

LAYOUT 10/1/03-11 AM INSP 4 _____
INSP 2 10/2/03-3 PM INSP 5 _____
INSP 3 _____ INSP 6 _____

04-364361

ISSUE DATE: 9/18/2003

P 519579

APPROVAL DATE: 1/27/04

PERMIT INDEXED

A 58993-M

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

04-364341

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Cattail Ridge LOT NUMBER: 13

ADDRESS: 3621 Clear Drive Court PROPERTY OWNER: MTR Land, LLC

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

PUMP CHAMBER CAPACITY (GALLONS): 1250 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 3.0 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 at the highest useable portion of the sewage disposal area.
NOTES:	Install 4-60' long trenches on contour maintaining 9' edge to edge trench separation.

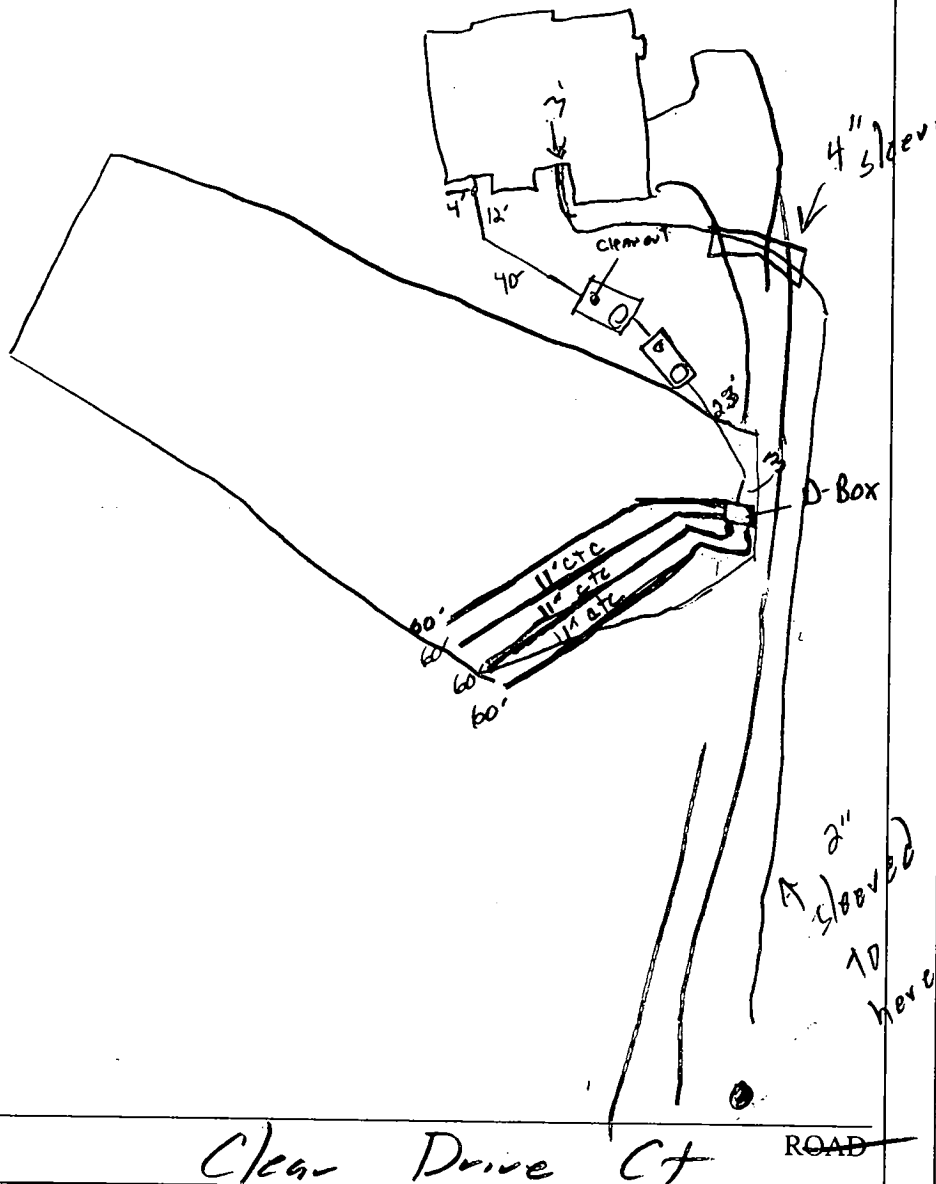
PLANS APPROVED: John A. Boris 9/3/03 OK (BB) DATE: 6/13/03

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**

A 58993-M

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		220 ft ²
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Back
6" PORT LOC	front
WATERTIGHT TEST	<input type="checkbox"/>
Pump	
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Back
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>

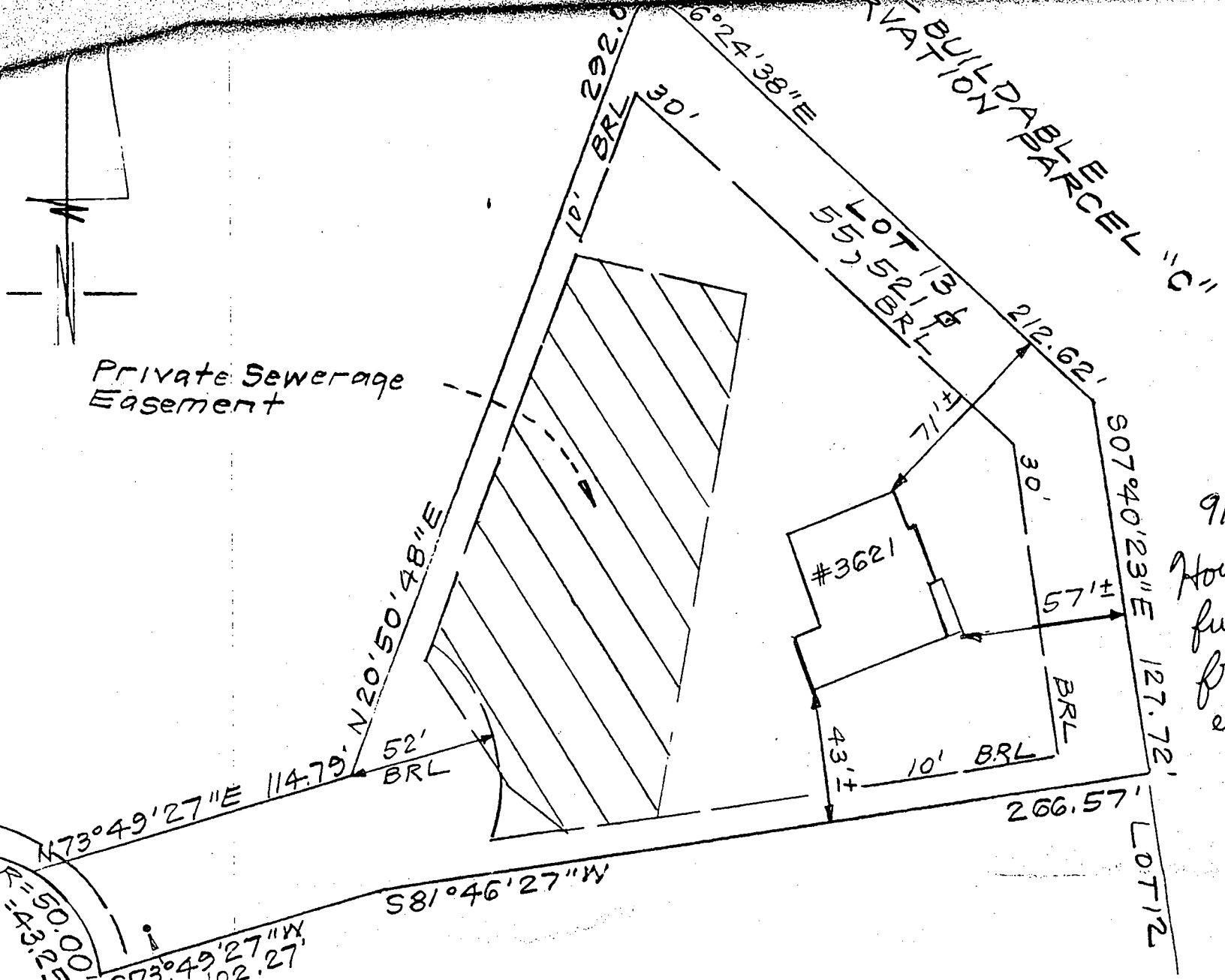
PRE-CONSTRUCTION 10/1/03 SKA staked, contour appears accurate, install (4) 60' trenches ON contour (SO)

INSTALLATION 10/2/03 tanks set, trenches + Dbox installed ok to cover worked completed (KB+SO) 10/3/03 - OK to cover g/l work (SO)

1/27/04 Pump + Alarm test ok (KB)

FINAL INSPECTOR John J. Bell

DATE OF APPROVAL 1-27-04



Private Sewerage Easement

BUILDABLE PARCEL "C"

9/3/03
 House moved
 further away
 from septic
 easement - O.K.
 BB

$R=50.05$
 $L=43.05$

Well Location
 Howard Co, Tag#
 94-2416

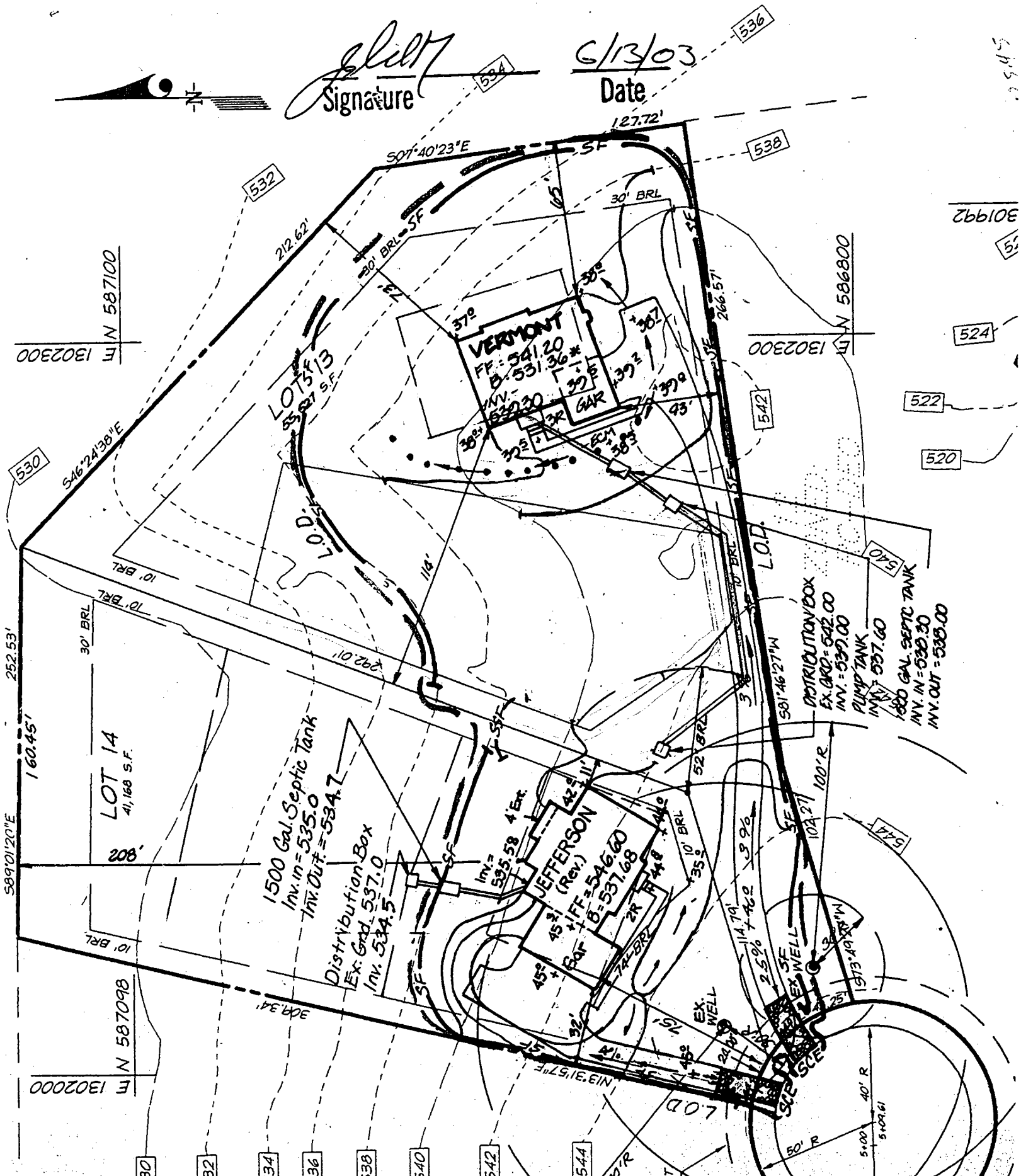
Approved Septic System Plan

Howard County Health Department

1" = 50'

[Signature]
Signature

6/13/03
Date



30192
524
522
520

589°01'20"E 252.53'
160.45'
LOT 14
41,168 S.F.
802
N 587098
E 1302000
N 587100
E 1302300
S 46°24'38"E

N 586800
E 1302300

1500 Gal. Septic Tank
Inv. in = 535.0
Inv. Out. = 534.7

Distribution Box
Ex. Grd. 537.0
Inv. 534.5

DISTRIBUTION BOX
EX. GRD. = 542.00
INV. = 539.00

PUMP TANK
INV. = 537.60

1500 GAL. SEPTIC TANK
INV. IN = 535.30
INV. OUT = 535.00

JEFFERSON
453 (Rev.)
FF = 546.60
B = 537.68

VERMONT
FF = 541.20
B = 531.36

30 32 34 36 38 40 42 44

Feb 17 04 11:09a

NO CO ENV HEALTH

14103132648

P.1

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: C. MAYES P+H Telephone #: 410 923 0510
Address: 608 MILL AVE
ROCKVILLE, MD 21188

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): CHARLES MAYES License# 3276

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

Name of Property Owner: MARK LIND L.L.C. Telephone #: 201 953 9110
Subdivision: CATTAIL RIDGE Lot #: 13 Well Tag #: HO-94-2416
Site Address: 3621 CEDAR DR
GREENWOOD, MD 21738

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: MYERS Make: CAMPBELL Two piece watertight cap: YES
Model #: 257025 Model #: PR10 Screened, vented well cap: YES
Pump Capacity: 8 GPM Depth: 42 (36" min) Cap secured to casing: YES
Well Yield: 12 GPM NSF/WSC approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house **House Connection**
Type: POLY PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) " Approximate length of sleeve: 4
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YES

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: Charles Mayes date: 2-17-04

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: SO/KB
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grouse observed below pitless adapter ✓

10/8/03-
2/9/04

Rock barriers placed in front of well and replacement tag put on correctly per SO + KB

C1 1956 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 A58993M

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 10 12 99 Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-2416

OWNER BRS Development STREET OR RFD Clear Drive Ct TOWN Elenwood SUBDIVISION Cattoil Ridge SECTION LOT 13

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sand, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter, Total depth.

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

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT)

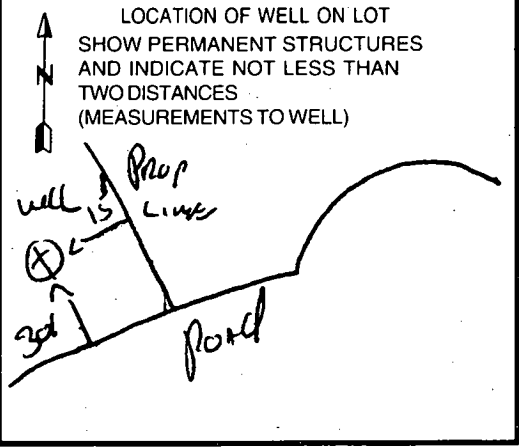
C2 DEPTH (nearest ft.) Table with columns for depth intervals (1-21, 22-26, 27-32, 33-37, 38-41, 42-47, 48-51) and values (58, 220).

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

C3 PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Buch), WATER LEVEL (68), WHEN PUMPING (90), TYPE OF PUMP USED (S).

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below), LAND SURFACE (2).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A, E, P

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...

DRILLERS LIC. NO. M SD116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M SD112

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

B 1	1944	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2416 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) **083099**
8 MM DD YY 13

BRS Developen's LLC
15 Last Name Owner First Name 34

8808 Centre Park Dr. Suite 209
36 Street or RFD 55

Columbia MD 21045
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

CATTAUG RIDGE
23 SUBDIVISION 42

SECTION **-** LOT **13**
44 46 48 50

GLENWOOD
52 NEAREST TOWN 71

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

DRILLER INFORMATION

Ralph MAYNE **M S D 116**
Driller's Name 76 License No. 81

Ralph MAYNE well DRILLING
Firm Name

9120 Brown Church Rd Mt Airy
Address

Ralph Mayne 8-25-99
Signature Date

Clear Drive Court
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 SOUTH
 EAST

34 **30** 37
DISTANCE FROM ROAD **ft**
ENTER FT OR MI 38 39

TAX MAP: **21** BLK: _____ PARCEL **3**

WELL INFORMATION

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. **A58993M**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **090799** **A McMill** **090700**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **525 000** EAST GRID **790 000**
50 55 57 63

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

APPROXIMATE DEPTH OF WELL **150** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 DEEPEN 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)

APPROX. PERMIT NUMBER 54 _____ 63

PERMIT No. **HO-94-2416**
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

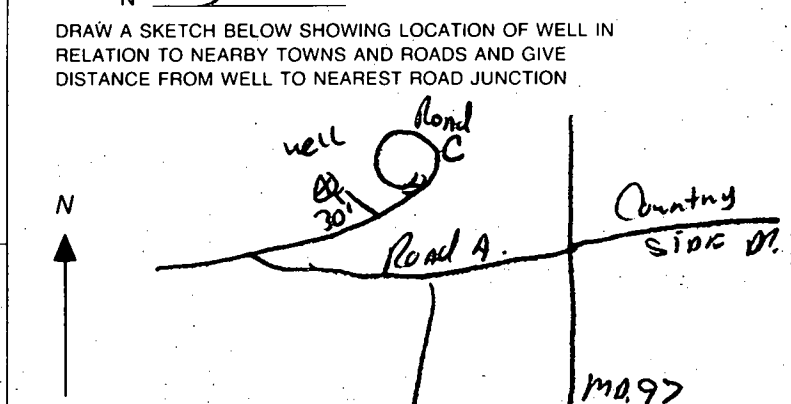
- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **780**

N **525**

000
000



APPLICATION

PERCOLATION TESTING

A 58993

P _____

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

DISTRICT _____

DATE 9-25-97

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 J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D & D

ADDRESS 10805 Wilbur Ridge Suite 205 PHONE 410-740-2100
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Han Pei LOT NO. 13

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # ~~1379~~ 3

SIZE OF LOT 1.66 TYPE BLDG. SFD (38 LOTS)
(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

LOT 29

COUNTY #

SOIL PROFILE
378

0' bright red C1Lm
3.5' rock ledge
5.0' mottled SiLm
lgt tan/black/orange
? water
micaceous

379

3.0' red orange SiC1Lm
lgt red tan SiLm

6.0' lgt tan SaLm
15% Rx

381

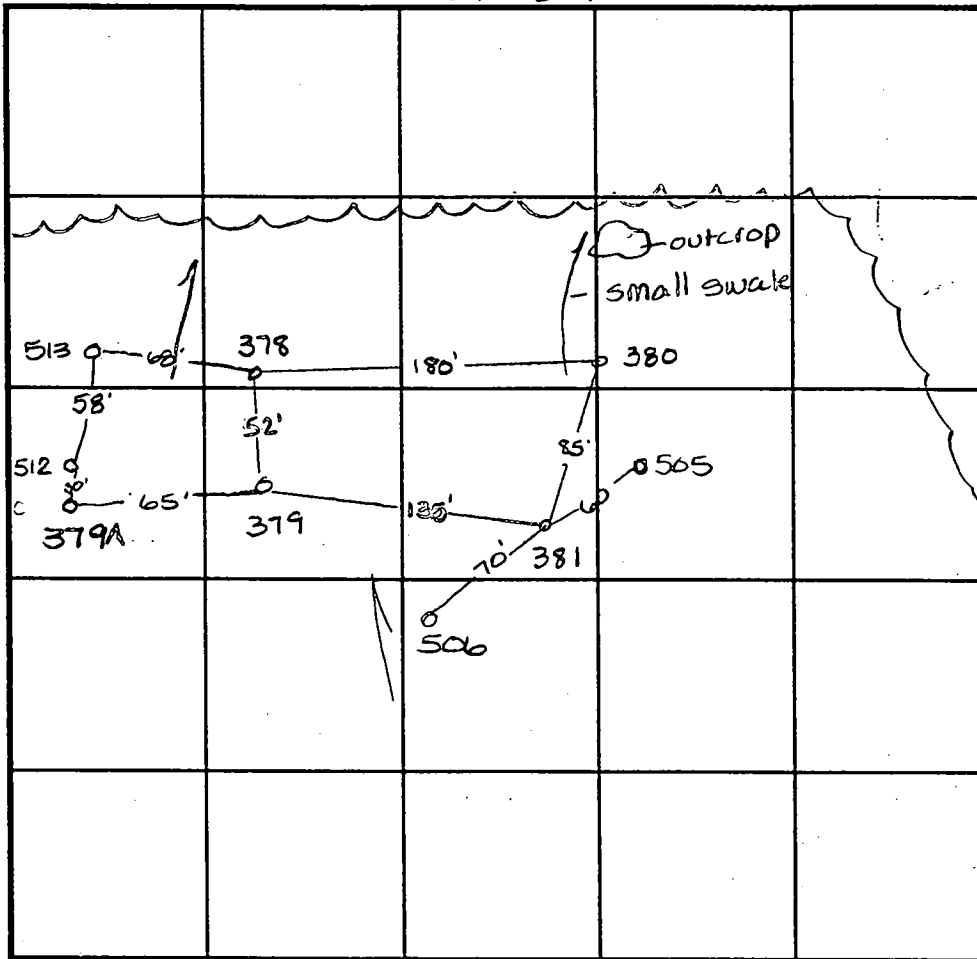
ledge of Rx on outside of prop. septic area at 3.0 dark or C1Lm to 4.0 lgt or tan SiSaLm

SOIL PROFILE
380

0' orange brown SiC1Lm
3.0' lgt pink SiLm
45% Rx

506

no distinct clay layer
dk red pink to or pink SiSaLm
10% Rx



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
11-3-97	378	4.5 / 112.0	1:50	1:54 ³⁰	1:54 ³⁰	2:03	8 1/2 min		
	379A	Refusal at 3.0 - insufficient depth to bedrock						F	
	379	3.0 / 111.5	1:55 ³⁰	1:57	1:57	2:00	3 min		
		6.0 / 111.5	1:55	1:59	1:59	2:04 ³⁰	5 1/2 min		
	381	4.5 / 112.0	2:10	2:11	2:11	2:13	2 min		
	380	4.0 / 112.5	2:12 ³⁰	2:18	2:18	2:22	4 min		
2-9-98	506	Visual	to 12" see profile				—	OK	
	505	Like 506 -> 50% Rx @ 8.0'						—	OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT D Reuver

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3.0

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 58993

P _____

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

DISTRICT _____

DATE 9-25-97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER J. Thomas Scribner

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER c/o L D AD

ADDRESS 10505 Hickory Ridge Suite 205 PHONE 410-740-2102
Columbia, MD 21041

PROPERTY LOCATION:

SUBDIVISION Han Rei LOT NO. 910

ROAD AND DESCRIPTION Rte 97

TAX MAP 21 PARCEL # 1379 3

SIZE OF LOT 1.66 TYPE BLDG. SFD (38 LOTS)
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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

LOT 30

COUNTY #

RT 97

SOIL PROFILE

382 / 383A

SOIL PROFILE -

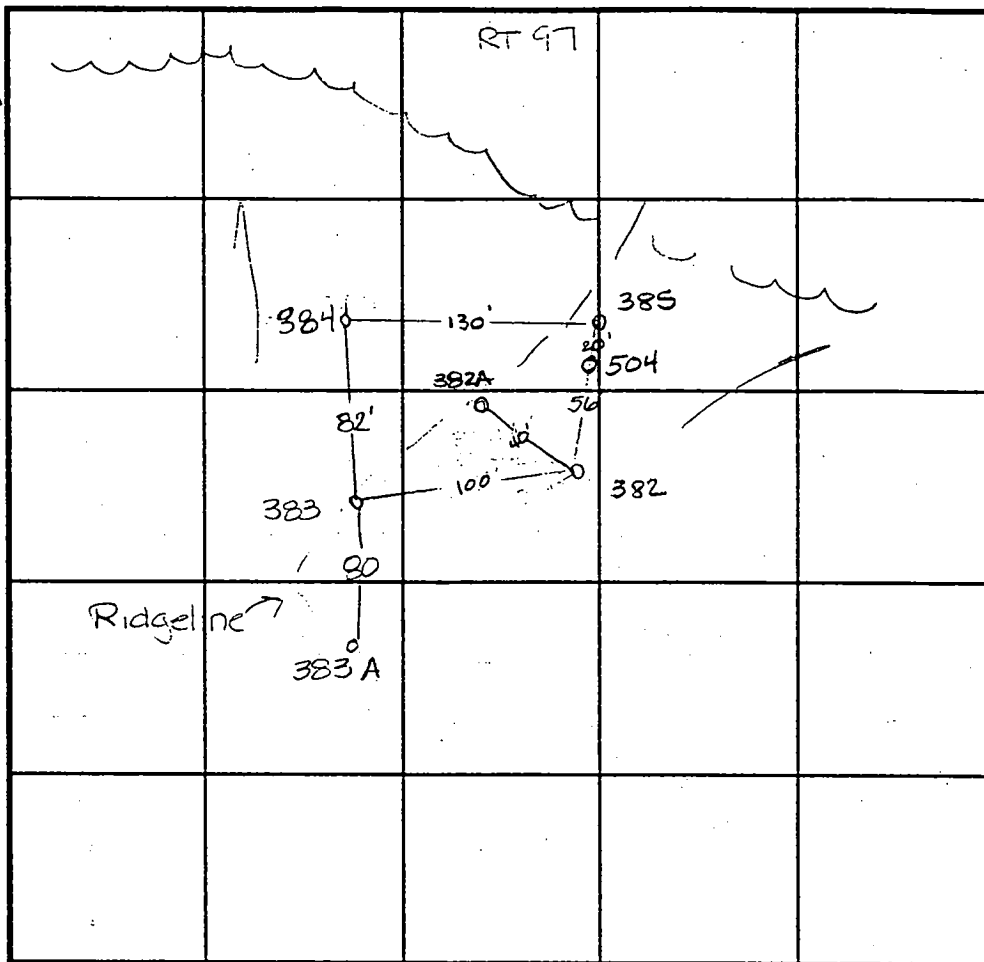
382 A.

0' beigh micaceous siltm

3.0' lgt brown red siltm pockets of 20% lgt Rx blags

0' Rock ledge at 5' 10" on side of hole prop. for septic

lgt or. siltm 250% Rx at test. ledge cont refusal dig



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

504
no distinct clay layer pink matrix siltm micaceous pockets of multi. color decayed saprolite

385
1st part of hole Rx at 2.0 (>50%) moved down-hill until it was digable to 9.000+ >50% Rx at 6.0 refusal

384
>50% Rx at 5.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-31-97	382	3.5 / v13.0	2.39	2.42	2.42	2.46	4min
		6.5 / v13.0	2.38	2.41	2.41	2.45	4min
	385	Visual	>50% Rx at 6.0		---		
		Insufficient depth to bedrock					F
11-3-97	383	Insufficient depth to bedrock					F
	384	>50% Rx at 4.5 - insufficient depth to bedrock					F
	382A	Marginal test-hole - see profile					
		Use as last resort					?
	383A	4.0 / v13.0	2.40	2.43	2.43	2.50	7min
02-09-98	504	Visual to 11.0 - see profile					OK

REMARKS

TYPE OF SOIL _____

TESTED BY Amy McMiller ALSO PRESENT D Reuser

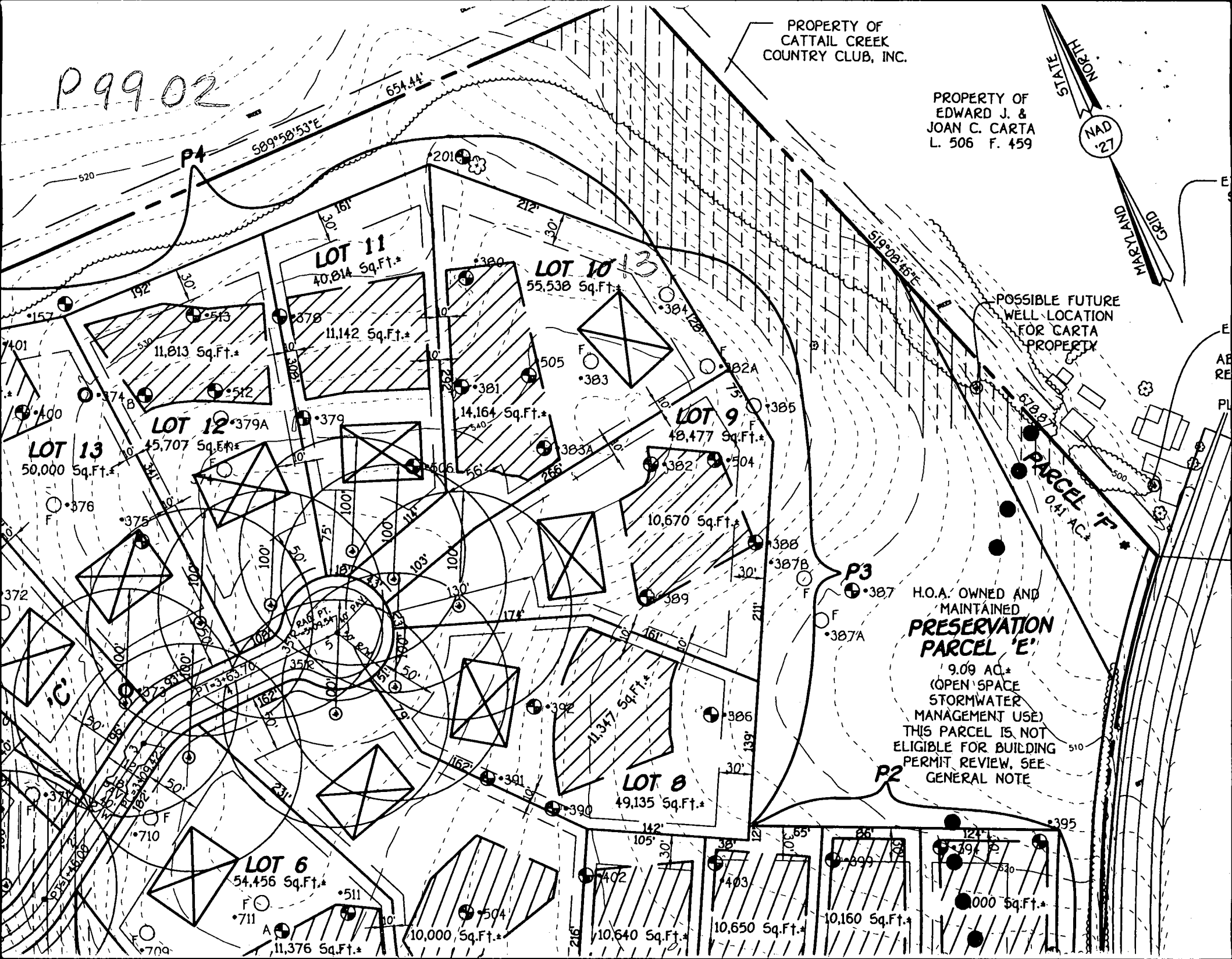
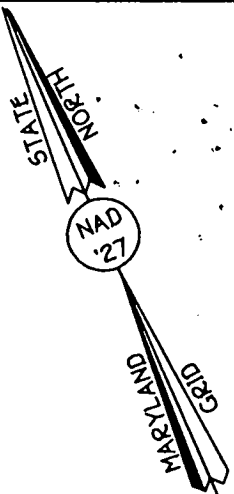
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

P9902

PROPERTY OF
CATTAIL CREEK
COUNTRY CLUB, INC.

PROPERTY OF
EDWARD J. &
JOAN C. CARTA
L. 506 F. 459



POSSIBLE FUTURE
WELL LOCATION
FOR CARTA
PROPERTY

H.O.A. OWNED AND
MAINTAINED
**PRESERVATION
PARCEL 'E'**

9.09 AC.*
(OPEN SPACE
STORMWATER
MANAGEMENT USE)
THIS PARCEL IS NOT
ELIGIBLE FOR BUILDING
PERMIT REVIEW. SEE
GENERAL NOTE

PARCEL 'F'
0.41 AC.*

LOT 11
40,814 Sq.Ft.*

LOT 10
55,538 Sq.Ft.*

LOT 9
48,477 Sq.Ft.*

LOT 13
50,000 Sq.Ft.*

LOT 12
45,707 Sq.Ft.*

LOT 8
49,135 Sq.Ft.*

LOT 6
54,456 Sq.Ft.*

10,000 Sq.Ft.*

10,640 Sq.Ft.*

10,650 Sq.Ft.*

10,160 Sq.Ft.*

10,000 Sq.Ft.*

SHEET

SEE

ROAD

'C'

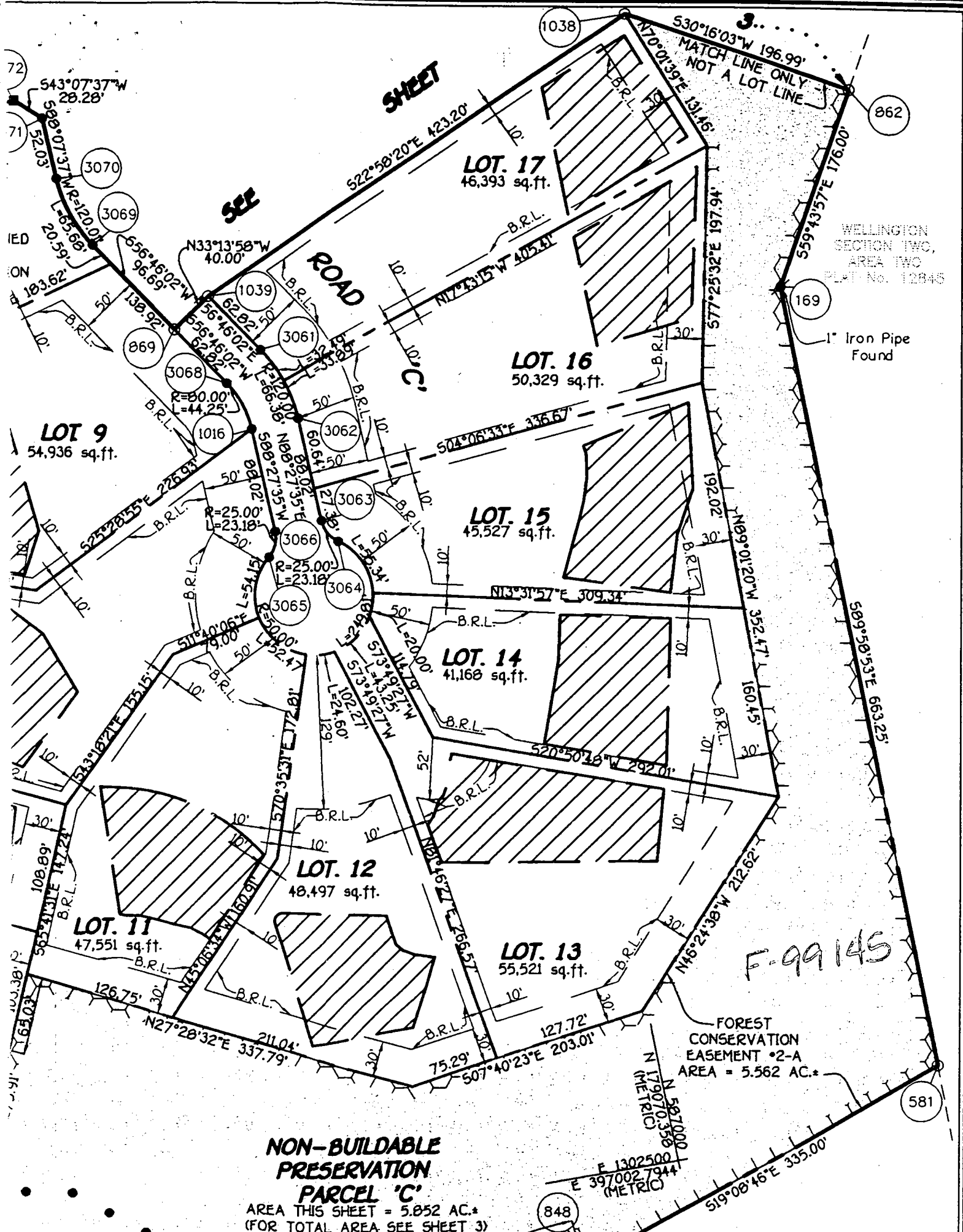
WELLINGTON SECTION TWO, AREA TWO PLAT No. 12945

1" Iron Pipe Found

F-99145

FOREST CONSERVATION EASEMENT #2-A AREA = 5.562 AC.±

NON-BUILDABLE PRESERVATION PARCEL 'C'
AREA THIS SHEET = 5.852 AC.±
(FOR TOTAL AREA SEE SHEET 3)



LOT 17
46,393 sq.ft.

LOT 16
50,329 sq.ft.

LOT 15
45,527 sq.ft.

LOT 14
41,168 sq.ft.

LOT 12
48,497 sq.ft.

LOT 13
55,521 sq.ft.

LOT 11
47,551 sq.ft.

LOT 9
54,936 sq.ft.

1038

862

169

581

848

543°07'37"W
28.28'

566°07'31"W
R=120.00'
L=65.66'

556°16'02"W
96.69'

556°16'02"W
96.69'

525°28'55"E
226.93'

510°40'06"E
79.00'

533°16'21"E
135.15'

570°35'31"E
172.81'

573°49'37"W
114.79'

573°49'37"W
114.79'

570°35'31"E
172.81'

565°14'17"E
147.24'

126.75'

127.72'

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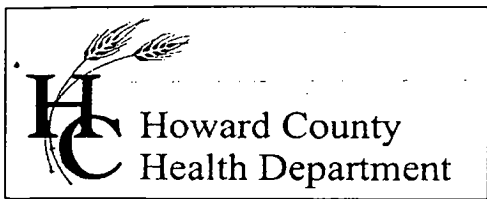
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3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

February 17, 2004

Rosemark Design, Inc.
13972 Baltimore Blvd.
Laurel, MD 20707

SENT VIA FACSIMILE 301-953-9592

RE: Cattail Ridge, Lot #13
3621 Clear Drive Court
BP # B00141456
Well Permit # 94-2416

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on **1/27/2004**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #94-2416. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 01/30/2004, 2/9/2004 & 2/16/2004
Date of Well Completion: 10/12/1999

Approving Authority,
Stuart Oster / mlb
Stuart Oster, R. S.
Well & Septic Program

mlb
cc: Building Inspector's Office
Community Health Services
File