

6/14/99
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511574

A 13378

DISTRICT 3rd

DATE 5/11/99

DATE SYSTEM APPROVED 8/2/99

INSPECTOR S.R.V.

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

RPS# 2 88862

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Kingston, Section 2 LOT 5 ROAD 3580 Katashley Court

PROPERTY OWNER Interstate Ventures

ADDRESS

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM REQUIRED

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to Health Department approval of pump septic system.

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

LOCATION - Starting from the right rear lot corner, place the distribution box 110 feet down the rear (219.95') lot line and 1.0 feet off this same lot line. Run trenches on contour to right side of lot, starting first trench ten feet downhill of dist. box.

NOTES - Suggested layout for maximum efficiency: High trench 60 feet, 2nd trench 90 feet 3rd trench 90 feet.

Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/MR*

PLANS APPROVED BY Mark E. Rifkin

DATE 10-16-98

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

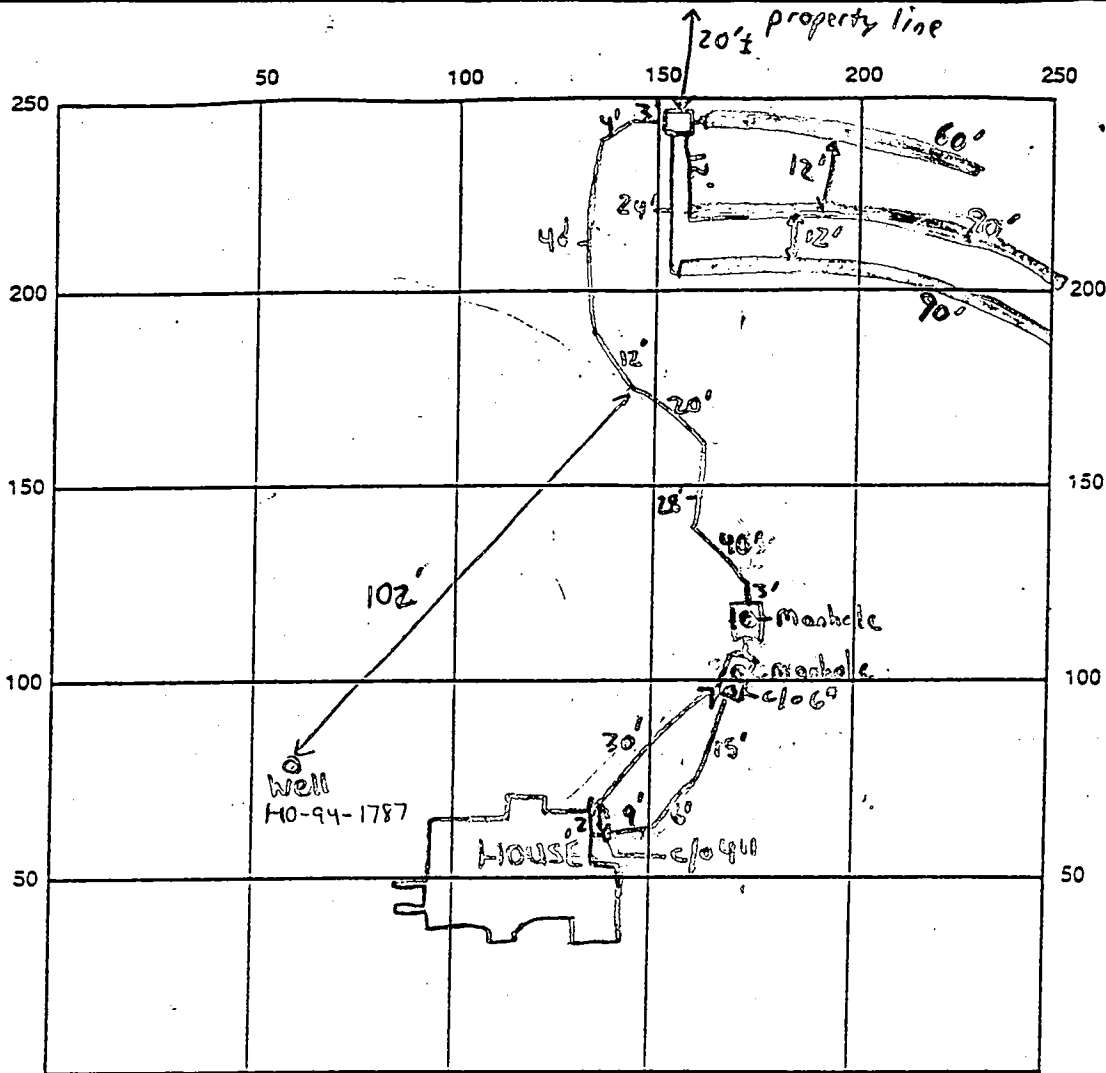
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

PERMIT SIGNED
AND RETURNED 7-12-99
[Signature]

511574



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
KATASHLEY COURT

SEPTIC TANK LEVEL 1250 Top Seam 1250 Top Seam CLEANOUTS 4" @ house, 6" @ tank, Manhole @ ST septic Manhole @ PT

DISTRIBUTION BOX LEVEL ✓ Baffle is in

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/11/99 - CONTRACTOR ADJUSTED LOCATION OF DIST. BOX EXTRA 10' OFF OF PROPERTY LINE BECAUSE OF TREES/BRUSH HOUSE CONNECTION & PUMP TEST REQUIRED BEFORE FINAL APPROVAL (SRK)
8/2/99 - PUMP TEST OPERATIONAL / HIGH WATER ALARM ON (SRK)

W/P - Follow septic & water line already covered 8/2/99
2 piece cap & PVC cover OK

DATE SYSTEM APPROVED 8/2/99 INSPECTOR Steven R. Krieg

NEEDS HOUSE CONN
NEEDS PUMP TEST

Approved Septic System Plan
Howard County Health Department

B00113452

Mark E. Rifkin
Signature

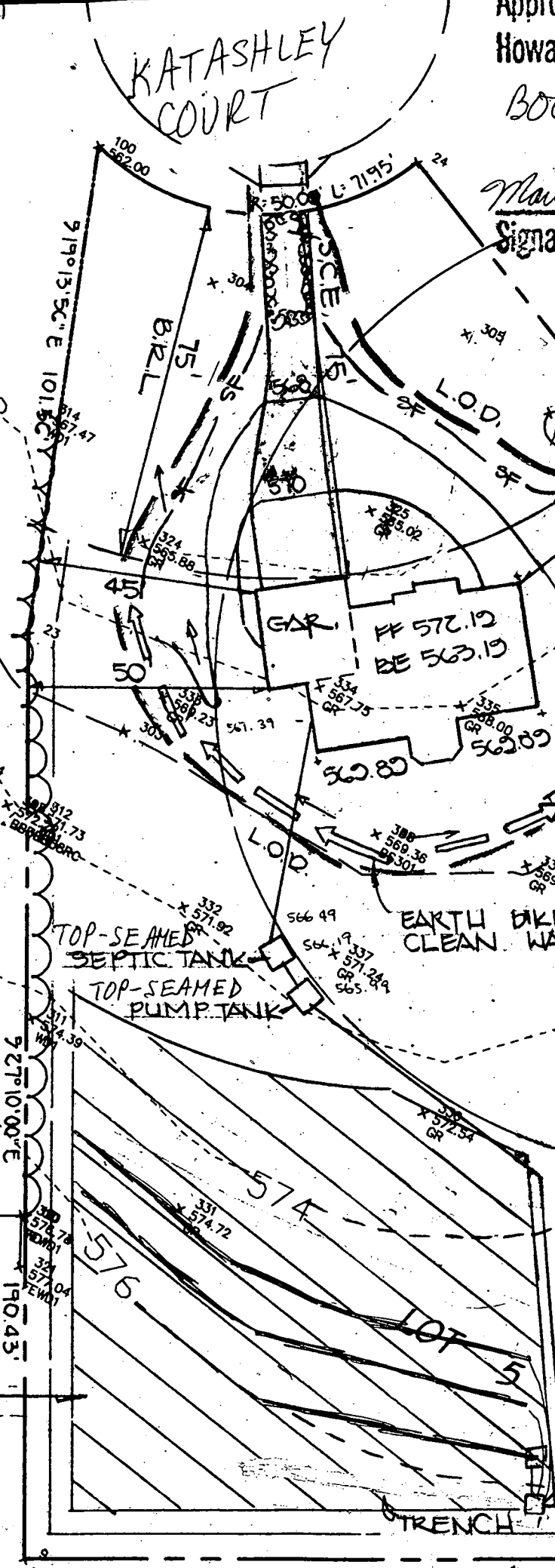
4/12/98
Date

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet



1. HOWARD COUNTY HEALTH DEPARTMENT NUMBER A 13378.
 2. PROPOSED 1500 GALLON SEPTIC TANK.
 3. A. FIRST FLOOR ELEVATION : 572.12
B. BASEMENT ELEVATION : 563.19
C. INVERT OF SEPTIC SYSTEM AT HOUSE : 567.30
D. INVERT IN AT SEPTIC TANK : 566.45
E. INVERT OUT AT SEPTIC TANK : 566.19
F. PROPOSED GRADE OVER SEPTIC TANK : 571.30
G. INVERT AT DISTRIBUTION BOX : 573.00
 4. EXISTING GROUND OVER DISTRIBUTION BOX : 576.00
E. INVERT AT PUMP TANK : 565.00
 4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
 5. CONTRACTOR/BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
 6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.
- MANHOLE REQ'D @ PUMP TANK
MANHOLE REQ'D @ SEPTIC TANK
IF 23' COVER

3 62° 50' 00" W 215.95'

APPLICATION

PERCOLATION TESTING

Retest
A 13378
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 Simon Rosenberg Interstate Ventures

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Tracy Brown 410-674-6516

ADDRESS 2108 Peaceful Way Apt 103 Odenton 21113 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Kingston LOT NO. 5

ROAD AND DESCRIPTION 3580 Katashley Ct

BLDG. PERMIT SIGNED
~~AND RETURNED 11-12-98~~
Serial # B1073432

TAX MAP 22 PARCEL # 198

SIZE OF LOT _____ TYPE BLDG. SFD - 4Brm
(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 8/17/98 HOLD FOR PLAT (MR)

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' (1)
 orge
 brn
 Si cllm
 15% frags
 surface

5' tan
 brn orge
 Si lm
 15%
 saprolite

(2)

orge
lm

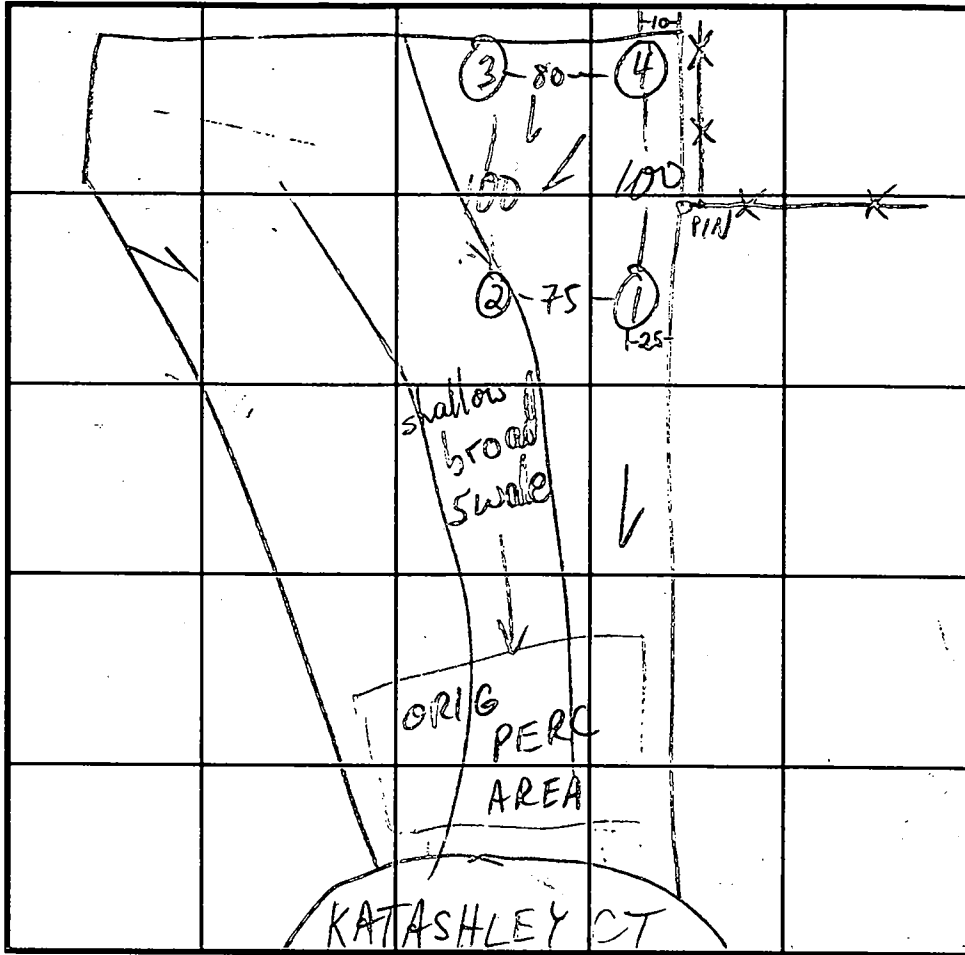
brn
 orge tan
 Sa mica
 lm

11' collapsed wet
 mica silt
 WATER

(3)

orge
sillm

tan
 sisal m
 10%
 frags



SOIL PROFILE

0' (4)
 red
 orge
 Si cllm

5' white
 tan
 orge
 Sa
 mica lm

5-10% frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/14/98	1 S	5 1/2	12:47	12:55	12:55	1:21	2 1/2
	1 V	12	2:34	2:35	2:35	2:38	3
	2 S	5'3"	1:23	1:28	1:28	1:40	12
	2 V	12	see	profile			
	3 V	12	see	profile			
	4 S	5'9"	2:19	2:20	2:20	2:23	3
	4 V	12 1/2					

REMARKS

TYPE OF SOIL

TESTED BY

M. Riskin

ALSO PRESENT

M. Johnson, buyer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

6

TRENCH WIDTH

3

INLET DEPTH

4

MAXIMUM BOTTOM DEPTH

6

SQ. FT./BEDROOM

180

APPLICATION

A 13378

P _____

6/27/75
13ft. vertical
hole needed

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 12-8-67

Septic Tank - 1000 gal.
Dry Well - 375 sq ft absorbent sidewalk area below the first 3 1/2 ft of non absorbent ground. Max depth permitted for dry well is 10 ft below original grade.

Place Dry Well 85 ft from front lot line and 15 ft from left sideline as seen when facing lot from Katsally Ct

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 James W. King, Sr.

ADDRESS 304 Treetown Road PHONE 286-2757

PROPERTY LOCATION:

SUBDIVISION Kingston (J. W. King) LOT NO. SA sec 2

ROAD AND DESCRIPTION Tridelpia Road
Glennelg, Maryland

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 215 x 137 I Acre TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT James W. King Sr

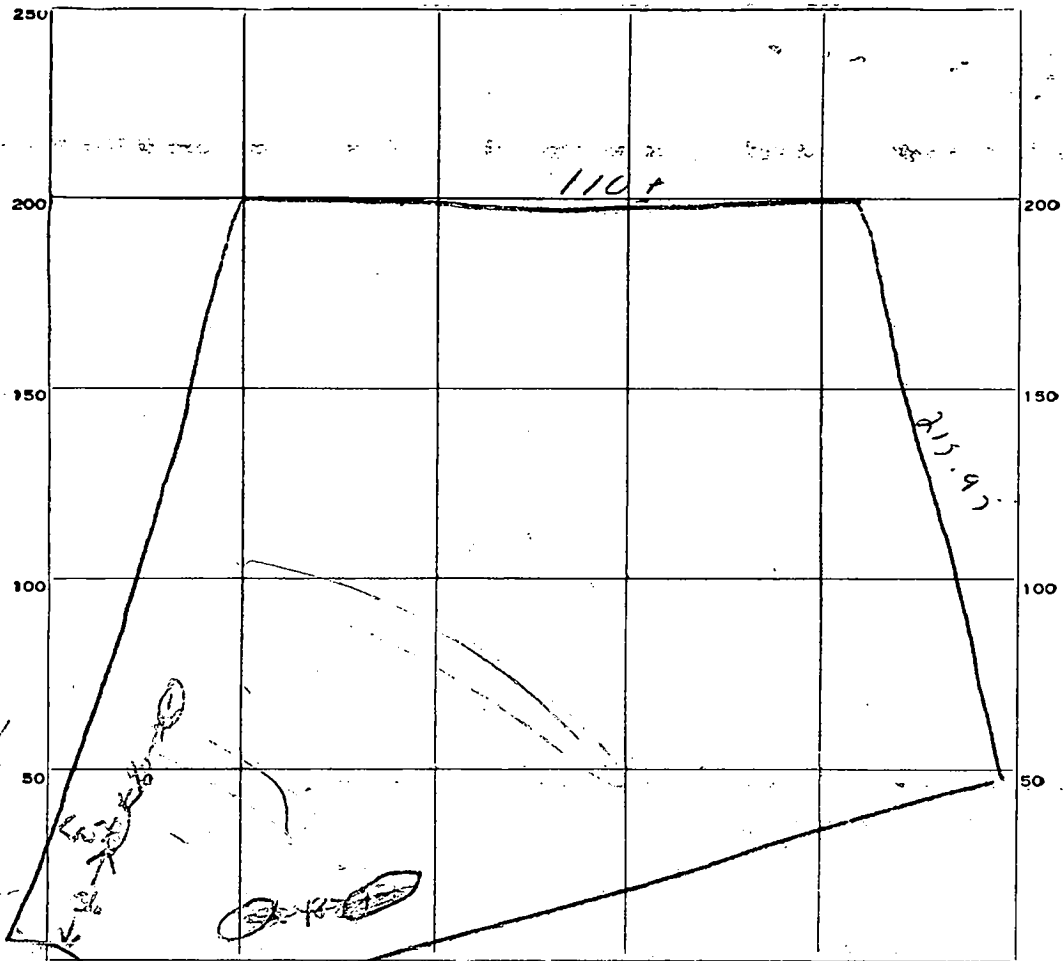
APPROVED BY D. W. Monaghan FOR Dry Well DATE 11-26-71
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAML ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/69	1	4 ft	2 16	2 18	2 19	2 27	8 min
-	2	10 ft	2 16	2 23	2 23	2 33	15 min
	3	4 ft	2 26	2 31	2 31	2 41	10 min
	4	9 ft	2 27	2 38	2 30	2 35	5 min

SIX

SOIL AUGER FINDING _____

TESTED BY [Signature]

REMARKS _____

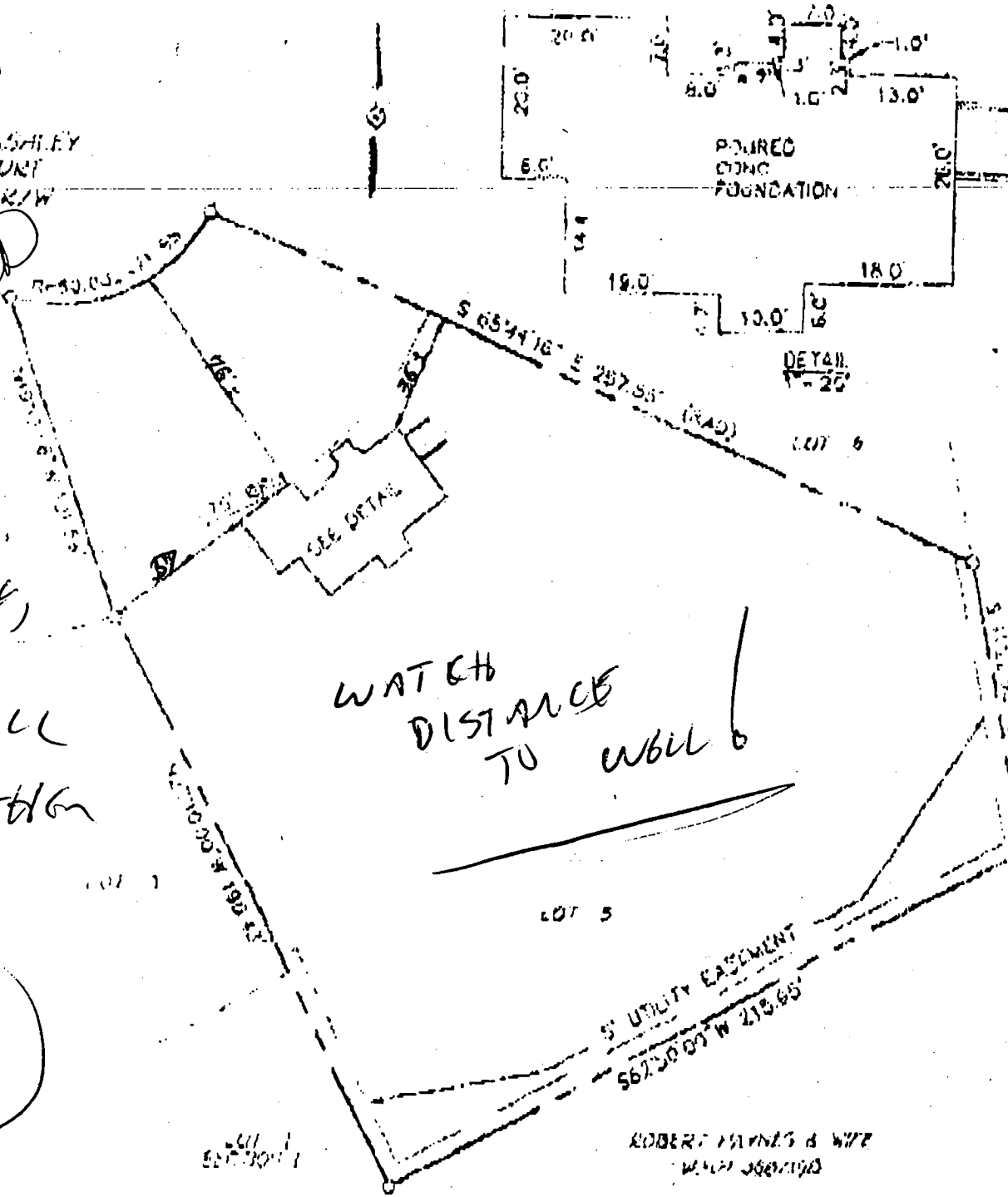
Lot 26

THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS AS A RESULT. THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING OF REAL PROPERTY IN ZONE C-1 ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF THE STATE OF MARYLAND. COUNTY MARYLAND, COMMUNITY PLAN, NO. 240014 0021B, EFFECTIVE DATE 08/01/98. DISTANCE FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREBY ARE TO AN ACCURACY OF 1/8" OR MORE.

5/11/99
 copy enlarged
 house location
 considered
 approved
 ATC
 ATC
 ATC

NOT LEGIBLE,
 TRACTOR WILL
 WORK IN A NOTHIN
 G

5/16/99
 CW



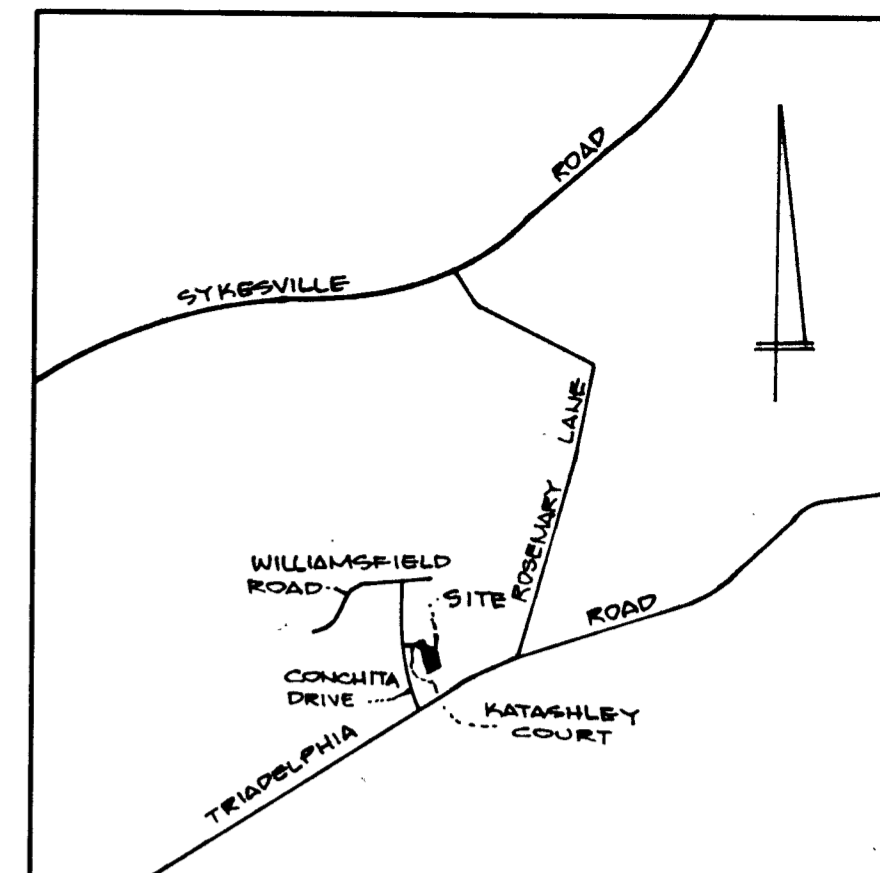
TOP OF FOUNDATION ELEVATION: 571.0' ±
 SEE BUILDING RESTRICTION LINE

LOT 5
 BLOCK 'A'
 KINGSTON
 SECTION TWO
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT BOOK 22 FOLIO 33

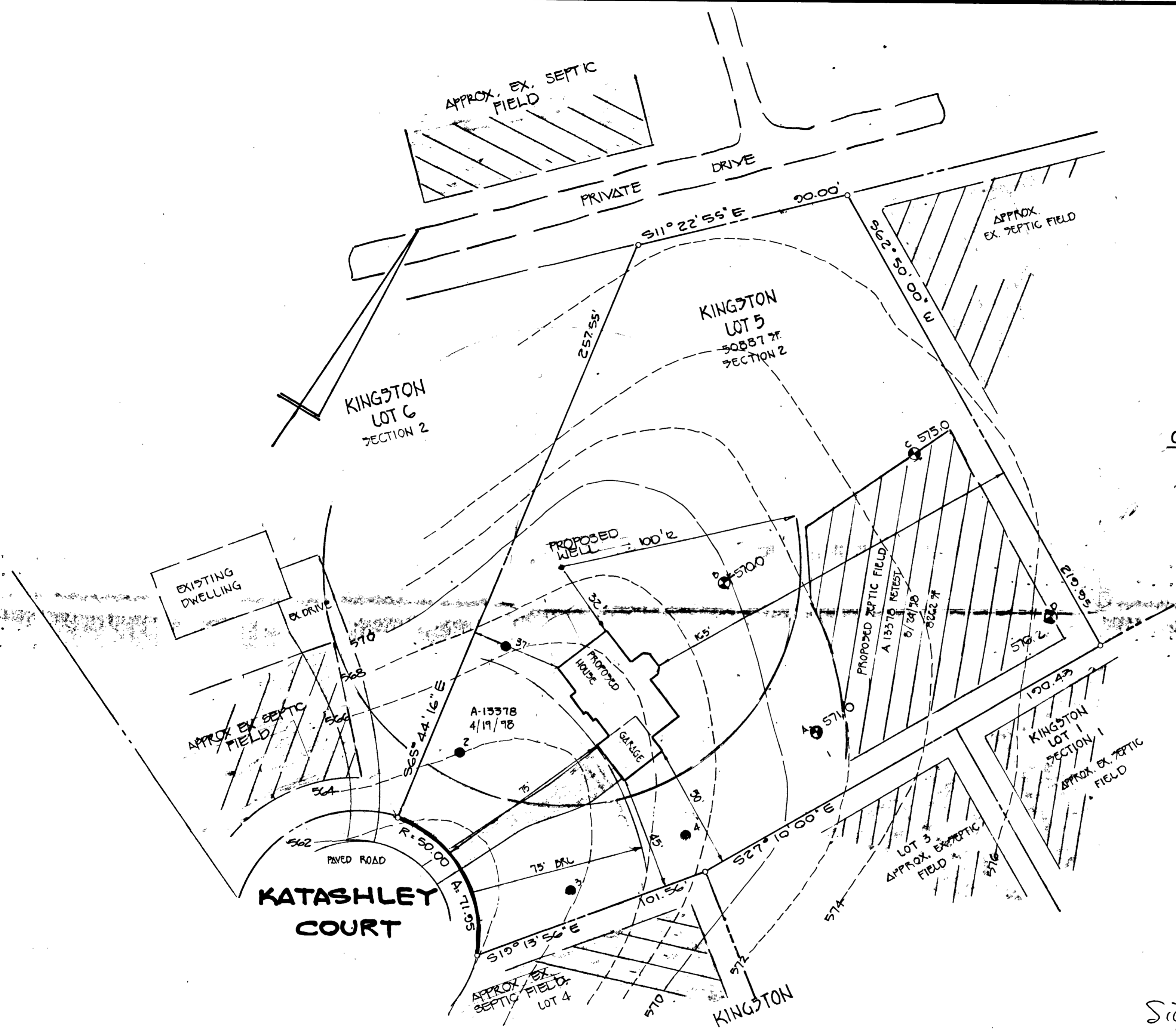
FISHER, COLUNS & CARTER, INC
 ENGINEERING CONSULTANTS, LAND SURVEYORS



HOUSE LOCATION
 DRAWING



VICINITY MAP
SCALE: 1" = 1200'



GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT RECORDED IN PLAT NO. TO THE LOCATION SHOWN HEREON.
4. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
6. DENOTES WELL LOCATION.
7. DENOTES PERC HOLE LOCATION.
8. DENOTES PREVIOUS PERC HOLE LOCATION FROM 1968.
9. OWNER & DEVELOPER:
SIMON ROSENBERG, PRESIDENT
INTERSTATE VENTURES INC.
1216 ABBIE ROAD
SILVER SPRING MD.
20904

TOPOGRAPHY IS BASED ON SURVEY MADE BY FISHER COLLINS AND CARTER JULY 1998.

Signed
PERC CERTIFICATION PLAT
KINGSTON
LOT 5

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
Debra M. Boyd
COUNTY HEALTH OFFICER
DATE: 10/16/98



TAX MAP : 22
THIRD ELECTION DISTRICT
SCALE: 1" = 30'

PARCEL(S): 108
HOWARD COUNTY, MARYLAND
DATE: JULY 7, 1998

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 481 - 2995

C1 **4330** SEQUENCE NO. (MODE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A13378**

ST/CO USE ONLY
 DATE RECEIVED
 MM **11** DD **10** YY **98**

DATE WELL COMPLETED
 MM **11** DD **02** YY **98**
 DEPTH OF WELL
 22 **200** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO 94-1787

OWNER **Rosenberg** **Simon**
 STREET OR RFD **Katashley Ct** TOWN **W. Friendship**
 SUBDIVISION **KINGSTON** SECTION **2** LOT **5**

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	
Topsoil	0	1	
Br. mica	1	54	
Tan mica	54	57	
Gray mica	57	65	
Br. mica	65	70	
Tan mica	70	85	
Gray mica	85	115	
Tan mica	115	120	
Gray mica	120	200	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS ⁴⁵ **21** NO. OF POUNDS ⁴⁵ **2100**
 GALLONS OF WATER **105**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **63**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

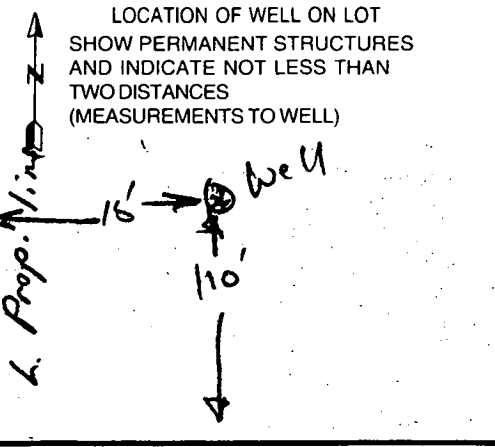
C 2 DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
HO 61 200

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 O
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **15 gpm**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **16** ft.
 WHEN PUMPING **61** ft.
 TYPE OF PUMP USED (for test)
 A air **P** piston **T** turbine
 C centrifugal **R** rotary **O** other (describe below)
 J jet **S** submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 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 **2** (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED yes no
 CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS LIC. NO. **MWD 040**
George F. Gendrey
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MWD 386**
Wesley Blangsted
 SITE SUPERVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee)

Front

B 1	2461	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type.	STATE PERMIT NUMBER HD-94-1787 fill in this form completely
-----	-------------	-----------------------------	--	--

Date Received (APA) **07 23 98**

OWNER INFORMATION: **RN 7515**

8 **MM** **DD** **YY**
Rosenberg **Simon**

15 Last Name **Arbie Road** Owner First Name

36 **Silver Spring, Md. 20904** Street or RFD

57 Town 70 State 72 Zip 76

B 3. **Howard** LOCATION OF WELL CC#

8 COUNTY **Kingston**

23 SUBDIVISION

SECTION **2** LOT **5**

~~Glenwood~~ **WESTFRIENDSHIP**

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2**

DRILLER INFORMATION
George F. Easterday **W 040**

Driller's Name **E. Franklin Easterday, Inc.** M D License No. 81

Firm Name **9265 Brown Church Rd., MT. Airy, Md. 21771**

Address **George F. Easterday** **7/21/1998** Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **Katashley Court**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **135** 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **22** BLK: **10** PARCEL **198**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **500**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

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 **A13378**

COUNTY NAME COUNTY NO.

STATE SIGNATURE **Mark E. Ripkin** INSERT S **S**

DATE ISSUED **10/14/98** CO SIGNATURE **10/14/99** EXP. DATE

43 MM DD YY 48 NORTH GRID **525** 0.00 EAST GRID **0810** 0.00

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **11/2/98 10:30**

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E. **810**

N. **525**

21 BAGS GROUT PARTIALLY

50' OPEN OBS'D

63' CASING MR 4/2/98

2' A.B. TAG OK

LOC OK

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROtary

JETTED AIR-PERcussion

Rotary (Hydraulic Rotary) ROTARY

CABLE REVerse-ROtary

Jetted & DRIVEN DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

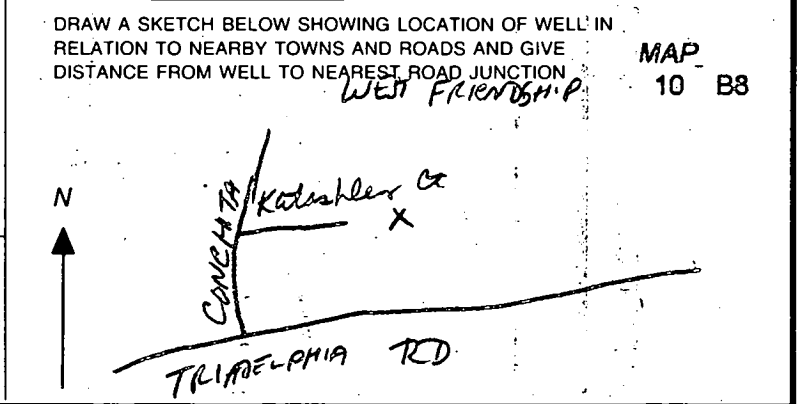
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) 41 52



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

APPROP. PERMIT NUMBER **MR** FORCE **67 68**

WRITE INITIALS IN BOX **HD-94-1787** PERMIT NO. **70 71 72 73 74 75 76 77 78 79**



HOWARD COUNTY HEALTH DEPARTMENT

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

August 24, 1998

Mr. Simon Rosenberg
12116 Arbie Road
Silver Spring, MD 20904

RE: PERCOLATION TEST RESULTS
A13378 Retest
Recorded Lot
Kingston, Lot 5
Katashley Court

Dear Mr. Rosenberg:

Percolation testing conducted August 14, 1998 on the above referenced property indicated satisfactory soil conditions. One test hole location encountered shallow groundwater. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plan which includes:

- actual locations and elevations of all excavated test holes
- a proposed sewage reserve area
- a suitable house and well site
- locations of any other relevant features such as streams, swales, or existing structures
- a note certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown.

The accurate and complete depiction of existing septic systems (as defined by septic system cleanouts) on surrounding properties is critical to the evaluation and review of a suitable well location.

Since a 10,000 square-foot sewage easement is not required, this plat should depict sufficient sewage reserve area to install the minimum two septic systems.

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please feel free to contact me at the above address or by calling (410) 313-2640.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

MR
Enclosures
cc: Fisher Collins & Carter
Mr. Tracy Brown
File

6/17/99

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8-3-99

Name of Installer C. MAYES P+H

Telephone 410 9230510

License Number 3276

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner INTERSTATE VENTURES Telephone 410 879 4242
Subdivision KINGSTON Lot # 5 Well Tag # HO-94-1287
Site Address 3580 KATASHLEY CT.

Pump
1. Type
 a. Deep well jet MYERS
 b. Shallow well jet
 c. Submersible MYERS
2. Make MYERS
3. Model # 25132-8
4. Capacity 8 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

Motor
1. Horsepower _____
2. RPM 2300
3. Voltage 220
a. 110 _____
b. 220

Pitless Adapter
1. Make CAMPBELL
2. Model # B-10
3. Depth 42"

Tank
1. Capacity 40 GAL AMTROLL
2. Pressure relief valve? YES

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved 160 PSI
4. Depth of supply line 180 ft.

Well data
1. Depth 200 ft.
2. Yield 10 GPM
3. Static water level 61 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.

WPI - Already covered unable to observe pitless adapter
Has 2 piece cap & PVC conduit pipe on
6/17/99 - RJP SW

Signature of Applicant: Charles Mayes
Date: 8-3-99

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

KATASHLEY COURT

7/14/99

AS SUBMITTED
FOR APPROVAL
8/10/99

TRUCK
075 FRONT
800118830

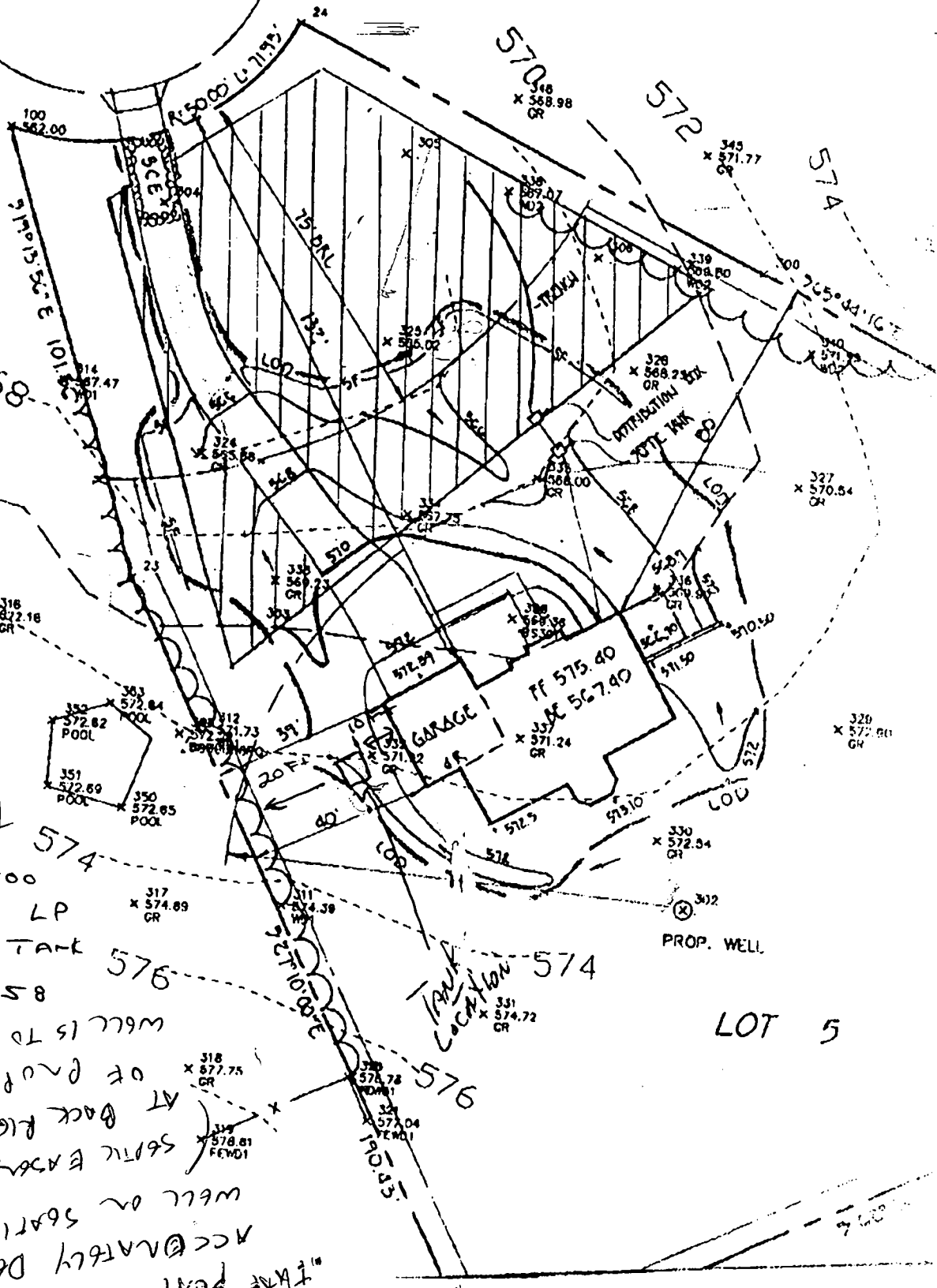
WELL ON
56 FT
075 (LOCATED)

CONFLICT
WITH
ACTUAL
WELL ON

Install (1) 500
Gallon ASME LP
UNDER GROUND TANK
PER NFPA 85

WELL IS TO LEFT (NEAR
HOUSE)
OF PROPERTY.

DESPITE THE FACT
THAT GREAT DOES NOT
ACCOMMODATE DEPIC
WELL OR SEPTIC LOCATIONS
AT BACK FLIGHT PORTION
OF PROPERTY.



LOT 5