

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

*04-356608*

P 510162

A 49060  
REPAIR

DISTRICT \_\_\_\_\_

DATE 5-21-98

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 410-313-2640

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

INSPECTOR \_\_\_\_\_

Randy Simpson IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 1259 Emmaus Rd, Woodbine, MD 21797 PHONE 410-489-7161

SUBDIVISION Walnut Springs LOT 14 ROAD 1259 Emmaus Road

PROPERTY OWNER Randy Simpson

**BUILDING PERMIT SIGNED**

ADDRESS 1259 Emmaus Rd, Woodbine, MD 21797

**AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS

*4-1-05 B20153386-IG POOL*

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240'

REPAIR - PURPOSE - In support of of Building Permit Application #B00111861. Adjustment to septic area. Call for an inspection when the ground is opened so a sanitarian can recommend repairs. 5-22-98.

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

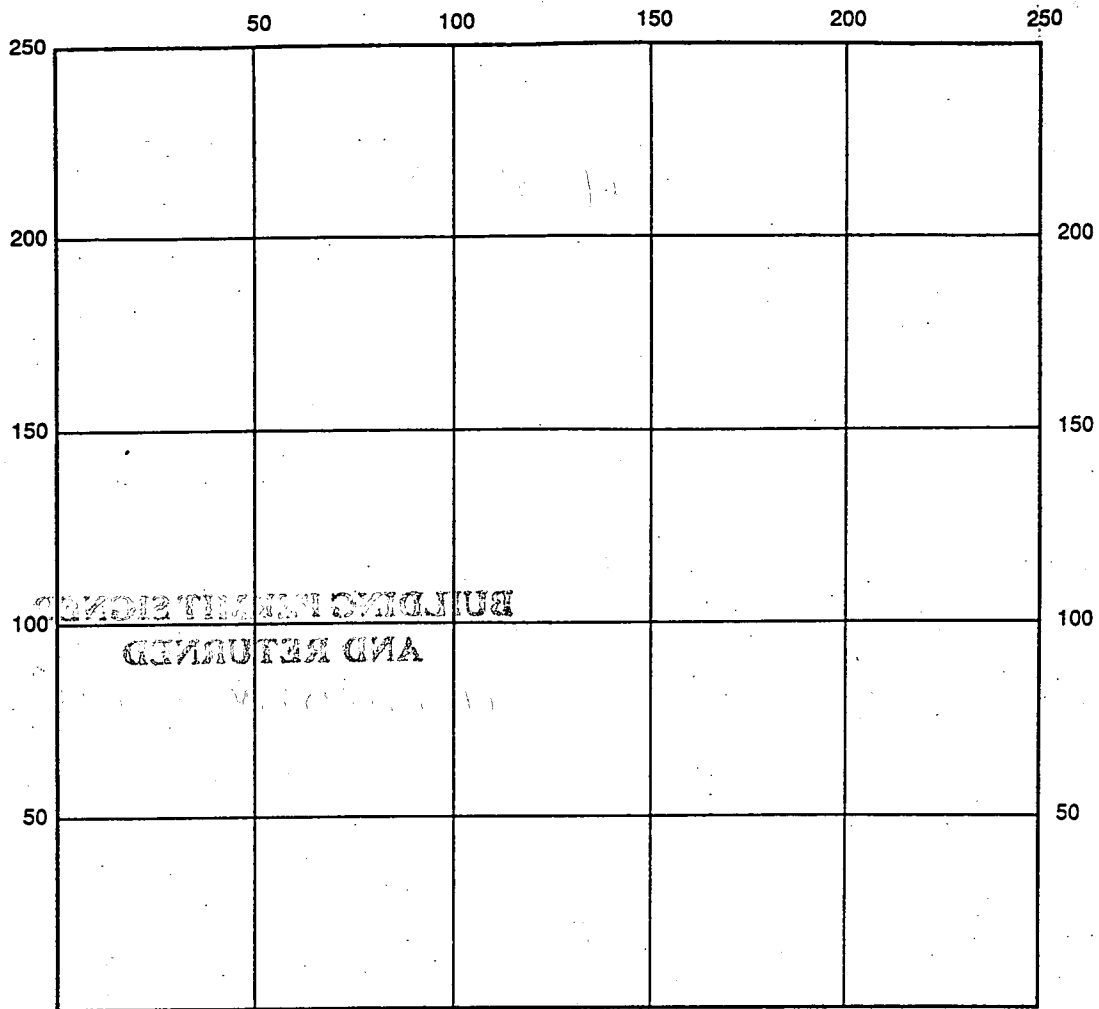
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49060



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT. INLET DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

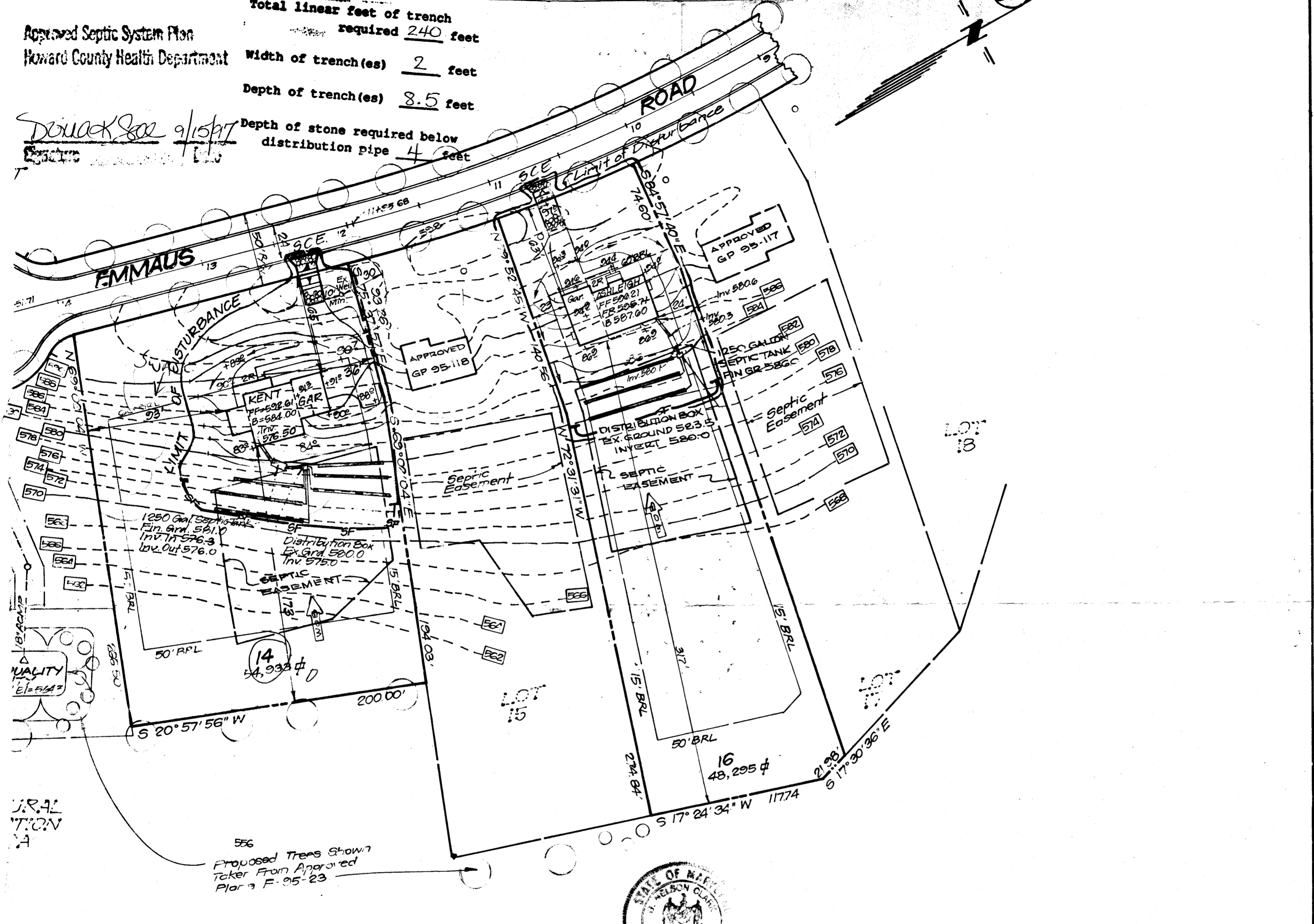
REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

Approved Septic System Plan  
Howard County Health Department

Total linear feet of trench required 240 feet  
Width of trench(es) 2 feet  
Depth of trench(es) 8.5 feet  
Depth of stone required below distribution pipe 4 feet

*Donack's 9/15/97*  
*System*



556  
Proposed Trees Shown  
Taken From Approved  
Plan F-95-23



OWNER'S CERTIFICATE

I warrant that the construction will be done according to the approved plan for sediment and erosion control and that the construction project will have a Department of the Environment Approved Plan for Sediment and Erosion before beginning construction. I will have a periodic on-site inspection by the Howard County authorized agents, as are deemed necessary.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

ENGINEER'S CERTIFICATE

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

Signature: *G. Nelson Clark*  
Date: 11-4-95

301-540-9646

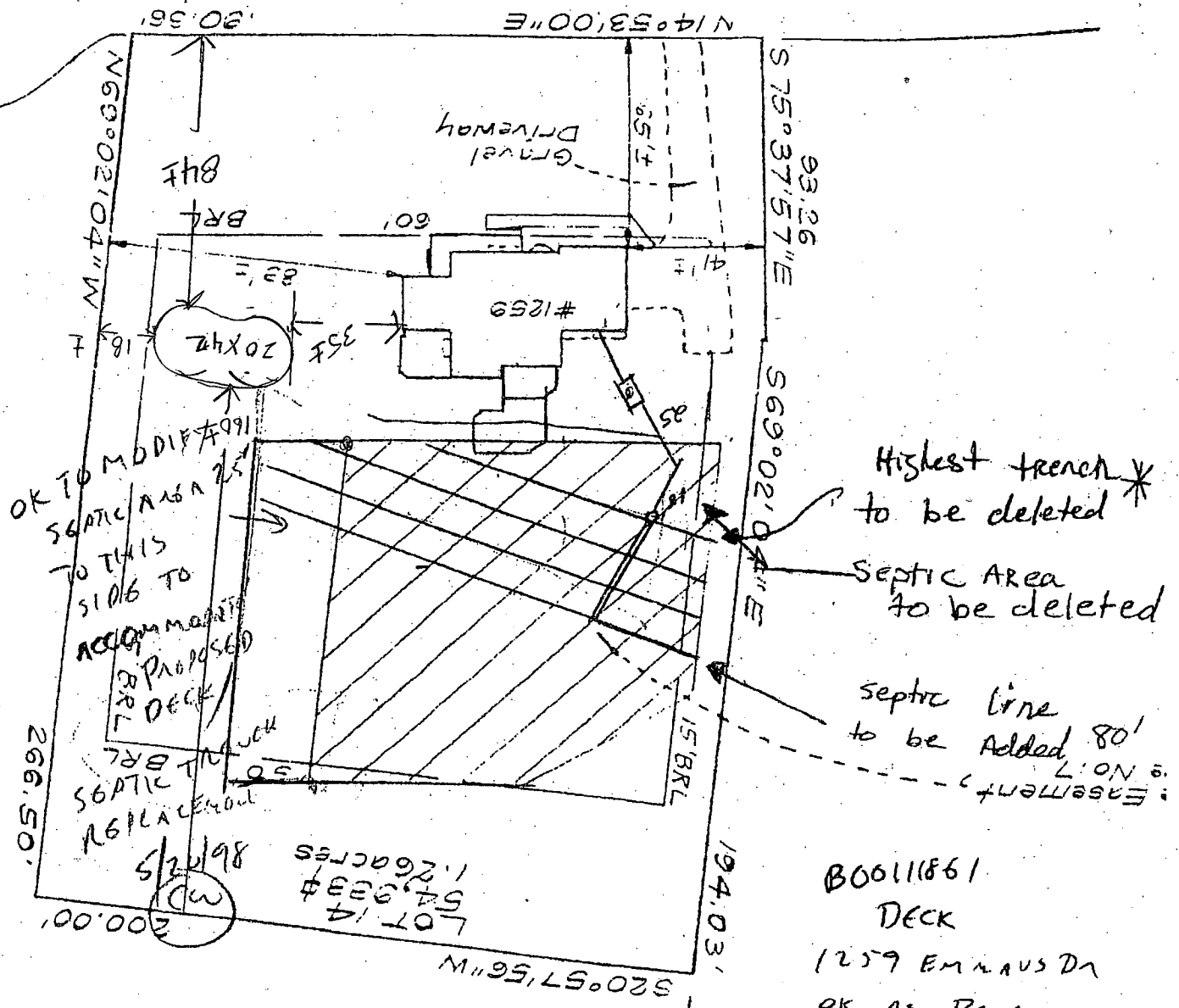
 <b>CLARK • FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.		SCALE	1" = 50'	
		DRAWING	1 OF 1	
DESIGNED	<b>SITE DEVELOPMENT PLAN and          SEDIMENT &amp; EROSION CONTROL PLAN          LOTS 12, 14 &amp; 16          WALNUT SPRINGS          4TH ELECTION DISTRICT          HOWARD COUNTY, MARYLAND</b>		JOB NO.	94-182
DRAWN			FILE NO.	04-182X
CHECKED			FOR: TRINITY BUILDERS 6212 Devon Drive Columbia, Md. 21044	
DATE			11-4-95	

1259  
3005 d

ROAD

50' R/W

EMMAUS



OK TO MODIFY  
SEPTIC AREA  
TO THIS  
SIDE TO  
RECOMMENDED  
PROPOSED  
DECK  
SEPTIC TANK  
REPLACEMENT  
8/2/98  
M

LOT 14  
S 4,333#  
1.76 ACRES

B0011861  
DECK

1259 EMMAUS DR  
OK AS PROPOSED  
NO DESIGN  
COMMITMENT TO  
REPAIR SEPTIC SYSTEM  
AS SHOWN PRIOR TO  
COMPLETION OF  
CONSTRUCTION OF DECK  
(SEPTIC PERMIT P59009)

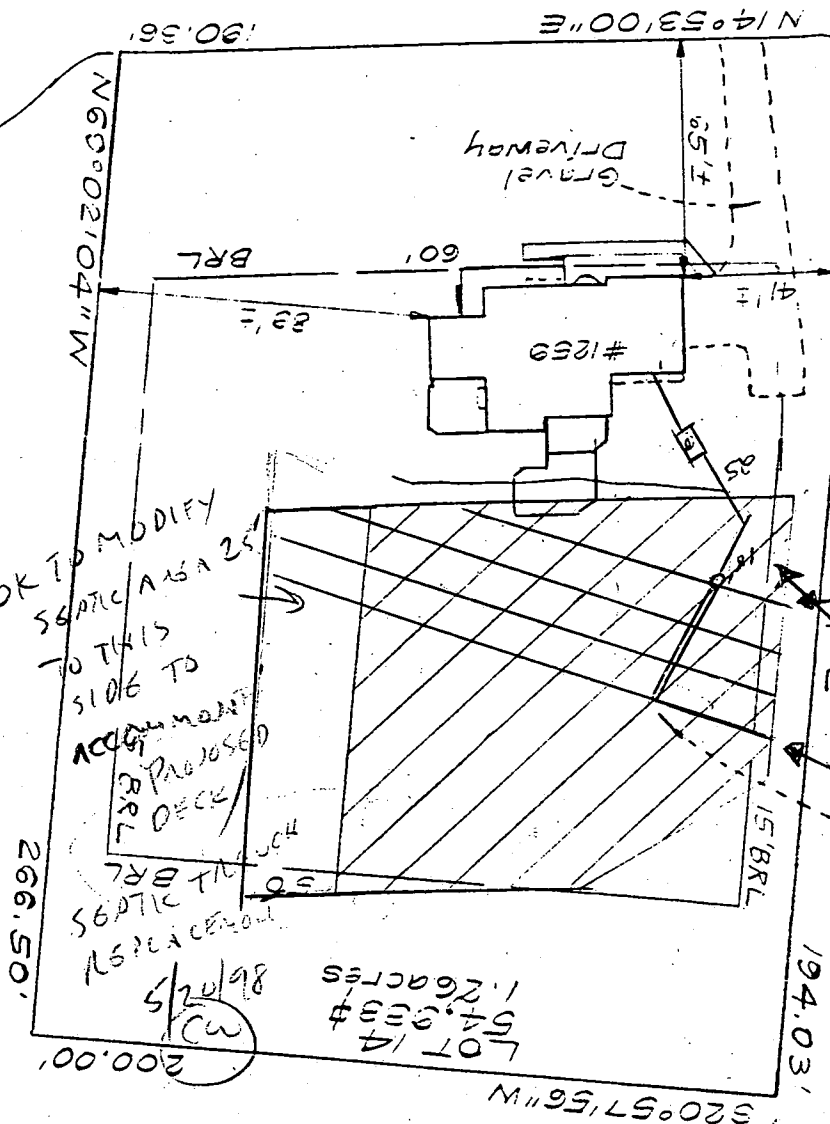
LOT 15  
C. J. Will  
HOWARD CO

\* DELETE TRENCH = HEALTH  
DISCONNECT & LEAVE

RECEIVED  
HOWARD CO. HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
1998 MAY 21 P 12:42

AGRICULTURAL PARCEL

EMMAUS ROAD 50' R/W



Highest trench \*  
to be deleted

Septic Area  
to be deleted

septic line  
to be Added 80'  
NO. 7  
ASSEMBLY

B0011861  
DECK  
1259 EMMAUS DR  
OK AS PROPOSED  
NO BASED ON  
COMMITMENT TO  
REPAIR SEPTIC SYSTEM  
AS SHOWN PRIOR TO  
COMPLETION OF  
CONSTRUCTION OF DECK  
(SEPTIC PERMIT P59003)

SI *Cy Will*  
LOT HOW CO  
HEALTH  
DISCONNECT & LEAVE  
IN PLACE  
CW

REPAIR PERMIT  
P510162 OBTAINED  
5/21/98  
NO WORK PERFORMED  
AS OF 2/11/00  
REFLECT "AS IS"  
CW

AGRICULTURAL PARCEL PERMIT

11-18-97  
1:00  
12-19-97 - 10 AM LATER  
AS NECESSARY  
12-23-97  
a.m.c.o.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59003  
A 49060

DISTRICT 4th

DATE 10/6/97

DATE SYSTEM APPROVED 12/23/97

INSPECTOR DVS

**HOWARD COUNTY HEALTH DEPARTMENT**  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXX~~ 410-313-2640

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 410-795-7873

SUBDIVISION Walnut Springs LOT 14 ROAD 1259 Emmaus Road

PROPERTY OWNER Trinity Custom Homes, Inc.

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS \*\*\* MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK \*\*\*

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet off the front lot line and 55 feet off the left lot line as seen when facing the lot from Emmaus Road. Run first two trenches on contour towards the left lot line and all other trenches in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.  
OK 9/22/97

12/18/97 NOTE - ROAD/SITE GRADING HAS CHANGED CENTER, SMALL AREA OF 225% SLOPE BEHIND HOUSE IN SOA,

PLANS APPROVED BY Donna K. Soe DATE 09/17/97

COVER NO WORK UNTIL INSPECTED AND APPROVED SCALE TO RIGHT OF HOUSE UNITS ADJUSTMENTS, HIGH TRENCHES INSIDE THAN ELL DIRT, etc

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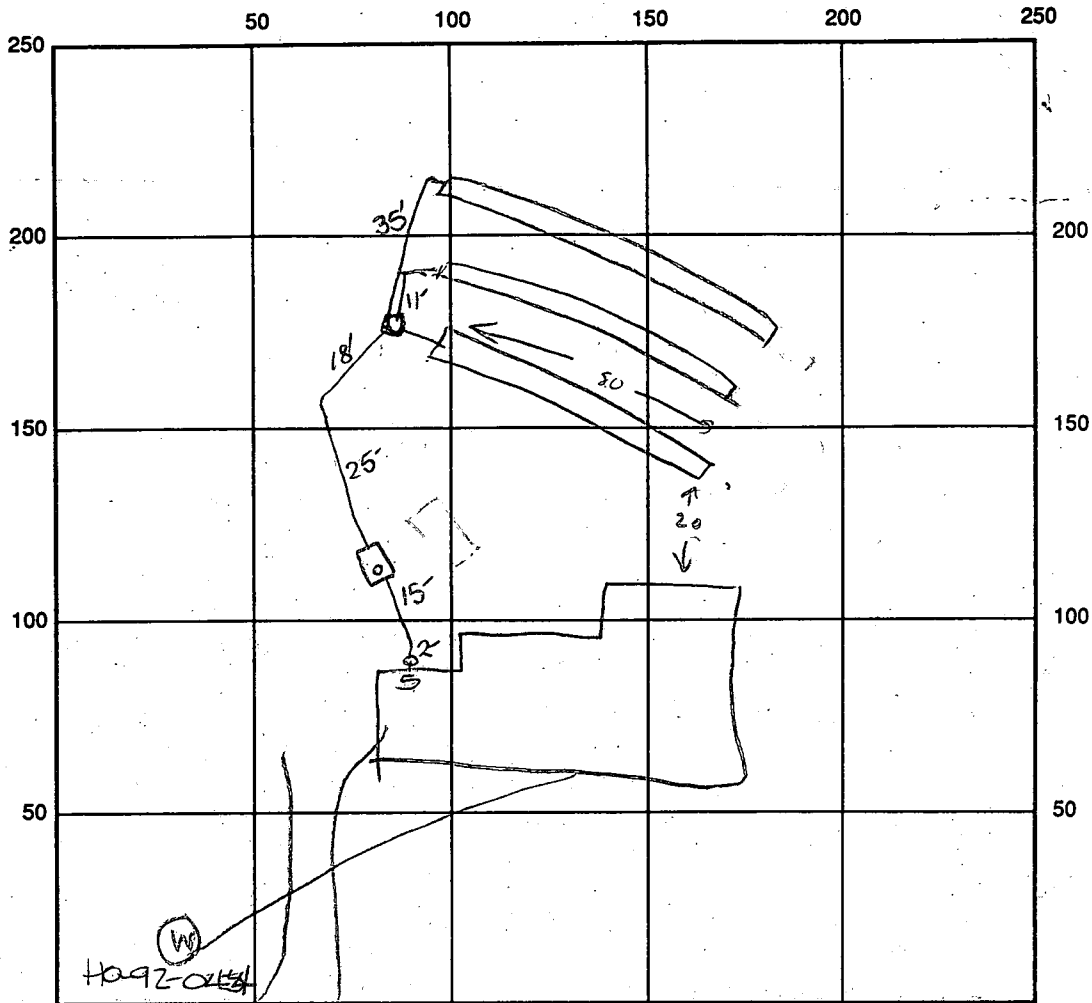
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**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A  
49060



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ CLEANOUTS one at house; one on s.t.  
 DISTRIBUTION BOX LEVEL OK  
 DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.  
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 3 x 80 FT. → 240  
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 960 SQ. FT.  
 DRYWALL INSIDE DIAMETER ✓ FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS: 12/19/97 1<sup>ST</sup> TRENCH OK TO ADD GRAVEL. - WORK DISCONTINUED, EQUIPMENT BREAK DOWN (W)  
12/23/97 FINAL INSP - OK TO COVER ALL WORK. DVS/ALM

12/23/97 D.A. 4.5' h.g; well casing 8" a.g; 2 pc cap installed - OK to cover. DVS/ALM

DATE SYSTEM APPROVED 12/23/97 INSPECTOR SONIA K [signature] / ALM

# APPLICATION

PERCOLATION TESTING

A 49060

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/16/93

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 CHARLES SCHROEDER Trinity Custom Homes, Inc

ADDRESS 1245 MORBAN STATION RD PHONE 301 854 6217

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

14 on signed prelim ~~15~~ on  
17 PERC PLAT

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION EAST OF MORBAN STATION RD. SOUTH OF Rn. 70

(1259 EMMAUS ROAD

BLDG. PERMIT SIGNED

~~AND RETURNED 9-15-92~~

Serial # B7010 7572

TAX MAP 8 PARCEL # 313

SIZE OF LOT ± 40,400 sq TYPE BLDG. SINGLE FAMILY-4Bm  
(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] (Bender Assoc)  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT-PERC OK MR 6/3/93

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

A49060

COUNTY #

PROPOSED ROAD

Lot 17 SOIL PROFILE

0' red cl lm  
+  
sac cl lm  
3 tan red sa lm  
15% Frags  
13

(2) red brn clay + cl lm  
10-15% Frags  
7-8

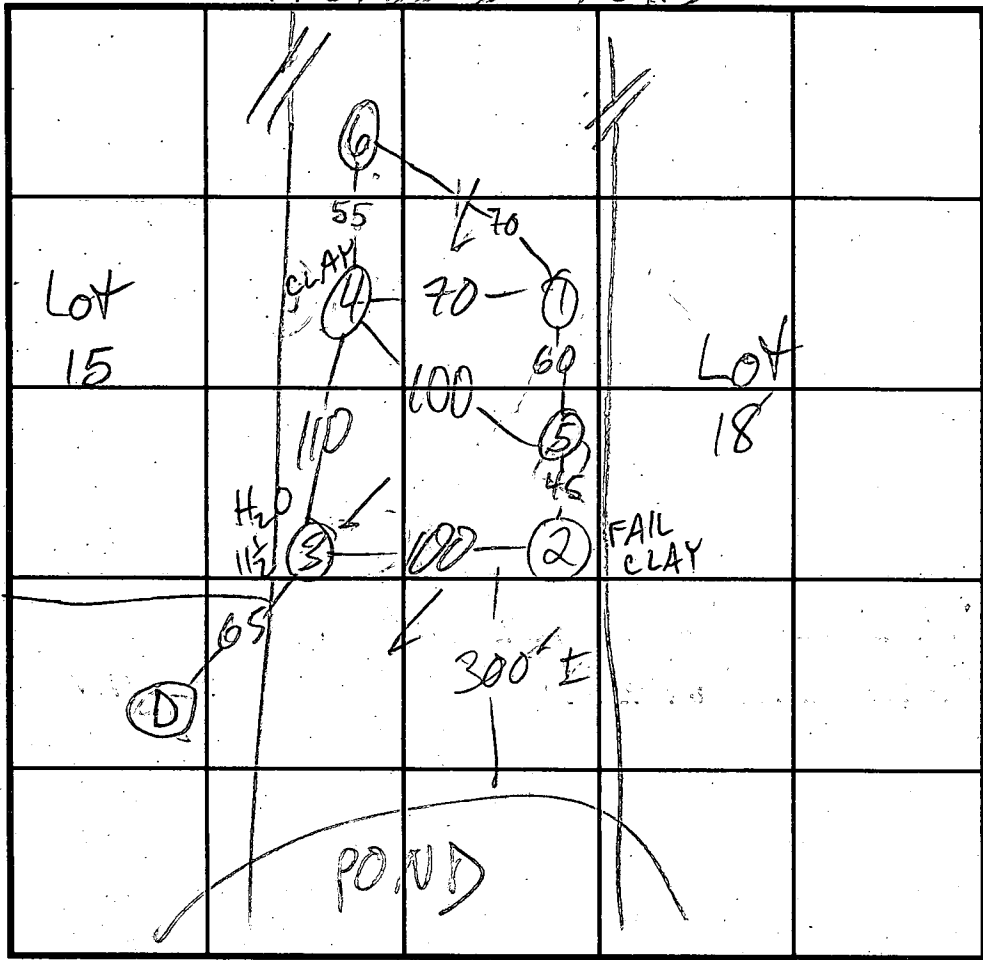
brn sa lm  
20% Frags  
13

(4) brn clay lm  
15% Frags  
7  
brn tan sa lm  
20% Frags  
13

SOIL PROFILE

0' (6) red org cl lm  
4 1/2 pink tan sa lm  
10% Frags  
DEEPER DEPTH POSSIBLE E  
1 1/2

(3) brn cl lm  
4 1/2-5  
red brn sa lm  
20% Frags  
1 1/2 WATER



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/13/93	1S	4	11:05	11:07	11:07	11:12	5	
	1V	13	see profile					
	2S	5	11:26	11:37	NO MOVEMENT		FAIL	
		7	11:43	12:10	FAIL 1/4"			
	2V	13	see profile					
	3S	5	11:51	12:06	12:06	12:32	26	
	3V	12	H <sub>2</sub> O @ 1 1/2		see profile			
	4S	4	1:03	1:14	NO MOVEMENT		34 min	
		7	1:23	1:26	1:26	2:00		
	4V	13	see profile better below					7
	5S	7	12:46	12:53	12:53	1:04	11	
	5V	-	NOT DUG		red clay to 6'		OK	

REMARKS: 6V 1 1/2 see profile OK  
 TYPE OF SOIL: HOLES (1)-(6) PER RED LINE PLAN; USE (1)-(4)-(5)-(6)  
 TESTED BY: M. Rifkin ALSO PRESENT: Fyock crew, D. Blevins  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 19. TRENCH WIDTH 2  
 INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 9 SQ. FT./BEDROOM 240

C 1 **0498** 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 **A 49060**

ST/CO USE ONLY  
 DATE RECEIVED **080693**  
 DATE WELL COMPLETED **092393**

Depth of Well  
**365**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-92-0959**

OWNER **Schnyer, Charles W.**  
 STREET OR RFD **4000 Mercator Station Rd** last name first name  
 TOWN **Woodbine MD 21797**  
 SUBDIVISION **Walnut Square** SECTION LOT **14**

**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	
Brown Shale	0	49	
Blue Rock	49	365	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS **14** NO. OF POUNDS **1516**  
 GALLONS OF WATER **14**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **45** ft.

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

**MAIN CASING TYPE**  
 Nominal diameter top (main) casing (nearest inch) **4**  
 Total depth of main casing (nearest foot) **365**

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

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

**C 2**  
 DEPTH (nearest ft.)  
 E A C H S C R E E N  
 1 **40** **51** **365**  
 2  
 3  
 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

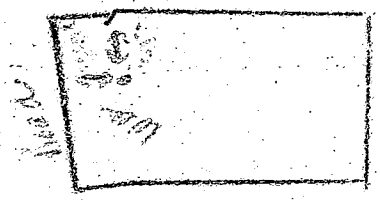
**OEP USE ONLY**  
 (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **3**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **48**  
 WHEN PUMPING **263**  
 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) **31**  
 PUMP HORSE POWER **37**  
 PUMP COLUMN LENGTH (nearest ft.) **43**  
 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)



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. **24**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 **02658** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

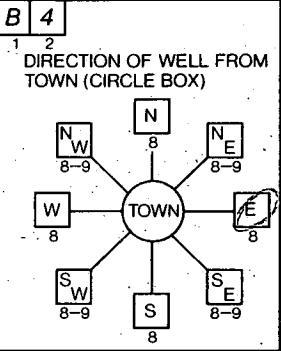
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-92-0454**  
 fill in this form completely

Date Received (APA) **080693**  
**OWNER INFORMATION**  
 Last Name: **SCHROYER** Owner: **W** First Name: **CHARLES**  
 Street or RFD: **1245 MORGAN STATION**  
 Town: **WOODBINE** State: **MD** Zip: **21797**

B 3 **LOCATION OF WELL**  
 HOWARD COUNTY  
 WALNUT SPRINGS SUBDIVISION  
 SECTION **45** LOT **14**  
 LISBON NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DRILLER INFORMATION**  
 Driller's Name: **Joseph L. Meyer** License No. **24**  
 Firm Name: **Walt Drilling**  
 Address: **5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Signature: **Joseph L. Meyer** Date: **8/6/93**



**NEAR WHAT ROAD**  
~~Howard Rd~~  
**Morgan Station Rd**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 DISTANCE FROM ROAD **20** FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME: **Howard** COUNTY NO. **A49060**  
 STATE SIGNATURE: \_\_\_\_\_ INSERT S   
 DATE ISSUED: **083193** **Crawford** **8/31/94**  
 NORTH GRID: **546000** EAST GRID: **0787000**

**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 **220** FEET

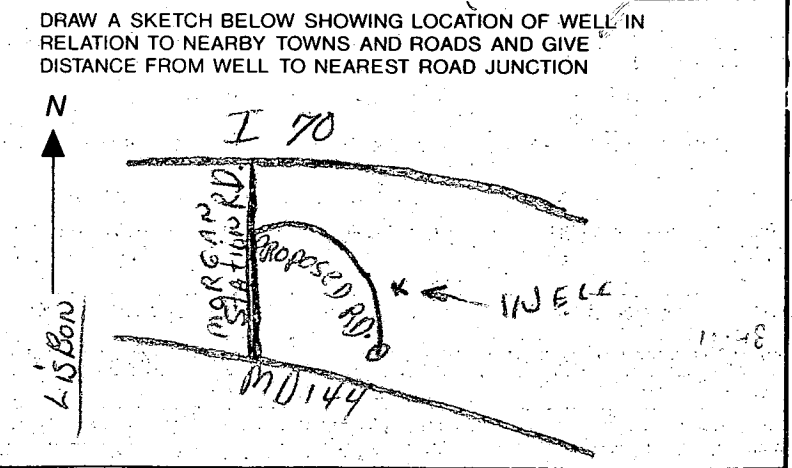
APPROXIMATE DIAMETER OF WELL **6** INCH

**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. *30' open*  
 3. *Jetted*  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **7807**  
 N **5406**

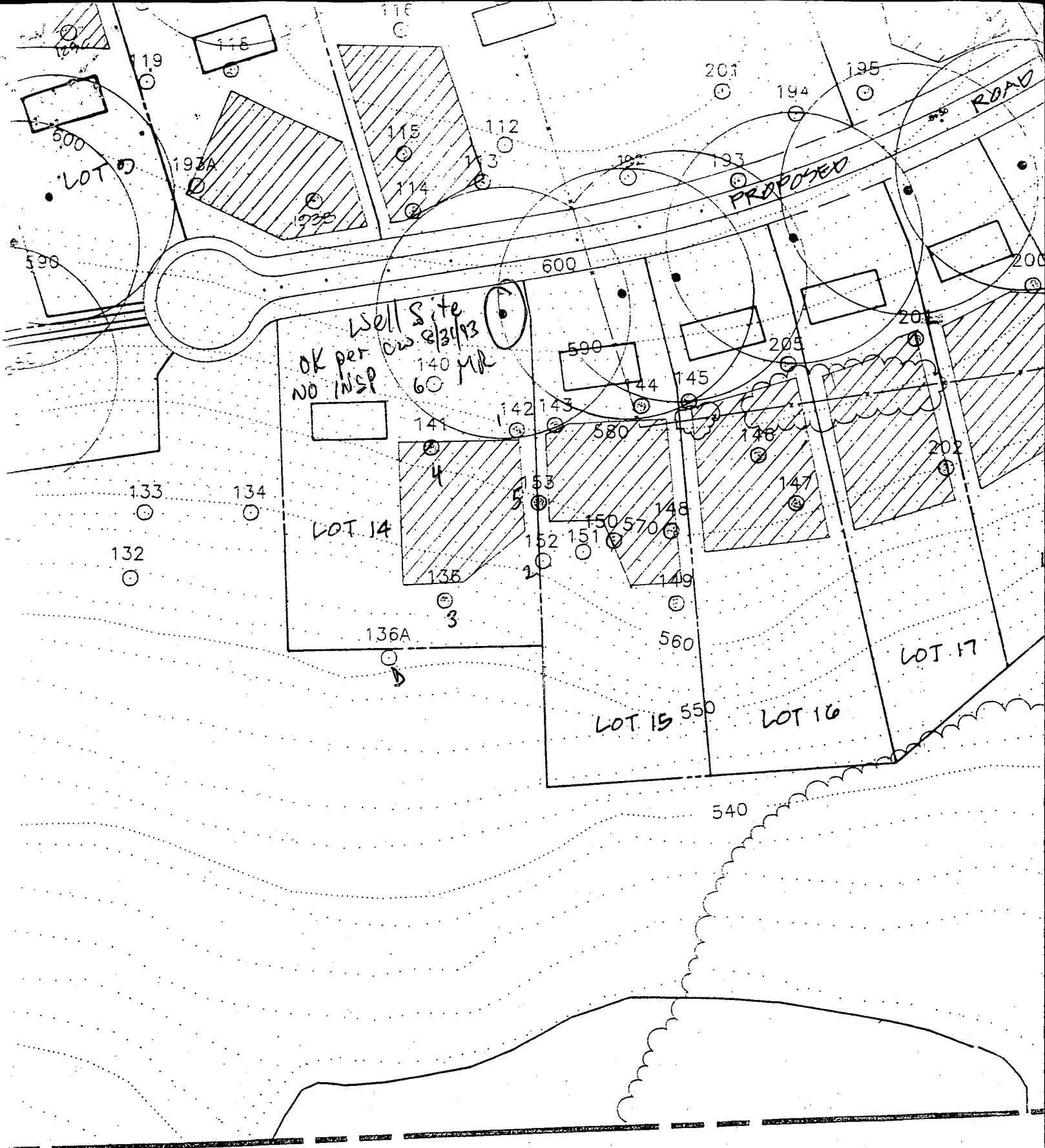
*9-23-92 Grout 12:30 per well  
 14' Bag of cement per well  
 52' opening well  
 30' of grout open  
 1' of cement about 0.6' (Country of site)*

**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 DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller. (OEP USE ONLY)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HD-92-0454**

SPECIAL CONDITIONS \_\_\_\_\_



Well Site  
 OK per CW 8/31/93  
 NO INSP  
 60 MR

LOT 14

LOT 15

LOT 16

LOT 17

PROPOSED

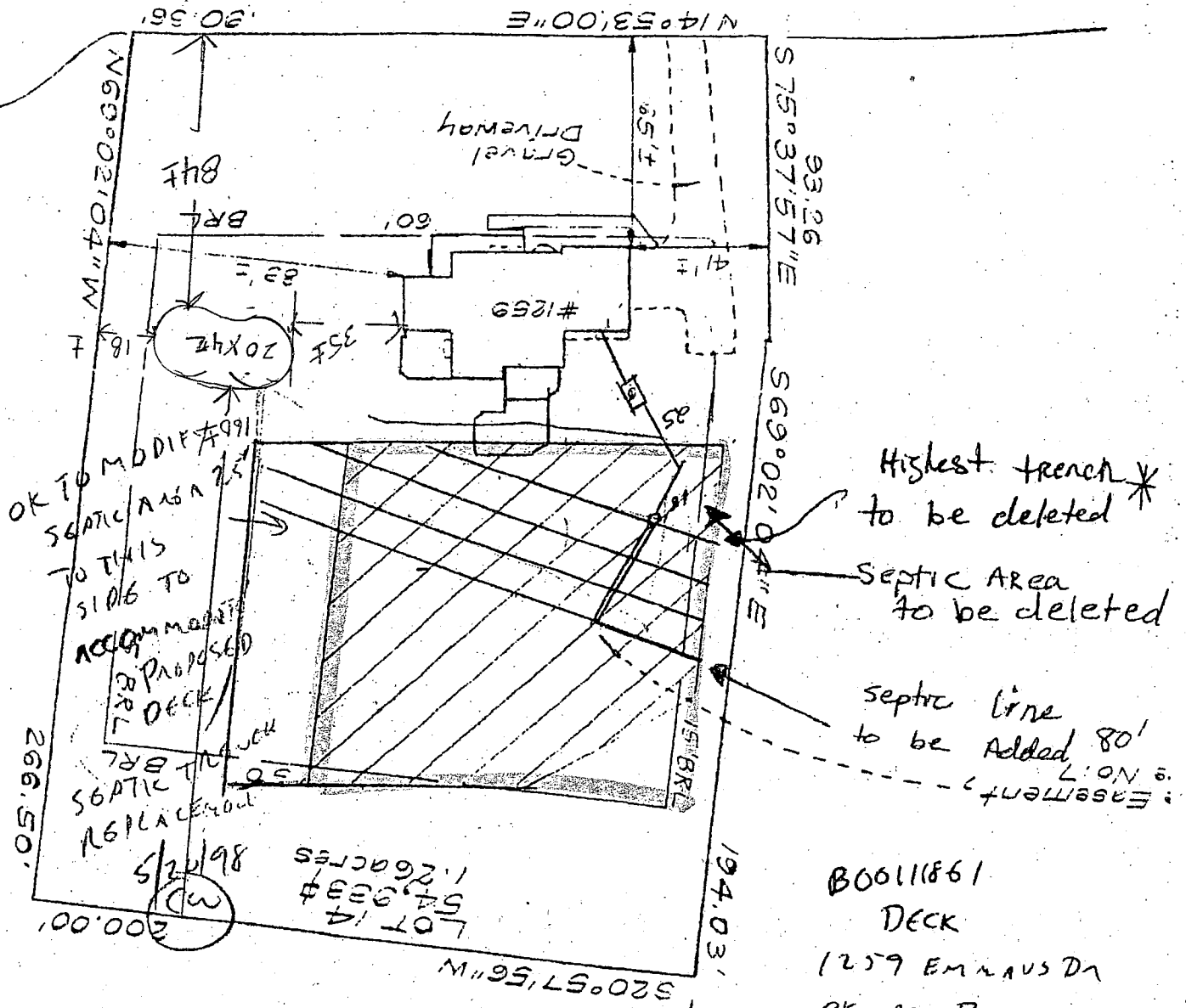
ROAD

4/1/05 B00153386

Proposed Pool ok w/ existing SDA

EMMAUS 50' R/W (KJB)

ROAD



RECEIVED  
 HOWARD CO. HEALTH DEPT.  
 ENVIRONMENTAL HEALTH  
 1998 MAY 21 P 12:42

AGRICULTURAL PARCEL

\* DELETE TRENCH = HEALTH DISCONNECT & LEAVE



*Full PR 9/12/05 REVISION*

*CR 40379  
CR 98651  
\$50.00*

**BROWNING**  
CONSTRUCTION CO., INC.

23731 Ridge Road, Germantown, Maryland 20876  
6905-C Baltimore National Pike, Frederick, Maryland 21702

BROWNING POOL & SPA  
Sales (301) 972-3800  
(301) 253-2875  
Fax (301) 540-9646  
FREDERICK  
(301) 473-9100

**RECEIVED**

SEP 12 2005

LICENSES & PERMITS  
DIVISION

September 6, 2005

Avis Corbin  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

*[Signature]*

*9/14/05*

*No issues w/  
SPA location*

Dear Ms. Corbin:

This letter is for an amendment of permit # B00153386 for Randy Simpson 1259 Emmaus Road Woodbine, MD 21797. This is for the installation of a spa which is located on the plat drawings that are included. If there are any questions please call our office.

Sincerely,

*Kristi Buffington*  
Kristi Buffington

**REVIEWED FOR  
CODE COMPLIANCE**  
Enclosed to the \$50.00 fee

DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: *9/12/05*

BY: *[Signature]*

SUBJECT TO COMMENTS OF LETTER  
 SUBJECT TO FIELD INSPECTION  
 SUBJECT TO COMMENTS ON PLANS  
 AMENDMENT       FINAL

*add note*

*RASHP*

*cc DPZ - 9/12/05*  
*Health Dept*

*Subject to Health  
+ DPZ approval*

