

04-358651

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

A 50563C

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Bridgwood LOT 3 ROAD 16824 Hardy Rd

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

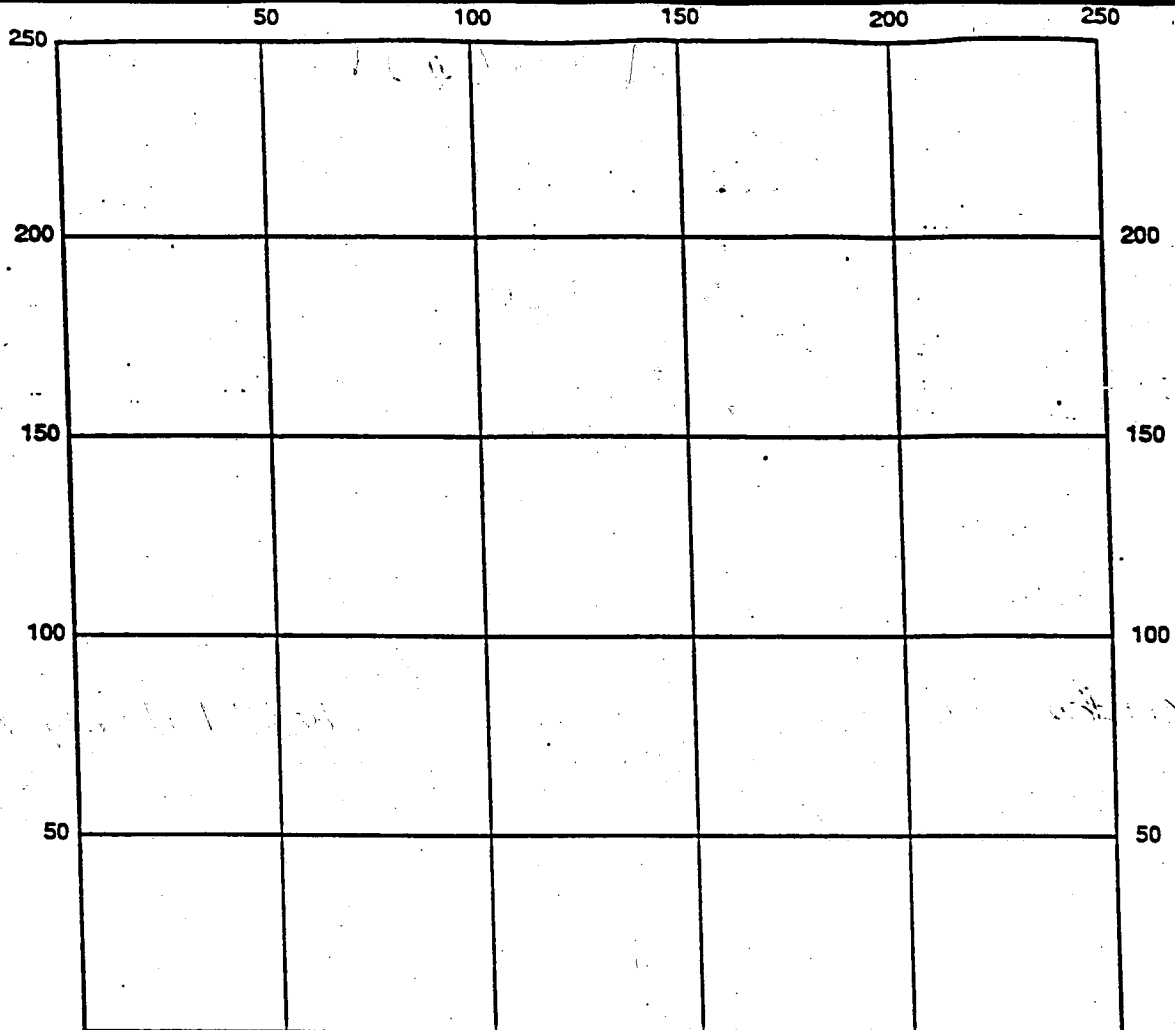
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A50563C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level \_\_\_\_\_  
 Dosing Chamber Level \_\_\_\_\_  
 Dual Pump \_\_\_\_\_  
 Controls \_\_\_\_\_  
 Alarm \_\_\_\_\_  
 Pump Test \_\_\_\_\_  
 Piezometers \_\_\_\_\_  
 Observation Ports \_\_\_\_\_  
 Float Settings High Off: \_\_\_\_\_  
                   High On: \_\_\_\_\_  
                   Low Off: \_\_\_\_\_  
                   Low On: \_\_\_\_\_

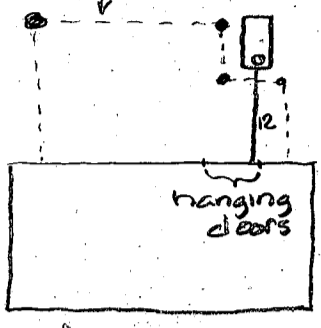
Trench: \_\_\_\_\_  
 Width \_\_\_\_\_  
 Length \_\_\_\_\_  
 Bottom \_\_\_\_\_  
 Depth \_\_\_\_\_  
 Inlet \_\_\_\_\_  
 Depth \_\_\_\_\_  
 Gravel \_\_\_\_\_  
 Depth \_\_\_\_\_

Alarm Float: \_\_\_\_\_

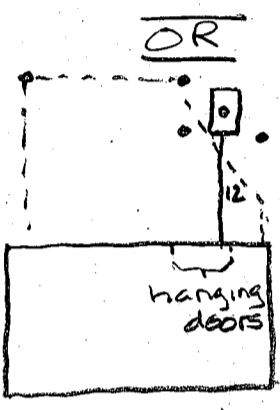
Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date System Approved \_\_\_\_\_ Inspector \_\_\_\_\_

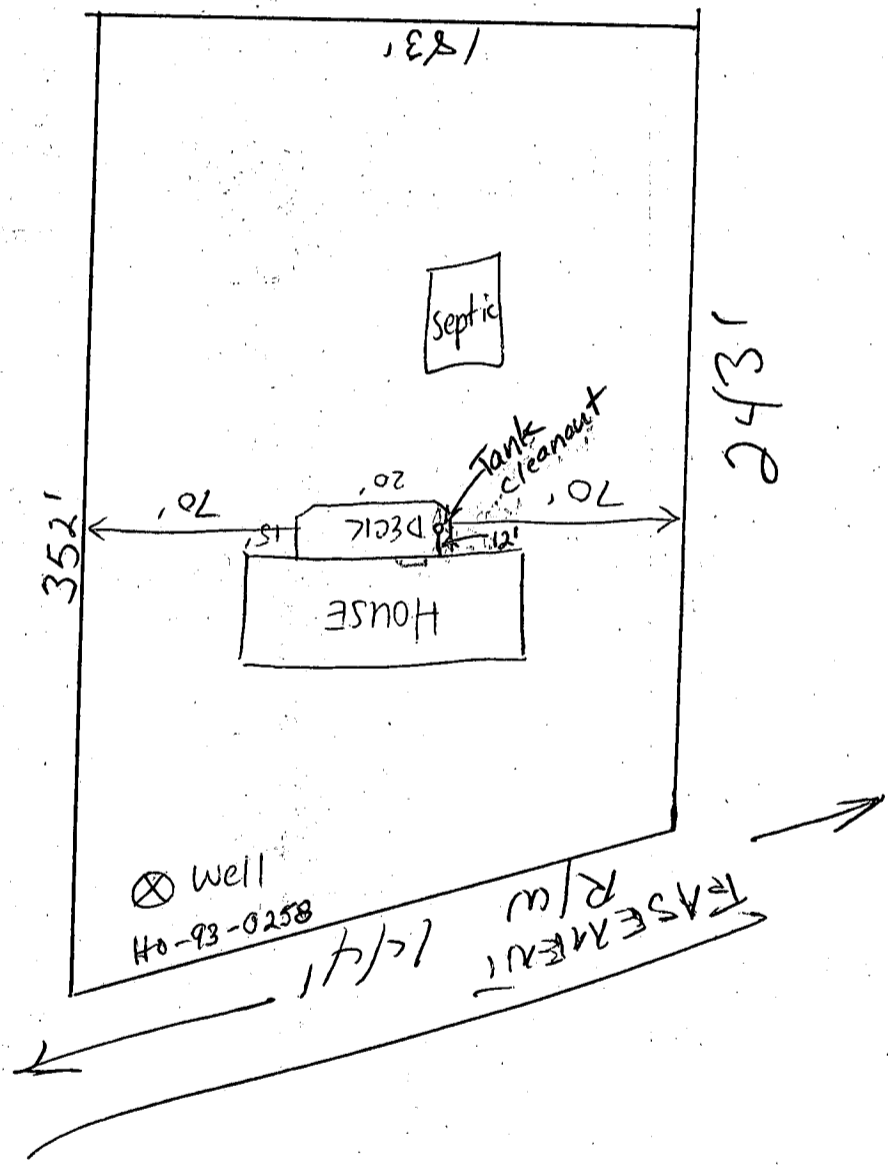
6/9/00  
 Proposed deck  
 stakes in ground  
 Deck is 7-8' off ground  
 OK to proceed - 3.0' from  
 edge of deck to edge of  
 ST - therefore footers are  
 5' to edge of ST.  
 dk



5/12/00  
 Appears part of deck  
 will be built over septic  
 tank. Advised that tank  
 will have to be moved. (BB)



This deck  
 shape  
 would be  
 OK  
 also  
 for same  
 reasons  
 stated  
 above.  
 \*



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000129134

Building/Address: 16824 Hardy Road  
16824 Hardy Road  
 Suite/Apt. #: \_\_\_\_\_ SDP/FP/Pool/Spa: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: 16824 Hardy Road  
 Section: 1 Area: 1A Lot: 3  
 Tax Map: 7 Parcel: 37 Grid: 3  
 Zoning: R-1 Map Coordinates: \_\_\_\_\_ Lot size: \_\_\_\_\_

Property Owner's Name: Rita Wolfe  
 Address: 16824 Hardy Road  
 City: MT Airy State: MD Zip Code: 21771  
 Home Phone: 301-854-5000 Work Phone: 301-638-9006  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost \$: \_\_\_\_\_  
 Description of Work: Deck on Rear of House  
x 5' x 10'

Contractor Company: \_\_\_\_\_  
 Contact Person: Stephyn Wolfe  
 Address: 16824 Hardy Road  
 City: MT Airy State: MD Zip Code: 21771  
 License No.: \_\_\_\_\_  
 Phone: 301-854-5000 Fax: 301-854-5081

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: _____ Public _____ Private _____
No. of stories: <u>ONE</u>	Sewage Disposal: _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: <u>DECK 15' x 20'</u> Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

Rita Wolfe  
 Applicant's Signature  
 Title/Company: \_\_\_\_\_

Rita Wolfe  
 Print Name  
May 11 2000  
 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>7/6/00</u>	<u>A McMill</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>1.1' Min</u>	Filing fee \$ _____
Rear: <u>1.1' Min</u>	Permit fee \$ _____
Side: <u>1.1' Min</u>	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 # <u>116</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by: \_\_\_\_\_

Howard County Health Department

To: Jane

Bridlewood Lot 3 Steven Wolf

indexed as A50563-C  
not-on-file

attached paperwork relates to corrective  
information regarding a mix-up with  
the well completion report

please check all sources\*to see if you can  
match-up to proper lot file

\*all sources = dks, km, fs, and vf.

if file is found, please return to me to be  
sure it is properly sorted

if file is not found, return this portion to

**From:** index with this note attached so file  
can be brought to my attention when  
it re-appears

**Date:** \_\_\_\_\_

HD-170

thanks, cw 1/20/99

# WESTMINSTER ROTARY WELL DRILLING, INC.

DANA & RONALD KYKER

BLAST HOLE DRILLING

*Commercial & Domestic*

June 13, 1998

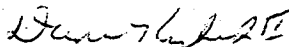
RE: Amended Completion Report, Bridlewood, Lots 2 & 3

Mr. Craig Williams  
Howard County Health Dept.  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, Maryland 21043

Dear Craig,

I went to Mr. Wolf's residence to find out why they were running out of water and found that the pump needs to be set lower in the well. The well is 505 feet deep instead of 128 feet deep as the well completion report stated. Enclosed please find amended and corrected reports.

Sincerely,

  
Dana Kyker Jr II

DK/vsb

19# 50563-C

C1 6372

SEQUENCE NO. (DENV 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A-50563C

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT) 505

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0258

OWNER STANCER CHARLES STREET OR RFD 16420 HARDY ROAD TOWN LITSPON SUBDIVISION BRIDLEWOOD SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Dirt, Clay, Soft Br. Shale, Hard Br. Shale, Hard Blue Shale, Hard Blk. Sandstone, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 39, NO. OF POUNDS 3666, GALLONS OF WATER 234, DEPTH OF GROUT SEAL 117 ft.

CASING RECORD: casing types ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE S, T, diameter 6 inch, total depth 118 feet.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type HO (OPEN HOLE), slot size 1, 2, 3, diameter of screen 5.05 inch.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (N).

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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...

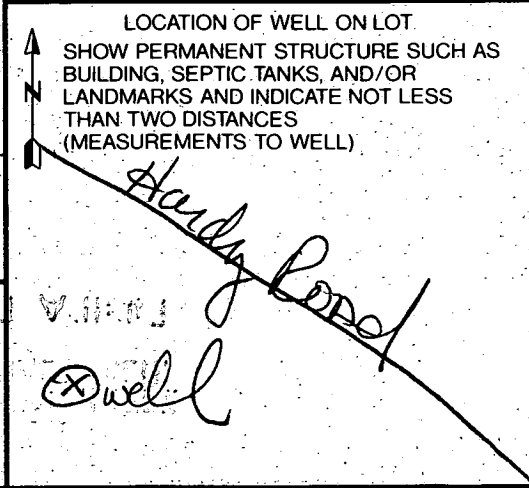
DRILLERS IDENT. NO. MWD256 Dana Kyker Jr II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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. (74, 75, 76).

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 1.2 gal. per min., METHOD USED TO MEASURE PUMPING RATE submersible, WATER LEVEL 31, WHEN PUMPING 426, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED S (submersible), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below), LAND SURFACE 1 (nearest foot).



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 93-0258  
 Location of property (road) HAROLY ROAD  
 Subdivision BRIDLEWOOD Lot 3 Block      Plat      Sec.       
 Well Driller WESTMINSTER ROTARY Owner CHARLES STANCER

Depth of well 505 feet  
 Distance of measuring point (M.P.) above ground 1 foot  
 Static water level (S.W.L.) below M.P. 31 feet

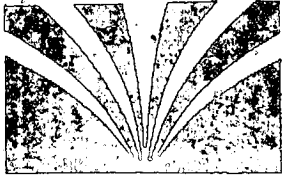
I. High rate pumping -- reservoir drawdown

Time pump started 8:15am Pumping rate 1.2 gpm  
 Total time 6hrs to reach pumping water level 426 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill X 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	31'	5 sec.		12
8:30	136'	5 sec.		12
8:45	238'	6 sec.		10
9:00	291'	7 sec.		8.5
9:15	343'	10 sec.		6
9:30	384'	12 sec.		5
9:45	418'	15 sec.		4
10:00	440'	50 sec.		1.2
10:15	440'	50 sec.		1.2
10:30	440'	50 sec.		1.2
10:45	440'	50 sec.		1.2
11:00	440'	50 sec.		1.2
11:15	439'	50 sec.		1.2
11:30	438'	50 sec.		1.2
11:45	437'	50 sec.		1.2
12:00	436'	50 sec.		1.2
12:15	435'	50 sec.		1.2
12:30	434'	50 sec.		1.2
12:45	433'	50 sec.		1.2
1:00	432'	50 sec.		1.2
1:15	431'	50 sec.		1.2
1:30	430'	50 sec.		1.2
1:45	429'	50 sec.		1.2
2:00	428'	50 sec.		1.2





C&P  
HOMES, INC.

C & P HOMES  
87327 Pink Dogwood Ct  
Eltz, MD 21771

DATE: 7/22

TIME: 3:20

FAX TRANSMITTAL

TO: Craig Williams

COMPANY: Howard County

PHONE: \_\_\_\_\_ FAX: 313-2648

FROM: Pete Ryan

NUMBER OF PAGES INCLUDING COVER: 2

MESSAGE:

Here is the information  
regarding lot #3 on Hardy Rd.  
Please look it over and  
call me back as soon  
as possible. Thank!

Please call if your fax was received as incomplete. 301-695-2604  
fax 301-829-5547

**R. J. RENNER**

MASTER PLUMBER  
NEW CONSTRUCTION • REPAIR WORK

TO WHOM IT MAY CONCERN,

THIS LETTER IS TO NOTIFY ALL PARTIES INVOLVED WITH THE  
PRIVATE WELL SERVING 16824 WARDY ROAD, MT. AIRY, M.D.  
C & P HOMES, WESTMINSTER WELL DRILLING, AND HOWARD COUNTY  
HEALTH DEPARTMENT.

WE WERE TOLD THE WELL DEPTH AT THIS PROPERTY WAS 128 FEET,  
WITH A 12 GALLON PER MINUTE RECOVERY RATE.  
BASED ON THIS INFORMATION WE SET A 1/2 H.P. 2-WIRE 230 VOLT  
7 GALLONS PER MINUTE PUMP, AT 110 FEET.

WHEN THE PUMP WAS INSTALLED THE WATER TABLE AT THAT TIME  
WAS 25 FEET FROM THE TOP OF THE WELL.

DUE TO NEW INFORMATION ON THE DEPTH AND WELL RECOVERY  
WHICH IS ( 505 DEPTH, 1.2 GALLONS PER MINUTE). WE WOULD  
SUGGEST THE FOLLOWING CHANGES AND COSTS.

1 - 1 H.P. 5 GALLON PER MINUTE, 2-WIRE, 230 VOLT, SUBMERSIBLE  
PUMP.  
475 FEET OF 10 X 2 PUMP WIRE, 475 FEET OF 160 LB PIPE.

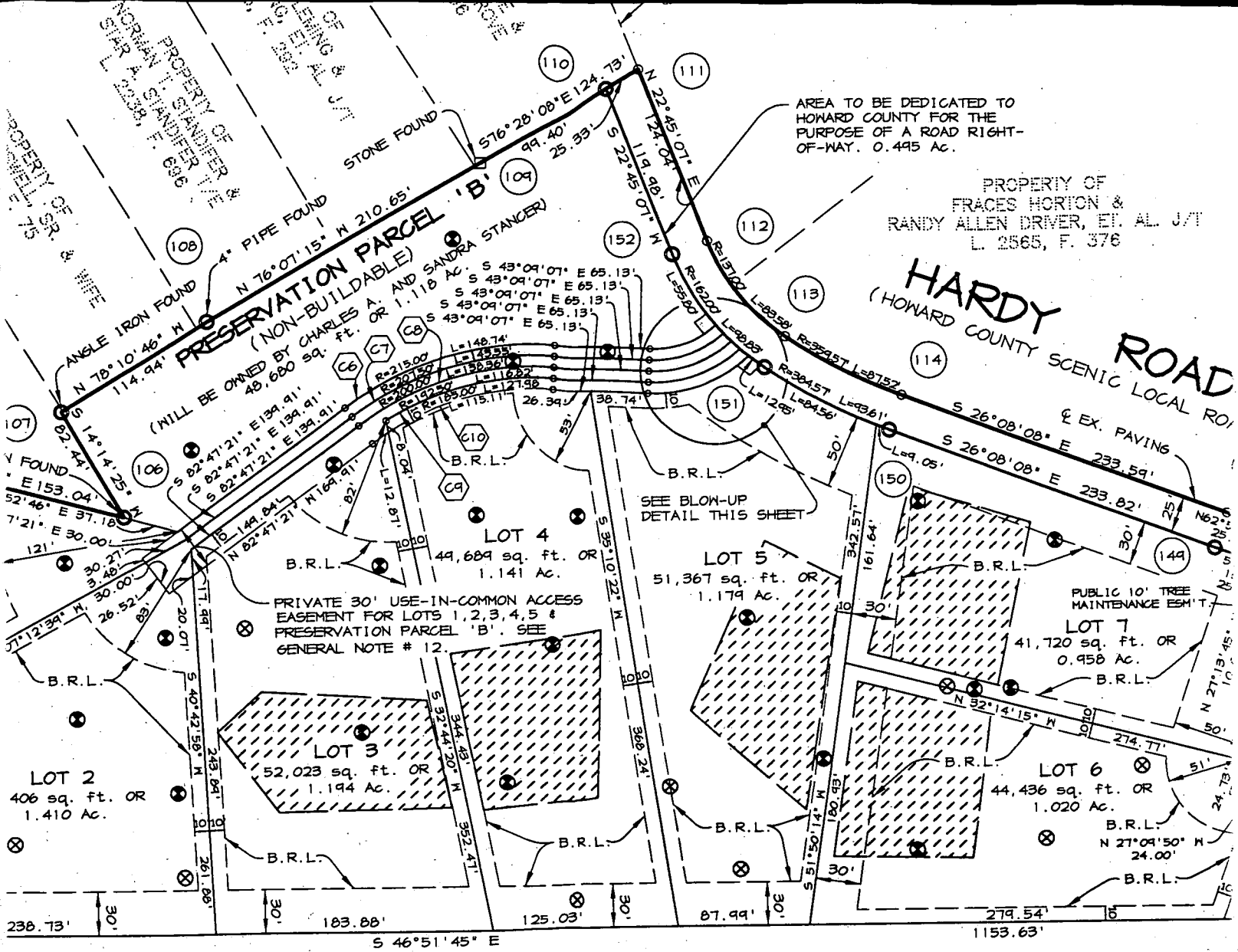
COST - COMPLETELY INSTALLED \$ 1300.00

5712-F INDUSTRY LANE FREDERICK, MARYLAND 21701  
Phone 301/395-5580

7-20-98

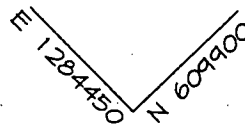
IN A TELEPHONE CALL 2 DAYS PRIOR TO THIS LETTER,  
BUILDER ASKED ME TO  
SEE IF DRILLER WOULD HELP  
RECTIFY THE PROBLEM  
I TOLD HIM I DIDNT SEE THAT THE DRILLER  
HAD ERR'D - ~~IT~~ SEEMED <sup>AS</sup> MORE LIKELY THAT  
WELLS HAD BEEN MISMARKED, ~~NOT MISD~~  
RATHER THAN MIXING UP WHICH DEPTH/YIELD.  
IN ANY EVENT, THE APPLICANT HAD ACQUIRED  
THE WELL FROM THE DEVELOPER, NOT FROM THE DRILLER.  
ON 7/14/98 THE DRILLER REPLIED THAT HE DIDN'T SEE THIS AS  
HIS FAULT BUT AGREED TO "HELP" IF OTHERS DID.  
WITH HIS PERMISSION I RELAYED THIS COMMENT TO BUILDER - C&P.

*Handwritten note:* called



AGRICULTURAL PRESERVATION PARCEL 'A'

FOR CONTINUATION  
SEE SHEET 3 OF 4



FURTHER CERTIFY THAT THE REQUIREMENTS OF SECTION 3-108, THE REAL PROPERTY (TITLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

*Wilson* 6-3-96  
 HUR E. MUEGGE #10751 DATE  
*Charles A. Stancer* 6-7-96  
 CHARLES A. STANCER DATE  
*Sandra Stancer* 6-7-96  
 SANDRA STANCER DATE

LEGEND

- - DENOTES 4' x 4' x 36' CONCR
- - DENOTES 5/8" Ø IRON PIPE OR
- - DENOTES PASSING PERC TEST
- ⊗ - DENOTES FAILED PERC TEST
- ▨ - DENOTES PRIVATE SEWERAGE

NOTOR'S CERTIFICATE

THAT THE FINAL PLAT SHOWN HEREON IS CORRECT;  
 SECTION OF ALL THE LAND CONVEYED BY WILSON

OWNER'S CERTIFI

WE, CHARLES A. STANCER AND SANDRA STANCER, OWNERS  
 AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SURVEY