

12-7-88
12 NOVEN

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

OS. 396 336

INDEXED

P 45703

A 33087

DISTRICT 5th

DATE 3/19/90

DATE SYSTEM APPROVED 12/7/88

INSPECTOR RH

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Lime Kiln Valley ROAD 12702 Lime Kiln Road LOT 11

PROPERTY OWNER Warren Citrin

ADDRESS _____

BUILDING PERMIT SIGNED

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22% **AND RETURNED**

1-31-05 BODIS-123-Kitchen, Bathroom

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench 390 feet up the left (701.34') lot line and 90 feet off the same lot line as seen when facing the lot from Lime Kiln Road. Run trenches on contour toward right and left side of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. O.K./CW

PLANS APPROVED BY Sid Abele DATE 12/06/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED

AND RETURNED 12/15/94

Serial # 57588 - Storage

BLDG. PERMIT SIGNED

AND RETURNED 3/2/93

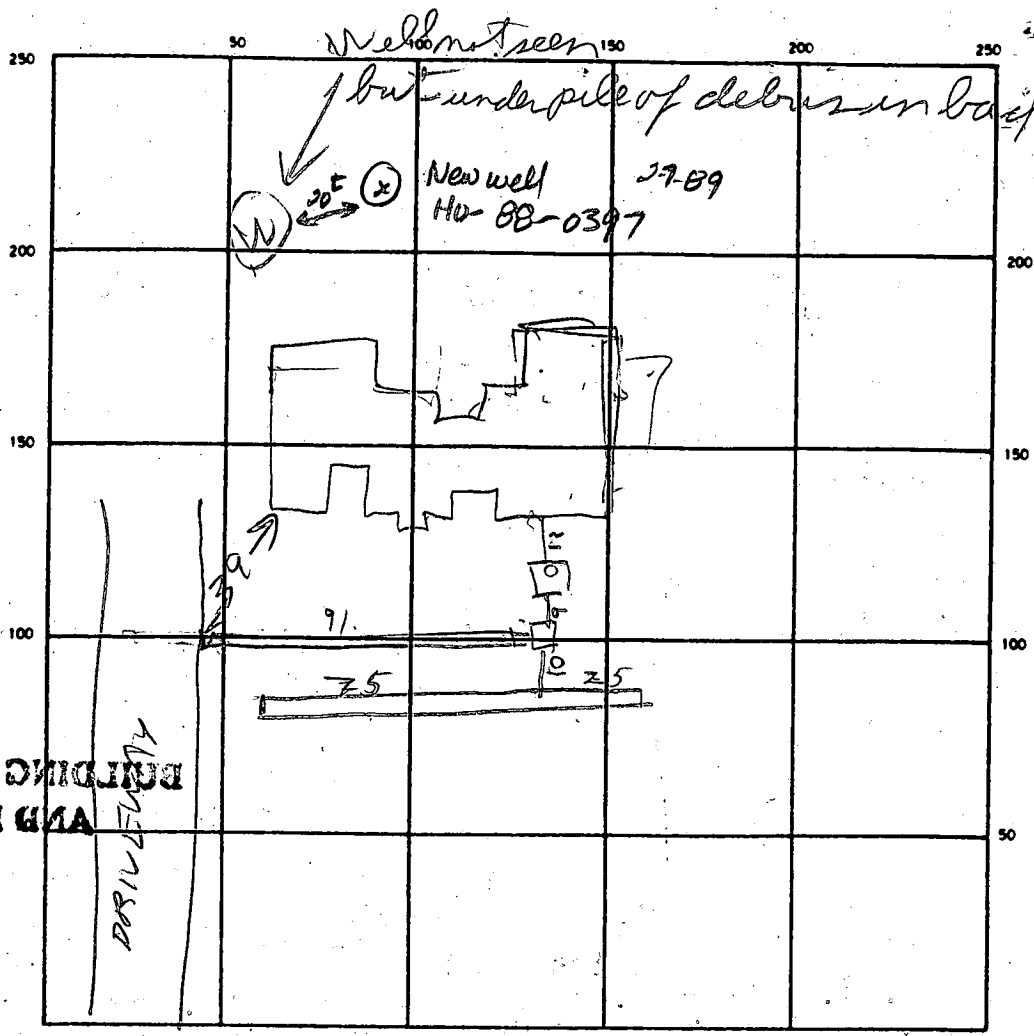
Serial # 47453

Inhouse Approval

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

33087



BUILDING PERMIT SIGNED AND RETURNED

SEPTIC TANK LEVEL OK CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 5/5 FT. TRENCH WIDTH 3/3 FT. INLET DEPTH 2.5/2.5 FT.

EFFECTIVE GRAVEL DEPTH 2/2 FT. TOTAL LENGTH 91/100 FT. 19 FT. INSTALL REQUIRE

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 573/548 SQ. FT.

DRYWELL INSIDE DIAMETER 7 FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 573 SQ. FT.

REMARKS 12/7/88 LOCATION LOOKS OK PER PLANS. WELL IN BACK BUT HIDDEN UNDER PILE OF TRASH RH

DATE SYSTEM APPROVED 12/7/88 INSPECTOR Raymond Hodges

SUBDIVISION: Lime Kiln Valley

LOT NUMBER: 11

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 feet below original grade.

3BR/1BP

Bottom maximum depth 5 feet below original grade.

Effective area begins at 3 feet below original grade.

2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE FIRST TRENCH 390 FEET UP THE LEFT 701.34 FEET LOT LINE AND 90 FEET OFF THE SAME LOT LINE AS SEEN WHEN FACING THE LOT FROM LIME KILN RD. RUN TRENCHES ON CONTOUR TOWARD RIGHT AND LEFT SIDE OF LOT. 6-1-88 SML

APPLICATION

SEWAGE DISPOSAL TESTING

A- 33087

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2353

DISTRICT 5th

DATE August 24, 1983

COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

OWNER ~~Grace A. E. Eisenhardt~~ WARREN CITRIN
eye Tracy, Schutte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike PHONE 465-6105

LOCATION
Child's Lime Kiln Valley LOT NO. 12 11
12702

DESCRIPTION Brown Bridge Road @ Lime Kiln

SIZE OF LOT 3.3 Acres - 6.228 acres TYPE BLDG. Vacant
(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.D.S.M.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY S. All FOR Shallow trenches DATE 6-1-88

OBJECTED BY _____ FOR _____ DATE _____

IF PENDING FURTHER TESTS _____ DATE _____

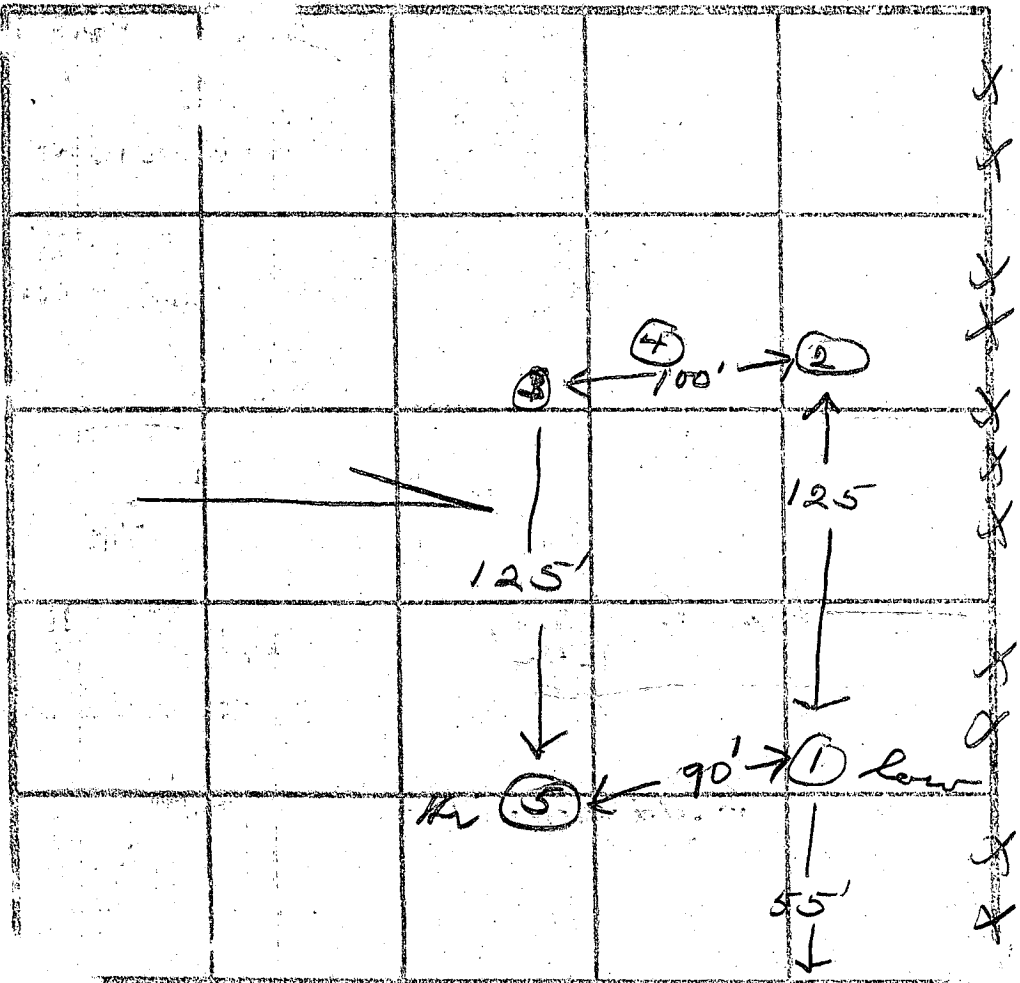
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6-3-88

BP18903
SAC

THIS IS NOT A PERMIT

PROFILE



lot 12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. (2) 40, 13

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/7/83	1 S (14)	4	10:28	10:31	10:31	10:34	3
	M	8	10:28	10:33	10:33	10:38	5
	2 S (12)	8	10:50	10:51	10:51	10:54	3
	M	8	10:47	10:51	10:51	10:53	2
	3 S (9)	8	11:48	11:51	11:51	12:00	9
	M	8	11:25	11:29	11:29	11:35	6
	4	7	solid bottom		- sand stone		
	5 S	4	1:30	1:32	1:32	1:36	4
	M	8	- same as hole #3				

Inlet 3 1/2
Manp 5'
5-min

APPLICATION

A 33 090

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 478 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE August 24, 1983

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 Grace A. E. Eisenhardt c/o Tracy Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Child's LOT NO. (New) 11

ROAD AND DESCRIPTION Brown Bridge Road @ Lime Kiln

SIZE OF LOT 3.9 Acres TYPE BLDG. Vacant
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Combine # A33087

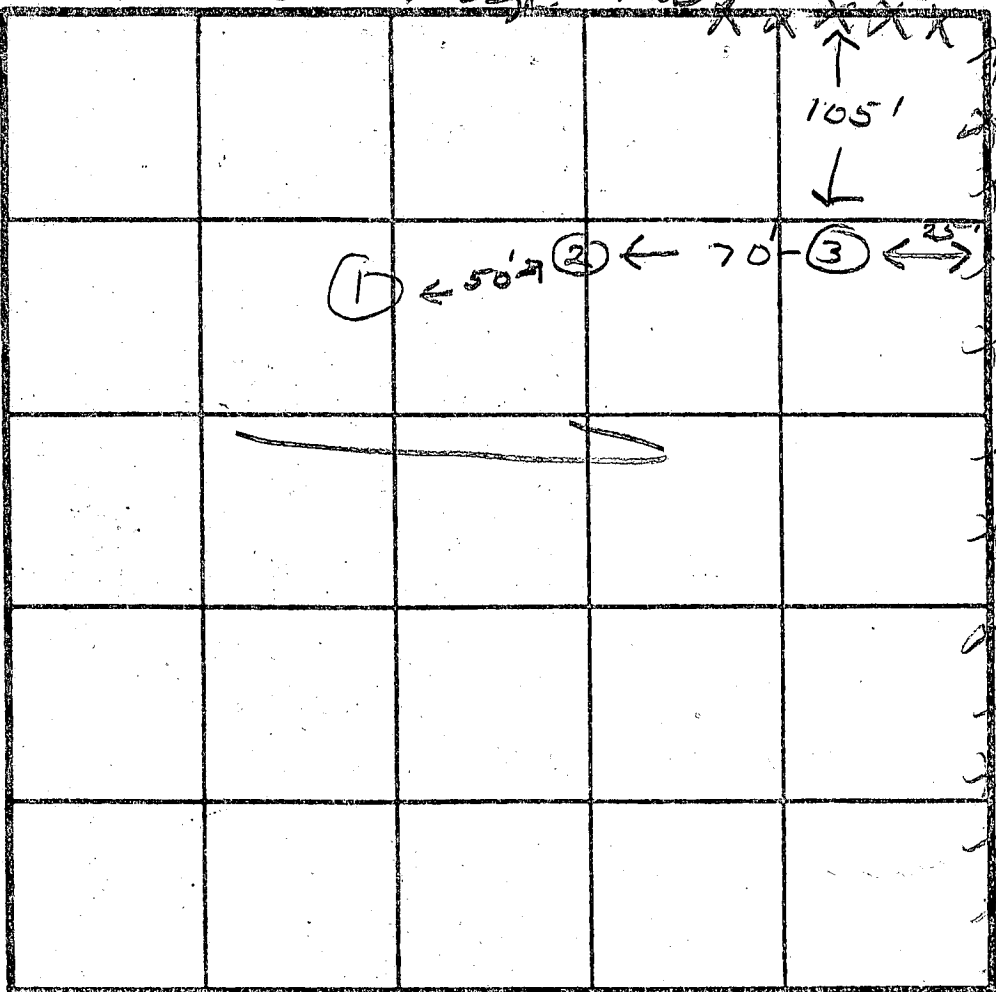
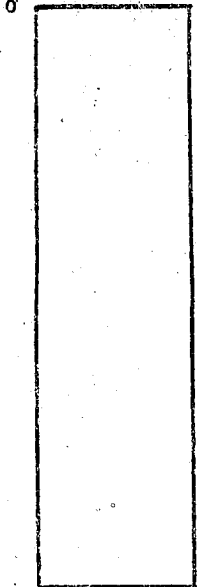
THIS IS NOT A PERMIT

Brown Brook Rd

OP

fence

SOIL PROFILE



lot 11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/7/83	1	6	solid stone bottom				
	2	5 1/8	3				
	3	4 1/2	solid stone bottom				

REMARKS *Could not find suitable perc area*

TYPE OF SOIL _____

TESTED BY *[Signature]*

ALSO PREP *K. Schuster*

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING:

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32470

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE February 7, 1983

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE (301) 465-6105
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Child's LOT NO. X (Corner lot part of Lot 11)

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln

SIZE OF LOT 3.526 Acres TYPE BLDG. N/A
(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.

James K. Tracy
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/7/83 LITTLE PERC & UNDERGROUND WATER RH
3/15/83 UNDER GROUND WATER 121
Combine A33087

THIS IS NOT A PERMIT

GMB2
①
SOIL PROFILE

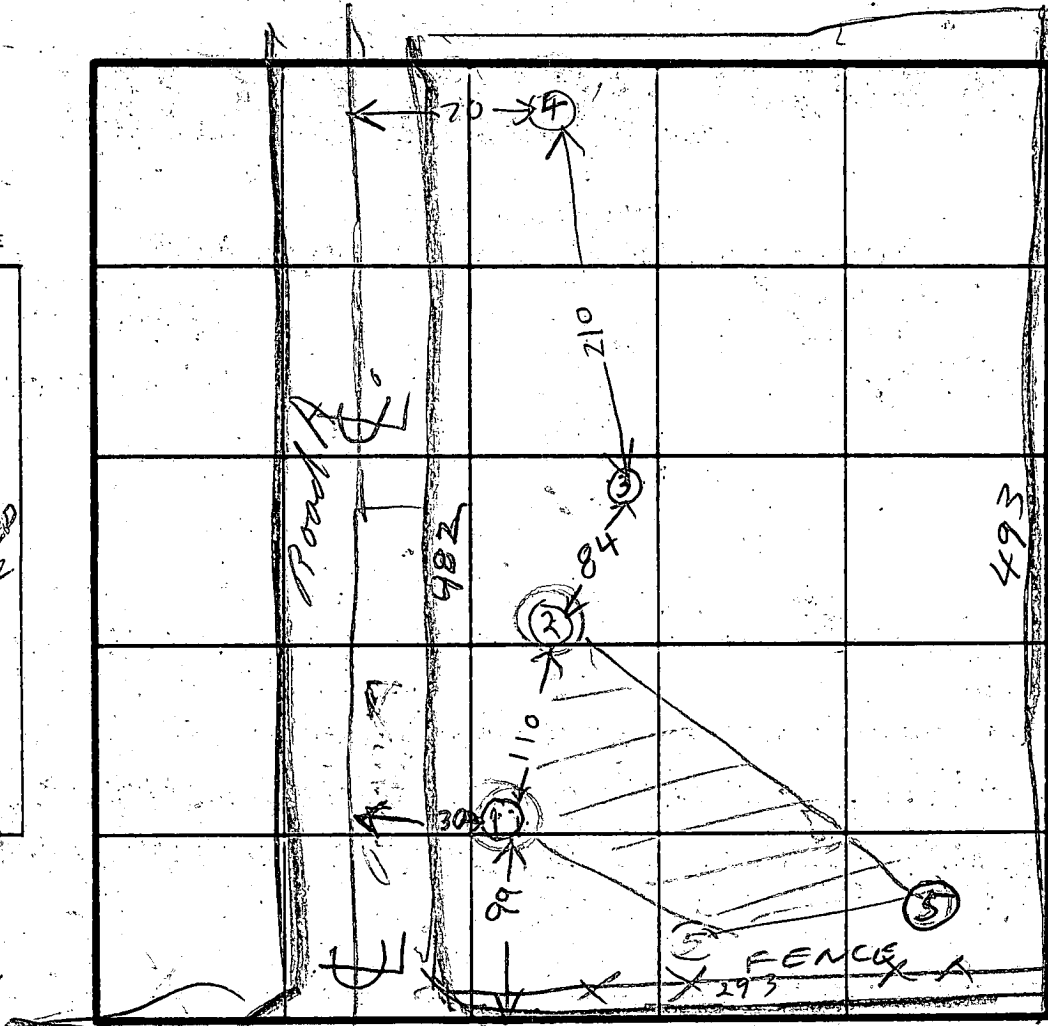
BROWN & GRAY CLAY
SOME TRAPPED WATER

14
14 1/2
② GMB2

BROWN REDDISH TAN CLAY & SOME TRAPPED WATER

③
BROWN CLAY
WATER

④
TAN CLAY
BROWN CLAY
WATER



HOLE #1-5
③ HIGHEST
① LOWEST
② ④ MEDIUM

⑤
0
BROWN CLAY
5
BROWN SILTY SAND LOAM
11 1/2
12

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
BROWN BRIDGE RD

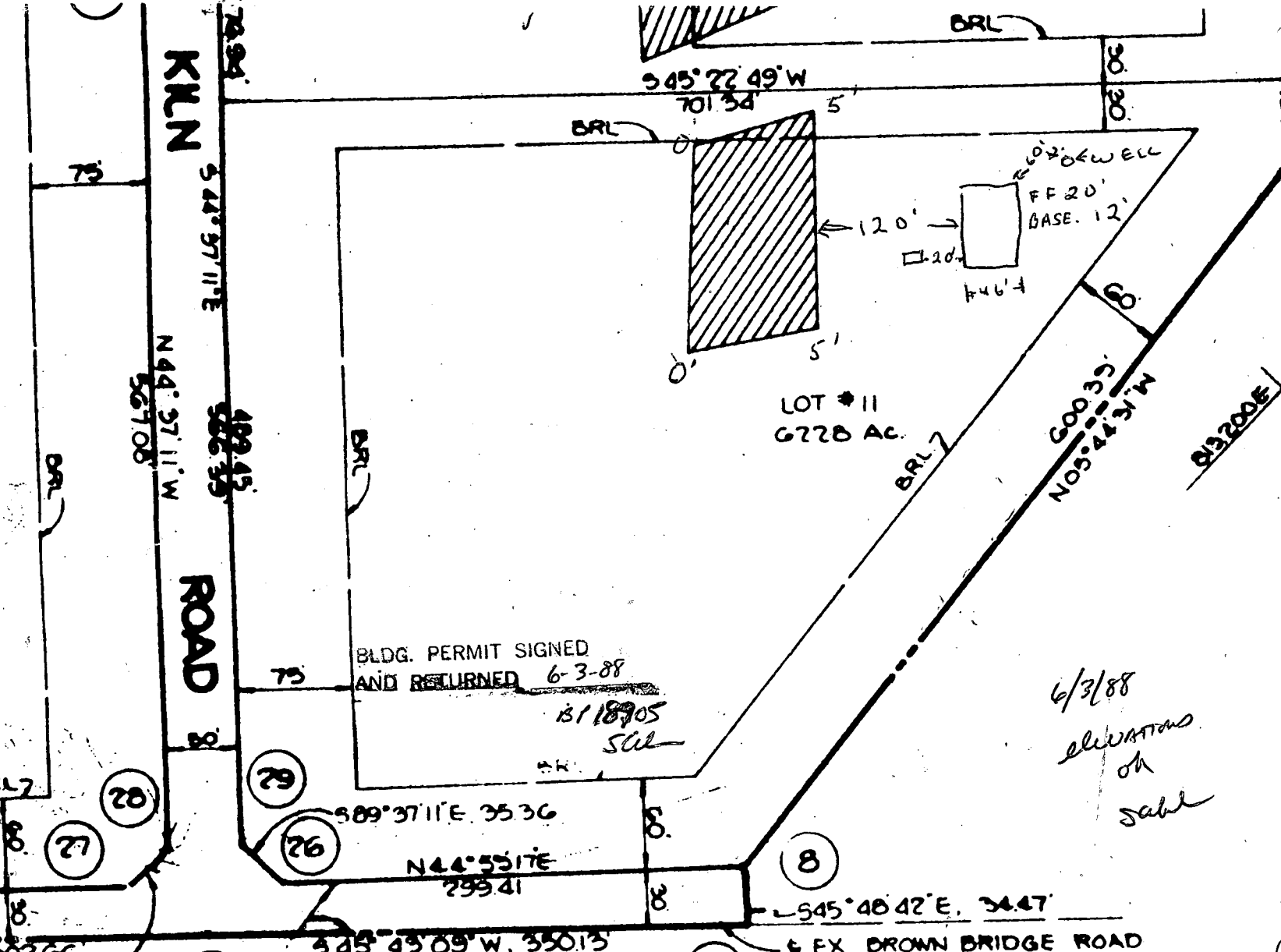
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/7/83	1 S	4 1/2	1031	1104	1st INCH		
	1 M	8	1031	1104	LITTLE PERL SLOW		
3/7/83	1 V	14 1/2	LOOKS UNSATISFACTORY		See Profile		
	2 S	4 1/2	1104	1201	SLOW		
	2 M	8 1/2	1104	1201	SLOW		
	2 V	13	LOOKS UNSATISFACTORY		See Profile		
	3 V	12	LOOKS UNSATISFACTORY		See Profile		
	4 V	12	LOOKS UNSATISFACTORY		See Profile		
	5 V		UNSATISFACTORY				

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES

MR. YOUNG REAL ESTATE
ALSO PRESENT ROLAND ENGINEER
K. SCHLSSLER BACKHOE



12702 LIME
KILN ROAD
⑦ LOT # 11
SUB DIVISION
LIME KILN VALLEY
PARCEL 490
CENSUS TRACT 6051
BLOCK # 23
ZONE MAP 40

BLDG. PERMIT SIGNED
AND RETURNED 6-3-88
1818905
SAB

6/3/88
ELEVATIONS
ON
SABL

FF. 20' ✓
BASEMENT 12' ✓
ELEV OUT OF HOUSE 4'-3" ✓
ELEV IN TANK 3'-9" ✓
ELEV OUT TANK 3'-3" ✓
ELEV AT TRENCH 5'-0" ✓
TRENCH IN 2'-6" ✓
5/31/88 1/2" SABL
BRL

David Holladay

LAND DEDICATED TO HOWARD CO FOR THE PURPOSE OF A PUBLIC ROAD

BRIDGE ROAD

IF ANY QUESTIONS OR PROBLEMS
DAVE HOLLADAY

TRACY, SCHULTE AND ASSOCIATES
8450 BALTIMORE NATIONAL PIKE SUITE 34
ELLCOTT CITY, MARYLAND 21045
(301) 465-6105

997-0736

9330 OUR TIME LANE
COLUMBIA MD.
21045

? Paper work

12/13 LATE P.M.
(12:30 or later)

12/13/88 Partial
↓

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement _____

Receipt # 43194
Date 12-12-88

Name of Installer John Maske

Telephone 2476963

License number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3189

Name of Property Owner WARD Mrs + Mrs Citrin

Telephone 5315644

Subdivision Fulton Md Lot # 11
Site Address 12702 Stone Hill Rd

Well tag # 1230
No tag 12/13/88

Pump
1. Type
a. Deep well jet ✓
b. Shallow well jet _____
c. Submersible _____
2. Make Boulders
3. Model # _____
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ✓ Cable guards ✓ Other Tape

Motor
1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 ✓

Pitless Adapter
1. Make NARVAARD
2. Model # PT 800
3. Depth 42"
*16" in tank has been replaced
to 1' above replaced
Plumber Maske*

Tank
1. Capacity 82
2. Pressure relief valve? yes

Piping
1. Type Blue Blue
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 180

Well data
1. Depth 180 ft.
2. Yield 10 GPM
3. Static water level 160 ft.
4. Will water supply be disinfected by installer? No

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Note 12/13

Signature of Applicant: John Maske

Date: 12-12-88

A-33087
on yellow card
for the Permit 12/13/88 RH

12/13 Partial - ① line from house to well - ok
② Pitless adapter - C.B.D.

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

Windows near driveway
left sticker on 12/13
at well, C.B.D.

B 1 **7922** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0397
 fill in this form completely

Date Received (APA) **013089**
 OWNER INFORMATION
 C. TRIV. WARRUM
 12702 LIME KILM RD
 HIGHLAND MO 20707

B 3 LOCATION OF WELL
 HOWARD
 LIME KILM VALLEY
 SECTION 11 LOT 11
 HIGHLAND
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
 Ralph MAYNE
 223
 Firm Name: Ralph Mayne Well Drilling
 Address: 5120 Brown Church Rd. Mt Airy
 Signature: Ralph Mayne Date: 1/30/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 LIME KILM RD.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **600**
 ENTER FT or MI **FT**

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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard
 COUNTY NAME COUNTY NO. 13
 STATE SIGNATURE DATE ISSUED
 013089 Mark E. Kilkinn 7/30/89
 NORTH GRID 482000 EAST GRID 0812000

APPROXIMATE DEPTH OF WELL **150** FEET

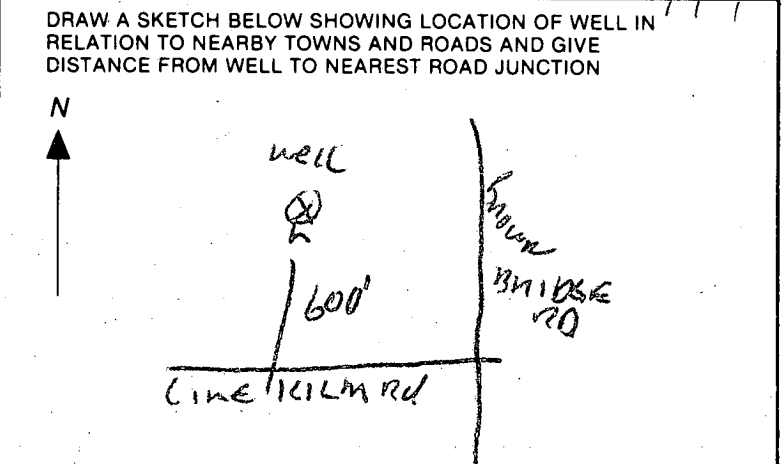
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-88-0397**

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 812 2
 N 482 2
 2-7-89 12:25 pm
 63 ft casing
 Cancelled grout JEN
 FRENCH AND
 2/10/89 9:30 HOLE DUG FOR
 40 FT OPEN PITLESS ADAPTOR
 3 FT CASING A.C. GROUT ONLY TO THAT PT.
 8 BAGS
 GROUT OBSERVED
 MR
 000 VTAG OK 2/10/89



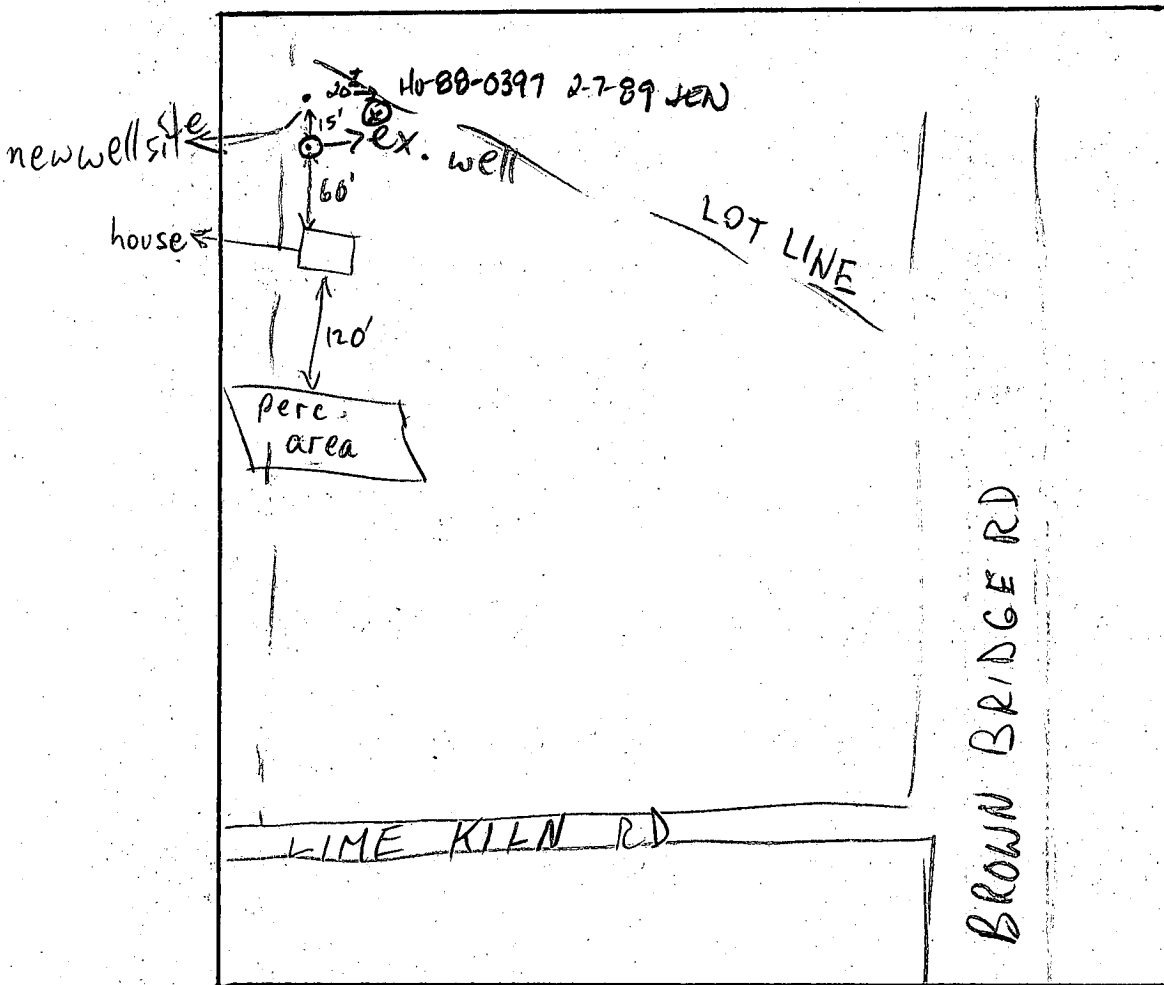
SPECIAL CONDITIONS

REPLACEMENT WELL SITE INSPECTION

OWNER Warren Citrin
ADDRESS LOT 11 LIMKILN VALLEY
LIMEKILN RD
HO-81-0830 DAMAGED,

DATE REQUESTED 1/30/89
DRILLER RALPH MAYNE
WELL TAG# _____
COUNTY# _____

LOCATION DIAGRAM



COMMENTS: WELL HO-81-0830, NOT YET PUT INTO SERVICE IS SEVERELY
DAMAGED. A TREE FELL ON IT, BROKE THE CASING BELOW GRADE,
DEBRIS IN THE HOLE. DRILLER RECOMMENDS / REQUESTS REPLACING WELL.
NEW LOCATION APPROVED 15' UPHILL OF EXISTING WELL.

1/30/88 CW Citrin

C1 **6772** SEQUENCE NO. 3 (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A33087**

DATE Received [] DATE WELL COMPLETED **021089** Depth of Well **305** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-0397**

OWNER **Citrin** last name **Wurzen** first name
 STREET OR RFD **Lime Kiln Rd** TOWN []
 SUBDIVISION **Lime Kiln Valley** SECTION [] LOT **11**

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	
Top Soil	0	2	
Sandy	2	5	
Sand Stone	5	25	
Sandy	25	55	<input checked="" type="checkbox"/>
Sand Stone	55	75	
WIK KIA	75	80	
Sand Stone	80	85	<input checked="" type="checkbox"/>
WIK KIA	85	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **2** NO. OF POUNDS **200**
 GALLONS OF WATER **11**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter top (main) casing TYPE **PL** **G** **48**
 (nearest inch) (nearest foot)
 Total depth of main casing (nearest foot) **305**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 **140** **63** **305**
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []

A 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **277**
W. H. Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

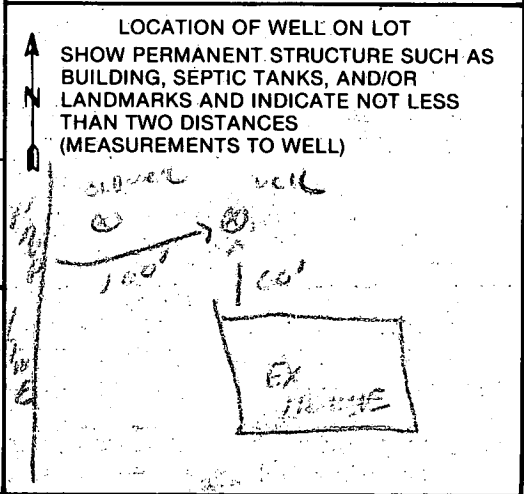
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **40** WHEN PUMPING **160**
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height) above } LAND SURFACE below } **3** (nearest foot)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0397
 Location of property (road) Lime Kiln Rd
 Subdivision Lime Kiln Valley Lot 11 Block Plat Sec.
 Well Driller R. Mayne Owner Warren Citrin

Depth of well 305'
 Distance of measuring point (M.P.) above ground 3'
 Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 160 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	160 ft	30 Sec	[Large scribble]	2 GPM
8:30	160 ft	30 Sec		2 GPM
8:45	160 ft	30 Sec		2 GPM
9:00	160 ft	30 Sec		2 GPM
9:15	160 ft	30 Sec		2 GPM
9:30	160 ft	30 Sec		2 GPM
9:45	160 ft	30 Sec		2 GPM
10:00	160 ft	30 Sec		2 GPM
10:15	160 ft	30 Sec		2 GPM
10:30	160 ft	30 Sec		2 GPM
10:45	160 ft	30 Sec		2 GPM
11:00	160 ft	30 Sec		2 GPM
11:15	160 ft	30 Sec		2 GPM
11:30	160 ft	30 Sec		2 GPM
11:45	160 ft	30 Sec		2 GPM
12:00	160 ft	30 Sec	2 GPM	
12:15	160 ft	30 Sec	2 GPM	
12:30	160 ft	30 Sec	2 GPM	
12:45	160 ft	30 Sec	2 GPM	
1:00	160 ft	30 Sec	2 GPM	
1:15	160 ft	30 Sec	2 GPM	
1:30	160 ft	30 Sec	2 GPM	
1:45	195 ft	30 Sec	2 GPM	
2:00	195 ft	30 Sec	2 GPM	
2:15	195 ft	30 Sec	2 GPM	

OVER Pump Test Stop.

CHANGED TESTERS

Pump DOWN to 195'

HD-224 68' CASING
 2:15 195' ft

Time	Water Level	Pumping rate	Flow
2:30	195' Ft	30 Sec	2 GPM
2:45	195' Ft	30 Sec	2 GPM
3:00	195' Ft	30 Sec	2 GPM
3:15	195' Ft	30 Sec	2 GPM

EXTRA Pump TIME

3:30	195' Ft	30 Sec	2 GPM
3:45	195' Ft	30 Sec	2 GPM
4:00	195' Ft	30 Sec	2 GPM
4:15	195' Ft	30 Sec	2 GPM

Feb 7, 1985 HO-88-0397

Lot 11 LIME KILN VALLEY
owner. WARREN CITRIN

T

TIME	water level	Pumping RATE	Flow
8:15	160'	30 Sec	2 GPM
8:45	160'	30 "	2 GPM
9:00	160'	30 "	2 GPM
9:15	160'	30 "	2 GPM
9:30	160'	30 "	2 GPM
9:45	160'	30 "	2 GPM
10:00	160'	30 "	2 GPM
10:15	160'	30 "	2 GPM
10:30	160'	30 "	2 GPM
10:45	160'	30 "	2 GPM
11:00	160'	30 "	2 GPM
11:15	160'	30 "	2 GPM
11:30	160'	30 "	2 GPM
11:45	160'	30 "	2 GPM
12:00	160'	30 "	2 GPM
12:15	160'	30 "	2 GPM
12:30	160'	30 "	2 GPM
12:45	Pump Test Stop. water level rose		
1:00	CHANGED Testers TO 130'		
1:15	Started Pump Test A GAIN Pump Down to 195'		
1:30	195'	30 Sec	2 GPM
1:45	195'	30 "	2 "
2:00	195'	30 "	2 "
2:15	195'	30 "	2 "
2:30	195'	30 "	2 "
2:45	195'	30 "	2 "

TIME	Water Level	Pumping Rate	FLOW
3:00	195'	30 Sec	2 GPM
3:15	195'	30 Sec	2 "
EXTRA	Pumping	Time	
3:30	195'	30 Sec	2 "
3:45	195'	30 "	2 "
4:00	195'	30 "	2 "
4:15	195'	30 Sec	2 GPM

68 ft casing

LIME KILN 11

DRILLER - RALPH MAYNE JR.

CONFIRMS ORIGINAL
WELL HO-81-0830
WAS ABANDONED,

HE WILL SEND

ABANDONMENT REPORT.

OK TO ISSUE ICOP
ON HO-88-0397
AT THIS TIME,

Craig Williams

B 1 **6438** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0830
 fill in this form completely

Date Received **12/14/84**
OWNER INFORMATION
 CITRINA ELIZABETH
 8719 TERESA LA
 LAUREL MD 20207

B 3 LOCATION OF WELL
 HOWARD
 LIME KILM VALLEY
 SECTION 44-46 LOT 11
 HIGHLAND
 MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION
 Ralph Mayne
 RALPH MAYNE (WELL DRILLING)
 9120 Brown Church Rd. Mt Airy
 Ralph Mayne 12/13/84

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 LIME KILM Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 600
 ENTER FT or MI 64

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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD COUNTY NAME
 A 33087 COUNTY NO.
 DATE ISSUED 12/17/84
 NORTH GRID 481000 EAST GRID 0813000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) AIR-ROTary
 JETTED
 Jettted & DRIVEN
 AIR-PERCussion
 ROTARY (Hydraulic Rotary)
 CABLE
 REVERSE-ROTary
 Drive-POINT

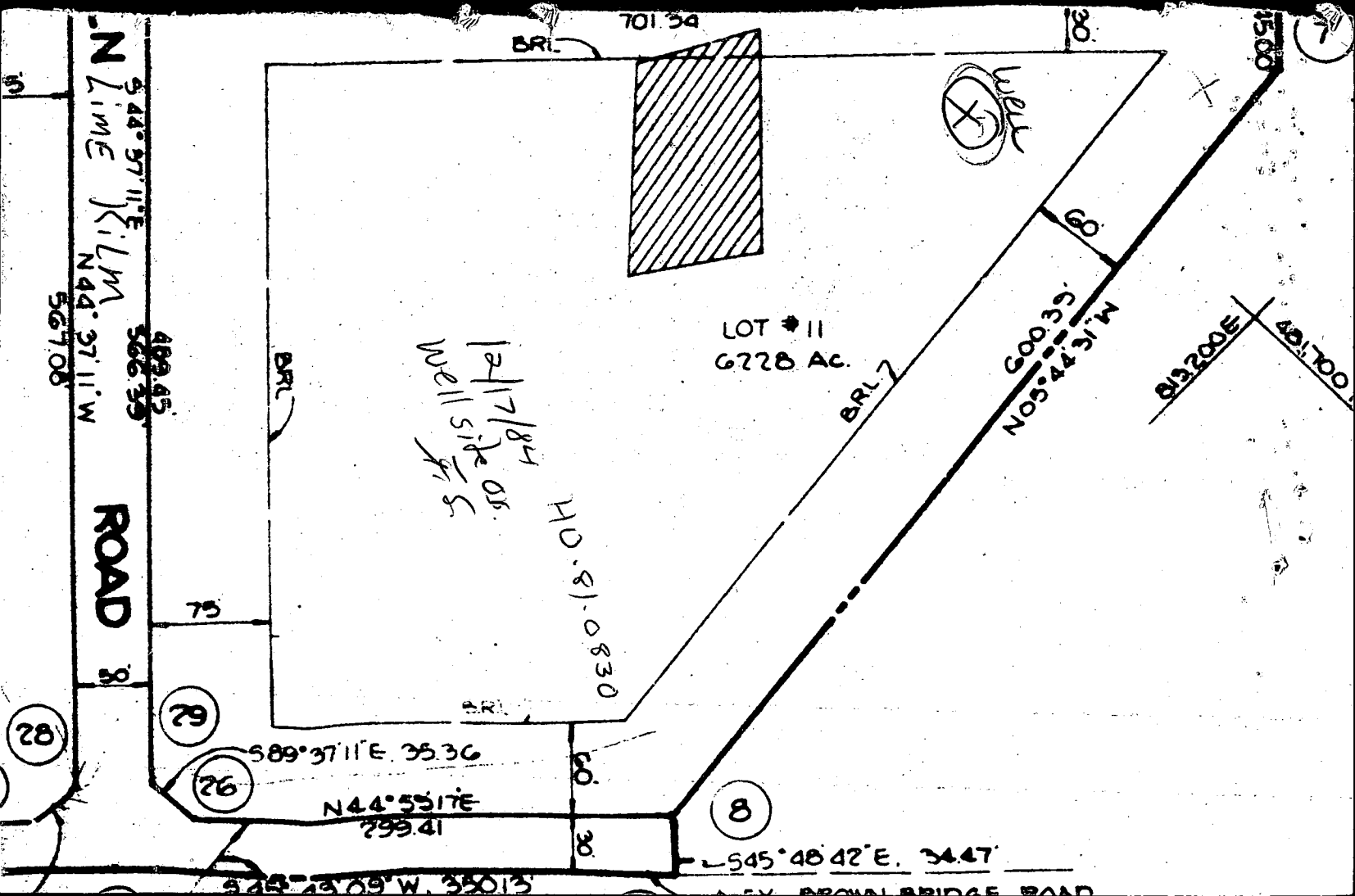
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N 810 3
 E 480 8

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 HIGHLAND
 MD 216
 well 6089
 Line
 Brown BRIDGE
 Kilm Rd

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER GAP
 FORCE FS WRITE INITIALS IN BOX PERMIT NO. 40-81-0830

SPECIAL CONDITIONS



C1 9479 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 33087

DATE Received, DATE WELL COMPLETED 122784, Depth of Well 180, PERMIT NO. 40-87-0830

OWNER Citrin Elizabeth, STREET OR RFD last name Limekiln Rd. first name Elizabeth, TOWN Highland, SUBDIVISION Limekiln Valley, SECTION, LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Sandy, Sandstone, Micka, Sandstone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 15, NO. OF POUNDS 1500.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE PL, Nominal diameter 60, Total depth 180.

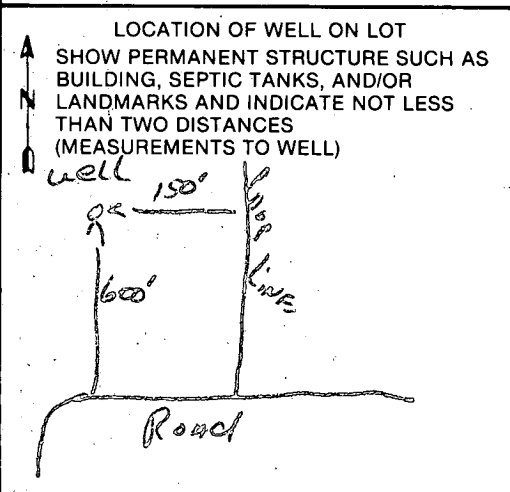
OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole insert appropriate code below, SCREEN TYPE HO, DEPTH 98, 180.

GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER).

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 40, WHEN PUMPING 20, TYPE OF PUMP USED S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP-COLUMN LENGTH, CASING HEIGHT.



CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 273, DRILLERS SIGNATURE Ralph Mayne

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

1-89 Well destroyed and abandoned. New well drilled (H0-88-0397)

Office of Environmental Programs

WELL ABANDONMENT REPORT

Date Feb 7, 1989

Permit Number of abandoned well (if any)

H0-88-0830

Driller's Name MAYNE Ralph
Last First

Owner's Name CITRIN WARREN
Last First

Well Location:

County Howard
Subdivision LIME KILN VALLEY
Section Lot 11
Nearest Town HIGHLAND
Maryland Grid Location

Box Number E 810
N 480

	0/5		5/5
(X)	0/0		5/0

Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify

Depth of Well 180 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify

Size of Casing 6 1/4 Inches

Was any case removed Yes No
if yes amount removed 4 (feet)

Was casing ripped or perforated Yes No

Log of Sealing Material

Material	Feet	
	From	To
WELL Cuttings	90	12
Cement	12	2
SOIL	2	0

Driller Ralph Mayo
(Signature)

License # 293

HOWARD COUNTY

APPLICATION

PERMIT APPLICATION

SERIAL NUMBER

47452

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12702 Line Kiln Rd
Highland, Md. 20777

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Finish basement
- PLAYROOM
- Full Bath
- Family Room
- Sitting Room/WALK IN CLOSET

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
11	490			23		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
		RP	40	5	6051.02	

OWNER NAME AND ADDRESS

Warren CITRIN 410 531-6319
12702 Line Kiln Rd Highland Md 20777

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1100 sq ft			

OCCUPANT'S NAME AND ADDRESS

SAME AS ABOVE

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

CONTRACTOR'S NAME AND ADDRESS

Warren CITRIN 410 531-6319
12702 Line Kiln Rd Highland Md

FOOTINGS	FOUNDATION	S. WALLS

EXISTING USE

SINGLE FAMILY OCCUPANCY

PROPOSED USE

same

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EST. CONSTRUCTION COST

15000

LICENSE NUMBER

PERMIT FEE

Warren Citrin
Contractor/owner
2/6/93
DATE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	3-2-93	Frommelt
FIRE PROTECTION		
STORM WATER MGM.		

CAUTION

The Department of Inspections, Licenses and Permits is not responsible for the accuracy of the information provided on this permit. The permit holder is responsible for the accuracy of the information provided on this permit. The permit holder is responsible for the accuracy of the information provided on this permit.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED

LP-00-591

APPROVED DATE
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

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

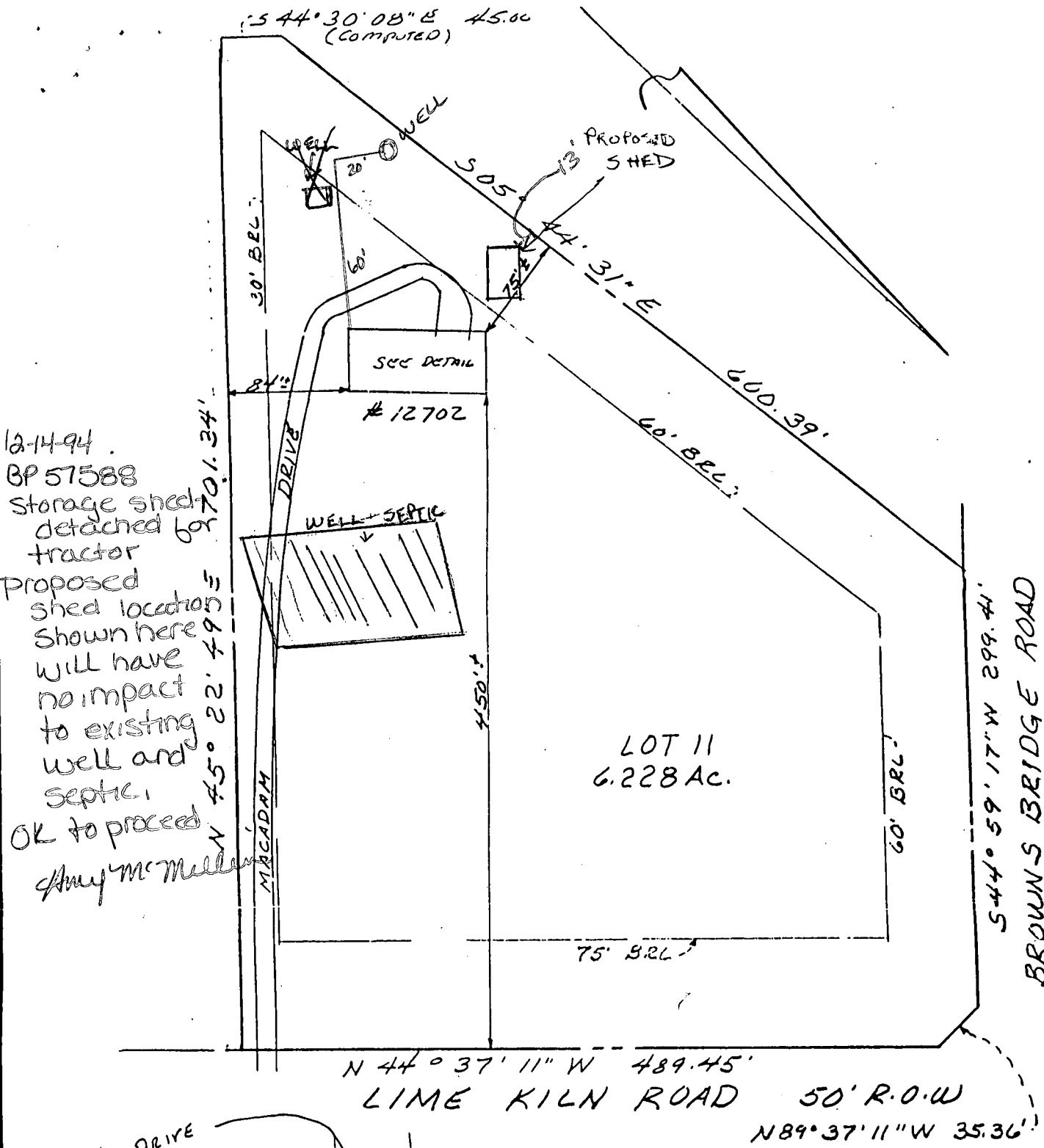
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

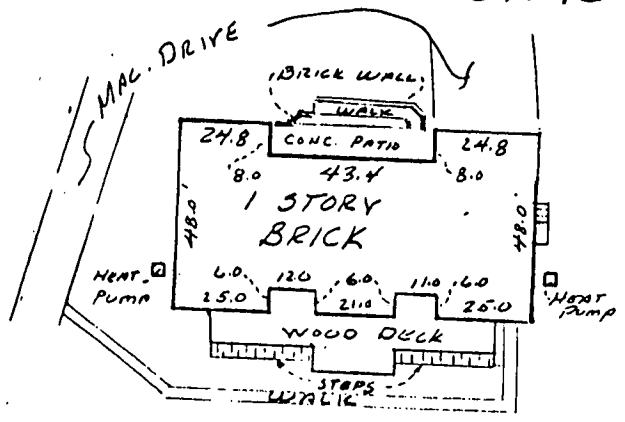
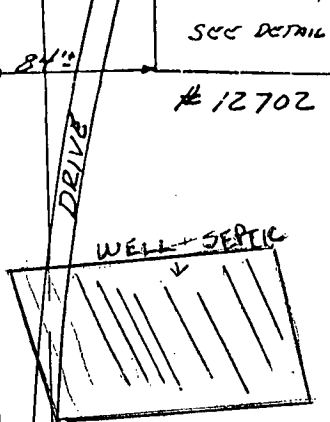
*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260

33087



12-14-94
 BP 57588
 Storage shed detached for tractor
 Proposed shed location shown here will have no impact to existing well and septic.
 OK to proceed
 Amy McMullen



DETAIL, SCALE: 1" = 50'



CERTIFICATION PLAT
LOT 11
SECTION 1, AREA 1
LOTS 1 THRU 14
LIME KILN VALLEY
5TH ELECTION DISTRICT
HOWARD COUNTY, MD
SCALE: 1" = 100'

THE PROPERTY SHOWN HEREON LIES WITHIN FLOOD ZONE "C" ACCORDING TO F.E.M.A., FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NUMBER 240044-0037-B DATED 12/4/86

This does not constitute a lot survey, this will certify to TITLE Group, INC. that I have located the existing improvements on the above lot(s) as established by methods accepted by the Maryland Society of Surveyors - 1985 Guidelines in accordance with the plat and/or deed of records. This plat was prepared without a title report and does not purport to reflect all easements, encumbrances, or other circumstances affecting the title to the shown lot(s).

Gary J. Thurman 9-MAR-92
 Registered Surveyor

Reference: Howard Co. PLAT No. 6031
 date drawn by checked by

Wall Check Final 3/2/92

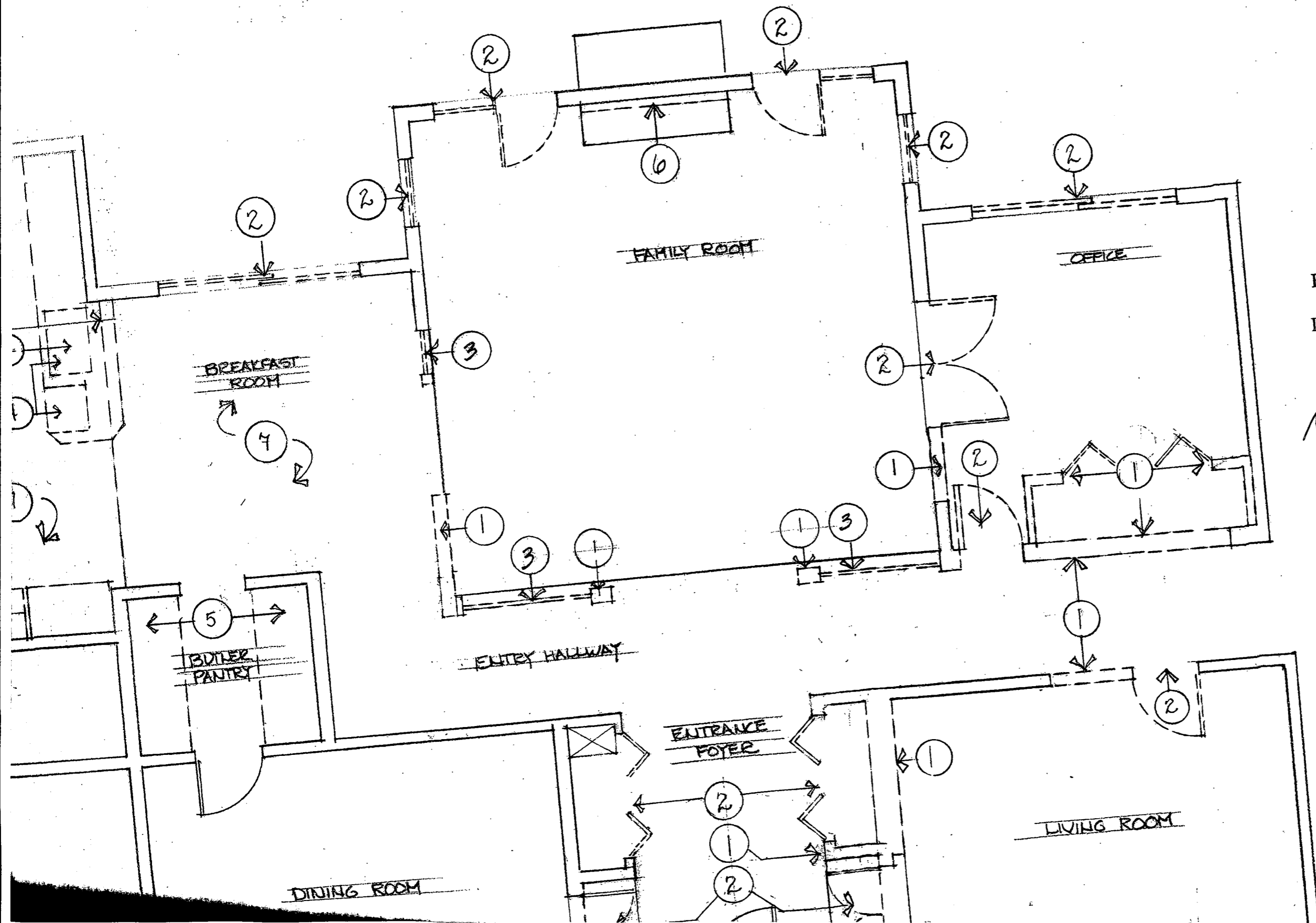
QODESH ENGINEERING SERVICES INC.



ENGINEERS
PLANNERS
SURVEYORS

The Mill Center, Suite 100
 3000 Chestnut Avenue
 Baltimore, MD 21211
 (301) 669-1303

Job No. Y92-02-24-D



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 000152123 A# 33087
 APP. SAN PAY DATE: 1/31/05
 DESC. OF WORK: Remodeling
Interior / Kitchen / 2 full bath rooms.
 + other in terior.

No impact on existing
 house footprint,
 and bedrooms added.