

7-18-89
✓ RN + P.M. File

PERMIT

P 44662

SEWAGE DISPOSAL SYSTEM

A 35520

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 7/3/89

DATE SYSTEM APPROVED 7/18/89

INSPECTOR C.B. ✓

William H. Smith, Jr., Septic, Water and Pump Systems IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Country View ROAD 17516 Country View Way LOT 3 ✓

PROPERTY OWNER Christopher Lang

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 145 feet from the front lot line and 115 feet from the right side of the lot as seen when facing the lot from Country View Lane. Run the trenches along level ground toward the front left corner of the lot as seen when facing the lot from Country View Lane.

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

PLANS APPROVED BY Ray Hodges DATE 9/09/87

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

PERMIT SIGNED
AND RETURNED 6-14-99
Serial # B 00118190
1-Story addition

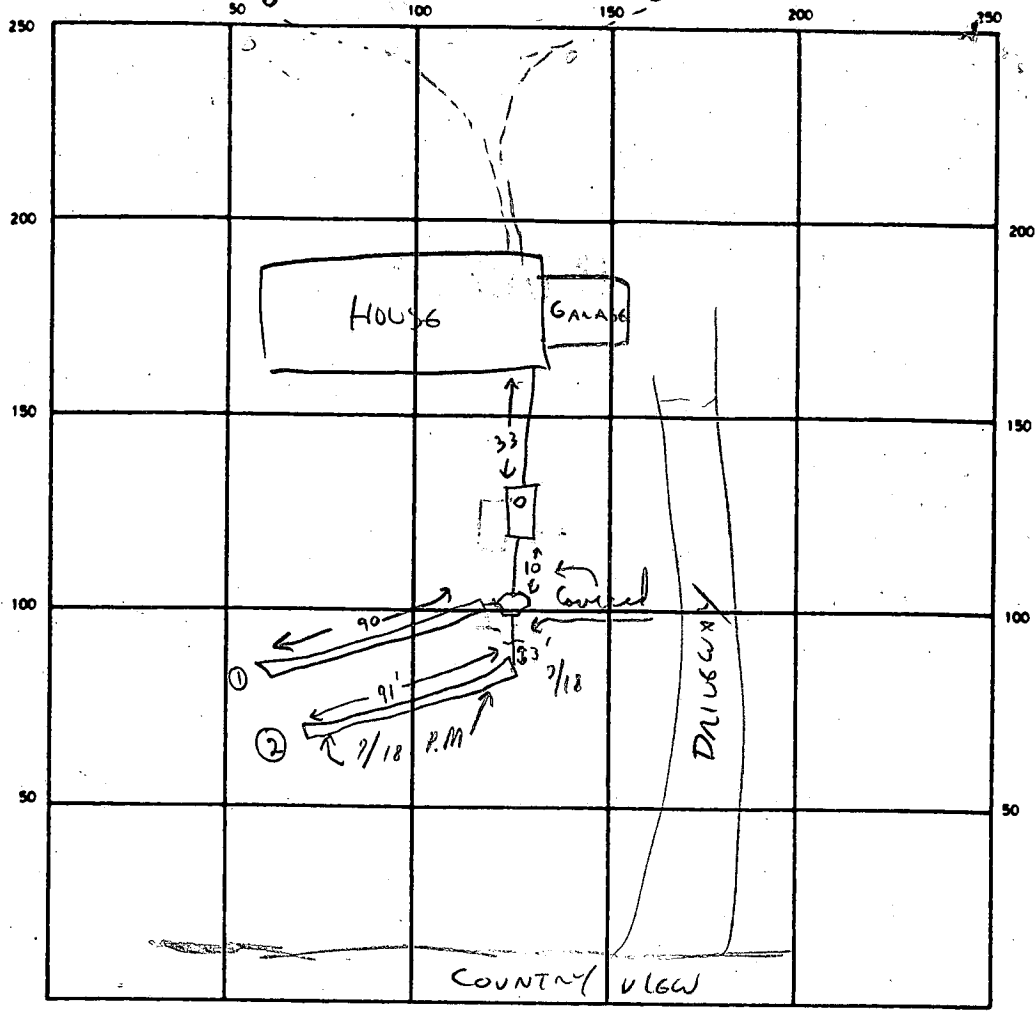
35520

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

40-81-2464

40-81-2431



SEPTIC TANK LEVEL ✓ 1250 CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 181 FT.

NUMBER OF TRENCHES 2-90 each ONE SIDEWALL/BOTTOM AREA 724 SQ. FT.

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

ABSORBENT AREA 724 SQ. FT.

REMARKS 7/17/89 FIRST TRENCH OK TO COVER, FINISH SECOND TRENCH
AND ADD GRAVEL WITHIN - 7/18/89 @ 1/2 ton stone & pavers to 3' of
surface - Final

DATE SYSTEM APPROVED 7/18/89 INSPECTOR Charles Lynn Stecker

A 35520

SUBDIVISION: COUNTRY VIEW
(ROUGH PROP)

LOT NUMBER: 3

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

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 7.5 feet below original grade.

Effective area begins at 3.5 feet below original grade.

4 feet of stone below distribution pipe.

4BA/BP

- 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 absorbent sidewall area by 22%.

LOCATION: 9/9/87 PLACE THE DISTRIBUTION BOX

145 FT FROM THE FRONT LOT LINE AND 115 FT FROM
THE RIGHT SIDE OF THE LOT AS SEEN WHEN
FACING THE LOT FROM COUNTRY VIEW LANE
RUN THE TRENCHES ALONG LEVEL GROUND
TOWARD THE FRONT LEFT CORNER OF THE LOT
AS SEEN WHEN FACING THE LOT FROM COUNTRY
VIEW LANE AJJ

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35520

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 4TH

DATE May 3, 1985

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 M. Hough~~ Christopher Lang 242-5768

ADDRESS 17691 Route 144 PHONE 489-4014

PROPERTY LOCATION: COUNTRY VIEW
SUBDIVISION ~~Hough Property~~ LOT NO. 3

ROAD AND DESCRIPTION On Maryland Route 144, 600'± East of Lang Corner Rd.
17516 Country View Way

SIZE OF LOT 3 ACRES + TYPE BLDG. 4 Bedroom
(NUMBER OF BEDROOMS)

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.

Dennis M. Rusch
(SIGNATURE OF APPLICANT)

APPROVED BY Srd Almt FOR Deep Hovel DATE 3-23-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/18/85 PERC OK HOLD FOR PHAT BIT
9/9/87 Spec OK BIT

BLDG. PERMIT SIGNED
AND RETURNED 3-23-89

BP24242
512

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 - ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 35520

P _____

DISTRICT 4 TH

DATE May 3, 1985

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 M. Hough

ADDRESS 17591 Route 144 PHONE 409-4014

PROPERTY LOCATION: Country View
SUBDIVISION Hough Property LOT NO. 3

ROAD AND DESCRIPTION On Maryland Route 144, 600'± East of Long Corner Rd.

SIZE OF LOT 3 ACRES + TYPE BLDG. 4 Bedroom
(NUMBER OF BEDROOMS)

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.

Dennis M. Rusli
(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

N20°19'28"E 188.83'

F.F. Elev. = 791.5 ✓
C. Elev. = 782.5 ✓
Garage Hi = 788.5 ✓
Garage Lo = 788.2 ✓
Disturbed Area = 8300 s.f.

Sanitary Inverts in
House Out = 784.0 ✓
Tank In = 783.6 ✓
Tank Out = 783.5 ✓
Box In = 783.4 ✓
Box Out = 783.3 ✓

BSMT

Wooded

Well

BUDG. PERMIT SIGNED
AND RETURNED 3-23-89

24242

N62°40'30"W 55.60'

N72°55'00"W 209.53'

S17°05'00"W 37.73'

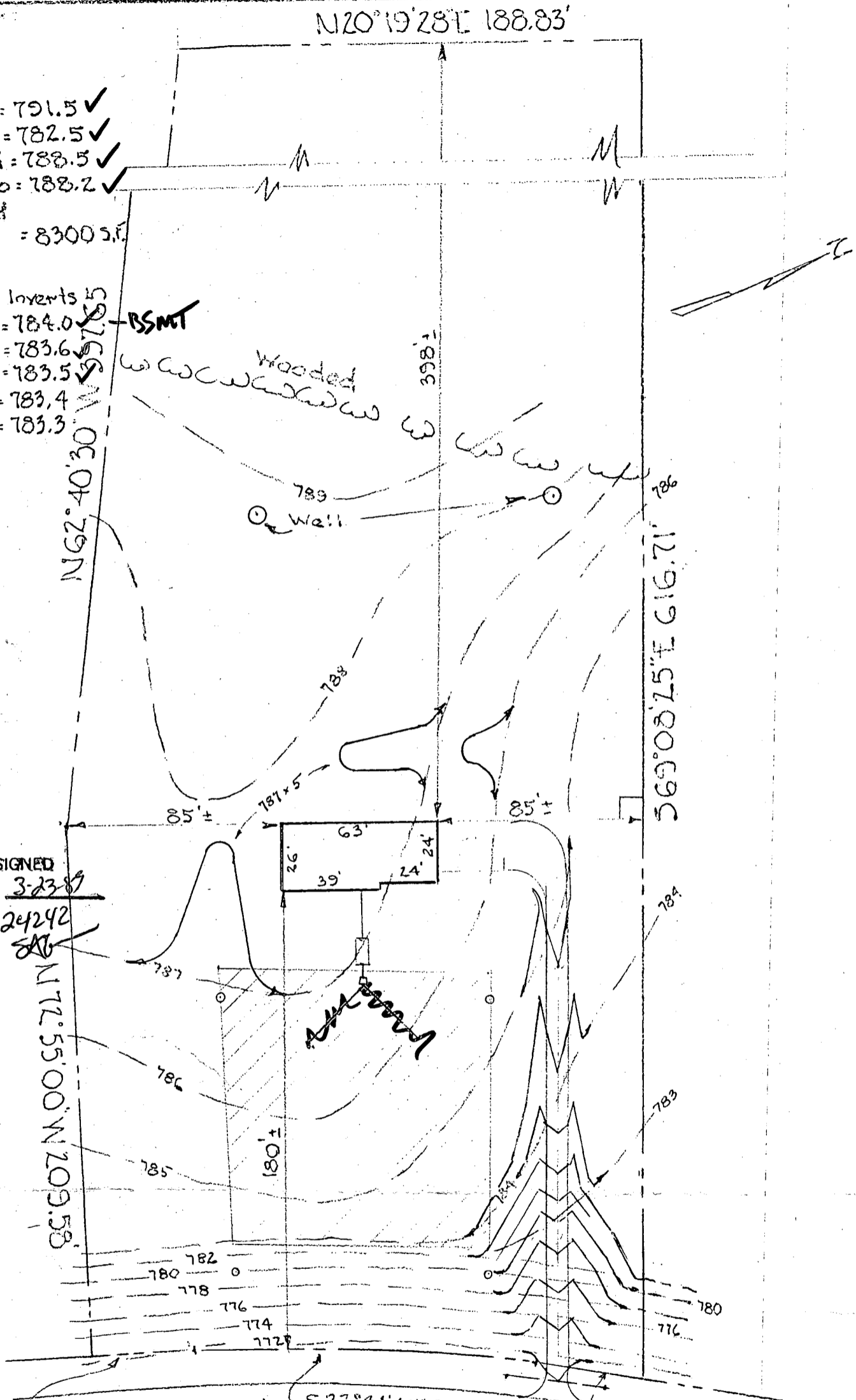
S23°31'45"E 40.63'

S29°58'30"W 42.00'

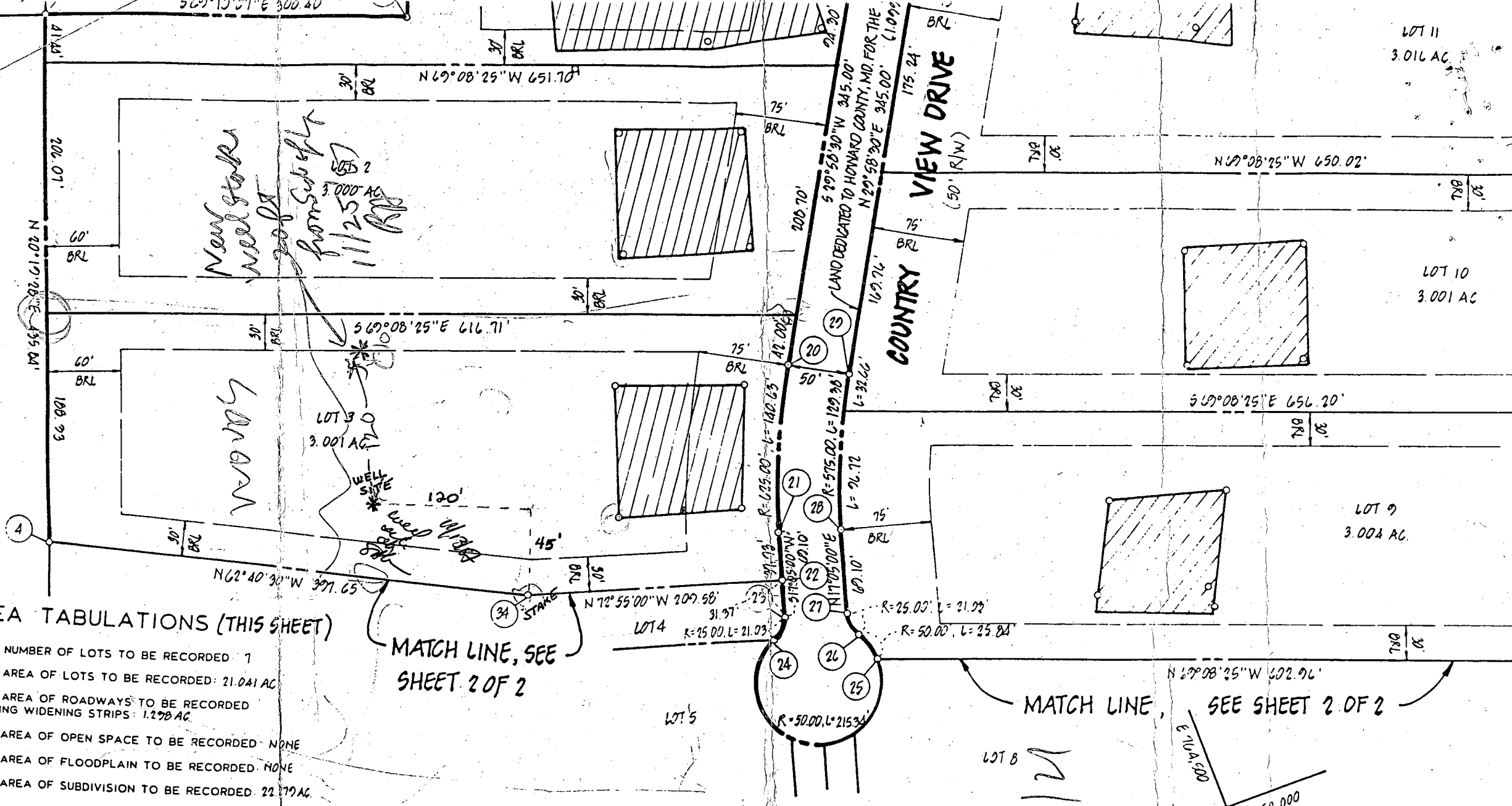
COUNTRY VIEW WAY

Grading Plan - Long Property
Lot 3 Plat No. 7320 COUNTRY VIEW
Zone 2 - Zone Map 2
4th Election District
Howard County, Md.

Scale: 1"=50' Date: 3-20-89



LEE E. MUMMAU
PLAT 5862



AREA TABULATIONS (THIS SHEET)

- TOTAL NUMBER OF LOTS TO BE RECORDED: 7
- TOTAL AREA OF LOTS TO BE RECORDED: 21.041 AC
- TOTAL AREA OF ROADWAYS TO BE RECORDED INCLUDING WIDENING STRIPS: 1.278 AC
- TOTAL AREA OF OPEN SPACE TO BE RECORDED: NONE
- TOTAL AREA OF FLOODPLAIN TO BE RECORDED: NONE
- TOTAL AREA OF SUBDIVISION TO BE RECORDED: 22.319 AC

MATCH LINE, SEE SHEET 2 OF 2

MATCH LINE, SEE SHEET 2 OF 2

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

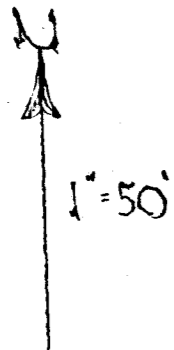
OWNER'S STATEMENT

We, RICHARD M. HOUGH, and BARBARA S. HOUGH, owners of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the

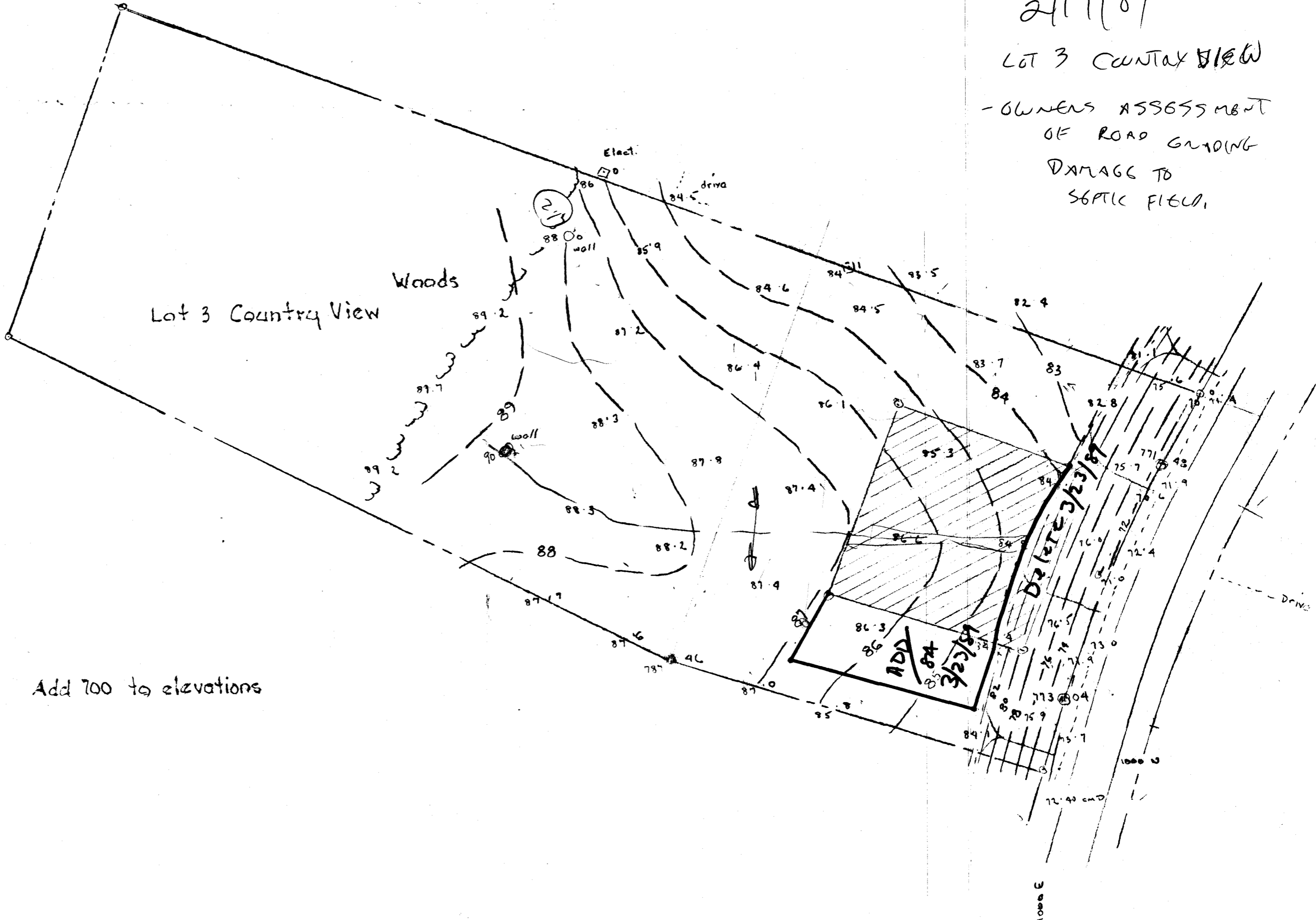
SURVEY

I hereby certify that the survey is correct.

LOT 3 COUNTRY VIEW
ROAD GRADE IMPACTS SEPTIC RESERVE AND
ADJUSTMENT REQUIRED.



Add 700 to elevations



2/17/89
LOT 3 COUNTRY VIEW
- OWNERS ASSESSMENT
OF ROAD GRADING
DAMAGE TO
SEPTIC FIELD.

B 1 **1733** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

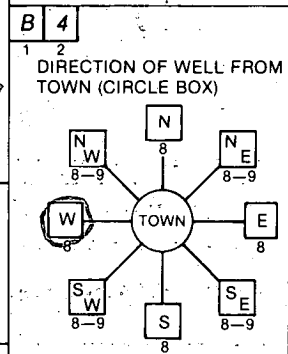
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-2431
 fill in this form completely

Date Received **242-5768**
10-31-87 OWNER INFORMATION
10-09-87
Long Christopher
 15 Last Name Owner First Name
5745 Richardson Mews
 36 Street or RFD 55
Baltimore MD 21227
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard COUNTY 21
Country View Estates 23 SUBDIVISION 42
 SECTION LOT **3** 44 46 48 50
Poplar Springs 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M 1** 76 77 78

DRILLER INFORMATION
Harry Edmondson 77 License No. **252**
Harry Edmondson Drilling
741 Klee Mill Rd Westminister 21157
 Address
Harry Edmondson 10-31-87
 Signature Date



Country View Way 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **320** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

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

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 COUNTY NO. **A-35520**
 OEP SIGNATURE _____ STATE HEALTH INSERT S 41
 DATE ISSUED **11-19-87** CO SIGNATURE **Sullivan G. G. 05-18-88** EXP. DATE
 NORTH GRID **552000** EAST GRID **0764000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **700** 24 28 FEET

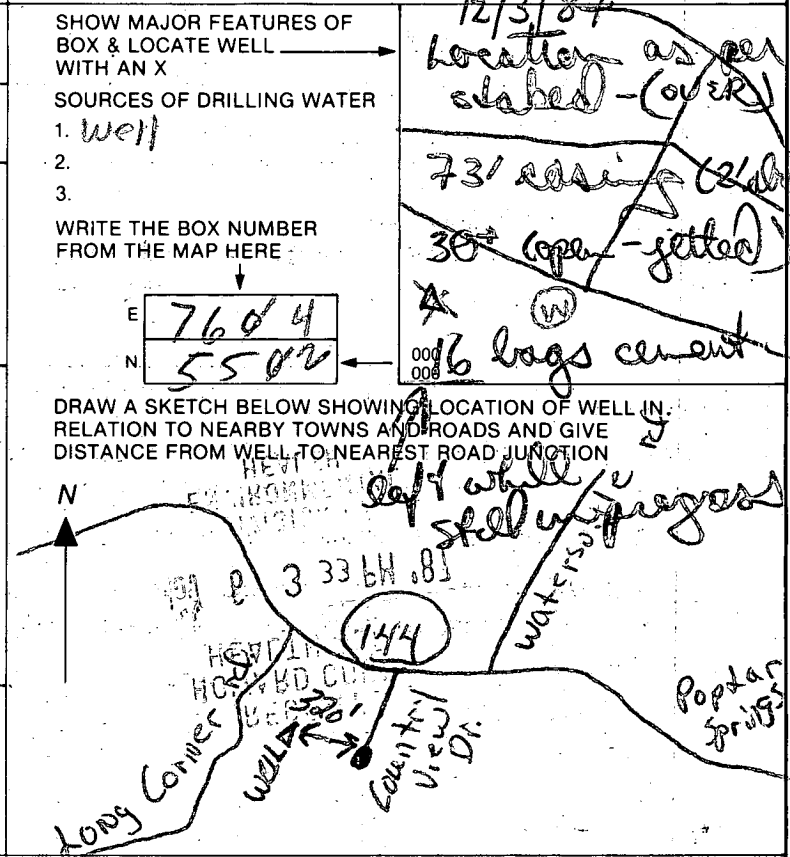
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 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) _____ 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 GAP _____ 63
 FORCE A WRITE INITIALS IN BOX PERMIT NO. **HO-81-2431**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



1380

12/3/87 approved
location of 2nd
well (71 gpm) lower
than road edge
perce field though
distance OK + flow
away from well
original well to be fed
in w/ 2nd well

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
NOV 6 3 33 PM '87
PHYSICIAN
ENVIRONMENTAL
HEALTH

12/3
 8 AM CHRS
 10:30 START

11/25/87
 64 800

Review _____
 12/3/87
 R. J. D.
 OK
 (B)

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2431 → (WELL #1)
 Location of property (road) COUNTRY VIEW EST
 Subdivision COUNTRY VIEW EST. Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller COMPTON Edmondson Owner LONG, CHRISTOPHER

Depth of well 325
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 55'

I. High rate pumping -- reservoir drawdown

Time pump started 945 Pumping rate 15 gpm
 Total time 45 to reach pumping water level 290 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)
11/25/87 Visited site for pump test but yield too low Compton decided to drill elsewhere New Well site located see other sheet R. J. D.				
12/3/87				
1130	290	50 sec		1.2 gpm
1145	290	50 sec		1.2 gpm
1200	290	50		1.2
1215	290	50		1.2
P.T. late / ground on time				
NOTE OWNER PLANS TO KEEP OTHER WELL (6,10 gpm) AND T12 TOGETHER				
	60	144	290	H ₂ O sample taken
	112	+ 360	290	12 pm
	120	(504)	235	H1312
	60		15	
			1375	

1 2 3 4 5 6
2031
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-35520**

DATE Received
 DATE WELL COMPLETED **120387**

Depth of Well **325**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-81-2431

OWNER **LONG CHRISTOPHER**
 STREET OR RFD **COUNTRY VINEYD.** TOWN **POPULAR SPRINGS**
 SUBDIVISION **COUNTRY VINEYD. EST.** SECTION **LOT 3** **WELL #**

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	
Shell	0	20	
Sandstone	20	25	
Shell	25	38	
sandstone	38	45	
Shell	45	90	
gray rock	90	180	
White & gray	180	325	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **21** NO. OF POUNDS **1974**
 GALLONS OF WATER **126**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** 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 **06** **73**

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

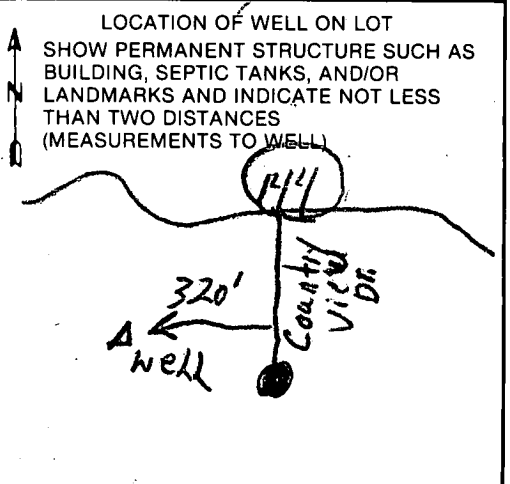
C 2
 DEPTH (nearest ft.)
H 0 **71** **325**
 EACH SCREEN
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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) **106**
 PUMPING RATE (gal. per min. to nearest gal.) **112**
 METHOD USED TO MEASURE PUMPING RATE **19 gal.**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **55** WHEN PUMPING **290**
 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 (CIRCLE) (YES OR NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL 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
- below } **02** (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. _____

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Allen Conner

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2431
 Location of property (road) COUNTRY VIEW LG
 Subdivision COUNTRY VIEW EST. Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller COMPTON EDMONDSON Owner LANG, CHRISTOPHER

Depth of well 325'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 55'

I. High rate pumping -- reservoir drawdown

Time pump started 9:45 Pumping rate 15
 Total time 45 min to reach pumping water level 290 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 β gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:45	55	4		15
10:00	145	4		15
10:15	215	6		10
10:30	285	7		8 1/2
10:45	290	50		1.2
11:00	290	50		1.2
11:15	290	50		1.2
11:30	290	50		1.2
11:45	290	50 sec		1.2 gpm
12:00	290	50		1.2
12:15	290	50		1.2
12:30	290	50		1.2
12:45	290	50		1.2
1:00	290	50		1.2
1:15	290	50		1.2
1:30	290	50		1.2
1:45	290	50		1.2
2:00	290	50		1.2
2:15	290	50		1.2
2:30	290	50		1.2
2:45	290	50		1.2
3:00	290	50		1.2
3:15	290	50		1.2
3:30	290	50		1.2

B 1 1739 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

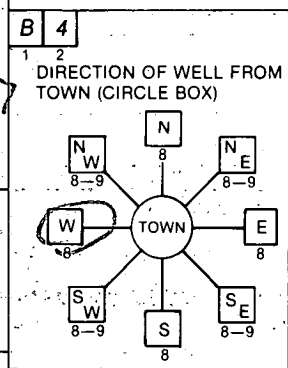
STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
40-81-2464
fill in this form completely

Date Received 12/16/87
OWNER INFORMATION
Last Name: Long, Owner: Christopher, First Name: Christopher
Street or RFD: 5745 Richardson Mews
Town: Baltimore, State: MD, Zip: 21227

B 3 LOCATION OF WELL
Howard County
Country View Estates
SECTION 3, LOT 3 (WELL #2)
Poplar Springs
MILES FROM TOWN 2 MI

DRILLER INFORMATION
Driller's Name: Harry Edmondson, License No. 252
Firm Name: Harry Edmondson Drilling
Address: 741 Klee Mill Rd, Westminister, MD 21157
Signature: Harry Edmondson, Date: 12-3-87



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Country View Way
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 380 FT
ENTER FT or MI

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: HOWARD, COUNTY NO.: A35520
OEP SIGNATURE: B. Nolan, DATE ISSUED: 12/04/87
NORTH GRID: 552000, EAST GRID: 076400

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)

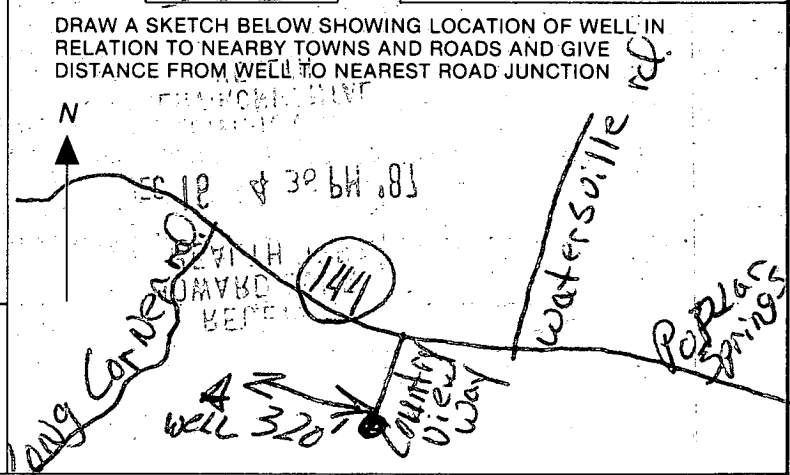
APPROXIMATE DEPTH OF WELL 373 FEET

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. Low yield well
2. 84' casing
3. 50' open (2' above)
WRITE THE BOX NUMBER FROM THE MAP HERE
764
552

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. 40-81-2464

SPECIAL CONDITIONS
Well is producing 6/10 of gallons wants to hook up to other well
HEALTH 40812431

C1 2068
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 COUNTY NUMBER A 35520

DATE Received
 DATE WELL COMPLETED 120587

Depth of Well 375 (TO NEAREST FOOT)

PERMIT NO. HC-81-2464

OWNER LONG CHRISTOPHER
 STREET OR RFD COUNTRY VIEW WAY TOWN POPLAR SPRINGS
 SUBDIVISION COUNTRY VIEW ESTATE SECTION LOT 3 (ORIG WELL)

WELL LOG
 Not required for driven wells

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

C 3 (WELL #2)

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL
 CEMENT (CM) BENTONITE CLAY (BC)

PUMPING TEST
 HOURS PUMPED (nearest hour) 06

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Shell	0	20	
Sandstone	20	25	
Shell	25	38	
Sandstone	38	45	
Shell	45	80	
gray rock	80	150	OK
White x gray	150	375	✓

NO. OF BAGS 300 NO. OF POUNDS 2820
 GALLONS OF WATER 160
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

PUMPING RATE (gal per min. to nearest gal.) 06
 METHOD USED TO MEASURE PUMPING RATE 1 gal.
 WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 290

CASING RECORD
 casing types insert appropriate code below. (ST) (CO) (PL) (OT)

TYPE OF PUMP USED (for test)
 A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 84

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP YES (NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 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 (nearest foot) 102 (-) below }

SCREEN RECORD
 screen type or open hole insert appropriate code below. (ST) (BR) (HO) (PL) (OT)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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

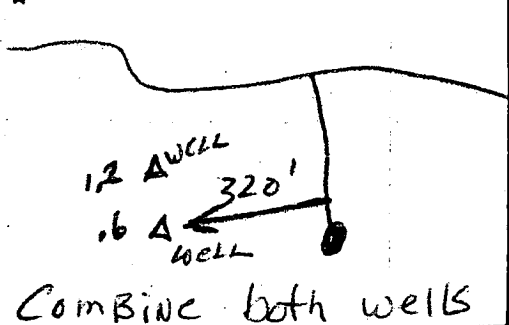
DEPTH (nearest ft.) 110 82 375
 SLOT SIZE 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.

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

DRILLERS IDENT. NO. 252
 DRILLERS SIGNATURE
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ OTHER DATA
 TELESCOPE CASING LOG INDICATOR



7-18-89 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

New Installation X
Replacement _____

Receipt # 44663
Date 6/28/89

Name of Installer Wm. H. Smith Jr.

Telephone 879-7641

License Number PI 58
Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner Chris Long Telephone _____
Subdivision Country View Est Lot # 3 Well Tag # HO-81-2431 325'
Site Address 17514 Country View way 1,260 GPM
HO-81-2464 375'
1,600 GPM

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 _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

BOTH WELL LINES 30" + BELOW GROUND.
7/18/89 CW ell

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).

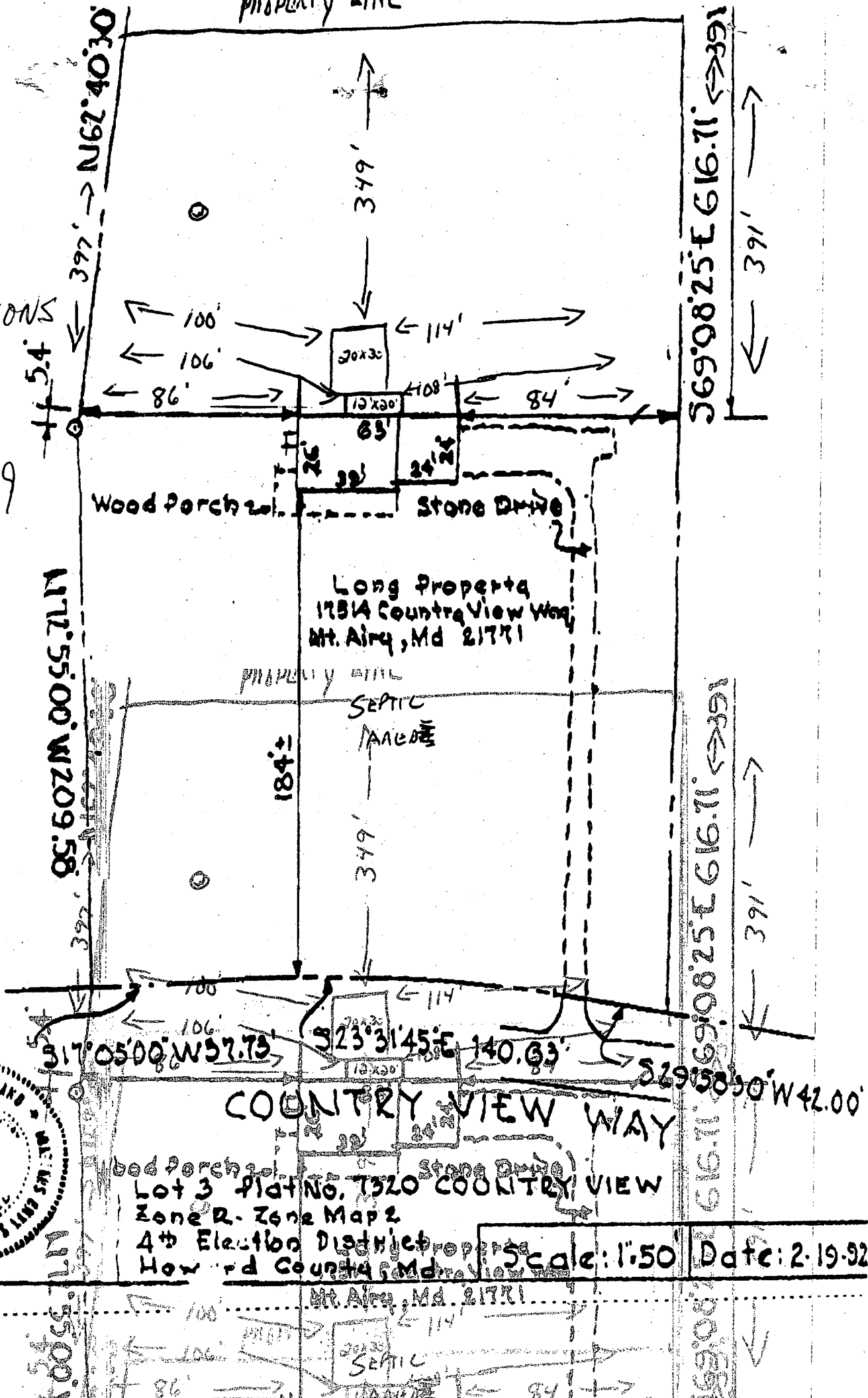
All information given above is true to the best of my knowledge.

Signature of Applicant: William H. Smith Jr.

Date: 6/28/89

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

ADDITIONS
OK
MR
6/14/99



Scale: 1"=50' Date: 2-19-92

35320

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0011 8148

Building Address: **17514 COUNTRY VIEW WAY
MT AIRY MD 21771**
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract: **6028** Subdivision: **COUNTRY VIEW**
Section: **N/A** Area: **N/A** Lot: **3**
Tax Map: **2** Parcel: **124** Grid: **19**
Zoning: **PC-DE** Map Coordinates: **2.17** Lot size: **3,001**

Property Owner's Name: **CHRIS + BAMB LONG**
Address: **17514 COUNTRY VIEW WAY**
City: **MT AIRY** State: **MD** Zip Code: **21771**
Home Phone: **410-549-1811** Work Phone: _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone: _____ Fax: _____

Existing Use: **2-STORY DWELLING SINGLE FAMILY HOME**
Proposed Use: **MOORING + GREAT ROOM DECK**
Estimated Construction Cost: **\$ 50,000**
Description of Work: **12x20 MOORING ROOM ON
CRAWL SPACE 20x70 GREAT ROOM FULL
BASEMENT**

Contractor Company: **DORSEY CUSTOM CARPENTRY INC**
Contact Person: **JOSEPH H. DORSEY**
Address: **14767 JUSTIFICATION CT.**
City: **WOODRIDGE** State: **MD** Zip Code: **21792**
License No.: **MHIL 68978**
Phone: **410-489-7636** Fax: **410-489-7075**

Occupant or Tenant: **SAME AS OWNER**
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Engineer or Architect Company: **ORLANDO DIMITROV-SCHUBS**
Contact Person: **TERRI REITER**
Address: **3929 BULTELER RD**
City: **MT AIRY** State: **MD** Zip Code: **21771**
Phone: **410-549-1187** Fax: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression: _____ # of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth: _____ Width: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: 26' x 32'	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: 26' x 32'	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: 26' x 32'	Heating System: _____ Electric <input checked="" 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"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: 3	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 THEREIN; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Joseph H. Dorsey
Applicant's Signature
President Dorsey Custom Carpentry, Inc.
Title/Company

JOSEPH H. DORSEY
Print Name
5/21/99
Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: 41274
Land Development DPZ			Front: _____	Filing fee \$ 25
State Highways			Rear: _____	Permit fee \$
Building Official			Side: _____	Excise tax \$
Dev. Engineering DPZ	6/14/99	Frank C. Miller	Side St: _____	Sub-total paid \$
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # 1752
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # 20225
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by: [Signature]	