

60/29/87
 12/1/87 3 PM
 12/2 1 PM FINAL
 MEET CONTRACTOR AT SITE
 DESIGN PROBLEM - WELL LOCATION ADJACENT LOT.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
 BUREAU OF ENVIRONMENTAL HEALTH
 461-9933

05-402115
 INDEXED

P 40224

A 33510

DISTRICT 5th

DATE 10/02/87

DATE SYSTEM APPROVED 2 DEC 87

INSPECTOR RH

~~Kenny Allen~~ DON. PARLETTE IS PERMITTED TO INSTALL ALTER

ADDRESS 15050 Carr's Mill Road, Woodbine, Maryland 21797 PHONE 489-7095

SUBDIVISION Brighton Pines ROAD 13828 Lakeside Drive LOT 29, Sec. 1, Area 2

PROPERTY OWNER Reed

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 187 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the right front lot corner place 1st trench 280 feet down the right (757.49') lot line and 55 feet off the right line as seen when facing property from Lakeside Drive. Run trenches along contour towards the left REAR (504.14') and front lot lines.

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

PLANS APPROVED BY B. Nixon DATE 1/13/87

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 10/15/87
BU0132300
 Family rm. & rec rm. extension

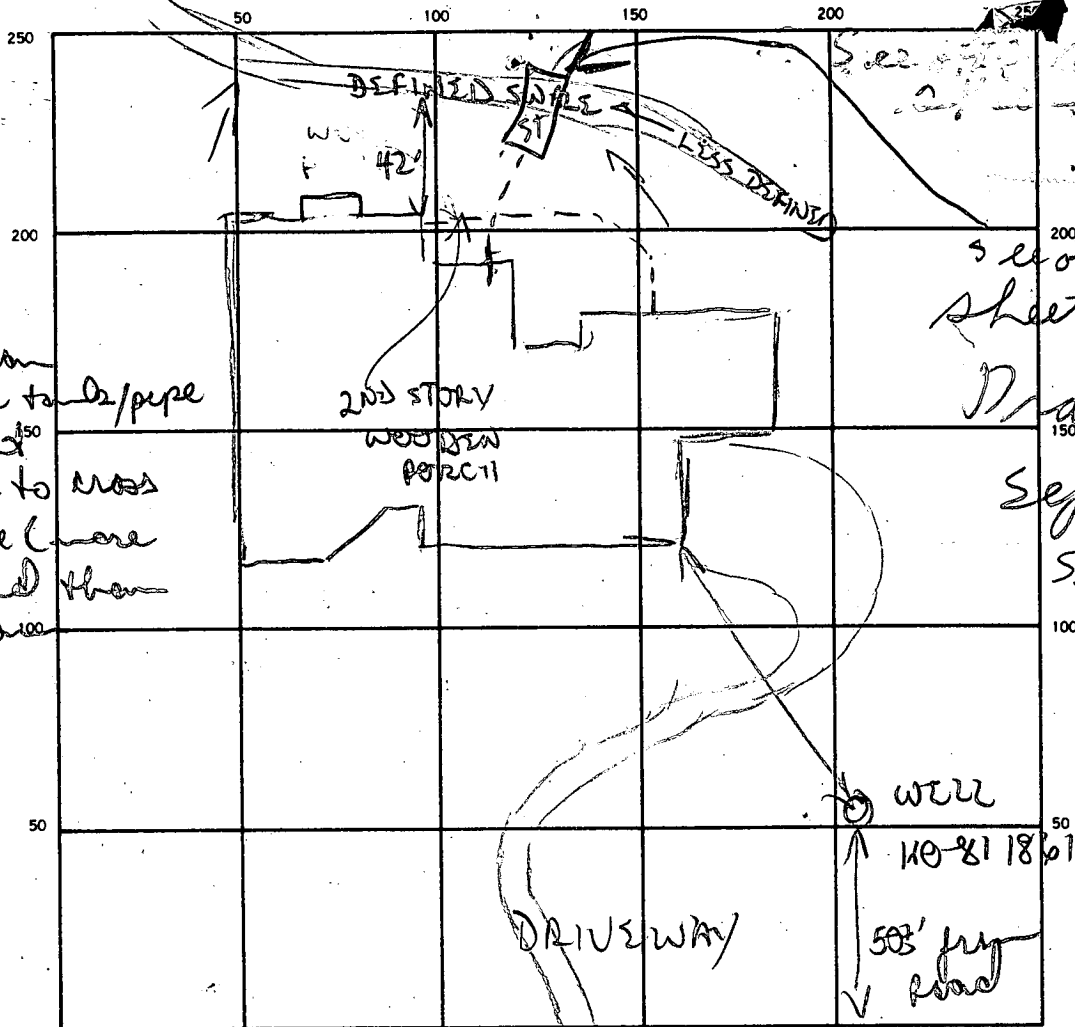
BLDG. PERMIT SIGNED
 AND RETURNED 6/16/92
Serial # 43660
Pool

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33510



NOTE
 on site plan
 place where tank/pipe
 to come out
 would have to cross
 over swale (more
 pronounced than
 on diagram)

See other
 sheet for
 Drawing of
 Septic System
 See back
 of septic
 system
 Plan
 sheet

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

LAKESIDE DRIVE

SEPTIC TANK. LEVEL OK 1500

CLEANOUTS ST
OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH $\frac{1}{2}$ / $\frac{8}{8}$ FT. TRENCH WIDTH $\frac{1}{2}$ / $\frac{2}{2}$ FT. INLET DEPTH $\frac{1}{3}$ / $\frac{3}{3}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{4.5}$ / $\frac{1}{4.5}$ FT. TOTAL LENGTH $\frac{1}{93}$ / $\frac{2}{97}$ FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA $\frac{1}{428}$ / $\frac{2}{432}$ SQ. FT. TOTAL REQUIRED $\frac{1}{860}$ / $\frac{2}{798}$

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/29/87 changing tank location to get

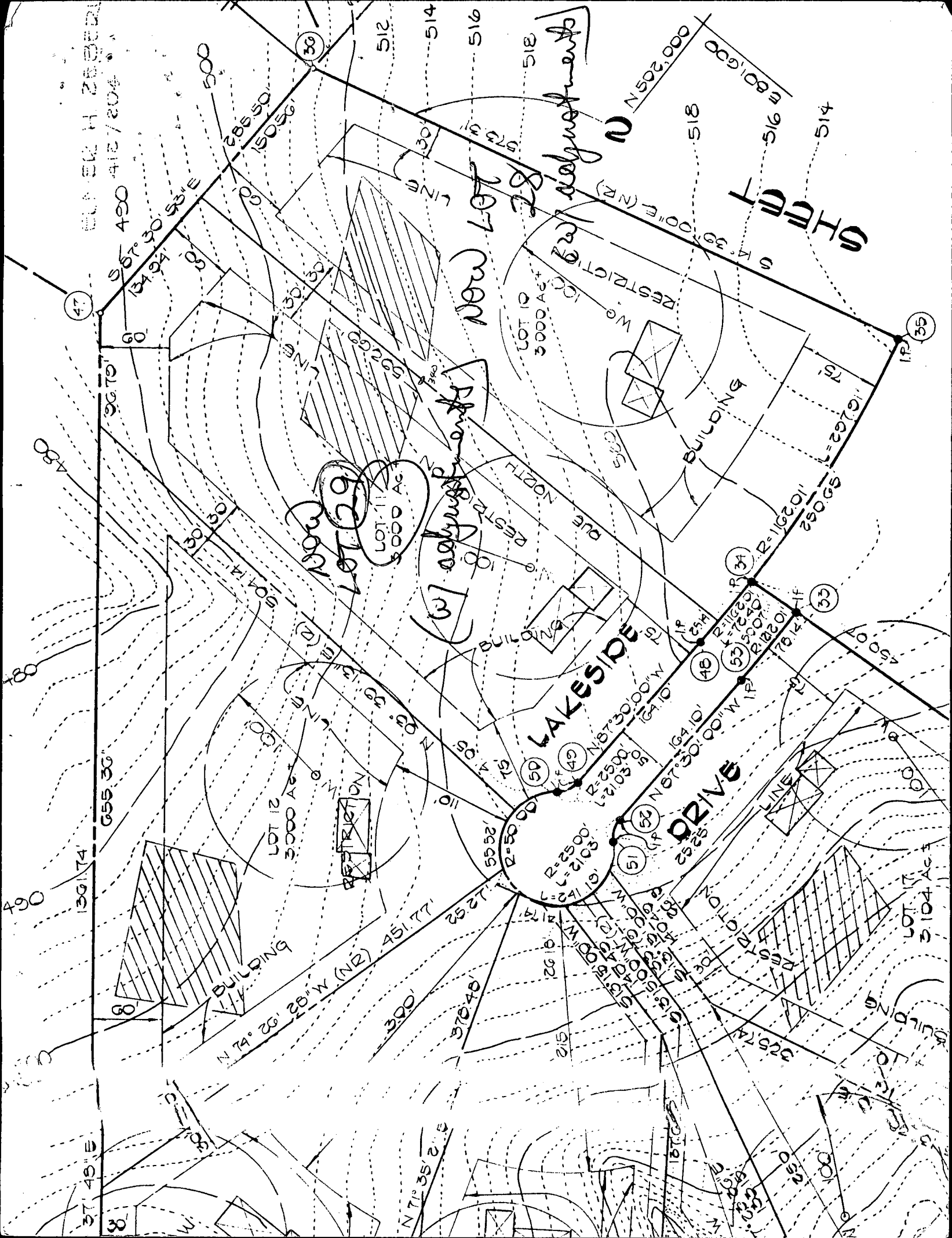
12/1/87 LOCATION OK TRENCHES 170 G ADD STONE TO
TRENCHES & HOOKUP TANK BOX & HOUSE R/L

12/2/87 - STONE ADDED & SYSTEM HOOKED UP

DATE SYSTEM APPROVED 12/2/87

INSPECTOR Raymond Hodas

CLARENCE H. ZIEGLER
412/204



New Lot 28

New Lot 29

Area adjustments
(w) adjustments

Area adjustments
(w) adjustments

LAKESIDE DRIVE

DRIVE

DRIVE

BUILDING
RESTRICTION

BUILDING
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APPLICATION

33510

SEWAGE DISPOSAL TESTING

A 25-107

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 1-30-84

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 ~~ANNA McCarthy~~ Philip A. Manglitz Reed

ADDRESS 4100 Cathedral Ave N 20016 PHONE ~~202-363-2725~~ 854-0498

PROPERTY LOCATION: Brighton Pines II
SUBDIVISION ~~Propper prof~~ LOT NO. ~~20~~ new lot

ROAD AND DESCRIPTION Nicholas Dr 13719 Lakeside Drive 28 area 2

SIZE OF LOT 3A TYPE BLDG. SFD (NUMBER OF BEDROOMS) lot 29

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.

Michael Permitt 45-0842
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

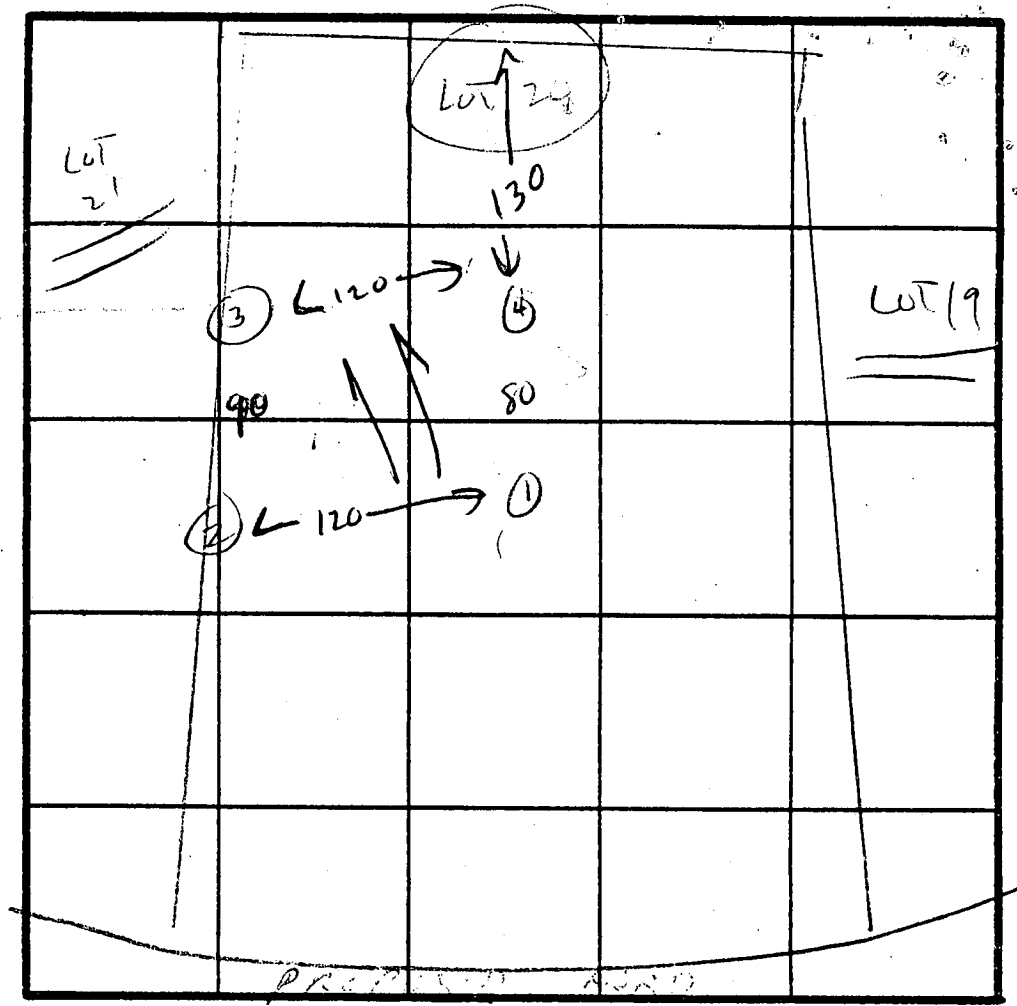
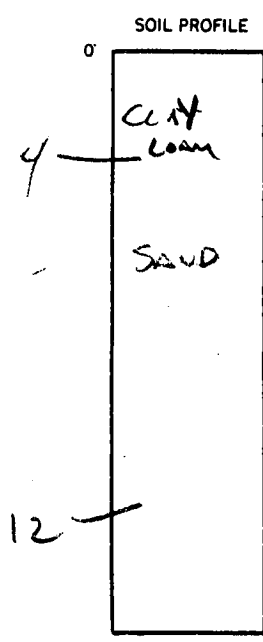
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 4/30/87 BP # 11034
BLDG. PERMIT SIGNED AND RETURNED 4/30/87 6498 SFD

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-21-84	1	4 8	1:00	1:03	1:03	1:07	4 MIN
			SANDY				
			CLAY TO 4' THEN MICA SAND LOAM				
2-21-84	2	4 8	1:00	1:03	1:03	1:08	5 MIN
		12					
			SANDY				
2-21-84	3	4 8	1:02	1:12	1:12	1:26	14 MIN
		8	1:02	1:07	1:07	1:09	5 MIN
			CLAY TO 4' THEN MICA SAND LOAM TO 12'				
2-21-84	4	4 8	12:58	1:00	1:00	1:02	2 MIN
		8	SANDY				
		12	CLAY TO 4' THEN MICA SAND LOAM				
			SLIGHTLY SHALEY 11-12'				

REMARKS 2 & 3 ARE SAME HUBS USED FOR LOT 21

TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT DEWITT

EH-12-1079

B 7 1566

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HC-87-1861

fill in this form completely

Date Received

8 13

OWNER INFORMATION

HIGHLAND DEVELOPMENT

13709 LAKESIDE DRIVE

CRAIKVILLE MD 21110

B 3

LOCATION OF WELL

HOWARD COUNTY

BRIGHTON PINES

SECTION 1 LOT 29 AREA 2

DAYTON

MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION

Driller's Name Joseph L. Wagner 238 License No. 80

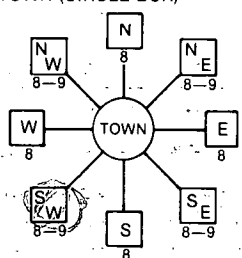
Sign Name Joseph L. Wagner Well Driller

Address 5512 Ridge Rd. Mt. Airy Md 21771

Signature Joseph L. Wagner Date 12/16/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lakeside Drive NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 32 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 A 33510 COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 01/13/87 BY B. Nylon 07/13/87 EXP. DATE

NORTH GRID 501000 EAST GRID 0801000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

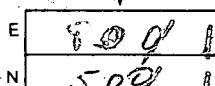
FORCE INITIALS PERMIT No. HC-87-1861

SPECIAL CONDITIONS

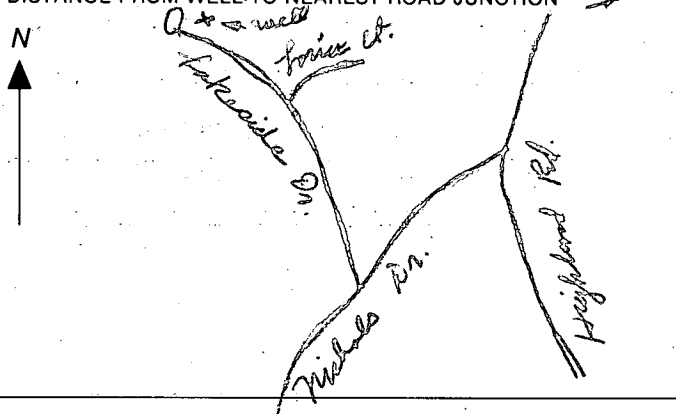
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELLS 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 3877 SEQUENCE NO. (OEP USE ONLY)
 (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 A 33510

DATE Received
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
 020687

Depth of Well
 42.5
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-21-1861

OWNER DEVELOPMENT HIGHLAND
 STREET OR RFD LAKESIDE DRIVE first name TOWN DAYTON
 SUBDIVISION BRIGHTON PINES SECTION LOT 29

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	
Clay	0	10	
Sand	10	56	
Grey Silty Rock	56	405	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 16 NO. OF POUNDS 1564
 GALLONS OF WATER 76
 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 STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 51
 Total depth of main casing (nearest foot) 40.5

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

DEPTH (nearest ft.)
 40.5
 EACH SCREEN
 1 40.5
 2
 3

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

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56

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.

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

DRILLERS IDENT. NO. 22

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

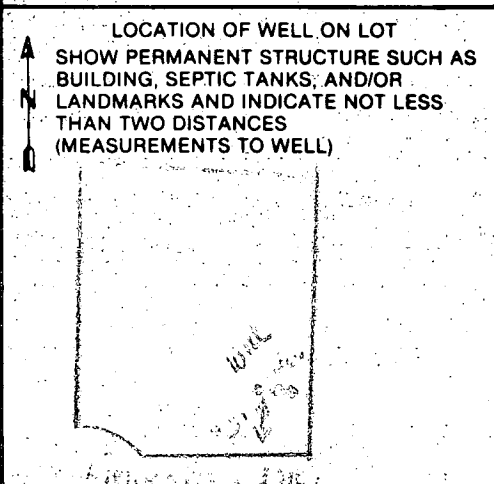
T (E.R.O.S.) WQ
 70 72 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 160
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface) BEFORE PUMPING 55
 WHEN PUMPING 41.9
 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: 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 (nearest foot)
 - below }



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1861
 Location of property (road) LAKESIDE DR.
 Subdivision BRIGHTON PINES Lot 29 Block Plat Sec.
 Well Driller S. MAYNE Owner DEVELOPMENT, HIGHLAND

Depth of well 405
 Distance of measuring point (M.P.) above ground 1 1/2 Ft.
 Static water level (S.W.L.) below M.P. 55 Ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12 gal
 Total time 60 min to reach pumping water level 299 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	117	5 sec.		12
8:30	183	5		12
8:45	247	5		12
9:00	299	36		1.6
9:15	299	36		1.6
9:30	299	36		1.6
9:45	299	36		1.6
10:00	299	36		1.6
10:15	299	36		1.6
10:30	299	36		1.6
10:45	299	36		1.6
11:00	299	36		1.6
11:15	299	36		1.6
11:30	299	36		1.6
11:45	299	36		1.6
12:00	299	36		1.6
12:15	299	36		1.6
12:30	299	36		1.6
12:45	299	36		1.6
1:00	299	36		1.6
1:15	299	36		1.6
1:30	299	36		1.6
1:45	299	36		1.6
2:00	299	36		1.6
2:15	299	36		1.6

12-16-87
AMM

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # 40657
Date 12/14/87
Name of Installer ROBERT L. FEEDER CO., INC. Telephone 781-4655
License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner THOMAS REED Telephone 987-9033
Subdivision BRIGHTON PINES Lot # 29 Well Tag # HD-BL-1861
Site Address 13828 LAKE SIDE DRIVE
ARTHUR BOSLEY BUILDER

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

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make MERRILL
2. Model # MB-10
3. Depth 42" +

Tank
1. Capacity CAPTIVE AIR
1WK-302
2. Pressure relief valve? YES

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 405 ft.
2. Yield 1.6 GPM - 6 HR. Pump TEST.
3. Static water level 55 ft.
4. Will water supply be disinfected by installer? YES

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.

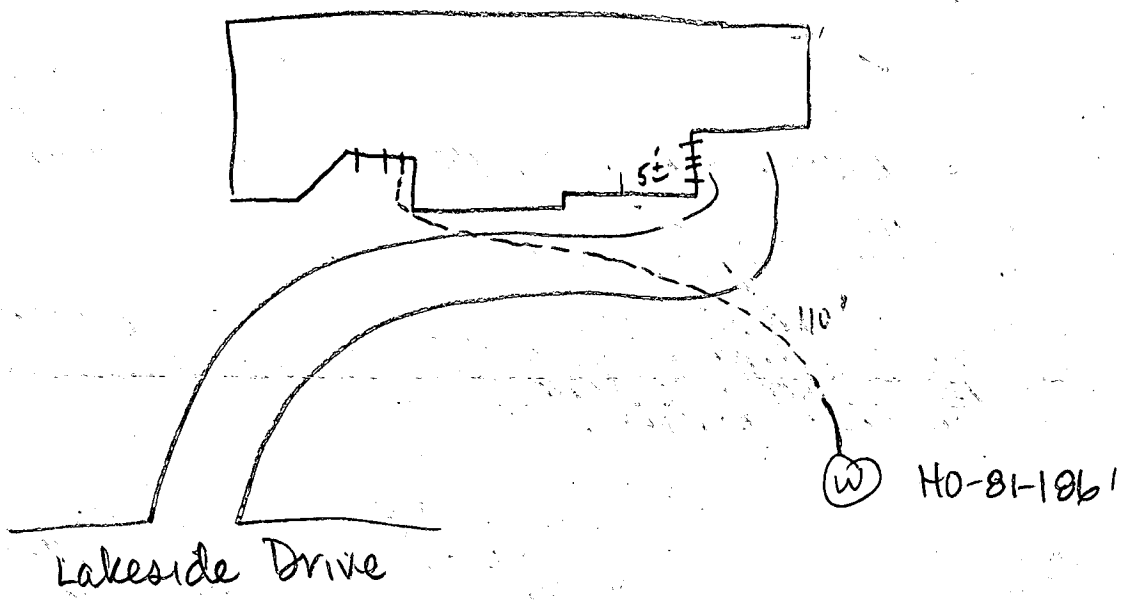
Signature of Applicant: [Signature]

Date: 12/11/87

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

45
 34

 980
 109



12-16-87 Pitless adaptor at 42 inches. No ground line on casing. House connection and trench covered. Pressure tank & relief valve installed. JENadeau

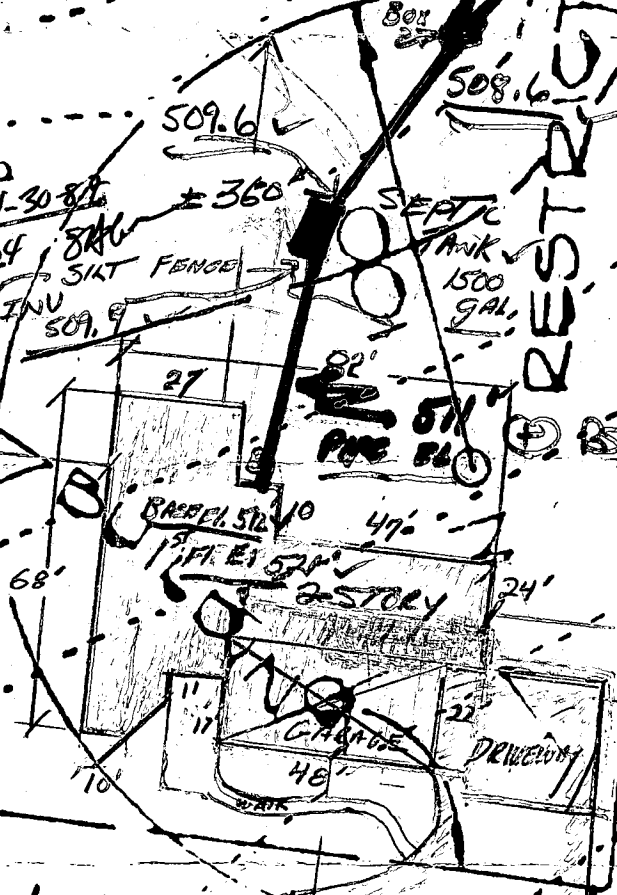
RECEIVED
 HOWARD COUNTY
 HEALTH DEPT
 DEC 14 11 31 AM '87
 ENVIRONMENTAL
 HEALTH

Scale

REQUIRES TANK BE 5 FT
DEEPER THAN
BASEMENT SERVICE
HOLES

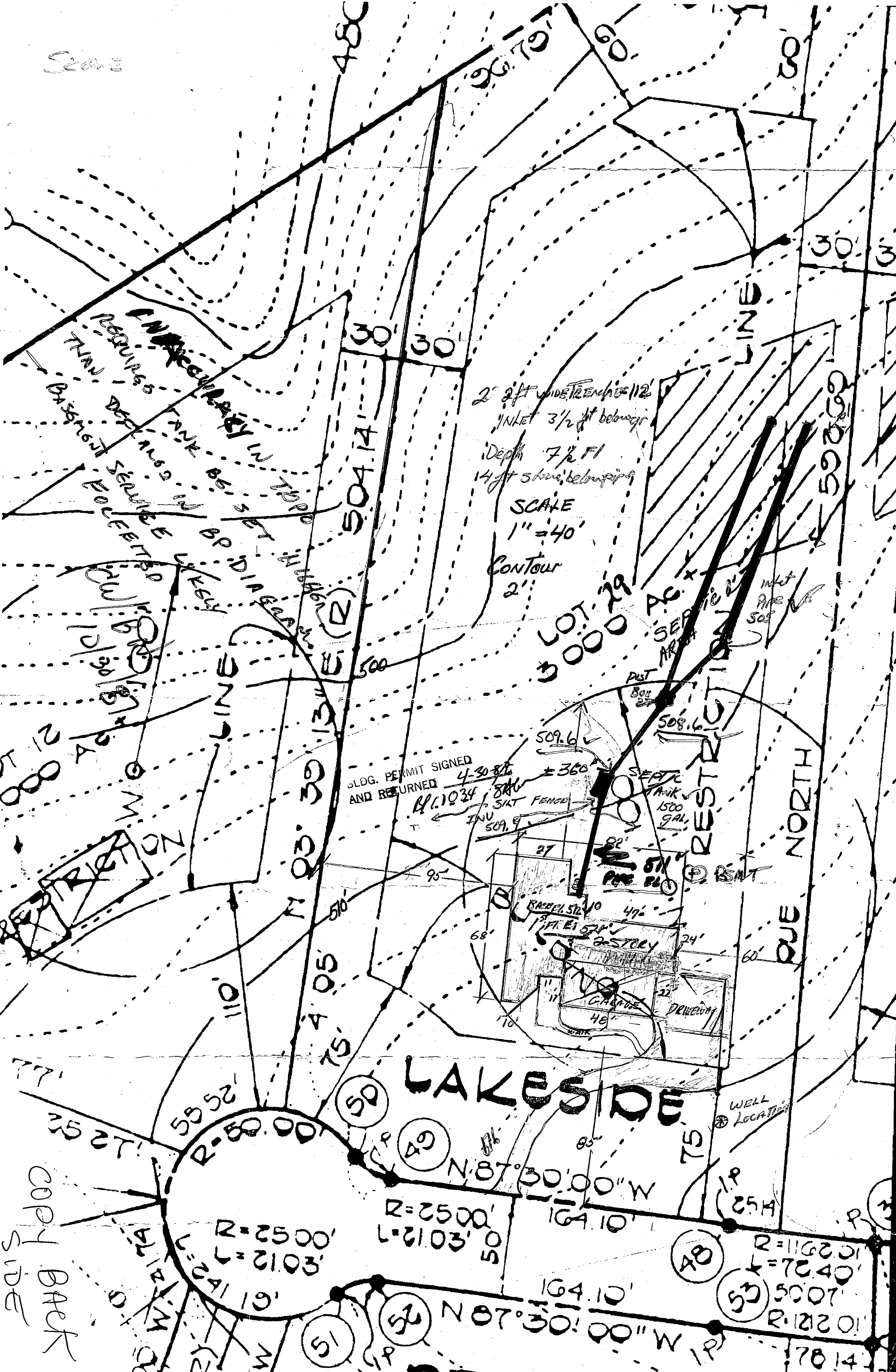
2' 2" wide trench @ 12'
INLET 3 1/2' below gr
Depth 7 1/2' FI
4' ft stone below pipe
SCALE
1" = 40'
CONTOUR
2'

BLDG. PERMIT SIGNED
AND RETURNED 4-30-87
4.10.24



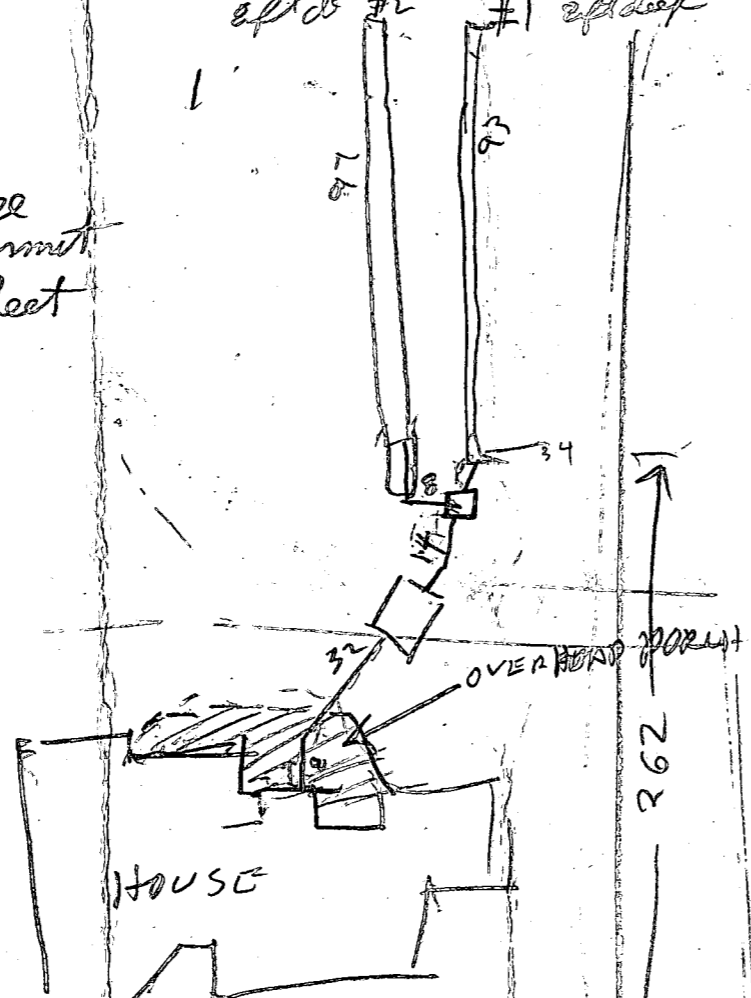
LAKESIDE

COPY
SIDE
BACK



See permit sheet

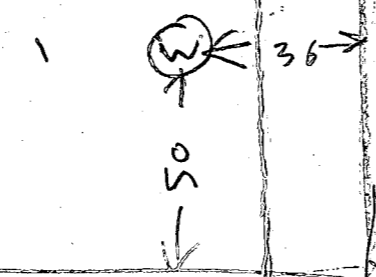
apdcs #2 #1 apdcs



7
0
3
8 1/2

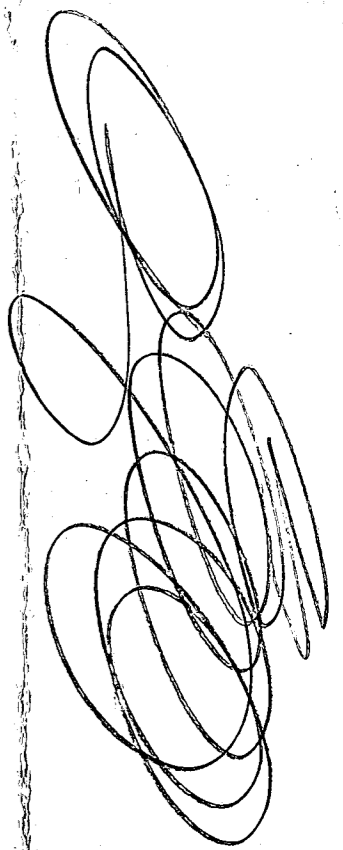
97
93
190
190
4
780

Road



187
4
748

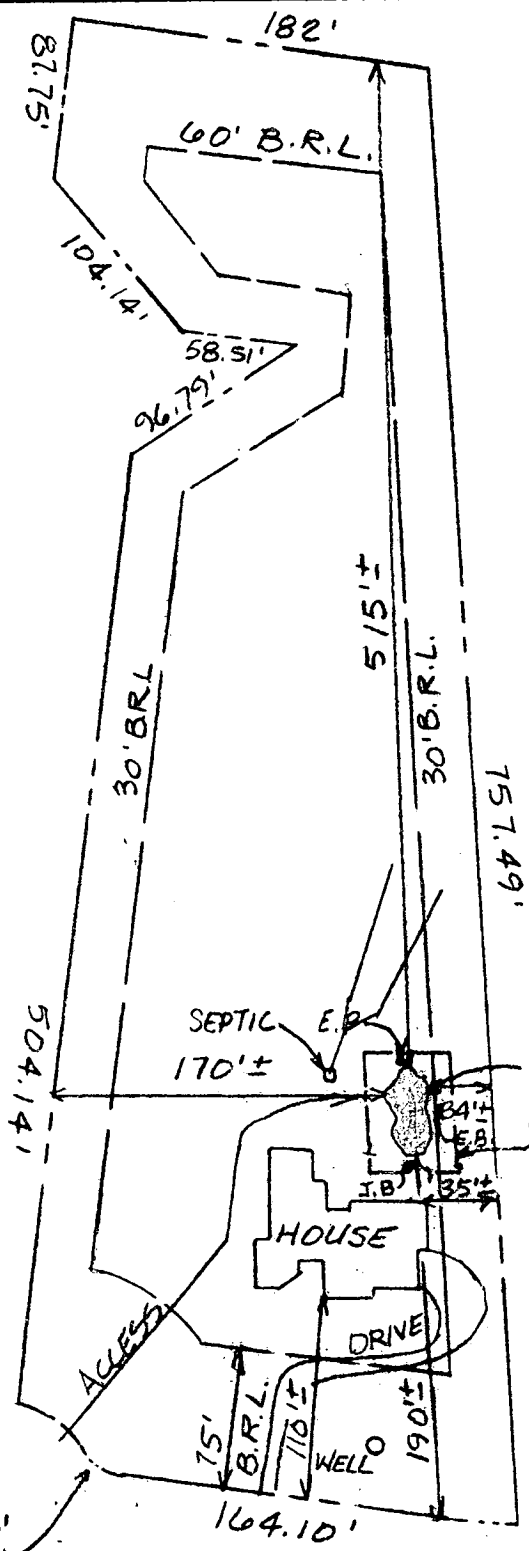
RECEIVED
HOWARD COUNTY
HEALTH DEPT.
APR 30 10 34 AM '87
DIVISION OF
ENVIRONMENTAL
HEALTH



3
ANY ADJUT



R=50.00'
L=41.05'
R=25.00'
L=21.03'



6/16/92
POOL OK
PER RH
B43660

LAKESIDE DRIVE

B 1 1529

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0838

fill in this form completely

Date Received

7/21/84

OWNER INFORMATION

15 Last Name: HICKMAN, 13 Owner: DEVELOPER, 34 First Name: [blank], 36 Street or RFD: 13690 NICHOLS DRIVE, 55, 57 Town: LANRSVILLE, 70 State 72: MD, 76 Zip: 21029

B 3

LOCATION OF WELL

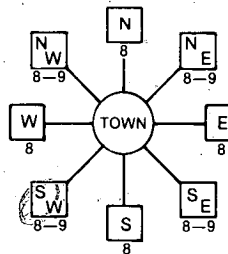
8 COUNTY: HOWARD, 21, 23 SUBDIVISION: RICHMOND PINES, 42, SECTION: 1, 44-46, LOT: 21, 48-50, 52 NEAREST TOWN: DAYTON, 71, MILES FROM TOWN: 2.5, 73-78

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne, 77 License No. 80: 238, Firm Name: Joseph L. Mayne Well Drilling, 5512 Ridge RD. DH. Hwy 2177, Address, Signature: Joseph L. Mayne, Date: 12/21/84

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Lakeside Pl., 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD: 100, 37

ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO.: A33510, OEP SIGNATURE: [blank], STATE HEALTH INSERT S: [blank], DATE ISSUED: 010485, CO SIGNATURE: C. Williams, EXP. DATE: 07/4/85, NORTH GRID: 499000, EAST GRID: 0802000

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL: 200, 24-28 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: [blank]

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEMED AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): [blank]

Not to be filled in by driller (OEP USE ONLY)

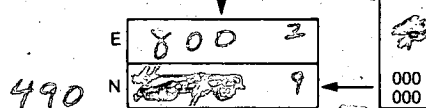
APPROP. PERMIT NUMBER: [blank] GAP [blank], FORCE: CW, WRITE INITIALS IN BOX, PERMIT No.: 40-81-0838

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

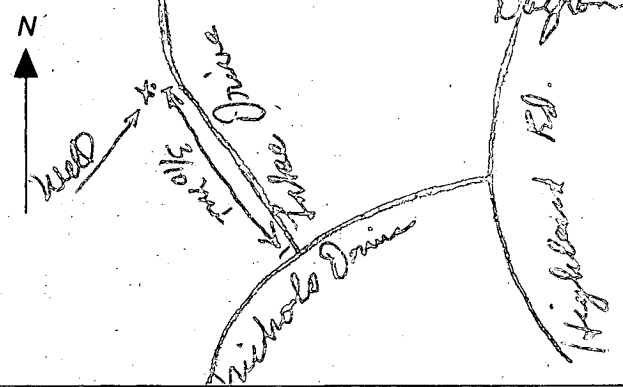
SOURCES OF DRILLING WATER

- 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

Permit

APPLICATION

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: 992-2330

A 33570

P _____

DISTRICT 5

DATE 1-30-84

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 ANNA MAC CARTHY

ADDRESS 4100 Cathedral Ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION:

SUBDIVISION Pruppet prop LOT NO. 21

ROAD AND DESCRIPTION Nicholes Dr

SIZE OF LOT 3A TYPE BLDG. SFD
(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.

Richard J. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

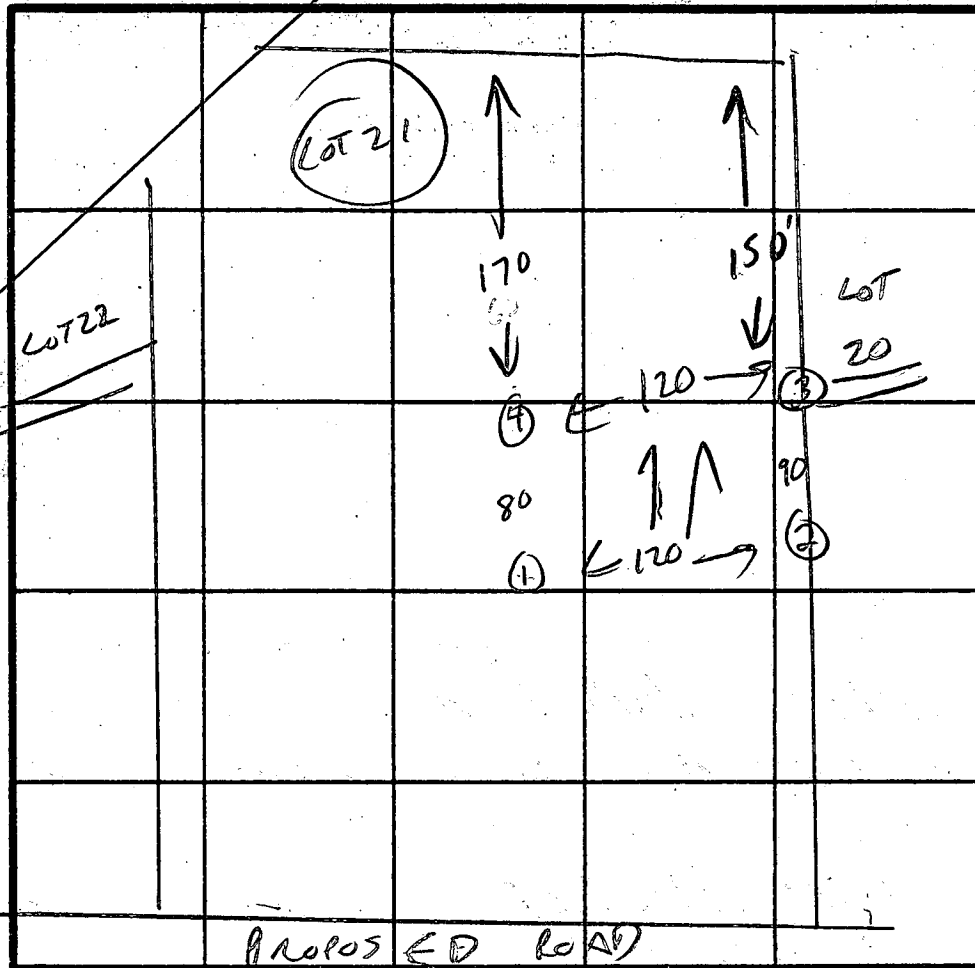
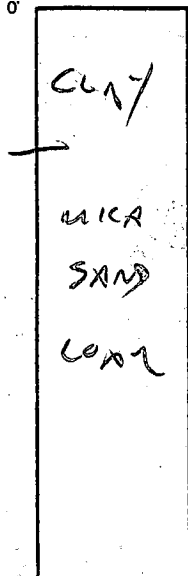
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-21-84	1	4	1:03	1:05	1:05	1:07	2 MIN
		8	1:18	1:20	1:20	1:22	2 MIN
			WHITE SAND AT 8'				
2-21-84	2	4	1:00	1:03	1:03	1:08	5 MIN
		8		SANDY			
		12					
2-21-84	3	4	1:02	1:12	1:12	1:26	14 MIN
		8	1:02	1:04	1:04	1:09	5 MIN
2-21-84	4 LOW	4	1:05	1:08	1:08	1:13	5 MIN
		8	1:16	1:18	1:18	1:20	2 MIN
		12	SUCROSE STALEY 11-12'				

REMARKS HOLES 2 & 3 ARE SAME HOLES USED FOR LOT 20

TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT D. M. M. ITT, PHIL

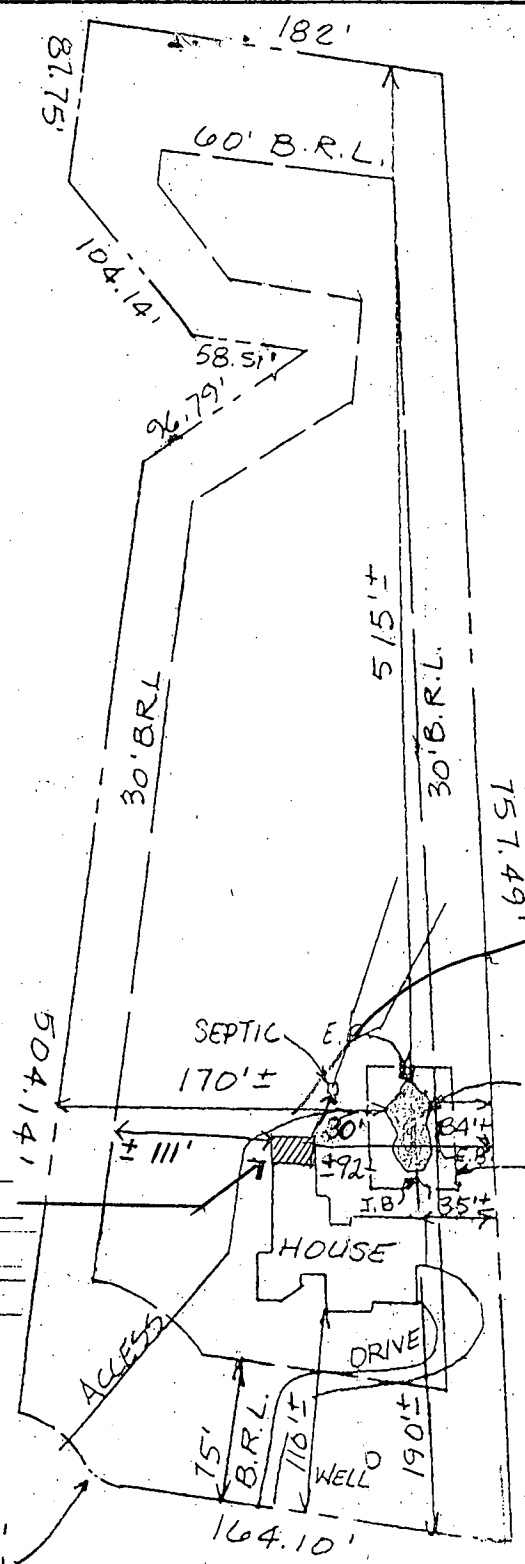
EH-12-1079

ADDITION TO REED RESIDENCE

SITE PLAN

13828 Lakeside Drive
 Clarksville, Howard County
 Maryland, 21029-1300

Brighten Pines S-1 AR-2
 Plat 6839, Map 34, Grid 1, Parcel 224



ADD'N OK
 MR 10/15/07

PROPOSED
 ADDITION
 692 SF

R=50.00'
 L=41.05'
 R=25.00'
 L=21.03'

LAKESIDE DRIVE

SCALE: 1" = 100'

POINT OF CONTACT
Guy Caiazzo ITI Construction Services, LLC 3454 Ellicott Center Drive, Suite 102 Ellicott City, MD 21043
Office 410-465-5573 Fax 410-465-5934 Mobile 443-858-8585

← SITE
 E. 13828

← BRIGHTON DAM RD.

Building Address: 13828 Lakeside Drive
Clarksville, MD 21029

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

Census Tract _____ Subdivision Brighten Pines

Section _____ Area _____ Lot _____

Tax Map 34 Parcel 224 Grid 1

Zoning _____ Map Coordinates 1367 Lot size _____

Property Owner's Name Podge & Natalie Reed

Address 13828 Lakeside Drive
 City Clarksville State MD Zip Code 21029

Home Phone 301-854-3041 Work Phone 800-414-6843

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

Phone _____ Fax _____

Existing Use Residential - SF Home

Proposed Use Addition - 2 Story

Estimated Construction Cost \$ 70,000

Construction Manager _____
 Contractor Company LL Construction Services

Contact Person Guy Calazzo
 Address 3454 Ellicott Center Dr; Ste 102

Description of Work Addition - 2 Story
1ST FL - Family Rm Extension/Rebate
Bsmt - 2nd Rm Extension/New FP

Contact Person Guy Calazzo
 Address 3454 Ellicott Center Dr; Ste 102
 City Ellicott City State MD Zip Code 21043
 License No. 841 w/Schaffer Const MHIC 42940
 Phone 410-465-5573 Fax 410-465-5934

Occupant or Tenant OWNER

Contact Name _____

Address _____

Engineer or Architect Company Andre Fontaine

Contact Person Andre Fontaine
 Address PO Box 357; 3925 Old Rolling Rd

City _____ State _____ Zip Code _____

Phone _____ Fax _____

City Glenelg State MD Zip Code 21737

Phone 410-531-3925 Fax 301-854-3925

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: <u>3200+</u>	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: <u>1800+</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>3000+</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement: <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimension: _____ Footings: _____ Roof: _____	
State Certified Modular _____ 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.

Podge M Reed, Jr
 Applicant's Signature, OWNER

Podge M. Reed, Jr.
 Print Name
9/7/01
 Date

Title/Company _____ Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICIAL USE ONLY	PROPERTY INFO
Land Development DPZ			BACK INFORMATION	Property # <u>52103</u>
State Highways			Entire lot covered? <input type="checkbox"/>	Utilities <u>25</u>
Building Official			Entire lot covered? <input type="checkbox"/>	Permit fee <u>25</u>
Dev. Engineering DPZ			Entire lot covered? <input type="checkbox"/>	Excise tax _____
Health DPZ	<u>10/15/01</u>	<u>Mark Rupp</u>	Entire lot covered? <input type="checkbox"/>	Annual fee <u>25</u>
Fire Protection			Entire lot covered? <input type="checkbox"/>	NOTALIBES _____
Sediment Control Approval required prior to issuance?			Entire lot covered? <input type="checkbox"/>	Substantial paid _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Entire lot covered? <input type="checkbox"/>	Balance due _____
CONTINGENCY ON CONSTRUCTION START <input type="checkbox"/>			Entire lot covered? <input type="checkbox"/>	Check _____
ONE STOP SHOP <input type="checkbox"/>			Entire lot covered? <input type="checkbox"/>	Vallation <u>25</u>
Distribution of Copies: _____			Entire lot covered? <input type="checkbox"/>	Accepted by <u>10/15/01</u>
White: Building Official			Entire lot covered? <input type="checkbox"/>	
Green: LDD, DPZ			Entire lot covered? <input type="checkbox"/>	
Yellow: DED, DPZ			Entire lot covered? <input type="checkbox"/>	
Pink: Health			Entire lot covered? <input type="checkbox"/>	
Gold: KSH			Entire lot covered? <input type="checkbox"/>	