

3/3/99
to meet
(to installed)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511131

A 50036-X

DISTRICT _____

DATE 12-03-98

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

05-423473

DATE SYSTEM APPROVED 6/24/99

INSPECTOR CW

INDEXED
2
4
3
7/24

Jack Fyock Septic Services

IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Windy Knolls LOT 4 ROAD 6413 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NOTE: Okay to reduce stone depth to 1 foot as required for gravity distribution to high trench.

NUMBER OF BEDROOMS 4

3/30/99

Revised

180 SQUARE FEET PER BEDROOM

inlet @ 3.0
bottom @ 8.0

LINEAR FEET OF TRENCH REQUIRED 240

145 total - run 3 48 trenches Au

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet down the right (307.77') lot line and 10 feet off this same lot line as seen when facing the lot from the pipestem off Prestwick Drive. Run trenches along 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. 12/17/98 OK Au

PLANS APPROVED BY Donna K. Soe/Glen Savage

DATE 12-09-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

180
4
720
145
5720

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 25/40 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.

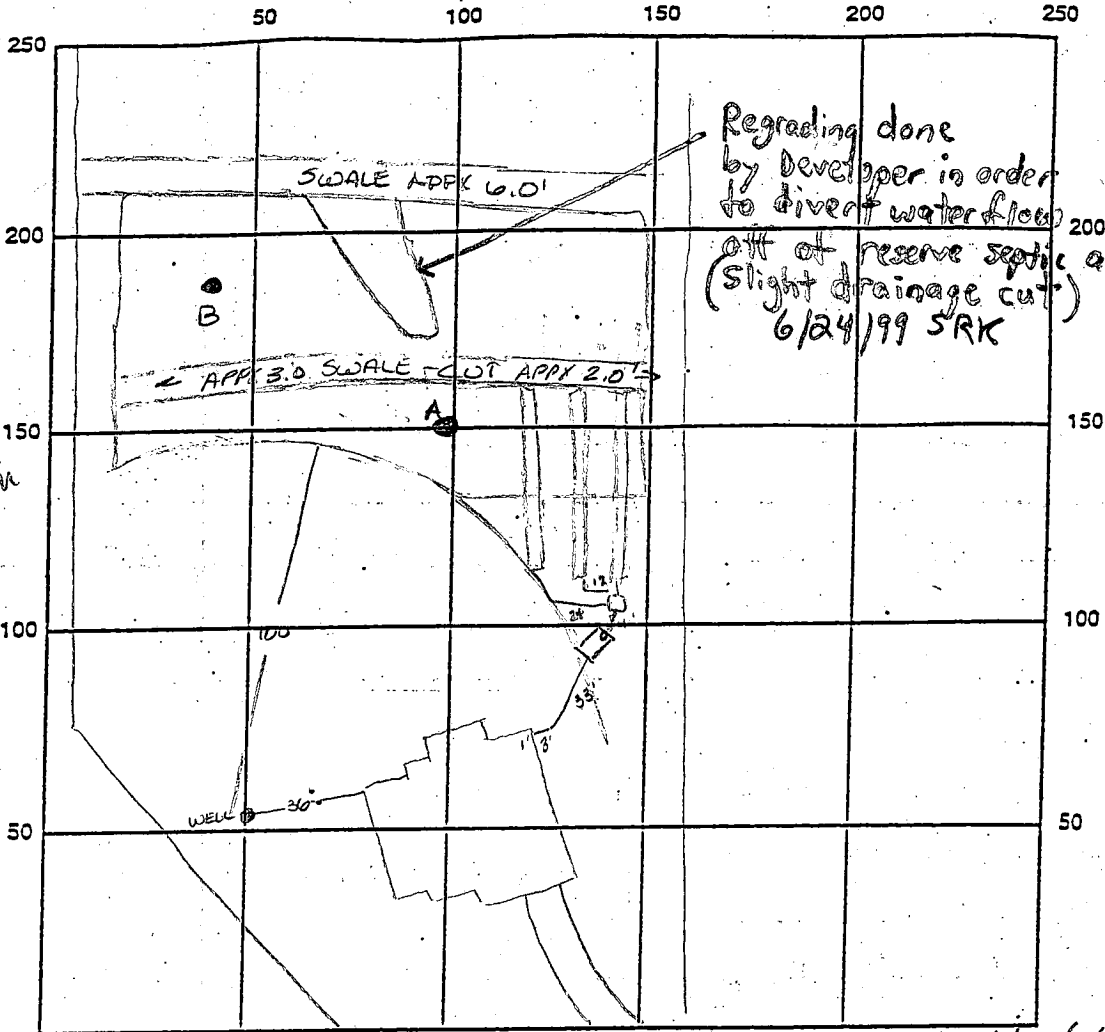
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A50036-X

rt. 108



B
 bill for
 2-3'
 then drill
 brown Si Salen
 to 12.0'
 no rock

Regrading done
 by Developer in order
 to divert water flow
 off of reserve septic area
 (Slight drainage cut)
 6/24/99 SRK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE *Right of Way*

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 8.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 5.0 FT. TOTAL LENGTH 48 49 48 FT.

NUMBER OF TRENCHES 3.0 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 3/30/99 Swale excavated through C of SDA - In order to install 1st system -
perc hole dug (A) Good to 12.5' - install 145' total, inlet @ 3.0 bottom @ 8.0. Hole to be drilled @
end of drain to determine if swale can be filled & system installed below swale for repairs Au
Test hole B good - Need to resolve repair area & filling of swale w/ builder Au
6/24/99 - Regrading by developer (Ron Green) confirmed to be completed (SRK)
9/20/99 WPI OK but gravel is unapprovable - large gaps Au

DATE SYSTEM APPROVED 6/24/99 INSPECTOR C. J. Wilber

APPLICATION

PERCOLATION TESTING

A 50036 X

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 COCKNESTONE HOMES

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Windy Knolls LOT NO. 4A 4

ROAD AND DESCRIPTION 6413 PRESTWICK DRIVE

BLDG. PERMIT SIGNED

AND RETURNED 12-9-98

Serial # B17115057

SFD-4Bom

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 #

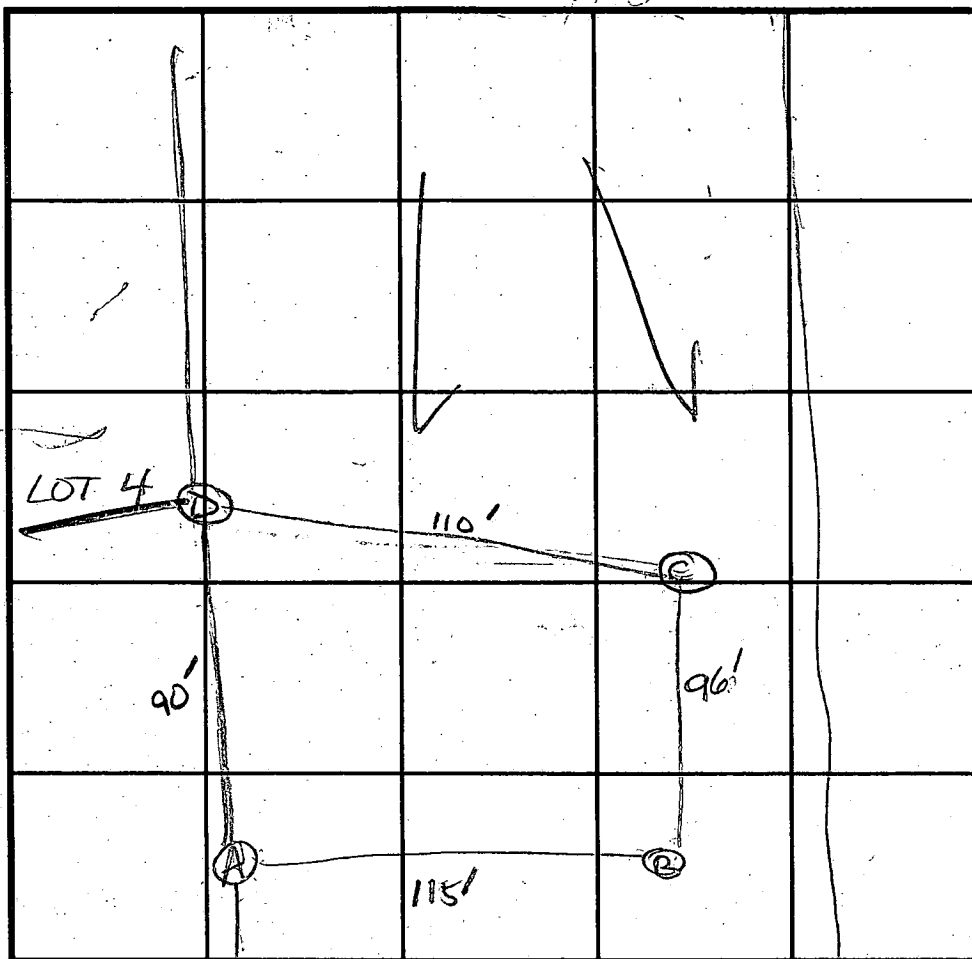
SOIL PROFILE

0' (B)
 top soil
 dk br clay loam
 2-3'
 dk br sandy loam
 10% rock
 8' hard bottom

0' (C) (D) (A)
 top soil
 red br clay loam
 3'
 tan sandy loam
 <10% rock frags
 10'

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	
6/3/94	B	3.5' S	10:54	→	10:54 ₃₀	700	SEE REPORT
		8.0' D	Hard bottom				
	(Repair)	3.5' S	10:54 ₃₀	10:55	10:55	10:56 ₃₀	2
	C	10.5' D	Visual				OK
	D	4.0' S	11:09 ₃₀	11:10	11:10	11:10 ₃₀	30 sec
		8.0' M	11:07 ₃₀	11:08 ₃₀	11:08 ₃₀	11:09 ₃₀	1
		11.0' D					
		4.0' S	11:10 ₃₀	11:11 ₃₀	11:11 ₃₀	11:12 ₃₀	1
	A	4.5' S	10:42 10:43	10:42 ₃₀ 10:43 ₃₀	10:42 ₃₀ 10:43 ₃₀	10:43 10:44	30 sec 30 sec
		10.0' D	See profile				

REMARKS holes (B), (C) not staked

TYPE OF SOIL

TESTED BY D. Soe

ALSO PRESENT O.K., Jr.

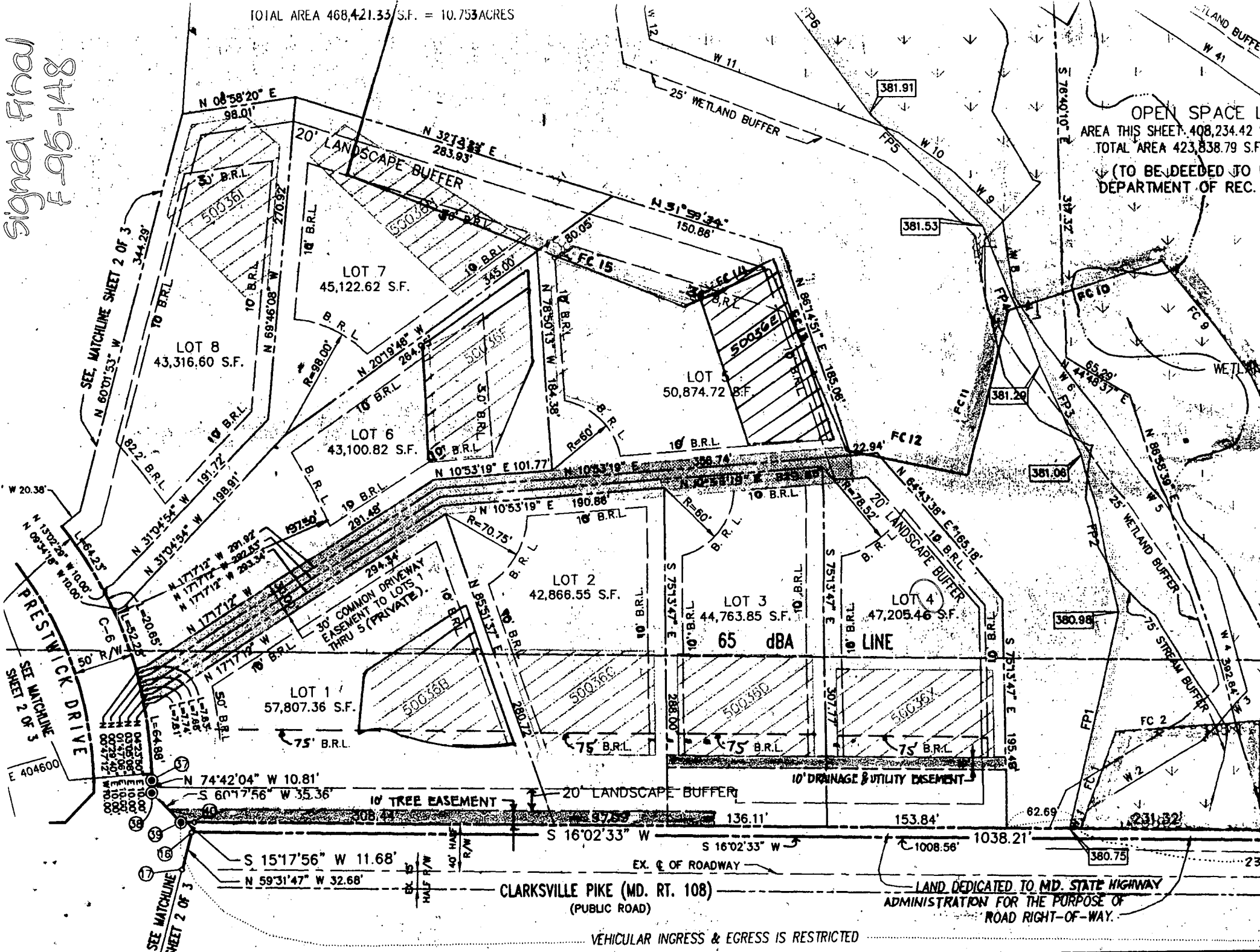
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180

Signed Final
F-95-148

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

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

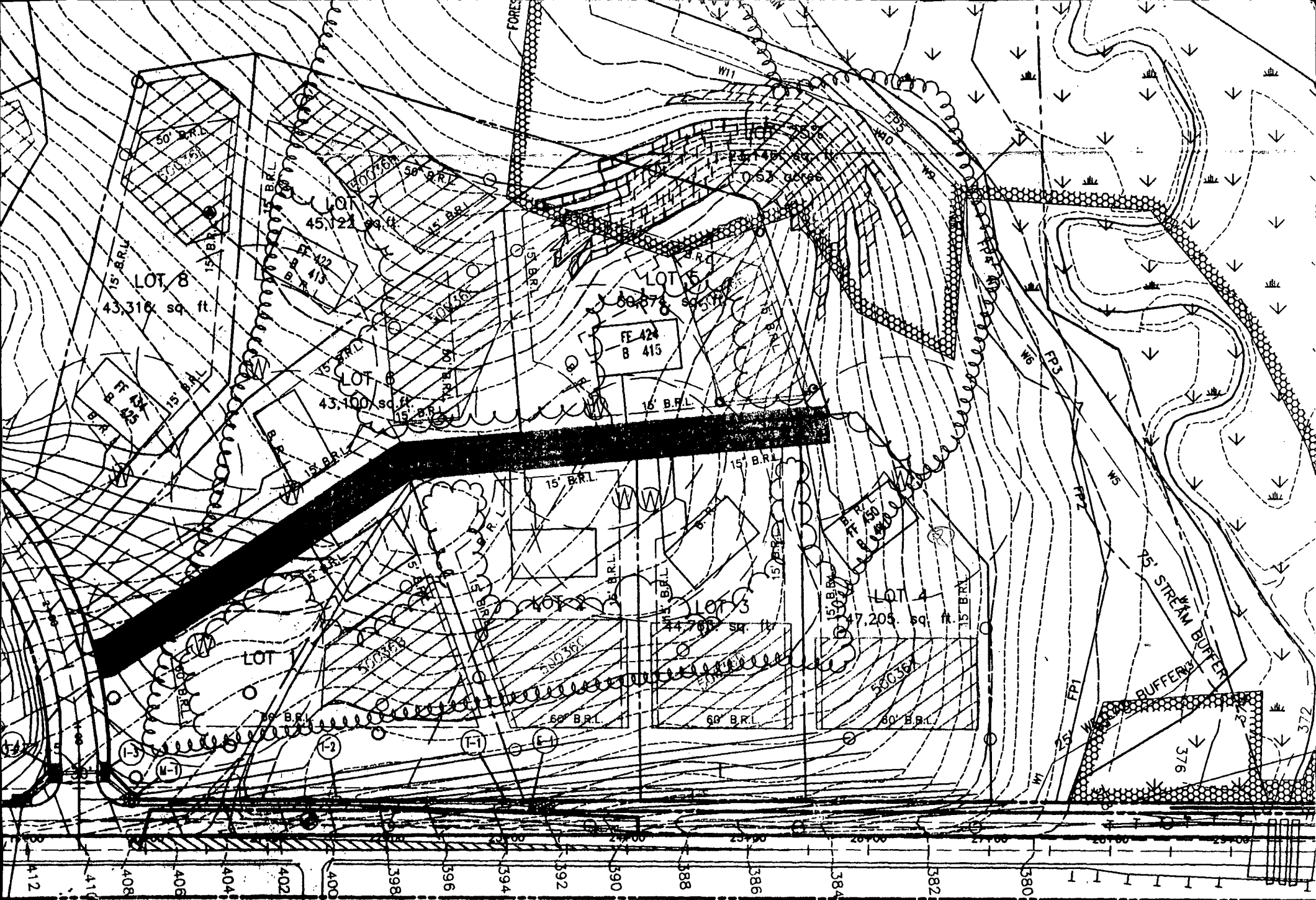


CLARKVILLE PIKE (MD. RT. 108)
(PUBLIC ROAD)

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

VEHICULAR INGRESS & EGRESS IS RESTRICTED

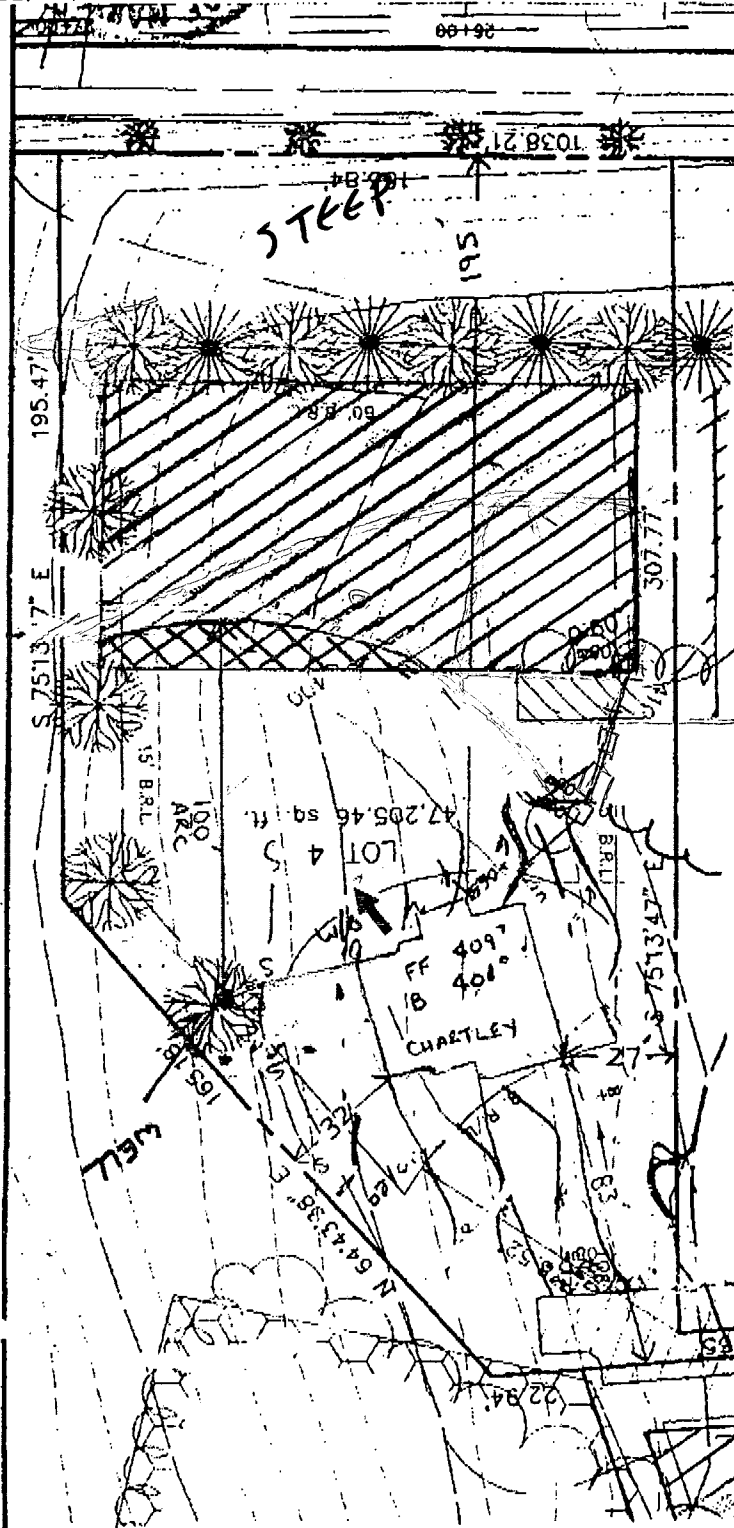
RECORDED AS PLAT



CLARKSVILLE PIKE (MD. 108)

Signed Perc Plan

EX. 72" PIP



ORIGINAL SEPTIC AREA

$76 \times 137 = 10,412 \checkmark$

700 \checkmark (AREA LOST) APX.

9712 NET SEPTIC AREA

Additional 300' \checkmark to be Added.

Septic ELEVATIONS

- HOUSE OUT - 407⁷
- TANK IN - 407²
- TANK OUT - 406²
- BOX IN - 406³
- BOX OUT - 406⁰
- EXISTING ELEV AT DIST. BOX - 409⁰

BY COPY OF THIS APPROVED SITE PLAN THE HEALTH DEPT. ACCEPTS THE PROPOSED MODIFICATIONS TO THE SEPTIC EASEMENT

Approved Septic System Plan
Howard County Health Department

Glibby

Permit # B00115051

Total linear feet of trench required 240 feet

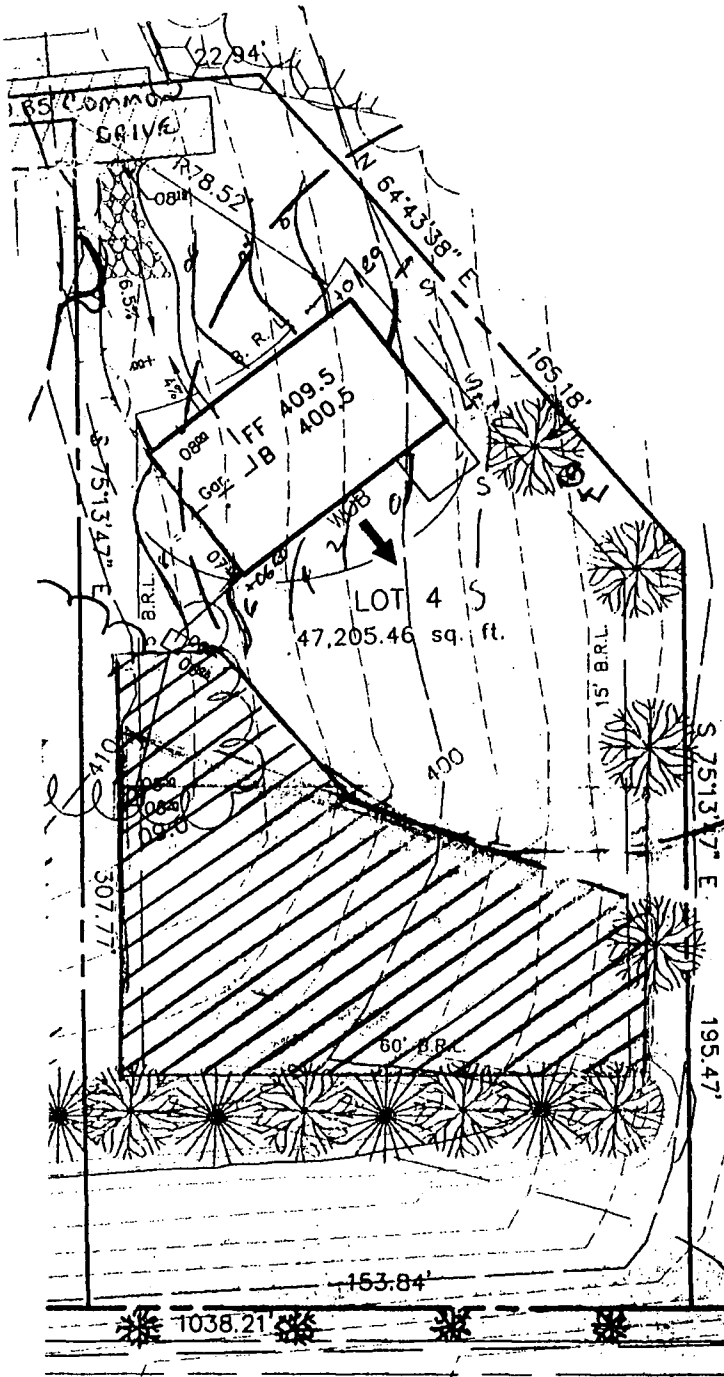
Width of trench(es) 3 feet


Depth of trench(es) 4 feet

Depth of stone required below dist. pipe 2 feet

PROJECT : WINDY KNOLLS LOT 4	
LOCATION : TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE : SITE DEVELOPMENT PLAN	
BUILDER : CORNERSTONE HOMES INC. 9671 NORFOLK AVE. LAVRELL, MD 20723	
DATE: 11-01-95	PROJ. NO.:
SCALE: AS SHOWN	SHEET 2 OF 2

oria Engineering
CONSULTING ENGINEER
8307 MAIN ST., HISTORIC ELLICOTT C
TEL: 410-463-0400 FAX: 410-



PROJECT :		WINDY KNOLLS LOT 4	
LOCATION :		TAX MAP 34 , PARCEL 84 & 134 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE :		SITE DEVELOPMENT PLAN	
BUILDER :		 CONSULTING ENGINEER 8307 MAIN ST., HISTORIC ELLICOTT CITY, TEL: 410-465-0400 FAX: 410-465-	
DATE: 11-01-95	PROJ. NO.:		
SCALE: AS SHOWN	SHEET 2 OF 2		

B 1 6
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

10-94-1690
70 fill in this form completely 79

Date Received (APA)

08/19/98

OWNER INFORMATION

15 Last Name: Land Bright Development
Owner First Name: 10805 Hickory Ridge Rd
36 Street or RFD: Columbia
55 Town: MD State: MD Zip: 21044

B 3

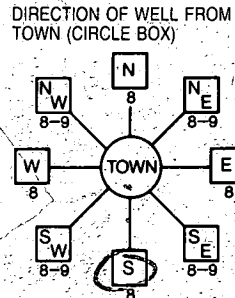
LOCATION OF WELL

8 COUNTY: HOWARD
23 SUBDIVISION: WINDY KNOLLS
SECTION: I LOT: 4
52 NEAREST TOWN: CLARKSVILLE
MILES FROM TOWN (enter 0 if in town) I M. I

DRILLER INFORMATION

Driller's Name: Perry Harley M. D. 1/4/3
76 License No. 81
Firm Name: Harley Drilling
Address: Box 160 Walkersville, MD
Signature: Perry Harley Date: 8/19/98

B 4



11 DIRECTION OF WELL FROM TOWN (CIRCLE BOX): PRESTWICK DR MD 108
NEAR WHAT ROAD: 300
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): FO
DISTANCE FROM ROAD: FO
ENTER FT OR MI: FO
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

COUNTY NAME: HOWARD COUNTY NO.: A-50036X
STATE SIGNATURE: _____ INSERT S →
DATE ISSUED: 08/19/98 CO SIGNATURE: _____ EXP. DATE: 08/19/99
NORTH GRID: 496 000 EAST GRID: 0816 000

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: _____ 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 _____

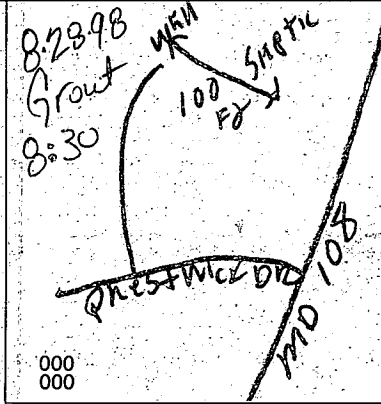
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

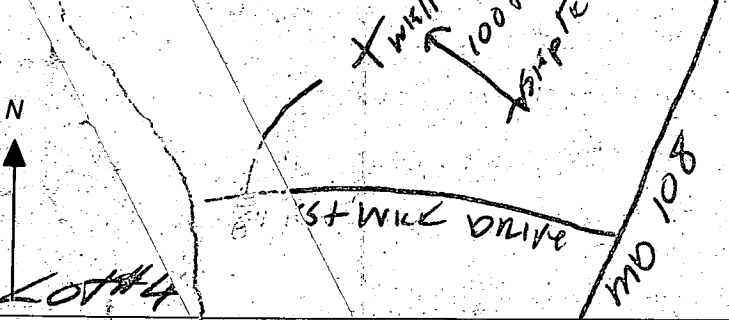
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING-WATER
- well
 -
 -

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.



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

APPROP. PERMIT NUMBER: _____ G A P
WRITE INITIALS IN BOX: DS PERMIT No. 10-94-1690
FORCE: _____ 67 68

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 7973 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 50036X

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 082898

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-94-082898

OWNER LDD STREET OR RFD Prestwick Drive TOWN Clarksville SUBDIVISION Windy Knolls SECTION LOT 4

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brownshell, Sandstone, Mica, Blue Rock, and GJ water.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (Steel, Brass, Plastic, Open Hole, Other) screen type or open hole, diameter, depth

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

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 043 NAME Harley DRILLERS SIGNATURE LIC. NO. 143

DEPTH (nearest ft.) 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

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 74 75 76

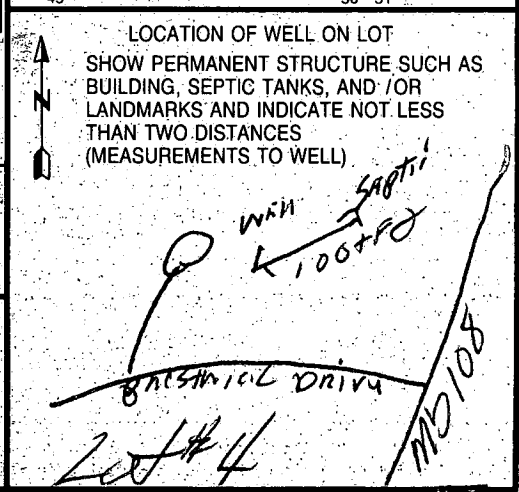
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 100 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)



SITE INSPECTION SHEET

OWNER: Windy Knolls Lot #4

DATE REQUESTED: _____

ADDRESS: _____

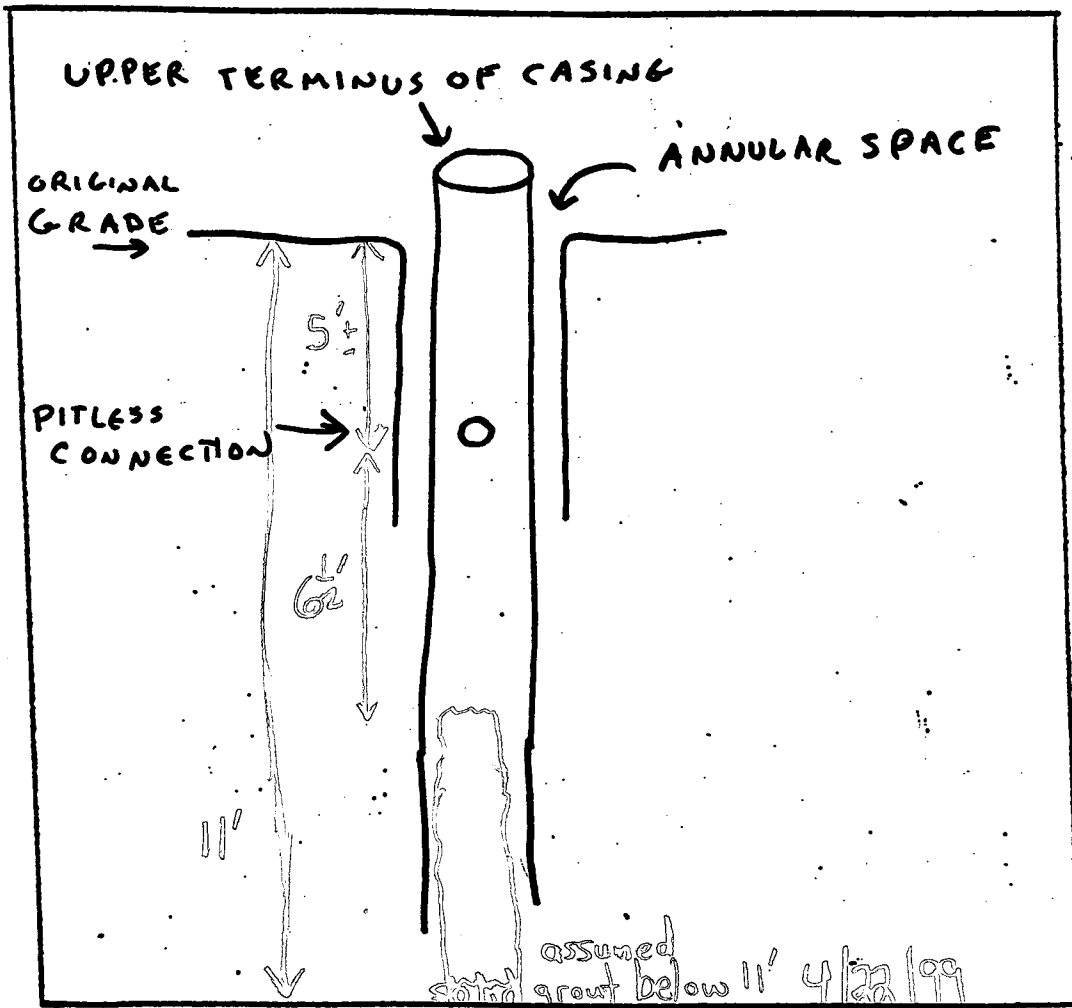
DRILLER: Perry Harley

WELL TAG # HO-94-1690

COUNTY # Howard

PROPOSAL: WELL CONSTRUCTION EVALUATION -

LOCATION DIAGRAM



COMMENTS: voids in grout
Present: Eric Dougherty, Dave Kerr, Paul Hinkle, John Conners
George Easterday, Brian Baker
Well OK as far as we can see - S.R.K. / EASTERDAY / DAVE KERR

DATE: _____ INSPECTOR: S.R.K.

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 

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.

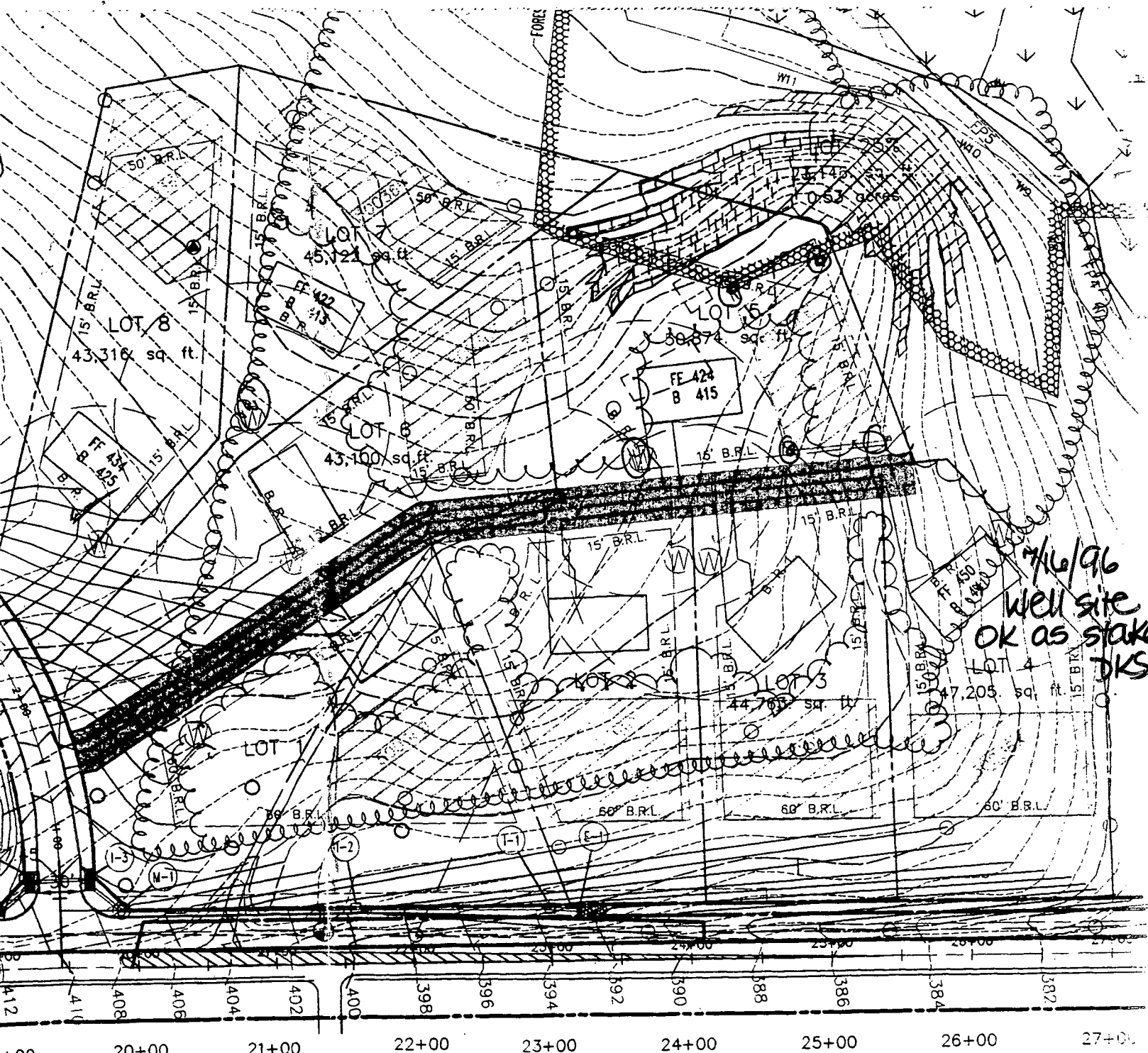
Well HO-94-1690, was inspected and found to have voids in the cement grout to a depth of 11 feet below grade. At 11 feet below grade, the grout appears solid.

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



7/6/96
Well site
OK as staked
DKS

CLARKSVILLE PIKE (MD. 108)

PLAN
SCALE : 1" = 100'

B 1 1753 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0854 <small>fill in this form completely</small>
B 2 050196 OWNER INFORMATION 050196 2400 DESIGN + DEVELOP. 10805 HICKORY RIDGE RD 20145 70 State 72 Zip 76		B 3 LOCATION OF WELL HOWARD 8 COUNTY WINDY KNOLLS 23 SUBDIVISION SECTION 2 LOT 4 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION MSD/MGD/MWD Driller's Name: Cory W Shaff Firm Name: Harley Drilling & Pump Systems Address: Box 160 WALKERSVILLE, MD Signature: Cory W Shaff Date: 4-16-97		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD: 3000 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST DISTANCE FROM ROAD: 300 FT TAX MAP: _____ BLK: _____ PARCEL: _____	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.): 3 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO. A 50036 X STATE SIGNATURE: _____ DATE ISSUED: 07/16/96 CO SIGNATURE: DONCKER EXP. DATE: 7/15/97 NORTH GRID: 496000 EAST GRID: 0816000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> 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: _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: 1. well WRITE THE BOX NUMBER FROM THE MAP HERE: 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____		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 (OEP USE ONLY) APPROX. PERMIT NUMBER: _____ GAP _____ FORCE DS PERMIT No. HO-94-0854		SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	

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 4/5/99
 Name of Installer F. EAGA P/ly & Htg 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 # 4 Well Tag # 40-94-1690
 Site Address FROSTWICK DR

Pump Motor Pitless Adapter
 1. Type 1. Horsepower 3/4 1. Make CAMPBELL
 a. Deep well jet _____ 2. RPM _____ 2. Model # _____
 b. Shallow well jet _____ 3. Voltage _____ 3. Depth 15ft
 c. Submersible _____ a. 110 _____
 2. Make Goulds b. 220 X
 3. Model # 28507412
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No X
 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 X

Tank Piping Well data 386
 1. Capacity 25 gal 1. Type PE 1. Depth 10ft ft.
 2. Pressure relief valve? Yes 2. Size 1/2" 2. Yield _____ GPM
 3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
 4. Depth of supply line 220ft 4. Will water supply be disinfected by installer? Yes

* Note: Well report stated well is 300ft deep. At time of pump installation well measures 223ft deep.

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-OU Signature of Applicant: [Signature]
 3/30/99 AMY/SRU Date: 4/5/99

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

April 1, 1999

John Conners
Cornerstone Homes, Inc.
9691 Norfolk Avenue
Laurel, Maryland 20723

RE: Windy Knolls - Lot 4
6413 Prestwick Drive

Dear Mr. Conners:

During a routine inspection of the above referenced property, it came to my attention that a drainage swale had been cut into the sewage disposal easement, leaving only a third of the area suitable for trench installation. In addition, the grout on the well appeared to be in an unacceptable condition.

This letter is to request that you contact this office in order to schedule a meeting in which to discuss the above problems. Also, this is to advise you that because these problems may have developed prior to your purchase of the lot, you may wish to have a representative of Land Design & Development, Inc. present.

Thank you in advance for your cooperation in this matter.

Swale ISSUE RESOLVED
6/24/99 (SR/K)

WINDY 4



*- Resolved -
Anyway
Never Sent?*

HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

April 14, 1999

Cornerstone Homes
Attn: John Connors
Director of Construction

John,

This is to confirm our recent conversations with respect to serious concerns about a number of the water wells in the Windy Knolls subdivision that appear to be inadequately grouted.

Problems observed at time of well line installation include:

- lot 4 - large voids in the grout;
- lot 22 - no grout below the pitless adapter;
- lot 19 - inappropriate grout material - rock cuttings and soil mixed in with the grout.

These are construction defects that do not satisfy requirements for properly constructed wells and pose severe threat for potential contamination of the water supply.

We cannot proceed further with individual permits or occupancy approvals until there is confidence that the properties in question are each served by "a properly constructed" well.

The "down-the-hole" view afforded by the well line inspection provides only a very limited window to observe the condition of the grout. A scheduled site evaluation with a backhoe and handtools would be the first step in confirming the degree of the problem. With a licensed driller present as your consultant, recommendations for remediation can be considered and agreement on an appropriate course of action can be reached.

Please contact this office to schedule the evaluation at the earliest opportunity.

Respectfully,

Craig Williams
Craig Williams

LOT 4
WINDY KNOWS

3/30/99

WP 1 OK but grout is unapprovable - there are large air pockets where the grout does not seal the casing, these pockets extend down below the pitless - further than can be seen w/ naked eye. Appears to be not completely sealed.

AW

4/2/99

Pictures of the grout taken

AW

Building Address 6413 PELSTWICK DR
CLARKSVILLE, MD. 21025

Suite/Apt. #: N/A SDP/NP/Petition #: N/A

Census Tract 6051.01 Subdivision WINDY KNILLS

Section N/A Area N/A Lot 4

Tax Map 34 Parcel 84 Grid 18

Zoning RPIX0 Map Coordinates _____ Lot size 1.08 AC

Property Owner's Name MICHELLE GOLDSTEIN

Address 6413 PELSTWICK DR

City CLARKSVILLE State MD Zip Code 21075

Home Phone 301 854 0639 Work Phone 301 621 8523

Applicant's Name & Mailing Address, (if other than stated hereon):
CHRIS BROWN SCOTT GOLDSTEIN
4778 COLUMBIA FARM
ELLICOTT CITY, MD 21042

Phone 410 461 0833 Fax 410 461 3042

Existing Use SFH

Proposed Use SFH w/DECK

Estimated Construction Cost \$ 600

Description of Work 16x20 DECK w/
STEPS TO GRADE

Contractor Company HAEEMAN BUILDERS

Contact Person CHRIS BROWN

Address 4778 COLUMBIA FARM

City ELLICOTT CITY State MD Zip Code 21042

License No. 50245

Phone 410 461 0833 Fax 410 461 3042

Occupant or Tenant OWNER

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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: 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"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

Applicant's Signature [Signature] Print Name CHRIS BROWN

[Signature] Title/Company HAEEMAN BUILDERS/AGENT Date 3-15-00

[Signature] Title/Company SCOTT GOLDSTEIN

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>3/15/00</u>	<u>Mark E. Rifkin</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

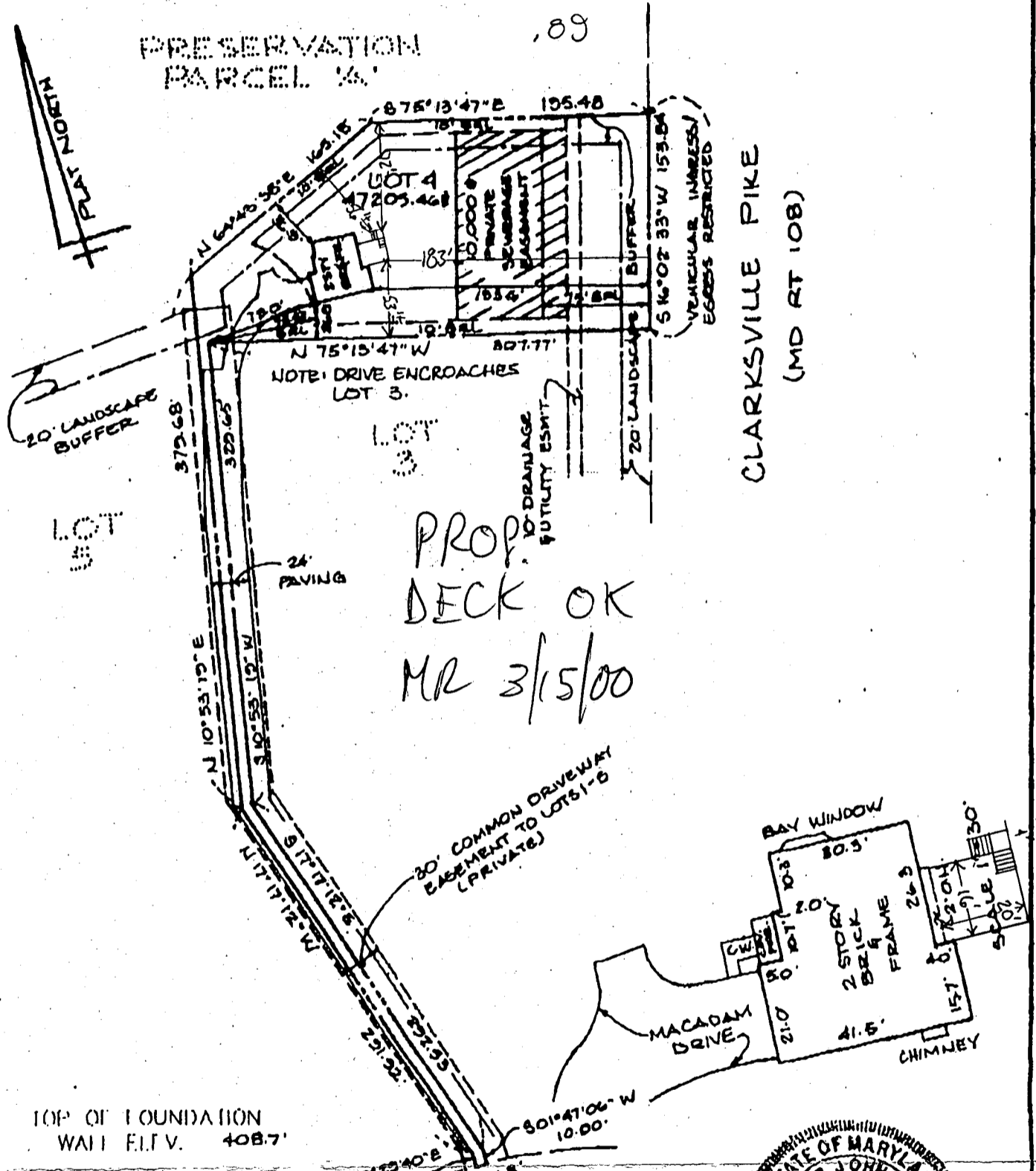
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>27' Main</u>	Filing fee \$ _____
Rear: <u>7' Main</u>	Permit fee \$ _____
Side: <u>7' Main</u>	Excise tax \$ _____
Side St.: <u>6' 1"</u>	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 # <u>11173</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

30 SCALE

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



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 OR THE FEMA T.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare
PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224

FINAL

RECORD PLAT No. 12229
FEMA FIRM No. 240044 0032B
DATED DECEMBER 4, 1996

BENCHMARK



LOCATION DRAWING
WINDY KNOLLS
LOT 4

6413 PRESTWICK DR.