

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-361547

P 511576

A 57313-E

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 410-313-2640

DATE 5/11/99

DATE SYSTEM APPROVED 6/4/99

INSPECTOR M. Rifkin

INDEXED

SK Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 1220 FSK Highway, Keymar, Maryland 21757 PHONE 301-898-0955

SUBDIVISION Sycamore Valley II LOT 5 ROAD 3780 Championship Drive

PROPERTY OWNER Trinity Builders / Paul Barbetta

ADDRESS _____

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 4

3-6-03 800140571 - FINISH BASEMENT
11-3-05 800156804 - GARAGE

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

LOCATION - Place the distribution box 210 feet down the left lot line and 95 feet off this same lot line. Run trenches on contour to front of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/14/99 DS

6/2/99 OK TO EXTEND TRENCHES 10-15' (AND TO FRONT) OUTSIDE OF APPROVED ESMT. (MR)

PLANS APPROVED BY Mark Rifkin DATE 4-05-1999

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)

~~VOID PERMIT SIGNED~~
~~AND RETURNED 4/16/01~~
300129591 - pool

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

~~VOID PERMIT SIGNED~~
~~AND RETURNED 7-22-99~~
Serial # 570119405

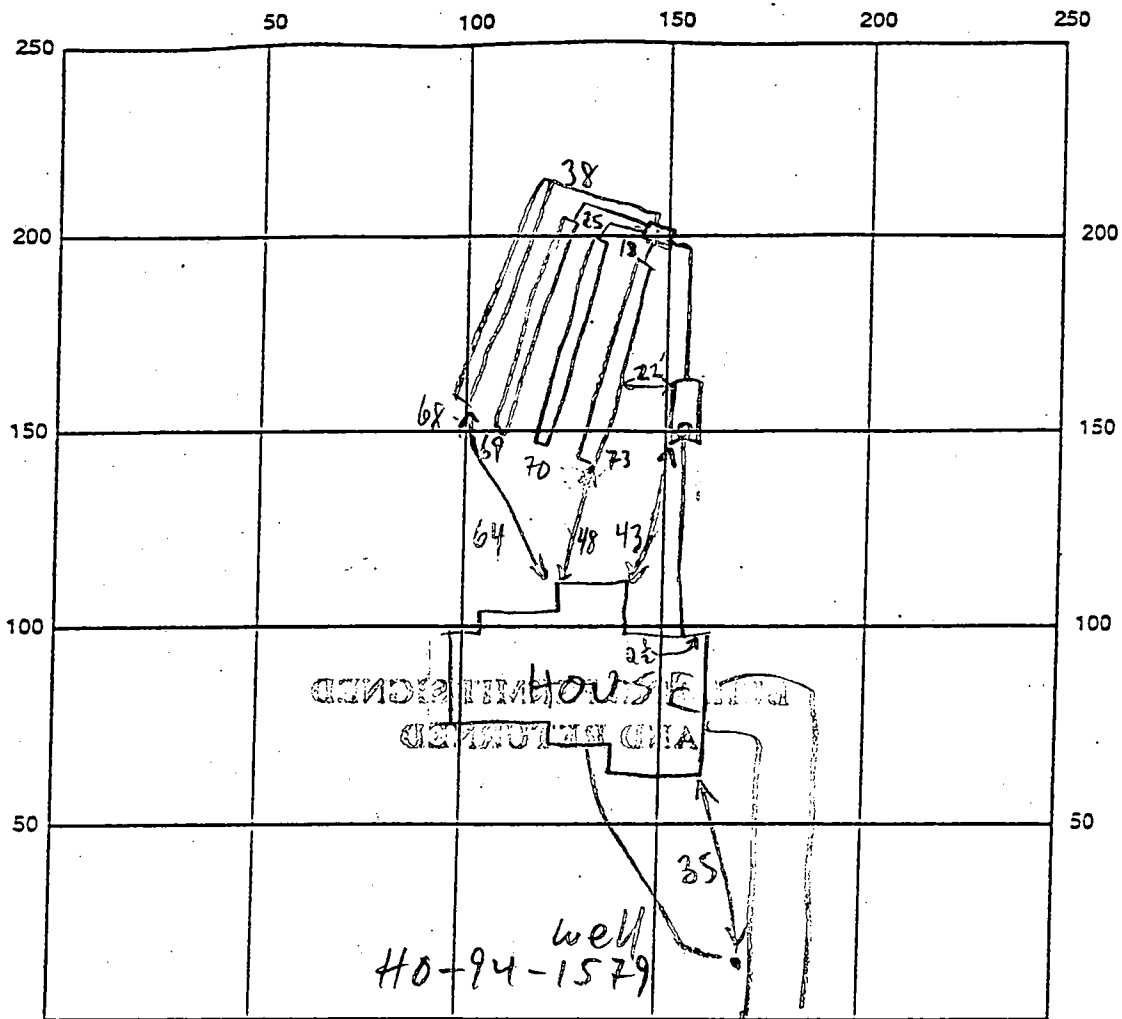
PERMIT VOID AFTER TWO YEARS

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

V 57313-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

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

DISTRIBUTION BOX LEVEL OK - BAFFLE 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 4 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/4/99 OK TO COVER ALL (MR)

6/3/99 ptkss adaptor 3.5' below grade OK to cover A

DATE SYSTEM APPROVED 6/4/99 INSPECTOR McRipkin

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00016883

Building Address 3780 CHAMPIONSHIP DR
GLENWOOD 21738
 Suite/Apt. #: N/A SDP/WP/Petition #: 1/A
 Census Tract 6040 Subdivision BYCAMORE VALLEY
 Section 2 Area 1/A Lot 5
 Tax Map 21 Parcel 7 Grid 10
 Zoning RCD10 Map Coordinates 9B9 Lot size

Property Owner's Name TRINITY BUILDERS
 Address 6212 DEVON DR
 City COLUMBIA State MD Zip Code 21044
 Home Phone _____ Work Phone 410-313-5722
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax 410-313-8731

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 100,000
 Description of Work CUSTOM YORKSHIRE MANOR
W/CHANGES - 2 STORY, FULL BSMT, 1HB,
3 FB-9R-2FPJGRNCC - 4BR

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

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THEREON; (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.

Sally L. Hodge
 Applicant's Signature
J.P. Operations - Trinity
 Title/Company

SALLY HODGE
 Print Name
3/25/99
 Date
4/5/99
 SIGNED BY
M. Ripkin

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N 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

Trinity Homes

Telephone 410-313-8722

Subdivision Sycamore Valley

Lot # 5

Well Tag # 110-94-1579

Site Address 3790 Champion Ship Dr.

Pump

1. Type

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

Motor

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

Pitless Adapter

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

2. Make Jacuzzi

3. Model # 7347128-52

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 None

Tank

1. Capacity Well-x-truck 250
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 257' ft.
2. Yield 6.7 GPM
3. Static water level 30' 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: _____

Date: 7-13-99

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

C1 01377 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED 7-10-98

DATE WELL COMPLETED 07-08-98 Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-1579

OWNER mid ATLANTIC DEV. last name first name STREET OR RFD Championship Dr. TOWN Glenwood SUBDIVISION Deulin Prop. SECTION LOT 5

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 FROM TO check if water bearing. Brown Sandstone 0 30 Grey Shale 30 37 HARD Grey GRANITE 37 250 55 60 200

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 60 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 06 40

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO 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. MWD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 341 Max S. Jones

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

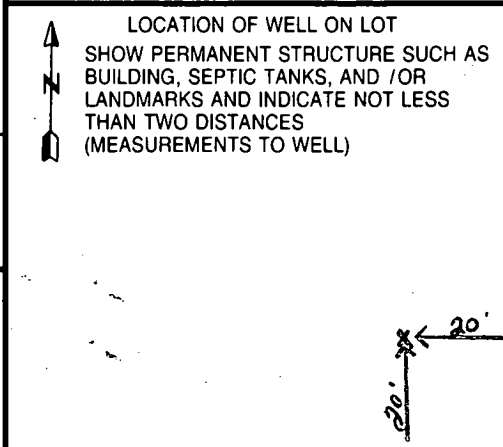
DEPTH (nearest ft.) 1 2 110 40 250 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

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) 3 8 9 PUMPING RATE (gal. per min.) 6.7 11 15 METHOD USED TO MEASURE PUMPING RATE Waich & BUCKER WATER LEVEL (distance from land surface) BEFORE PUMPING 102.5 17 20 ft. WHEN PUMPING 107 25 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 (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) 49 50 51



B 1	4767	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO - 94 - 1579</u> <small>70 fill in this form completely 79</small>
-----	------	--------------------------------	---	---

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
MID-ATLANTIC DEVELOPMENT II, L.L.C.

15 Last Name Owner First Name 34
5006 DORSEY HALL DRIVE SUITE 200

36 Street or RFD 55
ELICOTT CITY, MD 21042

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
HOWARD COUNTY 21
DEVLIN PROPERTY SUBDIVISION 42

SECTION 44 46 LOT 5 48 50
GREENWOOD NEAREST TOWN 52 71

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

DRILLER INFORMATION

MICHAEL BARLOW MW D 355
Driller's Name 76 License No. 81

MICHAEL BARLOW WELL DRILLING SV. INC
Firm Name

912 FAWN COURT, JOPPA, MD 21085
Address

[Signature] 6-3-98
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2
N W N E S W S E TOWN

Championship Drive NEAR WHAT ROAD 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 15 37 DISTANCE FROM ROAD FT 38 39
ENTER FT OR MI

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2
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)

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 COUNTY NAME A57313 COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 6/12/98 A McWille 6/12/99
41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 522 000 EAST GRID 792 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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 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

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 DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER _____ G A P _____ 63

WRITE INITIALS IN BOX FORCE AM PERMIT No. HO - 94 - 15709
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.

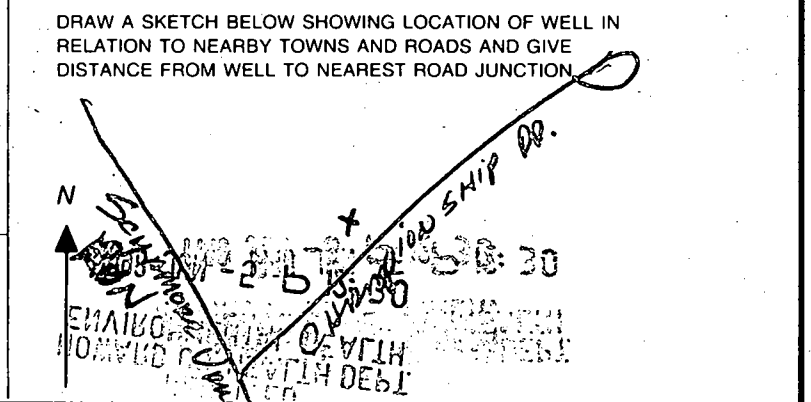
WRITE THE BOX NUMBER FROM THE MAP HERE

E 790

N 520

000 000

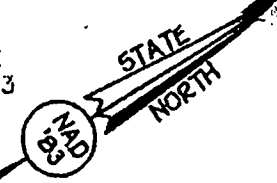
GRout APP'T NOT NOTED DRILLER REPORTS GRout CALLED x IN 7/4/98 MR 7/16/98



LOT 18
COUNTRYSIDE
PLAT No. 4783

F-98.89

LOT 15
COUNTRYSIDE
PLAT No. 4783



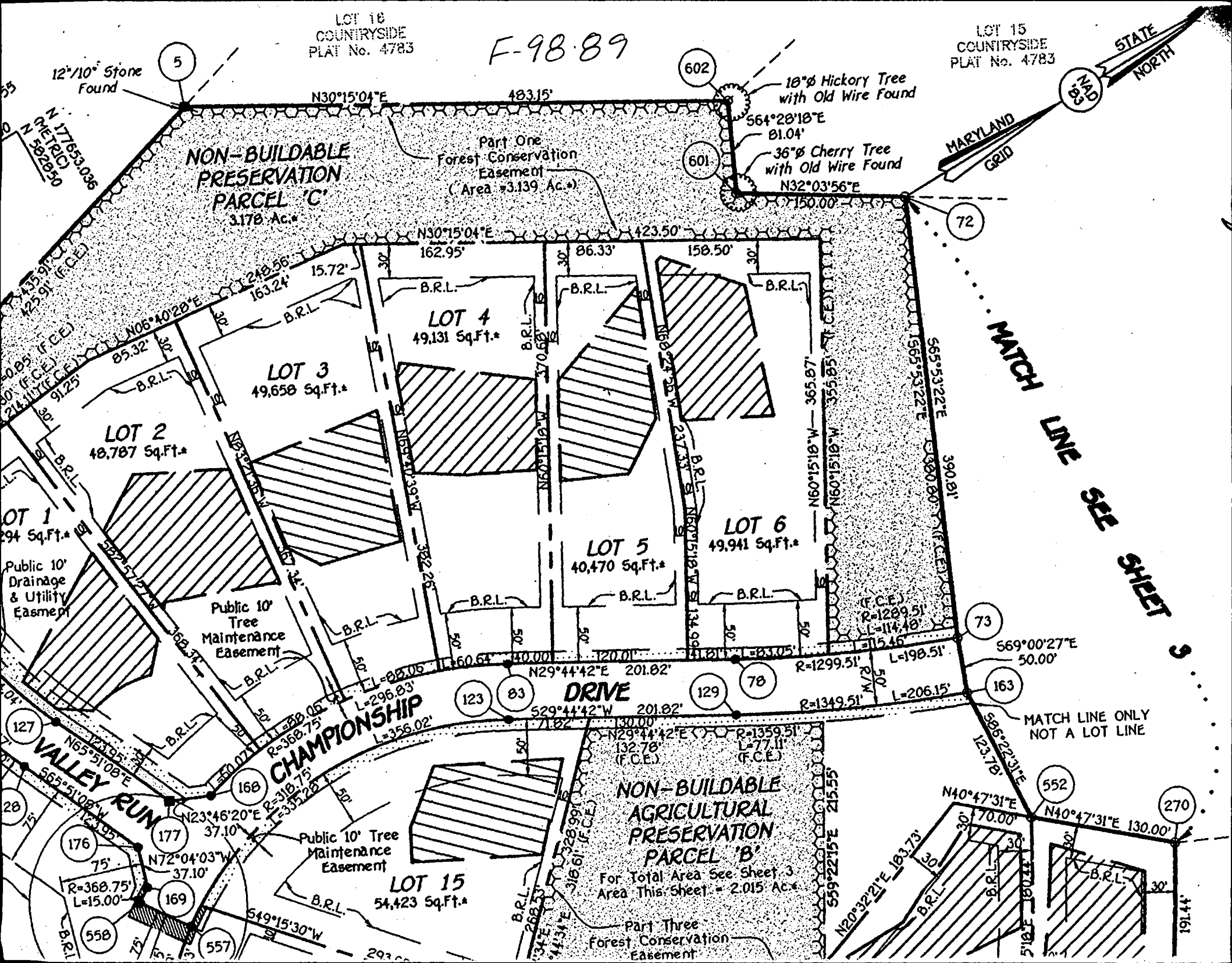
**NON-BUILDABLE
PRESERVATION
PARCEL 'C'**
3.178 Ac.*

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

18" ϕ Hickory Tree
with Old Wire Found
564'20"18"E
81.04'
36" ϕ Cherry Tree
with Old Wire Found
N32'03"56"E

MATCH LINE SEE SHEET 5

MATCH LINE ONLY
NOT A LOT LINE



LOT 4
49,131 Sq.Ft.*

LOT 3
49,658 Sq.Ft.*

LOT 2
48,787 Sq.Ft.*

LOT 1
49,294 Sq.Ft.*

LOT 5
40,470 Sq.Ft.*

LOT 6
49,941 Sq.Ft.*

**CHAMPIONSHIP
DRIVE**

VALLEY RUN

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

LOT 15
54,423 Sq.Ft.*

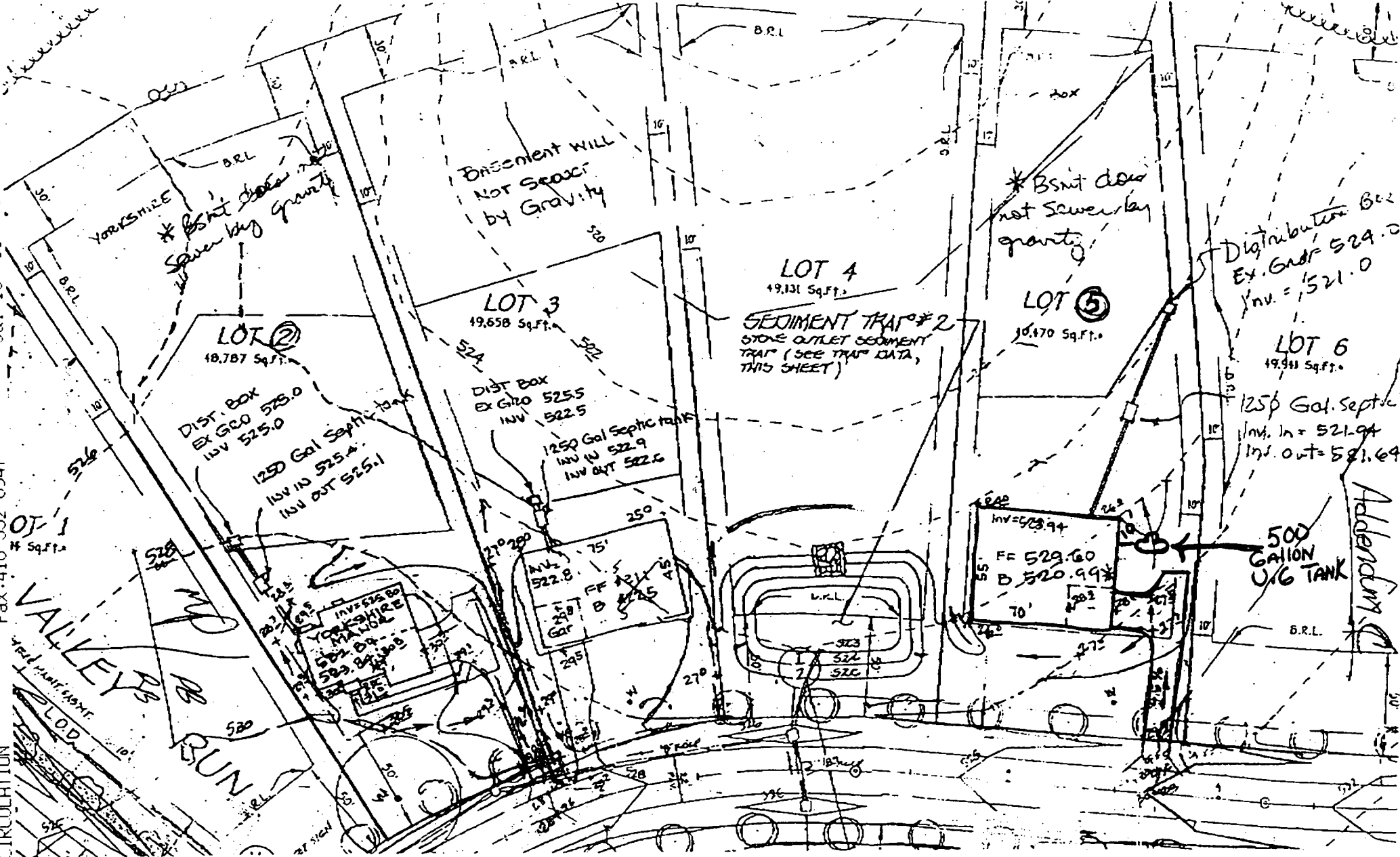
Part Three
Forest Conservation
Easement

P. 02/03

Jul 13 '99 14:02

Fax: 410-332-6947

CIRCULATION



7/22/99 Proposed prepare tank location as shown
 JDS

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

LOT 16
COUNTRYSIDE
PLAT NO. 4783
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

LOT 42
CATTAIL CREEK
COUNTRY CLUB
PLAT No. 10065

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

58,429 Sq.Ft.*

Rebar with
'FCC 106' Cap
Found

LOT 4
49,131 Sq.Ft.*

LOT 3
49,658 Sq.Ft.*

LOT 2
48,787 Sq.Ft.*

LOT 1
47,294 Sq.Ft.*

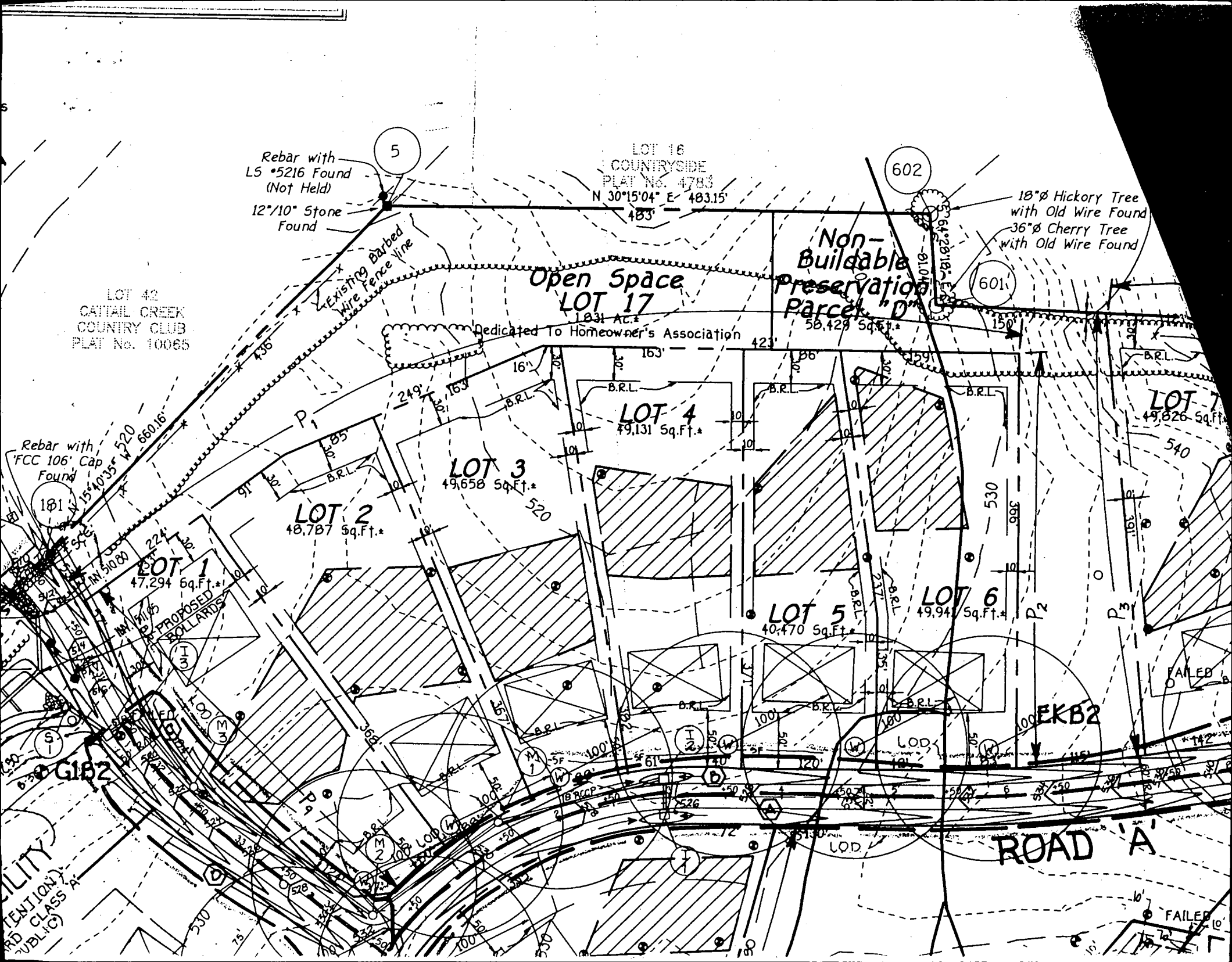
LOT 5
40,470 Sq.Ft.*

LOT 6
49,941 Sq.Ft.*

LOT 7
49,826 Sq.Ft.*

UTILITY
SECTION
PUBLIC CLASS A

ROAD 'A'



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 Devlin

ADDRESS 10505 Hickory Ridge Rd Ste 215 Cl. MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 10505 Hickory Ridge Rd Ste 215 Cl. MD 21044 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. 4

ROAD AND DESCRIPTION Sycamore Run Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single
(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 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' 1153 1138

dark red brown siltm

3.0

dark orange siltm
20% Rock

10.0

refusal

1125

bright red siltm
very damp

4.0

dull pink siltm
Some orange mix

11.0

1127

dark brn siltm

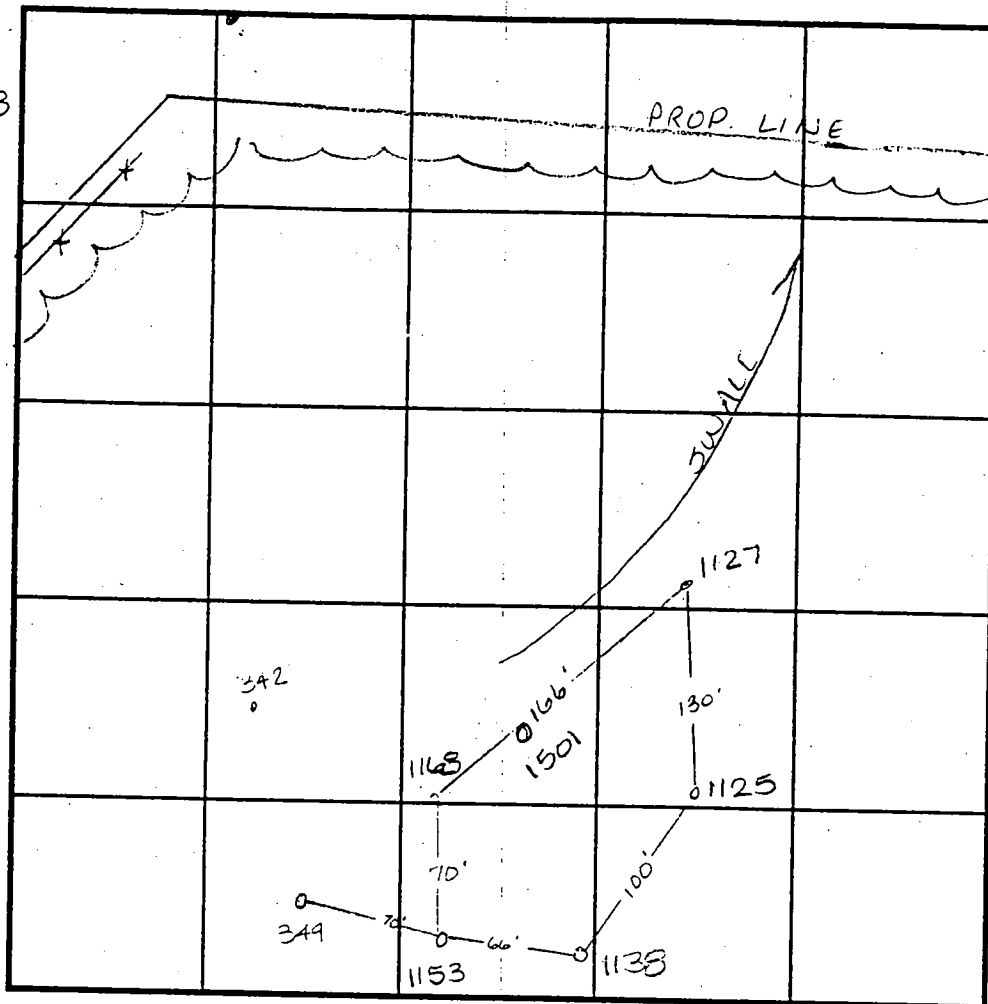
7.0

dark grey siltm

3.0

micaceous mottled micaceous grey (green) siltm

10.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 1168

dark red siltm

3.5

beigh tan siltm
mixed w/ orange siltm
10% Rx

11.0

1501

orange brown siltm

3.0

dark orange siltm
lg. pink orange siltm

11.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-29-96	1153	3.5 / 10.0	1:59	2:02	2:02	2:06	4min
	1138	4.0 / 11.5	2:09	2:16	2:16	2:32	16min
	1125	4.0 / 11.0	2:27	>30 min			slow
	1127	4.0 / 10.0	2:27	2:32	2:32	2:42	10min
	1168	4.0 / 11.0	2:51 ³⁰	2:57	2:57	3:06	9min
1-22-97	1501	Visual to 11.5 - see profile					OK
		Hole open 2 hrs					

REMARKS: wet season tested needed

TYPE OF SOIL

TESTED BY Amy McMillan

ALSO PRESENT Don Ruller

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 57313

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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

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PROPERTY OWNER Fences Devlin Trinity Builders

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CI. MD 210-17

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 10505 Hickory Ridge Rd Sec 215 PHONE 740-2100
CI. MD 210-17

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. 6

ROAD AND DESCRIPTION Sycamore Run Road (3280 Championship Drive)

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SKIPPED

AND RETURNED 4-5-99

Serial # B7011688-3

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

1005

dark brown plow layer

dark orange silty

dark orange silty

dark red yellow silty

1096

orange brown silty

red orange silty

dark red yellow silty

1001

dark brn silty

dark gray brn silty

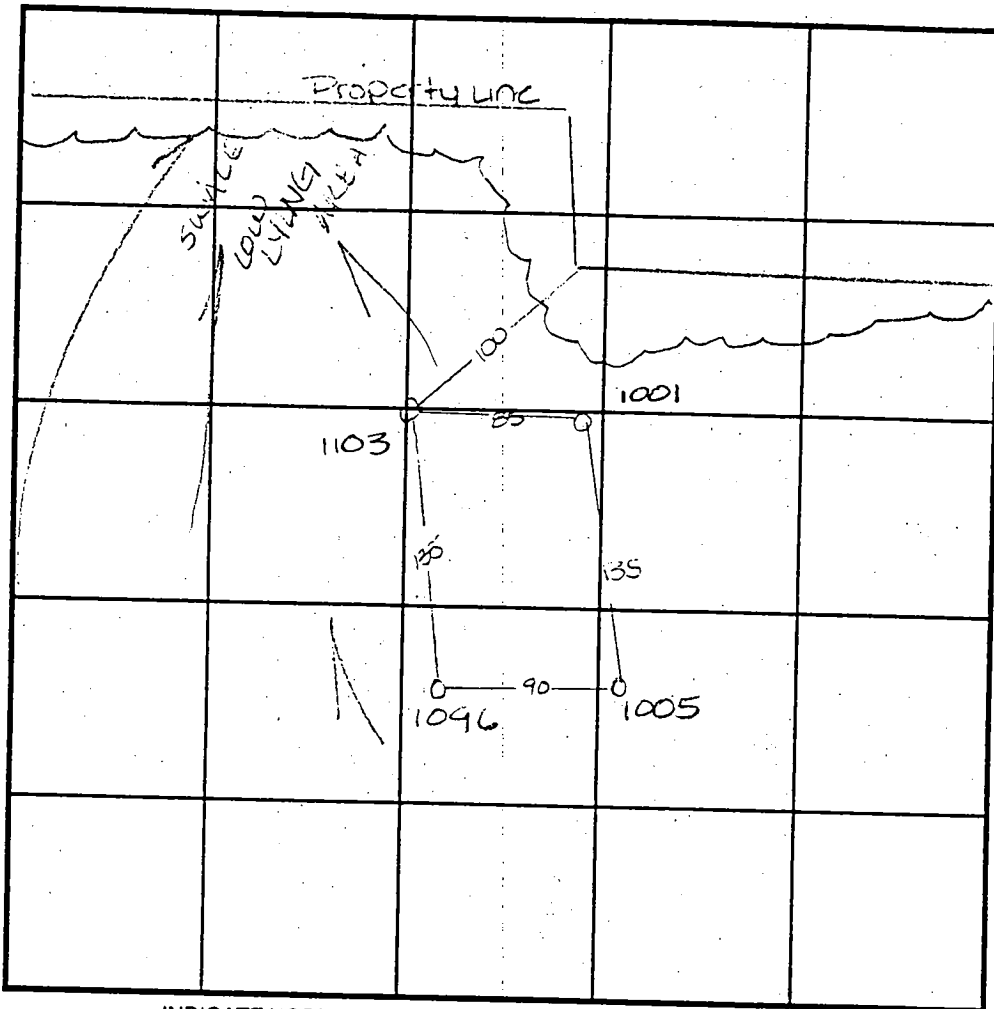
1096 Rx

SOIL PROFILE

1103

dark orange tan silty

1 ft tan brown silty



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-27-96	1005	3.5 vii.0	11:46	11:50	11:50	11:53	3min
		7.5 vii.0	11:50	11:53	11:53	11:56	3min
	1096	3.5 vii.0	11:58	12:05	12:05	12:15	10min
	1001	3.5 vii.0	12:03	12:05	12:05	12:10	5min
	1103	5.0 vii.0	12:17	12:22	12:22	12:26	4min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Don Reuwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00119405

Building Address **3780 Championship Drive
Glenwood, MD 21738**

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

Census Tract **6040** Subdivision **Strawberry Valley II**

Section _____ Area _____ Lot **5**

Tax Map **21** Parcel **7** Grid **10**

Zoning **R-1ED** Map Coordinates _____ Lot size **4040**

Existing Use **Single Family Dwelling**

Proposed Use **Underground Propane Tank**

Estimated Construction Cost \$ **2300.00**

Description of Work **Bury a 500 Gallon U.G
Propane Tank.**

Property Owner's Name **Paul Barbetta**

Address **3780 Championship Drive**

City **Glenwood** State **MD** Zip Code **21738**

Home Phone **410 480 0963** Work Phone **410 332 6222**

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

Phone _____ Fax _____

Contractor Company **Suburban Propane**

Contact Person **Mike DeVincent**

Address **31 Derwood Circle P.O. Box 1766**

City **Rockville** State **MD** Zip Code **20850**

License No. _____

Phone **301 251 0606** Fax **301 251 0608**

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

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: _____
No. of stories: _____
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

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 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.

Michael DeVincent
Applicant's Signature
Residential Energy Rep.
Title/Company

Michael DeVincent
Print Name
7/19/99
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

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 NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID# **6040336**
Filing fee \$ **100**
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ **100**
Balance due \$ _____
Check # **256**
Validation # _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

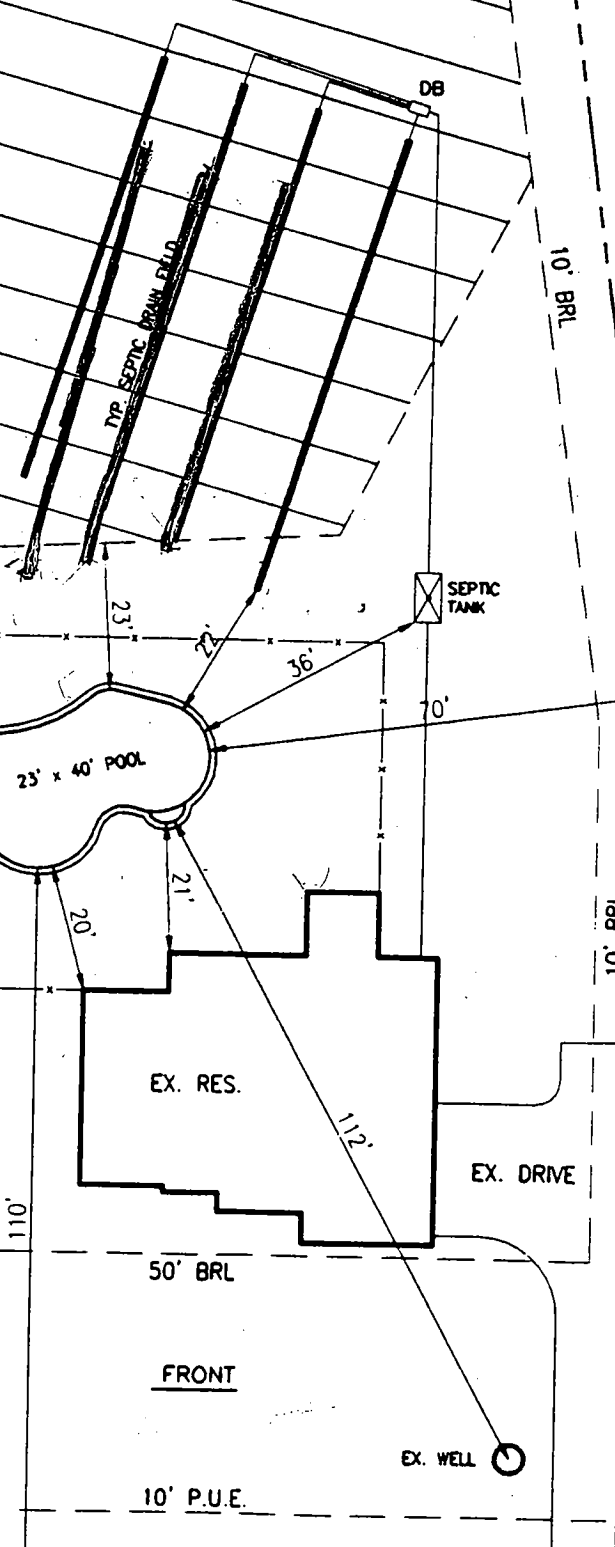
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

LOT 5
40,470 Sq.Ft.
0.929 Ac.

EX. 10,000 Sq.Ft.
SEPTIC RES. AREA

48" HIGH CHAIN-LINK
FENCE (TO CODE,
BY OWNER)
202 Ln.Ft.

FILTER PAD



4/16/01
Pool holder requests
to move pool closer
to SDA - I denied
his request.

(DKC)

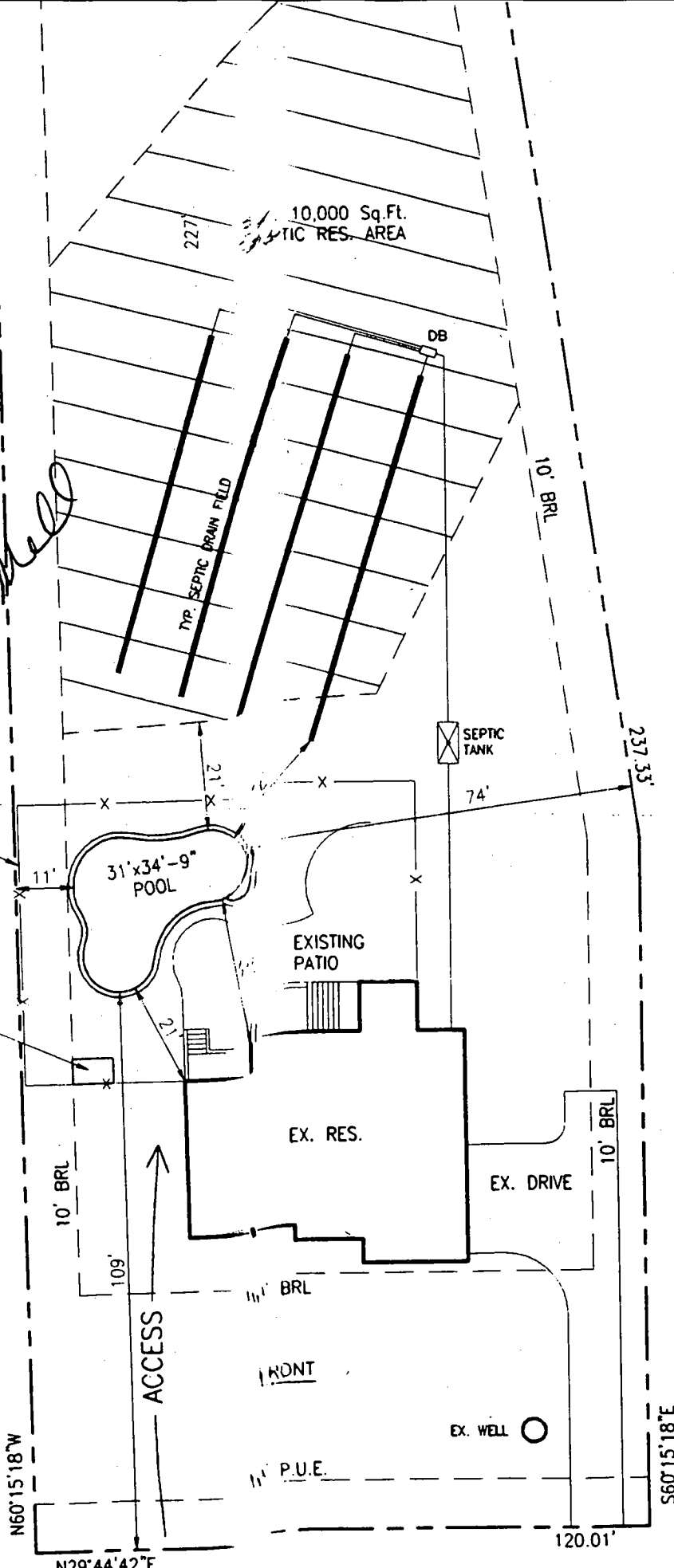
(g. was not the
reviewer of the
POOL BP).

N. 81.51.09N

S. 81.51.09S

N29°44'42"E

5/23/01
 Pool contractor located
 trenches closer to pool than
 shown - he will reconfigure
 pool to be 14.0' off end of
 trench. OK to proceed
 J. McNeill



CHAMPIONSHIP DRIVE

57
 F
 DE

No 1 in the column or potential

Building Address <u>3780 Championship Dr.</u> <u>Ulenwood Dr. Ulenwood Dr. 21738</u>	Property Owner's Name <u>Bracha, Paul I. Rubin</u> Address <u>3780 Championship DR</u> City <u>Glennwood</u> State <u>MD</u> Zip Code <u>21738</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6010</u> Subdivision <u>Capitol View Valley</u> Section <u>2</u> Area _____ Lot <u>5</u> Tax Map <u>21</u> Parcel <u>7</u> Grid <u>10</u> Zoning <u>RM-1000</u> Map Coordinates <u>989</u> Lot size _____	Home Phone <u>410-439-4606</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone <u>410-695-3</u> Fax _____

Existing Use <u>Residential SFD</u> Proposed Use <u>Residential (P) Front Room</u> Estimated Construction Cost \$ <u>60,000.00</u> <u>57,000</u> Description of Work <u>Finish Basement & Rec</u> <u>Room, Play Room, Bar, Utility</u>	Contractor Company <u>Golden Builders Inc.</u> Contact Person <u>Todd Obrien</u> Address <u>116 Deane Hwy</u> City <u>Annapolis</u> State <u>MD</u> Zip Code <u>21401</u> License No. _____ Phone <u>410-573-4766</u> Fax <u>410-573-4773</u>
Occupant or Tenant <u>Owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ 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: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____ Electric <input checked="" 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____

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Applicant's Signature <u>Todd Obrien</u> Title/Company <u>Coordinater / Golden Builders Inc</u>	Print Name <u>Todd Obrien</u> Date <u>3/10/03</u>
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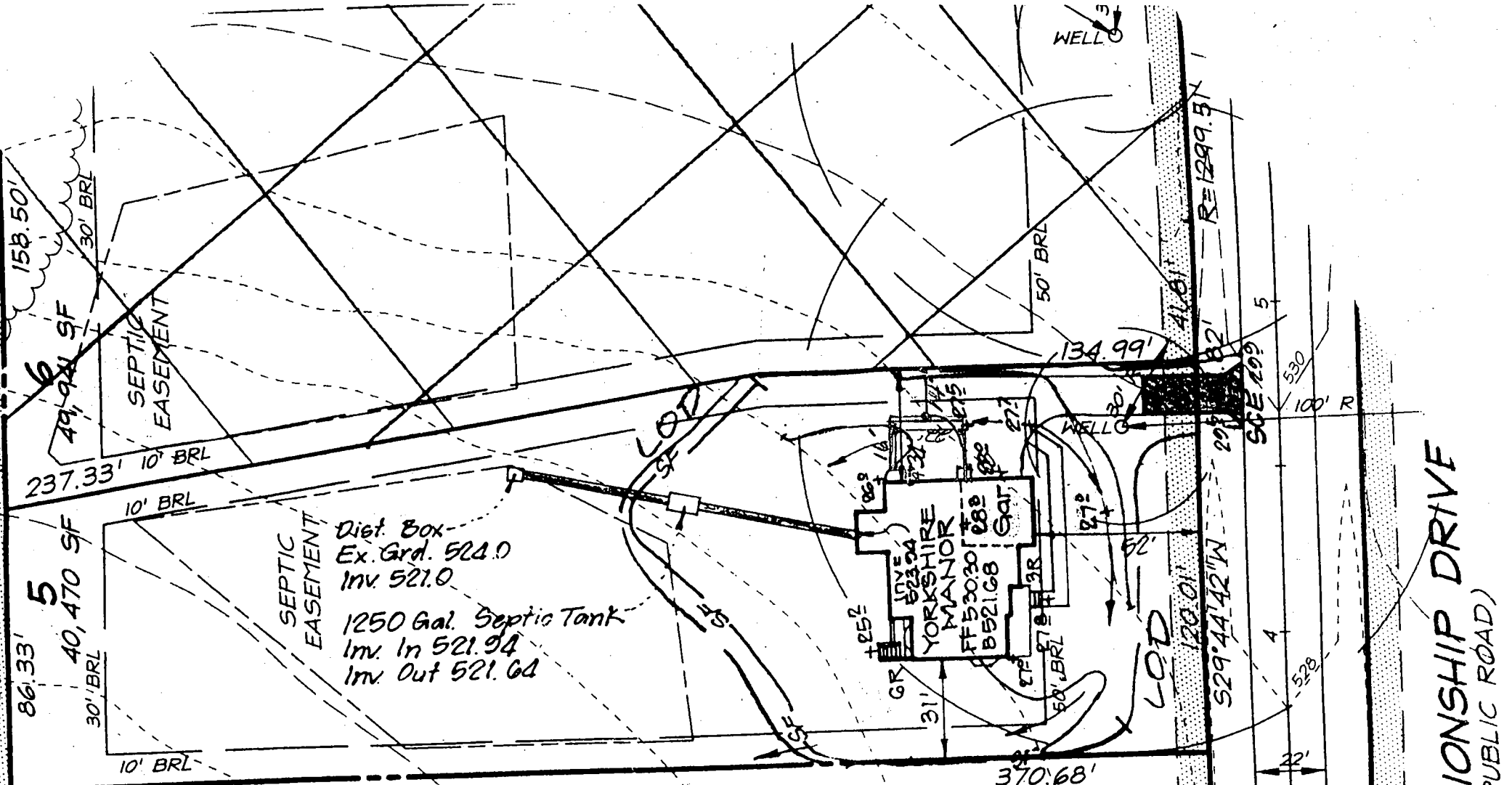
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Engineering DPZ	3/16/03	<u>Raine Thomas</u>	Rear _____ Side _____ Side St. _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Easement Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Flood District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ DPZ line approval date _____	Permit fee \$ <u>275</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>303</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3002</u> Validation # <u>20092</u>

WALK-THRU BUILDING PERMIT
 APPROVED
 JENNIFER L. BROWN
 PLANNING & DESIGN

BR# B00152804 A# 57313-E
 APP SAN PAY
 DATE: 11/3/05
 DESC OF WORK: add a 16x22
 attached garage to existing home
 N60°15'18"W

* BASEMENT WILL NOT SEWER
 BY GRAVITY
 LOT 5



1 PIONSHIP DRIVE
 (PUBLIC ROAD)