

1/9/02 - Layout Am

1/10/02 PM

1/17/02 Final AM

3 PM 5/23/02 pump test

ISSUE DATE: 12/5/2001

APPROVAL DATE: 5/23/02

PERMIT INDEXED

P 516435

A 59276-N

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

04-365186

S K Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: 1220 FSK Highway, Keymar 21757 PHONE NUMBER: 410-775-0562

SUBDIVISION: Peacefields at Cattail Creek LOT NUMBER: 11

ADDRESS: 15521 Cattail Oaks PROPERTY OWNER: Trinity Quality Homes

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): ~~1500~~ 1500

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: ~~300~~ 260

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the left rear lot corner, place the distribution box 100' down the left (150.94') lot line and 15' off this same lot line. Run (4) trenches on contour to right side of lot as shown on plan.
NOTES:	

PLANS APPROVED: MER 12/6/01 OK (AB) DATE: 10/18/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

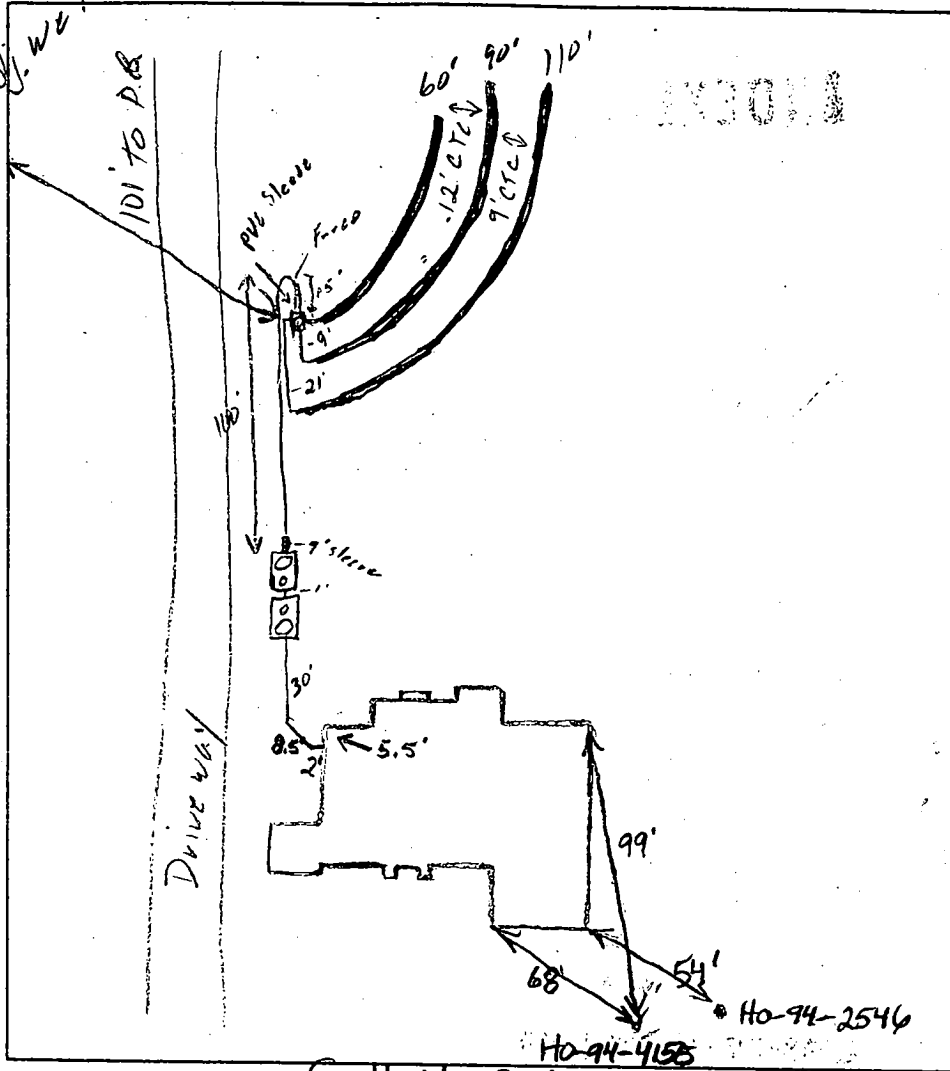
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED 5-15-02
600135854 - JG POOL
REVISED 8/21/02
11/10/02 600153091 - 2 Story Addition

AS9276N

HO-81-1194

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2.5'
 TRENCH BOTTOM DEPTH 4.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 260
 ABSORBENT AREA 780 ft²
 DISTRIBUTION BOX LEVEL Yes
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER Front - 3'
 6-INCH INSPECTION PORT Back

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1500 TS
 MANHOLE RISER Back - 3'
 ALARM OPERATIONAL
 PUMP PERFORMANCE TEST ✓

Cattail Oaks

PRE-CONSTRUCTION INSPECTION: 1/9/02 Area staked. To install as per

B.P. plan. Top trench may be off contour - O.K. (SB)

INSPECTION COMMENTS: 1/10/02 Tanks set. OK to cover up to P.T. (SC)

1/17/02 OK to cover all work. Pump & Alarm Tests

needed (SC) 5/23/02 Pump Check & Alarm test completed (SB)

INSPECTOR Steven R. King

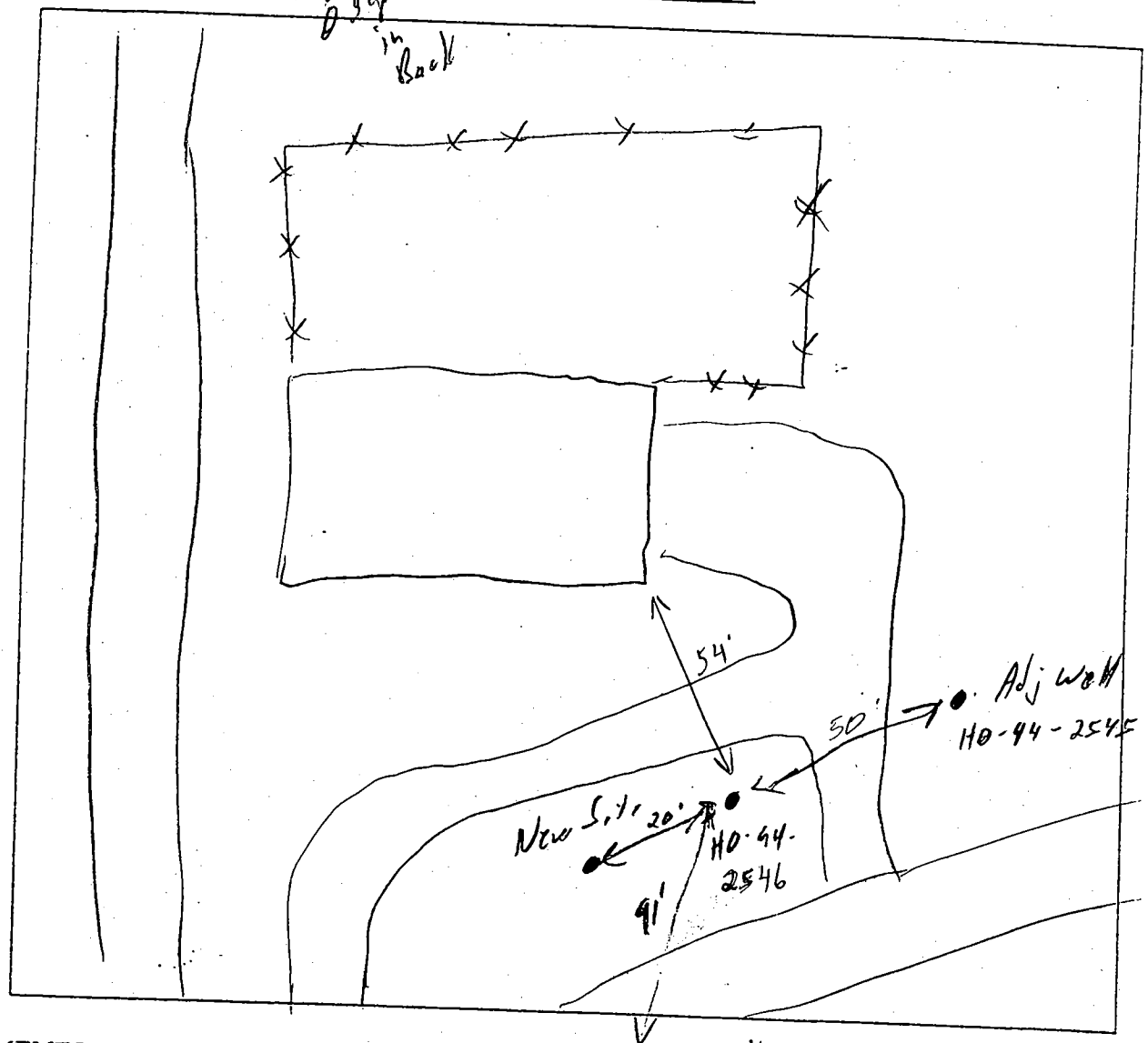
DATE SYSTEM APPROVED 5/23/02

DATE SYSTEM APPROVED 5/23/02

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 15521 Cahill Oaks CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ WELL TAG #: _____
PROPOSAL: _____ COUNTY #: _____

Septic in Back
LOCATION DIAGRAM



COMMENTS: _____

DATE: 4/7/03 INSPECTOR: SPD

**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: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Peacefields Lot #: 11 Well Tag #: HO-94-4155
Site Address: 15521 Cattail Oaks Dr

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

Piping to house

Type: Black polyethylene
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min)

Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 4/11/2005

Inspection Data: Pitless adapter and water supply line at least 36" below grade (GAC)
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 N/A
Adequate ground observed below pitless adapter

* Old well still needs to be sealed GAC *

C1 **6463** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **A59276N**

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-4155

28 29 30 31 32 33 34 35 36 37

OWNER **Kukuselis Tracy**

STREET OR RFD **15521 Cattail Oaks** TOWN **Glenwood**

SUBDIVISION **Peacefields at Cattail Creek** SECTION **11** LOT **11**

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	
Brown mica	0	95	
Brown Sandstone	95	200	
Gray Limestone	200	300	✓

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

NO. OF BAGS **17** NO. OF POUNDS **1598**

GALLONS OF WATER **102**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **47** 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 **PL** Nominal diameter top (main) casing (nearest inch) **06** Total depth of main casing (nearest foot) **100**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch **5** depth (feet) from **95** to **200**

ST

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2 DEPTH (nearest ft.)

1 **HO** 2 **100** 3 **300**

8 9 11 15 17 21

23 24 28 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
 from 56 to 60

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **01**

PUMPING RATE (gal. per min.) **15**

METHOD USED TO MEASURE PUMPING RATE **1966**

WATER LEVEL (distance from land surface)
 BEFORE PUMPING **55** ft.
 WHEN PUMPING **290** 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 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. **S**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **1.5**

PUMP HORSE POWER **1/2**

PUMP COLUMN LENGTH (nearest ft.) **280**

CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } **01** (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) **(97)**

old well A 20' Δ well

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES NO

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. **MSD009**

DRILLERS SIGNATURE *[Signature]*

LIC. NO. **D**

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

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

B 1 8110

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522076 please type

STATE PERMIT NUMBER

HO-94-4156 fill in this form completely

Date Received (APA) 04/07/05

OWNER INFORMATION

Kukulelis Tracy 15521 Cattail Oaks Glenwood md 21738

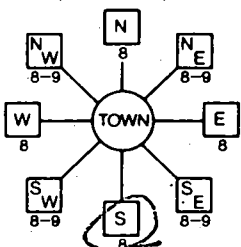
B. 3 LOCATION OF WELL

Howard County, Countryside subdivision, Glenwood nearest town, 3 miles from town

DRILLER INFORMATION

Allen Compton M S D 009, Eagles Well Drilling, 580 Obrecht RD, 4-7-05

B. 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Roxbury mills RD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 100 FT, TAX MAP 21 BLK 10 PARCEL 63

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY, TEST, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County A59276N 13, STATE SIGNATURE, DATE ISSUED 04/07/05, NORTH GRID 522 000, EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTary, CABLE, JETTED, AIR-PERcussion (circled), ROTARY (Hydraulic Rotary), Drive-POINT

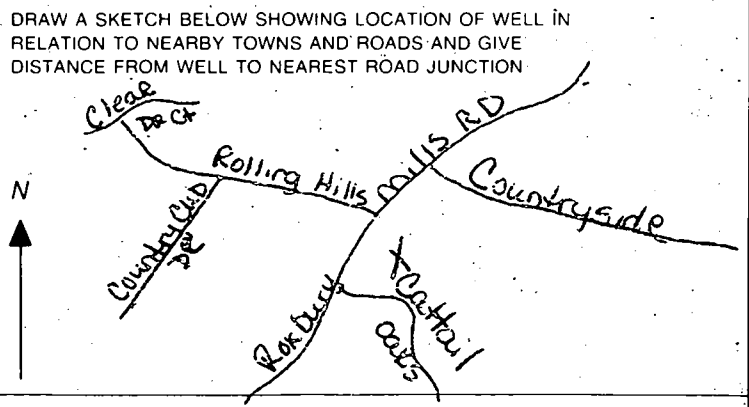
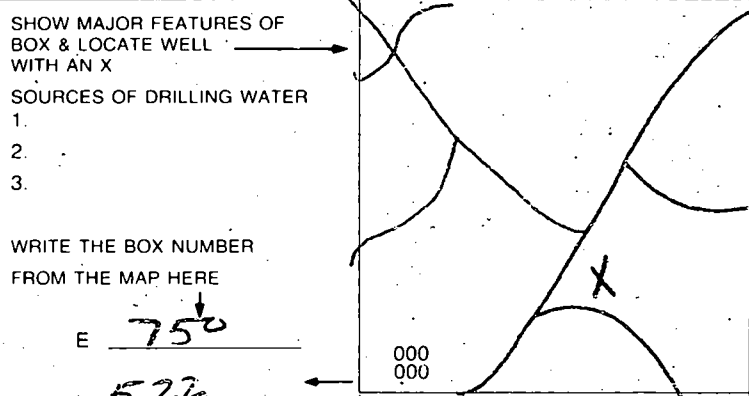
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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

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

APPROP PERMIT NUMBER G, PERMIT No HO-94-4156

SPECIAL CONDITIONS Emergency replacement well



B00155891
 2 story down
 Okami 11/10/06
 MIKE DAVIS

Approved Septic System Plan
 Howard County Health Department

Mark Ruff
 Signature
 10/18/07
 Date

Total linear feet of trench
 required 380 feet

Width of trench(es) 3 feet

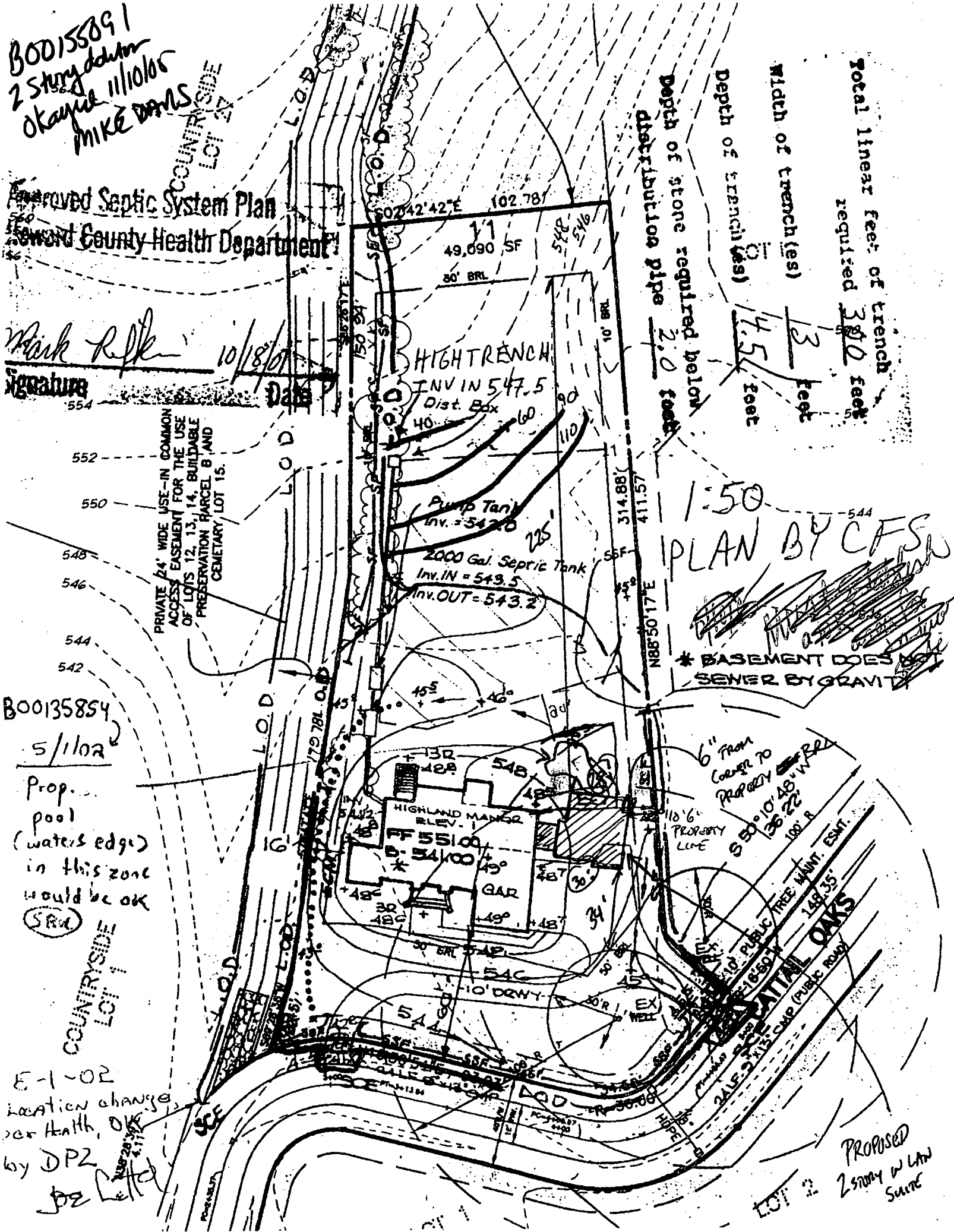
Depth of trench(es) 4.5 feet

Depth of stone required below
 distribution pipe 2.0 feet

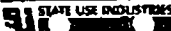
1:50
 PLAN BY CFSW
 * BASEMENT DOES NOT
 SEWER BY GRAVITY

B00135854
 5/1/02
 Prop. pool
 (water's edge)
 in this zone
 would be ok
 (SR)

COUNTRYSIDE
 LOT 1
 E-1-02
 location change
 per Health, OK
 by DPZ
 JBE letter



PROPOSED
 2 story w/ lawn
 Suite



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8-1-05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO -94 -2546

* PERMIT NUMBER OF REPLACEMENT WELL

HO -94 -4155

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009
CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Tracey Kukuselis

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Woodbine Glenwood
 TAX MAP 21 BLOCK 10 PARCEL 63
 SUBDIVISION: Countryside
 SECTION: _____ LOT: 11
 NEAREST ROAD: 15521 Cattail Oaks

	X
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES
 E 750
 BOX NUMBER
 N 522

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 144 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
if yes, length removed, in feet: 18"

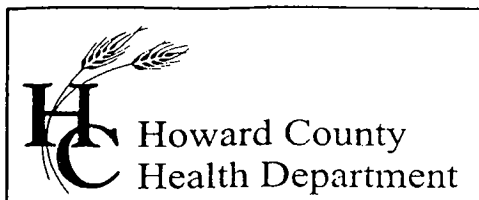
* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>16 Bags Cement</u>	<u>0</u>	<u>144'</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
[Signature]
 DENV 828 JULY 1993 1) MDE

009 LICENSE #
 MWD/MSD/MGD CIRCLE ONE
8-4-05 DATE



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

July 28, 2005

Michael & Tracy Kukuselis
15521 Cattail Oaks
Glenwood, MD 21738

RE: **Replacement Well Issues**
15521 Cattail Oaks
Glenwood, MD 21738
Well Permit # HO-94-4155

Dear Mr & Mrs. Kukuselis:

This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The sampling is free of charge.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well (HO-94-2546). This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. The well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office.

If you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,

Kacie Noonan, R. S.
Well and Septic Program

KN/sn

cc: Community Services Program
File

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

*Peacefields @
Callail Creek*

LOCATION _____ ZIP _____

OWNER OCCUPANT ADDRESS *15521 Callail Oaks Lot 11* PHONE _____

COMPLAINANT *They Everstod* ADDRESS *President Homeowners* PHONE *(301) 688-3806*

REASON FOR INVESTIGATION _____

*- new well drilled - the mud ran into
the drainage (1 foot)*

RECEIVED BY *Ron M. Jones* DATE *5-9-05* ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT *- they dug a new well - the old well
collapsed - Clean-up now done*

*Present
County (not sure)*

15521 Callail Oaks

*4/7/05 - issued well permit
J. Baeis*

light - red

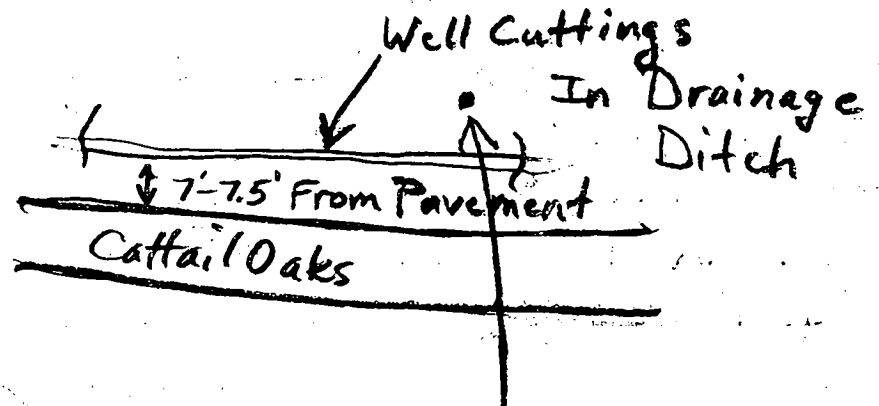
*Remainder
impact/other
particulars*

*- referred to Stuart Oster
by Bert to go & look at
the property to see what's
going on **

DATE SUBMITTED _____ SANITARIAN _____

Well Permit - 4/7/05 - JLB

15521
Cattail
Oaks



5/10/05
RB

Replacement
Well

REVISIONS
TO: STEPHANIE

Keep with File

Kukulselis In-Law Suite



Property Information

BO0155091-PERMIT #
 15521 Cattail Oaks
 Glenwood, MD 21738
 Lot 11- 1.08 Acres
 Peacefields at Cattail
 Creek
 Map 21 Grid 10 Parcel
 33
 Plat no. 14573

Design Team

TOTAL 5 bedrooms

Owner
Michael and Tracy Kukulselis
15521 Cattail Oaks
Glenwood, MD 21738
410-442-1909

Design/Build Firm
Gemini Design/Build, Inc.
3308 Danmark Drive
Glenwood, MD 21738
410-489-9100

Revisions

Phase	Date	Issued For:
Construction	9/19/2005	Revised permit Application

3308 Danmark Drive
 Glenwood, MD 21738
 410-489-9100
 fax: 410-489-4383
 www.gemini designbuild.com
 MHIC #42973

Project Phase:
Construction Phase

Project Title:
Kukulselis In-Law Suite
15521 Cattail Oaks
Glenwood, MD 21738

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Project Number:
A05-01

Date:
September 19, 2005

Scale:

Project Manager: _____
 Drawn By: **MTR**

Drawing Title:
Cover Sheet

Sheet #:

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- These plans are not to be scaled for construction purposes. Dimension lines and notes will supercede all scale references.
- Where there is conflict between the plans, specifications, or details, subcontractor shall call Gemini Design/Build, Inc. for clarification.
- Plans and specifications are subject to change without notice. All measurements are subject to field verification. Gemini Design/Build, Inc. reserves the right to alter the plan or substitute materials as needed without affecting the quality or structure of the project.

Legend

- Existing Wall
- New Wall

Sheet Index

- FP-F,1,2 Floor Plans
- FR-1,2,R Framing Plans
- CS-1 Cross Section
- EE-1,2 Exterior Elevations
- IE-1 Interior Elevations
- EP-F,1,2 Electrical Plans

Plan Approval

By signing this cover sheet and initialing each sheet of plans, you acknowledge acceptance of this set of drawings as part of the contract documents and of its accuracy. This will become the plan from which the project is built unless a change order is signed.

Gemini Design Build, Inc.	Date
Owner	Date
Owner	Date



3308 Danmark Drive
 Glenwood, MD 21738
 410-489-9100
 fax: 410-489-4383
 www.gemini designbuild.com
 MHIC #42973

Project
 Phase:

Construction Phase

Project
 Title:

**Kukulielis In-Law Suite
 15521 Cattail Oaks
 Glenwood, MD 21738**

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Project
 Number:

A05-01

Date:

September 19, 2005

Scale:

1/4" = 1'

Project
 Manager:

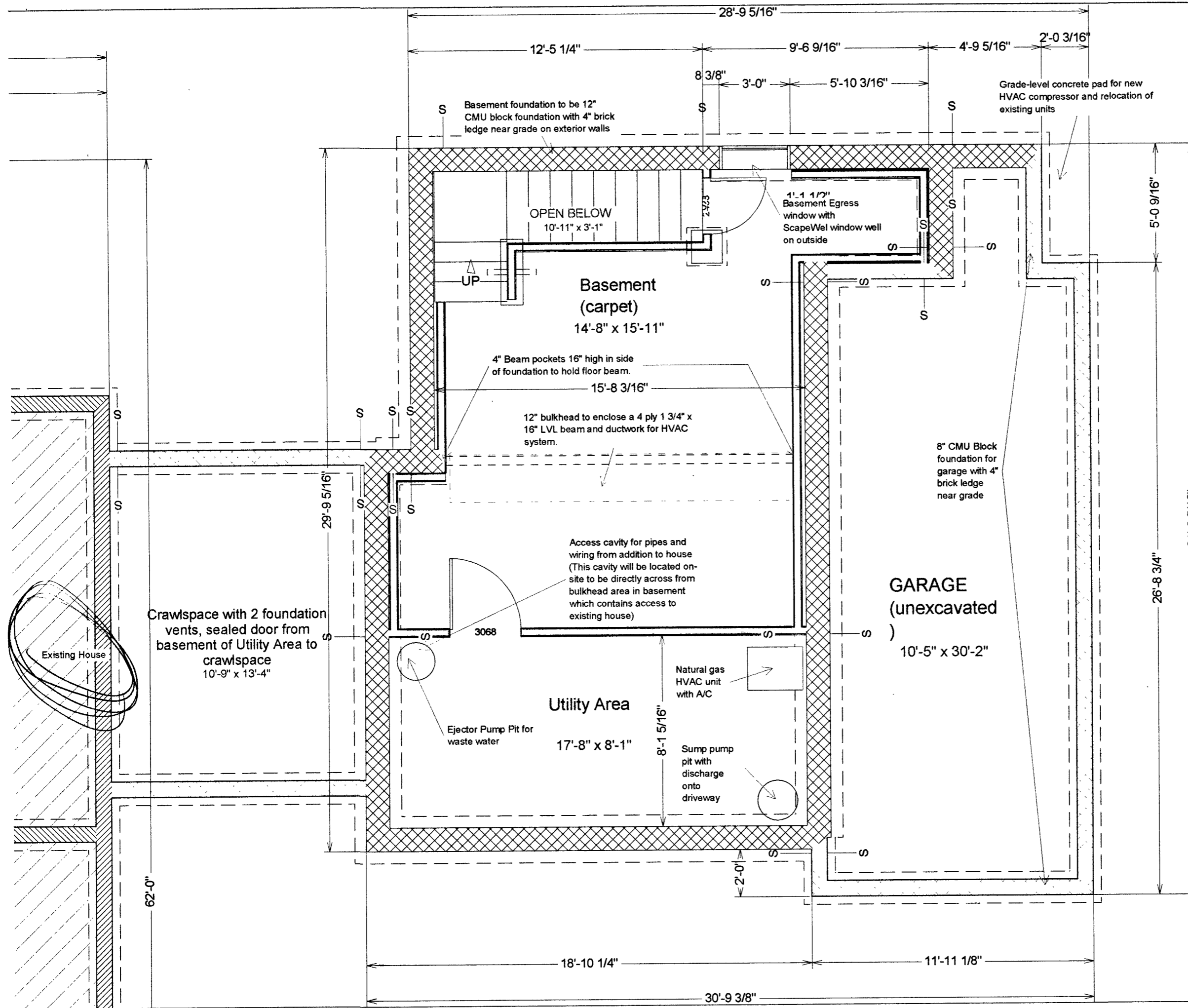
Drawn
 By: **MTR**

Drawing
 Title:

**Floor Plan-
 Foundation**

Sheet
 #:

FP-F





3308 Danmark Drive
Glenwood, MD 21738
410-489-9100
fax: 410-489-4383
www.geminidesignbuild.com
MHIC #42973

Project
Phase:

Construction Phase

Project
Title:

**Kukulielis In-Law Suite
15521 Cattail Oaks
Glenwood, MD 21738**

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Project
Number:

A05-01

Date:

September 19, 2005

Scale:

1/4" = 1'

Project
Manager:

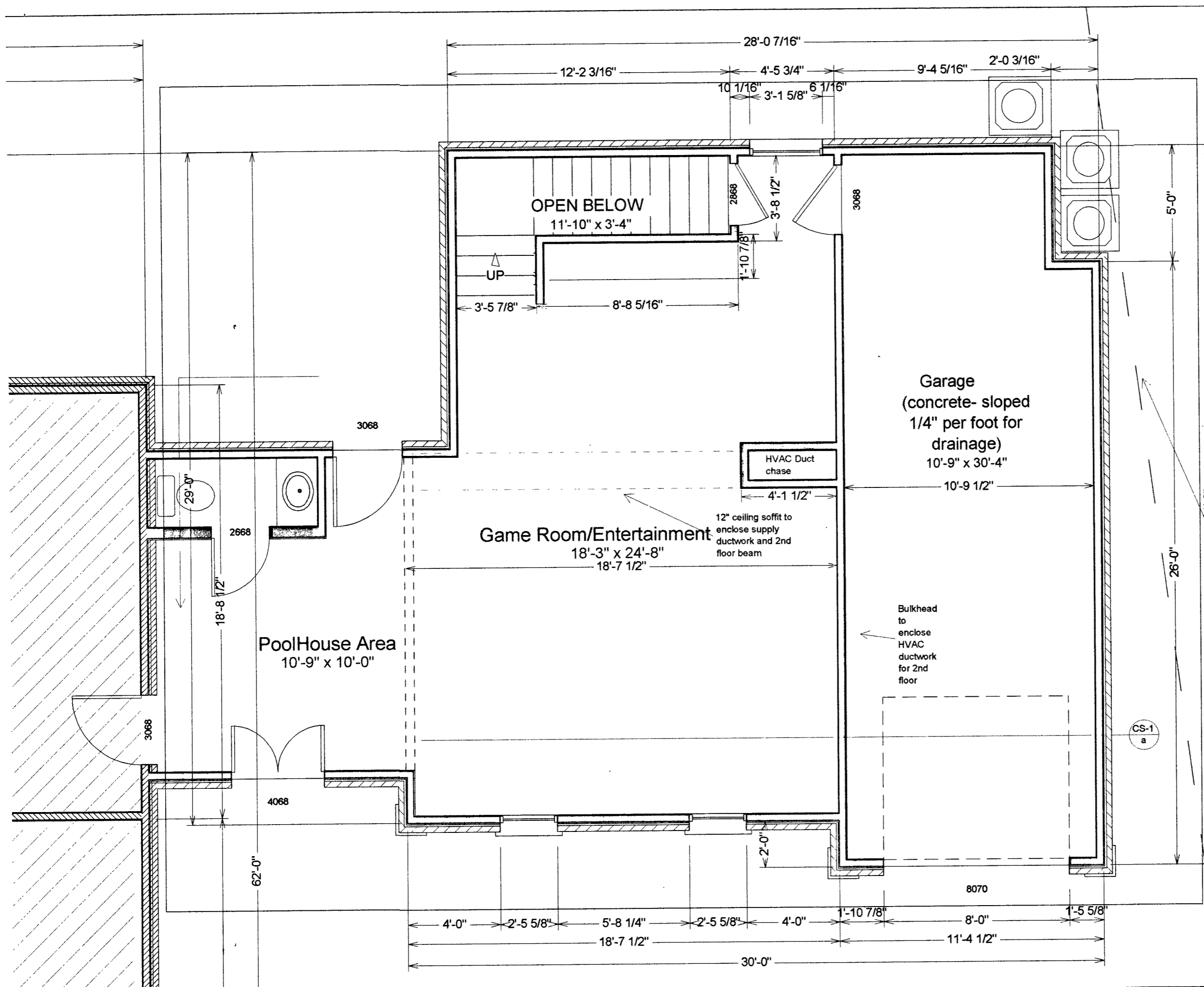
Drawn
By: **MTR**

Drawing
Title:

**Floor Plan-
First Floor**

Sheet
#:

FP-1





3308 Danmark Drive
Glenwood, MD 21738
410-489-9100
fax: 410-489-4383
www.geminidesignbuild.com
MHIC #42973

Project
Phase:

Construction Phase

Project
Title:

Kukulis In-Law Suite
15521 Cattail Oaks
Glenwood, MD 21738

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Project
Number:

A05-01

Date:

September 19, 2005

Scale:

1/4" = 1'

Project
Manager:

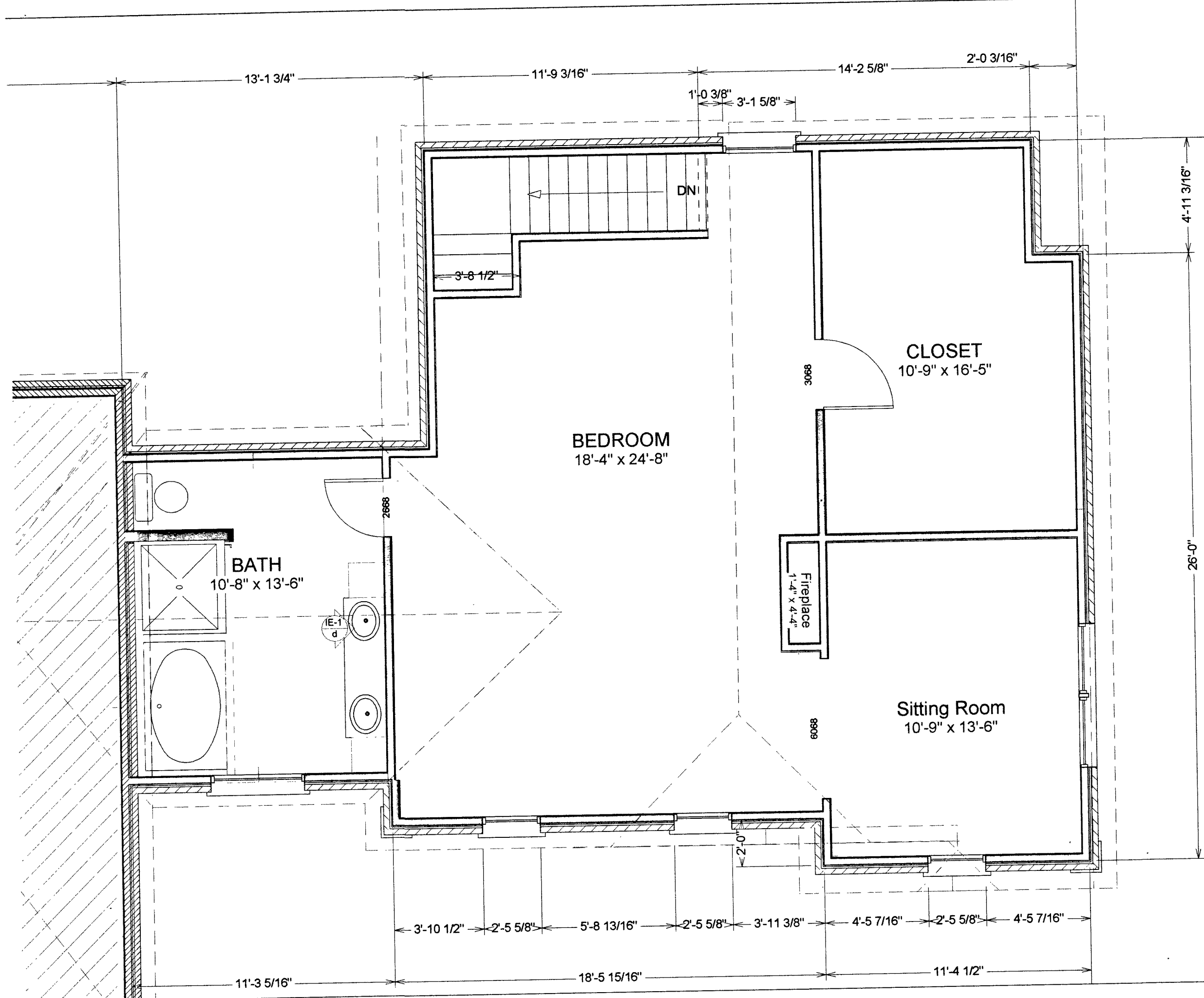
Drawn
By: **MTR**

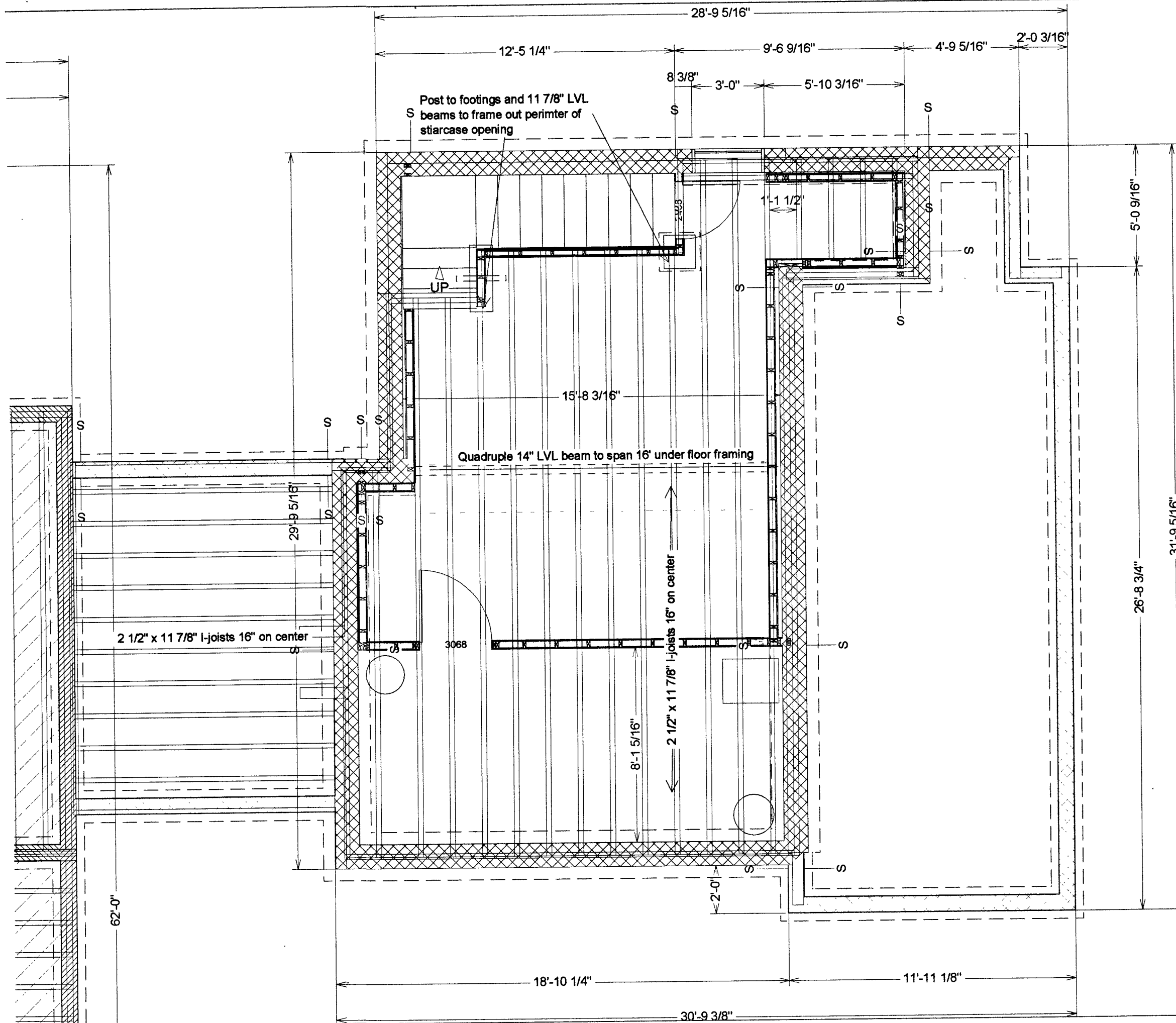
Drawing
Title:

**Floor Plan-
Second
Floor**

Sheet
#:

FP-2





3308 Danmark Drive
 Glenwood, MD 21738
 410-489-9100
 fax: 410-489-4383
 www.gemini designbuild.com
 MHIC #42973

Project
 Phase:

Construction Phase

Project
 Title:

Kukulielis In-Law Suite
 15521 Cattail Oaks
 Glenwood, MD 21738

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Project
 Number:

A05-01

Date:

September 19, 2005

Scale:

1/4" =

Project
 Manager:

1'

Drawn
 By: **MTR**

Drawing
 Title:

**Framing
 Plan- 1st
 Floor**

Sheet
 #:

FR-1

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 410-489-9100
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 MHIC #42973

Project
 Phase:

Construction Phase

Project
 Title:

**Kukulielis In-Law Suite
 15521 Cattail Oaks
 Glenwood, MD 21738**

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Project
 Number:

A05-01

Date:

September 19, 2005

Scale:

1/4" = 1'

Project
 Manager:

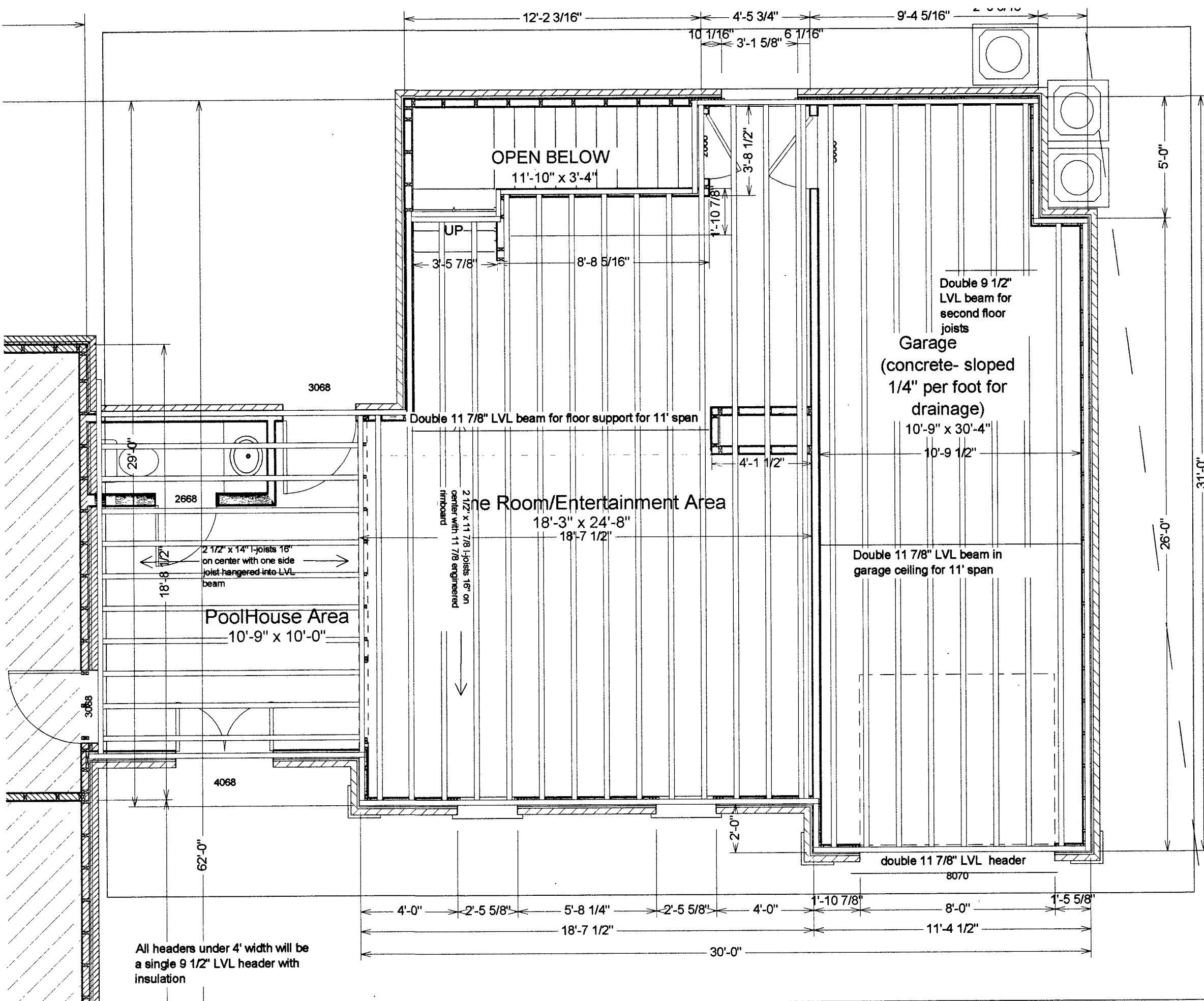
Drawn
 By: **MTR**

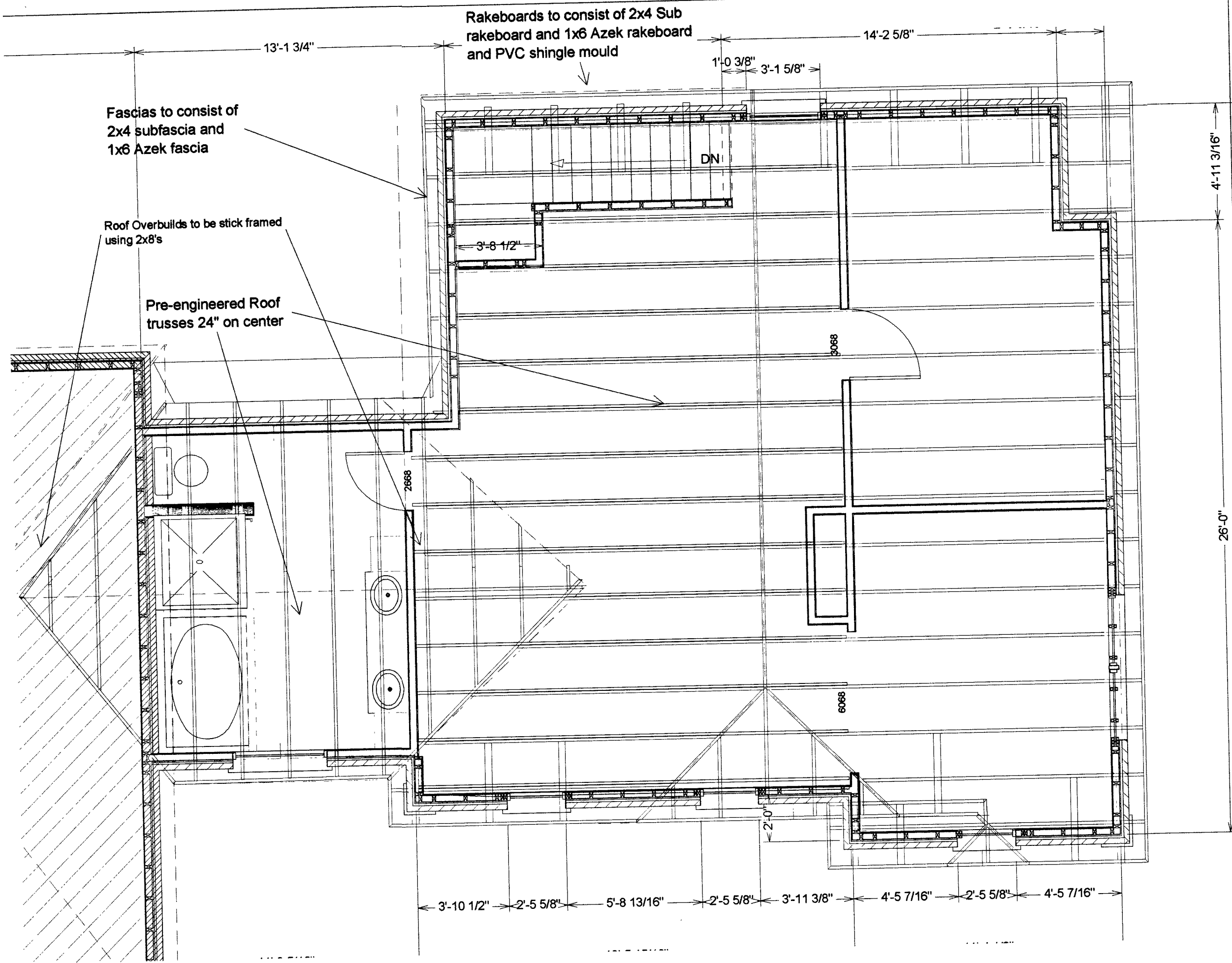
Drawing
 Title:

**Framing
 Plan- 2nd
 Floor**

Sheet
 #:

FR-2





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 MHIC #42973

Project Phase:
Construction Phase

Project Title:
 Kukuselis In-Law Suite
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Project Number:
A05-01

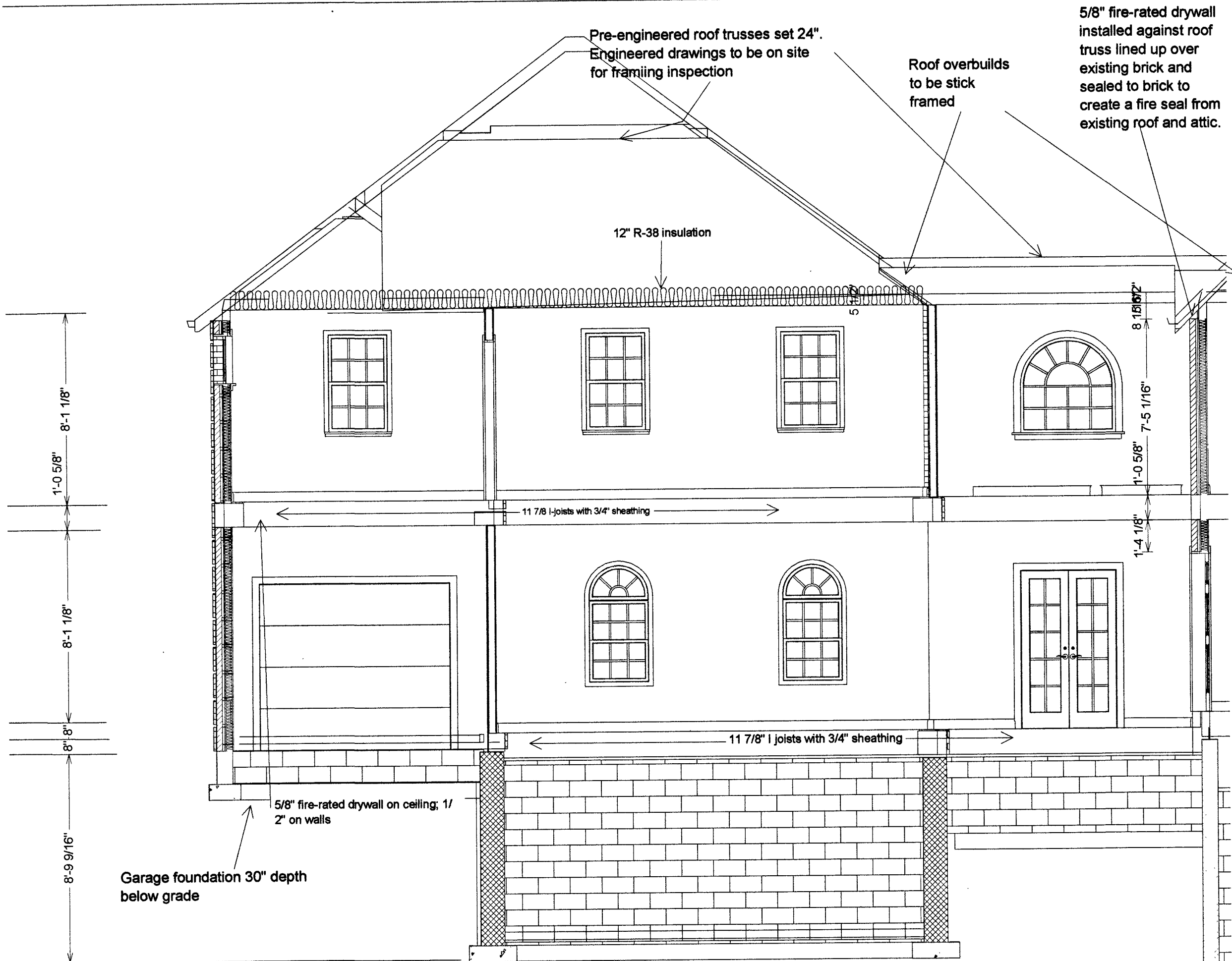
Date:
 September 19, 2005

Scale:
 1/4" = 1'

Project Manager:
 Drawn By: **MTR**

Drawing Title:
Framing Plan- Roof

Sheet #:
FR-R



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 MHIC #42973

Project Phase:
Construction Phase

Project Title:
**Kukulelis In-Law Suite
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Project Number:
A05-01

Date:
September 19, 2005

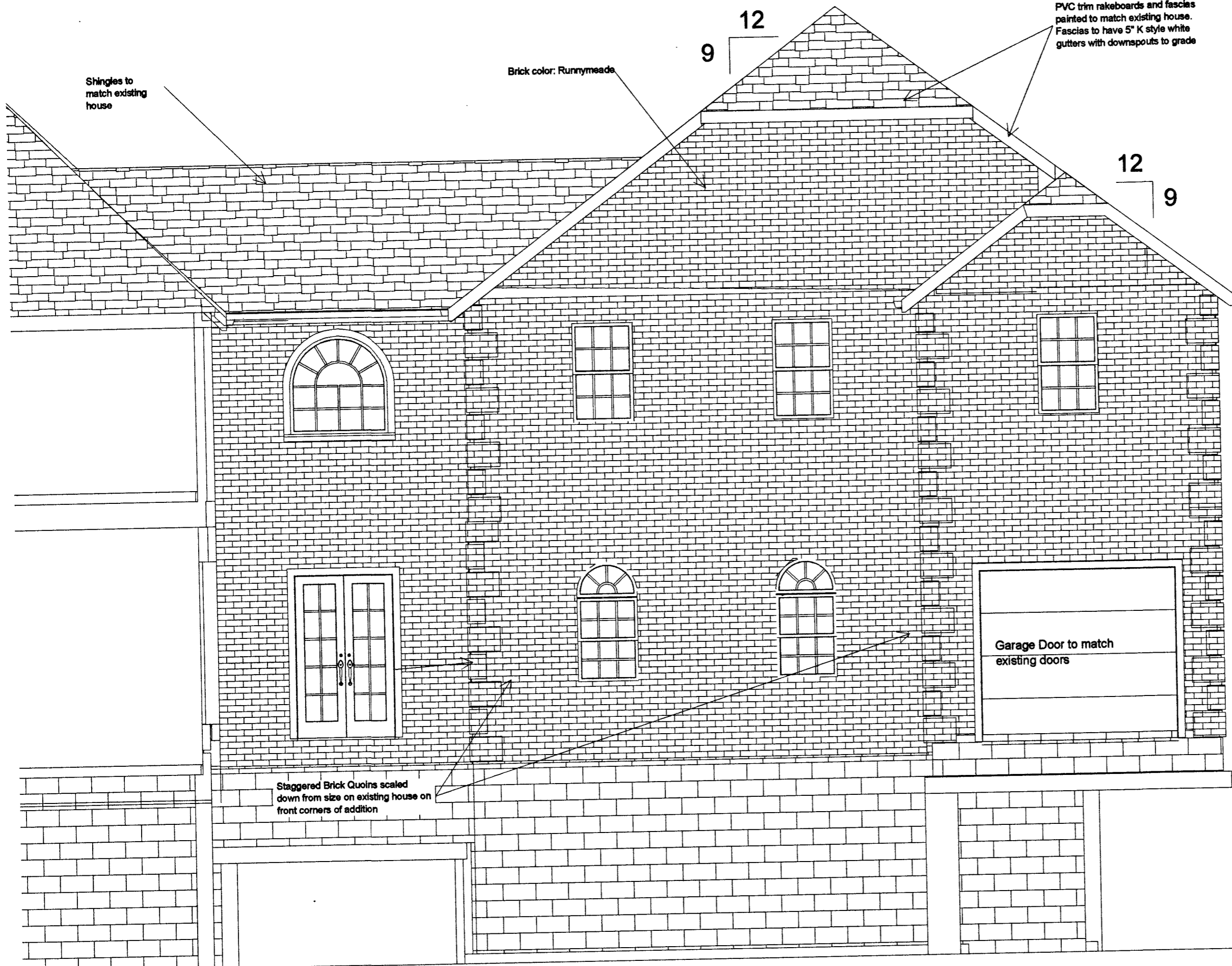
Scale:
1/4" = 1'

Project Manager:
 Drawn By: **MTR**

Drawing Title:
Cross Section

Sheet #:
CS-1

Front Elevation



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 MHIC #42973

Project Phase:
Construction Phase

Project Title:
 Kukuselis In-Law Suite
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Project Number:
A05-01

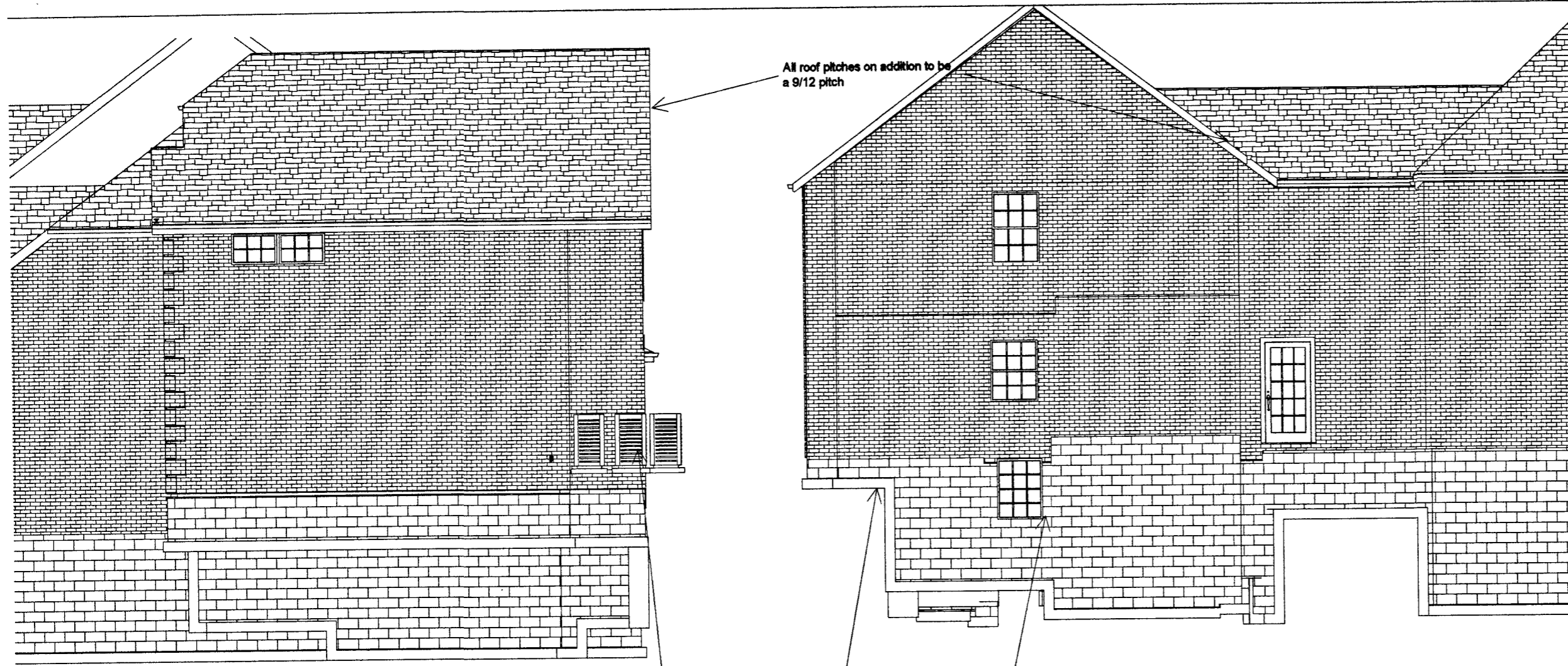
Date:
 September 19, 2005

Scale:
1/4" = 1'

Project Manager: _____
 Drawn By: **MTR**

Drawing Title:
Exterior Elevations

Sheet #:
EE-1



Side Elevation

Rear Elevation

New A/C compressor and two existing units relocated to back corner of addition

Bilco ScapeWell around basement window to provide egress from basement



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 fax: 410-489-4383
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 MHIC #42973

Project
 Phase:

Construction Phase

Project
 Title:

Kukulielis In-Law Suite
 15521 Cattail Oaks
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Project
 Number:

A05-01

Date:

September 19, 2005

Scale:

1/8" = 1'

Project
 Manager:

Drawn
 By: **MTR**

Drawing
 Title:

Exterior Elevations

Sheet
 #:

EE-2



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 fax: 410-489-4383
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 MHC #42973

Project
 Phase:

Construction Phase

Project
 Title:

**Kukulelis In-Law Suite
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 Glenwood, MD 21738**

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Project
 Number:

A05-01

Date:

September 19, 2005

Scale:

1/4" = 1'

Project
 Manager:

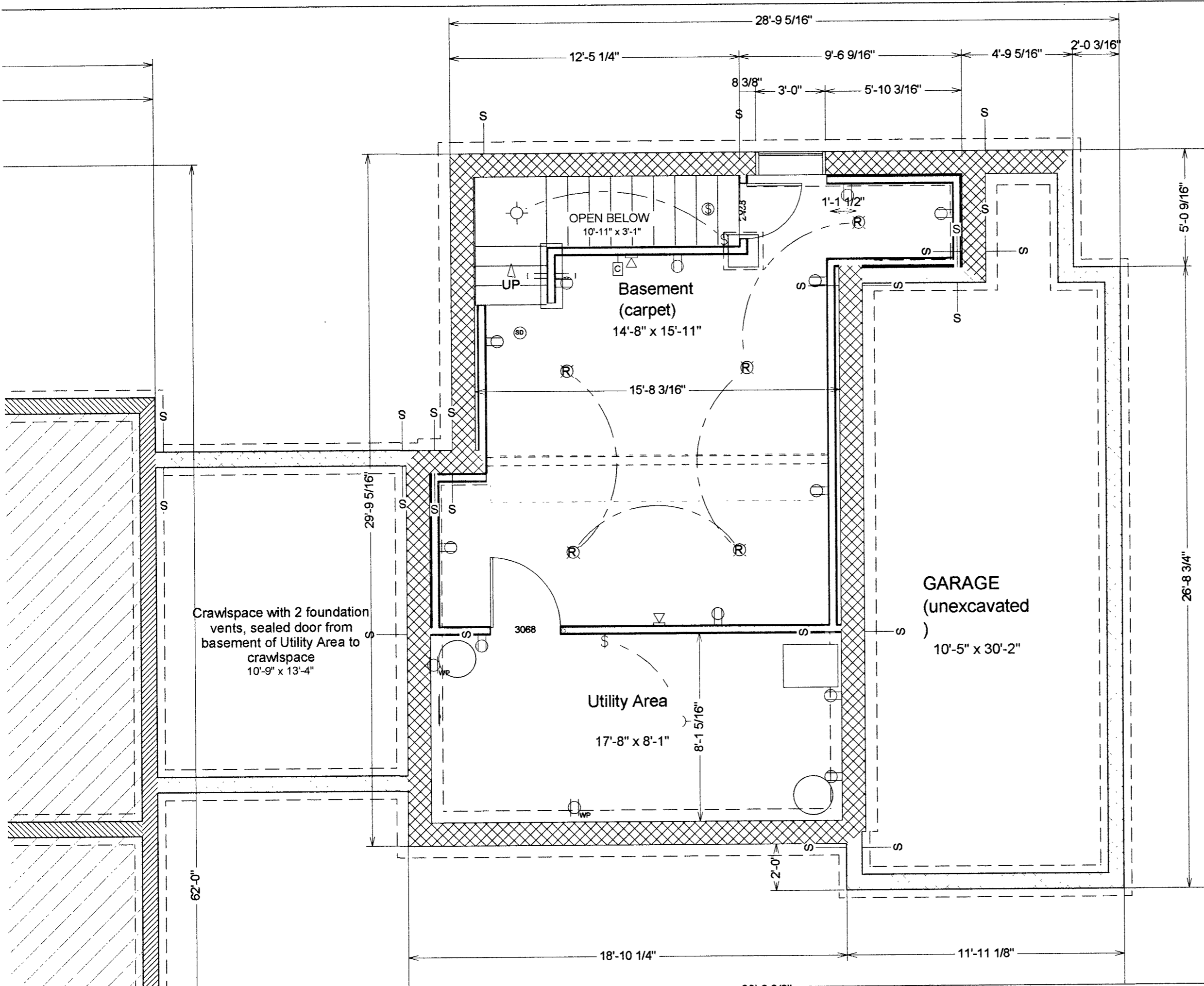
Drawn
 By: **MTR**

Drawing
 Title:

**Electrical
 Plan-
 Foundation**

Sheet
 #:

EP-F





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 MHIC #42973

Project Phase:
Construction Phase

Project Title:
**Kukulelis In-Law Suite
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 Glenwood, MD 21738**

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Project Number:
A05-01

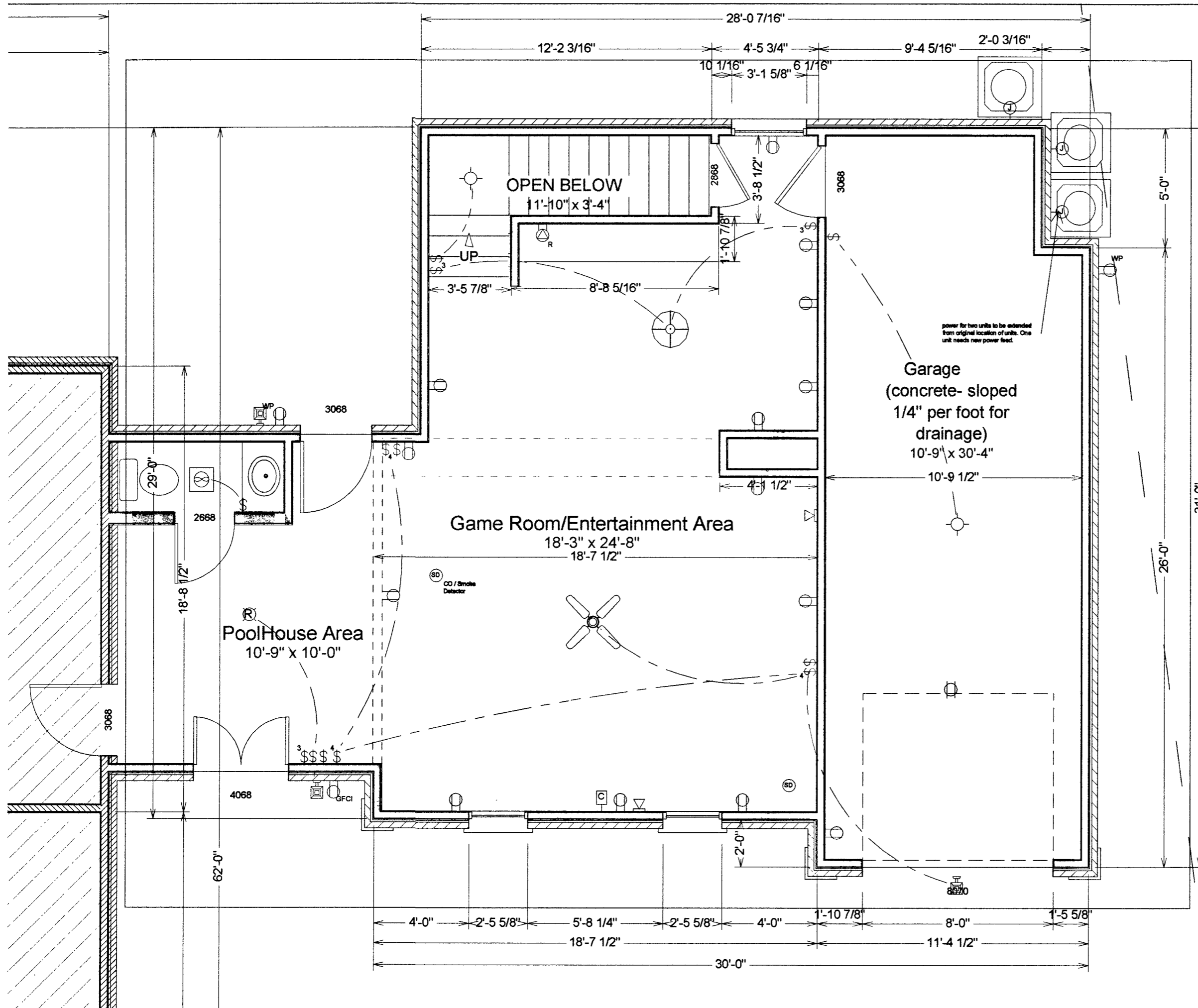
Date:
September 19, 2005

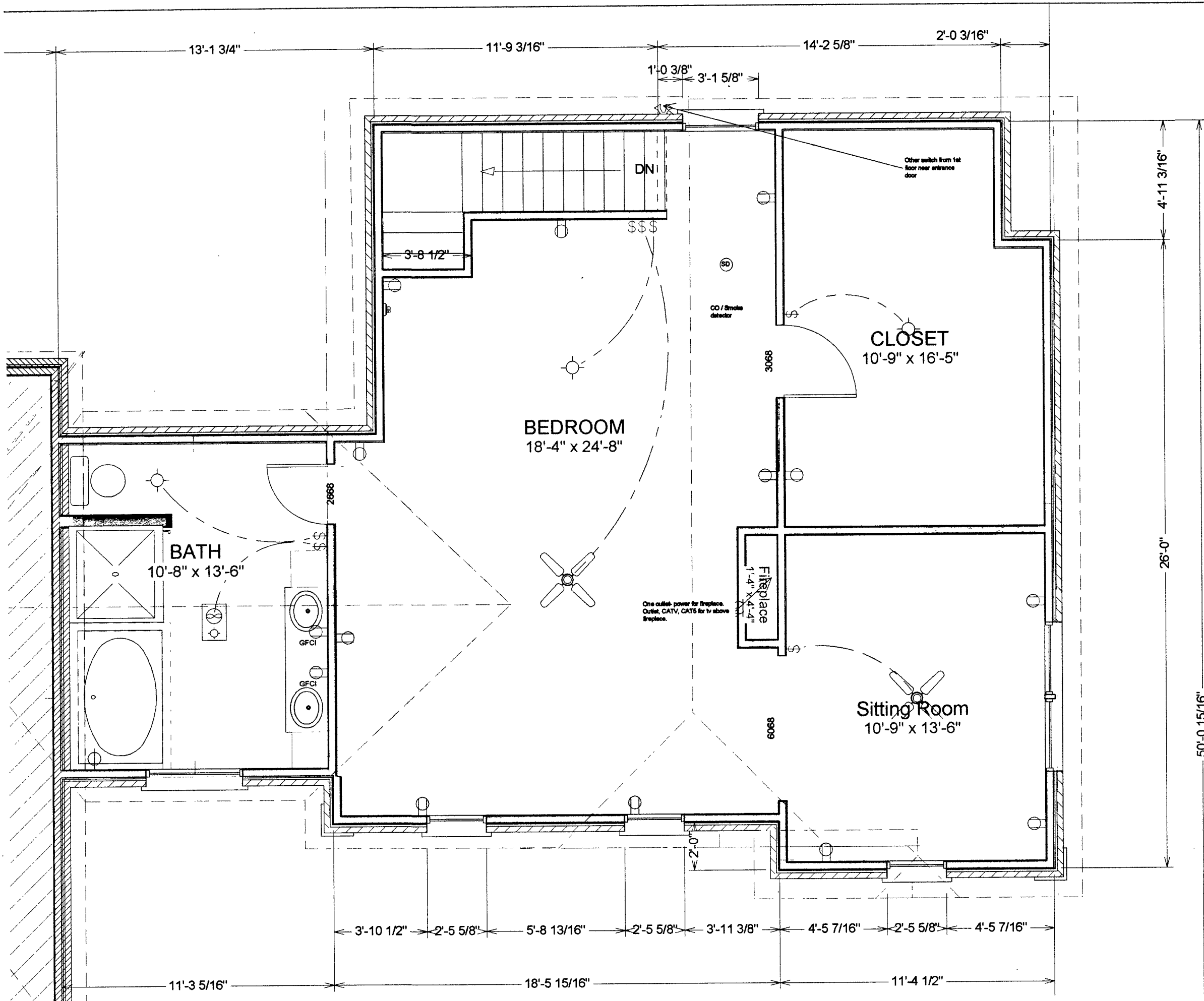
Scale:
1/4" = 1'

Project Manager:
 Drawn By: **MTR**

Drawing Title:
Electrical Plan- First Floor

Sheet #:
EP-1





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 MHIC #42973

Project Phase:
Construction Phase

Project Title:
**Kukulelis In-Law Suite
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 Glenwood, MD 21738**

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Project Number:
A05-01

Date:
September 19, 2005

Scale:
1/4" = 1'

Project Manager: _____
 Drawn By: **MTR**

Drawing Title:
Electrical Plan-Second Floor

Sheet #: **EP-2**

Approved Septic System Plan
 Howard County Health Department

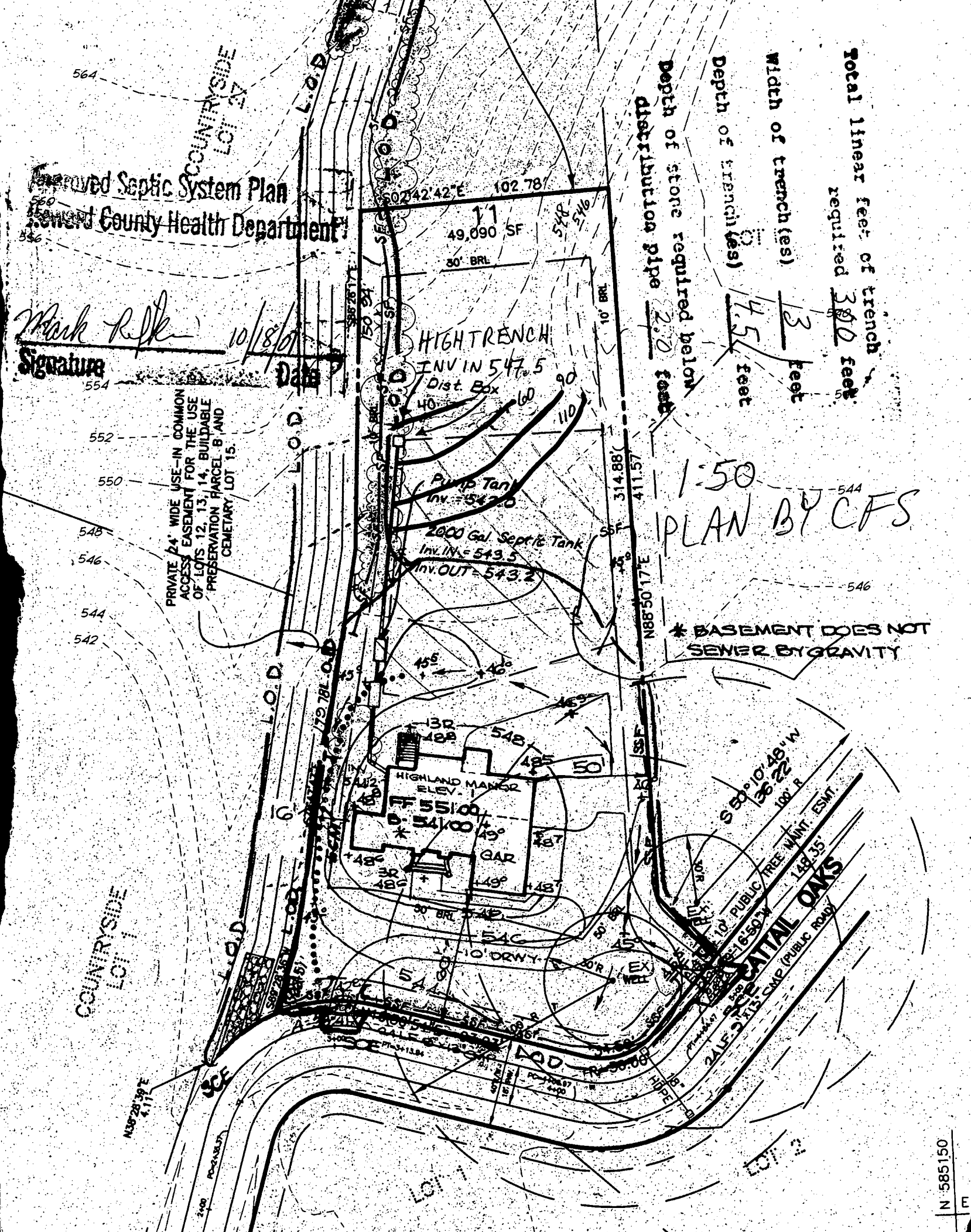
Signature: *Mark R. [unclear]*
 Date: 10/18/01

Total linear feet of trench required 380 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 4.5 feet
 Depth of stone required below distribution pipe 2.0 feet

1:50
 PLAN BY CFS

PRIVATE 24' WIDE USE-IN COMMON ACCESS EASEMENT FOR THE USE OF LOTS 12, 13, 14, BUILDABLE PRESERVATION PARCEL B AND CEMETARY, LOT 15.

* BASEMENT DOES NOT SEWER BY GRAVITY



Building Address 15521 WINDTAIL CREEK
Glenwood, MD 21738

Property Owner's Name Trinity Quality Homes
 Address 7320 GUNNAGE DR
 City Columbia State MD Zip Code 21044

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 City _____ State _____ Zip Code _____

Census Tract 1040 Subdivision RATTAIL CREEK
 Home Phone _____ Work Phone 410-313-8722
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 11
 Tax Map 21 Parcel 63 Grid 9
 Zoning RC Map Coordinates 9A6 Lot size 49,090
 Phone _____ Fax 410-313-8731

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 200,000

Contractor Company SAME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 699 Phone _____ Fax _____

Description of Work CUSTOM HIGHLAND MANOR
3 SDRY, FULL FINISHED 4500 SQ FT 10R,
5 FB, 1NB, 2 TP-VLND, ALL (500) WOOD DECK

Occupant or Tenant N/A
 Engineer or Architect Company SAME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL | **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Construction type:		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Heating System:	
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Masonry		Natural Gas <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
<input type="checkbox"/> Wood Frame		Propane Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular		Sprinkler system: N/A <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
		Full <input type="checkbox"/>	NFPA #13D <input type="checkbox"/>
		Partial <input type="checkbox"/>	NFPA #13R <input type="checkbox"/>
		Other Suppression <input type="checkbox"/>	Other: _____
		# of Heads _____	

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 THERE TO; (4) THAT HE/SHE WILL PERFORM ANY 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: Sally P. Hodge Print Name: SALLY HODGE
 Title/Company: VP, Operations Trinity Date: 9/12/01

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

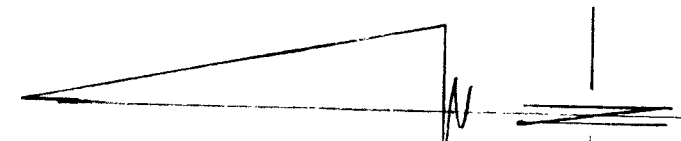
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	52132
<input checked="" type="checkbox"/> State Highways			Rear: _____	160
<input checked="" type="checkbox"/> Building Official			Side: _____	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	
<input checked="" type="checkbox"/> Health	<u>10/18/01</u>	<u>Mark Kiffin</u>	All minimum setbacks met?	
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	
			Accepted by _____	

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 2400440020B, Panel 20 of 45, dated December 4, 1986.

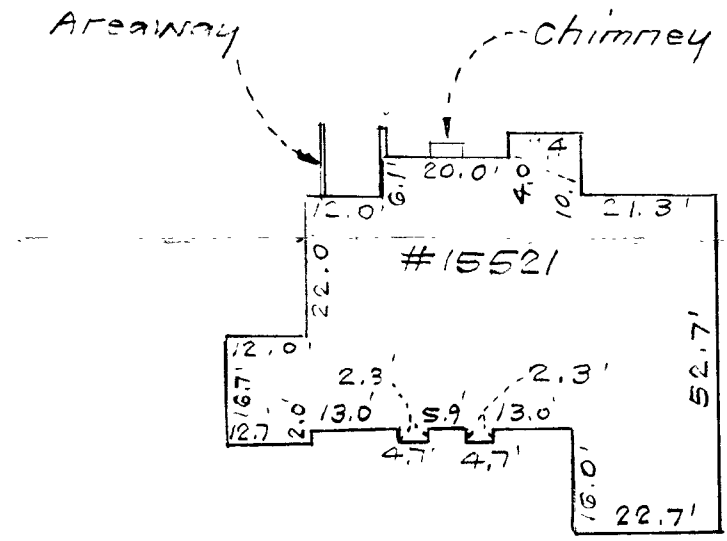
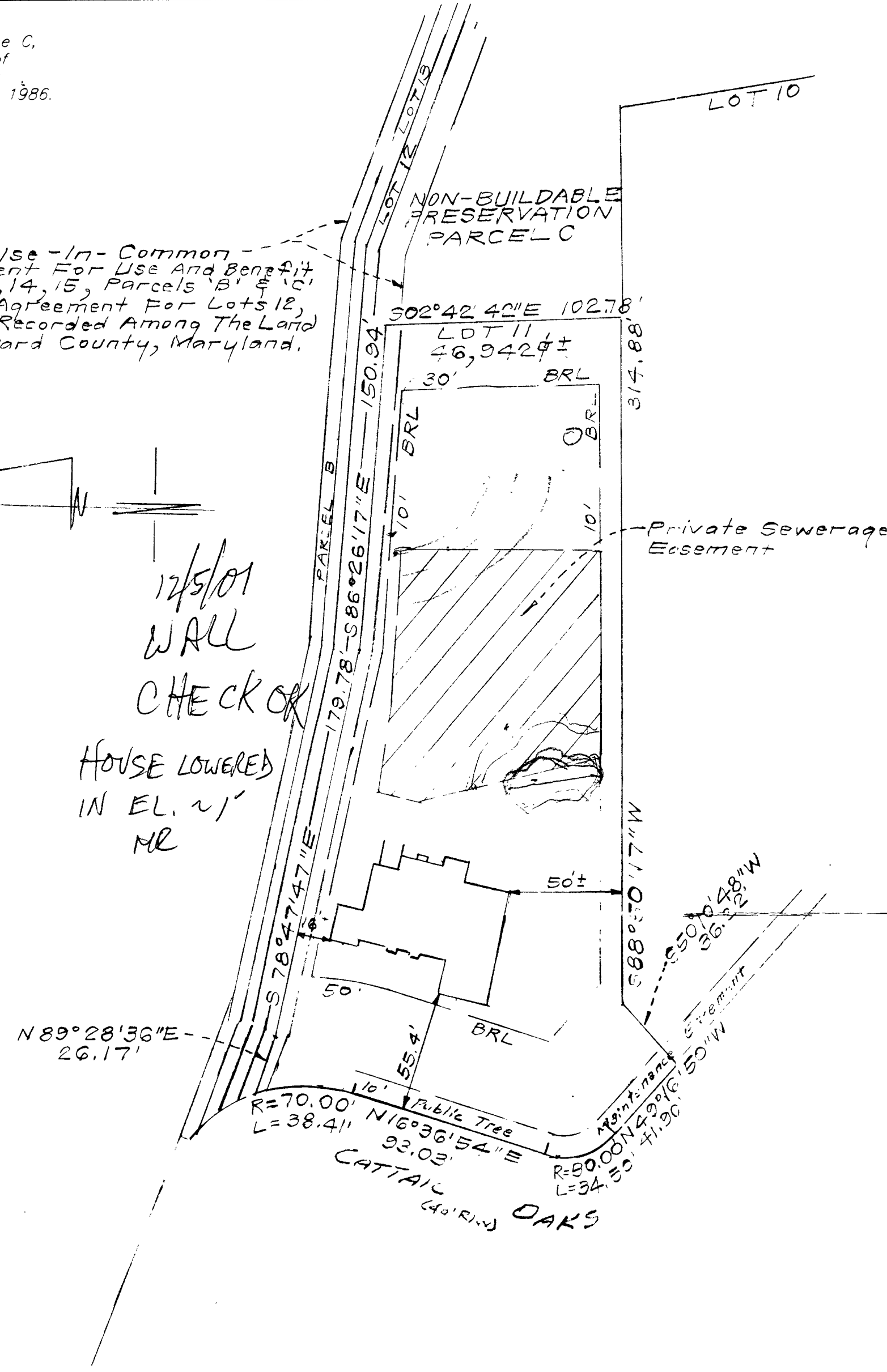
Wall Check: 11-19-01
Top of Wall Elev. 1548.9

SS1
CE
E1
21
101

Private 30' Use-In-Common Access Easement For Use And Benefit of Lots 12, 13, 14, 15, Parcels 'B' & 'C', Maintenance Agreement For Lots 12, 13, 14 Parcel 'B' Recorded Among The Land Records of Howard County, Maryland.



12/5/01
WALL
CHECK OK
HOUSE LOWERED
IN EL. 1' MR



SCALE: 1"=30'

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes.
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures.
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.


21 Nov 01 *William Macken*
DATE



NOTES:

1/16" ± setback distance accuracy = 1'

Plat Reference: Plat No. 14573

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7125 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED	LOCATION DRAWING 15521 CATTAIL OAKS LOT 11 PEACEFIELDS AT CATTAIL CREEK LOTS 1 THRU 15 AND PRESERVATION PARCELS 'A' THRU 'C' ZONED RR-DEO (A RESUBDIVISION OF LOTS 1 AND 2, "PEACEFIELDS - LOTS 1 AND 2", PLAT No. 11105) FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1"=50' DRAWING 1 OF 1 JOB NO. 00-022 FILE NO. 00-022-0
DRAWN		
CHECKED PAC		
DATE 11-20-01		

TEL: (410)313-2640 FAX: (410)313-2648

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

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: SK Plumbing & Heating Inc. Telephone #: 410-715-0522
Address: 1720 E.S. Kellman, Korum MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: License # 12285
Name (Print): Virgil Kark

*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: Trinity Homes Telephone #: 410-313-8722
Subdivision: Rosefields at Cottier Oaks Lot #: 11 Well Tag #: HO-24-2546
Site Address: 15521 Cottier Oaks

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Incozzi Make: Unbranded Two piece watertight cap: YES
Model #: Depth: 42" (36" min) Screened, vented well cap: YES
Pump Capacity: 5 GPM NSF approved: YES Cap secured to casing: YES
Well Yield: 6 GPM Conduit min 18" R.G.: YES
Depth of well encountered at time of pump installation: 25' (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
Turq. arrestors or Cable guards are required - Must circle one Sleeve
Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house Home Connection
Type: P.P. PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 5' 4 7/8"
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 date 4-11-02

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

Date Insp. Requested: 1/9/02 Date Insp. Approver: 1/9/02 (BB) SRK
Inspection Data: Pitless adapter and water supply line at least 36" below grade [check]
Two piece cap installed and attached to casing securely [check]
Elec. conduit extends at least 18" below grade/attached to cap properly [check]
Safety rope installed inside of well casing [check]
Correct well tag attached properly and casing 8" above finished grade [check]
Water supply line sleeved adequately at house connection [check]
Adequate ground observed below pitless adapter [check]

C1 07593

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A59276N

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 03 03 08

Depth of Well 22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2546

OWNER TBI Homes last name Cathail first name OAKS TOWN Glenwood SUBDIVISION Peacefields @ Cathail SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

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

CASING RECORD form with fields: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields: diameter, depth.

SCREEN RECORD form with fields: screen type or open hole, insert appropriate code below, HO, BR, PL, OT.

Table with columns: Casing Height (A, C, H, S, R, E, N), Depth (nearest ft.), values: 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"...

DRILLERS LIC. NO. M SD 112. DRILLERS SIGNATURE. LIC. NO. 1 D.

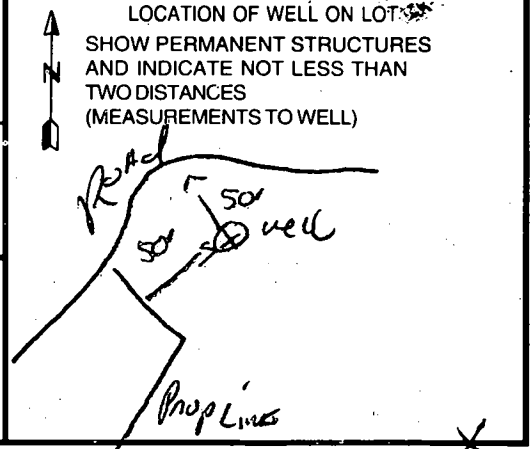
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).

TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 1955

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2546 fill in this form completely

Date Received (APA) 010200

OWNER INFORMATION

TBI HOMES INC, 7320 GRACE DR., Columbia MD 21044

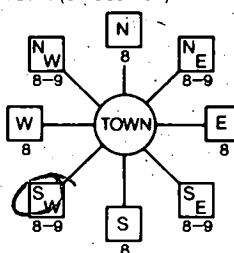
LOCATION OF WELL

Howard County, Peacefields CTRAIL CREEK, GLENWOOD, I

DRILLER INFORMATION

Ralph MAYNE, MS D 112, RALPH MAYNE WELL DRILLING, 9120 Brown Church Rd Mt Airy, 12-22-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cattail Oaks, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), 45, ENTER FT OR MI, TAX MAP, BLK, PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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 County A59276N, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 011100, CO SIGNATURE, EXP. DATE 011101, NORTH GRID 522 000, EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, 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

REPLACEMENT OR DEEPENEED 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER HO 99 GAP 6015, PERMIT No. HO-94-2546

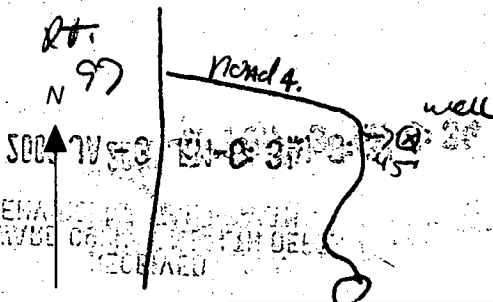
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, 1. well, 2., 3.

3/3/00 Grant 9:30, missed well log

WRITE THE BOX NUMBER FROM THE MAP HERE

E 750, N 8025 522

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

APPLICATION

PERCOLATION TESTING

A 59276

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 12/19/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce A. Manger

ADDRESS 2719 St. Paul Street, Baltimore, MD 21218 PHONE 410-467-9700

PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Peacefields LOT NO 10

ROAD AND DESCRIPTION MD Route 97

TAX MAP 21 PARCEL # 63

SIZE OF LOT 1 Acre ± TYPE BLDG S. F. D.
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HD-216

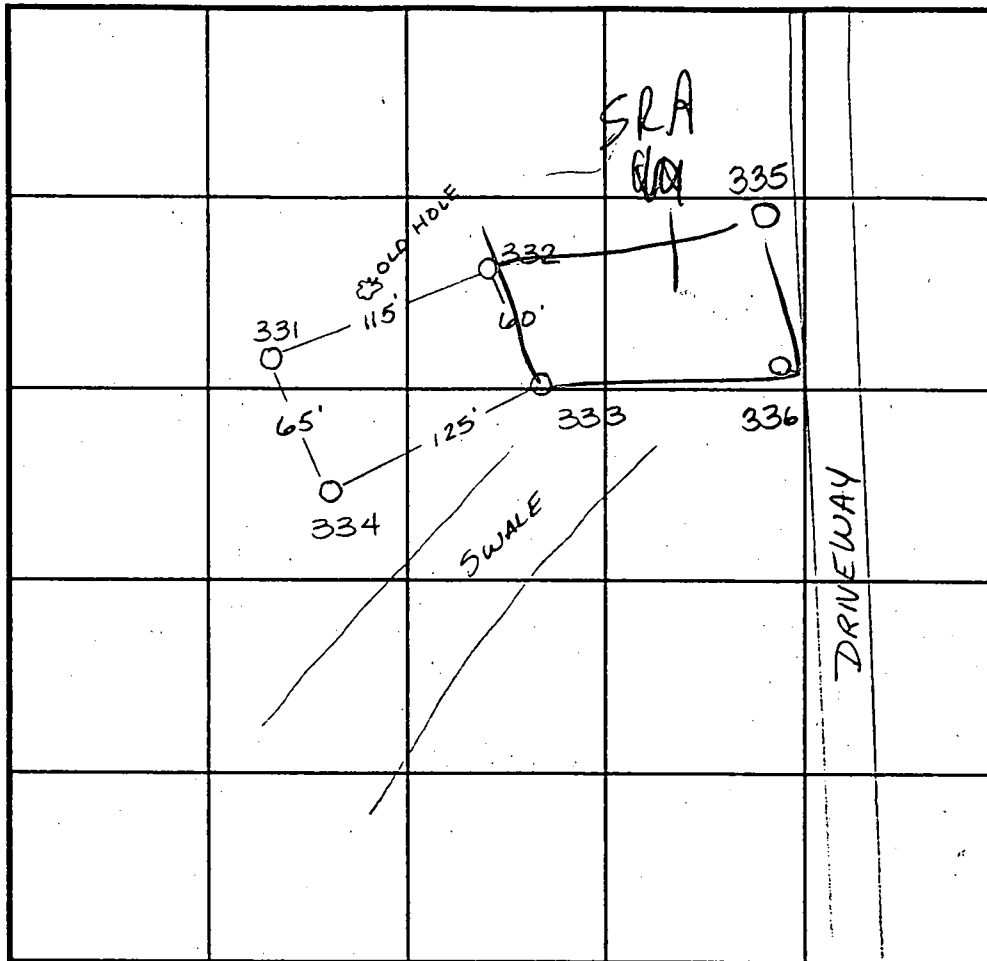
COUNTY #

SOIL PROFILE

0' 334
dull orange brown
cilm
3.0
lgt or tan
powdery
sialm
50% Rx

3.0 332
brn
cilm
lgt orange tan
silm
9.5
>50% Rx
lgt or tan
salm

10.0 331
no distinct clay layer
lgt pink
sialm
9.5-10.0
>50% pockets of rock



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 333 335
orange brown
sialm
3.0
pink
sialm
15% rock

12.0 336
dark red brn
sialm
3.0
or tan
salm
frable
sub & blocky
dry
45% Rx

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-7-98	334	Visual to 12.0					OK
	332	3.5' / 12.0	10:45	10:46	10:46	10:47	1min
	331	Visual to 10.0	(collapsed @ 10.0)				OK
	333	3.0' / 12.0	10:56	10:57	10:57	10:59	2min
1-9-98	335	Visual to 12.0	- see profile				OK
	336	3.5' / 11.0	12:42	12:48	12:48	12:54	6min

REMARKS old hole looks rocky

TYPE OF SOIL _____

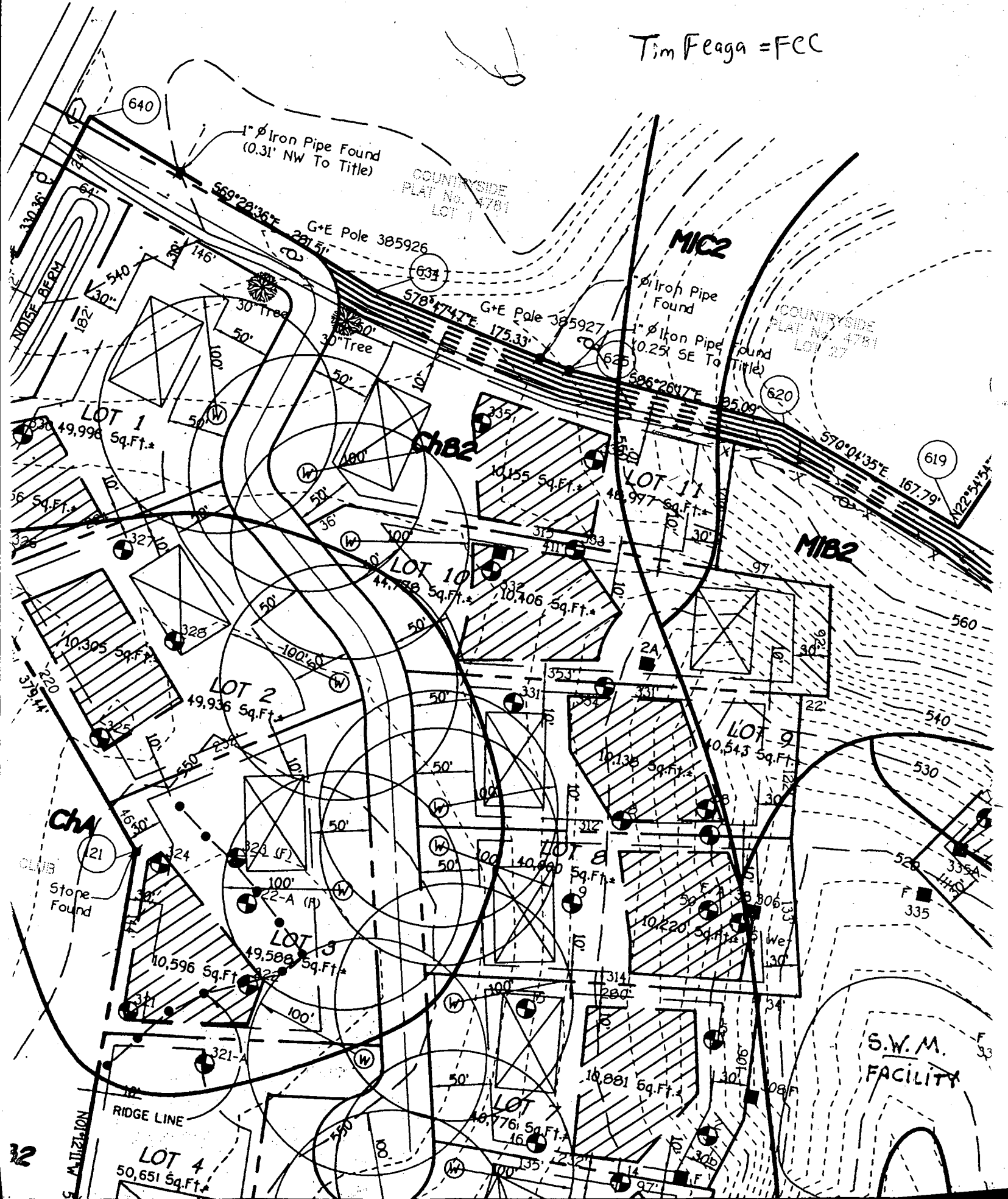
TESTED BY Amy McMullen ALSO PRESENT Tim Feaga

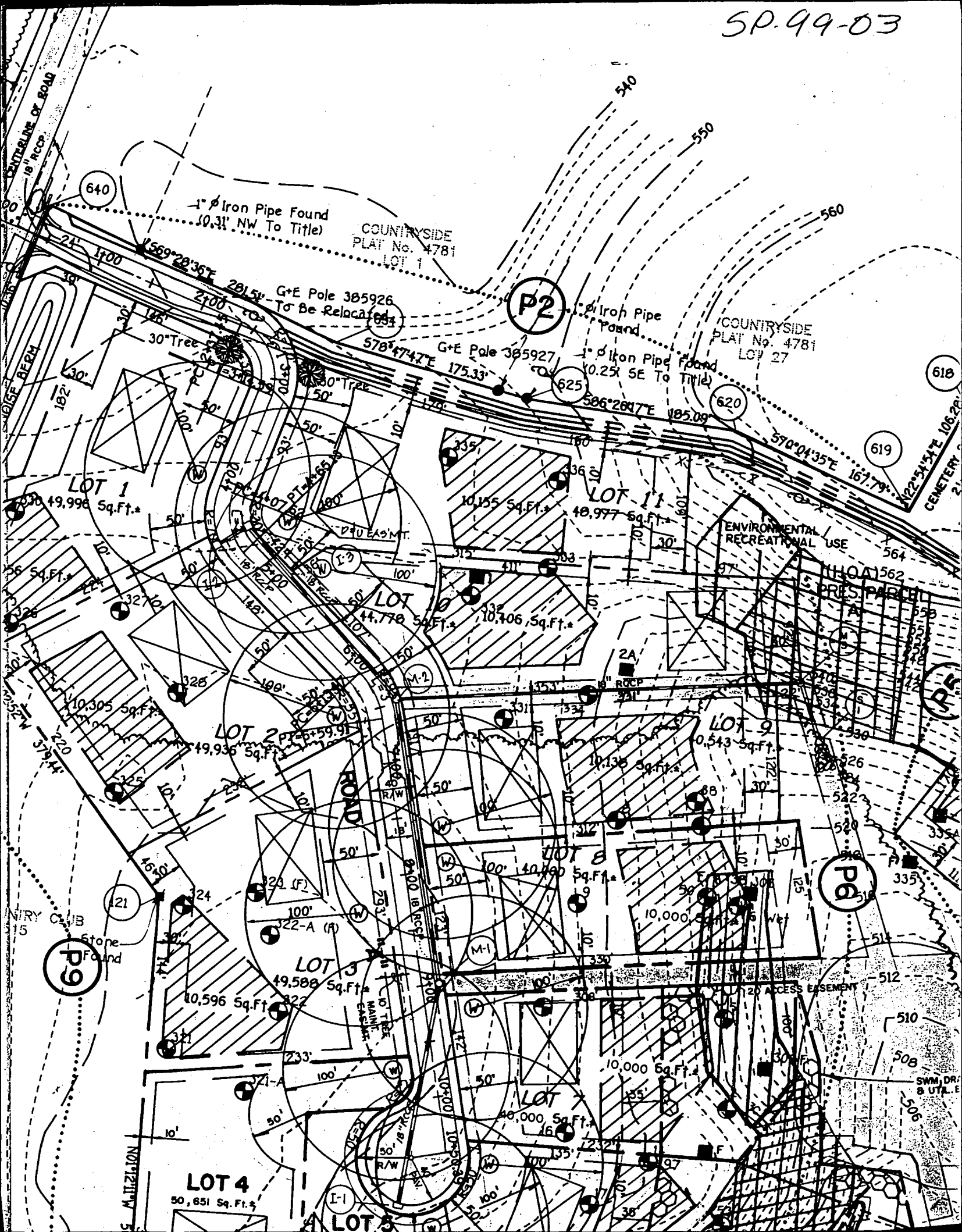
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3.0

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 180

Signed Perc Cert
11-6-98

Tim Feaga = FCC





COUNTRYSIDE
PLAT No. 4781
LOT 1

COUNTRYSIDE
PLAT No. 4781
LOT 27

ENVIRONMENTAL
RECREATIONAL USE

THO(A) 1562
PRES. PARCEL

LOT 4
50,651 Sq. Ft.

LOT 5

P9

P2

P6

618

619

620

625

640

618

619

620

621

622

623

624

625

626

627

628

629

CENTERLINE OF ROAD
18" RCCP

ROUSE BERM

STONE FOUND

S. M. ILLIATION

16'

18" RCCP

ROUSE BERM

STONE FOUND

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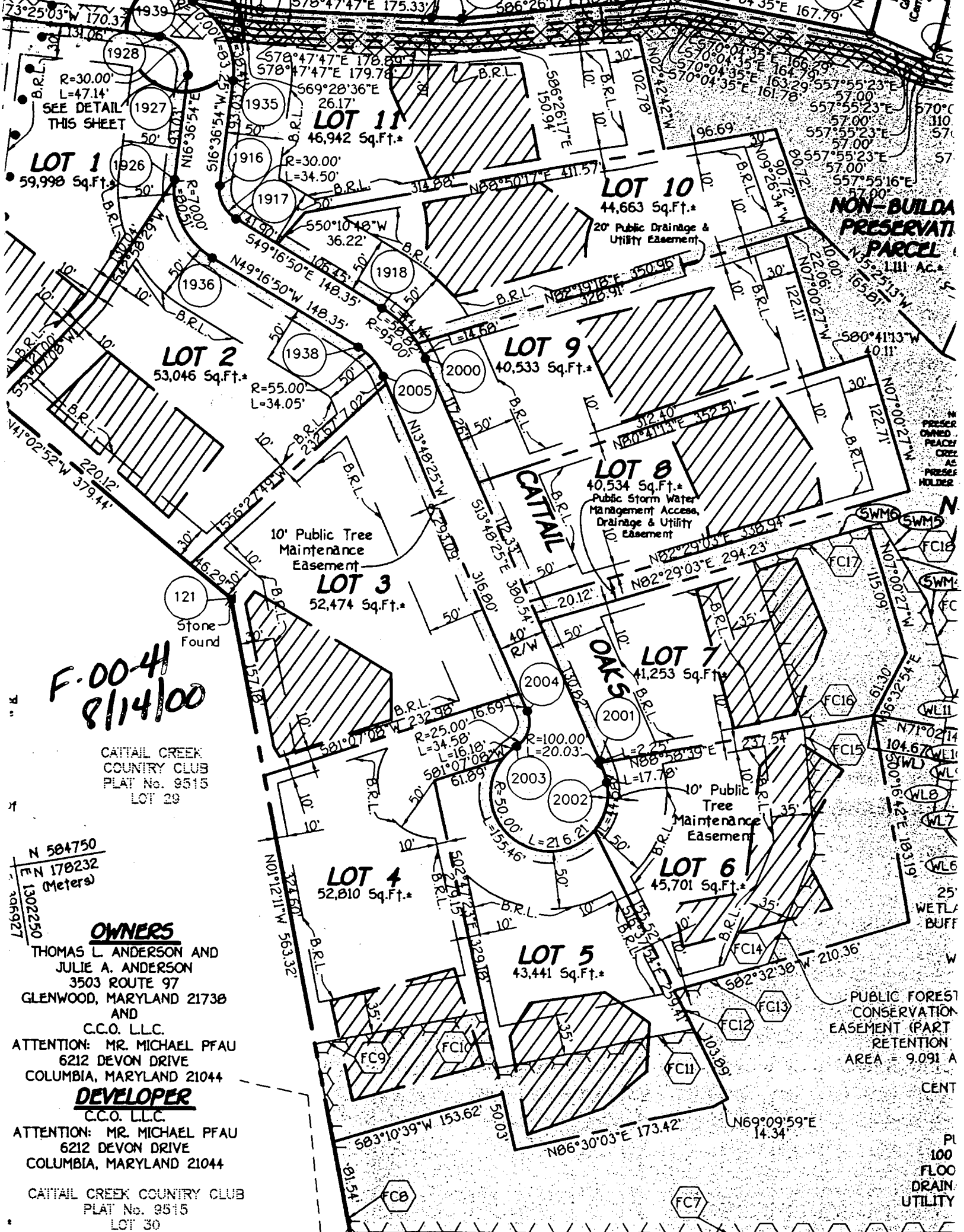
STONE FOUND

S. M. ILLIATION

16'

18" RCCP

ROUSE BERM



LOT 1
59,998 Sq.Ft.*

LOT 11
46,942 Sq.Ft.*

LOT 10
44,663 Sq.Ft.*

LOT 2
53,046 Sq.Ft.*

LOT 9
40,533 Sq.Ft.*

LOT 8
40,534 Sq.Ft.*

LOT 3
52,474 Sq.Ft.*

LOT 7
41,253 Sq.Ft.*

LOT 4
52,810 Sq.Ft.*

LOT 6
45,701 Sq.Ft.*

LOT 5
43,441 Sq.Ft.*

NON-BUILDABLE PRESERVATION PARCEL
1.111 AC.*

F-00-41
8/14/00

CATTAIL CREEK
COUNTRY CLUB
PLAT No. 9515
LOT 29

N 584750
E 178232
(Meters)
1302250
46927

OWNERS

THOMAS L. ANDERSON AND
JULIE A. ANDERSON
3503 ROUTE 97
GLENWOOD, MARYLAND 21738
AND
C.C.O. LLC.
ATTENTION: MR. MICHAEL PFAU
6212 DEVON DRIVE
COLUMBIA, MARYLAND 21044

DEVELOPER

C.C.O. LLC.
ATTENTION: MR. MICHAEL PFAU
6212 DEVON DRIVE
COLUMBIA, MARYLAND 21044

CATTAIL CREEK COUNTRY CLUB
PLAT No. 9515
LOT 30

PUBLIC FOREST
CONSERVATION
EASEMENT (PART
RETENTION
AREA = 9.091 A
CENT

PL
100
FLOOD
DRAIN
UTILITY

Approved Septic System Plan
 Howard County Health Department

Mark Rell 10/18/07
 Signature Date

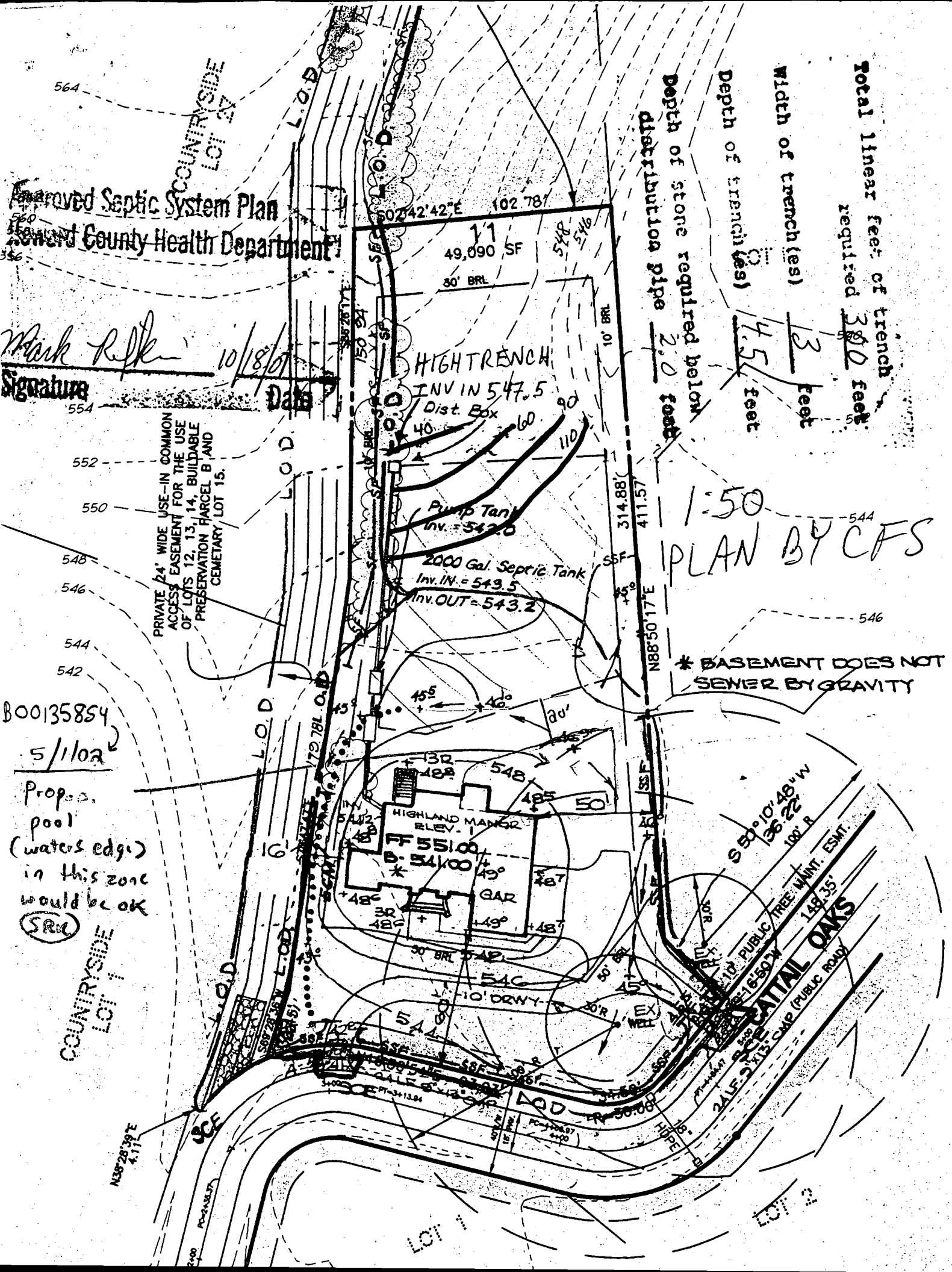
PRIVATE 24' WIDE USE-IN COMMON
 ACCESS EASEMENT FOR THE USE
 OF LOTS 12, 13, 14, BUILDABLE
 PRESERVATION PARCEL B AND
 CEMETARY LOT 15.

BO0135854
 5/1/02
 Prop. pool
 (waters edge)
 in this zone
 would be ok
 (SRU)

Total linear feet of trench required 300 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 4.5 feet
 Depth of stone required below distribution pipe 2.0 feet

1:50
 PLAN BY CFS

* BASEMENT DOES NOT
 SENER BY GRAVITY



System Plan Health Department

ACCESS EASEMENT FOR THE USE
OF LOTS 12, 13, 14, BUILDABLE
PRESERVATION PARCEL B AND
CEMETARY LOT 15.

10/18/01
Date

L.O.D.
L.O.D.
L.O.D.
L.O.D.

502°42'42"E 102.78'

49,090 SF
80' BRL

HIGHTRENCH
INV IN 547.5
Dist. Box

Pump Tank
Inv. = 542.0

2000 Gal. Septic Tank
Inv. IN = 543.5
Inv. OUT = 543.2

RELOCATED
POOL

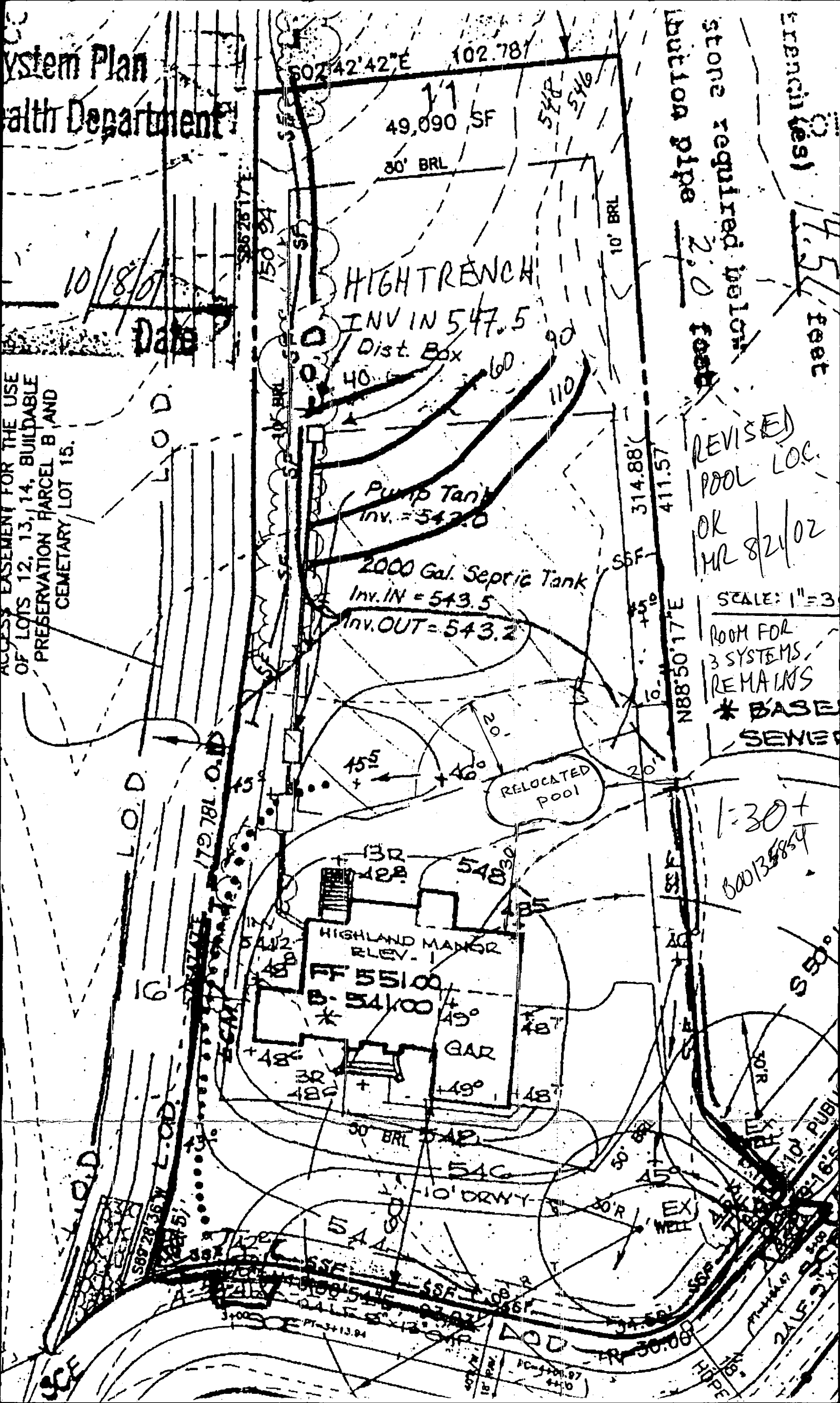
HIGHLAND MANOR
ELEV. 1
FF 551.00
B. 541.00
GAR

store required below
duction pipe 2.0 feet

REVISED
POOL LOC.
OK
MR 8/21/02

SCALE: 1" = 3'
ROOM FOR
3 SYSTEMS
REMAINS
* BASE
SEWER

1:30+
000135854



8/21/02
HCHD
Reed

PRIVATE 24' WIDE USE-IN COMMON
ACCESS EASEMENT FOR THE USE
OF LOTS 12, 13, 14, BUILDABLE
PRESERVATION PARCEL B, AND
CEMETARY LOT 15.

