

LAYOUT 8/5/04 11-12 INSP 4 10/12/04-1203
INSP 2 8/11/04 INSP 5 _____
INSP 3 10/8/04 - Noon INSP 6 _____

ISSUE DATE: 7/12/2004

P 520773

APPROVAL DATE: 10/12/04

A 47660

PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Columbia Plumbing & Htg. IS PERMITTED TO INSTALL ALTER

ADDRESS: 9017 Red Branch Rd., Suite 203 PHONE NUMBER: 410-715-2323

SUBDIVISION: Lime Kiln Valley LOT NUMBER: 34

ADDRESS: 7676 Green Dell Lane PROPERTY OWNER: Altieri Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 200 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box approximately halfway between the highest two SDA stakes. Run two 100' trenches on contour (one in each direction).
NOTES:	Up to 4" variability from contour acceptable.

PLANS APPROVED: MER OK/MR DATE: 4/30/04

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

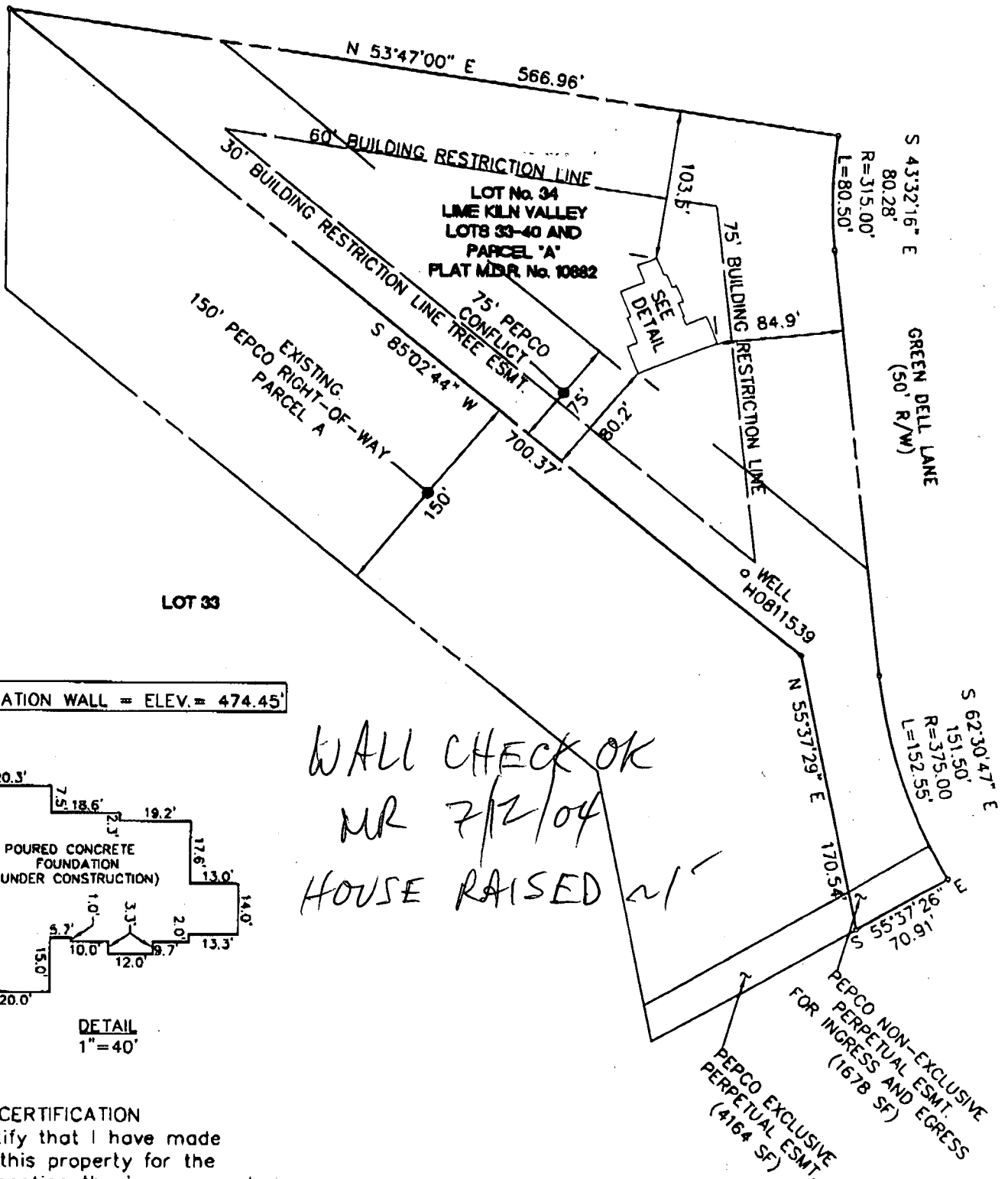
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

BUILDING PERMIT SIGNED

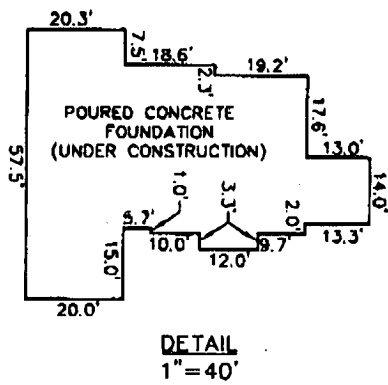
AND RETURNED

9/8/2004 B00150180 1000 GAL PROPANE TANK

A47660



TOP OF FOUNDATION WALL = ELEV. = 474.45'



WALL CHECK OK
MR 7/2/04
HOUSE RAISED 2\"/>

SURVEYORS CERTIFICATION

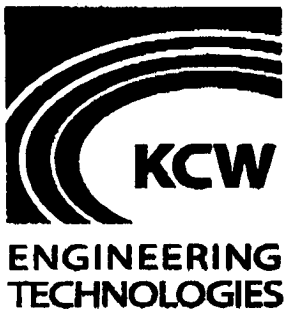
I hereby certify that I have made a survey of this property for the purpose of locating the improvements thereon and that they are located as shown. This is not a property line survey.



William K. Woody
William K. Woody
Professional Land Surveyor
Lic. No. 10724

PLAT REF. LIME KILN VALLEY
LOTS 33-40 AND PARCEL "A"
PLAT M.D.R. No. 10882

KCW JO. 2030269



KCW Engineering Technologies, Inc.
3106 Lord Baltimore Drive, Suite 110
Baltimore, Maryland 21244
Tele (410) 281-0030
Fax (410) 281-1065
www.KCW-ET.com

Comp. By: M.D.T
Drawn By: M.D.T
Checked By: W.K.W.

FOUNDATION SURVEY
LOT No.34
LIME KILN VALLEY
LOTS 33-40 AND PARCEL "A"
PLAT M.D.R. No. 10882

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

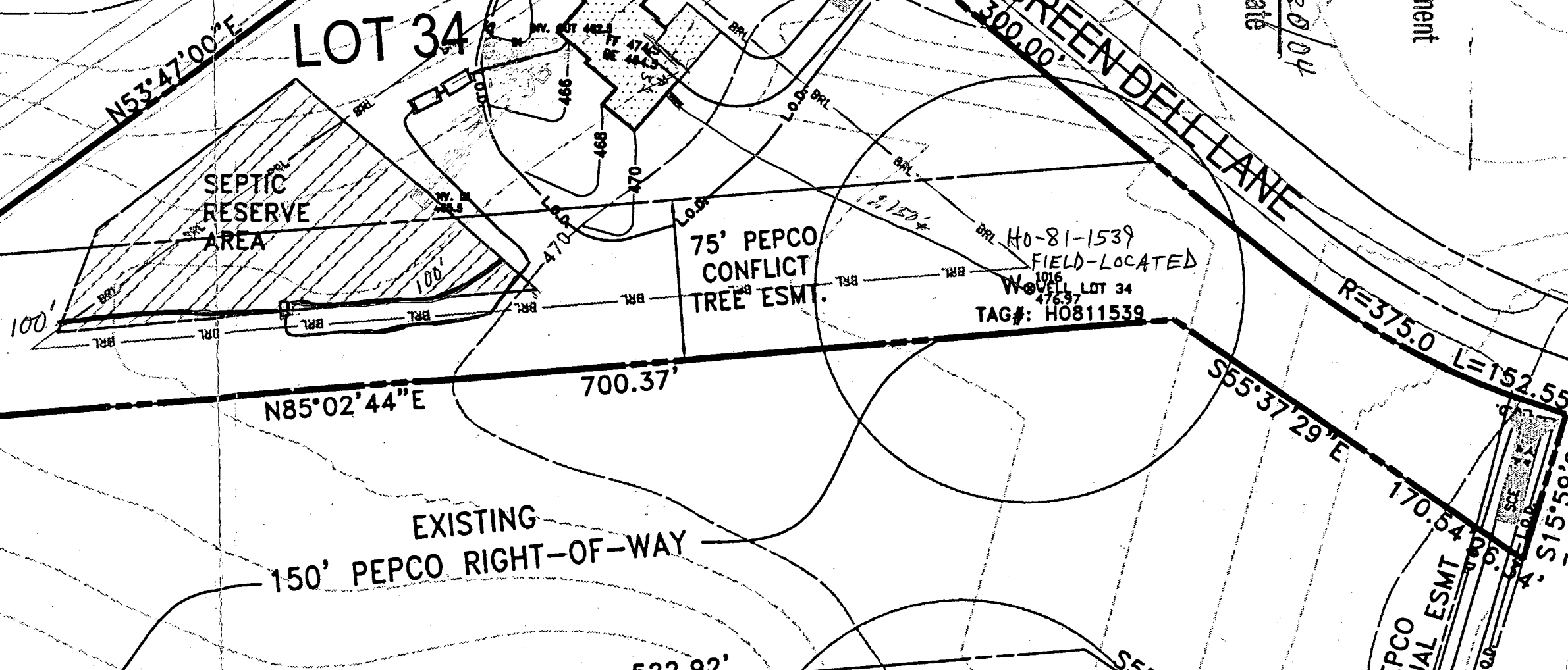
SCALE: 1" = 100' DATE: JULY 1, 2004

Approved Septic System Plan
Howard County Health Department

Signature *Mark E. Pappas*
Date 4/30/04

1:600

HOUSE INV 462.5
S.T. IN 461.5
S.T. OUT 461.2
FINAL GRADE - S.T. 465.0
PUMP PIT IN 461.0
D.B. IN 465.7
D.B. GRADE 468.2



LOT 34

SEPTIC RESERVE AREA

75' PEPCO CONFLICT TREE ESMT.

EXISTING 150' PEPCO RIGHT-OF-WAY

H0-81-1539 FIELD-LOCATED
1016 LOT 34
476.97
TAG#: H0811539

N53°47'00"E

N85°02'44"E

700.37'

566.96'

R=315.0
E=30.50'

R=315.0
E=30.50'

EX 50' R.O.W.
300.00'

GREEN BELL LANE

R=375.0 L=152.55

S55°37'29"E

170.54'

S15°59'23"E

70.0'

522 92'

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00147497 *MFC*

Building Address 7676 Greendale Road
Highland, MD 20716
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Lonekin Valley
Section _____ Area _____ Lot 30
Tax Map 40 Parcel _____ Grid _____
Zoning _____ Map Coordinates 18c3 Lot size _____

Property Owner's Name Artieri Homes
Address 7011 Red Branch Rd; Suite 201
City Columbia State MD Zip Code 21045
Home Phone 410-715-4500 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-715-4500 Fax _____

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 225,000
Description of Work Custom 3 Story, Full

Contractor Company Artieri Homes
Contact Person _____
Address 9017 Red Branch Rd; Suite 201
City Columbia State MD Zip Code 21045
License No. _____
Phone 410-715-4500 Fax 410-715-5507

Occupant or Tenant Artieri Homes
Contact Name _____
Address 9017 Red Branch Rd; Suite 201
City Columbia State MD Zip Code 21045
Phone 410-715-4500 Fax 410-715-5507

Engineer or Architect Company RCW
Contact Person _____
Address 3100 Lora Baltimore Drive
City Baltimore State MD Zip Code 21284
Phone 410-221-0000 Fax 410-221-1085

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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.

Applicant's Signature Artieri Homes
Title/Company _____

Print Name Artieri Homes
Date 4/30/04

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>4/30/04</u>	<u>Mark Kelly</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 611631
Filing fee \$ 100.00

Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>602.00</u>
Validation #	<u>4/30/04</u>

Accepted by _____

**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: Columbia Plumbing Telephone #: 443-250-6189
Address: 9019 Red Branch Rd suit 203
Columbia MD 21045

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

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

Name (Print): Kevin D. M. #1110 License# 8594

*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: Albert Howard Telephone #: 410-715-9500
Subdivision: Lime Run Lot #: 34 Well Tag #: HO-08-11539
Site Address: 7676 GREEN DELL LANE
HIGHLAND PARK 20770

Submersible Pump Data

Make: JACUZZI
Model #: 1/2 HP
Pump Capacity: 5 GPM
Well Yield: 16 GPM

Pitless Adapter

Make: HARVEY
Model #: P4 900
Depth: 4' (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 300 (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 no

Piping to house

Type: PEBTL
PSI: 200 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 2'
Sleeve caulked and sealed properly: yes

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: [Signature] date: 10/13/04

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

Date Insp. Requested: _____ Date Insp. Approved: 7/30/04 50
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ BB
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 ✓
Adequate grout observed below pitless adapter ✓

C1 2587 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 354248

DATE RECEIVED

DATE WELL COMPLETED 071386

DEPTH OF WELL 2300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1539

OWNER CANTON ROBT last name first name STREET OR RFD LIME KILN RD TOWN HIGHLAND SUBDIVISION LIME KILN VALLEY SECTION 12 LOT 25 34

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 1100

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL diameter 60-61

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

SCREEN RECORD screen type or open hole insert appropriate code below HO HOLE

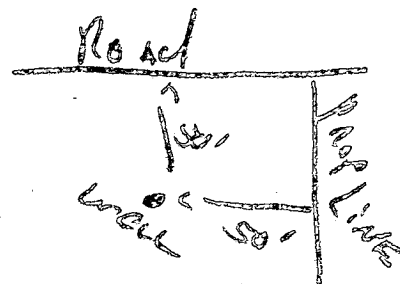
DEPTH (nearest ft.) HO 48 300

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 WHEN PUMPING 250 TYPE OF PUMP USED (for test) C centrifugal 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)



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 10.17.13 "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. 273 DRILLERS/SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to 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.) WQ LOG INDICATOR OTHER DATA

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

OK MR
4/30/04

BALTIMORE COUNTY YIELD TEST REPORT

Date Test Performed: 3-30-04
Address: Lime Kiln Rd
Owner Name: Altieri Homes
Well Depth: 300 Ft

Permit Number: HO-81-1539
Subdivision: Lime Kiln L#34
Election District:
Static Water Level: 32 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0730	32 ft		4 sec	15.00
0745	128		6	10.00
0800	172		8	7.50
0815	205		17	3.52
0830	206		18	3.33
0845	207		21	2.85
0900	208		25	2.40
0915	207		24	2.50
0930	207		24	2.50
0945	207		24	2.50
1000	207		24	2.50
1015	207		24	2.50
1030	207		24	2.50
1045	207		24	2.50
1100	207		24	2.50
1115	207		24	2.50
1130	207		24	2.50
1145	207		24	2.50
1200	207		24	2.50
1215	207		24	2.50
1230	207		24	2.50
1245	207		24	2.50
1300	207		24	2.50
1315	207		24	2.50
1330	207		24	2.50
1345	207		24	2.50
1400	207		24	2.50
1415	207		24	2.50

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1539
 Location of property (road) LIME KILN RD
 Subdivision LIME KILN VALLEY II Lot 25 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner ROBT CANTON

Depth of well 300 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 27 ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 10.5 G.P.M
 Total time 1 hr 15 min to reach pumping water level 250 ft below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	250 ft	30 sec		2 G.P.M
11:00	250	30		2
11:15	250	30		2
11:30	250 ft	30 sec		2 G.P.M
11:45	250	30		2
12:00	250	30		2
12:15	250 ft	30 sec		2 G.P.M
12:30	250	30		2
12:45	250	30		2
1:00	250 ft	30 sec		2 G.P.M
1:15	250	30		2
1:30	250	30		2
1:45	250 ft	30 sec		2 G.P.M
2:00	250	30		2
2:15	250	30		2
2:30	250 ft	30 sec		2 G.P.M
2:45	250	30		2
3:00	250	30		2
3:15	250 ft	30 sec		2 G.P.M
3:30	250	30		2
3:45	250	30		2
4:00	250 ft	30 sec		2 G.P.M
4:15	250	30		2
4:30	250	30		2
4:45	250 ft	30 sec		2 G.P.M

50 ft PL 42 open 11 days

B 1 5720 SEQUENCE NO. (OEP USE ONLY) **STATE OF MARYLAND PERMIT TO DRILL WELL**

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) *7/14/86* please print or type

OEP PERMIT NUMBER **40-81-1539**
fill in this form completely

Date Received *NOON*

OWNER INFORMATION

CANTOR ROBERT (Last Name, Owner, First Name)

13162 COLLEY QUARTER (Street or RFD)

ELLICOTT CITY MD 21043 (Town, State, Zip)

B 3 LOCATION OF WELL

HOWARD COUNTY

LINE KILN VALLEY SUBDIVISION

SECTION **2** LOT **25**

HIGHLAND NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION

Ralph Mayne (Driller's Name) **273** License No. 80

Ralph Mayne (well drilling) Firm Name

920 Brown Church Rd. Mt. Airy Address

Ralph Mayne 5/22/86 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

LINE KILN RD. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150 DISTANCE FROM ROAD

ENTER FT. or MI **150**

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

HOWARD COUNTY NAME **A35424** COUNTY NO.

OEP SIGNATURE **Chris Wilton** STATE HEALTH INSERT S **12/10/86** EXP. DATE

DATE ISSUED **061086**

NORTH GRID **482000** EAST GRID **0812000**

APPROXIMATE DEPTH OF WELL **150** 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 _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER _____ GAP _____

FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-81-1539**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well*
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

810 **486**

7/14/86
50' pipe
42' OPEN
Lined shaft
well occasional
SAES current
SAES
left before joint complete
SA

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

N Highland **MD. 216**

well 6150' **Line Kiln Rd.** **Brown BRIDGE Rd.**

B 1 7532

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HC-91-1755

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

please print or type

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name CAPELL, 21 Owner ARSUK, 34 First Name, 36 Street or RFD, 55, 57 Town, 70 State 72, 76 Zip

B 3

LOCATION OF WELL

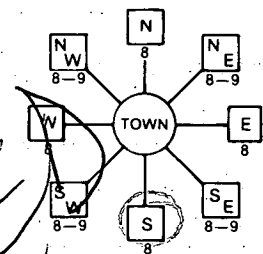
8 COUNTY, 21, 23 SUBDIVISION, 42, SECTION 44 46, LOT 48 50, 52 NEAREST TOWN, 71, MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name, 77 License No. 80, Firm Name, Address, Signature, Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD, 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD

ENTER FT or MI 38 39

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME, OEP SIGNATURE, DATE ISSUED, COUNTY NO., STATE HEALTH INSERT S, NORTH GRID, EAST GRID

APPROXIMATE DEPTH OF WELL 24 28 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

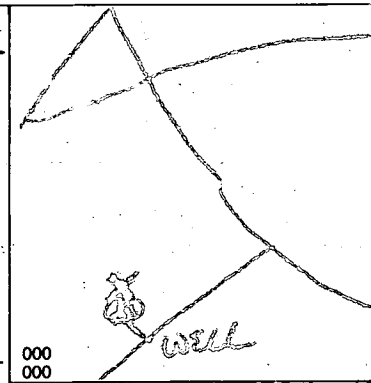
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

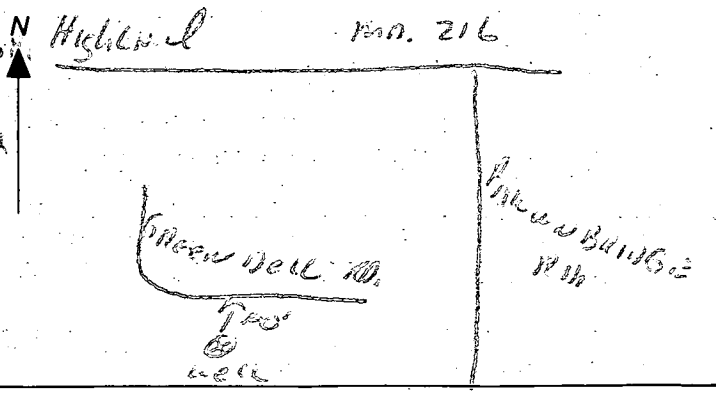
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8102, 1803



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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63

FORCE INITIALS PERMIT No. HC-91-1755 67 68 IN BOX 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

APPLICATION

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 35425

P _____

DISTRICT 5th

DATE April 3, 1985

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc
ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO. 2524
ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road

SIZE OF LOT 3.324 Ac TYPE BLDG. N/A
(NUMBER OF BEDROOMS)

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 5/24/85 Per OK Hold for Per B/H

THIS IS NOT A PERMIT

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT _____

EH-12-1079

APPLICATION

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 35425
P _____

DISTRICT 5th

DATE April 3, 1985

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO 25

ROAD AND DESCRIPTION Southwest of Green Dell Lane; West of Brown's Bridge Road

SIZE OF LOT 3.324 Ac TYPE BLDG N/A
(NUMBER OF BEDROOMS)

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 _____

THIS IS NOT A PERMIT

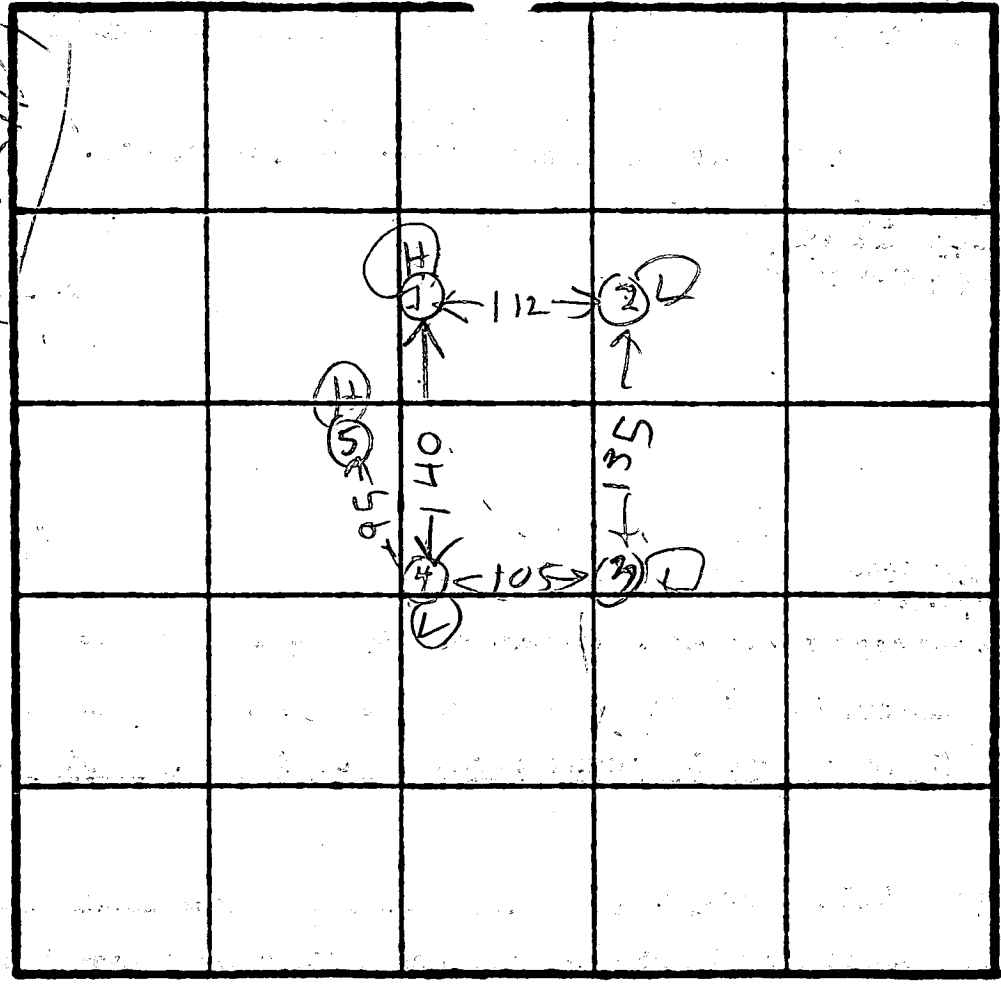
Lot 25

BUR

28

5
CLAY
BROWN
SAND
LOAM
SAPPHIRE
HARD

SOIL PROFILE
RED BROWN CLAY
RED BROWN & LIGHT BROWN SAND LOAM
12 1/2 HARD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X = 7 min
INLET 2 FE
BOTTOM 3.5 FE

2
BROWN CLAY
BROWN SAND LOAM
HARD

3
BROWN CLAY
GRAY & BROWN SAND LOAM
HARD

4
BROWN CLAY
BROWN SAND LOAM
& BEW ROCKS
HARD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/24/82	1S	3 1/2	1037	1045	1045	1057	12
	1V	12 1/2	LOOKS		OK		
	2S	5 1/2	1049	1050	1050	1053	3
	2V	9	LOOKS OK		BUT SHALLOW		
	3S	3 1/2	1102	1105	1105	1107	2
	3V	9	LOOKS OK		BUT SHALLOW		
	4S	4	1110	1116	1116	125	9
	4V	8	LOOKS OK		BUT SHALLOW		
	5V	9	LOOKS OK		BUT SHALLOW		

26

REMARKS HOLES APPEAR TO BE DUG SOMEWHAT DIFFERENT THAN PLAT

TESTED BY R. HODGES

ALSO PRESENT K. HATFIELD

12/23/91
- on
12/20

APPLICATION

PERCOLATION TESTING

A 47660
P _____

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

*PREVIOUS CONSENT
GLOWELL SOIL
PREVIOUS HISTORY ROCK
8-12'*

DISTRICT 5th
12/05/91
DATE 1/06/91

CRACKS OK - CLAY LAYER IS REPORTED TO BE SHALLOW, CW1

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 Potomac Electric Power Company

ADDRESS 1900 Pennsylvania Ave. N.W. Washington PHONE 202-872-3526
DC 20068

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

*SEPTIC PREVIOUSLY PLATTED AS LOT 24
WELL PREVIOUSLY PLATTED AS
LOT 25
36*

SUBDIVISION Lime Kiln Valley LOT NO. _____

ROAD AND DESCRIPTION Brown Bridge Road and Lime Kiln Road

TAX MAP 40 PARCEL # _____

SIZE OF LOT 3.00 acres 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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PERC OK HOLD FOR PLAT MR 12/23/91

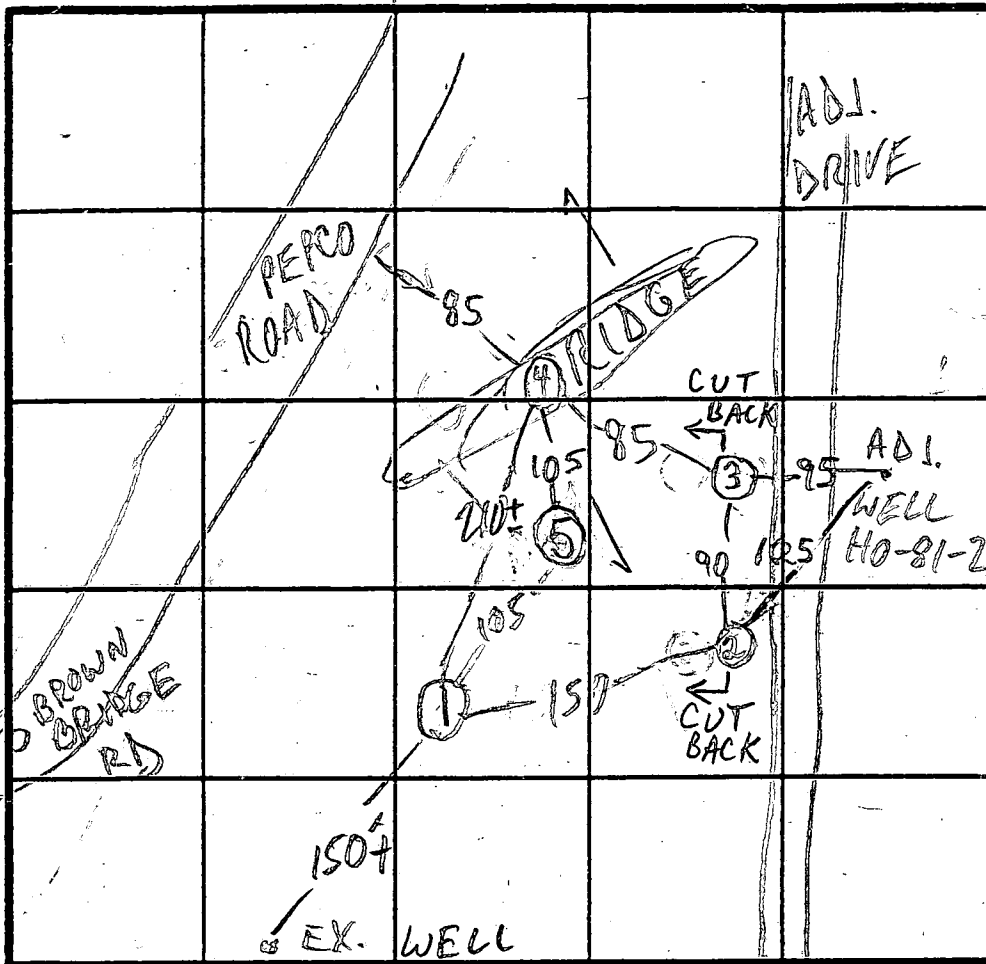
HD-216

THIS IS NOT A PERMIT

A47660
Lot 36

SOIL PROFILE

① ⑤
red org
scl lm
2 1/2
3
lt. brn
tan
sand
loam
10%
saprolite
frags



ADJ. HOUSE

X=8
210' BR
In 2 1/2
Bot 4 1/2

GREEN BELL LA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

org sa
cl lm
beige
tan
sand
sa lm
10%
frags
2 1/2
2 1/2
2 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/9/1	1 S M	3 1/2	1:56 OK	2:04	2:07	2:18	17	
	1 V	11	see profile					
	2 S M	3 1/2	2:07:30 OK	2:15	2:15	2:32	17 EST	
	2 V	10 1/2	see profile					
	3 S S2	4	2:32:48 2:34:30	2:33 2:35:30	2:33 2:35:30	2:34 2:37	FAST 1 1/2	
	3 V	9 1/2	see profile					
	4 S M	3 1/2 7	2:42 2:46	2:45 2:53	2:45 2:53	2:48 3:00	3 7	
	4 V	10 1/2	see profile					
	5 V	11 1/2	sim to ① see profile					

Effective
= 1.5'

REMARKS HOLES ①-④ PER REVISED SKETCH. ⑤ NOT CUT SDA BACK ON SIDE NEAR ADJ. WELL

TYPE OF SOIL

TESTED BY M. Ritkin

ALSO PRESENT K. Hatfield crew

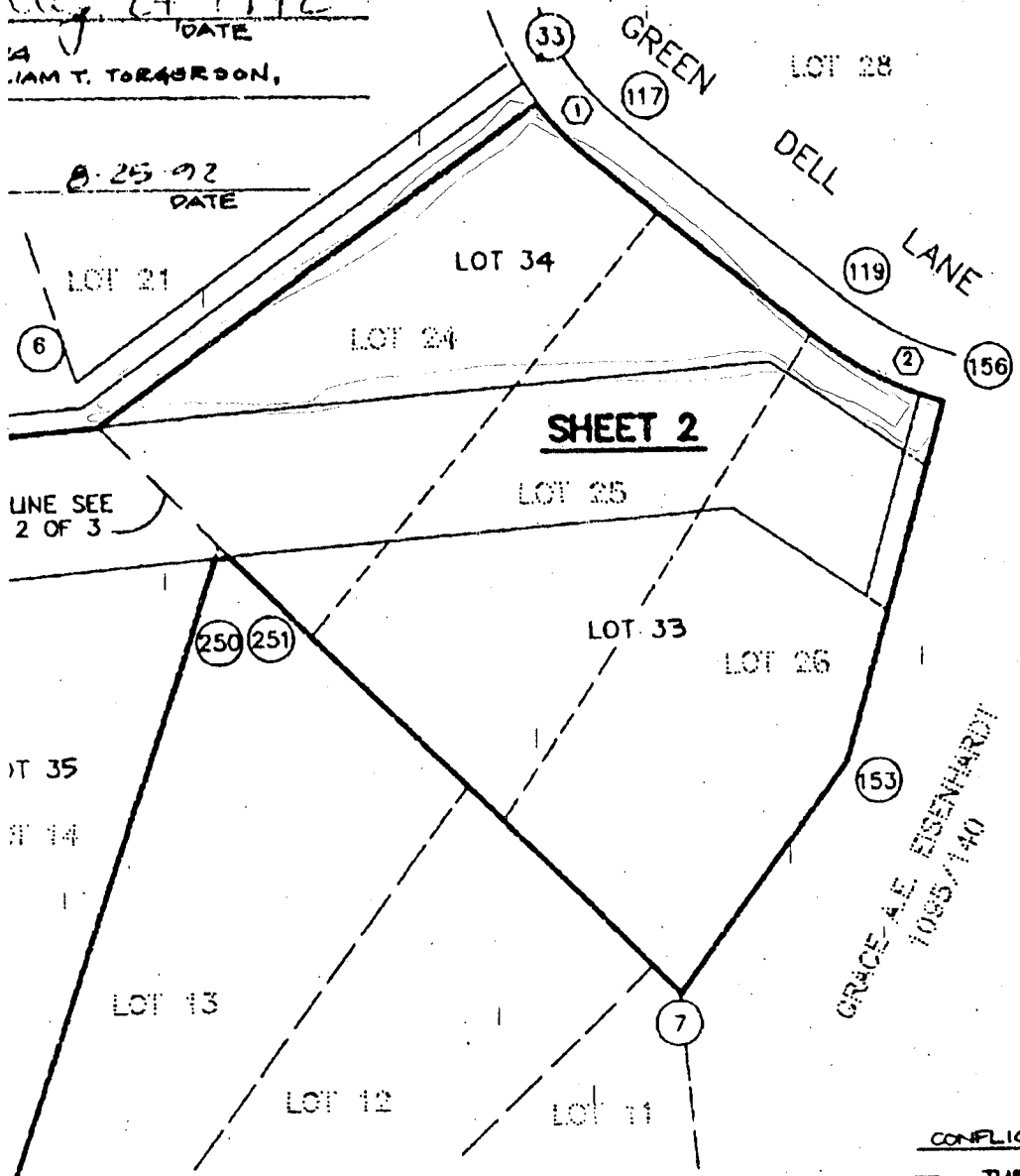
④
red brn
org sa
cl lm
red
org
sp
lm
5-10%
frags
2 1/2

ME, (AS SUPPLEMENTED)
THIS PLAT AND THE SETTING

GUY J. CARSON - OWNER
KATHRYN D. CARSON - OWNER

Reg. 24 1992
DATE
JAM T. TORGERSON,

8-25-92
DATE

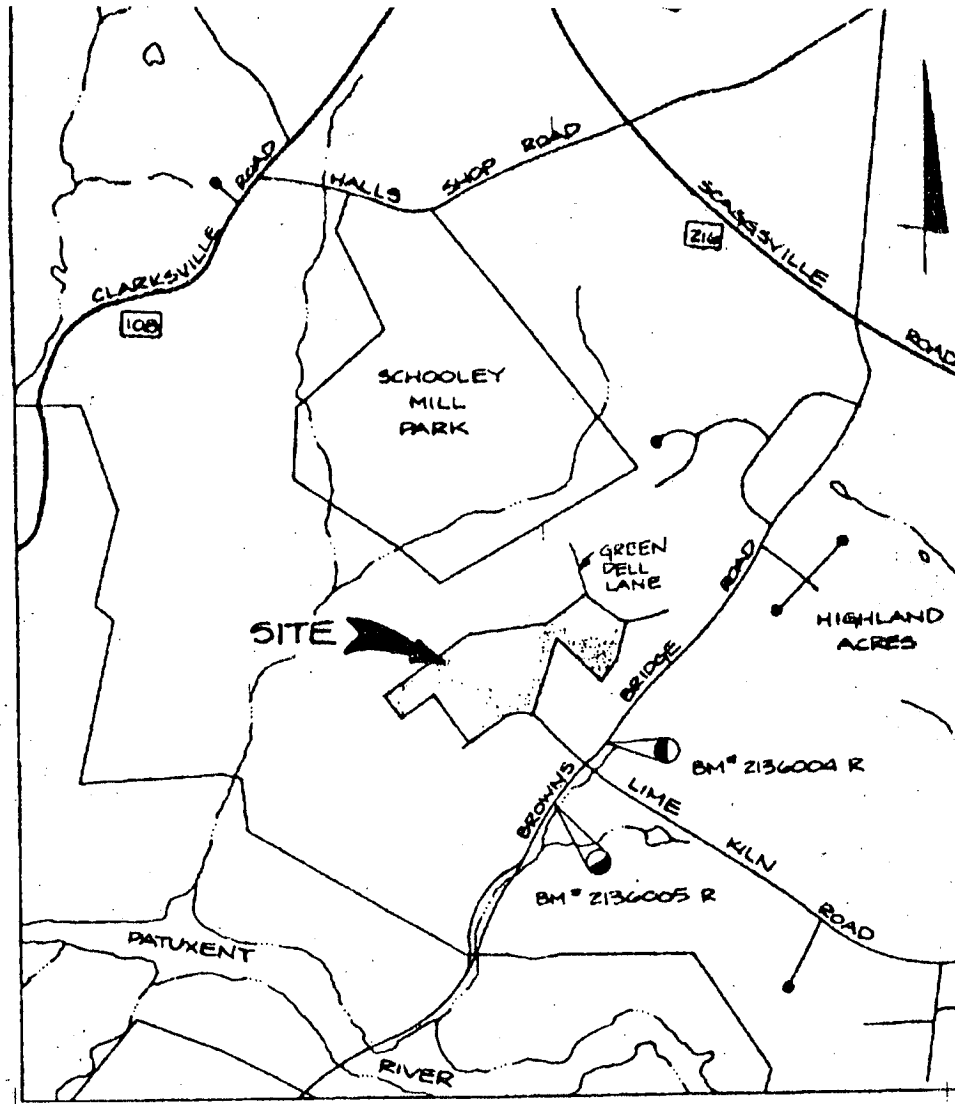


SHEET 2

BENCH MARKS

HO. CO. # 2136004 - R ELEV. 374.62
CONCRETE MONUMENT FLUSH. 162' OFF & ROAD

HO. CO. # 2136005 - R ELEV. 335.95
REBAR 0.5' BELOW SURFACE. 120' WEST OF
DRIVEWAY TO MR. D. LEISHEAR



VICINITY MAP

SCALE : 1" = 2000'

CONFLICT TREE EASEMENT

THE POTOMAC ELECTRIC POWER COMPANY (PEPCO), ITS SUCCESSORS AND ASSIGNEES, HEREWITH RESERVES A CONFLICT TREE EASEMENT (C.T.E.) ON LOTS 33, 34, 37, 38, AND 39. SAID C.T.E. COVERS AN AREA THAT EXTENDS FOR A WIDTH OF SEVENTY-FIVE FEET (OR A LESSER DISTANCE IN THOSE AREAS WHERE THE C.T.E. DOES NOT EXTEND FOR A FULL SEVENTY-FIVE FEET) FROM AND PARALLEL WITH THE WEST SIDE OF THE BOUNDARY (BOTH FEE SIMPLE AND EXCLUSIVE PERPETUAL EASEMENT) OF PEPCO'S TRANSMISSION LINE RIGHT OF WAY, AS DELINEATED ON THIS PLAT AND RESUBDIVISION. PEPCO RESERVES THE RIGHT FOR ITSELF, ITS SUCCESSORS AND ASSIGNEES, FROM TIME TO TIME TO ENTER UPON THE C.T.E. AND TO TRIM OR REMOVE, DOWN, REMOVE AND KEEP CUT ALL TREES UPON THE C.T.E. THAT MIGHT INFRINGE UPON THE SOLE AND EXCLUSIVE JUDGEMENT OF PEPCO, ITS SUCCESSORS AND ASSIGNEES.

UNDESIGNED
P.C.

LOT 21

LOT 28

GREEN
DELL
LANE

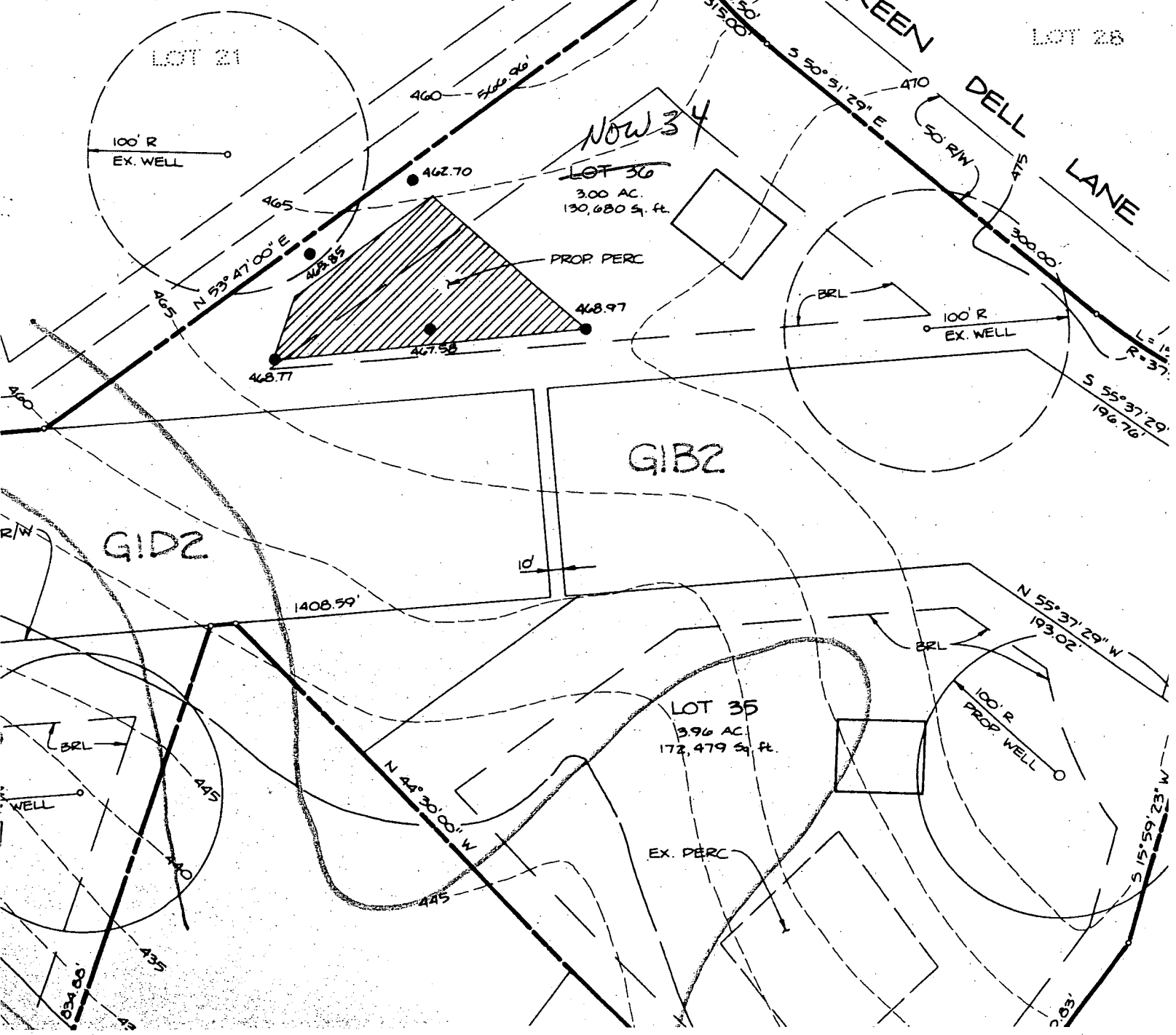
NOW 34

LOT 36
300 AC.
130,680 sq. ft.

GIBZ

GIDZ

LOT 35
396 AC.
172,479 sq. ft.

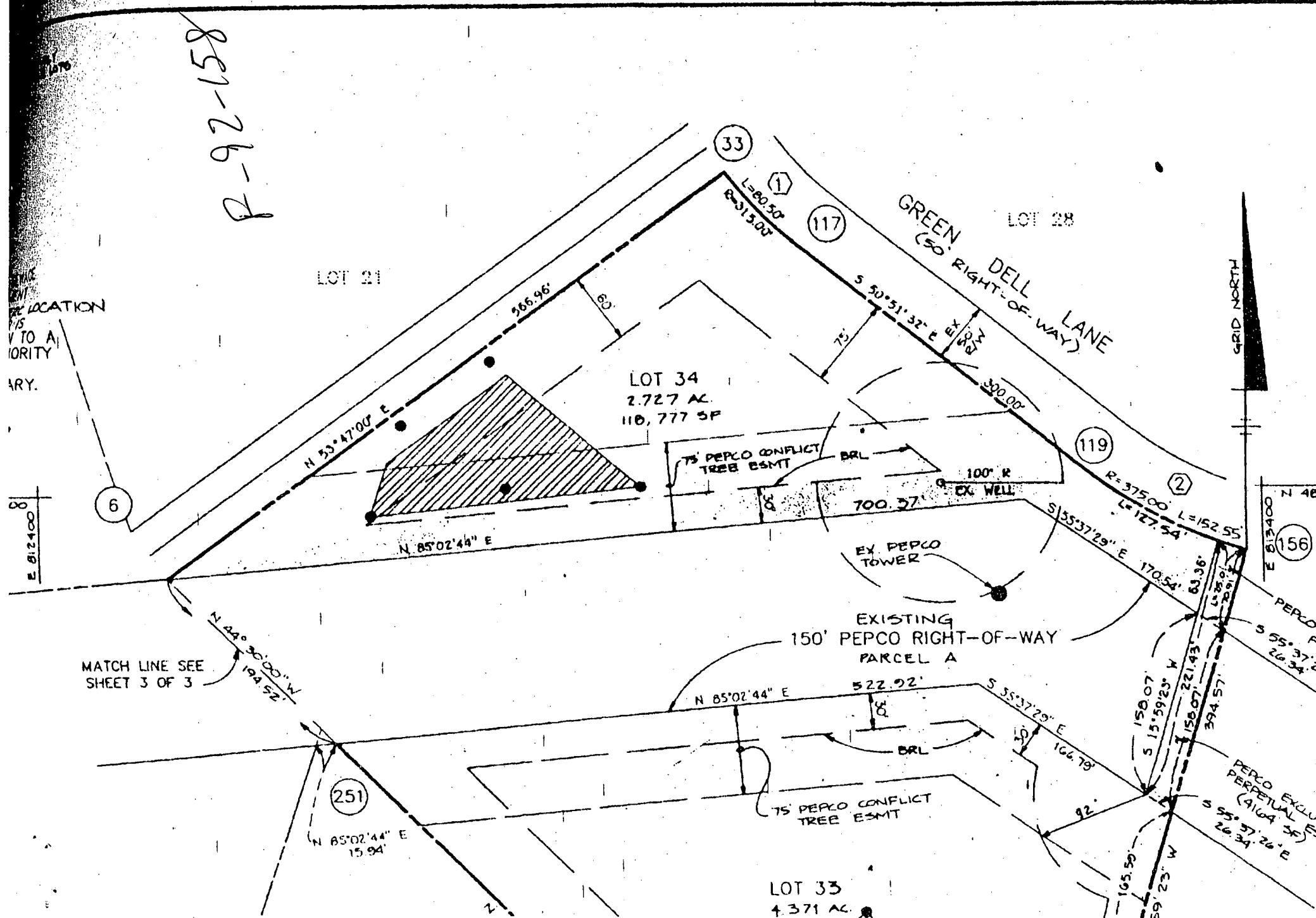


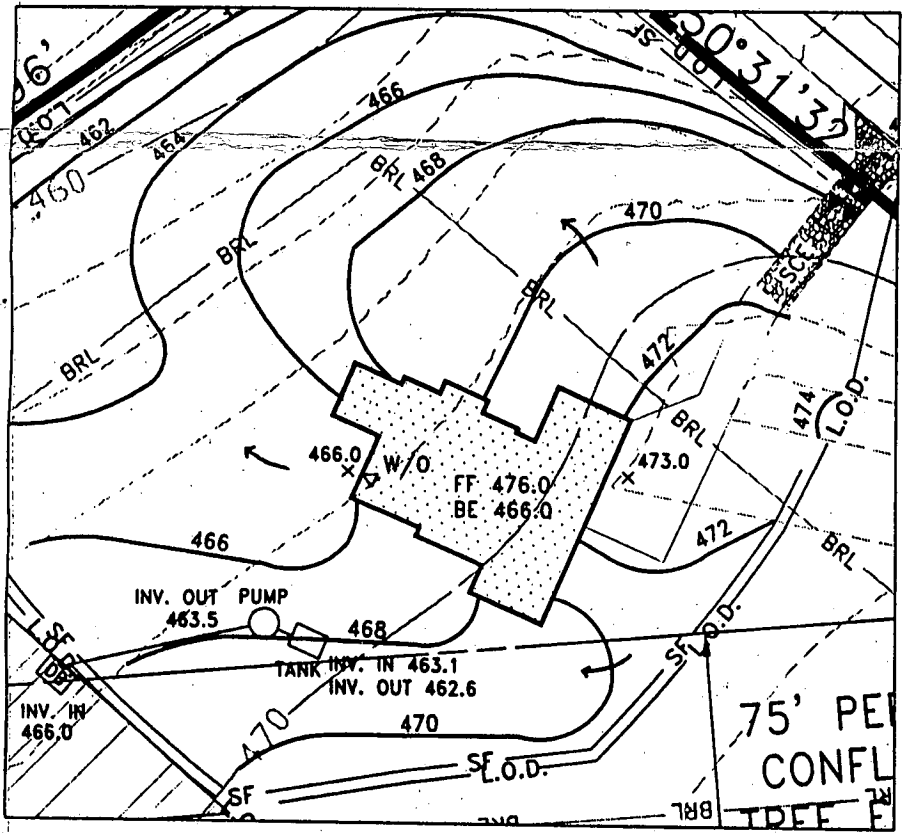
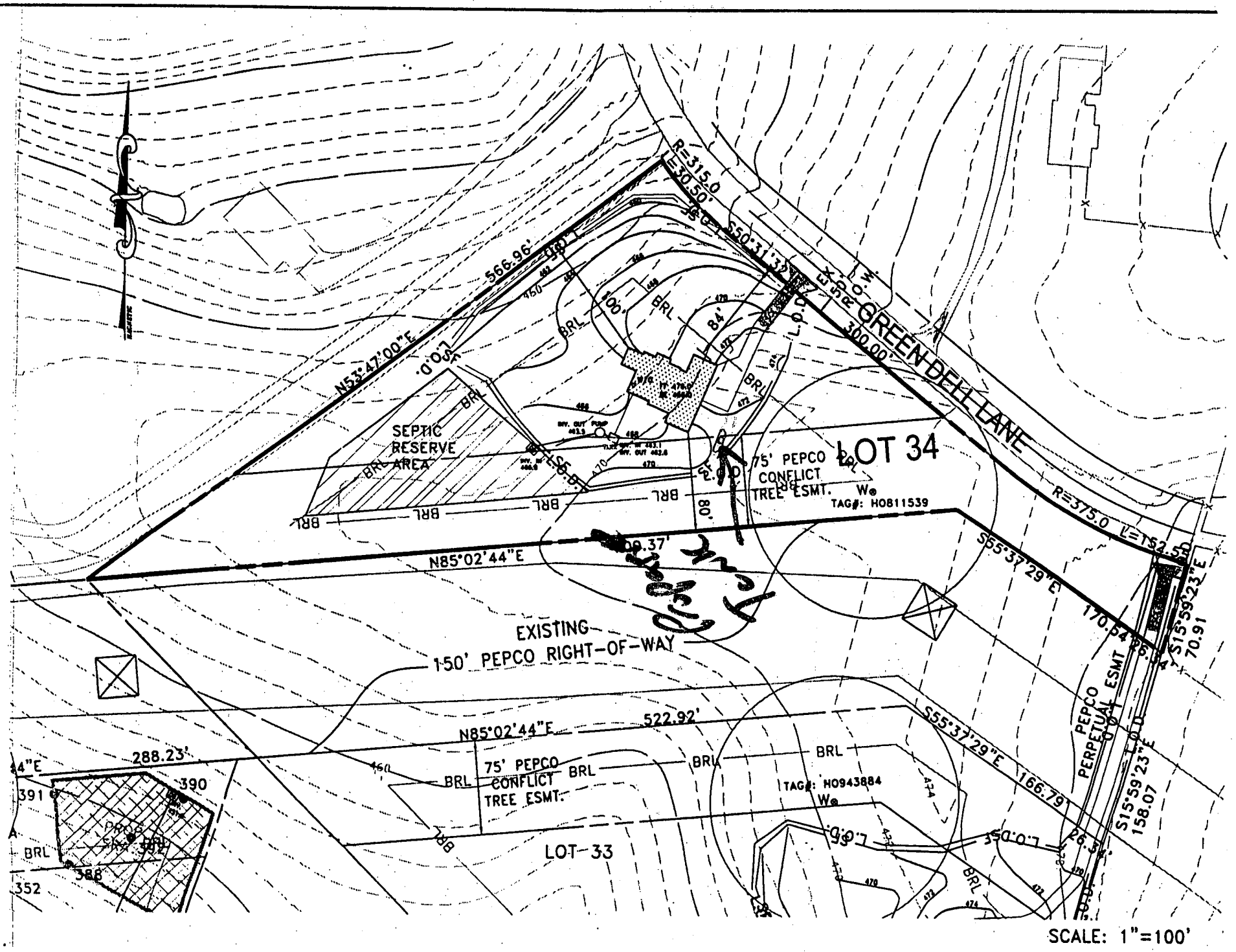
851-268

LOCATION
TO A
ORITY
ARY.

E 812400

GRID NORTH





NOTE

1. DRIVEWAY CONSTRUCTION SHALL DISTURB ONLY THAT WHICH CAN BE BACKFILLED AND STABILIZED AT THE END OF EACH WORKING DAY.
2. THE WELL LOCATION (WELL TAG #H0811539) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY KCW ENGINEERING TECHNOLOGIES PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.

LEGEND

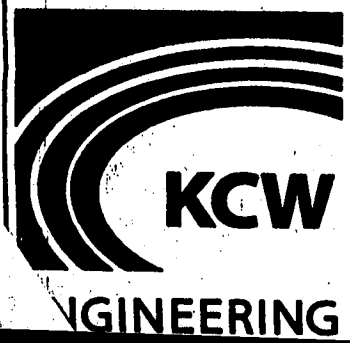
— 396 —	EXISTING CONTOUR
— 396 —	PROPOSED CONTOUR
⊗	EXISTING WELL
⊙	PROPOSED WELL
— BRL —	BUILDING RESTRICTION LINE
— L.O.D. —	LIMIT OF DISTURBANCE
— S.F. —	PROPOSED SILT FENCE PER H.C.S.C.D. DETAIL E-15
— S.C.E. —	PROPOSED SCE PER H.C.S.C.D. DETAIL F-17-3

PAVING SPECIFICATIONS
 3" BIT CONC.
 6" CR-6

OWNER
 POTOMAC ELECTRIC POWER CO.
 1900 PENNSYLVANIA AVE. N.W.
 WASHINGTON D.C. 20068

BUILDER
 ALTIERI HOMES, INC.
 9017 RED BRANCH ROAD, SUI. 201
 COLUMBIA, MD 21045

TOPOGRAPHY PROVIDED BY HOWARD COUNTY



KCW Engineering Technologies, Inc.
 3106 Lord Baltimore Drive, Suite 110
 Baltimore, Maryland 21244
 Tele (410) 281-0033
 Fax (410) 281-1065

PLAT TO ACCOMPANY BUILDING PERMIT
 FOR
 LIME KILN VALLEY
 LOT 34, 7676 GREENDELL LANE

SCALE: AS SHOWN

PLAT REFERENCE: MDR 10883
 ELECTION DISTRICT - 5
 HOWARD CO., MARYLAND

7679 Greendell Lane

Highland Md lot 34

- D1 From Tank to corner of Home = 25'
- D2 " " " " " " = 50'
- D3 " " " Septic tank = 75'
- D4 " " " Septic Easement = 100'
- D5 " " " well = 125'

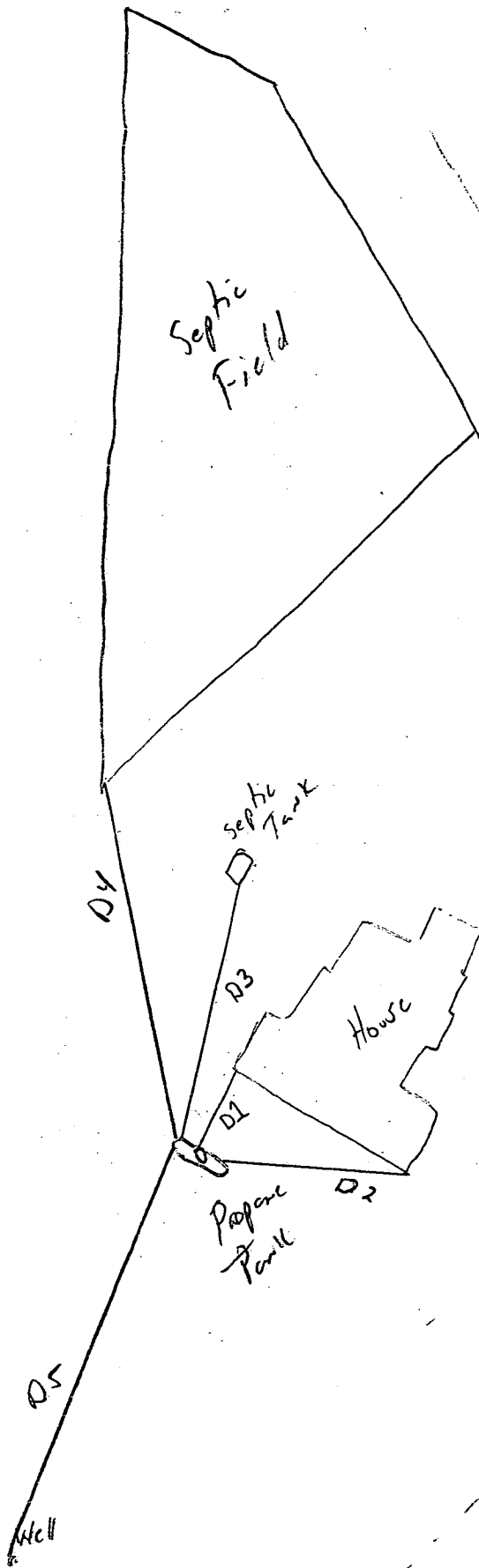
Tank is over 50' from all Property lines

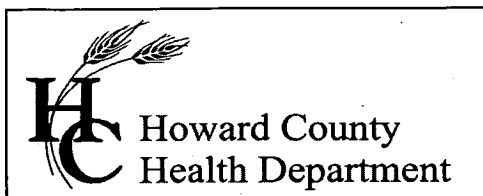
Scale is 1" = 50'

Scale is very Close $\pm 3'$
LP loc. OK.

(KN)

B 00150180





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

October 19, 2004

Altieri Homes
9017 Red Branch Road, Suite 201
Columbia, MD 21045

SENT VIA FACSIMILE 410-740-5809

RE: Lime Kiln Valley, Lot 34
7676 Greendell Lane
Highland, MD 20770
BP # B00147497
Well Permit # HO-81-1539

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/12/2004. Final approval of the well line connection to the dwelling was approved on 07/30/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-81-1539. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 10/07/2004
Date of Well Completion: 07/13/1986

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File