

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-322467

P 513298

A 57033-A

DISTRICT _____

DATE 3/2/00

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 4/3/00

INSPECTOR S.R.K.

S K Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 ESK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant LOT 42 ROAD 11301 Barley Field Way

PROPERTY OWNER Trinity Builders

ADDRESS _____ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4 **4-14-04 BOD147426-FINISH BASEMENT**

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - From the front lot line, start the first trench 175 feet off that lot line and 60 feet off the left lot line with trenches to follow contour as seen when facing the property from Barley Field Way.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. **11/5/99 OR ALL**

PLANS APPROVED BY Kim Maiste DATE 10-28-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

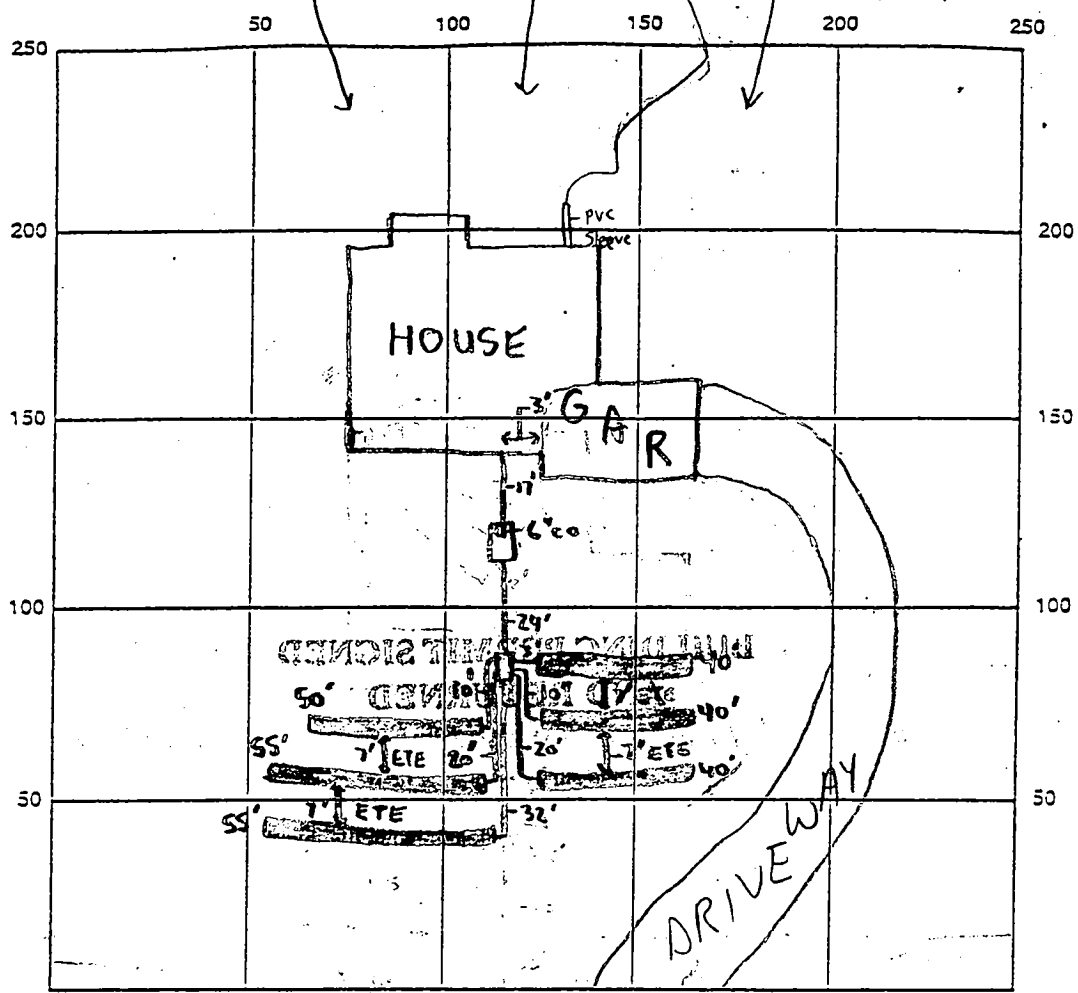
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

57033-A

7/21/00
late
4/3/00
c.o. ASAP

HO-94-0927



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
BARLEY FIELD WAY

SEPTIC TANK LEVEL ✓ 1250 gallon midseam CLEANOUTS 6" on Septic Tank

DISTRIBUTION BOX LEVEL ✓ Raffle is in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 6 ~~bottom area~~ / BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 4/3/00 - OK TO COVER ALL WORK (SRK) 4/7/00 - WPI OK (SRK)

4/7/00 - [unclear]

DATE SYSTEM APPROVED 4/3/00 INSPECTOR Steven R. Kiezy

APPLICATION

PERCOLATION TESTING

A 57033

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Thomas Powell Co (LLC) Trinity Builders

ADDRESS 10505 Hickory Ridge Rd Ste 245 (Elm) 21044 PHONE 410-740 2100

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 24

ROAD AND DESCRIPTION off of Manassasville Rd. Howard County MD
(11301 BARLEY FIELD WAY)

TAX MAP 10 PARCEL # 27, 29, 157

SIZE OF LOT 40,000 sq ft TYPE BLDG. single family home - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(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

57033-A

COUNTY #

SOIL PROFILE

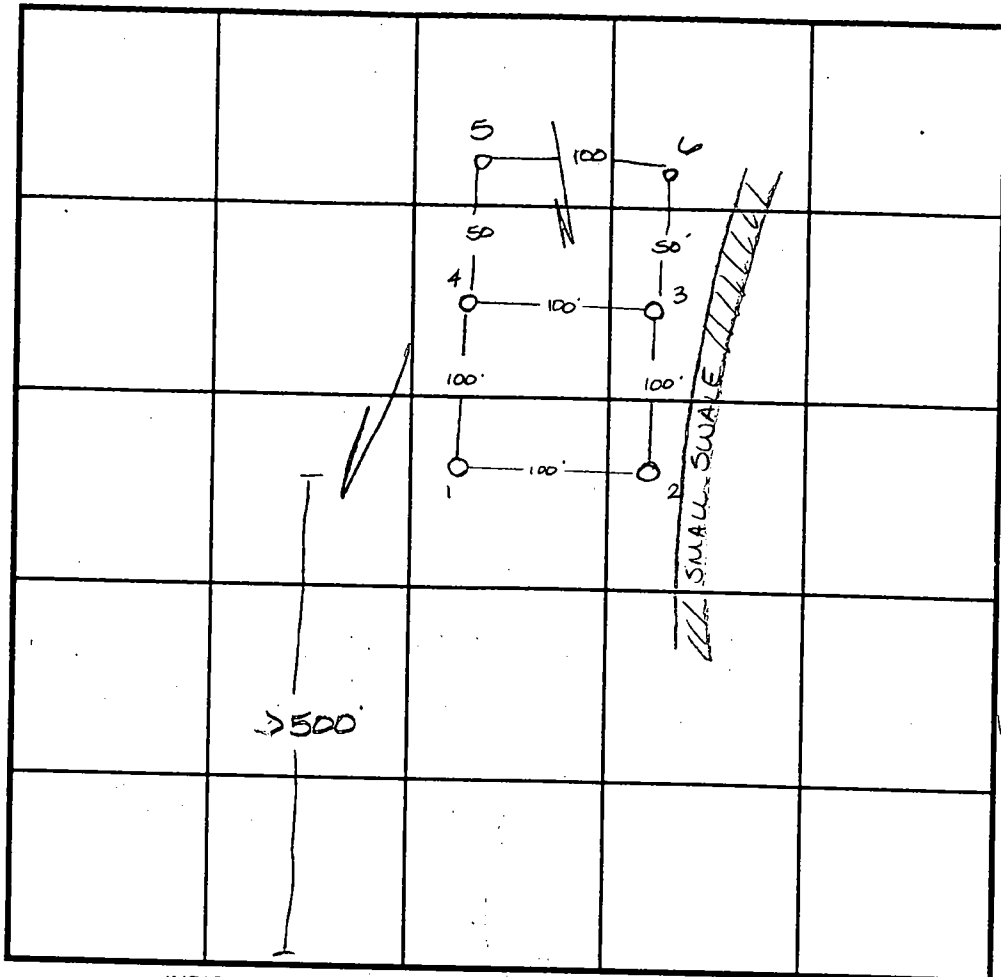
0' 1
lgt orange tan SiClm
3.5 red SiClm
4.5 lgt orange tan SiLm
11.5

2

lgt orange red SiClm
3.5 red orange SiLm micaceous 10% shale
mottling at 12.0
12.5

3

beigh SiLm
3.5 lgt red beigh SaLm micaceous <5% Saprolite
13.0



SOIL PROFILE

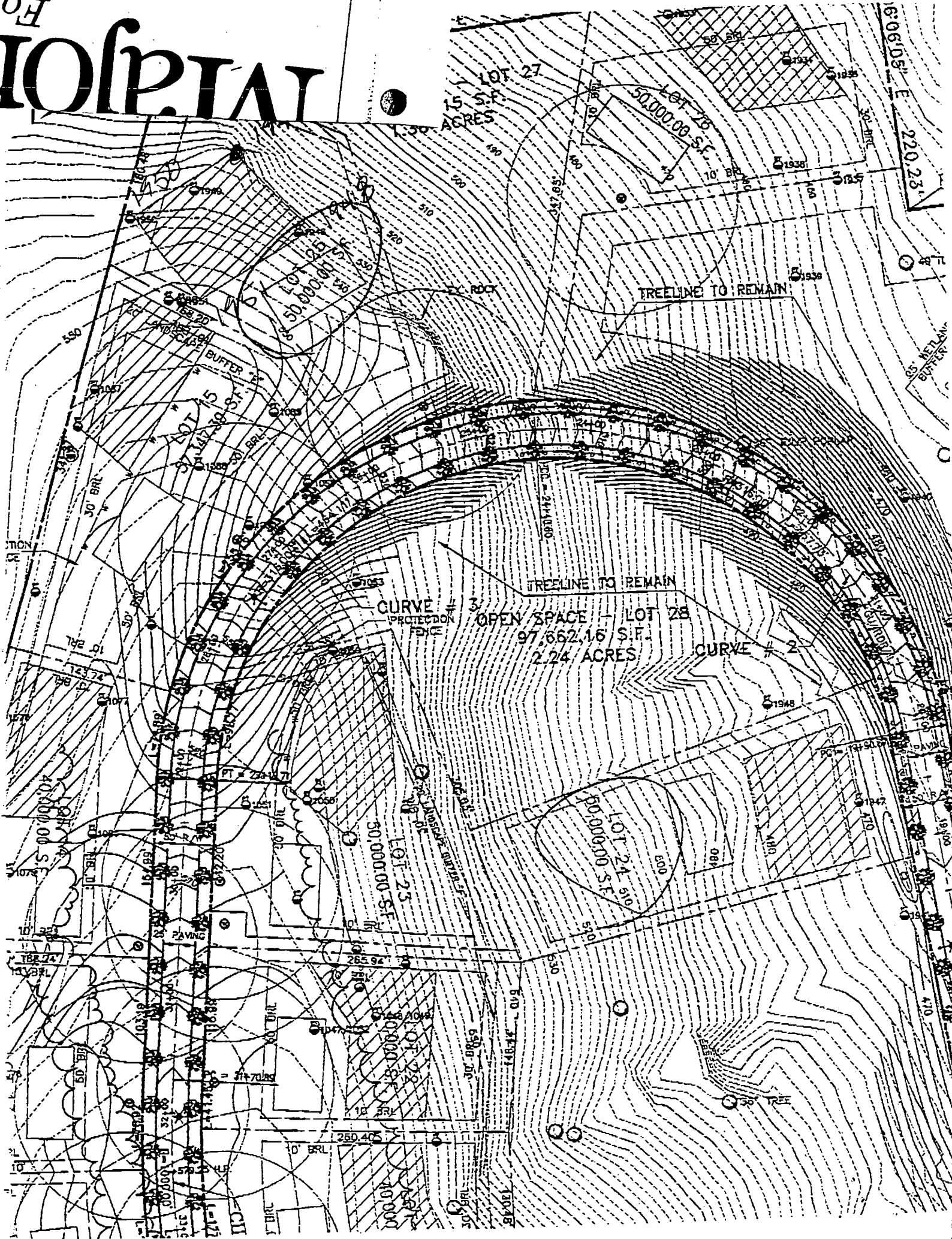
0' 4
dark micaceous SiLm
4.0 dark red SiSaLm micaceous 50% Saprolite
3.0 5.6 nodular clay layer lgt beigh SiSaLm micaceous
12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MARRIOTTSVILLE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-1-96	1	4.5 / 11.5	11:57	12:10	12:10	12:30	20min
	2	4.0 / 12.5	11:20	11:23	11:23	11:35	12min
	3	4.0 / 13.0	11:31	11:36	11:36	11:42	6min
	4	Visual to 13.0	—		see profile		OK
3-25-98	5	4.0 / 12.0	10:15	10:18	10:18	10:21	3min
	6	Visual to 12.0	—		see profile		OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMullen ALSO PRESENT JAREB
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12mn TRENCH WIDTH 3.0
 INLET DEPTH 3.0 MAXIMUM BOTTOM DEPTH 5.0 SQ. FT./BEDROOM 210

For Major



1606'05" E
220'23"

TREELINE TO REMAIN

TREELINE TO REMAIN

CURVE # 3
PROTECTION

OPEN SPACE - LOT 28
97,662.16 S.F.
2.24 ACRES

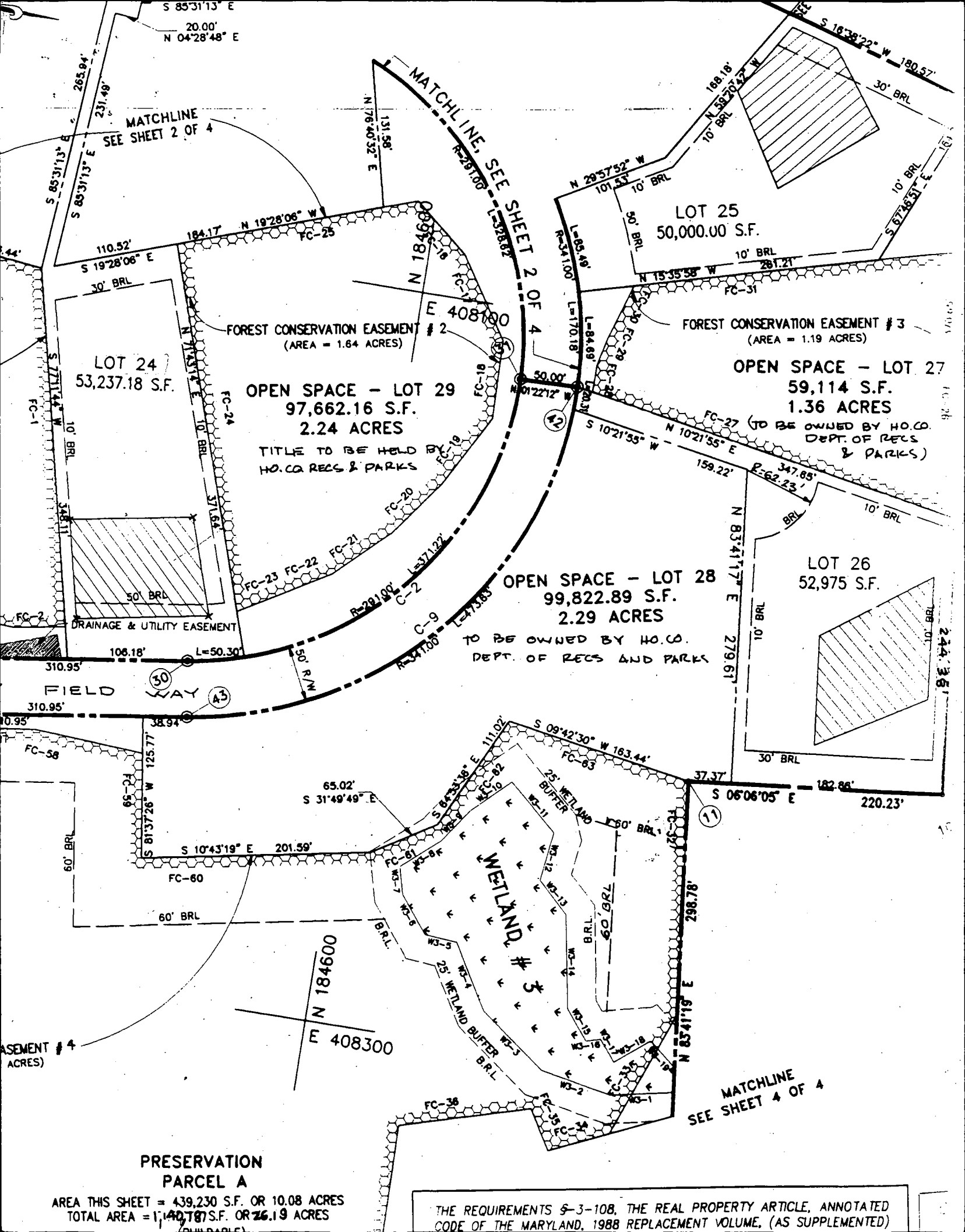
CURVE # 2

LOT 25
50,000.00 S.F.

LOT 24
50,000.00 S.F.

LOT 27
50,000.00 S.F.

LOT 26
50,000.00 S.F.



MATCHLINE
SEE SHEET 2 OF 4

MATCHLINE, SEE SHEET 2 OF 4

MATCHLINE
SEE SHEET 4 OF 4

LOT 24
53,237.18 S.F.

OPEN SPACE - LOT 29
97,662.16 S.F.
2.24 ACRES

TITLE TO BE HELD BY
HO. CO RECS & PARKS

LOT 25
50,000.00 S.F.

OPEN SPACE - LOT 27
59,114 S.F.
1.36 ACRES

(TO BE OWNED BY HO. CO.
DEPT. OF RECS
& PARKS)

OPEN SPACE - LOT 28
99,822.89 S.F.
2.29 ACRES

TO BE OWNED BY HO. CO.
DEPT. OF RECS AND PARKS

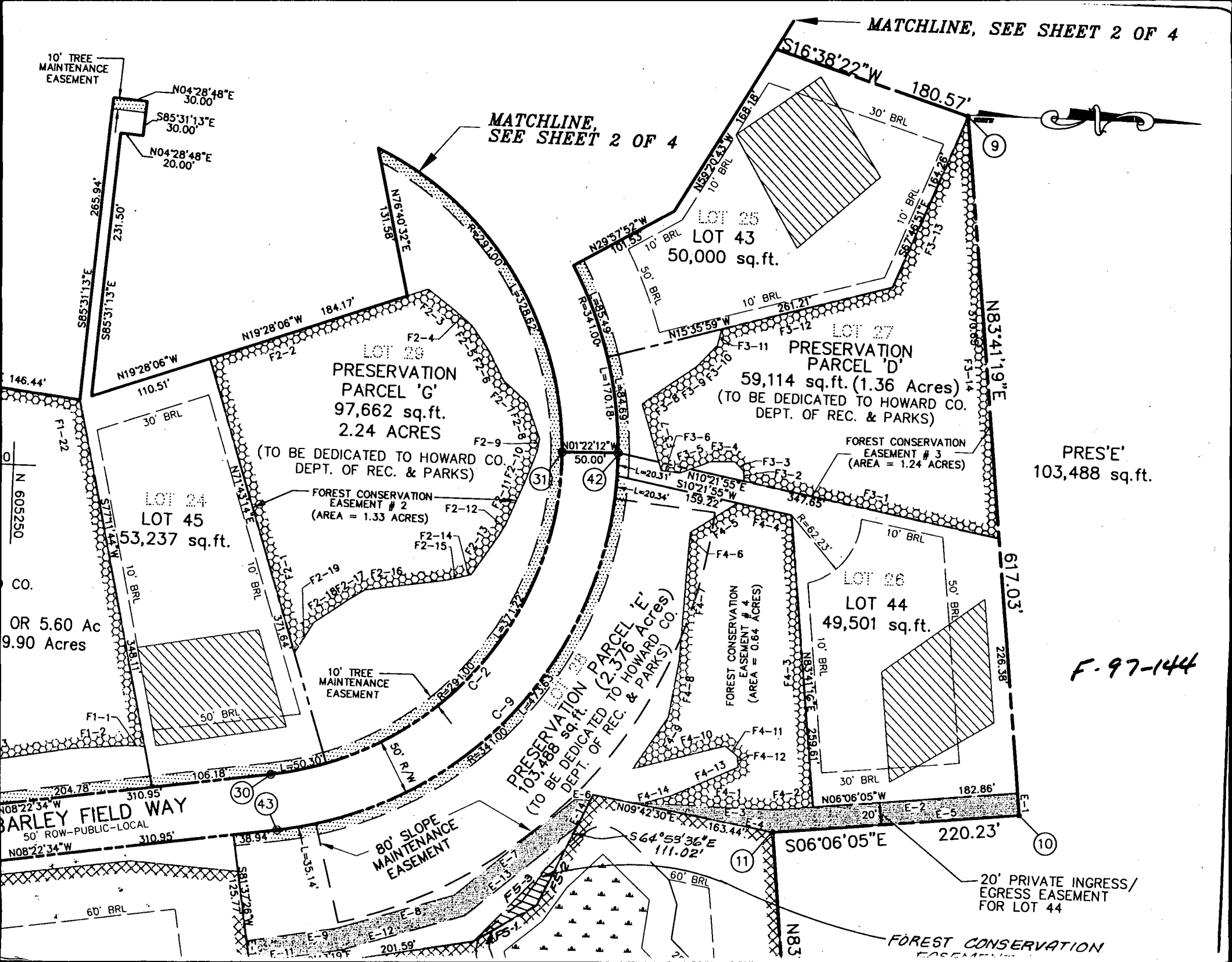
LOT 26
52,975 S.F.

**PRESERVATION
PARCEL A**

AREA THIS SHEET = 439,230 S.F. OR 10.08 ACRES
TOTAL AREA = 1,140,787 S.F. OR 26.19 ACRES
(DUAL-PURPOSE)

THE REQUIREMENTS §-3-108, THE REAL PROPERTY ARTICLE, ANNOTATED
CODE OF THE MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED)

MATCHLINE, SEE SHEET 2 OF 4



PRES'E'
103,488 sq. ft.

F-97-144

0
N
605250
CO.

OR 5.60 Ac
9.90 Acres

BARLEY FIELD WAY
50' ROW-PUBLIC-LOCAL

FOREST CONSERVATION EASEMENT

20' PRIVATE INGRESS/EGRESS EASEMENT FOR LOT 44

80' SLOPE MAINTENANCE EASEMENT

10' TREE MAINTENANCE EASEMENT

0
N
605250
CO.

OR 5.60 Ac
9.90 Acres

BARLEY FIELD WAY
50' ROW-PUBLIC-LOCAL

FOREST CONSERVATION EASEMENT

20' PRIVATE INGRESS/EGRESS EASEMENT FOR LOT 44

80' SLOPE MAINTENANCE EASEMENT

10' TREE MAINTENANCE EASEMENT

WETLAND AND FOREST CONSERVATION EASEMENTS

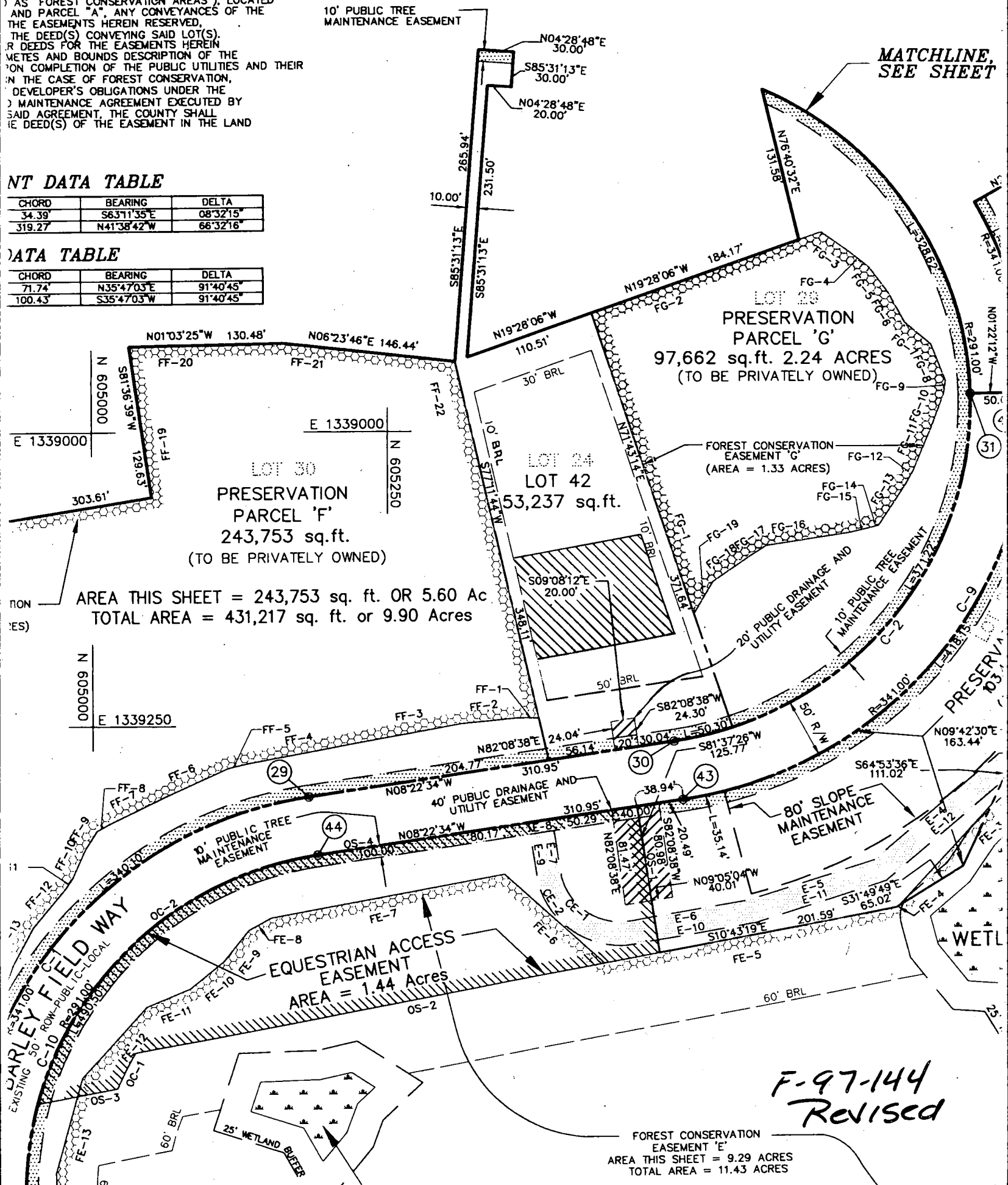
AND ITS SUCCESSORS, AND ASSIGNS, ALL EASEMENTS
 FOR STORM DRAINAGE, OTHER PUBLIC UTILITIES
 AND AS "FOREST CONSERVATION AREAS", LOCATED
 ON AND PARCEL "A", ANY CONVEYANCES OF THE
 EASEMENTS HEREIN RESERVED,
 THE DEED(S) CONVEYING SAID LOT(S),
 OR DEEDS FOR THE EASEMENTS HEREIN
 METES AND BOUNDS DESCRIPTION OF THE
 COMPLETION OF THE PUBLIC UTILITIES AND THEIR
 IN THE CASE OF FOREST CONSERVATION,
 DEVELOPER'S OBLIGATIONS UNDER THE
 MAINTENANCE AGREEMENT EXECUTED BY
 SAID AGREEMENT, THE COUNTY SHALL
 BE DEED(S) OF THE EASEMENT IN THE LAND

CHORD DATA TABLE

CHORD	BEARING	DELTA
34.39	S63°11'35"E	08°32'15"
319.27	N41°38'42"W	66°32'16"

CHORD DATA TABLE

CHORD	BEARING	DELTA
71.74	N35°47'03"E	91°40'45"
100.43	S35°47'03"W	91°40'45"



AREA THIS SHEET = 243,753 sq. ft. OR 5.60 Ac
 TOTAL AREA = 431,217 sq. ft. or 9.90 Acres

FOREST CONSERVATION
 EASEMENT 'E'
 AREA THIS SHEET = 9.29 ACRES
 TOTAL AREA = 11.43 ACRES

*F-97-144
 Revised*



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 19, 1998

MEMORANDUM

TO: Land Design & Development, Inc.
Attn: Don Reuwer
10805 Hickory Ridge Road, Suite 205
Columbia, Maryland 21044

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AM*

RE: F-97-144
Woodfords Grant. Lots 31 thru 49

*Resolved
3/25/98*

This office is unable to process the above referenced plan at this time. Reevaluation of the sewage disposal easement on Lot 42 is needed.

The revised record plat submittal shows a storm drain on the lower portion of Lot 42 which was not previously reviewed by this office for grading impact to the intended sewage disposal easement on that lot. Once discovered, a site inspection revealed possible grading disturbances in the sewage easement, but due to the lack of a referencing point, total impact could not be determined.

In order to facilitate the evaluation, please stake the corners of the sewage disposal easement in the field, then contact this office to request an inspection. If the inspection confirms impact to the sewage disposal easement, percolation testing higher on the property could be required to resolve the issue.

If you have any questions regarding this matter, please contact me at the below address or by calling (410)313-2640.

am
cc:Mildenberg, Boender & Assoc.
file

SITE INSPECTION SHEET

OWNER: Land Design & Dev.

DATE REQUESTED: _____

ADDRESS: Woodfords Grant
Lot 45/42

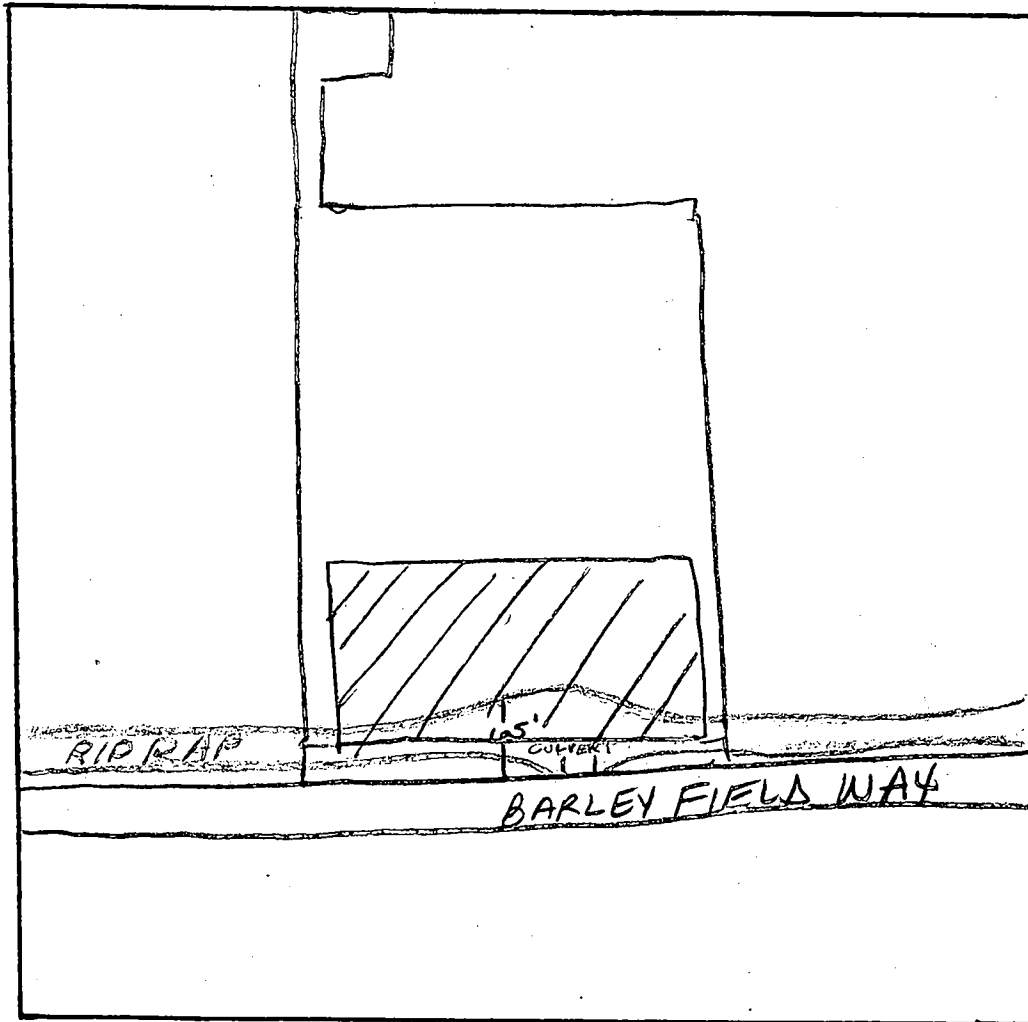
DRILLER: _____

WELL TAG # _____

COUNTY # _____

~~PROPOSE:~~ Final plan shows drainage ditch/culvert too close to SDA

LOCATION DIAGRAM



COMMENTS: Appx 20'x120' bottom portion of the SDA has been lost to drainage controls. Edge of Rip Rap is 6.5' from edge of the road. Additional testing needed prior to P-97-144 approval.

DATE: 3/17/98

INSPECTOR: A McMelle

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3528-M Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 4-27-2000

Name of Installer S.K. Plumbing & Heating Inc

Telephone 410-775-0562

License Number 12285
 Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Trinity Homes

Telephone 410-313-8722

Subdivision Woodlands E Lot # 42

Well Tag # NO - 84 - 0927

Site Address 11301 Bodley Fieldway

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

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

Fitless Adapter

1. Make _____
2. Model # _____
3. Depth 42"

2. Make Jacuzzi
3. Model # _____
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 Sleeve

Tank

1. Capacity Well-A-Trak #302
2. Pressure relief valve? Yes

Piping

1. Type P.E.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 12'

Well data

1. Depth 100 ft.
2. Yield 1.8 GPM
3. Static water level 50' 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.

4/7/00-WPI ON (SR)

Signature of Applicant: _____

Date: 4-27-2000

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

C1 7835 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 57033

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 9-30-96 Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0927

OWNER Powell Prop. Joint Venture last name BARLEY first name FIELD TOWN NARRIOTTSVILLE STREET OR RFD BARLEY FIELD WAY SUBDIVISION Woodford's Grant SECTION LOT 24

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: BROWN SHALE, BLUE ROCK, 0-30, 30-400, 70'.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 940 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

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

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6" Total depth of main casing (nearest foot) 43'

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 (PL) PLASTIC (HO) OPEN HOLE (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...

DEPTH (nearest ft.) HO 43 400 A C H S C R E E N 1 HO 43 400 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

TYPE: MWD(MSD)MGD DRILLERS LIC. NO. 043 Wayne Harley DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

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

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.8 METHOD USED TO MEASURE PUMPING RATE SUB WATER LEVEL (distance from land surface) BEFORE PUMPING 60 ft. WHEN PUMPING 280 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 WILL INSTALL PUMP (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above () LAND SURFACE (-) below () (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) BARLEY FIELD WAY NARRIOTTSVILLE

B 1 03512

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

110-94-0927 fill in this form completely

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

Date Received (APA)

03/12/96

OWNER INFORMATION

POWELL PROS 301 W. L... 15 Last Name 34 Owner First Name 34 2805 H. K... 36 Street or RFD 55 COLUMBIA 57 Town 70 State 72 MD 21044 76 Zip

B 3

LOCATION OF WELL

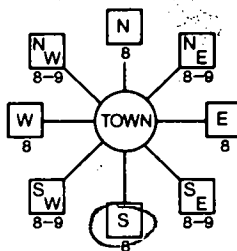
HOWARD 8 COUNTY 21 WOODFORDS GRANT 23 SUBDIVISION 42 SECTION 1 44 46 LOT 24 48 50 MORRISVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78 MI

DRILLER INFORMATION

WAYNE E HARPER 043 77 License No. 80 Harper Drilling & Pump Systems Box 160 WALKERSVILLE, MD 21793 Address 21793 Signature Date 9-11-96

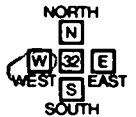
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BARLEY FIELD WBY 11 NEAR WHAT ROAD 730

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



800 34 37 DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 57033 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 09/18/96 CO SIGNATURE EXP. DATE 9/17/97 NORTH GRID 548000 EAST GRID 0828000

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT other

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

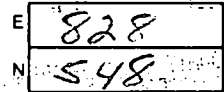
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP 54 63

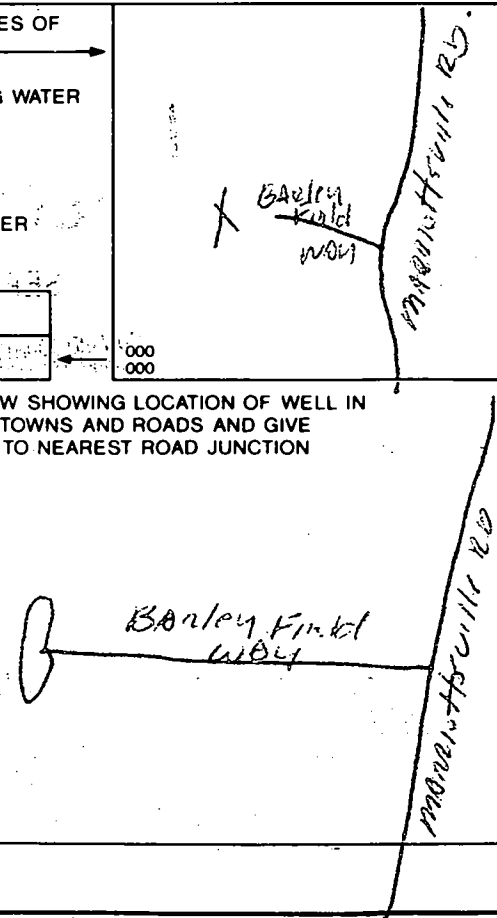
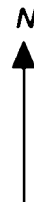
FORCE 55 WRITE INITIALS IN BOX PERMIT No. 110-94-0927 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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



NON-BUILDABLE
PRESERVATION PARCEL 'E'
103,488 SF (2.376 ACRES)
(HOWARD COUNTY DEPT OF RECREATION & PARKS)

NON-BUILDABLE
PRESERVATION PARCEL 'G'
97,662 sq. ft. (2.242 ACRES)
(HOWARD COUNTY DEPARTMENT OF RECREATION & PARKS)

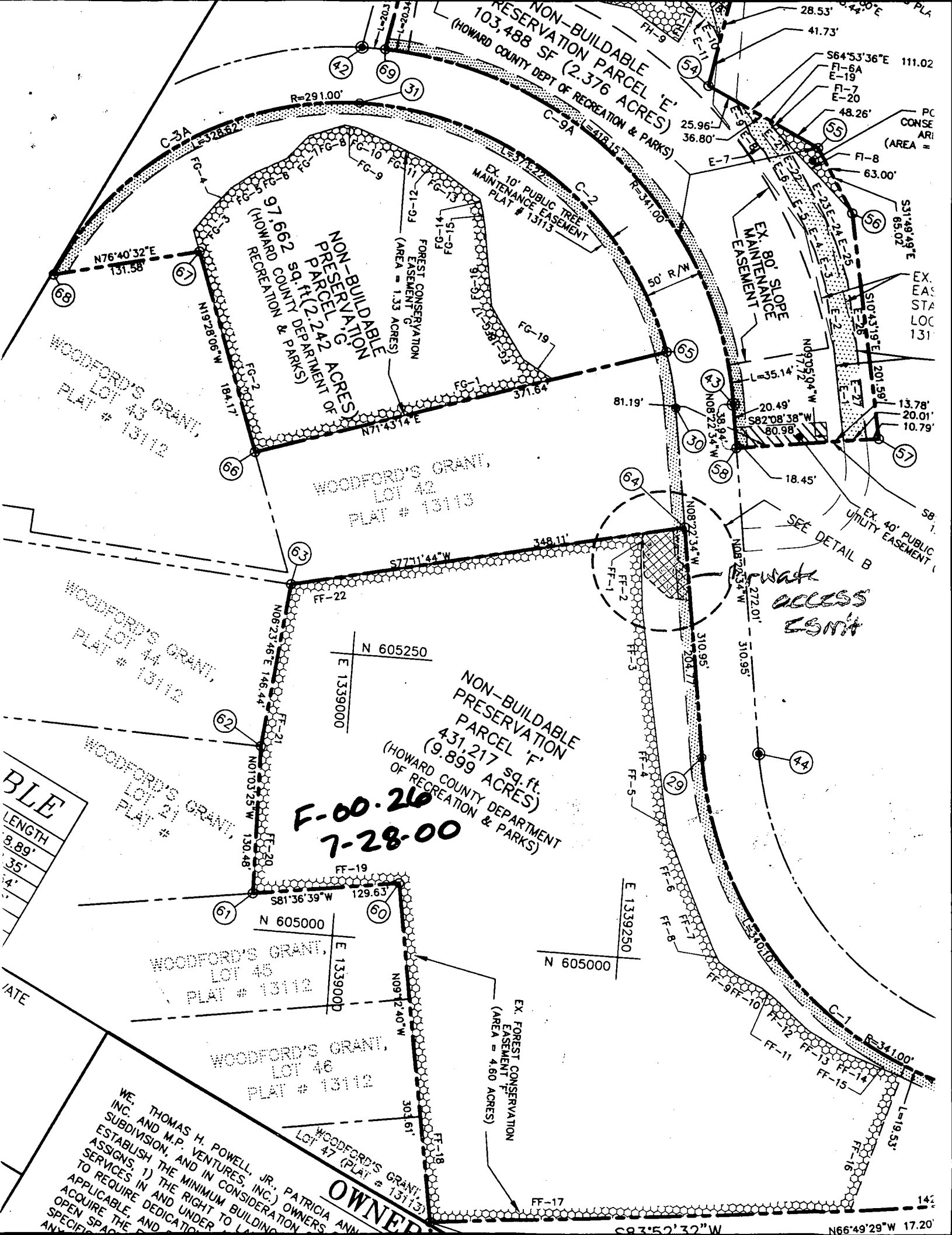
NON-BUILDABLE
PRESERVATION PARCEL 'F'
431,217 sq. ft. (9.899 ACRES)
(HOWARD COUNTY DEPARTMENT OF RECREATION & PARKS)

F-00-26
7-28-00

BLE	LENGTH
	8.89'
	35'
	4'

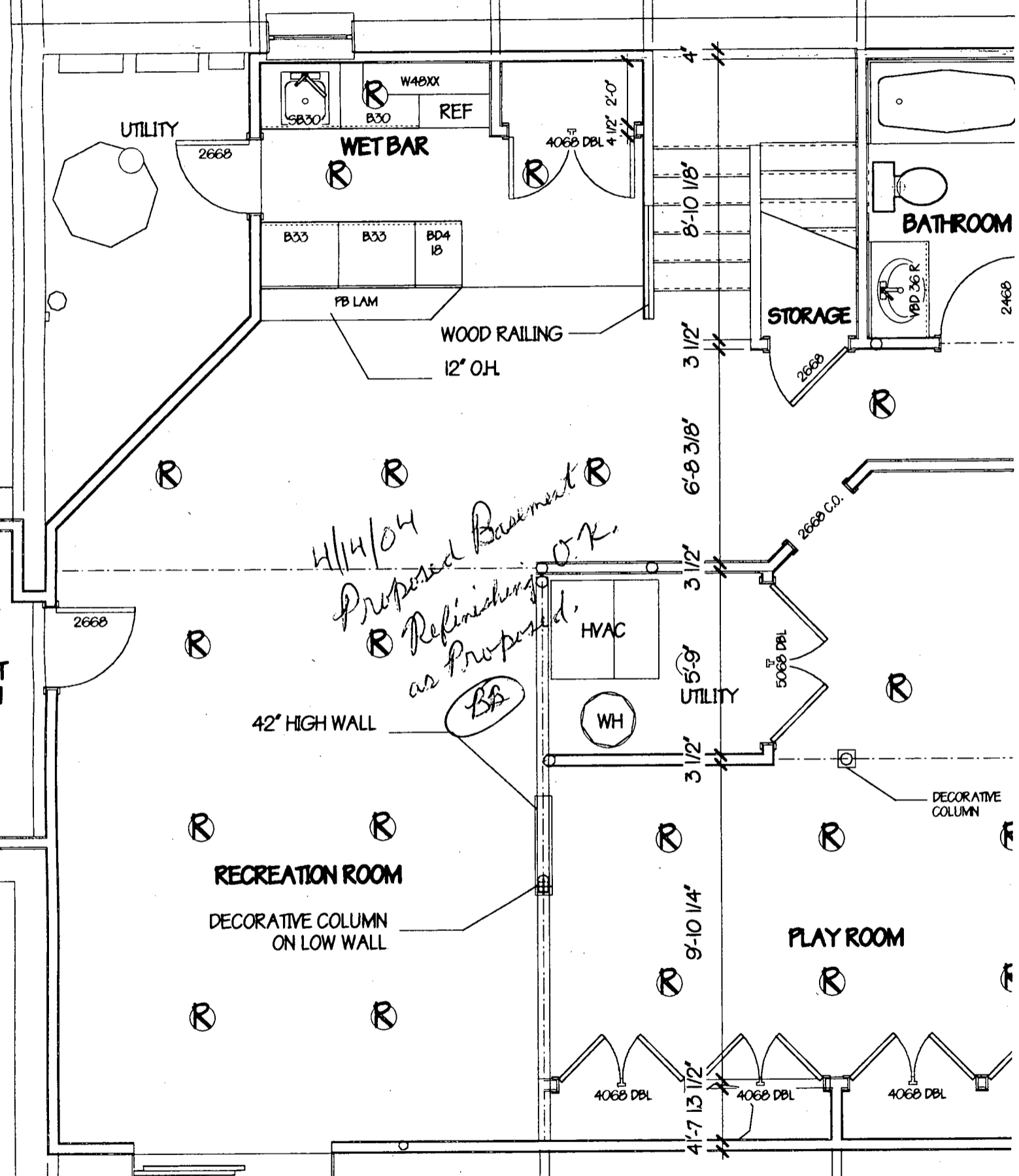
WE, THOMAS H. POWELL, JR., PATRICIA ANN...
INC. AND M.P. VENTURES, INC.) OWNERS
SUBDIVISION, AND IN CONSIDERATION
ESTABLISH THE MINIMUM BUILDING
ASSIGNS, 1) THE RIGHT TO
SERVICES IN AND UNDER
TO REQUIRE DEDICATION
APPLICABLE AND
ACQUIRE THE AND
OPEN SPACE AND
SPECIFIC

OWNER



43'-8"

4'-8" 6'-6 3/4" 3 1/2" 7'-3 3/4" 3 1/2" 4'-7" 3 1/2" 6'-6" 3 1/2" 5'-1" 3



*4/14/04
Proposed Basement
Refinishing O.K.
as Proposed.*

BB

4' 15'-3 1/4" 3 1/2" 9'-0" 3 1/2" 8'-10 1/8"

Health Dept

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 CORRIE HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313 2456 INSPECTIONS (410) 313 1810
AUTOMATED REGISTRATION (410) 313 3990

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300147426

Building Address 11301 Barley Field Way
Marriottsville, MD 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision Woodford's Grant
Section _____ Area _____ Lot 42
Tax Map 10 Parcel 27 Grid 16
Zoning RCNFD Map Coordinates 6A11 Lot size _____

Property Owner's Name Martin & Melissa Calambokidis
Address 11301 Barley Field Way
City Marriottsville State MD Zip Code 21104-1348
Home Phone 410-442-9790 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS ABOVE
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD @ Finish BR
Estimated Construction Cost \$ 14,492
Description of Work finish basement to create
rec room, play room, bath, wet bar
craft room, utility & storage

Contractor Company Faith Home Remodeling
Contact Person Christine Carter
Address 3205 Corporate Ct
City Ellicott City State MD Zip Code 21042
License No. 685
Phone 410-461-6700 Fax 410-461-6702

Occupant or Tenant Owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company Faith Home Remodeling
Contact Person Michael J. Birrer CGA
Address 3205 Corporate Ct
City Ellicott City State MD Zip Code 21042
Phone 410-461-6700 Fax 410-461-6702

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: 2
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement _____
Finished Basement Unfinished Basement
Crawl space 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

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 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 THEREIN, (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.

Christine M. Carter
Applicant's Signature
Office Manager
Title/Company

Christine M. Carter
Print Name
4-14-04
Date

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

FOR OFFICE USE ONLY

AGENCY DATE SIGNATURE APPROVAL
Land Development, DPZ
State Highways
Building Official
Dev. Engineering, DPZ
Health
Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All-minimum setbacks met?
YES NO
Is Entrance Permit required?
YES NO
Historic District?
YES NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 42614
Filing fee \$ 25
Permit fee \$ 95
Excise tax \$ _____
Add'l per. fee \$ 70
TOTAL FEES \$ 130
Sub-total paid \$ _____
Balance due \$ _____
Check 295.6 # 2757
Validation # 4485

Accepted by [Signature]

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T: Forms/ PERMIT FRM

Rev. 5/17/00