

8/23/99
3:00 PM
8/24/99
1 PM

9/24/99
11-12

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

410 - 03-326314

P 512039
A 56430T
~~570331~~

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 7-29-99

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

DATE SYSTEM APPROVED 9/24/99

INDEXED

INSPECTOR S.R.K.

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Gaither Hunt LOT 67 ROAD 11054 Dorsch Farm Road

PROPERTY OWNER NV Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS ***INSTALL 2 SEPTIC TANKS IN SERIES: 1250 GALLONS EACH***

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.0 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 205 feet down the left (498.42') lot line and 10 feet off that same lot line as seen when facing the lot from Fox Haven Way. Run trenches on contour towards front of property.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/9/99 JKS

PLANS APPROVED BY C. Williams DATE 5-26-1999

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 A2S

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

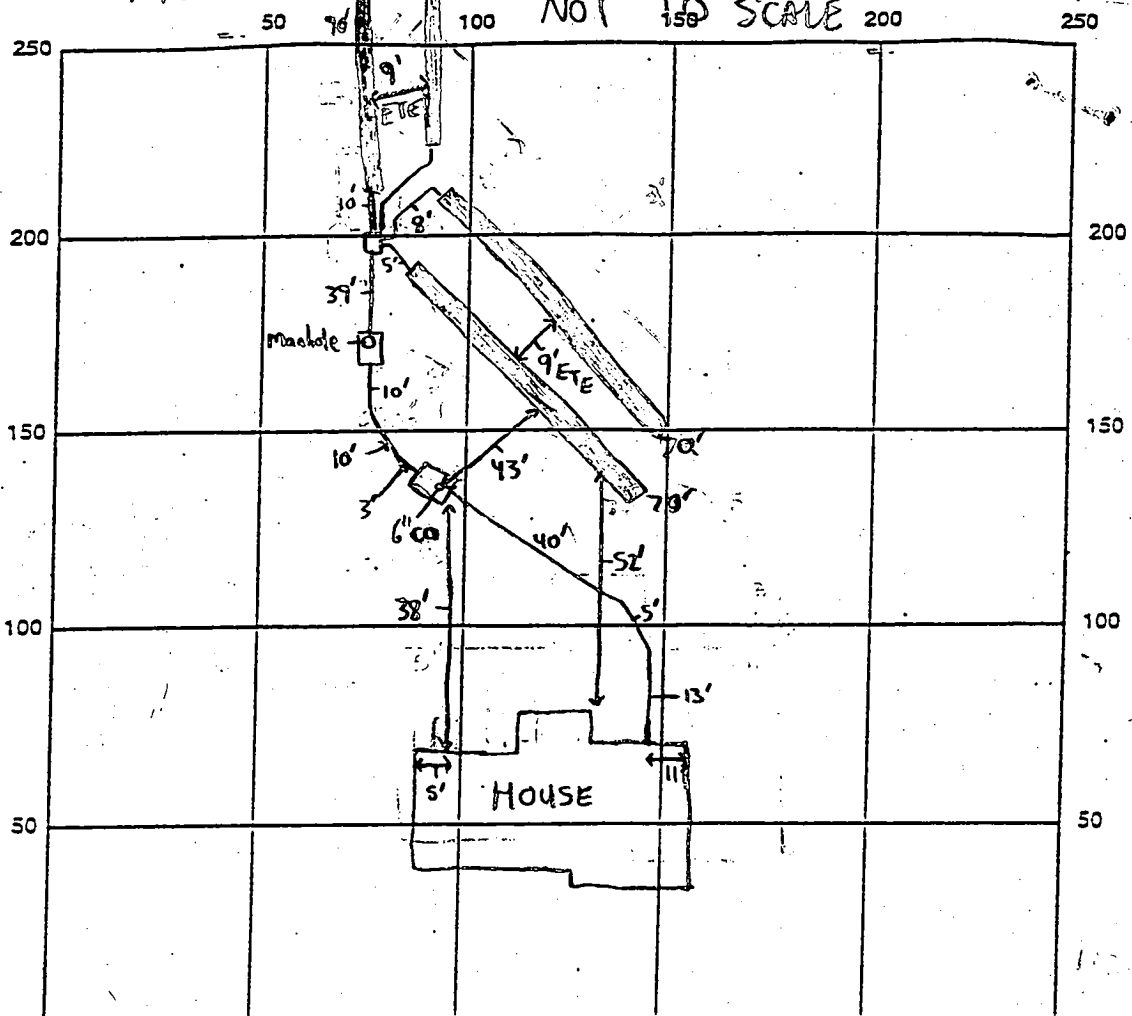
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

56430T

Neighbor's Well
Ho-94-1965

Well Ho-94-1422

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
DORSCH FARM RD

SEPTIC TANK LEVEL 1500 gal top sealed CLEANOUTS 6" @ Tank, Manhole at Pump Tank.
Septic tank & pump chamber

DISTRIBUTION BOX LEVEL Baffle is in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

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

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/20/99 OK to cover tanks - no house connection AU
8/23/99 - OK TO COVER 1ST 2 TRENCHES (SRW)
8/24/99 - WPI OK, OK TO COVER ALL WORK (SRW)
9/24/99 - HOUSE CONN. MADE (SRW)

DATE SYSTEM APPROVED 9/24/99 INSPECTOR Steven R. Kuey

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2456 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00117250

Building Address 11054 Dorach Farm Rd.
Ellicott City, MD 21040

Suite/Apt. #: _____ SDP/WP/Petition #: 9998-148

Census Tract 0008 Subdivision Gaither Hunt II

Section 1 Area 1 Lot 67

Tax Map _____ Parcel 322 Grid 4

Zoning RC-110 Map Coordinates 15-81 Lot size ac

Property Owner's Name William

Address 2500 Defense Hwy. Ft. Belvoir

City Crofton, MD State _____ Zip Code 21114

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2500 Parallel Path
Abingdon, MD 21007

Phone 410-515-1717 Fax 410-515-2210

Existing Use _____

Proposed Use SFD

Estimated Construction Cost \$ 20,000.00

Description of Work Construct SFD Type Potomac
2 Story Full Dent, HR, 2 BR, 1 HD, Garage
1 BRD, 1 BR, 1 HD, Finall

Contractor Company _____

Contact Person Pat Orla Agent

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

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
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ Depth: _____ Width: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Applicant's Signature _____
Building Permit Services, Inc.

Title/Company _____

Print Name _____
Pat Orla

Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/26/99</u>	<u>C. Williams</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

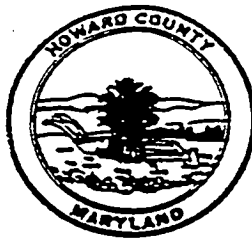
PROPERTY ID#: 11054

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>300</u>
Excise tax	\$ <u>4157</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>4735</u>
Balance due	\$ _____
Check #	_____
Validation #	_____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 15, 1999

TO: Joey Ecker

FROM: Amy McMullen

RE: B00117250 Gaither Hunt lot 67

Please revise the septic easement to match what was approved on the record plat and then adjust the distribution box location accordingly.

Thank you and if you have any questions, please call.

A DIFFERENT REVISION WAS APPROVED PG 5/25/99

FAY,

Number of pages (including cover sheet): 2
KEEPS HOUSE IN INTENDED LOCATION!

GALTIER HUNT REVISION 10/29/98

CONFERENCE: ZACH FISH JOEY ECKER WAYNE BLACK

LOTS 67 OK MINOR TO REAR-
SDA REMAIN NO TEST NEEDED

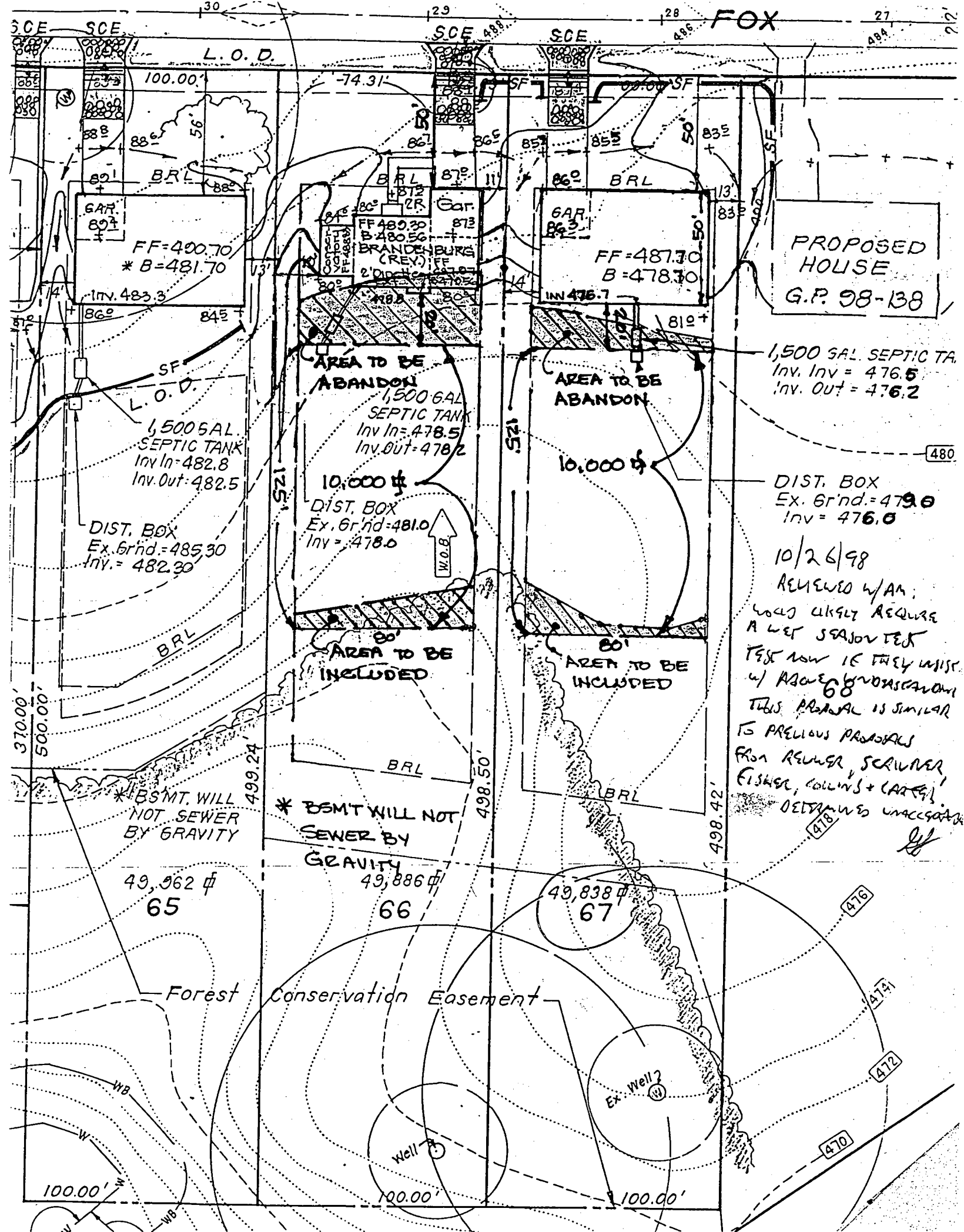
LOT 66 - WET SEASON TEST

LOT 68 OK

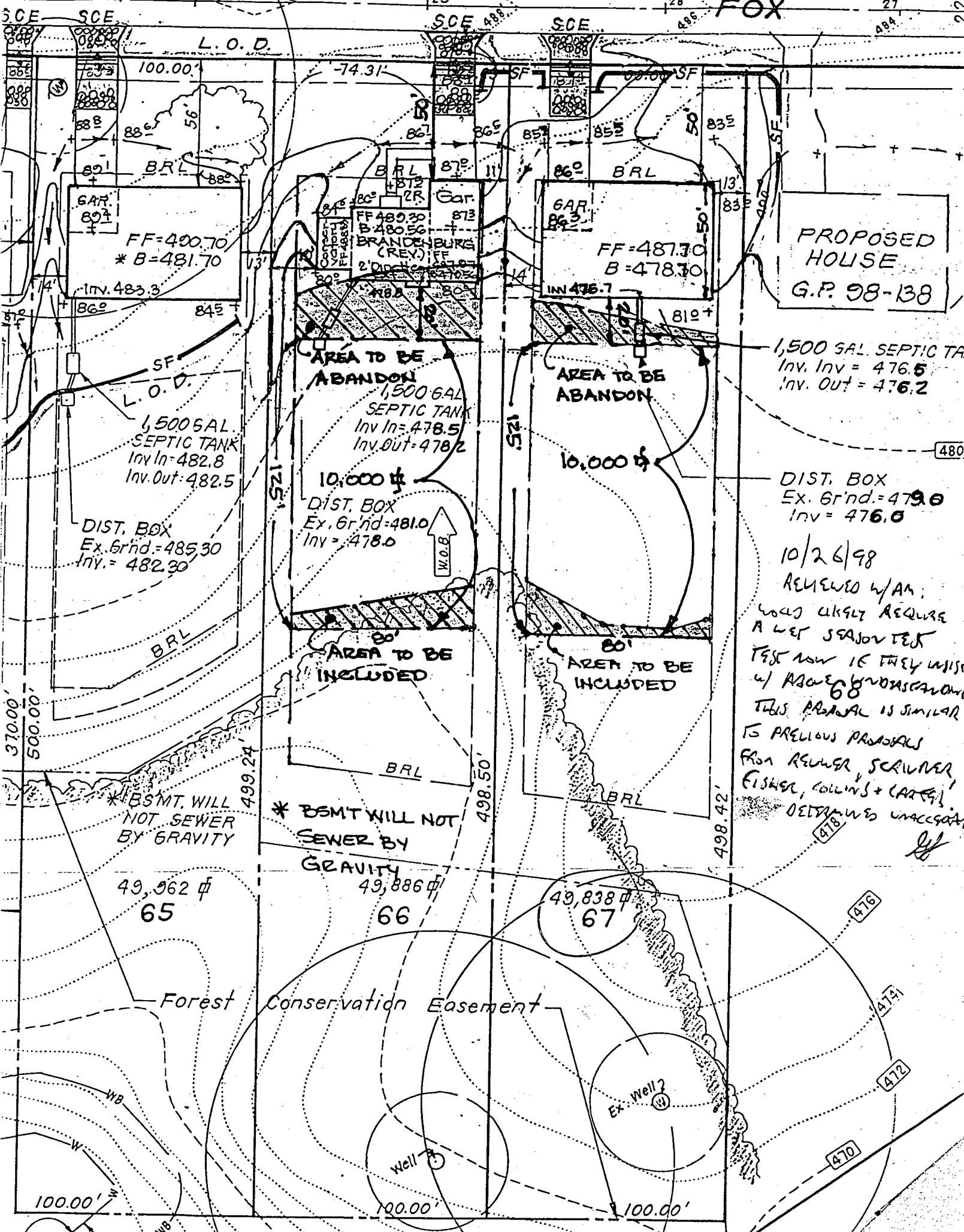
WELLS TO BE UNCHANGED

LOT 8 TO STAY W RE-CERTIFICATION

LOT 66 PROPOSAL TO PUSH SDA
TOWARDS FRONT OF LOT
OK W 1 + 2 TEST NO CBS
TEST ANYTIME



FOX



PROPOSED HOUSE
G.P. 98-138

1,500 GAL SEPTIC TA
Inv. Inv = 476.5
Inv. Out = 476.2

DIST. BOX
Ex. Grnd. = 479.0
Inv = 476.0

10/26/98
REVIEWED w/AM:
WAS CLEARLY REQUIRE
A WET SEASON TEST
TEST NOW IF THEY WISE
w/ ABOVE PROPOSAL
THIS PROPOSAL IS SIMILAR
TO PREVIOUS PROPOSALS
FROM RENEW, SCHWENK,
FISHER, COLLINS + CARTER
DETERMINES UNNECESSARY

FF=400.70
* B=481.70

FF=487.70
B=478.70

AREA TO BE ABANDON
1,500 GAL SEPTIC TANK
Inv In = 478.5
Inv Out = 478.2

AREA TO BE ABANDON

10,000 φ
DIST. BOX
Ex. Grnd = 481.0
Inv = 478.0

10,000 φ

AREA TO BE INCLUDED

AREA TO BE INCLUDED

* BSMT. WILL NOT SEWER BY GRAVITY

* BSMT WILL NOT SEWER BY GRAVITY

49,962 φ
65

49,886 φ
66

49,838 φ
67

Forest Conservation Easement

Ex. Well 2

Well 1

476

474

472

470

480

370.00'

500.00'

499.24

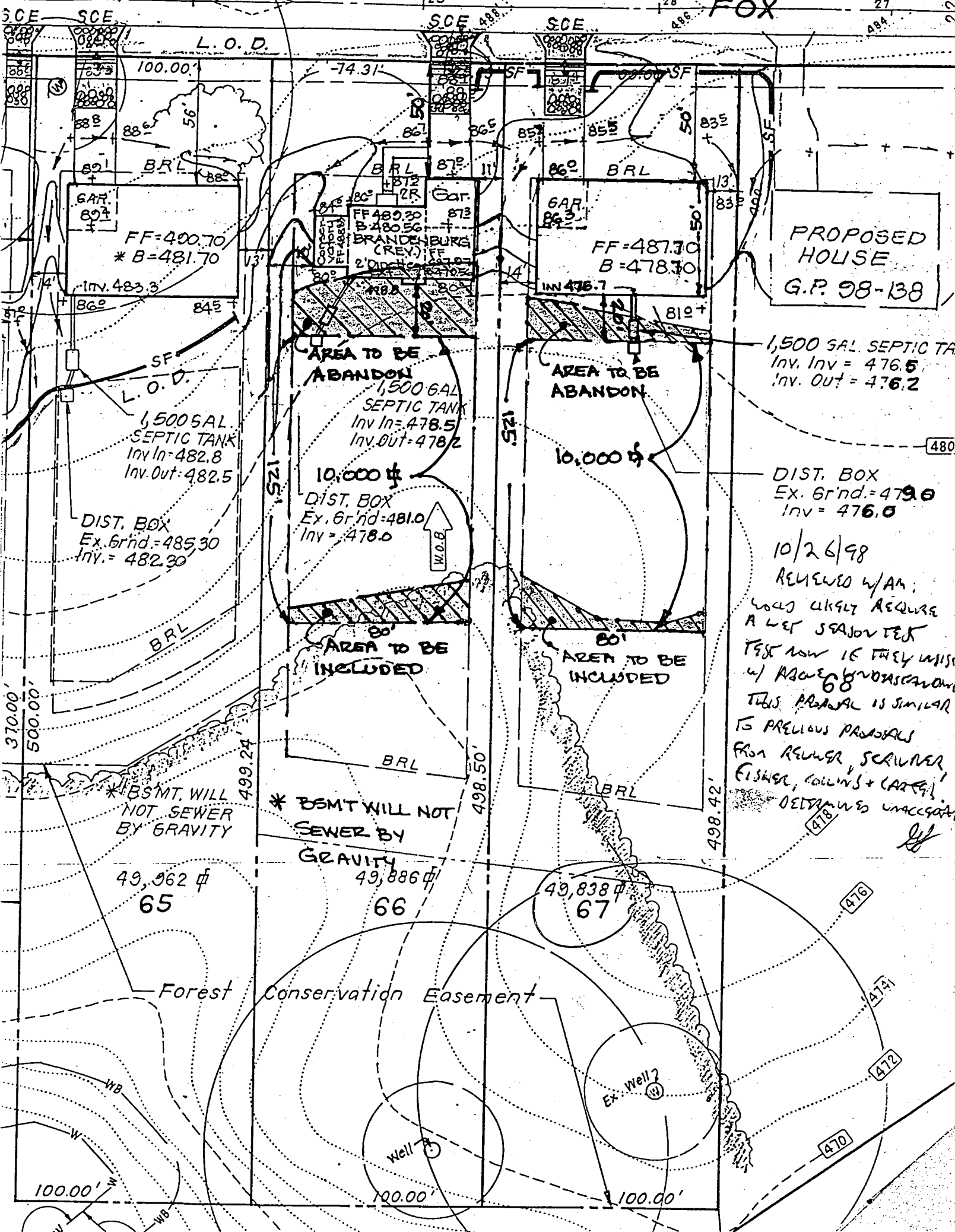
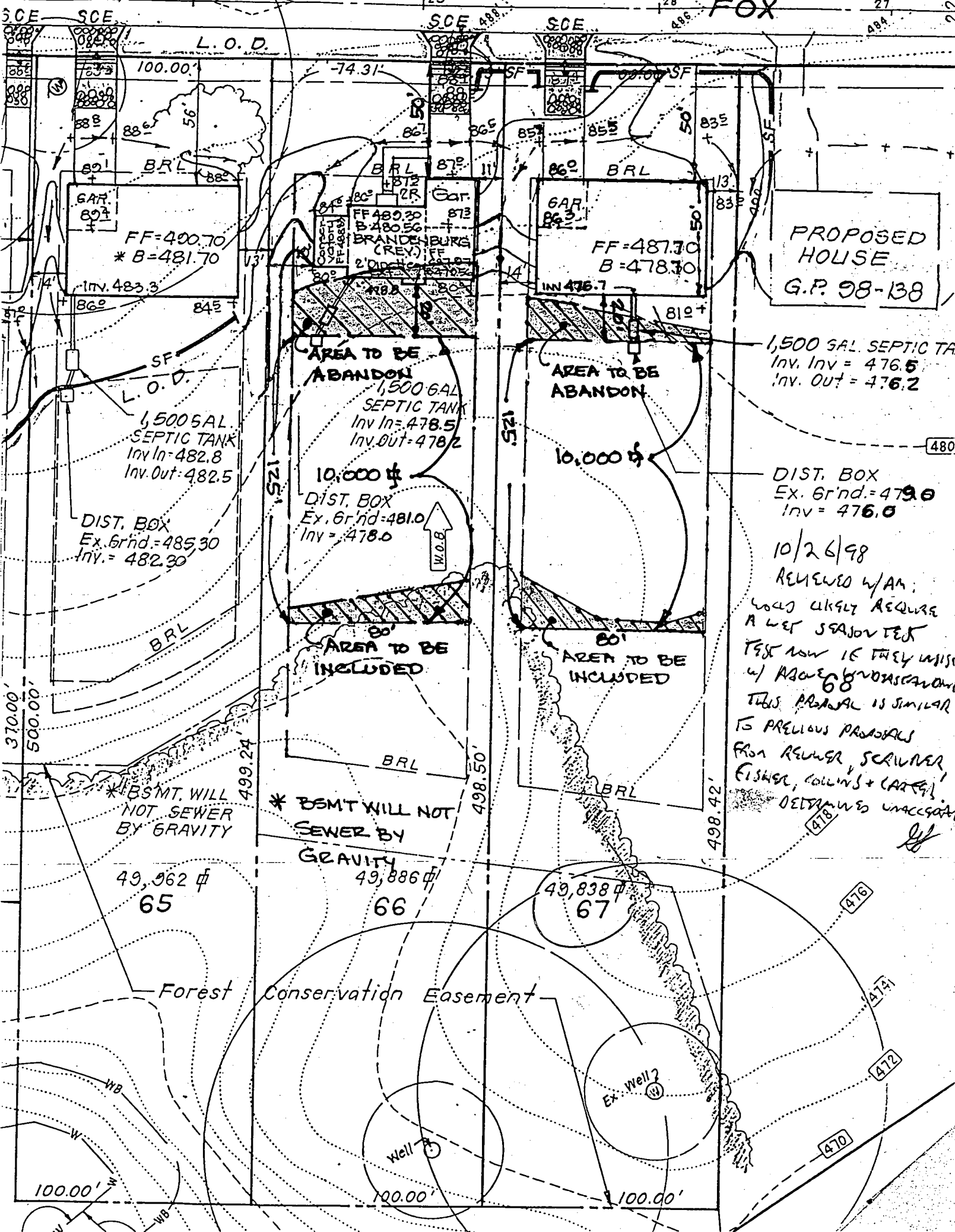
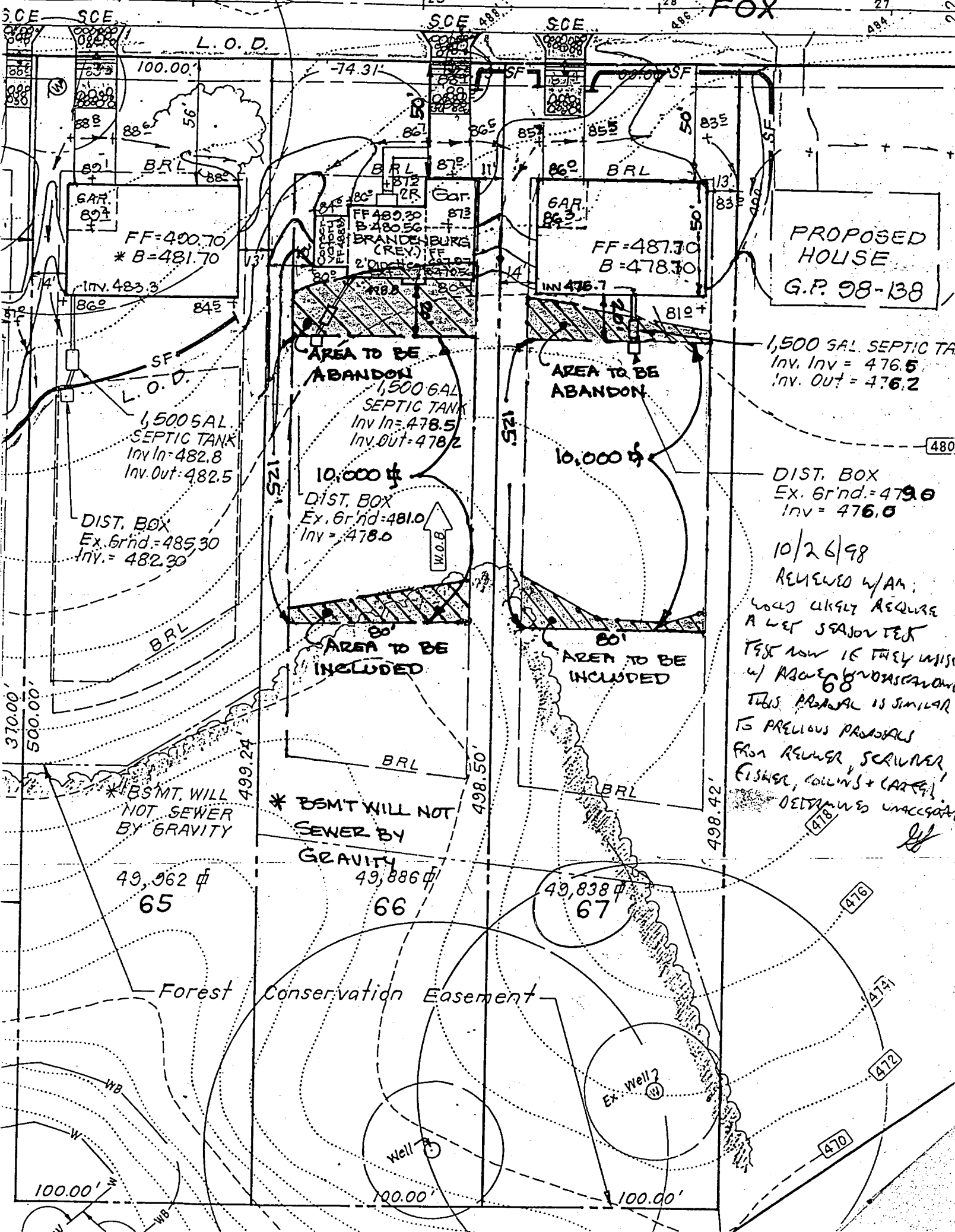
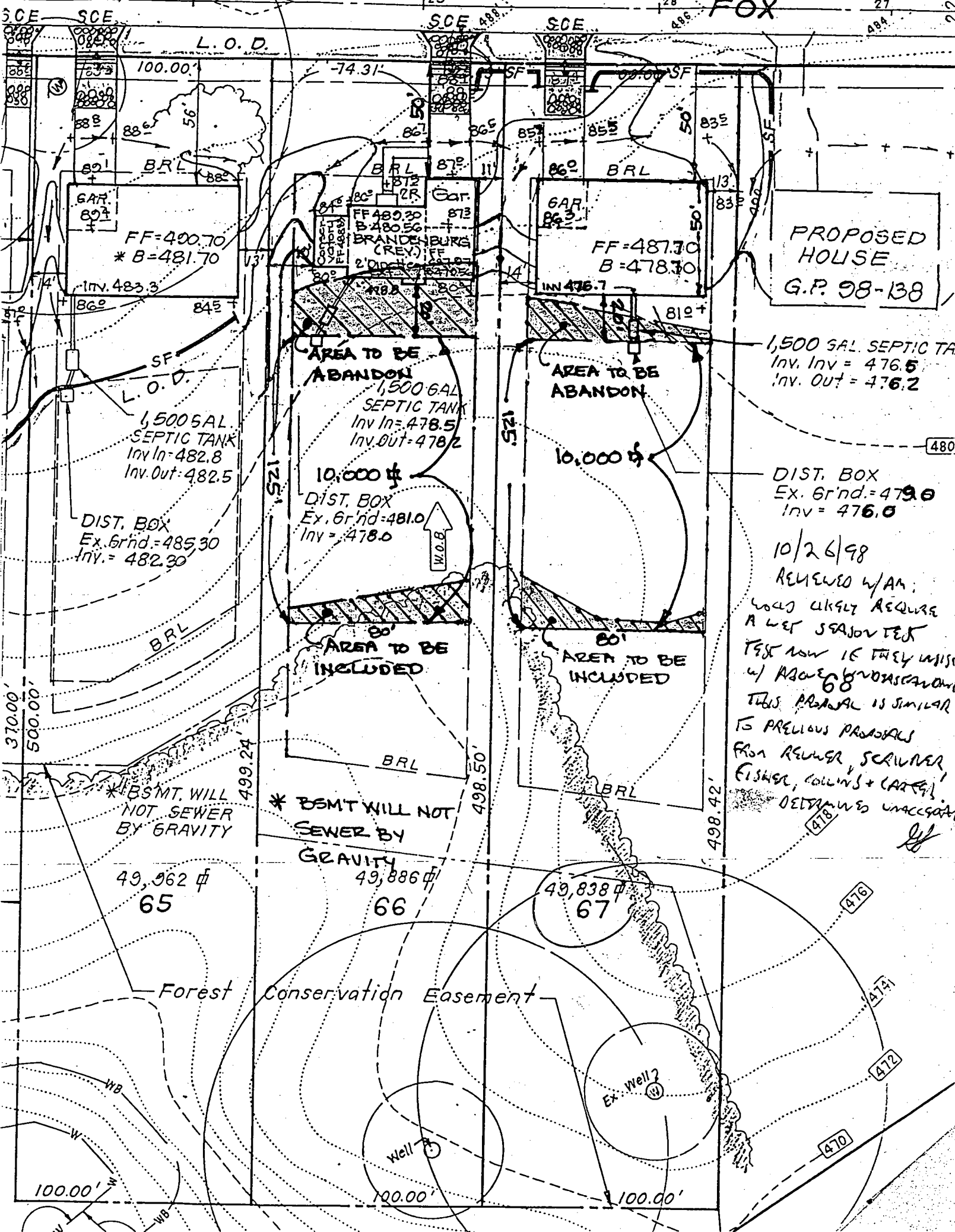
498.50

498.42

100.00'

100.00'

100.00'



APPLICATION

PERCOLATION TESTING

57053 I

A 56429

P _____

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

DISTRICT _____

DATE 4/3/96

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 J. Thomas Schweaer NV Homes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 86 57

ROAD AND DESCRIPTION 11054 Dorsch Farm Road

TAX MAP 29 PARCEL # 21
PERMIT SKIPPED AND RETURNED 5-26-97
Serial # B10 117250

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 Bdr
(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 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

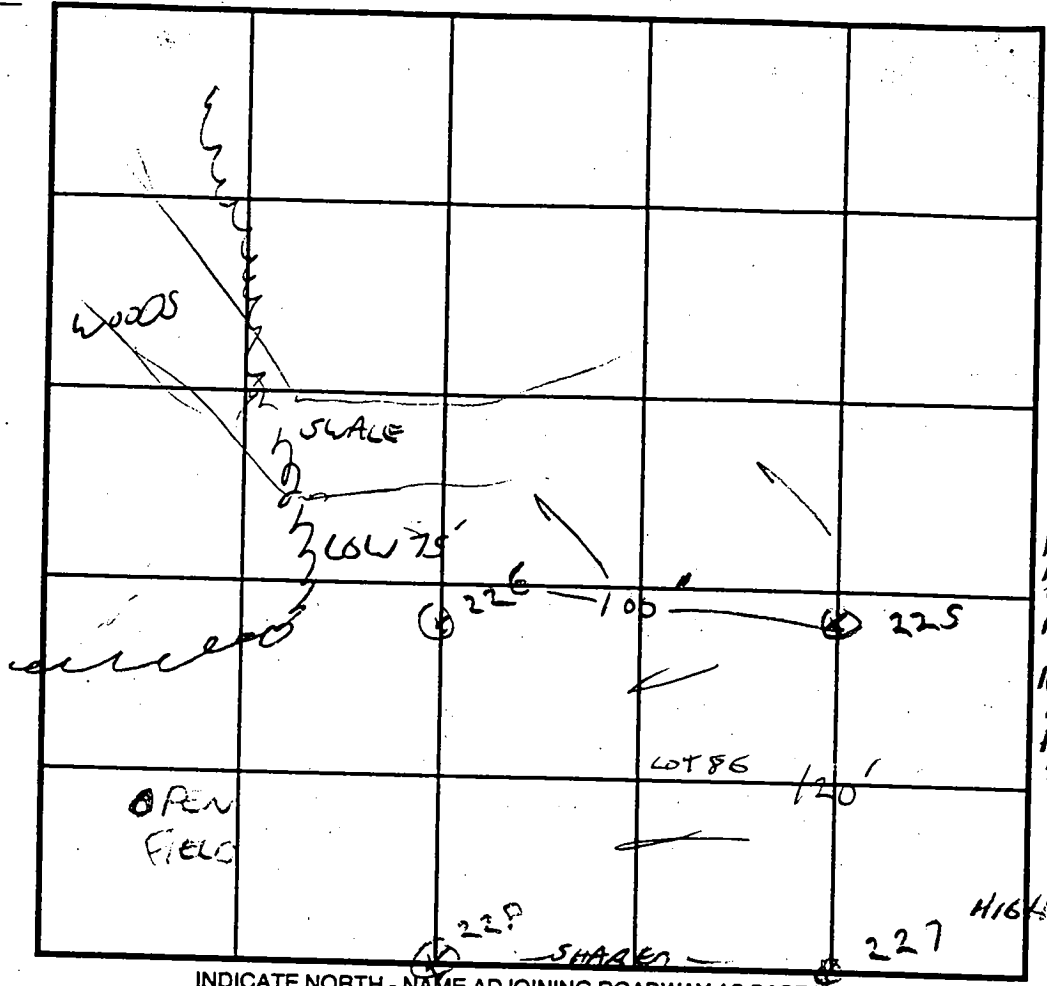
57053I

56429

COUNTY #

SOIL PROFILE

0'



SOIL PROFILE

0'

TOP SOIL 1

ORANGE Brown CL. 3

TAN SSL 12

226
225

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/96	225	5'	1:30	1:36	1:36	1:54	18 min
	OK 11/6 226	4' 6"	1:32	1:33	1:35	1:37	2 min
	227	5'	SEE LOT 87 SHEET				2 min
	228	5'	"	"	"		10 min

REMARKS LOT 86 DUG PER DAT

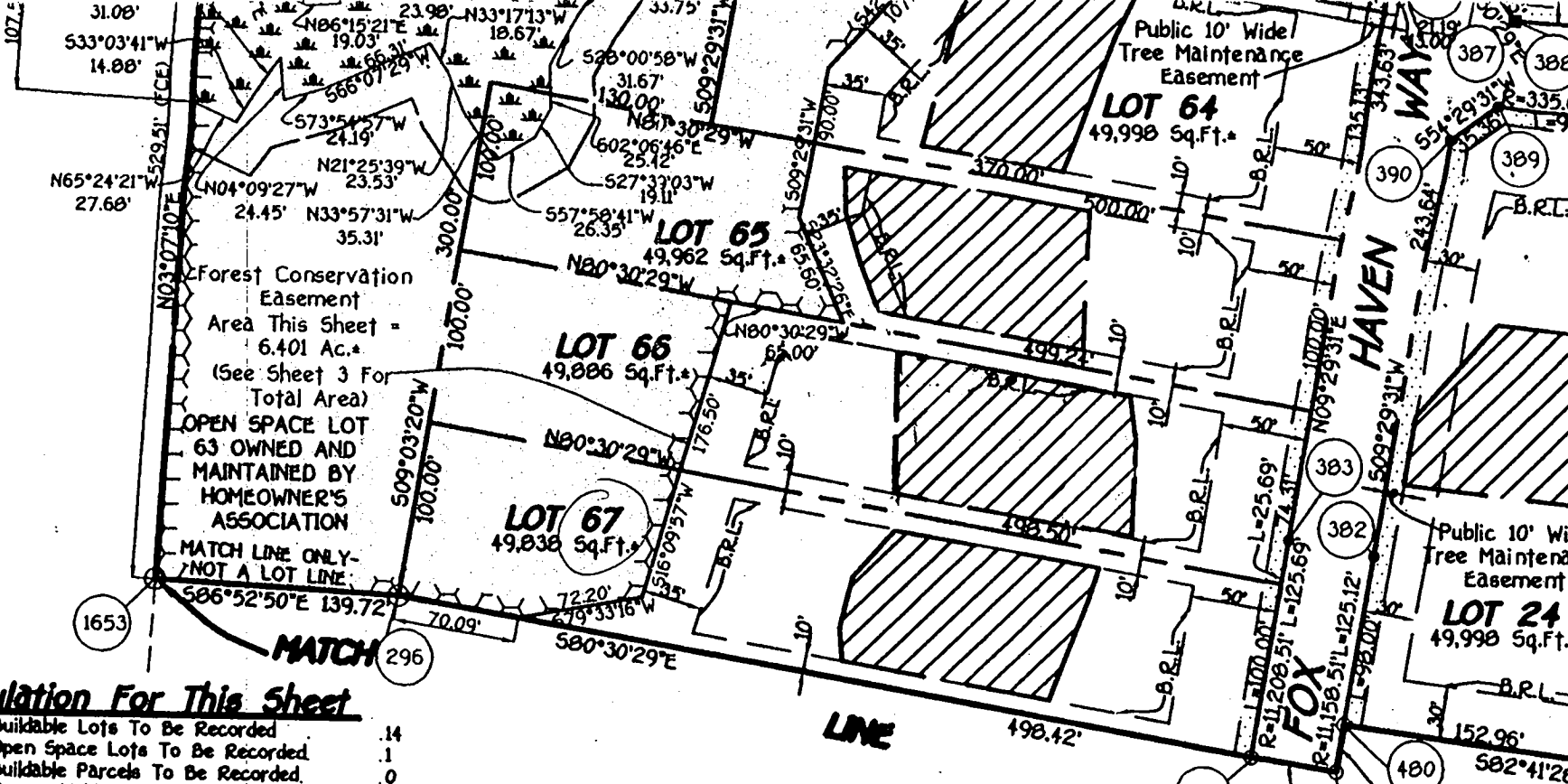
TYPE OF SOIL 67

TESTED BY G. SAVAGE ALSO PRESENT MIKE, DON REUWER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 210

PROPERTY OF MARY CARROLL BLOOM LIBER 273



Area Tabulation For This Sheet

Total Number Of Buildable Lots To Be Recorded	.14
Total Number Of Open Space Lots To Be Recorded	.1
Total Number Of Buildable Parcels To Be Recorded	.0
Total Number Of Non-Buildable Parcels To Be Recorded	.0
Total Number Of Lots And Parcels To Be Recorded	.15
Total Area Of Buildable Lots To Be Recorded	15.355 Ac.±
Total Area Of Open Space Lots To Be Recorded	5.336 Ac.±
Total Area Of Non-Buildable Parcels To Be Recorded	7.235 Ac.±
Total Area Of Buildable Parcels To Be Recorded	0.000 Ac.±
Total Area Of Lots And Parcels To Be Recorded	27.926 Ac.±
Total Area Of Roadway To Be Recorded	1.203 Ac.±
Total Area To Be Recorded	29.129 Ac.±

Approved: For Private Water And Private Sewerage Systems, Howard County Health Department.

James M. Keane, M.D., F.D.S.
Howard County Health Officer
6-2-98
Date

Approved: Howard County Department Of Planning And Zoning.

[Signature]
Chief, Development Engineering Division
6/4/98

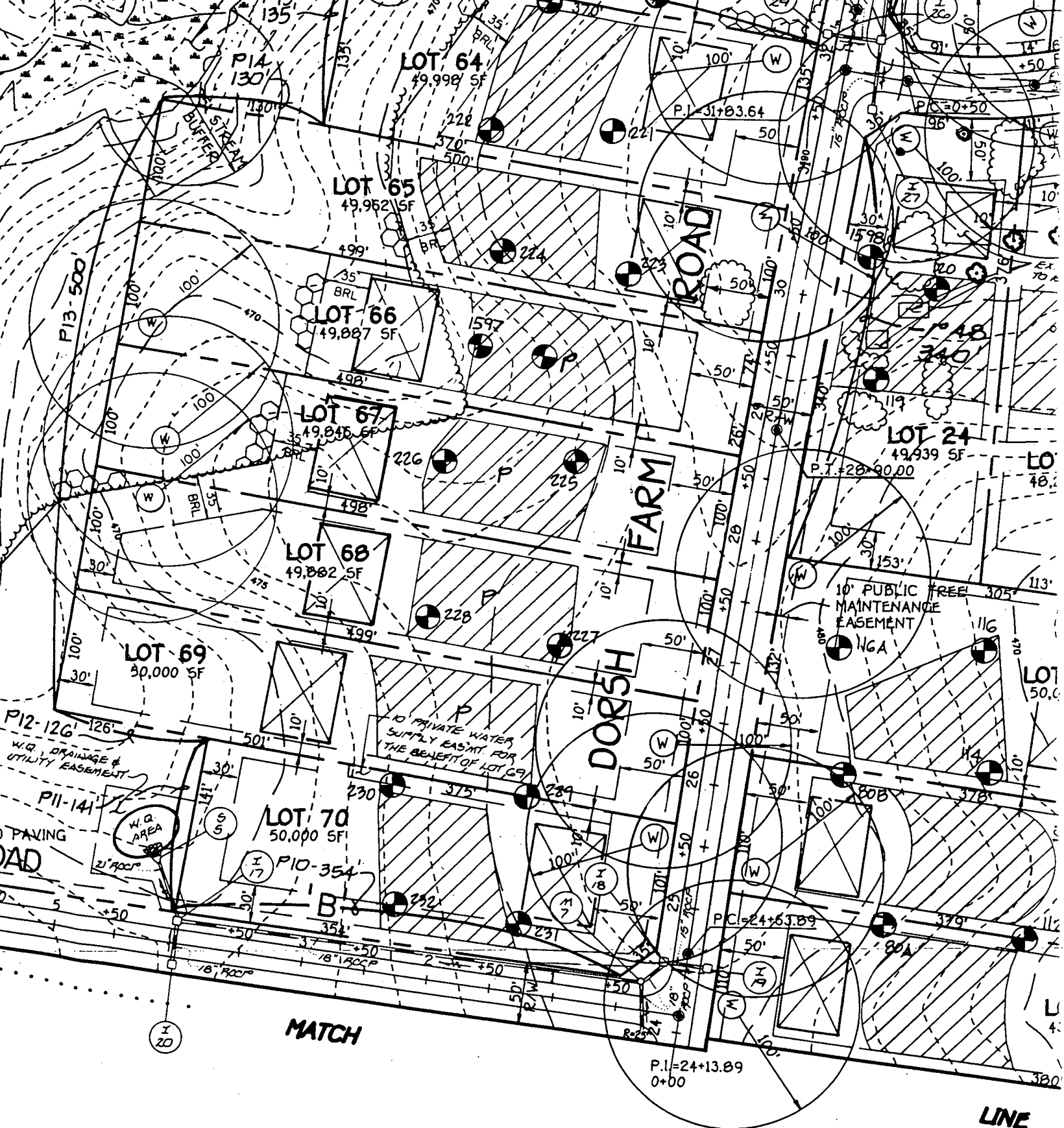
FINAL

OWNER'S CERTIFICATE

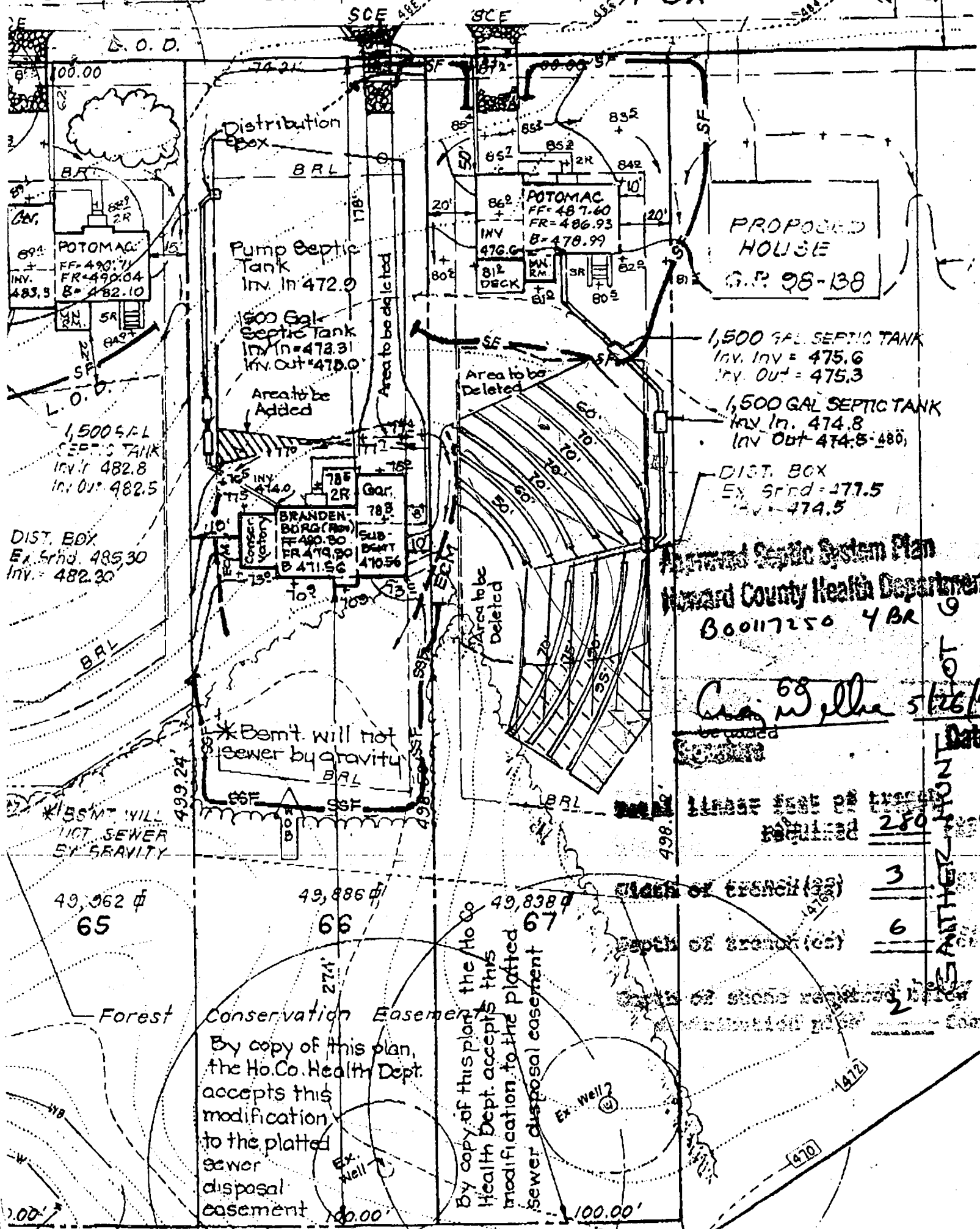
Carroll Land Family Corporation, By Philip Carroll, Vice-President, Mary Armita Bloom, Charles Mark O'D. Klein And William F. Klein, Owners Of The Property Shown And Described Hereon, Hereby Grant To Howard County, Maryland, Its Successors And Assigns, The Right To Construct And Maintain Sewers, Drains, Water Pipes And Other Municipal Utilities And Services, Street Rights-Of-Way And The Specific Easement Areas Shown Hereon; (2) The Right To Require The Beds Of The Streets And/Or Roads And Floodplains And Open Space Where Applicable And In Consideration, Hereby Grant The Right And Option To Howard County To Acquire The Fee Simple Interest In The Streets And/Or Roads And Floodplains, Storm Drainage Facilities And Open Space Where Applicable And (4) That No Building Or Similar Structure Of Any Kind Shall Be Erected On Or Over The Rights-Of-Way. Witness Our Hands This 30th Day Of March, 1998.

Philip Carroll
Carroll Land Family Corporation
Philip Carroll, Vice-President

Melina Hesse
Witness
John F. Klein



p. 97-08



Proposed Septic System Plan
Howard County Health Department
 B00117250 4 BR

C. J. ...
 Date 5/26/99

Minimum depth of trench required

depth of trench (33)	3
depth of trenches (6)	6
depth of stone required below distribution pipe	2

By copy of this plan, the Ho.Co. Health Dept. accepts this modification to the platted sewer disposal easement

By copy of this plan, the Ho.Co. Health Dept. accepts this modification to the platted sewer disposal easement

AUTHORIZED SIGNATURE
 DATE

2584

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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A57053-I

ST/CO USE ONLY DATE Received 3/3/98

DATE WELL COMPLETED 02 23 98

Depth of Well 125' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HV-94-1422

OWNER Woodly Enterprises last name Manor lane first name Wilde lake TOWN SECTION LOT 67

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Orange silt soil, Light tan silt soil, Dark tan brown silt soil, weathered tan gray rock, med hard gray & tan gray rock, fractured rock water.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 940

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6" Total depth of main casing (nearest foot) 40

OTHER CASING (if used) diameter depth (feet) PL 5" 40 80

SCREEN RECORD screen type or open hole (insert appropriate code below)

DEPTH (nearest ft.) 80 125' E A C H C A S I N G

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Wash & Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft. WHEN PUMPING 23 ft.

PUMP INSTALLED DRILLER WILL INSTALL 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 LAND SURFACE (-) below 1' (nearest foot)

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

CIRCLE APPROPRIATE LETTER 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...

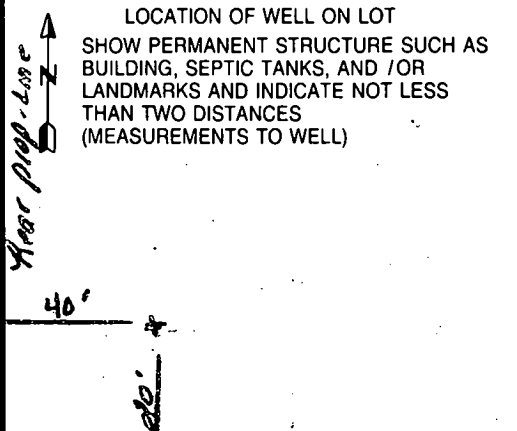
DRILLERS LIC. NO. MW D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 546 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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



B 1 **2020** 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-94-1422
 fill in this form completely

Date Received (APA) **2-5-98**

OWNER INFORMATION

WOOD LOT ENTERPRISES
 Last Name Owner First Name

5006 Dorsey Hall Dr. Site 204
 Street or RFD

ELICOTT CITY MD 21042
 Town State Zip

B 3 LOCATION OF WELL

Howard COUNTY

CATHER OVERLOOK SUBDIVISION

SECTION **67** LOT **67**

WILD LAKE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **4** M I

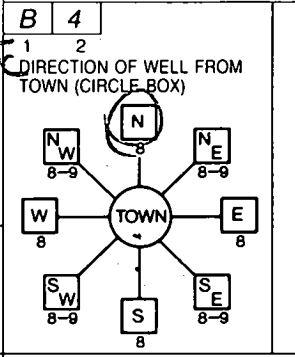
DRILLER INFORMATION

MICHAEL BARLOW MW D 355
 Driller's Name License No.

MICHAEL BARLOW WELL DRILLING INC
 Firm Name

912 Fawn CT Joppa MD 21085
 Address

[Signature] **2-3-98**
 Signature Date



Minor Lane NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1700 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: ___ BLK: ___ PARCEL ___

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **AS053-T** COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **2-10-98** **Kim Minto** **2-10-99**
 CO SIGNATURE EXP. DATE

NORTH GRID **830** EAST GRID **520**

APPROXIMATE DEPTH OF WELL **000** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE ROTARY DRIVE-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **2/23/98**

2. **Grout 12:30**

3. **no insp**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **520**

N **830**

000
000

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

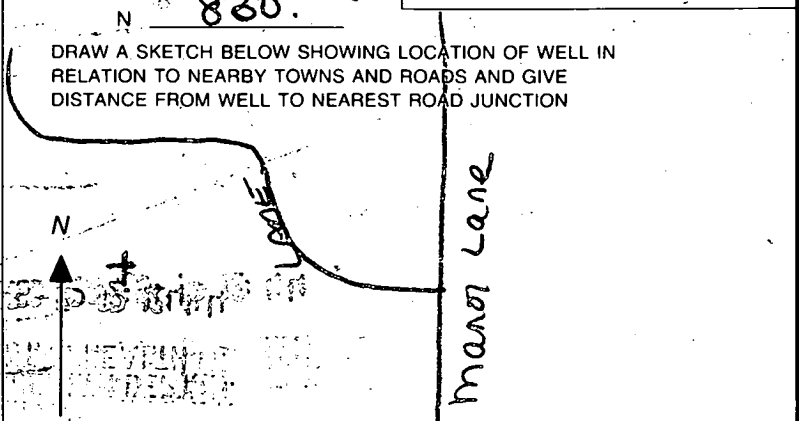
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



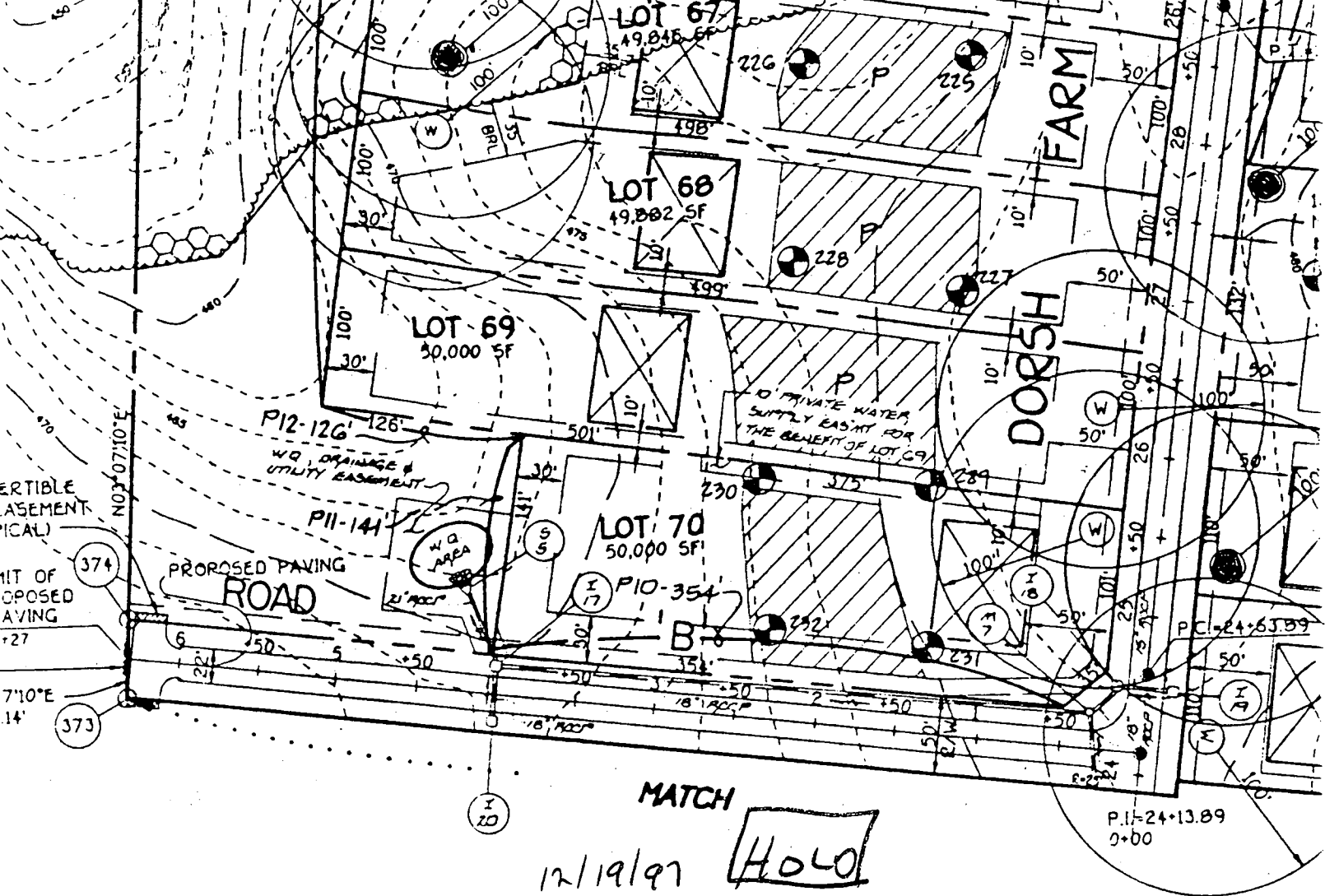
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ G A P _____

FORCE *[Initials]* WRITE INITIALS IN BOX PERMIT No. **HO-94-1422**

SPECIAL CONDITIONS _____

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



MATCH
 12/19/97 HOLD

WOODS) LOT 67 WSI STAKED IN SWALE
 (20' FROM CENTER) AND DOWNHILL FROM
 2-3 SOA'S TOPO ERROR OR OTHER

1-21-98
 RE-STAKED, IN WOODS
 OK AS SHOWN. *ff*

OWNER
 PHILIP CARROLL AND
 THE KLEIN FAMILY
 C/O J. THOMAS SCRIVENER
 5026 DORSEY HALL DR., SUITE 204
 ELLICOTT CITY, MARYLAND 21042

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 33307A ELICOTT MILLS DRIVE
 ELICOTT CITY, MD 21043

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PUMP INSTALLATION, WELL PUMP AND PNEUMATIC TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 8/24/89

Name of Installer ROBERT L. FARRER - I.C. Inc. Telephone 410 781-1467

License Number 2122
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner NV-HOMES Telephone 410-721-4703
 Subdivision WATERLOO SPACET Lot # 67 Well Tax # HO-94-1422
 Site Address 10016 DORSET FARM RD

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make DEEP
2. Model # P-100
3. Depth 42"

2. Make STANLEY

3. Capacity 10 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 _____

1. Capacity 36 GALL.
 2. Pressure relief 11.50 PSI

Piping

1. Type PVC
2. Size 1 1/2"
3. NSF and/or BSAI Code approved
4. Depth of supply line 42"

Well data

1. Depth 120 ft.
2. Yield 15 GPM
3. Static 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 all work is null and void).

All information given above is true to the best of my knowledge.

8/24/89 - WPI ON (SRW)

Signature of Applicant: [Signature]

Date: 8/24/89

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