

4/7/99  
ASAP  
Installing  
replacing  
rock in SW  
Progressive

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P511496

A 57313-M

INDEXED

04-361636

DISTRICT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 4/6/99

DATE SYSTEM APPROVED 4/7/99

INSPECTOR S.R.K.

S. K. Backhoe & Septic Service IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

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

SUBDIVISION Sycamore Valley II LOT 12 ROAD 3716 Championship Drive

PROPERTY OWNER Trinity Builders

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

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 trench below distribution pipe.

LOCATION - Starting from the intersection of the 334.68' and the 131.95' lot lines, place the distribution box 135 feet up the 334.68' and 10 feet off this same lot line. Run trenches on contour toward the front of the lot.

NOTES - MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL TO ALL PARTS OF THE SYSTEM. No trench trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

RESOLVED 9/19/00 SRK/CW  
UNABLE TO INSTALL TRENCHES AT DESIGNATED LOCATION - SHALLOW DEPTH TO BEDROCK.  
OBSERVATION TEST HOLES ESTABLISH SUFFICIENT AREA FOR RELOCATION - WILL NEED SURVEYED LOCATION & REVISED SEPTIC EASEMENT 4/7/99 CW/llh

OK KM 1-25-99

PLANS APPROVED BY Mark Rifkin DATE 1-22-1999

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 25/40 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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

ALL PERMITS  
AND RETURNED 3/29/01  
FINISH BSMT

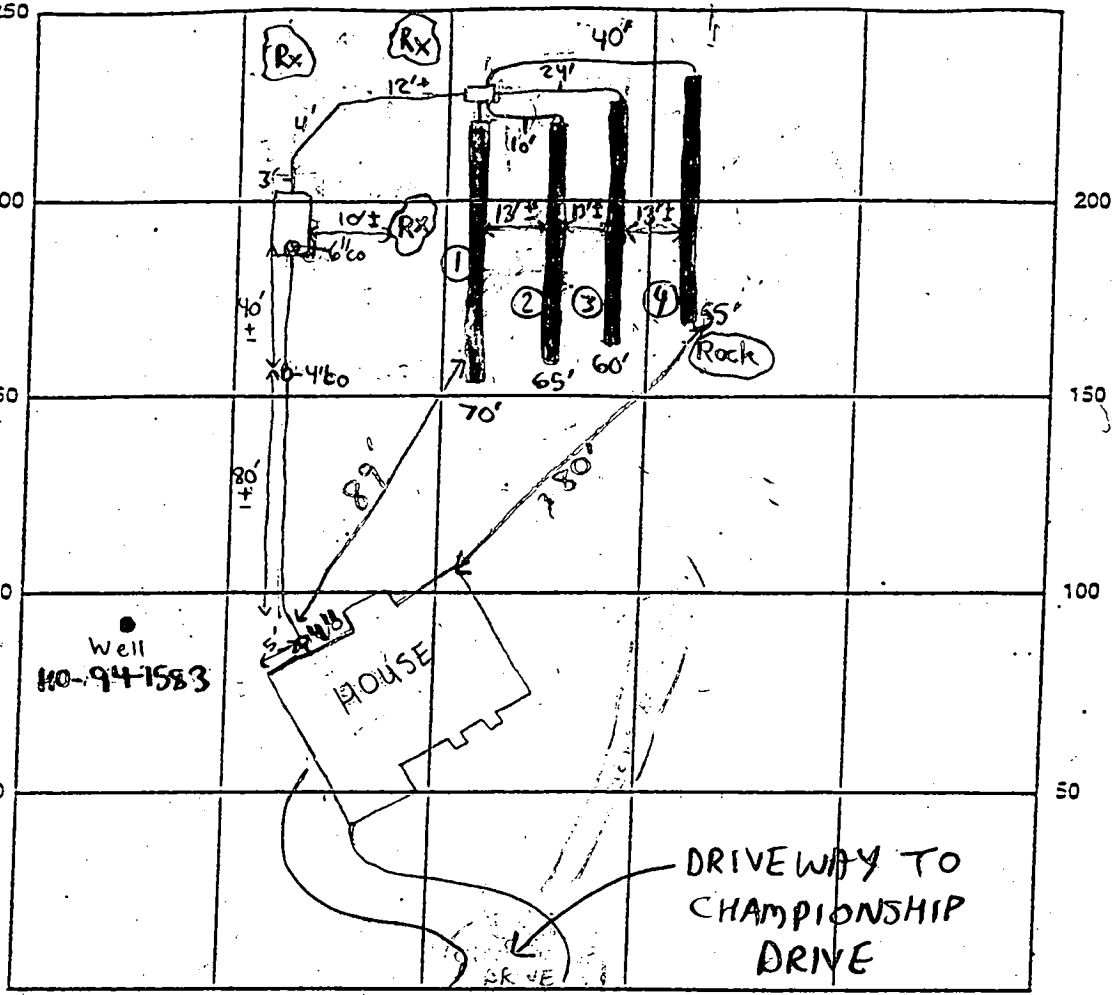
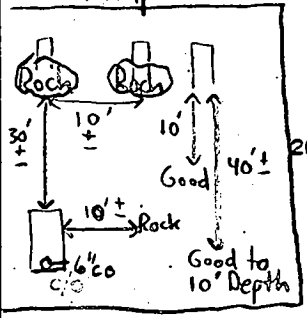
OLD PERMIT  
AND RETURNED 3/29/01

305-129119  
Net bar, laundry room  
Rec. room

Original Trench Installation Attempted

DRAWING IS NOT TO SCALE

50 100 150 200 250



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1250 gallons CLEANOUTS 3 - (1 house, 1 in-line, 1 tank)  
 DISTRIBUTION BOX LEVEL ✓ Baffles in  
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH  $\frac{112+13+14}{70+65+55}$  FT. (240)  
 NUMBER OF TRENCHES 4 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: OK TO COVER ALL WORK 4/7/99 (SRV)

(BEDROCK ENCOUNTERED AT LOCATION OF PLANNED INSTALLATION - SEPTIC LOCATION & FUTURE REPAIR AREA ADJUSTED, NEED DOCUMENTATION OF SAME) CW

9/19/00 - POTENTIAL REPAIR AREA EXISTS IN LOCATION (A) & (B) SEE BRSITE PLAN

DATE SYSTEM APPROVED 4/7/99 INSPECTOR Steven R King (CW)

(CW/SRV)

RE-EVALUATION  
OF INSTALLATION NOTES  
SUGGESTS TRENCHES INSTALLED  
AT FRONT-CENTER PORTION OF SEPTIC AREA  
ADEQUATE AREA FOR FUTURE REPAIR  
REMAINS TO  
RIGHT REAR  
CORNER OF LOT  
NO NEED FOR  
REVISED SITE PLAN  
9/19/2000



AT LOCATION  
A & B

**HOWARD COUNTY HEALTH DEPARTMENT**

Mary Sue Baker, MBA, Acting County Health Officer

April 19, 1999

Trinity Builders  
1212 Devon Drive  
attention: Sally Hodge

*Handwritten signature: CW/SRH*

Re: Septic system installation  
Lot 12 Sycamore Valley  
3716 Championship Drive

Dear Ms. Hodge,

This is to request submittal of a "revised sewage disposal easement plan" for the above referenced property. Necessary field changes at time of septic system installation were significant enough to warrant a formal record of the change.

A copy of the completed septic system installation inspection sheet is enclosed for your reference.

Please note that the septic system could not be installed at the location originally intended because of unexpectedly shallow depth to bedrock at the specified starting location. No apparent design fault could be attributed to the condition; it seems that the problem was due to unanticipated variability in soil conditions within the established sewage disposal easement.

Several new percolation test holes were requested of the contractor at time of inspection. You will see that the location of the approved installation has been moved some distance from the originally planned location. The area reserved for future septic system repair needs to be redefined as a result of the change.

The agent who prepared the initial building permit plan and wallcheck drawing would be in the best position for efficient preparation of the change drawing. Please contact me at this office if you, or they, have any additional questions regarding this matter. Thank you for your cooperation.

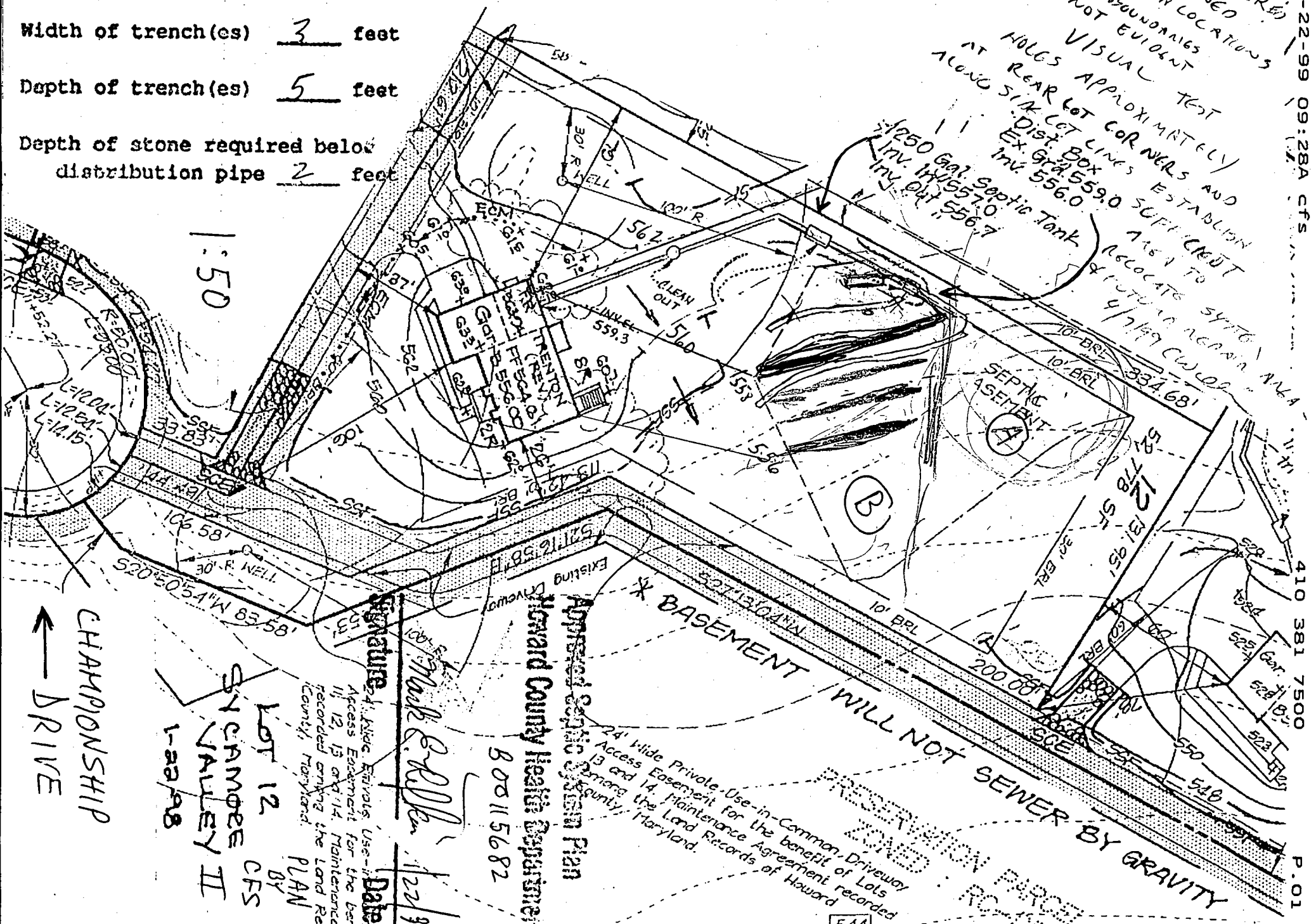
Yours truly,  
*Craig Williams*  
Craig Williams, Sanitarian

cc: SK Backhoe Service  
CFS - attn: Joey Ecker

File ✓

Total linear feet of trench required 240 feet  
Width of trench(es) 3 feet  
Depth of trench(es) 5 feet  
Depth of stone required below distribution pipe 2 feet

ROCK ENCOUNTERED AT PLANNED TRENCH LOCATIONS NOT EVIDENT VISUAL TEST HOLDS APPROXIMATELY AT REAR LOT CORNERS AND ALONG SIDE LINES SUFFICIENT TO RELOCATE SEPTIC TANK DIST. BOX EX. GRA. 559.0 INV. 556.0 EX. GRA. 556.0 INV. 556.7



1:50

CHAMPIONSHIP DRIVE

LOT 12  
BY CHAMBERS VALEY II  
CFS  
PLAN  
1-22-98

Signature: *Mark E. Allen*  
Date: 1/22/99  
Approved Septic System Plan  
Howard County Health Department  
805115682

\* BASEMENT WILL NOT SEWER BY GRAVITY  
24' Wide Private-Use-in-Common Driveway Access Easement for the benefit of Lots 13 and 14. Maintenance Agreement recorded among the Land Records of Howard County, Maryland.  
PROPOSED ZONING PERMIT  
RC-10

54A

TEST NOTES OF  
 11/29/96 NOT CLEAR  
 RE: ID OF THE  
 TEST HOLES IN THIS AREA

LOT 14  
 COUNTRYSIDE  
 PLAT No. 4783

LOT 13  
 COUNTRYSIDE  
 PLAT No. 4783

LOT 11  
 COUNTRYSIDE  
 PLAT No. 4783

Iron Pipe  
 (off Title Line)

Use-In-Common  
 Easement For  
 Lot Of Lots 11 & 12

Found 3/4"  $\phi$  Iron Pipe  
 (0.08' off Title Line) MR 1/19/99  
 WOOD SHED

Found 3/4"  $\phi$  Iron Pipe  
 (0.17' off Title Line)

Found 3/4"  $\phi$  Iron Pipe  
 (0.02' off Title Line)

LOT 10  
 COUNTRYSIDE  
 PLAT No. 4783

115

PLAT No. 4783

LOT 10  
 44,778 Sq.Ft.\*

LOT 11  
 46,114 Sq.Ft.\*

LOT 12  
 52,807 Sq.Ft.\*

LOT 13  
 57,758 Sq.Ft.\*

LOT 14  
 64,612 Sq.Ft.\*

24' USE-IN-COMMON ACCESS EASEMENT  
 FOR THE BENEFIT OF LOTS 13 AND 14

Non-Buildable  
 Agricultural  
 Preservation  
 Parcel "C"  
 7.167 Ac.\*

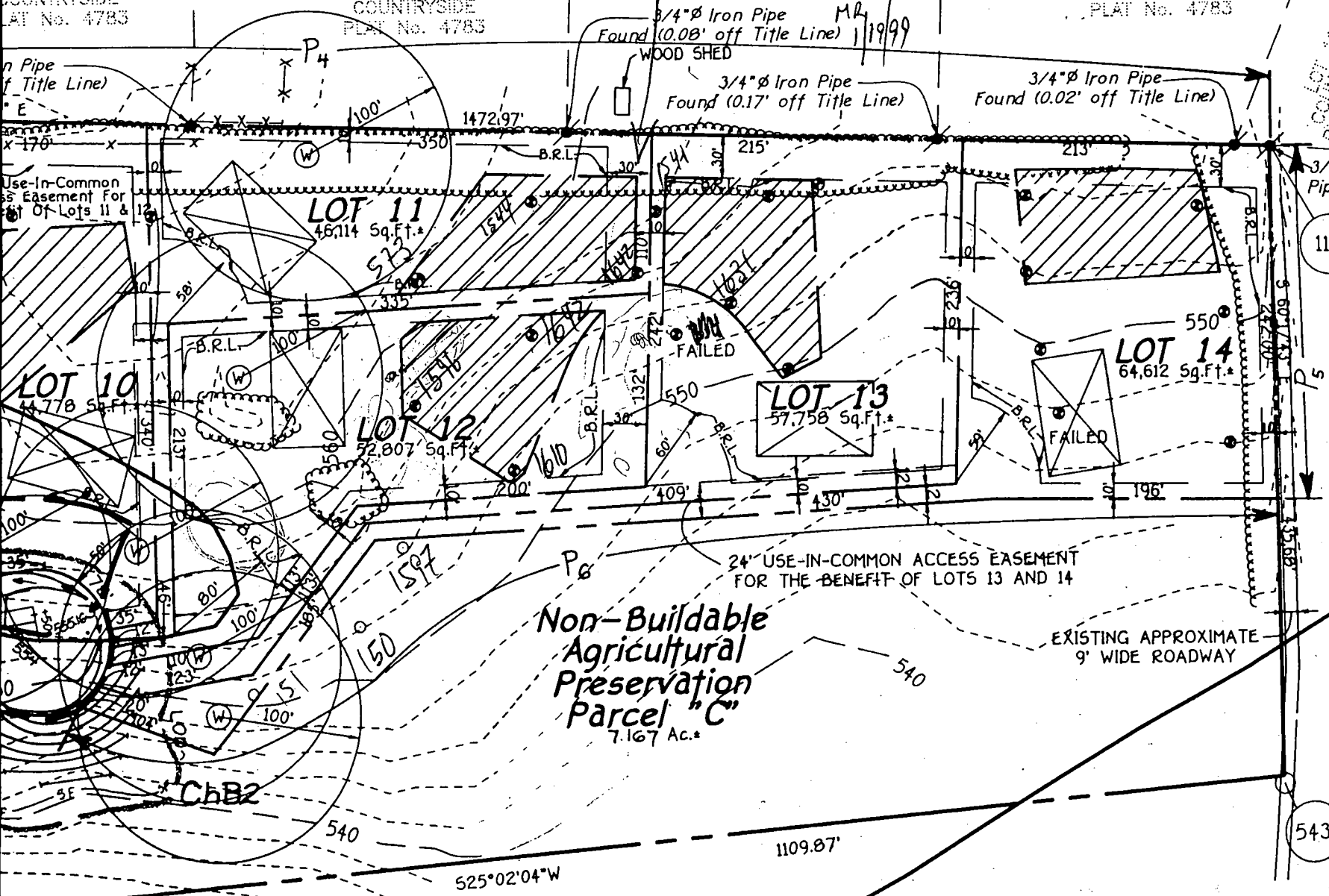
EXISTING APPROXIMATE  
 9' WIDE ROADWAY

ChB2

543

525°02'04"W

1109.87'



4/9/99

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-N Ellicott Mills Drive  
Ellicott City, MD 21043  
451-9953

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer S.H. Plumbing & Heating, Inc.

Telephone 410-775-0822

License Number 12285

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Frank Nappi

Telephone 410-313-8722

Subdivision Sycamore Valley Lot # 12

Well Tag # HO - 94 - 1583

Site Address 3716 Champion Ship Dr. Glencoe MD 21738

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make Jocuzzi
- Model # \_\_\_\_\_
- Capacity 5 GPM

Motor

- Horsepower 3/4
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make \_\_\_\_\_
- Model # 4
- Depth 12

- 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 armature \_\_\_\_\_ Cable guards \_\_\_\_\_ Other Sleeve

Tank

- Capacity Well-x-tank 250
- Pressure relief valve?

Piping

- Type PE
- Size 1/2"
- NSF and/or BSCA Code approved
- Depth of supply line 42"

Well data

- Depth 308 ft.
- Yield 12 GPM
- Static water level 41 ft.
- Will water supply be disinfected by installer?

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 \_\_\_\_\_

*[Handwritten Signature]*

4-7-99

well line OK  
4/7/99 (CW)

Note: A sanitary tank cap approved for use in contact with water will be placed on the well casing at the time of the final inspection.

C1 01385

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

DATE RECEIVED 7-17-98

DATE WELL COMPLETED 07-15-98

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1583

OWNER MID ATLANTIC Development last name first name CHAMPIONSHIP Dr. TOWN GLENWOOD SUBDIVISION Devlin Prop. SECTION LOT 12

WELL LOG

Not required for driven wells

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 include Brown Sandstone, Grey Granite, Green Granite, Gray Granite.

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 8 NO. OF POUNDS 128. GALLONS OF WATER 48. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE (circle appropriate code below) ST (STEEL) CO (CONCRETE) PL (PLASTIC) OT (OTHER). Nominal diameter top (main) casing (nearest inch) 06. Total depth of main casing (nearest foot) 30.

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (circle appropriate code below) ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER).

DEPTH (nearest ft.)

Table showing depth intervals and screen diameters. Includes columns for depth (8-11, 15-17, 23-24, 30-32, 38-39, 41-45, 47-51) and diameter of screen (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) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Water & Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 52 ft. TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO). 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).

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)

- 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. M W D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M W D 341 Max B. Jones

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

See Attached



<b>B 1</b>	1 2 3 4 5 6 8772 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 1583 <small>fill in this form completely</small>
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Date Received (APA) 06-05-98

**OWNER INFORMATION**

8 MM DD YY 13  
**MID-ATLANTIC DEVELOPMENT II LLC**

15 Last Name Owner First Name 34  
5026 Dorsey Hall Drive Suite 2006

36 Street or RFD 55  
ELICOTT CITY MD 21042

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

8 COUNTY HOWARD 21

23 SUBDIVISION DEVLIN PROPERTY 42

SECTION 12 44 46 48 50

52 NEAREST TOWN GREENWOOD 71

MILES FROM TOWN (enter 0 if in town) 1 M 11  
 73 76 77 78

**DRILLER INFORMATION**

NICHAEAL BARLOW MW D 355

Driller's Name 76 License No. 81

NICHAEAL BARLOW WELL DRILLING SRV. INC

Firm Name

912 FAWN COURT JOPPA MD 21085

Address

[Signature] 6-3-98

Signature Date

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD CHAMPIONSHIP DRIVE 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 180 37 DISTANCE FROM ROAD FT 38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A 57313

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 06-12-98 A McMillen 6/12/99

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 522 0 0 0 EAST GRID 792 0 0 0

50 55 57 63

**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)

APPROXIMATE DEPTH OF WELL 200 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. 1100 Grouf 7/15/98

2. no insp (km)

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 792

N 522

**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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.

MA BOUNDARY WITH HEALTH DEPT. APPROVAL

HOWARD CO HEALTH DEPT. APPROVAL

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

APPROP. PERMIT NUMBER 54 G A P \_\_\_\_\_ 63

WRITE INITIALS IN BOX PERMIT No. HO - 94 - 1583

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

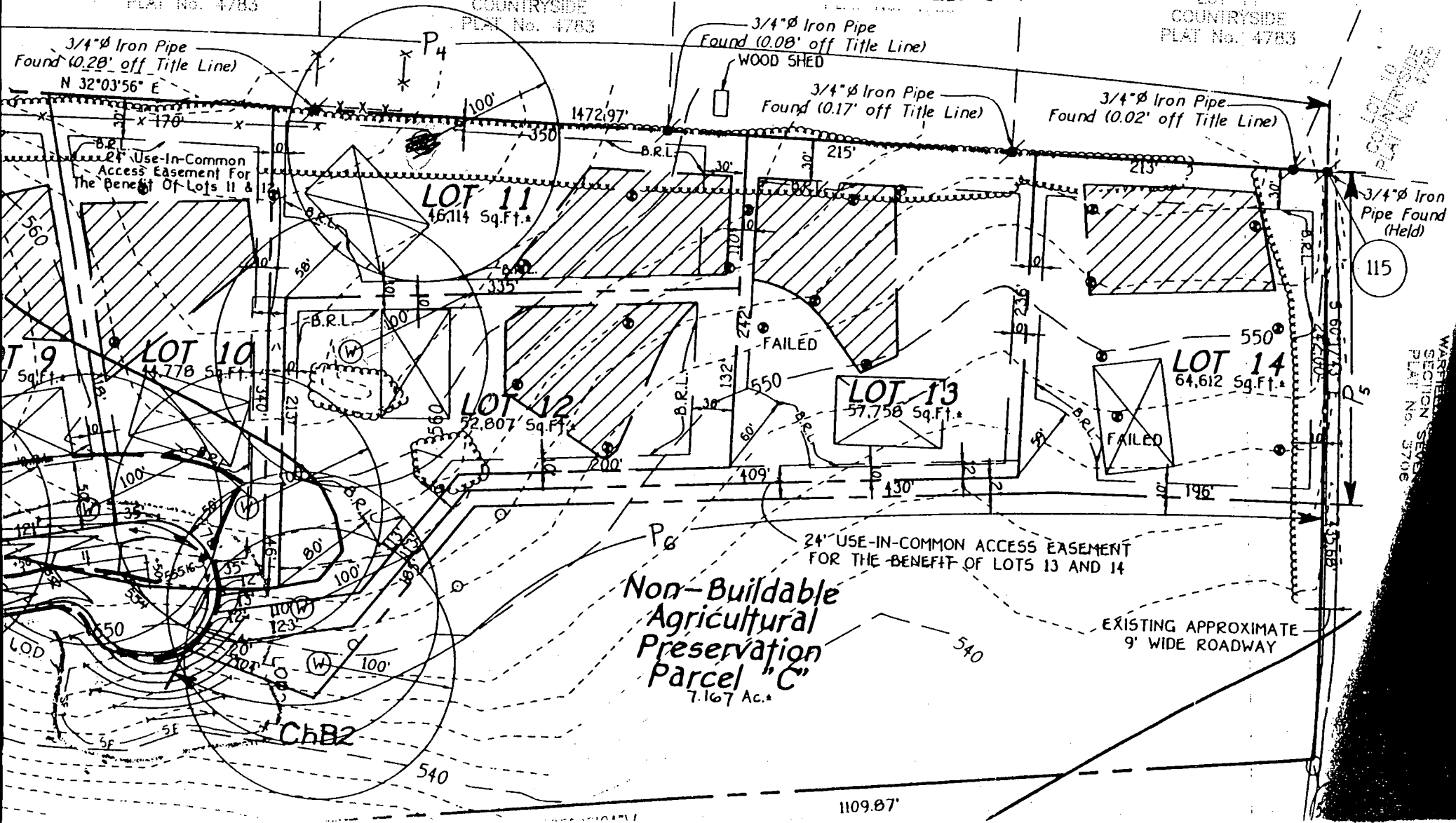
6-12-98 Well site OR as shown - Site staked by a licensed surveyor - A site inspection is not useful due to the lack of property markers or visible test holes in an open field

A. McMele

LOT 14  
COUNTRYSIDE  
PLAT No. 4783

LOT 13  
COUNTRYSIDE  
PLAT No. 4783

LOT 11  
COUNTRYSIDE  
PLAT No. 4783



115

Non-Buildable  
Agricultural  
Preservation  
Parcel "C"  
7.167 Ac.\*

EXISTING APPROXIMATE  
9' WIDE ROADWAY

RECORDED  
 01/10/1999  
 PLAT 4783

WASHINGTON  
 SECTION SEVEN  
 PLAT No. 3706

1109.87'

# 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 Trinity Builders

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

AGENT OR PROSPECTIVE BUYER Land Design and Development

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

PROPERTY LOCATION:

SUBDIVISION Denton Property LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Sycamore Run Road 3716 Championship Drive

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

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

**BLDG. PERMIT SIGNED  
AND RETURNED 1-22-99**  
Serial # B711568-2

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

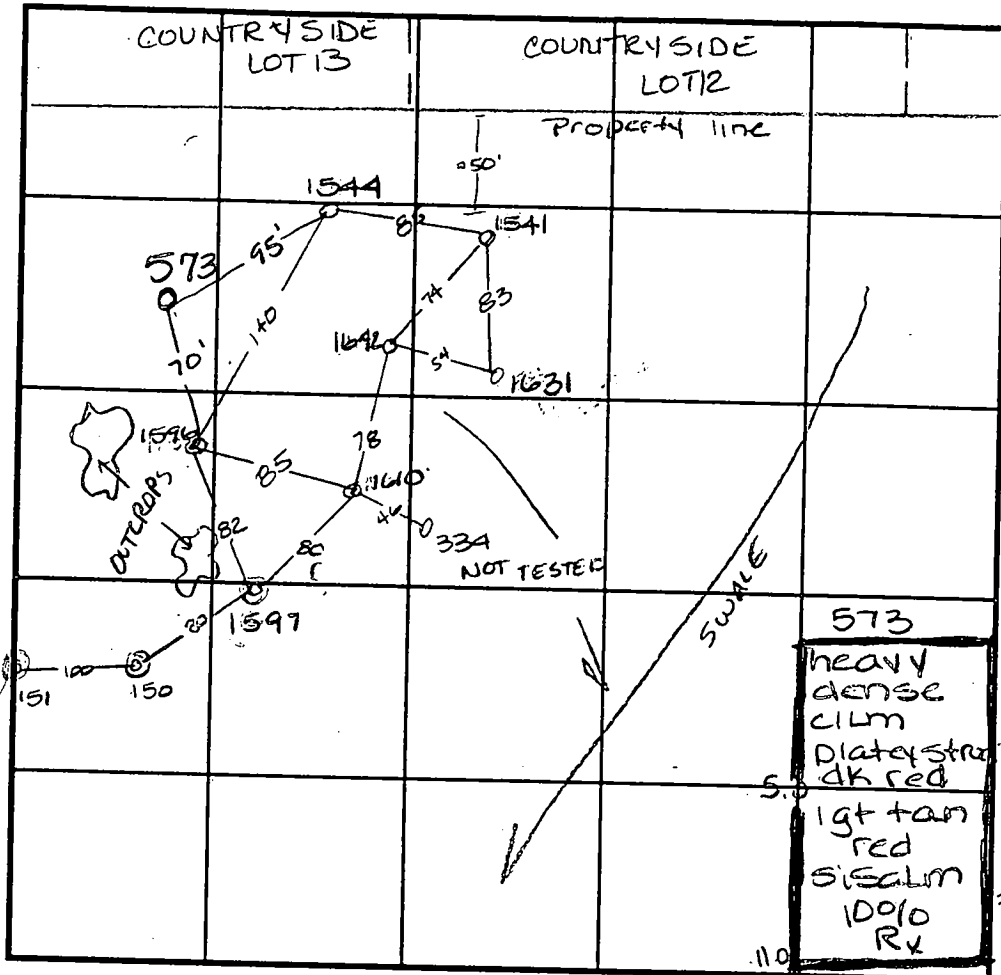
1544  
 0' dark orange SiClm  
 3.0 dark orange SiSalM  
 8.0 lgt tan SiClm  
 10.0

1541

3.0 dark red SiClm  
 lgt orange red w yellow SiClm  
 10% Rx  
 11.0

1642

4.0 brn orange SiClm  
 bigh SiClm  
 20% Rx  
 some orange sand mixed  
 10.0 refusal



SOIL PROFILE

14  
 0' dark orange SiClm  
 4.0 lgt beige brn SiSalM  
 micaeous Solo Rx  
 12.0 1596  
 3.0 dark red to orange SiClm  
 pink to orange red SalM  
 11.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11-29-96	1544	4.0 / 10.0	12:35	12:39	12:39	12:43 <sup>30</sup>	4 1/2 min	
	1544	8.0 / 10.0	12:44 <sup>30</sup>	12:47	12:47	12:50	3 min	
	1642	Visual only	- see profile -					OK
	1610	4.0 / 12.0	12:54	12:56 <sup>30</sup>	12:56 <sup>30</sup>	11:00	4 min	
	1596	4.0 / 11.5	1:01	1:02	1:02	1:05	3 min	
	1597	Refusal at 4.0	4.0		---		F	
	1541	3.5 / 11.0	12:54	12:56	12:56	12:58 <sup>30</sup>	2 1/2 min	
11-18-96	1598	Refusal @ 3.0	3.0		---		F	
	1567	Refusal @ 2.0	2.0		---		F	
10-7-97	573	Visual to 11.0	- see profile					OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT D Reuver

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3+

TRENCH WIDTH

INLET DEPTH 3.0

MAXIMUM BOTTOM DEPTH 5.0

SQ. FT./BEDROOM 180

Per contract

F-98-89

LOT 14  
COUNTRYSIDE  
PLAT No. 4783

Found 3/4" Iron Pipe  
Found (0.28' off Title Line)

LOT 13  
COUNTRYSIDE  
PLAT No. 4783

LOT 12  
COUNTRYSIDE  
PLAT No. 4783

Found 3/4" Iron Pipe  
Found (0.17' off Title Line)

LOT 11  
COUNTRYSIDE  
PLAT No. 4783

Found 3/4" Iron Pipe  
Found (0.02' off Title Line)

LOT 10  
COUNTRYSIDE  
PLAT No. 4783

Found 3/4" Iron Pipe  
Found (0.10' off Title Line)

LOT 9  
COUNTRYSIDE  
PLAT No. 4783

N32°03'56"E

170.00'

1322.97'

LOT 11  
46,097 Sq.Ft.

185'

215.00'

213.47'

24' Wide Private  
Use-In-common  
Driveway Access  
Easement For The  
Benefit Of Lots 11  
And 12. Maintenance  
Agreement Recorded  
Among The Land  
Records Of Howard  
County, Maryland

LOT 12  
52,778 Sq.Ft.

LOT 13  
58,924 Sq.Ft.

LOT 14  
63,318 Sq.Ft.

LOT 9  
40,127 Sq.Ft.

LOT 10  
44,922 Sq.Ft.

(276)

(27A)

(540)

(541)

R=100.00'  
L=40.27'  
R=500.00'  
L=12.04'  
R=25.00'  
L=32.18'

N49°44'12"E  
L=24.84'  
N20°50'54"E  
L=86.60'  
N20°50'54"E  
L=21.69'  
N49°44'12"E  
L=83.58'

N27°26'42"E  
L=334.68'  
N27°13'05"E  
L=200.00'

N27°13'05"E  
L=430.52'

N27°13'05"E  
L=109.46'

N30°59'30"E  
L=196.00'

N27°13'05"E  
L=109.46'

N30°59'30"E  
L=196.00'

560°17'43"E  
L=426.56'

426.56'

**NON-BUILDABLE  
AGRICULTURAL  
PRESERVATION  
PARCEL 'B'**

Area This Sheet = 5.090 Ac.  
Total Area = 7.105 Ac.

24' Wide Private Use-In-Common  
Driveway Access Easement For The  
Benefit Of Lots 11, 12, 13 And 14.  
Maintenance Agreement Recorded  
Among The Land Records Of  
Howard County, Maryland

24' Wide Private  
Use-In-common Driveway  
Access Easement For The  
Benefit Of Lots 13 And 14.  
Maintenance Agreement  
Recorded Among The Land  
Records Of Howard County,  
Maryland

MARYLAND  
GRID

524°49'15"W

1098.17'

Building Address 3716 CHAMPIONSHIP DR.  
GLENWOOD MD. 21738

Property Owner's Name ROBERT WOOD  
 Address 3716 CHAMPIONSHIP DR.  
 City GLENWOOD State MD Zip Code 21738

Suite/Apt. #: — SDP/WPI/Petition #: N/A  
 Census Tract 0040 Subdivision PYCAMORE VALLEY II  
 Section N/A Area N/A Lot # 12  
 Tax Map 21 Parcel 7 Grid 10  
 Zoning RC-REC Map Coordinates 9B9 Lot size \_\_\_\_\_

Home Phone 410-489-2683 Work Phone —  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD Contractor Company CATONSVILLE HOMES  
 Proposed Use SFD w/ FINISHED BASEMENT & BATH Contact Person FRANK POTEPAN  
 Estimated Construction Cost \$ 14,000.00 Address 10753 BIRMINGHAM WAY  
 Description of Work FINISH BASEMENT LEVEL & TO  
INCLUDE 1 BATH ROOM, WET BAK  
& LAUNDRY ROOM, REC ROOM. City WOODSTOCK State MD Zip Code 21163  
 License No. 990 Phone 410 750 1200 Fax 410 750 2596

Occupant or Tenant ROBERT WOOD Engineer or Architect Company N/A  
 Contact Name ROBERT WOOD Contact Person \_\_\_\_\_  
 Address SAME Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd 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"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
State Certified Modular <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: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

THE UNDERSIGNED HEREBY CERTIFIES AND SWORN 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 THERE TO, (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 INTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND RESTRICTED THERE.

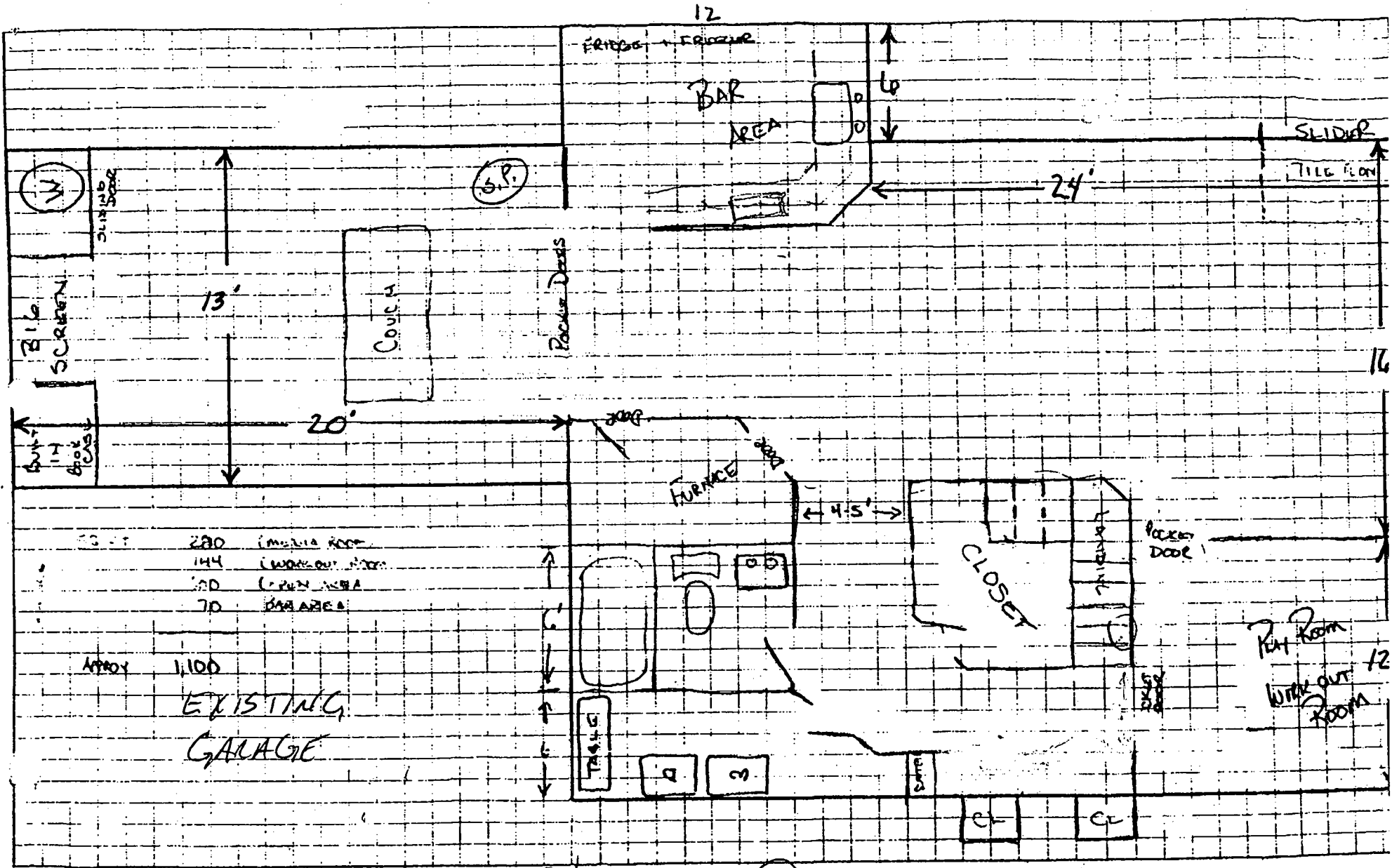
Applicant's Signature: L. E. Yeary Print Name: FRANK POTEPAN  
 Title/Company: CATONSVILLE HOMES Date: 3/22/01

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			Front: _____	39185
State Highways			Rear: _____	Filing fee: \$ <u>93</u>
Building Official			Side: _____	Permit fee: \$ _____
Dev. Engineering, DPZ	<u>3/22/01</u>	<u>Mark Kiffin</u>	Side St: _____	Excise tax: \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee: \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ <u>93</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due: \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>290</u>
				Validation # <u>37303</u>

Accepted by: [Signature]



CATONSVILLE HOMES.

JOB: WOOD BASEMENT  
3716 CHAMPIONSHIP DR.  
GLENWOOD MD 21738

3/29/07 OK FOR  
FINISHING  
OF BSMT  
NO BR  
(NO WINDOWS)  
MR