

2/3/99
WPI
2/10/99
3:00
2/11/99
as late as
4:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-405211

P 511397

A 36998

DISTRICT 5th

DATE 2-5-99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 2/11/99

INSPECTOR M. Riskin

INDEXED

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike Clarksville, MD 21029 PHONE (410) 531-5033

SUBDIVISION The Chase LOT 21 ROAD 11650 Masters Run

PROPERTY OWNER Dennis & Laurie Moody

ADDRESS

SEPTIC TANK CAPACITY 1750 GALLONS

NUMBER OF BEDROOMS 6

75'
80'
100'
100' } trench length

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 360

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 195 feet down the right (410.79') lot line and 135 feet in from the right lot line as seen when facing the lot from Masters Run. Run trenches on contour towards the rear of the lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7/2/98 OK ALL

PLANS APPROVED BY Donna K. Soe DATE 6/26/98

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

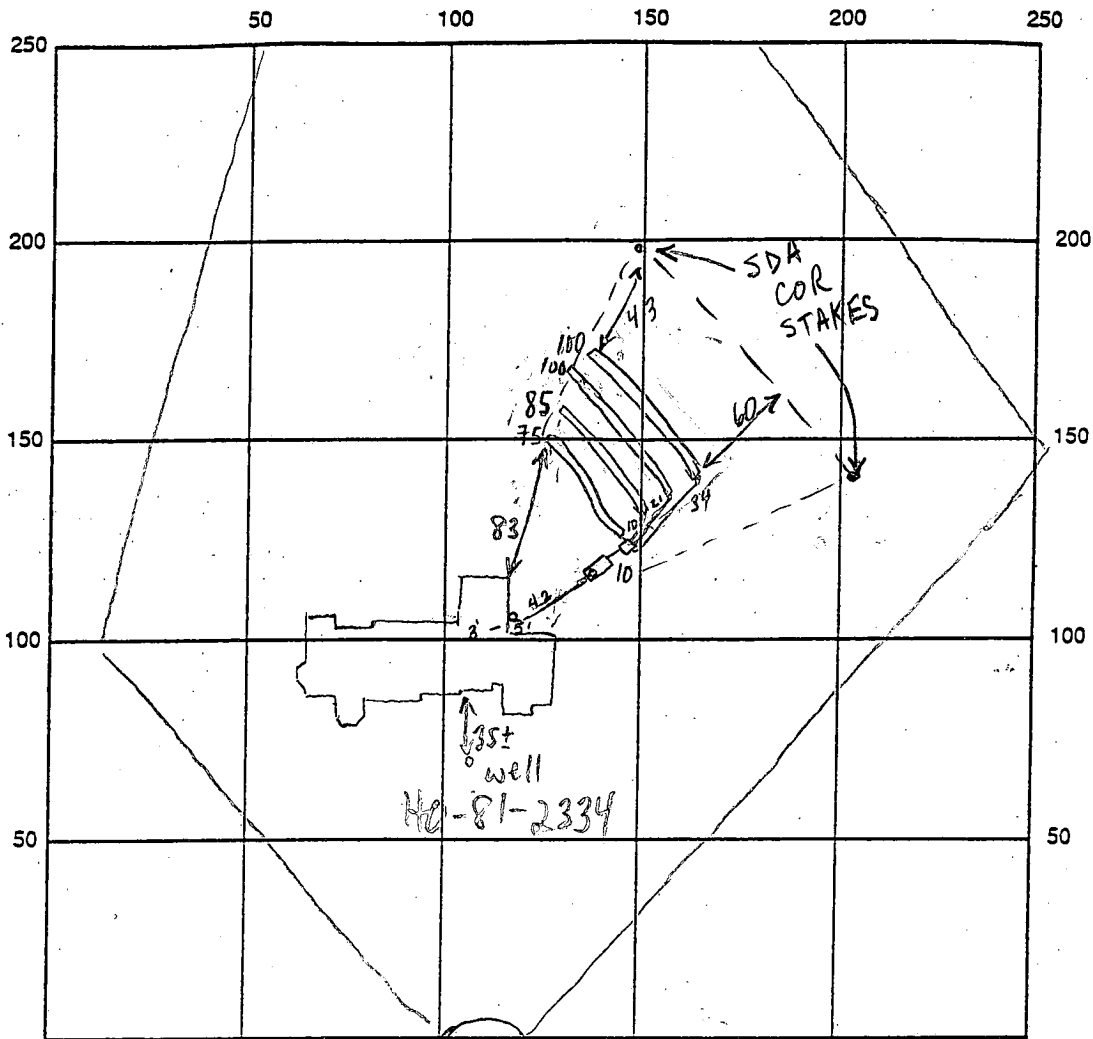
PERMIT VOID AFTER TWO YEARS

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

BLDG. PERMIT SIGNATURE
AND RETURNED 10-24-98
Build # B70 115325
purpose tank
BLDG. PERMIT SIGNATURE
AND RETURNED 11-4-98
Building Permit # B70 114920
Ground Pool

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 2000 GAL

MASTER'S RUN
CLEANOUTS at hse & on septic tank

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT.

TOTAL LENGTH ①75 ②85 ③100 ④100 FT.

NUMBER OF TRENCHES 4

ONE SIDEWALL/BOTTOM AREA ①225 ②255 ③300 ④300 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 1080 SQ. FT.

REMARKS: 2/10/99 OK to cover hse to tank - forgot to ask tank capacity Ac

2/11/99 OK TO COVER ALL (ML)

2.3.99 WPI ok to cover, P.A. 4' below grade, casing 1'2" above grade, line skewed out of house, needs 2pc cap and electrical conduit, safety rope should be tied off inside casing (ML)

DATE SYSTEM APPROVED 2/11/99

INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 36998

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 ~~Wittimmsburg Builders~~ Dennis & Laurie Moody

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. 20 Prelim + Final
2E 21

ROAD AND DESCRIPTION Homewood Road 11650 MASZERS RUN

OLD PERMIT SIGNED

TAX MAP 29 PARCEL # 24

~~OLD PERMIT~~ 6-26-88
Serial # B70112049

SIZE OF LOT 3 acres TYPE BLDG. S.F.D. - 6 Bed
(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 tile fields DATE 1-6-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/27/86 Redesign uphill; high water; Rock. S.A.M. 7/2/86

PERC SATISFACTORY; HOLD FOR Subdivision Plat, Shallow syst. only. S.A.M.

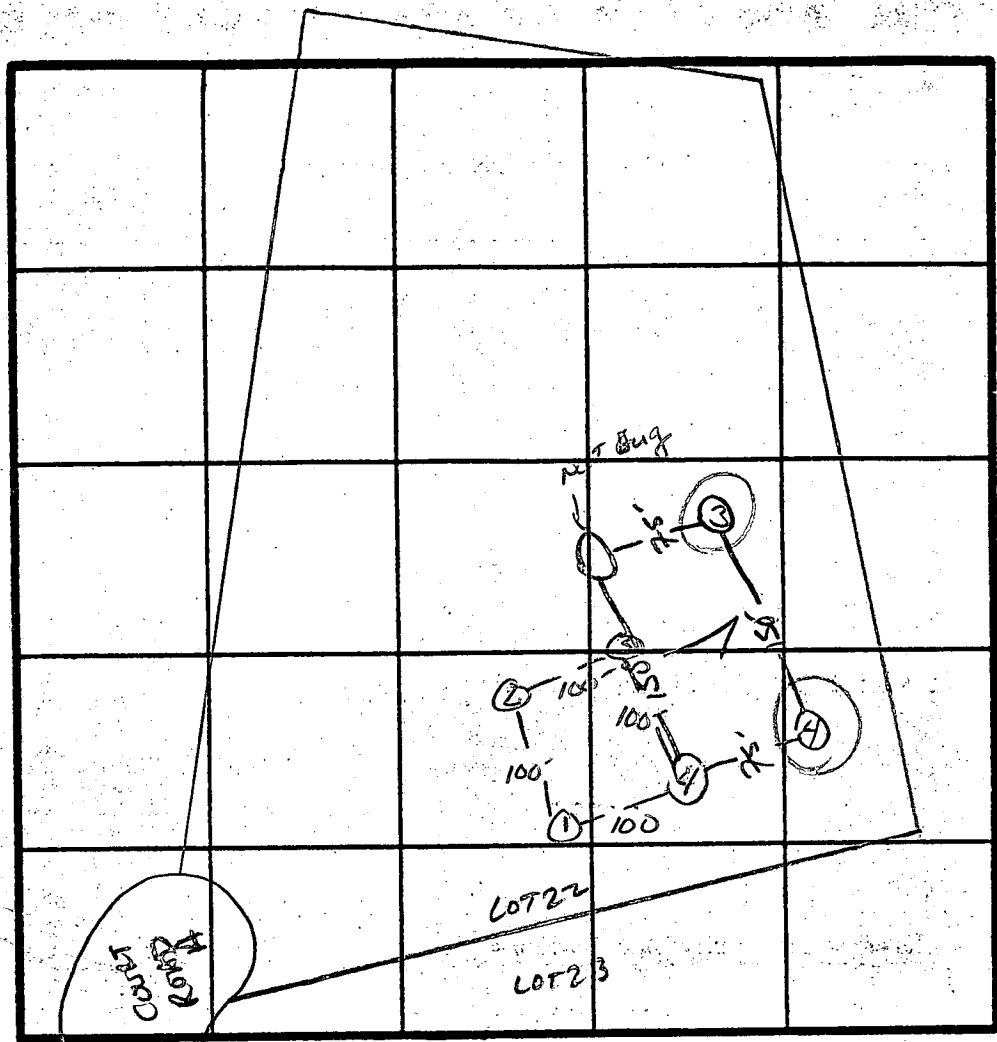
BLDG. PERMIT SIGNED
AND RETURNED 3-9-88

BPI7011 *[Signature]*

THIS IS NOT A PERMIT

SOIL PROFILE

A1-3
 Yellow BL
 SAND LOAM
 < 10% CLAY
 10-20%
 FRAGMENTS
 Gravelly
 3.5
 Brown
 SAND LOAM
 21%
 FRAGMENTS
 Fine lg
 Stones



\bar{x} PERC
 5 MIN
 INLET
 3.5
 BOTTOM
 5.0'
 180 ϕ / BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 Homewoods Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/86	3V	ROCK AT 10'	CLAY AT 4'				→ UNACCEPTABLE
	4V	CLAY EXCEEDS 8'					
7/2/86	1S	4'	2:12	2:20	2:20	2:37	17 MIN ✓
	1M	9'	2:21	2:22	2:22	2:24	2 MIN ✓
	1V	12.5'	UNIFORM	SOIL BELOW 3.5'			✓
	2S	4'	2:25	2:26	2:26	2:28	2 MIN ✓
	2V	12'	SAME AS	HOLE #1			✓
	3S	4'	2:33	2:34	2:34	2:36	2 MIN ✓
	3V	12'	SAME AS	1+2			✓
	4S	4'	2:39	2:40	2:40	2:41	1 MIN ✓
	4V	12'	SAME AS	1-3			✓

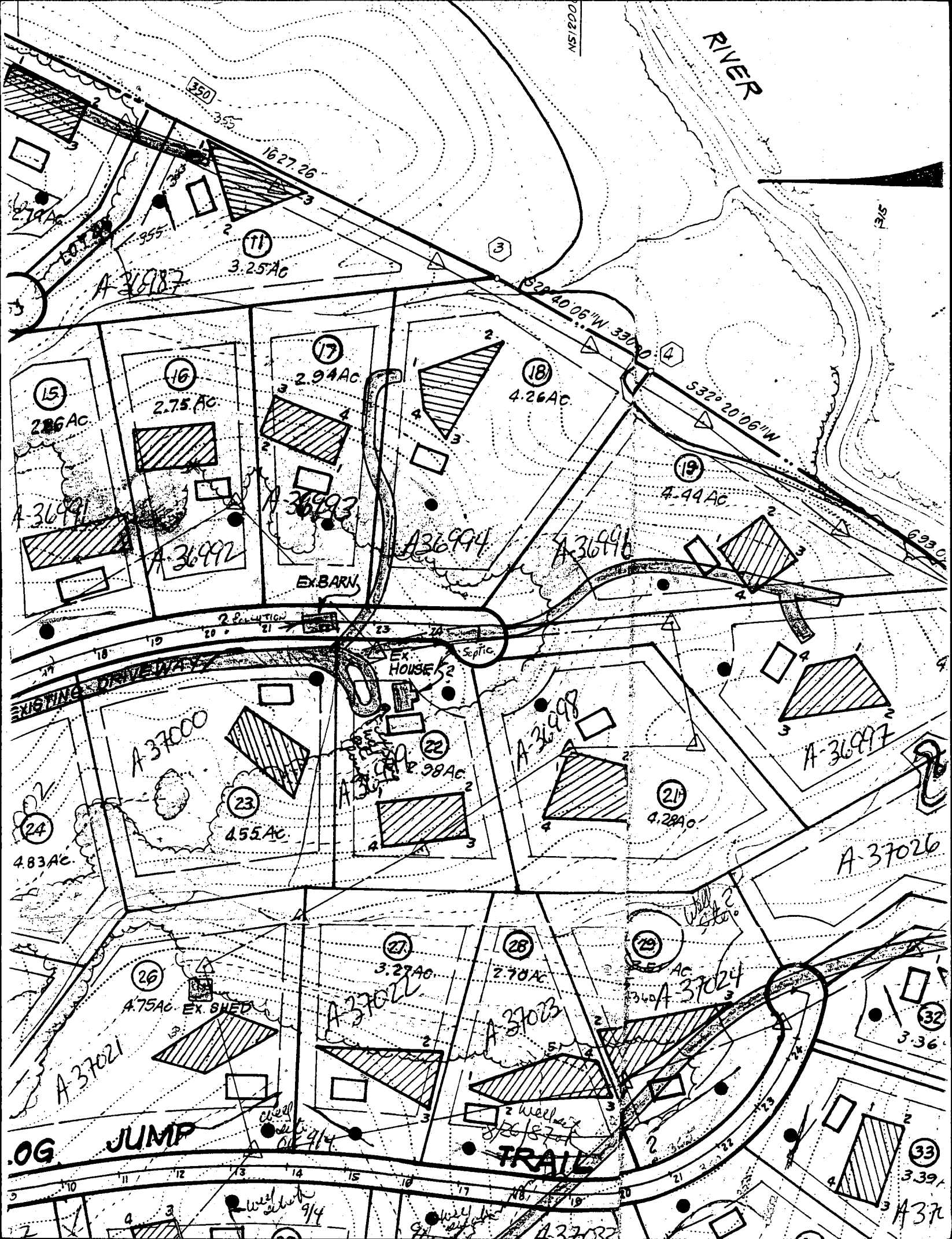
REMARKS: BLUE'S DIFF THAN PLAT

TYPE OF SOIL: Chester / Manor

S. Abel

MATT, LARRY, TOM / BOB WADE

EH-12-1079



MATCH LINE - SEE SHT 5 OF 7

26

27

28

83

29

153 273 ϕ or
3.5187 AC.

91

22

130,237 ϕ or
2.9898 AC.

21

186 466 ϕ or
4.2807 AC.

42

43

40

41

MASTER
170.72
N00°35'00"W
500.35'00"E
169.94

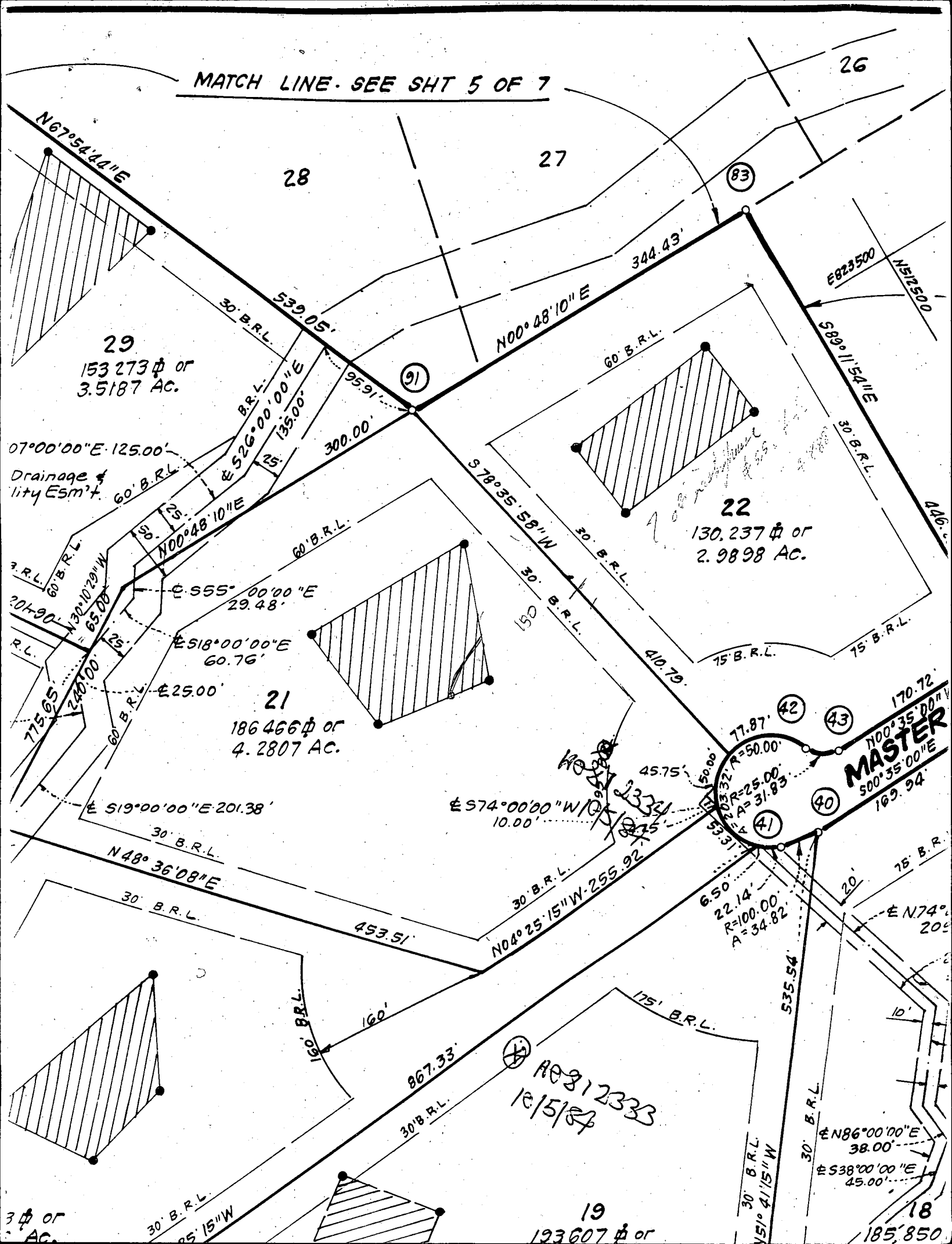
AE 812333
10/15/87

19

193 607 ϕ or

18

185,850



B 1 **5373** 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
HC-81-2334
 fill in this form completely

Date Received
 OWNER INFORMATION
 Howard East Development Corp
 P O # 1018
 Columbia MD 21044

B 3 LOCATION OF WELL
 Howard COUNTY
 The Chase SUBDIVISION
 SECTION 21 LOT 21
 Glenelg NEAREST TOWN
 MILES FROM TOWN 3 MI

DRILLER INFORMATION
 George F Easterday
 L.F. Easterday, INC
 9265 Brown Ch. Rd., Mt. Airy, MD. 21771
 George F Easterday 8/15/87

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD: MASTERS RUN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD: 70 FT
 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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD COUNTY NAME
 OEP SIGNATURE: [Signature]
 DATE ISSUED: 100587
 CO SIGNATURE: A Nipon
 EXP. DATE: 04/05/88
 NORTH GRID: 511000
 EAST GRID: 0823000

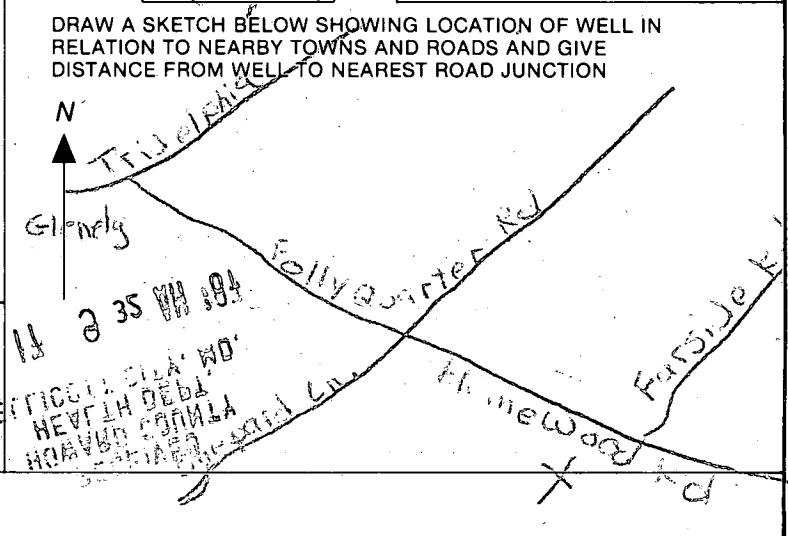
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
 WRITE THE BOX NUMBER FROM THE MAP HERE
 823 / 511

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE [Signature] WRITE INITIALS IN BOX PERMIT NO. **HC-81-2334**

SPECIAL CONDITIONS

10/13/87

Grout started 1143
(scheduled 11AM) were
on time but truck got
stuck

28' casing (2' above)

24' open hole

12 bags cement

location as staked
(\approx 140' from road)

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
AUG 18 9 03 AM '87

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
AUG 17 9 32 AM '87

C 1 1942
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-36998**

DATE RECEIVED

DATE WELL COMPLETED **10/13/77**

DEPTH OF WELL (TO NEAREST FOOT) **180**

PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-2339**

OWNER **HOWARD ESTATE DEVELOPMENT**
 STREET OR RFD **MASTERS RUN** TOWN
 SUBDIVISION **THE CHASE** SECTION LOT **01**

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 Soil	0	1	
B ₁ Shale	2	20	
Sand Stone	20	31	
gray Mica	31	129	
B ₁ Mica	129	130	✓
gray Mica	130	149	
opening	149	150	✓
gray Mica	150	180	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **72**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **24** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **28**

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 **OT**
 PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
HO **26** **180**
 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.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **28**
 WHEN PUMPING **49**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below }

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. **46**
 DRILLERS SIGNATURE **George J. Estabrook**
Bruce Thompson
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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)
 ROAD

DW
 (P. 3)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2334
 Location of property (road) MASTERS RUN
 Subdivision THE CHASE Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller G. EASTRDAY Owner HO. EST. Devel.

Depth of well 180 60 GPM
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 28 ft

I. High rate pumping -- reservoir drawdown

Time pump started 12:30 Pumping rate 12 gpm
 Total time 15 min to reach pumping water level 35' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>12:15</u>	<u>35'</u>	<u>5</u> <u>Sec</u>	<u>N/A</u>	<u>12</u> <u>gpm</u>
<u>1:00</u>	<u>37'</u>	<u>5</u>	<u>Pump at 170'</u>	<u>12</u>
<u>1:15</u>	<u>39'</u>	<u>5</u>	<u>B. Hanner</u>	<u>12</u>
<u>1:30</u>	<u>42'</u>	<u>5</u>		<u>12</u>
<u>1:45</u>	<u>44'</u>	<u>5</u>		<u>12</u>
<u>2:00</u>	<u>45'</u>	<u>5</u>		<u>12</u>
<u>2:15</u>	<u>45'</u>	<u>5</u>		<u>12</u>
<u>2:30</u>	<u>46'</u>	<u>5</u>		<u>12</u>
<u>2:45</u>	<u>47'</u>	<u>5</u>		<u>12</u>
<u>3:00</u>	<u>48'</u>	<u>5</u>		<u>12</u>
<u>3:15</u>	<u>49'</u>	<u>5</u>		<u>12</u>
<u>3:30</u>	<u>49'</u>	<u>5</u>		<u>12</u>

THIS FORM IS TO BE COMPLETED WHEN DROPPING OFF PLANS AND/OR DOCUMENTS TO THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS. Use ball point only!

avis

Date: 6.23.98

To: Health Dept Plan Review (Name and Division)
Department of Inspections, Licenses and Permits

From: TILO MCCREADY, STEWART/MCCREADY 410-465-7687
Your Name and Company Name ~~ARCHITECTS~~ your telephone number

Subject: Project Name MOODY RESIDENCE

Building Location THE CHASE LOT 21
11650 MASTERS RUN, HOWARD CO.

Building permit # B-00112049 Plumbing permit # _____

SDP # _____ Site Utilities permit # _____
(Fill in necessary information only where applicable)

RECEIVED

JUN 23 1998

PLAN REVIEW DIVISION

Attachments include: (Check appropriate space)

- Letter of response to Howard County plan review letter.
- Revised plans and/or revised details. *HOUSE MOVED FORWARD 10' & FLR ELEVATION MOVED UP 1' TO SUIT SEPTIC PER HO. CO. HEALTH.*
- Certification for structural steel.
- Certification for energy conservation calculations.
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Single family dwelling model plans to be placed on permanent file, list model numbers/names _____.
- Other _____.

If there is another person, other than yourself, we should contact if there is a problem with your submittal, please list their name and their telephone number below:

_____ () _____

PLEASE ASSURE ALL DOCUMENTS/REVISIONS ARE APPROPRIATELY SIGNED AND SEALED BY THE ENGINEER OR ARCHITECT. BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN DELAY OF REVIEW BY THE PLANS EXAMINER. THIS OFFICE WILL CONTACT YOU IF THERE IS A PROBLEM WITH YOUR SUBMITTAL. WHEN THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION, THE PERMIT OFFICE WILL NOTIFY YOU WHEN THE PERMIT IS READY FOR PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION (301-992-2455). PLEASE ALLOW A MINIMUM OF FIVE WORKING DAYS FOR REVISIONS TO BE REVIEWED.

FRONT COUNTER PERSONNEL ONLY:

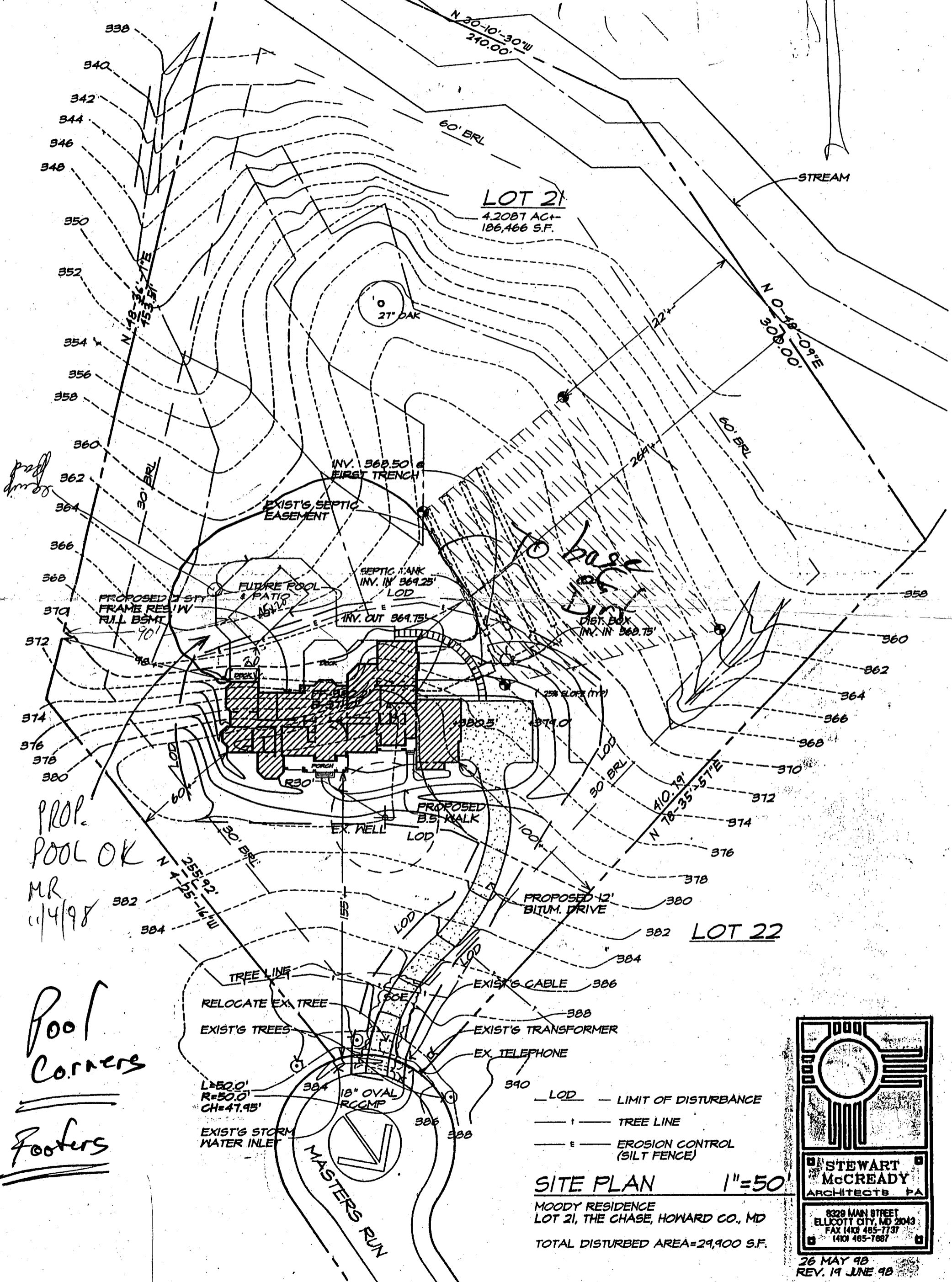
[Signature]

REVISED

LOT 20

LOT 21

4.2087 AC +/-
186,466 S.F.



prop
dms

to back
of
dr

PROP.
POOL OK
MR
4/4/98

Pool
Corners

Footers

— LOD — LIMIT OF DISTURBANCE
 — TREE LINE
 — E — EROSION CONTROL (SILT FENCE)

SITE PLAN 1"=50'
 MOODY RESIDENCE
 LOT 21, THE CHASE, HOWARD CO., MD
 TOTAL DISTURBED AREA=29,900 S.F.

STEWART
 McCREADY
 ARCHITECTS P.A.
 8328 MAIN STREET
 ELLICOTT CITY, MD 2043
 FAX (410) 485-7737
 (410) 485-7887

26 MAY 98
REV. 19 JUNE 98

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 X
Replacement _____

Receipt # _____
Date 12/20/98

Name of Installer Michael Demister

Telephone (410) 996-8358

License Number 8444
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Dennis Moody Telephone _____
Subdivision The Chase Lot # 21 Well Tag # HO-81-2334
Site Address 11650 Masters Run

- Pump**
- Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
 - Make Goulds
 - Model # 106S10412L
 - Capacity 10 GPM
 - Pump exceeds well capacity Yes _____ No X
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

- Motor**
- Horsepower 1
 - RPM _____
 - Voltage _____
a. 110 _____
b. 220 X

- Pitless Adapter**
- Make Murphy
 - Model # BP 10X
 - Depth 42"

- Tank**
- Capacity _____
 - Pressure relief valve? Yes

- Piping**
- Type Plastic
 - Size 1"
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data**
- Depth 180 ft.
 - Yield 12 GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? Yes

~~XXXXXXXXXX~~ WPI NOTES ON SEPTIC RECORD (MR)

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: Michael Demister

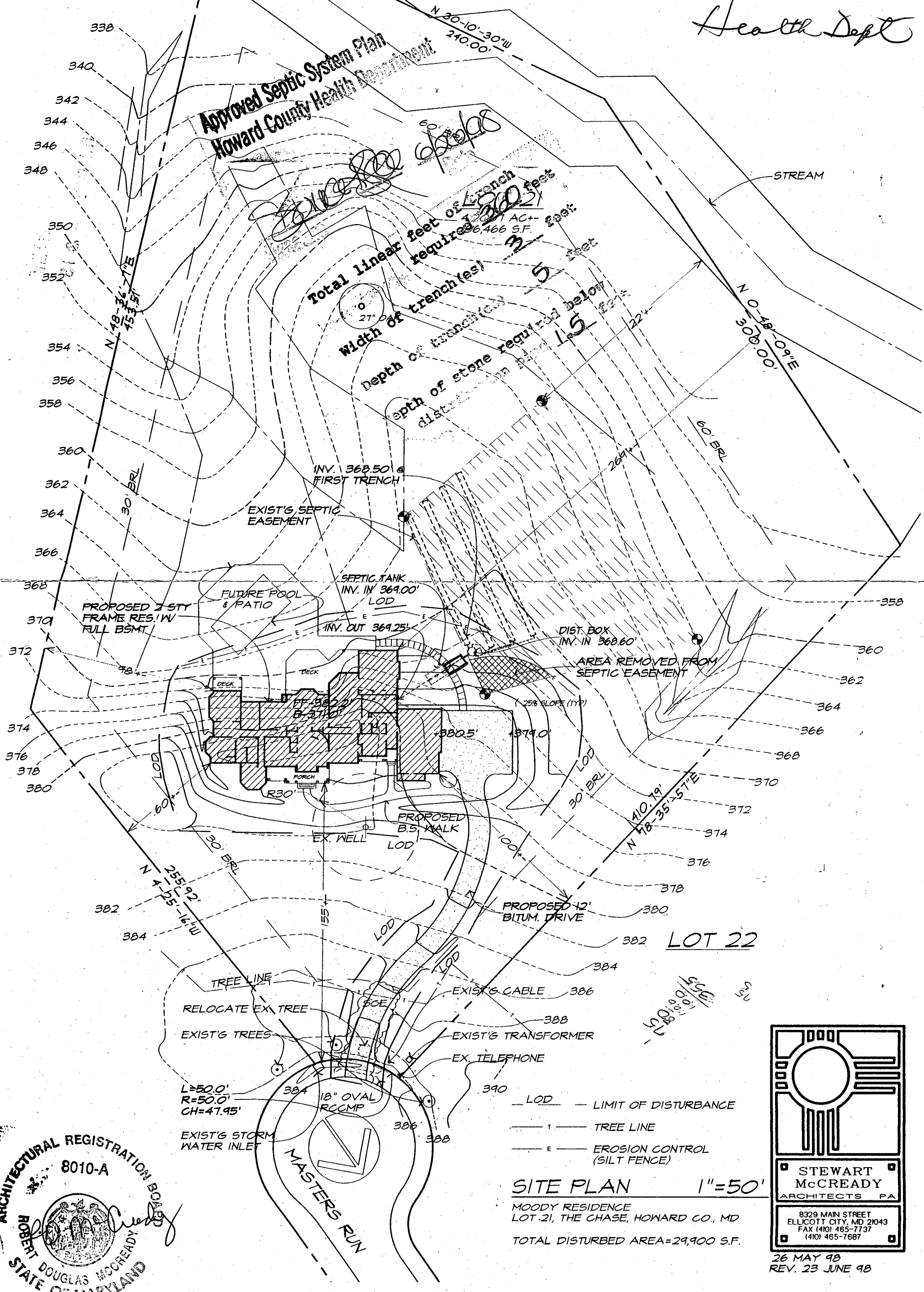
Date: 12/20/98

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

Revised
 300112049
 6/13/98
 Health Dept

LOT 20

Approved Septic System Plan
 Howard County Health Department



Total linear feet of trench required 300 feet
 Width of trench (as) 3 feet
 Depth of trench 5 feet
 Depth of stone required below trench 1.5 feet

PROPOSED 2-STY FRAME RES. W/ FULL BSMT

FUTURE POOL & PATIO

SEPTIC TANK INV. IN 369.00' LOD

INV. OUT 369.25'

DIST. BOX INV. IN 368.60'

AREA REMOVED FROM SEPTIC EASEMENT

PROPOSED B.S. WALK

PROPOSED 42' BITUM. DRIVE

LOT 22

L=50.0'
 R=50.0'
 CH=47.95'

18" OVAL RCCMP

EXIST'G STORM WATER INLET

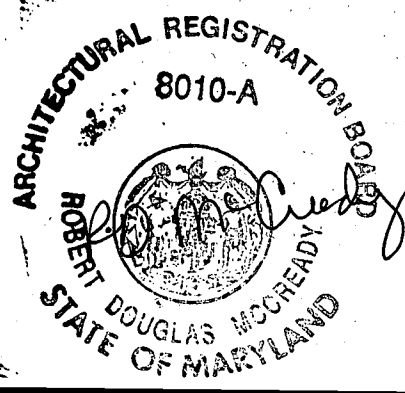
MASTERS RUN

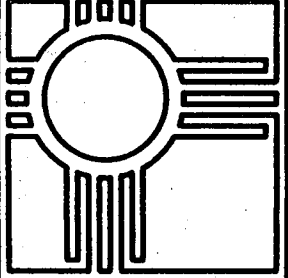
- LOD — LIMIT OF DISTURBANCE
- TREE LINE
- E — EROSION CONTROL (SILT FENCE)

SITE PLAN 1"=50'

MOODY RESIDENCE
LOT 21, THE CHASE, HOWARD CO., MD

TOTAL DISTURBED AREA=29,900 S.F.





**STEWART
 McCREEDY**
 ARCHITECTS PA

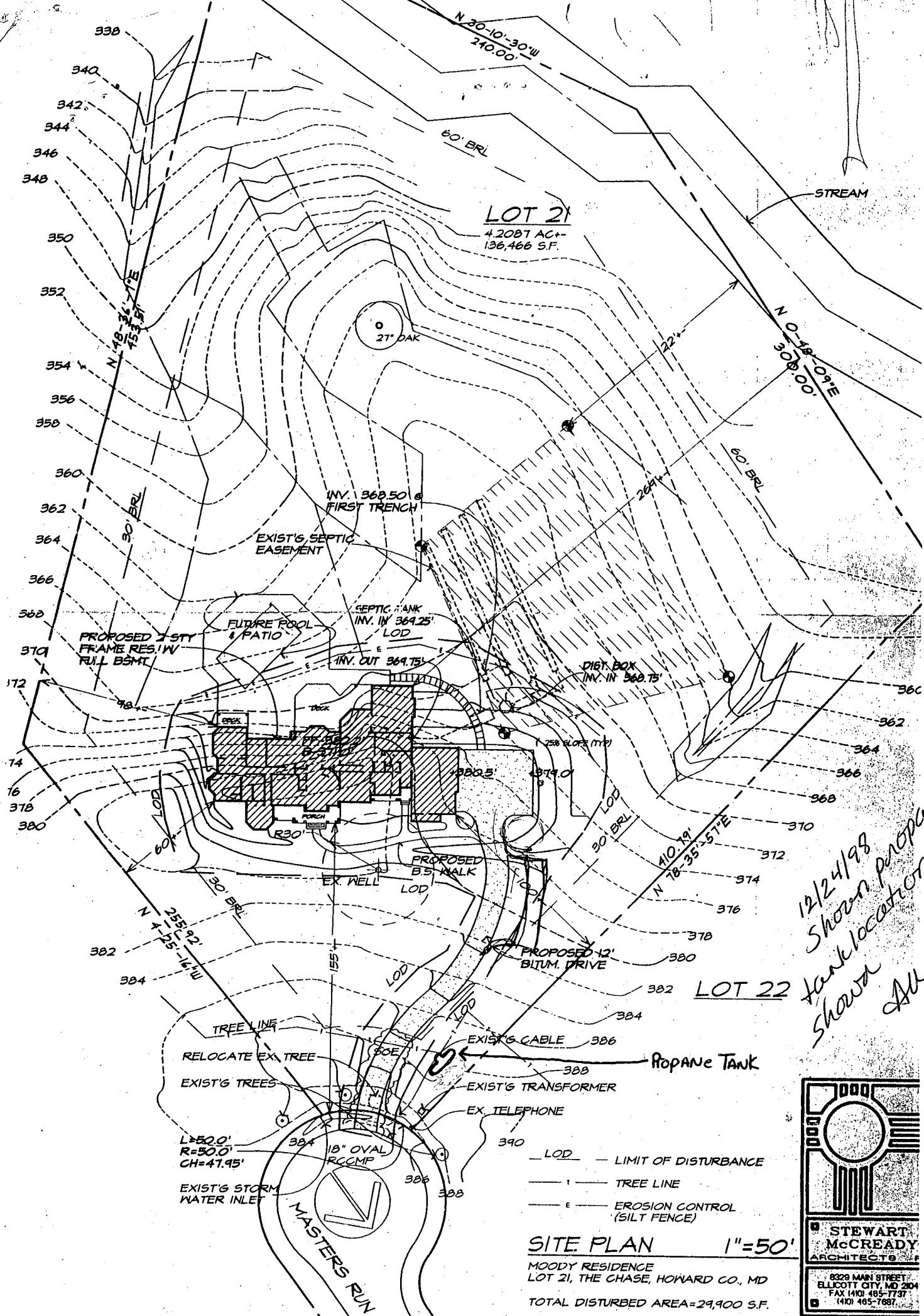
8329 MAIN STREET
 ELLICOTT CITY, MD 21043
 FAX (410) 465-7737
 (410) 465-7687

26 MAY 98
 REV. 23 JUNE 98

LOT 20

LOT 21
4.2087 AC+
136,466 S.F.

LOT 22



12/24/98
Shown propane
tank location OK as
shown
All

L=50.0'
R=30.0'
CH=47.95'

18" OVAL
RCCMP
MASTERS RUN

LOD — LIMIT OF DISTURBANCE
— TREE LINE
— EROSION CONTROL (SILT FENCE)

SITE PLAN 1"=50'

MOODY RESIDENCE
LOT 21, THE CHASE, HOWARD CO., MD
TOTAL DISTURBED AREA=29,900 S.F.

**STEWART
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