

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511446

A 50036-B

DISTRICT _____

DATE 3/2/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 5/13/99

INSPECTOR S.R.k.

INDEXED

05-423449

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER _____

P.O. Box 89

ADDRESS Glenelg, MD 21737

PHONE 410-988-9270

SUBDIVISION Windy Knolls

LOT 1

ROAD 6401 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

5/11/99 Spoke to installer - I approved a slight change in dist box location to allow better use of upper most portion of septic area. DKS (SRK handwriting)

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Starting at the intersection of the 294.34' lot line and the 280.72' lot lines, place the distribution box 100 feet down the 280.72' lot line and 65 feet off this same lot line as seen when facing the lot from Prestwick Drive. Run trenches along contour towards the 280.72' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *DW 2/23/99 DKS*

PLANS APPROVED BY Donna K. Soe

DATE 2-18-1999

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

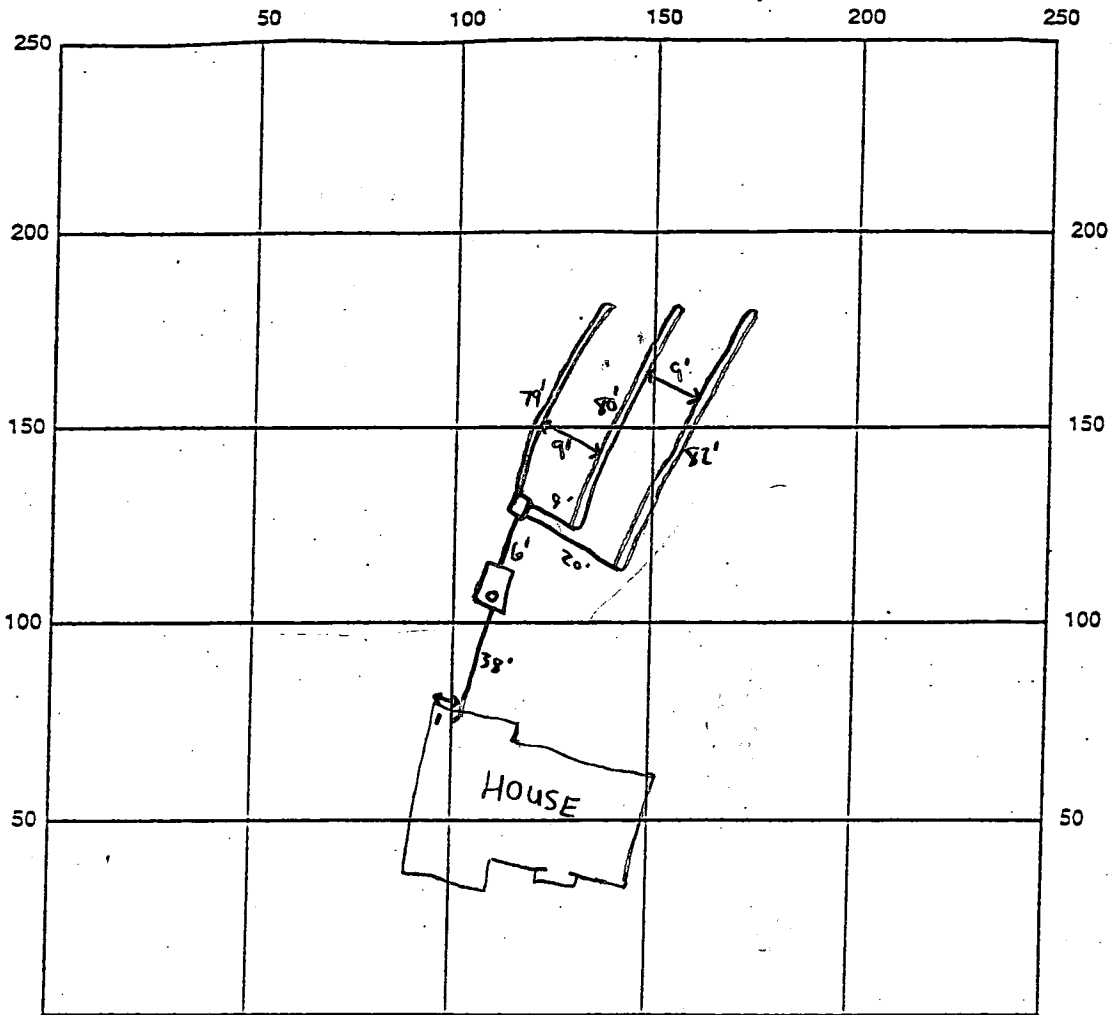
PERMIT VOID AFTER TWO YEARS

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 50036-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
PRESTWICK DRIVE

SEPTIC TANK LEVEL 1250 midspan tank CLEANOUTS 1-6" @ Tank

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 241 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 723 SQ. FT.

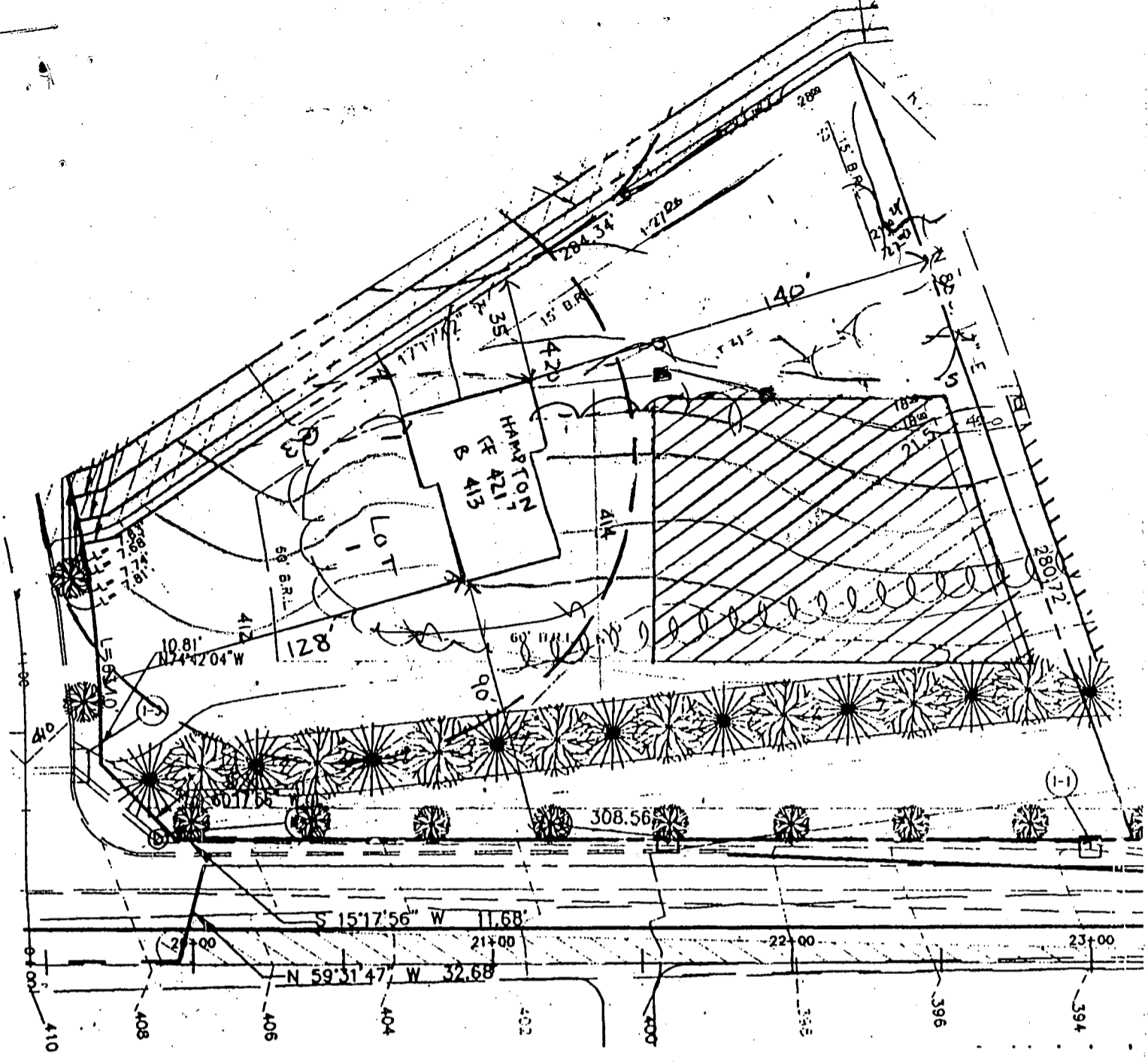
DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/12/99 - PLUMBER MUST DRILL THROUGH WALL SO CONTRACTOR CAN MAKE HOUSE CONN.
OK TO COVER ALL WORK UP TO HOUSE CONNECTION 5/13/99 - HOUSE CONNECTION
MADE S.R.W. / OK TO COVER ALL WORK, W/ IOK - Form/needed SRW

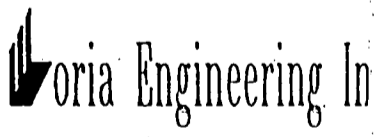
DATE SYSTEM APPROVED 5/13/99 INSPECTOR Steven R. Kries

*11. IF PROJECT OR FIELD... (faint text)



Septic Elevations

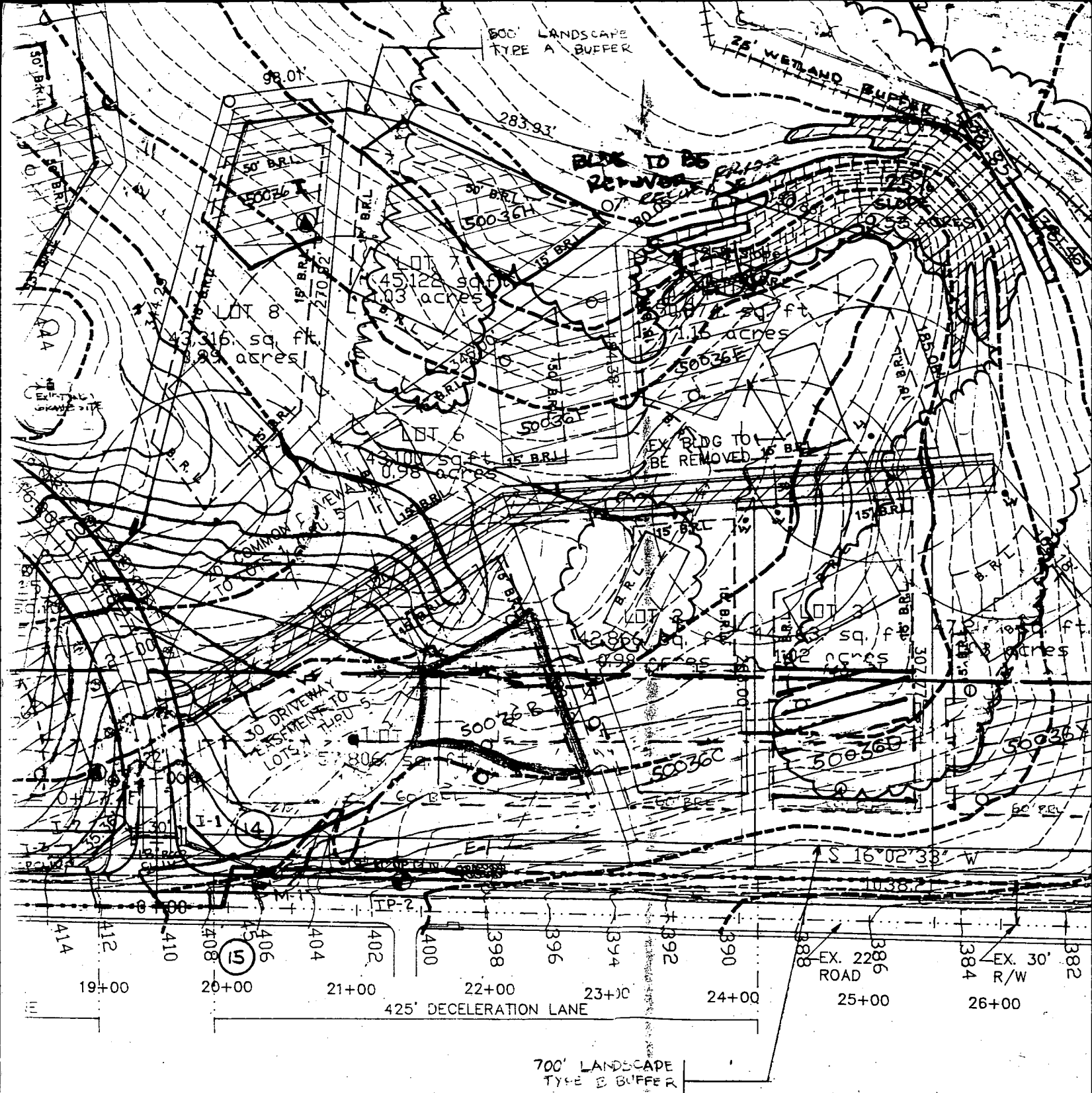
HOUSE OUT 418'⁷
 TANK IN 418
 TANK OUT 417'⁷
 Box IN 416'⁵
 Box OUT 416'⁵
 EXIST. EVEL AT Box 420°

PROJECT :		WINDY KNOLLS LOT 1	
LOCATION :		TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE :		SITE DEVELOPMENT PLAN	
BUILDER :		CORNERSTONE HOMES INC. 9671 NORFOLK AVE. LAUREL, MD 20723	
DATE: 11-01-95	PROJ. NO.:	 CONSULTING ENGINEER 8307 MAIN ST., HISTORIC ELLICOTT CITY, TEL. 410-465-0400 FAX. 410-465-	
SCALE: AS SHOWN SHEET 2 OF 2			

Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5.5 feet
 Depth of stone required below distribution pipe 2 feet

Donald J. [Signature] 2/18/99
 Signature Date



P L A N
 SCALE 1" = 100'

NOT AN OFFICIAL SEPTIC AREA - TO BE REVISED ON FINAL PLAT
Joyce M. Smith 2/10/95
 JA

APPROVED:
 & PRIVATE SEW
 HOWARD CO. HE
Joyce M. Smith
 COUNTY HEALTH

DEVELOPER:

APPLICATION

**wet season*

PERCOLATION TESTING

A 50036B

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 410-792-2565

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WINDY KNOLLS LOT NO. 1

ROAD AND DESCRIPTION 6401 PRESTWICK DRIVE

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____

BLDG. PERMIT SIGNED

AND RETURNED 2-18-99

Serial # B10116187

SFD-4Bem

(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 #

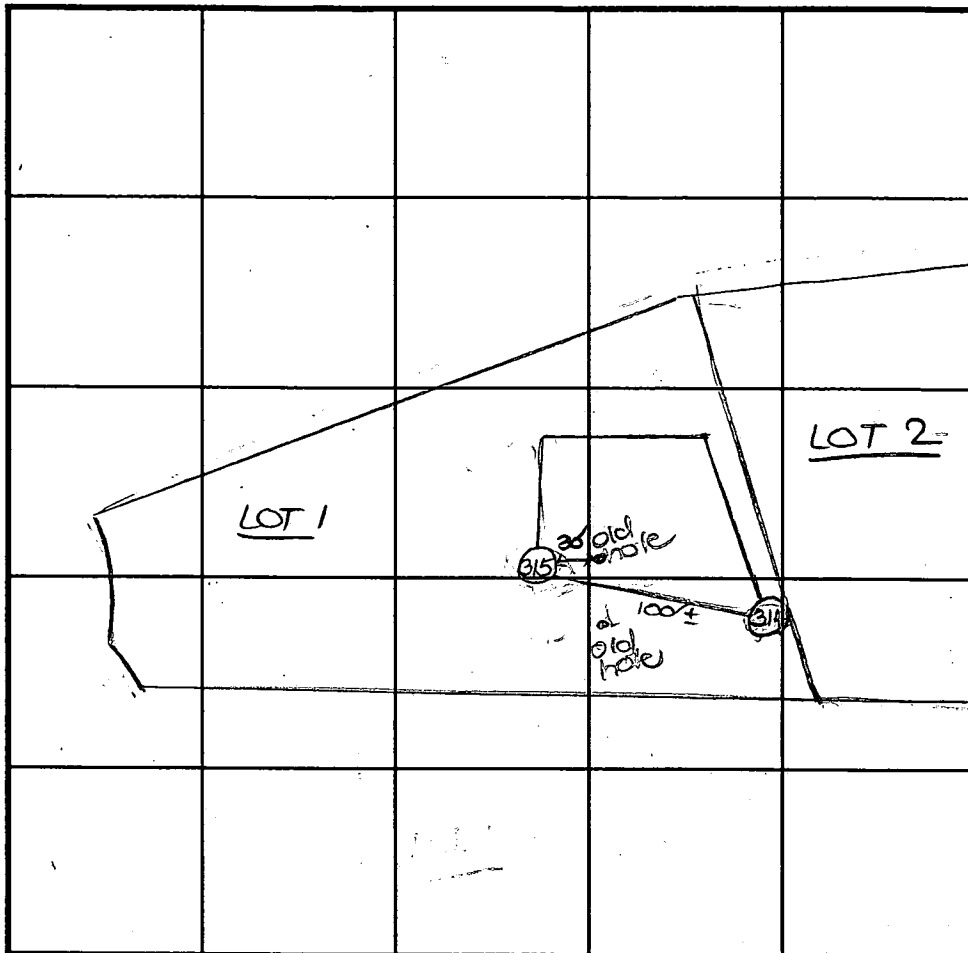
SOIL PROFILE

(314)

0' topsoil
 1' red or br cl 1m
 3' dist. white bands
 6' or br to br si 1m
 9' <10% rock frags
 10.5' seepage water
 11' ↓
 11.5' water
 12'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0' (315)
 1' topsoil
 or br cl 1m
 br to or br to 14 br si 1m
 5-10% rock frags
 12' water
 12.5' water

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-14-95	314	12.0' D	Visual	- water @ 11.5'	12:00	1:00	10.5' seepage water 11'
	315	12.5' D	Visual	- see profile	1:00	water @ 12'	

REMARKS: holes open > 2 hours

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 _____

APPLICATION

PERCOLATION TESTING

A 50036B

P _____

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

DISTRICT _____

DATE 5/18/94

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 Clarksville Pike Joint Venture

ADDRESS C/O Land Design + Development Inc
10805 Hickory Ridge Rd Col MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Windy knolls LOT NO. 2

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD
(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. Mark Reich
(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

50036 B
COUNTY #

SOIL PROFILE

0' (D)
topsoil
1' red br clay loam
3' 14 br sandy loam
10% rock frags
10.5'

(E)

0' 1' topsoil
red br clay loam
dk br sandy loam
10% rock frags
8.5' seepage hard bottom
9'

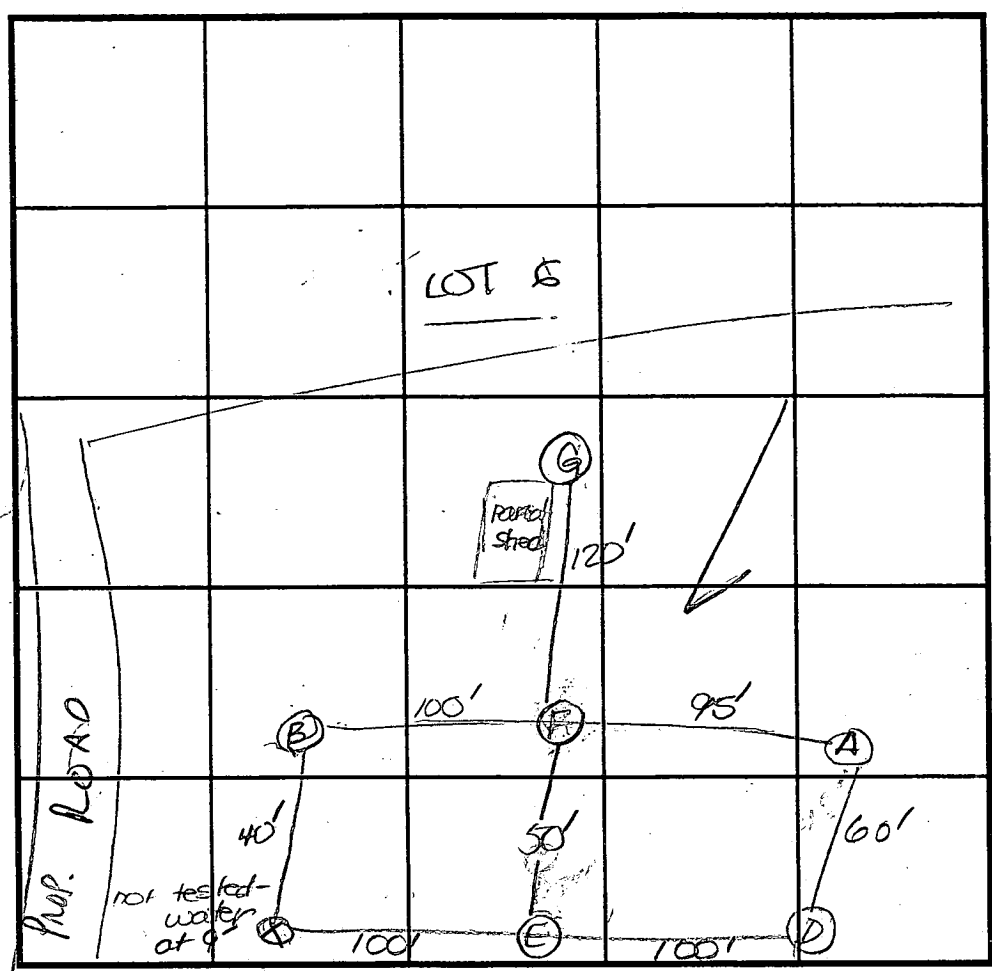
(F)

0' 1' topsoil
red br clay loam
3.5' tan to beige sandy loam
10% rock frags
10.5'

SOIL PROFILE

0'

LOT 3



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/94	D	4.0'S	10:15 ₃₀	10:16	10:16	10:16 ₃₀	3000
		10.5'D					
	(Report)	4.0'S	10:16 ₄₅	10:17 ₄₅	10:17 ₄₅	10:19	2
	E	4.0'S	11:47	11:48 ₃₀	11:48 ₃₀	11:50	2
		9.0'D	hard bottom				
	B	11.5'D					
		11'4"	Water				
	F	4.5'S	12:07	12:08 ₃₀	12:08 ₃₀	12:11	3
	G	10.5'D	see profile				
		11.0'D	visual				

(E) H₂O

REMARKS holes (B), (D), (A) as staked
 TYPE OF SOIL _____
 TESTED BY D. SOB ALSO PRESENT O.K. Jr., M. Rifkin
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3
 INLET DEPTH 3.5 MAXIMUM BOTTOM DEPTH 5.5 SQ. FT./BEDROOM 180

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 5/18/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Clarksville Pike Joint Venture

ADDRESS C/O Land Design + Development Inc
10805 Hickory Ridge Rd Col Md 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Windy Knolls LOT NO. # 251

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Mark Reich
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

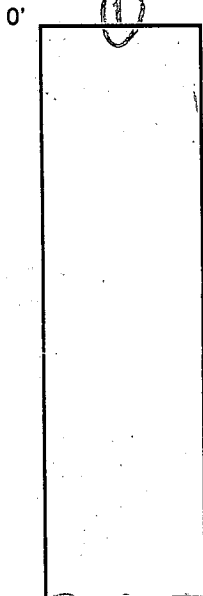
REASONS FOR REJECTION OR HOLDING _____

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

SOIL PROFILE

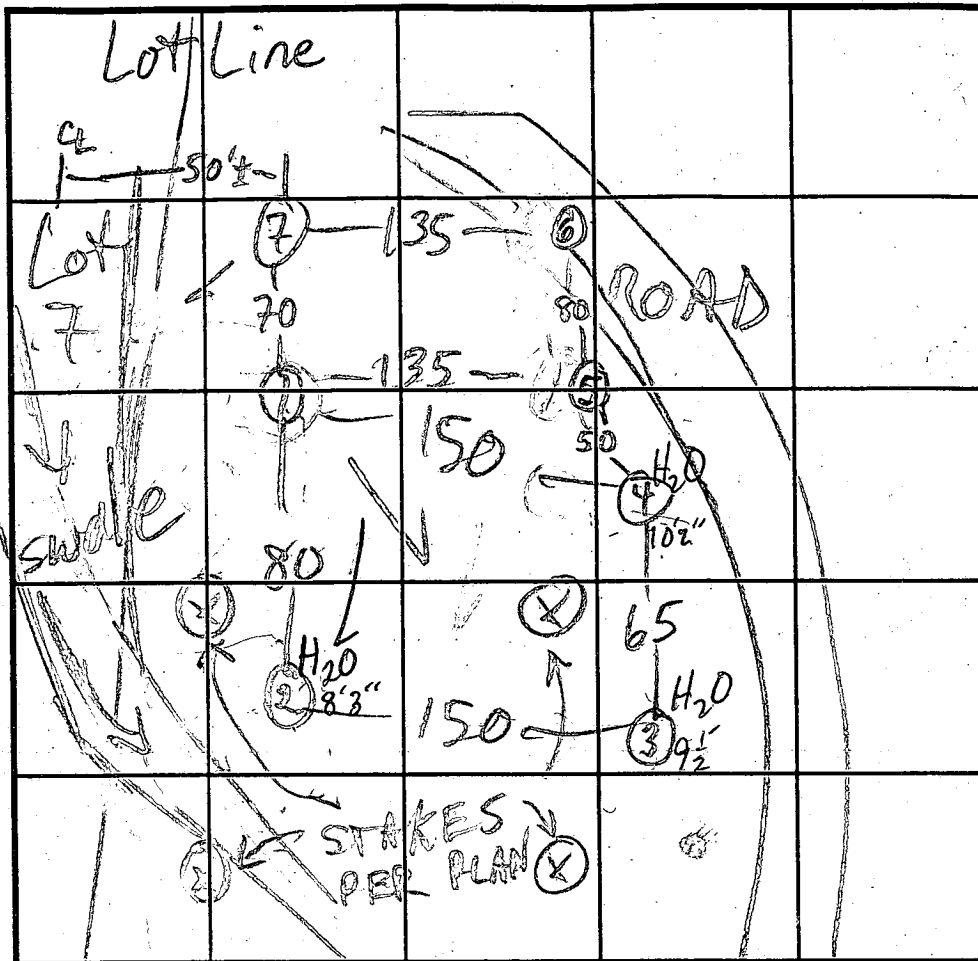


①⑤⑥

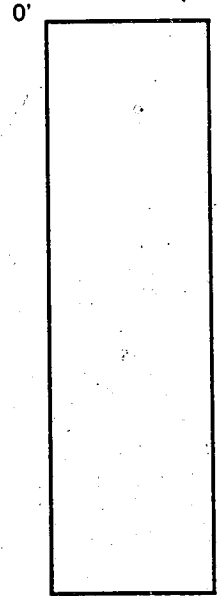
dk. brn
or
scl. ln
2
fine
tan
beige
salm
410%
frags

②③④

brn
scl. ln
2
fine
gray
tan
sand
CAVE IN
FROM GRADE
⑥
8-10
WATER



SOIL PROFILE



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/27/44	1 S	3 1/2	1:50:25	1:50:50	1:50:50	1:51:20	FAST
			1:52:10	1:53:10	1:53:10	1:54:00	
	1 M	8	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	
	1 M	8 3/4	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 V	12	see profile				
	2 S	3	2:01:30			2:02:00	FAIL
			2:02:30			2:03:05	
	2 V	9 1/2	H ₂ O	@ 8' 3" w/ CAVE-IN FROM GRADE			
	3 V	10	H ₂ O	@ 9 1/2			FAIL
	4 V	11 1/2	H ₂ O	@ 10' 2"			FAIL
	5 S	3 1/2	2:23:45	2:24:45	2:24:45	2:27:00	2 1/4 min
	5 V	11	see profile				

REMARKS USE ①-⑤-⑥-⑦

TYPE OF SOIL

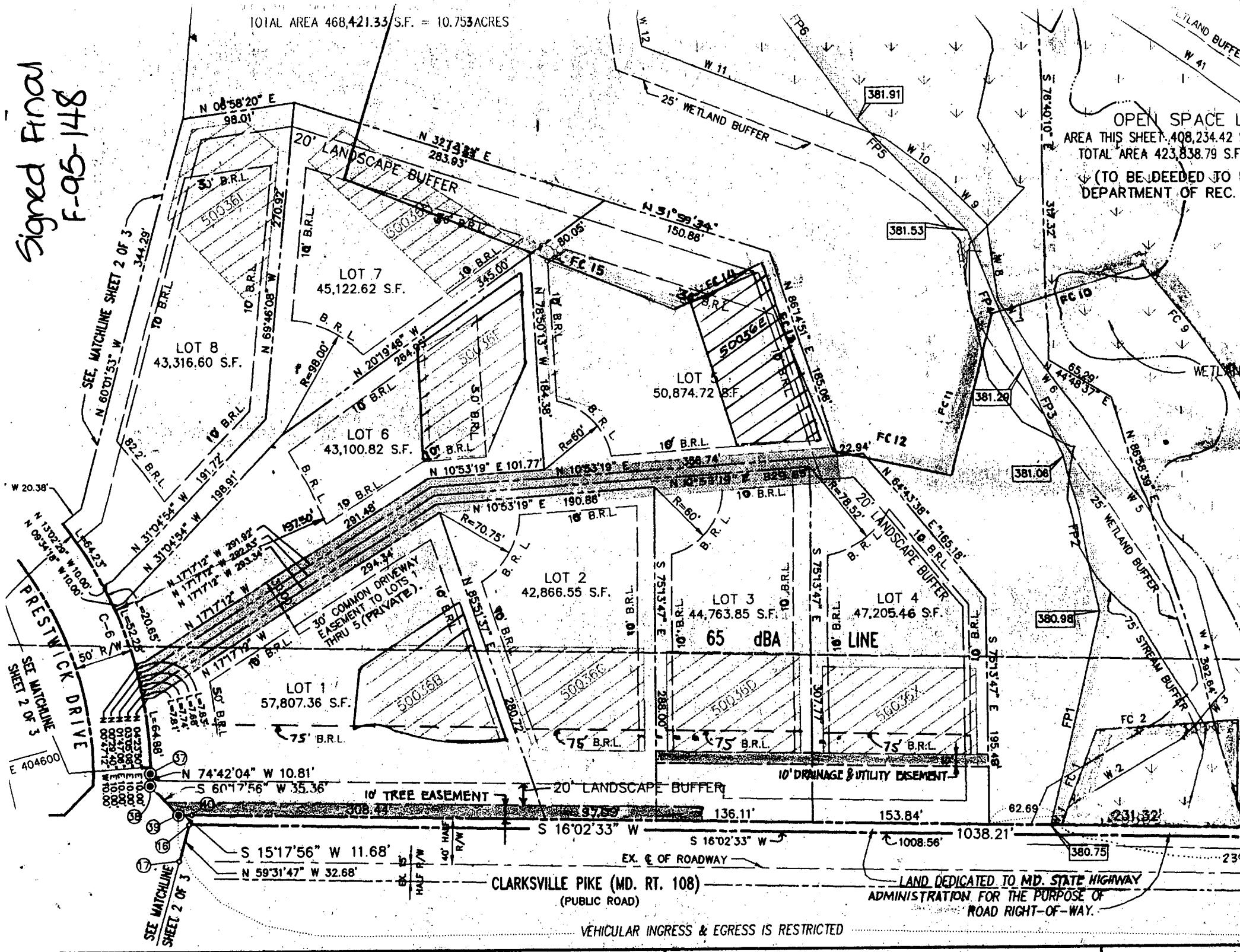
TESTED BY M. Rifkin ALSO PRESENT OK Jr

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

Signed Final
F-95-148

TOTAL AREA 468,421.33 S.F. = 10.753 ACRES



OPEN SPACE
AREA THIS SHEET, 408,234.42 S.F.
TOTAL AREA 423,838.79 S.F.
(TO BE DEEDED TO
DEPARTMENT OF REC.)

SEE MATCHLINE SHEET 2 OF 3
N 80°1'53" W 344.29'
N 60°1'53" W 199.91'

PRESTWICK DRIVE
SEE MATCHLINE SHEET 2 OF 3
E 404600

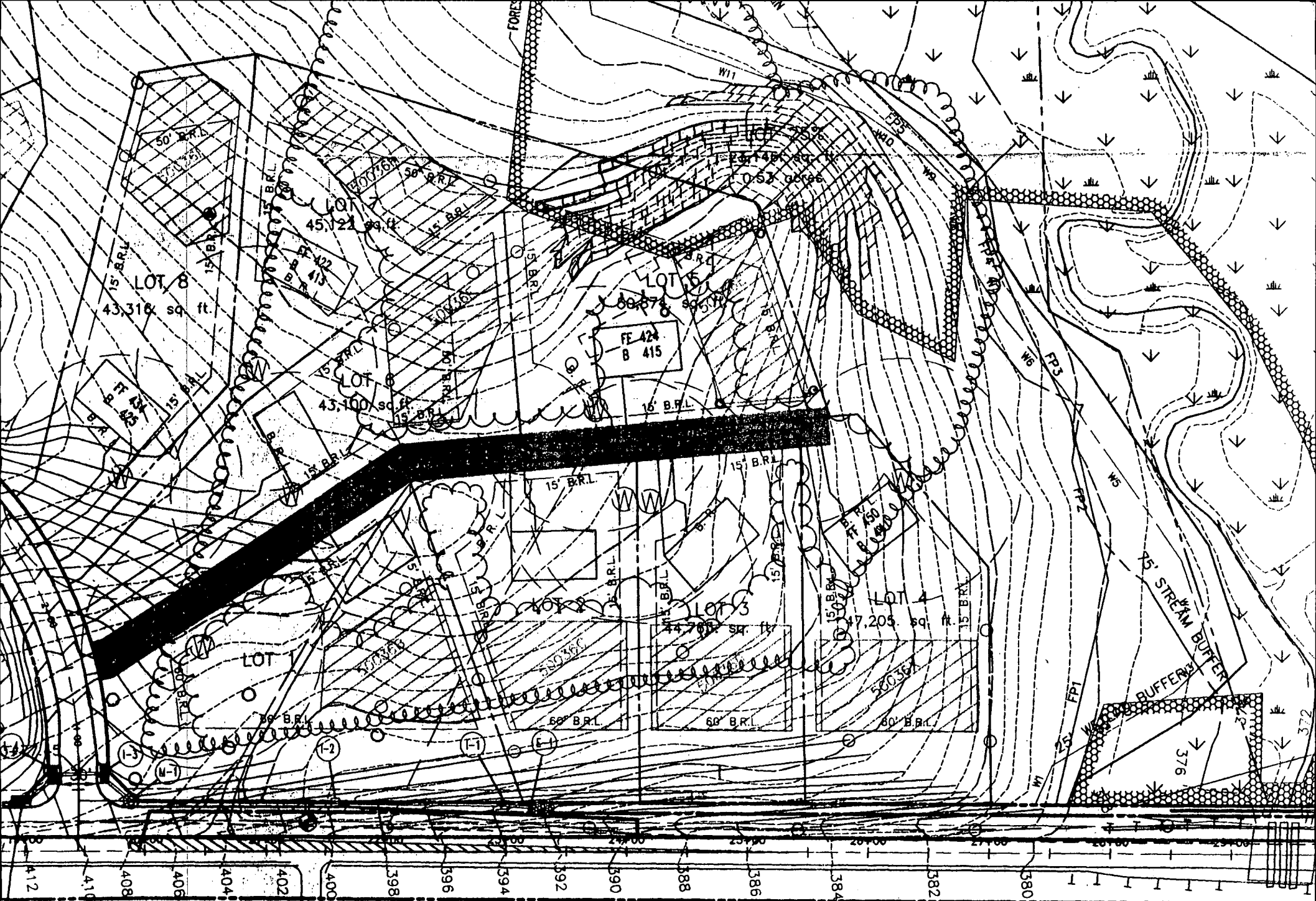
SEE MATCHLINE SHEET 2 OF 3

CLARKVILLE PIKE (MD. RT. 108)
(PUBLIC ROAD)

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

VEHICULAR INGRESS & EGRESS IS RESTRICTED

RECORDED AS PLAT 4



CLARKSVILLE PIKE (MD. 108)

Signed Perc Plan

19+00 20+00 21+00 22+00 23+00 24+00 25+00 26+00 27+00 28+00 29+00 EX. 72" PIP

USE ONLY)

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

COUNTY NUMBER **A 500360B**

ST/CO USE ONLY
DATE RECEIVED
MM **08** YY **13**

DATE WELL COMPLETED
MM **1** DD **26** YY **99**

Depth of Well
350
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2015

OWNER **LDD**
STREET OR RFD **DROSTWICK DRIVE** TOWN **CLARKSVILLE**
SUBDIVISION **WINDY KNOLLS** SECTION **1** LOT **1**

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	3	
BROWN SHELL	4	25	
MICA			
SANDSTONE	26	45	
MICA			
Blue Rock	46	350	
GOT WATER AT			90
			250
AMENDED GROUT OBSERVED DUE TO PARTIAL VOIDS 5-15'			315
EASTERDAY 10062 Y. BASS GROUT TO FILL VOIDS. 4/22/99			

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **14** NO. OF POUNDS **1816**

GALLONS OF WATER **84**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **49** 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 1/2"** Total depth of main casing (nearest foot) **50**

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

DEPTH (nearest ft.)

HO **49** **350**

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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
from to

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

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

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **15**

METHOD USED TO MEASURE PUMPING RATE **Submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **33** ft.

WHEN PUMPING **125** 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 INSTALLED PUMP (CIRCLE) (YES OR NO) 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, **29**

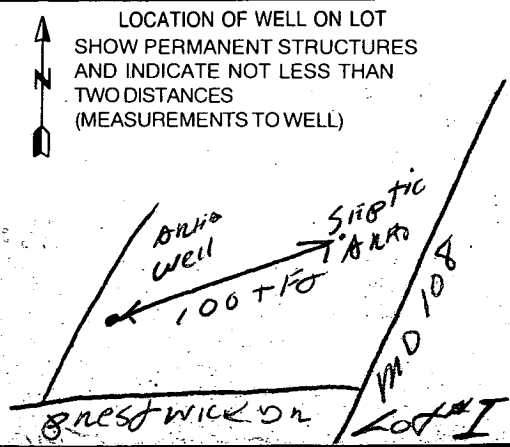
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED yes no

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD 143**

DRILLERS SIGNATURE **Paul Hester**

LIC. NO. **D**

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

W-51123 12.1.98

B 1 **6419** SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

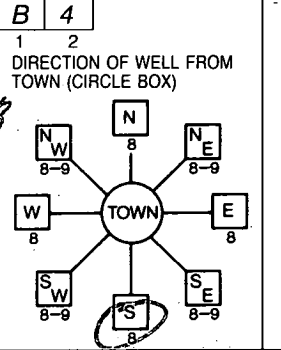
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2015
70 fill in this form completely 79

Date Received (APA) **12/01/98**
8 MM DD YR 13
LAND DESIGN + DEVELOPMENT
25 Last Name Owner First Name 34
10805 Hickory Ridge
36 Street or RFD 55
Columbia MD 21044
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY **HOWARD** 21
23 SUBDIVISION **WINDY KNOLLS** 42
SECTION **I** 44 46 LOT **I** 48 50
52 NEAREST TOWN **CLARKSVILLE** 71
MILES FROM TOWN (enter 0 if in town) **2** M I 73 76 77 78

DRILLER INFORMATION
Denny HARLEY M SD 143
Driller's Name 76 License No. 81
HARLEY DRILLING + PLUMBING SYSTEMS
Firm Name
Box 160 WALKERSVILLE MD 21793
Address
Tom Clark 11-30-98
Signature Date



Prestwick Drive
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 **50** 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL:

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE **3**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A 50036 B
COUNTY NAME COUNTY NO.
STATE SIGNATURE
DATE ISSUED **12/24/98** INSERT S → 41
43 MM DD YR 48 CO SIGNATURE EXP. DATE
NORTH GRID **495 000** EAST GRID **0815 000**
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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 **200** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

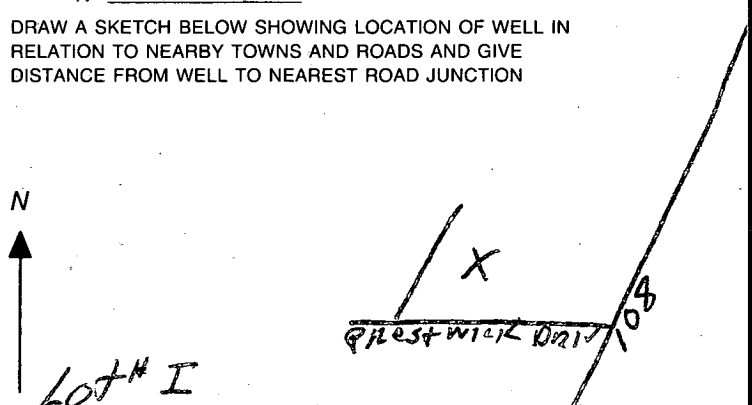
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY Drive-POINT
other

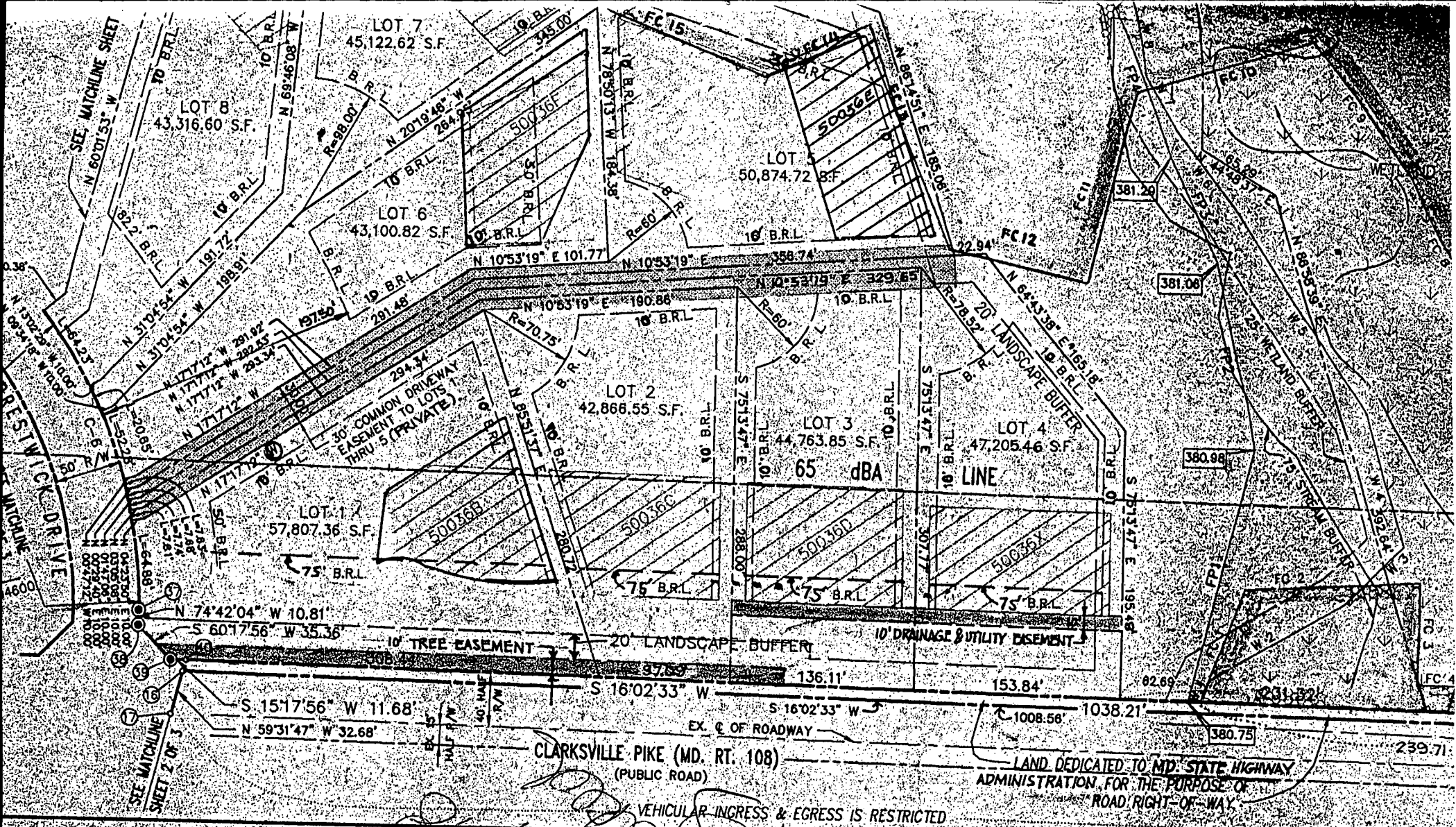
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL 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
WRITE INITIALS IN BOX FORCE **DS** PERMIT No. **HO-94-2015**
67 68 70 71 72 73 74 75 76 77 78 79

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
1/26/99 PR
Grad not started
1:35pm KM
1
well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **816**
N **497**
000
000
Lot # I





OWNER'S STATEMENT

ABRAMSON, DAVID, TAYMAN, OWNERS AND I, OSKAR SCHULZ, PRESIDENT OF CLARKSVILLE PROPERTY SHOWN AND DESCRIBED, HEREBY ADOPT THIS PLAN OF SUBDIVISION, THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING TO ESTABLISH THE MINIMUM HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, 1) THE RIGHT TO PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND AS SHOWN HEREON, 2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE, THE AND OPEN SPACE WHERE APPLICABLE, AND FOR THE GOOD AND OTHERS TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS FACILITIES AND OPEN SPACE WHERE APPLICABLE, 3) THE RIGHT TO

SURVEYOR'S CERTIFICATE

I, HEREBY CERTIFY THE FINAL PLAT SHOWN HEREON IS CORRECT THAT IT IS A SUBDIVISION OF THE LANDS CONVEYED BY JOHN T. JOHNSON AND SARA V. JOHNSON TO RICHARD B. TALKIN, JOEL M. ABRAMSON AND DAVID TAYMAN BY DEED DATED AUGUST 17, 1987 AND RECORDED AMONG THE LAND RECORDS OF THE HOWARD COUNTY, MARYLAND IN LIBER 1721, FOLIO 503 AND ALL THE LANDS CONVEYED BY WILLIAM GATHER TO CLARKSVILLE PROPERTIES BY DEED DATED DECEMBER 20, 1989 AND RECORDED AMONG THE LAND RECORDS OF THE HOWARD COUNTY, MARYLAND IN LIBER 1721, FOLIO 503

RECORDED AS PLAT 1721

WIN
 LC

B 1 **1760** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-94-0851**
 APPLICATION FOR PERMIT TO DRILL WELL please print or type ⁷⁰ fill in this form completely ⁷⁹

Date Received (APA) **050196** OWNER INFORMATION
ZAMB DESIGNS + DEVELOPMENT INC
 15 Last Name 13 Owner First Name 34
10805 HICKORY RIDGE
 36 Street or RFD 65
COLUMBIA MD 21044
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
WINDY KNOLLS SUBDIVISION
 SECTION **1** LOT **7**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** M I

DRILLER INFORMATION MSD/MGD (MWD)
GARY W SHARP 410
 Driller's Name 77 License No. 80
Harley Drilling + Pump Systems
 Firm Name
Box 160 Walkersville, MD
 Address
Gary W Sharp 426-96
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD DRIVE
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **300**
 ENTER FT OR MI **FT**
 TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **3**
 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)

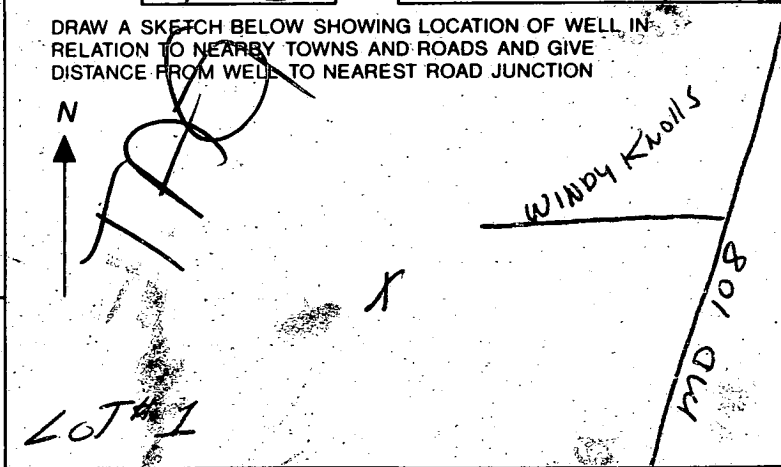
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 50036B COUNTY NO.
 STATE SIGNATURE DATE ISSUED **7/15/97** INSERT S
071696 CO-SIGNATURE EXP. DATE
 NORTH GRID **495000** EAST GRID **0815000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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 **8125**
 N **4965**

REPLACEMENT OR DEEPEND 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 DEEPEEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEND (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **DB** WRITE INITIALS IN BOX PERMIT No. **HO-94-0851**



MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway • Baltimore, Maryland 21224
(410) 631-3000

Craig

Parris N. Glendening
Governor

Jane T. Nishida
Secretary

MEMORANDUM

TO: Maryland Board of Well Drillers

FROM: Eric Dougherty, Geologist
Groundwater Permit Program *ED*

SUBJECT: Observations Made During Inspection Of Wells

DATE: April 26, 1999

On April 20 and April 22, 1999, I conducted a site inspection at Windy Knolls Subdivision, Clarksville, Howard County, Maryland in response to a request from Dave Kerr, Regional Sanitarian. On April 20, five wells were inspected. On April 22, a follow-up inspection was conducted using the MDE down-hole camera and a backhoe.

Lot 19, well tag number HO-94-1688, was found to have an open annular space to 44 ft below TOC, 62.5 ft of 6" steel casing and a total depth of 177 ft. Some cement was present at the land surface for a 1 foot thickness, but no cement was found in the exposed annular space below grade for 4 feet. The annular space was grouted on April 22, with 15 sacks of neat portland cement.

Well HO-94-1690, was inspected and found to have voids in the cement grout to a depth of 11 feet below grade. At 11 feet below grade, the grout appears solid.

Lot 1, no well tag, the steel casing was found to be 52.5 ft in length, and the grout had voids to 15 feet below TOC. Grout staining/curtain lining of the annular space was found from 2 feet below grade to 15 feet below grade.

Wells HO-94-2005 and 2006 were also inspected for grout integrity by digging along side of the casing with a backhoe. The depth exposed was approximately 15 feet at these two locations. The grout appeared solid and completely filling the annular space below where the pitless connection would be expected.

Attached for your review and information is a copy of my field notes and well completion report for lot 19, well HO-94-1688. If you have any questions, please feel free to contact me at extension 3797. Thank you.

Cc: Dave Kerr
Craig Williams, Howard County

SITE INSPECTION SHEET

OWNER: _____

DATE REQUESTED: _____

ADDRESS: Windy Knolls Lot #1

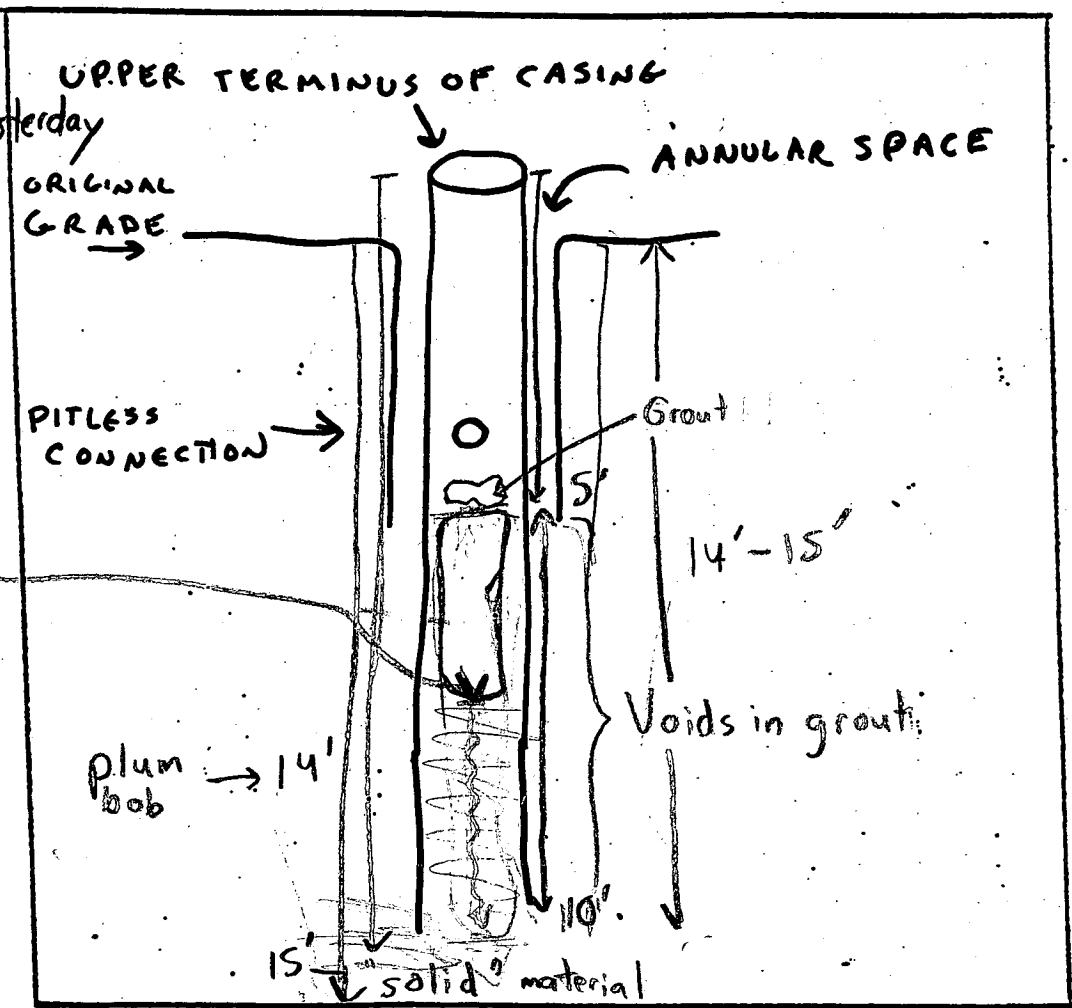
DRILLER: Perry Harley

WELL TAG # P10-94-2015

COUNTY # Howard

PROPOSAL: WELL CONSTRUCTION EVALUATION -

LOCATION DIAGRAM



Regrout done by Easterday

at 3pm 4/22/99

4 bags grout added

4-5' grout partly around the well

COMMENTS: No well tag, 49.3' casing
Erie recommended pumping some grout in 4/22/99.

DATE: _____

INSPECTOR: _____



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

Update 6/24/99
Cap is flush w/ grade
called John Connors
He said Ken Feaga
will extend casing 1' and call me for inspection

Update 7/2/99 June 16, 1999

John Connors
Cornerstone Homes
9691 Norfolk Avenue
Laurel, MD 20723

Condition with casing fixed - SRK
Eligible for ICOP

RE: Windy Knolls, Lot 1
6401 Prestwick Drive

Dear Mr. Connors:

Upon a recent field inspection of the well for the above referenced property, it appeared that the well casing is not extended adequately above the existing grade. It also appears that grading has not been completely finished. According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading."

After final grading is completed, please make certain that the well casing meets the COMAR standard explained above and contact me to schedule a field inspection. Thank you for your cooperation in this matter.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

P.S. The original assigned well tag (HO-94-2015) was not on the well. I have ordered a replacement tag and will notify the well driller so that he can attach it to the well when he receives it..

SRK
cc: file ✓



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

May 21, 1999

Denise Swatzbaugh
Groundwater Permits Program

RE: Windy Knolls, Lot 1
6401 Prestwick Drive
Well Tag # HO-94-2015

Dear Mrs. Swatzbaugh:

Upon a field investigation for the above referenced property, it was observed that the above assigned well tag was not located on the well. Field/office research could not locate the missing tag; therefore, I am requesting a replacement tag reading HO-94-2015 to be sent to this office.

Thank you for your cooperation in this matter.

Very truly yours,

Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc: File ✓



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 20, 1999

Perry Harley
Harley Drilling & Pump Systems
P.O. Box 160
Walkersville, MD 21793

RE: Windy Knolls Lot-1
6401 Prestwick Drive

Dear Mr. Harley:

At a field inspection conducted on 4/22/99, it was observed that the assigned well tag (HO-94-2015) for Windy Knolls Lot 1 was not located on the well casing and was assumed to be missing. I ordered a replacement well tag from the Department of the Environment. Please attach the enclosed replacement tag to the well casing at your earliest convenience.

Thank you for your cooperation in this matter.

Very truly yours,

Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc: File ✓

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 4/2/99
Name of Installer FRAGA Plumbing & Heating Co. Telephone 410-961-4401
License Number 6318 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner _____ Telephone _____
Subdivision Woodly Knolls Lot # 1 Well Tag # _____
Site Address 6401 Prestwich Drive 10/14

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goulds
3. Model # 7GS074/2
4. Capacity 7 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 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Campbell
2. Model # _____
3. Depth 12 in

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

Piping
1. Type PE
2. Size 1/2
3. NSF and/or BOCA Code approved
4. Depth of supply line 286 ft

Well Data
1. Depth 31 ft.
2. Yield 13 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
5/13/99 SRK
Signature of Applicant: _____
Date: 4/2/99

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