

12/20/99  
CO. 1-2 PM  
12/21/99  
1:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-330540

P 513130

A 50830-U

DISTRICT \_\_\_\_\_

DATE 11/18/1999

DATE SYSTEM APPROVED 12/21/99

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 410-313-2640

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 23 ROAD 3105 Argent Path

PROPERTY OWNER D.C. VanStone

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 155 feet down the left lot line and 50 feet off this same lot line as seen from Argent Path. Run first two trenches along contour towards the left lot line; run all other trenches 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. ON SRK 8/19/99

PLANS APPROVED BY Donna K. Soe DATE 7-14-1999

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

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

50830-U



SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Brantwood

A 50830U  
Prelim Lot 34

STREET NAME: Argent Path

LOT NUMBER: F-98-138 LOT 23

AVERAGE PERCOLATION RATE: 3min SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 5 LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH: 300 SEPTIC TANK CAPACITY: 1500

TOP SEAMED TANK REQUIRED? YES  NO

COMPARTMENTED TANK REQUIRED? YES  NO

TRENCH DIMENSIONS: Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade.

Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

=====

PUMPED SYSTEM PROPOSED: YES  NO

PUMPED SEPTIC SYSTEM DETAIL: \_\_\_\_\_ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

=====

LOCATION: Place the distribution box 155' down the left lot line and 50' off this same lot line as seen from Argent Path. Run first two trenches along contour towards the left lot line; run all other trenches in both directions.

~~ADDITIONAL NOTES~~

Reviewer: DKS

Date: 7/14/09

# 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 D.C. Van Stone

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. 2/6 34

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd  
(3105 Argent Path)

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD-5Brow  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~MODEL PERMIT SIGNED~~  
~~AND RETURNED 7/14/99~~  
~~Serial # BR0119165~~

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 \_\_\_\_\_

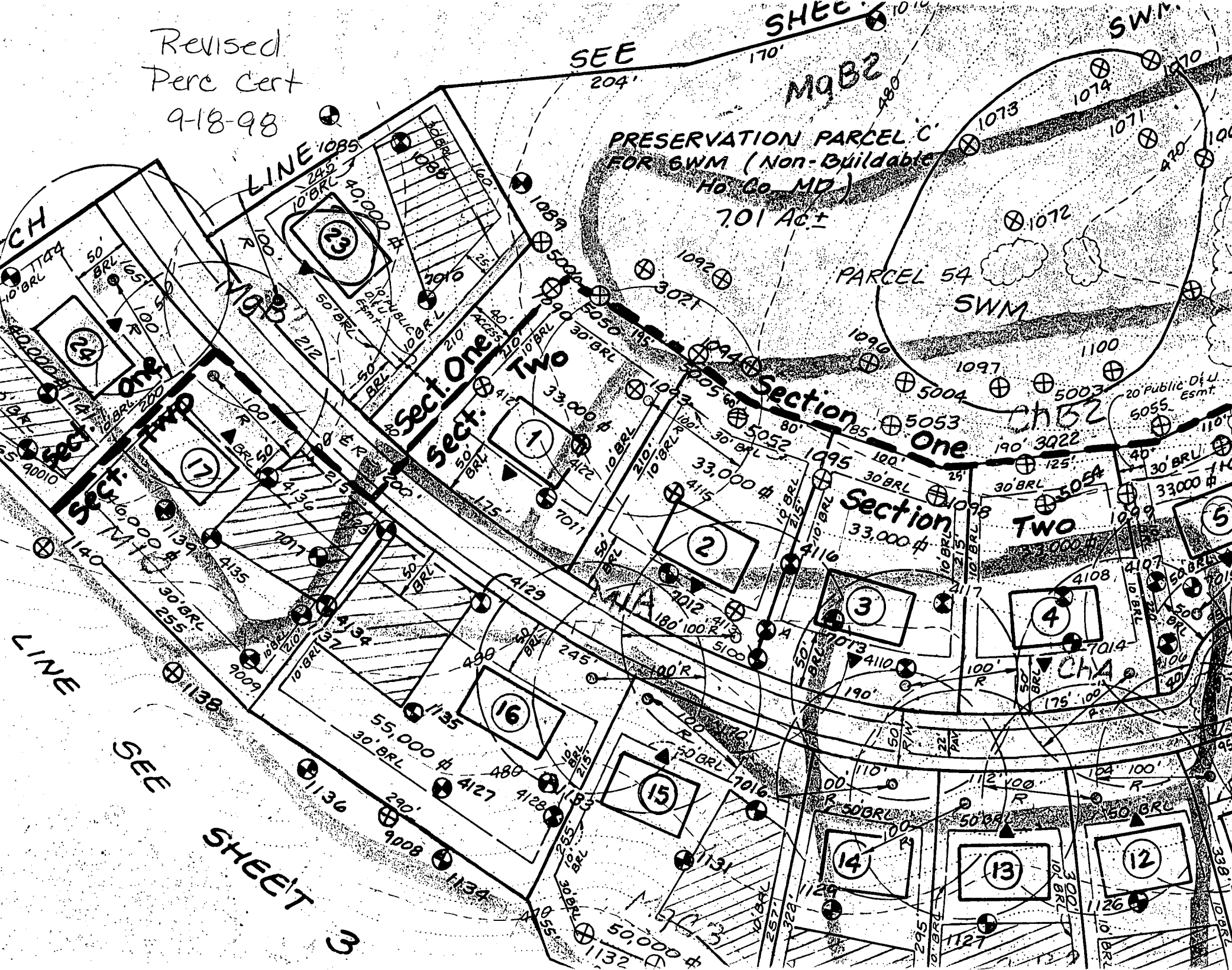
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT



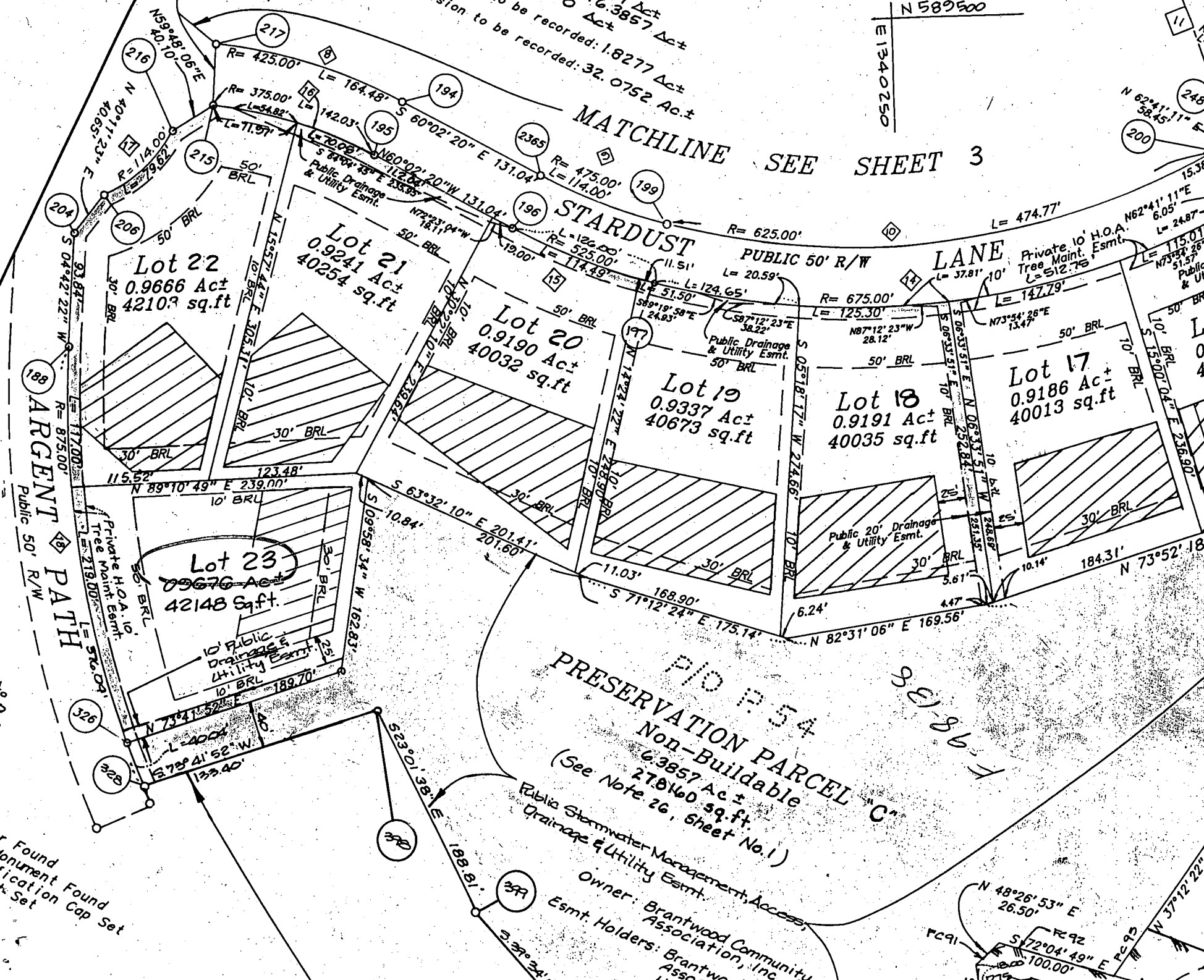
Revised  
Perc Cert  
9-18-98



SEE  
SHEET  
3

N 589500  
E 1340250

MATCHLINE SEE SHEET 3



PID P 54  
PRESERVATION PARCEL "C"  
Non-Buildable  
6.3857 Ac±  
270460 sq.ft.  
(See Note 26, Sheet No.1)

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

ARGENT PATH  
Public 50' R/W

Lot 22  
0.9666 Ac±  
42103 sq.ft

Lot 21  
0.9241 Ac±  
40254 sq.ft

Lot 20  
0.9190 Ac±  
40032 sq.ft

Lot 19  
0.9337 Ac±  
40673 sq.ft

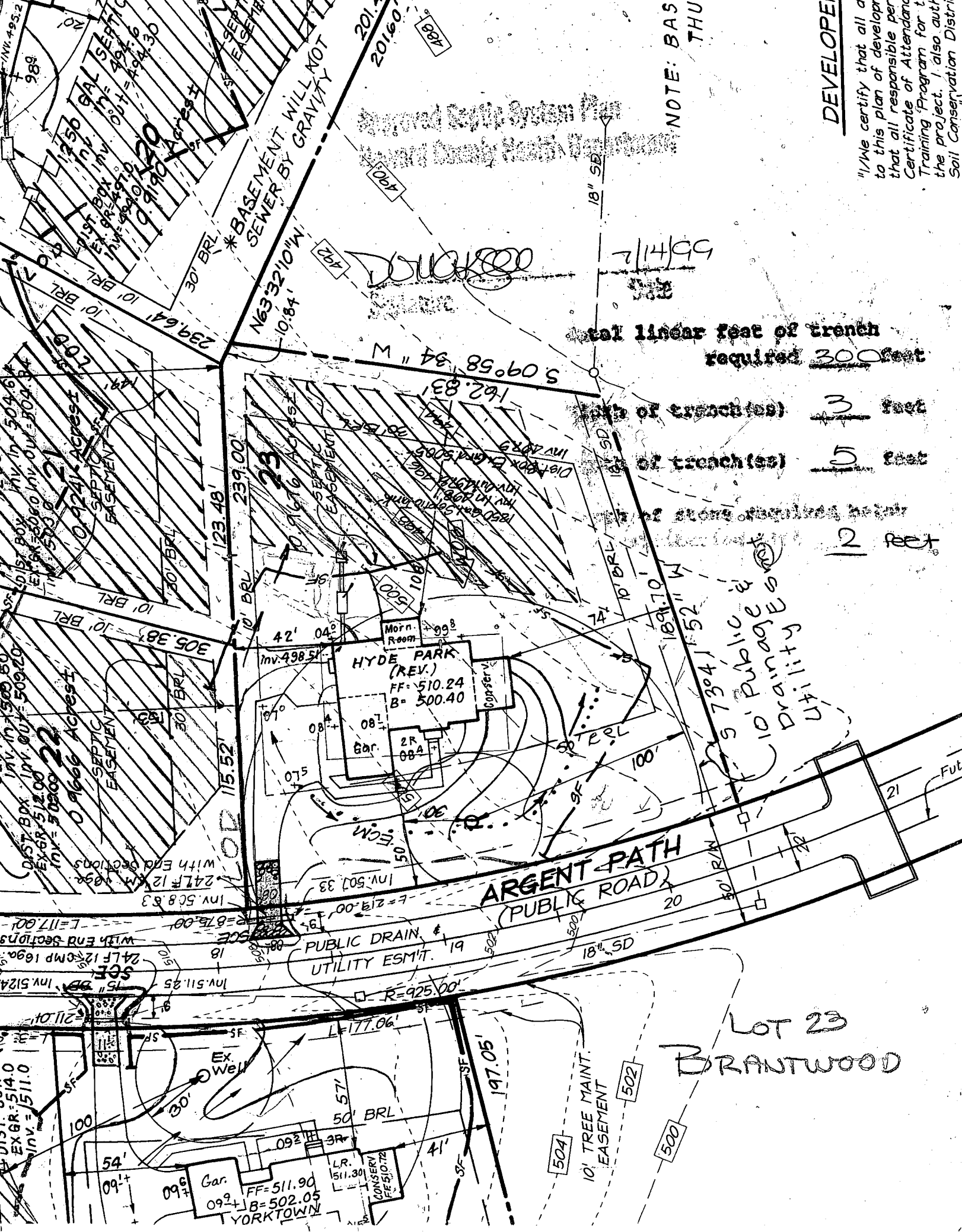
Lot 18  
0.9191 Ac±  
40035 sq.ft

Lot 17  
0.9186 Ac±  
40013 sq.ft

Lot 23  
0.9676 Ac±  
42148 sq.ft

Refer to  
2 of 10  
Data

Rebar Found  
Concrete Monument Found  
Identification Cap Set



NOTE: BAS THU

DEVELOPER

"I/We certify that all a to this plan of develop that all responsible per Certificate of Attendance Training Program for the project. I also auth Soil Conservation Distri

Total linear feet of trench required	300 feet
Depth of trench (ft)	3 feet
Width of trench (ft)	5 feet
Number of storm sewer required	2 feet

10' Public Utility Drainage Easement

LOT 23 BRANTWOOD

\*BASEMENT WILL NOT SEWER BY GRAVITY

0.9241 ACRES

0.9666 ACRES

HYDE PARK (REV.)  
FF= 510.24  
B= 500.40

Gar. FF= 511.90  
B= 502.05  
TYORKTOWN

ARGENT PATH (PUBLIC ROAD)

10' TREE MAINT. EASEMENT

PUBLIC DRAIN & UTILITY ESM'T.

1750 GAL SEPTIC DIST. BOX INV. 504.6 EX. GR. 49.0 OUT. = 492.6

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LOT 23 BRANTWOOD

PL & VIEW

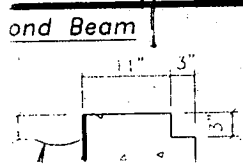
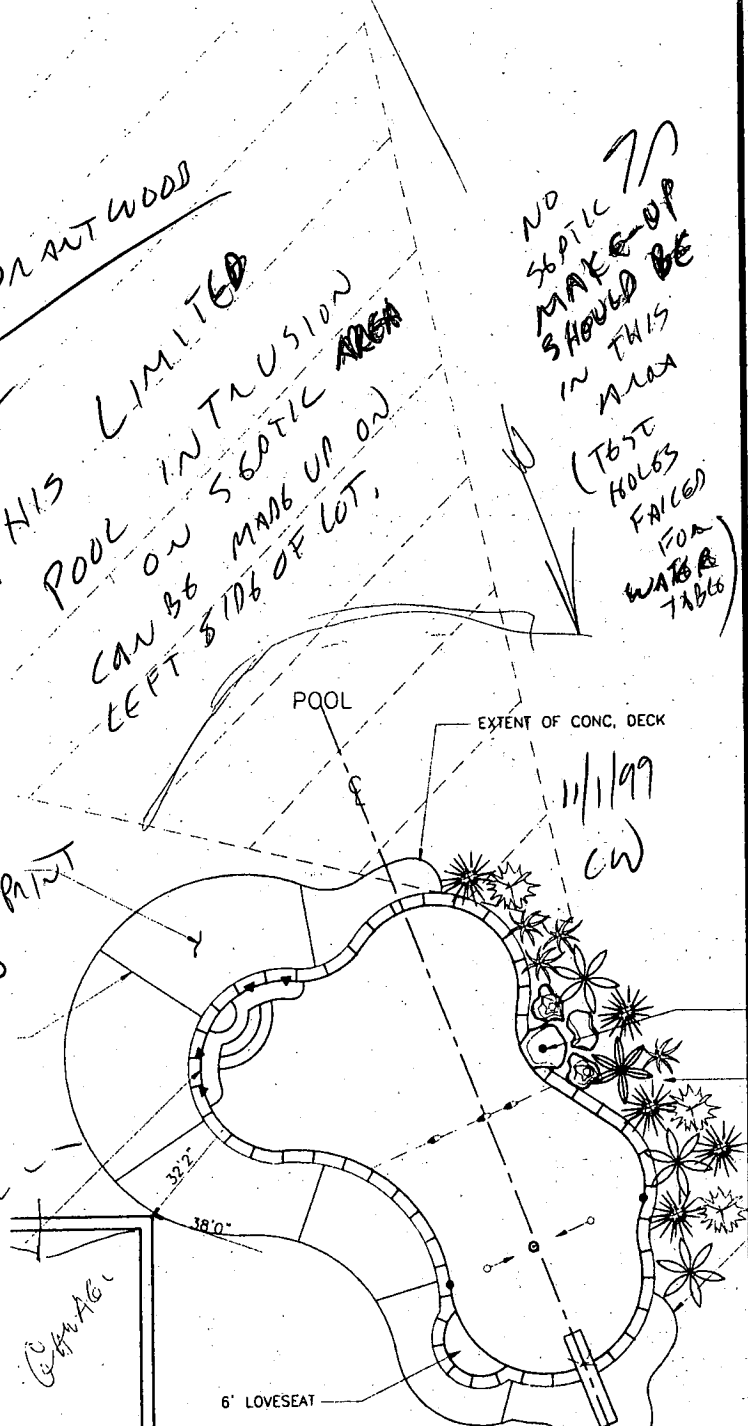
THIS LIMITED POOL INTRUSION CAN BE MADE UP ON LEFT SIDE OF LOT.

NO SEPTIC MAKE-UP SHOULD BE IN THIS AREA (TEST HOLES FACED FOR WATER TABLE)

WILL BE BACK WITH SPECIFIC PLAN

BE SURE HOUSE FOOTPRINT MATCHES BP PLAN

NO ADDITIONAL SEPTIC AREA CAN BE LOST



Piping Schedule

Revisions

JUNCTION BOX

POOL

- STEEL CREW:
- GUNITE CREW:
- COPING & TILE:
- DECK CREW:
- PLASTER CREW:

EQUIPMENT LIST

- DIRT:
- TILE:
- COPING:
- STEPS:
- PLASTER:
- FILTER:
- SAFETY EQ:
- CLEANING EQ:
- VACUUM EQ:
- DIVING EQ:
- LADDERS:
- GRABRAILS:
- LIGHTS:
- WATTS:
- HEATER:
- SPA:
- LOVESEAT:
- DECKING:
- POOL COVER - WINTER:
- SOLAR:
- AUTO:
- FENCE:
- OTHER ITEMS:

STYLE:

VOLTS:

← P.LINE RECEIVED NOV 01 1999

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

WATERFALL STUB-OUT- BY MPI

PROP. LANDSCAPING- BY OWNER

EXTENT OF CONC. DECK

HOURS GRADING IN CONTRACT: ONE

POOL DATA

SIZE: 27'X40'      SHAPE: CUSTO  
 AREA- POOL: 688 + L.SEAT      OTHER:  
 TOTAL Sq.Ft.: 700      L.SEAT-1:  
 PERIMETER- POOL: 116      OTHER:  
 GALLONAGE: 29,700

NAME: DAVE & MARIA VANSTONE

ADDRESS: 3105 ARGENT PATH

CITY: ELLICOTT CITY, MARYLAND 21043

COUNTY: HOWARD

ZONE: 1

4137

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50830 U

ST/CO USE ONLY DATE Received 5 12 99

DATE WELL COMPLETED 3 3 99

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1934

OWNER: Brantwood LLC STREET OR RFD: Argent Path TOWN: Ellicott City MD SUBDIVISION: Brantwood SECTION: I LOT: 23

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N)

TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MW D 139 Robert Cline

LIC. NO. 1 MW D 168 Rick Fogle

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

DEPTH (nearest ft.) HO 59 200

Table with columns: E, A, C, H, S, C, R, E, N and rows for casing height measurements.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3

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 33 ft.

WHEN PUMPING 57 ft.

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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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

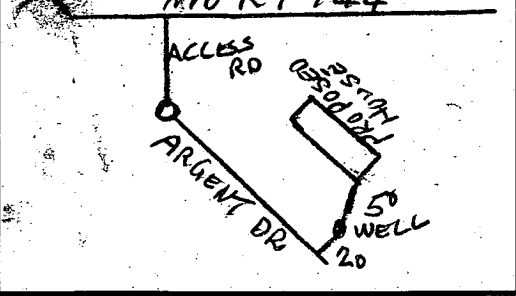
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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 1 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 8621 SEQUENCE NO. (MDE USE ONLY)  
1 2 3 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

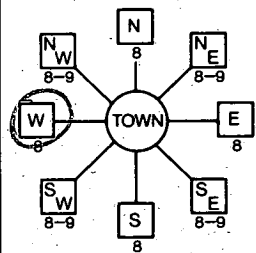
STATE PERMIT NUMBER  
HO-94-1934  
fill in this form completely

Date Received (APA) 10/13/98  
OWNER INFORMATION  
8 MM DD YY 13  
15 Last Name Owner First Name 34  
Brantwood LLC  
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  
8 COUNTY Howard 21  
Feaga Property  
23 SUBDIVISION 42  
SECTION 44 46 LOT 23 50  
Pine Orchard Meadows  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0, if in town) 2 MI  
73 76 77 78

DRILLER INFORMATION  
Hartman, David M WD 517  
76 Driller's Name 81 License No.  
AC. Schuites of MD., Inc.  
Firm Name  
24 South River Road  
Address Edgewater, MD 21037  
Signature Date 10/06/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
11 NEAR WHAT ROAD Argent Path  
MD RT 144 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 1350 37 DISTANCE FROM ROAD  
ENTER FT OR MI Ft 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

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard CO A5083011  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 10/26/98  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 520 000 EAST GRID 820 000  
50 55 57 63

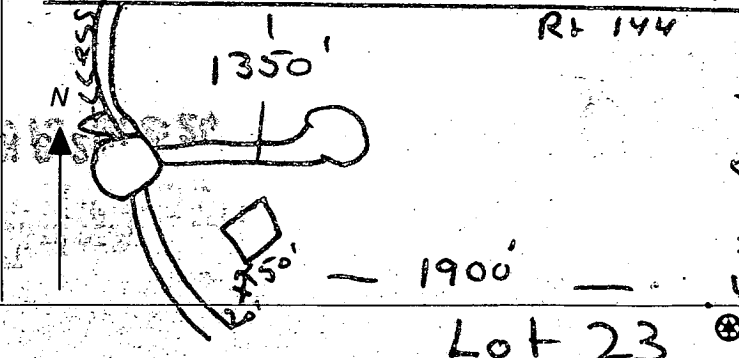
APPROXIMATE DEPTH OF WELL 200 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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  
FORCE AM  
70 71 72 73 74 75 76 77 78 79  
PERMIT No. HO-94-1934



B 1 8621

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1934 fill in this form completely

Date Received (APA)

10/13/98

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
36 Street or RFD 55  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name License No. 76 81  
Firm Name  
Address  
Signature Date

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET  
APPROXIMATE DIAMETER OF WELL 1" 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)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
D THIS WELL WILL DEEPM 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 54 GAP 63  
FORCE INITIALS IN BOX PERMIT No. HO-94-1934

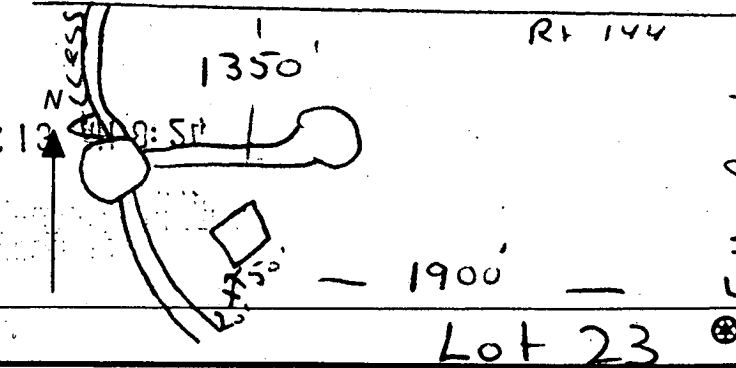
SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 LOCATION OF WELL  
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 23 48 50  
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)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD ENTER FT OR MI  
TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED CO SIGNATURE EXP. DATE  
NORTH GRID EAST GRID

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
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



B 1 9713 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1572 fill in this form completely

Date Received (APA): 05 26 98 OWNER INFORMATION Liparini, John 8835-P Columbia 100 Parkway Columbia, MD 21045

B 3 LOCATION OF WELL Howard Feaga Property Ellicott City MILES FROM TOWN 3

DRILLER INFORMATION Robert L. Cline M W D 139 Cline & Duvall, Inc. 8093 Hillmark Ct. Frederick, MD 21704

B 4 DIRECTIONS OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 1830 FT

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 300 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard County A50830

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

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

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER FORCE Am PERMIT No. HO-94-1572

313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3825-N Ellicott Mills Drive  
Ellicott City, MD 21043  
481-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer Van Sant Plog & HYG Telephone 301-829-0444

License Number 14407  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner D.C. VanStone + Gonzalez Telephone \_\_\_\_\_  
Subdivision Branchedwood Lot # 23 Well Tag # HO-94-1934  
Site Address 2105 Argent Path  
Ellicott City, MD 21042

Pump Motor Pitless Adapter  
1. Type 1. Horsepower 1 1. Make Campbell  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # B102  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth 48"  
c. Submersible   
2. Make Goulds  
3. Model # 5G510422  
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 \_\_\_\_\_

Tank Piping PE Well data  
1. Capacity 1.500 1. Type PE 1. Depth 200 ft.  
2. Pressure relief valve? Yes 2. Size 1" 2. Yield \_\_\_\_\_ GPM  
3. NSP and/or NOCA Code approved  3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line 48 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.  
12/21/99-WPI OK (SRW) Signature of Applicant: [Signature]  
Date: 4.5.00

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