

(A.M. 10:30)  
2/25/93  
No (R.M.)

File

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-307573

P 48802

A 48558 A

DISTRICT 3rd

DATE 12/29/92

DATE SYSTEM APPROVED 2/25/93

INSPECTOR C.B.O.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
313-2640

# INDEXED

Olen Ketterman \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

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

SUBDIVISION Peddicord Property LOT 3 ROAD 12060 Old Frederick Road

PROPERTY OWNER Mark & Terri Dunsmore 301-854-5532

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135 108' 3' ✓

1st well w/ substandard flow still exists on property (no evidence of abandonment); owners reluctant to abandon, despite disconnection and repeated requests MR 9/24/97

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. 3' Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 5' feet of stone below distribution pipe.

LOCATION - Place the distribution box 195 feet from the front lot line and 80 feet from the left lot line. Run trenches along contour toward right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/18/92 RH

change to 5' gravel depth (Total depth still only 8') approved per review on request by contractor to allow use of a single trench system. Approved above changes 2/19/93 RP

PLANS APPROVED BY C. Williams DATE 10/23/92

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

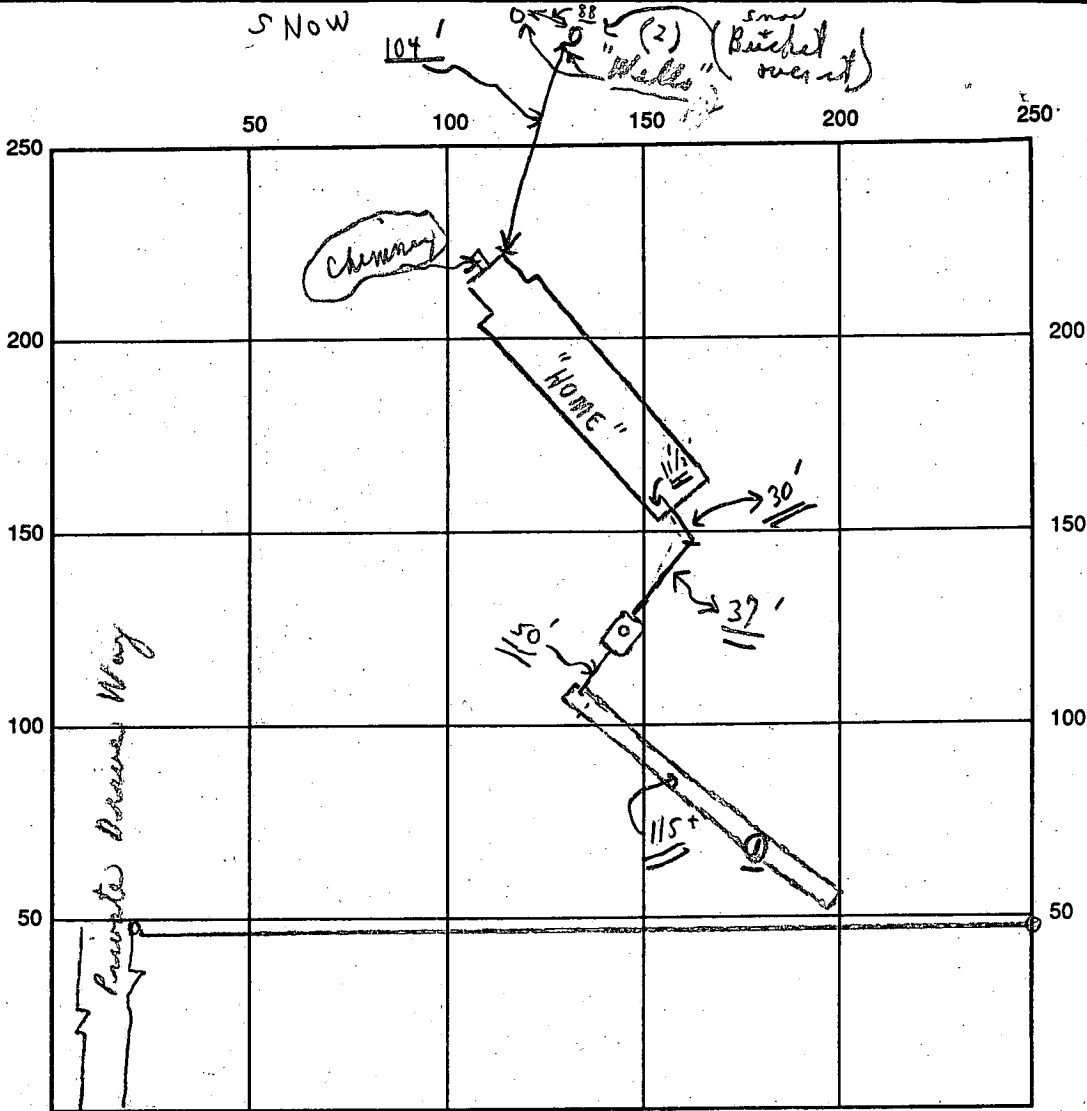
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. In ground pit.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED  
AND RETURNED 12/16/98  
Seal # B70115465

A  
48558A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

OLD FREDERICK ROAD S.T.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL No (Baffles is N/A)

DRAIN FIELD/TITLE DEPTH 8<sup>+</sup> FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5<sup>+</sup> FT. TOTAL LENGTH 115<sup>+</sup> FT. = (108<sup>ft</sup> per specs)

NUMBER OF TRENCHES 1 ONE SIDEWALL/~~AREA~~ AREA 575<sup>+</sup> SQ. FT.

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

ABSORBENT AREA 575<sup>+</sup> SQ. FT.

REMARKS: Partial 2/25/93 P.M. Trench up to finish & cover as  
finish. (Last end of trench - only to be finished) Final  
"Material C.B. site"

2/25/93 No "W.P.I." C.B.

DATE SYSTEM APPROVED 2/25/93 INSPECTOR C.B. [Signature]

(approved as per print  
and above)

9/30/92  
PM

# APPLICATION

PERCOLATION TESTING

A 48558

P \_\_\_\_\_

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

PREVIOUS OK,  
LOT HAS APPROVED SEPTIC AREA, DISTRICT \_\_\_\_\_  
PROPOSAL IS TO  
ESTABLISH SEPTIC AREA  
FURTHER DOWNHILL  
TO ENHANCE HOUSE SITE OPTIONS.

DATE 9/28/92

9/28/92 CW

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 MARK DUNSMORE

ADDRESS 1311 MULLINS ST. Silver Spring Md. 20904 PHONE 384-9495

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

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

PROPERTY LOCATION:

SUBDIVISION Peddicord Properties LOT NO. LOT #3

ROAD AND DESCRIPTION 12070 Old Frederick Road  
(12060 Old Frederick Road)

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 4.3 AC TYPE BLDG. Single Family Dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Olen Z. Ketterman - K&K Excavating  
(SIGNATURE OF APPLICANT)

APPROVED BY CW FOR TRUSCH DATE 10/23/92

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

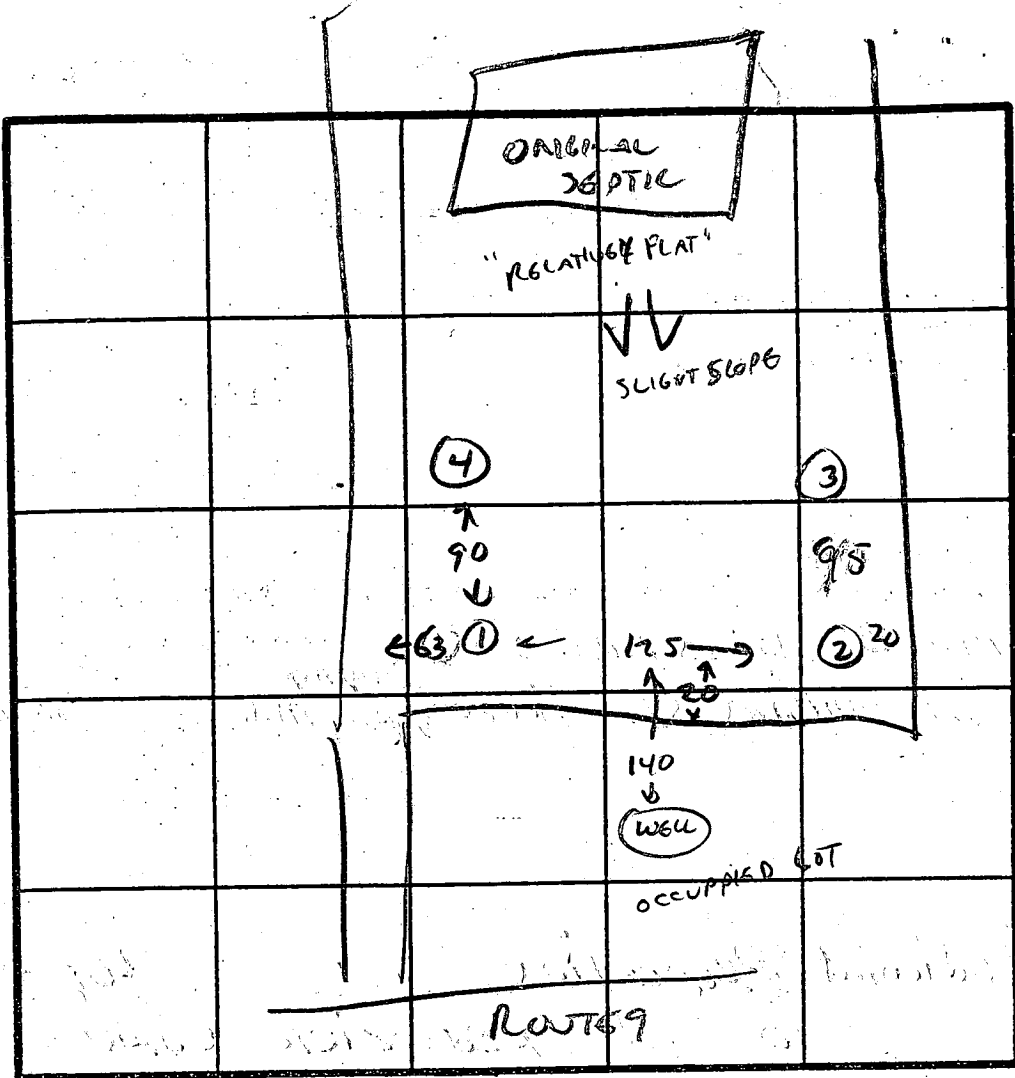
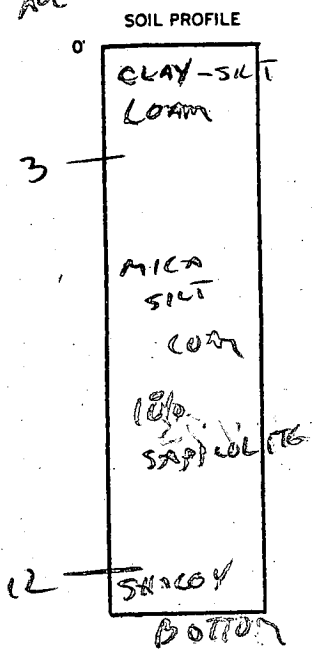
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING BP 45865 APPROVED, SEPTIC SLIGHTLY HIGHER  
THAN ORIGINAL PROPOSED, PLAT PENDING 10/23/92 CW

Serial A 45865 BLDG. PERMIT SIGNED 10/23/92  
SFD - 3 Bedroom AND RETURNED 10/23/92

# THIS IS NOT A PERMIT

ALL WELLS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/30/92	1	5 1/2	1:13	1:17	1:17	1:25	8 MIN
		12		VLS OK			
	2	4	1:10	1:13	1:13	1:20	7 MIN
		11 1/2		VLS OK			
	3	4 1/2	1:06	1:13	1:13	1:23	10 MIN
		7 1/2	1:05	1:08	1:08	1:13	5 MIN
		12		VLS OK			
	4	VLS OK TO		12 1/2			

REMARKS: SOILS OK, SUGGEST SOME MOVE UPHILL TO PROVIDE GREATER SEPARATION TO NEIGHBORS WELLS.

TYPE OF SOIL: MICA SILT LOAM

C. Wilbur

O. KETTLEMAN JR.

ALSO PRESENT

EH-12-1079

# APPLICATION

A26516

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

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: 465-5000, EXT. 356

DISTRICT 3rd

DATE 8/1/77

*Received*  
*8/5/77*  
*1:30 pm*

*1.5 ft per BR*

LOCATE THE DRYWELL 385' from the front (200') prop. line  $\frac{1}{2}$  80' from the RIGHT PROP LINE AS SEEN FROM RT. 99. The invert will enter the drywell at 4'  $\frac{3}{4}$  max depth (will not exceed 12' below original grade. Trench will need for 4 BR dwelling; should follow contour being directed toward left prop. line.

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 Forrest F. Peddicord

ADDRESS 12050 Old Frederick Rd. PHONE 328-2465

PROPERTY LOCATION:

SUBDIVISION ✓ LOT NO. 3

ROAD AND DESCRIPTION Route 99 *2nd house west side of lot*  
*lot just adj?*

SIZE OF LOT approx. 9 acres TYPE BLDG. 3 BR House  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Carl S. Zimmerman

APPROVED BY G. Keller FOR DRYWELL/TRENCH DATE 5/29/79  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

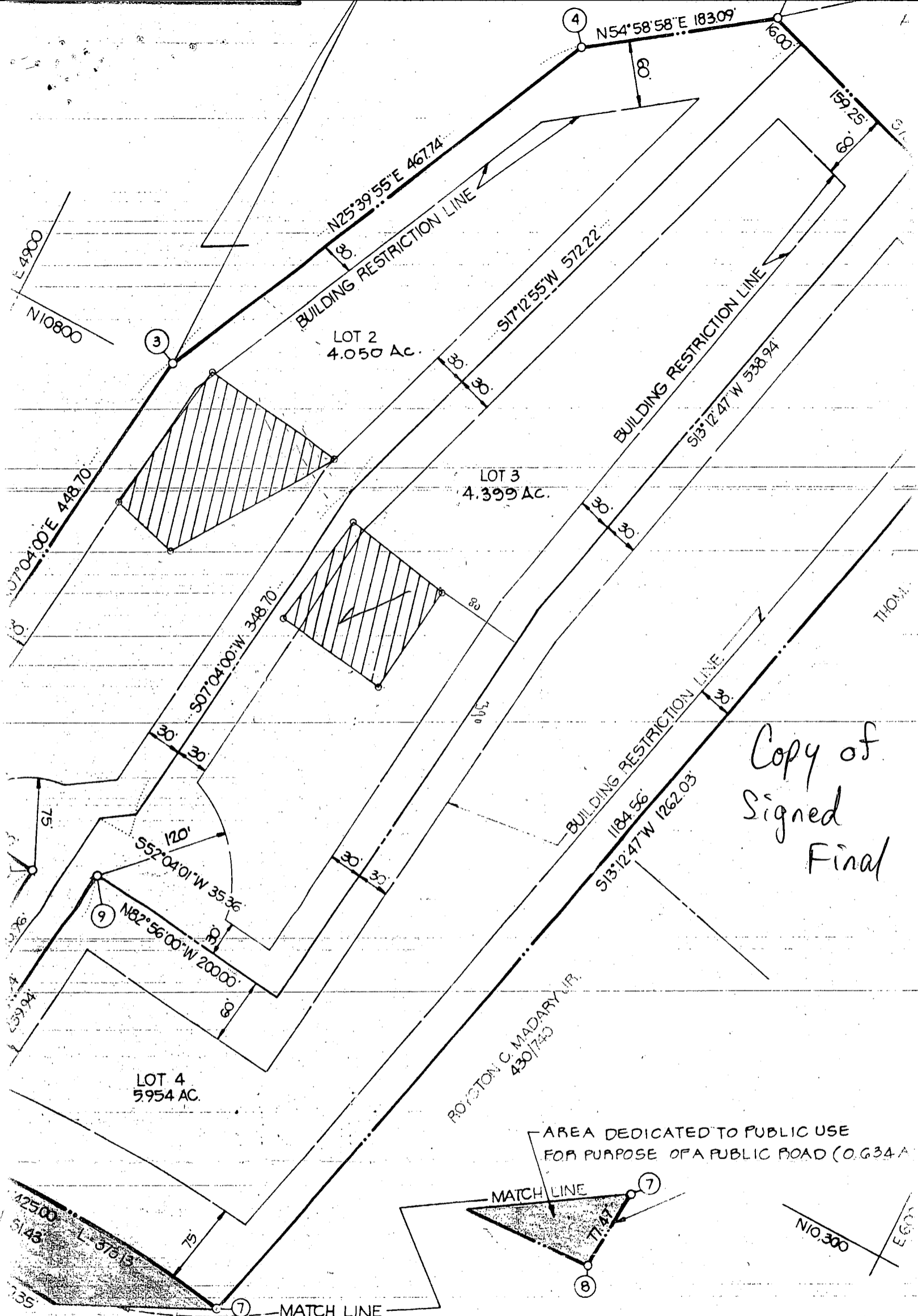
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8/1/77 Hold for final plat G.S.  
Hold for elevations (GUK) 29 MAY 79

# THIS IS NOT A PERMIT







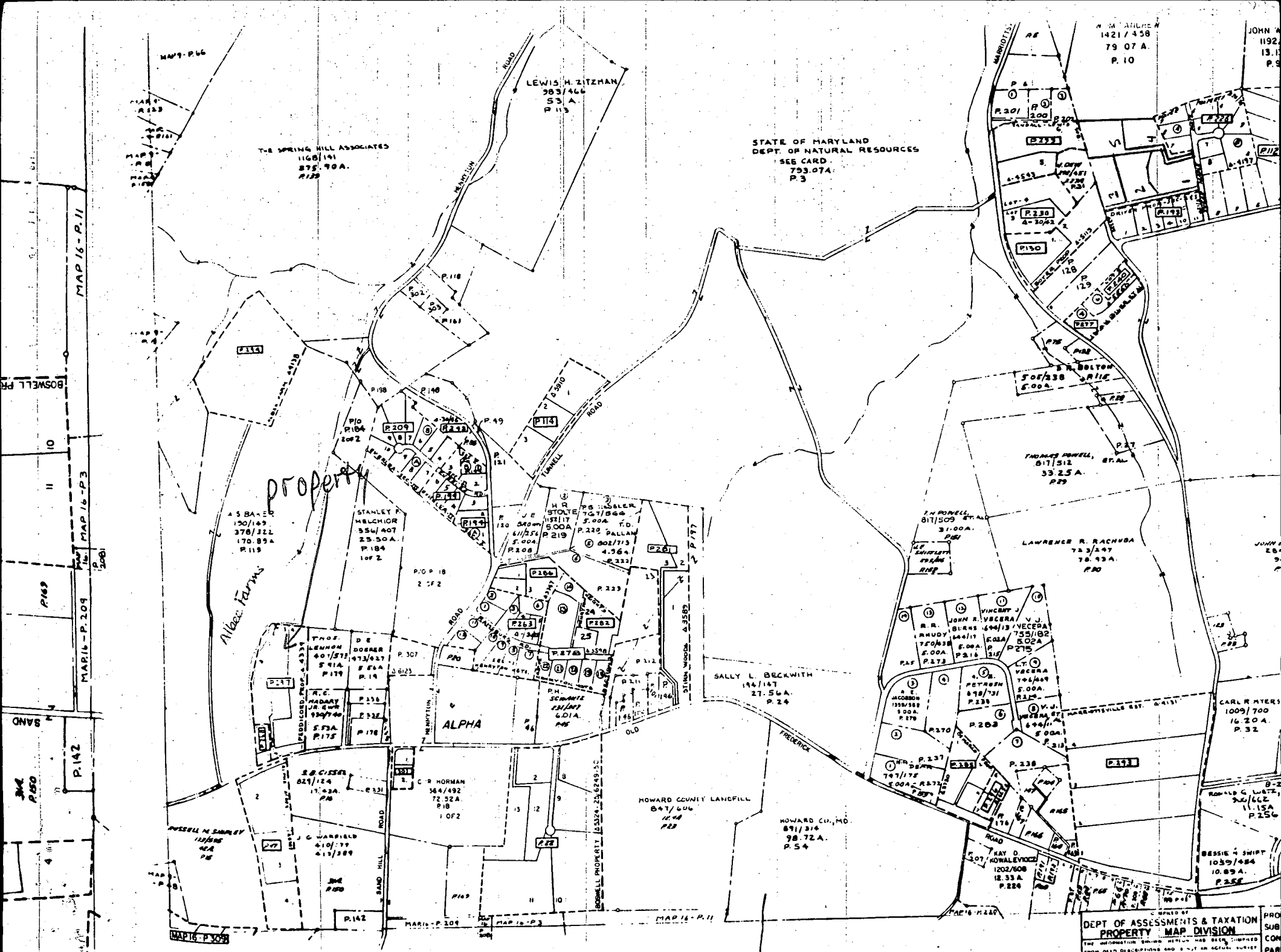
Copy of  
Signed  
Final

**STATEMENT**

... (DECEASED) ... OWNERS OF THE ...  
 ... HEREBY ADOPT THIS PLAN OF ...  
 ... OF THE APPROVAL OF THIS FINAL PLAT ...  
 ... ESTABLISH THE MINIMUM BUILDING ...  
 ... HOWARD COUNTY, MARYLAND, ITS ...  
 ... RIGHT TO LAY, CONSTRUCT AND MAINTAIN ...  
 ... OTHER MUNICIPAL UTILITIES AND ...  
 ... AND STREET RIGHT-OF-WAYS AND THE ...  
 ... REON; (2) DEDICATE TO PUBLIC USE THE

**SURVEYORS CERTIFICATE**

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREIN IS CORRECT, THAT IT IS (1) A SUBDIVISION OF PART OF THE LANDS CONVEYED BY RICHARD J. WILLIAMS AND HIS WIFE, TO FORREST F. PEDDICORD AND BEULAH I. PEDDICORD HIS WIFE, BY DEED DATED MARCH 9, 1931, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MD. IN LIBER 17 FOLIO 536 AND (2) A REVISION TO LOT 1-PEDDICORD RECORDED AMONG THE AFORESAID LAND RECORDS IN PLATBOOK 3345 AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF



N. M. ANLRE N  
1421/458  
79.07 A.  
P.10

JOHN A.  
1192  
13.1  
P.9

STATE OF MARYLAND  
DEPT. OF NATURAL RESOURCES  
SEE CARD 793.07A  
P.3

THE SPRING HILL ASSOCIATES  
1168/191  
875.90A.  
P.129

LEWIS H. ZITZMAN  
383/466  
53 A.  
P.113

ALBER FARMS

ALPHA

SALLY L. BECKWITH  
194/187  
27.56A.  
P.24

DEPT. OF ASSESSMENTS & TAXATION  
PROPERTY MAP DIVISION  
THE INFORMATION SHOWN HEREON HAS BEEN DERIVED FROM BEST AVAILABLE SOURCES AND IS NOT AN ACTUAL SURVEY. IT SHOULD NOT BE USED FOR LEGAL PURPOSES UNLESS THE SURVEYOR'S RECORDS ARE FILED IN THE DEPARTMENT OF ASSESSMENTS & TAXATION, 101 M. PLAZA, BALTIMORE, MARYLAND 21201.

**C1** **5196** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A26516**

ST/CO USE ONLY  
 DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **090992**

Depth of Well  
**300** (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**H0-92-0028**

OWNER **Creamer Patrick**  
 STREET OR RFD **Gold Frederick Rd** TOWN **Maryottsville**  
 SUBDIVISION **Waddicord Properties** SECTION **3** LOT **3**

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
rolling ground	0	71'	
brown schist	71'	82'	
water			
brown of gray schist	82'	115'	
water			
gray schist	115'	148'	
water			
gray schist	148'	300'	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **20** NO. OF POUNDS **1800**  
 GALLONS OF WATER **120**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **74** ft.  
 (enter 0 if from surface)

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

MAIN CASING TYPE  ST  
 Nominal diameter top (main) casing (nearest inch) **4**  
 Total depth of main casing (nearest foot) **74**

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

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

**C.2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>74</b>	<b>300</b>
2		
3		

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. **353**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING, WELL INSERT F. IN BOX 68

TELESCOPE CASING INDICATOR  (E.R.O.S.)  
 OTHER DATA

**C 3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **8**  
 PUMPING RATE (gal. per min. to nearest gal.) **3**  
 METHOD USED TO MEASURE PUMPING RATE **which bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **7**  
 WHEN PUMPING **7**  
 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)  
 + above } LAND SURFACE (nearest foot)  
 - below }

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)

*100*

*Gold Frederick Rd*

B 1 **4309**

SEQUENCE NO. (DP, USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

**HD-92-0028**  
fill in this form completely

please print or type

Date Received (APA)

**031692**

OWNER INFORMATION

**Creamer Patrick**

**7803 Briardale Terrace**

**Derwood MD 20855**

DRILLER INFORMATION

**Robert W. Reichart** License No. **353**

**Wm. W. Reichart, Inc**

**1772 Baltimore Pike, Hanover PA 17331**

Signature **[Signature]** Date **3/16/92**

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)

APPROXIMATE DEPTH OF WELL **250** 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

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 DEEPEEN 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 **JN** WRITE INITIALS IN BOX PERMIT No. **HD-92-0028**

SPECIAL CONDITIONS **Tim Feaga 442-5263 / 880-9241 Mt. Creamer 330-0538**

LOCATION OF WELL

**Howard** COUNTY

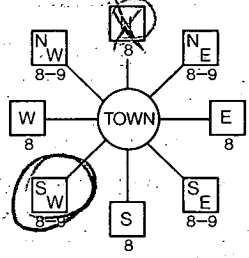
**Peddicoord Property** SUBDIVISION

SECTION \_\_\_\_\_ LOT **3**

**Marriott + Sville** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **4** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Old Frederick Rd** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **800** ENTER FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** COUNTY NAME **A 26516** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

**032092** **Gene E. Nadeau** 9-20-92

NORTH GRID **542000** EAST GRID **0819000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **Approved well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810**  
N **540**

**4/9/92 12:00**

**77 ft casing**

**69.5 ft open hole**

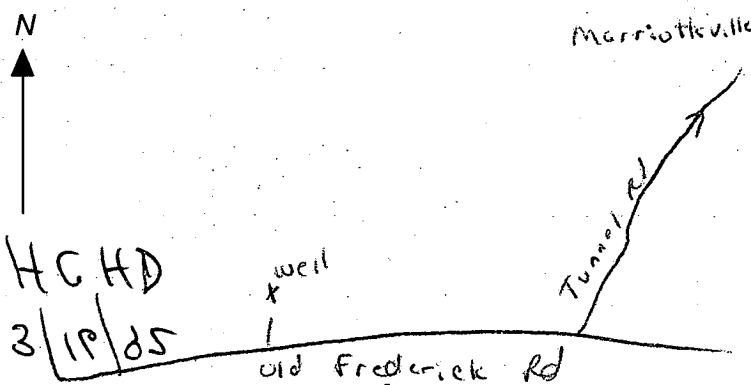
**20 cement bags**

**2 ft above grade**

**location ok**

**JENadeau**

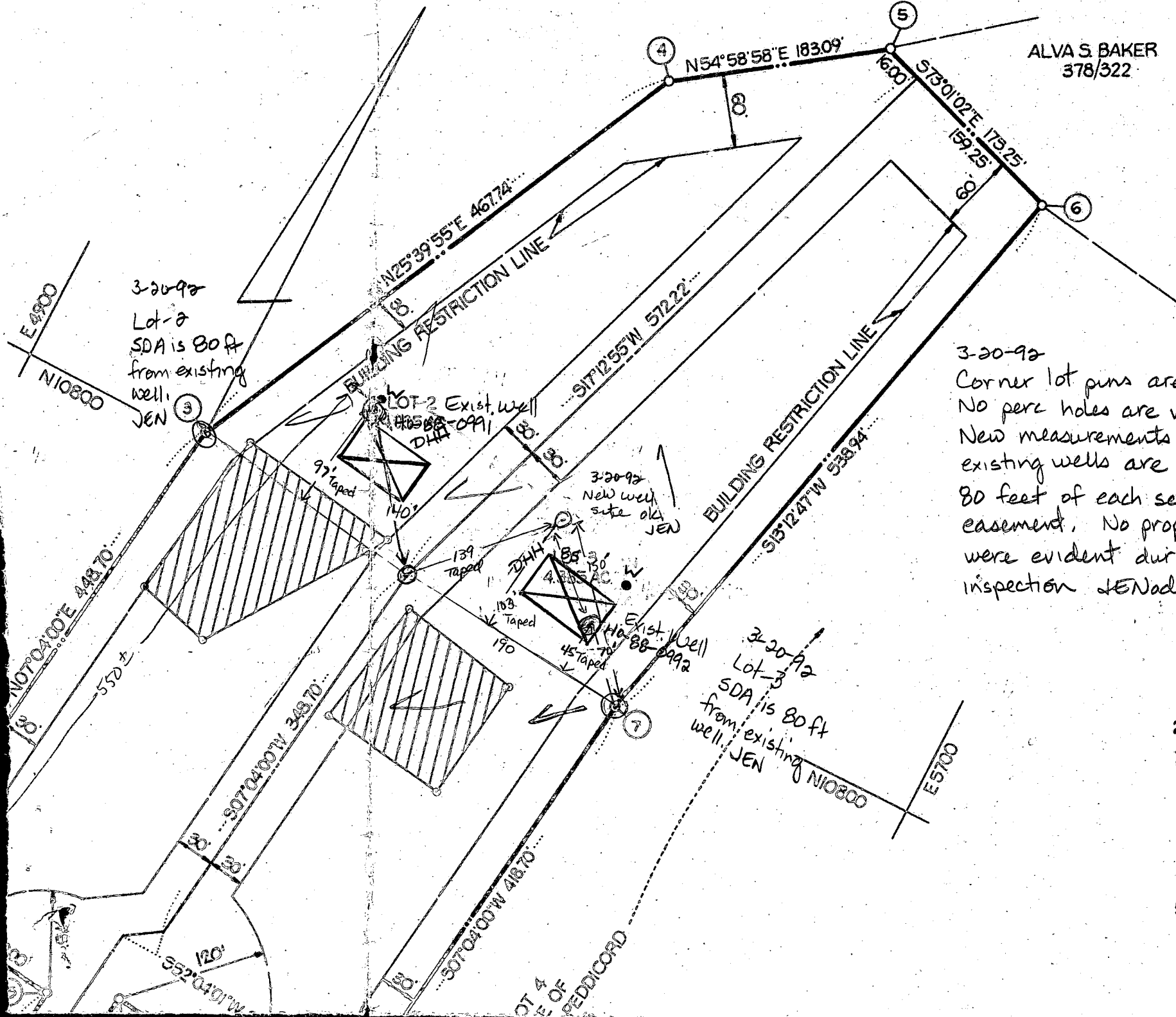
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



**HCHD**  
**3/19/95**

**old Frederick Rd**  
**Mt. Creamer 330-0538**

ALVA S. BAKER  
378/322




3-20-92  
Lot-2  
SDA is 80 ft  
from existing  
well.  
JEN

3-20-92  
Corner lot pins are in place now.  
No perc holes are visible.  
New measurements indicate  
existing wells are within  
80 feet of each sewage disposal  
easement. No property pins  
were evident during 8-8-89  
inspection JENadeau

3-20-92  
Lot-3  
SDA is 80 ft  
from existing  
well.  
JEN

1. TAX MAP: 10
2. DEED REFERENCE
3. COORDINATES SHOWN ON DATUM.
4. THE LOTS SHOWN ARE OWNERSHIP WITHIN THE MARYLAND STATEMENTAL HYGIENE

5.  10,000 SQ. FT. DEPARTMENT OF ENVIRONMENTAL AND NATURAL RESOURCES

GE

B 1 **5936** SEQUENCE NO. (DP USE ONLY)  
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

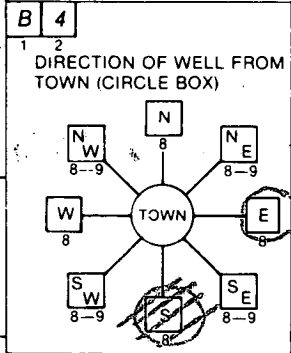
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-98-0992**  
 fill in this form completely

Date Received (APA) **06/16/89**  
 OWNER INFORMATION  
**Feaga Timothy**  
 15 Last Name Owner First Name 34  
**11305 Frederick Rd**  
 36 Street or RFD 55  
**ELLICOTT CITY MD 21043**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**Howard**  
 8 COUNTY 21  
**Reddick Road Pro**  
 23 SUBDIVISION 42  
 SECTION **44** 46 LOT **3** 50  
**Slacks Corner**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** 75 **M** 76 **I** 77 **I** 78

DRILLER INFORMATION  
**Frank Delph**  
 77 License No. **453** 80  
**Frank Delph Well Drillers Inc**  
 Firm Name  
**18234 Penn Shop Rd Mt Airy**  
 Address  
**Frank Delph 6/9/89**  
 Signature Date



**Rt. 99 Old Frederick**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
**7**  
 34 **150** 37 DISTANCE FROM ROAD  
 ENTER FT or MI **FT**  
 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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  
**A26516**  
 COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41  
 DATE ISSUED **080989** **June E. Nadeau** **2-9-90**  
 43 48 50 SIGNATURE EXP. DATE  
 NORTH GRID **542060** 55 EAST GRID **0919000** 63

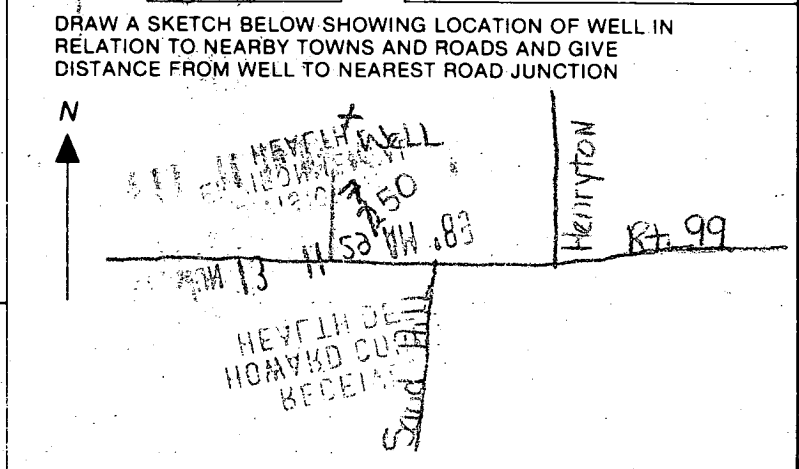
APPROXIMATE DEPTH OF WELL **200** 24 28 FEET

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  
 N **820**  
 E **543**  
 000 000  
**8-25-89 11:36 am**  
**2 ft casing above grade**  
**55 ft casing**  
**45 ft open**  
**11 bags cement**  
**Location ok**  
**JENadeau**

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) \_\_\_\_\_ 41 \_\_\_\_\_ 52



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ 54 GAP \_\_\_\_\_ 63  
 FORCE **JN** WRITE INITIALS IN BOX PERMIT No. **40-98-0992**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

115865

16 \$25.00

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
12060 OLD FREDRICK RD  
MARRIOTTSTVILLE MD 21104

GRADING/SEDIMENT CONTROL  YES  NO  
SDP #

DESCRIPTION OF WORK AUTHORIZED  
1 STORY FULL BASEMENT  
7 ROOMS 2 F.O.B. 20x20  
1 F.O. 3 BR  
Deck

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
3	297	-	-	19	2536	522
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Pedestrian/Pop		RE-200	10	3	6030	

OWNER NAME AND ADDRESS  
MARK S TERRI DUNMORE  
1311 MILLINS ST SILVER SPRING MD 20904  
PHONE NO. 301 391 2915

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
2000 SF.	78	28	10
Bk	58	28	10

OCCUPANT'S NAME AND ADDRESS  
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	465	3	SH
ROOMS	2000	17	SHINGLES
BATHS			
FIREPLACES	150	2	

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
10x18" CONCR	12" CMU	2x4"
W/ REBAR		

CONTRACTOR'S NAME AND ADDRESS  
PHONE NO.

UTILITIES				
WATER WELLS	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
			X	OIL

EXISTING USE  
VACANT LOT

PROPOSED USE  
S.F.D.

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be entered up until such inspections have been complied with.  
Home Dunmore  
SIGNATURE  
12/19/92  
DATE

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
1115,000		

W/S CODE

### FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE \_\_\_\_\_  
SIDE YARD \_\_\_\_\_  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)  
TO SIDE BUILDING LINE \_\_\_\_\_  
DISTANCE IN FEET, REAR YD. REQUIRING SET \_\_\_\_\_  
BACK \_\_\_\_\_ (CORNER LOT ONLY) \_\_\_\_\_  
SDP # \_\_\_\_\_

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	12/10/23/92	Cris Walker
FIRE PROTECTION		
STORM WATER MGM.	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**  
This permit is valid only if the work is done in accordance with the approved plans and specifications. Any work done in violation of the approved plans and specifications may be subject to stop-work orders and penalties.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

March 2, 1993

*Reply to:*

Mr. & Mrs. Mark Dunsmore  
1311 Mullins Street  
Silver Spring, Maryland 20904

RE: Status of First Drilled Well  
Well Tag Number: HO-88-0992  
Peddicord Property - Lot 3  
Old Frederick Road

Dear Mr. & Mrs. Dunsmore,

A review of our files indicates that the yield test for the above referenced well (the first well drilled) indicated a substandard flow (less than one gallon per minute). A second well was later drilled with a valid flow (3 gpm).

While it would be acceptable to maintain the first drilled well for auxiliary use, a letter confirming your intentions for this well is requested. This request would be approved if the well is properly maintained, i.e., installation of a well pump and all associated parts, then completion of the standard sampling process. If the well is not to be maintained, then this office would require proper abandonment of the well.

The abandonment can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file an abandonment report with this office. If this abandonment is performed by any other private party, the work must be inspected and approved by a sanitarian from this office.

Please notify this office of your decision regarding the status of this well, or if you have any questions regarding this matter.

Very Truly Yours,

Mark E. Rifkin, R. S.  
Water and Sewerage Program

MER/jr

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Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642  
Technical Services 313-2644 Director 313-2645 TDD 313-2323

3X

N 170

PRINCIPAL WELL  
NO-92-0028

AUXILIARY WELL  
NO-88-0992

EXISTING WELL  
GROUND ELEV. 113.9  
TOP WELL 115.18

EXISTING WELL  
GROUND ELEV. 116.8 - TOP WELL 118.40

12' GRAVEL  
WAY

N 57°-04'-01" E  
35.36'-01" E

N 07°-04'-00" E ~ 348.70'

BP 45865  
ELEVATIONS  
OK  
SEE OTHER  
SIDE FOR  
DETAIL

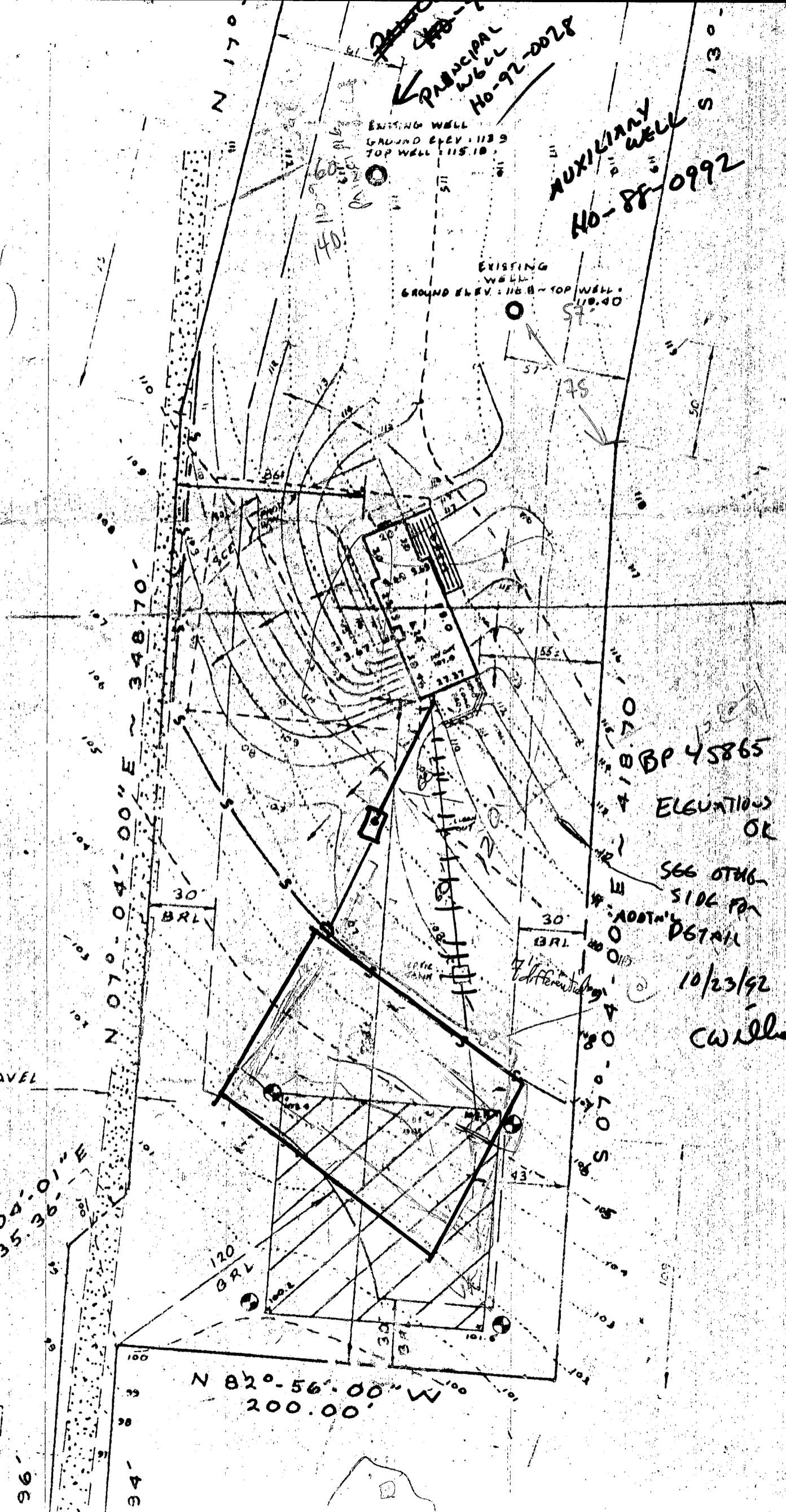
10/23/92

C. Williams

N 82°-56'-00" W  
200.00'

96'

94'



FIRST FLOOR ELEVATION: 118.17  
2ND FLOOR ELEVATION: 109.50  
VERT OUT OF HOUSE ELEV.: 107.00

SEPTIC TANK  
EXISTING GROUND ELEVATION: 108.80  
VERT IN: 104.85  
VERT OUT: 104.60

DISTRIBUTION BOX  
EXISTING GROUND ELEVATION: 109.20  
VERT IN: 104.20

RAINAGE A

DISPOSAL (INCLUDED)

MODIFIED DISPOSAL

1' / 2'  
3.15  
D SQ. FT. AS PER

AT SEPTIC

OLD RUN

(SCE)

ELEVATIONS OK AS REVISED.  
OWNER HAS COPY.  
BP RECOMMENDED FOR APPROVAL.

1" = 50'

ENGINEER TO SUBMIT  
REVISED PENC PLAT SEPARATELY

10/23/92

William

BP 45865

12060 OLD FREDERICK RD

EXIST  
D

OWNERS:  
MARK & TERRY DUNNMORE  
1311 MULLINS STREET  
SILVER SPRING, MARYLAND 20904  
PHONE: (301) 384-9495

S  
PROPERTY

4/02



## HOWARD COUNTY HEALTH DEPARTMENT

*Joyce M. Boyd, M.D., County Health Officer*

November 4, 1994

Mr. and Mrs. Mark Dunsmore  
12060 Old Frederick Road  
Marriottsville, Maryland 21104

RE: Status of First Well  
Well permit # HO-88-0992  
Peddicord Property, Lot #3  
12060 Old Frederick Road

Dear Mr. and Mrs. Dunsmore:

This office is requesting your immediate attention to the unresolved matter of the well with substandard flow (well permit #HO-88-0992) on your property. At the time of issuance of the Interim Certificate-of-Potability for the second well (well permit #HO-92-0028), it was discovered that the above referenced well had not been properly abandoned nor put into service. You had requested time to install appropriate hardware in the first well in order to maintain it for future use. This office responded to that request on August 15, 1994 with suggestions for an agreement (copy enclosed). To date this office has received no comment on the proposal detailed in the August 15, 1994 letter.

It is imperative that we hear from you in order to resolve this matter. This office has the authority to require that the well with substandard flow (well permit #HO-88-0992) be properly abandoned and sealed.

Thank you in advance for your prompt attention to this matter. Please contact this office at (410) 313-2640 upon receipt of this letter.

WELL AB. NOT PURSUED

Sincerely,

DOE TO EXCESSIVE  
TIME DELAY

*Mark E. Rifkin*

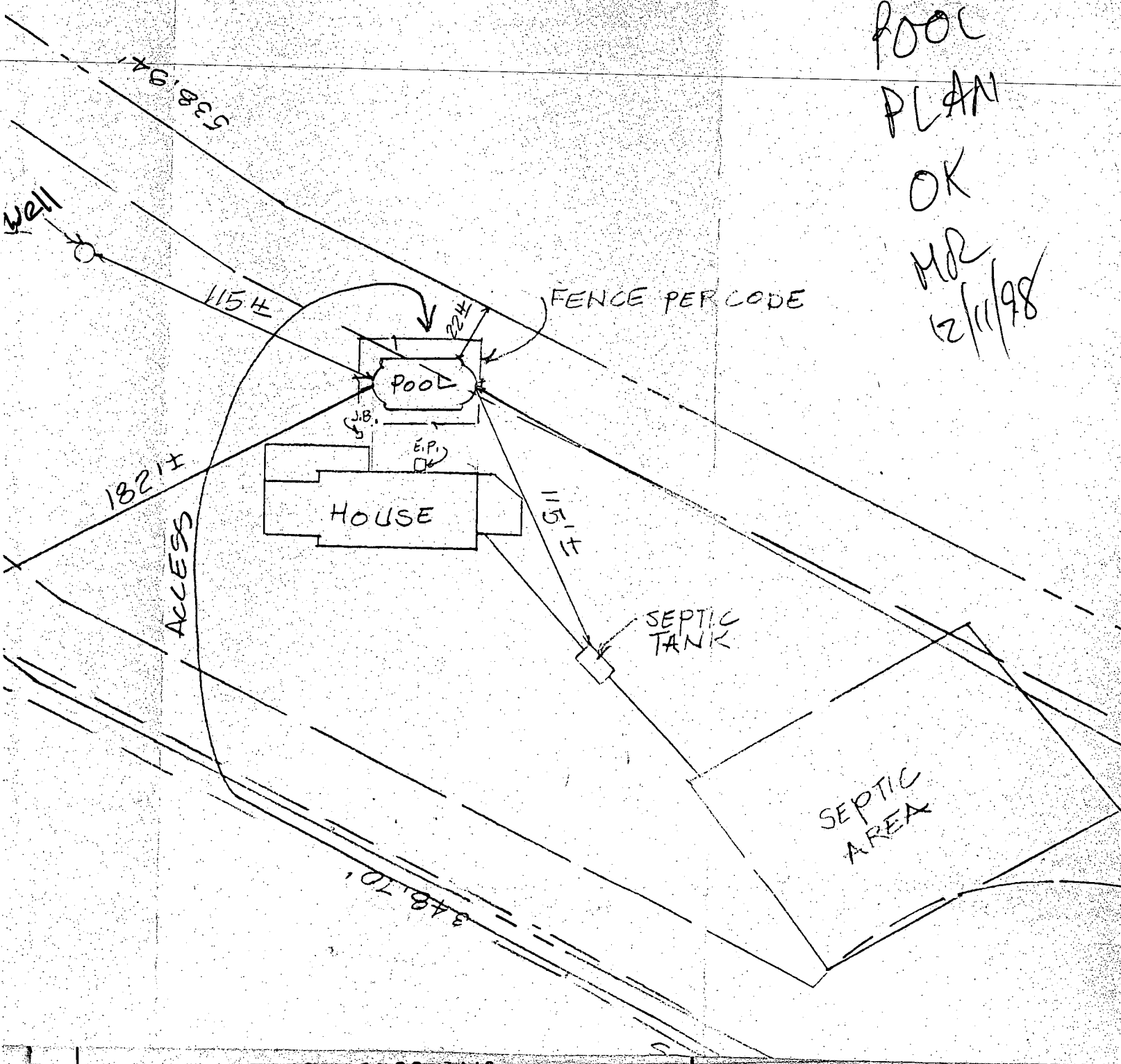
Mark E. Rifkin, Sanitarian  
Water and Sewerage Program

MR/dks

Enclosure

MR  
9/24/97

POOL  
PLAN  
OK  
MR  
12/11/98



December 10, 1998

Howard County Health Dept  
3525-H - Ellicott Mills Dr.  
Ellicott City, Md 21043

Dear Mark Deffen:

This is a letter to advise that I Teru A. Durrone agree to place a pump and all hardware on the well w/ number HO 88-0992, one year from the date of the letter. If this promise is not met we will agree to follow the procedures for proper abandonment of the well.

Thank you for all your assistance in this matter.

Teru Durrone

301-954-5532

12060 Old Frederick Rd.

Marysville MD 2104

ACCEPTED

MR 12/10/98

December 4, 1998

Howard County Health Department  
3325-H Ellicott Mills Drive  
Ellicott City, MD 21043-4544

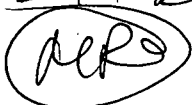
Re: Well permit #H0-88-0992  
Peddicord Property Lot #3

Dear Mr. Rifkin:

I just want to thank you for taking the time to explain the current situation regarding the status of the first well drilled regarding the above listed permit number. We were not really under the impression that this was a matter that had to be taken care of right away. When we purchased our lot both wells were on the land. Nothing was ever said until several years later. Even when we got our permit the Health Department had signed it without mention of the two wells.

I do realize that we had two letters from the Health Department regarding this matter. The last letter we received was in November 1994, and that was the last letter we received. At this time I would like to request that we are allowed to keep the well that has substandard flow open. We do have a cap on this well so safety would not be an issue.

In late June 1997 we had a serious problem with the well that exceeds minimum yield requirement. The ground "caved-in" around the well. We were getting very little water to the house. We called Easterday Well & Pump, Inc. and they came to the house. They tried to determine the problem and after a camera was put down the well the problem was located. \$5,000 dollars later, and a tanker truck in our yard full of water for four days they were able to get the problem fixed. They explained to us what happened, and because it was "an act of God", Homeowners insurance did not cover anything. To make a long story short this problem could reoccur and they had suggested at the time because the Septic field is so far from the wells to try to drill the well in question. If the well we are using now caves in we may have to go to the other well and try to drill further and get the proper flow. I will bring in documents from Easterday showing the problem we had with the current well. That is the first reason we would like to keep this well open. The second reason is that as you know we are putting in a pool. It would be nice to eventually have this well in working condition for non-potable supply ONLY. We would also eventually like to get some animals and this would also be a benefit for this purpose.

RESOLVED - SEE OWNER LETTER OF  
12/11/98 

This well was drilled approximately 300 feet and cost over \$1,000.00. to drill. Because of the situation with our other well and the other reasons I have listed, I would like to try to work something out to be able to leave this well " as is". Again, I don't see that it is a safety problem, because that cap is on the well. I understand that the well company was to close this well off and did not.

I would like to meet with you and see if we can come to some agreement that we would follow through with. I will call you to try to set this up. Once again, thank you for your time and I will talk to you soon.

Very truly yours,



Terri Dunsmore  
12060 Old Frederick Road  
Marriottsville, MD 21104

Home 301-854-5582

WORK 410-313-7169 Bkbae 1:30

THANK YOU!

IN MTG.

USE IT OR LOSE IT w/in YEAR

& THEY WRITE & THEY WILL AB.

W/O DEMONSTRATION OF USE

ACCURATE POOL PLAN

Building Address 12060 OLD FREDERICK ROAD  
WEST FRIENDSHIP, MARYLAND 21104

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name MARK & TERRI DUNKMORE

Address 12060 OLD FREDERICK ROAD

City WEST FRIENDSHIP State MD Zip Code 21104

Home Phone (301) 954-5532 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME WITH POOL & FENCE

Estimated Construction Cost \$ 19,500.00

Description of Work 658' CONCRETE POOL, TRUCK FILLED, DE. FILTER, 275 LF. OF 48" HIGH FENCE, PER CODE

Contractor Company ANTHONY E. SYLVAN POOL, INC.

Contact Person GEORGE A. SCHWEICH - CONTRACTOR

Address 10840 GULFORD ROAD, A SUITE 407

City ANNAPOLIS JUNCTION State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
Depth Width	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: _____	
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: _____	
<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.

George A. Schweich  
 Applicant's Signature  
AGENT FOR CONTRACTOR  
 Title/Company

GEORGE A. SCHWEICH  
 Print Name  
DECEMBER 2, 1998  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<u>Land Development, DPZ</u>		
<u>State Highways</u>		
<u>Building Official</u>		
<u>Dev. Engineering, DPZ</u>		
<u>Health</u>	<u>12/16/98</u>	<u>Mark E. Flynn</u>
<u>Fire Protection</u>		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

12/2/98 ATTEMPTED WALK-THRU FOR POOL BY AGENT;  
SAN ADVISED AGENT THAT MORE ACCURATE (RE: ACTUAL  
HOUSE SITE, SEPTIC FIELD, WELL LOC) <sup>SITE PLAN</sup> NECESSARY, AS WELL AS  
RESOLUTION TO "EXTRA" WELL SITUATION FROM SEVERAL  
YEARS AGO (ABANDONMENT PREFERRED) (MR)

12/3/98 T/C W/OWNER: SHE DOESN'T UNDERSTAND ABANDONMENT  
PREFERENCE; SUGGESTED SHE ~~W/OWNER~~ COME IN FOR  
SCHEDULED MTG W/WRITTEN STATEMENT OF INTENTIONS.  
SHE AGREED TO CONSIDER THAT, WILL CALL BACK (MR)

12/11/98 RESOLVED W/OWNER LETTER OF THIS DATE (MR)