

5/19/97
10:30 meet installer
7-3-97
WDI PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
XXX-XXX-XXXX 313-2640

04-320069

P 58107

A 56529

DISTRICT 4th

DATE 4/25/97

DATE SYSTEM APPROVED 5/20/97

INSPECTOR [Signature]

R. C. Stevenson IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 410-838-2611

SUBDIVISION _____ LOT _____ ROAD 16165 Carrs Mill Road

PROPERTY OWNER John & C. Colleen Haspert

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

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 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 105 feet off the 371.73' lot line and 75 feet off the 211.70' lot line. Run trenches along contour. (DB should then be 105' from existing well)

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

PLANS APPROVED BY Glen Savage DATE 10/03/96

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

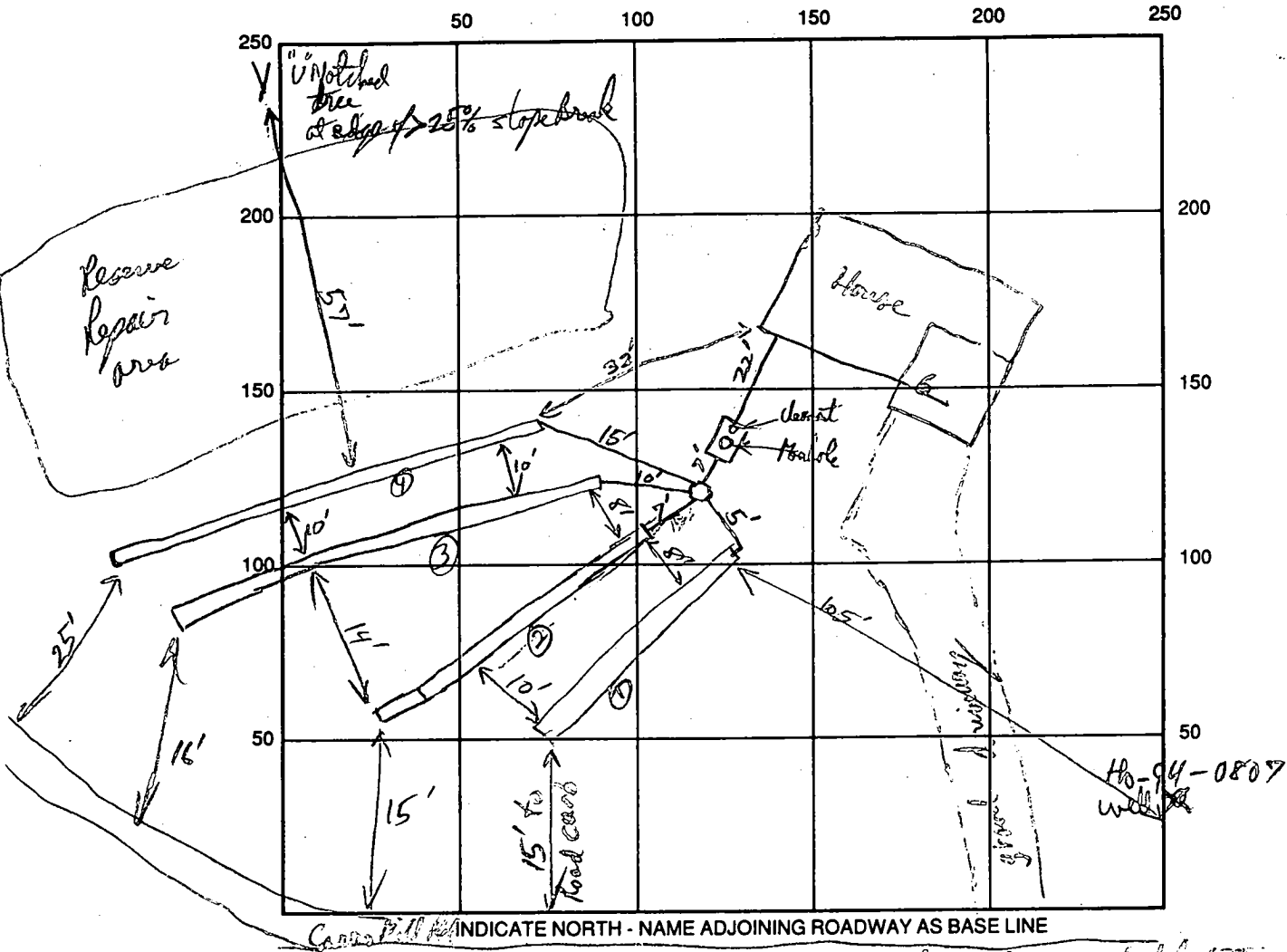
PERMIT VOID AFTER TWO YEARS

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**

A 56529



SEPTIC TANK LEVEL 1000 gal CLEANOUTS + cleanout pipe on to let of ST. Banked above (2 additional cleanouts)

DISTRIBUTION BOX LEVEL OK Block two spray around outside products, inside insert level

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 40/50/60/60 FT. = 210 Total

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 630 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Discussion of street work, setup OK 5/19/97 RPP 1st trench OK to proceed gravel fill
& cover when ready, have connection OK to cover. RPP 5/19/97 Dist. box OK, after trenching gravel fill cover.
Caterpillar caused trenches to diverge to pave white pine tree roots along roadside. Still enough
area remains for 1 1/2 - 2 septic repair systems. Trench installation accepted as shown RPP 5/20/97
7/7/97 Well casing set in a depression, need to extend casing at least 8 inches above final grade
to PI by some Caterpillar. - Work already covered when arrived RPP 7/7/97

DATE SYSTEM APPROVED 5/20/97 INSPECTOR R. Kelly

APPLICATION

PERCOLATION TESTING

A A 56529

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

PA 6016W or
EXISTING LOT
RG TEST

P _____
DISTRICT _____

DATE 3-28-96

CW

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 MRS. HERBERT JOHNSON John Haspert

ADDRESS 636 South 25th St. Arlington VA. PHONE 28202-2530

AGENT OR PROSPECTIVE BUYER JOHN HASPERT

ADDRESS 36 BENWAY COURT BALTO. MD 21228 PHONE 410-465-0287

PROPERTY LOCATION:
SUBDIVISION _____ TAX MAP PAGE 8 PARCEL 223
ROAD AND DESCRIPTION 16165 CARRS MILL RD. LOT NO. 16161

TAX MAP 8 PARCEL # 223 BLDG. PERMIT SIGNED AND RETURNED 10-3-96
SIZE OF LOT 4.51 acres TYPE BLDG. Single Family - 3Br
(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. John Haspert
(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

0'

Vertical rectangular box for soil profile notes on the left side.

Vertical rectangular box for soil profile notes on the left side.

Vertical rectangular box for soil profile notes on the left side.

SEE TEST NOTES
 OF 4/10/98
 RECORDS ON JOHNSON APPLICATION

SOIL PROFILE

0'

Vertical rectangular box for soil profile notes on the right side.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

APPLICATION NOT FOR TESTING PURPOSES. IDENTIFY CURRENT PROPERTY OWNER.
*3/5/95 GS }
& 3/6/96 CW }
CONVERSATION WITH
POTENTIAL LOT BUYER
WILL FILE REFERENCE APPLICATION IF THEY ACQUIRE LOT.*

A _____

P _____

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

DISTRICT _____

DATE _____

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 HERBERT C AND ELSE M JOHNSON

ADDRESS 636 SOUTH 25TH STREET PHONE (703) 684-8289
ARLINGTON, VA. 22202

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: DIST 04 MAP 8 GRID 13 PARCEL 223 USE R LIBER 532 FOLIO 682

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION CARR'S MILL ROAD

TAX MAP 8 PARCEL # 223

SIZE OF LOT 4.517 ACRES TYPE BLDG. _____
(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.

Herbert Johnson
(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

AS6529
COUNTY #

SOIL PROFILE

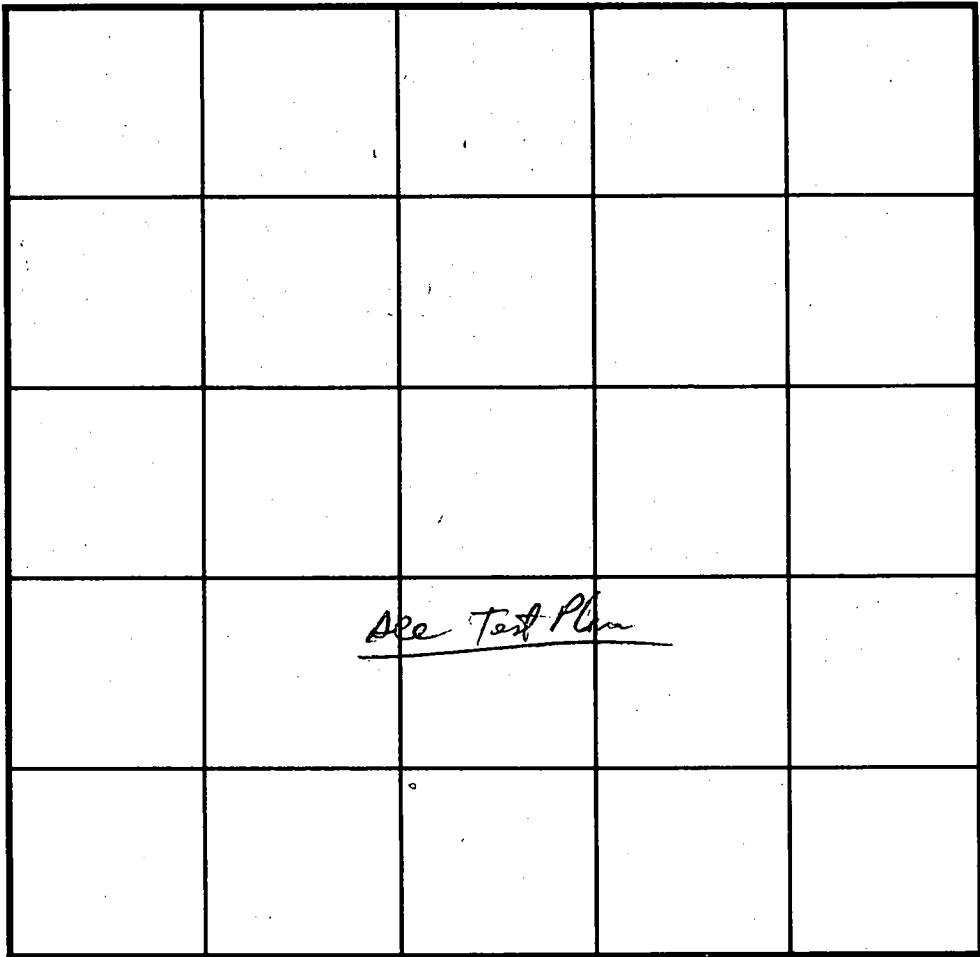
0' C
yellow loam
1 1/2' Brn-Red Brn
4' hL
Mix color
Red Brn, Orange
hSL-LSL
Massive Spherulite
60-80%
Massive angular
Rocks in SL
12'

B

Red Brn
SiCL-hSL
2 1/2' - 3 1/2'
Red Brn-yel Red
FSL
6'
yel Red-
Red hSL
FSL
E10-20%
Str. Spherulite
+Rocks
12'

D

Str Brn
SiCL
2 1/2'
Mix Red Brn
and Red yel
Str. SL
5'
Red Brn +
Mixed
FSL-L
14'
Come down only
Fractured
Rock ledge



SOIL PROFILE

0' E
Str Brn
hL-hSL
2 1/2'
Mix Brn,
yel Brn,
Red Brn L
4'
Red FSL
Mix with
Weathered Brn
+ Brn
L-SL
5%
Str
Spherulite
13 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/10/96	C	1/2'	Massive rock at 7ft-12ft		Not tested - slope too steep		fail
	B	1/2 1/2'	Soil OK but		slope too steep (~30%)		
	C2	1/10'	Massive rock at 2ft on down slope side		8ft below on down slope side		fail
	D	4'	11:10:30	11:38 only	1/3" movement (pulled)		70'6" dia
		1/19 5 1/2'	12:36:00	12:41:00	12:41:00	12:45:00	47 min
	E	3 1/2'	11:49:00	11:54:00	11:54:00	12:08	14 min
		1/13 1/2' 7'	11:52:00	11:54:30	11:54:30	11:58:00	3 1/2 min

REMARKS look on a chlorotic schist.
 TYPE OF SOIL GLDg, ChC2, MLE, (H) near stream
 TESTED BY R.P. Kelly ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Fill out in triplicate.
Make \$15.00 check payable to:
Howard County Health Dept. - Sanitation

APPLICATION

SEWAGE DISPOSAL TESTING

A 13998

P. _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY SEPTIC TANK - 750 gal.

ELLICOTT CITY

✓ DISTRICT Fourth

DATE 4-10-68

Dry well - 429 sq. ft. absorbent sidewall area
below inlet pipe. Inlet pipe to be below the
first 4 ft. of non-porous soil. Maximum depth permitted
below the original grade is 12 ft. Dry well to be located
92 ft. from right side line and 215' ft from front property as seen
from Carr's Mill Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

✓ PROPERTY OWNER David DeBernardo
2701 Bel-Pre Road
✓ ADDRESS Silver Spring, Maryland 20906 PHONE 598-6644

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

✓ ROAD AND DESCRIPTION West side of Carr's Mill Road, approx 1/4 mile off
Route 144

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

✓ SIZE OF LOT approx five acres TYPE BLDG. residence
three bedrooms NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

✓ SIGNATURE OF APPLICANT David DeBernardo

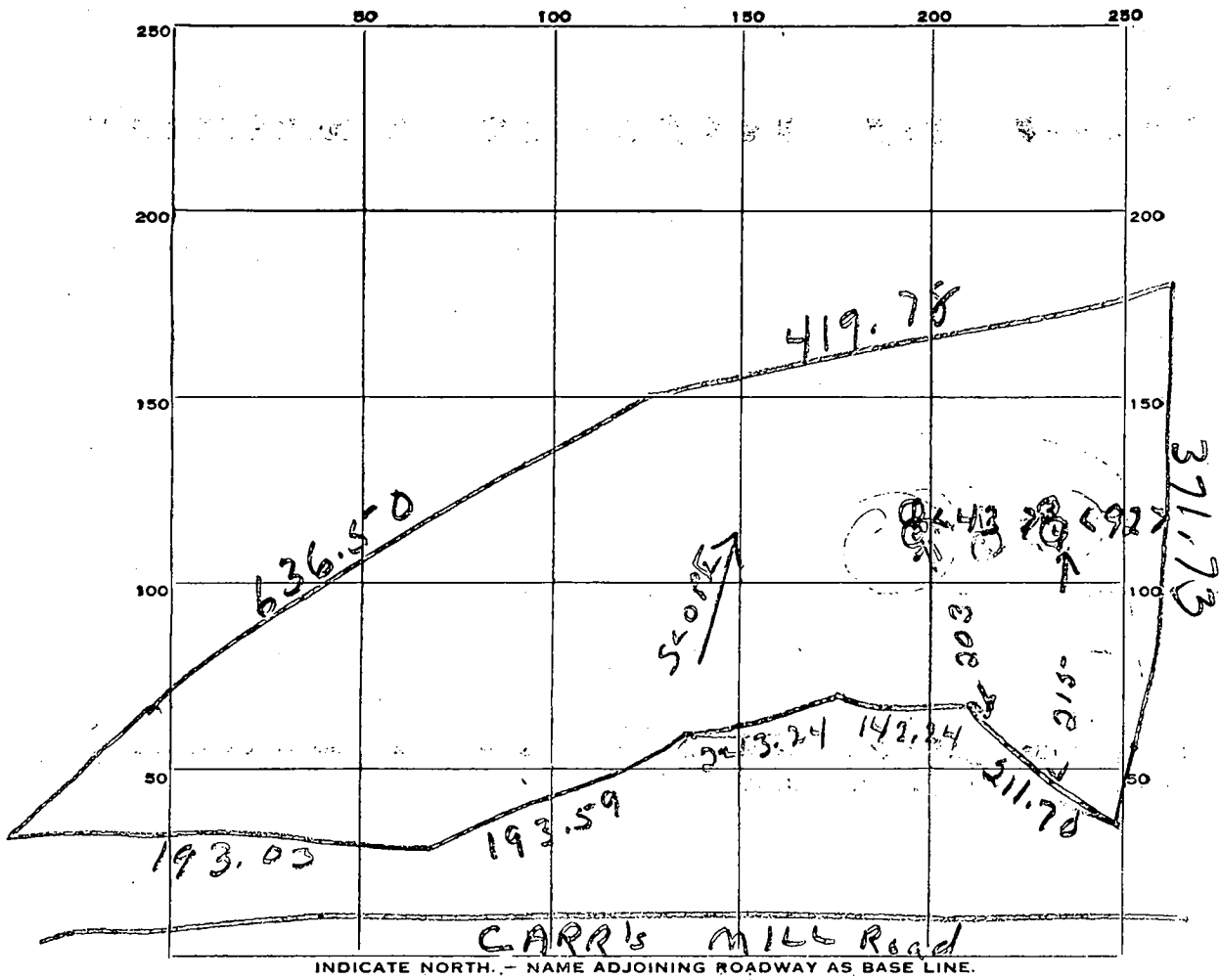
✓ APPROVED BY Robert Tove FOR Dry Well DATE 10/11/68
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	9ft	9 35	9 45	9 45	10 06	21 min
	2	4ft	9 36	9 43	9 43	10 02	9 min
	3	9ft	9 38	9 46	9 46	10 03	17 min
	4	4ft	9 40	9 47	9 47	10 01	14 min

SOIL AUGER FINDING _____

TESTED BY R. Ture

ALSO PRESENT Of American Dicks

REMARKS _____

B 1 **7025** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3,6 ON ALL CARDS)

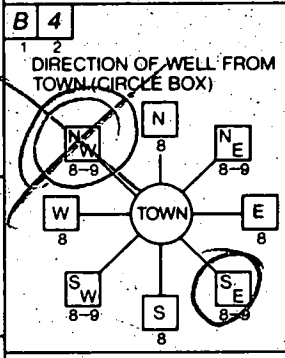
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
10-94-0807
 fill in this form completely

Date Received (APA) **09/18/96**
OWNER INFORMATION
 Last Name **HASPETT** John First Name
 Street or RFD **86 BELWAY COVE**
 Town **BALTIMORE** MD State **72** Zip **21228**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **DEBERNARDO PROPERTY**
 SECTION **CLARKSVILLE** LOT **LISBON**
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 MI one mi.**

DRILLER INFORMATION
 Driller's Name **Ronald Kyker** License No. **2916**
 Firm Name **Westminster Trench Well Drilling, Inc**
 Address **PO Box 861 Westminster, Md 21158**
 Signature **Ronald Kyker** Date **9-16-96**



NEAR WHAT ROAD **CARRS MILL RD**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **60**
 ENTER FT OR MI **FT**
 TAX MAP: **8** BLK: PARCE **223**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **150**

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

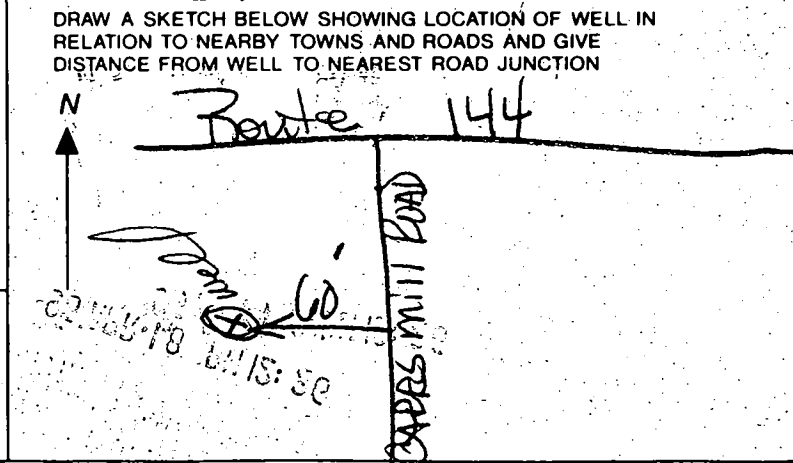
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **56529**
 STATE SIGNATURE DATE ISSUED **060596** INSERT S **6/4/97**
 CO SIGNATURE **Crowell** EXP. DATE
 NORTH GRID **543000** EAST GRID **0784000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **city**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7804**
 N **5403**

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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **10-94-0807**

C1 **5341** SEQUENCE NO. (DENY USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER **56529**

(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED
0 6 2 4 9 6

Depth of Well
1 8 0
(TO NEAREST FOOT)

OK/MP
8/28/96

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-0807

OWNER **JOHN HASPERT**
STREET OR RFD **CARRS MILL RD** first name TOWN **LISBON**
SUBDIVISION **DEBERNDO PROPERTY** SECTION LOT **1**

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	
DIRT	0	1	
BRN CLAY & MICA	1	3	
SOFT BRN MICA & SAND	3	15	
SOFT & HARD BRN & BLUE SAND STONE	15	50	X
HARD BRN & BLUE SAND STONE	50	70	X
HARD BLACK SAND STONE	70	135	
HARD GREY SAND STONE	135	136	
HARD BLK SAND STONE	136	180	

GROUTING RECORD
WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS **33** NO. OF POUNDS **3102**
GALLONS OF WATER **173**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **6 1** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST CO
STEEL CONCRETE
 PL OT
PLASTIC OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 S T **6** **6 2**
60 61 63 64 66 70

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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 IDENT. NO. **296**
Ronald Kyker
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

C2
DEPTH (nearest ft.)
EACH SCREEN **HO 61 180**
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **1 2**
METHOD USED TO MEASURE PUMPING RATE **SUBMERSIBLE**
WATER LEVEL (distance from land surface) BEFORE PUMPING **4 2** WHEN PUMPING **4 4**
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 WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
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 STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

0 5 31
144
x well 11' on
CARRS MILL RD

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9955 3132640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
 Replacement

Receipt # -0-
 Date 5-8-97

Name of Installer Robert C. Stephenson III

Telephone 410-879-5408

License Number 6879

Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner John & Colleen Haspert

Telephone 410-465-0287

Subdivision Lot #

Well Tag # HO 074 - 0807

Site Address 16165 Carrs Mill Road

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible YES
- Make Bruser Bruser
- Model # 8SB0712
- Capacity 8 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 arrestors YES Cable guards YES Other

Motor

- Horsepower 3/4
- RPM 3450
- Voltage 240
 - 110
 - 220 X

Pitless Adapter

- Make Harvard
- Model # PT800
- Depth

Tank

- Capacity to be determined
- Pressure relief valve? YES

Piping

- Type Polyethylene
- Size 1"
- NSF and/or BOCA Code approved ✓
- Depth of supply line 42"

Well data

- Depth 180- ft
- Yield 12 GPM
- Static water level 42 ft.
- Will water supply be disinfected by installer? Yes

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: Robert C. Stephenson III
 Robert C. Stephenson III, Pres.

Date: May 9, 1997

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

7-3-97
 WPI
 PM
 1. Raise well casing at least 5" (he says 18" precast pipe) above final grade (Stephan at graduation)
 or 2. cut protect keep going. Minimum height required above, the outside
 pass this info to Oleg/Bill and they'll call for inspection prior to
 UTO report
 7/8/97 Note: A talk to R.C. Stephenson about head to either
 Coligan permission to remove phone 7/8/97
 No inspection
 well line already covered 2:30 PM
 7/9/97

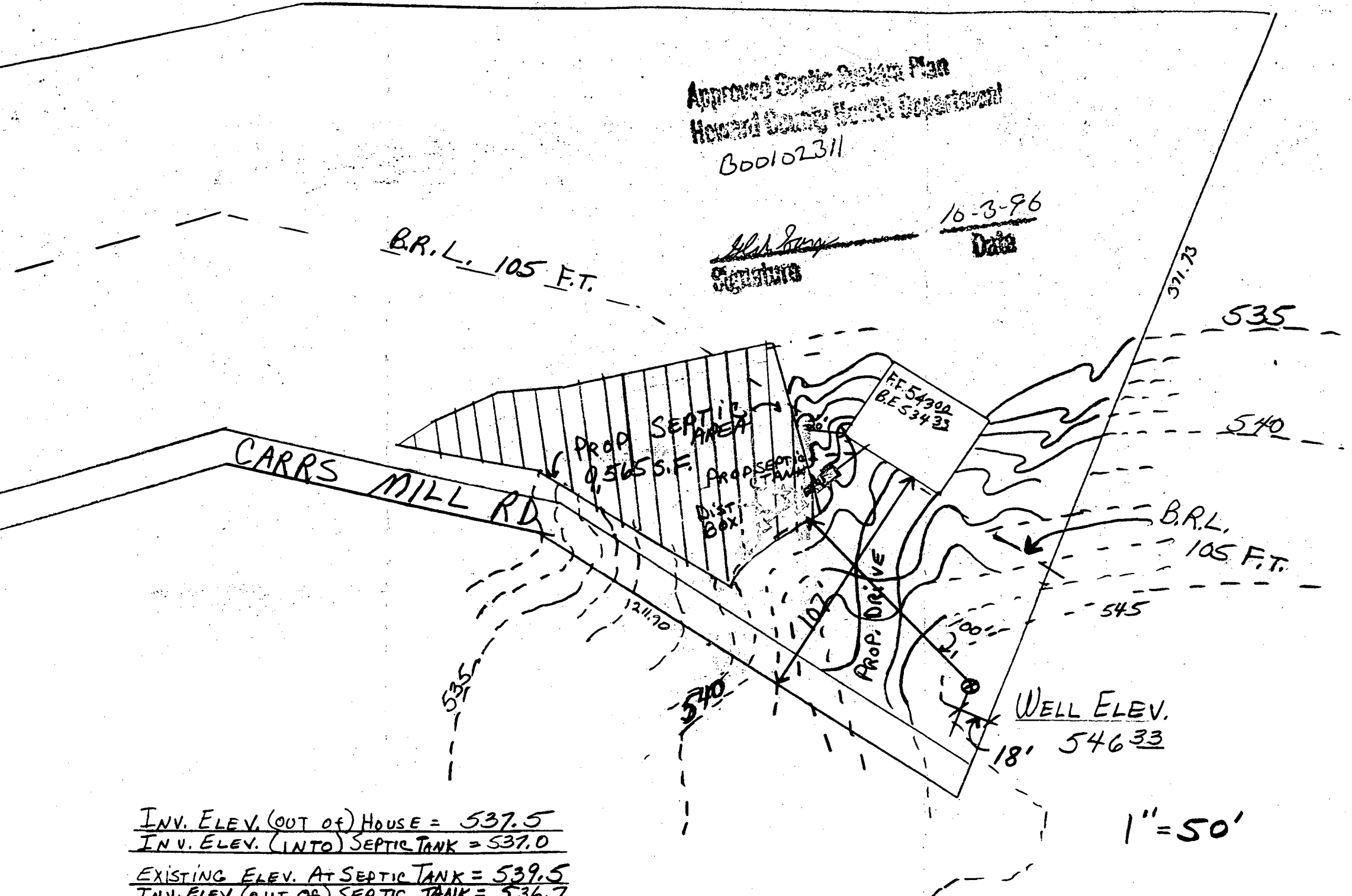
1001 MAY 13 5 15:38

Approved Septic System Plan
 Howard County Health Department
 B00102311

16-3-96
 Date

Ala. Jones
 Signature

B.R.L. 105 F.T.



- INV. ELEV. (OUT OF) HOUSE = 537.5
- INV. ELEV. (INTO) SEPTIC TANK = 537.0
- EXISTING ELEV. AT SEPTIC TANK = 539.5
- INV. ELEV. (OUT OF) SEPTIC TANK = 536.7
- INV. ELEV. (INTO) DIST. BOX = 536.3
- INV. ELEV. (INTO) TRENCH = 535.8
- EXISTING ELEV. AT DIST. BOX = 539.4
- EXISTING ELEV. AT TRENCH = 539.4

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE
 ACTUAL AND CORRECT FOR THIS PROPERTY.

HASPERT HOME SEPTIC & ELEV. SITE PLAN

May 2, 1996

Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

Attn: Craig Williams, Program Director

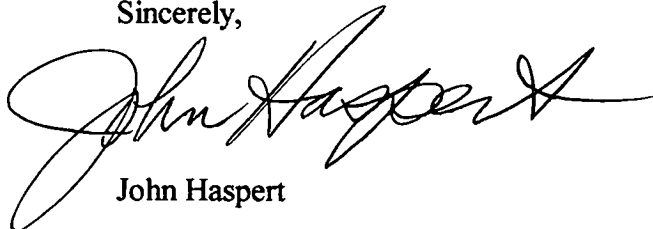
Re: Revised Percolation Plat
DeBernardo Property
Carrs Mill Road
Tax Map 8, Parcel 223

Dear Mr. Williams,

Enclosed is the revised percolation plat for the aforementioned property. If there is any further information needed, or clarification of the information provided, please do not hesitate to contact me at 410-465-0287.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Haspert". The signature is written in black ink and is positioned above the printed name.

John Haspert

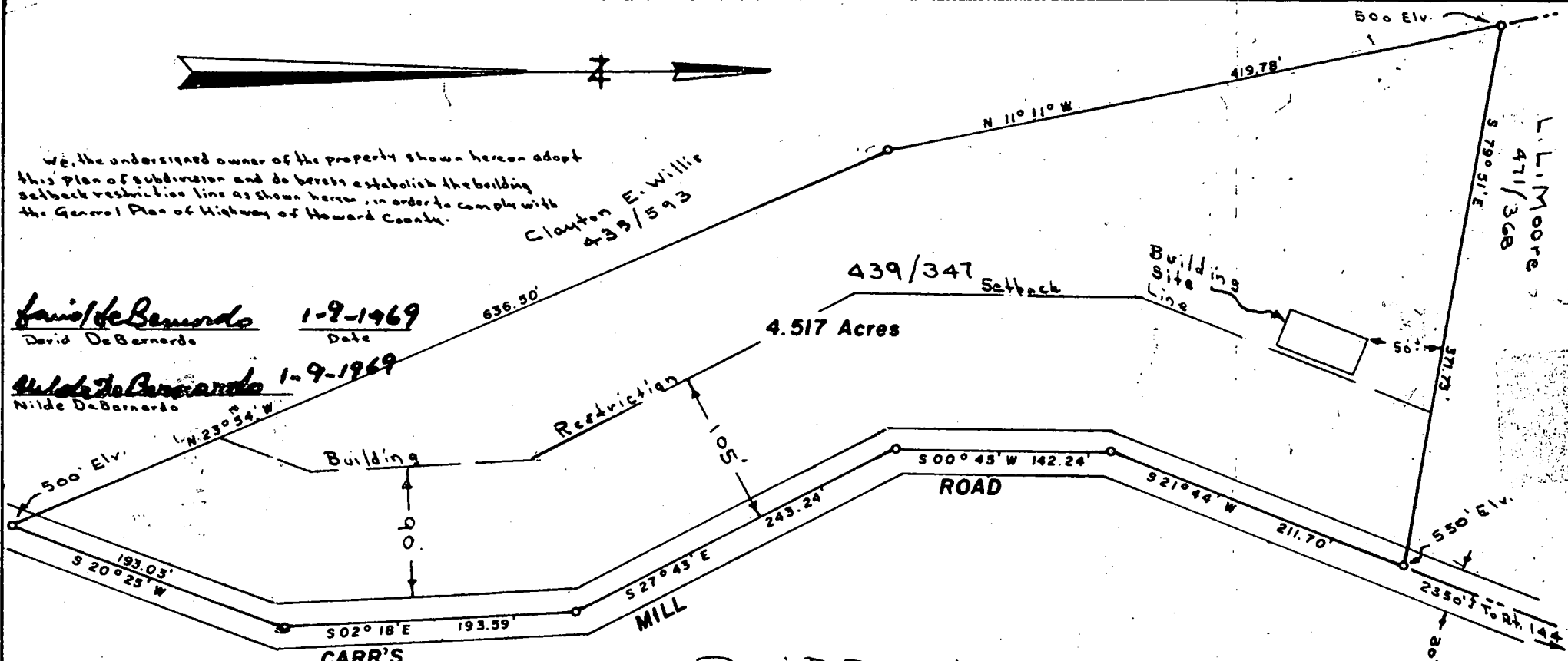


We, the undersigned owner of the property shown hereon adopt this plan of subdivision and do hereby establish the building setback restriction line as shown hereon, in order to comply with the General Plan of Highway of Howard County.

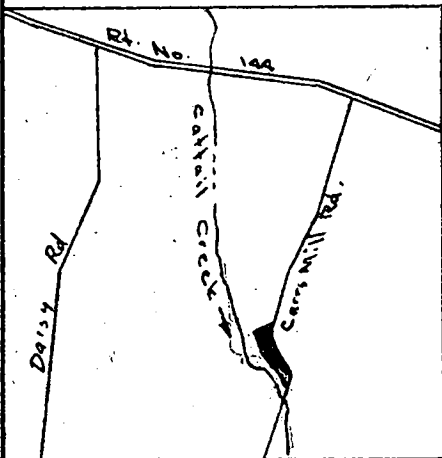
Clayton E. Willie
439/593

David DeBernardo 1-9-1969
Date

Nilde DeBernardo 1-9-1969
Date

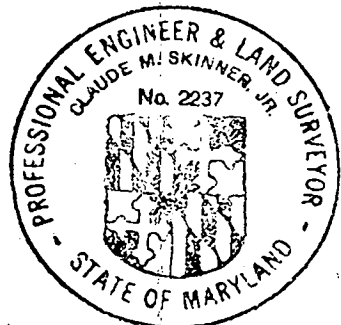


David DeBernardo
439/347



Vicinity Map Scale: 1 in. = 2000 ft.
Approved Private Water, Private Sewerage

PLAT OF SURVEY
FOR
DAVID DeBERNARDO
FOURTH ELECTION DISTRICT OF HOWARD COUNTY
WOODBINE, MARYLAND
SCALE: 1 IN. = 100 FT. SEPTEMBER 23, 1968



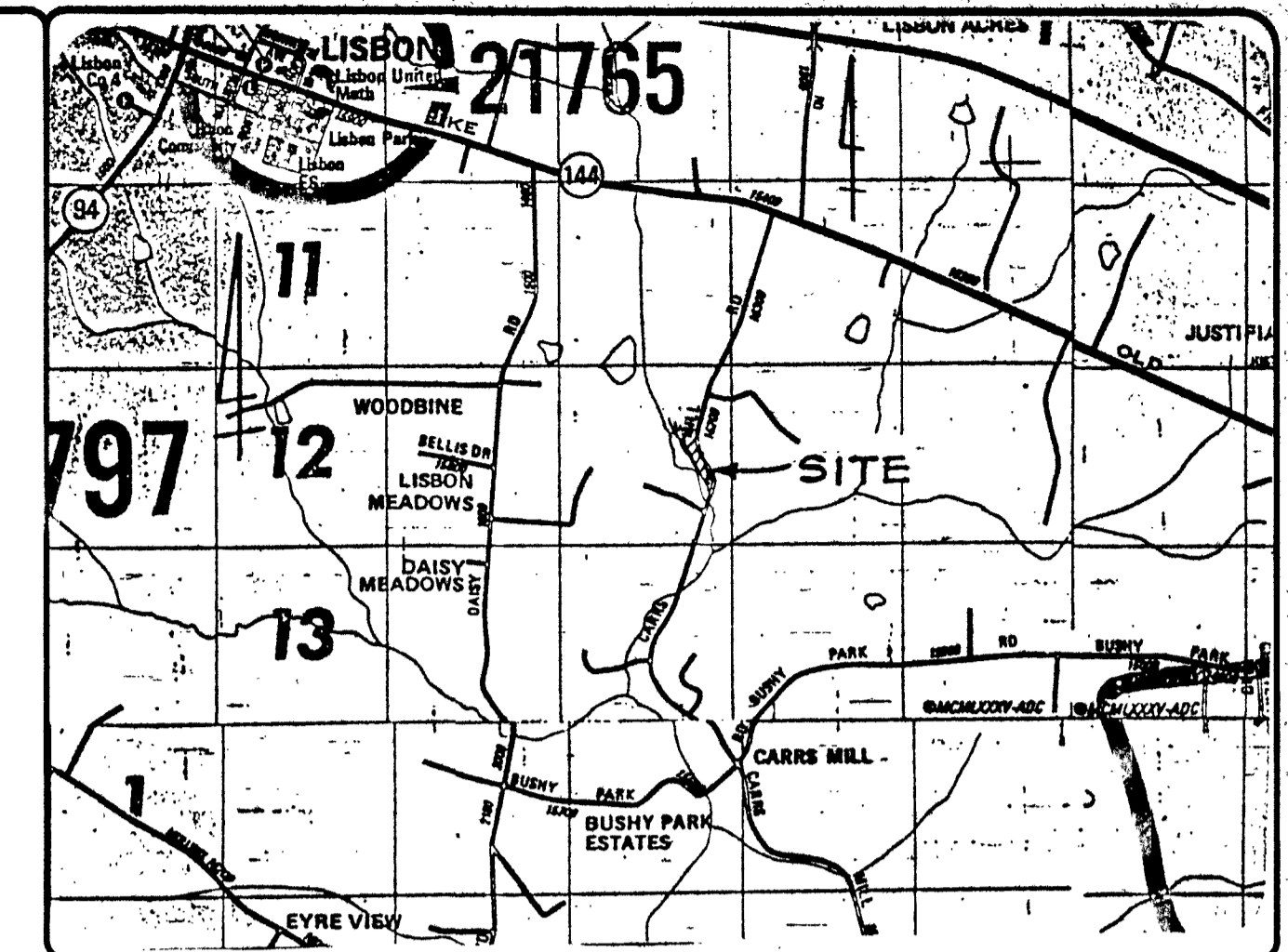
Claude M. Skinner Jr.
Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237

Dr. Theodore R. Shrop 2-24-69
Dr. Theodore R. Shrop, Howard County Health Officer

Thomas G. Harris Jr. 2-28-69
Approved: Thomas G. Harris Jr., Planning Director Ho. Co. Planning Comm.

Note: Stream does not flow into this Property.

#595 A-2819



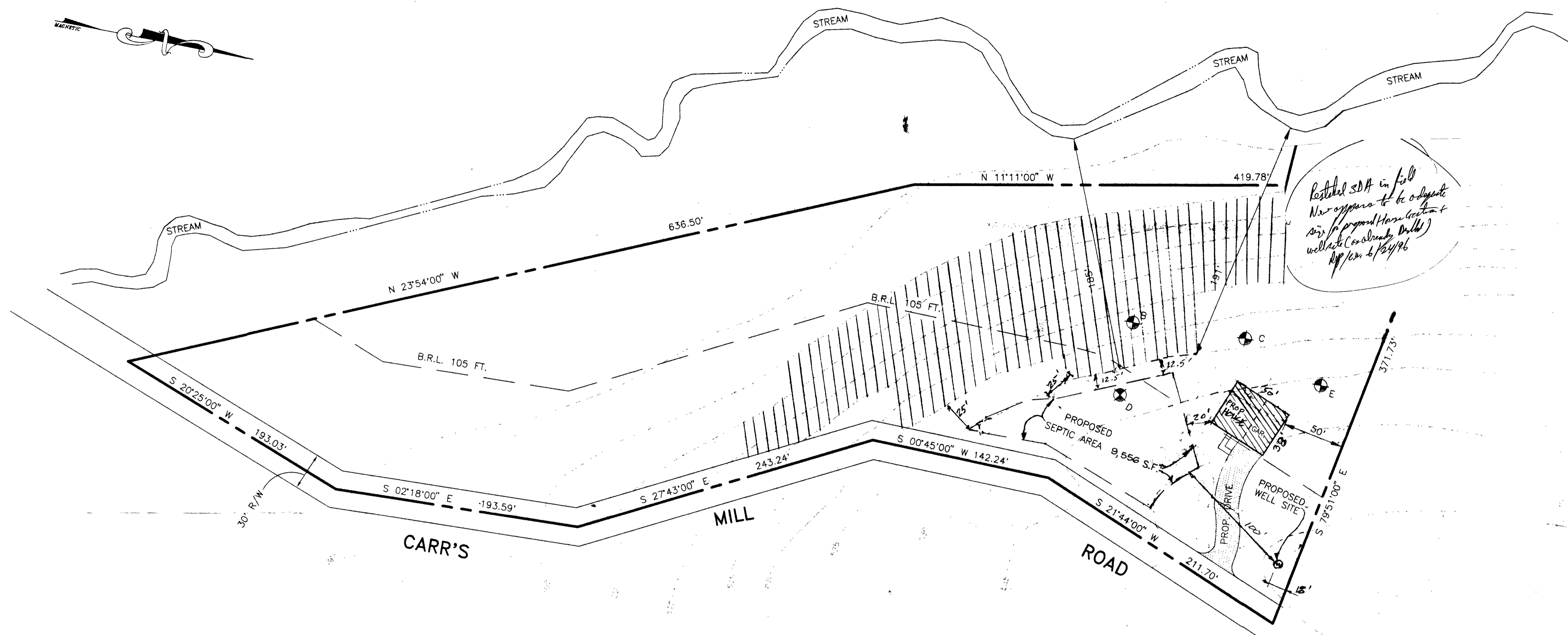
VICINITY MAP
(SCALE: 1" = 2000')

NOTE: ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.

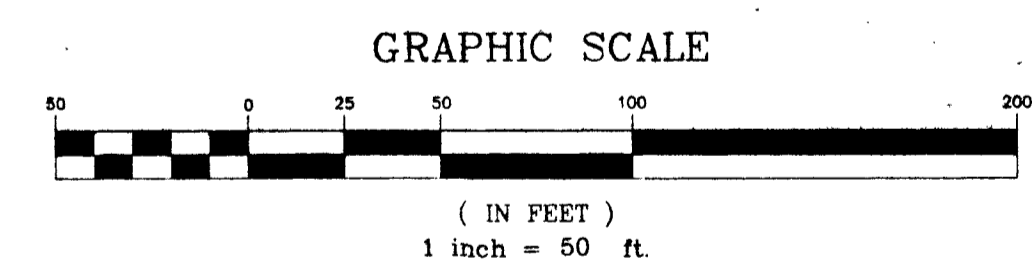
APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS
FOR HOWARD COUNTY HEALTH DEPARTMENT
Joseph B. Bafitis 8-7-96
HOWARD COUNTY HEALTH OFFICER DATE

This area designates a private sewage easement as required by the Maryland Department of the Environment, for individual sewage disposal. Improvements of any nature in this area is prohibited until public sewage is available and servicing any residential structure constructed on this buildable site. Percolation test holes shown hereon have been field located and shown thus'

Passed Hole



SITE PLAN



LEGEND:

- TEST PIT FOR PERK
- PROPOSED WELL
- EXISTING CONTOURS
- EXISTING STREAM
- 25% SLOPES

Bafitis & Associates, Inc.
 William N. Bafitis, P.E.
 PRESIDENT
 Civil Engineers/Land Planners
 SURVEYORS
 1249 Engleberth Rd. Baltimore, MD 21221 (410) 391-2336

PERK TEST
FOR
DEBERNARDO PROPERTY
HOWARD COUNTY, MARYLAND

SCALE: AS SHOWN
 JOB ORDER NO: 96004
 DATE: 05-21-96
 WILLIAM N. BAFITIS, P.E. SHEET 1 OF 1

NO.	REVISIONS	DATE
1	SEPTIC AREA & WELL LOCATION & HOUSE SIZE	5/21/96