

7/6/00
C.O. PM
8/18/00 WPI

PERMIT

P 513657

SEWAGE DISPOSAL SYSTEM

A 50560-P

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

ISSUE DATE 6/29/2000

APPROVAL DATE 7/6/00

INDEXED

02-205661

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Lyndonbrook LOT NUMBER 15 ADDRESS 2091 St. James Road

PROPERTY OWNER Dorsey Family Homes PROPERTY OWNER'S ADDRESS 9926 Cypressmede Drive

SEPTIC TANK CAPACITY 1250 GALLONS Ellicott City, MD 21042

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 230 feet down the left lot line and 30 feet off that same lot line as seen when facing the lot from St. James Road. Run trenches on contour toward the rear lot line. CK/MR

PLANS APPROVED Amy McMillen DATE 4/21/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

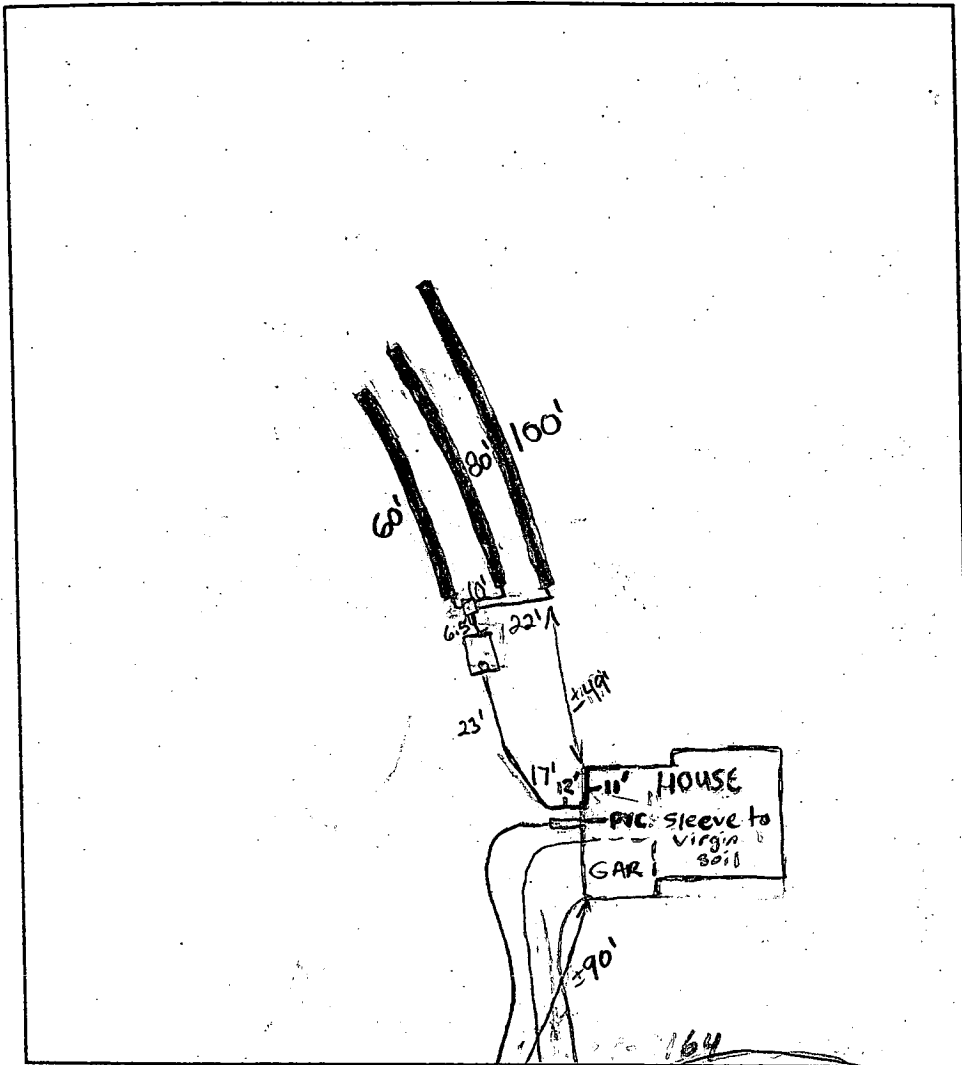
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

SEW. PERMITS DIVISION
AND RETURNED 12/7/2000
B00127683 DECK w/STEPS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 50560-P

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 3.5'
 TRENCH BOTTOM DEPTH 5.5'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 sq. ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER No
 6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~

~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST _____~~

PRE-CONSTRUCTION INSPECTION: 40-94-1164
164 St. James Road

INSPECTION COMMENTS: 7/6/00 House connection made, System satisfactory, O.K.
To cover everything (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 7/6/00

8/8/00 -
WPI Am

FROM: [unclear] [unclear]

FILE NO.: 4102132645

Aug. 07 2000 02:48PM PL

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Phone: (410) 313-7610
Fax: (410) 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8/8/00

Name of Installer Michael P. Gartland, Inc.

Telephone (410) 549-1755

License Number 6353
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Dorsey Family Homes Telephone (410) 461-4300
Subdivision Lyndon Brook Lot # 15 Well Tag # HO-99-1164
Site Address 2091 St James Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity? Yes <input checked="" type="checkbox"/> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> <u>tape</u>		

Tank	Piping	Well data
1. Capacity <u>30 gal</u>	1. Type <u>well line pipe</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>65 lbs</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? _____

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)

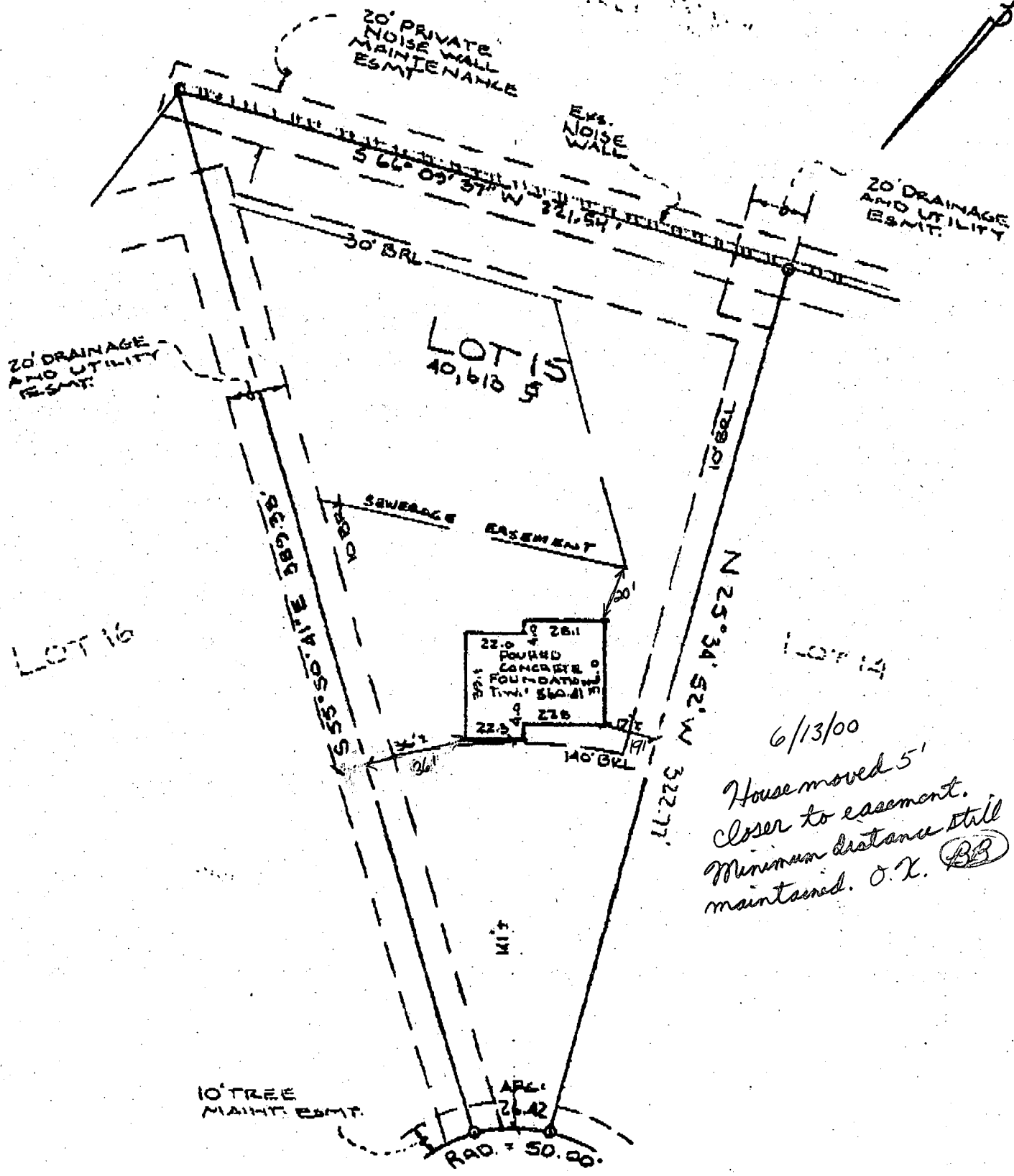
All information given above is true to the best of my knowledge.

8/8/00-WPI
OK (SRW)

Signature of Applicant: Michael Gartland
Date: 8/8/00

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

HO-215



20' DRAINAGE AND UTILITY ESMT.

20' PRIVATE NOISE WALL MAINTENANCE

EVS. NOISE WALL

20' DRAINAGE AND UTILITY ESMT.

LOT 15
40,618 sq ft

SEWERAGE EASEMENT

22.0' Poured CONCRETE FOUNDATION. TYP. 540-41 FT

6/13/00
House moved 5'
closer to easement.
Minimum distance still
maintained. O.K. (BB)

10' TREE MAINT. ESMT.

RAD. = 50.00

STATE OF MARYLAND
ROBERT H. FLANN
No. 10002
[Signature]

JAMES ROAD
(50' R/W)

WALL CHECK
LOT 15
LYNDON BROOK
SITUATED ON
ST. JAMES ROAD
3RD ELECTION DISTRICT
HOWARD COUNTY,
MARYLAND
SCALE: 1"=50' MAY 2000

2081 ST JAMES RD

Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench
 required 240 feet

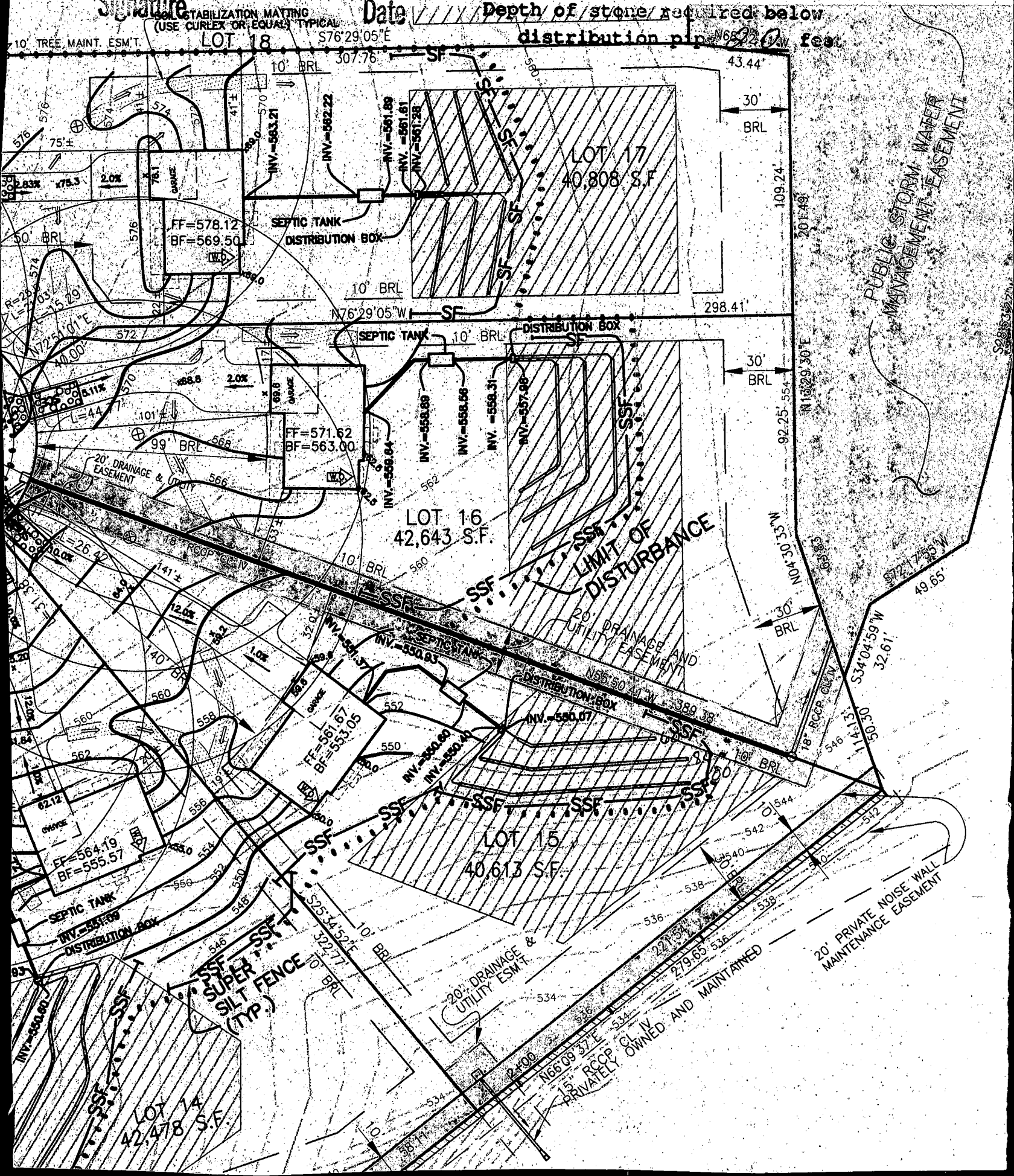
ENGINEER: CFS

Width of trench (ft) 3.0 feet

Depth of trench (ft) 5.5 feet

Amy McMill 4/21/00
 Signature Date

Depth of stone required below
 distribution pipe 2.0 feet



APPLICATION

PERCOLATION TESTING

A 53560P

P _____

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

DISTRICT _____

DATE 3/3/95

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 Annelore Stiegler

2151 Route 32
ADDRESS Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.

P.O. Box 417
ADDRESS Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 16 115 0

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(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]
(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

50560-P

LOT 14

COUNTY #

SOIL PROFILE

595

0' red
c
gravelly

4' orange
brn
5.1Lm
micaceous

8' very lgt
yellow
tan
mica
5.1Lm
5%
decayed
shale

594 593

4' orange
red
gravelly
C1Lm

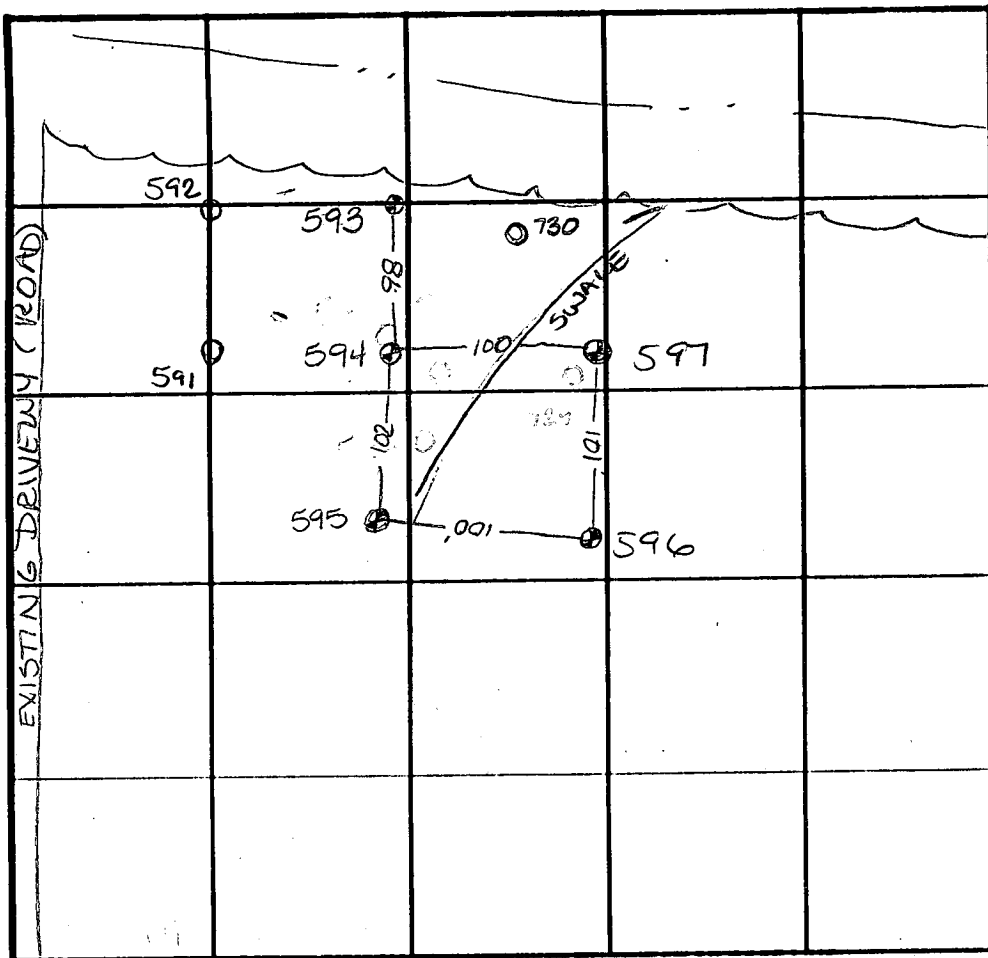
orange
brn
5.1Lm
100%
decayed
mica
shale

7' lgt tan
yellow
5.1Lm
20% decayed
mica shale

596

orange
red &
black
clay
mica

4' lgt tan
grey
5.1Lm
10%
mica
shale
(grey
from
mica)



SOIL PROFILE

597

0' yellow
brn
c

4' orange
brn
c

7' dark grey
brn 10%
mica
decayed
shale
water
commingling
at 14'

17' water

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-20-95	595	4.5' / V12	11:10	11:11 ¹⁵	11:11 ¹⁵	11:13 ¹⁵	2min
→	594	4.5' / V12	1:27 ⁴⁵	1:29	1:29	1:31	2min
→	593	3.5' / VII'	1:32	1:33	1:33	1:34	1min
→	593	repour	1:35 ³⁰	1:37	1:37	1:38 ⁴⁵	13/4min
→	596	4.5' / V12'	1:01 ³⁰	1:15	1:15	1:45	30min
	597	See Profile					

REMARKS 596-597 not useable - located in a swale

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Larry

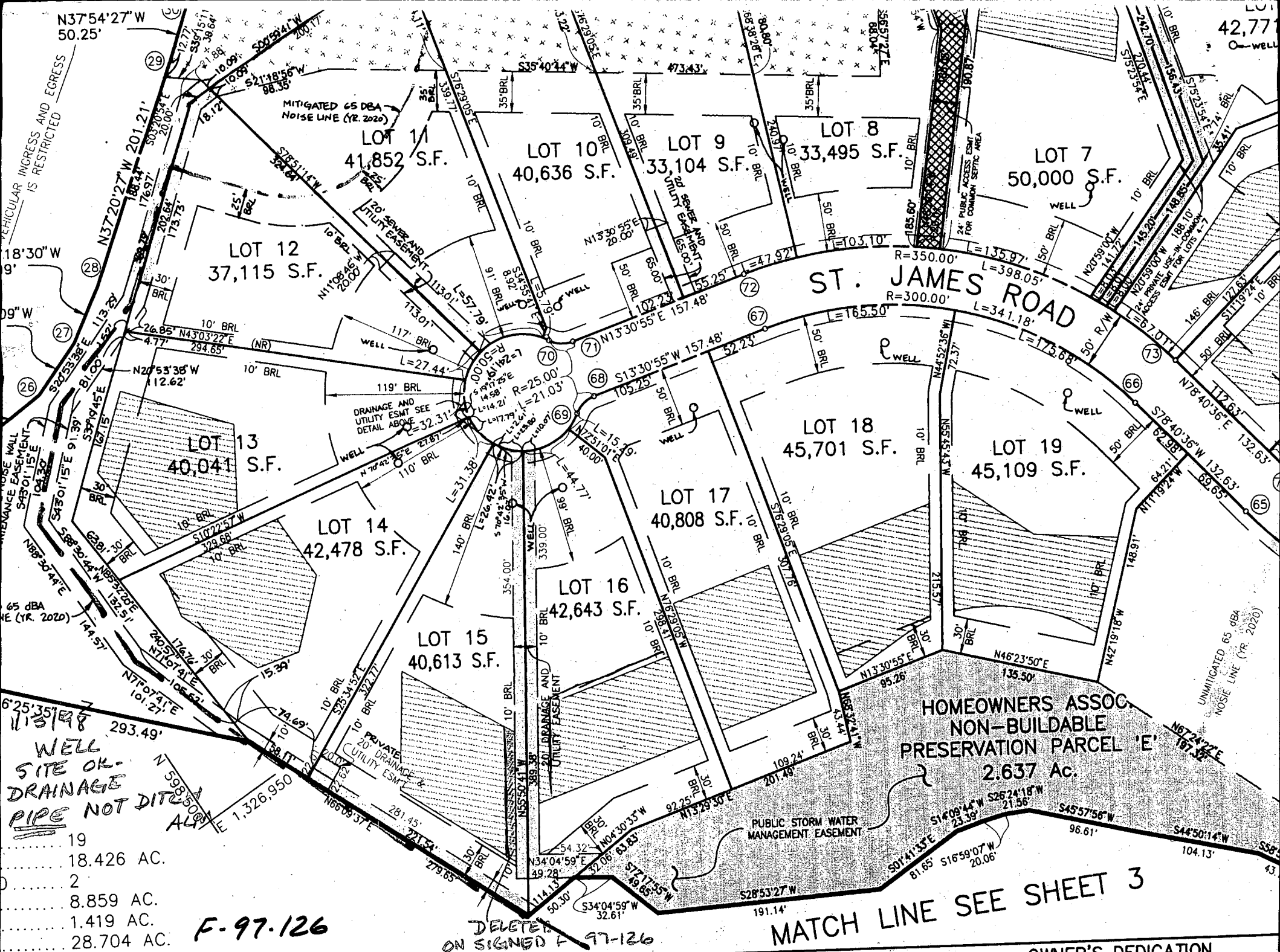
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



N37°54'27"W
50.25'

42.77'

LOT 11
41,852 S.F.

LOT 10
40,636 S.F.

LOT 9
33,104 S.F.

LOT 8
33,495 S.F.

LOT 7
50,000 S.F.

LOT 12
37,115 S.F.

ST. JAMES ROAD

LOT 13
40,041 S.F.

LOT 18
45,701 S.F.

LOT 19
45,109 S.F.

LOT 14
42,478 S.F.

LOT 17
40,808 S.F.

LOT 15
40,613 S.F.

LOT 16
42,643 S.F.

HOMEOWNERS ASSOC.
NON-BUILDABLE
PRESERVATION PARCEL 'E'
2.637 Ac.

WELL
SITE OK -
DRAINAGE
PIPE NOT DITCH
AL

- 19
- 18.426 AC.
- 2
- 8.859 AC.
- 1.419 AC.
- 28.704 AC.

F-97-126

DELETED
ON SIGNED F-97-126

MATCH LINE SEE SHEET 3

SURVEYOR'S CERTIFICATE

OWNER'S DEDICATION

SDC GROUP, INC., BY JAMES R. MOXLEY, JR. AND STEVEN K. BREEDEN, OWNER OF

Approved Septic System Plan
 Howard County Health Department

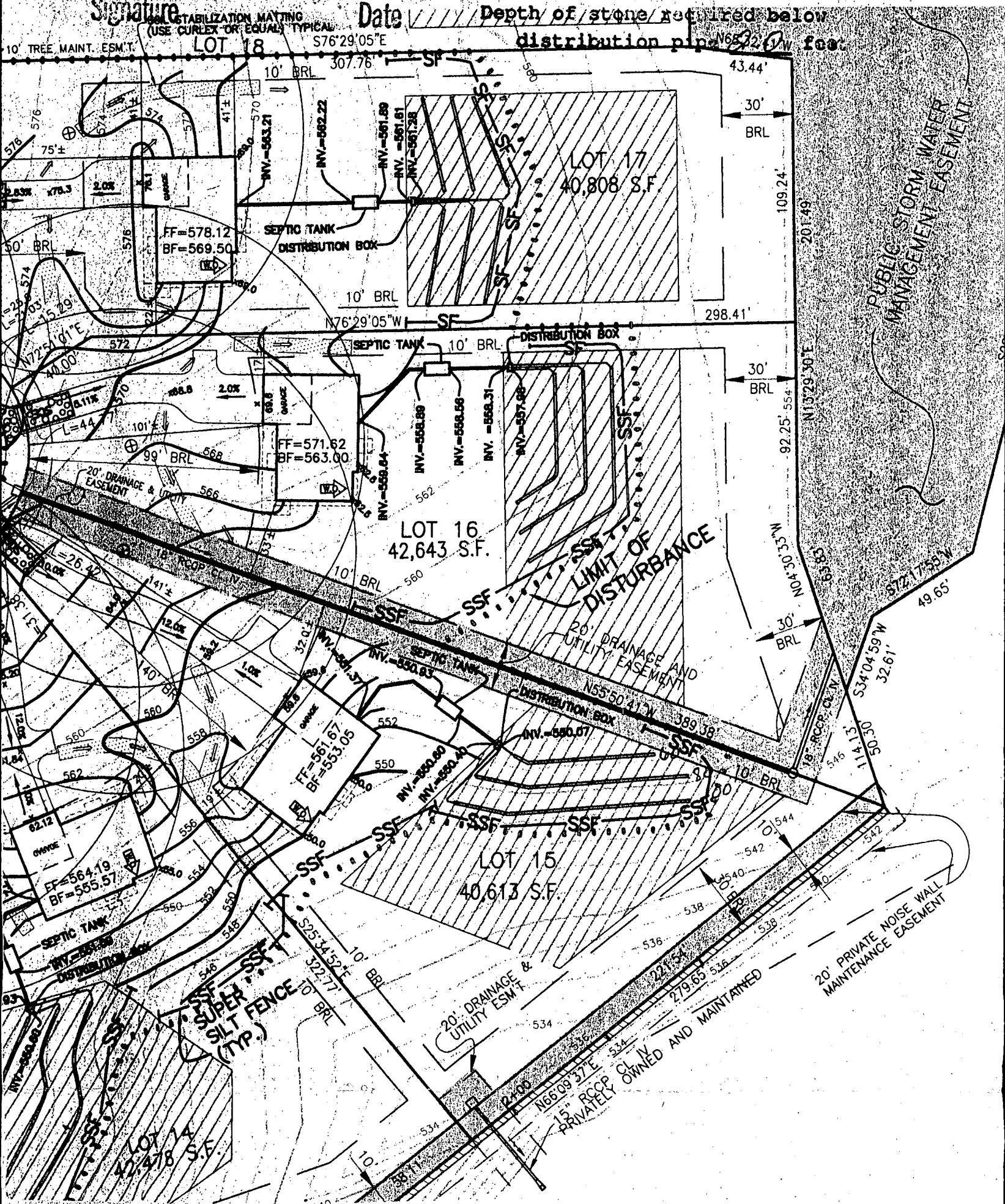
Total linear feet of trench
 required 240 feet

Width of trench (ft) 3.0 feet

Depth of trench (ft) 5.5 feet

Signature Andy McMill Date 4/21/00

Depth of stone required below
 distribution pipe 8.0 feet



PERMITS:
 21043
 ECTIONS (410) 313-1810
 RMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B000123447

Address 2091 ST. JAMES RD
ELLCOTT CITY, MD 21042
 Suite/Apt. #: N/A SDP/M/P/Petition #: N/A
 Census Tract 6030 Subdivision LYNDON BROOK
 Section N/A Area 3RD E.D. Lot 15
 Tax Map 15 Parcel 40 Grid 56
 Zoning RR-DEU Map Coordinates SD13 Lot size

Property Owner's Name DORSEY FAMILY HOME
 Address 9926 Cypressmude Dr
 City Ellicott City State MD Zip Code 21042
 Home Phone 410-465-7200 Work Phone 410-465-0488
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone Fax

Existing Use New Home under Const.
 Proposed Use finish Basement
 Estimated Construction Cost \$ 1000
 Description of Work finish basement per
plan

Contractor Company Dorsey Family Homes
 Contact Person Pat Dorsey
 Address 9926 Cypressmude Dr
 City Ellicott City State MD Zip Code 21042
 License No. 189906
 Phone 410-465-7200 Fax 410-465-0488

Occupant or Tenant N/A
 Contact Name
 Address

Engineer or Architect Company Architecture Collaborative
 Contact Person Dane Robinson
 Address 8320 Main St. Suite 2
 City Ellicott City State MD Zip Code 21042
 Phone 410-465-7200 Fax 410-465-0903

7/17/00
 Per building permit
 office- the basement
 will not contain
 any new bedrooms
 or in-law suite.
 A M M

BUILDING DESCRIPTION - RESIDENTIAL

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Robert L. Dorsey Sr.
 Applicant's Signature
President
 Title/Company

ROBERT L. DORSEY SR. PRES
 Print Name
7-13-00
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY USE
Land Development DPZ			Front	Filing fee
State Highway			Rear	Permit fee
Building Official			Side	Escape fee
Dev. Economics DPZ			Side St.	Submittal paid
Health			All minimum setbacks met?	Adm'l permit fee
Fire/Code			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES
Is Basement Control approval required prior to issuance?			Is Entrance Permit required?	Balance due
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Vehicle
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval due	

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

C 1 **6059** 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 **A 50560P**

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
6 12 97
Depth of Well
22 **400** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1164
28 29 30 31 32 33 34 35 36 37

OWNER **SDC**
STREET OR RFD **St. James Rd.** first name
SUBDIVISION **Stiegler Property** SECTION **15** TOWN **West Friendship** LOT **15**

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	
Sand	0	54	
Gray Mica Rock	54	400	

*1 Dry well 400'
Filled in with
cement & drilling
materials*

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **27** NO. OF POUNDS **2338**
GALLONS OF WATER **162**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **50** ft.
48 TOP 52 54 BOTTOM 58
(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** Total depth of main casing (nearest foot) **60**
60 61 63 64 66 70

OTHER CASING (if used)
diameter inch depth (feet) from to
E A C H C A S I N G

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.)

1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
56 60
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) **6**
8 9
PUMPING RATE (gal. per min.) **2.2**
11 15
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **47** ft.
17 20
WHEN PUMPING **340** ft.
22 25
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL 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 } **3** (nearest foot)
49 50 51

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)
See Attached Well Locations

NUMBER OF UNSUCCESSFUL WELLS: **1**

WELL HYDROFRACTURED **Y** **N**

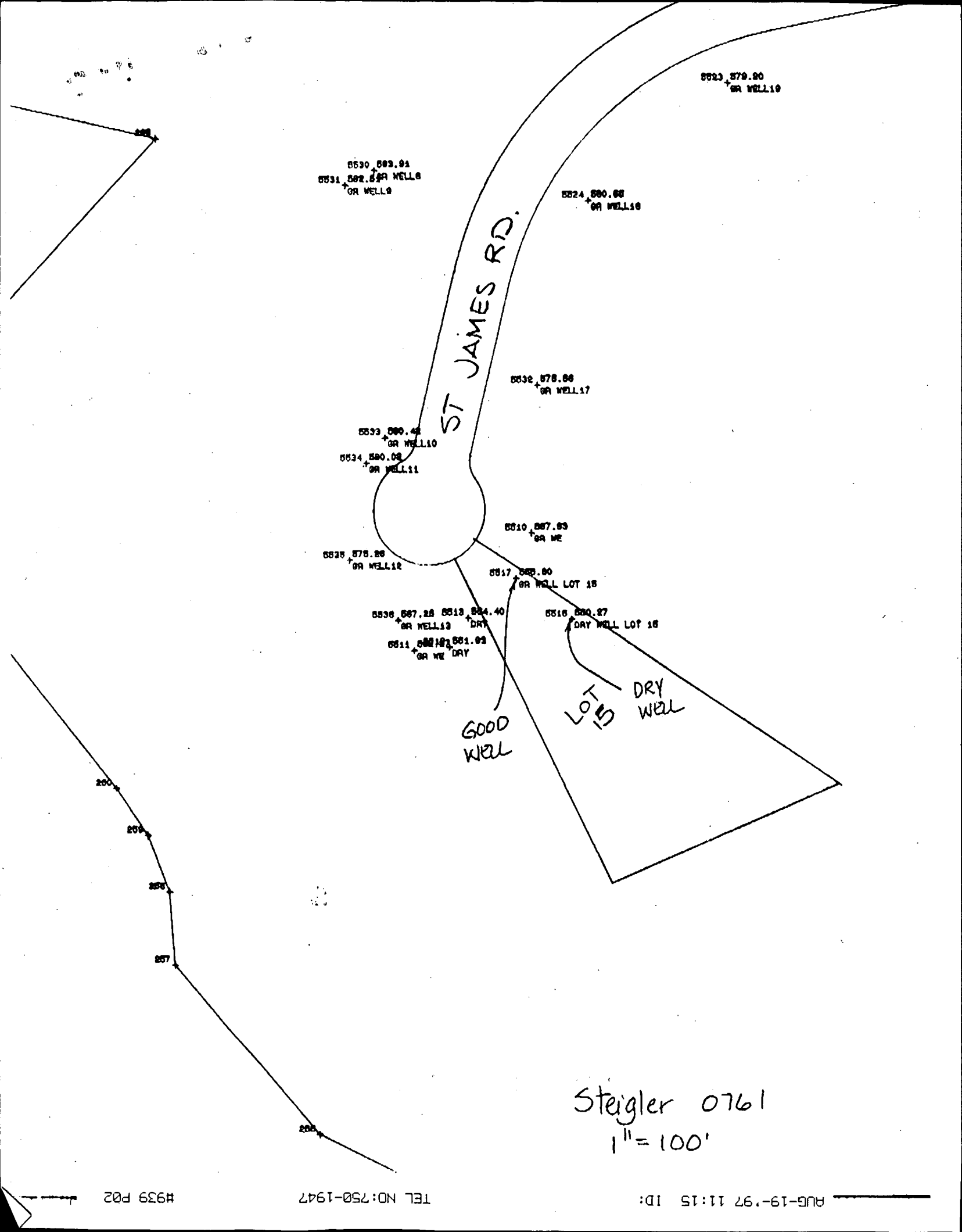
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **MSD024**
DRILLERS SIGNATURE *Joseph Mays*

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. **MSD027**
SUPERVISOR SIGNATURE *Danny Mays*

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



8523, 879.80
OR WELL 19

8530, 883.81
8531, 882.82 OR WELLS
OR WELLS

8524, 880.68
OR WELL 18

ST JAMES RD.

8532, 878.88
OR WELL 17

8533, 880.48
OR WELL 10
8534, 880.08
OR WELL 11

8510, 887.83
OR WE

8535, 878.88
OR WELL 12

8517, 889.80
OR WELL LOT 18

8536, 887.28 OR WELL 13 DRY
8513, 884.40 DRY
8511, 882.82 OR WE DAY
8512, 881.02 OR WE DAY

8516, 880.87
DAY WELL LOT 18

GOOD WELL

LOT 15 DRY WELL

200
200
200
207

Steigler 0761
1" = 100'

B 1	9404	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER	140-94-1164
1 2 3 4 5 6		(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
Date Received (APA) 4/22/97		OWNER INFORMATION			

8 MM DD YY 13
5 DC

15 Last Name Owner First Name 34
P.O. Box 417

36 Street or RFD 55
Elliott City MD 21041

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MSDO24 License No. 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy Md. 21771

Signature Joseph L. Mayne Date 4/21/97

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 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)

APPROP. PERMIT NUMBER _____ G A P _____

FORCE KM WRITE INITIALS IN BOX PERMIT No. HO-94-1164

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 LOCATION OF WELL

8 COUNTY 21 Howard

23 SUBDIVISION 42 Stiegler Property

SECTION 44 46 LOT 48 50 15

52 NEAREST TOWN 71 West Friendship

MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30 St. James RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 110 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A50560P

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 5/20/97 Kim Maisto 5/20/98

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 50 538 000 EAST GRID 57 814 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 6-12-97 9:30 AM

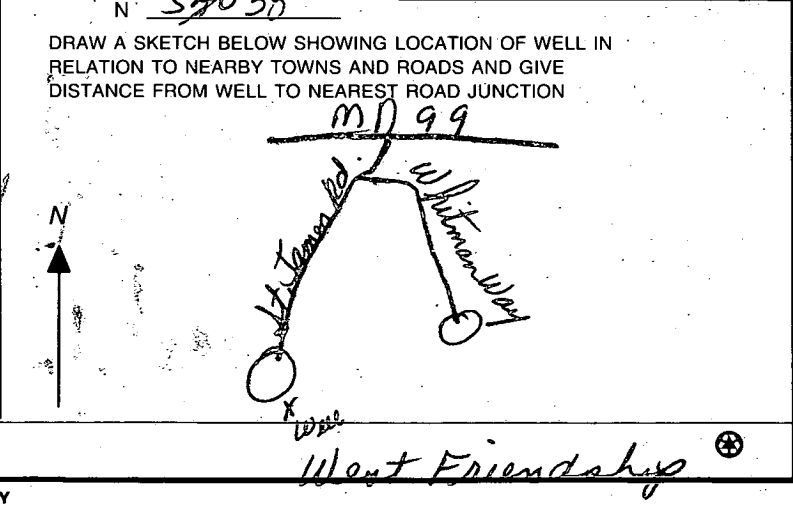
SOURCES OF DRILLING WATER

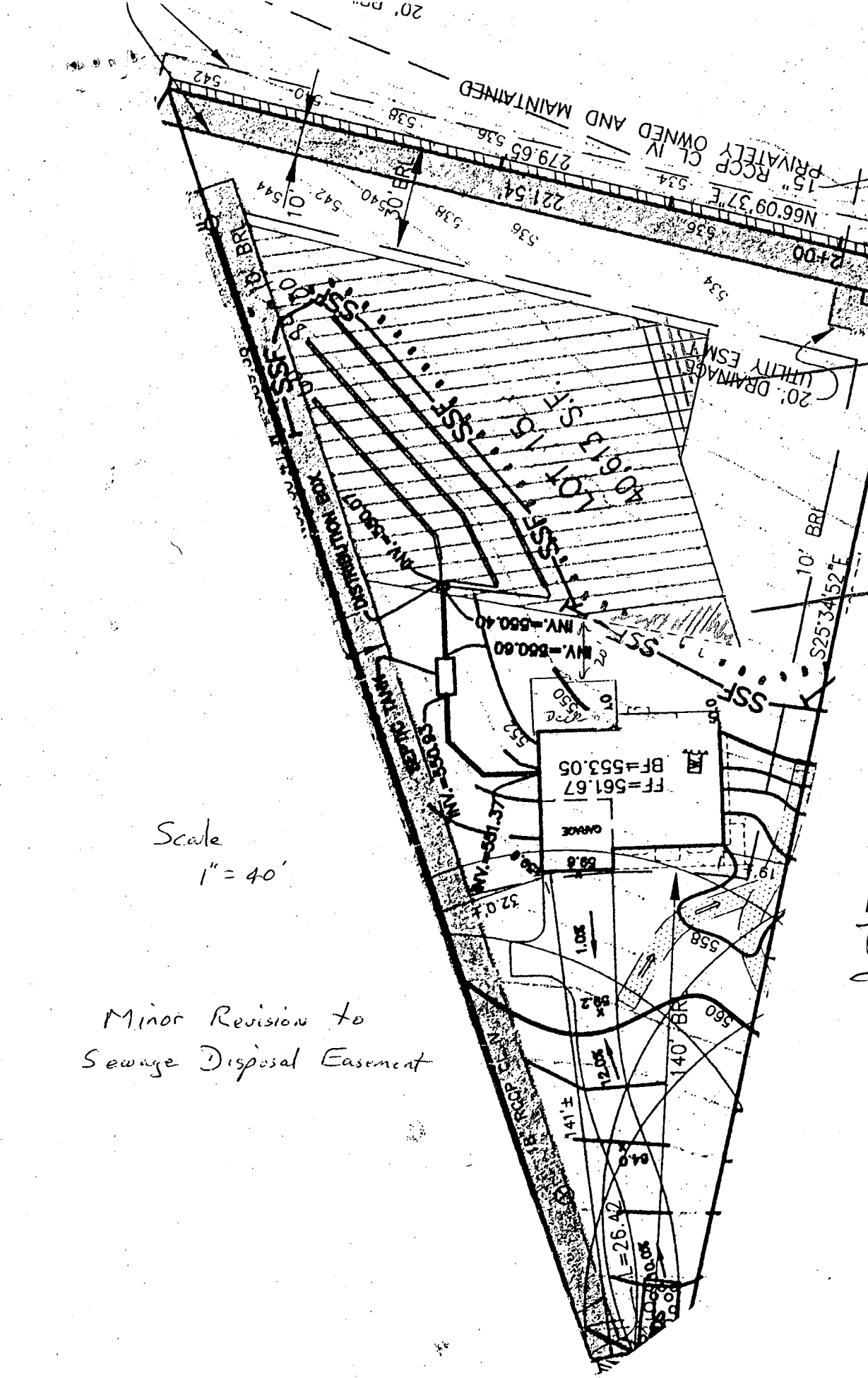
- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 814

N 54038





Added

Deleted

B 00/27683
 2891 St James Rd
 Lyndenbrook lot 15
 received BDA Approval
 Minor SDA is acceptable
 Revise 12/7/00

Scale
 1" = 40'

Minor Revision to
 Sewage Disposal Easement