

2/20/89 ASAP - A.M.
P.M.
Late P.M.

TAX# 05 405394
7/20 O.P.C.O.
C.B.D.
C.P.C.O.
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 44748
A 37034
DISTRICT 5th
DATE 2/13/89
DATE SYSTEM APPROVED 7/26/89
INSPECTOR C.B.M.

Bill Ingram

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 442-2139

SUBDIVISION The Chase ROAD 11646 Log Jump Trail LOT 37

PROPERTY OWNER Adul Rermgosakol

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet off the right (582.81') lot line and 20 feet off the front (637.94') lot line as seen when facing the lot from Log Jump Trail. Run trenches on contour toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OKLW*

PLANS APPROVED BY Sid Abel DATE 1/08/87

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

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

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUILDING PERMIT SIGNED

AND RETURNED *6/27/02*

300136749 GARAGE AREA WALK-WAY

BLDG. PERMIT SIGNED AND RETURNED *5/23/90*
300129944 - pool

BLDG. PERMIT SIGNED AND RETURNED *5/23/90*
Serial # 32417

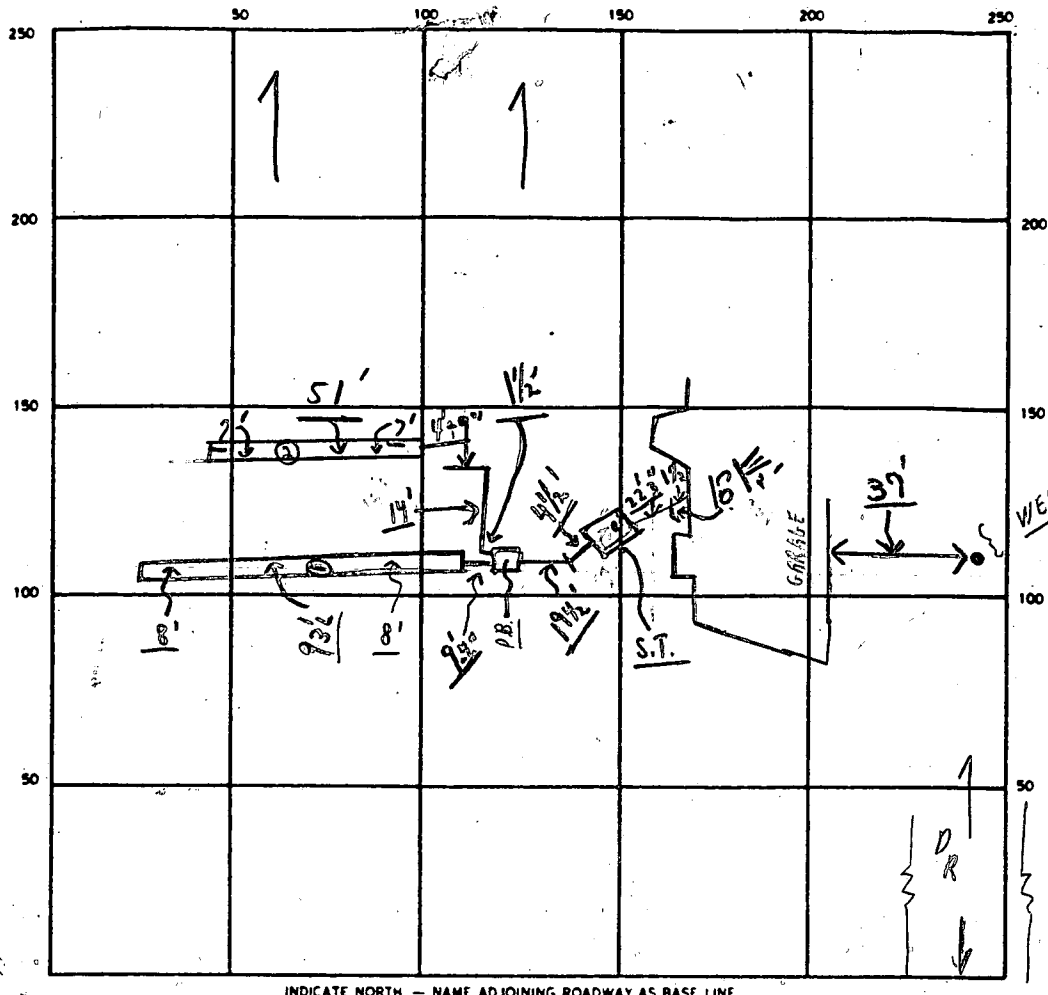
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260

BLDG. PERMIT SIGNED AND RETURNED *6/29/06*
300130911 Propane Tank

37034



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

← LOG JUMP TRAIL S.T. C.O. #1

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle, kn-ok)

DRAIN FIELD/TILE FIELD DEPTH 0 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 0 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 513 144 FT.

REMOVED NUMBER OF TRENCHES 2 ONE SIDEWALL/FOUNDATION AREA 720 SQ. FT.

REMOVED EFFECTIVE DEPTH BELOW INLET _____ FT.

① ABSORBENT AREA 720 SQ. FT.

REMARKS P.C.O. #1/20 OK TO COVER FROM HOUSE TO D. BOX AND PUT STONE IN #1
TRENCH ; P.C.O. #2 OK TO COVER #1 TRENCH + STONE #2nd ONE. C.B.A
③ FILE - FINAL

DATE SYSTEM APPROVED 7/20/89 INSPECTOR Charles Bryan & Trecker

C1 1927

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A37034

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid: 110687

Depth of Well grid: 22 200 26 (TO NEAREST FOOT)

PERMIT NO. grid: 28 29 30 31 32 33 34 35 36 37 HQ-81-2207

OWNER DEVELOPMENT CORP. HOWARD ZSTATES last name first name STREET OR RD LOG JUMP TRAIL TOWN CLARKSVILLE SUBDIVISION THE CHASE SECTION LOT 37

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, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Red mica, Br. mica, Gray mica, Blue mica, White mica, Blue mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 700

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST) BRASS (HO) OPEN HOLE (PL) OTHER

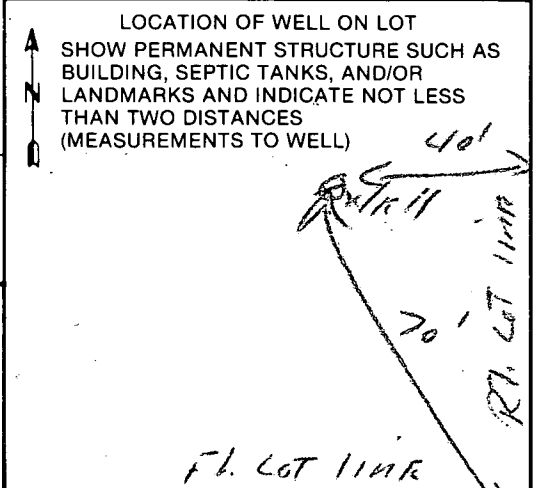
DEPTH (nearest ft.) HO 30 500 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 11 WHEN PUMPING 125 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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)

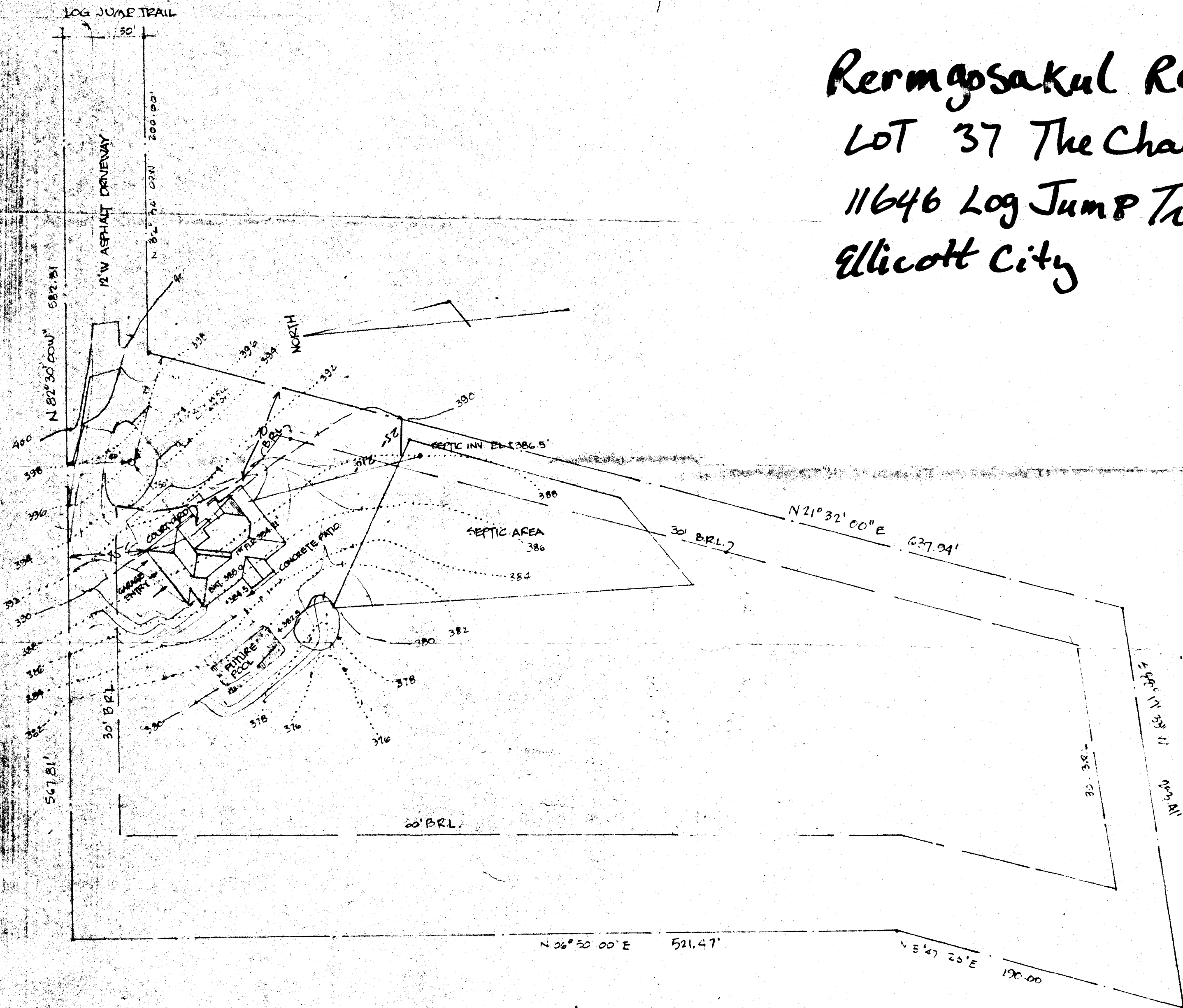


CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

Rermasakul Res.
LOT 37 The Chase
11646 Log Jump Trail
Ellicott City



SITE PLAN
1" = 50'

C1 6006 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-37034

DATE Received

DATE WELL COMPLETED 09/15/87

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" A0-81-2207

OWNER CHAISSON DORSEY last name first name STREET OR RFD LOG JUMP TRAIL TOWN ELIOAK SUBDIVISION THE CHASE SECTION LOT 37

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 FROM TO Check if water bearing 2 dry w water 325 400 Silled in with cement + drilling materials SAND 0 28 28 400 PERMIT REISSUED TO G.S.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 452 GALLONS OF WATER 47 DEPTH OF GROUT SEAL (to nearest foot) from 48 ft. to 58 ft.

CASING RECORD MAIN CASING Nominal diameter top (main) casing of main casing TYPE (nearest inch) Total depth of main casing (nearest foot) OTHER CASING (if used) diameter inch depth (feet) from to

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

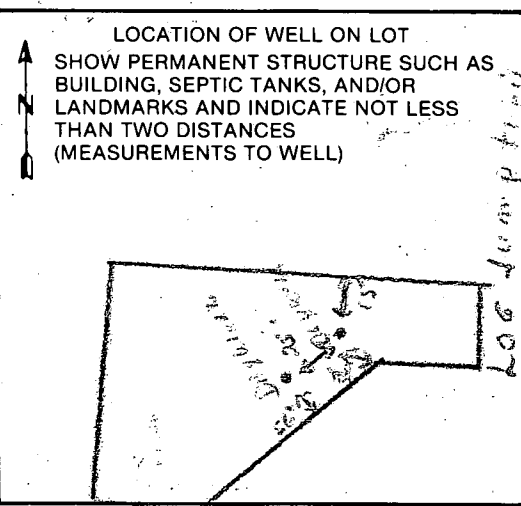
DEPTH (nearest ft.) EACH SCREEN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) (YES or 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)



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. 235

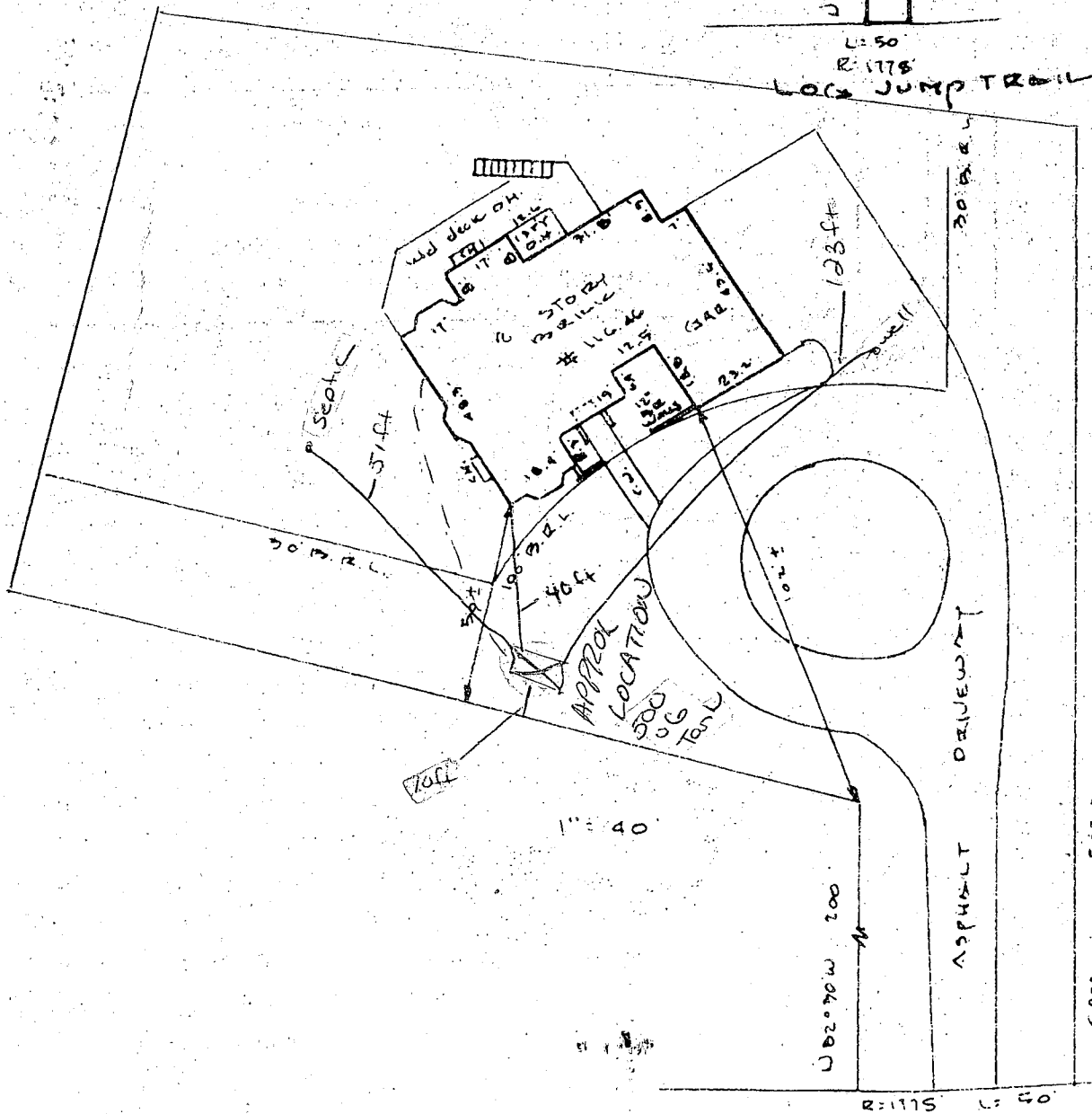
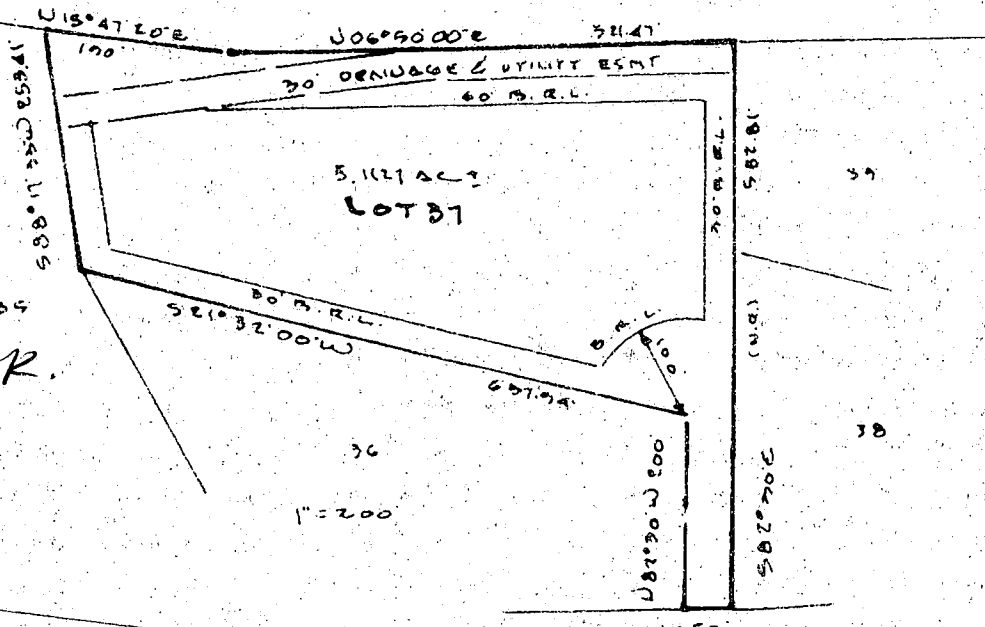
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

PROPERTY KNOWN AS: LOT 37
 "THE CHASE"
 LOTS 1 THROUGH SHEET 50 FT
 5 SELECTION DISTRICT
 HOWARD COUNTY, MD
 PLAT 7262

THIS PLAT CAN NOT BE USED TO ESTABLISH
 PROPERTY LINES OR CORNERS.

6/28/01
 BO0130911
 Shown propane
 tank location OR
 A well



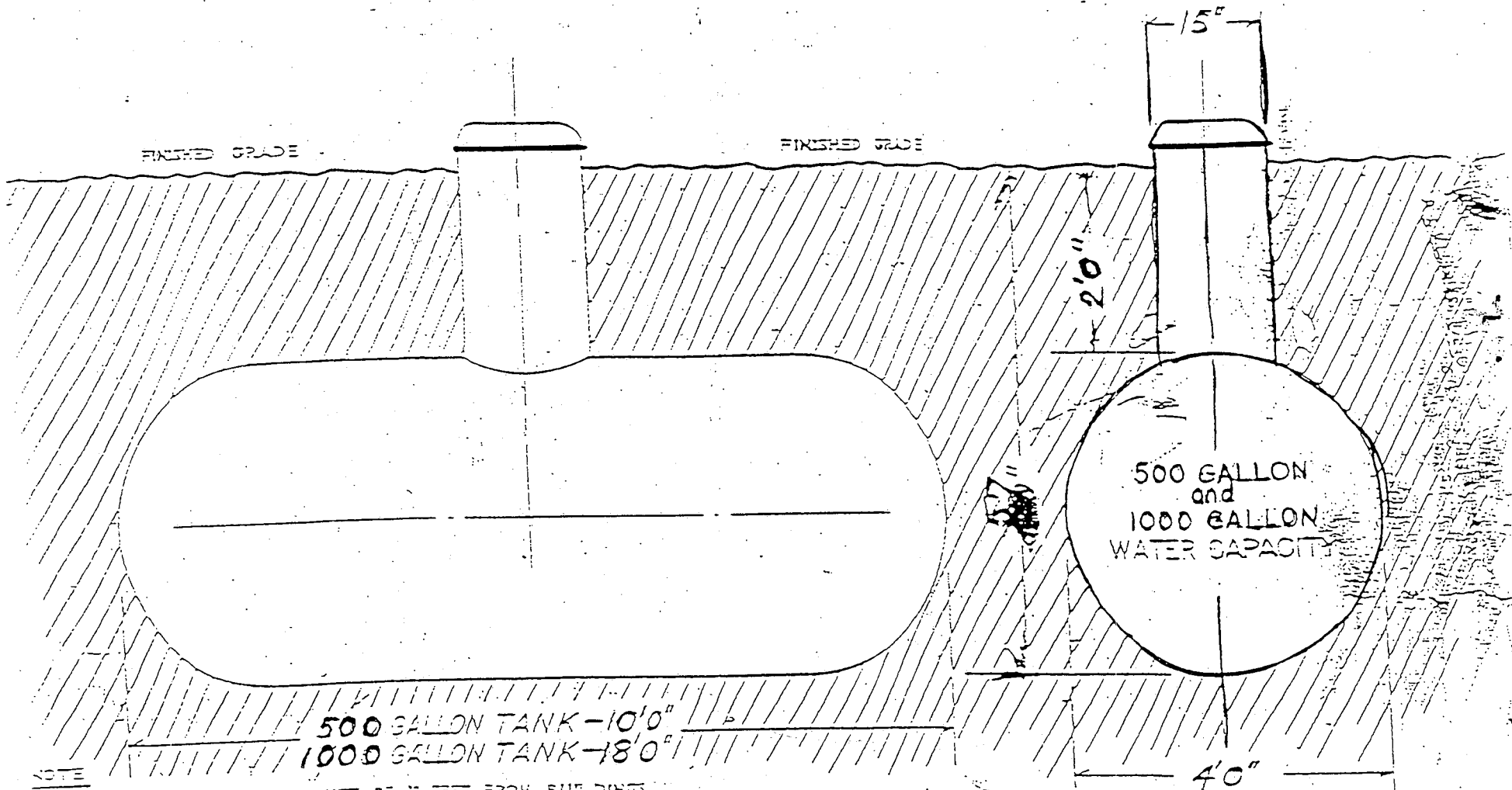
LOCATION DRAWING

LOG JUMP TRAIL

UNDERGROUND TANK SIZES

Bury Tanks Depth.

500 UG - 57"
1000 UG - 61"



NOTE

- 1) 500 GALLON TANKS MUST BE 10 FEET FROM BUILDINGS OR PROPERTY LINE.
- 2) 1000 GALLON TANKS MUST BE 25 FEET FROM BUILDINGS OR PROPERTY LINE.
- 3) SLOPE OR RETAIN SIDES OF EXCAVATION AS REQUIRED.
- 4) DEPOSIT DIRT FROM EXCAVATION ON ONE SIDE OF HOLE.

- 5) TANK SHOULD BE LEVEL AND FILLER CONNECTION VERTICAL.
- 6) TANK PROTECTIVE COATING MUST NOT BE DAMAGED BY BACK FILL.
- 7) APPROX WEIGHT OF TANKS EMPTY
500 GAL TANK - 1300 LB 1000 GAL TANK - 2500 LB

8/3/89
AM

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

BUILDING PERMIT # 23960

New Installation
Replacement

Receipt # 44508
Date 6-13-89 4/14/89

Name of Installer WOOD & WILLOUGHBY PLUMBING

Telephone 381-4823

License Number MD 7040

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner CHASSION-DORSEY BUILDERS Telephone 997-5828
Subdivision THE CHASE Lot # 37 Well Tag # HO-81-1207
Site Address 11016 LOG JUMP TRAIL ELLICOTT CITY

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make GOULDS
3. Model # TEHOS 412
4. Capacity 7 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 TIES

Motor
1. Horsepower 3/4
2. RPM 1750
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make GOULDS
2. Model # PITLESS
3. Depth 4' COVER

Tank
1. Capacity 45.2
2. Pressure relief valve? 75 PSI

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

Well data 500
1. Depth 200 ft.
2. Yield 8 GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? NO

8/3/89 Pitless at 52" well line 48-58" below grade; Inside work complete: 8/3/89

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: Roy Wood

Date: 6-13-89

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

APPLICATION

PERCOLATION TESTING

A 37034

P _____

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

DISTRICT 5

DATE 5/15/86

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Wayback Corporation ADUL BERMNASAKUL 461-9758

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 39 Prelim. & Final 42 37

ROAD AND DESCRIPTION: Homewood Road 11646 Log Jump Trail

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(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 Sidney Abel FOR Shallow tel field DATE 1-8-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/9/86 Rec. Satisfactory Hold For Subdivision Plat. Shallow

5958 only, S. Abel

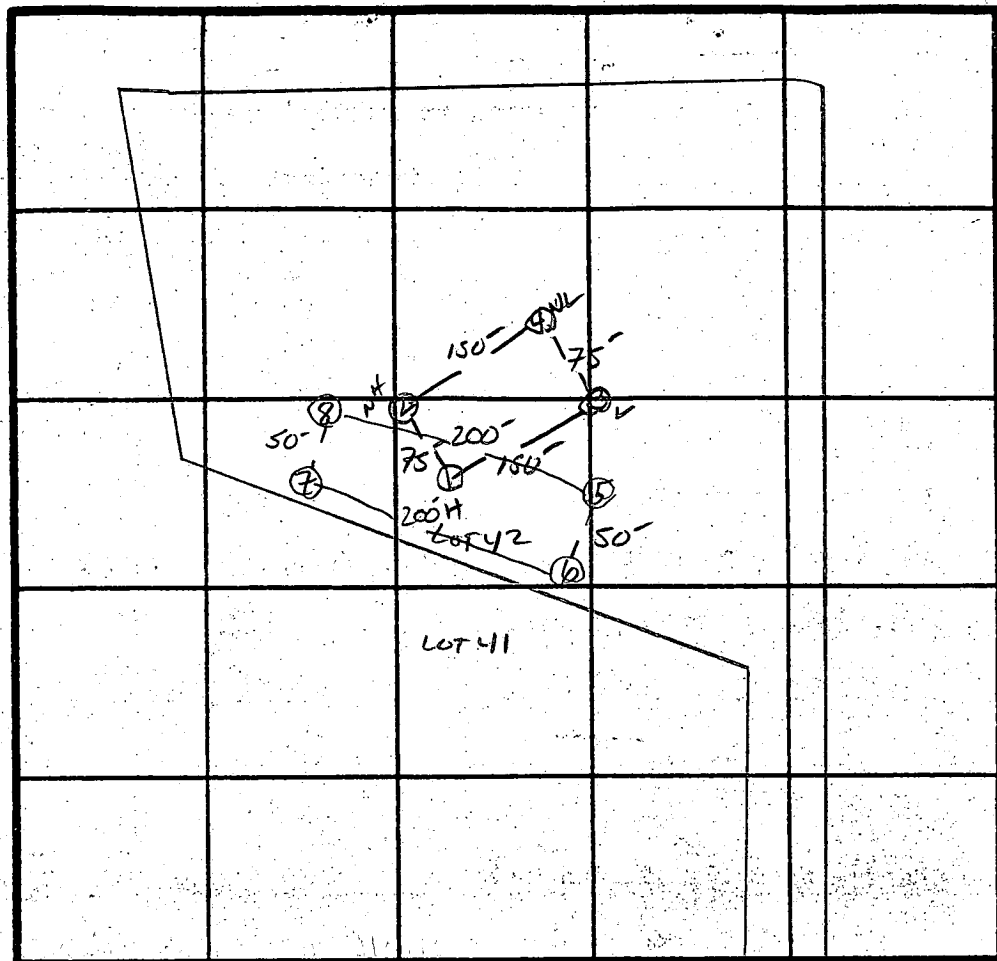
BLDG. PERMIT SIGNED
AND RETURNED 3-14-89

BP 23960 8A

THIS IS NOT A PERMIT

SOIL PROFILE
 ① ②
 ③ ④ ⑤ ⑥

4"
 4"
 12-13"
 A1-3
 RED BROWN
 SAND LOAM
 19% CLAY
 <10% FRAGS
 Yellow BR
 SAND LOAM
 <10%
 FRAGMENTS



X Perc
 8min
 INLET
 3.0
 BOTTOM
 4.5
 180 φ BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 ROAD C

4"
 7"
 12"
 A1-3
 STRONG BR
 SAND LOAM
 10-12% CLAY
 <10% FRAGMENTS
 LGHT BR.
 SAND LOAM
 w/ some
 CLAY 6-9%
 TBHT J
 COMPACTED
 <10%
 FRAGMENTS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/25/86	1 S	5'	2:14	2:17	2:17	2:26	9min
	M	8'	2:19	2:20	2:20	2:21	1min
	1 V	13'	uniform soil below		4'		
	2 V	12'	2:23	2:45	NO MOVEMENT		
	3 V	NOT TESTED WATER AT 9'				FAILED	
	4 V	NOT TESTED WATER AT 10'				FAILED	
7/9/86	5 S	4'	10:13	10:15	10:15	10:18	3min
	5 V	14'	uniform soil below		35'		
	6 S	3.5'	10:17	10:25	10:25	10:43	18min
	6 V	12'	uniform soil below		3.5'		
	7 S	3.5'	10:24	10:27	10:27	10:34	7min
	7 V	13'	uniform below		3.5'		
	8 S	3.5'	10:27	10:28	10:28	10:30	2min
	8 V	14'	uniform soil below		3'		

✓
 ✓
 ✓
 ✓

REMARKS HOLES FOR PLAT / SHALLOW SUST. ONLY

TYPE OF SOIL MANDR LOAM

S. Abel

MAT, BOB

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 37034

P _____

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

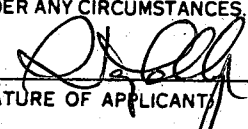
SUBDIVISION The Chase - formerly The Paddock LOT NO. 37 Prelim. 42 37

ROAD AND DESCRIPTION Homewood Road

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/25/86 WET SEASON TEST / redesign WATER IN 2 low holes
CLAMP D 7' IN NW 1/4 SEC. 5. A-4

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 _____

EH-12-1079

B 1 5371 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

MD-81-2207
fill in this form completely

Date Received

090287

OWNER INFORMATION

HOWARD ESTRELL COR
DOB 1018
COLUMBIA MD 21044

B 3

LOCATION OF WELL

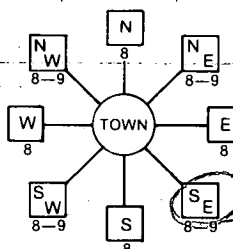
HOWARD COUNTY
THE CHASE
SECTION 37
Glenelg
3 MI

DRILLER INFORMATION

George F. Easterday
L. Franklin Easterday, Inc.
9265 Br. Ch. Rd., Mt. Airy, Md. 21771
Date 2/15/87

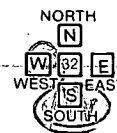
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LOG SUMPTON
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2500 FT
DISTANCE FROM ROAD
ENTER FT. or MI FT

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)

- 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

HOWARD COUNTY NAME A 37034 COUNTY NO.
OEP SIGNATURE B Nixon DATE ISSUED 04/02/88
NORTH GRID 511000 EAST GRID 0822000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

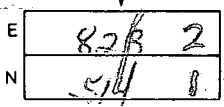
METHOD OF DRILLING (circle one)

AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

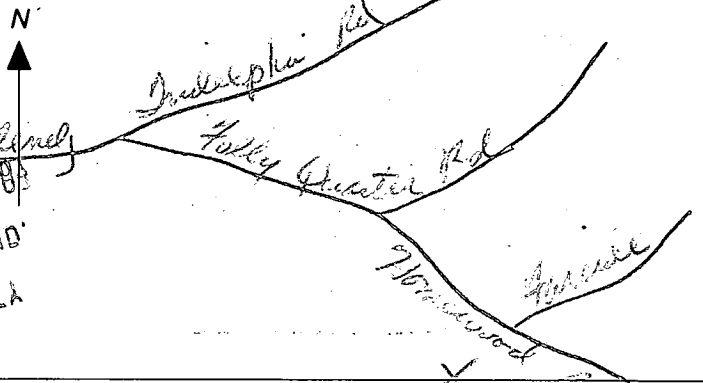
SOURCES OF DRILLING WATER? 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



11-6-87 Location ok
30 ft casing
24 ft open hole
bags cement
2 ft above ground
JE Nadeau

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 DEEPEM AN EXISTING WELL

APPROX. PERMIT NUMBER GAP
FORCE 2 WRITE INITIALS IN BOX PERMIT No. MD-81-2207

SPECIAL CONDITIONS REISSUE SAME TRG SAME PROP., DIFFERENT DRILLER

B 1 **3311** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER
40-81-2207
 fill in this form completely

Date Received _____
 OWNER INFORMATION
 CHAISSON, DORSEY BLOS.
 16349 FREDERICK RD
 WOODRIDGE MD 21797

B 3 LOCATION OF WELL
 HOWARD COUNTY
 THE CHASE SUBDIVISION
 SECTION 44 LOT 37
 FALIONA NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 1/2 MI

DRILLER INFORMATION
 Joseph L. Meyer
 Joseph L. Meyer Well Drilling
 5512 Ridge Rd. Yut Hwy. Md. 21771
 Signature: Joseph L. Meyer Date: 6/26/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOG JUMP TRAIL NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 22 FT
 ENTER FT or MI

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 (REQUIRE APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. A-37034
 OEP SIGNATURE [Signature] STATE HEALTH INSERT S
 DATE ISSUED 7/28/87 CO SIGNATURE [Signature] EXP. DATE 01-28-87
 NORTH GRID 511000 EAST GRID 0822000

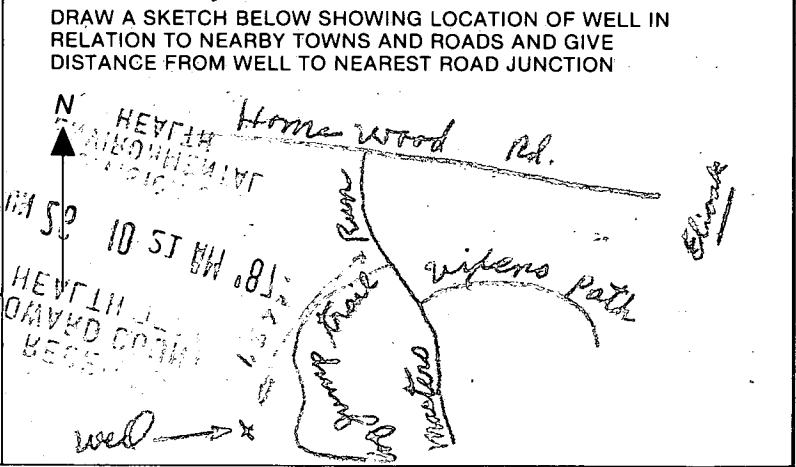
APPROXIMATE DEPTH OF WELL 260 FEET

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N 5141

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)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-81-2207

SPECIAL CONDITIONS

30' DRAINAGE & UTILITY EASEMENT

FENCE DATA:

PROP. 4' HIGH WOOD FENCE AS PER CODE - BY OWNER (334 LIN.FT.)

582.81'

S82°30'E

30' BRL

ACCESS

EX. D

200.00'

N82°

FRONT

5/2/01 Pool location a.k. BB

HOUSE

EX. WELL

SEPTIC TANK

ER PAD

N21°32'00"E

WIMMING POOL (22'X41')

2 EXIST. DRAIN FI

LOT 37
5.11 AC.+/-

SITE PLAN

SCALE: 1" = 50'

11646 LOG JUMP TRAIL
HOWARD COUNTY, MARYLAND 21042

THE CHASE

LOT 37, LOT SIZE - 5.11 AC.+/-
PLAT 7262, ZONED RCDEO
5TH ELECTION DIST.
MAP 29, GRID 2, PARCEL 24
TAX ACCOUNT #05-405394

30' BRL

637.94'

510'

510'

187'

180'

120'

40'

104'

126'

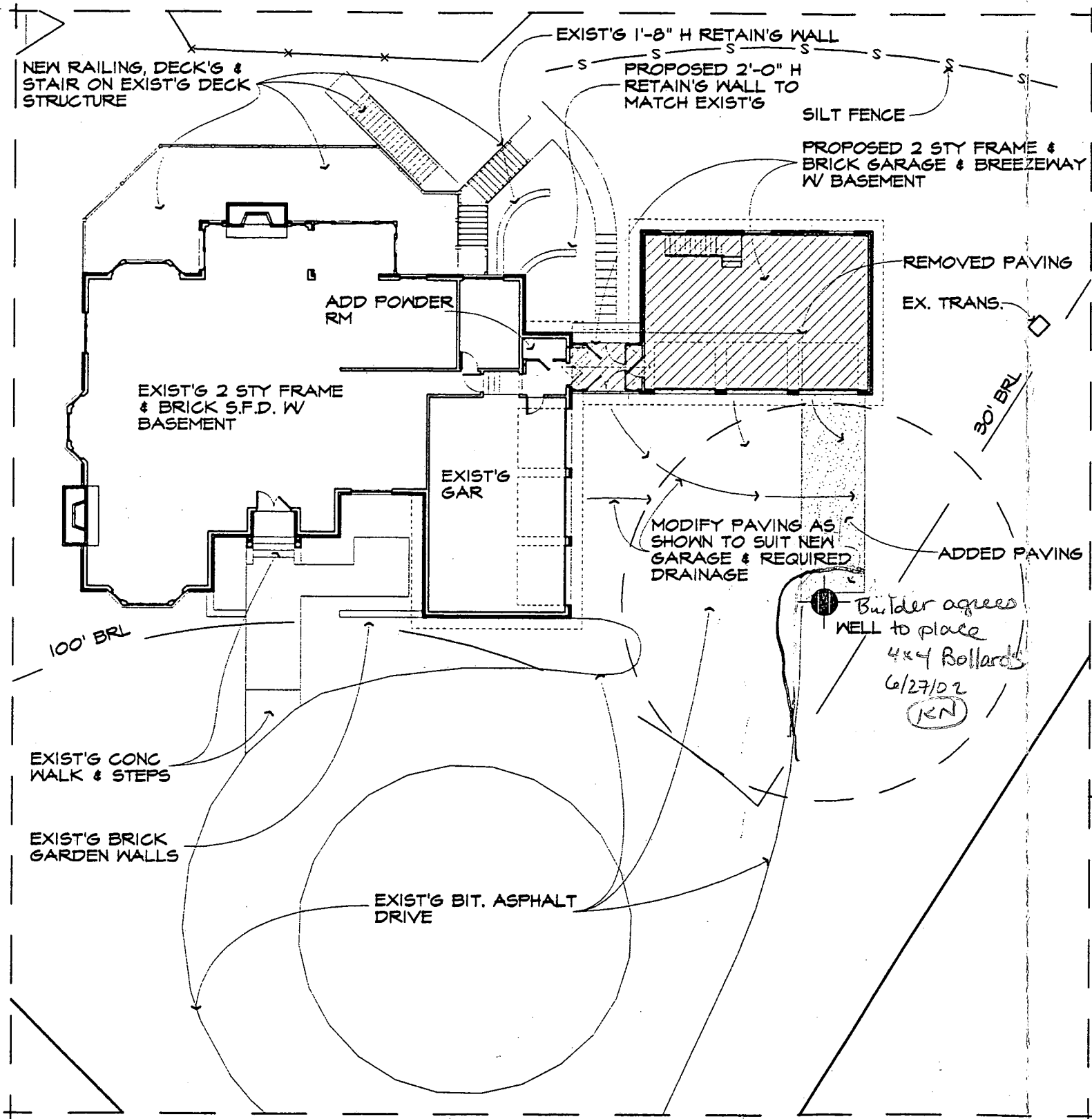
129'

100' BRL

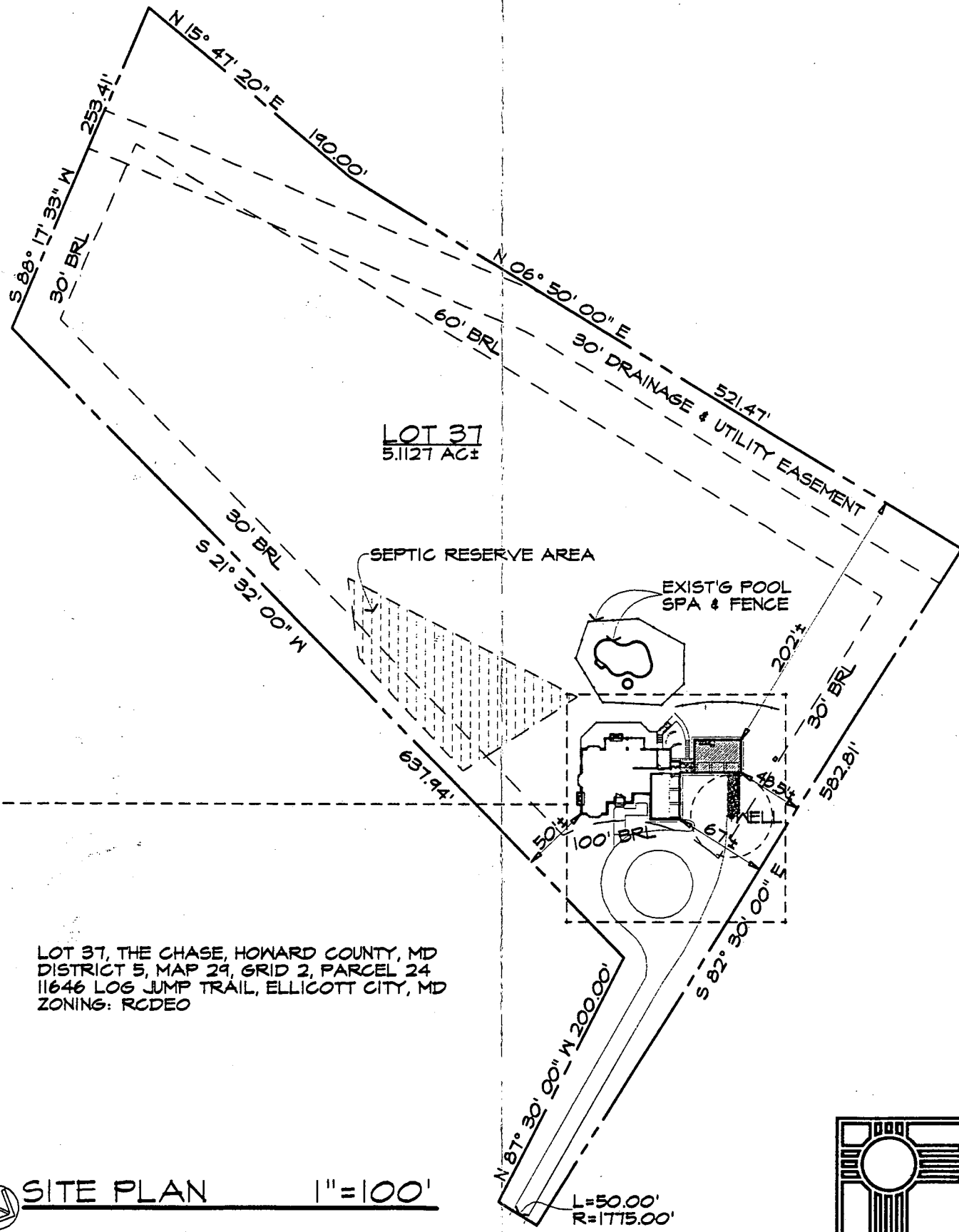
67'

55'

50'



SITE PLAN DETAIL 1"=20'



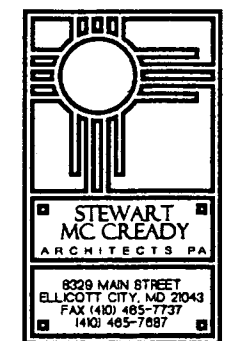
SITE PLAN 1"=100'

SITE PLAN
TATAR RESIDENCE

Called 6-13-02 Well issues. ^{own of} CALLING contractor to revise plan. Site inspection may be necessary. (RN)

SCALE AS NOTED

05/20/02



Building Address 11646 Cogburn Trail
Ellicott City, Md. 21042

Property Owner's Name Same as bldg.
Address _____
City _____ State _____ Zip Code _____

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Home Phone 410-997-1659 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Census Tract 6051.01 Subdivision The Chase

Howard Thompson Bldrs, Inc
6275 Firethorn Lane Clarksville 21029

Section _____ Area _____ Lot 37

Phone 410-531-2299 Fax 410-531-2299

Tax Map 29 Parcel 24 Grid 2

Zoning RC-DEP Map Coordinates _____ Lot size 5.11

Existing Use SF Residence

Contractor Company Howard Thompson Bldrs Inc

Proposed Use garage and storage

Contact Person Howard Thompson

Estimated Construction Cost \$ 60,000

Address 6275 Firethorn Lane

Description of Work garage and area way will
to be added to home; new powder
decking and railing on existing structure

City Clarksville State Md Zip Code 21029

Occupant or Tenant Dr. Harry S. Tatar

License No. 19996

Contact Name _____

Engineer or Architect Company Stewart/McCreedy

Address Same

Contact Person Tico McCreedy

City _____ State _____ Zip Code _____

Address 8329 Main St.

Phone _____ Fax _____

City Ellicott City State Md. Zip Code 21043

Phone 410-465-7657 Fax 410-465-7737

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>45</u> Depth <u>25</u> Width <u>25</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>45</u> Depth <u>25</u> Width <u>25</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>45</u> Depth <u>25</u> Width <u>25</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
		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.

Howard H. Thompson
Applicant's Signature
Pres. Howard Thompson Bldrs Inc
Title/Company

Howard Thompson
Print Name
6/7/02
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development DPZ		
X State Highways		
X Building Official		
X Dev. Engineering DPZ		
X Health	<u>6/27/02</u>	<u>Kacie Norman</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE'S STOP SHOP: <input type="checkbox"/>		
Distribution of Copies	White: Building Official	Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>50560</u>
Rear: _____	Piling fee \$ <u>25.00</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? <input checked="" type="checkbox"/>	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District? <input type="checkbox"/>	Check # <u>3515</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>53279</u>
Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
SDP/Red-line approval date _____	
Yellow: DED, DPZ	
Pink: Health	
Gold: SHA	