

Layout copy 1/17/01 2PM

1-17-01
layout 2:00

1/18/01
12:00

1/24/01
layout
11:00

1/25/01 Ailday

RPS# 351340

INDEXED

PERMIT

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

P 514636
A 17218

ISSUE DATE 11/8/2000

APPROVAL DATE 1/25/01

S K Backhoe IS PERMITTED TO INSTALL ALTER

ADDRESS 1220 Francis Scott Key Hwy, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Beaufort Park LOT NUMBER 10 ADDRESS 12386 Kondrup Drive

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Place the distribution box 100 feet from the front lot line (along Kondrup Drive) and 95 feet from the left lot line (along Reservoir Road). Run trenches on contour toward the rear of the lot. 8/22/00 OK All

PLANS APPROVED Mark Rifkin DATE 8/9/00

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

P514636

76'K well
No. 73-3595
House

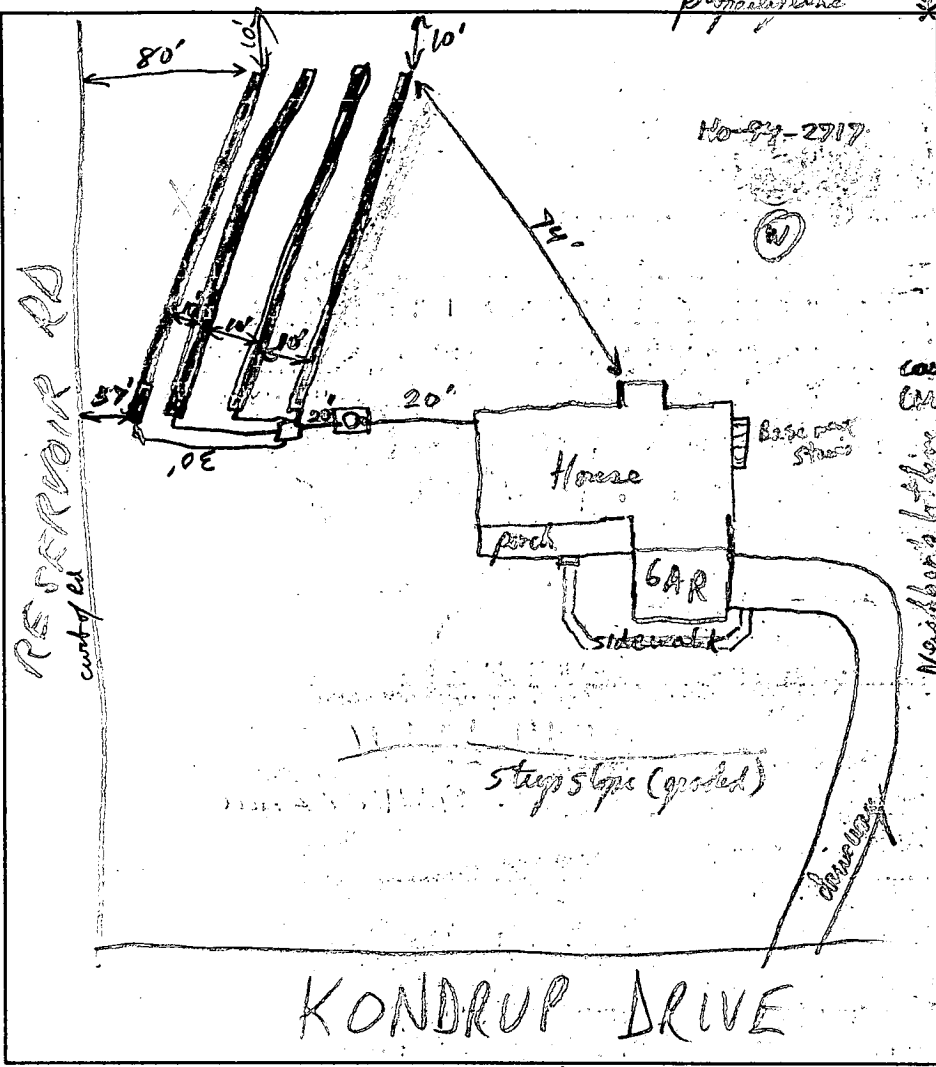
Neighbor's well
No. 73-0670

Texas Court
Contract Sept 8
25' Septa
Reconnect
25' to house

NOT TO SCALE

proprietor's line

No. 99-2917



TRENCH DATA	
TRENCH WIDTH	3'
TRENCH INLET DEPTH	3'
TRENCH BOTTOM DEPTH	5'
DEPTH OF STONE	2'
NUMBER OF TRENCHES	4 x 60' each
TOTAL TRENCH LENGTH	240 LF
ABSORBENT AREA	720 sqft
DISTRIBUTION BOX LEVEL	✓
BAFFLE IN DISTRIBUTION BOX	✓

SEPTIC TANK DATA	
SEPTIC TANK	1250 TS GALLONS
MANHOLE RISER	2' ✓
6 INCH INSPECTION PORT	✓
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	NA
MANHOLE RISER	
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: 1/18/01 CANCELLED BY INSTALLER @ SITE (MR) RPP 1/24/01

OK to install as per BP Plan (structure Planned) upper South Side of SD A and for 4 linear trenches @ 30' each.

INSPECTION COMMENTS: Nice nice lawn so in Septic Tank Hole, First trench's tank, partially gravel filled

OK to proceed. S.T. Set. Call for next insp tomorrow. RPP. 1/24/01

Dist Box, Trenches, etc OK to cover. Baffles in ST. OK. RPP 1/25/01

well has PVC Conduiting, 2 piece cap (top temporary, Working), prop set - Needs inside hook for well pump support line yet. RPP 1/25/01 - Pithos, water line already covered. They said P.H. already saw this off

INSPECTOR Ruel Hinkley DATE SYSTEM APPROVED 1/25/01

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: S.K. Plumbing & Heating Inc Telephone #: 410-775-0522
Address: 1220 F.S. Keenan
Kenner MD 21757

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Virgil Keen License# 12285

*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: Tracy Harris Telephone #: 410 313-5722
Subdivision: Reservoir Park Lot #: 10 Well Tag #: HO-94-2717
Site Address: 12386 Keenan Dr
Fulton MD 21759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Jacuzzi Make: Herbert Two piece watertight cap: yes
Model #: 1/2hp Model#: Depth: (36" min) Screened, vented well cap: yes
Pump Capacity: 5 GPM NSF approved: yes Cap secured to casing: yes
Well Yield: 1.0 GPM Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 500 (feet) Conduit secured to well cap: yes
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 Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt yes

Piping to house House Connection
Type: PE PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5' to 7'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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.

Signature of company representative responsible for installation: [Signature] date: 2-9-01

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

Date Insp. Requested: Date Insp. Approved: 1/25/01
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
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

OK MR RJP BB

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

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 300125726

Building Address 8338 KONDALL DR
FULTON 20759
 Suite/Apt. #: NA SDP/N/P/Petition #: NA
 Census Tract 6051.02 Subdivision BLAUFORT PARK
 Section 4 Area 2 Lot 10
 Tax Map 45 Parcel 48 Grid #12 12
 Zoning RDD1 Map Coordinates 18-56 Lot size 40,941 sq ft

Property Owner's Name Trinity Builders
 Address 7300 Grace Dr.
 City Columbia State MD Zip Code 21044
 Home Phone _____ Work Phone 410-313-8720
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 410-313-8731

Existing Use Vacant Lot
 Proposed Use S.F.D
 Estimated Construction Cost \$ 100,000
 Description of Work CUSTOM HOME - 2 STORY,
FULL BSMT, 7R, 3FB, 14B, FPA
CARAGE (4BR)

Contractor Company Same
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Same
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: <input checked="" 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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L. Hodge
 Applicant's Signature
VP. Operations - Trinity
 Title/Company

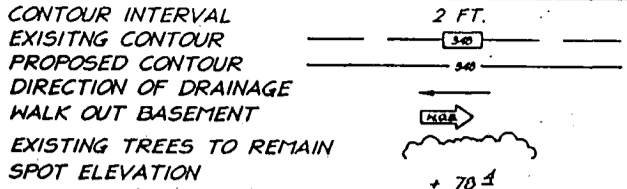
Sally Hodge
 Print Name
7/31/00
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>8/7/00</u>	<u>Mark Kiffin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

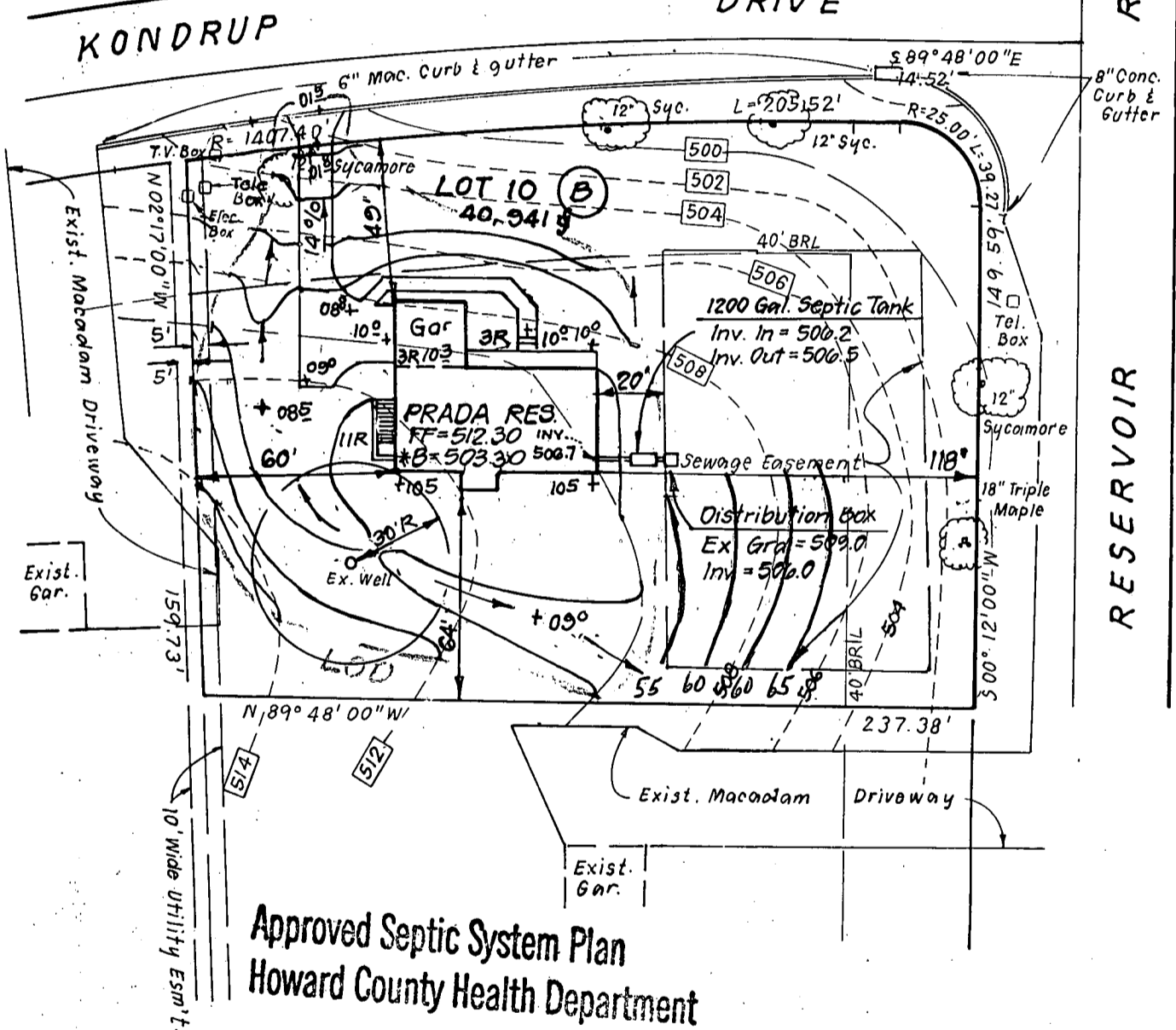
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>250.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>250.00</u>
Lot Coverage for New Town Zone _____	Check # <u>1000000000</u>
SDP/Red-line approval date _____	Validation # _____

LEGEND



SITE DEVELOPMENT PLAN
LOT 10 BLOCK B
BEAUFORT PARK
SECTION FOUR, AREA TWO
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

Total linear feet of trench
 required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below
 distribution pipe 2.0 feet



Approved Septic System Plan
Howard County Health Department

Mark R. [Signature]
Signature 8/17/00
Date

- NOTES:**
- 1) AREA OF DISB = 15250 SF
 - 2) *BASEMENT DOES NOT SEWER BY GRAVITY
 - 3) RE: PB. 26 FOLIO 55 ON 2-11-74

Septic easement loc. rev. per
 Ho. Co Health 7-00

For: TRINITY HOMES, INC.
 7320 Grace Drive
 Columbia, Maryland 21044

1. Move hse forward - 30' from ex. well, lower 0.5' 8-16-00

CLARK, FINEFROCK & SACKETT, INC. ENGINEERS · PLANNERS · SURVEYORS 7135 MINSTREL WAY COLUMBIA, MARYLAND 21045 TELEPHONE: BALT. (410)381-7500 · WASH. (301)621-8100	DRAWN BY: J.T.R.	DATE: 7-27-00	SCALE: 1" = 50'
	CHECKED BY: D.M.	JOB NO.: 00-102	FILE NO.: 00-102-L
	DESIGNED BY: J.M.E.		

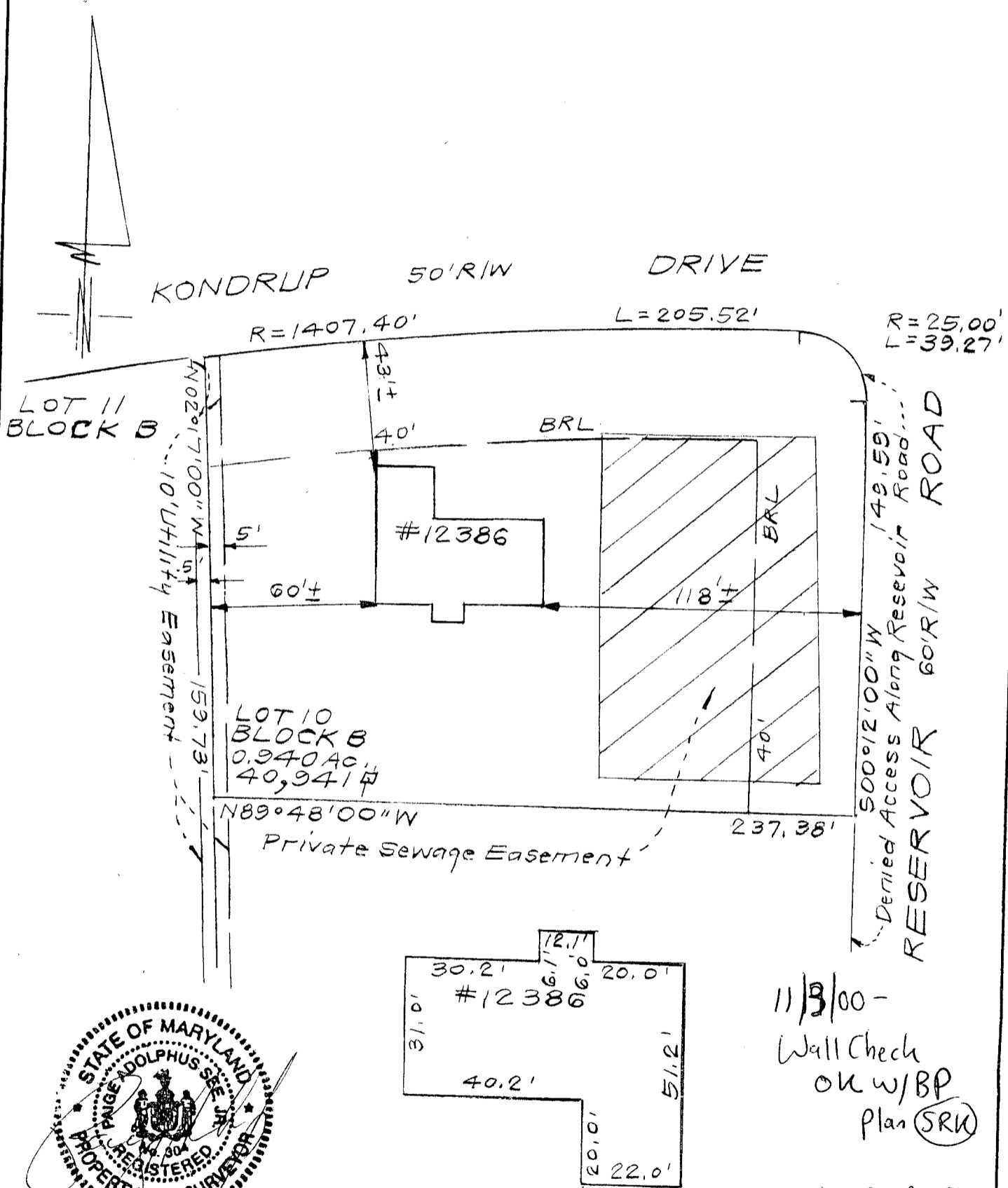
NOTE: This lot appears to lie in an area classified as Zone-C, area of minimal flooding, as shown on FIRM MAP of Howard Co., Md., Community - Panel Number 2400440041B, Panel 41 of 45, dated December 4, 1986.

LOCATION DRAWING
12386 KONDRUP DRIVE
LOT 10 BLOCK B
BEAUFORT PARK
SECTION FOUR AREA TWO
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NOTES:

1. The setback distance accuracy = 1'
2. See Sheet # 2 for Consumer Information.

Wall Check: 9-18-00
Top of Wall Elev.: 510.9



00-102

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating improvements shown hereon, and that they are located as shown.

CLARK, FINEFROCK & SACKETT, INC.

ENGINEERS · PLANNERS · SURVEYORS
7135 MINSTREL WAY COLUMBIA, MARYLAND 21045
TELEPHONE: BALT. (410)381-7500 · WASH. (301)621-8100

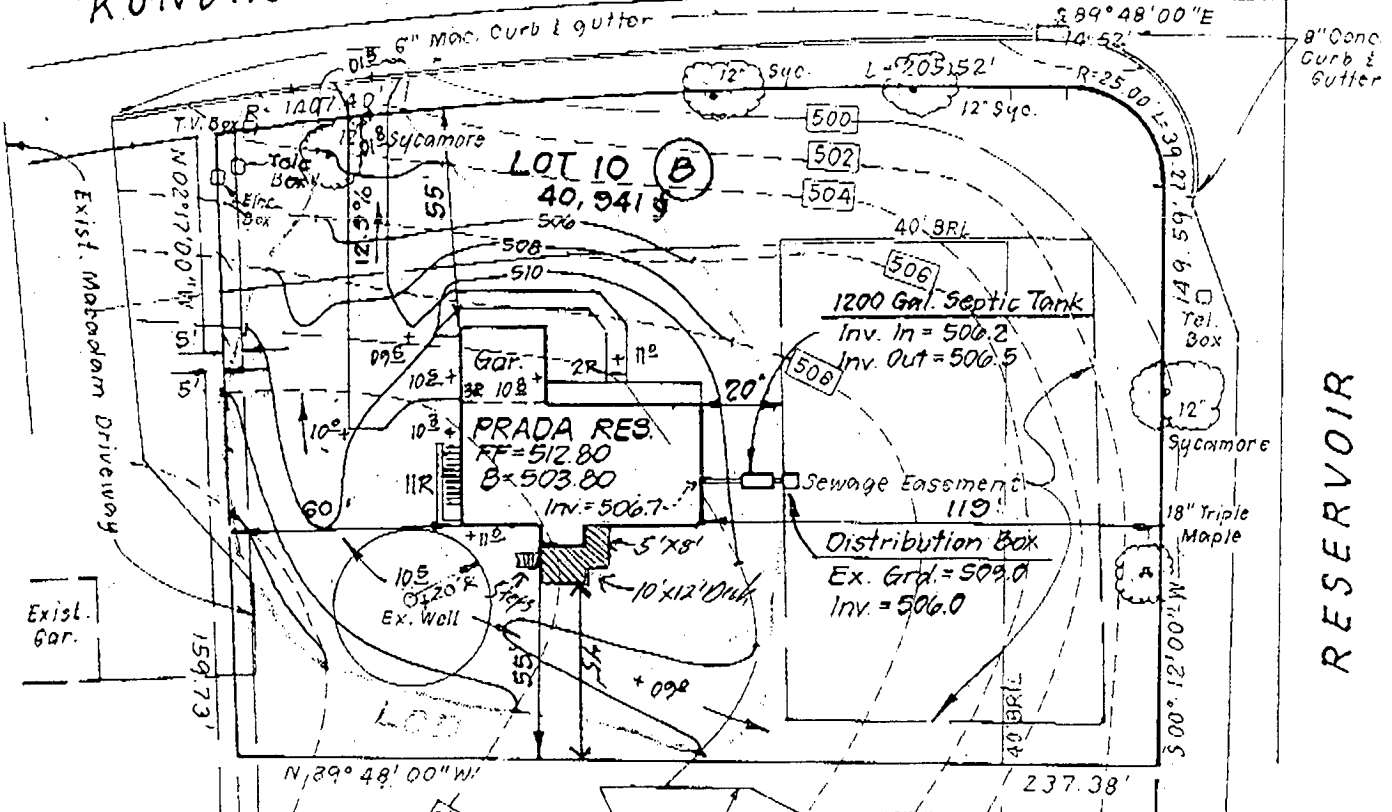
REFERENCE	DRAWN BY: KWC	CHECKED BY: PAS
Plat Book 26 Folio 55	DATE: 9-20-00	FILE NO.:
	SCALE: 1"=50'	10541-W

KONDRUP

DRIVE

ROAD

RESERVOIR



DECK OK
 MR 12/13/00

MP
 MP

NOTES:

- 1) AREA OF DISB = 15250 SF
- 2)*BASEMENT DOES NOT SEWER BY GRAVITY
- 3) RE: PB. 26 FOLIO 55 ON 2-11-74

Septic easement loc. rev. per
 Ho. Co Health 7-00

For: TRINITY HOMES, INC.
 7320 Grace Drive
 Columbia, Maryland 21044

CLARK, FINEFROCK & SACKETT, INC. ENGINEERS · PLANNERS · SURVEYORS 7135 MINSTREL WAY COLUMBIA, MARYLAND 21045 TELEPHONE: BALT. (410)381-7500 · WASH. (301)621-8100	DRAWN BY: J.T.R.	DATE: 7-27-00	SCALE: 1" = 50'
	CHECKED BY: D.M.	JOB NO.: 00-102	FILE NO.: 00-102-L
	DESIGNED BY: J.M.E.		

Building Address 12386 KONDROP DR
FULLTON 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.02 Subdivision DELAUFORT PARK

Section 4 Area 2 Lot 10

Tax Map 45 Parcel 48 Grid 12

Zoning PRD6 Map Coordinates _____ Lot size 40.9414

Property Owner's Name TRINITY BUILDERS
 Address 7320 GRACE DR
 City COLUMBIA State MD Zip Code 21044
 Home Phone _____ Work Phone 410-313-8722
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax 410-313-8731

Existing Use SFD UNDER CONSTRUCTION
 Proposed Use ADD DECK
 Estimated Construction Cost \$ 5000

Description of Work 10' X 12' + 5' X 8'
DECK W/STEPS

Contractor Company SAMI
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company SAMI
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L. Hodge
 Applicant's Signature
VP, Operations - Trinity
 Title/Company

SALLY HODGE
 Print Name

 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	47377
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>12/13/00</u>	<u>Mr. Lefkin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> _____			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
			Accepted by _____	Validation # _____

APPLICATION

A 17218

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 7/14/72

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 Anne Kondrup Gray
ADDRESS Reservoir Road, Fulton, Md. PHONE Bell, 776-7075
Any questions call Mr.

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 10, Blk. B, Sect. 4-A
ROAD AND DESCRIPTION Reservoir Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,500@ sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Anne Kondrup Gray

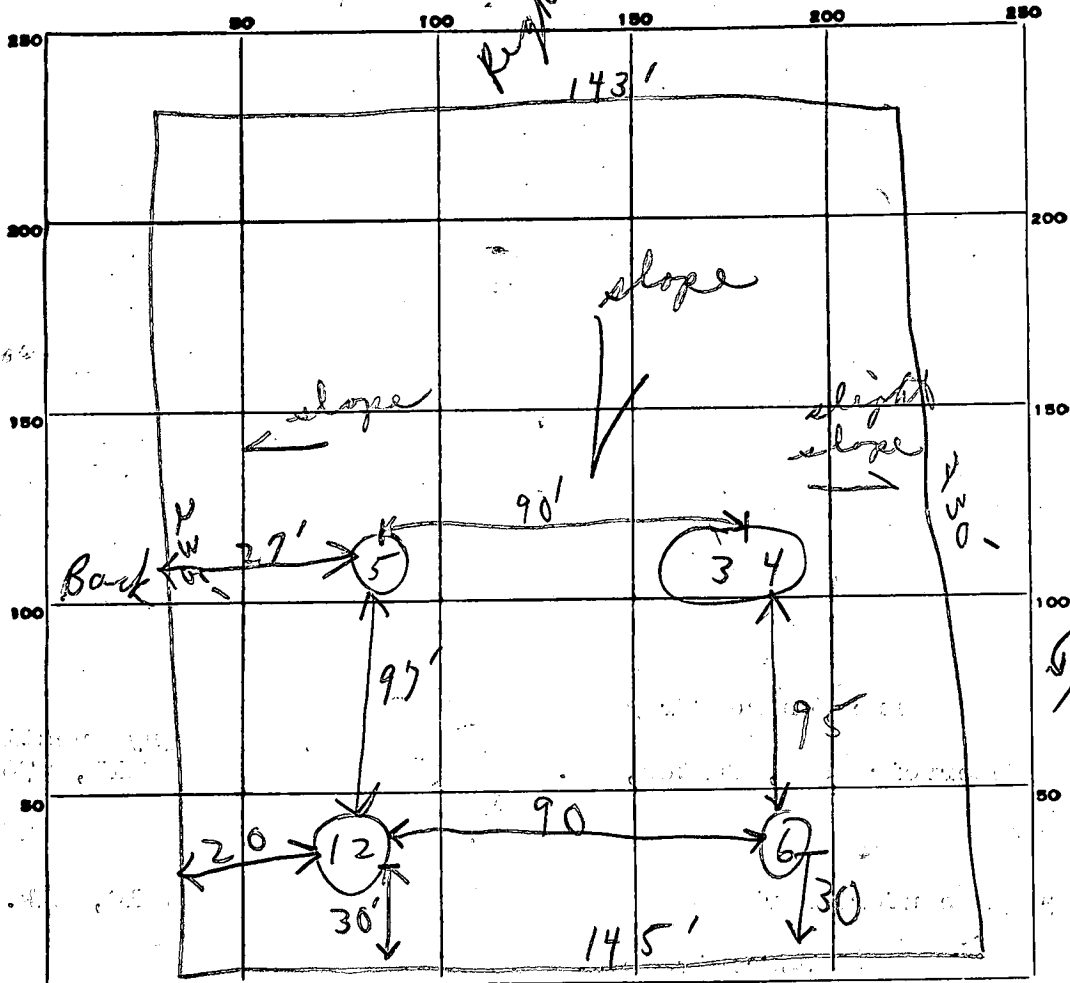
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Reservoir Rd 1st 10 B

Now Named
Kondrup
Drive

Section 4
Holes not
included
in septic
area

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	4'	1150	1151	1151	1153	2 min
	2	11'	1150	1154	1154	1158	4 min
	3	3 1/2'	1155			1157	2 min
	4	11' Deep good soil					
	5	11'	1154	1158	1158	12:08	10 min
	6	10 1/2' ← good soil					

4 1/2
~~over~~
~~all~~

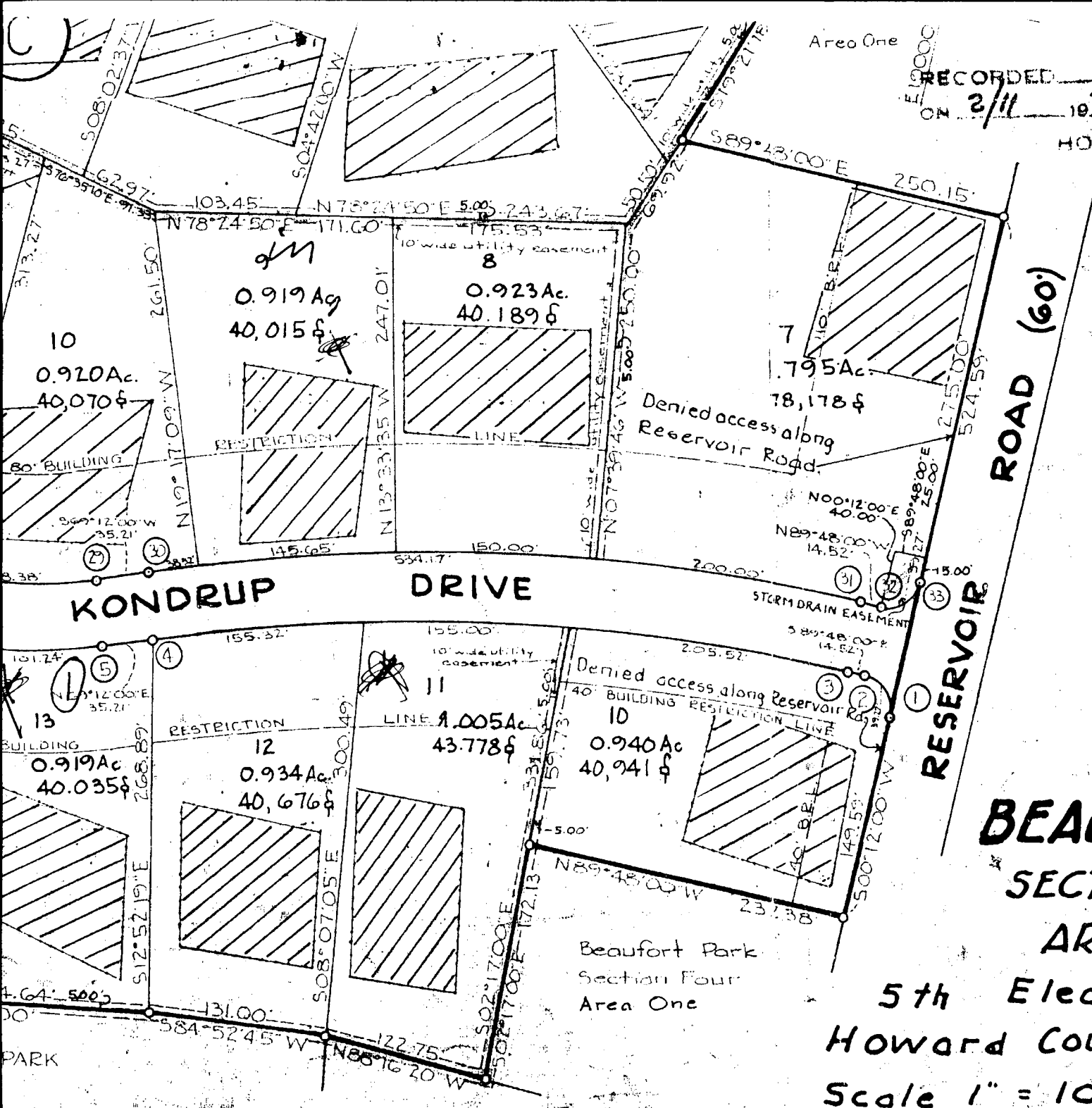
125 yd
per bed room
inlet 3 1/2'

SOIL AUGER FINDING inlet 3 1/2'

TESTED BY H. Snyder & C. Atkinson Use hole # 5 or # 3 & 4

REMARKS _____

RECORDED PLAT BOOK 26 FOLIO 55
 ON 2/11 1974 AMONG THE LAND RECORDS OF
 HOWARD COUNTY, MD.



Total No. Lots = 29
 Area of Lots = 32.009 Ac.
 Area of Roadways = 3.493 Ac.
 Total Area = 35.502 Ac.

BEAUFORT PARK
SECTION FOUR
AREA TWO

5th Election District
 Howard County, Maryland
 Scale 1" = 100' June 1973

Beaufort Park
 Section Four
 Area One

DRIVE

STORM DRAIN EASEMENT

33

Attempt #1
Dry to 100'

155.00'

10' wide utility easement

Denied access along Reservoir
BUILDING RESTRICTION LINE

S 89° 48' 00" E
(14.52')

RESERVOIR

LINE 1.005 Ac

43,778 \$

10
0.940 Ac
40,941 \$

CAN HOODING
REPORTS
NEW WELL
SITE STAKE
6/16/00
CW

Well Site #2

45'
-5.00'
40'

N 89° 48' 00" W
6/16/00

Well site #2 staked
by surveyor Carl Hudgins.
OK'd with a field inspection
Beaufort Park

Section Four
Area One

Adjoining Easement

Easement
Changed To Allow
for Well Site #2

5th Ele

Howard Co

Scale 1" = 1'

6/15/00
Easement Change and
New Well Site - Acceptable
As Shown

BB

BB

1431

1431

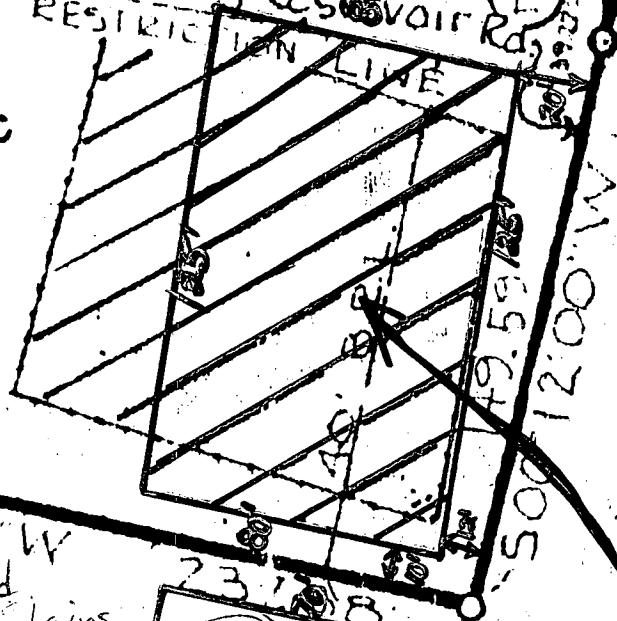
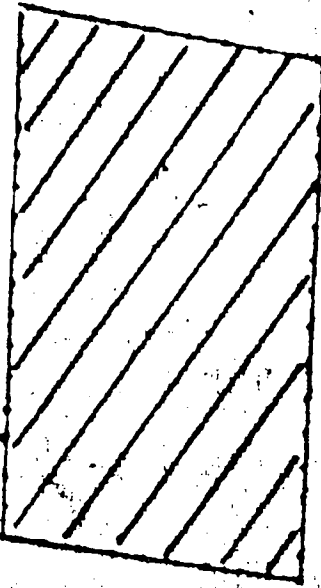
300.49'

0

122.75'
N 85° 16' 20" W

502° 17' 00" E
172.13'
502° 17' 00" E
172.13'

500' 12' 00" W
79.59'



C1 07800

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK 7/5/00SRH

COUNTY NUMBER A17218

ST/CO USE ONLY

DATE RECEIVED MM DD YY

DATE WELL COMPLETED

6 22 2000

DEPTH OF WELL

22 500' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2717

OWNER Prada Gary STREET OR RFD Kondrup Drive TOWN Fulton SUBDIVISION Beaufort Park SECTION LOT 10

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 9490 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 390 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-45) and Gray Mica Rock (45-500).

Drum well backfilled 700-40 Drilling materials also 40-0 cement

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 48

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

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.)

Table for casing depth with columns for casing type and depth.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES Y NO N

- 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...

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE Joseph J. Maure

LIC. NO. 1 MSD027 DRILLERS SIGNATURE Joseph J. Maure

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

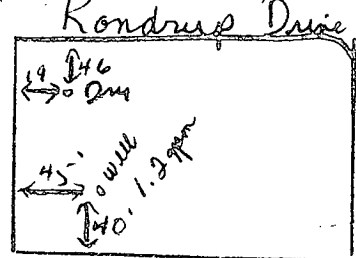
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

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 1 (nearest foot) - below }

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2717
 Location of property (road) Kondrup Drive
 Subdivision Beaufort Park Lot 10 Block Plat Sec.
 Well Driller Joe Mayne Owner Gary Prada

Depth of well 500'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 34'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 gpm.
 Total time 15 mins. to reach pumping water level 390 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 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	183	4 sec.	N/A	15 gpm.
8:45	299	4		15
9:00	390	5		12
9:15	388	49		1.2
9:30	387	49		1.2
9:45	387	49		1.2
10:00	386	49		1.2
10:15	386	49		1.2
10:30	386	49		1.2
10:45	386	49		1.2
11:00	386	49		1.2
11:15	386	49		1.2
11:30	385	49		1.2
11:45	385	49		1.2
12:00	385	49		1.2
12:15	385	49		1.2
12:30	385	49		1.2
12:45	385	49		1.2
1:00	384	49		1.2
1:15	382	49		1.2
1:30	382	49		1.2
1:45	382	49		1.2
2:00	381	49		1.2
2:15	381	49		1.2
2:30	381	49		1.2
2:45	381	49		1.2
3:00	381	49		1.2

HD-224

B 1 09726

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2717 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Prada C Gary 12390 Kondrup Dr. Shulton Md. 20759

B 3 HOWARD LOCATION OF WELL

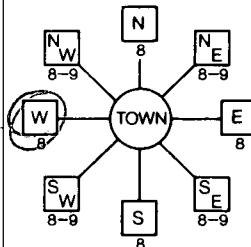
8 COUNTY Beaufort Park 23 SUBDIVISION 42 SECTION 44 46 LOT 10 48 50 52 NEAREST TOWN Shulton 71

DRILLER INFORMATION

Joseph L. Mayne MS D 24 Driller's Name License No. 81 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Md. 21771 Signature Date 5/9/2000

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kondrup Dr. 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 40 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 45 BLK: 12 PARCEL 48

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 A17218 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/31/2000 B. Baber 5/31/2001 CO SIGNATURE EXP. DATE NORTH GRID 476 0 0 0 EAST GRID 816 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 45 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-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)

APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. HO - 94 - 2717 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

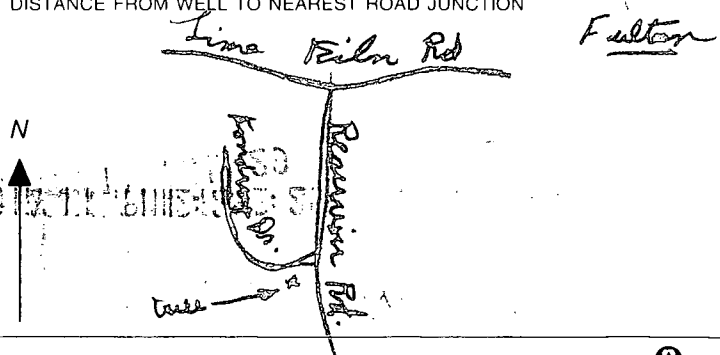
- SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 816 N 476

6/22/00 Grout 9:30 6/22/00 No Insp (BB) X

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 AUTH-ORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DRIVE

STORM DRAIN EASEMENT

(33)

RESERVOIR

Attempt #1
Dry to 100'

155.00'

10' wide utility easement

11

LINE A.005Ac

43.778¢

Denied access along Reservoir Rd
40' BUILDING RESTRICTION LINE

10

0.940 Ac

40,941 ¢

CALL HW 001122
REPORTS
NEW WELL
SITE STAKE
6/16/00
W

Well #2 Site

45'
-5.00'
40'

N 89° 48' 00" W
6/16/00

Well site #2 staked
by surveyor Carl Hudgins.
OK'd with a field inspection

Beaufort Park

Section Four

Area One

Adjoining Easement

Easement
Changed To Allow
for Well Site #2

5th Ele

Howard Co

Scale 1" = 1'

6/15/00
Easement Change and
New Well Site - Acceptable
As Shown
(BB)

150

300.49'

122.75'
N 88° 16' 20" W

S 02° 17' 00" W
172.13'
S 02° 17' 00" W
172.13'

500' 12.00' W
49.59' 12.8'

237.8'

143'

143'

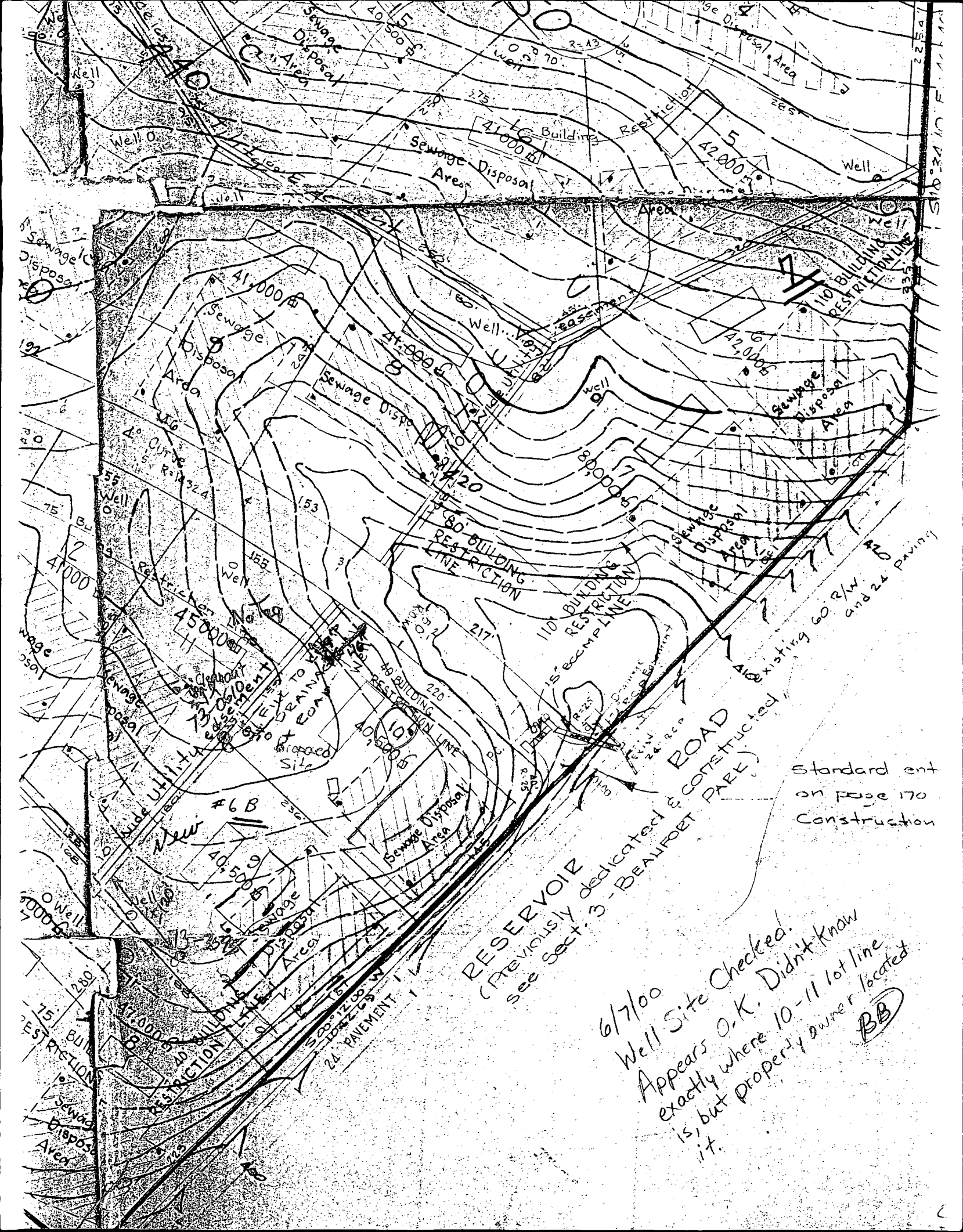
Jary C. Prada
12390 Kondrup Dr.
Fulton, Md.
20759

Howard County
Environmental Health Dept.

Dear Mr. Baker,

We would like to request that the septic area be adjusted on our lot so that it would be possible to attempt to drill another well at the top of the lot. The first attempt after drilling 700 feet was unsuccessful. This new site would allow us to drill as far away as possible from the first site. Thank you for your consideration.

Sincerely,
Jary C. Prada



RESERVOIR
 PREVIOUSLY DEDICATED & CONSTRUCTED
 SEE SECT. 3 - BEAUFORT PAREY

Standard ent
 on page 170
 Construction

6/7/00
 Well Site Checked.
 Appears O.K. Didn't know
 exactly where 10-11 lot line
 is, but property owner located
 it. BB