

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 513298

A 50617-D

DISTRICT _____

DATE 3/2/00

DATE SYSTEM APPROVED 3/30/00

INSPECTOR DLS

03-322254
INDEXED

3/27/00
10:00
3/29/00
WRT + Sp...
2:20
3/30/00
12-1pm

S K Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant LOT 433 ROAD 11388 Barley Field Way

PROPERTY OWNER Trinity Builders

ADDRESS _____

SEPTIC TANK CAPACITY 2000 GALLONS or 1500 Compartmented Septic Tank

NUMBER OF BEDROOMS 6 INSTALL 350 TOTAL LINEAR FEET OF TRENCH RATHER THAN 360 FEET TOTAL TO CONSERVE SEPTIC AREA FOR FUTURE REPAIRS.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ~~350~~ 330 on see reverse

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 232.63' and 323.16' lot lines, begin trenches 95 feet down the 323.16' lot line and 70 feet off that same lot line. Run trenches on contour in both directions. **INSTALL TRENCHES EXACTLY AS SHOWN ON THE APPROVED BUILDING PERMIT PLAN.**

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/10/99 MANHOLE CLEANOUT REQUIRED

ON SEPTIC TANK (BB)

PLANS APPROVED BY Amy McMillen DATE 11-03-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

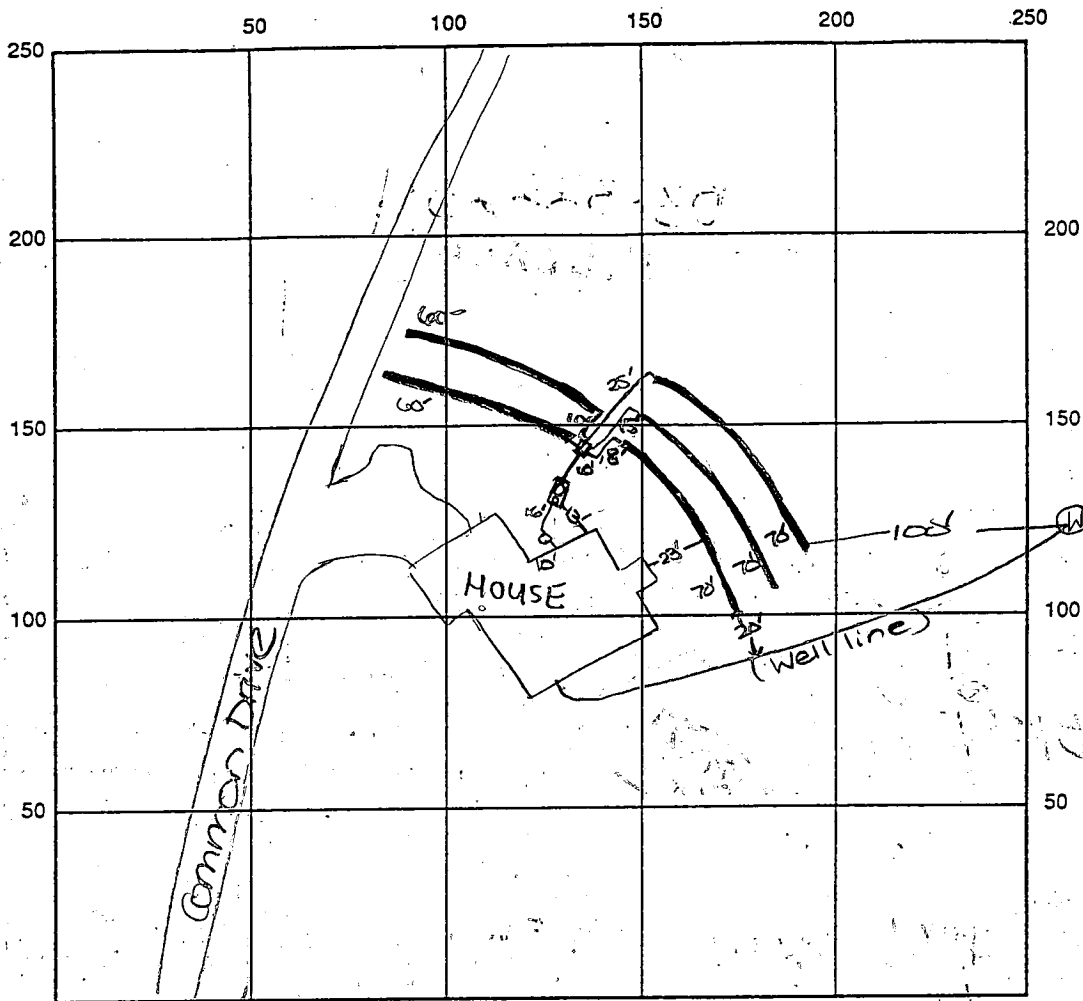
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

~~OLD PERMIT~~
~~AND RETURNED~~ 5/30/01
300130567-82ck
(22 x 12) steps to grade

A 50617D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Barney Field way

SEPTIC TANK LEVEL OK-200 gal CLEANOUTS one on site, manhole on site

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 330 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 990 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 3/27/00 - MET W/INSTALLER AT SITE, BECAUSE OF THE LOCATION OF THE INSTALLED ELECTRIC

LINES BY UTILITY COMPANY, SOME POTENTIAL AREA FOR TRENCH INSTALLATION WAS LOST. INSTALLATION

OF TRENCHES INTO WELL RADIUS NOT PERMITTED SO 330' OF LINEAR TRENCH ACCEPTED (SRK)
3/29/00 OK to cover from house to dist box and first four
trenches. OK to continue. DKS

3/30/00 FINAL INSAP - OK to cover all septic work DKS

DATE SYSTEM APPROVED 3/30/00 INSPECTOR [Signature]

3/29/00 WPI - well line and p.a. 3' + below grade; well casing
3/29/00 WPI - 2' above grade; Needs 2 pc cap; Needs PVC
ALL OLD CONDUIT PREP. *CALL FOR REINSPECTION. *DKS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
481-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____
Name of Installer S.K. Plumbing & Heating Inc Telephone 410-775-0562
License Number #12285 MD State
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Trinity Homes Telephone 410-313-8722
Subdivision Woodlands Court 2 Lot # 33 Well Tag # 410-77-0888
Site Address 11388 Barley Field way

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Jacuzzi
3. Model # _____
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other Yes

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 42"

Tank
1. Capacity Well x tank 250
2. Pressure relief valve? Yes

Piping
1. Type P.R. Pipe
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42"

Well data
1. Depth 200 ft.
2. Yield 6 GPM
3. Static water level 42 ft.
4. Will water supply be disinfected by installer? NO

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.

3/30/00 - WPI OK (SRW)
(DKS)

Signature of Applicant: _____
Date: 6-29-00

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

APPLICATION

PERCOLATION TESTING

A 50617-D

P _____

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

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 4

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. _____

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

(11388 Barley Field Way)

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNATURE
AND RETURNED 11-3-99
Serial # 67012 0679

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

A50617-D

COUNTY #

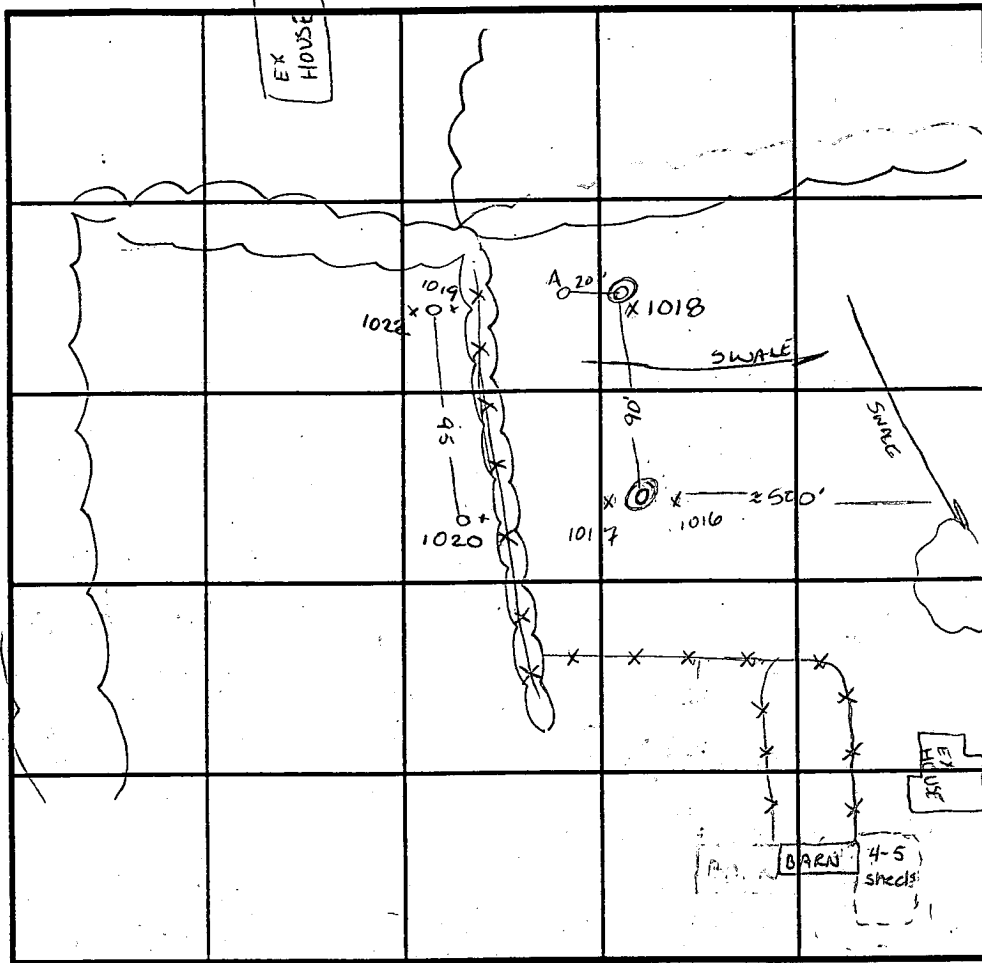
SOIL PROFILE

0' 1017
brn w/ some red spots
scl mica
3.5' sandy mica loam
dark black/grey
30% mica/shale
saprillite mix
large 5-6" rocks
hard bottom

A

3' brn/red gravelly CSL
sandy mica loam
20% mica/shale
saprillite mix
OK

12' 1019
1020
reddish brn CSL mica
3' dark brown mica loam
10-15% shale
saprillite mix
lgt orange tan scl mixed in



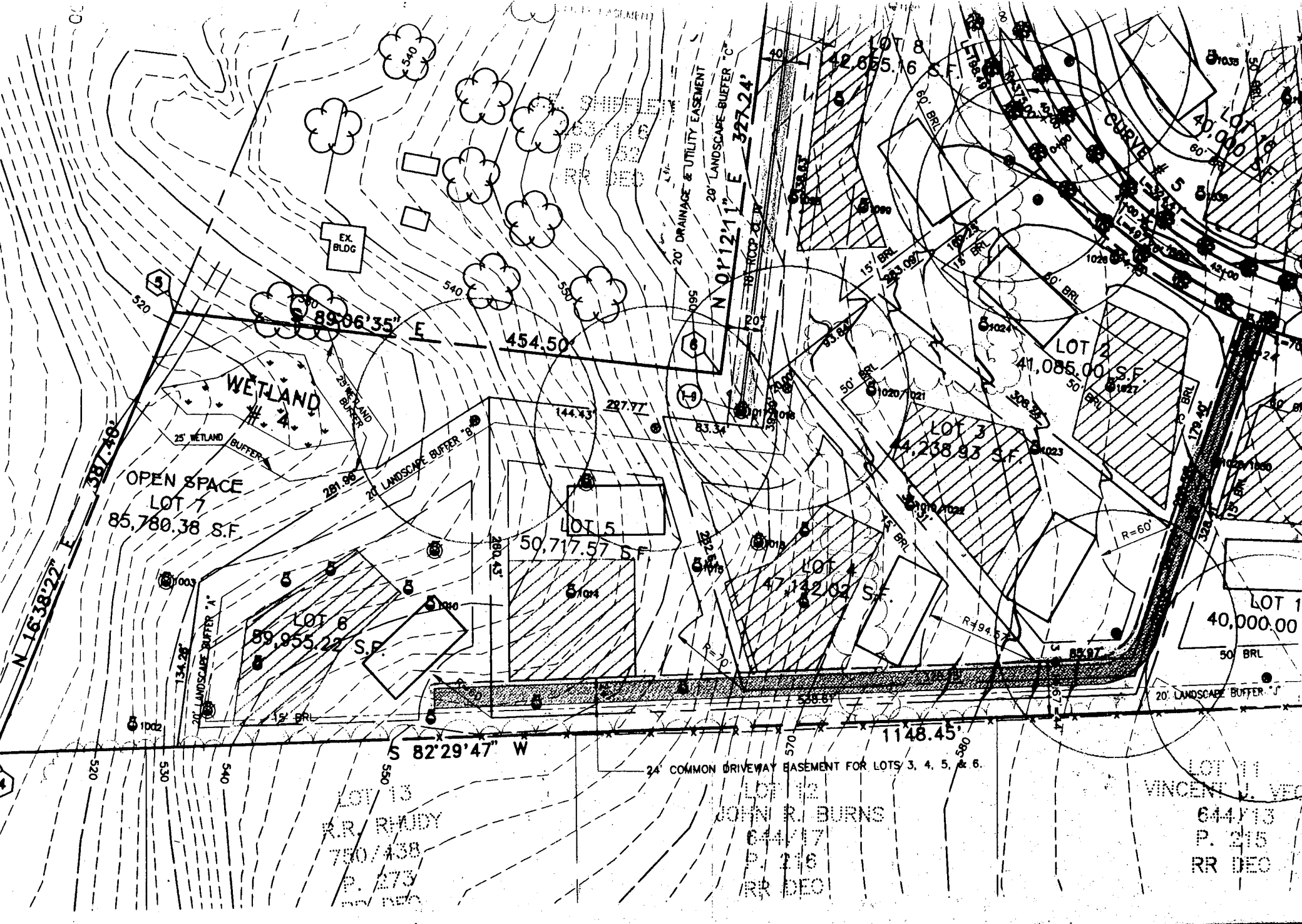
SOIL PROFILE

0' 5
orange brn SCLm
2' dark brn coarse SCLm
micaeous
40% black
Saprillite
very decayed

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-22-94	1017	3.5' V10	6:48	6:48 ²⁰	6:48 ²⁰	6:48 ⁴⁰	EAST
	1017	repour	6:48 ⁵⁵	6:49 ¹⁰	6:49 ¹⁰	6:49 ³⁰	EAST
	1018	Hard bottom at 3'					F
	1020	3.5' V12'	7:08	7:08 ⁴⁵	7:08 ⁴⁵	7:10 ³⁰	1 3/4 min
	1019	7.5' V12	7:15 ⁴⁵	7:16 ¹⁵	7:16 ¹⁵	7:17 ³⁰	1 1/4 min
	1019	4.5' V12	7:18 ¹⁵	7:19 ¹⁵	7:19 ¹⁵	7:20 ³⁰	1 1/4 min
	1017	4.5' V12	7:27	7:28 ¹⁵	7:28 ¹⁵	7:30	1 3/4 min
5-10-95	5	3.5' VII'	12:04	12:09 ³⁰	12:09 ³⁰	12:20	10 1/2 min

REMARKS Test #5 done in a 12'x12' test pit
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Kitterman
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'
 INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft²



LOT 13
R.R. RUDY
644/17
P. 213
RR DEC

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

LOT 11
VINCENT J. VEC
644/13
P. 215
RR DEC

Copy of signed
Prelim. Plan

OPEN SPACE
LOT 7
148,986.50 S.F.
3.42 ACRES

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

LOT 6
59,955.22 S.F.

LOT 5
50,717.57 S.F.

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

LOT 4
47,142.02 S.F.

LOT 3
44,238.93 S.F.

LOT 2
41,085.00 S.F.

LOT 11
VINCENT J. VECERA
644/13
P. 216
RR DEC

LOT 1
40,000 S.F.



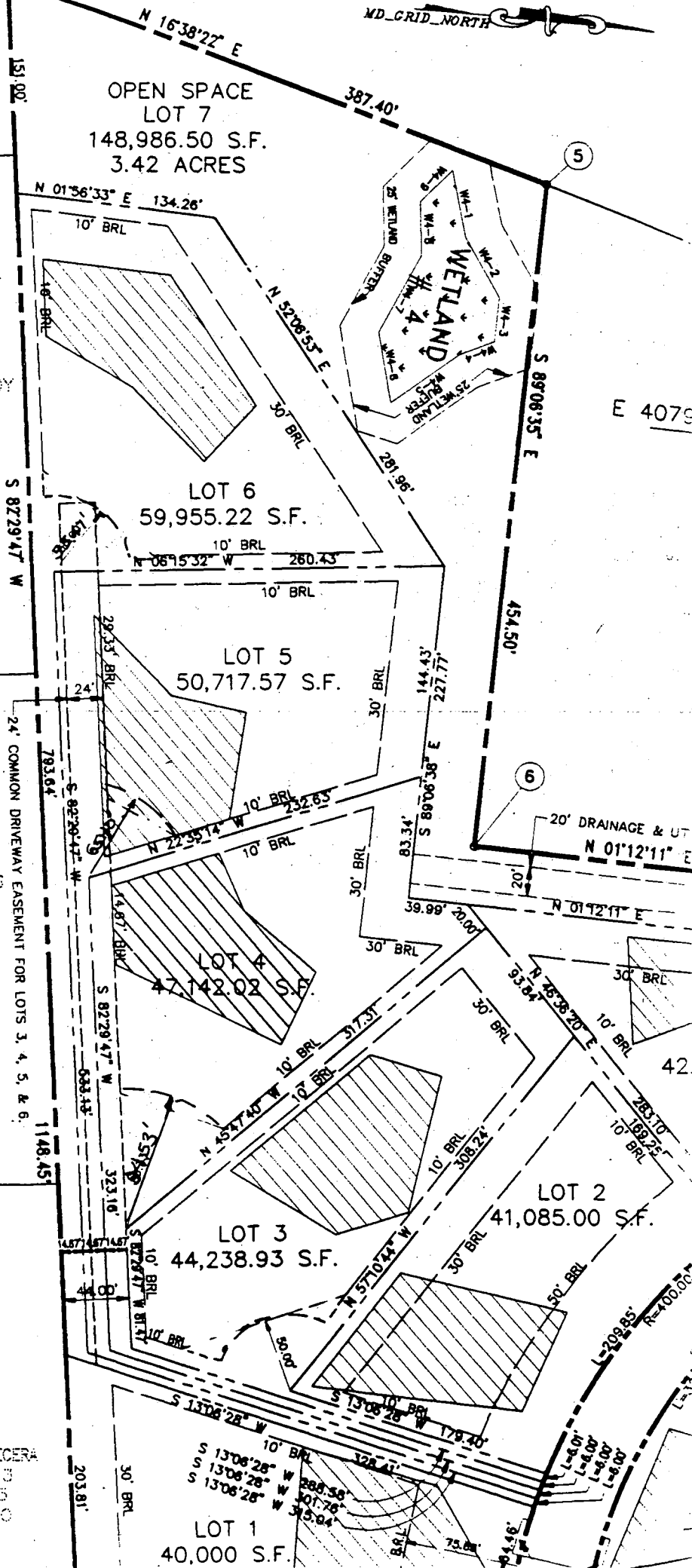
24' COMMON DRIVEWAY EASEMENT FOR LOTS 3, 4, 5, & 6.

E 4079

5

6

42



CELL 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 # 2

F-97-144

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

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

24' PRIVATE
USE-IN-COMMON
EASEMENT FOR
LOTS 33-36
14.67'
14.67'
14.67'

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

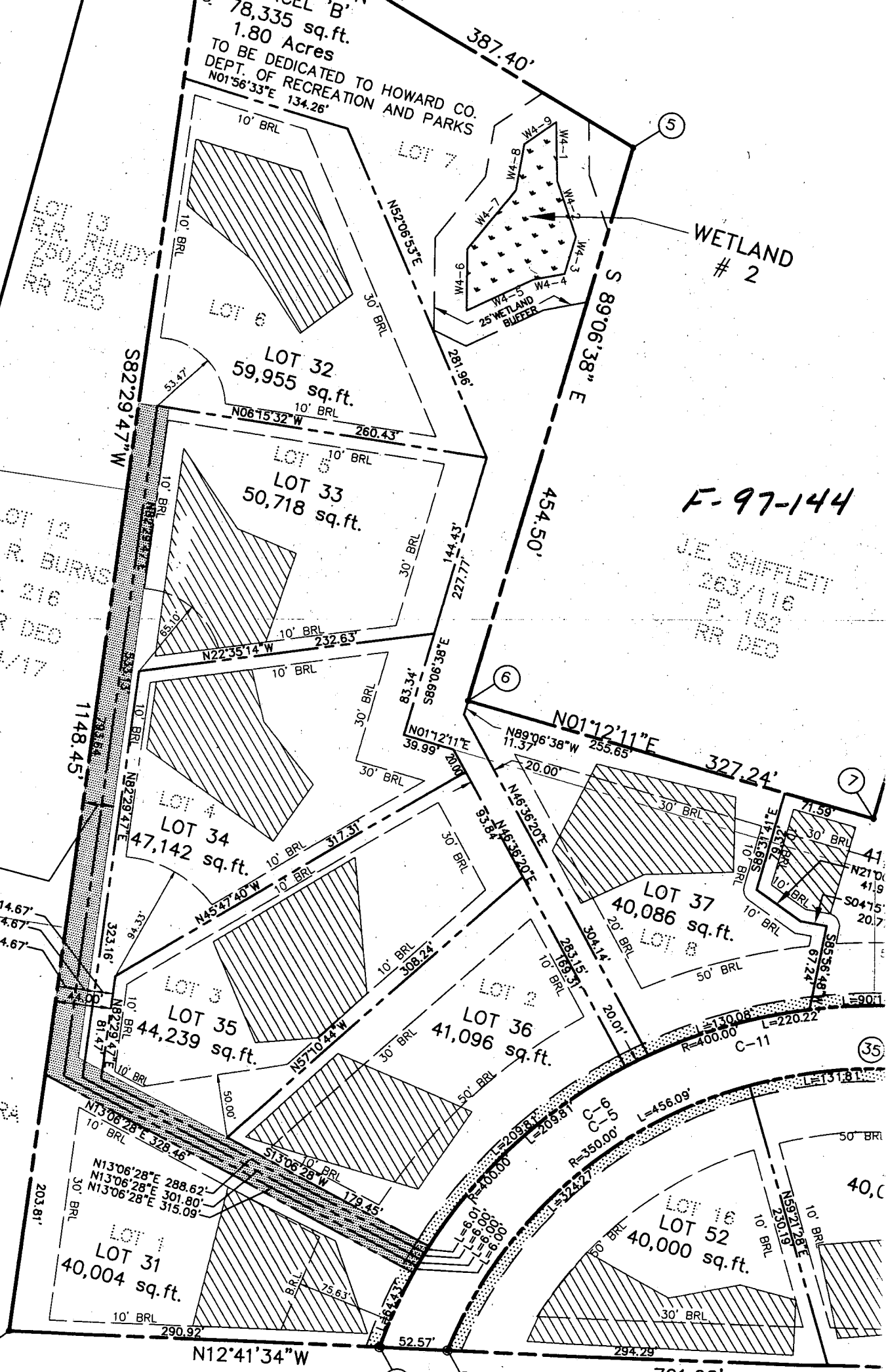
3

5

6

7

35



FA-2	
FA-3	
FA-4	

FOREST CONS

LINE	
FB-1	N
FB-2	N
FB-3	S
FB-4	N

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 DEC

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

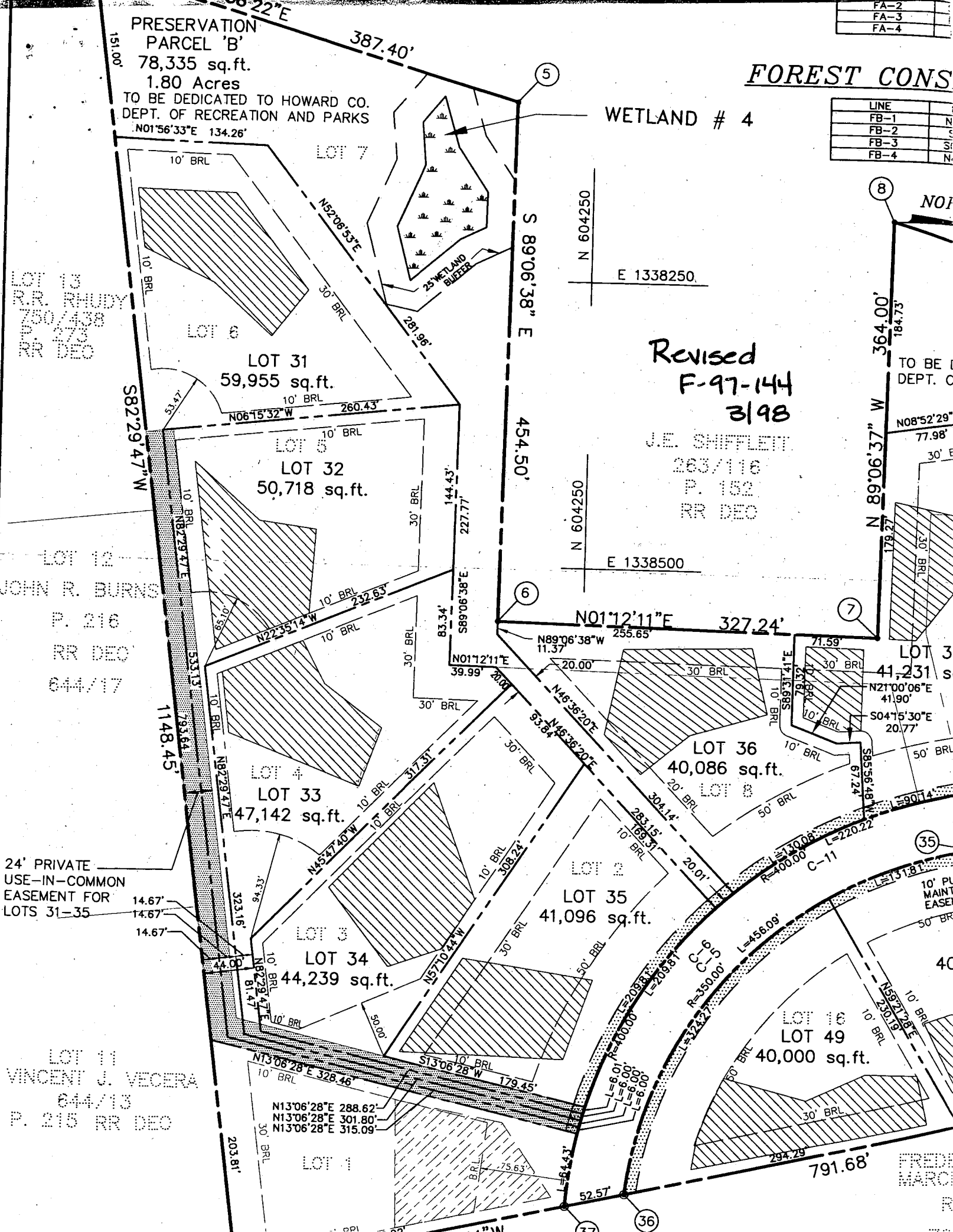
24' PRIVATE
 USE-IN-COMMON
 EASEMENT FOR
 LOTS 31-35

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

Revised
F-97-144
3198

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

TO BE D
 DEPT. O



FRED
 MARCO
 R

Howard County Health Department

To: File:

Approximate yeild of 1 gpm observed in the field during the pump test was reported as 6 gpm on the completion report. A 3 hour test was conducted. This discrepancy was reported to Craig Williams when the completion report was submitted to this office. No action was taken to dispute the well drillers reported findings of 6 gpm. Completion report reviewed and approved based upon this lack of action.

From: Jay Mc Miller

Date: 1-7-97

HD-170

C 1 7997 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A50617-D

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
 10-796

Depth of Well
 22 200 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-94-0888

OWNER Powell Property Joint Venture
 STREET OR RFD last name Mariottsville Rd first name TOWN Mariottsville
 SUBDIVISION Woodford's Grant SECTION LOT 4

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	
BROWN SHALE	0	20	
BLUE ROCK	20	43	✓
			70'

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE-CLAY (BC)
 CEMENT NO. OF BAGS 10 NO. OF POUNDS 940
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER
 MAIN CASING TYPE (P) Nominal diameter top (main) casing (nearest inch) 6" Total depth of main casing (nearest foot) 43'

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES (Y) NO (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.

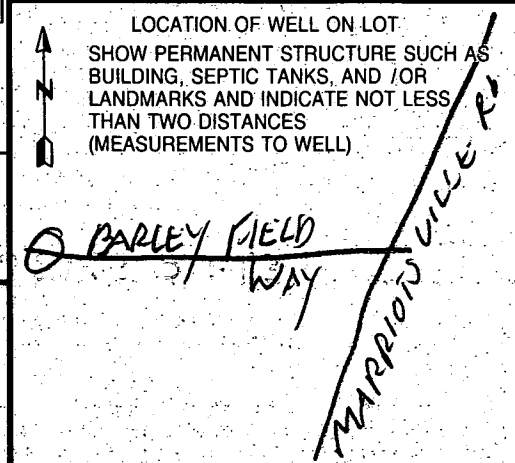
DEPTH (nearest ft.)
 HO 43 200
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

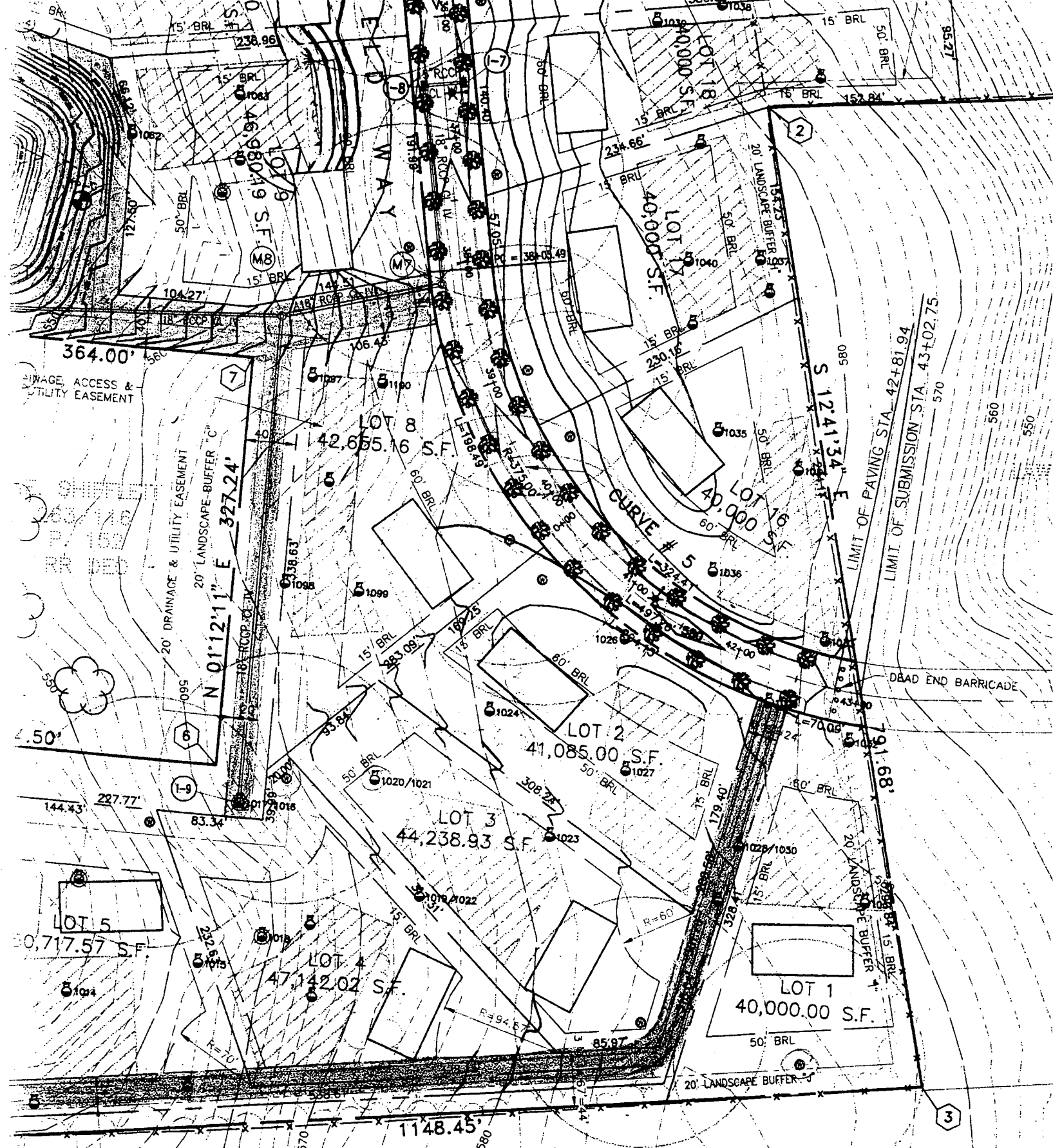
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 60
 METHOD USED TO MEASURE PUMPING RATE SUB
 WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 100 ft.
 TYPE OF PUMP USED (for test) S submersible

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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE (nearest foot) 50 51



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

TELESCOPE CASING LOG INDICATOR OTHER DATA



SEWAGE, ACCESS & UTILITY EASEMENT

20' DRAINAGE & UTILITY EASEMENT

N 01°12'11" E 327.24'

24' COMMON DRIVEWAY EASEMENT FOR LOTS 3, 4, 5, & 6.

S 12°41'34" E 588'

LIMIT OF PAVING STA. 42+81.94
LIMIT OF SUBMISSION STA. 43+02.75

DEAD END BARRICADE

LOT 12
JOHN R. BURNS
644717
P. 216
RR DEC

8/11/96
AD SITE OK
WELL STAKED

LOT 11
VINCENT L. VECERA
644713
P. 215
RR DEC

B 7 3046
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER
40-94-0888
70 fill in this form completely 79

Date Received (APA) 053196
OWNER INFORMATION
15 Last Name Powell 13 Prop 30, 1st Name 34 Velt
36 Street or RFD 10805 KAIKOHY RIDGE 55
57 Town COLUMBIA 70 State 72 MD 76 Zip 21044

B 3 LOCATION OF WELL
1 2 HOWARD 8 COUNTY 21
WOODFORDS GRANT 23 SUBDIVISION 42
SECTION 1 44 46 LOT 4 48 50
MARRIOTTSVILLE 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 73 MI 76 77 78

DRILLER INFORMATION
WAYNE E HARLEY MSD MGD
GARY W STOFF 048
Driller's Name 77 License No. 80
Firm Name HARLEY DRILLING & PUMP SYSTEMS
Address Box 160 WALKERSVILLE, MD 21793
Signature 5-27-96 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W 8-9 N E 8-9 TOWN
W 8 E 8
S W 8-9 S E 8-9 S 8
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
11 MARRIOTTSVILLE RD 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 500 37 DISTANCE FROM ROAD
ENTER FT OR MI FO 38 39
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800 14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD Co. A 50617-D
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 080196 A. McMillen 8/1/97
43 48 CO SIGNATURE EXP. DATE
NORTH GRID 548000 EAST GRID 0828000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 24 FEET 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 4095GAP018 54 63
FORCE AM WRITE INITIALS IN BOX PERMIT No. 40-94-0888 70 71 72 73 74 75 76 77 78 79

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 828
N 548
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
Growth - 10:00
10-7-96
Not complete at time of inspection
ALM X
MARRIOTTSVILLE RD
BARTLEY FIELD WAY
LOT #4

Building Address 11300 BARLEY FIELD WAY
NARZOTTENVILLE AID. 21104

Property Owner's Name FRANK GRZESCH
 Address 11300 BARLEY FIELD WAY
 City NARZOTTENVILLE State MD Zip Code 21104

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision WINDSOR HILLS GOLF CT
 Section _____ Area _____ Lot 33
 Tax Map 10 Parcel 27 Grid 13
 Zoning Re-Deo Map Coordinates 6011 Lot size _____

Home Phone 710-412-0016 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD/REAR STAIRS
 Estimated Construction Cost \$ 10,900
 Description of Work OPEN DECK 22' x 12'
STAIRS TO GARAGE

Contractor Company FINE CARPENTRY
 Contact Person RUN COLISON
 Address 10940 GULFORD RD
 City MARLBOROUGH State MD Zip Code 20701
 License No. ALIC 19691 Phone 301-206-5151 Fax 301-206-5155

Occupant or Tenant CARPER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

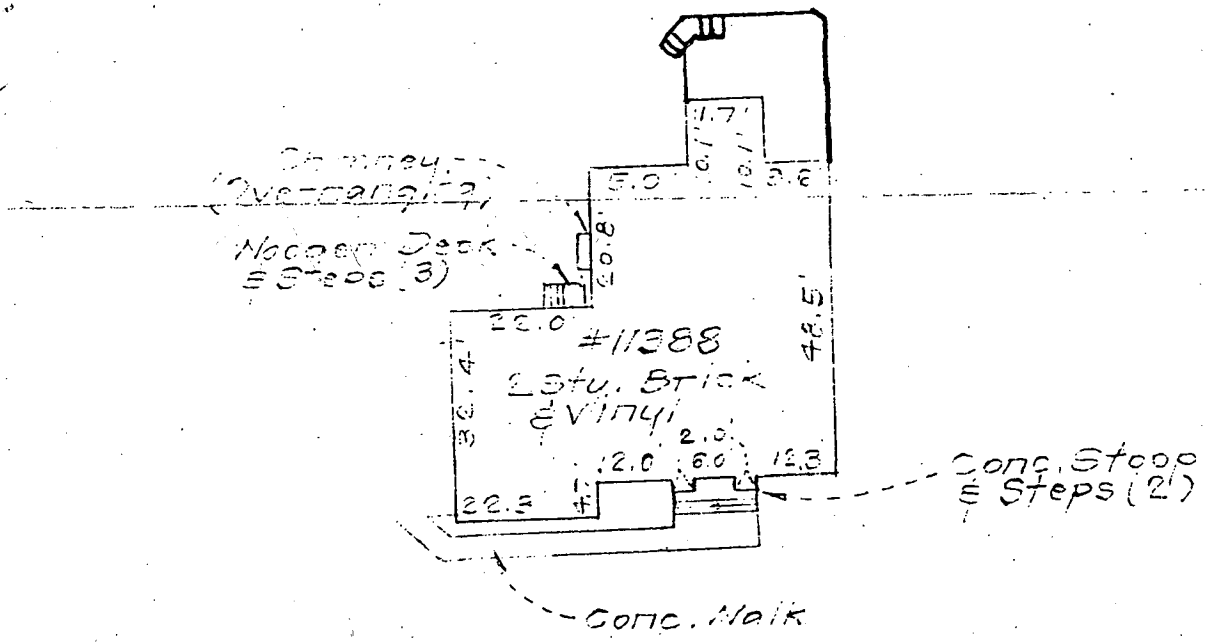
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	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"/>
Use group: _____	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: _____	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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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.

Applicant's Signature [Signature] Print Name [Signature]
 Title/Company _____ Date 3/30/01

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 ID#
<input checked="" type="checkbox"/> Land Development, DPZ	<u>3/30/01</u>	<u>[Signature]</u>	Front: <u>903 FT</u> Rear: <u>30 FT</u> Side: <u>10 FT</u> Side St: <u>NA</u>	<u>43331</u>
<input checked="" type="checkbox"/> Building Official			All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Filing fee \$ _____ Permit fee \$ <u>24</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3001</u> Validation # <u>39164</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Health			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Fire Protection			Lot Coverage for New Town Zone _____	
Is Sediment Control approval required prior to resubmittal? YES <input type="checkbox"/> NO <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				



SCALE: 1" = 30'

