

9/4/84

APPROVED
9/4/84
RH

PERMIT

P 34299
A 33542

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEX

DISTRICT X 5th

TAX ID # 05-375320

DATE 8/31/84

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION Fox Haven ROAD 14025 Clarksville Pike LOT 7

PROPERTY OWNER Harry C. Bray, Jr.

ADDRESS 6791 Route 32, Clarksville, Maryland 21029 Phone: 531-3419

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2,000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 192 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 4 ft. below original grade. Maximum depth 10 ft. below original grade. Effective area begins at 4 ft. below original grade. 6 ft. of stone below distribution pipe.

Start the first trench 125 ft. from the 725.37 ft. lot line and 340 ft. from the

BUILDING PERMIT SIGNED Run trenches along level ground toward left end of property.

AND RETURNED

9/20/84 BOOK 150403
4-13425 BOOK 153125 - DECK

OLD PERMIT SIGNED
AND RETURNED 9-24-84
Serial # 151105773
Print name

PLANS APPROVED BY Jim Stayer and Craig Williams DATE 2/9/84 & 8/31/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

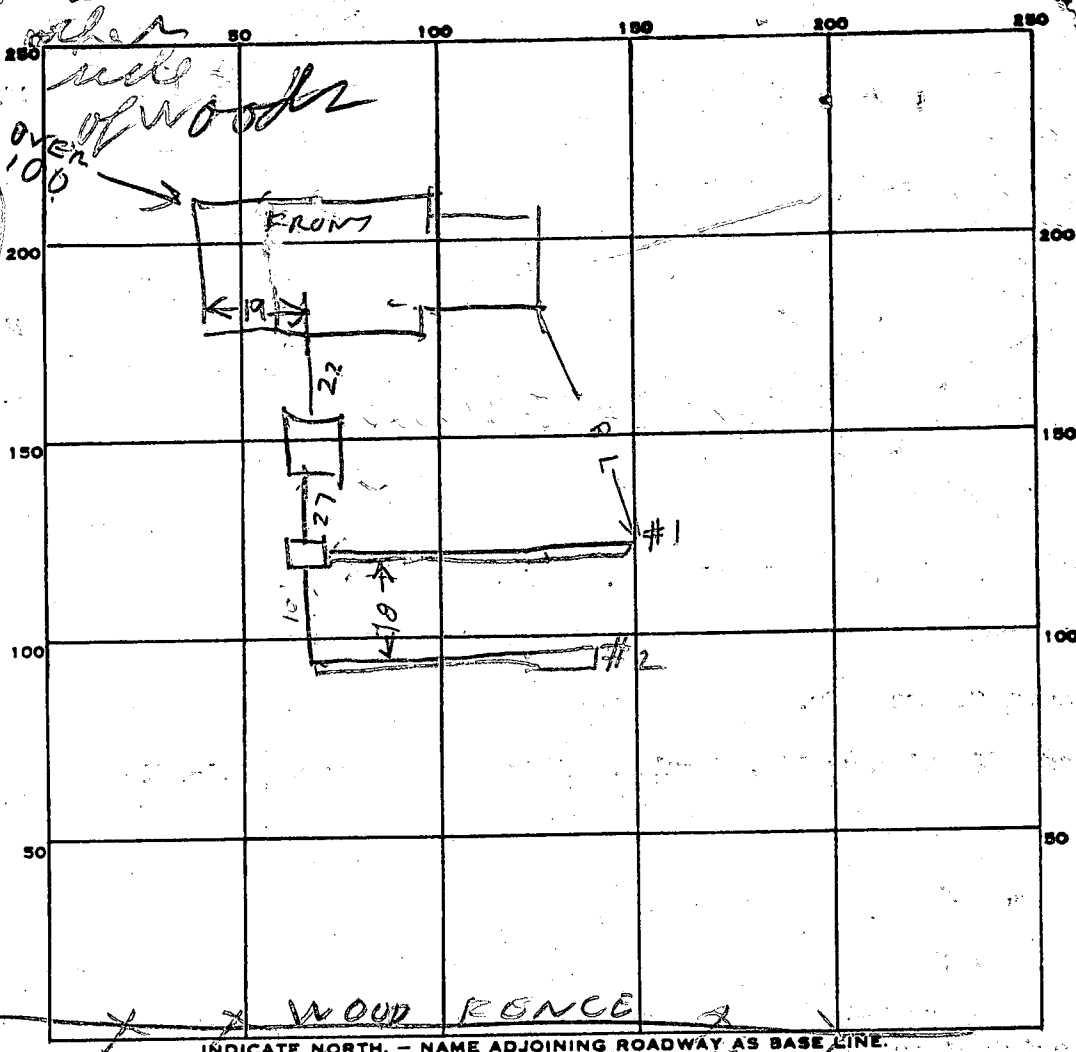
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33542

well
over
100
W
CO



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 2000 TOP 1/2" below grade ST OK **BUILDING PERMITTED SIGNED**

DISTRIBUTION BOX, LEVEL OK **AND RETURNED**

TILE FIELD, DEPTH #1 | #2 10 | 10 FT. TRENCH WIDTH 2 | 2 FT.

GRAVEL DEPTH	<u>#1</u>	<u>#2</u>	TOTAL LENGTH	<u>75</u>	<u>52</u>	<u>64</u>	TOTAL
	<u>6</u>	<u>6</u>					<u>139</u>

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 450 384 **TOTAL 834**

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/4/84 LOCATION OK READ REST OF STONE TO
TRENCH & OK TO COVER TANK RH
9/4/84 STONE ADDED & 2ND TRENCH DUG
LONGER

DATE SYSTEM APPROVED 9/4/84 INSPECTOR Raymond Wodge

6/2/04 - 10 AM

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 4/30/2004

PERMIT

P 520335

APPROVAL DATE: _____

A UPGRADE
pd.# 405-

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fyock Septic Service, Inc _____ IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Fox Haven LOT NUMBER: 7

ADDRESS: 14025 Clarksville Pike PROPERTY OWNER: Irving Westney

SEPTIC TANK CAPACITY (GALLONS): Ex 2000

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 6

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 139 EX

per (SD) 6/2/04
SEPTIC TANK
& TRENCHES
OK for
ADDITION

TRENCHES:	Trench ^{ARE} to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe.
LOCATION:	SEE PERMIT DATED 8/31/84
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

* May ask for
\$ 180.00 credit
Septic system not
upgraded.

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES		_____
TOTAL LENGTH		_____
ABSORPTION AREA		_____
DISTRIBUTION BOX LEVEL		_____
DISTRIBUTION BOX BAFFLE		_____
DISTRIBUTION BOX PORT		_____

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL _____	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL _____	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

FILE INQUIRY FORM

Property Address: 14025 Clarksville Pike

6/2/04 - Dug up end of first trench -
located 70' off corner of the house

Trench dry. Dug up D.B. - in good
shape. Soil sandy mica loam from

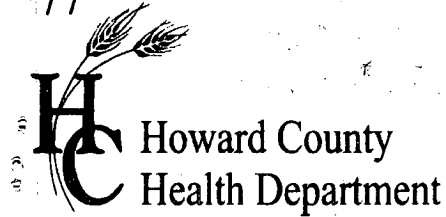
3' & below. Designated SRA does not
appear to be where trenches are located,

although area down slope of current
trenches would be OK for 2 future repairs.

Based on 6 bedroom house & new septic
criteria, only 6' of additional trench

would be needed. 2000 gal S.T. is
OK for 6 bedrooms. No need to add
more trench at this time (50)

Appt: 6/02/04 Wed. 8:30 AM



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 520335

AGENCY REVIEW: _____

DATE 4/30/04

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) IRVING + ELLINOR WERNIEY

DAYTIME PHONE 301-854-1482 CELL _____ FAX _____

MAILING ADDRESS 14025 CLARKSVILLE AVE
STREET CITY/TOWN STATE ZIP

APPLICANT FOX SEPTIC SERVICES INC

DAYTIME PHONE 410-988-9270 CELL _____ FAX _____

MAILING ADDRESS P.O. BOX 89, Glenolg MD 21037
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME FOX HAVEN LOT NO. 7

PROPERTY ADDRESS 14025 CLARKSVILLE AVE
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 40 GRID 21 PARCEL(S) 446 PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

Large empty rectangular box for detailed notes or diagrams.

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

Empty rectangular box for notes or data.

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED, IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

3.733 ACRES

6 6.383 ACRES

7 7.355 ACRES

5 5.315 ACRES

816°22'01"W 653.33

N 37°52'29"E 30

N 05°30'00"W 116.49

N 64°14'13"W 881.92

200.00

320.00

N 70°12'45

100

30.00
30.00 E
614.97

324.97

150.00

N 10°49'50"W

406.48

PROPOSED PARCEL
DLR AS SHOWN
REALLY R.S.

9/24/97

PORCH
8x3+

BARN

POND

7

8

11.902

5

6

8

83

669.32

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33542

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 2/6/84

Retreat
2/9/84
9:30 A.M. - 1st

~~Start system 125 ft from right Prop line (725.37)~~
~~and 360 ft from right of way~~

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 HARRY C BRAY JR

ADDRESS 6791 Rt 32 CLARKSVILLE MD PHONE 531-3419

PROPERTY LOCATION:

SUBDIVISION FOXHAVEN HIGHLAND, MD LOT NO. 7

ROAD AND DESCRIPTION ON E. SIDE of Rt 108 ON FIRST PRIVATE RD APPROX 400'
N. of PATUXENT RIVER 14079 Clarksville Pike

SIZE OF LOT PARCEL 7 7,355 AC 7141 105 TYPE BLDG. RES. 4 BEDROOMS
(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. Harry C Bray Jr HARRY C BRAY JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

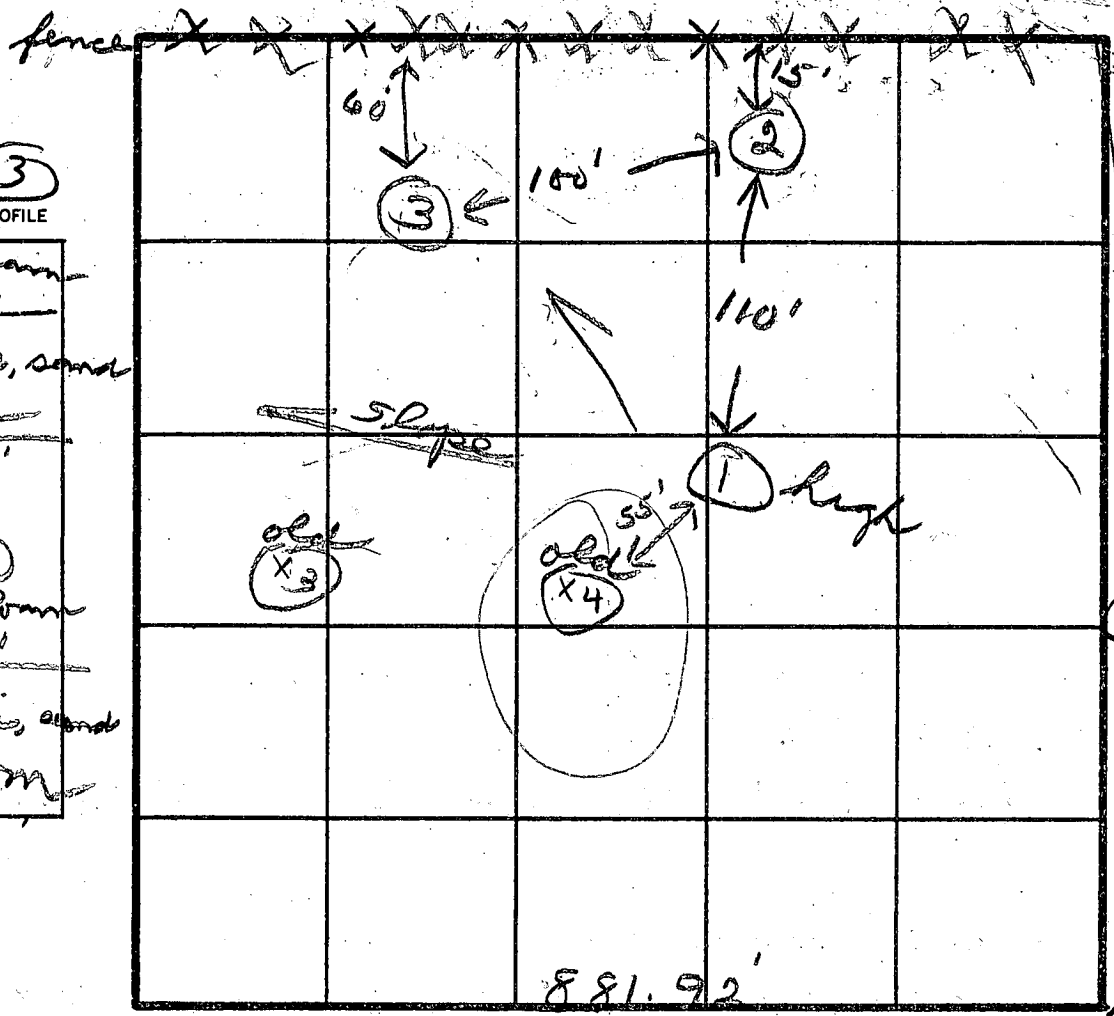
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

725.37'



SOIL PROFILE

① ③

clay loam
3'

micc, sand
loam
13'

②

clay loam
2'

micc, sand
loam
12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/9/84	1 S	4	10:20	10:22	10:22	10:24	2
	M	8	10:20	10:22	10:22	10:24	2
	2 S	3	10:24	10:26	10:26	10:29	3
	M	7	10:24	10:25	10:25	10:27	2
	3 S	3	10:32	10:36	10:36	10:42	6
	M	7	10:30	10:31	10:31	10:33	2

REMARKS _____

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT Skip - Fyock

EH-12-1079

RECORDED

Liber 714, Folio 105

APPLICATION

A 21585

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/2/75

3 B.R. | 4 B.R.
 Drywell to have 1000 gal. septic tank | 1250 gal. septic tank
 120 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for drywell is 10 ft. below original grade. Locate the drywell 125 ft. from the side line and 360 ft. from the end of the right-of-way measured along the 881.92 ft long side line, as seen when facing the property from the right-of-way.

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 Edwin G. Willson

ADDRESS Ashton, Md. 20702 PHONE 774-9698

PROPERTY LOCATION: Highland, Md.

SUBDIVISION (Fox Haven) LOT NO. 7

ROAD AND DESCRIPTION On E. side of Rt 108 on first private road approx. 400' N. of Patuxent River.

SIZE OF LOT Parcel 2, 7.355 ac 714/105 TYPE BLDG. Res. 4 bedrms.
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Richard Hallowell
Richard Hallowell

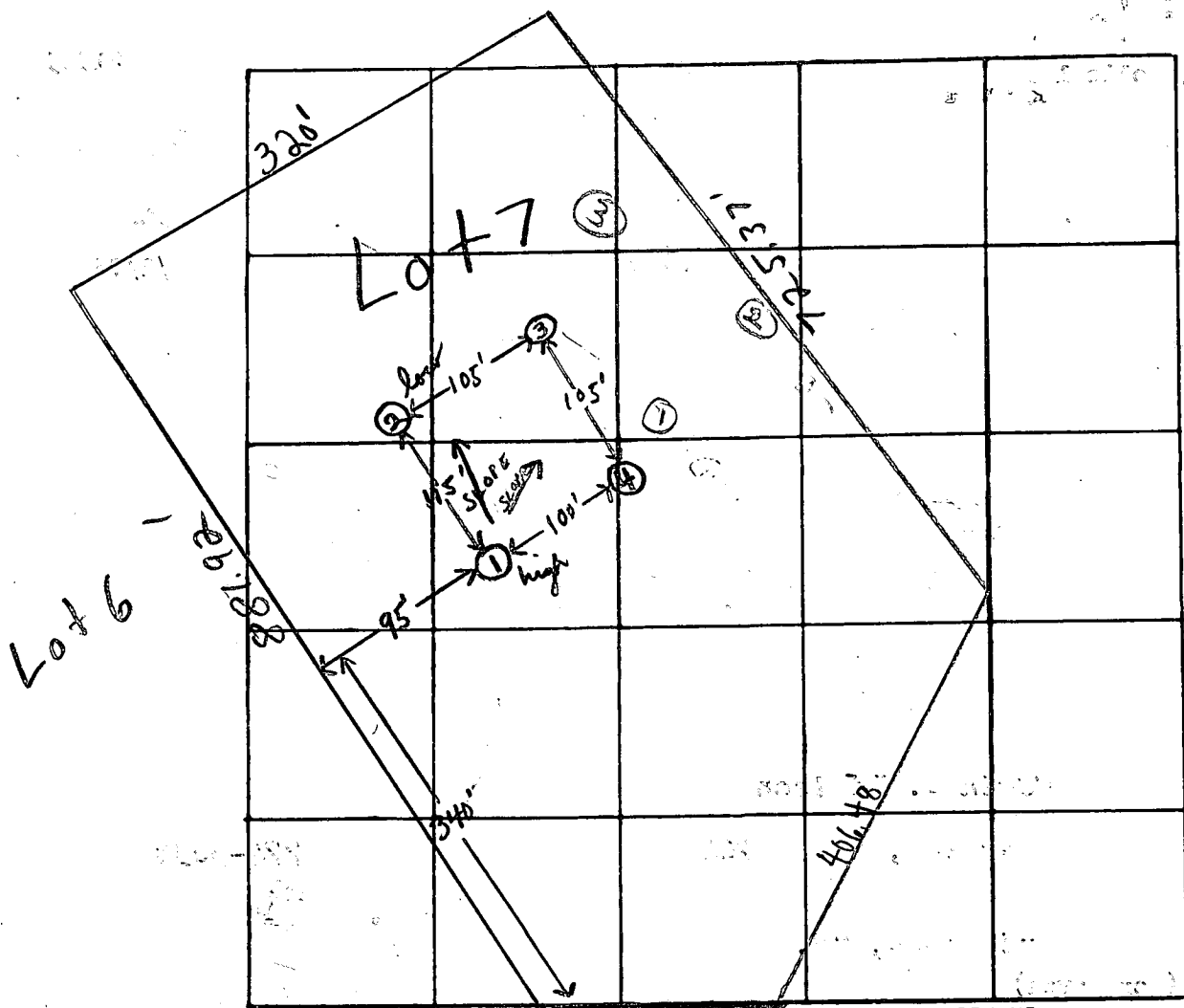
APPROVED BY Frank Skemer FOR Drywell DATE 1/21/76
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/5/75	1 high	5'	11:31	→	11:36	→	~3 min	
	1A	12 1/2'	11:31	11:37	11:37	11:46	9 min	
	2 low	5'	11:32	11:34	11:34	11:37	3 min	
	2A	11 1/2'	11:33	11:40	11:40	11:48	8 min	
	3	5'	11:35	→	11:42	→	~5 min	
	3A	12'	11:35	→	11:55	→	~13 min	
	4	11 1/2'	Used clay to 4 1/2'; mica below					

120 SQ. FT. / 8 ft. invert 4 ft.

REMARKS good soil in ② start test ~ 3 1/2'

TYPE OF SOIL clayey to 3-95'; mica below

TESTED BY F.S. ALSO PRESENT: Fyock & Co.



HOWARD COUNTY HEALTH DEPARTMENT

P5 20335

DATE 4/30/2004

Received From Fryoch Septic Service Inc 410-982-9270

PO Box 89, Glenlyg MD 21737

For Upgrade
14025 Route 108
NO. 536 Four hundred five and 00/100 Dollars

CASH
 CHECK
\$ 405 00

Received By Mary L. Briggs

Received check. Told Tommy we need a plan. mlb.

C1 **0869** SEQUENCE NO. (REP USE ONLY)
 (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 21585**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **12/21/83** Depth of Well **400** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-0349**

OWNER **Bray Harry** last name first name TOWN **Highland**
 STREET OR RFD **Md. Rte 108**
 SUBDIVISION **Fox Haven** SECTION **7** LOT **7**

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	2	
CLAY	2	4	
SHALEY	4	10	
SAND Stone	10	40	✓
MICA	40	245	
MICAY FLINT	245	250	✓
MICA	250	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **34**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **22** 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 ST Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **25**

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

C2

EACH CASING	DEPTH (nearest ft.)	
	from	to
1	H0 23	400
2		
3		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **30** WHEN PUMPING **163**
 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE **2** (nearest foot)

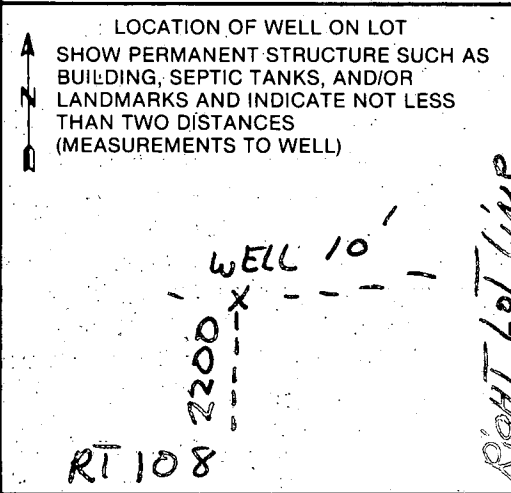
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **40**
George J. Proostday
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. Feller
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 OTHER DATA



B 3507 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER 40-81-0349 fill in this form completely

Date Received 12/21/83 - 8:30 A.M. OWNER INFORMATION Bray Harry 14215 Clarksville PK Highland MD 20777

LOCATION OF WELL Howard Fox Haven SECTION 7 Highland MILES FROM TOWN 2 MI

DRILLER INFORMATION George F. Easterday L.F. Easterday, Inc. 9265 Brown Church Rd. Mt. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Rte. 108 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 2200 FT

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 A21585 COUNTY NAME COUNTY NO. OEP SIGNATURE DATE ISSUED 112983 CO. SIGNATURE Frank Skinner 5/29/84 EXP. DATE NORTH GRID 482000 EAST GRID 0809000

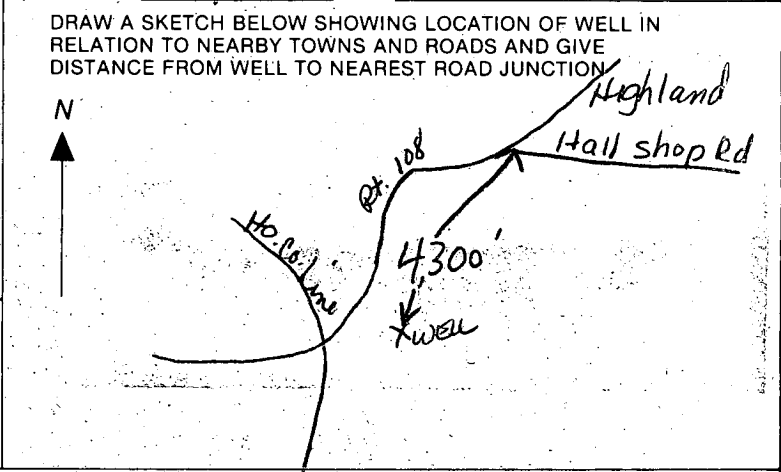
APPROXIMATE DEPTH OF WELL 200 FEET

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 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 800 9 480 2

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)

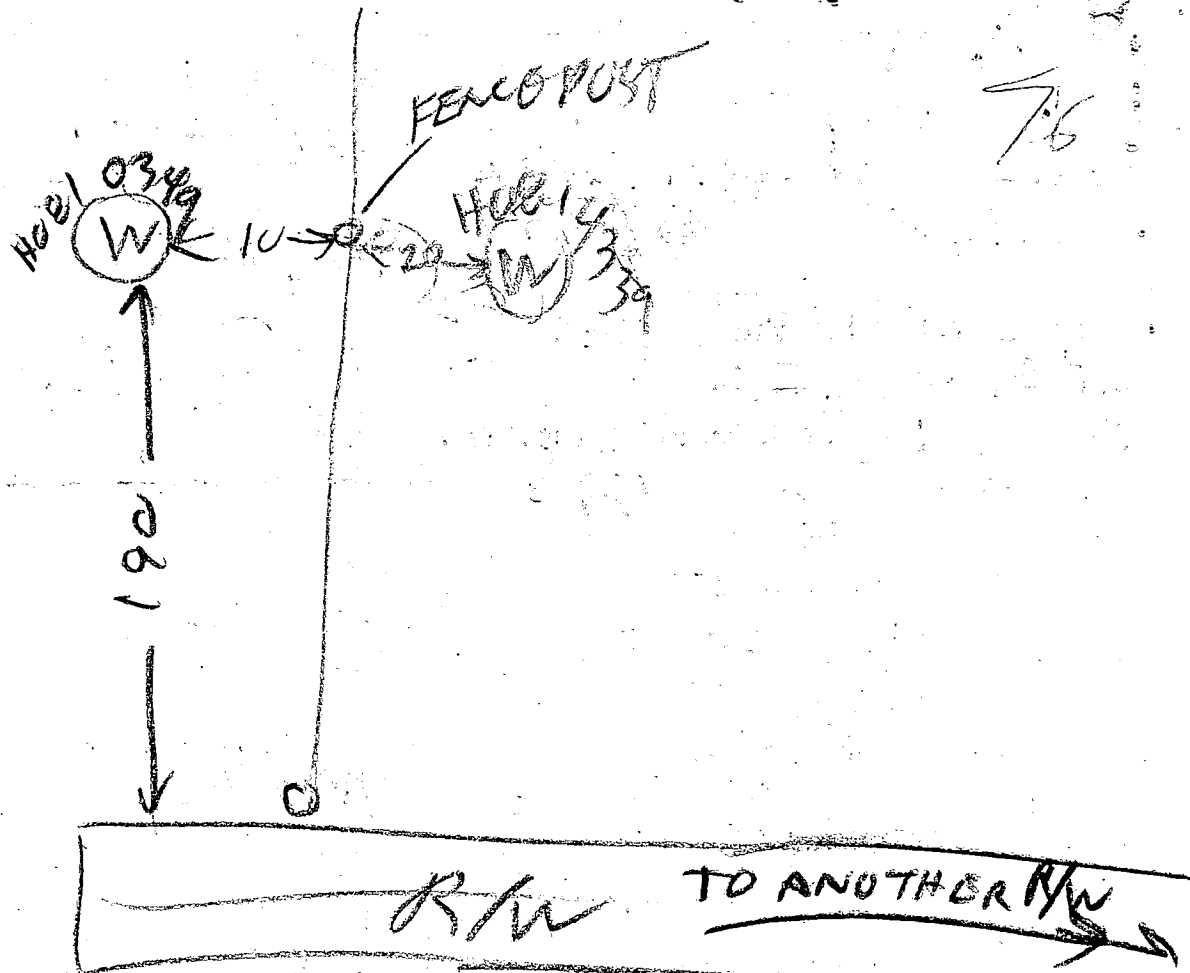


Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE FS WRITE INITIALS IN BOX PERMIT No. 40-81-0349

SPECIAL CONDITIONS

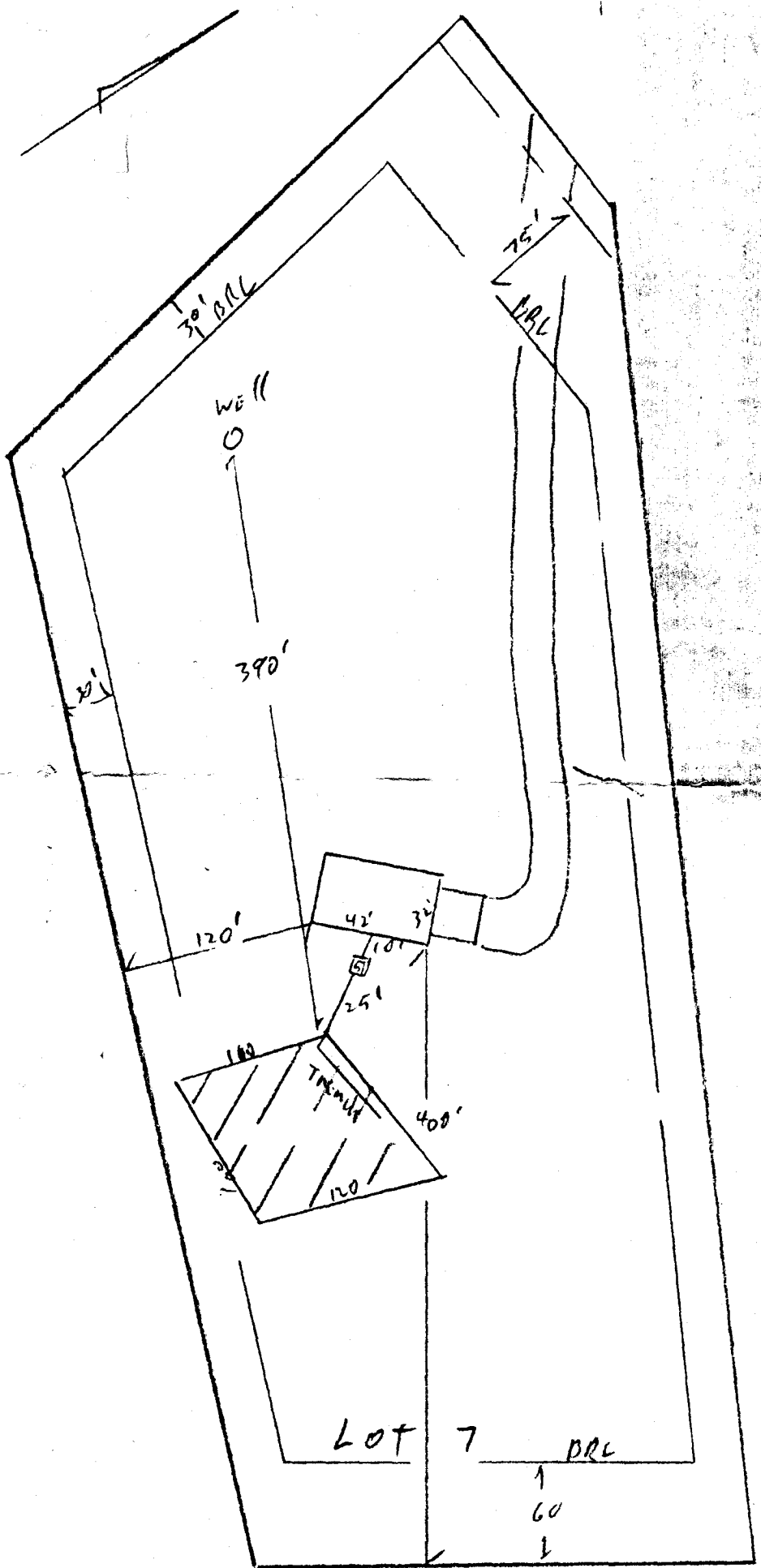
92

76



- ① 25 FT CASING 1ft out of Ground
- ② 22 FT OPEN HOLE MEASURED WITH A STRIKE
- ③ LOCATION OK
- ④ 6 BAGS

4/21/83
 R Hodger



Well Elev	439'
F.F.	436'
Base	424'
Inn Elev House	433.20
Inn Elev Tank	433.00
Exist Elev	435.22
Inn Elev Front Tank	432.45
Inn Elev. At Deynt	432.00
Exist Elev	439.00
Elev at top porch	430.22
Inn at Top Trench	432.10
Exist Elev	435.22

Elevation ok
6/14/84
Cuslin

I certify the Above measurements & elevations are
Actual & correct for this property

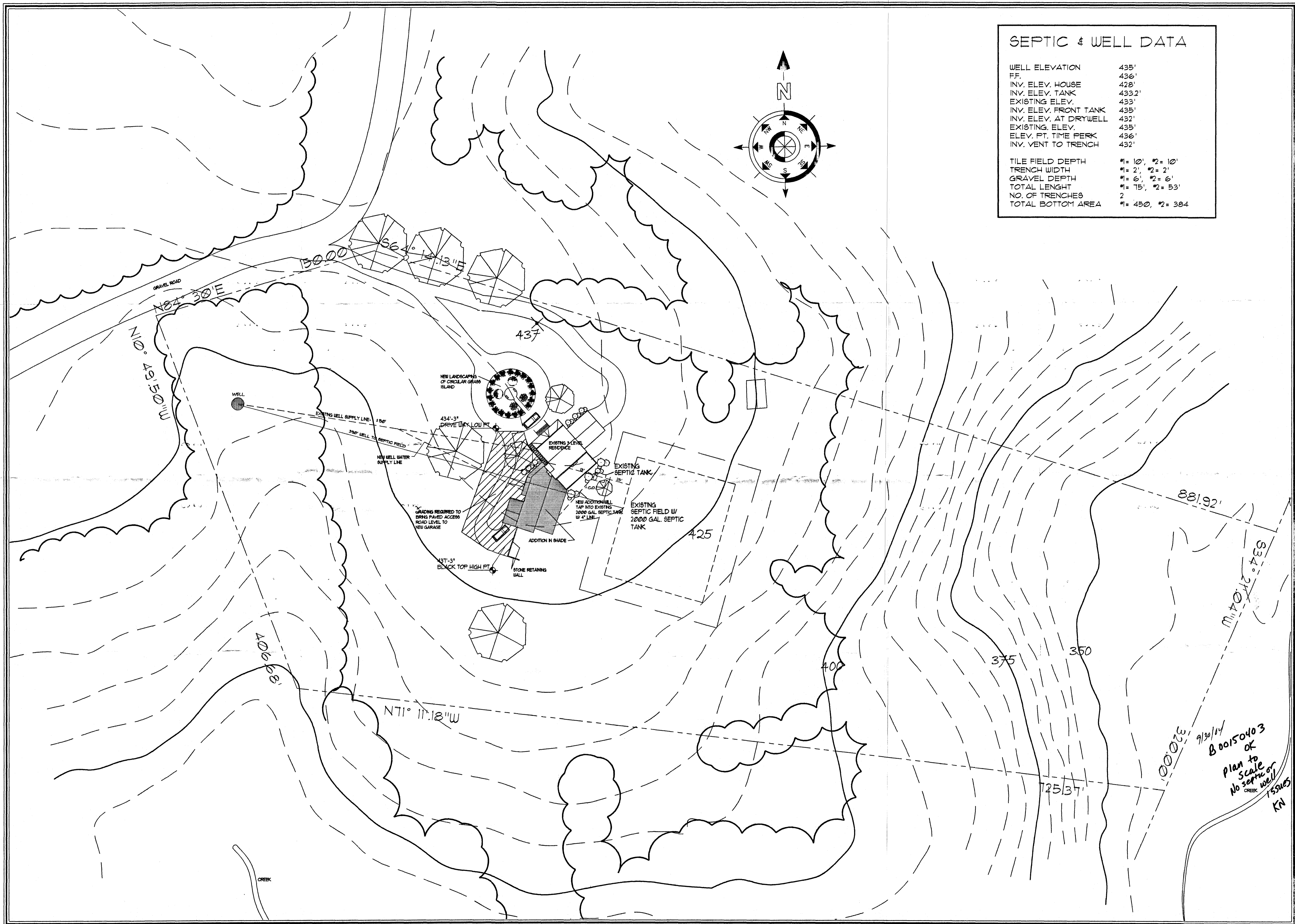
Signature

Jack Fyock will install system.

74025 Clantonville P. Home

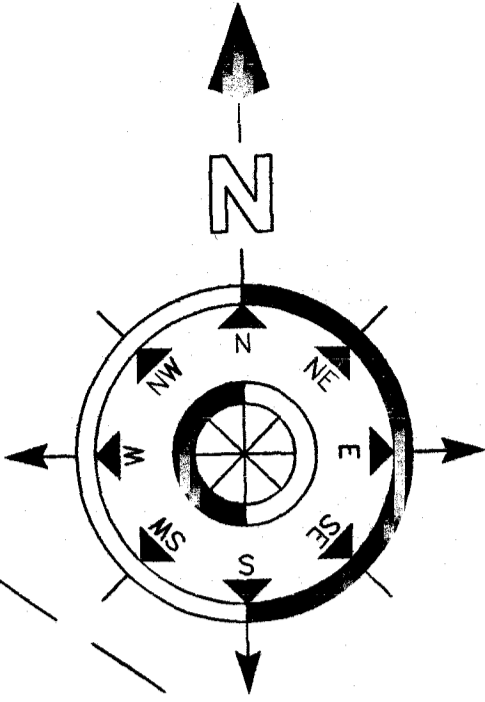
Lot 7 Bony Residence
Fox Haven Subdivision

SCALE: 1" = 100'	APPROVED BY:	DRAWN BY:
DATE: 5/30/84		REVISED:
Wallson Dev. Corp		DRAWING NUMBER:



SEPTIC & WELL DATA

WELL ELEVATION	435'
FF.	436'
INV. ELEV. HOUSE	428'
INV. ELEV. TANK	433.2'
EXISTING ELEV.	433'
INV. ELEV. FRONT TANK	435'
INV. ELEV. AT DRYWELL	432'
EXISTING ELEV.	435'
ELEV. PT. TIME PERK	436'
INV. VENT TO TRENCH	432'
TILE FIELD DEPTH	#1= 10', #2= 10'
TRENCH WIDTH	#1= 2', #2= 2'
GRAVEL DEPTH	#1= 6', #2= 6'
TOTAL LENGTH	#1= 75', #2= 53'
NO. OF TRENCHES	2
TOTAL BOTTOM AREA	#1= 450, #2= 384



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ALL WRITTEN DIMENSIONS ON THESE DRAWINGS SHALL HAVE PRECEDENCE OVER SCALED DIMENSIONS. CONTRACTORS SHALL BE RESPONSIBLE FOR FIELD VERIFICATIONS. THIS PLAN IS SUBJECT TO ALL APPLICABLE BUILDING CODES.

JAI GROUP
international, inc.

8980 Route 108, Suite 0
Columbia, Maryland 21045
410-995-0191 (BALT.)
301-621-4544 (D.C.)
410-995-0507 (FAX)

- * interior architecture
- * space planning
- * interior design
- * project management

ENGINEER CONSULTANT:

RELEASED FOR:

- PRELIMINARY ONLY
- BIDDING
- PERMITS
- CONSTRUCTION

REVISIONS:

PERMITS: 15 SEPT. 04	
REV.: 20 SEPT. 04-DATA INFO	

JOB TITLE:

**WESTNEY RESIDENCE
ADDITION**

14025 CLARKSVILLE PIKE
HIGHLAND, MD. 20777

SHEET TITLE:

SITE PLAN

SEAL:

9/30/04
800150403
OK
Plan to
Scale
No septic or
well
ISSUES
KN

DRAWN BY: F.P.

CHECKED BY: R.M. Jr.

CADD NO:

DATE: 25 JUNE 04

SCALE: 1/4" = 1'-0"

DWG. NO.

C-01

JAI GROUP INC

WELL

EXISTING WELL SUPPLY LINE - ±150'

390' WELL TO SEPTIC FIELD

NEW WELL WATER SUPPLY LINE

NEW LANDSCAPING OF CIRCULAR GRASS ISLAND

434'-3" DRIVE WAY LOW FT

EXISTING 3 LEVEL RESIDENCE

EXISTING SEPTIC TANK

NEW ADDITION WILL TAP INTO EXISTING 2000 GAL SEPTIC TANK W/ 4" LINE

EXISTING SEPTIC FIELD W/ 2000 GAL. SEPTIC TANK

GRADING REQUIRED TO BRING PAVED ACCESS ROAD LEVEL TO NEW GARAGE

ADDITION IN SHADE

26 X 45 POOL

STONE RETAINING WALL

437'-3" BLACK TOP HIGH FT

APPROVED

WALK-THRU BUILDING PERMIT

BP# 005385

APP. SAN 52

DISC. DEWORK.

DATE: 7/23/05

Signature

425

437

1" = 40'

40