

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511446

A 50036-A

DISTRICT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

05-423716

DATE 3-18-99

DATE SYSTEM APPROVED 5/25/99

INSPECTOR S.R.H.

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS P. O. Box 89 Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION Windy Knolls LOT 25 ROAD 6412 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc.

**BUILDING PERMIT SIGNED**

ADDRESS \_\_\_\_\_

**AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS 611604 B00148922-DECK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting at the intersection of the 93.47' and 214.70' lot lines, place the distribution box 70 feet down the 214.70' lot line and 100 feet off this same lot line as seen when facing the lot from Prestwick Drive. Run trenches on 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. OK 1/5/99 DKS

PLANS APPROVED BY Donna K. Soe/Amy McMillen

DATE 12/21/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

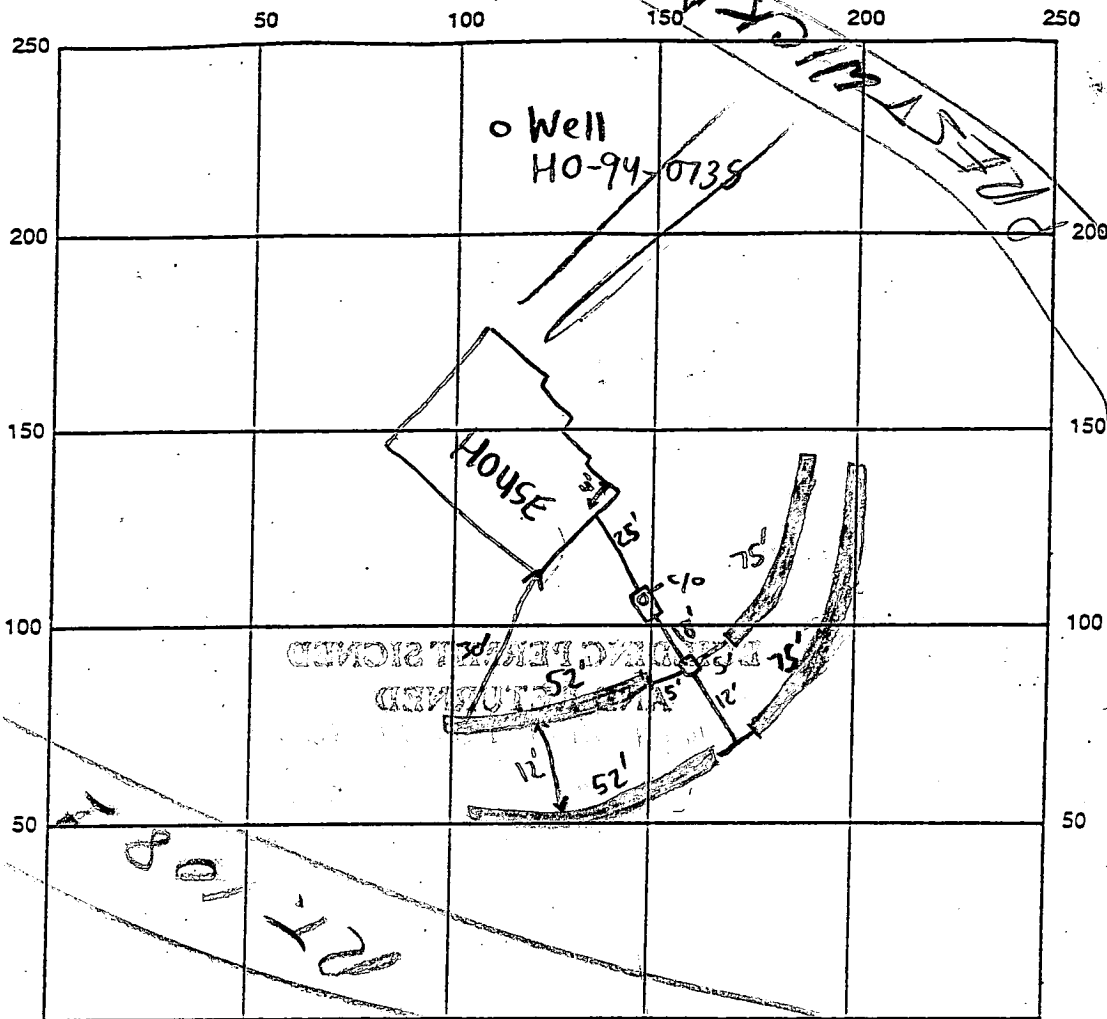
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 50036-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE

SEPTIC TANK LEVEL 1250 gallon midseam

CLEANOUTS 1-6" @ tank

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 254 FT.

NUMBER OF TRENCHES 4

ONE-SIDEWALL/BOTTOM AREA 762 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT.

EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/25/99 - House connection made, OK TO COVER WORK - SRN

5/25/99 - Grout determined to be OK, instructed plumber to install pitless adapter SRN

5/26/99 - WPI OK Form Needed - SRN

DATE SYSTEM APPROVED 5/25/99

INSPECTOR Steven R. Kueg

# APPLICATION

\*Wet season

PERCOLATION TESTING

A 50036A

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER CORNERSTONE HOMES, Inc

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION WINDY KNOLLS LOT NO. ~~24~~ 25

ROAD AND DESCRIPTION 6412 PRESTWICK DRIVE

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. SFD - 4 BRM  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BY THE PERMIT SIGNER**  
AND RETURNED 12-21-98  
Serial # B00715450

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

(271)

0' topsoil  
 or red  
 br cl lm

4' tan to  
 beige  
 si lm

<5% rock  
 frags

12.5' dry 10:30

(272)

0' topsoil  
 red br  
 cl lm

4' white  
 hard rock

7' br to  
 lt br  
 si lm

15% rock  
 frags

11' dry

(273)

0' topsoil  
 or br  
 cl lm

3.5' thin hard  
 4.0' low rock

br to  
 lt br  
 si lm

11.5' seepage  
 12.0' water

13'

SOIL PROFILE

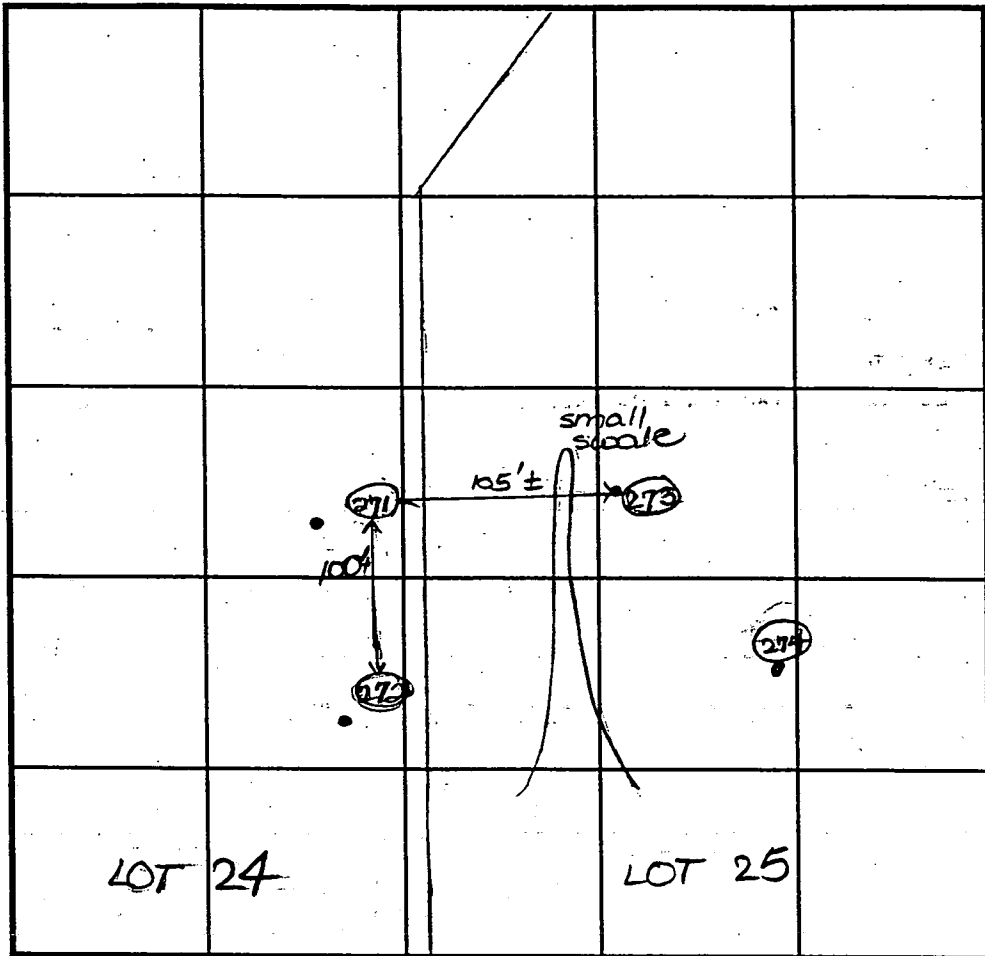
(274)

0' topsoil  
 or red  
 br cl lm

br to  
 red br  
 to lt  
 or br  
 to tan  
 si lm

<5% rock  
 frags

3'-7' large cave-in



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
Route 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-14-95	271	12.5'D	Visual	- see profile			
	272	11.0'D	Visual				
	273	13.0'D	Visual	water @	12.0'	12:30	
	274	12.5'D	Visual	water @	12.5'	11:30	
					11.0'	12:35	
					11.5'	11:30	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY D. Soe ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

Retest  
12/18/94

# APPLICATION

PERCOLATION TESTING

A 50036A

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Windy Knolls LOT NO. 24 and 25 (Retest)

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

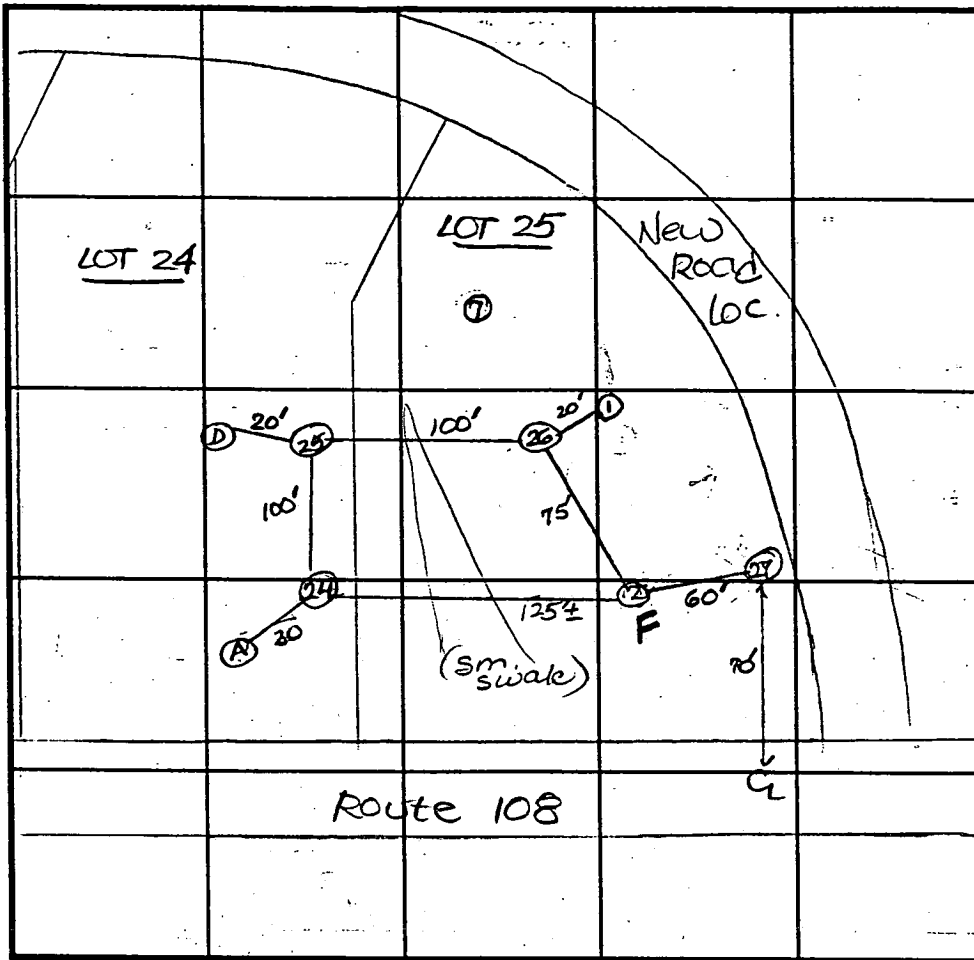
SOIL PROFILE

0' (24)  
 topsoil  
 or red  
 br cl lm

tan si  
 lm

10%+  
 rock  
 frags  
 (gneiss)

11'



SOIL PROFILE

0' (27)  
 topsoil  
 or red  
 cl lm

or br to  
 br si  
 cl lm

w/ large  
 patches  
 of white  
 cr. stone

5% rock  
 frags

12' water

\* Note:  
 Holes A, D, 1, 2,  
 fr. Previous tests  
 (old Lot 1)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0' (25)  
 topsoil  
 dk or br  
 to br  
 cl lm

4'

tan to  
 beige  
 si lm

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/94	24	11.0' D	Visual	- See profile			
	25	4.0' S	12:28 <sub>30</sub>	12:31 <sub>30</sub>	12:31 <sub>30</sub>	12:39	8
		12.0' D	See profile				
	26	12.0' D	Visual	- See profile			
	27	3' 5" S	12:44	12:46	12:46	12:51	5
		12.0' D	see profile		Water at 12'		

0' (26)  
 topsoil  
 dk or br  
 cl lm

grey to  
 tan  
 si cl lm

10% rock  
 frags

12'

REMARKS Hold for wet season testing

TYPE OF SOIL \_\_\_\_\_

TESTED BY D. See ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

SOIL PROFILE

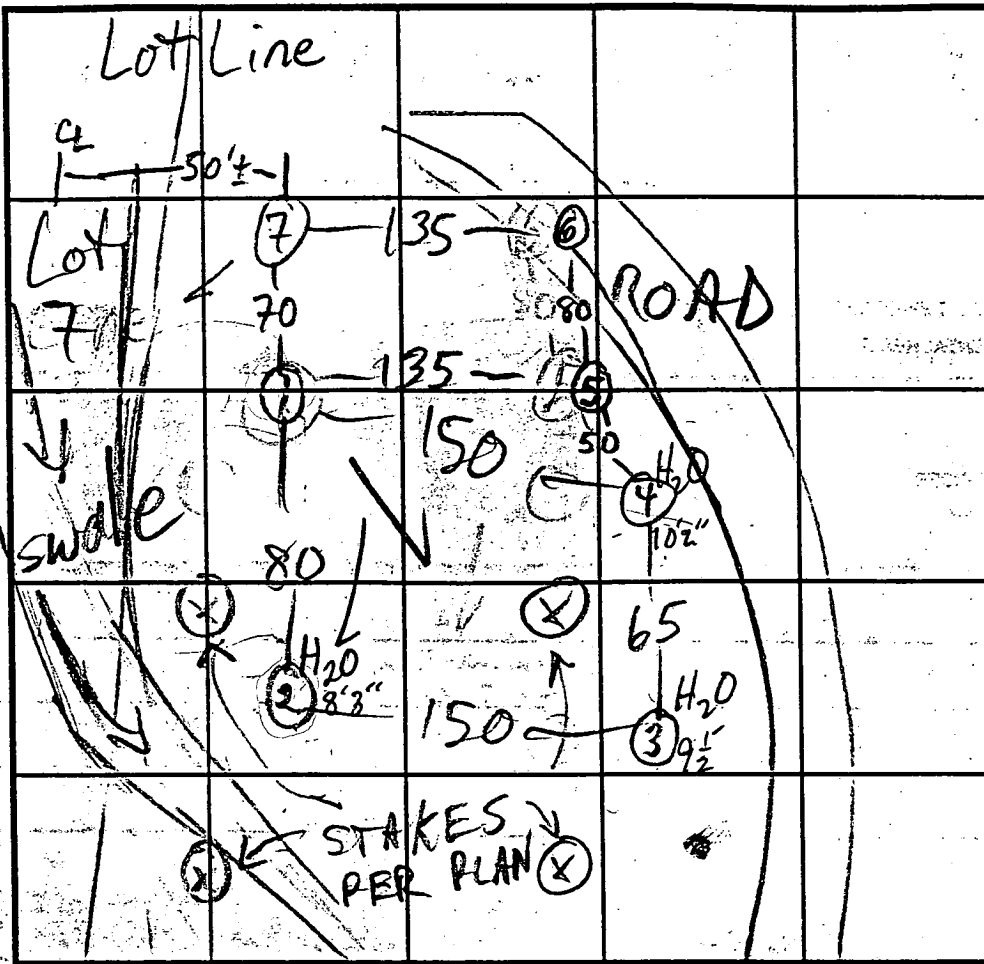
0'

①⑤⑥

dk. brn  
sandy  
cl/m  
fine  
tan  
beige  
salm  
40%  
frag

②③④

brn  
sandy  
cl/m  
fine  
gray  
tan  
sand  
CAVE IN  
FROM GRADE  
②  
WATER



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	
5/27/98	1S	3 1/2	1:50:25	1:50:50	1:50:50	1:51:20	FAST
			1:52:20	1:53:10	1:53:10	1:54:00	FAST
	1M	4	1:50:55	1:51:20	1:51:20	1:51:40	FAST
			1:52:15	1:52:50	1:52:50	1:53:45	FAST
	1M	8	1:55:00	1:55:45	1:55:45	1:56:45	1
			1:55:30	1:56:30	1:56:30	1:57:30	1
	1V	12	see profile				
	2S	3	2:01:30			2:02:00	FAIL
			2:02:30			2:03:05	FAIL
	2V	9'	H <sub>2</sub> O	@ 8'3" w/ CAVE-IN FROM GRADE			
	3V	10	H <sub>2</sub> O	@ 9 1/2"			FAIL
	4V	11 1/2	H <sub>2</sub> O	@ 10'2"			FAIL
	5S	3 1/2	2:23:45	2:24:45	2:24:45	2:27:00	2 1/4 min
	5V	11	see profile				

REMARKS USE ①-⑤-⑥-⑦

TYPE OF SOIL

TESTED BY M. Rifkin

ALSO PRESENT OK Jr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2

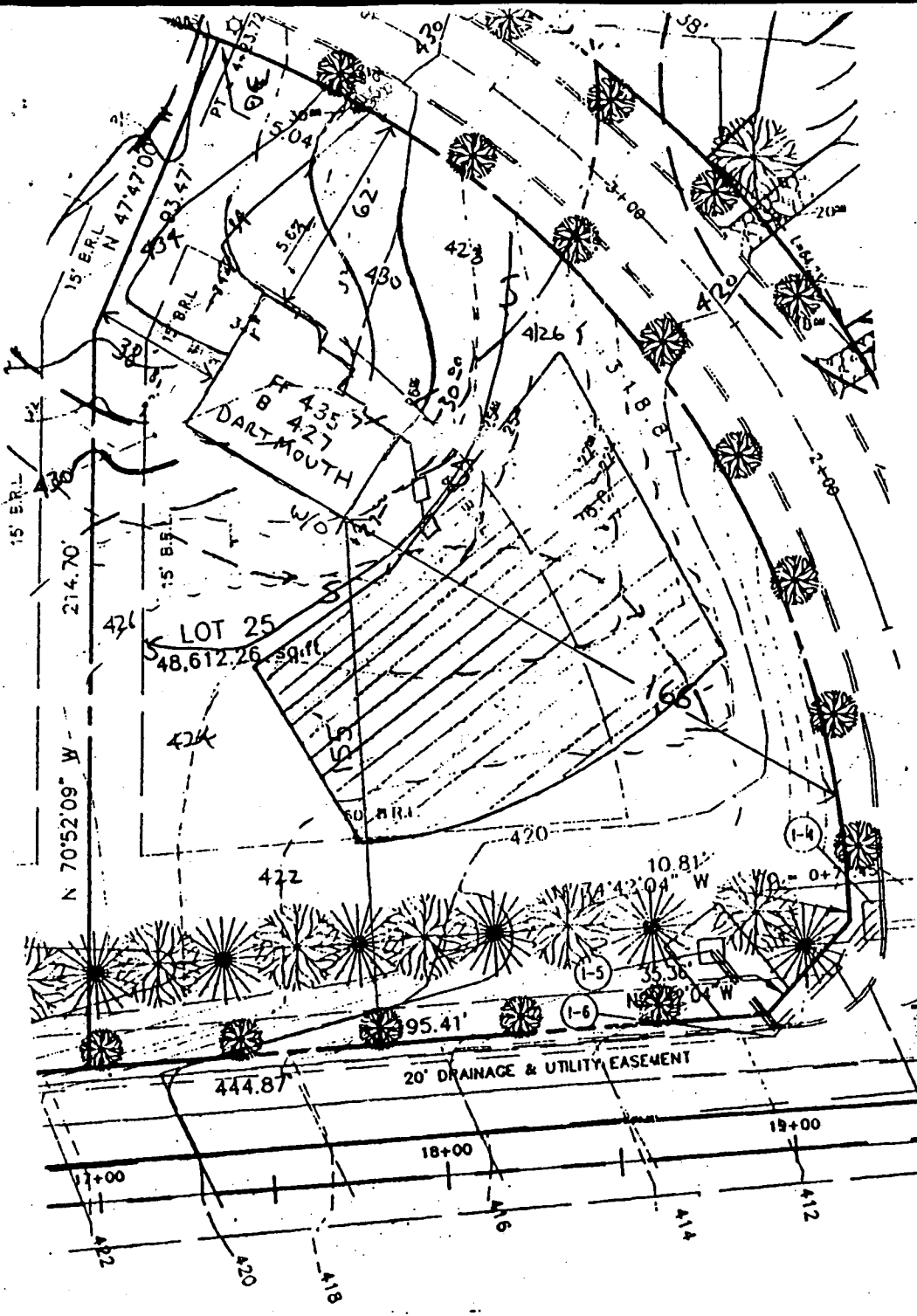
TRENCH WIDTH 3

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 5

SQ. FT./BEDROOM 180

8-10



Septic ELEVATIONS

HOUSE OUT	425	<sup>5</sup>
TANK IN	425	<sup>1</sup>
TANK OUT	424	<sup>8</sup>
BOX IN	424	<sup>3</sup>
BOX OUT	424	<sup>9</sup>
EXISTING ELEV	426	<sup>5</sup>
AT BOX		

Approved Septic System Plan  
Howard County Health Department

*Angie McMill* 12/21/98  
Date


total linear feet of trench  
required 240 feet

width of trench(es) 3.0 feet

depth of trench(es) 5.0 feet

depth of stone required below  
distribution pipe 3.0 feet

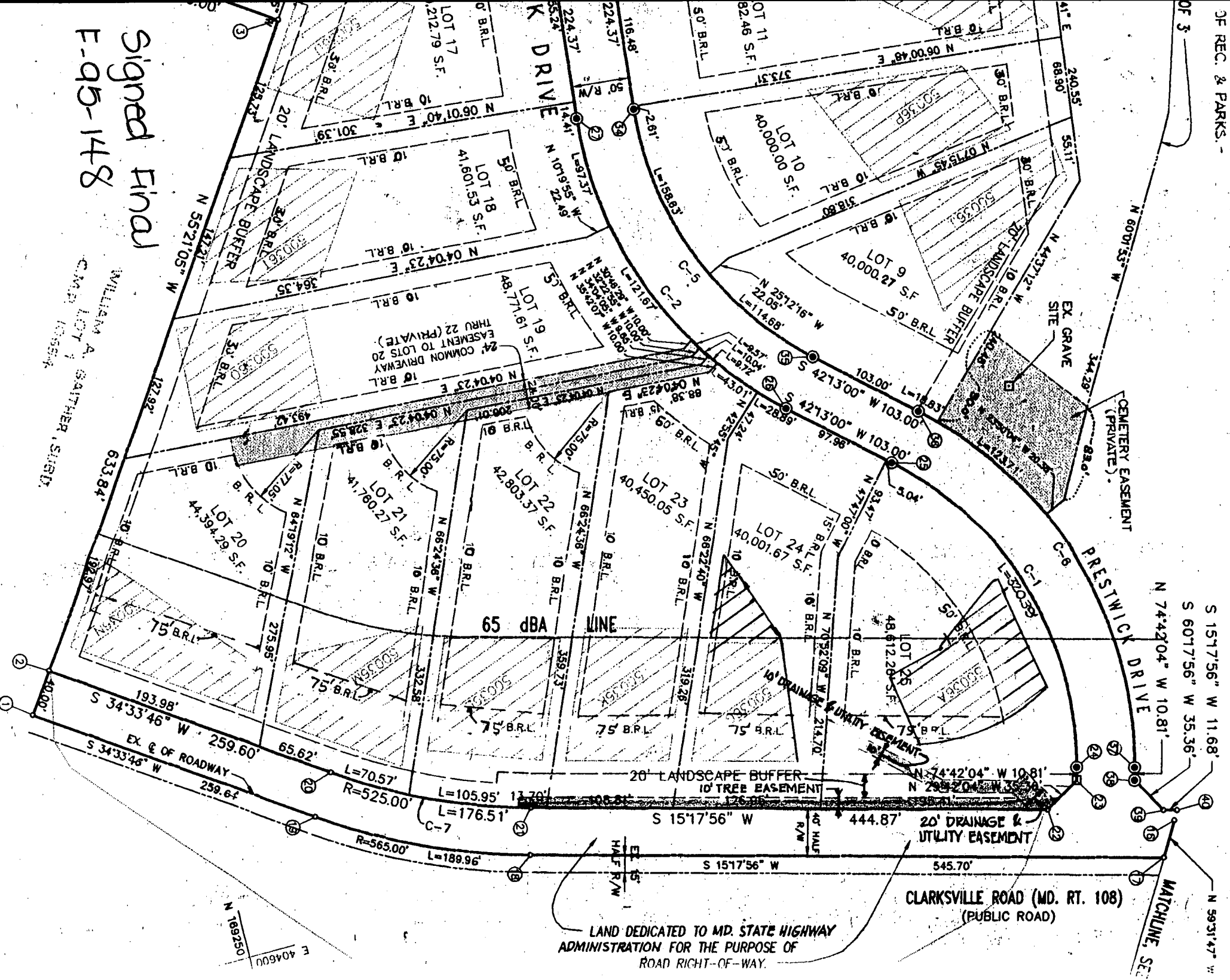
PROJECT :	WINDY KNOLLS LOT 25	
LOCATION :	TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE :	SITE DEVELOPMENT PLAN	
BUILDER :	CORNERSTONE HOMES INC. 9611 NORFOLK AVE. LAVEL, MD 20723	
DATE: 11-01-95	PROJ. NO.:	
SCALE: AS SHOWN	SHEET 2 OF 2	



**Voria Engineering Inc**  
CONSULTING ENGINEERS  
8307 MAIN ST., HISTORIC ELLICOTT CITY,  
TEL: 410-465-0400 FAX: 410-465-1

Signed Final  
E-95-148

WILLIAM A. SAUTHER, SURV.  
CADD LOT 1, 1955-4



S 15°17'56" W 11.68'  
 S 60°17'56" W 35.36'  
 N 74°42'04" W 10.81'  
 N 99°31'47" W

CLARKSVILLE ROAD (MD. RT. 108)  
 (PUBLIC ROAD)

LAND DEDICATED TO MD. STATE HIGHWAY  
 ADMINISTRATION FOR THE PURPOSE OF  
 ROAD RIGHT-OF-WAY.





**B 1** **3233** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

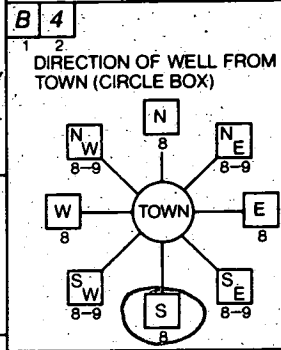
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-94-0735**  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) **022896**  
 IAC  
 ZIM DESIGN + DEVELOPMENT  
 15 Last Name Owner First Name 34  
 10805 WALKERSVILLE RIDGE RD  
 36 Street or RFD 55  
 EDV L M B I A MD  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
 HOWARD  
 8 COUNTY 21  
 WENOV KNOWLES  
 23 SUBDIVISION 42  
 SECTION 1 LOT 25  
 44 46 48 50  
 WALKERSVILLE  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 2 MI  
 73 76 77 78

**DRILLER INFORMATION** MSD/MGD/MWD  
 GARY W SHOFF License No. 80 410  
 Driller's Name  
 HARLEY DRILLING + PUMP SYSTEMS  
 Firm Name  
 P.O. BOX 160 WALKERSVILLE, MD 21793  
 Address  
 Gary W Shoff 2-26-96  
 Signature Date



MD 108  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 500 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 80  
 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 3  
 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 A50036A  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 032696 SOURCE 3/25/97  
 43 48 CO-SIGNATURE EXP. DATE  
 NORTH GRID 496000 EAST GRID 0816000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 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 8106  
 N 4906  
 000 000  
 3/27/96 1:30 Groot (LATE CALL)  
 NO inspection  
 X  
 MD 108  
 WENOV KNOWLES  
 MD 108

**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 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (OEP USE ONLY)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE DS WRITE INITIALS IN BOX PERMIT No. 40-94-0735  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =  
 COUNTY

C 1 4175 SEQUENCE NO. (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 A 50036A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 032796

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0735

OWNER Land Design E Dev. last name first name TOWN Clarksville STREET OR RFD Route 1108 SUBDIVISION Windy Knolls SECTION LOT 25

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Top Soil (0-5), Browns Hill (6-36), Blue mica rock (37-300), Got water at 110-250.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (8), NO. OF POUNDS (752), GALLONS OF WATER (48), DEPTH OF GROUT SEAL (0-49).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (7), Total depth of main casing (50).

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y, N)

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. mwd 410

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 350-062

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

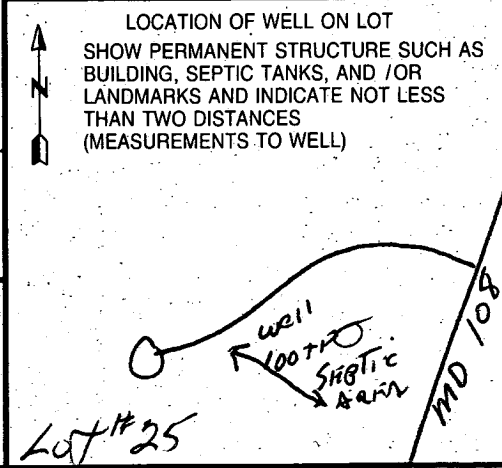
DEPTH (nearest ft.) Form: A C H S C R E E N, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (56, 60)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) Form: T (E.R.O.S.), W Q (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (6), MEASURE PUMPING RATE (Submersible), WATER LEVEL (35), BEFORE PUMPING (200), WHEN PUMPING (200), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above/below), LAND SURFACE (1)





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## HOWARD COUNTY HEALTH DEPARTMENT

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Joyce M. Boyd, M.D., County Health Officer

March 1, 1996

**MEMORANDUM**

TO: Mr. Gary W. Shaff  
Harley Well Drilling and Pump Systems  
P.O. Box 160  
Walkersville, Maryland 21793

FROM: Donna K. Soe, Sanitarian *DKS*  
Water and Sewerage Program  
Howard County Bureau of Environmental Health

*3/7/96 License  
reinstated  
per Mr. Everett  
(DKS)*

This is to inform you that all well permit applications received February 28, 1996 from you by this office (Windy Knolls, Lots #1, 7, 20, 25; Brierly, Lot #6; and Hedgerow, Lot #16) are rejected due to the inactive status of your well drilling license. Information regarding your license was obtained directly from the Maryland Board of Well Drillers (Mr. Willie Everett).

It is advised that you contact the Board of Well Drillers to resolve this issue. The Board has agreed to notify this office once your license has been reinstated.

DKS

cc: file  
Land, Design and Development, Inc.  
Hedgerow Associates  
Clarksville Associates

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 6/2/99  
 Name of Installer FEAGA P/As & Hg Co. Telephone 410-465-1401  
 License Number 6318  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
 Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
 Subdivision Windy Knolls Lot # 25 Well Tag # HO-94-0735  
 Site Address 6412 Prestwich Drive

Pump  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible   
 2. Make Goulds  
 3. Model # 7650742  
 4. Capacity 2 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 \_\_\_\_\_

Motor  
 1. Horsepower 1/4  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

Pitless Adapter  
 1. Make Campbell  
 2. Model # \_\_\_\_\_  
 3. Depth 42 in

Tank  
 1. Capacity 38 gal  
 2. Pressure relief valve? YES

Piping  
 1. Type P.C.  
 2. Size 1/2  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 220 ft

Well data  
 1. Depth 290 ft.  
 2. Yield \_\_\_\_\_ GPM  
 3. Static water level \_\_\_\_\_ ft.  
 4. Will water supply be disinfected by installer? YES

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  
 5/26/99-SRH  
 Signature of Applicant: [Signature]  
 Date: 6/2/99

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

APPROVED

WALK-THRU BUILDING PERMIT  
#00148922A#50036A  
SAN MR DATE 6/16/07  
LIST OF WORK See

LOT 23  
40,450.05 sq.ft.  
41.0

LOT 24  
40,001.67 sq.ft.

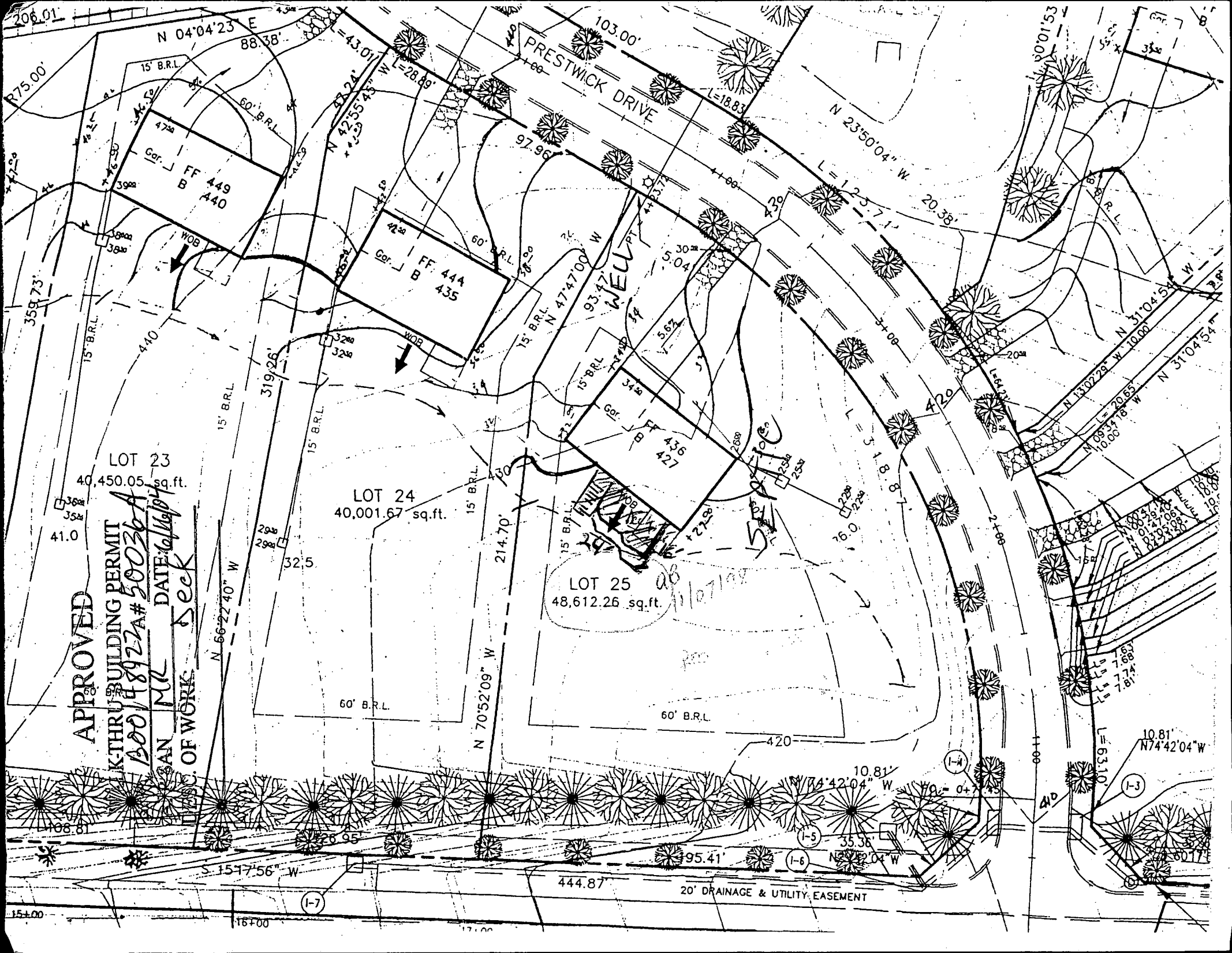
LOT 25  
48,612.26 sq.ft.

PRESTWICK DRIVE

NEW

SEPTIC

20' DRAINAGE & UTILITY EASEMENT



**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

500148992

Building Address <u>6412 Prestwick Drive</u>	Property Owner's Name <u>Andy C. BLASHER</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>6412 PRESTWICK DR.</u>
Census Tract _____ Subdivision <u>WINDY KNOLL</u>	City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>
Section _____ Area _____ Lot <u>25</u>	Home Phone <u>301-854-0427</u> Work Phone <u>301-924-3262</u>
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use _____	Contractor Company <u>RX <del>DECKS</del> DECKS</u>
Proposed Use _____	Contact Person <u>Scott Beattie</u>
Estimated Construction Cost \$ <u>8000</u>	Address <u>8776 TEROSA LN</u>
Description of Work <u>DECK 24' x 12'</u> <u>with 570ms</u>	City <u>LAWRENCEVILLE</u> State <u>MD</u> Zip Code <u>20723</u>
Occupant or Tenant _____	License No. <u>37703</u>
Contact Name _____	Phone <u>301-492-6210</u> Fax _____
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	<u>Depth</u> _____ <u>Width</u> _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	No. of Bedrooms _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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 _____ 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 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.

<u>Andy C. BLASHER</u> Applicant's Signature	<u>ANDY C. BLASHER</u> Print Name
<u>WELLS FARGO MORTGAGE COMPANY</u> Title/Company	<u>6/16/04</u> Date
<u>6/16/04</u> DATE	Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -
<u>AGENCY</u>	<u>DPZ SETBACK INFORMATION</u>
<u>SIGNATURE APPROVAL</u>	<u>PROPERTY ID: 3992</u>