

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 511523

A 57313-A

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

04-361504

DATE 4/19/99

DATE SYSTEM APPROVED 6/4/99

INSPECTOR M. R. K.

SK Backhoe _____ IS PERMITTED TO INSTALL X ALTER _____

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

SUBDIVISION Sycamore Valley II LOT 1 ROAD 3675 Sycamore Valley Run

BUILDING PERMIT SIGNED

PROPERTY OWNER Michael Scheff DONALD HARRIS

AND RETURNED

ADDRESS 9904 BOWLING GREEN - SUNROOM

TOP SEAMED TANK REQUIRED

*****PUMPED SYSTEM REQUIRED*****

SEPTIC TANK CAPACITY 1250 GALLONS

INSTALL: 1-1250 Gallon Top Seamed Pump Chamber

NUMBER OF BEDROOMS 4

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit

180 SQUARE FEET PER BEDROOM

- Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 240

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 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 110 feet off Championship Drive and 110 feet off Sycamore Valley Run. Run trenches on contour toward Sycamore Valley Run.

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

4/14/99 OK to install 12' trench w/ 1 1/2' stone, invert 6" deeper in order to install a gravity system to the highest portion of the SOA

PLANS APPROVED BY Amy McMillen DATE 11-16-1999

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 SIGNED

AND RETURNED 12-10-99

PERMIT VOID AFTER TWO YEARS

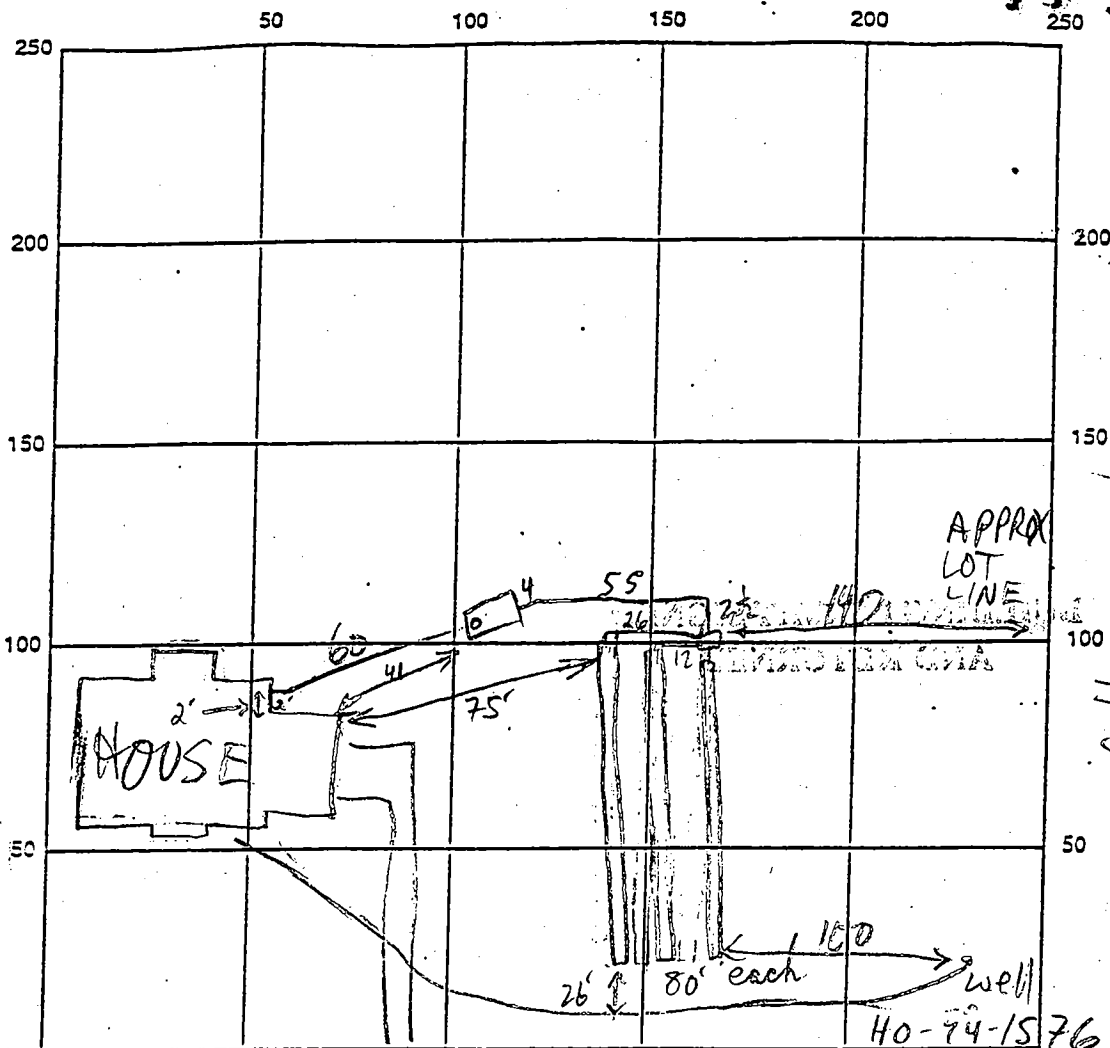
Serial # B0121700

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. *deck*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 57313A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SYCAMORE VALLEY RUN

SEPTIC TANK LEVEL 1250 GAL TOP-SEALED CLEANOUTS OK - S.T.

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3-3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 - 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

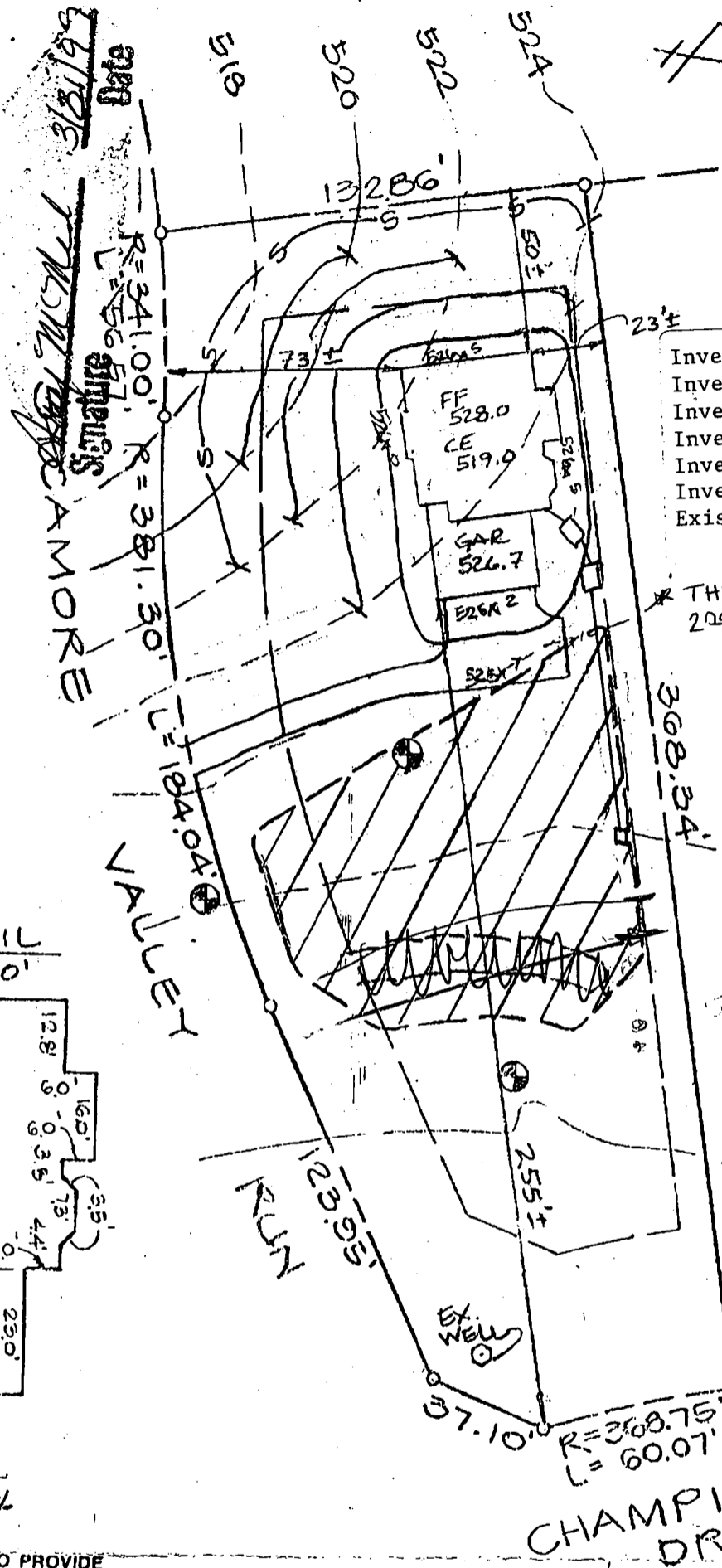
ABSORBENT AREA SQ. FT.

REMARKS: 6/4/99 OK TO COVER ALL; DUE TO TOPO + OTHER REASONS,
SUFF. ROOM FOR TWO GRAVITY REPAIRS UPHILL OF PARKING PAD
IS NOT CERTAIN (MR)

DATE SYSTEM APPROVED 6/4/99

INSPECTOR M. R. Pitkin

Approved Septic System Plan
Howard County Health Department

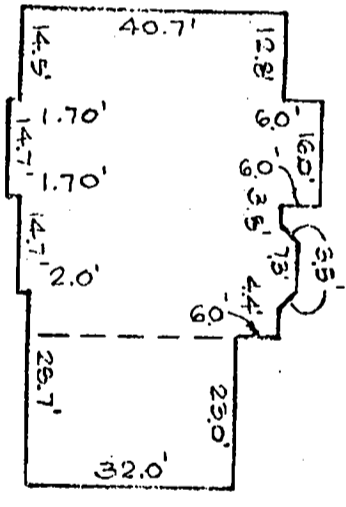


Invert out of house	526.5
Invert into septic tank	526.4
Invert out of septic tank	526.1
Invert into pump chamber	526.0
Invert out of pump chamber	525.7
Invert into distribution box	525.0
Existing grade @ dist. box	528.0

* THIS IS NOT A PUMP SYSTEM *
2nd tank is for future pump system

Total linear feet of trench required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 2.0 feet

DETAIL
1" = 30'

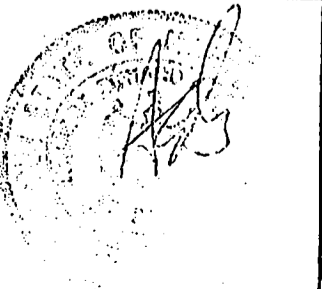


DET. AREA
16,800 SF +/-

CONTRACTOR IS TO PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES

Date 11/11/98
 [Signature]
 IND. REG. No. 20007
 PROF. LAND SURVEYOR

LOT 1
 SYCAMORE VALLEY II
 Δ F08/89
 4TH ELECT. DIST. HOWARD CO., MD



SITE PLAN
 SYCAMORE VALLEY RUN

scale:
1" = 50'

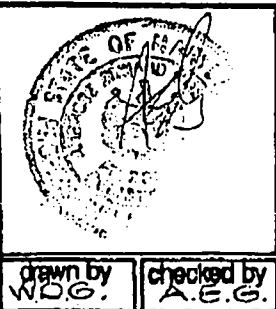
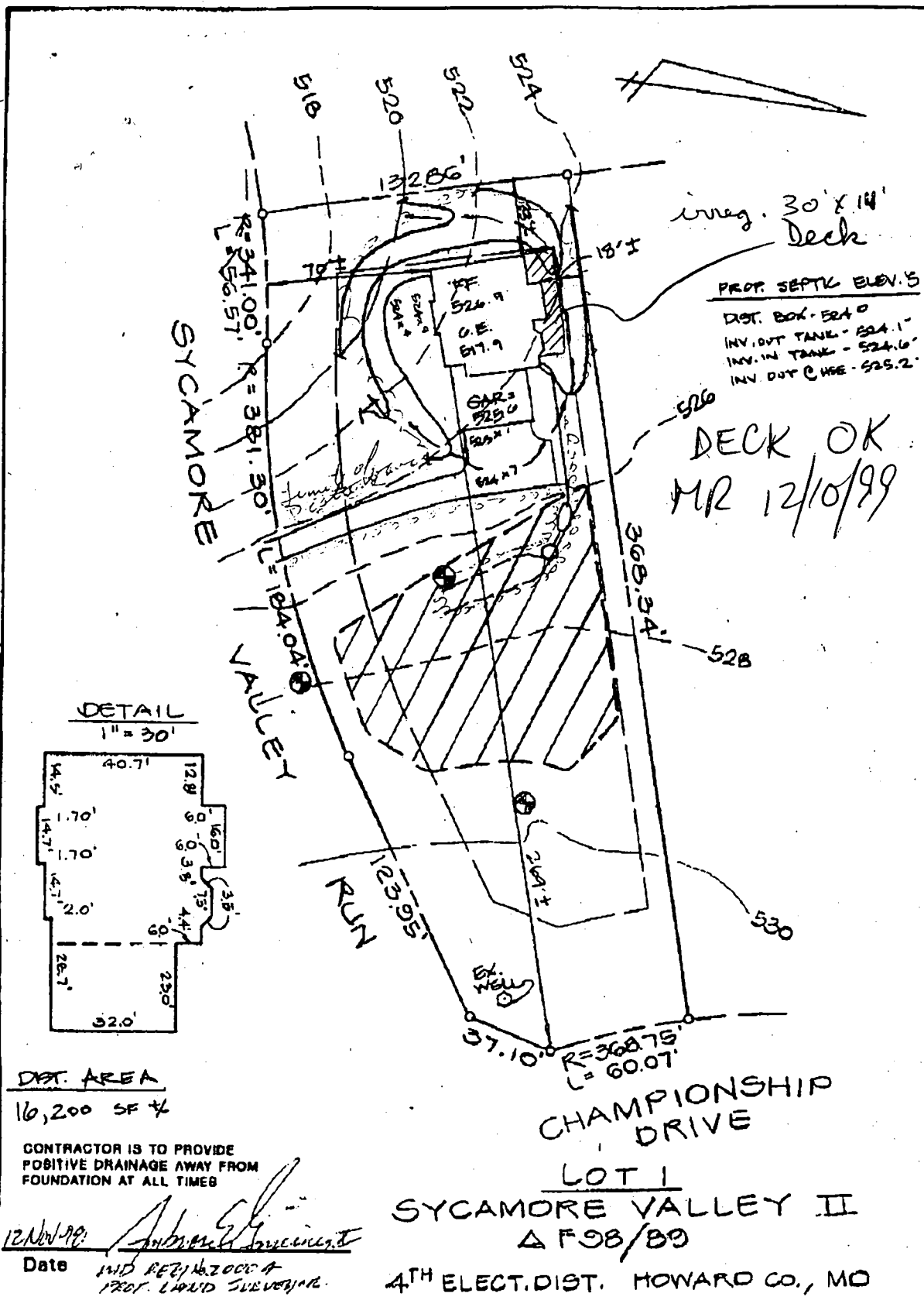
MCKEE & ASSOCIATES, INC.
 CIVIL ENGINEERS • LAND SURVEYORS
 5 SHAWAN ROAD HUNT VALLEY, MD 21030

date:
11.11.98
REV. 11.18.98

drawn by
N.O.G.
checked by
A.E.G.

(410) 527-1555
 FAX 410 527 1563

job no:
98-177



SITE PLAN
 SYCAMORE VALLEY RUN

MCKEE & ASSOCIATES, INC.
 CIVIL ENGINEERS • LAND SURVEYORS
 5 SHAWAN ROAD HUNT VALLEY, MD 21030
 (410) 527-1555

scale:
 1" = 50'

date:
 11.11.98

job no.:
 98-199

Building Address 3675 Sycamore Valley Run
Beltsville Md. 21738

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

Census Tract 6040 Subdivision Sycamore Valley

Section 2 Area _____ Lot 1

Tax Map 21 Parcel 7 Grid 10

Zoning RC-DEP Map Coordinates 9B10 Lot size _____

Existing Use SF Home
 Proposed Use same w/ deck
 Estimated Construction Cost \$ 2,500

Description of Work as built irregular
Deck on rear of home w/ steps
to grade 30' x 14'

Occupant or Tenant owner

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Property Owner's Name Michael Scheepf
 Address 15913 Spring Gate
 City Montgomery State MD Zip Code 21111
 Home Phone 410 477-4472 Work Phone same
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Contractor Company owner
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 HERETO, (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Michael Scheepf Print Name Michael Scheepf
 Date 12-10-99
 Title/Company _____

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

AGENCY	DATE	SIGNATURE/APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ	12-10-99	<u>Mark E. [Signature]</u>	Front: <u>30 FT</u> Rear: <u>10 FT</u> Side: <u>30 FT</u> Side St.: <u>30 FT</u>	35533
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Filing fee \$ <u>30</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Permit fee \$ _____
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Excise tax \$ _____
Health	6/10/99	<u>Mark E. [Signature]</u>	Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>[Signature]</u>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>1190</u>
				Validation # <u>25162</u>

APPLICATION

PERCOLATION TESTING

A 57313

P _____

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

DISTRICT _____

DATE 10/9/96

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 Frances Denton Michael A. Scheff

ADDRESS 10805 Hickory Ridge Rd Ste 215 PHONE 740-2100
Cal. MD 21041

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 10805 Hickory Ridge Rd Ste 215 PHONE 740-2100
Cal. MD 21041

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. _____

ROAD AND DESCRIPTION 3675 Sycamore Rd

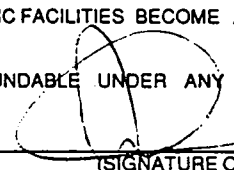
**LOG. PERMIT SIGNED
AND RETURNED 11-16-98**
Serial # B10115026
SFD-461W

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SIGNED
AND RETURNED 4-13-99**
Serial # B10117130
Proposed

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


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1252

Dark red Sic1M

4.0 dark red SilM

8.0 grey SilM micaceous 10% Rx refusal at 10.5

1220

dark red Sic1M 5% Rx

5.0 lgt yellow brown SilM 5% Rx

11.5

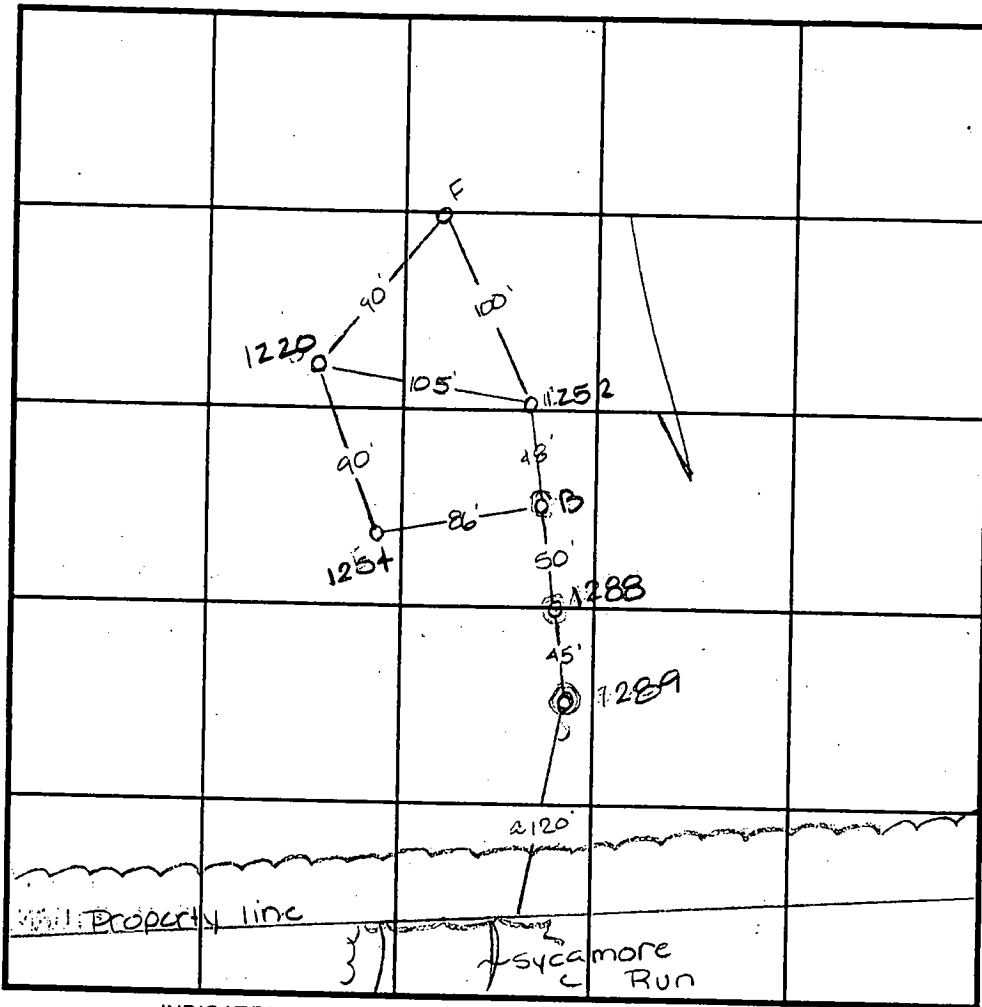
1254

lgt tan brn Sic1M

4.0

dark red SilM strong struct 5% Rx

12.0



SOIL PROFILE

0' 1240

dark red brown Sic1M

4.0

lgt orange SilM packets of 30% Rx

11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/27/96	1289	Refusal at	6.0				F
	1288	Refusal at	5.0				F
	B	Refusal at	5.0				F
	1252	4.0 v10.5	12:00	12:06	12:06	12:11	5min
	1220	4.5 v11.5	12:13	12:18	12:18	12:23	5min
	1254	4.5 v12.0	12:08	12:09	12:09	12:11	2min
	1240	4.0 v11.0	12:21	12:23	12:23	12:29	6min

REMARKS _____

TYPE OF SOIL _____

TESTED BY AMY McMillen

ALSO PRESENT D. Rewer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

C1 05199a SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A57313

ST/CO USE ONLY DATE RECEIVED MM 7 10 98 YY

DATE WELL COMPLETED MM 6 30 98 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1576

OWNER Mid Atlantic Dev last name first name STREET OR RFD Championship Dr TOWN Glenwood SUBDIVISION Devlin Prop SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Sandstone, Gray Granite, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A E P 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. MWD 3551 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 341 Max B. Jones

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

DEPTH (nearest ft.) table with rows 1-51 and columns 8-21. Values include 110, 50, 300.

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

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

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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) See attached

B 1	4763	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1576 <small>fill in this form completely</small>
------------	-------------	--------------------------------	---	---

Date Received (APA) **06 05 98**

OWNER INFORMATION

MID-ATLANTIC DEVELOPMENT II, L.L.C.

15 Last Name Owner First Name 34

5006 DORSEY HALL DR. SUITE 206

36 Street or RFD 55

ELICOTT CITY, MD 21042

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD

8 COUNTY 21

DEVLIN PROPERTY

23 SUBDIVISION 42

SECTION **44** 46 LOT **1** 48 50

GREENWOOD

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M 73 76 77 78

DRILLER INFORMATION

MICHAEL BARLOW **MW D355**

Driller's Name 76 License No. 81

MICHAEL BARLOW Well Drilling Serv. Inc.

Firm Name

912 FAWN COURT, TOPPA, MD 21085

Address

[Signature] **6-3-98**

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

CHAMPIONSHIP DRIVE

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **30** 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

1 2 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)

HOME (SINGLE OR DOUBLE HOUSEHOLD-UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co **A57313**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **06 12 98** **A McMiller** **6/12/99**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **522.000** EAST GRID **792** 000 63

50 55 57

APPROXIMATE DEPTH OF WELL **200** FEET

24 28

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

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROtary **AIR-PERcussion** ROTARY (Hydraulic Rotary)

37 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

39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G A P _____

54 63

FORCE **AM** WRITE INITIALS IN BOX PERMIT NO. **HO-94-1576**

67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. _____

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7922**

N **5222**

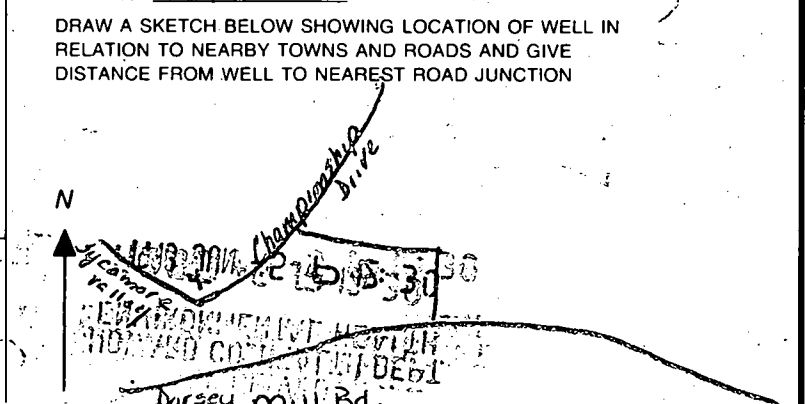
6.30-98

Grout not complete **AM**

X

000

000



6/12/98

12" / 10" Stone Found

N 30° 15' 04" E 483.15'

with Old Wire Found
36" ø Cherry Tree
with Old Wire Found

No site inspection
Sites staked by a
licensed surveyor - Field
insp. not useful because
no markers or peg holes
are visible

LOT 42
CAITAIL CREEK
COUNTRY CLUB
PLAT No. 10065

Open Space
LOT 17
1.831 Ac.
Dedicated To Homeowner's Association

Non-Buildable
Preservation
Parcel "D"
58,428 Sq.Ft.

(60')

EX. 50' R/W
PLAT
p. 10065

Rebar with
"FCC 106" Cap
Found

LOT 1
47,294 Sq.Ft.

LOT 2
48,787 Sq.Ft.

LOT 3
49,658 Sq.Ft.

LOT 4
49,131 Sq.Ft.

LOT 5
40,470 Sq.Ft.

LOT 6
49,941 Sq.Ft.

LOT 15
54,423 Sq.Ft.

LOT 16
69,007 Sq.Ft.

WM FACILITY
(BORENTON)
HAZARD CLASS
(PUBLIC)

Buildable
Preservation
Parcel "A"
2.817 Ac.

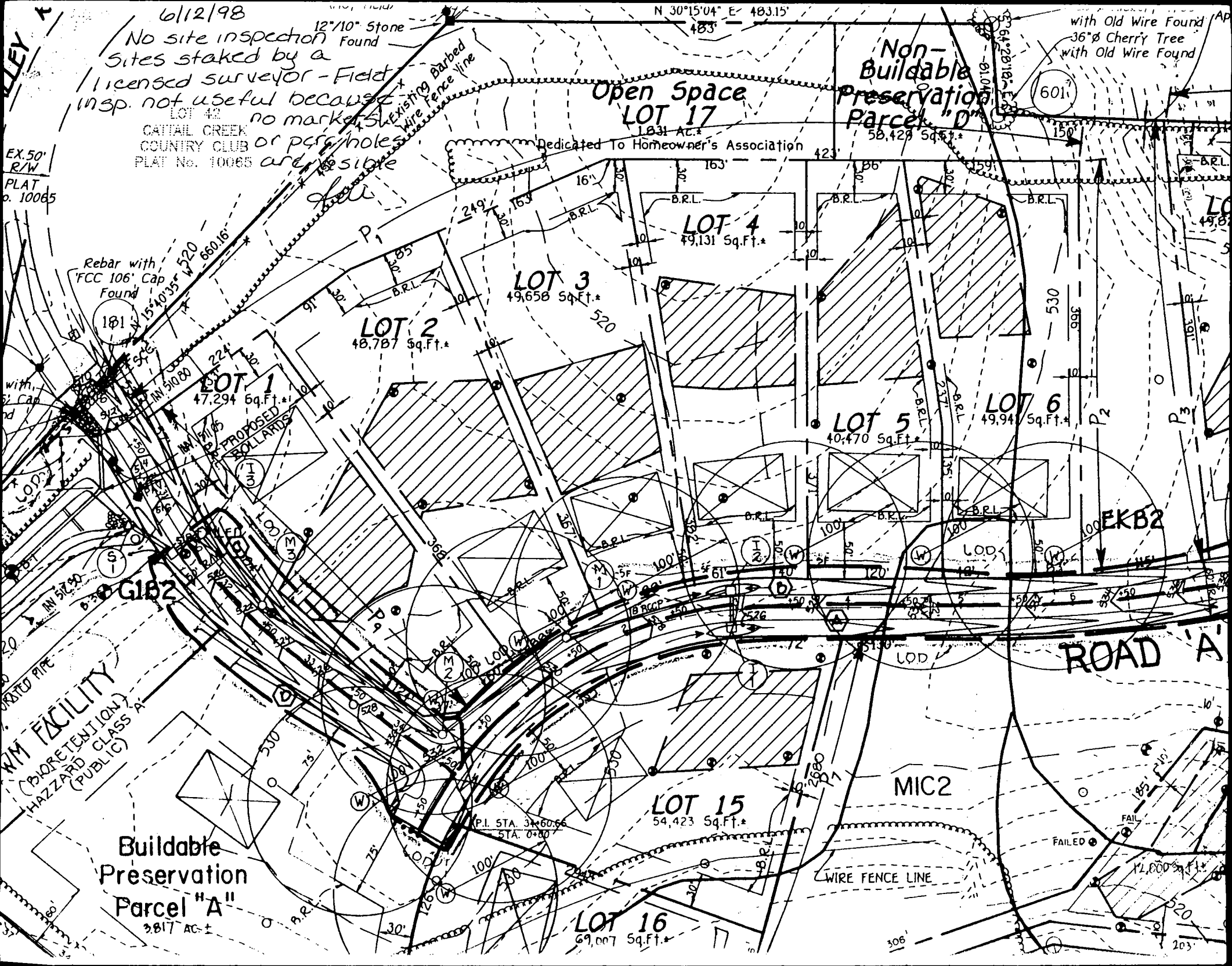
ROAD "A"

MIC2

WIRE FENCE LINE

FAILED

12,000 Sq.Ft.



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 # _____
 Date _____

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 Mike Scheff Builders

Telephone 410-472-4472

Subdivision Sycamore Valley Lot # 1

Well Tag # 10-94-1576

Site Address 3675 Sycamore Valley Rd

Pump

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

Motor

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

Pitless Adapter

- 1. Make Herford
- 2. Model # _____
- 3. Depth 42'

- 2. Make Jacuzzi
- 3. Model # 1541014B-5-2
- 4. Capacity 10 GPM
- 5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No X

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other None

Tank

- 1. Capacity Well-X-trol 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 42'

Well data

- 1. Depth 300 ft.
- 2. Yield 15 GPM
- 3. Static water level 32' ft.
- 4. Will water supply be disinfected by installer? NO

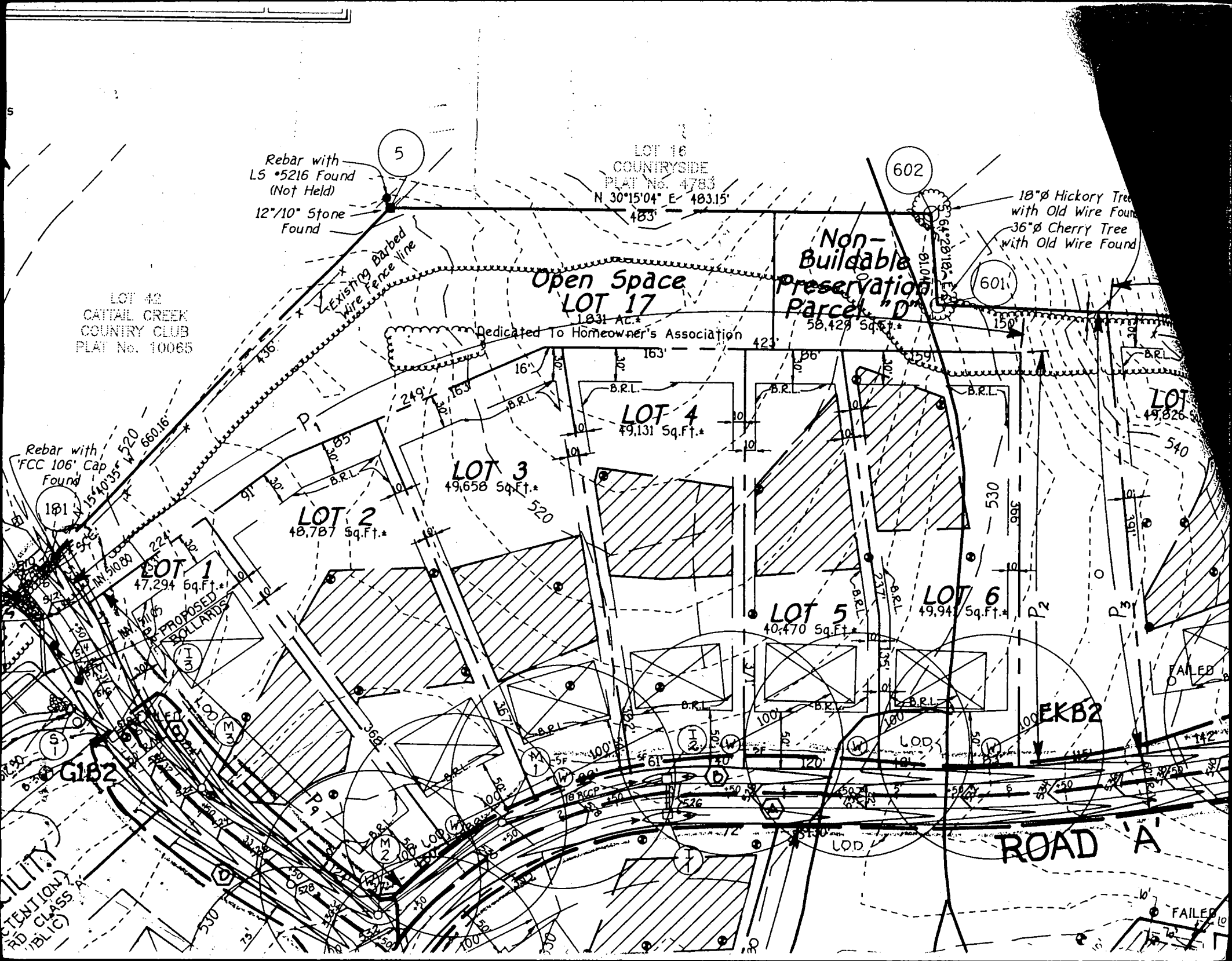
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: _____

Date: 6-7-99

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



Rebar with
L5 #5216 Found
(Not Held)
12"/10" Stone
Found

LOT 16
COUNTRYSIDE
PLAT No. 4763
N 30°15'04" E 483.15'
483'

Non-Buildable
Preservation
Parcel "D"

18"Ø Hickory Tree
with Old Wire Found
36"Ø Cherry Tree
with Old Wire Found

Open Space
LOT 17
1.831 Ac.*

Dedicated To Homeowner's Association

LOT 42
CAITAIL CREEK
COUNTRY CLUB
PLAT No. 10065

Rebar with
#CC 106" Cap
Found

LOT 2
48,787 Sq.Ft.*

LOT 3
49,658 Sq.Ft.*

LOT 4
49,131 Sq.Ft.*

LOT 5
40,470 Sq.Ft.*

LOT 6
49,941 Sq.Ft.*

LOT 1
47,294 Sq.Ft.*

PROPOSED
ROLLARDS

EKB2

ROAD 'A'

UTILITY
STENTION)
RD CLASS A
PUBLIC A

FAILED

E 32' METRIC E 1303700
177653.036 METRIC Z 362850

NON-BUILDABLE PRESERVATION PARCEL 'C'
3.178 Ac.*

Part One Forest Conservation Easement (Area = 3.139 Ac.*)

601

with Old Wire Found
564°28'18"E
81.04'
36"Ø Cherry Tree with Old Wire Found
N32°03'56"E
150.00'

EX 50' R/W PLAT No. 10065

LOT 42 CATTAIL CREEK COUNTRY CLUB PLAT No. 10065

F. 98.89

Rebar with 'FCC 106' Cap Found

57

181

124

LOT 2
48,787 Sq.Ft.*

LOT 3
49,658 Sq.Ft.*

LOT 4
49,131 Sq.Ft.*

LOT 5
40,470 Sq.Ft.*

LOT 6
49,941 Sq.Ft.*

LOT 1
47,294 Sq.Ft.*

Public 10' Drainage & Utility Easement

Public 10' Tree Maintenance Easement

LOT 17
26 Ac.*

Public 10' Tree Maintenance Easement

Water Management

SYCAMORE VALLEY RUN

CHAMPIONSHIP DRIVE

123

83

129

78

127

128

176

177

168

169

558

557

LOT 15
54,423 Sq.Ft.*

NON-BUILDABLE AGRICULTURAL PRESERVATION PARCEL 'B'
For Total Area See Sheet 3
Area This Sheet = 2.015 Ac.*

Part Three Forest Conservation Easement (Area = 1.451 Ac.*)

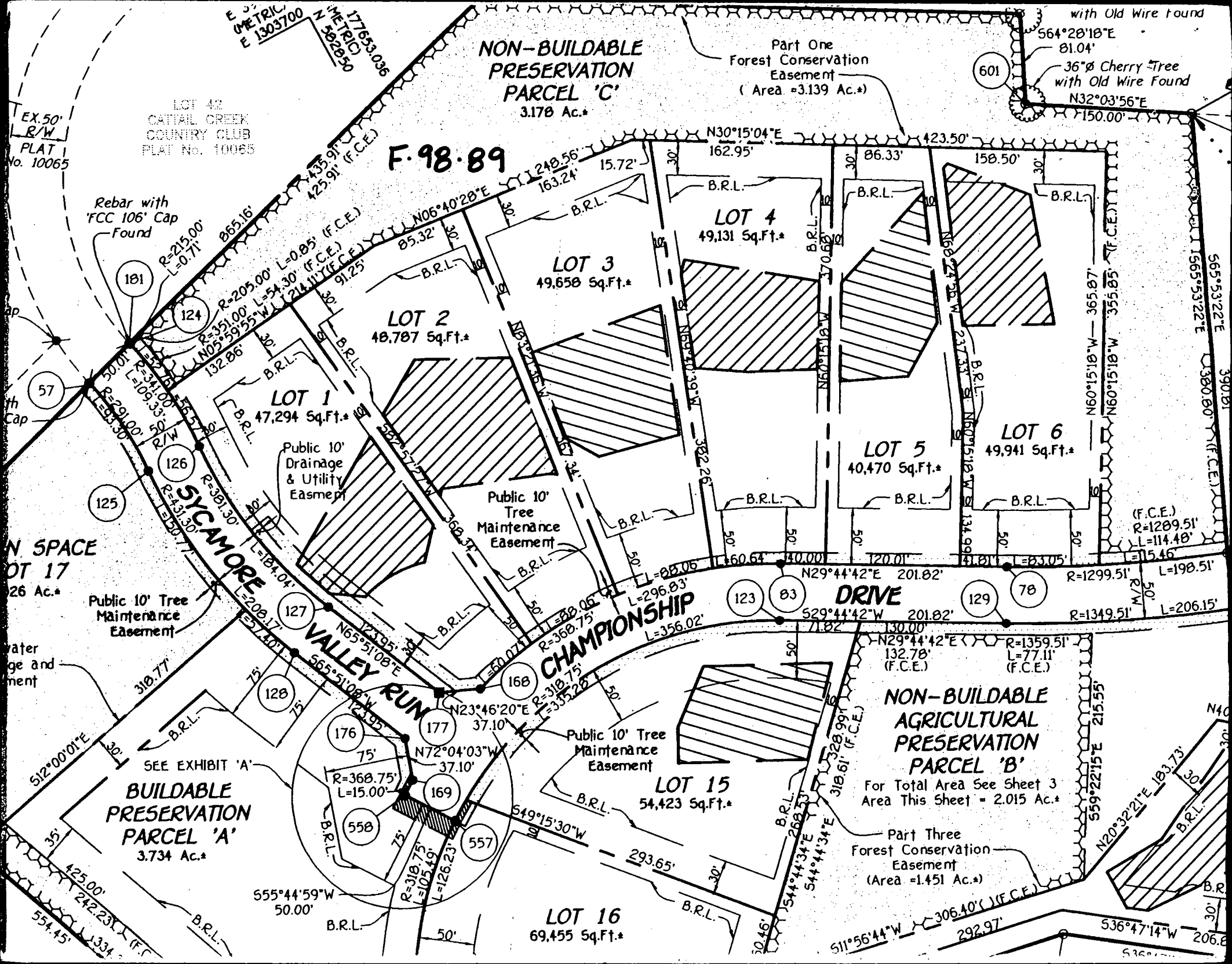
SEE EXHIBIT 'A'
BUILDABLE PRESERVATION PARCEL 'A'
3.734 Ac.*

555°44'59"W
50.00'

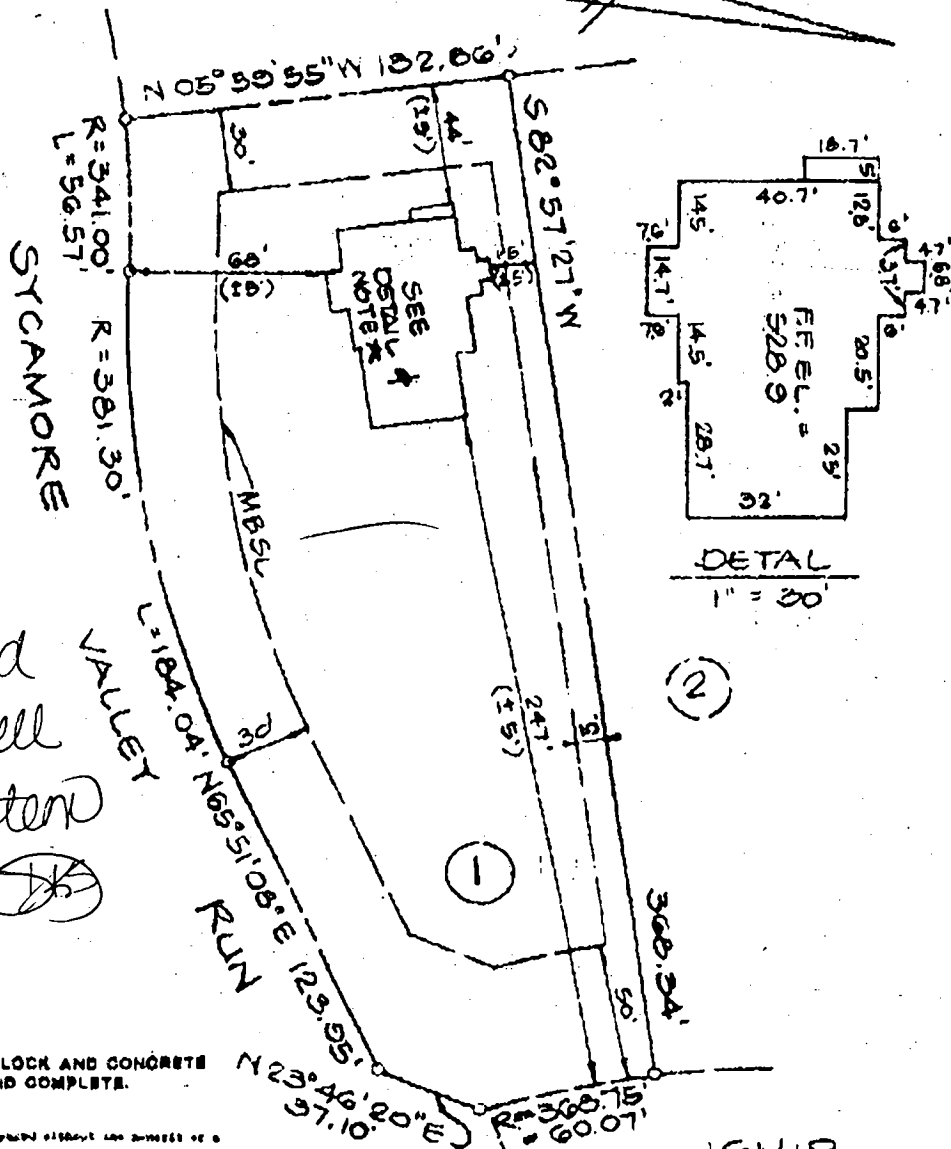
LOT 16
69,455 Sq.Ft.*

511°56'44"W
292.97'

536°47'14"W
206.8'



4/19/99
 house shifted
 slightly. should
 not impact well
 or septic system



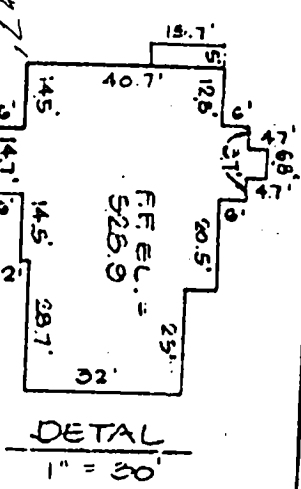
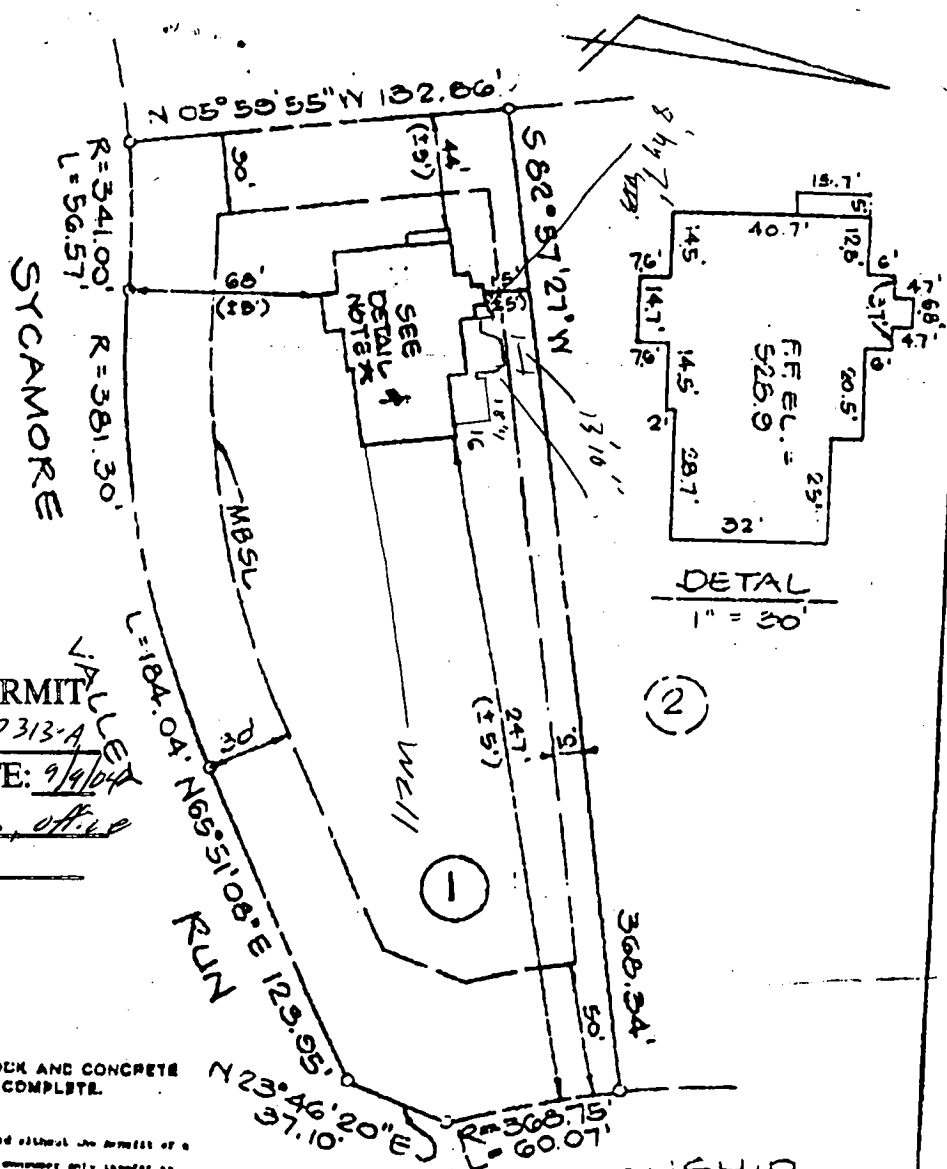
NOTE CONCRETE BLOCK AND CONCRETE FOOTERS ARE IN AND COMPLETE.

This survey has been prepared without the benefit of a title report.
 The plat is of benefit to a purchaser only insofar as it is examined by a local or a title insurance company or the agent in connection with contemplated purchase, financing, or refinancing.
 The plat is not to be relied upon for the establishment or location of fences, gates, buildings, or other existing or future improvements.
 The plat does not provide for the accurate identification of property boundary lines but such identification may not be required for the purposes of title or planning financing as set forth herein.
 I hereby certify that I have examined the records filed in the public records for the subject property and it does not lie in an area identified by the Secretary of Housing and Urban Development as having special flood or multiple hazards.

CHAMPIONSHIP DRIVE
 LOT 1
 SYCAMORE VALLEY II
 Δ 13382

Date: 9 DEC 99
 Ambrose E. Gmeiner II
 MD Reg. No. 20004
 4TH ELECT. DIST. HOWARD CO, MD

	LOCATION DRAWING		scale: 1" = 50'
	SYCAMORE VALLEY RUN		date: 12.20.98
	McKEE & ASSOCIATES, INC. CIVIL ENGINEERS • LAND SURVEYORS 5 SHAWAN ROAD HUNT VALLEY, MD 21030 (410) 527-1555		job no: 08.109
Drawn by V.O.G.	Checked by A.E.G.		



APPROVED

WALK-THRU BUILDING PERMIT

BP# B00150283 A# 57313-A

APP. SAN SP DATE: 9/9/04

DESC. OF WORK: Shower office

NOTE CONCRETE BLOCK AND CONCRETE FOOTERS ARE IN AND COMPLETE.

This survey has been prepared without the benefit of a title search. The plot is or consists of a common only interest as it is regulated by a town or village government company or its agent in connection with development, financing, or refinancing. The plot is not to be relied upon for the establishment or location of fences, gates, buildings, or other existing or future improvements. The plot does not provide for the complete identification of property boundary lines but such identification may not be required for the transfer of title or securing financing as evidenced. I hereby certify that I have examined the records filed in the office of the Clerk of the Circuit Court for the subject property and it does not lie in an area identified by the Secretary of Housing and Urban Development as having special flood hazard areas.

CHAMPIONSHIP DRIVE

LOT 1
SYCAMORE VALLEY II
Δ 13382

Date 12/20/08
Ambrose E. Gmeiner II
MD Reg. No. 20004
4TH ELECT. DIST. HOWARD CO, MD

	FOUNDATION	
	LOCATION DRAWING	
	SYCAMORE VALLEY RUN	
McKEE & ASSOCIATES, INC.		scale: 1" = 50'
CIVIL ENGINEERS • LAND SURVEYORS		date: 12.20.08
5 SHAWAN ROAD HUNT VALLEY, MD 21030		job no: 08.109
(410) 627-1555		
Drawn by V.O.G.	Checked by A.E.G.	

3675 Sycamore Valley
Glenwood Md 21738