

1/4/00 10:00
3/15/00 AM
8/15/00
WPI -
anytime
(6am-5pm)
@stc

INDEXED PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513204

A 49400

DISTRICT _____

DATE 1/3/00

DATE SYSTEM APPROVED 4/6/01

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

Jeff Harmon - Builder
Dave Thaden - Subcontractor

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Paternal Gift Farm LOT 26 ROAD 13536 Paternal Gift Drive

PROPERTY OWNER Thomas F. Vehoun

ADDRESS _____

TOP SEAMED TANK REQUIRED
SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM PROPOSED

- INSTALL: 1-1250 Gallon Top Seamed Pump Chamber
- NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pump septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the right front corner, place the distribution box 80 feet down the front lot line and 10 feet off this same lot line. Run trenches on contour in both directions.

LAYOUT INSPECTION REQUIRED BEFORE INSTALLATION.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/27/99 OK BU

PLANS APPROVED BY Mark Rifkin/Amy McMillen DATE 11/14/1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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 49400

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date _____
 Name of Installer Dave Thaden Telephone _____
 License Number 10382
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Tom Johnson Telephone 410-242-1700
 Subdivision Paternal Gift Lot # 26 Well Tag # 10-94-2042
 Site Address 13536 Paternal Gift Dr

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make 21450-74416
 3. Model # _____
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor
 1. Horsepower 3/4
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make Campbell
 2. Model # 18x401
 3. Depth 4'

Tank
 1. Capacity 40
 2. Pressure relief valve?

Piping
 1. Type Polypro Polyene
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 4'

Well data
 1. Depth 240 ft.
 2. Yield 12 GPM
 3. Static water level 34 ft.
 4. Will water supply be disinfected by installer? _____

*WPI - Pitless adapter OK @ 3 1/2 ft
 2 piece cap, PVC Conduit pipe OK
 8/15/00*

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Dave Thaden } off copy of permit 8/15/00
 Date: 8/12/00

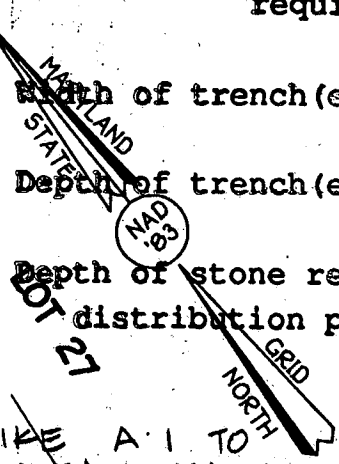
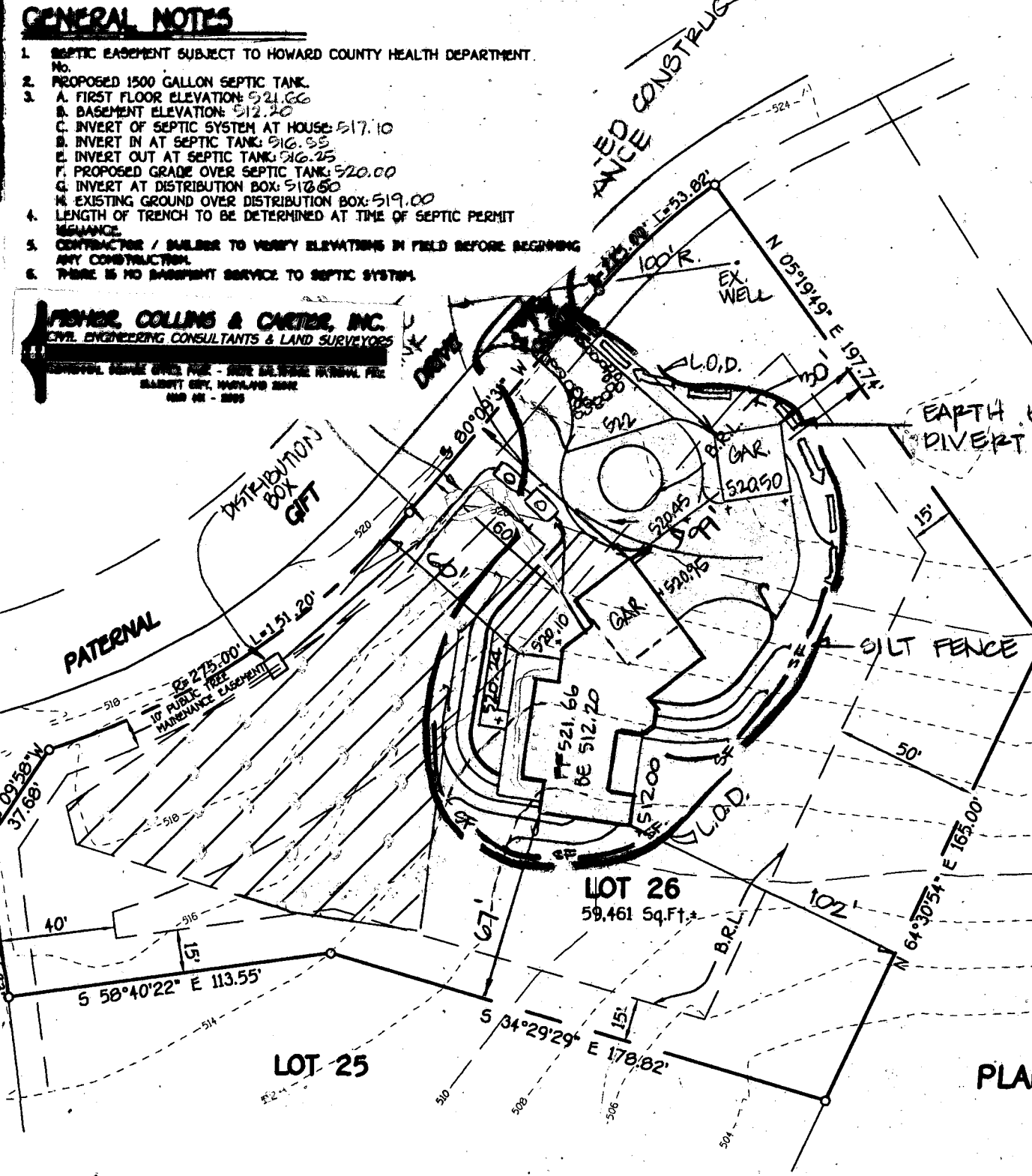
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 521.00
 B. BASEMENT ELEVATION: 512.20
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 517.10
 D. INVERT IN AT SEPTIC TANK: 516.95
 E. INVERT OUT AT SEPTIC TANK: 516.25
 F. PROPOSED GRADE OVER SEPTIC TANK: 520.00
 G. INVERT AT DISTRIBUTION BOX: 518.60
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 519.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT REVISION.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO EASEMENT SERVICE TO SEPTIC SYSTEM.

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 10000 GREENBELT AVENUE - SUITE 200
 GREENBELT, MARYLAND 20814
 (301) 441-1000

Total linear feet of trench required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.5 feet
 Depth of stone required below distribution pipe 2.0 feet



Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature _____ Date 11/4/99

PRESERVATION PARCEL 'A' (AGRICULTURAL PRESERVATION) AREA = 0.295 AC.± FOR TOTAL AREA SEE SHEET 2 (PRIVATELY OWNED AND MAINTAINED BY THE HOMEOWNER'S ASSOCIATION)

GP.00-65
 PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

LOT 26
PATERNAL GIFT FARM



SYMBOL

the diameter will be foot.

ties elements

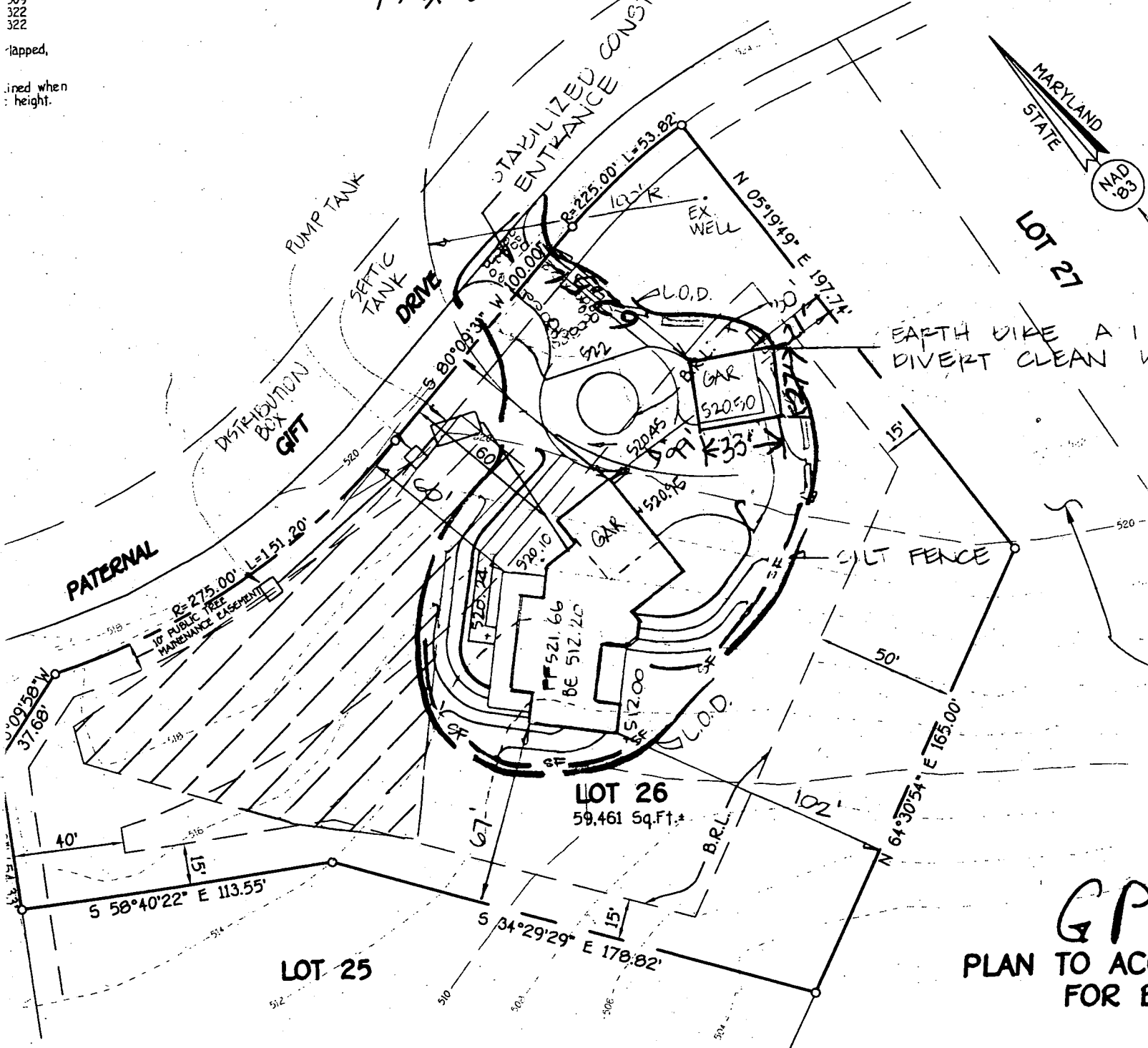
509
509
322
322

lapped,

lined when
height.

- C. INVERT OF SEPTIC SYSTEM AT
- D. INVERT IN AT SEPTIC TANK
- E. INVERT OUT AT SEPTIC TANK
- F. PROPOSED GRADE OVER SEPTIC
- G. INVERT AT DISTRIBUTION BOX
- H. EXISTING GROUND OVER DISTRIB
- 4. LENGTH OF TRENCH TO BE DETERM
- ISSUANCE.
- 5. CONTRACTOR / BUILDER TO VERIFY
- ANY CONSTRUCTION.
- 6. THERE IS NO BASEMENT SERVICE

Min 18"
Max 36"



GP.
PLAN TO ACC
FOR B

PATERNA
LO
AND PRESE



Parcels 90, 17
FIFTH

APPLICATION

PERCOLATION TESTING

A 49400

P _____

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

DISTRICT _____

DATE 7/7/93

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 SUSAN SCHEIDT THOMAS F. VEHOUN

ADDRESS 12730 HALLS SHOP ROAD HIGHLAND MD. 20777 PHONE 531-2326

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC.

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION: _____

SUBDIVISION PATERNAL GIFT LOT NO. 26

ROAD AND DESCRIPTION HALLS SHOP ROAD / 216 & 108

(13536 PATERNAL GIFT DRIVE)

TAX MAP 40 PARCEL # 396, 179 & 90

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 3 BOM
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNATURE
AND RETURNED 11-4-99
David H. Bost 12/1/68
S.F.D. - 3 BOM

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. Zacharia Y. Fisch (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

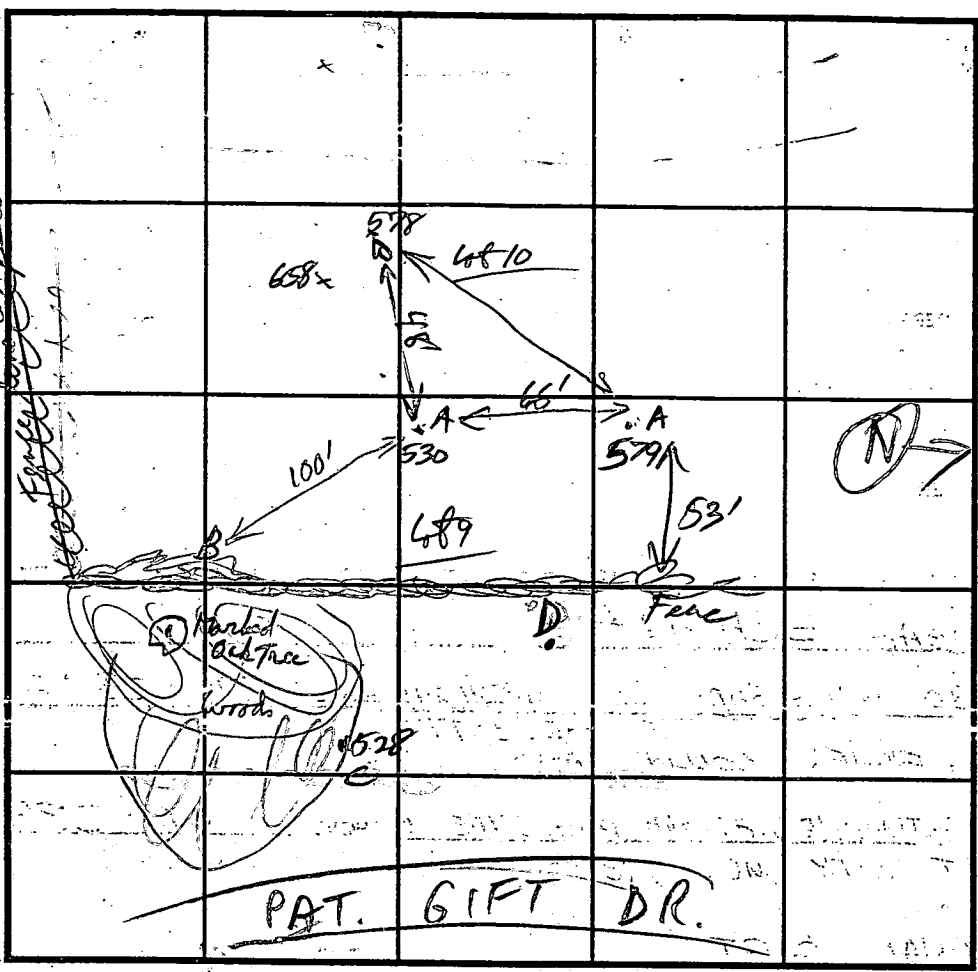
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

SOIL PROFILE
 530 A
 yel Red-Brn
 SiCL
 7.5-10% @ 2-4'
 hCL
 4'
 Red Brn
 SiCL
 Variegated
 Lom
 7'
 Red Brn
 Mica
 Lom
 13'
 State # B
 Light Red
 Brn to Lt Brn
 7.5% K 6/6
 Si
 2 1/2'
 Red hCL
 CC roots
 7'
 Variegated
 Red Brn +
 orange + Brn
 h Lom
 9'
 some copper
 Lom but
 Si
 11'
 Yellow Red (Gneiss)
 at bottom
 528 C
 Brn-Yel Brn
 SiCL
 2 1/2-3'
 Red
 Clay-SCL
 7-8'
 Red Brn
 pile frag,
 + cream
 hard,
 brittle
 mpi
 cracks when
 dry
 SL
 13'



SOIL PROFILE
 5 D
 pale
 yel Red-Brn
 7.5-10% @ 2-4'
 SiCL
 some Rock @
 boundary
 4 1/2'
 Red C
 -SCL
 8'
 pale Red-Br
 Lom
 to yel Red
 SL
 ↓ sandier
 13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-9-93	530 (A)	V 13' 8'	9:14:29	pulled @ 9:44			Top Show Fail
	No # (B)	6'	9:20:00	10:00	1" in 40 min		40 min Fail
	Base Marked Tree	V 13'	Some holes @ bottom @ 11 ft		(40' from Marked Tree)		
	6810 B	V 11'	very dark Brn v. moist mica Lom @ 10 1/2-11'				
	528 (C)	8'	3:18:00	pulled 3:28 AM	in 10 min		Fail
	V 13						
	D	8'	3:21:00	3:23:00	3:23:00	3:26:00	3 min
	V 13						

REMARKS: *Rate too slow*
 TYPE OF SOIL: *M. Elise*
 TESTED BY: *R.P. Kelly* ALSO PRESENT: *Don + Ricky*
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 49400

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

page 2

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER S. SCHAELDT

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PATERNAL GIFT LOT NO. LOT 9

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 7/20/19 3 Perce OT - but must consult with R.P

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

LOC 9
49400
COUNTY #

12

LOT 9

SOIL PROFILE

SOIL PROFILE

0'
4'
12 1/2'

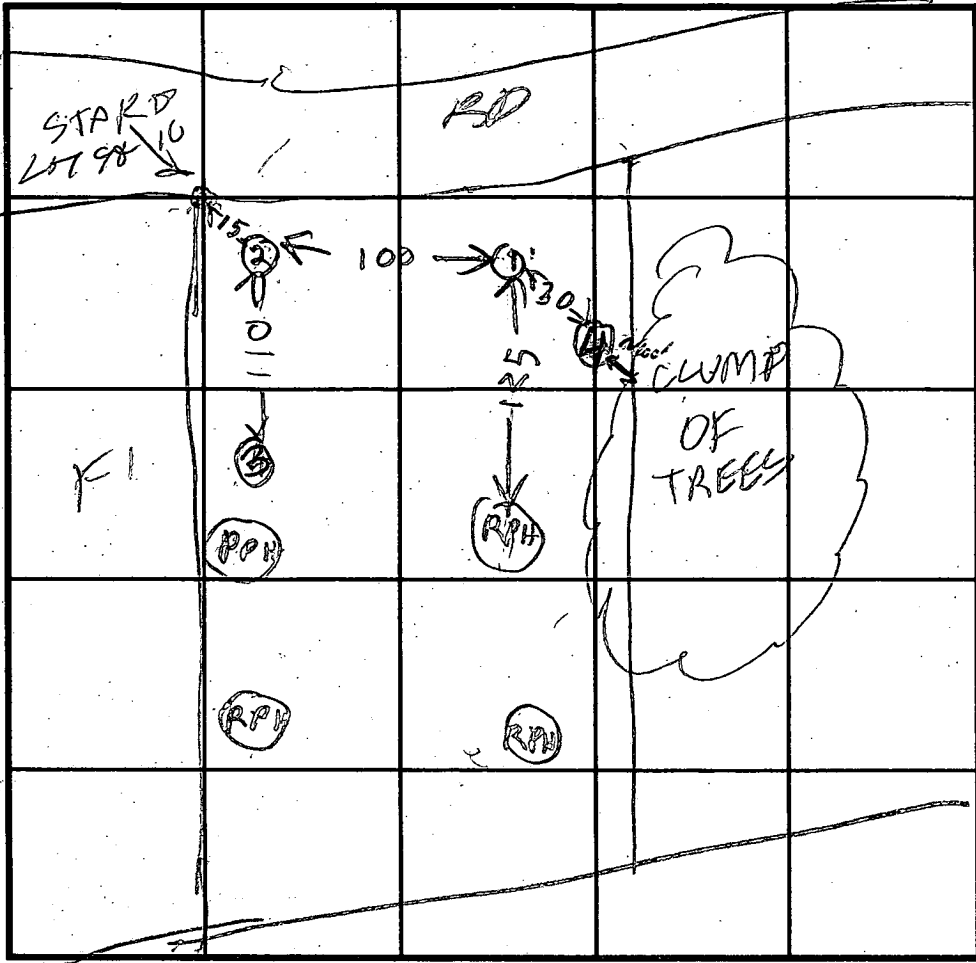
SOIL PROFILE ①
BROWN CLAY
TOP OF ORANGE SAND LOAM

0'
3'

SOIL PROFILE ②
BROWN CLAY
BROWN GRAY SAND LOAM

4'

SOIL PROFILE ③
RED BROWN CLAY
BEIGE SAND LOAM



0'
9'

SOIL PROFILE ④
RED BROWN CLAY

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/93	15	4.5	1040	1042	1042	1046	4
"	1V	12.5	OK				
"	25	5	1146	1147	1147	1148	1.7
"	25	5	1148	1149	1149	1150	0.7
"	2V	12	OK				
"	35	4.5	1152	1154	1154	1156	2
"	3V	13.5	OK				
"	④V	9	CLAY FAIL				
<p>(From August conference call) Note see site out/surveyor's Plot copy for correct test hole placement - Ry's Clump of Trees is oriented wrong correction in holes 3+4 per Mrs Scheidt's comments in field</p>							

REMARKS CONSULT WITH RP LOT LINES Consult with R.P.
TYPE OF SOIL (RPH) = Ron Pinkley Hole OWNER MRS MRS SCHEIDT
TESTED BY B. Hodger ALSO PRESENT RICK & DON OF PROCL
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

135

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

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 Susan Scheidt

ADDRESS 12730 Hall Shop Rd PHONE 531-2326

AGENT OR PROSPECTIVE BUYER Fisher Collins Carter

ADDRESS 9171 Balt. Nat. Pk. Suite 100 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Paternal xyt LOT NO. Final 26

ROAD AND DESCRIPTION Rt. 216 S 108

TAX MAP 40 PARCEL # 396,179,90

SIZE OF LOT 1 ac ± TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

Lot 9

COUNTY #

SOIL PROFILE

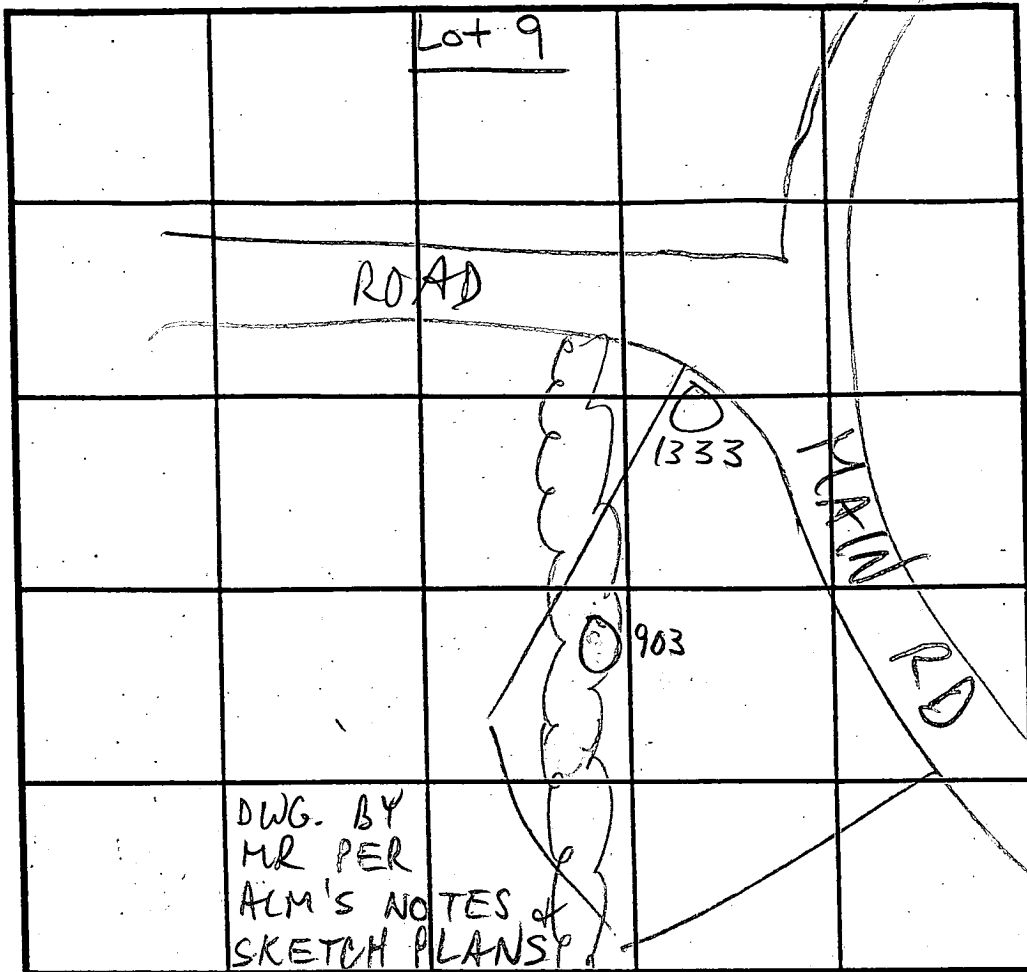
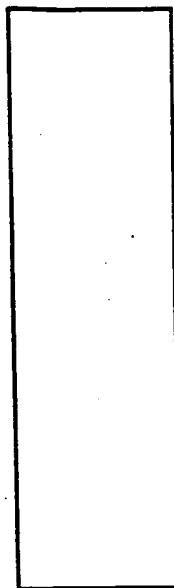
1333

red C

orange/brn SL

1st tan S

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/24/93	1333	3' viz	1:16	1:19	1:19	1:25	6min OK
	903	SHOWN ON 7/13/93 SKETCH PLAN					
		TESTED BY RHE? AS MODIFIED					
		NOTES NOT FOUND					

REMARKS

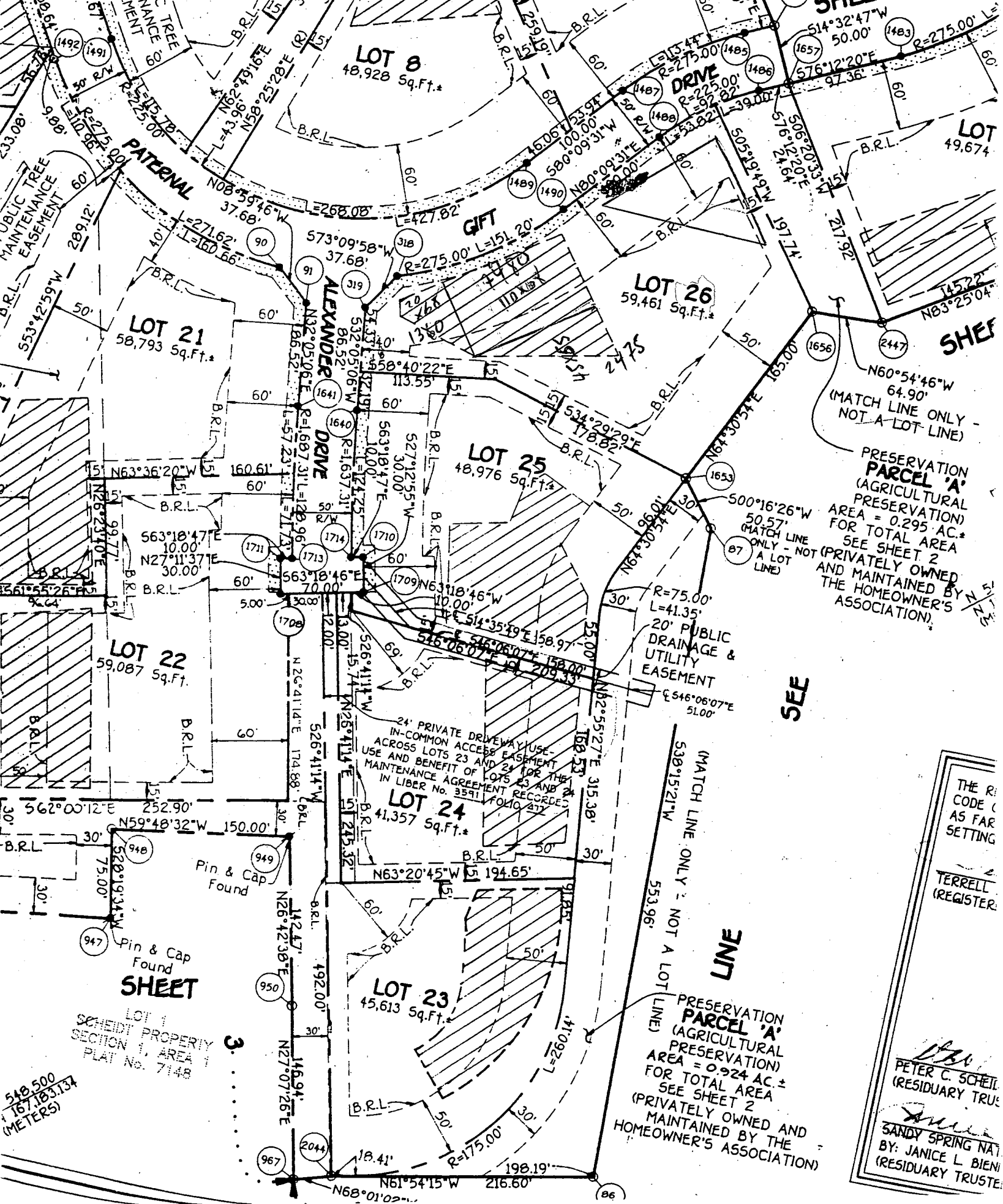
TYPE OF SOIL

TESTED BY Amy McMiller

ALSO PRESENT S. Schiedt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH



LOT 8
48,928 Sq.Ft.*

LOT 21
58,793 Sq.Ft.*

LOT 26
59,461 Sq.Ft.*

LOT 25
48,976 Sq.Ft.*

LOT 22
59,087 Sq.Ft.

LOT 24
41,357 Sq.Ft.*

LOT 23
45,613 Sq.Ft.*

PRESERVATION PARCEL 'A'
(AGRICULTURAL PRESERVATION)
AREA = 0.295 AC.*
FOR TOTAL AREA SEE SHEET 2
(PRIVATELY OWNED AND MAINTAINED BY THE HOMEOWNER'S ASSOCIATION).

PRESERVATION PARCEL 'A'
(AGRICULTURAL PRESERVATION)
AREA = 0.924 AC.*
FOR TOTAL AREA SEE SHEET 2
(PRIVATELY OWNED AND MAINTAINED BY THE HOMEOWNER'S ASSOCIATION)

24' PRIVATE DRIVEWAY USE - IN-COMMON ACCESS EASEMENT ACROSS LOTS 23 AND 24 FOR THE USE AND BENEFIT OF LOTS 23 AND 24 IN LIBER No. 3591, FOLIO 272

SEE

LINE

THE R CODE AS FAR SETTING TERRELL (REGISTER)

PETER C. SCHEIDT (RESIDUARY TRU)

SANDY SPRING NAT BY: JANICE L BIENI (RESIDUARY TRU)

LOT 1 SCHEIDT PROPERTY SECTION 1, AREA 1 PLAT No. 7148

548.500 167.183.134 (METERS)

SHEET

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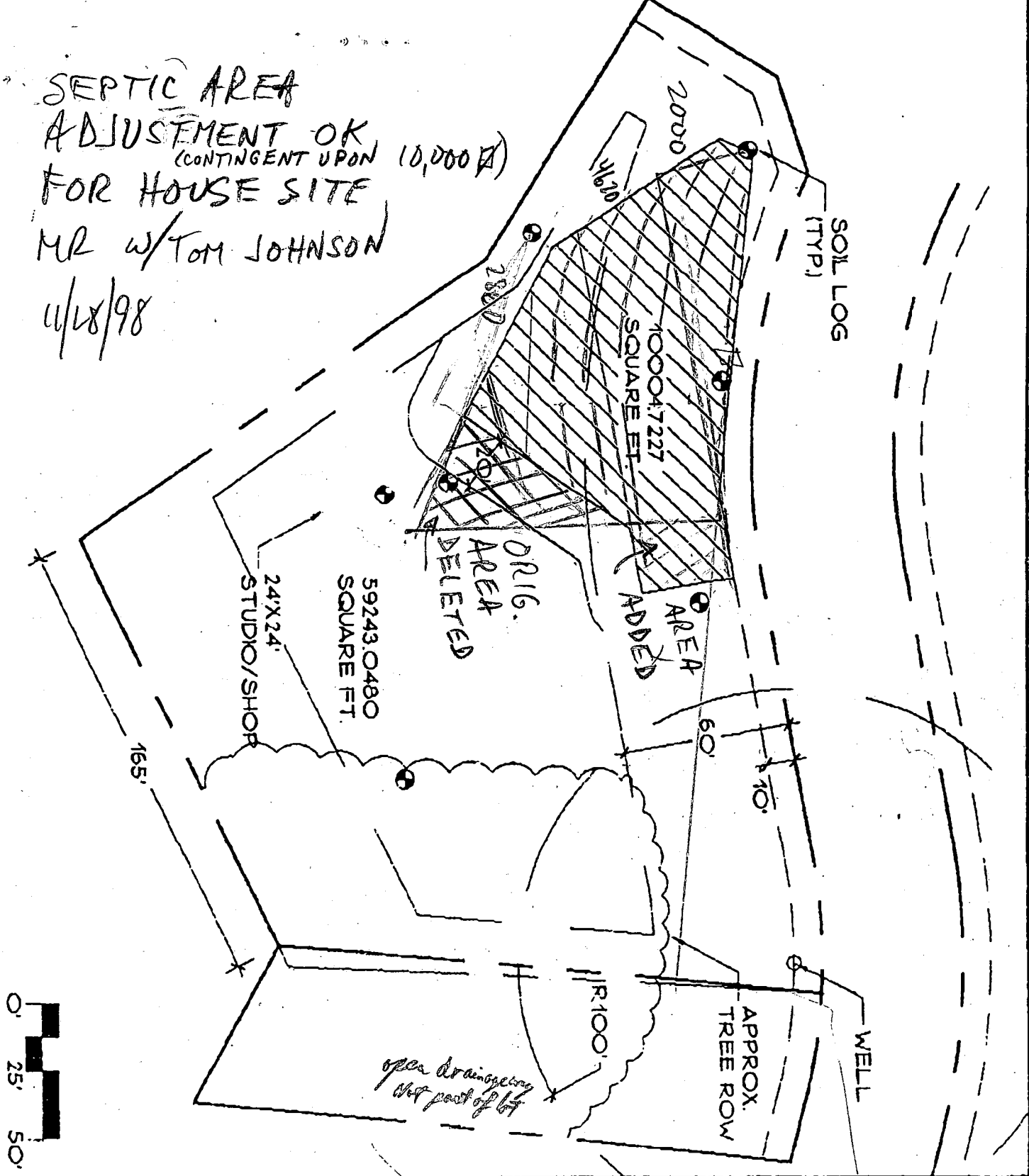
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1257</

SEPTIC AREA
 ADJUSTMENT OK
 (CONTINGENT UPON 10,000^{sq} ft)
 FOR HOUSE SITE
 MR W/TOM JOHNSON
 4/18/98



119 W. Main St., P.O. Box 125, Boalsburg, PA 16827
 Phone: 814-466-7811 Fax: 814-466-6340
 Email: hparch@boalsburg.com

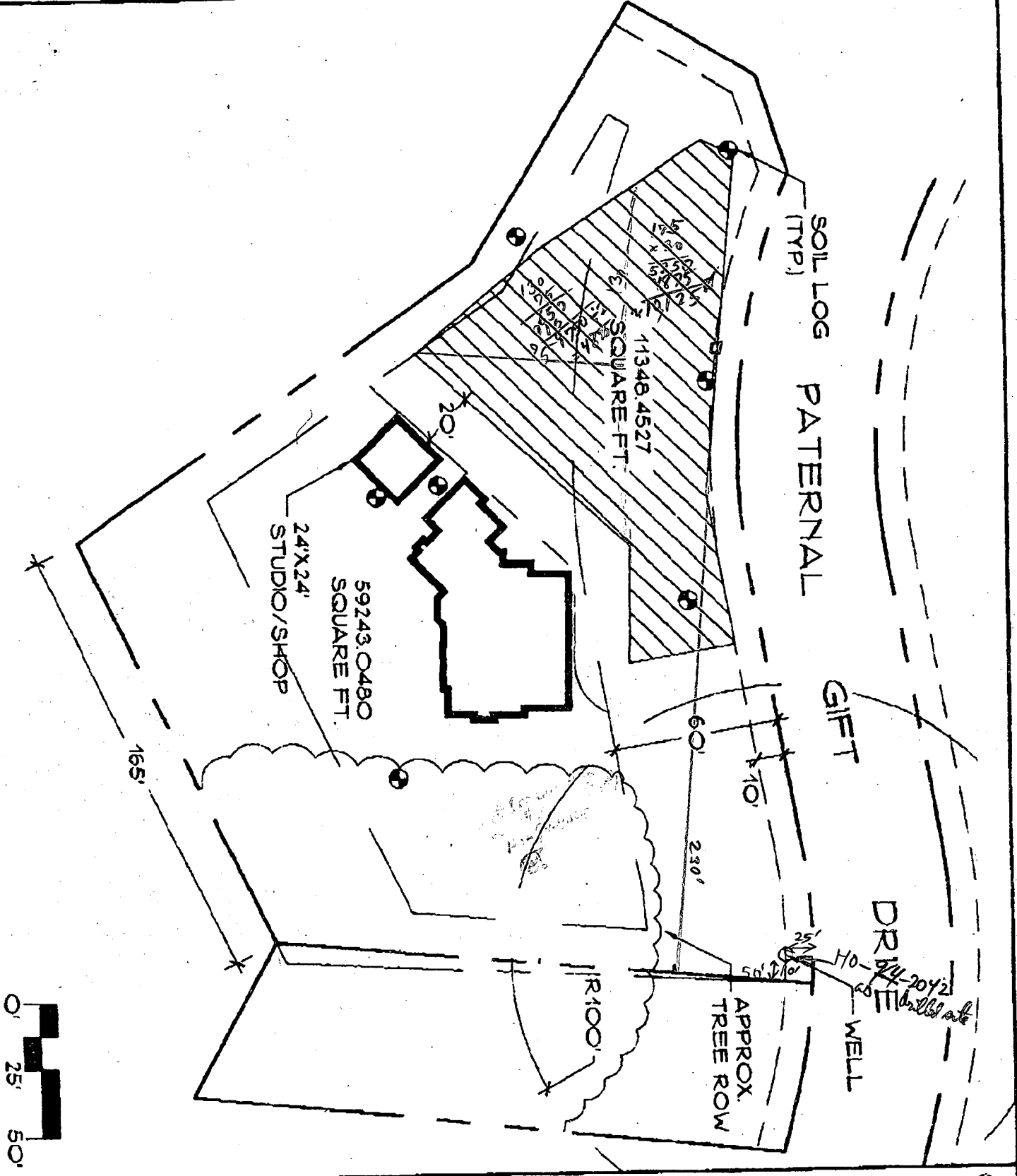
150

Hoffman & Popovich
 ARCHITECTS & ASSOCIATES

PROJECT NO: 0027
 DATE: 11/7/98
 SUBMITTED BY: KJM

PROJECT: **THE JOHNSON'S RESIDENCE**
 SCHEMATIC SITE PLAN FOR
 LOT 2, PATERNAL GIFT FARM, HOWARD COUNTY, MARYLAND

SHEET: **2**



110 W. Main St., P.O. Box 125, Boalsburg, PA 16827
 Phone: 814.466.7811 Fax: 814.466.6340
 Email: hparch@boalsburg.com

1:50

Hoffman & Popovich
 ARCHITECTS & ASSOCIATES

PROJECT NO :	0627
DATE :	11/17/96
SUBMITTED BY :	K.J.H.

PROJECT : SCHEMATIC SITE PLAN FOR
THE JOHNSON RESIDENCE
 LOT 26, PATERNAL GIFT FARM, HOWARD COUNTY, MARYLAND

SHEET:
5

C1 9834

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 49400

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 01/26/99

Depth of Well 240

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2042

OWNER Scheidt Susan STREET OR RFD Paternal Gift Drive TOWN Highland SUBDIVISION Paternal Gift Farm SECTION 3 LOT 26

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Red Clay, Sand Stone, Sand silt, Clay, Mica, Sand Stone, Mica, Quartz, Mica.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (29), NO. OF POUNDS (2900), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (80).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), BRONZE (PL), PLASTIC (OT), DEPTH (78).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) form

CIRCLE APPROPRIATE LETTER form with options A, E, P.

DRILLERS LIC. NO. MWD 040 Signature: George F. Easterday

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

DEPTH (nearest ft.) table with rows for casing sections and slot size.

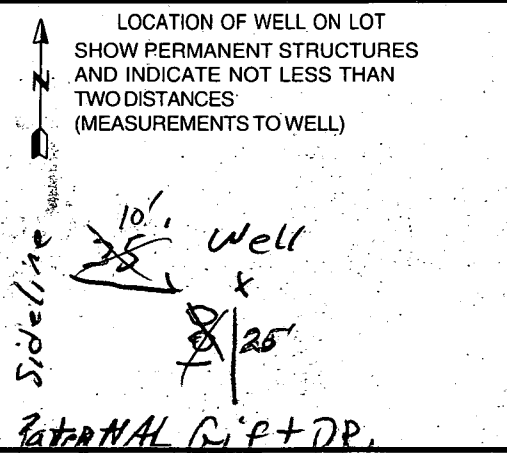
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (34, 70), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).



B 1 8632 SEQUENCE NO. (MDE USE ONLY)

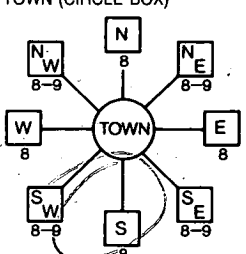
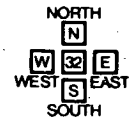
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2042 fill in this form completely

DATE RECEIVED (APA) 12/15/98 OWNER INFORMATION RN 7696
8 MM DD YY 13
Scheidt Owner Susan First Name
15 Last Name 34
12730 Hall Shop Rd
36 Street or RFD 55
Highland, Md 20777
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21 CC#
23 SUBDIVISION Paternal Gift Farm 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Highland 71
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION
George F. Easterday M WD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 12/14/1998
Signature Date

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 13536 Paternal Gift Dr 30
34 100 37 DISTANCE FROM ROAD
ENTER FT OR MI 361 39
TAX MAP: 4 BLK: 10 PARCEL 90

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

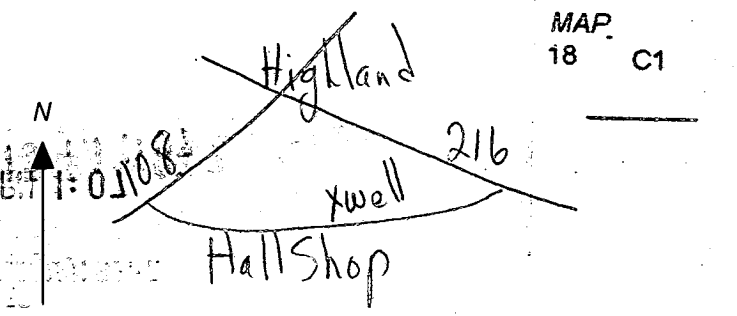
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A49400
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 1/5/99 DOUGLAS 1/4/00 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 488 000 EAST GRID 0812 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
36 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary DRIVE-POINT
other

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2. gROUT complete
3. location ok
km
WRITE THE BOX NUMBER FROM THE MAP HERE
E 512 000
N 488 000
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
MAP 18 C1


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER HO 96 GAP 007 54 63
PERMIT No. HO-94-2042 70 71 72 73 74 75 76 77 78 79

