

05-403472

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 9/30/88

DATE SYSTEM APPROVED 10/10/88

INSPECTOR RH

245
24
480
108

C. S. Zabel, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 15039 Oak Orchard Road, New Windsor, Maryland PHONE 875-2964

Clarksville, MD 21029

SUBDIVISION Oakwood Overlook ROAD 4405 Oakwood Overlook Ct TOT 31

PROPERTY OWNER Rudy Schmidt

ADDRESS _____

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

2174
3
722 sq. ft.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 174 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe

LOCATION - Place the distribution box 115 feet up the right 338.87' lot line and 10 feet from the right (338.87') lot line as seen when facing the lot from Oakwood Overlook Court. Run trenches on contour toward the right back lot line.

NOTE: SEWAGE EASEMENT CREATED PART OF TRENCHES WILL EXTEND INTO ADJACENT LOT #30
MAXIMUM LENGTH 100 FEET.

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

AKCW

UPDATED

PLANS APPROVED BY Sid Abel DATE 11/09/87

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)

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 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.

BLDG. PERMIT SIGNED
AND RETURNED 10/16/91
Serial # 41029
Entry Structure

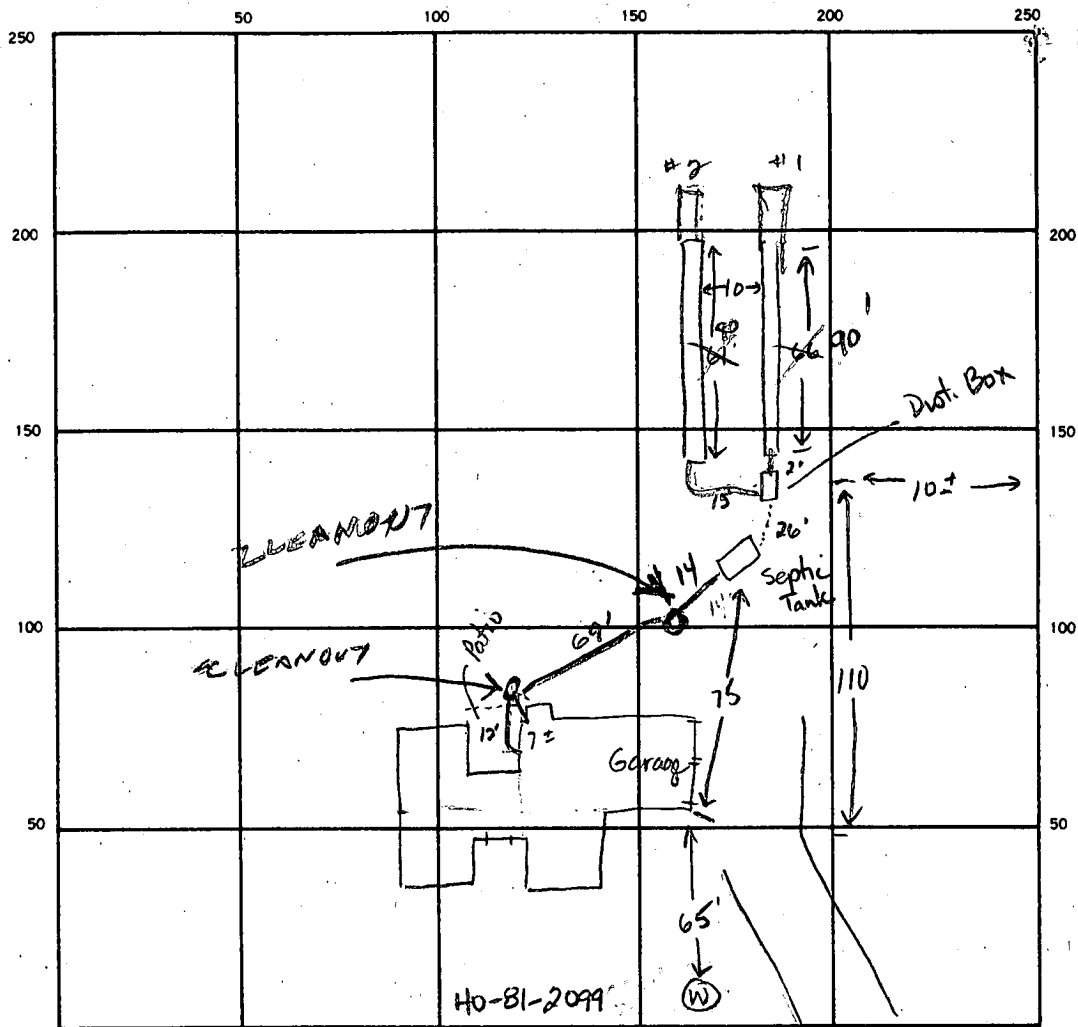
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 36504



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL 1250 gal CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK (needs baffle) OK

DRAIN FIELD TILE FIELD DEPTH 50 45 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 2 1/2 FT. TOTAL LENGTH 90 90 FT. INSTALL 1 REQUIRE

NUMBER OF TRENCHES 2 ONE-SIDEWALL BOTTOM AREA 540 SQ. FT. 522

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10-7-88 Must extend trenches to 90 ft each. OK to add stone, pipe & paper to both trenches. Do not cover. Call when ready for final. JEN

10/10/88 - TRENCHES LENGTHENED & PIPES HOURED UP R/H

DATE SYSTEM APPROVED 10/10/88 INSPECTOR Raymond Hodges

SUBDIVISION: OAKWOOD OVERLOOK

LOT NUMBER: 19 31

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ 174 _____ sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 4.5 feet below original grade.

Effective area begins at 3 feet below original grade.

1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 115 UP THE RIGHT 338.87' LOT LINE
10 FT FROM THE RIGHT (338.87') LOT LINE AS SEEN WHEN FACING
THE LOT FROM OAKWOOD OVERLOOK CT, RUN TRENCHES ON CONTOUR
TOWARD THE RIGHT BACK LOT LINE 2-21-88 S.A.W. NOTE:
SEWAGE EASEMENT CREATED PART OF TRENCHES WILL EXTEND INTO
ADJACENT LOT # 30 MAXIMUM LENGTH 100 FT S.A.W. 11/9/87 U.P.O.R.T.C.

8/14/87

~~PA~~

OAKWOOD OVER 31

$\frac{1}{3}$ OF P6NC AREA

IS OFF LOT.

LOT LINE SHOULD HAVE

BEEEN ADJUSTED BUT WASNT.

HOUSE TO BE AS

HIGH ON LOT AS

POSSIBLE TO PRESERVE

TWO REPAIRS

CW ^{8/14/87}

APPLICATION

PERCOLATION TESTING

A 36504

P _____

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

DISTRICT 5

DATE 1-24-86

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 ~~Richard Warfield, Jr.~~ Rudy Schmid

ADDRESS 14663 Philadelphia Rd. % NCLS PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: OAKWOOD OVERLOOK 19 20 8 Part of

SUBDIVISION Resub Lots 14 & Warfield Prop. LOT NO. 19 18 Combined

ROAD AND DESCRIPTION Ten Oaks Rd - 1/2 mile south of Ten Oaks Rd &
Philadelphia intersection [4405 OAKWOOD OVERLOOK Ct]

TAX MAP 22 + 28 PARCEL # 2

SIZE OF LOT 4.3 acres 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

George L. Resch for R. Warfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/14/86 Hold for Next Season R/H DATE BLDG. PERMIT SIGNED AND RETURNED 11/9/87
3/18/86 - Lot lines to be changed SP15469
Lot 19 & 20 Combined with part of 18 OK

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36504

P _____

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

DISTRICT 5

DATE 1-24-86

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 Kenneth Warfield, Jr.

ADDRESS 14663 Invidelphin Rd. GONCLIS PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Resub Lots 1 & 2 Warfield Prop. LOT NO. 19

ROAD AND DESCRIPTION Jex Oaks Rd - 1/2 mile south of Jex Oaks Rd & Invidelphin intersection

TAX MAP 22 & 28 PARCEL # 2

SIZE OF LOT 4.3 acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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George L. Pusch for K Warfield
(SIGNATURE OF APPLICANT)

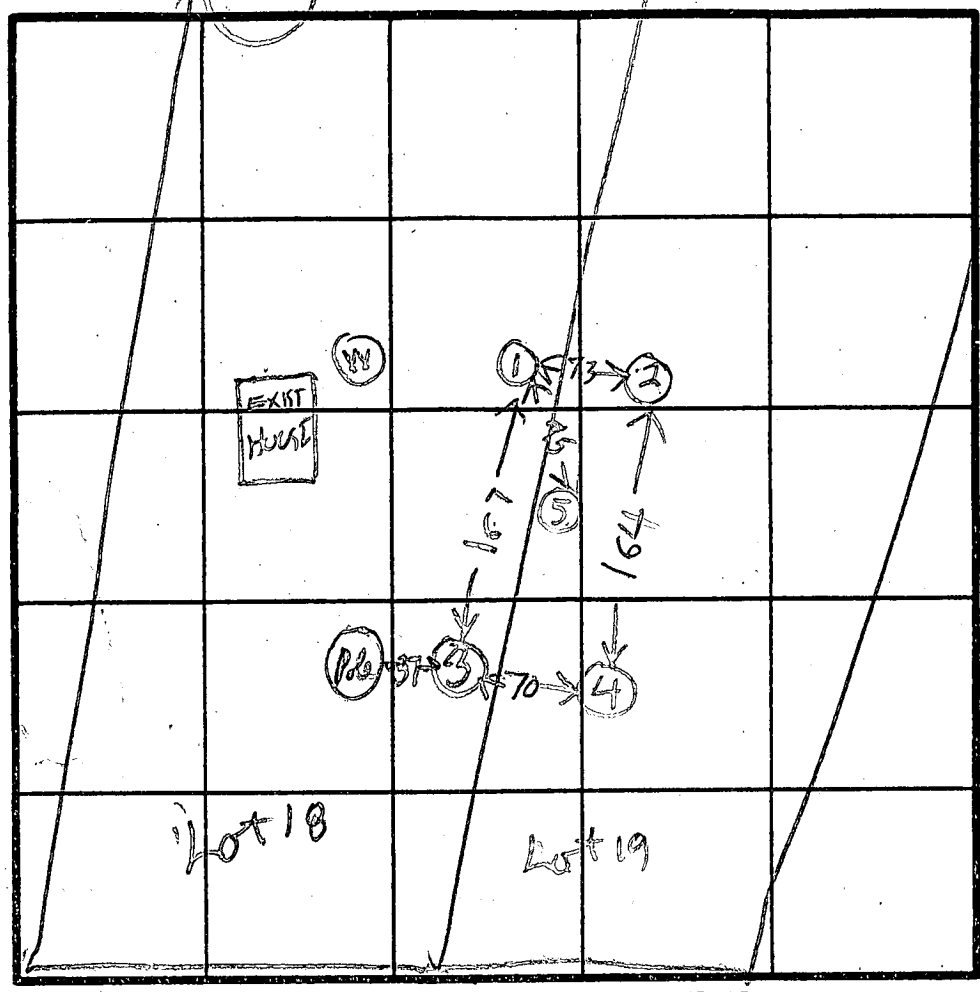
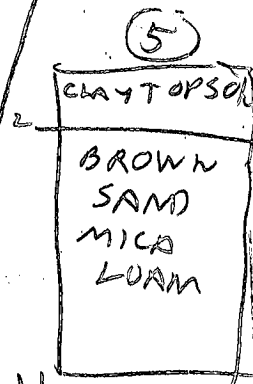
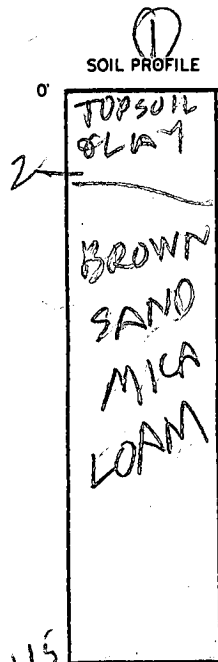
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

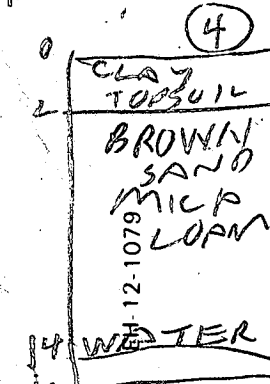
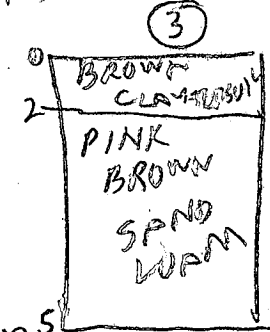
THIS IS NOT A PERMIT



MOLE ELEVATION

①② = HIGH
⑤ = MEDIUM
③④ = LOW

Ⓟ = Electric Pole



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TEN OAKS RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/18/86	1S	3.5	324	325	325	327	5
	1V	8.5	324	327	327	332	5
	2S	11.5	LOOKS	OK			
	2V	3	329	331	331	335	4
	3S	11.5	LOOKS	OK			
	3V	3	340	341	341	343	12
	4S	12.5	LOOKS	OK			
	4V	3	345	346	346	349	3
	5V	15	LOOKS	OK			

2 Perc.
4 min
INLET
3
BOTTOM
4.5
158 #/hr
Shallow
System
only

REMARKS: 2/14/86 Save For Wet Season Digging Hit Water
Hole at low part of test area on Survey of Plot RH

TYPE OF SOIL: _____

TESTED BY: _____ ALSO PRESENT: _____

APPLICATION

PERCOLATION TESTING

A 36505

P _____

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

DISTRICT 5

DATE 1-24-86

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 Kennard Wakefield, Jr.

ADDRESS 14663 Philadelphia Rd. 90 NCLS PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Resub Lots 1 & 2 Wakefield Prop. LOT NO. 20 198-208 Part of 18 Combing

ROAD AND DESCRIPTION Oak Oaks Rd - 1/2 mile south of Oak Oaks Rd & Philadelphia intersection

TAX MAP 22428 PARCEL # 2

SIZE OF LOT 4.2 acres 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.

George L. Beach for K. Wakefield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

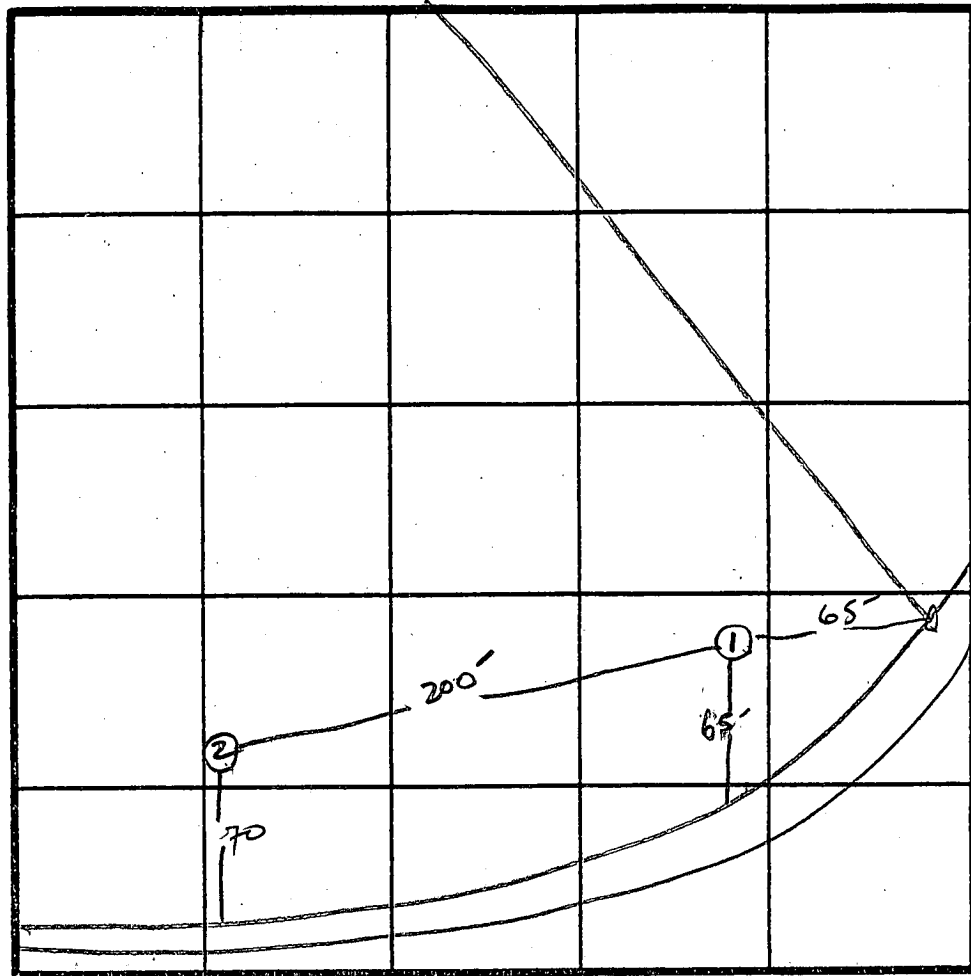
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/14/86 Hold for wet season RW

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	
4/18/64	1V	WATER AT 8'	WET AT 6.5'	CLAY TO 3'			
	2V	WATER AT 6.5'	WET TO 5'	CLAY TO 2'			

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36505

P _____

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

DISTRICT 5

DATE 1-24-86

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 Kenneth Wayfield, Jr.

ADDRESS 14663 Inadelpia Rd. G0 NCL5 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Resub Lots 1 & 2 Wayfield Prop LOT NO. 20

ROAD AND DESCRIPTION See Oaks Rd - 1/2 mile South of See Oaks & Inadelpia Rd intersection

TAX MAP 22 & 28 PARCEL # 2

SIZE OF LOT 4.2 acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Kevin L. Bush for K. Wayfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

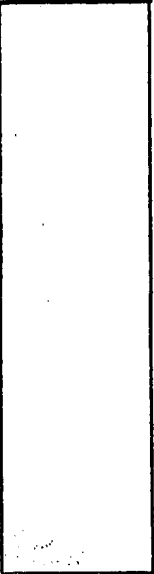
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

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 2/14/85 Saw on Wet Season Digger Hit Water hole

TYPE OF SOIL at low Location on Survey Plot P17

TESTED BY 3/18/88 - WILL CAMPBELL WJH 19

ALSO PRESENT _____

EH-12-1079

SITE DEVELOPMENT PLAN

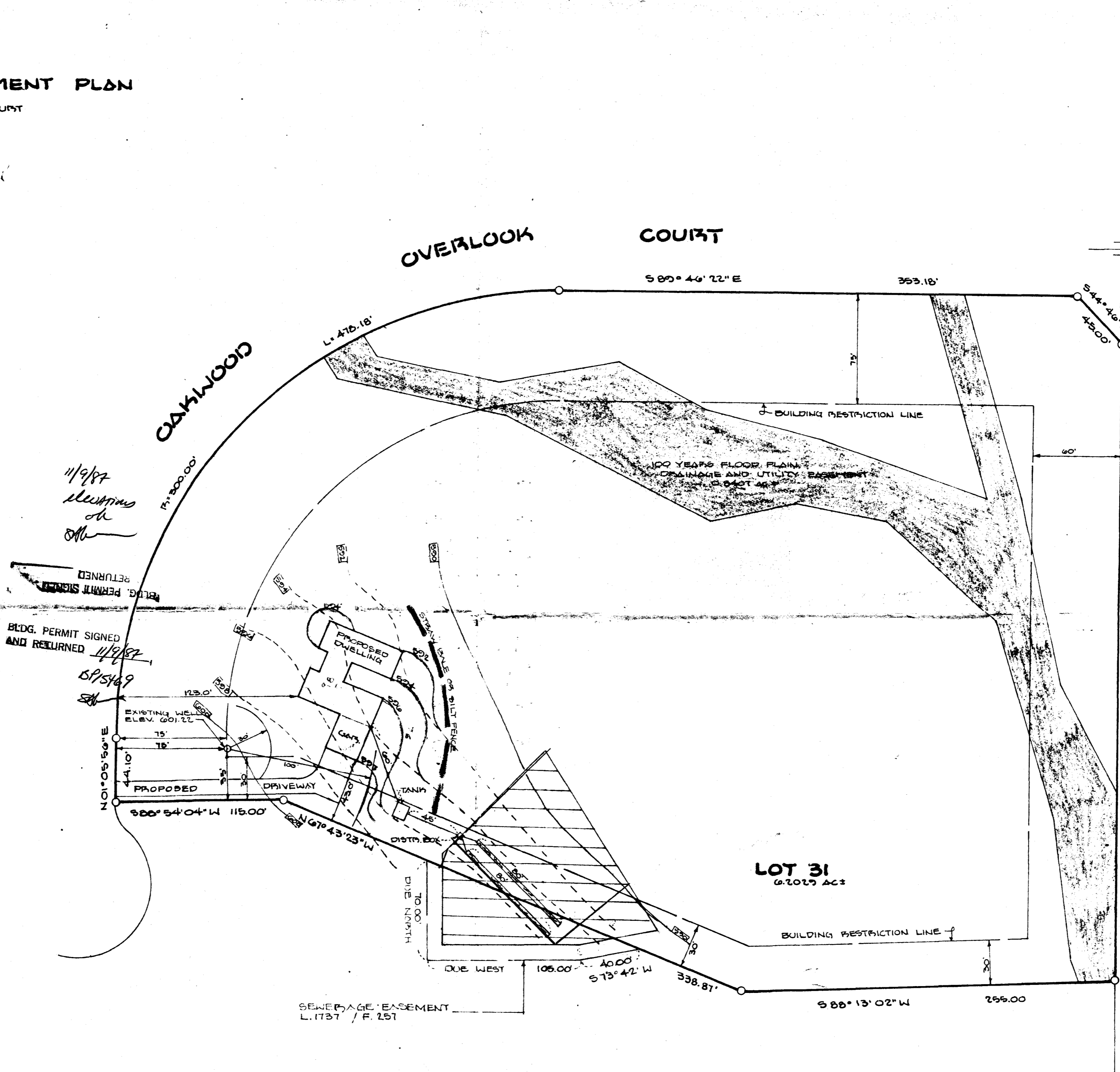
LOT 31
 OAKWOOD OVERLOOK COURT
 OAKWOOD OVERLOOK
 PLAT REF. 7081
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'
 DATE: 10/22/87

- FIRST FLOOR 598.0 ✓
- GARAGE 597.0 ✓
- DISTRIBUTION BOX
 EXIST. ELEV 595.0 ✓
 INVERT 592.0 ✓
- TANK:
 EXIST. ELEV. 595.50 ✓
 INV. OUT 592.0 ✓
 INV. IN 593.2 ✓
 INVERT AT HOUSE 594.4 ✓
- NO BASEMENT SEWERAGE ✓

11/9/87
 elevations
 sh
 sh

BLDG. PERMIT SIGNED
 AND RETURNED 11/9/87
 691549
 sh



ROAD
 OAKS
 TIEN



M. AND H. DEVELOPMENT ENGINEERS, INC.
 SUITE 231, HAMPER'S CHOICE VIL. CTR.
 5405 HAMPER'S FARM ROAD
 COLUMBIA, MARYLAND 21044
 PHONE: 730-9000

B 7 **2096** SEQUENCE NO. (OEP USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

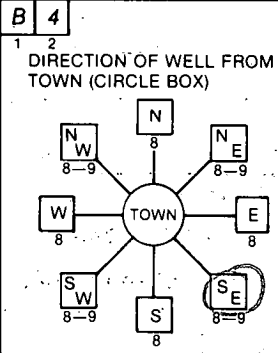
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-2099
 fill in this form completely

Date Received
 OWNER INFORMATION
 SCAMIO RUDY
 SLALOM LA
 COLUMBIA MD 21044

B 3 LOCATION OF WELL
 HOWARD
 OAKWOOD OVERLOOK
 SECTION 44 LOT 31
 GLEVELG
 MILES FROM TOWN 1 MI

DRILLER INFORMATION
 RALPH MAYNE
 RALPH MAYNE (well driller)
 9120 KNOWN CHURCH RD. MT. AIRY
 Ralph Mayne 2/21/87



OAKWOOD OVERLOOK CT
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 100 FT
 ENTER FT or MI 7

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
 HOWARD A 36504
 COUNTY NAME COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED 052787
 CO SIGNATURE EXP. DATE
 NORTH GRID 515000 EAST GRID 0803000

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 150 FEET

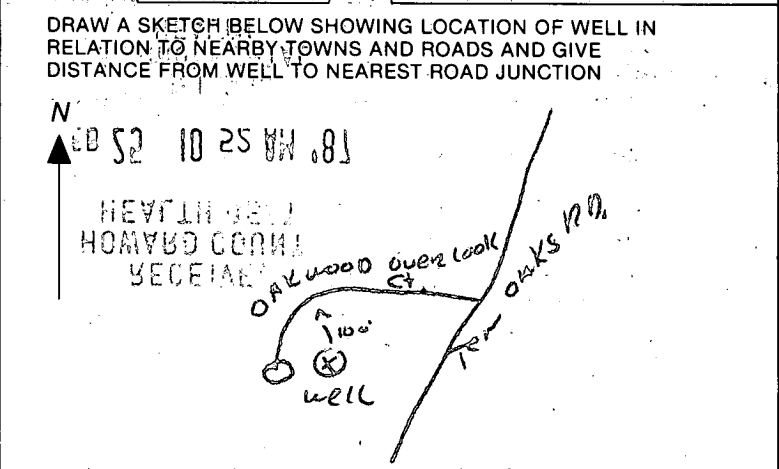
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

REPLACEMENT OR 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 INITIALS PERMIT NO. HO-81-2099

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
 E 8003
 N 5125

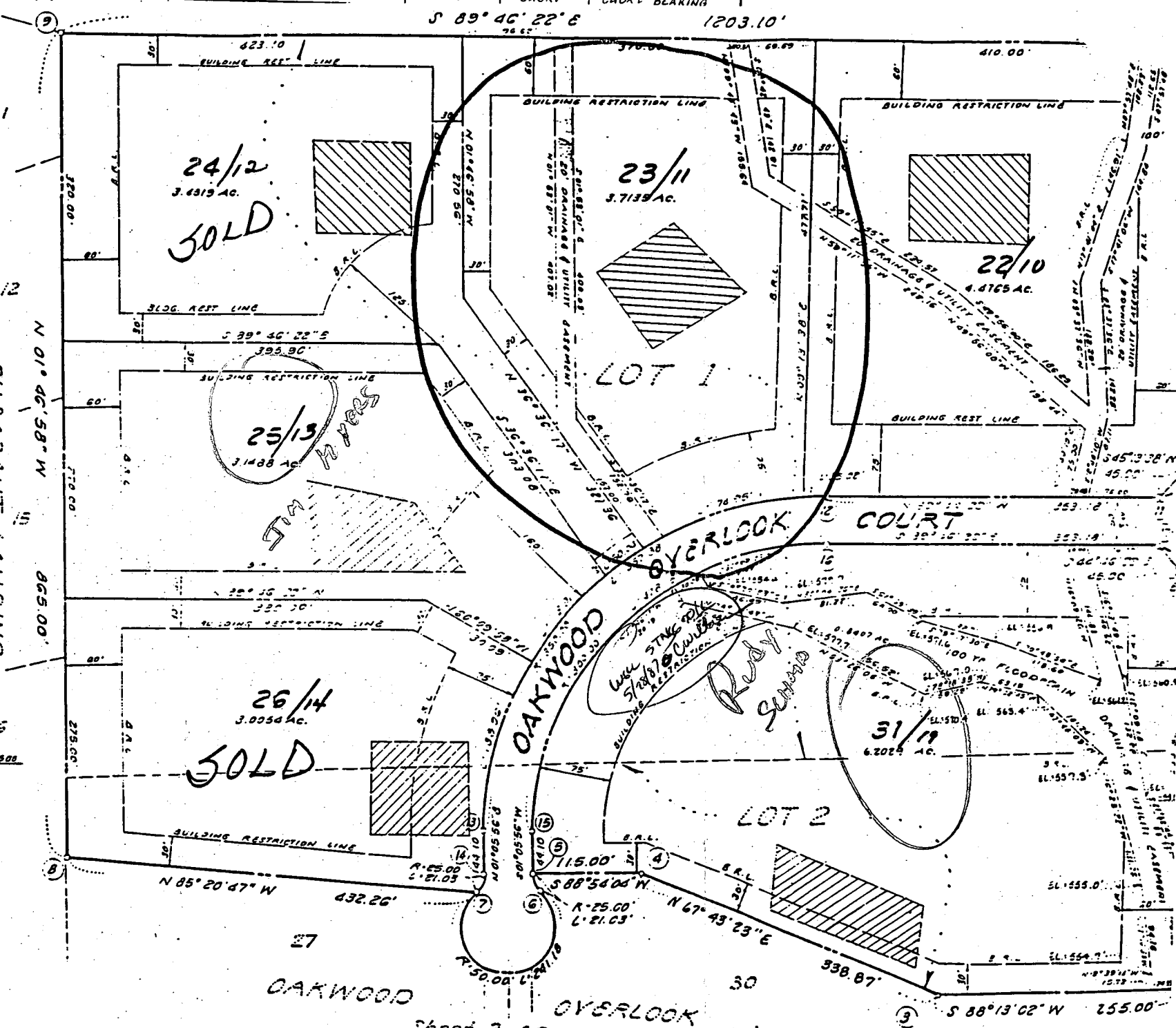


SPECIAL CONDITIONS 442-2337

10	803,859.23
20	803,866.92
30	803,800.26
40	803,369.43
50	803,342.52
60	804,543.84
70	804,511.89
80	804,158.72
90	803,807.39
100	803,808.24
110	803,857.38
120	804,158.52
130	804,511.70
140	804,543.39

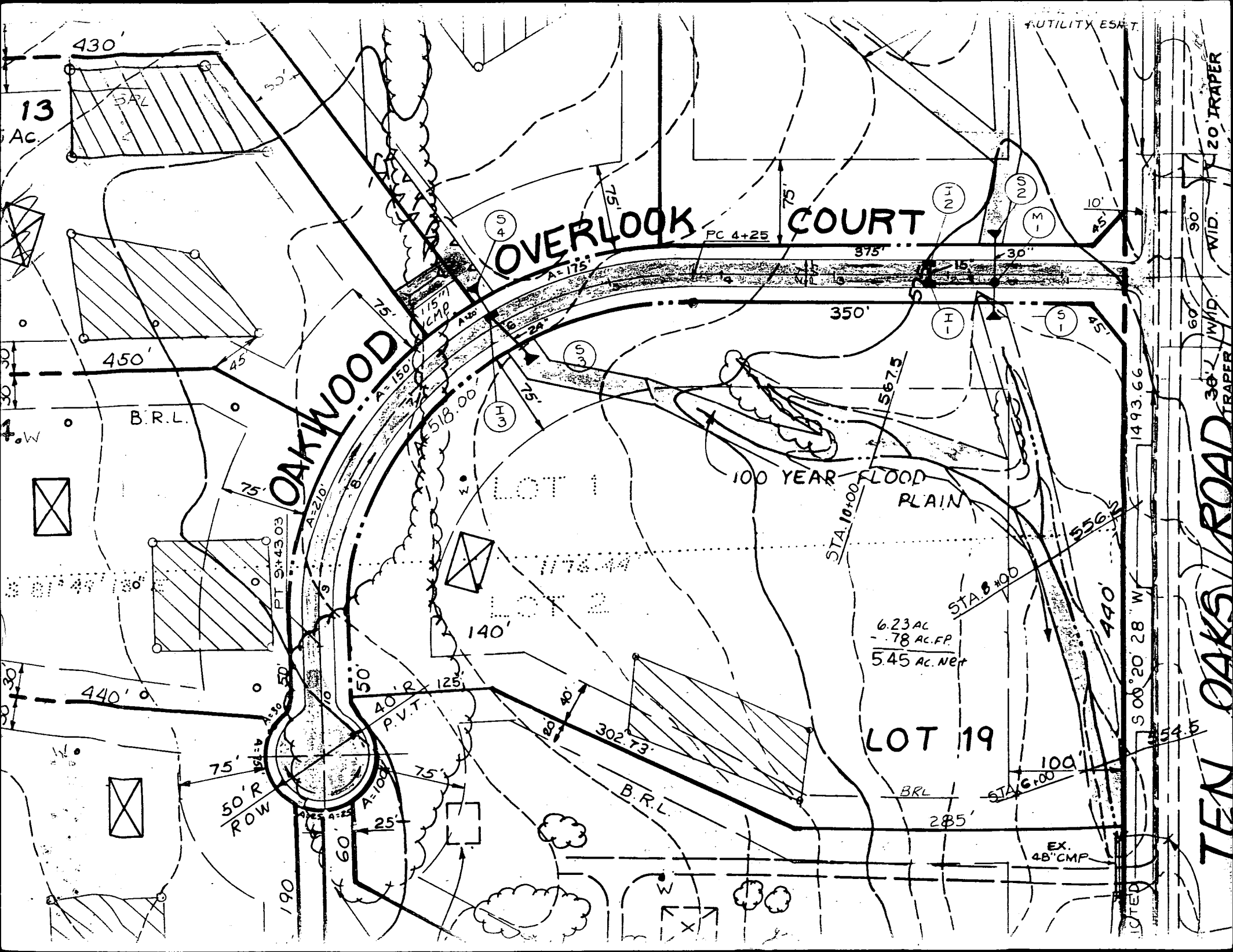
As shown hereon are the Maryland State Coordinate Grid System established by Howard Co. Ordinance No. 2934001 4.

PHEASANT LANDING
 Plat No. 65550



ABULATION OF FINAL PLAT (this sheet only)

Total Number of lots to be recorded



13
Ac

430'

UTILITY ES&T

OVERLOOK COURT

PC 4+25

375'

OAKWOOD

S 4

S 2

S 2

M

S 1

S 1

450'

B.R.L.

350'

S 3

S 3

100 YEAR FLOOD PLAIN

LOT 1

176.44

140'

STA. 10+00

STA. 8+00

440'

6.23 AC
- .78 AC.F.P.
5.45 AC.NET

LOT 19

B.R.L.

285'

100'

440'

50' R ROW

190

60'

40' R.P.V.T.

302.73'

B.R.L.

1493.66

500' 20' 28" W

554.5

TEN OAKS ROAD

20' TRAPPER

30' WID. TRAPPER

60' WID.

90'

NOTED

C1 0397 SEQUENCE NO. (OEP USE ONLY)

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 36504

DATE RECEIVED

DATE WELL COMPLETED 061587

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-81-2099

OWNER SCIMID RUDY
STREET OR RFD OAKWOOD OVERLOOK CT first name TOWN GLENELG
SUBDIVISION OAKWOOD OVERLOOK SECTION LOT 31

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	
Top So. L	0	2	
Sandy	2	35	✓
Sand Stone	35	55	
Micka	55	70	
Sand Stone	70	75	✓
Micka	75	180	
Sand Stone	180	185	✓
Micka	185	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
CEMENT NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 22
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 49 ft.

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

MAIN CASING Nominal diameter Total depth
TYPE top (main) casing of main casing (nearest inch) (nearest foot)
S+ 6 65

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

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

DEPTH (nearest ft.) #0 65 300

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273
Raph Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Raph E. Mayne

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

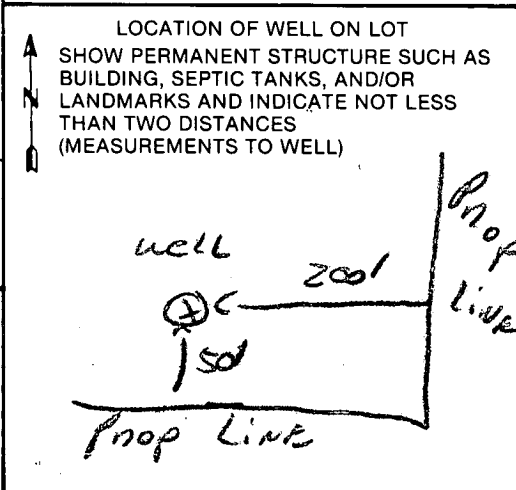
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 5
PUMPING RATE (gal. per min. to nearest gal.) 6
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 15
WHEN PUMPING 75
TYPE OF PUMP USED (for test) 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: 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } (nearest foot) 49 50 51



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 41961
 Date 4/15/81

Name of Installer C. S. Zabel

Telephone 875-7964

License number 721
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Rudy Schardt Telephone 995-1606
 Subdivision Oakwood Overlook Lot # 91 Well tag # - - -
 Site Address 4405 Oakwood Overlook

<p>Pump</p> <p>1. Type a. Deep well jet <input checked="" type="checkbox"/> b. Shallow well jet <input type="checkbox"/> c. Submersible <input type="checkbox"/></p> <p>2. Make _____</p> <p>3. Model # _____</p> <p>4. Capacity _____ GPM</p> <p>5. Pump exceeds well capacity Yes _____ No _____</p> <p>6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____</p> <p>7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____</p>	<p>Motor</p> <p>1. Horsepower _____</p> <p>2. RPM _____</p> <p>3. Voltage _____ a. 110 _____ b. 220 <input checked="" type="checkbox"/></p>	<p>Pitless Adapter</p> <p>1. Make <u>Amcor</u></p> <p>2. Model # <u>R-10</u></p> <p>3. Depth <u>42"</u></p>
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<p>Tank</p> <p>1. Capacity <u>40 equivalent</u></p> <p>2. Pressure relief valve? <input checked="" type="checkbox"/> RV 50</p>	<p>Piping</p> <p>1. Type <u>Plastic</u></p> <p>2. Size <u>1"</u></p> <p>3. NSF and/or BOCA Code approved _____</p> <p>4. Depth of supply line <u>42"</u></p>	<p>Well data</p> <p>1. Depth _____ ft.</p> <p>2. Yield _____ GPM</p> <p>3. Static water level _____ ft.</p> <p>4. Will water supply be disinfected by installer? _____</p>
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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: C. Stephen Zabel
 Date: _____

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

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 # 42662
 Date 9/30/88
 Name of Installer C. S. Zabel Telephone 875-2964
 License Number _____
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner Rudy Schmidt Telephone 995-1606
 Subdivision Oakwood Overlook Lot # 31 Well Tag # HO-81-2099
 Site Address 4405 Oakwood Overlook Ct

Pump Motor Pitless Adapter
 1. Type 1. Horsepower _____ 1. Make _____
 a. Deep well jet _____ 2. RPM _____ 2. Model # _____
 b. Shallow well jet 3. Voltage _____ 3. Depth _____
 c. Submersible
 2. Make hydroflow a. 110 _____
 3. Model # _____ b. 220
 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 _____

Tank Piping Well data
 1. Capacity 42 (202) ^{Wells trol} 1. Type 16016 1. Depth _____ ft.
 2. Pressure relief valve? 2. Size 1" 2. Yield _____ GPM
 3. NSF and/or BOCA Code approved 3. Static water level _____ ft.
 4. Depth of supply line 42" 4. Will water supply be disinfected by installer? _____

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.

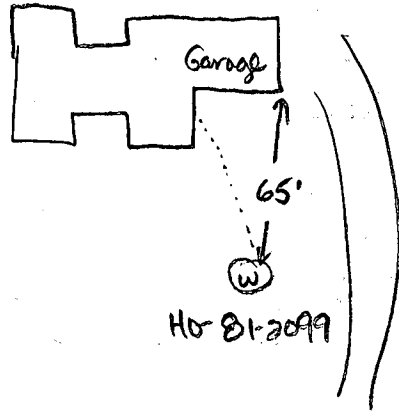
Signature of Applicant: C. S. Zabel
 Date: _____

1910188-DJK TO COVER OVSIDE WORK

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

HD-215

PRESSURE TANK NOT YET INSTALLED
 STICKER APPLIED 11/10/88



10-7-88 Pitless adaptor at 36 inches, well line not installed. Need to see connection at well & house. JENadeau

Property known as: LOT 31

OAKWOOD OVERLOOK

LOTS 22 THRU 31

RESUB. LOTS 1 & 2 KENNARD WARFIELD J. PROP.

SHEET 1 OF 2 PLAT 1081

5th ELECTION DISTRICT

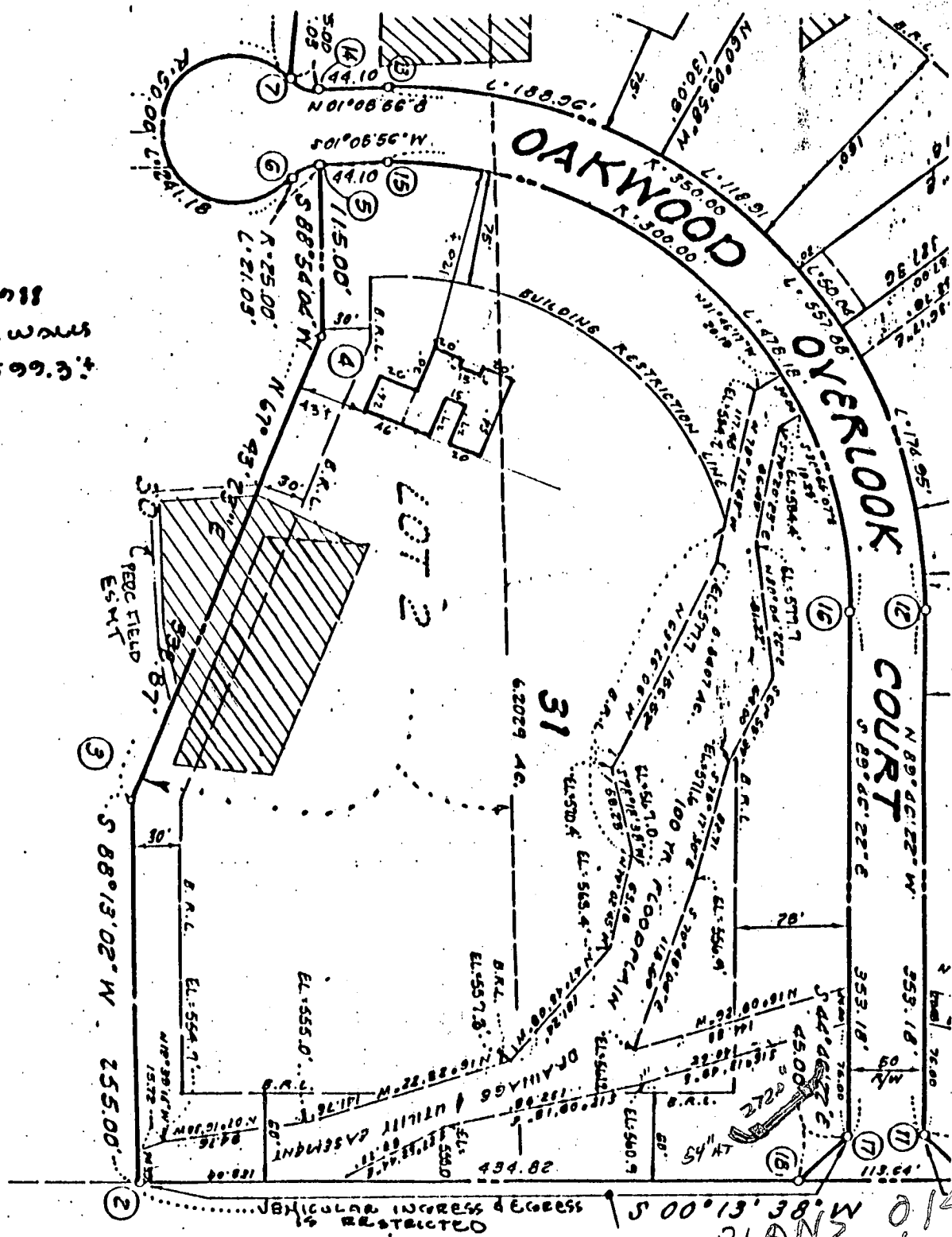
HOWARD CO. MD

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

4/29/1988


Block walls

F.F. 599.3'



DESIGN
PLANS 012
10/16/91 RTI
BP40029

LOCATION SURVEY PLAT

<p>CERTIFICATION</p>	<p>SEAL</p>	<p>SCALE 1" = 100' DATE 4-29-1988</p>
<p>This is to certify that I have surveyed the property known as: <u>A405</u> <u>OAKWOOD OVERLOOK COURT</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	 <p>Walter Park</p>	<p>Columbia: 730-9060 Towson: 828-9060</p> <p>M & H DEVELOPMENT ENGINEERS, INC Surveyors and Subdivision Designers</p> <p>231 Harpers Choice Village Cent 5485 Harpers Farm Rd Columbia, Md. 2104</p> <p>WALTER PARK REG. L.S. 5539</p>