

4/13/99
12/20

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-423678

P 511466

A 50036-M

DISTRICT _____

DATE 3/18/99

DATE SYSTEM APPROVED 4/13/99

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Windy Knolls LOT 21 ROAD 6428 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc. *Calvo*

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe. *left 10*

LOCATION - Place the distribution box 185 feet down the *right (275.95)* lot line and 60 feet off this same lot line as seen when facing the lot from the pipestem off 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 KM 2-2-99

4/12/99 INSTALLER REQUESTED MODIFICATION OUT OF MIDDLE OF ESMT. *4/12/99* *OK*

PLANS APPROVED BY Donna K. Soe DATE 2-01-1999

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

REQ. PERMIT SIGN'D

AND RETURNED 11-4-99

Serial # B70121203

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. *Dick*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

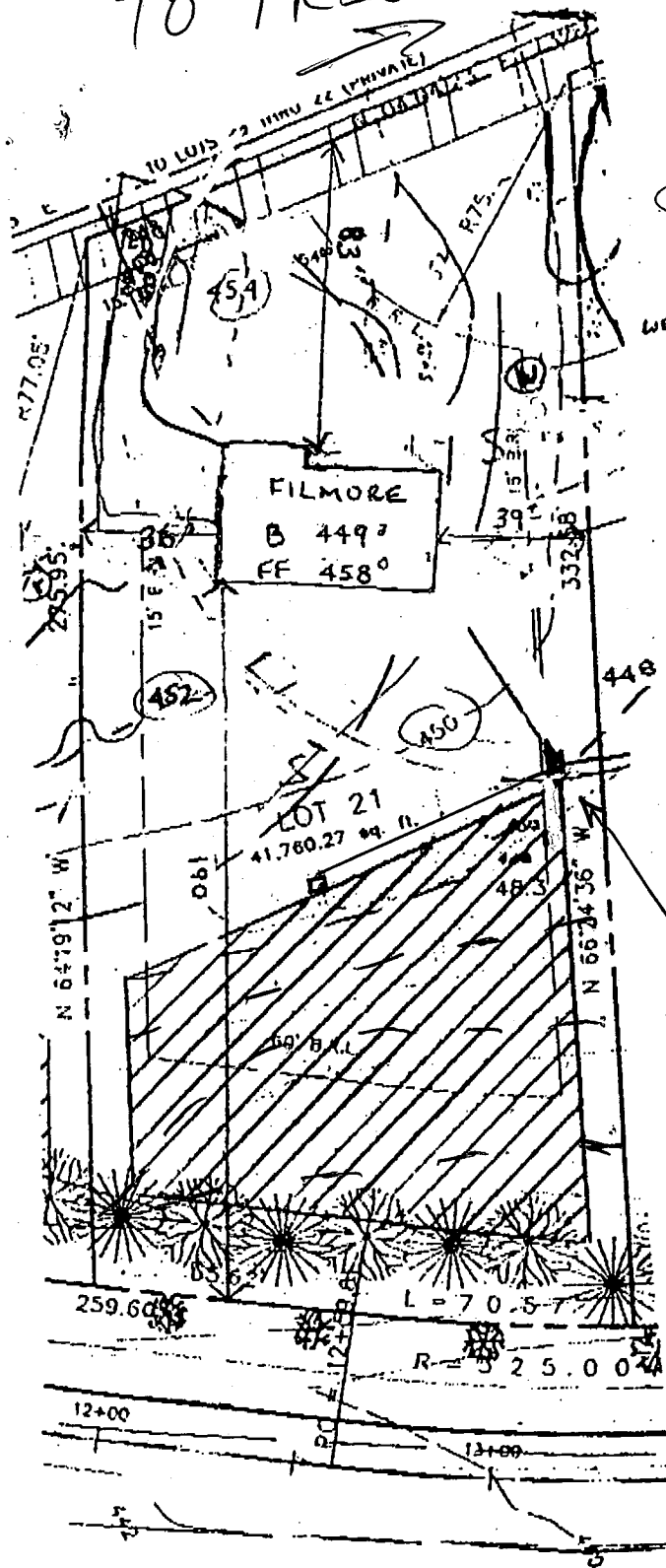
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 50036-M

TO PRESTWICK DR

Approved Septic System Plan
Howard County Health Department




[Signature]
Signature
2/1/99
Date

Septic ELEVATIONS

HOUSE OUT	447 ⁸
TANK IN	446 ³
TANK OUT	446 ⁰
Box IN	444 ⁵
Box OUT	444 ⁵
EXIST. ELEV M Box	448 ⁵

OK TO INSTALL D.B.
BEHIND S.T. MR 4/12/99

- Total linear feet of trench required 180 feet
- Width of trench(es) 2 feet
- Depth of trench(es) 8 feet
- Depth of stone required below distribution pipe 4 feet

PROJECT :	WINDY KNOLLS LOT 21
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 ENGR 8307 MAIN ST., HISTORIC ELLICOTT TEL: 410-483-0400	

APPLICATION

PERCOLATION TESTING

A 50036 M

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 HOMES

ADDRESS C/O Land Design + Development Inc
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. 13-21

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)
(6428 Prestwick Drive)

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD - 4Bum
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT NO. _____
AND RETURNED 2-1-99
Serial # B111568

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 M

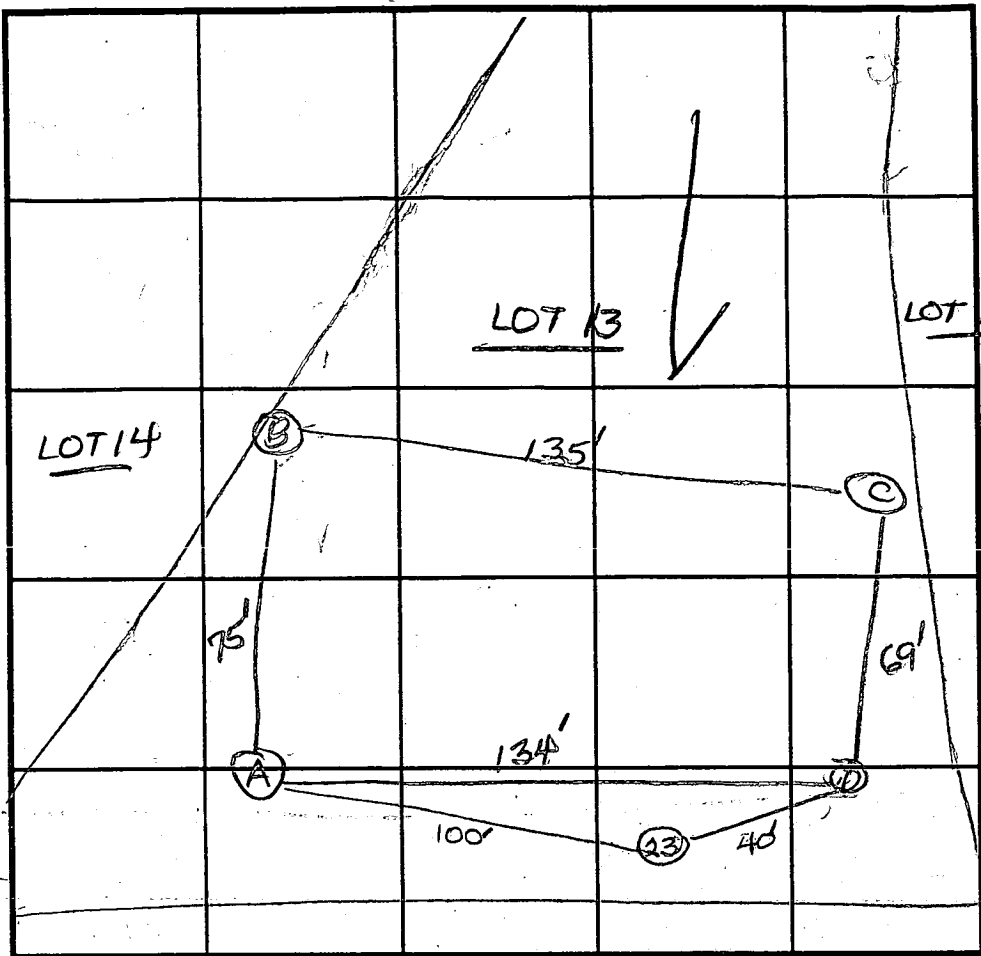
COUNTY #

SOIL PROFILE

0' (B)
 1' topsoil
 red br clay loam
 3' br to lt br silty loam
 10% rock frags

0' (A)
 1' topsoil
 red br clay loam
 3' lt br to br silty loam

0' (23)
 1' topsoil
 or red cl lm
 4' lt or to beige sil lm
 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	
5/20/94	B	4.0' S	10:40 ₃₀	10:42 ₃₀	10:42 ₃₀	10:44 ₃₀	2
		8.0' M	10:40	10:41 ₃₀	10:41 ₃₀	10:43 ₃₀	2
		13.0' D	see profile				
	A	4.0'	10:46 ₃₀	10:48 ₃₀	10:48 ₃₀	10:50 ₃₀	2
		12.0' D	see profile				
		12.5' D	visual - see profile				
	D	4.5'	11:06 ₃₀ 11:09	11:07 ₃₀ 11:11	11:07 ₃₀ 11:11	11:08 ₃₀ 11:12 ₃₀	too fast 2
		11.5' D	see profile				
		4.0' S	11:49 11:51	11:50 11:53	11:50 11:53	11:51 11:55	too fast 2
12/8/94	23	4.0' S	11:49 11:51	11:50 11:53	11:50 11:53	11:51 11:55	too fast 2
		11.5' D	see profile				

REMARKS Tested as staked

TYPE OF SOIL _____

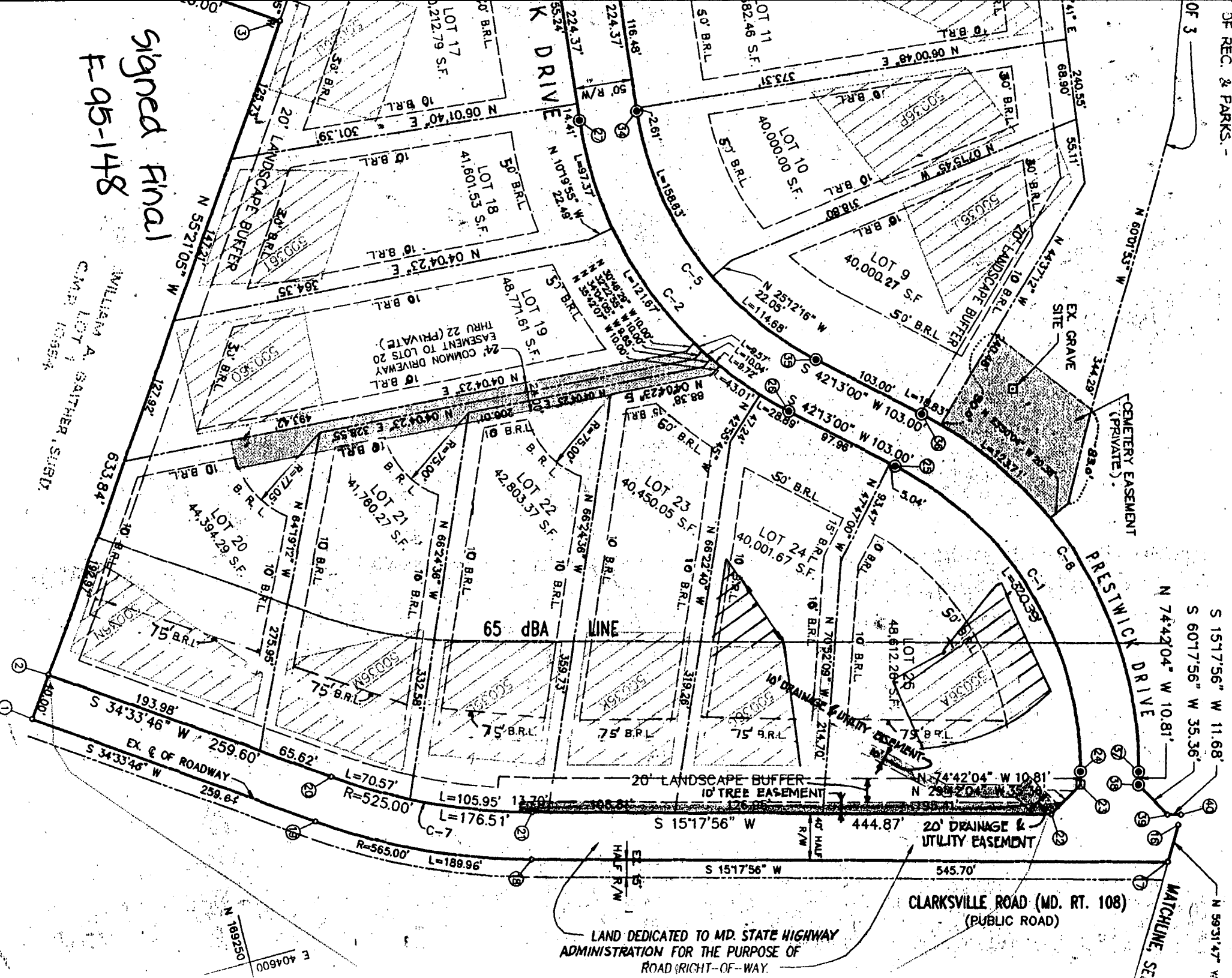
TESTED BY D. Soe ALSO PRESENT O.K., Jr & wife

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

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

Signed Final
F-95-148

WILLIAM A. SAUTHER, SURVY
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.



**Cornerstone
Homes, Inc.**

*re Health Dept
1/29/99*

9691 Norfolk Avenue ■ Laurel, Maryland 20723
(410) 792-2565 ■ Fax (410) 792-2567

January 27, 1999

Howard County Department of Inspections,
Licenses and Permits
Attn: Avis Corbin
3430 Court House Drive
Ellicott City, MD 21043

RE: 6428 Prestwick Drive
Windy Knolls Lot 21
Permit #B00115688

Dear Ms. Corbin:

This letter is to amend the house siting for the above referenced permit. This amendment is per the Health Department to position the house 30' from the well.

If you have any questions, please do not hesitate to give me a call at (410) 792-2565.

Sincerely,

Brian D. Boy
President
Cornerstone Homes, Inc.

BDB/tmb

Enclosure

CORNERSTONE HOMES, INC.

9691 Norfolk Avenue
Laurel, MD 20723

FACSIMILE COVER SHEET

Phone Number: 410/792-2565
Fax Number: 410/792-2567



TO: <i>Avis Corbin</i>	FROM: <i>Theresa Bowman</i>
AT: <i>Licenses + Permits</i>	DATE: <i>1/29/99</i>
FAX NUMBER: <i>(410)313-3298</i>	NUMBER OF PAGES: (INCLUDING COVER SHEET) <i>3</i>

Urgent Please Reply/Comment For Your Information/Review

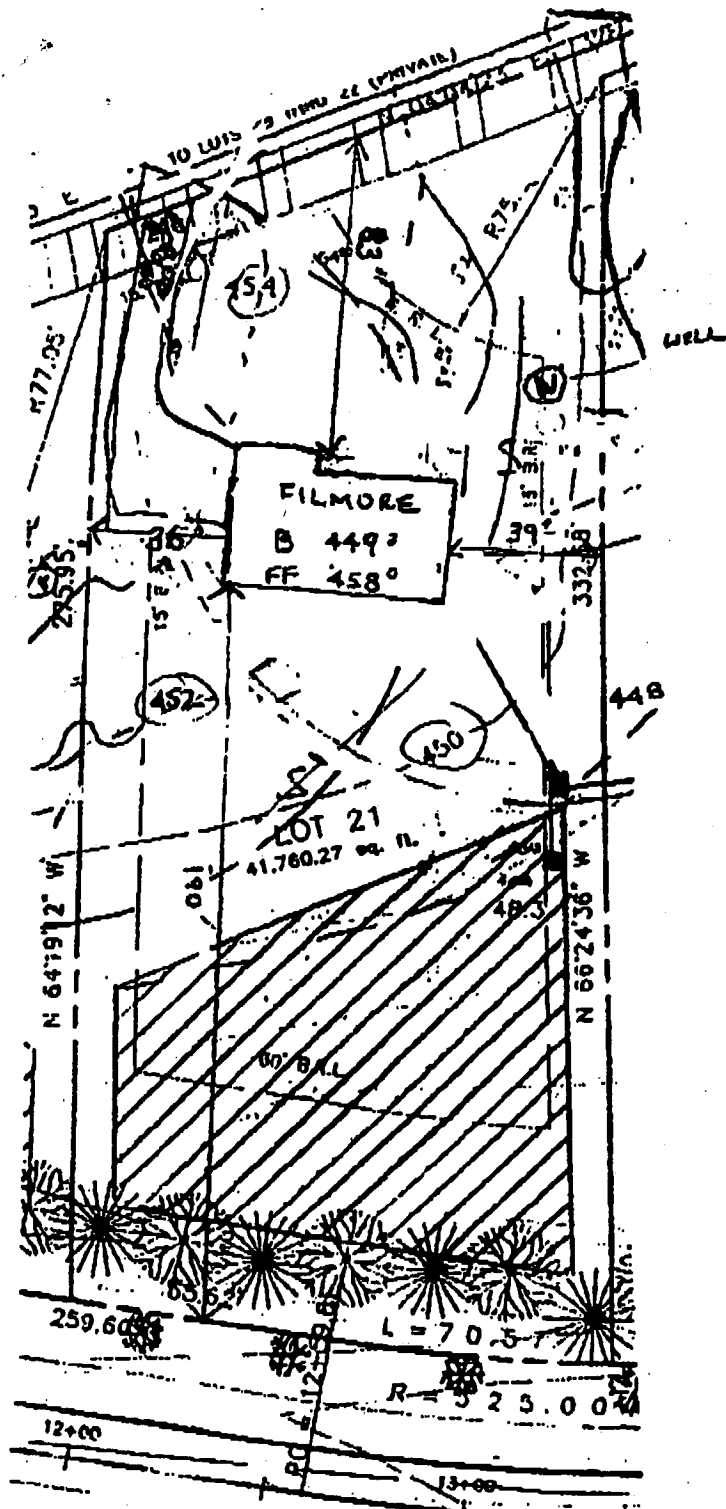
MESSAGE:

The drawing that was included with the attached letter was incorrect - attached is the correct drawing. (The house type on the drawing has been corrected).

1/28/99


B00115688

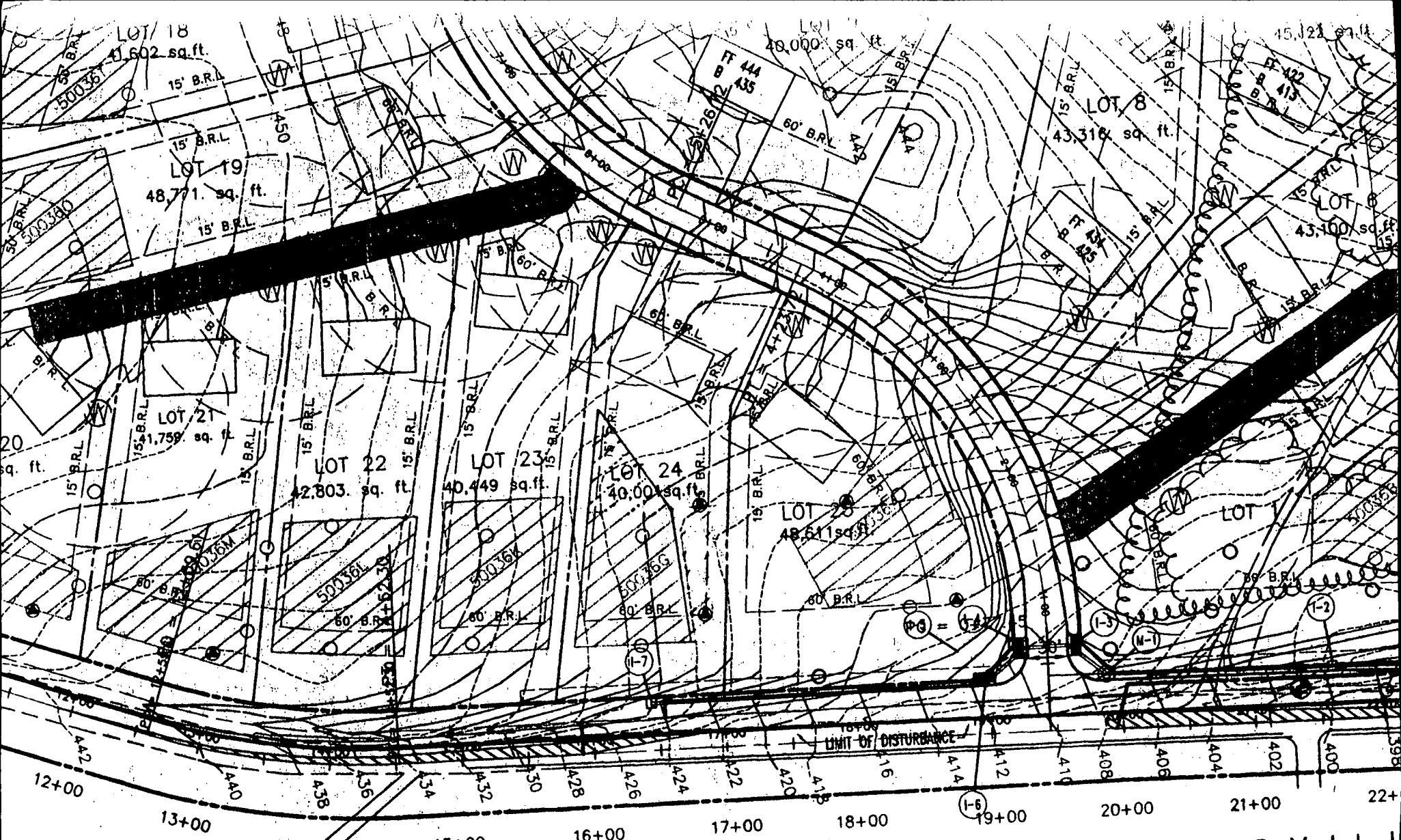
Revised 1/29/99



Septic ELEVATIONS

HOUSE OUT	447 ⁸
TANK IN	445 ³
TANK OUT	445 ⁰
Box IN	444 ³
Box OUT	444 ⁰
EXIST. ELEV M. BOX	448 ⁰

PROJECT :		WINDY KNOLLS LOT 21	
LOCATION :		TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE :		SITE DEVELOPMENT PLAN	
BUILDER :		CORNERSTONE HOMES INC. 9671 NORFOLK AVE. LAVEL, MD 20723	
DATE: 11-01-95		PROJ. NO.:	
SCALE: AS SHOWN		SHEET 2 OF 2	
		 CONSULTING ENGINEER 6307 MAIN ST., HISTORIC ELLICOTT CT TEL 410-445-0400 FAX 410-4	



copy of signed
Perc Plan

PLAN
SCALE : 1" = 100'

B 1	6422	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>			HO-94-2005 <small>fill in this form completely</small>	

OWNER INFORMATION

Date Received (APA) 12/1/08

8 MM DD YY 13

LAND DESIGN + DEVELOPMENT

15 Last Name Owner First Name 34

10805 Hickory Ridge

36 Street or RFD 55

Columbia MD 21044

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

Howard

8 COUNTY 21

WINDY KNOLLS

23 SUBDIVISION 42

SECTION I LOT 21

44 46 48 50

CLARKSVILLE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M 11

73 76 77 78

DRILLER INFORMATION

Perry Harley M.S.D. 143

Driller's Name 76 License No. 81

Harley Drilling & Pump Systems

Firm Name

Box 160 Walkersville, MD 21044

Address

[Signature] 11-30-98

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Preswick Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 3

8 500 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)

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 50036M

COUNTY NAME COUNTY NO.

STATE SIGNATURE

DATE ISSUED 12/1/08 12/13/09

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 494 000 EAST GRID 0015 000

50 55 57 63

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 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

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G A P _____

54 63

FORCE DS WRITE INITIALS IN BOX PERMIT No. HO-94-2005

67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

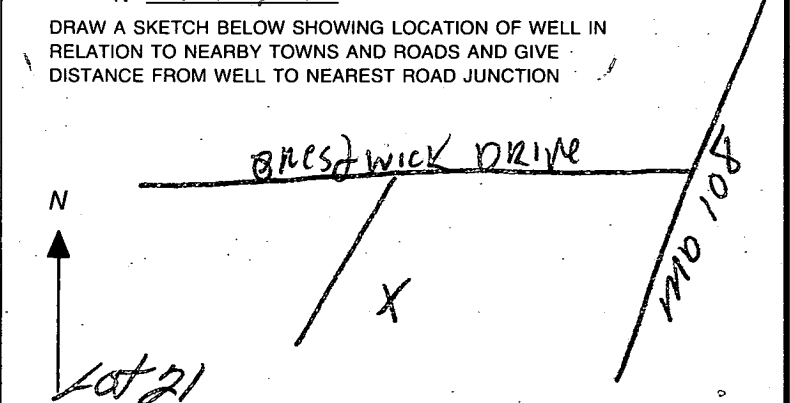
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8105

N 4974

000 000



SITE INSPECTION SHEET

OWNER: _____
ADDRESS: Windy Knolls Lot #21

DATE REQUESTED: _____

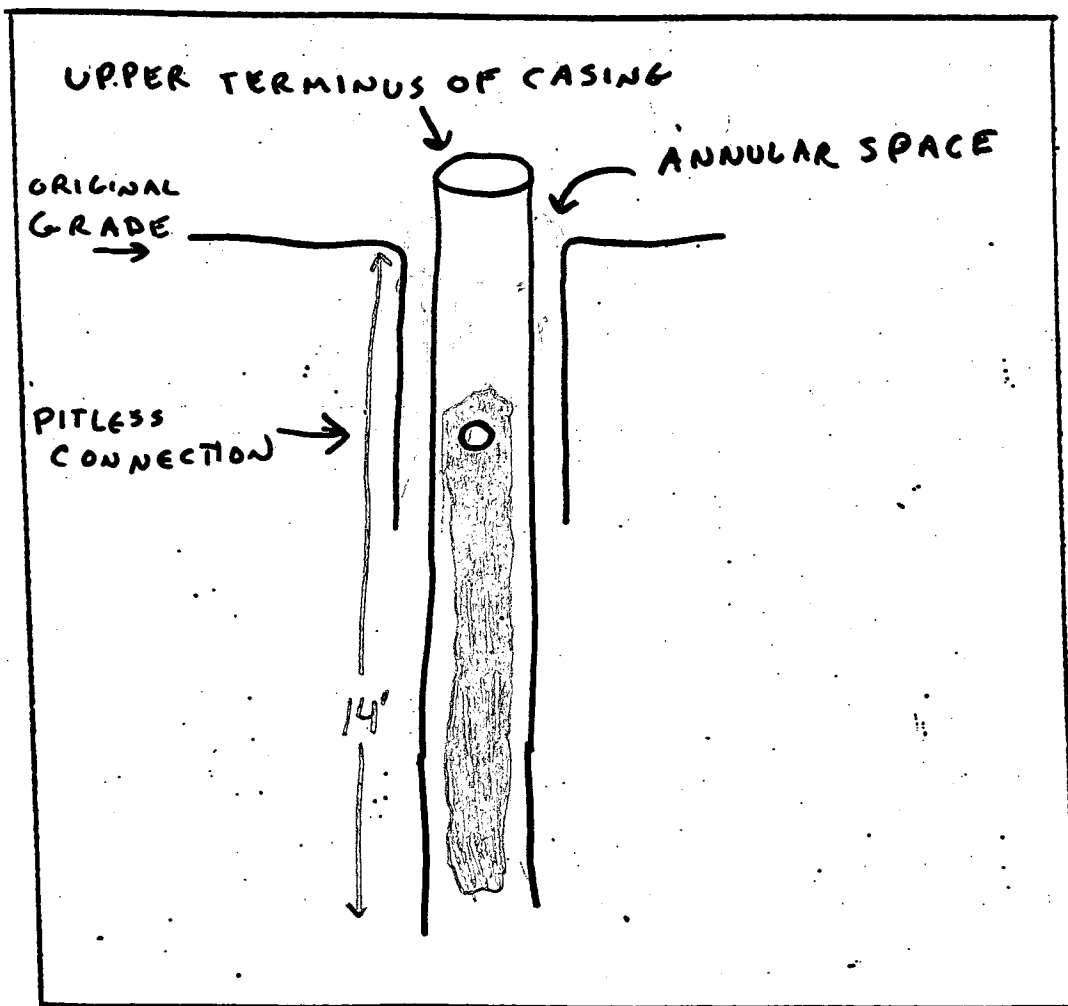
DRILLER: Perry Harley

WELL TAG # HO-94-2005

COUNTY # Howard

PROPOSAL: WELL CONSTRUCTION EVALUATION -

LOCATION DIAGRAM



COMMENTS: Adequate grout to 14' confirmed 4/22/99 S.R.V.
Also present Eric Dougherty, George Easterday, Dave Kerr

DATE: _____

INSPECTOR: _____

B 1 **3028** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-94-0881**
APPLICATION FOR PERMIT TO DRILL WELL
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type *fill in this form completely*

OWNER INFORMATION
 Date Received (APA) **050196**
LAW DESIGN DEVELOP (Last Name) **FWL** (Owner) **WYNNE E HARK** (First Name)
10805 KICKORY RIDGE (Street or RFD)
COLUMBIA (Town) **MD 21044** (State 72) **21044** (Zip 76)

DRILLER INFORMATION
 Driller's Name **Wayne E Hark** (MSB/MGD) License No. **0403**
 Firm Name **Harley Drilling & Pump Systems**
 Address **Box 160 Walkersville MD 21790**
 Signature **Wayne E Hark** Date **4-26-96**

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)

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 _____

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) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-0881**

LOCATION OF WELL
HOWARD COUNTY
WINDY KNOLL SUBDIVISION
 SECTION **7** LOT **21**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **PRESTWICK DRIVE**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **W**
 DISTANCE FROM ROAD **200** ENTER FT OR MI **FD**
 TAX/MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **A50036M**
 STATE SIGNATURE _____ DATE ISSUED **073196** INSERT S _____
 CO SIGNATURE **DOUG K...** EXP. DATE **7/30/97**
 NORTH GRID **496000** EAST GRID **084600**

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

 LOT # 21
 MD 108

B 1 2457

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

110-94-1953 fill in this form completely

Date Received (APA)

OWNER INFORMATION RN 7634 Cornerstone Homes 9691 Norfolk Ave Laurel, Md. 20723

LOCATION OF WELL CC# Howard 8 COUNTY 21 Windy Hills 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Clarksville 52 NEAREST TOWN 71

DRILLED INFORMATION George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21777

MILES FROM TOWN (enter 0 if in town) Prestwick Drive (100) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) DISTANCE FROM ROAD Ft. 100 ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) T TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. D 500360M STATE SIGNATURE DATE ISSUED 11/05/98

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Wells

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

WRITE THE BOX NUMBER FROM THE MAP HERE E 810 N 450 A

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT No. 110-94-1953



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

DRILLER

C1 9379 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
COUNTY NUMBER A 50036M

ST/CO USE ONLY DATE Received MM DD YY 12 18 98 DATE WELL COMPLETED MM DD YY 12 18 98 Depth of Well TO NEAREST FOOT 100 PERMIT NO. FROM "PERMIT TO DRILL WELL" 101-94-2005

OWNER LDD
STREET OR RFD last name PRESWICK DRIVE first name TOWN CLARKVILLE
SUBDIVISION WINDY KNOLLS SECTION LOT 21

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	
MICA + SAND STONE	4	45	
Blue Rock	46	100	✓
GOT WATER			70
AD			

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 12 NO. OF POUNDS 128
GALLONS OF WATER 172
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 48 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 1/4" Total depth of main casing (nearest foot) 50

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

SCREEN RECORD
screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E																						
A																						
C																						
H																						
S																						
C																						
R																						
E																						
E																						
N																						

DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 to

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

DRILLERS LIC. NO. 1 MSD 143
DRILLERS SIGNATURE Perry Harley
LIC. NO. 1 D

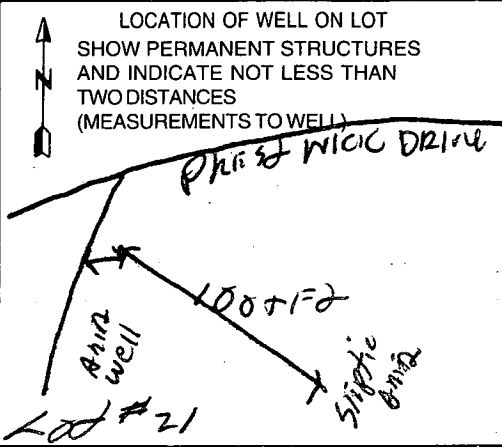
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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 35 ft.
WHEN PUMPING 60 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
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 } 2 (nearest foot)



Craig



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

Parris N. Glendening
Governor

Jane T. Nishida
Secretary

MEMORANDUM

TO: Maryland Board of Well Drillers
FROM: Eric Dougherty, Geologist
Groundwater Permit Program *(Signature)*
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

20 April 99

see ALSO → HO-94-2005 60 steel

- pitless / pump / electric connected
- trench open
- builder plans to back hoe around well to better inspect grout - grout in annulus but not completely

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3628-W Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date 5/8/99
 Name of Installer FRAGA Pkg & Hts 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 # 21 Well Tag # HO-94-006
 Site Address 6728 PRUSHOCK DR 2005

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Goolds
 3. Model # 765054R L
 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 1/2
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make HARVARD
 2. Model # _____
 3. Depth 8FT

Tank
 1. Capacity 50GAL
 2. Pressure relief valve? YES

Piping
 1. Type P.E
 2. Size 1/2
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 76ft

Well data
 1. Depth 100 ft.
 2. Yield 25 GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? YES

WPI COMPLETE
~~RETR~~ APPROXIMATELY 5/12/99
 (CW)

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: 5/8/99

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00121203

Building Address 6428 Prestwick Dr
Clarksville Md 21029
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6051.01 Subdivision Windy Knoll
 Section N/A Area N/A Lot 21
 Tax Map 34 Parcel 84 Grid 17
 Zoning RR-DEO Map Coordinates _____ Lot size _____

Property Owner's Name Robert Calvo
 Address 6428 Prestwick Dr
 City Clarksville State Md Zip Code _____
 Home Phone 301 854-9026 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use 26'x14' Open Wood Deck
 Estimated Construction Cost \$ 5,000.00
 Description of Work Construct a 26'x14'
Open wood Deck w/Steps

Contractor Company TAT Designs
 Contact Person Dennis Wheeler
 Address P.O. Box 130
 City White Hall State Md Zip Code 21161
 License No. 69779
 Phone 410-329-5075 Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 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 type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<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 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.

Dennis Wheeler
 Applicant's Signature
TAT Designs
 Title/Company

Dennis Wheeler
 Print Name
11/3/99
 Date

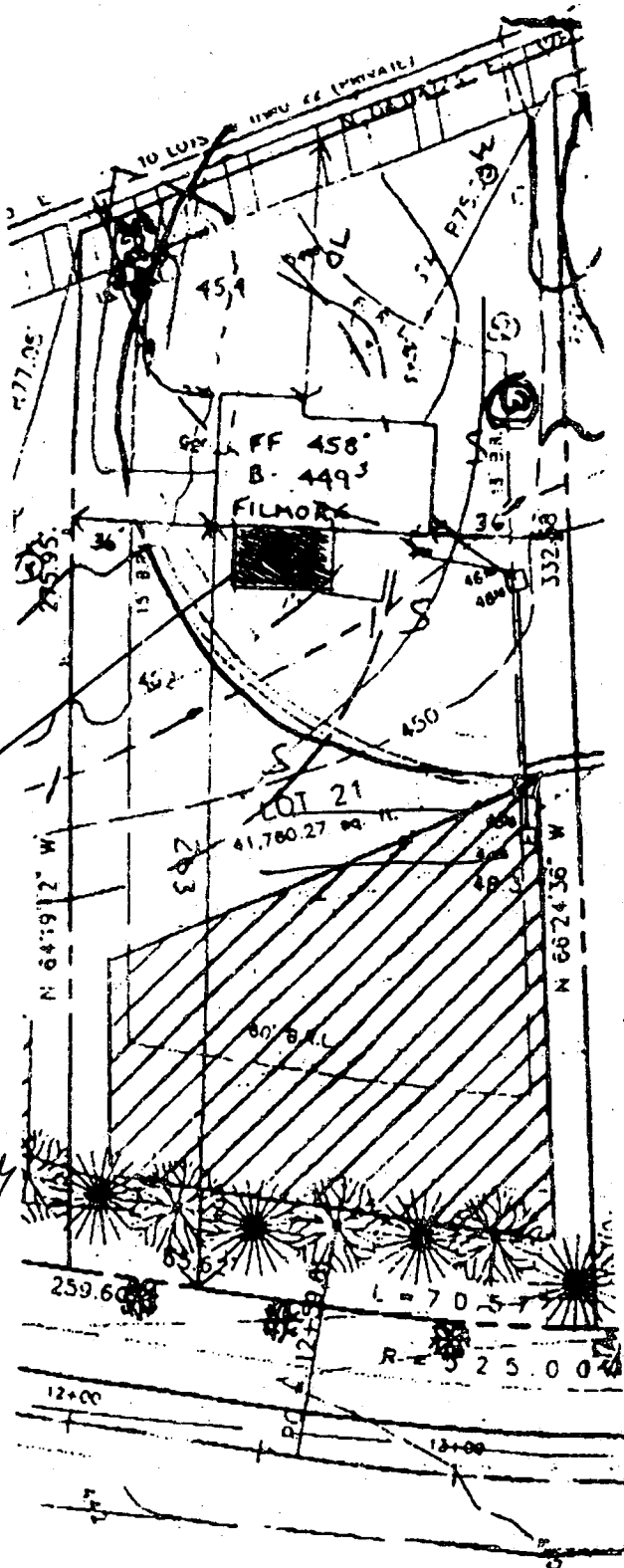
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/4/99</u>	<u>Donald Pinkley</u>
Fire Protection		

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

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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



26' x 14' open wood Deck

A 50036-1
P 511466

~~Draw~~

~~The customer for lot 21
is having the house a
little higher for drawing~~

~~Thank you~~

Septic ELEVATIONS

HOUSE OUT	447"
TANK IN	447"
TANK OUT	447"
Box IN	445"
Box OUT	445"
EXIST. ELEV M. Box	448"

BP (No # yet)

Do open Deck
No Conflict with well or
Septic, recommend approval
Apply 11/4/99

6428 Prectwick Dr
Windy Knoll 6824

PROJECT :	WINDY KNOLLS LOT 21
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

oria Engineering
CONSULTING ENGINEER
8307 MAIN ST., HISTORIC ELICOTT C.
TEL. 410-383-0400