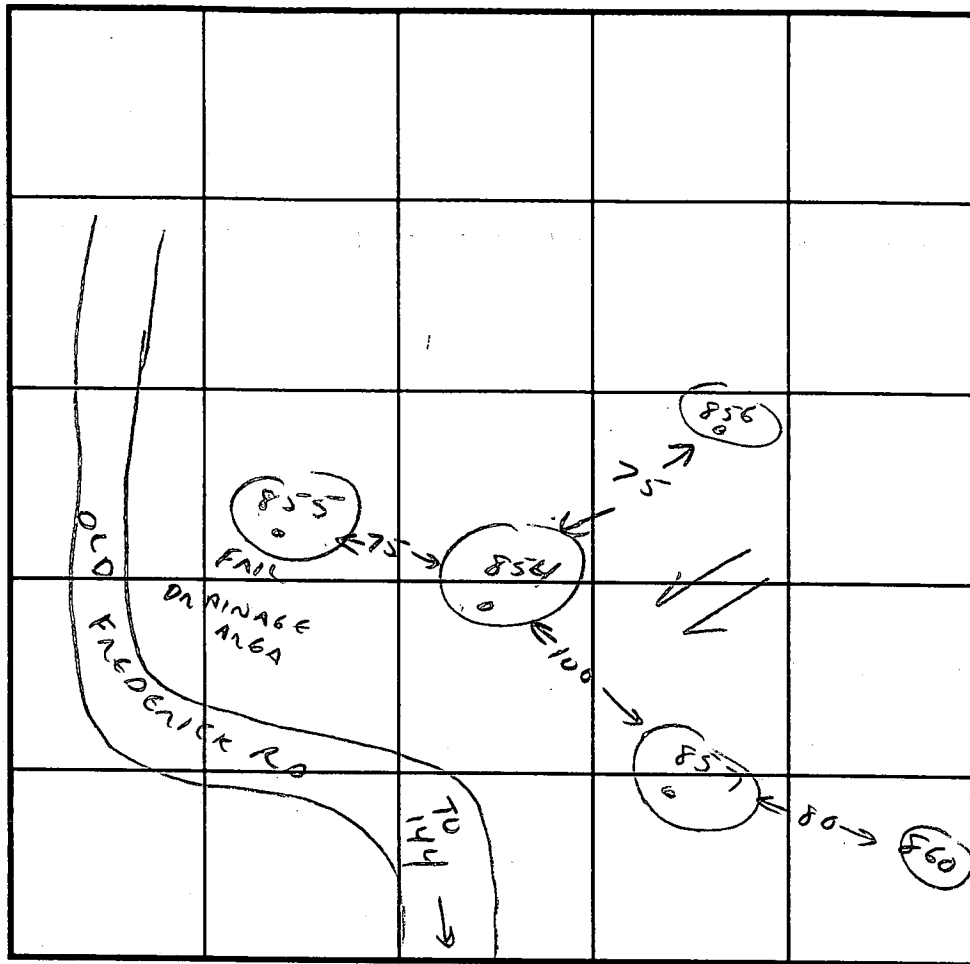
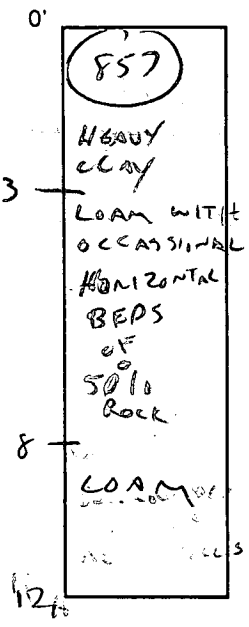
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A505720

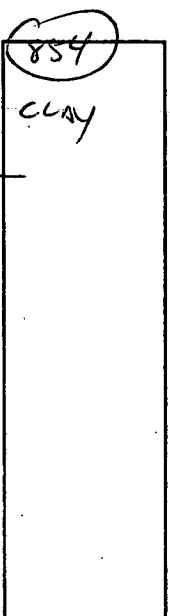
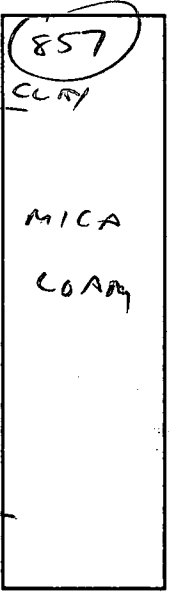
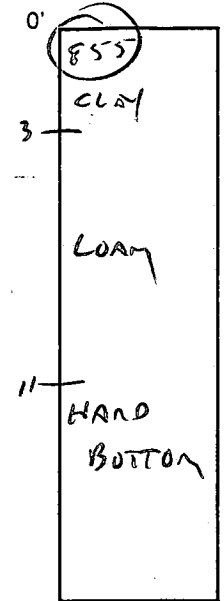
COUNTY #

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/11/95	857	4 8	3:09 VIS OK	3:10 LOAM ROCK	3:10 18X60 4	3:12 -8'	2 MIN	
			ALL LOAM 4-8'					
	856	3 REPOR	3:13:30 3:15	3:14:30 3:16	3:14:30 3:16	3:18	2 MIN	
			VIS OK TO 12					
	854	5	3:17	3:21	3:21	3:25	4 MIN	
	855	11	HAND BOTTOM					
	855	3 8	VIS OK 3-11					
		11	FAIL DUE TO LANDSCAPE POSITION DRAINAGE AREA					
SEE ALSO A505720 FOR TEST HOLES 860 & 861								

REMARKS \_\_\_\_\_

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

TESTED BY C. Willha ALSO PRESENT R BICE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210

C1 9600

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A43353

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 3/2/99

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2080

OWNER Oak Hill Carriage Mill Farms TOWN Cooksville SECTION 46 LOT 46

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Shaley Clay, brown shale, Sand Stone, Mica, Sand Stone, Mica, Quartz, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 23 NO. OF POUNDS 2300

CASING RECORD

MAIN CASING TYPE (S) (T) (6) (80) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (I) (N) (S) (E) (L)

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

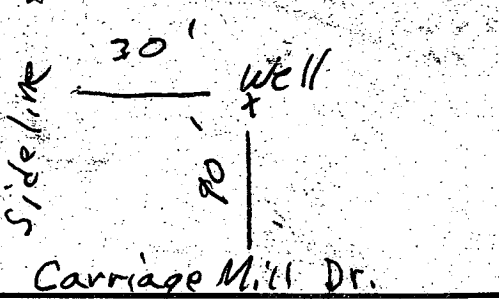
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 91 TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED 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) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 41 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (nearest foot) 2 (-) below

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



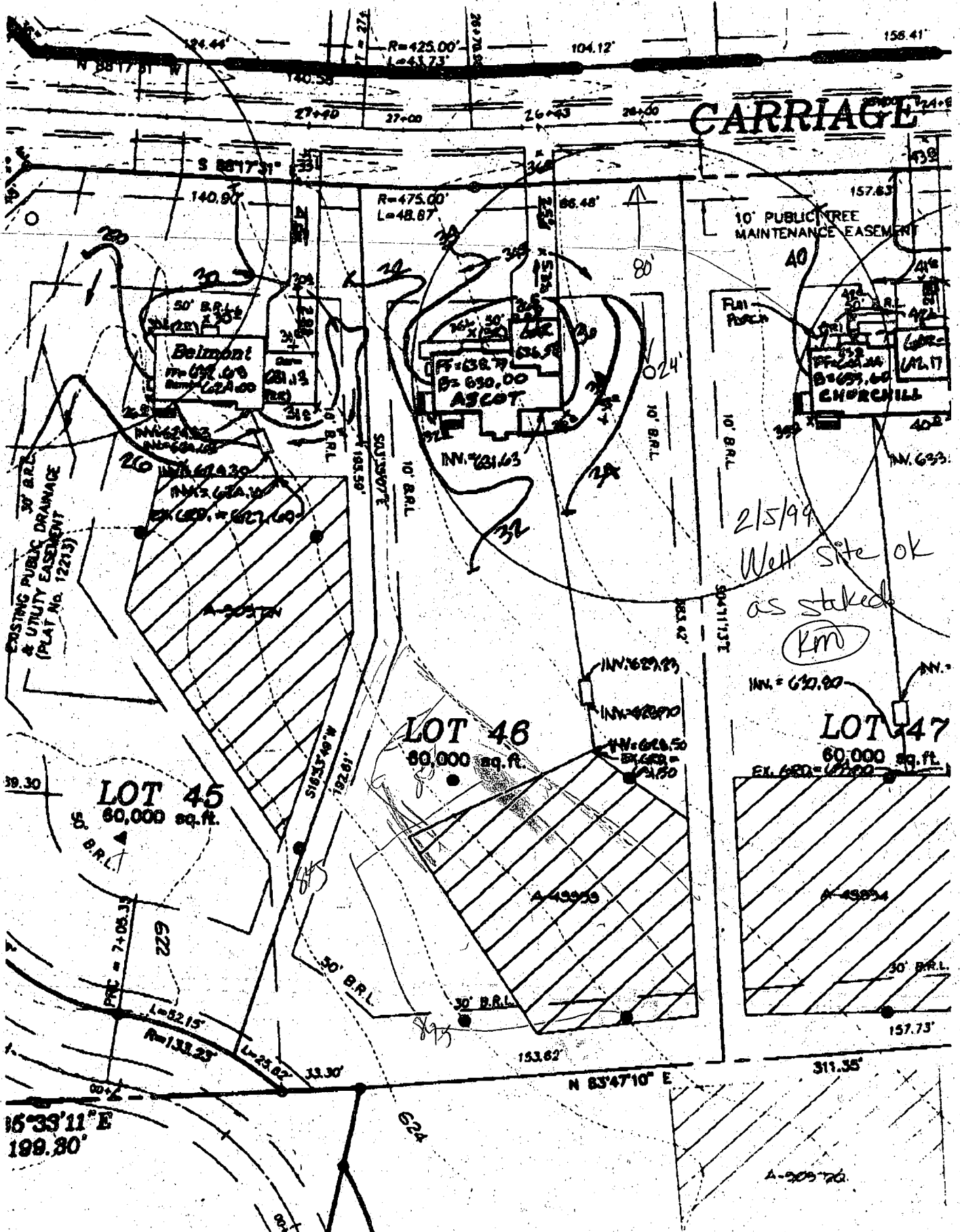
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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

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

DRILLERS LIC. NO. 1 M.W.D. 040 Licensee: George F. Eusterman DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M.W.D. 501 67 Permittee: Charles R. Miller

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



B 1 8672

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho-94-2080 fill in this form completely

Date Received (APA) 1/19/99

OWNER INFORMATION RN 7728

B 3

LOCATION OF WELL

Oak Hill Properties 15 Last Name Owner First Name 34 107 Loudoun St., N E 36 Street or RFD 55 Leesburg, Va. 20175-3106 57 Town 70 State 72 Zip 76

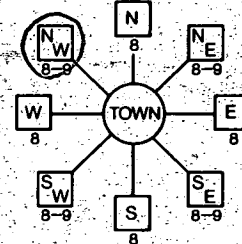
Howard CC# 8 COUNTY 21 Carriage Mill Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71

DRILLER INFORMATION George F. Easterday M WD 040

Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature Date 12/14/1999

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Carriage Mill Dr 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH

34 90 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 16 PARCEL 158

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING.
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

2/5/99 New Howard A43353 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S DATE ISSUED 2/5/99 Kim Monte 2/5/00 CO SIGNATURE EXP/DATE NORTH GRID 543 000 EAST GRID 794 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

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 DEEPEEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

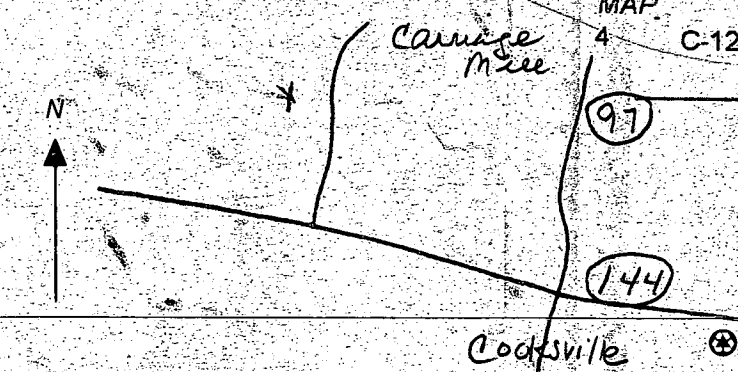
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE E 794 N 543

3/2/99 Grout @ 12.00 No insp AM

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 54 GAP 63 PERMIT No. Ho-94-2080 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**B 1** 8513 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
HO-94-1908  
 70 fill in this form completely 79

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

**OWNER INFORMATION**

Berke Joseph  
 15 Last Name 34 Owner First Name

414 Timbercove Circle  
 36 Street or RFD 55

Longwood FL 32719  
 57 Town 70 State 72 Zip 76

**B 3** HOWARD LOCATION OF WELL

CARRIAGE HILL FARMS  
 8 COUNTY 21

Cooksuille  
 23 SUBDIVISION 42

SECTION 46 LOT 46  
 44 46 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
 73 76 77 78

**DRILLER INFORMATION**

David Kelly MWD 304  
 Driller's Name 76 License No. 81

Jones Well Drilling Inc  
 Firm Name

3700 Rush Rd JARRETTVILLE  
 Address

David Kelly 10-13-98  
 Signature Date

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

CARRIAGE MILL DR  
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

98  
 34 DISTANCE FROM ROAD 37  
 ENTER FT OR MI 38 39

TAX MAP 8 BLK: \_\_\_\_\_ PARCEL 158

**B 2** **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 4  
 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400  
 14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

*CANCELLED TAG DESTROYED MR 1/27/99*

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A43353  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED 10/23/98 C. Williams 10/22/99  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 544 0 0 0 EAST GRID 0791 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET  
 24 28 *1/27/99*

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790' 000 000

N 540' 000 000

**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) \_\_\_\_\_

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

*4 C12*

*CARRIAGE MILL DR*

*144*

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

APPROX. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_

PERMIT No. HO-94-1908  
 70 71 72 73 74 75 76 77 78 79

11/19/99  
AM

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

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

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

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

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision CARRIAGE MILL Lot # 46 Well Tag # HD-99-2080  
Site Address \_\_\_\_\_

<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? _____

*P.A. & ZPC CAP &  
CONDUIT OK MR 11/19/99*

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

12/3 Bron 410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-8933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement  
Name of Installer Darren Willson License Number JSD065  
Well Driller X Registered Plumber  
Name of Property Owner Oak Hill Prop Telephone  
Subdivision Lot # 96 Well Tag # 143-94-2080  
Site Address 1477 Conroe Mills

Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible X  
2. Make Gould 3. Model # 78510422  
4. Capacity 7 GPM  
5. Pump exceeds well capacity Yes No X  
6. If Yes, is low pressure cutoff switch installed? Yes No X  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards X Other  
Motor 1. Horsepower 2. RPM 3450 3. Voltage a. 110 b. 220 X  
Pitless Adapter 1. Make Martinsen 2. Model # B-10K 3. Depth 3 1/2  
Tank 1. Capacity 82 2. Pressure relief valve? Yes  
Piping 1. Type PE 2. Size 1" 3. NSF and/or BOCA Code approved Yes 4. Depth of supply line 3 1/2  
Well data 1. Depth 400 ft. 2. Yield 6 GPM 3. Static water level      ft. 4. Will water supply be disinfected by installer? Yes

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).

information given above is true to the best of my knowledge.  
Signature of Applicant: Darren Willson  
Date: 11-23-99

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

liable  
urt

COUNTY  
ICATION

TS  
ARE NEEDED  
ORTH IN P

A-50572K

A-4335J

A-43350

835 A-50572J

831

837 842

PT 27+17.26  
PC = 26+70.96

26+00

25+00

24+00

23+00

22+00

21+00

20+00

29+288.00

28+00

27+00

CARRIAGE

MILL DRIVE

N01°04'51"E

LOT 5

852 853  
A-50572N

LOT 6

854 857  
A-43353

LOT 7

A-43354

LOT 8

858 859  
A-50572P

LOT 12

LOT 11

LOT 10

± 621.50  
± 622.50

ChB2  
ChA

± 639.00

Carrriage Mill Est.  
Signed Perc Cert  
8-29-95  
N85°33'11"E  
199.30'

627.07

LOT 3

628  
A-43355

LOT 9

PHASE I  
PHASE II

LOT 28

LOT 29

877

878



ND

POINT #

POINT #

COLATION TEST LOCATION

ATION TEST LOCATION

CURVE	RADIUS	LENGTH	21.88'	43.71'	88°45'38"E	05°53'42"
1	425.00'	43.73'	21.88'	43.71'	N88°45'38"E	05°53'42"
2	475.00'	48.87'	24.46'	48.85'	N88°45'38"E	05°53'42"
3	341.00'	420.55'	241.72'	394.40'	N58°51'22"W	70°39'42"
4	291.00'	358.88'	206.27'	336.57'	N58°51'22"W	70°39'42"
5	291.00'	266.06'	143.14'	256.89'	N02°40'03"E	52°23'09"
6	94.30'	139.56'	86.10'	127.17'	S40°23'17"E	60°45'35"
7	133.23'	77.77'	40.03'	76.68'	S66°03'46"E	43°00'20"

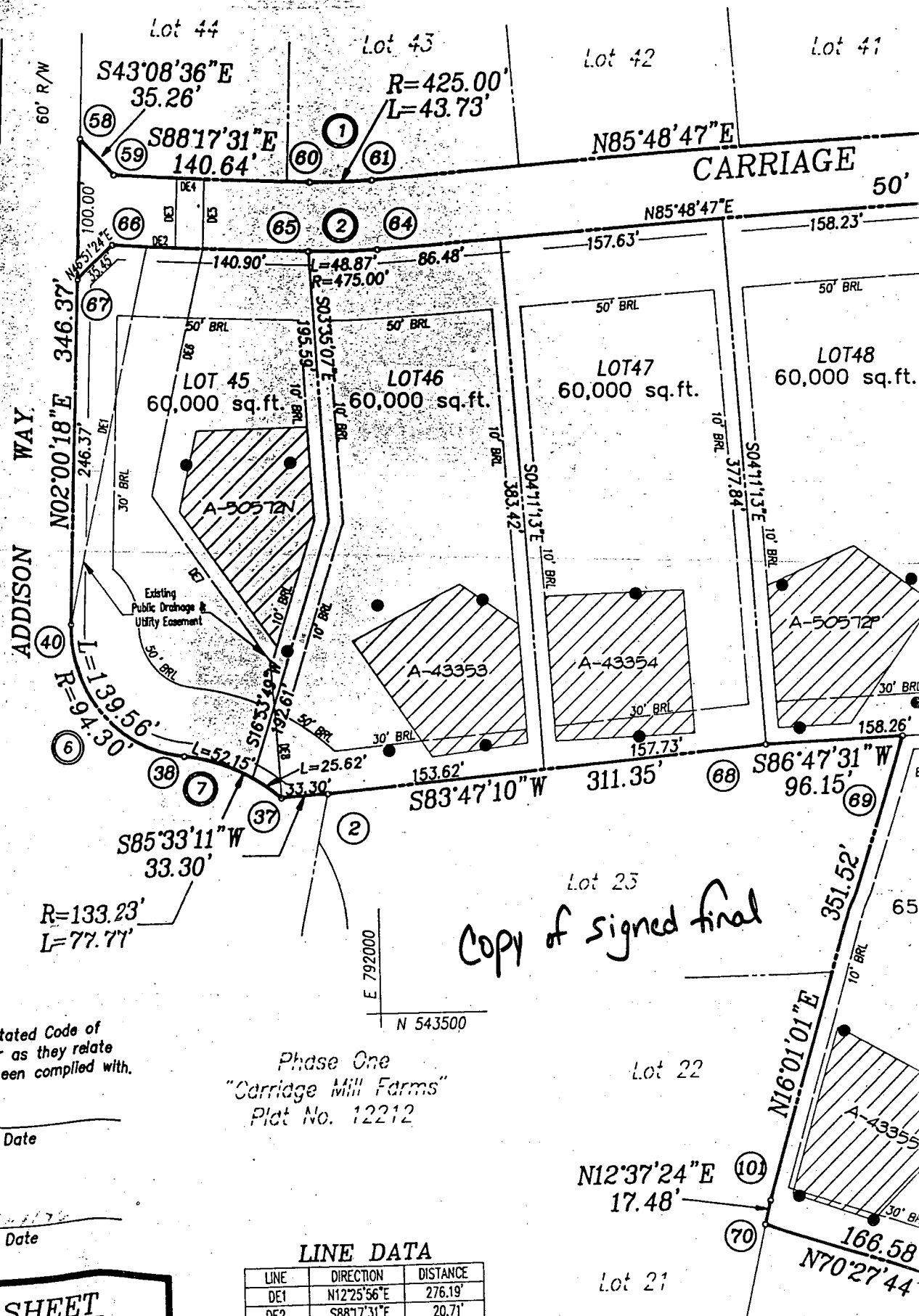
JUSTIFIALBE COURT

YOR

ROUPE, P.C.  
 Road, Suite 235  
 yland 21043  
 -0079  
 t Mochi, P.E.

EVELOPER

ERTIES, L.L.C.  
 Street S.E.  
 20175-3106  
 -0400  
 ph Bice, III



08, the Real Property Article, Annotated Code of  
 t Volume, (as supplemented) as far as they relate  
 and the setting of markers have been compiled with.

P.L.S. 582 \_\_\_\_\_ Date \_\_\_\_\_

Operating Officer \_\_\_\_\_ Date \_\_\_\_\_

Phase One  
 "Carriage Mill Farms"  
 Plot No. 12212

LINE DATA

LINE	DIRECTION	DISTANCE
DE1	N12°25'56"E	276.19'
DE2	S88°17'31"E	20.71'
DE3	N01°42'29"E	50.00'

ATION FOR THIS SHEET

CARRIAGE MILL DRIVE

50' R/W

L=46.87' N 85°48'47" E  
R=473.00' L=66.48' W 72°10' TREE MAINT

LOT 45

LOT 46

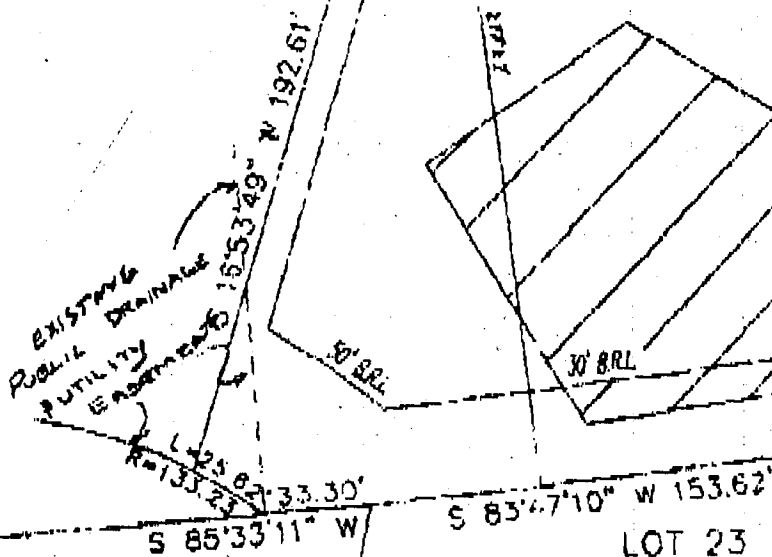
LOT 47

WALL CHECK OK

w/BP PLAN

1:60

MR 7/6/99



LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 14707 CARRIAGE MILL DRIVE  
TOP OF WALL ELEV. = 636.12 FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.  
THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM), FLOOD ZONE "C" AREA OF MINIMAL FLOODING  
PER COMMUNITY PANEL NUMBER 241244-0008-B

FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED  
SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

LOT 46

CARRIAGE MILL FARMS  
PHASE 2

PLAT No. 13557  
ELECTION DISTRICT No. 4  
HOWARD COUNTY, MARYLAND

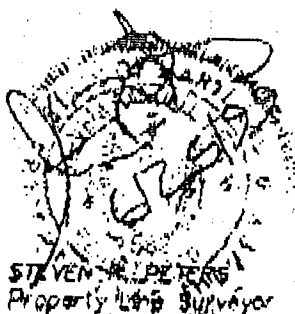
LOCATION DRAWING

FOUNDATION DATE: S.R.P. 6/25/99

FINAL DATE:

DRAWN BY: GEM SCALE: 1"=60'

PROJECT No.:

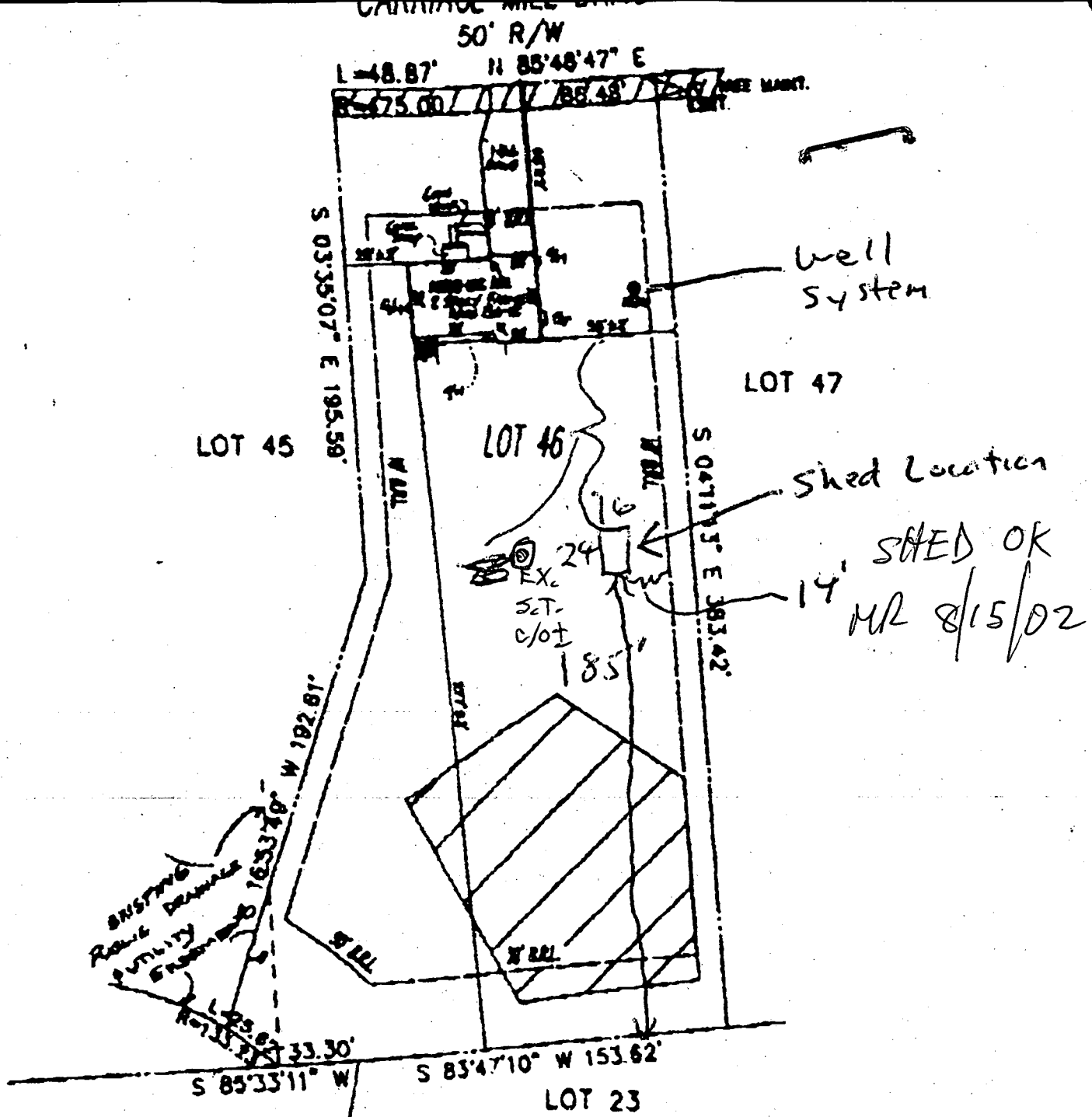


R.M. MOCHI GROUP, P.C.

P.O. Box 10  
New Market, MD 21774-0010

10120 A Old National Pike  
Jompsville, MD 21754-9705

(301) 865-5858  
Fax: (301) 865-5111



ZEEGER & DORTHY DEWILDE  
 2198 / 514 PLAT 7705  
 ZONED: RC-REO

**LEGEND**

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- C/M = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 16797 CARRIAGE MILL DRIVE  
 TOP OF WALL ELEV. - 636.12      FIRST FLOOR ELEV. -  
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.  
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONVEYOR ONLY  
 INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE  
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED  
 TRANSFER, FINANCING OR REFINANCING.  
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-  
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 OTHER EXISTING OR FUTURE IMPROVEMENTS,  
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE  
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT  
 SUCH IDENTIFICATION MAY NOT BE RELIED UPON FOR THE TRANSFER  
 OF TITLE OR SECURING FINANCING OR REFINANCING.  
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"  
 AREA OF UNUSUAL FLOODING  
 PER COMMUNITY PANEL NUMBER 240014-0008-B  
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED  
 SUBJECT TO ALL EASEMENTS

**LOT 46**  
**CARRIAGE MILL FARMS**  
 PHASE 2

PLAT No. 13557  
 ELECTION DISTRICT No. 4  
 HOWARD COUNTY, MARYLAND

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 T300135006

Building Address 14997 CARRIAGE MILL DR  
Woodbridge Md. 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision CARRIAGE MILL FARM  
 Section 2 Area \_\_\_\_\_ Lot 46  
 Tax Map 8 Parcel 158 Grid 16  
 Zoning R1-D60 Map Coordinates 4102 Lot size \_\_\_\_\_

Property Owner's Name William Isley  
 Address 14997 Carriage Mill Dr  
 City Woodbridge State Md Zip Code 21797  
 Home Phone 410-489-3415 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD @ Shed  
 Estimated Construction Cost \$ 3,000  
 Description of Work 16' x 24' shed for storage  
of lawn + trailer + supplies

Contractor Company OWN  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant SALE  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person WTR  
 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" 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: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: <u>3840</u> 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.

William Isley  
 Applicant's Signature  
OWN  
 Title/Company  
WTR 8/15/02

William Isley  
 Print Name  
8/15/02  
 Date

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

7/25/05 B00 K5167 - DELL  
C/D BY KJB

# CARRIAGE

