



Howard County

Internal Memorandum

**SUBJECT: NOTIFICATION OF POSTING
UNSAFE STRUCTURE**

Chief (FAX 410-313-3298)
Plan Review Division
Department of Inspections, Licenses, and Permits

Supervisor, Building Inspections (FAX 410-313-1861)
Department of Inspections, Licenses, and Permits

Assessor (FAX 410-480-7960)
State Dept. of Assessments and Taxation

Deputy Chief (FAX 410-313-6066)
Bureau of Life Safety

Administrator (FAX 410-313-3297)
Howard County Council

Assistant Director (FAX 410-313-2648)
Bureau of Environmental Health

well tag.
(170-94-1689) matter
1/6/10 1pm 35°F cold, few
- Arrived on-site. well
secure, no damage. Septic
looks OK. No apparent
damage to S.T. or other
septic components. (KW)

Date: 01/03/2010

As a result of an emergency incident, the following building/structure was posted as unsafe by Fire & Rescue Services:

ADDRESS OF INCIDENT:		Prostrick Dr. 6420 RICHARDSON FARM LANE, CLKS, MD.	
O W N E R	NAME:	500N SIK PARK	
	ADDRESS:	6420 RICHARDSON FARM LANE, CLARKSVILLE, MD 21029	
	PHONE:	443-980-6884 (cell)	
POSTING DATE:		JAN. 03, 2010	
DESCRIPTION OF DAMAGE:		SINGLE FAMILY HOUSE 95% INVOLVED IN FIRE.	

BC/P CHARLES T. KING, JR. #1525
[Name of Posting Individual]

12/16/98
23

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511131

A 50036-K

DISTRICT _____

DATE 12.3.98

DATE SYSTEM APPROVED 12/16/98

INSPECTOR DJS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

OS-423694

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Windy Knolls LOT 23 ROAD 6420 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc. Robert + Joyce Riedell

ADDRESS (301) 854 9628

SEPTIC TANK CAPACITY 1250 GALLONS ***MANHOLE CLEANOUT REQUIRED IF FINAL GRADE OVER TANK IS GREATER THAN 3 FEET.***

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 205 feet down the right (359.73') lot line and 20 feet off this same lot line as seen when facing the lot from the pipestem off Prestwick Drive. Run trenches on contour towards Route 108.

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

OK KM 10.1.98

PLANS APPROVED BY Donna K. Soe/Kimberly Maiste DATE 9-24-98

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

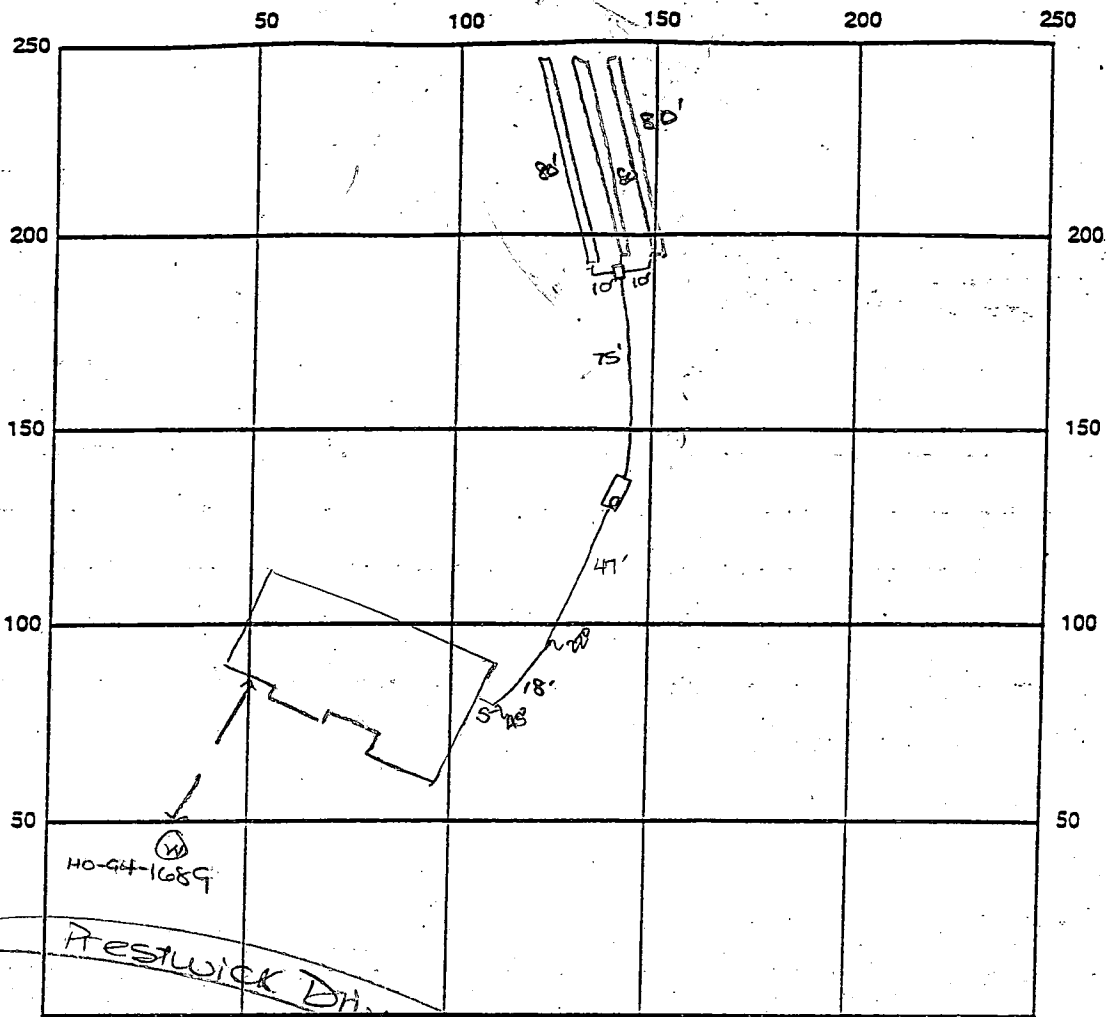
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 4-29-99
Serial # 8 P0117610
dict

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

A 50036-K



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 3x 80 FT. → 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 12/16/98 FINAL INSP - OK TO COVER ALL WORK. JCS

DATE SYSTEM APPROVED 12/16/98 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 50036 K
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 CORNERSTONE ARMES
C/O Land Design + Development Inc
ADDRESS 10805 Hickory Ridge Rd Cal MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Windy knolls LOT NO. 11 23
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 - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)
BLDG. PERMIT SIGNLU
AND RETURNED 9-24-98
Serial B00114102

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

500.36 K

COUNTY #

SOIL PROFILE

0' D

topsoil

dk red clay loam

14 br to br sandy loam

9' pocket of white chalky limestone

10% rock frags

12'

0' A

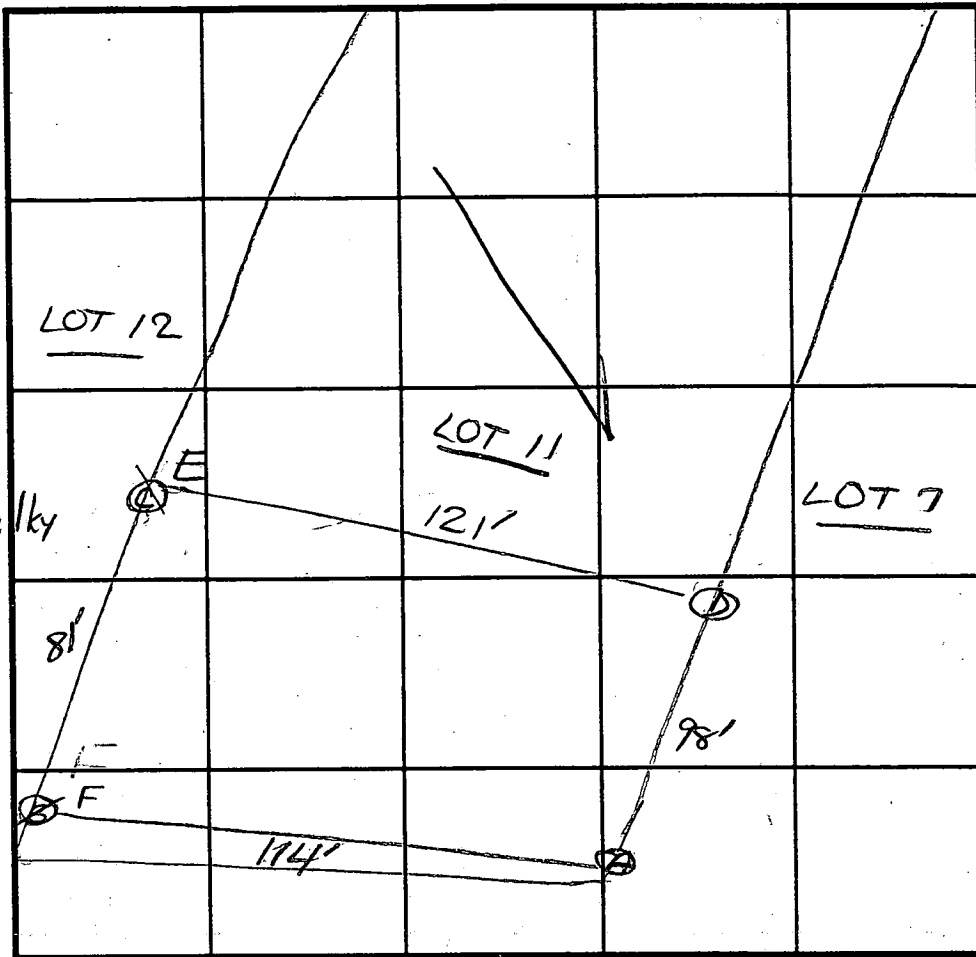
11' topsoil

red br clay loam

tan sandy loam

10% rock frags

12'



SOIL PROFILE

0'

How "D" potential along Rte 108

(CW)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/26/94	D	12.0'D	Visual - See profile				
	A	5.0'	11:53	11:54 ₃₀	11:54 ₃₀	11:56	2
		12.0'D	See profile				
	E	4.0' S	11:37	11:38	11:38	11:39 ₃₀	2
		7.5' M	11:36 ₃₀	11:37 ₃₀	11:37 ₃₀	11:39	2
		11.5' D	See profile				
	F	4.0' S	11:24 ₃₀	11:26 ₃₀	11:26 ₃₀	11:30 ₃₀	4
		11.5' D	See profile				

REMARKS Tested as staked

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT D.K., Jr & wife

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 TRENCH WIDTH 2'

INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A 50036L

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

C/O Land Design + Development Inc
ADDRESS 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. 12 22 23

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 A 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 L
COUNTY #

SOIL PROFILE

0'
red br. clay loam
14 br sandy loam
10% rock frags

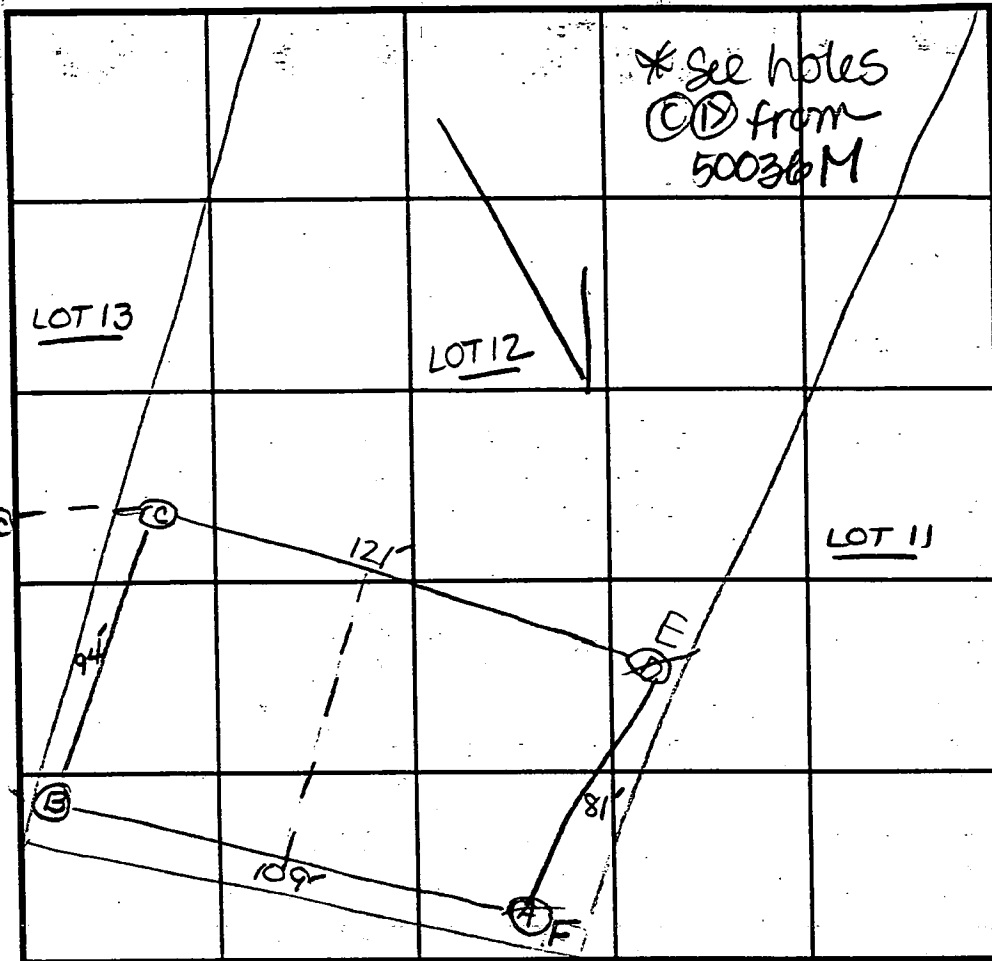
11.5'

ⓓ ⓓ

topsoil
or br clay loam

14.0' or to beige sandy loam
white pocket limestone

11.5'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rte 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/26/94	B	4.0' S	11:14 ₃₀	11:15 ₃₀	11:15 ₃₀	11:17	2
		11.5' D	see profile				
	C	12.5' D	visual - see profile				
	A F	4.0' S	11:24 ₃₀	11:26 ₃₀	11:26 ₃₀	11:30 ₃₀	4
		11.5' D	see profile				
	D E but on lot 23	4.0' S	11:37	11:38	11:38	11:39 ₃₀	2
		7.5' M	11:36 ₃₀	11:37 ₃₀	11:37 ₃₀	11:39	2
		11.5' D	see profile				

REMARKS Tested as staked

TYPE OF SOIL _____

TESTED BY D. Soe

ALSO PRESENT O.K. Jr & wife

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3

TRENCH WIDTH 2'

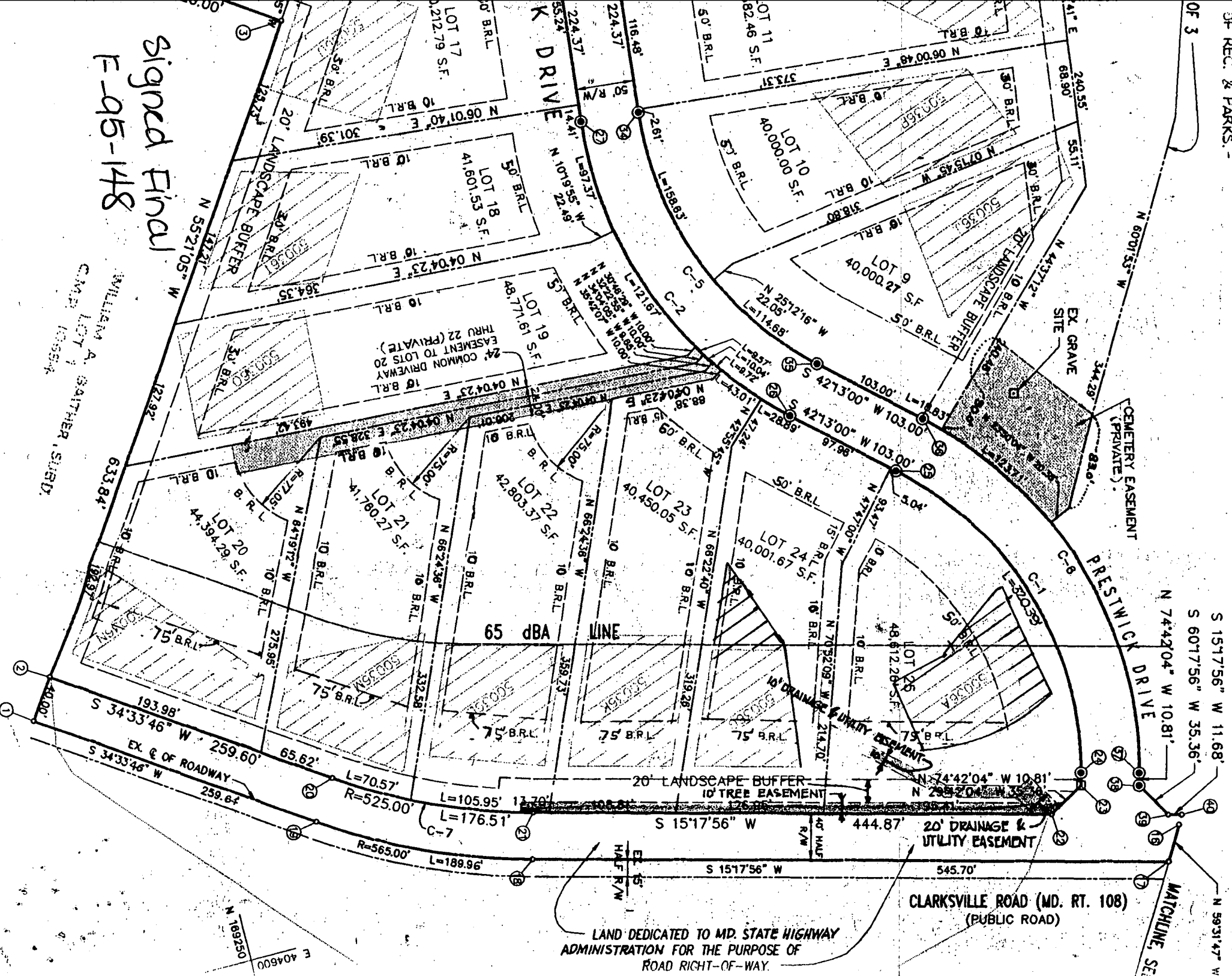
INLET DEPTH 4'

MAXIMUM BOTTOM DEPTH 8'

SQ. FT/BEDROOM 180

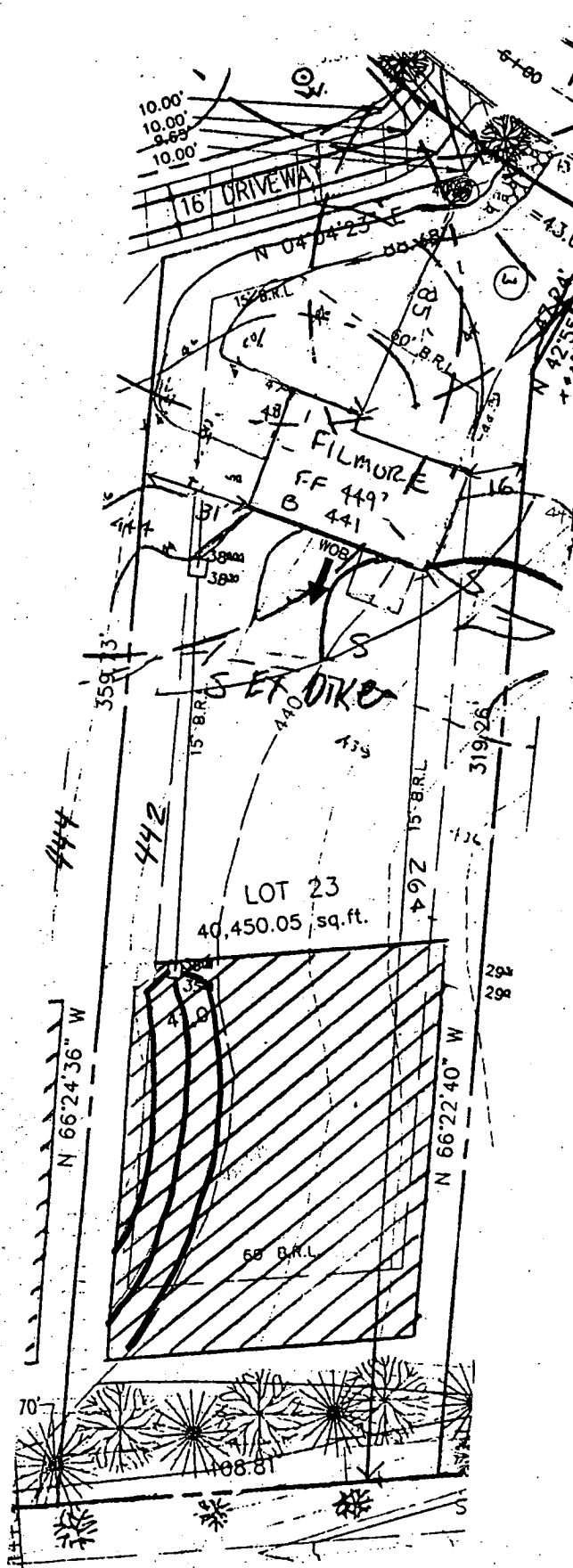
Signed Final
E-95-148

WILLIAM A. GAITHER, SURV.
CADD LOT 7



S 1517'56" W 11.68'
S 6017'56" W 35.36'
N 74'42'04" W 10.81'
N 59'31'47" W

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



Approved Septic System Plan
Howard County Health Department

Kimberly Maick 9-24-98
Signature Date

Septic ELEVATIONS

- House OUT - 439⁵
- Tank IN - 439⁰
- Tank OUT - 438⁷
- Box IN - 436⁷
- Box OUT - 436⁵
- EX ELEV AT - 441⁰
Box

Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below
distribution pipe 1.5 feet

PROJECT :	WINDY KNOLLS LOT 23
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.:
SCALE: AS SHOWN	SHEET 2 OF 2

Voria Engineering In
CONSULTING ENGINEER
8307 MAIN ST., HISTORIC ELLICOTT CITY,
TEL: 410-463-0400 FAX: 410-463-

9992

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A50036K

DATE RECEIVED 09-17-98

DATE WELL COMPLETED 09/698

DEPTH OF WELL 100

PERMIT NO. HC-94-0888

OWNER LDD Prestwick Drive Clarksville Windy Knolls SECTION LOT 23

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, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Mica + Sandstone, Blue Rock, and Got water at 75 feet.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 14 NO. OF POUNDS 1316

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (C) (O) (J) (S) Nominal diameter top (main) casing 6 1/2 inch Total depth of main casing 57 feet

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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. 143

DRILLERS SIGNATURE (Signature)

DRILLERS SIGNATURE (Signature)

LIC. NO.

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

DEPTH (nearest ft.) table with rows for casing height and slot size.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

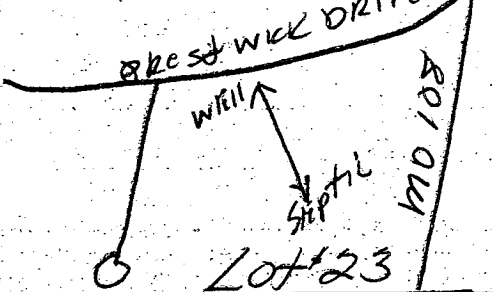
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 150 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft WHEN PUMPING 65 ft 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 **6456** SEQUENCE NO. (MDE 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
NO-94-1689
fill in this form completely

Date Received (APA) **08/16/98**
OWNER INFORMATION
Lamb Design + Development
10805 Hickory Ridge Rd
Columbia MD 21044

B 3 **Howard** LOCATION OF WELL
8 COUNTY **HOWARD**
23 SUBDIVISION **WINDY KNOLLS**
SECTION **I** LOT **23**
CLARKSVILLE
MILES FROM TOWN (enter 0 if in town) **I** M I

DRILLER INFORMATION
BERRY HANLEY MS D 143
Driller's Name
Firm Name **HANLEY DRILLING**
Address **300160 WALKERSVILLE MD**
Signature **Ben Han** Date **8-17-98**

B 4 **BRISTOL DRUM MD 108**
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD **400** ENTER **FO** FT OR MI
TAX MAP: BLK: PARCEL:

B 2 **WELL INFORMATION**
APPROX. PUMPING RATE (GAL. PER MIN.) **3**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **600**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL.
HOWARD COUNTY NAME
A 500860K COUNTY NO.
STATE SIGNATURE
DATE ISSUED **08/16/98**
CO SIGNATURE **0816** EXP. DATE **08/16/99**
NORTH GRID **496** EAST GRID **000**

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

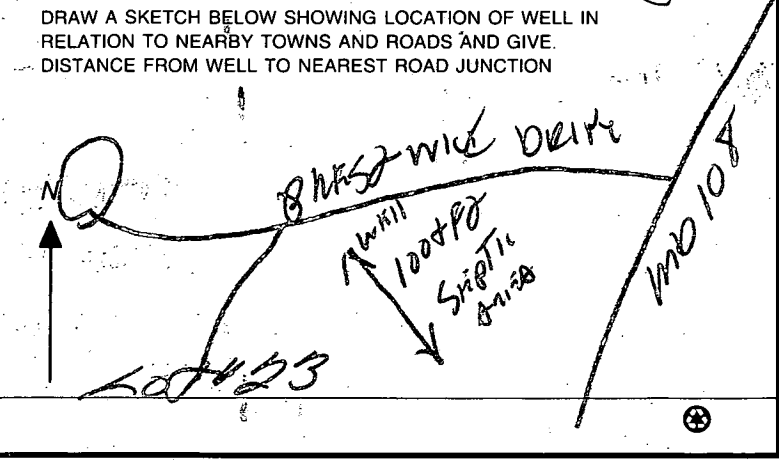
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. **well**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **816**
N **496**
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
FORCE **19** WRITE INITIALS IN BOX PERMIT No. **NO-04-1689**

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



B 1 **3030**

SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

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

STATE PERMIT NUMBER
HO-94-0883
fill in this form completely

Date Received (APA) **050196**

OWNER INFORMATION

LAND DESIGN & DEVELOPMENT INC.

Last Name: **ZOSOS** Owner: **HICKORY** First Name: **RIDGE**

Street or RFD: **COLUMBIA** Town: **MOSTA** State: **MD** Zip: **21049**

B 3 LOCATION OF WELL

HOWARD COUNTY

WINOY KNOLLS SUBDIVISION

SECTION **2** LOT **23**

CLARKSVILLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

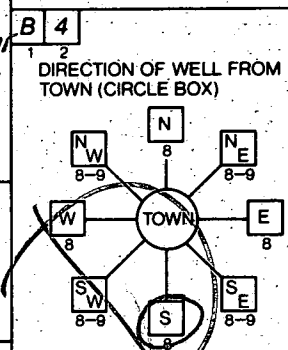
DRILLER INFORMATION

Driller's Name: **HARLEY DRILLING & PLUMBS**

Firm Name: **Box 160 WALKERSVILLE MD 21793**

Address: **4-26-96**

Signature: *[Signature]* Date: **4-26-96**



NEAR WHAT ROAD DRIVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**

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

Harvard COUNTY NAME

A50036K COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **073196** SIGNATURE **SONICK** EXP. DATE **7/30/97**

NORTH GRID **490000** EAST GRID **0816000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**

WRITE THE BOX NUMBER FROM THE MAP HERE

816 (East of well)

496 (North of well)

000 000

METHOD OF DRILLING (Circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTARY Drive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

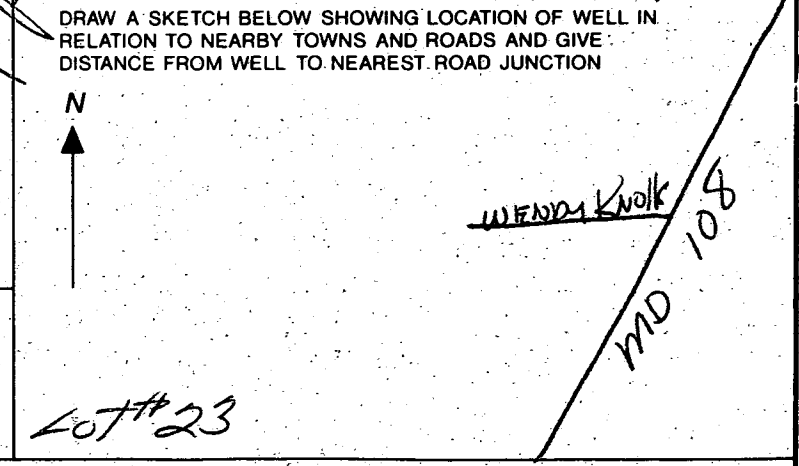
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER _____

FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-0883**

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date 12/23/98
 Name of Installer FORNA 7/2/69 HHS Co Telephone 410-465-1401
 License Number 6318
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner _____ Telephone _____
 Subdivision Windy Hills Lot # 23 Well Tag # HU-94-1657
 Site Address _____

Pump Motor Pitless Adapter
 1. Type 1. Horsepower _____ 1. Make Camball
 a. Deep well jet _____ 2. RPM _____ 2. Model # _____
 b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
 c. Submersible a. 110 _____
 2. Make Grundfos b. 220 _____
 3. Model # _____
 4. Capacity _____ 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

Tank Piping Well data
 1. Capacity 60 GAL 1. Type P.C. 1. Depth _____ ft.
 2. Pressure relief valve YES 2. Size 1/2" 2. Yield _____ GPM
 3. NSF and/or BOCA Code approved Y 3. Static water level _____ ft.
 4. Depth of supply line _____ 4. Will water supply be disinfected by installer? YES

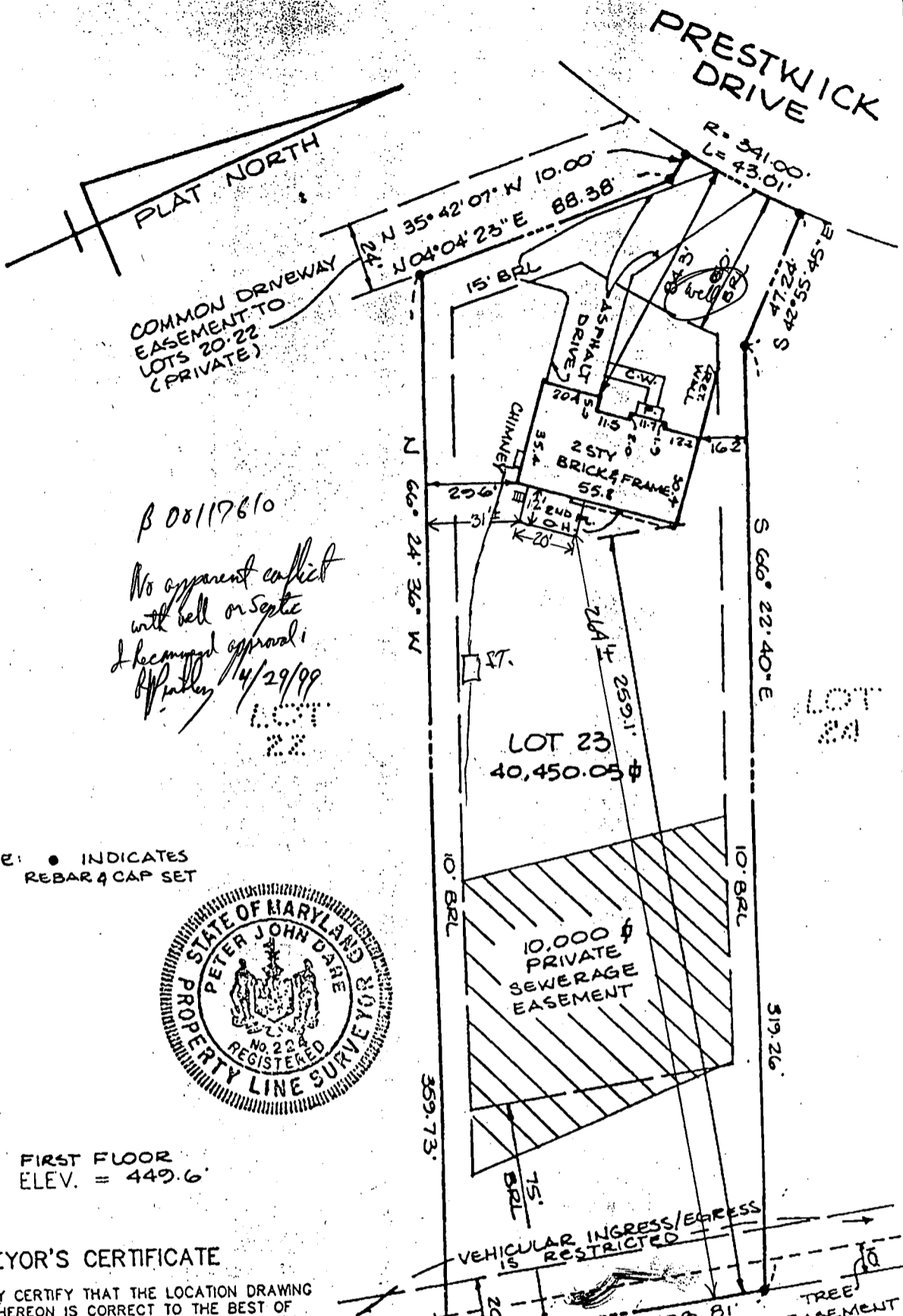
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 12/23/98

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



β 08117610
No apparent conflict with well or septic
I have my approval
4/29/99
LOT 23

NOTE: ● INDICATES REBAR & CAP SET



FIRST FLOOR
 ELEV. = 449.6'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW, AT THE WRITTEN REQUEST OF THE PURCHASER. PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare 03-02-99
 PETER J. DARE FINAL
 MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 12228
 FEMA FIRM No. 240044 0082 B
 DATED DECEMBER 4, 1986

TSA GROUP, INC.
 planning • architecture • engineering • surveying
 8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465-6105

CLARKSVILLE ROAD
 (MD RTE 108)
 LOCATION DRAWING
 WINDY KNOLLS
 LOT 23
 6420 PRESTWICK DR.

5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 11-25-98