

10/22/99
A.M. - (COPI)
10/25/99
A.M. - (COPI)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512766

A 57659-M

DISTRICT _____

DATE 10/15/1999

HOWARD COUNTY HEALTH DEPARTMENT

INDEXED

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

DATE SYSTEM APPROVED 10/25/99

INSPECTOR S.R.K.

05-430011

Hatfield's Equipment & Dedication Service IS PERMITTED TO INSTALL ALTER _____

ADDRESS 13785 Burntwoods Road, Glenelg, Maryland 21737 PHONE 410-854-6172

SUBDIVISION Hunterbrook LOT 13 ROAD 8129 Huntfield Drive

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS *****WATERTIGHT COMPARTMENTED SEPTIC TANK WITH WASTEWATER EFFLUENT FILTER.*****

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 140 feet up the left lot line and 60 feet off that same lot line as seen when facing the lot from Huntfield Dr. Run trenches on contour in both directions

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8999 DS

PLANS APPROVED BY Amy McMillen DATE 10-22-1999

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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

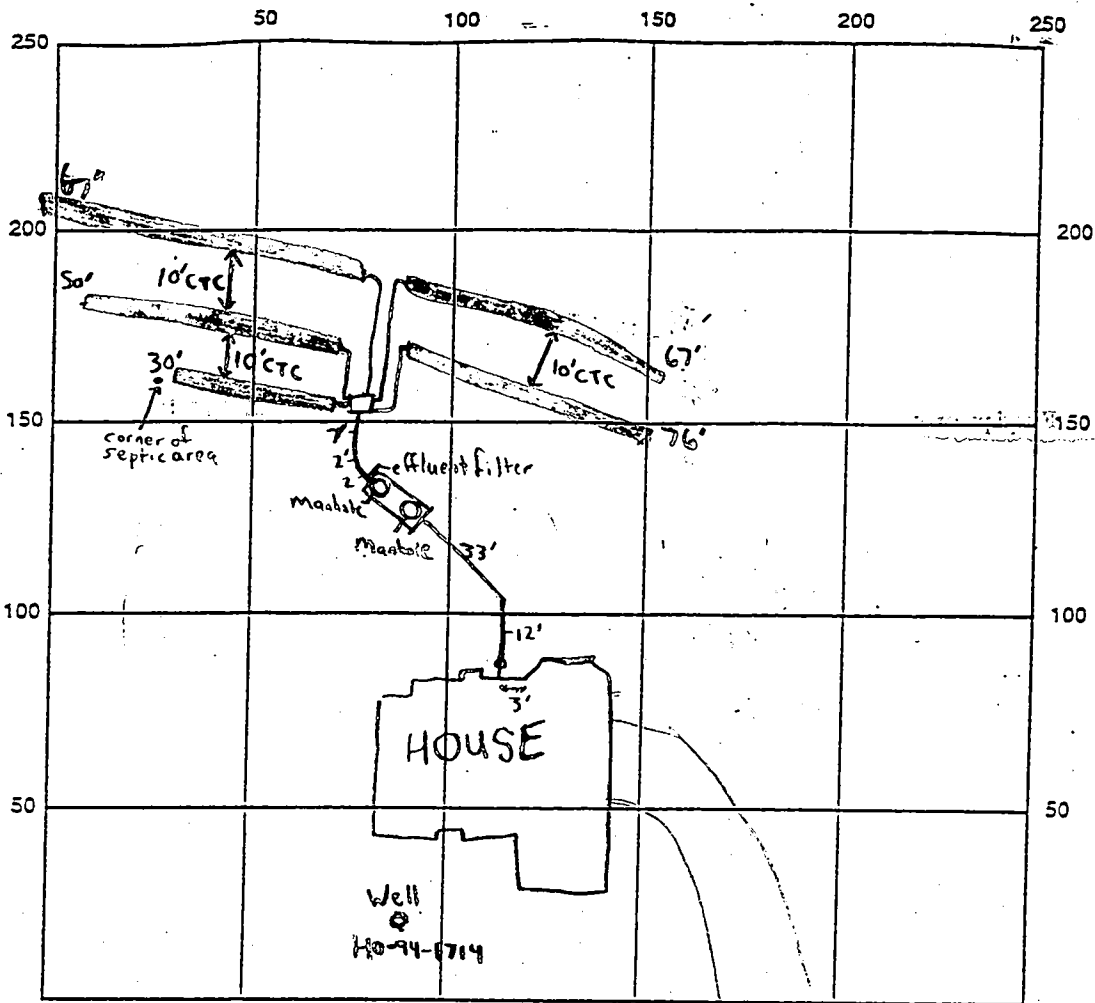
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLANK PERMIT SIGNED AND RETURNED 800-12370

Deck

1 57659-M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
HUNTFIELD DRIVE

SEPTIC TANK LEVEL 1500 gallon top seal - 2 compartment w/ Effluent Filter in rear baffle CLEANOUTS 4" @ House, 2 Manholes on tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TILE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 290 FT.

NUMBER OF TRENCHES 5 ONE-SIDEWALL/BOTTOM AREA 870 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 10/25/99 - OK TO COVER ALL WORK - SRW

11/1/99 WPI - 2pc cap ok; PVC conduit pipe ok; well casing 1' + above grade; P.A. covered but depth ok. ok to cover all. (SRW)

DATE SYSTEM APPROVED 10/25/99 INSPECTOR Steven R. King

410 313-3648
2/1/00

2nd Fax 2/1/00

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 11-2-99

Name of Installer Lester C. Simmons, Jr.

Telephone _____

License Number JLWDb11
Certified Well Pump Installer

Well Driller _____ Registered Plumber _____

Name of Property Owner Winchaker Home

Telephone _____

Subdivision Hunterbrook Lot # 13
Site Address 8129 Huntfield Dr

Well Tag # MD-94-1714

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Goulds
- 3. Model # 76506422
- 4. Capacity 7 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 _____

Motor

- 1. Horsepower _____
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Martinsen
- 2. Model # B-192
- 3. Depth 3 1/2

Tank

- 1. Capacity 30
- 2. Pressure relief valve?

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 3 1/2

Well data

- 1. Depth 200 ft.
- 2. Yield 15 GPM
- 3. Static water level _____ ft.
- 4. 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: Lester C. Simmons, Jr.

Date: 11-2-99

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

4377

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A57659 M

SYSCO USE ONLY DATE RECEIVED 2/23/98

DATE WELL COMPLETED 10/15/98

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1714

OWNER Winchester Homes STREET OR RFD Hunter Ln TOWN FULTON SUBDIVISION Hunterbrook SECTION LOT 13

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, clay, Brown silt, Brown mica, Gray mica, Brown mica, Gray mica, Brown mica, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 37

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (S) (T) (C) (O) (P) (L) (O) (T) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MW/D 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. AW D 585

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

DEPTH (nearest ft.) 200

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) SLOT SIZE 1 2 3 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 86 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

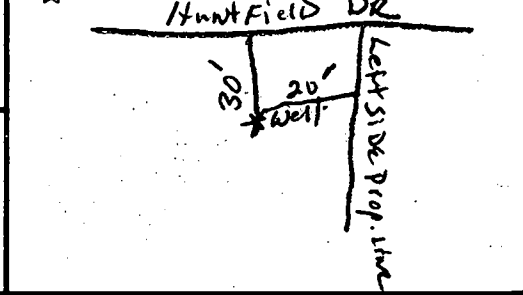
PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 (-) below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 6895 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1714 fill in this form completely

Date Received (APA) 9/28/98 OWNER INFORMATION RN 7580
Winchester Homes, Inc.
6305 Ivy Lane, Suite 700
Greenbelt, Md. 20770

B 3 LOCATION OF WELL
Howard
8 COUNTY
Hunterbrooke
23 SUBDIVISION
SECTION 44 46 LOT 13 48 50
Fulton
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

DRILLER INFORMATION
George F. Easterday M W D 040
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature: George F. Easterday Date: 8/26/1998

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Hunter Drive
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 20 Ft.
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co A57659M
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 9/2/98 A McMillan 9/2/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 420 000 EAST GRID 820 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

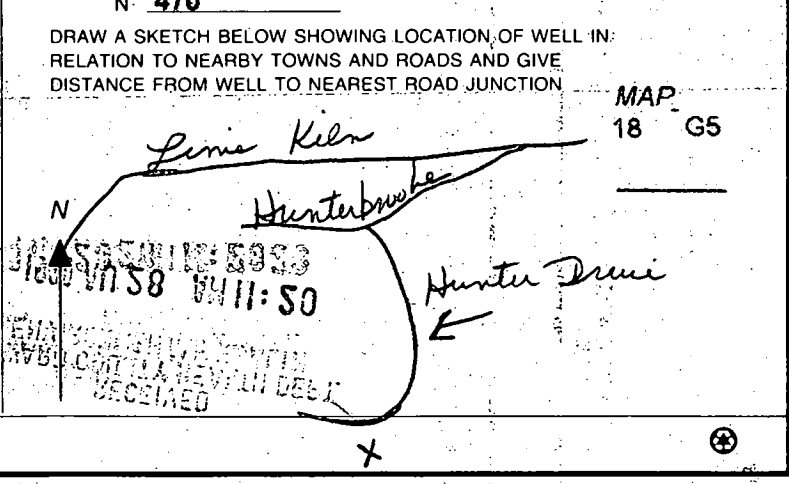
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE
E 820
N 470
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
MAP 18 G5

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
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
 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 54 G A P 63
PERMIT No. HO-94-1714
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTL APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT 5th

DATE 1-29-97

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 Edward Robert Prince Winchester Homes

ADDRESS P.O. Box 381, Fulton, MD 20759-0381 PHONE _____

AGENT OR PROSPECTIVE BUYER Winchester Homes & David Meiners

ADDRESS 6305 Ivy Lane Ste 700 Greenbelt Md 20770 PHONE 301-489-1205

PROPERTY LOCATION:

SUBDIVISION PRINCE PROPERTY LOT NO. 13

ROAD AND DESCRIPTION Common driveway off Lime Keln Rd 300' from Rt 216 (8129 Huntfield Drive)

TAX MAP 46 PARCEL # 360 & 1/0 344

SIZE OF LOT 1 acre TYPE BLDG. Single Family - 4 Brn
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~PERMIT~~ SIGNATURE

RETURNED 7-22-99

Serial # B10 119327

Single Family - 4 Brn

(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.

David F. Meiners
(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'
68
bright orange red
SiClm

5.0
bright red almost pink
SiClm
10% large rock frags

12.5

65

bright red
SiClm
micaceous

3.5
orange tan
SiSalM
5% shale

5.5

beigh brown salm
20% quartz & decayed shale mix

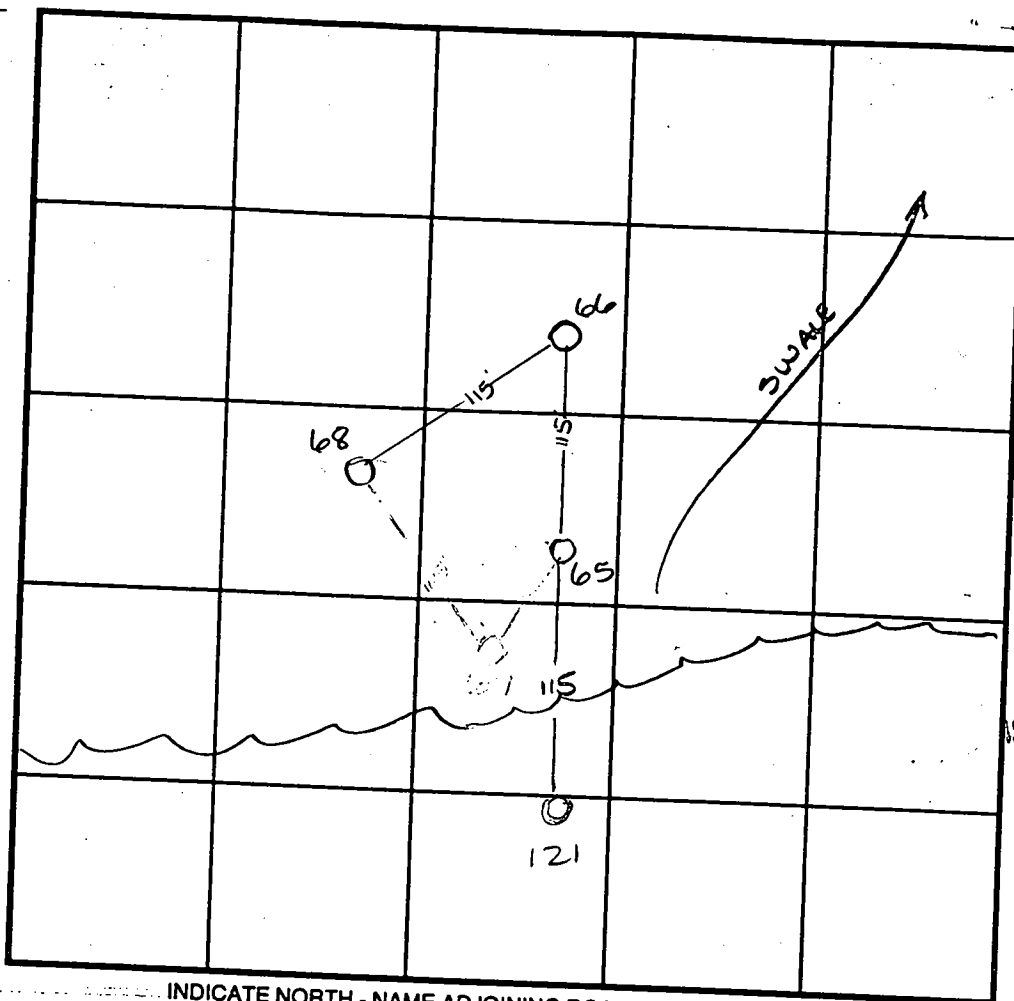
12.5

66

brown SiClm

3.0
>50% rock dark red
SiLm

11.0



SOIL PROFILE

0'
121
pink SiLm
10% Saprolite

3.5
beigh orange
SiSalM
micaceous
45% frags

12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-97	68	6.0 / v12.5	9:51 ³⁰	10:14	10:14	10:33	19min
	65	6.5 / v12.5	9:45 ²⁰	9:47	9:47	9:50	3min
	66	>50%	Rx - see profile				F
9-11-97	121	4.0 / v12.0	10:38	10:39 ¹⁵	10:39 ¹⁵	10:41	13/4min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SO. FT. PER FOOT

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER EDWARD PRINCE

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PRINCE PROS LOT NO. 14/13

ROAD AND DESCRIPTION R.W. OFF LONG TUN AT 216

TAX MAP 46 PARCEL # 380 + 126 344

SIZE OF LOT 1 AC TYPE BLDG. 5EO
(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 _____

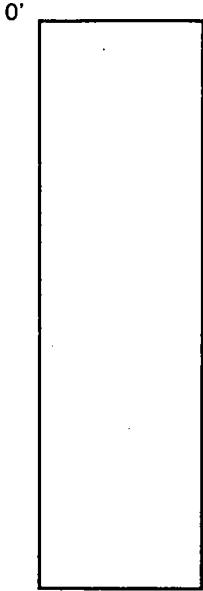
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

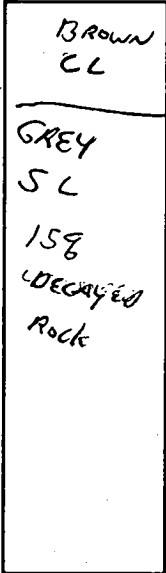
THIS IS NOT A PERMIT

A57659
COUNTY #

SOIL PROFILE

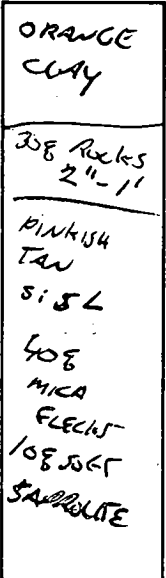


119

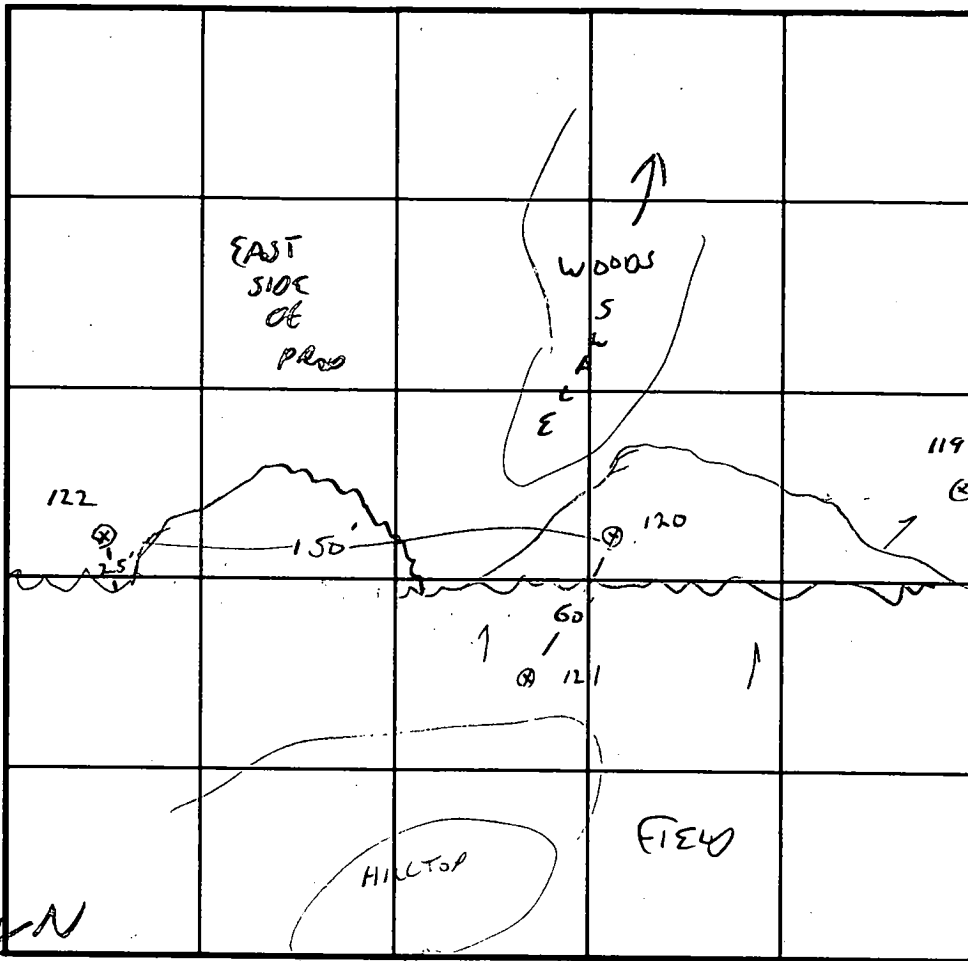


5

122

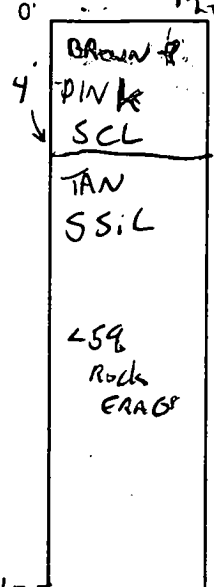


10.5



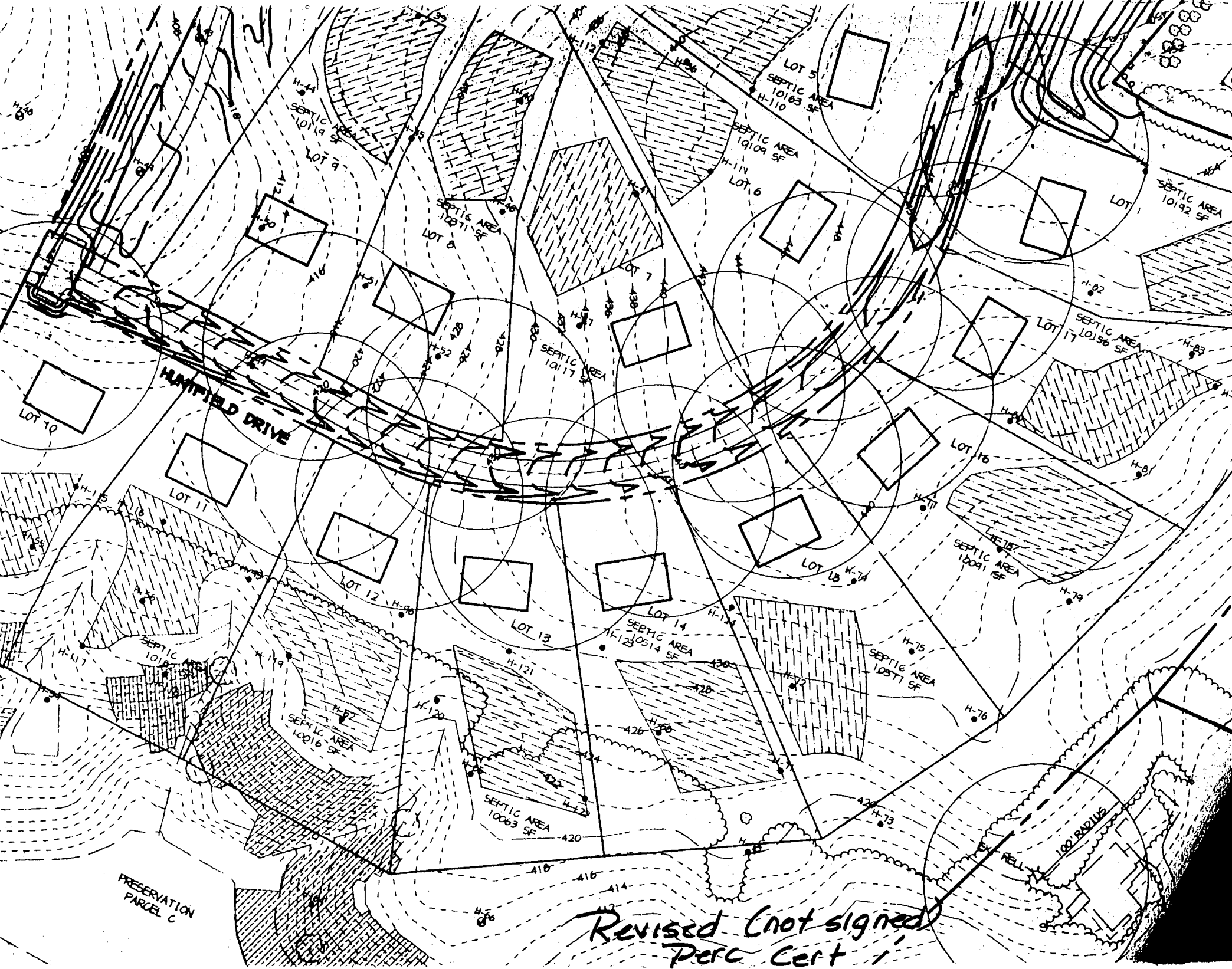
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

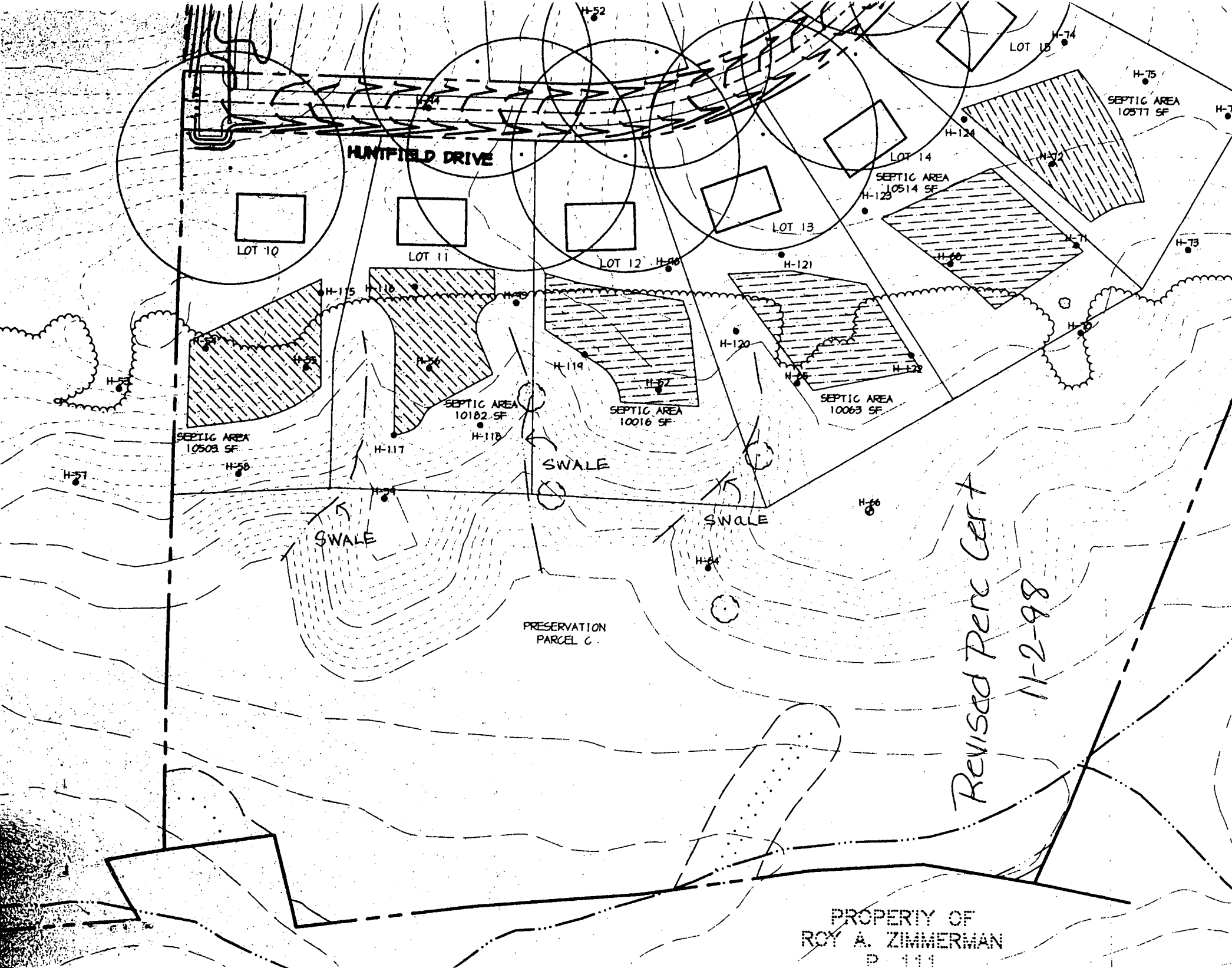


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/16/97	120	5.5/10.5	10:48	10:57		11:12	15 MIN	OK
	119	5.5/10	11:00	11:01	11:01	11:03	2 MIN	OK
	122	5.5/10.5	11:41	11:51		12:07	16 MIN	OK

REMARKS LOT 14
 TYPE OF SOIL _____
 TESTED BY G. SAUAGE ALSO PRESENT HAUTE SUDON CREW
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



Revised (not signed)
Perc Cert 1



HUNFIELD DRIVE

LOT 10

LOT 11

LOT 12

LOT 13

LOT 14

LOT 15

SEPTIC AREA
10514 SF

SEPTIC AREA
10571 SF

SEPTIC AREA
10503 SF

SEPTIC AREA
10182 SF

SEPTIC AREA
10016 SF

SEPTIC AREA
10063 SF

SWALE

SWALE

SWALE

PRESERVATION
PARCEL C

Revised Perc Cert
11-2-98

PROPERTY OF
ROY A. ZIMMERMAN
P 111

E 1333'
330.750'

PARCEL 'B'

29

28

27

LOT 6

FOR CONTINUATION
SEE SHEET 2 OF 3

LOT 9
49,474 SF

LOT 8
45,951 SF

LOT 7
43,643 SF

LOT 16

FOR CONTINUATION
SEE SHEET 2 OF 3

LOT 15
47,407 SF

HUNTFIELD

LOT 14
45,011 SF

LOT 13
47,719 SF

LOT 11
49,508 SF

LOT 12
45,840 SF

LOT 10
46,456 SF

F-98-94

FOREST CONSERVATION
EASEMENT

MATCH LINE

DRIVE

AREA

PARCEL

59

58

57

60

24

N44°12'29"W
105.18'

1030.00'

355.00'

18.18'

S41°30'51"W
136.81'

B.R.L.

N45°47'31"E
176.00'

10.09'

10.09'

10.18'

N45°47'31"E
176.77'

S83°01'12"E
114.65'

N45°47'31"E
176.00'

10.09'

10.09'

10.18'

N45°47'31"E
176.77'

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114.65'

N45°47'31"E
176.00'

10.09'

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N47°17'08"E
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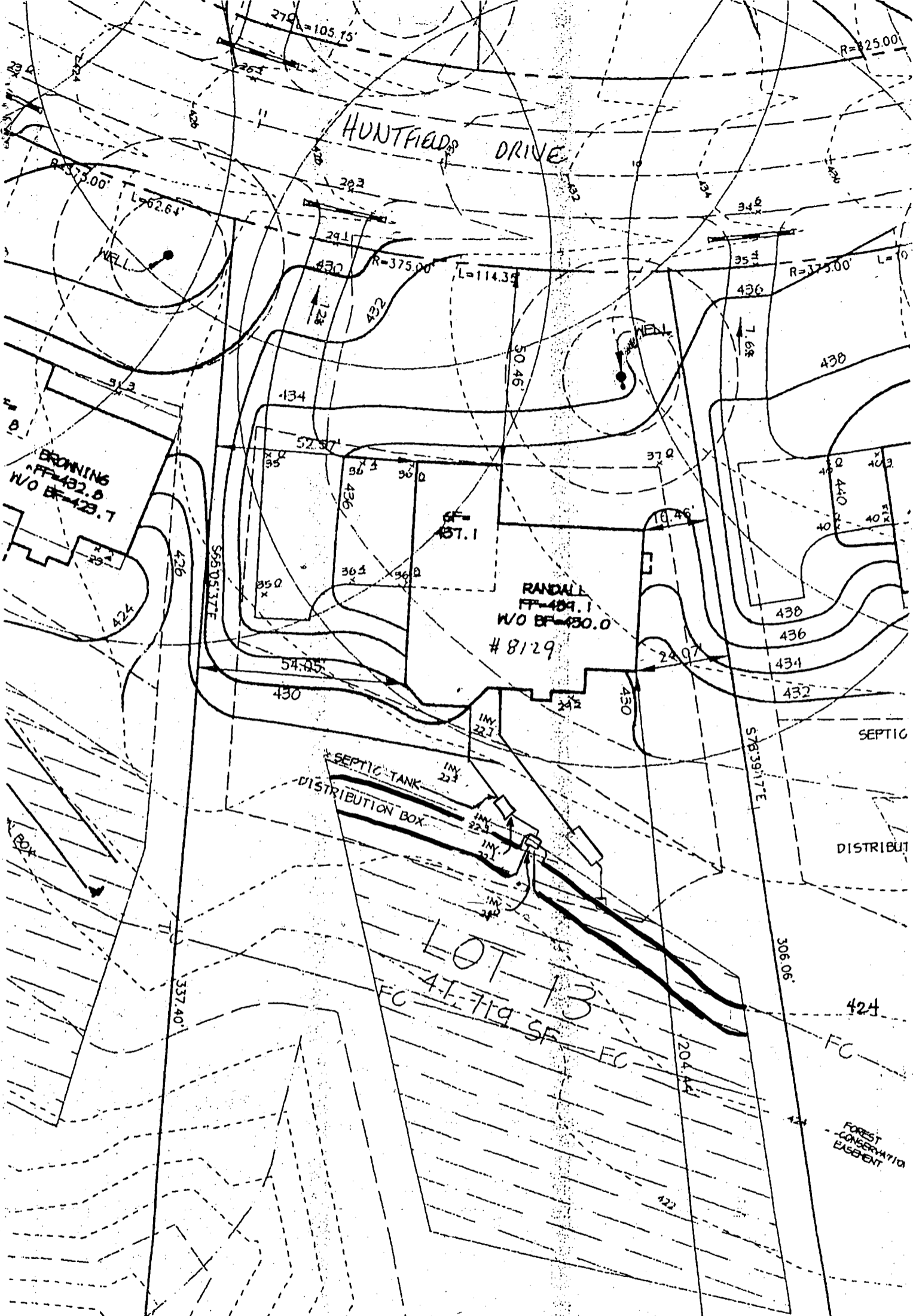
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176.00'



Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 280 feet

Width of trench (es) 3.0 feet

Depth of trench (es) 2.0 feet

Depth of stone required below distribution pipe 2.0 feet

[Signature] 7/22/99
Signature Date

A57659M NOT FOUND

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00024528
--	---	-----------------------------------

Building Address: <u>8129 HUNTFIELD DR</u> <u>Fulton MD 20759</u>	Property Owner's Name: <u>HIT KURUVILLA</u> Address: <u>8129 HUNTFIELD DR</u> City: <u>FULTON</u> State: <u>MD</u> Zip Code: <u>20759</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	City: <u>FULTON</u> State: <u>MD</u> Zip Code: <u>20759</u>
Census Tract: <u>6051.02</u> Subdivision: <u>Masterpiece</u>	Home Phone: <u>301 617 9757</u> Work Phone: _____
Section: _____ Area: _____ Lot: <u>13</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>page 301-406-9033</u>
Tax Map: <u>46</u> Parcel: <u>360</u> Grid: <u>2</u>	Phone: _____ Fax: _____
Zoning: <u>R-OP</u> Map Coordinates: <u>R65</u> Lot size: _____	

Existing Use: <u>SFD</u>	Contractor Company: <u>BLUE HAVEN POOLS</u>
Proposed Use: <u>SFD + POOL</u>	Contact Person: <u>DAVE GOLDSTEIN</u>
Estimated Construction Cost: \$ <u>32,000</u>	Address: <u>GIAD INDUSTRY DR</u>
Description of Work: <u>15x34 IN GROUND POOL WITH 150 POOL DECK 250' 4" WOOD FENCE TAILOR</u>	City: <u>MANASSAS</u> State: <u>VA</u> Zip Code: <u>20111</u>
	License No: <u>30083</u>
	Phone: <u>703 257-5275</u> Fax: <u>703 257-5275</u>

Occupant or Tenant: _____	Engineer or Architect Company: _____
Contact Name: <u>OWNER</u>	Contact Person: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
--	---

Building Characteristics		Utilities	
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Private _____	Depth _____ Width _____	Public _____
Gross area, sq. ft. per floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public	1st floor: _____	Private <input checked="" type="checkbox"/>
Use group: _____	Private <input checked="" type="checkbox"/>	2nd floor: _____	Sewage Disposal: _____
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Public _____
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Structural Steel _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	Multi-family dwellings: _____	Heating System: _____
State Certified Modular _____	Propane Gas <input type="checkbox"/>	No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Full _____	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Partial _____	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Other Suppression _____	Other Structure: _____	NFPA #13D _____
	# of Heads _____	Dimensions: _____	NFPA #13R _____
		Footings: _____	Other: _____
		Roof: _____	
		State Certified Modular _____	
		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.

Applicant's Signature: Chm. Beaver Print Name: CHARLES BEAVER
 Title/Company: _____ Date: 5/25/00

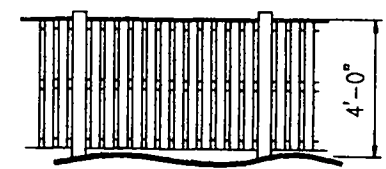
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	42193
State Highways			Rear: _____	Filing fee: \$ <u>125</u>
Building Official			Side: _____	Permit fee: \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax: \$ _____
Health	<u>6/13/00</u>	<u>Mark R. P...</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee: \$ _____
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"/>	TOTAL FEES \$ <u>125</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due: \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date: _____	Check: \$ <u>125</u>
			Accepted by: <u>[Signature]</u>	Validation: \$ <u>22053</u>

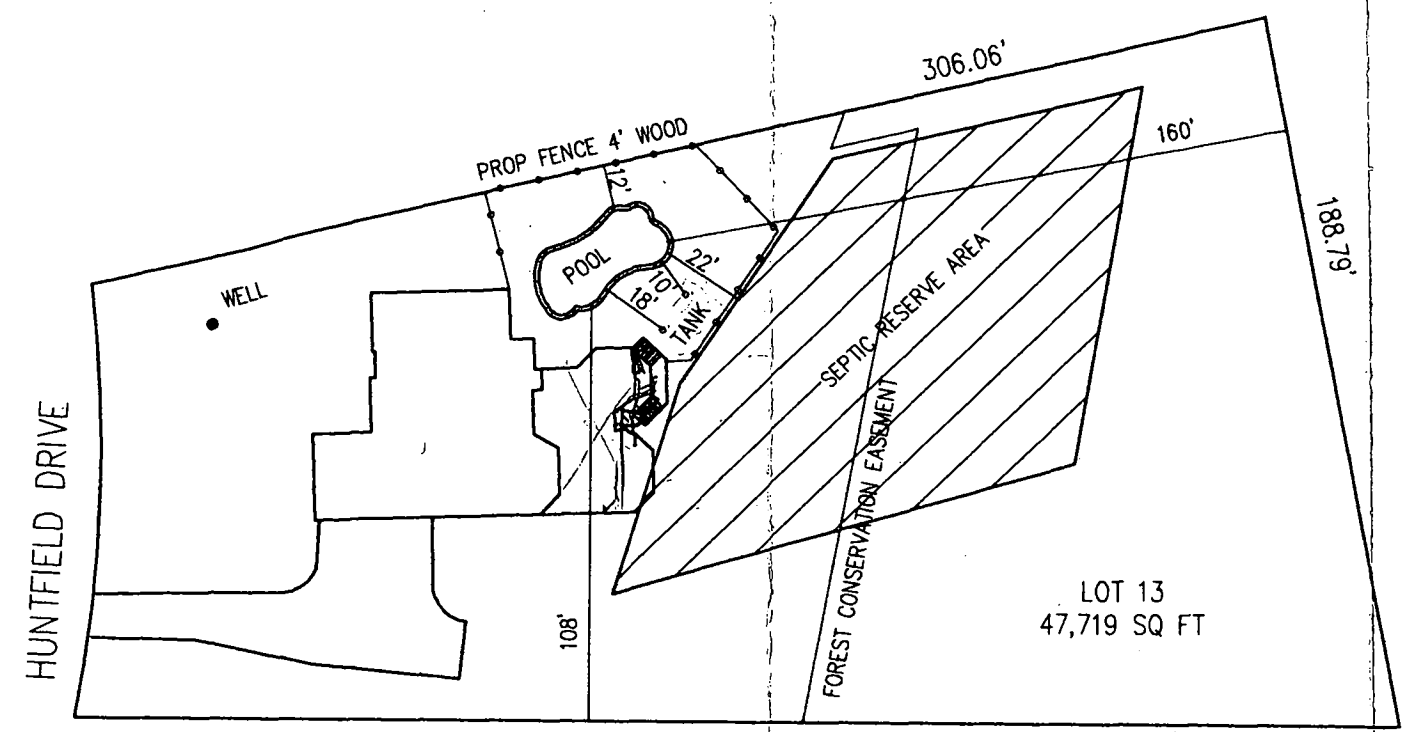
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 Rev. 10/15/98

A57659M

JOB NUMBER _____ CONTRACT DATE _____
 SALESMAN _____
 CONSTRUCTION OFFICE PH # (888) 257-0007
 MAP NUMBER _____ COUNTY _____
 LOT # _____ BLOCK _____
 SUB DIV _____



FENCE DETAIL
 NOT TO SCALE
 FENCE PER BOCA CODE
 ALL GATES TO BE SELF
 CLOSING AND LATCHING



SCALE: 1"=50'

6/9/00 DECK VERY CLOSE
 TO PLATTED SRA
 (NOT AS PER DEPICTED FOOTPRINT)
 POOL NOT STAKED

5' STAKE -
 CHUCK BENDER
 BLUE HAVEN
 410-969-3100

SITE MTG/REVIEW OF
 DECK IMPACT TO SRA
 NECESSARY.

6/13/00 FILE NOT FOUND
 DECK'S IMPACT TO SEWAGE AREA OK
 OK TO SIGN BP FOR POOL

2000 JUN 1 - AM 8:34
 RECEIVED
 BOARD COUNTY HEALTH DEPT
 ENVIRONMENTAL HEALTH

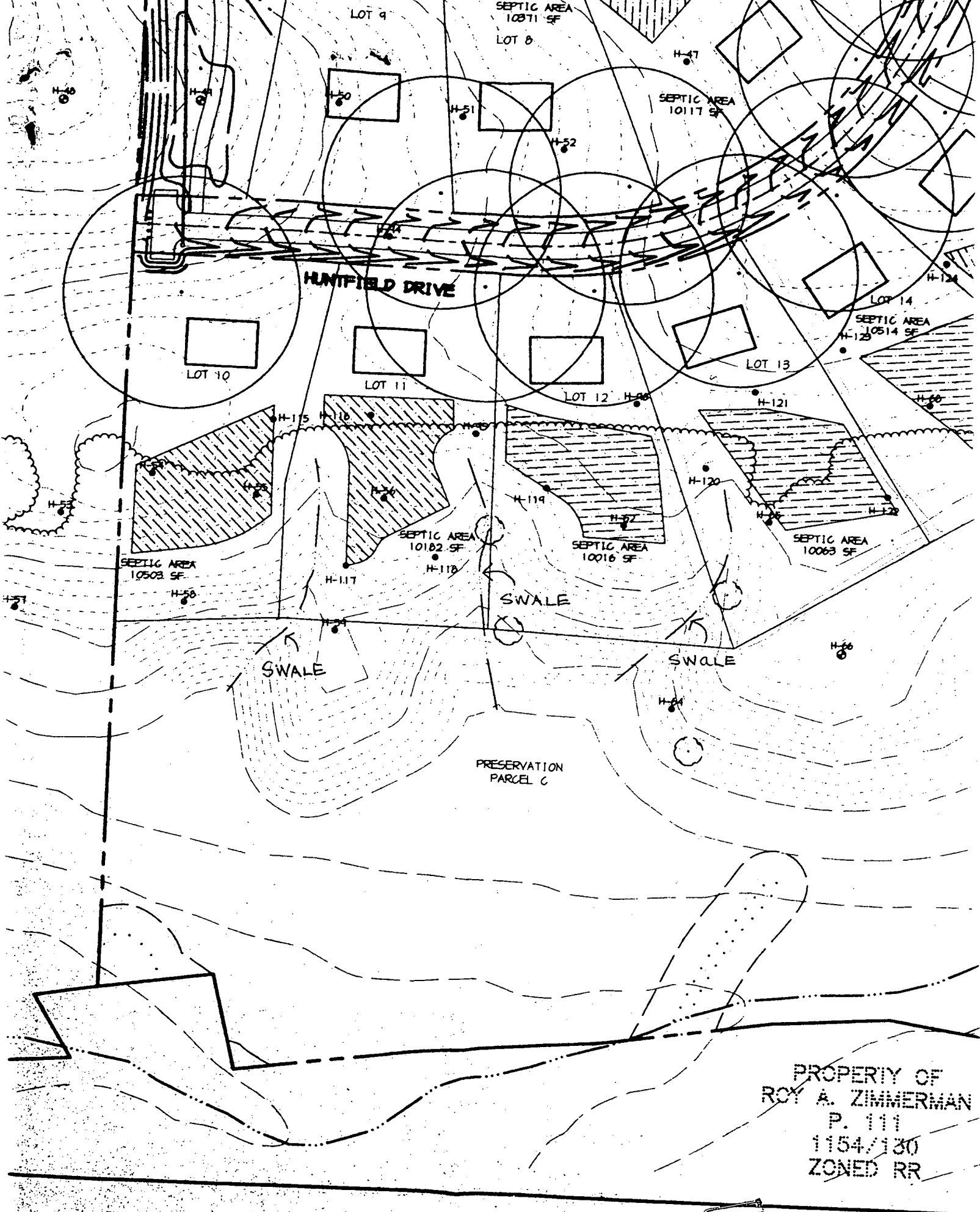
GENERAL POOL SPECIFICATIONS:

MAX WIDTH _____ PERIMETER _____ AREA _____
 MAX LENGTH _____ CAPACITY _____ GALLONS _____
 DEPTHS _____ TURN OVER _____ HRS _____

EXCAVATION	DECKING
ACCESS _____	ON CONTRACT _____ SQ FT
TRACTOR _____	TYPE _____
DIRT HAUL _____	
DIRT WALK _____	PEIRS _____
GRADING _____	RISERS _____
STUMPS _____	FOOTINGS _____
REMOVE FENCE _____	DRAINS _____
REPLACE FENCE _____	
TRASH HAUL _____	EQUIPMENT
	FILTER _____
PLUMBING	SIZE _____
SKIMMER / MD _____ FT	PUMP HP _____ SPEED _____
RETURN RUN _____ FT	PURIFICATION _____
CLEANER _____	CONTROL _____
GAS LINE / TANK _____	POOL LIGHT _____
	POOL CLEANER _____
ELECTRICAL	HEATER SIZE _____ BTU
BY _____ FTG _____	HEATER TYPE _____
	DIVING BOARD _____
GUNITE	LADDER _____
LOVESEAT _____	WATER FEATURE _____
EXT 2ND STEP _____	COPING
R.B.B. _____	TYPE _____
STEEL:	SPA
ASTM #A816 WITH	SIZE _____ LOC _____
A 4 BAR BOND BEAM	PLUMBING RUN _____
	# JETS _____ LOC _____
TILE	BLOWER _____ HP _____
POOL _____	REMOTE _____
ACCENT _____	SPA SIDE SWITCH _____
SPA DAM _____	SPA LIGHT _____
POOL FINISH _____	

BLUE HAVEN POOLS
 SINCE 1984

NAME AJIT & SEEMA KURUVILLA
 STREET 8129 HUNTFIELD DRIVE
 CITY FULTON STATE MD ZIP 20759
 HOME PHONE 301 617-9757
 WORK PHONE 301 448-8065



PROPERTY OF
ROY A. ZIMMERMAN
P. 111
1154/130
ZONED RR

FOR CONTINUATION
SEE SHEET 2 OF 3

PARCEL 'B'

LOT 6

FOR CONTINUATION
SEE SHEET 2 OF 3

LOT 16

FOR CONTINUATION
SEE SHEET 2 OF 3

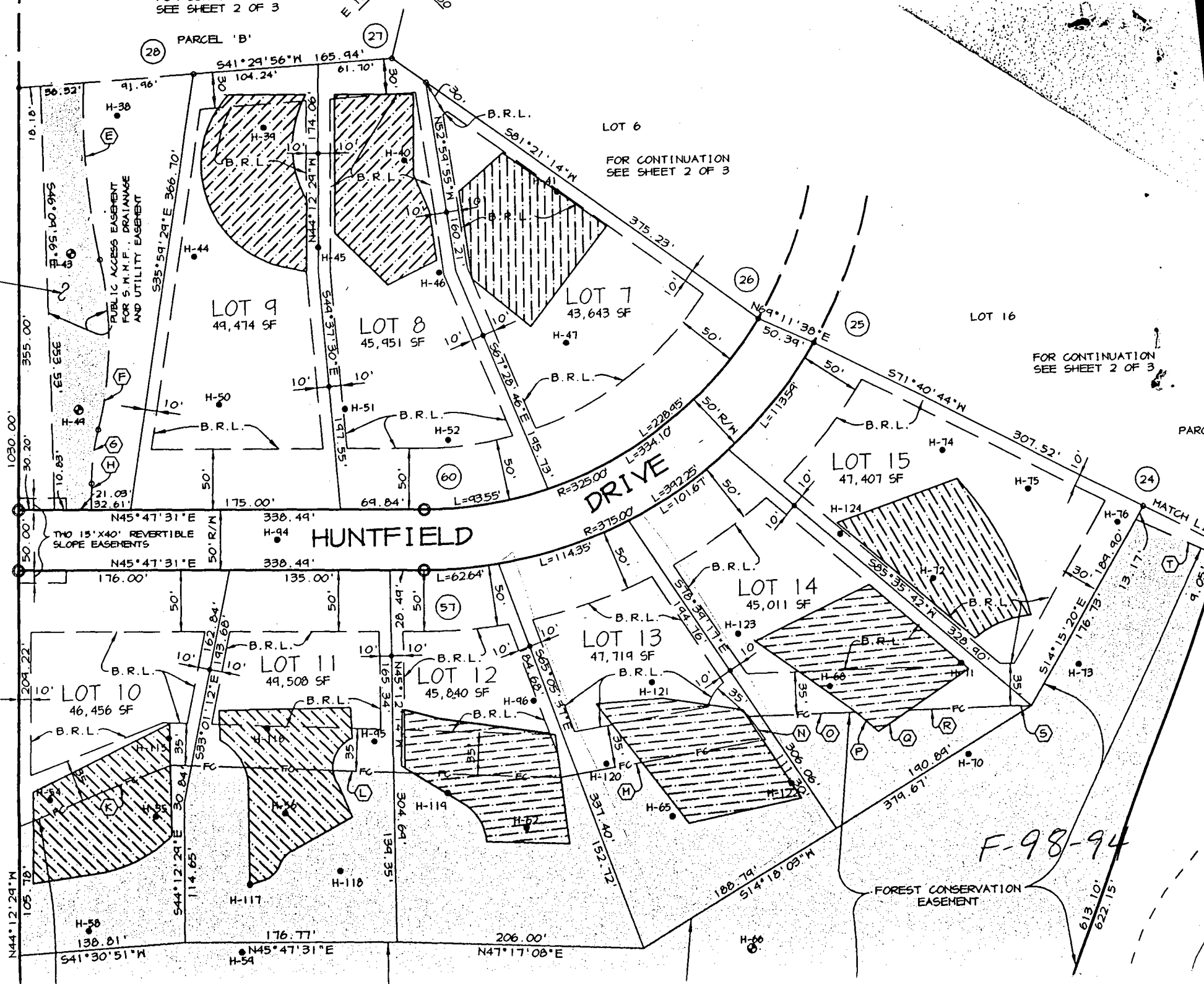
PARCEL

LOT 24

MATCH LINE

F-98-94

FOREST CONSERVATION
EASEMENT



06/12/2000 16:40

4102547601

AMERICAN DECK INC

PAGE 02

BUILDING PERMIT

HOWARD COUNTY
INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY MD 21043-4395
(410) 313-2455

PERMIT NBR: B0012270
PROJECT NBR:
CENSUS TRACT: 6081.02
APPLIC DATE: 03/02/00
ISSUE DATE: 03/02/00

MAP COORDINATES: 18G5
BUILDING ADDRESS:
8129 HUNTFIELD DR
FULTON, MD 20759

OWNER INFORMATION:
KURUVILLA AJIT
8129 HUNTFIELD DR
FULTON, MD 20759

SUBDIVISION: HUNTERBROOKE
TAX MAP: 46 ACREAGE: 0.00
BLK (ST): LOT:13 BLK:2
PARCEL: 360 SECTION:
AREA: DISTRICT: 5
PROPERTY ID NUMBER: 0000-0004-2193
SDP: FILE:

WRK:
APPLIC: DAVID A LOMBARDO
HM: (301) 617-975

CONTRACTOR INFORMATION:
AMERICAN DECK INC
6503 BELAIR RD
BALTIMORE MD 21206-
PHONE: (410) 254-7360
COUNTY LICENSE: CTR00188
STATE LICENSE:
LICENSES:
PHONE: (410) 254-7360

SUITE/APT:

IMPROVEMENT TYPE.: RESIDENTIAL MISCELLANEOUS STRUCTURES

USE TYPE: DECK
EXISTING USE: SINGLE FAMILY HOME
PROPOSED USE: SAME WITH IRREGULAR SHAPED OPEN DECK ON REAR OF
PROPOSED WORK: HOME W/STEPS & LANDING TO GRADE 42 X 16

----- DESCRIPTION OF WORK -----
----- LOT CHARACTERISTICS -----
AREA OF LOT
AREA DISTURBED
ENTRANCE PERMIT
STATE CERTIFIED
----- OCCUPANT INFORMATION -----
NAME OWNER
ADDRESS
CITY/ST/ZIP
----- ENGINEER OR ARCHITECT -----
NAME
ADDRESS
CITY/ST/ZIP 00000
----- BUILDING CHARACTERISTICS -----
BUILDING HEIGHT (FT)
NUMBER OF STORIES
USE GROUP
TYPE OF CONSTRUCTION
MODULAR BUILDING
MOBILE HOME
SEWAGE DISPOSAL TYPE S
WATER SUPPLY TYPE W
HEATING FUEL
SPRINKLERS
NBR OF TANKS
GROSS AREA SQ FT
OCCUP. SQ FT (.80)
OCCUP. SQ FT (.40)
COST OF CONSTR. \$ 9000

----- BUILDING DIMENSIONS -----
UNFIN. BASEMENT WIDTH DEPTH
FIN. BASEMENT
1ST FLOOR
2ND FLOOR
GARAGE
CARRIAGE PORCH
DECK
----- UNITS -----
SINGLE FAMILY
NBR BEDRMS
MULTI FAMILY
EFFICIENCY
1 BEDROOM
2 BEDROOM
3+ BEDROOM
TOTL UNITS
----- IMPROVEMENTS -----
CENTRAL-A-C
ELECTRIC
FIREPLACE
PLUMBING
BATH (NBR)
OTHER

ZONING RRDEO
ALL MINIMUM SETBACK REQUIREMENTS MET? Y
----- MINIMUM SETBACKS -----
FRONT 50FT
REAR 35FT
SIDE 10FT
SIDE ST

----- COMMENTS -----

CASH RECEIPT NBR: 26081
FEE PAYMENT HISTORY: \$ 30.00

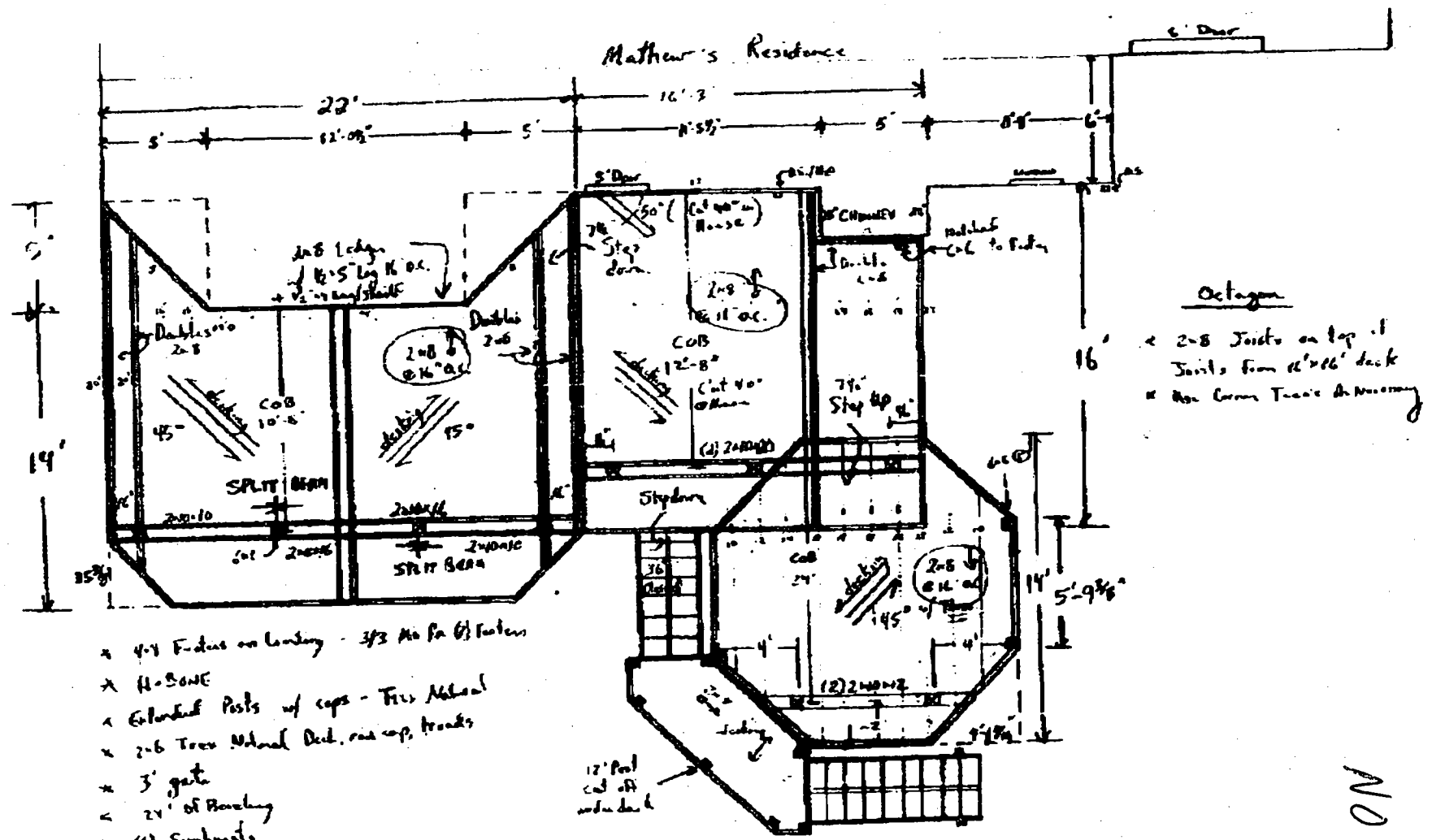
APPROVED BY DIRECTOR OF INSPECTIONS, LICENSES, AND PERMITS: D. M. HAMMERMAN

06/12/2000 18:42 4:55:4783

AMERICAN EDCO, INC

PAGE 01

Mathew's Residence

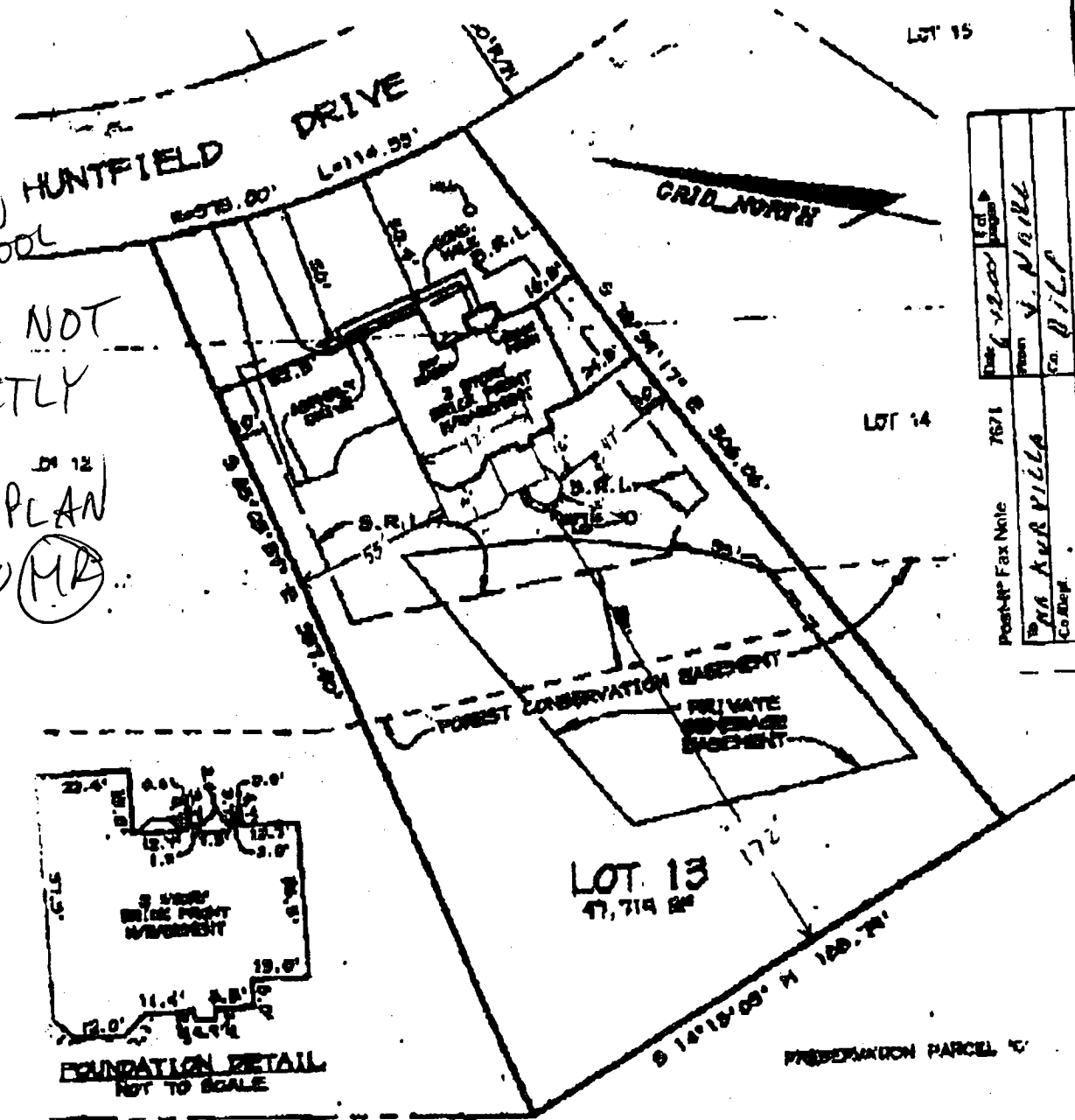


Octagon
 * 2x8 Joists on top of Joists from 12'x16' deck
 * Non-Corner Truss As Necessary

- * 4x4 Posts on landing - 3/2 No Pa 0/ Posts
- * H-SOME
- * Extended Posts w/ caps - Full Natural
- * 2x6 Truss Natural Deck, run cap, brackets
- * 3' gate
- * 24' of Boarding
- * (6) Sumbusters

NO KNOWN SCALE

BP
REVIEW
FOR POOL
DECK NOT
EXACTLY
PER
THIS PLAN
6/13/00 (MR)



Date	6-12-00	IGD	
Drawn	V. P. Hall		
Cr.	D. L. P.		
Phone #			
Fax #			
Post-Net Fax No.	7671		
Address	78 AVR VILLA		
City			
Phone #			
Fax #			

FIRST FLOOR ELEVATION = 440.0
B.R.L. - BUILDING RESTRICTION LINE

THIS PLAN IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTINGENTED TRANSFER, FINANCING, OR RE-FINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS, AND THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS ON SAID PROPERTY AND THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN; AND FURTHER CERTIFY THAT THE SUBJECT PROPERTY LIES IN ZONE 'C' (AREA OF MINIMAL FLOODING) AS SHOWN ON P.S.R.N. MAP No. 242044 0042B DATED 12-04-96 FOR HOWARD COUNTY, MARYLAND.



Robert E. Murray

