

Needs Pump Test, House Conn Test?

# PERMIT

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 514248

A 37288

ISSUE DATE 9/13/2000

APPROVAL DATE 4/26/01

10/6/00  
11-12  
4/26/01  
4/18/01  
10:00  
10AM Pump Test

RPS#  
405602

INDEXED

New Dimensions \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 3018 Bachman Road, Manchester, MD 21102 PHONE 410-239-4359

SUBDIVISION Williams Contrivance Est III LOT NUMBER 22 ADDRESS 9466 Lovat Road

PROPERTY OWNER Mike Frisby PROPERTY OWNER'S ADDRESS 12412 Kings View Street

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 225

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting from the bend in the left lot line, place the distribution box 115 feet down the 366.36' lot line and 115 feet off this same lot line. Run trenches on contour to rear of lot. 9/14/00 O.K. (BB)

Suggested layout: 65', 75', 85'

PLANS APPROVED Mark Rifkin DATE 8/29/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

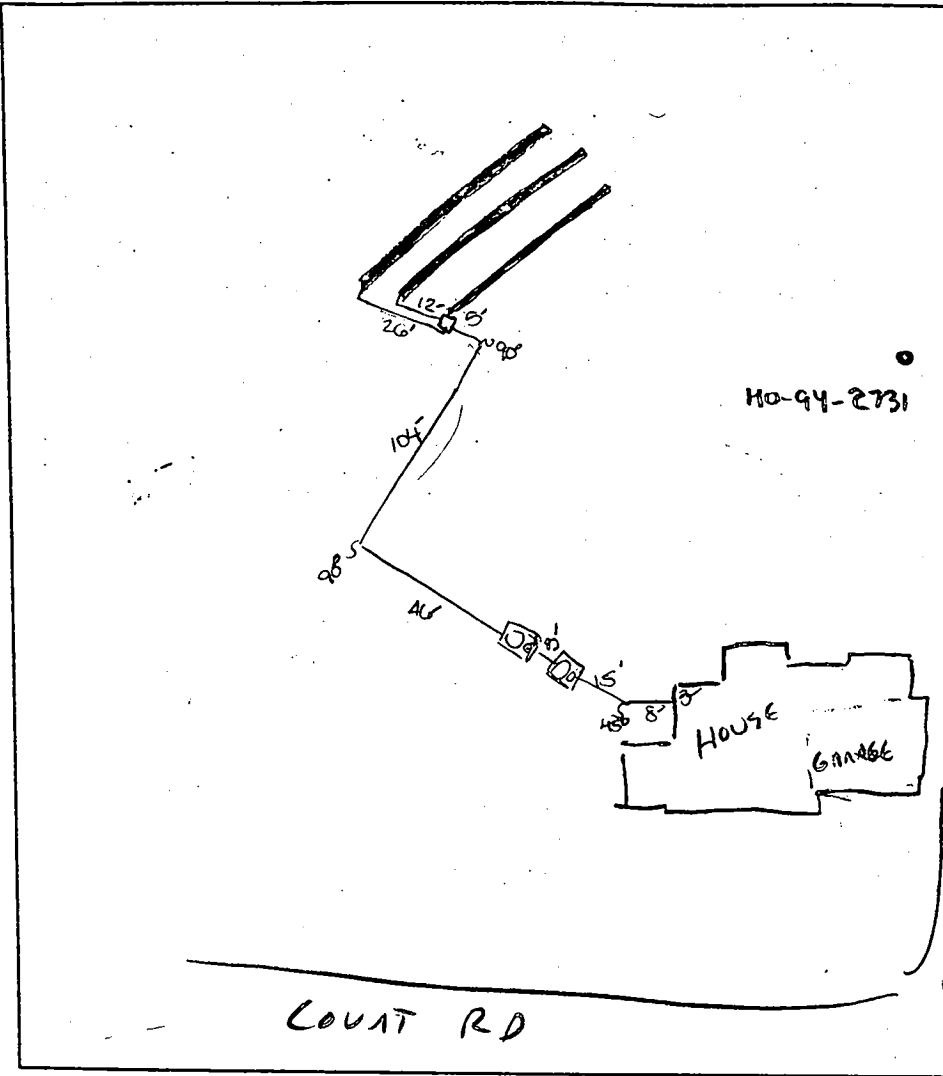
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514248

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2'
TRENCH INLET DEPTH	3'
TRENCH BOTTOM DEPTH	7'
DEPTH OF STONE	4'
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	231'
ABSORBENT AREA	924 ft <sup>2</sup>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 GALLONS
MANHOLE RISER	<input checked="" type="checkbox"/>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	OPERATIONAL
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PER TELEPHONE DISCUSSION  
 PRE-CONSTRUCTION INSPECTION: TRENCH LAYOUT INSPECTION MISSED - OK FOR 3 TRENCHES

(2) 75' - SOME ADJUSTMENT FROM SPECIFIED STARTING POINT TO BETTER WORK TO CONTOUR.

INSPECTION COMMENTS: SEPTIC TANK HAS BEEN BACKFILLED - WILL PROVIDE LOGS FOR STRUCTURAL INSPECTION. 10/23/00 (CW)

10/24/00 OK TO COVER ALL SEPTIC WORK - NEED PUMP PERFORMANCE TEST FOR FINAL APPROVAL. BKC

4/18/01 No Pump Test. Grinder Pump was Not wired. P/B

4/20/01 - PUMP AND ALARM OPERATIONAL (SRK)

INSPECTOR Steven R. King DATE SYSTEM APPROVED 4/20/01

10/24/00

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: NEW DIMENSIONS PLUMBING Telephone #: 410 239 4359  
Address: 3018 BACKMAN RD.  
MANCHESTER, MD.

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): C.W. BLAKE License# 15443  
\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: MIKE + CHERYL FRISBY Telephone #: W202 973 2919  
Subdivision: WILLIAMS CONTRIVANCE Lot #: 22 Well Tag #: HO-94-2731  
Site Address: 9466 LOVAT RD.

Submersible Pump Data                      Pitless Adapter                      Well Cap and Electric Conduit  
Make: JACUZZI                                      Make: CAMSELL                                      Two piece watertight cap:   
Model #: 3/4HP PLASTIC                                      Model#: 1"                                      Screened, vented well cap:   
Pump Capacity 5 GPM                                      Depth: 42" (36" min)                                      Cap secured to casing:   
Well Yield: 2 GPM                                      NSF approved:                                       Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 400 (feet)                                      Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house                                      House Connection  
Type: 1"    PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min)                                      Approximate length of sleeve: 10FT  
Depth of supply line: 42" (36" min)                                      Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

C.W. Blake    9/13/00  
Signature of company representative responsible for installation                                      date

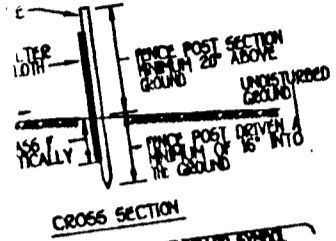
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/24/00                                      Date Insp. Approved: 10/24/00  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing N/A  
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

Amounts of lime  
 applied as specified below  
 as having disturbed  
 for sites having disturbed  
 is  
 a person or persons that are  
 the Maryland Department of the  
 1.5 percent Phosphorus, and 0.2  
 post does not meet these requirements.  
 requirements prior to use.  
 1,000 Sq. Ft.  
 used applied at the rate of 4 lb./1,000

MINIMUM FENCE POST  
 A MINIMUM OF 18" INTO

MINIMUM HEIGHT OF  
 GEOTEXTILE CLASS F  
 MINIMUM DEPTH IN  
 GROUND

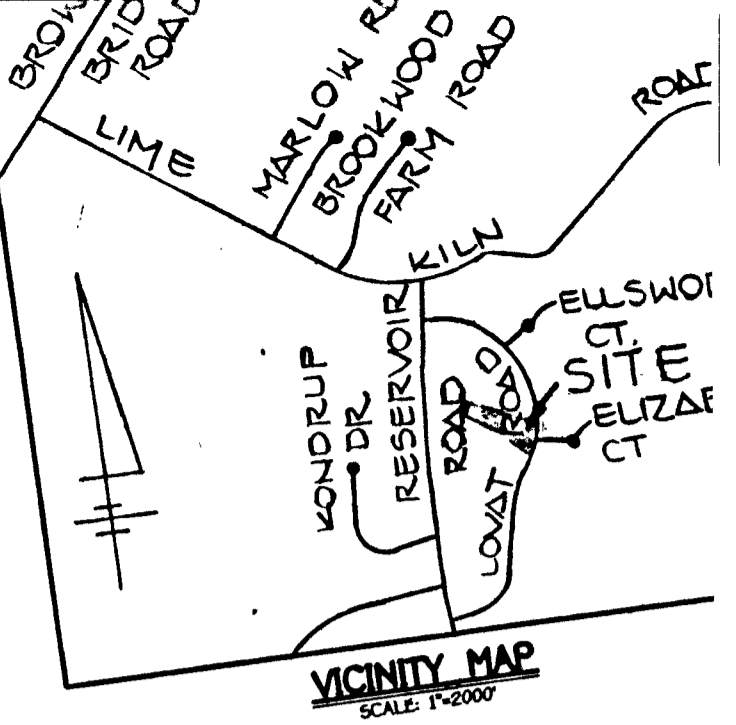


ifications  
 long driven 18" minimum into the  
 quire (minimum) cut, or 1 3/4" diameter  
 quality hardwood. Sited posts will be  
 as than 100' pond per linear foot.  
 to each fence post with wire ties  
 shall meet the following requirements  
 Test: MSMT 509  
 Test: MSMT 509  
 Test: MSMT 322  
 Test: MSMT 322  
 together, they shall be overlapped  
 bypass.  
 each rainfall event and maintained when  
 saturation reached 50% of the fabric height.

**FENCE**  
 SCALE

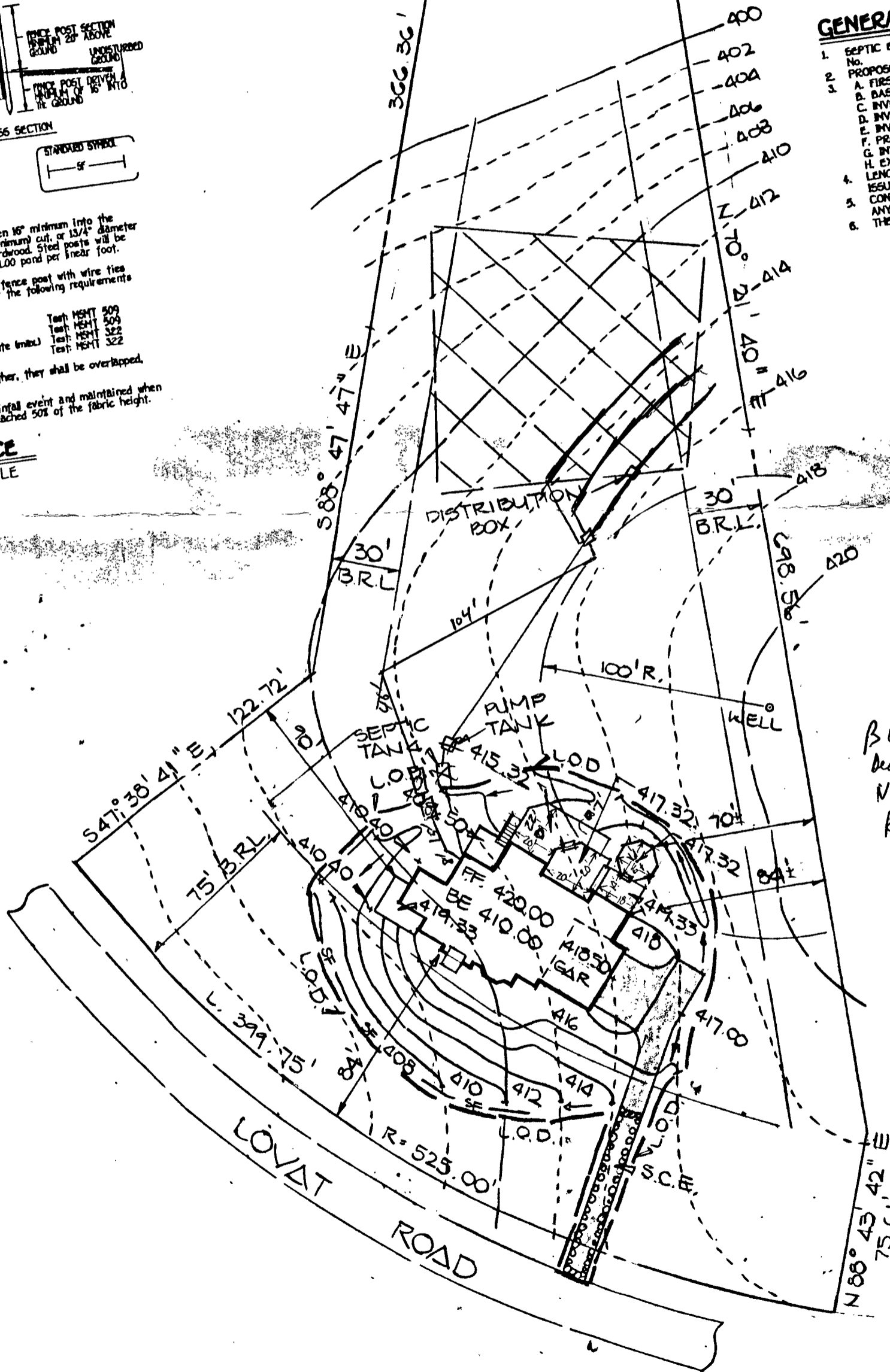
N 31° 08' 42" W  
 75.41'

LOT 22  
 3.00 AC±



**GENERAL NOTES**

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK 420.00
- |  |        |
|--|--------|
| A. FIRST FLOOR ELEVATION                 | 410.00 |
| B. BASEMENT ELEVATION                    | 407.00 |
| C. INVERT OF SEPTIC SYSTEM AT HOUSE      | 406.5  |
| D. INVERT IN AT SEPTIC TANK              | 406.20 |
| E. INVERT OUT AT SEPTIC TANK             | 412.0  |
| F. PROPOSED GRADE OVER SEPTIC TANK       | 415.70 |
| G. INVERT AT DISTRIBUTION BOX            | 412.0  |
| H. EXISTING GROUND OVER DISTRIBUTION BOX |        |
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION
- THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM



B0029654  
 Deck Stone (4 back as shown)  
 No Conflict with well or septic  
 Recommended approval: 4/19/01

PLAN TO ACCOM  
 APPLICATION  
 WILLIAMS CON  
 ESTATE  
 LOT 2  
 FIFTH ELECTION DIST.  
 SCALE 1" = 50'

Install (1) 1000 Gallon ASME  
 UNDERGROUND LP TANK  
 PER NFPA 58.  
 10 FT FROM HOUSE

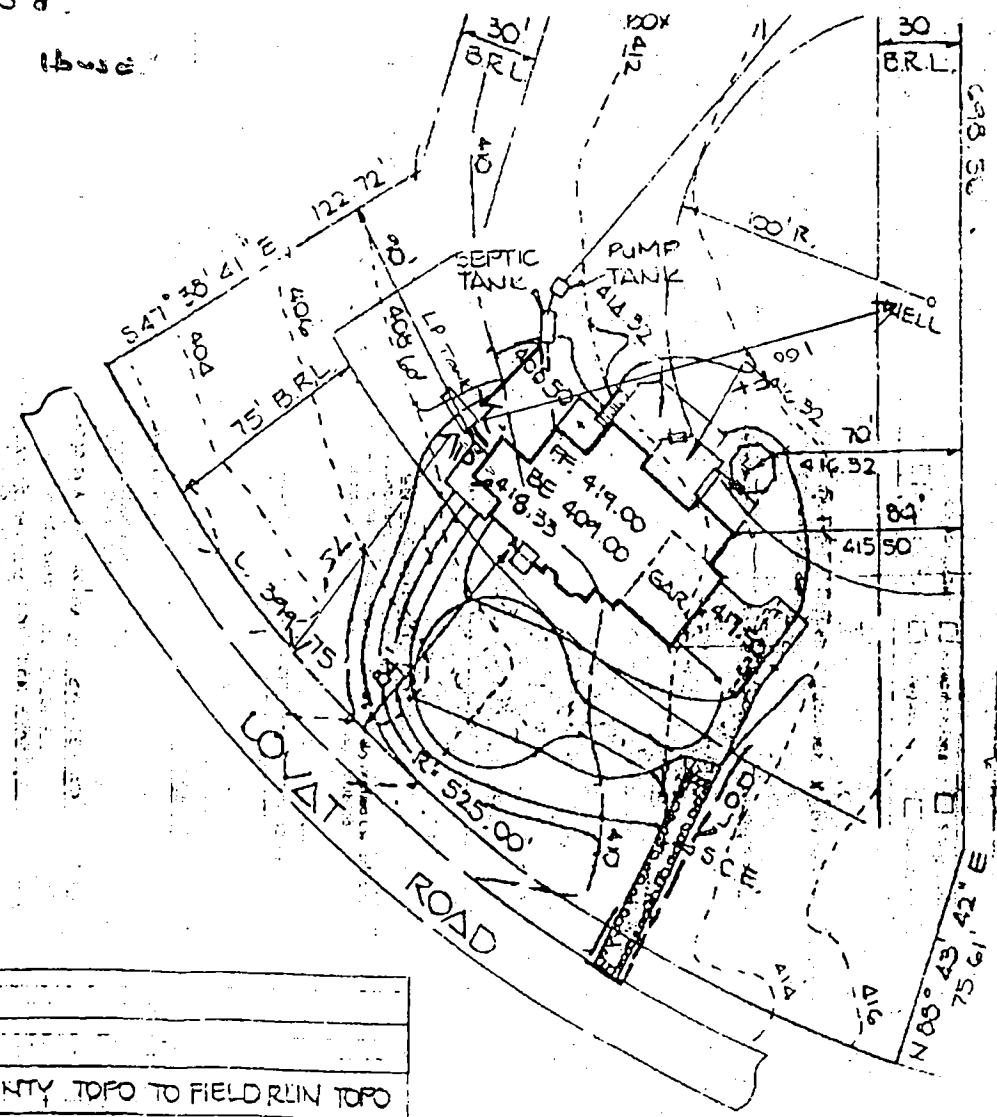
1/17/01

B00127929

Propane tank  
 location is OK  
 as shown

116.52  
 2.50  
 119.02

*A. McMillan*



PLAN TO ACCOMPANY  
 APPLICATION FOR BUILDING  
 WILLIAMS CONTRIVANCE  
 ESTATES  
 LOT 22.

FIFTH ELECTION DIST. HOWARD CO., MD  
 SCALE 1" = 50'  
 DATE MAY 25, 2000

REV. COUNTY TOPO TO FIELD REIN TOPO
REVISION

BOURKELI

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

PERMIT NUMBER **40**  
**BO0121715**

Building Address: **9400 LOVAT ROAD**  
**FULTON, MD. 20759**

Suite/Apt. #: **N/A** SDP/WP/Petition #: **N/A**

Census Tract: **6051.02** Subdivision: **WILLIAM CONTEST**

Section: **3** Area: **N/A** Lot: **22 53**

Tax Map: **45** Parcel: **2** Grid: **6**

Zoning: **RP10** Map Coordinates: **18 F 6** Lot size: **3.00 AC**

Property Owner's Name: **MIKE FRISBY**

Address: **12912 KING'S VIEW ST.**

City: **MITCHELLVILLE** State: **MD** Zip Code: **20716**

Home Phone: **301 249 3800** Work Phone: **702 373 2919**

Applicant's Name & Mailing Address, (if other than stated hereon):  
**SCOTT GODFREY**  
**4226 COLUMBIA ROAD**  
**ELLICOTT CITY, MD 21042**

Phone: **410 461 0833** Fax: **410 461 3042**

Existing Use: **VACANT**

Proposed Use: **SPH**

Estimated Construction Cost: **\$ 100,000 / 225,000**

Description of Work: **BUILD 15 RM, 5 BR**  
**4 1/2 BATH, 3 CAR GARAGE, WITH**  
**BSMT. & SAUNA w/OPT DECKS ATTIC**

Contractor Company: **HARMONY BUILDERS**

Contact Person: **CHRIS BROWN**

Address: **4726 COLUMBIA ROAD**

City: **ELLICOTT CITY** State: **MD** Zip Code: **21042**

License No.: **50245**

Phone: **410 461 0833** Fax: **410 461 3042**

Occupant or Tenant: **N/A**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer or Architect Company: **MARK T. RANDY INC.**

Contact Person: **MARK RANDY**

Address: **8312 JUMPINGFIELD CT.**

City: **ELLICOTT CITY** State: **MD** Zip Code: **21043**

Phone: **410 750 2262** Fax: **410 750 2262**

**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: <b>75' 10" DE</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <b>X 38' 8" W</b>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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"/>
	Sprinkler system: <b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <b>55' 8" x 30' 8"</b>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <b>55' 8" x 30' 8"</b>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <b>55' 8" x 30' 8"</b>	Gas: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <b>N/A</b> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
No. of Bedrooms: <b>5</b>	
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: <b>EX 160' 30" CONC</b>	
Footings: <b>18" RT</b>	
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 THEREON; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: **AGENT / HARMONY BUILDERS**

Title/Company: \_\_\_\_\_

Print Name: **SCOTT GODFREY**

Date: **6-8-00**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ	<b>6/8/00</b>	<b>[Signature]</b>
State Highways		
Building Official		
Dev. Engineering DPZ	<b>8/28/00</b>	<b>[Signature]</b>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

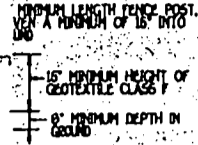
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DEPZ SETBACK INFORMATION	PROPERTY ID#
Front: <b>75 FT</b>	Filing fee: \$ _____
Rear: <b>60 FT</b>	Permit fee: \$ _____
Side: <b>30 FT</b>	Excise tax: \$ _____
Side St: <b>NA</b>	Sub-total paid: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES: \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due: \$ _____
Lot Coverage for New Town Zone	Check: \$ _____
SDP/Red-line approval date	Validation: # _____
Accepted by	

Wms.  
 Contrivance  
 Lot 22

ing the full amount of lime  
 to be applied as specified below  
 or for sites having disturbed  
 ments and for sites having disturbed  
 ments  
 de from a person or persons that are  
 ed) by the Maryland Department of the  
 Nitrogen, 1.5 percent Phosphorus, and 0.2  
 if compost does not meet these requirements  
 of the requirements prior to use.  
 ton/1,000 Sq. Ft.  
 or 18000 applied at the rate of 4 lb./1,000



N 31° 08' 42" W  
 75.41

N 02° 00' 50" E  
 35.58

LOT 22  
 3.00 AC<sup>2</sup>

**GENERAL NOTES**

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK
- |   |        |
|---|--------|
| A. FIRST FLOOR ELEVATION:                 | 419.00 |
| B. BASEMENT ELEVATION:                    | 409.00 |
| C. INVERT OF SEPTIC SYSTEM AT HOUSE:      | 406.50 |
| D. INVERT IN AT SEPTIC TANK:              | 406.00 |
| E. INVERT OUT AT SEPTIC TANK:             | 405.80 |
| F. PROPOSED GRADE OVER SEPTIC TANK:       | 409.00 |
| G. INVERT AT DISTRIBUTION BOX:            | 412.00 |
| H. EXISTING GROUND OVER DISTRIBUTION BOX: | 415.00 |
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

the following requirements

Test: HEIGHT 509  
 Test: HEIGHT 509  
 (max.) Test: HEIGHT 322  
 Test: HEIGHT 322

they shall be overlapped,

1 event and maintained when  
 id 50% of the fabric height.

Total linear feet of trench  
 required 225 feet

Width of trench(es) 2 feet

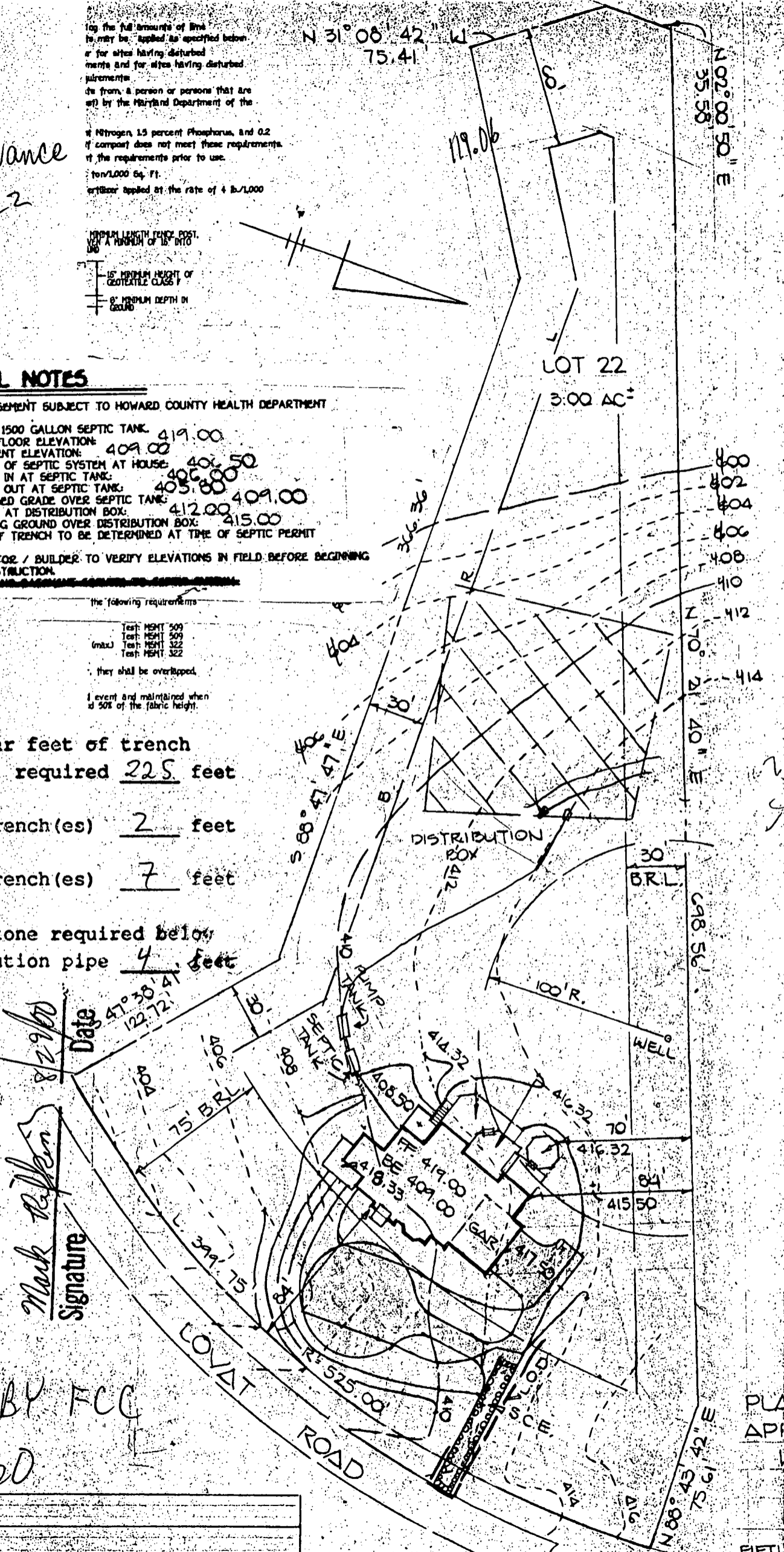
Depth of trench(es) 7 feet

Depth of stone required below  
 distribution pipe 4 feet

Approved Septic System Plan  
 Howard County Health Department

Signature  
 Mark Raffen  
 Date 8/29/00  
 47° 38' 41"  
 12° 72' 41"

PLAN BY FCC  
 1:60



7:00	REV. COUNTY TOPO TO FIELD. RUN TOPO
	REVISION

PLA  
 API  
 FIFTH  
 SCAL

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE. 992-2330

A 37288

P \_\_\_\_\_

DISTRICT

5th

DATE

6/24/86

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.

PROPERTY OWNER C. Ellsworth Iager

ADDRESS 11788 Route 216 Fulton, Maryland 20759

PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance

LOT NO.

522

ROAD AND DESCRIPTION End of Lovet Road

SIZE OF LOT

3.0 acres

TYPE BLDG.

residential

(NUMBER OF BEDROOMS)

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.

C. Ellsworth Iager

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_

FOR \_\_\_\_\_

DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

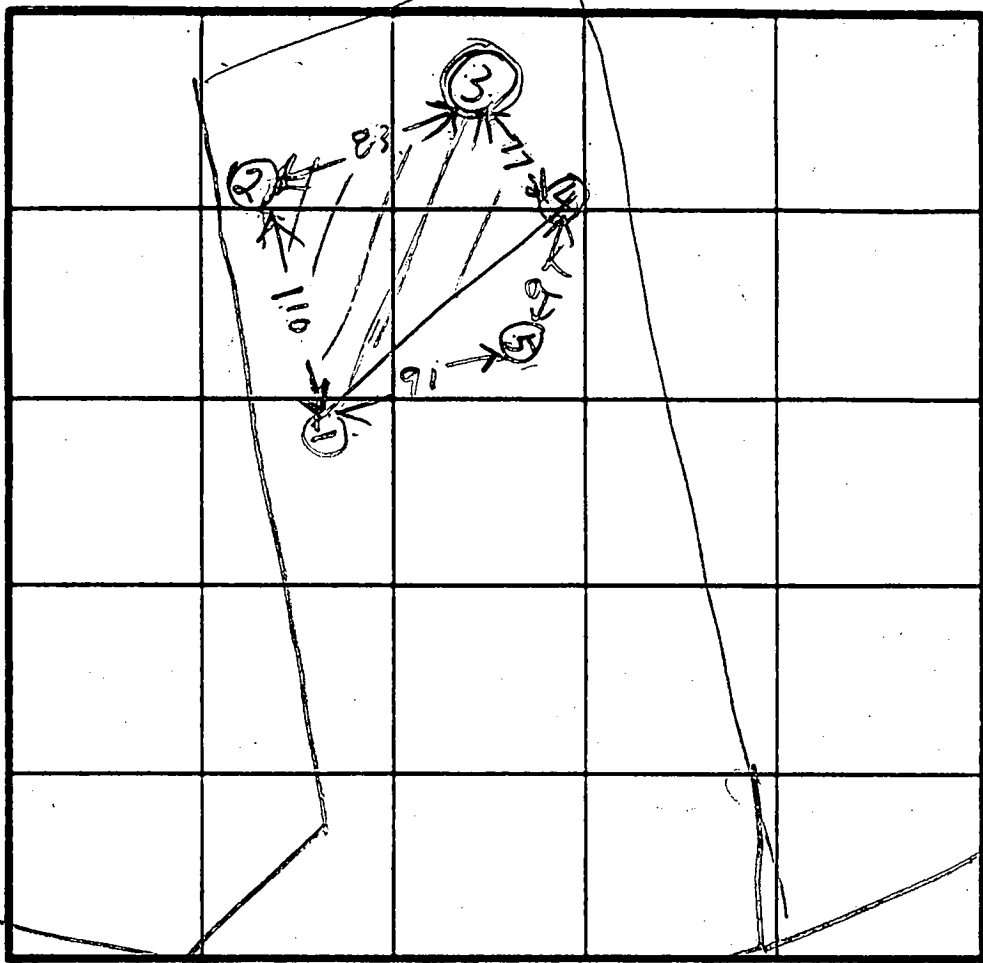
DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING

4 Aug 86 - PERC OK HOLD FOR PLAT R. Hodges

## THIS IS NOT A PERMIT

Lot 5

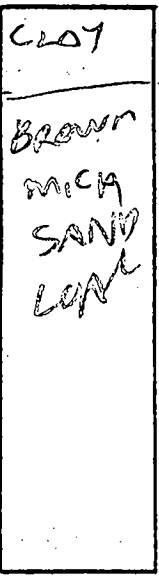


Hole Elevation  
⑤ = Highest

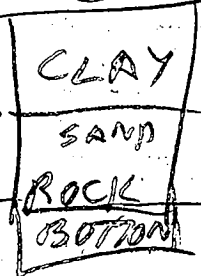
$\bar{x} = 4$   
180 BR  
In 3  
Bot 7

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE  
LOVAT RD

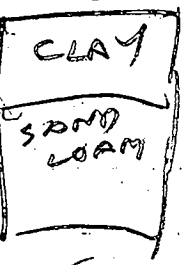
① ②  
SOIL PROFILE



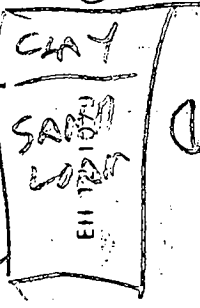
③



④



⑤



DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/4/86	(A) 1.5	3.5	224	226	226	227	1
	1V	12.5	LOOK				
	(D) 2.5	2.5	230	231	231	235	4
	2V	12.5	LOOKS OK				
	(C) 3V	5	ROCK		BOTTOM UN		LAST
	(B) 4.5	3 1/2	236	247	247	258	11
	4V	12	LOOKS OK				
	5.5	4	250	252	252	254	2
	5V	7 1/2	250	252	252	253	4
	5V	12	LOOKS OK				

REMARKS: ① ② ③ ④ ⑤ Holes per New Test Plat Hole ⑤ different

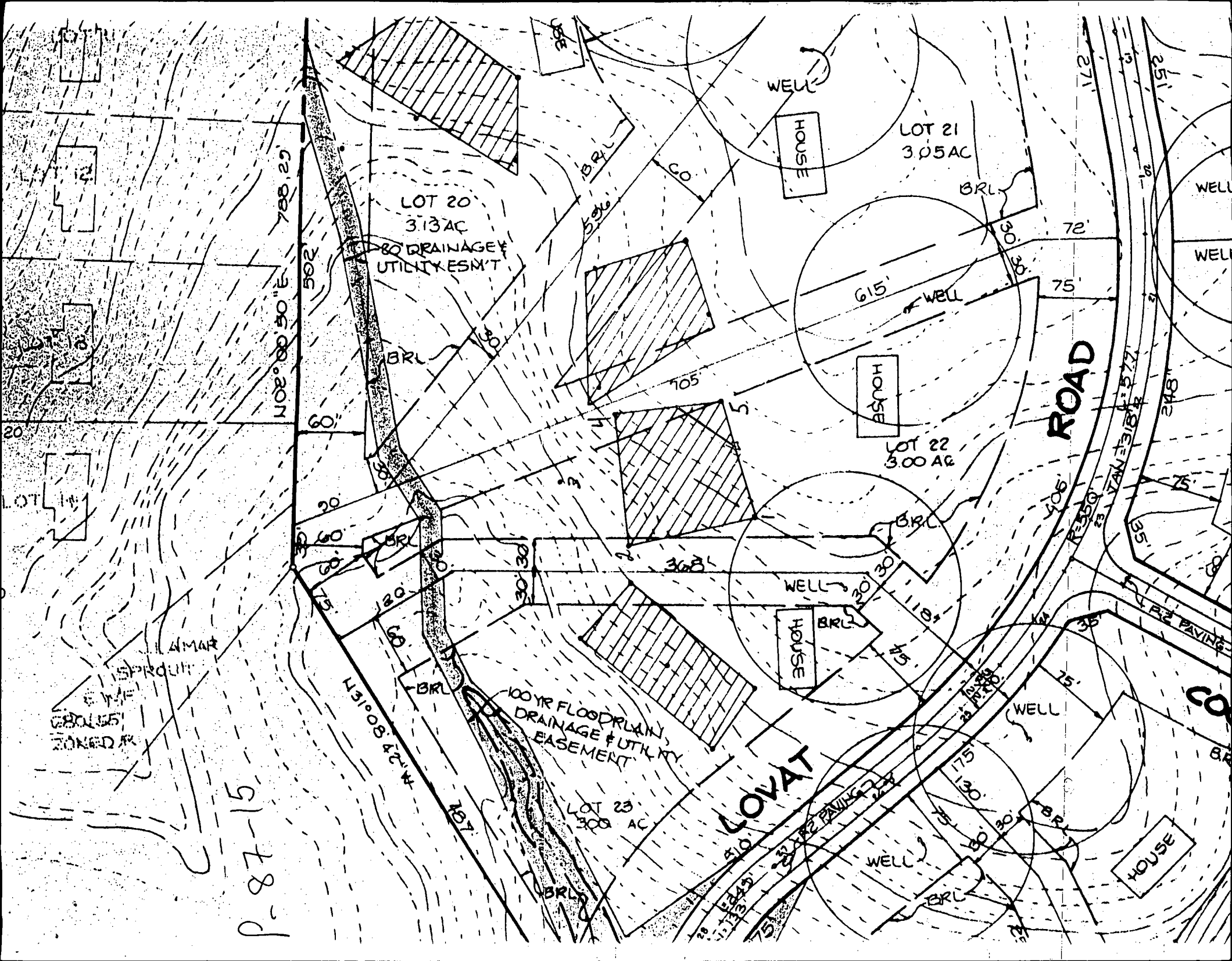
TYPE OF SOIL

TESTED BY

*J. H. Hager*

ALSO PRESENT

*Richard J. Skoff*



P-87-15



C1 07815

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A37288

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8/11/00

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2731

OWNER: HARMONY BUILDERS STREET OR RFD 9466 LOUAT RD TOWN FULTON SUBDIVISION WILLIAMS CONTAINANCE SECTION LOT 22

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Clay sand, Shale, Sandstone, Sand mica, Sandstone, Tan mica, Brown mica, Gray mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 12, NO. OF POUNDS 1200, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 40.

CASING RECORD: casing types insert appropriate code below (ST, CIO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 60.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) HO 58 400.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y).

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. MW0040, DRILLERS SIGNATURE (George F. Easterday), LIC. NO. JW0328.

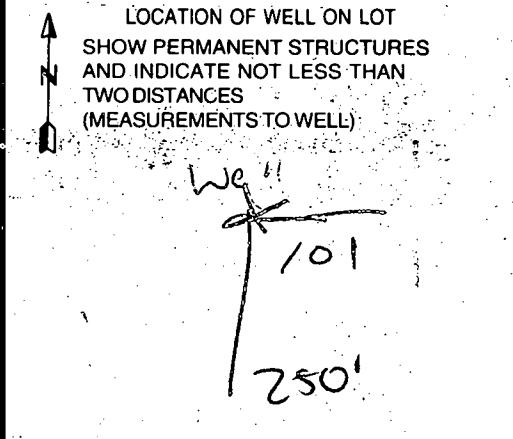
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) 70, 72, 74, 75, 76 TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: PUMPING TEST, HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 23, WHEN PUMPING 206, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest foot).



Date \_\_\_\_\_ of \_\_\_\_\_

8/11/00 8:30

Review CKMR 8/24/00

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-2731  
 Location of property (road) LOVAT RD.  
 Subdivision WILLIAMS CONTAINANCE Lot 22 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller EASTENDAY Owner HARMONY BUILDERS

Depth of well 400 1 + 9pm  
 Distance of measuring point (M.P.) above ground 18"  
 Static water level (S.W.L.) below M.P. 33'

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:45 Pumping rate 15gpm  
 Total time 45min to reach pumping water level 232 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	232'	33 sec	Pump Set at 375'	1.8 gpm
9:45	228'	33 sec	KENT V. BERRY	1.8 gpm
10:00	219'	33 sec		1.8
10:15	209'	32 sec		1.8
10:30	206	30 sec		2.0
10:45	207	30 sec		2.0
11:00	203	30 sec		2.0
11:15	203	30 sec		2.0
11:30	203	30 SEC		2.0
11:45	203	30 sec		2.0
12:00	203	30 sec		2.0
12:15	203	30 sec		2.0
12:30	203	30 sec		2.0
12:45	204	30 sec		2.0
1:00	204	30 sec		2.0
1:15	204	30 sec		2.0
1:30	205	30 sec		2.0
1:45	205	30 sec		2.0
2:00	205	30 sec		2.0
2:15	206	30 sec		2.0
2:30	206	30 sec		2.0
2:45	206	30 sec		2.0
3:00	204	30 sec		2.0
3:15	206	30 sec		2.0
3:30	206	30 sec		2.0

HD-224  
3:30

B 1 09693

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 2731

W513648 please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION RN 8310

B 3

Howard

LOCATION OF WELL

CC#

8 MM DD YY 13

Harmony Builders

15 Last Name Owner First Name 34

4228 Columbia Road

36 Street or RFD 55

Ellicott City, Md 21042

57 Town 70 State 72 Zip 76

8 COUNTY 21

Williams Contrivance

23 SUBDIVISION 42

SECTION 44 46 LOT 22 48 50

Fulton

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

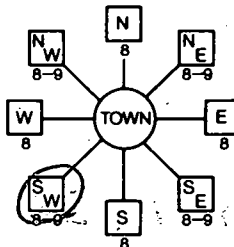
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 6/22/2000

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lovat Rd (9466)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI 38 39

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)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

A37288

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 7/5/00 EXP. DATE 7/4/08

NORTH GRID 476 000 EAST GRID 0817 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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

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

APPROP. PERMIT NUMBER 54 GAP 63

PERMIT No. HO - 94 - 2731

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

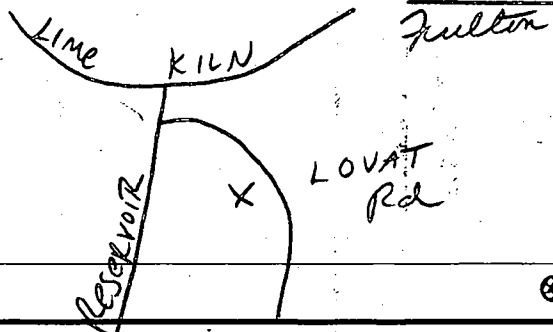
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810

N 470

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

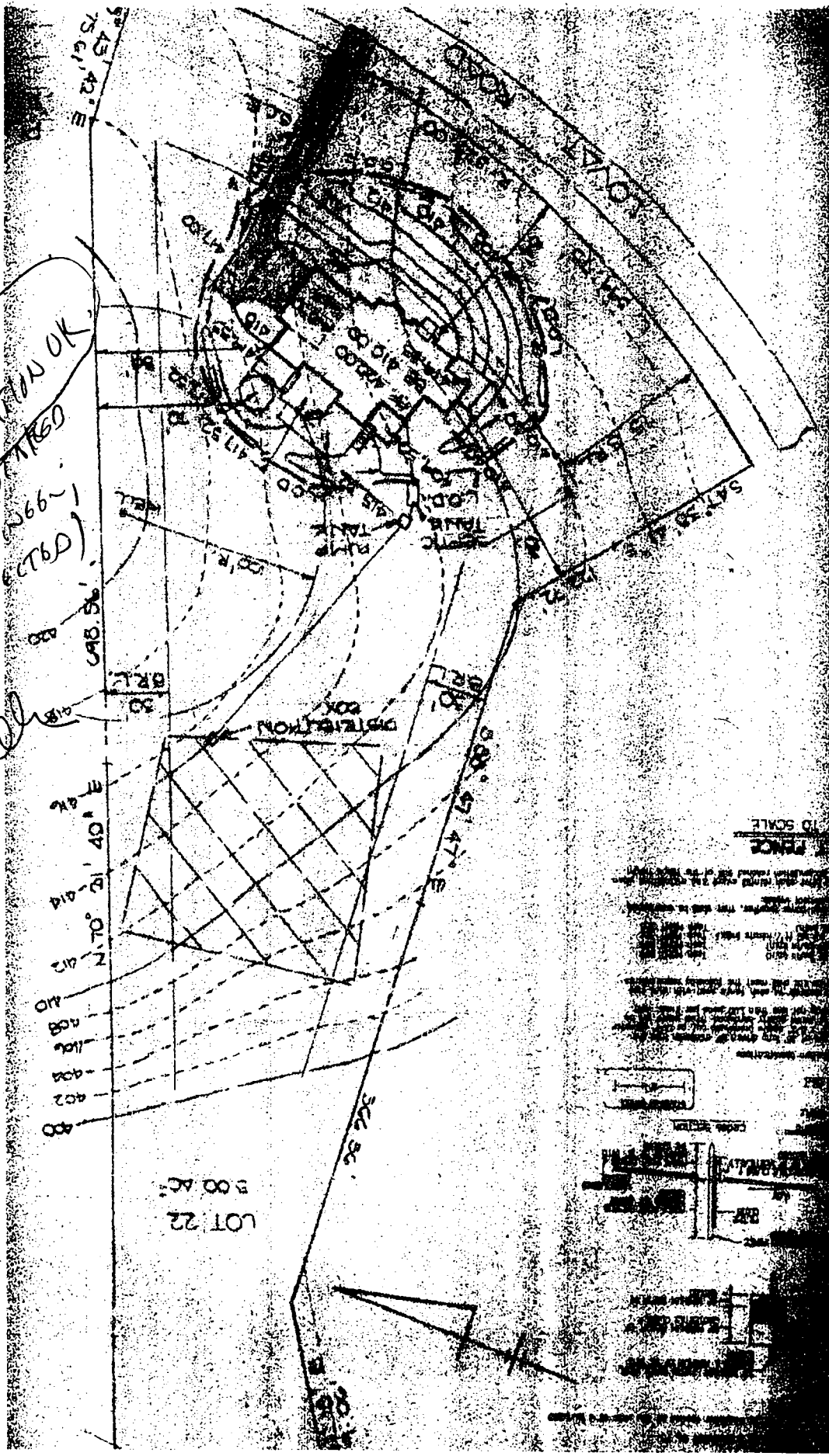


SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

For Anyone

Inspection  
Any time  
after 6/28/08



WELL LOCATION OK  
 REPORTED BY 6/26/08  
 (NOT INSPECTED)  
 7/5/08  
 Craig

WELL STAKE  
 NOT VISIBLE  
 TOPO FOR  
 SEPTIC AREA  
 SEEMS  
 APPROPRIATE.  
 6/29/08

TO SCALE

PRICE

NOTE: THE BUYER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL GOVERNMENT AGENCIES. THE SELLER MAKES NO REPRESENTATION OR WARRANTY AS TO THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

DATE: 6/29/08

LOT 22  
 5.00 AC.