

Septic TRENCH 8/4/99 ASAP

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03 - 330370

P 512044

A 50830-F

DISTRICT \_\_\_\_\_

DATE 8/2/99

DATE SYSTEM APPROVED 8/5/99

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 410-313-2640

# INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 301-829-0444

SUBDIVISION Brantwood LOT 19 ROAD 11512 Stardust Lane

PROPERTY OWNER NV Homes

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 ~~1250~~ GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet from the front lot line and 60 feet from the right lot line. Run trenches along contour in both directions.

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

PLANS APPROVED BY C. Williams DATE 7-01-1999

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

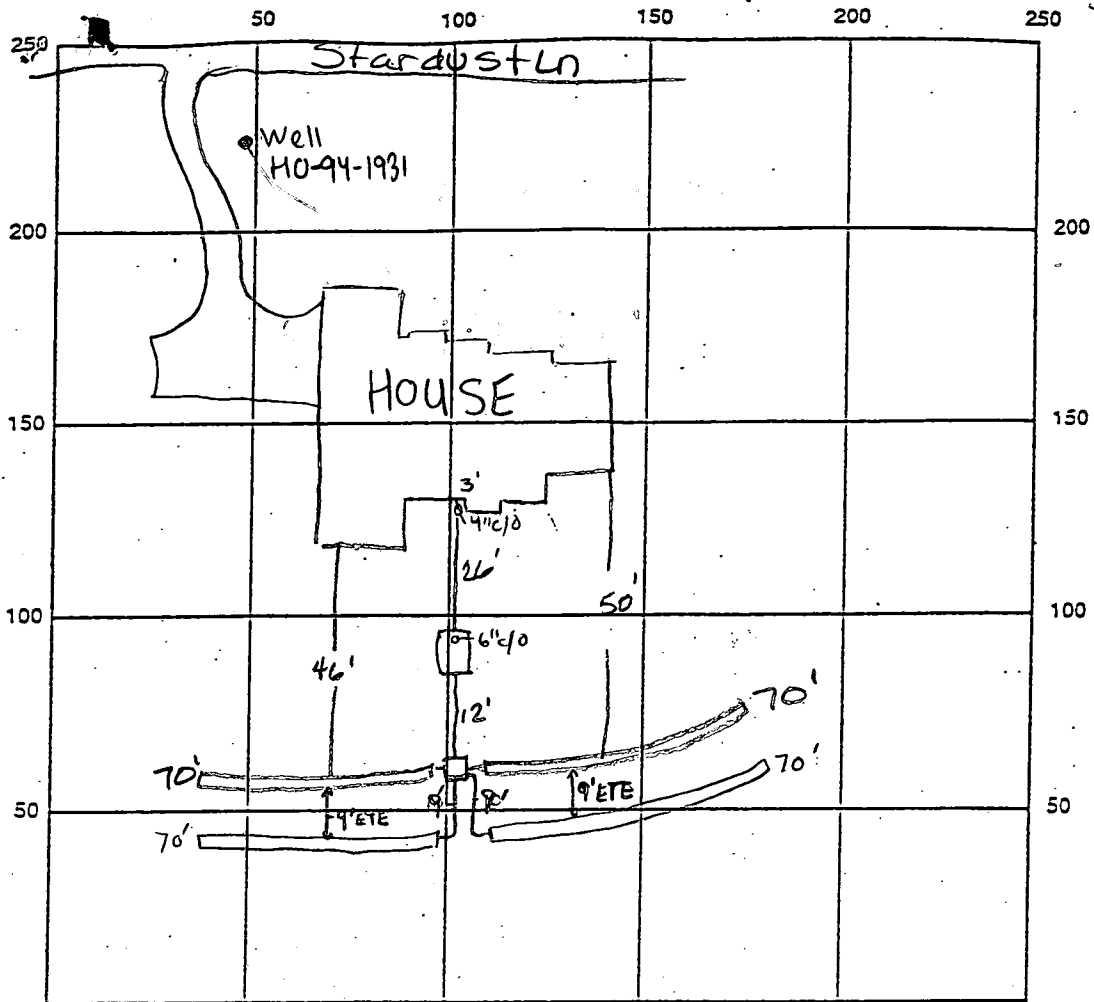
HD-260(6-90)

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

BLDG. PERMIT ~~ISSUED~~  
AND RETURNED 5/10/01  
B0013

50830-F

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ OK 1500 gallon midseam CLEANOUTS 4" @ House / 6" @ House

DISTRIBUTION BOX LEVEL OK Baffle is in

DRAIN FIELD/TILE DEPTH 6.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 3.0 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/SOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/4/99 OK to stone trenches & continue \*

8/5/99 - OK TO COVER ALL WORK - (SRK)

DATE SYSTEM APPROVED 8/5/99 INSPECTOR Steven R. Krieg

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 8/15/95

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 Fenga Family NV Homes

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

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Fenga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Fenga Property LOT NO. 2B 2A 2118

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd  
(11572 Stardusk Lane)

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD - 4Brm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

LOG. PERMIT SIGNED  
AND RETURNED 7-1-99  
Serial # B70118331

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.

Mark A. Reil  
(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 #

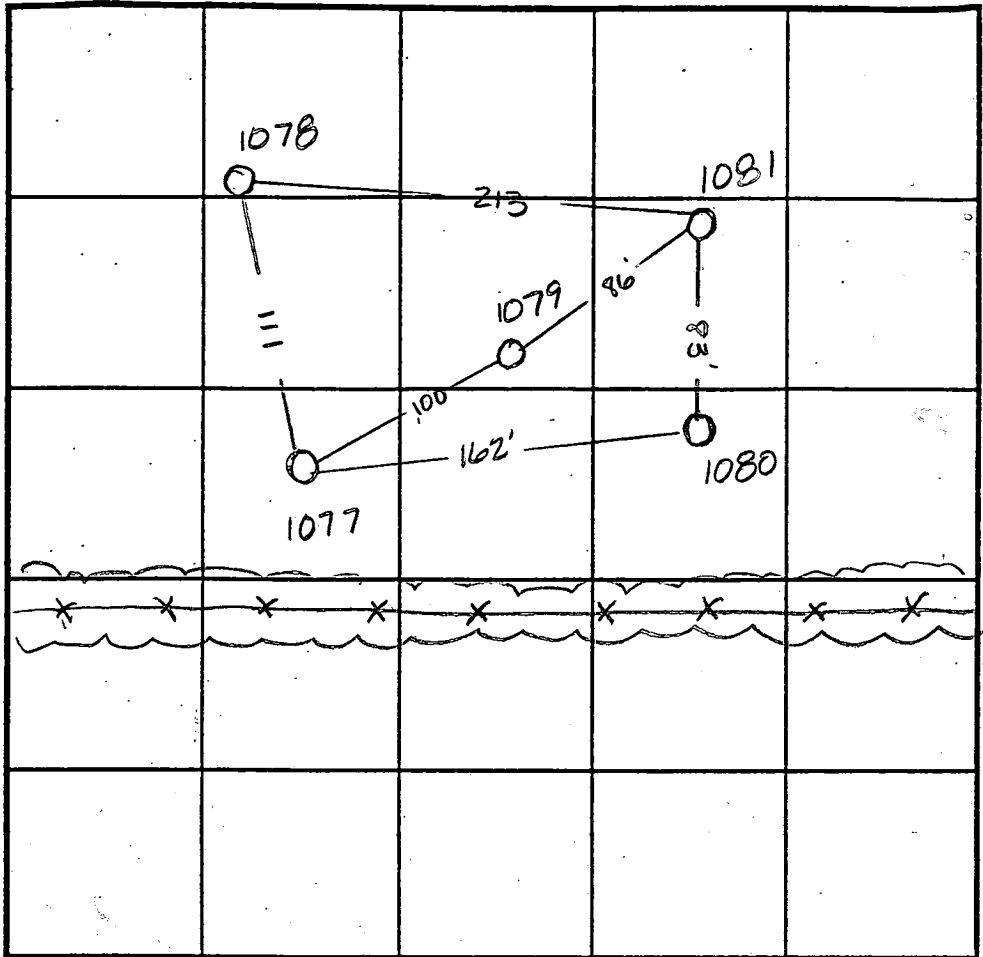
SOIL PROFILE  
1079

0' tan SiClm

3' red brn SiIm  
10% rock frags

9' orange brn SaIm  
15% rock frags

12'



SOIL PROFILE  
1077

0' red orange SiClm

2' orange brown SaSiIm

5' dark grey brown 20% shale

9' yellow orange mottled SaIm

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1081 1080

1.5' light tan Clm

2' dark red SiClm

2' bright orange SiIm  
strong structure  
15% decayed shale

12.5'

1078

3' dark brown SiClm

3' red & brown mix SaIm  
very micaceous pockets of decayed white SiCl

12 1/2'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-95	1079	3.5' V12	1:42 <sup>15</sup>	2:00	2:00	2:30	30min
	1081	4' V13'	1:34 <sup>45</sup>	1:37	1:37	1:40	3min
	1080	5' V12.5'	1:45 <sup>45</sup>	1:47	1:47	1:48 <sup>45</sup>	13/4min
9-27-95	1078	4' V12.5'	1:13 <sup>45</sup>	1:19 <sup>30</sup>	1:19 <sup>30</sup>	1:27	7 1/2min
	1077	2' V12	12:31	12:33	12:33	12:37	4min

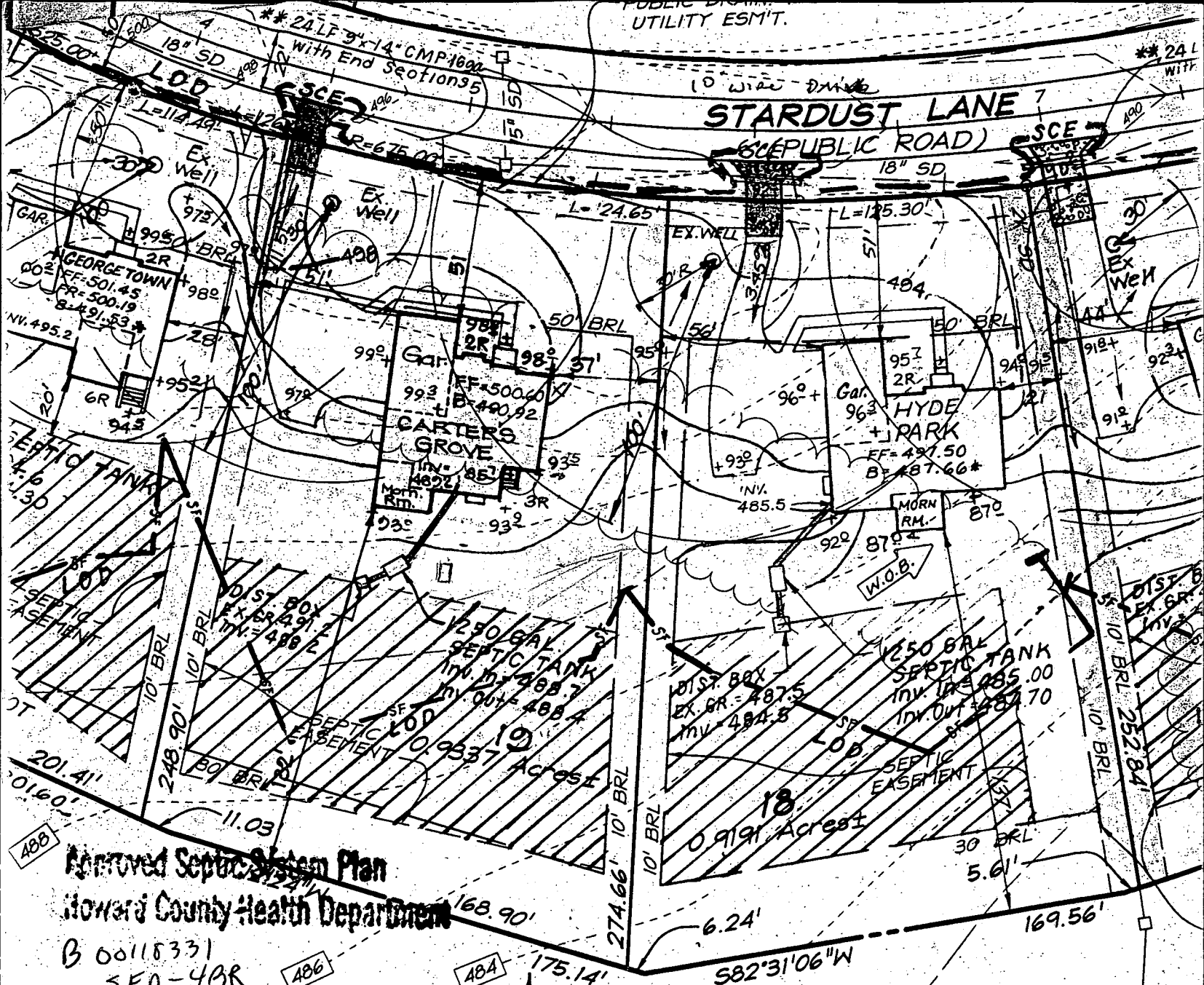
REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Tim Feagles

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



Approved Septic System Plan  
Howard County Health Department

B 00118331  
SFO-43R

Chris Wilbur 7/1/99  
Signature Date

BASEMENT ELEVATIONS MARKED  
THUS: \* WILL NOT SEWER BY GRAVITY.

LOT 19 BRAINTWOOD  
STARDUST LANE

LOPER'S/BUILDER'S CERTIFICATE

That all development and construction will be done according to the development and plan for sediment and erosion control and that all personnel involved in the construction project will have a minimum of 8 hours of training in the Department of the Environment Approved Program for the Control of Sediment and Erosion before beginning construction. I also authorize periodic on-site inspection by the Howard County Health Department or District or their authorized agents, as are deemed necessary.

7-14-98

Total linear feet of trench required 250 feet  
PRESERVATION PARCEL ZONED: RC

Width of trench(es) 2 feet  
(INLOT DEPTH 3')  
Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 6 inches

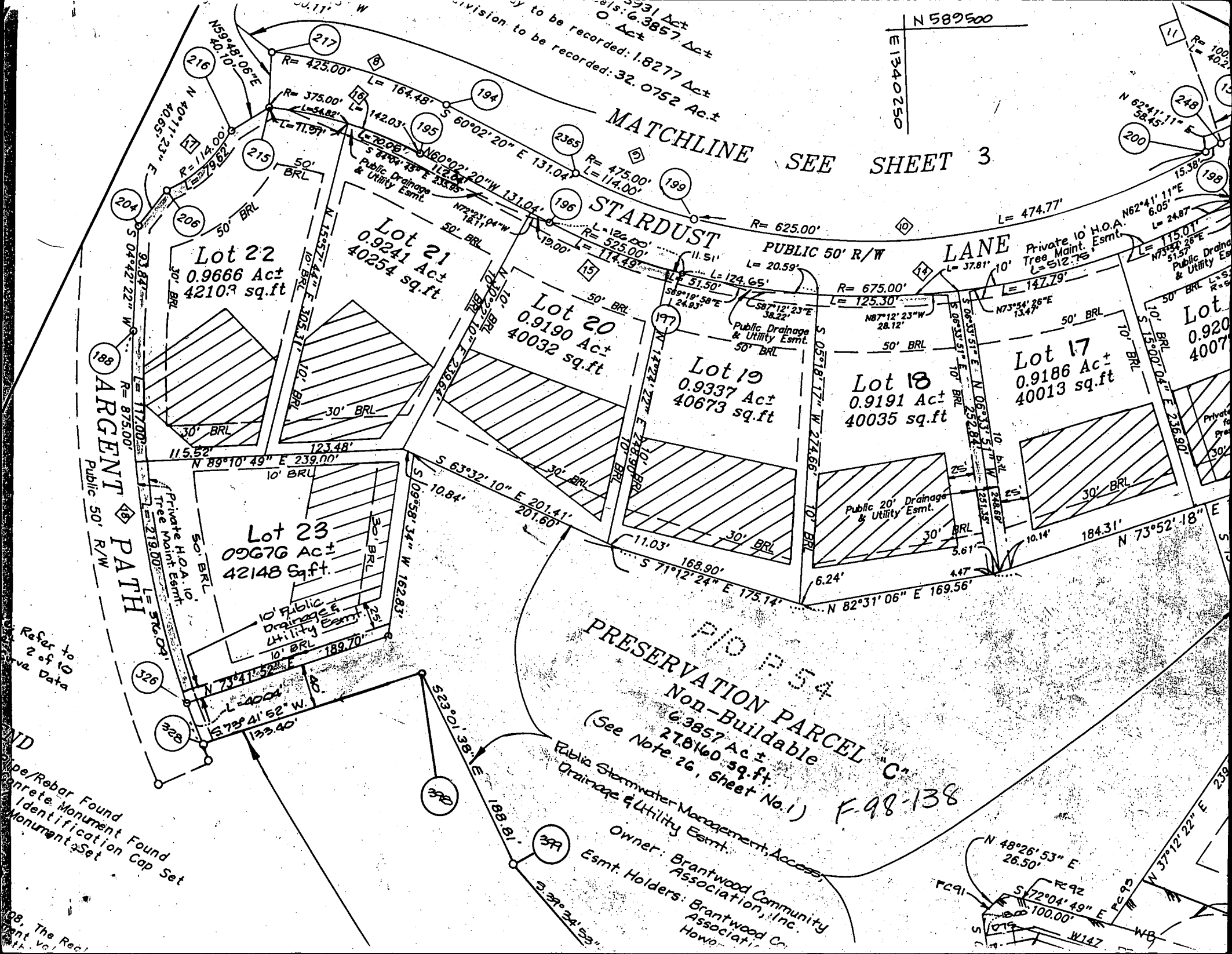
ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

Paul J. H. Stapp

7-14-98  
DATE





N 589500  
E 1340250

MATCHLINE SEE SHEET 3

Lot 22  
0.9666 Act  
42103 sq.ft

Lot 21  
0.9241 Act  
40254 sq.ft

Lot 20  
0.9190 Act  
40032 sq.ft

Lot 19  
0.9337 Act  
40673 sq.ft

Lot 18  
0.9191 Act  
40035 sq.ft

Lot 17  
0.9186 Act  
40013 sq.ft

Lot 23  
0.9676 Act  
42148 Sq.ft.

P10 P 54  
PRESERVATION PARCEL "C"  
Non-Buildable  
6.3857 Act  
278160 sq.ft.  
(See Note 26, sheet No.1)

F-98-138

Public Stormwater Management, Access,  
Drainage & Utility Esmt.  
Owner: Brantwood Community Association, Inc.  
Esmt. Holders: Brantwood Community Association, Inc.  
Howe

ARGENT PATH  
Public 50' R/W

LANE  
Private 10' H.O.A. Tree Maint. Esmt.  
L=512.75

Refer to 2 of 10  
Private Data

ND  
Rebar Found  
Concrete Monument Found  
Identification Cap Set

08. The Rec  
ent vol



(MDE USE ONLY)

# WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

WELL IS COMPLETED  
COUNTY NUMBER A50830P

DATE WELL COMPLETED  
MAY 26 1999

Depth of Well  
550  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-1931

OWNER Starwood LLC  
last name first name  
ADDRESS Starwood Ln TOWN Ellicott City MD  
SUBDIVISION Starwood SECTION 19 LOT 19

**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	52	
BLUE SLATE	52	550	K

WATER A  
92-220

**GROUTING RECORD** yes  no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 14 NO. OF POUNDS 1316

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 54 ft.  
(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

**OTHER CASING (if used)**

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

**SCREEN RECORD**

screen type or open hole insert appropriate code below

**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**DEPTH (nearest ft.)**

E C H C A S I N G	1		2		3	
	8	9	11	15	17	21
A						
C						
H						
S						
2						
3						
R						
E						
N						

SLOT SIZE 1 1/2 2 5/8 3 5/8

DIAMETER OF SCREEN (NEAREST INCH)  
from 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

**PUMPING TEST**

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL (distance from land surface)  
BEFORE PUMPING 24 ft.  
WHEN PUMPING 135 ft.

TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

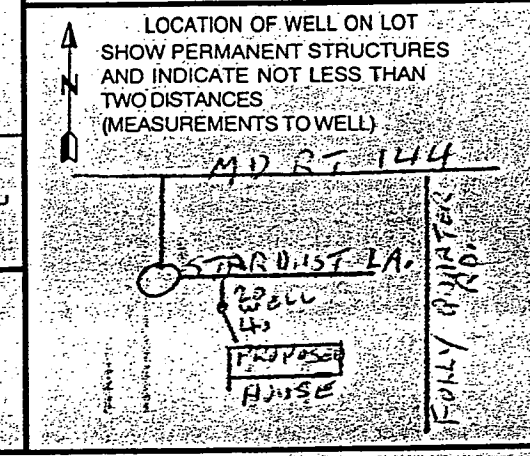
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

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 } (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes  no

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. 1 MW D 139  
Robert Cline  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 168  
Rick Fogle

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

B 1 **8518** SEQUENCE NO. (MDE USE ONLY)  
1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

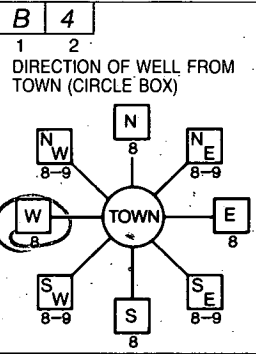
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HO-94-1931**  
70 fill in this form completely 79

Date Received (APA) **10/13/98**  
8 MM DD YY 13  
OWNER INFORMATION  
**Brantwood LLC**  
15 Last Name Owner First Name 34  
**8835 -P Columbia 100 Parkway**  
36 Street or RFD 55  
**Columbia, MD 21045**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**Howard**  
8 COUNTY 21  
**Reaga Property**  
23 SUBDIVISION 42  
SECTION      44 46 LOT **19** 48 50  
**Pine Orchard meadows**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **2** M I  
73 76 77 78

DRILLER INFORMATION  
**Hartman, David MW D517**  
Driller's Name 76 License No. 81  
**A.C. Schultes of MD, Inc.**  
Firm Name  
**24 South River Road**  
Address  
**Egewater, MD 21037**  
Signature **David B. Hartman** Date **10/6/98**



**MD. Rt. 144**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
34 **1150** 37 DISTANCE FROM ROAD ft  
ENTER FT. OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **10**  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**  
14 20

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL  
**Howard CO** **A50830P**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
DATE ISSUED **102698** **A.M.M.** **102699**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **520 000** EAST GRID **820 000**  
50 55 57 63

- USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22  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 **200** FEET  
24 28  
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

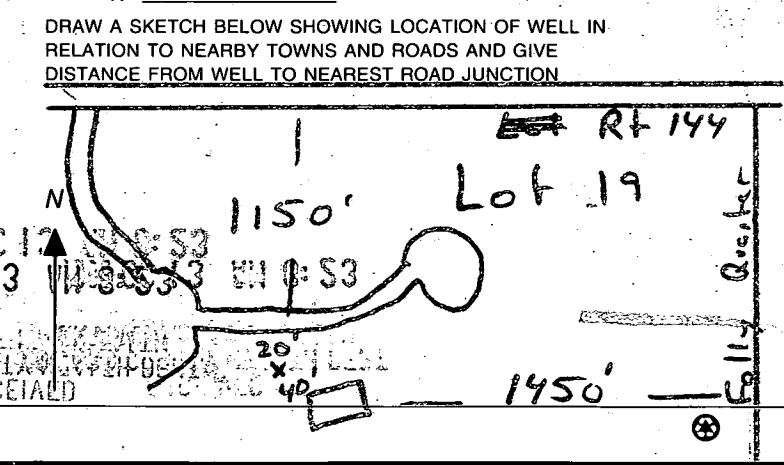
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **Tanker**  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E **820**  
N **520**  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER \_\_\_\_\_ G A P  
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1931**  
67 68 70 71 72 73 74 75 76 77 78 79

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



B 1 **8618** SEQUENCE NO. (MDE USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**HD-94-1931**  
70 III in this form completely 79

Date Received (APA) **8/15/98**  
OWNER INFORMATION  
8 MM DD YY 13  
**Branwood LLC**  
15 Last Name Owner First Name 34  
**8835 - P Columbia 100 Parkway**  
36 Street or RFD 55  
**Columbia, MD 21045**  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION  
**Hautman David MV D517**  
Driller's Name 76 License No. 81  
**A.C. Schultes + MD Inc.**  
Firm Name  
**24 South River Road**  
Address  
**Greenwater, MD 21031**  
Signature **David B. Hautman** Date **10/6/98**

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **10**  
8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**  
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
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 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22  INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
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 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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24 28  
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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BORED (or Augered) JETTED Jetted & DRIVEN  
30  AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
37  CABLE  REVERSE-ROTary  DRIVE-POINT  
other \_\_\_\_\_

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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 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 **54** G A P  
FORCE **4111** WRITE INITIALS IN BOX PERMIT No. **110-94-1931**  
67 68 70 71 72 73 74 75 76 77 78 79

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

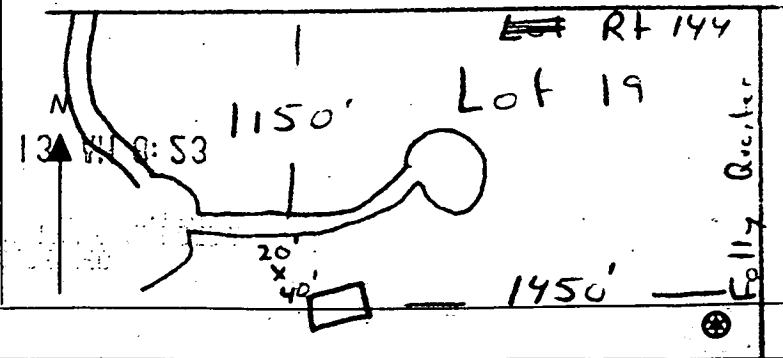
B 3 LOCATION OF WELL  
**Howard** COUNTY 21  
**Feaga Property** 23 SUBDIVISION 42  
SECTION **44** 46 LOT **19** 48 50  
**Pine Orchard meadows** 52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **2** M I  
73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
1 2  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
11 NEAR WHAT ROAD **MD. RT. 144** 30  
34 **1150** 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 CO** COUNTY NAME **150830P** COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
DATE ISSUED **10/26/98** **A.C. Schultes** **10/26/99**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **520** 0 0 0 EAST GRID **820** 0 0 0  
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. **Tanker**  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E **82**  
N **52**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Transferred

DRILLER

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

Receipt # \_\_\_\_\_  
 Date \_\_\_\_\_

Name of Installer Van about Plog & Co

Telephone 301-829-0444

License Number 1467  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner NW Homes Telephone 301-858-0522  
 Subdivision Brentwood Lot # 19 Well Tag # HO-99-1931  
 Site Address 11512 Standart Lane

**Pump**  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible   
 2. Make Goulds  
 3. Model # 10EJ07422  
 4. Capacity \_\_\_\_\_ 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 \_\_\_\_\_

**Pitless Adapter**  
 1. Make Campbell  
 2. Model # B-100  
 3. Depth 48"

**Tank**  
 1. Capacity 1-100  
 2. Pressure relief valve? Yes

**Piping**  
 1. Type PE  
 2. Size 1"  
 3. NSF and/or BOCA Code approved   
 4. Depth of supply line 48"

**Well data**  
 1. Depth 550 ft.  
 2. Yield 3 GPM  
 3. Static water level \_\_\_\_\_ ft.  
 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.

9/1/99 - WPI OK - SPW Signature of Applicant: Harford A. Vasant  
 Date: 7/30/99

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

# FILE INQUIRY FORM

Property Address: 6/28/04

11512 Stardust LN

6/28/04 KN spoke w/ owner via phone  
Reviewed soils & dist COMAR requirements.  
MAY ADD SEPTIC TO LOWER AREA OF  
SDA & cut away area near top of  
SDA. Owner is aware 1 trench  
needs to be disconnected & avail.  
3 trenches adequate. However, if  
a second trench needs to be disconn  
to meet setback, then another trench  
will need to be installed to  
maintain square footage/linear  
footage req. for 4 bdrm house.

(KN)

