

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.

[Signature]
COUNTY HEALTH OFFICER KM/cw

10-22-97
DATE

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10276 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

PLAN (1 day)

THE SITE (2 days)

IS GRANTED FROM
E SEDIMENT CONTROLS
AREAS.

LIKELY TO BE REDISTURBED
IS NEEDED.

Y RAKING, DISCING
SEEDING.

ILIZER (4 LBS./1000 SQ. FT.)

APRIL 30, AND AUGUST
1/2 BUSHEL PER ANNUAL
10 MAY 1 THRU AUGUST 14,
EGRASS (0.7 LBS./1000 SQ. FT.),
RUARY 28. PROTECT SITE BY
ANCHORED STRAW MULCH AND
ING, OR USE SOD.

30 LBS./1000 SQ. FT.)
RATEDLY AFTER SEEDING,
CATION USING MULCH
0.25 GAL./1000 SQ. FT.)
ON SLOPES 8 FEET OR HIGHER,
0 SQ. FT.) FOR ANCHORING.

IS AND SPECIFICATION FOR SOIL
TE AND METHODS NOT COVERED.

5 FOLLOWS:

RAKING, DISCING
SEEDING.

11
HESTONE (92 LBS./
0-20 FERTILIZER
ROW OR DISC.
TIME OF SEEDING,
30M FERTILIZER
CRE (1.5 LBS./

L 30, AND AUGUST
56 PER ACRE (2.3
ESCUE, FOR THE
11 60 LBS./ACRE
ESCUE AND
OF WEEDING
BER 16 THROUGH
1) - TWO TONS PER
AND SEED AS SOON AS
500; OPTION (3) -
ALL ESCUE AND MULCH
RAW. ALL SLOPES SHOULD

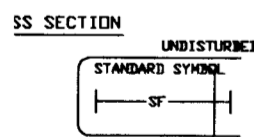
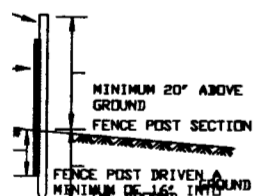
90 LBS./1000 SQ. FT.)
ATEDLY AFTER SEEDING,
ATION USING 200
Y EMULSIFIED
SET OR HIGHER USE
TJ) FOR ANCHORING.

ED REPAIRS.

1 CROWNATCH AT 15
UE AT 40 LBS./ACRE AS
EDING DATE FOR THIS

MINIMUM LENGTH FENCE POST,
A MINIMUM OF 16" INTO

16" MINIMUM HEIGHT OF
GEOTEXTILE CLASS F
8" MINIMUM DEPTH IN
GROUND



16" minimum into the
and cut, or 13/4" diameter
3d. Steel posts will be
pond per linear foot.

ce post with wire ties
following requirements

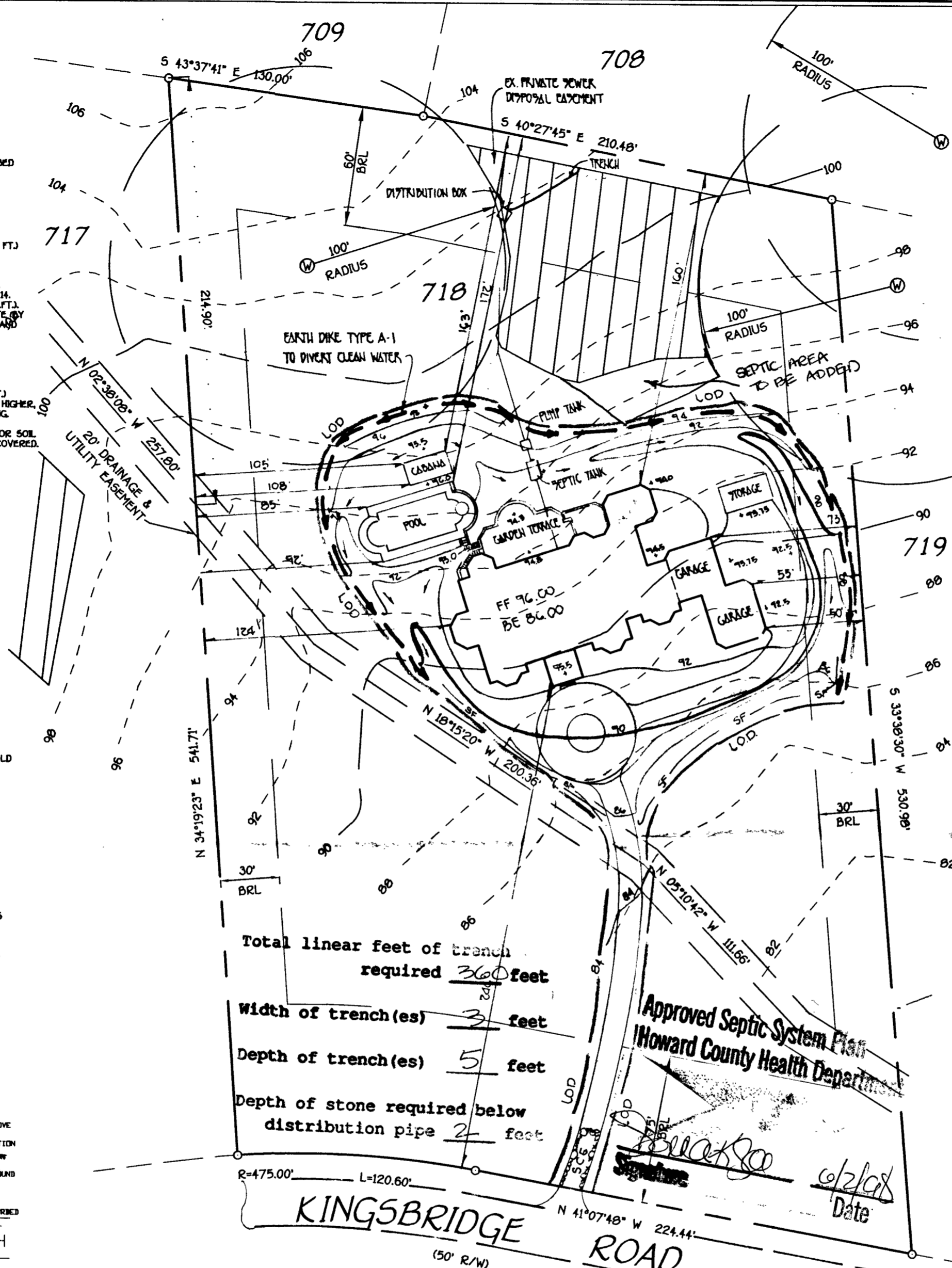
Test: MSNT 509
Test: MSNT 509
ax.) Test: MSNT 322
Test: MSNT 322

ey shall be overlapped,
event and maintained when
2X of the fabric height.

ST MEET THE FOLLOWING:
T LOAM, SANDY CLAY LOAM, LOAMY SAND,
NOMIST OR SOIL SCIENTIST AND APPROVED BY THE
IL SHALL NOT BE A MIXTURE OF CONTRASTING
Y VOLUME OF CINDELS, STONES, SLAG, COARSE
ATERIALS LARGER THAN 1/2" IN DIAMETER.

5 BERMUDA GRASS, QUACKGRASS, JOHNSONGRASS,

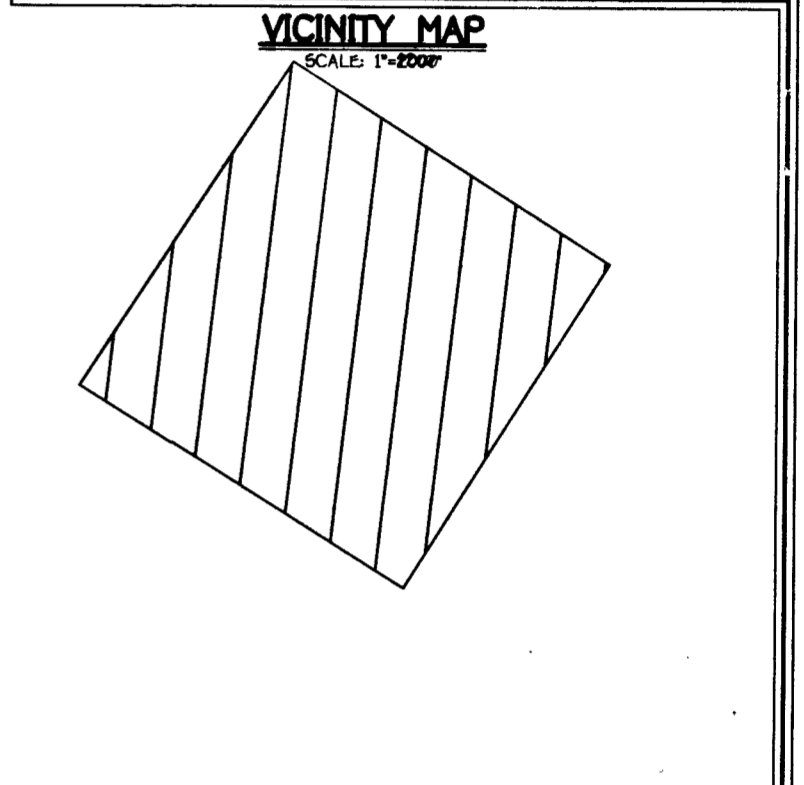
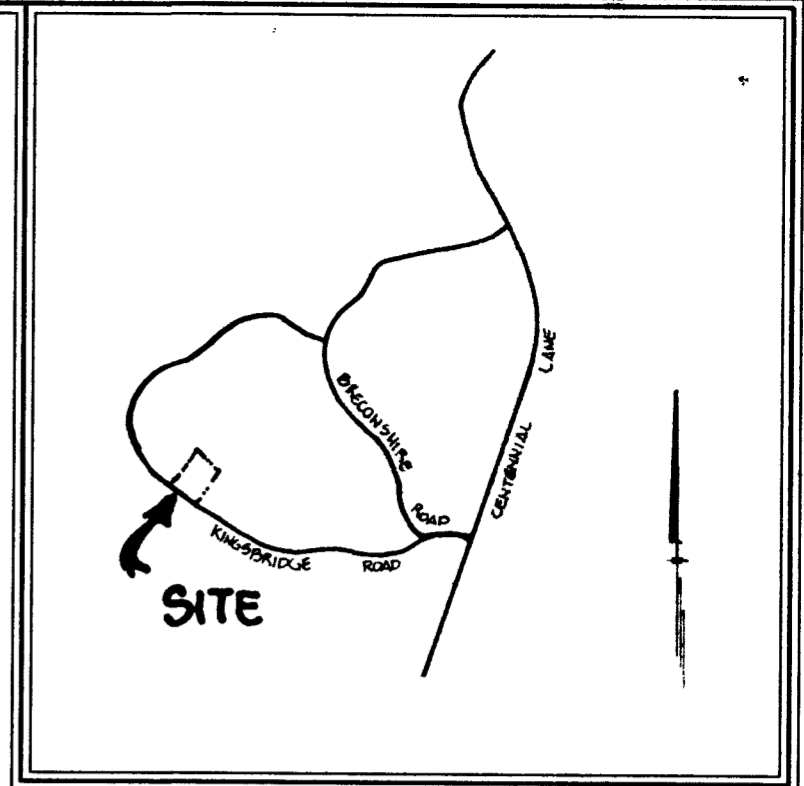
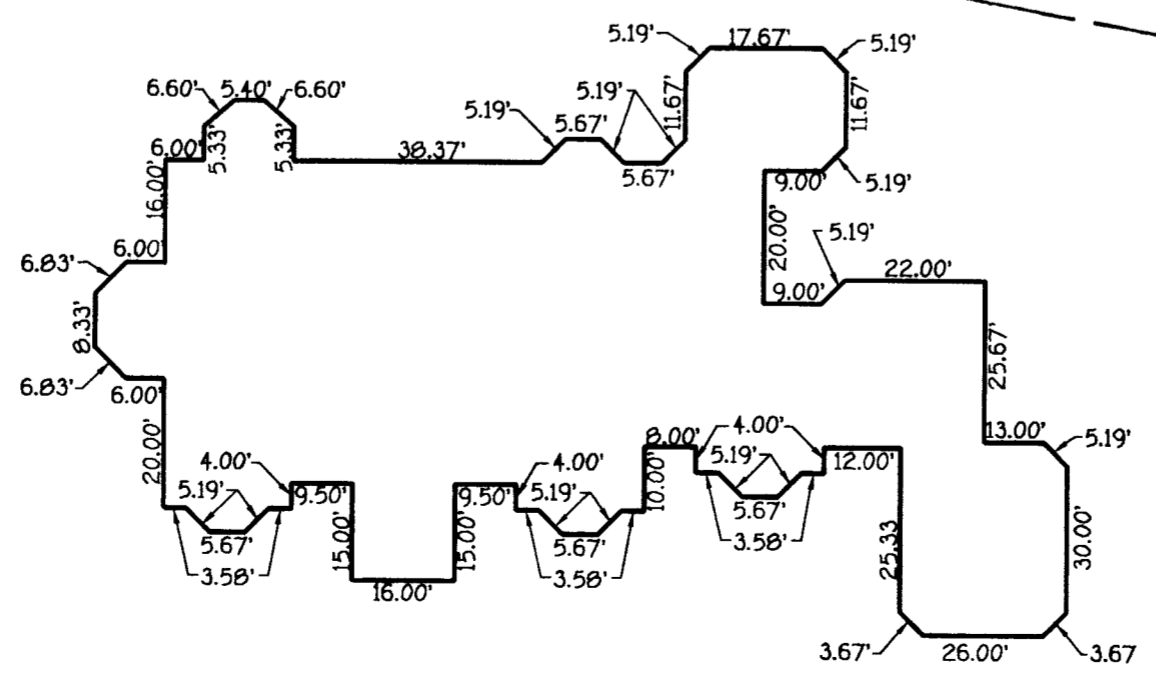
OF HEAVY CLAYS, GROUND LIMESTONE SHALL BE
35 PER 1,000 SQUARE FEET) PRIOR TO THE PLACEMENT
R DESIGNATED AREAS AND WORKED INTO THE SOIL
I IN THE FOLLOWING PROCEDURES.



Total linear feet of trench required 360 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet

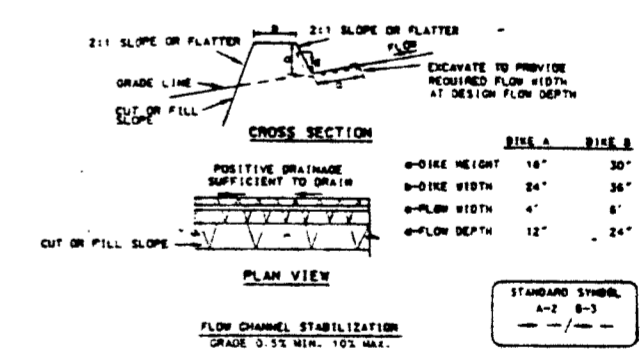
Approved Septic System Plan
Howard County Health Department

[Signature]
Date



GENERAL NOTES

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK
- A. FIRST FLOOR ELEVATION: 96.00
- B. BASEMENT ELEVATION: 86.00
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 90.8
- D. INVERT IN AT SEPTIC TANK: 90.10
- E. INVERT OUT AT SEPTIC TANK: 89.8
- F. PROPOSED GRADE OVER SEPTIC TANK: 94.0
- G. INVERT AT DISTRIBUTION BOX: 97.0
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 102.0
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
- PUMP TANK INVERT: 89.8



- 1. Seed and cover with erosion control matting or lime with sod.
- 2. Runoff diverted from a disturbed area shall be conveyed to a sediment trapping device.
- 3. Runoff diverted from an undisturbed area shall outlet directly into an undisturbed, stabilized area of a non-erosive velocity.
- 4. All trees, brush, stumps, obstructions, and other objectionable material shall be removed and disposed of so as not to interfere with the proper functioning of the dike.
- 5. The dike shall be excavated or shaped to line, grade and cross section as required to meet the criteria specified herein and be free of any projections or other irregularities which will impede normal flow.
- 6. Fill shall be compacted by earth moving equipment.
- 7. All earth removed and not needed for construction shall be stored so that it will not interfere with the functioning of the dike.
- 8. Inspection and maintenance must be provided periodically and after each rain event.

EARTH DIKE DETAIL
NOT TO SCALE

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
THE HAMMERS RESIDENCE
LOT 718

TAX MAP 23
SECOND ELECTION DISTRICT
SCALE: 1" = 50'
PARCEL: Part of 290
HOWARD COUNTY, MARYLAND
DATE: MARCH 31, 1998



HOWARD COUNTY HEALTH DEPARTMENT

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

September 26, 1997

Mr. and Mrs. Stephan Hammers
8408 Early Bud Way
Laurel, Maryland 20823

RE: Percolation Relocation
Burleigh Manor - Lot 718
Kingsbridge Road

Dear Mr. and Mrs. Hammers:

Percolation testing was conducted September 17, 1997 on the above referenced property for relocation of the originally approved septic area. While some locations were unsatisfactory due to excessive bedrock, other locations revealed suitable soil conditions. A copy of the test results is enclosed.

A percolation certification plat showing actual locations and elevations of all excavated test holes, a suitable house site and the location of the existing well should be submitted to this office for review at this time. Generally this document precedes the building permit site plan; however, it would be acceptable to combine both documents if you find that more convenient.

If you have any questions regarding this matter, please feel free to contact me at the address below or by calling (410) 313-2640. Thank you in advance for your time and cooperation.

Sincerely,

Kimberly Maiste
Kimberly Maiste, Sanitarian
Water and Sewerage Program

KM

Enclosure

cc: Fisher, Collins, & Carter, Inc.
Attention: Mark Roble
file

→ EFFLUENT
FILTER

IN THE

OUTLET BOTTLE

↙

9/24/97
1080

APPLICATION

PERCOLATION TESTING

A 58959

*PREVIOUS OK -
RETEST HIGHEN TO
ACCOMMODATE PASFERRED
HOUSE SITE.*

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9/8/97

*MAY CHOOSE TO
RELOCATE ~~ADDITION~~ WELL FOR
MAXIMUM FLEXIBILITY.*

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 STEPHAN R. & EYDIE R. HAMMERS

ADDRESS 8408 EARLY BOO WAY, LAUREL, MD PHONE 301-725-3175

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BURLEIGH MANOR / PRESERVE LOT NO. 718

ROAD AND DESCRIPTION 10405 KINGS BRIDGE

OLD PERMIT SCREEN

END REVIEWED 6-2-97
Serial # B70111939

TAX MAP _____ PARCEL # _____

SIZE OF LOT 4 ACRES TYPE BLDG. SINGLE FAMILY DWELLING - 6 BRN
(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.

Stephan R. Hammers
(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

58959

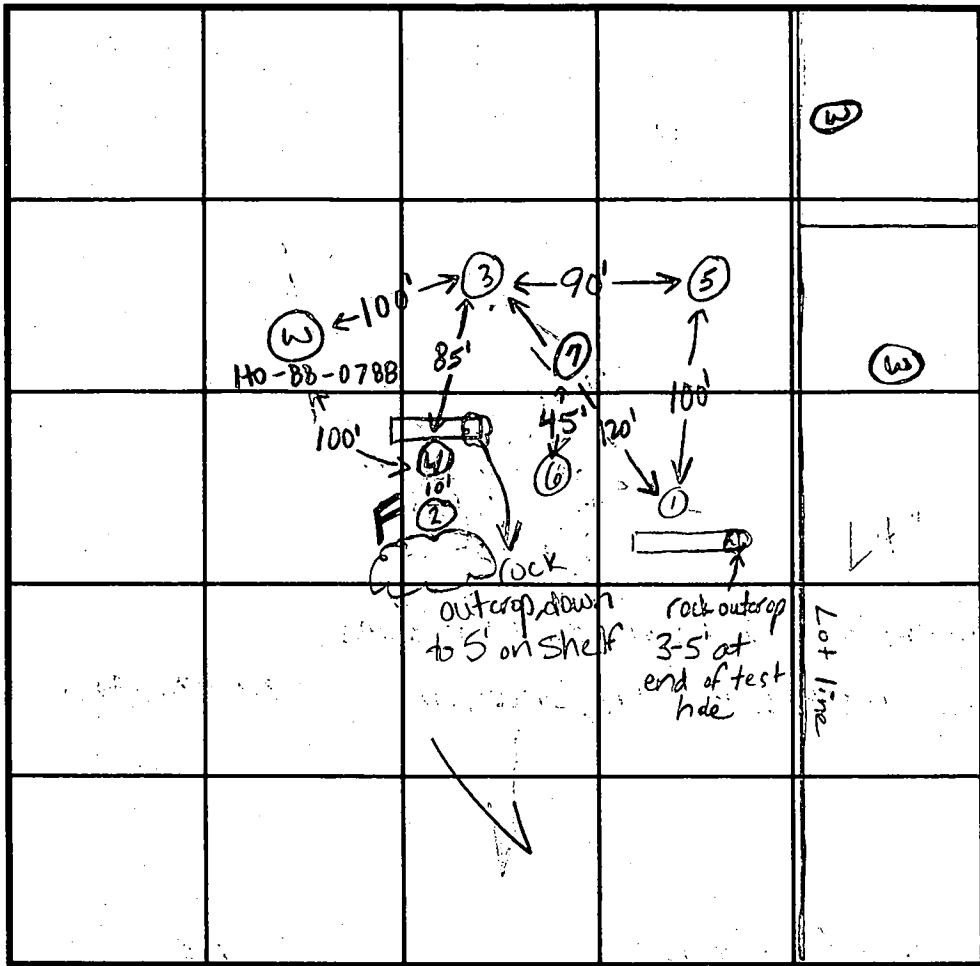
COUNTY #

SOIL PROFILE

0' (1)
 or/red clay 1m
 4.0'
 orange/tan silty/sand loam
 10% rock frags
 12.0'

(2)
 or/red/brown clay 1m
 4.0'
 rock outcrop of 50%
 10'

(3)
 or/red clay 1m
 4.0'
 tan/or silty/sand 1m
 6.0'
 rock outcrop 30%
 11.0'
 12.0' tan/or silty/sand loam



SOIL PROFILE

0' (4)
 or/tan clay 1m
 3.0'
 tan/or silty sand loam
 10-20% rock frags
 14.0'
 (5)
 or/red clay 1m
 4.0'
 tan/or silty/sand 1m
 13.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Kingsbridge Rd.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
	(1)	4.5' S	12:54	12:55	12:55	12:57	2 min	
		12.0' D	visual ok - see profile					
	(3)	4.0' S	1:16:30	1:18:30	1:18:30	1:21:20	3 min	
		7.0' D	1:12:20	1:12:50	1:12:50	1:13:20	30 sec	
		(repour)	1:13:50	1:14:40	1:14:40	1:15:20	40 sec	
		12.0' D	visual ok - see profile					
	(4)	6.0' S	1:29:20	1:30	1:30	1:31	1 min	
		14.0' D	visual ok - see profile					
	(5)	13.0' D	visual only - ok see profile					
	(2)	FAILED - DUE TO ROCK						

REMARKS test holes not staked

TYPE OF SOIL _____

TESTED BY Kim Maiste / Craig Williams ALSO PRESENT Olen Kethermen / owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 minutes TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180

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 _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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.

(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

58959

COUNTY #

SOIL PROFILE

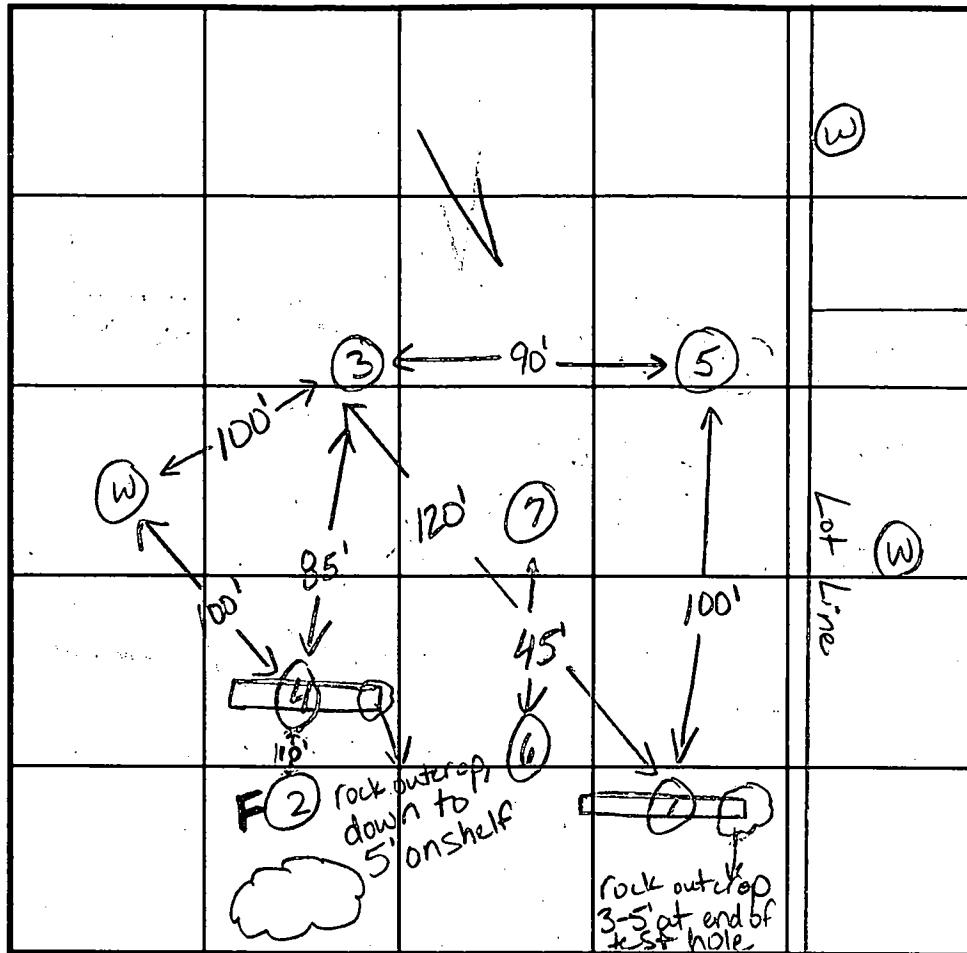
0'
 (6)
 red/or
 brown
 clay
 1m

3.0'
 tan/or.
 silty
 sand
 loam
 10% shale
 frags

9.0'
 (7)
 red/or
 clay
 rock to
 4.0'

4.0'
 tan/or
 silty
 sand
 loam
 10%
 shale
 frags

11.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Kingsbridge Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	(6)	9.0'D	visual	only - ok	see profile		
	(7)	11.5'D	visual	only - ok	see profile		

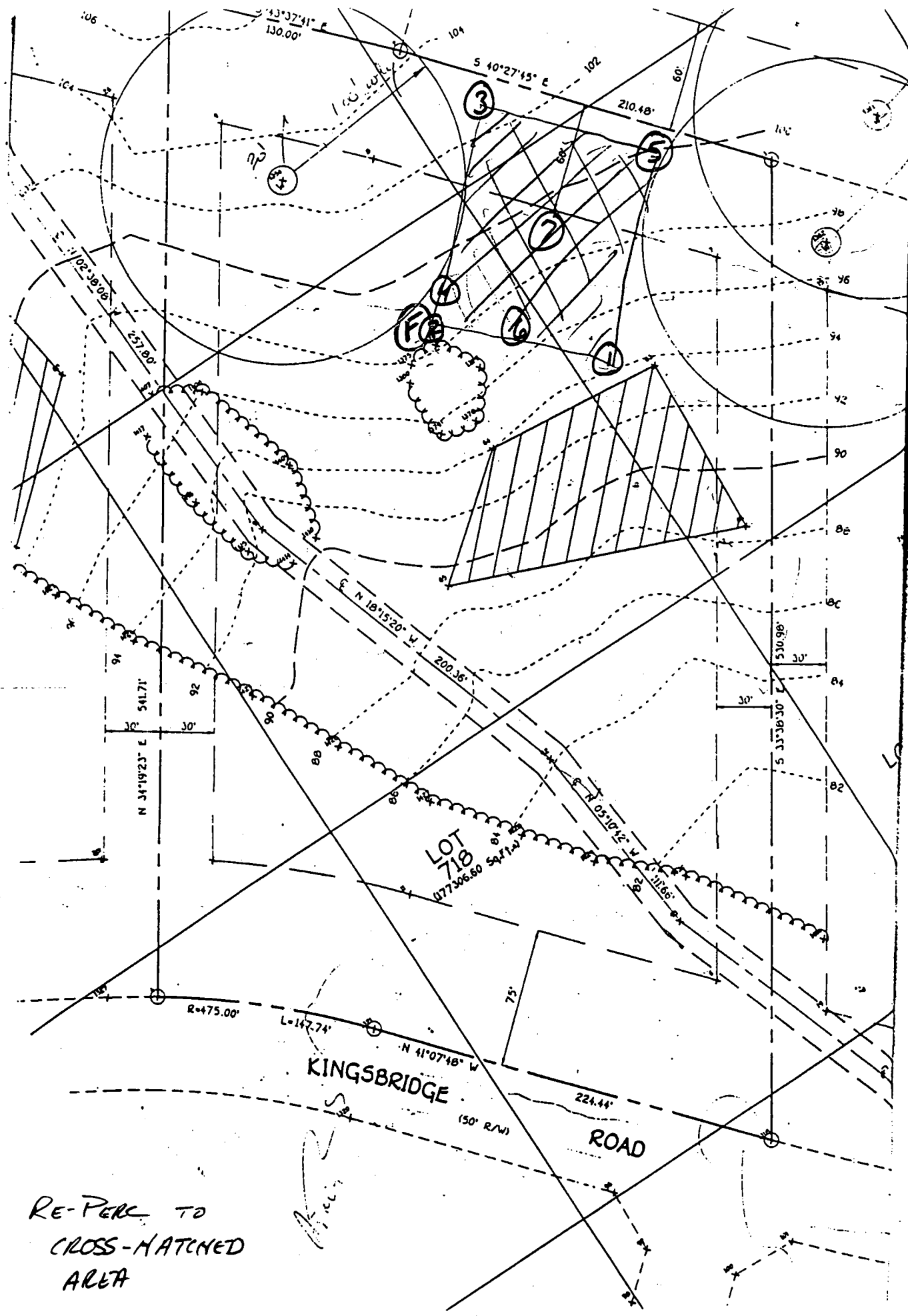
REMARKS test holes not staked

TYPE OF SOIL

TESTED BY Kim Maiste / Craig Williams ALSO PRESENT Olen Ketterman / owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 minutes TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM 180



RE-PERC TO
CROSS-HATCHED
AREA

SEPT 10 7A
9:30 AM

APPLICATION

PERCOLATION TESTING

A 39830

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 5TH

DATE 8/7/87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

Steward J. Greenbaum

PROPERTY OWNER Gerald M. Katz, Trustee e/o Whitman, Reguardt and Associates

ADDRESS 2315 St. Paul Street, Balto., Md, 21218 PHONE (301) 235-3450

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh Manor Section 2 LOT NO Lot 718

ROAD AND DESCRIPTION West of the intersection of Centennial Lane & Old Annapolis Rd.
10405 Kingsbridge Road

TAX MAP 23, 24 PARCEL # 290

SIZE OF LOT 3 AC TYPE BLDG Single Family Dwelling
(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. _____ (301) 484-8400
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-10-87 Perce Satisfactory - Hold for Sub. Permit S. Dwy

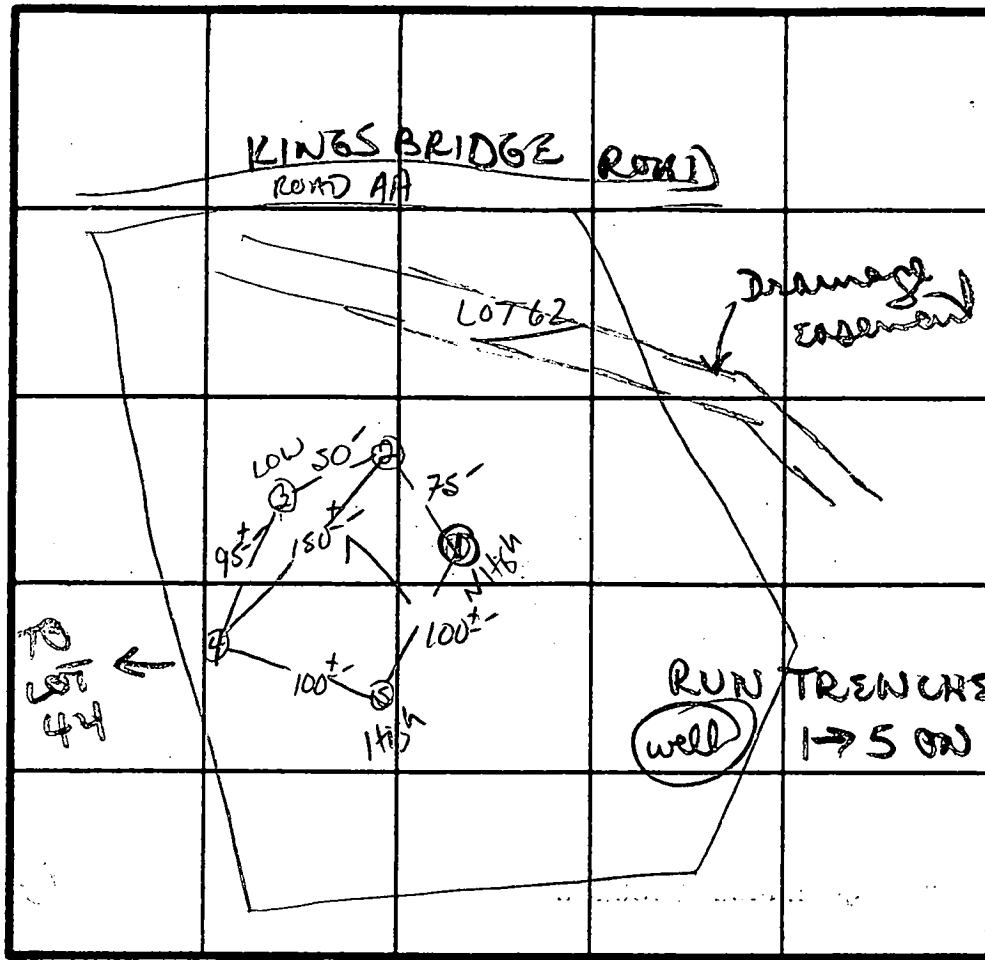
BLDG. PERMIT SIGNED
AND RETURNED 8/14/87
Serial # 28321
SFD - 5 Bedroom

THIS IS NOT A PERMIT

HD-216

① ② ③ ④ ⑤
SOIL PROFILE

0"	AP
12"	RED BROWN SILTY CLAY LOAM 15-20% FRAYS
4.5'	FRAYS YELLOW BL SILT LOAM 10-15% FRAYS
14'	



X Perc 7 min
INLET 4.5
BOTTOM 6.5
190 Alber

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

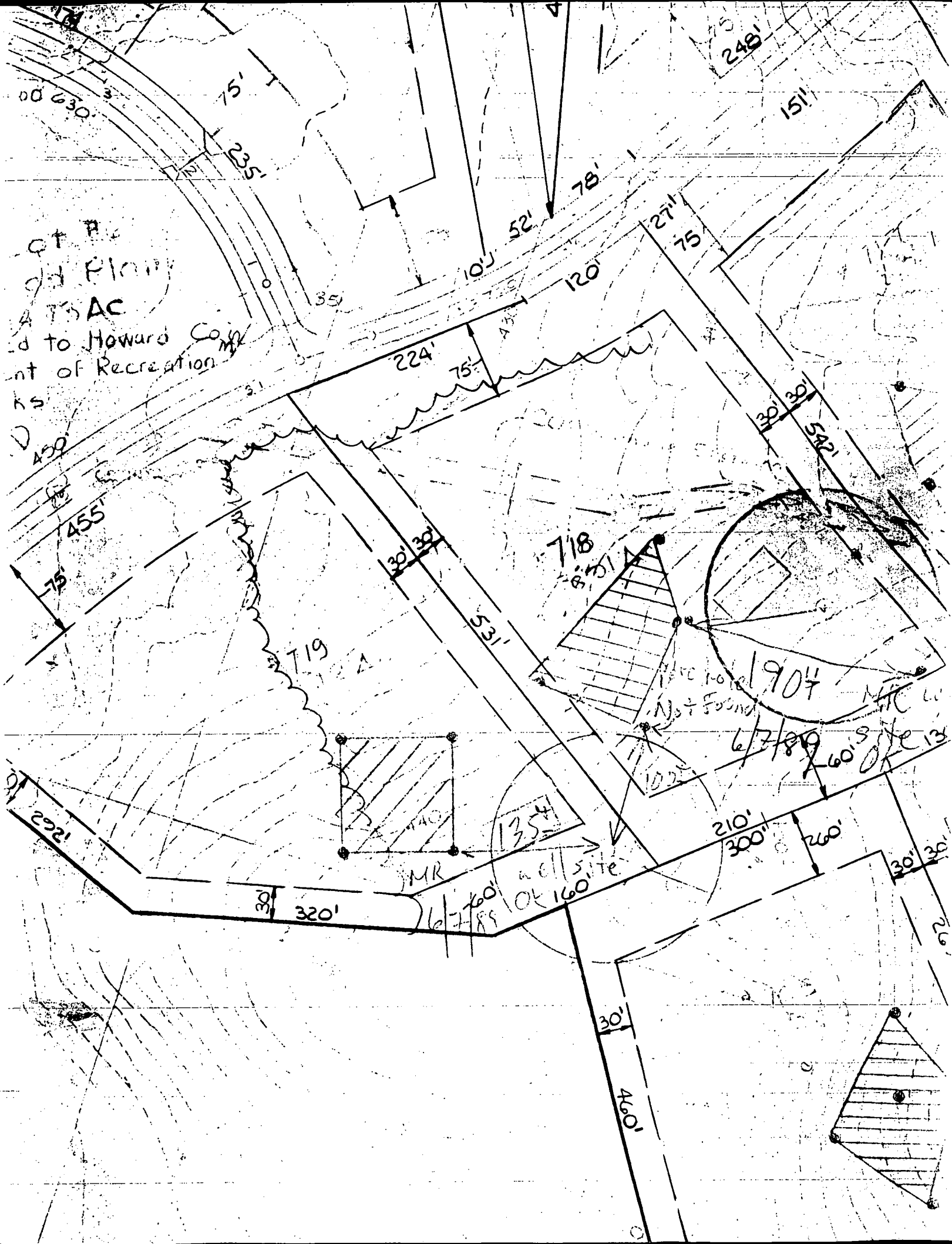
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/10/87	1S	5'	9:45	9:49	9:49	9:58	9 min	
		9'	9:45	9:48	9:48	9:53	5 min	
	1V	14'	UNIFORM soil below 4.5-5.0'					
	2S	4.5'	9:52:30	9:55	9:55	10:01	6 min	
		13'	UNIFORM soil below 4.5'					
	3V	15'	DRY - CLAY TO 6'		SIMILAR TO #1 w/ some grey Ft - DO NOT USE		with some grey silt loam	
	4S	5'	9:58	10:02	10:02	10:09	7 min	
		13.5'	UNIFORM soil below 4.5' more gravelly					
	5V	14'	UNIFORM soil below 4.0'					

REMARKS Holes Slightly different than PLAT. - Shallow Syst. only

TYPE OF SOIL CHESTER LOAM

TESTED BY S. Abel ALSO PRESENT KARRY, SKIP, Bill

of the
old Flinn
AC
to Howard Co
nt of Recreation



8/12/99 afternoon

PHONE NO. 410 549 0916

Aug. 11 1999 01:49PM P1

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-W Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8/18/99

Name of Installer Michael P. Gartland, Inc.

Telephone 410 549-1755

License Number 1353
Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Steve Hammer

Telephone (410) 418-4206

Subdivision Berleign Manor Lot # 718

Well Tag # A-39830

Site Address 10405 Kingsbridge Manor

HO-88-0788

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible XXX
- 2. Make Grundfos
- 3. Model # 980 07422
- 4. 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 TAPC

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage 220
 - a. 110 _____
 - b. 220 XXX

Pitless Adapter

- 1. Make Parward
- 2. Model # PT 810
- 3. Depth 42"

Tank

- 1. Capacity 50 gal
- 2. Pressure relief valve? YES

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line 42"

Well data

- 1. Depth 185 ft.
- 2. Yield 20 GPM
- 3. Static water level 43 ft.
- 4. Will water supply be disinfected by installer? No

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.

8/12/99-WPI ON (SRV)

Signature of Applicant: Michael P. Gartland

Date: 8/11/99

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

C1 **0207** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

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 **A39830**

ST/GO USE ONLY:
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **07/17/89**

Depth of Well **185**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
MD-88-0988

OWNER Charles R. Jones last name Charles R. first name
 STREET OR RFD Windsor Rd TOWN Ellicott City
 SUBDIVISION Andover SECTION 11 LOT 711

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	
SAND Stone	0	39	
GRAY Micaceous Rock	39	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 96 NO. OF POUNDS 2448
 GALLONS OF WATER 156
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 31 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) 4 Total depth of main casing (nearest foot) 185

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN 110 112 185
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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. 335
 DRILLERS SIGNATURE Charles R. Jones
 (MUST MATCH SIGNATURE ON APPLICATION)

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

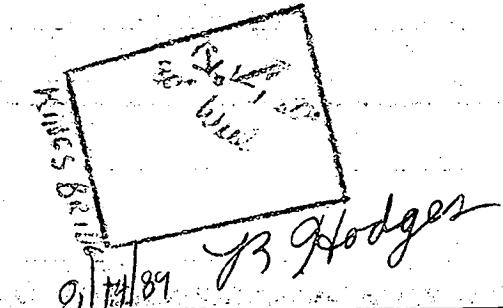
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP 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.) 20
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 25
 WHEN PUMPING 27
 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 2 (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)



B 1 **3651** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

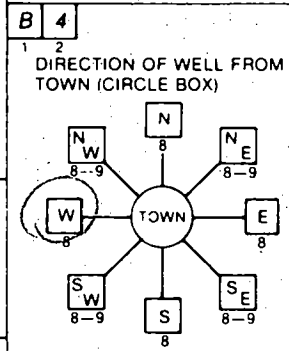
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0788
 fill in this form completely

Date Received (APA) **052389**
 OWNER INFORMATION
GREENBAUM ROSS ASS.
 15 Last Name Owner First Name 34
1777 REISTERSTOWN RD.
 36 Street or RFD 55
BALTIMORE MD 21208
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY 21
BIRLEIGH MAOR SUBDIVISION 23 42
 SECTION **2** LOT **718**
 44 46 48 50
ELLICOTT CITY NEAREST TOWN 52 71
 MILES FROM TOWN (enter 0 if in town) **3 1/2** MI
 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne License No **238**
 Driller's Name 77
Joseph L. MAYNE WELL DRILLING
 Firm Name
5512 RIDGE RD. Mt AIRY 21771
 Address
Joseph L. Mayne 5/22/89
 Signature Date



Kenbridge Rd. NEAR WHAT ROAD 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **360** FT
 34 37 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 1 2 3 4 5 6 7 8 9 10 11 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 13 14 15 16 17 18 19 20

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
Howard COUNTY NAME
A39830 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **062789**
 43 48 CO SIGNATURE **Mark E. Ripkin** EXP. DATE **12/27/89**
 NORTH GRID **520000** EAST GRID **083400**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 26

APPROXIMATE DIAMETER OF WELL **6** INCH
 27 28 NEAREST INCH

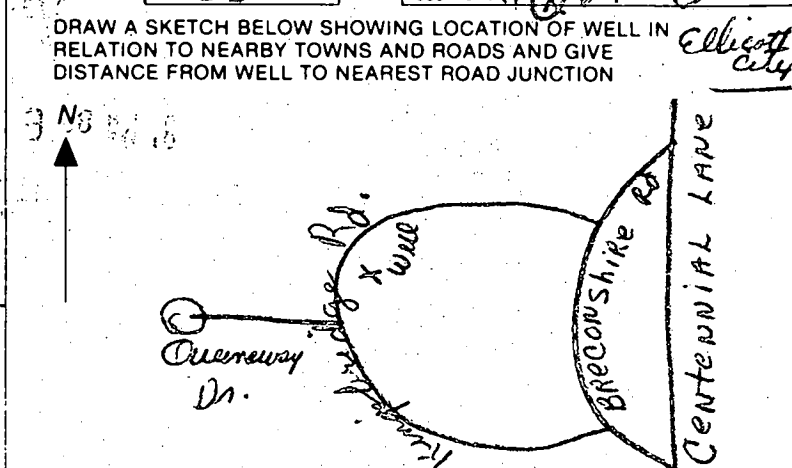
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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
 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 _____
 54 63
 FORCE **MR** WRITE INITIALS IN BOX 67 68 PERMIT NO. **HO-88-0788**
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

31' OPEN GROUT
45' CASING OBS'D
26 BAGS
1 1/2' CASING A.G.
7/3/89 MR
well @ VTAG OK



10405
Kingsbridge Rd

APPROVED

WALK-THRU BUILDING PERMIT
BP# B20152883 A# 58959
APP. SAN 3/10/05 DATE: 3/10/05
DESC. OF WORK SEWER IN GROUND

*3/10/05
COMPARE REGS
& POLICY WITH
FN 150'*

