

6/14/99  
11:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-322246

P 51932

A 50617-C

DISTRICT \_\_\_\_\_

DATE 6/7/99

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 6/14/99

INSPECTOR SRK

INDEXED

S K Backhoe & Septic Service IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 1220 ESK Highway, Keymar, MD 21757 PHONE 301-898-0955  
~~410-775-0562~~  
301-788-3268

SUBDIVISION Woodford's Grant LOT 34 ROAD 11382 Barley Field Way

PROPERTY OWNER Trinity Builders WESLEY KOLLER

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 179.45' and 308.24' lot lines, begin trenches 70 feet up the 308.24' lot line and 40 feet off that same lot line. Run trenches on contour toward the 308.24' lot line.

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

PLANS APPROVED BY Kim Masite/Mark Rifkin DATE 4-06-1999

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)

**BUILDING PERMIT SIGNED  
AND RETURNED**

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 9/5/2002 B00138286 PORCH + DECK

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

PERMIT VOID AFTER TWO YEARS

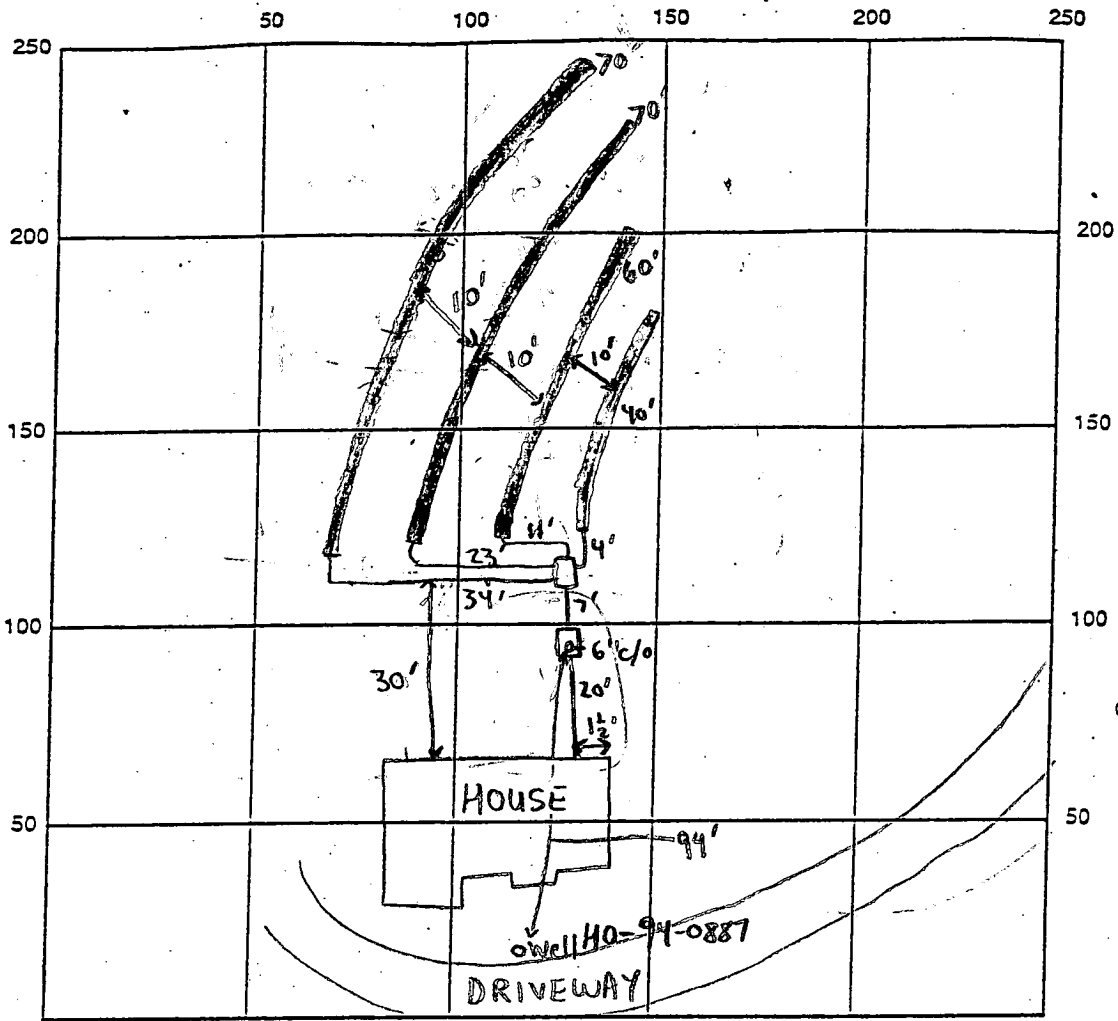
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

50617-C



SEPTIC TANK LEVEL 1250 midseam CLEANOUTS 6 @ tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/14/99 - OK TO COVER (SRK)

*(mirrored text from reverse side)*

DATE SYSTEM APPROVED 6/14/99 INSPECTOR Steven R. Krieg

# APPLICATION

## PERCOLATION TESTING

A 50617-C

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

1033  
8 26 15  
26 49  
26 45  
27

30  
00  
00  
30

P \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 3-30-95

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 Thomas Powell c/o Land Design & Development, Inc. Trinity Builders

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 3

### PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

(11382 BARLEY FIELD Way)

**BLDG. PERMIT SIGNED**

**AND RETURNED** 4-6-95

Serial # B10110977

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home - 4 Bdrms  
(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











FA-2	
FA-3	
FA-4	

# FOREST CONS

LINE	
FB-1	
FB-2	
FB-3	
FB-4	

**PRESERVATION PARCEL 'B'**  
 78,335 sq.ft.  
 1.80 Acres  
 TO BE DEDICATED TO HOWARD CO.  
 DEPT. OF RECREATION AND PARKS  
 N01°56'33"E 134.26'

WETLAND # 4

LOT 13  
 R.R. RHODY  
 750/438  
 P. 273  
 RR DEO

LOT 12  
 JOHN R. BURNS  
 P. 216  
 RR DEO  
 644/17

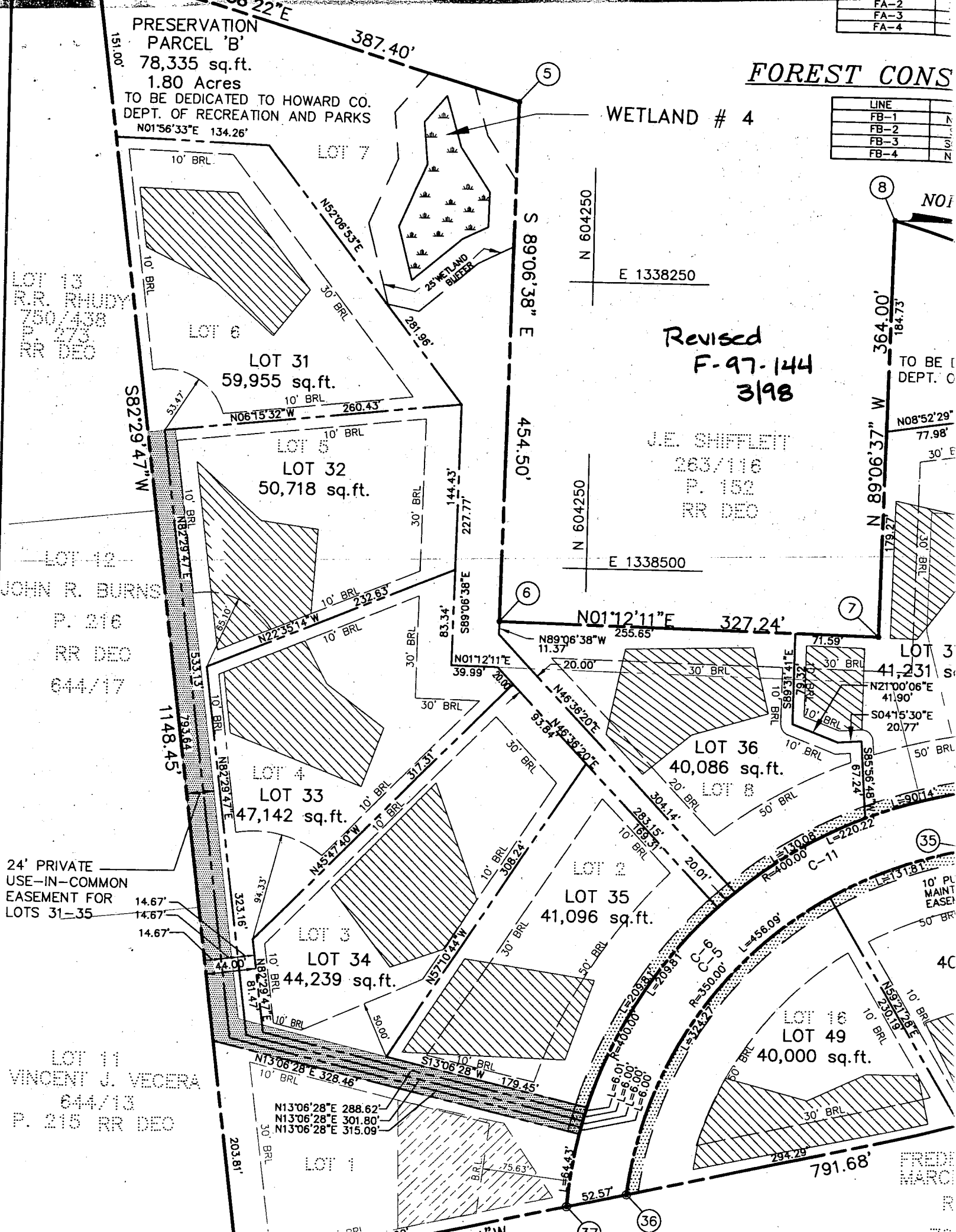
24' PRIVATE  
 USE-IN-COMMON  
 EASEMENT FOR  
 LOTS 31-35

LOT 11  
 VINCENT J. VECERA  
 644/13  
 P. 215 RR DEO

Revised  
 F-97-144  
 3198

J.E. SHIFFLETT  
 263/116  
 P. 152  
 RR DEO

TO BE I  
 DEPT. O



FREDI  
 MARCO  
 R

Total linear feet of trench required 240 feet

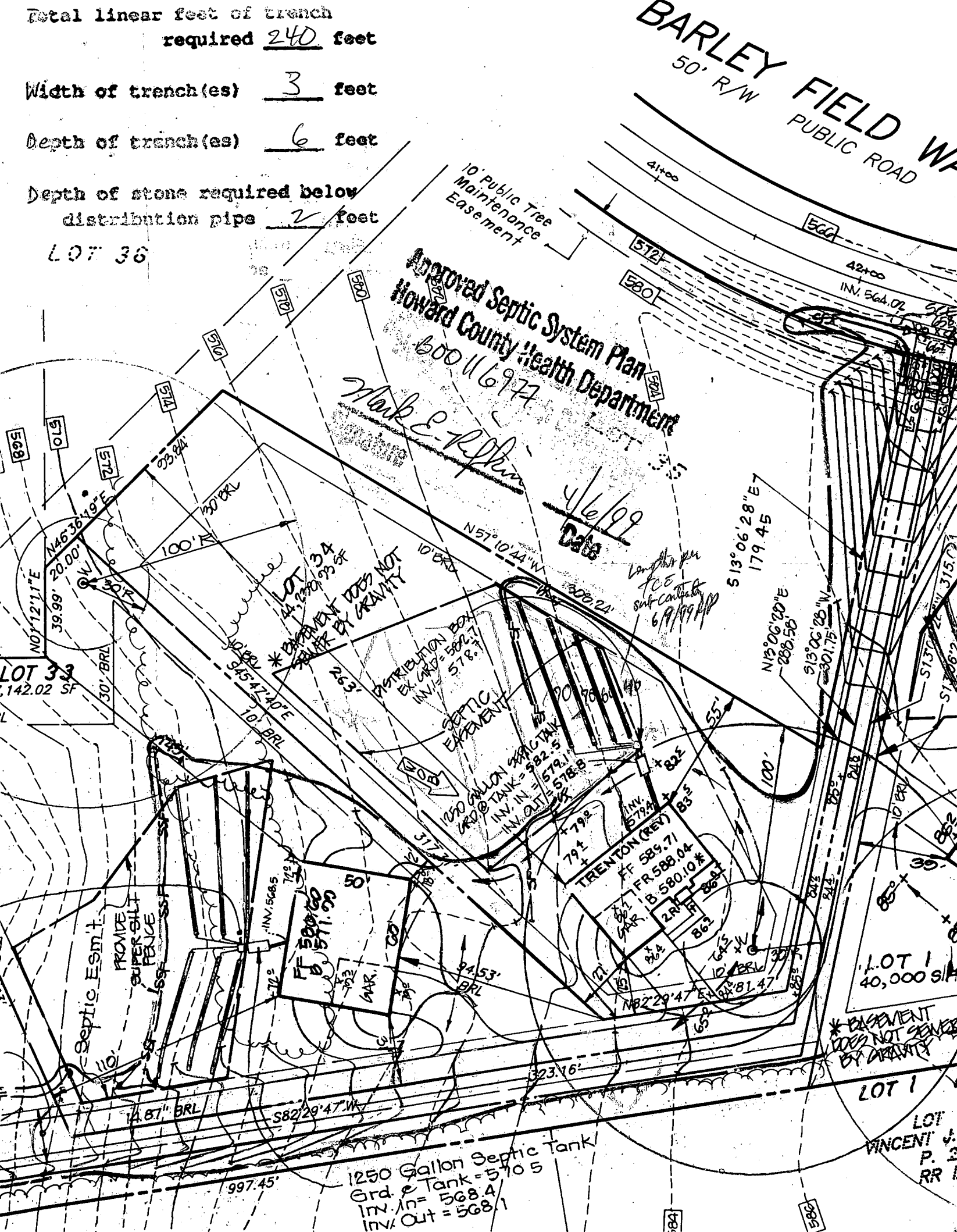
Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

LOT 36

BARLEY FIELD WA  
50' R/W  
PUBLIC ROAD



Approved Septic System Plan  
Howard County Health Department  
600116977  
Mark E. R. [Signature]

4/6/99  
Date

Length per  
TCE  
sub-contract  
6/9/99 [Signature]

LOT 34  
44,320 SF  
\*BASEMENT DOES NOT  
DRAIN BY GRAVITY

DISTRIBUTION BOX  
EX. SFD = 582.7  
INV. = 578.7

SEPTIC  
EXEMPTION

1250 GALLON SEPTIC TANK  
RD @ TANK = 582.5  
INV. IN = 579.1  
INV. OUT = 578.8

TRENTON (REV)  
FF 589.71  
FR 588.04  
SAR 15 580.10\*

\*BASEMENT  
DOES NOT DRAIN  
BY GRAVITY

1250 Gallon Septic Tank  
Ord. Tank = 570.5  
Inv. In = 568.4  
Inv. Out = 568.1

LOT 1  
40,000 S.F.

LOT  
VINCENT J.  
P. 2  
RR 1

Building Address: 11382 BARRETT FIELD WAY  
MARRIOTTSVILLE 21104

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision WOODFORDS GRANT

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 34

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates PA1114 Lot size 44,239

Property Owner's Name TRINITY BUILDERS

Address 6212 DUVON DR

City COLUMBIA State MD Zip Code 21044

Home Phone \_\_\_\_\_ Work Phone 410-313-8722

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax 410-313-8731

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 100,000

Description of Work CUSTOM TELEVISION VIEWING  
2 STORY FULL BSMT, 2 FB, 1 BR, FP+  
CORNER (4BR)

Contractor Company SAME

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant N/A

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company SAME

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" 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 _____	No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: _____	
		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 THERE TO; (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.

Sally L. Hodge  
 Applicant's Signature

SALLY HODGE  
 Print Name

3/31/99  
 Date

VP Operations  
 Title/Company

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee: \$ <u>25</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee: \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax: \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/6/99</u>	<u>Mark E. Ripken</u>	Side St: _____	Sub-total paid: \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee: \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
<input type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check: \$ <u>7000</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation: \$ <u>7000</u>
			Accepted by: <u>SD</u>	

C1 7996

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 C.O.S. 3-6 ON ALL CARDS)

COUNTY NUMBER A50617-C

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM 'PERMIT TO DRILL WELL'

8 13

15 20 9-20-96

22 26 225 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 40-94-0887

OWNER Powell Property Joint Venture STREET OR RFD Marriottsville Road TOWN Marriottsville Rd SUBDIVISION Woodford Graft SECTION LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 54 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE SUB WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 35 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: BROWN SHALE (0-39), BLUE ROCK (39-225), 70' (225-295), 215' (295-510)

CASING RECORD (S) (T) (C) (O) (P) (L) (I) (T) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (P) (C) Nominal diameter top (main) casing (nearest inch)! 6" Total depth of main casing (nearest foot) 54'

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (I) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES) (NO) 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)

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

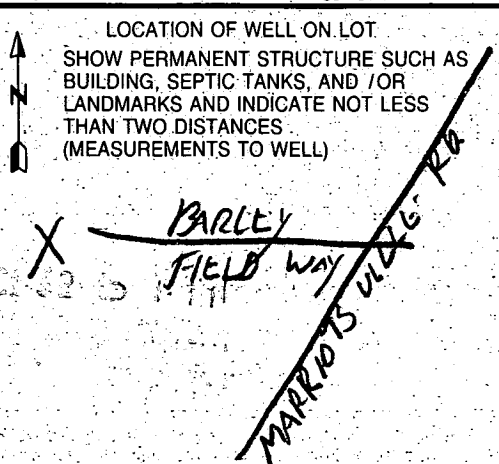
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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.

TYPE: MWD(MSD)MGD DRILLERS LIC. NO. 043 DRILLERS SIGNATURE Wayne Harley LIC. NO.

DEPTH (nearest ft.) 54 225 ACCHS 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) 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



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 **3045**

SEQUENCE NO.  
(DP USE ONLY)

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

STATE PERMIT NUMBER

**40-94-0887**  
70 fill in this form completely 79

Date Received (APA)

**053196**

OWNER INFORMATION

**Power 11 Prop** **SOV NT Vent**

**10805 Hickory Ridge**

**Columbia** **MD 21044**

DRILLER INFORMATION

**Wayne E Harley** MSD MGD

Driller's Name

**943**

Firm Name

**Harley Drilling & Pump Systems**

Address

**Box 160 Walkersville, MD 21793**

Signature

Date

**5-27-96**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **3**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**

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

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)

APPROP. PERMIT NUMBER **H095GAP018**

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-0887**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

**HOWARD** COUNTY

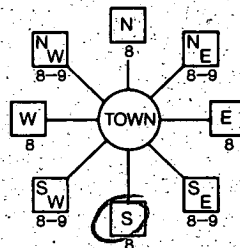
**WOODFORDS GRANT** SUBDIVISION

SECTION **2** LOT **3**

**MARRIOTTSVILLE** NEAREST TOWN

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**MARRIOTTSVILLE RD** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **500** DISTANCE FROM ROAD

ENTER FT OR MI **FO**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

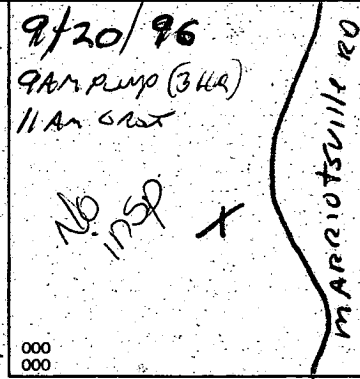
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard Co.** **A 50617-C**

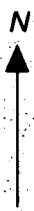
STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **080196** **A McMullen** **8/1/97**

NORTH GRID **548000** EAST GRID **0828000**

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



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 # 3**

FAAD  
7/13/99

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
Name of Installer S.K. Plumbing & Heating, Inc. Receipt # \_\_\_\_\_ Date \_\_\_\_\_  
License Number 12285 Telephone 410-275-0382  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
Name of Property Owner Trinity Homes Telephone 410-343-8722  
Subdivision Woodlands Court Lot # 34 Well Tag # Na - 19  
Site Address 11382 Barkley Parkway 0837

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible YES  
2. Make Jocuzzi  
3. Model # 7545188-5-2  
4. Capacity 5 GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No   
6. If Yes is low pressure pump switch installed Yes \_\_\_\_\_ No   
7. What methods are used to protect the pump and electric wiring from vibrations? Torque at motor \_\_\_\_\_ and at pump \_\_\_\_\_ Other None

**Tank**  
1. Capacity Well-Flex 250  
2. Pressure relief valve? YES  
3. Type \_\_\_\_\_  
4. Size \_\_\_\_\_  
5. NSF approved \_\_\_\_\_  
6. Depth of surface \_\_\_\_\_  
7. Static water level \_\_\_\_\_  
8. Well water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is complete and to pay for the permit. Otherwise this permit is null and void.

All information given above is true to the best of my knowledge.  
Signature \_\_\_\_\_  
Date 7-13-99

Note: A sticker indicating pump and tank location will be placed on the well casing at the time of the inspection.

e-In-Common  
s 31-35

Rebar & Cap  
81.47' W  
S 82° 29' 47" W  
EPL  
10  
N 45° 47' 40"

Private Sewerage Easement, see  
General Note No. 1 Plat 13111

28" W Macadam Driveway  
288.62'  
179.456'  
8" E

#1285

Rebar & Cap

9/5/02  
prep.  
deck  
or  
EPL

40 scale

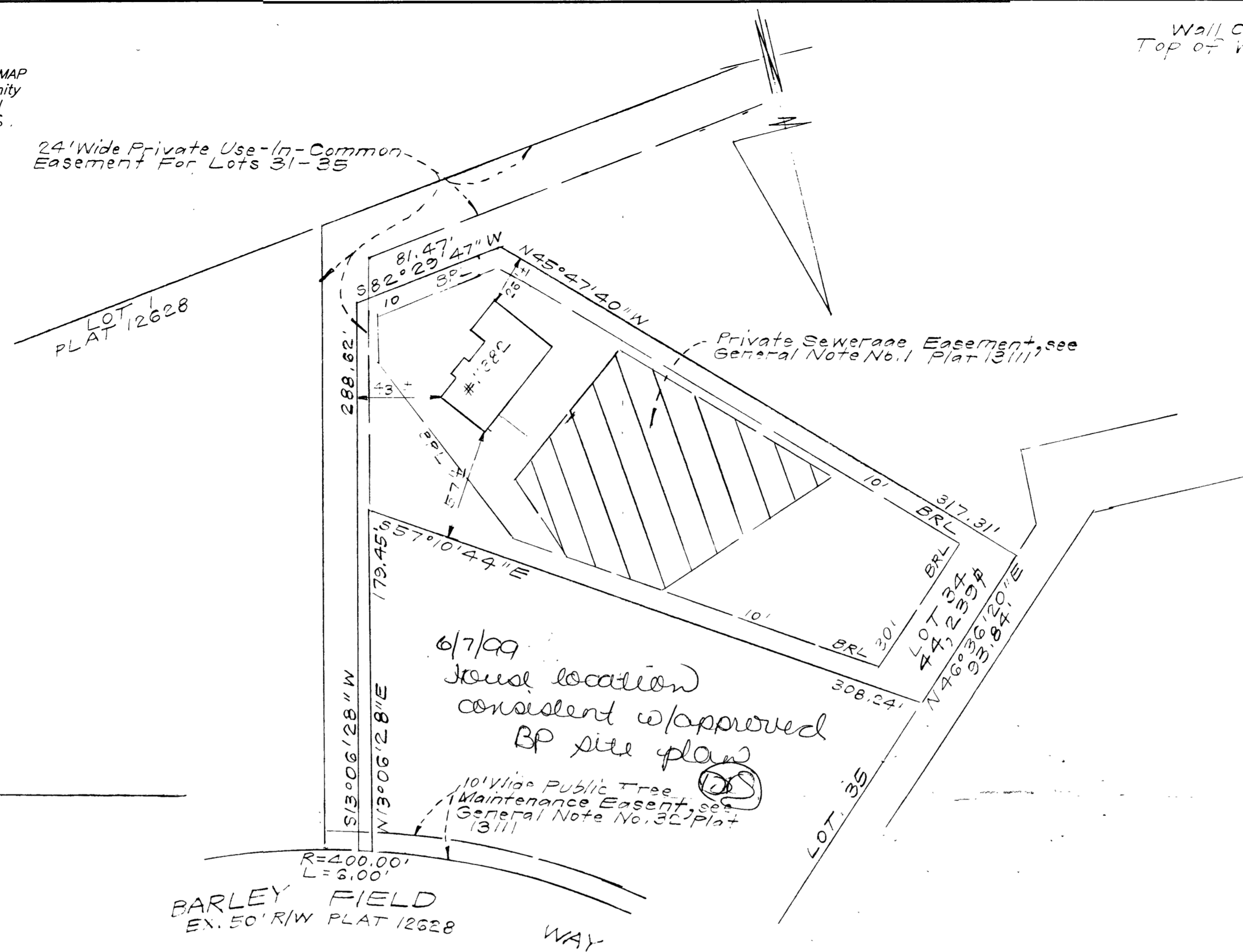
10'  
317.31'  
BRL  
260'  
10'  
308.24'  
30'  
BRL  
LOT  
47  
42334  
46° 36' 20" E  
93.84'

Rebar & Cap

NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440010B, Panel of 45, dated December 4, 1986.

Wall Check 15-12-99  
Top of Wall Elev. 1588.3

24' Wide Private Use-In-Common Easement For Lots 31-35

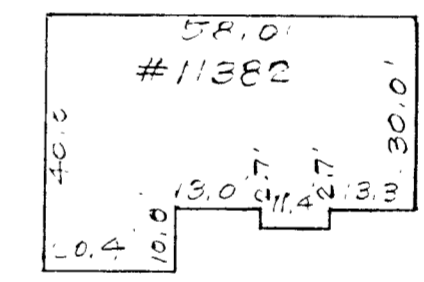


Private Sewerage Easement, see General Note No. 1 Plat 13111

6/7/99  
House location  
consistent w/approved  
BP site plan

10' Wide Public Tree Maintenance Easement, see General Note No. 3 Plat 13111

R=400.00'  
L=6.00'  
BARLEY FIELD  
EX. 50' R/W PLAT 12628  
WAY



SCALE: 1"=30'

CONSUMER INFORMATION

- 1) This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.


5-14-99  
DATE

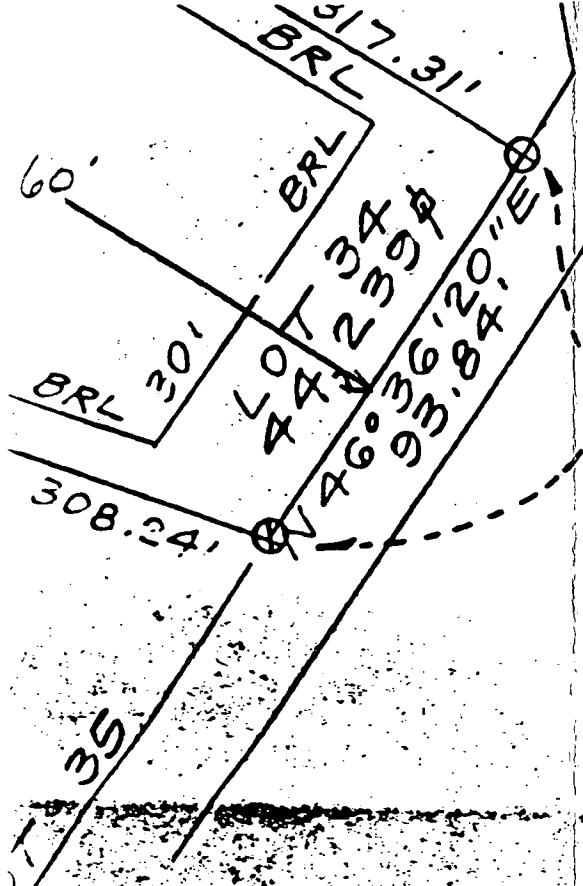
*[Signature]*



NOTE: 1. The setback distance accuracy = 1'.

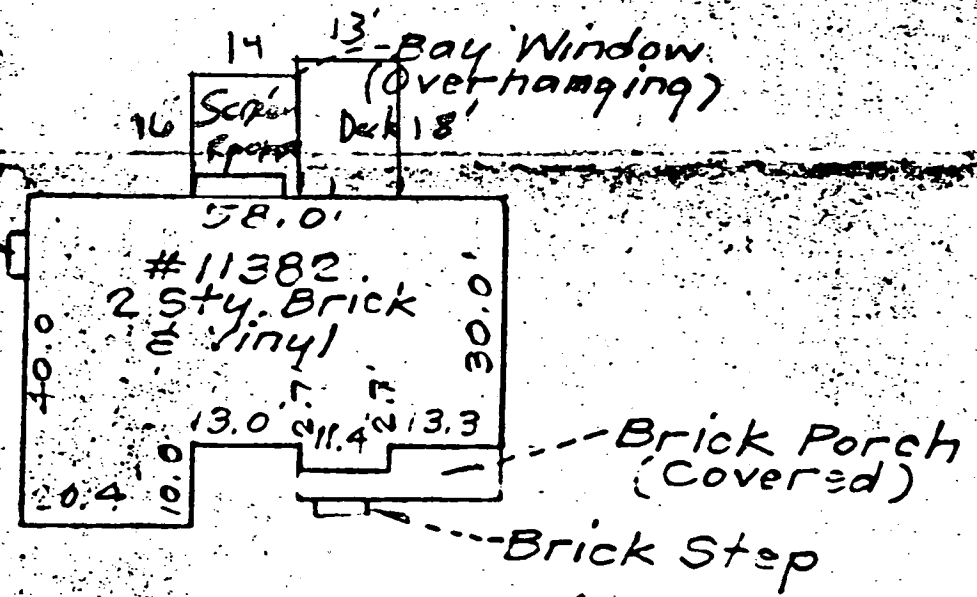
Plat Reference: PLAT 13112

 <b>CLARK • FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 11382 BARLEY FIELD WAY LOT 34	SCALE 1"=50'
DRAWN	WOODFORD'S GRANT LOTS 31 THRU 49 & PRESERVATION PARCELS "B" THRU "H"	DRAWING
CHECKED	A RESUBDIVISION OF WOODFORD'S GRANT LOTS 2-10, 16-20, 22-30 AND PRESERVATION PARCEL "A"	JOB NO.
DATE	THIRDELECTION DISTRICT HOWARD CO., MD.	FILE NO.
5-14-99	FOR: TRINITY BUILDERS, INC. 6212 Devon Drive Columbia, Md. 21044	97-013-0



Rebar & Cap

Chimney  
(Overhanging)



SCALE: 1" = 30' 25 Scale