

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 05 Account Number - 383757								
Owner Information										
Owner Name:		LEE JANE J KIM SUNG P			Use:		RESIDENTIAL			
Mailing Address:		7024 LOGANBERRY LN FULTON MD 20759-			Principal Residence:		YES			
					Deed Reference:		/15739/ 00226			
Location & Structure Information										
Premises Address:		7024 LOGANBERRY LN FULTON 20759-0000			Legal Description:		LOT 8 1.286 AR S 2 7024 LOGANBERRY LN JOSEPH D JUDGE			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	3983
0041	0003	0418		0000			8	2017	Plat Ref:	
Special Tax Areas:				Town:		NONE				
				Ad Valorem:		100				
				Tax Class:						
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
2009		4,900 SF		900 SF		1.2900 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
2	YES	STANDARD UNIT	FRAME	3 full	1 Attached					
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2017		07/01/2018		07/01/2019		
Land:		227,900		227,900						
Improvements		614,100		669,000						
Total:		842,000		896,900		878,600		896,900		
Preferential Land:		0						0		
Transfer Information										
Seller: HAWKENS MT LLC			Date: 08/18/2014			Price: \$1,031,700				
Type: ARMS LENGTH IMPROVED			Deed1: /15739/ 00226			Deed2:				
Seller: BULLOCK JAMES L			Date: 02/11/2014			Price: \$560,000				
Type: NON-ARMS LENGTH OTHER			Deed1: /15461/ 00391			Deed2:				
Seller: JUDGE BARBARA J TRUSTEE			Date: 04/10/1997			Price: \$134,500				
Type: ARMS LENGTH VACANT			Deed1: /03953/ 00019			Deed2:				
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								

~~FILE INQUIRY FORM~~

Property Address: 7024 Loganberry Ln.

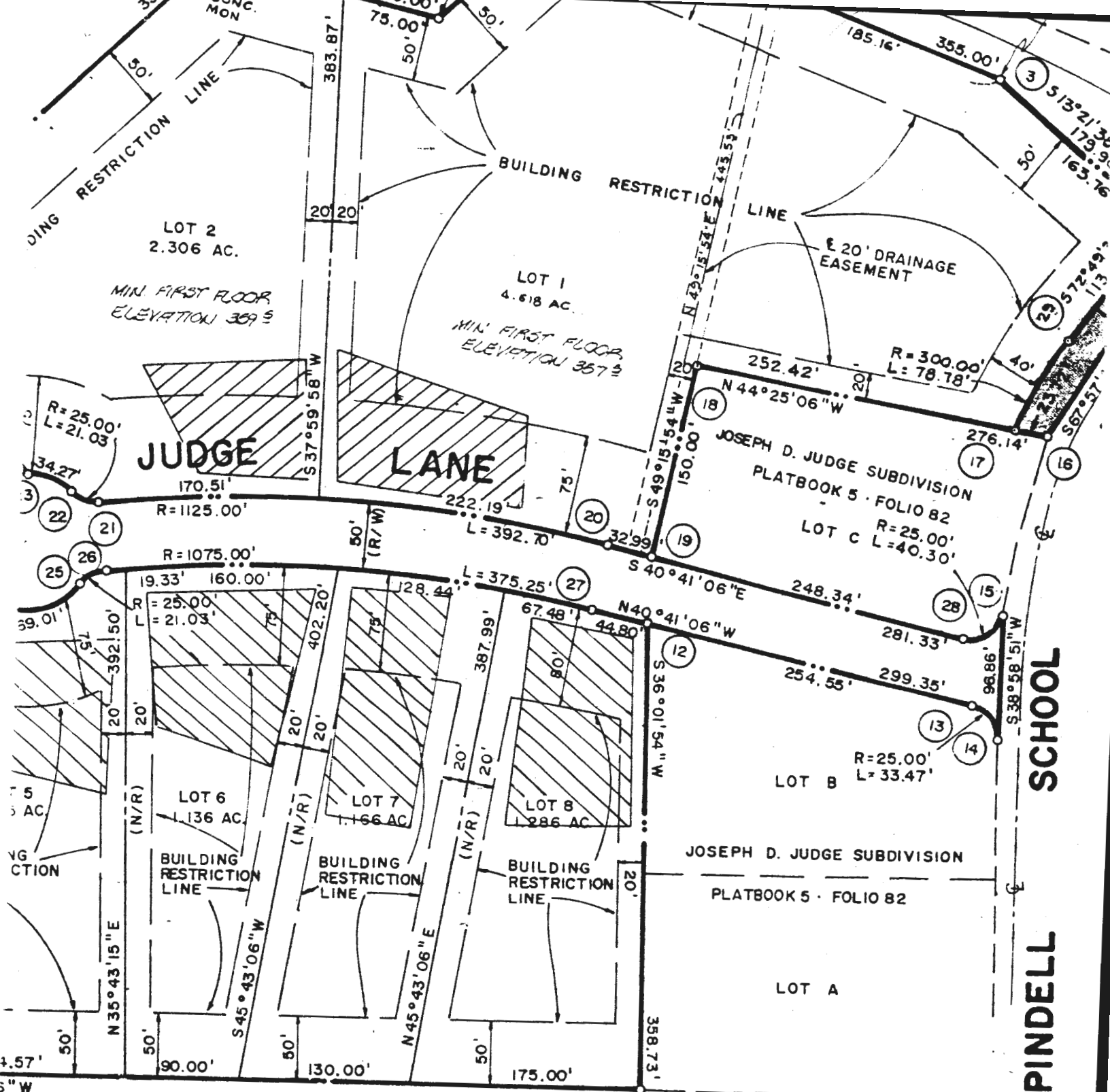
Wed 6/29/05 Went to site to oversee installation,

Nobody on site. (GAC) 6/29/05 Received phone call from Bruce @ FREEDOM SEPTIC saying that they are taking over the job. Discussed methods of dealing w/ pre-existing mess. (GAC) 6/30/05

Met FREEDOM on site AM. Tank to be moved to better location. In-Box to be installed as staked. Trench ends are staked. Solid pipe 5' on either side of where new trenches cross existing trenches.

Add 10' to each trench to account for solid pipe. Septic tank has traffic bearing lid. FREEDOM may pack dirt in old trenches around solid pipe. Probably not necessary since the old trenches are pea gravel and sat open for > 1 month they are pretty well washed full of dirt and clogged up. Soil is good.

(GAC) 7/1/05 No need for solid pipe through ends of trenches (old) closest to house. The old trenches are only 2' deep here. Installed good OK to cover. Septic Tank may need metal manholes if it falls in driveway. Only one small section of solid pipe needed through lowest trench. additional 10' added to upper trench accounts for this. OK to cover. May need metal manholes if Sept. Tank falls in Driveway. (GAC)



LEO F. JUDGE
171 / 51

*F - unknown plat #
signed plat*

OWNERS STATEMENT

SURVEY

LEO F. JUDGE AND BARBARA J. JUDGE OWNERS OF THE PROPERTY SHOWN DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, GRANT AND CONVEY INTO HOWARD

I HEREBY CERTIFY THAT THIS SURVEY IS CORRECT, THAT IS A TRUE AND ACCURATE COPY OF THE ORIGINAL SURVEY CONVEYED BY LEO F. JUDGE AND BARBARA J. JUDGE.

LAYOUT 5/24/05 10AM INSP 4 _____
 INSP 2 6/24/05 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/14/2004

PERMIT

P 520418

APPROVAL DATE: _____

A 24842

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

James Bullock IS PERMITTED TO INSTALL ALTER

ADDRESS: 548 Brummel Court, NW, 20012 PHONE NUMBER: 301-793-3596

SUBDIVISION: Joseph Judge Property LOT NUMBER: 8

ADDRESS: 7024 Loganberry Lane PROPERTY OWNER: James & Sharon Bullock

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: no 150 HOUSE SERVED BY PUBLIC WATER
180' encouraged

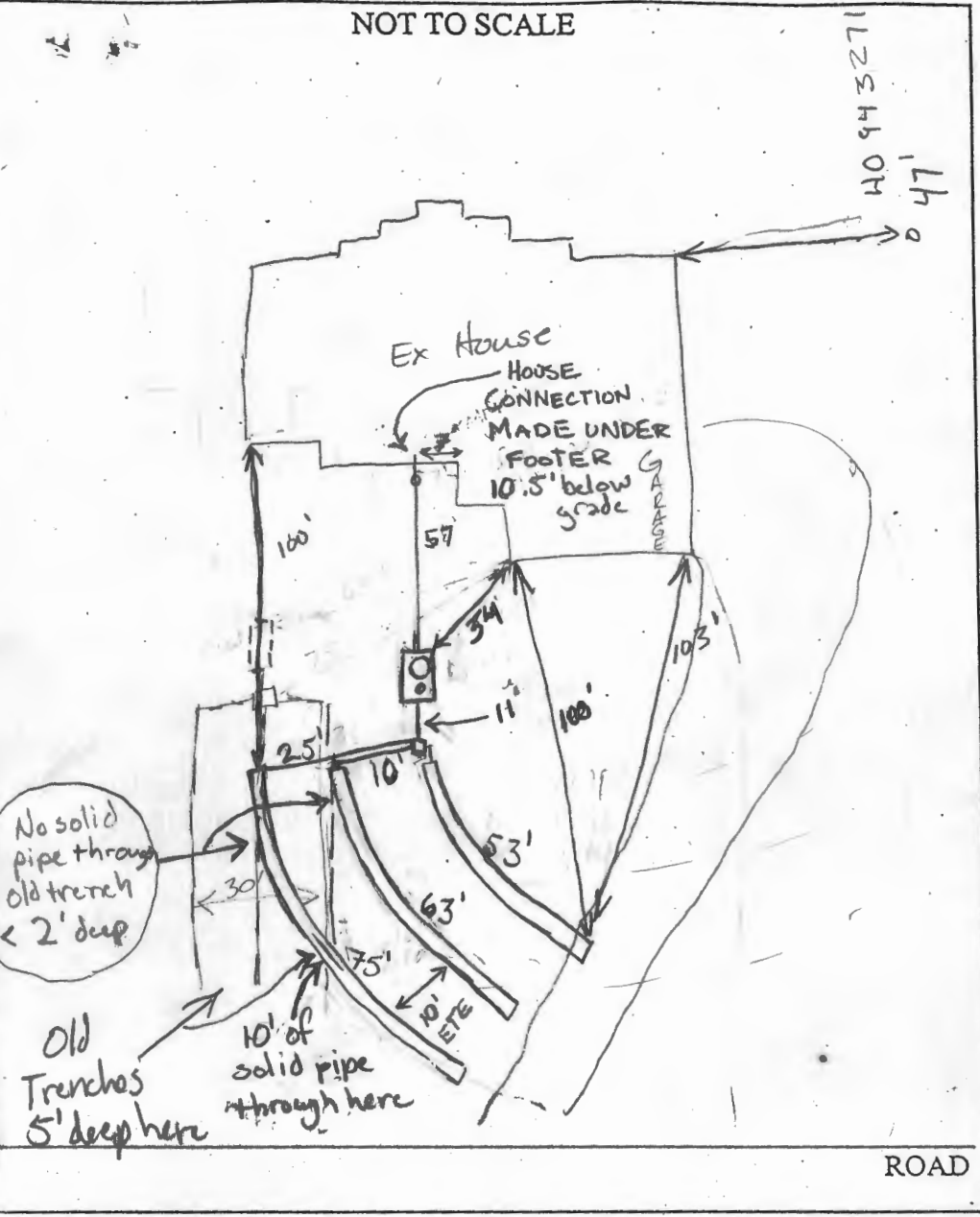
TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box <u>145'</u> from the existing well and <u>35'</u> from the right lot line. Run (3) trenches on contour to front of lot. <u>65'</u>
NOTES:	

PLANS APPROVED: MER OK 3/27/02 (50) DATE: 3/13/02

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



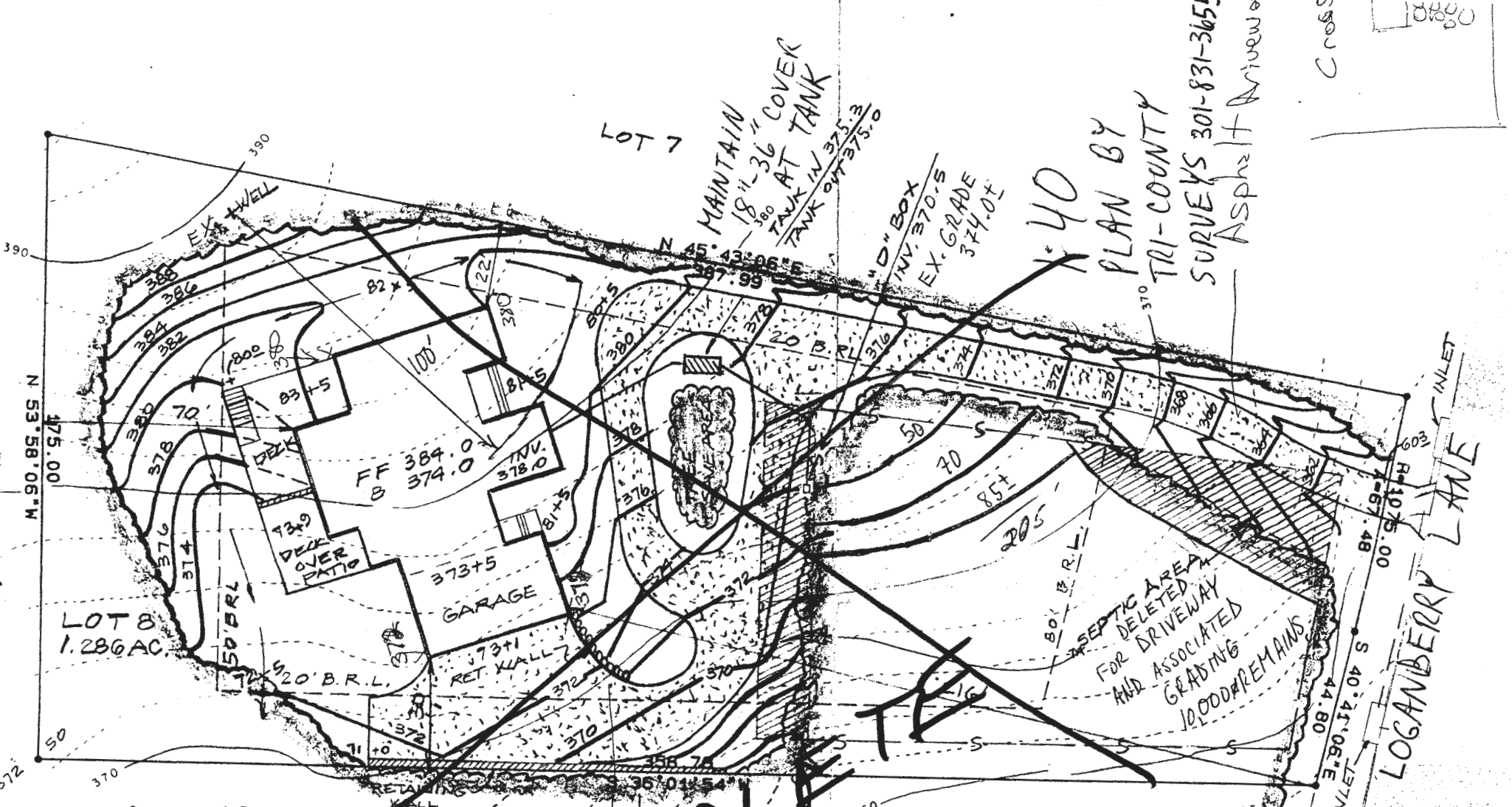
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3.5'	8'
NUMBER OF TRENCHES	5	
TOTAL LENGTH	191'	
ABSORPTION AREA	76439. ft ² + Bottom	
DISTRIBUTION BOX LEVEL	Under	
DISTRIBUTION BOX BAFFLE	No	
DISTRIBUTION BOX PORT	Yes	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	N/A
MANHOLE LOC	FRONT
6" PORT LOC	REAR
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 5/24/05 owner gave "ok" to contractor to start septic installation. SDA NOT STAKED, trenches perpendicular to contour, INSTALLATION trenches by pea gravel & soil mixed w - trenches open since Friday - it rained yesterday & today. soil in gravel "matrix" I informed contractor to go ahead & cover trenches so no more soil wash into trenches. May have to redig it up & redo and/or install initial system w/ pump chamber. (K) Conclusion - Must remove system & install per plans. 6/24/05(L) instructed new septic contractor and Homeowner as to the correct method to install system. Moved Tank location. Need p.u. on site for installation wed 6/29/05 ~ 9:00 AM (GAC)

FINAL INSPECTOR Salvador A. [Signature] DATE OF APPROVAL 7/1/05

* See pink page for further installation notes



Approved Septic System Plan
 Howard County Health Department

LOT A LOT B

Mark Riffin
 Signature Date 3/3/02

Home # 202 669-7626

Retaining Wall
 0.9' to 2.9'

Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 8 feet
 Depth of stone required below distribution pipe 4 feet

OBSOLETE

LOT 7
 MAINTAIN 18" - 36" COVER TANK AT TANK
 INV. 375.3
 TANK 0+7375.0

PLAN BY
 TRI-COUNTY
 SURVEYS 301-831-3655
 Asphalt Driveway

CROSS
 10880

LOGANBERRY LANE INLET

SEPTIC AREA FOR DELETED DRIVEWAY AND ASSOCIATED GRABING DOOR REMAINS

FF 384.0
 8 374.0
 INV. 378.0

GARAGE

DECK OVER PATIO

LOT 8
 1.286 AC.

N 53° 58' 06" W
 175.00

N 45° 43' 06" E
 87.99

1" D" BOX
 INV. 370.5
 EX. GRADE 374.04

LET 7M
 44.80

S 40° 41' 06" E
 44.80

R 1075.00

S 67° 48'

R 1075.00

S 67° 48'

R 1075.00

Building Address LOT # 8 LOGANBERRY LN.
FULTON, Md. (Pa 3983)

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

Census Tract 1405102 Subdivision Joseph D. Tucker

Section 41 Area _____ Lot # 8

Tax Map 41 Parcel 2418 Grid 3

Zoning RR Map Coordinates 141K12 Lot size 1.771 AC.

Property Owner's Name JAMES & SHARON BULLOCK

Address 548 BRUNNEN CT. NW.

City WASHINGTON State DC Zip Code 20012

Home Phone (202) 229-0881 Work Phone (202) 392-3015

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax (202) 829-4460

Existing Use VACANT LOT

Proposed Use NEW SINGLE FAMILY HOME

Estimated Construction Cost \$ 325,000.

Description of Work NEW CUSTOM SINGLE
FAMILY HOME, 4 BR 4 FULL BATHS
UNFINISHED BASEMENT W/ R.I. ATTACHED 3 CAR GARAGE

Contractor Company Jennings Design Build

Contact Person MANNY JENNINGS

Address 12528 MONTEREY CIRCLE

City FT WASHINGTON State Md Zip Code 20744

License No. _____ Phone (240) 508-7999 Fax (301) 203-4861

Occupant or Tenant JAMES & SHARON BULLOCK

Contact Name JAMES BULLOCK

Address 548 BRUNNEN CT NW

City WASH State DC Zip Code 20012

Phone (202) 609-7620 Fax (202) 429-4460

Engineer or Architect Company MANNY JENNINGS DESIGN BUILD

Contact Person MANNY JENNINGS

Address 12528 MONTEREY CIRCLE

City FT WASHINGTON State MD Zip Code 20744

Phone (240) 508-7999 Fax (301) 203-4861

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

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: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <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 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 type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
<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.

James L. Bullock
 Applicant's Signature

JAMES L. BULLOCK
 Print Name

 Title/Company

11-9-01 2-19-02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: <u>53623</u>
Land Development DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>3/13/02</u>	<u>Mark R. Klein</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Check # <u>1415</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>16773</u>
			Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date _____	

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0600738d

Building Address 7024 LOGAN BECKY LN
FULTON MD 20759

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 411 Parcel 418 Grid 3

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JAMES BULLOCK

Address 7024 LOGAN BECKY LN

City FULTON State MD Zip Code 20759

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone 240-694-6478 Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work INSUL INSIS ALLOW
UNDERGROUND LP TANK

Contractor Company THOMPSON GAS

Contact Person JAMES BULLOCK

Address P.O. BOX 150

City BOONVILLE State MD Zip Code 21713

License No. GAS 09104

Phone 301-452-6611 Fax _____

Occupant or Tenant JAMES BULLOCK

Contact Name _____

Address 7024 LOGAN BECKY LN

City FULTON State MD Zip Code 20759

Phone 240-694-6478 Fax _____

Engineer or Architect Company _____

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: Electric <input 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: <input type="checkbox"/> N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Height: _____	
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: _____	
Footings: _____	
Roof Height: _____	
<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.

Applicant's Signature _____
Title/Company _____

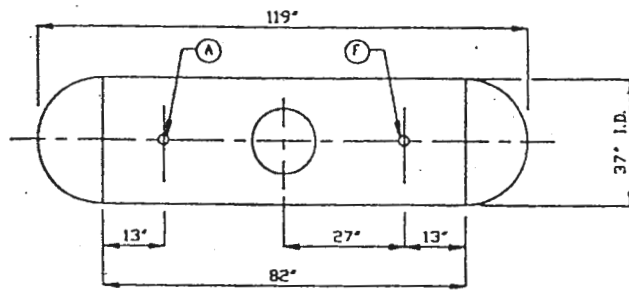
Print Name _____
Date 11/10/06

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

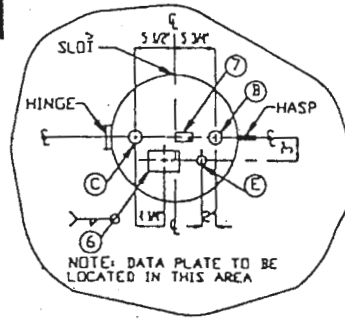
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY INFO
Land Development DPZ			Front: _____	Filing fee \$ <u>2</u>
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ <u>10.00</u>
Dev. Engineering DPZ			Side St: _____	Add'l par. fee \$ _____
Health	<u>12/8/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>120.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>076644</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Let Coverage for NewTown Zone _____	Accepted by: <u>[Signature]</u>
T:\Name\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

THIS VESSEL IS DESIGNED FOR THE STORAGE OF LIQUEFIED PETROLEUM GAS ONLY



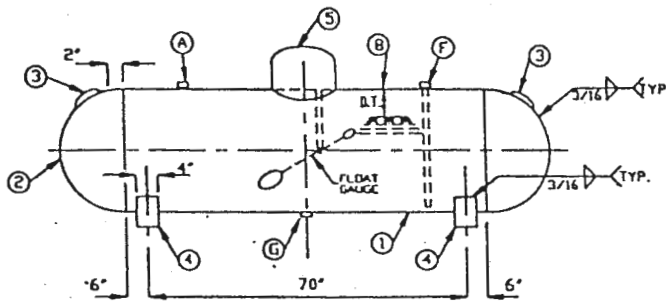
TOP VIEW



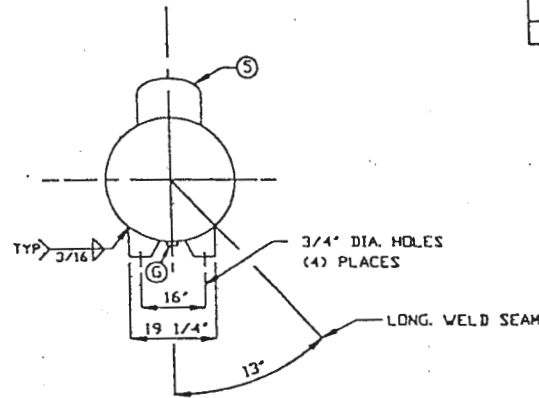
FITTING LAYOUT

MARK	QTY.	SIZE	TYPE	FITTINGS		SERVICE
				REGO	SHERWOOD	
A	1	1"	XH FLG.	B6B4G	443A	RELIEF VALVE
B	1	1"	XH FLG.	ROCHESTER 88981-27 OR SHERWOOD FG3981-084A OR SQUIBBE TAYLOR HA184C		FLOAT GAUGE
B (OPT)	1	2 1/2"	XH ADAPT.	ROCHESTER 6281		FLOAT GAUGE
C	1	1 1/4"	XH FLG.	7579	623A	FILL VALVE
E	1	3/4"	XH FLG.	7556-VR	2033 CL	MULTIVALVE
F	1	3/4"	XH FLG. W/ CYAC TUB	7572F	5133	CHEK-LOK
F (OPT)	1	1 1/4"	XH FLG. W/ CYAC TUB	7580F		CHEK-LOK
G	1	1 1/4"	XH FLG.			PLUGGED OPENING

MARK	QTY.	DESCRIPTION	DRAWING NO.
1	1	SHELL - 0.218" X 81 1/2" X 117 3/4" SA414G	
2	2	HEADS-37" I.D. X 0.185"-HEMI- SA414C	
3	2	LIFTING LUGS	6-960-A1
4	4	TANK LEGS	6-960-A3-37
5	1	DOME	6-960-A4
6	1	DATA PLATE	E
7	1	REGULATOR BRACKET - DAMAR, INC.	
8	1	DIP TUBE LENGTH = 10.3' FOR 80% @ 40° F	



SIDE ELEVATION



END VIEW

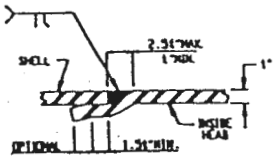
GENERAL SPECIFICATIONS	
WATER CAPACITY (GALLONS)	500
ALLOWABLE WORKING PRESSURE (PSIG)	250
JOINT EFFICIENCY, ASME UV-51 LONG SEAM	100 %
ASME UV-52 HEAD TO SHELL	80 %
HYDROSTATIC TEST PRESSURE (PSIG)	325
SURFACE AREA (SQ. FT.)	97.5
RELIEF VALVE SETTING (PSIG)	250
RELIEF DISCHARGE RATE - (CFM REQ'D.)	2290
CODE:	ASME SECTION VIII DIV. I
STANDARDS:	UNDERWRITERS LABORATORIES INC. MH-5127
	N.F.P.A. PAMPHLET #58
MATERIAL SPECS:	
COUPLINGS	SA-105
TANK FLANGES	SA-105
ADAPTOR	SA-105
FLOAT GAUGE GASKET	NEOPRENE

NOTES

LIFTING LUGS DESIGNED FOR TOTAL LIFTING WEIGHT OF 1500#
TOTAL EMPTY WEIGHT 949#

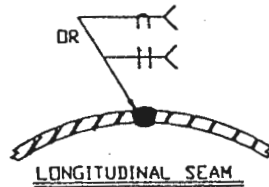
GENERAL NOTES:

1. THREADS OF ALL FITTINGS TO BE COATED WITH COMPOUND SUITABLE FOR USE WITH LP GAS.
2. FLOAT GAUGE TO BE INSTALLED WITH FLOAT ARM 45 DEGREES OFF LONGITUDINAL CENTERLINE OF TANK.
3. COMPLETE TANK DRIED TO REMOVE ALL MOISTURE.
4. EXTERIOR OF TANK TO BE GRIT BLASTED.
5. PAINT PER SHOP ORDER.
6. PRESSURE TANK WITH DRY AIR FOR SHIPMENT.
7. DIMENSIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE. (NON-PRESSURE RETAINING COMPONENTS ONLY)



HEAD TO SHELL SEAM

TANK SIZE	t	1.5t	2.5t
120	.139	.208	.347
150	.139	.208	.347
200	.148	.222	.370
250	.148	.222	.370
325	.148	.222	.370
499	.185	.278	.462
500	.185	.278	.462
1800	.262	.393	.505



LONGITUDINAL SEAM

REV.	DESCRIPTION	DATE	BY
8	NEW FACTOR OF SAFETY	7/13/98	C.B.X.
7	DELETE FISHER VALVE & CHNG. CO. NAME	2/81/96	C.B.X.
6	REVISED FITTING LAYOUT DETAIL & FITTING ①	1/04/94	C.B.X.
5	REVISED HEAD DETAIL & DATA PLATE-SEAL WELD	4/25/92	C.B.X.
4	REVISED X-RAY & SHELL THICKNESS	3/20/92	C.B.X.
3	REVISED DATA PLATE	9/23/89	C.B.X.
2	CORRECTED DISCHARGE RATE	11/9/87	C.B.X.
1	REVISED LEGS & DATA PLATES & ①	11/16/84	C.B.X.

NAT'L. BD. SERIAL NO.

CERTIFIED BY:
AMERICAN WELDING & TANK COMPANY
TAYLOR-WHARTON GAS EQUIPMENT DIVISION
HARSCO CORPORATION
JESUP, GEORGIA BLOOMFIELD, IOWA SALT LAKE CITY, UTAH

U
V
RT4

MAX. ALLOW. WORKING PRESS. [250] PSI AT °F
NDMT [-20] °F AT [15] PSI PLANT NO.

SERIAL NO. [E] YEAR BUILT [19]

LENGTH [119] IN. OUTSIDE DIA. [37.4] IN.
HEAD THK. [.185] IN. SHELL THK. [.218] IN.
ABOVE GROUND TYPE [BS-AP] SURFACE AREA [97.5] SQ. FT.

LISTED CONTAINER ASSEMBLY FOR LP GAS 695A HEAD BR. [HEMI.]
WATER CAPACITY [500] GALS.

THIS CONTAINER SHALL NOT CONTAIN A PRODUCT HAVING A VAPOR PRESSURE IN EXCESS OF 215 PSI AT 100°F.
DIP TUBE LENGTH-BOX FULL @ 40 DEG. F. D.T. = 10.3 IN.

DRAWN: DEC. DATE: 1/04/94
CHECKED: C.B.X. DATE: 1/04/94
APPROV'D: C.B.X. DATE: 1/04/94

500 W.G. ABOVEGROUND PROPANE TANK-TYPE BS-AP
AMERICAN WELDING & TANK CO.
DIVISION OF
TAYLOR-WHARTON GAS EQUIPMENT HARSCO CORPORATION

DRAWN	DEC.	DATE	1/04/94	REVISION	DRAWING NO.
CHECKED	C.B.X.	DATE	1/04/94	8	E-500
APPROV'D	C.B.X.	DATE	1/04/94		



APPLICATION

PERCOLATION TESTING

A 24842

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 James & Sharon Bullock

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Joseph D. Judge Property LOT NO. 8

ROAD AND DESCRIPTION Loganberry Ln

TAX MAP 41 PARCEL # 318

SIZE OF LOT 1.286 acres TYPE BLDG. Single Family
(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 _____

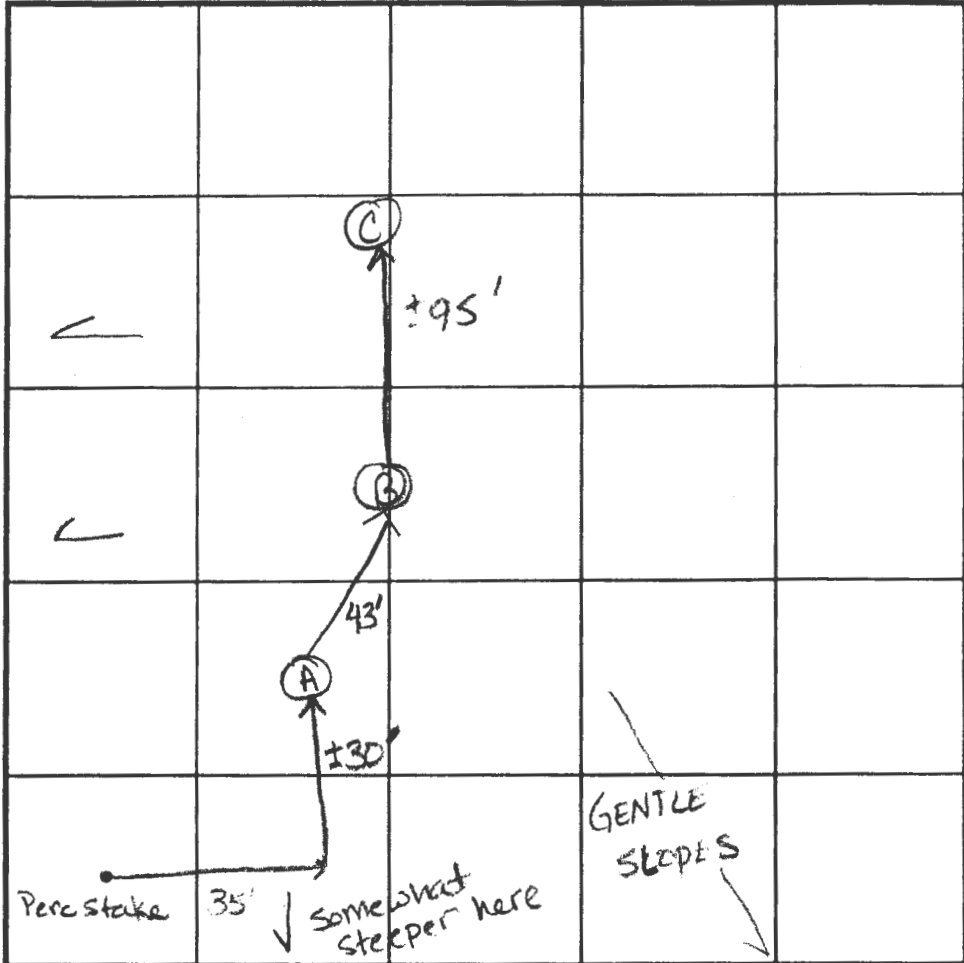
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

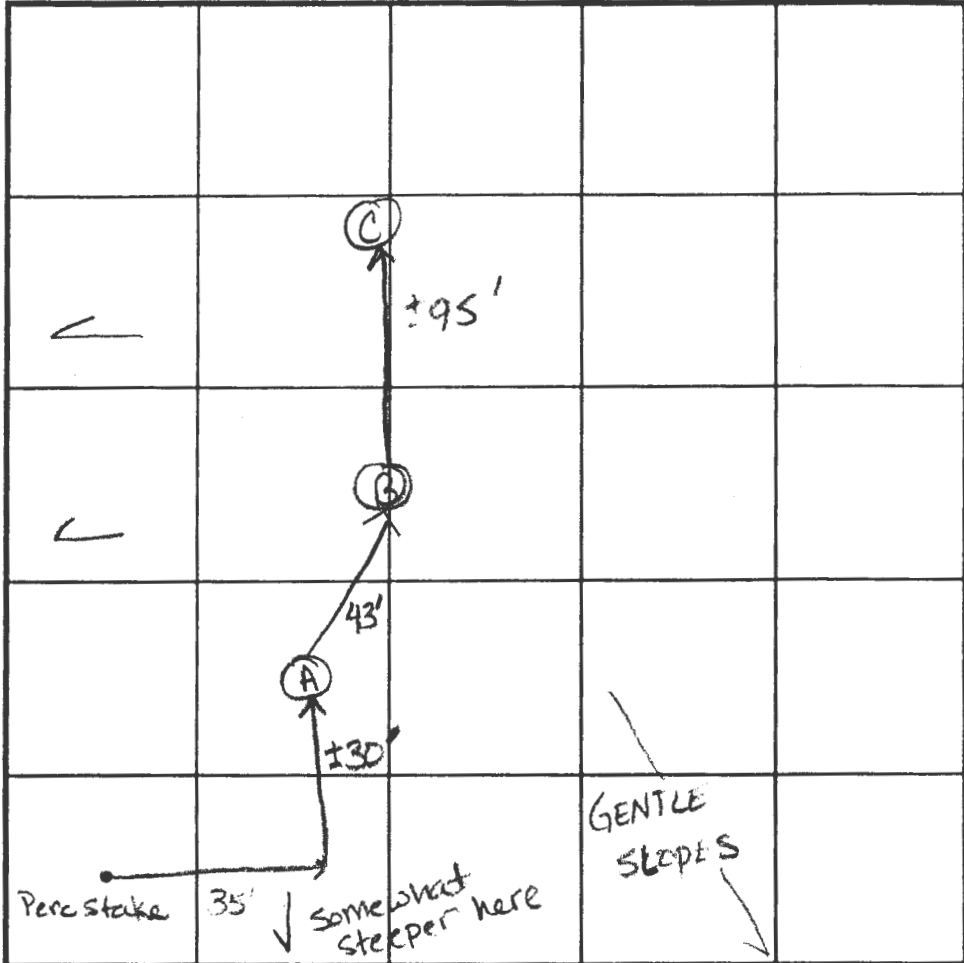
SOIL PROFILE

0'  SOIL PROFILE

2'8" Topsoil
Rd brn micaceous CL LM

3'8" tan org brn hvy lm
Micaceous lt tan SAND
Rock frags less than 2%

13' Bottom

 SOIL PROFILE

2 1/2' Topsoil
RD BRN CL LM micaceous

3 1/2' H tan pinkish
H brn feldspar quartzite parent material
10% or less v.fr. stipulate

13' Bottom

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
LOGANBERRY DRIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/30/01	(A)	Visual					PASS
	(B)	Visual					PASS
	(C)	Visual					PASS

REMARKS This perc date is done to reconfirm perc times
 TYPE OF SOIL done in ~1976. Good Soils
 TESTED BY Goedeking / Rifkin ALSO PRESENT Mr. Bullock
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

A 24842

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 11/29/76

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 Joseph Judge

ADDRESS 6349 Amherst Avenue, Ellicott City, MD. PHONE 461-9200

PROPERTY LOCATION:

new lot

SUBDIVISION _____ LOT NO. 10

ROAD AND DESCRIPTION Pindell School Road

SIZE OF LOT _____ TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Joseph Judge

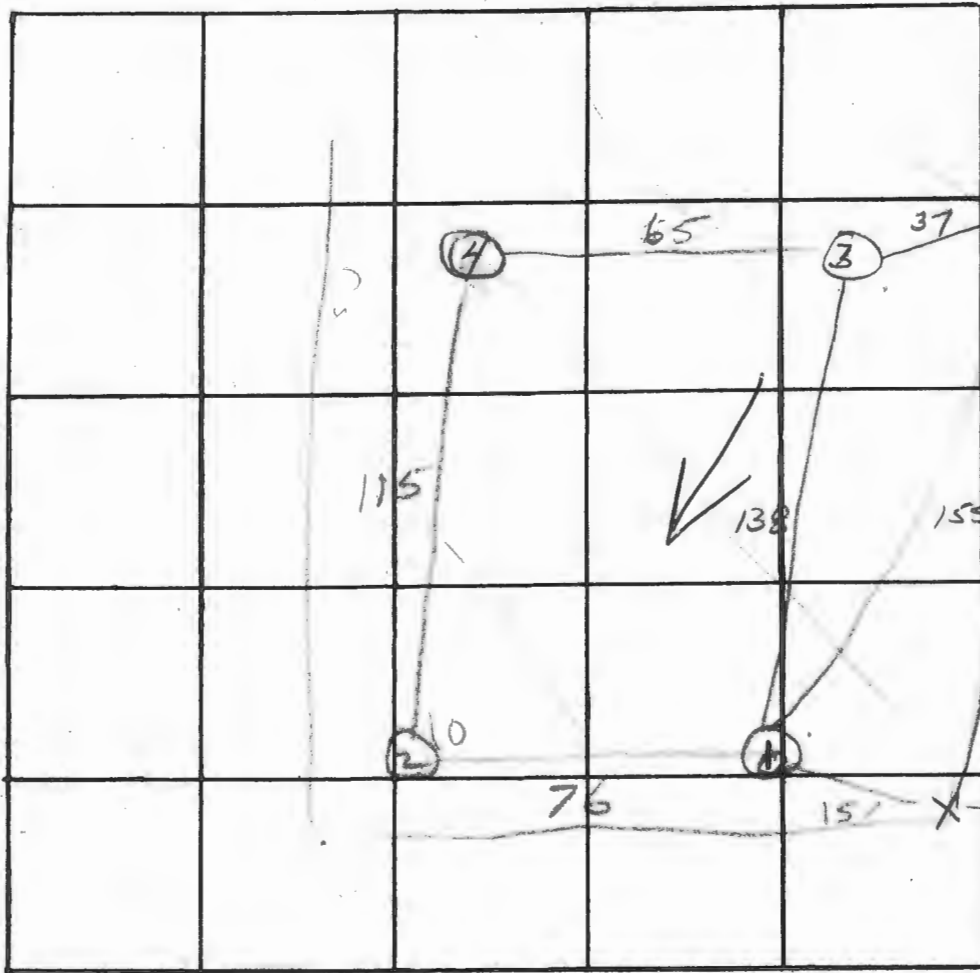
APPROVED BY *[Signature]* FOR *DW + 7...* DATE 11/21/76
(KIND OF SYSTEM)

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.

col 20 50 2

Lot 10

105
138
1793
121
21
121
726
73

12
7

lot markers

$\bar{x} = 11$

210 A BR

Inlet $4\frac{1}{2}$
Bot $8\frac{1}{2}$

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-13-76	1 S	3 1/2	9:00	9:03	9:03	9:18	15
	1 d	12 1/2	00	9:03	9:03	9:09	6
	2 S	5	9:05	9:10	9:10	9:41	31
	2 d	12 1/2	9:05	9:07	9:07	9:11	4
	3 S	3	9:09	9:11	9:11	9:16	5
	3 d	13	9:20	9:23	9:23	9:29	6
	4 V	12					
	5 S	12 1/2	SAND - similar to 3				
	5 d	5 1/2	12:45	12:47	12:47	12:55	8

REMARKS _____

TYPE OF SOIL _____

TESTED BY hb @ RAG ALSO PRESENT: Fyock's man

JOSEPH D. JUDGE SUBDIVISION
SECTION 2
P. B. 3833

LOT 1

LOGANBERRY

LANE

LOT C
JOSEPH D. JUDGE SUBDIVISION
P. B. 5 FOLIO 82

PINDELL SCHOOL RD.

R=25.00'

L=21.03'

R=1125.00' L=392.70'

P.B. 3833 R=1075.00' L=375.25'

L=179.33'

R=25.00' L=21.03'

L=118.44'

L=57.48'

L=20.00'

N40°41'06"W

EXIST. 50' R/W

281.33'

R=25.00' L=40.30'

299.35'

254.55'

R=25.00' L=33.47'

S38°58'51"W 96.86'

S45°43'06"W 402.20'

LOT 7

1.166 AC.

N45°43'06"E 387.99'

N45°43'06"E 389.65'

S45°43'06"W 386.25'

LOT 8

1.286 AC.

S36°01'54"W 358.73'

20' 20' 20' 20'

20' DRAINAGE AND UTILITY EASEMENT

10.14' 10.14'

119.86' 164.86'

205.00'

N53°58'06"W

LOT 6

LOT B

JOSEPH D. JUDGE SUBDIVISION

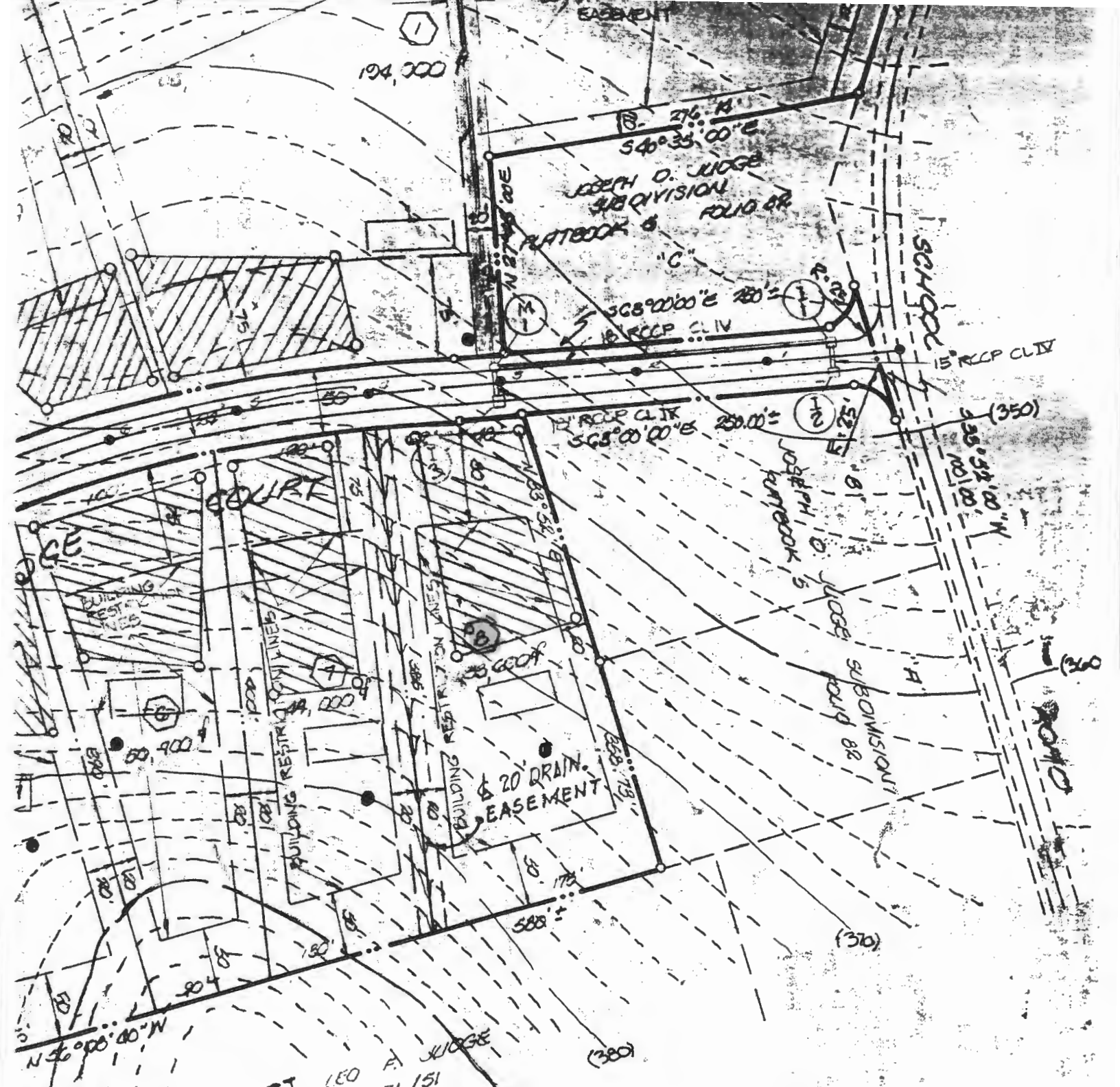
P. B. 5 FOLIO 82

F-78-141

LEO F. JUDGE
171/51

STATEMENT SURVEYORS CERTIFICATE

NUMBER OF THE PROPERTY SHOWN AND DESCRIBED I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS A REVISION TO "JOSEPH D. JUDGE PROPERTY, SECTION

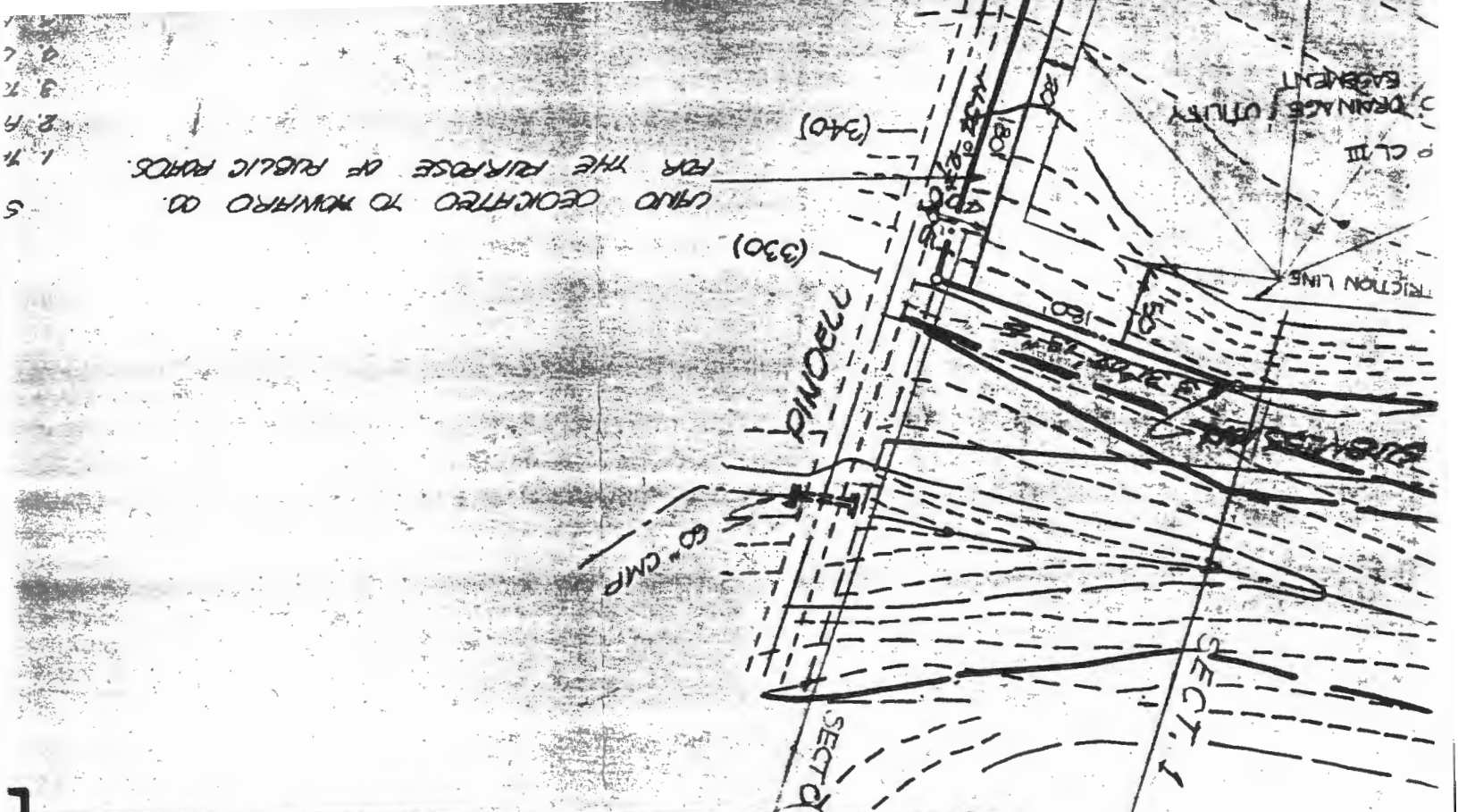


JUDGE COURT
 CURVE DATA
 ΔR : 20° 00' 00"
 ΔT : 1250'
 LIT : 436.33
 CH : 240.41
 CH : 454.12

[Signature]
 P-77-03

NOTE: PERC. HOLES ARE FIELD LOCATED BY ENGINEER.

perc test
 data on
 reverse



LAND DEDICATED TO HOWARD CO. FOR THE PURPOSE OF PUBLIC ROADS.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
 COUNTY HEALTH OFFICER
 DATE 9/10/76

PERCOLATION TEST DATA			
FORMER LOT NO.	LOT NO.	AVERAGE PERC TIME IN MIN. FOR 2 NO. INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEVATION WITH REFERENCE TO EX. GRADE AT TIME OF TEST.
1+2 3+4 5 6 7 8 9 10	0 16 5 4 3 2 1	20 5 00 7 0 0 0	5 4 0 0 0 0 0 0 0 0

C1 0570 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A24842

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
1 19 02

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3271

OWNER Bulluck James
STREET OR RFD Loganberry La TOWN Fulton
SUBDIVISION Joseph Judge Prof SECTION _____ LOT 8

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	
Brown sandy shale	0	95	
Gray slate	95	145	
Brown	145	146	✓
Gray slate	146	255	
White	255	256	✓
Gray slate	256	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 38 NO. OF POUNDS 3572
GALLONS OF WATER 228
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 90 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
Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 06 100

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

PUMPING TEST

HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min.) 4
METHOD USED TO MEASURE PUMPING RATE 194L
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43 ft.
WHEN PUMPING 100 ft.
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 - 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 } 01 (nearest foot)
- below }

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.: M SD 009
DRILLERS SIGNATURE Ally Caputo
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: M D

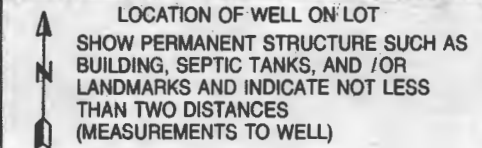
DEPTH (nearest ft.)
T 2 HO 90 300
E 1 8 9 11 15 17 21
A C 2 23 24 26 30 32 36
H 2
S C 3 38 39 41 45 47 51
R 3
E
N SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



No Survey Stakes

B 1 9644 SEQUENCE NO. (MDE USE ONLY)

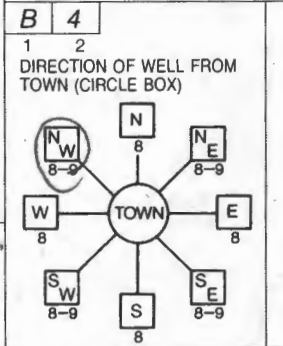
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-3271 fill in this form completely

Date Received (APA) 11-09-01 OWNER INFORMATION Bullock, James, Sharon 548 BRUMMEI Ct. N.W. WASH. D.C. 20012

LOCATION OF WELL Howard Joseph Judge Property Fulton 5 MILES FROM TOWN

DRILLER INFORMATION Allen Compton MSD 009 Eagles Well Drilling 580 Obrecht Rd. 11-12-01



Loganberry Lane 390 FEET FROM ROAD 41 BLK 3 PARCEL 418

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A24842 DATE ISSUED 11/16/01 Mark Riffin 11/16/02

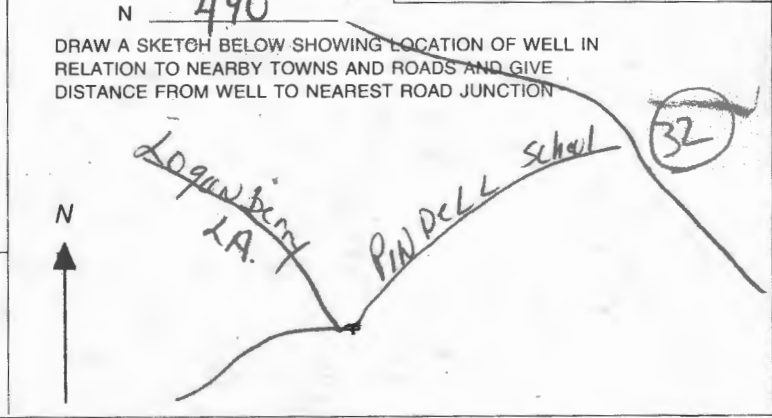
USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 360 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE E 8285 N 490

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 40-94-3271

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Payne Plumbing Telephone #: (301)845-7708
Address: 9504 Highlander Circle
Waltersville MD 21793

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Ernest W Payne License# MPL#67804

***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: JAMES L. BULLOCK Telephone #: (240) 694-6479
Subdivision: N/A Lot #: 1 Well Tag #: HO-94-3271
Site Address: 7024 Loganderry Ln. Fulton Md 21594

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Jacuzzi</u>	Make: <u>Cambell</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>9248-1084</u>	Model#: <u>B-300x</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u> </u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>42</u> (fee <u>300</u>)		Conduit secured to well cap: <u>yes</u>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly (Black)</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>4 FT to 5 FT</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: 3-4-08

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

Date Insp. Requested: _____ Date Insp. Approved: 3/5/08 [Signature]

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 _____

CERTIFICATE OF ANALYSIS
**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connex1.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
Mr. James Bullock
7024 Loganberry Lane
Fulton, Maryland 20759

S/O Number: 66809
Report Date: January 16, 2008

Property Sampled: 7024 Loganberry Lane

County: Howard
Subdivision: Joseph D Judge
Lot #: 8
Building Permit#: Not Provided
Tax Map #: 41
Parcel #: 418

Date/Time Collected: January 15, 2008 at 9:47 am
Date/Time Received: January 15, 2008 at 2:00 pm

Sample Location: Powder Room Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3271
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Softener

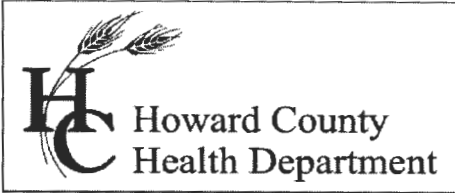
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	8.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Kate Cannon FOR
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

March 6, 2008

James L Bullock
Sharon J. Bullock
7024 Loganberry Lane
Fulton, MD 20759

RE: Joseph D. Judge, Lot 8
7024 Loganberry Lane
Fulton, MD 20759
BP #: B00134436
Well Permit # HO-~~95-5~~-3271
94

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 7/1/05. Final approval of the well line connection to the dwelling was approved on 7/5/07.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3271. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 1/16/08
Date of Well Completion: 1/19/08

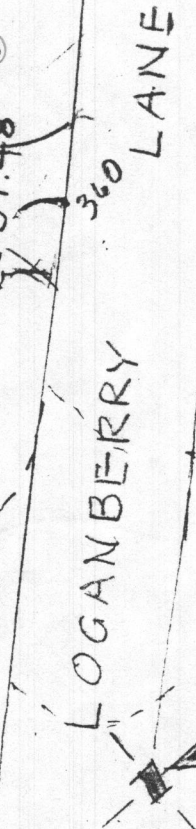
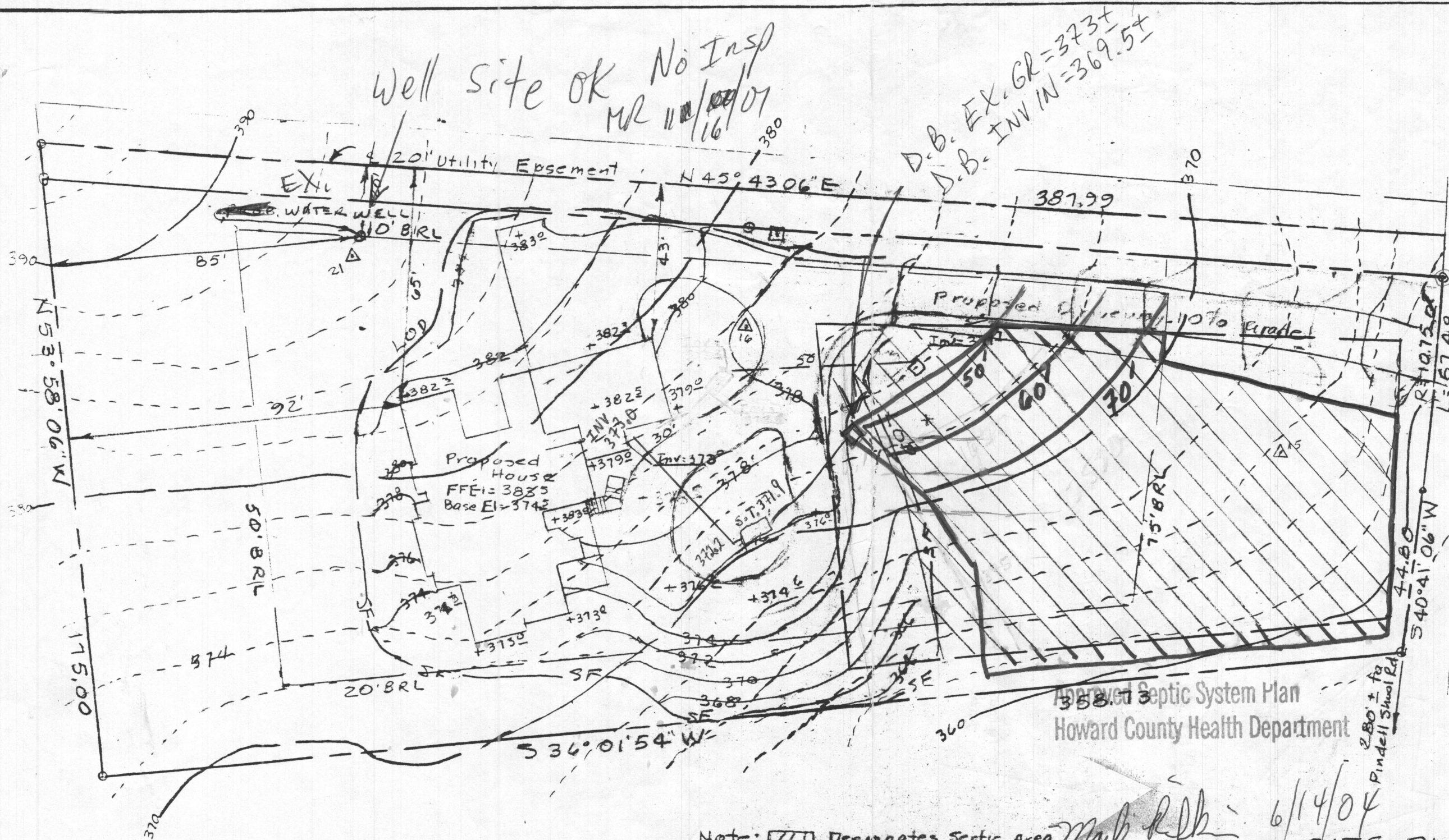
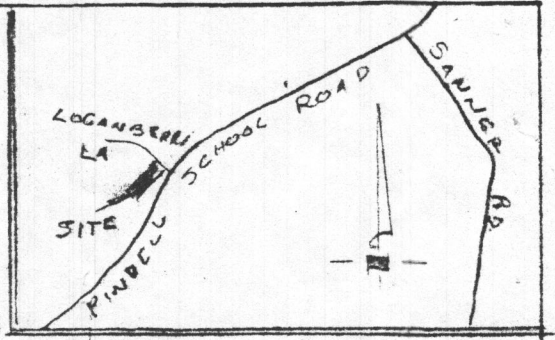
Approving Authority:

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Well site OK No Insp
MR 11/16/07

D.B. EX. GR = 373+
D.B. INV W = 369.5+



Approved Septic System Plan
Howard County Health Department

Owner: James Bullock
548 Brummel Ct NW
Washington DC 20012
P. 202-827-0881

SITE ANALYSIS

Total Area	1.286 Ac ±
Area to be disturbed	0.420 Ac ±
Area to be undisturbed	0.866 Ac ±
Ex Grade	380
Proposed Grade	380
Proposed Elevation	+ 378 ±
Impervious Area	= 7700 sqft ± = 13.7%
Limit of Disturbance	LOD
Silt Fence	SF

Note: [Hatched Area] Designates Septic Area
Length and depth of Trenches are to be determined at time of Permit issuance.
Topography was field run in 1998 (3/13/02) from an assumed datum.
6/14/04 MR OWNER ATTEMPTED WALL CHECK BUT ORIG BP PLAN DOES NOT MATCH (INCORRECTLY SUBMITTED) THIS IS CORRECT PLAN USE AS BP PLAN
11-16-01

Signature: Mark R. [Signature]
Date: 6/14/04

SITE PLAN
LOT 8

JOSEPH D. JUDGE PROP
FULTON
Howard County, Md.
Scale: 1" = 30'
Plat No. - 3983

PREPARED BY:
THE J.E. CLARE COMPANY
LAND SURVEYING AND ENGINEERING
P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725 3442

