

04-362144
PERMIT

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

P 514217

A 56618 -A

ISSUE DATE 8/30/2000

APPROVAL DATE Oct. 16, 2000

10/12/00 1030am
layout
10/13/00 LATE
(10/16/00 AM)

INDEXED

D & W Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3033 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-2195

SUBDIVISION Laniado Property LOT NUMBER 1 ADDRESS 17133 Frederick Road

PROPERTY OWNER KAREN KINGSLY Zaru Investments, Inc. PROPERTY OWNER'S ADDRESS 3159 Smart Heiress Drive

SEPTIC TANK CAPACITY 1250 GALLONS Mt. Airy, MD 21771

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

***** TOP SEAMED SEPTIC TANK REQUIRED *****

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION: Beginning from the intersection of the 137.40' and 216.76' lot lines, begin trenches 125 feet down the 216.76' lot line and 20 feet off that same lot line. Run trenches on contour in both directions.

PLANS APPROVED Amy McMillen OK Steven R. Krieg DATE 4-24-2000

PERMIT VOID AFTER 2 YEARS 5-17-00 SRK

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

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

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

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

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

AND RETURNED PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

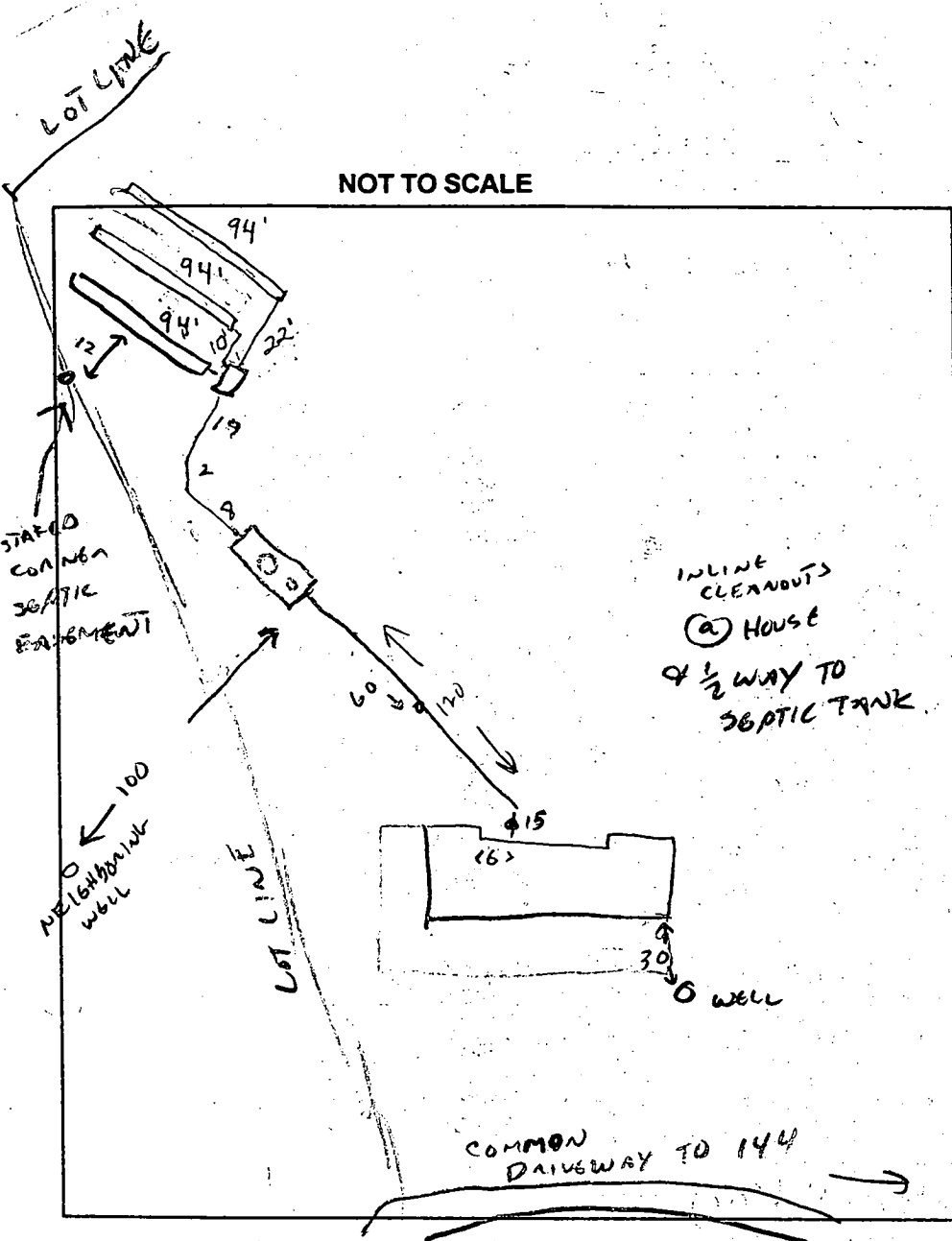
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

UG. PERMIT SIGNED
AND RETURNED 10/3/01
B00132667.14'x17'
Sun deck w/stairs on rear

A56618-A

8/1/02 B00137787 FINISH BASEMENT

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2'
 TRENCH BOTTOM DEPTH 4'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 280'
 ABSORBENT AREA 840 sq. ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1500 GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: TOP SEAMED CREATIVE CONCRETE TANK - SMOOTH, NO CRACKS OR WEBSPOLES

WILL INSTALL 3 TRENCHES @ 94' 10/12/00 (CW)

INSPECTION COMMENTS: TANK W/ MANHOLE RISER & OBSERV. PLPE OK, 10/12/00

HOUSE SEWER LINE COVERED W/O INSP. (SET VIA TRANSIT.)

EFFLUENT LINE & 1ST TRENCH INSPECTED - OK 10/13/00 (CW)

UPPER TRENCH SLIGHTLY BELOW HIGHEST POINT OF SEPTIC AREA BUT OK -

AMPLE AREA FOR 1 PROBABLY 2, DOWNSLOPE REPAIRS, ROOM FOR PARTIAL REPAIR UPSLOPE.

INSPECTOR B. Baker DATE SYSTEM APPROVED Oct 16, 2000 (CW)

10/16/00 Everything satisfactory, OK to cover. (BB)

BUILDING PERMITTED AND RETURNED

**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: CARROLL WATER SYSTEMS Telephone #: 410-876-5100
Address: 150 AIRPORT DRIVE #1
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): Ron Smith License# PI 0074

*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: Dick Dieckline Telephone #: _____
Subdivision: 17133 Frederick Rd Lot #: 1 Well Tag #: HO-94-1522
Site Address: Mt Airy Rd 21771 HO-94-1760
Howard County

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GAULDS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SS007422</u>	Model#: <u>Blox</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</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 1 1/2" B.G.: <u>2 1/2"</u>
Depth of well encountered at time of pump installation: <u>325</u> (feet)		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 wrenches or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house	House Connection
Type: _____	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>(160 psi min)</u>	Approximate length of sleeve: <u>2'</u>
Depth of supply line: <u>(36" min)</u>	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: 12-26-00

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

Date Insp. Requested: 11/2/00 Date Insp. Approved: 11/2/00

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

OK (CW) SRK

APPLICATION

PERCOLATION TESTING

A 56618.D

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4

DATE 5/12/96

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 GEORGE & THERESA C. LANIADO ZARU INVESTMENTS INC

ADDRESS 18035 FREDERICK ROAD MT. AIRY, MD 21771
PHONE _____

AGENT OR PROSPECTIVE BUYER C & M PARTNERSHIP

ADDRESS 1750 DAISY RD.
WOODBINE, MD 21797 PHONE (410) 442-1045

PROPERTY LOCATION:

SUBDIVISION LANIADO PROPERTY LOT NO. 4 PART OF 1

ROAD AND DESCRIPTION SOUTH SIDE FREDERICK RD (MD, RTE. 144 OPPOSITE
INTERSECTION WITH BEETZ ROAD.) 17133 FREDERICK ROAD (RTE 144)

TAX MAP 7 PARCEL # 8

SIZE OF LOT 1 AC. + TYPE BLDG. SINGLE FAMILY RESIDENTIAL
(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. Ronald J. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR RECEIVED 4/24/2000 DATE _____

HOLD PENDING FURTHER TESTS _____
Serial # 800128534
SFD - 4 BRMS

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

LOTA

56618 D

COUNTY #

SOIL PROFILE

2048 (7)

topsoil

red or
br cl 1m

1+ or br
to beige
si 1m

5-10%
rock
frags

(5)/(6)

topsoil

red br
cl 1m

1+ or br
to tan
si 1m

shale
frag

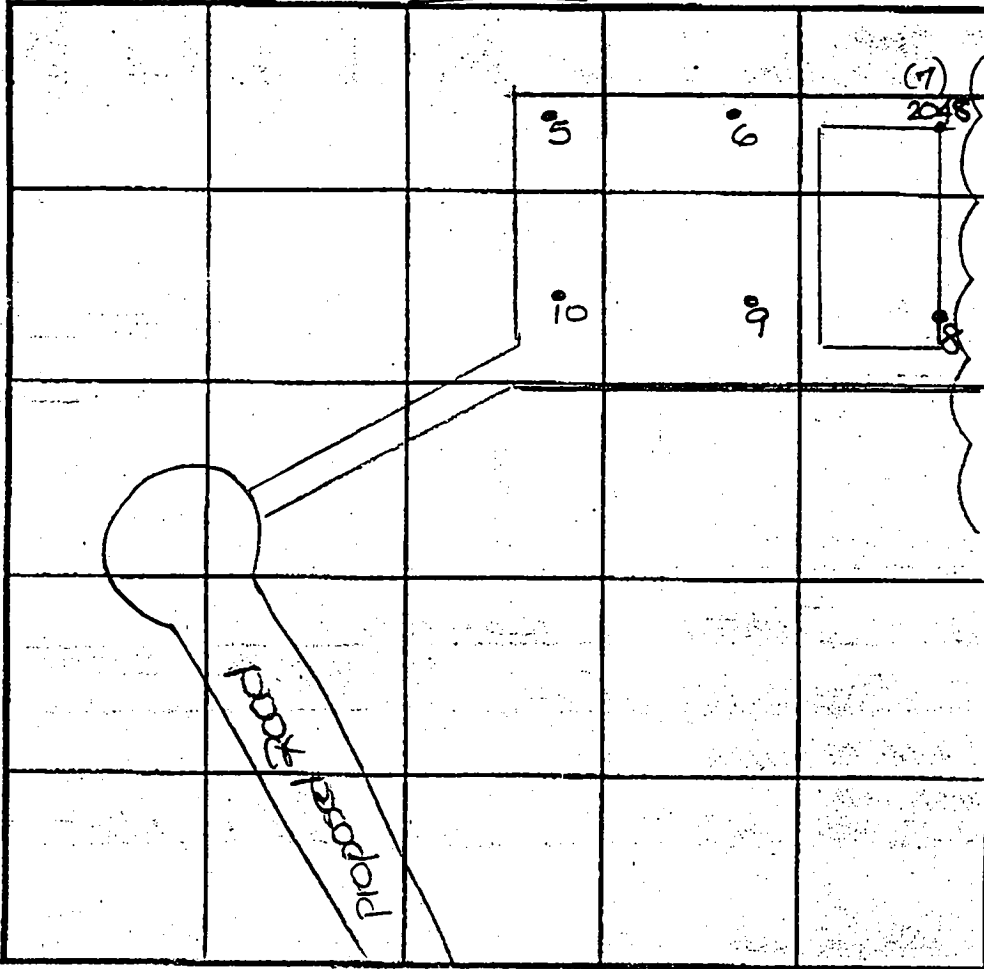
(8)/(9)

topsoil

or red br
cl 1m

1+ br to
tan si
1m

heavy
shale
frag



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-26-96	5	5.0'S	11:01 ₃₀	11:17 ₃₀	11:17 ₃₀	11:46 slow	OK
		11.5'D	Visual	-see profile			
	6	11.5'D	Visual	-see profile			
	(2048) 7	4.5'S	10:29 ₃₀	10:35	10:35	10:45	10
		11.0'D	Visual	-see profile			
	8	4.0'S	10:47	10:51	10:51	10:57	6
		10.5'D	Visual	-see profile			
	9	3.5'S	10:59 ₃₀	11:14	11:14	11:40	26
		10.5'D	Visual	-see profile			
	10	10.0'D	Visual	-see profile			

REMARKS holes tested as stated

TYPE OF SOIL

TESTED BY D. See

ALSO PRESENT Mr. Carter, Mr. Marshall

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 14

TRENCH WIDTH 3

INLET DEPTH 23.5

MAXIMUM BOTTOM DEPTH 23.5

PERCENTAGE

215

APPLICATION

PERCOLATION TESTING

A 56618C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 4

DATE 5/12/96

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 GEORGE & THERESA C. LANIADO

ADDRESS 18035 FREDERICK ROAD MT. AIRY, MD 21771
PHONE _____

AGENT OR PROSPECTIVE BUYER C & M PARTNERSHIP

ADDRESS 1750 DAISY RD. WOODBINE, MD 21797
PHONE (410) 442-1045

PROPERTY LOCATION:

SUBDIVISION LANIADO PROPERTY LOT NO. B PART OF (10)

ROAD AND DESCRIPTION SOUTH SIDE FREDERICK RD (MD. RTE. 144 OPPOSITE INTERSECTION WITH BEETZ ROAD.

TAX MAP 7 PARCEL # 8

SIZE OF LOT 1 AC. + TYPE BLDG. SINGLE FAMILY RESIDENTIAL
(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.
Ronald D. Carter
(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

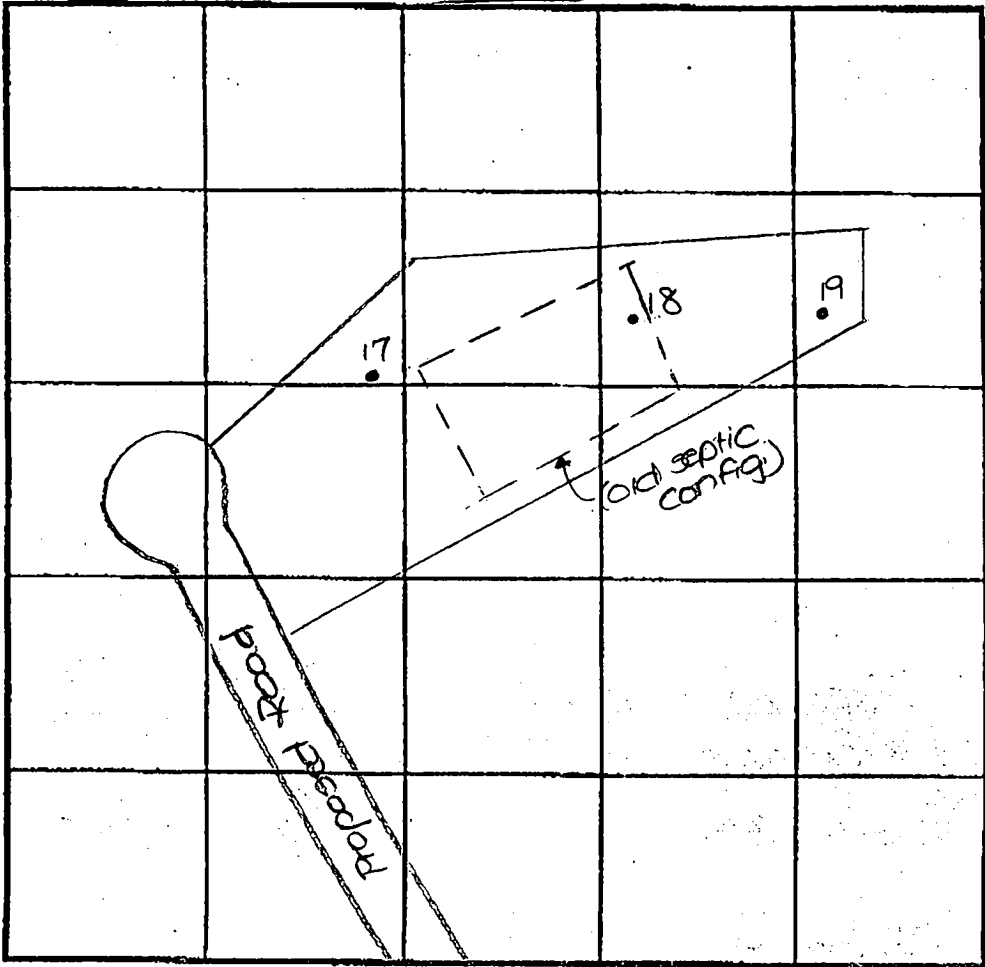
LOT 3

56618C

COUNTY #

SOIL PROFILE

(17)
 0' top soil
 or br
 cl 1m
 14 br si
 1m w/fr
 5' heavy shale
 9' frag



SOIL PROFILE

0'

(18)
 0' top soil
 or br
 cl 1m
 2' 14 or br
 si 1m
 w/frag
 9' Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-20-96	NO tests performed							
6-27-96	17	3.0'S	10:34	10:35	10:35	10:36 ₃₀	F	
		9.0'D	Refusal					
	18	3.0'S	10:39 ₃₀	10:40 ₃₀	10:40 ₃₀	10:42 ₃₀	2	
		6.0'M	10:39	10:40	10:40	10:42	2	
		9.0'D	Visual - See profile					
	19	3.5'S	10:46	10:47 ₃₀	10:47 ₃₀	10:55	8	
		10.5'D						

rock in test hole

(19)
 0' top soil
 or red
 br cl 1m
 14 or br
 to
 14 br
 si 1m
 10.5' heavy shale
 frag

REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT Mr. Carter, Mr. Marshall

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

6/25/96
10:00

APPLICATION

PERCOLATION TESTING

A 56618A

P _____

PERMITS OK
PROPOSED 12 LOT SUBDIVISION
11 LOTS PAID
\$660 FEE FOR EXISTING HOUSE
(CW)

DISTRICT 4

DATE 5/12/96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 GEORGE & THERESA C. LANIADO

ADDRESS 1703²⁰ / 18035 FREDERICK ROAD PHONE MT. AIRY, MD 21771

AGENT OR PROSPECTIVE BUYER C & M PARTNERSHIP

ADDRESS 1750 DAISY RD. PHONE (410) 442-1045
WOODBINE, MD 21797

PROPERTY LOCATION:

SUBDIVISION LANIADO PROPERTY LOT NO. X 2 NOT USED

ROAD AND DESCRIPTION SOUTH SIDE FREDERICK RD (MD, RTE. 144 OPPOSITE INTERSECTION WITH BEETZ ROAD.

TAX MAP 7 PARCEL # 8

SIZE OF LOT 1 AC. + TYPE BLDG. SINGLE FAMILY RESIDENTIAL
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Ronald S. Carter
(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

LOT 1

56618A
COUNTY #

SOIL PROFILE
2033

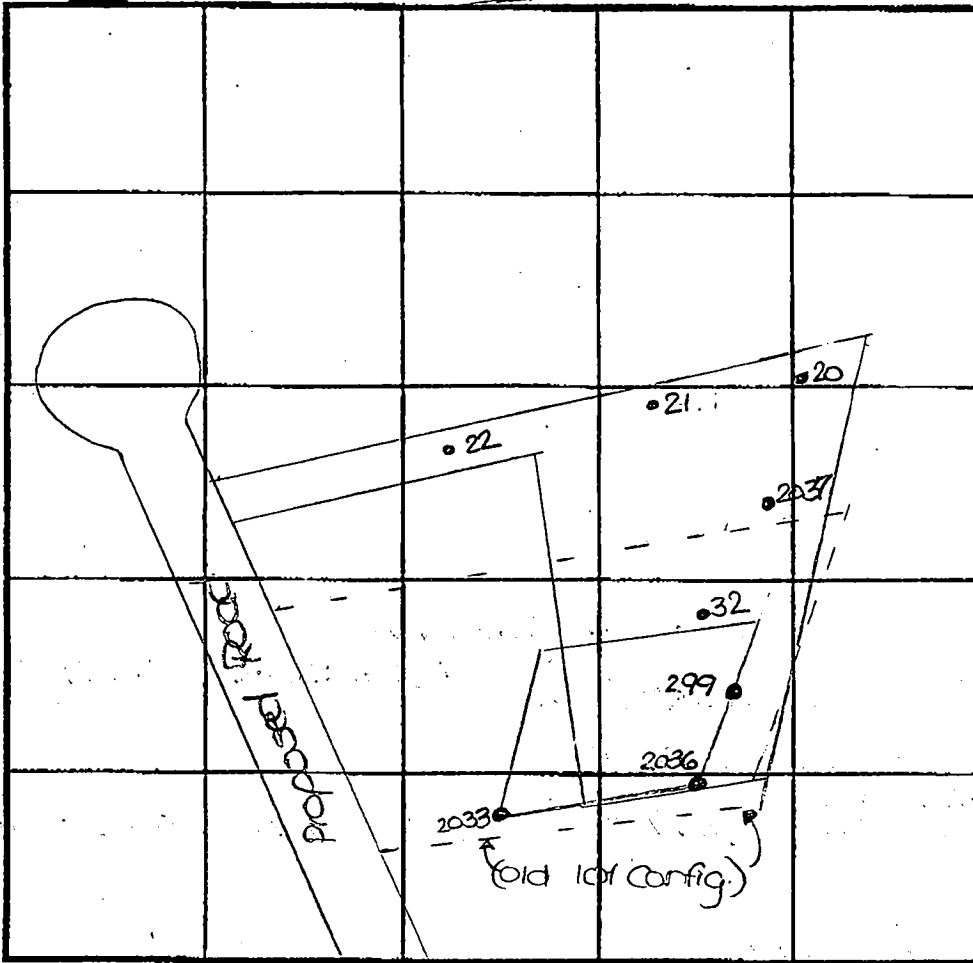
0' topsoil
1' or br cl
1m w/
small cl
boulders
10% frags
8' Water

2036

0' topsoil
1' red br
cl 1m w/
small
cl boulders
shale
frags
6' Water

299/2037

0' topsoil
1' red or
br cl 1m
w/frags
5' Heavy
shale
frags
10' refusal



SOIL PROFILE
20

0' topsoil
1' or red-
br cl 1m
2' 11 or br
si 1m
to
11 br si
1m
7' shale
frags
9.5'
0' 21/22
1' topsoil
or red
br cl 1m
2'
6' heavy
frags
10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
5-20-96	2033	8.0'D	Water	---	---	---	F	
	2036	6.0'D	Water	---	---	---	F	
	299	10.0'D	Refusal	---	---	---	F	
	20	3.5'S	10:50	10:54 ₃₀	10:54 ₃₀	11:03	9	
		9.5'D	Visual	-SEE PROFILE				
	21	10.0'D	Refusal				FAIL	
	22	8.0'D	Refusal				FAIL	
	2037	11.5'D	Refusal	(see lot #1 notes)				FAIL

FAIL

REMARKS holes tested as staked

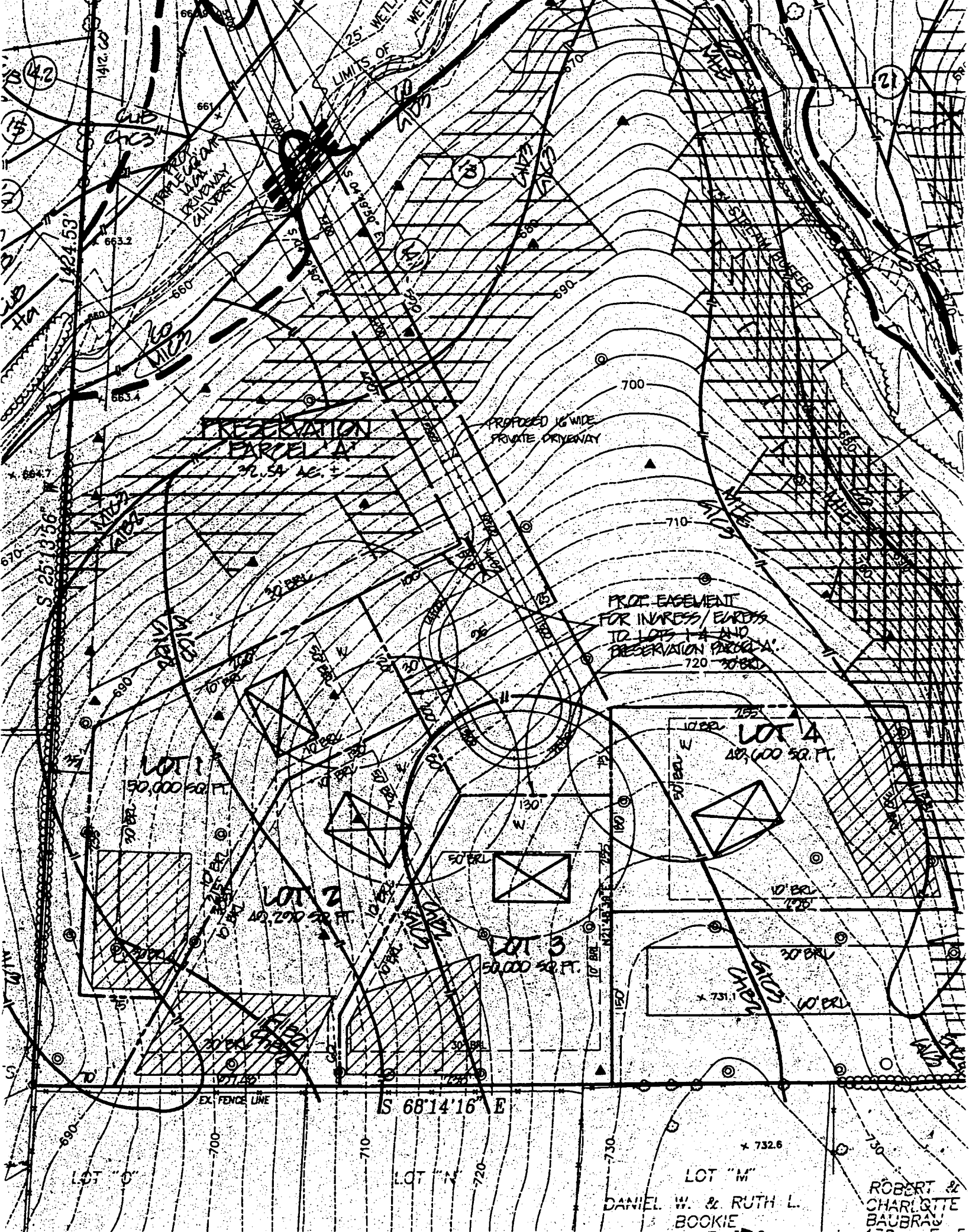
TYPE OF SOIL _____

TESTED BY D. SOE

ALSO PRESENT Mr. Carter, Mr. Marshall

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



PRESERVATION PARCEL A
32.54 AC. ±

PROPOSED 16' WIDE
PRIVATE DRIVEWAY

PROF. EASEMENT
FOR INGRESS/EGRESS
TO LOTS 1-4 AND
PRESERVATION PARCEL A
720 30' BR.

LOT 1
50,000 SQ. FT.

LOT 2
49,290 SQ. FT.

LOT 3
50,000 SQ. FT.

LOT 4
80,600 SQ. FT.

S 68°14'16" E

LOT "M"
DANIEL W. & RUTH L.
BOOKIE

ROBERT &
CHARLOTTE
BAUBRAY

1412.00
1424.53
663.2
663.4
663.7

1412.00
1424.53
663.2
663.4
663.7

1412.00
1424.53
663.2
663.4
663.7

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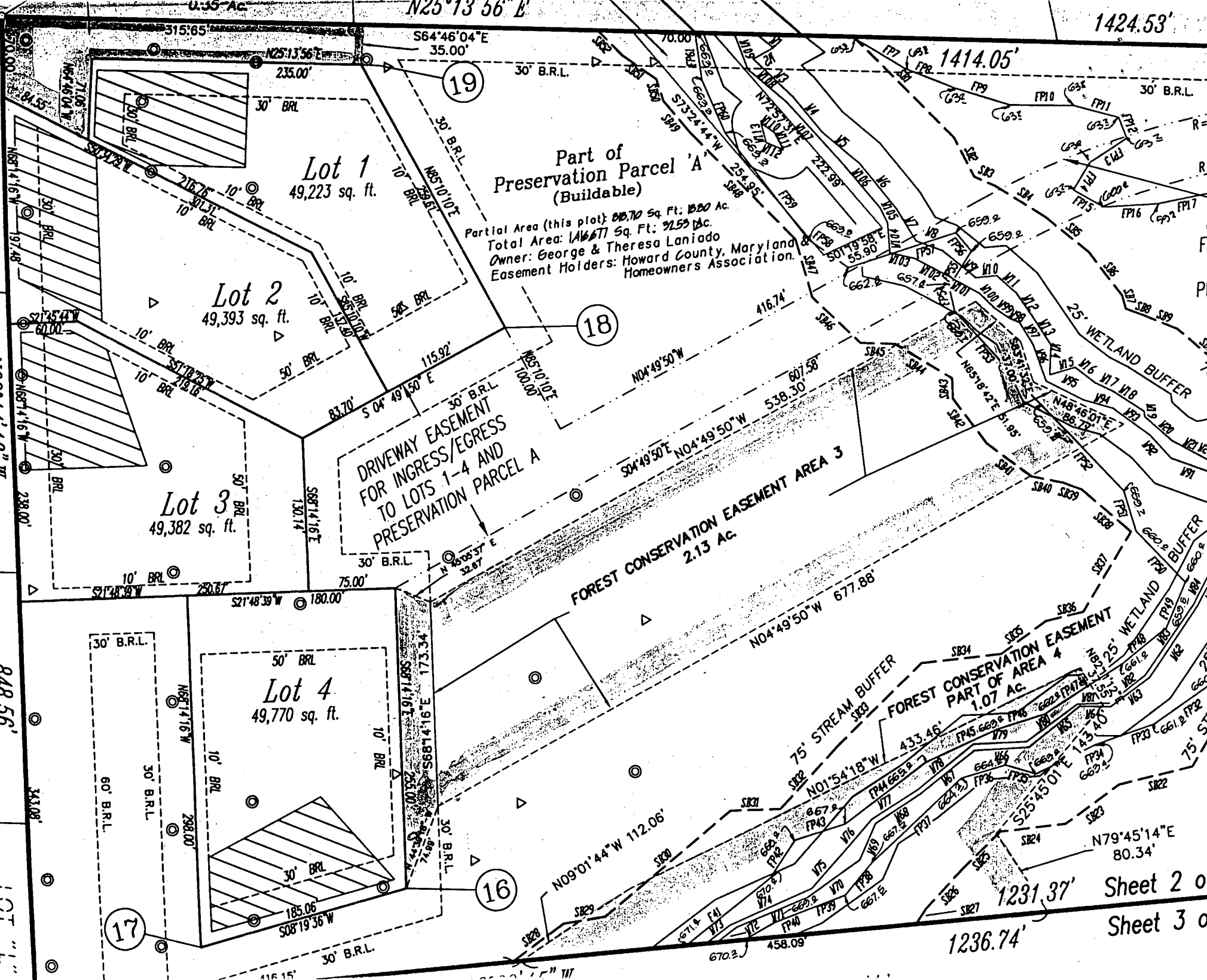
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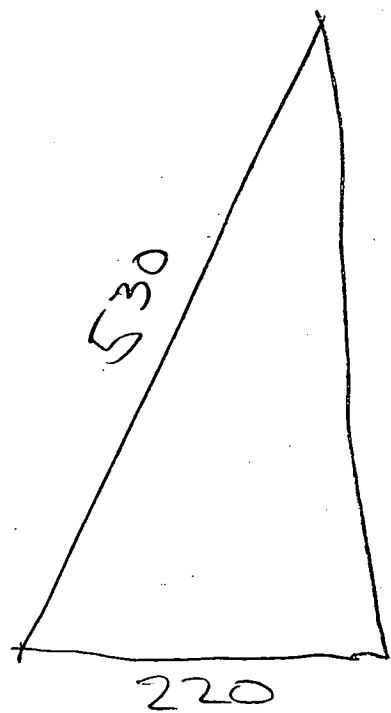
1412.00
1424.53
663.2
663.4
663.7

F-98150
Copy of signed Final
N68°14'16" W
848.56'

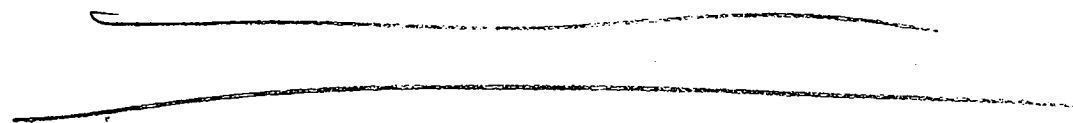
LOT 5
ROBERT &



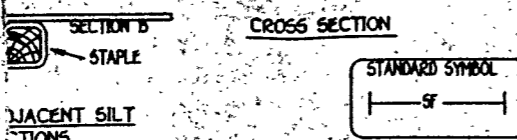
Sheet 2 of
Sheet 3 of



1.3 ACRES



MINIMUM OF 15" INTO THE GROUND
MINIMUM OF 15" INTO THE GROUND



ADJACENT SILT PROTECTIONS

Construction Specifications
a minimum of 36" long driven 15" minimum into the ground shall be of sound quality hardwood. Steel posts will be on weighting not less than 1.00 pond per linear foot.

fastened securely to each fence post with wire ties mid-section and shall meet the following requirements.

- h 50 lbs/in (min) Test: MSMT 509
- 20 lbs/in (min) Test: MSMT 509
- 0.3 gal ft / minute (max) Test: MSMT 322
- ncy 75% (min) Test: MSMT 322

textile fabric come together, they shall be overlapped, prevent sediment bypass.

inspected after each rainfall event and maintained when sediment accumulation reached 50% of the fabric height.

SILT FENCE
NOT TO SCALE

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 280 feet

Width of trench (as) 3.0 feet

Depth of trenches 4.0 feet

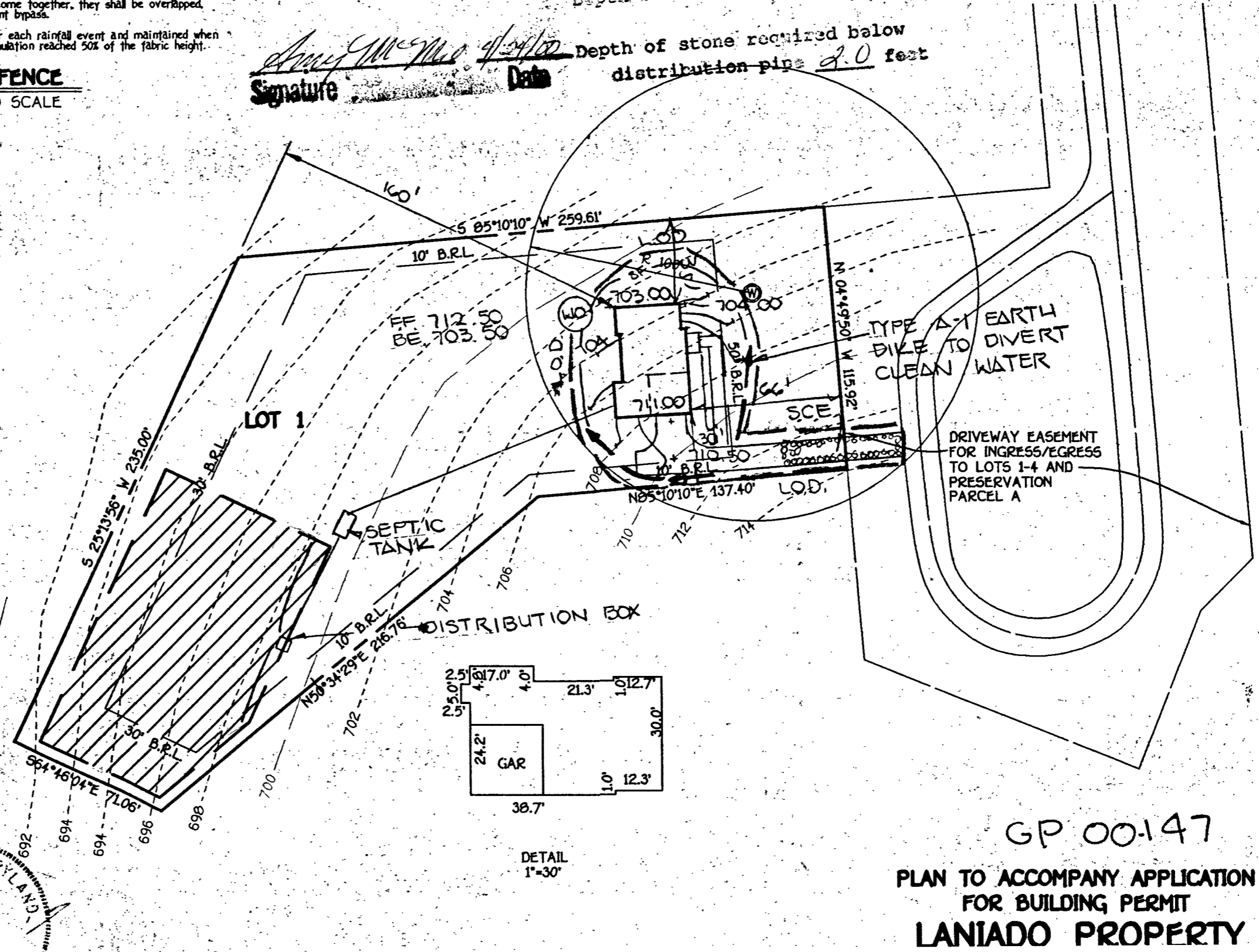
Depth of stone required below distribution pipe 2.0 feet

Amey McMillan
Signature **Date** 4/24/00

- GENERAL NOTES**
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
 - PROPOSED 1500 GALLON SEPTIC TANK
 - A. FIRST FLOOR ELEVATION: 712.50
 - B. BASEMENT ELEVATION: 703.50
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE: 701.50
 - D. INVERT IN AT SEPTIC TANK: 697.30
 - E. INVERT OUT AT SEPTIC TANK: 698.30
 - F. PROPOSED GRADE OVER SEPTIC TANK: 699.50
 - G. INVERT AT DISTRIBUTION BOX: 697.00
 - H. EXISTING GROUND OVER DISTRIBUTION BOX: 697.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

MD ROUTE 144

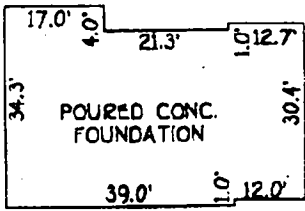
032(E)
H6



GP 00.147

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT LANIADO PROPERTY

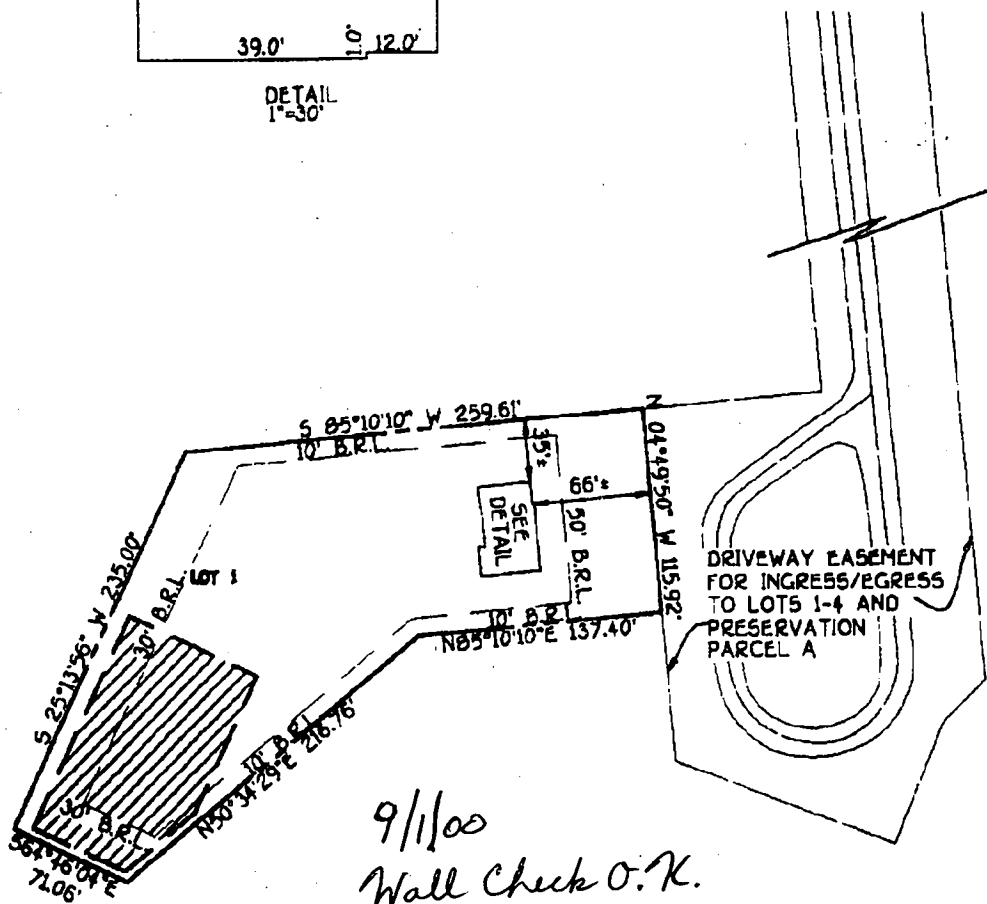
P514217-PD
8/30/2000



DETAIL
1"=30'



MD ROUTE 144
(60' R/W)



9/1/00
Wall Check O.K.
House placed very close to intended location **BB**

LOT 1
LANIADO PROPERTY
LOTS 1 THROUGH 6
PRESERVATION PARCEL A
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13506

PRIVATE SEWAGE EASEMENT
TOP OF FOUNDATION ELEV. 7114"
B.R.L.-BUILDING RESTRICTION LINE

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTURIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461-2855



Charles J. Crow
PROFESSIONAL LAND SURVEYOR DATE
REG. 10763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 8/18/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 8/19/00
DRAWN BY: T.P.C.
CHECKED BY: C.C.
PROJECT No.: 61500

C1 **4120**
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 56618**

ST/COUSE ONLY
 DATE RECEIVED
11-12-98
 8 13

DATE WELL COMPLETED
 MM **11** DD **2** YY **98**
 15 20
 Depth of Well
 22 **385** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO 94-1760
 28 29 30 31 32 33 34 35 36 37

OWNER **Cem Partnership**
 STREET OR RFD **Frederick Road** TOWN **MARY**
 SUBDIVISION **Laniado Property** SECTION **1** LOT **1**

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 shale	0	42	
Blue Rock	42	385	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **17** NO. OF POUNDS **1598**
 GALLONS OF WATER **102**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** TOP 52 ft. to **42** BOTTOM 58 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 **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **46**
 60 61 63 64 65 66 67 68 69 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **Y** **N**

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. **MSD024**
 DRILLERS SIGNATURE **Joseph L. Maize**
 LIC. NO. **D**

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

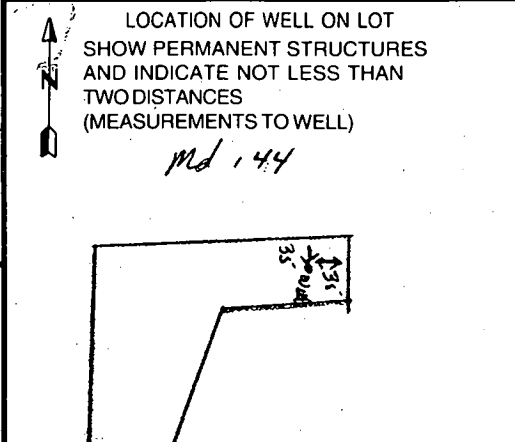
C 2 DEPTH (nearest ft.)
HO 44 385
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min.) **2.3**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **48** ft.
 WHEN PUMPING **320** ft.
 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
- below **2** (nearest foot)



B 1 6767 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-17600 fill in this form completely

Date Received (APA) 09/15/98 OWNER INFORMATION C.M. Partnership 1750 Daisy Rd. Woodbine Md. 21797

LOCATION OF WELL Howard 8 COUNTY 21 23 SUBDIVISION LANIADO PROPERTY SECTION 44 46 LOT 48 50 52 NEAREST TOWN Lisbon MILES FROM TOWN 3

DRILLER INFORMATION Joseph L. Mayne M 5 D 024 Driller's Name License No. 76 81 Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy 21771 Address Joseph L. Mayne 9/14/98 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Md 144 Baltimore National Pk. NEAR WHAT ROAD 11 30 34 478 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 56618 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 09/24/98 CO SIGNATURE EXP. DATE 09/23/98 NORTH GRID 558 000 EAST GRID 0766 000

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

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 7665 N 5528

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 G.A.P. 63 PERMIT No. HO-94-17600

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

Page _____ of _____
 Date 11/2/98

Review 11/12/98 OK AW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1760
 Location of property (road) Fredenick Road
 Subdivision Laniado Property Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller J. Mayne Owner C&M Partnership

Depth of well 385'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 48'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 200 gpm.
 Total time 30 min. to reach pumping water level 320 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:35	197'	3 sec.	N/A	200 gpm.
7:00	320	4		150
7:15	317	27		2.2
7:30	317	27		2.2
7:45	316	27		2.2
8:00	316	27		2.2
8:15	315	27		2.2
8:30	314	27		2.2
8:45	313	27		2.2
9:00	310	27		2.2
9:15	312	27		2.2
9:30	316	27		2.2
9:45	316	26		2.2
10:00	315	26		2.2
10:15	315	26		2.2
10:30	315	26		2.2
10:45	315	26		2.2
11:00	314	26		2.2
11:15	314	26		2.2
11:30	313	26		2.2
11:45	313	26		2.2
12:00	313	26		2.2
12:15	313	26		2.2
12:30	313	26		2.2
HD-224/2:45	313	26		2.2
1:00	313	26		2.2

Building Address 17133 Frederick Rd.
Old Airy Md 21771

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

Census Tract 6041 Subdivision Conrad's Prof.

Section _____ Area _____ Lot 1

Tax Map 7 Parcel 8 Grid 2

Zoning RCEP Map Coordinates 253 Lot size _____

Property Owner's Name Karen Kingsley

Address 17133 Frederick Rd.

City Old Airy State Md. Zip Code 21771

Home Phone 301 549-8083 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ Sun Deck

Estimated Construction Cost \$ 500

Description of Work 14x17 Sun Deck
w/ stairs on rear of Home

Contractor Company W.S. Paddy

Contact Person Scott

Address 16294 Old Frederick Rd

City Old Airy State Md. Zip Code 21771

License No. 33098

Phone (410) 442-1798 Fax _____

Occupant or Tenant _____

Contact Name Scott

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **DESCRIPTION - RESIDENTIAL**

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No

Gas Yes No

Heating System:
 Electric () Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A

Other Systems _____

Characteristics

SF Townhouse Width _____

1st floor: _____

2nd floor: _____

Basement:
 Finished Basement Unfinished Basement
 Slab on Grade

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: _____

Dimensions: _____

Footings: _____

Roof: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No

Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A

NFPA #13D
 NFPA #13R
 Other: _____

THE UNDERSIGNED HEREBY CERTIFY THAT THE INFORMATION IS CORRECT, (2) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS PROJECT, (3) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY AT ANY TIME FOR THE PURPOSES OF INSPECTING THE WORK.

William Paddy
 Applicant's Sign
W.S. Paddy
 Title/Company

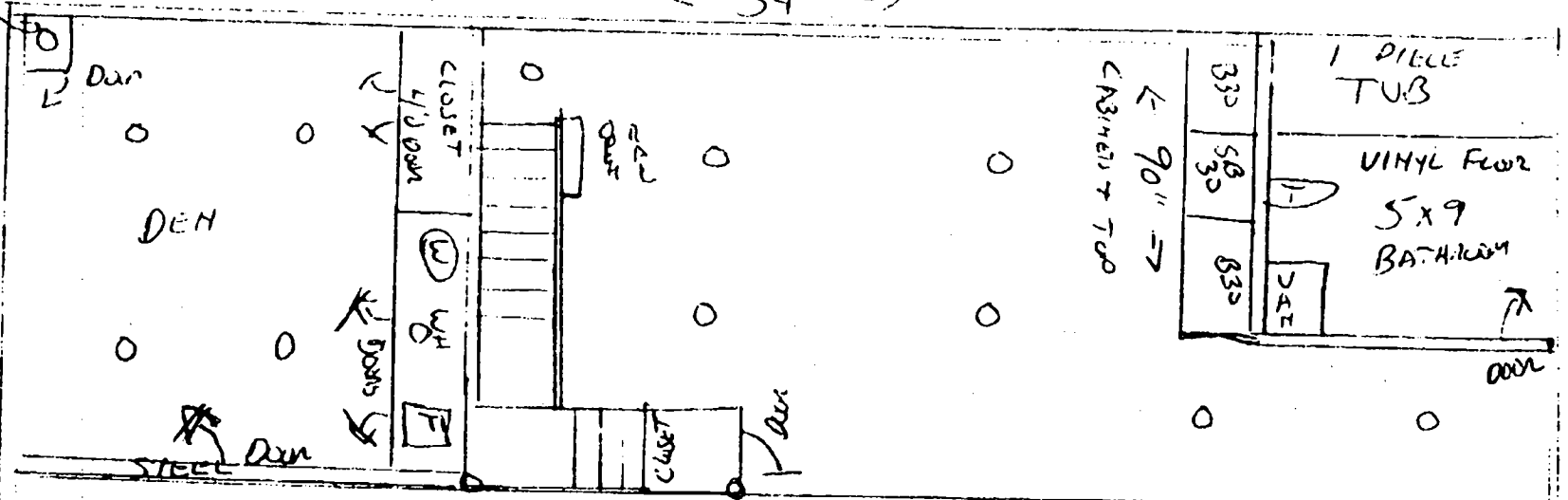
William Scott Paddy
 Print Name
10-4-01
 Date

DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY	DATE	IGN	APPR VAL	DPZ SETBACK INFORMATION	PROPERTY ID#: <u>45771</u>
<input checked="" type="checkbox"/> Land Development	<u>10/30</u>	<u>Mark Padden</u>		Front: _____	Stamp fee \$ _____
<input type="checkbox"/> State Highway				Rear: _____	Permit fee \$ <u>300</u>
<input checked="" type="checkbox"/> Building Official				Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ				Side St. _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health				All minimum setbacks met? <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>300</u>
<input checked="" type="checkbox"/> Fire Protection				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
<input type="checkbox"/> Sediment Control approval, eq. _____ Insured? _____				Is Entrance Permit required? <input checked="" type="checkbox"/>	Balance due \$ _____
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # <u>10869</u>
CONTINGENCY CONSTRUCTION START:				Historic District? <input type="checkbox"/>	Validation # <u>43002</u>
<input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				Lot Coverage for NewTown Zone _____	
				SDP/R id-line approval date _____	Accepted by: <u>[Signature]</u>

SUMP PUMP

← 34' →



29' ↑
↓

BULK HEAD FOR STEEL AND DOCKWORK

CLUB ROOM

VINYL FLOOR
SLIDER

UP
ALPHA
2/10 DOORS

← 34' →

18 - ○ RECESS LIGHTS

8/1/02 JB
O.K. to finish
to smt (no windows)

FINISHED BASEMENT APP 780 SQ FT