

6/8/99
10:30 am

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511902

A 32085

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE 5/24/99

DATE SYSTEM APPROVED 6/8/99

INSPECTOR S.R.K.

INDEXED

Barnard Brothers Construction IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 1612 Brittle Branch Way, Woodbine, MD 21797 PHONE 410-489-7621

SUBDIVISION Lisbon Estates LOT 3 ROAD 1623 Brittle Branch Way

PROPERTY OWNER Robert Tedeschi **BUILDING PERMIT SIGNED**
ADDRESS 1623 Brittle Branch Way **AND RETURNED**

11-3-04 800151021-SHEP

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Start trench 150 feet from 294.18' lot line and 170 feet from left lot line (448.67') lot line as seen when facing lot from Driveway. Run trench along level ground toward driveway.

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

PLANS APPROVED BY Sid Abel/Mark E. Rifkin REVISED _____ DATE 04/21/1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

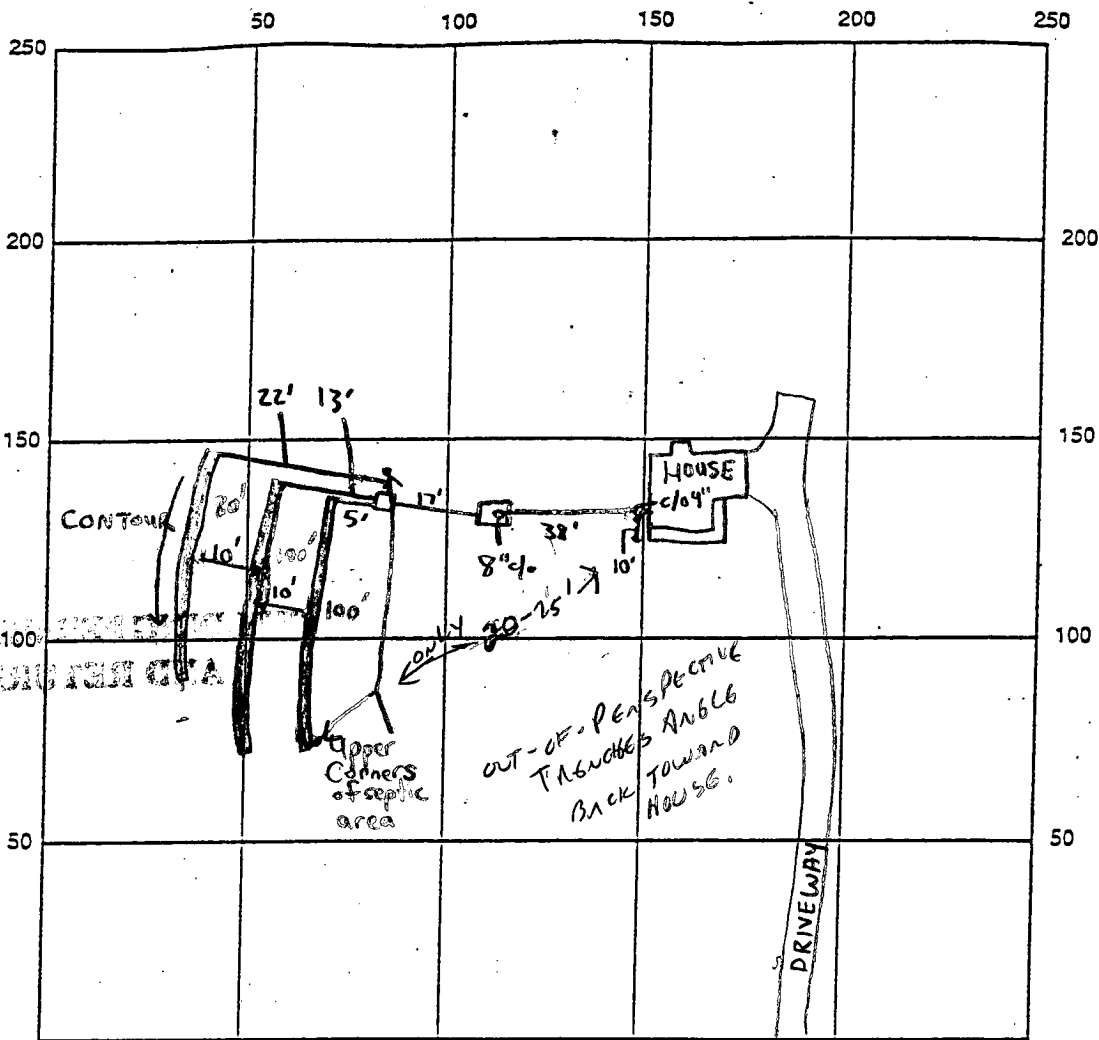
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 32085



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
BRITTLE BRANCH WAY

SEPTIC TANK LEVEL 1250 Topseam CLEANOUTS 4" cleanout @ house, 8" c/o @ tank
 DISTRIBUTION BOX LEVEL Baffle is in
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 280 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.
 DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.
 ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/8/99 - OK TO COVER ALL WORK - SRK

DATE SYSTEM APPROVED 6/8/99 INSPECTOR Steven P. Krieg

Boo117088

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
FELLCOTT CITY, MD, 21043
PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
Boo117088

Building Address: 1623 Brittle Branchway
W. 21792
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract: 6040 Subdivision: Edles
Section: N/A Area: N/A Lot: 3
Tax Map: 7 Parcel: 2 Grid: 17
Zoning: RC-DH Map Coordinates: 3C11 Lot size: 5,000

Property Owner's Name: Robert T. Tusch
Address: 13206 Hunters Court
City: Rockville State: MD Zip Code: 20852
Home Phone: (301) 231-4228 Work Phone: _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone: _____ Fax: _____

Existing Use: Home
Proposed Use: SFD
Estimated Construction Cost: 36,250
Description of Work: Construct 2-story SFD w/attach. 2 car gar. Full finished bsmt. Front porch 4 bath on

Contractor Company: Barnard Bros. Const. Co., Inc.
Contact Person: Gary M. Barnard
Address: 1614 Brittle Branchway
City: Woodburn State: MD Zip Code: 21792
License No.: 13-18442
Phone: (410) 451-7631 Fax: (410) 444-7631

Occupant or Tenant: Robert T. Tusch
Contact Name: Robert T. Tusch
Address: 13206 Hunters Court
City: Rockville State: MD Zip Code: 20852
Phone: _____ 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: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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: _____	Heating System: _____
<input type="checkbox"/> Reinforced Concrete	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	# of Heads: _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth: _____ Width: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms: <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings:	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 2 BR units: _____	<input type="checkbox"/> Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

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 THERE TO, (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.

Applicant's Signature: [Signature]
Title/Company: Barnard Bros. Const. Co., Inc.

Print Name: Gary M. Barnard
Date: 7/15/99

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>7/15/99</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>400130</u>
Rear: _____	Filing fee \$ <u>25.00</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>9127</u>
	Validation # _____
	Accepted by <u>[Signature]</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

A = PROP. 4 BEDROOM HOUSE
 F.F.E. = 569.0'
 B'SMT. ELEV. = 560.4'
 INV. = 562.4'

B = PROP. SEPTIC TANK
 EX. ELEV. = 565.3'
 INV. IN = 561.8'
 INV. OUT = 561.5'

C = PROP. DIST. BOX
 EX. ELEV. = 564.0'
 INV. ELEV. = 561.2'

D = PROP. TRENCHES
 INV. ELEV. = 561.0'
 LENGTH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT
 ISSUANCE.

Approved Septic System Plan
Howard County Health Department

ALSO B00117089
 for 2-car garage

Mark E. Rifkin 4/21/99
 signature Date

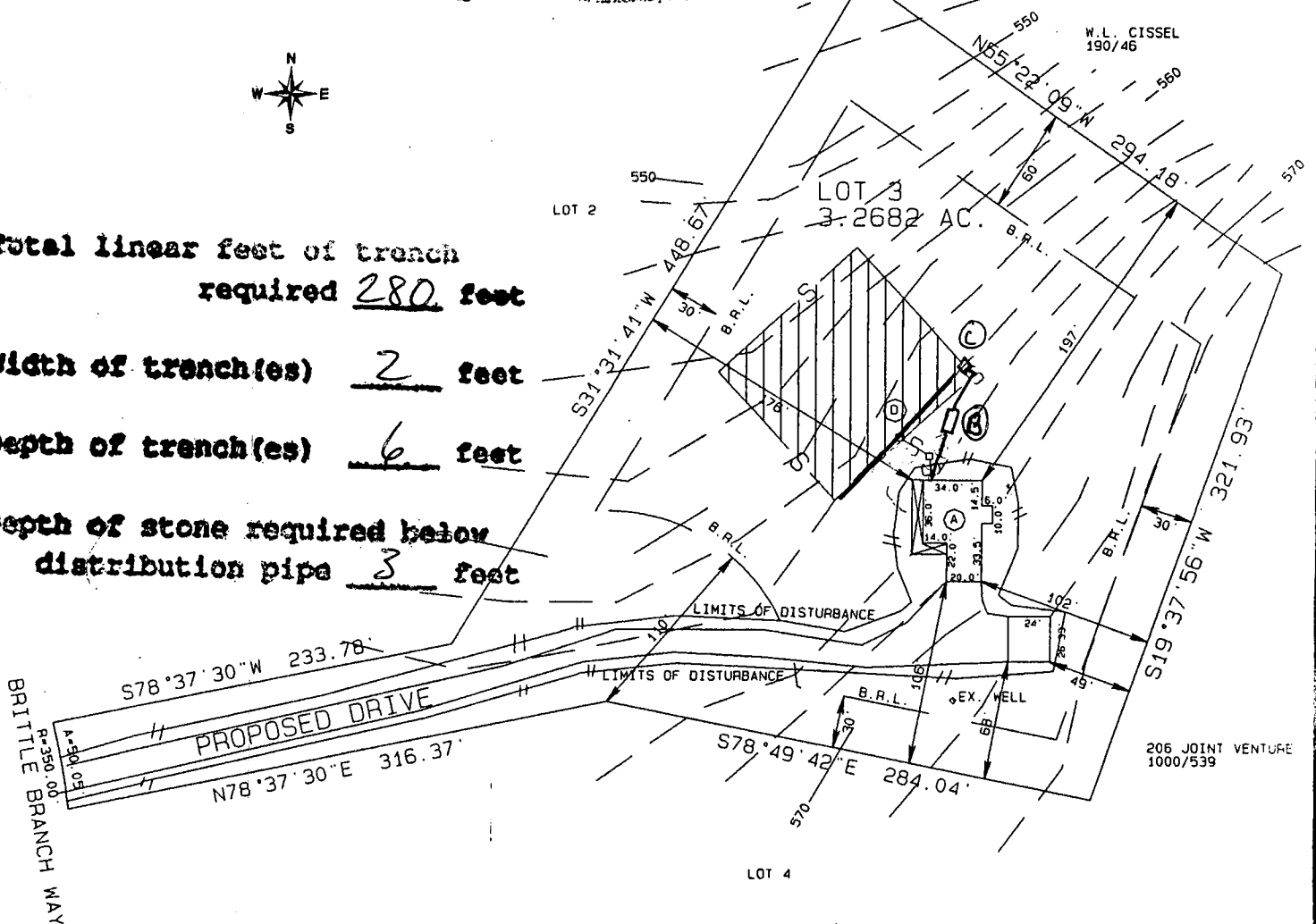


Total linear feet of trench
 required 280 feet

Width of trench(es) 2 feet

Depth of trench(es) 6 feet

Depth of stone required below
 distribution pipe 3 feet



PLOT PLAN
 LOT 3, SECTION 1,
 LISBON ESTATES
 SITUATED ON BRITTLE BRANCH ROAD
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' MARCH 1999



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN
 ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND
 RECORDS OF HOWARD COUNTY, MARYLAND, AS
 REFERENCED HEREON.

RAYMOND J. DAY
LAND SURVEYOR
 3020 BUFFALO ROAD
 NEW WINDSOR, MARYLAND 21776
 410-875-2784

REFERENCE
 Plat No. 2448

JOB NO.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32085
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____

DATE 7-16-82

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 Lawrence Blumberg/Charles Snouffer Robert Tedeschi

ADDRESS 2909 Old Court Road, Baltimore 21209 574-9300
PHONE _____

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. 3

ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
with S.R. 94
1623 Brittle Branch Way

SIZE OF LOT 3.57 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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.

Riemer-Tracy & Assoc. by Arthur E. Muegge
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Trench DATE 7/14/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

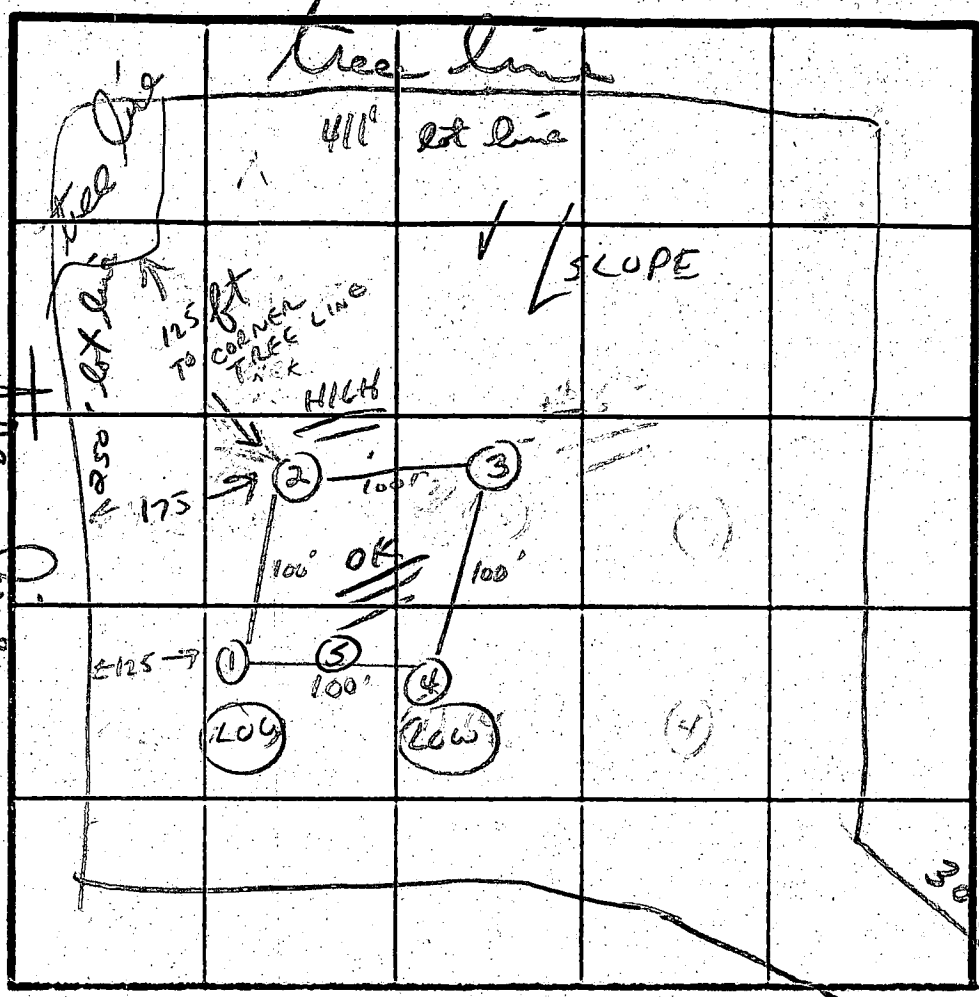
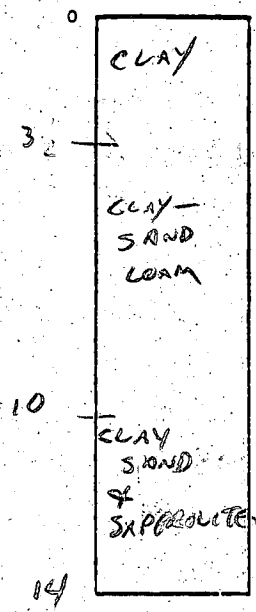
PERMIT SIGNATURE AND RETURNED 4-21-86
Serial # B 1411788

THIS IS NOT A PERMIT

LOTS

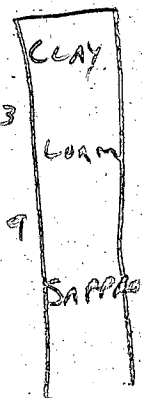
Hub # 1-4

SOIL PROFILE



lot 6

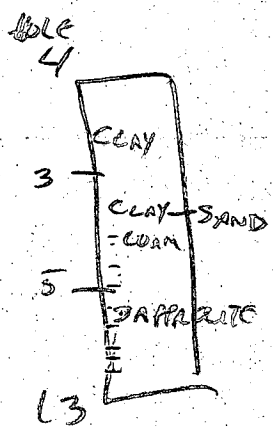
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



LOW

HILL

LOW



DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-31-82	1 S	3 1/2	1:48	1:56	1:56	2:10	14 MIN
		9	1:48	1:52	1:52	1:56	4 MIN OK
8-31-82	2 S	3 1/2	2:10	2:13	2:13	2:17	4 MIN
		9	2:10	2:26	2:26	2:54	28 MIN
8-31-82	3 S	3 1/2	2:19	2:23	2:23	2:29	6 MIN
		8					3:--
8-31-82	4 S	3 1/2	1:44	1:50	1:50	1:55	5 MIN
		9	1:44	1:52	1:52	1:60	8 MIN OK
12/10/88	5 V	13					
		13'	CLAY TO 3' - CLAY SAND LOAM TO 10' THEN LOAM & SAPPROLITE TO 13'				

X = 10 MIN

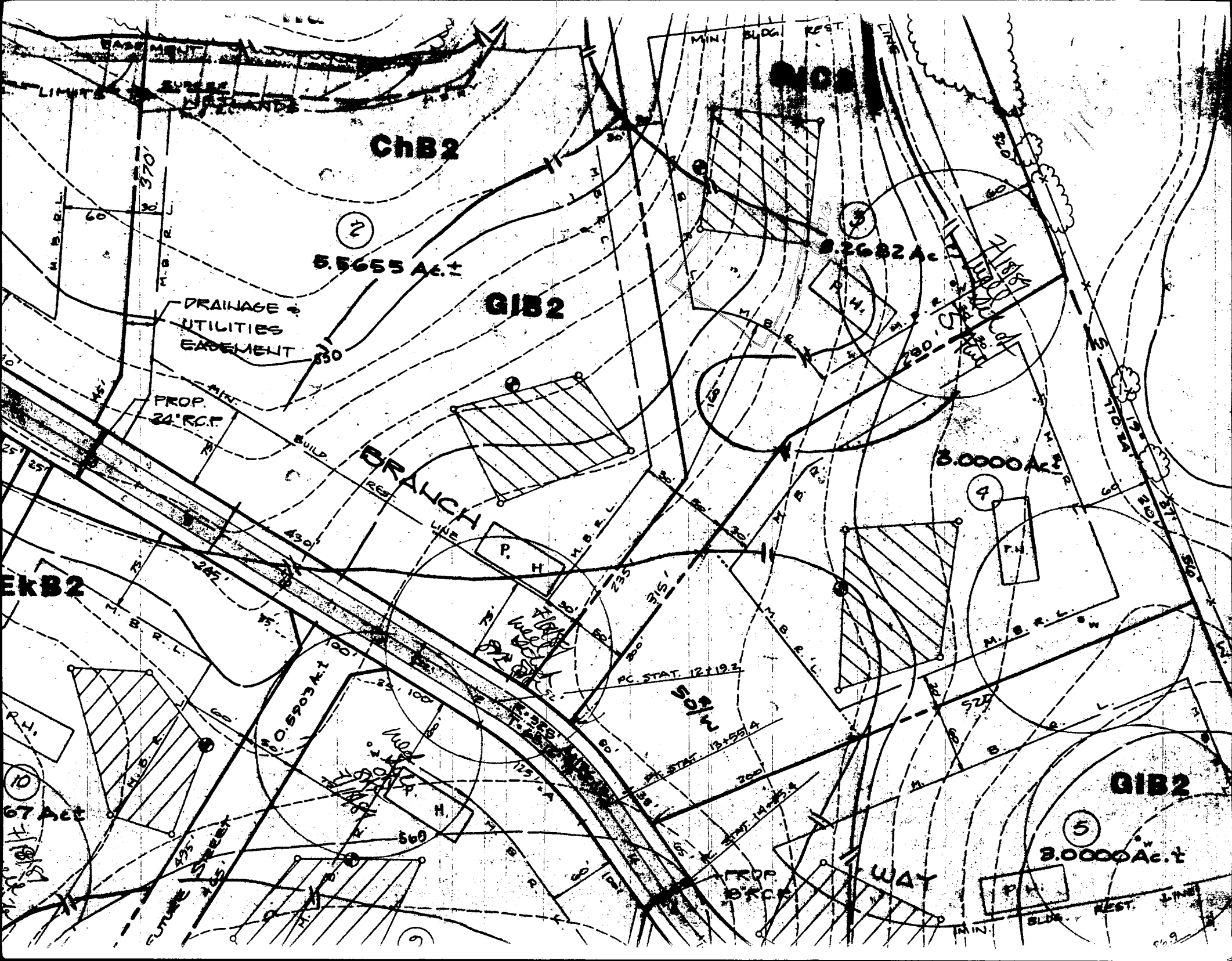
REMARKS OK SHALLOW

TYPE OF SOIL CLAY LOAM + SAND LOAM w/ SAPPROLITE

TESTED BY C WILLIAMS

UBBO VANDERWALK

ALSO PRESENT LARRY DERHOFF



ChB2

5.5655 Ac.±

GIB2

0.2682 Ac.±

3.0000 Ac.±

3.0000 Ac.±

DRAINAGE
UTILITIES
EASEMENT

PROP.
24' R.C.F.

BRANCH
LINE

PC. STAT. 12+19.2

50' W

PROP.
BRCK

WAY

EKB2

67 Ac

GIB2

2

3

4

5

10

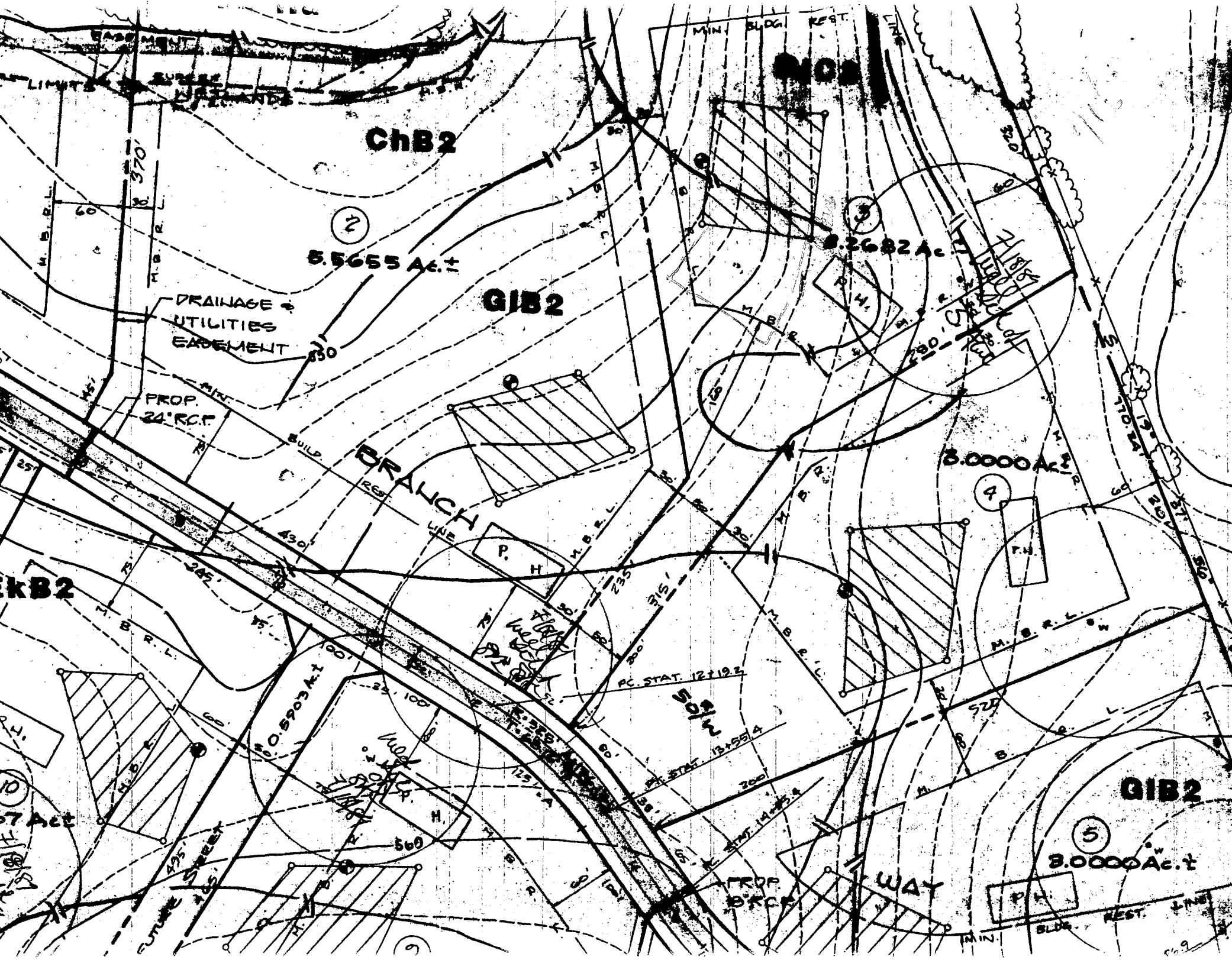
9

MIN. BLDG. REST.

MIN. BLDG. REST.

MIN. BLDG. REST.

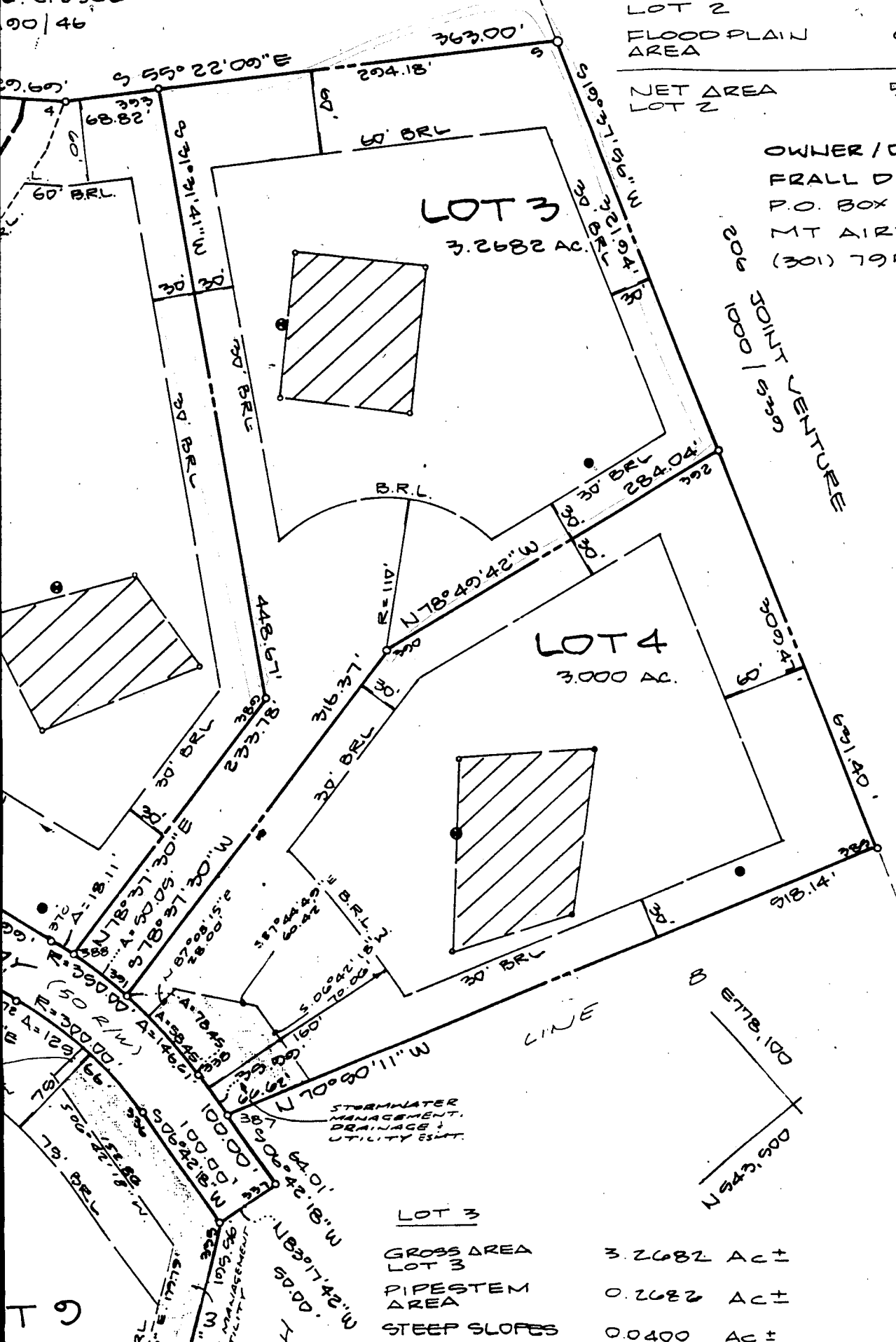
MIN. BLDG. REST.

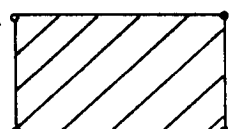




L. CIPSEL
90/46

<u>LOT 2</u>	
GROSS AREA LOT 2	5.5655 AC±
FLOOD PLAIN AREA	0.2182 AC±
<hr/>	
NET AREA LOT 2	5.3473 AC±

OWNER / DEVELOPER
FRALL DEVELOPERS, INC
P.O. BOX 659
MT AIRY, MD 21771
(301) 795-1866



1. THE LOTS SHOW OWNERSHIP WITH MARYLAND STATE HYGIENE REGULATIONS.
2. COORDINATES - PLANE AS PER CONTROL STA.
3.  THE NATURE OF THE SEWERAGE IS AS SHOWN ON THE PLAN. INDIVIDUAL SEWERAGE IS A POSSIBILITY IN THIS AREA. SEWERAGE CYCLES SHALL HAVE THE ENCROACHMENT EASEMENTS AS SHOWN ON THE PLAN.
4. B.R.L. - REPRESENTS BOUNDARY REFERENCE LINE.
5.  - CONCRETE (NOTED)
6. PERCOLATION TEST FIELD LOCATED AT THE CORNER OF LOT 3 AND LOT 4.
7.  - INDICATES CONCRETE
8. SUBJECT PROPERTY IS SUBJECT TO A COMPREHENSIVE PERCOLATION TEST.
9. PLAN SUBJECT TO APPROVAL BY THE STATE DEPARTMENT OF ENVIRONMENTAL AND NATURAL RESOURCES.

<u>LOT 3</u>	
GROSS AREA LOT 3	3.2682 AC±
PIPESTEM AREA	0.2682 AC±
STEEP SLOPES	0.0400 AC±

LOT 9

B 1 **2252** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

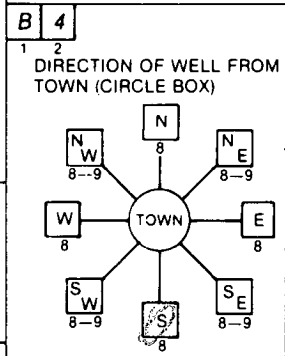
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0896
 fill in this form completely

Date Received (APA) **052389**
 OWNER INFORMATION
 Last Name **FOUL** Owner First Name **DOUGLAS**
 Street or RFD **ROXCS9**
 Town **MT AIRY** State **MD** Zip **21771**

LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **LISKROW ESTATES**
 SECTION **44** LOT **3**
 NEAREST TOWN **LISPER**
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Wayne** License No. **238**
 Firm Name **Wayne Well Drilling Co**
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature **Joseph L. Wayne** Date **5/22/89**



NEAR WHAT ROAD **Bitter Branch Way**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **525** FT
 ENTER FT or MI **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
 COUNTY NAME **HOWARD** COUNTY NO. **A 32085**
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **071789** CO SIGNATURE **Craig Williams** EXP. DATE **1/17/90**
 NORTH GRID **544000** EAST GRID **0778000**

APPROXIMATE DEPTH OF WELL **290** FEET

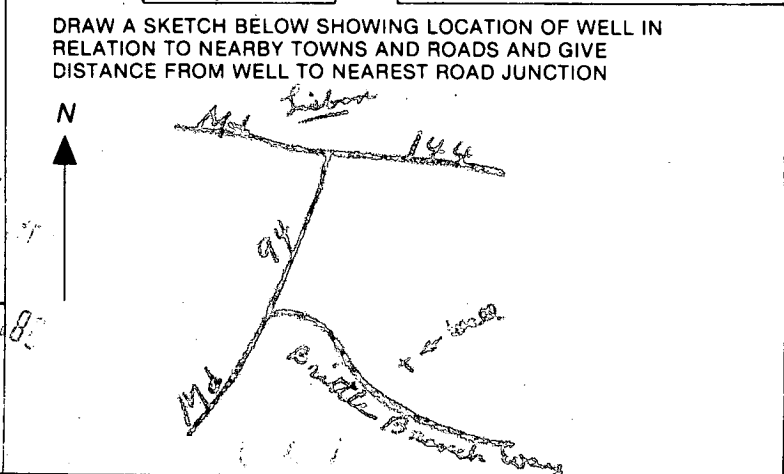
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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. **WE & E**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 000
 000

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 DEEPEAN 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 **CW** INITIALS IN BOX PERMIT No. **HO-88-0896**

SPECIAL CONDITIONS

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 _____

Name of Installer Keith Handertmark

Telephone 410-857-0255

License Number 8300

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property owner Robert Tedeschi

Telephone 301-231-9228

Subdivision Lisbon Estates Lot # 3

Well Tag # _____

Site Address 1623 Brittle Branch Way

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make _____
- Model # _____
- Capacity _____ GPM

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make yes
- Model # _____
- Depth _____

- 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 _____

Tank

- Capacity _____
- Pressure relief valve? yes

Piping

- Type 160 psi
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 12"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? No

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.

WPI-OK
6/8/99SRK

Signature of Applicant: [Signature]

Date: 5-12-99

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

C1 1044 SEQUENCE NO. (DENV 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 A-32085

DATE RECEIVED 05 23 89

DATE WELL COMPLETED 7 10 89

DEPTH OF WELL 265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 44-85-0896

OWNER: FRANK OWENBROS last name: BOHNE ROADWAY first name: LISHON TOWN: LISHON SUBDIVISION: LISHON ESTATES SECTION: LOT: 3

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 include: Top Soil (0-2), Brown Slate (2-40), Brown Slate (40-45), Blue Slate (45-80), Brown Slate (80-85), Blue Slate (85-210), Flint Rock (210-215), Blue Slate (215-265).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 9, NO. OF POUNDS: 900, GALLONS OF WATER: 54, DEPTH OF GROUT SEAL: 2-40 ft.

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

MAIN CASING TYPE: PL, L, CO. Nominal diameter top (main) casing (nearest inch): 6, 60, 66. Total depth of main casing (nearest foot): 70.

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

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

DEPTH (nearest ft.) table with rows for EACH SCREEN and columns for depth intervals.

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273

DRILLERS SIGNATURE: [Signature]

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

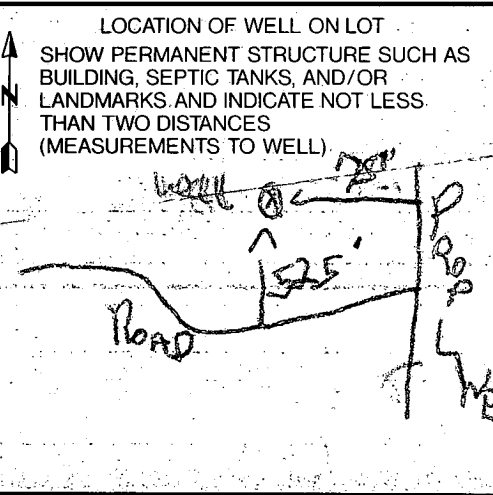
SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 4, METHOD USED TO MEASURE PUMPING RATE: Puckot, WATER LEVEL (distance from land surface) BEFORE PUMPING 34, WHEN PUMPING 80, TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height): A (above), LAND SURFACE (nearest foot): L.



A = PROP. 4 BEDROOM HOUSE
 F.F.E. = 569.0'
 B SMT. ELEV. = 560.4'
 INV. = 561.4'

B = PROP. SEPTIC TANK
 EX. ELEV. = 565.3'
 INV. IN = 561.3'
 INV. OUT = 561.0'

C = PROP. DIST. BOX
 EX. ELEV. = 564.0'
 INV. ELEV. = 560.8'

D = PROP. TRENCHES
 INV. ELEV. = 560.5'
 LENGTH TO BE DETERMINED
 AT TIME OF SEPTIC PERMIT
 ISSUANCE.

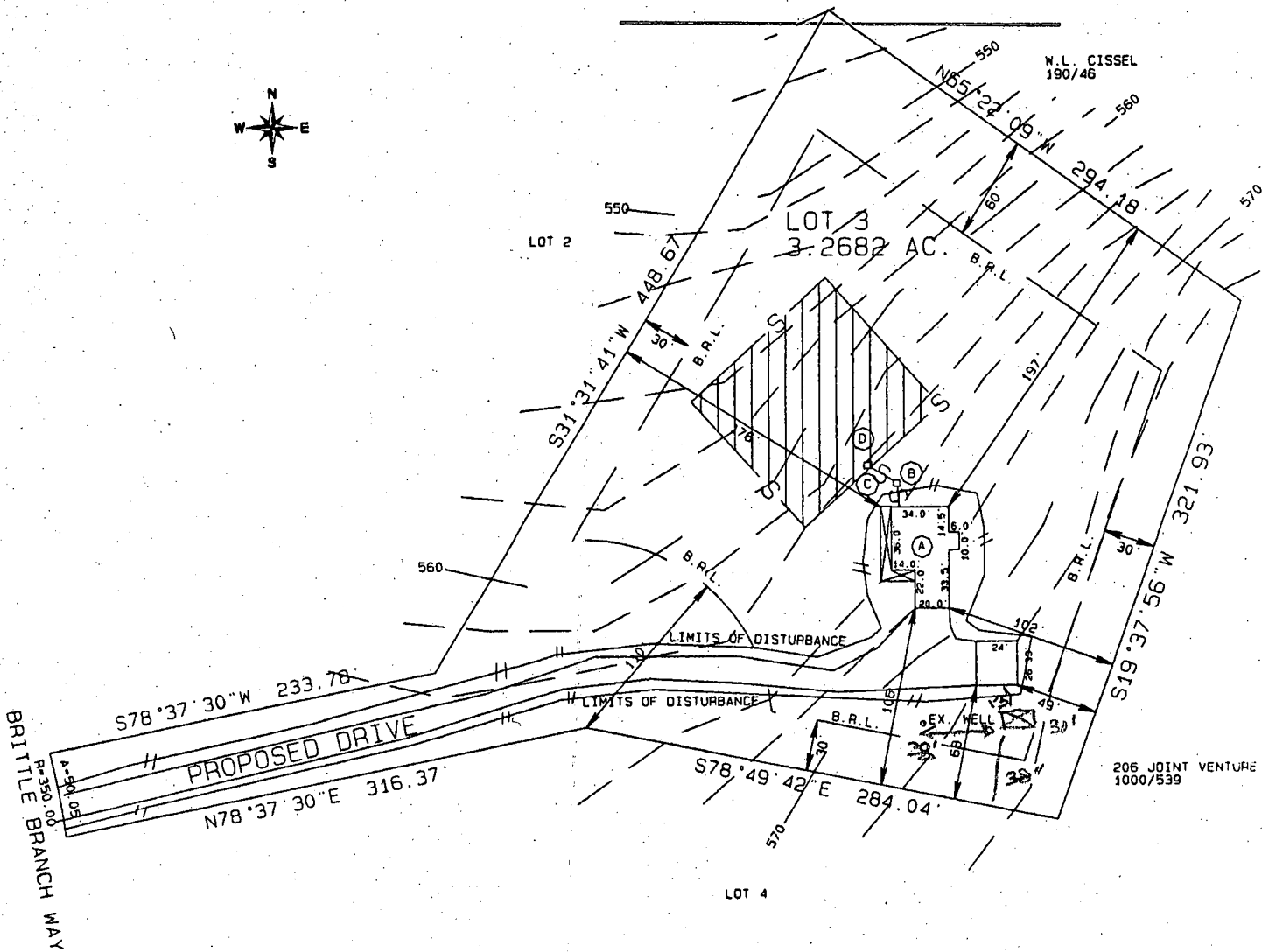
APPROVED

WALK-THRU BUILDING PERMIT

BP# BD0451021 A# _____

APP. SAN# _____ DATE: 11/3/04

DESC. OF WORK: Steel



PLOT PLAN
 LOT 3, SECTION 1,
 LISBON ESTATES
 SITUATED ON BRITTLE BRANCH ROAD
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' MARCH 1999



I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

RAYMOND J. DAY
LAND SURVEYOR
 3020 BUFFALO ROAD
 NEW WINDSOR, MARYLAND 21776
 410-875-2784

REFERENCE
Plat No. 2448

JOB NO.

301-387-5939