

9/2/99
WPE
anything
9/7/99 noon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 512693

A 57313-F

DISTRICT _____

DATE 9/1/99

DATE SYSTEM APPROVED 12/20/99

INSPECTOR ew

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

J. Joseph Gartland IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Sycamore Valley II LOT 6 ROAD 3773 Championship Drive

PROPERTY OWNER Mr. & Mrs. Paul Williams

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

9/2/99 8:40 am
Spoke to Mr. Gartland - he explained that the plumber installed plumbing below basement footers - I told the installer plumber must install plumbing as approved on BP site.

TRENCHES - Trench to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 3.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 210 feet off the front lot line and 45 feet off the right lot line as seen from Championship Drive. Run trenches along contour towards the rear of the 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/MR

PLANS APPROVED BY Donna K. Soe DATE 4-27-1999

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 TRENCHES

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

BUILDING PERMIT SIGNED

AND RETURNED 5/30/02

B00136579 INGROUND POOL

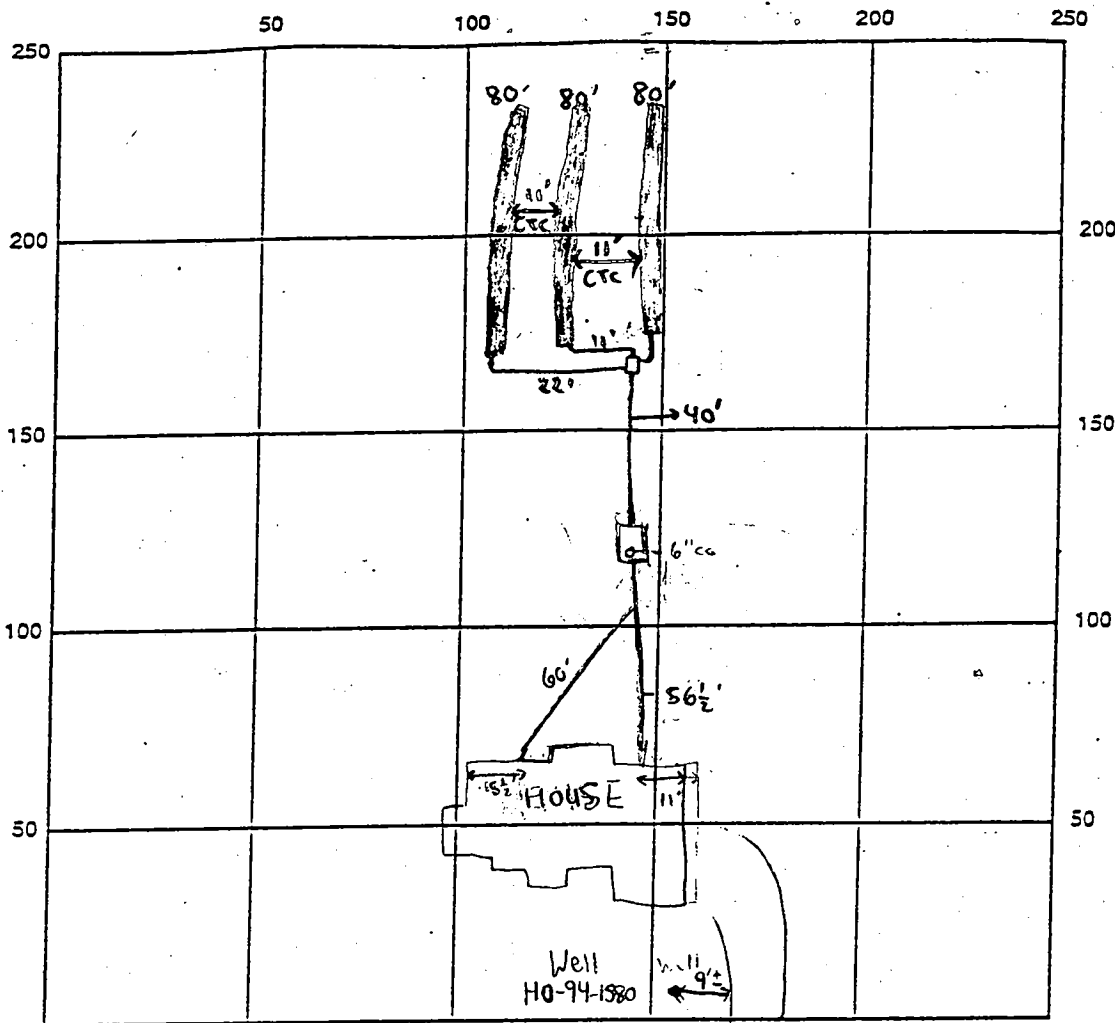
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A57313-F



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
CHAMPIONSHIP DRIVE

SEPTIC TANK LEVEL 1250 gallon midseam CLEANOUTS 6" @ Tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TILE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 240 FT.

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

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 9/2/99 - WPI OK, PLUMBER (MIKE GARTLAND) MUST REINSTALL PLUMBING AS SPECIFIED

ON PLAN AND NOT BELOW FOOTERS. AGREED TO DO SO (SRW) 9/3/99 - OK TO COVER ALL

WORK. HOUSE CONNECTION NEEDED - (SRW) (9/15/99 - CONNECTION COVERED)

BUILDING CONFIRMS HOUSE CONNECTION COMPLETE. 12/20/99 CW

DATE SYSTEM APPROVED 12/20/99

INSPECTOR C. Will

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~~ Mr. & Mrs Phil A. Williams

ADDRESS 10805 Hickory Ridge Rd Ste 215 PHONE 740-2100
Cal. MD 21044

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 10805 Hickory Ridge Rd Ste 215 PHONE 740-2100
Cal. MD 21044

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. 6

ROAD AND DESCRIPTION ~~Sycamore Run Road~~ 3772 Championship Drive

TAX MAP _____ PARCEL # _____

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

BLDG. PERMIT SIGNED

AND RETURNED 4-27-79

Serial # B507741

Sign - 4/28/79

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

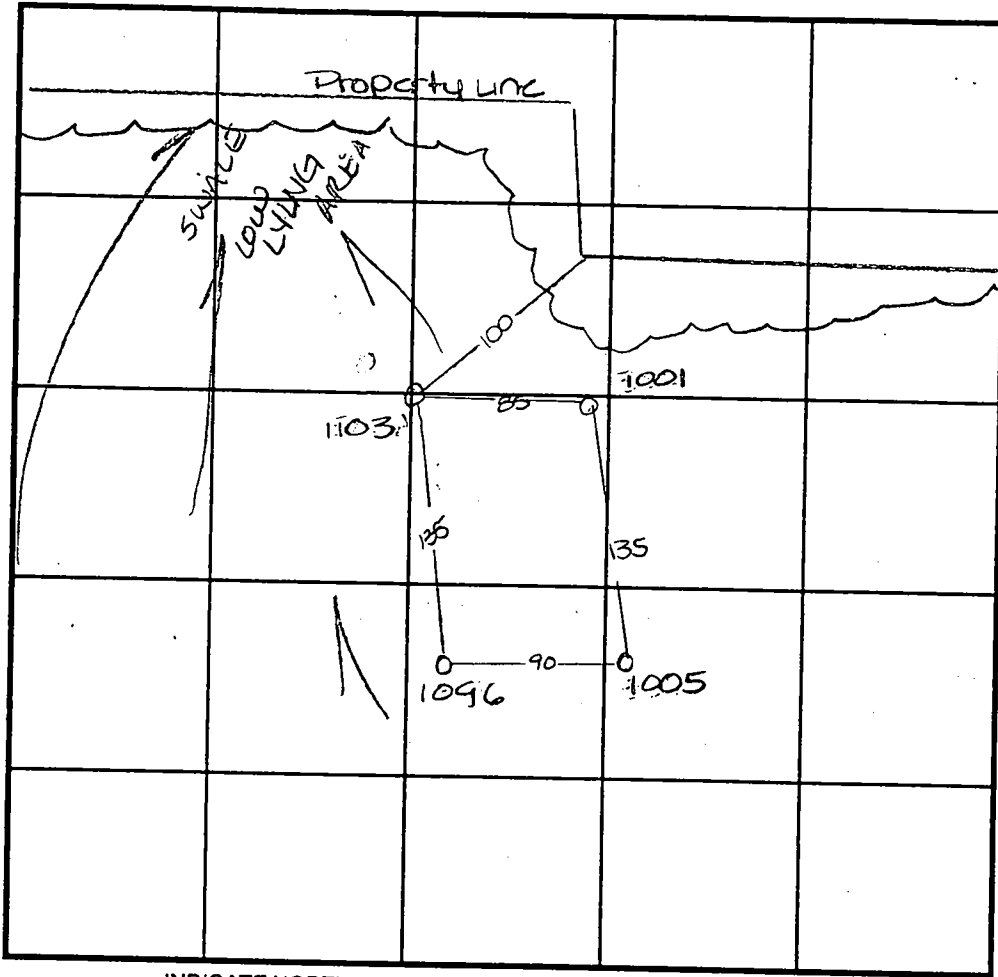
0' dark brown plow layer
1.0' dark orange silum
3.0' dark orange silum
7.0' dark red yellow silum
10.0'

1096

orange brown silum
3.0' red orange silum
7.0' dark red yellow silum
11.0'

1001

dark brn silum
4.5' dark grey brn silum
100% Rx
12.0'



SOIL PROFILE
1103

0' dark orange tan silum
4.5' lgt tan brown silum
12.0'

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	1005	3.5 / VII.0	11:46	11:50	11:50	11:53	3min
		7.5 / VIII.0	11:50	11:53	11:53	11:56	3min
	1096	3.5 / VII.0	11:58	12:05	12:05	12:15	10min
	1004	3.5 / VII.0	12:03	12:05	12:05	12:10	5min
	1103	5.0 / XII.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 _____

C1 01378 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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM 7 10 98 YY

MM 7 13 98 YY

22 425 26 (TO NEAREST FOOT)

HO-94-1580

OWNER Mid Atlantic Development last name first name STREET OR RFD Championship Dr. TOWN Glenwood SUBDIVISION Devlin Property SECTION LOT 6

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 1,800

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.

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)! 06 Total depth of main casing (nearest foot) 42

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

SCREEN RECORD screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown Sandstone (0-38), Hard Grey Granite (38-425), 60, 380, 410.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE WATCH BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 13 ft.

WHEN PUMPING 24 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, 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)

LAND SURFACE

below 2 (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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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. MD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MD 341

Max S. Jones

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

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows: H0, 42, 425

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

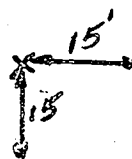
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY

FRONT PROPLINE



Right Prop.

B 1 4768 SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

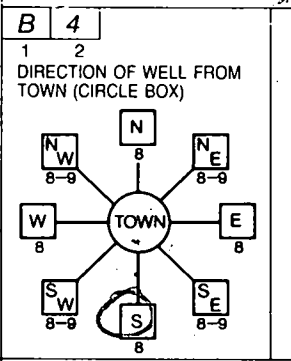
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO - 94 - 1580
fill in this form completely

Date Received (APA) 06 05 98
OWNER INFORMATION
MID-ATLANTIC DEVELOPMENT II L.L.C.
5026 DORSEY HALL DRIVE SUITE 206
ELLICOTT CITY, MD 21042

B 3 LOCATION OF WELL
Howard COUNTY
DEVLIN PROPERTY
GLENWOOD NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 M I I

DRILLER INFORMATION
MICHAEL BARLOW MW D 355
MICHAEL BARLOW WELL DRILLING SRV. INC.
912 FAWN COURT, JOPPA, MD 21085



B 4 CHAMPIONSHIP DRIVE
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH WEST EAST
DISTANCE FROM ROAD 15 FT
TAX MAP: BLK: PARCEL:

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard CO A57313
COUNTY NAME COUNTY NO.
DATE ISSUED 6/12/98 A M Mille 6/12/99
CO SIGNATURE EXP. DATE
NORTH GRID 522 000 EAST GRID 792 000

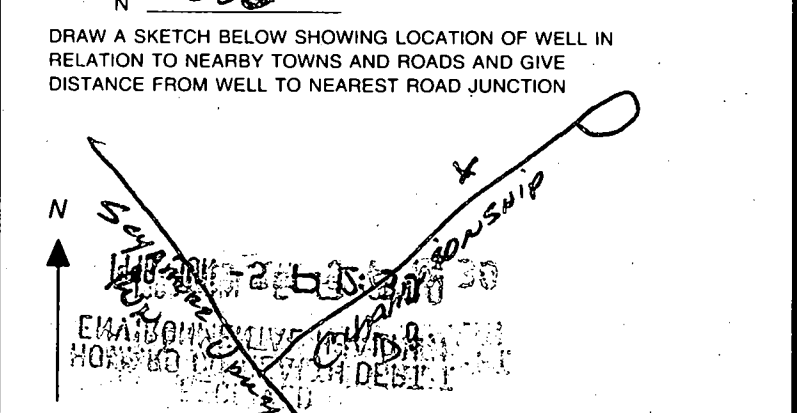
- USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
WRITE THE BOX NUMBER FROM THE MAP HERE
E 790
N 520

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

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 DEEPEMED 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 54 G A P 63
FORCE Adm WRITE INITIALS IN BOX PERMIT No. HO - 94 - 1580

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

~~461-0033~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer J. Jos. Gartland, Inc.

Telephone 410-875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Dorsey Family Homes

Telephone 410-465-7200

Subdivision Cattail Creek Lot # 6

Well Tag # _____

Site Address 3772 Championship Drive

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Jacuzzi
- Model # 7S4518BS2LB
- Capacity 5 GPM

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Harvard
- Model # PT800
- Depth 42"

- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

- Capacity 42 gal.
- Pressure relief valve? 75psi

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42'

Well data

- Depth 380 ft.
- Yield _____ GPM
- Static water level _____ ft.
- 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.

9/2/99 WPI OK - SRK

Signature of Applicant _____

Date: 9/2/99

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

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

~~461-0930~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer J. J. GARTLAND, INC.

Telephone 410-875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Dunsoy Family Homes

Telephone 410-465-7200

Subdivision CATTAIL CREEK Lot # 6

Well Tag # _____

Site Address 3772 Championship Drive

Pump

- Type:
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make HANNA
- Model # 77800
- Depth 42"

2. Make JACUZZI

3. Model # 7S4518BS2LB

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 _____

Tank

- Capacity 42 gal
- Pressure relief valve? 75psi

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42'

Well data

- Depth 380 ft
- Yield _____ GPM
- Static water level _____ ft
- 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).

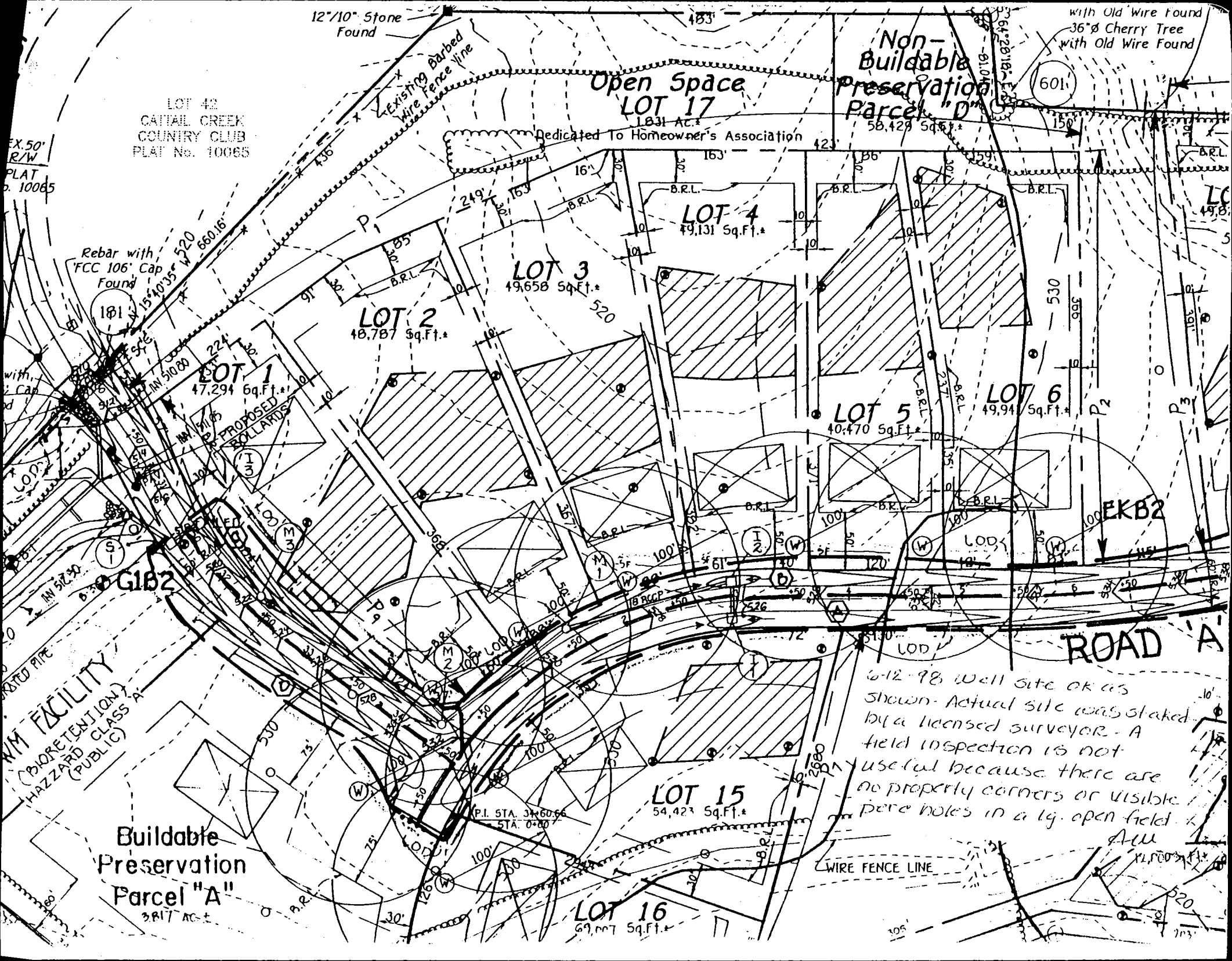
All information given above is true to the best of my knowledge.

9/2/99-WP/OK-SRM

Signature of Applicant _____

Date 9/2/1999

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



12"/10" Stone Found
 EX. 50' R/W PLAT No. 10065
 LOT 42
 CATAL 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.

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

Rebar with
 'FCC 106' Cap
 Found

LOT 1
 47,294 Sq.Ft.
 PROPOSED ROLLERS

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
 49,911 Sq.Ft.

LOT 15
 54,423 Sq.Ft.

LOT 16
 69,007 Sq.Ft.

WM FACILITY
 (BIOPRETENTION)
 HAZARD CLASS A
 (PUBLIC)

Buildable
 Preservation
 Parcel "A"
 3.817 AC ±

6-12-98 Well site OK as
 shown - Actual site was staked
 by a licensed surveyor - A
 field inspection is not
 useful because there are
 no property corners or visible
 pipe holes in a lg. open field
 All

WIRE FENCE LINE

ROAD A

EKB2

P.I. STA. 3+60.66
 STA. 0+00

EX. 50' R/W PLAT No. 10065

with Cap

WASTED PIPE

LOT 1

LOT 2

LOT 3

LOT 4

LOT 5

LOT 6

LOT 15

LOT 16

LOT 17

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LOT 280

LOT 281

LOT 282

LOT 283

LOT 284

LOT 285

LOT 2

LOT 42
CANTAIL CREEK
COUNTRY CLUB
PLAT No. 10065

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

Open Space
LOT 17
1.831 Ac.*

Dedicated To Homeowner's Association

Rebar with
FCC 106' Cap
Found

LOT 2
48,787 Sq.Ft.*

LOT 3
49,658 Sq.Ft.*

LOT 4
49,131 Sq.Ft.*

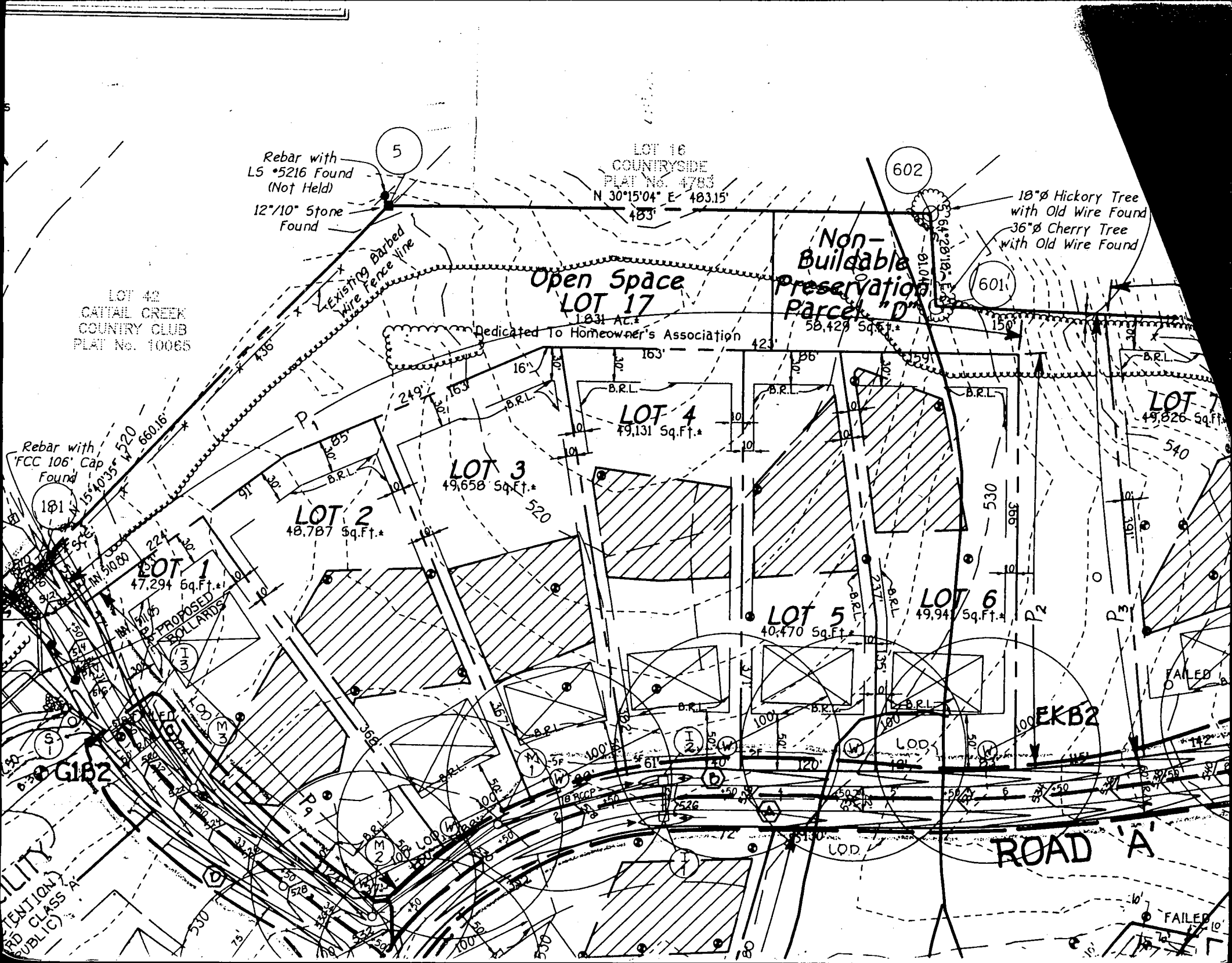
LOT 5
40,470 Sq.Ft.*

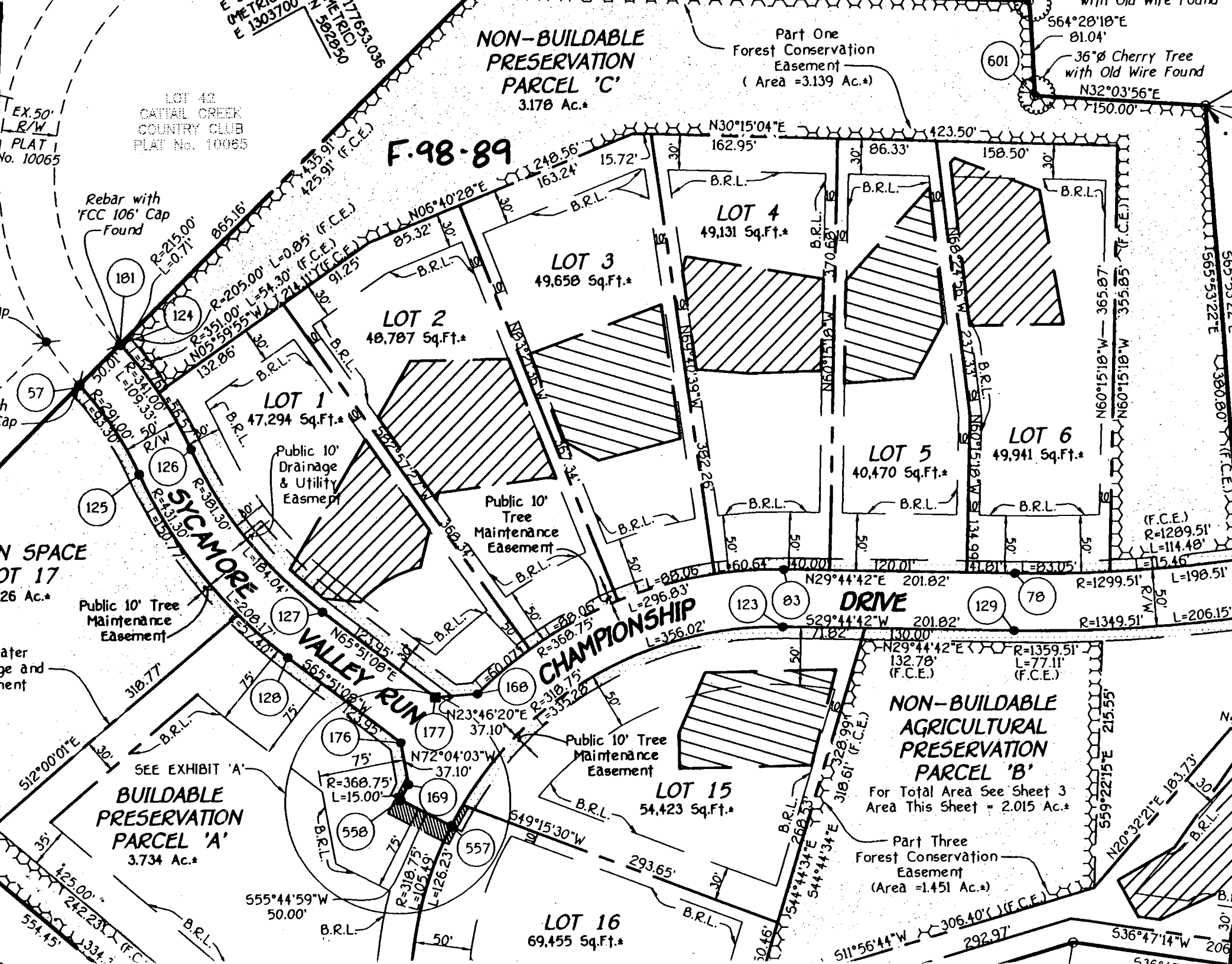
LOT 6
49,941 Sq.Ft.*

LOT 7
49,826 Sq.Ft.*

UTILITY
SECTION
CLASS 'A'
PUBLIC)

ROAD 'A'





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

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

601

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
CAPTAIN CREEK COUNTRY CLUB
PLAT No. 10065

F.98-89

Rebar with 'FCC 106' Cap Found

101

124

57

126

125

LOT 17
26 Ac.*

Public 10' Tree Maintenance Easement

Waterage and ment

LOT 1
47,294 Sq.Ft.*

Public 10' Drainage & Utility Easement

LOT 3
49,658 Sq.Ft.*

LOT 2
48,787 Sq.Ft.*

Public 10' Tree Maintenance Easement

LOT 4
49,131 Sq.Ft.*

LOT 5
40,470 Sq.Ft.*

LOT 6
49,941 Sq.Ft.*

(F.C.E.)
R=1289.51'
L=114.48'

CHAMPIONSHIP DRIVE

123

83

129

78

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

176

177

169

558

557

Public 10' Tree Maintenance Easement

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.*)

LOT 16
69,455 Sq.Ft.*

175

174

173

172

PART I FOREST
CONSERVATION EASEMENT
3.139 AC.

N 30° 15' 40" E 158.50'

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature **Date** 4/15/99

Total linear feet of trench required 240 feet

Width of trench(es) 23 feet

Depth of trench(es) 6 feet

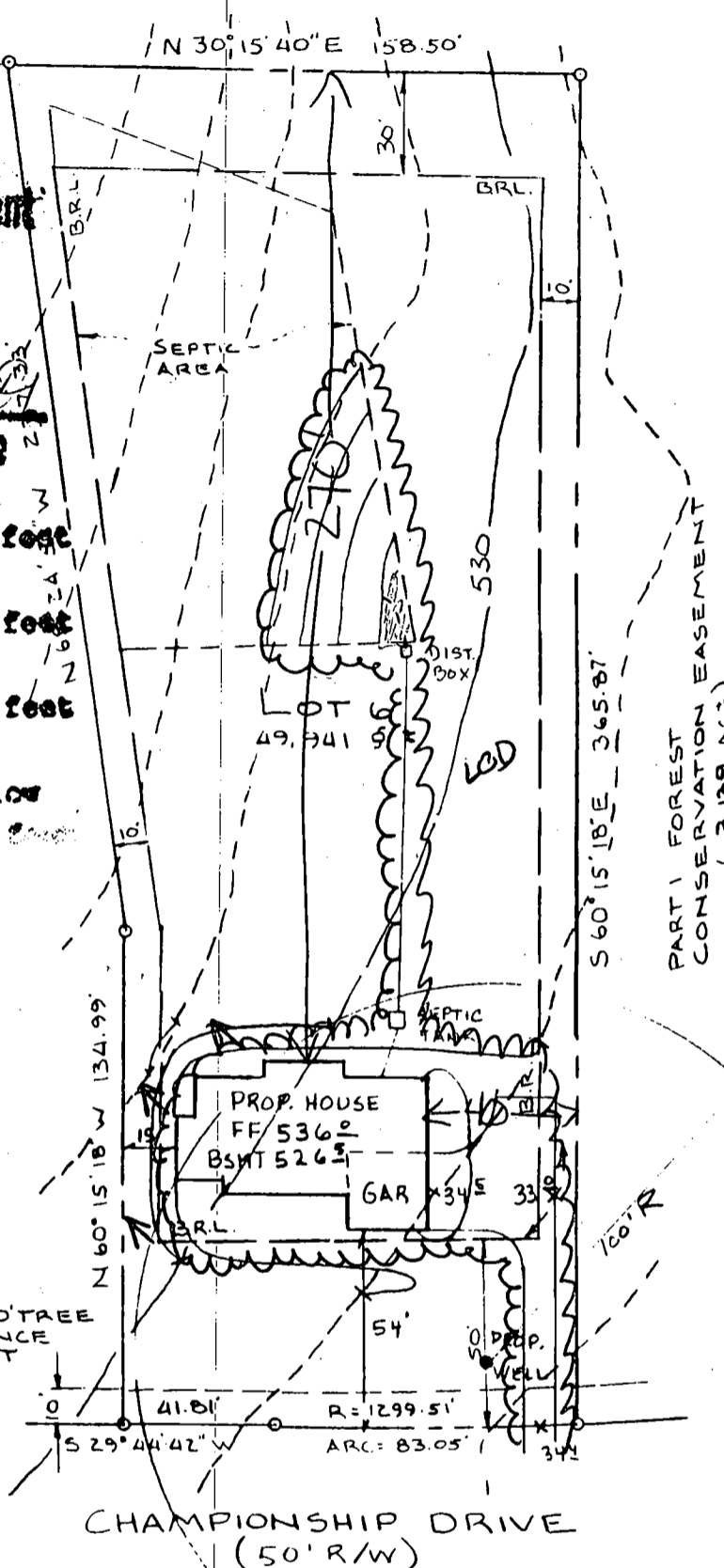
Depth of stone required below distribution pipe 3 feet

ELEVATIONS

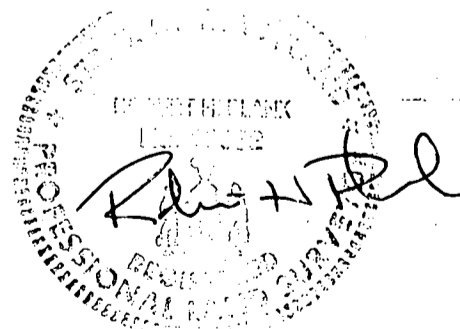
WELL ELEV.	533.4
HOUSE FF. EL.	536.0
HOUSE BSMT EL.	526.5
* INV. @ HOUSE	531.2
EX GRD-SEPTIC TANK	530.5
INV. IN-SEPTIC TANK	527.5
INV. OUT-SEPTIC TANK	527.2
EX. GRD-DIST BOX	529.2
INV.-DIST BOX	526.2
EX GRD-TRENCH	529.0
INV.-TRENCH	526.0

* BSMT EJECTOR REQ'D

PUBLIC 10' TREE
MAINTENANCE
EASEMENT



PLOT PLAN
LOT 6 SYCAMORE VALLEY II
SITUATED ON
CHAMPIONSHIP DRIVE
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=50' APRIL 1999



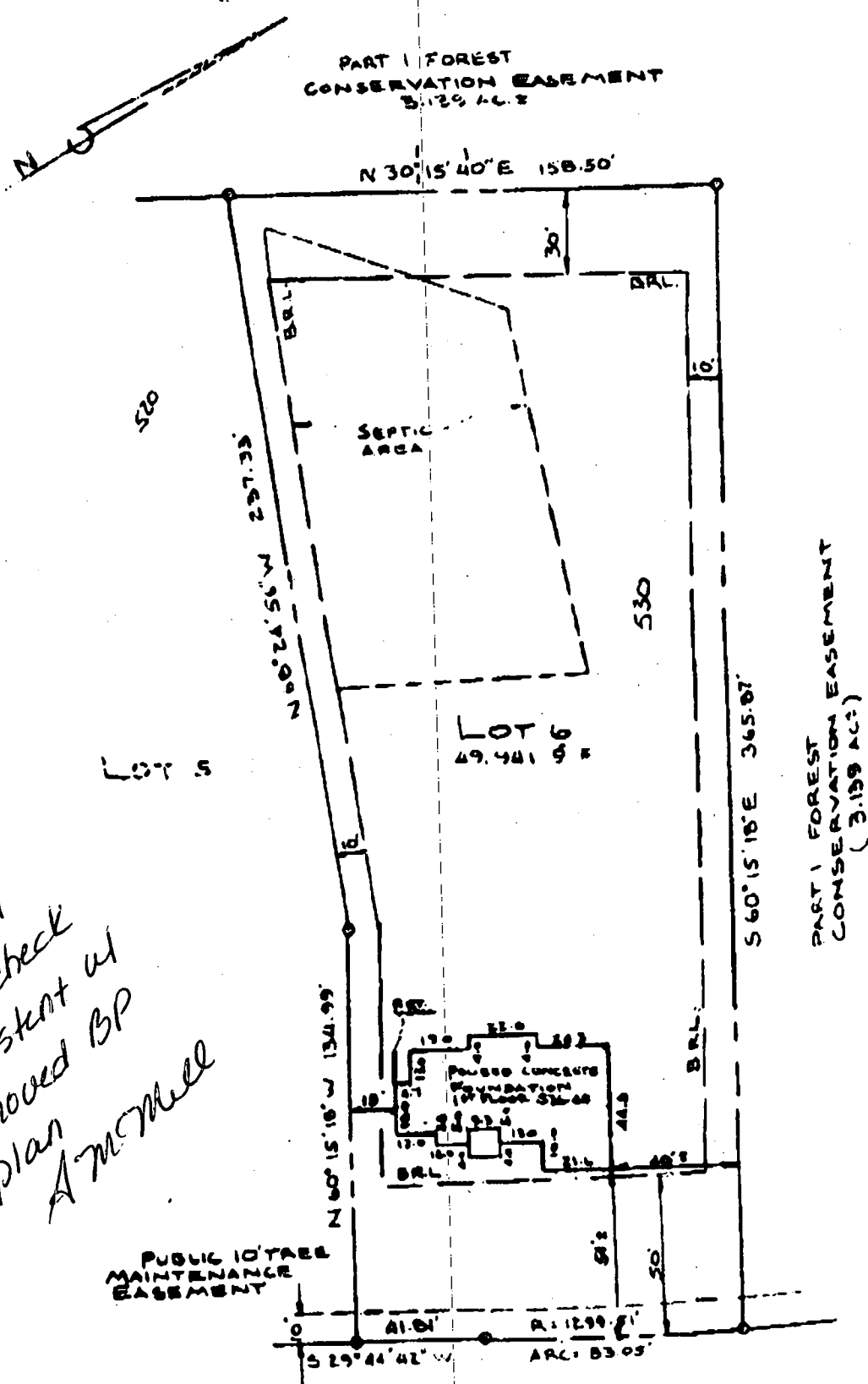
4-15-99

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NH NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296

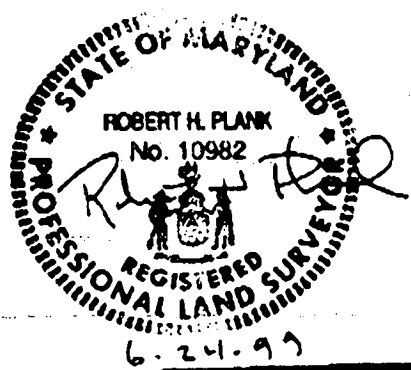
REFERENCE	JOB NO.
PLAT 13382	99SY16



8/24/99
 wall check
 consistent w/
 approved BP
 plan
 A McMill

WALL CHECK
 LOT 6 STAMORE VALLEY II
 SITUATED ON
 CHAMPIONSHIP DRIVE
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50' JUNE 1999

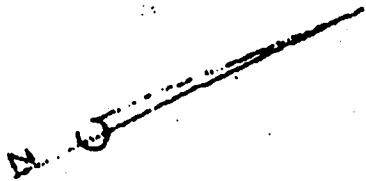
NOTE: FOOTINGS & FOUNDATION ARE IN PLACE



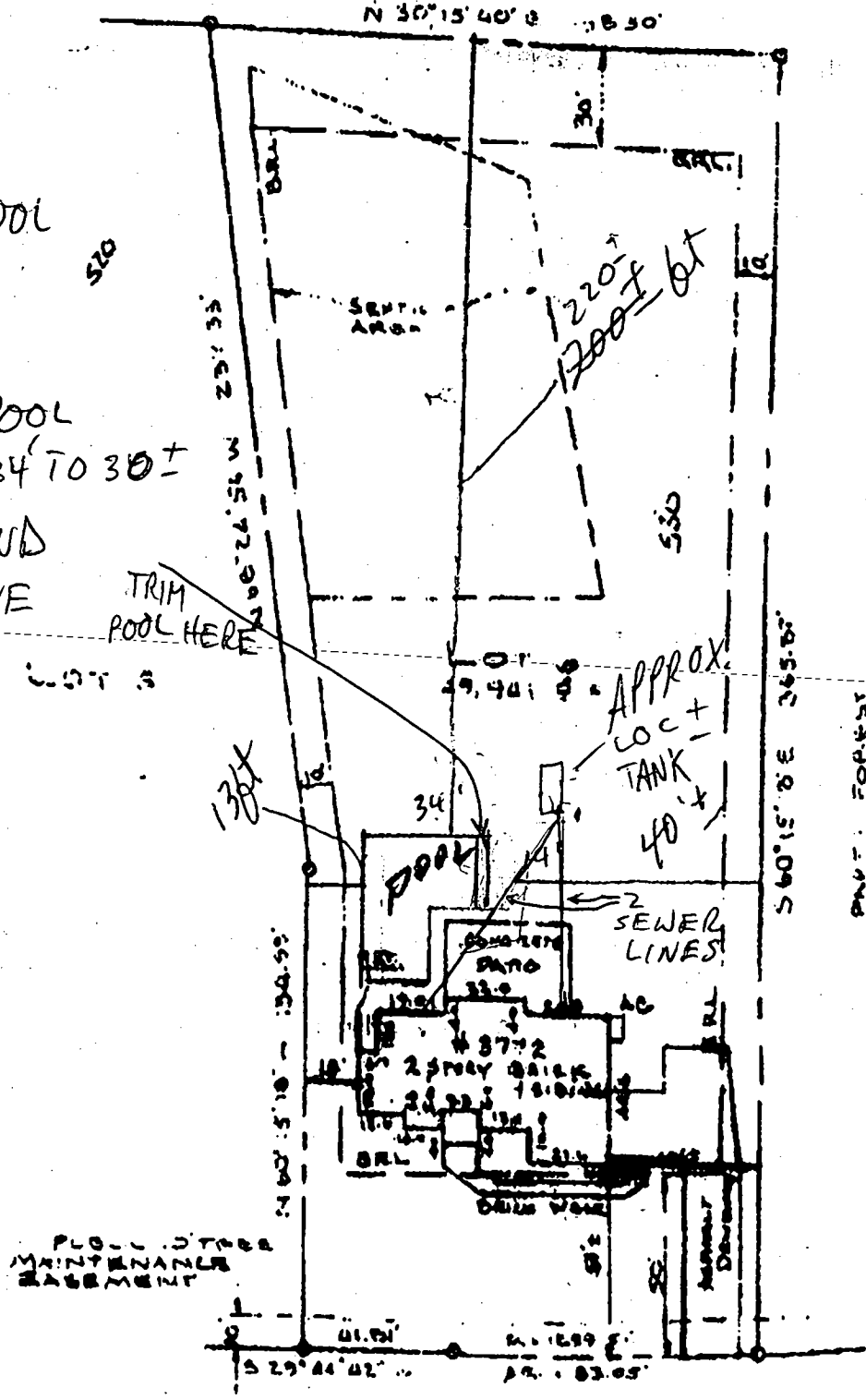
I CERTIFY THIS PLAT TO BE CORRECT: IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF <u>HOWARD</u> COUNTY, MARYLAND, AS REFERENCED HEREON.	
REFERENCE	JOB NO.
PLAT 13382	995416

NH NASSAUX-HEMSLEY, INC.
 204 S. MAIN STREET
 MOUNT AIRY, MARYLAND 21771
 (301) 829-2296

PART I FOREST
CONSERVATION EASEMENT
5.39 AC.



5/30/02 (M2)
DISCUSSED w/ POOL
INSTALLER:
SUGGESTED
REDUCTION IN POOL
LENGTH FROM 34' TO 30'
TO AVOID S.T. AND
2ND SEWER LINE
OK TO SIGN LOT 3



PART I FOREST
CONSERVATION EASEMENT
(3.89 AC.)

CHAMPIONSHIP DRIVE
(50' R/W)

HOUSE LOCATION SURVEY
LOT 6 STAMORE VALLEY II
3772
CHAMPIONSHIP DRIVE
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=50' DEC, 1949



Building Address: 3772 Championship Dr
21738

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

Census Tract: 6240 Subdivision: SYCAMORE VALLEY, II

Section: 2 Area: _____ Lot: #6

Tax Map: 21 Parcel: 7 Grid: 10

Zoning: RC-DEO Map Coordinates: 9B9 Lot size: 29,901

Property Owner's Name: Paul & Shannon Williams

Address: 3772 Championship Dr

City: Glenwood State: MD Zip Code: 21738

Home Phone: 301 254-5021 Work Phone: 443 277-4652

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

Phone: _____ Fax: _____

Existing Use: SFD

Proposed Use: SFD Swimming Pool

Estimated Construction Cost: \$ 35,000

Description of Work: Improving Concrete Pool
Approx 700 sq ft 3 to 8' deep
Fill by truck / PE Filt / 6' board / Fence to
lock

Contractor Company: A+M POOLS

Contact Person: LARRY D. MARTIN

Address: 37 E. HANOVER ST.

City: Gettysburg State: PA Zip Code: 17325

License No.: 31705

Phone: 717-337-0553 Fax: SAME

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
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: <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	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____
<input type="checkbox"/> State Certified Modular	

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: _____	Heating System: <input checked="" 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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<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 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.

Larry D. Martin
 Applicant's Signature

AS M POOLS
 SUPERVISOR

MD 5/30/02
 Title/Company

LARRY D. MARTIN
 Print Name

5.30.02
 Date

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