

TANK INSP

LAYOUT 5/22/02 AM INSP 4 _____
INSP 2 5/23/02 2:00 INSP 5 _____
INSP 3 _____ INSP 6 _____

TAXED
04-364228

ISSUE DATE: 5/20/2002
APPROVAL DATE: 5/24/02 JB

PERMIT INDEXED

P 516983
A 57679-J

110
85
55
850

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Union Paving _____ IS PERMITTED TO INSTALL ALTER

ADDRESS: 5977 Sandy Ridge Road PHONE NUMBER: 443-506-6391

SUBDIVISION: Rosebar LOT NUMBER: 21

ADDRESS: 3020 Hobbs Road PROPERTY OWNER: Patuxent Builders

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be <u>2.0</u> feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 140' down the right lot line and 40-45' off this same lot line. Run (3) trenches on contour toward right lot line.
NOTES:	

PLANS APPROVED: MER/GM DATE: 5/17/02

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

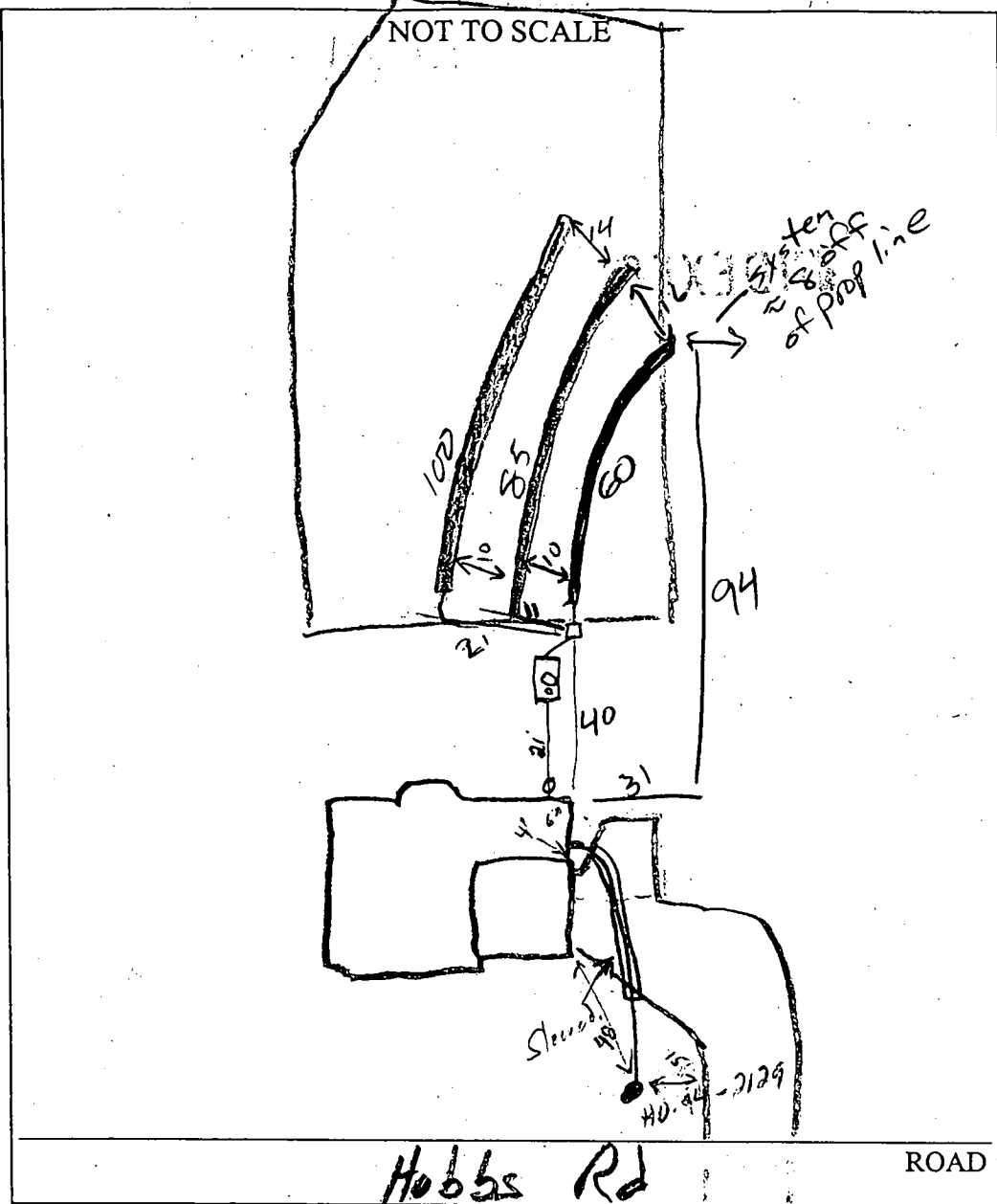
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
BUILDING PERMIT SIGNED

BUILDING PERMIT SIGNED AND RETURNED 7-03-02

AND RETURNED 3-23-05 BOD152735-LPTANK FOR POOL MOTOR

BOD137320-DIECK
8-20-03-BOD143672-EG POOL
31-04-BOD146258-EG POOL

AS 7679-J



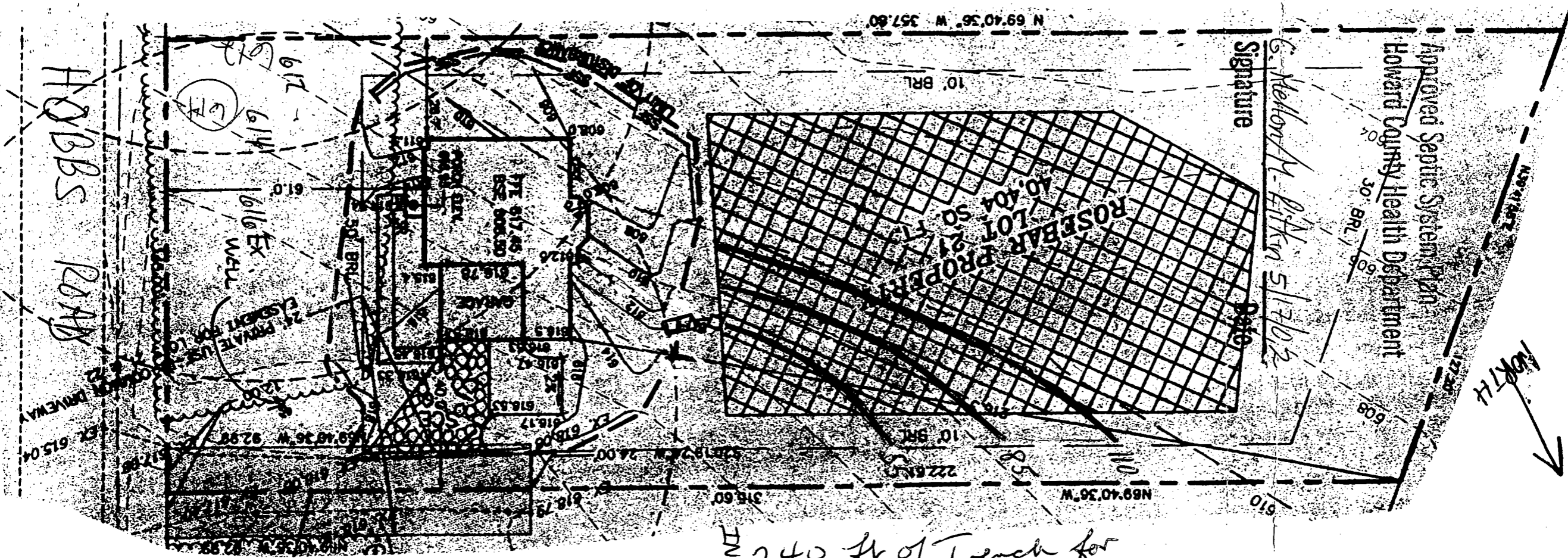
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3	5
NUMBER OF TRENCHES		3
TOTAL LENGTH		240
ABSORPTION AREA		720
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		4/A /no ring

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	12"
BAFFLES	1/25
BAFFLE FILTER	no
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	N/A
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 5/22/02 Lot staked, tank set. Layout per BP. (50)

INSTALLATION 5/23/02 installed 60/85/100 as per layout. Due to contour, trench sep @ end opens up (5B)

FINAL INSPECTOR J. Hill DATE OF APPROVAL 5/23/02



PATUXENT BUILDERS INC
 1215101
 2111111

OWNER / BUILDER
 EX. GRADE @ 613.0
 TRENCH @ 613.2
 TANK @ 613.2
 TRENCH IN @ 610.0
 DBIN @ 610.2
 TANK OUT @ 610.4
 S. TANK IN @ 610.7
 INV AT HOUSE @ 611.0

240 ft of Trench for
 4 bedroom
 B00133494
 See Any Spec's

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

* BASEMENT SEWERAGE TO BE PUMPED.

ROSEBAR PROPERTY, LOT 21 (3020 HOBBS ROAD)
 ROSEBAR PROPERTY, LOTS 14 THRU 22 AND PRESERVATION PARCEL A
 PLAT # 14032 TO 14033
 TAX MAP 14 - PARCEL 221 - BLOCK 23
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
PLOT PLAN

Building Address 3020 HOBBS RD
Glenwood MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: 22167
Census Tract 6040.02 Subdivision Rosebar Prop
Section _____ Area _____ Lot 21
Tax Map 14 Parcel 221 Grid 23
Zoning RR-DED Map Coordinates 9 D-6 Lot size _____

Property Owner's Name Patuxent Builders Inc.
Address 3330 Sang Rd
City Glenwood State MD Zip Code 21738
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
CALL CONTRACTOR
Phone 443-829 2132 Fax 410 442 4191

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 80,000.00
Description of Work Construction of SFD, wood
Frame, concrete foundation, unfinished
basmt w/ rough in, 4 bdrm 3 1/2 baths 2 car
Occupant or Tenant OWNER attached garage
Contact Name Contractor
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Contractor Company Patuxent Builders Inc.
Contact Person Jerry Rushing
Address 3330 Sang Rd.
City Glenwood State MD Zip Code 21738
License No. MHB0 363
Phone 443 829 2132 Fax 410 442 4191
Engineer or Architect Company N/A
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"/> 1st floor: Depth <u>39</u> Width <u>53</u> 2nd floor: <u>39</u> <u>53</u> Basement: <u>39</u> <u>53</u> Finish basement <input type="checkbox"/> Unfinished basement <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Grade _____ No. of Bedrooms <u>4</u> 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	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Jerry P. Blay
President / Patuxent Builders Inc.
Title/Company _____

Print Name Jerry Rushing
12/5/01
Date _____

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 _____	52787
State Highways			Rear _____	Filing fee \$ <u>100</u>
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St. _____	Excise tax \$ _____
Health	<u>12/28/01</u>	<u>[Signature]</u>	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 \$ _____
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 _____			Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1122</u>
Distribution of Copies: White: Building Official				Validation _____
Green: DD/DPZ				Accepted by <u>[Signature]</u>
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

5/15/02
AM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: GASKE PLUMBING & HEAT INC Telephone #: 410 521 8137
Address: P.O. Box 1247
SYKESVILLE Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): JOHN GASKE License# 3189

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Puffert Telephone #: _____
Subdivision: ROSEBAR Lot #: 21 Well Tag #: HO-94-2129
Site Address: 3020 HOBBS Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>7607412</u>	Make: _____	Two piece watertight cap: <u>/</u>
Model #: <u>Gouins</u>	Model#: <u>Bx10</u>	Screened, vented well cap: <u>/</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>/</u>
Well Yield: <u>20</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>/</u>
Depth of well encountered at time of pump installation: <u>45</u> (feet)		Conduit secured to well cap: <u>/</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Direct Line</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>V</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: John Gaske date: 5-14-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 5/15/02 (SD)
Inspection Data: Pitless adapter and water supply line at least 36" below grade /
Two piece cap installed and attached to casing securely /
Elec. conduit extends at least 18" below grade/attached to cap properly /
Safety rope installed inside of well casing /
Correct well tag attached properly and casing 8" above finished grade /
Water supply line sleeved adequately at house connection /
Adequate grout observed below pitless adapter /

Over ==>

C1 9623
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 ST/CO. USE ONLY
 DATE Received
 MM DD YY
 8 13

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A57679J**
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-2129
 28 29 30 31 32 33 34 35 36 37

DATE WELL COMPLETED **3 31 99** Depth of Well **300'** (TO NEAREST FOOT)
 OWNER **Patuxent Builders** last name **Hobbs** first name **Road** TOWN **Stenwood**
 STREET OR RFD **Rosebar** SUBDIVISION **Rosebar** SECTION **SECTION** LOT **21**

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		check if water bearing
	FROM	TO	
Sand	0	18	
Gray Mica Rock	18	300	✓

GROUTING RECORD (yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **658**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **19** ft.
 (enter 0 if from surface)

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) **6** Total depth of main casing (nearest foot) **21**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 A C H I N G

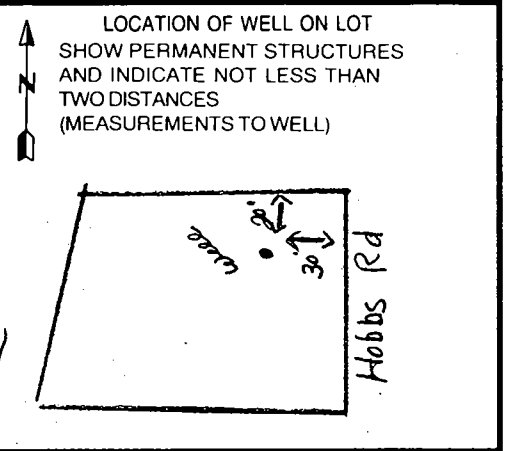
SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL **BR** BRASS **HO** OPEN HOLE
 PL PLASTIC **OT** OTHER

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. **MSD024**
 DRILLERS SIGNATURE **Joseph L. Marjane**
 LIC. NO. **D**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.)
HO **20** **300**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 E S L O T S I Z E 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

C3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 8 9
 PUMPING RATE (gal. per min.) **20**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **49** ft.
 17 20
 WHEN PUMPING **49** ft.
 22 25
 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 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 } **1** (nearest foot)
 49 50 51



B 1 4035 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2129 fill in this form completely

Date Received (APA) 020999 OWNER INFORMATION Patuxent Builders Inc. P.O. Box 906 Savage Md. 20763

LOCATION OF WELL Howard Rosebar Ellenwood MILES FROM TOWN 1 1/2

DRILLER INFORMATION Joseph L. Mayne MS D 0214 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy 21711

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) E ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH DISTANCE FROM ROAD 25 FT

WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. 500 AVERAGE DAILY QUANTITY NEEDED 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A57679J COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 021799 A McMill 021700

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 well location - casing 21' open 19' great 8' deep

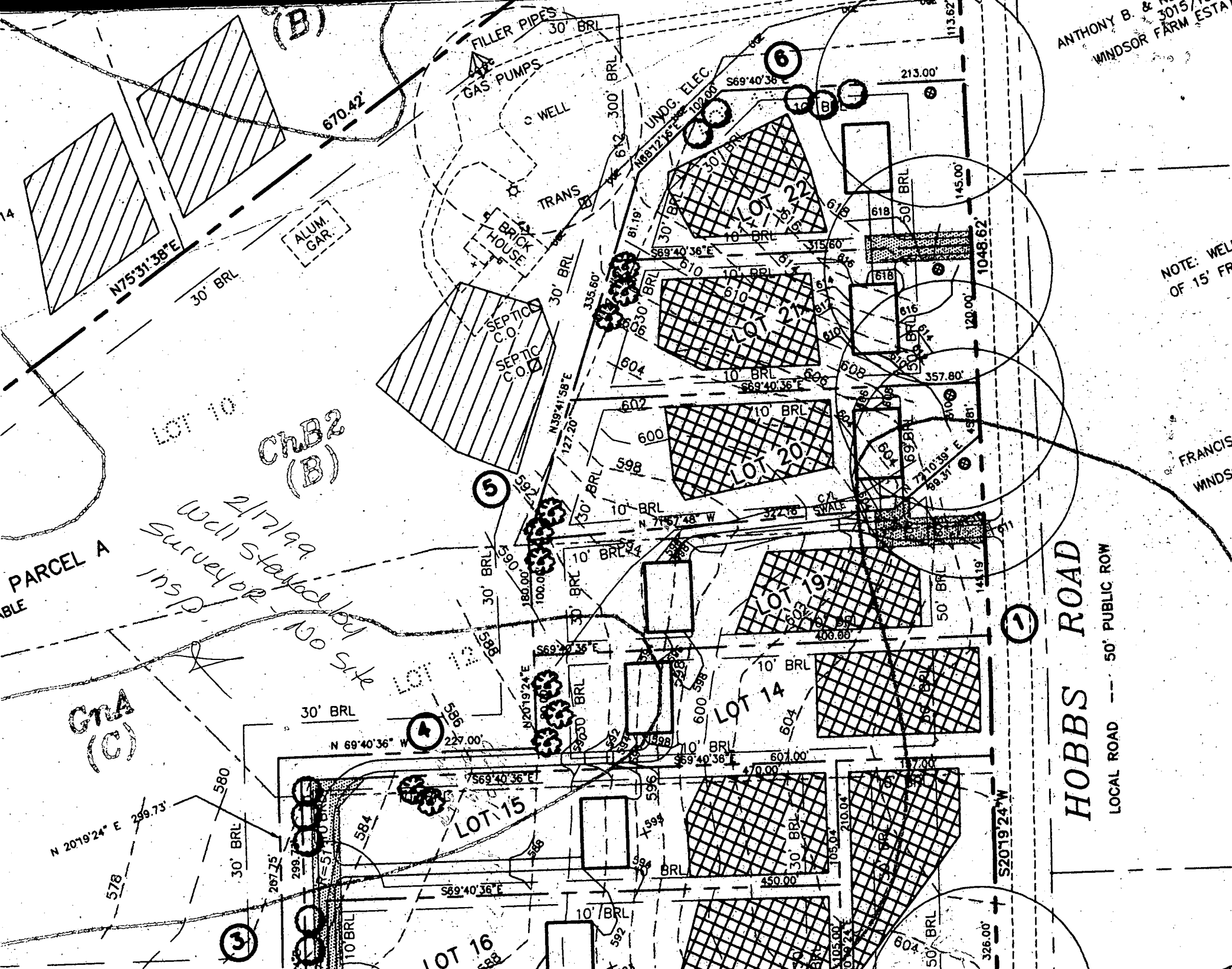
METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 530 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 G A P 63 PERMIT No. HO-94-2129

ANTHONY B. & ... 3015/...
WINDSOR FARM ESTA



(B)

ChB2
(B)

2/17/99
Well started but
Surveyor - no site
insp.

GNA
(C)

PARCEL A

HOBBS ROAD
LOCAL ROAD --- 50' PUBLIC ROW

NOTE: WELL
OF 15' FR

FRANCIS
WINDS

N 2019'24" E 299.73'

N 69'40'36" W 229.00'

LOT 15

LOT 14

LOT 16

LOT 19

LOT 20

LOT 21

LOT 22

LOT 23

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LOT 25

LOT 26

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LOT 97

LOT 98

LOT 99

LOT 100

FILLER PIPES
GAS PUMPS

WELL

BRICK HOUSE

SEPTIC C.O.

SEPTIC C.O.

UNDG. ELEC

CA SWALE

HOBBS ROAD
LOCAL ROAD --- 50' PUBLIC ROW

NOTE: WELL
OF 15' FR

FRANCIS
WINDS

N 2019'24" E 299.73'

N 69'40'36" W 229.00'

LOT 15

LOT 14

LOT 16

LOT 19

LOT 20

LOT 21

LOT 22

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LOT 93

LOT 94

LOT 95

LOT 96

LOT 97

LOT 98

LOT 99

LOT 100

APPLICATION

PERCOLATION TESTING

A 57679

P _____

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

DISTRICT _____

DATE 2/11/97

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 RODGER & ROSE MARIE BARGER

ADDRESS 2996 HOBBS ROAD
GLENWOOD, MD 21738 PHONE (410) 489-4368

AGENT OR PROSPECTIVE BUYER MILDENBERG, BOENDER & ASSOCIATES, INC.

ADDRESS 15072 DORSEY HALL DRIVE, SUITE 202
ELLICOTT CITY, MD 21092 PHONE (410) 997-0296

PROPERTY LOCATION:

SUBDIVISION ROSEBAR PROPERTY LOT NO. 20

ROAD AND DESCRIPTION WEST SIDE OF HOBBS ROAD - APPROXIMATELY

1000 FEET NORTHEAST OF THE INTERSECTION OF

TAX MAP 14 PARCEL # 221 HOBBS ROAD & BURNTWOODS ROAD

SIZE OF LOT ~ 42,000 SQ FT TYPE BLDG. SFD
(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.

Stephanie Demchuk
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

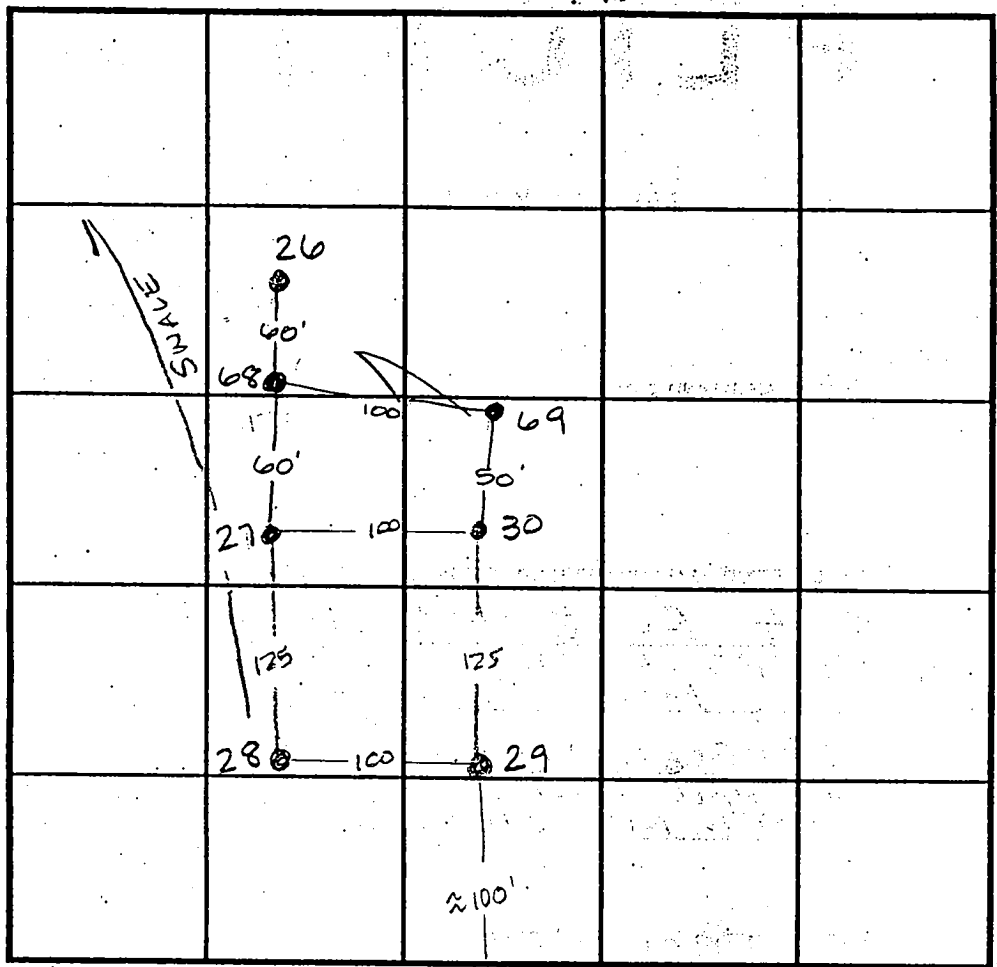
REASONS FOR REJECTION OR HOLDING _____

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

A57679
COUNTY #



SOIL PROFILE 29

0' brown SiCLM
bright red SaCLM
15% Rx
10.0 refusal

30, 68

1.0 1st orange SiCLM
dark red SaCLM
some clay
10% Rx
10.0 refusal

27

4.0 dark brown SiCLM
dark red SaCLM
5% Rx
7.0 pink SiCLM
5% Rx

SOIL PROFILE 29

0' dark orange brown SiCLM
3.5 bright red SaCLM
8.0 1st grey SiCLM
10% grey rock

69

2.0 brown SiCLM
2.5 dark pink silty sub & blk struct
11.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. HOBBS RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-24-97	29	3.0 V12.0	1:12 ³⁰	1:15 ³⁰	1:15 ³⁰	1:20	4 1/2 min	
		7.0 V12.0	1:16	1:17 ³⁰	1:17 ³⁰	1:22 ³⁰	5 min	
	30	5.0 V10.0	2:45	2:47	2:47	3:02	15 min	
	27	4.5 V12.0	2:37	2:42	2:42	2:53	11 min	
	28	4.0 V12.0	2:15	2:20	2:20	2:25	5 min	
	26	>50% rock	beginning at 50'		—		F	
4-1-98	68	Visual to 11.0 - see profile					—	OK
	69	Visual to 11.0 see profile					—	OK ✓

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Will Hopkins

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT. OF ROOM _____

APPLICATION

PERCOLATION TESTING

A 57679

P _____

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

DISTRICT _____

DATE 2/11/97

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 RODGER & ROSE MARIE BARGER

ADDRESS 2996 HOBBS ROAD
GLENWOOD, MD 21738 PHONE (410) 489-4368

AGENT OR PROSPECTIVE BUYER MILDENBERG, BOENDER & ASSOCIATES, INC.

ADDRESS 5072 DORSEY HALL DRIVE, SUITE 202
ELLICOTT CITY, MD 21092 PHONE (410) 997-0296

PROPERTY LOCATION:

SUBDIVISION ROSEBAR PROPERTY LOT NO. 21

ROAD AND DESCRIPTION WEST SIDE OF HOBBS ROAD - APPROXIMATELY

1000 FEET NORTHEAST OF THE INTERSECTION OF

TAX MAP 14 PARCEL # 221 HOBBS ROAD & BURNTWOODS ROAD

SIZE OF LOT ≈ 42,000 SQ FT TYPE BLDG. SFD
(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. Stephanie Demelute
(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

34

0' bright orange silclm
 25' lgt orange silm
 0.0 grey decayed Sand stone 10% grey silm

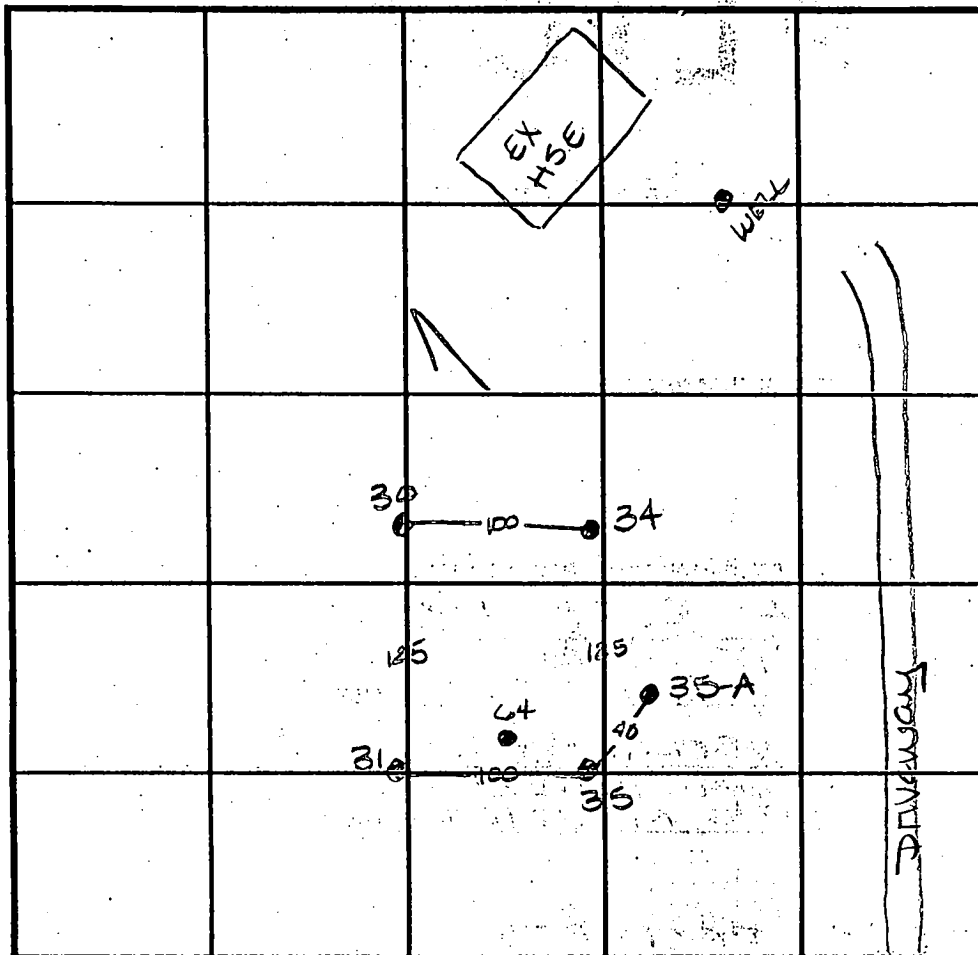
35-A

3.0 bright red silclm
 dark orange red silm 5% Rx

29

2.0 brn silclm
 bright red silclm 15% Rx

10.0 refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

30

0' lgt orange silclm
 3.0 dark red silm some clay 10% Rx
 10.0 refusal

64

2.5 dark red silclm
 dark red silm 15% Rx

9.0 refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-25-97	34	4.0 / 12.0	2:44 ³⁰	2:45 ³⁰	2:45 ²⁰	2:47 ³⁰	2min
		8.0 / 12.0	2:42 ³⁰	2:43 ³⁰	2:43 ³⁰	2:45 ³⁰	2min
	34-A	4.5 / 12.0	2:37 ³⁰	2:38 ³⁰	2:38 ²⁰	2:40 ³⁰	1 1/2 min
3-24-97	29	3.0 / 10.0	1:12 ³⁰	1:15 ³⁰	1:15 ³⁰	1:20 ³⁰	4 1/2 min ✓
		7.0 / 10.0	1:16 ³⁰	1:17 ³⁰	1:17 ³⁰	1:22 ³⁰	5min ✓
3-25-97	35	Refusal at 3.0					F
3-24-97	30	5.0 / 10.0	2:45	2:47	2:47	3:02	15min ✓
4-1-98	64	3.0 / 9.0	1:41	1:47	1:47	2:02	5min ✓

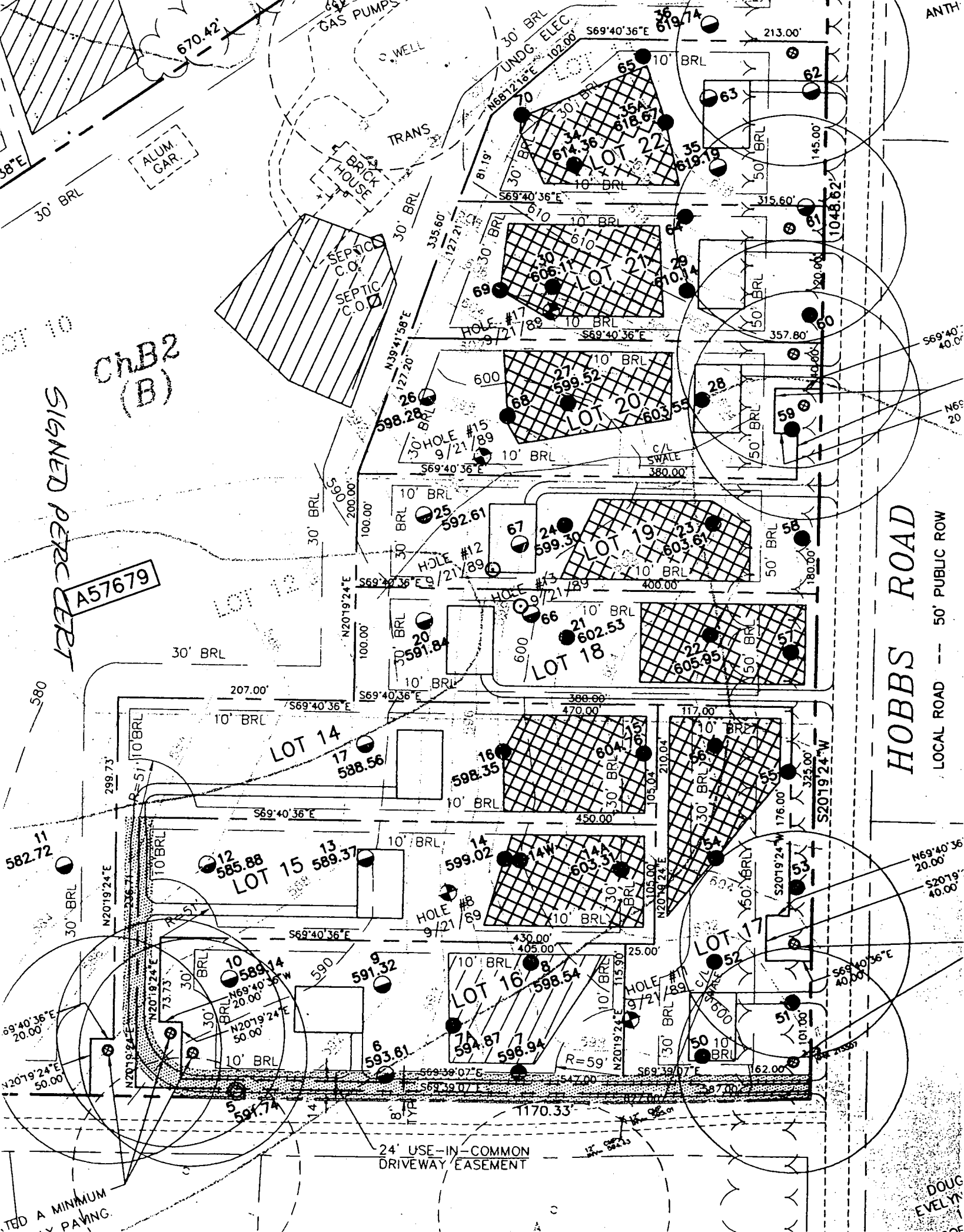
REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Will Hopkins

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT. OF ROOM _____



ChB2
(B)

SIGNED PERC [unclear]

A57679

LOT 12

HOBBS ROAD

LOCAL ROAD -- 50' PUBLIC ROW

24' USE-IN-COMMON
DRIVEWAY EASEMENT

ATED A MINIMUM
Y PAVING.

DOUG
EVELYN

2

HOBBS ROAD

LOCAL ROAD

50' PUBLIC ROW

24' PRIVATE USE EASEMENT FOR

24' PRIVATE USE EASEMENT FOR

24' PRIVATE USE EASEMENT FOR

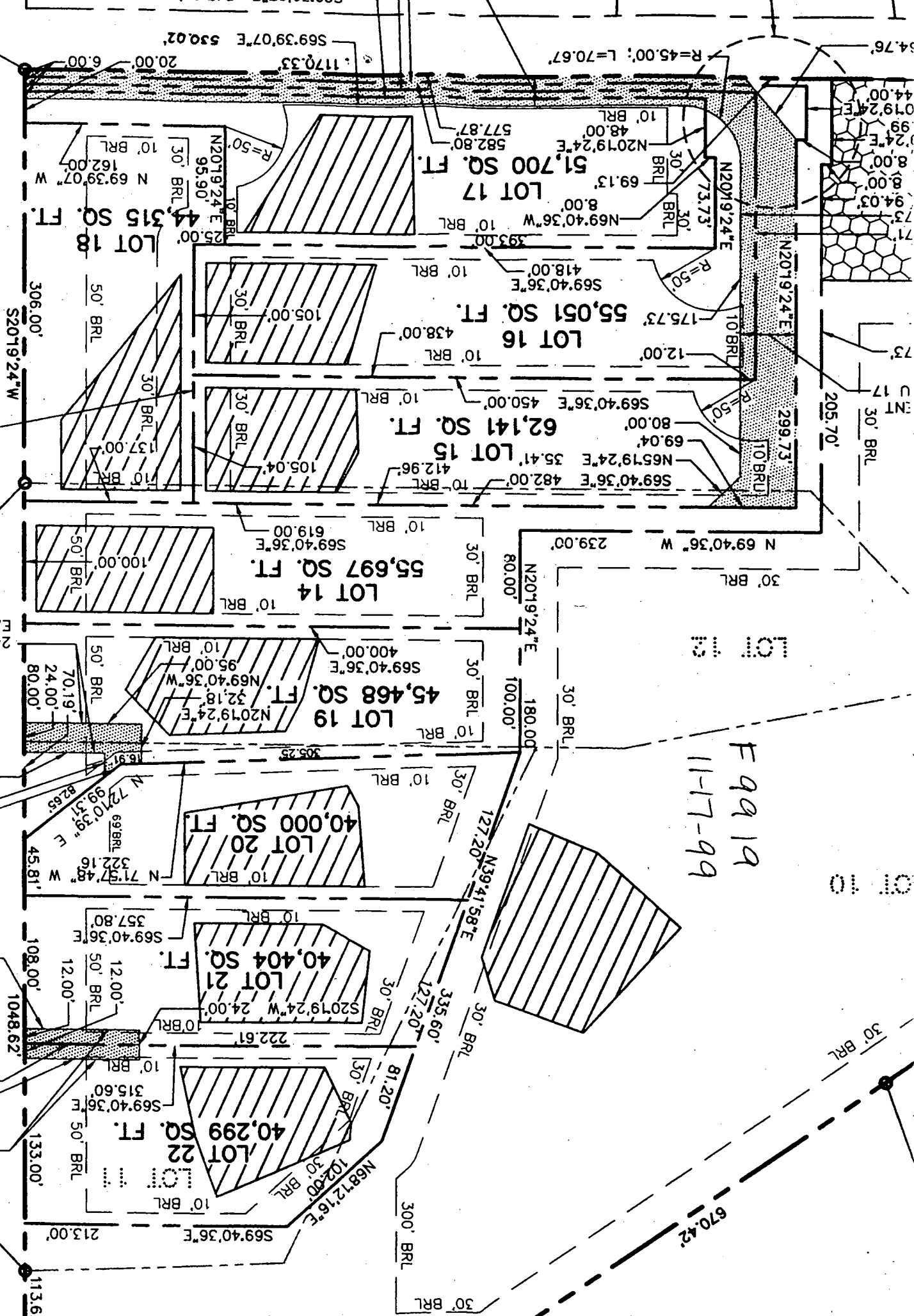
24' PRIVATE USE EASEMENT FOR

24' PRIVATE USE EASEMENT FOR

24' PRIVATE USE EASEMENT FOR

24' PRIVATE USE EASEMENT FOR

24' PRIVATE USE EASEMENT FOR



F 99 19
11-17-99

CT 10

30' BRL

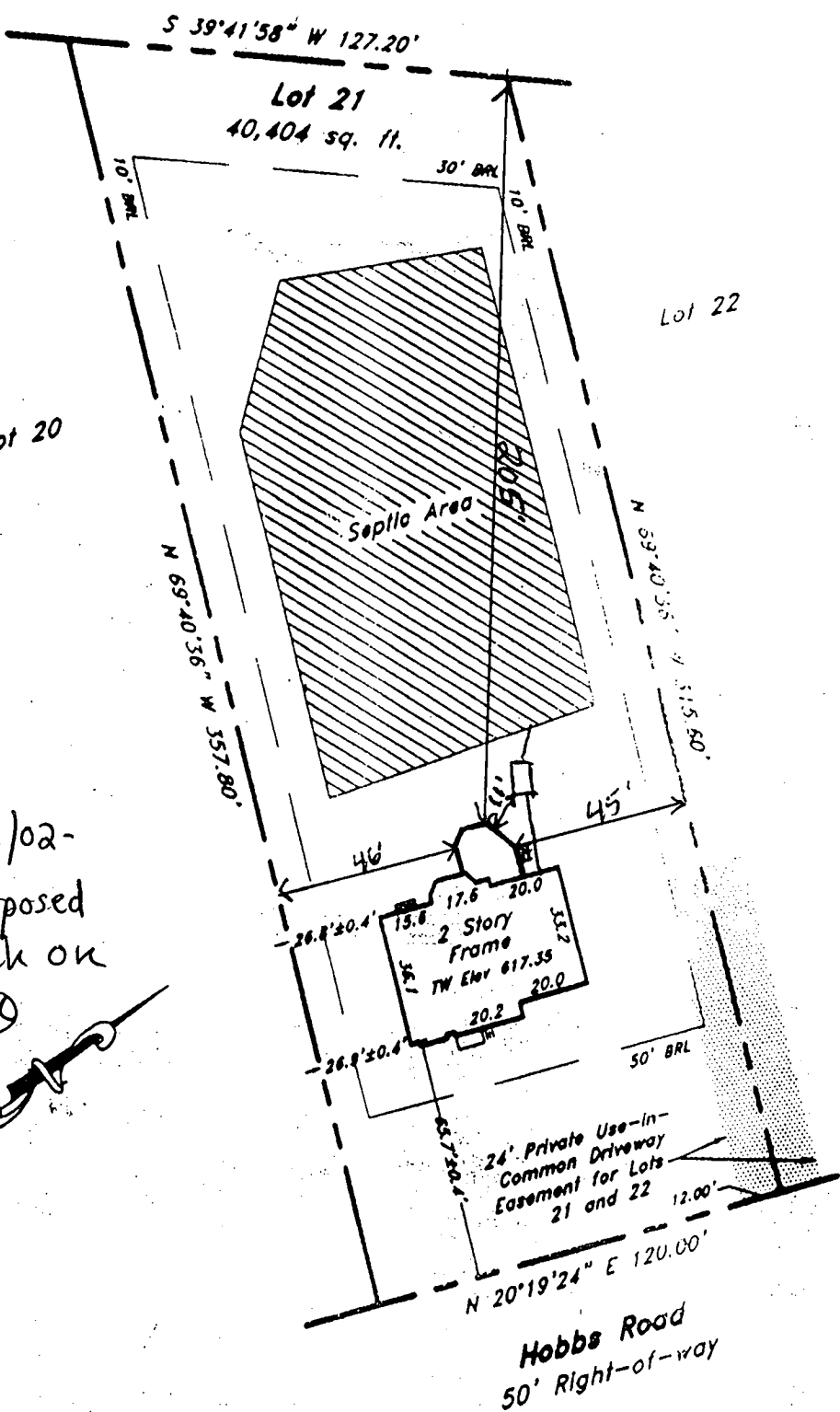
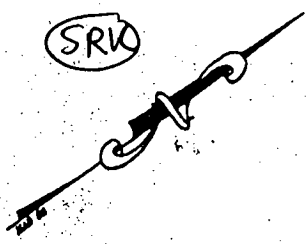
670.42'

24' PRIVATE USE EASEMENT FOR

Preservation Parcel "A"

800137320

7/3/02-
Proposed
deck on
SRW



Lot 21 Rosebar Property

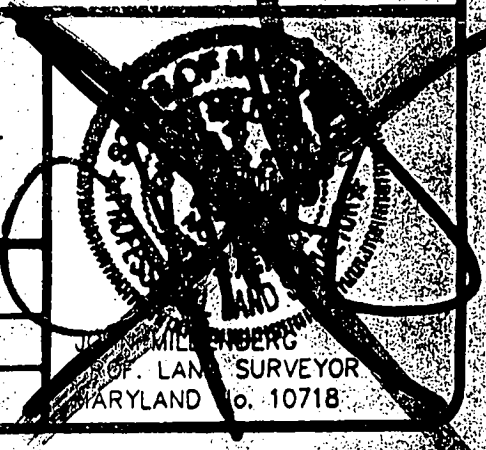
Address No.: 3020 Hobbs Road

Plat No. 14033
Election District No. 4
Howard County, Maryland

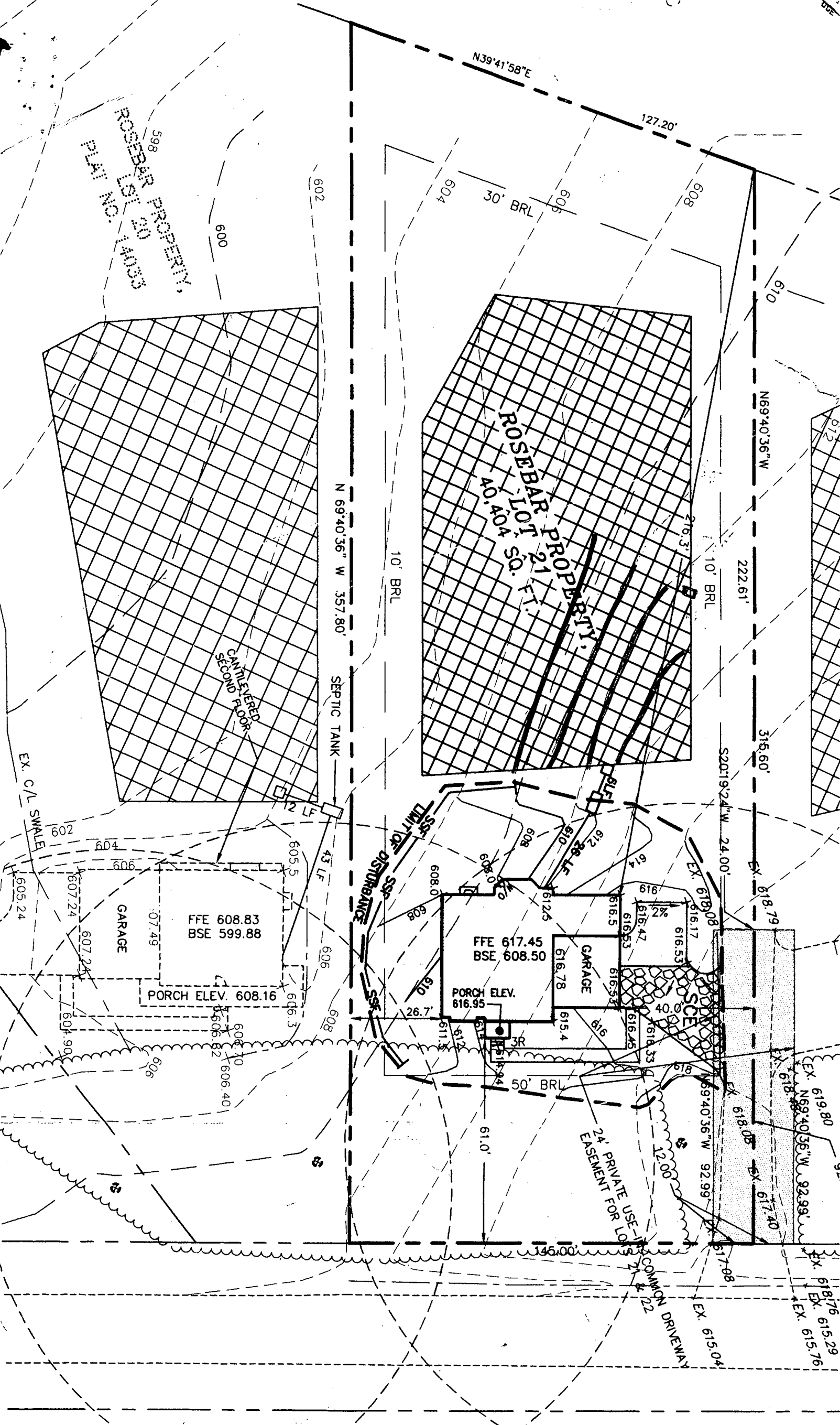
THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C" AREA OF MINIMUM FLOODING PER COMMUNITY PANEL NUMBER 240044-0014-B DECEMBER, 4 1986

MILDENBERG BOENDER, & ASSOC., INC.

Engineers Planners Surveyors
5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0298 Balt. (301) 621-6621 Wash. (410) 997-0298 Fax



FOUNDATION	DATE: 01/31/02	FINAL	DATE:
DRAWN BY: JLM	SCALE: 1" = 50'		
PROJECT NO.: 98-004	LOCATION DRAWING		



N39°41'58"E

127.20'

ROSEBAR PROPERTY
PLAN NO. 30
598

ROSEBAR PROPERTY
ROSEBAR LOT 21 SO.
40.404

CANTILEVERED
SECOND FLOOR

N 69°40'36" W 357.80'

10' BRL

SEPTIC TANK

10' BRL

222.61'

N69°40'36"W

316.60'

S20°19'24"W 24.00'

EX. C/L SWALE

GARAGE

FFE 608.83
BSE 599.88

PORCH ELEV. 608.16

SSP
LIMIT OF
DISTURBANCE

FFE 617.45
BSE 608.50

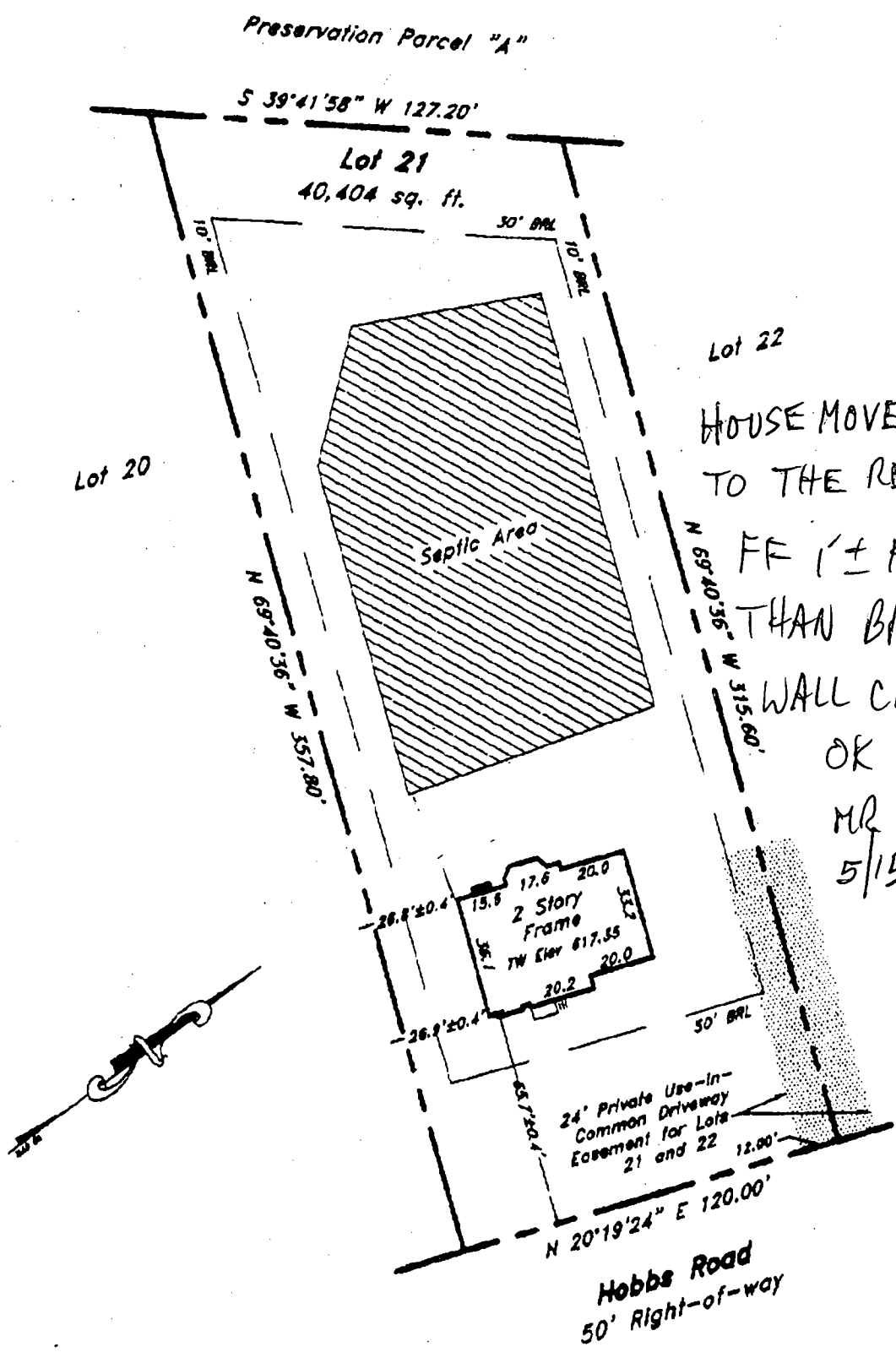
GARAGE

PORCH ELEV.
616.95

24' PRIVATE USE
EASEMENT FOR LOT 21

COMMON DRIVEWAY

EX. 619.80
EX. N69°40'36"W 92.99'
EX. 618.08
EX. 617.40
EX. 618.79
EX. 618.08
EX. 617.08
EX. 615.04
EX. 618.76
EX. 615.29
EX. 615.76



**Lot 21
Rosebar Property**

Plat No. 14033
Election District No. 4
Howard County, Maryland

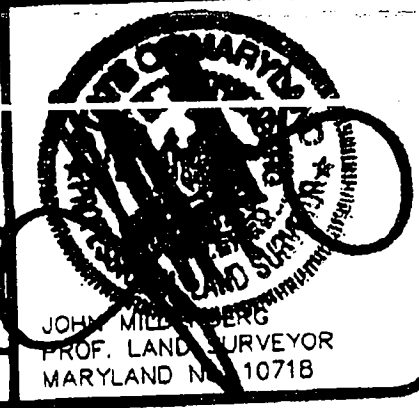
Address No.: 3020 Hobbs Road

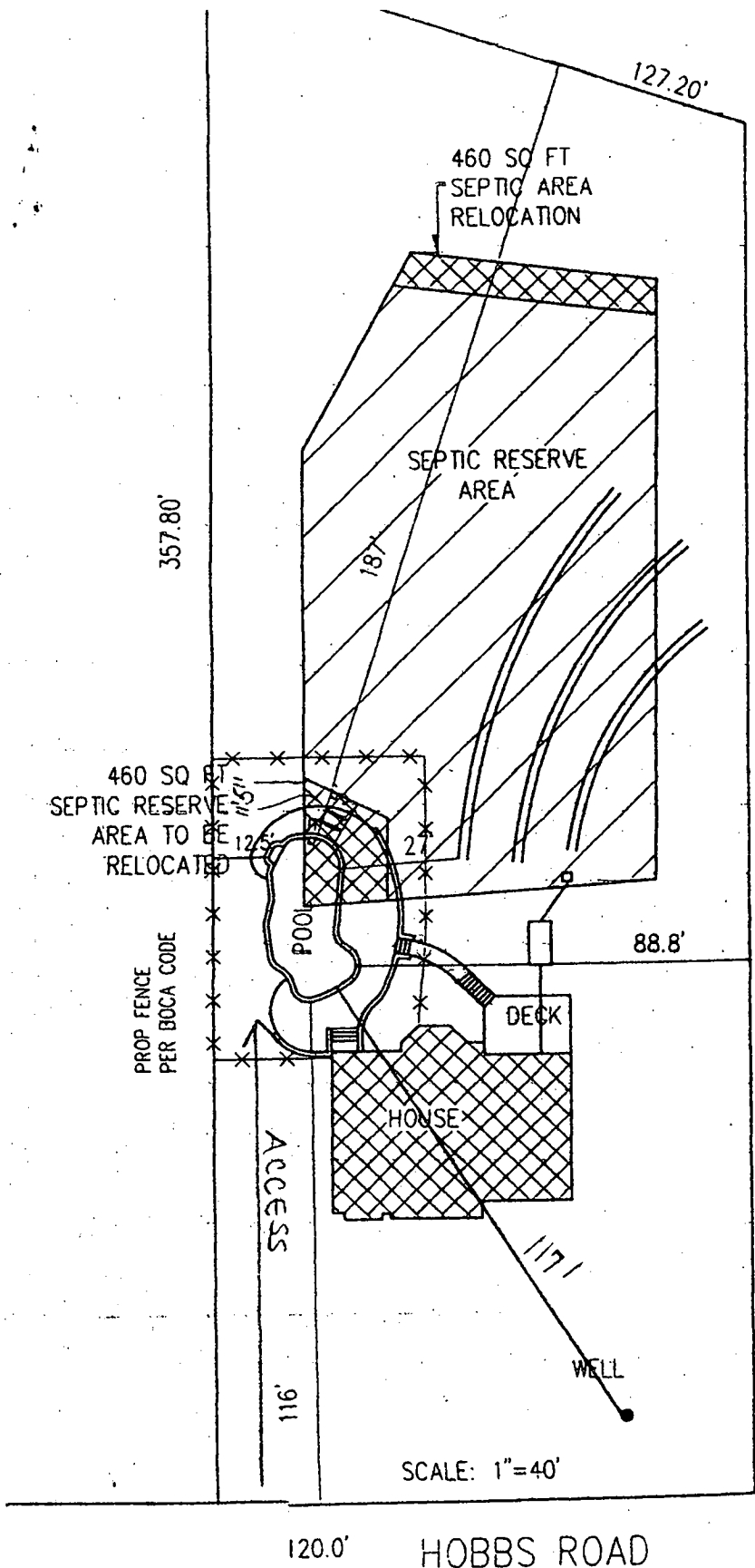
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**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0296 Balt. (301) 621-5621 Wash. (410) 997-0296 Fax.

FOUNDATION	DATE: 01/31/02	FINAL	DATE:
DRAWN BY: JLM	SCALE: 1" = 50'		
PROJECT NO.: 98-004	LOCATION DRAWING		



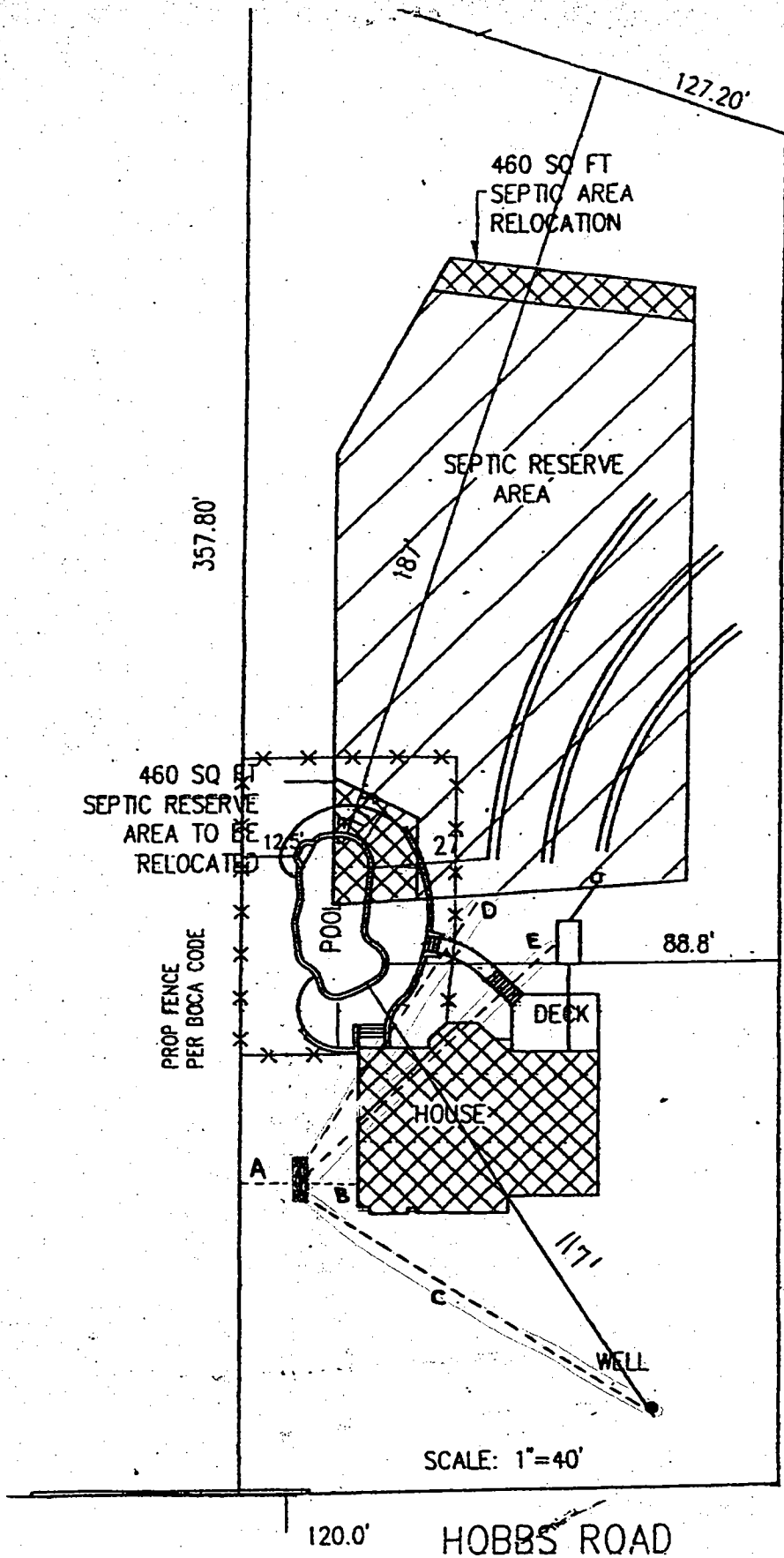


Doris.
 THIS SEPTIC RESERVE
 AREA CHANGE HAS
 ALREADY BEEN
 APPROVED BY
 HOWARD CO.

THANKS
 TEL
 443-254-2075

POD 146258

3/1/04
 No record of sept 2 adj
 in f.r, however change is on
 contour & appears that no
 perc test is needed to
 verify adjustment.
 Pool la. O.K.



B00152739
 3/23/05
 Proposed location
 of CP tank OK
 (KJB)

- DISTANCE FROM TANK TO:
- (A) NEAREST PROP LINE 11'
 - (B) HOUSE 11'
 - (C) WELL 87'
 - (D) SEPTIC AREA 70'
 - (E) SEPTIC TANK 82'