

3/23/00
PM
3/24/00 10:30am

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330109

P 513311

A 50830-J

DISTRICT _____

DATE 3/13/2000

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 3/24/00

INSPECTOR DCS

K&K Excavating IS PERMITTED TO INSTALL ALTER _____

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Brantwood LOT 13 ROAD 11525 Stardust Lane

PROPERTY OWNER Bowman

ADDRESS _____

TOP SEAMED TANK REQUIRED

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 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 140 feet off the front lot line and 85 feet off the left lot line as seen when facing the lot from Stardust Lane. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/27/99 OIK AL

PLANS APPROVED BY Amy McMillen DATE 12/10/99

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

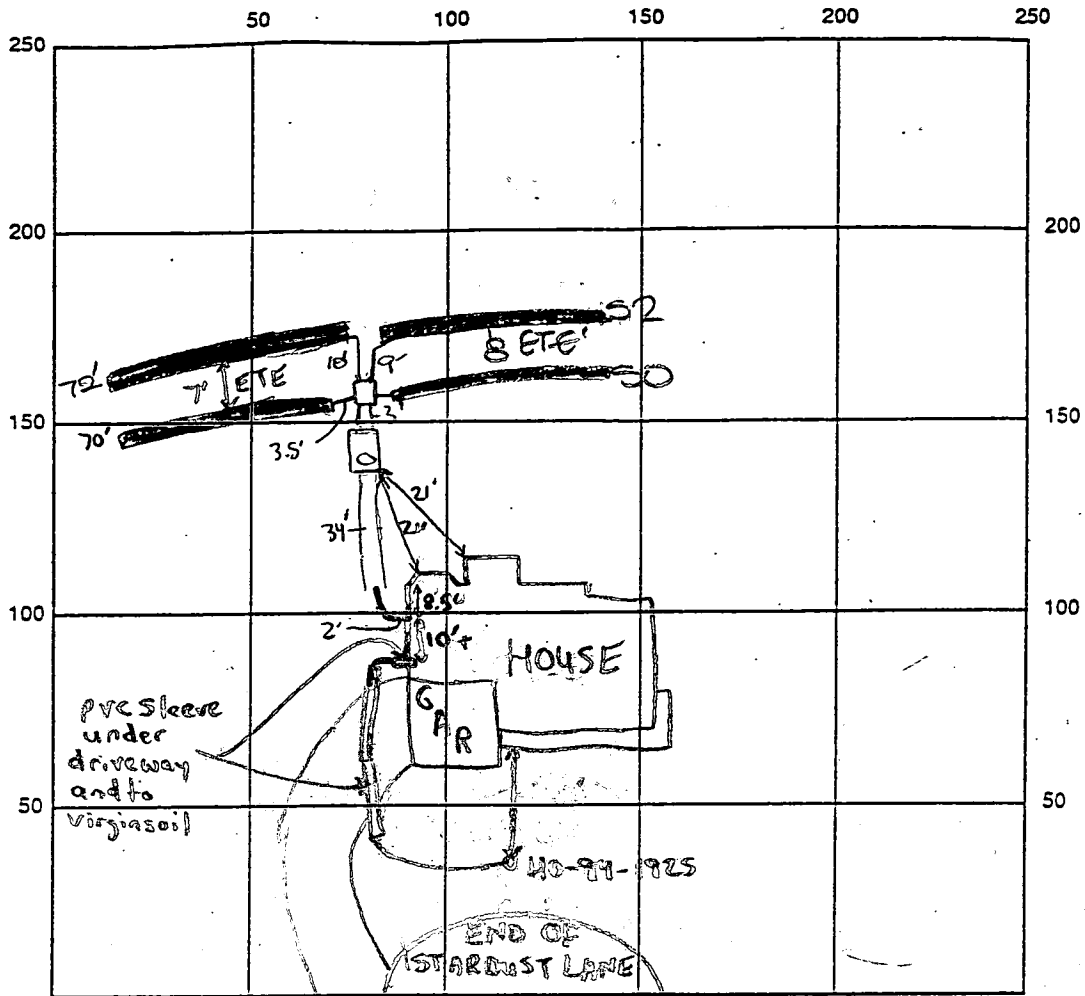
PERMIT VOID AFTER TWO YEARS

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**

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1500 gallon top seam CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK ✓

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 244 FT.

NUMBER OF TRENCHES _____ ONE-SIDEWALL/BOTTOM AREA 732 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 3/23/00 - SEPTIC TANK NEEDS Baffles, PIPE TO END OF TRENCH, INSTRUCTED
INSTALLER TO STAY 7' ETE BETWEEN TRENCHES TO CONSERVE AREA, OK TO CONTINUE WORK (SRIC)
3/24/00 FINAL INSP - OK TO COVER ALL SEPTIC WORK. (D/S)

DATE SYSTEM APPROVED 3/24/00 INSPECTOR D/S

3/23/00 PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3325-N Ellicott Mills Drive
Ellicott City, MD 21043
461-0039

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer W. J. Willoughby PLUMBER

Telephone 410-781-7051

License Number # 6992

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner REID BOWMAN

Telephone 410-465-0617

Subdivision GRANT WOOD Lot # 13

Well Tag # 110-94-1425

Site Address 1105 STAR DUST LANE
Ellicott City, MD 21042

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make JACUZZI
 - Model # _____
 - Capacity _____ GPM
 - Pump exceeds well capacity Yes _____ No
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arresters _____ Cable guards _____ Other _____

- Motor**
- Horsepower _____
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220

- Pitless Adapter**
- Make HARVARD
 - Model # _____
 - Depth 4 FT

- Tank**
- Capacity 40 gal
 - Pressure relief valve? yes

- Piping**
- Type CRESTLINE
 - Size 1"
 - MSP and/or BOCA Code approved UPS
 - Depth of supply line 4 ft

- Well data** Comp 11/98
- Depth 300 ft.
 - Yield 10 GPM
 - Static water level 32 ft.
 - 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.

Signature of Applicant: Chris J. Willoughby

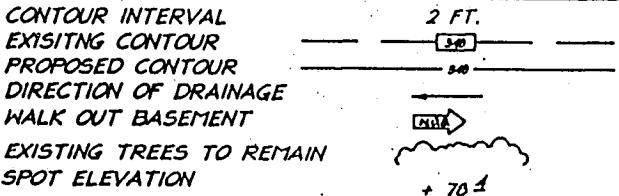
Date: 3/13/00

A certificate indicating approval/STATUS of the installation will be placed on the well casing at the time of the inspection.

WPI
3/23/00 - ON (SRK)

Building well liners > 10' apart from building sewer pipe OK

LEGEND

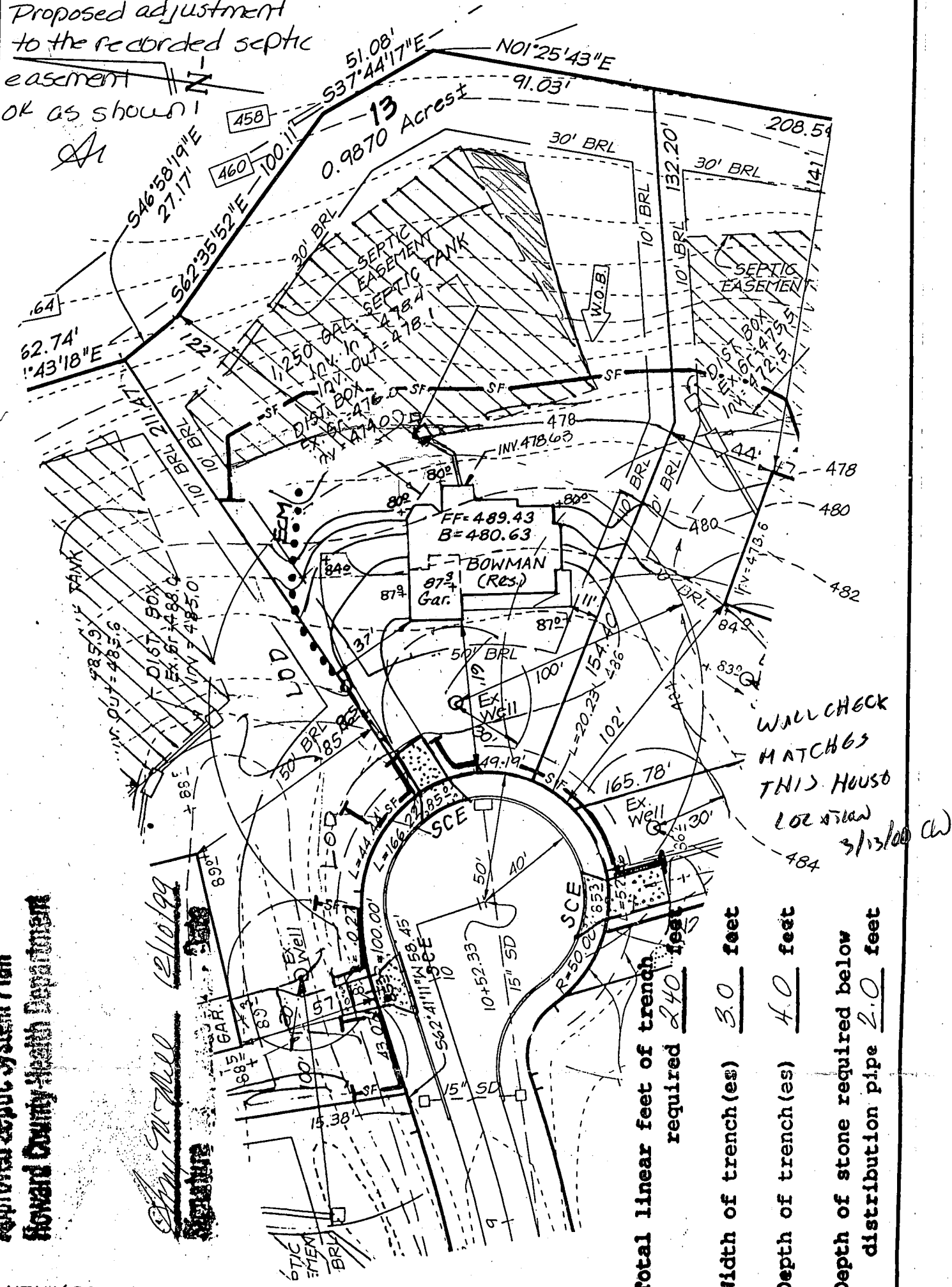


SITE DEVELOPMENT PLAN

**LOT 13
BRANTWOOD**

TAX MAPS 16 & 23
(3rd) ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

12/10/99
Proposed adjustment
to the recorded septic
easement
OK as shown!



WALL CHECK
MATCHES
THIS HOUSE
LOC. STAN
3/13/00 CW

**Total linear feet of trench
required 240 feet**

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

**Depth of stone required below
distribution pipe 2.0 feet**

**Approved Septic System Plan
Howard County Health Department**

Signature
12/10/99

NTIH/DORSEY BLDG. INC.
13090 OLD FREDERICK ROAD
SYKESVILLE, MD 21784

NO.	REVISIONS	DATE
1	Rotate Hse clockwise/Rev. Grd	12-9-99

CLARK, FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY COLUMBIA, MARYLAND 21045
TELEPHONE: BALT. (410)381-7500 • WASH. (301)621-8100

DRAWN BY: K.B.	DATE: 11-24-99	SCALE: 1"=50'
CHECKED BY: B.A.L.	JOB NO.: 99-194	FILE NO.: 99-194-L
DESIGNED BY: B.A.L.		

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 Feaga Family BOWMAN

ADDRESS _____ PHONE _____

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

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 131612

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd
(11525 (11515 Stardust Lane))

TAX MAP 16+23 PARCEL # 34+63

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

REG. PERMIT SIGNED
AND RETURNED 12-10-99
Serial 2610/21510

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.

Paul D. Reed
(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 1042

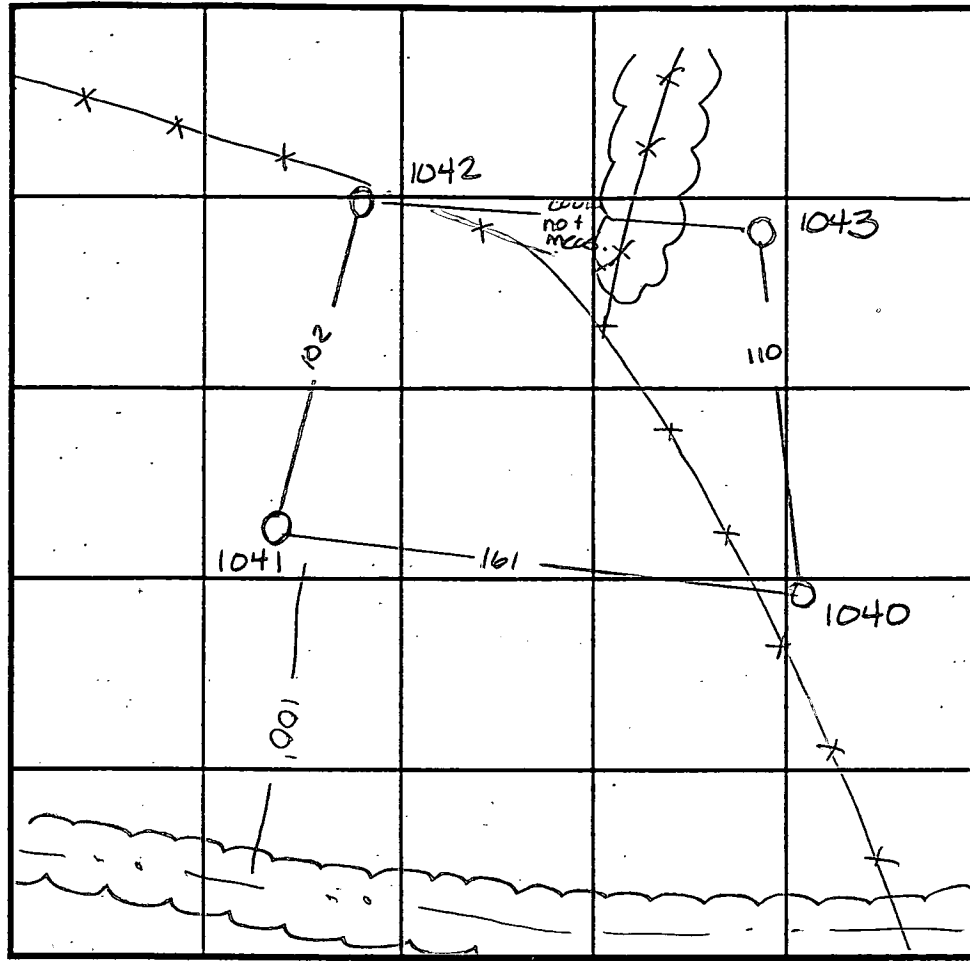
0' orange white Salm (pockets) mixed with brn Salm

2' lgt beige Salm pockets of white decayed quartz

12' 1041 orange brn Salm micaceous darker brown Salm micaceous

3 1/2' 1090 Saprolitic very decayed shale

12 1/2' 1040 lgt orange tan Salm lgt beige Salm micaceous horizontal bedding Saprolitic 10-15%



SOIL PROFILE 1043

0' lgt tan yellow Salm no distr of clay layer 15% rock decayed shale mix

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-27-95	1042	2' / V12'	10:32 ³⁰	10:35	10:35	10:41	6min
	1041	4' / V12 1/2	10:44	10:45 ⁴⁵	10:45 ⁴⁵	10:48	2 1/4 min
	1040	3 1/2' / V12'	11:18 ⁴⁵	11:19 ³⁰	11:19 ³⁰	11:21	1 1/2 min
	1043	4' / V12	11:30	11:32	11:32	11:34 ¹⁵	2 1/4 min
3-18-96	1041	NO H ₂ O at 12.5					OK

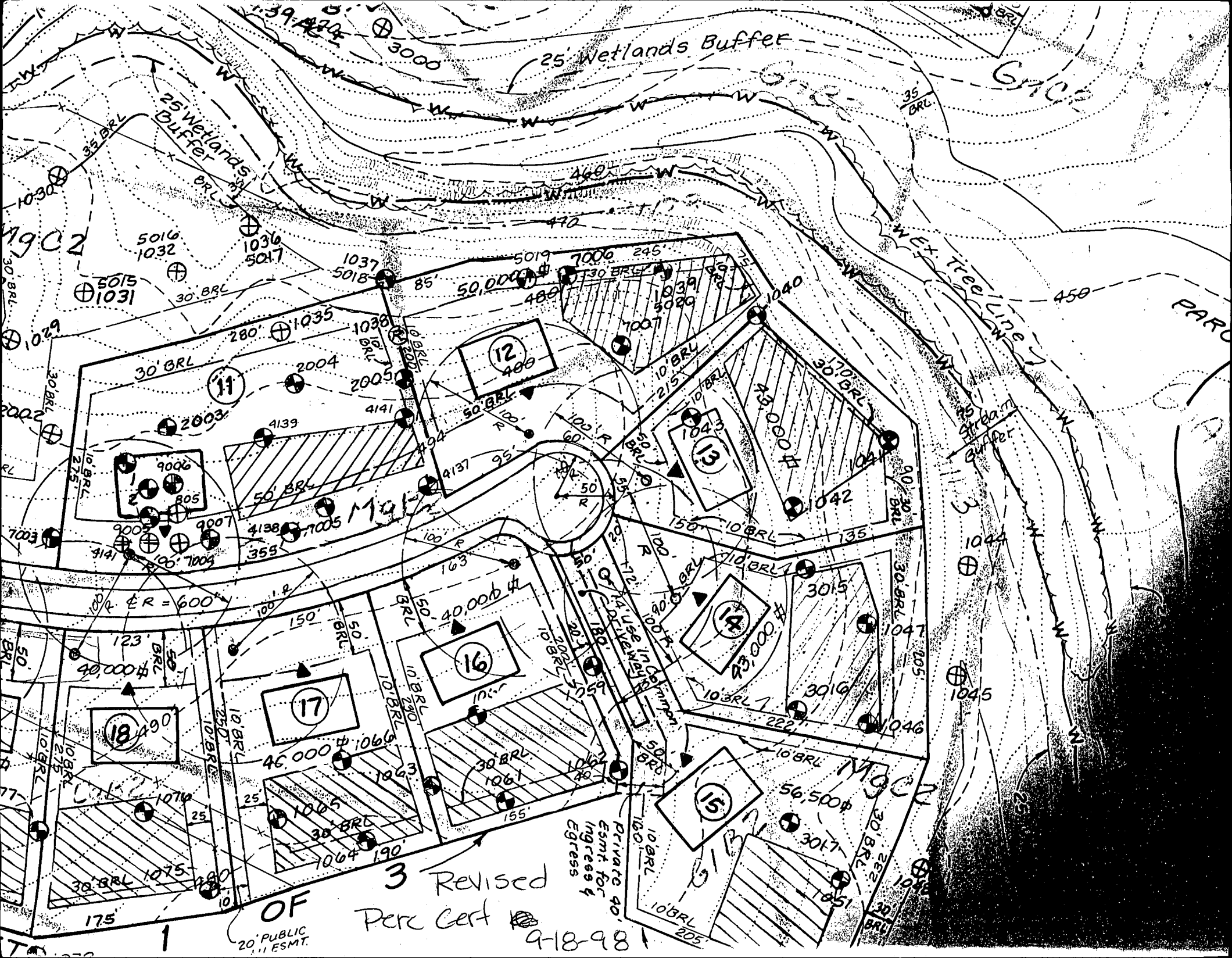
REMARKS wet season testing

TYPE OF SOIL _____

TESTED BY Amy McMiller ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



25' Wetlands Buffer

25' Wetlands Buffer

25' Tree Line Buffer

1902

2002

1

20' PUBLIC ESMT

3 Revised Perc Cert 9-18-98

Private 40' Esm't for Ingress & Egress

5016
1032

1036
5017

1037
5018

5019

7000
245

1839
5020

1040

5015
1031

1035

1038

1039

480

1043

1044

2003

2004

2005

4139

4141

1043

1044

9006

4138

7005

4137

95

1043

1044

9007

4138

7005

4137

100 R

1043

1044

100 R

150

50

50

100 R

100 R

100 R

123

150

50

50

100 R

100 R

100 R

18

17

16

15

14

13

12

1075

1076

1077

1078

1079

1080

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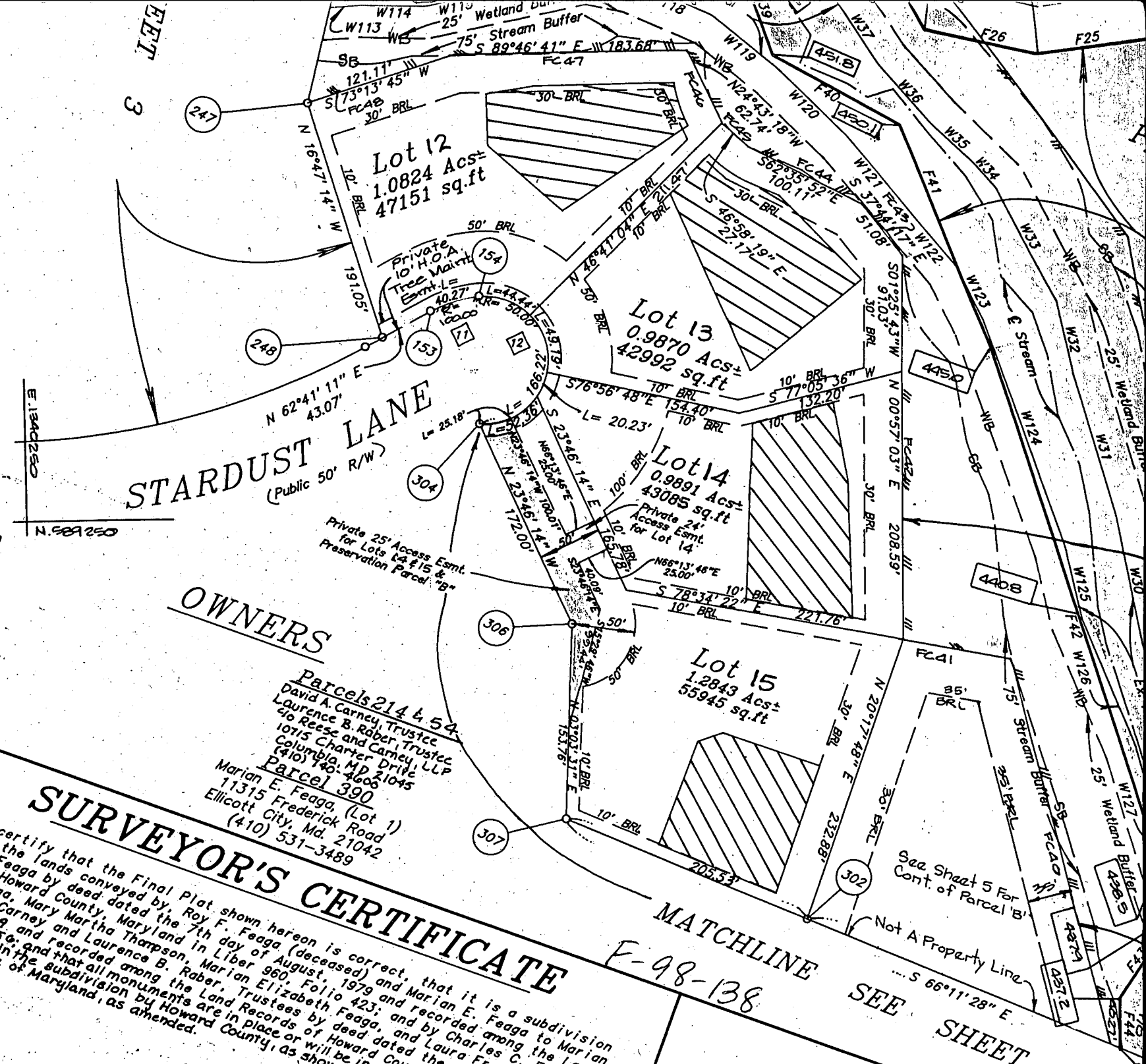
1063

1064

(This Sheet)
 be recorded: 4, 7, 10
 4
 Parcels: P101
 Non Parcels: 0
 Is: 0
 d: 29.5061 Ac±
 3428 Ac±
 ls: 26.1633 Ac±
 parcels: 0

Recorded: 1.7016 Ac±
 d: 31.2077 Ac±

ty Article, Annotated Code of
 (Amended) as far as they
 setting of markers have been
 12/10/98
 Dpte



STARDUST LANE
 (Public 50' R/W)

OWNERS

Parcels 214 & 54
 David A. Carney, Trustee
 Laurence B. Raber, Trustee
 c/o Reese and Carney, LLP
 1015 Charter Drive
 Columbia, MD 21045
 (410) 746-4606
 Parcel 390
 Marian E. Feaga, (Lot 1)
 11315 Frederick Road
 Ellicott City, Md. 21042
 (410) 531-3489

SURVEYOR'S CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of all of the lands conveyed by Roy F. Feaga (deceased) and Marian E. Feaga to Marian Elizabeth Feaga by deed dated the 7th day of August, 1979 and recorded among the Land Records of Howard County, Maryland in Liber 960, Folio 423; and by Charles C. Feaga to David A. Carney and Laurence B. Raber, Trustees by deed dated the 3rd of February, 1999, and recorded among the Land Records of Howard County, Maryland in Folio 656; and that all monuments are in place or will be in place of the streets in the subdivision by Howard County, as shown, in place of the streets in the subdivision by Howard County, as amended.

MATCHLINE
 F-98-138
 SEE SHEET

Not A Property Line
 See Sheet 5 For Cont. of Parcel 'B'

B 1 **8612** SEQUENCE NO. (MDE USE ONLY)
* (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

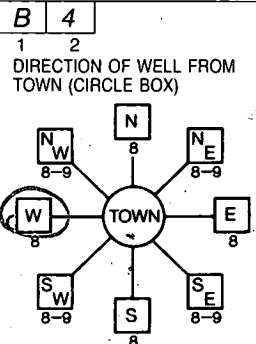
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1925
fill in this form completely

Date Received (APA) **10/13/98**
OWNER INFORMATION
8 MM DD YY 13
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
Feaga Property
23 SUBDIVISION 42
SECTION 44 46 LOT **13** 48 50
Pine Orchard meadows
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M 1
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
Edgewater, MD 21037
Signature **Jan P. Hartman** Date **10/6/98**



MD Rt. 144
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **720** 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard CO **A50830J**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **102698** **A. McMillan** **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)
 - 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**
000
000

METHOD OF DRILLING (circle one)

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

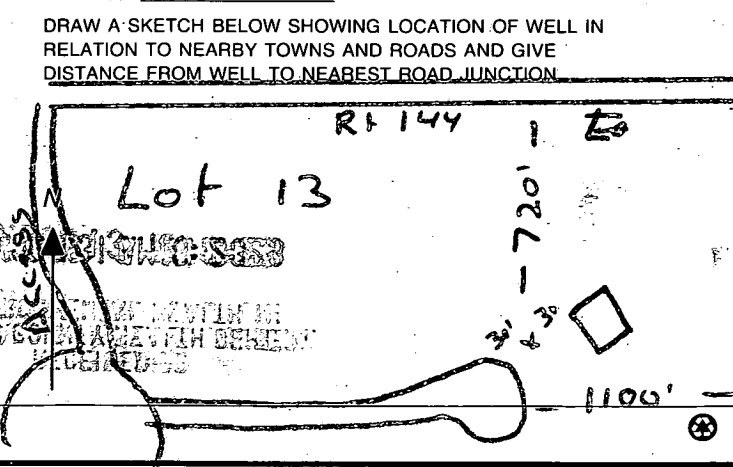
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEMED 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)

APPROP. PERMIT NUMBER _____ G A P _____
54 63
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1925**
67 68 70 71 72 73 74 75 76 77 78 79



C1 **4127** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE.

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 50830J**

DATE RECEIVED: MM 11 DD 30 YY 98 DATE WELL COMPLETED: MM 11 DD 30 YY 98 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1925
 DEPTH OF WELL: 22 300 26 (TO NEAREST FOOT)

OWNER Brantwood LLC last name Stardust Ln first name ELLIOTT CITY MD
 STREET OR RFD Brantwood SECTION I TOWN ELLIOTT CITY MD
 SUBDIVISION Brantwood LOT 13

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	53	
BLUE SLATE	53	300	✓

WATER AT 140-278

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 1128
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 59 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)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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

C 2 DEPTH (nearest ft.)

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	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
											HO		59		300																																																																																					

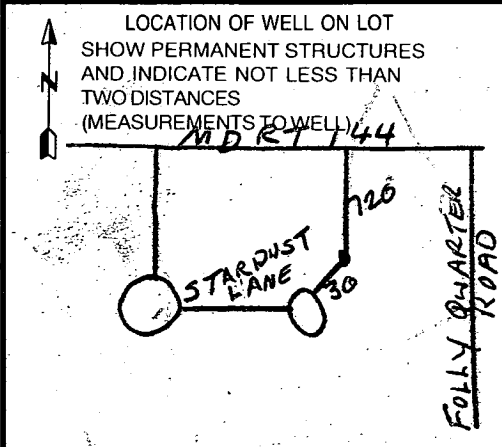
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 139
Robert Elme
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MWD 168
Rick Soole

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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 10
 METHOD USED TO MEASURE PUMPING RATE TIME
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 32 ft.
 WHEN PUMPING 66 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 } 1 (nearest foot)



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

Building Address Kim & Reed Bowman
11525 Star Dust E.C. Md. 21042

Property Owner's Name Kim & Reed Bowman
 Address 11525 Star Dust

Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 City ELLICOTT CITY State MD Zip Code 21042

Census Tract 6130 Subdivision Brantwood
 Home Phone 410-531-0052 Work Phone _____

Section I Area N/A Lot 13
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Tax Map 16 Parcel 211 Grid 22
 Phone _____ Fax _____

Zoning R-X Map Coordinates 1146 Lot size _____

Existing Use SFD
 Contractor Company Maryland Home Repair

Proposed Use SE 30 Deck
 Contact Person TERRY

Estimated Construction Cost \$ 5000
 Address 1177-A TERRACE VIA Rd

Description of Work Deck 16x16
18x20
Steps to grade
 City ELLICOTT CITY State MD Zip Code 21042

License No. 51535
 Phone 410-531-9979 Fax 410-531-9978

Occupant or Tenant _____
 Engineer or Architect Company _____

Contact Name SM
 Contact Person _____

Address _____
 Address _____

City _____ State _____ Zip Code _____
 City _____ State _____ Zip Code _____

Phone _____ Fax _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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 checked="" 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THEREIN; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company _____

Print Name TERRY E WILLIAMS
 Date 10/16/2000

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#
Land Development DPZ		[Signature]	Front: <u>50'</u> Rear: <u>10'</u> Side: <u>10'</u> Side St: <u>10'</u>	144113
State Highways		[Signature]	All minimum setbacks met? <input checked="" type="checkbox"/>	
Building Official	<u>10/16/00</u>	[Signature]	Is Entrance Permit required? <input type="checkbox"/>	
Dev. Engineering DPZ	<u>10/18/00</u>	[Signature]	Historic District? <input type="checkbox"/>	
Health		[Signature]	Lot Coverage for New Town Zone <u>N/A</u>	
Fire Protection			SDP/Red-line approval date <u>N/A</u>	Accepted by <u>[Signature]</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

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

Permit Fee _____