

5-16-97  
CENTRE...  
ASAP  
5/22/97 - House connected

5-19-97 Needs house conn KM  
6/22/97 House connected OK Still  
Needs Well Cap

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-310825

P 57568

A 35695

DISTRICT 3rd

DATE 11-21-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

DATE SYSTEM APPROVED 5/22/97

INSPECTOR RP

INDEXED

BWT, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 11974 Route 216 Fulton, MD 20759 PHONE (301) 498-6138

SUBDIVISION Gaither Farm LOT 11 ROAD 11055 Gaither Farm Road

PROPERTY OWNER Shirley Ann & Alonza Richardson THOMAS BUESCHER

ADDRESS

SEPTIC TANK CAPACITY 1750 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 6

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 312

\*NOT REQUIRED - SEE NOTE ON REVERSE  
\*\*\*PUMPED SEPTIC SYSTEM\*\*\*

INSTALL: 1250 gal pump chamber with single or dual effluent pumps, controls and alarms.

Contractor to supply pump detail prior issuance of septic permit

TRENCHES - Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 255 feet down the 465.72' lot line and 40 feet off that same lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. - REQUIRED MANHOLES OK 9/24/96 DCS

BLDG. PERMIT SIGNED

AND RETURNED 10-22-98

Serial # 210 114743

Imperial print

PLANS APPROVED BY C. Williams/Glen Savage

Revised DATE 09/19/96

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 PROPERTY LINE (EXCEPT FOR MANHOLES)

**BUILDING PERMIT SIGNED AND RETURNED**

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 2/6/2003 B00140233 INGROUND SPA

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH 3/13/03 - Pool House BODI40658

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

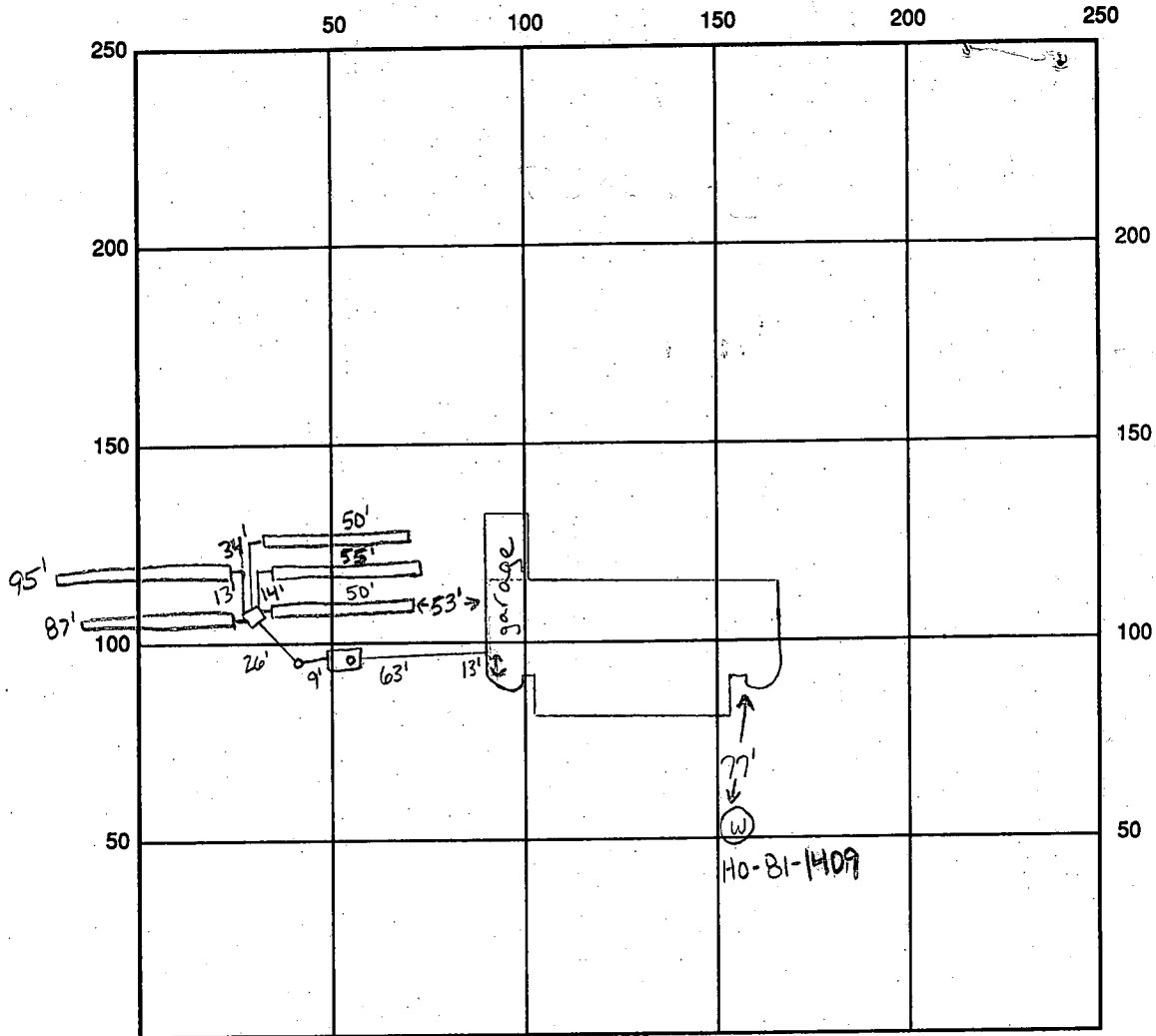
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 35695



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 2000 gallons tip sealed CLEANOUTS 1 on tank, 1 at bend between db and tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH  $\frac{2 \times 50}{1 \times 87} \times 95$  FT.  $\rightarrow$  337

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 1348 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

**REMARKS:** ~~5-15-97~~ CONTRACTOR GIVEN VERBAL OK TO START. STOPPING TRENCH - LEAVE ENDS OPEN.

5-16-97 no house conn made, OK to continue, contractor used 1 2000 gallon tank, house built higher than planned - pump system not necessary KM/DKS

WPI OK to cover well line, P.A. 3.5' below grade, casing 1.0' above grade, needs a

2 piece watertight cap KM/DKS <sup>well</sup> still had cap 5/22/97

5-19-97 OK to cover all work, needs house conn. (KM) House connection OK PP 5/22/97

DATE SYSTEM APPROVED 5/22/97

INSPECTOR PP

# 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 35695

P \_\_\_\_\_

DISTRICT 3

DATE 4/20/85

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.

owner: Phillip Bosch Shirley + Alonza Richardson  
Purchaser: Patricia McCuan - Opal + Terry Thomas - 598-2306  
~~PROPERTY OWNERS~~  
1000 Equitable Bank St  
ADDRESS Calverton, MD 21044 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 12 NEW 11

ROAD AND DESCRIPTION Homewood Road and Rte 108  
11055 Gaither Farm Road

SIZE OF LOT 3 acres TYPE BLDG. 3-5  
(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.

Christine Richards  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 7/1/85 PERC OK HOLD FOR PLAT RD

BLDG. PERMIT SIGNED  
AND RETURNED 9/9/86

Serial # B0101969  
SFD-6 Bed

BLDG. PERMIT SIGNED  
AND RETURNED 12/19/86

Serial # 3069  
SFD-4 Bedroom

# 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

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 35695-

P \_\_\_\_\_

DISTRICT 3

DATE 4/20/85

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.

*Philip ...*  
*Patricia ...*  
PROPERTY OWNER \_\_\_\_\_

ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither ~~...~~ Farm LOT NO. 12

ROAD AND DESCRIPTION Homewood Road and Rte 108

SIZE OF LOT 3 acres TYPE BLDG. 3-5  
(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.

*Christopher Richards*  
(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

WOODS

FIELD

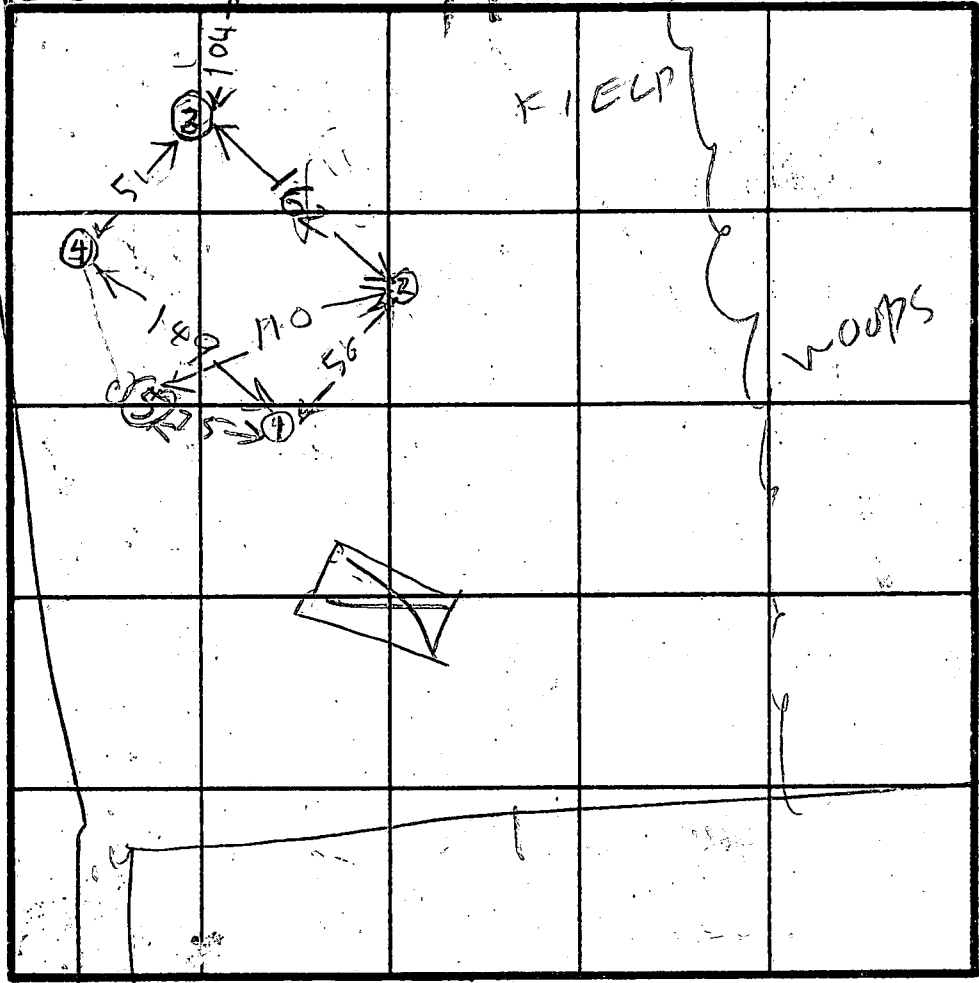
WOODS

RH#	SURVEYOR LETTER
1	D
2	C
3	B
4	A
5	EXTRA

(5)  
 (14) = HIGH  
 (2)(3) = LOW

SOIL PROFILE

0  
 RED CLAY  
 4  
 RED SAND LOAM & BROWN SAND  
 12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(2)  
 BROWN CLAY  
 BROWN SAND LOAM

(3)  
 RED CLAY  
 BROWN & SAND LOAM

(4)  
 BROWN CLAY  
 BROWN & BROWN SAND  
 EH-12-1079

(5)  
 BROWN CLAY  
 BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/85	13	5.5	1053	1056	1058	1100	9
	19	9.0	1053	1056	1057	1058	1
	1	12	LOOKS OK				
	25	5.0	1057	1108	1108	1142	2
	27	9.5	1100	1107	1101	1104	3
	2V	14 1/2	LOOKS OK				
	29	5	1101	1102	1102	1114	2
	30	8	1111	1112	1102	1103	1
	3V	12	LOOKS OK				
	45	5	1116	1119	1119	1125	5
	47	8	1118	1119	1119	1122	3
7/1/85	4V	13	LOOKS OK				
	5V	14	LOOKS OK				
	2M	6 1/2	1252	1253	1253	1256	6

at time  
 4 min

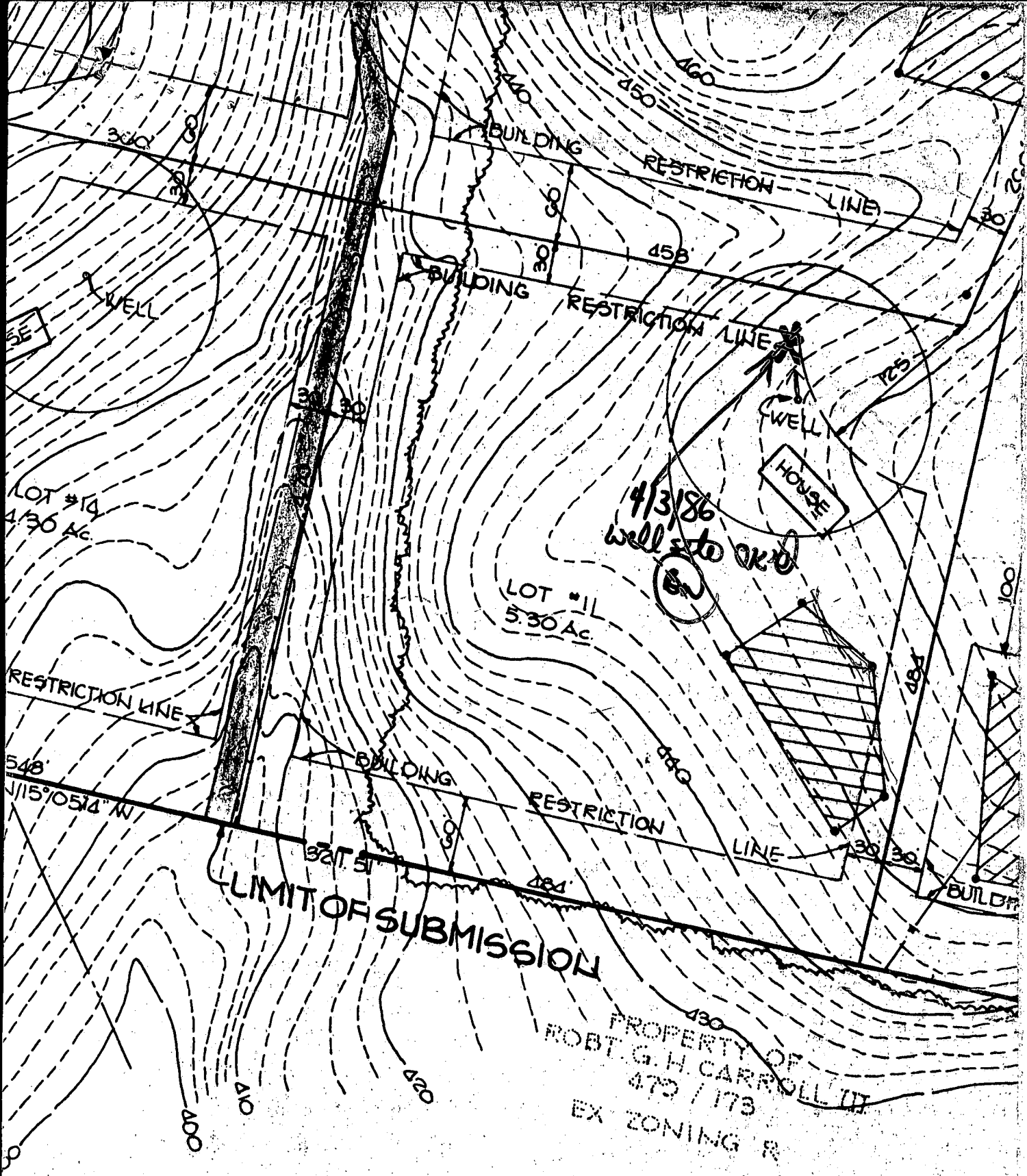
may depth  
 4 ft

REMARKS 7/1/85 - Arrived late had to observe well RH

TYPE OF SOIL HOLE (5) EXTRA

TESTED BY B HODGES

DAVE LONNIE OF RLO BACKHOE  
 ALSO PRESENT J NADEAU Geologist



LIMIT OF SUBMISSION

PROPERTY OF  
ROBT. G. H. CARROLL III  
473 / 173  
EX ZONING R

Lot #11 Carther Farm

808.00  
1000.00

C1 20466  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 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-35695

DATE RECEIVED  
8 13

DATE WELL COMPLETED  
15 20 042886

Depth of Well  
22 26 165  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
28 29 30 31 32 33 34 35 36 37  
HO-91-1709

OWNER BUILDERS  
STREET OR RFD last name BUILDERS FARM RD first name GYE TOWN ELICOTT CITY  
SUBDIVISION GAITHER FARMS SECTION LOT 11

**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	
SAND Stone	0	24	
GRAY Granite	24	165	✓

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
TYPE OF GROUTING MATERIAL  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 45 46 9 NO. OF POUNDS 45 46 846  
GALLONS OF WATER 54  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 60 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 (nearest inch) Total depth (nearest foot)  
 ST 6 33

**OTHER CASING (if used)**  
EACH CASING 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

**C2**  
DEPTH (nearest ft.)  
EACH SCREEN 1 2 3  
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

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. 238  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

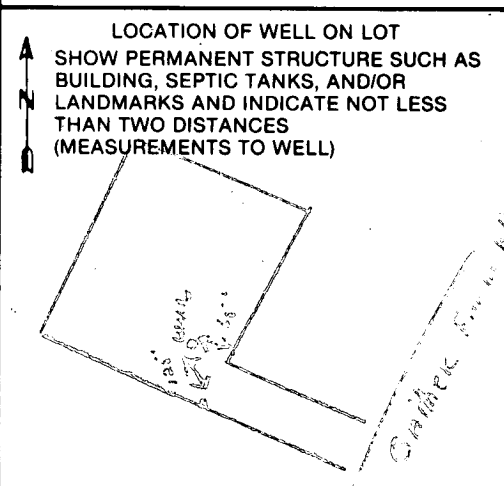
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to  
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  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 62  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 15  
WHEN PUMPING 106  
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) 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)  
 - below }





B 1 **4500** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

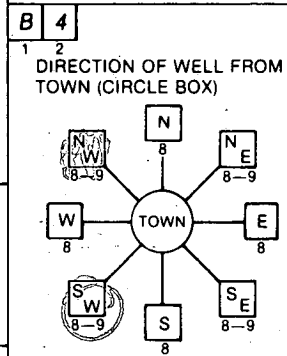
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**HC-81-1409**  
 fill in this form completely

Date Received **4/25/86**  
**092696**  
 OWNER INFORMATION  
 Last Name **CVC** Owner First Name **BUILDERS**  
 Street or RFD **11673 FARSIDE RD**  
 Town **ELLICOTT CITY** State **MD** Zip **21043**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **GAITHER FARM**  
 SECTION **44** LOT **48**  
 NEAREST TOWN **ELLICOTT CITY**  
 MILES FROM TOWN **2.38** MI

DRILLER INFORMATION  
 Driller's Name **James H. Weaver** License No. **238**  
 Firm Name **James H. Weaver Well Drilling**  
 Address **5512 Ridge Rd Mt. Airy, Md**  
 Signature **James H. Weaver** Date **3/24/86**



**Boylston Farm Road**  
 NEAR WHAT ROAD  
 NORTH  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 WEST **32** EAST  
 SOUTH  
 DISTANCE FROM ROAD **200**  
 ENTER FT or MI **FT**

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. **A 35695**  
 OEP SIGNATURE **B. Wilson** STATE HEALTH INSERT S **41**  
 DATE ISSUED **10/03/86**  
 NORTH GRID **512000** EAST GRID **0878000**

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)

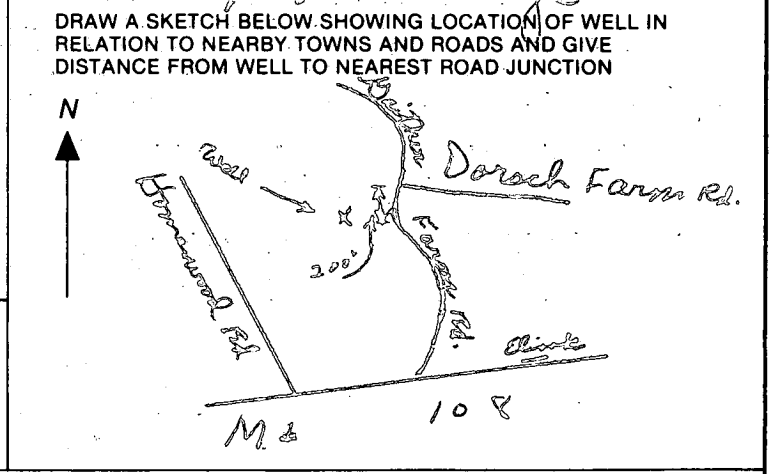
APPROXIMATE DEPTH OF WELL **300** FEET

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  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. WELL  
 2. Not present at  
 3. Zone of ground  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
**8268**  
**5102**  
 4/25/86

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 DEEPEN 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 **Ch** WRITE INITIALS IN BOX PERMIT NO. **HC-81-1409**

SPECIAL CONDITIONS



C1 09476

SEQUENCE (MDE 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 A35695

ST/CO-USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-94-1296

OWNER Alonzo Richardson STREET OR RD. 11053 Gaither Rd. TOWN Clarksville SUBDIVISION Gaither Farm SECTION LOT 11

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Sand Stone (0-25), Gray Mica Rock (25-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1316 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 26 ft.

CASING RECORD

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 29

Table for OTHER CASING (if used) with columns: diameter (inch), depth (feet) from, to.

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51-54) and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 44 ft. 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) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 ( ) below LAND SURFACE 2 (nearest foot)

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)

See attached well location

DRILLERS LIC. NO. M 5 DO 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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



B 1 9891  
1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

HO-94-1296

fill in this form completely

Date Received (APA)

9/24/97

OWNER INFORMATION

8 MM DD YY 13  
Richardson Alonzo Shirley  
15 Last Name Owner First Name 34  
9248 Home stretch Ct.  
36 Street or RFD 55  
LAUREL Md. 20723  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

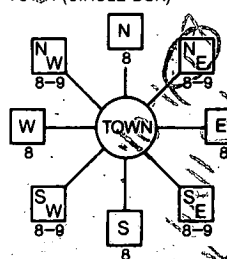
8 COUNTY Howard 21  
Gaither FARM 42  
23 SUBDIVISION  
SECTION 11 LOT 11  
44 46 48 50  
CLARKSVILLE  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 4 M  
73 76 77 78

DRILLER INFORMATION

Joseph B. Mayne M S D 24  
Driller's Name 76 License No. 81  
Joseph B. Mayne Well Drilling  
Firm Name  
5512 Ridge Rd Millersville Md. 21771  
Address  
Joseph B. Mayne 9/23/97  
Signature Date

B 4

DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)



Asstn FARM Road  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 300 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 600  
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard A 35695  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
DATE ISSUED 10/19/97 Kim Maisto 10/1/98  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 510 000 EAST GRID 820 000  
50 55 57 63

- 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 APPROVAL)
  - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

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 820  
N 510  
000  
000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVERSE-ROTARY Drive-POINT  
other \_\_\_\_\_

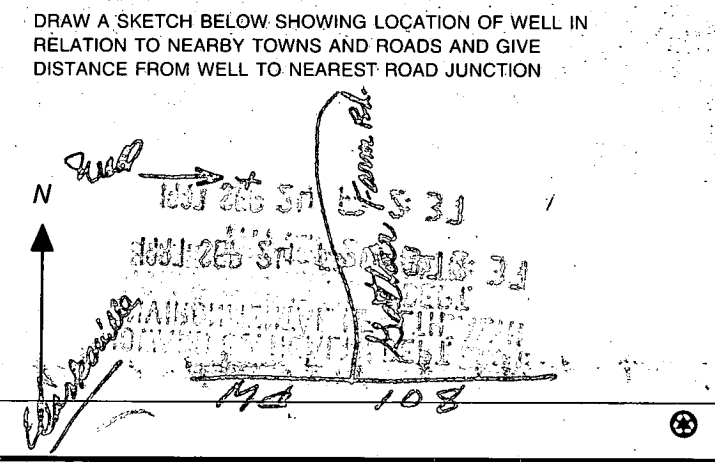
REPLACEMENT OR DEEPEINED WELLS  
(CIRCLE APPROPRIATE BOX)

- 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - 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. (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 G A P \_\_\_\_\_ 63  
FORCE KM WRITE INITIALS IN-BOX PERMIT No. HO-94-1296  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



5/16/97  
 WPT  
 P.A. 3.5' below grade  
 casing 10' above grade  
 needs 2 piece watertight cap  
 km/DKS

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Replacement

Receipt # \_\_\_\_\_  
 Date 11-21-96

Name of Installer B.W.T. INC

Telephone 301-498-6138

License Number \_\_\_\_\_  
 Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Blanca Ann Richardson Telephone 410-718-4744  
 Subdivision Garther Farms Lot # 11 Well Tag # 11-21-1969  
 Site Address 11055 Garther Farm Rd. Ellicott City Md

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Jacuzzi
- Model # \_\_\_\_\_
- Capacity 10 GPM
- Pump exceeds well capacity Yes  No \_\_\_\_\_
- 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  Other \_\_\_\_\_

Motor

- Horsepower 3/4
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Howard
- Model # \_\_\_\_\_
- Depth 42"

Tank

- Capacity \_\_\_\_\_
- Pressure relief valve?

Piping

- Type Galvanized Iron
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth 165 ft.
- Yield 10 GPM
- Static water level 15 ft.
- 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: [Signature]

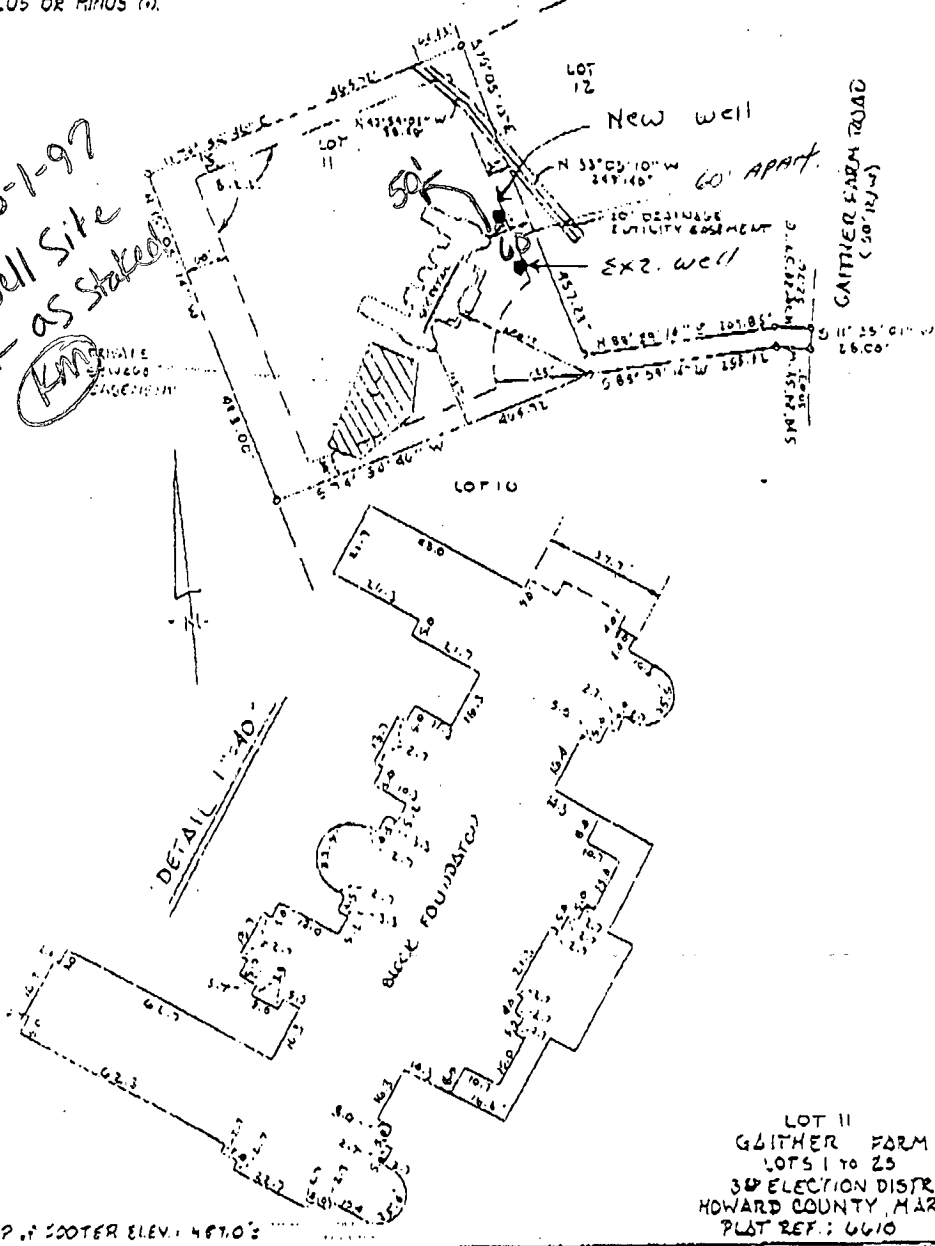
Date: 11-21-96

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

### GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 22000000000000000000 EFFECTIVE DATE: DEC. 4, 1994.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

10-1-97  
Well Site  
OK as Staked  
(KM)



LOT 11  
GATHER FARM  
LOTS 1 TO 25  
3<sup>RD</sup> ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT REF: 6610

TOP OF FOOTER ELEV: 487.0'

**FISHER COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CORPORATE BUILDING OFFICE PARK - OFFICE BUILDING NATIONAL RD  
BELTSVILLE, MD 21051  
(410) 381-1000



*William R. Fisher*  
PROFESSIONAL LAND SURVEYOR DATE 11-5-96  
REG. # 10692

### HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 11-4-96  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_  
SCALE: 1"=100'  
DATE: 11-5-96  
DRAWN BY: JALB  
CHECKED BY: JALB  
PROJECT No.: 61091

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B0014743

Building Address 11055 GAITHER FARM DRIVE  
ELLICOTT CITY, MD 21042  
 Suite/Apt. # 0 SDP/WP/Patition # \_\_\_\_\_  
 Census Tract 6030 Subdivision GAITHER FARM  
 Section N/A Area 5.34 AC Lot 11  
 Tax Map 29 Parcel 1 Grid 10  
 Zoning 29 RC-DEO Map Coordinates \_\_\_\_\_ Lot size 5.34 ac

Owner's Name ANN REIDEMAN  
 Address 11055 GAITHER FARM DRIVE  
 City ELLICOTT CITY State MD Zip Code 21042  
 Home Phone 410-715-4744 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SEPT  
 Proposed Use SEPT w/ ing pool  
 Estimated Construction Cost \$ 75,000  
 Description of Work Construct 2 x 50  
ft x 10 ft in ground swimming pool - 3-9' deep  
trunk filled -

Contractor Company MORNING STAR BUILDING  
 Contact Person PAUL WILSON  
 Address 723 SUTHERLAND DR  
 City ELLICOTT CITY State MD Zip Code 21041  
 License No. 129  
 Phone 301-201-2227 Fax 410-421-5557

Occupant or Tenant ANN REIDEMAN  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 410-715-4744 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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 checked="" type="checkbox"/>
Gross area, sq. ft. per floor <u>1424/98</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/>

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

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.

**VALIDATION**

Applicant's Signature [Signature] Print Name \_\_\_\_\_  
 Title/Company \_\_\_\_\_ Date 10/22/08  
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**FOR OFFICE USE ONLY**

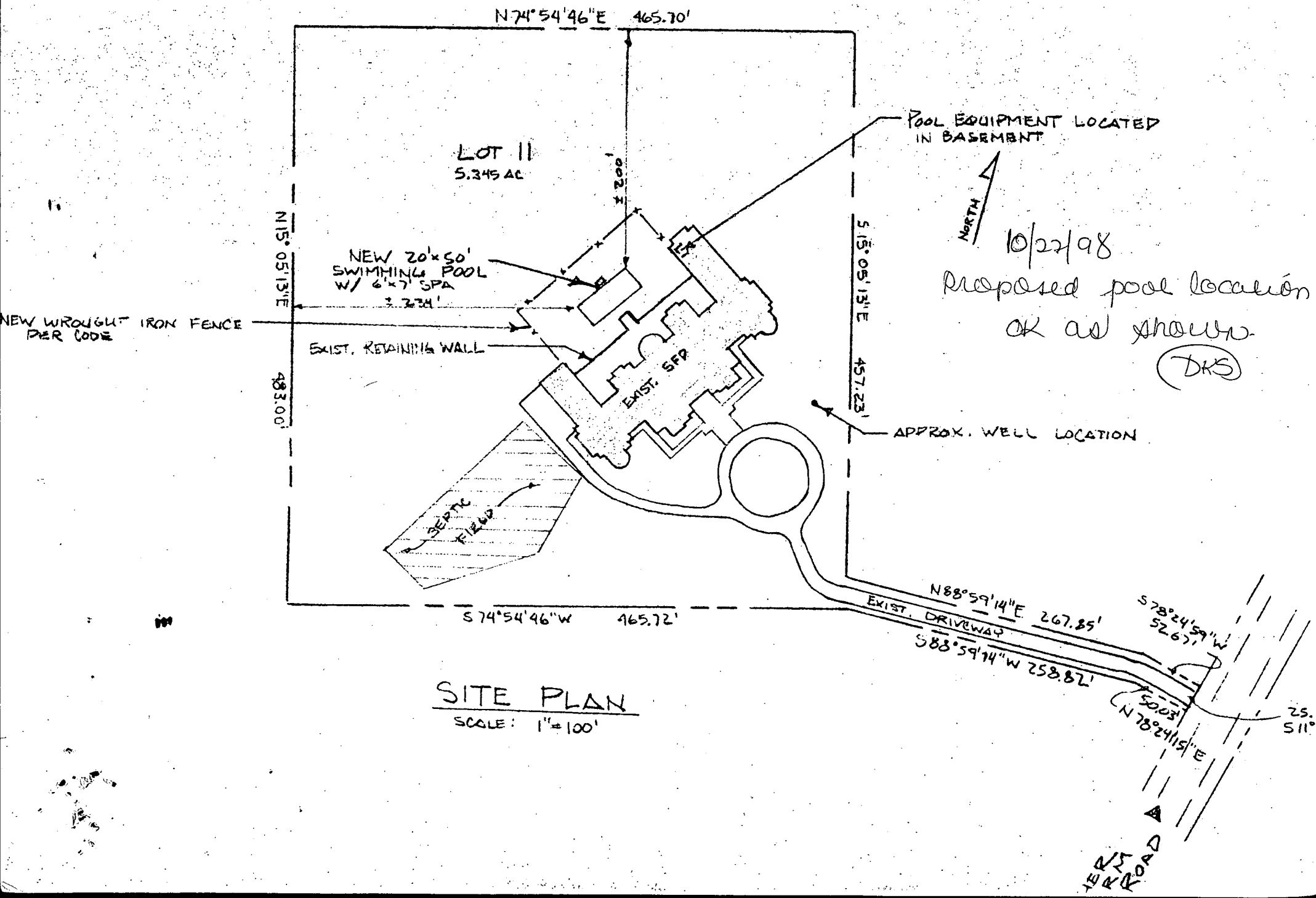
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>10/22/08</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

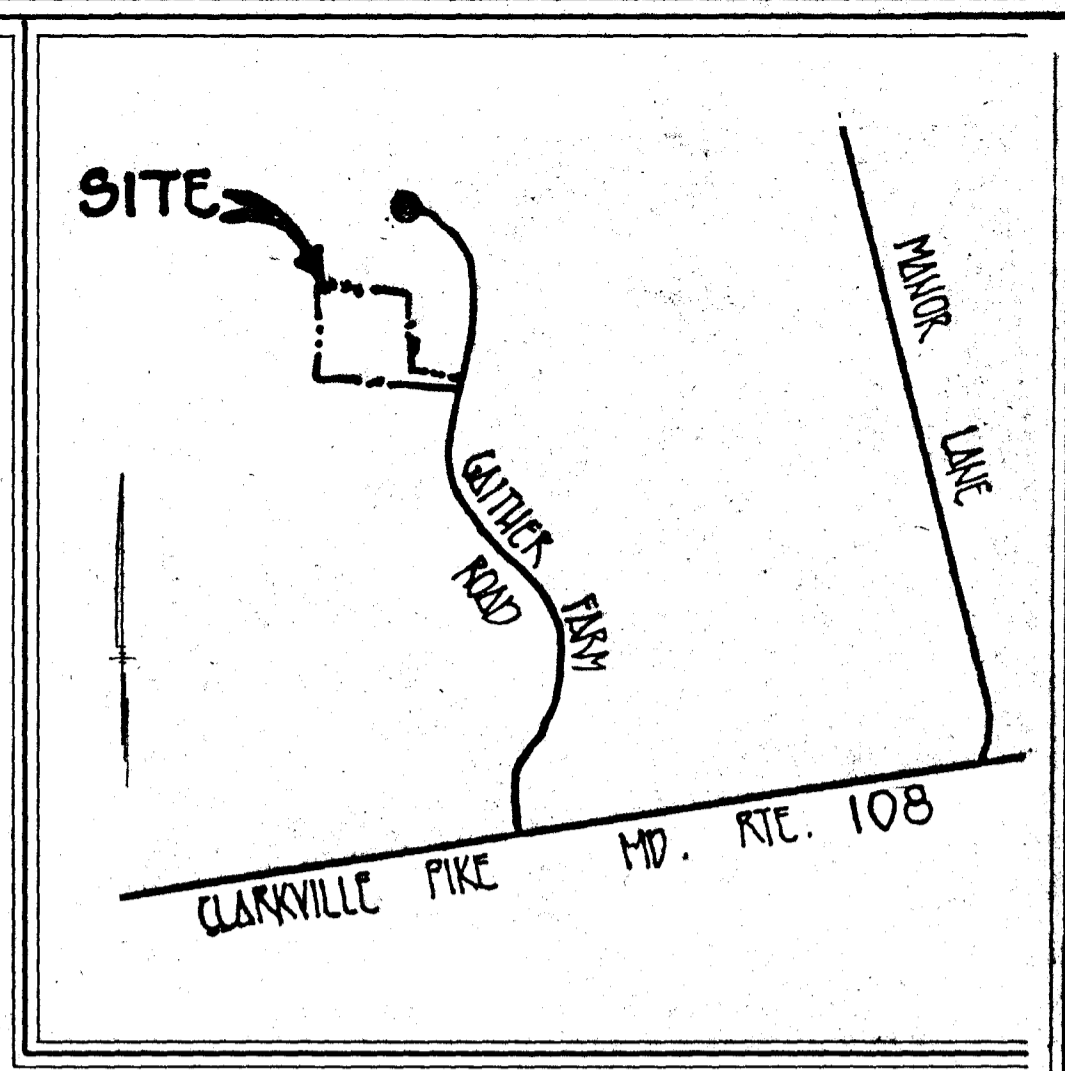
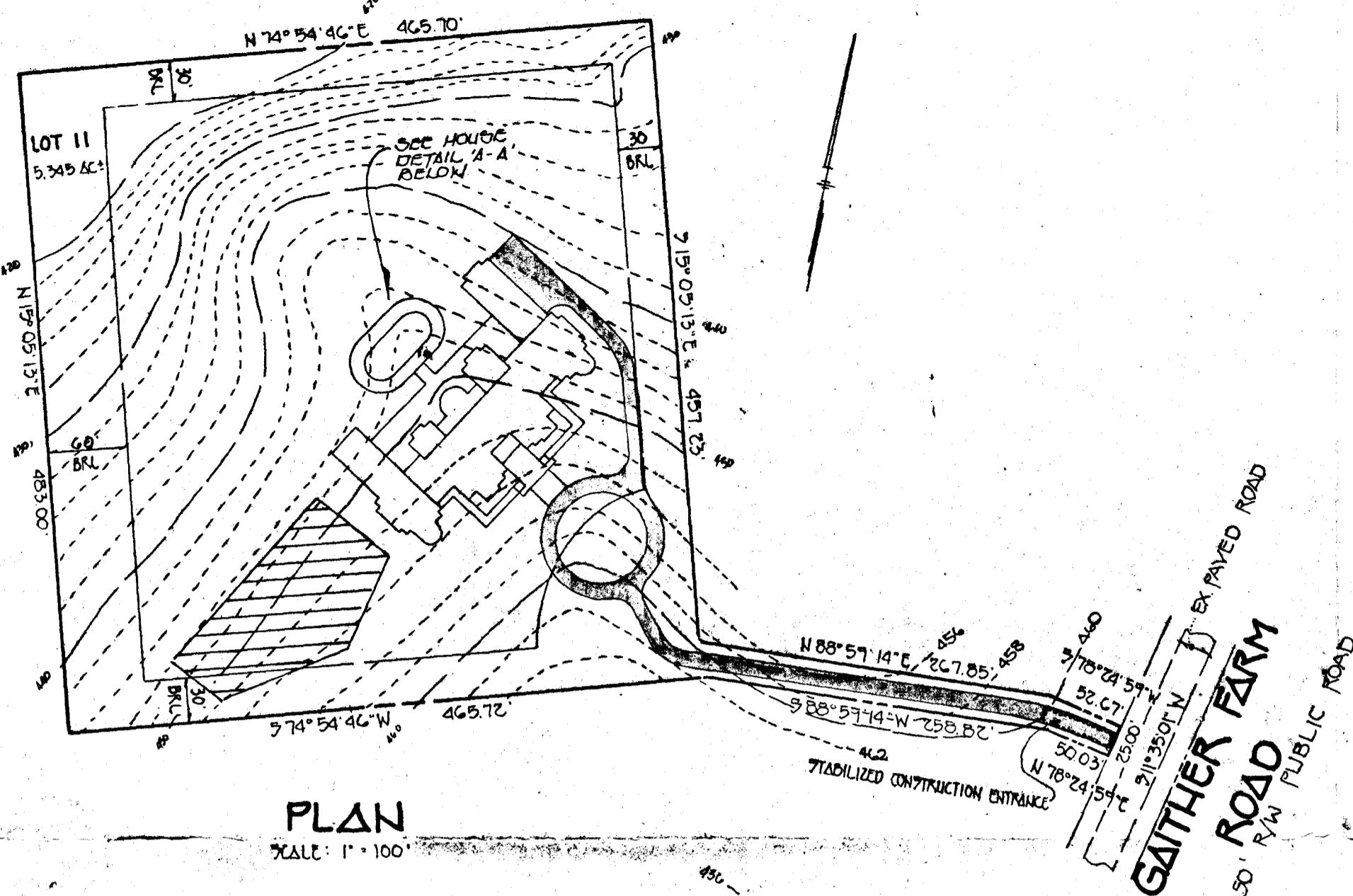
CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  
 YES  NO   
 Is Entrance Permit required?  
 YES  NO   
 Historic District?  
 YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 7622  
 Filing Fee \$ \_\_\_\_\_  
 Permit Fee \$ 125  
 (.10 sq. ft.  (.15 sq. ft.   
 Excise Tax \$ \_\_\_\_\_  
 (.40 sq. ft.  (.80 sq. ft.   
**TOTAL FEES** 125  
 Check # \_\_\_\_\_  
 Validation # \_\_\_\_\_  
 Accepted by: \_\_\_\_\_



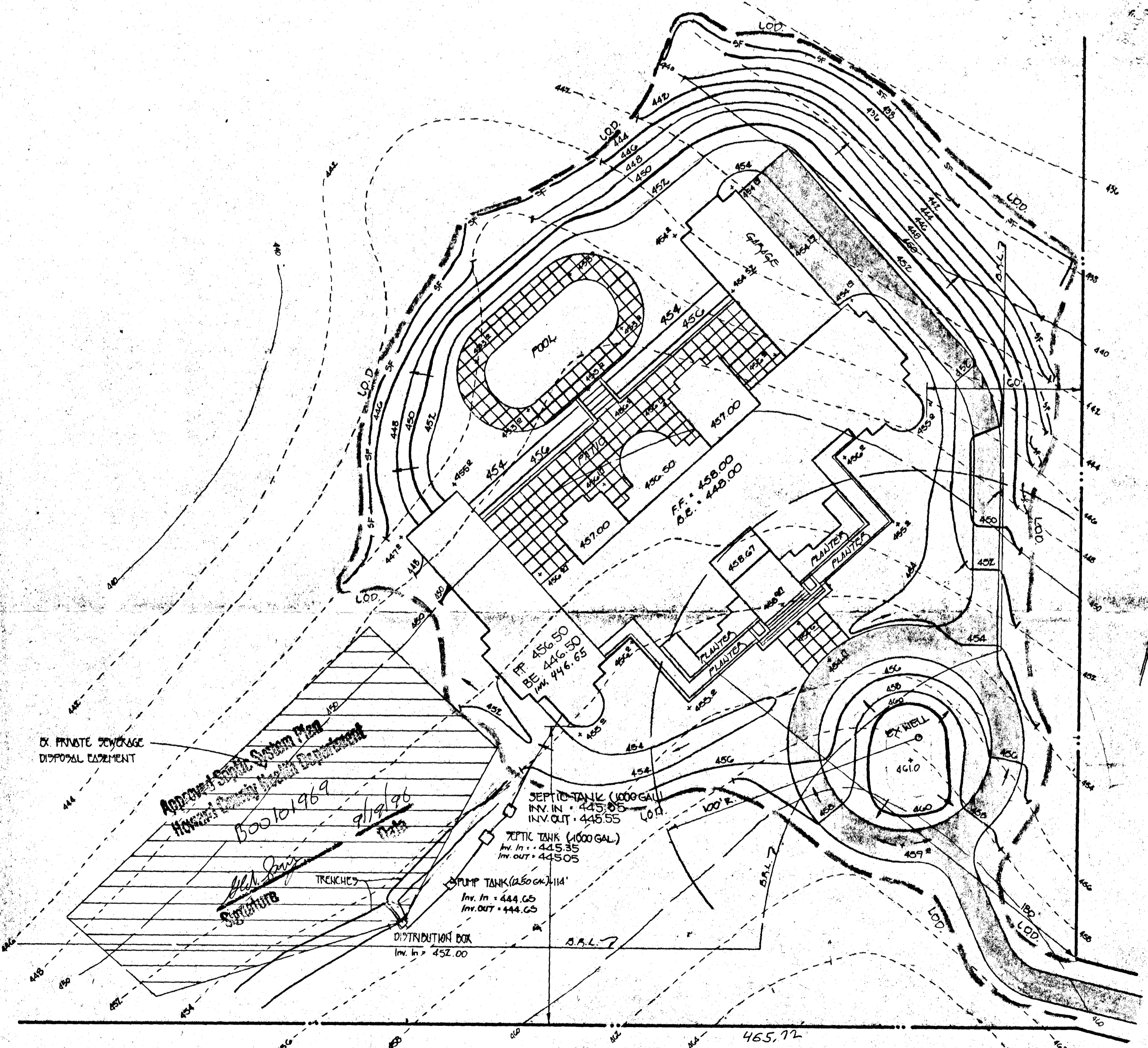
**SITE PLAN**  
SCALE: 1"=100'



VICINITY MAP  
SCALE: 1" = 600'

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 458.00  
B. BASEMENT ELEVATION: 448.00  
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 446.65  
D. INVERT IN AT SEPTIC TANK: -  
E. INVERT OUT AT SEPTIC TANK: -  
F. PROPOSED GRADE OVER SEPTIC TANK: 455.00  
G. INVERT AT DISTRIBUTION BOX: 452.00  
H. EXISTING GROUND OVER DISTRIBUTION BOX: 455.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. SPOIL FROM THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF CONSTRUCTION.
7. THE CONTRACTOR IS TO APPLY TOPSOIL PER 1924 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL. 210 STANDARD AND SPECIFICATIONS FOR TOPSOIL.
8. OFFSITE BORROW AREA TO BE APPROVED BY E/S CONTROL INSPECTOR.

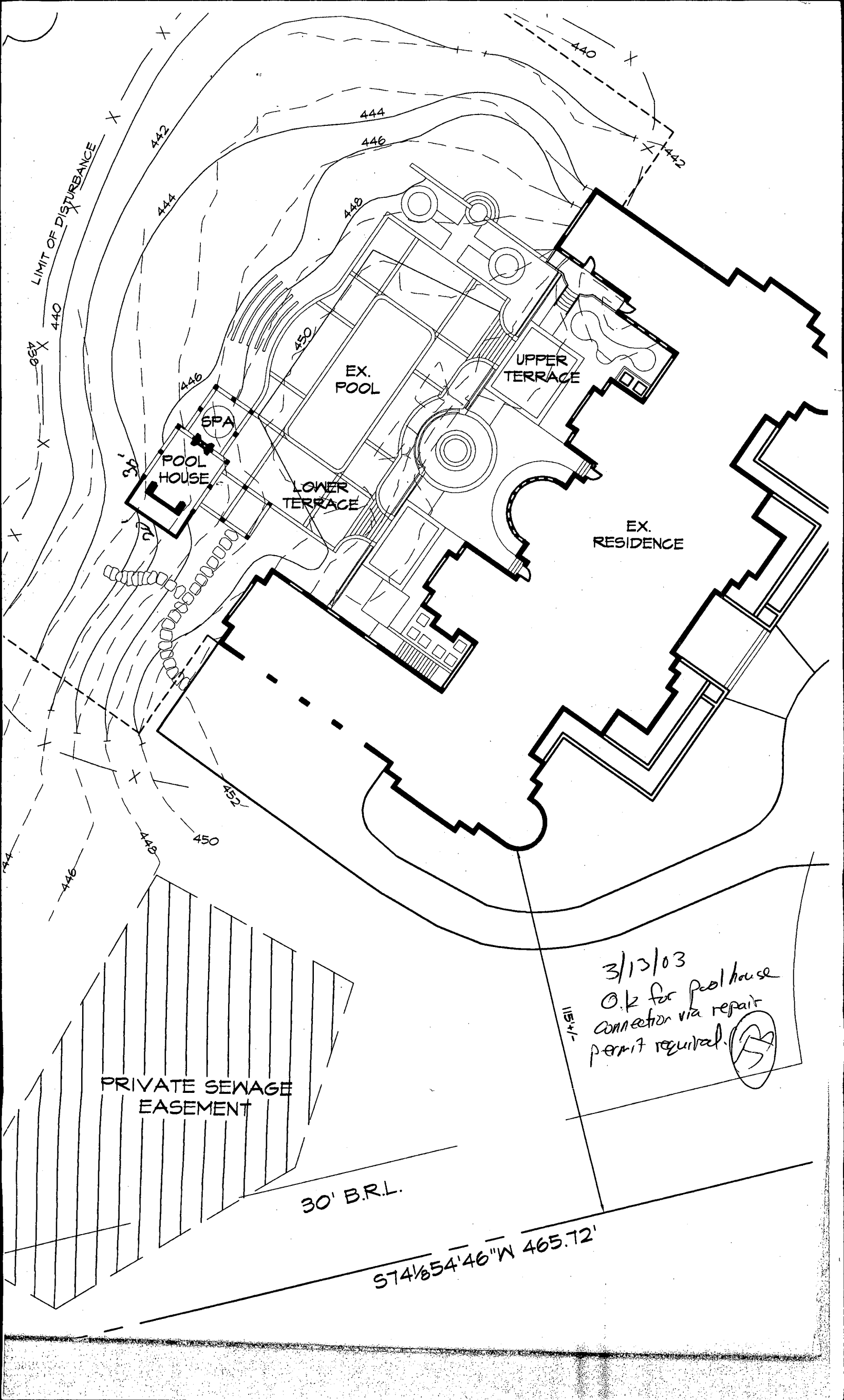


DETAIL 'A-A'  
SCALE: 1" = 30'



G.P. 97-27  
 PLAN TO ACCOMPANY APPLICATION  
 FOR BUILDING PERMIT  
**GAITHER FARM**  
 LOT 11

3<sup>rd</sup> ELECTION DIST. HOWARD COUNTY, MARYLAND  
 SCALE: AS SHOWN DATE: AUGUST 13, 1970



LIMIT OF DISTURBANCE

SPA  
POOL HOUSE

EX. POOL

LOWER TERRACE

UPPER TERRACE

EX. RESIDENCE

PRIVATE SEWAGE EASEMENT

30' B.R.L.

S74°54'46"W 465.72'

3/13/03  
O.K. for pool house  
connection via repair  
permit required. (S)

# ~~RYAN HOMES~~

## NORTH OPERATIONS

410-750-9050

410-750-1370(FAX)

### FACSIMILE TRANSMITTAL SHEET

TO: John Boris DATE: 3/12/03  
 COMPANY: FROM: Tom Buescher PHONE NUMBER:  
 FAX NUMBER: 11055 Gaither Farm Rd  
 RE: Ellicott City MD 21042  
 TOTAL NO. OF PAGES INCLUDING COVER:

- URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

#### FROM:

- |   |  |
|---|--|
| <input type="checkbox"/> BOB COURSEY      | <input type="checkbox"/> LISA GOLDZWIG   |
| <input type="checkbox"/> DENISE AMSPACHER | <input type="checkbox"/> MARY WILLOUGHBY |
| <input type="checkbox"/> JOHN MCCONNELL   | <input type="checkbox"/> MATT TOWLE      |
| <input type="checkbox"/> JANELLE HALL     | <input type="checkbox"/> MIKE SHEARER    |
| <input type="checkbox"/> JOHN DUFFY       | <input type="checkbox"/> RICK HOENES     |
| <input type="checkbox"/> KEN CANNIZZO     | <input type="checkbox"/> STEVE LINTHICUM |
| <input type="checkbox"/> ANITA FUNK       | <input type="checkbox"/> TOM BUESCHER    |
| <input type="checkbox"/> RENEE SEIGLEY    | <input type="checkbox"/> RYAN SHEPLEE    |

#### COMMENTS

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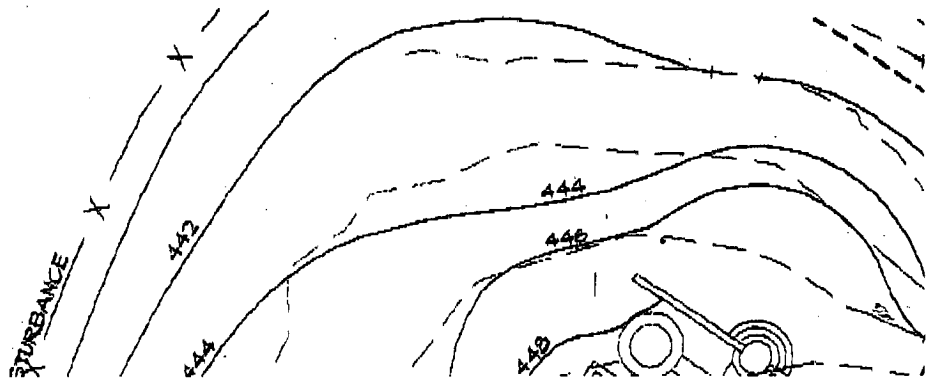
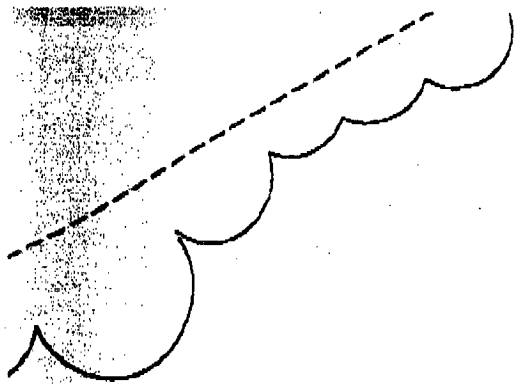
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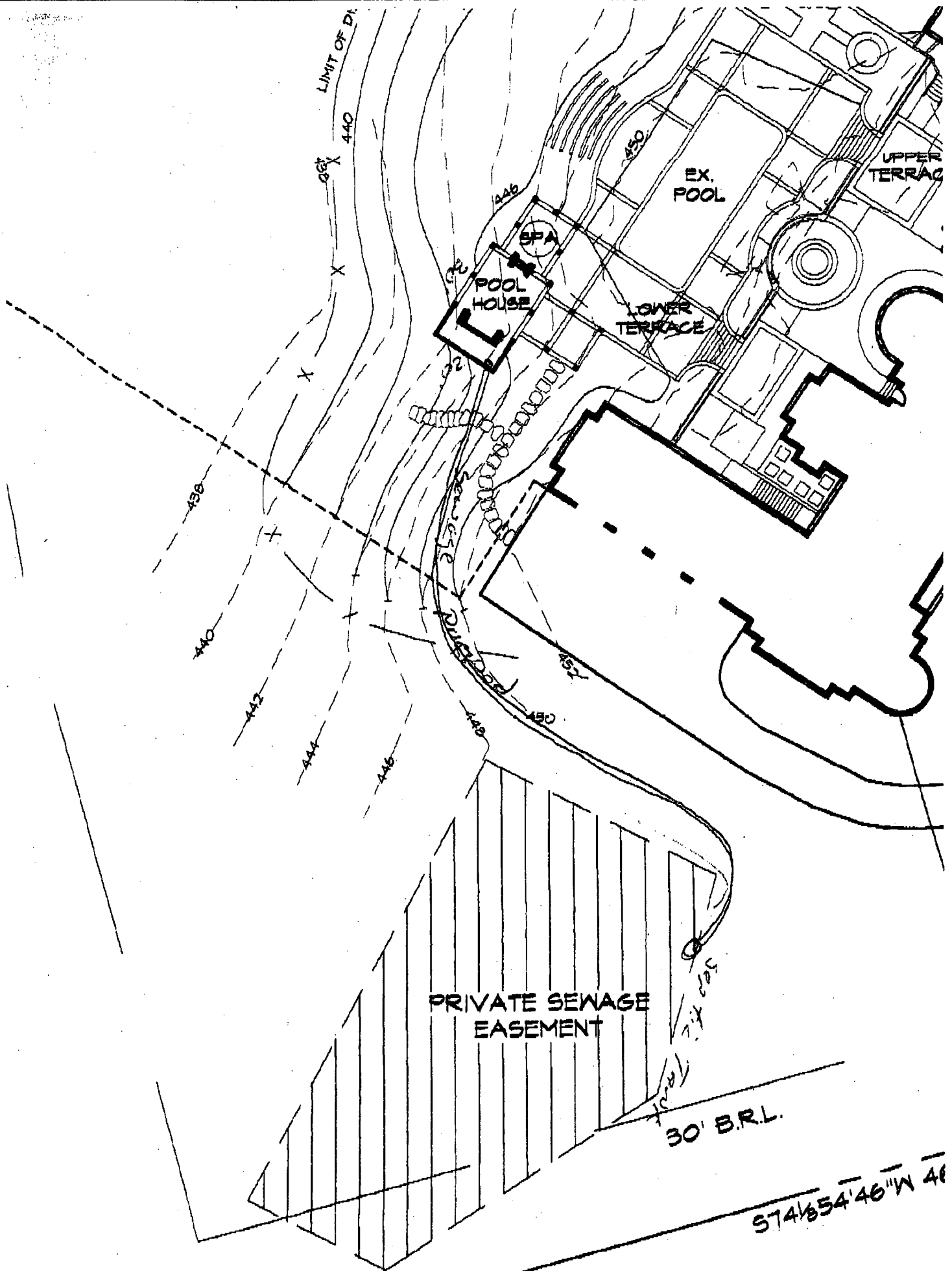
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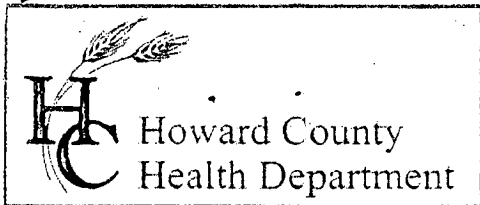
10745 BIRMINGHAM WAY  
 WOODSTOCK, MD 21163  
 WWW.RYANHOMES.COM





W0-F-1014-Dress-ho-  
 410-750-9050

Scale 1" = 30'



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 13, 2003

Tom Buescher  
11055 Gaither Farm Road  
Ellicott City, MD 21042

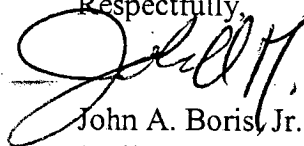
RE: Building Permit Application B00140658  
Pool House with a Bathroom  
11055 Gaither Farm Road

Dear Mr. Buescher:

This letter is regarding the referenced building permit application. This office has recommended the approval of the referenced building permit application; however, as a result of the connection from the pool house to the line into the septic tank a repair permit will be required.

An application fee of \$25.00 must be collected at the Health Department prior to connection to the tank. A representative of this agency will over see the final connection. If you have any questions, please call me at (410) 313-2640.

Respectfully,

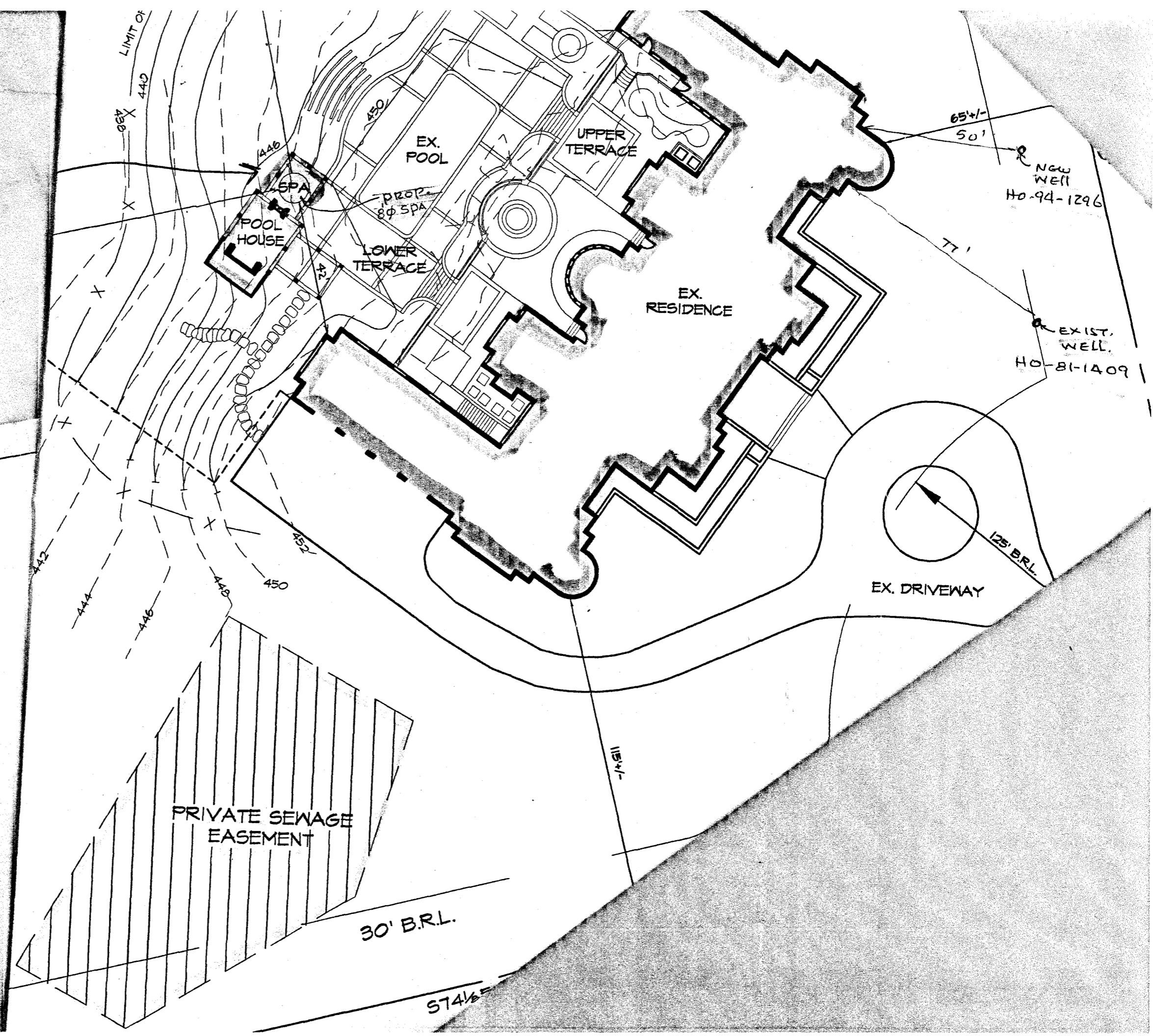


John A. Boris, Jr., R.S.,  
Well and Septic Program  
Development Coordination Section

JAB

cc:

File



LIMIT OF  
430

440  
442  
444  
446  
448  
450  
452

EX. POOL

UPPER TERRACE

LOWER TERRACE

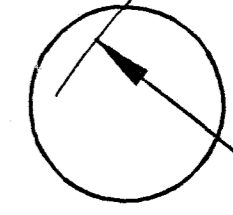
EX. RESIDENCE

65 +/-  
50'

NGW WELL  
HO-94-1296

77'

EXIST. WELL  
HO-81-1409



125' B.R.L.

EX. DRIVEWAY

PRIVATE SEWAGE  
EASEMENT

30' B.R.L.

574 1/2'

115 +/-